

16TH ANNUAL 'ARRHYTHMIA-HEART FAILURE ACADEMY' CONFERENCE



16th Annual
Electrocardiology Course 

“Basics & Beyond”
(Sunday, 25th August 2019)

ECG QUIZ

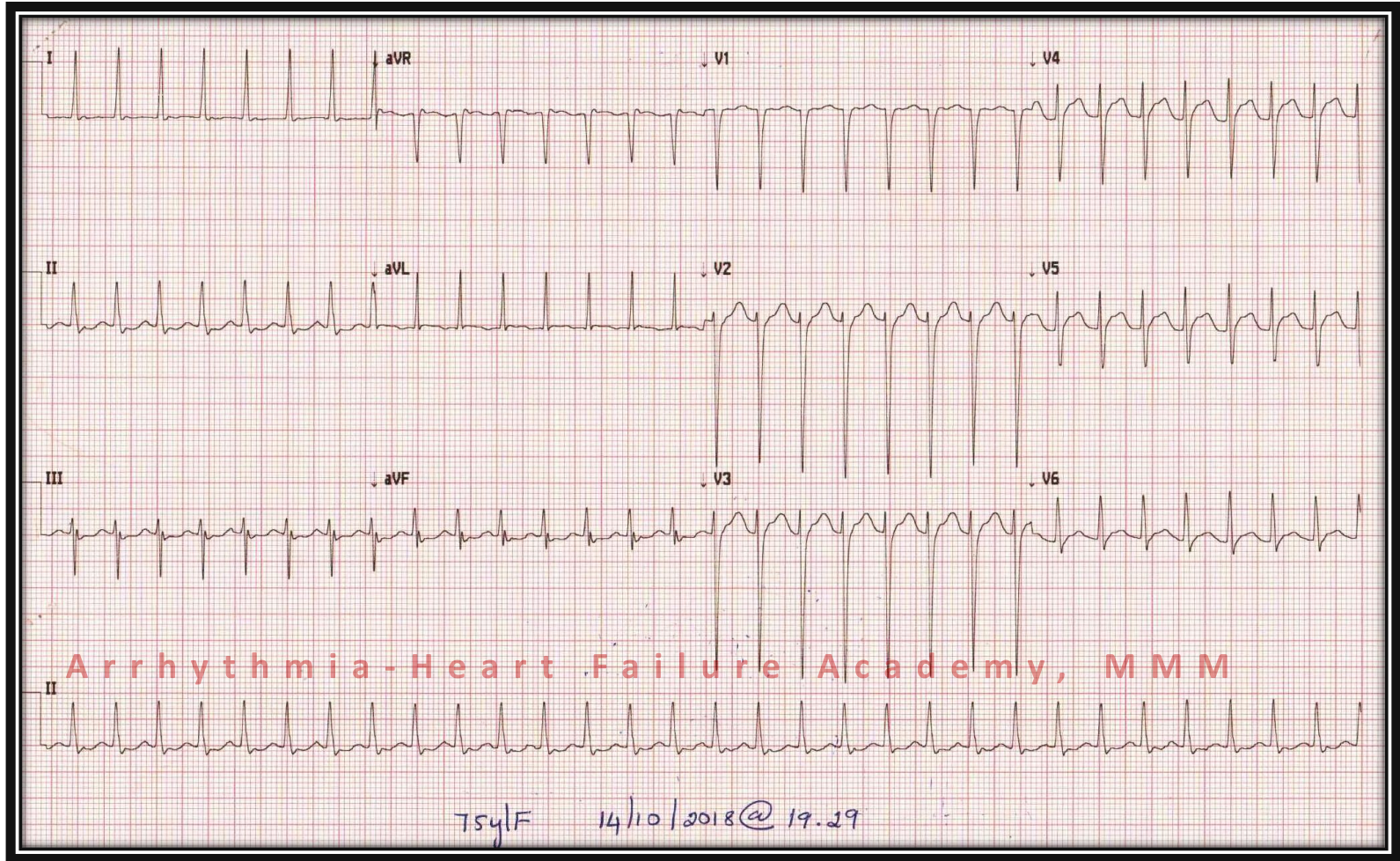
Dr. Ulhas M. Pandurangi

**CHIEF – CARDIAC ELECTROPHYSIOLOGY & PACING
THE MADRAS MEDICAL MISSION**

Case 1

(1)

The most likely diagnosis is ?



a) AVNRT



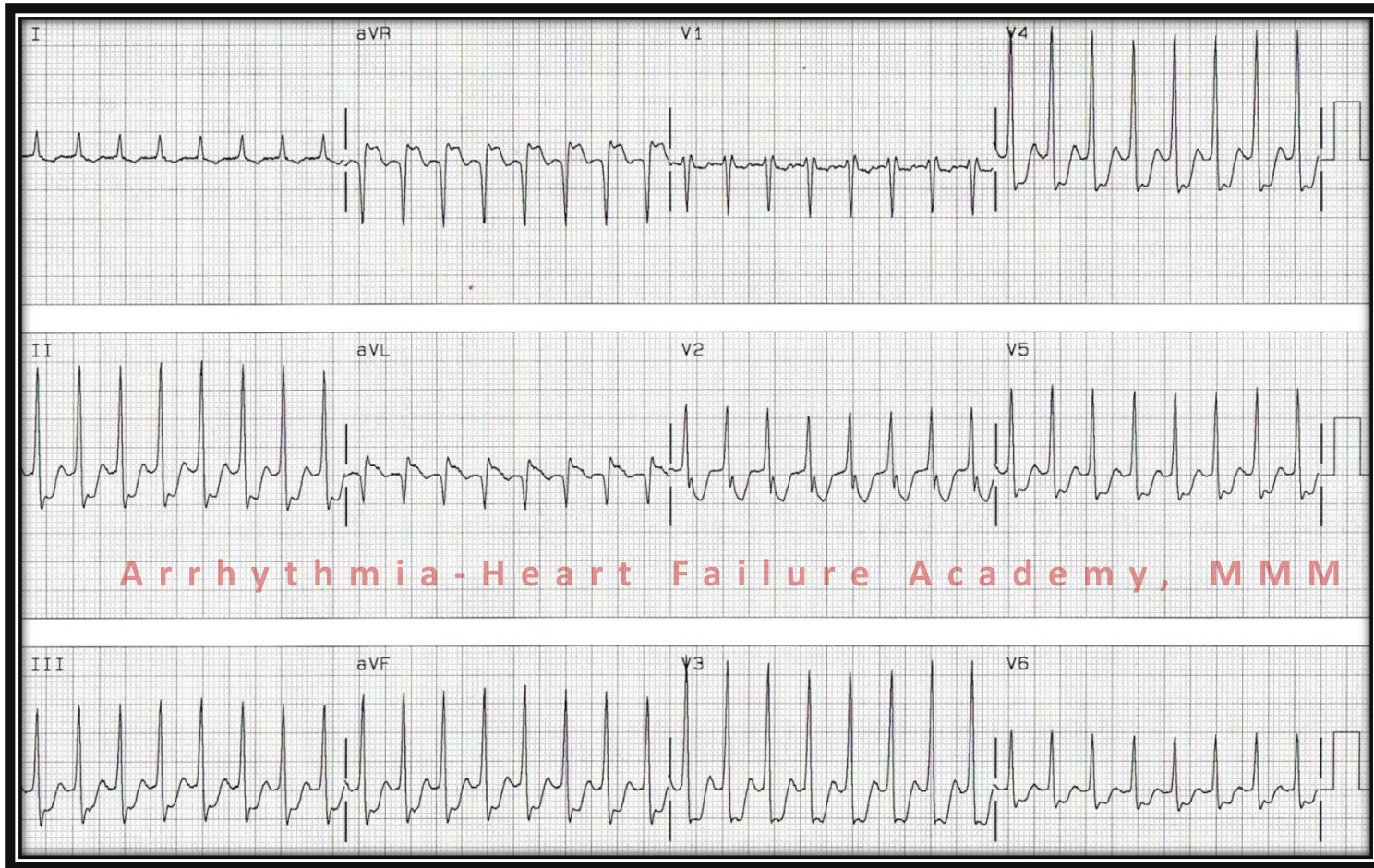
b) AVRT

c) AT

d) AFL

Case 2

(2) 25Y/F, chest pain, diaphoresis, giddiness, systolic BP 70mmHg



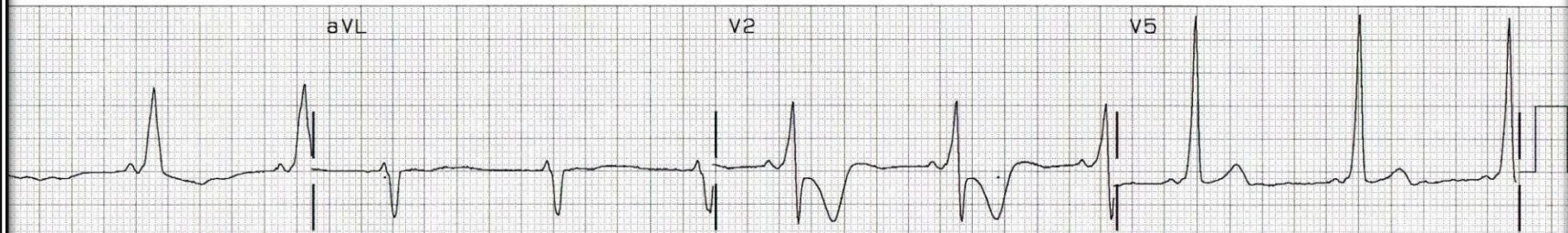
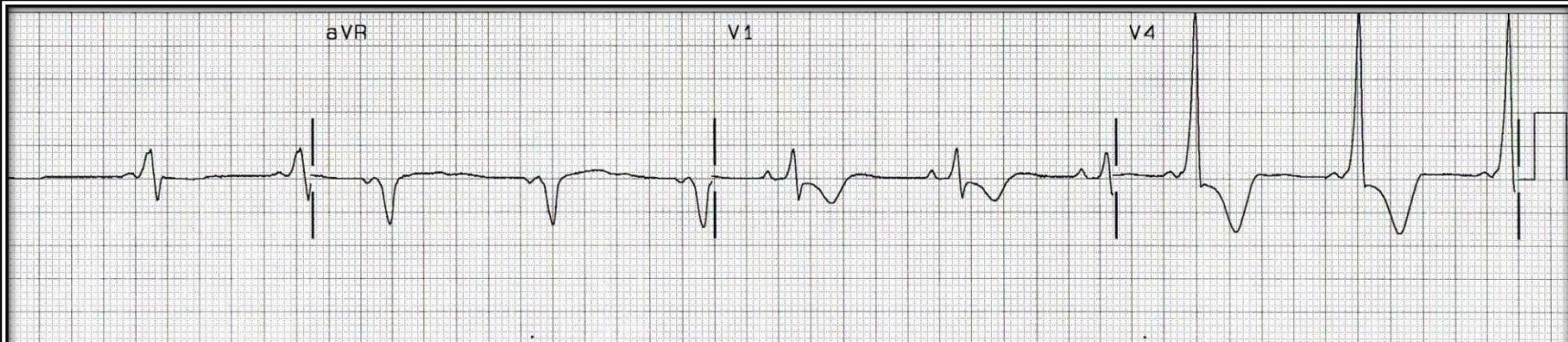
a)) ALERT CARDIAC SURGEON

b) LEFT MAIN STENTING

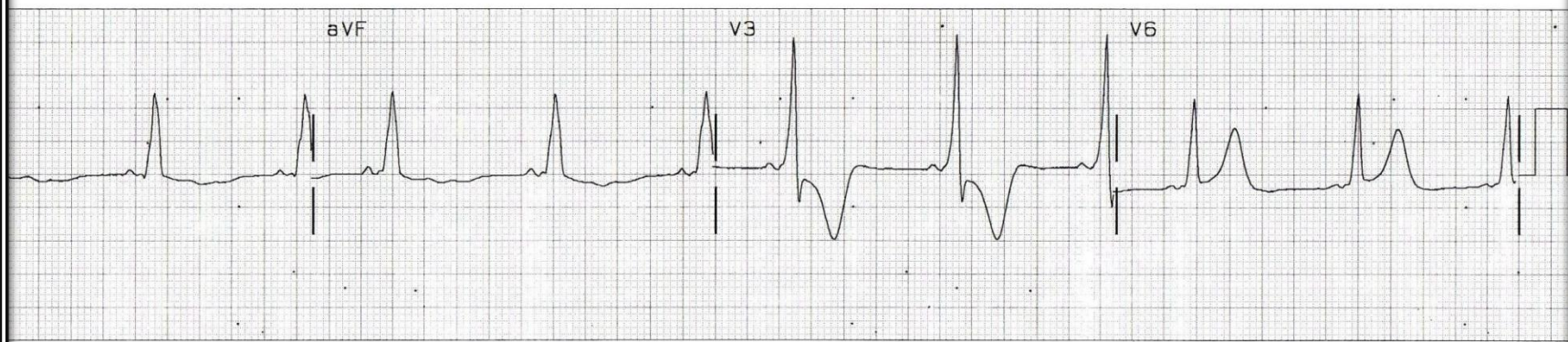
c) PHARMACO INVASIVE STRATEGY NOT APPLICABLE



d) NONE OF THE ABOVE

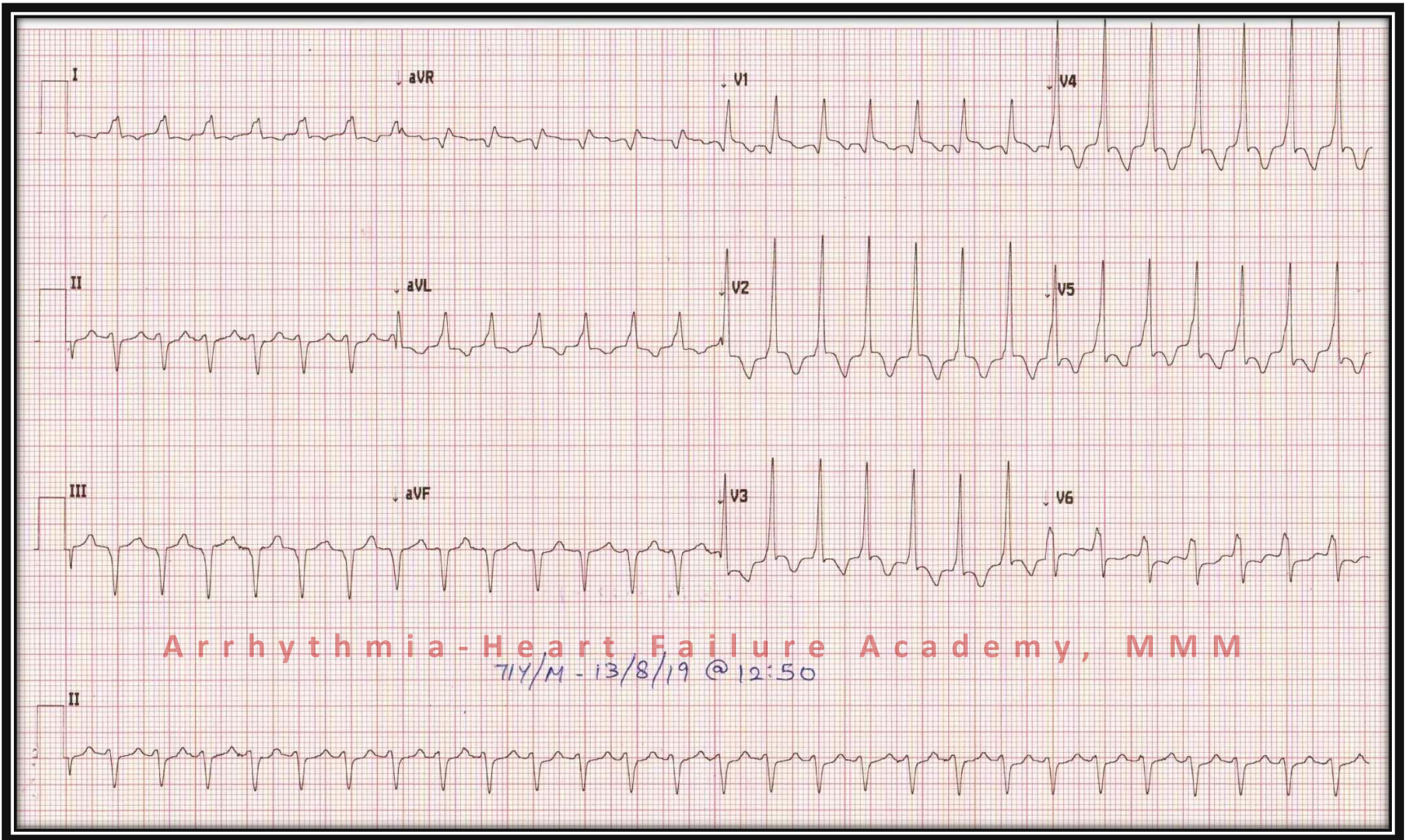


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Case 3

(3)



a) SVT

b) VT



c) AFL

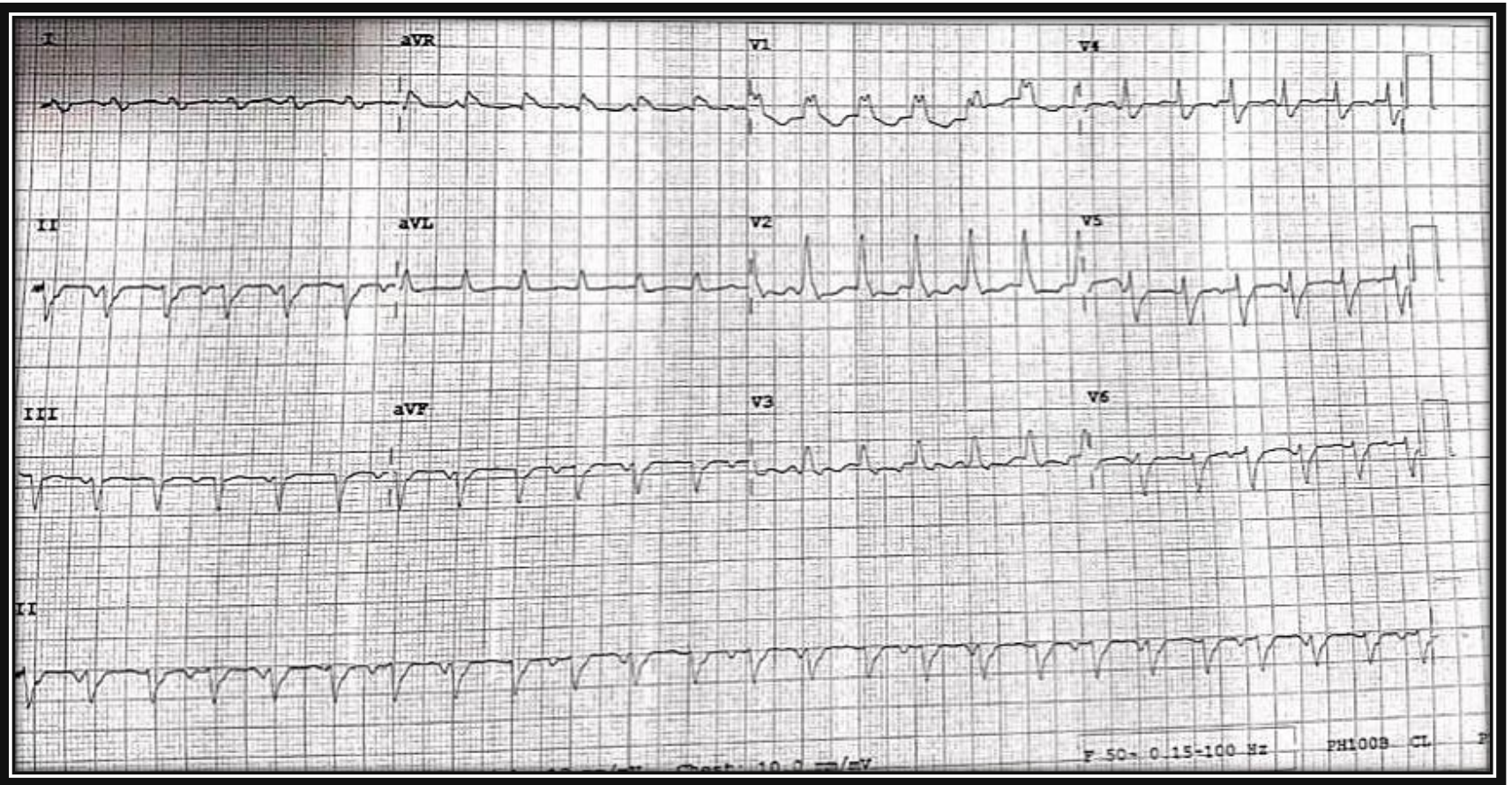
d) AF



T17/M-13/8/19 @12:51

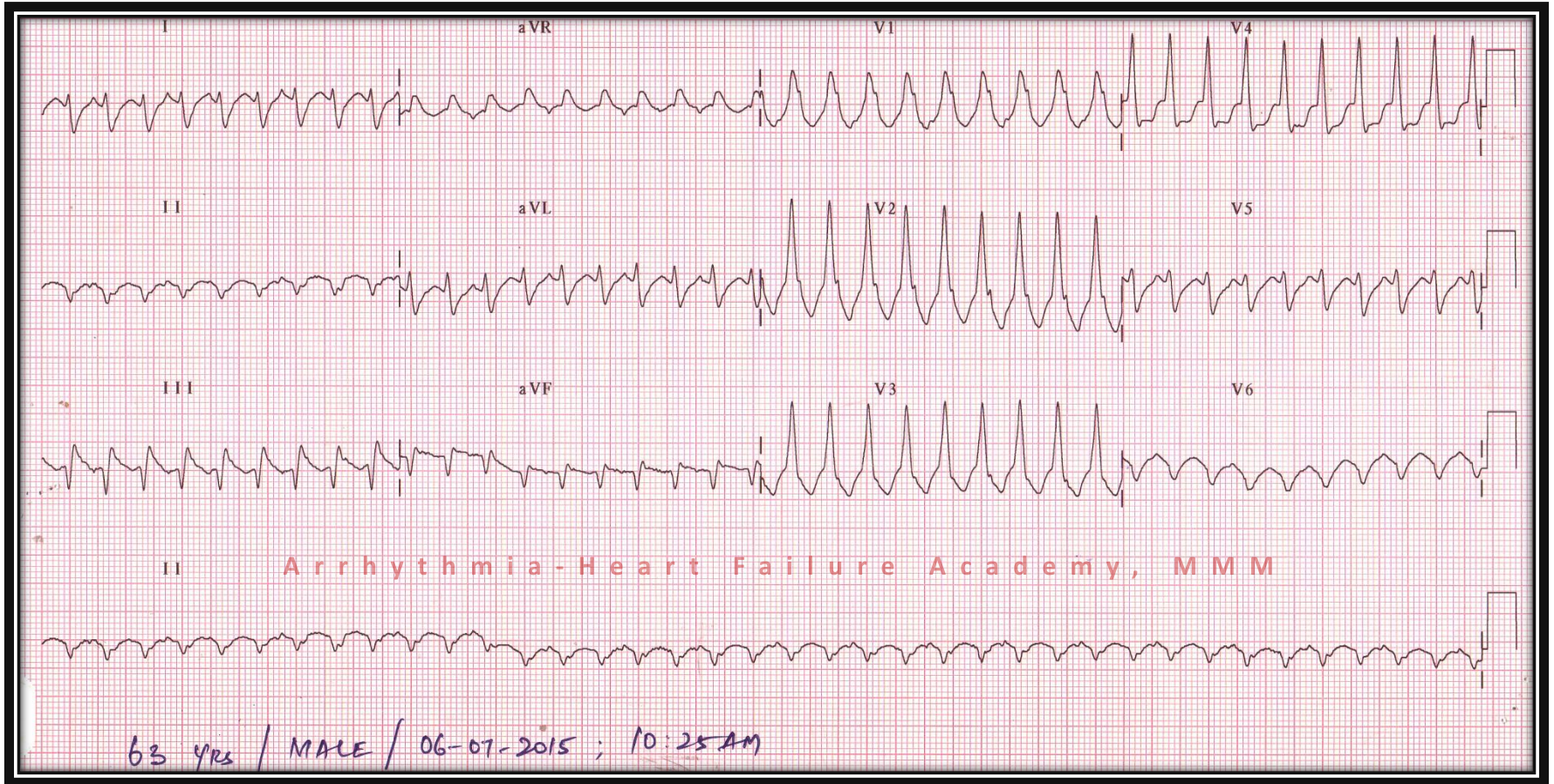
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Case 4

(4)



