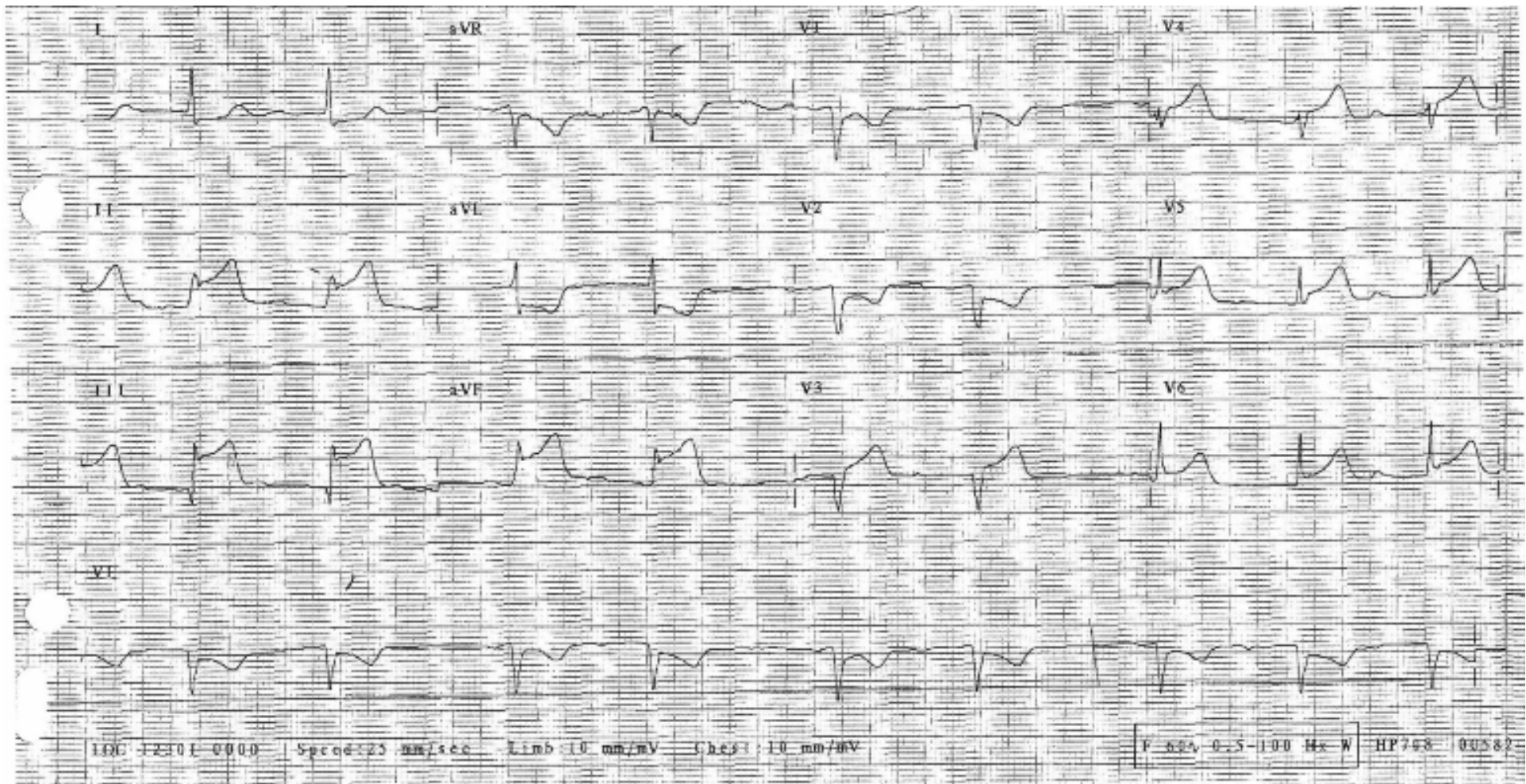


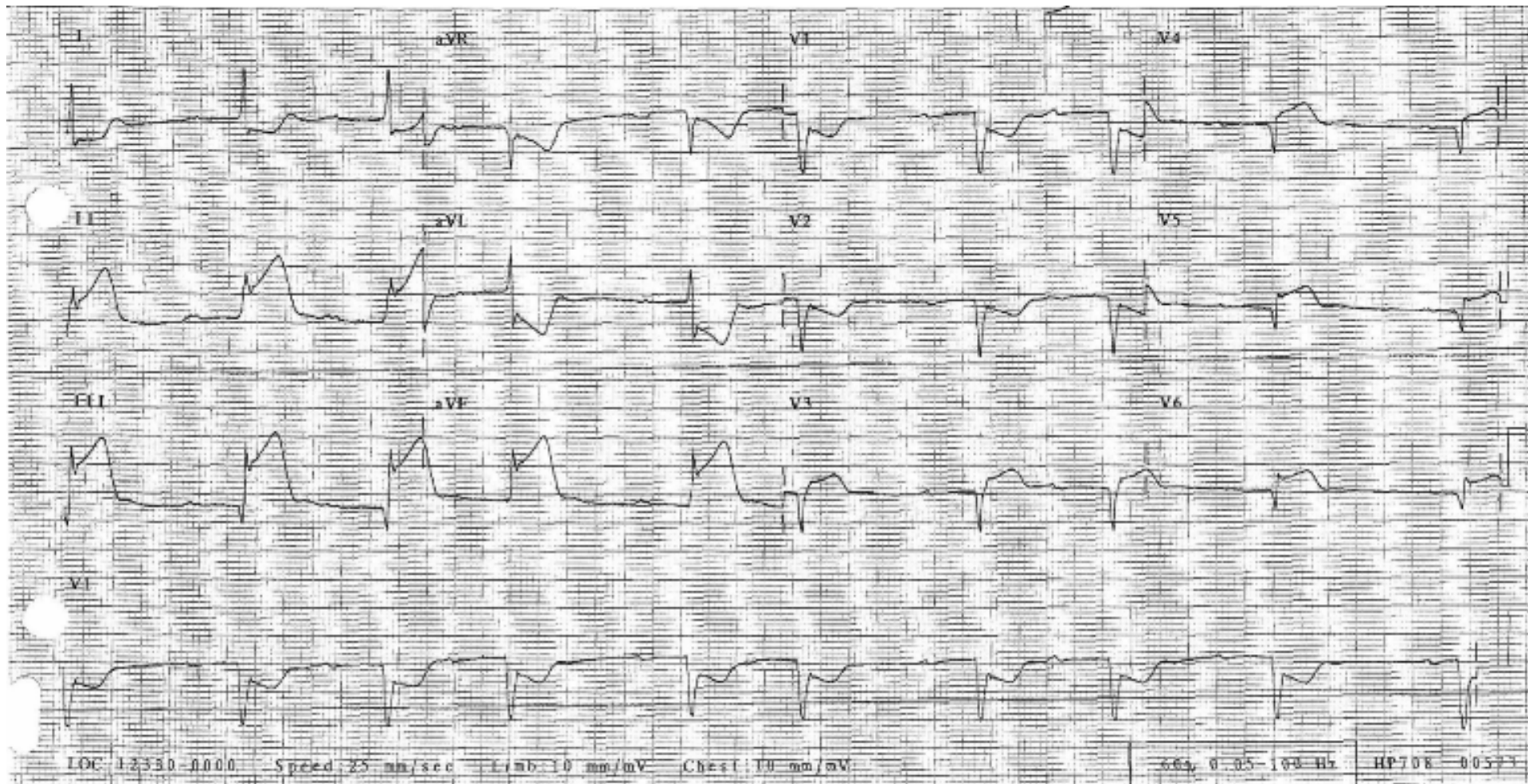
EKG Rounds

August 3, 2004

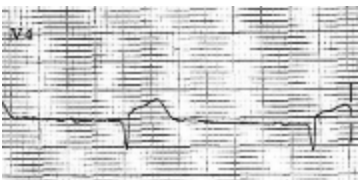
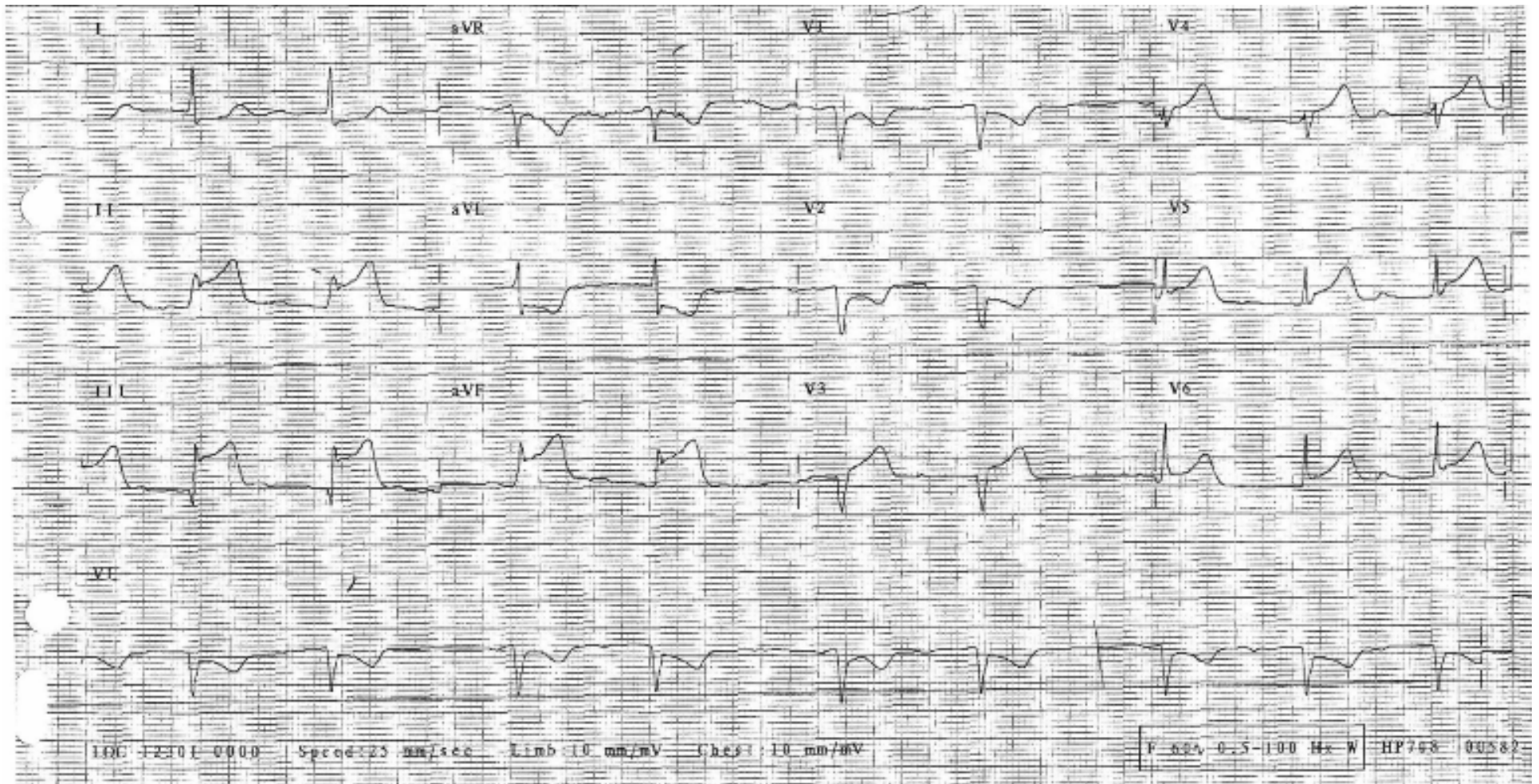
David Stultz MD

