

Authors reply

Dear Editor,

First of all, we want to thank journal readers for their interest in our case report and for their constructive contribution to our article entitled “Unexpected cause of lead fracture: A stylet left inside the right ventricular pacemaker lead,” published in the June 2017 issue of the Archives of the Turkish Society of Cardiology.^[1] Leaving a stylet in the lead lumen is not recommended because it may cause lead fractures and insulation problems. In our case, we do not know in which procedure the stylet was left. However, we guess that the stylet was left during the replacement procedure, possibly due to a procedural complication causing loss of capture. Besides, the symptoms of the patient just started after the replacement procedure. In this patient, we intended to place a left ventricular lead; however, after visualization of the coronary sinus, acute pulmonary edema developed and we could not continue with the cardiac resynchronization therapy device implantation procedure. It is a well-known issue that extraction procedures have a high complication rate, but hybrid rooms are not available in many high-volume centers in our country. In such cases, we inform cardiovascular surgeons and leave a surgical

room free for a possible urgent operation.

In this case, an extraction procedure could not be used, and instead, simple traction was enough to explant the lead. This was a fortunate situation, since it becomes more difficult to explant a lead with simple traction as time passes. In our case, 9 years had passed since the lead was implanted. We did not write about the extraction procedures because it was outside the scope of our article, as you mentioned. If it had not been possible to explant this lead with simple traction, we would have just left this lead in place and implanted a second defibrillator lead.

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References

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