

Repetitive episodes of paroxysmal lone atrial fibrillation associated with “Chatterjee phenomenon” or “cardiac memory” mimicking myocardial ischemia

Episódios repetitivos de fibrilação atrial paroxística idiopática associada ao “fenômeno de Chatterjee” ou “memória cardíaca” simulando isquemia miocárdica

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Portuguese Reporte de caso

Masculino, branco, 51 anos, , mecânico, natural de Fortaleza, Ceará - Brasil.

Antecedentes de vários surtos sucessivos de fibrilação atrial paroxística de fácil reversão espontânea. Num destes surtos ocorreu episódio de acidente vascular cerebral isquêmico transitório sem sequelas.

Antecedentes: ausência de fatores de risco ou causa aparente: diabetes, hipertensão, dislipidemia, cardiopatia estrutural, hipertiroidismo, antecedentes familiares, sobrepeso ou obesidade, fumo, álcool ou drogas. Em virtude destes achados clínicos e elétricos mostrados nos ECG, VCG e Holter, foi realizado ecocardiograma transtorácico e transesofágico, que resultaram totalmente normais. Evidências clínicas e ecocardiográficas de doença cardiovascular ou pulmonar foi afastado.

Foi realizado cineventriculocoronariografia há três anos, motivado pelos fatos clínicos e as alterações eletrocardiográficas.

Atualmente em uso de warfarina em dose de acordo ao INR.

Perguntas:

1. Quais os diagnósticos eletrocardiográficos?
2. Qual a conduta adequada?

English Case report

Male, Caucasian, 51 years old, mechanic, native from Fortaleza, Ceará - Brazil.

History of successive episodes of paroxysmal atrial fibrillation with easy spontaneous reversion. In one of these episodes occurred transient ischemic attack (TIA) without sequelae.

Background: absence of risk factors or apparent cause: diabetes, hypertension, dyslipidemia, structural heart disease, hyperthyroidism, family history, overweight or obesity, smoking, alcohol or drugs use.

Because of these clinical and electrical findings shown in the ECG, VCG and Holter was performed transthoracic echocardiography (TTE) and transesophageal echocardiography (TEE), which resulted totally normal. Clinical and echocardiographic evidence of cardiovascular or pulmonary disease has been ruled out.

Ventricular coronary angiography was held three years ago, motivated by clinical features and electrocardiographic changes.

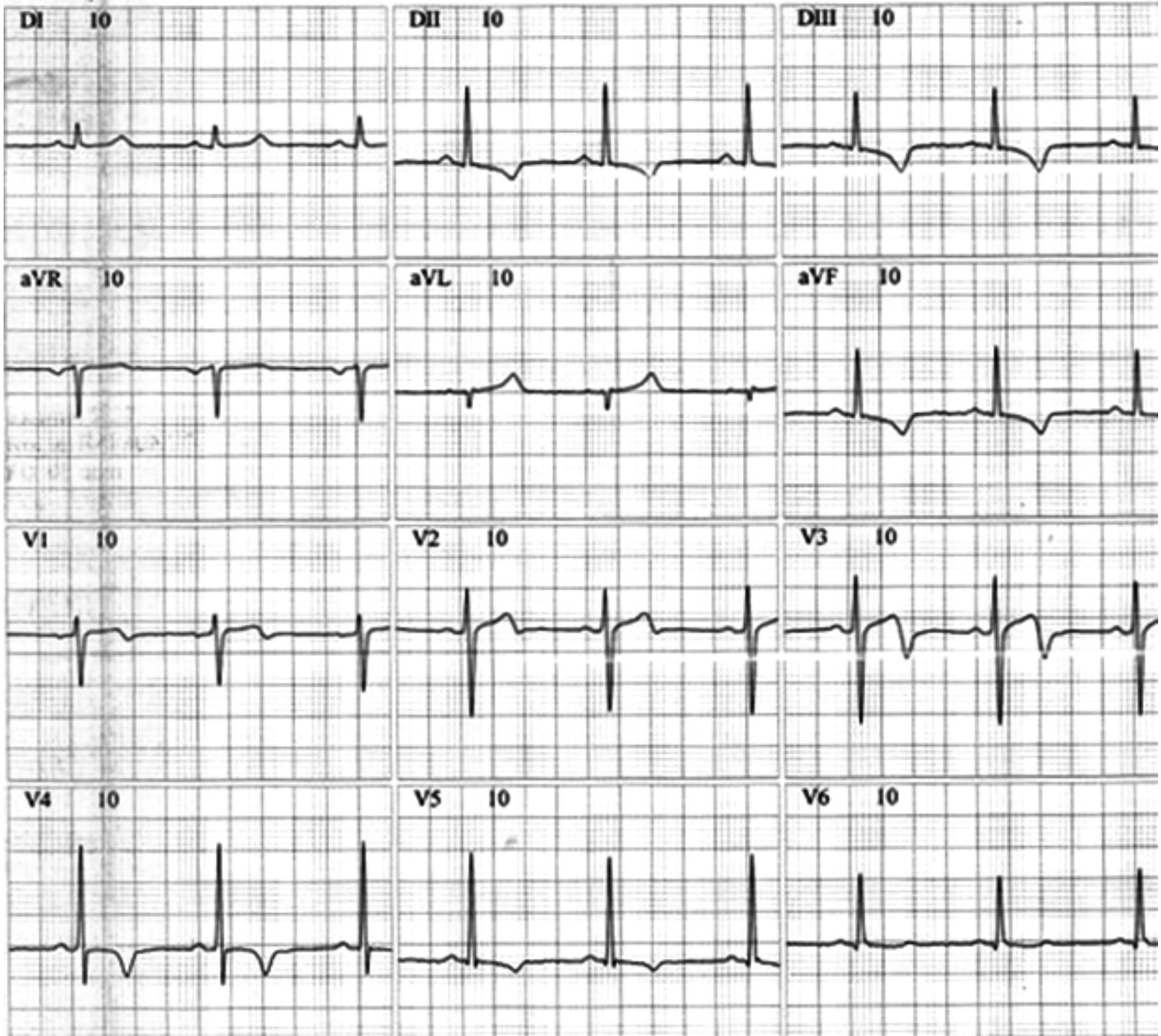
Currently taking warfarin at a dose according to the range of International Normalized Ratio (INR).

