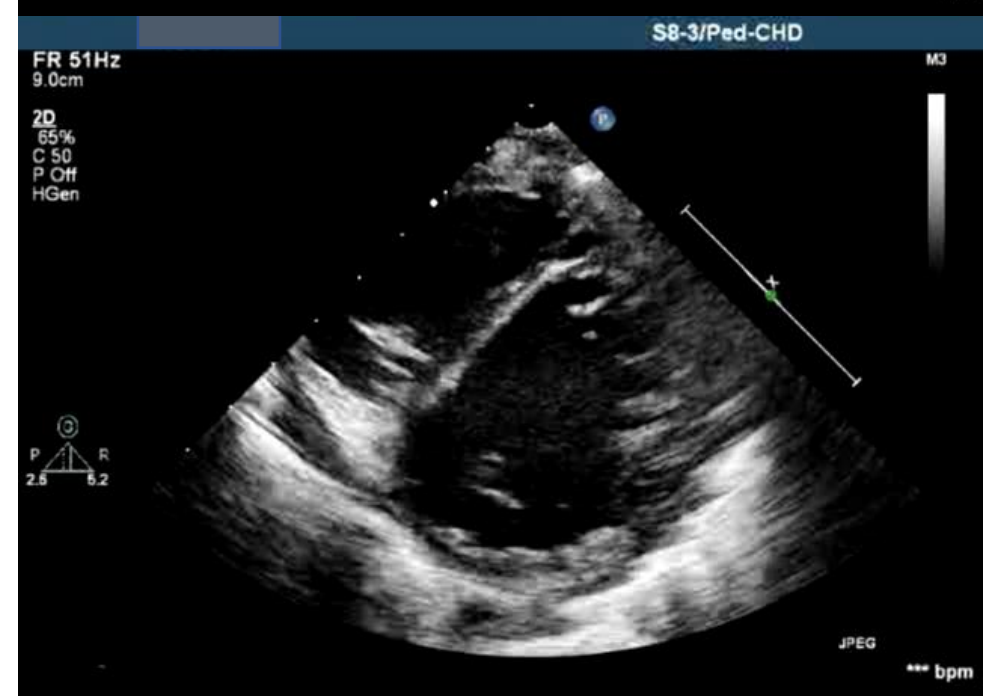
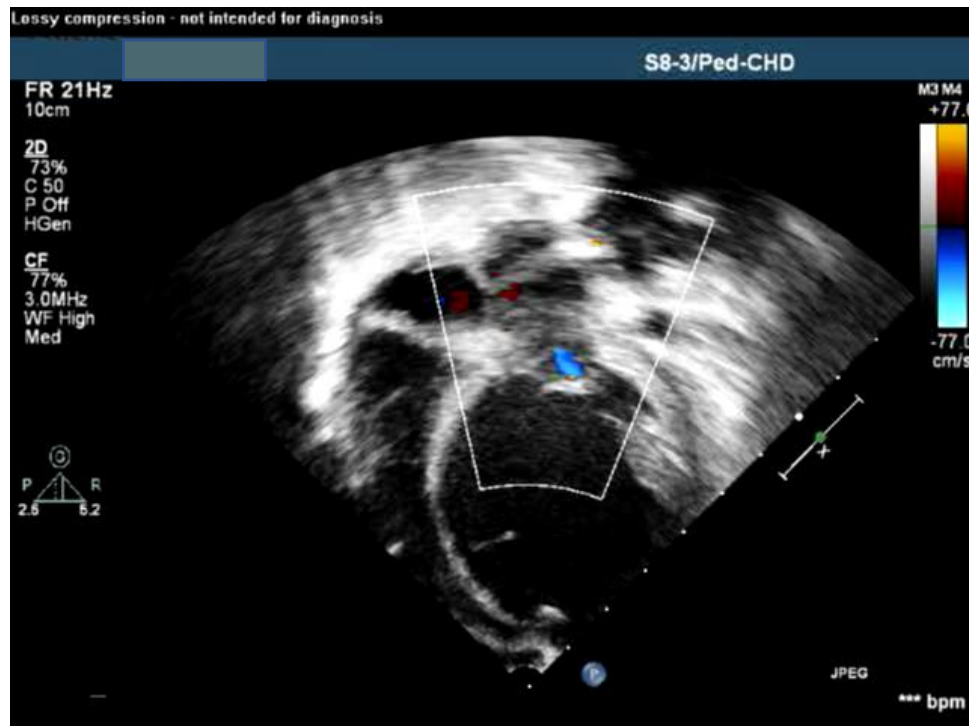


