

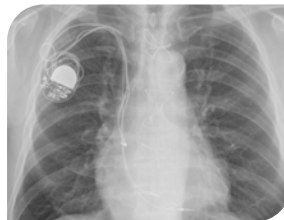
A Potpourri of Fascinating Cases to Learn From

Bonita Anderson

1

70 yo male

IHD (prior PCI & CABG)
T2DM, hyperlipidemia



Generator Δ

Increased lead impedance

The Patient

1998

Referral

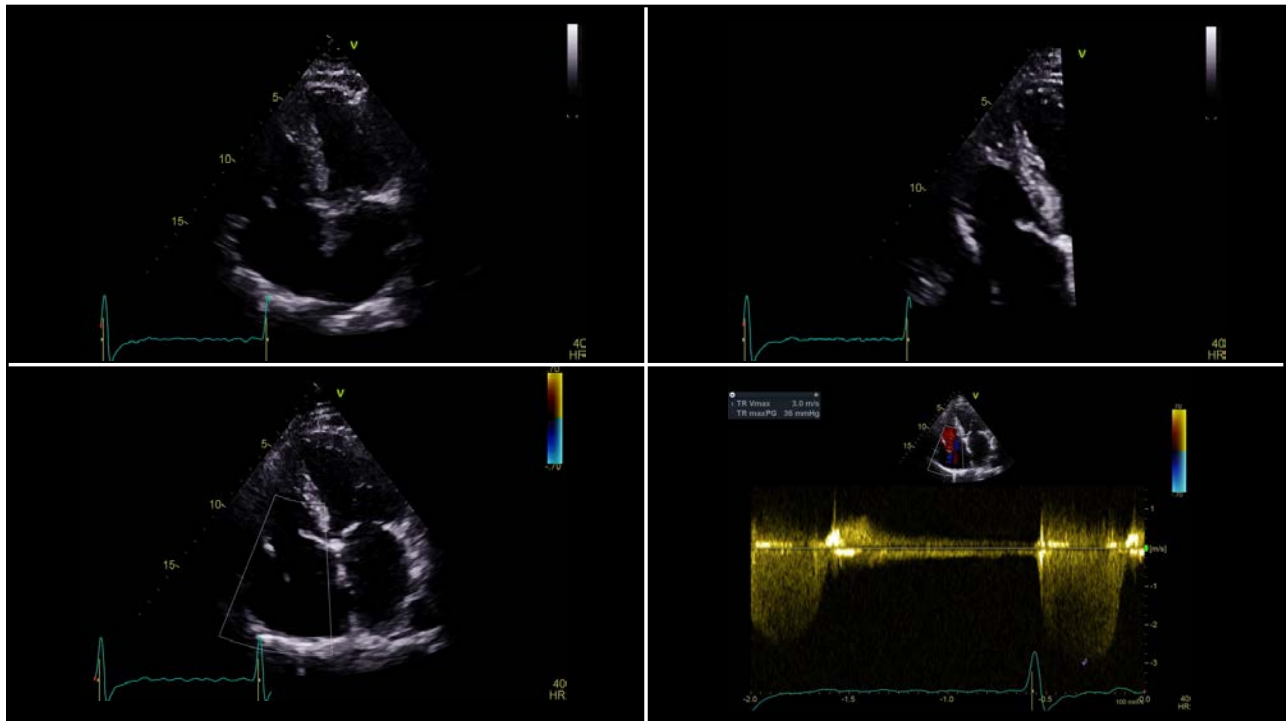


Pacemaker


Chronic, slow AF



2




3



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Infection

Blister over PM site
No fever/sweats

3 days later

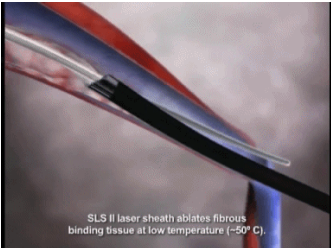





4

Infection

Blister over PM site
No fever/sweats






New Device

Medtronic Micra™
leadless device

3 days later

Following week

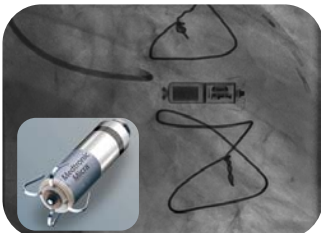
Same time




Extraction

Laser-assisted removal
pacing leads

Animation adapted from
<https://www.philips.com.my/healthcare/resources/landing/lead-management>





