

University of Massachusetts Medical School

eScholarship@UMMS

---

Open Access Articles

Open Access Publications by UMMS Authors

---

2005-04-05

## Absent septal q wave and other abnormalities

David H. Spodick

*University of Massachusetts Medical School*

Let us know how access to this document benefits you.

Follow this and additional works at: <https://escholarship.umassmed.edu/oapubs>



Part of the [Cardiology Commons](#)

---

### Repository Citation

Spodick DH. (2005). Absent septal q wave and other abnormalities. Open Access Articles. Retrieved from <https://escholarship.umassmed.edu/oapubs/21>

This material is brought to you by eScholarship@UMMS. It has been accepted for inclusion in Open Access Articles by an authorized administrator of eScholarship@UMMS. For more information, please contact [Lisa.Palmer@umassmed.edu](mailto:Lisa.Palmer@umassmed.edu).

## Absent Septal q Wave and Other Abnormalities

David H. Spodick, MD, DSc

[click an author to search for more articles by that author](#)

Shown is an ECG of a 78-year-old woman with coronary disease (interpreted by computer as "Normal ECG"). The septal q waves usually seen in leads I and V6 are missing ("øq" on the illustration), consistent with a ventricular septal lesion and/or potential left bundle branch block (which may appear in some cases when the rate accelerates). The tiny q waves in leads V1 and V2 ("q") have recently been shown to be abnormal. Any q or Q in leads V1-V3 is abnormal if the lead has an "rS" configuration; they indicate infarction of uncertain age. The patient also has interatrial block ("IAB") because P wave duration is over 100 milliseconds (here 130 milliseconds). IAB is very common in general hospital inpatients in sinus rhythm. The PR segments ("PR") are depressed in many leads (elevated in aVR), although common in acute pericarditis PR segment depression is relatively nonspecific.

*The American Heart Hospital Journal. 2;3:178 (Summer 2004)*

