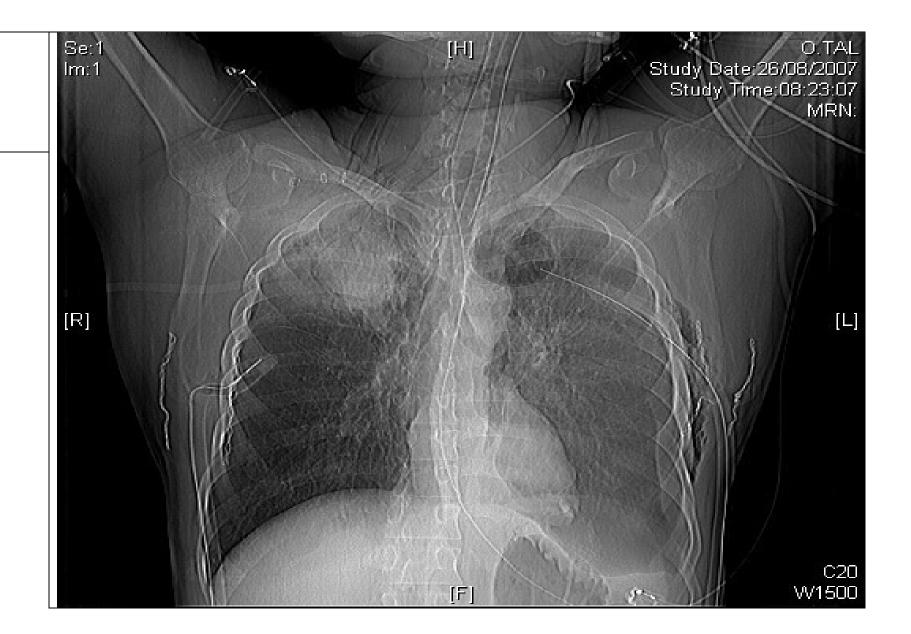
Sociedad Mexicana de Electrofisiologia y Estimulacion Cardiaca. Instituto Nacional de Cardiologia. Mexico, 2008.

# Dilemas clinicos en electrofisiologia.

Sami Viskin.
Tel Aviv Medical Center.

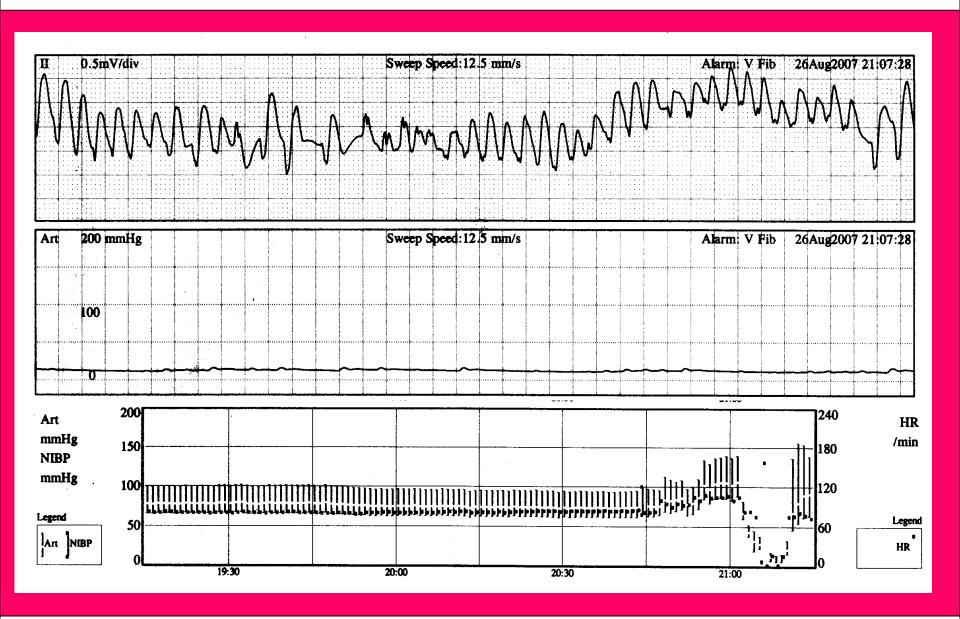


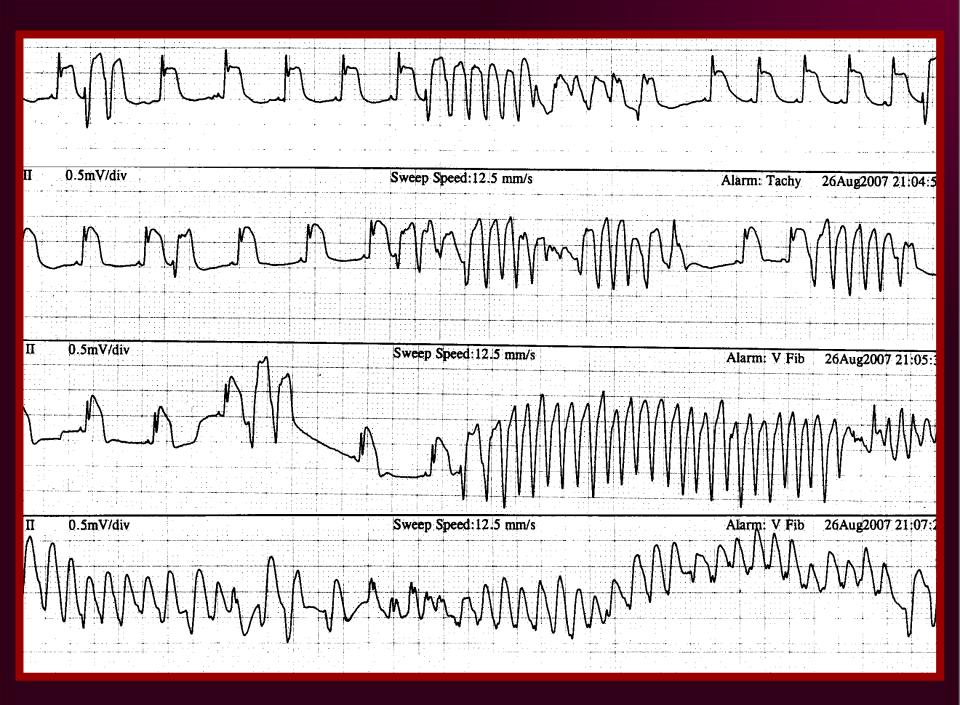






# Houston..... We have a problem......





Acute coronary embolism following CT-guided lung needle-biopsy. A. Manosur. King Hussein Cancer Center. Amman Jordan



**ES:** Male/56.

Old inferior MI.