5



Orthostatic hypotension


Lying: 114/60 mmHg
Sitting: 94/54 mmHg






NYHA III


Dizzy & weak





Hb dropped

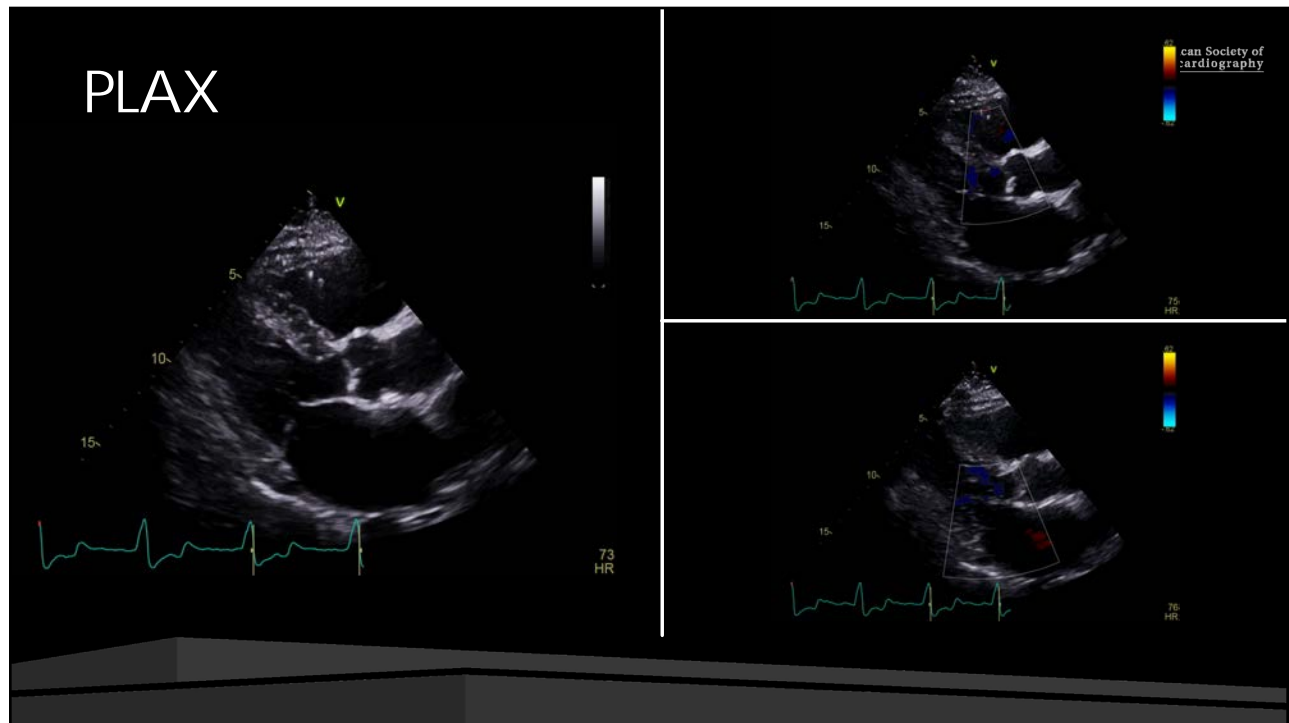
144g/L => 99g/L



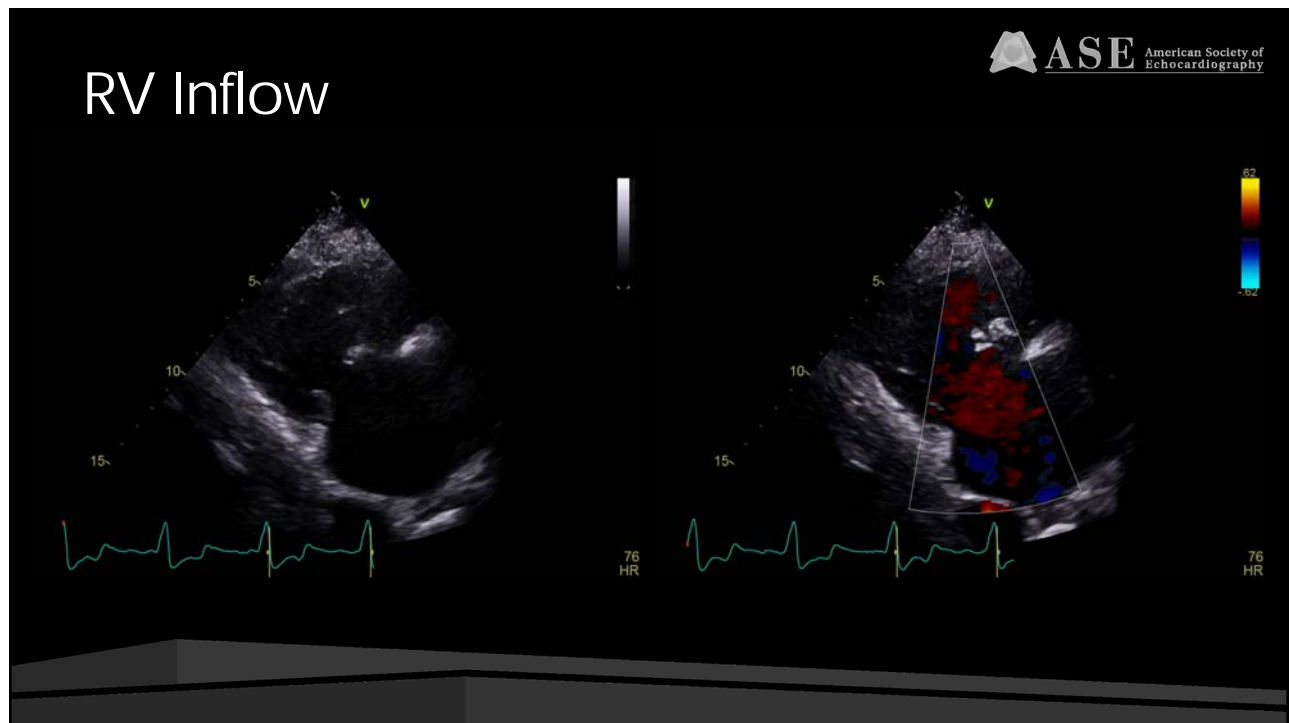
Afebrile

O₂ 98%
PR 60 bpm
HS dual + SM
Liver pulsatile
JVP giant V waves

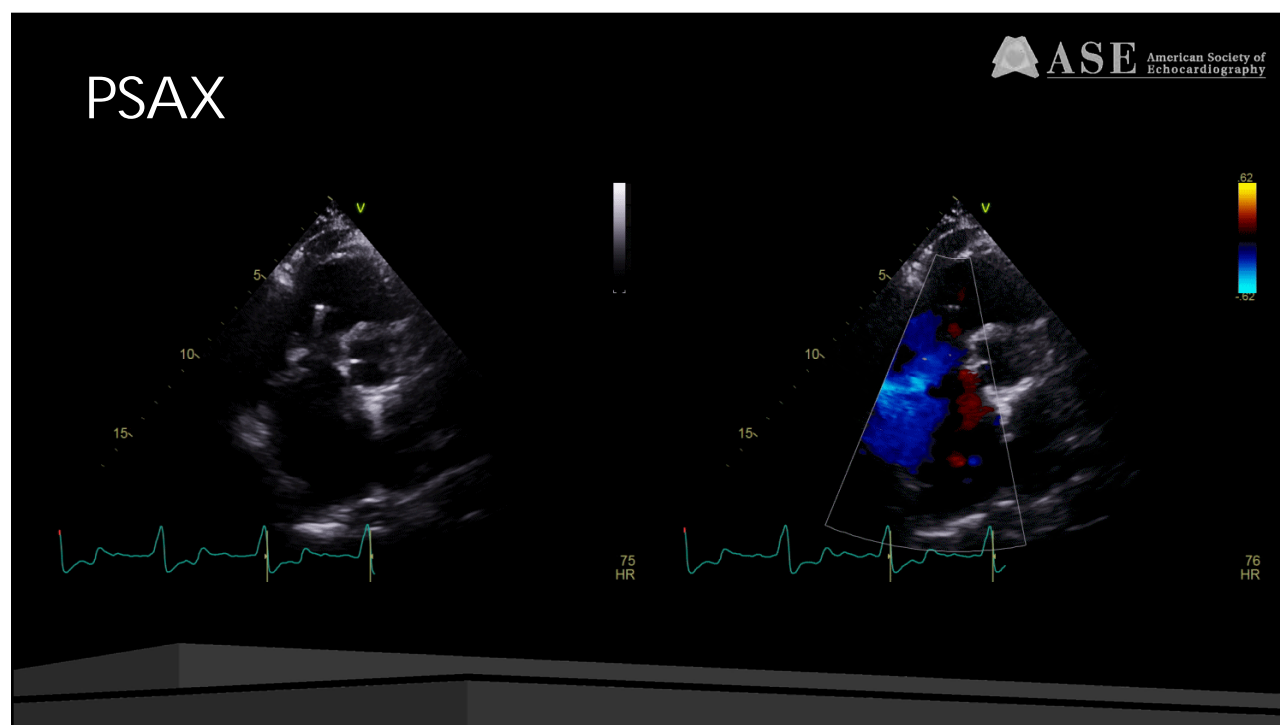
