

HOT TOPICS

FALLVORSTELLUNG SHORT TERM CLINICAL SUCCESS?

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TLE COMMUNITY & FRIENDS

The future belongs to those who prepare for it today!

WISSENSCHAFTLICHE LEITUNG:

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Crowne Plaza City Alster, Graumannsweg 10, 22087 Hamburg

PATIENT HISTORY

Male

56 y

174cm - 88 kg – BMI 29

Hypertension

Nicotine (15py)

SR

No anticoagulation

no medication

INDICATION

In-hospital -visit: pocket fistula, blister since 6 months;

I week later Admission home-hospital

Blood culture: staph. hominis

Unasyn, vancomycin (9d prior surgery)

LV-RVF normal, no endocarditis, no valve impairment



PATIENT HYS

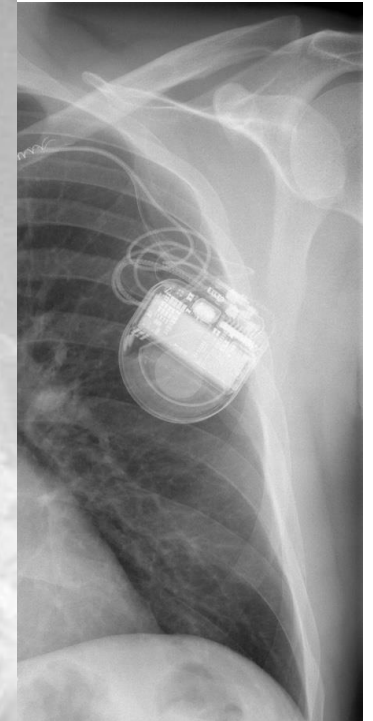
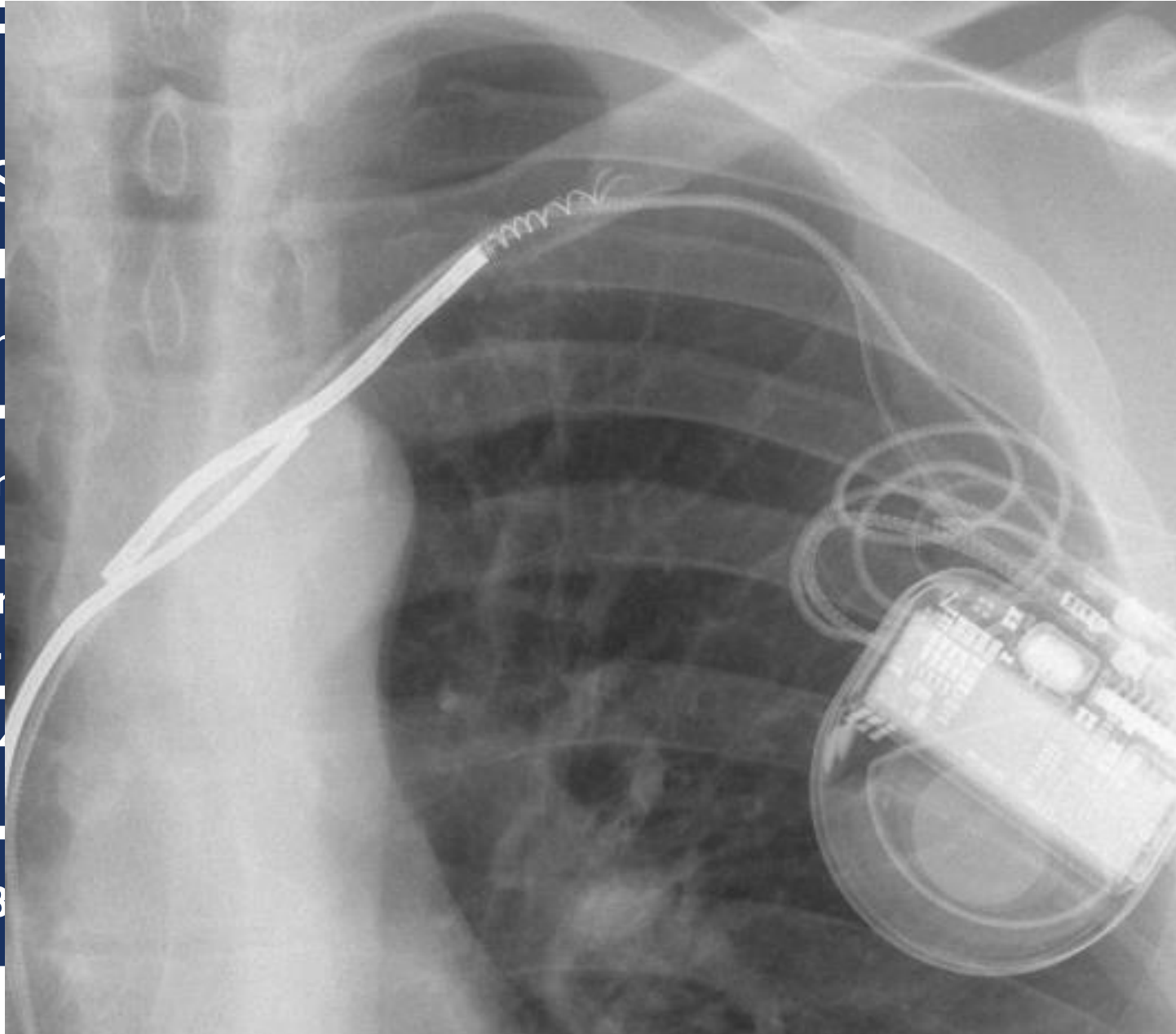
Brugada-syndrom

