ECG Típicos

Curso Semiología 2012

Sede Occidente

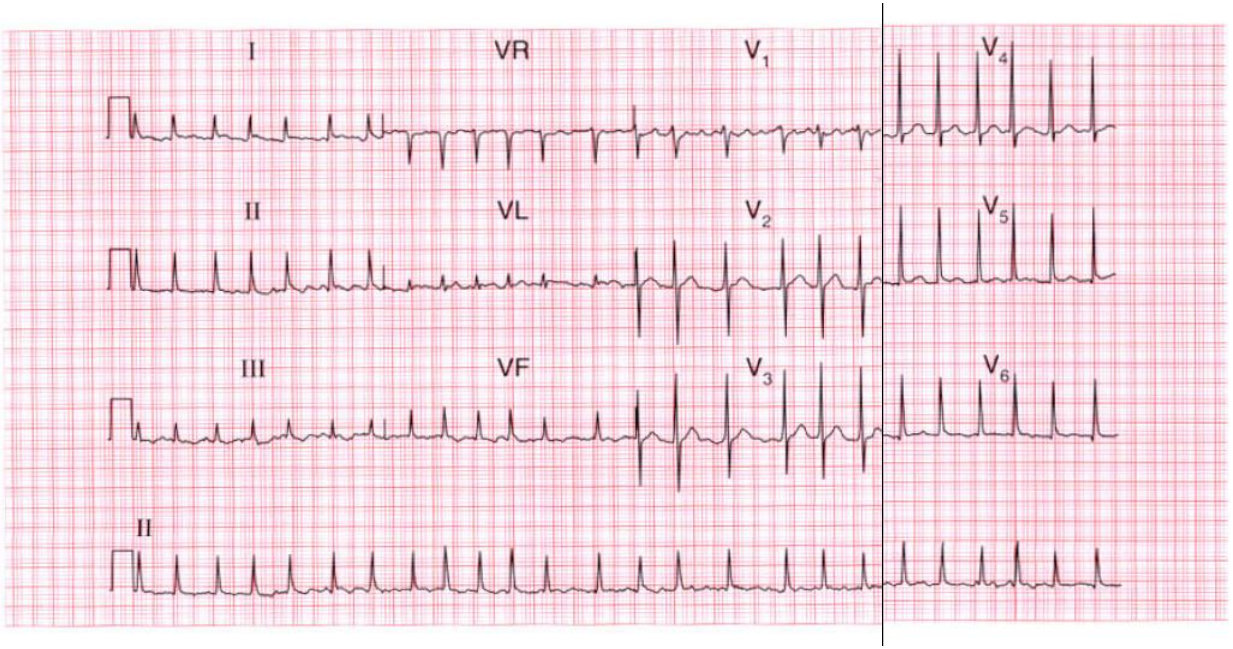


Fig. 3.44 Atrial fibrillation

Note

- Irregular narrow complex tachycardia at 150/min
- During long R–R intervals, irregular baseline can be seen
- Suggestion of flutter waves in lead V_1

