Abstract
We present the case of a patient with chronic ischemic cardiomyopathy with an ICD-CRT implanted several months before. He was admitted to our hospital because of a new ischemic event, but we observed interesting additional information. After an initial evaluation of the ECG and chest X-ray, we questioned why biventricular pacing was not present in spite of the apparent adequate implantation of the ventricular leads. The amplification of the posteroanterior X-ray cleared up our previous doubt, and showed that although there were three leads connected to the generator, there was a macrodislocation of the atrial lead causing a loss of cardiac resynchronization therapy.

Keywords
Ischemic cardiomyopathy. Cardiac resynchronization therapy. Atrial lead