Case Report

CONSERVATIVE MANAGEMENT OF THE INFECTED PACEMAKER PULSE GENERATOR

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Infected permanent pacemakers are not necessarily removed, because infection and dehiscence occurring at the site of pacemaker implantation may be successfully managed using conservative measures. The experience of a patient who was treated conservatively and successfully, is reported.

Recently, a permanent pacemaker implantation has been a frequent cardiac operation in our country. With the progress of the antibiotics and the appropriate techniques, infection and wound dehiscence at the site of pacemaker implantation have become uncommon, but occasionally occurs. It has been generally accepted that the only one successful management at the presence of infection with a foreign body is to remove that foreign body and that infected pacemaker will have to be removed. Until the infection clears, or another pacemaker is implanted at another site, cardiac pacing must be established by some other measures. The above described gives the physical and economical burden to the patient. This report presents a patient treated conservatively with success.

Patient:
A 24-year-old man sustained a tricuspid valve replacement for Ebstein's anomaly in March, 1967. At that time, the complete A-V block was occurred. About one and half years later, in September, 1968, the patient was readmitted with cardiac failure.

Physical examination and ECG revealed the complete A-V block, and the cardiac catheterization and angiocardiography revealed the regurgitation between the right atrium and the right ventricle. The patient had the re-operation for the incompetence of implanted valve. And then the permanent epicardial pacemaker* was inserted. One month later the mild inflammatory sign appeared in the wound of the pulse generator site. The following day, dehiscence of the wound was noted and the surface of the generator was visible. The wound cultured negative. The wound was irrigated with the Rivanol** solution followed by Polymyxin-B solution. The skin and subcutaneous tissue around the pulse generator were debrided and the wound was closed by interrupted sutures without drain. The patient has had no recurrent infection.

Comment:
Infection and wound dehiscence at the site of implanted permanent pacemaker is one of the most important complications. It is generally accepted that to remove the pulse generator with replacement of another pacemaker at a distant site is the treatment of choice. Furman et al. and

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Remark: Pacemaker*; Cordis Ectocor, Cordis Corp., Miami, Fla.
Rivanol**: 2-ethoxy-6,9-diamino-acridinium-hydrochloride.

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Dargan and Norman\textsuperscript{2} reported the conservative management of infected pacemaker with success. Our experience with one patient indicates that the infection and wound dehiscence at the site of implanted pulse generator are able to be treated conservatively with success.

When the infection and wound dehiscence appeared at the site of implanted pacemaker, the first treatment of choice may be irrigation and debridement of the wound with primary closure.

REFERENCES
