Supplementary material

Supplementary material is available at Europace online.

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References


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A leadless solution

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A 78-year-old male with a history of complicated diabetes, peripheral arterial and coronary disease, hypertension, and atrial fibrillation with a VVI pacemaker was referred to our tertiary centre with a bilateral pocket infection. Management of this infection was suboptimal and not according to the current guidelines. The initial left-sided pocket infection was treated elsewhere by explanting the pulse generator, leaving the lead cut and capped in situ (Panel A, arrow head). During this procedure a new pacemaker system was implanted contra laterally (Panel A, arrow). Despite long-term antibiotic treatment, the infection recurred on the second pacemaker system. This formed the indication for total pacemaker system explantation. Re-implantation of a pacemaker in previously bilaterally infected pectoral tissue was contraindicated and traditional solutions (epicardial or transfemoral lead placement) have a considerable risk of complications. A percutaneous leadless pacemaker (St Jude Medical) provided a new and better option. However, only limited clinical data are available to date and perforation of this device has been described. The entire pacemaker system and capped lead were successfully explanted using laser. Two days later the leadless cardiac pacemaker was implanted in the right ventricular apex (Panel B, arrow). Ten months post implant, the pacing performance was within the accepted range and no signs of local or systemic infection were present.

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

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