

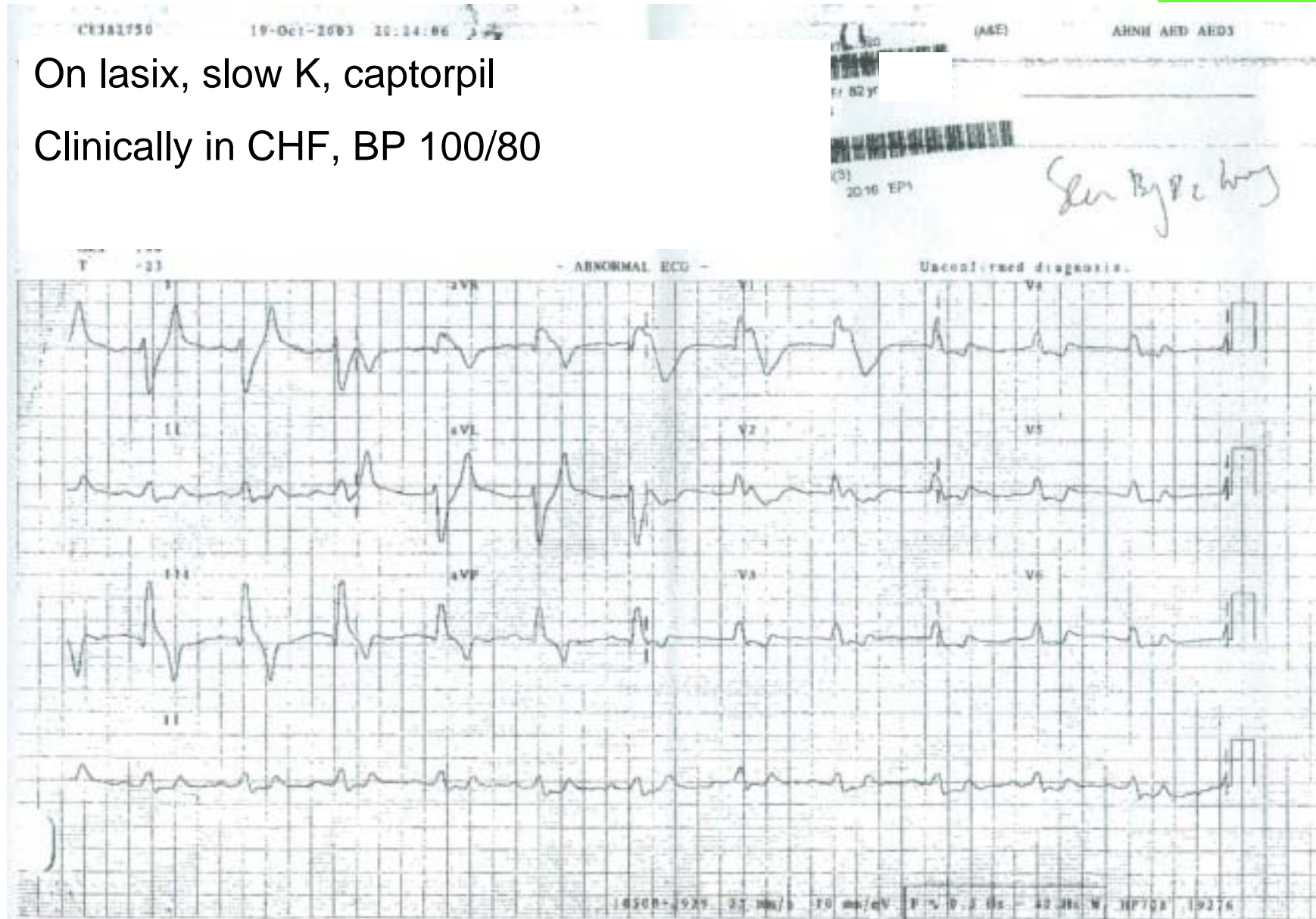
ECG

Prize or Price

Winnie Chan
AHNH Medical
2003/11/9

Case 1

On lasix, slow K, captorpil
Clinically in CHF, BP 100/80



If you are Dr. Wong,
what will you do, next?

1/ repeat ECG

2/ check RFT

3/ temporary pacing

4/ check TFT

5/ call senior

C188929(4)

30-Nov-1999 16:33:08

ADMI (P6)

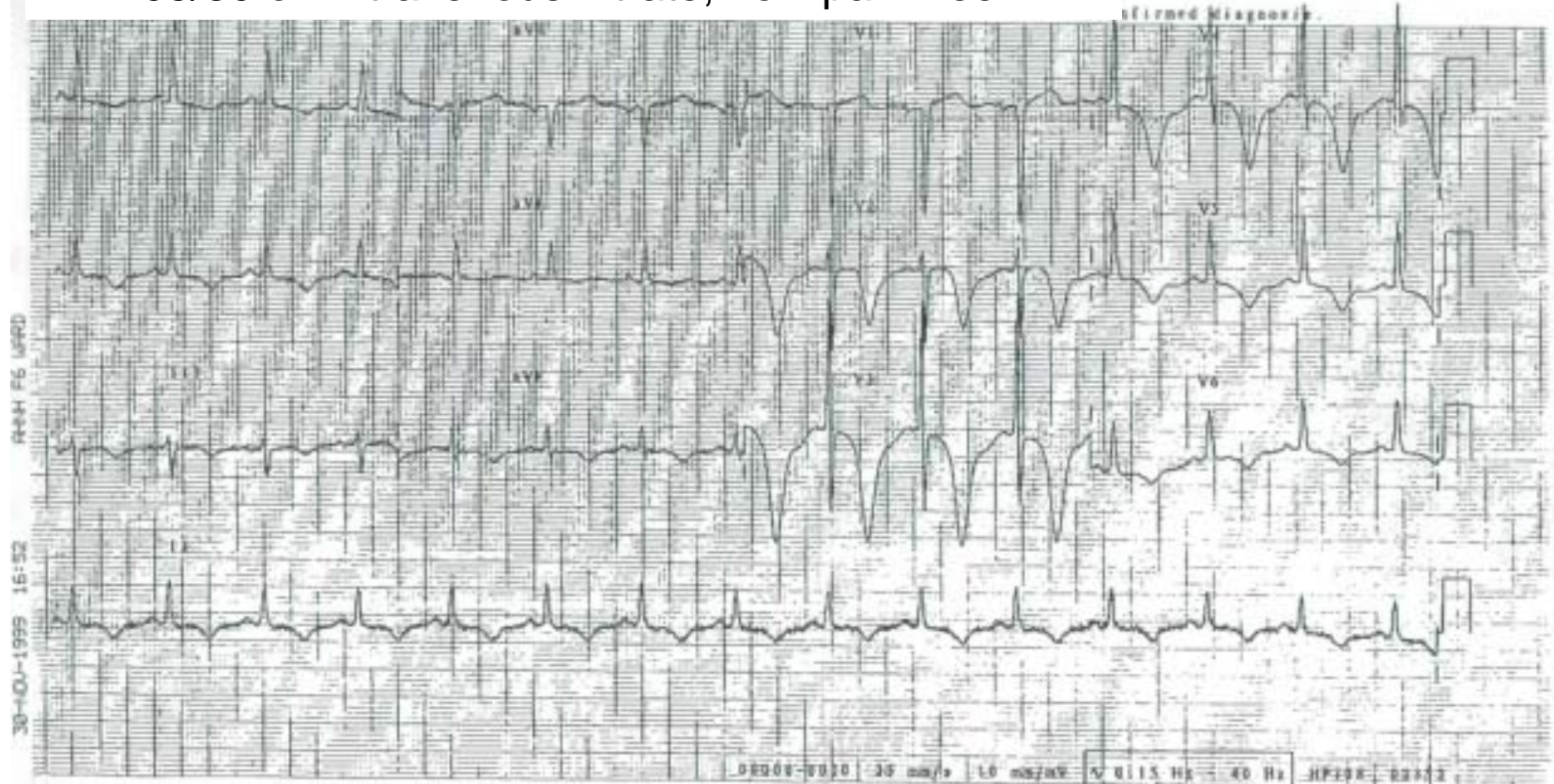
TOTAL P.01
P.01

Admitted with APO associated with chest discomfort

CK on admission 300, TnT pending

BP 105/80 on Intravenous nitrate, now pain free

IBM
MR HN99036569(A)
CH 7777 DEPI AAD
20/11/99 01:20 76 3 MED



852 2660 5467

30-NOV-1999 16:52

If only one investigation is allowed,
what will you choose?

