



# CAD CONFERENCE

8th to 10th November, Mumbai

## ECG MASTER CLASS

Dr. Ulhas M. Pandurangi MD., DM  
Chief - Cardiac Electrophysiology & Pacing  
*Arrhythmia Heart Failure Academy*

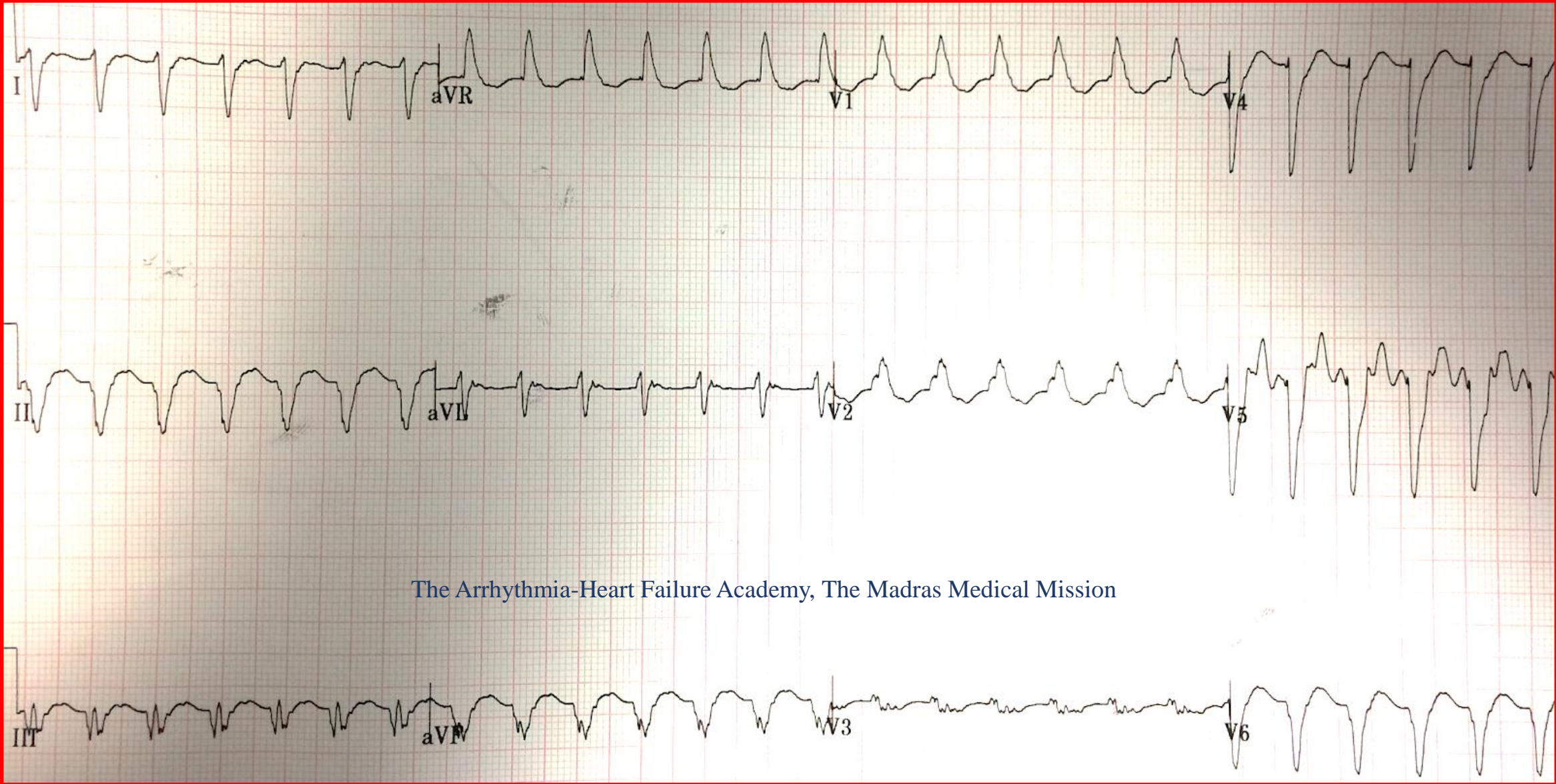
*The Madras Medical Mission*

*Founder President: Tamilnadu Electrophysiology Council*

*President Elect: Indian Society of Electrocardiology*

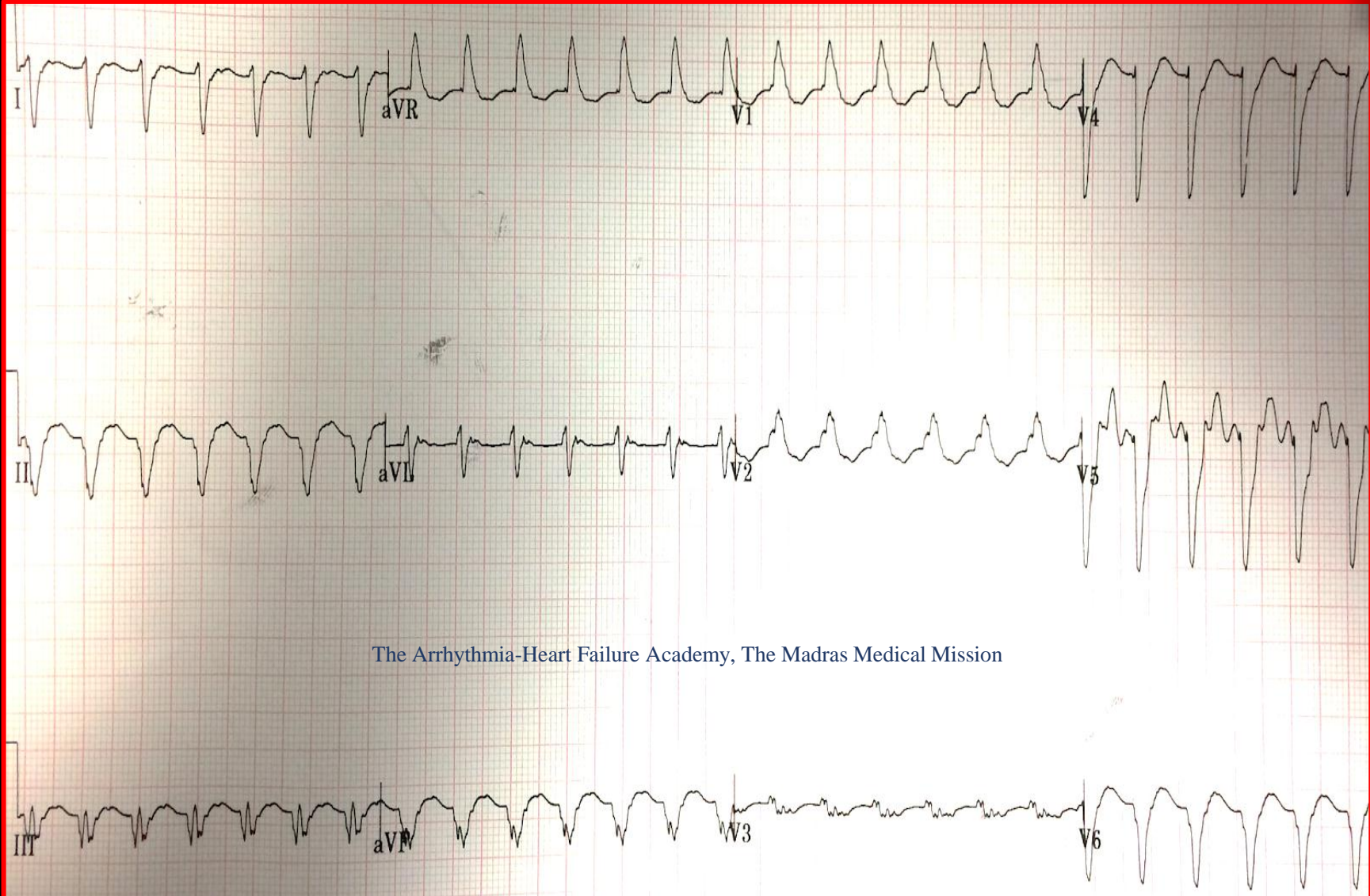


# CASE I



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Choose the Right option



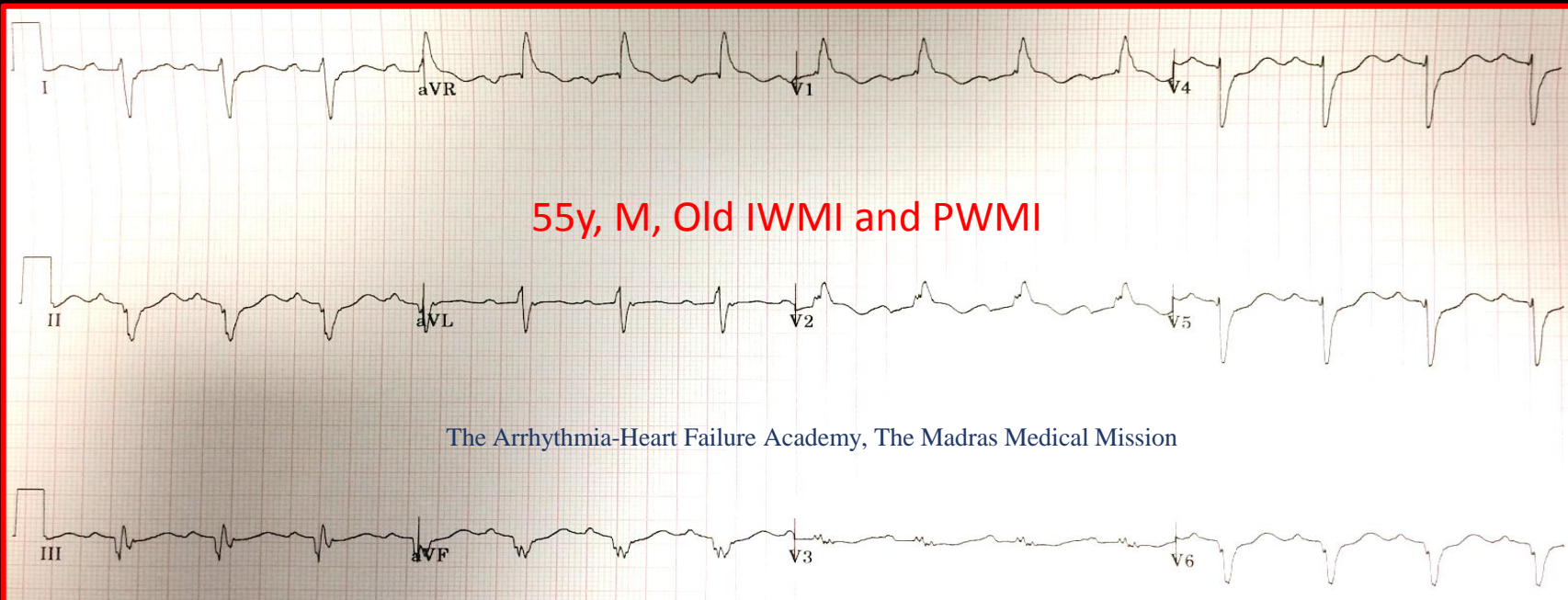
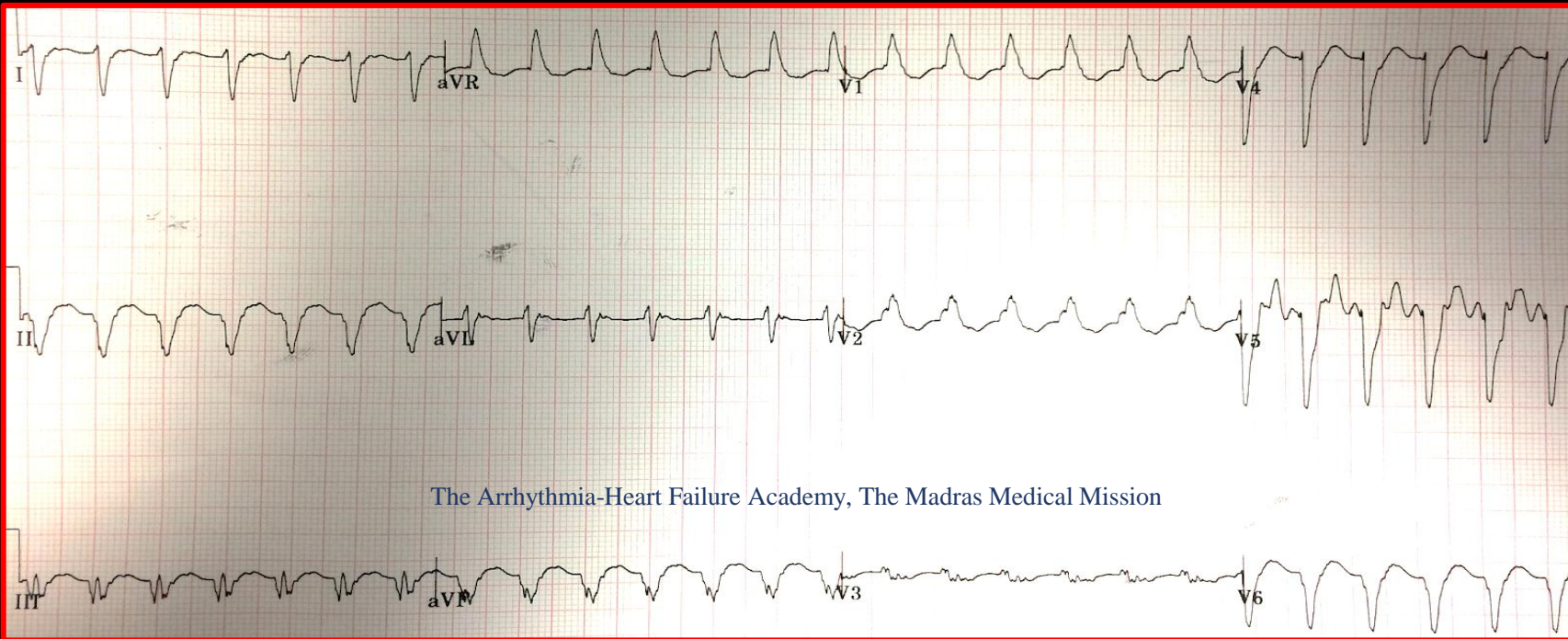
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A. VT

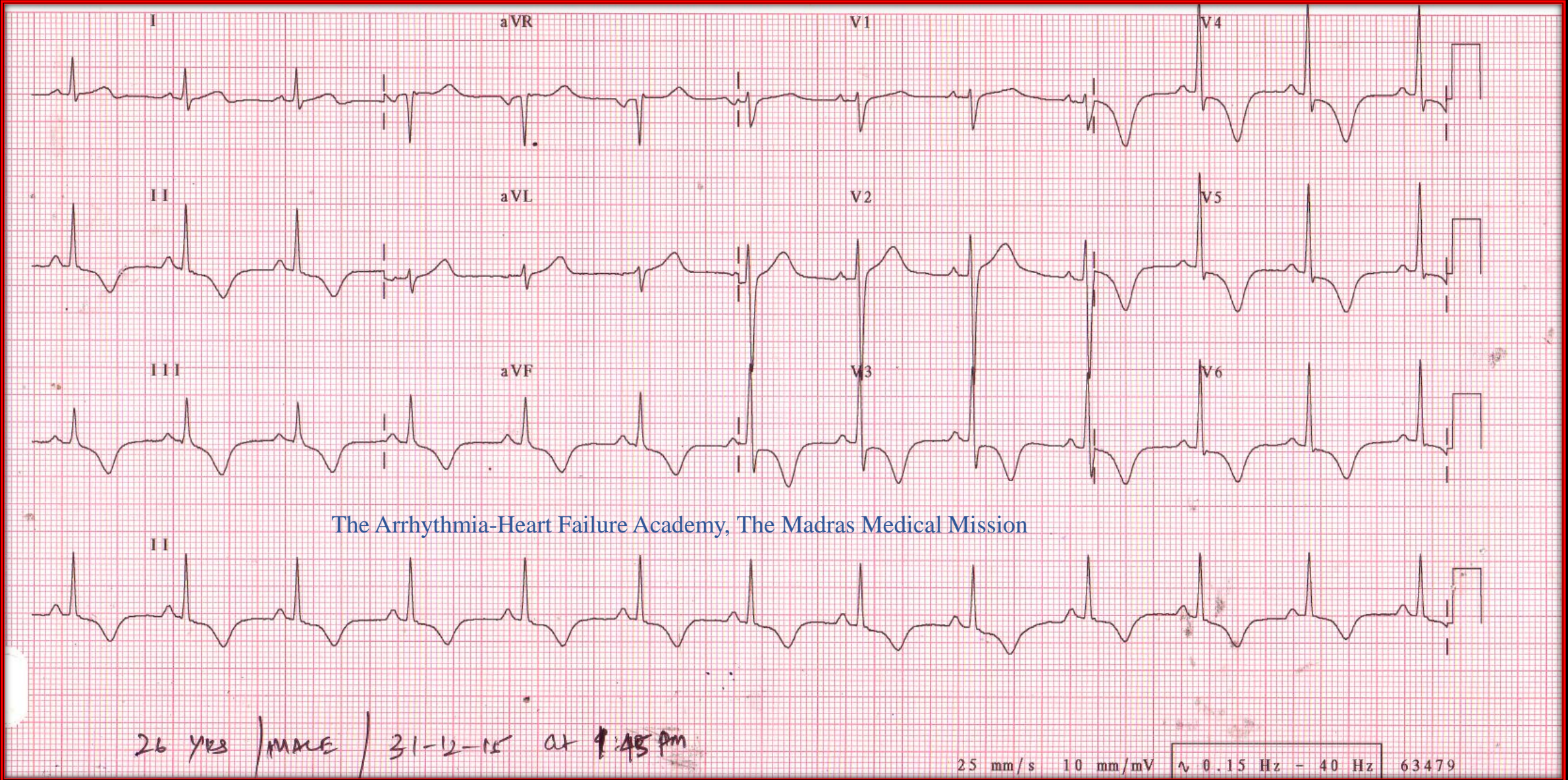
B. SVT

C. VT or SVT

D. Do not know



CASE II: 26Y, M, athlete, recurrent chest pain associated with palpitation

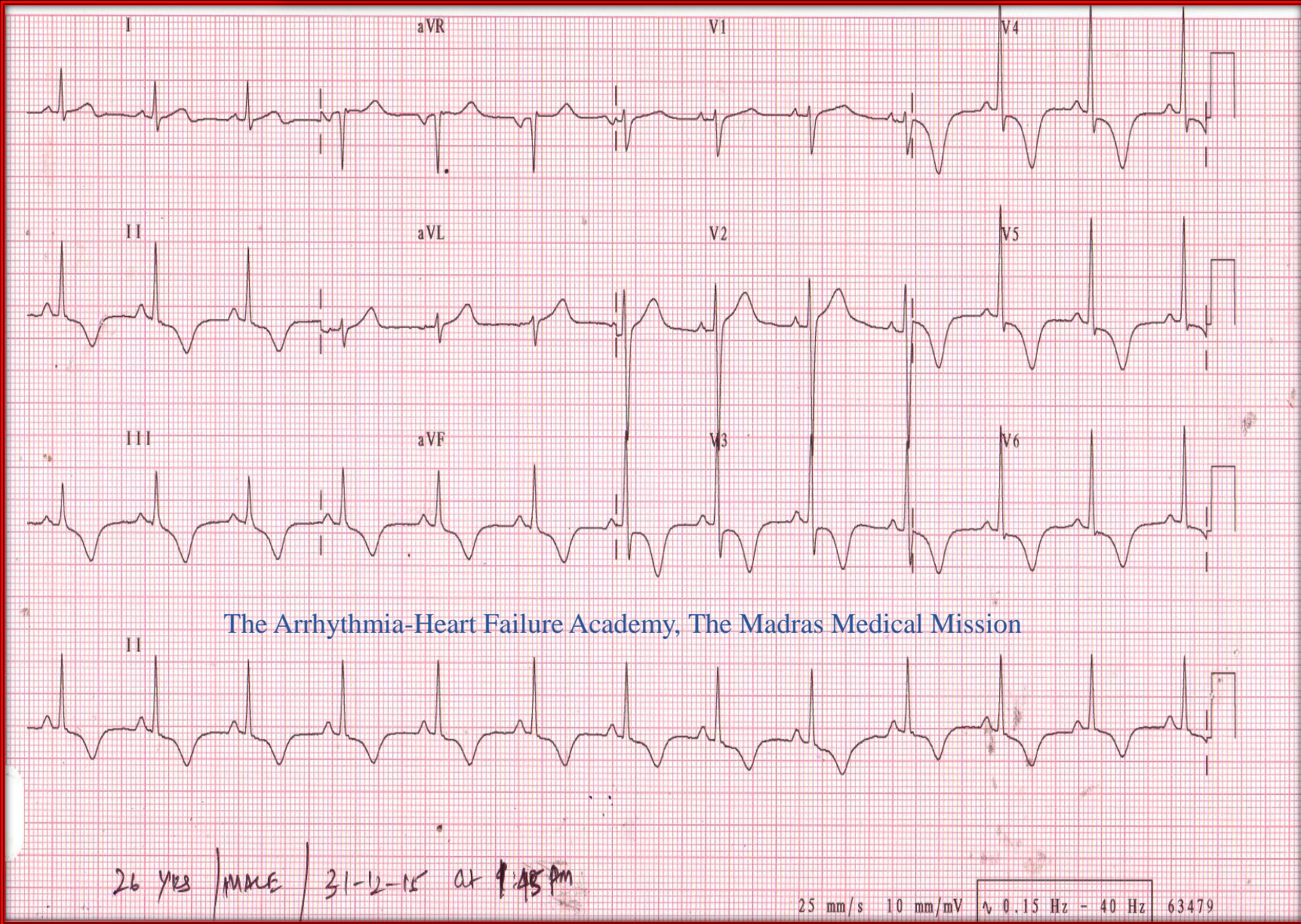


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26 yrs / male / 31-12-15 at 9:45 pm

