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Fast and Slow: A Heart Without Brakes

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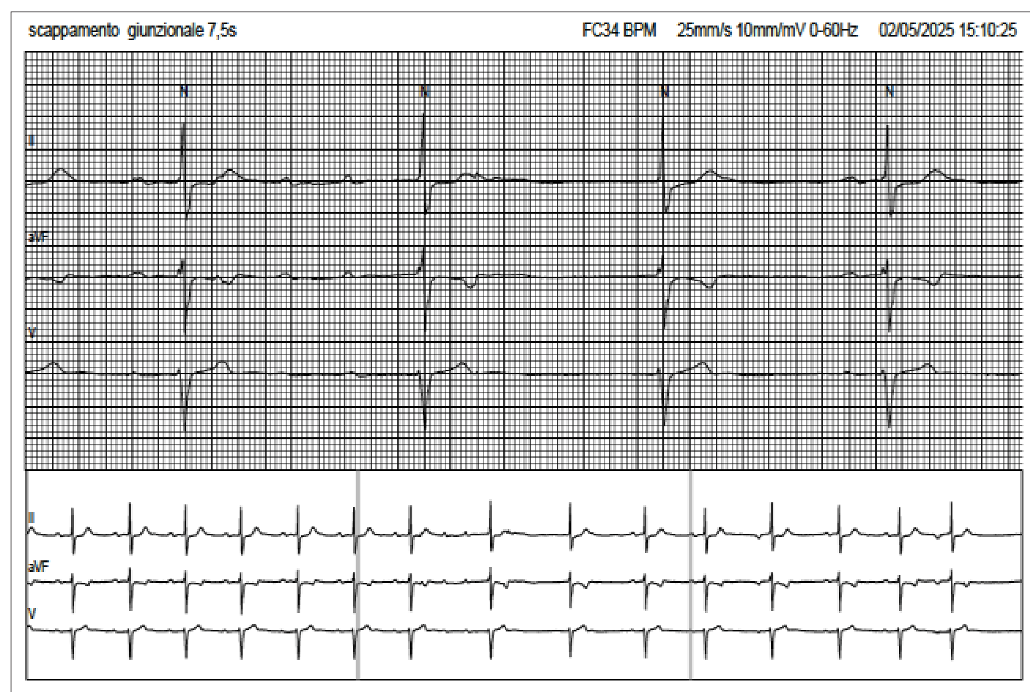
Background: Brady-tachy syndrome is caused by a malfunction of the sinus node that determines the alternation of bradycardia and tachycardia. Causes: fibrosis of the sinus node, drugs, ischemic events.

Case History: 64-year-old man comes to our department for dizziness, asthenia and palpitations. He denies loss of consciousness. APR: CAD (PTCA + stent), arterial hypertension, diabetes mellitus II. TD: clopidogrel and cardio aspirin. At the visit GCS 15, Romberg negative. BP: 115/60, HR 68 bpm. Eupneic in AA. Absence of pulmonary stasis and edema of the legs. ECG: RS with HR 52 bpm alternating with phases of junctional rhythm, EAS, BAV 1. Echocardiogram: mild aortic stenosis, hypokinesia of the inferior wall. Fe 50%. Holter ECG: RS (max HR 105 bpm, minimum HR 32 bpm, mean HR 51 bpm), conducted with BAV1 (>300 ms) with phases of junctional rhythm and ventricular escape. Ectopic activities with numerous polyfocal BEVs with bigeminal or trigeminal cadence. Absence of significant pauses. Circulation balance in a patient with ischemic/hypertensive heart disease with mild deficit of systolic function. Suspected brady-tachy syndrome with indication for PMK implantation.



Discussion: A dual-chamber PMK is implanted with progressive improvement of symptoms.

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