# Successful Resynchronization Therapy for an infant with dilated cardiomyopathy

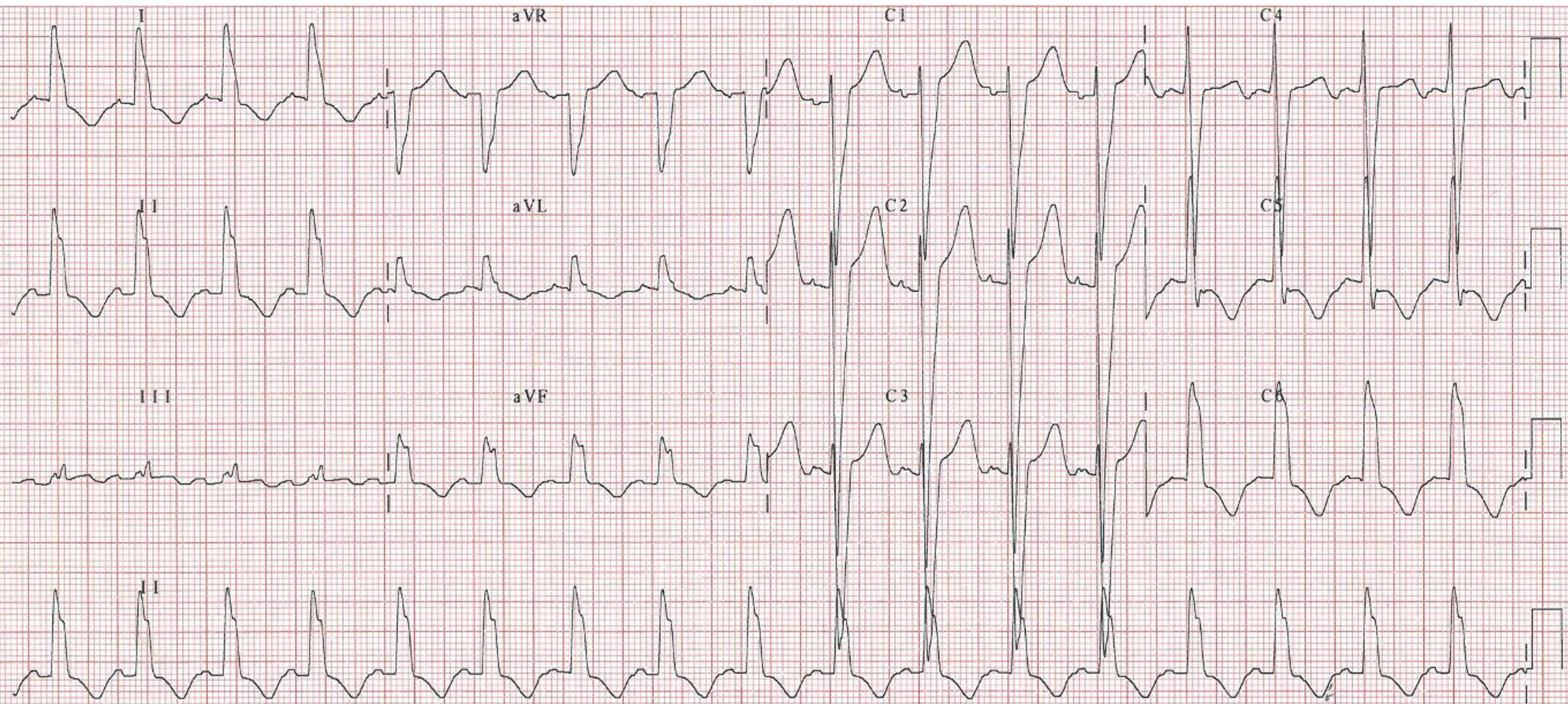
Department of Paediatric Cardiology, Queen Mary Hospital, Hong Kong

