

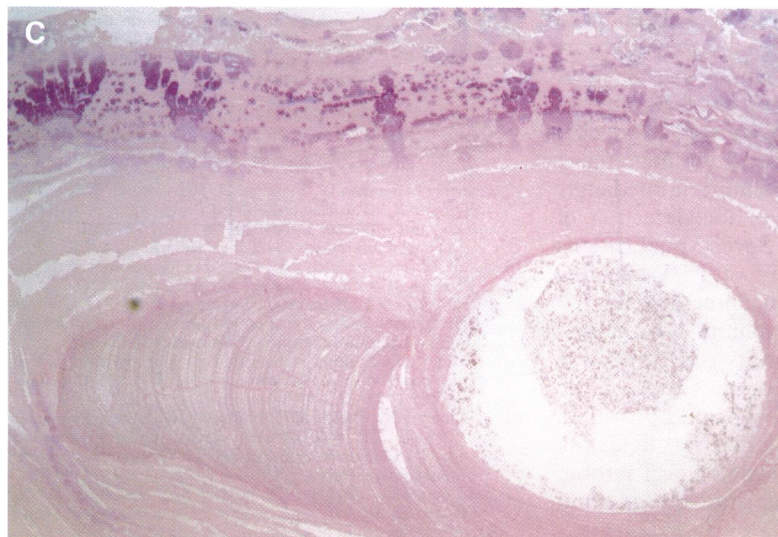
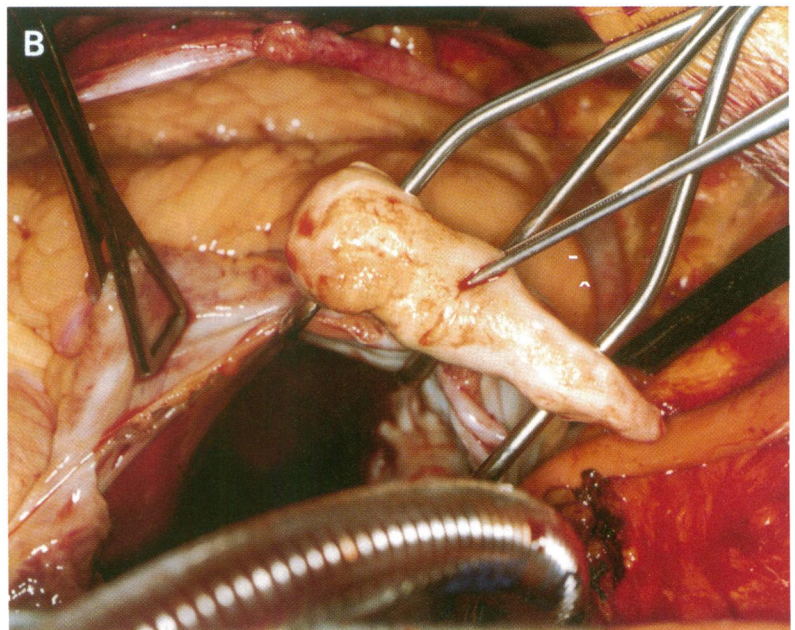
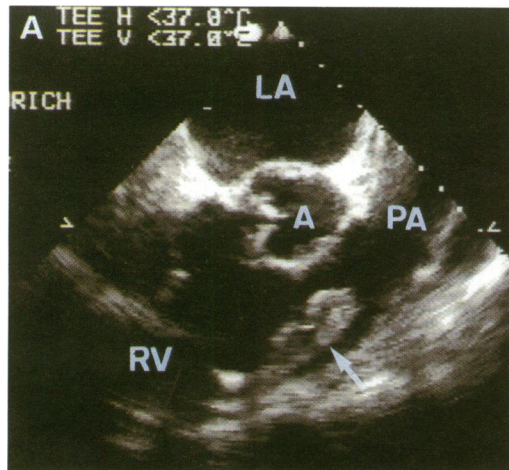
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## IMAGES IN CARDIOLOGY

### Pacemaker endocarditis



Blood cultures in a 70 year old patient who presented with intermittent fever were positive for *Staphylococcus epidermidis* and *Corynebacterium jeikeium*. A year before a VDD pacemaker with a tripolar transvenous right ventricular electrode had been implanted in the right subclavicular area because of a complete heart block. The pacemaker was removed seven months later because of pouch infection and the lead was cut proximally. A new pacemaker with another right ventricular electrode was inserted contralaterally.

Transoesophageal echocardiography (A) revealed prolapse of the proximal parts of the first electrode into the right ventricular outflow tract and the main pulmonary artery with a large ( $2 \times 5$  cm) club-shaped vegetation (arrow; LA, left atrium; A, aorta; RV, right ventricle; PA, pulmonary artery). The electrodes and the vegetation were removed through a right atriotomy (B). A new pacemaker with a right ventricular lead was inserted a day later. Gram staining of the vegetation ( $\times 16$ ) (C) showed dense colonies of Gram positive bacteria (dark purple) in the superficial parts of an anuclear thrombus (pink). The space in the lower right portion of this panel shows the position of the lead. With antibiotic treatment the patient recovered and was doing well five months post-operatively without signs of recurrent infection.

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