

55-year old male

“Prolonged PQ” and broad QRS

In 2000 mitral valve prosthesis for mitral prolapse + regurgitation
(normal ECG apart from LVH)

Now sudden onset of palpitations

Blood pressure 110/70

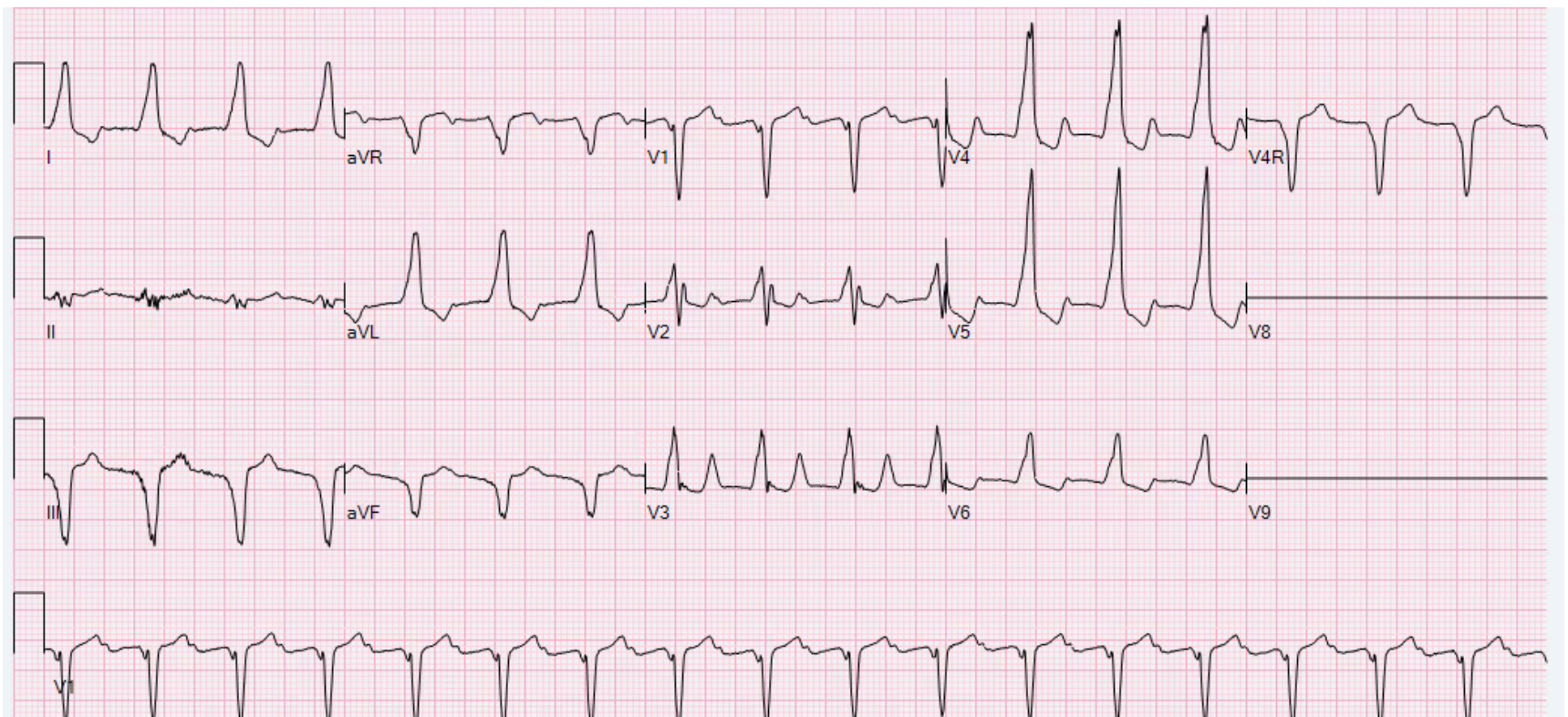
Normal LV function, normal LV diameters post-arrhythmia

Well-functioning valve prosthesis

Ventricular, Atrial Rate:	103	103	bpm
PR, QRS:		174	ms
QT, QTc:	408	534	ms
PRT Axis:		-30	118 °

