Correct answer 3: pre-excited atrial fibrillation

Comment:

In patients with an accessory pathway a short antegrade refractory period can result in atrial fibrillation with rapid, irregular, ventricular activation via the accessory pathway that can result in hemodynamic compromise and can trigger ventricular fibrillation. Scar-related ventricular tachycardia involves a reentrant circuit and usually presents as a regular wide complex tachycardia. Typical atrial flutter with 1:1 conduction over the accessory pathway would also present as a regular wide complex tachycardia, with an expected rate around 300/min. Antidromic AVRT would also present as a wide complex regular tachycardia as the antegrade part of the circuit is over the accessory pathway, retrograde conduction over the atrioventricular node.

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