A 69-year-old man with a history of severe nonischemic cardiomyopathy managed with a cardiac resynchronization-defibrillator presented to the outpatient clinic with uncomfortable pulsation over the left upper-abdominal area when lying on his left side. He was hemodynamically stable. When he was recumbent in a left-lateral position, there were visible and palpable contractions of the left upper-abdominal wall musculature (Figure 1; Appendix 1, available at www.cmaj.ca/lookup/suppl/doi:10.1503/cmaj.150986/-/DC1).

We suspected diaphragmatic contraction caused by inadvertent phrenic nerve stimulation by the left ventricular lead. We confirmed the diagnosis noninvasively by reducing the left ventricular pacing amplitude of the lead.¹

Phrenic nerve stimulation has been described in up to one-third of patients with traditional cardiac resynchronization-defibrillator devices because of the proximity of the phrenic nerve to the pericardial veins, which makes the nerve susceptible to stimulation by the high-amplitude left ventricular lead.² This problem has become much less common with the recent development of quadripolar lead technology.³

Phrenic nerve stimulation can be continuous or paroxysmal and can cause dyspnea, uncomfortable muscle twitching, hiccups and general malaise.⁴ It can be challenging to diagnose for those not familiar with cardiac resynchronization-defibrillator technology.⁴

Phrenic nerve stimulation is highly posture-dependent. It occurs more often when the patient is in a left-lateral position rather than in a supine position.² Although phrenic nerve stimulation is not life-threatening, it can cause substantial discomfort to the patient.² The problem can almost always be mitigated noninvasively with electrical reprogramming of the cardiac resynchronization-defibrillator.⁵

References

Figure 1: A 69-year-old man, with a history of severe nonischemic cardiomyopathy managed with a cardiac synchronization-defibrillator, lying in a left-lateral position with contractions of the left upper-abdominal wall musculature.

Competing interests: None declared.
This article has been peer reviewed.
The authors have obtained patient consent.
Affiliations: Division of Cardiovascular Diseases (Shah, Qualls), Department of Medicine, University of Tennessee, Memphis, Tenn.; Memphis VA Medical Center (Qualls), Memphis, Tenn.
Correspondence to: Rahman Shah, Shahcardiology@yahoo.com

Please see the following video online: A patient with phrenic nerve stimulation caused by a cardiac resynchronization-defibrillator. www.cmaj.ca/lookup/suppl/doi:10.1503/cmaj.150986/-/DC1