

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

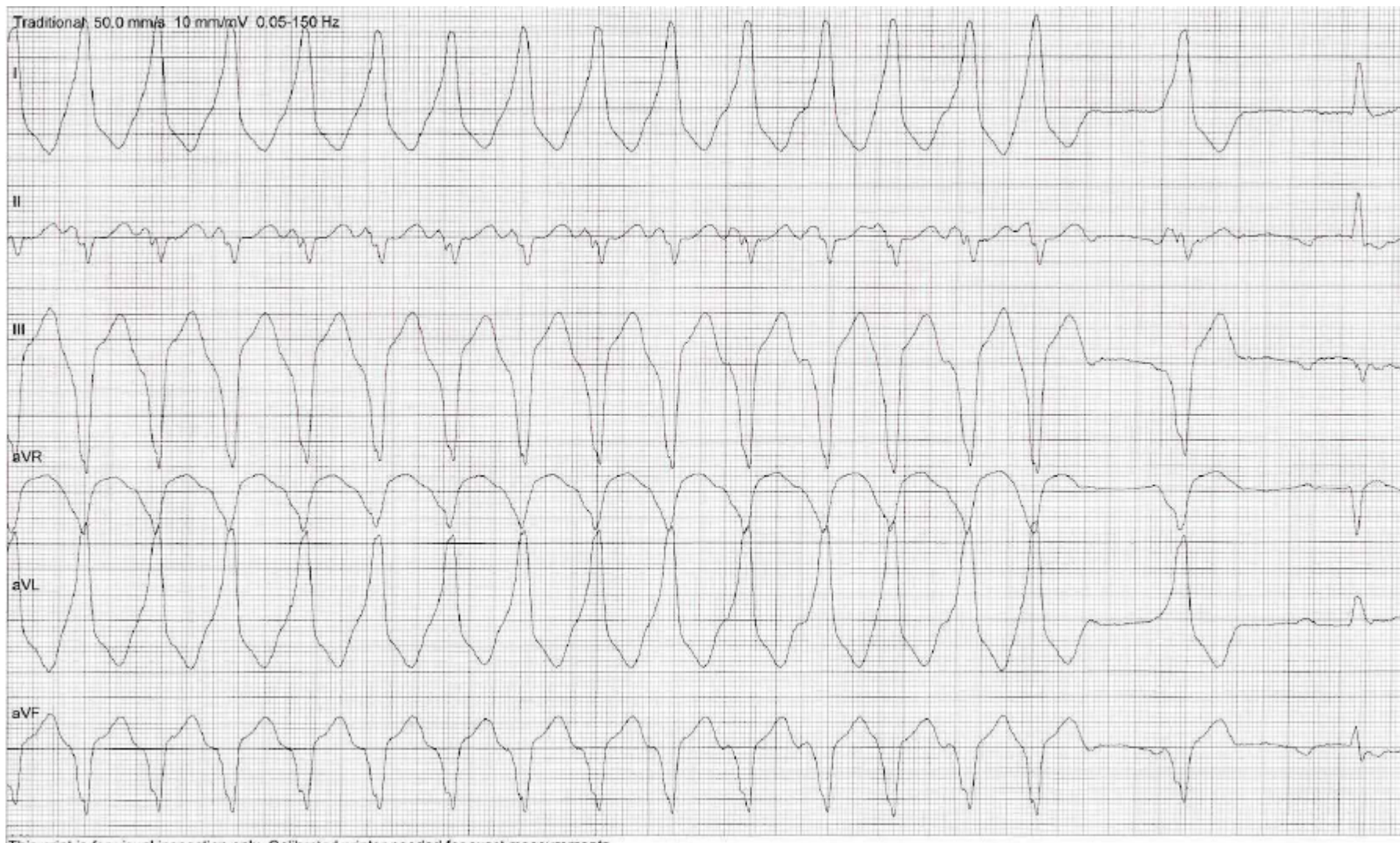
Ventricular, Atrial