
IMAGES

Dysfunction of a permanent pacemaker

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We report the case of a 66 year-old woman with a single-chamber VVI permanent pacemaker placed 27 years before, for complete atrio-ventricular block (AVB). During an exercise class she suffered a syncopal episode, fell and struck her forehead, but showed complete spontaneous recovery within minutes. On arrival at the Emergency Department the only remarkable finding was a heart rate of 39 bpm. The ECG (Figure 1) showed AVB, complete right bundle branch block and diffuse

negative T waves with pacemaker spikes dissociated from the QRS complex. On examining the pacemaker program, we found a pathological increase in ventricular electrode impedance of 1,325 ohms and increased threshold of ventricular stimulation to 7.5 volts at 0.7 ms. Chest X-ray showed electrode cable rupture (Figure 1) between the right clavicle and the first rib. The case was resolved by placement of a new ventricular electrode with no complications.

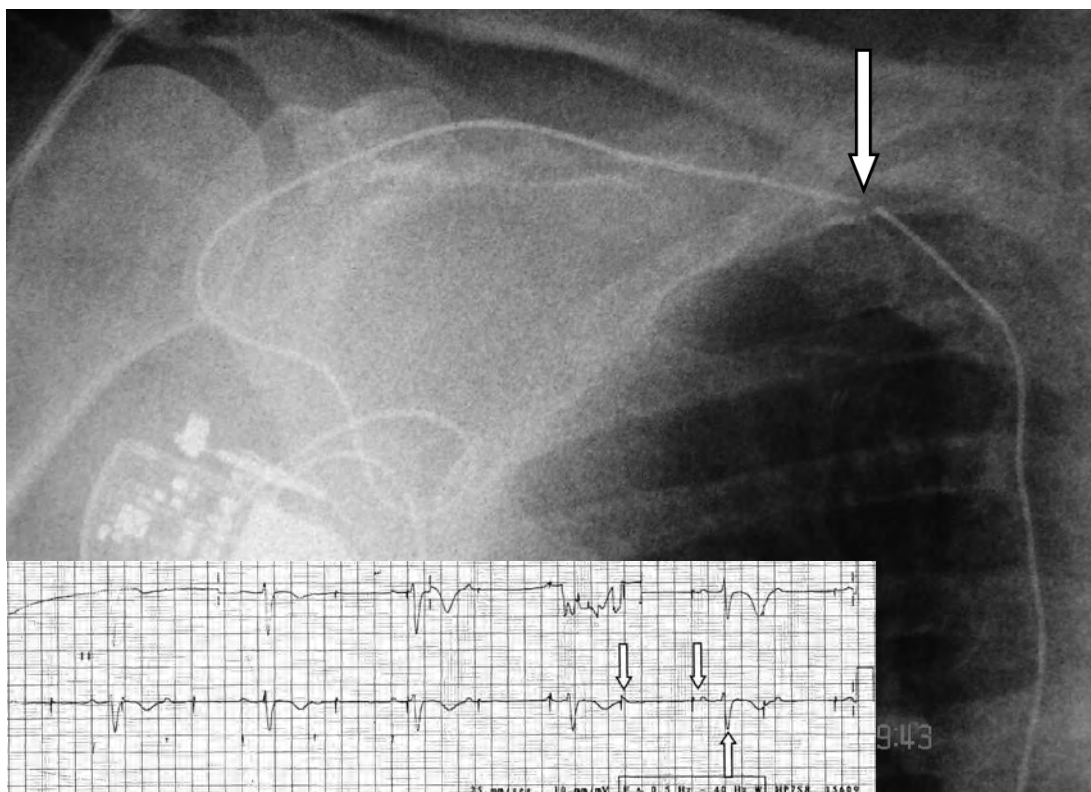


Figure 1. Chest X-ray showing pacemaker electrode cable rupture (arrow). ECG (below) showing complete ventricular block with heart rate at 39 bpm and dissociation between the pacemaker spike (downward arrows) and QRS complex (upward arrow) without effective signal capture.

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