## TORSADE DE POINTES

### Aetiology
- Prolonged QTc (esp if >500); female; bradycardia; recent conversion from AF; CCF; digoxin; severe hypoMg/K/Ca; severe myocardial disease; IHD; hypothyroid; arrhythmias with long pauses; CRF; class Ia, Ic, sotalol, amiodarone or any other drugs that prolong QTc / repolarisation; often occurs in structurally normal hearts

### Assessment
- Cyclical multiform ventricular ectopic complexes that vary about isoelectric axis, due to 2 ventricular ectopic foci; rate 150-300; QT >600 (QTc >400); ectopy; bradycardia; high grade AV block; long-short initiation sequence (late premature ventricular ectopic, R on T phenomenon); to make diagnosis must have prolonged QTc on a previous ECG; usually short lived but recurrent

### Management
- Avoid class I anti-arrhythmics, amiodarone, beta-blockers; replace K
- **If sustained:** DC cardioversion
- **If non-sustained:** MgSO4 2g over 1-2mins → 1-2g/hr; isoprenaline (increases HR to 120 to overdrive pace); overdrive pacing; calcium; shock if compromised, but **relatively resistant**; correct underlying cause; pacemaker
- **If no pulse:** treat along normal lines
- Polymorphic VT with normal QTc is treated along conventional lines