

**The patient is a 57-year-old  
previously healthy and very active  
Caucasian male - 2006**

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The patient is a 57-year-old previously healthy and very active Caucasian male.

He had a stress test on 3/2/05 and on this had PVC's with a right bundle branch morphology which suppressed with exercise.

These PVC's were on the T wave.

On 11/28/05 he went to work feeling well after a long weekend of biking and other strenuous activity, but at noon he had a seizure and CPR was initiated by a colleague.

The paramedics found him to be in ventricular tachycardia and he was shocked back to sinus rhythm.

He was intubated and quickly recovered.

At catheterization he had an occluded diagonal which filled via collaterals but no significant troponin elevation. It is unclear whether the diagonal occlusion was chronic or acute.

He had lesions in his coronary arteries of 20-40% but these were considered minor. The LVEF was 60% with normal contractility.

The patient subsequently had a Medtronic ICD implanted. He was taking Lipitor 20 mg per day but not ASA at the time of his cardiac arrest. His cholesterol was 223, HDL 78, LDL 111mg%.

The patient subsequently did well.

He is an avid bicycle rider and, in fact, went to Europe in July 2005 and in July 2006 (the latter after his cardiac arrest) where he participated in portions of many mountain stages of the Tour de France without difficulty.

Also in July 2006 prior to his participation in the Tour de France, while asleep at home after a long weekend of very strenuous biking activity and heavy fluid intake of diet drinks, he had a series of ICD shocks that upon device interrogation showed polymorphic ventricular tachycardia. He has not been on a beta blocker.

He did not have his electrolytes checked.

The patient has a history of prostate cancer which was treated surgically in February, 2004.

His father had a history of coronary disease and underwent a bypass procedure but is alive at age 85.

His mother had chronic obstructive pulmonary disease and died at age 75.

He has a healthy sister. There is no family history of sudden death.

He smoked for 5 years but quit in 1972.

He works as an attorney and is under significant stress.

On examination the patient's blood pressure is 128/76 and the pulse is 60 and regular. His weight is 164 pounds.

He has no jugular venous distention and full carotids.

His lung fields are clear to percussion and auscultation.

He has a normal cardiac rhythm with a normal first and second heart sound. His abdomen is soft and flat without organomegaly. The peripheral pulses are 4/4.

The patient now comes to his electrophysiologist for advice about his prognosis and level of activity. He currently bikes in hills each weekend.

## QUESTIONS

- 1) What were the possible causes of his cardiac arrest? - Is further testing warranted?
- 2) After his recent ICD shocks, what medicines, if any, should he be taking?
- 3) What advice should be given about his bicycle riding?
- 4) What about automobile driving?

