



Figure 2. Antiarrhythmic medication was started with Propafenone. On follow-up 12-lead electrocardiogram, all of the PACs conducted. P, P wave; PAC, premature atrial contraction.

ed. On follow-up Holter monitor recordings, the prevalence of premature beats decreased and the mean heart rate increased to 128 bpm. All of the PACs were monitored on ECG (Figure 2). Premature beats were not observed on the ECG obtained 2 months after discharge and normal sinus rhythm was restored.

PACs which are common in neonates, are usually benign, and do not require specific therapy⁽⁴⁾. Most PACs result in a normal QRS morphology. If the PACs occur when AV node is refractory, the impulse will not be conducted to the ventricle and may therefore give the appearance of a marked sinus bradycardia⁽⁵⁾. Sometimes, PAC wave may not be easily visible on the surface ECG, especially if it is superimposed on the T wave of the preceding sinus beat. If this premature P wave is not obvious, the pause may be incorrectly diagnosed as a sinoatrial block. In the presented case, PAC wave can be easily distinguished. Furthermore, both blocked atrial bigeminy and also second-degree atrioventricular block with 2:1 conduction block both present as ventricular bradycardia. Propafenone hydrochloride, a class IC antiarrhythmic agent, combines sodium its channel-

blocking effects with β -blocking capacities and a weak calcium antagonism. Oral propafenone is effective for the suppression of PACs-induced bradycardia and supraventricular tachycardias^(6,7). In this patient, propafenone was used successfully to prevent bradycardia and tachycardia. Administration of antiarrhythmic drugs to patients with marked bradycardia seems inappropriate. However, suppression of PACs led to a paradoxical increase in heart rate. Blocked PACs can be a rare cause of bradycardia in newborn, so it is necessary to analyze ECGs carefully. Without the careful review of surface ECGs, the patient may have undergone pacemaker implantation. Propafenone can be used safely and effectively in such patients.

Conflicts of Interest

None.

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