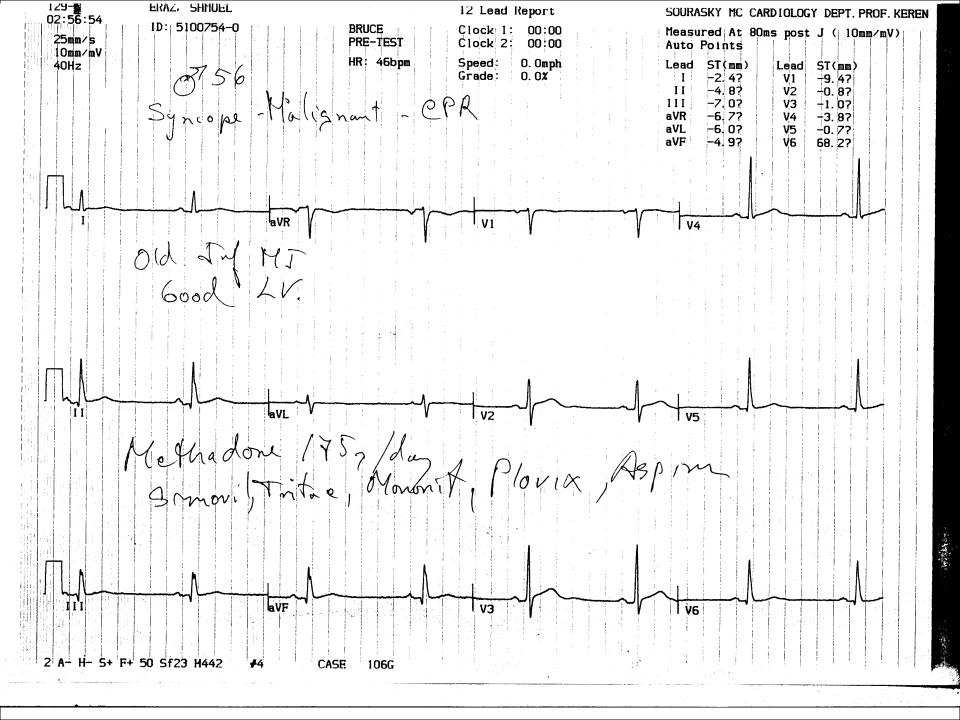
Good LV-function (LVEF 45%).

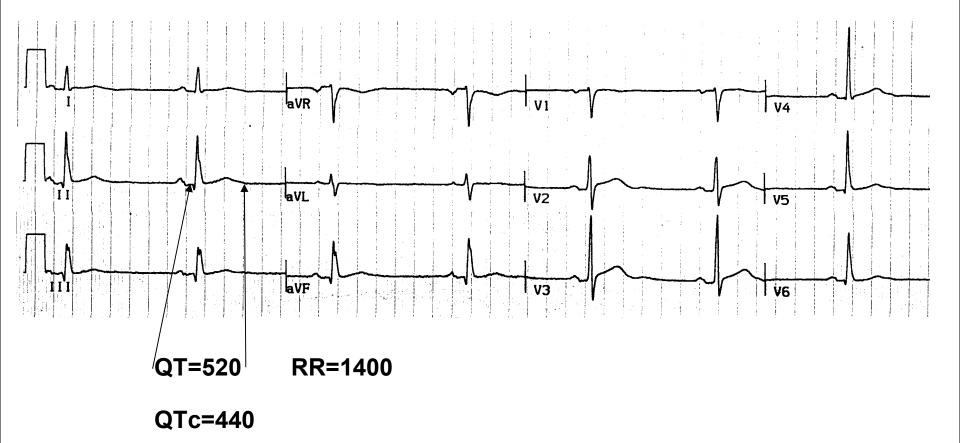
Smoker, asthma (mild).

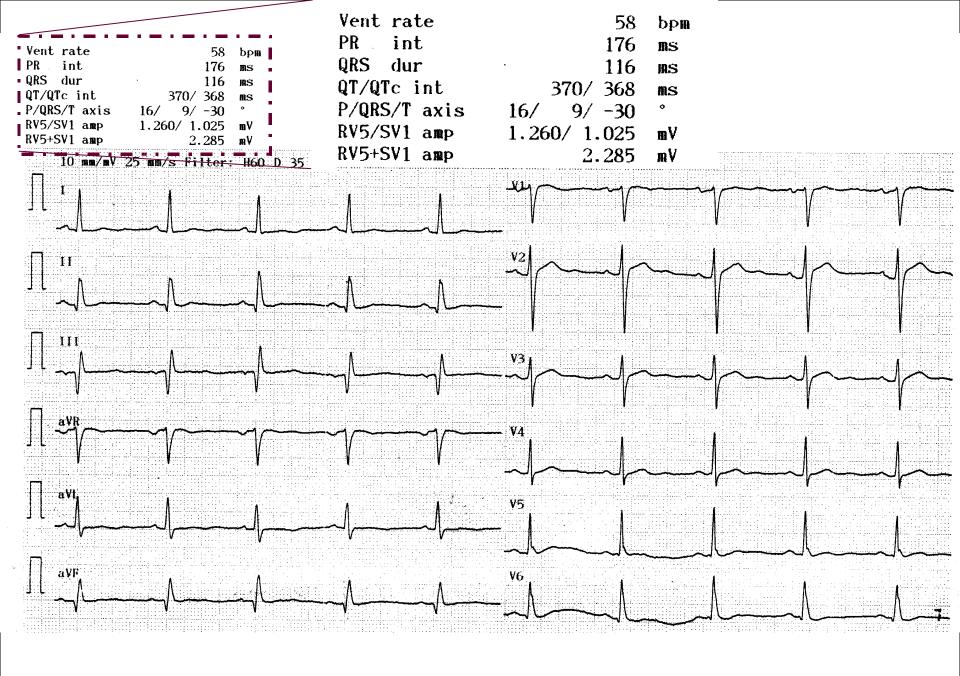
Past history of drug abuse.