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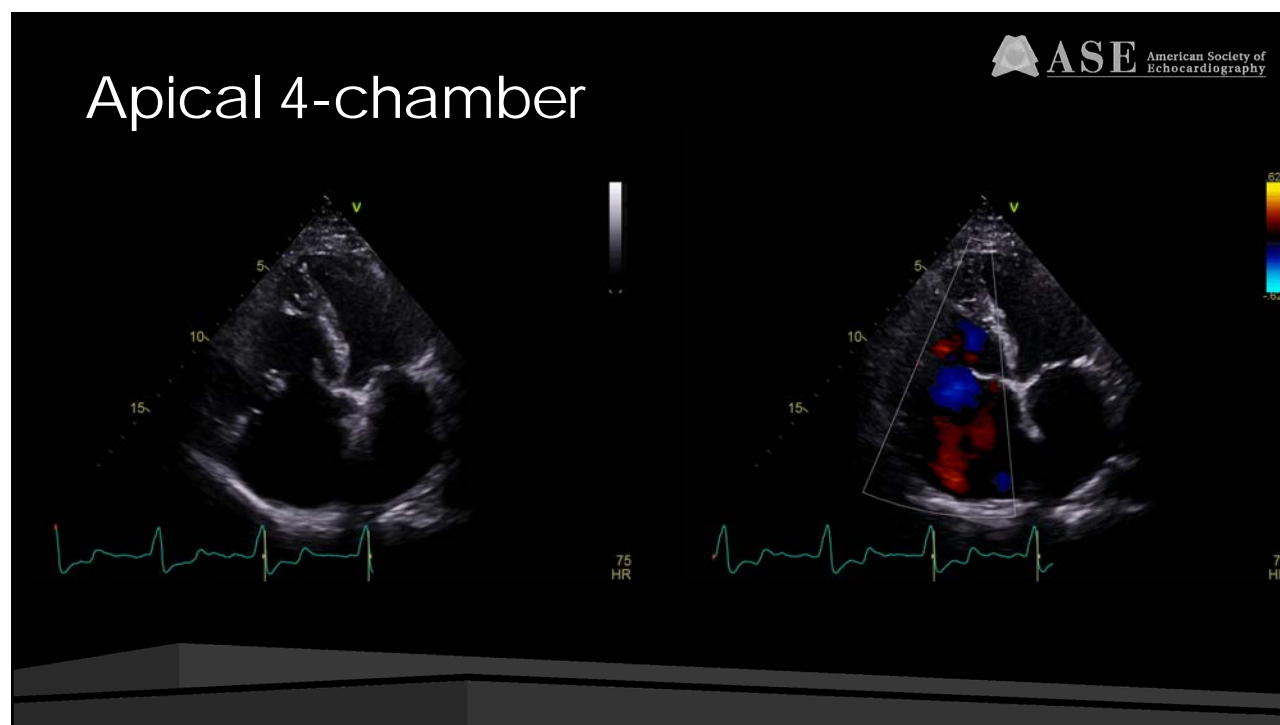
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8



9

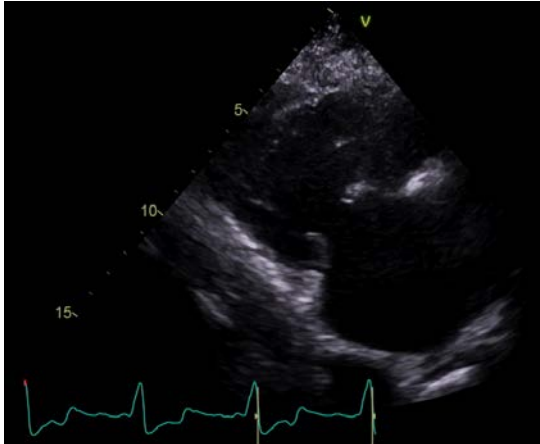


10

Question



70 yo male post-pacemaker lead extraction + new leadless device insertion



This is likely:

1. A large tricuspid valve vegetation
2. A ruptured papillary muscle
3. Entrapped thrombus within the tricuspid apparatus
4. Traumatic tricuspid valve injury

11

Question



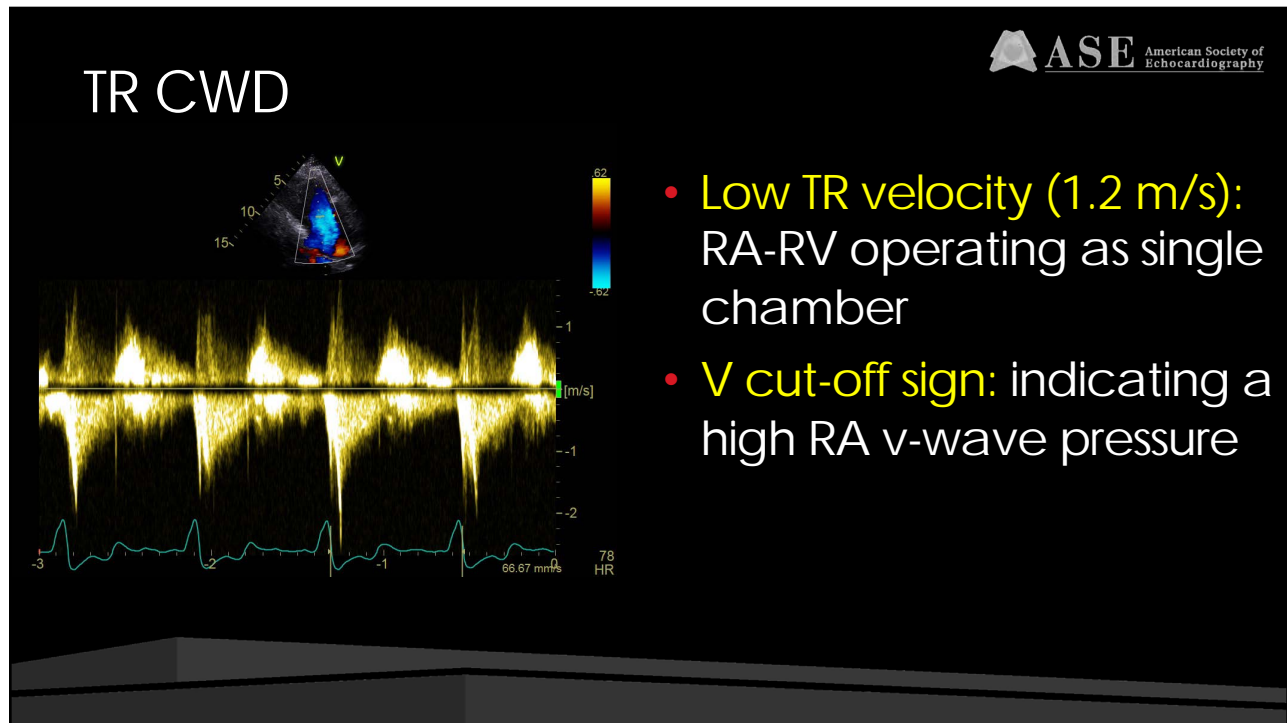
70 yo male post-pacemaker lead extraction + new leadless device insertion