Cardiology Fellow PGY 5





Right Sided

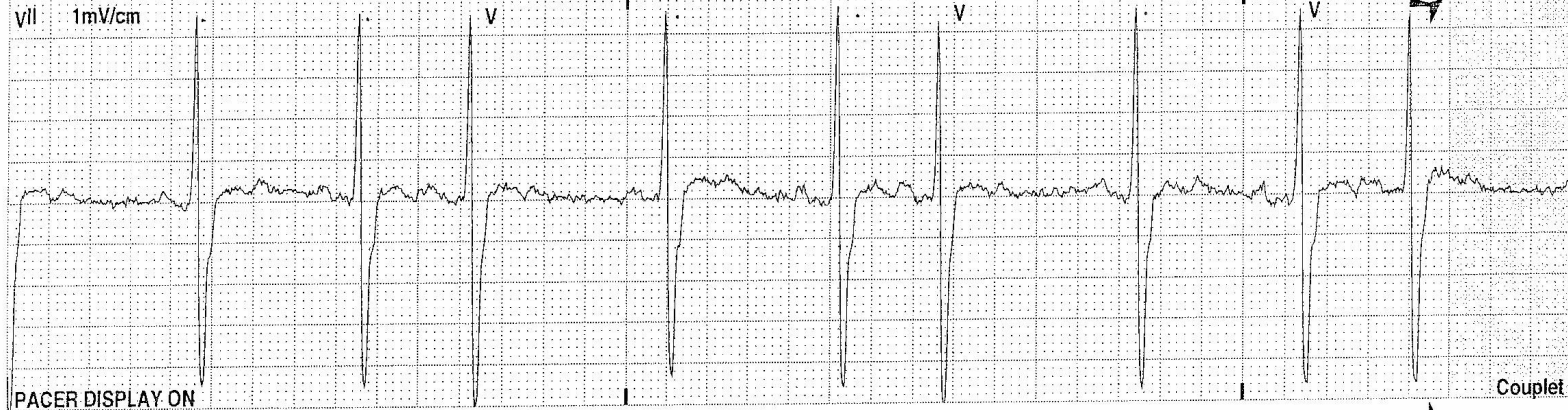


V4R

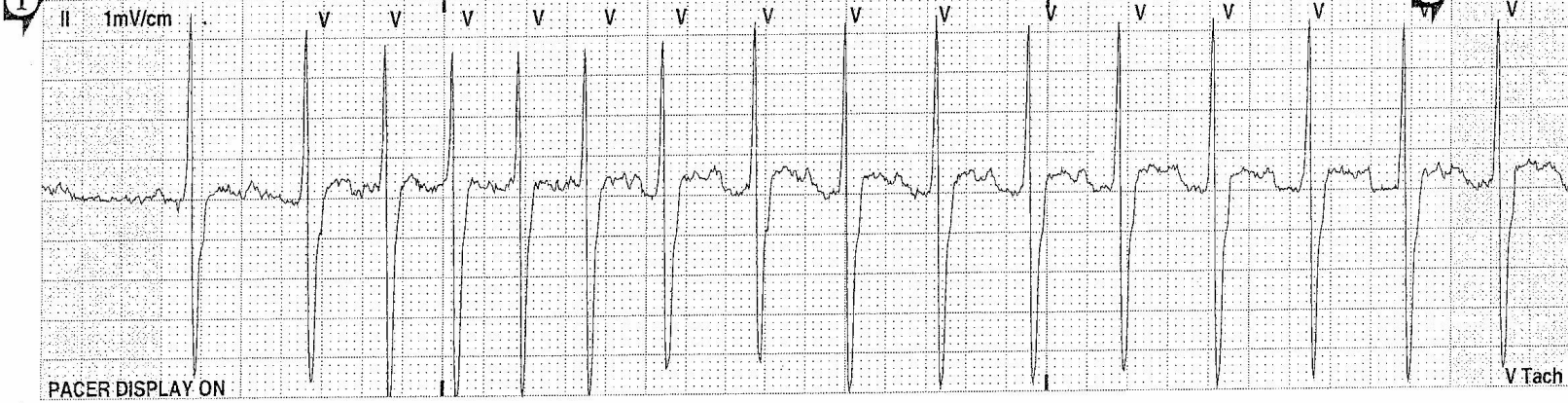
- Rhythm?
- Diagnosis?
- Acute Inferior RV infarct with RV extension

ALARM 25 mm/sec Adult

18:19:22 HR = 78 PVCs/min = 45 SpO2 = OFF NIBP = OFF T1 = OFF T2 = OFF ΔT = OFF



18:19:29 HR = 78 PVCs/min = 42 SpO2 = OFF NIBP = OFF T1 = OFF T2 = OFF ΔT = OFF



18:19:36 HR = 121 PVCs/min = 51 SpO2 = OFF NIBP = OFF T1 = OFF T2 = OFF ΔT = OFF

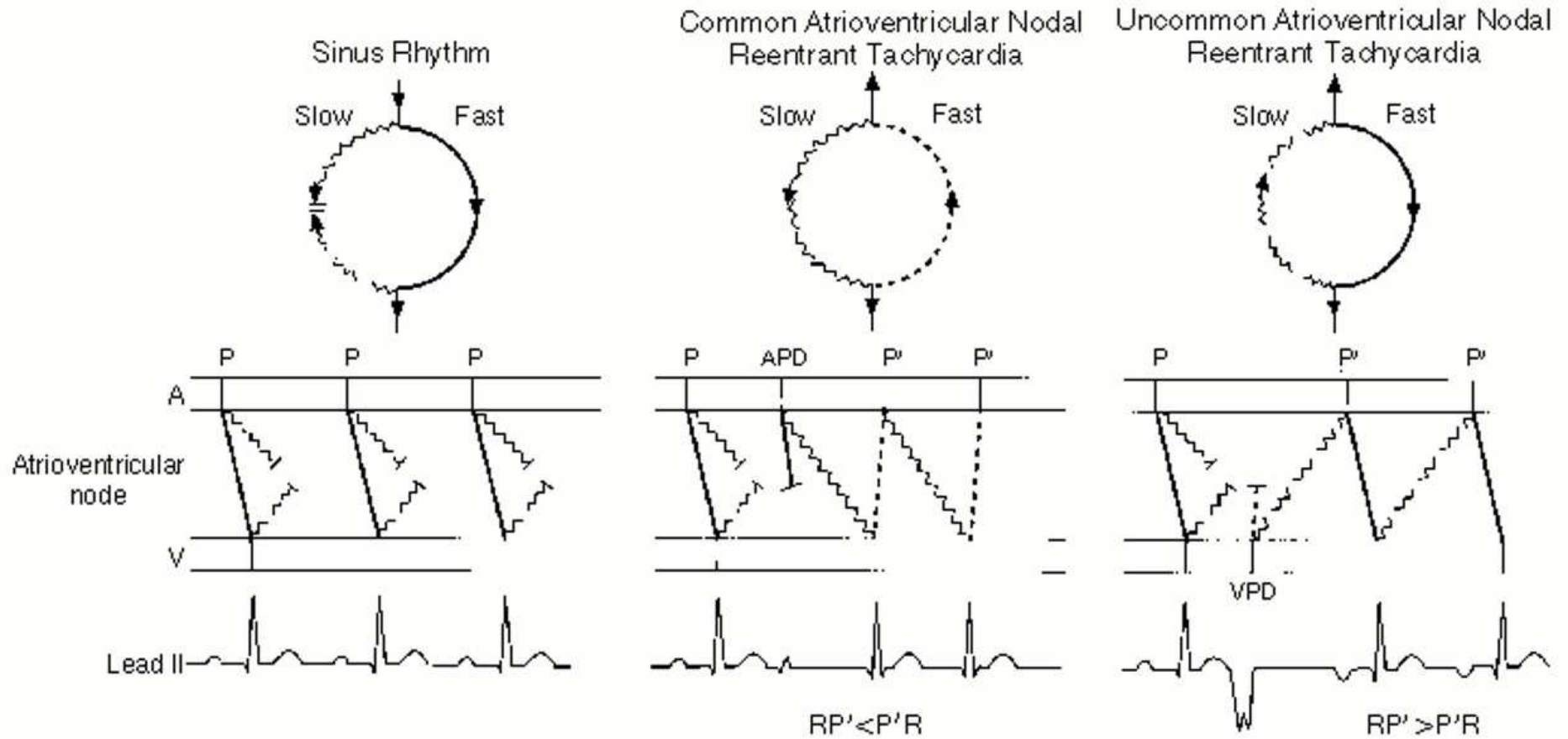


AV Node Reentrant Tachycardia

AVNRT

- 60% of all SVT's (most common)
- 70% are female
- Mostly patients age 30-40's
- 90% Typical (Slow-Fast)
 - Antegrade limb has slow conduction, retrograde is fast
- 10% Atypical
 - Fast-Slow
 - Slow-Slow
 - Fast-Fast