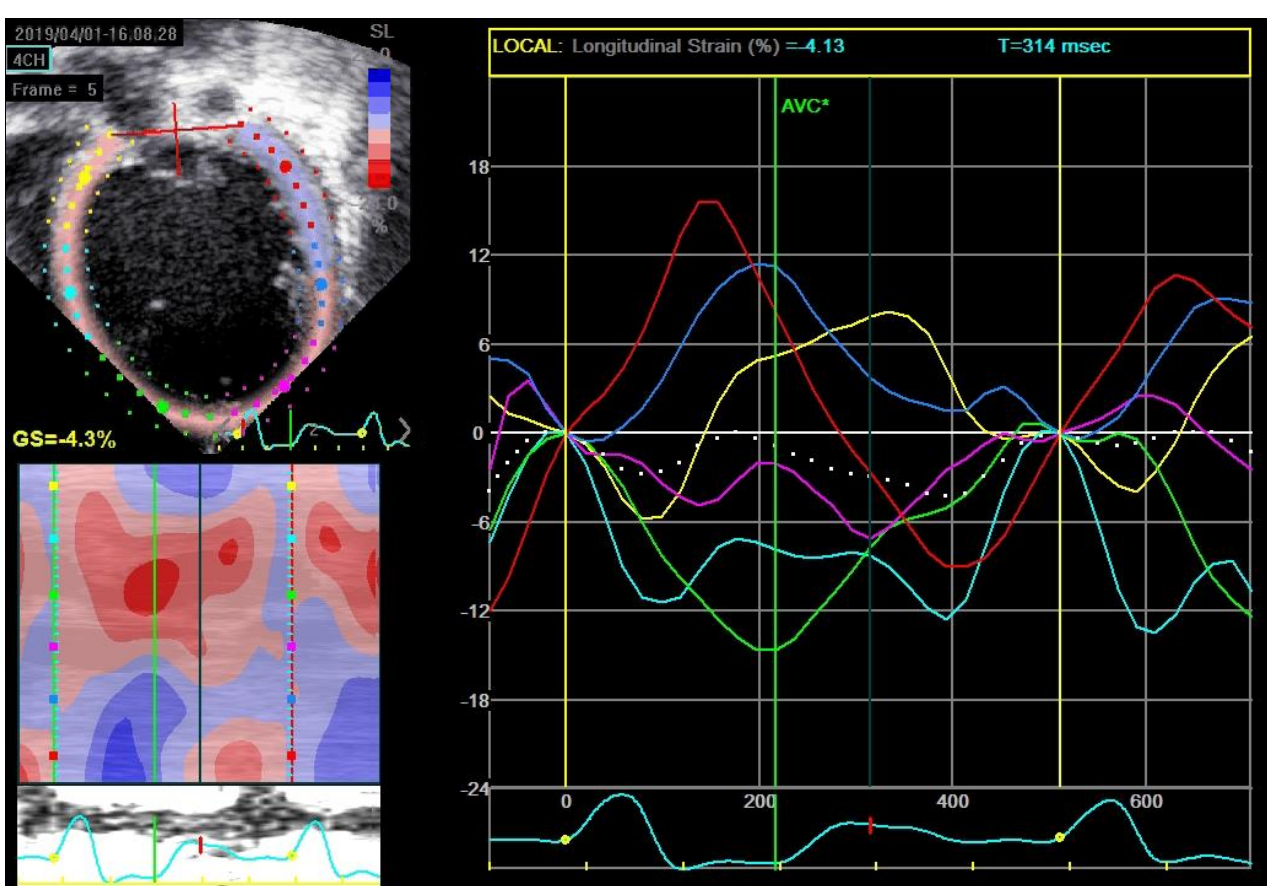
# 4 month old

- Ex-prem 35 week  
Birth weight 2.4 kg
- Incidental findings of cardiomegaly



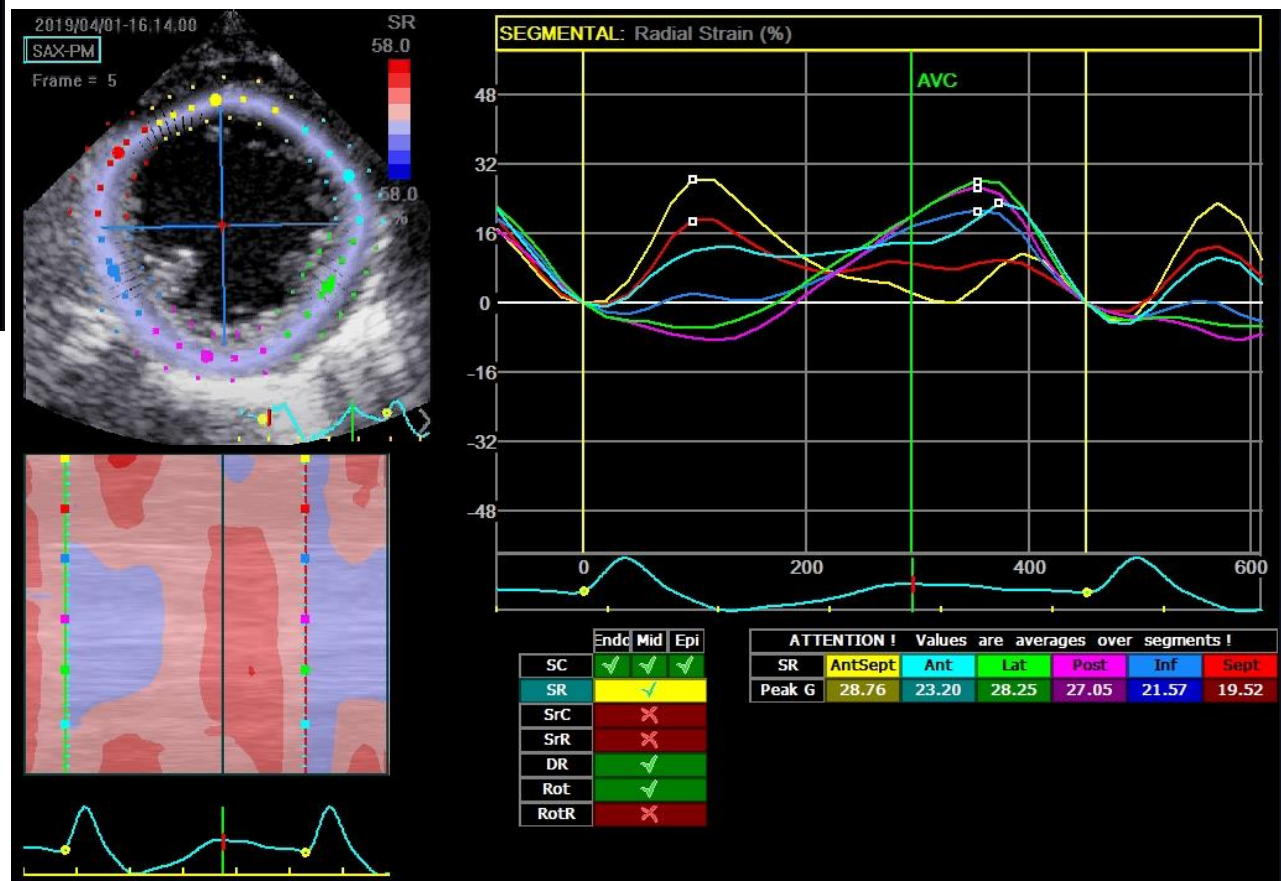
- Metabolic / genetic work-up negative
- Medical treatment : diuretics, enalapril, carvedilol, digoxin
- NT-proBNP – 13700 pg/ml
- Readmit because of heart failure exacerbation and failure to thrive

