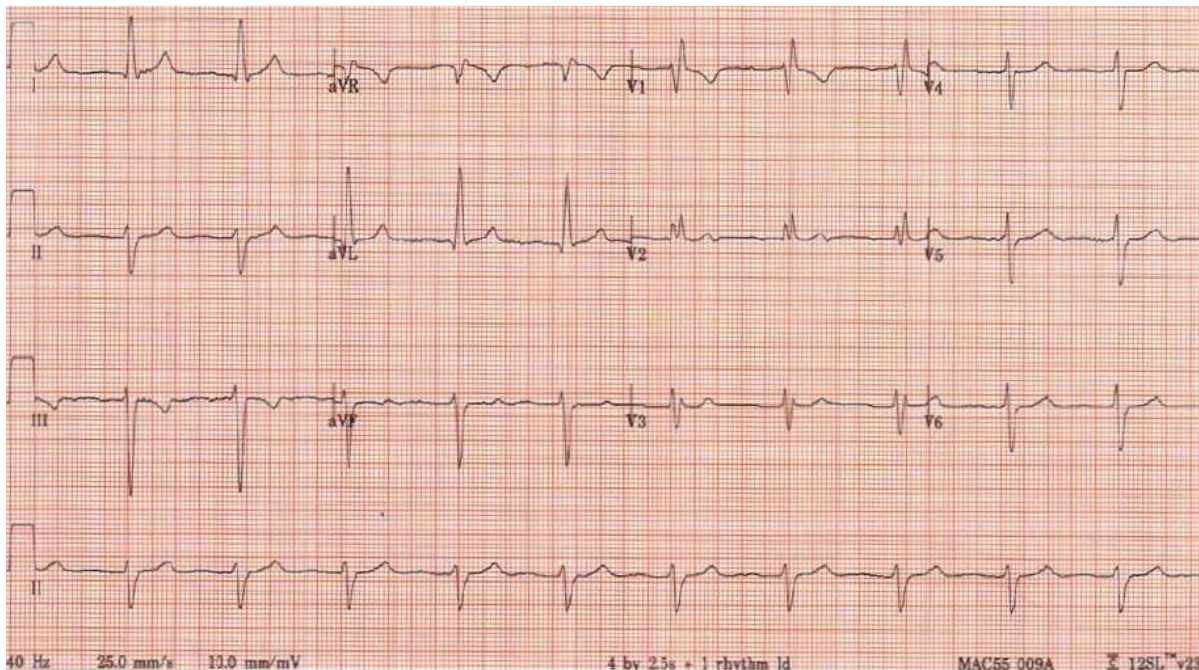


VAQ 2009.1.1 (ECG)

A 72 year old woman is brought to your emergency department after a syncopal episode.



- Describe and interpret her ECG (50%)
- Outline your disposition considerations (50%)

This is the ECG of an elderly woman with a recent syncope, with trifascicular block, who is at high risk for complete heart block and associated arrhythmias, and therefore requires admission for telemetry, potentially pacing, and consideration of PPM.

Rate - 60bpm
Rhythm - sinus
Axis - LAD - LAFB

Waves

P – normal
Q – no pathological Q waves seen
R – poor R wave progression, R in aVL ≥ 13 mm plus S in III ≥ 15 mm in context of LAD = LVH
S – no diagnostic features
T – T inv in III, V1, aVR - can be due to conduction block (need to consider ischaemia, but no CP)
U – not present

Intervals

PR – prolonged = 1st deg HB
QRS – borderline wide with RSR pattern V1-V3 and large R in V1 - suggests RBBB
ST – non-diagnostic
QT – normal

LAD + RBBB + 1stdeg HB = trifascicular block

This patient requires admission with telemetry given high risk of going on to develop complete heart block. Her earlier syncope may have been due to intermittent block or other arrhythmia. May require pacing, and definitive management is likely to include a permanent pacemaker.

Other considerations would be patient preference and other co-morbidities (such as a severe illness under palliative care that may change the management and disposition).