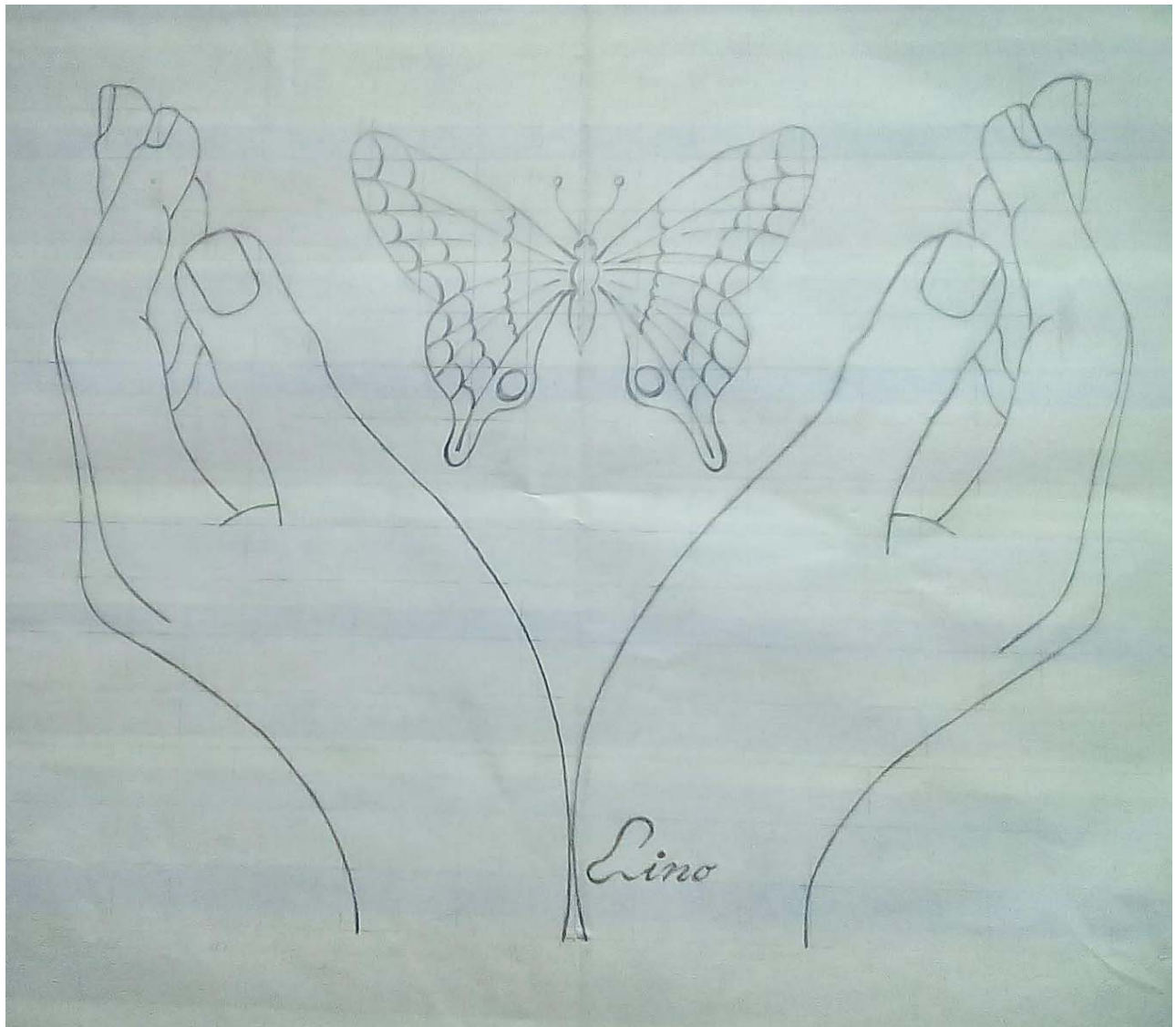


INTERNATIONAL JOURNAL OF MEDICAL AND NURSING APPROACH (IJMNA)

Volume 2 (issue 2)

June 2021



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Via Appia Lato Itri 37/41

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A rare case of Atrial fibrillation in young subject due to overtraining.

