



ACC Latin America Conference 2018

In partnership with:



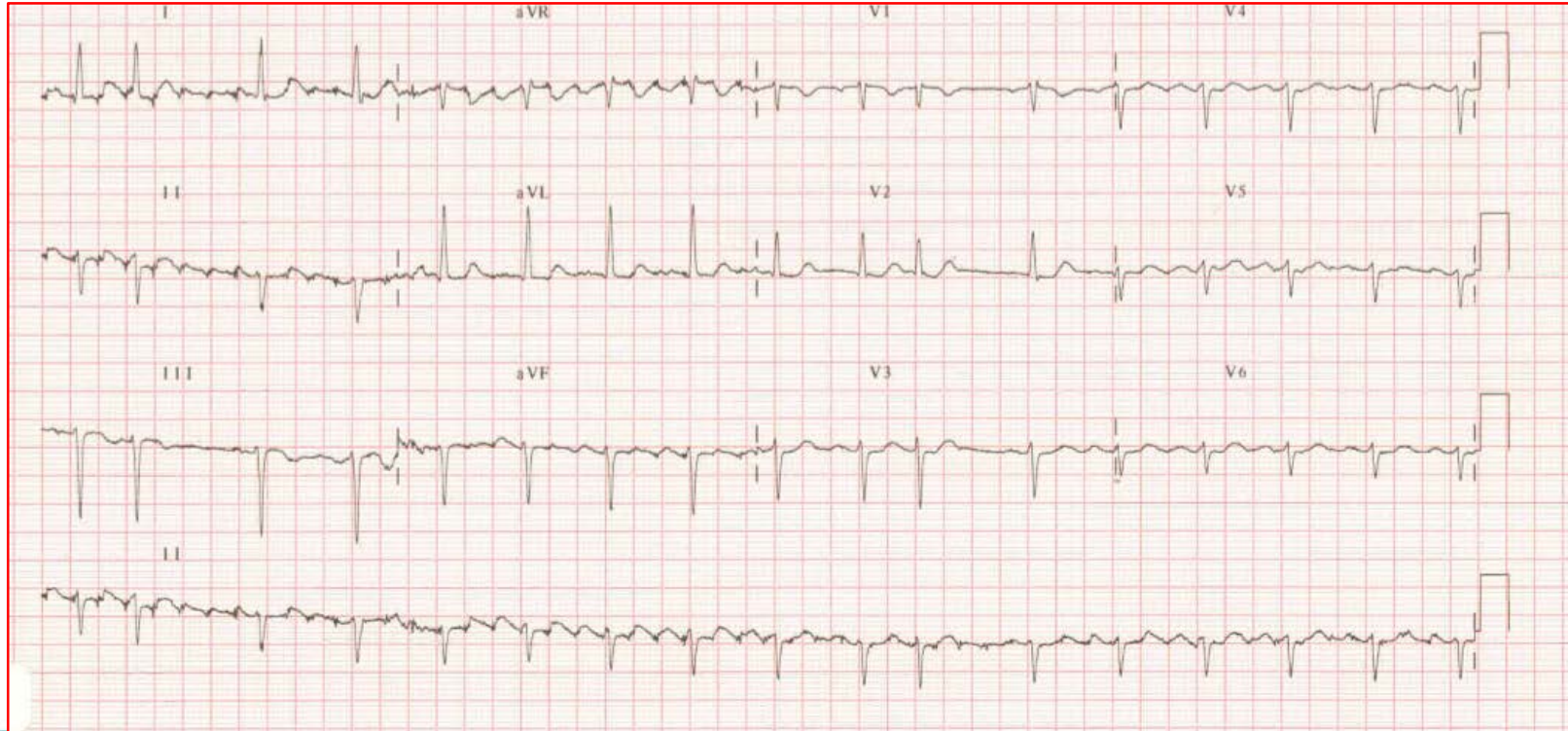
Rapid Fire ECG Challenge: Putting Your Interpretation Skills to the Test

Ana Cecilia Gonzales Luna

Hospital Nacional Edgardo Rebagliati Martins
Clínica Delgado



Male, 79 yo.

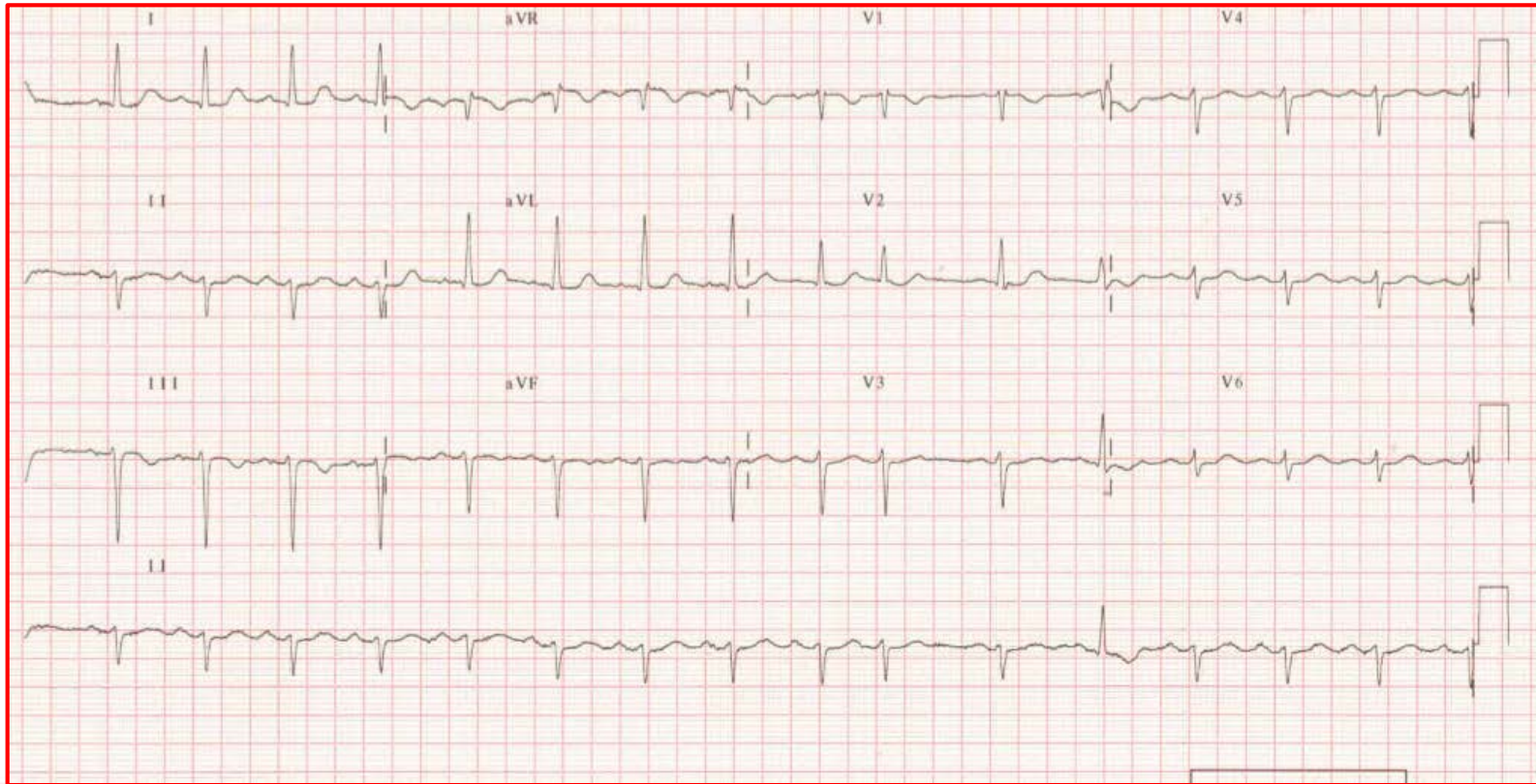


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To look well

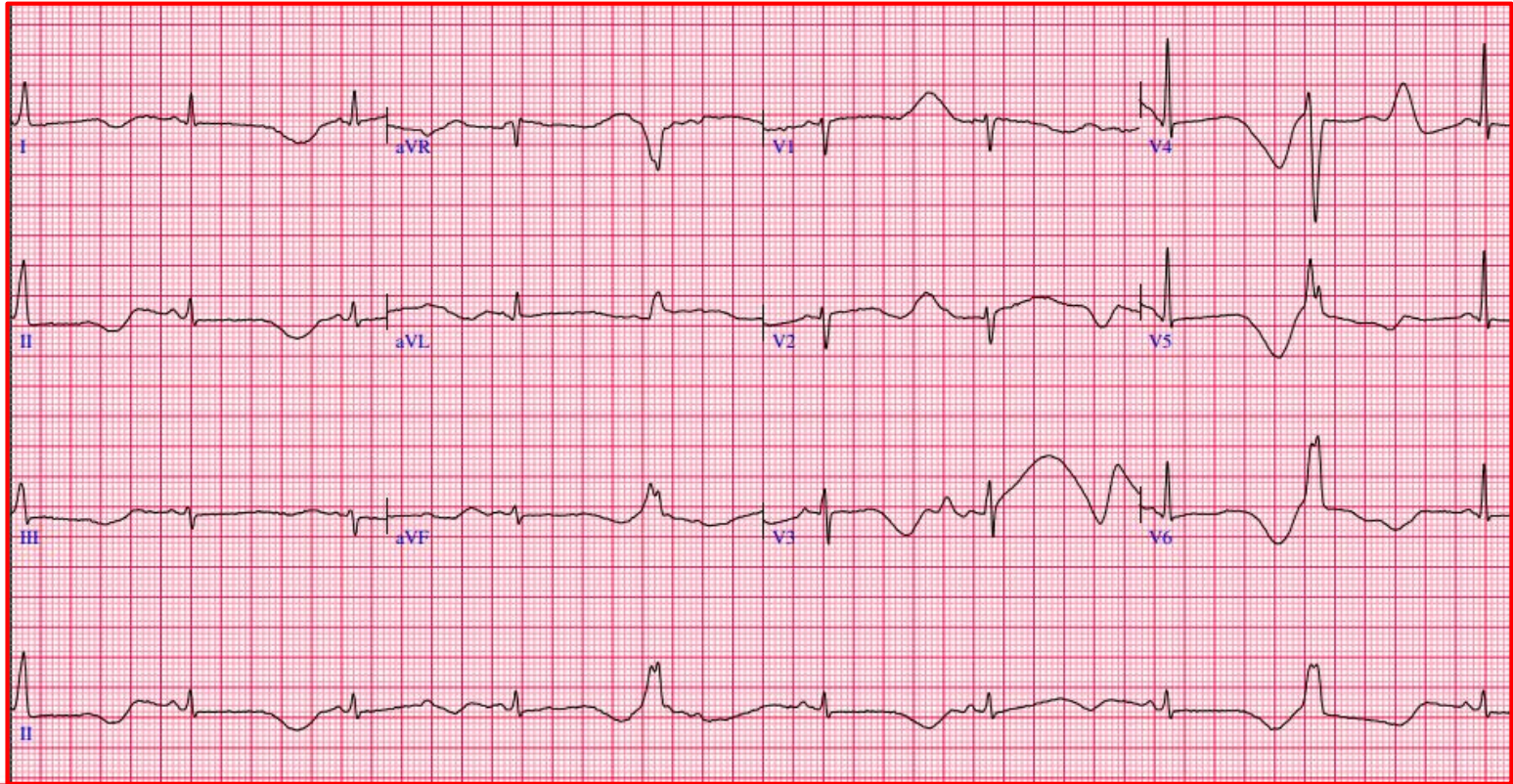


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Male, 61 years old. HTN, DM2, badly controlled. CKD

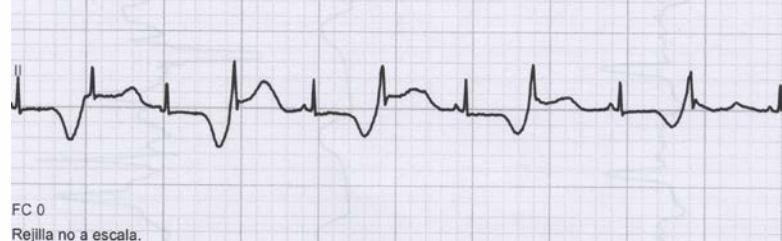
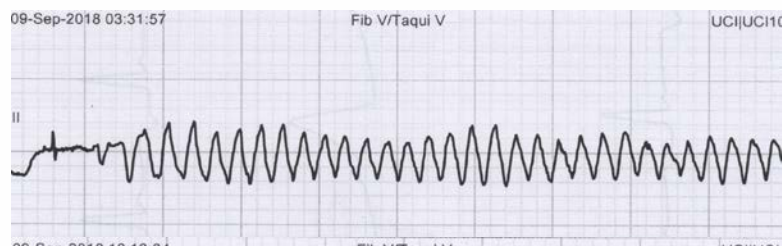
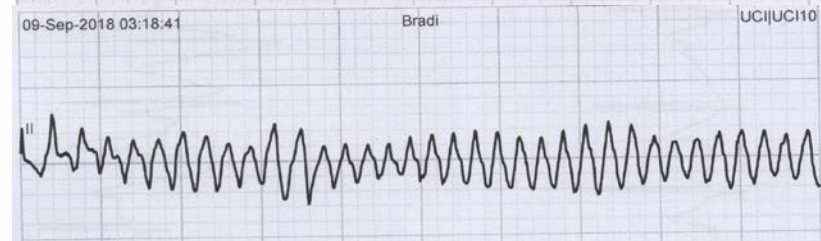
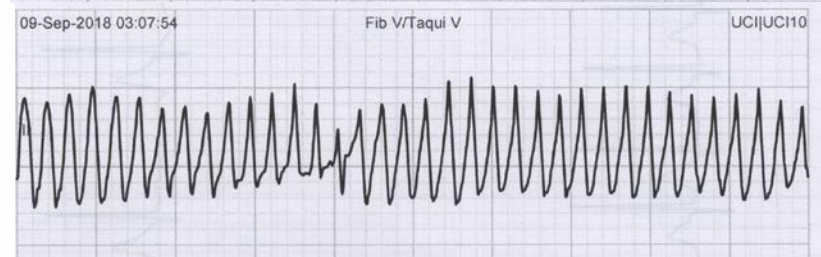
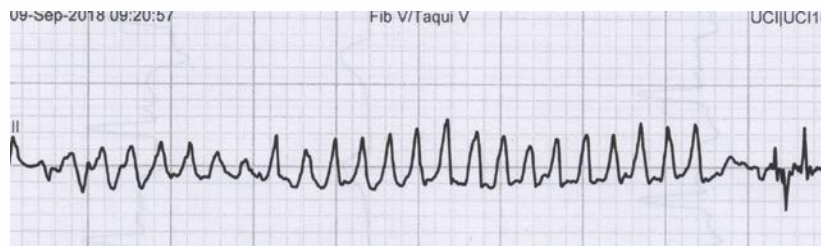


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Male, 61 years old. HTN, DM2, badly controlled. CKD

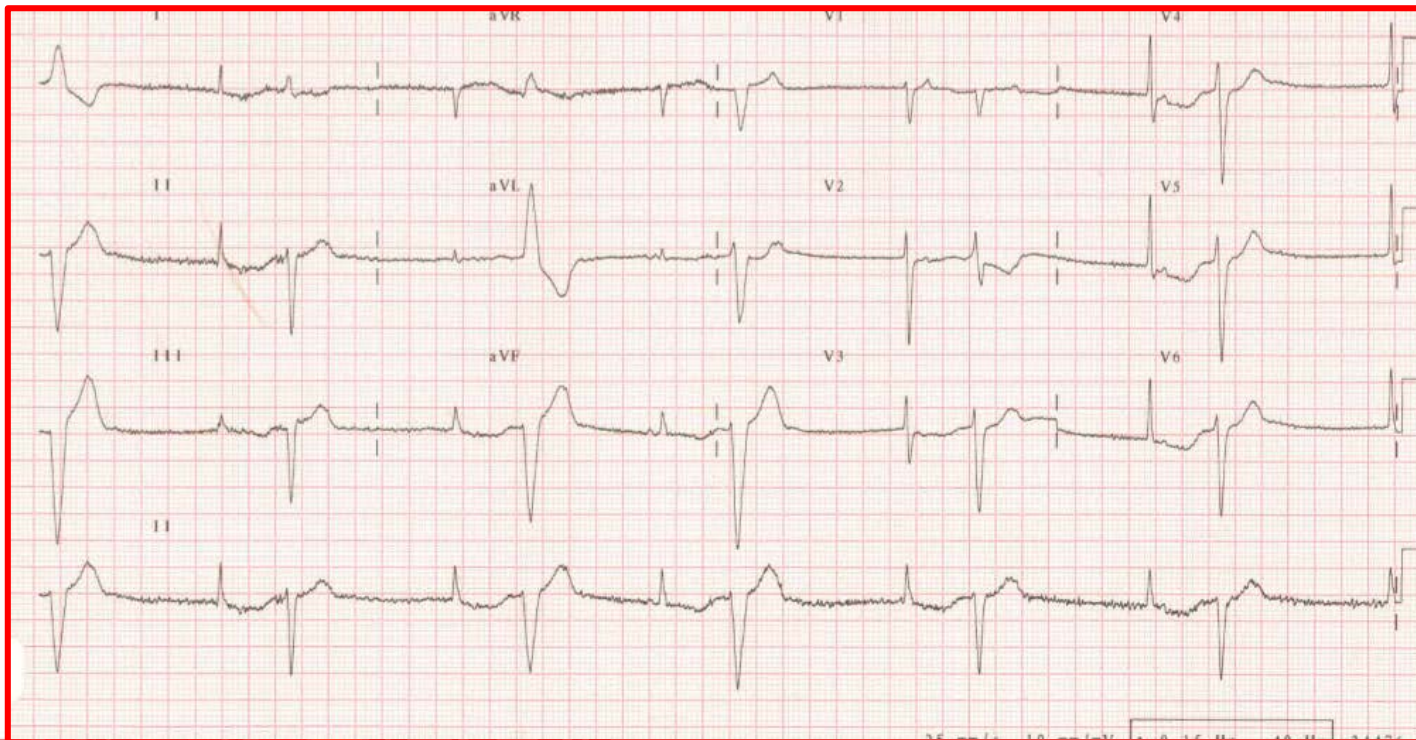


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Female, 84 yo. HTA, HF. Digoxin, losartan



