

Case Presentation: AF/VT/VF: Atypical Chest Pain

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Case history

63 year old F with no significant past medical history, with intermittent chest pain especially with exercise x 4-5 years.

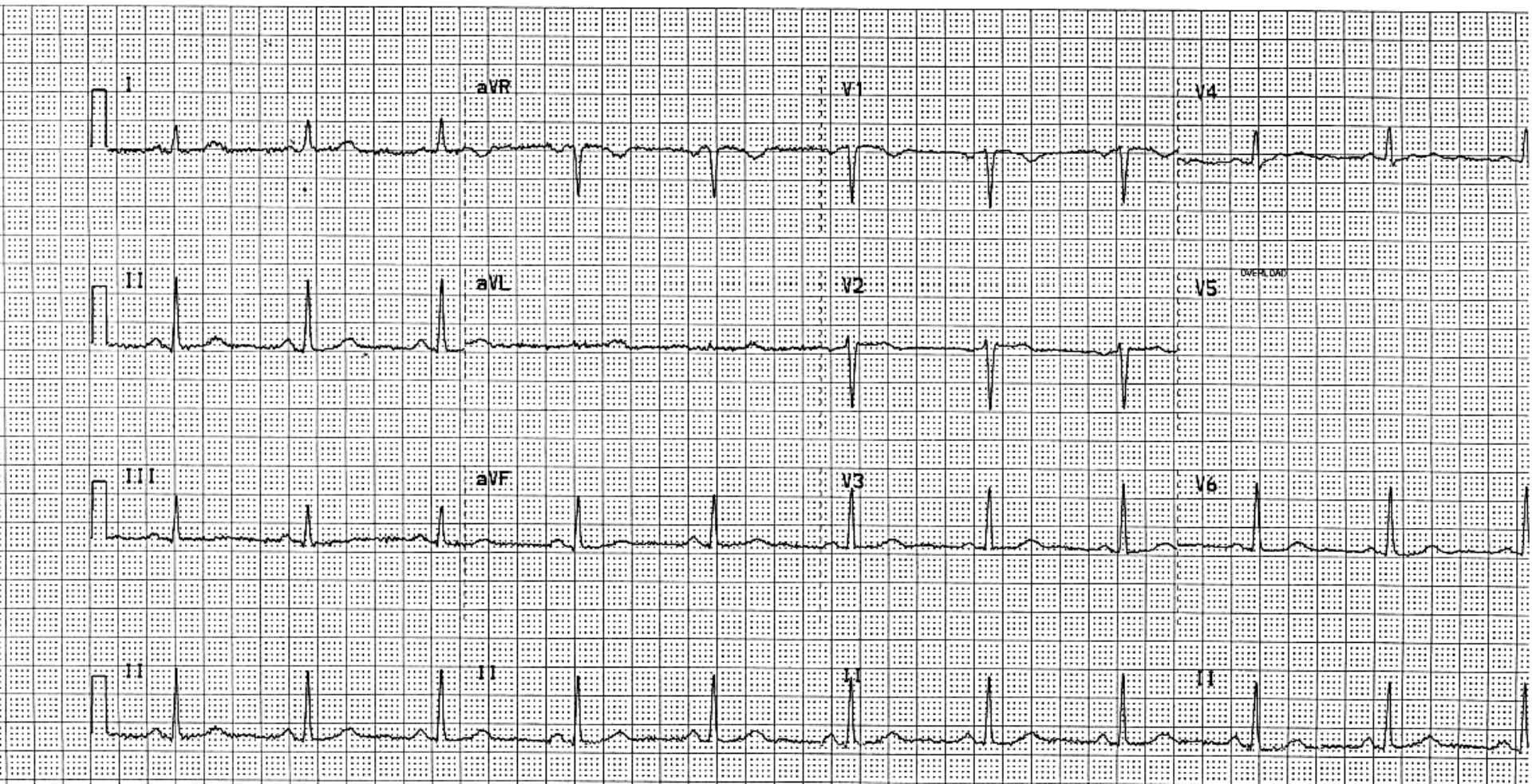
Cardiac workup thus far :

- Echocardiogram : Normal LV function
- Coronary angiogram : normal
- Cardiac MRI : Normal without LGE

Over the years, the pain has been attributed to microvascular disease, possible vasospastic angina, anxiety disorder etc. Failed therapy with beta blockers, calcium channel blockers and a variety of other agents.

