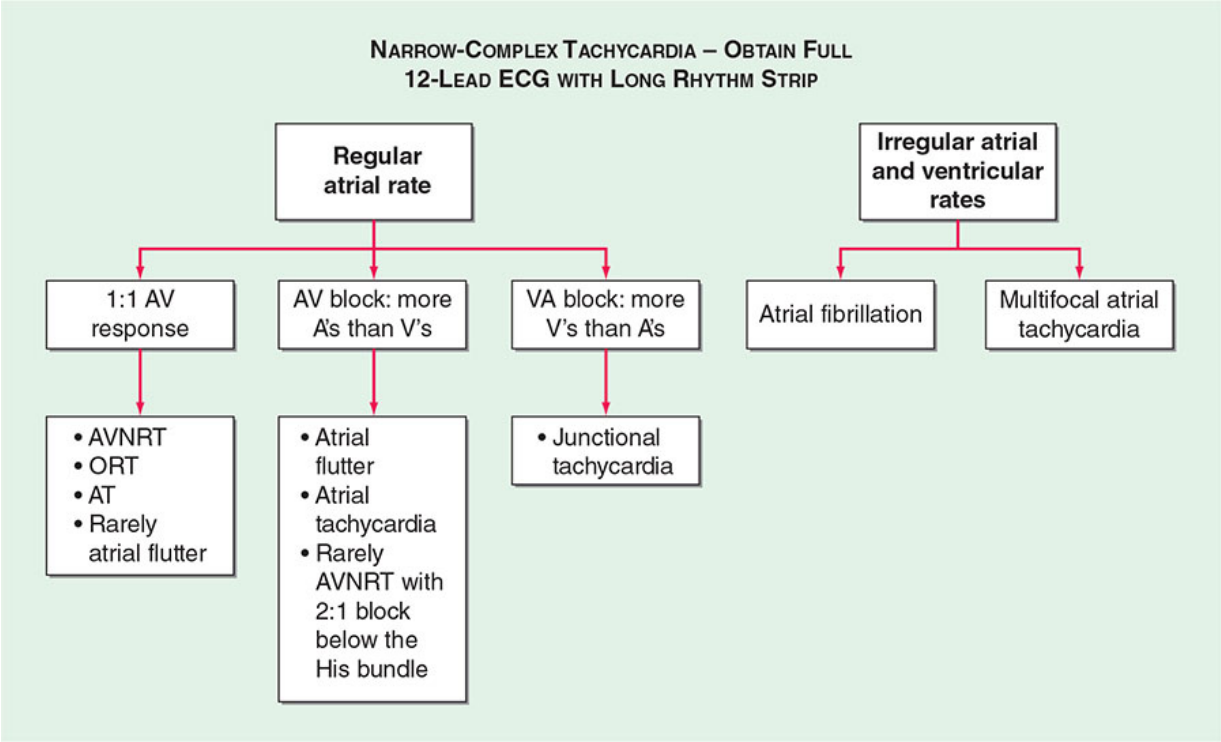

FIGURE 246-1 Diagnostic possibilities based on the appearance of the 12-lead electrocardiogram (ECG) recorded during an episode of supraventricular tachycardia (SVT). AT, focal atrial tachycardia; AVNRT, atrioventricular (AV) nodal reentry tachycardia; ORT, orthodromic AV reentry tachycardia.

CLINICAL PRESENTATION

Symptoms of supraventricular arrhythmia vary depending on the rate, duration, associated heart disease, and comorbidities and include palpitations, chest pain, dyspnea, diminished exertional capacity, and occasionally syncope. Rarely, a supraventricular arrhythmia precipitates cardiac arrest in patients with Wolff-Parkinson-White (WPW) syndrome or severe heart disease, such as hypertrophic cardiomyopathy.

■ INITIAL EVALUATION

The diagnosis of SVT is most often entertained when evaluating a patient for arrhythmia-related symptoms or when evidence of ventricular preexcitation is seen on an electrocardiogram (ECG) as an outpatient. Diagnosis of SVT requires obtaining an ECG at the