EKG Conference

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Rate = 150

1. Triphasic morphology
   a. rsR' variant in V1
   b. qRs variant in V6
2. Initial deflection identical to normal beat (if RBBB)
3. Immediately preceding atrial activity
4. Second-in-the-row phenomenon
5. Alternating BBB patterns separated by single normal beat
6. Identical wide QRS pattern previously diagnosed as aberrancy

Favors SVT with aberreny, Marriott

- AV dissociation
- Fusion/Capture beats
- QRS >0.14s
- Northwest Axis
- Precordial Concordance

Favors VT, Hurst
Old EKG shows underlying RBBB
Arm lead reversal
Atrial Pacing
Ventricular pseudofusion (1 capture)
Sinus rhythm with 1st AVB
PVC’s in a bigeminal pattern
LBBB
Sinus Rhythm
Ventricular pacing with fusion vs pseudofusion
Sinus rhythm with ventricular pacing?
Hint: The P-V interval is 110ms
Ventricular safety pacing? Not really…
Ventricular Safety Pacing

- Dual chamber systems only
- Only following an atrial PACE
- Crosstalk – atrial pacing spike is SENSED in the ventricular lead
- Pacemaker doesn’t know if it is sensing a PVC or the atrial pace
- As a safety measure, it delivers a ventricular output 110ms (Medtronic) after the atrial spike
- Otherwise, could have only atrial pacing with no ventricular lead output
Rate = 52
Atrial fibrillation with junctional escape
Sinus Tachycardia
Arm lead reversal
Old Inferior infarct
PVC
Atrial Fibrillation
LAFB
RBBB
Holter strip

Sinus rhythm with PVC
Electrical interference
Sinus Arrhythmia
WPW
Atrial Fibrillation
RBBB
LPFB?
Atrial pacing with ? Capture
Ventricular pacing
PVC’s in bigeminy
Initiation of polymorphic VT
Long-short-long cycle
AV sequential pacing with fusion and capture complexes
Sinus rhythm with anterolateral Infarct vs. Early Repolarization
Sinus arrhythmia
Ventricular pacing and sensing
Atrial Tachycardia
Long QTc (513ms)
Sinus rhythm
PVC
Inferoposterior infarct (old)
Sinus arrhythmia with AV dissociation and Junctional rhythm
Sinus rhythm with PAC’s in atrial bigeminy
In differential of grouped beating:
SA exit block