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

Pulmoner Arter ve Sağ Kalp Boşluklarında Aşırı "Loop" Yapmış Geçici "Pacemaker Lead"i

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The insertion of a temporary pacemaker can be a lifesaving procedure in the emergency setting. The temporary pacemaker lead was inserted to 64 years old male for syncope attacks due to marked pauses. Procedure was performed in emergency setting without floroscopy. 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, than 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 floroscopy. Especially, if temporary pa-

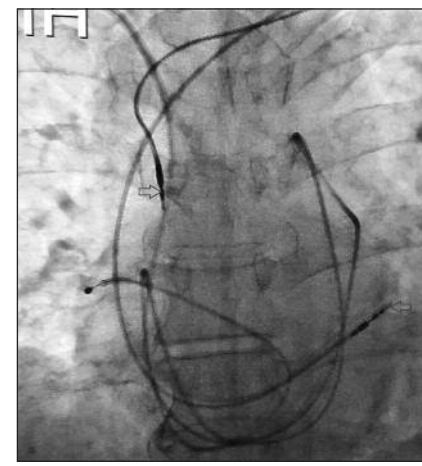

FIGURE 1: Temporary pacemaker electrod extensively looped in pulmonary artery, right ventricle and atrium. Permanent pacemaker ventricle lead was fixed and atrial lead was in superior vena cava (permanent pacemaker leads are shown as arrows).

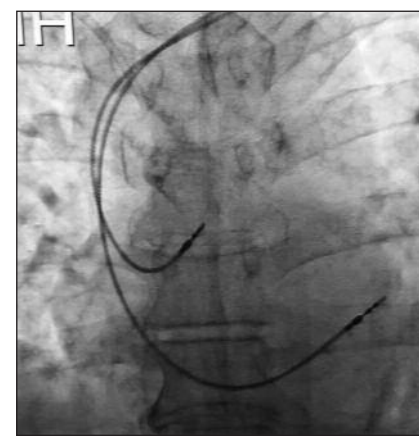

FIGURE 2: Permanent active fixation atrial and ventricle leads.

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.[1] Alternatively, echocardiography-guided temporary pacemaker implantation is a well-tolerated option in an emergency setting and in hospitals where fluoroscopy is not available.[2]

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