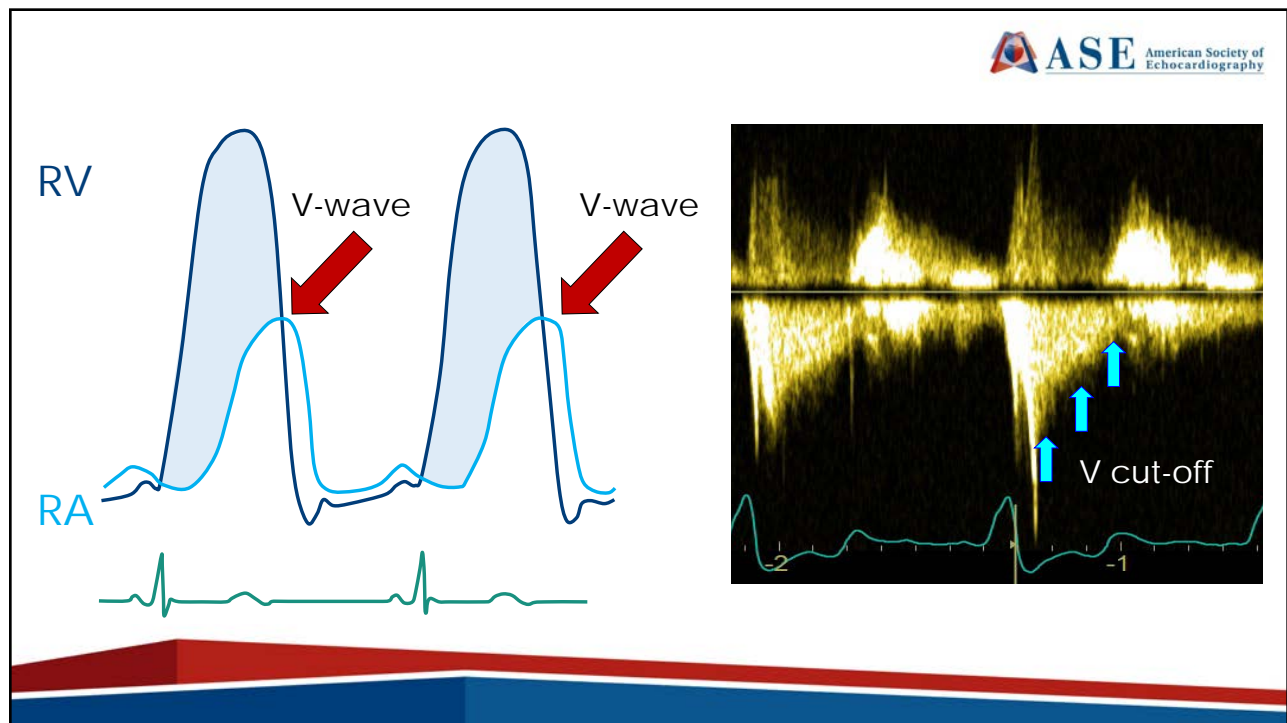
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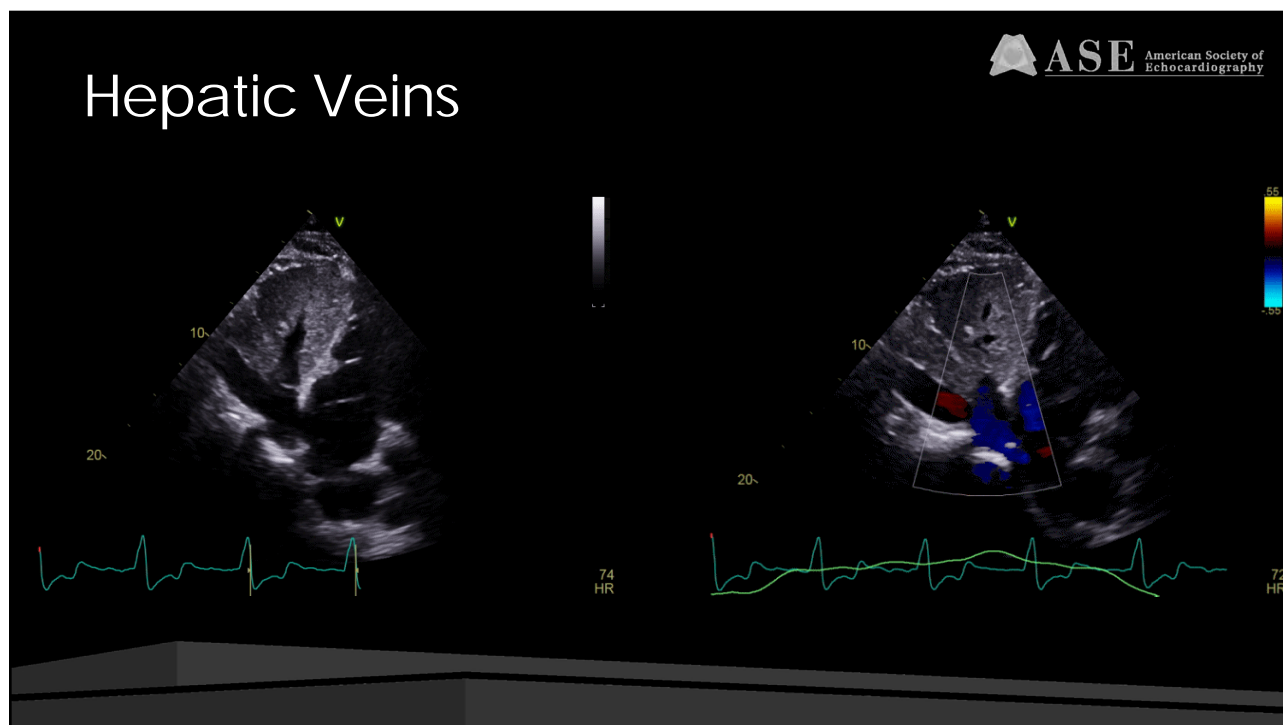
12



