

Change in electrocardiography after cardiopulmoner resuscitation

A-67-year old man with a history of hypertension, chronic obstructive pulmonary disease (COPD) and cardiac bypass surgery which was 8 years ago was admitted to our emergency service for progressive dyspnea. On admission his vitals were; temperature: 37.8°C, saturation: 89, heart rate: 125 bpm, pressure: 100/60 mm Hg and respiratory rate: 28/min. His electrocardiography (ECG) on admission is shown (Fig. 1). Oxygen and inhaler treatment via face mask begun and blood samples were sent to laboratory. While pending the results patient developed pulmonary arrest and after cardiac arrest. He entubated immediately and chest compression begun. After 15 minute, hemodynamic response was achieved. He

closely monitored in intensive care unit. According to blood results cardiac markers were negative, WBC was elevated with neutrophile predominancy and arterial blood gases were pH: 7.21 PaO₂: 65 mm Hg, PaCO₂: 62 mm Hg. New ECG was taken and shown (Fig. 2).

What is the most possible cause of his ECG change?

- A. Pulmonary embolism
- B. Chest compression
- C. Ischemic changes
- D. Acute right ventricular failure

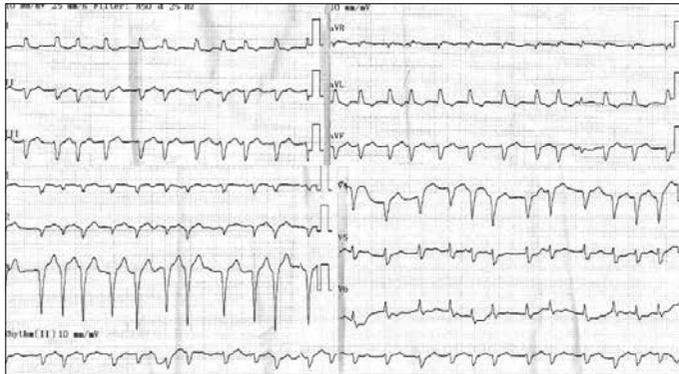


Figure 1. ECG before

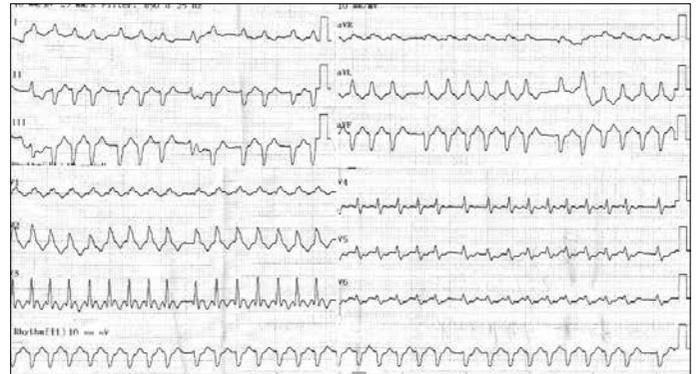


Figure 2. ECG after

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