Tx: Aspirin, clopidogrel, ramilpril, nitrates, simvastatin, methadone.

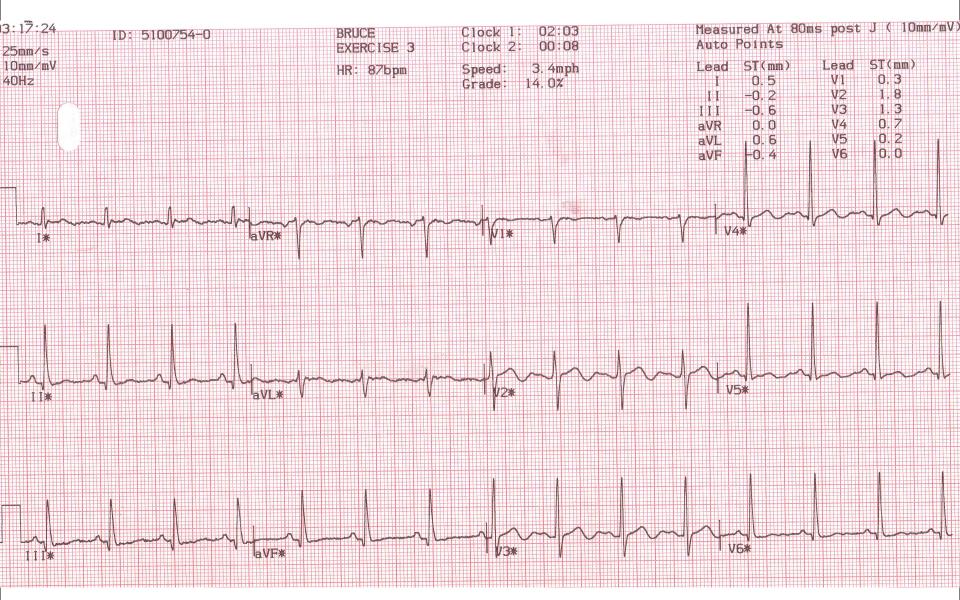
→ Hospitalized in neurology following a first episode of convulsions.