Questions:

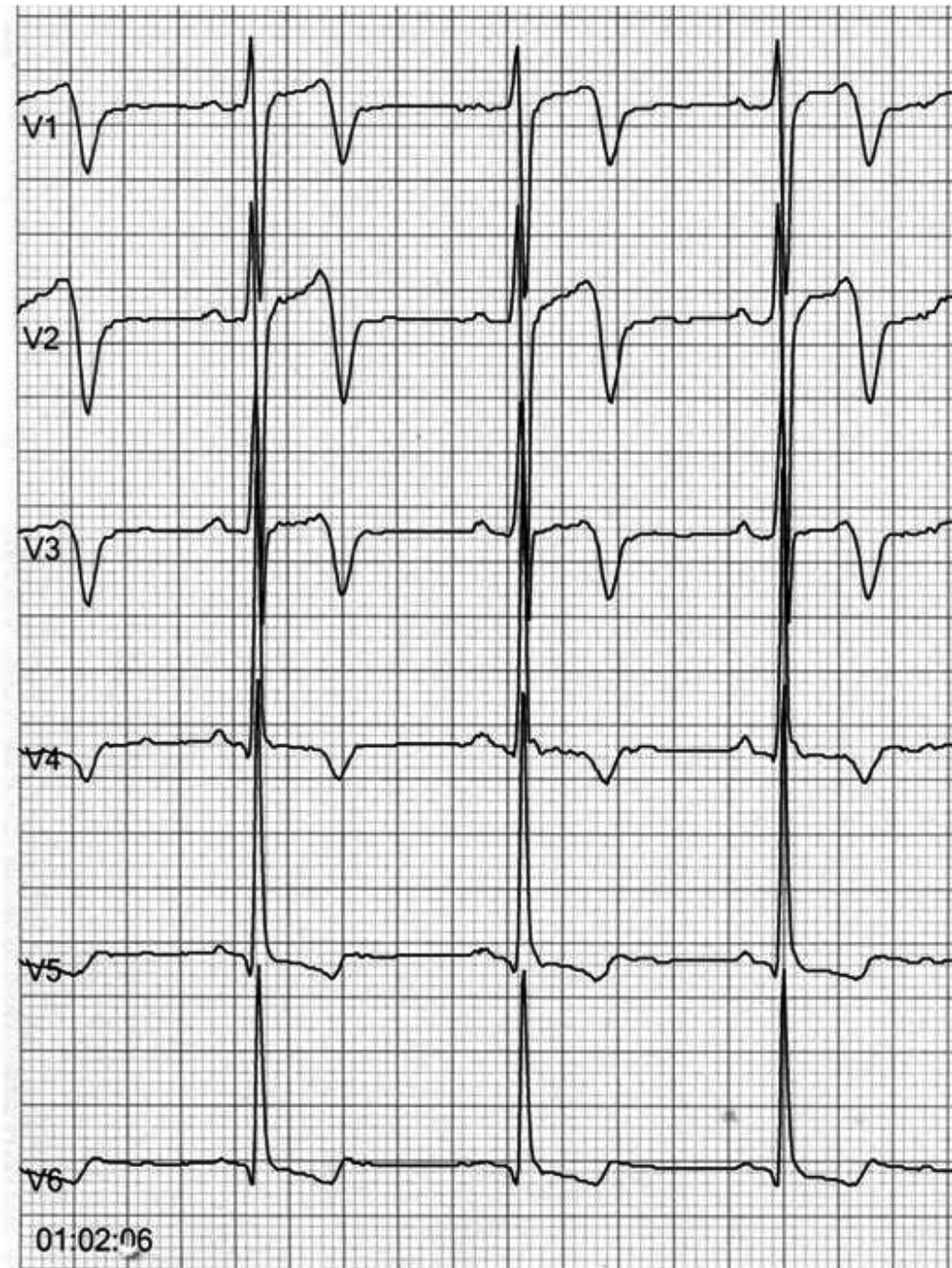
