

Case conference

2010/3/3

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Discussion

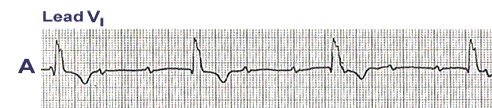
AV dissociation

AV dissociation

- Atrioventricular (AV) dissociation is a condition in which the atria and ventricles do not activate in a synchronous fashion but beat independent of each other.

Dissociation or Block?

- AV dissociation : Ventricular rate $\geq$ Atrial rate
- Complete heart block : $AR > VR$
- Complete heart block can be properly considered a form of AV dissociation

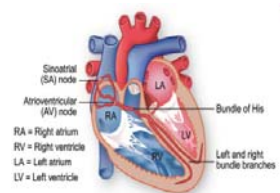


ECG AV dissociation



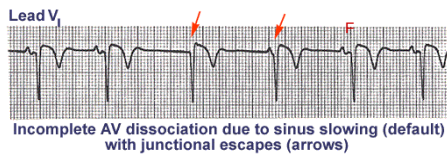
Pathophysiology

- Incomplete AV dissociation : some of the P waves conduct and capture the ventricles
- Complete AV dissociation



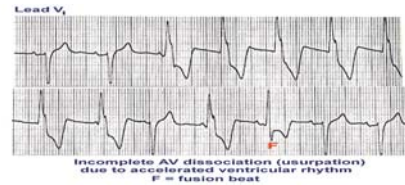
Pathophysiology : Incomplete AV dissociation --Passive

- Slowing of the dominant pacemaker (sinus node), which allows an escape junctional or ventricular rhythm

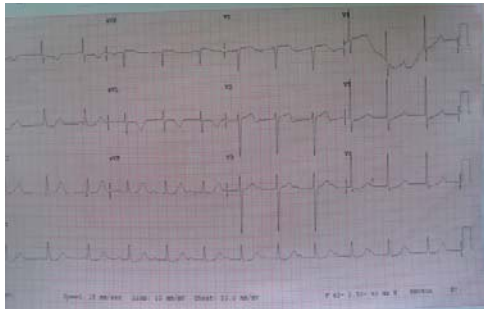


Pathophysiology : Incomplete AV dissociation--Active

- Acceleration of a normally slower (subsidiary) pacemaker, such as a junctional site or a ventricular site that activates the ventricles without retrograde atrial capture.



Pathophysiology : Complete AV dissociation



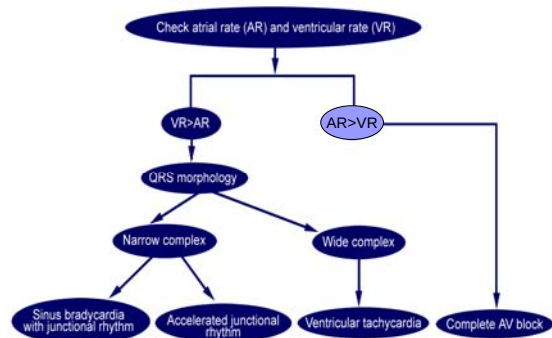
Pathophysiology

- Myocardial infarction (acute inferior MI)
- Myocarditis
- Digoxin toxicity
- Vagal activation
- Surgical and anesthesia interventions
- Hyperkalemia

Work up

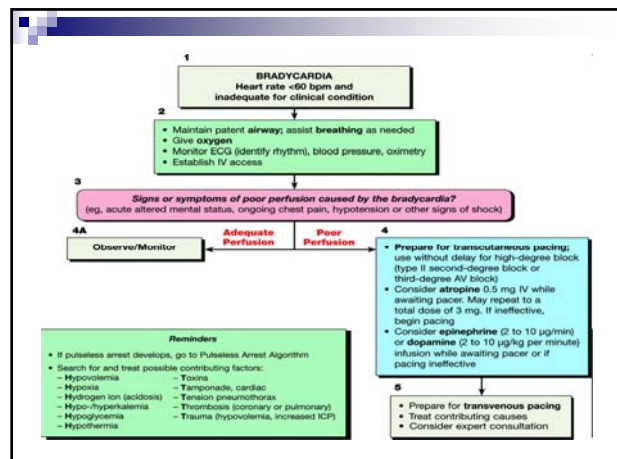
- Digoxin level
- ECG

Diagnostic Algorithm for AV Dissociation



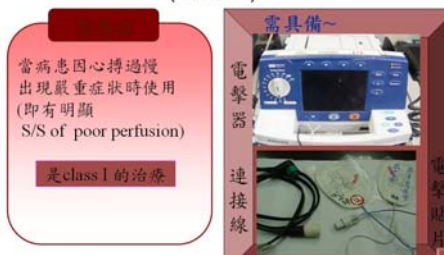
Treatment—symptomatic patient

- Hypotension
- Chest pain suggestive of myocardial ischemia
- Dyspnea and pulmonary edema
- Consciousness change (from mild changes to coma)



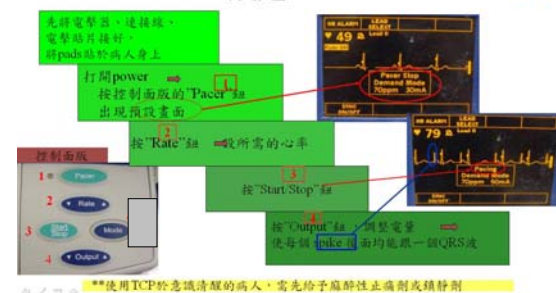
Treatment

Pacing: Transcutaneous pacemaker (Class I)



Treatment

設定TCP



Take home message

- Vertigo 不一定是Vena，ENT，神內
- Shock要注意rate/volume/pump
- Which one first : Fluid or inotropic agent ?
place CVC

Thank you