* Lanzante D.L.,** Paparello P.T., *** Taurisano S., ****Marchitto N.,*****Raimondi G.

* Ospedale Evangelico Betania, Naples, Italy; ** UCTO Latina, Italy; *** Mental Health Dept Latina Sabaudia 2b (Italy), **** San Giovanni di Dio Hospital, Fondi, Latina, (Italy); *****Sapienza University of Rome, Italy.

Keywords: over training, atrial fibrillation, young, dispnoea

Corresponding Authors: Lanzante D. L. e-mail: domenica.lanzante@libero.it

ABSTRACT

Background: The consequences of the loss of the mechanical function of the atrium and therefore of its contribution to the Cardiac Output of the ventricle may vary from different subjects. In some cases, atrial fibrillation is due to congenital heart abnormalities or damage to the heart structure due to heart attack or heart disease. In the absence of organic heart disease paroxysmal atrial fibrillation is generally well tolerated, without any hemodynamic effect therefore the arterial pressure remains normal and the only symptom felt by the subject may be a palpitation. In case of associated organic heart disease, this arrhythmia can instead determine a rapid deterioration of cardiac function. Rarely, even healthy individuals may develop atrial fibrillation that could be due to drug intake or ethyl abuse. The risk of occurrence of atrial fibrillation increases with the increasing of age and, only in some cases, the cause remains unknown (idiopathic atrial fibrillation). **Aim:** The aim of the study is to emphasize the role of Case Report to improve the clinical management of the patients that present a rare clinical problem (in young subject) with significant clinical relevance. **Case Report:** In the month of October we observed the patient D.B. in the First Aid of the Alfredo Fiorini Hospital. of 35 years old, with subsequent admission to the General Medicine department for persistence of high frequency atrial fibrillation not responding to therapy. Upon arrival at the emergency room at 23:06, he is alert and oriented, reporting tachycardia and dyspnea started in the evening. he denies drug-allergies and denies pathologies. From the family pathological anamnesis: father suffering from diabetes and hypertensive heart disease. Examination Objective: The thorax is normal, the pulmonary bases are free of pathological noises. Arterial pressure is 120/60 mmHg, heart rate of 117 bpm and oxygen saturation of 100%. Parameters of vitality in the standard the hypothesis of DAP (panic attack disorders) is proposed. An electrocardiogram shows a totally irregular rhythm of the ventricular complexes (QRS). In the following hours the systolic blood pressure oscillates between 95-97 and the diastolic pressure is constant on 60 mmHg, heart rate 120-129, saturation and respiratory rate in the normal. The following therapy is administered to the emergency department (Tab 1). During the hospitalization, numerous ECGs are performed to evaluate the progression of sinus rhythm and the effect of the therapy given to the emergency room. The persistence of FA required the addition of 4 fl of amiodarone in 500 cc of glucose solution 5% (Tab 2). After the

treatment the patient refer arrhythmic heart failure but reduction of dispnoea. **Discussion:** As at the first examen the patient D.B. presented normal clinical conditions and therefore was diagnosed a suspected DAP (Panic attacks disorders). DAP is a fequent disease in young people and the symptoms are sudden or they persist for less than 3 hours. The symptoms are characterized by breath short, palpitation or tachycardia as reported by the patient. The electrocardiogram shows the cause of the disorder: atrial fibrillation. **Conclusions:** Amiodarone is a drug used in atrial fibrillation with the aim of: 1) converting AF into sinus rhythm, 2) improving the percentage of electrical cardioversion, 3) reducing early recurrence and 4) maintaining sinus rhythm. The patient is asymptomatic, has a good hemodynamic compensation, the blood pressure is 130/70 mmhg and the heart rate 62 bpm but remains the unknown factor of the origin of the Atrial Fibrillation. The patient reports to perform competitive sports (cycling) and to take unspecified supplements. Given the young age of the patient who also performs competitive sports activities, a DAP was initially suspected but the simple execution of an electrocardiogram allowed to document the presence of an FA. Considering that an agonist sportsman is strictly controlled there arose the question about the probable etiopathogenesis of FA not knowing the composition of the substances taken. In our opinion, the possibility of substance-induced tachyarrhythmia can not be ruled out.

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