

An unusual complication of temporary pacing wire insertion

Sir,

A 73-year-old gentleman developed symptomatic bradycardia while under observation in a coronary care unit, necessitating insertion of a temporary pacing wire by the on-call medical registrar. During the procedure a knot unexpectedly formed in the pacing wire while negotiating the tricuspid valve (Figure 1). Several attempts to un-loop the pacing wire by an experienced cardiologist (called in at the request of medical registrar) failed, and the patient was urgently transferred to a tertiary cardiothoracic center.

Further management involved use of a snare (introduced via femoral route) to cut the pacing wire loop. One half of the pacing wire was withdrawn via the femoral route and the other half taken out via the jugular access. The patient went on to have a permanent pacemaker inserted successfully.

Knotting of the pacing wire is a rare but recognized complication of temporary pacing wire insertion. This may result in poor capture threshold and failure to pace. Any attempt to forcibly pull the knotted pacing wire might rupture

the tricuspid valve and lead to pulmonary hypertension in future.

Medical teams on call (non-cardiologists) are sometimes required to carry out this life saving procedure, often out of hours. They should be aware of this potential complication and its correct management, ideally referral to a regional tertiary center where appropriate expertise exists.

**Dr Sanjeevikumar Meenakshisundaram,
Dr Sanjay Suman**

Medicine For Elderly, Norfolk and Norwich University Hospital, Colney Lane, Norwich NR4 7UY

Mobile phones can be a pain - Text messaging tenosynovitis

Sir,

Electromagnetic waves emitted from mobile phones and its potentially harmful effects on the brain is extensively researched but the correlation remains controversial. Nevertheless, this concern has prompted many users to use hands-free kits, instead of placing the mobile phone unit immediately next to the ear. With the same reasoning, 'text messag-

ing' (short message service) is presumed to be a 'safer' method of use. However, it seems that 'text messaging' is not spared of its deleterious sequelae either.

A small number of school children in Singapore were observed to have de Quervain's tenosynovitis, likely to be related to excessive use of the 'text messaging' function. They gave a history of typing in excess of approximately 100 'text messages' per day. In one patient, failure of physical therapy and non-steroidal anti-inflammatory agents to treat the condition required the use of intra-lesional corticosteroid injections.

If indeed it is true that mobile phones emit harmful electromagnetic waves (Kundi et al, 2004), depending on the level at which the mobile phone is held while 'text messaging', are we harming our intra-thoracic/abdominal/pelvic organs?

Mobile phone ownership and use is increasing dramatically. The number of mobile phone users worldwide is increasing rapidly and estimated at 1.8 billion. Over 400 billion text messages were sent in 2003. With the average age of the user decreasing, we may see a younger-than-expected group of patients being diagnosed with disorders related with mobile phone use, such as de Quervain's tenosynovitis.

Should mobile phone manufacturers be responsible for informing users, at point of purchase, of the potential health-hazards related with its use (Kundi et al, 2004; Van den Bulck, 2003)? Will it be mandatory, and hence legislation, for mobile phones to come with warning information labels of the possible adverse effects prominently displayed on its box and packaging, like the way it is for cigarettes?

Dr Jon Kah Choun Yoong

Department of Rheumatology and Immunology, Singapore General Hospital, Outram Road, Singapore 169608

Kundi M, Mild K, Hardell L, Mattsson MO (2004) Mobile telephones and cancer – a review of epidemiological evidence. *J Toxicol Environ Health B Crit Rev* 7(5): 351–84
Van den Bulck J (2003) Text messaging as a cause of sleep interruption in adolescents, evidence from a cross-sectional study. *J Sleep Res* 12(3): 263

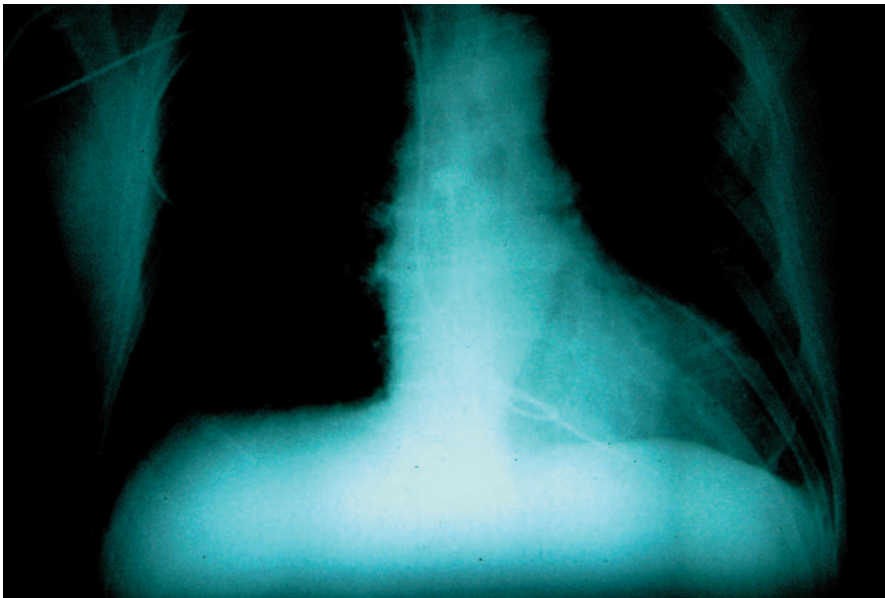


Figure 1. X-ray chest shows a knot in the pacing wire.