

☆ **Complex Clinical Cases**

**LONG-TERM COMPLICATIONS OF ATRIAL SWITCH OPERATION IN PATIENT WITH TRANSPOSITION OF THE GREAT VESSELS**

Poster Contributions  
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**Background:** Transposition of great vessels (TGV) accounts for 3% of congenital heart defects. Arterial or atrial switch operation are surgical options. Sinus node dysfunction (SND) occurs in 50% of cases. Obstruction of the inferior and superior vena cava (SVC) tunnels are expected complications over the years of the atrial switch operation.

**Case:** 22-year-old male with TGV and atrial switch operation complicated by a cerebral ischemic attack at 19 months. At 21yo presented SND manifesting as syncope and seizure. The pacemaker lead failed to progress through the SVC, necessitating epicardial placement. Three months later, he developed infection at the pacemaker site associated with significant left pleural effusion. Angiotomography revealed stenosis of the SVC, with the inferior vena cava patent and drainage occurring through the azygos vein.

**Decision-making:** Pleuroscopy with decortication was performed. Pacemaker wires and generator unit were removed. Culture revealed Staphylococcus aureus, treated with cefazolin for 6 weeks. Concerning the SVC obstruction, it is considered benign since it is adequately drained by the azygos vein, but would still pose as an obstacle for new endocardial pacemaker leads implantation, and the option would be to implant via inferior vena cava with a longer wire.

**Conclusion:** For patients undergoing atrial switch operation, SVC stenosis may difficult endocardial implantation of pacemaker lead, necessitating exploration of alternative implantation sites.

