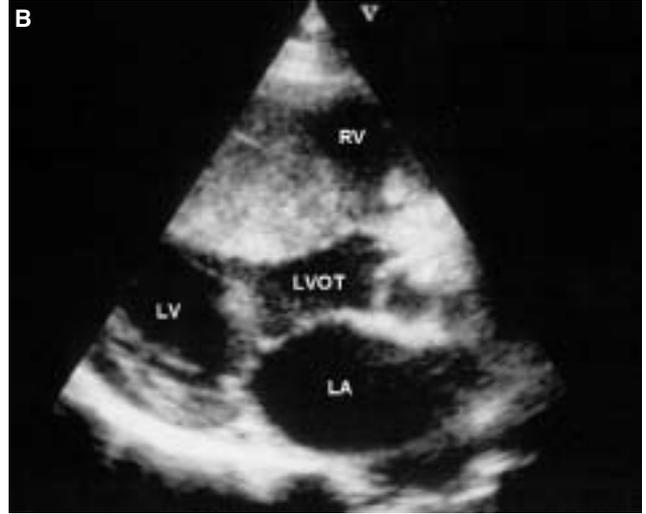


Görüntülü olgu örnekleri

Case images

Atypical left bundle branch block in a patient with hypertrophic cardiomyopathy

Hipertrofik kardiyomiyopatili bir hastada atipik sol dal bloku



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A 20-year-old man was referred to our hospital for further investigation of a cardiac murmur detected at a military health check-up. He had no cardiac complaints, nor a history

of syncope. There was a grade 2/6 midsystolic murmur in the mesocardiac region. Electrocardiography showed sinus rhythm and a very peculiar form of left bundle branch block with an apparent Rsr' wave in lead V2 (Fig. A). A subsequent electrocardiogram

obtained to exclude any doubt on correct lead placement showed the same tracing. Echocardiographic findings were compatible with hypertrophic cardiomyopathy with an ejection fraction of 70% (Fig. B). Medical follow-up with a beta-blocker was decided. The case was considered a very peculiar form of left bundle branch block morphology with an unexpected QRS configuration in lead V2. This electrocardiographic manifestation may be a sign of hypertrophic cardiomyopathy.

Figures. (A) The electrocardiogram shows a peculiar form of left bundle branch block with a Rsr' wave in lead V2. **(B)** The parasternal long-axis view shows asymmetric septal hypertrophy and systolic anterior motion of the anterior mitral leaflet. LA: Left atrium; LV: Left ventricle; RV: Right ventricle; LVOT: Left ventricular outflow tract.