- 1/ Fasting Lipid profile
- 2/ Echocardiogram
- 3/ Treadmill exercise test
- 4/ Radioisotope scan
- 5/ Cardiac catheterisation

Unknown
32 yrs

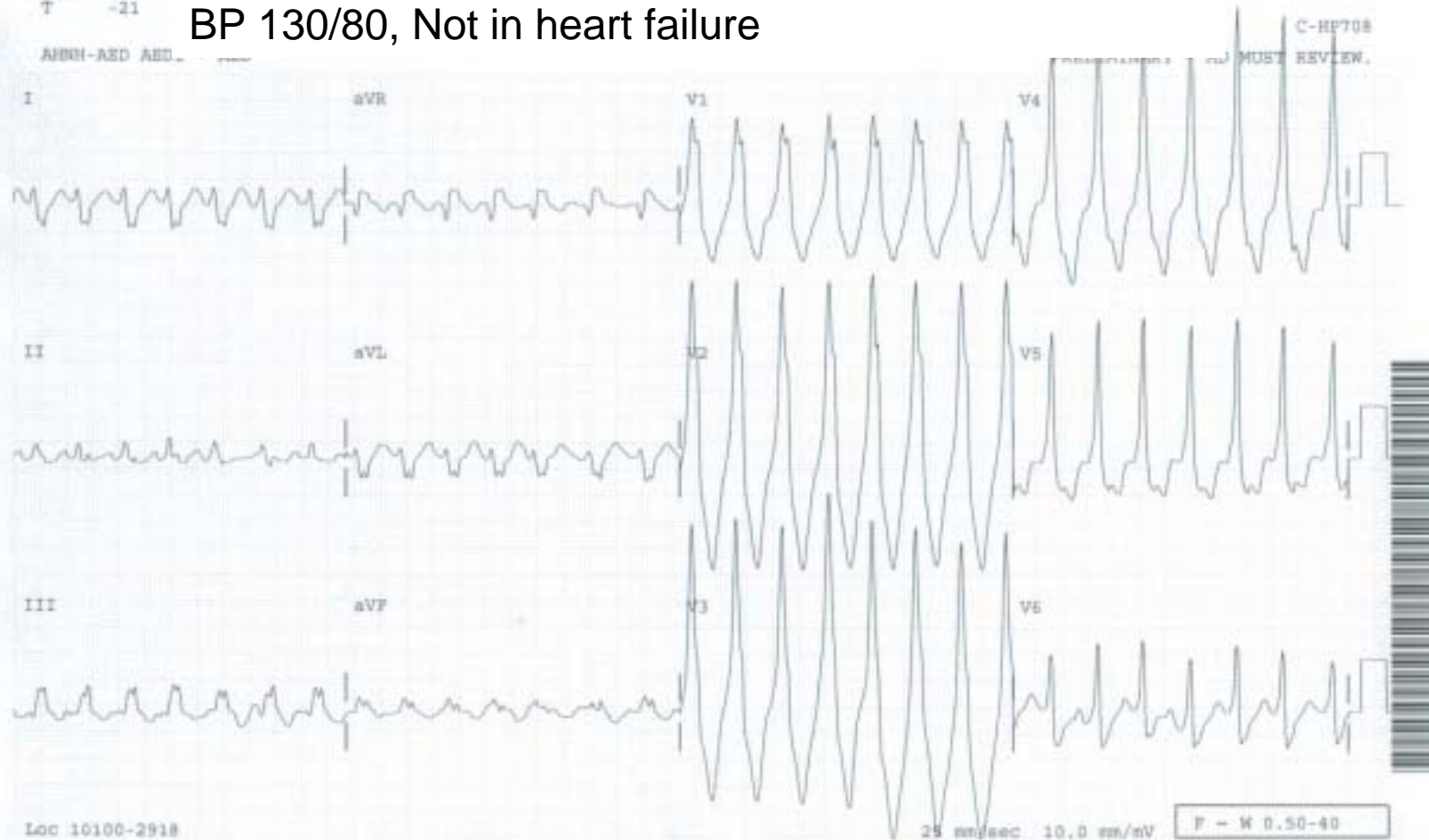
Intermittent palpitation

PR 160
QRSD 160
QT 306
QTc 516

Found to have wide-complex tachycardia during
annual health check-up

--AXES--
P 134
QRS 134
T -21

BP 130/80, Not in heart failure



What is your diagnosis

1/ VT

2/ SVT with aberrancy

3/ pre-excited AF

4/ none of the above

CHAN SUK FONG

22-Mar-2003 12:38:11
83 Years

female

admission

VERILU
RN-2-421

