

Country cardiograms case 44

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A 63-year-old morbidly obese woman presents to the emergency department of a rural hospital with a history of repeated episodes of syncopal attacks for the past 2.5 years. These episodes have increased in severity and frequency over the last 3 weeks. She has a history of hypertension, hypercholesterolemia, hypothyroidism and obstructive sleep apnea. Previous treatment for sleep apnea with continuous positive airway pressure was not tolerated. The patient states that she typically passes out when she bends forward to put on her socks or pick up items from the floor, when she gets up from bed and sometimes when she is on the toilet. It never happens when she is upright. The episodes usually occur abruptly, without preceding warning

signs of presyncope or aura. She recovers within 5 minutes with no confusion afterwards. She has a history of occasional witnessed limb twitching and generalized body stiffness, frothy oral secretions and urinary incontinence during the syncopal episodes. During one episode she fell and twisted her left ankle. Her regular medications are nifedipine 30 mg daily, bisoprolol 5 mg daily, perindopril–indapamide 8 mg/2.5 mg daily, acetylsalicylic acid 325 mg daily and levothyroxine 0.075 mg daily. Her deceased mother had a history of obstructive sleep apnea and had a permanent pacemaker implanted.

The patient's initial 12-lead electrocardiogram is shown in Figure 1. The patient stays in the emergency department on the telemetry heart monitor,

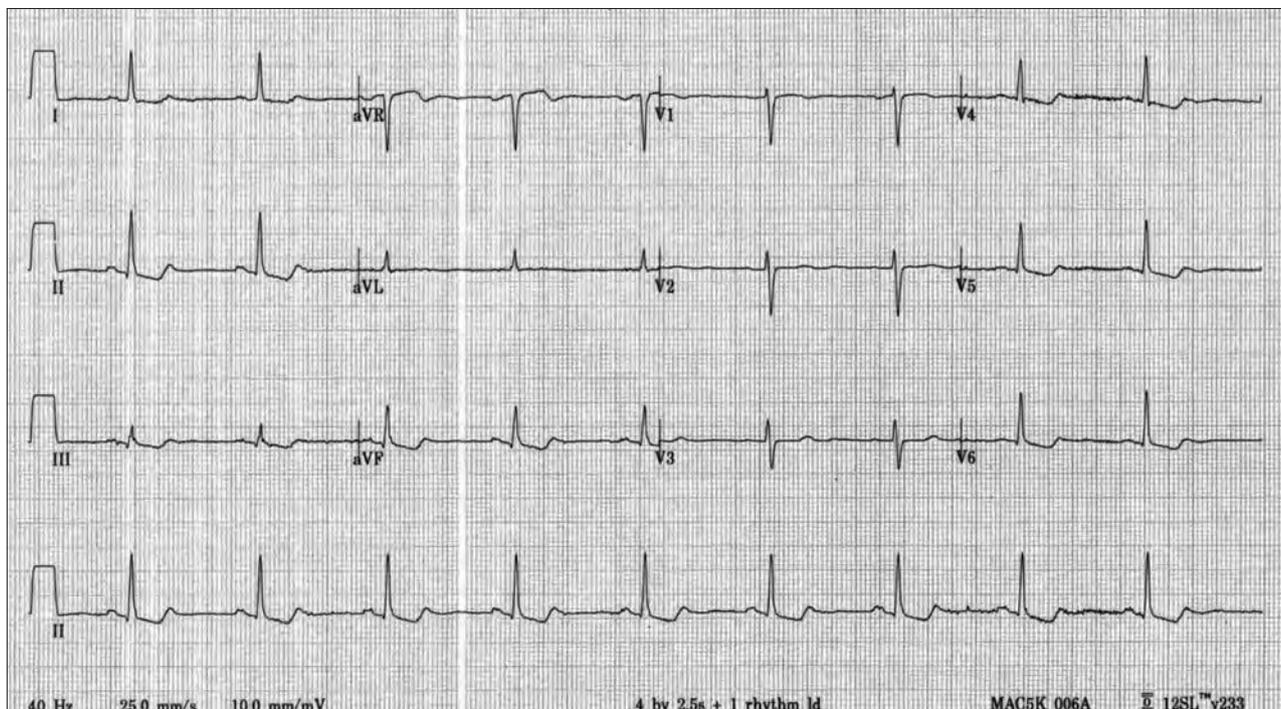


Fig. 1. Twelve-lead electrocardiogram of a 63-year-old woman with a 2.5-year history of syncopal episodes.

