Extensively Looped Temporary Pacemaker Lead in Pulmonary Artery and Right Heart Chambers: Original Image

Aşırı “Loop” Yapmış Geçici “Pacemaker Lead”i

The insertion of a temporary pacemaker can be a lifesaving procedure in the emergency setting. The temporary pacemaker lead was inserted to a 64 years old male for syncope attacks due to marked pauses. Procedure was performed in emergency setting without fluroscopy. During dual chamber permanent pacemaker implantation, temporary pacemaker lead was found as extensive loop in right heart chamber and pulmonary artery trunk and ended in right atrium (Figure 1). Because of the pacemaker dependence, permanent pacemaker active fixation ventricle lead was implanted from left subclavian vein at first. Afterward, temporary pacemaker lead pulled back and active fixation atrial lead was implanted (Figure 2). If this patient had an atrioventricular complete block, then the temporary pacemaker in the atrium would be ineffective. The sinusoidal arrest provided an effective pacemaker activity from atrium. Temporary pacemaker should be implanted under fluroscopy. Especially, if temporary pa-
cemaker leads without balloon is advanced without floroscopic examination, there may be a risk of perforation in right heart chamber or pulmonary trunk or branches. Alternatively, echocardiography-guided temporary pacemaker implantation is a well-tolerated option in an emergency setting and in hospitals where fluoroscopy is not available.

REFERENCES