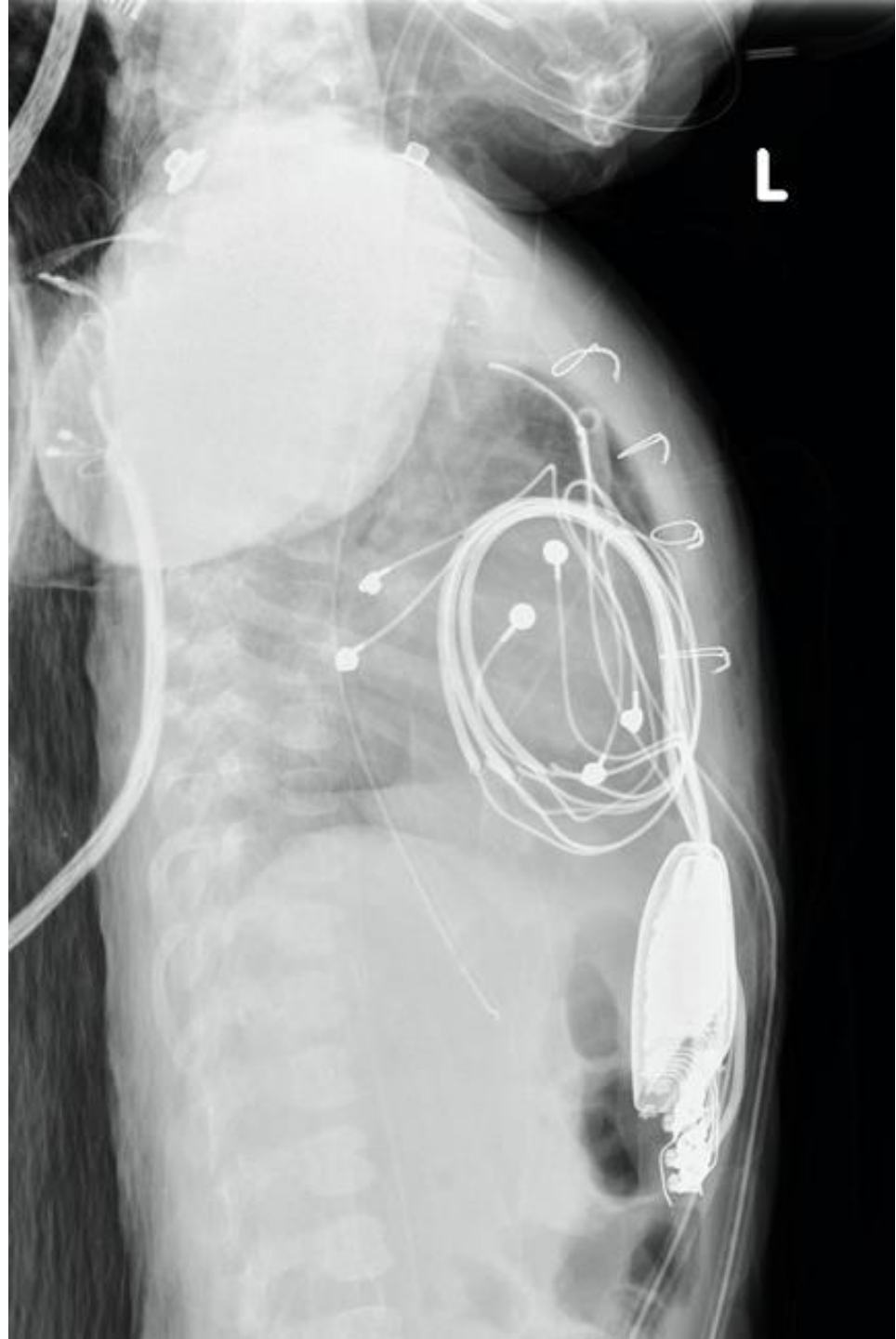
