

ARVD with recurrent ventricular tachycardia episodes

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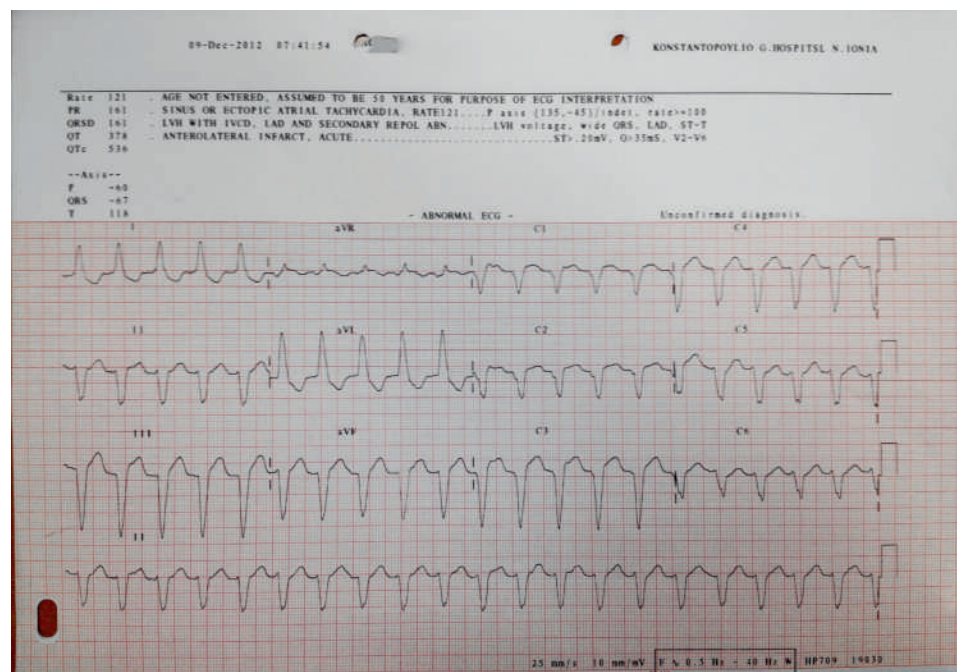
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Case presentation

An 80-year-old female Caucasian patient presented at the emergency room (ER) with dizziness and presyncope. The 12-lead surface ECG (25 mm/s, 10 mm/mV) was as follows (fig. 1). A sustained regular monomorphic wide QRS complex tachycardia with left bundle branch block morphology and superior axis at a rate of

118 beats per minute was diagnosed. The patient was haemodynamically stable with arterial blood pressure 120/80 mm Hg, SatO₂ 99% and normal breathing rate. She was treated with an intravenous infusion of amiodarone and after 30 minutes the 12-lead surface ECG became as follows (fig. 2: 25 mm/s, 10 mm/mV).

Figure 1
ECG recording when the patient was symptomatic.



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