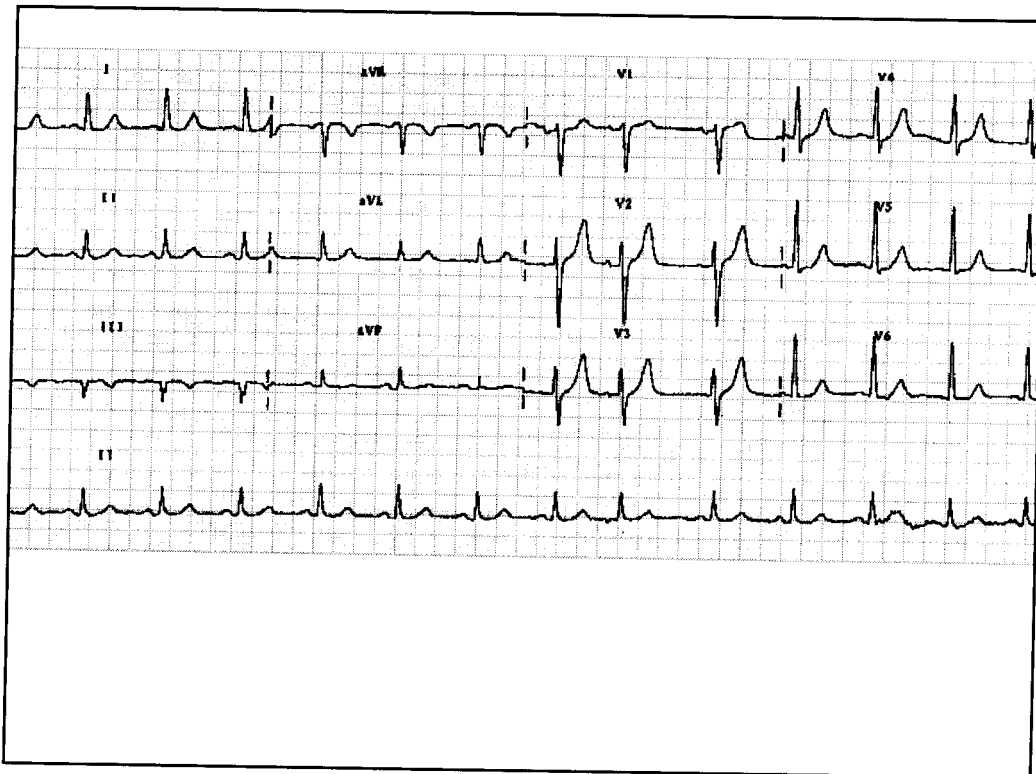
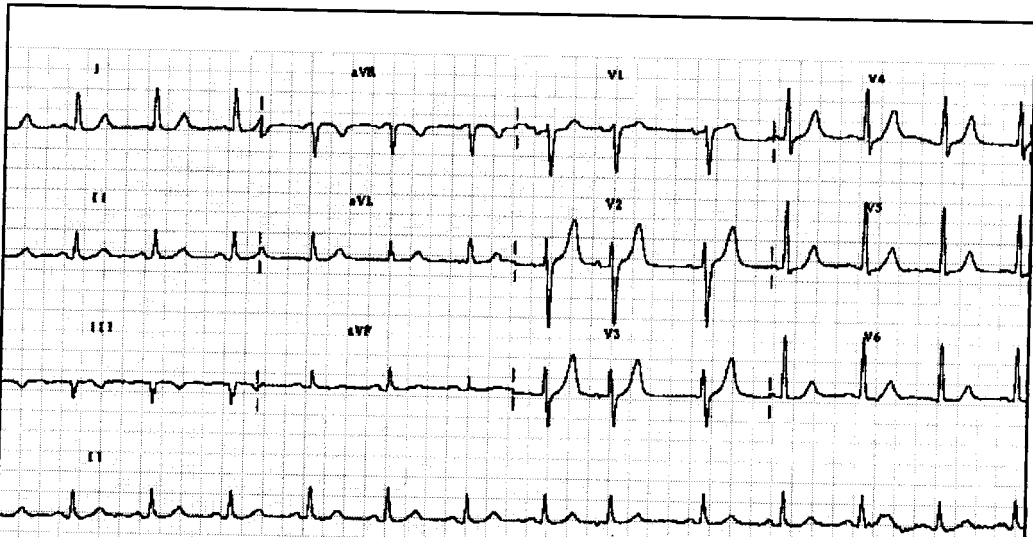


