

# **IMPORTANCE OF VECTORCARDIOGRAM IN WOLF-PARKINSON-WHITE DIAGNOSIS**

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**ANDRÉS RICARDO PÉREZ RIERA, MD<sup>1</sup>**

Chief of the Electro-vectorcardiography Sector  
Faculty of Medicine - ABC Foundation Santo André – São Paulo – Brazil

# CASE REPORT

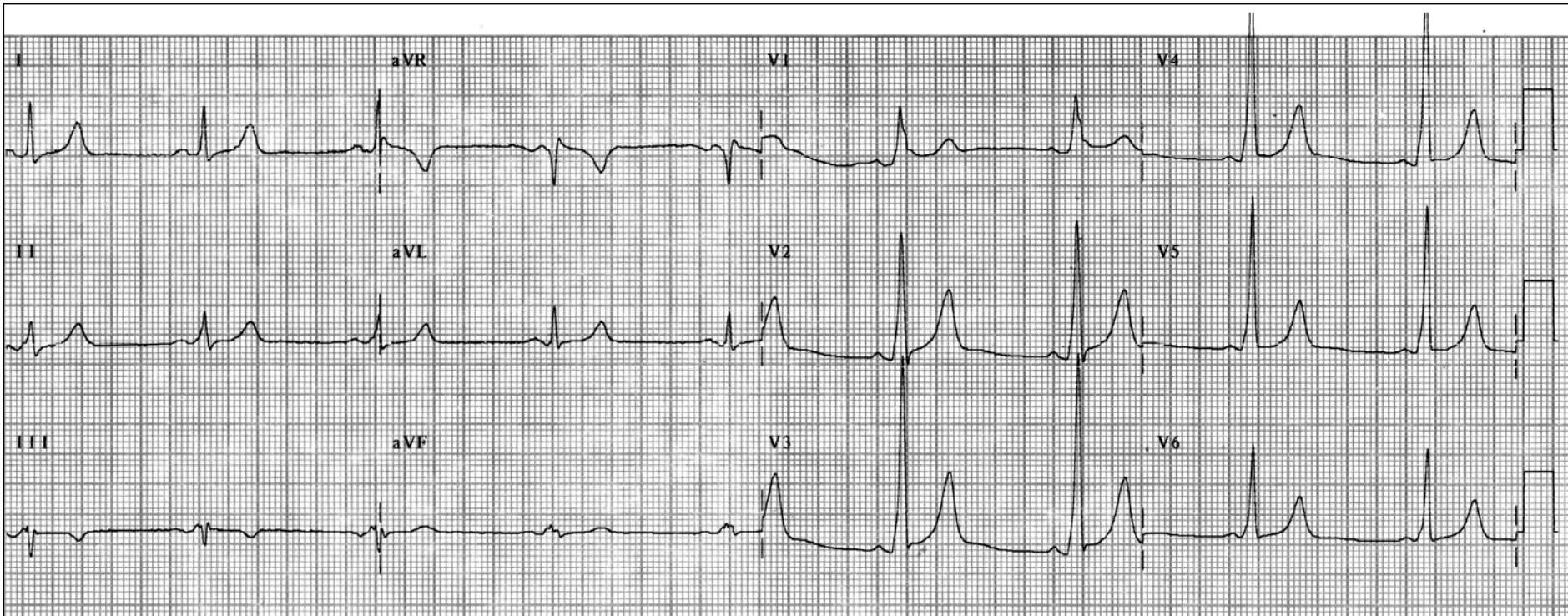
- White, male patient. He is a government's official, with a history of repetitive crises of aborted, rapid, short and regular palpitations (in average 3 to 5 minutes) since his teenhood.
- They occur in average one each 3 to 4 months.
- Over the last 2 years the crises lasted longer, finally needing emergency admissions and intravenous medications.
- Currently using Atenolol 25mg per day. Even so, with such medication, 5 months ago had a last crisis that needed an emergency admission because of its length, and required intravenous medication.
- The palpitations crises never caused a syncope or signs of hemodynamic involvement.
- Nothing of note in his personal or family background.
- Normotensive, normal periodical lab profile, normal echocardiogram

