

A 67-Year-Old Man With Palpitations During Sleep



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CASE PRESENTATION: A 67-year-old man with a history of atrial fibrillation (AF) presented to his physician with symptoms of episodic, nighttime palpitations and excessive daytime sleepiness. Four years prior he underwent radiofrequency ablation after a confirmed diagnosis of AF with subsequent resolution of his palpitations. His palpitations returned approximately 1 year following the ablation. These events would occur only at night and awake him from sleep. Holter monitoring showed baseline sinus rhythm with multiple episodes of AF with rates of 75 to 169 beats/min. These events were all nocturnal and correlated with the symptom diary; episodes ranged from 45 min to 2 h. An echocardiogram showed normal left ventricular size and ejection fraction with a mildly enlarged right atrium (4.38 cm) and no evidence of pulmonary hypertension. CHEST 2018; 154(4):e97-e100

Physical Examination Findings

Physical exam revealed an obese man with a BP reading of 145/78 mm Hg, heart rate of 78 beats/min, and oxygen saturation of 97%. Cardiac exam revealed regular rhythm, normal S1, S2, and no murmurs. Pulmonary exam revealed distant breath sounds without any wheezing. Abdomen was obese, and extremities were without edema.

Diagnostic Studies

The patient's wife reported that he snored loudly and had occasional apneic episodes, and the patient was referred for a monitored sleep study. The apnea-hypopnea index (AHI) was 36 events/h overall with nadir desaturation to

72%. The rapid eye movement sleep AHI was 69 events/h, and the supine AHI was 80 events/h. There were occasional short runs of AF on the night of the polysomnography correlating with decreased air flow during the CPAP titration portion of the study (Figs 1, 2). CPAP at 10 cm H₂O treated the sleep-disordered breathing and normalized the oxygen saturation. The patient reported resolution of the palpitations following adherence with CPAP. Figures 1 and 2 show a portion of the patient's polysomnogram during CPAP titration. A follow-up Holter monitor revealed no further AF. This case shows the importance of a sleep history in cardiovascular patients and that treatment of OSA can improve cardiovascular comorbidities.

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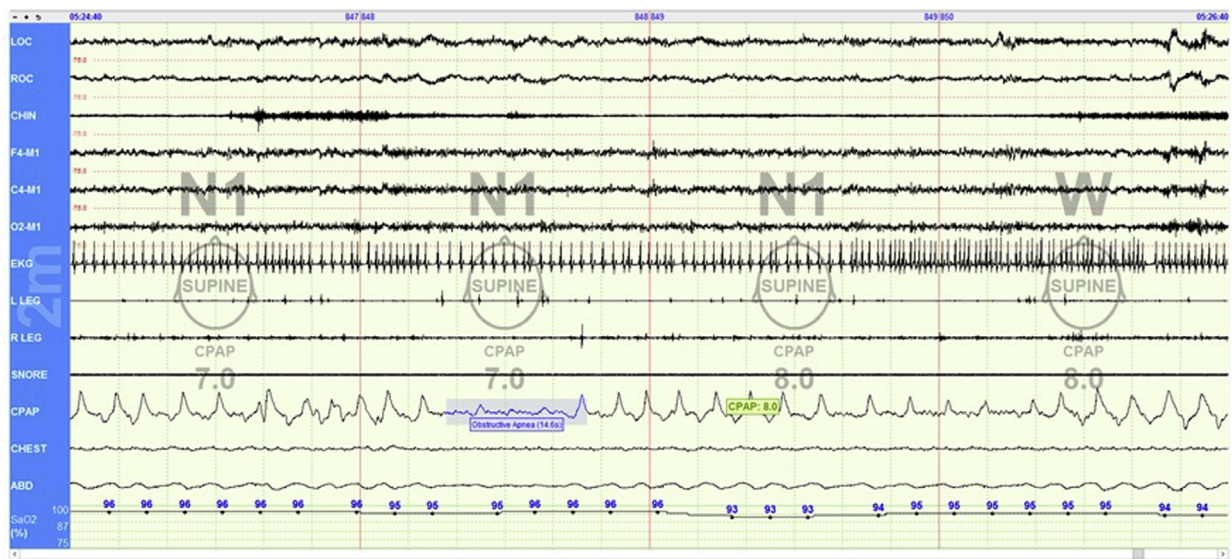


Figure 1 – Two-minute epoch during the CPAP portion of the study.

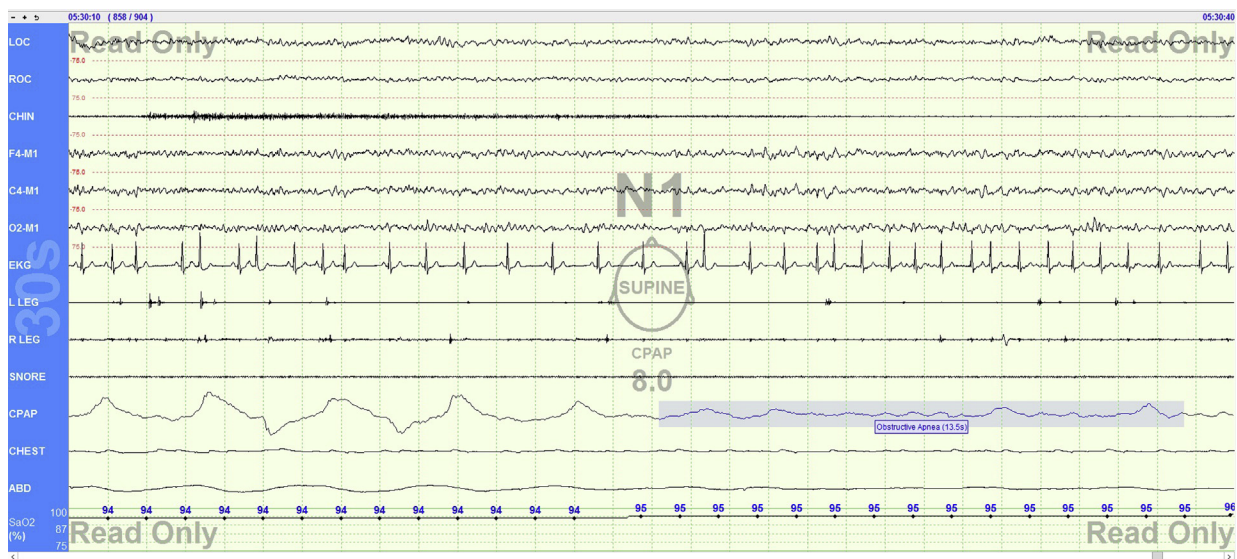


Figure 2 – Thirty-second epoch during the CPAP portion of the study.

What is the diagnosis?

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