25 mm/s 10 mm/mV 0.15 Hz - 40 Hz 63479

CHOOSE THE RIGHT OPTION

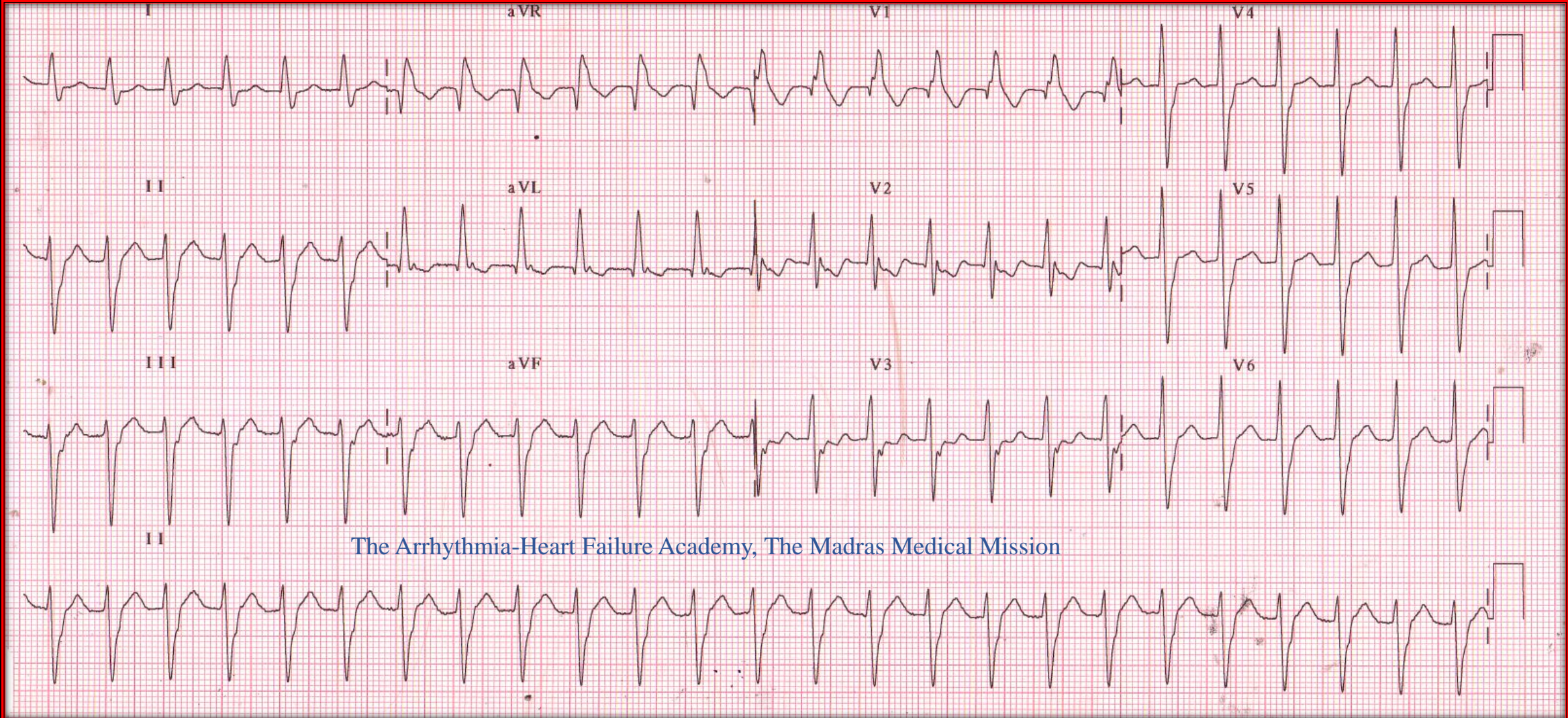


A. HCM

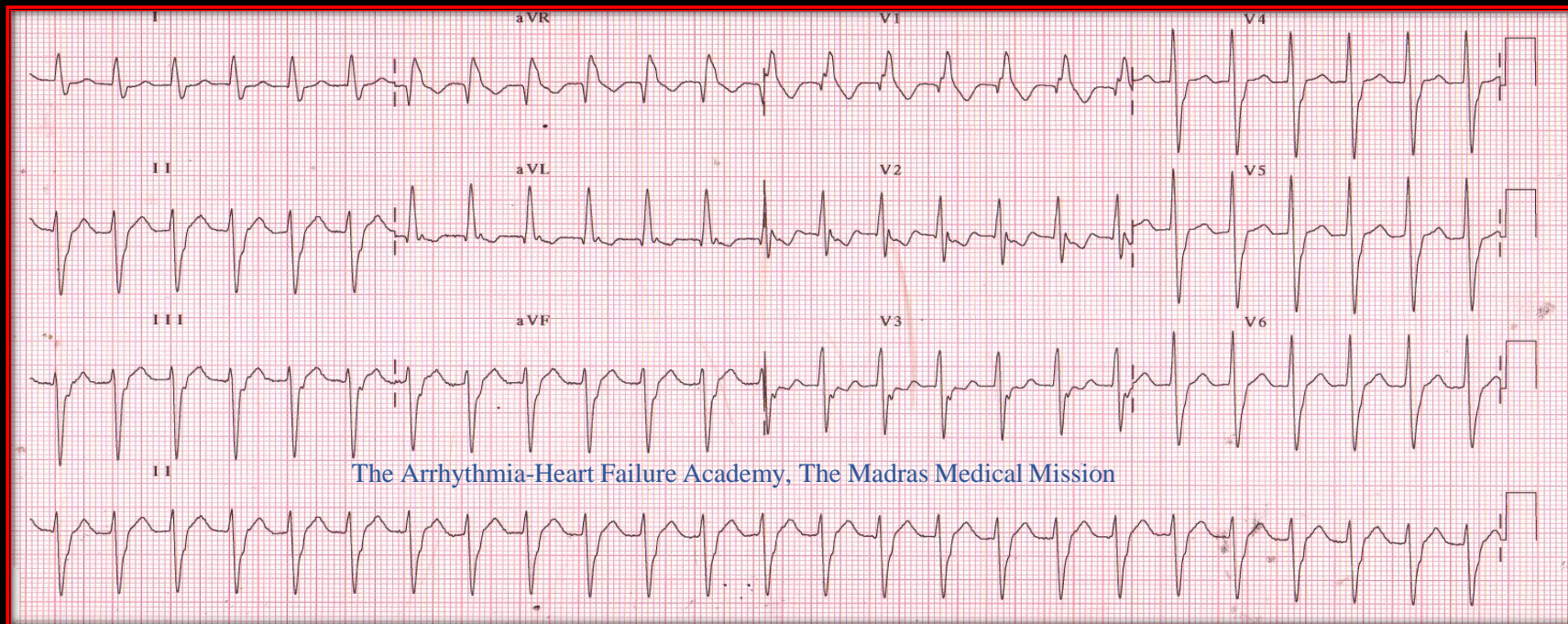
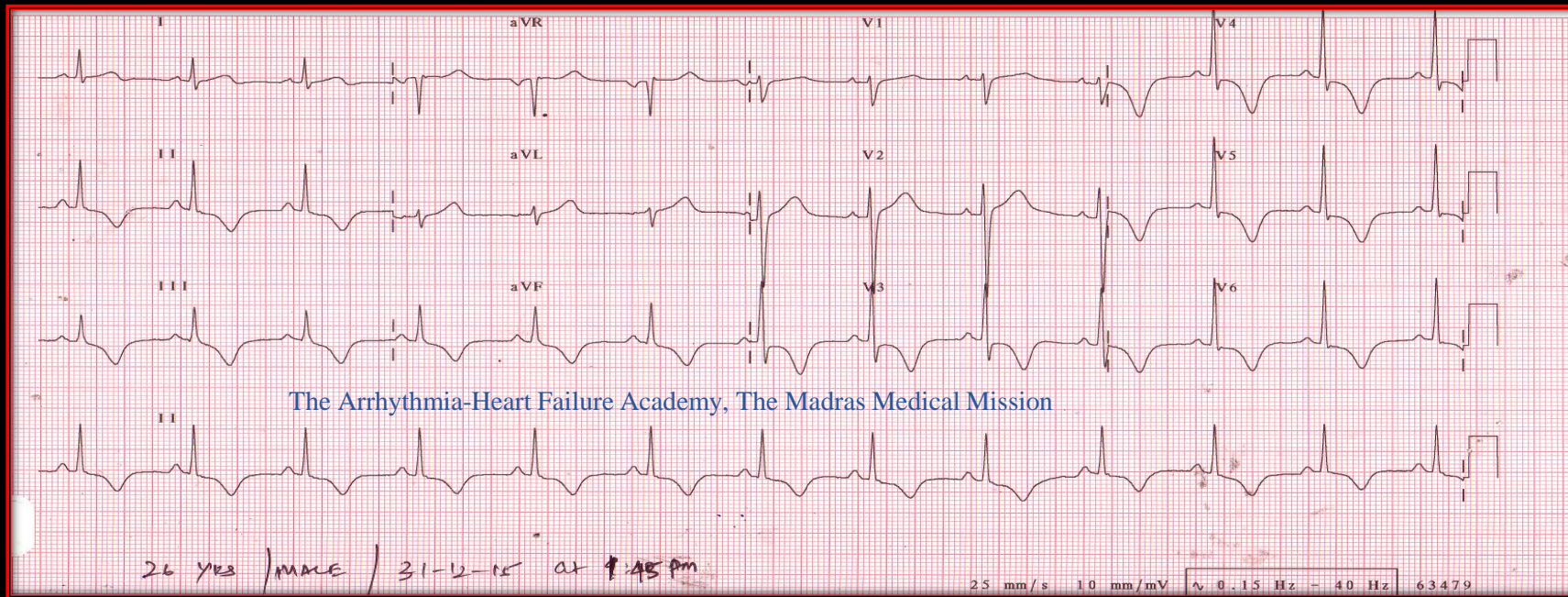
B. LQTs

C. ACS

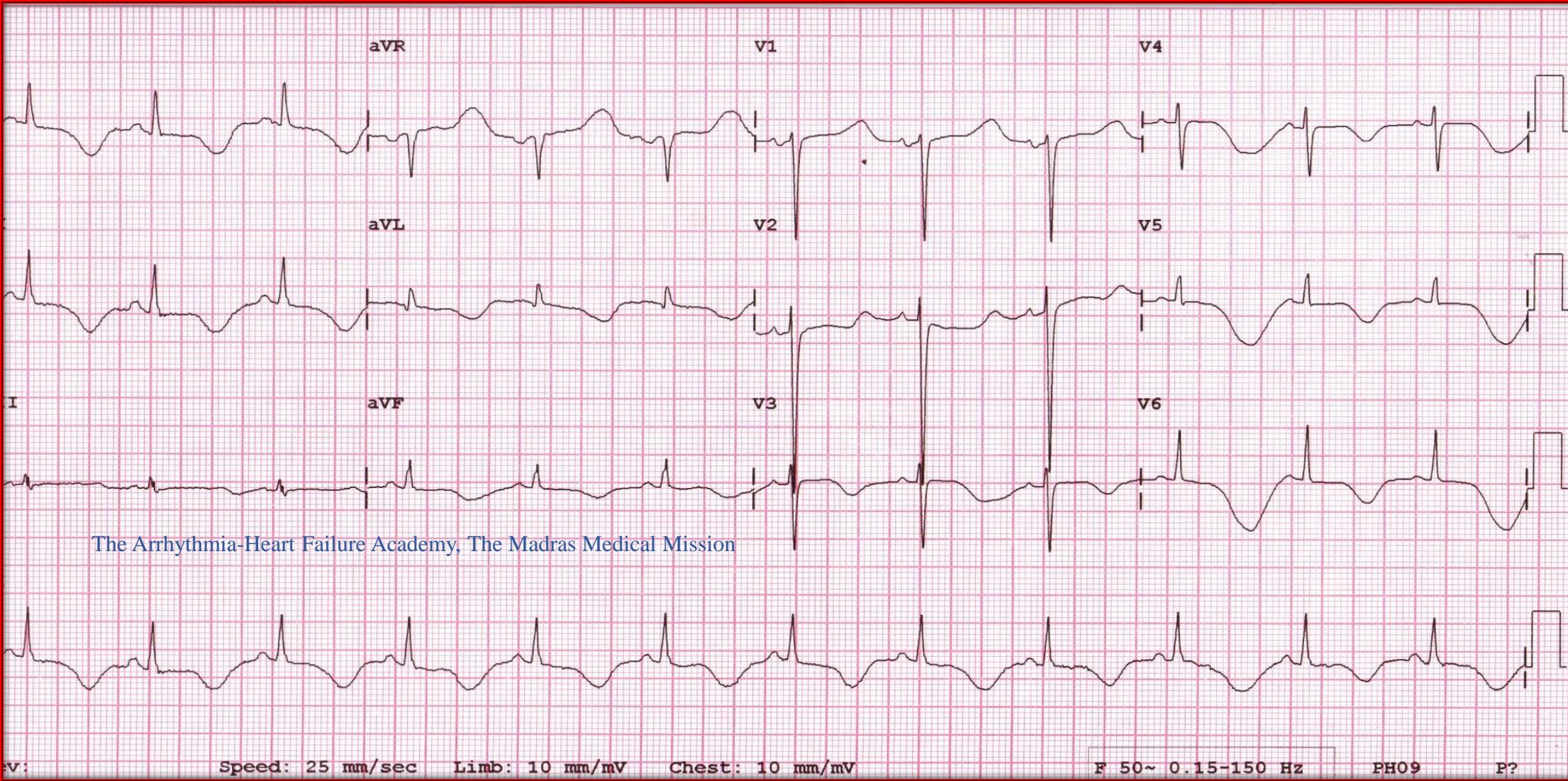
D. None of the above



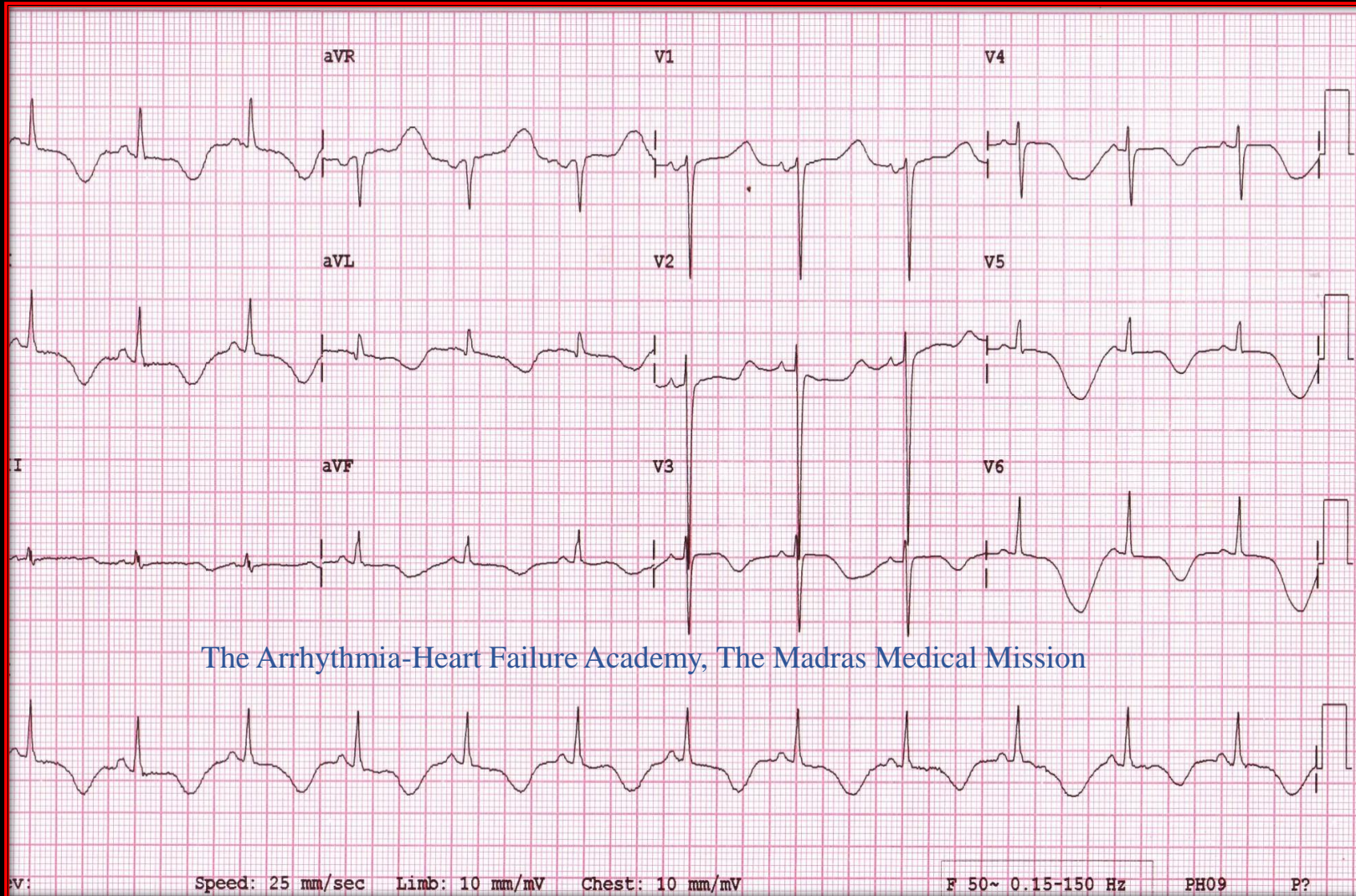
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CASE III: 18Y, F, syncope, uncle died at the age of 21Y