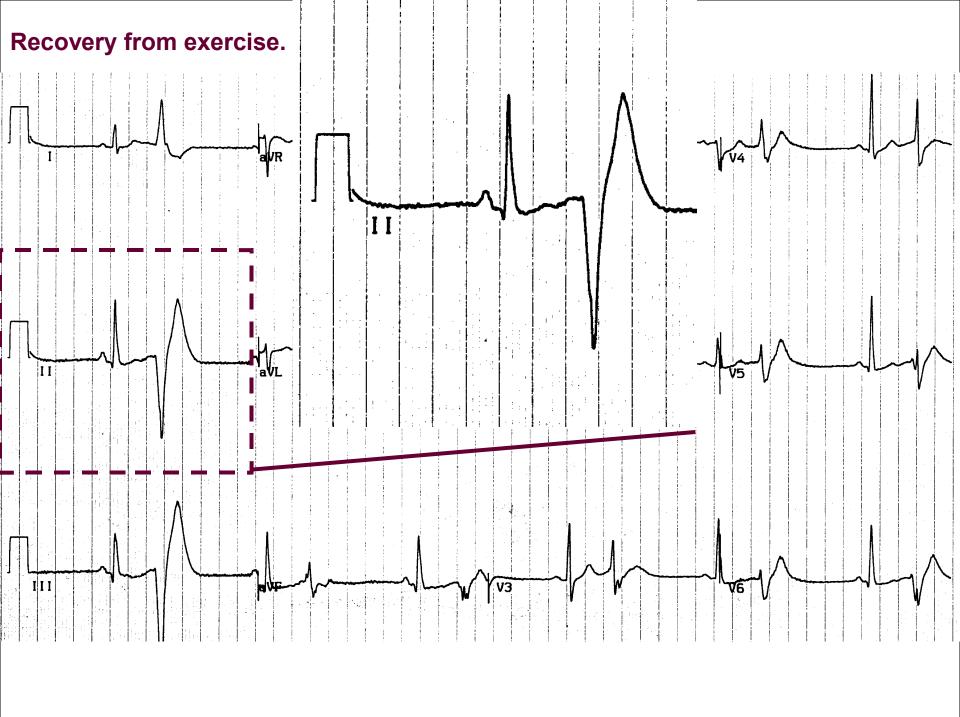






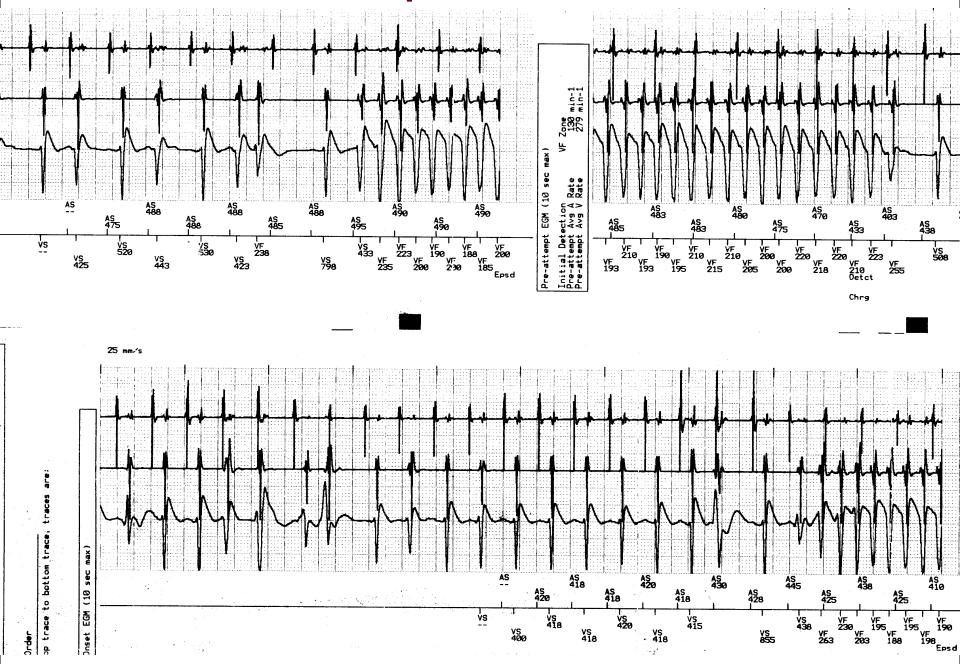
### **Exercise Bruce III**





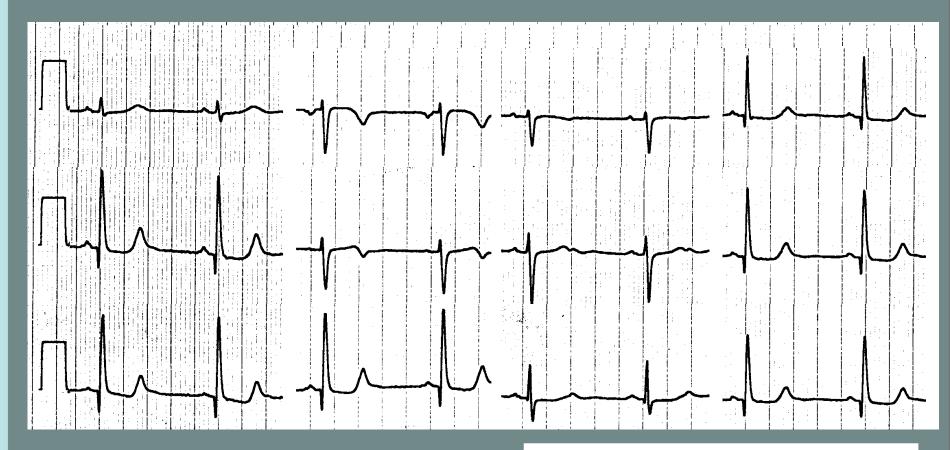


## One week after ICD implantation.



# Malignant syncope without documented arrhythmias

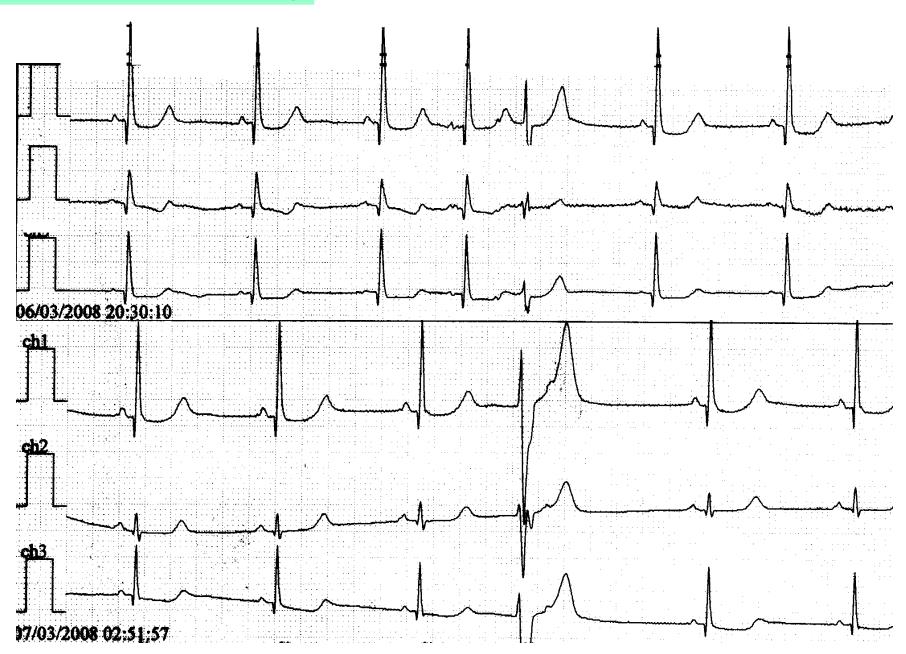
## Female/51. Three episodes of malignant syncope/2 years.



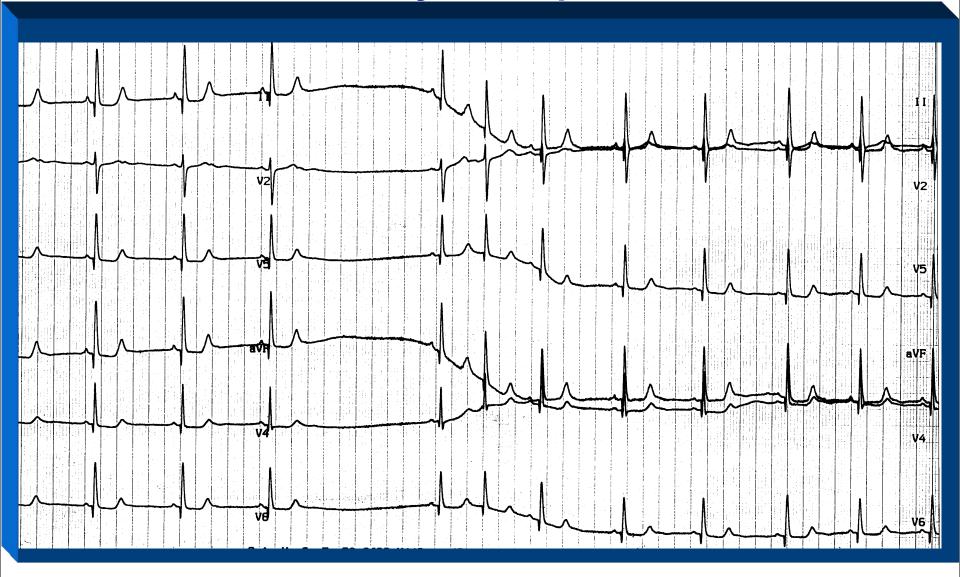
.Heart rate 62/min, QTc 420 msec

Echocardiogram + Holter + exercise test = normal.

# **Holter monitoring**



# Adenosine test: bradycardia phase.



# Adenosine test: tachycardia phase.



## Results so far:

- The clinical history is of <u>malignant syncope</u>. The patient turns blue, has tonic seizures but there is no postictal phase.
- The ECG, echo, Holter, exercise test and adenosine test are normal.
- Neurological evaluation is also negative.

