LETTER TO THE EDITOR

Third-Degree Atrioventricular Block Following Commotio Cordis

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I read with interest the case report by Thakar et al. that described third-degree atrioventricular (AV) block after blunt chest trauma in a 23-year-old man who was struck with a soccer ball.¹ Undoubtedly, this is a rare occurrence given the prevalence of blunt chest trauma in athletics events, motor vehicle collisions, etc. Their patient was implanted with a permanent pacemaker on hospital day 3 due to continued third-degree AV block. It would be of significant interest to have more follow-up on the patient.

I previously reported a case of a 49-year-old man with ischemic cardiomyopathy and a single-chamber implantable cardioverter-defibrillator who had third-degree AV block with ventricular asystole after severe blunt chest trauma from a motor vehicle collision.² This individual also sustained an acute right ventricular pseudoaneurysm which was treated conservatively. AV conduction resumed on hospital day 8. Alternatively, Benitez and Gold reported third-degree AV block after a horse kick to the chest which persisted at 13 months.³ Guidelines do not address traumatic AV block.⁴ Timing of pacemaker implantation is therefore at the discretion of the physician and the patient.

The patient presented by Thakar et al. is young and pacemaker extraction is relatively easy up to one year after implantation. Careful follow-up is essential to see if AV conduction recovers and if the pacemaker may be removed. Failing to do so, or if he is "lost to follow-up," may unnecessarily commit him to a device for his entire life. If he continues to have AV block, it would also be of interest given how uncommon this mechanism is reported.

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