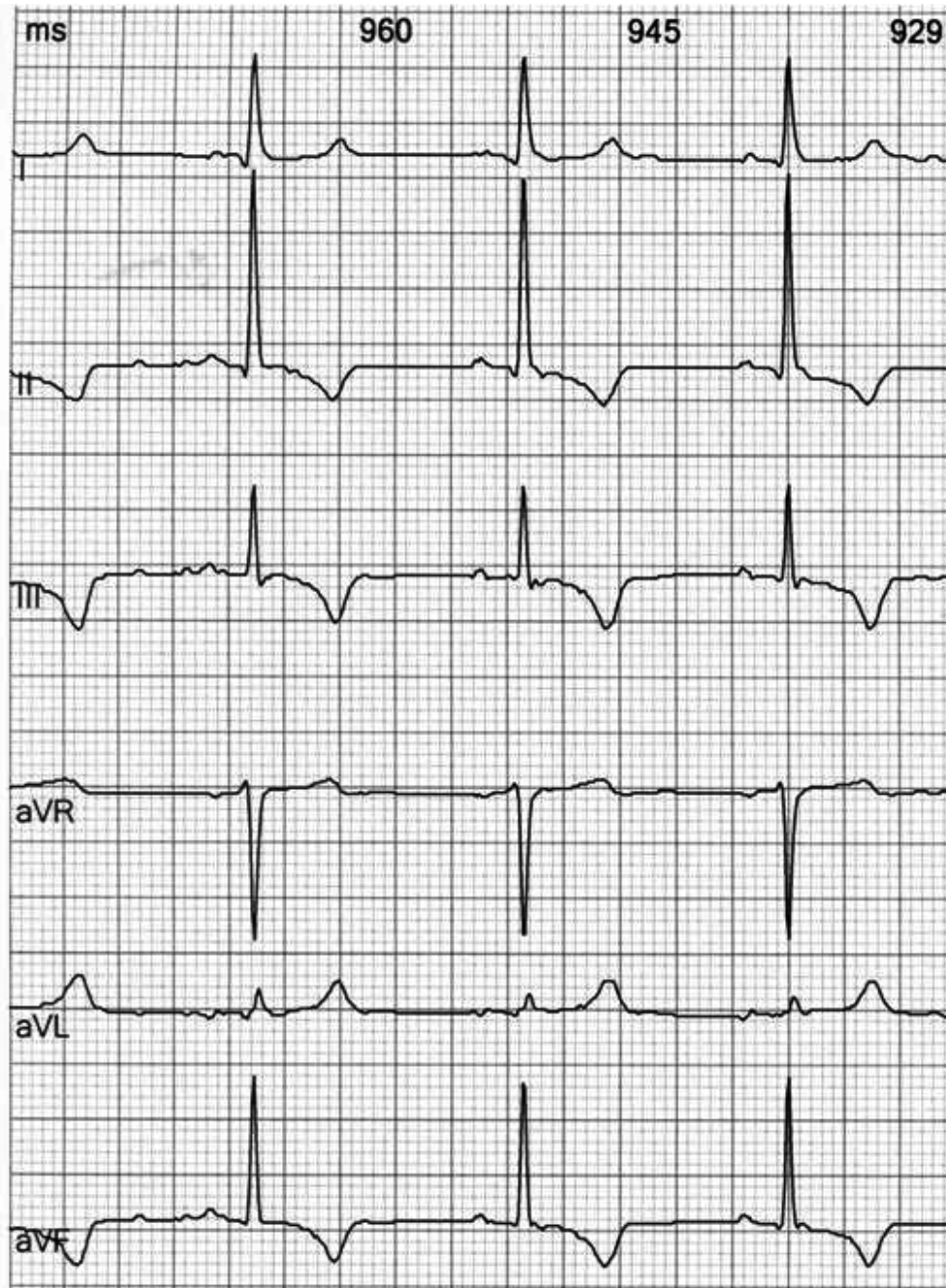
What are the electrocardiographic diagnosis?

