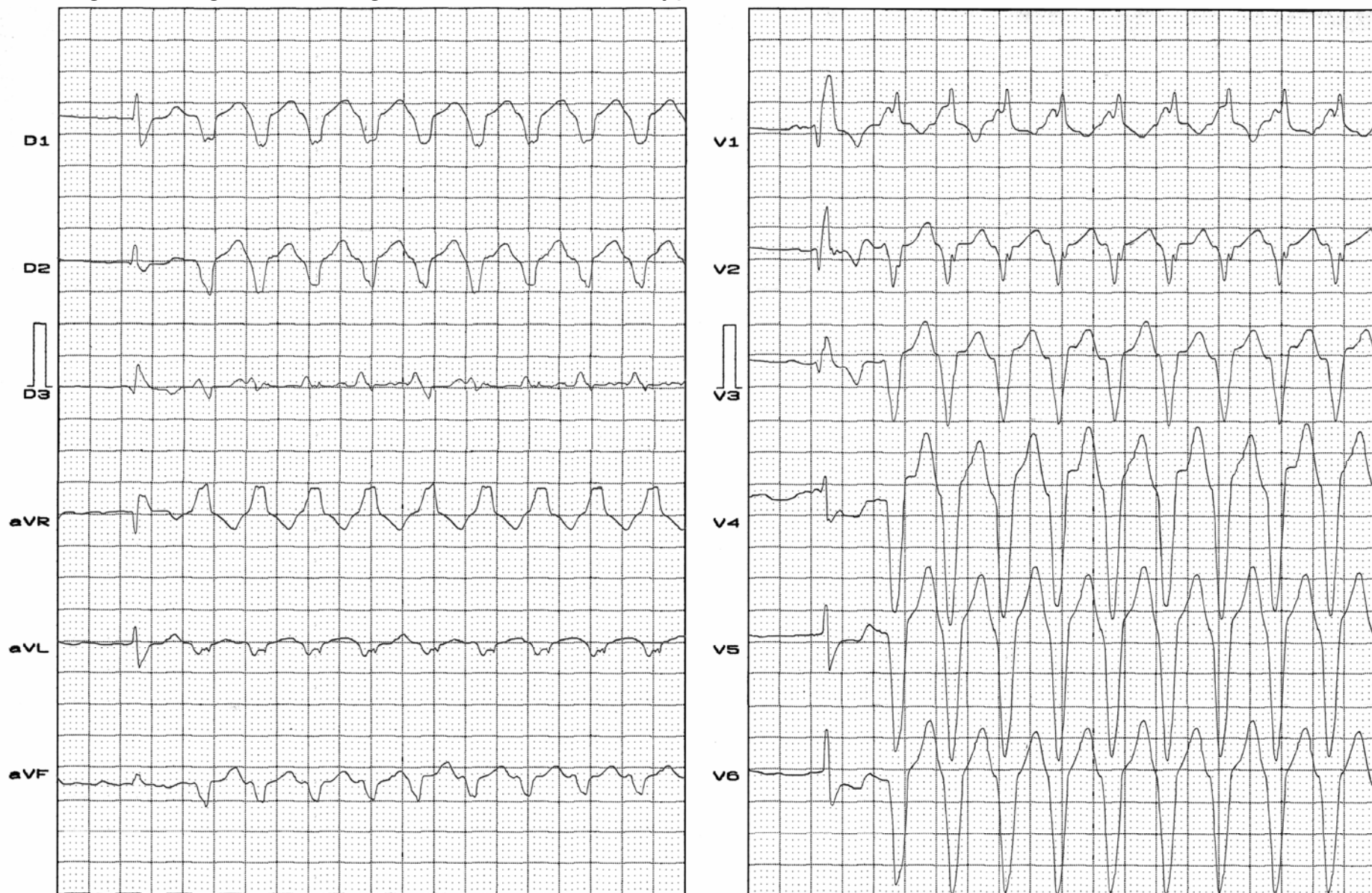


Name: LA
Weight: 82 Kg