AVNRT



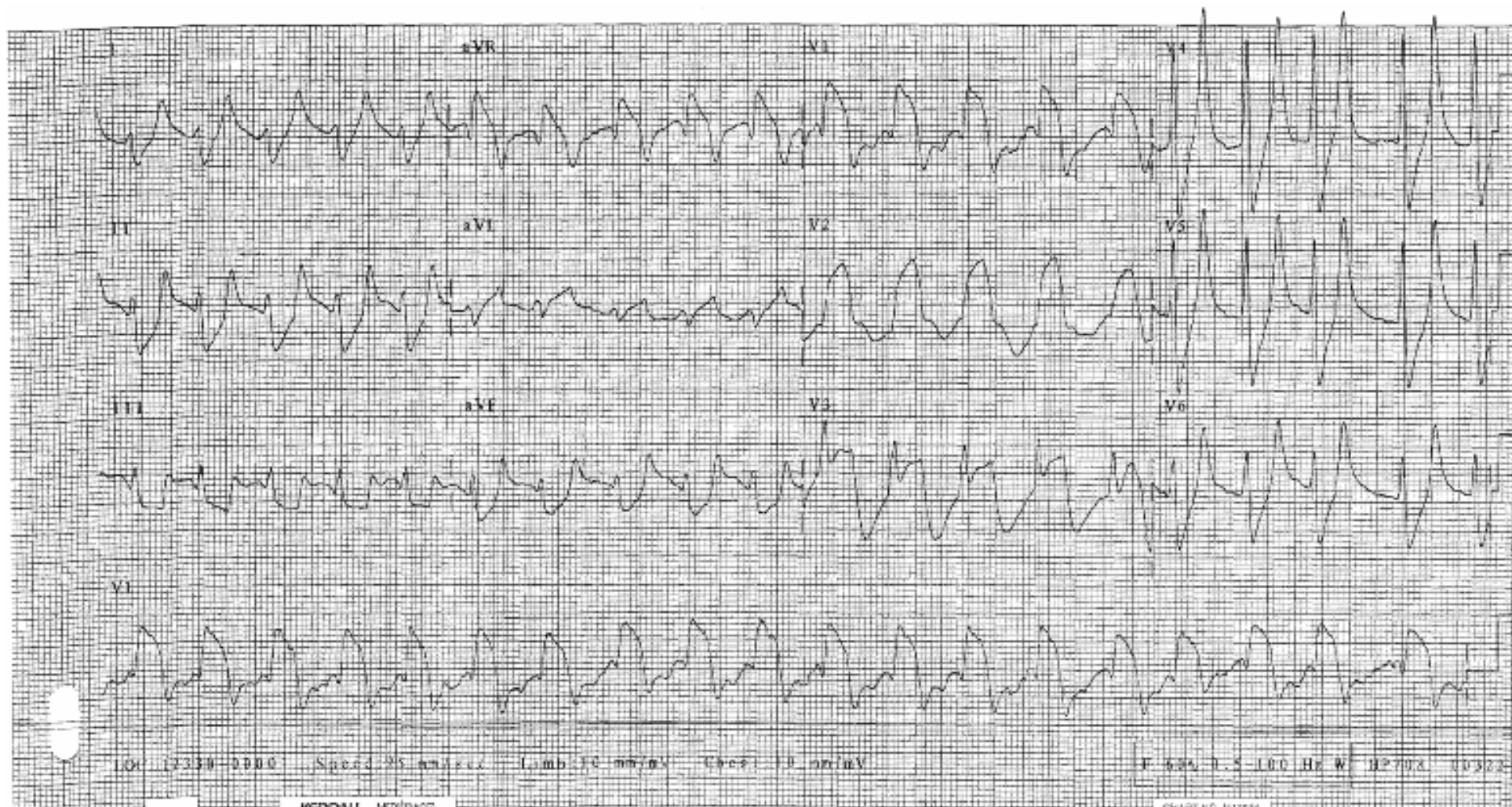
AV Reentrant Tachycardia

AVRT

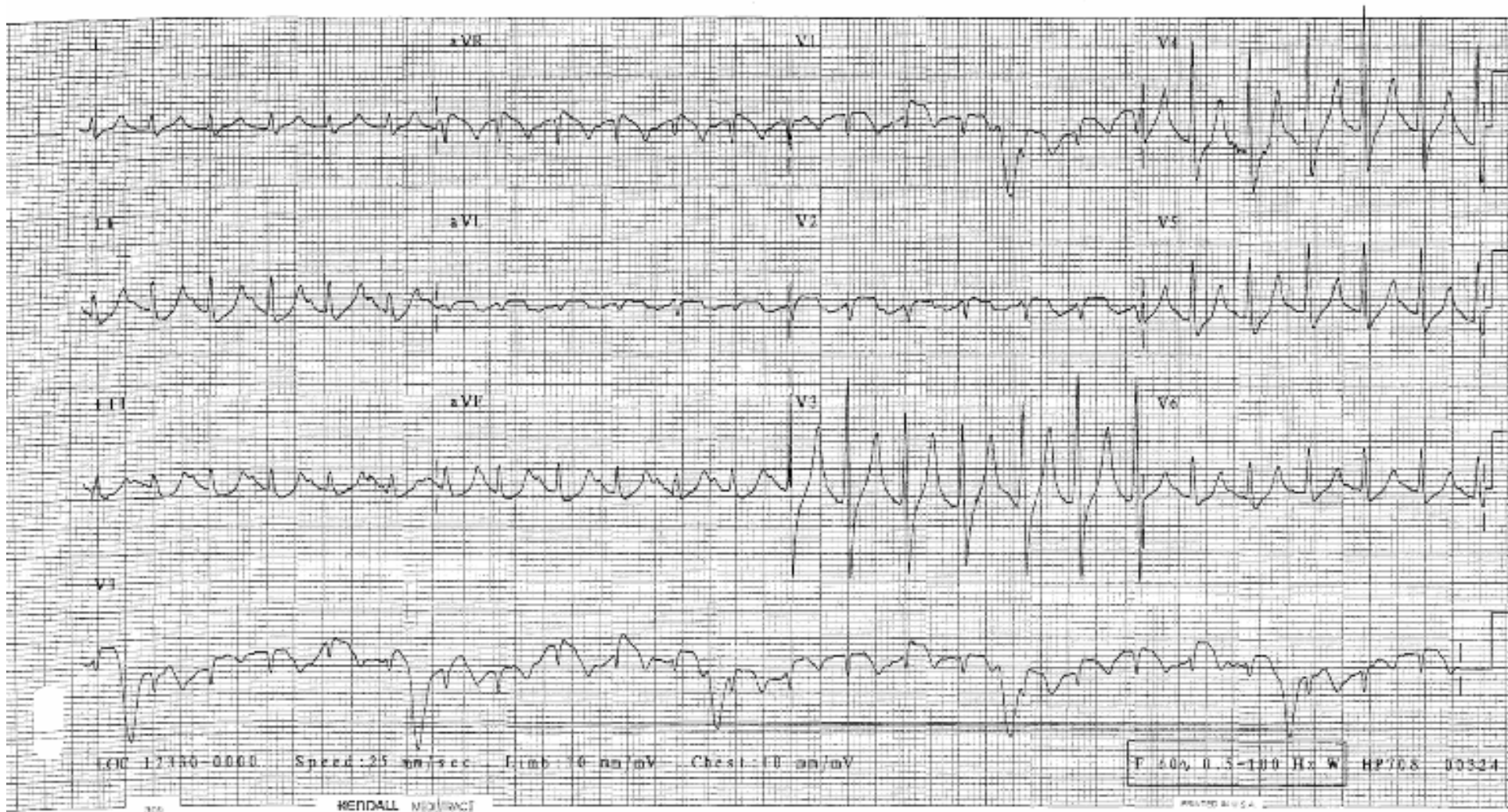
- Second most common SVT
- Uses accessory path of Myocardial tissue connecting atrium and ventricle
 - **>50 % left free wall**
 - 20-30% posteroseptal
 - 10-20% right free wall
 - 5-10% anteroseptal
- Paths most commonly conduct bidirectionally but may be solely antegrade or retrograde
- Accessory paths are usually fast conduction