ADINE C3 ICU

Rate 48
PR 0
QRSD 120
QT 323
QTc 288

HT on adalat retard

Admitted with syncope

--Axis--
P 47
QRS -82
T 93

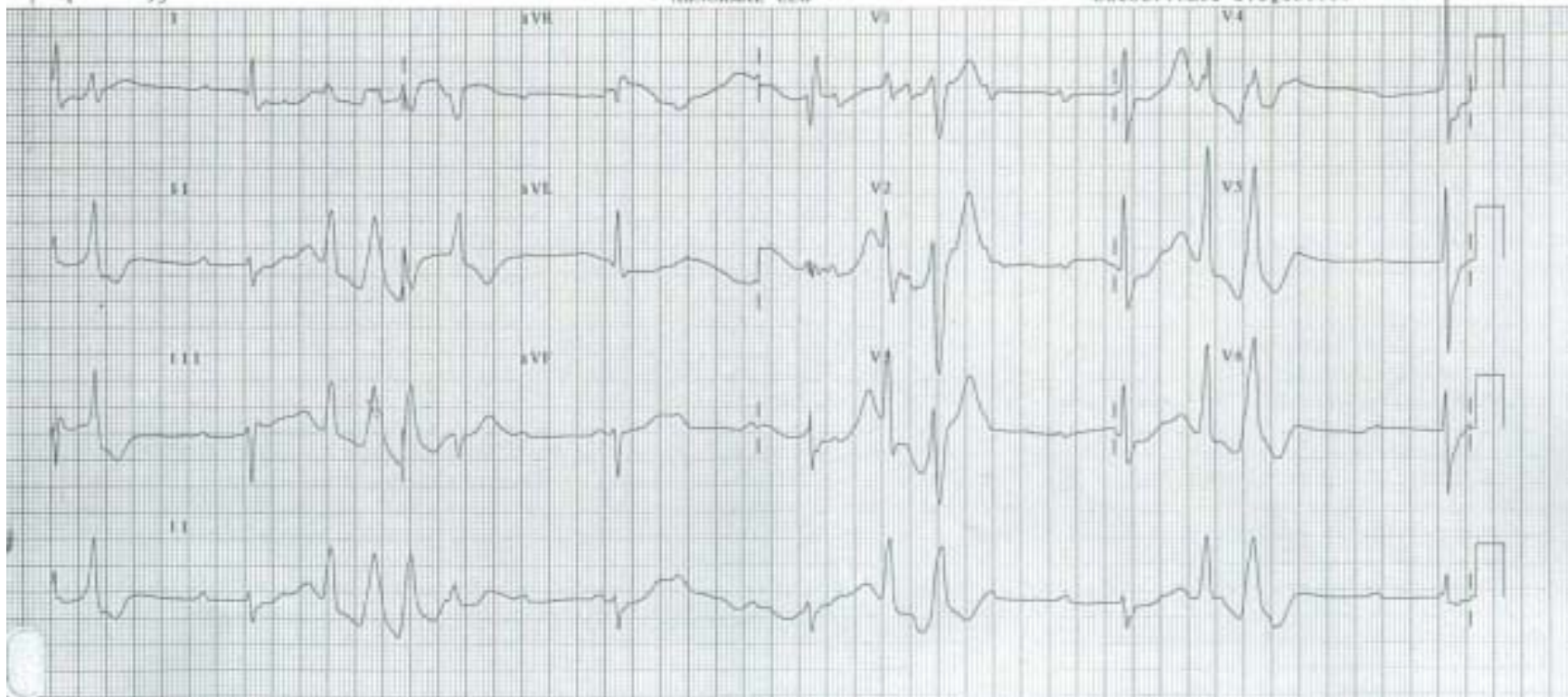
ADINE C3 ICU

F 83 yr

10020011835(A) C3 3 CCU
22/03/2003 12:28 EPI

- ABNORMAL ECG -

Unconfirmed diagnosis.



What will you do?

- 1/ IV lignocaine
- 2/ IV amiodarone
- 3/ IV atropine
- 4/ Pacing
- 5/ none of the above

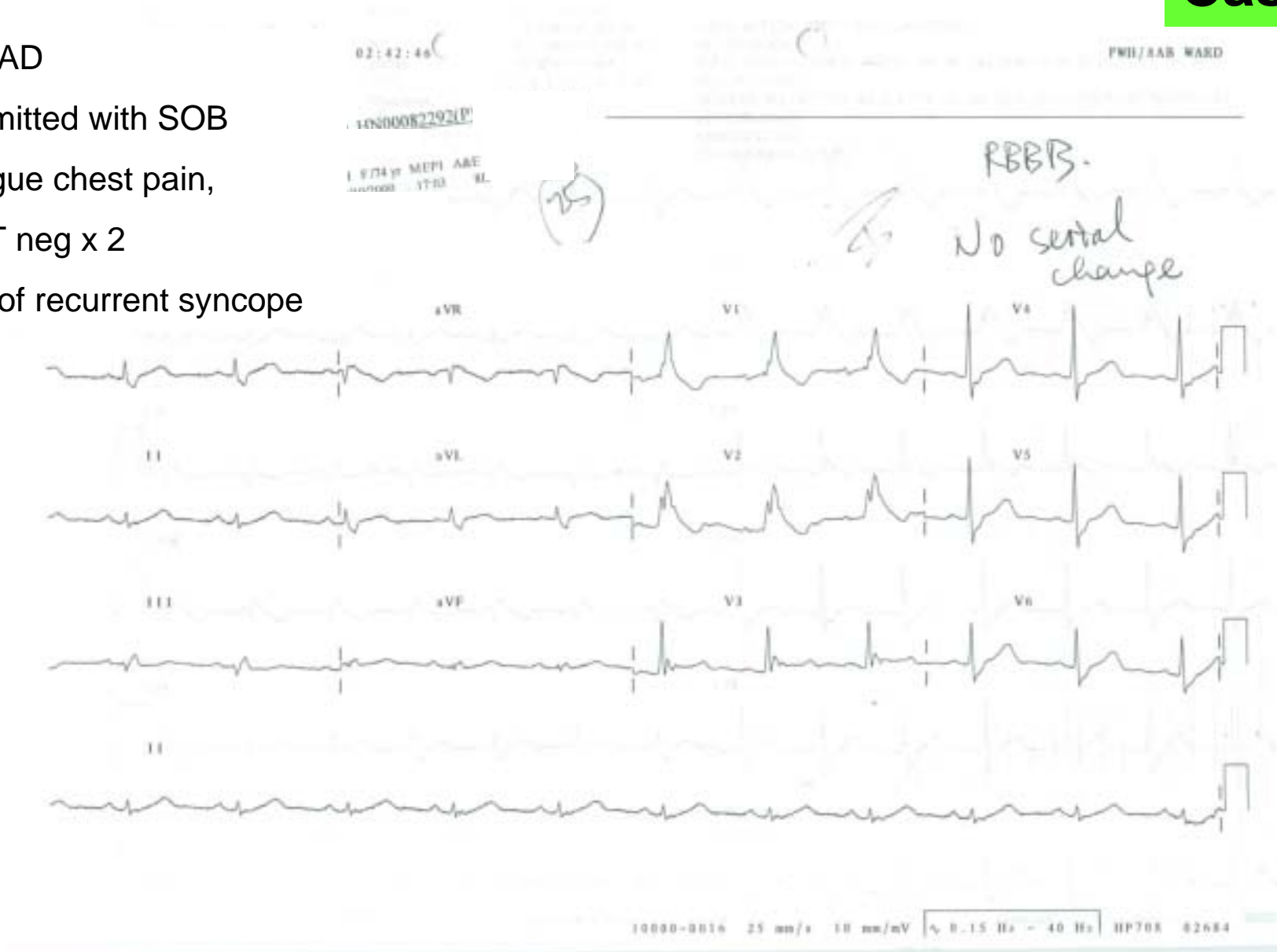
COAD

Admitted with SOB

Vague chest pain,

TnT neg x 2

Hx of recurrent syncope



What treatment option will improve mortality?