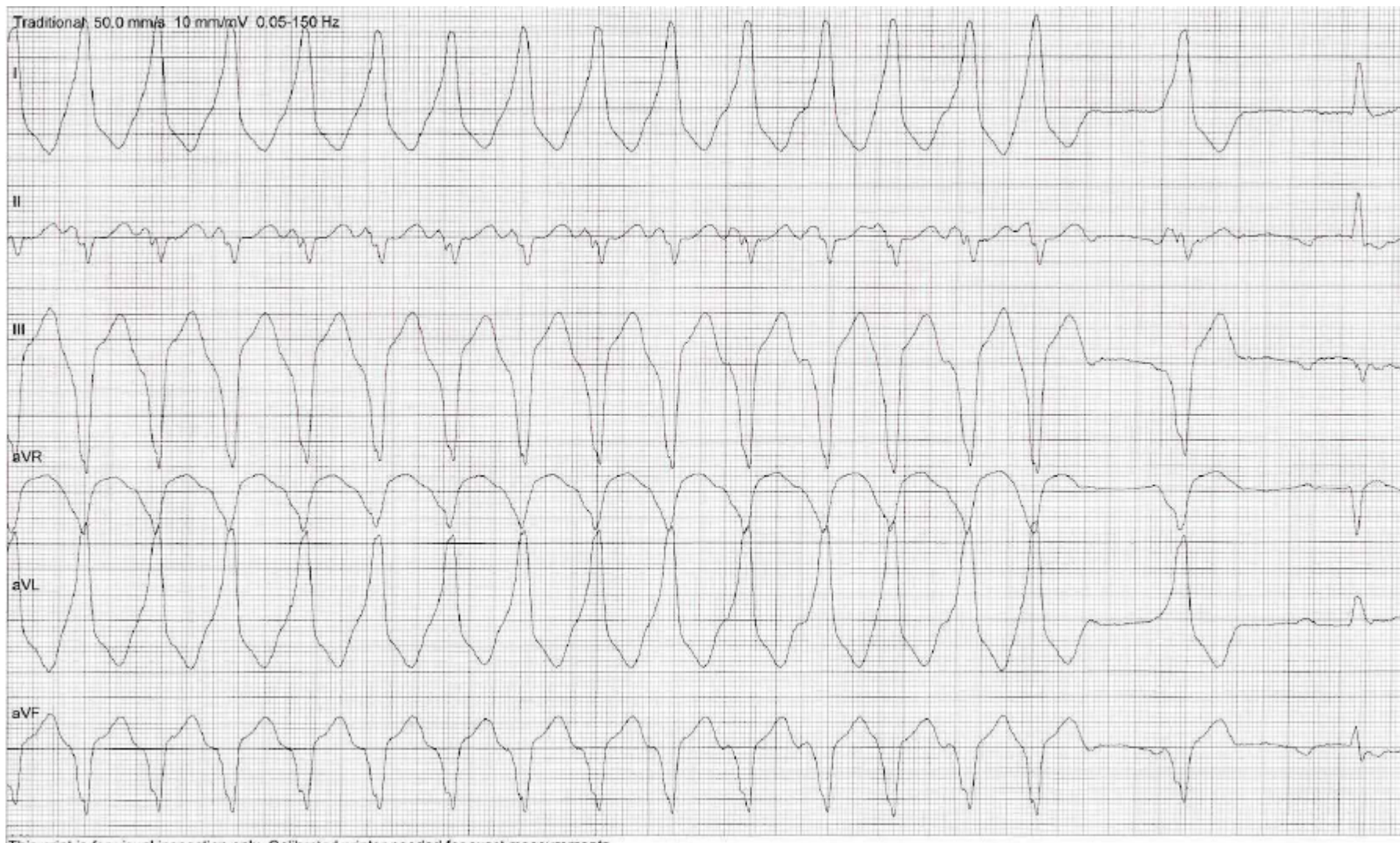
*** Poor data quality, interpretation may be adversely affected

- Wide QRS rhythm
- Left axis deviation
- Left ventricular hypertrophy with QRS widening and repolarization abnormality
- Inferior infarct, age undetermined
- Abnormal ECG
- No previous ECGs available

