A Case of Successful Management of Infected Device by Excimer Laser and Dual Chamber Temporary Pacing

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A case is 77-year-old male. He was implanted dual chamber pacemaker due to complete atrioventricular block from left side in 1999. In 2006, he was referred to our hospital due to sustained ventricular tachycardia and left ventricular dysfunction. After several examinations, he was diagnosed as cardiac sarcoidosis and implanted cardiac resynchronization therapy with defibrillator (CRTD) from right side, because new lead could not pass between superior vena cava and innominate vein. In 2008, the scar on right side became reddish and swelling. We opened the scar, but we could not detect active infection. Then, we implanted new generator under right pectoral muscle. However, in 2011, he was diagnosed as pocket infection on right side without bacteremia and we extracted all 5 leads by Excimer laser. The pathogenic bacteria was Staphylococcus epidermidis. Because the patient was completely dependent on CRTD, single right ventricular pacing could not maintain hemodynamic. Then we employed dual chamber temporary pacing, which could maintain hemodynamic. Two weeks later, he was implanted new CRTD under left pectoral muscle. During follow up, any sign of device infection has not been appeared so far.

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