1/ rtPA

2/ LTOT

3/ Amiodarone

4/ ICD

5/ None of the above

Case 6

11-Mar-2003 09:27:30

NORTH DISTRICT HOSPITAL AED NO. 18307A

Rate 158
PR 4
QRSD 74
QT 391
QTc 440

Palpitation

BP 102/80

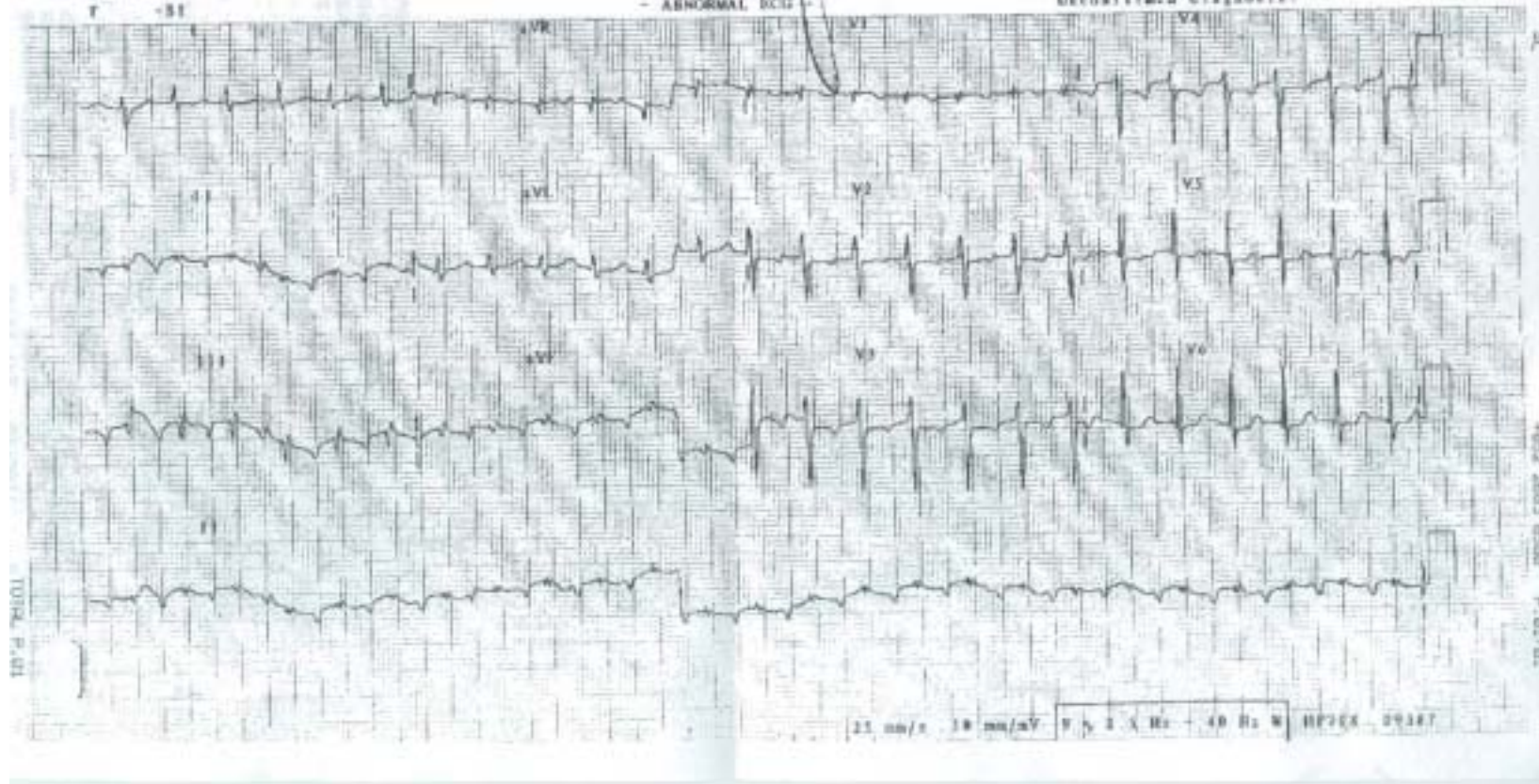
NCH DOB: 1918 (MSE)
7/89 yr
FONG

AED3124590(K)
1703/2003 0907 PA

2

ABNORMAL ECG

Decoded/diagnosed



What is your diagnosis?