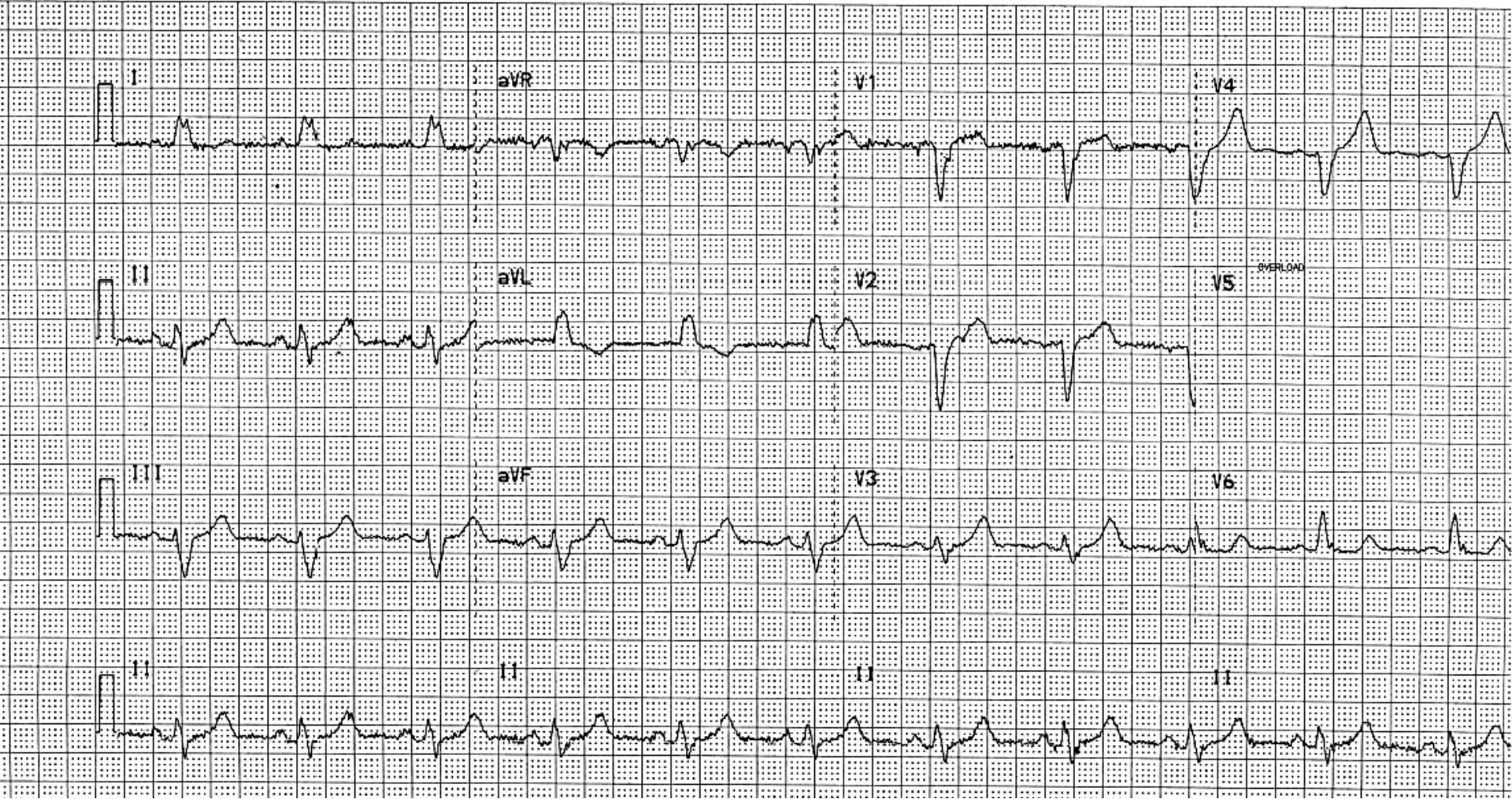
At baseline without chest pain during echocardiogram