# CHOOSE THE WRONG OPTION



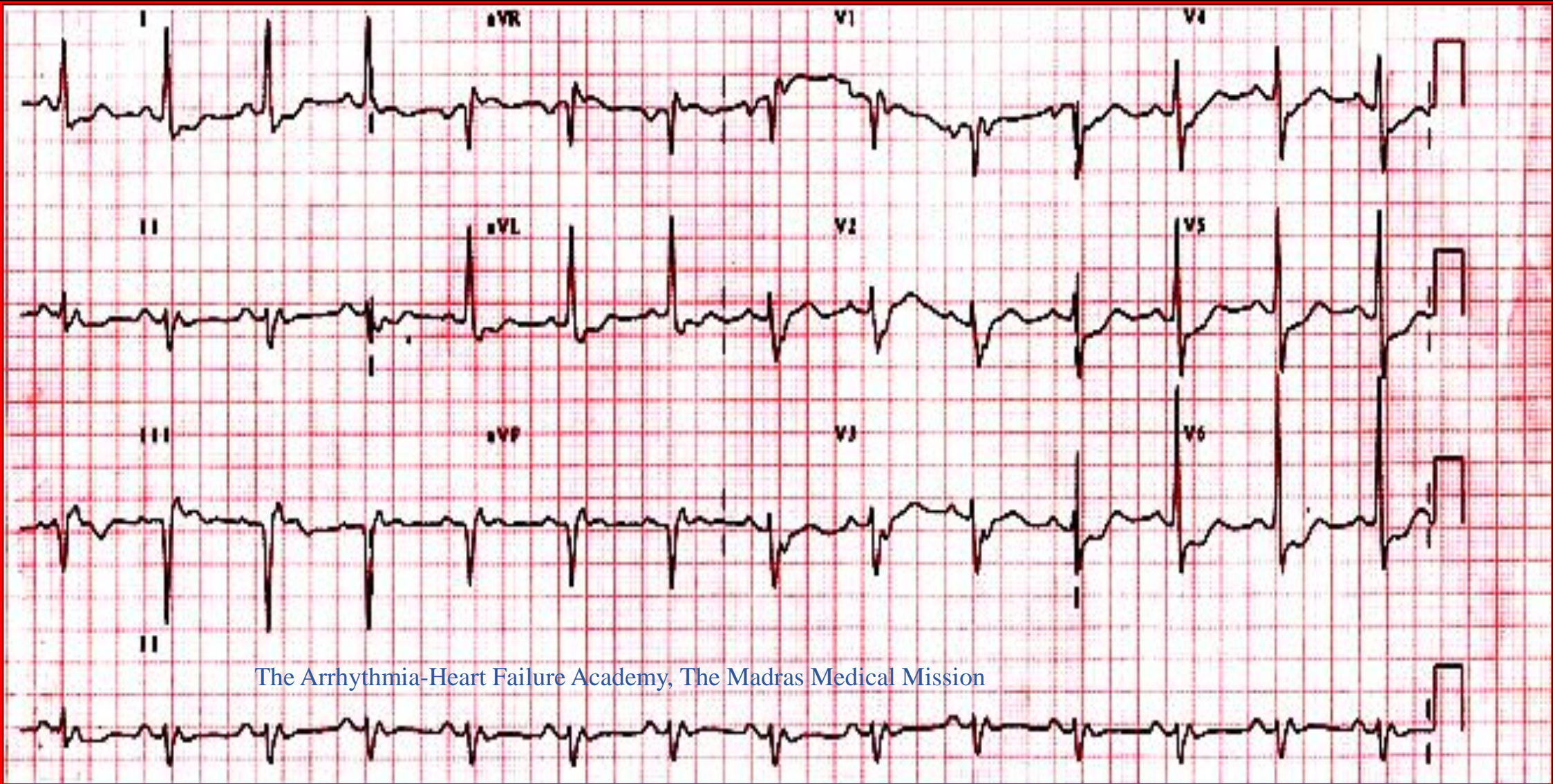
A. Genetic Test-Mandatory

B. Malignant variety of LQTs

C. Beta-blockers may not be effective

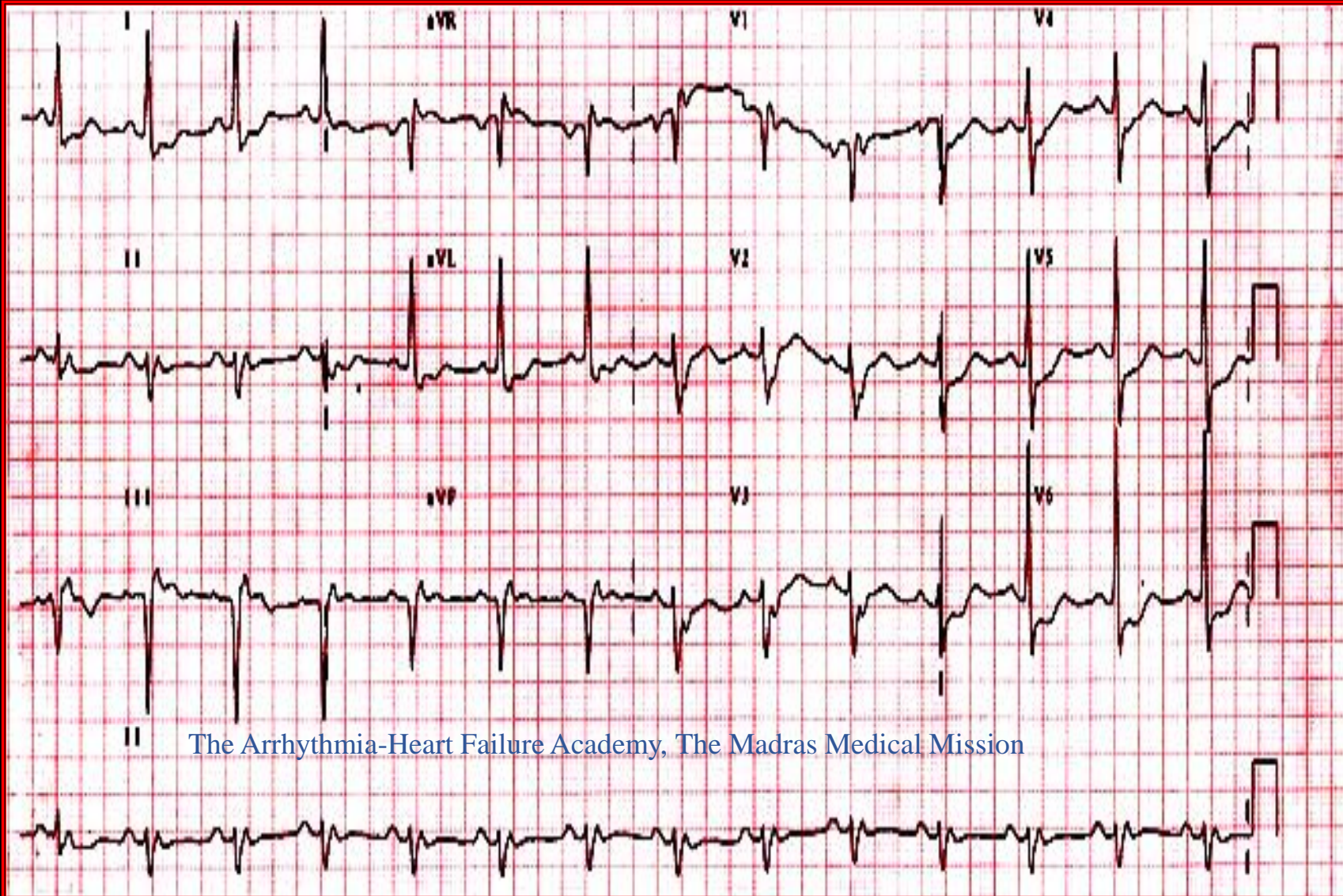
D. AICD: Inappropriate shocks, lead complications- frequent

CASE IV: 40Y, M, Exertional Dyspnea



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Risk of SCD is 'Usually' due to



