

Pacemaker Wire Perforating Colon in an Asymptomatic Patient

Dennisdhilak Lourdusamy*

Monmouth Medical Center, long branch, New Jersey, USA

*Corresponding author: Dennisdhilak Lourdusamy, Monmouth Medical Center, Long branch, New Jersey 07740, USA, Tel: 7329235000; E-mail: drdennisdhilak@gmail.com

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Clinical Image

Our patient is a 67-year-old gentleman with a history of Coronary Artery Bypass Graft (CABG) and Aortic Valve Replacement (AVR) and colonic villous polyps, who presented to our hospital (Monmouth Medical Center, Long Branch, New Jersey) for a follow up colonoscopy. During colonoscopy, a yellow catheter of approximately 2 mm in diameter, 10 cm long was seen emanating from the mucosa and extending freely into the lumen of the transverse colon (Figure 1). On further evaluation, our patient had an epicardial pacemaker placed during his prior cardiac surgery. Epicardial pacing is a temporary measure undertaken in open cardiothoracic surgeries especially CABG and AVR. These pacing wires are usually removed post-surgery with gentle transcutaneous traction if the patient is hemodynamically stable. However, when the wires are difficult to be pulled out, they are cut flush with the chest skin surface (Figure 2), which was likely the case in our patient. The redundant wire made an indolent tract to the colon, perforating the diaphragm (Figure 3). Because of the lack of symptoms and to avoid creating a fistulous tract, no intervention was done. In accordance with the expert opinion offered, our patient will have periodic CT imaging of the colon to monitor the position of the wire.

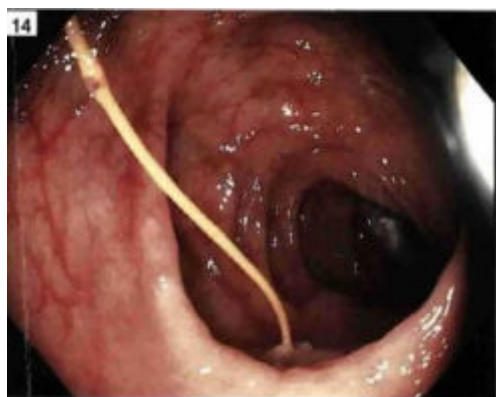


Figure 1: Course of the wire in the colon.



Figure 2: Point of penetration covered with granulation tissue.



Figure 3: Tip of the wire-bevel cut.