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# Unusual Presentation of Arrhythmogenic Right Ventricular Dysplasia in an Elderly Patient

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## Description

Arrhythmogenic Right Ventricular Dysplasia (ARVD) is a genetic myocardial disorder characterized by progressive fibrofatty infiltration, predisposing to arrhythmias and sudden cardiac death, primarily affecting young individuals [1,2]. Here, we present the case of an 87-year-old female with no significant medical history, initially admitted for chest pain and palpitations. Initial evaluation showed normal blood pressure (110/90 mmHg), heart rate (65 bpm), and ECG findings of inferior-septal-lateral ST-segment depression. Transthoracic echocardiography revealed preserved left ventricular function. The high-sensitivity troponin levels were elevated at 1100 ng/L. Coronary angiography was unremarkable. During hospitalization, she experienced sustained ventricular tachycardia with a superior axis (Figure 1), responsive to amiodarone. MRI confirmed right ventricular aneurysm (Figure 2) and segmental dyskinesia, supporting the diagnosis of ARVD based on major diagnostic criteria. Genetic counseling did not reveal specific findings. Treatment initiated included beta-blockers and amiodarone. A multidisciplinary discussion advised against implanting an Implantable Cardioverter-Defibrillator (ICD). This case highlights the rare presentation of ARVD in the elderly, illustrating the diverse clinical manifestations and the pivotal role of advanced imaging modalities like MRI in diagnosis and management decision-making. It underscores the importance of tailored therapeutic strategies for complex cardiac conditions, particularly in older adults.

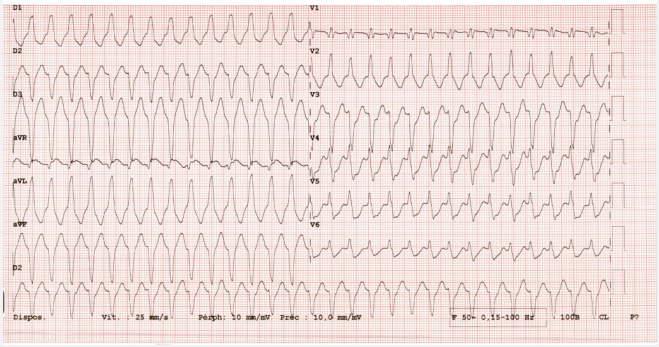

**Figure 1:** ECG demonstrated sustained ventricular tachycardia with a superior axis.

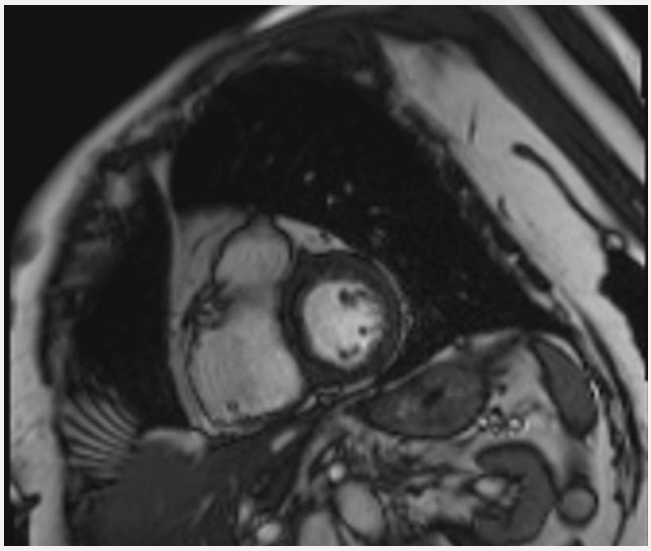

**Figure 2:** Cardiac magnetic resonance imaging demonstrated right ventricular aneurysm.

## Declarations

**Ethical approval**: Written informed consent was obtained from the patient described in this article.

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