



ORAL PRESENTATION

Paroxysmal atrial fibrillation: the doubt remains

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Abstract

Introduction: There is a causal relationship between atrial fibrillation (AF) and stroke. Cardioembolic stroke accounts for 20-30% of ischaemic strokes and AF is the most common cause of cardioembolic stroke. This arrhythmia is relatively common in the general population and its prevalence increases with age.

Case Report: A 59-year-old male, with arterial hypertension (8 years of evolution), overweight (BMI = 29 kg/m²), without other cardiovascular risk factors, came for a routine hypertension visit, without any symptoms. Physical exam revealed irregular radial pulse on digital palpation, irregular rhythm on cardiac auscultation and blood pressure of 120/85mmHg. The remaining physical examination was normal. In a previous electrocardiogram (ECG), the rhythm was always sinus.

An urgent ECG and thyroid function study were ordered. The patient came back in two days with ECG and levels of thyroid-stimulating hormone (TSH). At this consultation, the radial pulse and cardiac auscultation were regular in rhythm. TSH was 2.19 mU/L and ECG revealed sinus rhythm at a rate of 69 beats per minute and right bundle branch disturbance. An echocardiogram and 24-hour Holter monitoring were requested, whose results are pending.

Conclusion: The clinical case described aims to highlight the importance of heart rate measurement by pulse palpation and cardiac auscultation on routine consultations. This may identify possible arrhythmias in an opportunistic way. In this patient, further study should be pursued due to the possibility of paroxysmal arrhythmia.

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