# New Onset Palpitations, Chest Pain, Dyspnea, and Diaphoresis in a 65-Year-Old Woman

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**A woman with the new onset of cardiac symptoms was in atrial fibrillation with a wide QRS complex that was not typical of bundle branch block. After electrical cardioversion, a short PR interval and delta waves indicated the presence of an accessory atrioventricular pathway. This left lateral atrioventricular bypass tract was subsequently ablated.**
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## Case Report

A 65-year-old woman with no significant medical history developed palpitations followed by chest pain, dyspnea, diaphoresis, and an elevated serum troponin level of 9.1 ng/ml. An electrocardiogram recorded during the tachycardia showed an irregular wide-QRS rhythm (Figure 1). Importantly the QRS complexes are not typical of right or left bundle branch block, and the rhythm is atrial fibrillation with anterograde atrioventricular conduction via an accessory pathway. A number of fusion complexes are seen.

The patient underwent electrical cardioversion in the emergency department. The postcardioversion electrocardiogram

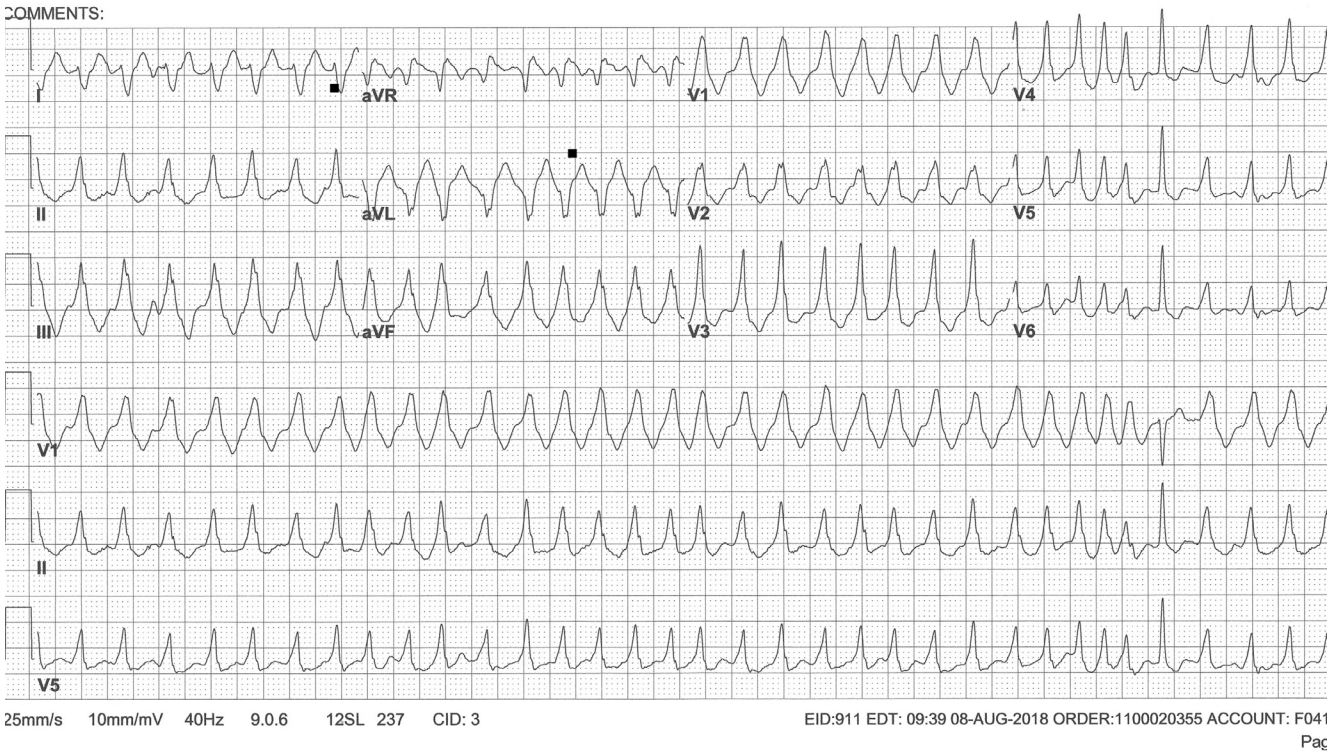


Figure 1. Initial ECG recorded in the emergency department in a 65-year-old woman. See the text for explication.

