

## ECG Contest

## ECG, September 2018

## ECG de septiembre de 2018

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A 40-year-old woman, who was an asymptomatic carrier of a dual-chamber pacemaker (Medtronic Ensura MRI, Medtronic; Minneapolis, Minnesota, United States) due to Mobitz II second-degree atrioventricular block (AVB), visited her primary care physician for a check-up prior to a dental appointment. After an ECG recording, shown in the [Figure](#), she was referred to the emergency room.

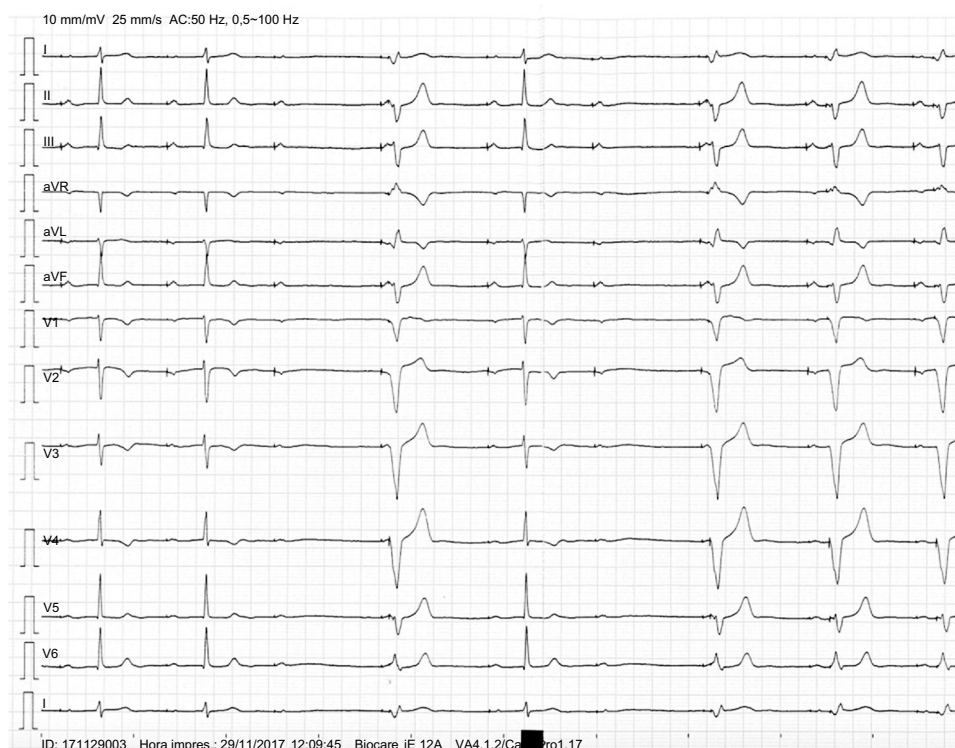


Figure.

Based on this trace, what was the correct diagnosis?

1. Ventricular sensing failure and inappropriate ventricular inhibition.
2. Pacemaker working normally. Programming of the paced atrioventricular (AV) delay to 400 ms to minimize ventricular pacing and paroxysmal complete AVB. Final reduction of the paced AV delay to 240 ms after the appearance of AVB.
3. Pacemaker working normally. Pacemaker in AAI mode, with switch to DDD mode after 2 blocked atrial stimuli at the AV node.
4. Pacemaker working normally. Pacemaker in AAI mode, with onset of Wenckebach AVB and subsequent switch to DDD mode.

Submit your diagnosis at <http://www.revespcardiol.org/en/electroreto/71/09>. The answer will be published in the next issue (October 2018). #RetoECG.

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