2-chamber-ICD in

Box-Change, aban
(Sprint Fidelis!) 2

Box-Change 08.04
(XT)

Box-change 07.08



1RV-ICD Lead Sprint Fidelis 15,8a

D Lead intravascular 22a

OR-SETTING

OR with C-arm-fluoroscopy

General anaesthesia

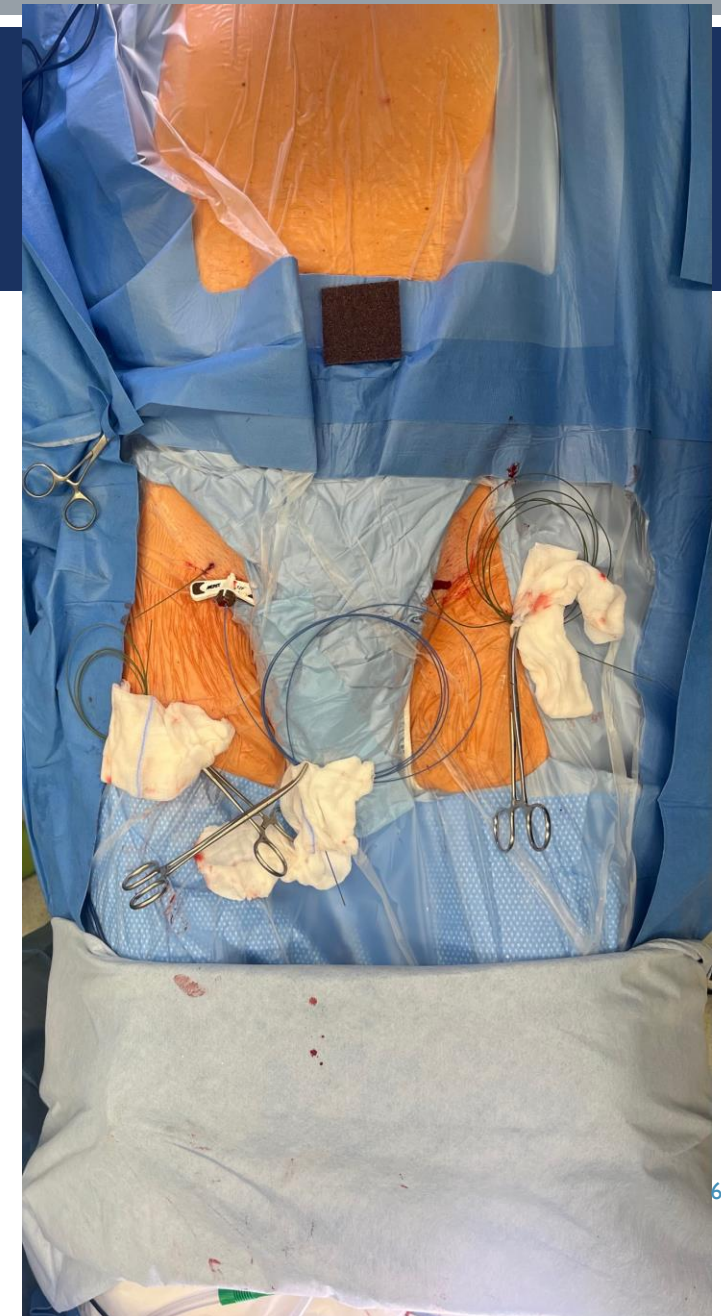
Arterial pressure monitoring

Central venous catheter

TEE

12F-sheath right femoral vein and super-stiff-wire jugular vein

Wires femoral vein and artery for transcutaneous hlm-cannulas



EXTRACTION



Attempt to catch abandoned RV-lead

