Late migration of abandoned ventricular pacemaker lead following failed traction

Başarısız traksiyon sonrası bırakılan ventriküler pacemaker telinin geç migrasyonu

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A 62-year-old man was admitted to our institution with skin erosion and perforation of retained pacemaker lead pocket. Five years earlier, he had undergone permanent dual chamber pacemaker implantation because of complete atrioventricular (AV) block in another hospital. Subsequently, the pacemaker pocket had to be revised three times because of skin erosion and perforation. Three years after the original pacemaker implantation, the pacemaker generator had been implanted to the contralateral side. However, percutaneous removal by simple traction from the implant vein had been attempted and failed for the ventricular lead. Finally it had been decided to abandon the lead.

A chest X-ray on admission revealed deformed ventricular pacing lead tip located at the right ventricular apex, but the body of the lead migrated into the pulmonary artery (Fig. 1). Two-dimensional transthoracic echocardiography confirmed migration of the lead looping at the level of pulmonary artery bifurcation (Fig. 2). At inspection during surgery tricuspid chordal disrupti-
on and insulator breakage at the level of right atrium were con-
firmed. Lead extraction was achieved under complete cardi-
opulmonary bypass and beating heart. Chordal disruption ca-
used by ventricular lead was repaired. The postoperative cour-
se was uneventful. Because of entrapment of the distal electro-
de tip at the right ventricular apex, previous transvenous manu-
al traction of the lead resulted in permanent conductor material
stretching and insulator material breakage (Fig. 3).

Figure 3. The extracted lead illustrating insulator material break-
age (arrow) and conductor material stretching