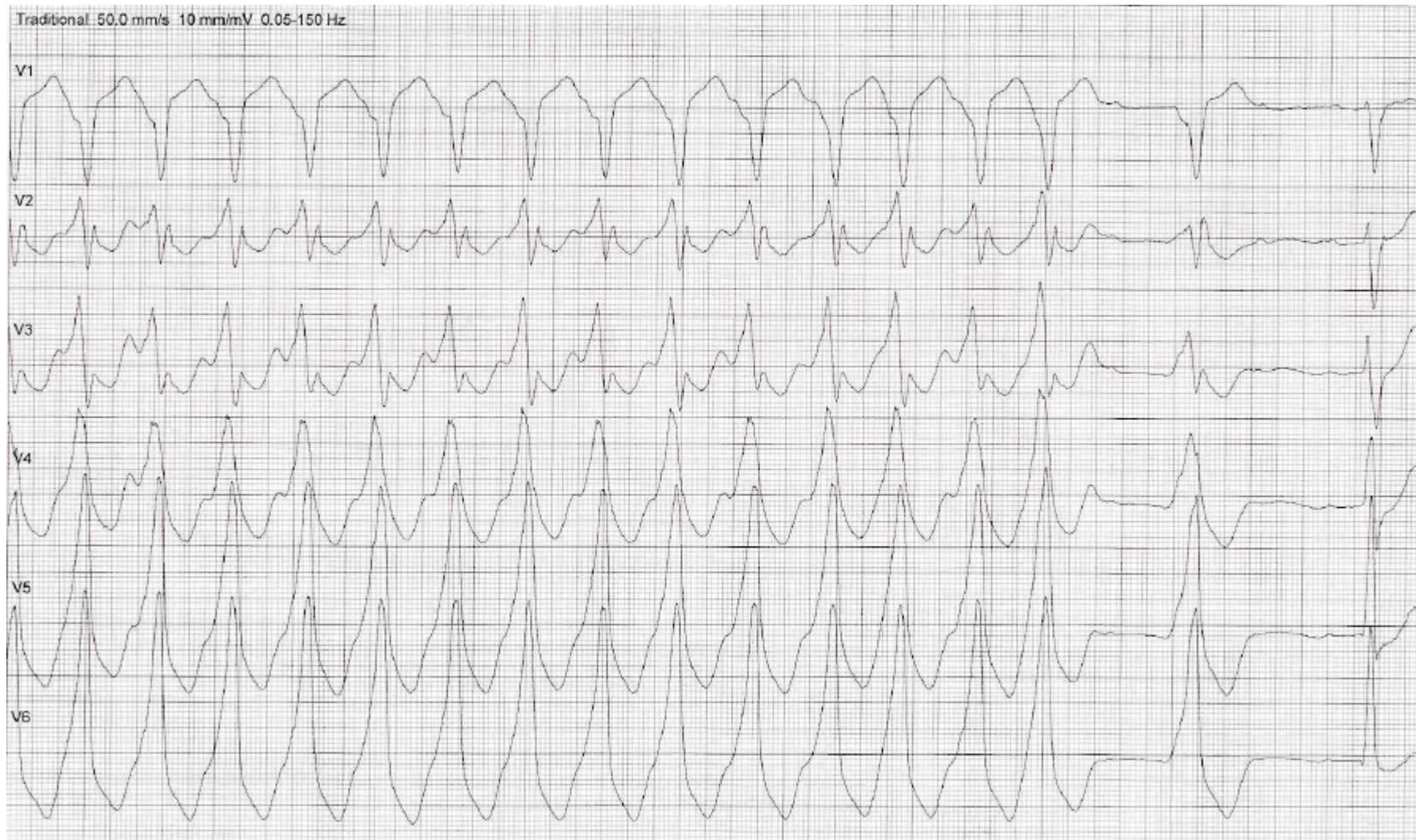