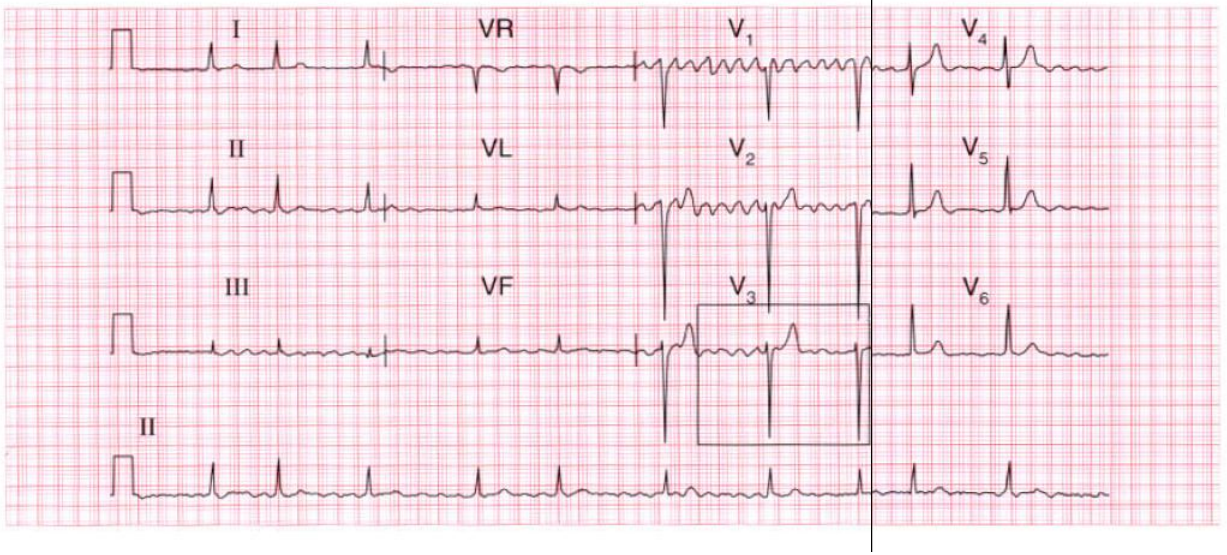


Fig. 4.45 Atrial fibrillation

Note

- Irregular narrow complex rhythm
- Apparent flutter waves in lead V_1, but these are not constant and from leads II and V_3 it is clear that this is atrial fibrillation

Atrial fibrillation in lead V_3

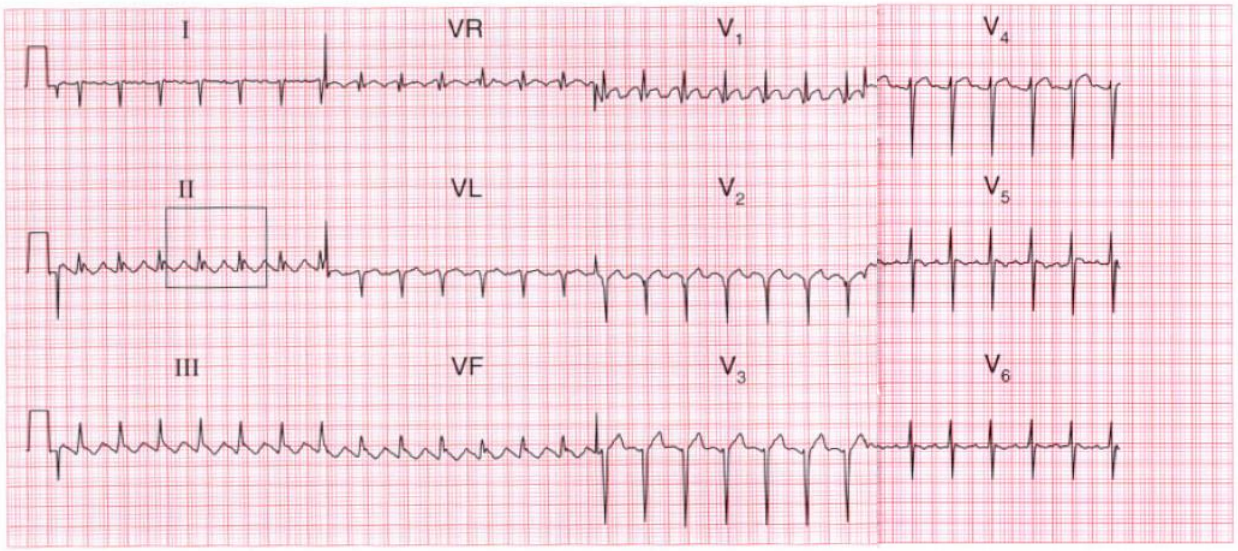


Fig. 3.36 Atrial flutter with 2:1 block

Note

- Regular narrow complex tachycardia
- 'Sawtooth' of atrial flutter most easily seen in lead II

