

PP092 I AM SO FAST, YOU CAN'T SEE MEWL Yap¹, N Musni¹

treating and diagnosing potentially fatal arrhythmias on presentation.

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Wolff-Parkinson-White (WPW) syndrome is a combination of the presence of tachyarrhythmia with underlying congenital accessory pathway. Atrioventricular reentrant tachycardias (AVRTs) are the most common tachycardias associated with WPW. We reported a case of WPW with antidromic AVRT, diagnosed after pharmacological cardioversion.

CASE REPORT

A 45-year-old female presented with palpitation and syncope. She was diagnosed as stable narrow complex tachycardia (rate of 180 per minute) and treated with intravenous Adenosine (total 18mg). Subsequent ECG showed broad complex tachycardia (rate of 200 per minute). Intravenous Amiodarone 300mg infusion was administered as she was treated as stable tachyarrhythmia. The repeat ECG reverted to sinus rhythm (rate of 80 per minute) and revealed WPW. She was admitted for close monitoring in CCU, was discharged after four-day-uneventful admission with urgent referral to cardiac centre.

DISCUSSION AND CONCLUSION

High precaution on anti-arrhythmia agents use was advised throughout admission and on discharge. This case highlighted the challenges faced by Emergency Department in