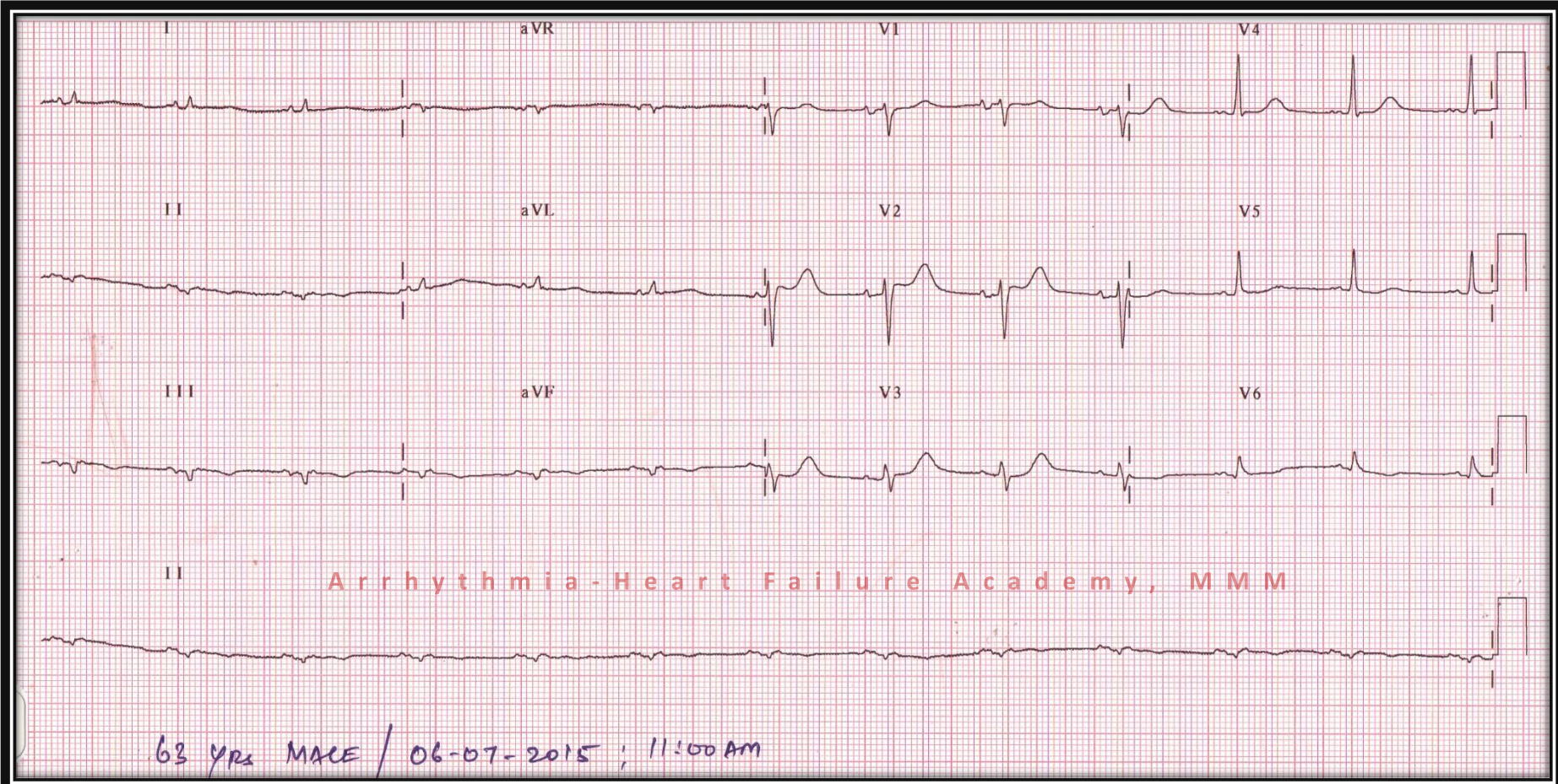
a) AVNRT

b) AVRT

c) AT

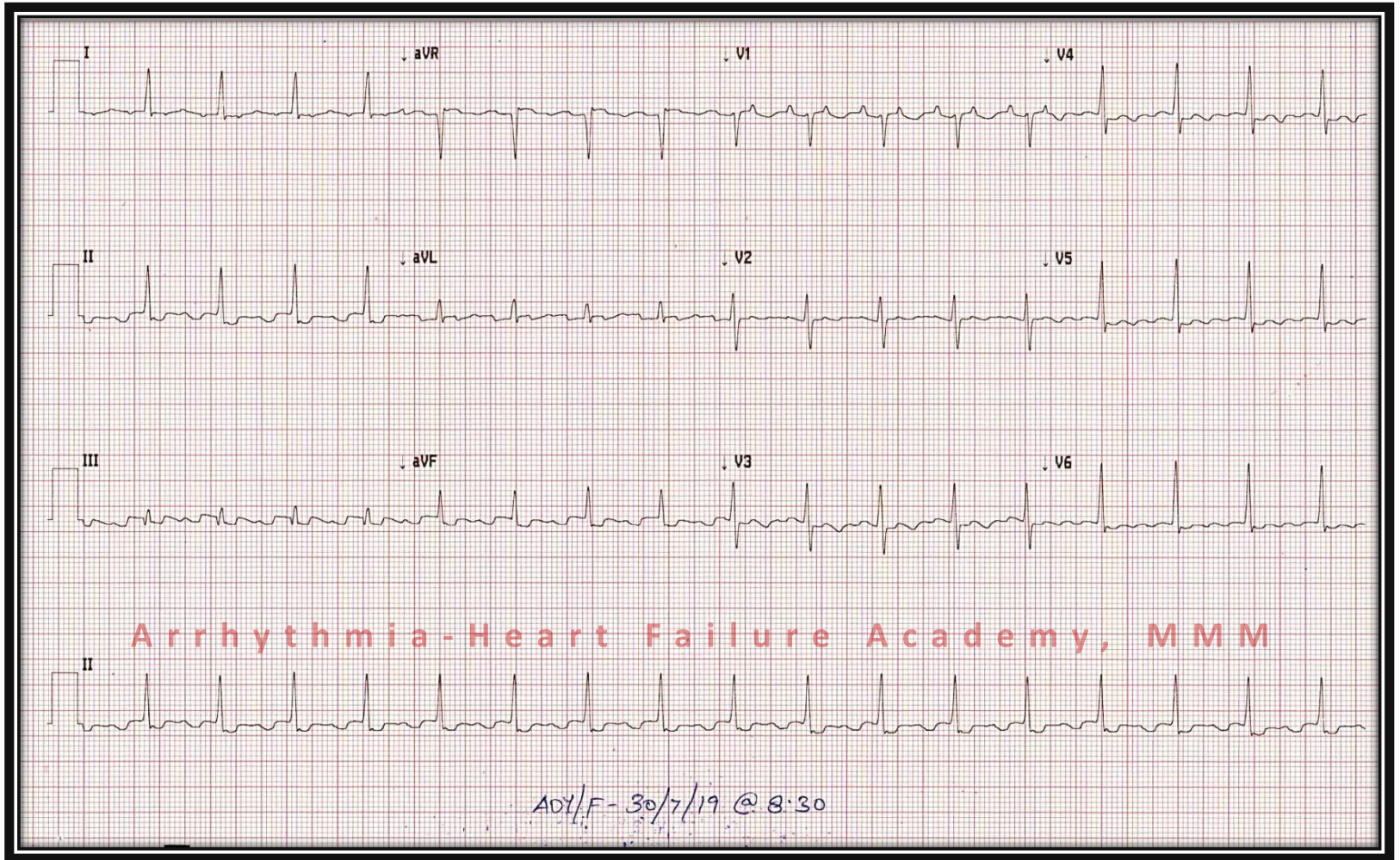
d) VT





Case 5

(5)



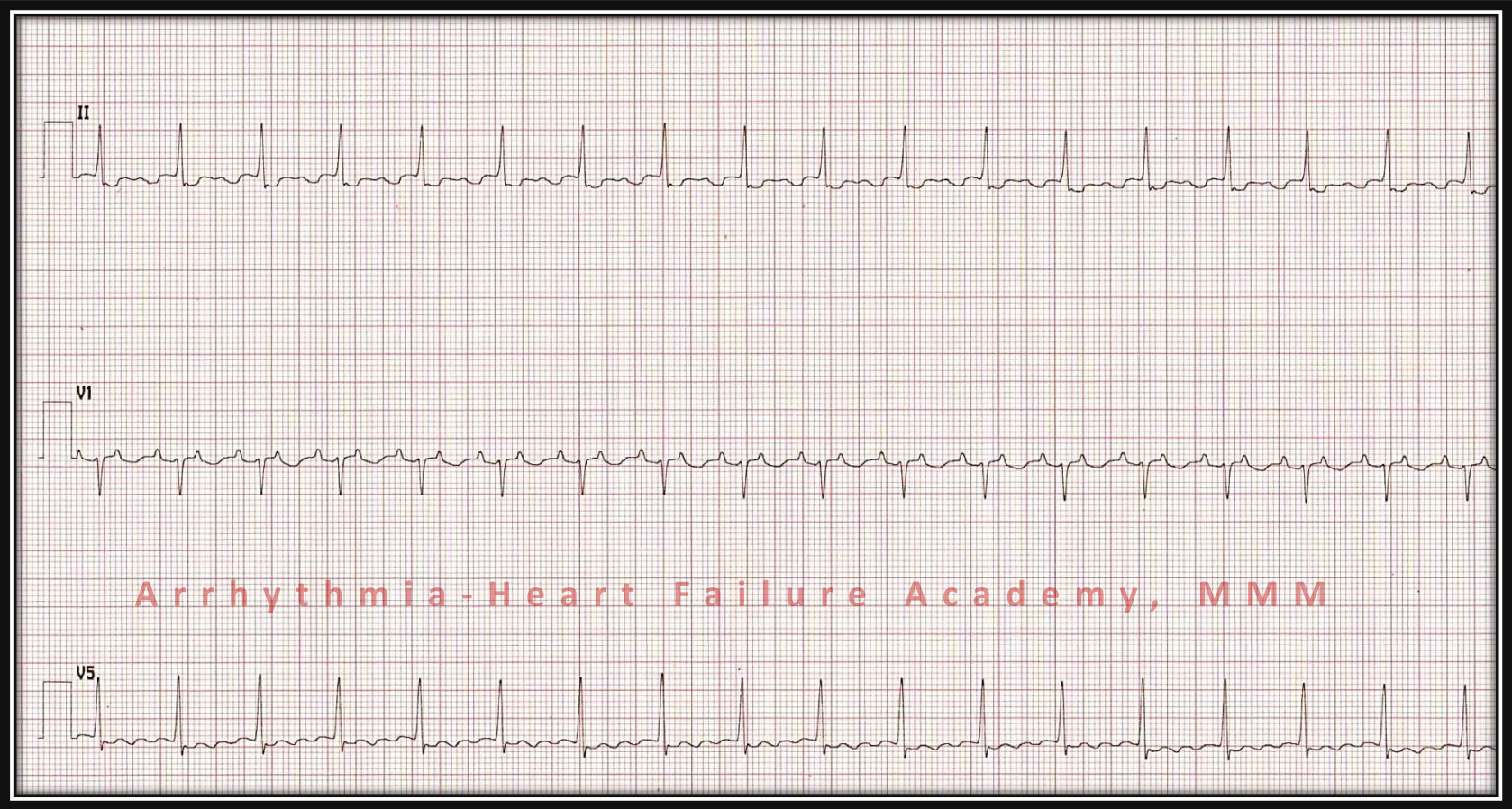
a) AVNRT

b) AT/AFL



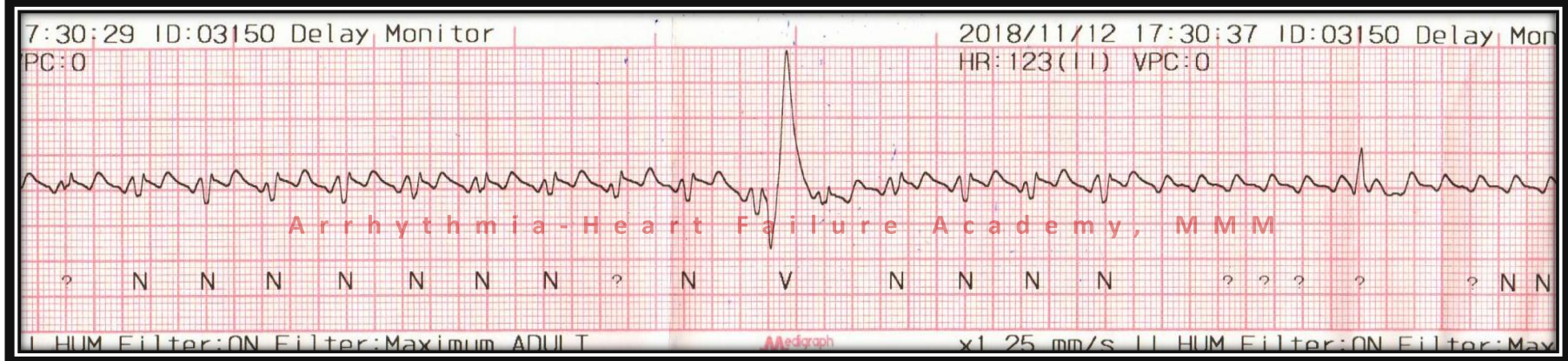
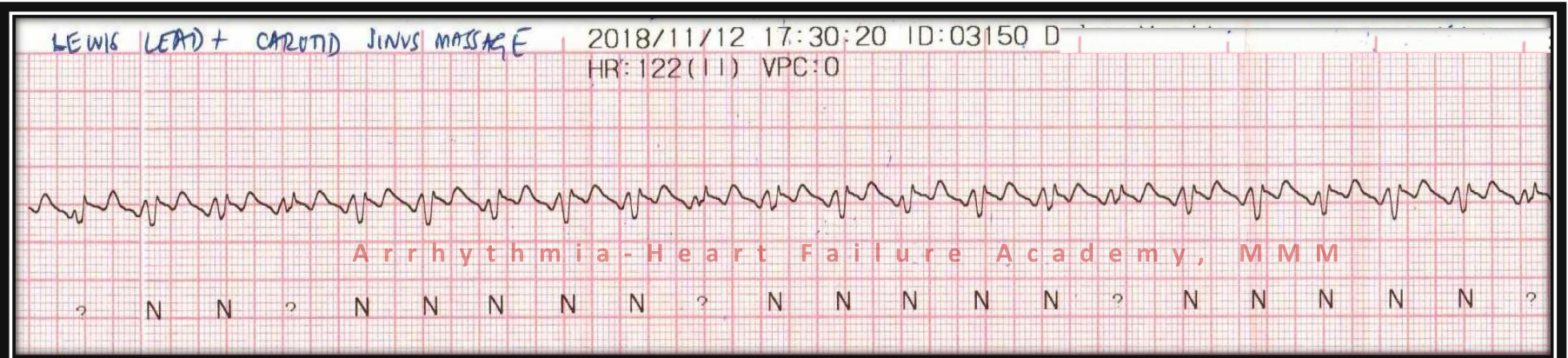
c) AVRT

d) AF



Case 6

(6)



a) AVNRT

b) AVRT

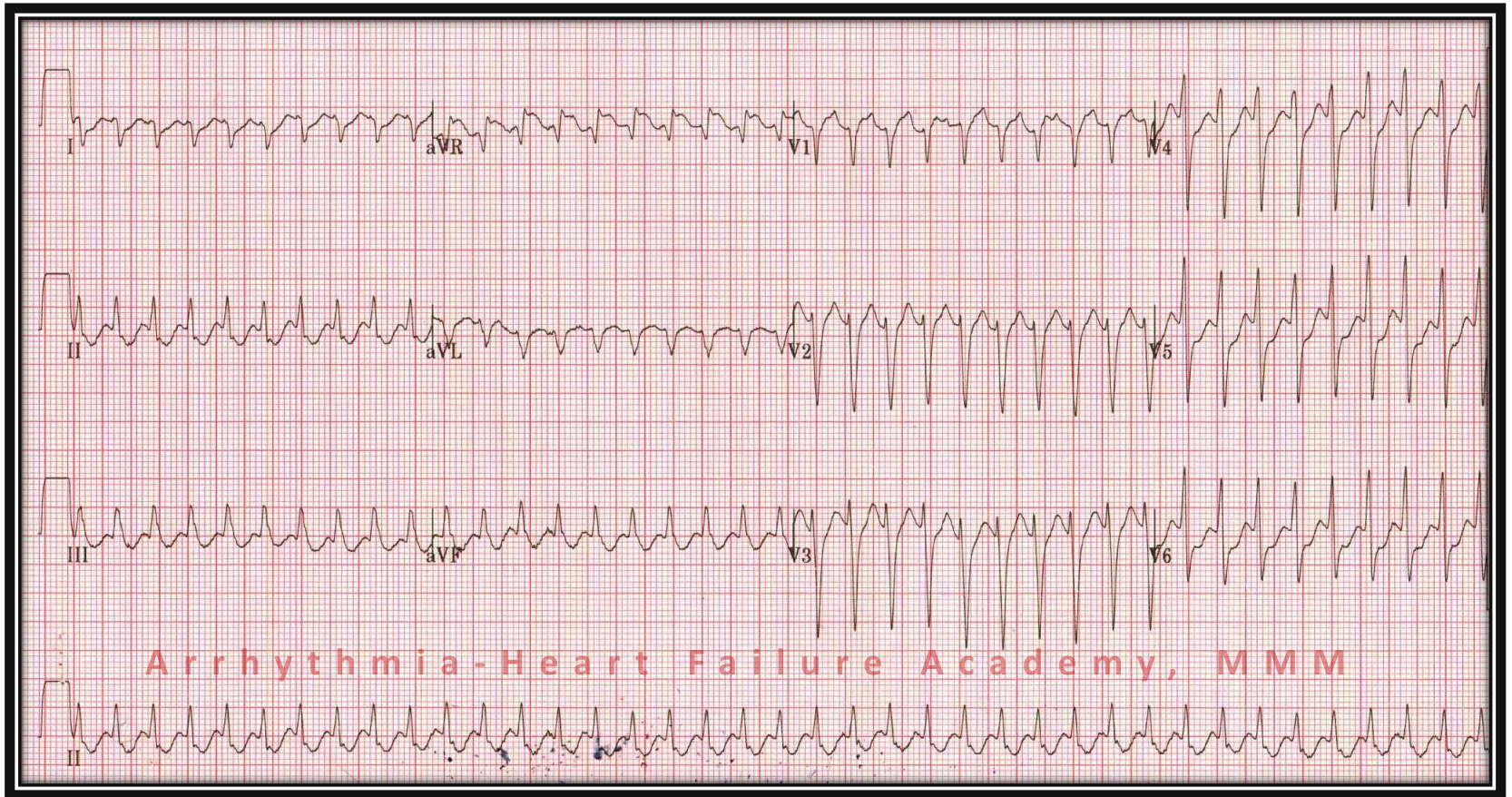
c) AFL



d) VT

Case 7

(7)