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IDregistro : 113012141431 30Nov12 14:24:53 FC:48 SpO2:--- SpCO:--- SpMet:---



x1, 0 0,05-40 Hz 25mm/seg

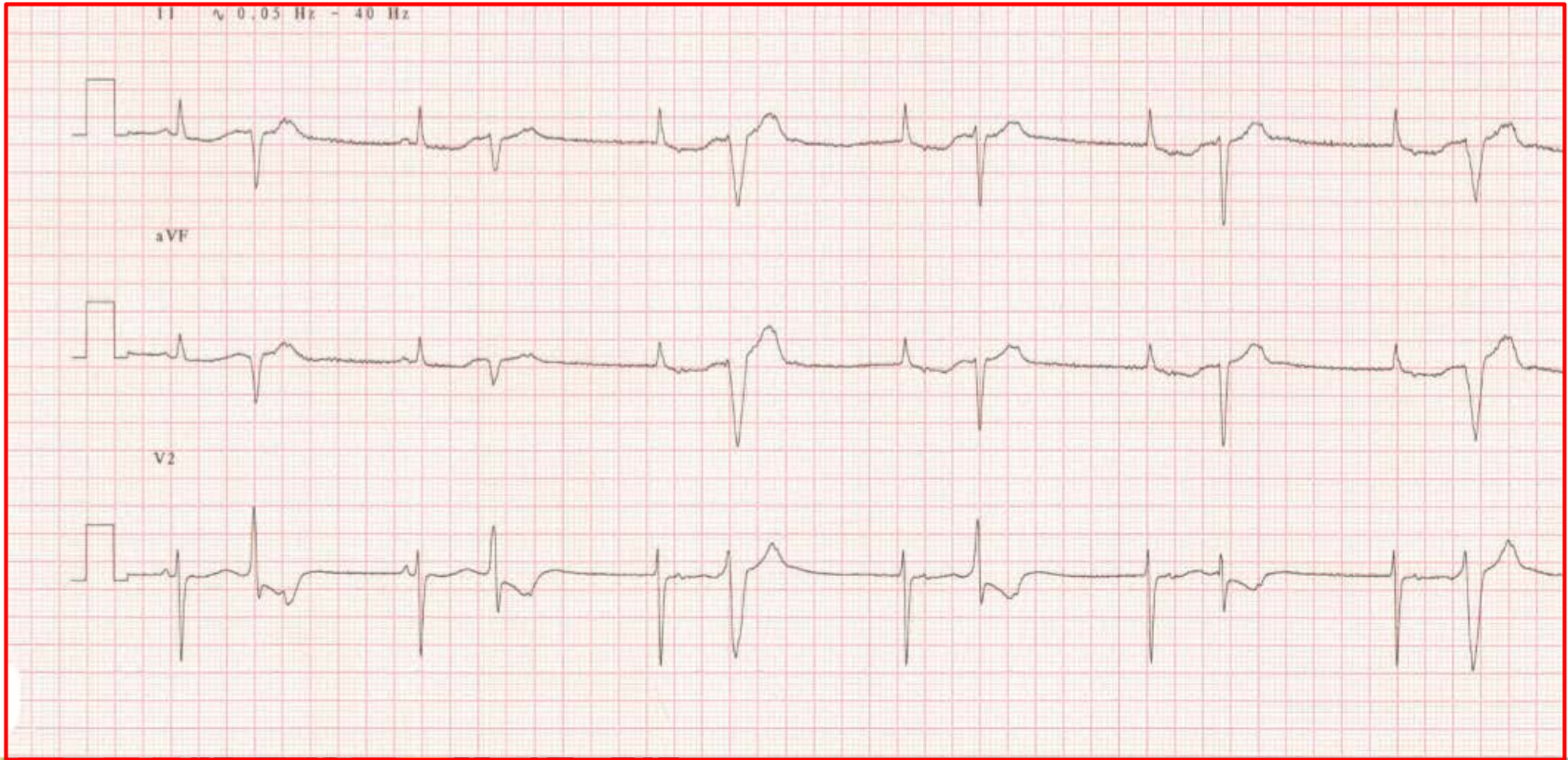
LP153617 EMERGAL IA M626 3287410-007 1535580K82000P LP1538523617



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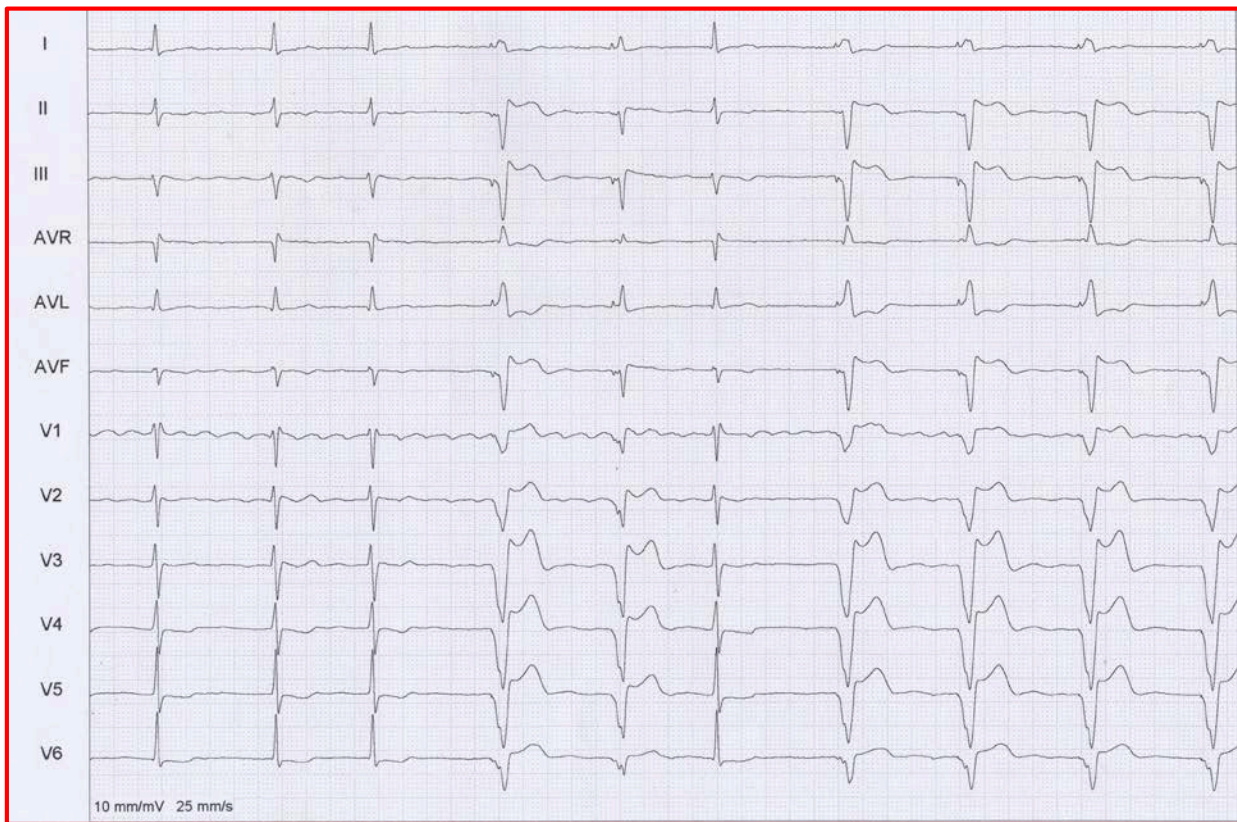




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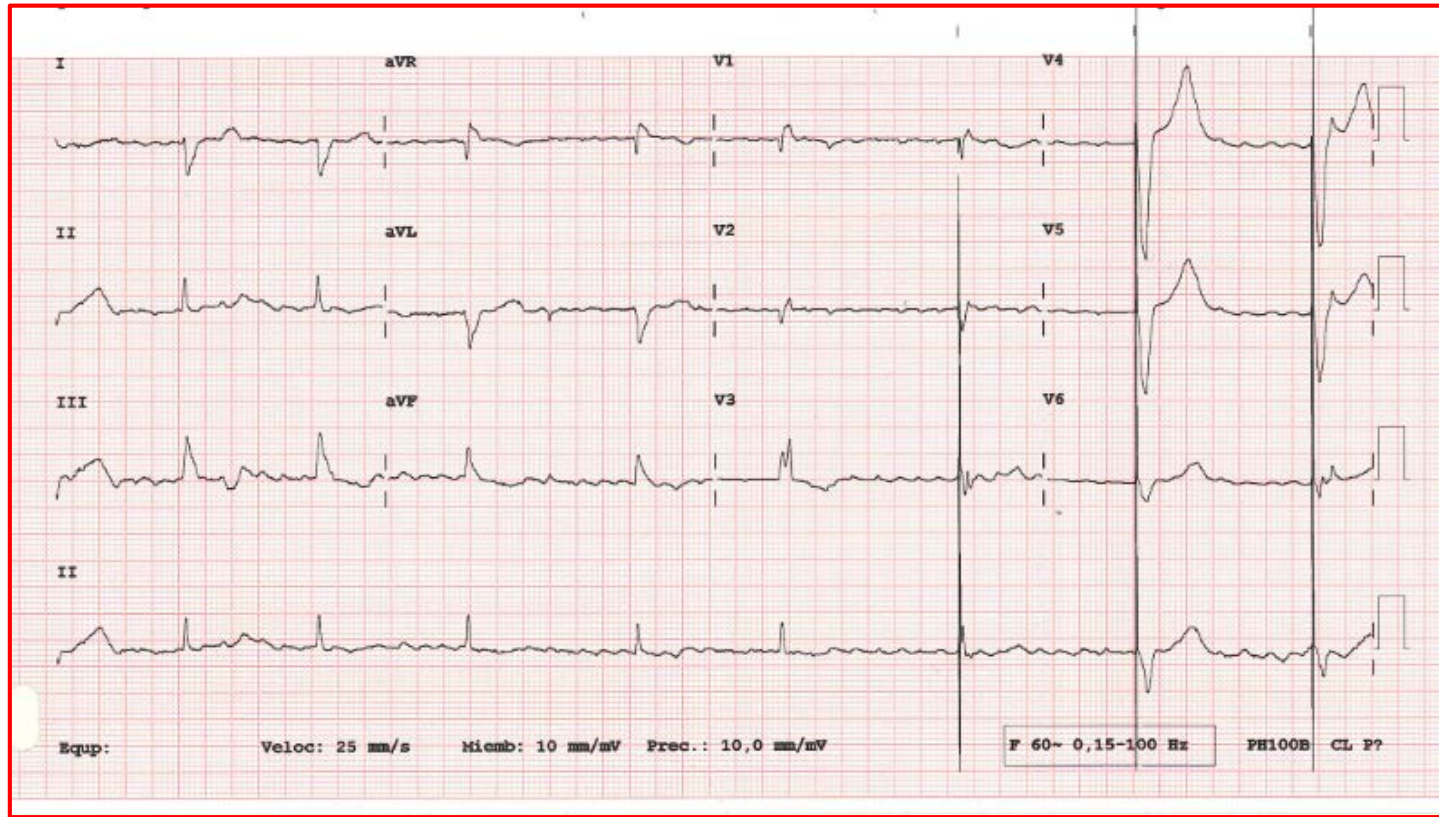


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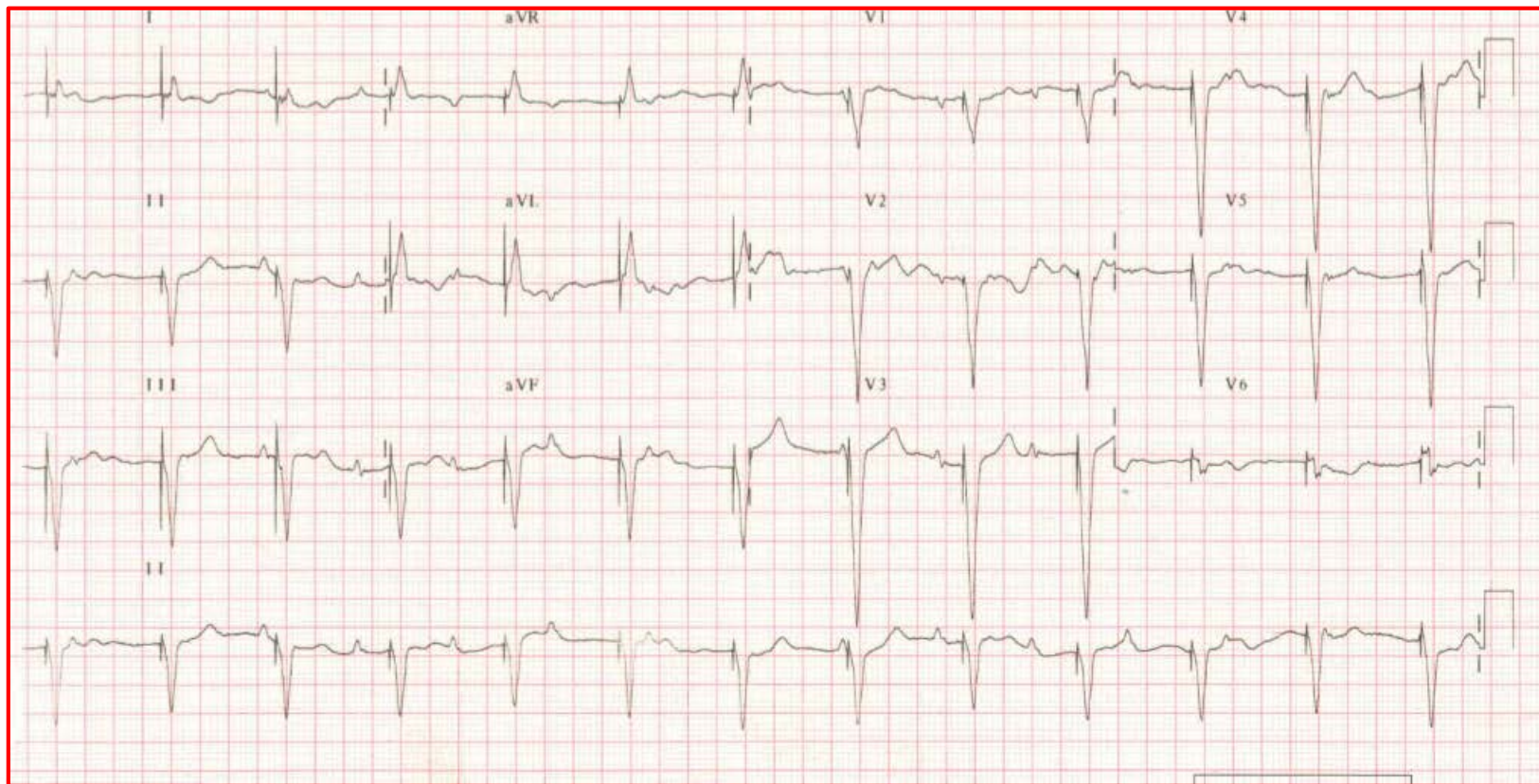
Female. 90 yo.



