Automatic implantable cardioverter defibrillator pocket infection leading to extrusion of the generator device

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A 52-year-old man with dilated cardiomyopathy underwent automatic implantable cardioverter defibrillator (AICD) placement. A follow-up visit eight weeks later revealed erythema of the implant site, but expectant management was pursued. Six months later, increasing redness, pain and extrusion of the generator device that morning on local treatment with hydrogen peroxide brought the patient to the hospital. A physical examination demonstrated no fever, a wound in the left upper chest with the extruded AICD battery, erythema and tenderness (Figure 1). Bacterial culture grew methicillin-resistant *Staphylococcus epidermidis*. The patient subsequently underwent treatment with intravenous antibiotics and a complete AICD explantation (1).

REFERENCE

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Figure 1) Photograph depicting an extruded automated cardioverter defibrillator battery covered with yellow crust, physically intact leads, erythema and swelling of the surrounding area. The original incision made in the deltopectoral groove at the time of automated cardioverter defibrillator implantation (arrow) remained intact. The device was found to be nonfunctional on interrogation and was subsequently explanted

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Received for publication October 4, 2006. Accepted October 24, 2006