

**PP100 MODIFIED VALSAVA
MANUEVER IN PAEDIATRIC
PATIENT WITH RECURRENCE
SUPRAVENTRICULAR
TACHYCARDIA**

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INTRODUCTION

Supraventricular tachycardia (SVT) in children is medical emergency. The fast heart rate can be controlled with drugs or manually using carotid massage or valsalva manoeuvre. The use of drug like adenosine may cause side effects. Modified postural valsalva manoeuvre to control heart rate is more effective (43%) in comparison to the standard manoeuvre (17%).

CASE REPORT

A 12 years old boy came for abrupt onset of palpation, giddiness, and chest discomfort. He had history of previous SVT but had no congenital heart disease. Blood pressure was 130/70 mmHg, pulse was 200/ min. ECG showed supraventricular tachycardia. Postural modified valsalva was performed with consent where patient was position and asked to blow against 10cc syringe with the plunger in followed by immediately lifting up both legs to ninety degree in supine position for 15 seconds. Cardiac monitor showed the SVT resolved following the procedure.

DISCUSSION

SVT occurs in about 0.1–0.4% of healthy children. Treatment with adenosine may cause unwanted side effects. Postural Modified Valsava method is safe, simple, cost effective and can easily be applied to school age children. The strain was produced when the plunger of 10cc syringe moved with blowing (equal to 40mmHg) to create vagal reflex together with passive legs

raising to stimulate vagal tone and baroreflex.

CONCLUSION

In patients with stable SVT, a modified valsalva maneuver should be attempted to convert SVT as it is simple, zero cost, well tolerated without serious adverse events.