

## **Abstract**

Infection of cardiac implantable electronic devices (CIED) is a serious complication with significant morbidity and mortality. CIED endocarditis, one of the infection related complications, is mostly recognized as an early complication of device implantation. Although late CIED endocarditis is also described, its occurrence as late as 11 years of implantation is rare.

We report a 84 years old male patient with type 2 diabetes, hypertension, paroxysmal atrial fibrillation with recurrent transient ischemic attacks and on pace maker since 11 years for sick sinus syndrome, coming with fever for 10 days duration and generalized weakness. Examination was unremarkable except being febrile. On investigation he had neutrophil leucocytosis, high erythrocyte sedimentation rate and throat swab culture was Methicillin resistant staphylococcus aureus positive. Despite starting on antibiotics according to antibiotic sensitivity pattern he continued to have fever. Trans thoracic echo followed by transoesophageal echo diagnosed him to have lead endocarditis. Treatment was changed over to intravenous Vancomycin and he showed a very good response.

The mode of acquisition of Methicillin resistant staphylococcus aureus in this patient was thought to be due to peripheral cannulation done 3 months ago during a hospital admission for a transient ischemic attack episode. So this case emphasizes the importance of high degree of suspicion of CIED associated infection in patients with in situ cardiac devices coming with nonspecific symptoms and the importance of adhering to septic methods even during minor invasive procedures such as IV cannulation in this type of patients.