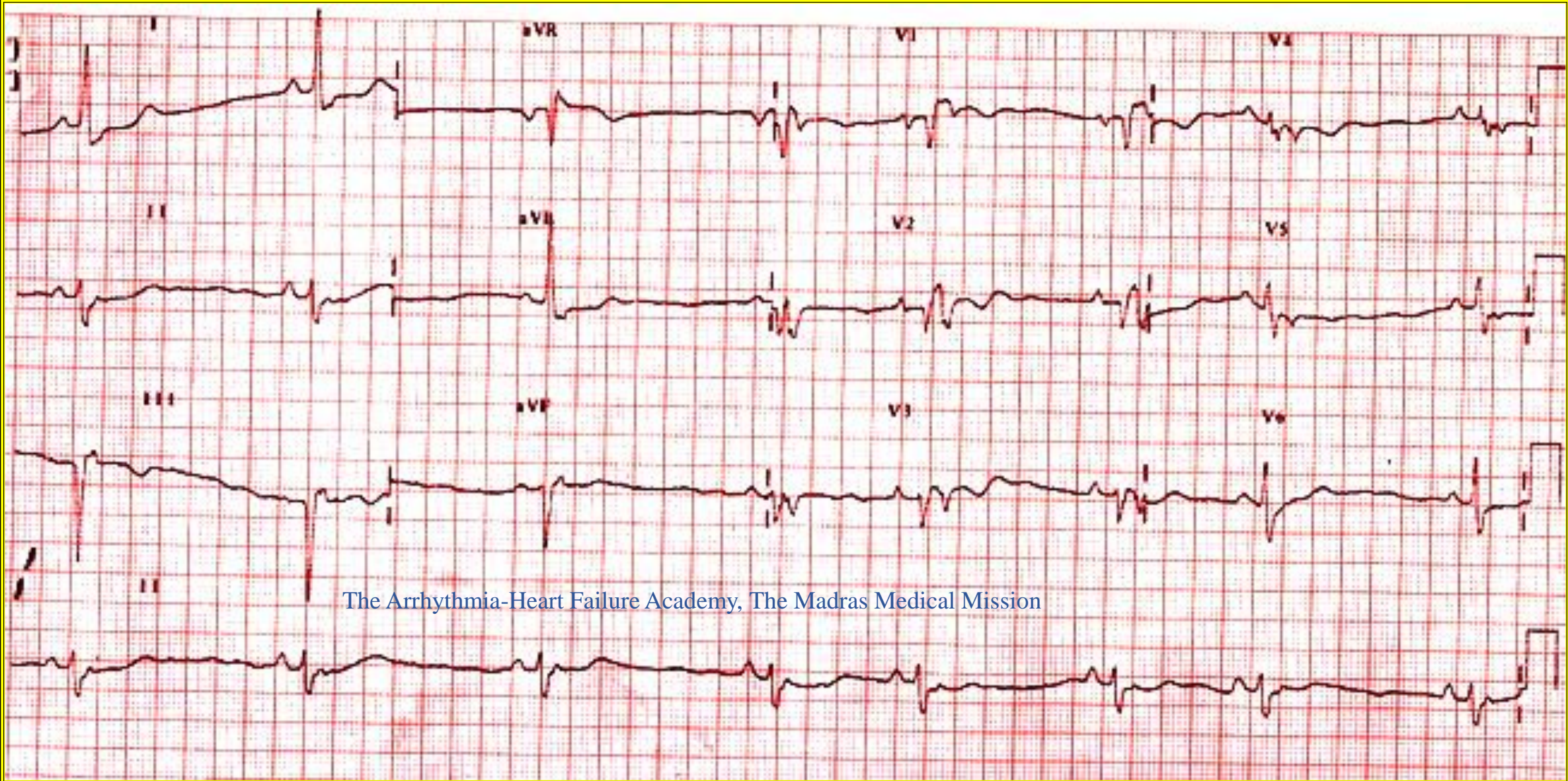
A. VT of LBBB morphology

B. VT of RBBB morphology

C. CHB

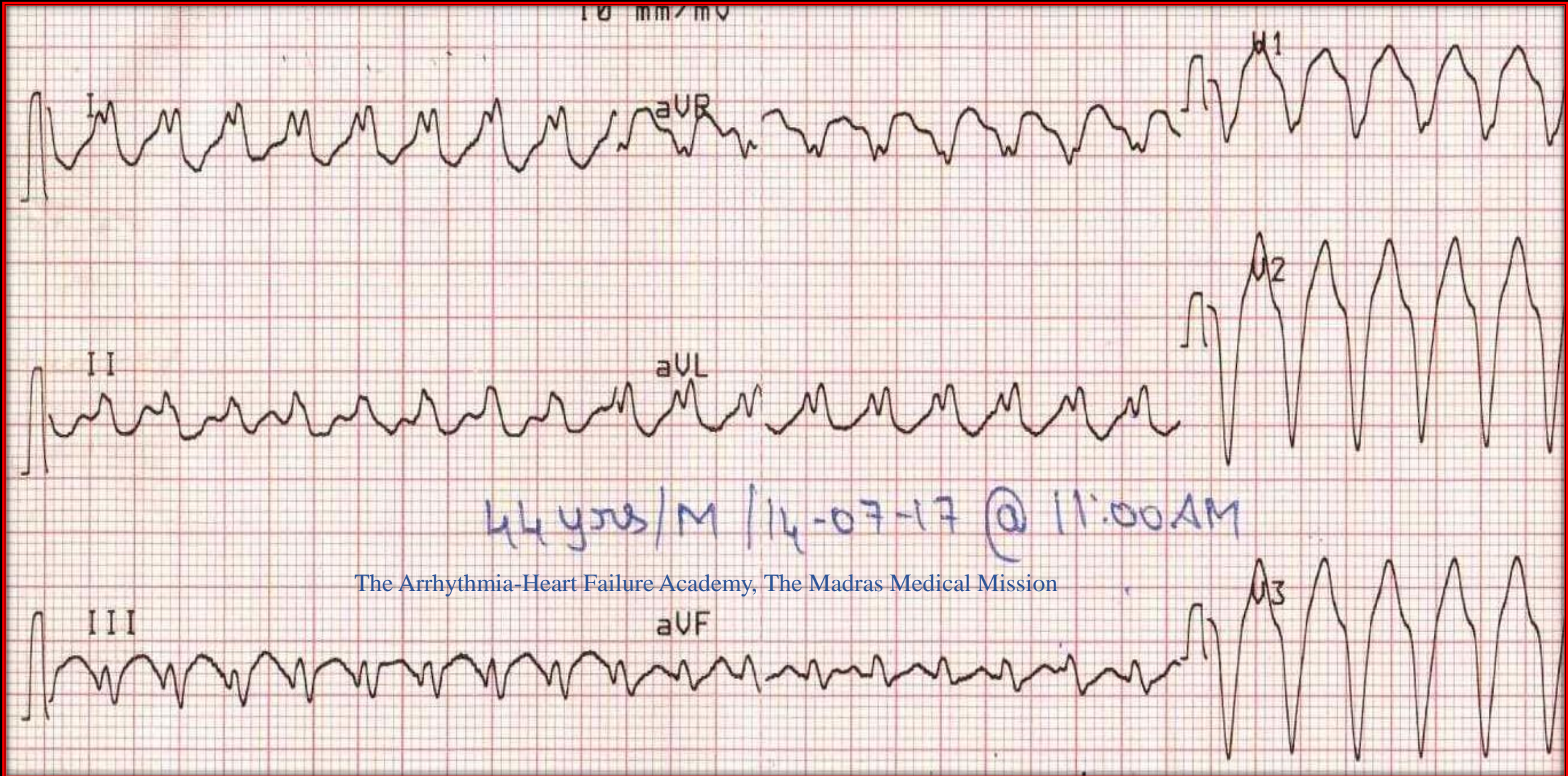
D. LMCA Occlusion

# 1 YEAR LATER

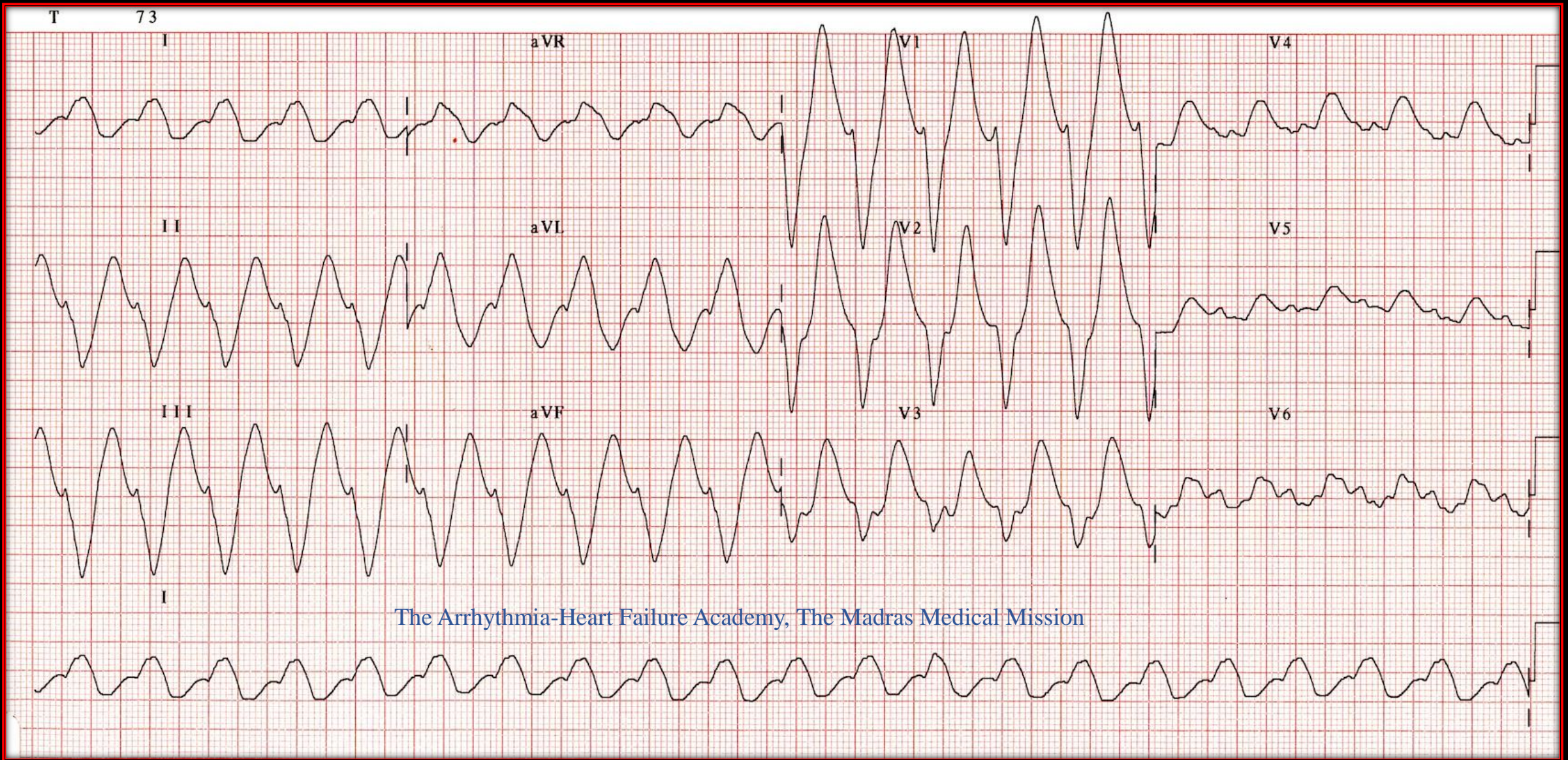


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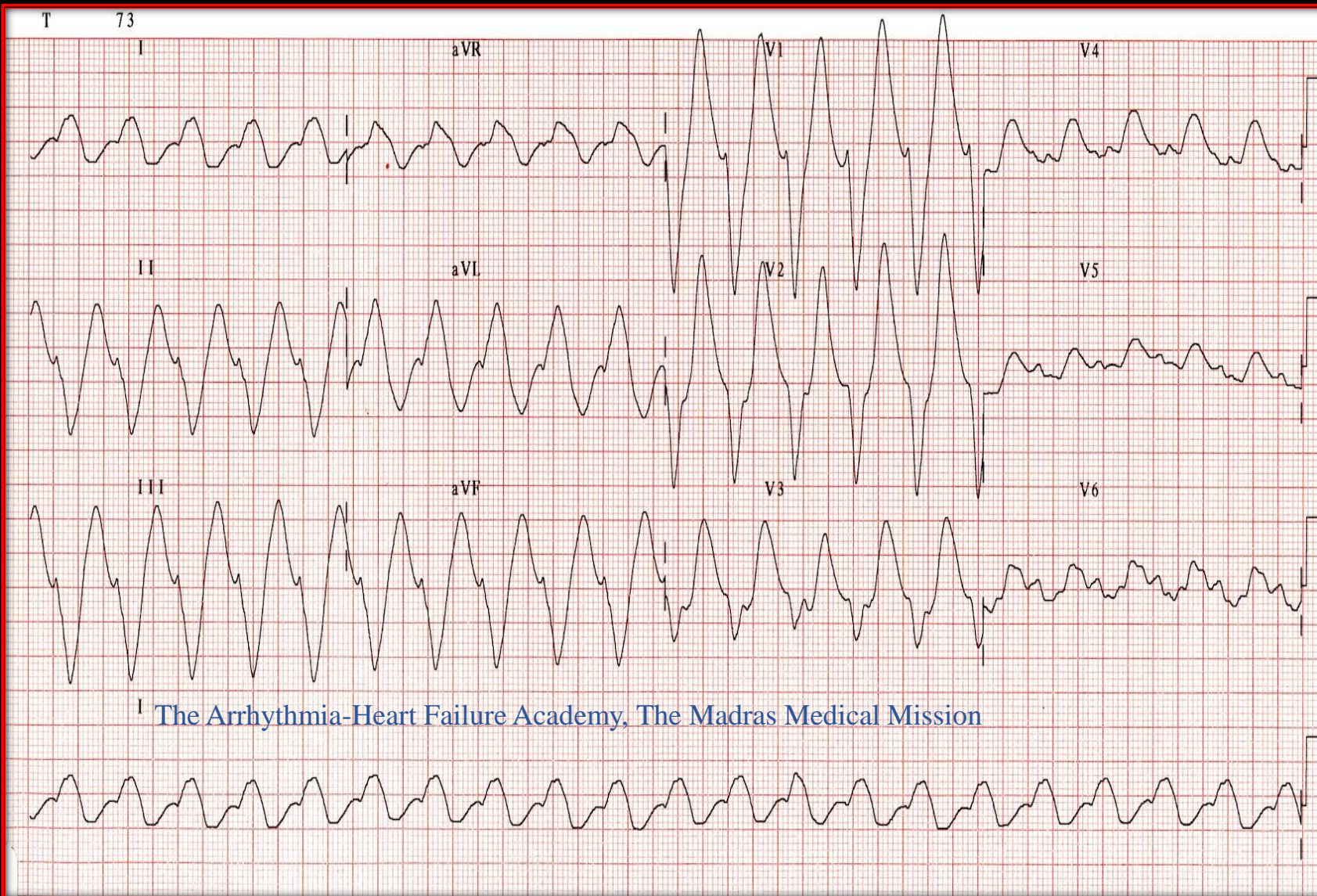
Soon after brought to ER



CASE V: 48 Y, M, Altered Sensorium, Hypotension, Seizures



# CHOOSE THE RIGHT OPTION



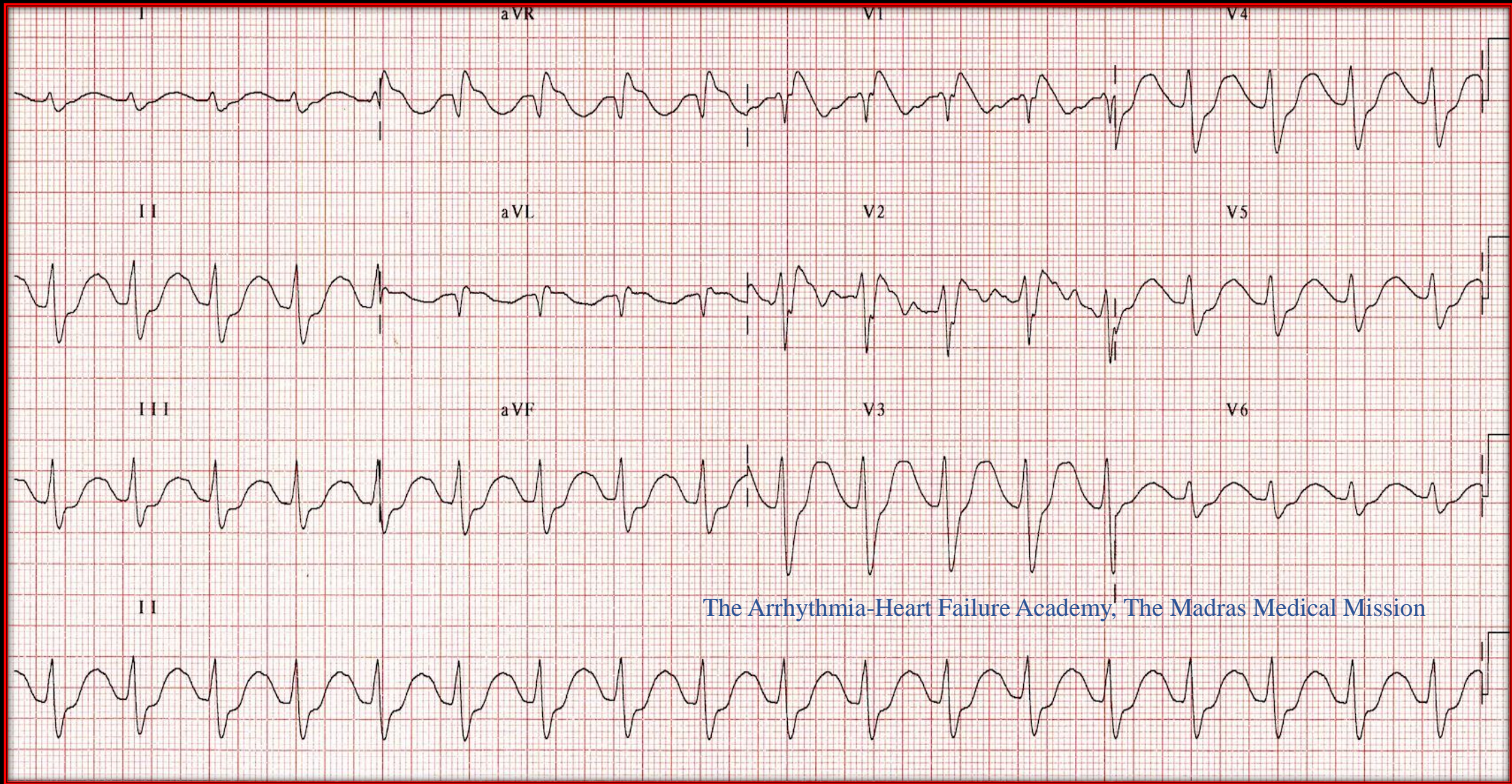
A. Hyperkalemia

B. Raised ICP

C. Consider  
Anti-arrhythmics

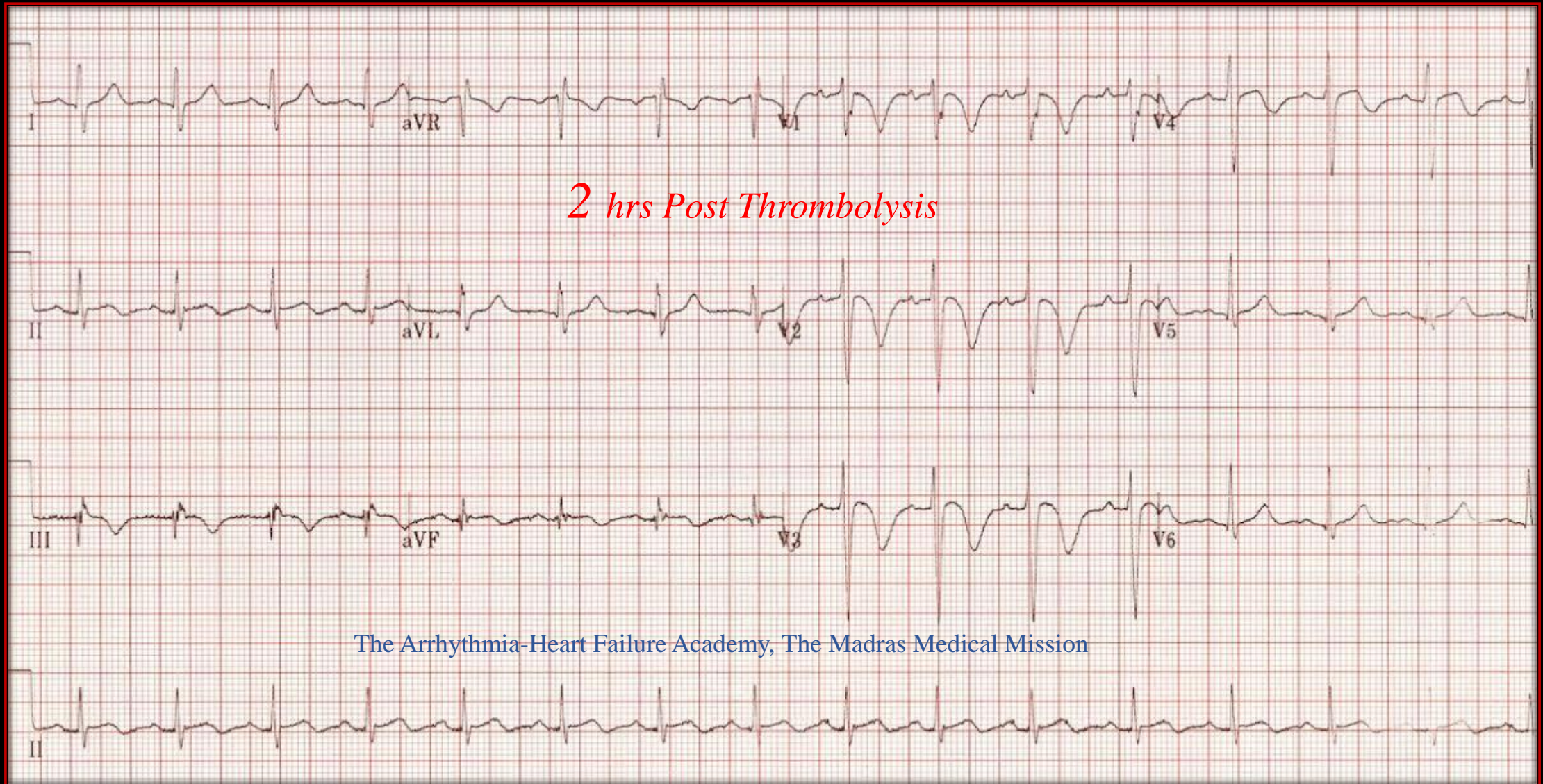
D. Achieve PH of 7.50 to 7.55

# After IV Soda Bicarbonate

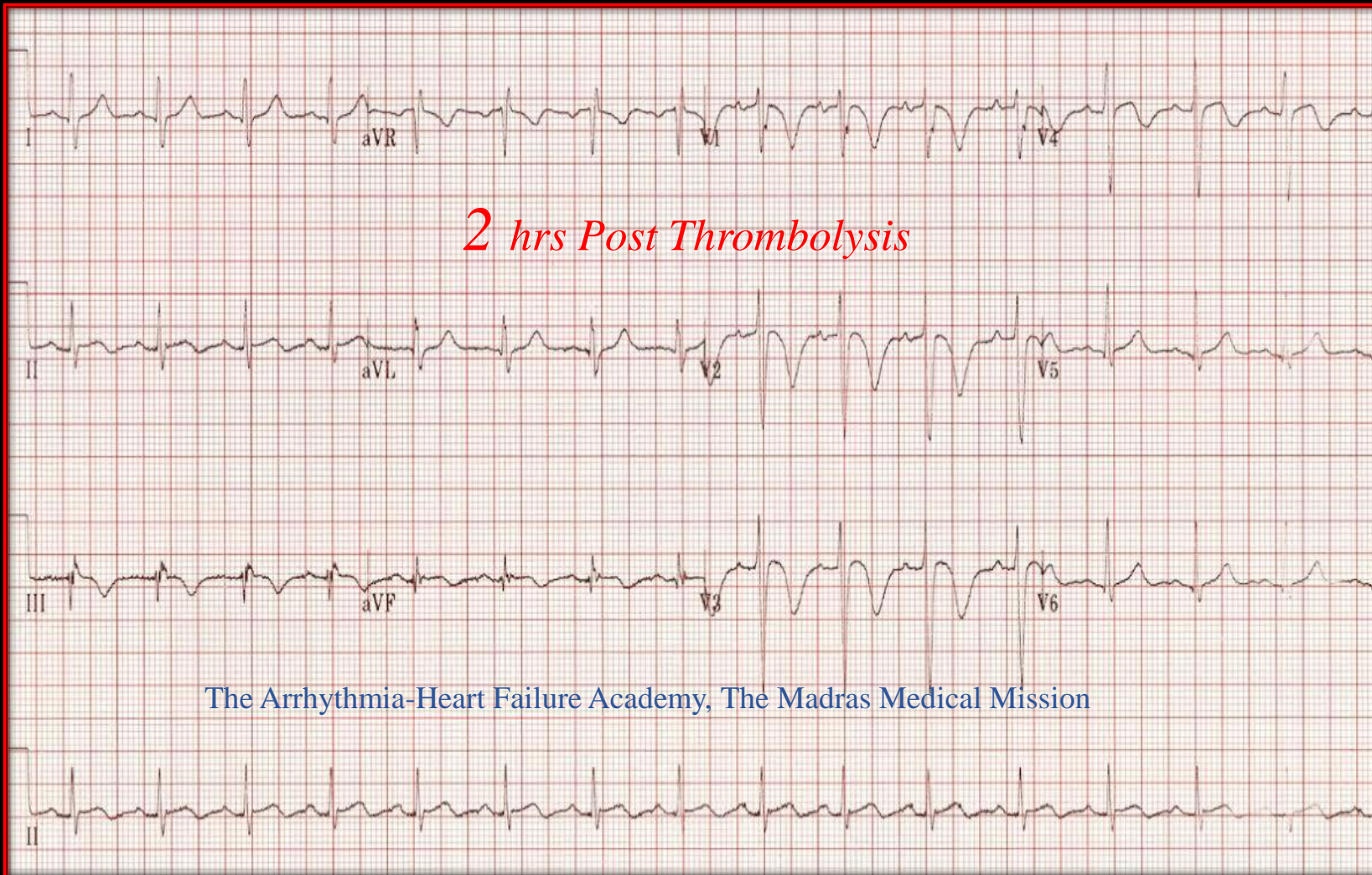


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CASE VI: 28Y, F, underwent IV Thrombolysis for chest discomfort & dyspnea