**Name:** WRS  
**Weight:** 82Kg

**Sex:** M  
**Height:** 1,70m

**Age:** 53yo.  
**Biotype:** Normoline

**Race:** Caucasian  
**Date:** 01/12/2008

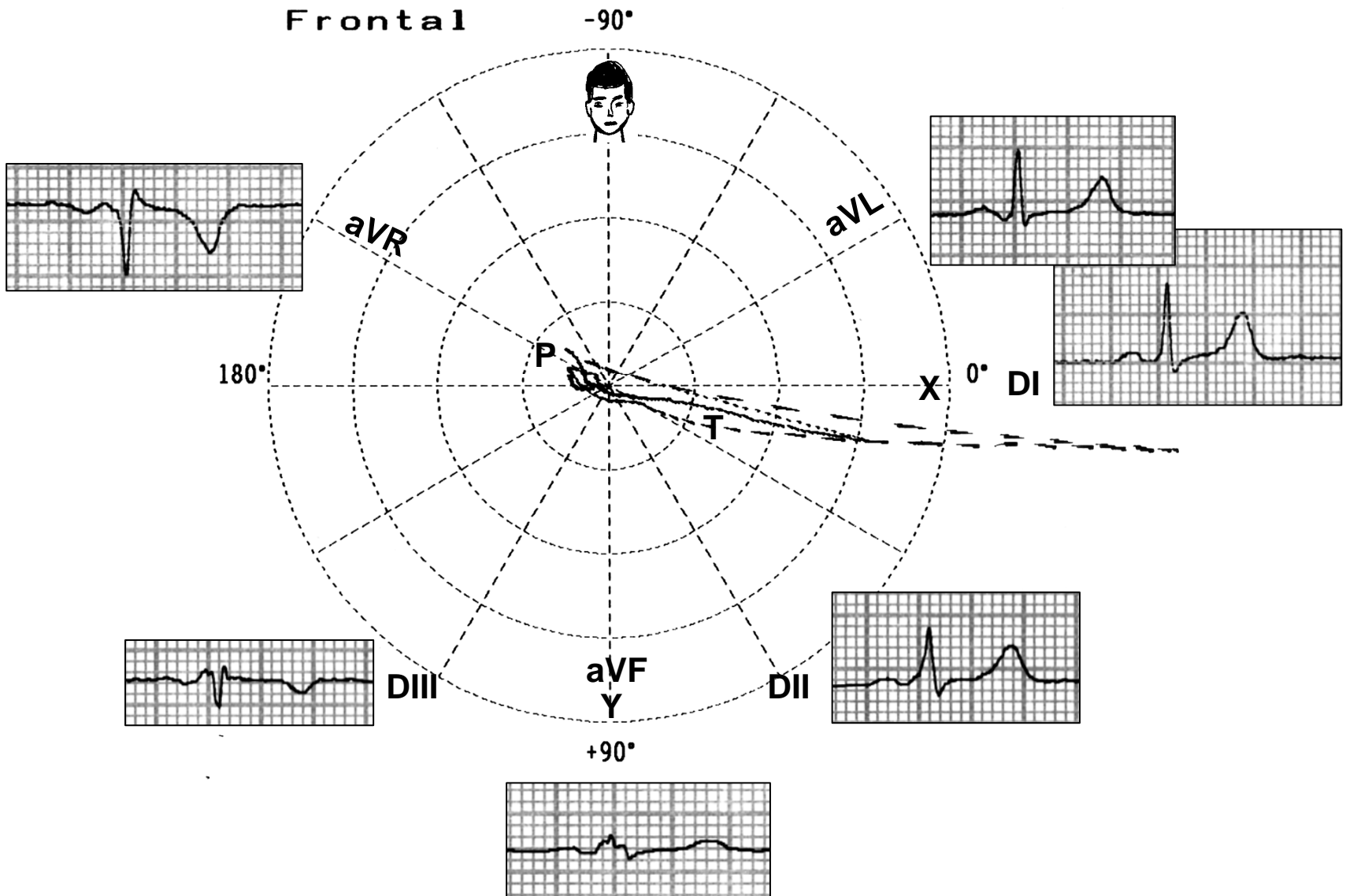