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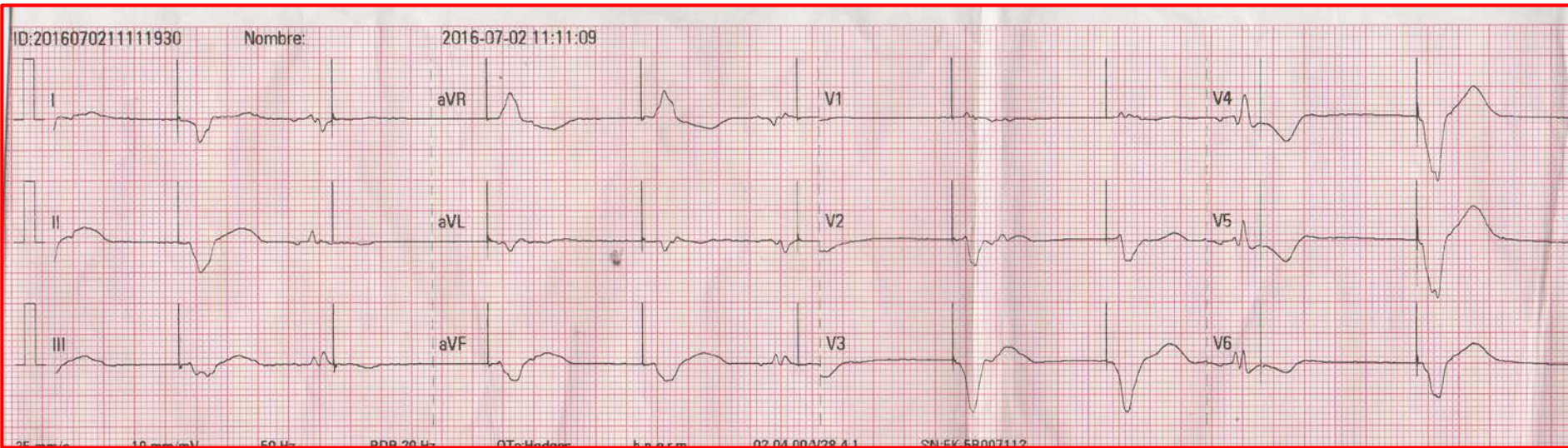




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In partnership with:





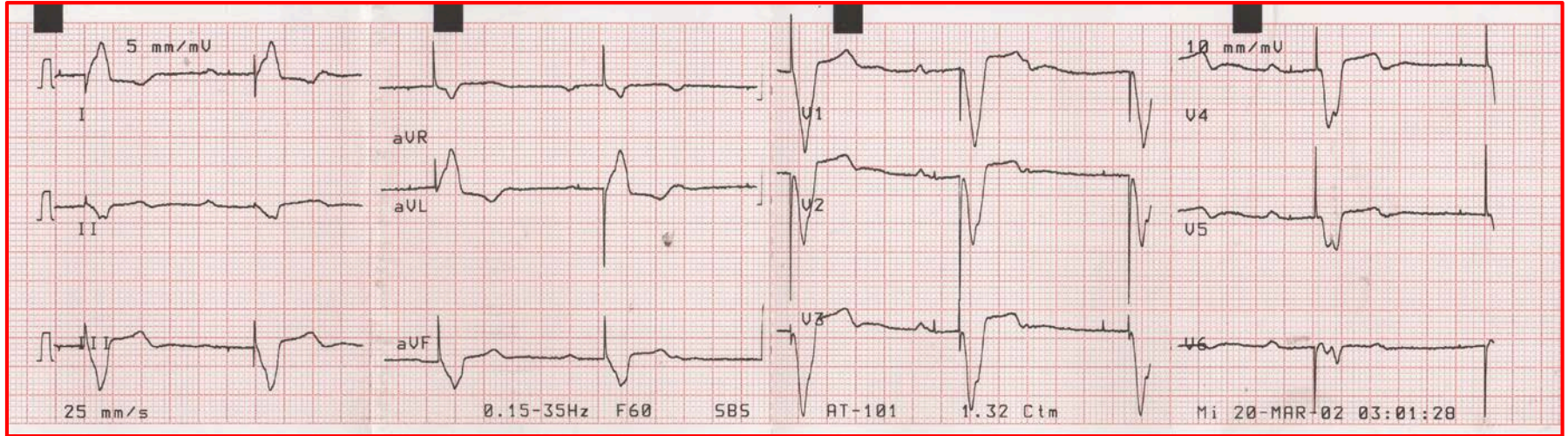
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Female 34 y.

Pacemaker carrier since age 21.



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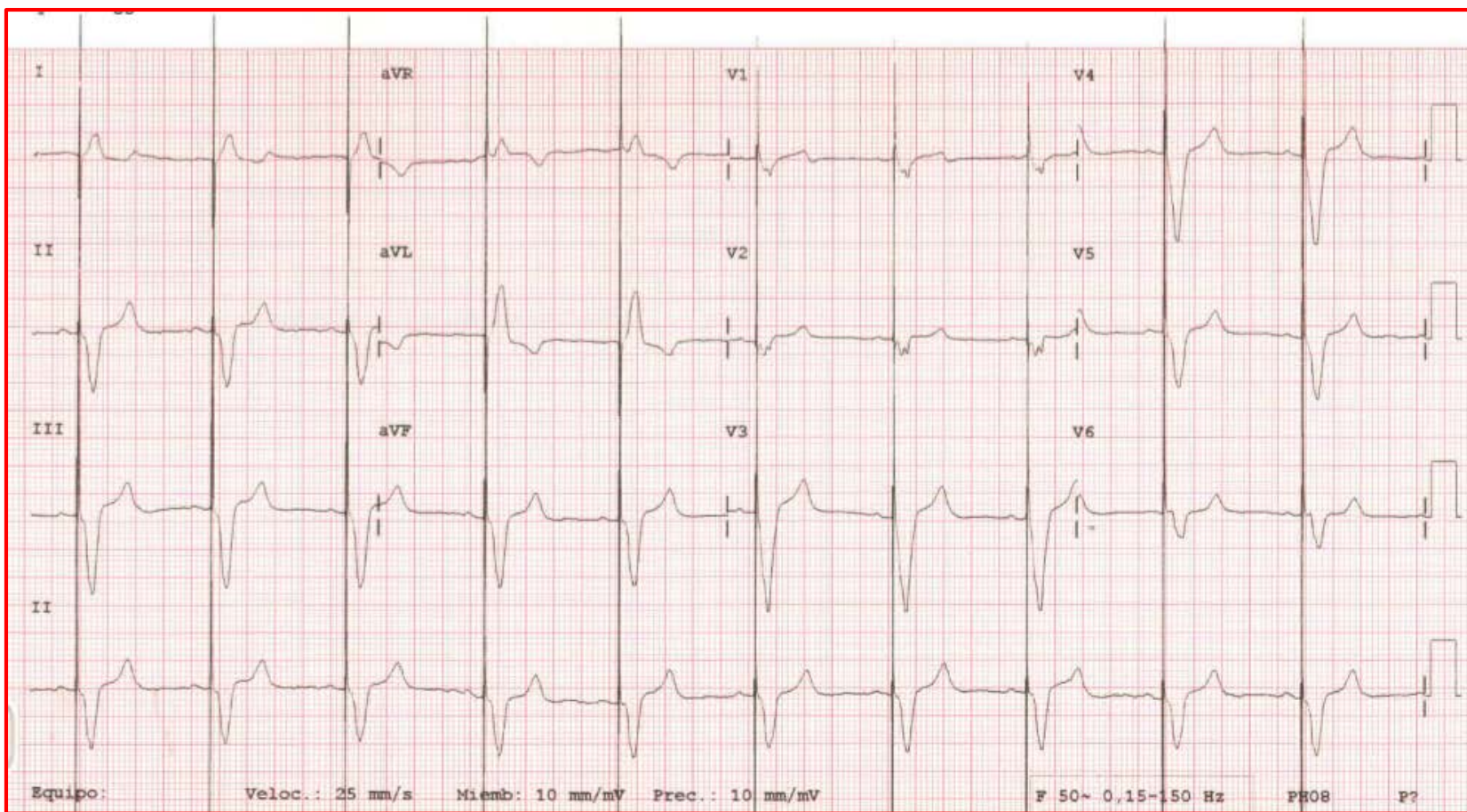




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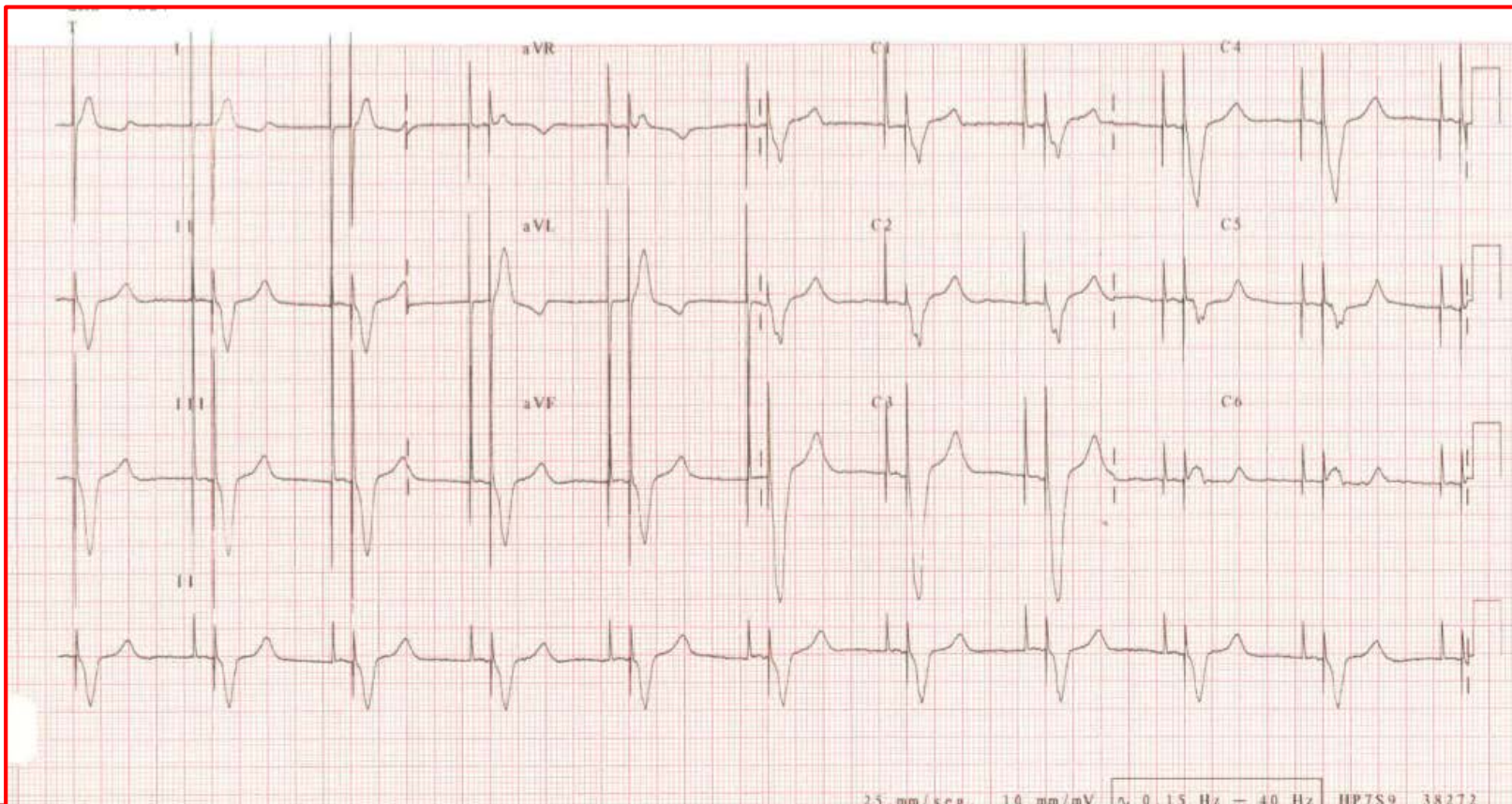




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In partnership with:



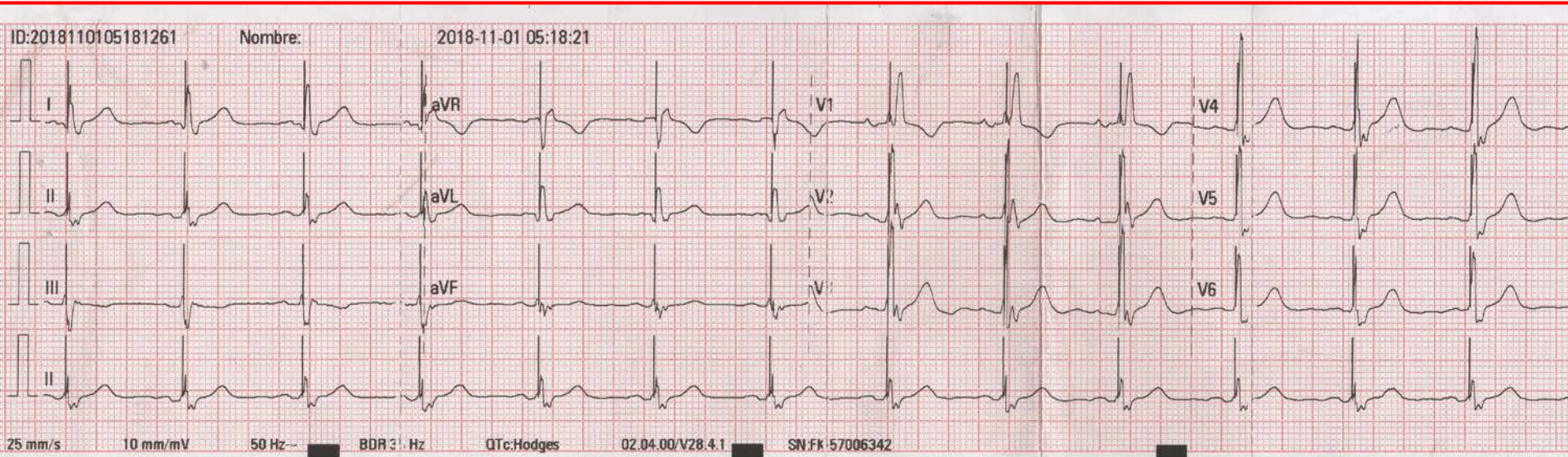


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In partnership with:



