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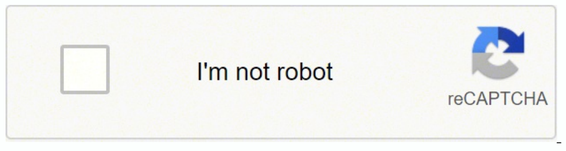

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article was sent to the Professional Reference articles are designed for health professionals to use. They are written by British doctors and based on research evidence, British and European guidelines. You can find the article of Abnormal Heart Rhythmas (Aritmias) more useful, or one of our other health products. The treatment of almost all medical conditions was influenced by COVID-19 pandemic. NICE has issued guidance hotfix in relation to many of these. This guide changes frequently. Please visit to see if there is a temporary driving license issued by NICE in relation to the management of this condition, which can vary from the listed information is seguito.Torsades de poites a polymorphic ventricular tachycardia distinctive in which the amplitude varies QRS and QRS complexes appear to rotate around the baseline. Torsades de Poines is associated with a prolonged QT interval, which can be congenital or acquired. [1, 2] Torsades de Poines is usually not supported and ended spontaneously but frequently remember unless the underlying cause is correct. Torsades de points can degenerate Sustained ventricular tachycardia or ventricular fibrillation. Torsade is a dangerous arrhythmia for life and can present themselves as Cardiac death in sudden sudden Patients with structurally normal hearts. The corrected QT interval is longer in the white population than in the black population and longer in females than in males. Thus, torsades de poites is more common in white breeds and females.[4]Torsades occurs in any age. If it occurs at an early age, the cause is usually due to congenital long QT syndrome. In later years, the cause is usually due to acquired long QT syndrome.Congenital long QT syndromes – e.g., Jervell and Lange-Nielsen syndrome, Romano-Ward syndrome.Acquired long QT syndromes:Acute myocardial infarction. antipsychotics[5, 6]electrolyte disorders; hypokalaemia, hypomagnesemia, hypocalcaemia.Acute renal failure, hepatic failure. hypothyroidism, anorexia nervosa, malnutrition. syinatrial, atrioventricular block (AV). heavy metals, insecticides.Episodes of torsade in patients with congenital long QT syndromes may be triggered by stress, fear or physical exertion.Patients with torsade normally present with recurrent episodes of palpitations, dizziness, and syncope.[7] Cardiac death from stroke first episode.Nausea, pallor, cold sweats, You may experience shortness of breath and chest pain.A history of congenital deafness or a family history of sudden death may indicate a long QT syndrome. Physical results depend on the frequency and duration of tachycardia and the degree of cerebral hypoperfusion. Findings include a rapid pulse, low or normal blood pressure, and transient or prolonged loss of consciousness. Other physical signs depend on the cause – for example, on the characteristics of a congenital disorder.ECG:[8]Paroxisms of 5-20, with a faster heart rate of 200 beats per minute. Prolonged episodes are occasionally seen.The progressive change in the polarity of QRS about the line to isoelectric occurs with the complete 180Ã˚ 176; twist of QRS complexes 10-12.Usually, one QT interval and pathological U waves are present. The most consistent indicator of QT prolongation is a QT of 0.60 seconds or longer or a QTc (heart rate-corrected) of 0.45 seconds or longer. QTc = QT interval divided by the square root of the interval (in seconds) between the beginning of each QRS complex (Bazett formula). A short short short sequence between the R-R interval occurs before the trigger response.Electrolytes; hypokalaemia, hypomagnesaemia and hypocalcaemia. Assessment of myocardial ischemia.CXR and echocardiography, to rule out structural heart disease.Resuscitation defibrillation:Although torsades are often self-terminated, it can develop into ventricular fibrillation, which requires defibrillation.[9]In an otherwise stable patient, direct current (DC) cardioversion is usually a last resort because torsades are paroxysmal in nature and recur frequently after cardioversion.Discontinuation of any offending agent (stop all QT-prolonging drugs) and correction of any underlying cause such as hypokalaemia, hypomagnesaemia and bradycardia.Intravenous magnesium is the drug of choice for torsadi de poites. Magnesium is also effective in patients with normal magnesium levels.The acceleration of heart rate can be achieved by using beta 1-adrenergic agonists such as isoprenaline or electro pacing overdrive.Isoprenaline is used as an intermediate treatment until you can start driving pacing: Isoprenaline speeds up AV conduction and decreases QT Interval.It can be used in bradycardia-dependent torsades that are usually associated with acquired long QT syndrome.Isoprenaline is given as a continuous intravenous infusion to keep the heart rate faster than 90 beats per minute.Beta-adrenergic agonists are contraindicated in the congenital form of long transvenous QT syndrome. pacing:Pacing can be in terminating torsades increasing the heart rate and thus reducing the QT interval.Atrian pacing is the preferred mode because because conserves the atrial contribution to ventricular filling. In patients with AV block, ventricular rhythm may be used to suppress torsions.People without syncope, ventricular tachyarrhythmia or a family history of sudden cardiac death may be observed without initiating any treatment.Congenital Long QT Syndrome:Beta-adrenergic antagonists are used as first-line therapy in congenital Long QT Syndrome. Beta-blockers are contraindicated in acquired cases because the bradycardia produced by these agents can precipitate torsions. It should also be avoided in congenital cases where bradycardia is a prominent feature.The steady rhythm is beneficial for patients who remain symptomatic despite the administration of the maximum tolerated dose of beta-blockers and can be used in addition to beta-blockers.Upper left thoracic sympatectomy is effective in patients who remain refractory to beta-blockers and rhythm. Cardioverter-defibrillators (ICDs) are useful in the rare cases where torsion continues despite all these treatments. Beta-blockers should be used together with ICDs, as shock may cause additional twists due to adrenergic stimulation.Long-term acquired QT syndrome: Long-term treatment in acquired cases is generally not necessary as the QT interval returns to normal once the predisposing factor has been corrected.Pacemaker implantation is effective in cases associated with heart block or bradycardia.CI. Ds are indicated in cases that cannot be managed by avoiding a specific precipitation factor.Ventricular TachycardiaVentricular FibrillationSudden Cardiac DeathPatients may spontaneously regress or convert to non-polymorphic ventricular tachycardia or ventricular fibrillation.[9]Torsades is a life-threatening arthritis. In acquired long QT syndrome, the prognosis is excellent a that any precipitant factor has To avoid harmful drugs that extend the QT interval. Prevenance conditions such as hypokalemia, hypomagnetic and hypocalcemia, especially in patients with a prolongation of QT. 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