Resuscitation with a twist

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A 62-year-old male patient with a previous history of diabetes mellitus type 2 and pacemaker implantation because of sick-sinus syndrome suddenly collapsed on the ward whilst recovering from an oesophageal resection for end-stage achalasia. On arrival of the in-hospital resuscitation team, the patient was in ventricular fibrillation (VF). The rhythm was converted to atrial fibrillation by external defibrillation resulting in restoration of output. Due to the presence of anterolateral ST depression on ECG and suspicion of an acute coronary syndrome, the patient was

referred for urgent coronary angiography. The coronary arteries, however, were free from significant disease. The patient was transferred to the coronary care unit, where a new ECG (Fig. 1) was taken. What was, in hindsight, the likely cause of this patient's collapse?

Answer

You will find the answer elsewhere in this issue.

Fig. 1 ECG on arrival to the coronary care unit

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