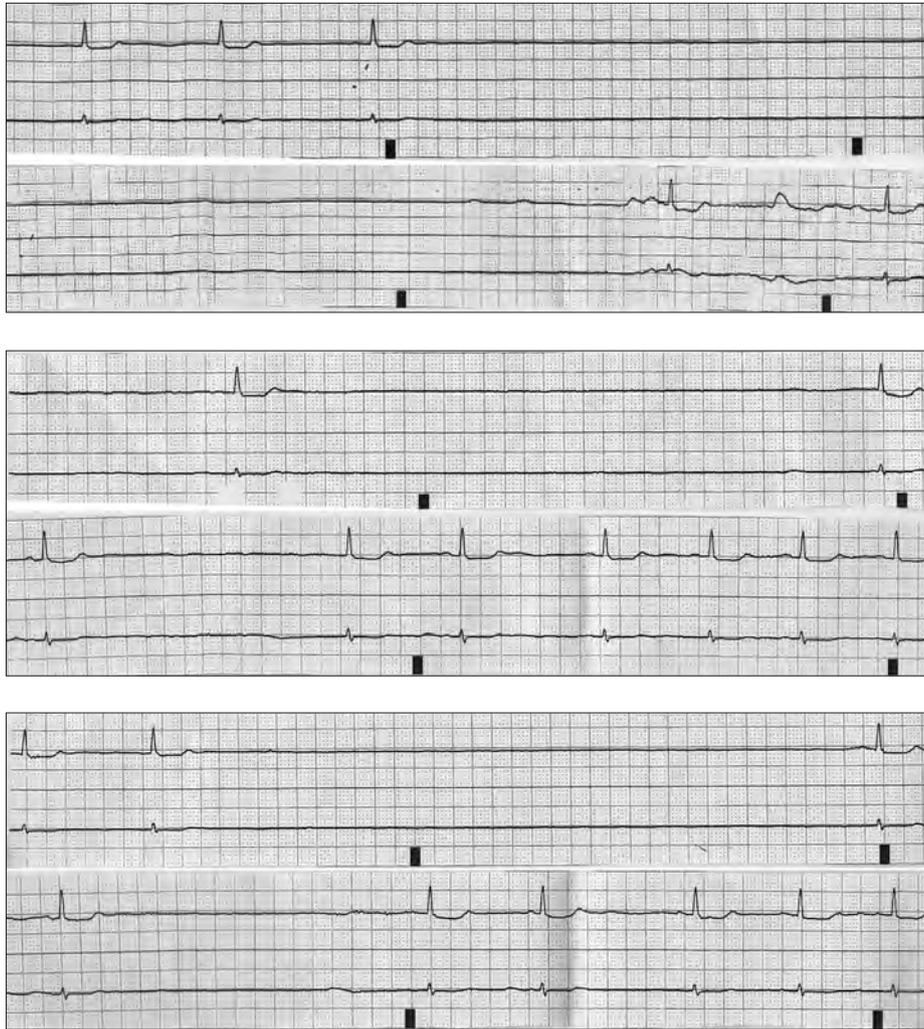


Fig. 2. Cardiac telemetry strips taken during sleep; the second strip in each panel is a continuation of the first strip.

and while she is sleeping her heart rhythm suddenly changes, as shown in Figure 2. What is your diagnosis?

For the answer, see page 112.

Competing interests: None declared.

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