patient symptom free

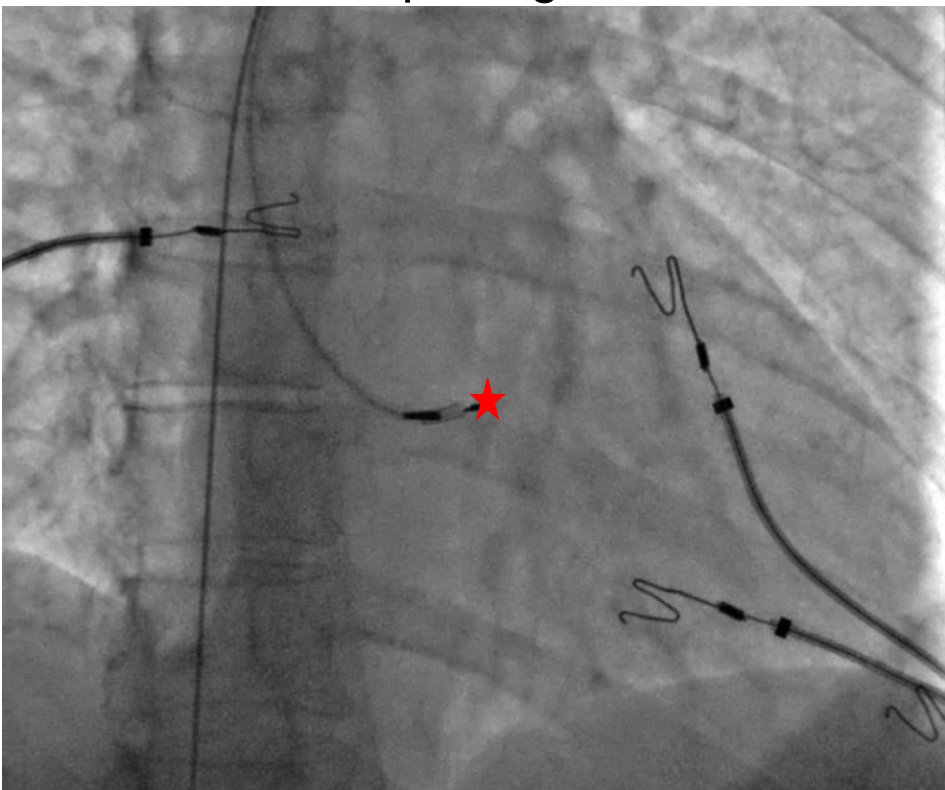


With chest pain during echocardiogram

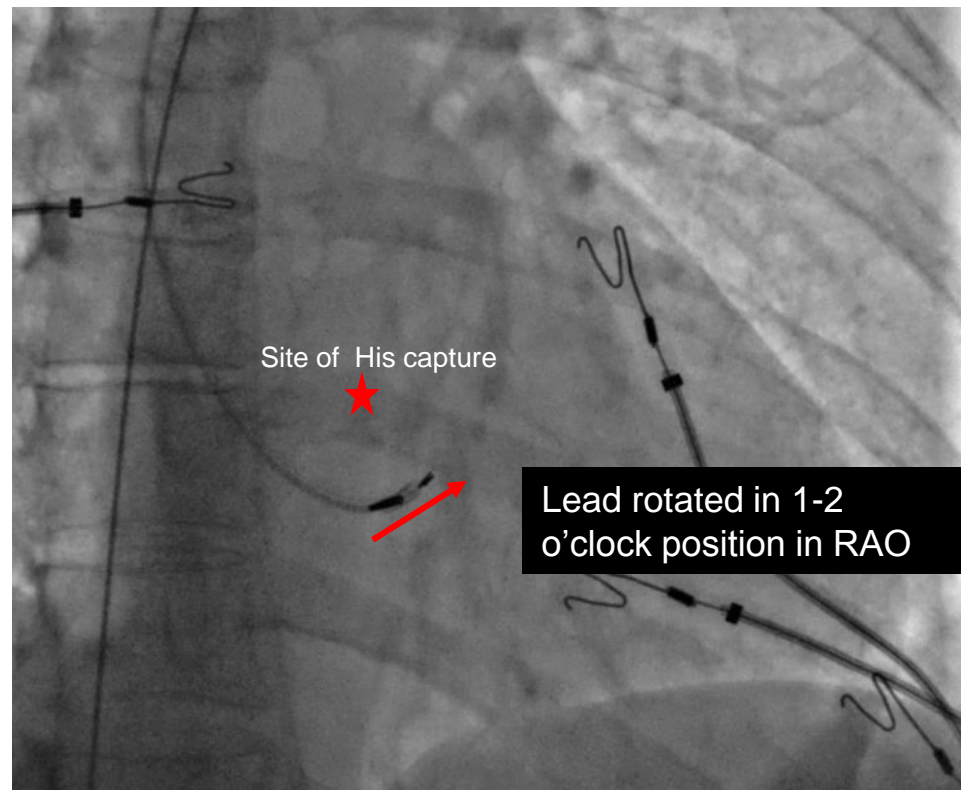
patient reports chest pain