Rate:	103	103	bpm
PR, QRS:		174	ms
QT, QTc:	408	534	ms
PRT Axis:		-30	118 °

*** 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

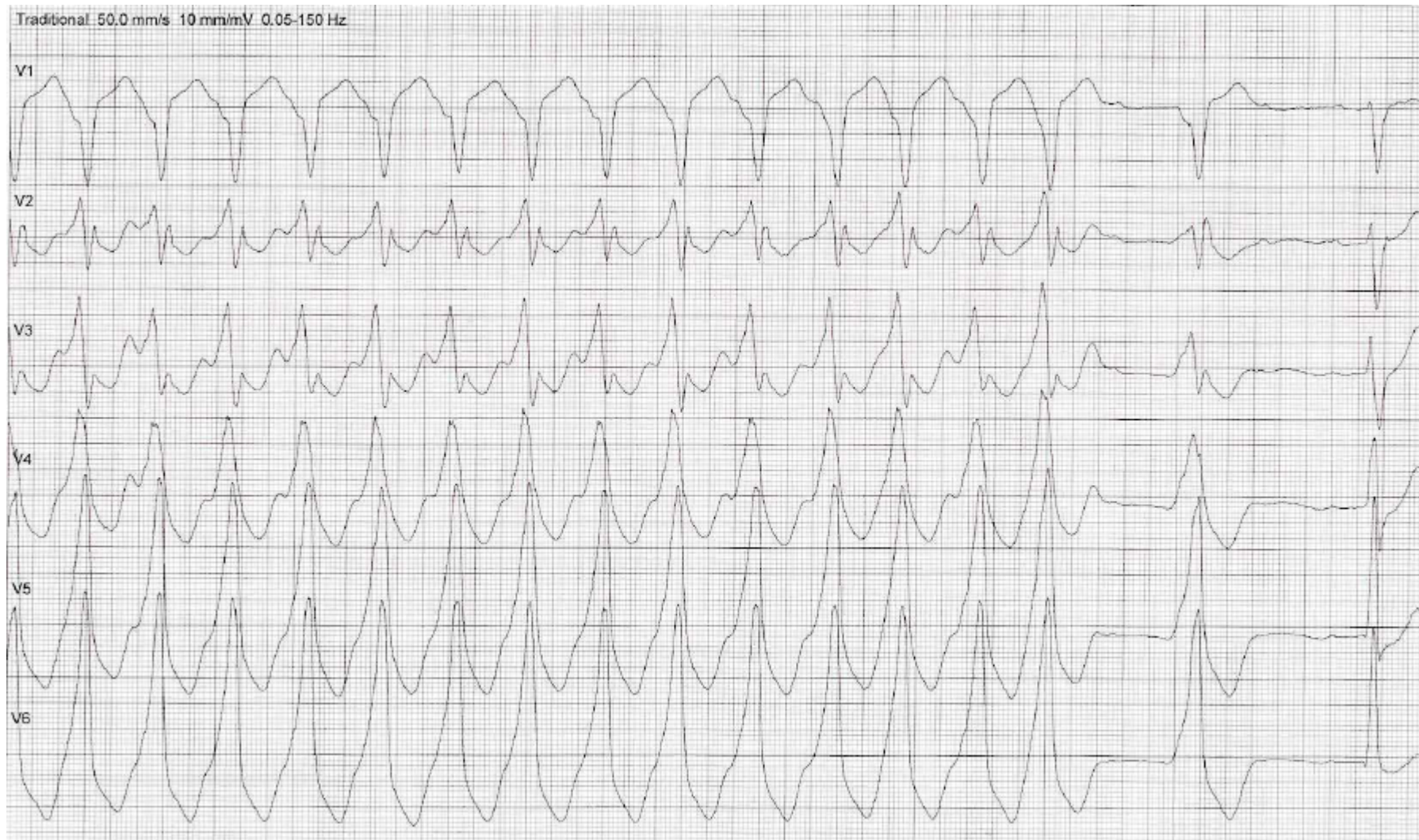


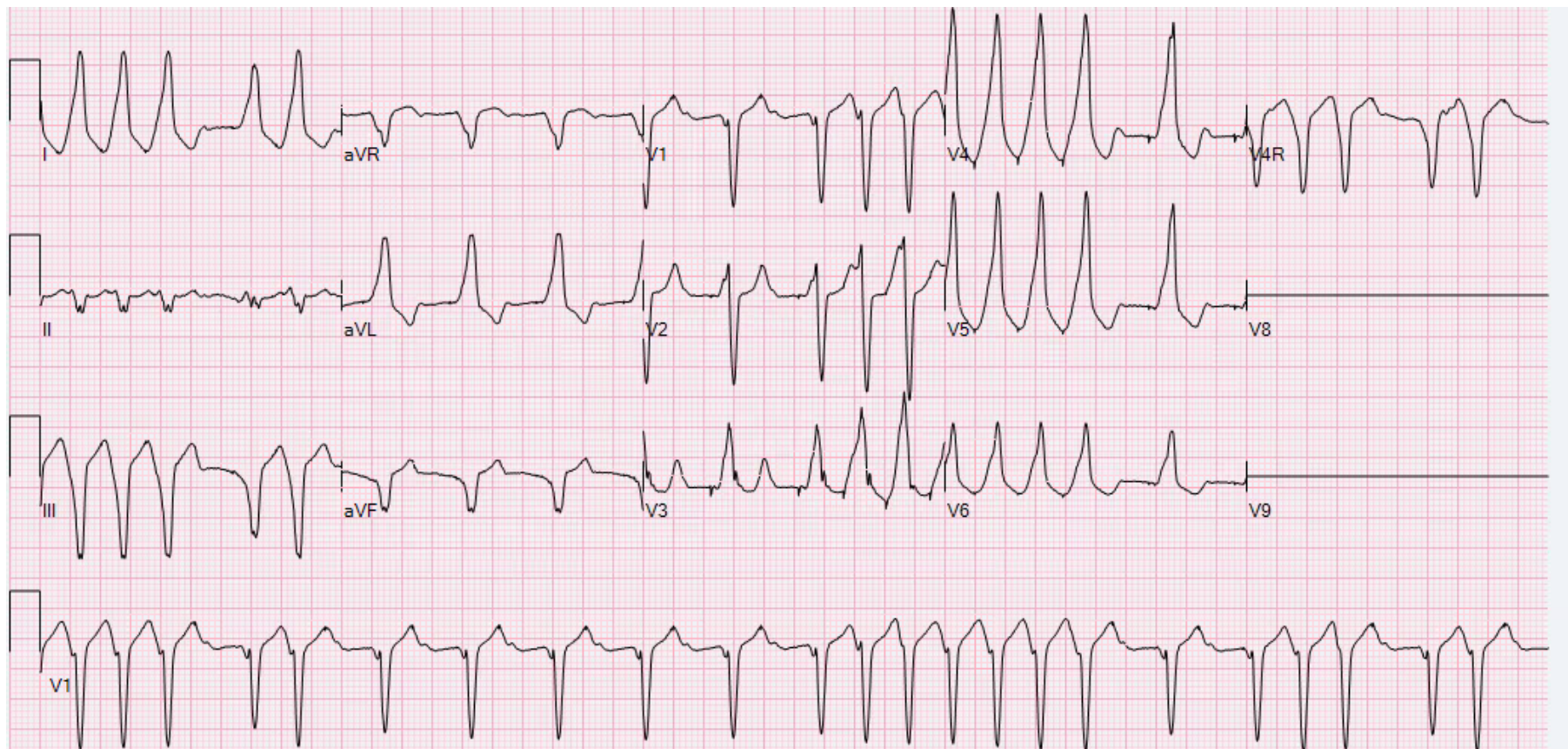
50 mm/sec!

