ECG Quiz 26

CARDIAC ARRHYTHMIA SOCIETY OF SOUTHERN AFRICA
A SPECIAL INTEREST GROUP OF SA HEART ASSOCIATION

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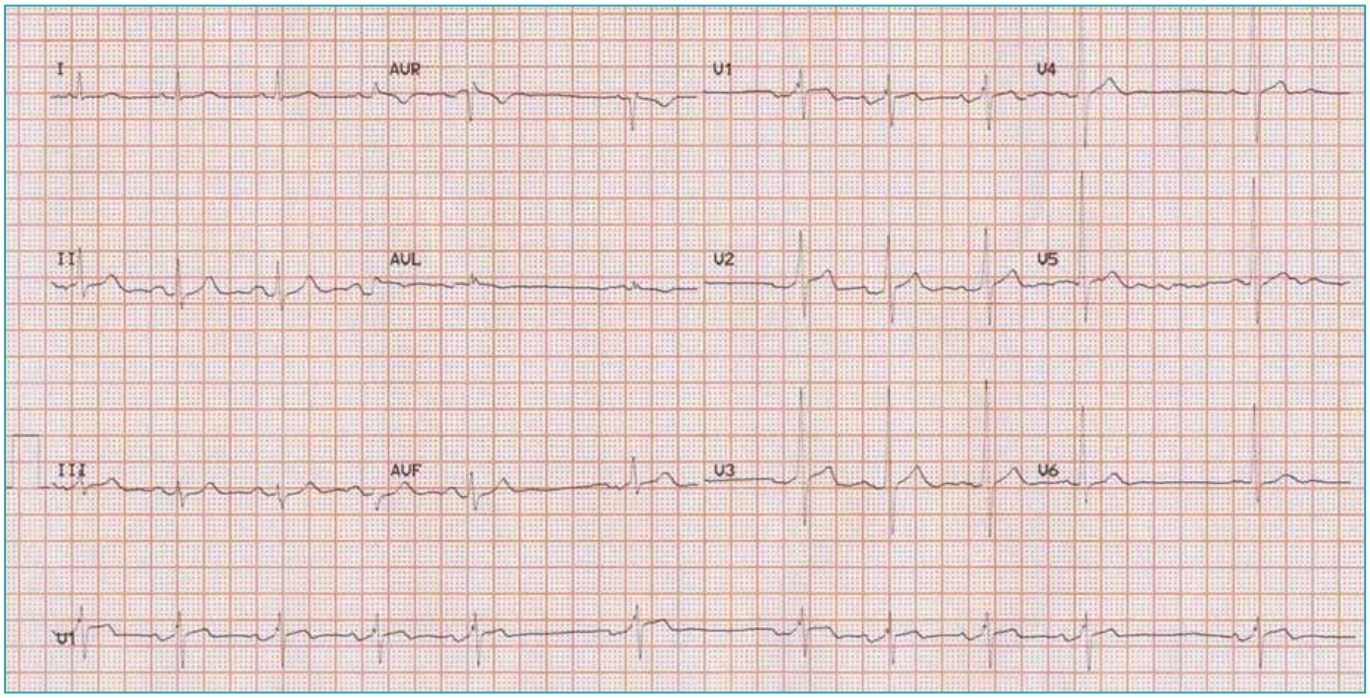

A 69 year-old man was referred for a "pre-op" cardiological opinion. He had been admitted to the surgical ward and was due for elective oesophagoscopy under general anaesthetic for dysphagia. The concern of the surgeon and anaesthetist was the bradycardia during routine pre-procedure assessment.

The patient gave a past medical history of hypertension only and one episode of syncope in 2008. His current medication: amlodipine only. Review of his notes showed that he had been admitted and investigated extensively in 2008 for syncope with an ECG, exercise stress test that was negative, 24 hour ECG recording which did not show any significant arrhythmia that would account for syncope, a negative signal averaged ECG but a positive Tilt Test. Currently, there are no cardiac symptoms: no dizziness/syncope/palpitations/chest pain. On examination all was normal except an irregular pulse at 44 bpm; BP 140/80. Blood chemistry and thyroid function were normal. An ECG was done.

QUESTION: Which ONE of the following is the best assessment and management plan?

(a) The rhythm is atrial fibrillation: Anti-coagulation should be considered post-procedure;

(b) Normal rhythm with atrial premature beats/ectopics: May need to consider beta-blocker;

(c) Multifocal atrial tachycardia (MAT): Digoxin may be useful;

(d) The QRS complexes show pre-excitation especially of the slow beats: Ablation of the WPW may be needed;

(e) Sinus node dysfunction with occasional atrial escape beats: No problem: go ahead with oesophagoscopy;

(f) Sick sinus syndrome: Recommend temporary pacing before the procedure; or

(g) Tachy-brady syndrome: Permanent pacemaker (should already have had one in place).

Please analyse the ECG carefully and commit yourself to an answer before checking the explanation.

ANSWER on page 48