Deep dissection along the leads to catch abandoned lead -> not successful

Abandoned lead not accessible from this approach

Lead Locking Devices

Guidelight 16F

Complex and long lasting procedure

No mechanical device (!)

Total extraction of 2 leads

Duration 3:57

No complete extraction! Abandoned lead remains

POST-OP

Ventilated < 6 hours

Acute renal failure

Hemofiltration 14d (CVVHD)

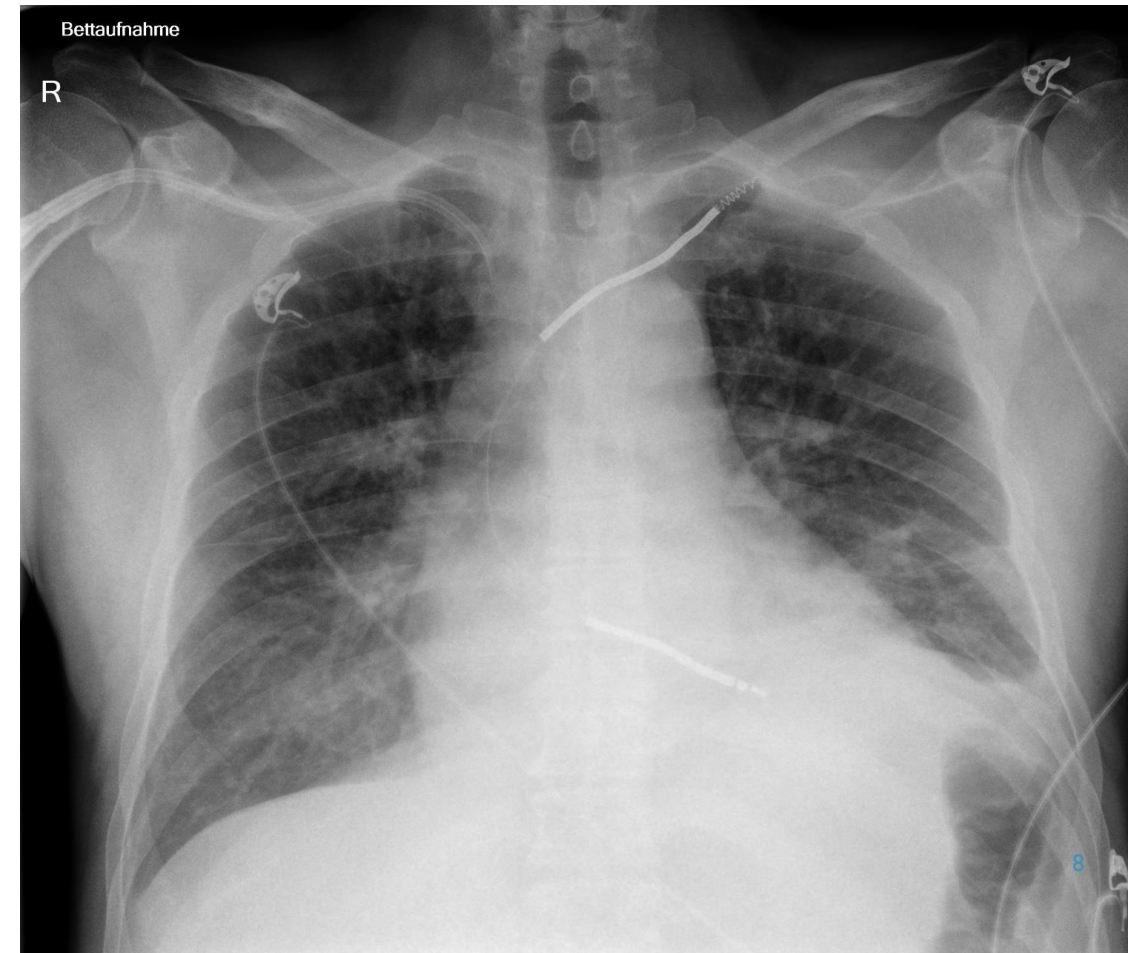
Multifactorial genesis vs. infection-associated vs. drug-related vs. post-staphylococci-GN