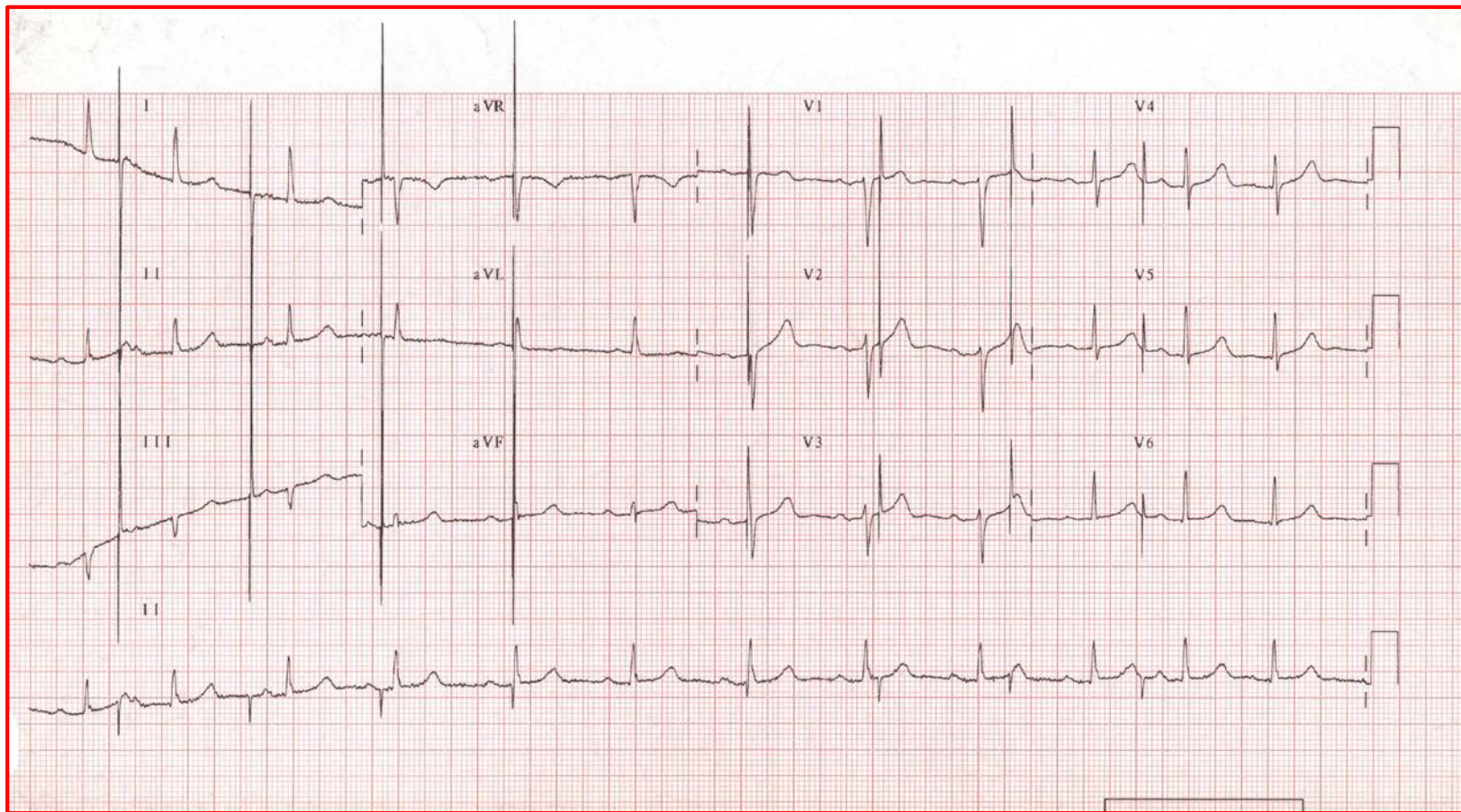
Male, 85 yo. Hospitalized for sepsis



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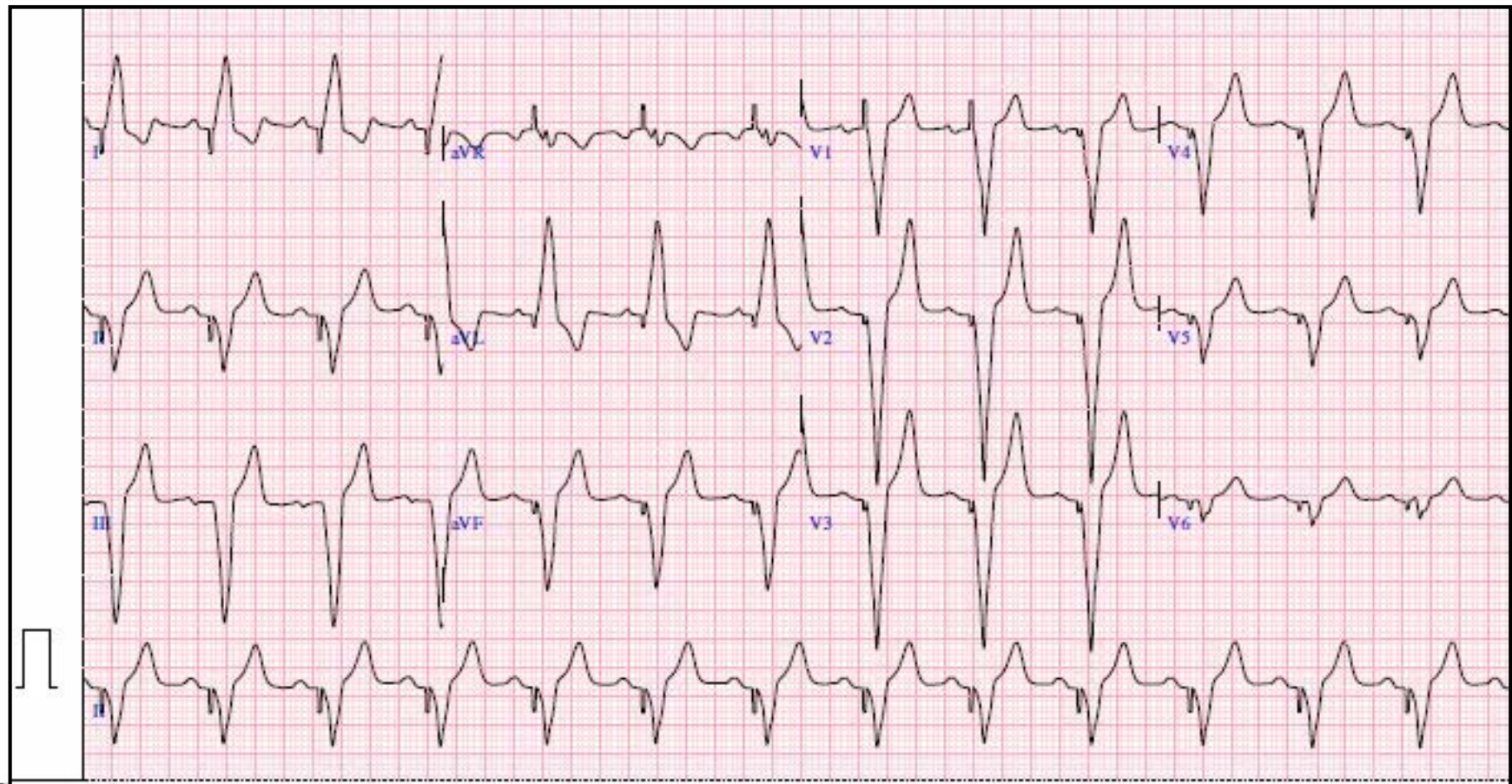




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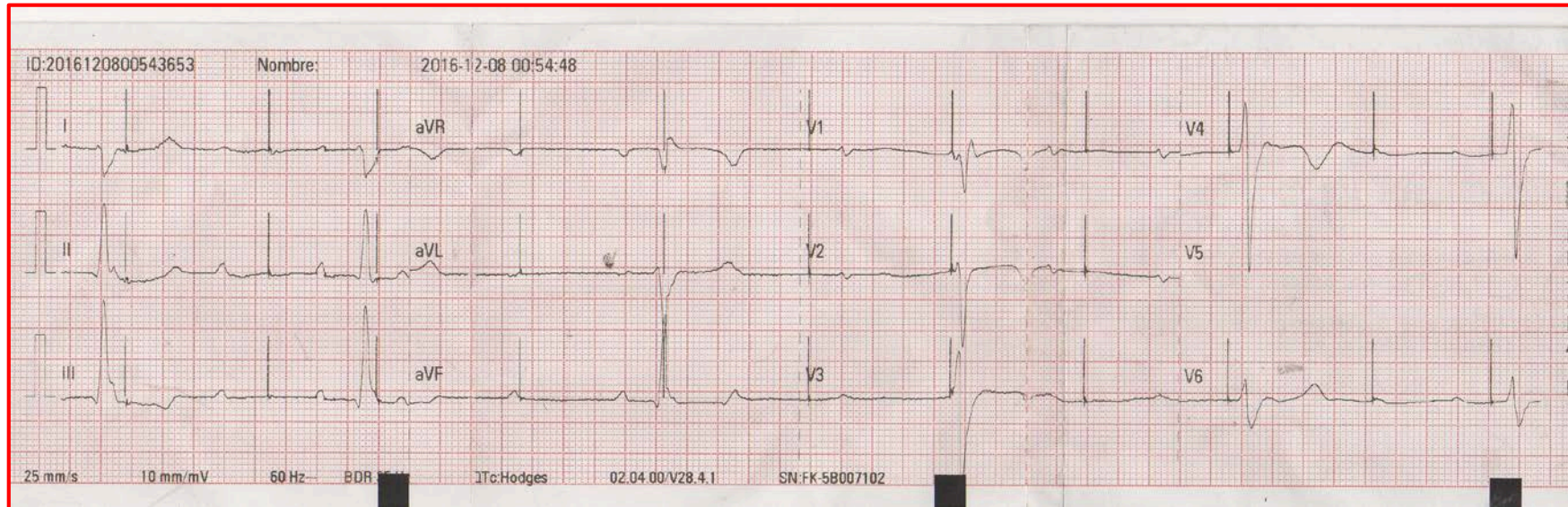




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In partnership with:



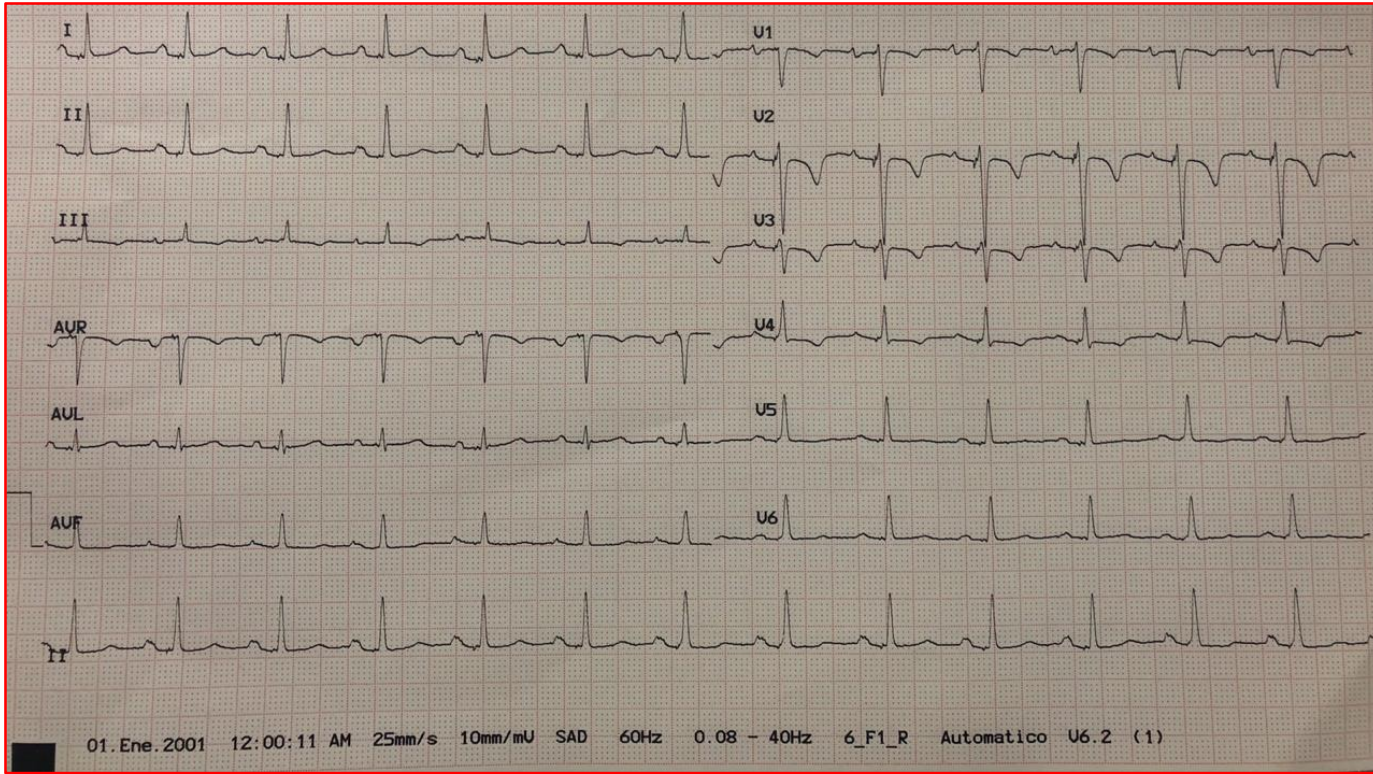


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22 yo, female.

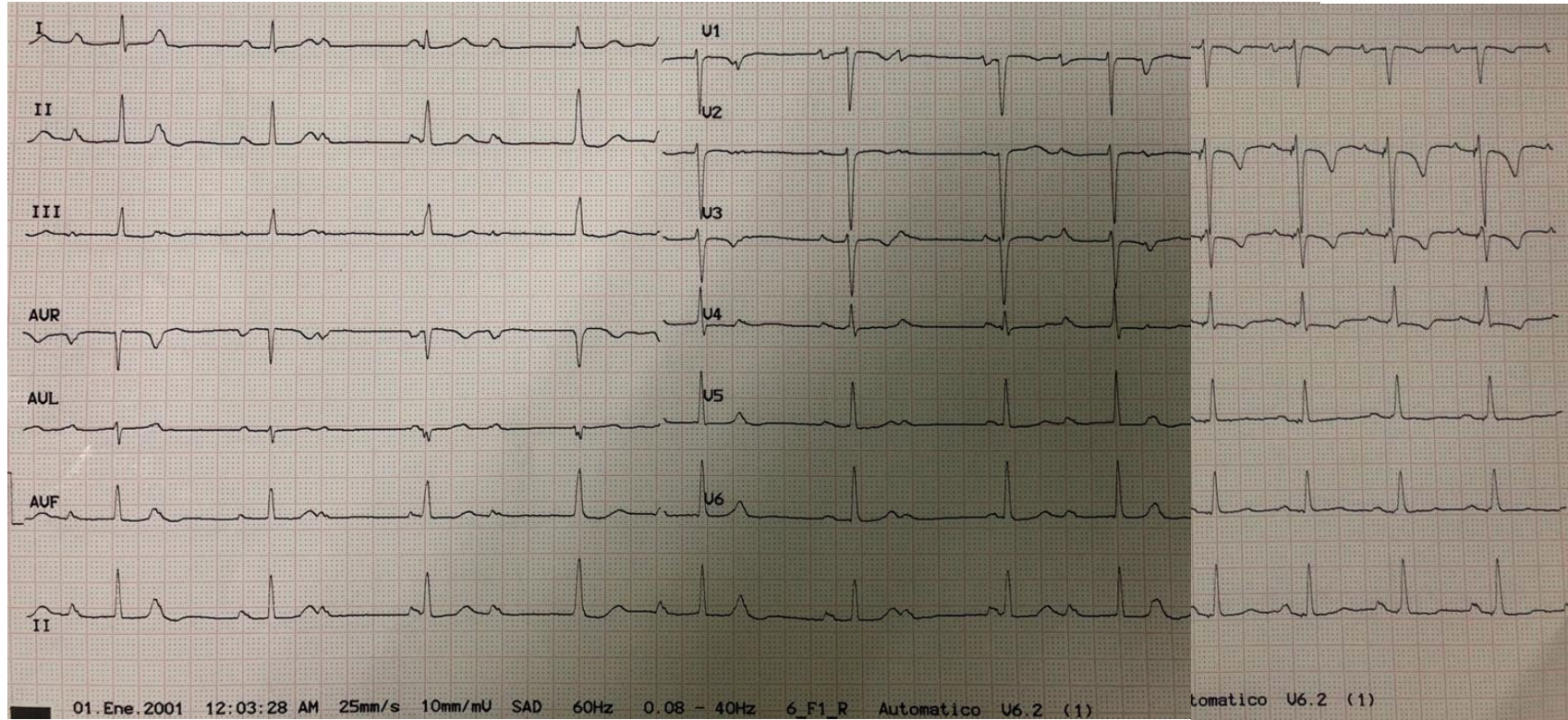


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In partnership with:



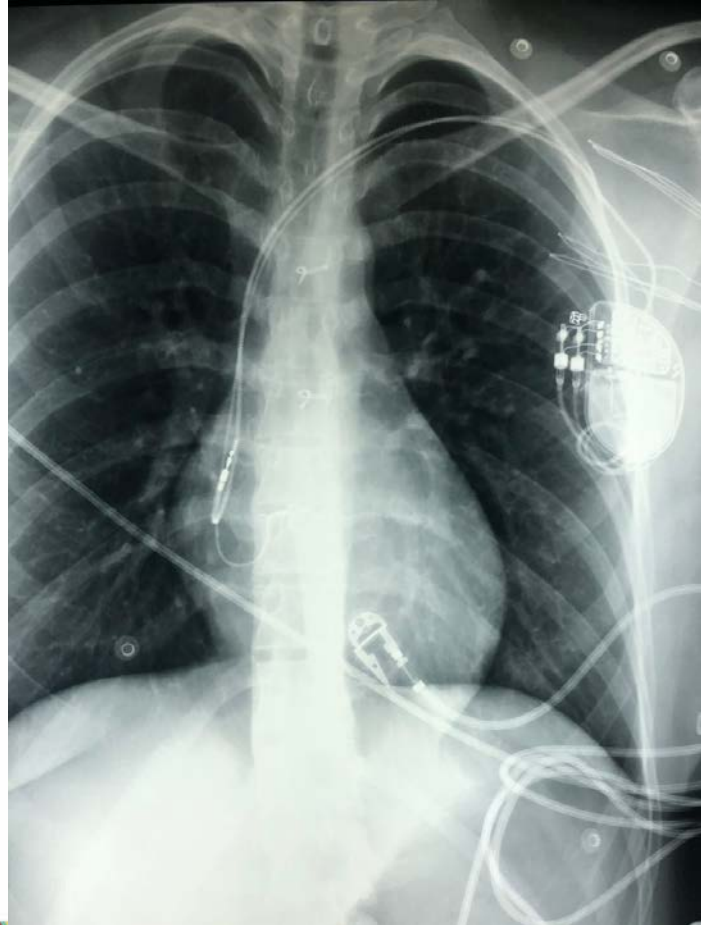
22 yo, female, interatrial communication correction



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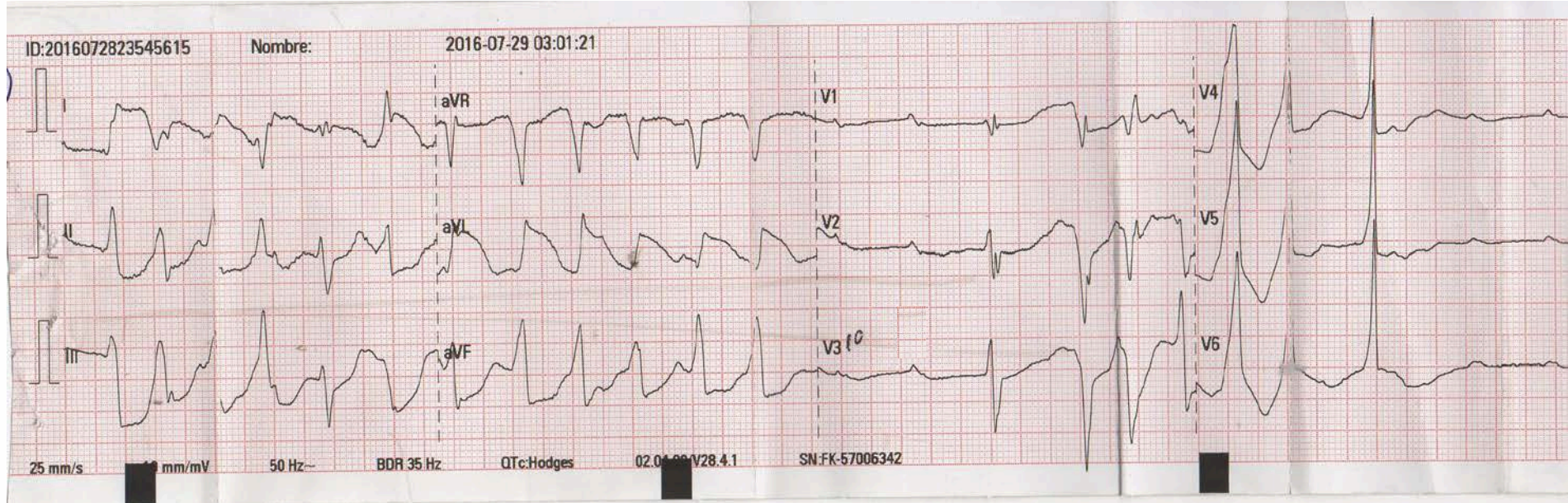


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95 yo, female. Pacemaker 10 y ago.



