NOT ALL PAUSE NEED TO BE RESET

Ahmad Faiz Bin Mohd Ezanee
Tan Ru Hoi
Leong Chew Wei
Nur ‘Atiqa Izzah Binti Sharidon
Cheng Yi Zhi
Hidayati Alimi Bin Keya Nordin
Tan Yi Shan
Joel Mathews
Izzatul Nadzirah Binti Ismail
Ummu Atiqah Binti Norazmi
Ku Raziana Binti Ku Md Razi
Kantha Rao A/L Narasamuloo
Satvinder Singh A/L Gian Sigh
Saravanan A/L Krishnan

Introduction: Cardiac rhythm during sleep is influenced by the autonomic nervous system and various pathological states. Most arrhythmias that occur during sleep are detected incidentally on HOLTER monitoring, and are in fact benign. However, sometimes they may be an important clue to an underlying disorder requiring further investigation and treatment. A case of 33 year-old obese lady with underlying hypertension was admitted for unstable angina after unresolved epigastric pain with proton pump inhibitor (PPI). Coronary angiogram was done showed normal coronaries. ECHO was done and showed no RWMA present with diastolic dysfunction Grade 1 with impaired LV filling pressure with preserved LVEF of 67%. Further history from patient revealed she has obstructive symptoms and sleep study was done upon discharge.

Methods: Sleep study was done showed frequent episodes of apnea with apnea episodes of 278 times throughout the studied time 280.9 (hr/min/sec) or more the 59.4 times per hour. Patient also experienced a decrease in oxygen desaturation (time in bed) for 843 times (98.7 index) during the night, and SpO2 desaturation to a minimum of 59%. HOLTER done showed frequent episodes of sinus pause correlated with sleep apnea episodes.

Result: Patient is currently under Otorhinolaryngology (ENT) follow up and plan for bariatric surgery in for her obesity treatment.

Conclusion: The evidence reviewed in this paper emphasizes the association between sleep disorder breathing (SDB), in particular, Obstructive sleep apnea (OSA) and cardiovascular problems, particularly arrhythmias that is not significant to be treated with pacemaker and need to treat the underlying OSA.