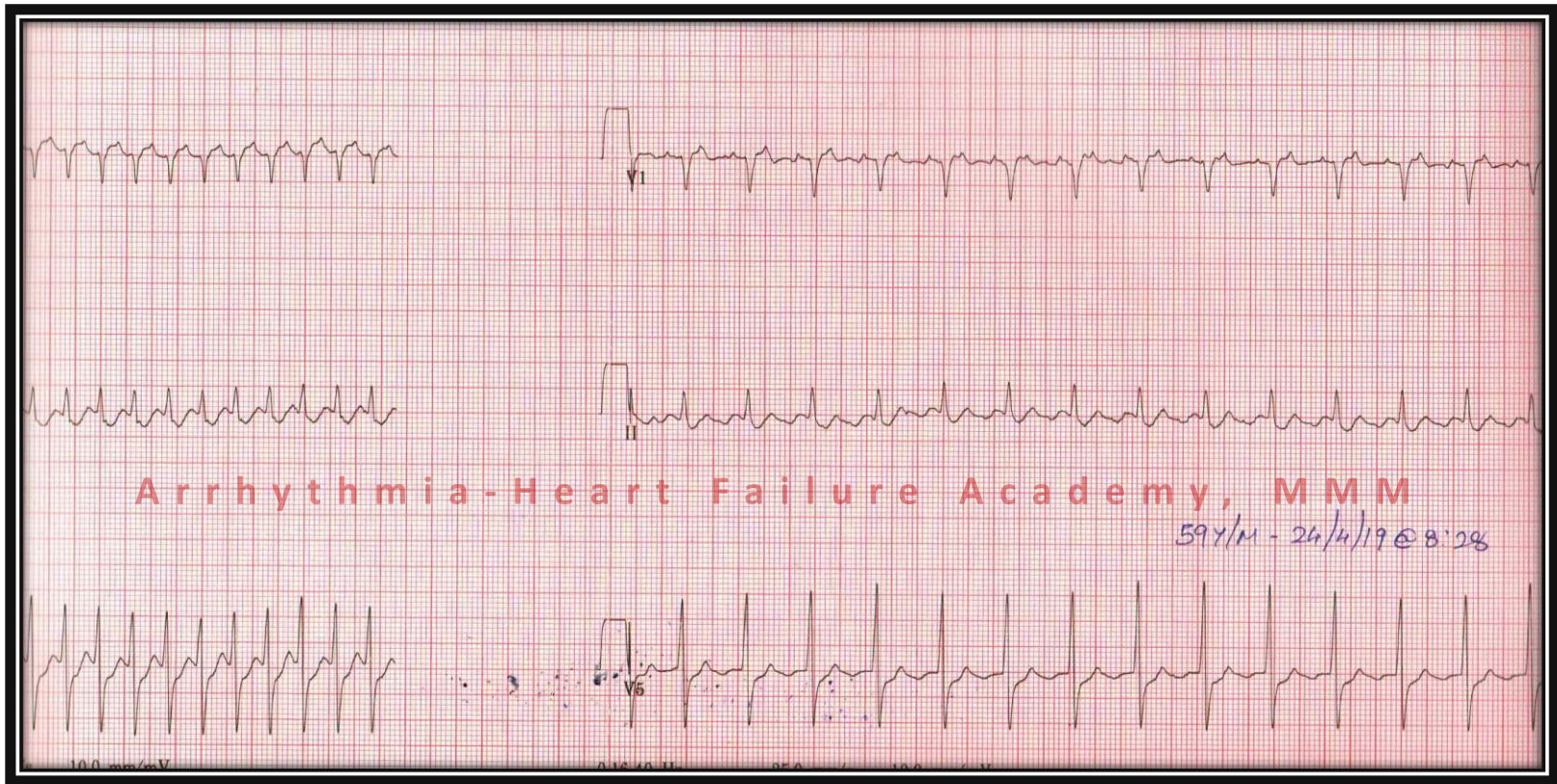
a) AVRT

b) AVNRT

c) AT/AVNRT/AVRT

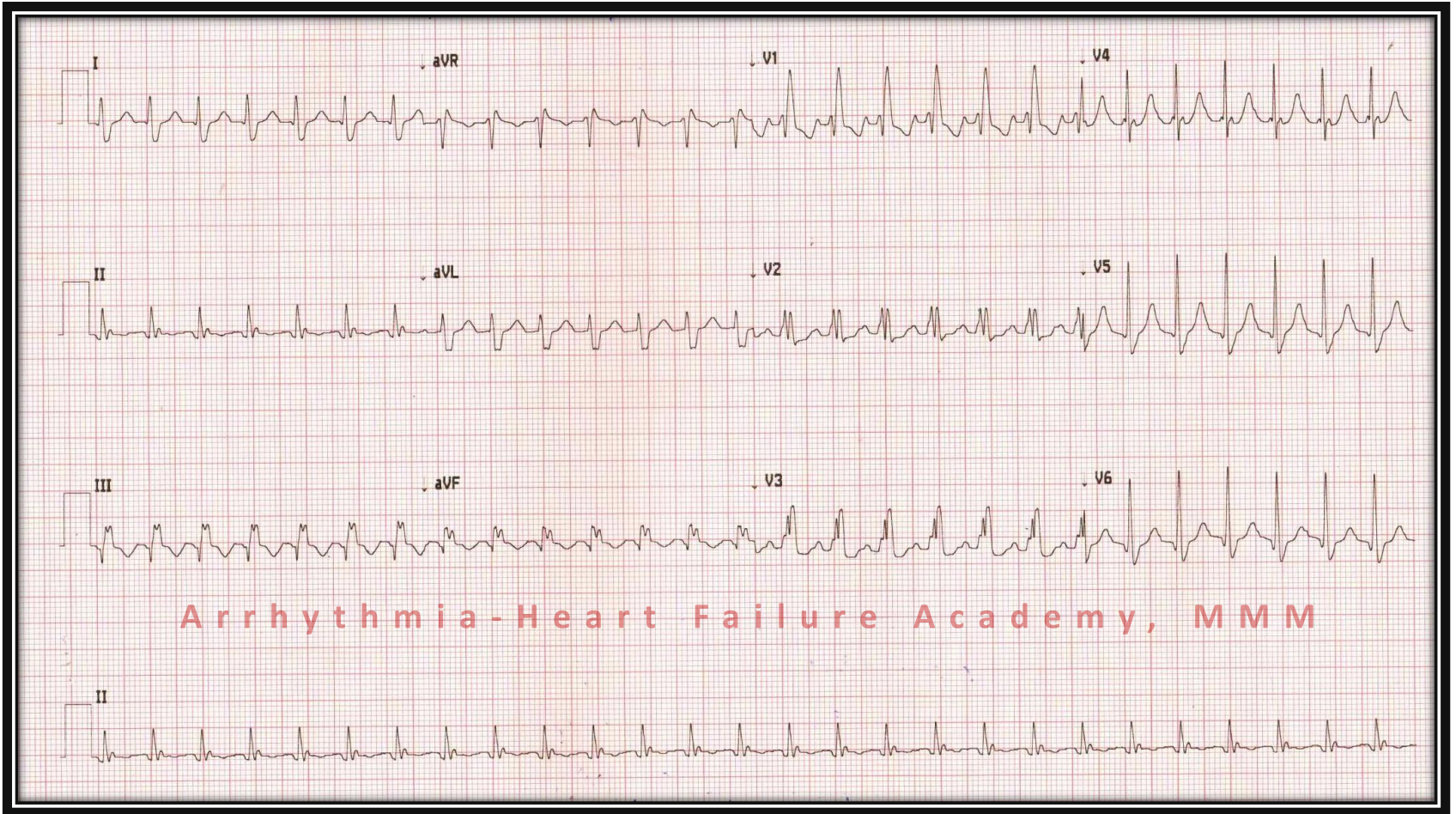


d) AFL

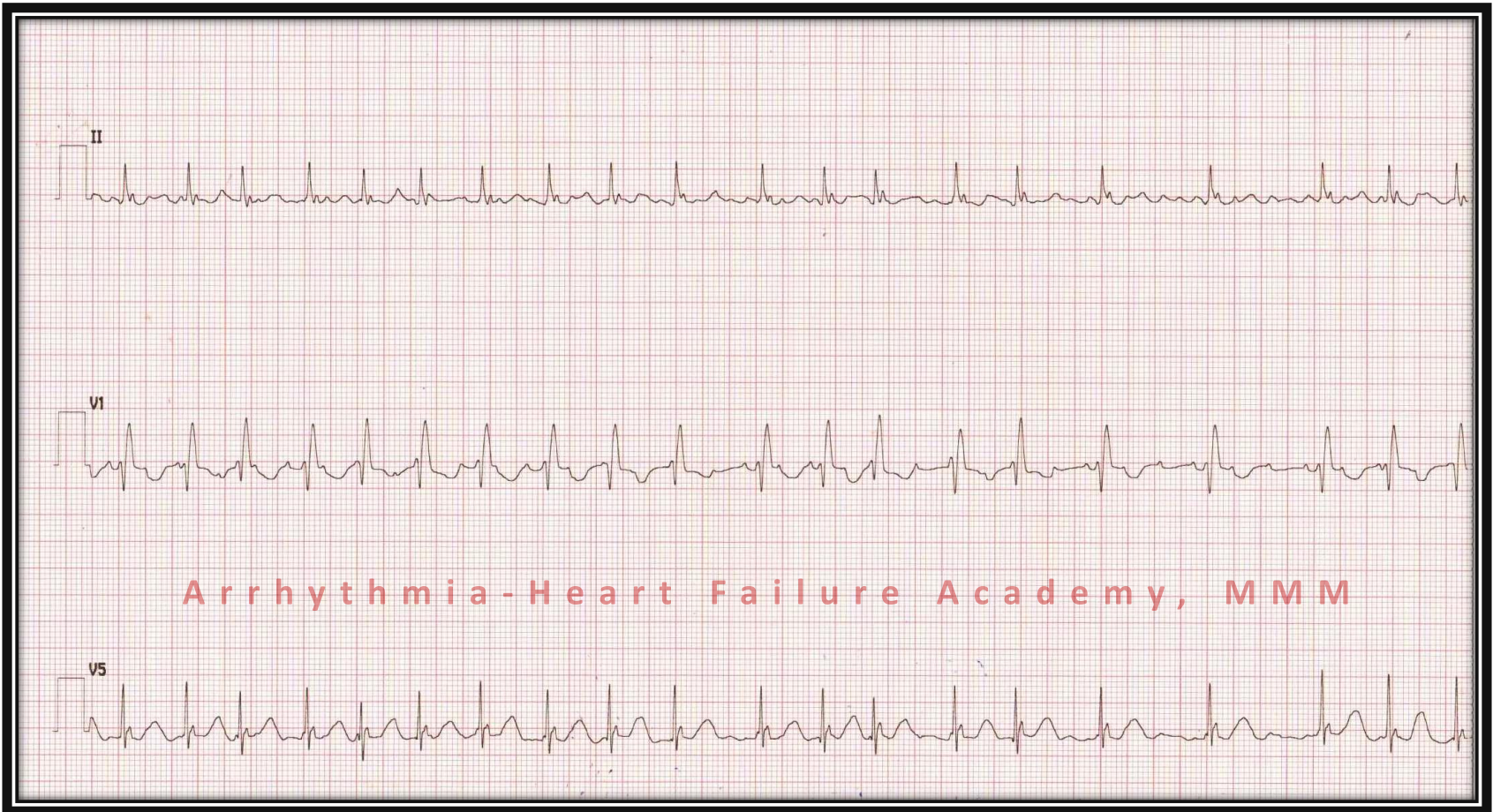


CONTD

A case of 150 BPM



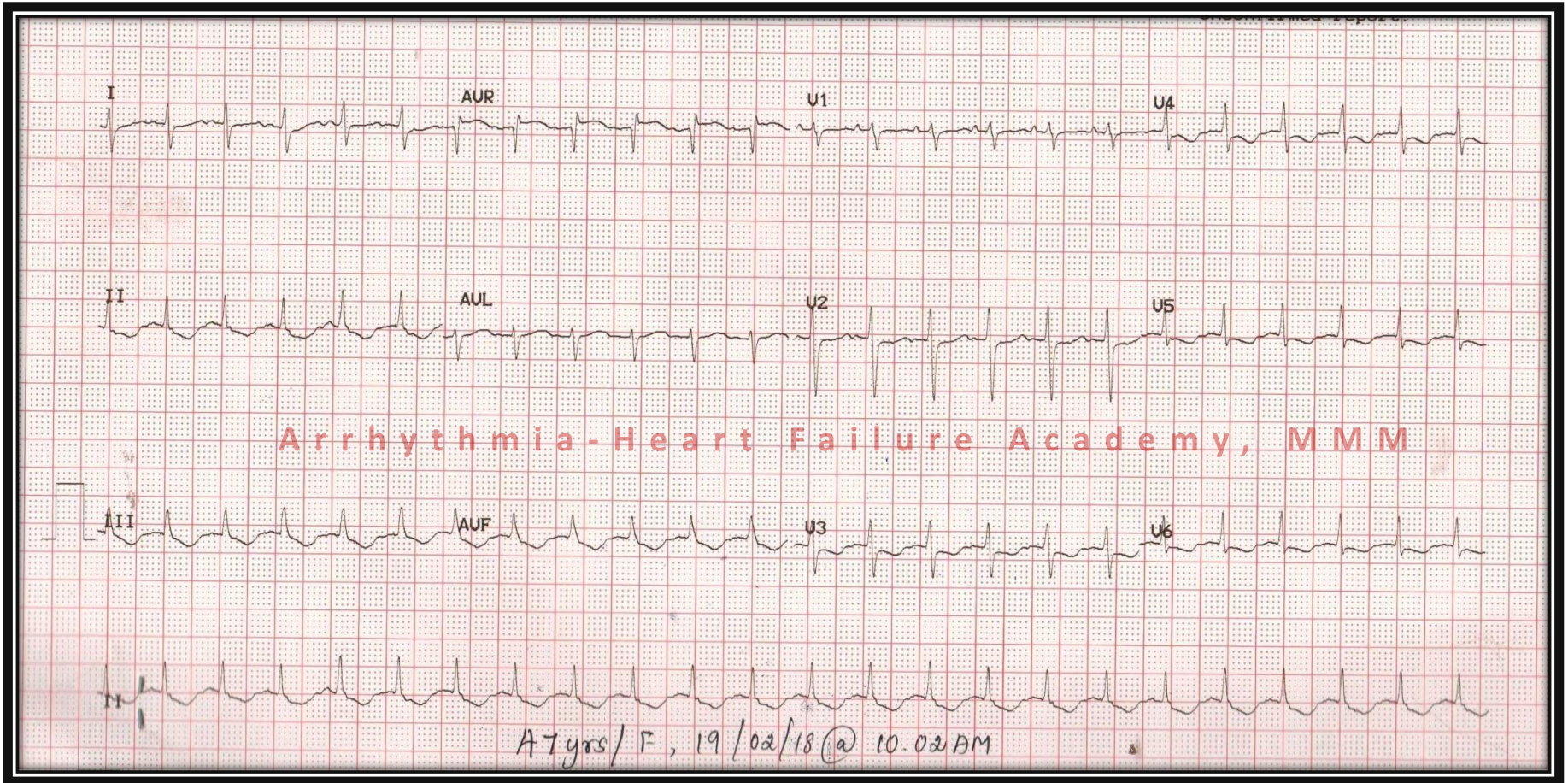
CONTD



CONTD

Case 8

(8)



a) SINUS TACHYCARDIA

b) ATRIAL TACHYCARDIA

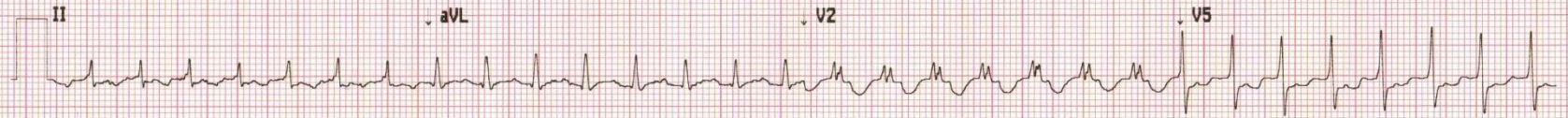
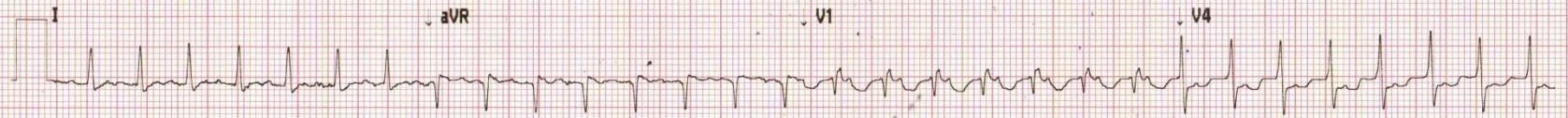
c) LEFT MAIN CORONARY
ARTERY DISEASE

d) ALL OF THE ABOVE ARE D/D

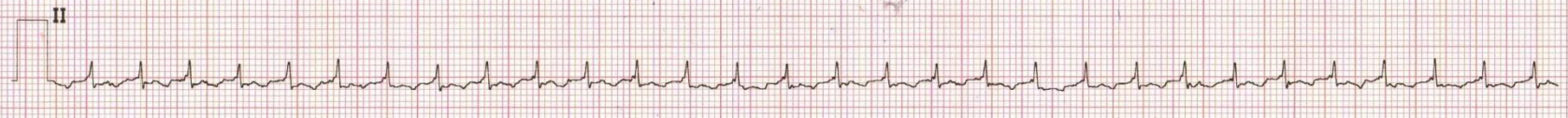


Case 9

(9)



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65/F/05/8/18 @ 1:54 PM

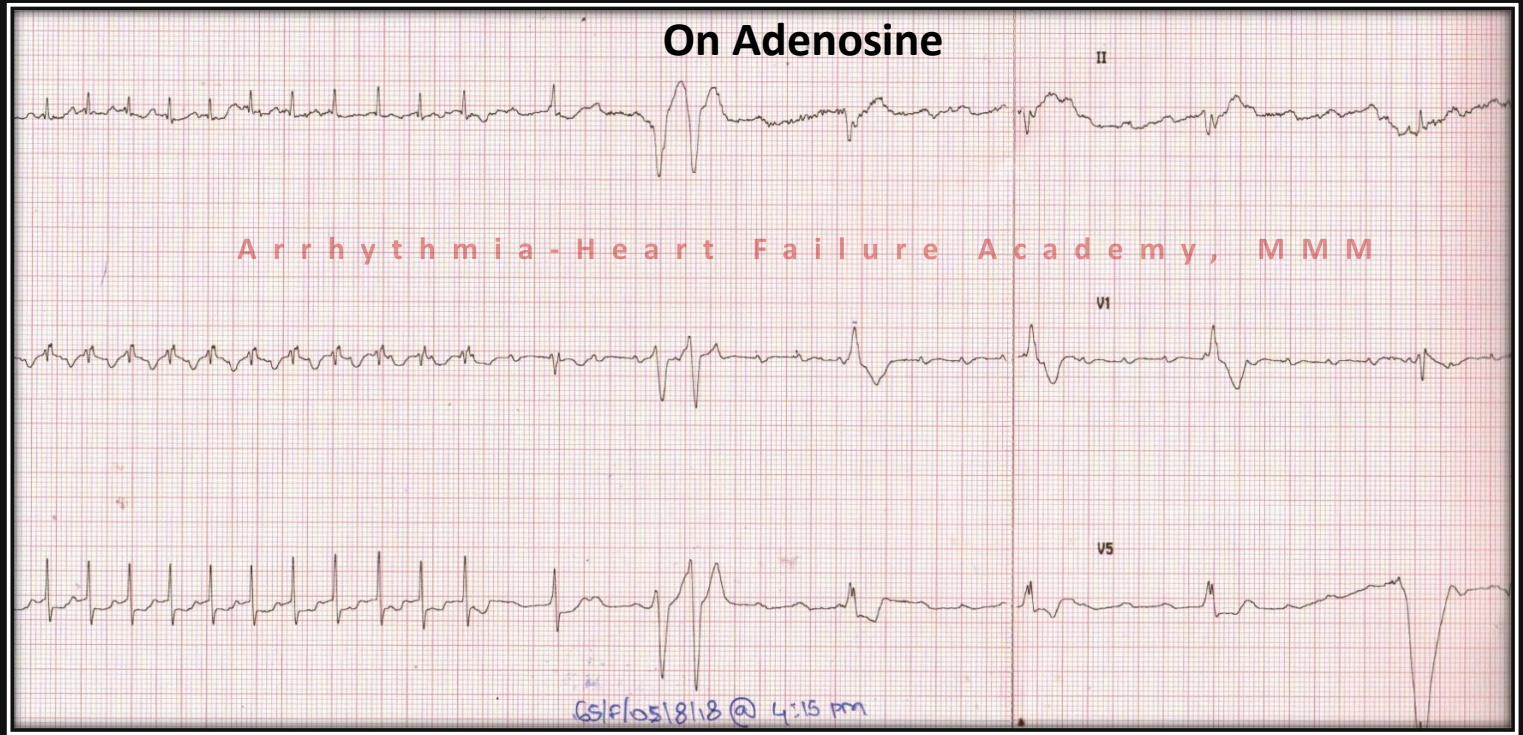
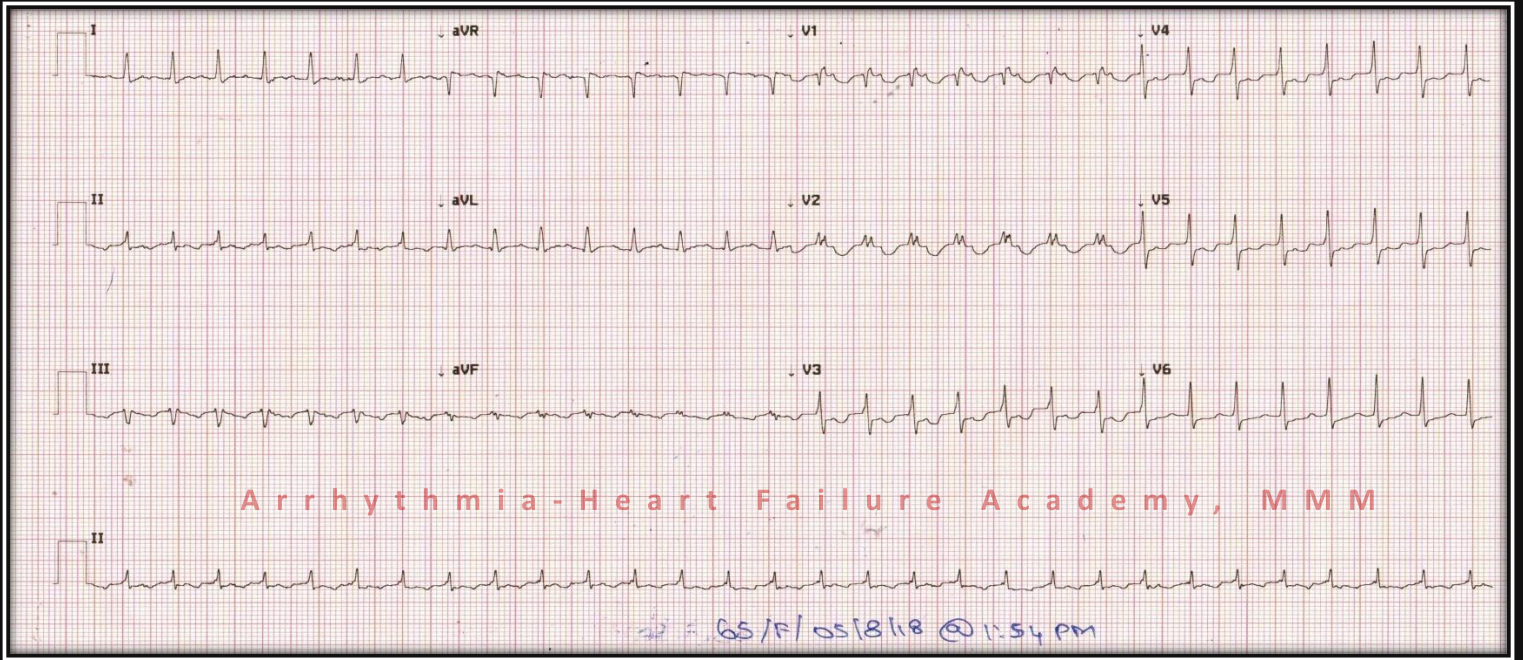
a) AVNRT

b) AVRT

c) AT

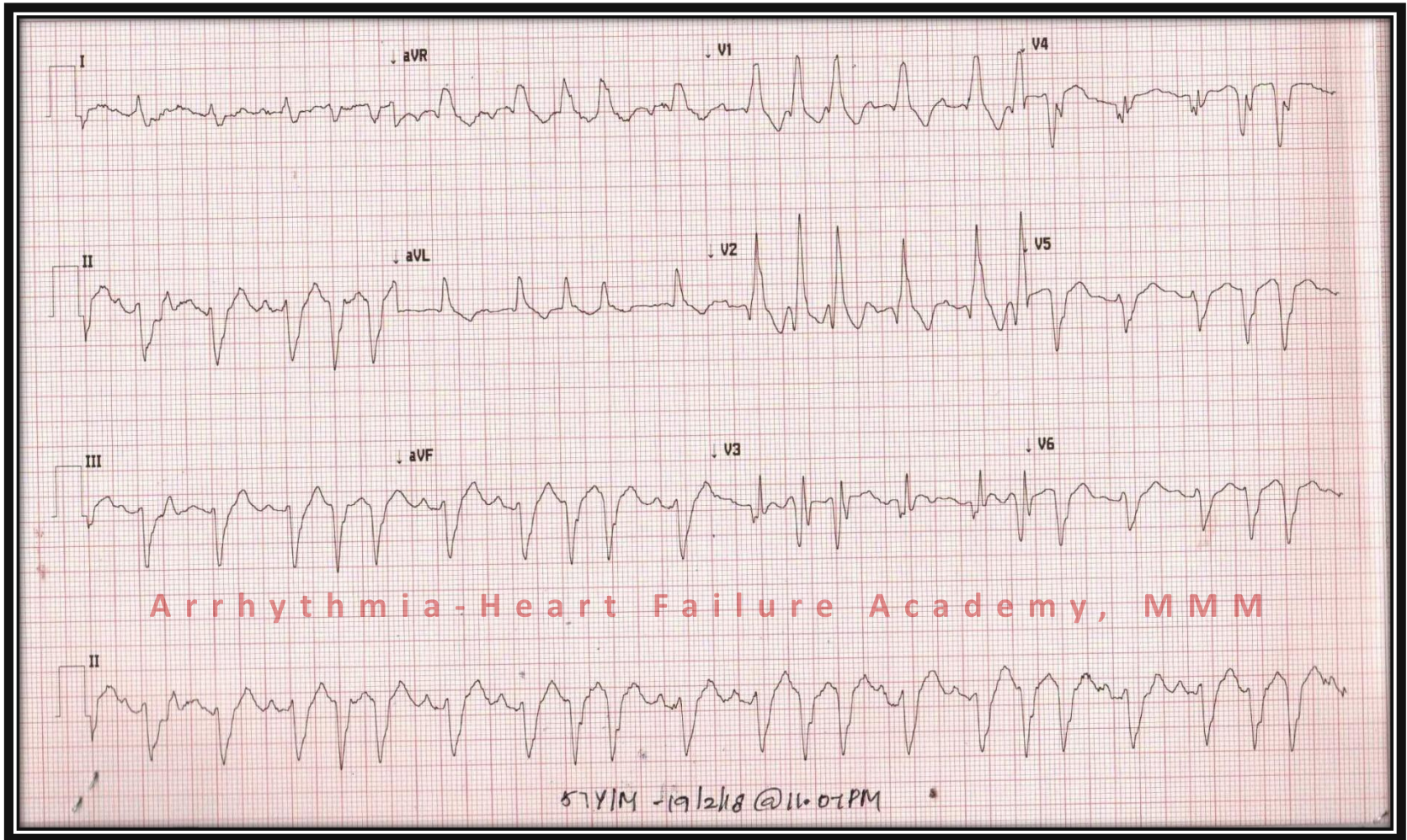
d) ALL OF THE ABOVE ARE D/D





Case 10

(10)



