A 71-year-old man underwent implantation of a single-chamber system in 1988 for sinoatrial disease, which was then upgraded to dual-chamber 7 years later following recurrent syncope. He presented with pacemaker erosion but without clinical or laboratory evidence of infective endocarditis. The pacemaker system was uneventfully extracted 5 days later via a transfemoral approach using a needle-eye snare. A post-procedure trans-thoracic echocardiogram was performed, which demonstrated an echogenic structure in the right atrium—this was initially felt to be a retained fragment of pacing lead. A short-axis view of the tricuspid valve with a bright linear echo crossing is shown in Figure 1. However, a post-procedural chest X-ray confirmed the absence of any retained intra-cardiac lead. The reverberant cast-like structure noted is a heavily calcified fibrous sheath as the pacing leads were confirmed to be intact at the time of removal.

Supplementary data
Supplementary data are available at European Journal of Echocardiography online.

Figure 1 TTE—short-axis view showing a cast in the right atrium across the tricuspid valve (arrow).