A 77-year-old man observed abdominal swelling 7 months after epicardial implantation of an automatic implantable defibrillator. He applied an elastic belt to minimize motion of the generator within the pocket and within 2 months noted urinary frequency and rectal fullness. Attempts to locate the generator by palpation and interrogation were unsuccessful. A flat plate of the abdomen (Figure) demonstrated migration of the generator to the superior aspect of the bladder.

Surgical exploration revealed a 5×5-cm abdominal wall defect with herniation of small bowel into the generator pocket. The generator had migrated through the hernia defect and into the pelvis. The bowel was reduced back into the peritoneum, and the generator was delivered into its intended pocket with repair of the abdominal wall defect. Normal function of the defibrillator system was confirmed.

**Figure 1.** Radiograph of kidney and upper bladder revealing abnormal en face position of the defibrillator generator within the pelvis on the superior aspect of the bladder.

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_Circulation_ encourages readers to submit cardiovascular images to Dr Hugh A. McAllister, Jr, St Luke’s Episcopal Hospital and Texas Heart Institute, 6720 Bertner, MC 4-265, Houston, TX 77030.

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Images in cardiovascular medicine. Implantable defibrillator generator migration.
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