

The qR pattern causes in right precordial leads - 2008

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The qR pattern causes in right precordial leads are:

- 1) Right ventricular enlargement and right bundle branch block in association.**
- 2) Severe Right ventricular enlargement: Systolic RVE of extreme strain pattern: suprasystemic right intraventricular pressure. E.g.: PS with the form of a point or severe,**
- 3) Indirect criteria of right atrial enlargement: Sodi sign: qR, QR or qRs in V1 and V2. The volumetric increase of the right atrium, gets closer to the exploring electrode V1, recording initial negativity in this lead, because this electrode records the epicardial morphology of the right atrium. A qR morphology in lead V1 in the absence of myocardial infarction reported as 100% of specificity by some authors(1). Important dilatation of the right atrium: E.g.: anomaly of Ebstein, tricuspid insufficiency**
- 4) Complete RBBB associated with septal or anteroseptal myocardial infarction.**
- 5) Complete RBBB associated with LSFB: the ventricular activation begins in the base of the posteromedial papillary muscle of mitral valve (PMPM) dependent of left postero-inferior fascicle. It is localized on posterior paraseptal about one third of the distance from apex to base. (1PI vector) directed to back (see Right Sagittal Plane o four case).**
- 6) Complete RBBB associated with LSFB and septal infarction.**

- 7) **Congenitally corrected transposition of the great arteries:
Situs inversus: ventricular inversion: inverted septal
activation**
- 8) **Ebstein anomaly: Giant P waves of right atrial enlargement:
“Himalayan” P waves, PR interval frequently prolonged:
20%. RBBB or CRBBB of low voltage, bizarre aspect, initial
Q wave in right and middle precordial leads (from V1 to V4)
is recorded in 50% of the cases in V1 to V3.**

References

- 1) **Bayés de Luna Antoni Clinical Electrocardiography A Texbox 2nd
Updated edition**