This is not vasovagal syncope....
This is not epilepsy either....

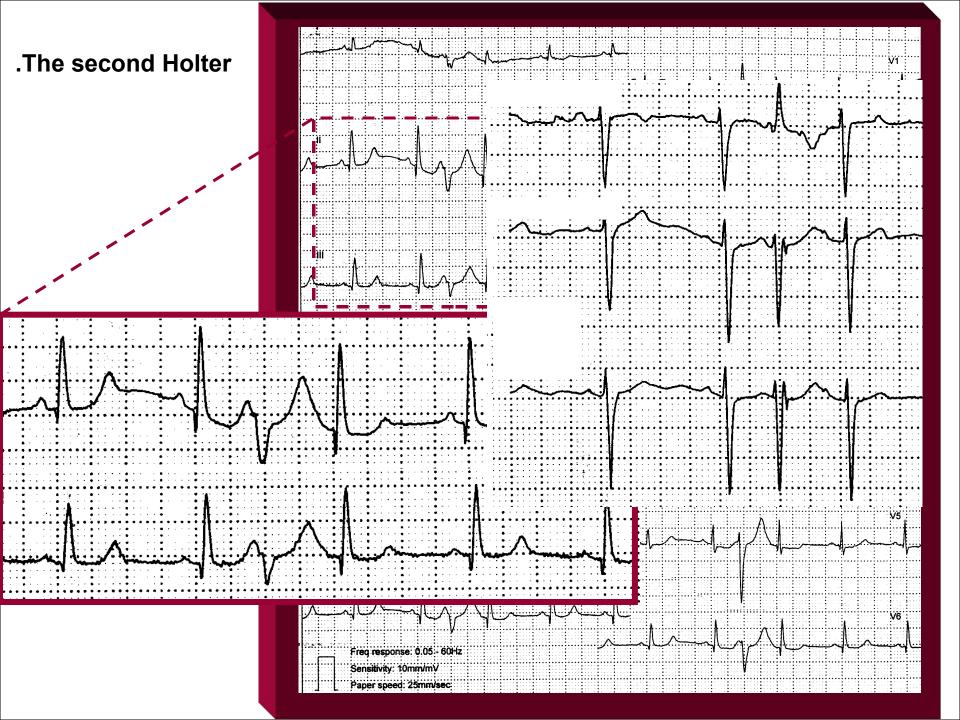
What next?.

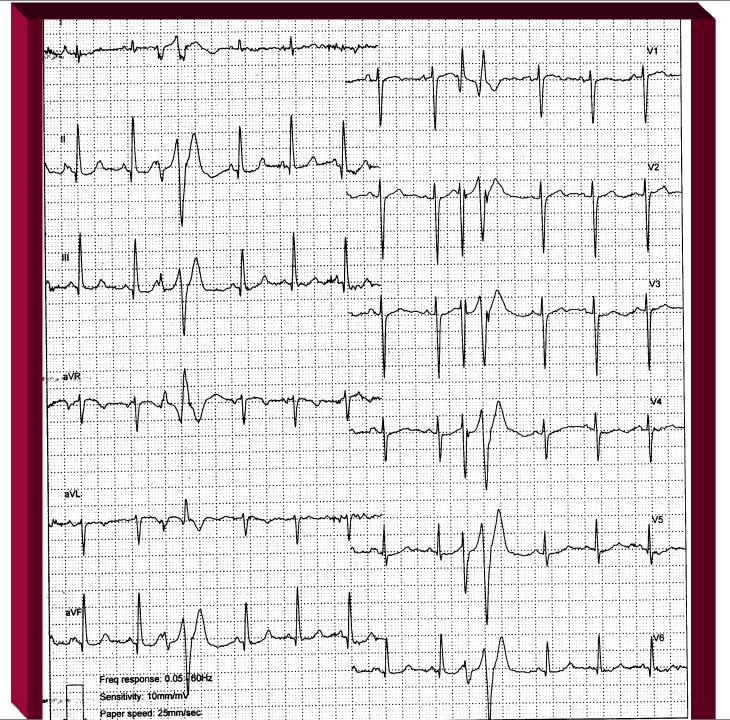


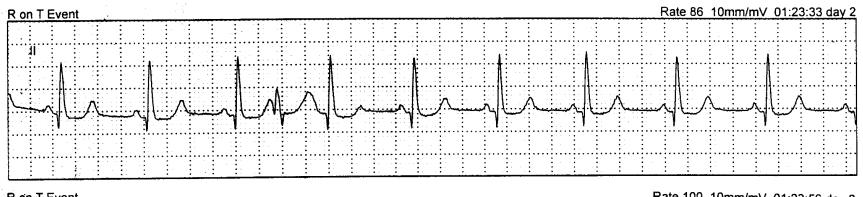
What if EPS is positive?

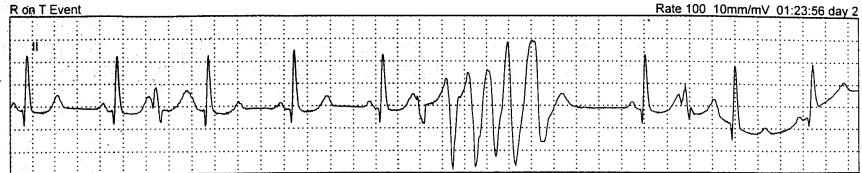
What if EPS is negative?

