ECG Contest

Response to ECG, July 2016

Respuesta al ECG de julio de 2016

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The electrocardiogram (Figure, panel B) shows the double spikes typical of dual-chamber (DDD) pacemakers. The first beat (*1) corresponds to the native QRS following the double spikes, with a prolonged PR interval, indicating the loss of ventricular capture. This loss is not permanent; the following 4 beats show a paced QRS (——) and the fifth (*5), again a loss of capture. The P waves are evident (^), but there are no adequate data on atrial detection or capture.

The diagnosis is reel syndrome (option 3), caused by lead dislodgement due to generator rotation over its sagittal axis.¹ The lead winds around the generator as though the latter were a reel (Figure, panels A and C) (Figure, panels A and C: chest radiographs following implantation and in the emergency department, respectively). In twiddler syndrome, the rotation of the generator causes the lead to wind around itself, forming a braid.¹ In ratchet syndrome, there is no rotation and, usually, only the lead is affected.¹ Option 4 is a distractor; the dislodged atrial lead can be seen in the generator pocket (Figure, panel C), and caused the spasms in the upper extremity described by the patient.

REFERENCE


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