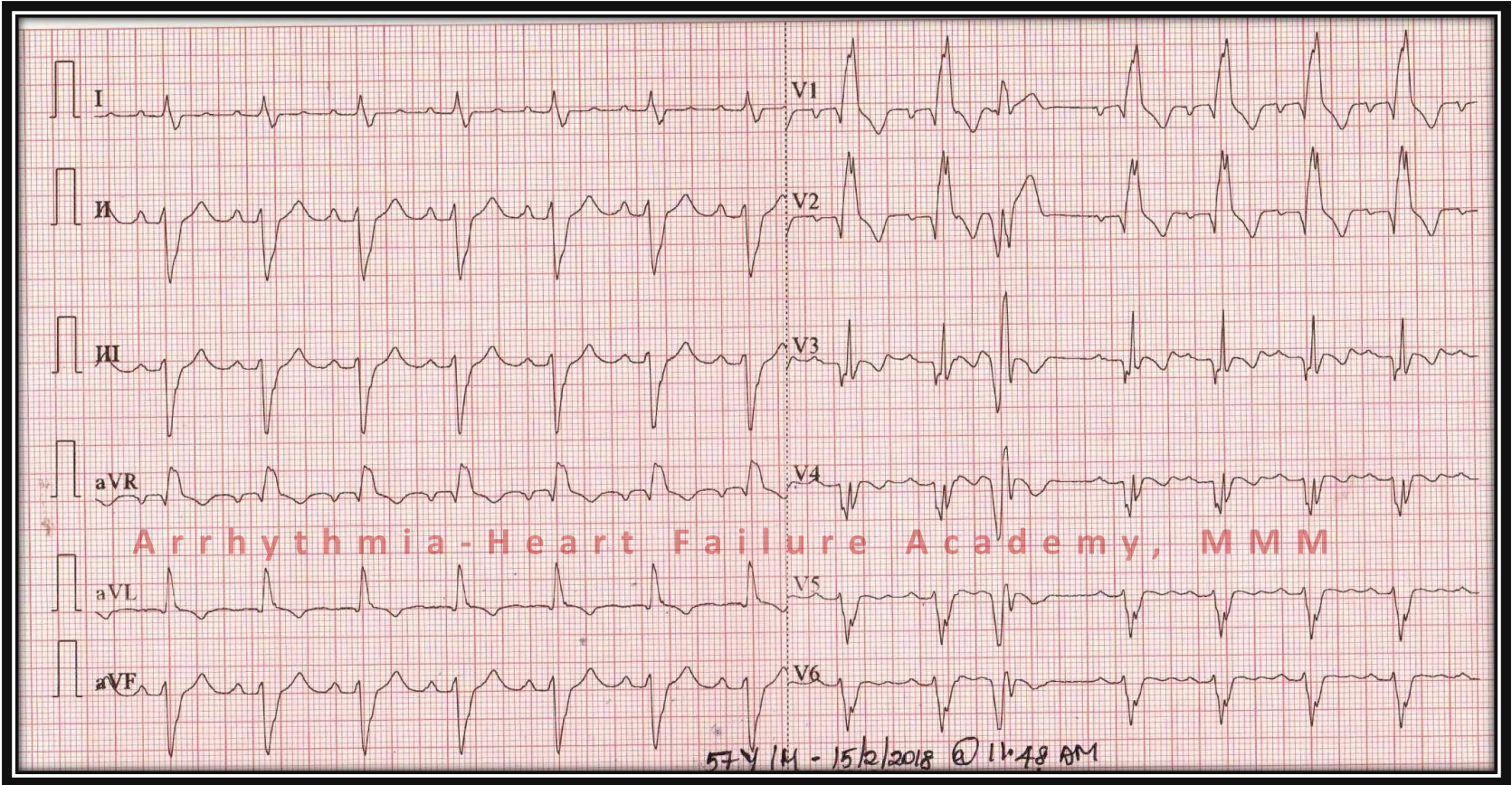
a) SVT



b) VT

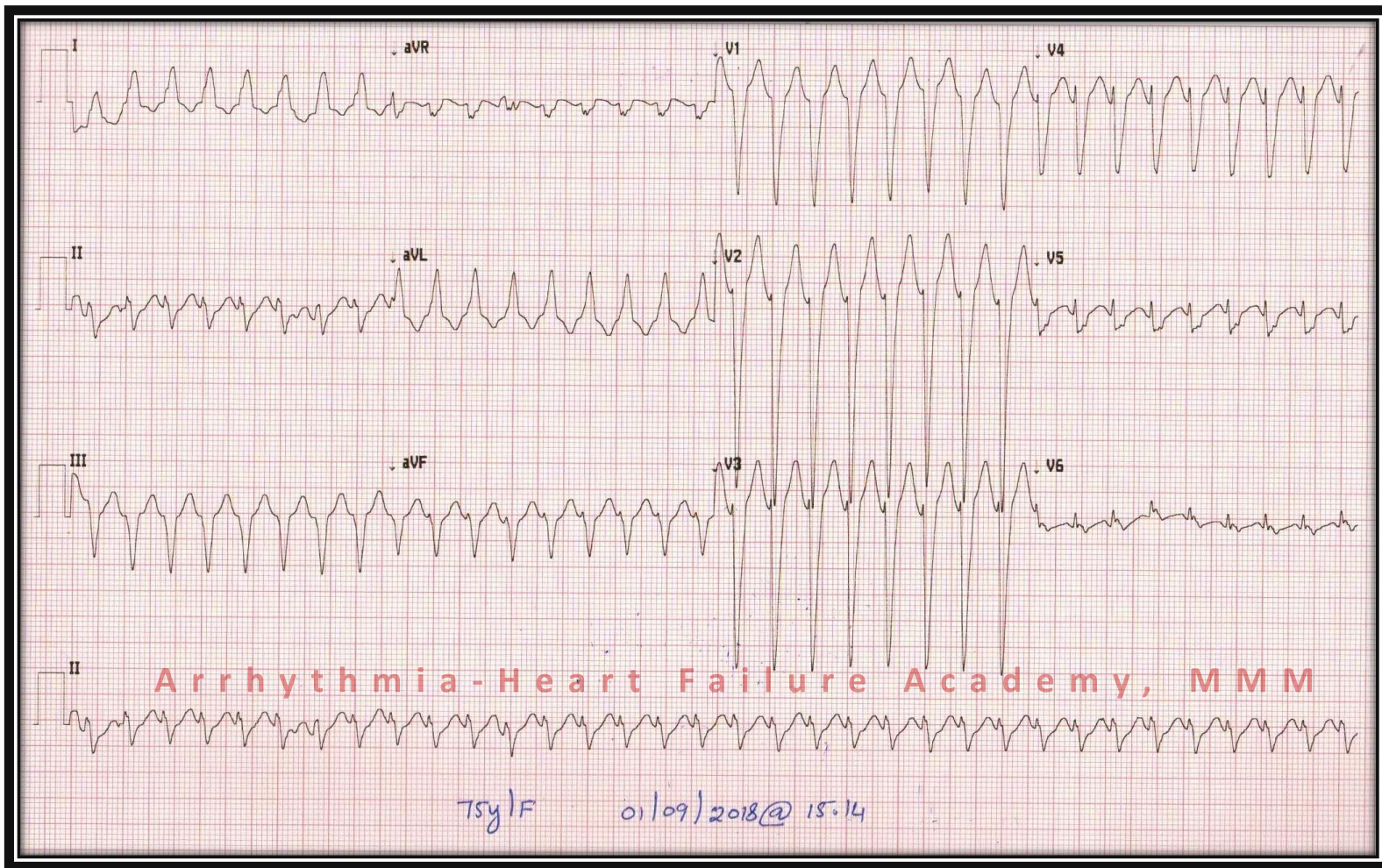
c) TdP

d) HYPONATREMIA



Case 11

(11) 75Y/F, Palpitation X 20 years , Moderate MS, EF:45%, BP:100/80mmHg, Warm



a) ADENOSINE IS
CONTRAINDICATED

b) VERAPAMIL IS
CONTRAINDICATED

c) DC SHOCK

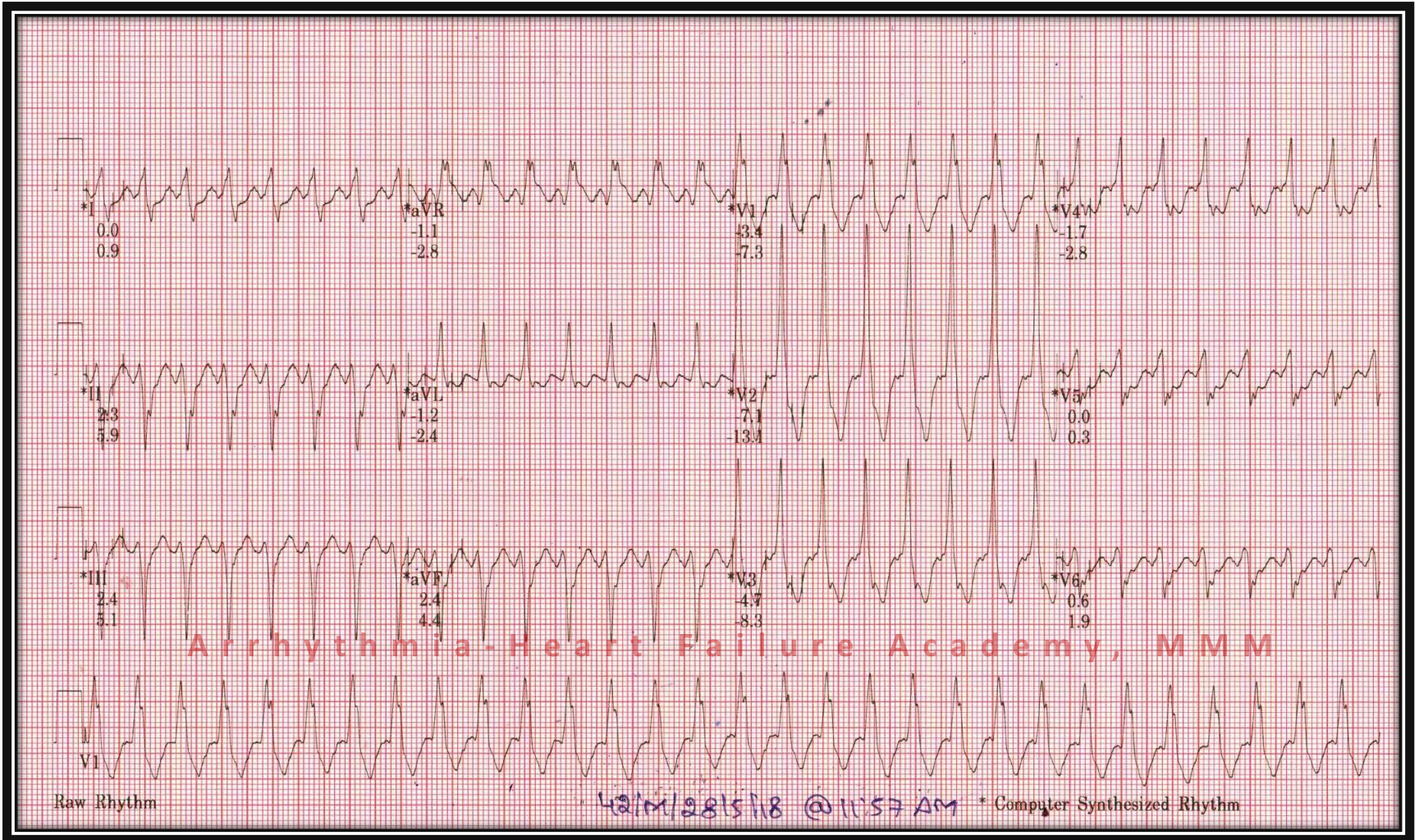
d) NONE OF THE ABOVE



Case 12

(12)

Chest pain during TMT

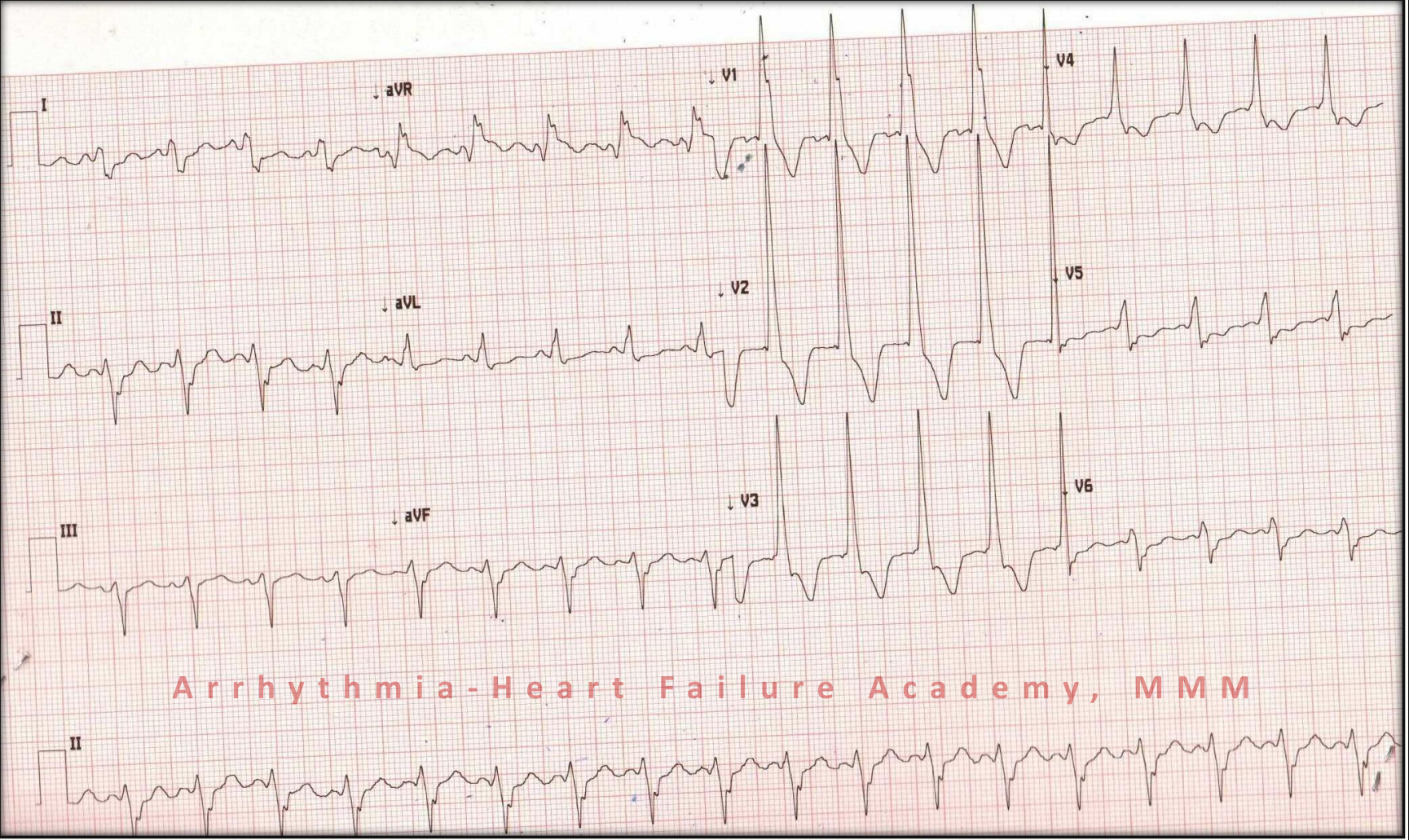


a) SINUS TACHYCARDIA

b) VENTRICULAR TACHYCARDIA

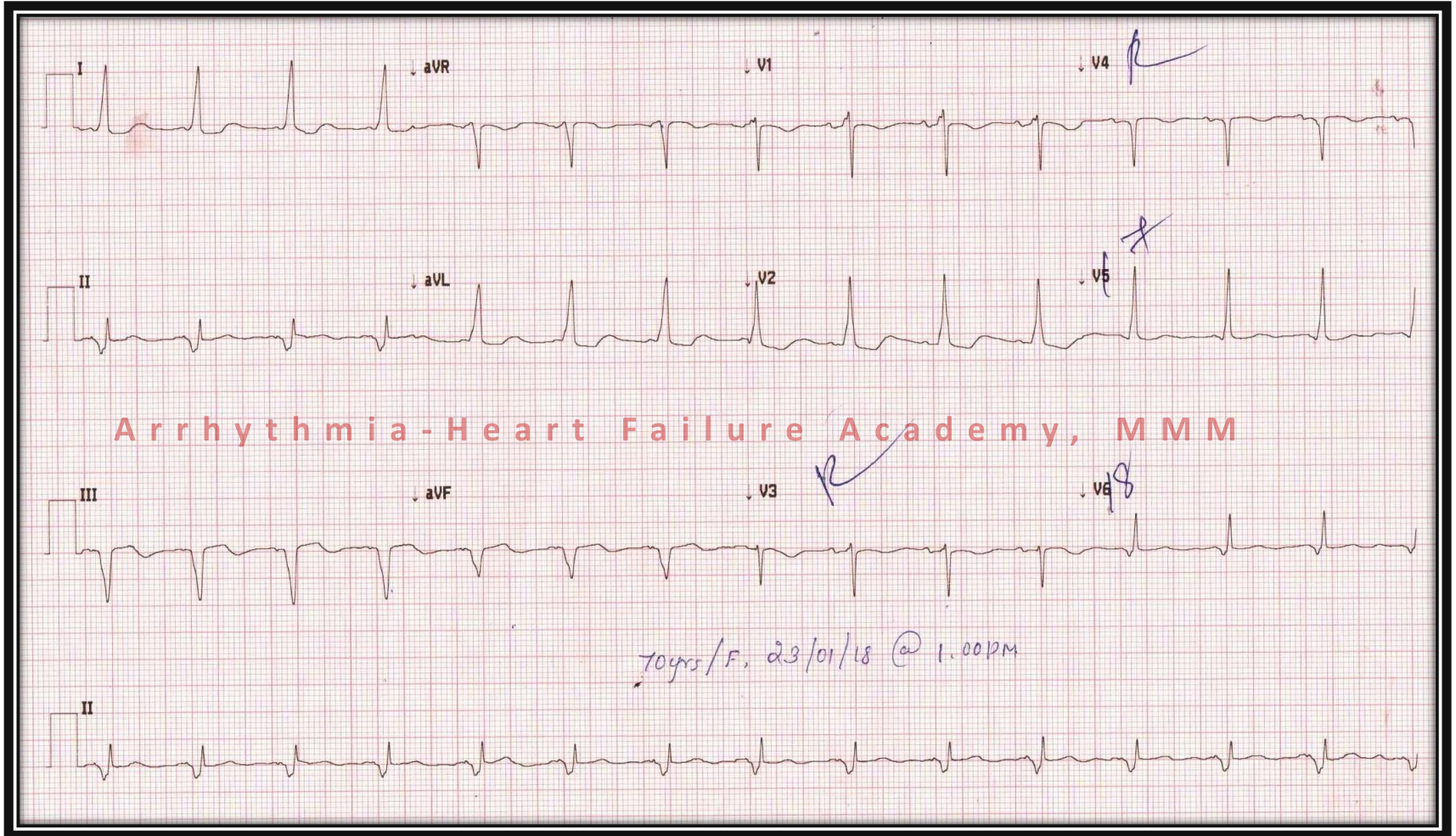
c) DIAGNOSTIC OF LMCA DISEASE

d) CANNOT MAKE A DIAGNOSIS ✓



Case 13

(13)



a) INFERIOR WALL MI

b) IWMI + RVMI

c) INFERIOR WMI + RVMI +
POSTERIOR WALL MI

d) NONE OF THE ABOVE

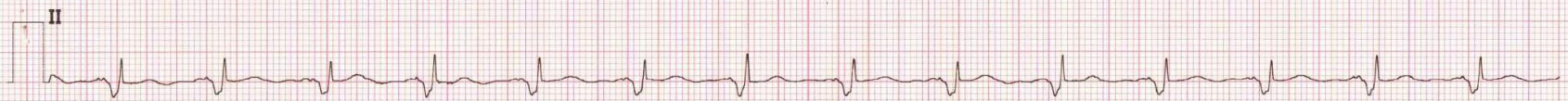


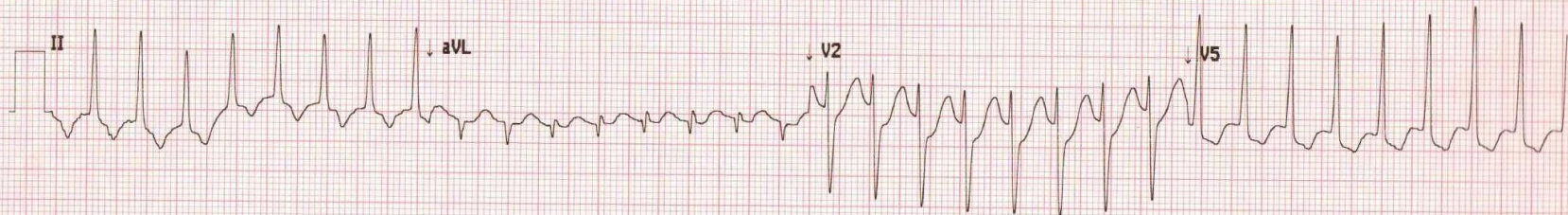


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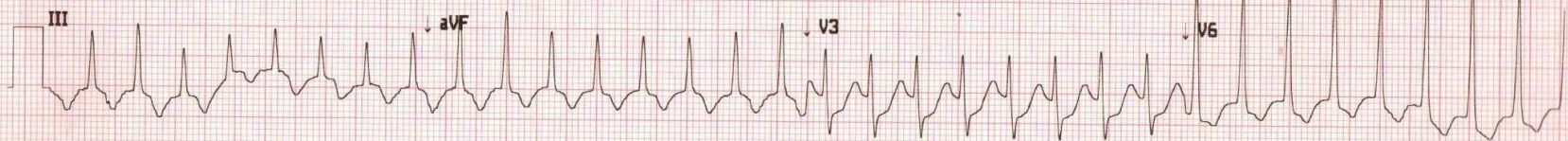


70 yrs/F, 23/01/18 @ 1.00 PM

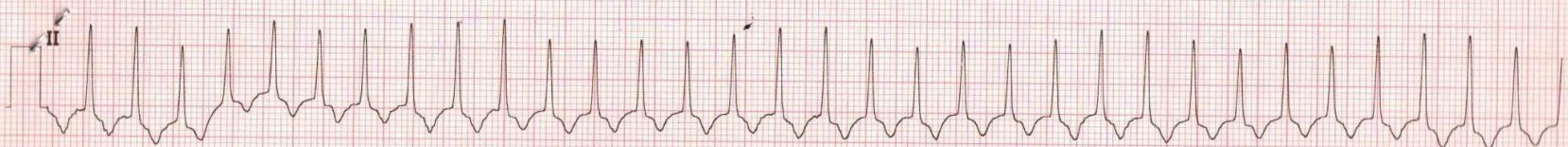




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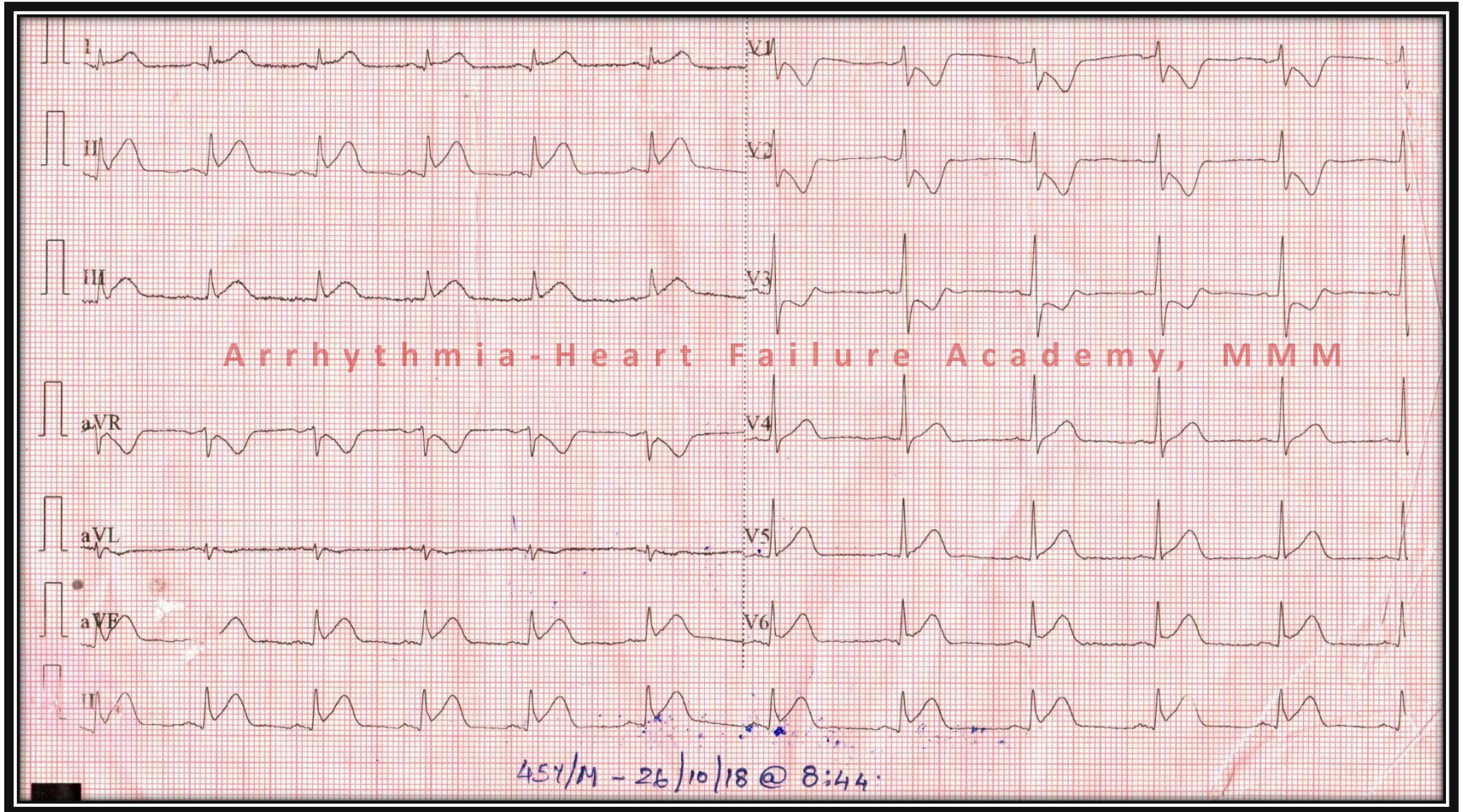
70 yrs/F, 03/01/18 @ 6.36 AM



Case 14

(14)