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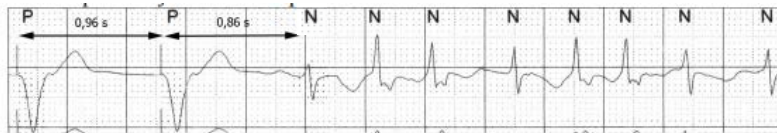


Single chamber pacemaker

- Generation of electrical stimuli
- Detection of the spontaneous myocardial electrical activity

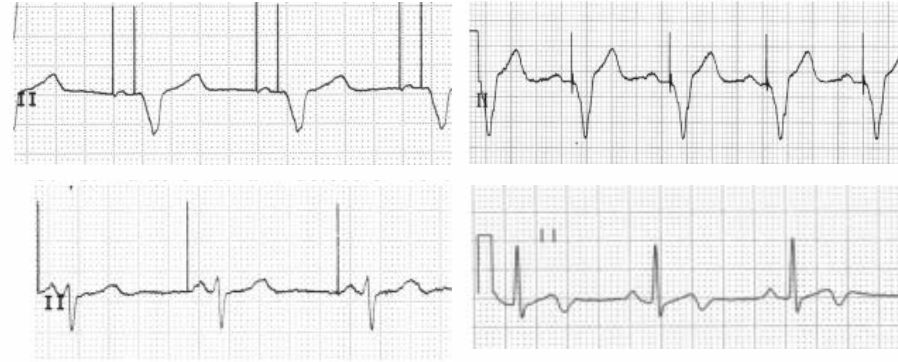


There should be no conflict between the stimulated rhythm and the patient's own



Dual chamber pacemaker

- Perform both functions in each of the 2 cameras
- AV interval: mimics the physiological interval between the contraction of both cameras



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TBC: A simple algorithm to rule out abnormalities in electrocardiograms of patients with pacemakers

- T: Tachycardia with pacing spikes : Patient assessment
- B: Bradycardia without spikes → Urgent pacemaker evaluation
- C: Chaos with spikes unrelated to QRS-T complexes.

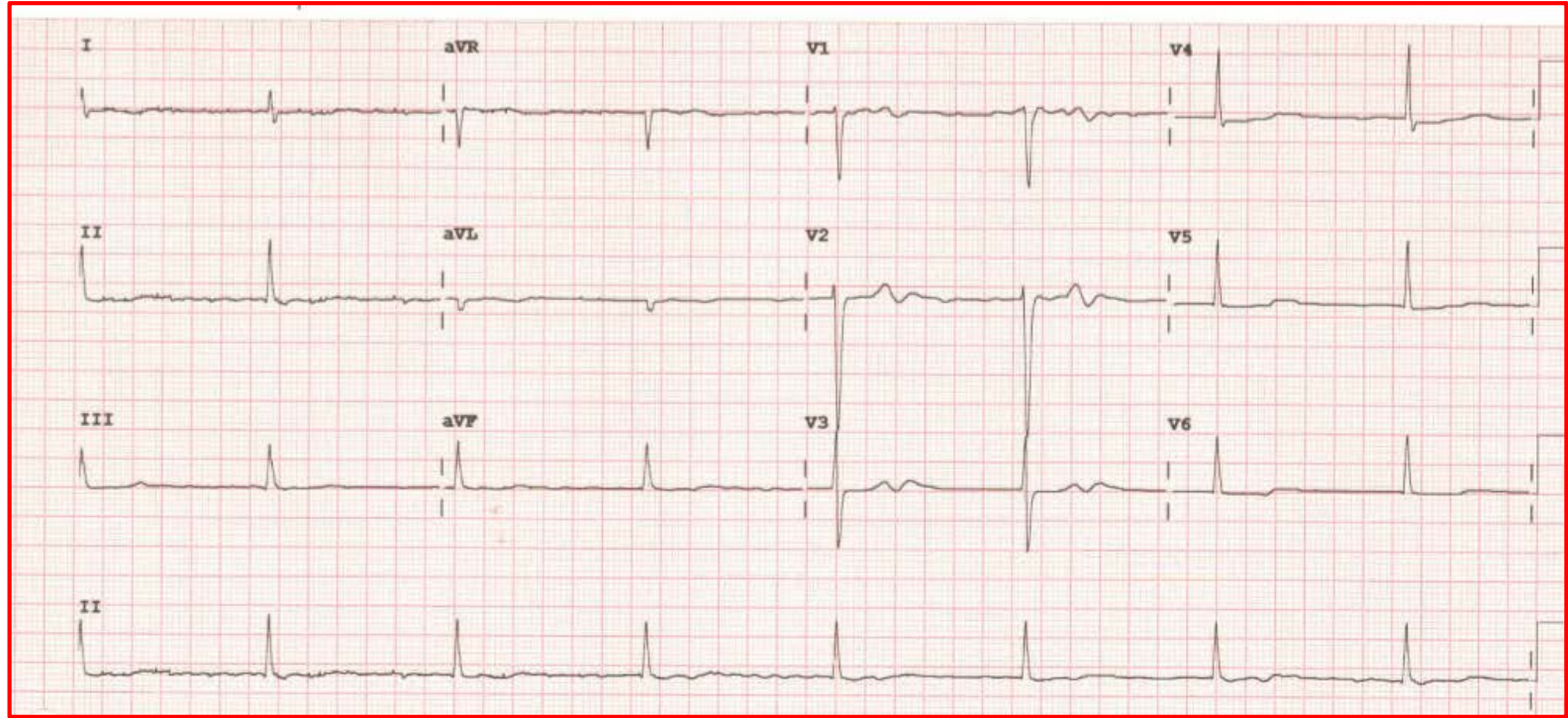
Higuera et al. Cardiology Journal, accepted: 2018-05-08.



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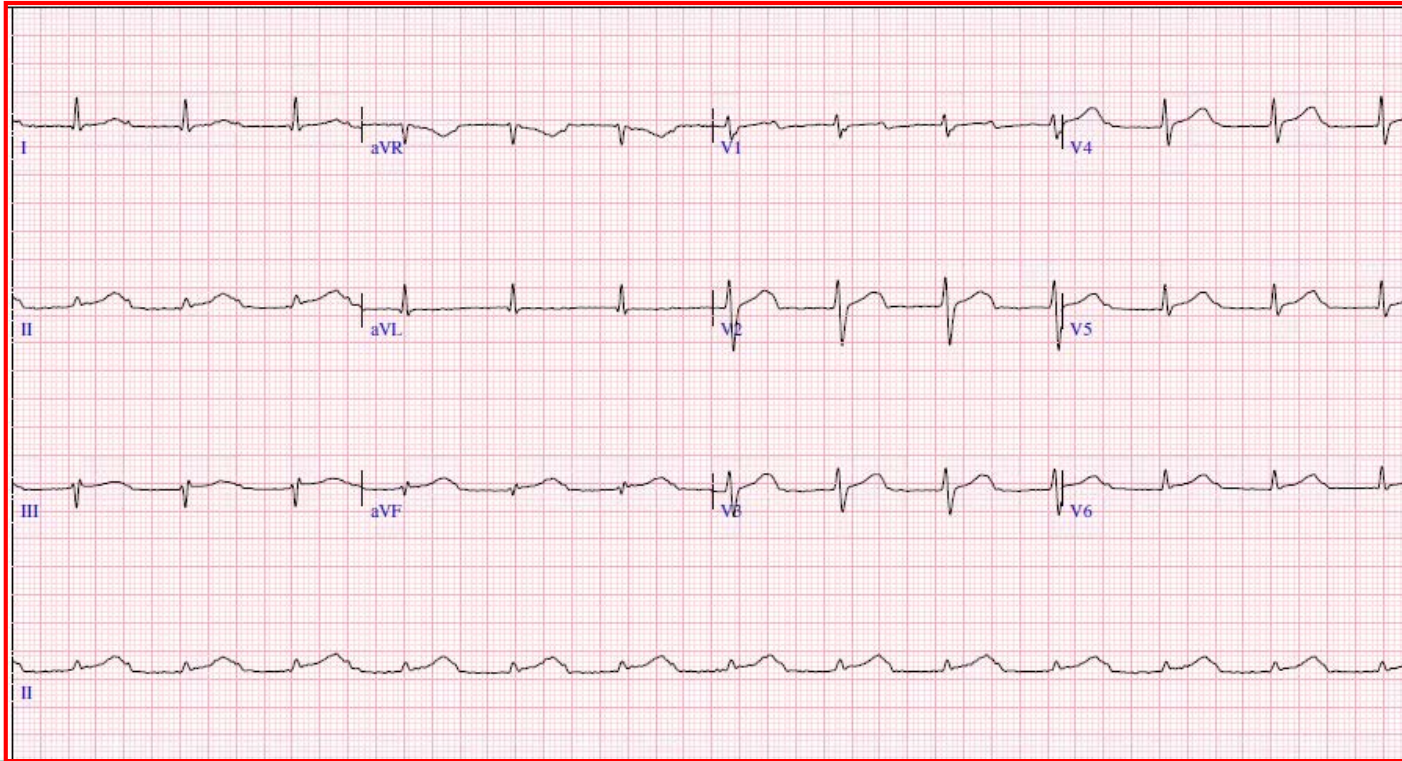


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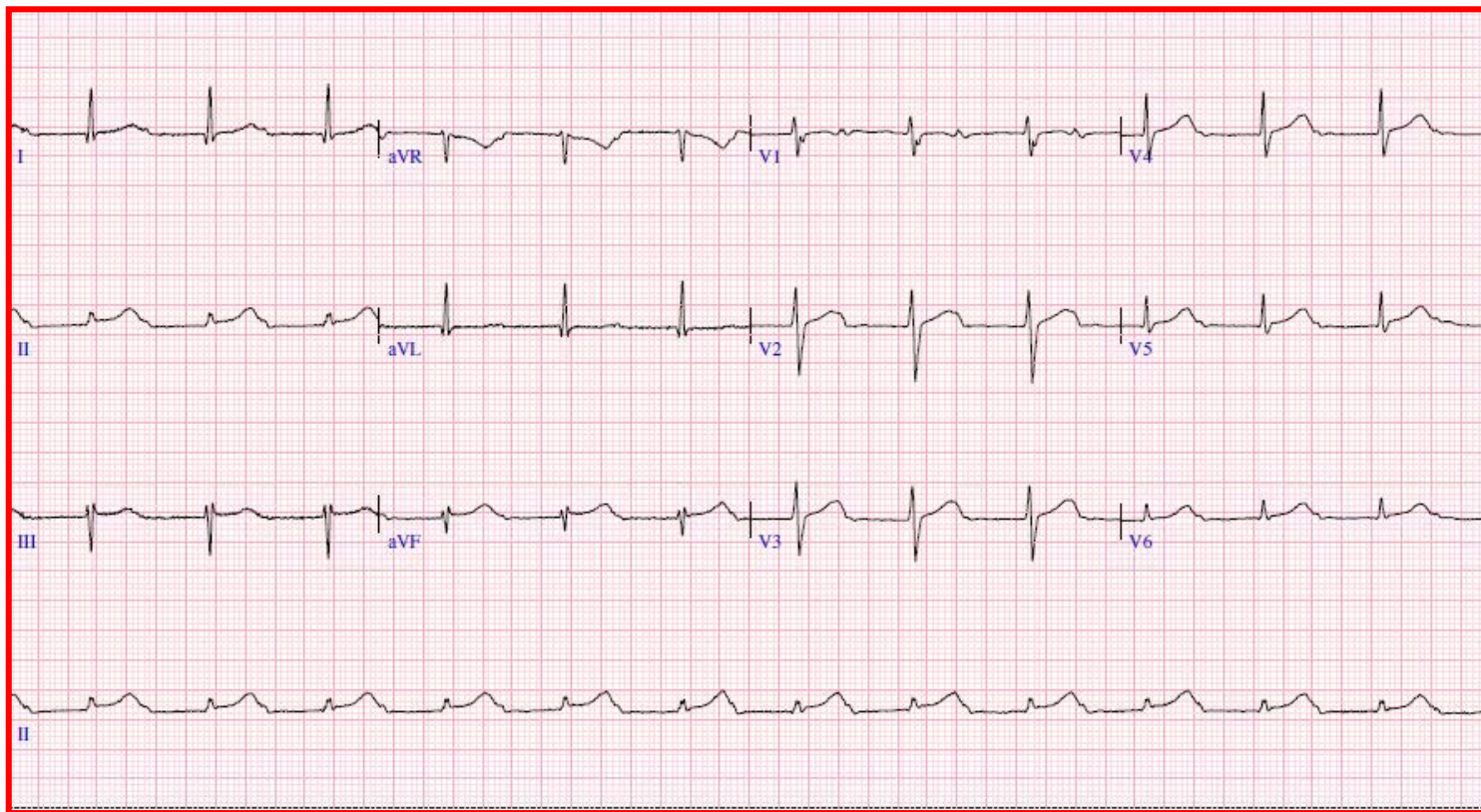
Male, 67 years old. with a history of coronary Cx and carotid Cx. H1A. Medication: clopidogrel, Eurocor 2.5 ½ tab c / 12hs. Assa 81 mg. Wife states that the patient is exhausted more than usual



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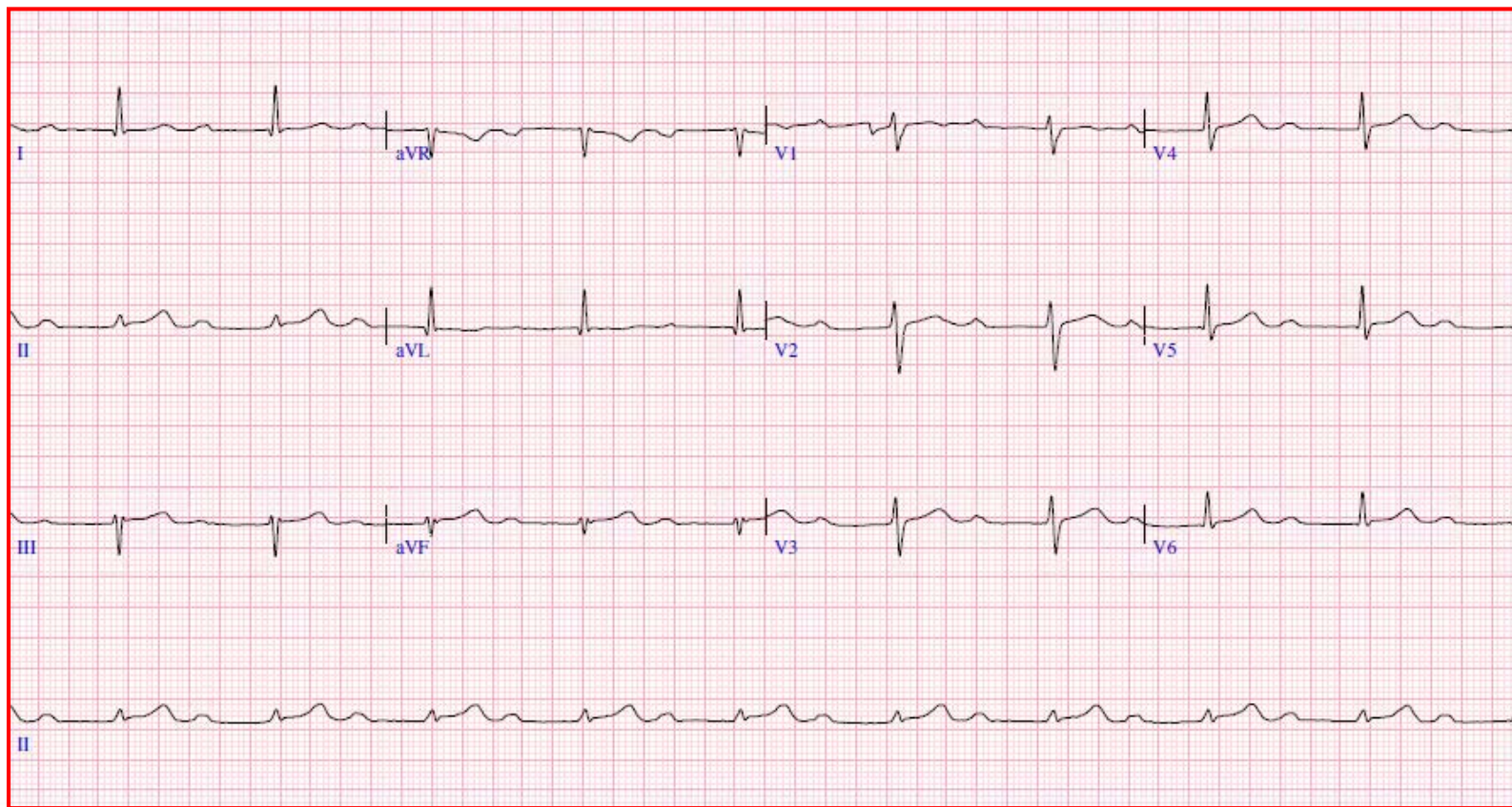




