ECG Contest

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A 69-year-old man with no cardiac history, who practiced high-import sports and had experienced a single syncope while playing sport 3 years earlier, consulted with chest pain and palpitations that developed during a cycle race. The ECG showed regular tachycardia with broad QRS at 250 bpm (Figure 1). Although the patient was hemodynamically stable, it was decided to sedate him and perform cardioversion at 100 J. The ECG in sinus rhythm showed ST elevation in leads V_1-V_3 (Figure 2), accompanied by changes in biomarkers of myocardial injury. Emergency coronary angiography was therefore indicated.

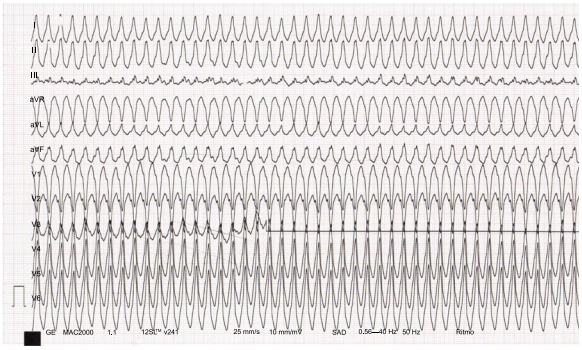

Figure 1.

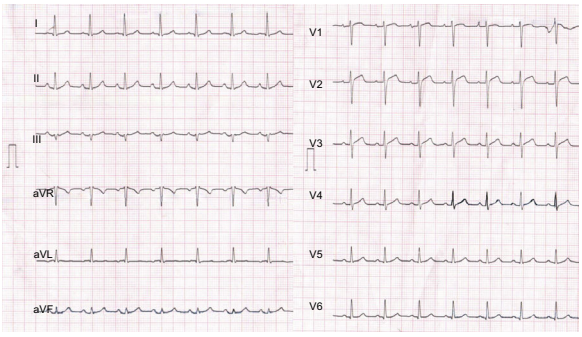

Figure 2.

What do you think was the diagnosis? Does the clinical and ECG information point to an underlying heart condition?

1. It is a ventricular tachycardia in the context of an acute coronary event.
2. It is a supraventricular tachycardia with aberrant ventricular conduction in the context of an acute coronary event.
3. It is a ventricular tachycardia and there is suspected right ventricular disease.
4. It is a supraventricular tachycardia with no evidence of heart disease.

Submit your diagnosis at http://www.revespcardiol.org/en/electroreto/71/07. The diagnosis will be published in the next issue (August 2018). #RetoECG.

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