

Termination of paroxysmal supraventricular tachycardia with P6 acupressure

Feng Zhao · Suyang Cui · Man Zheng

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To the Editor:

Paroxysmal supraventricular tachycardia (PSVT) is a common arrhythmia characterized with sudden onset of regular and narrow QRS complex tachycardia. P6 (Neiguan) is a well-known acupoint lessening postoperative nausea and vomiting (PONV) [1]. Here, we present a case of PSVT successfully terminated by P6 acupressure during anesthesia.

A 51-year-old woman underwent titanium plate removal surgery with spinal anesthesia. Preoperative 12-lead electrocardiogram (ECG) showed sinus rhythm and normal heart rate (Supplementary Fig. 1). Spinal anesthesia was performed with ropivacaine 15 mg, and adequate anesthesia was controlled at the L1 level. When the supine posture was changed to Trendelenburg position, she complained of chest tightness. Her BP was 131/84 mmHg. The ECG showed a narrow complex tachycardia with heart rate of 138–160 beats per minute and absence of P waves. ST depression with 3 mm is also noted in lead II (Supplementary Fig. 2). A diagnosis of PSVT was made. Immediate management included changing to supine posture, carotid sinus massage, and slight ocular compression, but these interventions failed. Just before adenosine (50 µg/kg)

was given intravenously, P6 acupressure was suggested. Obtaining the patient's permission, P6 acupressure was performed with the thumb for continuous compression at the acupoint. To our surprise, her heart rate dropped to 76 bpm in 5 s, and the ECG converted to sinus rhythm from then on (Supplementary Fig. 3). No further episodes of PSVT occurred, and she was discharged home 5 days later.

P6 stimulation was reported to reduce heart rate through increasing vagal modulation [2]. Compared with vagal stimulation maneuvers and anti-arrhythmic drugs, P6 acupressure is relative safe and easy to perform. Further confirmation should include randomized controlled clinical studies.

Conflict of interest There is no conflict of interest about this article.

References

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F. Zhao (✉) · S. Cui · M. Zheng
Department of Anesthesiology, Affiliated Hospital of Nanjing
University of Chinese Medicine, Nanjing 210029, China
e-mail: anesthiatcm@163.com