Evaluation of intermittent capture in a patient who has undergone an urgent temporary transvenous pacemaker lead insertion

O Erdogan, A Altun

Answers on p 433.

A 64 year old woman with a history of hypertension was admitted to our clinic because of recent onset dyspnoea and dizziness. A 12 lead surface electrocardiogram (ECG) showed complete atrioventricular block with an escape rate of 35 beats/min. A transvenous temporary pacemaker lead was immediately inserted through the right femoral vein. Capture threshold was within the acceptable range. During post-procedure observation in the coronary care unit it was realised that the temporary pacemaker was intermittently capturing. A 12 lead ECG was obtained and is shown in fig 1; the fluoroscopic view is shown in fig 2.

QUESTIONS
(1) Describe the ECG (fig 1).

(2) What do you see in the fluoroscopic view (fig 2)?


Authors’ affiliations
O Erdogan, A Altun, Department of Cardiology, School of Medicine, Trakya University, Edirne, Turkey

Correspondence to: Dr Okan Erdogan, Incirli cad Mine ap No: 72/19 Bakirkoy Istanbul, Turkey 34740; okanerdogan@yahoo.com

Submitted 23 June 2003
Accepted 22 July 2003

Figure 1 Post-procedure paced ECG.

Figure 2 Post-procedure right anterior oblique (RAO) and left anterior oblique (LAO) fluoroscopic views.
Adolescent girl with back pain

B Theruvil, V Kapoor, N R Boeree

Answers on p 433.

A 16 year old white girl was referred to a children's spine clinic because of concerns about a mild scoliosis. On questioning, however, her main concern was a one year history of left sided mid-lumbar back pain. She would be woken up at night by her pain. The patient denied any history of trauma and had no history of systemic symptoms or any relevant past medical history. Her symptoms were such that she took regular ibuprofen tablets, which gave her symptomatic relief.

Physical examination revealed a mild right convex thoracolumbar scoliosis. Forward flexion of spine was painful. There was no distal neurological deficit. Systemic examination did not reveal any other abnormalities.

The results of the following blood tests were normal: full blood count, erythrocyte sedimentation rate, C-reactive protein, bone biochemistry profile, and rheumatoid profile.

A plain radiograph (fig 1), static bone scan (fig 2), and a computed tomogram (fig 3) show a skeletal abnormality, confirming the primary differential diagnosis.

QUESTIONS

(1) What abnormalities are seen on the radiological investigations?
(2) What is the likely diagnosis and how does it usually present?

doi: 10.1136/pgmj.2003.012369

Authors’ affiliations
B Theruvil, V Kapoor, N R Boeree,
Department of Orthopaedics, Southampton University Hospital, Southampton, UK

Correspondence to: Mr Theruvil; bipintheruvil@aol.com

Submitted 9 July 2003
Accepted 23 July 2003
Adolescent girl with back pain

B Theruvil, V Kapoor and N R Boeree

Postgrad Med J 2004 80: 432
doi: 10.1136/pgmj.2003.012369

Updated information and services can be found at:
http://pmj.bmj.com/content/80/945/432

These include:

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/