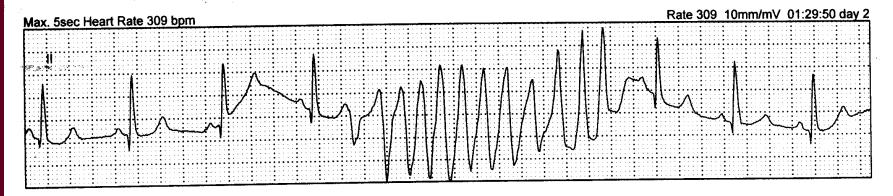
**EP-study?** 

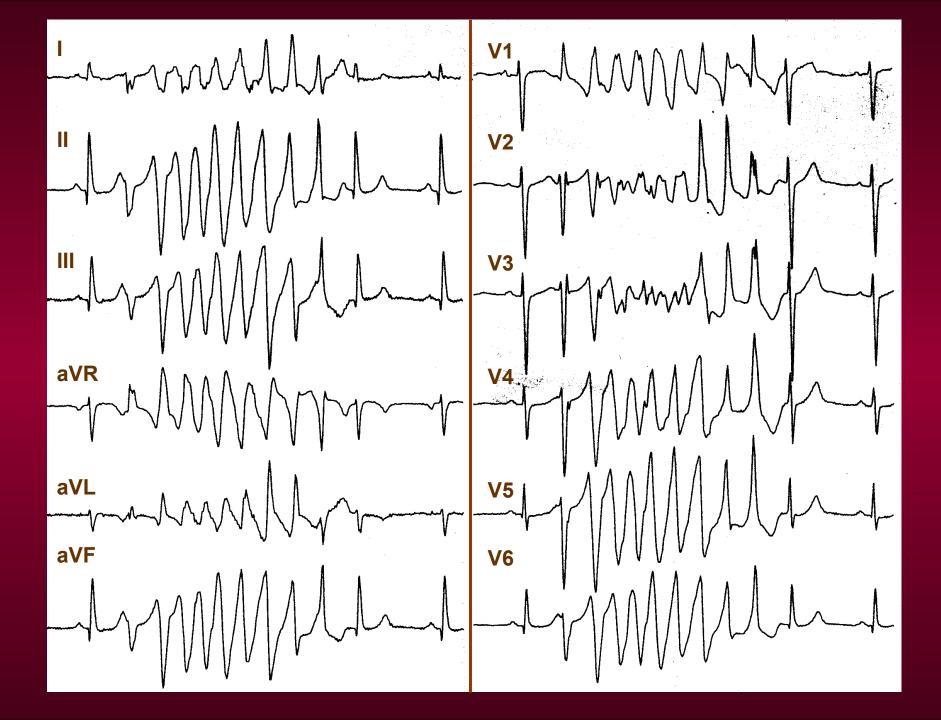


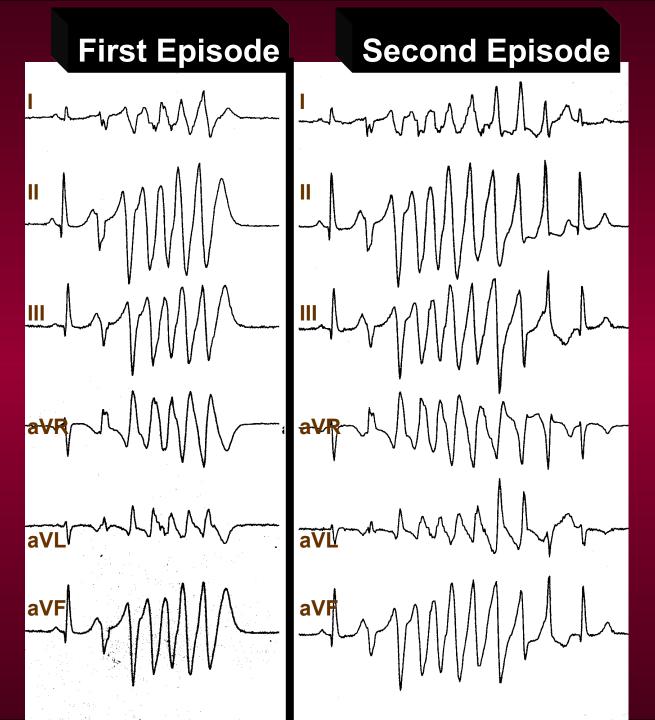




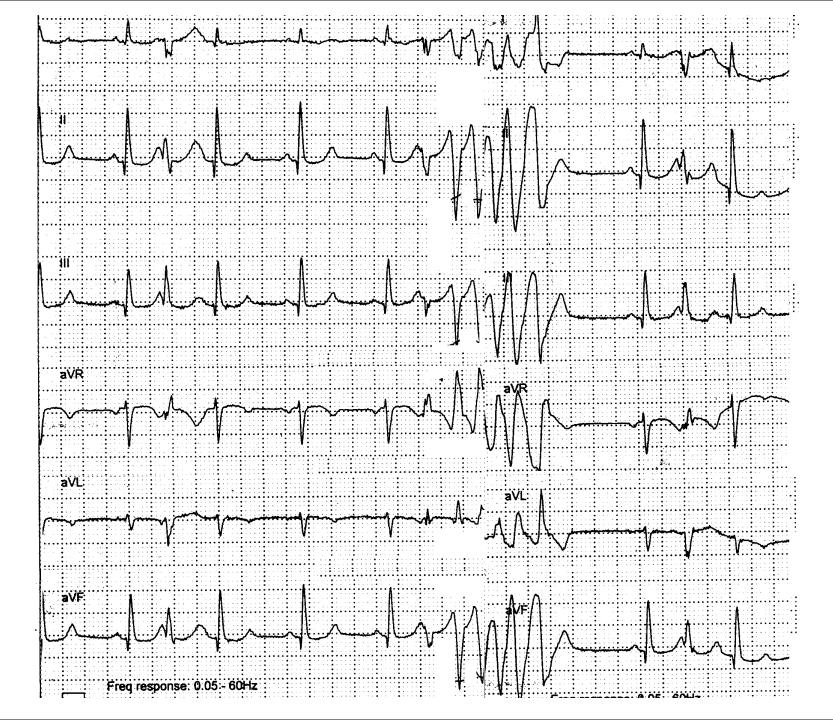








**Second Episode** First Episode **V1 V2 V2 V3 V3 V4 V5** V6



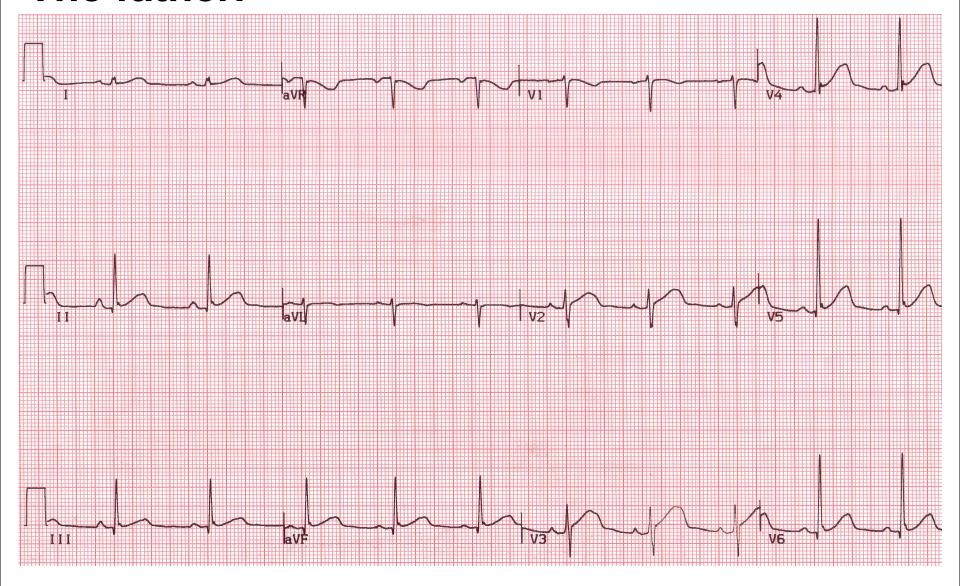
By the way.....

