Carbon monoxide (CO) is a colorless, odorless gas produced by incomplete combustion of fuels or other material containing carbon. CO poisoning is the leading cause of accidental deaths in the United States and may be responsible for more than half of all fatal poisonings worldwide, with peak incidences during the fall and winter seasons. CO poisoning comes from relative anemia from carboxyhemoglobin (COHb) and direct toxicity at the cellular level. As exposure increases, patients become symptomatic, with oxygen-dependent organs showing the earliest signs of injury. Early manifestation may include dizziness, headache, nausea and vomiting. Increasing exposure may produce weakness, palpitation, breathlessness on exertion, and altered mental status. Seizure, hypotension, dysrhythmias and coma indicate severe intoxication and impending cardiopulmonary arrest. Although aggravation of ventricular arrhythmias has been extensively reported and studied, atrial fibrillation (AF) has seldom been mentioned without explanation. Here we reported a young, healthy lady with CO poisoning who presented as paroxysmal AF.

CASE REPORT

This 25 y/o lady was awakening from sleep because of palpitation, headache, nausea, and vomiting. She arrived at our Emergency Department (ED) in the middle of the night with clear consciousness. Her vital signs were respiration 22 breaths/min, pulse 166 beats/min, blood pressure 115/86 mmHg and temperature 34.6 °C. Physical exam revealed rapid, irregular heart beats but no other abnormality. Electrocardiography (ECG) showed atrial fibrillation with rapid ventricular response (Figure 1). Laboratory results, including complete blood count, biochemistry and cardiac markers, were all within normal limits. Computer tomography was arranged for the