## CHOOSE THE RIGHT OPTION



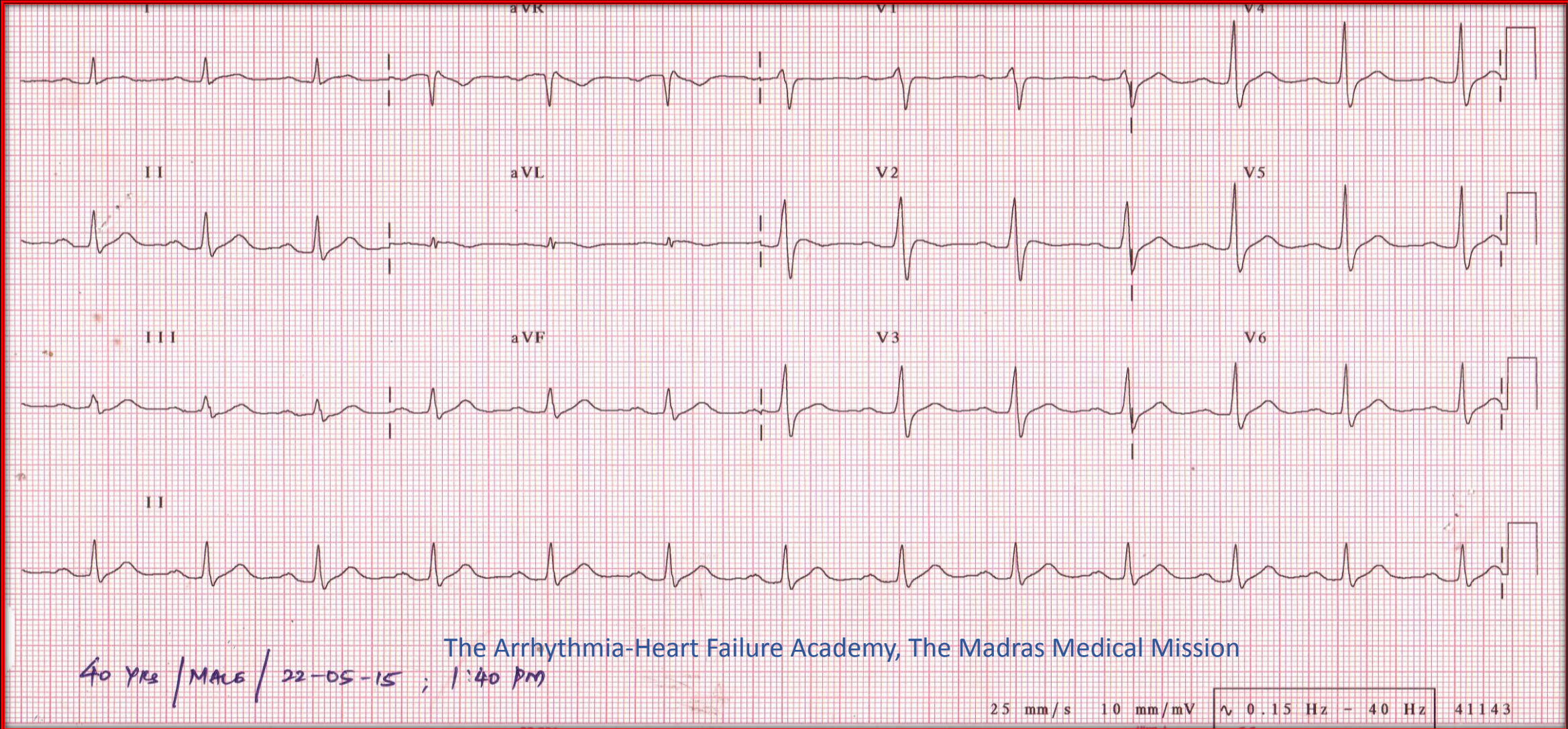
A. LAD stenting could have been better

B. Screen family for premature CAD

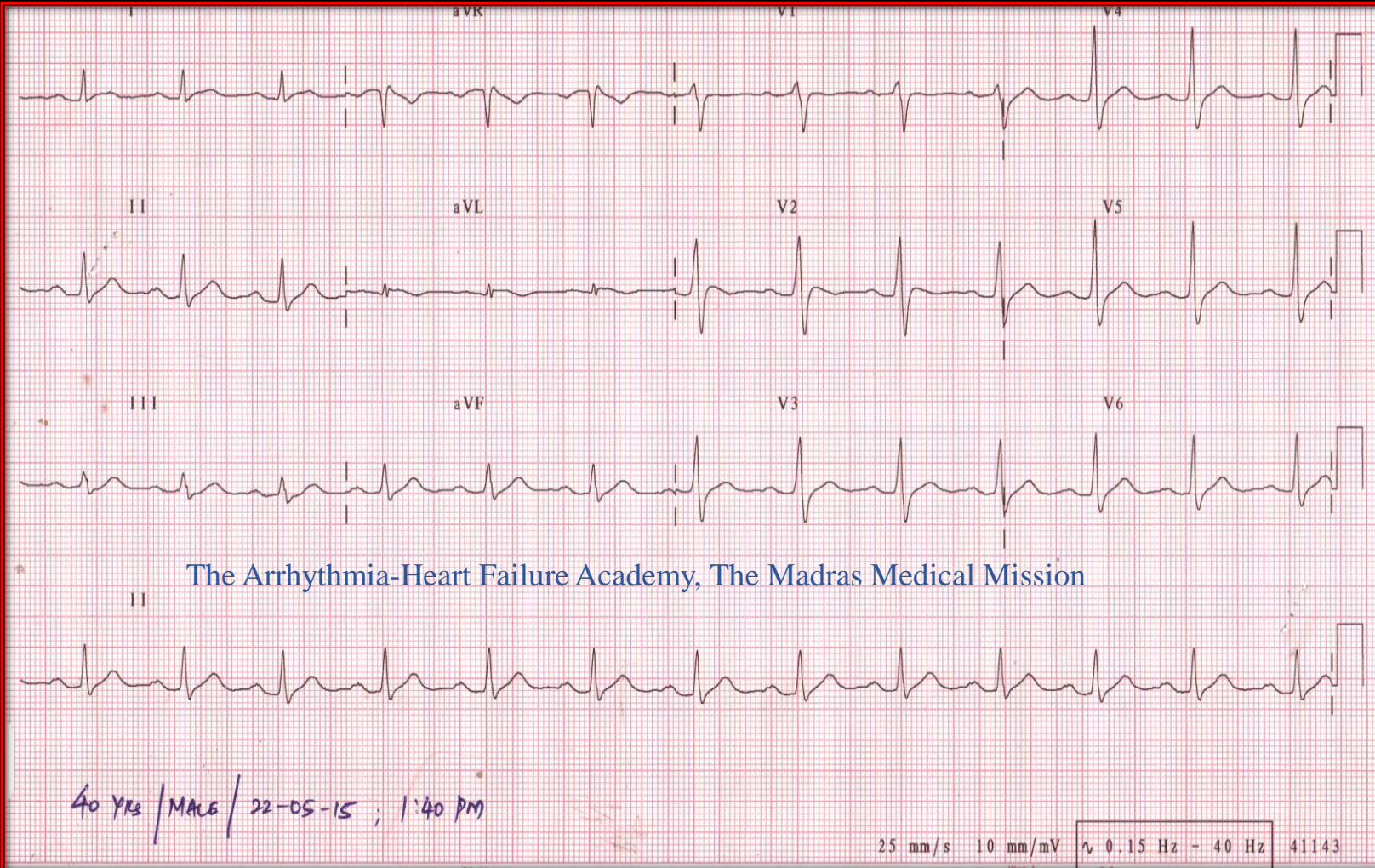
C. A Case of PE

D. None of the Above

# CASE VII: 40Y, M, Syncope, FHO SCD in Young



# CHOOSE THE RIGHT OPTION



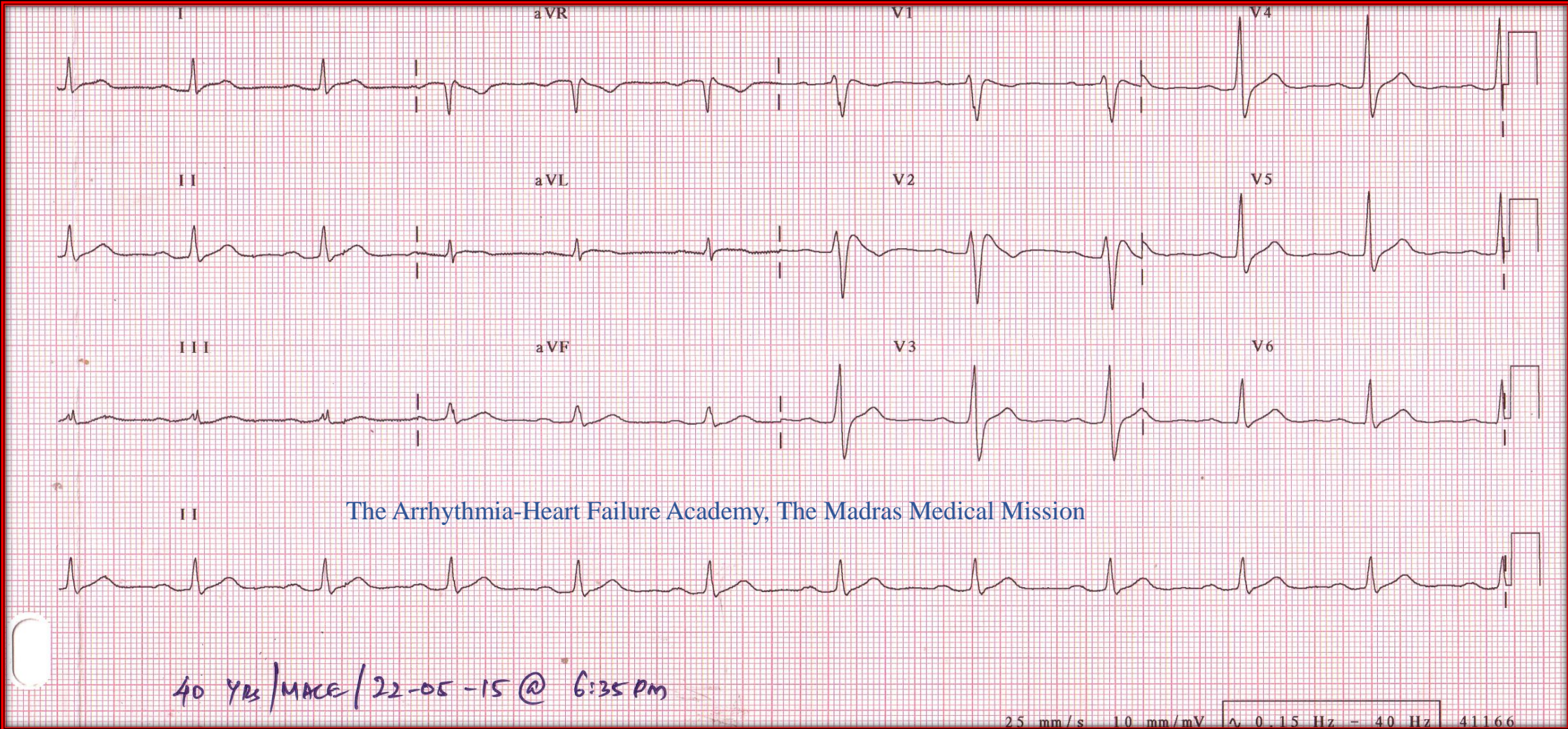
A. Retake ECG with chest leads 1 space up

B. Consider drug challenge

C. May require AICD

D. All of the above

# Chest electrodes 1 space higher

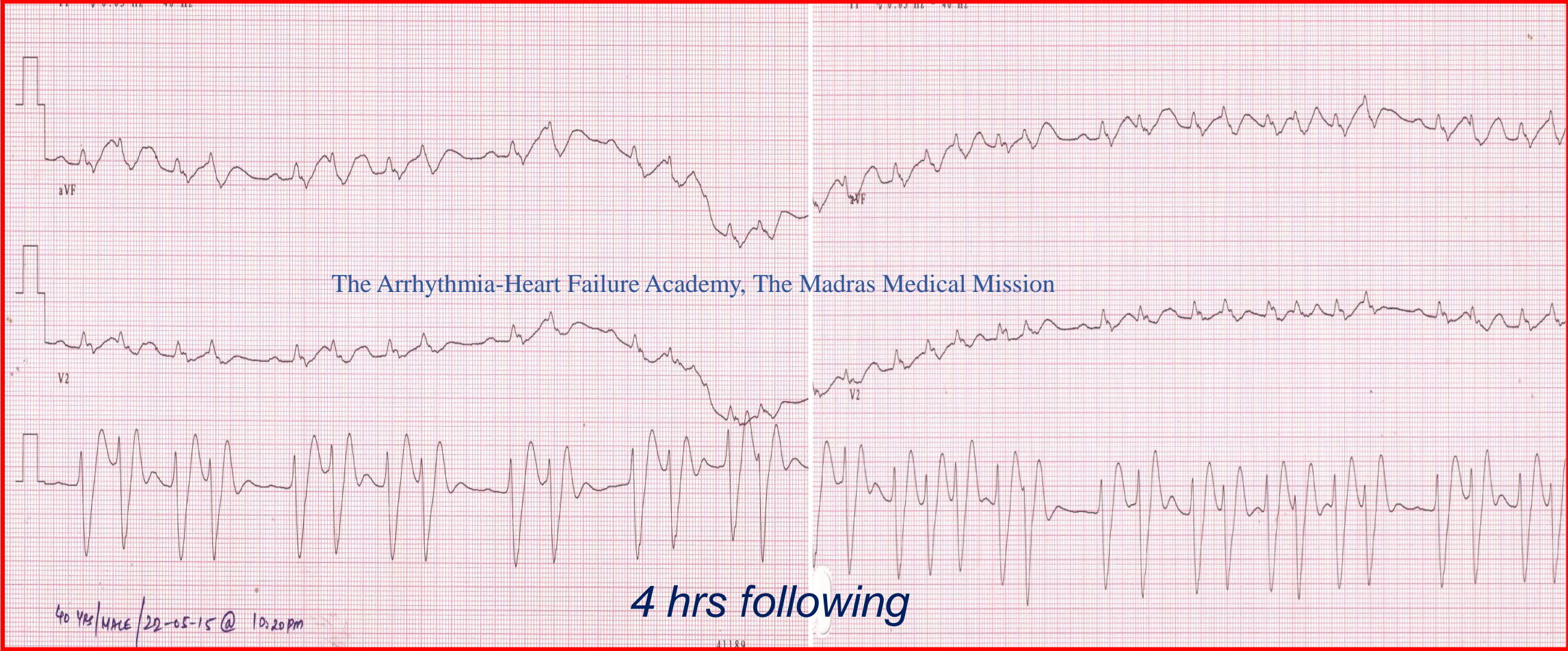


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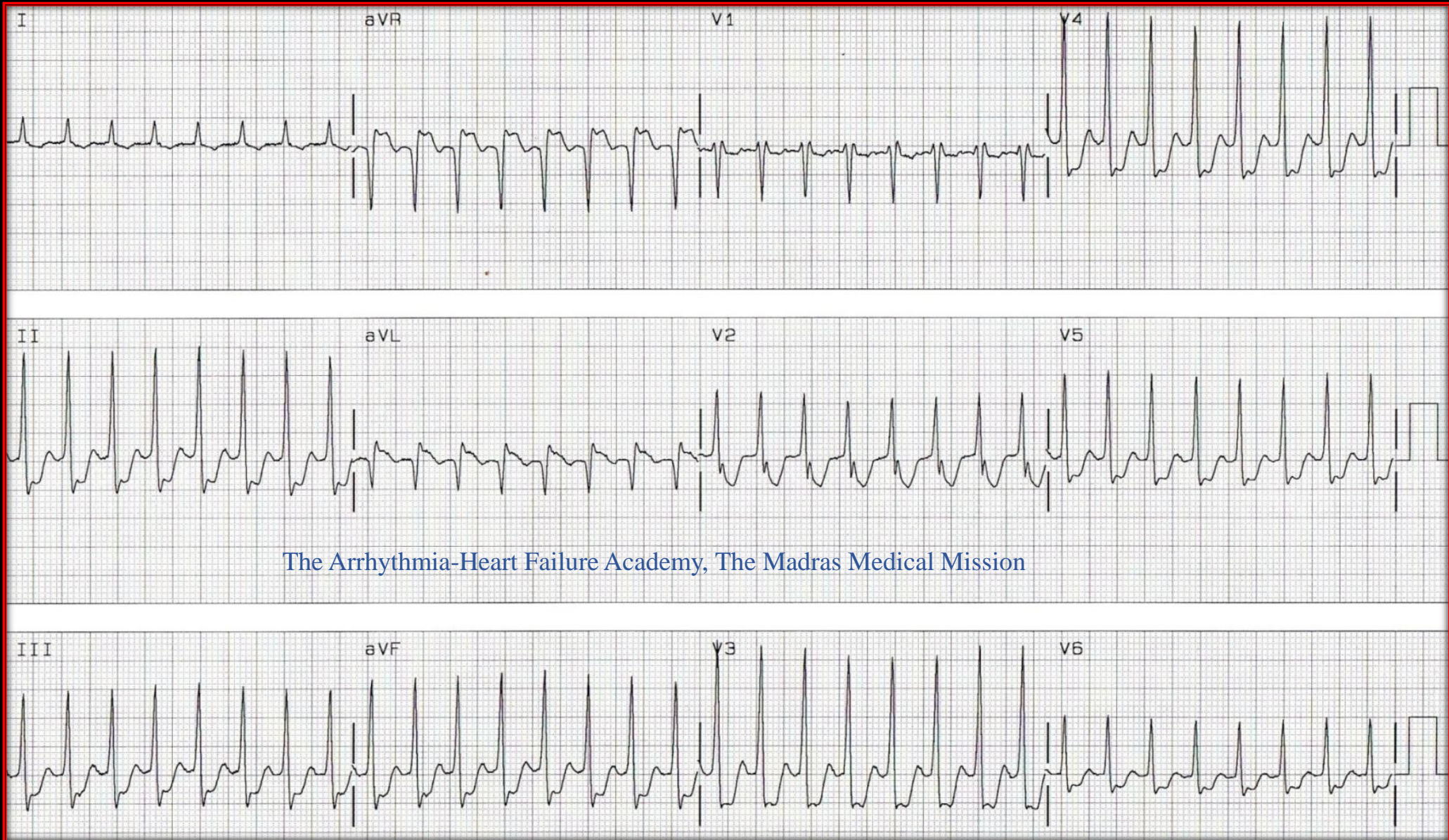
40 yrs / MACE / 22-05-15 @ 6:35 PM

