

Terminating supraventricular tachycardia with urinary bladder catheterization

Bathmavathy Chandran, Stephen Jeshua Manuel

Beladin Health Clinic, Sarawak

ABSTRACT

Introduction: Supraventricular tachycardia (SVT) is a pathological rapid rhythm of the heart that begins in the atria. The incidence of SVT is 35 per 10,000 person-years or 2.29 per 1000 persons and is the most common non-sinus tachydysrhythmia. Symptoms commonly associated are anxiety, palpitations, chest discomfort, light-headedness, syncope, or dyspnoea, however some remain asymptomatic. **Case Description:** A 60-year-old Malay lady with underlying dyslipidaemia presented with sudden onset of palpitation with no other associated symptoms from 12pm prior to visiting the clinic at 4pm. She denied other risk factors except for consumption of an unknown traditional medication. Examination findings were unremarkable with a blood pressure 133/65mmHg and heart rate of 184beats per minute. Continuous cardiac monitoring showed regular arrhythmia with absent p-wave and narrow QRS complex. She did not respond to the initial vagotonic manoeuvres. Prior to administration of intravenous adenosine, a urinary bladder catheterization was done and noted complete resolution of the arrhythmia on the cardiac monitor. A 12 lead ECG confirmed the findings. **Discussion:** This case demonstrates an alternative treatment to the usual treatment for SVT. Urinary catheterization stimulates the vagal nerve which reduces atrioventricular nodal conduction hence which resolves the SVT. We anticipate further knowledge sharing of this technique method of treatment for this condition.