WCC 2016-117: Long QT Syndrome Presenting First Time in Postpartum: Mallesh D.

BACKGROUND

Long QT syndrome is a congenital disorder characterized by a prolongation of the QT interval on electrocardiograms and a propensity to ventricular tachyarrhythmias, which may lead to syncope, cardiac arrest, or sudden death.It is usually diagnosed after a person has a cardiac event (eg, syncope, cardiac arrest). In some situations, this condition is diagnosed after a family member suddenly dies. In some individuals, the diagnosis is made when an electrocardiogram shows QT prolongation. Several genes have been identified that affect the QT interval, so several varieties of LQTS exist among which LQT1 ,LQT2 nad LQT3 are more common.

CASE REPORT : A 22 years old female patient who is a resident of Chanadampet of nalgonda district who is Non hypertensive and non diabetic admitted in cardiology with chief complaints of syncope of 2 episodes since 1 week. First episode of syncope occurred after 2 months of delivery while pt is standing ,lasted for few seconds , not associated with LOC or tonic clonic movements .It is not associated with tongue bite or involuntary micturation.Pt recovered spontaneously. Next episode occurred while patient is lying down on bed after 4 days which lasted for 5 seconds. Pt had H/o palpitation which are transient, paroxysmal, not related to exertion or anxiety which stops spontaneously . Pt denied h/o SOB ,chest pain or swelling of lower limbs. Pt is not using Drugs like antiarrhythmics class I, III; macrolide or quinolone antibiotics; antipsychotics. No past history of similar complaints. No family h/o of SCD, syncope or CAD. On Examination pt is Conscious and coherent,Well built and Moderately nourished,. There is no pallor, icterus , clubbing, cyanosis and lymphadenopathy. No external markers of congenital heart disease, infective endocarditis or acute rheumatic fever. Vitals are stable; Pt is afebrile; JVP is not elevated. CVS examination- first and second heart sound are normal. No added sounds. No murmur. Other systems examination is normal.

Invetigations showed HB-12 gm; normocytic ,normochromic picture, TC-9,000/dl, PC-1.7 Lakhs/dl, P66,L24,E4,M6, S.Cretinine-0.6 mg/dl,BUN-22 mg/dl, SODIUM-138 meq/dl, K-4.2 meq/dl, CL-94 meq/dl, S. Magnesium –normal, S. Calcium –Normal, LFT-normal, PT/INR,APTT-WNL, Thyroid profile-WNL. ECG showed NSR, Normal axis and No chamber hypertrophy/Enlargement, QT is prolonged(510 msec), Low amplitude biphasic T waves and U waves present in precordial leads. 2D echo showed No RWMA, Good Biventricular function, Normal Valves, No Pericardial effusion , vegetation or clot and Grade 1 Diastolic dysfunction.

Pt was diagnosed as congenital LQT Syndrome ,Most probably type 2 variant. Pt was started on propronolol 40mg BD and discharged ; pt was clearly explained regarding contraindication of competitive sports activity . Pt was educated about the risk associated with certain drugs that prolongs QT interval . Family members are advised regarding screening of other family members for Long QT Syndrome. Pt was asymptomatic during follow up; Pt was again admitted and single chamber ICD is inserted. Pt is under continuous follow up