Rapid Fire ECG Challenge: Putting Your Interpretation Skills to the Test

Ana Cecilia Gonzales Luna
Hospital Nacional Edgardo Rebagliati Martins
Clínica Delgado
Male, 79 yo.
To look well
Male, 61 years old. HTN, DM2, badly controlled. CKD
Male, 61 years old. HTN, DM2, badly controlled. CKD
Female, 84 yo. HTA, HF. Digoxin, losartan
Female. 90 yo.
Female 34 y.
Pacemaker carrier since age 21.
Male, 85 yo. Hospitalized for sepsis
22 yo, female.
22 yo, female, interatrial communication correction
95 yo, female. Pacemaker 10 y ago.
Single chamber pacemaker

- Generation of electrical stimuli
- Detection of the spontaneous myocardial electrical activity

There should be no conflict between the stimulated rhythm and the patient's own

Dual chamber pacemaker

- Perform both functions in each of the 2 cameras
- AV interval: mimics the physiological interval between the contraction of both cameras
TBC: A simple algorithm to rule out abnormalities in electrocardiograms of patients with pacemakers

• T: Tachycardia with pacing spikes
• B: Bradycardia without spikes
• C: Chaos with spikes unrelated to QRS-T complexes.

Male, 67 years old, with a history of coronary CX and carotid CX. HTA. Medication: clopidogrel, Eurocor 2.5 ½ tab c / 12hs. Assa 81 mg. Wife states that the patient is exhausted more than usual.
64 yo, female. Syncope, dyspnea.
70 yo., male.
Young 34 yo. Asyntomatic

Echocardiogram:
Normal

Stress test: Normal
### 2018 ACC/AHA/HRS Guideline on the Evaluation and Management of Patients With Bradycardia and Cardiac Conduction Delay

<table>
<thead>
<tr>
<th>Atioventricular block (AVB)</th>
<th>First-degree atrioventricular block: P waves associated with 1:1 atrioventricular conduction and a PR interval &gt;200 ms (this is more accurately defined as atrioventricular delay because no P waves are blocked)</th>
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<tbody>
<tr>
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<td>Second-degree atrioventricular block: P waves with a constant rate (&lt;100 bpm) where atrioventricular conduction is present but not 1:1</td>
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<td>- Mobitz type I: P waves with a constant rate (&lt;100 bpm) with a periodic single nonconducted P wave associated with P waves before and after the nonconducted P wave with inconstant PR intervals</td>
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<tr>
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<td>- Mobitz type II: P waves with a constant rate (&lt; 100 bpm) with a periodic single nonconducted P wave associated with other P waves before and after the nonconducted P wave with constant PR intervals (excluding 2:1 atrioventricular block)</td>
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<td>- 2:1 atrioventricular block: P waves with a constant rate (or near constant rate because of ventriculoventricular arrhythmia) rate (&lt;100 bpm) where every other P wave conducts to the ventricles</td>
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<td>- Advanced, high-grade or high-degree atrioventricular block: ≥2 consecutive P waves at a constant physiologic rate that do not conduct to the ventricles with evidence for some atrioventricular conduction</td>
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<td>Third-degree atrioventricular block (complete heart block): No evidence of atrioventricular conduction</td>
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<td>Vagally mediated atrioventricular block: Any type of atrioventricular block mediated by heightened parasympathetic tone</td>
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<td>Infracochlear block: Atrioventricular conduction block where clinical evidence or electrophysiologic evidence suggests that the conduction block occurs distal to the atrioventricular node</td>
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</table>

2018 Bradycardia Clinical Practice Guidelines. JACC
63 yo. Female. Pacemaker 3 years ago. Dyspnea