**TWIDDLER'S SYNDROME IN A PATIENT WITH TARDIVE DYSKINESIA**

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**Introduction**: Twiddler’s syndrome is an infrequent cause of device malfunction. It is often due to the patient’s deliberate or unintentional manipulation of the pulse generator causing lead dislodgment.

**Case Report:** 43-year-old obese woman with human immunodeficiency virus on anti-retro viral therapy, bipolar disorder with tardive dyskinesia, and non-ischemic cardiomyopathy with single-chamber implantable cardioverter defibrillator (ICD) placed 4 months prior presented with complaints of multiple shocks by the ICD. Electrocardiogram revealed sinus tachycardia with frequent premature ventricular complexes. Device interrogation showed “railroad track pattern’’ with ICD shocks. Chest radiography showed the ICD lead dislodgement with twisting near the pulse generator, which was confirmed in the operating room. The lead was repositioned and anchored in the left infra-clavicular space. Sub-pectoral pocket was created by dissecting pectoralis major muscle. The pulse generator along with the lead were placed in the sub-pectoral space. Patient was discharged the subsequent day in stable condition.

**Conclusion**: Obese patients with loose subcutaneous tissue are at increased risk of rotation of the device in its pocket. Morbid obesity and abnormal purposeless body movements due to tardive dyskinesia caused twiddler's syndrome in this patient. Creation of small pocket, suturing the device into the fascia in a fixed compartment and patient education can prevent this complication.

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