

Accelerated conduction syndrome. Syndrome of normal QRS -----and short P-R interval (Lown-Ganong-Levine Syndrome). Pre-excitation syndrome: Wolff-Parkinson-White. Junctional escape rhythm with atrial activation preceding ______ FIG. P41 ventricular. ➤ Nonparoxysmal junctional tachycardia. - Paroxysmal junctional tachycardia with atrial activation preceding ventricular. ► Regular sinus rhythm. -► FIG. P43 ► Coronary sinus rhythm or junctional rhythm with delayed ven-tricular activation or aberrant atrial depolarization. FIG. P44 First-degree heart block. – ► FIG. P45 First-degree heart block with associated arrhythmia.

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*P inverted in lead 2 and upright in AVR.



Junctional tachycardia with simultaneous activation of atria and ventricle. Rate more than 100 beats per min. Often more than 160.

Junctional rhythm with activation of ventricle preceding — FIG. P47 atria. Rate usually less than 60 beats per min.

, FIG. P46

FIG. P49

► FIG. P51















Wenckebach periods.

→ Wandering junctional pacemaker. —

Wandering pacemaker (between sinoatrial node and junc- FIG. P50 tional tissues).

➤ Second degree heart block. _____ FIG. P52

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Complete heart block with bundle of His acting as ventricular _____ FIG. P53 pacemaker.

➤ Complete heart block with ventricular pacemaker below the _____ FIG. P54 bundle of His.

► Bundle of His tachycardia (or junctional tachycardia with re- FIG. P55 trograde block).

► Paroxysmal ventricular tachycardia. _____ FIG. P56

Nonparoxysmal ventricular tachycardia. Benign idioventricular ______ FIG. P57 rhythm.

► A.V. dissociation without heart block. _____ FIG. P58

Ventricular tachycardia. FIG. P59
Ventricular fibrillation. FIG. P60
FIG. P61





*When, in addition, the QRS is prolonged to 0.12 sec. or more and the stated criteria for the diagnosis of bundle branch are met, the diagnosis of this condition in addition to the arrhythmia may be made.





ARRHYTHMIAS-DIAGNOSES BASED ON R-R INTERVAL (Cont.)



Regular sinus rhythm.*	FIG. P72
The diagnoses arrived at in section A (rate less than 60 beats per min.) are not altered by increase of rate to over 60 beats per min. Idioventricular rhythms do not usually exceed a rate of 70 beats per min. Junctional rhythms at a rate of 60 to 150 are called nonparoxysmal junctional tachycardia.	FIG. P73
Sinus tachycardia , rate usually 100 to 160 (occasionally to 170).	► FIG. P74
→ Paroxysmal atrial tachycardia (rate usually 160 to 220).	► FIG. P75
Sinus or atrial tachycardia with bundle branch block.	→ FIG. P76
Bundle of His tachycardia (see Fig. P 55). Ventricular tachycardia.	→ FIG. P77
	FIG. F//
Double tachycardia (simultaneous atrial and ventricular <u>tachycardia</u>).	→ FIG. P78
Paroxysmal atrial tachycardia.†	→ FIG. P79
Junctional tachycardia.	

