

Queridos amigos me gustaría saber vuestra opinión sobre este ECG que adjunto. Pertenece a un varón de 70 años que acude a nuestro centro por palpitaciones. Se realizó cardioversión eléctrica pasando a ritmo sinusal. Enzimas cardíacas normales. En la coronariografía no se observaron lesiones coronarias. ¿Origen de la taquicardia?

Un cordial saludo

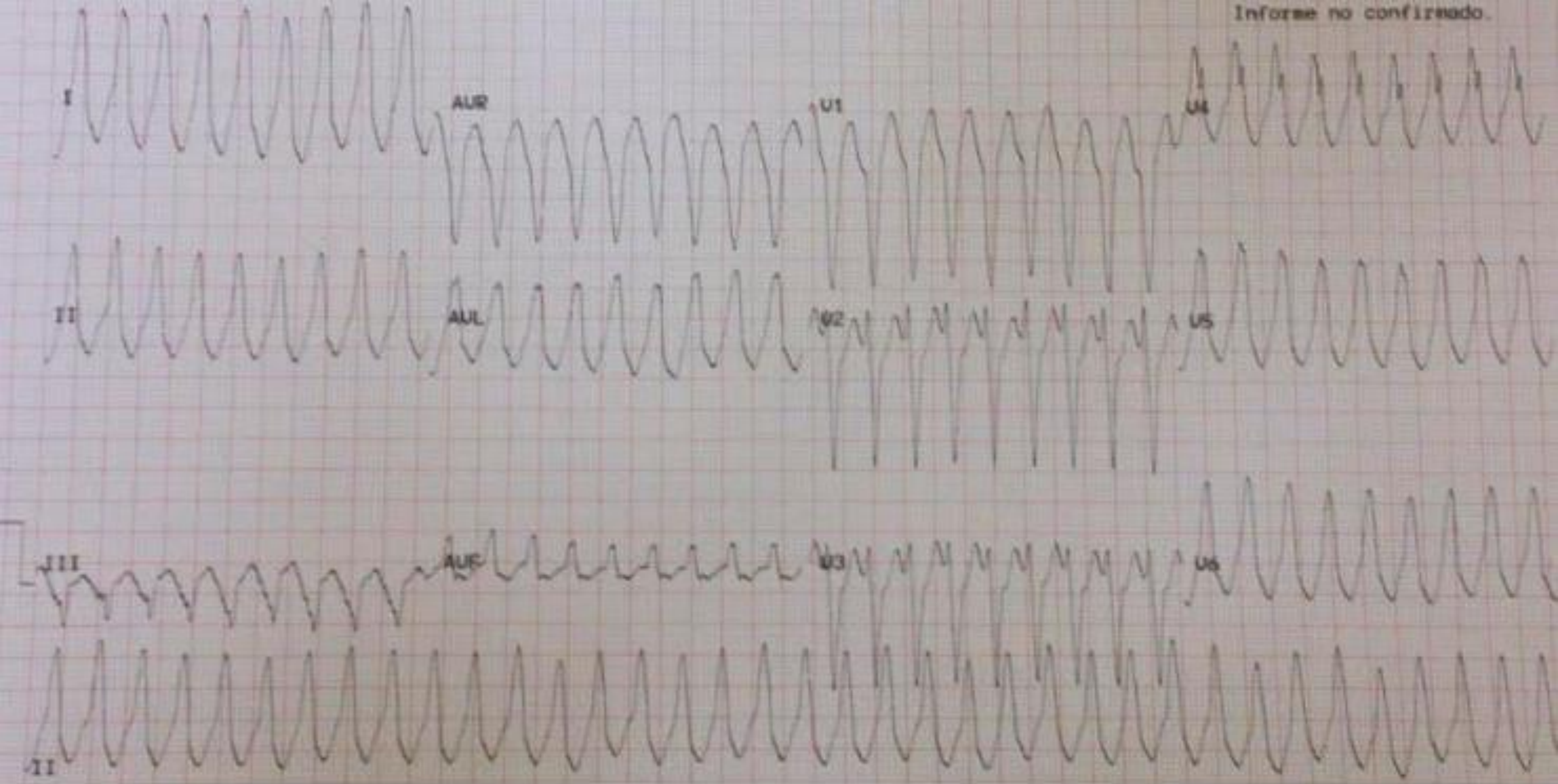
Javier Garcia-Niebla

Dear friends, I would like to know your opinion on these ECGs. They belongs to a 70-year-old man who goes to our center for palpitations. Electrical cardioversion was performed, passing to sinus rhythm. Normal heart enzymes. No coronary lesions were seen at coronary angiography. Origin of the tachycardia?

