

Suicide attempt following pacemaker implantation in an 83-year-old male: A case report.

Pedro Pallangyo M.D., M.P.H. ^{1,4,*}; Lucy Mgopa M.D.²; Jalack Millinga³; Smita Bhalia M.D.⁴; Naairah R. Hemed¹; Zabela Mkojera¹; Happiness J. Swai M.D.¹; Polycarp Seraphine⁴; Rydiness Mulashani³; Baraka Ndelwa M.D.⁴; Tulizo Shemu M.D., MSc⁴; Mohamed Janabi M.D., PhD.⁴

¹: Department of Research & Training, Jakaya Kikwete Cardiac Institute, P.O Box 65141, Dar es Salaam, Tanzania.

²: Department of Psychiatry and Mental Health, Muhimbili University of Health and Allied Sciences, P.O. Box 65001, Dar es Salaam, Tanzania

³: Department of Nursing, Jakaya Kikwete Cardiac Institute, P.O Box 65141, Dar es Salaam, Tanzania

⁴: Department of Adult Cardiology, Jakaya Kikwete Cardiac Institute, P.O Box 65141, Dar es Salaam, Tanzania.

*Corresponding Author

Correspondence

Dr. Pedro Pallangyo, Jakaya Kikwete Cardiac Institute, P.O Box 65141, Dar es Salaam, Tanzania. pedro.pallangyo@gmail.com

Abstract

Introduction: As the global population ages, cardiac pacing procedures are rising exponentially to keep pace with the increasing incidence of bradyarrhythmias. The efficacy of pacemakers is well established but recipients may have poor psychosocial adaptation leading to development or exacerbation of mental disorders that may manifest with anxiety, depressive symptoms or rarely suicidal tendencies.

Case presentation: An 83-year-old male of African descent was referred to us for evaluation and expert management. He came with chief complaints of general body malaise, light-headedness, chest pain and fainting spells for about 6 months. He was diagnosed with hypertension four years prior and there was no history of mental illness in the patient or his family. Echocardiography (ECHO) revealed features of hypertensive heart disease while electrocardiogram (ECG) showed features of 3rd degree heart block. He underwent successful pacing with a resultant ventricular paced rhythm. The patient was stable and symptom free post pacing but on the fourth day he jumped off the window of the ward in the hospital's 2nd floor. Post suicide attempt examination revealed epistaxis, right periorbital hematoma with a temporal lacerated wound and deformed ankles bilaterally. Electrocardiogram showed a ventricular paced rhythm and the chest radiograph showed an intact pacemaker. Ophthalmological review was evident for right sided blepharospasm with massive chemosis and bilateral constricted reactive pupils. Radiological investigations showed right orbital fracture, stable C5 and C6 fractures, and bilateral bimalleolar fractures with ankle dislocation. Neurosurgical review was unremarkable and psychiatric review could not be performed. The patient died 18 hours after the suicide attempt incidence.

Conclusion: Emotional disturbances post pacing impairs the quality of life and in the worst case scenario could lead to unanticipated cessation of life. In view of this, thorough evaluation and monitoring of the patient's psychological well-being both pre and post pacing is paramount.

Key words: pacemaker, suicide, psychological adaptation, conduction disorders, symptomatic bradycardia, complete heart block, 3rd degree heart block.