His bundle position was marked
No correction of the LBBB with His
pacing



1.5 cm distal to site of his potential

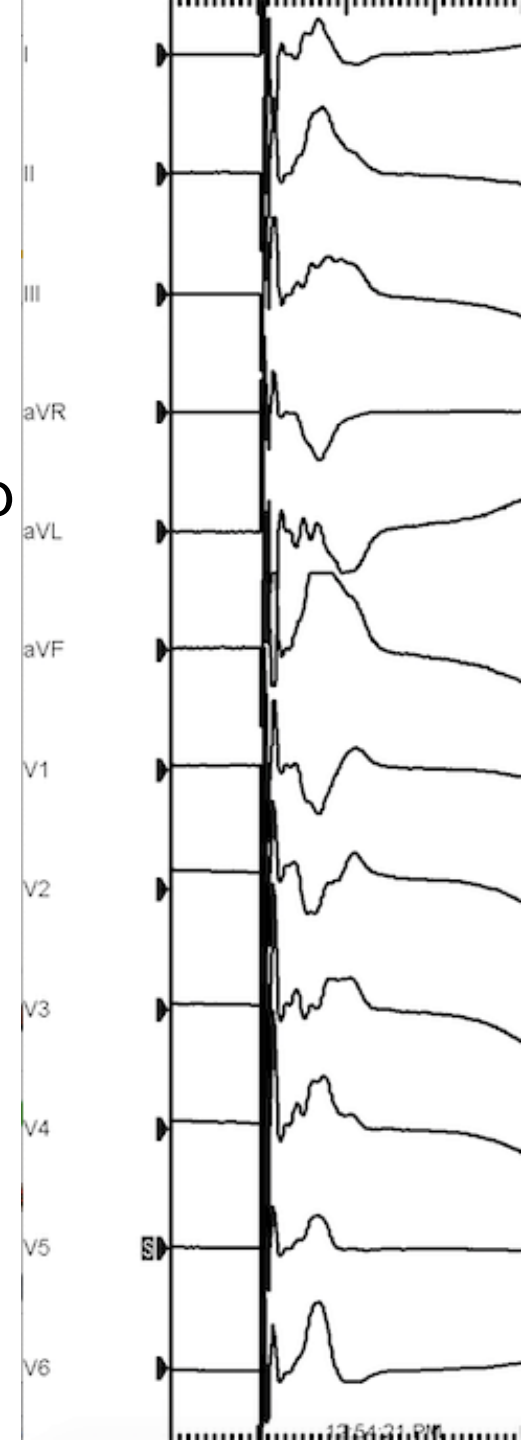
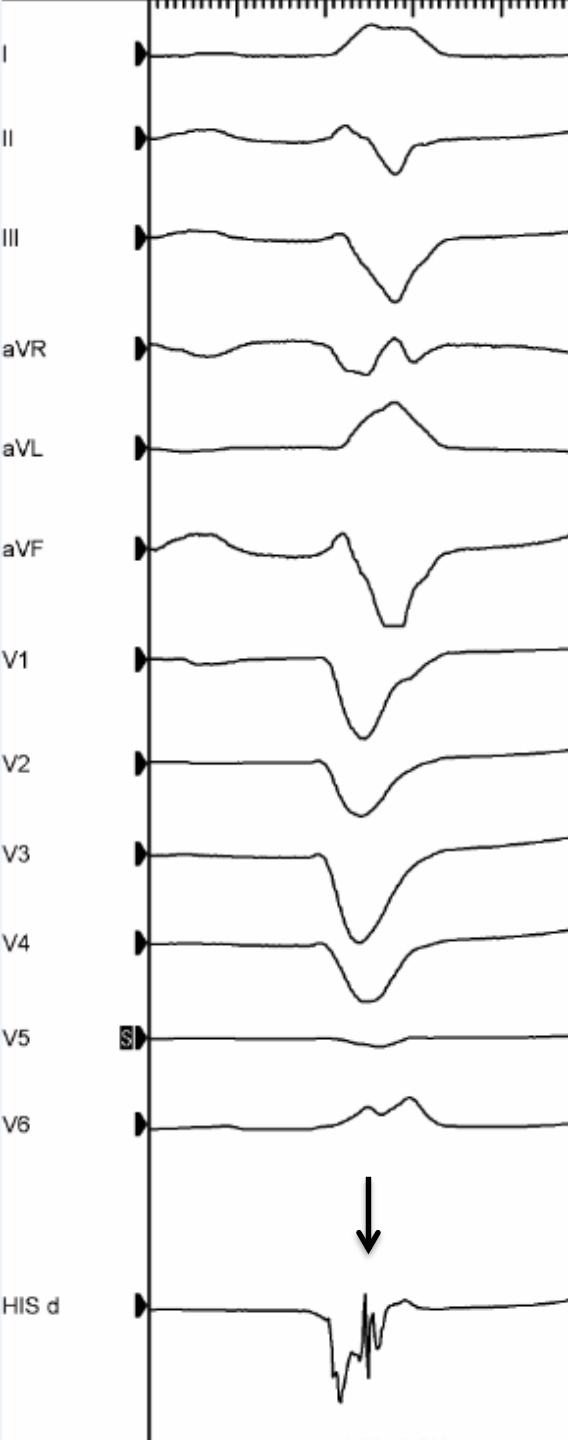