ICU: 17 nights

Pocket: staph. epidermidis

Tip RA-lead: Staph. aureus, staph. epidermidis

Tip RV-Lead: Staph. epidermidis



OUTCOME I

Echo: good left and right ventricular function, no valve pathologies;

Discharge with Life-vest 6 weeks

Re-admission and Implantation S-ICD

6 MONTHS LATER..

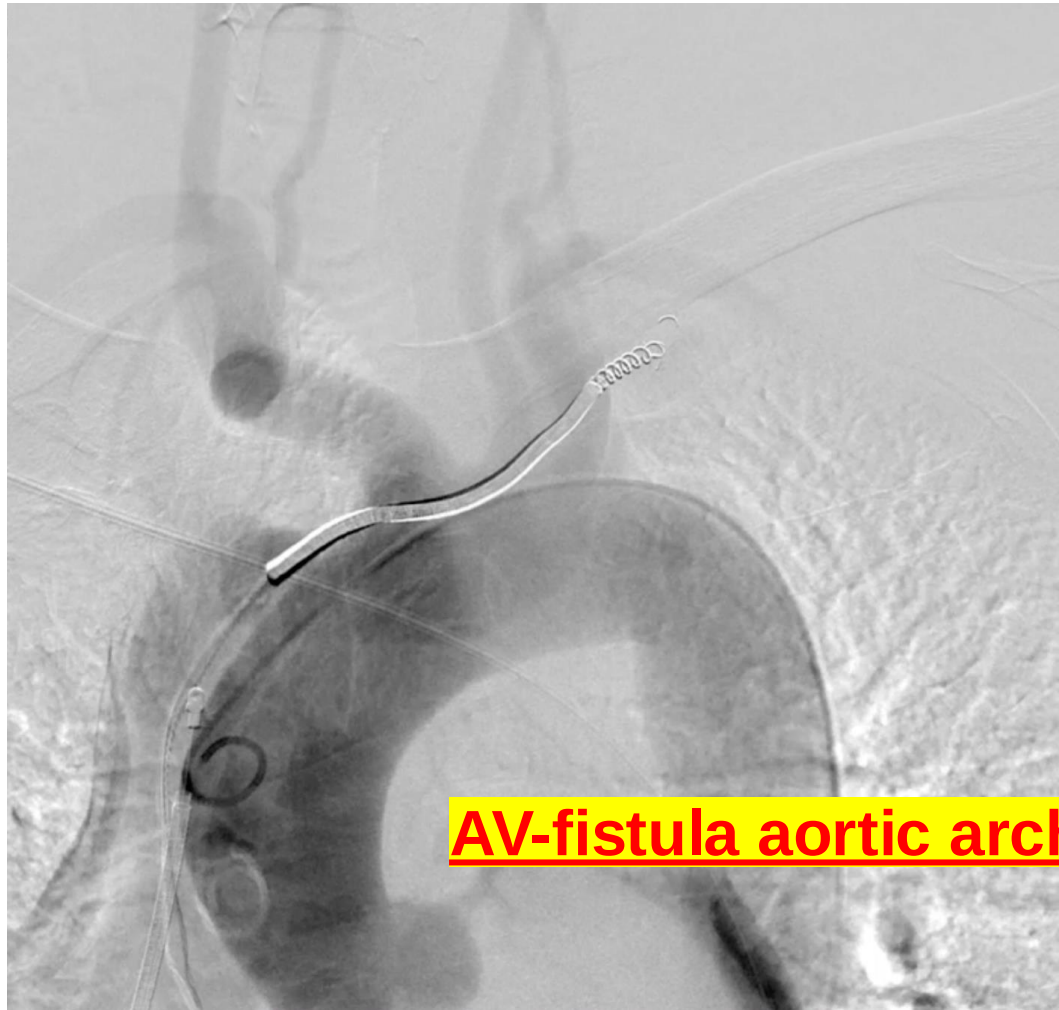
Worsening dyspnoea since discharge

NYHA III

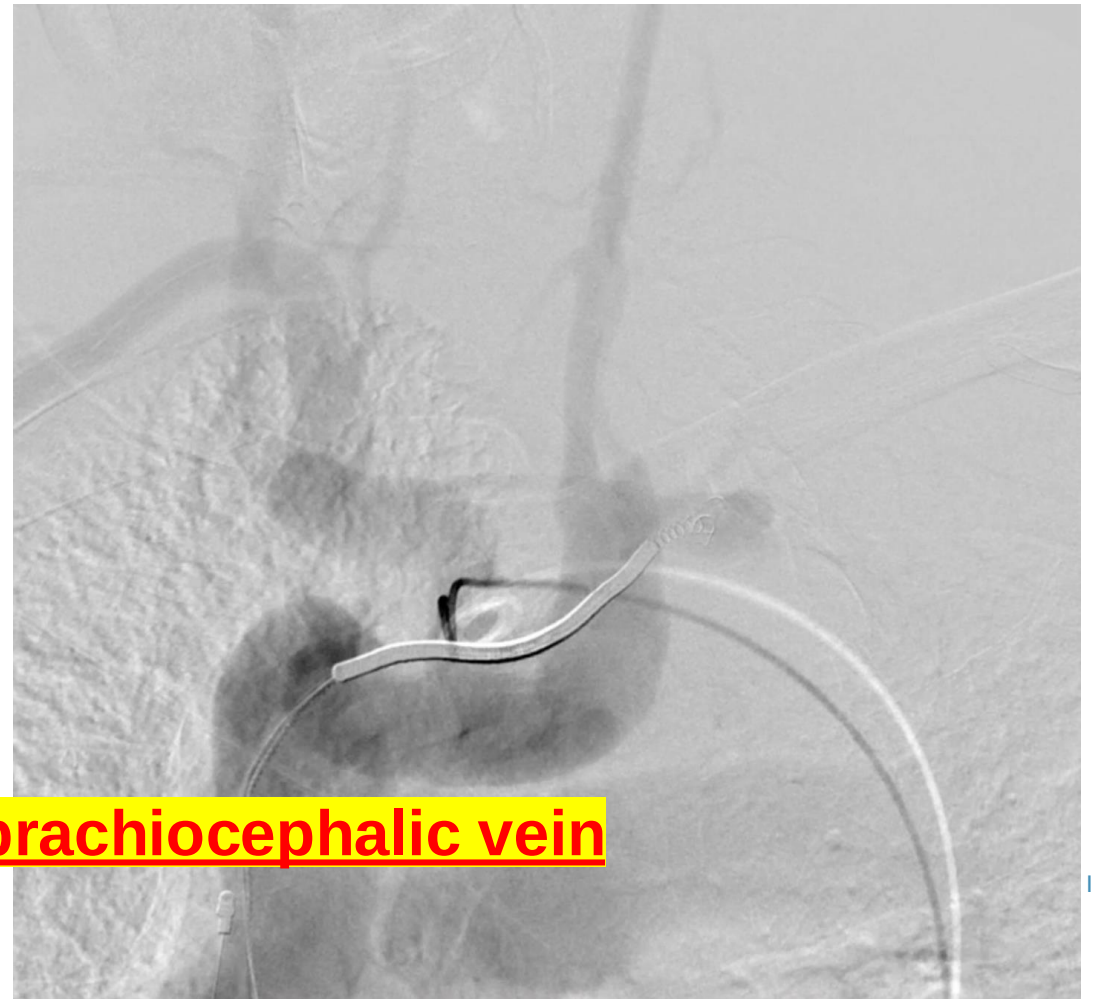
Dilatation right ventricle and pulmonary hypertension

