CASE IMAGE

# Delayed therapy and syncope due to excessive charging time in a patient with implantable defibrillator during a fast ventricular tachycardia episode

## *Hızlı ventriküler taşikardi atağı sırasında implante edilebilir defibrilatörü bulunan hastada uzamış şarj süresine bağlı gecikmiş tedavi ve senkop*

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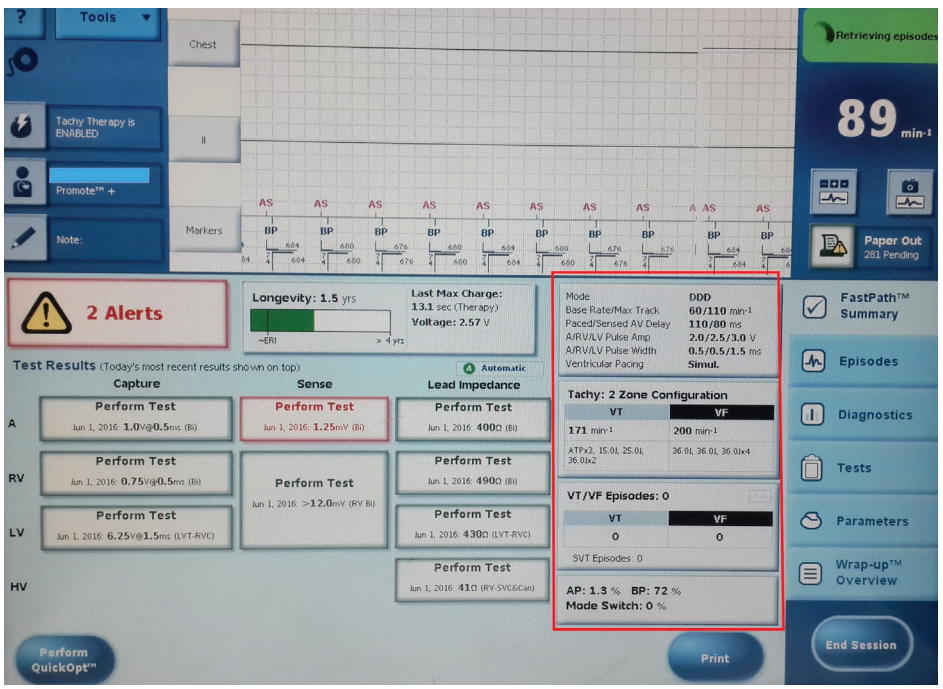
A 49-year-old male patient was admitted to the emergency room with syncope and implantable cardioverter defibrillator (ICD) shock. His medical history included ischemic dilated cardiomyopathy and subsequent application of cardiac resynchronization therapy (Promote+ Cardiac Resynchronisation Therapy Defibrillator; St. Jude Medical, Inc., St. Paul, MN, USA), hypertension, hyperlipidemia, and smoking. Medications taken were an angiotensin-converting enzyme inhibitor, beta-blocker, statin, aspirin, and aldosterone receptor antagonist. The physical examination was unremarkable, except for orthopnea, bilateral basal rales of the lungs, and pretibial edema. An electrocardiogram showed sinus rhythm without any abnormality. Echocardiography demonstrated a left ventricular ejection fraction of 25%. Laboratory tests only revealed mildly elevated serum creatinine and blood urea. Device interrogation indicated: DDD (biventricular) 60 bpm, ventricular tachycardia (VT) detection of 171-200 bpm and ventricular fibrillation (VF) detection of >200 bpm. Therapies were programmed as follows: VT zone: antitachycardia pacing/burst pacing (ATP) (3 attempts) followed by shock, and VF zone: shock (Figure). Battery longevity was 1.5 years and lead functions were normal. Two episodes of nonsustained VT terminated by ATP and 1 VF episode were logged. The episode logged in the VF zone was actually a fast VT (218 bpm), but it fell into the VF zone because of the rate criteria. Video 1* shows the fast VT episode, which was associated with syncope. Despite successful termination of arrhythmia with a 36-J shock, there was a total of 24.1-second delay in battery charging, which was the cause of delayed therapy and syncope (Video 2*). Therefore, increased charge time was considered a reason for a potential further loss of functioning and immediate battery replacement was performed.




**Figures–** The baseline programming of the Cardiac Resynchronisation Therapy Defibrillator model (St. Jude Medical, Inc., St. Paul, MN, USA). **Supplementary video files associated with this presentation can be found in the online version of the journal.*