**After 4-6 rapid turns
into the septum**

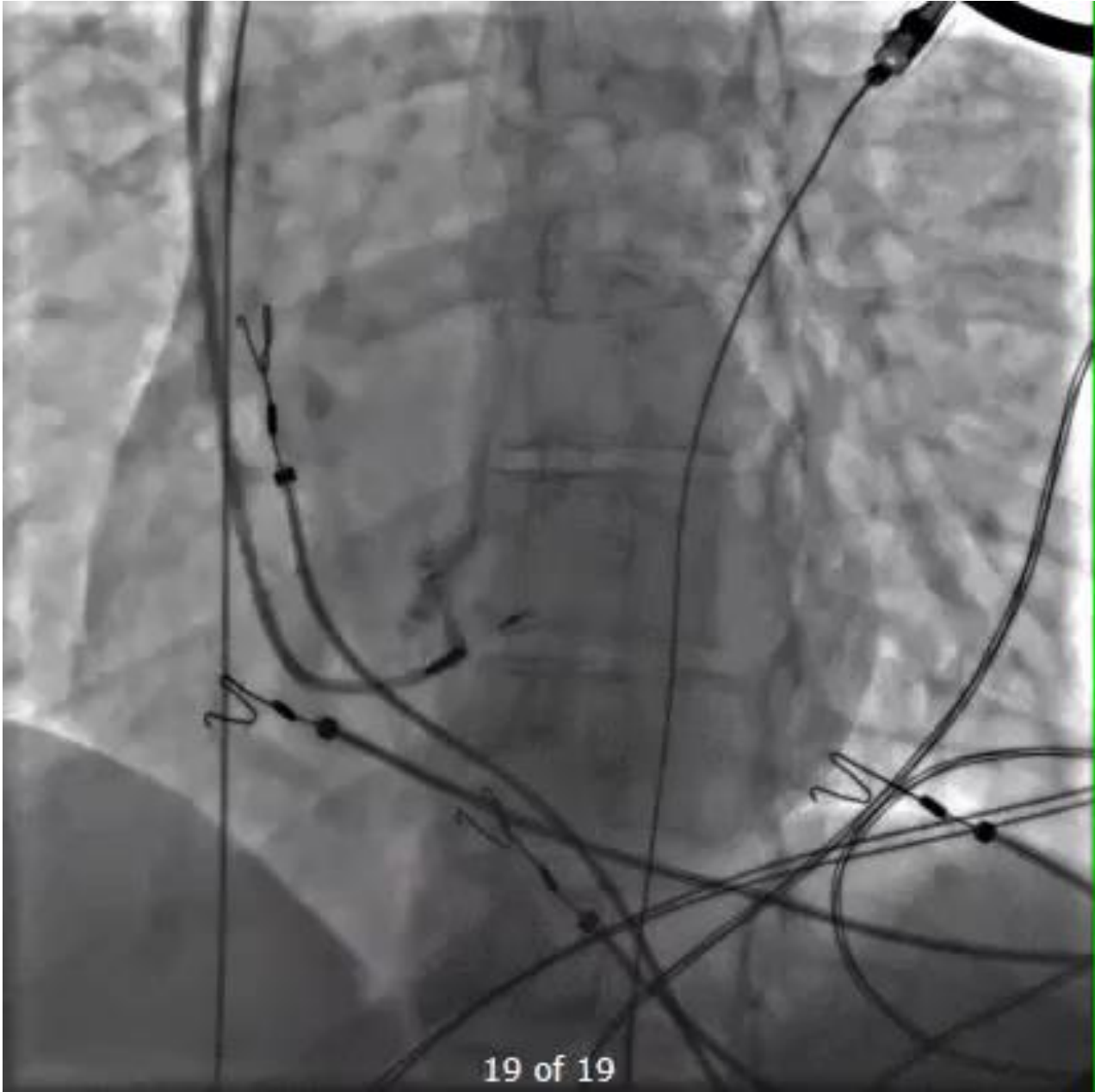
Unipolar pacing from tip

Qr noted in V1
QRSd 115 ms

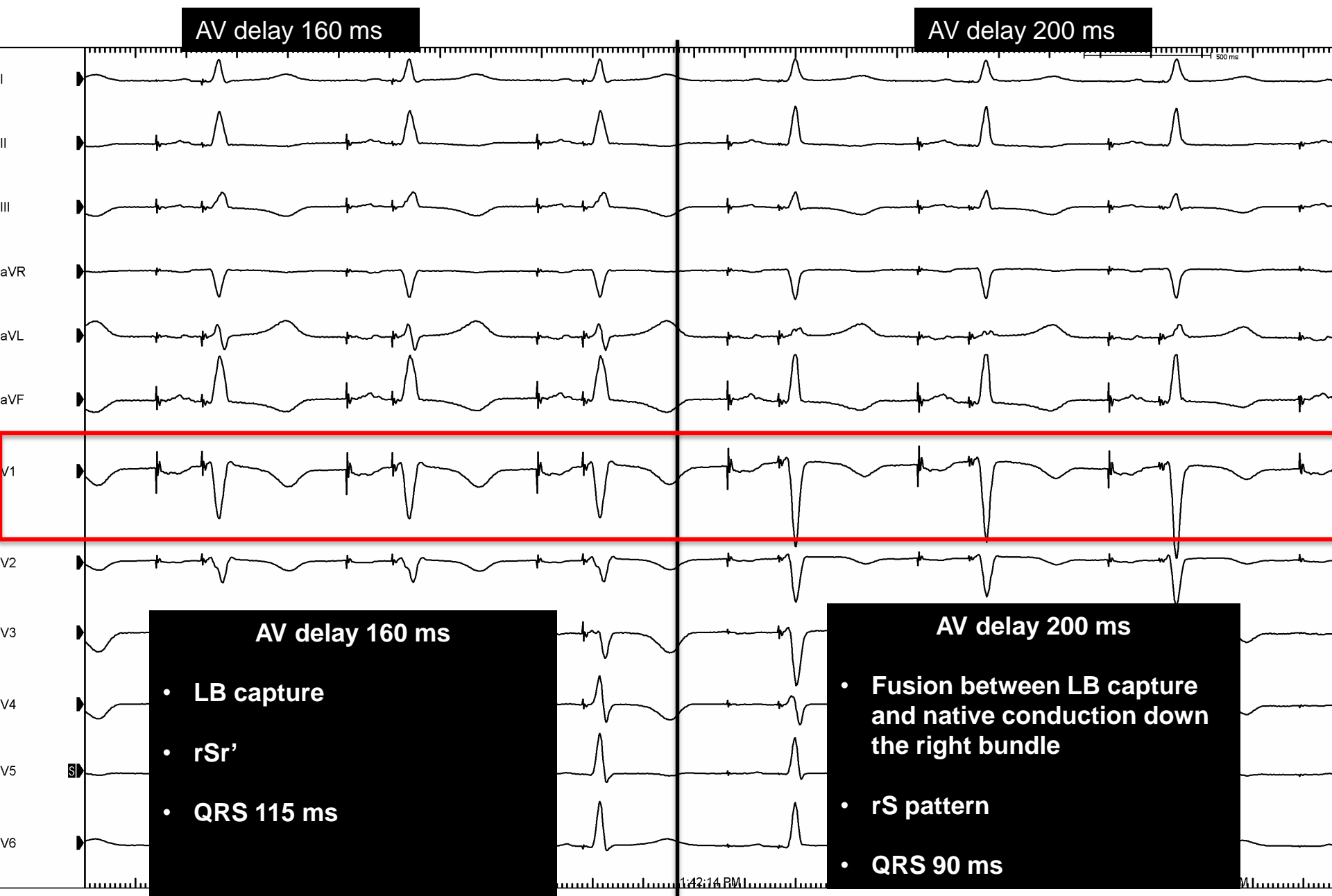
Retrograde LBB
potential noted 63
ms after the stim

