CLINICAL SNAPSHOT

Sawtooth Waves—Atrial Flutter in a Premature Infant

An infant was delivered prematurely by cesarean section in gestational week 34+3 because of intermittent intrauterine tachycardia (heart rate ca. 190–200/min). Its weight at birth was 2795 g. The postnatal Apgar-score (7/8/9), complete blood count, and clinical chemistry values were normal. 15 minutes after birth, the newborn infant developed cardiopulmonary instability and was intubated and given intravenous catecholamines for cardiovascular support. Echocardiography revealed hypertrophic cardiomyopathy of the left ventricle and dilatation of the hepatic veins and inferior vena cava. An EcG aroused the suspicion of atrial flutter. This was unmasked by the administration of adenosine (with CPR immediately available if necessary), and a persistent sinus rhythm was then successfully re-established with cardioversion (2 joules). The abnormal findings on echocardiography, which were due to the abnormal rhythm, resolved thereafter. No further drugs were given, and atrial flutter did not recur. Fetal cardiac arrhythmias arise in only about 2% of pregnancies, and atrial flutter makes up

at most 3% of these arrhythmias. It is thus a rare entity among neonates, and among premature neonates in particular.

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Conflict of interest statement

The authors state that they have no conflict of interest.

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