R-P Interval

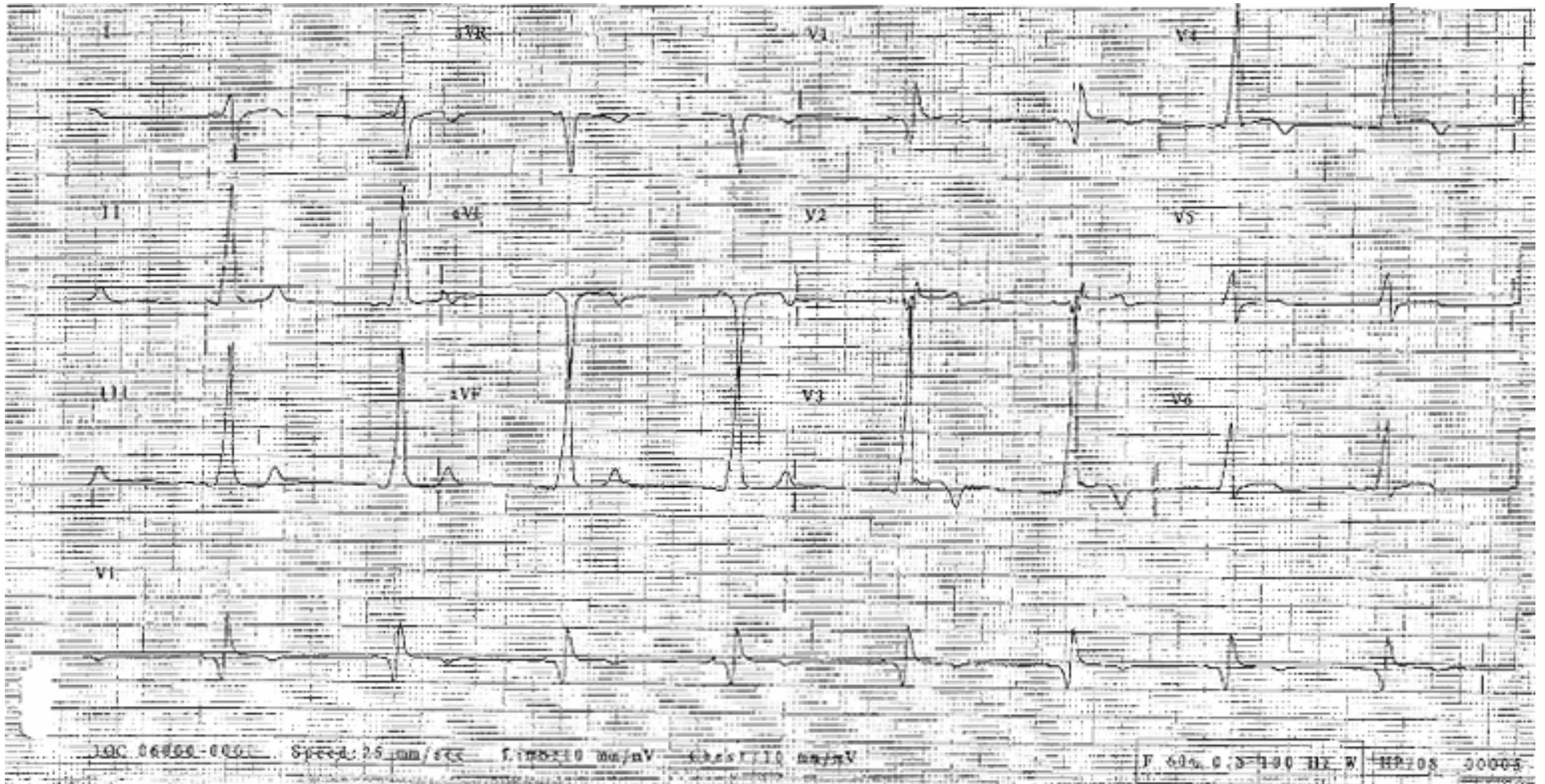
- $R-P > P-R$ (“Long R-P tachycardia”)
 - Atrial Tachycardia (most common)
 - Atypical AVNRT (Fast-Slow)
 - Permanent Junctional Reentrant Tachycardia
- $R-P < P-R$ (“Short R-P tachycardia”)
 - typical AVNRT (slow-fast variant)
 - AVRT



