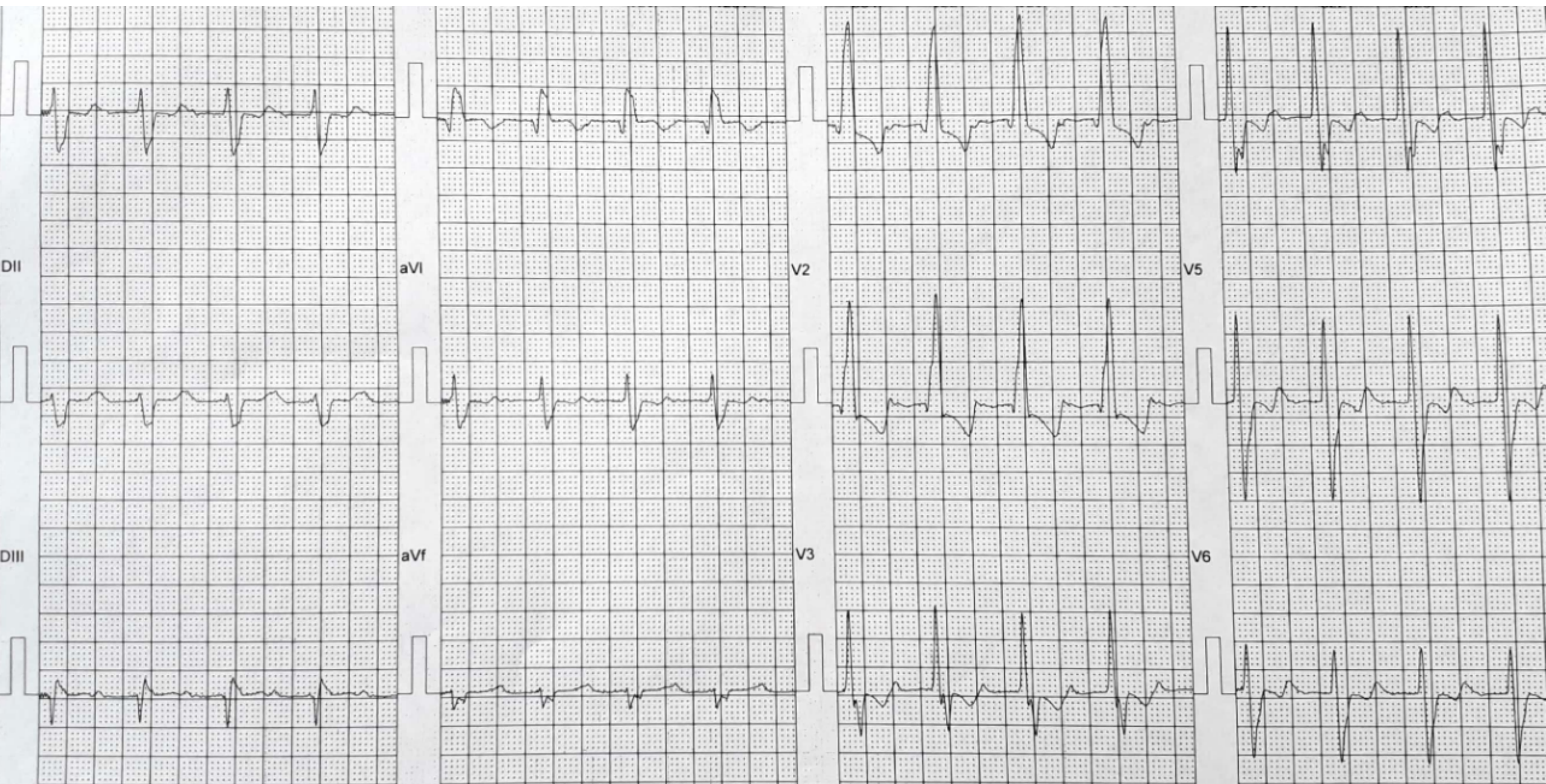
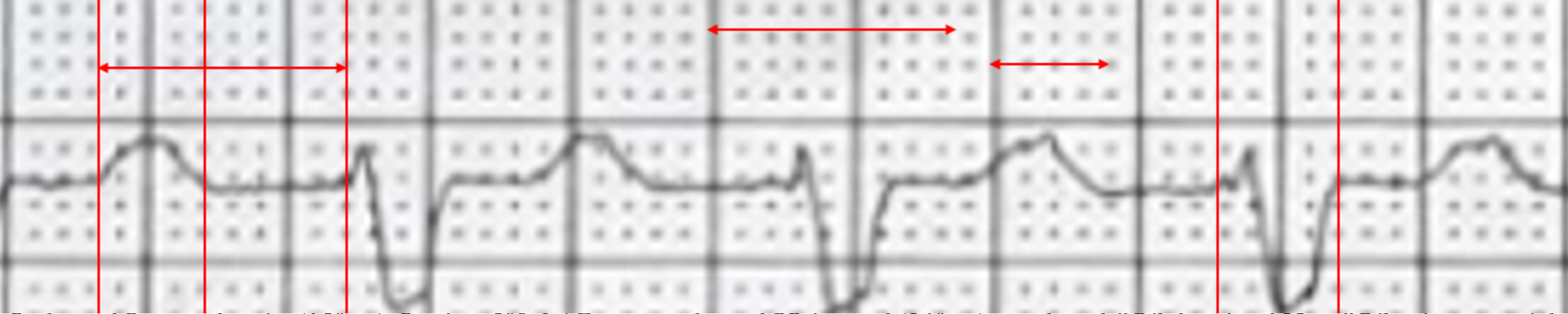