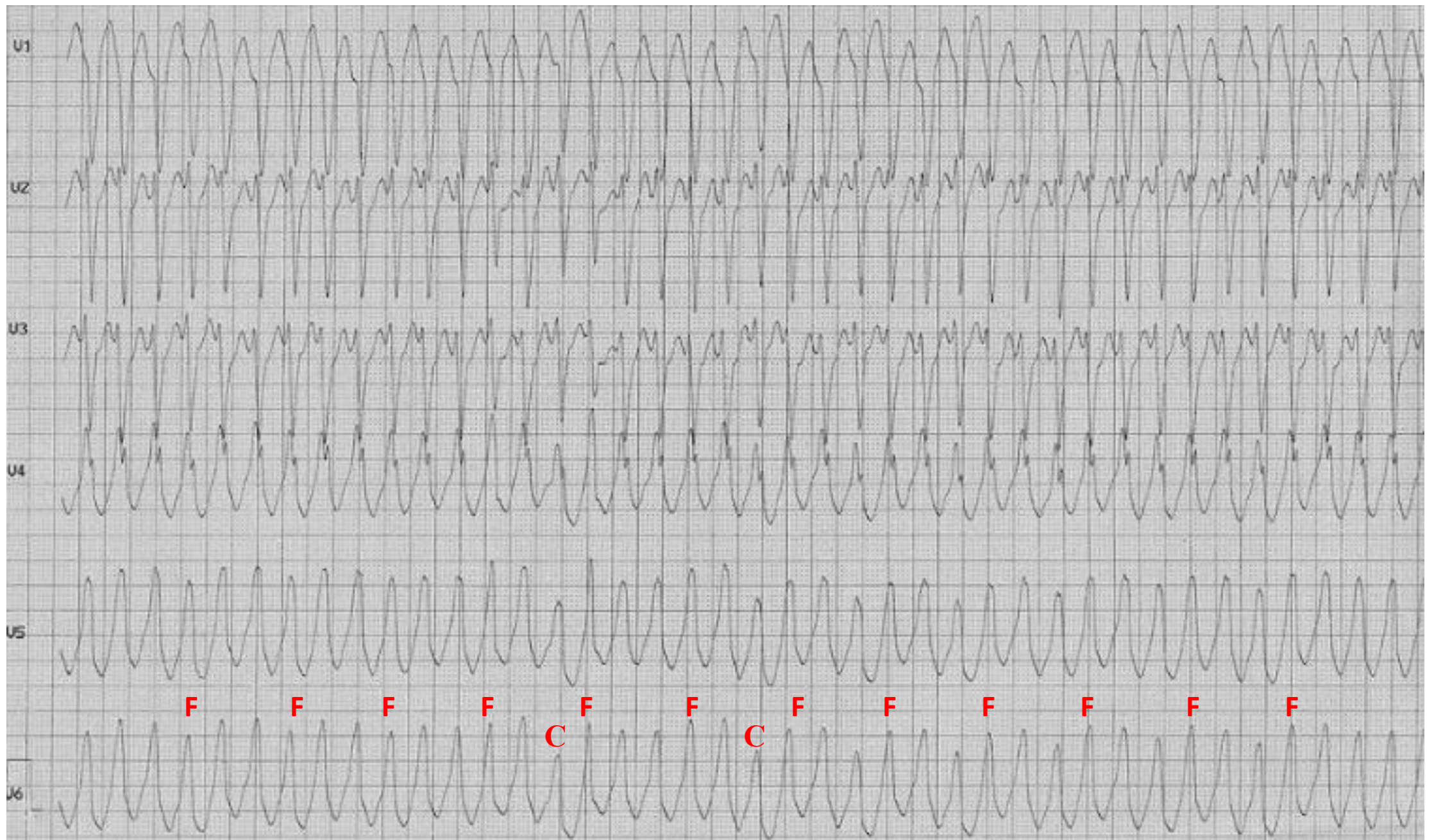
Kind regards

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