Most likely culprit artery is



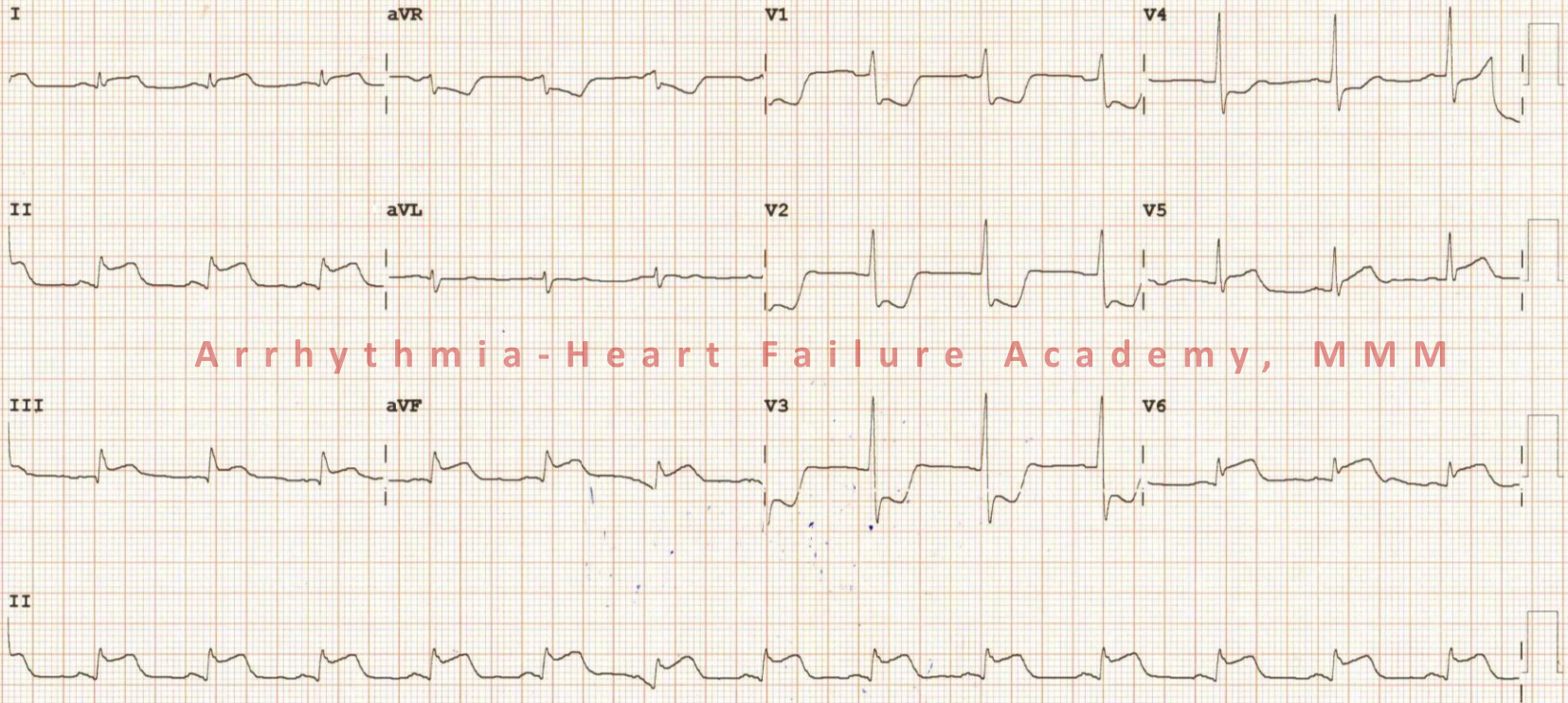
a) LEFT MAIN

b) LAD

c) LCX

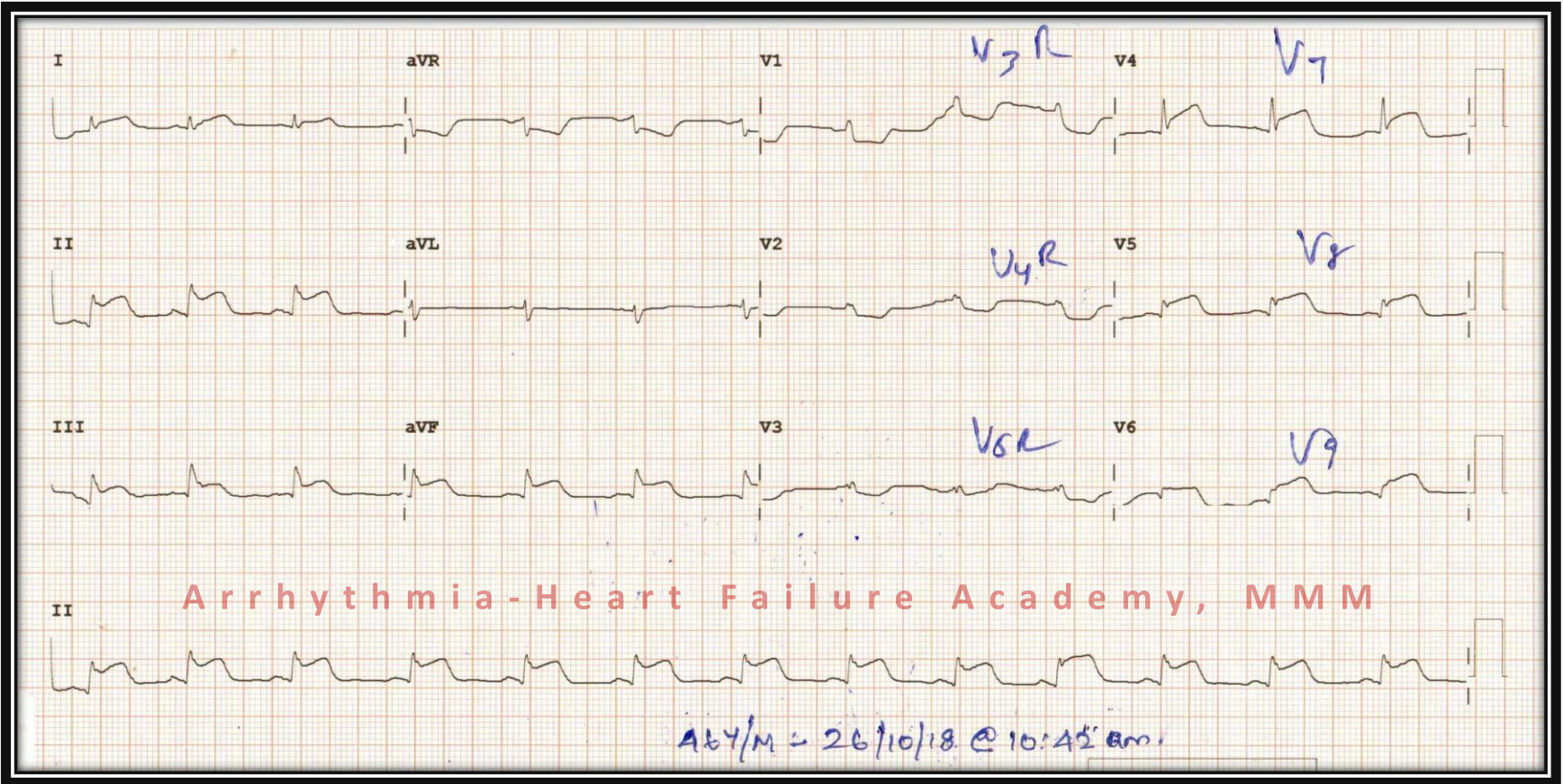


d) RCA



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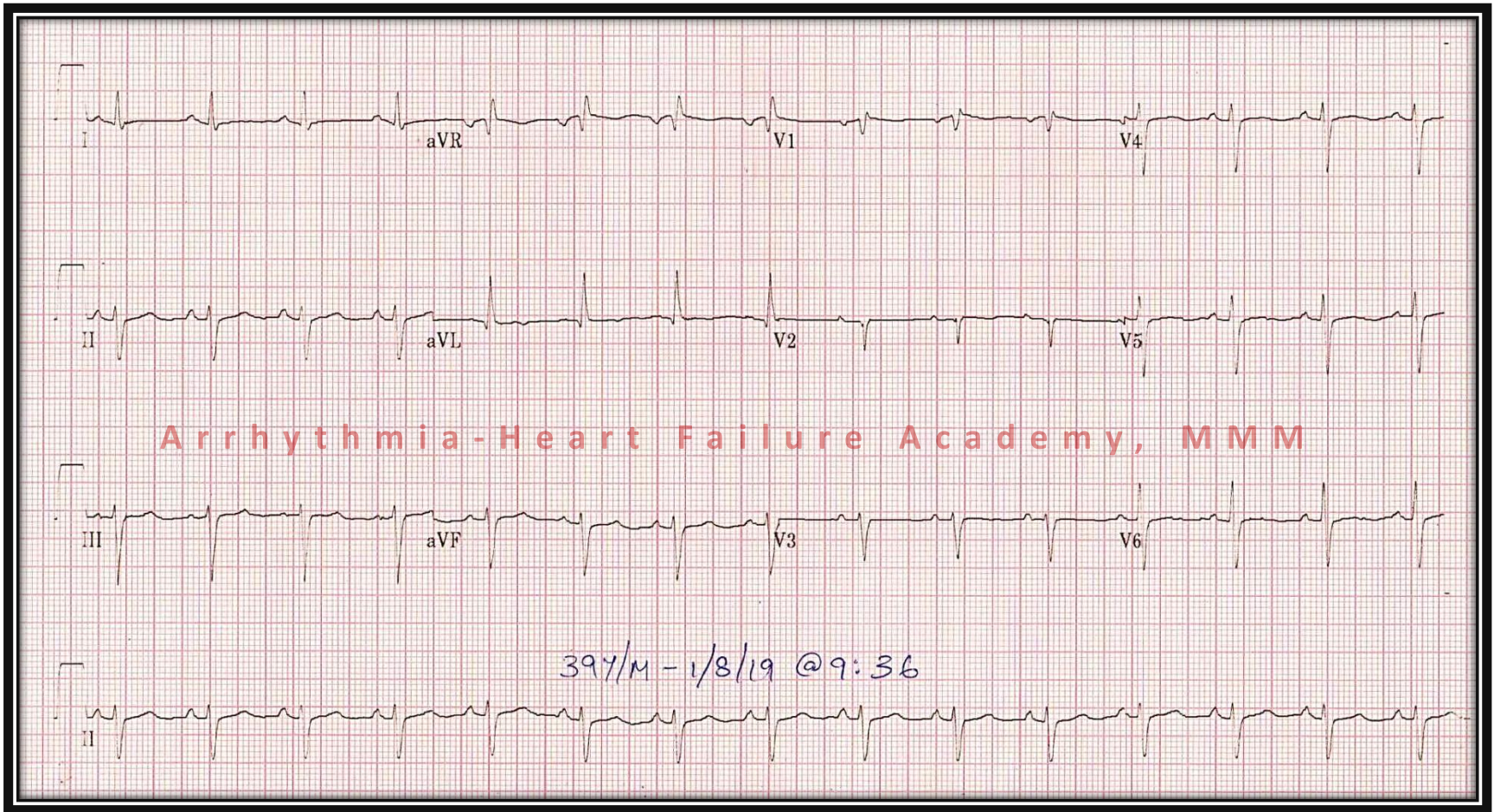
ABY/M - 26/10/18 @ 10:41 am.



Case 15

(15)

39Y/M, Pain at the pacemaker site



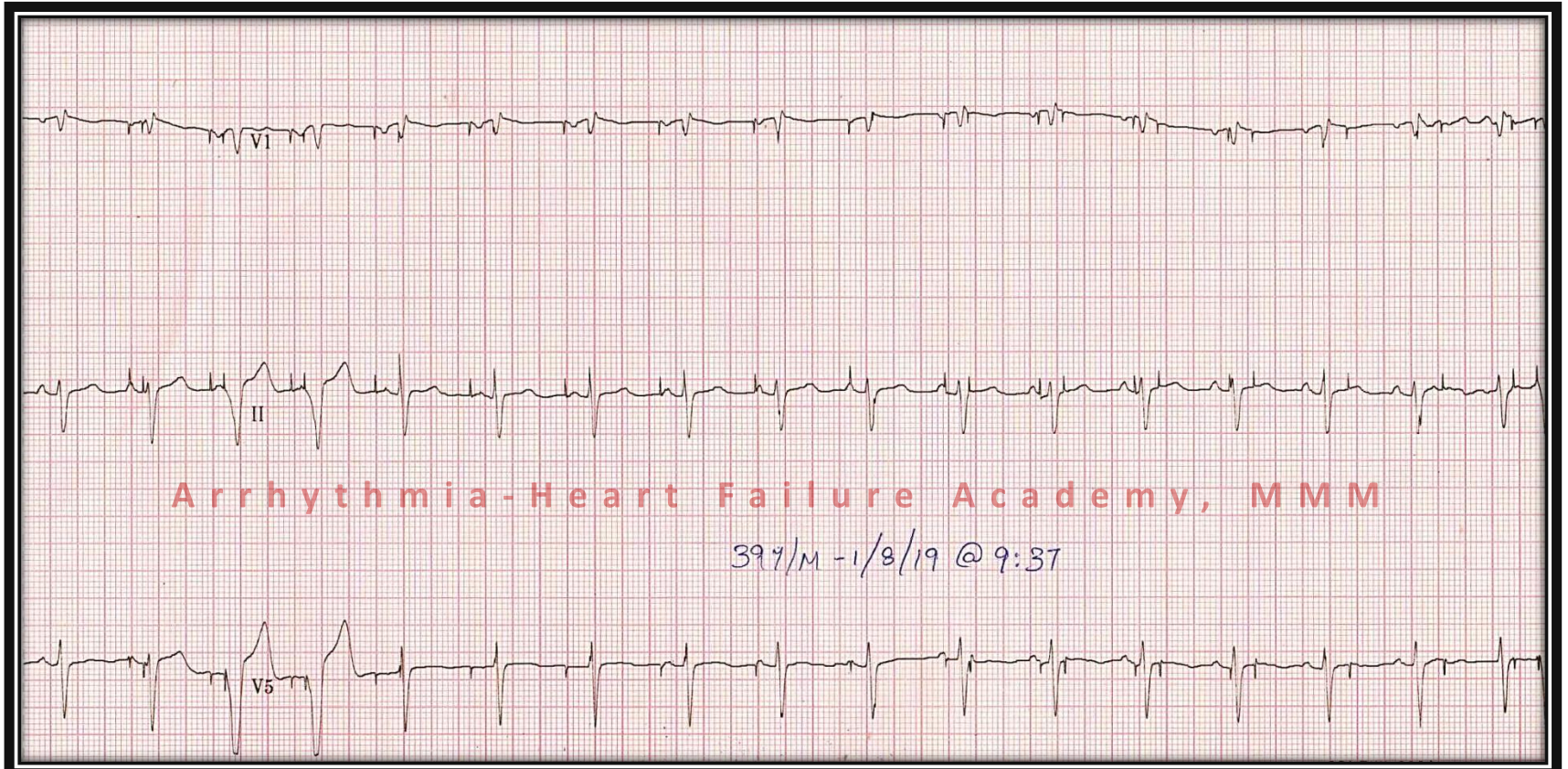
**a) PACEMAKER NOT FUNCTIONING
DUE TO PAIN**

**b) PACEMAKER NOT FUNCTIONING
DUE TO BATTERY DEPLETION**

**c) PACEMAKER MAY BE
FUNCTIONING NORMAL**

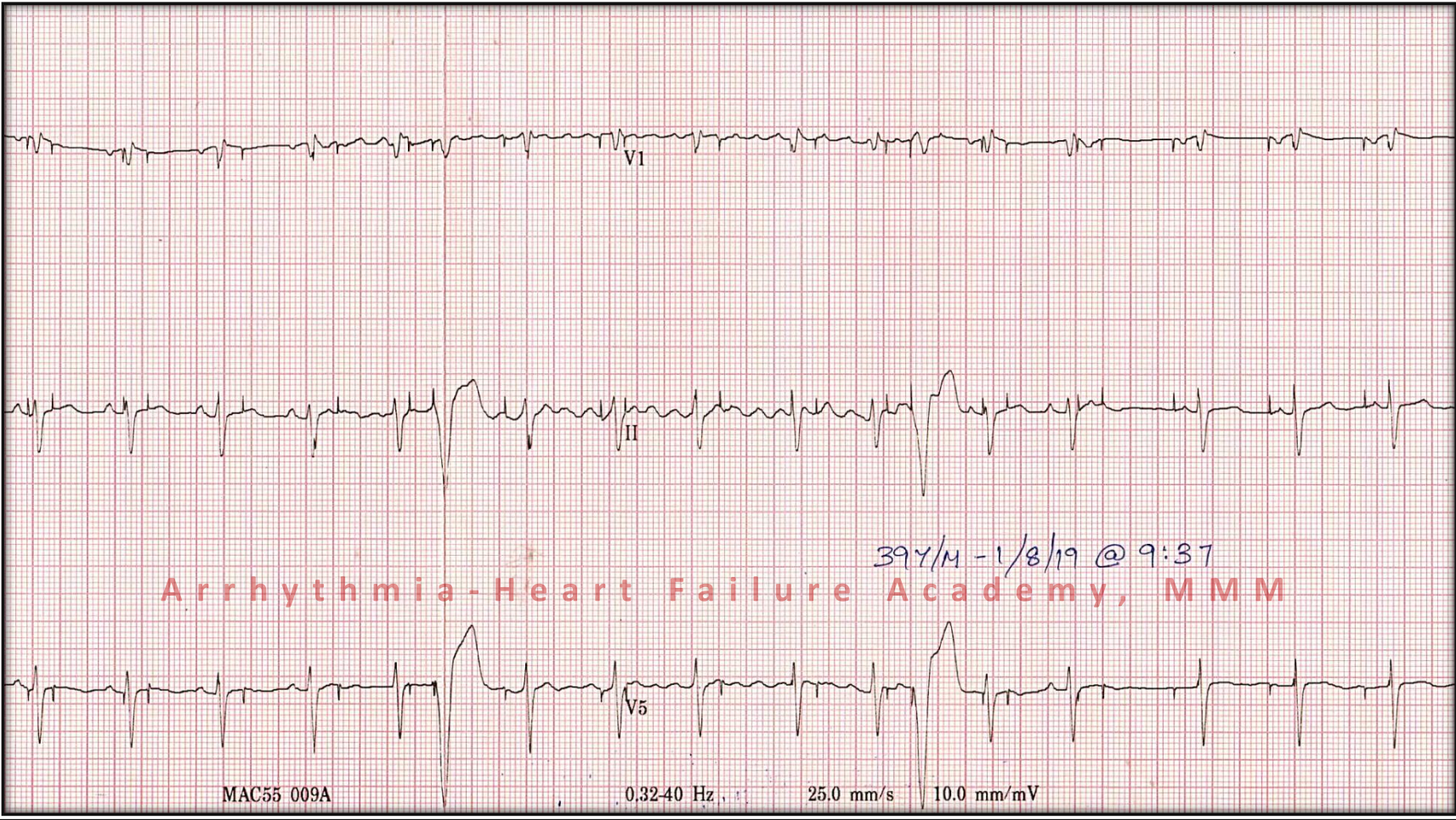


**d) PACEMAKER DOES NOT WORK
AT 09:36**



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397/M -1/8/19 @ 9:37



V1

II

V5

39Y/M - 1/8/19 @ 9:37

Arrhythmia-Heart Failure Academy, MMM

MAC55 009A

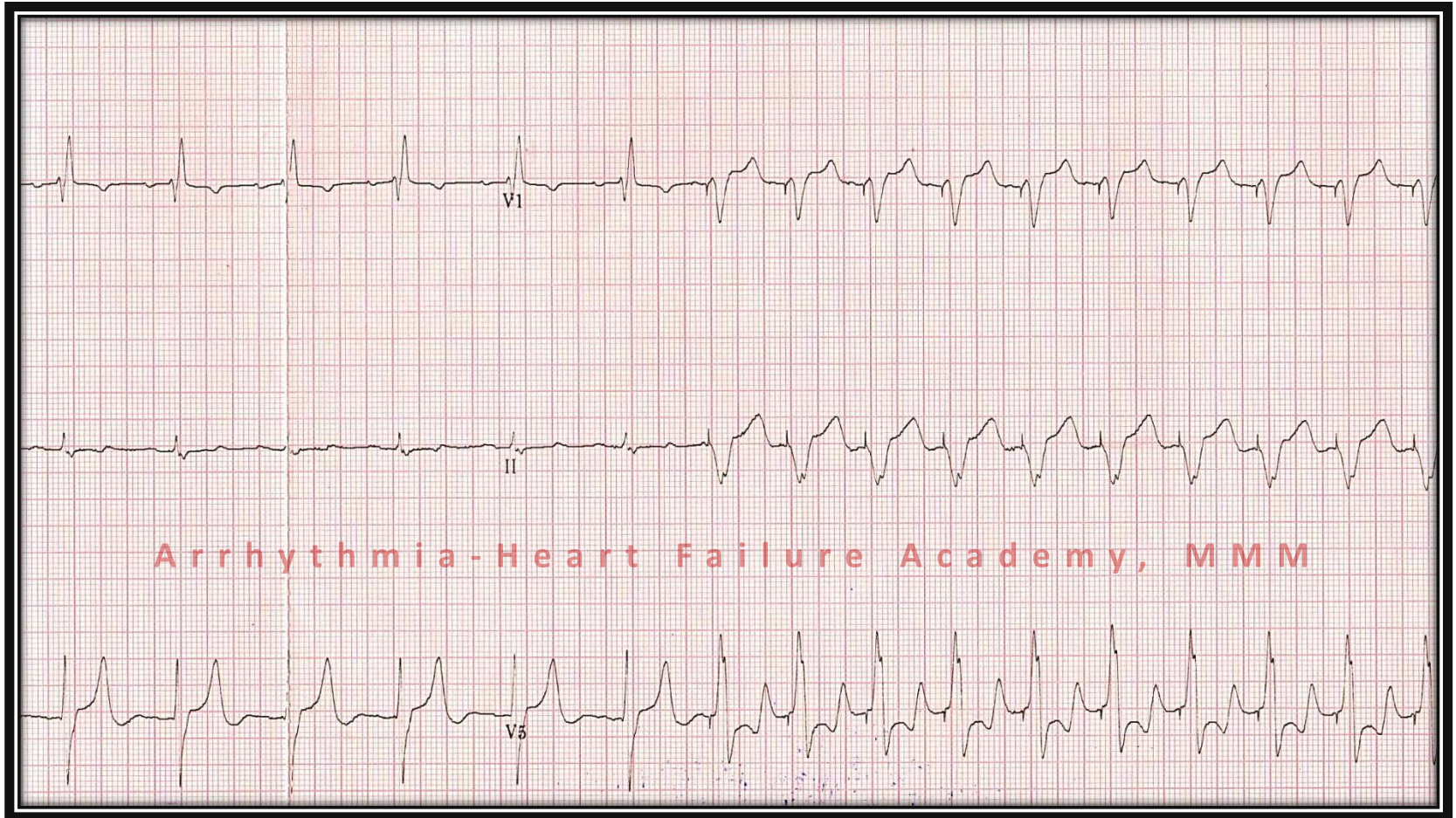
0.3240 Hz

25.0 mm/s

10.0 mm/mV

Case 16

(16)



a) MAGNET RESPONSE



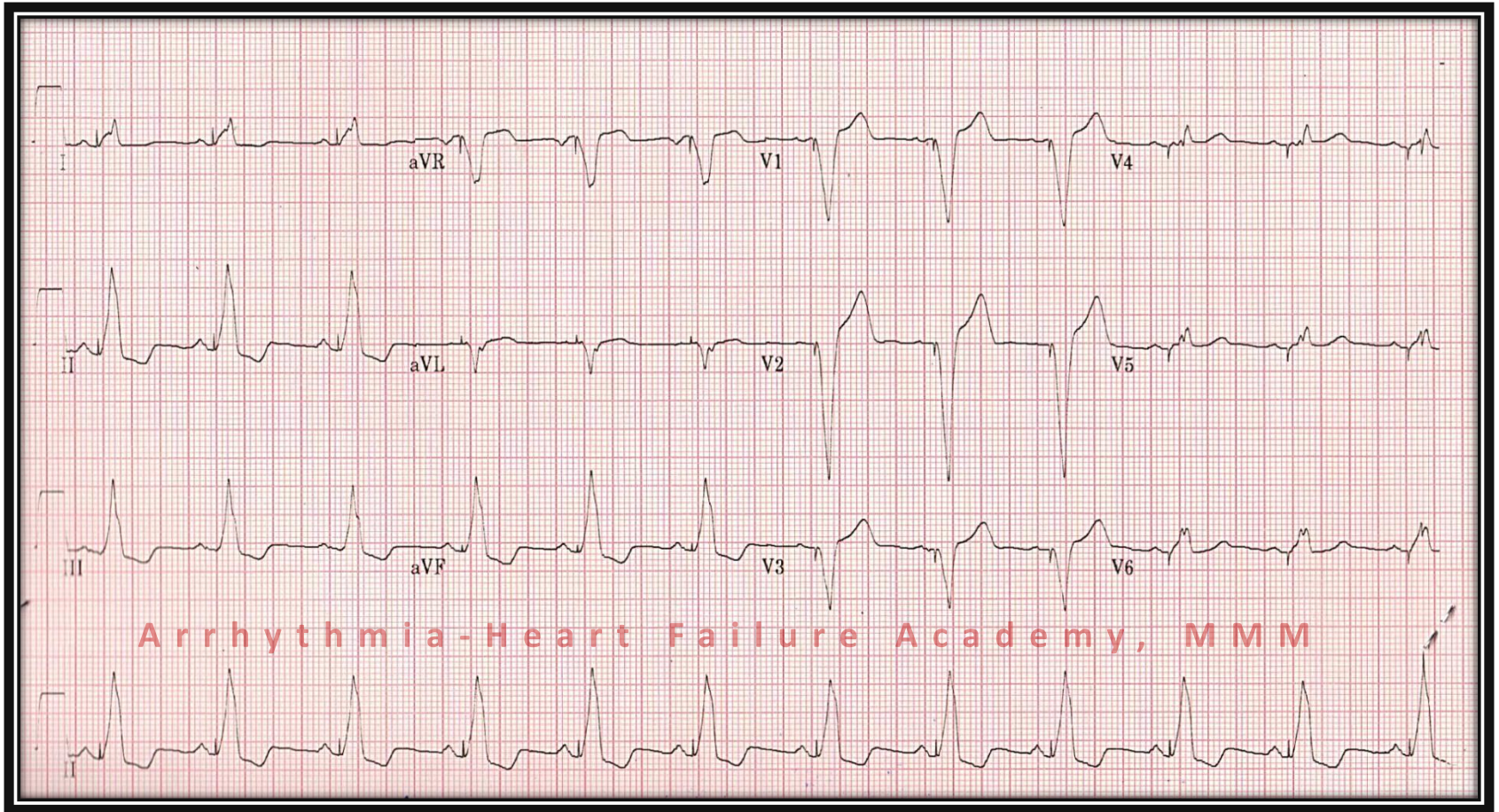
b) PACEMAKER MEDIATED TACHYCARDIA

c) (a) AND (b)

d) NONE OF THE ABOVE

Case 17

(17)



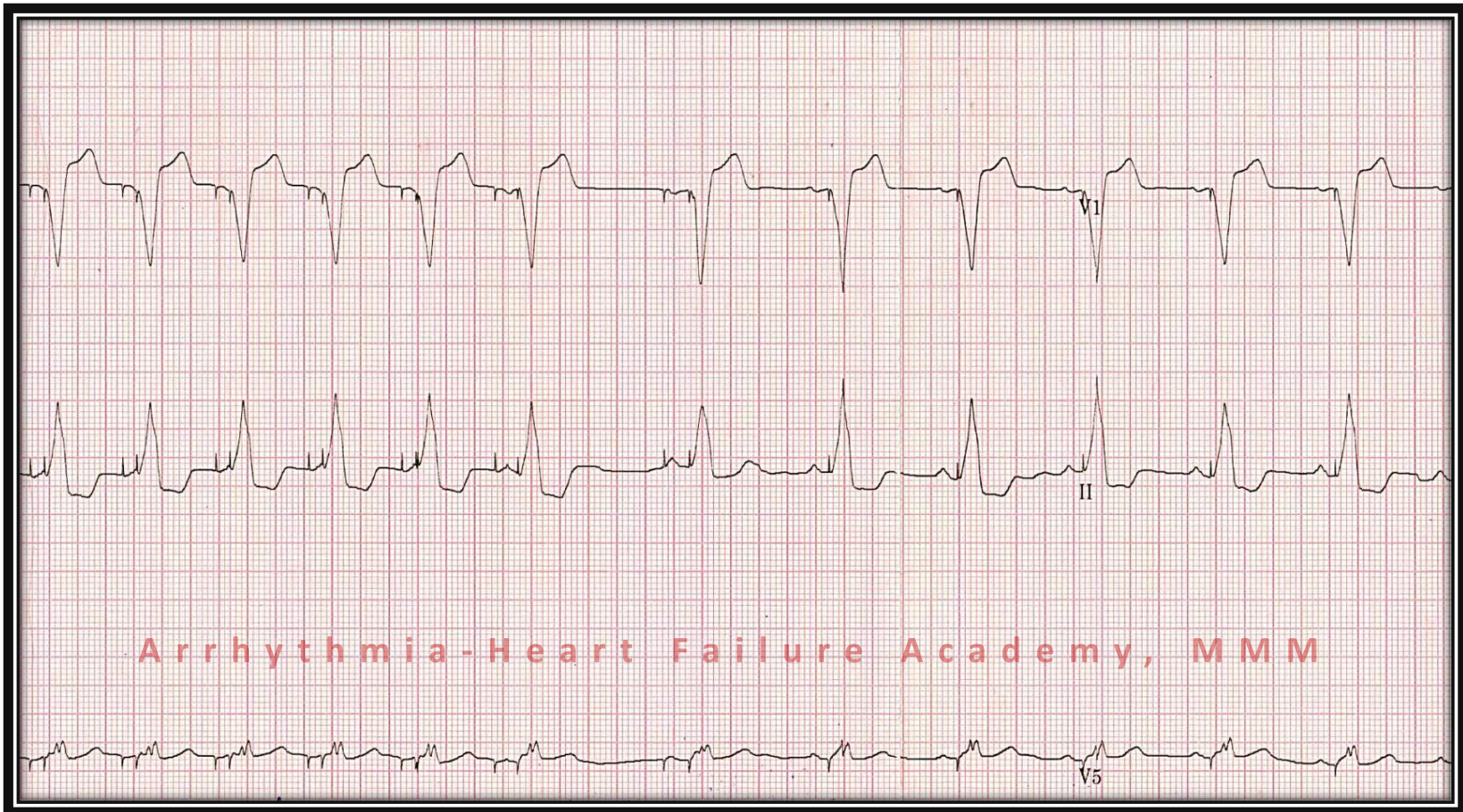
**a) SINGLE CHAMBER PACEMAKER
(VENTRICULAR BASED)**

