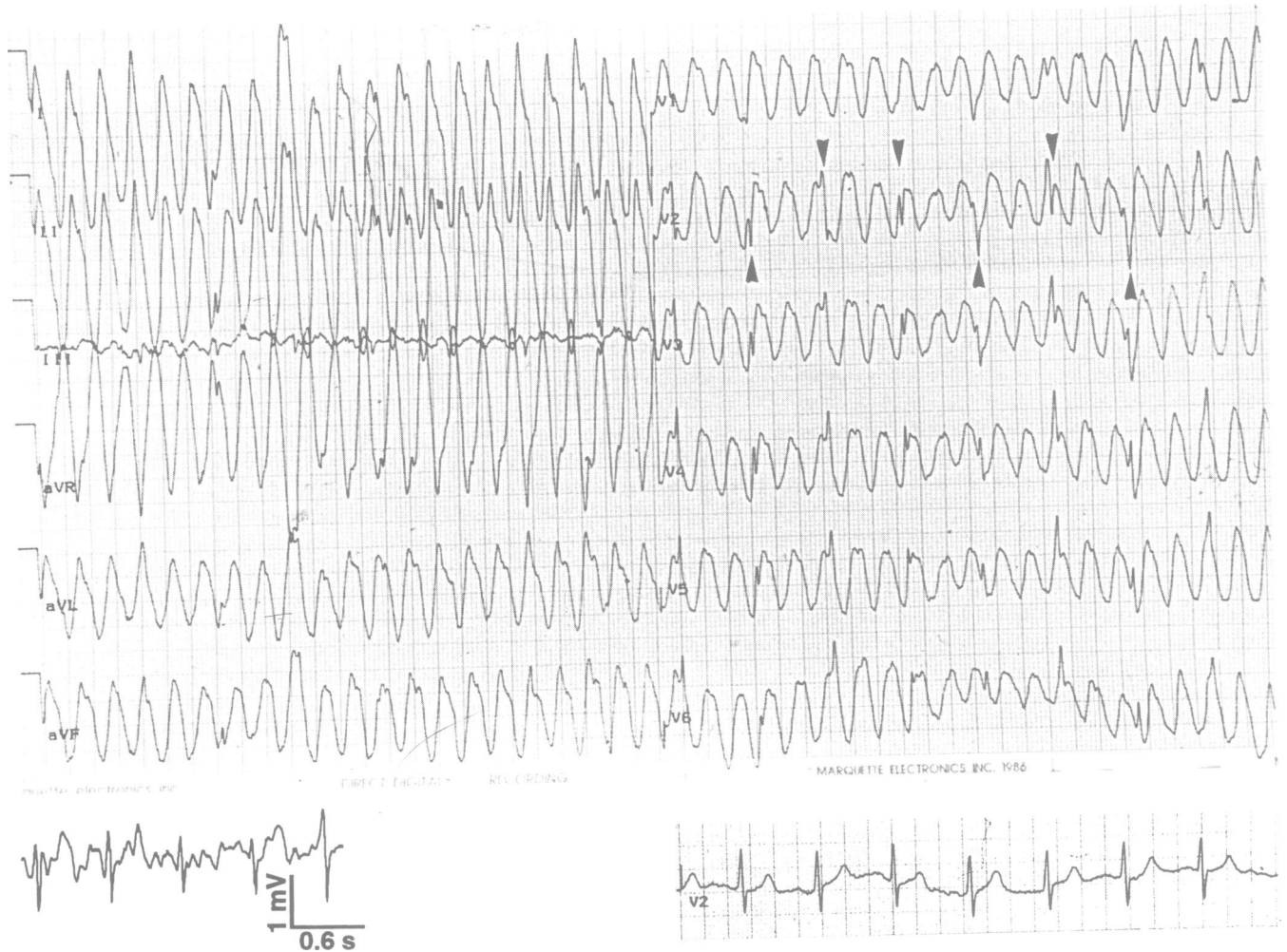


## NEUROLOGICAL PICTURE

## Electrocardiography in a patient with tremulant Parkinson's disease



Electrocardiography of an 82 year old patient with tremulant Parkinson's disease recorded on admission to hospital.

*Top*—A 4 Hz-tremor caused an artifact, which could lead to the erroneous diagnosis of atrial fibrillation in Wolff-Parkinson-White syndrome or ventricular flutter. A closer look, however, allows identification of the artifact: in lead III the tremor is not visible (tremor amplitude was smallest in the left leg) and the underlying QRS complexes can be recognised (arrowheads in V2).

*Below left*—Lead V2 was digitised at a sampling frequency of 400 Hz and filtered to eliminate the 4 Hz tremor. Underlying QRS complexes are now readily visible and occur at a frequency of 96 bpm. The pulse rate of the patient, who did not show any sign of cardiac distress, was 96 bpm.

*Below right*—After 10 days of treatment with amantadine and levodopa tremor had almost disappeared and the ECG showed normal sinus rhythm (Lead V2)

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