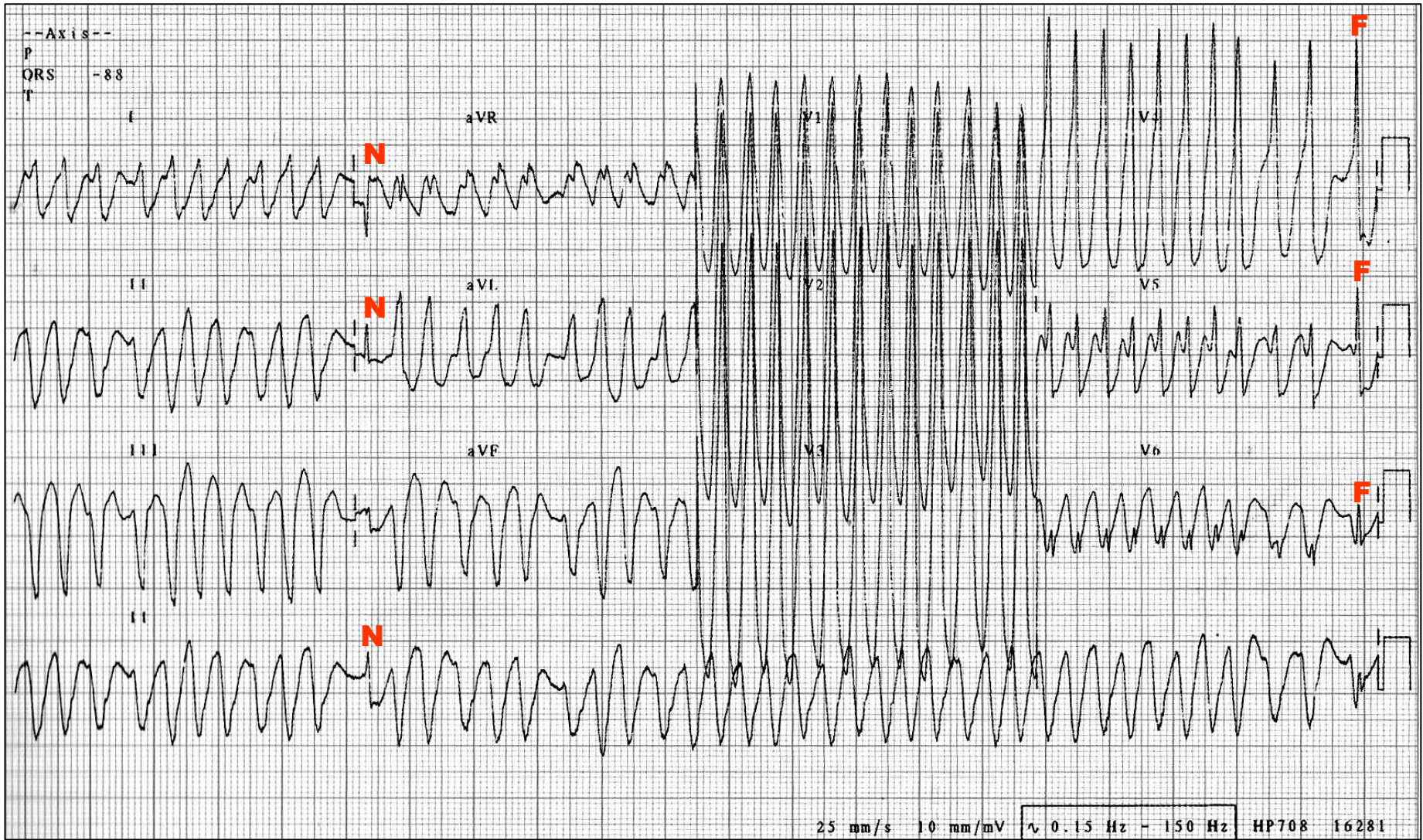


Courtesy from Prof. Antonio Américo Friedmann. Electrocardiology Service of University of Faculty of São Paulo.

