Unusual pacemaker location due to pocket infection

Localisation inhabituelle de pacemaker secondaire à une infection de loge

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Received 13 August 2008; received in revised form 19 August 2008; accepted 20 August 2008
Available online 21 January 2009

KEYWORDS
Pacemaker; Prosthesis-related infections; Staphylococcus aureus

A 55-year-old woman was referred to our institution for cutaneous erosion of the pacemaker pocket. The first dual-chamber pacemaker had been implanted 15 years earlier for complete atrioventricular block following mechanical prosthetic aortic and mitral valve replacement for rheumatic heart disease. The generator was replaced a year earlier because it had reached its end-of-life. The process of cicatrization was slow and had taken six weeks to complete. Two months before presentation, the patient noticed skin erosion at the site of the pacemaker pocket. The erosion progressed to ulceration, without fever or chills. On initial physical examination, there was no heart failure or hypotension. The generator was protruding completely out of its pocket, with skin retraction and local signs of inflammation such as erythema and swelling (Fig. 1). Laboratory tests revealed elevated C-reactive protein (41 mg/L [normal < 5 mg/L]). Blood cultures remained negative. Transesophageal echocardiography did not reveal valvular or lead vegetations. Complete device explantation was performed percutaneously. As the patient was pacemaker-dependent, reimplantation of an abdominal pacemaker with epicardial electrodes was performed during the same procedure. Cultures of the generator pocket identified oxacillin-susceptible Staphylococcus aureus. The patient received intravenous cloxacillin at a dose of 12 g/day for two weeks after device removal, in association with five days of gentamicin 3 mg/kg per day. The patient’s postoperative course was unremarkable, with no relapse of infection.

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1875-2136/$ — see front matter © 2009 Published by Elsevier Masson SAS.
doi:10.1016/j.acvd.2008.08.014
Pacemaker-generator pocket infection can present as isolated skin erosion and lead to device-related endocarditis. Systemic signs of sepsis are not constant and their absence should not delay aggressive combined antimicrobial treatment and complete removal of the device.

**Competing interest statement**

None.