**VENTRICULAR TACHYCARDIA STORM ON THE SAME DAY OF ICD IMPLANTATION FOR PRIMARY PREVENTION. WHAT HAPPENED?**

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*Background*: The risk of defibrillator shock after implantable cardiac defibrillator (ICD) implantation for primary prevention is approximately 5% per year. It is very rare for a patient to have an appropriate ICD shock for a ventricular tachycardia (VT) storm on the very day of implant. We present a patient who underwent subcutaneous ICD(s-ICD) placement and had VT storm on the same day of implantation due to severe hyperkalemia.

*Case*: A 35 year old male with a history of nonischemic cardiomyopathy, ejection fraction of 20% and end stage renal disease on hemodialysis was admitted for elective s-ICD placement. His last dialysis was the day before procedure. All serum electrolyte levels the day of the procedure were within normal range. Patient underwent s-ICD implantation without any complications. Later that evening, the patient began complaining of dizziness. He was bradycardic with typical electrocardiogram changes for hyperkalemia. The patient subsequently developed wide complex tachycardia eventually degenerating into a VT storm. The defibrillator delivered multiple appropriate ICD shocks during this rhythm. *Decision making*: Dialysis associated hyperglycemia is a well-documented but oft forgotten cause of hyperkalemia in hemodialysis patients. Given the heightened concern for possible hyperkalemia from the electrocardiogram the patient was immediately transferred to the cardiac ICU. Serum potassium level was 8.6mEq/L and glucose level was 360mg/dl. The patient underwent emergent hemodialysis with normalization of his potassium levels down to 4.4mEq/l and his glucose levels down to 140mg/dl. He improved clinically back to his baseline.

*Discussion*: ICD shocks are highly unusual on the day of implant. In our case, VT storm was triggered by hyperkalemia and early recognition resulted in successful resuscitation. High index of suspicion for hyperkalemia secondary to dialysis-associated hyperglycemia is warranted in hemodialysis patients. Close monitoring of electrolyte levels, especially post-implantation, may prevent serious arrhythmias.