1/ VT

2/ SVT

3/ Sinus tachycardia

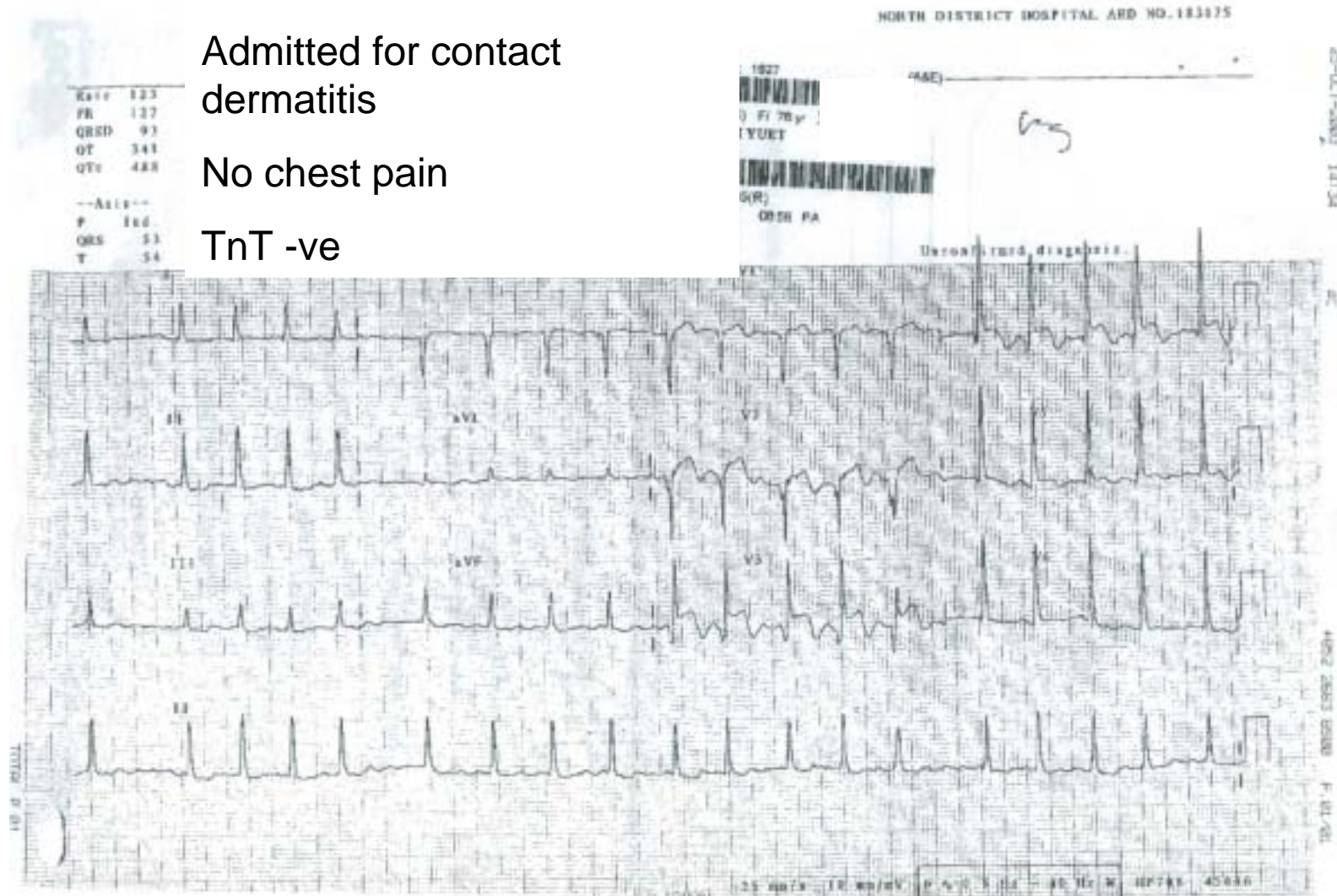
4/ none of the above

Hx of ACS Mar 2003

Admitted for contact dermatitis

No chest pain

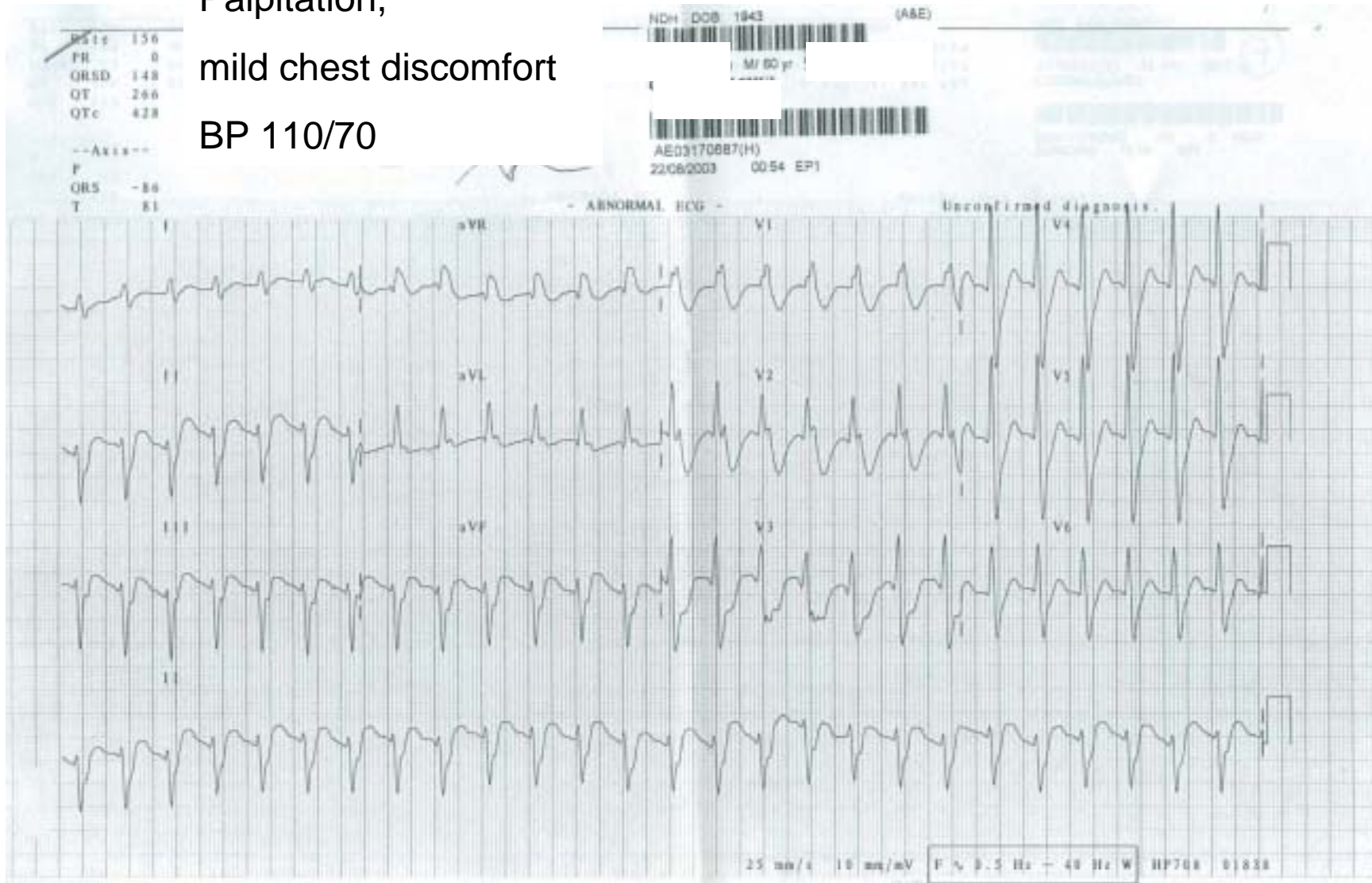
TnT -ve



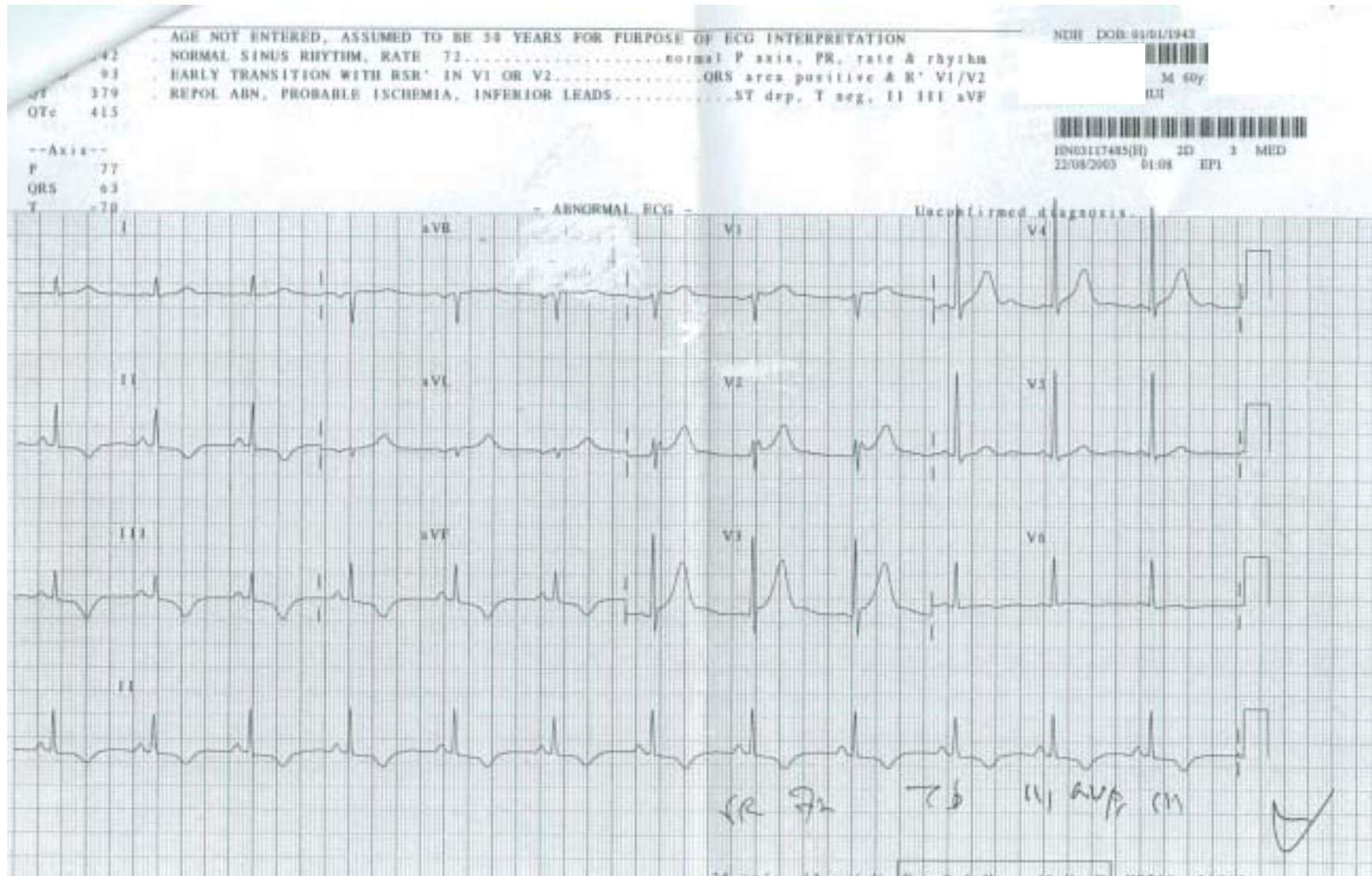
What will you do next?

- 1/ trace old ECG
- 2/ echocardiogram
- 3/ iv thrombolytics
- 4/ LMWH
- 5/ cardiac catheterisation

