42 year old woman
kindly complete the poem
"I think that I shall
never see ---"
I'm certainly that you recognized this poem, but do you know the EKG version?
Read along with me—“I think that I shall never see,
A thing as lovely as a P,
A P to prompt the QRS,
So that the heart does not arrest...”

In this woman, ‘tis the heart arrest, an accelerated junctional focus has taken command.
Where have all the P waves gone??
82 year old woman
"Outreach EKG"
Agree with reviewer?

THIRD DEGREE AV BLOCK
RIGHT BUNDLE BRANCH BLOCK
LEFT POSTERIOR FASCICULAR BLOCK
COMPLETE HEART BLOCK
INFERIOR INJURY PATTERN
ABNORMAL ECG

When compared with ECG of 01-JUN-96 23:15,
NO SIGNIFICANT CHANGE SINCE PREVIOUS TRACING (RR)
QT HAS SHORTENED

Referred by: HOPPE
Reviewed by: [Blank]
I hope that you looked closely and identified the “almost hidden” P waves, and concluded that the true atrial rate was 160/min. This is another example of Marriott’s “block-acceleration dissociation”. The P waves are unrelated to the QRS complexes of an accelerated ventricular focus. Obviously, the faster atrial rate should keep the atrial pacemaker in command – therefore “some degree” of AV block must be present. The relatively rapid discharge of the vent. ectopic focus, and its refractory wake, prevent the transmission of all atrial impulses. Thus, although there is complete AV dissociation there is (probably) little AV block. The ventricular origin of the pacemaker site disallows comments about BBB and fascicular block. Despite this, the marked ST elevation identifies an acute infero-postero-lateral MI. Agreed?? Any questions??

82 year old woman
"Outreach EKG"
Agree with reviewer?

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THIRD DEGREE AV BLOCK
RIGHT BUNDLE BRANCH BLOCK
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COMPLETE HEART BLOCK
INFERIOR INJURY PATTERN
ABNORMAL ECG
WHEN COMPARED WITH ECG OF 01-JUN-96, 23:15.
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QT HAS SHORTENED

Referred by: HOPPE
Reviewed by: }

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A

160/min

A-V

V

75/min
90-year-old man. 
His rhythm is? 
Is there a problem with impulse transmission?

90 year-old man. His rhythm is? Is there a problem with impulse transmission??
52 YEAR OLD MAN—9/17—PREOP. CABG

ONE YEAR LATER—"C.H.F."
AN IMPORTANT CONSIDERATION IS ??
THE PREOP TRACING SHOWS AN INDETERMINATE FRONTAL PLANE AXIS AND INFEROLATERAL T WAVE CHANGES. A YEAR LATER, THERE IS NO DECISIVE EVIDENCE OF M.I., BUT THE QRS VOLTAGE HAS DECREASED. THIS WAS A CLUE THAT THE "CHF" WAS DUE TO CONSTRUCTIVE PERICARDITIS. THE PATIENT WAS MARKEDLY IMPROVED AFTER PERICARDIETOMY. IT APPEARS THAT IN THE U.S. CONSTRUCTIVE PERICARDITIS MOST COMMONLY OCCURS AFTER CARDIAC SURGERY......

52 YEAR OLD MAN—9/17—PREOP. CABG

ONE YEAR LATER—"CHF."
AN IMPORTANT CONSIDERATION IS ??

I
aVR
V1
V4

II
aVL
V2
V5

III
aVF
V3
V6
77 YEAR OLD WOMAN
RP REQUIRED FOR CONDUCTION??
Although the atrial rate is only 80/min, the majority of the P waves are not conducted. But, when the interval between the "escape" QRS complex and a subsequent P wave is long enough (1.08 sec) it is conducted with a normal QRS. This required "R to P interval" reflects the marked repolarization delay in the conducting tissue, and represents "high-grade" AV block.