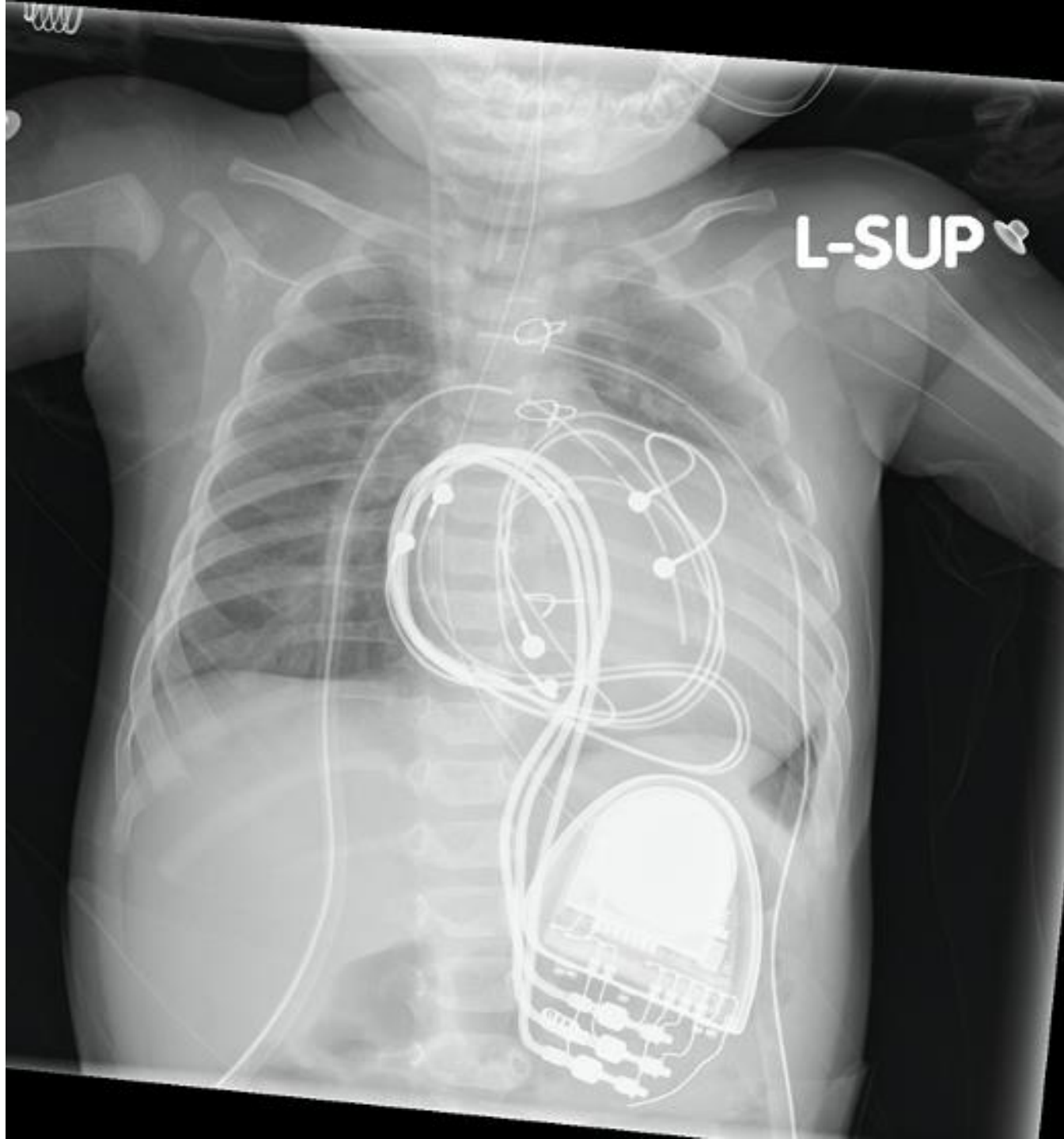