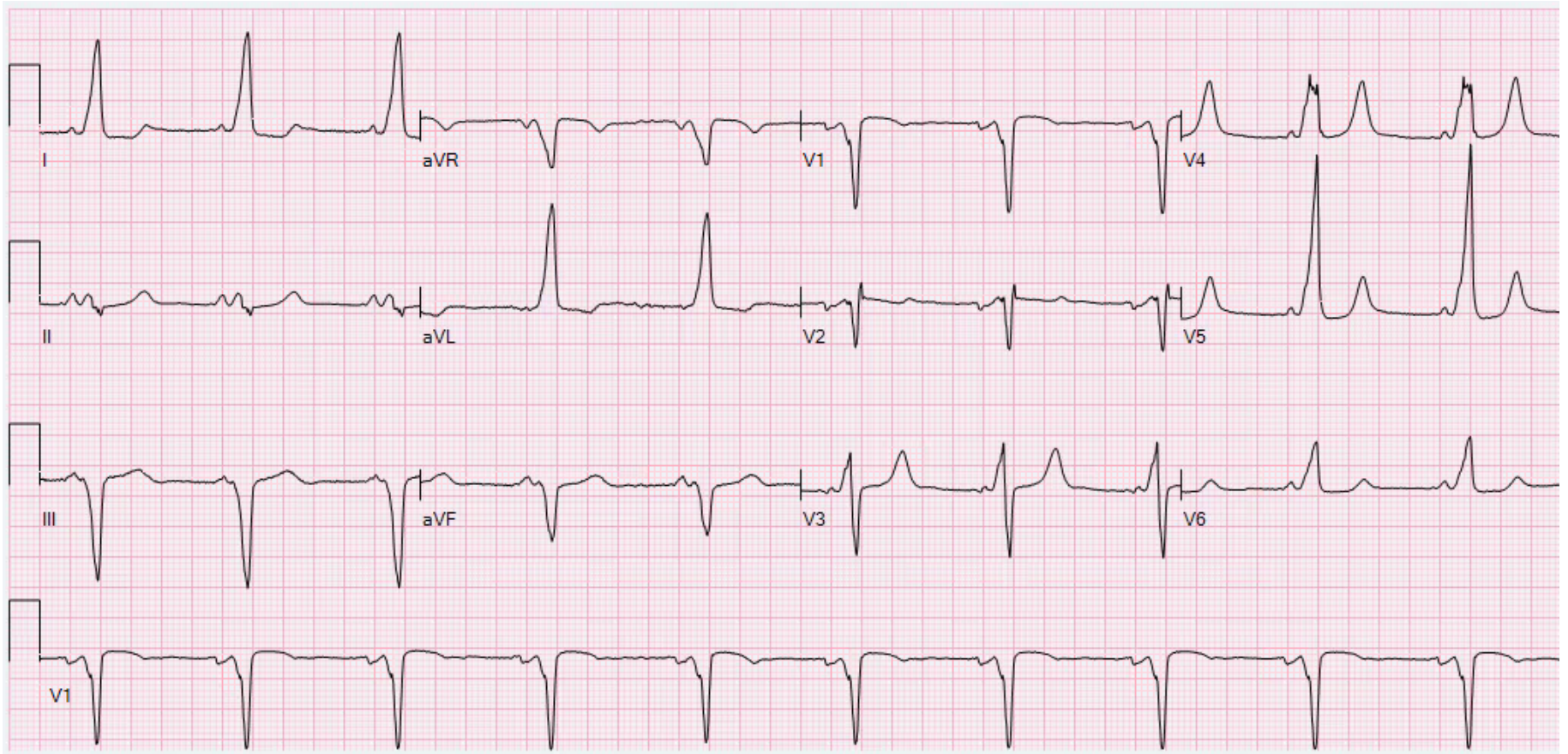
Heart rate:	185 bpm
PR interval:	108 ms
QRS time:	94 ms
QT/QTcB int.:	280 / 492 ms
QTcF int.:	408 ms