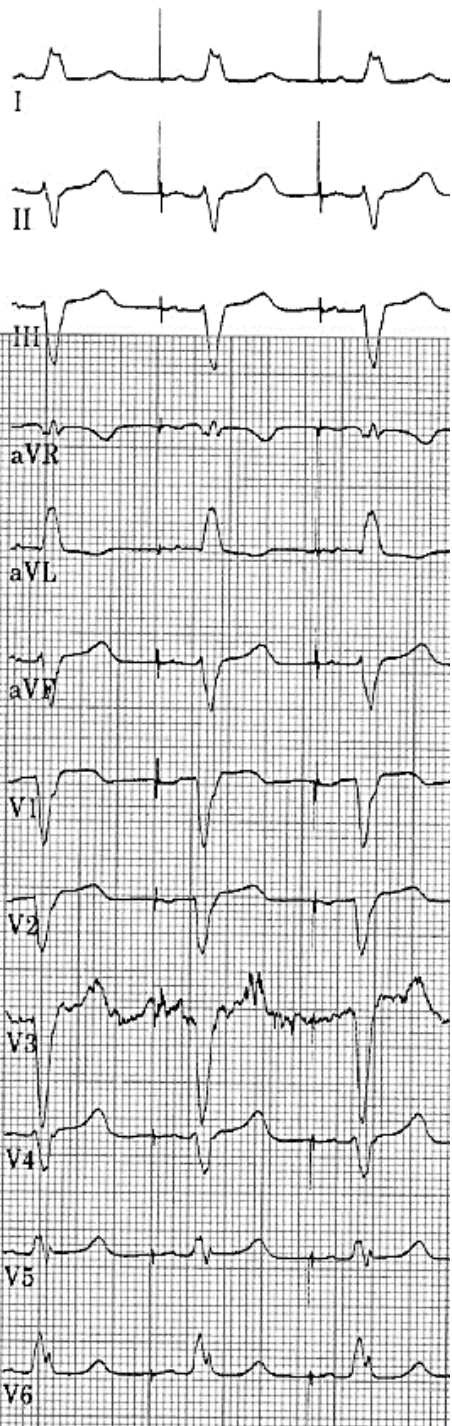


SEPTOGRAM : LAO PROJECTION

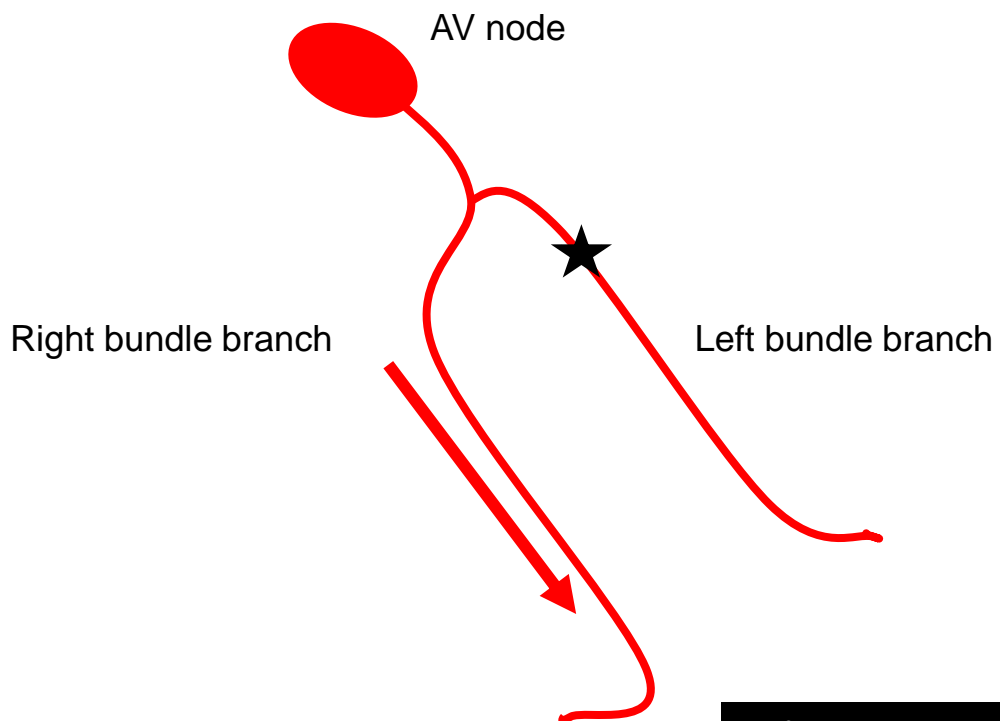


AV delay increased from 160 ms to 200 ms

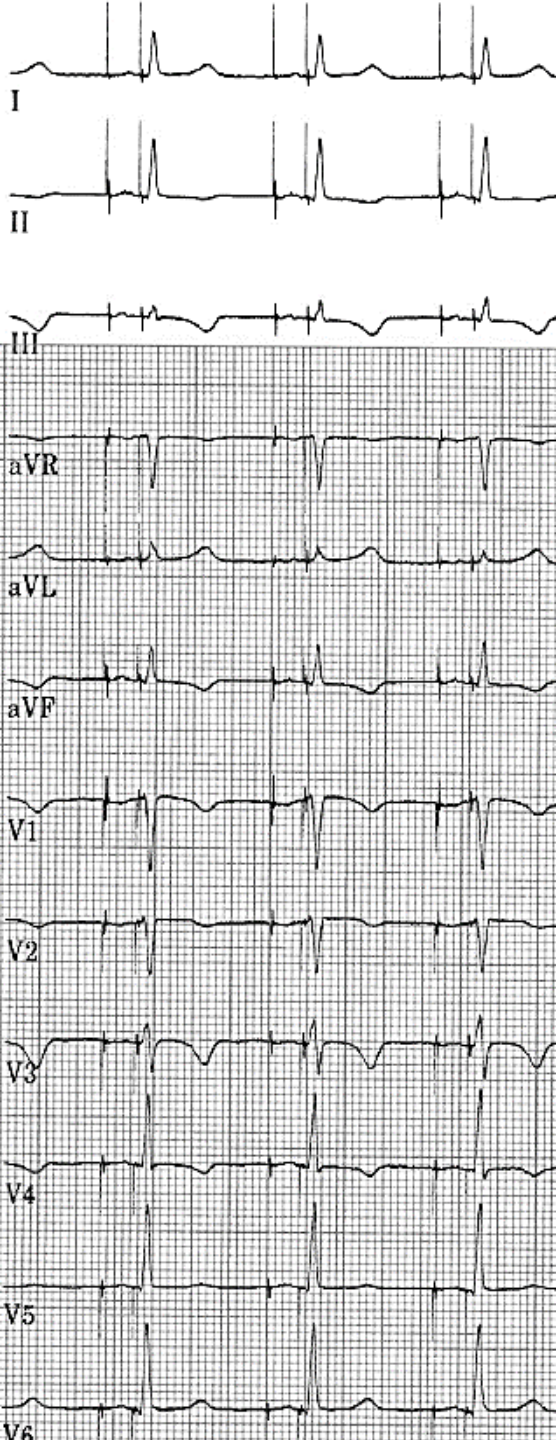