**b) SINGLE LEAD PACEMAKER
(VDD PACEMAKER)**

c) DUAL CHAMBER PACEMAKER

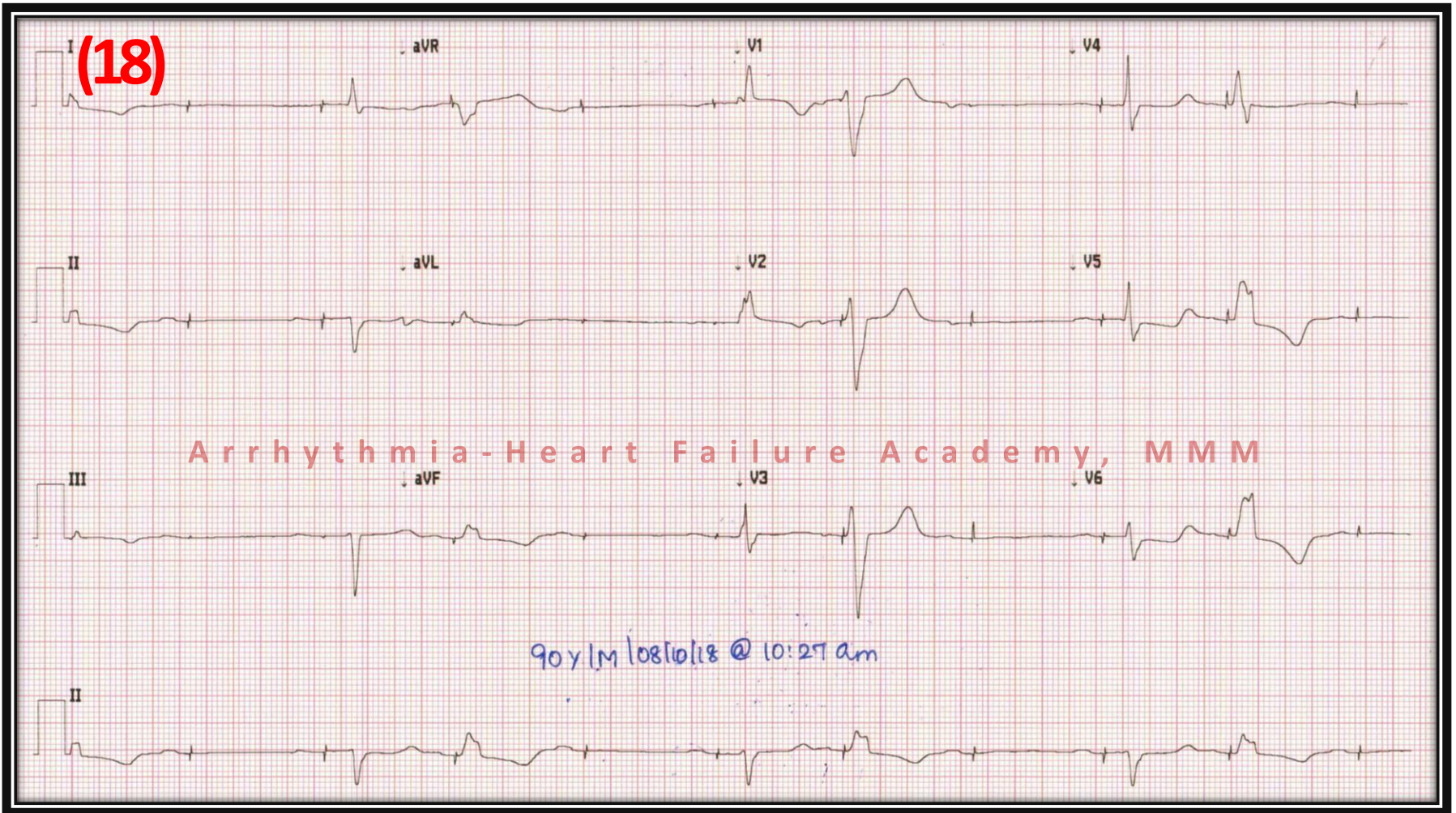
d) BOTH (b) AND (c)





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Case 18



a) SINGLE CHAMBER PACEMAKER,
LOSS OF VENTRICULAR CAPTURE

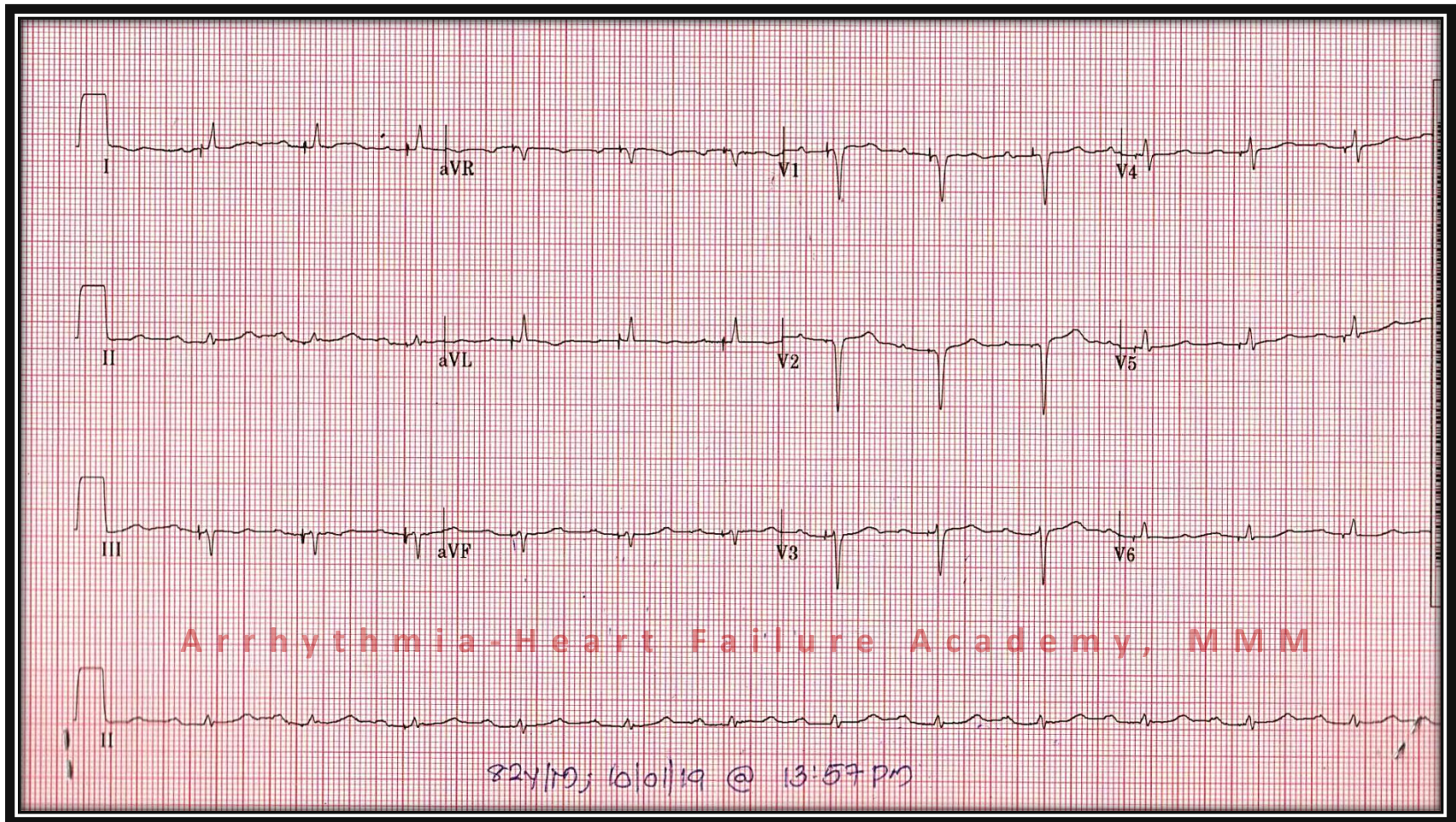
b) SINGLE CHAMBER PACEMAKER,
LOSS OF ATRIAL CAPTURE

c) DUAL CHAMBER PACEMAKER,
LOSS OF VENTRICULAR CAPTURE ✓

d) DUAL CHAMBER PACEMAKER,
LOSS OF ATRIAL AND
VENTRICULAR CAPTURE

Case 19

(19) 82Y/M, EF:30%,NYHA Class III, Undergoes pacemaker implant



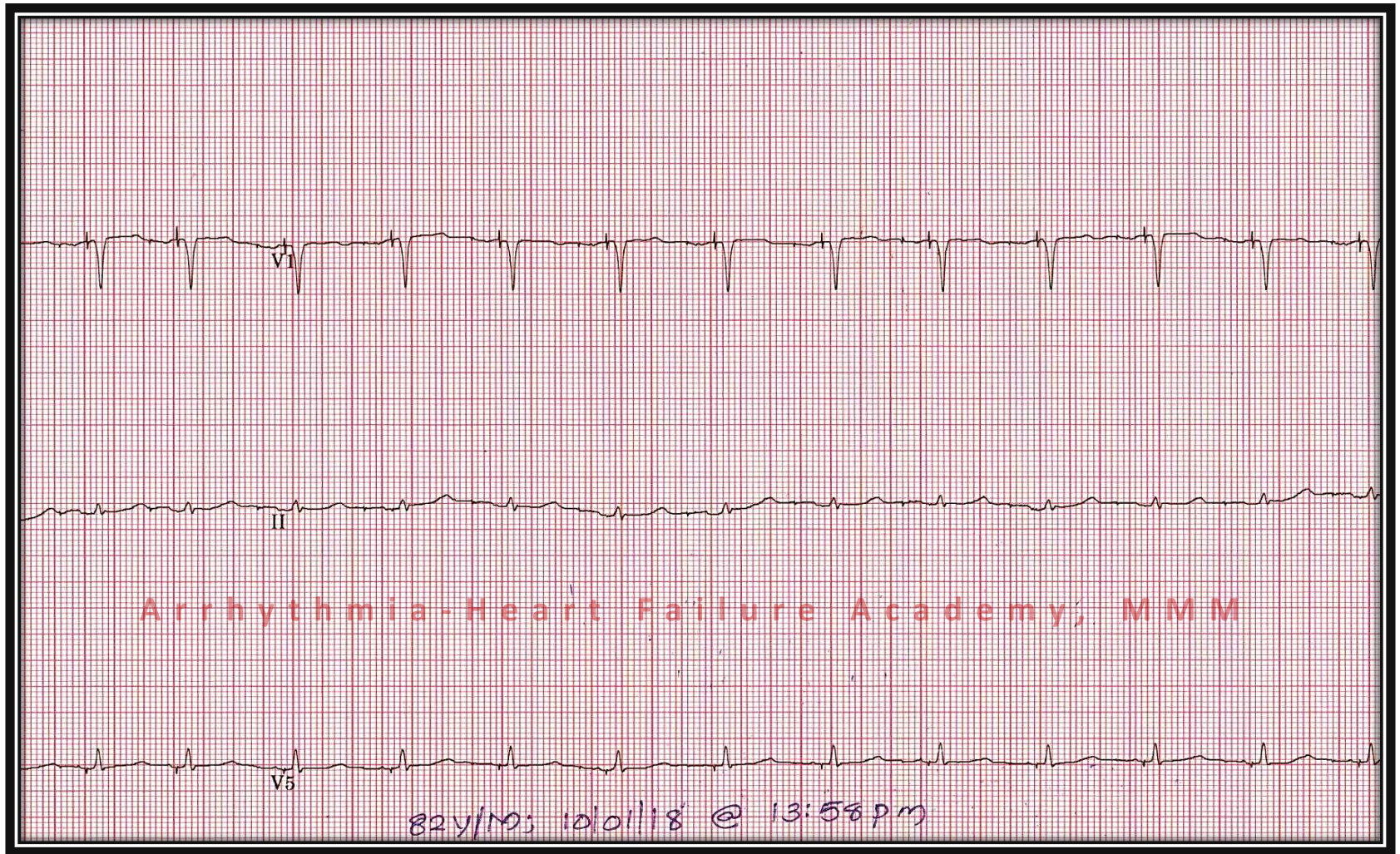
a) PACEMAKER NON-CAPTURE

b) PACEMAKER PSEUDOFUSION

c) PACEMAKER CAPTURE

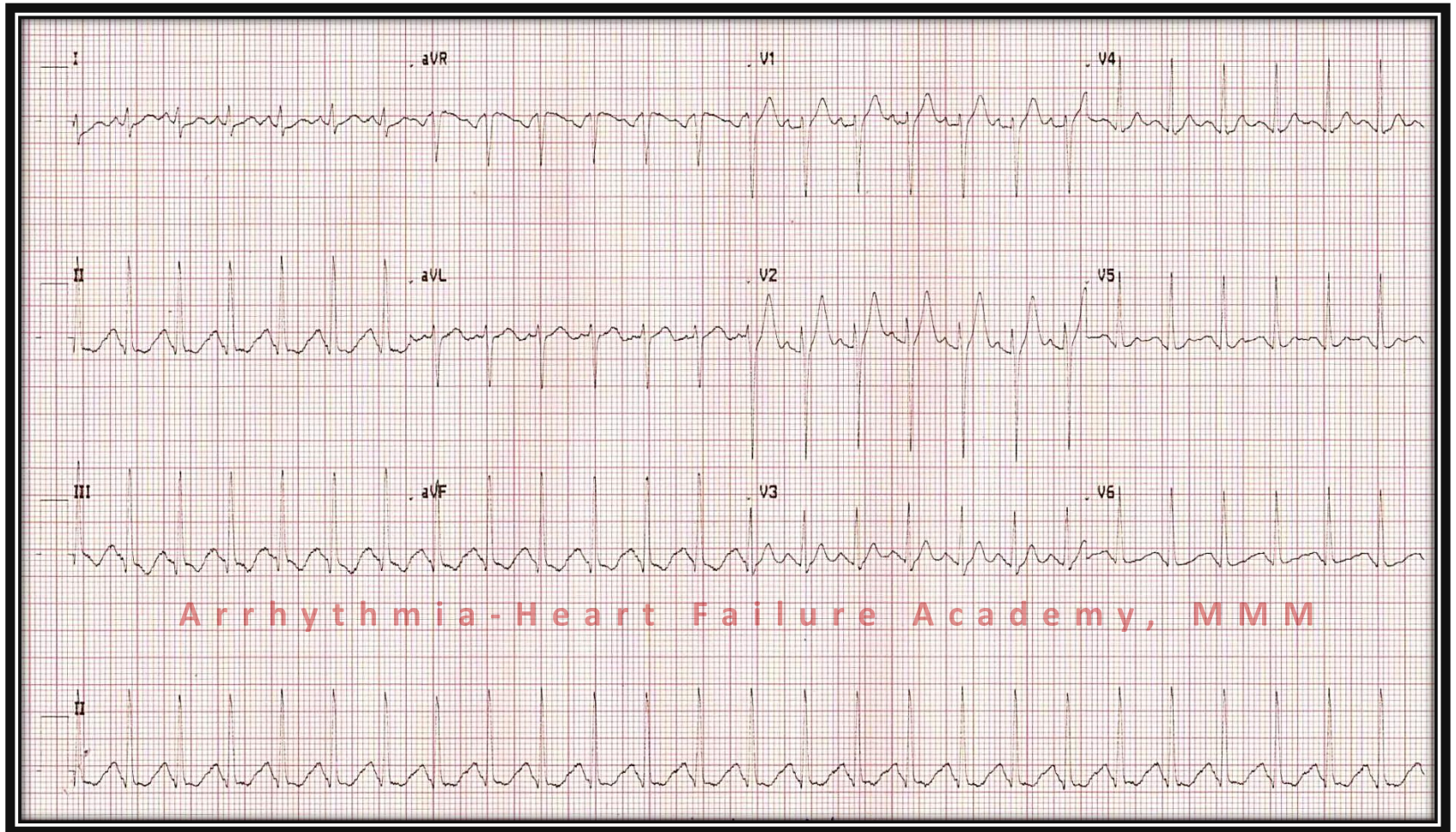
d) BOTH (a) AND (c)





Case 20

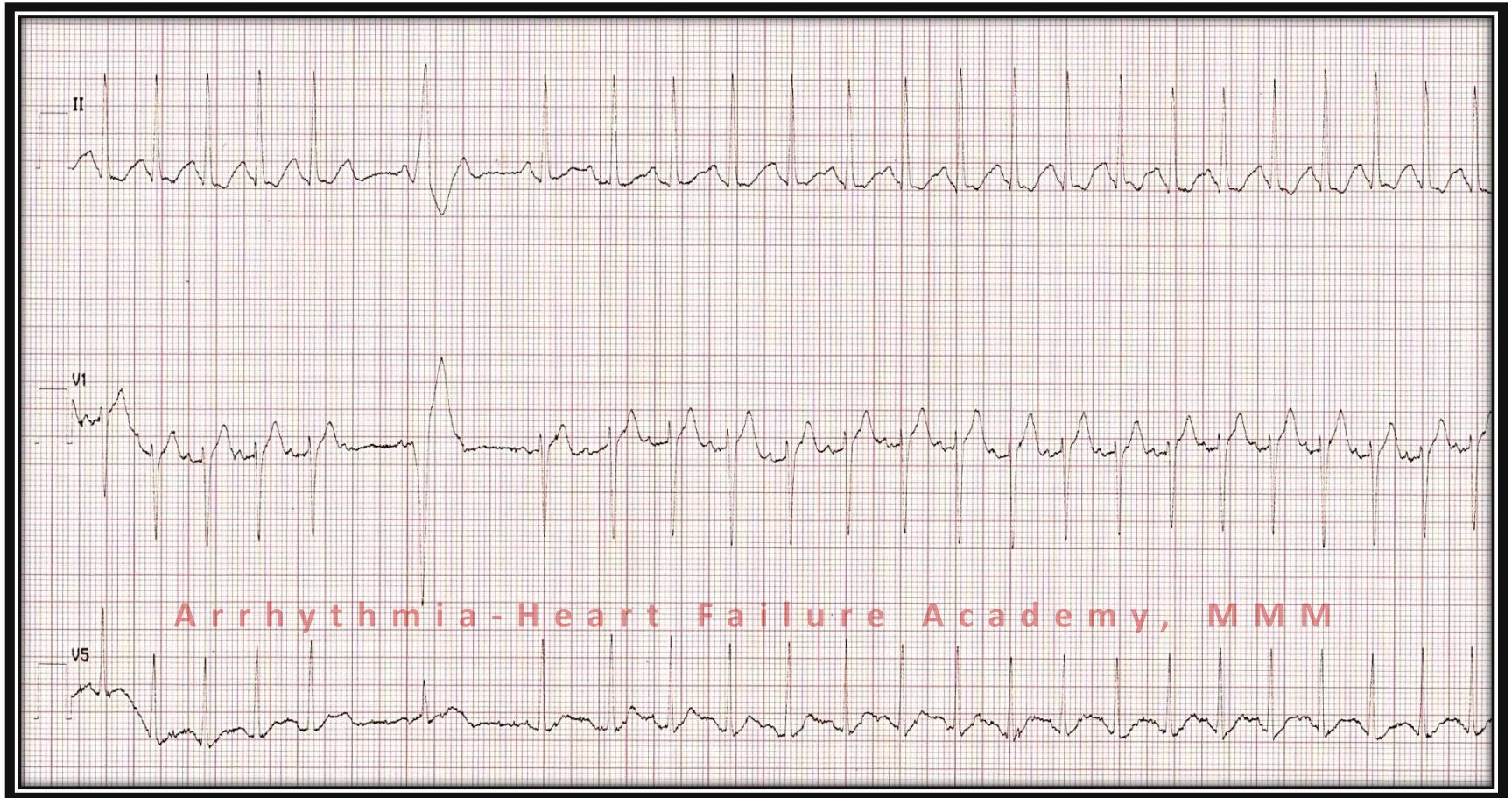
(20) 55Y/M, Chest discomfort, Palpitations and Dyspnea



CONTD

(20)

ADENOSINE RESPONSE



a) WPW SYNDROME

b) AVNRT

c) SINUS TACHYCARDIA

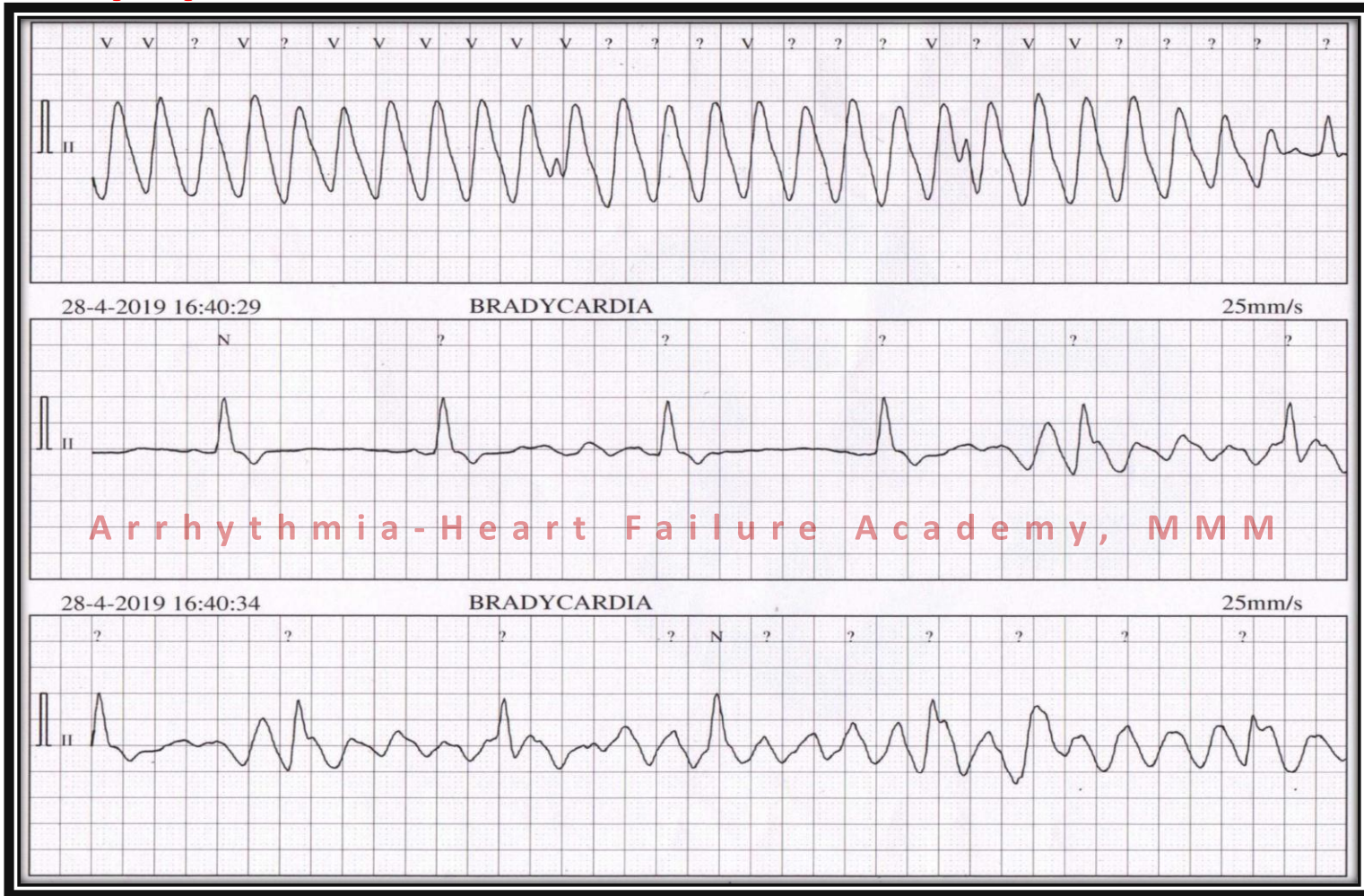


d) AVRT

Case 21

(21)

Acute MI, cardiogenic shock on IABP



a)) AMIODARONE INFUSION

b) STELLATE GANGLION BLOCK

C) DC VERSION

d) NONE OF THE ABOVE



Case 22

(22)

