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Irreversible SD in a pediatric PM patient despite immediate CPR: A medical case

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A 5 years old child died suddenly beside his father watching television. The immediate appeal of the emergency medical services (EMS) and fire brigade did not allow resuscitation practiced under ideal conditions. The child had a bipolar, epicardial, dual-chamber pace-maker (PM), for complete AV Block detected *in utero*. A lead fracture discovered during follow-up led to unipolarize the atrial lead system. However, another lead fracture was also visible at the bifurcation of the ventricular lead system. Nevertheless, pacing of both atrial and ventricular chambers was OK. Left ventricular ejection fraction (LVEF) was borderline lower limit that can be explained by abnormal area of contraction near the LV apex. The case is still in court after failure of two conciliation committees. Two university hospitals, 8 lawyers with one PM technician, 17 doctors and cardiologists, 4 experts including two super-experts (including GF) were involved. Up to now this case has been presented to 212 doctors and cardiologists who have not found the solution. Seven half-days to study a 500-pages file were necessary to completely elucidate the mechanism of this irreversible death. The conclusion which needs knowledge in Medicine, Cardiology, PM technology and heart Pathology (despite absence of autopsy) suffers no alternative. The case will be presented step by step asking participation of the audience. The first more important document is the last standard ECG recorded before the catastrophe showing a consistent but difficult to see abnormal phenomenon, secondly is the laboratory data concerning an asymptomatic lupus detected in the mother by specific antibodies which may explain AV block *in utero*. The third is the standard X-Ray showing the two leads fracture which was the point of major discussion. The last is the post-mortem interrogation of PM memories, which was overlooked by the expert technician of the pacemaker company.

Biography

Guy Hugues Fontaine has made 16 original contributions in the design and the use of the First Cardiac Pacemakers in the early 60s. He has serendipitously identified ARVD during his contributions to Antiarrhythmic surgery in the early 70s. He has developed the technique of Fulguration to replace surgery in the early 80s. He has been one of the "216 individuals who have made a significant contribution to the study of Cardiovascular Disease since the 14th century", one of the "500 Greatest Geniuses of the 21st century" (USA Books), one of the "100 Life Time of Achievement" awardees (UK Book). He has 900 publications including 201 book chapters. Reviewer of 23 scientific journals both in basic and clinical science. He has served as a member of the Editorial Board of Circulation during 5 years after reviewing during decades papers for this Journal. He has given 11 master lectures of 90' each in inland China in 2014. He has developed new techniques of hypothermia for neurologic brain protection in OHCA, stroke and spinal cord injury. He is the first to have resuscitated his wife at home with an external defibrillator (Schiller) still working after 30 years. He has also invented a high-tech device which can be considered as the ultimate in palliative care.

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