**ELECTRO-CARDIOVERSION OF NEW ONSET ATRIAL FLUTTER LEADING TO CARDIOGENIC SHOCK**

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*Objective*: To report a unique case involving a 77-year-old male with new onset atrial flutter who experienced cardiogenic shock following successful electro-cardioversion. *Background*: Life-saving in urgent circumstances, electro-cardioversion can occasionally result in catastrophic consequences. Rare yet well documented complications include: cardiac arrhythmias, myocardial necrosis, thromboembolism, pulmonary edema, and cutaneous burn injuries. Less often observed is global left ventricular dysfunction following successful cardiopulmonary resuscitation. As such, atrial stunning and transient hypotension leading to clinically significant cardiac failure is highly uncommon and noteworthy.

*Methods and Results*: An electrocardiogram was obtained which was consistent with atrial flutter at a rate of 300 beats per minute with 2:1 atrioventricular (AV) conduction. A transthoracic echocardiogram (TTE) revealed a preserved left ventricular (LV) systolic function with an ejection fraction (EF) of 60% and normal sized atria. Next, a transesophageal echocardiogram (TEE) was performed to rule out a pre-existing thrombus. The patient was then successfully electrically cardioverted by a single 100 Joules synchronized direct current (DC) monophasic shock. Immediately thereafter, his blood pressure dropped to 70/30 mmHg followed by apneic spells. A limited bedside TTE revealed a severely depressed LV systolic function: EF 30%.

*Conclusion*: Global left ventricular dysfunction observed in patients with cardiac arrest status-post cardiopulmonary resuscitation is known to be related in part to defibrillation, however little is understood about the mechanism by which defibrillation can produce injury. Our case highlights this unusual phenomenon and demonstrates the importance of further research to better identify patients at risk of having clinical heart failure following cardioversion.