An Unusual Pacemaker Migration in Female Left Breast Resulting in Erosion and Partial Extrusion Through the Inframammary Fold: Original Image

Sol Meme İçinden Meme Alt Tarafına İlerleyen ve İnframammarian Kıvrımı Erode Ederek Kısmi Ektrude Olan Nadir Bir Pacemaker Migrasyon Olgusu

Nizamettin Selçuk YELGEÇ,[a]
Ahmet İlker TEKKESİN,[a]
Ahmet Taha ALPER[a]

[a]Clinic of Cardiology,
Dr. Siyami Ersek Thoracic and Cardiovascular Surgery Training and Research Hospital,
İstanbul

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Yazışma Adresi/*Correspondence:*
Nizamettin Selçuk YELGEÇ
Dr. Siyami Ersek Thoracic and Cardiovascular Surgery Training and Research Hospital,
Clinic of Cardiology, İstanbul
TURKEY/ TÜRKİYE
yelgec@gmail.com

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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 debridement and closure of the edges by suture. A new pacemaker

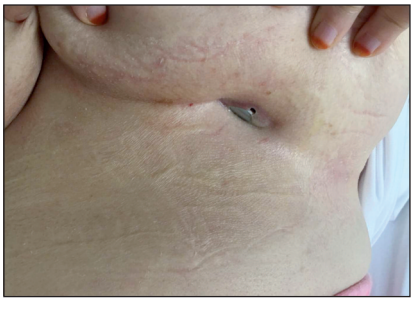

FIGURE 1: Photograph shows partially extruded pacemaker through the inframmary fold upon the patient's admission to the hospital.

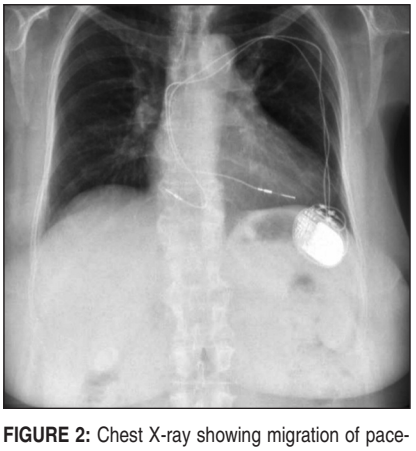

FIGURE 2: Chest X-ray showing migration of pacemaker.

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%.[1] 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.[1-2] A literature search revealed only one similar case.[3] If true erosion occurs, the system is generally considered contaminated and current opinion favors removal of generator and leads to the clean site.[4-5] 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.[6]

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