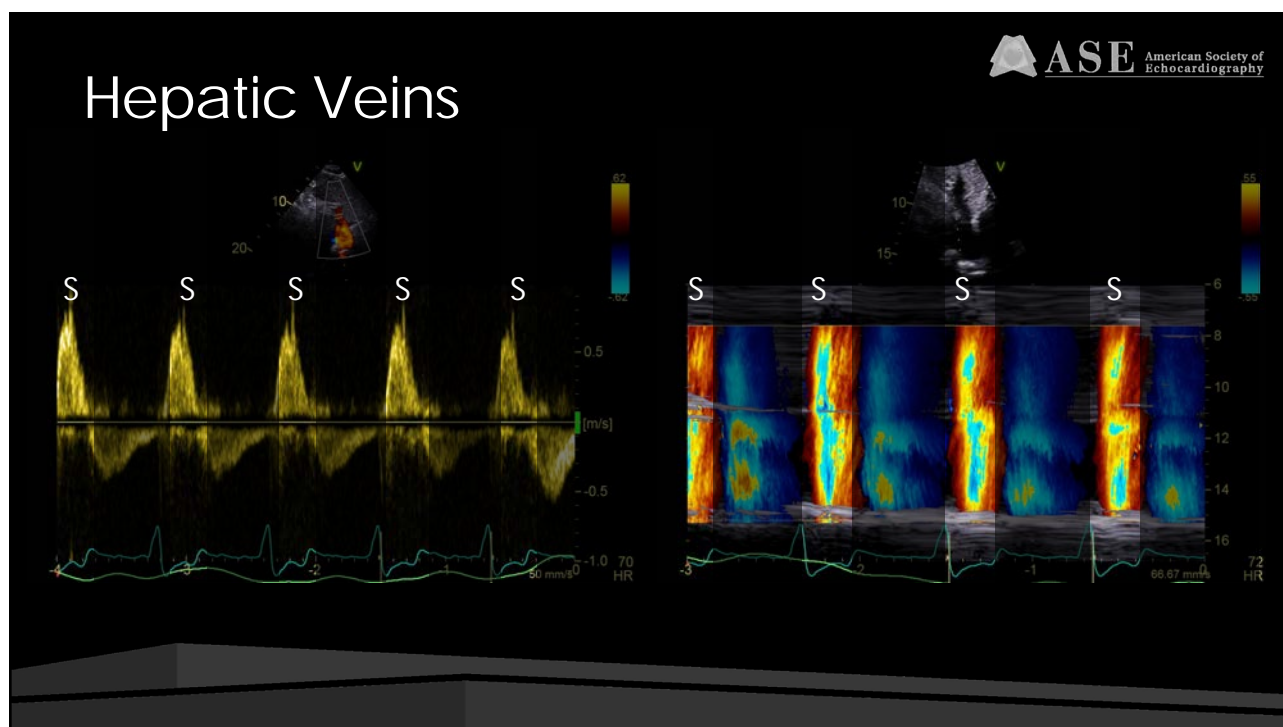
13



14

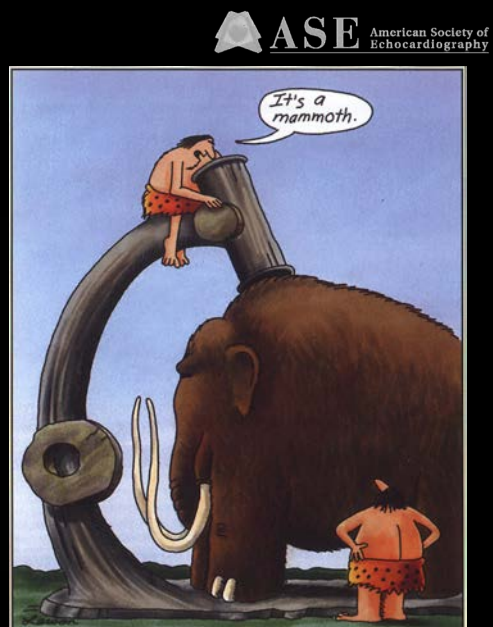


15



16

Did we need HV Doppler to confirm this patient has severe TR?

