**CALMING THE STORM - A CHALLENGING PRESENTATION OF A PATIENT WITH ARRHYTHMOGENIC RIGHT VENTRICULAR CARDIOMYOPATHY AND RECURRENT VENTRICULAR TACHYCARDIA**

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Electrical Storm (ES) is a rare and critical clinical condition requiring immediate attention. The most widely recognized definition of ES includes the recurrence of ventricular arrhythmias necessitating cardioversion or anti-tachycardia pacing three or more times over 24 hours. Arrythmogenic Right Ventricular Cardiomyopathy (ARVC) is an important cause of sudden cardiac death due to underlying disease of the desmosome.

We present a 68-year-old man with a history of ARVC, status post multiple endocardial radiofrequency ablations and ICD implantation, who presented to our emergency department after his ICD discharged. The initial physical examination and laboratory evaluation were unremarkable. His original EKG showed normal sinus rhythm at a rate of 60 beats/minute. During our evaluation, the patient developed VT, prompting another ICD discharge. EKG at that time showed monomorphic VT with left-bundle-branch morphology with a prolonged QRS. Amiodarone was initiated and his home sotalol dose was increased. Despite this, the patient progressed to electrical storm with recurrence of VT every fifteen minutes; requiring multiple cardioversions. Bedside ICD interrogation confirmed VT. Due to frequency of VT episodes and the need for conscious sedation, he was electively intubated. Our patient proceeded to have pulseless electrical activity and cardiac arrest but shortly had return of circulation after advanced cardiac life support. Overdrive pacing was initiated, and he was transferred to a tertiary center for electrophysiology evaluation. At the tertiary center, intravenous lidocaine was attempted unsuccessfully. Flecainide and mexiletine were then instituted which decreased VT frequency. The patient was ultimately transferred to a specialized, cardiac center where he underwent an epicardial ablation. Six months later, our patient has not had any repeat episodes of VT.