The fluoroscopic index common to the lead in the right ventricular lateral free wall: A report of three cases

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May 25, 2020

Abstract

It has been reported that the prevalence of cases whose leads were located in the right ventricular lateral wall (RVLW), even though we intended to implant the leads in the right ventricular septum (RVS), is not uncommon. Among the cases whose leads were assumed to be implanted in the RVS, we experienced three cases whose leads were confirmed to be located in the RVLW by postoperative CT. We investigated the intra-operative fluoroscopic index common to these three leads. In the left anterior oblique view (LAO), the transverse movement of the lead-tip seemed to be exceptionally large in all cases. To assess this index, we compared to the consecutive twenty leads confirmed to be located in the RVS. The transverse movement of the lead-tip in the RVLW was clearly greater than that in the RVS $(12.8\pm1.7 \text{ mm vs. } 4.2\pm0.9 \text{ mm})$. This difference was large enough to be judged visually. Large transverse movement of the lead-tip in LAO may be a new visual fluoroscopic index that predicts anchoring to the RVLW.

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