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Kasuistika | Case report

Bradycardic variant of sudden cardiac death in patient with left ventricle aneurysm

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The base rhythm was sinus regular with predominantly negative T waves and scar signs (Fig. 1). At 17:01 the marked QRS distortion (because of LBBB) was observed. The width of QRS complexes increased. Together with presumably PLVA ECG changes, LBBB and repolarization disturbances QT-interval also increased. Interestingly to state that the above mentioned phenomena heralded bradycardia, which followed along with the low-atrial escaping beats at 19:21. After normalization of QRS width around 23 o’clock (not shown) a new QRS widening followed next day at 06:39 and again together with concomitant bradycardia (Fig. 2). Soon it degraded to sinus arrest and LV asystole, which resolved with slow escaping AV-junction rhythm and remarkable (beyond the LBBB morphology) saddle-like QRS distortion at 6:42. In a minute, after some slow ventricular complexes the morphology of following beats, obviously of supraventricular origin despite the “V”...
strip markers distorted even more (Fig. 3). Besides the saddle-like pattern, there were marked ST-elevation and prolongation of QT-interval. Those ECG changed were again prognostic markers of LV asystole, this time fatal.

**Conclusions**

The presented case demonstrated that patients with PLVA could have a bradycardic variant of sudden cardiac de-
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A sudden saddle-like QRS distortion with or without concomitant LBBB could be precursors of LV asystolia but wide ranged researches needed to prove that.

Conflict of interest
None declared.

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None.

Fig. 3 – ECG phenomena of patient Y.: saddle-like distortion, final asystole.

Idioventricular rhythm, saddle-like QRS distortion

Idioventricular rhythm, the second asystole

No electrical heart activity

Ethical statement
Authors state that the research was conducted according to ethical standards.

Informed consent
The research was conducted according to ethical standards.