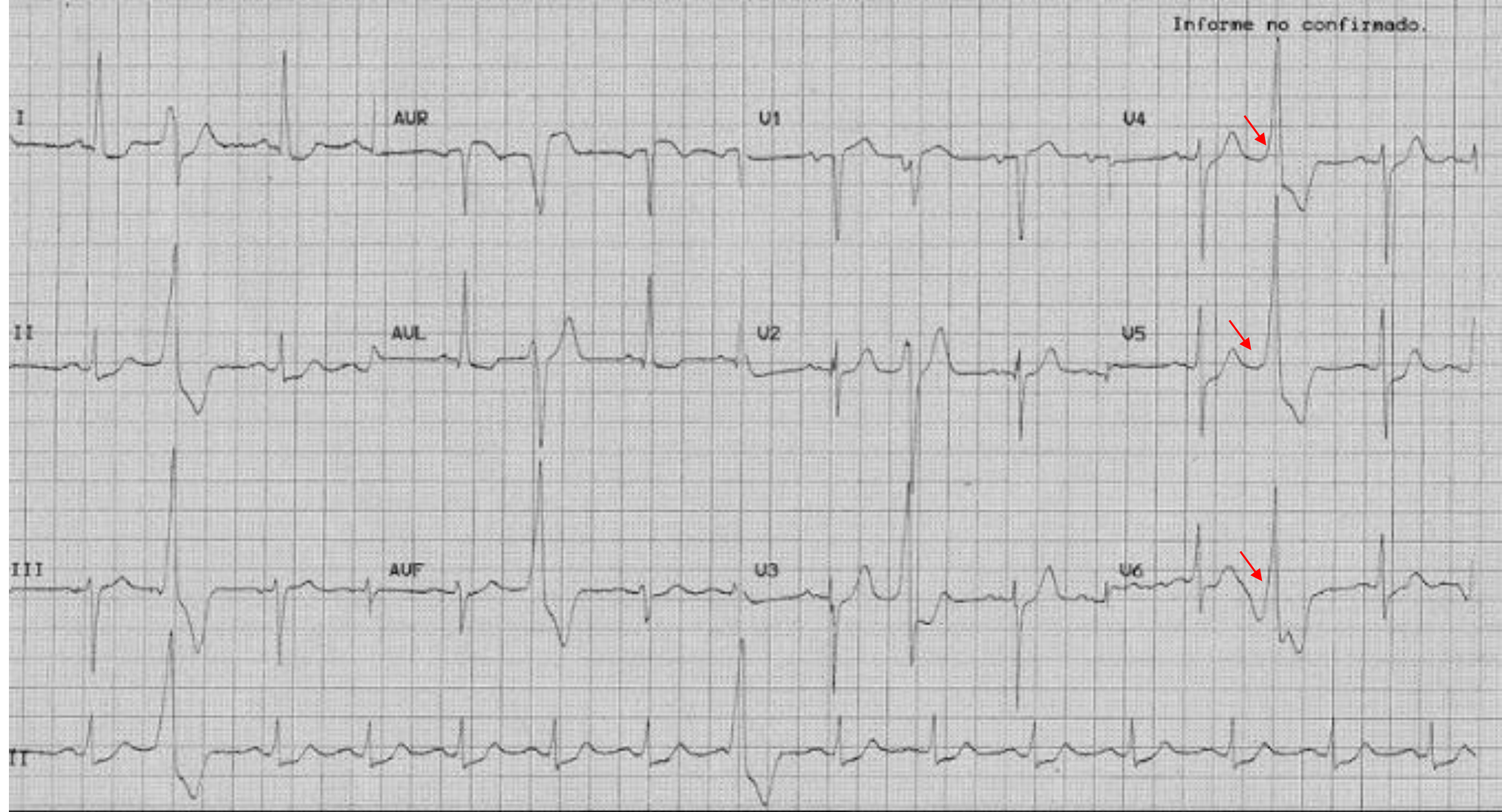
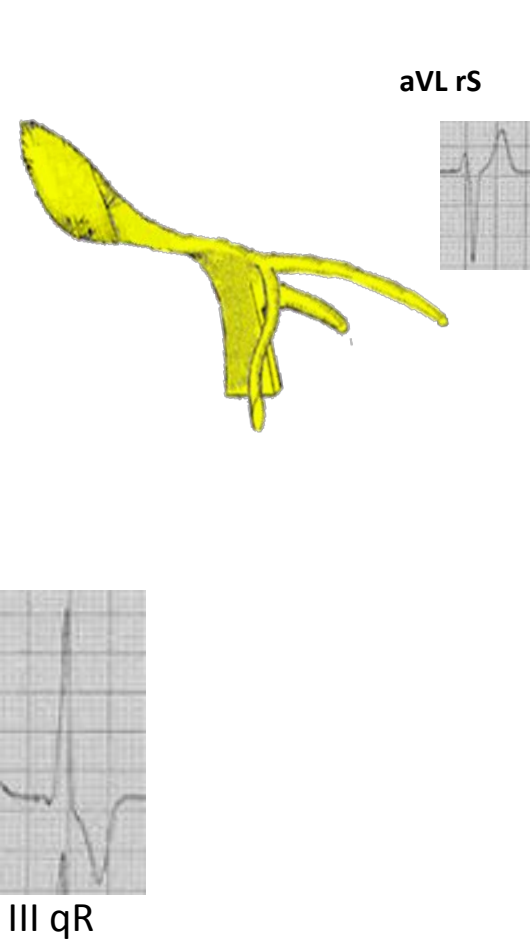