What is the appropriate approach?

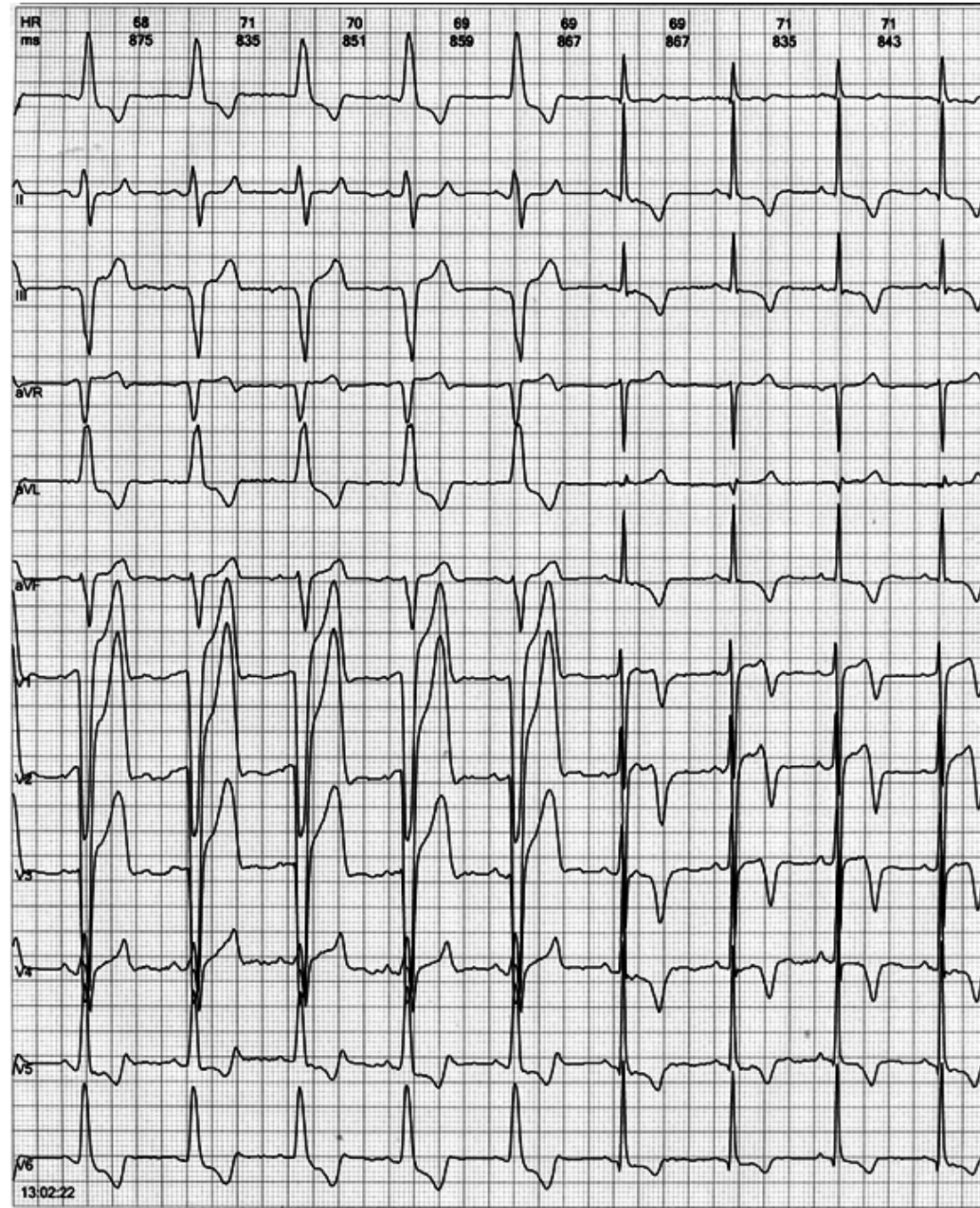
The basal ECG



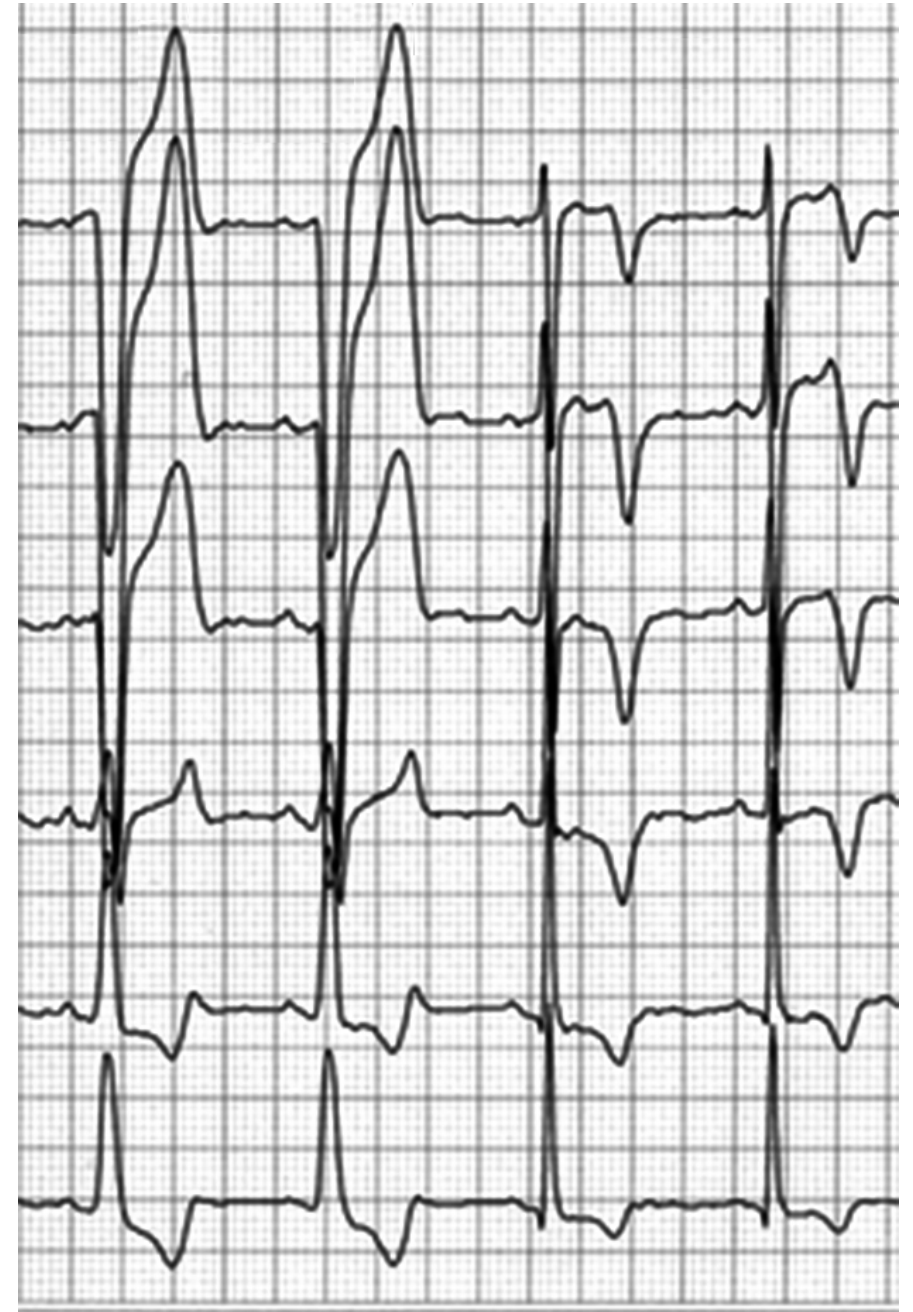
