

Is Relation between Heart and Dizzy Turns?

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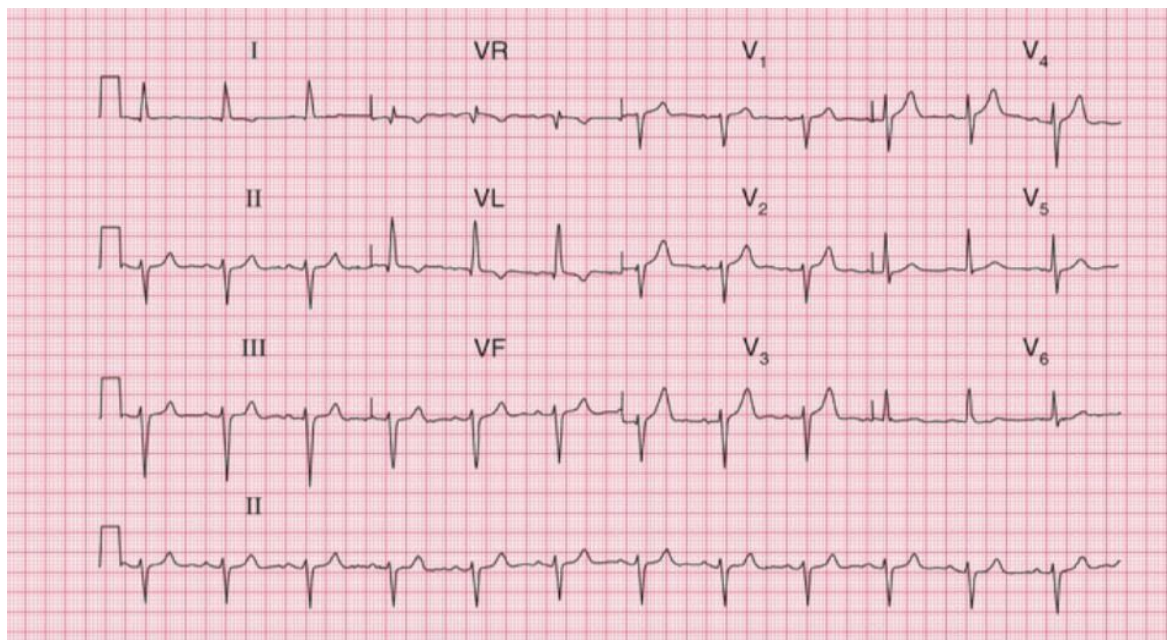


Figure 1. The ECG showing sinus rhythm.

Clinical Image

A 70-year-old man had had high blood pressure for many years, but it was now well controlled at 140/85. He had no symptoms, and no abnormalities were detected on physical examination. This ECG was recorded during a routine follow-up appointment. Does it give any cause for concern, and if so, what would you do? The ECG shows: Sinus rhythm, rate 73 bpm, Normal PR interval, Left axis deviation (left anterior hemiblock), Normal QRS complexes, T wave inversion in leads I and VL.

Clinical interpretation

The left axis deviation indicates a conduction defect in the anterior fascicle of the left bundle branch – left anterior hemiblock. This is due to fibrosis, almost certainly the result of long-standing hypertension. The T wave inversion in the

lateral leads (I and VL) probably indicates left ventricular hypertrophy, although the QRS complex in lead V6 is not unusually tall and the 'voltage criteria' for left ventricular hypertrophy are not met.

What to do?

This man clearly has 'target organ' (heart) damage as the result of his hypertension. An echocardiogram should be recorded to assess his left ventricular thickness and function, because the prognosis is worse if there is left ventricular hypertrophy or if there is any reduction in function. The presence of other risk factors, such as diabetes and hypercholesterolaemia, must be checked and, if necessary, treated. If there is any suggestion of angina, further investigation may be merited, but if he really is completely asymptomatic this is probably not essential. Careful control of his blood pressure is the key to management.

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