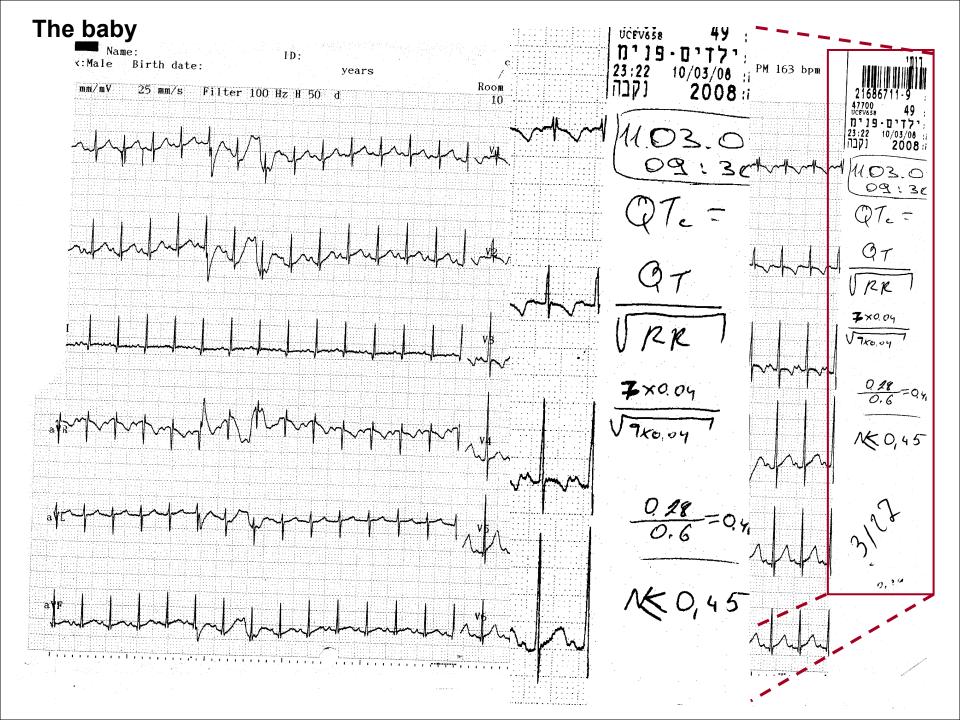
The EPS was negative

#### Case #1

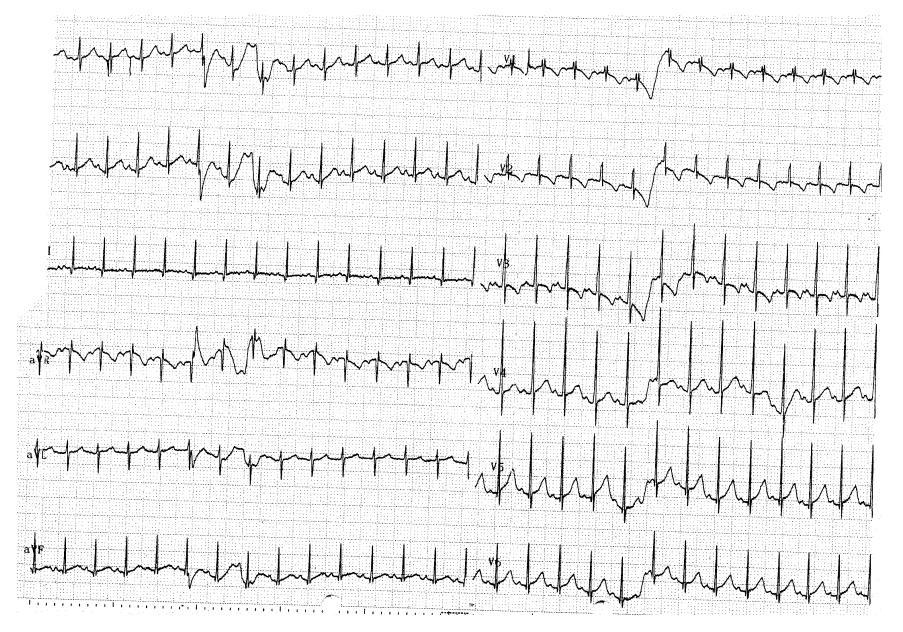
- Baby girl, 6 weeks old.
- Brought to the emergency room in the "the Metropolitan area" because of sudden apnea and cyanosis.
- Her father has LQT2.
- The baby was kept under "apnea monitoring" and was discharged.