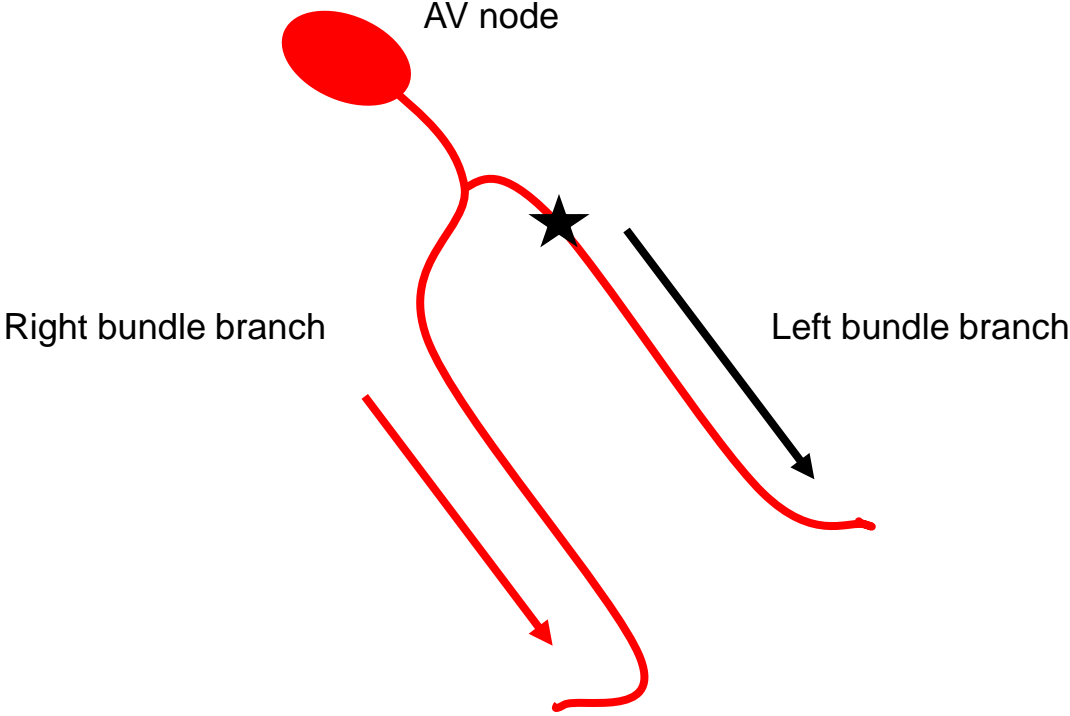
AV delay 250 ms



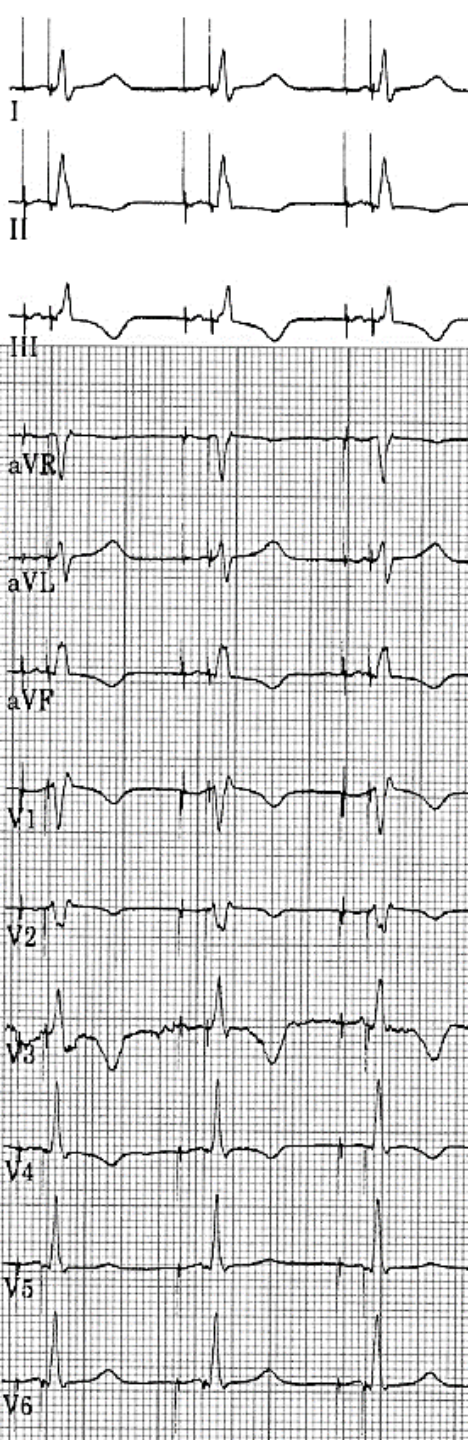
Left bundle branch block persists as conduction occurs down the RB



