**LONG-TERM COMPLICATIONS OF EPICARDIAL PACING WIRES ABANDONED FOLLOWING CARDIAC SURGERY**

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*Background*: Transcutaneous epicardial pacing wires (TEPW) are used following cardiac surgery and may be left in place if difficult to remove. We aimed to review potential long-term complications of abandoned TEPWs.

*Methods*: We encountered a patient and identified 33 reported cases of TEPW migration (n=34, age 59±17 years, 80% men).

*Results*: A mean of 1.5±0.8 leads, 191±30 mm long, were abandoned for 1527± 2158 days [71% right atrial (RA), 53% RV, 29% RA and RV] following coronary (59%), valve (33%), aortic (6%) or other (4%) surgery. 79% were symptomatic [38% fever, 32% skin lesions, 18% dyspnea, 15% abdominal pain, 9% cerebrovascular symptoms, 6% cough, 3% hemoptysis and 3% each chest, jaw, or pelvic pain. Anew (29%) or recurrent (27%) infection occurred in 56% [infections of TEPW (35%), skin (27%), mediastinum (18%), and native (6%) or prosthetic valve (9%)]. Other direct consequences were heart failure (15%), severe regurgitation (15%), arrhythmia (15%), hypotension (15%), and cardiac arrest (9%). Mechanical complications included native coronary or vein graft laceration (9%), compression of great vessels (3%), cardiac tamponade (6%), pleural effusion (3%), myocardial infarction (3%), or hematoma [paracardiac or pericardial (6%)]. TEPW migrated to pulmonary artery (12%), lung/ bronchus (12%), mediastinum (12%), pericardial space (12%), or abdominal viscera (12%). Other destinations were RV (9%), RA (6%), aorta (9%), carotid artery (3%) and pelvis (3%). Four (12%) leads protruded out through the skin (3 chest wall, 1 jaw). Patients were either observed (18%) or underwent percutaneous (18%) or surgical (62%) removal of TEPW. Death (6%) or incomplete recovery (9%: stroke, persistent infection, prolonged hospitalization) occurred in 15%. *Conclusion:* Abandoned TEPW migration can cause serious complications including incomplete recovery or death (15%). Removal of TEPWs appears justified. Periodic surveillance of remaining leads may allow early recognition of lead migration and prevention of complications.