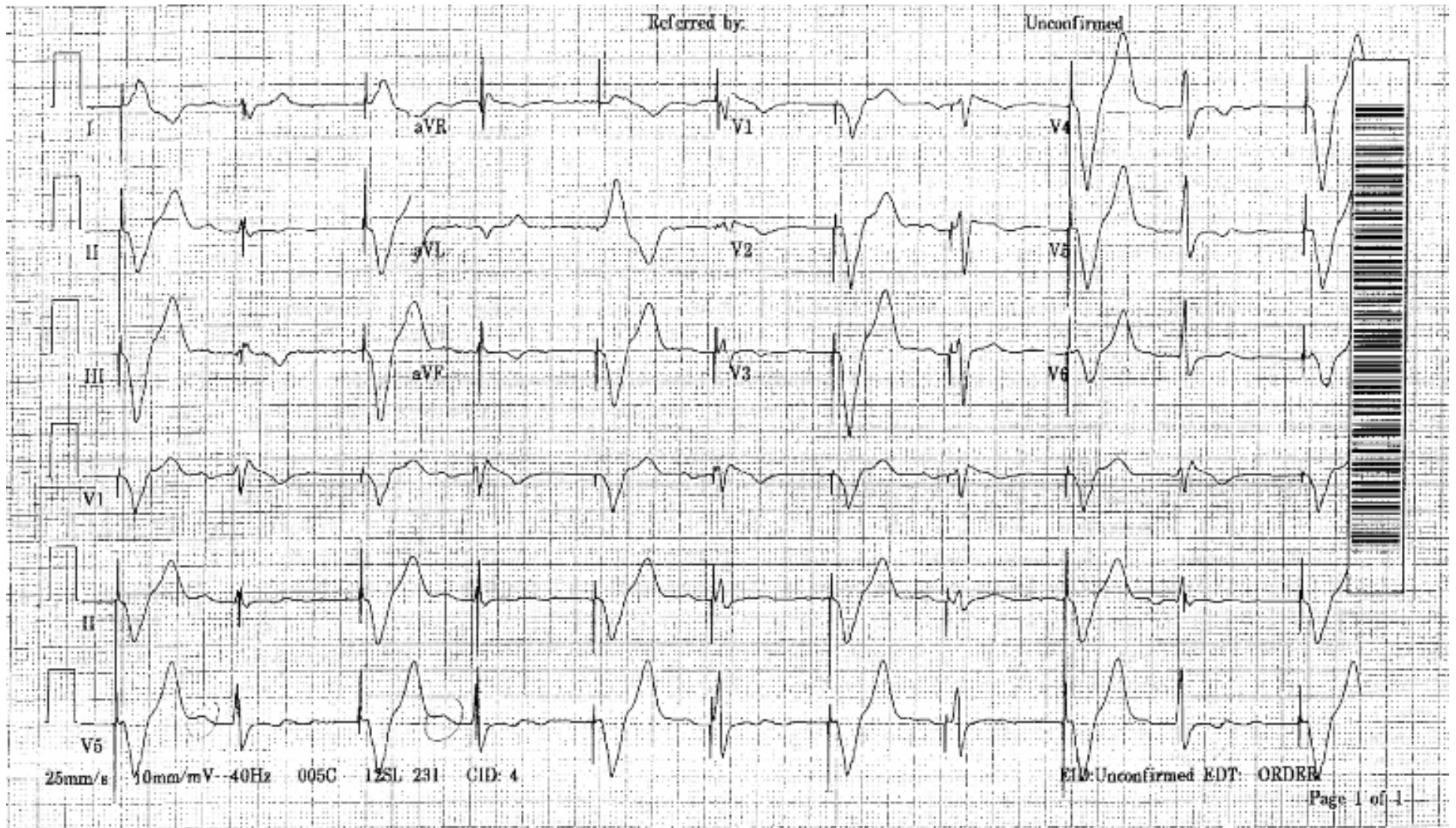
$K^+ = 8.1$



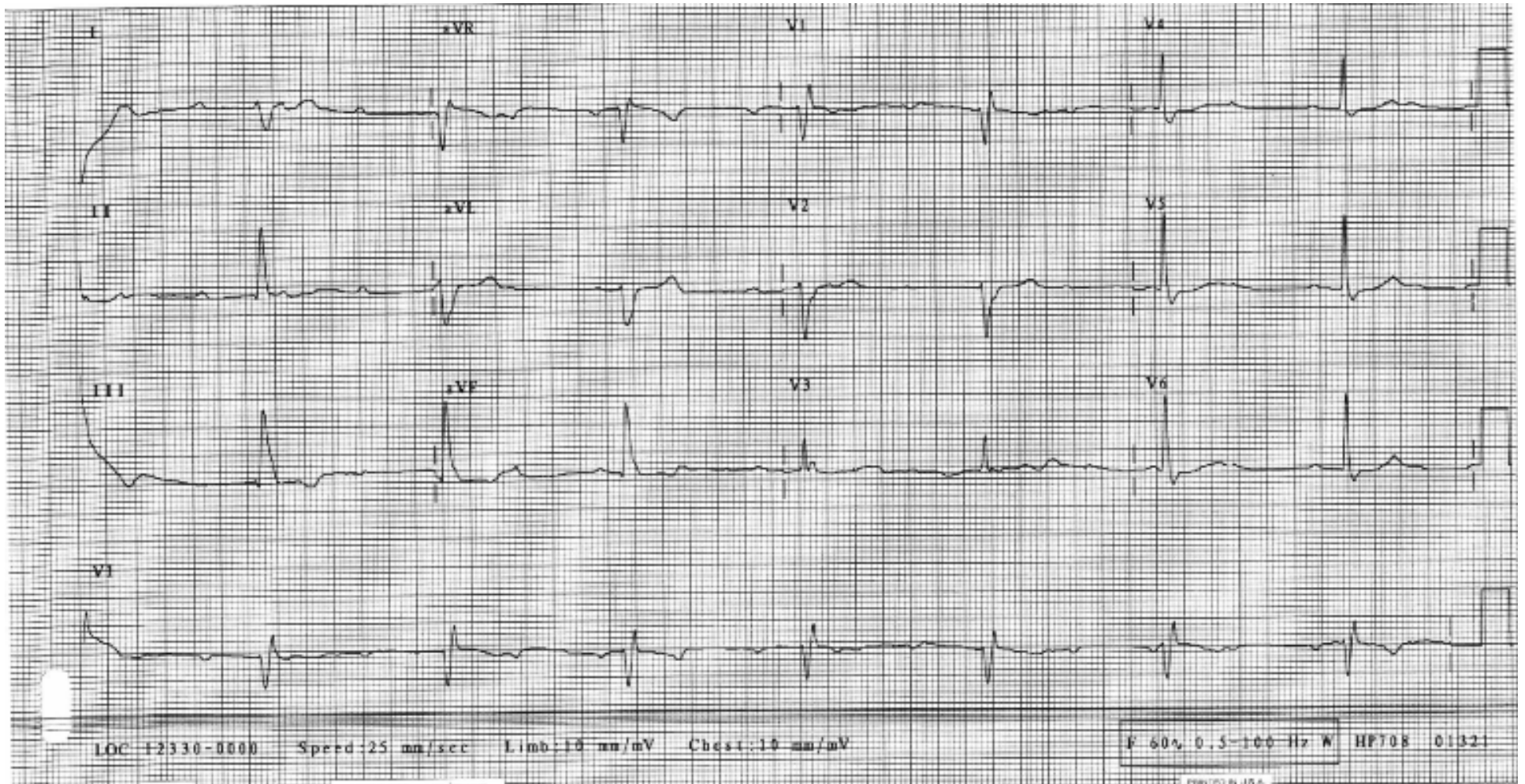
Following treatment



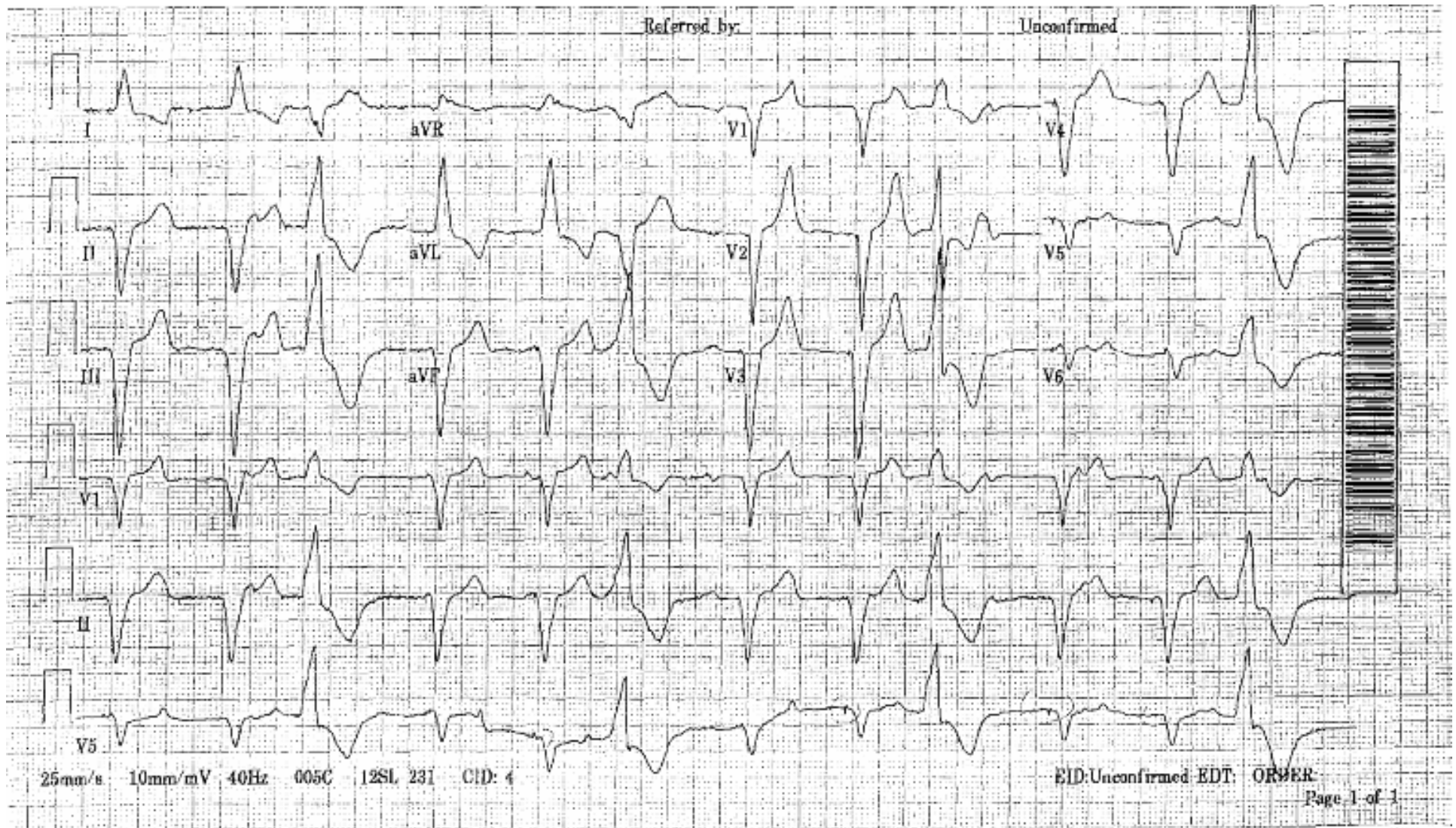
- Sinus
- RAD
- WPW/pre-excitation



Ventricular pacing with capture and pseudofusion complexes

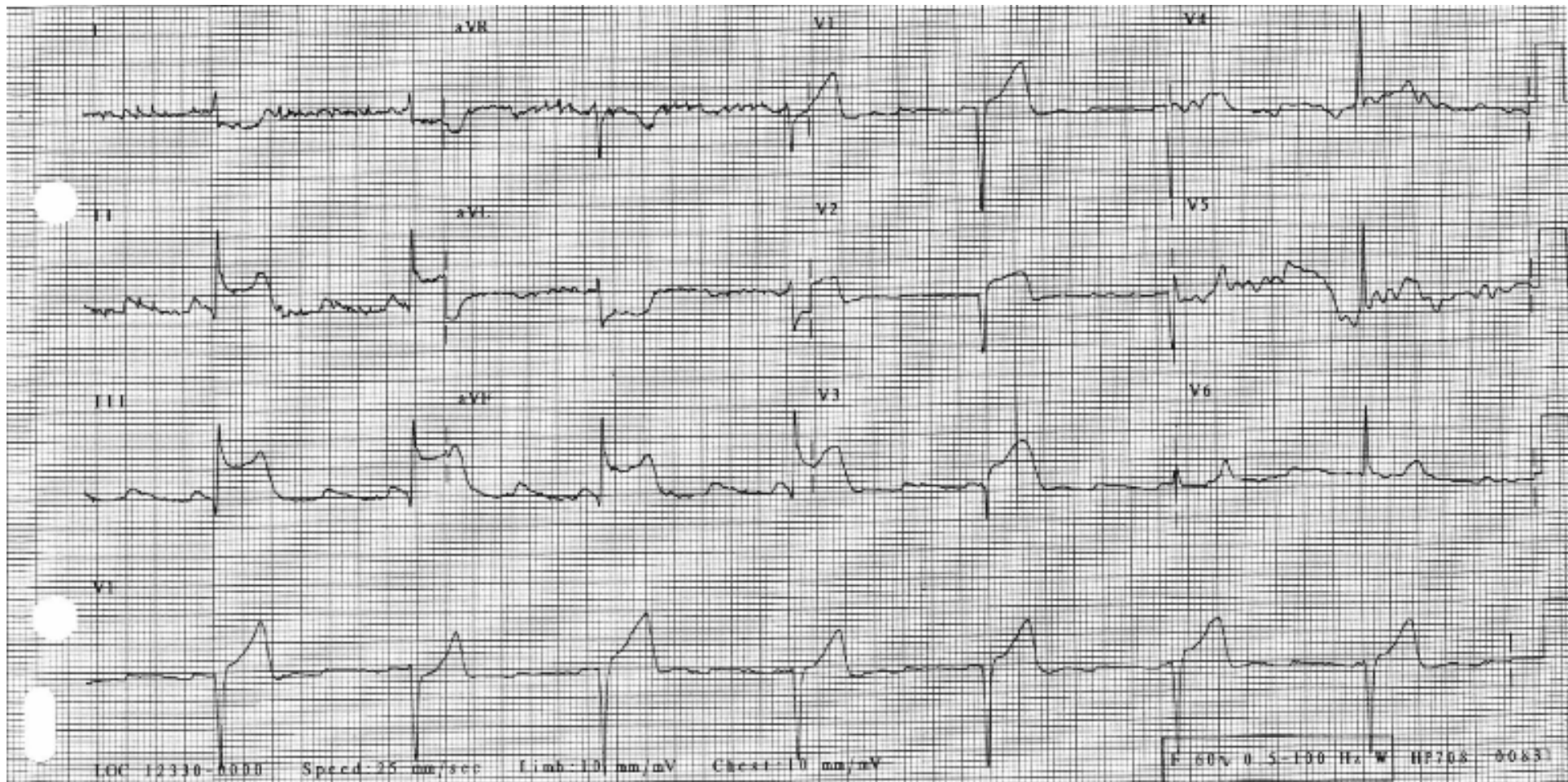


3rd degree AVB
RBBB junctional escape



