## **ECG Contest**

## ECG, May 2018





## Ignacio Gil-Ortega,<sup>a,\*</sup> Beatriz Garrido-Corro,<sup>b</sup> and Juan Antonio Castillo-Moreno<sup>c</sup>

<sup>a</sup> Unidad de Arritmias, Hospital Universitario Santa Lucía, Cartagena, Murcia, Spain <sup>b</sup> Farmacia Hospitalaria, Hospital Universitario Virgen de la Arrixaca, El Palmar, Murcia, Spain <sup>c</sup> Servicio de Cardiología, Hospital Universitario Santa Lucía, Cartagena, Murcia, Spain

A 51-year-old man was seen for symptomatic bradycardia and suspected sinus rhythm dysfunction. He had a history of atrial fibrillation immediately after a mitral valve repair procedure. The event was treated with amiodarone and  $\beta$ -blockers. Holter monitoring showed a symptoms-activated event (Figure 1) and an asymptomatic period (Figure 2).



What do you think was the diagnosis?

- 1. Figure 1 shows sinus dysfunction; Figure 2 shows alternating structural branch block. A definitive pacemaker should be implanted.
- 2. Figure 1 shows sinus dysfunction; Figure 2 shows alternating structural branch block. The drugs should be withdrawn and the outcome
- of withdrawal assessed.
- 3. Figure 1 shows a sinoatrial block due to atrial disease; Figure 2 shows the pharmacological effect of amiodarone on the conduction system and refractory periods.
- 4. Figure 1 shows a high-density atrial extrasystole, with resetting of sinus rhythm and atrioventricular block, leading to a symptomatic heart rate of 40 bpm. Figure 2 shows alternating aberrantly conducted extrasystoles in both branches.

To submit your diagnosis, go to http://www.revespcardiol.org/en/electroreto/71/05. The diagnosis will be published in the next issue (June 2018). #RetoECG.

\* Corresponding author: *E-mail address:* ignaciogilortega@gmail.com (I. Gil-Ortega).

https://doi.org/10.1016/j.rec.2017.11.031 1885-5857/© 2017 Sociedad Española de Cardiología. Published by Elsevier España, S.L.U. All rights reserved.