

Interesting ECG cases – unveiling the diagnosis

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Abstract

Electrocardiogram (ECG) is an essential tool of investigation in the evaluation of cardiac patients. We describe four interesting ECG cases. Case 1: The atrioventricular reentrant tachycardia (AVNRT) is usually associated with no structural heart disease. It being manifested at the initial presentation of Anomalous left coronary artery from the pulmonary artery (ALCAPA) in a young adult male is rare. Case 2: Atrial fibrillation with complete heart block is relatively rare in a patient with amyloidosis. We had a case of recurrent pericardial tamponade, which was diagnosed as cardiac amyloidosis on cardiac MRI. Case 3: The ECG helps to differentiate the subsets of acute coronary syndrome. Sometimes, there can be misinterpretation of the culprit artery due to physical errors i.e., the lead misplacement. Case 4: The accessory pathways usually have a refractory period less than the atrioventricular node. The most common manifestation is Atrioventricular reentrant tachycardia (AVRT) due to orthodromic conduction through the accessory pathway. We had a case post prosthetic mitral valve replacement presenting with acute heart failure. The ECG at presentation showed typical atrial flutter with 2:1 conduction. On giving IV calcium channel blocker, there was sinus rhythm with short PR interval and a delta wave suggestive of the right posteroseptal pathway.

100 primary PCIs apart from the IABP placements along with TPIs when worked at CARE hospitals for a period of 18 months. Done cath studies for evaluation of the valvular heart diseases (especially aortic stenosis, mitral stenosis, mitral regurgitation). Assisted in PBMV, Permanent pacemaker implantations, complex coronary interventions using OCT, FFR, Rota Ablations, Peripheral interventions.

Speaker Publications:

1. “Role of serum bilirubin as a marker of coronary artery disease”
2. “Correlation of Red blood cell distribution width with the severity of lesion in coronary artery disease patients – A single center study.”
3. “Diphtheria Myocarditis – Clinical Experience at a tertiary care hospital- A cross-sectional observational study.”
4. “A rare case with Supraventricular Tachycardia at presentation in an adult - a case report.”
5. “Dissecting Aortic Aneurysm manifesting as superior vena cava syndrome and pulmonary thromboembolism in a patient with former aortic valve replacement.”

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Biography:

Dr. Praveen Nagula, presently working as Assistant Professor in Cardiology at Osmania General Hospital, a tertiary care hospital in Hyderabad, with seven postgraduates in DM Cardiology for training every year. He has done more than 1000 angiograms, 300 angioplasties (Type A and B, a few type C lesions) since my senior residency (2016). Done approximately