Pacemaker extrusion from innocuous direct impact to the chest wall

A 59-year-old man presented with giddiness, shortness of breath and lethargy in 2011. ECG showed complete heart block, which necessitated temporary pacing. Echocardiography revealed no regional wall motion abnormality and normal systolic ejection fraction. His cardiovascular risk factors were type 2 diabetes mellitus and hypertension. Subsequently, a dual-chamber pacemaker was implanted with direct puncture of the left subclavian vein for placement of two 6.1 F silicone-coated leads (figure 1). The pacing parameters were acceptable. About 19 months post implantation, his 2-year-old grandson bumped into him. The toddler's head hit his left upper chest wall. There was pain and swelling of the left pulse generator (PG) pocket site. Two days later, he noticed protrusion of the PG edge through the eroded skin. Inflammatory blood markers were not raised. There was no evidence of pus at the pocket site. The affected area was thoroughly cleaned and debrided. The PG was wiped with povidone iodine solution before being placed back into a deeper subcutaneous pocket. He completed 1 week course of cloxacillin. His wound healed nicely and remained afebrile during the following month clinic review. This case highlights the occurrence of PG extrusion from an innocuous direct impact force to the chest wall, possibly affected by the superficially placed PG in the thin subcutaneous skin layer. The exposed PG could still be salvaged by meticulous debridement and cleaning with antiseptic and a course of prophylactic antibiotic. Surveillance should be continued for occult or late-onset cardiovascular implantable electronic device infection.

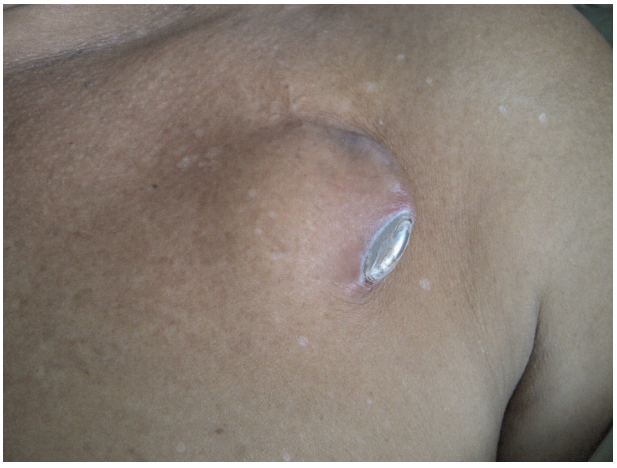

Figure 1 The pacemaker pulse generator protruding through the eroded skin pocket.

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