**SLOW VENTRICULAR TACHYCARDIA**

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**Background:** Ventricular tachycardias (VT) are often mistaken for supraventricular tachycardia with aberrant conduction. An inaccurate diagnosis is made in about 30% of cases. We present an unusual case of a patient who presented with slow ventricular tachycardia (VT).

**Case:** A 69-year-old male with past medical history of non-ischemic cardiomyopathy, Cardiac Resynchronization Therapy Defibrillator (CRT-D) placement, paroxysmal atrial fibrillation, on amiodarone and metoprolol, presented with sudden onset of palpitations associated with shortness of breath and nausea. In the ER, he was initially thought to be in atrial fibrillation with aberrant conduction and rapid ventricular rate of 125 beats per minute and started on esmolol infusion. His rate did not improve initially; device interrogation revealed AV dissociation confirming the diagnosis of slow VT. He underwent successful electrical cardioversion. He was loaded on Amiodarone 400mg BID for 7 days and then continued at a lower dose to prevent any further VT.

**Discussion:** Antiarrhythmic drugs are commonly used in patients prone to serious ventricular arrhythmias. Such drugs reduce the rate of any breakthrough ventricular arrhythmias to as low as 100-120 beats/min. In our case, the diagnosis of VT was initially missed as the patient had a history of atrial fibrillation and the rate was slower than typical of VT. Also the presence of the CRT-D device led to the assumption that if it were VT, the device would have detected and terminated the arrhythmia. However, the device threshold for VT was set at 130 beats/min so that it did not deliver anti-tachycardia pacing or electrical shocks. Electrocardiograms revealed a widened QRS interval (>140 ms), with atrioventricular dissociation as manifested by independent atrial activity, suggesting VT. Due to rapid ventricular activity associated with VT it is sometimes difficult or impossible to see P waves. Classic electrocardiographic findings that can help make the diagnosis.