

Idiopathic Complete Heart Block with Early Post Pacemaker Lead Failure in a Child

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Acute onset Complete Heart Block (CHB) is a rare entity in children. A seven-year-old child with no recent history of infection presented with two episodes of syncope while at rest. ECG showed a high second degree atrioventricular (AV) block which progressed to complete heart block over 24 hours. Due to life-threatening frequent Stokes-Adams syncopal attacks, permanent epicardial pacemaker implantation was performed. Twenty hours post-surgery, the child had repeated attacks of Stokes-Adams syncope. Telemetry revealed complete heart block, heart rate 40/min with the absence of pacing spikes. Pacemaker assessment showed a high sensing threshold suggestive of lead failure due to exit block. He underwent urgent re-surgery and replacement of epicardial passive buttons. The child was observed for further 24 hours, who remained stable and assessment of pacemaker confirmed acceptable settings. He was discharged in satisfactory condition.