

Kasna perforacija miokarda nakon ugradnje jednokomornog elektrostimulatora srca

Late myocardium perforation following single-chamber pacemaker implantation

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Uvod: Kasna perforacija je vrlo rijetka komplikacija ugradnje elektrostimulatora srca. Kasna perforacija događa se više od mjesec dana nakon implantacije uređaja te je često neprepoznata komplikacija s visokim morbiditetom i mortalitetom.¹ Prikazujemo bolesnika koji se prezentirao sa bolovima u lijevoj strani toraksa mjesec dana nakon implantacije elektrostimulatora.

Prikaz slučaja: Muškarac, 82 godine. Antikoaguliran varfarinom zbog recidivne duboke venske tromboze. Ambulantno je obrađivan zbog presinkopa. 24-satni Holter EKG-a: AV blok I- II stupnja Mobitz II 3:1. S obzirom da su epizode AV bloka II stupnja Mobitz II rijetke te dob i komorbiditete bolesnika, implantiran je jednokomorni elektrostimulator srca kao „back up“. Zahvat je protekao bez komplikacija. Mjesec dana nakon ugradnje bolesnik se prezentirao s naglo nastalim bolovima u lijevom hemitoraksu. hemodinamski stabilan u EKG-u prisutan sinus ritam frekvencije 70/min, PQ prolongacija. Iz laboratorijskih nalaza izdava se hipersaturacija varfarinom (PV 0,14). Radiološki je opisan novonastali infiltrat u području lijevog toraksa, bez porasta upalnih parametara. MSCT-om toraksa opisuje se aktivno krvarenje iz vrška desnog ventrikula uz hemoragijski sadržaj u pleuralnom prostoru lijevog hemitoraksa, širine 5,5cm uz manju količinu izljeva u perikardu. Bolesnik ubrzo nakon dijagnostičke obrade postaje hemodinamski nestabilan te ulazi u arest. Nakon reanimacije uz primjenu krvnih pripravaka, kristaloidnih otopina te korekcije koagulacijskih parametara, bolesnik je stabiliziran te je učinjen žurni kardiokirurški zahvat. Intraoperativno opisuje se ventrikulska elektroda u pleuralnom prostoru uz perforaciju miokarda i perikarda. Evakuirano je 4 litre krvi iz hemitoraksa, prešiveno mjesto perforacije miokarda te je postavljena epikardijalna elektroda. Zahvat je protekao uredno te je bolesnik nadalje hemodinamski stabilan. U daljnjim kontrolama uredne funkcije ES, bez daljnjih komplikacija.

Zaključak: Važno je imati na umu kasne komplikacije implantacije elektrostimulatora te u slučaju komplikacije adekvatno i brzo reagirati.

Introduction: Late perforation is a very rare complication following pacemaker. Late perforation occurs more than a month after implantation. This is often an unrecognized complication with high morbidity and mortality.¹ We present a patient who is presented with pain in the left side of the thorax one month after implantation of the electrostimulator.

Case report: Male, 82 years. Anticoagulated with warfarin for recurrent deep vein thrombosis. 24-hours Holter ECG: AV block I-II degree Mobitz II 3:1. Since AV block II stage Mobitz II is rare, because of age and comorbidities of the patient, a single lead pacemaker is implanted as a "back up". The operation was without complications. One month after the implant, the patient presented with sudden pain in the left hemithorax, hemodynamically stable, in ECG sinus rhythm 70 beats per minute, PQ prolongation, the laboratory results: hypersaturation with warfarin (PV 0.14). X ray describes a newly described infiltration in the left thoracic region without high inflammatory parameters. Chest MSCT describes active bleeding from the apex of the right ventricle with a hemorrhagic effusion in the left pleural cavity 5.5cm wide with a smaller pericardial effusion. The patient soon became hemodynamically unstable. After resuscitation and blood transfusions, crystalline solutions and correction of coagulation parameters, the patient was stabilized and a cardiac surgery was performed. Intraoperative, ventricular electrode was located in the pleural space with myocardial and pericardial perforation. During operation, 4 liters blood was evacuated, perforation was stitched and an epicardial electrode was placed. Procedure went without complications and patient was hemodynamically stable.

Conclusion: It is important to bear in mind the late complications of pacemaker implantation and, in case of complications, respond adequately and quickly.

LITERATURE

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