Gender: Male
Height: 1,72 m

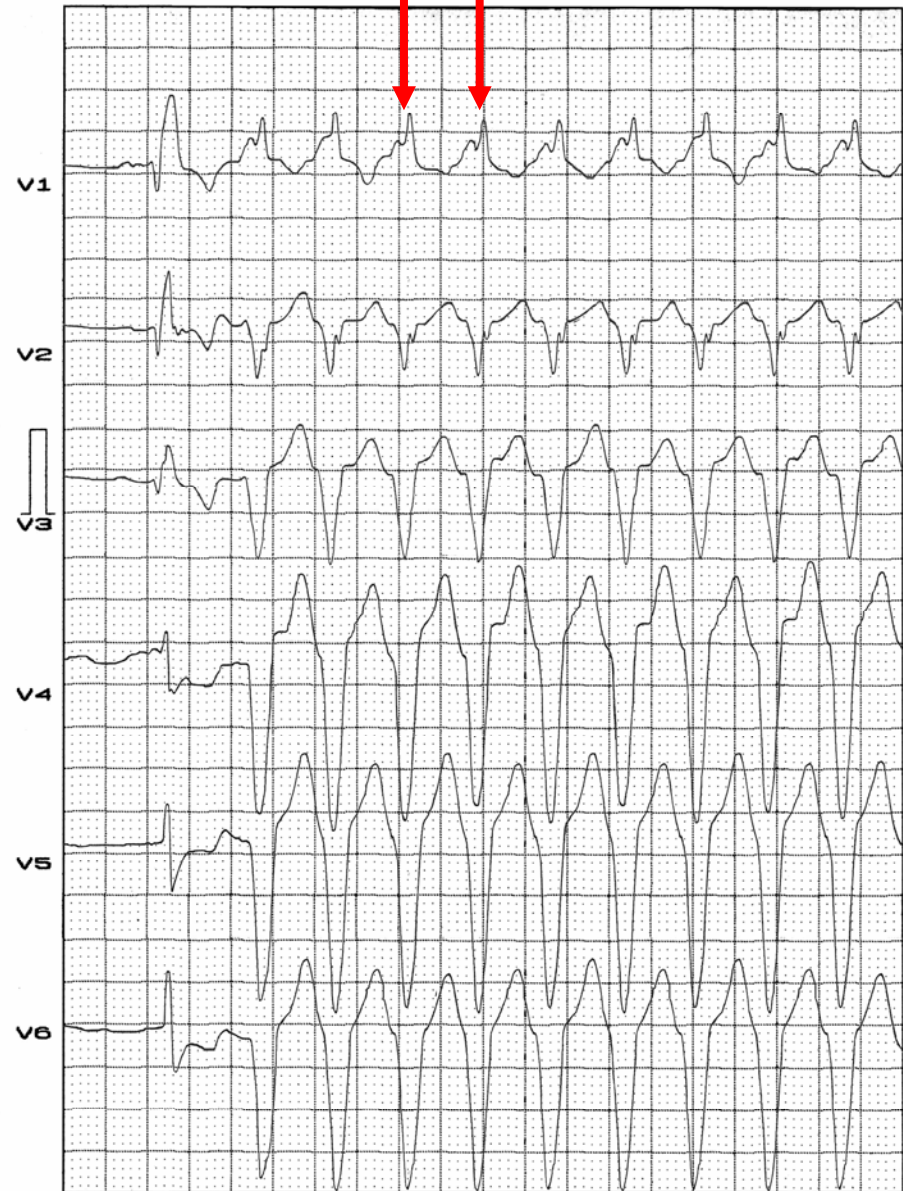
