

Palpitations, should one worry?

A. A. M. Wilde • J. S. S. G. de Jong

Published online: 13 February 2013
© Springer Media / Bohn Stafleu van Loghum 2013

A 50-year-old male presented to the emergency department with palpitations. It had happened before, but spontaneous termination always occurred within minutes. He has no cardiac history and there is no family history of sudden cardiac death.

At presentation, he was in a tachycardia (Fig. 1); there were no complaints except for the palpitations. Physical examination revealed no abnormalities except for a rapid heart rate (± 190 beats/min). On suspicion of a supraventricular tachycardia involving the AV node as a critical part of the circuit,

intravenous adenosine was given. On a monitor strip the termination of the tachycardia was recorded (Fig. 2).

There are a number of questions: what is the most likely diagnosis for the initial arrhythmia and for the irregular wide complex tachycardia thereafter?

Answer

You will find the answer elsewhere in this issue.

A. A. M. Wilde (✉) • J. S. S. G. de Jong
Department of Cardiology, Academic Medical Centre,
Meibergdreef 9,
1105 AZ Amsterdam, the Netherlands
e-mail: a.a.wilde@amc.uva.nl

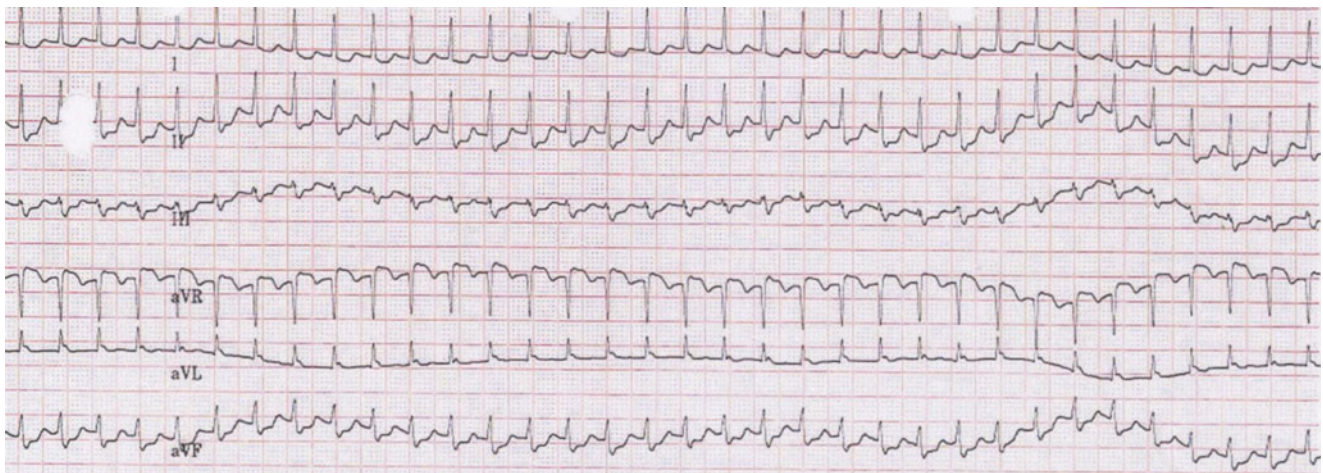


Fig. 1 Six-lead ECG at presentation

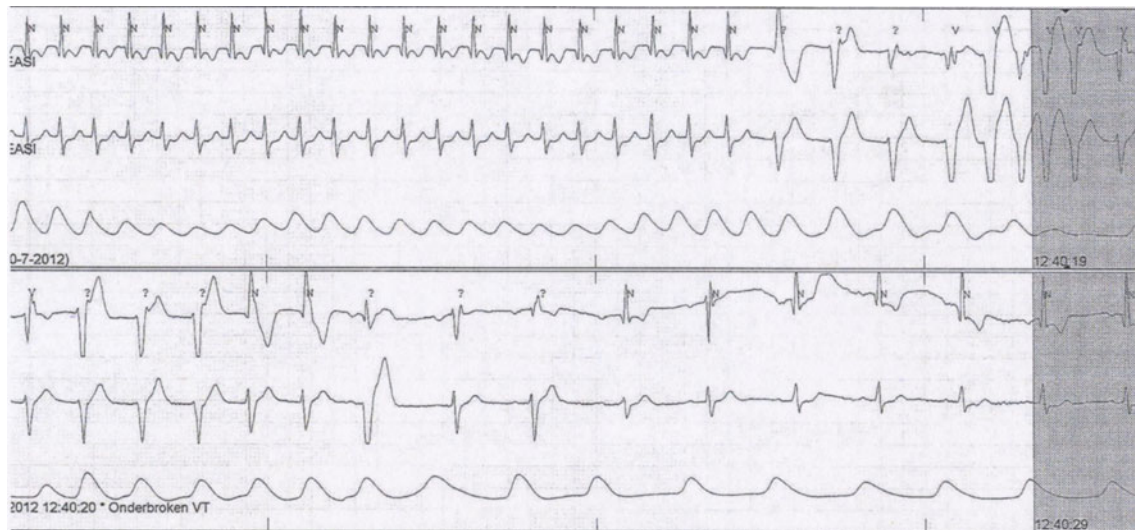


Fig. 2 Monitor strip during termination of the tachycardia