ECG Quiz II

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

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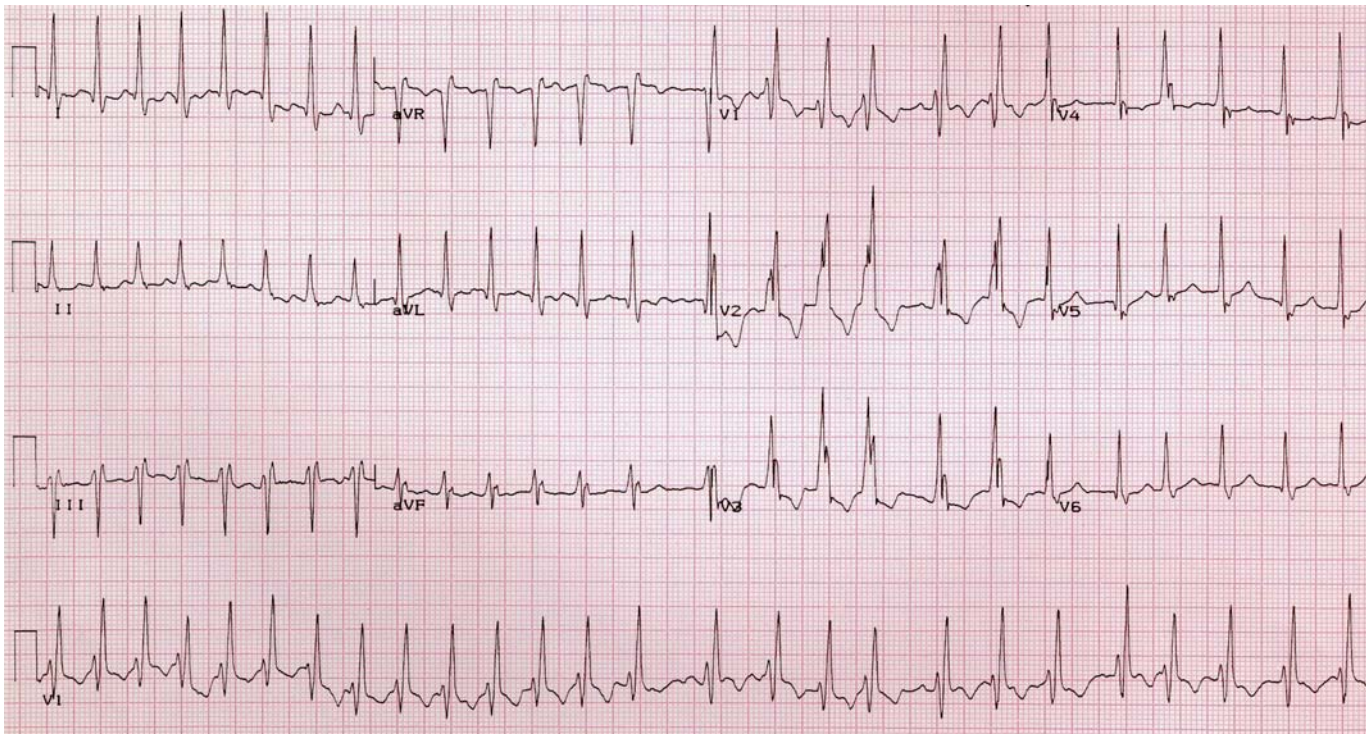

A 58-year-old man presents to the Emergency Unit with a 3-day history of shortness of breath, decreased effort tolerance (NYHA Class III) and palpitations. He has a past medical history of hypertension only, on hydrochlorthiazide (12.5mg/d). His baseline is usually excellent. He admits to a few previous episodes of palpitations.

On examination, he is moderately distressed, tachypnoeic, well perfused, pulse of 156, BP 145/95, JVP elevated by 6cm, crackles audible in the lungs and soft normal heart sounds. This is his admission ECG.

QUESTION: Which ONE of the following is the best management strategy?

(a) Intravenous furosemide, sublingual nitrates; later echo and warfarin

(b) Electrical cardioversion under sedation, amiodarone; later consider for implantable Cardioverter defibrillator (ICD)

(c) Electrical cardioversion; later electrophysiological study and ablation of accessory pathway

(d) Intravenous adenosine; later electrophysiological study and ablation; verapamil in interim.

(e) Ablation of the "tricuspid annulus-to-inferior vena cava" isthmus after a transesophageal echo or alternatively after a month of warfarin.

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

ANSWER on page 90