

PP061 “A TINY TREMBLE HEART”- A CASE OF A NEONATE WITH UNSTABLE TACHYARRHYTHMIA

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INTRODUCTION

Supraventricular tachycardia (SVT) is the most common arrhythmia presenting in the neonatal and infancy period. Different approach when managing this delicate age group's tachyarrhythmias poses a challenge to most emergency physicians. We highlight the case of an unstable supraventricular tachycardia in a neonate

CASE REPORT

A 23 day of life newborn, delivered via emergency LSCS for fetal distress at 36 weeks brought to the Emergency Department by mum when she noted the baby had rapid breathing and vomiting after feeding a day prior to the admission. Upon presentation noted the baby was in respiratory distress and poor perfused. She was given supplemental oxygen and boluses of 10 ml/kg normal saline with little effect on her condition. Cardiac monitor showed SVT with a heart rate of 220-260 beats per minute. Bedside echo showed dilated heart chambers. The patients' SVT failed to respond to vagal maneuvers. IV adenosine (0.1mg/kg) bolus was initiated with no respond. However, the rate was finally brought down by another dose of Adenosine (0.5mg/kg). She was intubated and require inotropic support afterwards. The child was extubated on day 4 and went home on day 12 of admission. She

went home with syrup Amiodarone 4 mg/kg for 2 weeks

DISCUSSION

Adenosine is the first line of therapy in managing neonates with an unstable SVT. Many studies have shown that pharmacological therapy is effective in managing acute unstable SVT without electrical therapy. However, if getting vascular access is slower than obtaining defibrillator, synchronized cardioversion would be the agent of choice.

CONCLUSION

Medical therapy can appropriately achieve restoration of unstable SVT to sinus rhythm in neonates before cardioversion as compared to the adult patient.