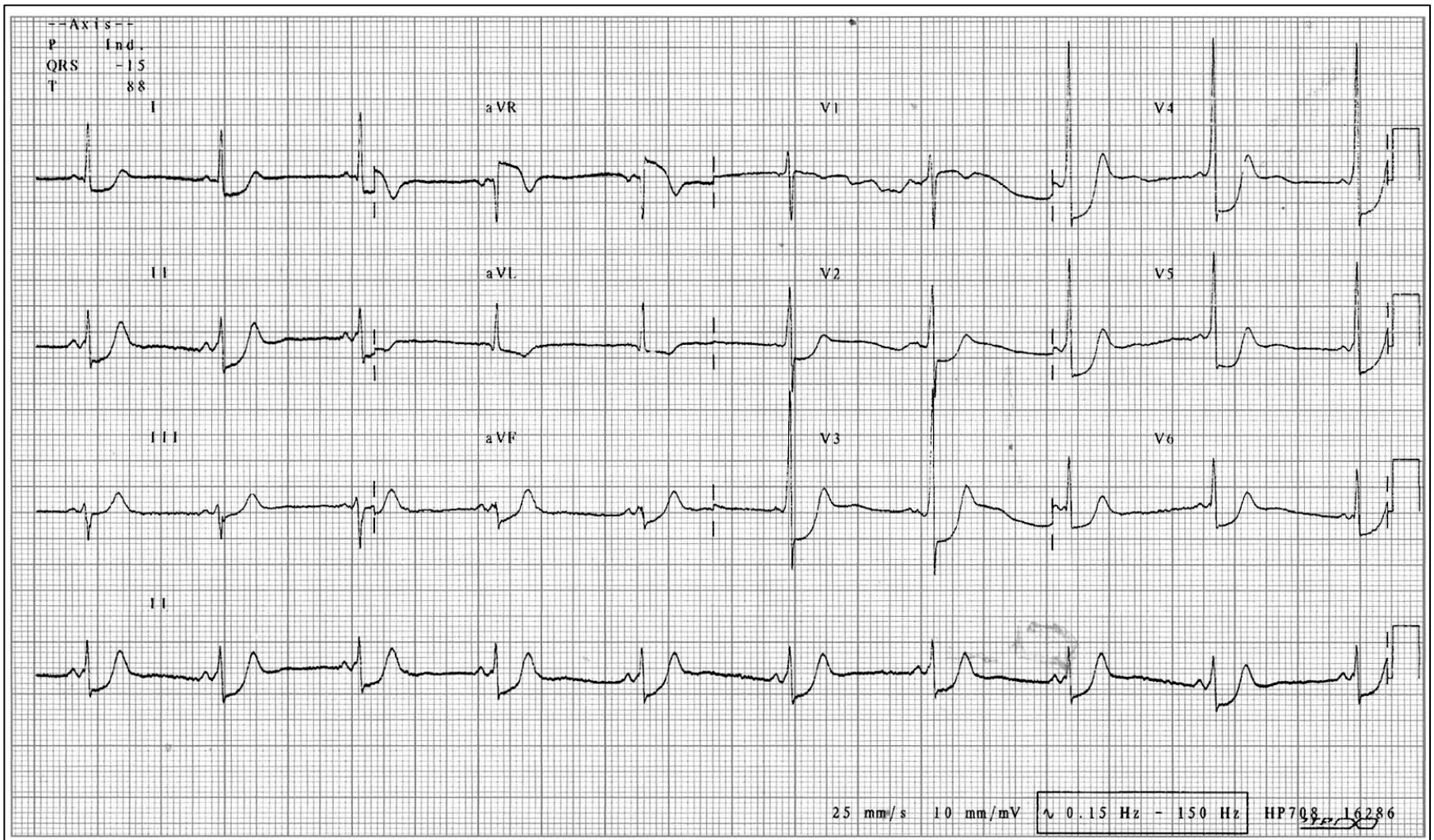
Which is the diagnosis of this broad sustained QRS tachycardia?



Courtesy from Prof. Antonio Américo Friedmann. Electrocardiology Service of University of Faculty of São Paulo.

Tachycardia with broad QRS, irregular rhythm, HR near 300bpm, the first QRS complex in aVR, aVL and aVF is normal (N) and the last one of V4 V5 and V6 is a fusion beat (F). The irregular rhythm is indicative of atrial fibrillation with anterograde ventricular activation over accessory pathway with fast conduction.

Conclusion: Atrial Fibrillation with AV conduction over an accessory pathway.



Courtesy from Prof. Antonio Américo Friedmann. Electrocardiology Service of University of Faculty of São Paulo.

This ECG was made 5 minutes after reversion. Sinus rhythm, short PR interval, delta wave and significant ST-segment depression in several leads (electrical memory).