ECG Contest

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A 70-year-old man with atrial fibrillation who was receiving anticoagulation therapy was admitted to the neurology department after a stroke. During his admission, slow ventricular conduction of the atrial fibrillation was observed, and so a single-chamber pacemaker with unipolar pacing in VVIR mode was implanted.

At 2 hours after implantation, episodes of tachyarrhythmia with broad QRS were observed. The ECG shown in the Figure 1 was recorded.

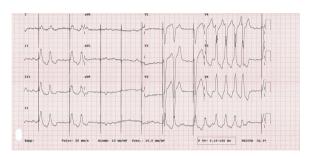


Figure.

What do you think is the most likely diagnosis?

- 1. The electrode has impacted the apex and is causing abundant edema with capture failure and ventricular ectopy.
- 2. Ventricular ectopy is observed due to mechanical pacing of the electrode, which is loose in the right ventricular outflow tract.
- 3. The increase in circulating catecholamines due to the stroke is causing rapid and aberrant conduction of the underlying atrial fibrillation.
- 4. The patient probably has significant hyperpotassemia due to acute stroke, with capture failures and secondary ventricular tachycardia.

Submit your answer to http://www.revespcardiol.org/en/electroreto/72/01. The solution will be published in the next issue (February 2019). #ECGChallenge #RetoECG..

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