

좌각차단을 가진 환자에서 혈액투석 도관시술 중에 발생한 완전 방실차단 1례

영남대학교 의과대학 내과학교실 신장내과

서준혁, 강석희, 이수정, 황문주, 최은우, 조규향, 윤경우, 도준영, 박종원

Complete Atrioventricular Block During Hemodialysis Catheter Insertion in a Patient with Pre-existing Left Bundle Branch Block

Joon Hyuk Seo, Seok Hui Kang, Su Jung Lee, Mun Ju Hwang, Eun Woo Choi,
Kyu Hyang Cho, Kyung Woo Yoon, Jun Young Do, Jong Won Park

Division of Nephrology, Department of Internal Medicine, Yeungnam University Hospital

Heart block and arrhythmia are complications of catheterization. Injury to the conducting system of the heart induces the right bundle branch block (RBBB). We report a patient with left bundle branch block (LBBB) who developed Complete atrioventricular block (AVB) during hemodialysis catheter insertion. A 73-yr-old male was admitted with dyspnea. He had a history of chronic kidney disease, diabetes mellitus, dilated cardiomyopathy, and hypertension. Chest X-ray showed pulmonary congestion and the serum creatinine was 7.17 mg/dL. At admission, the electrocardiogram showed a newly developed LBBB. Emergency coronary angiography showed no significant coronary artery disease. Use of a tunneled cuffed hemodialysis catheter of the right internal jugular vein was planned. Soon after the guide wire was passed, the ECG changed LBBB to AVB. However, his blood pressure was 130/70 mmHg with a pulse rate of 37 beats/min. He did not complain dyspnea or chest discomfort. AVB was recovered with conservative management.

Key Words: 혈액투석, 완전방실차단, 좌각차단

Hemodialysis, Atrioventricular block, Bundle branch block