Reviewer’s report

Title: Pacemaker lead malposition in the left atrial roof is masked by normal pacing thresholds.

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Reviewer: Johannes JB Bonatti

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This case report describes malposition of a pacemaker lead in the left atrium after perforation of the superior vena cava. The lead was placed at an outside hospital. Due to hemodynamic deterioration of post intervention the patient was transferred to a tertiary health care center. The false route of the lead led to pericardial tamponade which was controlled through emergency sternotomy.

A postoperative chest x-ray and CT scan revealed wrong initial placement of the pacing lead. The lead was successfully repositioned using a transvenous approach in the OR with the patient and team prepared for immediate conversion to resternotomy. The patient was discharged in good condition after an uneventful further postoperative course.

The case report is written in a clear manner. The header for the discussion is “conclusion” and I suggest to correct this. It would be great if the authors could expand a little more on the mechanism of perforation of the SVC/right atrial junction. Are there specific recommendations to avoid this? I am sure there are other case reports specifically dealing with perforations in this region. They should if available be cited.

The discussion should also include aspects of surgery stand by at hospitals performing pacemaker implantations. Also the value of involvement of surgeons in pacemaker implant programs. With immediate cardiac surgery standby pericardial tamponade and subsequent cardiogenic shock could potentially have been avoided in the current case.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Declaration of competing interests:

No competing interests