25 mm/s 10 mm/mV 0.15 Hz - 40 Hz 41166

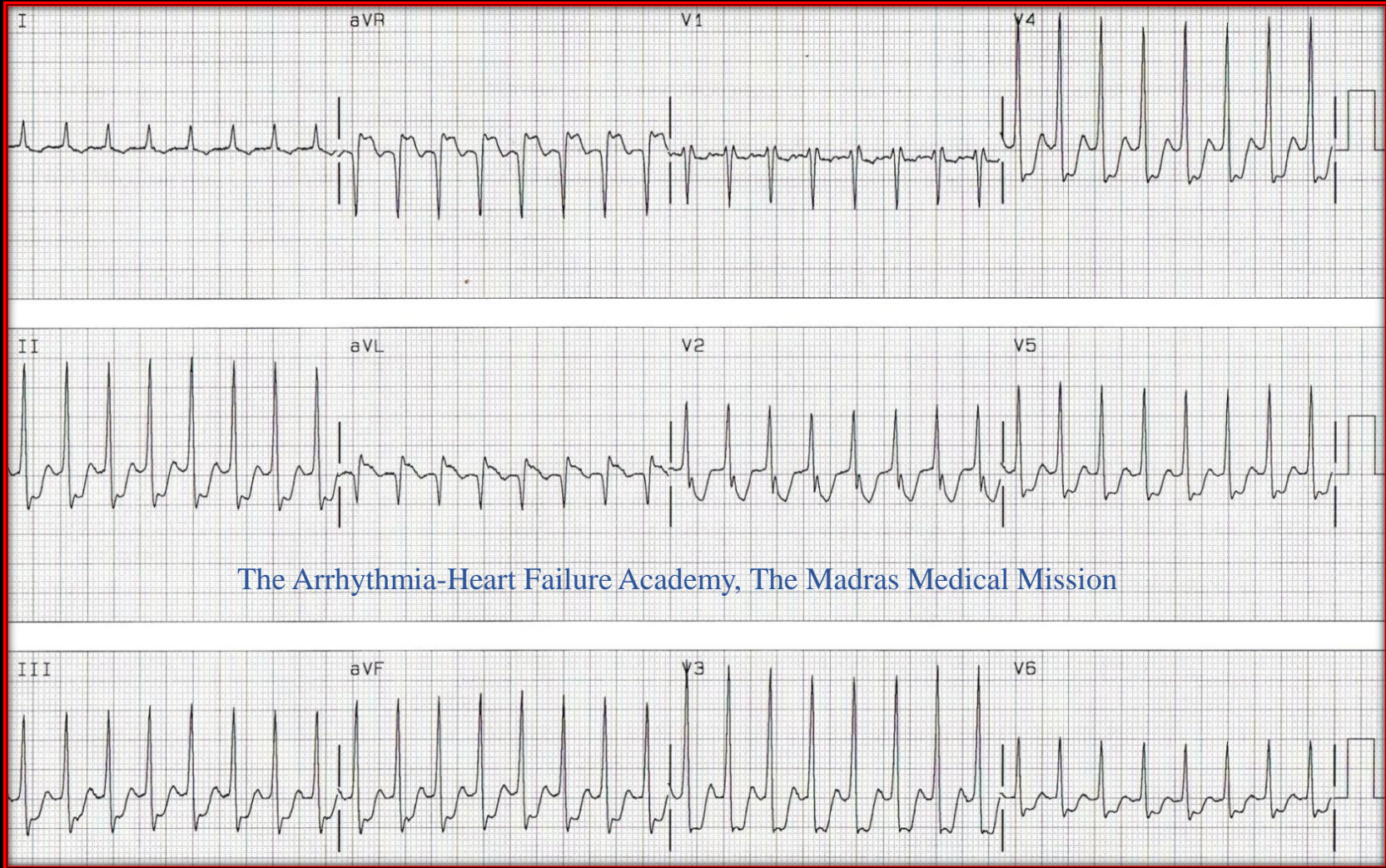
# Flecainide Challenge



CASE VIII: 25Y/F, chest pain, diaphoresis, giddiness, systolic BP 70mmHg



# CHOOSE THE RIGHT OPTION

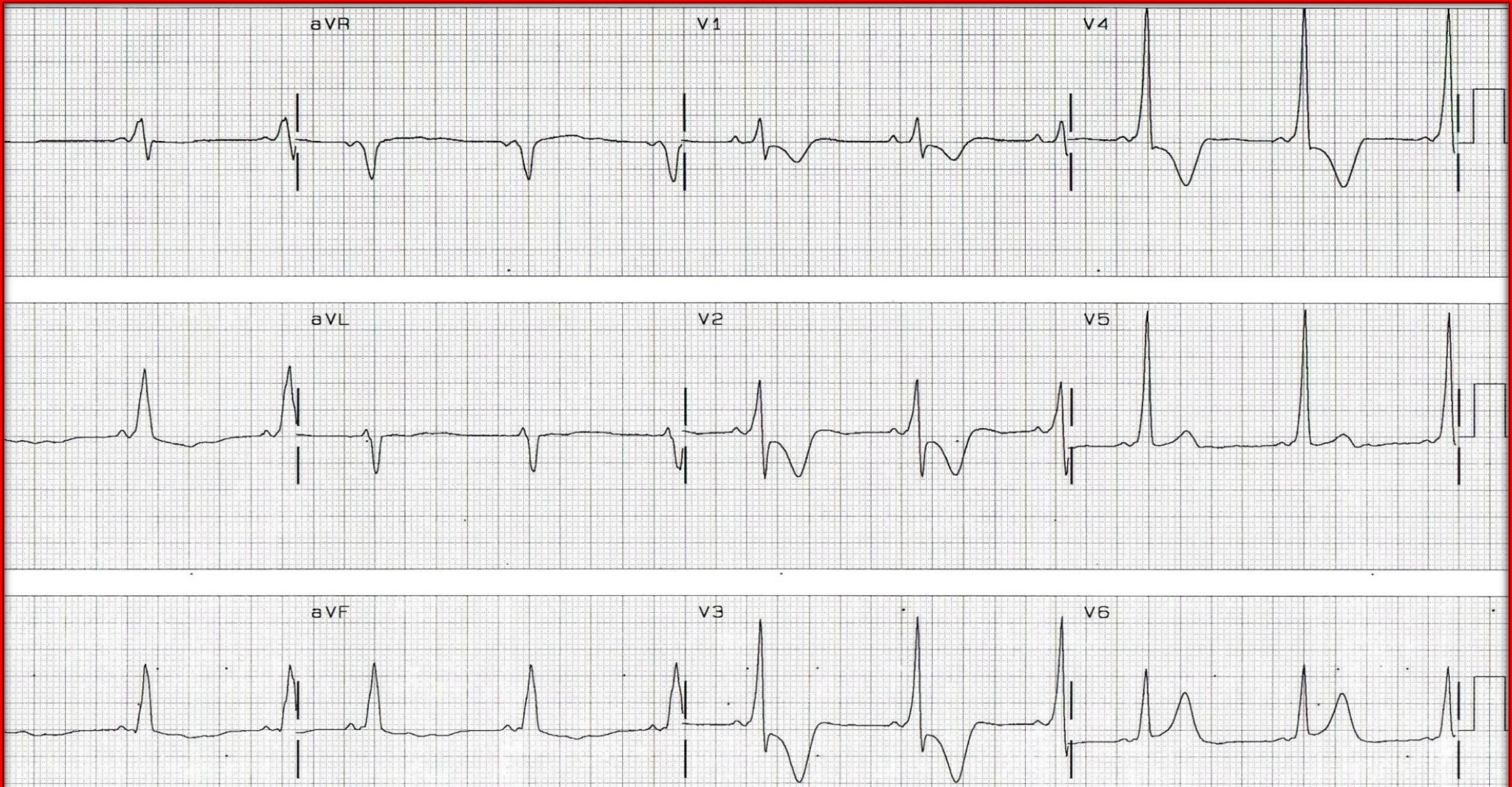


A. Alert Cardiac Surgeon

B. Left main stenting

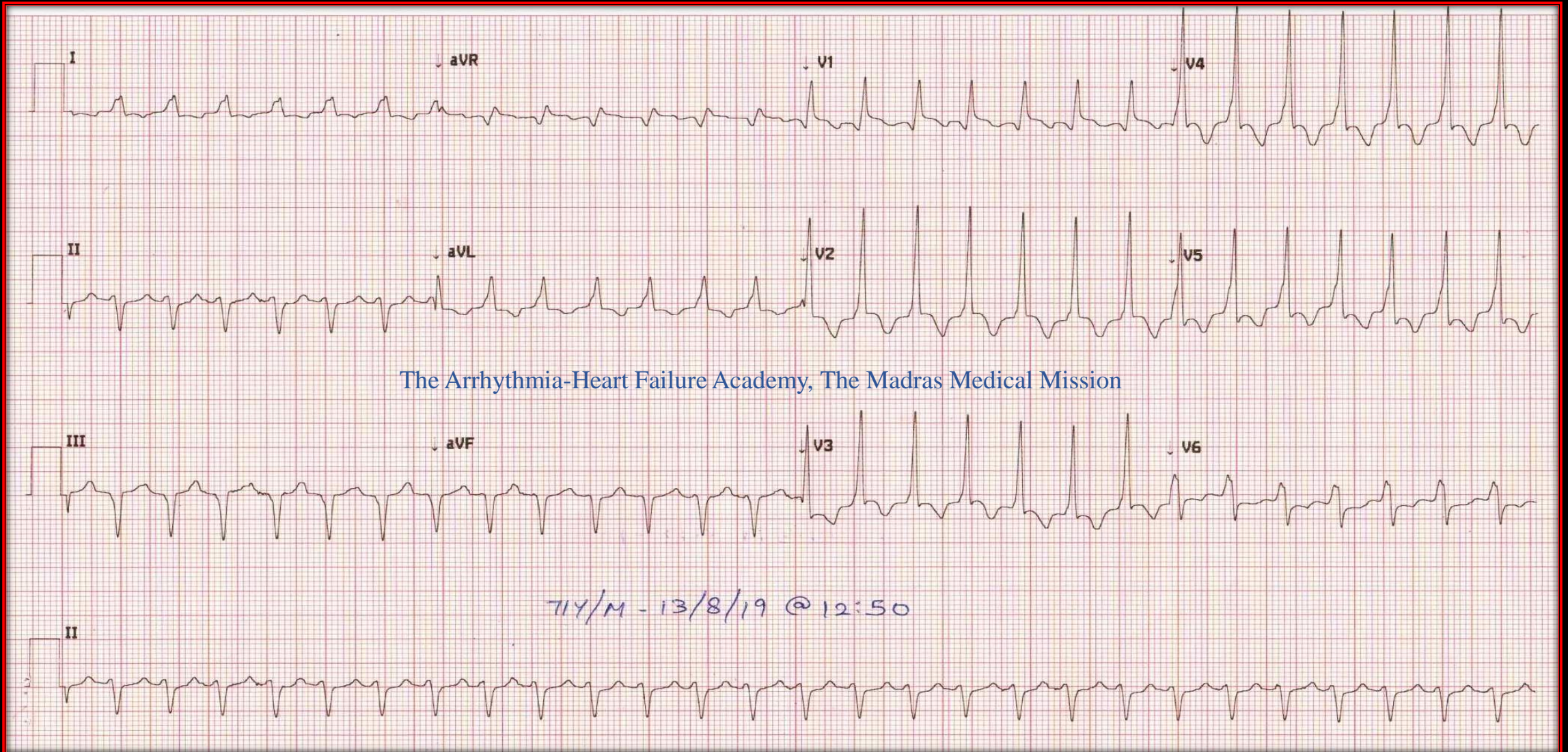
C. Pharmaco Invasive strategy not applicable

D. All of the above

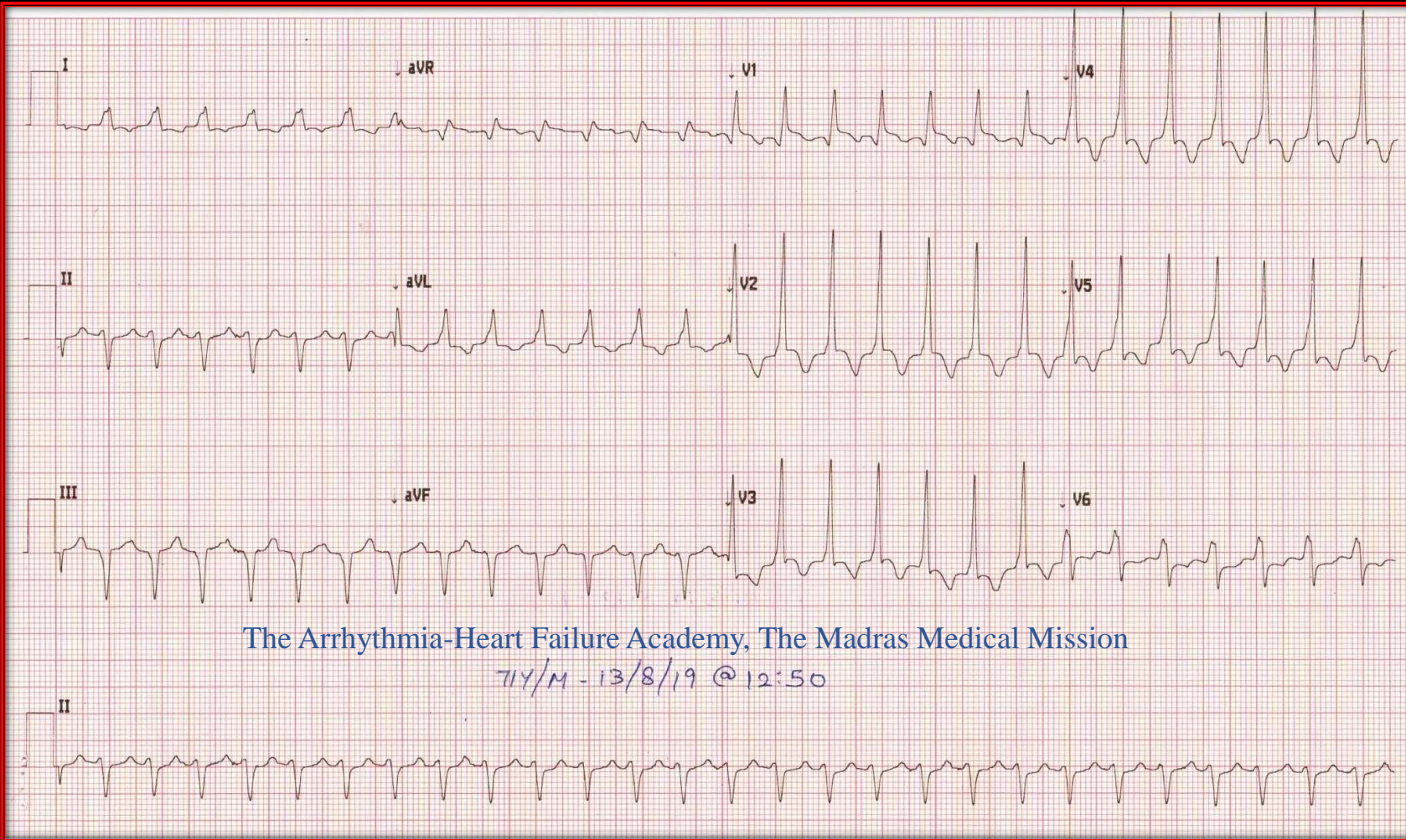


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# CASE IX



CHOOSE THE RIGHT OPTION



A. SVT

B. VT

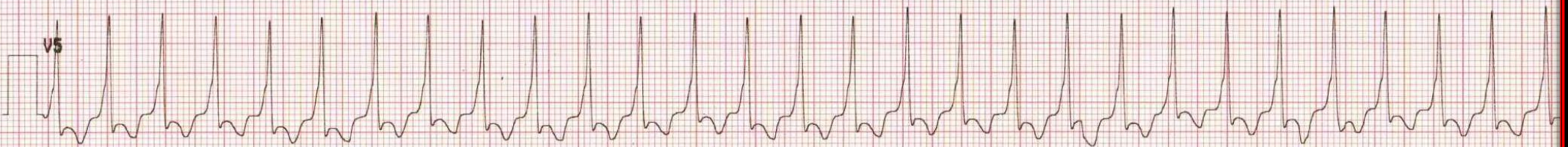
C. AFL

D. AF

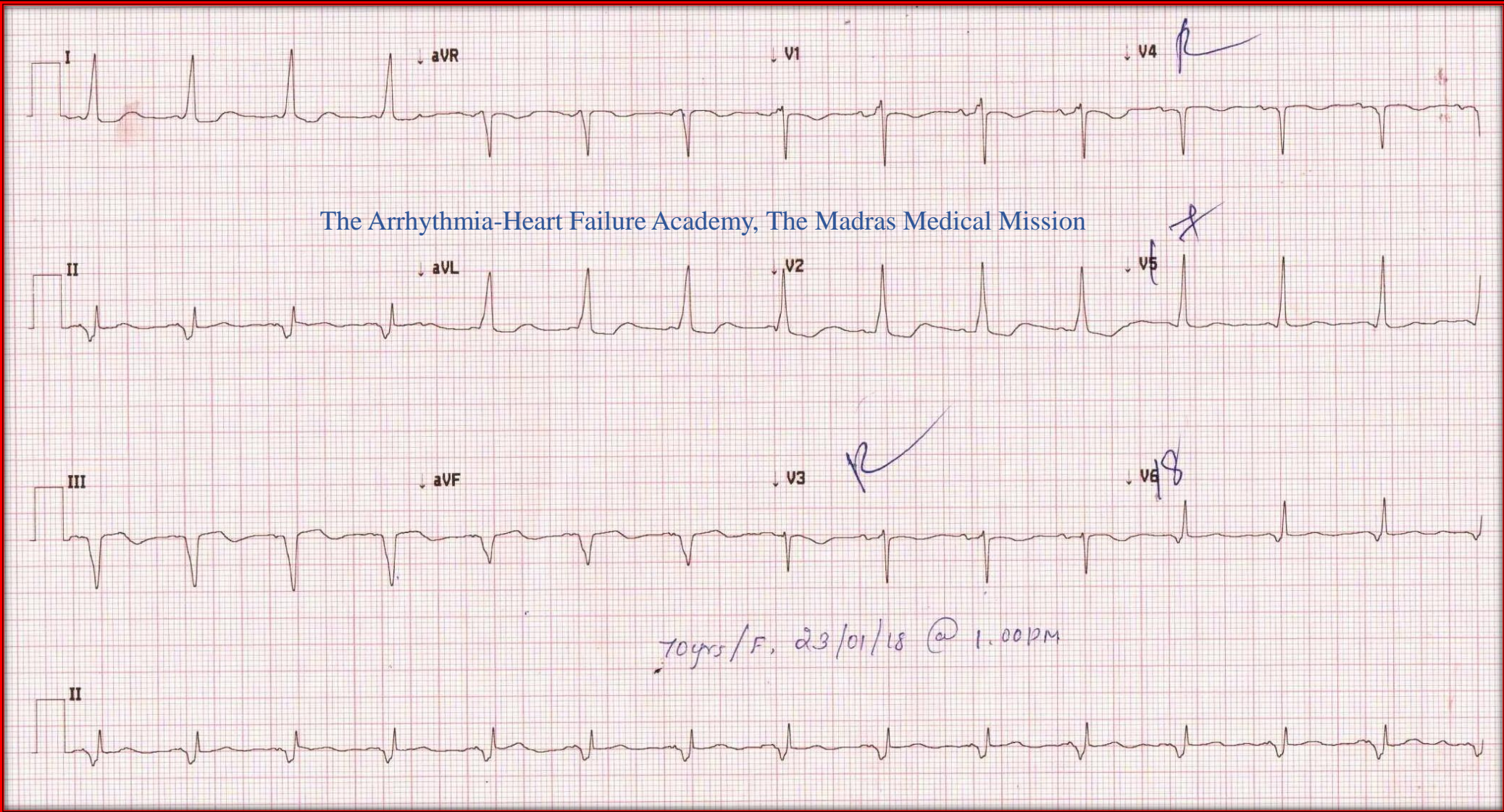


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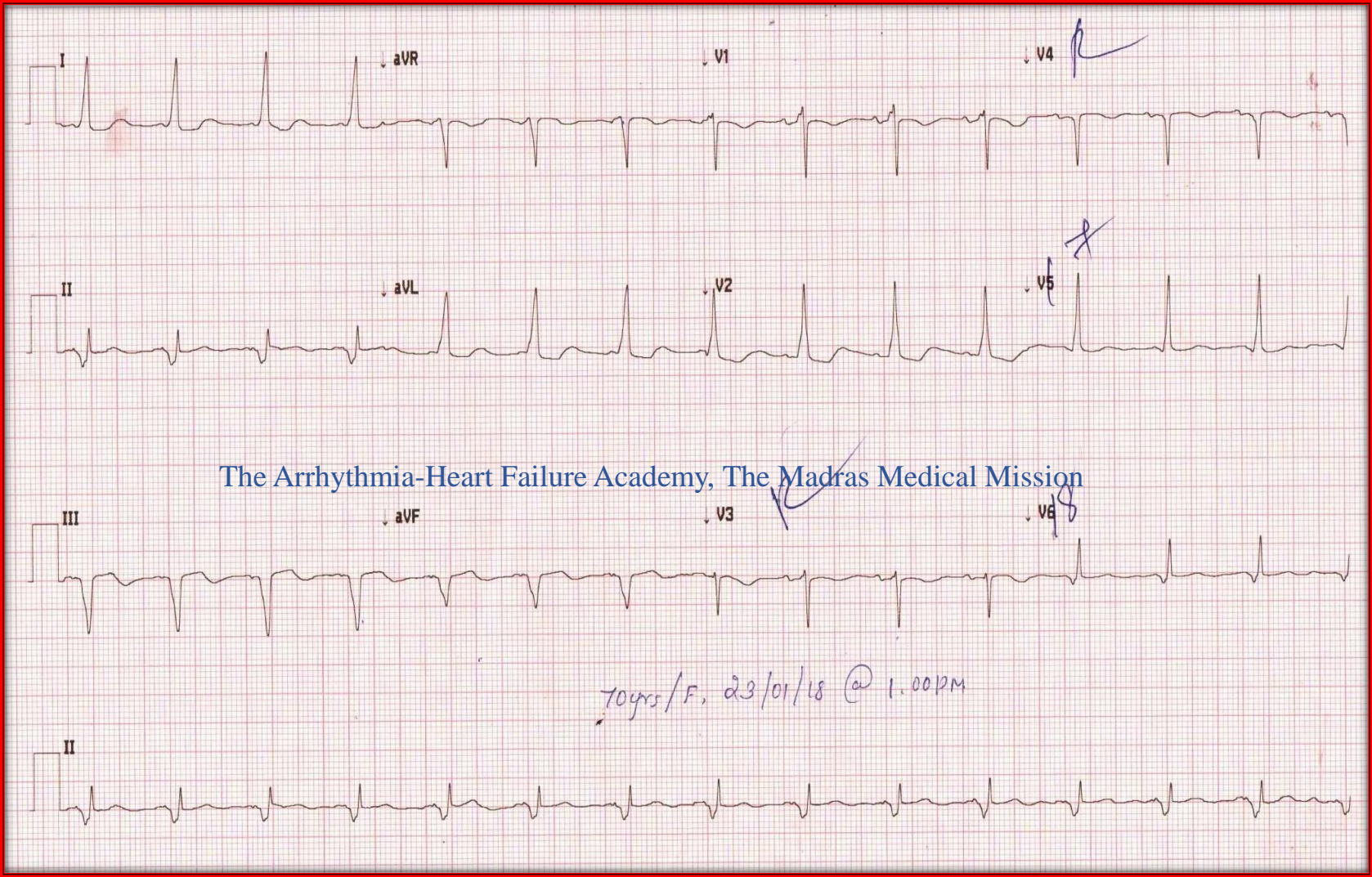
717/M - 13/8/19 @ 12:51