Longitudinal Strain

Radial Strain



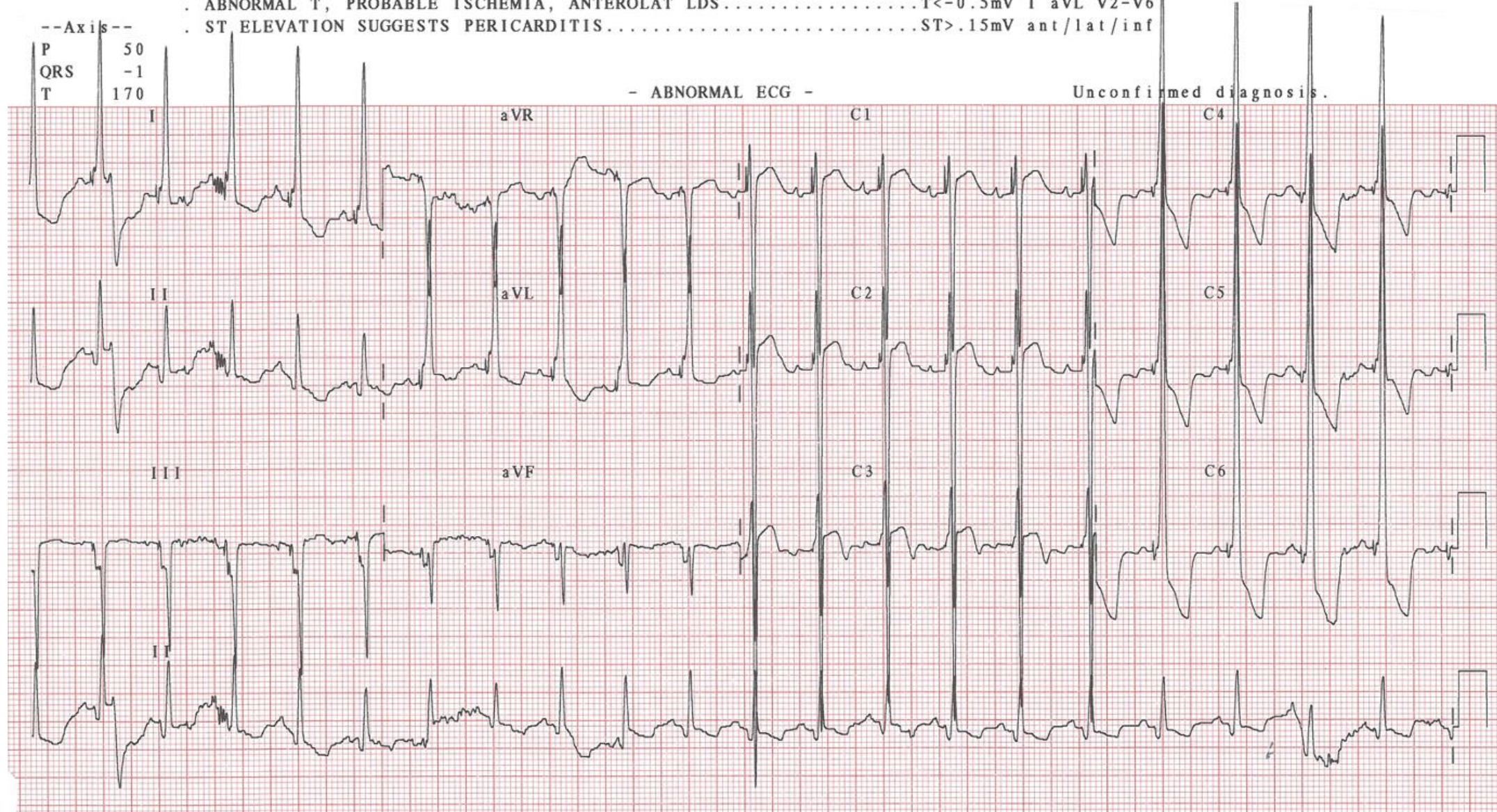


Rate 123 . AGE NOT ENTERED, ASSUMED TO BE 50 YEARS FOR PURPOSE OF ECG INTERPRETATION  
 PR 128 . SINUS TACHYCARDIA, RATE 123.....normal P axis, rate>=100  
 QRSD 92 . MULTIPLE VENTRICULAR PREMATURE COMPLEXES.....short R-R, aberrant QRS  
 QT 284 . RIGHT ATRIAL ABNORMALITY.....P>0.25mV 2 leads/<-0.24mV aVR/aVL  
 QTc 406 . LVH WITH SECONDARY REPOLARIZATION ABNORMALITY.....LVH voltage, ST-T abn  
 . ABNORMAL T, PROBABLE ISCHEMIA, ANTEROLAT LDS.....T<-0.5mV I aVL V2-V6  
 . ST ELEVATION SUGGESTS PERICARDITIS.....ST>.15mV ant/lat/inf

--Axis--  
 P 50  
 QRS -1  
 T 170

- ABNORMAL ECG -

Unconfirmed diagnosis.