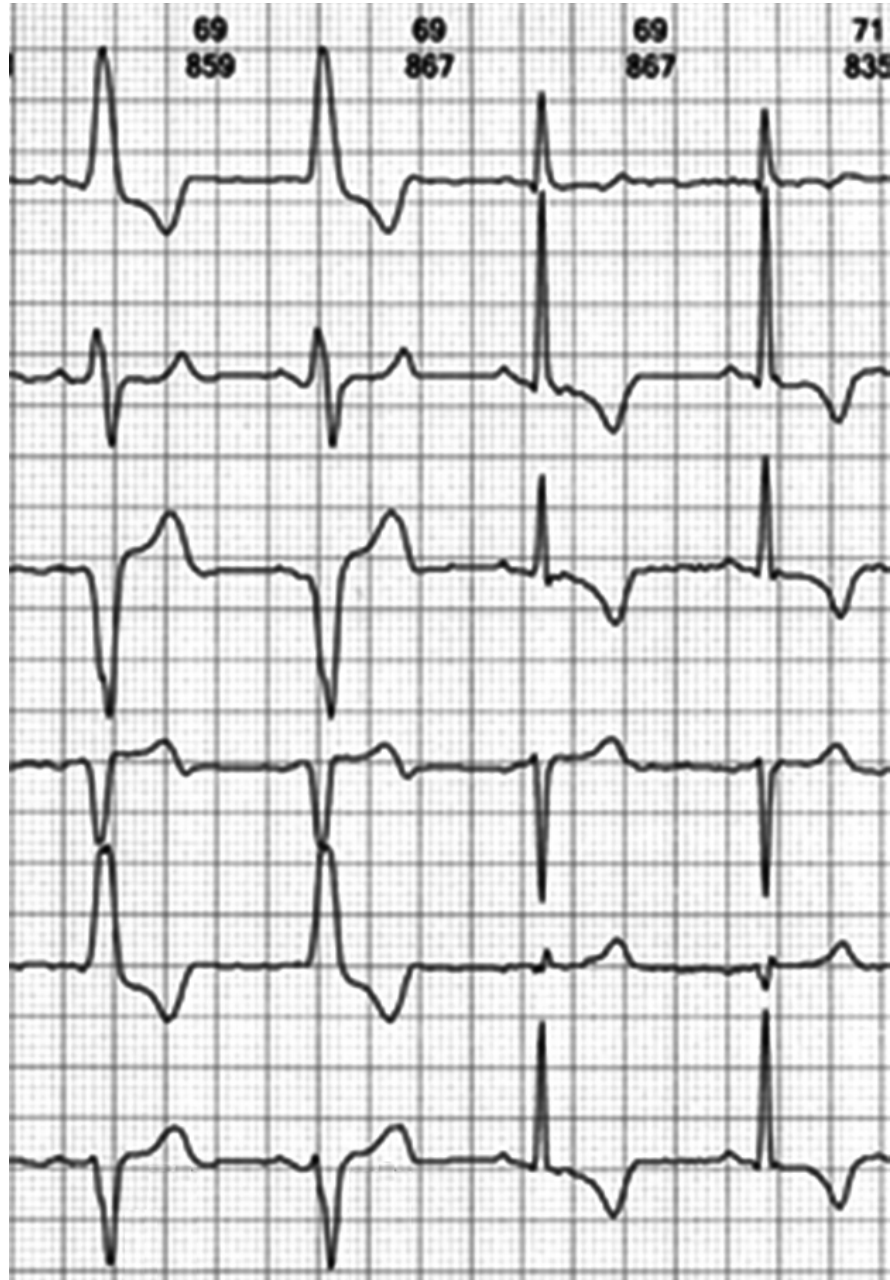
ECG during Holter Monitoring register without conduction disturbance