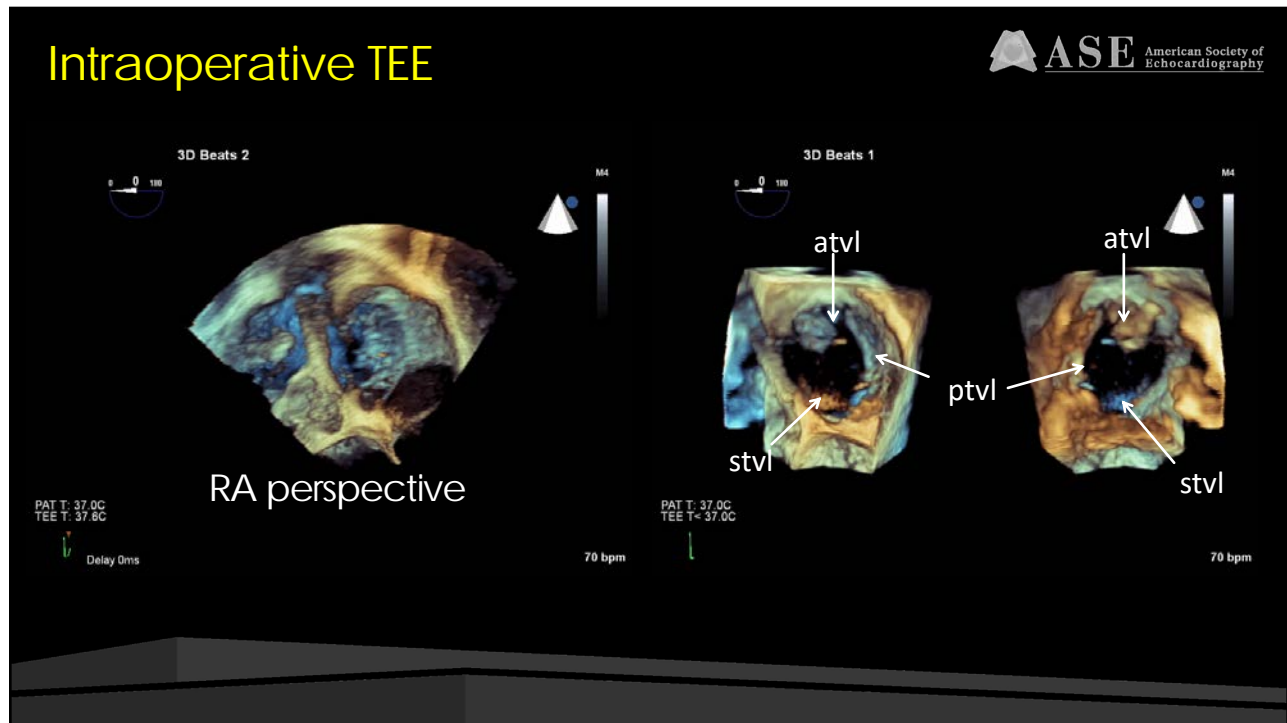


17

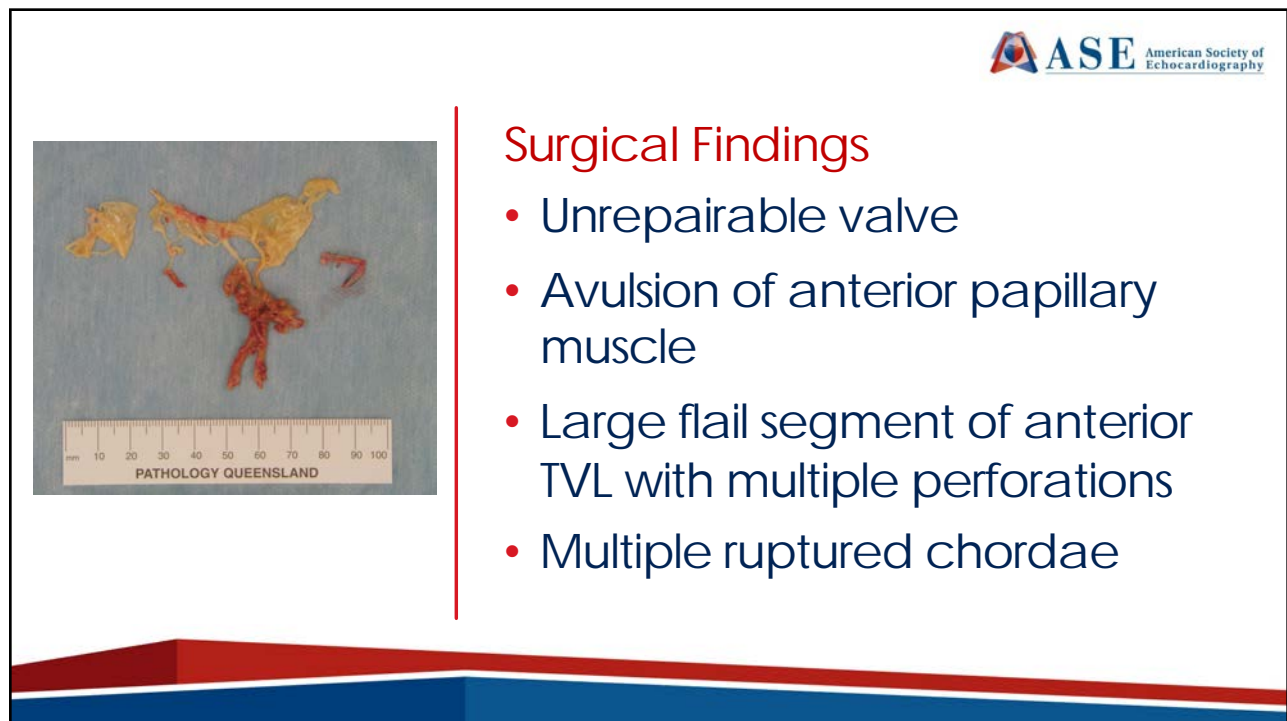
Intraoperative TEE



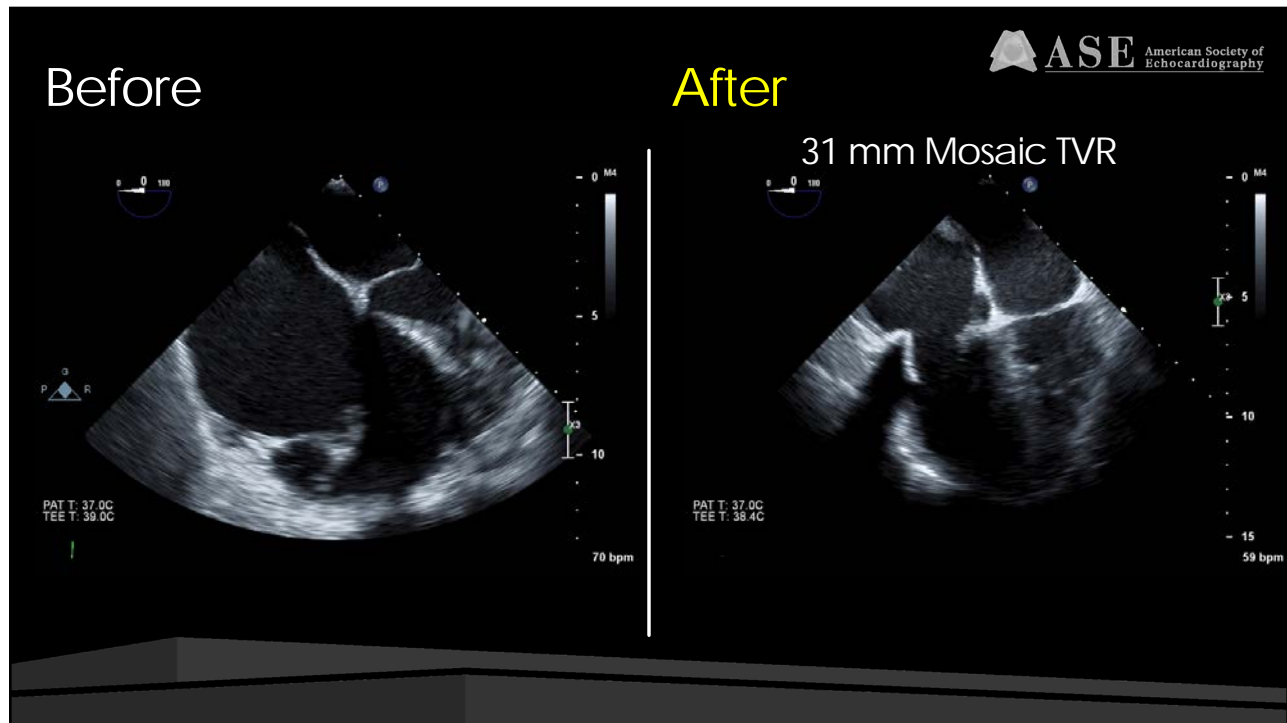
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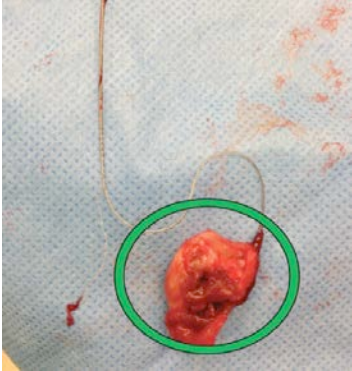
19




20



21



From Patel B, Daraghme A, Machado C. Severe tricuspid valve regurgitation requiring surgical intervention as a result of pacemaker lead extraction: a case series. J Innov Cardiac Rhythm Manage. 2014;5(2):1525-1529; With permission