Presentación del caso

Es un paciente masculino de 85 años que consultó por disnea progresiva Antecedentes de HTA, al ingreso TA 110/70 mmHg R3 positivo, edemas MMII y rales subcrepitantes bibasales.

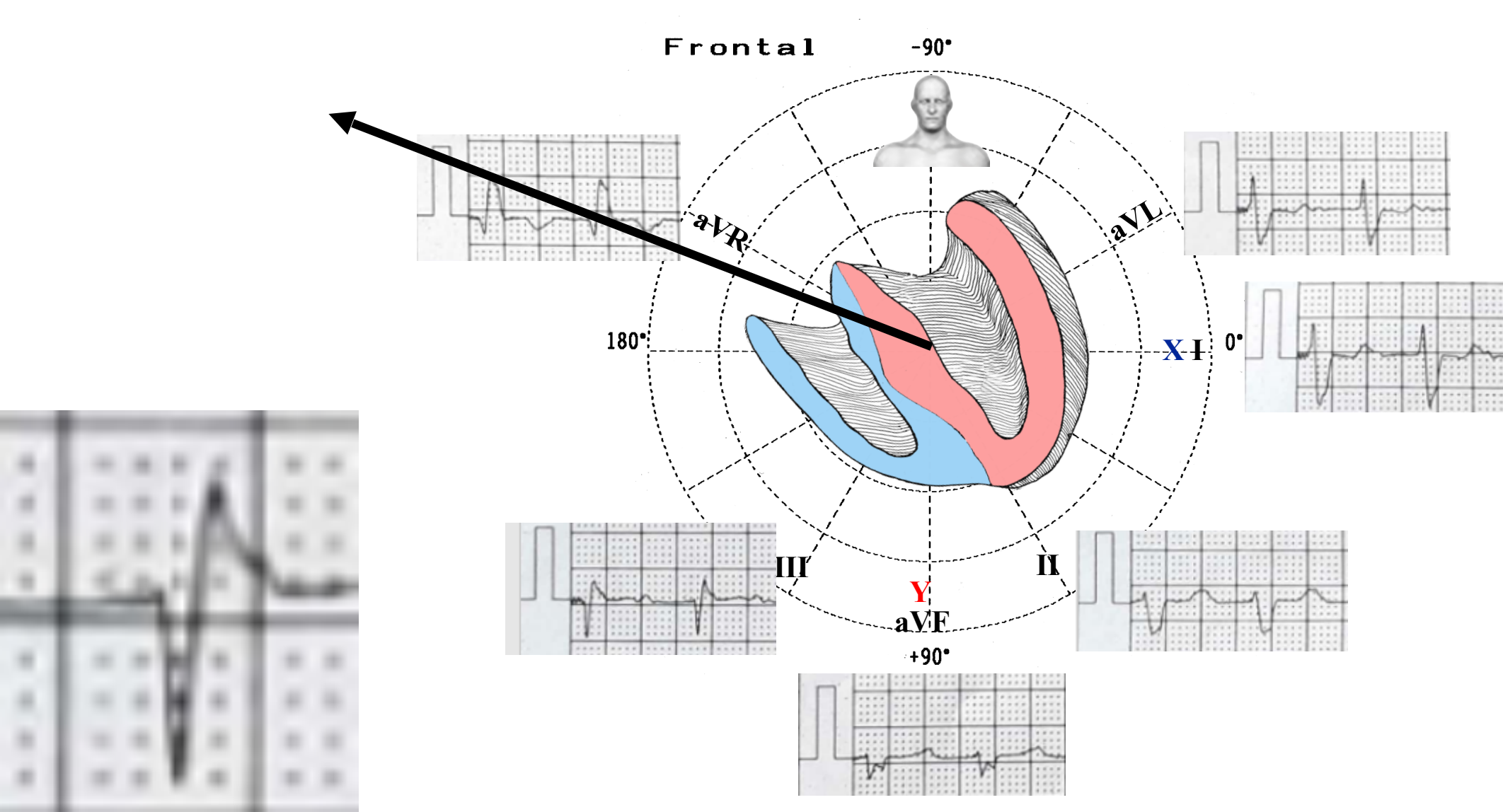




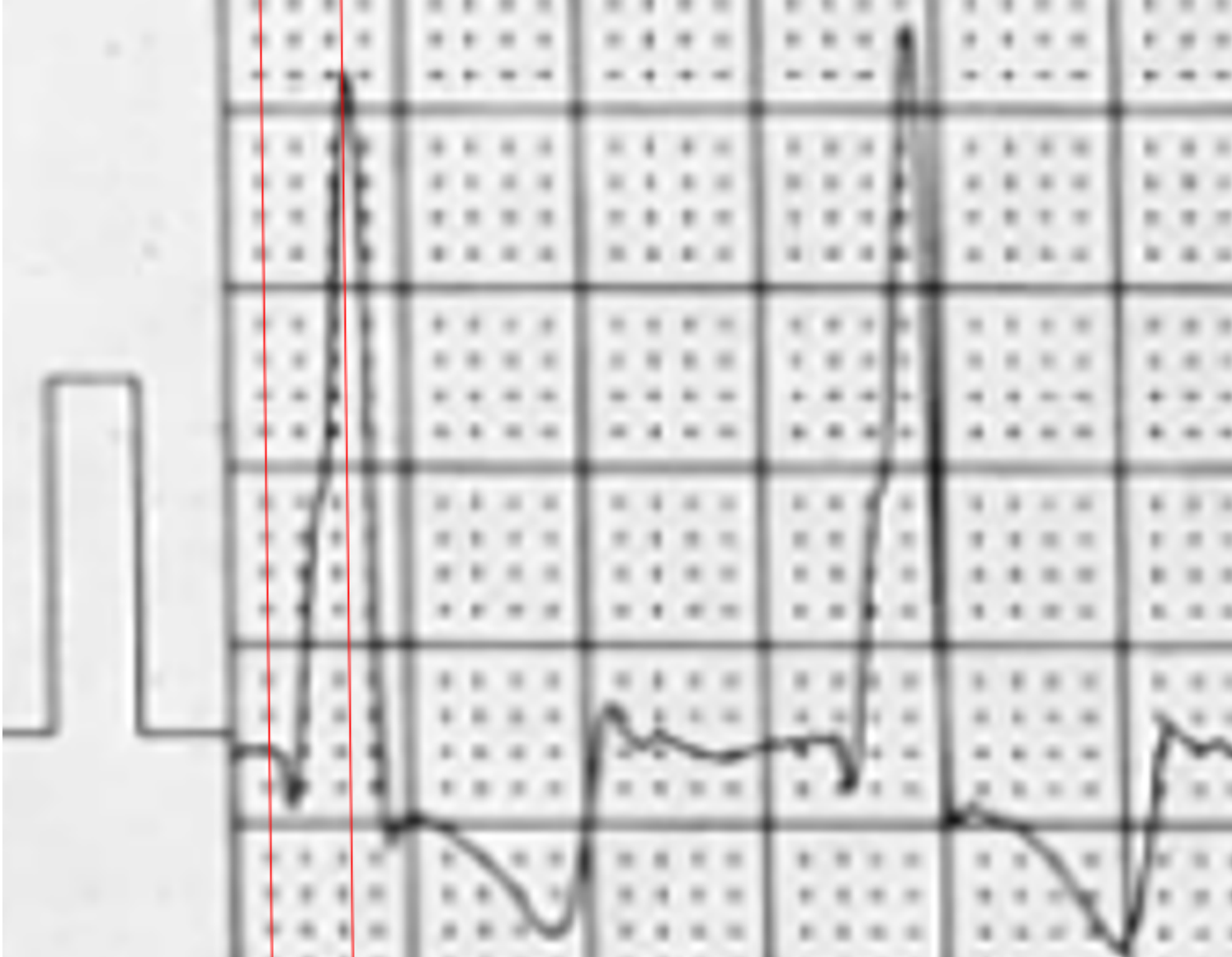
Prolonged P-wave duration(150ms), P axis + 50° LAE, very prolonged PR interval (340ms) very broad QRS duration 155m, QRS axis on top right quadrant ($\approx 160^\circ$): extreme axis deviation = QRS axis between -90° and 180° ($\approx 160^\circ$) (AKA “Norths land” axis, west Axis”) “ no man QRS predominantly negative in I and aVF and predominately positive in aVR and III.

Conclusion

1. **Left atrial enlargement:** P-duration $>110\text{ms}$ (150ms)
