Long-term Pacemaker Lead Malposition. 
Role of Echocardiography

Malposición de catéter de marcapasos durante 9 años. 
Rol del ecocardiograma

To the Editor,

Pacemaker lead malposition is a rare complication, although a few cases have been reported.1,2 The current level of incidence is unknown, probably because of underdiagnosis or underreporting, and treatment is controversial. In some cases, left ventricular (LV) access is through a patent foramen ovale3 or an atrial septal defect;4 in others it is through interventricular septum or sinus venosus type defects,5 atrioventricular membrane perforation6 and right ventricle apex perforation with migration through the pericardium to the LV epicardium.7

We describe the clinical, electrocardiographic (ECG), X-ray and echocardiographic findings of a 75-year-old woman referred to our diagnostic imaging unit for echocardiography to determine a possible source of embolization, after discovery of basal ganglia infarction in a cranial tomography requested for dizziness. The patient had received a VVI pacemaker implant 9 years earlier, indicated for third-degree atrioventricular block. The ECG showed pacemaker rhythm with complete right bundle branch block and the identification of structural abnormalities.

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We determined that the pacemaker lead passed through the aortic valve.8 Although the approach to patient care entails the risk of bleeding, aortic valve trauma and endocarditis. In patients presenting neurologic symptoms, percutaneous or surgical lead removal is preferable and, if not possible, anticoagulation therapy.8 Echocardiography is fundamental in the diagnosis of lead malposition and the identification of structural abnormalities.

To prevent these episodes, we recommend a 12-lead ECG be performed after pacemaker deployment and, if complete right bundle branch block of paced beats is found, we also recommend taking a lateral chest X-ray. If uncertainty remains, echocardiography will determine lead malposition and cardiovascular abnormalities.

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Available online 9 February 2011

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doi:10.1016/j.rec.2010.08.010

Figure 1. Long axis parasternal transthoracic echocardiography. The arrow indicates the pacemaker lead in the left ventricular cavity passing through the aortic valve.