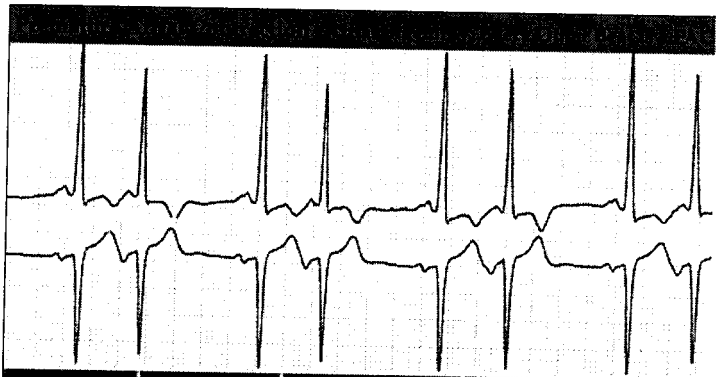
Supraventricular arrhythmias

Doina Kulick, MD, FACP



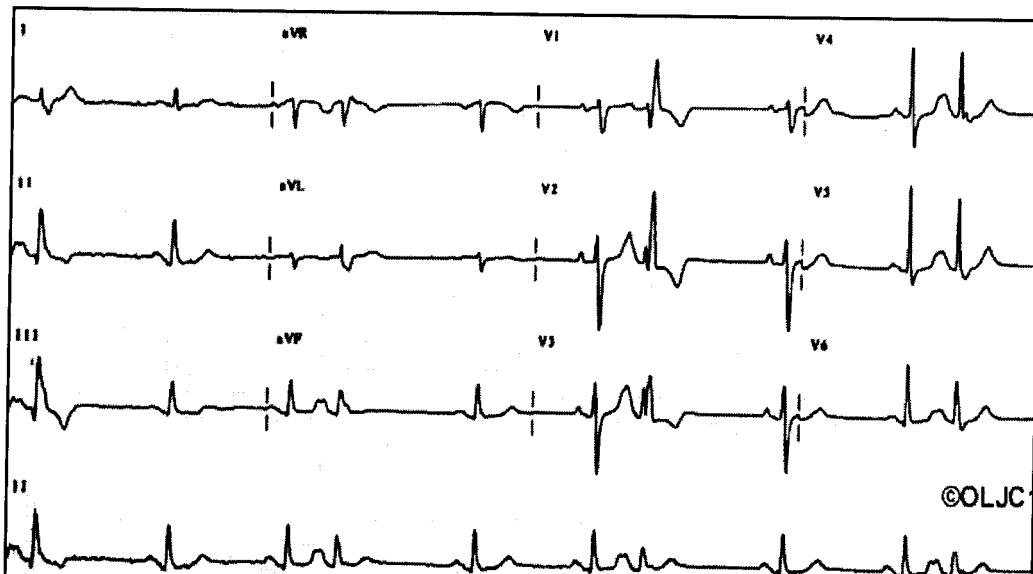
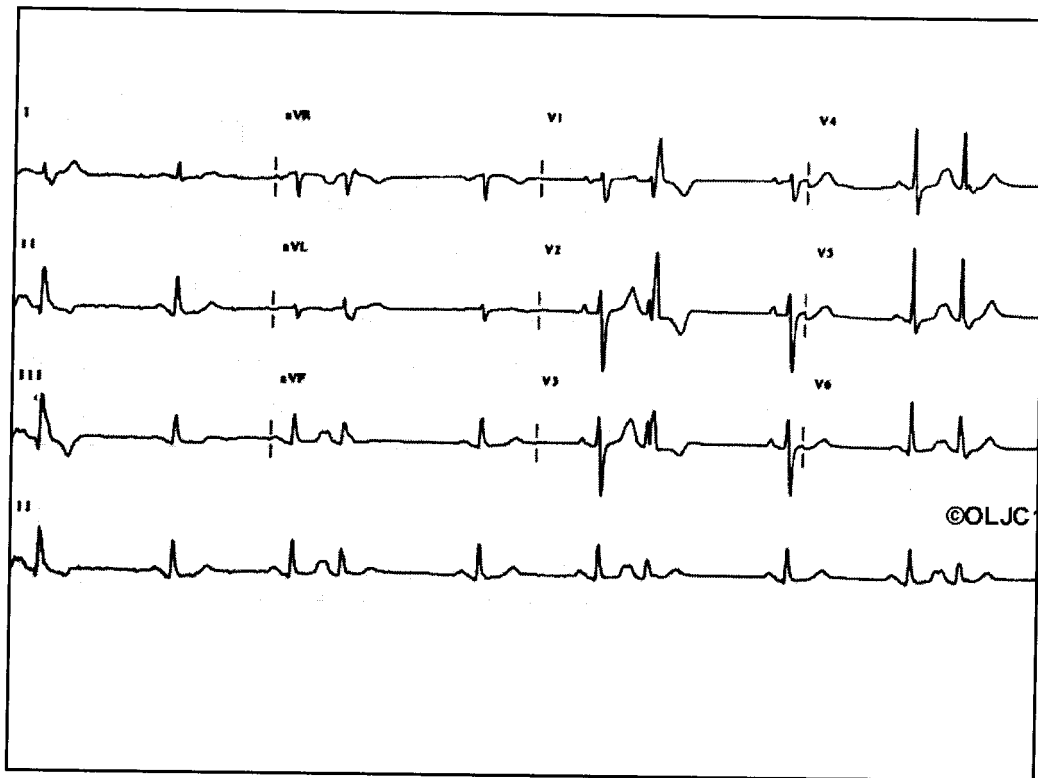


