An initial R wave in aVR is a diagnostic criterion for ventricular tachycardia\(^1\) (response 1 incorrect). A QRS:P ratio of 1:1 is observed (more visible in aVL and V\(_1\)); this is typical of supraventricular tachycardias, but more than 30% of ventricular tachycardias can show ventriculoatrial (VA) conduction\(^2\) (response 2 incorrect). Although the tachycardia did not resolve with amiodarone administration, retrograde conduction was reduced. Moreover, a VA ratio of 2:1 is observed in the rhythm strips (recorded after drug administration) (Figure 1, upper strip; P waves are marked with red circles) or occasional VA conduction (Figure 1, lower strip). The presence of more QRS than P waves practically confirms diagnosis of ventricular tachycardia (response 3 correct), supported already by the patient’s history and QRS morphology in the ECG. The first electrical cardioversion of 100 J was not effective (response 4 incorrect) but a second discharge of 150 J did lead to resolution (Figure 1). Figure 2 shows the ECG after cardioversion.

![Figure 1](image1.png)

![Figure 2](image2.png)

REFERENCES


SEE RELATED CONTENT:
http://dx.doi.org/10.1016/j.rec.2017.10.042
* Corresponding author:
E-mail address: jarucab@gmail.com (J.A. Rubio).

https://doi.org/10.1016/j.rec.2017.12.004
1885-5857/© 2017 Sociedad Española de Cardiología. Published by Elsevier España, S.L.U. All rights reserved.