II

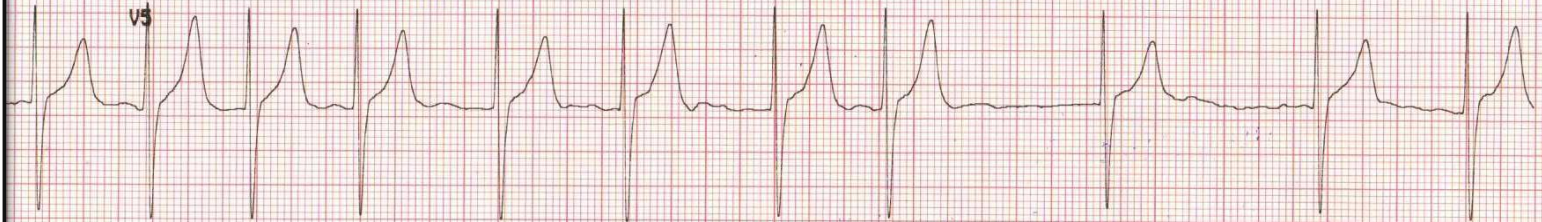


VI



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V5



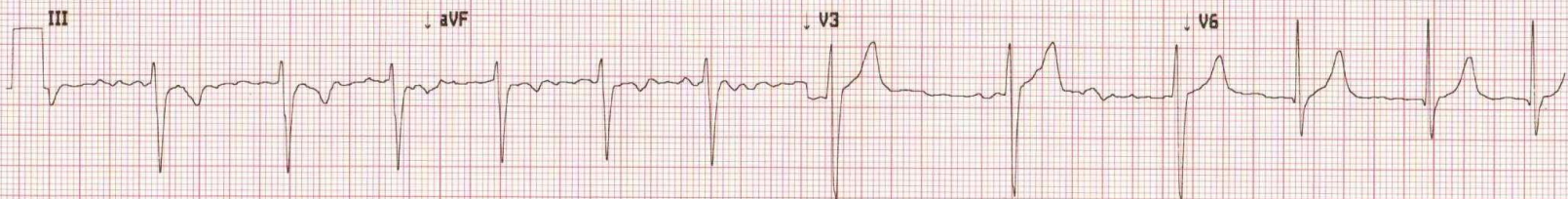
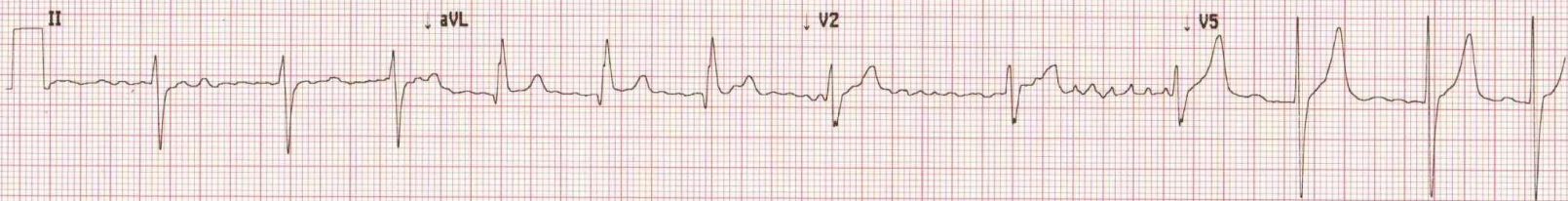
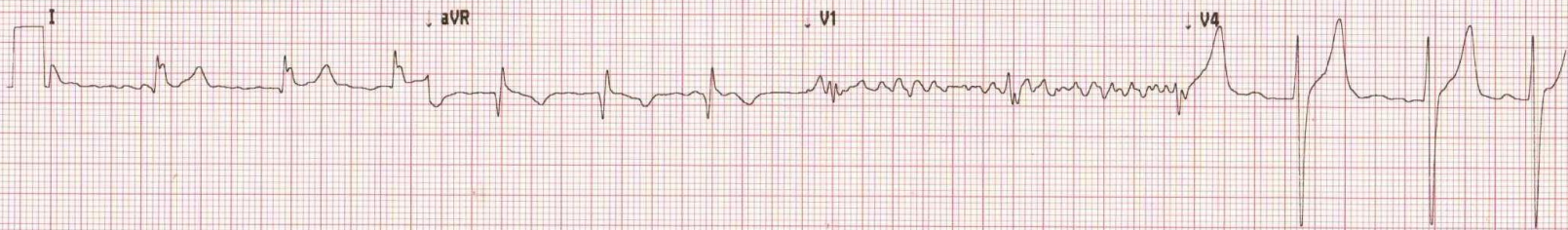
a) AF



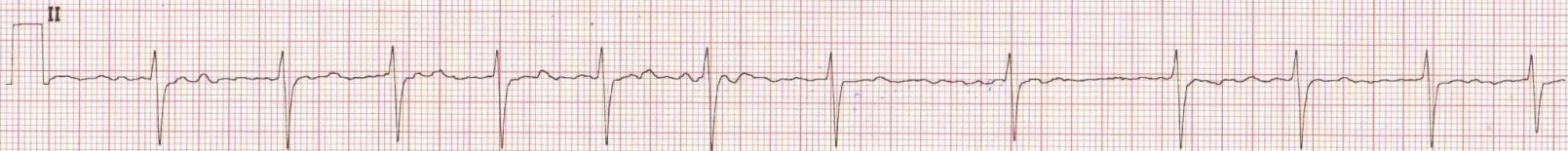
b) AFL

c) ARTEFACT

d) I NEED ECG REPEATED

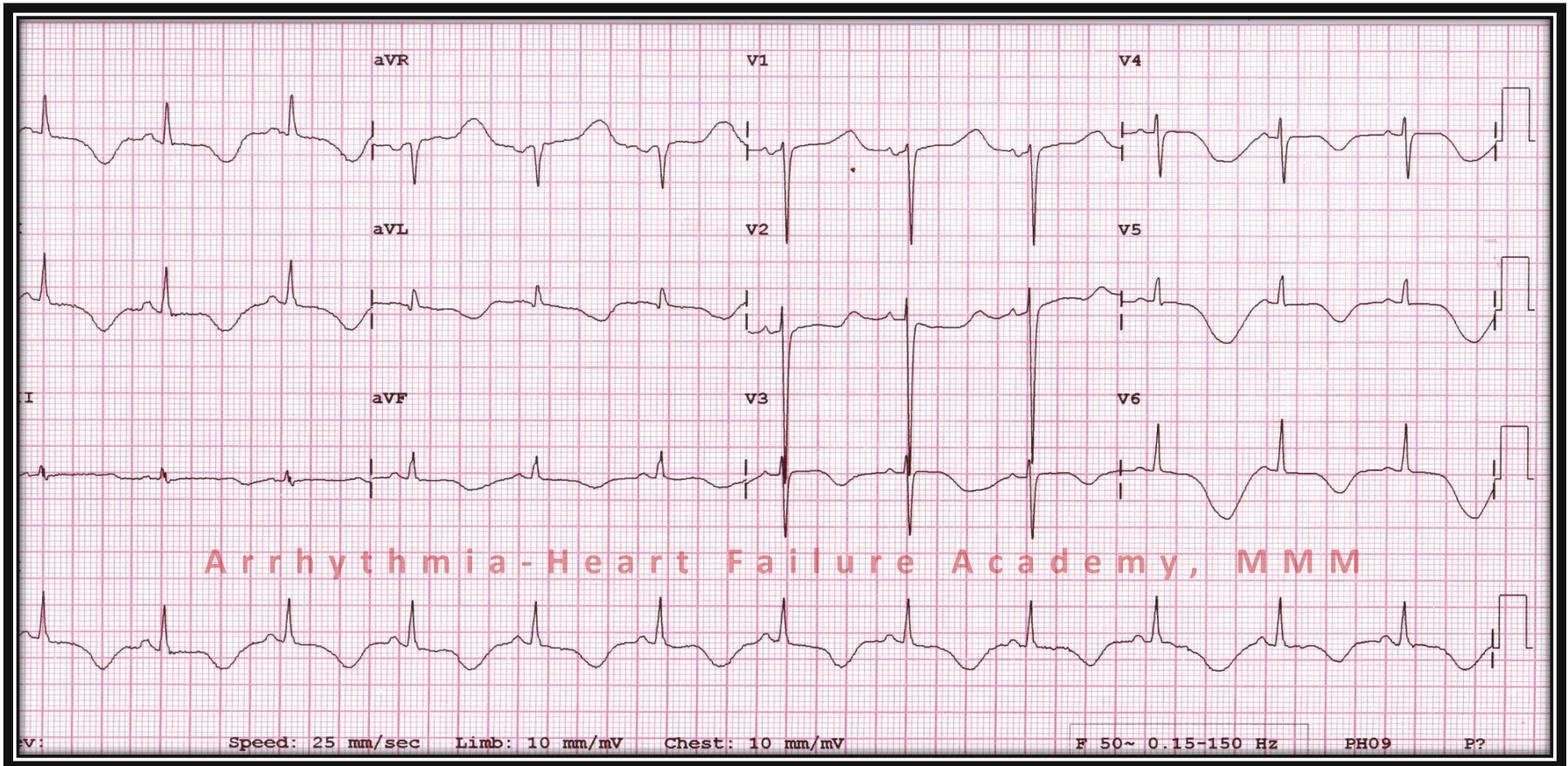


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Case 23

(23) 18Y/F, H/O syncope, Family History- Uncle had died suddenly at a young age



a) HCM

b) HOCM

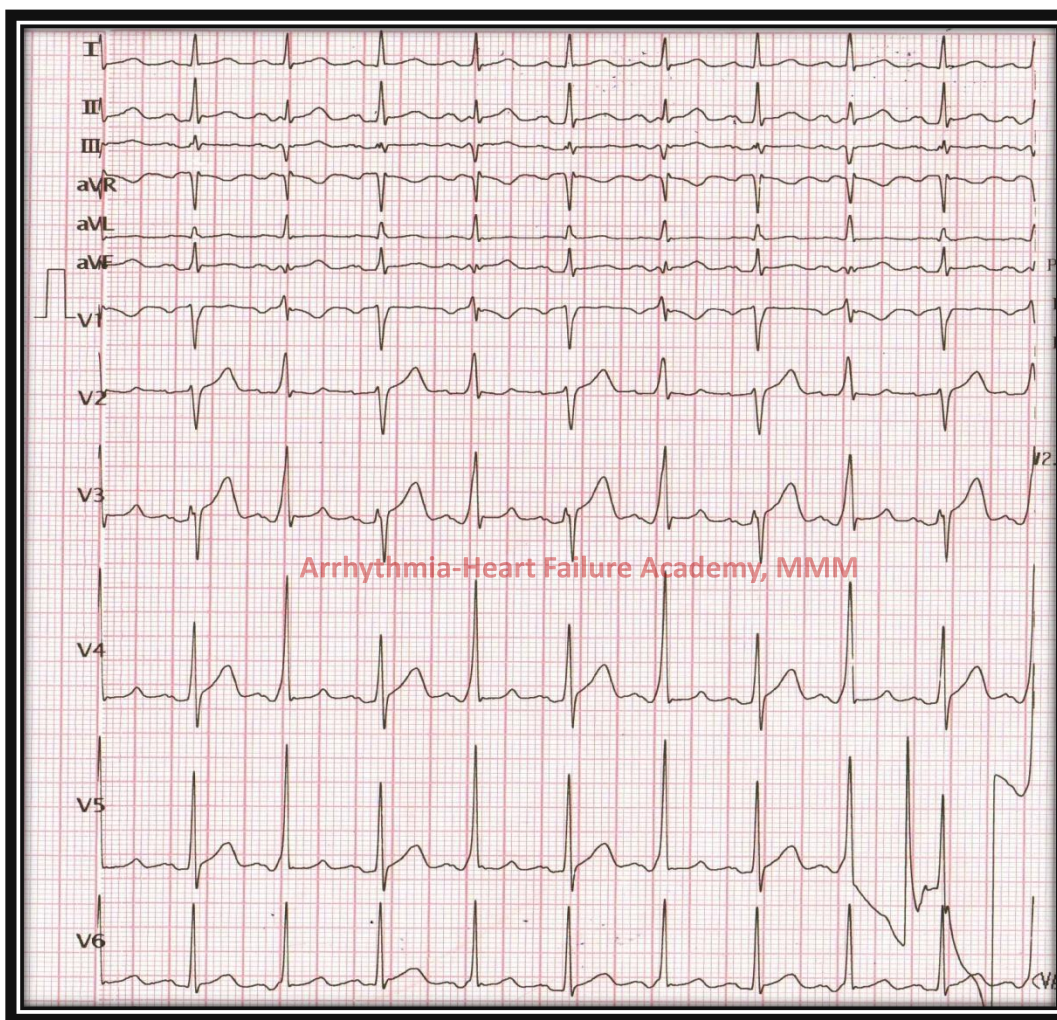
c) NSTEMI

d) NONE OF THE ABOVE



Case 24

(24)



a) ATRIAL BIGEMINY

b) VENTRICULAR BIGEMINY

c) ALTERNATE INCOMPLETE RBBB & INCOMPLETE LBBB

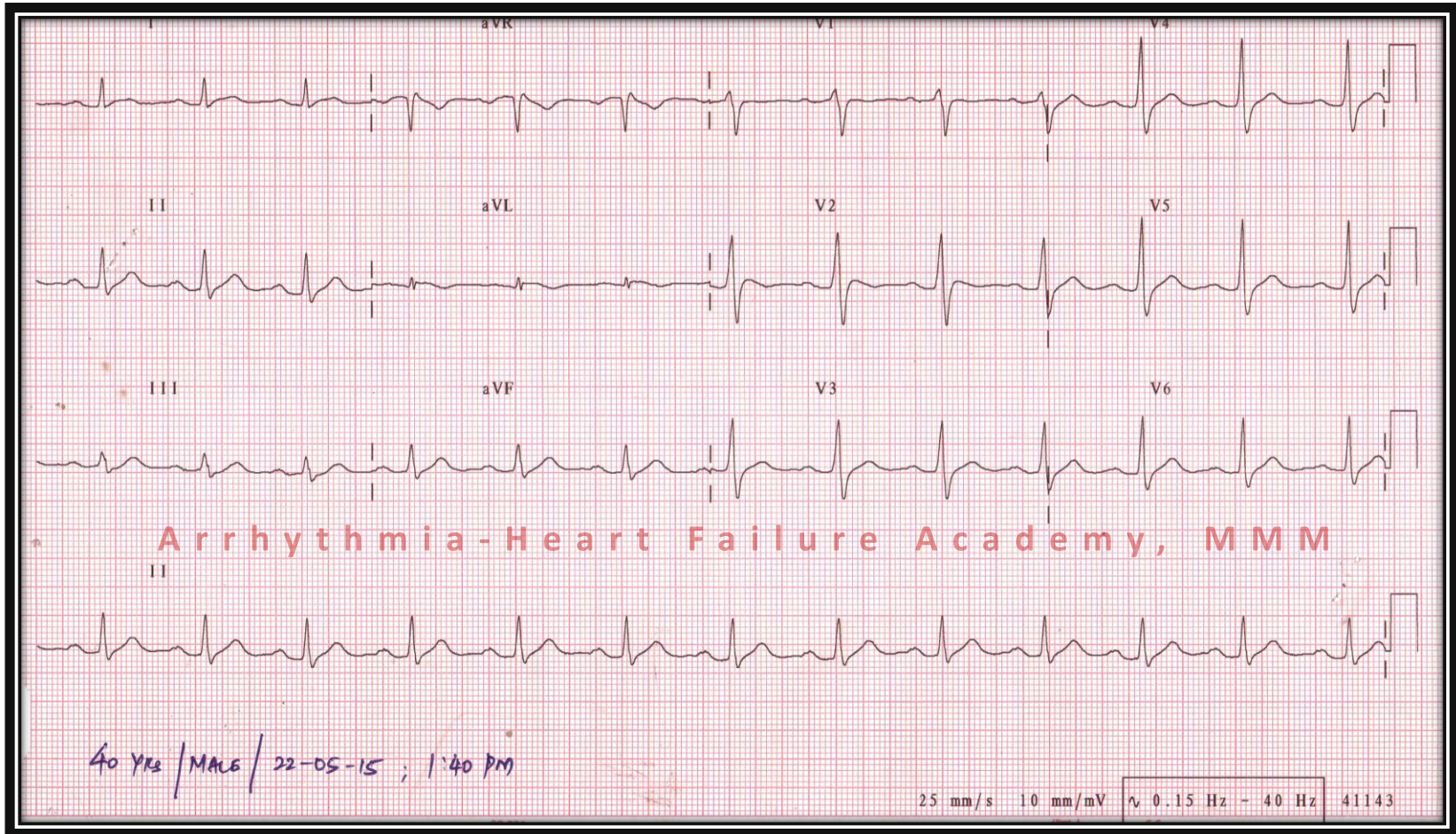
d) ALTERNATE BEAT WPW PATTERN



Case 25

(25)

40Y/M, H/O 2 episodes of syncope in recent times,
H/O unexplained death of brother and uncle at a young age



a) WARRANTS EP STUDY

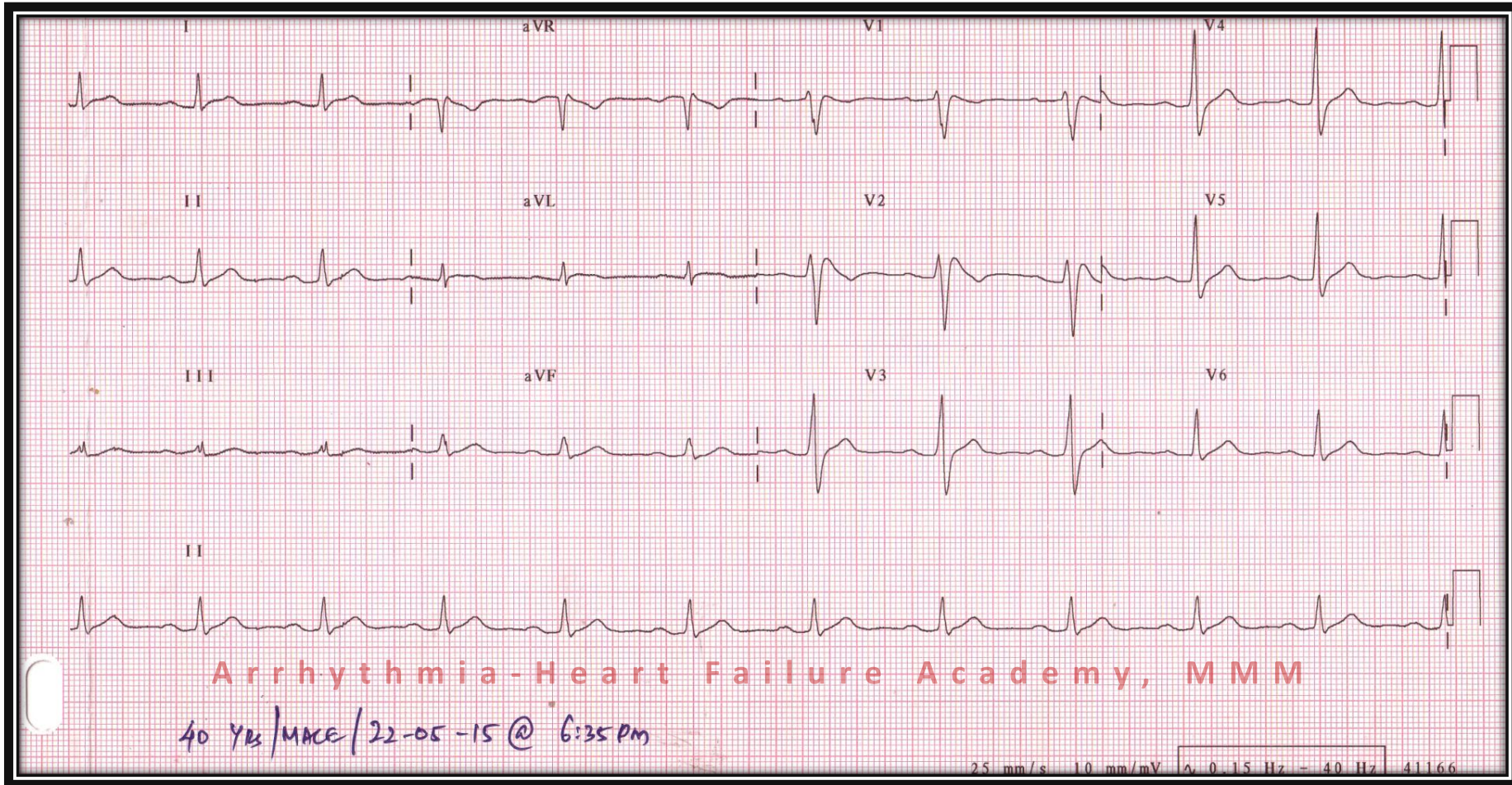
b) WARRANTS MODIFIED
PRECORDIAL LEADS RECORDING ✓

c) GENETIC TESTING FOR
CARDIOMYOPATHY

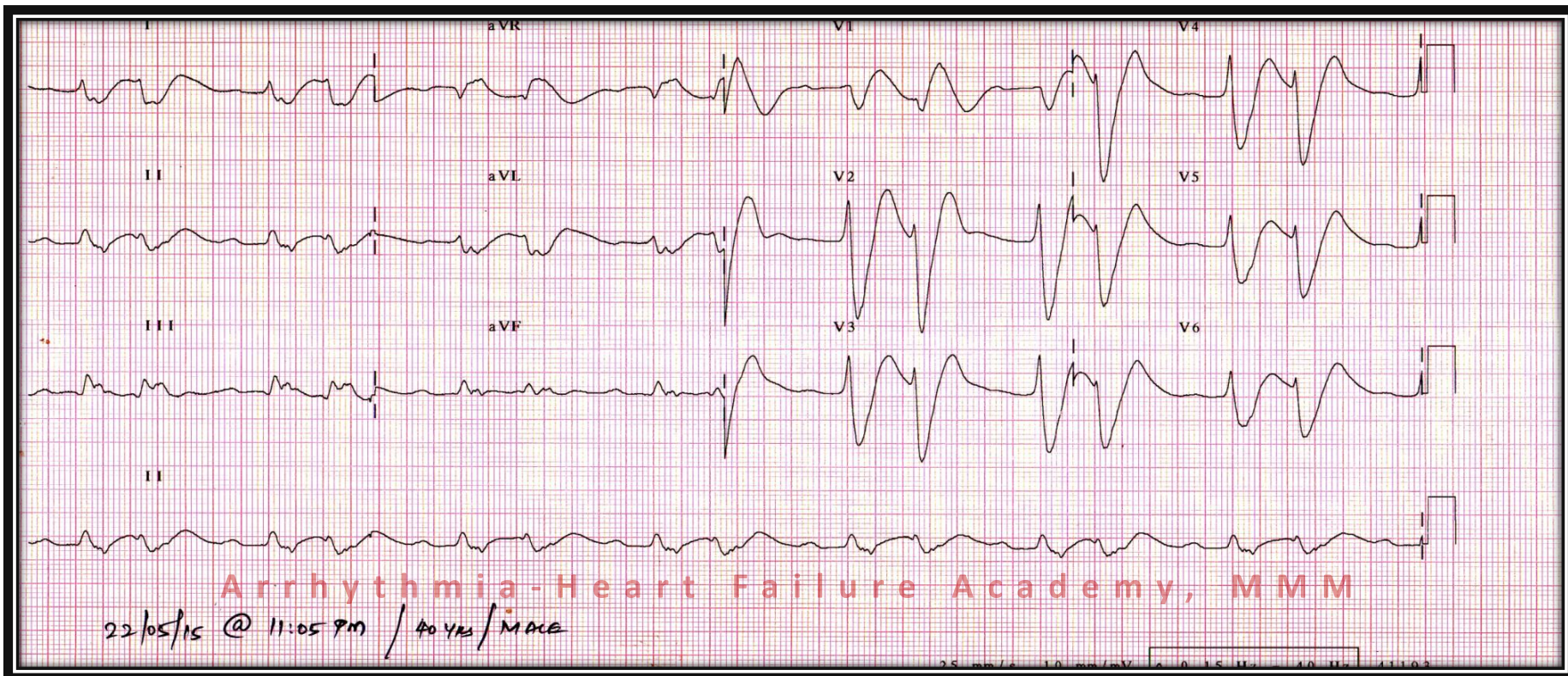
d) NONE OF THE ABOVE

Flecainide challenge:

After which ECG was repeated with re-positioning of chest electrodes → 1 space higher