P-R-T axes:	115 / 11 / -61°



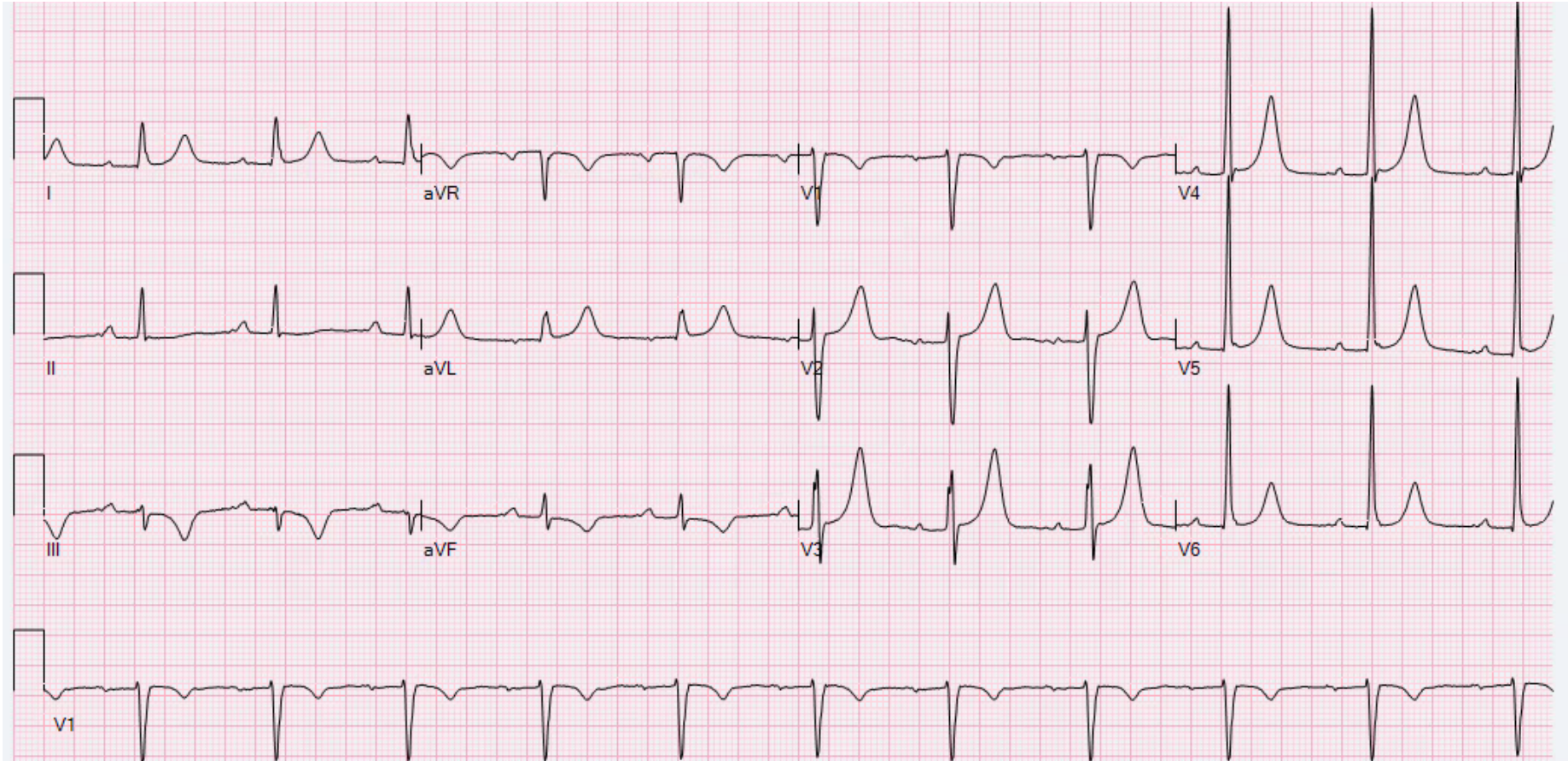
50 mm/sec!







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