27 YEAR OLD WOMAN
BESIDE THE OBVIOUS, YOU NOTE?
There is rt. axis deviation due to RVH, accompanied by biatrial abnormality. I'm sure that was your analysis. The probable diagnosis should be mitral stenosis with “passive” pulmonary hypertension - however her problem was primary pulm. hypertension. Another abnormality of consequence is the negative U waves, most evident in the precordial leads. They probably indicate myocardial ischemia. She died 2 weeks later.
Sinus rhythm, rate 78

Consider left atrial enlargement

LVH with ST-T abnormalities, possible

Old inferior infarct, possible

-- AXES --

P 3

QRS 38

T 110

All above abnormalities are probably due to pre-excitation syndrome

58 YEAR OLD WOMAN
DO YOU AGREE WITH REVIEWER?
THE SHORT PR INTERVAL IN THIS WOMAN IS DUE TO AN ECTOPIC ("LOW ATRIAL") FOCUS WITH PROXIMITY TO THE A-V NODE... THUS, THE SHORT PR INTERVAL IS NOT THE RESULT OF "PREEXCITATION" OVER AN ACCESSORY PATHWAY; FURTHERMORE THERE ARE NO DELTA WAVES PRESENT. THE ABNORMALITIES CITED ARE REAL AND NOT DUE TO W.P.W. --- AGREED ??

PR 107  - Sinus rhythm, rate 78
QSD 102  *ACCELERATED AV CONDUCTION/PREEXCITATION
QT 445  *Consider left atrial enlargement
QTc 507  *LVH WITH ST-T ABNORMALITIES, POSSIBLE
         *OLD INFERIOR INFARCT, POSSIBLE

- AXES -
  P 3  *ALL ABOVE ABNORMALITIES ARE PROBABLY DUE TO PRE-EXCITATION SYNDROME
QRS 38
T 110

58 YEAR OLD WOMAN
DO YOU AGREE WITH REVIEWER?

SAINT JOSEPH HOSPITAL - CCU / 4-North
57 YEAR OLD MAN
"WIDE-QRS TACHYCARDIA"
S.V.T. ?? —— V.T. ??
57 YEAR OLD MAN
"WIDE-QRS TACHYCARDIA"
S.V.T. ?? — V.T. ??

At first glance, this tachycardia doesn't appear "very wide"—but measuring the duration in V2, it is at least 0.16 sec. The frontal plane axis of (+) 100 degrees is suggestive of V.T. but not diagnostic. The precordial lead morphology is neither typical RBBB or LBBB, which is also suggestive. The proof lies in the rhythm strip (of course) There are P waves at 120/min dissociated from the QRS complexes...Voila! -- Ventricular tachycardia.
76 YEAR OLD MAN
LEAD II IS OFTEN GOOD FOR
RHYTHM ANALYSIS – IS THERE
ANY ECTOPY IDENTIFIED IN THIS
TRACING ??
76 YEAR OLD MAN
LEAD II IS OFTEN GOOD FOR
RHYTHM ANALYSIS -- IS THERE
ANY ECTOPY IDENTIFIED IN THIS
TRACING ??

A NUMBER OF THE CLUB MEMBERS WILL REMEMBER BACK TO THE "GOOD OLD DAYS"—
WHEN WE HAD ONLY SINGLE CHANNEL RECORDINGS AND, FOR SOME REASON, LEAD II WAS
REGARDED AS THE BEST MONITOR LEAD. HOW MANY TIMES DID WE MISS SIGNIFICANT
RHYTHM ABNORMALITIES SUCH AS IN THIS DIRTY TRICK TRACING???????
77-year-old man
The rhythm strip shows a peculiar alternation in the QRS morphology. What is the cause?
1. Intermittent bifascicular block?
2. Ventricular bigemini?
3. Atrial bigemini with alternating aberration?
4. Rate-related bundle branch block?
77 YEAR OLD MAN
WHY THE PECULIAR BIGEMINI??

There is regular sinus rhythm at 70/minute and all atrial impulses are conducted with a constant PR interval. The QRS complexes show left axis deviation consistent with left anterior fascicular block, but there is an alternating duration and morphology. Note in the rhythm strip of V1 that the initial portion of the QRS is unchanged. The prominent R waves in V1-2-3 point to an aged undetermined posterior infarction. The late forces show RBBB in every other beat. Why? When a stimulus does conduct over the RBBB, it is rendered refractory, and if its recovery time is prolonged, the next impulse will be conducted with right bundle branch block. Thus, the “peculiar alternation” is due to the combination of LAIF and alternating RBBB.