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**PP-7: IMPLANTABLE CARDIOVERTER DEFIBRILLATOR LEAD THROMBUS CAN BE PRESENTING WITH PULMONARY EMBOLISM**

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**Introduction:** Lead thrombus and pulmonary embolism are rare complications after ICD (Implantable Cardioverter Defibrillator) implantation.

**Case Presentation:** In this case, we present a patient who had a generator infection after ICD implantation and developed a lead thrombus and pulmonary embolism after the removal of the generator. In 2016, the ICD generator was removed due to recurrent pocket infection of the patient who had implanted ICD due to low ejection fraction heart failure. In 2018, the patient was admitted to the emergency department with dyspnea and ventilation / perfusion scintigraphy was performed on the basis of pulmonary embolism and this was interpreted in favor of pulmonary embolism. At that time, echocardiography was performed for pulmonary embolism. However, no evidence of pulmonary embolism was detected. The patient, who was anticoagulated due to pulmonary embolism, applied to our clinic for control after 3 months. Transthoracic echocardiography revealed a lead-related mass? thrombus? in the right atrium. Transesophageal echocardiography was planned on the patient.

Transesophageal echocardiography: A mass of 5.7x2.3 cm was observed on a battery electrode in the right atrium (Figure 1, Figure 2). When the patient was evaluated together with his current clinic and there was a recent history of pulmonary embolism, the mass on the lead was thought to be compatible with the thrombus in the foreground. The patient was evaluated in the cardiovascular surgery-cardiology council and was given surgery for the removal of lead and thrombus.

**Discussion:** Lead thrombosis is a complex problem and involves treatment ranging from anticoagulation to lead extraction. Right atrial thrombosis and pulmonary embolism are rare complications of transvenous pacemaker implantation. Symptomatic pulmonary embolism was reported in 0.6% to 3.5% of patients.

Pulmonary embolism can occur with lead thrombosis. It has been shown that anticoagulation does not reduce the size of thrombus and thrombolytic therapy potentially causes thrombus breakdown and pulmonary embolization.

In our case, the patient was hospitalized and the patient was heparinized, followed by a decision of surgical intervention in consultation with the cardiovascular surgery department.

**Figure 1,2**