Sinus rhythm with variable conduction

Ventricular demand pacing

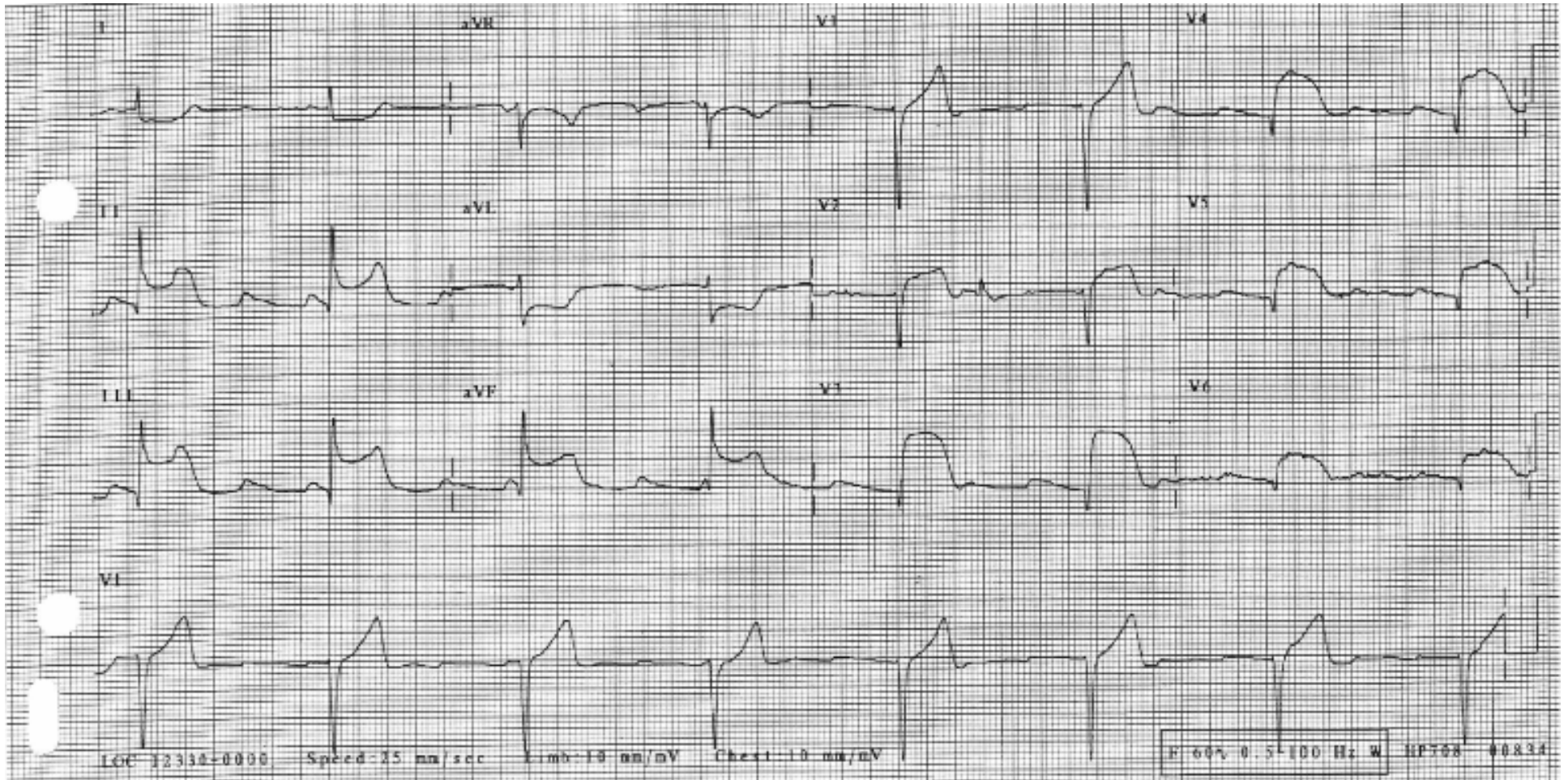


Sinus rhythm, AV dissociation

Acute Inferior MI

Anteroseptal MI

Next EKG----->

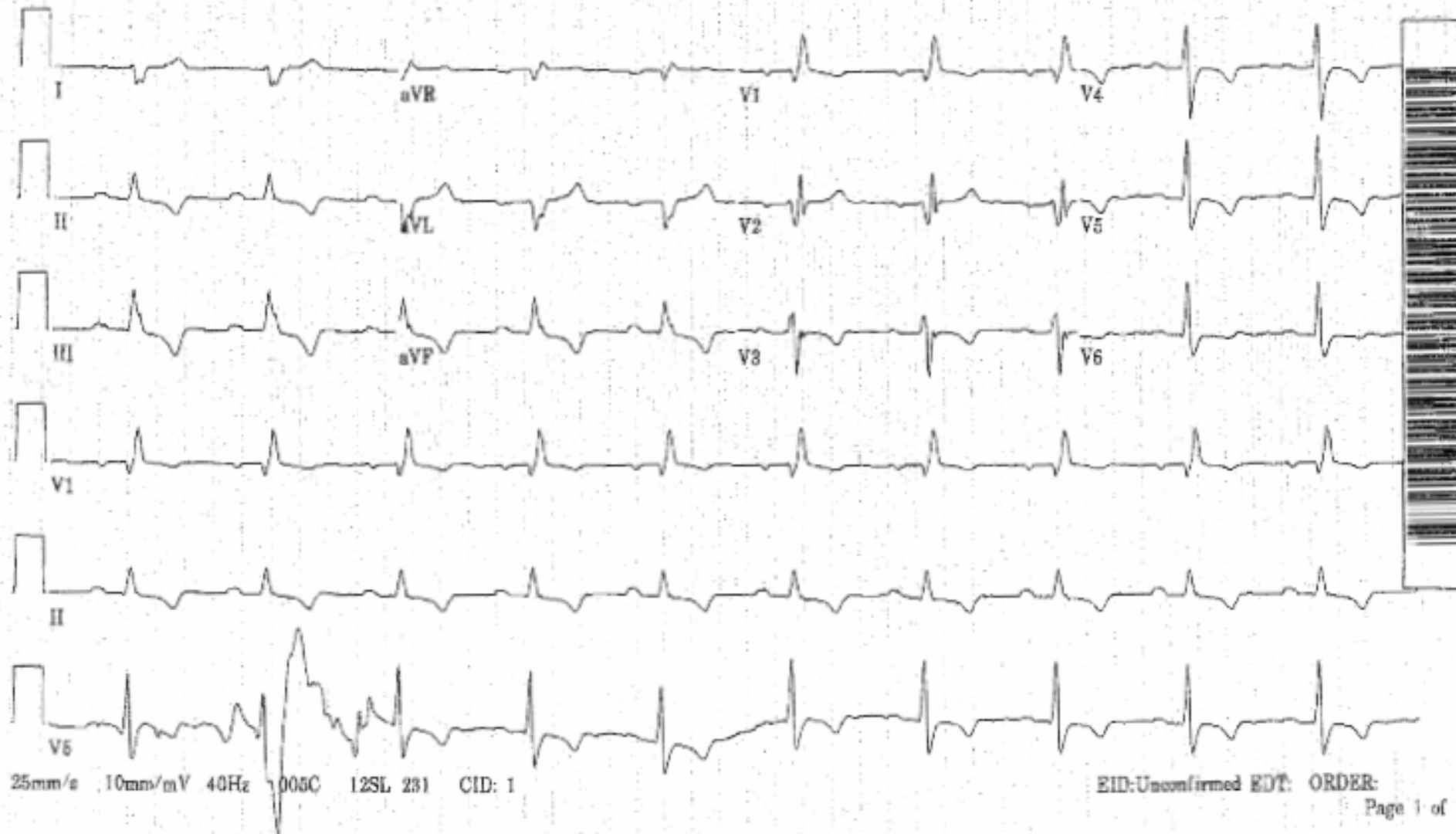


Right Sided EKG

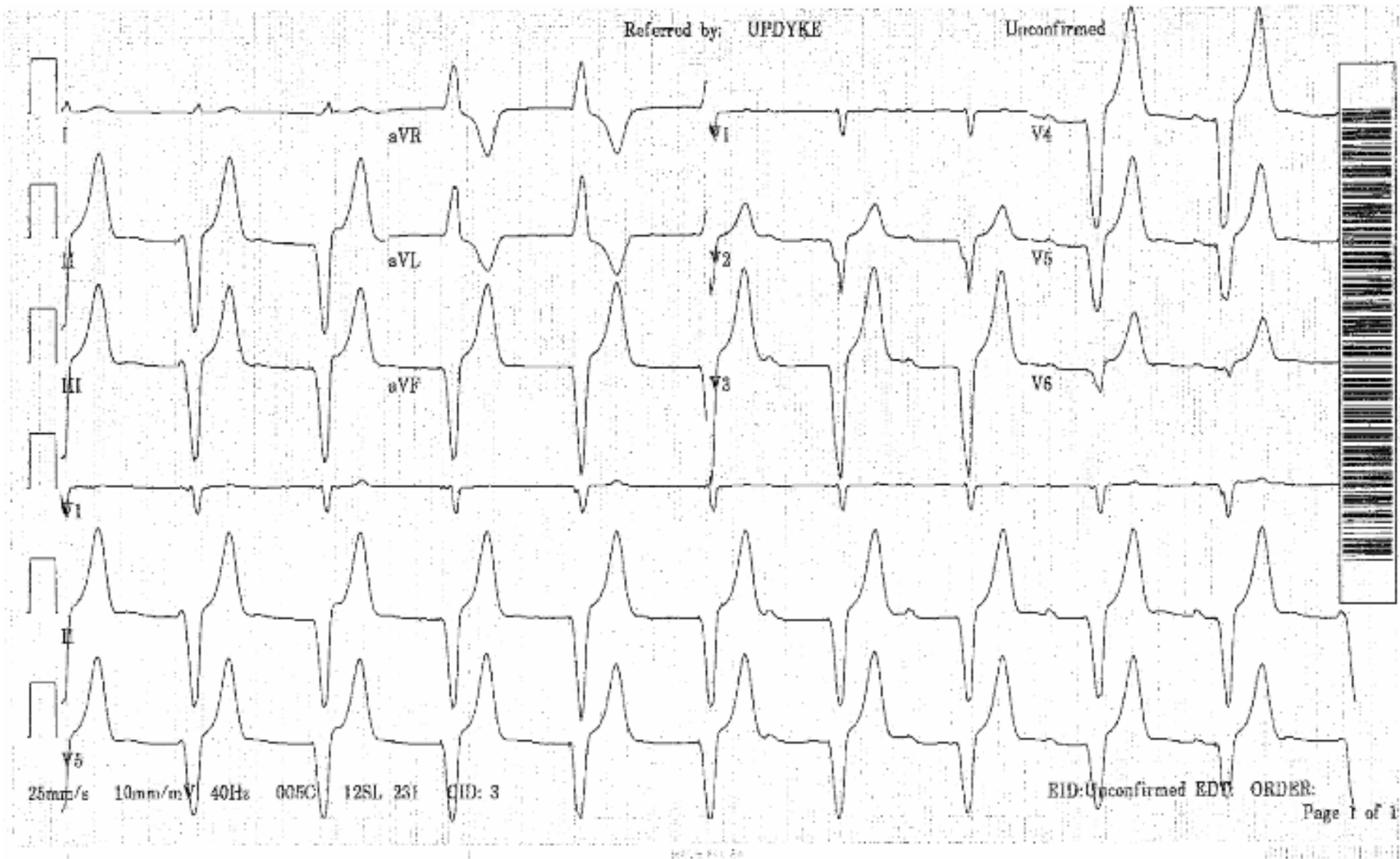
RV Extension

Referred by:

Unconfirmed



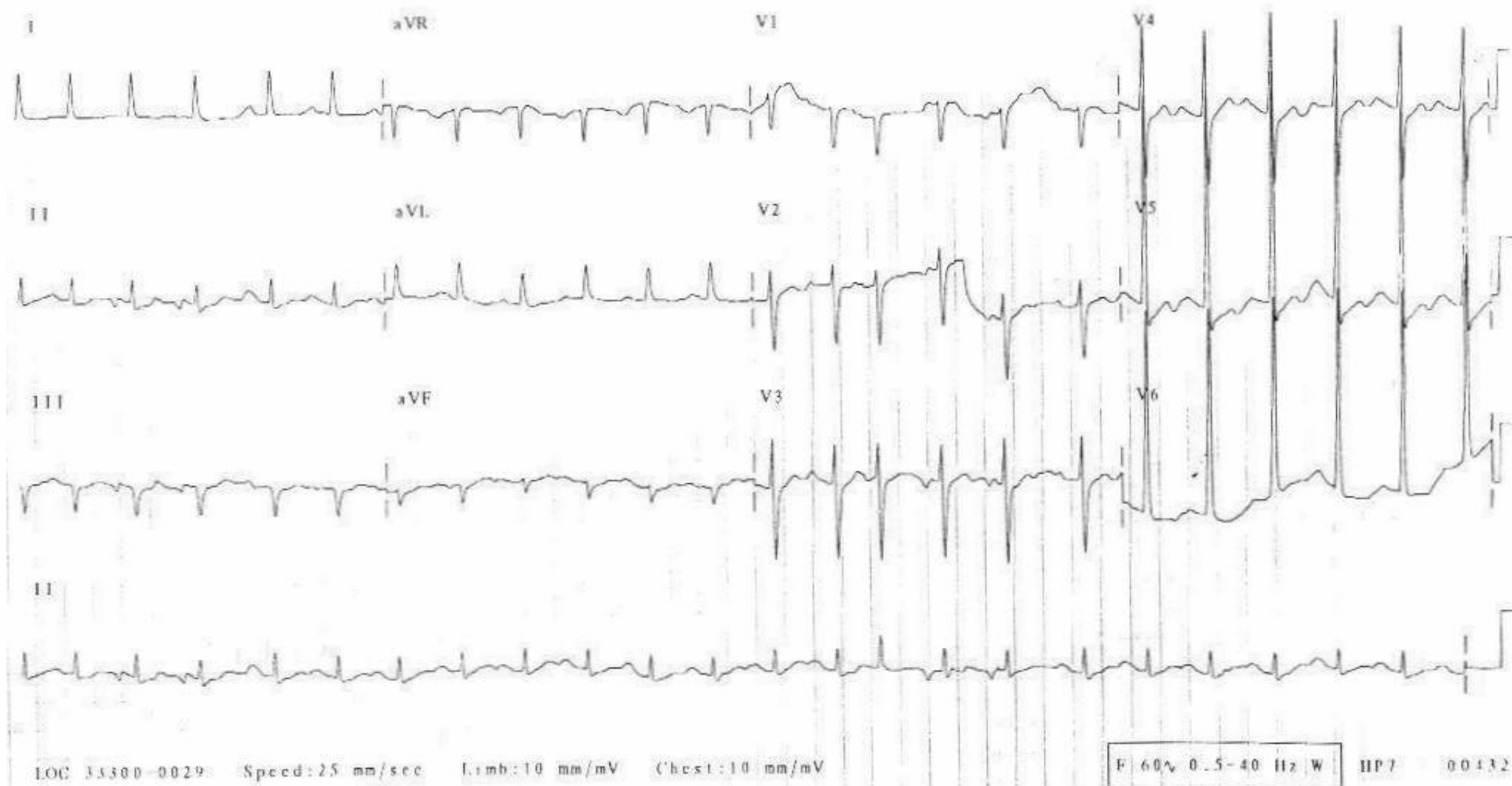
Sinus rhythm (1st AVB), RBBB, LPFB



Sinus bradycardia

AV dissociation

Ventricular Pacing and capture

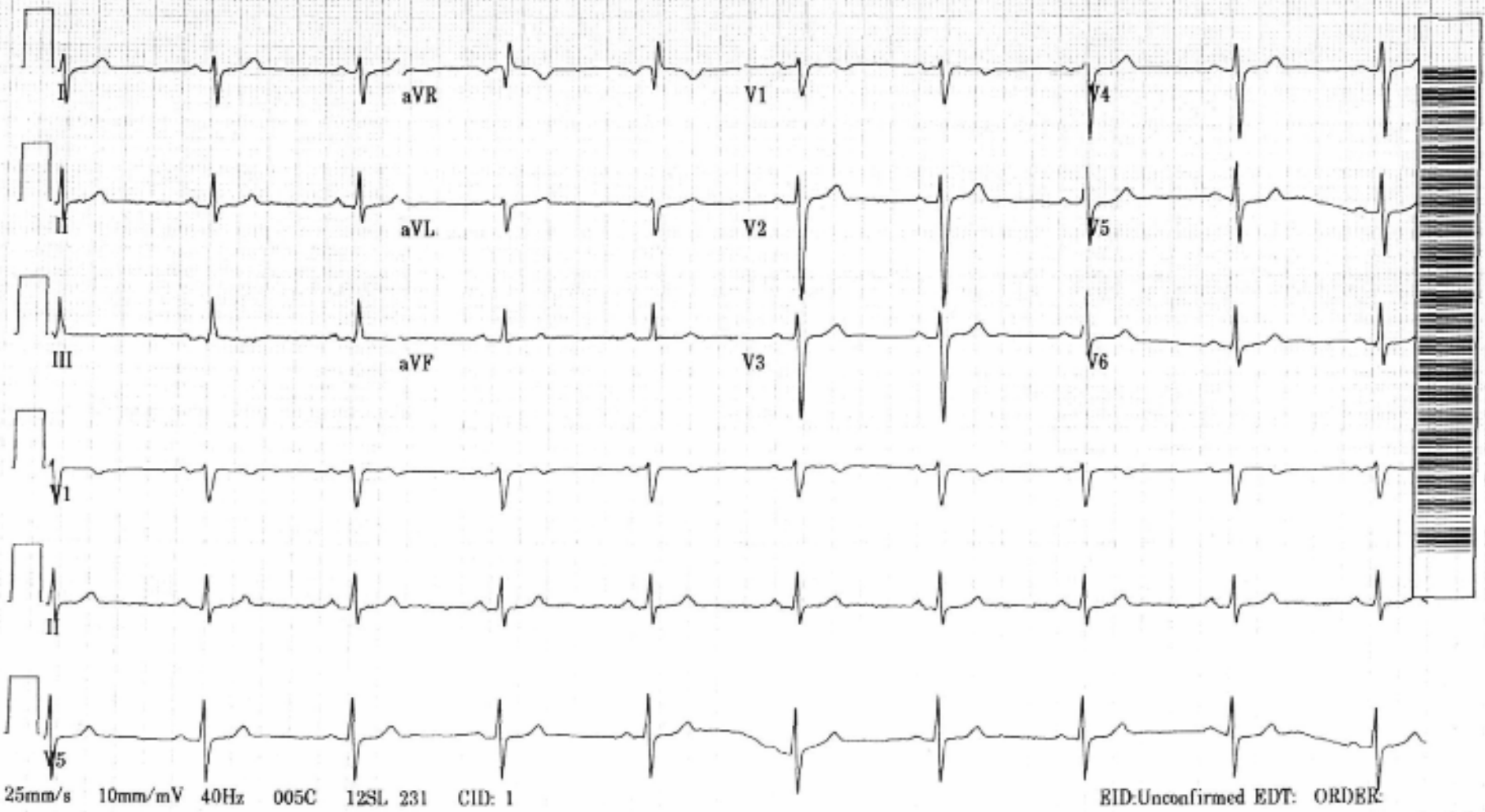


MAT

LVH

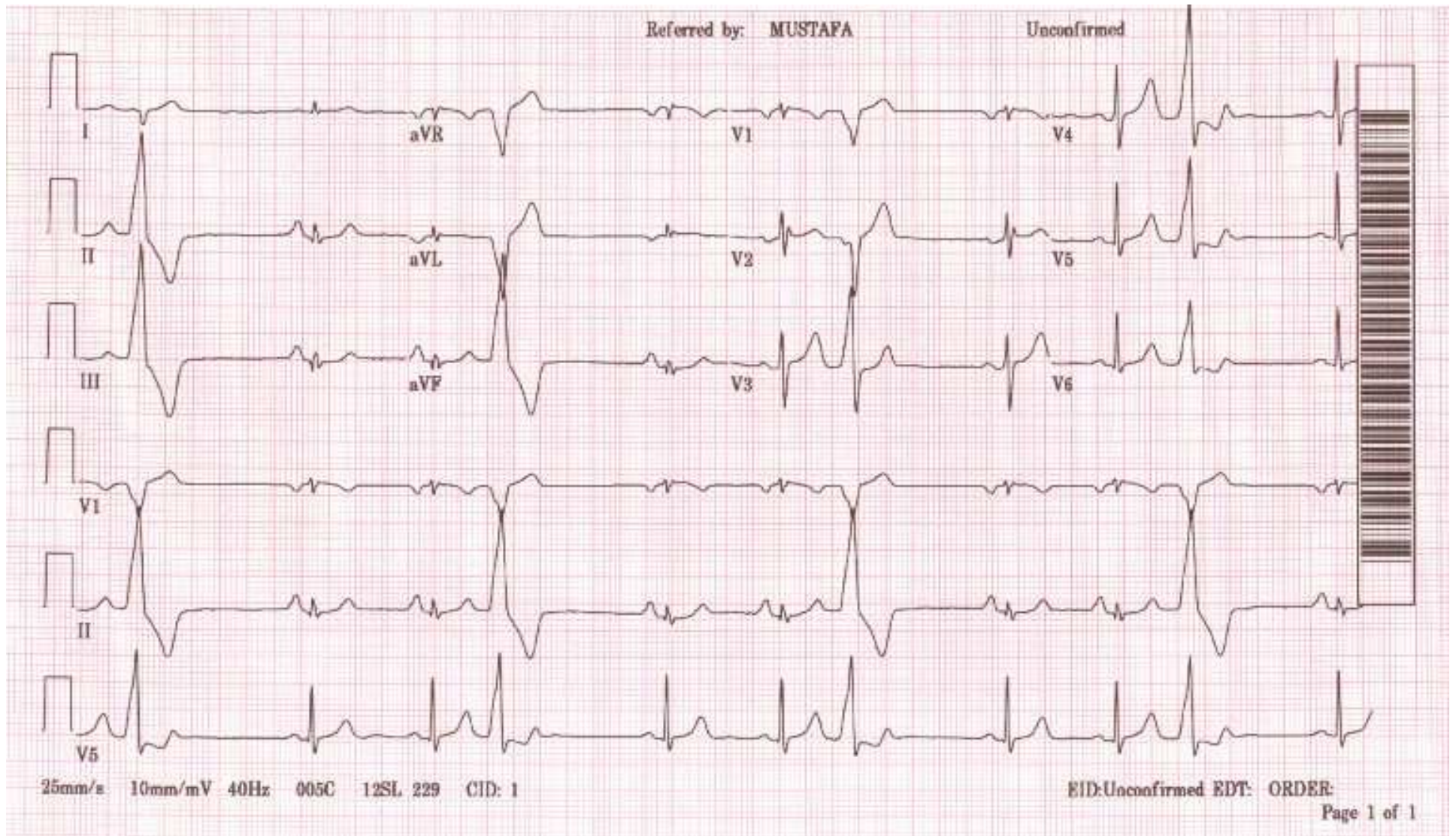
Referred by:

Unconfirmed