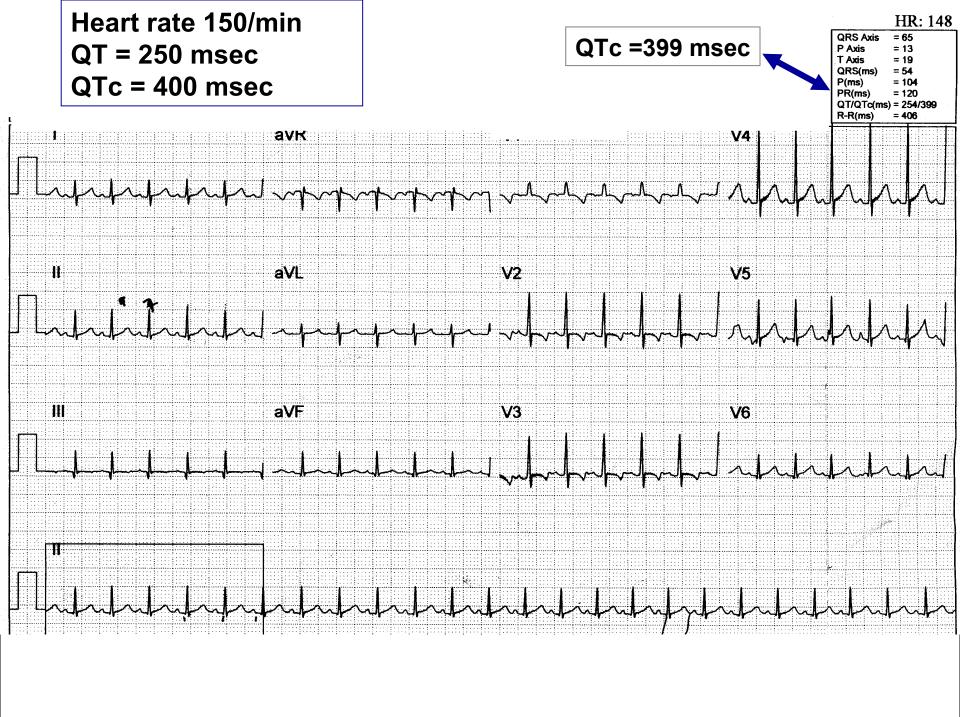
# The father.



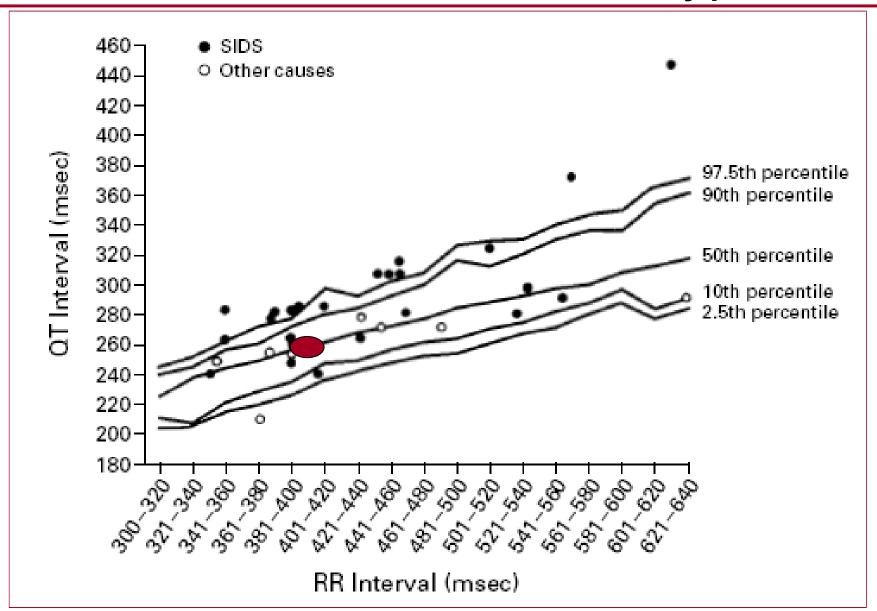


## Sinus rate 170/min, QT=240 msec, QTc = 400 msec.





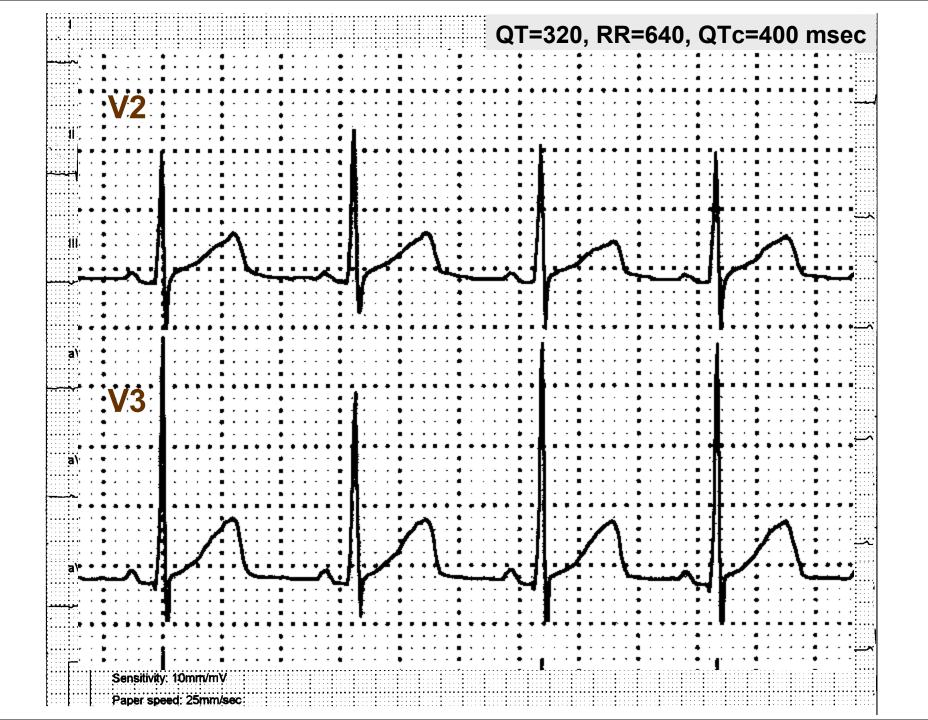
## Relation of QT and RR interval in newborns by percentiles.



Data from >30,000 neonates. P.J.Schwartz, *NEJM* 1998

?

Holter on beta-blockers. Heart rate 120/min, QT = 280, RR= 480, QTc 400 msec aVL Freq response: 0.05 - 60Hz Sensitivity: 10mm/mV



Heart rate 120/min, QT = 320 msec, QTc 450 msec.