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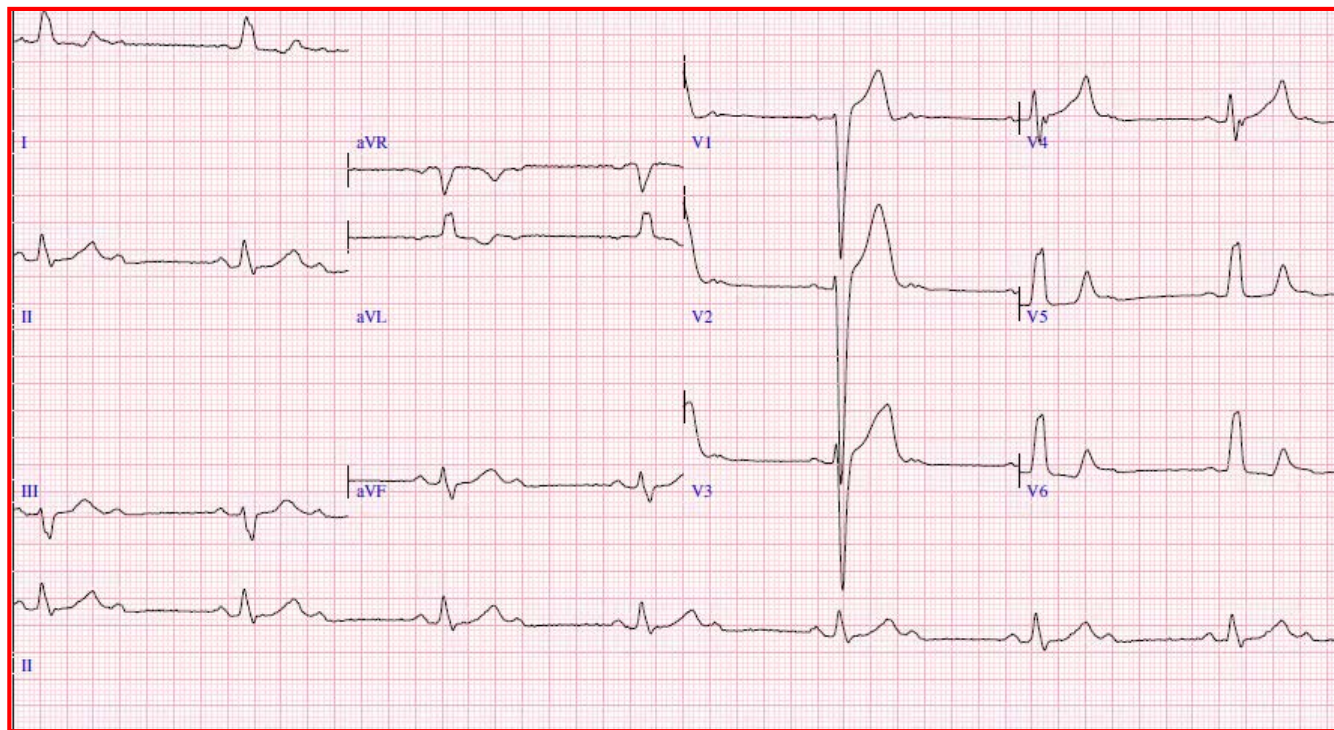




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In partnership with:

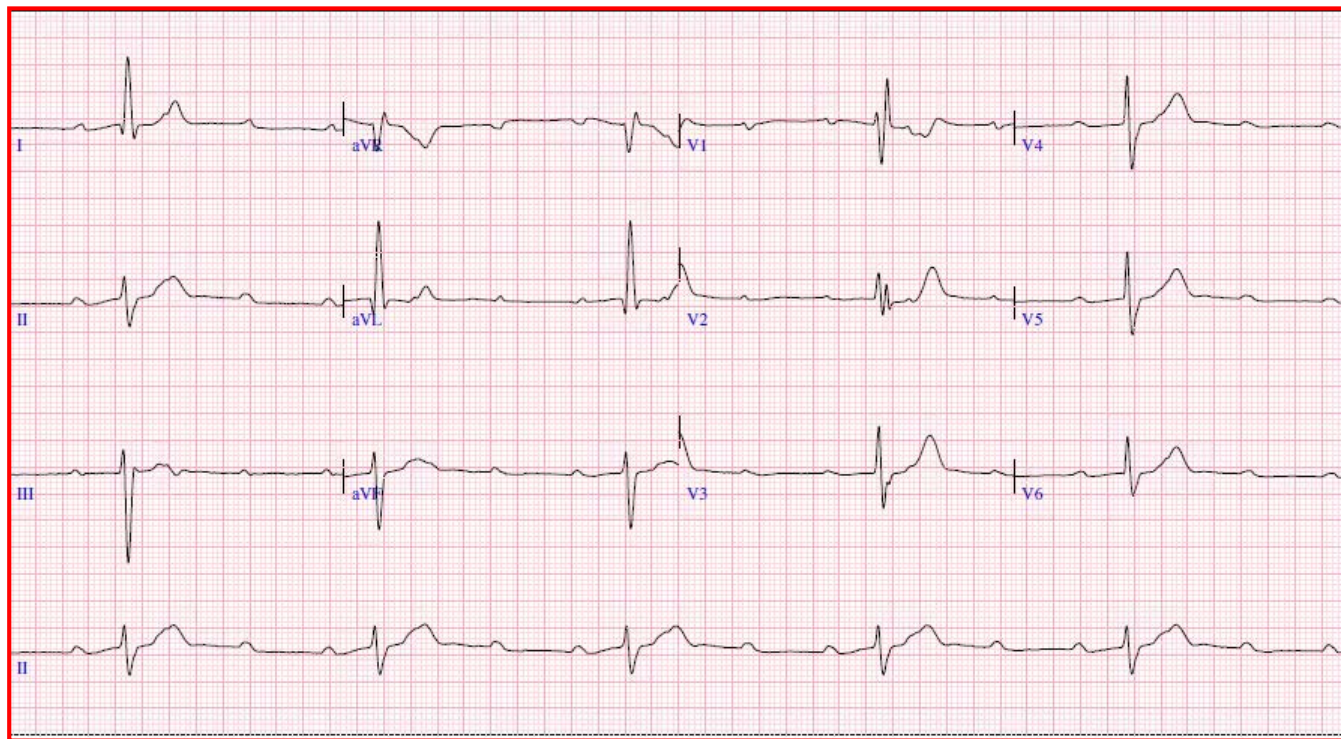




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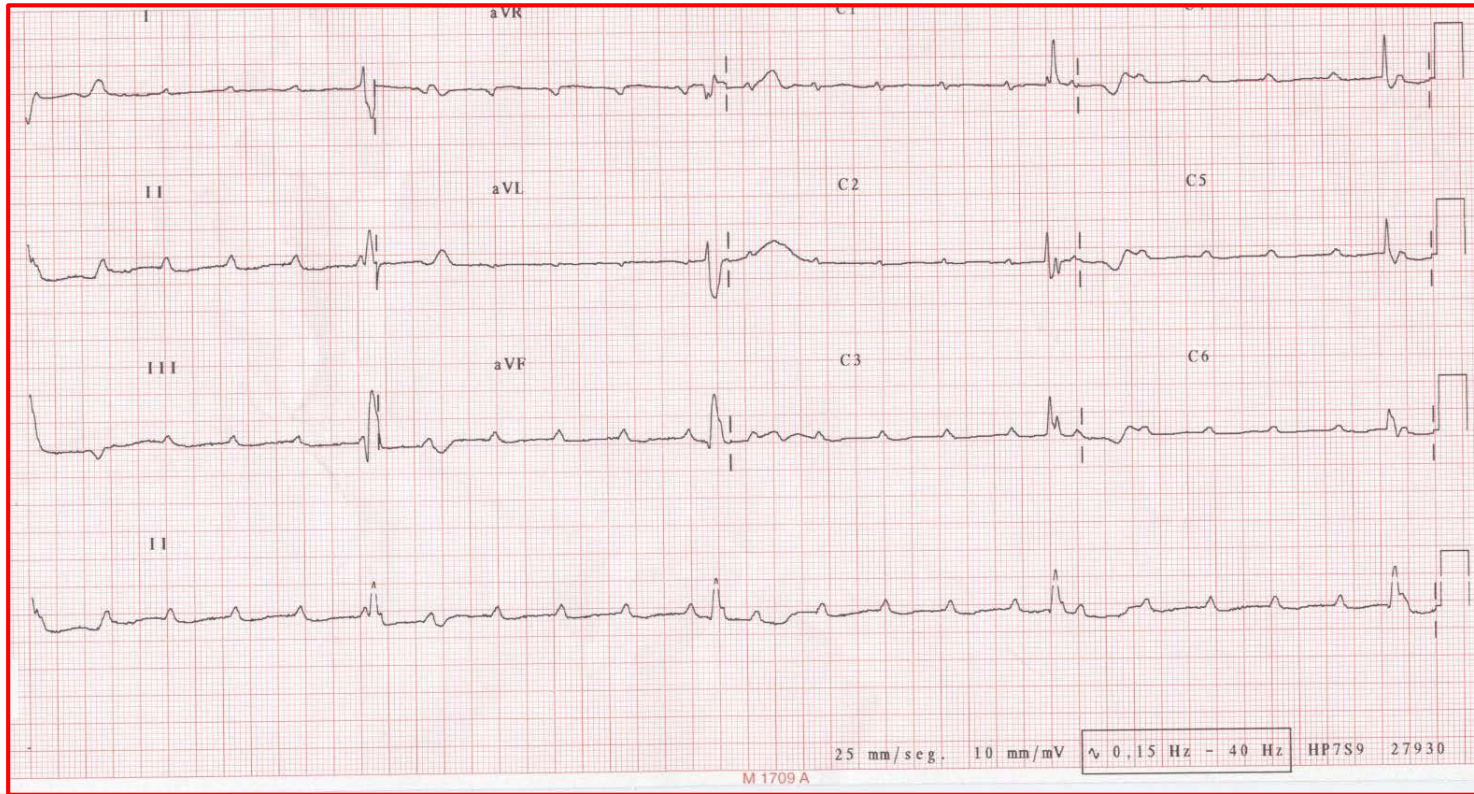


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64 yo, female. Syncope, dyspnea.

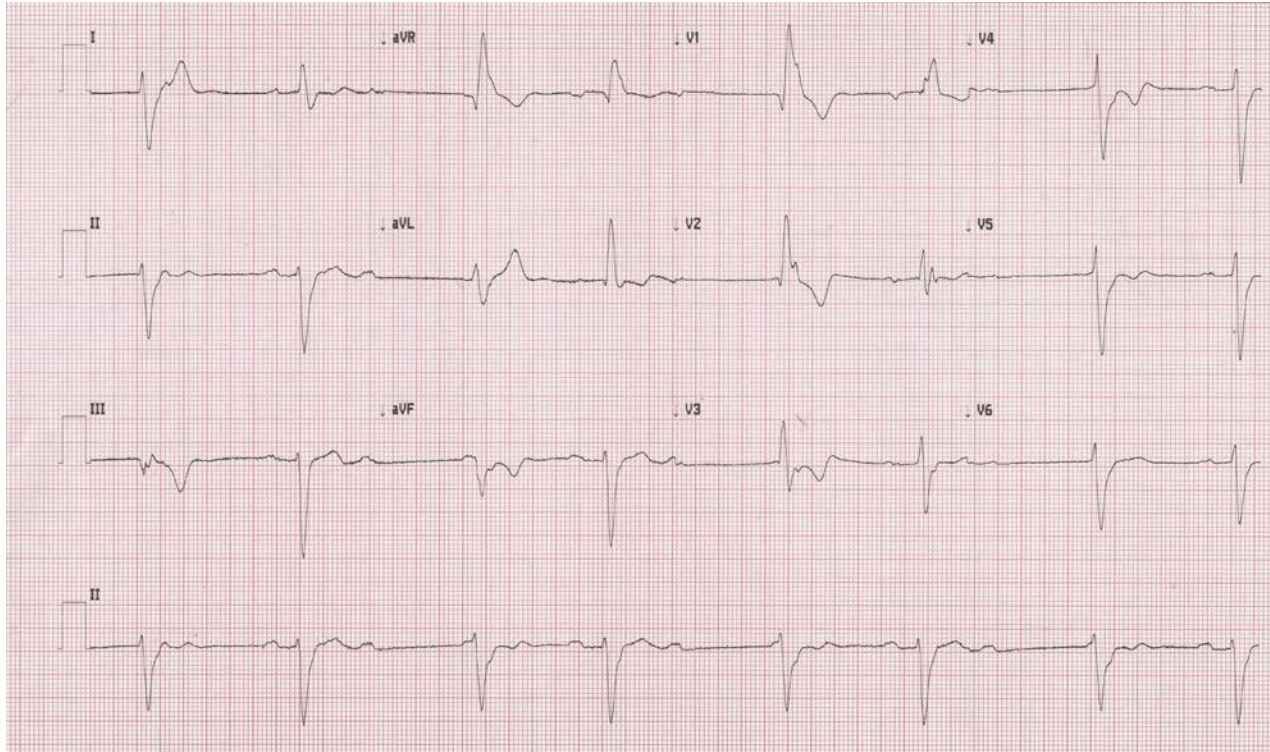


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70 yo., male.



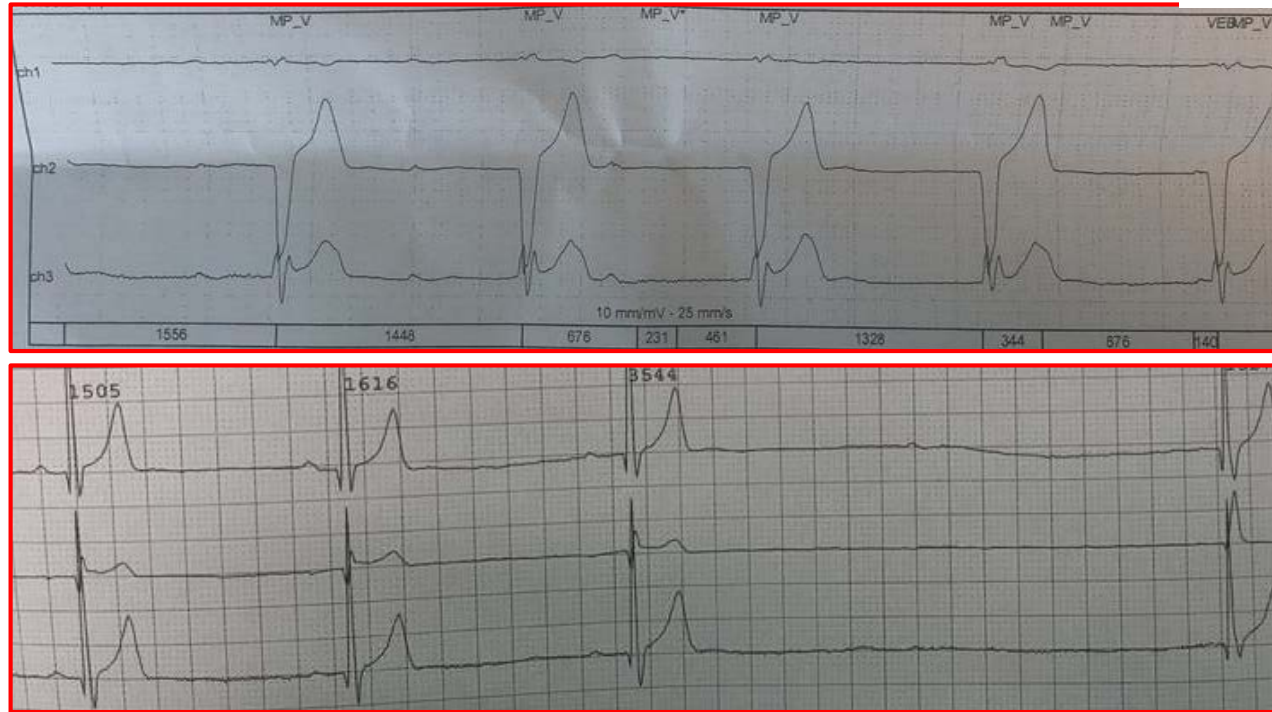
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Young 34 yo. Asyntomatic