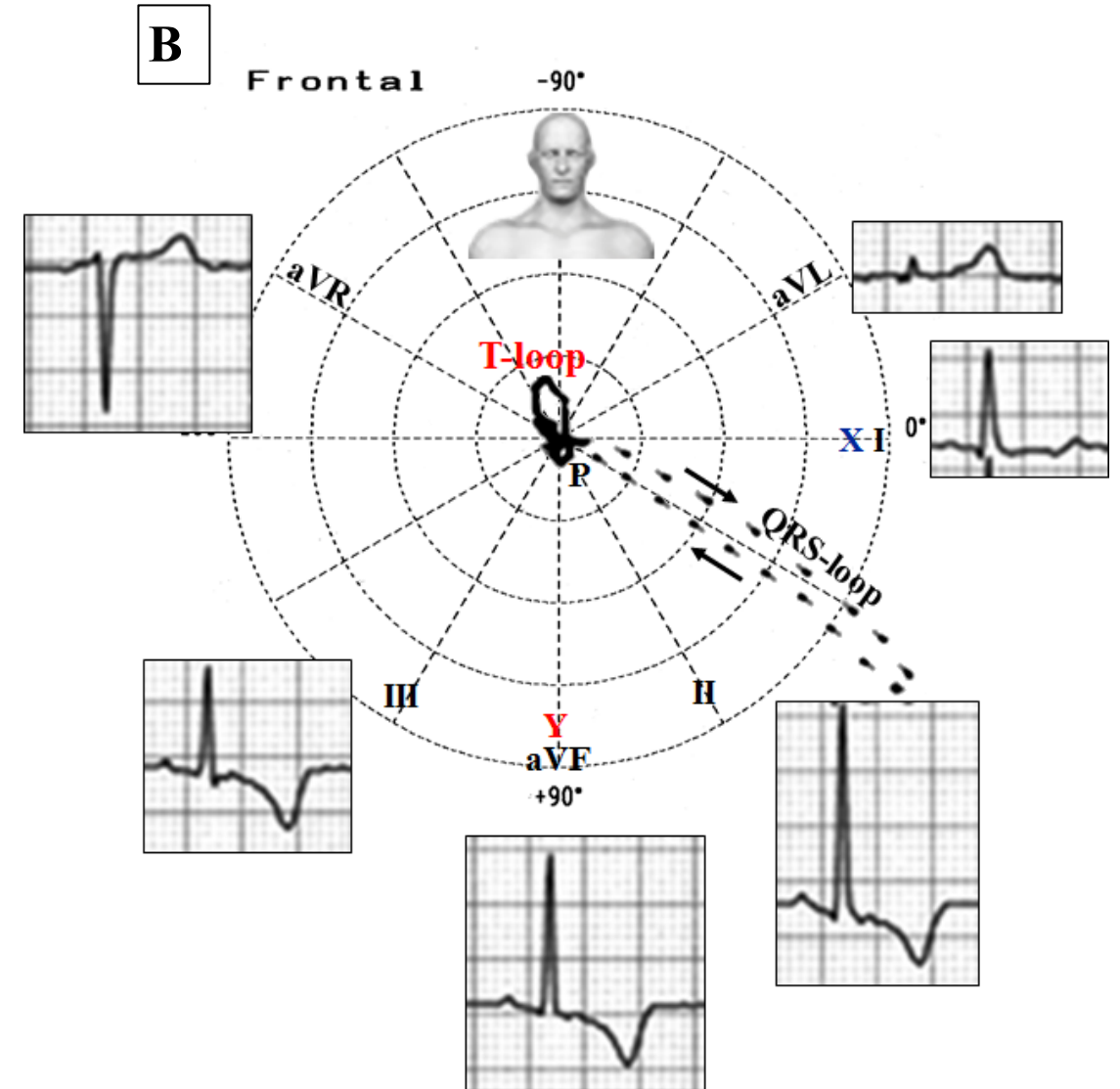
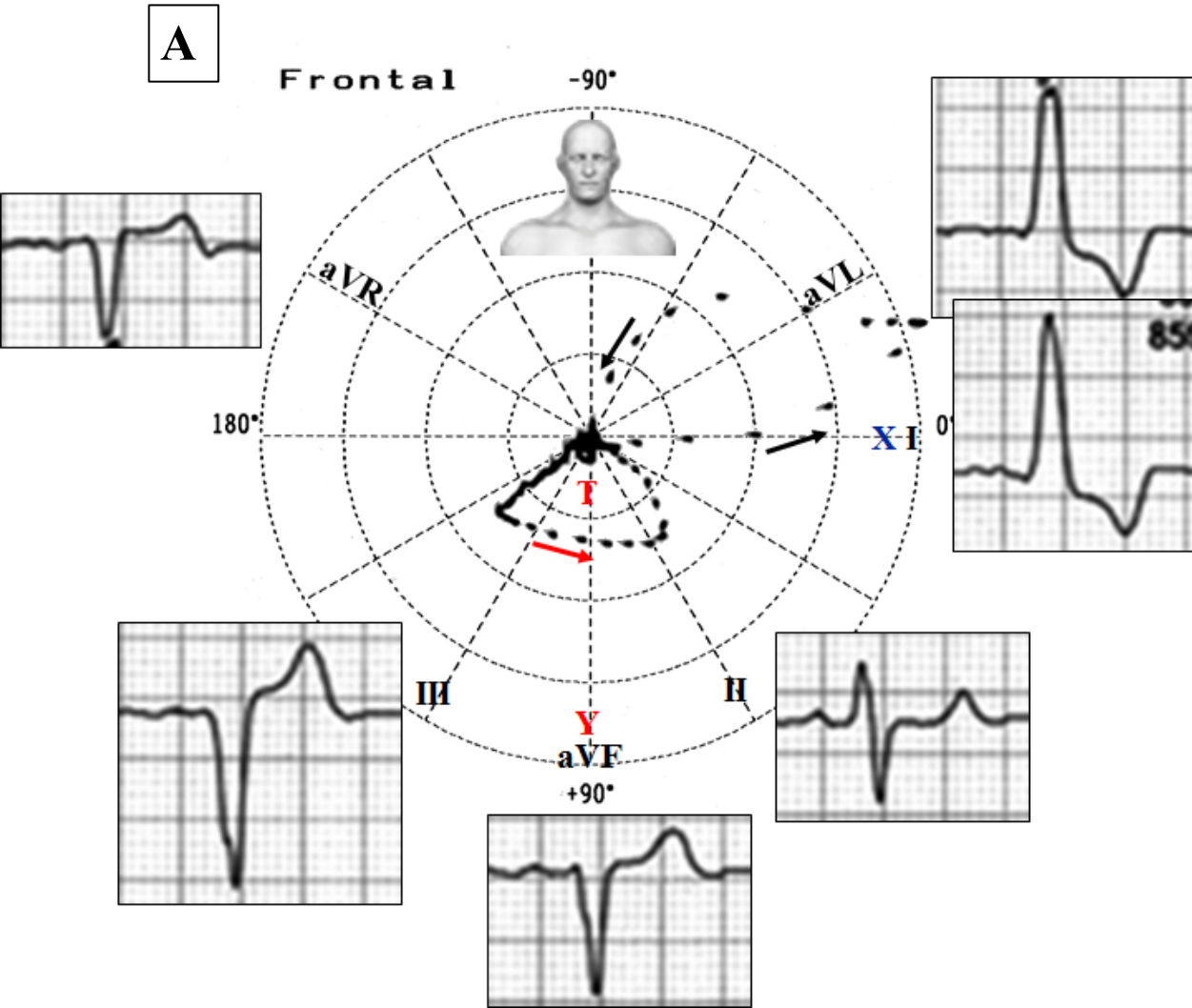
Holter Monitoring showing intermittent conduction disturbance



