

220. TECHNICAL ASPECTS RELATED TO CARDIAC ELECTRONIC DEVICES IMPLANTATION

Author: **Irina Boiciuc**

Co-authors: Darciuc Radu, Eraslan Hakan

¹Medpark International Hospital, Cardiology and Interventional Cardiology Department, *Nicolae Testemitanu* State University of Medicine and Pharmacy of the Republic of Moldova

²TOBB University of Economics and Technology Hospital, Cardiology Department, Ankara, Turkey

Background. Cardiac electronic devices implantation is one of the most common types of heart surgery carried out, with thousands of devices fitted each year across the world. Because of anatomical and physiological features, patient's preferences, predicted complications sometimes it is difficult to choose the optimal technique.

Case report. Case 1. An 18 years old female with cardio-inhibitory syncope with episodes of asystole (till 15 seconds) was admitted for DDD pacemaker implantation. Because of young age the cosmetic issue of the scar was discussed with the patient. We proposed classical, subpectoral, submamary approach and also prepectoral approach with the incision in plica axillaries. The patient chose the approach with the cosmetic scar that mimics plica axillaris. Case 2. A 58 years old female having levocardia and dextraposition with second degree sinoatrial block and syncopes was admitted for DDD pacemaker implantation. The non-dominant right side was chosen for implantation. We tried to puncture axillary vein initially but because of anatomic challenges, the leads were advanced via right subclavian vein. During procedure was confirmed the diagnosis of levocardia and dextraposition, the leads were implanted without complications. Case 3. A 63 years old male patient with a long cardiologic history of myocardial infarction, complicated with intrastent thrombosis, apical aneurism formation. The ejection fraction was 20% and for the primary prevention of sudden cardiac death the patient was admitted for ICD implantation. Because of presence of apical aneurism we decided to implant the lead in the midseptum. The procedure was without complications. Case 4. A 79 years old female patient with third degree atrioventricular bloc was admitted for the implantation of pacemaker. The procedure was complicated with pericardial effusion (6-7 mm). The patient was under supervision in ICU for one night, after that a diuretic and ibuprofen were prescribed. After 2 days of therapy the effusion level was about 2 mm. The patient was given treatment ambulatory for 2 weeks, on the control cardiac ultrasound there was no effusion in pericardium.

Conclusions. Despite the fact that CEID implantation is an ordinary mininvasive operation, there are some cases when the specialist requires flexibility and interaction with the patient to choose the optimal tactics. It is important not to forget about the complications that may require longer hospitalization and high costs.

Key words: Pacemaker, features, implantation.