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Prolonged QT interval is a common and potentially fatal yet undervalued complication of Cirrhosis: A case of ventricular tachyarrhythmia in a 59 years old male

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Prolonged QT interval is common in patients with chronic liver disease with prevalence from 25-60% depending on its severity. Although it is associated with increased risk of ventricular tachyarrhythmias and sudden cardiac death. A 59 year-old male presented to the emergency department (ED) after a syncope event. He has a history of hepatitis C cirrhosis and opioid abuse on methadone maintenance. He was on lactulose, furosemide, spironolactone and ciprofloxacin for spontaneous bacterial peritonitis (SBP). He was complaining of palpitations. In the ED, he had a syncope lasting for 30 seconds with no prodromal symptoms. The cardiac monitor showed polymorphic ventricular tachycardia (VT) at 210 beats/min. It spontaneously resolved. Vital signs and physical exam were normal, except for mild asterixis. Electrolytes were normal and a MELD score of 21. Electrocardiogram showed sinus bradycardia with a QTc of 523 ms. His methadone dose was decreased and ciprofloxacin was discontinued. His QTc gradually shortened and he was stable. Echocardiogram showed biventricular systolic dysfunction with ejection fraction of 45%. He was switched to bactrim for SBP prophylaxis but developed re prolongation of the QTc, after which it was discontinued. He was discharged stable. The exact mechanism of prolonged QT interval in cirrhotic patients is still unclear. In clinical studies, it is proportional to the severity of liver disease and hyperdynamic circulatory. Most of the cases of life-threatening sustained polymorphic VT occurred in cirrhotic patients who were concomitantly given drugs known to increase QT interval. Close cardiac follow-up is key in preventing a potentially fatal outcome.

Biography

Mary Rodriguez Ziccardi has completed his MD at the age of 23 at the Universidad Central de Venezuela in Caracas, Venezuela's capital city. She is currently a first year resident in Internal Medicine at Einstein Medical Center, Philadelphia.

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