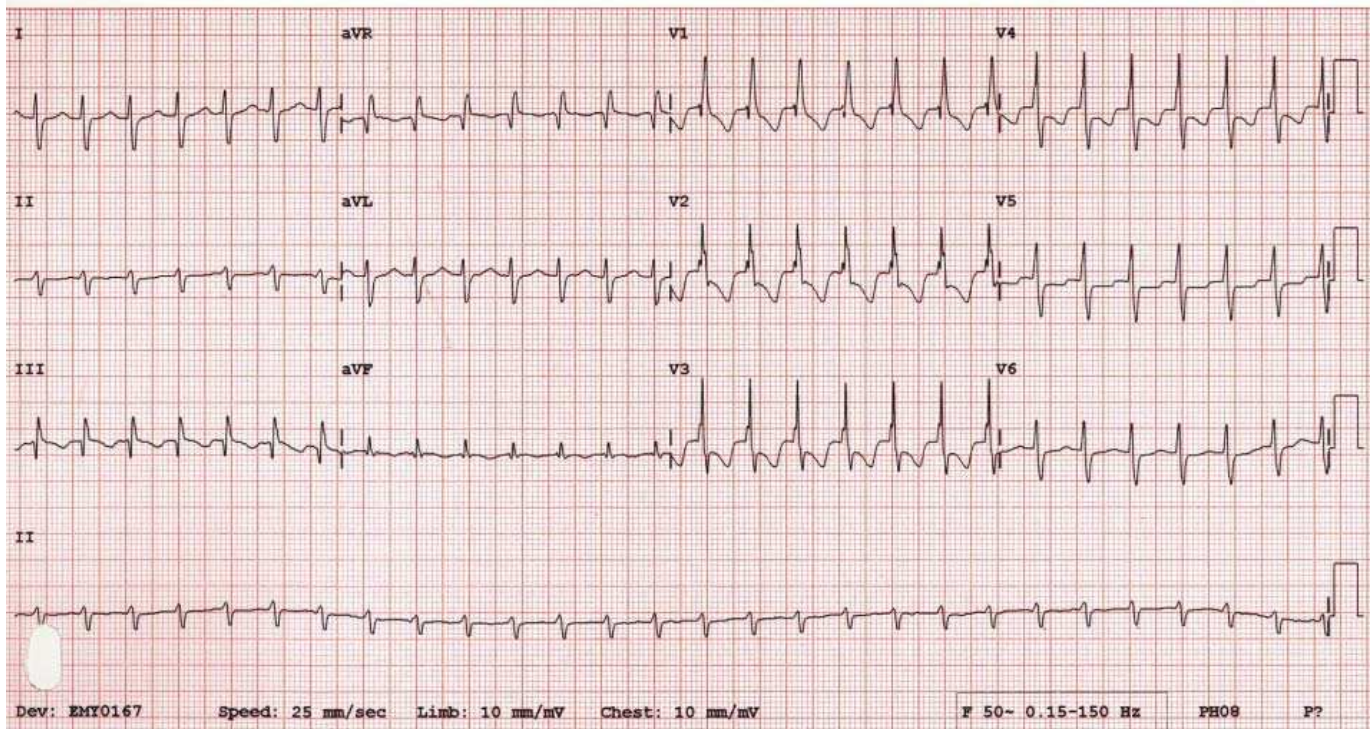


VAQ 2009.2.7 (ECG)

A 36 year old woman presents with palpitations for an hour. She is pain free and normotensive.



Describe and interpret her ECG (100%)

This ECG shows a narrow complex (QRS just under 120ms) tachycardia with a RAD/partial RBBB pattern and rate of approximately 150. The marked ST/T wave changes in a young, minimally symptomatic patient are likely to be rate and RBBB related rather than ischaemic.

Interpretation: young haemodynamically stable female—likely to be SVT with aberrant conduction leading to RBBB pattern – possibly re entrant pattern. This is most likely an AVNRT (SVT).

Rate – 150

Rhythm – regular SVT (narrow complex tachycardia)

Axis – RAD

Waves

P – not seen

Q – in AVR, III

R – RSR pattern in V1-2, dominant R in aVR

S – no specific features

T – inverted II, III, aVF, V1-6 (deeply V1-4)

U – not seen

Intervals

PR – not seen

QRS – approx 110ms (narrow complex)

ST – downsloping ST depression V1-4, slight ST depression V5-6

QTc – greater than half RR interval but extreme tachycardia

QRS changes

rSR pattern V1-3 consistent with incomplete RBBB with T wave inversion

pre-existing or current aberrant conduction

ST-T changes

ST depression V1-5

normal variant with RBBB

supported by lack of symptoms

in symptomatic patient could be concerning for ischaemia