Interindividual variability in the response to oral antiplatelet drugs


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**CARDIOVASCULAR FLASHLIGHT**

**Cardiac strangulation: a rare, but devastating complication of epicardial pacing causing progressive myocardial ischaemia**

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A female infant with a history of prematurity (gestational age: 29 weeks) and congenital complete heart block caused by maternal lupus erythematoses underwent implantation of epicardial VVI pacemaker at the age of 3 months followed by surgical closure of an atrial septal defect, implantation of an atrial epicardial electrode, and a DDD pacemaker at the age of 1.75 years. Four months later, she developed dilative cardiomyopathy and was listed for cardiac transplantation. At the age of 2.67 years, she presented to our clinic for evaluation for cardiac resynchronization therapy. Selective angiography of the left coronary artery revealed cardiac strangulation caused by the right ventricular electrode. There was complete occlusion (Panels A and B) of the distal left anterior descending artery as well as systolic compression (Panels A and B) of a diagonal branch (D), the circumflex artery (CX), and a posterolateral branch (PL). A large post-myocardial infarction scar of the left ventricular apex was confirmed during surgery. Compression of D, CX, and PL was relieved by repositioning of the right ventricular electrode. A left ventricular electrode and a biventricular pacemaker were inserted for resynchronization therapy. On discharge, there was improved interventricular synchrony. However, long-term prognosis remains doubtful. Cardiac strangulation is a rare, but devastating complication of epicardial pacing especially in infants, and may lead to progressive myocardial ischaemia and even infarction during growth. Therefore, epicardial electrodes may not be positioned around the ventricle, and special attention on the course of the coronary arteries is crucial.

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