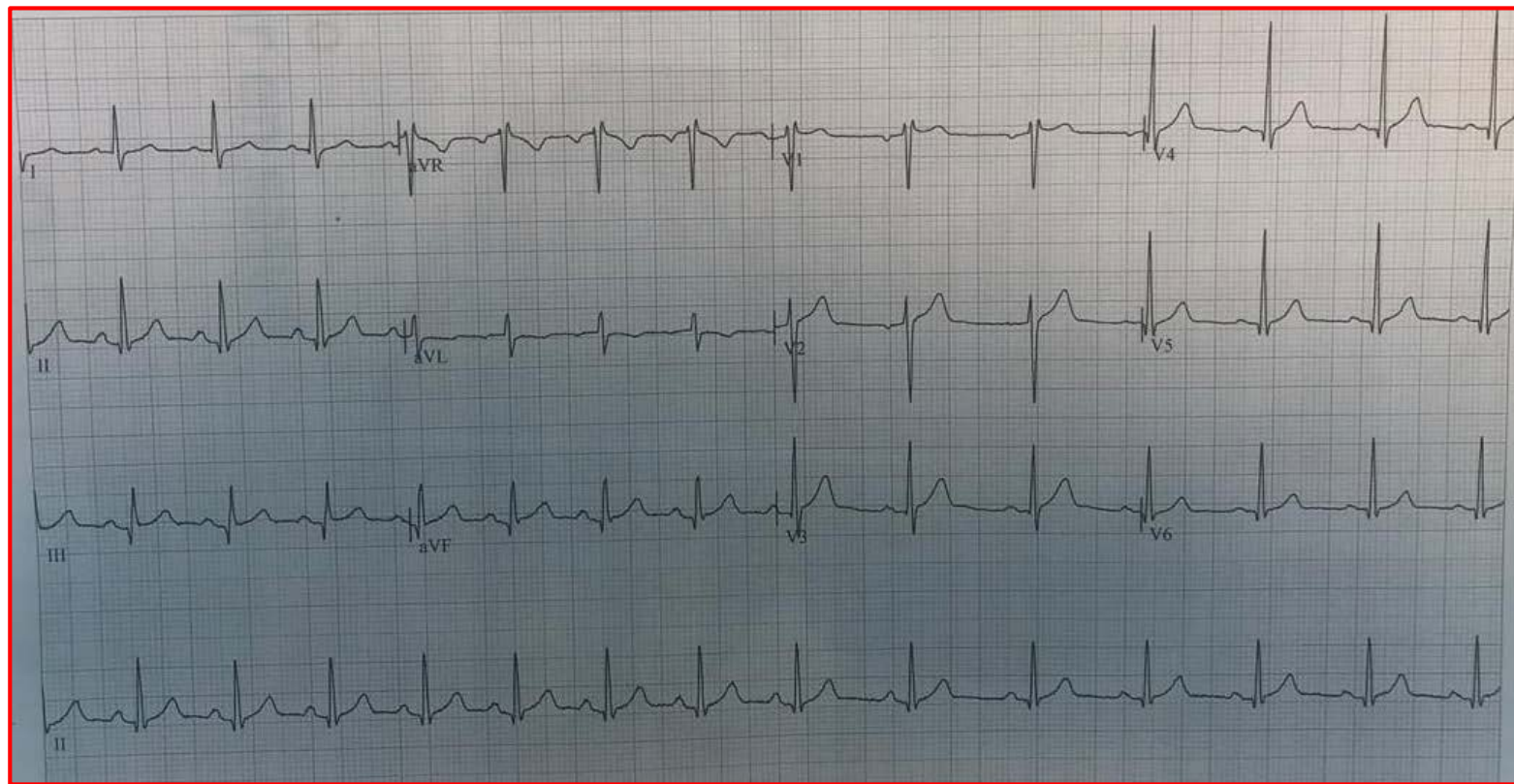
Echocardiogram:
Normal
Stress test: Normal



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2018 ACC/AHA/HRS Guideline on the Evaluation and Management of Patients With Bradycardia and Cardiac Conduction Delay

<p>Atrioventricular block (S2.2-7)</p>	<ul style="list-style-type: none">• <i>First-degree atrioventricular block:</i> P waves associated with 1:1 atrioventricular conduction and a PR interval >200 ms (this is more accurately defined as atrioventricular delay because no P waves are blocked)• <i>Second-degree atrioventricular block:</i> P waves with a constant rate (<100 bpm) where atrioventricular conduction is present but not 1:1<ul style="list-style-type: none">○ Mobitz type I: P waves with a constant rate (<100 bpm) with a periodic single nonconducted P wave associated with P waves before and after the nonconducted P wave with inconstant PR intervals○ Mobitz type II: P waves with a constant rate (< 100 bpm) with a periodic single nonconducted P wave associated with other P waves before and after the nonconducted P wave with constant PR intervals (excluding 2:1 atrioventricular block)○ 2:1 atrioventricular block: P waves with a constant rate (or near constant rate because of ventriculophasic sinus arrhythmia) rate (<100 bpm) where every other P wave conducts to the ventricles○ Advanced, high-grade or high-degree atrioventricular block: ≥2 consecutive P waves at a constant physiologic rate that do not conduct to the ventricles with evidence for some atrioventricular conduction• <i>Third-degree atrioventricular block (complete heart block):</i> No evidence of atrioventricular conduction• <i>Vagally mediated atrioventricular block:</i> Any type of atrioventricular block mediated by heightened parasympathetic tone• <i>Infranodal block:</i> Atrioventricular conduction block where clinical evidence or electrophysiologic evidence suggests that the conduction block occurs distal to the atrioventricular node
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2018 Bradycardia Clinical Practice Guidelines. JACC

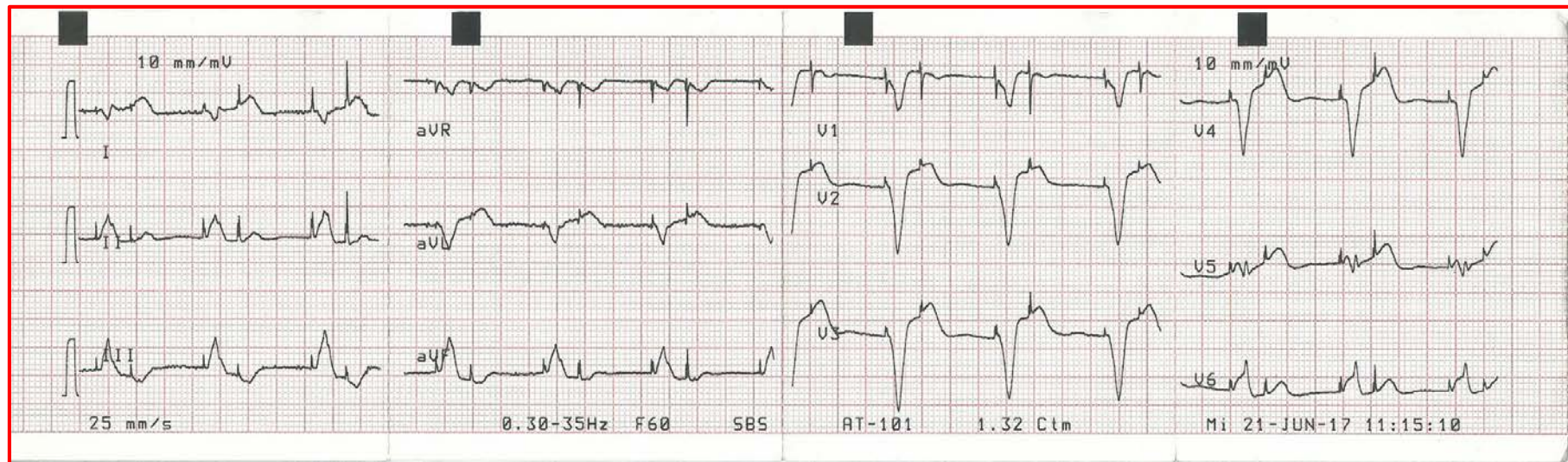


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63 yo. Female. Pacemaker 3 years ago. Dyspnea



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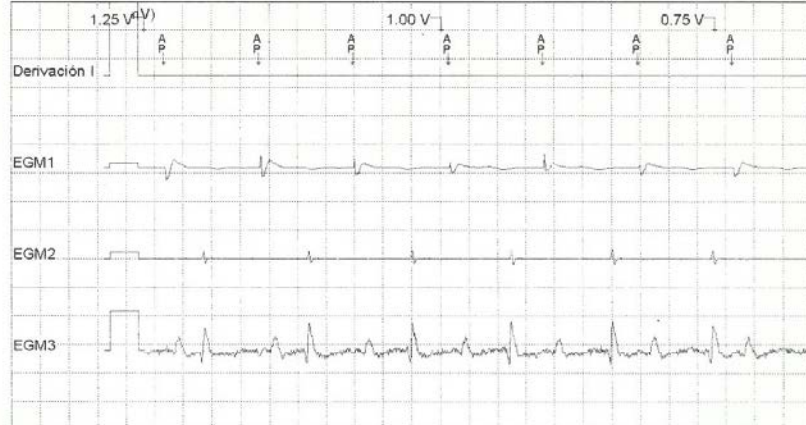


Informe de prueba de umbral de estimulación

Página 2

Recopilado: 17-Jul-2017 17:55:33

25.0 mm/seg



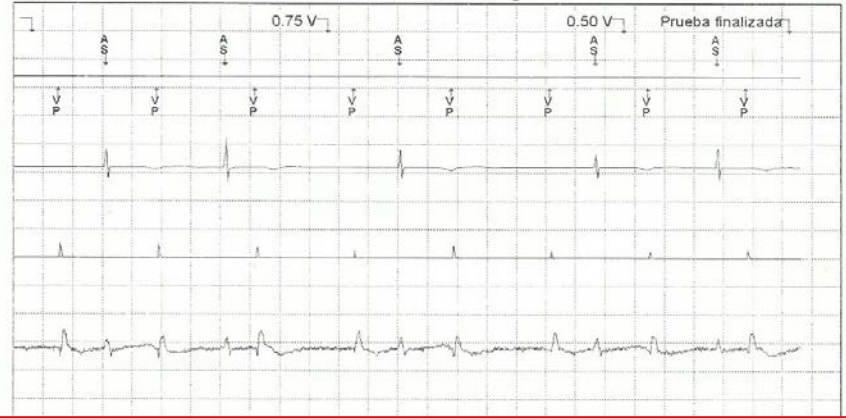
Informe de prueba de umbral de estimulación

Página 3

17:54:42

25.0 mm/seg

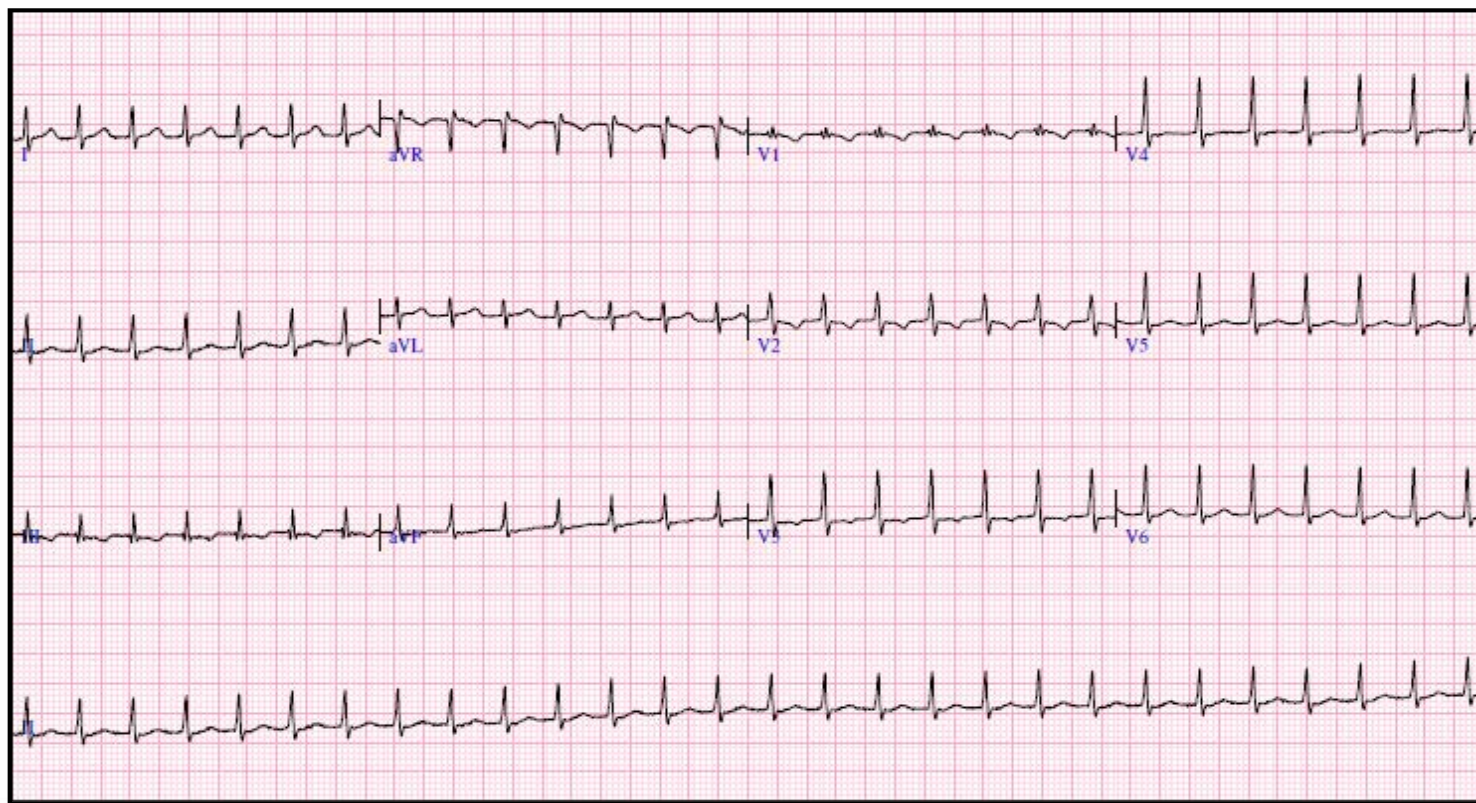
Fin



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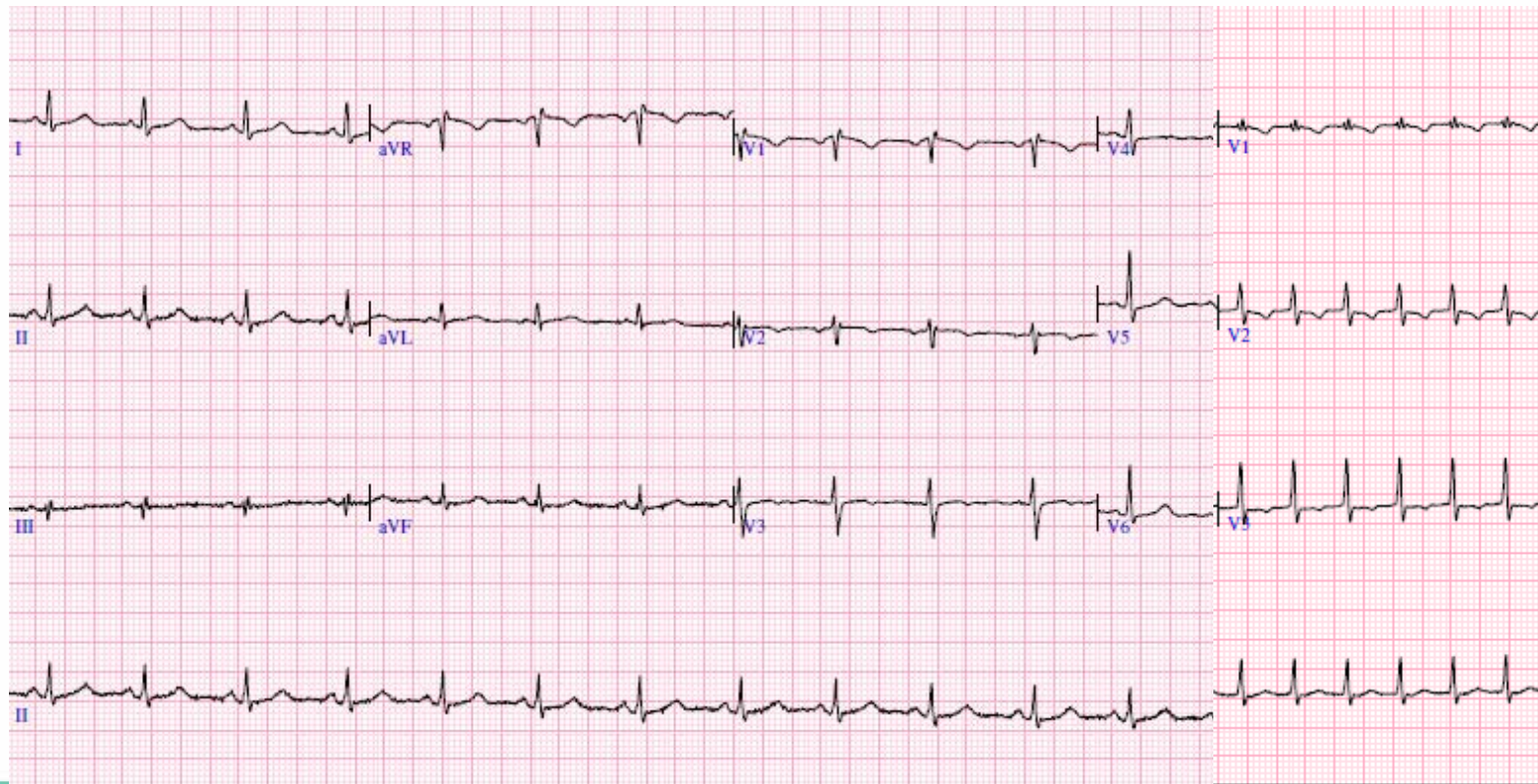




