CLINICAL SNAPSHOT

Chest Pain Due to Pacemaker Lead Perforation

An 85-year-old woman presented complaining of chest pain one week after discharge from another hospital, where she had undergone the placement of a dual-chamber pacemaker to treat sick sinus syndrome. An ECG on admission revealed atrial fibrillation with ventricularly stimulated ventricular complexes and a heart rate of 72 beats per minute. There were no specific abnormalities on physical examination. A chest x-ray revealed dislocation of the ventricular lead, with its tip outside the cardiac silhouette. A clinically significant pericardial effusion was ruled out by echocardiography, and computed tomography confirmed that the lead tip lay in the mediastinum (*Figure*). The ventricular lead was repositioned uneventfully; preparations had been made for immediate cardiac surgical intervention as needed, but this was, fortunately, unnecessary.

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