

## ECG Contest

## ECG, May 2017



## ECG de mayo de 2017

Pablo Robles Velasco,\* Isabel Monedero Sánchez, and Amador Rubio Caballero

Unidad de Cardiología, Hospital Universitario Fundación Alcorcón, Alcorcón, Madrid, Spain

A 42-year-old woman with a past history of major depressive disorder was seen in clinic for paroxysmal atrial fibrillation (Figure 1). She underwent echocardiography, which showed no significant structural heart disease, and she was prescribed flecainide 100 mg/12 h. She was subsequently found at home with a reduced level of consciousness. Physical examination revealed hypotension (systolic blood pressure of 80 mmHg), and an ECG was performed, which is shown in Figure 2. On arrival at the emergency department, fluid resuscitation and supportive measures were started, and her blood pressure recovered.

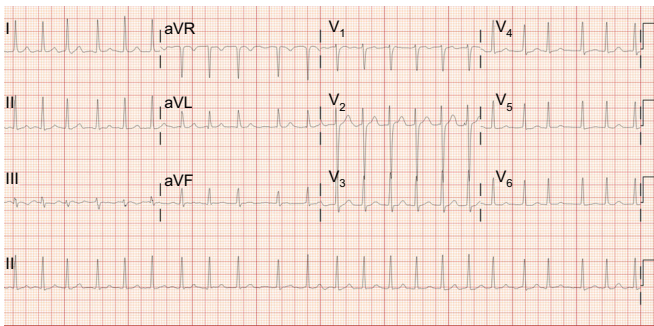


Figure 1.

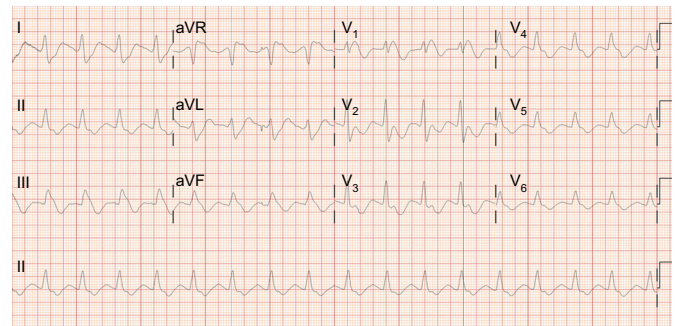


Figure 2.

What is the most likely diagnosis?

1. Ventricular tachycardia.
2. Supraventricular tachycardia with aberrant conduction.
3. Sinus tachycardia with very aberrant conduction giving the appearance of right bundle branch block, a consequence of massive pulmonary thromboembolism.
4. Flecainide toxicity.

Submit your answer to this ECG challenge at <http://www.revespcardiol.org/en/electroreto/70/05>. The solution will be published in the next issue (June 2017). #ECGContest.

\* Corresponding author:  
E-mail address: [problesve.pr@gmail.com](mailto:problesve.pr@gmail.com) (P. Robles Velasco).