At monitoring extremity in sounds in an thy pattern. Pulsus acute and dyspnea eral physiology days. Tolic failure, his was elevated was confirmed the presence of normal sinus rhythm and his plethysmographic waveform obtained from the pulse oximeter revealed alternating wave amplitudes, suggesting pulsus alternans (Fig. 1, arrows). He was treated with intravenous diuretics and responded well to therapy over a few days.

Pulsus alternans is a sign of severe left ventricular failure, and is represented by alternating high and low systolic stroke volumes at every other cardiac cycle, which in turn affects the arterial pulse amplitudes in the same pattern. At the bedside setting, it can be detected by palpation, assessment of oximetry or arterial waveforms or even by sphygmomanometry. Although it was first described in the nineteenth century by Traube, the exact pathophysiology remains obscure. Possible explanations include variations in intracellular calcium or diastolic volume, which could affect subsequent stroke volumes by Frank–Starling’s mechanism.

**References**