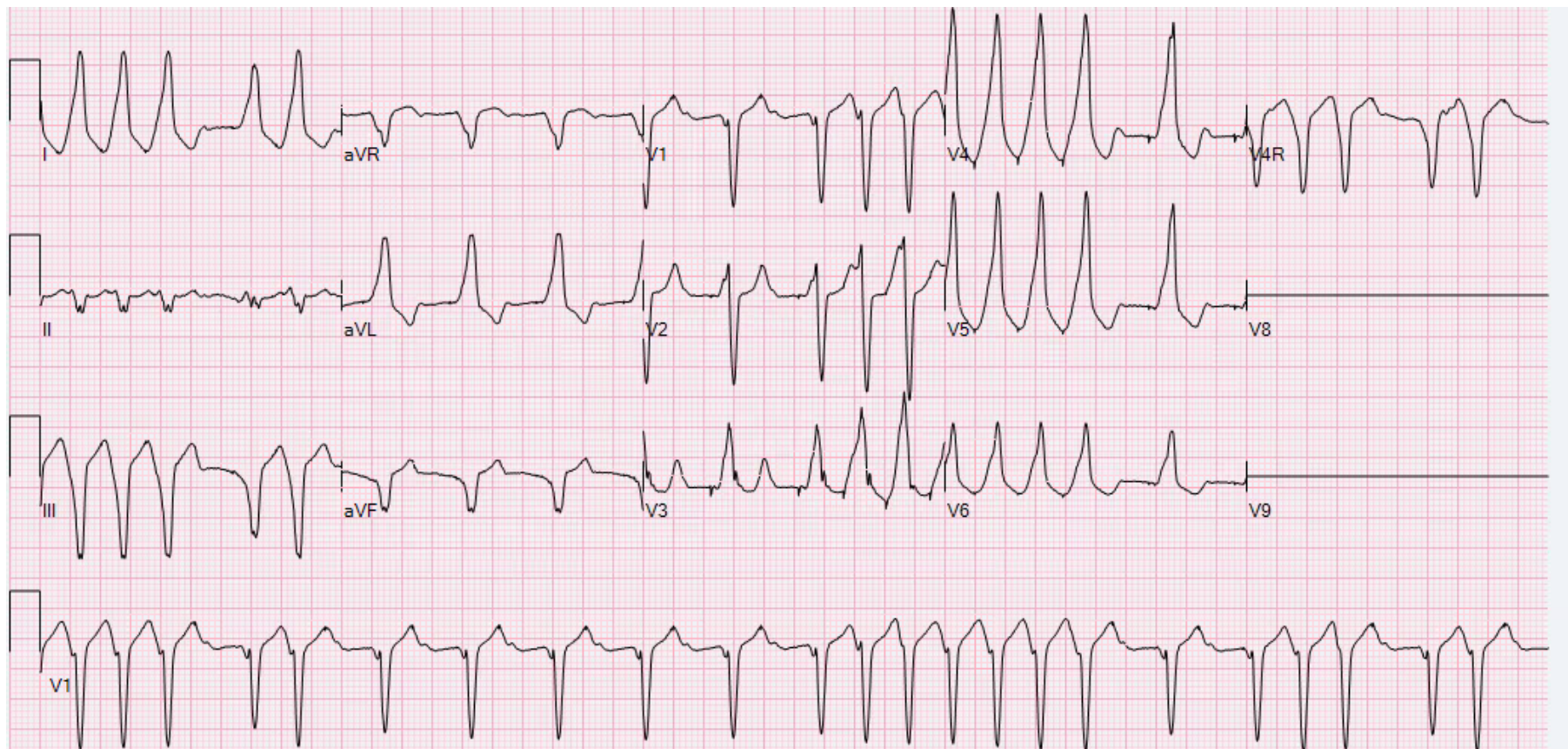
50 mm/sec!