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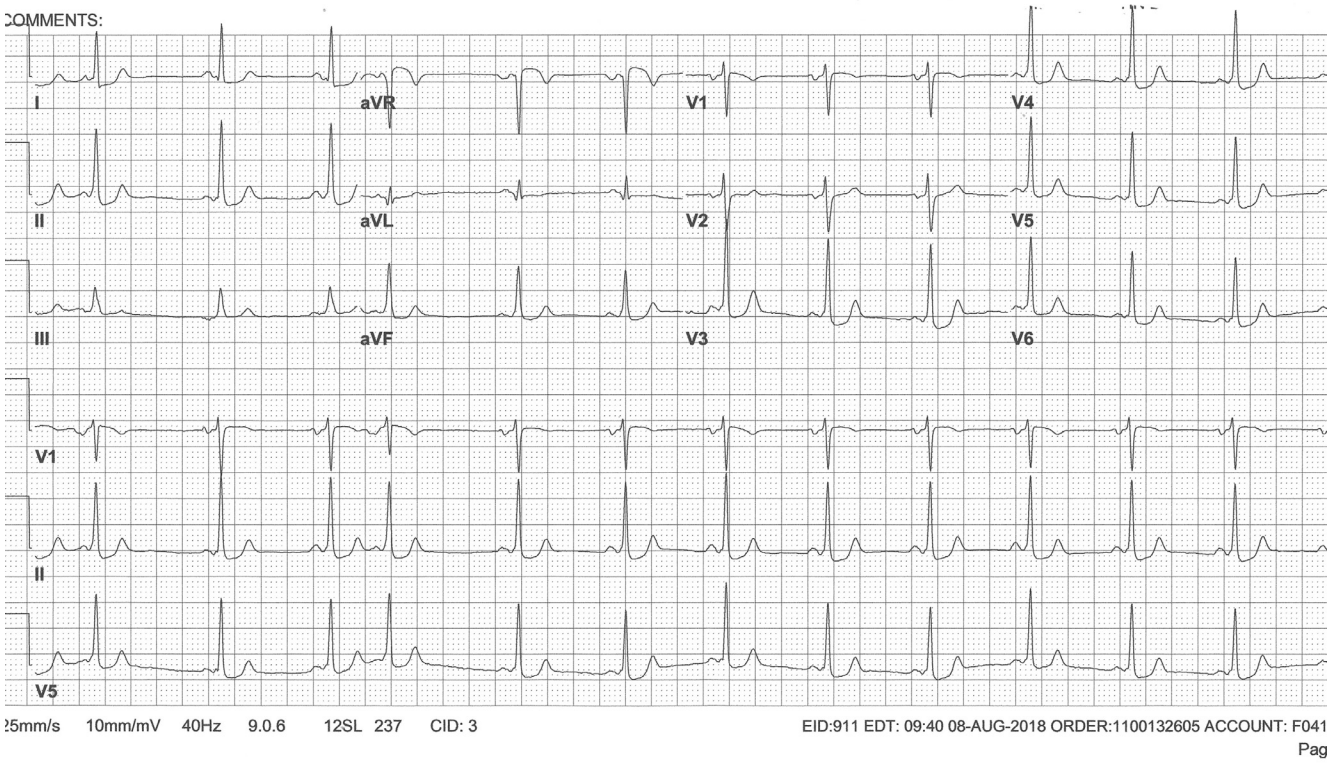


Figure 2. ECG recorded after electrical cardioversion. See the text for explication.

showed sinus rhythm, atrial premature complexes, a short PR interval (112 ms), delta waves, and ST-segment depression suggesting ischemia (Figure 2). The ST-segment depression had resolved 15 minutes later, and a subsequent stress test showed no evidence of ischemia. The patient subsequently underwent ablation of a left lateral accessory bypass tract.[1]

1. Prystowsky EN, Klein GJ. *Cardiac Arrhythmias. An Integrated Approach for the Clinician*. New York: McGraw-Hill; 1994:131–154.