**Clinical Diagnosis: ?**

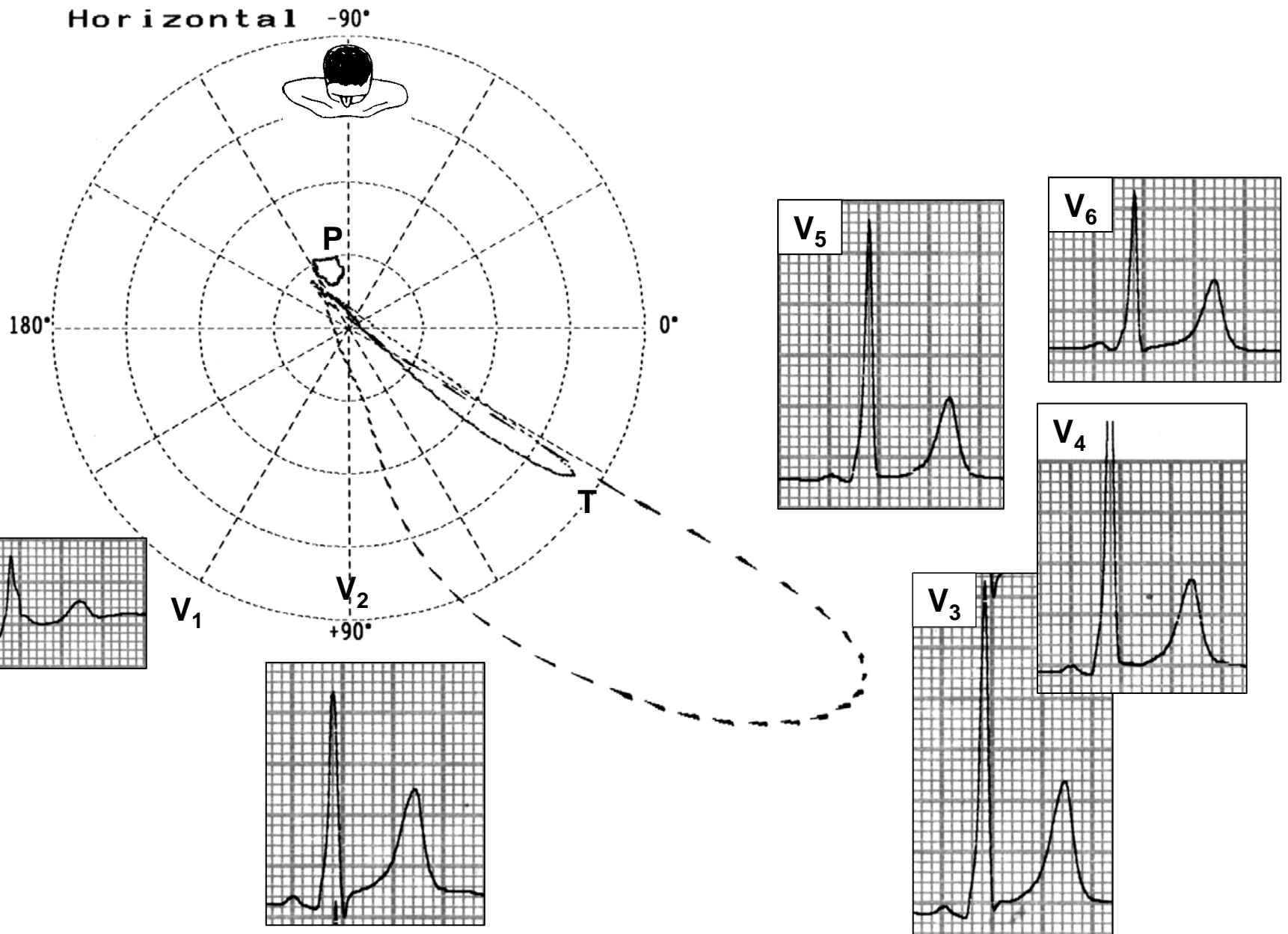
**ECG diagnosis: ?**

**Conclusion: ?**

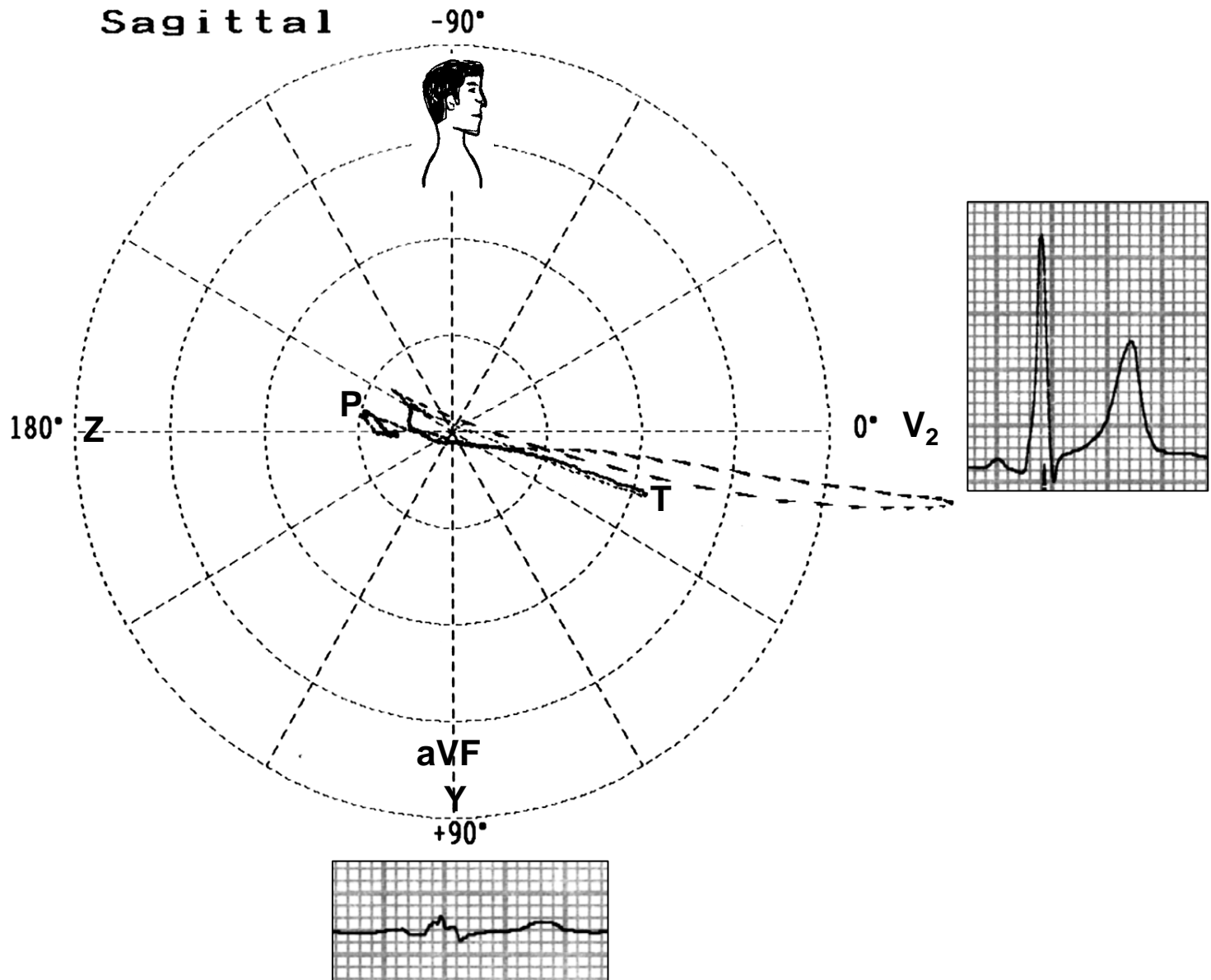
## ECG/VCG FRONTAL PLANE CORRELATION



# ECG/VCG HORIZONTAL PLANE CORRELATION



# ECG/VCG RIGHT SAGITTAL PLANE CORRELATION



- **QUESTIONS:**

- Where is located the anomalous accessory pathway?
- What is the best management to follow?