

Images in medicine

Uncommon complication of late perforation of the right atrium with active fixation atrial electrode

Complicación poco frecuente de perforación tardía de la aurícula derecha con electrodo auricular de fijación activa

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A DDDR pacemaker was implanted in an 85-year-old woman due to symptomatic Mobitz II AV block. A month later, she went to the Emergency Department due to pleuritic chest pain in the right hemithorax in a stable hemodynamic and respiratory situation with oxygen saturation by pulse oximetry of 98% without oxygen supply. Posteroanterior chest X-ray (Fig. 1), chest computed tomography (CT), and 3D VR (Volume rendering) chest CT (Fig. 2, Fig. 3) were performed. Right pneumothorax (black arrows) and introduction of the tip of the atrial electrocatheter into the pleural space (white arrows) due to late perforation of the right atrium were observed. An echocardiogram was performed, which ruled out a pericardial effusion. Surgical removal of the atrial lead was decided by the Cardiac Surgery Department, without complications.



Fig. 1. Chest radiograph. anteroposterior view

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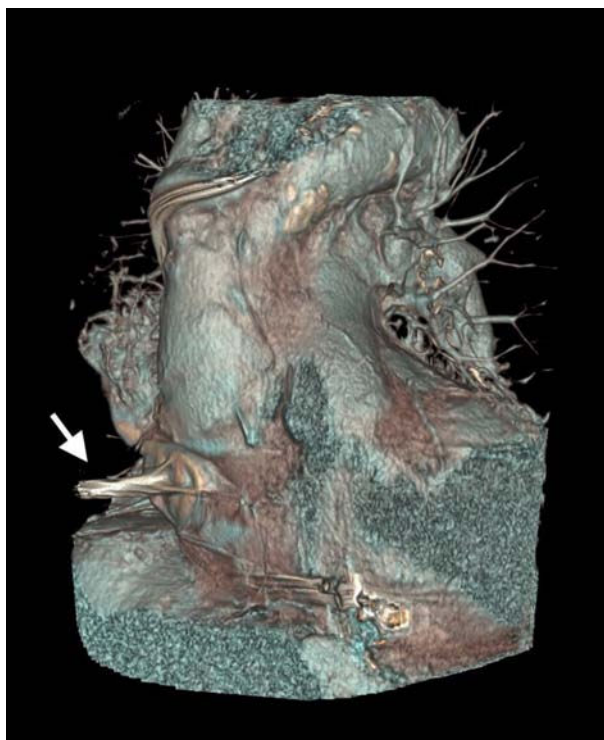


Fig. 2. 3D VR chest tomography. Tip into pleural space

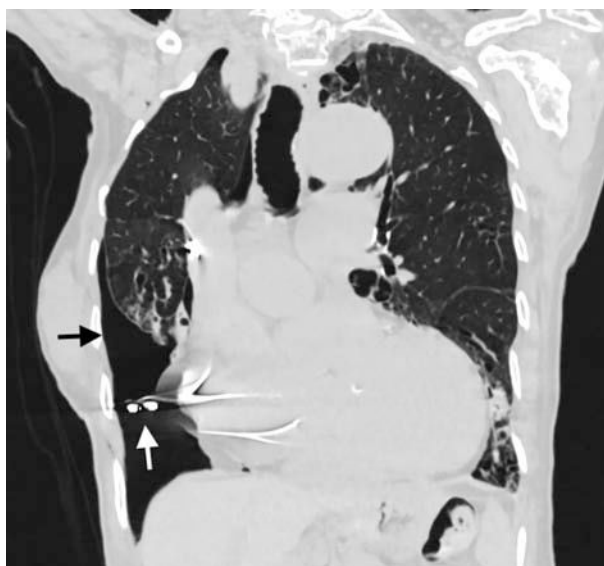


Fig. 3. Chest computed tomography.

Ethical considerations

Patient written informed consent was obtained.

Ethical committee

Comité de Investigación de les ILLES BALEARS.
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Declaration of competing interest

None.
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