

# Successful Cardioversion in a Case of Fetal Supraventricular Tachycardia

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Mrs. A, a 24 year old registered Primigravida with 37 weeks pregnancy came in labour on 2.3.98 and was found to have severe fetal tachycardia. Maternal pulse rate was 80/min. She was a registered patient with regular antenatal followup. The pregnancy had been uneventful so far. Routine ultrasound done at 28 weeks of gestation revealed no abnormal findings.

In labour, cardiotocography was done, which showed fetal tachycardia of more than 200 beat/min. Urgent sonography was done which showed a single live fetus with adequate liquor and a grade II placenta. No fetal anomalies were visualised. No signs of cardiac failure were seen. M-Mode ultrasonography revealed severe fetal tachycardia of 238 beats/min.

Since the patient was in active labour a decision was taken to allow her to progress normally. The patient delivered six hours later a full term, female baby, 2.6 kg. Baby cried immediately at birth. Apgar scores at 1 & 5 min. were 9/10. At birth the baby had a heart rate of 200/min. regular. There were no signs of cardiac failure, respiratory distress or obvious external congenital anomalies. Cry./Tone/Activity of baby was normal,

The baby was transferred to NICU in view of SVT. Carotid and eyeball massage was also tried with temporary response, but heart rate reverted back to 200/min. Then Inj. Adenosine (0.3 mg.) IV [0.1 mg/kg] was given which

failed to produce a response. When decision to administer Digitalis was taken. E.C.G. (long lead II) was done which showed SVT with Atrial Flutter like pattern. X-ray chest was normal. Inj. Frusemide was given to prevent cardiac failure following which Inj. Digitalis (0.026 mg.) IV (0.001 mg/kg) stat followed by 0.0135 mg IV 6 hourly for 24 hours was given, with this the heart rate dropped to 140/min. 2DEcho was done which was normal except for a small Patent Foramen Ovale. Repeat ECG showed successful cardioversion with heart rate of 140 beats/min.

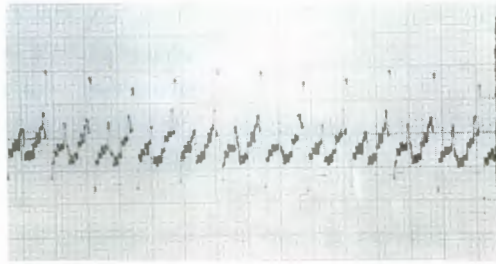


Fig 1: ECG at Birth : SVT

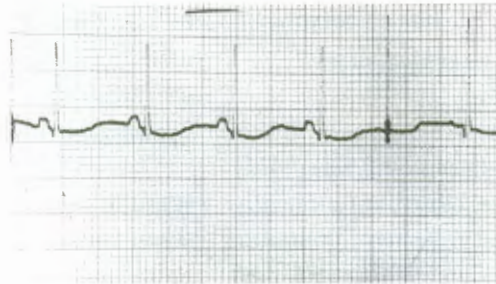


Fig 2: ECG after Cardioversion with Digitalis

Inj. Digitalis was given for 4 days and omitted on Day 5. Baby was doing well and was transferred to mother on Day 6. Both baby and mother were discharged on Day 8 in good condition.