**MISPLACED PACEMAKER LEAD DUE TO A PARTIAL ANOMALOUS PULMONARY VENOUS CONNECTION**

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**Background:** Partial anomalous pulmonary venous connection (PAPVC) is a rare congenital redirection of blood from the pulmonary veins to the right atrium or systemic venous circulation. It is commonly associated with a sinus venosus atrial defect and may be missed on echocardiography. These lesions present a technical challenge to pacemaker placement. Our case highlights the associated diagnostic challenges faced.

**Case:** A 61-year-old male with atrial fibrillation underwent dual chamber pacemaker insertion for sinus nodal disease. He was seen for preoperative cardiac clearance and an ECG showed a paced rhythm with right bundle branch block. Chest X-ray revealed pacing lead in the left ventricle. On echo, agitated saline injection suggested an inter-atrial shunt. No inter-atrial shunt was identified on transesophageal echo although the pacing lead could be seen in the right upper pulmonary vein. A CT angiogram of the chest revealed that the pacing lead coursed from the superior vena cava (SVC) through the posterior mid-SVC defect into the right upper pulmonary vein and ultimately the left atrium and ventricle. He was referred for surgical intervention.

**Conclusion:** We present a rare case of a misplaced pacemaker lead in the left ventricle due to an unusual PAPVC. Right bundle branch block on ECG after implantation should prompt further cardiac imaging to assess for unusual congenital venous connections.

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