

Pacemaker Migration into the Pouch of Douglas

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In September 2000, a 77-year-old woman was referred to our hospital due to an absence of pacemaker activity. Her medical history included mitral annuloplasty through a median sternotomy, which she had undergone 16 years earlier. Concomitantly, because of slow atrial fibrillation, an epicardial sutureless electrode had been implanted in the diaphragmatic surface of the right ventricle and connected to a pulse generator introduced behind the rectus muscle. Eight years later, she was admitted for generator replacement, which was performed in a routine manner. The patient chose not to return to the hospital for follow-up.

At the time of her presentation due to the lack of pacemaker activity, radiography showed migration of the generator through the peritoneum to the bottom of the pouch of Douglas (Fig. 1). Her only symptom was abdominal discomfort.

A small median laparotomy was performed, and the electrode and generator were dissected from adhesions behind the bladder. A new pacemaker device was placed outside the peritoneum. At the 6-month follow-up visit, the patient's wound was healed, and she was free of symptoms. When she was re-evaluated in September of 2002, her clinical status remained unchanged.

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Fig. 1 A plain radiograph shows the epicardial lead affixed to the heart and the migrated pacemaker generator in the abdomen.