A 58-year-old male baseball coach with a prepectoral dual-chamber permanent pacemaker (Accent DR 2210; St. Jude Medical) implanted for sinus node dysfunction was evaluated for a pocket hematoma after he was hit by a baseball over the pacemaker. Data from the pacemaker showed normal atrial and ventricular capture, but both lead impedances were elevated (although still within the manufacturer’s normal limits). Brief episodes of noise were seen on the ventricular channel. The hematoma resolved, but 4 months later, the patient presented with dizziness and fatigue of 1 week’s duration. A chest radiograph did not reveal any lead or pacemaker generator abnormalities. Pacemaker data showed sequential atrial and ventricular pacing at 60 beats per minute (Figure A; marker, atrial, and ventricular channels). However, the right ventricular lead capture threshold was abnormal, and impedance had increased further. Simultaneous surface electrocardiography showed sinus bradycardia at 37 beats per minute (Figure A; channel 1). Opening the pocket revealed complete detachment of the pacemaker header from the rest of the generator (Figure B and C). The patient had significant subcutaneous adipose tissue (body mass index, 35.8 kg/m²). Symptoms subsided after the pacemaker generator was replaced.

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**Disclosures**

None.

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Responses to Images and Case Reports in Arrhythmia and Electrophysiology

Fatigue Attributable to Broken Pacemaker Header by Baseball

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Figure A. Simultaneous recording of surface electrocardiography and pacemaker marker, atrial, and ventricular channels. B. Complete detachment of the pacemaker header at pocket opening. C. Close-up view showing the line of fracture between the pacemaker header and the generator.
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