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CTSNet classification. The left atrium was opened, and the atrial orifice of the previously placed uncovered stent was identified. A 1 cm × 10 cm Viabahn covered stent was inserted 2.5 cm past the orifice of the uncovered stent and trimmed with scissors to minimize extrusion into the left atrium.

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## Percutaneous management of atrium and lung perforation: A case report

Xu Zhou, Feng Ze, Ding Li, Xue-Bin Li

### Abstract

#### BACKGROUND

Cardiac perforation by a transvenous lead is an uncommon but serious complication. Delayed perforation, defined as migration and perforation of an implanted lead at least 1 mo after implantation, is exceedingly rare and prone to underdiagnosis, and its optimal management is currently unclear. We report an uneventful transvenous extraction of an active fixation lead that led to a delayed perforation of the right atrium, pericardium, and lung, disclosed 2 mo after implantation.

#### CASE SUMMARY

A 61-year-old woman with atrial lead perforation was transferred to our center. She had a dual-chamber pacemaker with active fixation leads implanted 8 mo previously. Two months after the implantation, she complained of chest pain and hemoptysis. Chest computed tomography revealed atrial lead migration into the lung. No pericardial or pleural effusion was detected. She underwent transvenous lead

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