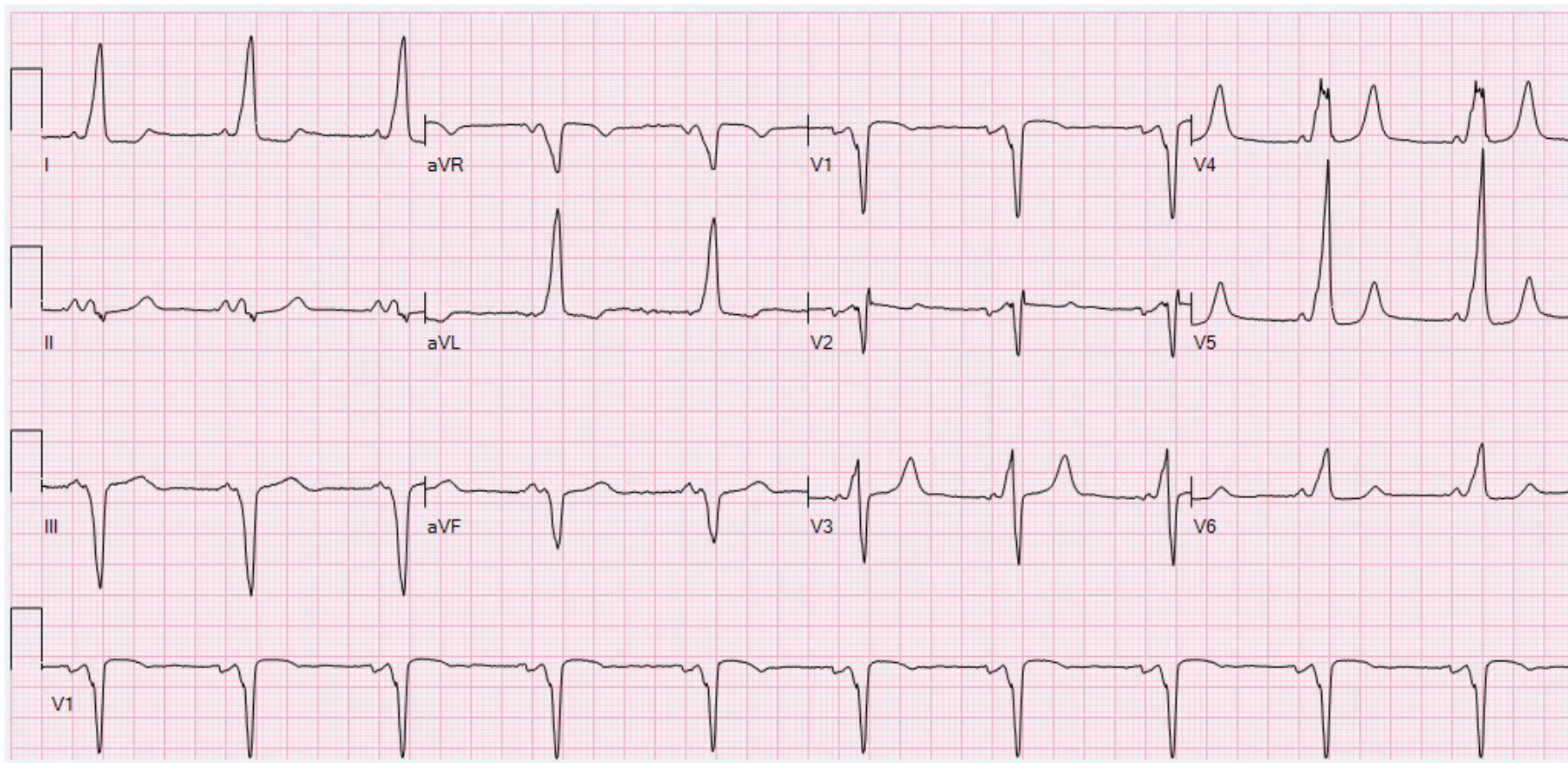
Heart rate:	185 bpm
PR interval:	108 ms
QRS time:	94 ms
QT/QTcB int.:	280 / 492 ms
QTcF int.:	408 ms
P-R-T axes:	115 / 11 / -61°