2 hrs following oral flecainide 200mg



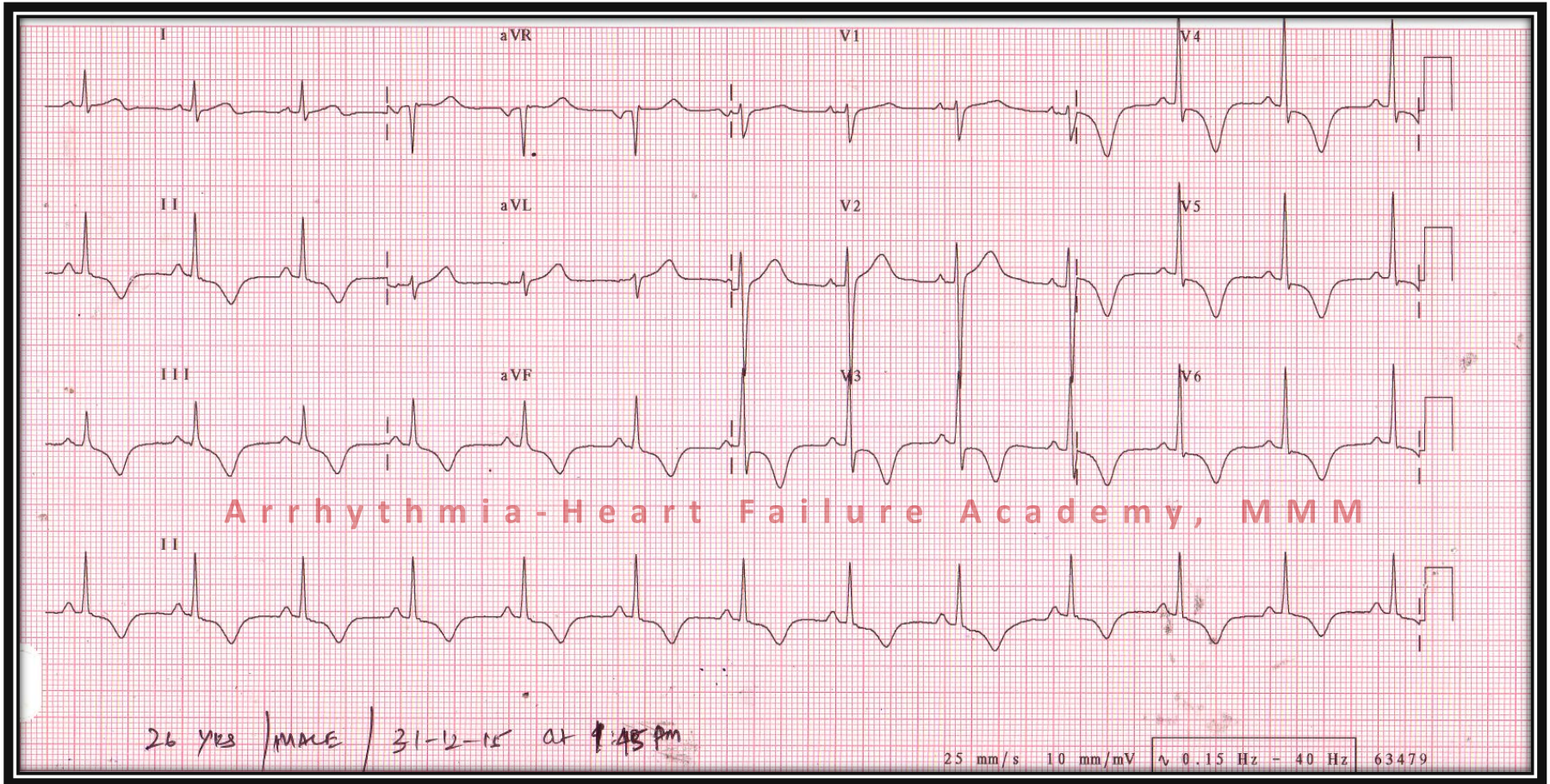
4 hrs following oral flecainide 200mg



Case 26

(26)

**26Y/M, Athlete, C/O recurrent chest pain associated with palpitations.
Asymptomatic since 12 hours. ECG on admission**



a) HCM

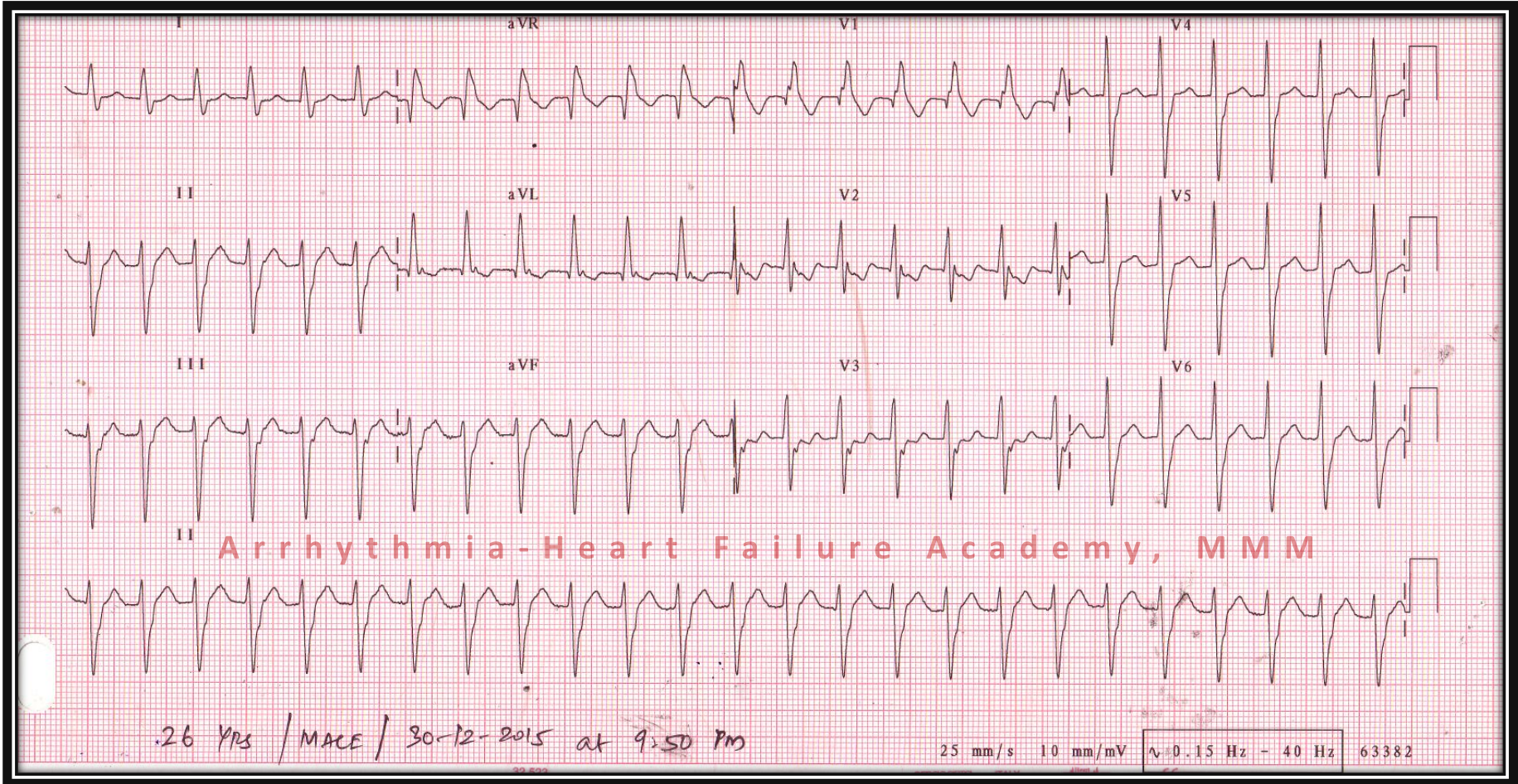
b) HOCM

c) NSTEMI

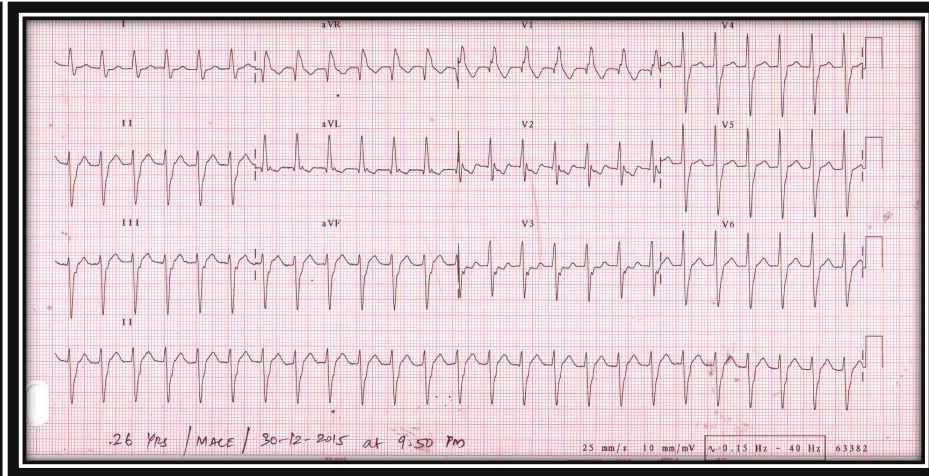
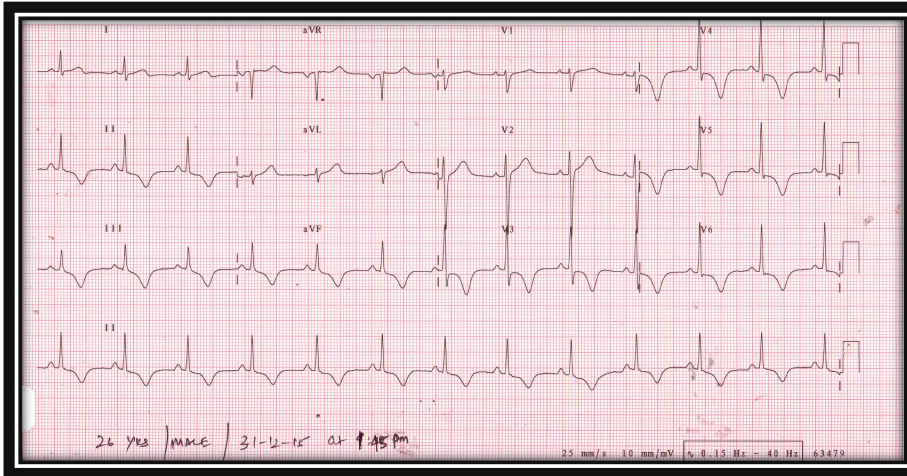
d) NONE OF THE ABOVE



ECG during symptoms

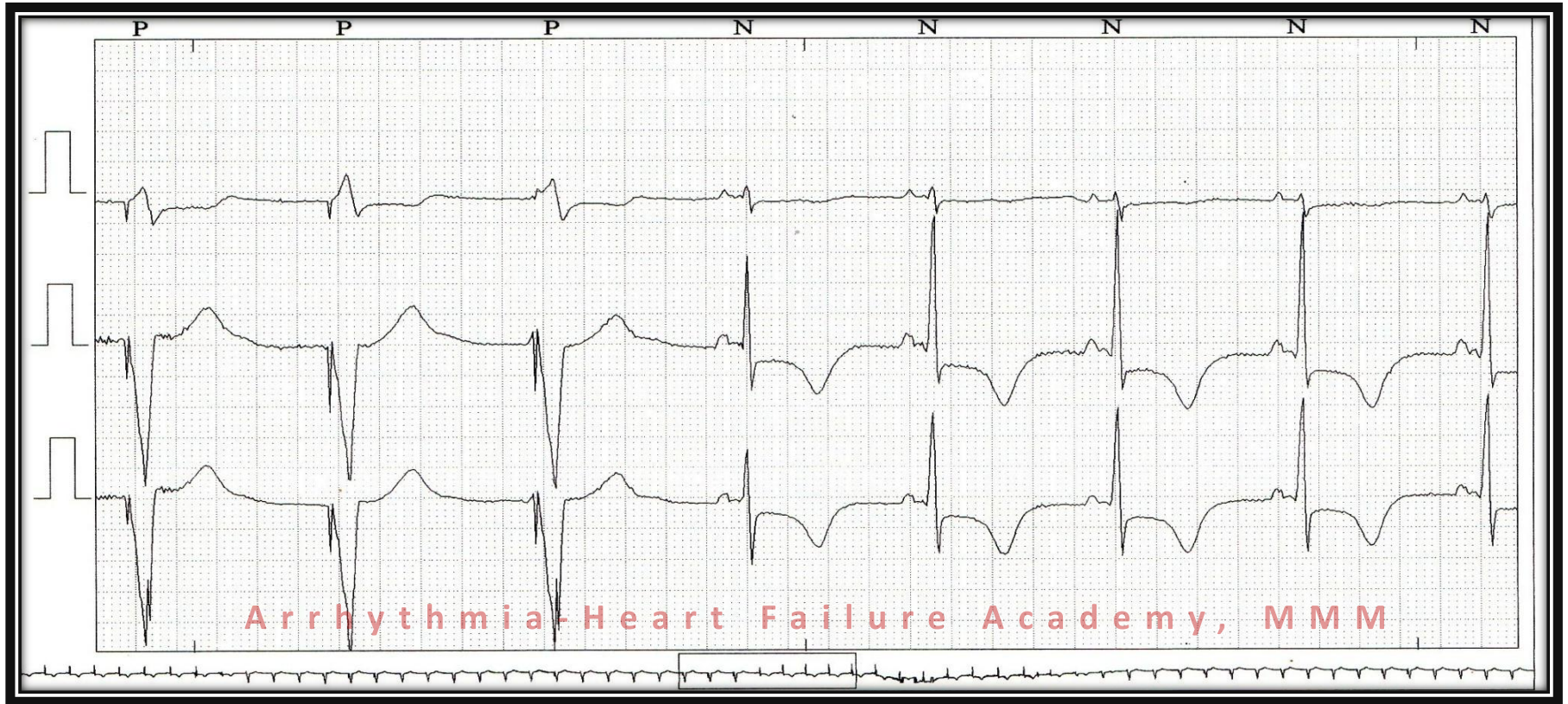


T wave Memory



Case 27

(27)



a) PACEMAKER MALFUNCTION

b) ACUTE CORONARY SYNDROME

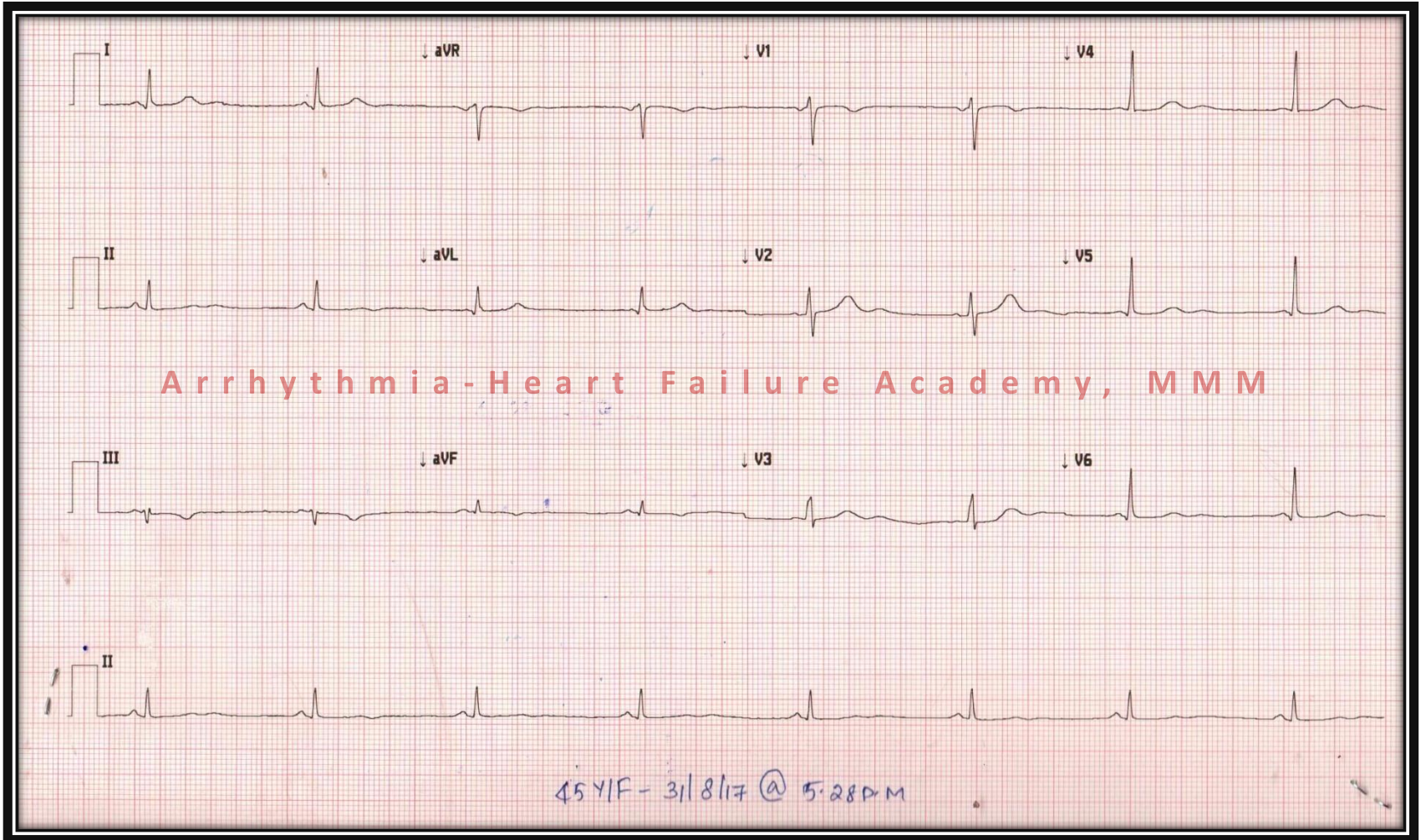
c) LQT SYNDROME

d) NONE OF THE ABOVE



Case 28

(28)



a) HYPOTHYROIDISM

b) VERAPAMIL OVERDOSE

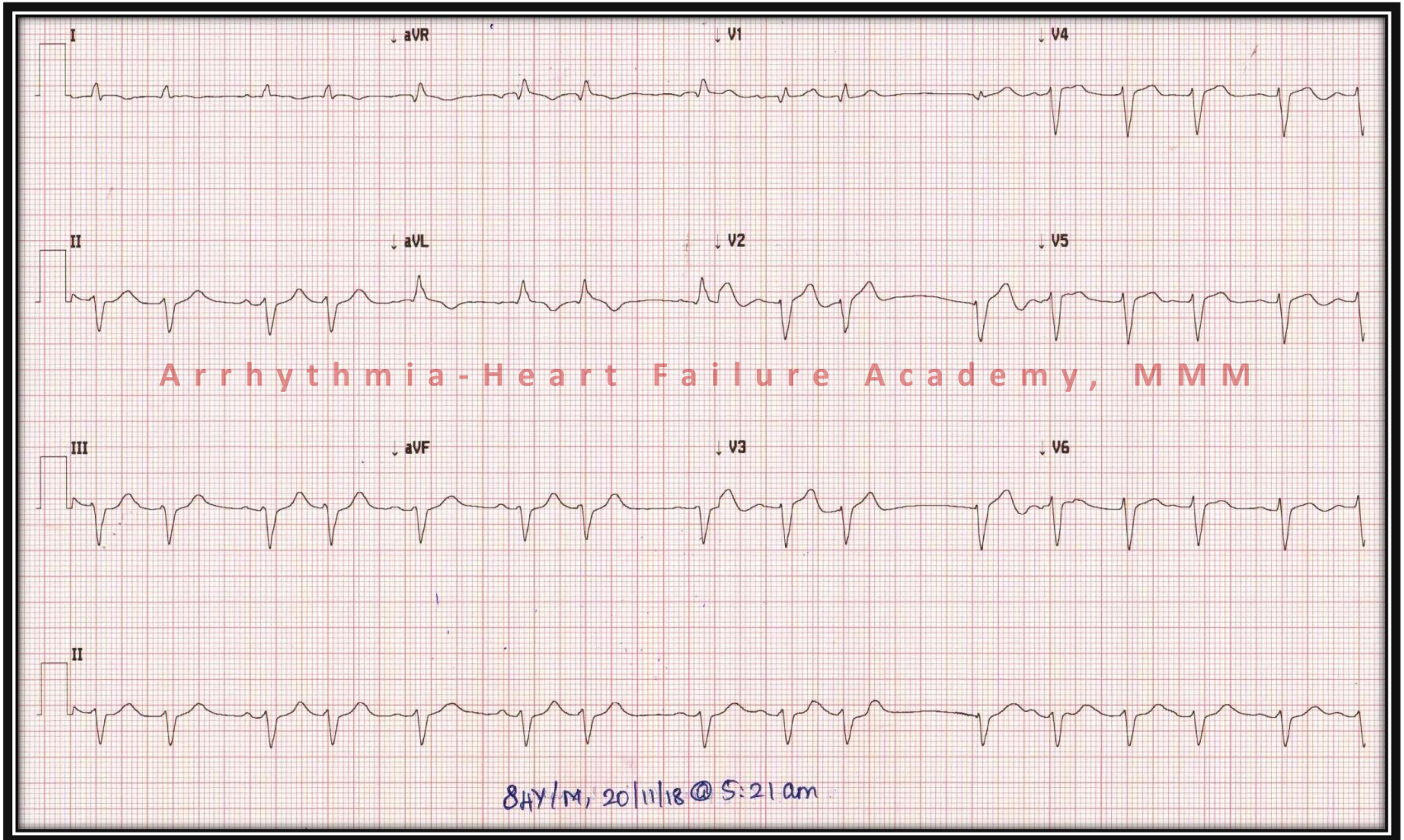
c) COULD BE ASYMPTOMATIC

d) BOTH (a) AND (c)



Case 29

(29)



a) ATRIAL ECTOPICS



b) AV WENKEBACH

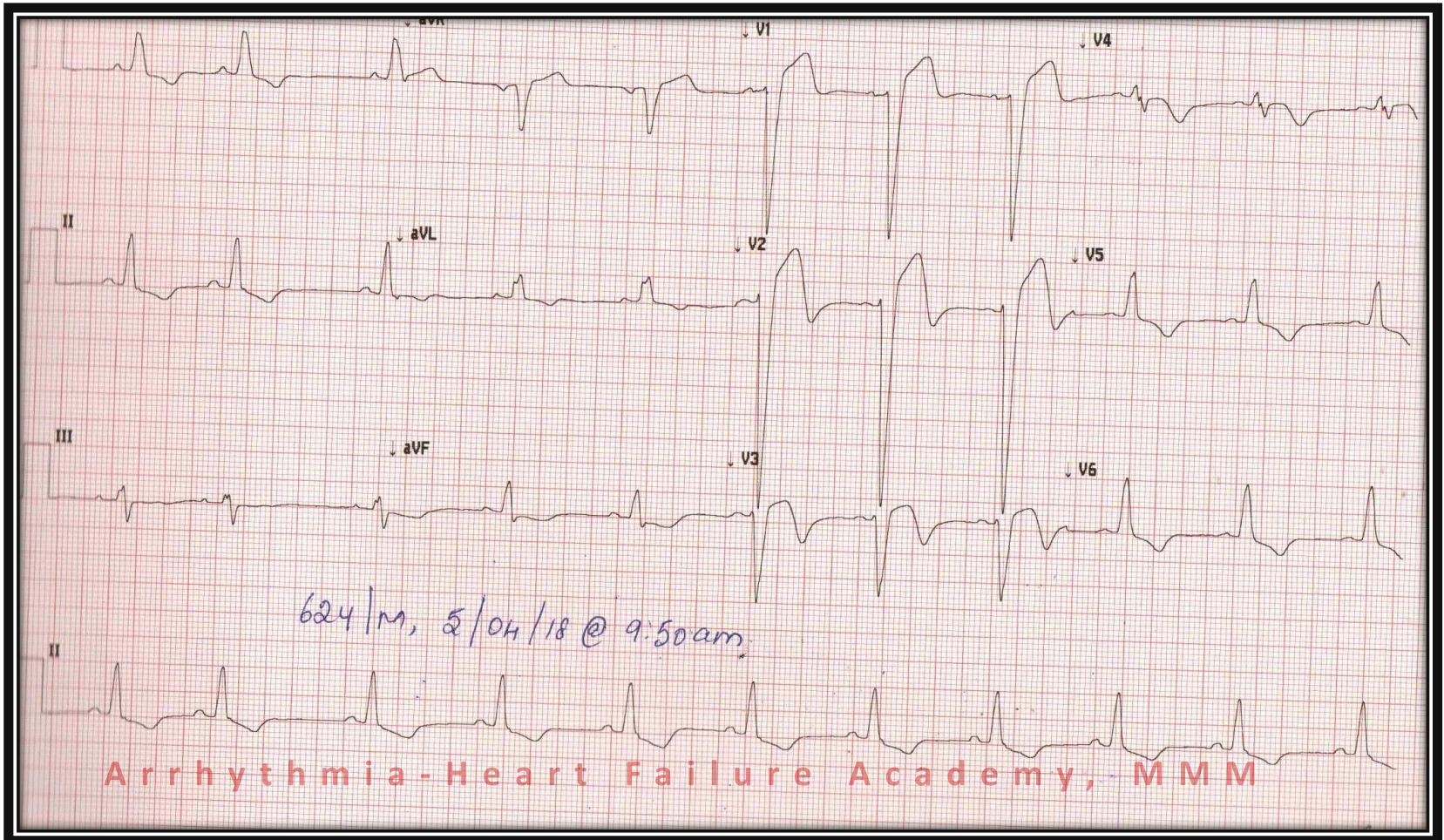
c) AF

d) NONE OF THE ABOVE

Case 30

(30)

Chest pain, 2 hours, Troponin elevated, No C/I for thrombolysis



a) IT IS MI- THROMBOLYSE

b) IT IS NOT MI- DON'T THROMBOLYSE

c) IT MAY NOT BE MI- STILL THROMBOLYSE



d) IT IS MI- THROMBOLYSIS USELESS



Arrhythmia - Heart Failure Academy

The Arrhythmia - Heart Failure Academy, Institute of Cardiovascular Diseases, The Madras Medical Mission periodically organizes Continuing Medical Education program for physicians, cardiologists and medical students including postgraduates in Medicine, Pediatrics, Anesthesia and Critical care as well as for the residents of Cardiology superspecialty.

Basic and Advanced Electrocardiology courses are conducted twice a year. A conference on the updates of latest technology and treatment of Heart Failure and Cardiac Arrhythmia is conducted in the months of August / September every year. Live workshops on Radiofrequency Ablation (RFA) procedures and Heart Failure Device Implantations (AICD, CRT-P and CRT-D) are conducted regularly. The academy offers electrophysiology fellowship for those who have qualified DM / DNB cardiology. Also training programmes for international board of heart rhythm examiners (IBHRE) examination for competency in cardiac electrophysiology as well as cardiac device therapy are conducted every year. The academy also provides training courses for technologists who are involved in electrophysiology studies and radiofrequency ablation procedures and pacemaker follow ups.

THANK YOU

OUR NEXT ELECTROCARDIOLOGY COURSE



17th Annual

Electrocardiology Course



“Basics & Beyond”

(Sunday, 06th September 2020)

Dr. Ulhas M. Pandurangi

**CHIEF – CARDIAC ELECTROPHYSIOLOGY & PACING
THE MADRAS MEDICAL MISSION**