

ECG Contest

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A 77-year-old patient with cardiovascular risk factors—hypertension and type 2 diabetes mellitus—and a history of untreated paroxysmal atrial fibrillation episodes was admitted due to detection of bradycardia during blood pressure measurement and mild nonspecific dizziness lasting just a few seconds. The patient has never had syncope or other cardiac symptoms but was admitted from the emergency department due to the presence of nonconducted P waves with interference from a ventricular rhythm (wide QRS complex), which was interpreted as atrioventricular block (Figure).

In your opinion, what is the most probable diagnosis of the patient's baseline electrocardiogram?

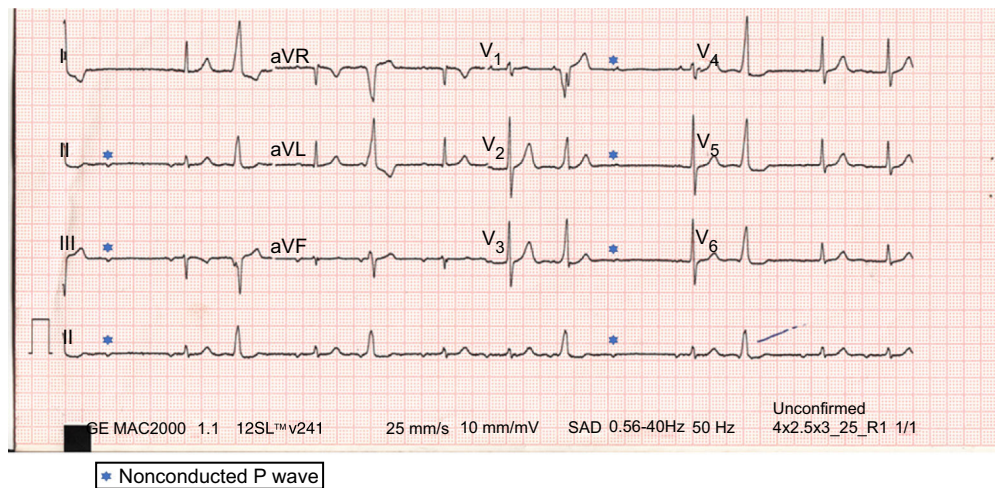


Figure.

1. Supraventricular extrasystole with accessory pathway conduction.
2. Isolated ventricular extrasystole and nonconducted atrial extrasystole.
3. Atrial rhythm with Mobitz II atrioventricular block.
4. Atrial rhythm with ventricular extrasystole and concealed ventriculoatrial conduction.

Suggest a diagnosis to this ECG Contest at <http://www.revespcardiologia.org/es/electroreto/70/10>. The answer will be published in the next issue (November 2017). #EKGchallenge.

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