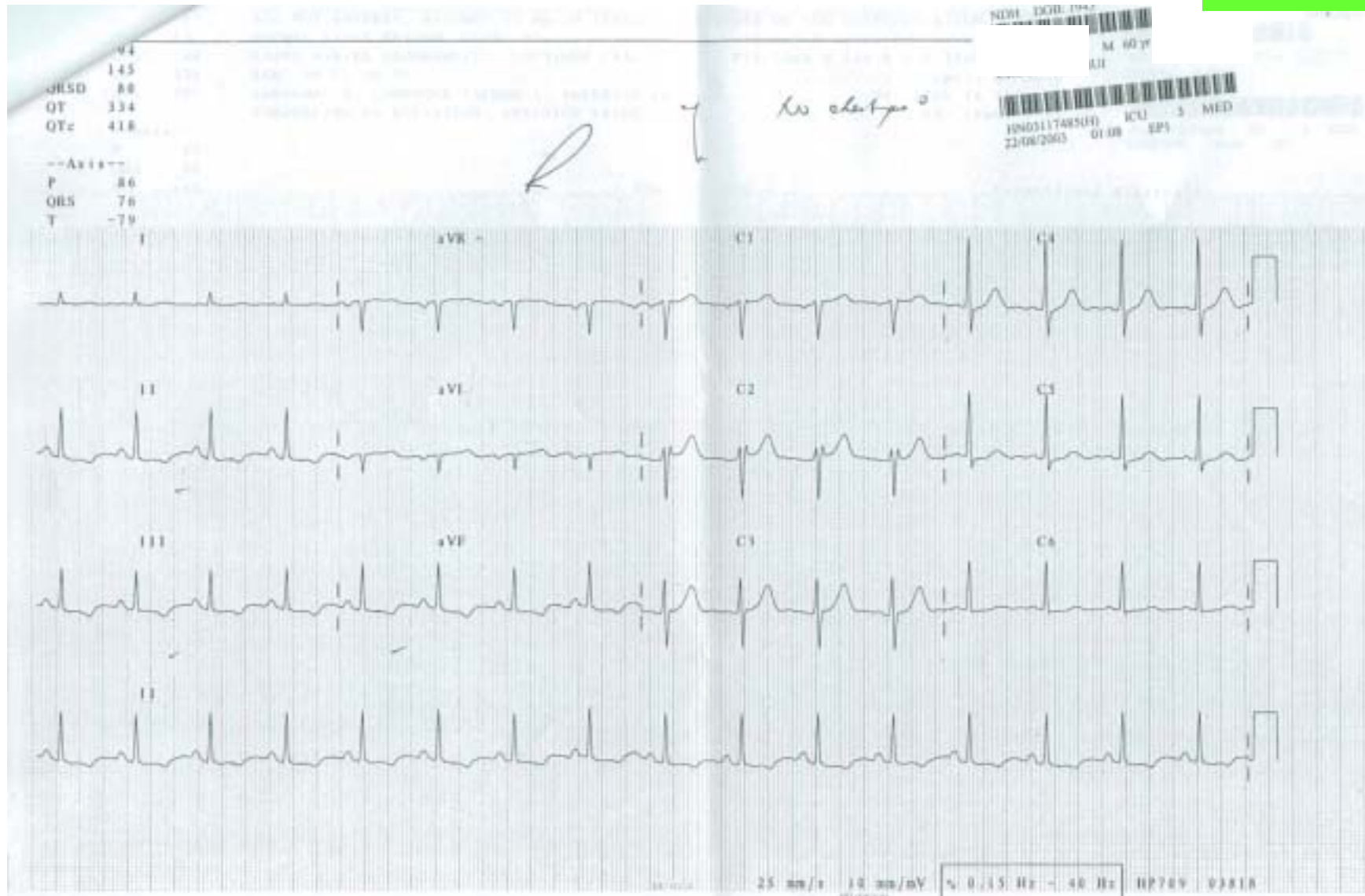
Palpitation,
mild chest discomfort
BP 110/70



Case 8



Case 8



What is your most likely ECG diagnosis?

1/ Ischaemic VT

2/ SVT with aberrant conduction

3/ Fascicular VT

Case 9

18 MAR 2000

9:32:39

29 yrs Female

PR 172 (SR)
QRSD 95 (VPCI)
QT 385 (AXIND)
QTc 450 (LVOLFB)
(IMI18)
--AXES--
P 44 (AMI4)
QRS IND
T 50

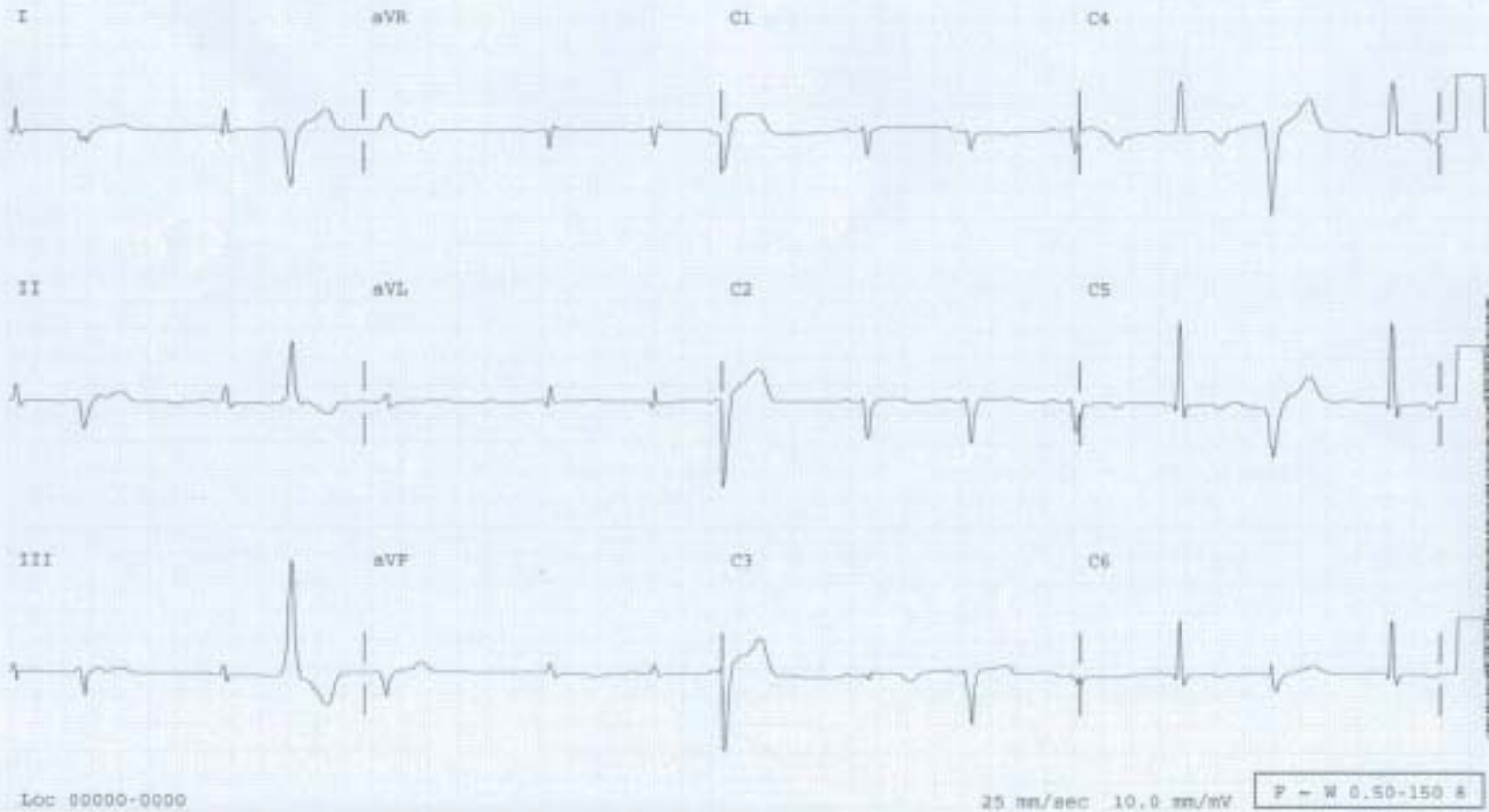
Recurrent palpitation followed by syncope for 10 years

Negative Echo, ETT, holter and tilt table test and VT stimulation

Alice Ho Miu Ling Set

C-HP708

MD MUST REVIEW.