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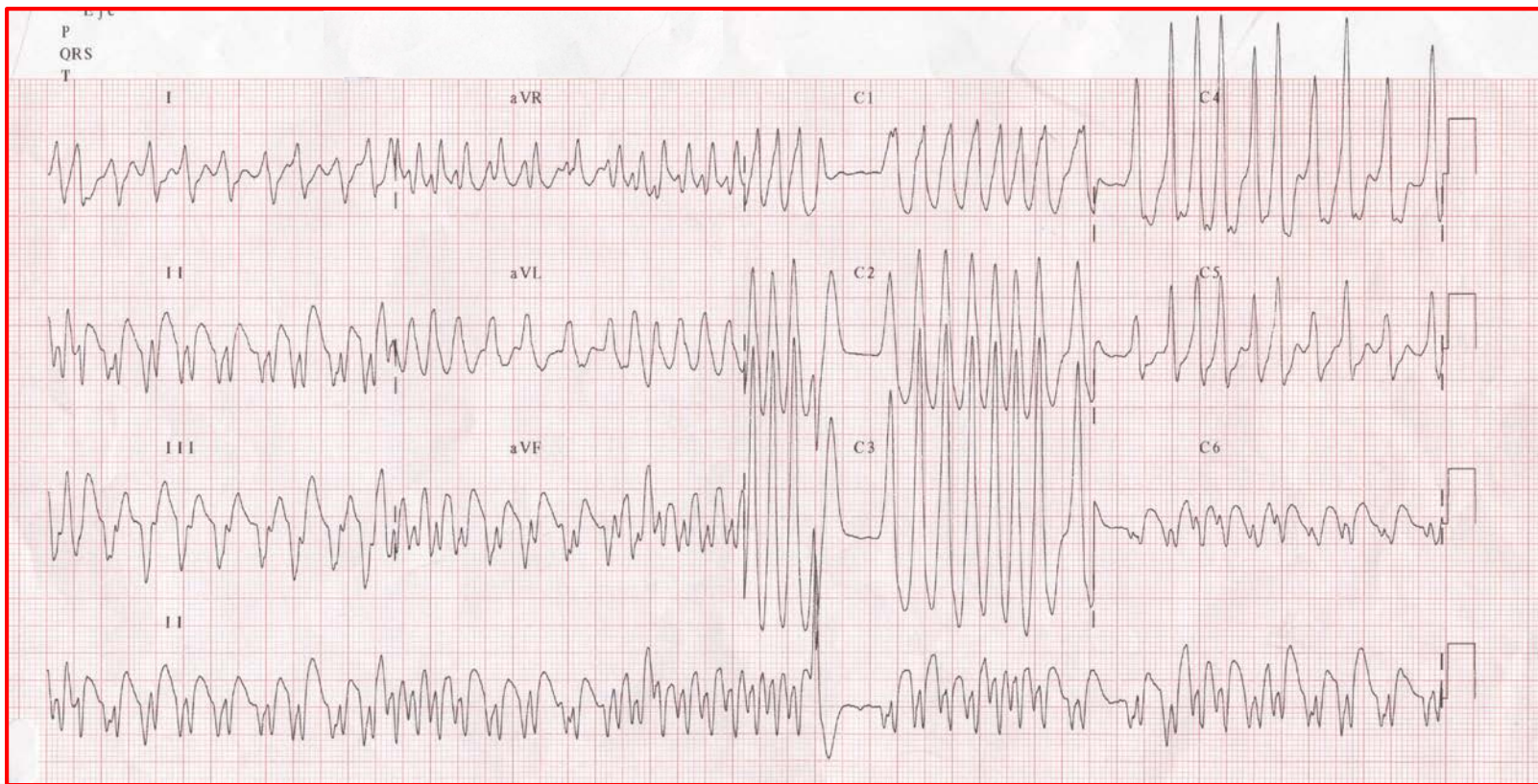




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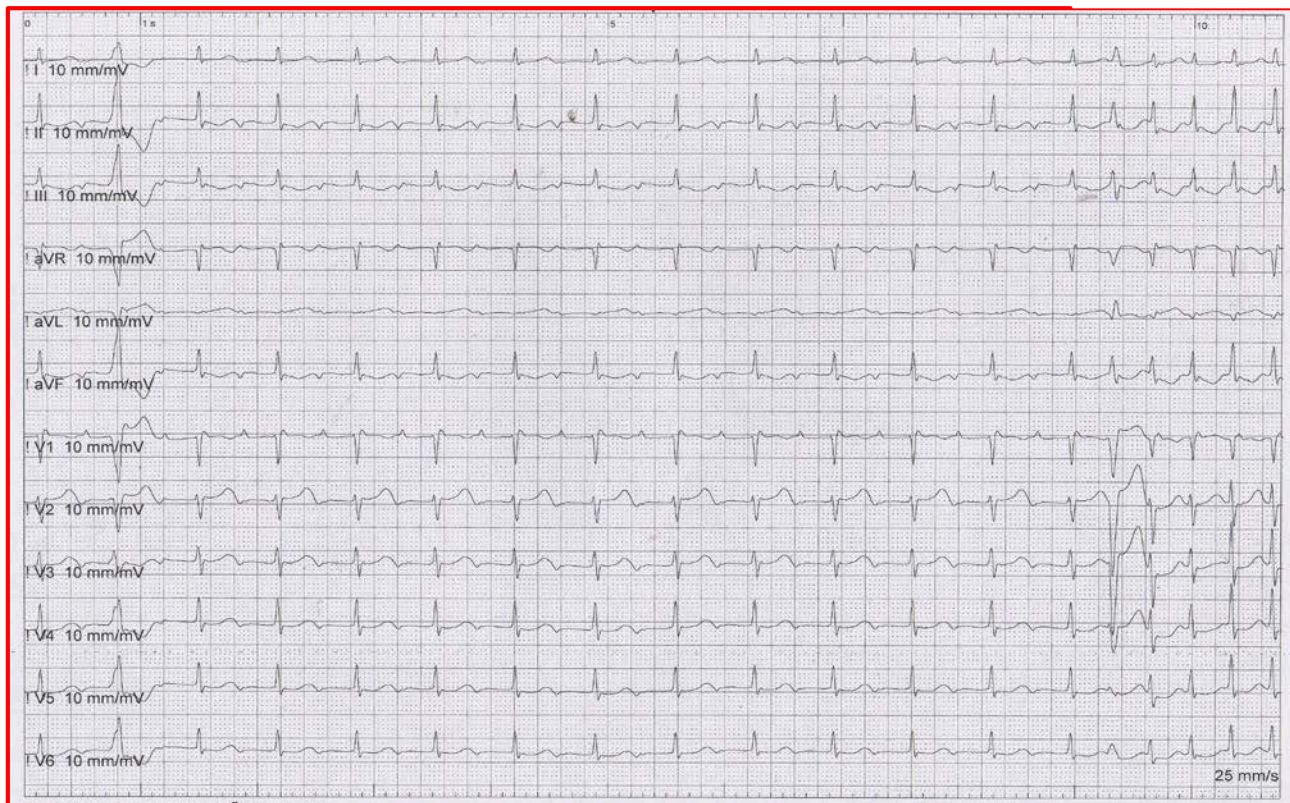




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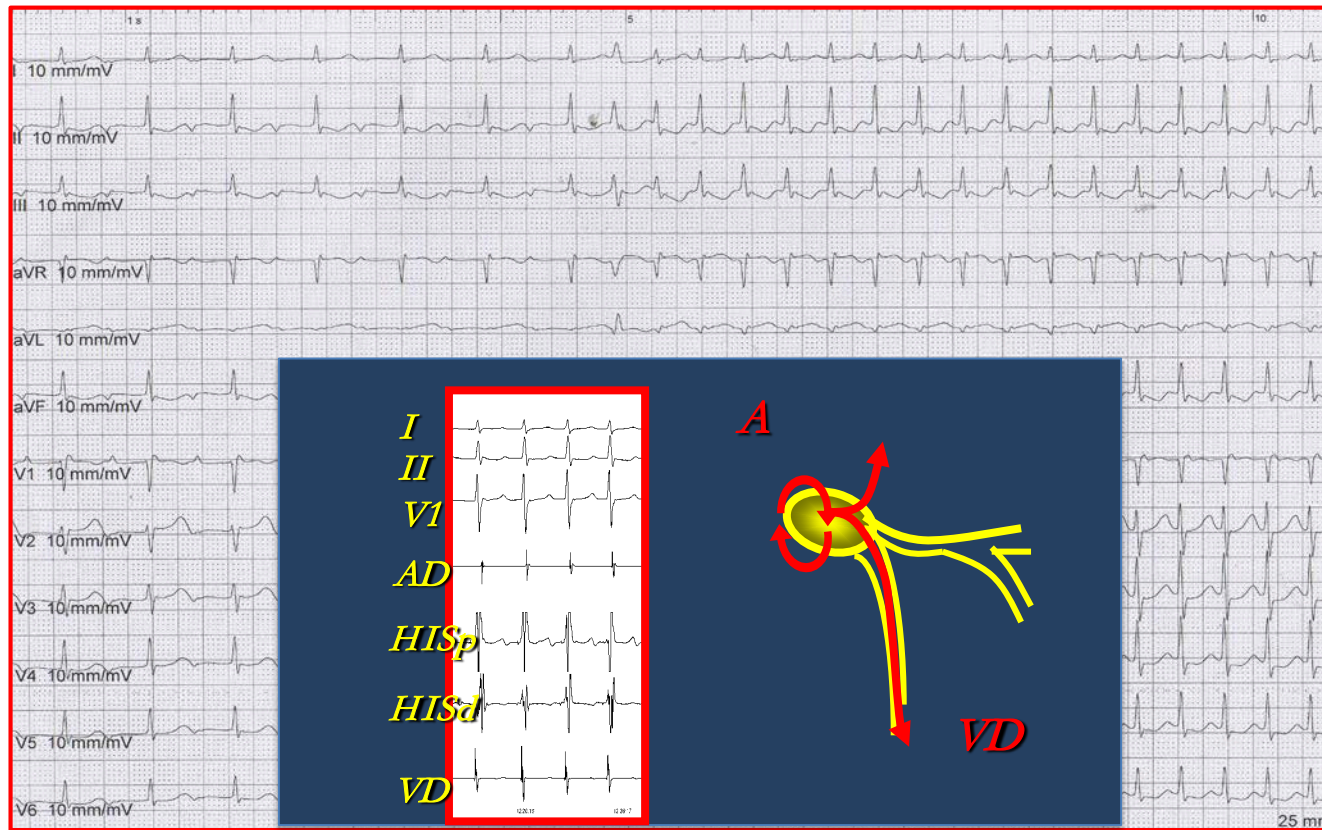




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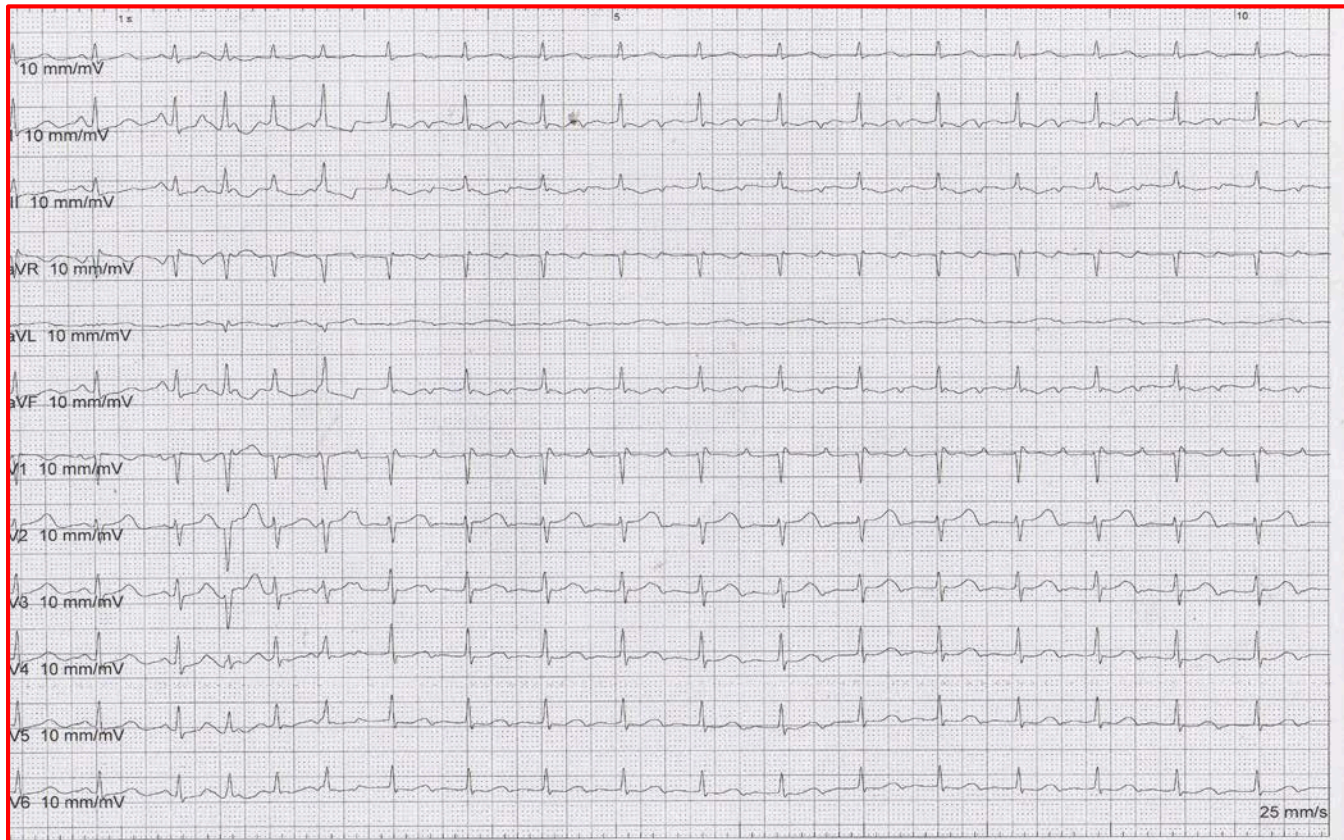




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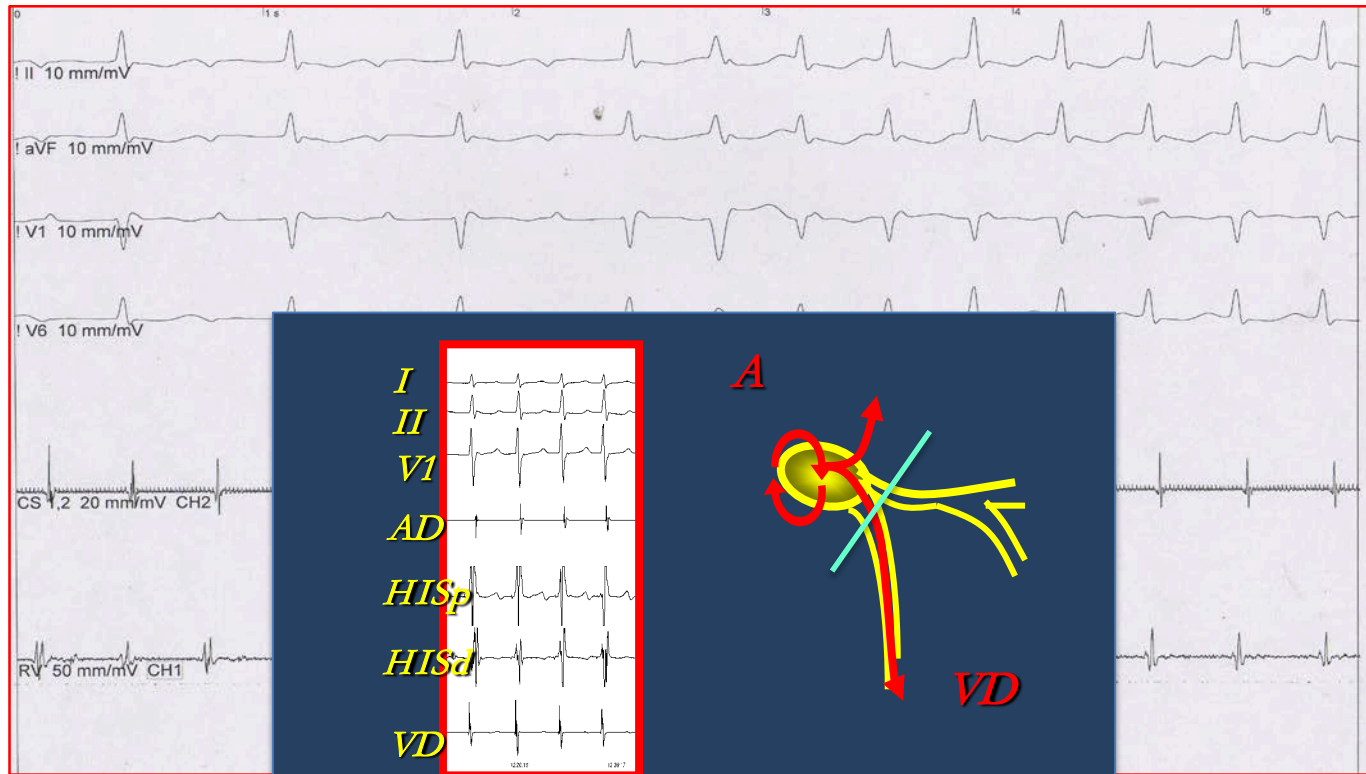




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