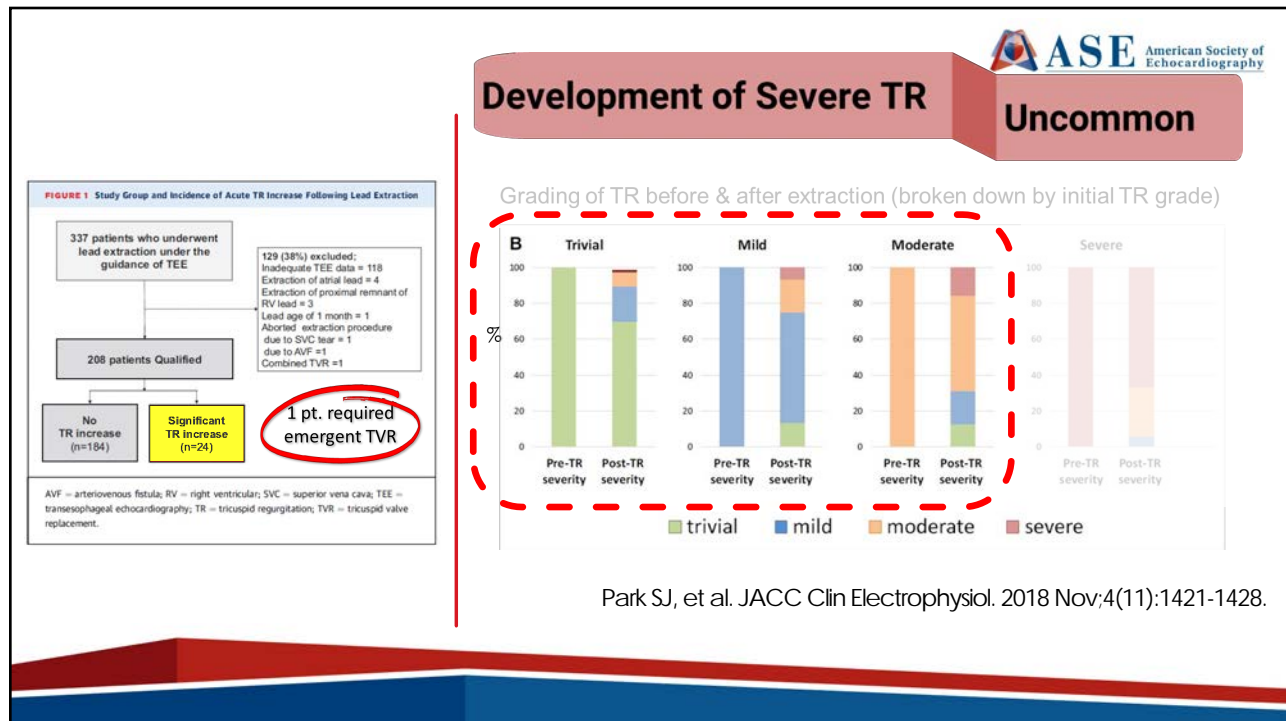


Traumatic TV injury post-lead extraction

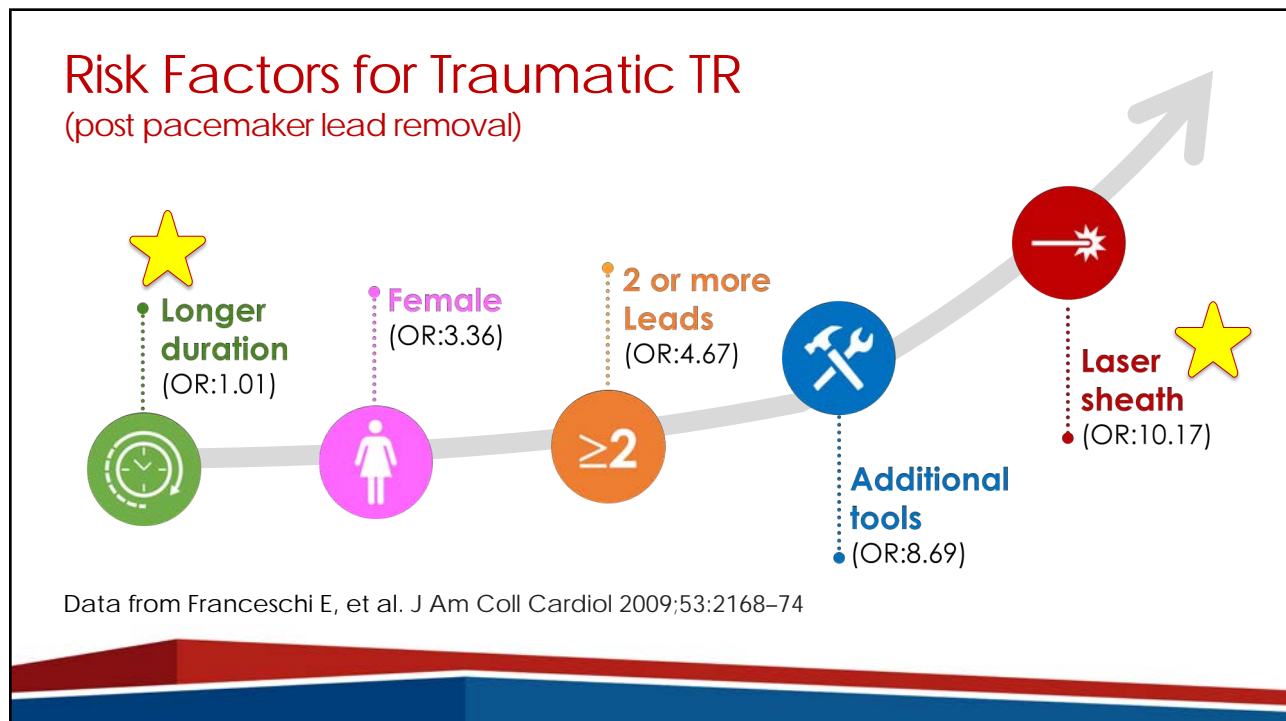
- Incidence 3.5% to 12%
- Partial avulsion usually evident immediately after lead extraction
- Requiring surgery rare

Birgersdotter-Green U, Dawood FZ. J Am Coll Cardiol. 2009 53(23):2168-74.
 Assayag P, et al. Pacing Clin Electrophysiol. 1999 22(6 Pt 1):971-4.

22




23



24

- Traumatic TV rupture is an uncommon but recognized complication post-PM lead extraction.

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Echo is vital for identifying causes of HF symptoms and for the detection of complications post interventional procedures.

Case Highlights

- Doppler profiles of TR & HV assist in determining TR severity.

25

“I may have tugged a little too hard.”

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26