

ECG Contest

ECG, October 2018

ECG de octubre de 2018

Moisés Rodríguez-Mañero,* Laila González-Melchor, and Xesús Alberte Fernández López

Unidad de Arritmias, Servizo de Cardiología, Complejo Hospitalario Universitario de Santiago de Compostela (CHUS), Santiago de Compostela, A Coruña, Spain



A 60-year-old man, with no known relevant history, presented to the emergency room due to dizziness and profuse sweating. Given the hemodynamic impact of the broad QRS tachycardia detected (Figure A), electrical cardioversion was performed. The electrocardiogram recorded in sinus rhythm after cardioversion is shown in Figure B.

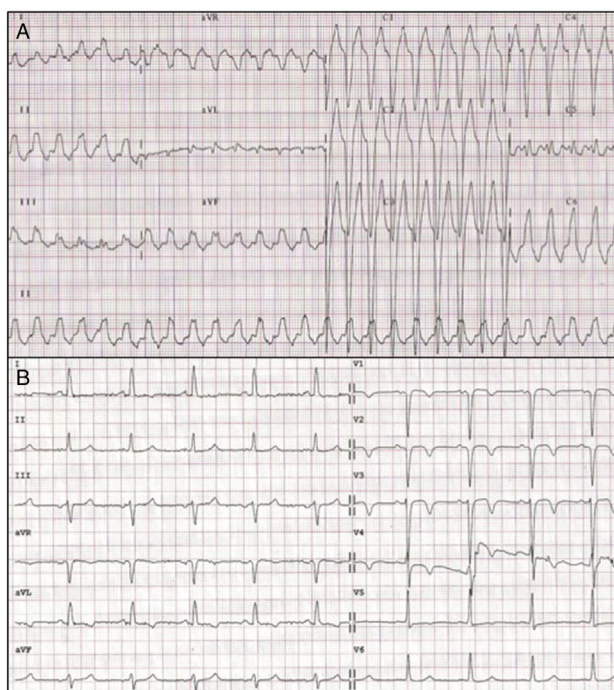


Figure.

Which disorder do you think was present?

1. Probably, given the axis change, QRS width, and RS interval, this is ventricular tachycardia.
2. Based on the baseline intraventricular conduction disorder, the R wave peak time in lead II (< 50 ms) and the presence of RS complexes in precordial leads (V₅ and V₆), the patient may have aberrantly conducted supraventricular tachycardia.
3. Based on the presence of a Q wave in the aVR lead > 40 ms (Vereckei criterion) and baseline electrocardiogram, this is probably ventricular tachycardia.
4. All are incorrect.

Submit your diagnosis at <http://www.revespcardiol.org/en/electroreto/71/10>. The answer will follow in the next issue (November 2018). #RetoECG.

* Corresponding author:
E-mail address: moirmanero@gmail.com (M. Rodríguez-Mañero).