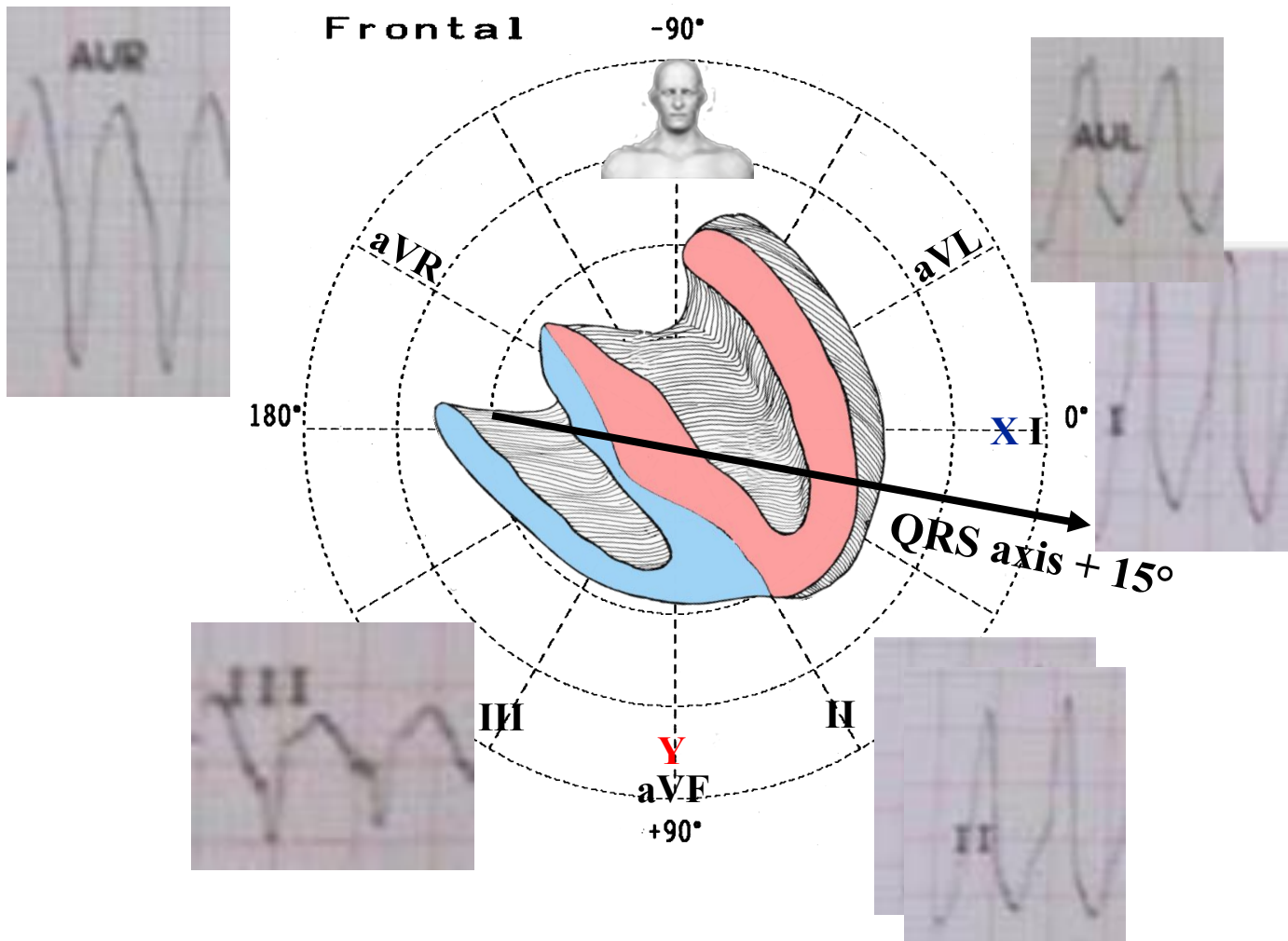
Sustained monomorphic wide ventricular tachycardia with LBBB pattern, QRS axis + 15°, normal transition zone in precordial leads (V3-V4). Positive Pava's signal(R-wave peak time in II ≥ 50 ms> fusion beats on long II lead(F) IN Focus: RVIT.



Fusion (F) and capture (C) beats on long II lead. LBBB-pattern transition precordial area V3-V4



The focus of monomorphic premature ventricular contractions(PVCs) differs from the focus of the sustained-TV event. PVCs have fixed coupling interval(<80ms) In this case the QRS complexes of PVCs are positive in the three inferior leads (II, III and aVF) and negative in aVR and aVL, signaling their origin in the RVOT or anterosuperior fascicle: PVCs have LPFB pattern: rS in I and aVL, qR in III, and deep S in V2: focus anterolateral aspect of LV.?????. PVCs that originate in the anterosuperior fascicle have pure LPFB pattern. Additionally, PVCs have pseudo delta waves in PVCs(slurring at the beginning of R wave) from V4 to V6 = epicardial focus origin(red arrows).



Positive Pava's signal



R-wave peak time in II $\geq$ 50ms = VT