CT & angiography

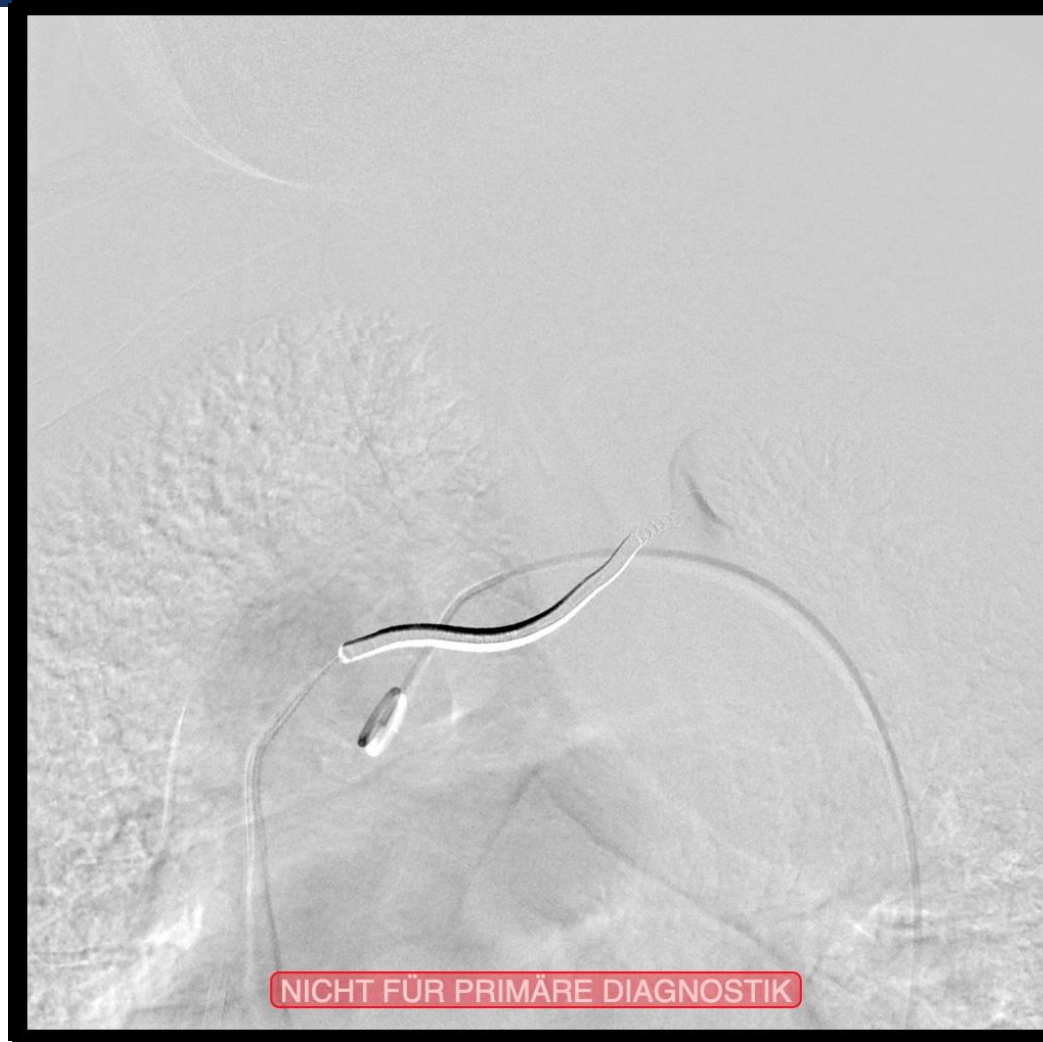
WHAT'S THAT?



