Terminal Arrhythmia due to Hyperkalemia Corrected by Intravenous Calcium Infusion

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Dear Sir,

the ECG changes due to hyperkalemia have been known since the contribution of Merrill et al. [1] in 1950. Hemodialysis can quickly normalize the severe ‘sinus wave’ arrhythmia that is generally considered a terminal event but it is difficult to document the ECG pattern of transition from the life-threatening arrhythmia to the sinus rhythm.

We present the ECG strip (recorded on admission to the hospital) of lead II of a patient with severe hyperkalemia (serum K+ 9.0 mmol/l) due to acute renal failure.

Fig. 1. ECG (lead II) in hyperkalemia before (A) during (B) and after (C) intravenous calcium infusion.

References