

Twiddler's syndrome in an asymptomatic case *Semptomsuz bir olguda twiddler sendromu*



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A 44-year-old man with a diagnosis of dilated cardiomyopathy underwent placement of an implantable cardioverter defibrillator (VVIR) in December 2009 without any complication. Appropriate sensing, pacing, and defibrillation thresholds were obtained at

implantation. A chest X-ray after implantation demonstrated proper lead position (Fig. A). One month after discharge, the patient was evaluated for pacemaker interrogation. Electrocardiography showed sinus rhythm with a heart rate of 80 beats per minute without any pacemaker spike. The interrogation revealed sense failure of the pacemaker. On the chest X ray, it was noted that the pacemaker lead twisted around the generator proximally, resulting in lead detachment from the cardiac chamber, and distal portion of the lead was placed in the subclavian vein (Fig. B, C). The patient had no symptoms, no mental disorder, and did not give any history of manipulation of the device pocket. He was not overweight and had a thin layer of subcutaneous tissue. The device pocket was opened, the lead was recoiled and replaced successfully, and the generator sutured into the muscle without any complications.



Figures. (A) The chest X-ray showing proper lead implantation. (B) Coiling of the pacing lead around the pulse generator. (C) Displacement of the lead to the subclavian vein.