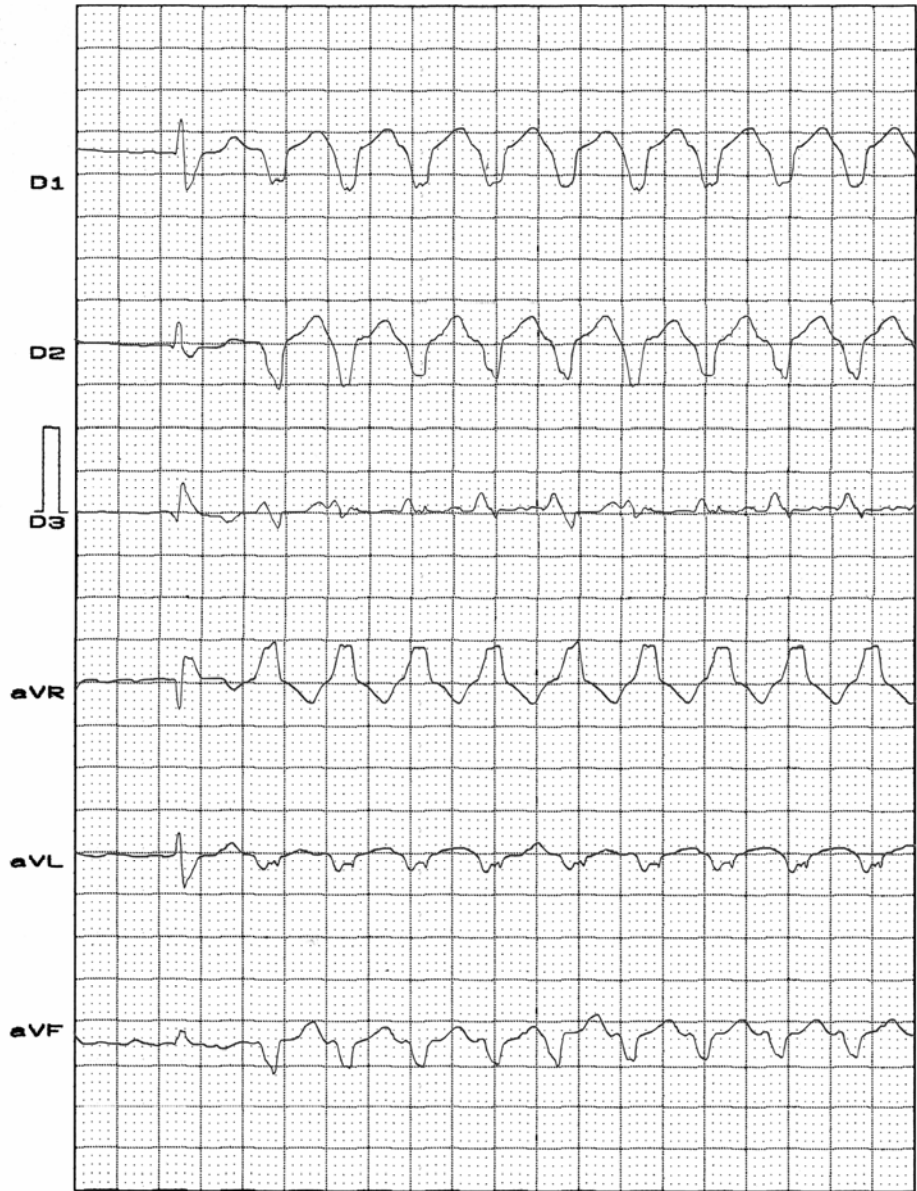
Age: 75 yo.
Biotype: Normoline

