

Piercing the Heart: Pacemaker Wire Perforating the Right Ventricle

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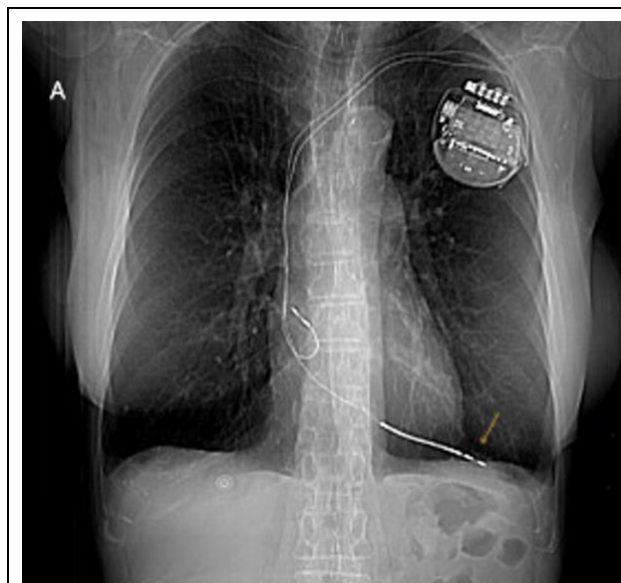
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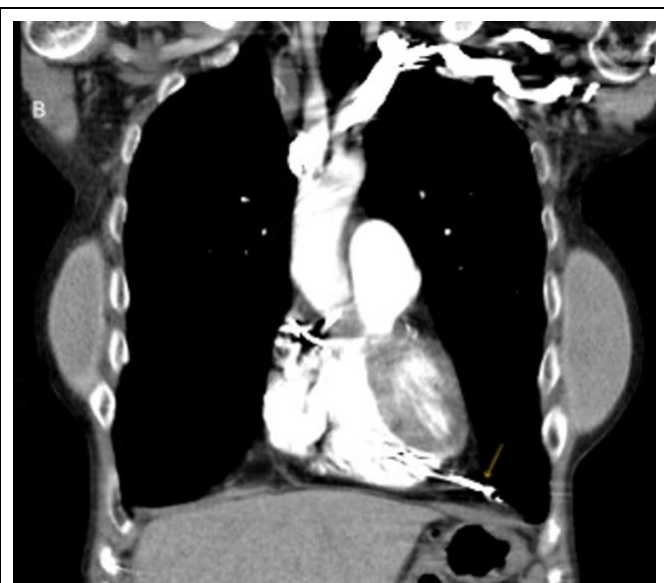
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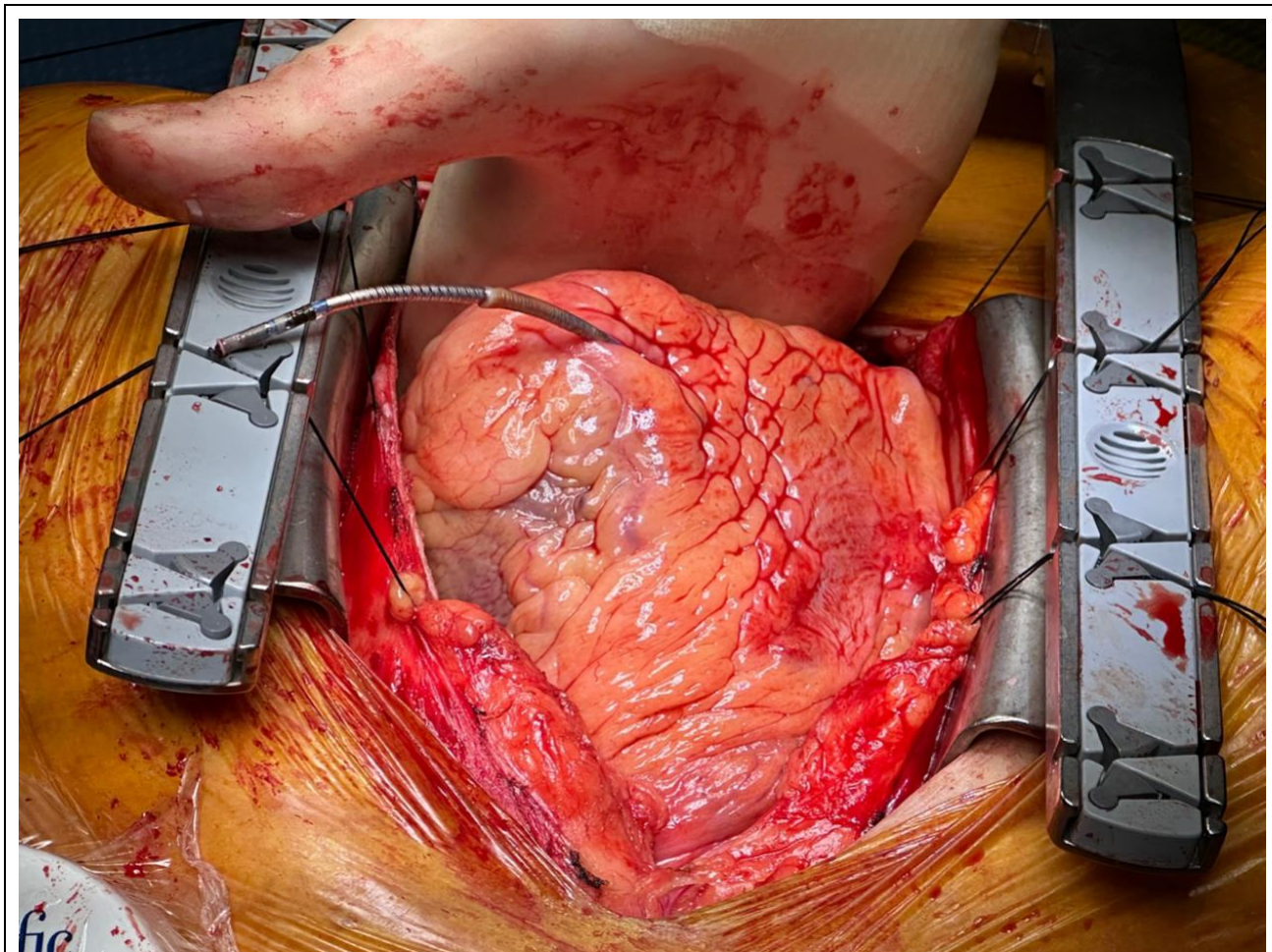
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A: CXR showing pacemaker lead- labelled yellow arrow.



B: CT chest coronal view showing pacemaker lead- labelled.



C: Pacemaker lead perforating the right ventricle.

Clinical Image

A 72-year-old female presented to the hospital with shortness of breath. On examination, she was in no apparent distress and had an oxygen saturation of 95% on room air. Her blood pressure was 130/70 mmHg.

A chest X-ray (Panel A) raised concern for an AICD lead causing ventricular perforation. This was further evaluated with a CT scan of the chest (Panel B), which confirmed right ventricular (RV) perforation due to a dislodged AICD lead.

Cardiothoracic surgery was consulted, and the patient was taken to the operating room. Intraoperative findings confirmed RV perforation caused by the dislodged AICD lead (Panel C). The patient underwent removal of the AICD leads, explantation of the AICD generator, and surgical repair of the RV perforation.

She had an uneventful postoperative course. Given her preference, no new AICD was placed. She was discharged home in stable condition.

AICD lead-related ventricular perforation is a rare but serious complication that may present with dyspnea, chest pain, hemodynamic instability.