AV-fistula aortic arch - brachiocephalic vein



6 MONTHS LATER..



NICHT FÜR PRIMÄRE DIAGNOSTIK

OP 2

Open surgery

Arterial cannulation right common carotid artery (fistula brachiocephalic trunk?)

Venous cannulation right femoral vein

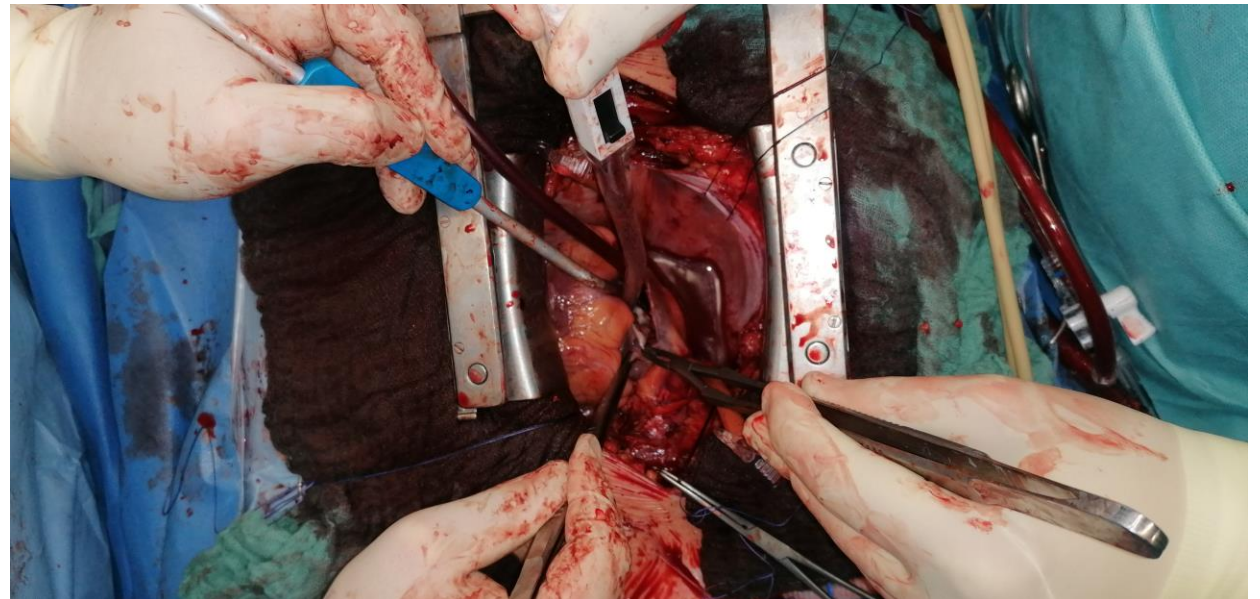
Moderate hypothermia (26° Celsius)

Antegrade bilateral cerebral perfusion

Retrograde cardioplegia via coronary sinus

Circulatory arrest

INVUS monitoring



OP 2

Opening ascending aorta into the proximal arch

Fistula with opening 1-1,5cm at origin of brachiocephalic trunk

Cuting through fistula and sewing aorta and anonymous vein

Extraction proximal RV-Lead with LLD and tightrail-device due to massive ingrown and calcified lead (beating heart)

