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David H. Spodick

University of Massachusetts Medical School

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Atrial (? Sinus) Tachycardia With Block (Well Concealed)

David H. Spodick, MD, DSc

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A 57-year-old woman with coronary heart disease came to the emergency department because of general malaise. Best seen only in leads II, III, and aVF are apparently ectopic (possibly sinus) P waves (P⁻) at approximately 180/min, mostly in a fixed 2:1 ratio to the QRS (Mobitz II AV block). The first three beats, however, may represent Wenckebach (Mobitz I) block with increasing PR on beats 1 and 2 and complete block of the subsequent P (P_x) wave; this is repeated in beats 8, 9, and 10. The P, as seen in lead V₁ (P), is wide, consistent with interatrial block, but this cannot be interpreted during an ectopic atrial rhythm. Atrial tachycardia with block is usually a toxic rhythm, frequently due to digitalis excess.

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