# CASE X



CHOOSE THE RIGHT OPTION

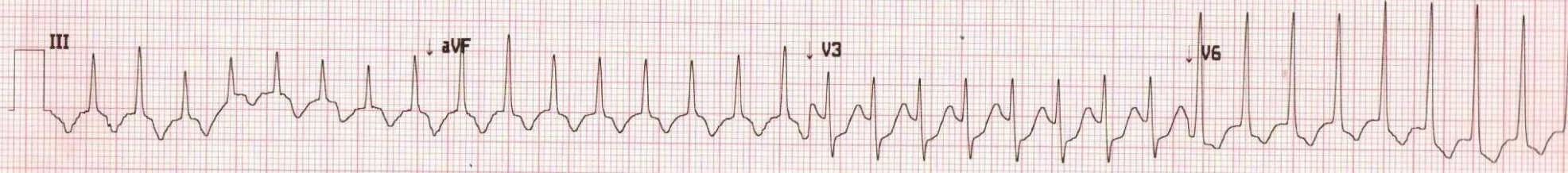
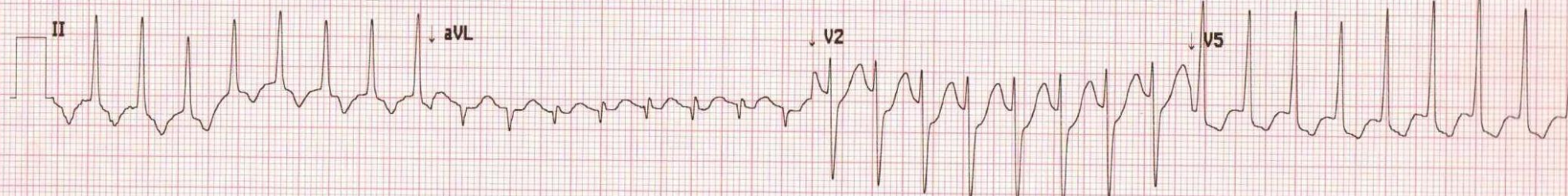
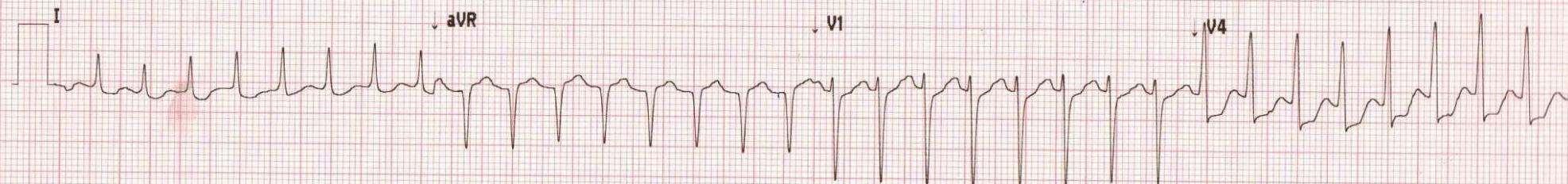


A. Inferior wall MI

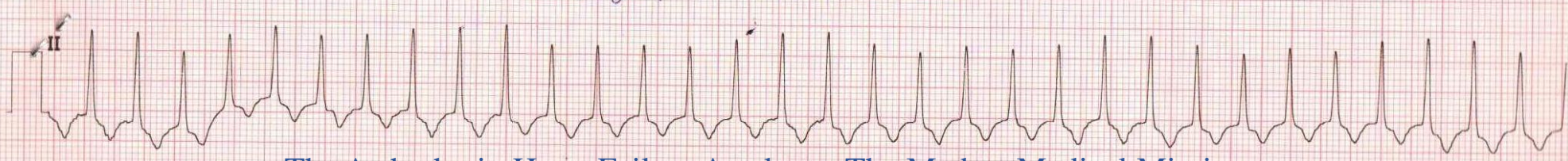
B. IWMI + RWMI

C. Inferior WMI + RWMI + Posterior wall MI

D. NONE OF THE ABOVE

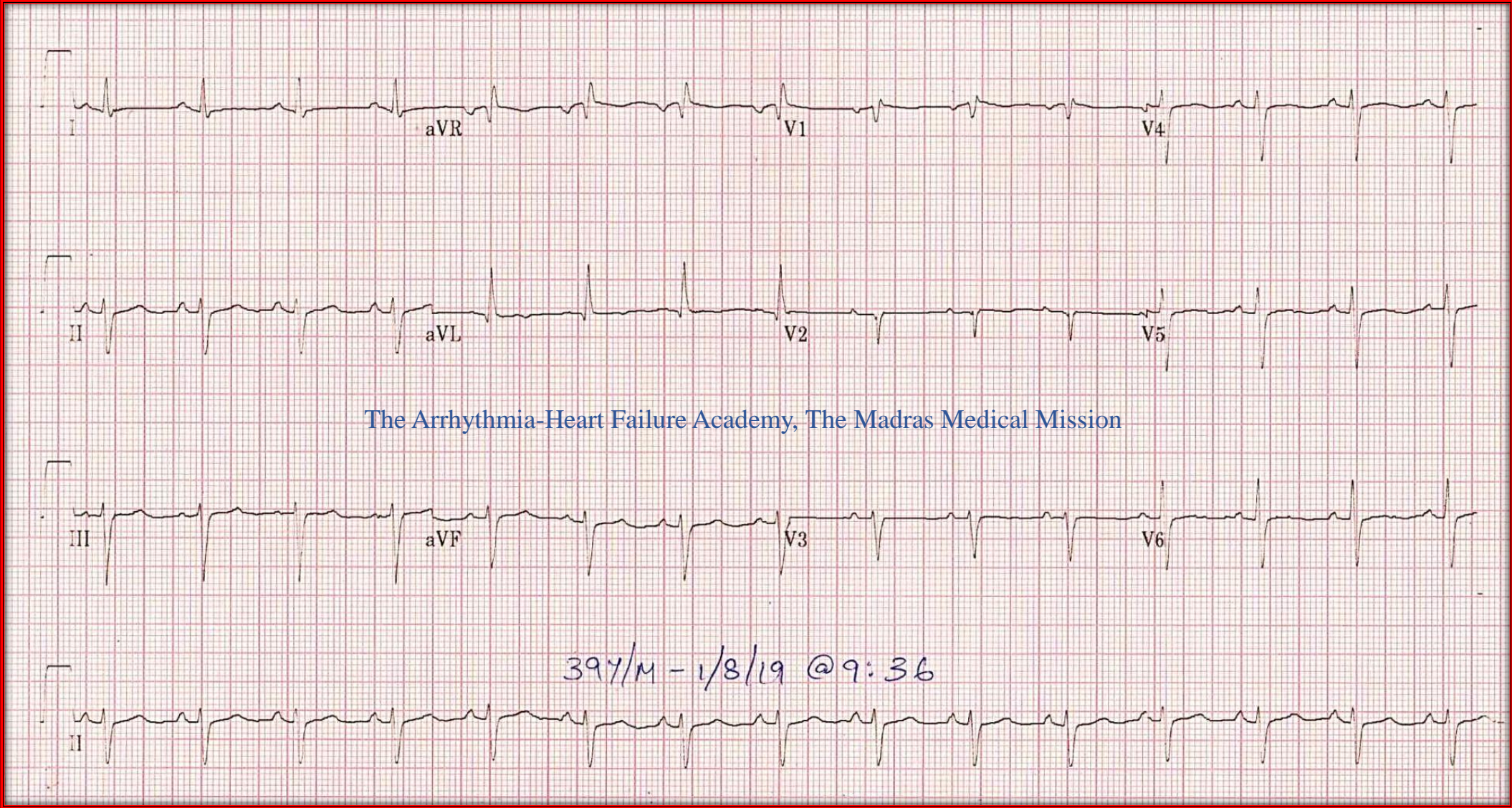


70 yrs/F, 23/01/18 @ 6.36 AM

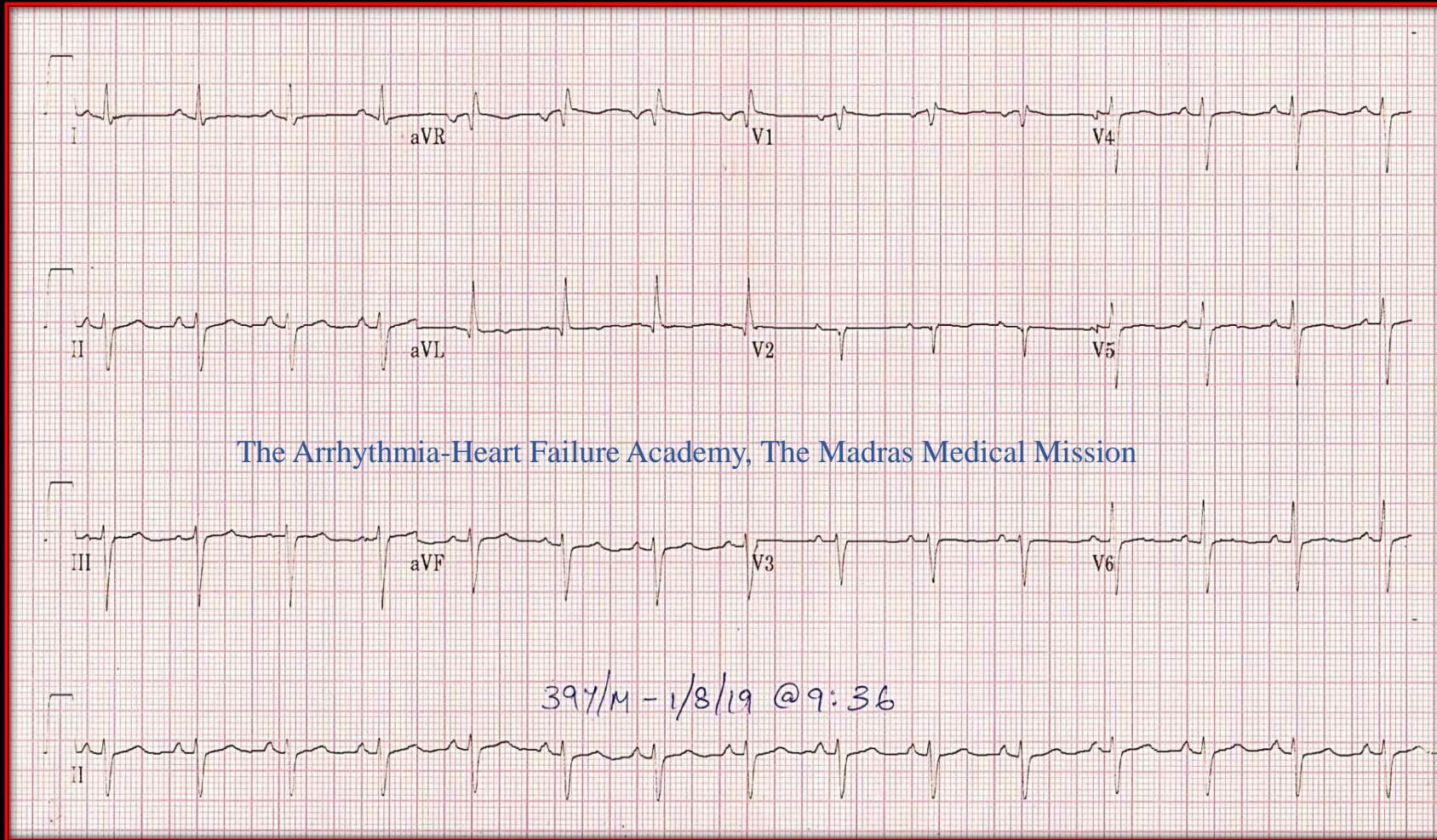


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**CASE XI:39Y/M, Pain at the Pacemaker site**



## CHOOSE THE RIGHT OPTION

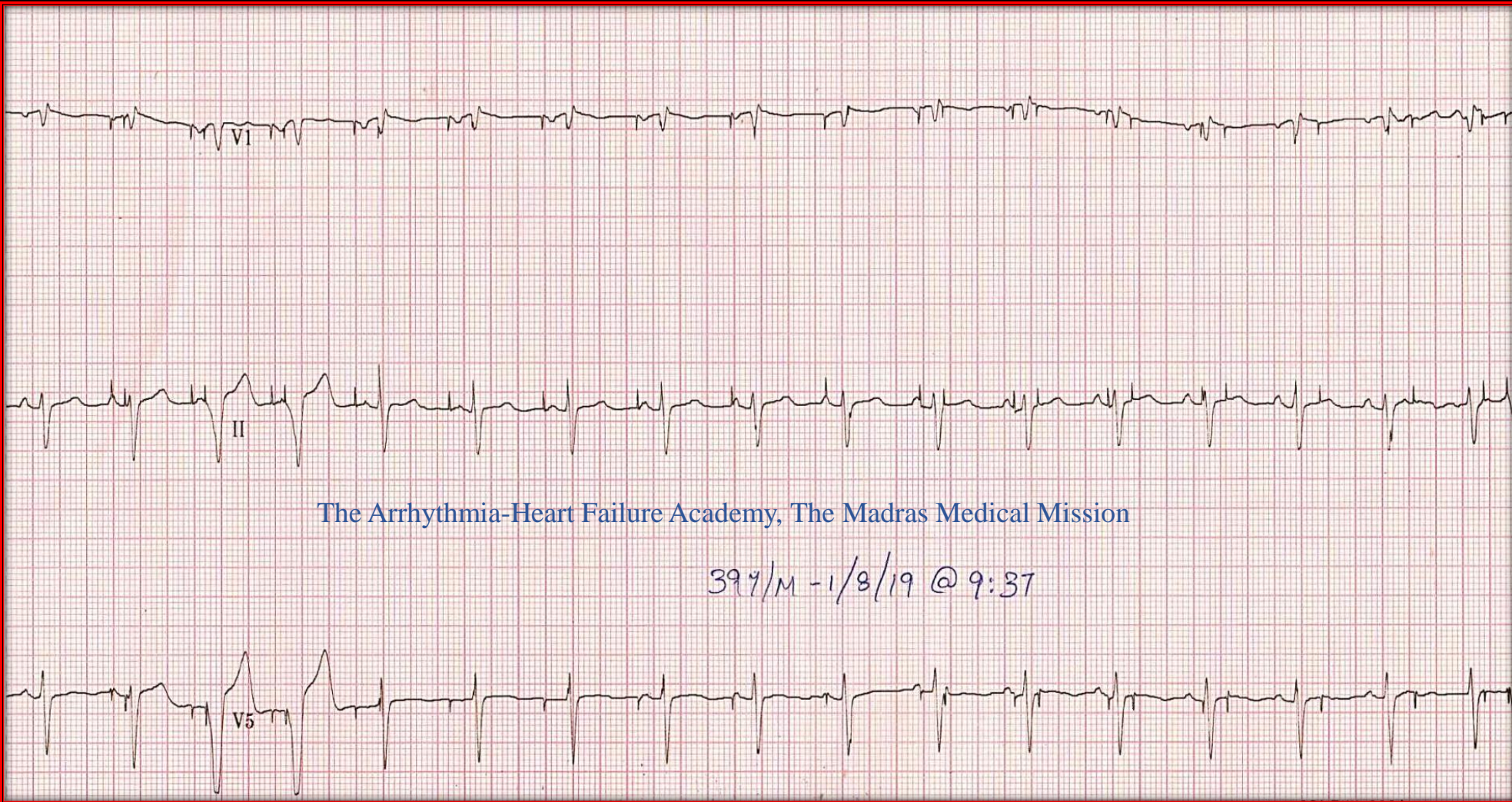


A. Pacemaker not functioning due to pain

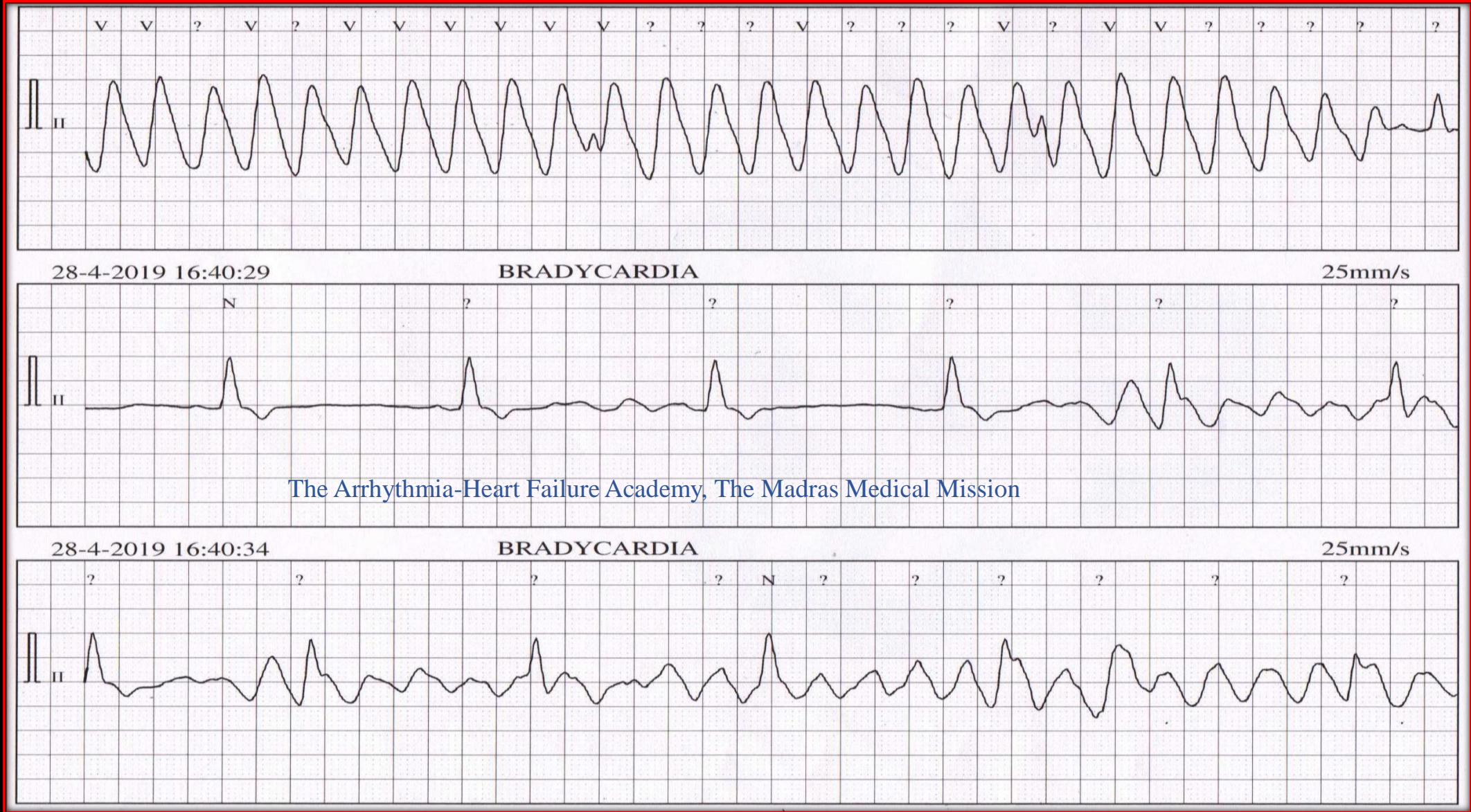
B. Pacemaker not functioning due to battery depletion

