

ECG Contest

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A 56-year-old patient with no relevant history attended the emergency room because of an episode of rapid palpitations. An electrocardiogram showed regular broad QRS tachycardia at 190 bpm, with a similar morphology to left bundle branch block. In view of the good clinical and hemodynamic tolerance, a 6 mg bolus of adenosine was administered, and the patient entered stable sinus rhythm with narrow QRS and no signs of pre-excitation. Echocardiography ruled out structural heart disease and the patient was referred for electrophysiological study. Measurement of baseline intervals produced normal results. Initial catheter manipulation induced the tachycardia shown in **figure 1**, superimposed on the clinical tachycardia, and QRS narrowing was observed with a change in morphology as well as transient acceleration.

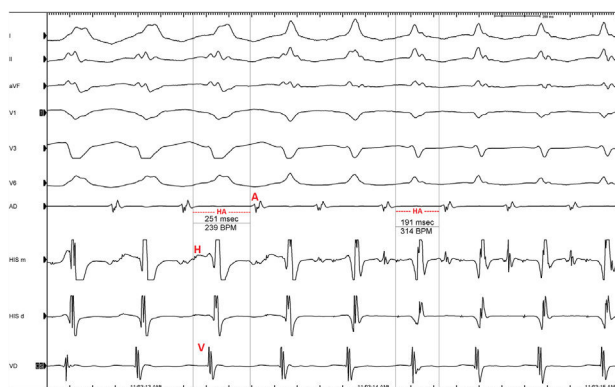


Figure 1.

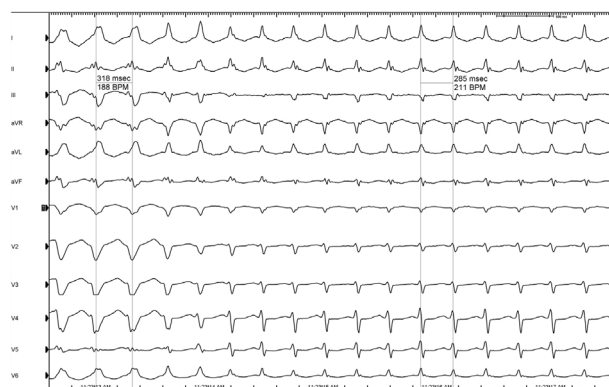


Figure 2.

In view of the ECG (**figure 1**) and the intracavitary ECG of the episode (**figure 2**), what was the most likely diagnosis?

1. Ventricular tachycardia of the right ventricular outflow tract
2. Atrial tachycardia with bundle branch aberration
3. Orthodromic atrioventricular re-entrant tachycardia
4. Intranodal re-entrant tachycardia

Submit your answer to <http://www.revespcardiol.org/en/electroreto/73/07>. The solution will be published in the next issue (August 2020). #ECGChallenge.

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