

ORIGINAL RESEARCH PAPER

Emergency Medicine

VENTRICULAR TACHYCARDIA: STROM

KEY WORDS:

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INTRODUCTION:

Ventricular tachycardia is wide complex tachycardia of more than 120millisec duration originating from ventricle at rate of more than 100bpm. Short period of VT may occur with or without symptom usual presentation include palpitation, chest pain. Prolonged VT is life threatening.

CASE: 39 year old male presented with history of palpitation for last 2 years which has increased recently. No past medical or surgical history.

BP. 80/60 mm hg, H.R. 212/min, RR 16/min, Spo2 97% on RA, RBS 132mg/dl, TEMP- afebrile

PRIMARY SURVEY

Airway patent

Breathing BLAE equal, Normal work of breathing

Circulation all pulses are felt, CRT<2min

Disability GCS15/15

All of sudden ECG shows ventricular tachycardia with hypotension (80/60 mm hg)

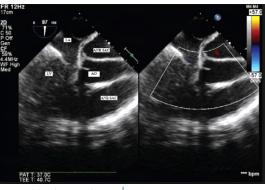
IMMIDIATE ACTION

100 J Synchronized cardioversion i.v. access sample sent H.R. 212/min Cardiology consultation

INVESTIGATION:

ECHO-EF 20 - 25 %





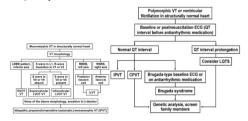
CORONARY ANGIOGRAPHY - normal coronary **TROP I –** Positive (>50ng/dl)

Electrophysiological study - focal ventricular tachycardia from right ventricle mid septum

DISCUSSION-

Ventricular tachycardia in structurally normal heart is defined as idiopathic ventricular tachycardia. Structural heart disease can be rule out if echocardiogram and coronary angiography are normal.80-90% of ventricular tachycardia in normal heart originate from RVOT and 10% from LVOT.

Radiofrequency ablation is safe and effective treatment.



CONCLUSION:

Ventricular tachycardia is more or less commonly seen with structural heart disease. Radiofrequency Ablation is treatment of choice. Recurrence is less commonly seen with Radiofrequency ablation.

Reference:

- Desouza IS, Martindale JL, Sinert R. Antidysrhythmic drug therapy for the termination of stable, monomorphic ventricular tachycardia: a systematic review. Emergency Medicine Journal 2013: epub. [PubMed]
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