Case 9

Unknown

22 JAN 2003

21:24:58

32 yrs

Female

PR 147
QRSD 118
QT 452
QTc 444

3 years later, increase in palpitation and recurrent syncope

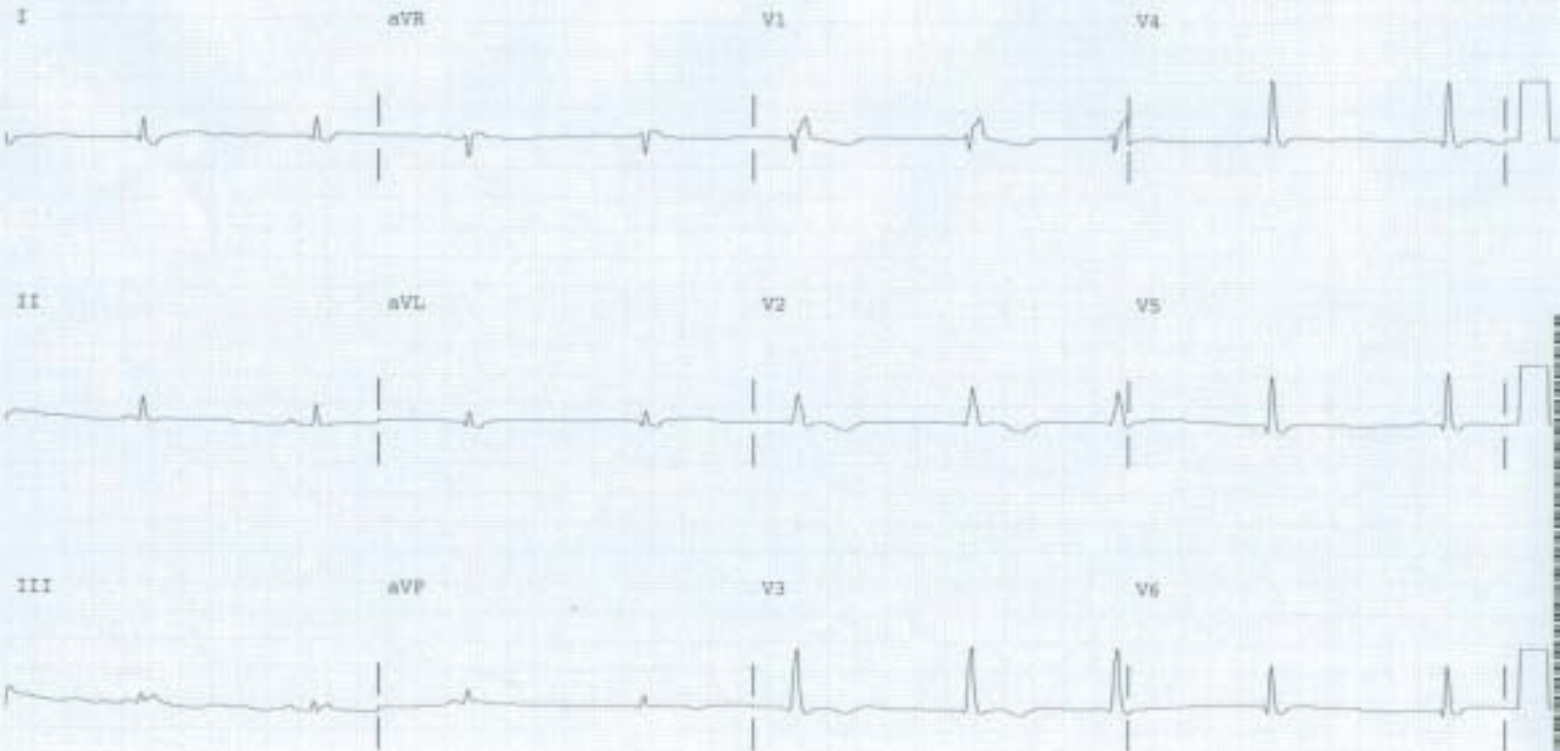
ite & rhythm
is 91 to 110
ms or wider
in V1 or V2
t-wave in V2

--AXES--
P 95
QRS 97
T -41

C-HP708

A5NH-AED AED1 - AED

PRELIMINARY - MD MUST REVIEW.



Loc 10100-2918

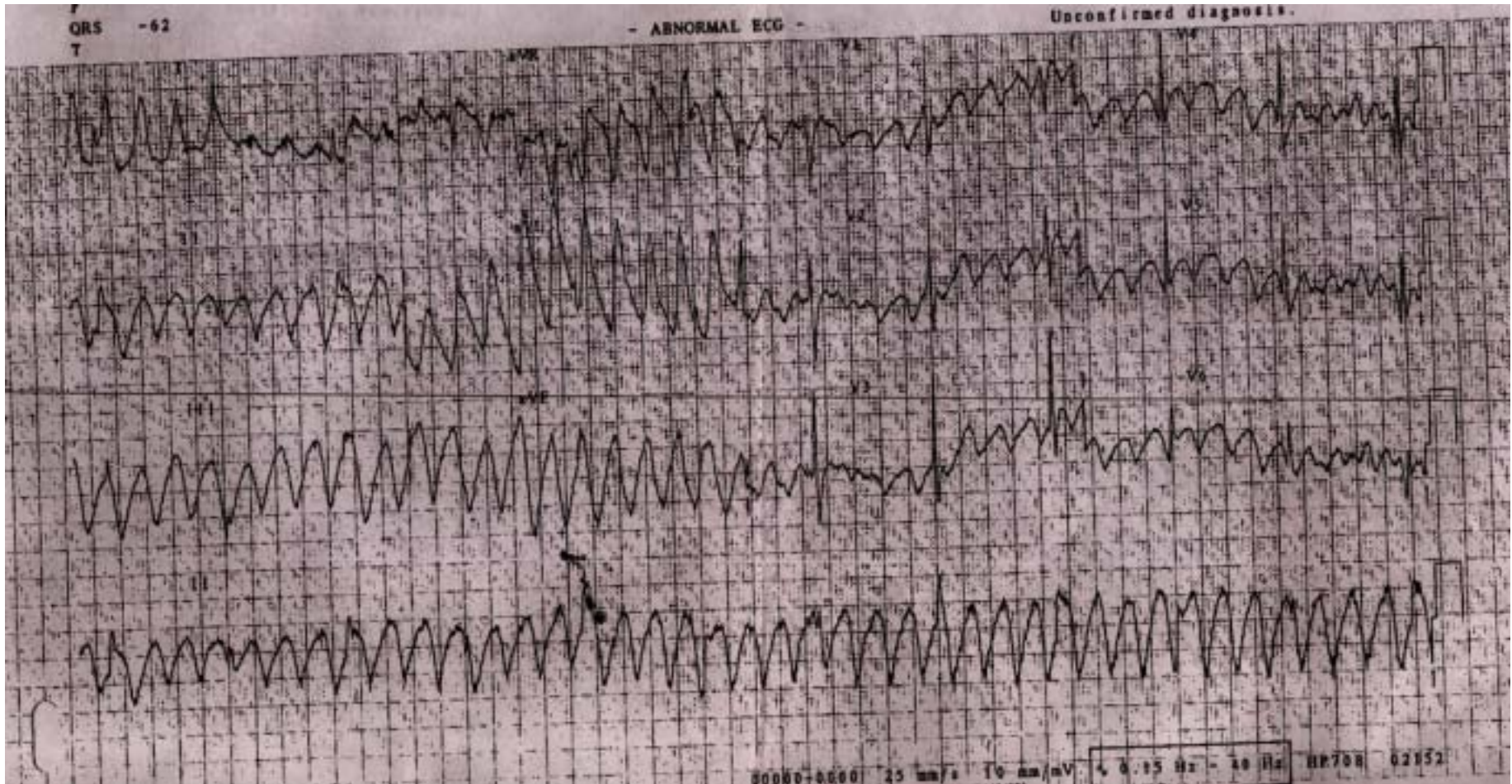
25 mm/sec 10.0 mm/mV

F ~ W 0.50-40 8

What should be done ?

- 1/ Holter
- 2/ MRI heart
- 3/ VT stimulation
- 4/ ICD implantation
- 5/ All of the above

Urgently ask to see this patient...



