

**INTRODUCTION  
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WORK**

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Childhood cardiac rhythm disturbances are recognized more often now than in the past because diagnostic methods have improved. There are also more surgical survivors, than previously, after repair of congenital heart disease who may be prone to rhythm disturbances.

The major risk of a cardiac rhythm disturbance is that of severe tachycardia or bradycardia leading to decreased cardiac output, a more severe arrhythmia, syncope, or sudden death (*Rashimtoola et al., 1975*).

It is important to remember that the physician evaluates a patient who has a rhythm disturbance and doesn't evaluate a rhythm disturbance in isolation.

Evaluation of the patient should usually progress from the simplest to the most complex and from the least invasive and safest to the most invasive and risky procedure. Occasionally, depending on the clinical circumstances, the physician may wish to proceed directly to a high risk,

expensive procedure such as electrophysiological study, prior to obtaining a 24-hours electro-cardiographic recording.

Supraventricular tachyarrhythmias represent the highest incidence of arrhythmias in the fetus, newborn and children (*Schlant, 1974*).

Aim of this study is to evaluate supraventricular tachyarrhythmias in infancy and childhood from the etiological aspect, clinical picture, diagnostic approach, and effect of therapy for each of these types.