FR 51Hz  
9.0cm

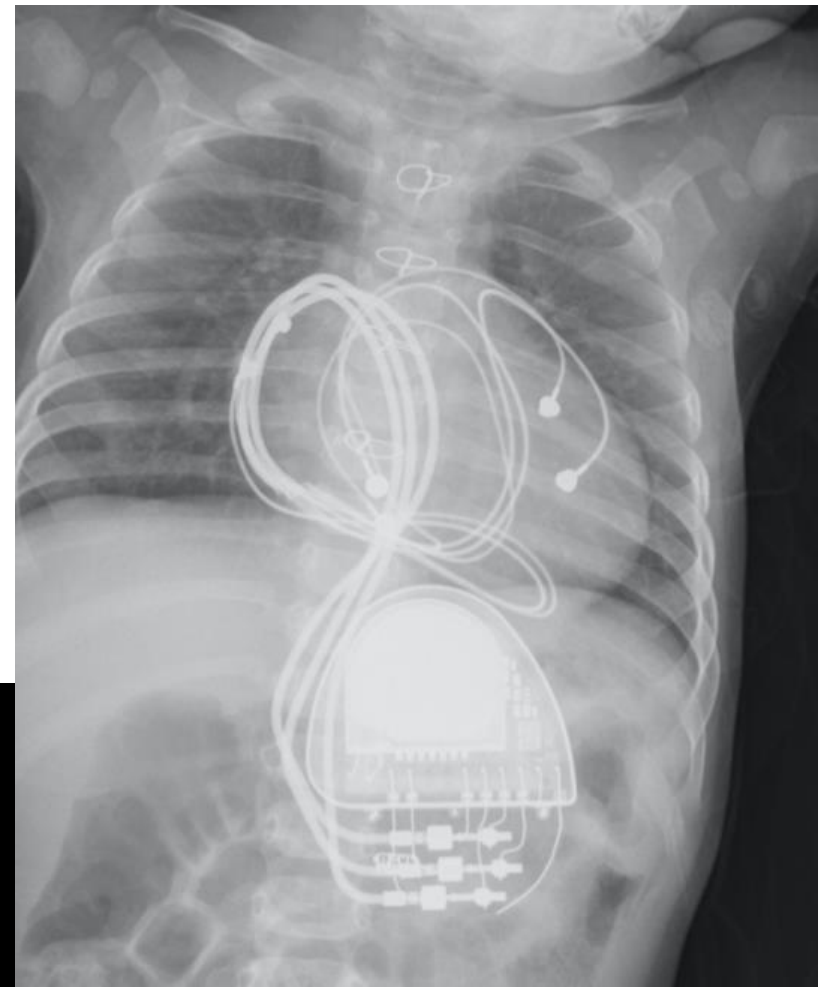
2D  
75%  
C 50  
P Off  
HRes



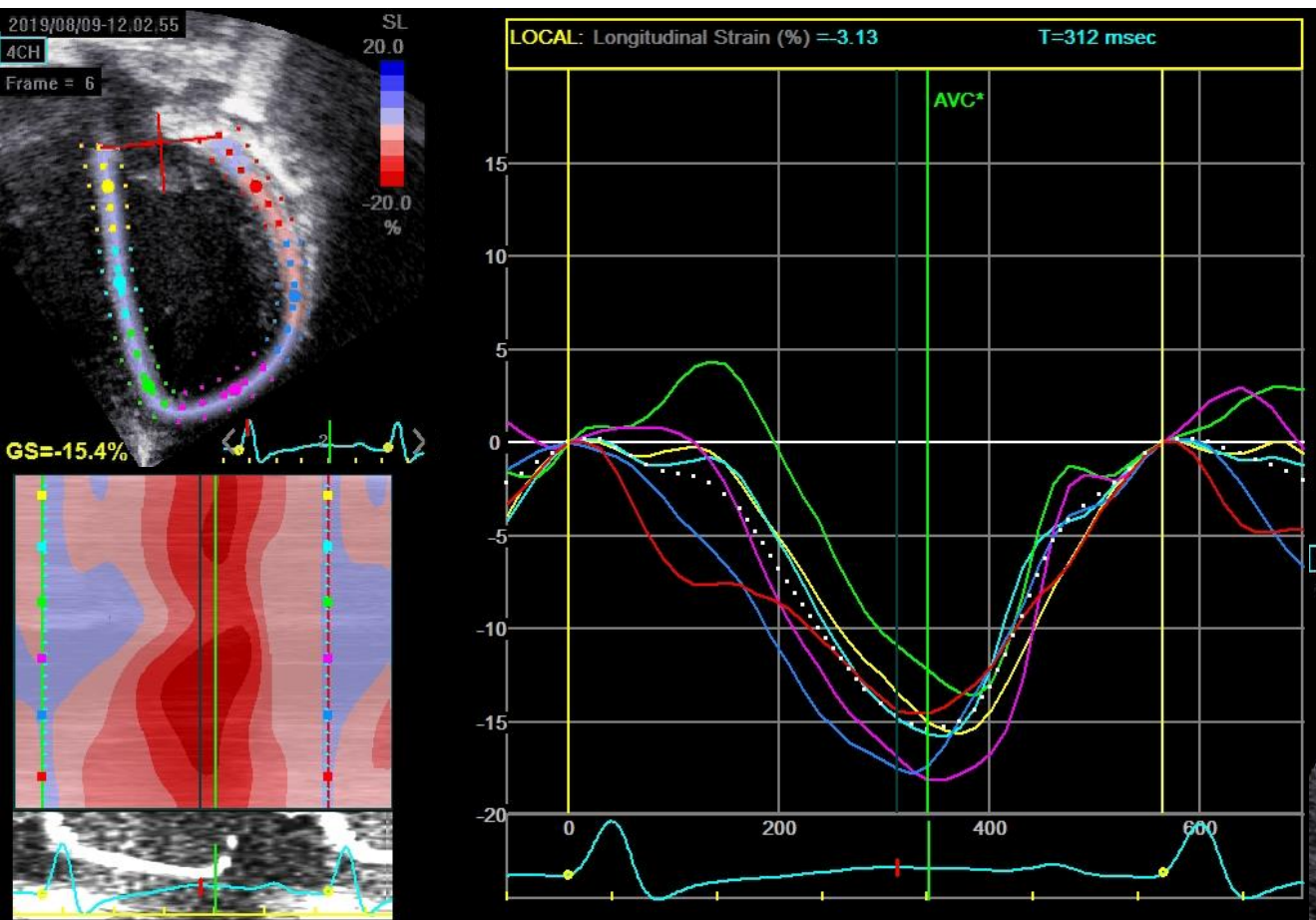
M3



Lossy compression - not intended for diagnosis  
ALC







Longitudinal strain

NT-proBNP – 876 (4 month post CRT)

Radial strain