2. Very prolonged PR interval: **first degree AV block:** PR interval 340ms! Bad prognosis. Data from observational studies suggests a possible association between prolonged PR interval and significant increases in atrial fibrillation, heart failure(such as the present case) and mortality. (**Kwok CS, et al.Prolonged PR interval, first-degree heart block and adverse cardiovascular outcomes: a systematic review and meta-analysis.Heart. 2016 May;102(9):672-80. doi: 10.1136/heartjnl-2015-308956**)
3. **Right Ventricular Hypertrophy:** S>R in V5-V6. LAE is an indirect signal of LVH consequently
4. probable biventricular hypertrophy
5. **Left Septal Fascicular Block:** prominent Anterior QRS forces, qR in right precordial leads, very prolonged R-wave peak time, R wave in V2 $>15\text{mm}$, absence of initial q wave in left lateral leads V5-V6, I and aVL, decrescent R voltage form V3 to V6.
6. Atypical Left Anterior Fascicular Block. Why atypical? Because the absence of the first 10-20 ms vector (absence of qR in I and aVL and initial r wave in III)
7. RBBB QRS duration $>120\text{ms}$, qR pattern in V1-V2, broad final S wave in lateral leads(I, aVL, V5-V6), and broad final R wave in aVR
8. Probable **tetra fascicular** block (undescribed yet) : RBBB+LSFB+LAFB+ first degree AV block(possible degree of LPFB)
9. Wide fragmented QRS



Predominantly + in III



Very prolonged R-Wave Peak Time= 80ms. normal ≤ 35 ms

Problems: we have two causes of PAF : LSFB and RVH in association