How Are Your ECG Diagnostic Skills with WCTs?
Discussion

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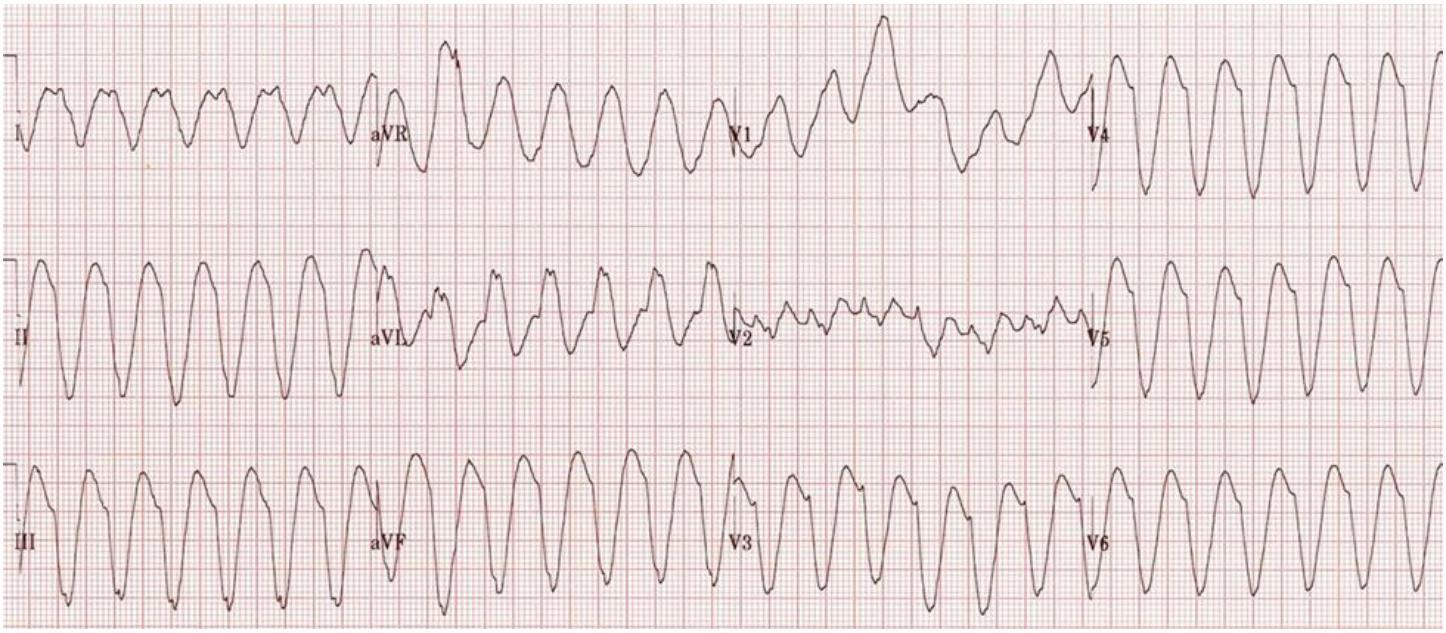

Figure 1 66 y/o male, smoker, previous MI, alert and coherent, BP=110/80, in no respiratory distress

Here are some *answers* for you…

1. V***entricular tachycardia!***

2. If you feel that this is NOT ventricular tachycardia, then what is the mechanism? **N/A**

3. If you feel this IS ventricular tachycardia, then…
   a. What is the basis of your diagnosis? **Brugada Algorithm, step 2**
   b. In which ventricle is the tachycardia focus located? **Left**
   c. In which area of that ventricle is depolarization being initiated? **Apex**
   d. What type (morphology) of QRS complexes are manifested in each lead (qR, QS, monophasic R, etc.)?

I. **rS**	aVR. **Monophasic R**	V1. **Monophasic R**	V4. **QS**
II. **QS**	aVL. **Notched monophasic R**	V2. **rS**	V5. **QS**
III. **QS**	aVF. **QS**	V3. **rS**	V6. **QS**

   e. Given the **appearance of this tachycardia** and the **patient data** presented just below the ECG, is there something you might characterize as unexpected?

This is a very wide complex ventricular tachycardia that is originating in the left ventricular apex. It is a very dangerous and often lethal tachydysrhythmia, but… *the patient's vital signs are stable!* Please allow me to rephrase that… the patient's vital signs are stable ***at the moment!*** Herein lies a major source of disaster for those with little experience managing wide complex tachycardias: **NEVER ASSUME THAT A STABLE PATIENT WITH A WIDE COMPLEX TACHYCARDIA HAS AN SVT WITH ABERRANCY!**

If this were a patient with a wide complex ventricular tachycardia originating in either of the outflow tracts, you would have all the time in the world to manage it – nothing is going to happen to *that* patient! But that isn't the case here with a stable patient and an apparent ventricular tachycardia most likely due to structural heart disease. Yes… he is stable *right now*. But that could change very precipitously and at any moment!

Are you able to recognize the different ventricular tachycardias? Some are actually benign and need little or no treatment while others (like THIS one) are extremely dangerous and should have immediate electrical cardioversion.

All this is explained in my new book, "***Getting Acquainted With Wide Complex Tachycardias – A Workbook for the Electrocardiographically Confused!***" It's now available online at **amazon.com**. There are also Spanish, French, Italian and Portuguese editions available in softcover and as eBooks.