C. Pacemaker may be functioning normal

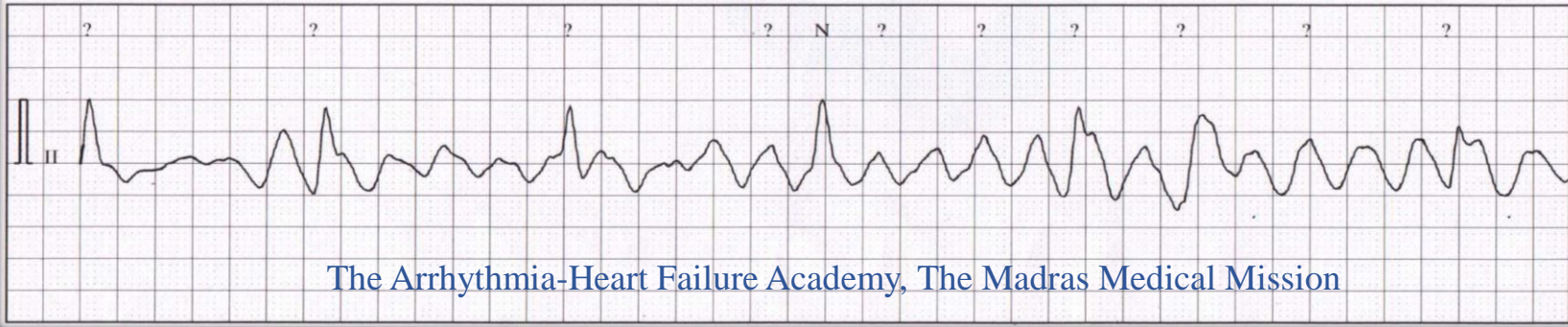
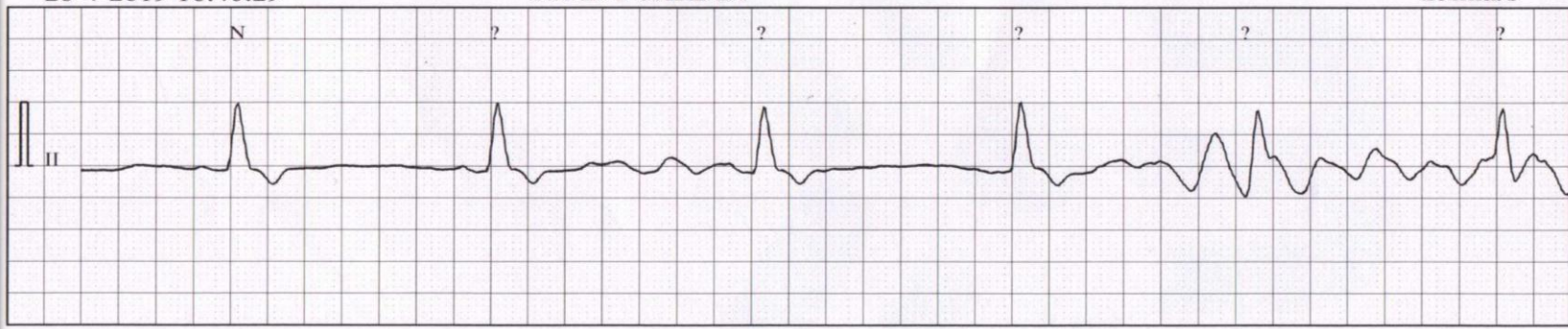
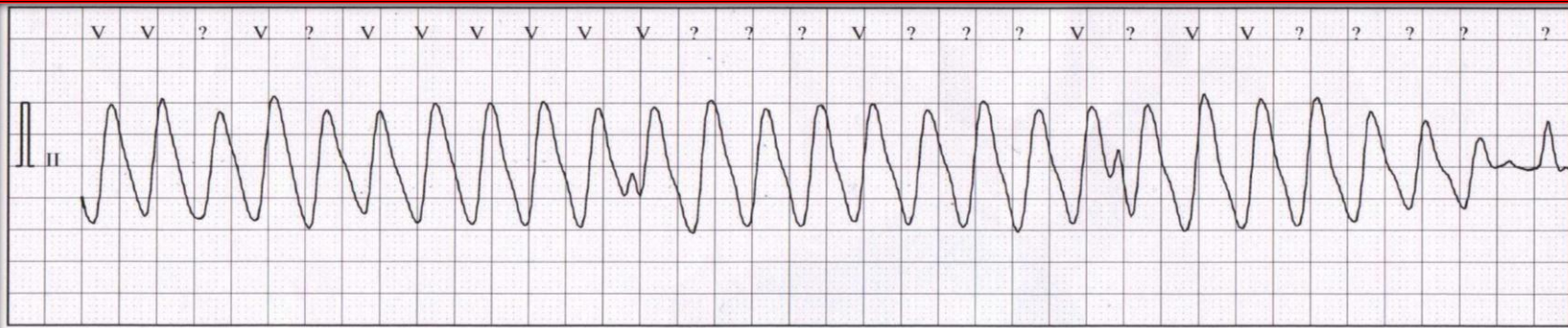
D. Pacemaker does not work at 09:36



# CASE XII: Acute MI, Cardiogenic shock on IABP



# CHOOSE THE RIGHT OPTION



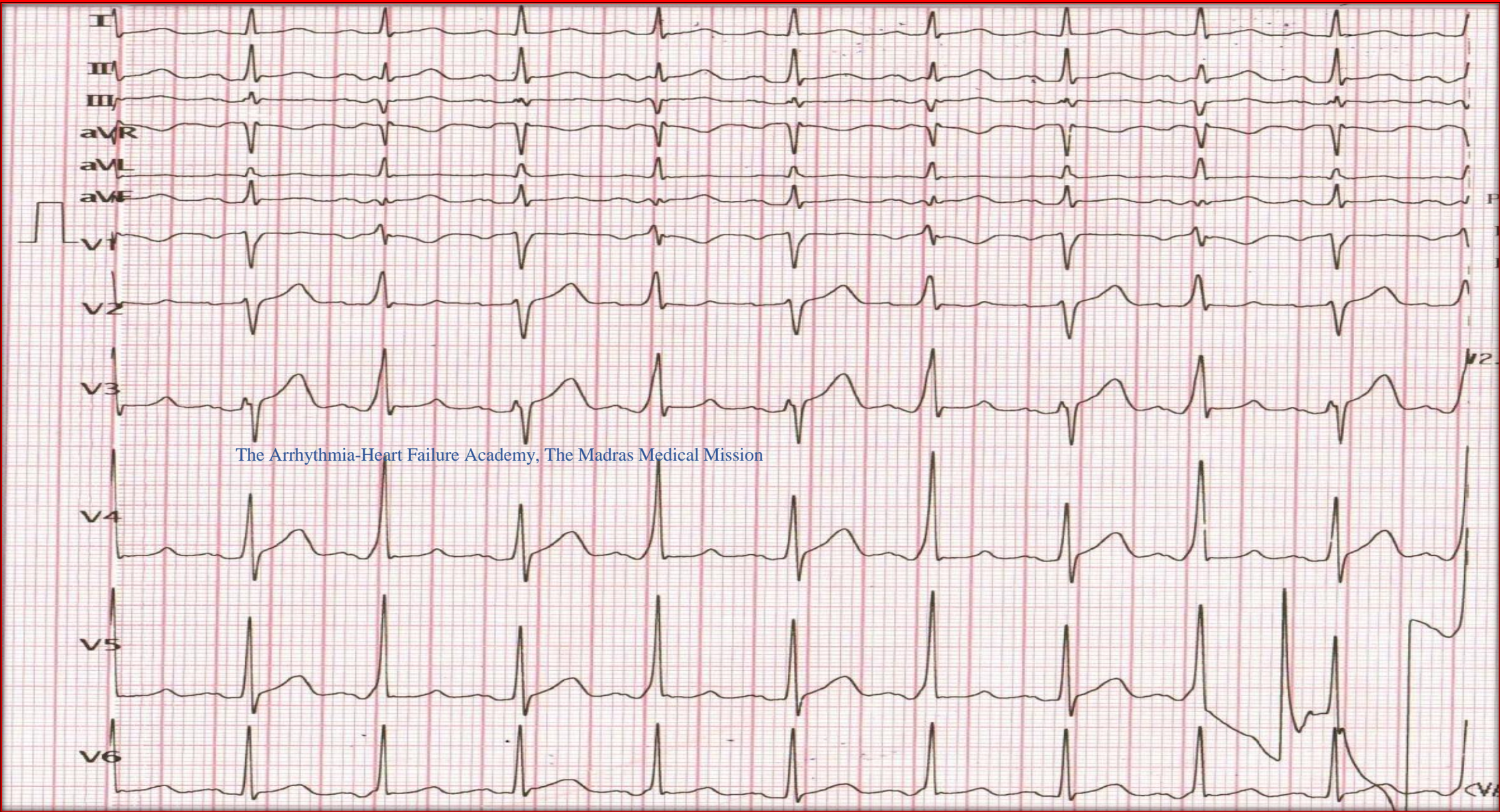
A. Amiodarone infusion

B. Stellate Ganglion Block

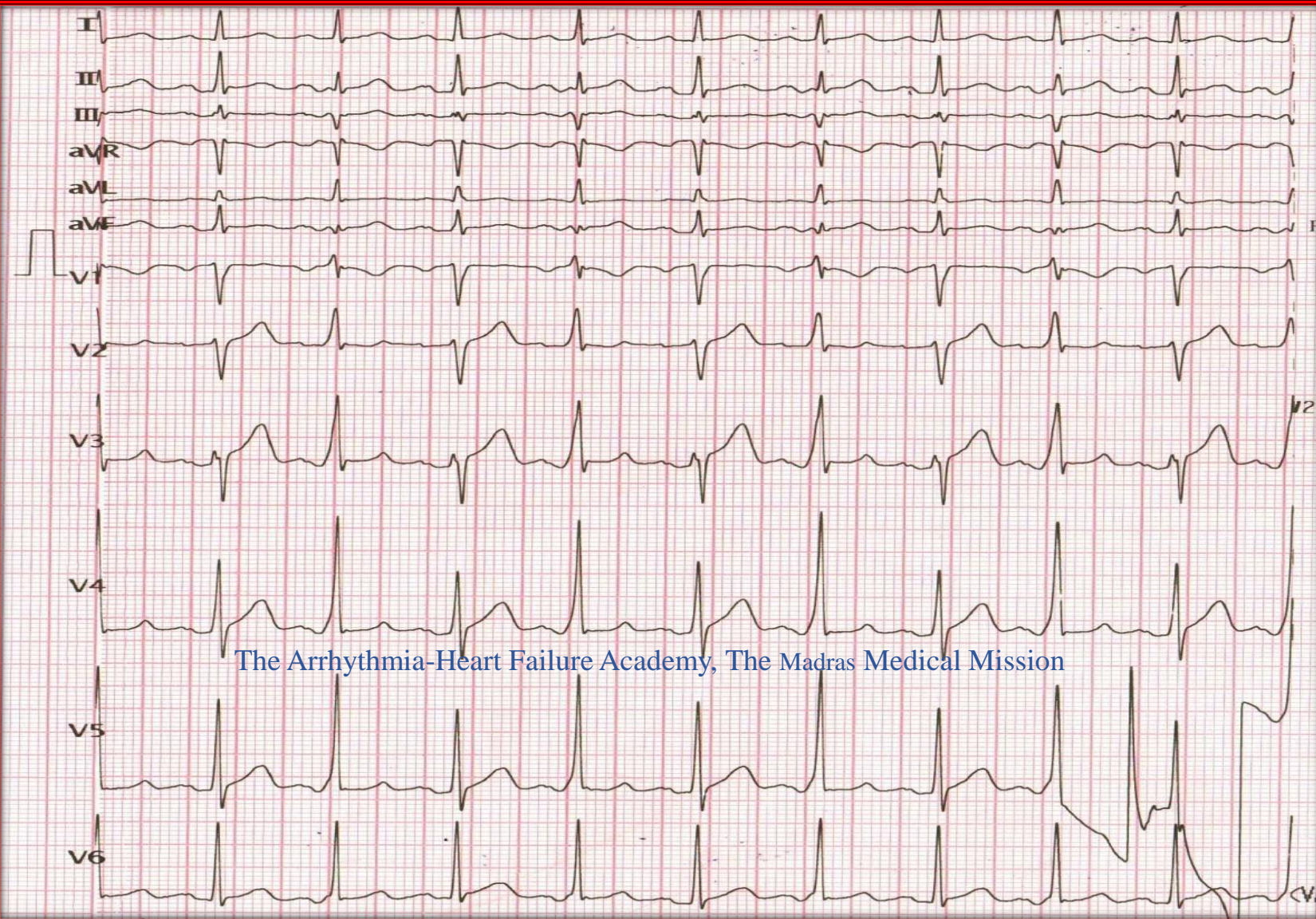
C. DC Version

D. None of the above

# CASE XIII



CHOOSE "THE MOST LIKELY CORRECT OPTION"



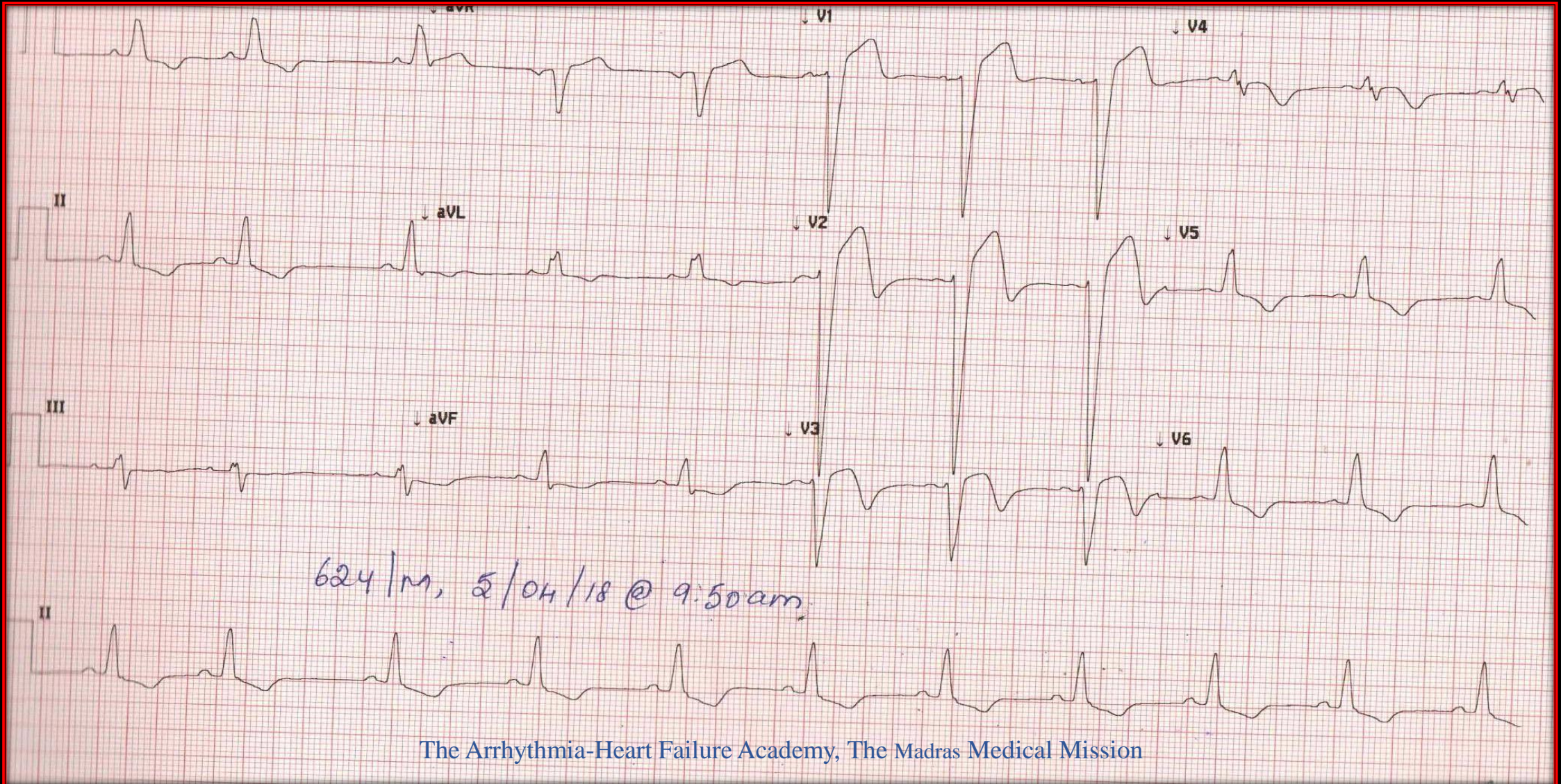
A. Atrial Bigeminy

B. Ventricular Bigeminy

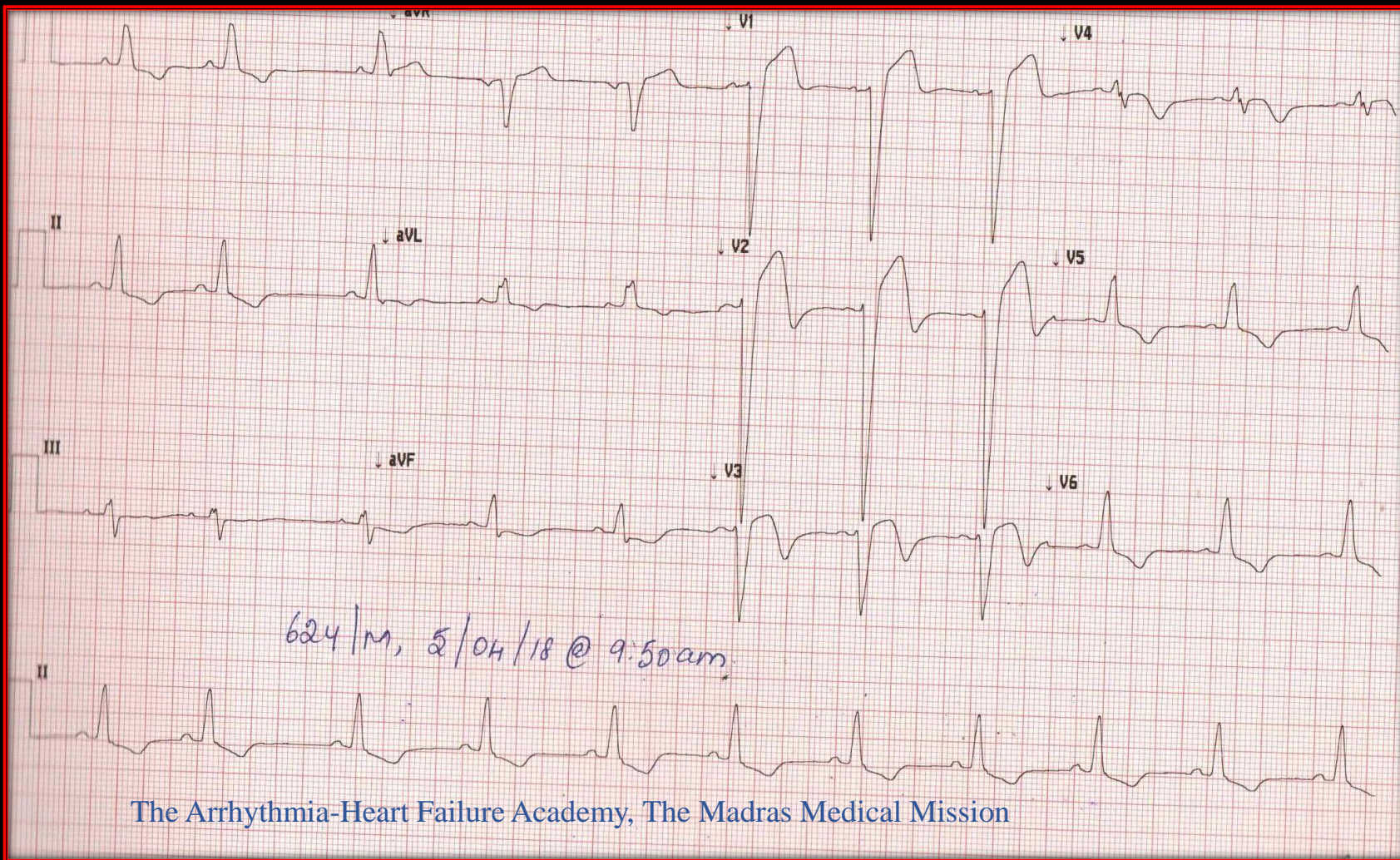
C. Alternate incomplete LBBB & incomplete RBBB

D. Alternate Beat WPW Pattern

# CASE XIV: Chest pain, 2 hours, Troponin elevated, No C/I for Thrombolysis



## CHOOSE THE RIGHT OPTION



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



# CAD CONFERENCE

8th to 10th November, Mumbai

Thank you

Dr. Ulhas M. Pandurangi MD., DM  
Chief - Cardiac Electrophysiology & Pacing  
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