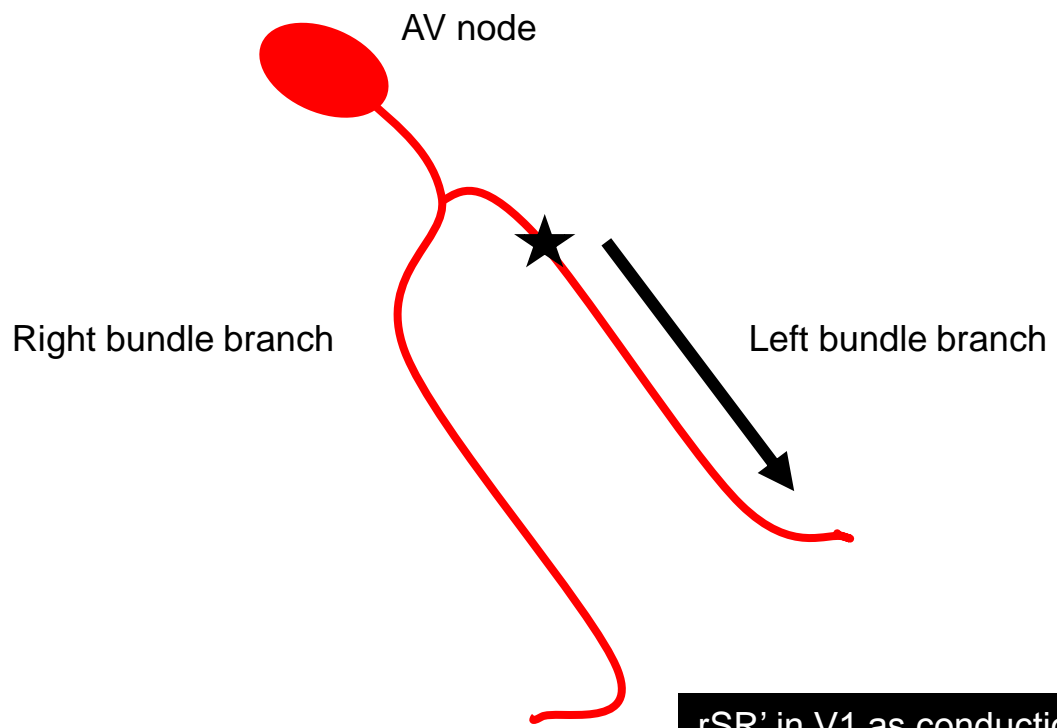
AV delay 200 ms



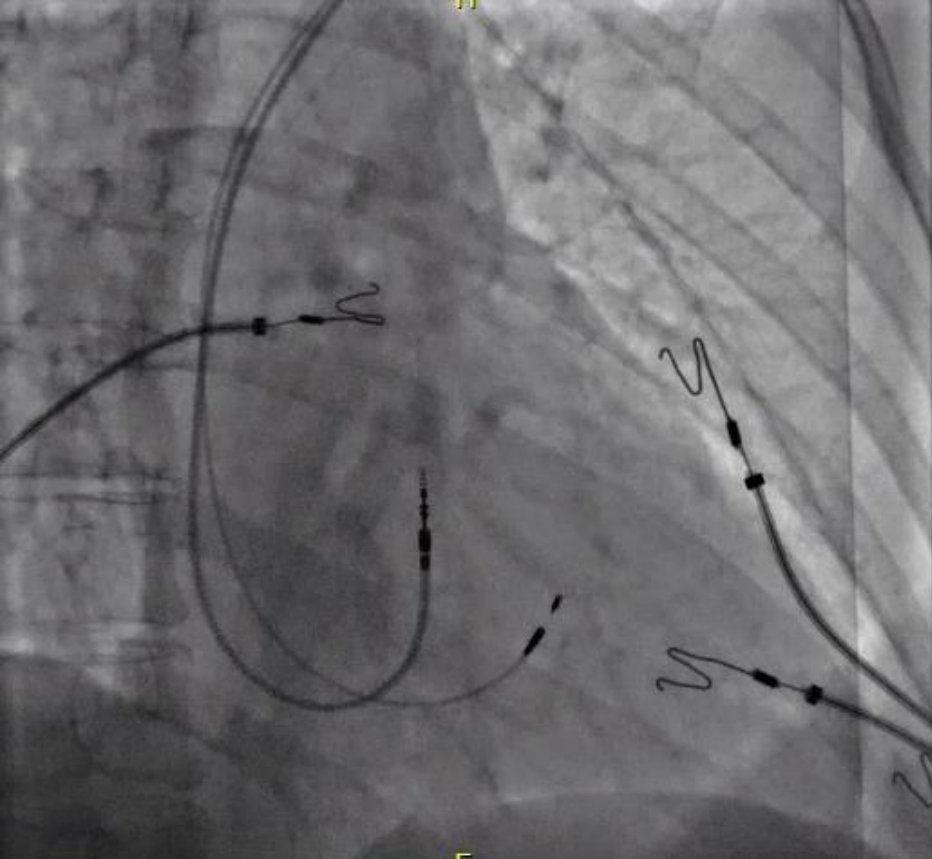
FUSION : Left bundle branch block resolved as conduction occurs over both LB (LB pacing) and RB (native)



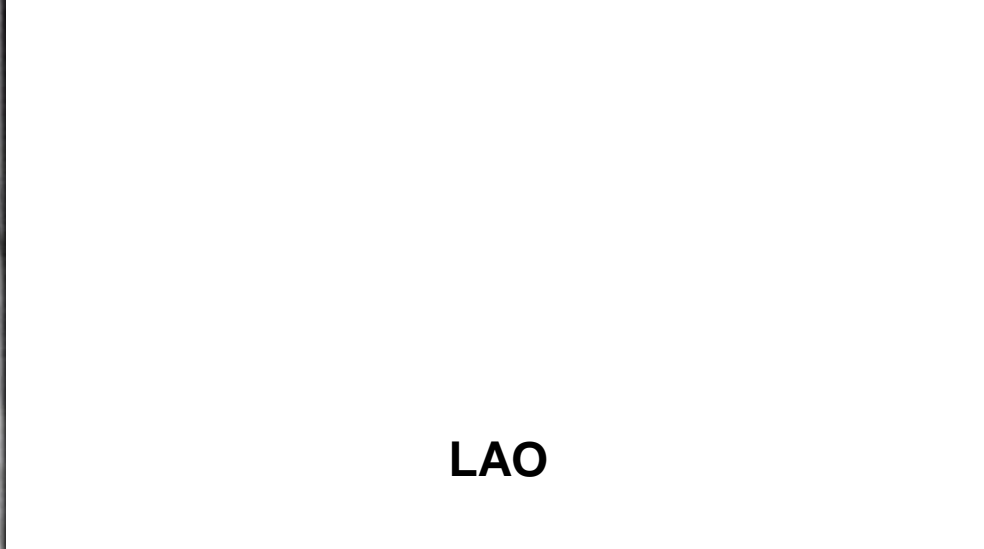
AV delay 150 ms



rSR' in V1 as conduction occurs primarily over the LB due to LB pacing.



RAO



LAO



FINAL ECG



Patient had resolution of chest pain post device implant and at 12 months.

At implant : R waves 8 mV, impedance 807 ohms , capture threshold 0.7 V at 0.5ms

At 6 month follow up : R waves 20 mV, impedance 627 ohms , capture threshold 0.75 V at 0.5ms