Distally disintegration of the lead and abortion of extraction

Remaining distal coil about 9 cm

Once more incomplete extraction

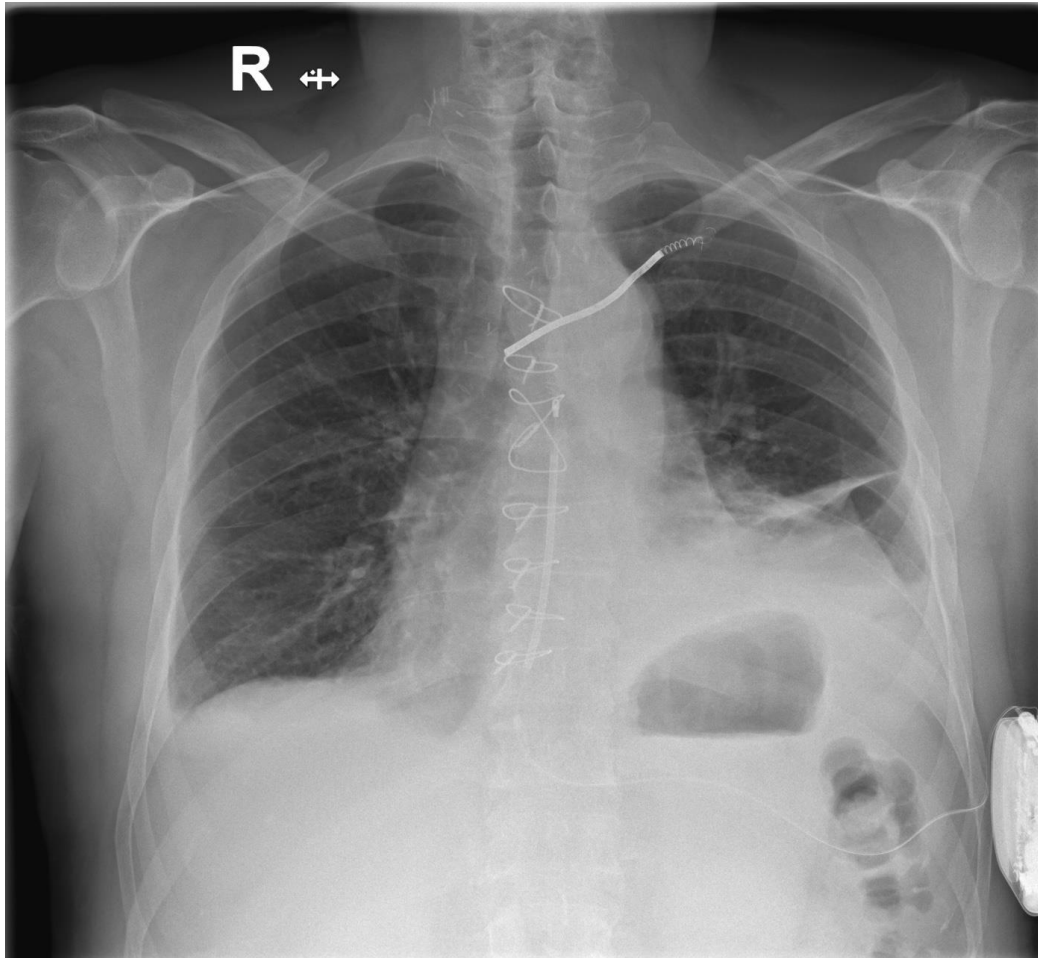
TEE: No remaining fistula

Duration: 3:50

ECC-time: 129 min.

Circulatory arrest: 32 min.

OUTCOME II



ICU I night

Normal renal function

Regular function S-ICD (!)

Discharge day 8 after surgery

No fistula left

NYHA I

2-Year-FU: no signs of infection

TAKE-HOME MESSAGE

Expect the unexpected

Do not fear to change extraction-tool!

Do not hesitate to change extraction-tool!

NACHBRENNER

