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Positron emission tomography in a complex case of cardiac device-related infection

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A 60-year-old man was presented with a Staphylococcus epidermidis bacteremia of unknown origin, suspicious of cardiac device-related infection. Patient was pacemaker dependent for 30 years with multiple endovascular leads: four via the right and three via the left subclavian vein [attached to a biventricular internal cardioverter defibrillator (ICD)]. Intravenous antibiotic treatment was initiated and the ICD and five leads could be removed by using locking stylets and dilator sheaths (Cook Medical). Extraction of the remaining leads via the femoral vein was unsuccessful. Cultures of the ICD pocket and leads were negative for S. epidermidis. Antibiotic treatment was continued for 6 weeks with a good clinical response and normalization of inflammatory parameters. Eventually, a definitive epicardial-lead biventricular pacemaker (Medtronic) and a completely subcutaneous-lead-ICD (Cameron Health) were implanted. Further hospital stay and 6-month follow-up were uneventful.

Conflict of interest: L.V.A.B. is a consultant and speaker for Cameron Health.

The full-length version of this report can be viewed at: http://www.escardio.org/communities/EHRA/publications/ep-case-reports/Documents/PET-CT.pdf.