Ethnic Group: Caucasian
Date: 10/01/2009



Clinical Diagnosis: Hypertension severe coronariopathy type 2 diabetes and type IV dislipidemy

HR: 167bpm



FINAL DIAGNOSIS – DIAGNÓSTICO FINAL

1. Atrial fibrillation with...
2. RBBB interrupted by nine-beat runs of monomorph left ventricular tachycardia (MVT)...
3. The conducted beats show evidence of possible old inferior myocardial infarction and of current lateral ischemia.

Comments:

Clues that indicate VT include:

- The axis in “no-man’s land”; QS complexes in V6; The negative QRS > 15mm depth in V6; The negative QRS (QS) complexes from V4 to V6 also serve to exclude accessory pathway conduction.

Portuguese

1. Fibrilação atrial com...
2. BCRD interrompido por nove batimentos consecutivos de Taquicardia Ventricular Monomórfica (TVM)...
3. Os batimentos conduzidos sugerem infarto diafragmático e isquemia lateral.

Comentários:

A chave que indicam TV incluem:

- Eixo elétrico do evento no quadrante superior direito (veja próximo slide); Complexos dos tipo QS em V6; Complexo QRS negativos > 15mm de profundidade em V6 servem para excluir feixe anômalo acessório.

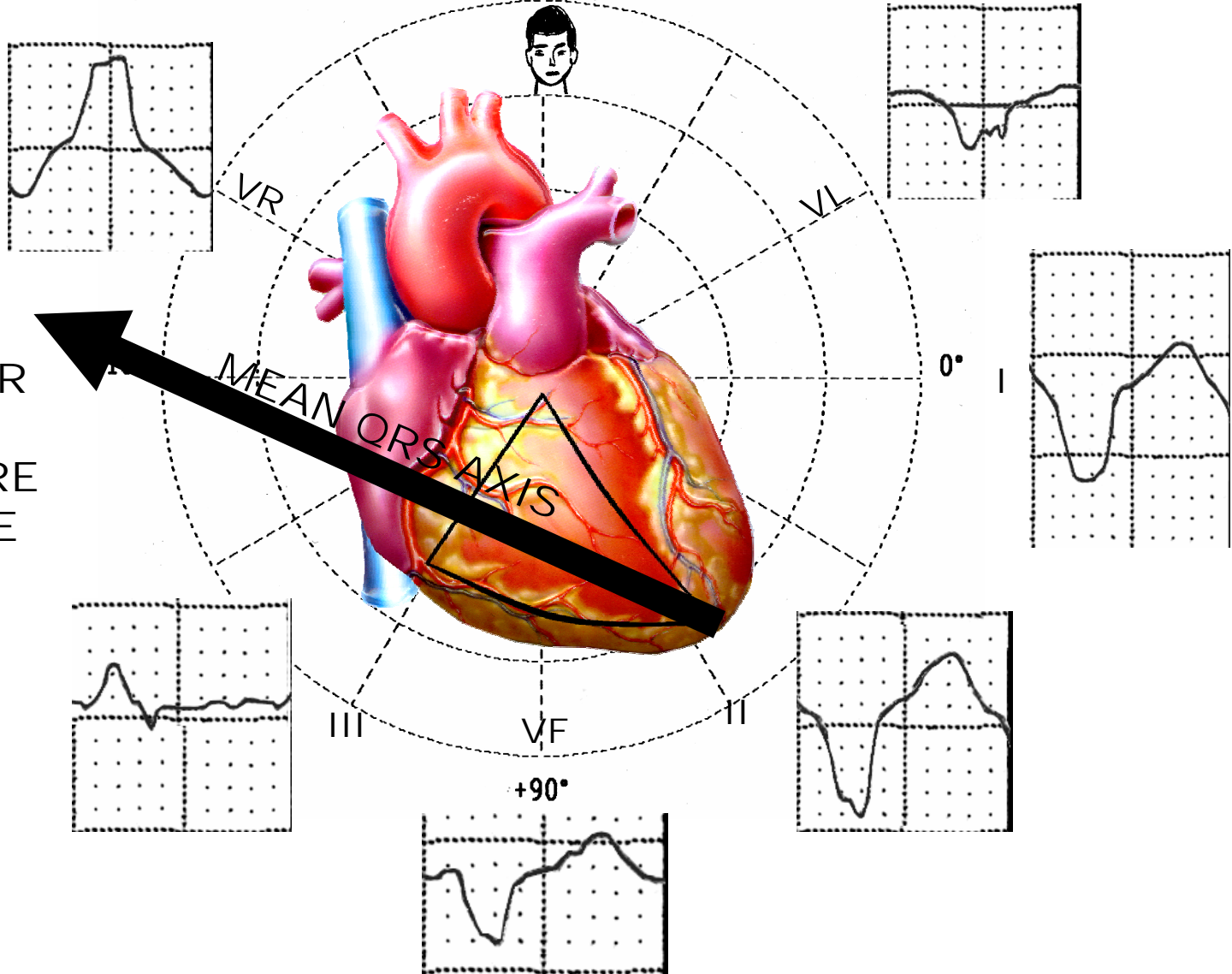
The QRS axis
in "no-man's land"