Atrial Premature Beat (APB) an abnormal P wave (arrowed in figure below)
 As P waves are small and rather shapeless the difference in an APB is usually subtle. The one shown here is a clear example, occurs earlier than expected followed by a compensatory pause (but not a full compensatory pause)

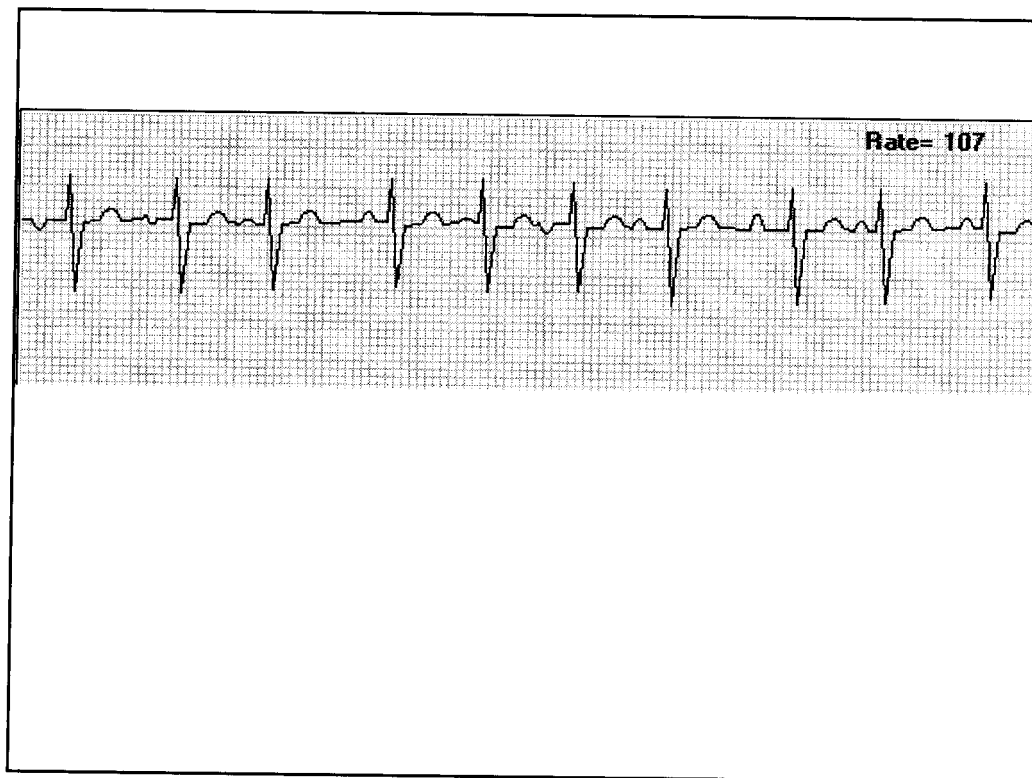


N/A	Irregular	Premature & abnormal or hidden	<.20	<.12
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Atrial Bigeminy



SR with PAC's. The p' wave can be seen deforming the T wave in the lead II rhythm strip. Note also that the PAC's reset the sinus node and hence there is no compensatory pause before the next sinus p wave. The QRS is deformed with a rsR' in V1 and a broad S in I with a duration of > 120 ms. diagnostic of aberrance with a RBB morphology. The S1 Q3 and the right ward axis of the aberrant complexes suggest an additional LPFB.



Wandering Atrial Pacemaker and Multifocal Atrial Tachicardia

Pacemaker discharges from different atrial locations - the clue here is the P waves are of varying shape and differing PR intervals (at least 3 different P wave morphology). PR interval is measured from the beginning of the P wave to the beginning of the QRS - if the atrial pacemaker location varies it will take different lengths of time to get to the ventricle - resulting in different PR intervals.

If the rate of the wandering atrial pacemaker is >100 it is descriptively called multifocal atrial tachycardia (MAT).