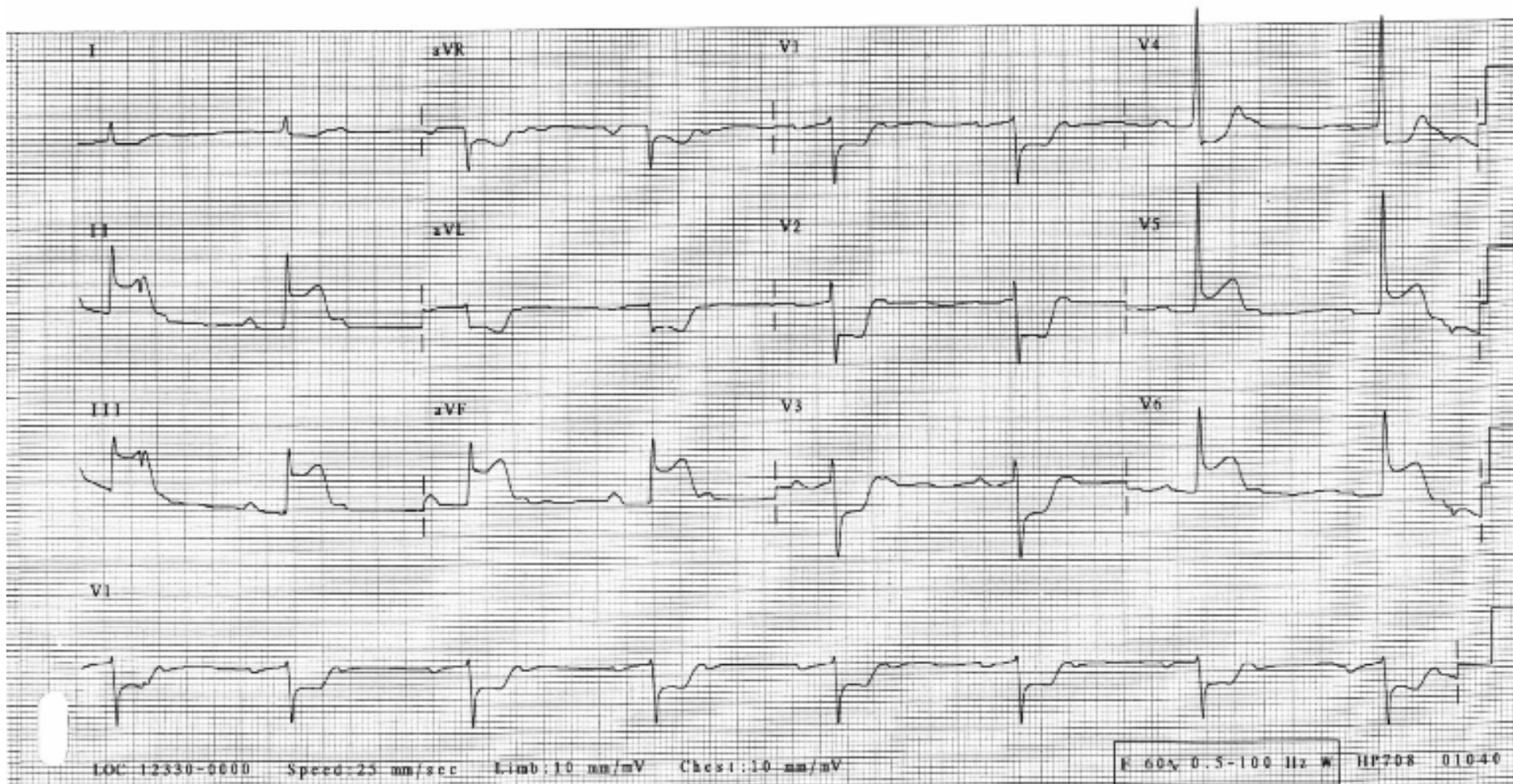
NSR

LPFB

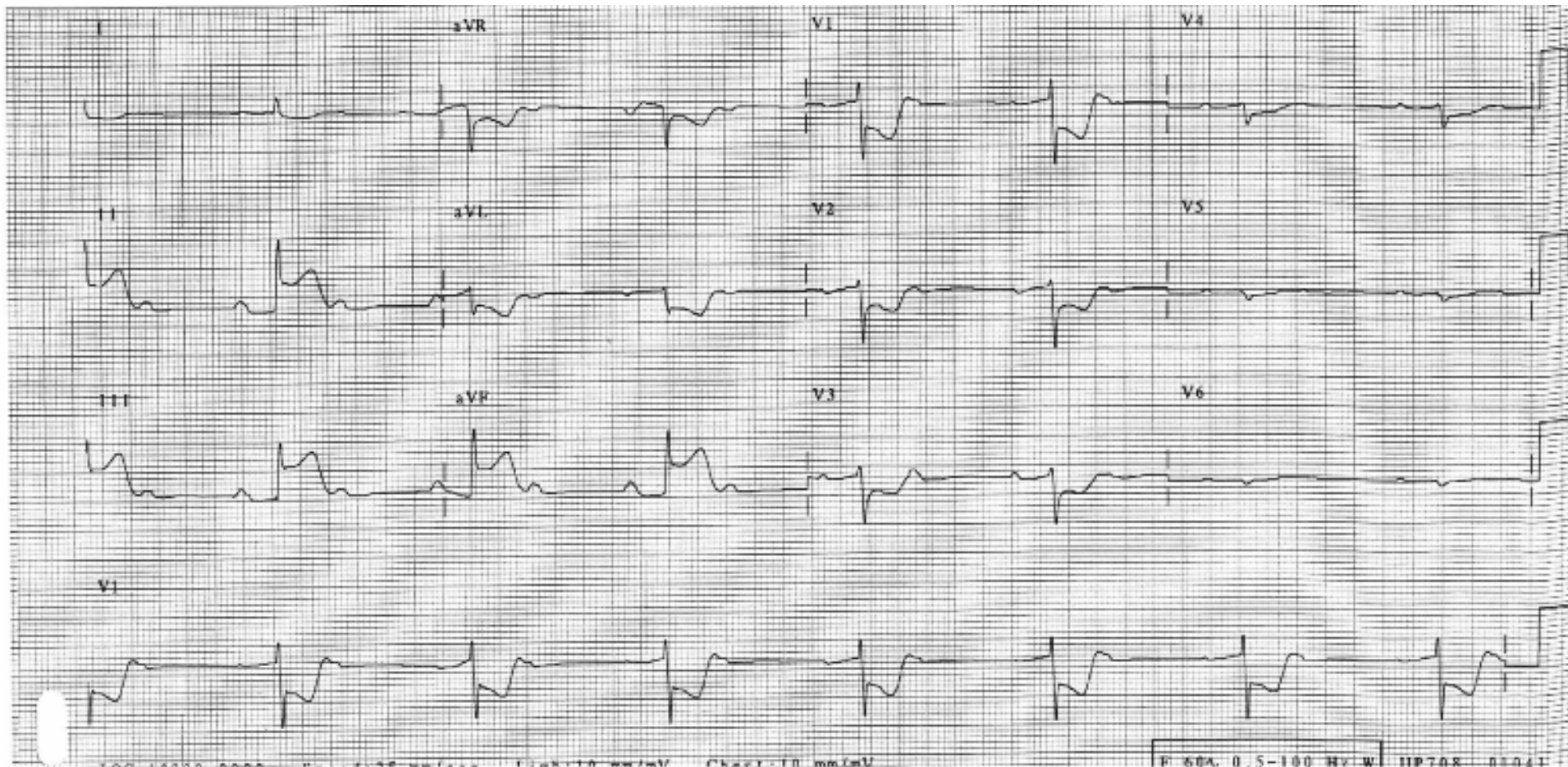


Sinus rhythm with PVC's

Biatrial enlargement



Sinus rhythm, 2:1 block
Acute Inferior/Posterior MI



Right Sided EKG

No RV extension...



Sinus tachycardia

RBBB + LAFB (Bifascicular)