



ORIGINAL RESEARCH PAPER

Emergency Medicine

WHEN STRESS TAKES CONTROL: THE BATTLE AGAINST PAROXYSMAL SUPRAVENTRICULAR TACHYCARDIA

KEY WORDS: Paroxysmal Supraventricular Tachycardia, arrhythmia, heart failure.

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ABSTRACT

Background : Paroxysmal supraventricular tachycardia (pSVT) is often due to different re entry circuits in heart, where less frequent cause include enhanced or abnormal automaticity and triggered activity. Signs and symptoms commonly include palpitation, chest discomfort, light headedness, diaphoresis, syncope, shortness of breath. **Aims and Objectives :** This study is done to evaluate proximal supraventricular tachycardia and to outline interprofessional team strategies to improve care co-ordination and communication to enhance outcomes for patients affected by pSVT. **Material and Methods :** A case report of 22 year old male admitted to Department of Emergency Medicine, DY Patil University School of Medicine & Hospital, Nerul, Navi Mumbai, with the complaint of left lumbar abdominal pain radiating to the groin associated with 1 episode of vomiting. There was no comorbidity. Routine investigations and special investigations like 12 lead ECG and USG were done. For pain relief different Injections like Inj.Paracetamol 900 mg, Inj. Diclofenac 75 mg + Inj. Hyoscine 10 mg, Inj. Tramadol 50 mg IV at different pain scales were given. **Conclusion :** In this case supraventricular tachycardia was triggered by pain and anxiety which got relieved by analgesia and reassurance. Thus pain and emotional stress can also be a trigger for supraventricular tachycardia and we should always find out the underlying cause or triggering factor and treat accordingly.