

# Images in clinical medicine



## Electrocardiogram of a patient on COVID-19 treatment



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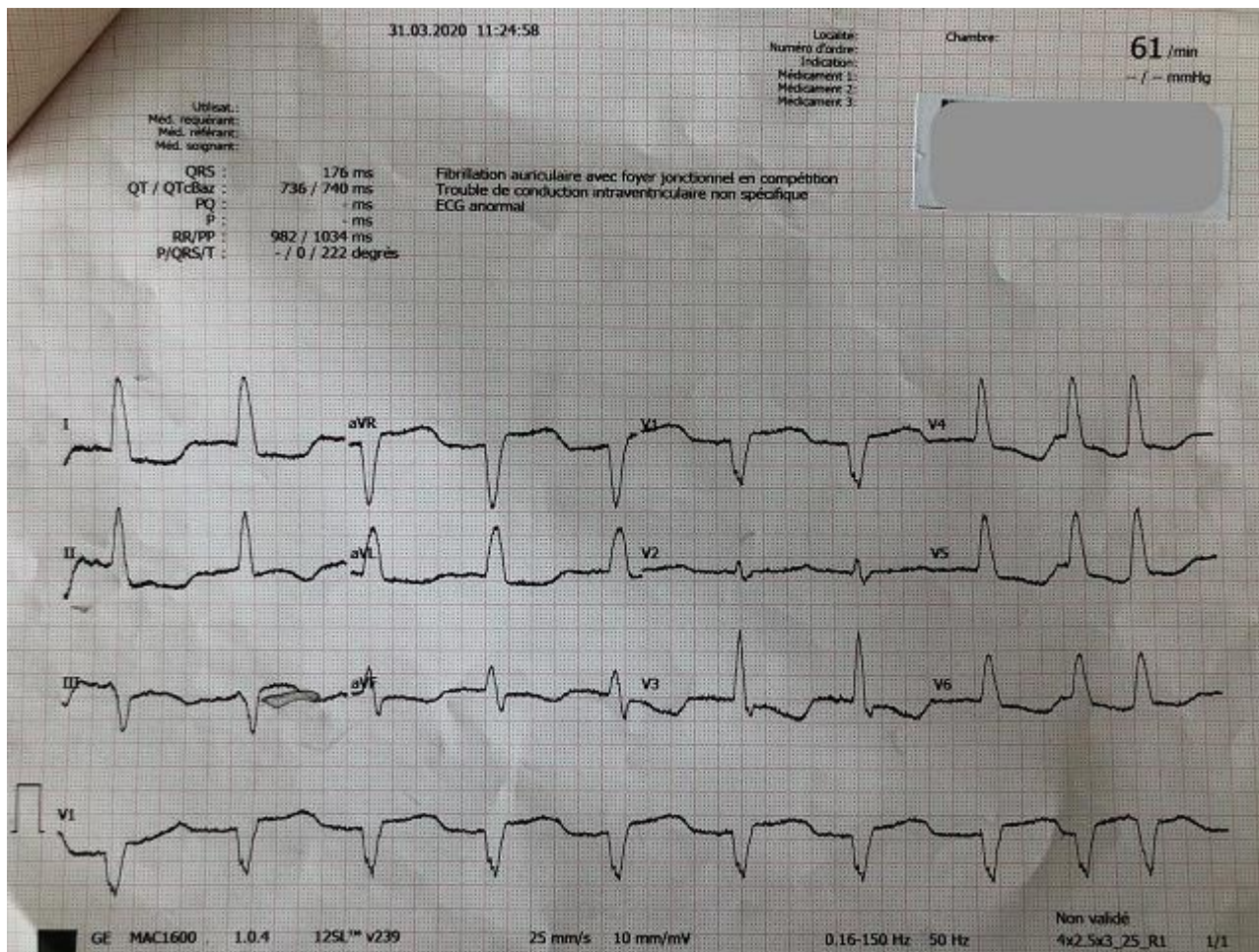
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Coronavirus disease 2019 (COVID-19) caused more than two million confirmed cases and approximately 167,000 deaths worldwide as of April 20, 2020. The hydroxychloroquine is the first drug reported to be effective against COVID-19 in the first clinical studies in China, but this treatment has mainly cardiac side effects, we report a case of a patient with signs of cardiac toxicity to hydroxychloroquine. A 60-year-old male with history of arterial hypertension with calcium channel blocker came in with cough and fever, on infection by COVID-19 confirmed by PCR test, placed on hydroxychloroquine and

azytromycin. On the basic ECK he had a sinus rhythm and complete left branch block (LBB) with an adjusted QTc interval at 500 ms, after the second day of the treatment he presented this aspect (A): atrial fibrillation, with complete LBB and adjusted QTc interval at 664 ms, we had to stop the treatment, with restoration of the sinus rhythm and normalization of the QT space five days after stopping treatment. The cardiac toxicity of hydroxychloroquine must be sought by a systematic ECK before and after its administration and must not be a limitation of its prescription in the COVID-19 pandemic.



**Figure 1:** electrocardiogram: atrial fibrillation with complete LBB, the Heart rate is 62 beat per minute, the adjusted QTc interval (bazett formula) is 664 ms