

PP080 SKIPPING HEART BEAT

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INTRODUCTION

Tachyarrhythmia in paediatric population is rare condition encountered in the emergency setting. There is small number of potentially unstable and life-threatening tachyarrhythmia may occur especially in children with underlying congenital heart defect. We describe a child with underlying AVNRT and prolong QT syndrome presented with unstable ventricular tachycardia induced by flecainide necessitating synchronized cardioversion.

CASE REPORT

A 4-year-old boy with underlying AVNRT and prolong QT syndrome presented with “sudden onset of pallor” associated with nausea and weakness while having dinner. He was apparently well until the day of presentation. On examination, he appeared pale and lethargy however not in respiratory distress. Systemic examinations were unremarkable, vital sign were stable except the heart rate was 185bpm. 12 leads ECG showed VT, hence IVI amiodarone (5mg/kg) started. Subsequently he became hypotensive and required synchronised cardioversion (1J/kg). He was successfully reverted to sinus rhythm and admitted to PICU for closed monitoring and further management.

DISCUSSION

Paediatric arrhythmias account for approximately 55.1 per 100,000 patients evaluated in emergency departments and only 5% required hospital admissions. The clinical presentation is variable, depends on the age group or the underlying rhythm disorder. VT is a rare occurrence in the

paediatric population. However, in children with known heart disease, they are more prone to develop tachyarrhythmia. Other factors like electrolyte abnormalities, metabolic disturbances, infection and drugs may predispose to this condition. The management in children with arrhythmia depends on hemodynamic stability and the rhythm disorder. Emergency treatment is only indicated for symptomatic patients with signs of instability with the used of synchronised cardioversion. Stable child with arrhythmia requires early consultation with paediatric cardiologist.

CONCLUSION

Proper diagnosis and management of the variety rhythm disturbances in children is challenging. Early detection with thorough clinical evaluation and appropriate electrocardiogram (ECG) interpretation are crucial to identify and properly treat the arrhythmias that manifested in emergency care setting.