

**PP085 “DEAD MAN WALKING
AND TALKING”**

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INTRODUCTION

We present a case of a patient on a Left Ventricular assist device (LVAD) in Ventricular arrhythmia.

CASE REPORT

A 48-yr man on LVAD presented to IJN complaining only of ‘not feeling right’. Patient is a known case of ischaemic dilated cardiomyopathy with poor LV function and has been on LVAD for the last 5 years. Initial assessment by the VAD coordinator showed the patient was in ventricular tachycardia and the LVAD monitor displayed abnormal flow. He was brought to the emergency department (ED) for electrical cardioversion under procedural sedation analgesia. He was alert and orientated. No pulse was palpable but peripheries were warm and not cyanosed. After the first synchronized cardioversion at 50J (biphasic), patient developed ventricular fibrillation. He was still arousable with minimal stimulus. He required two more shocks (100J and 150J unsynchronized) before he reverted to sinus bradycardia. The monitor for LVAD showed normal flow. He was later discharged with a scheduled follow-up.

DISCUSSION AND CONCLUSION

LVADs are typically used for end-stage heart failure for both a bridge to transplantation and for long-term quality of life improvement. The device is implanted via open heart surgery and it provide a bypass for a compromised left ventricle. The newer generation LVADs provide continuous rather than

pulsatile flow, therefore patients maybe pulseless and obtaining a non-invasive blood pressure measurement can be difficult. Arrhythmias is one of the many complications of LVAD and the incidence can be as high as 50%. Treatment of these arrhythmias is no different from patients without VADs. Cardioversion or defibrillation is best performed with an anterior-posterior placement of pads. IV amiodarone may be used as first line agent. More of these patients will present to the ED and physicians should have sufficient knowledge regarding LVAD and understand the common complications, in order to correctly evaluate and manage this unique group of patients.