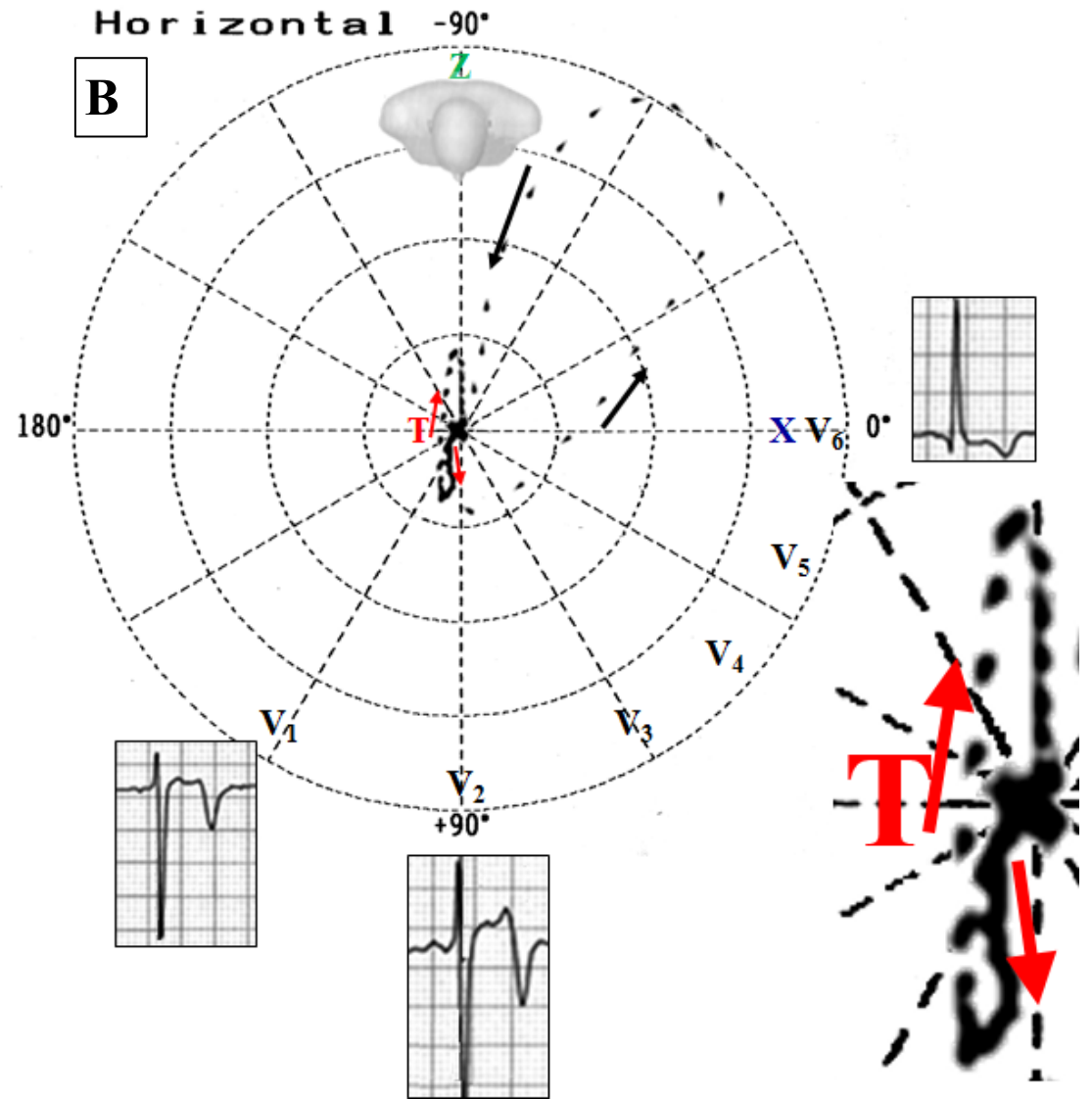
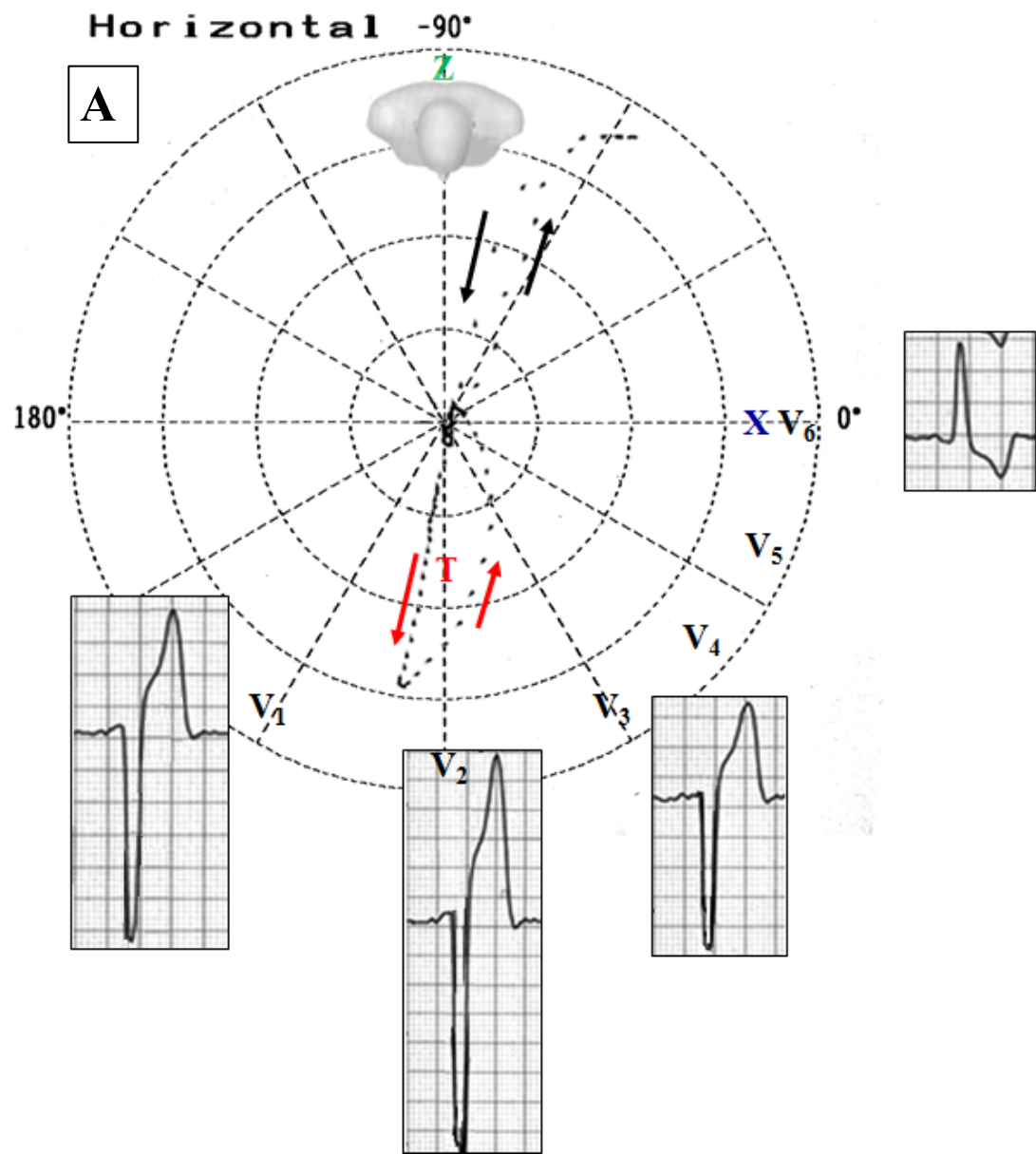
ECG showing intermittent conduction disturbance



ECG/VCG correlation in the Frontal Plane with (A) and without (B) conduction disturbance



ECG/VCG correlation in the Horizontal Plane with (A) and without (B) conduction disturbance



ECG/VCG correlation in the Right Sagittal Plane with (A) and without (B) conduction disturbance