What will you do next?

- 1/ Repeat ECG
- 2/ Synchronized 300 DC cardioversion
- 3/ IV amiodarone 300mg in 150 D5 over 30min
- 4/ IV flecainide
- 5/ None of the above

Case 11

04-Aug-2003 17:37:39

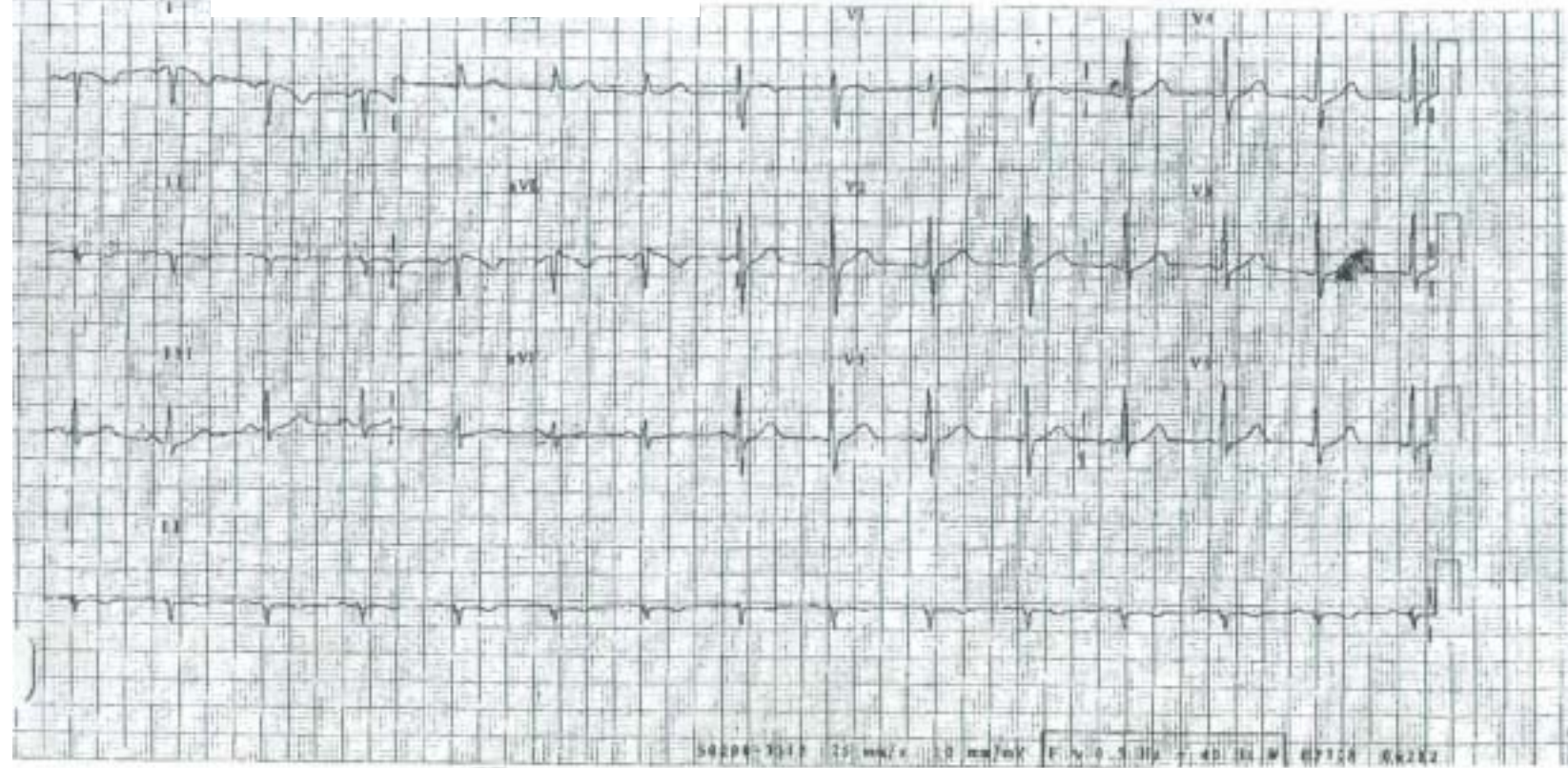
AIHMI MED FI

Rate	85
PR	147
QRSD	77
QT	343
QTc	437
--Axis--	
P	136
QRS	171
T	144

DVT

Sudden onset of chest pain

BP 120/80

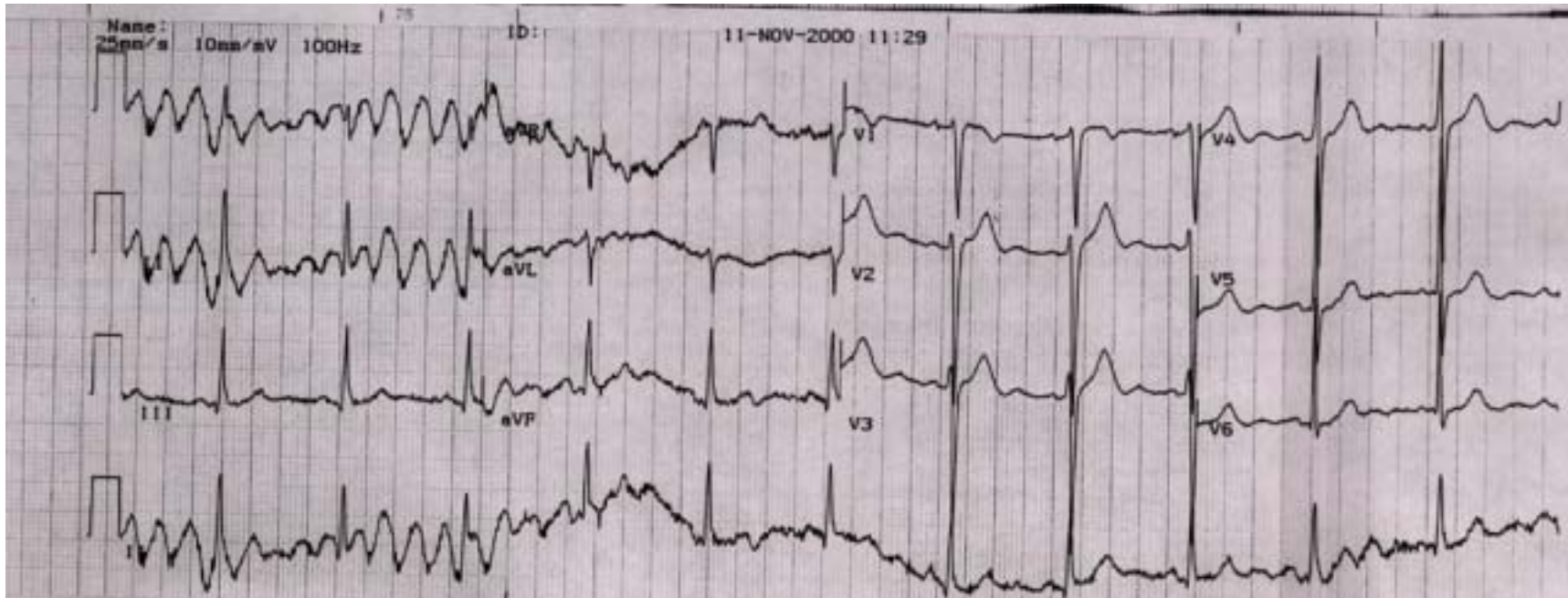


50298-9347 25 mm/s 10 mm/mV F v. 0.50V 40.00 M 0710 06202

What will you do next?

- 1/ repeat ECG
- 2/ iv thrombolytics
- 3/ emergency thrombolectomy
- 4/ none of the above

Diagnosis?



Which hand?