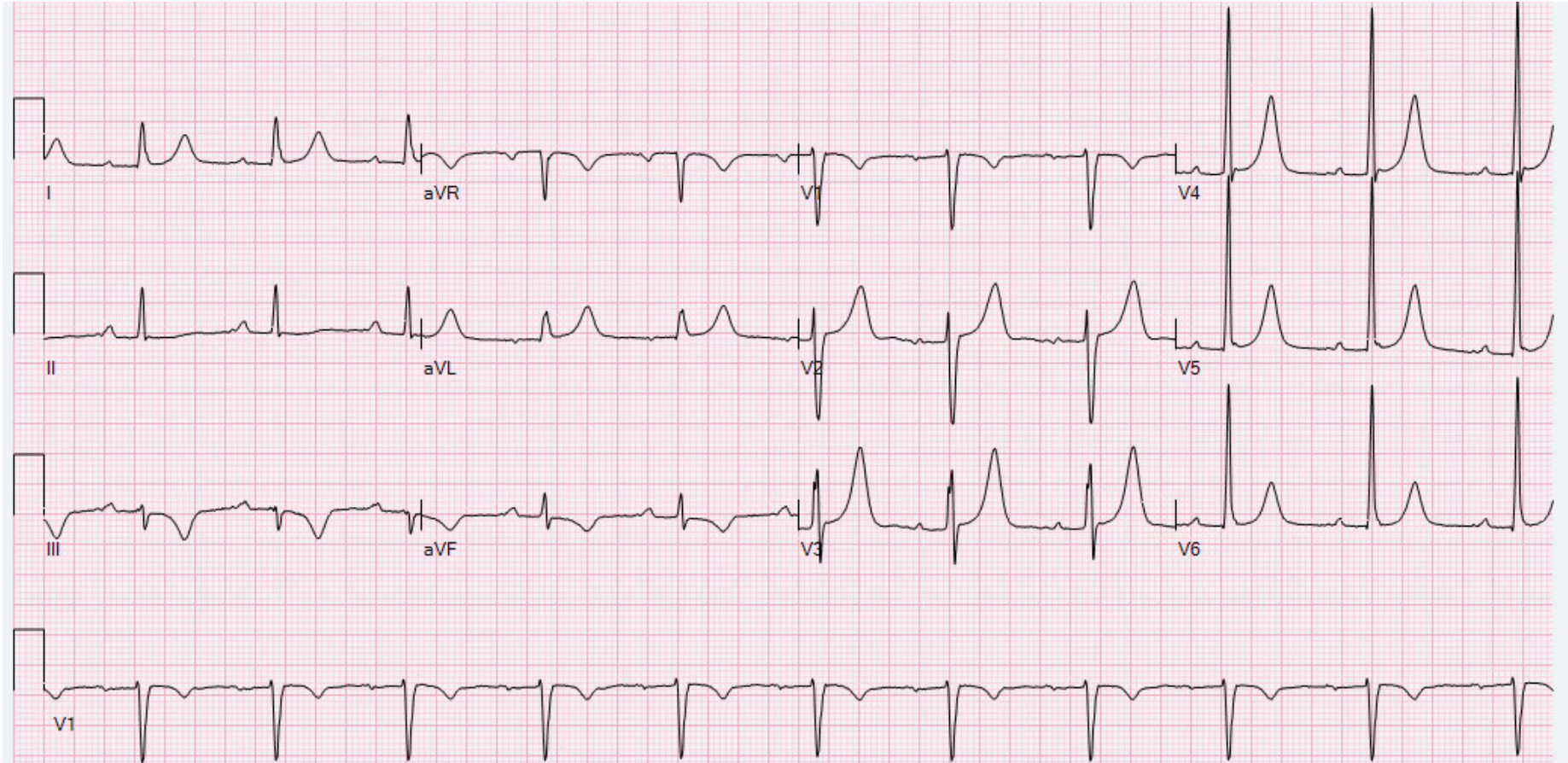
50 mm/sec!







Post-ablation



Electrophysiology study

- VA block
- Antegrade conduction only via accessory pathway
- AP-ANTE-ERP 600-320, IAP 320 via accessory pathway
- Isoprenaline infusion:
 - Conduction also via AV node
 - Acceleration of conduction via accessory pathway: antegrade IAP <230, AP-ANTE-ERP 500-200
- Isthmus ablation successful
- Accessory pathway: right, region of slow pathways of the AV node (in LAO 40 projection: 4-5 o'clock; "posteroseptal")
- Ablation of accessory pathway successful