SÂQRS of VT located on right superior quadrant

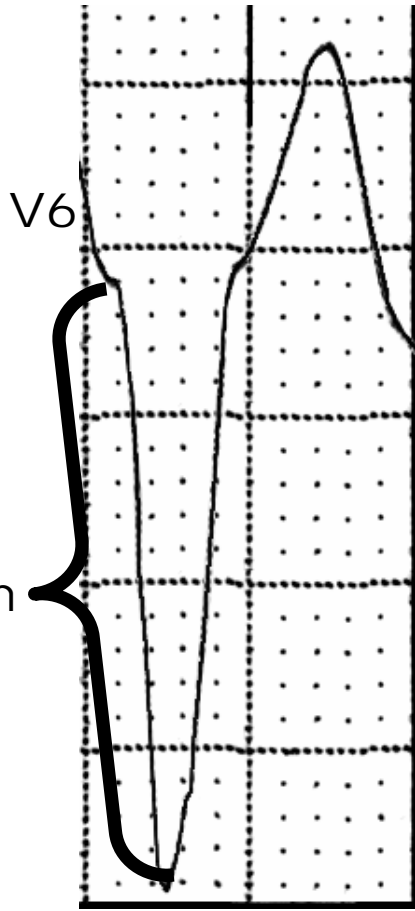
Frontal

-90°



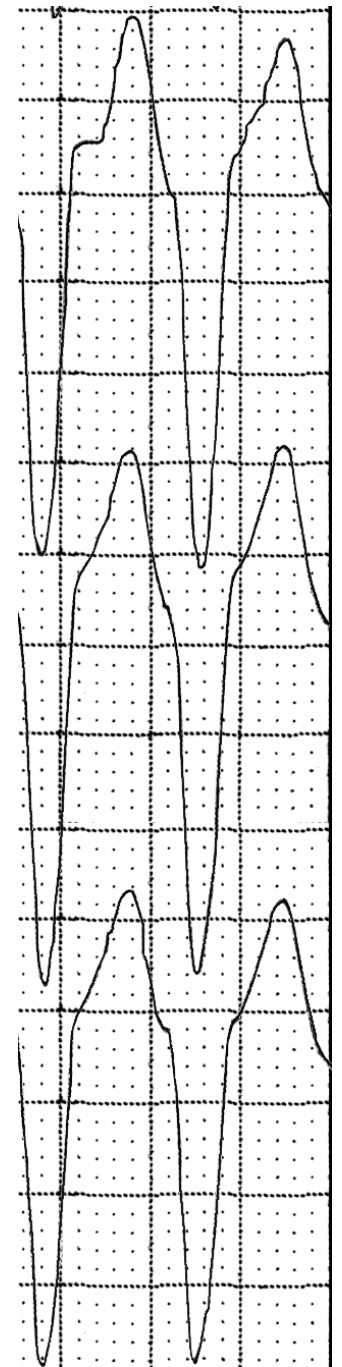
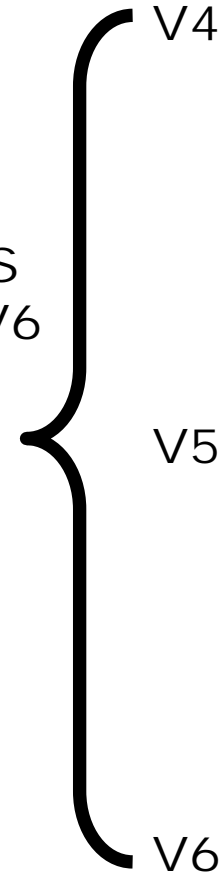
ONLY aVR
AND III
LEADS ARE
POSITIVE

CLUES THAT INDICATE VENTRICULAR TACHYCARDIA



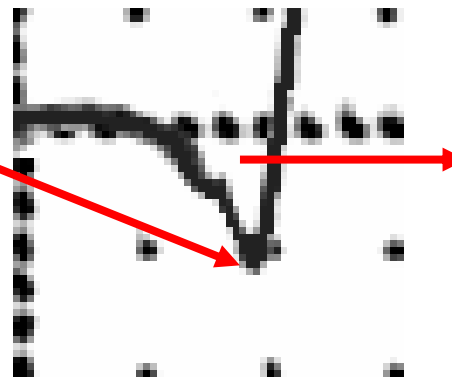
THE QS COMPLEX IN V6
THE NEGATIVE QRS OF
MORE THAN 15-mm
DEPTH IN V6

THE NEGATIVE QRS
COMPLEXES IN V4-V6
ALSO SERVE TO
EXCLUDE
ACCESSORY
PATHWAY
CONDUCTION





First beat show RBBB pattern and suggest probably old inferior myocardial infarction and ischemic T wave in III.



