The patient was a 58-year-old woman who had been implanted a dual pacemaker for management of permanent A-V block 8 years ago and presented to our pacemaker department with pacemaker battery erosion and partial extrusion through the skin to a submammary location as a result of caudal migration of the battery from subcutaneous tissue in the subclavian prepectoral region under the breast to the submammary space, with eroding and extrusion through the inframammary fold (Figure 1). Her chest X-ray clearly demonstrated pacemaker migration under the breast (Figure 2). There was no sign of inflammation or discharge around the extruded battery; there was no bacterial growth on the culture swab taken from the site and inflammatory markers and blood cultures were negative. The clinical diagnosis was mechanical skin erosion without infection. Patient management included explantation of the partially extruded pacemaker battery and excision of skin edges at the extrusion point, careful debriement and closure of the edges by suture. A new pacemaker...
battery was implanted ipsilaterally by fashioning a new deeper, medial pacemaker pocket. The 8-year-old atrial and ventricular leads were connected to the new battery, which was sutured to the chest wall to prevent migration. At one year follow up there were no signs of erosion or migration of the new battery and no sign of pocket infection skin erosion is the most common late complication of pacemaker implantation, with an incidence of 0.8%. Some of the predisposing factors for skin erosion are pressure exerted by the device on the subcutaneous tissue, tissue fragility in older patients and infection of the pacemaker pocket. A literature search revealed only one similar case. If true erosion occurs, the system is generally considered contaminated and current opinion favors removal of generator and leads to the clean site. If pacemaker erosion is not caused by infection and there is no sign of infection, as in the case we present here, it can be successfully managed by ipsilateral revision and reimplantation.

REFERENCES