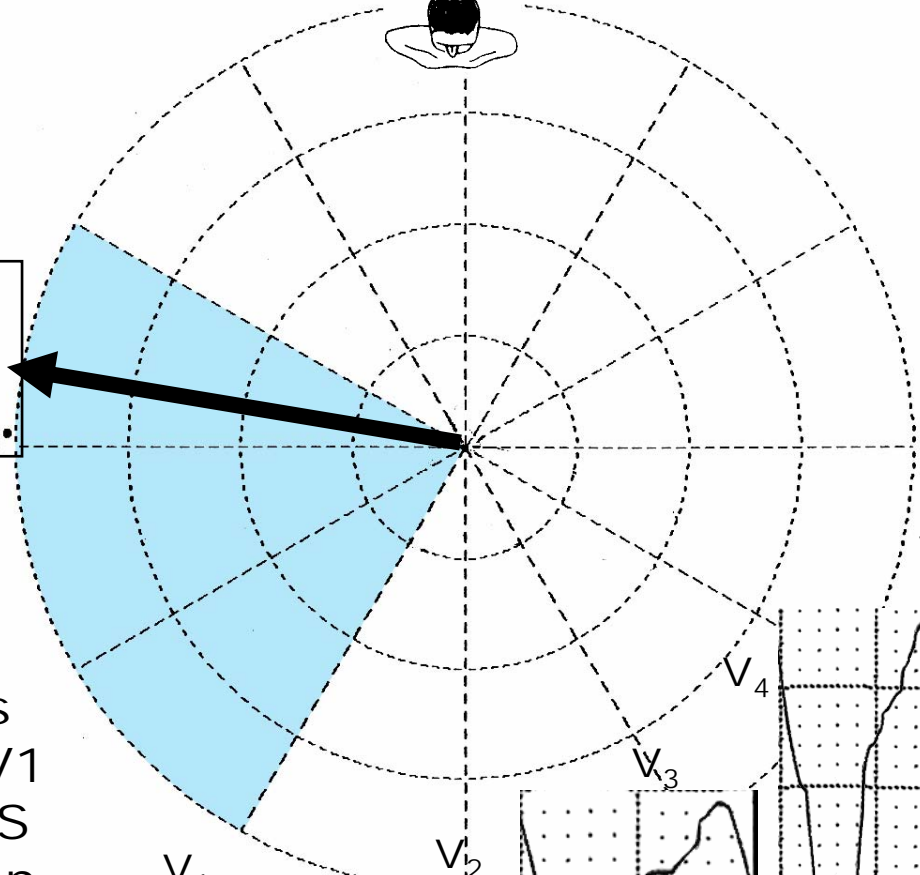
Q wave duration of ≥ 0.03 second was seen in 20% of normal male subjects¹: conclusion only probably old MI

1. Chia BL, Yip JW, Tan HC, Lim YT. Usefulness of ST elevation II/III ratio and ST deviation in lead I for identifying the culprit artery in inferior wall acute myocardial infarction. Am J Cardiol. 2000 Aug 1;86:341-343

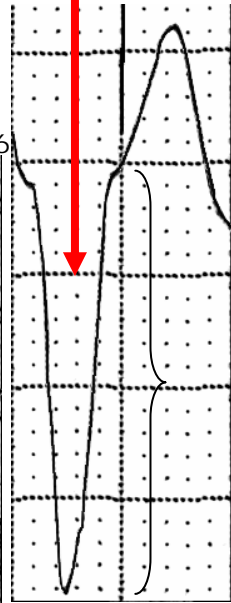
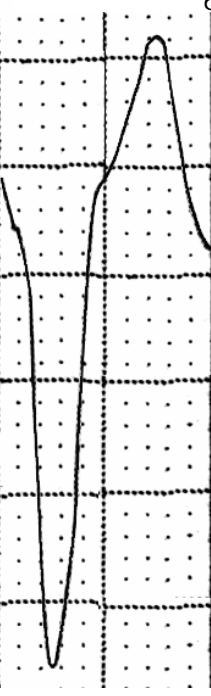
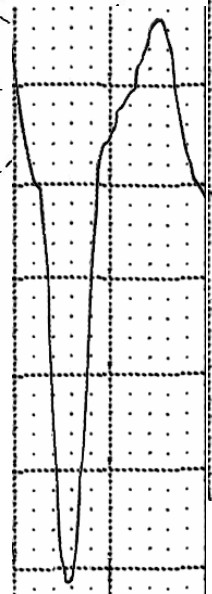
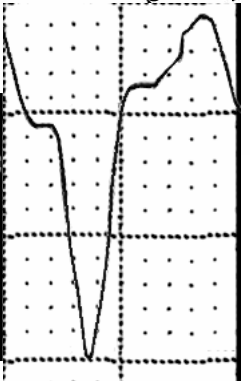
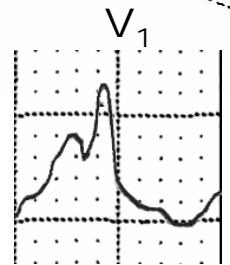
Horizontal -90°



QRS AXIS IN HORIZONTAL PLANE 180°



QRS complexes only positive in V1 because the QRS axis is located on positive hemifield of this lead.



QS COMPLEX IN V6

The negative QRS > 15mm depth in V6