'Flutter' waves in lead II

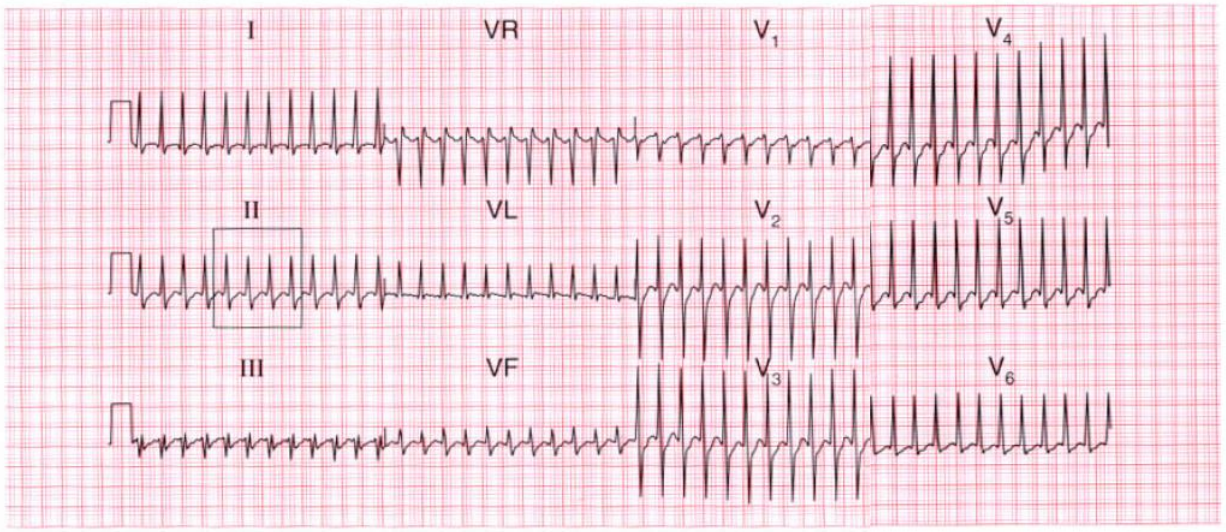


Fig. 3.39 Atrial flutter with 1:1 conduction

Note

- Narrow complex tachycardia at nearly 300/min
- No P waves visible
- Ventricular rate suggests that the underlying rhythm is atrial flutter

Narrow complex tachycardia at 300/min in lead II

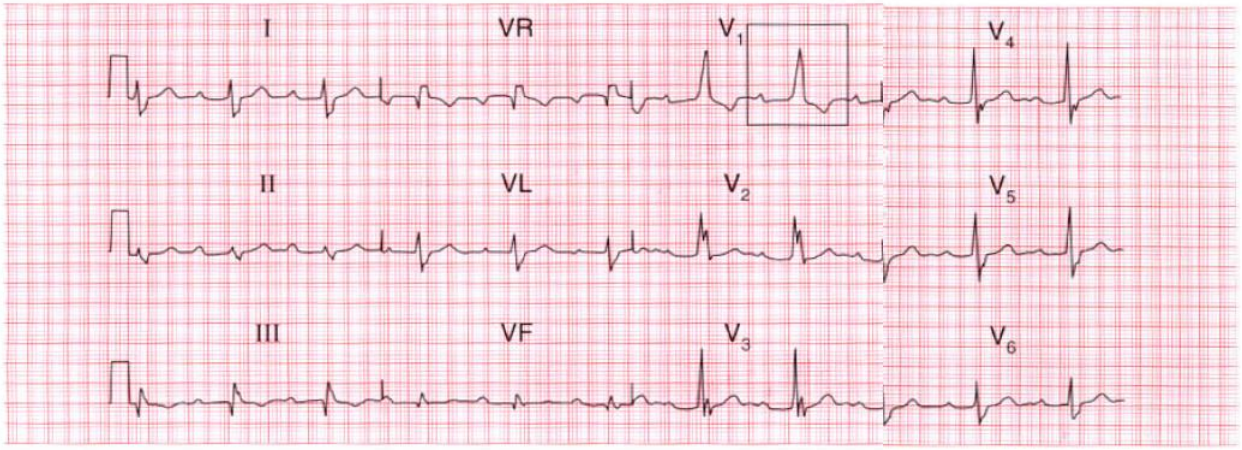


Fig. 1.19 First degree block and right bundle branch block

Note

- Sinus rhythm
- PR interval 320 ms (first degree block)
- Broad QRS complexes
- RSR[1] pattern best seen in V_2
- Wide slurred S in V_6

Long PR interval and broad QRS complex with dominant R wave in lead V_1

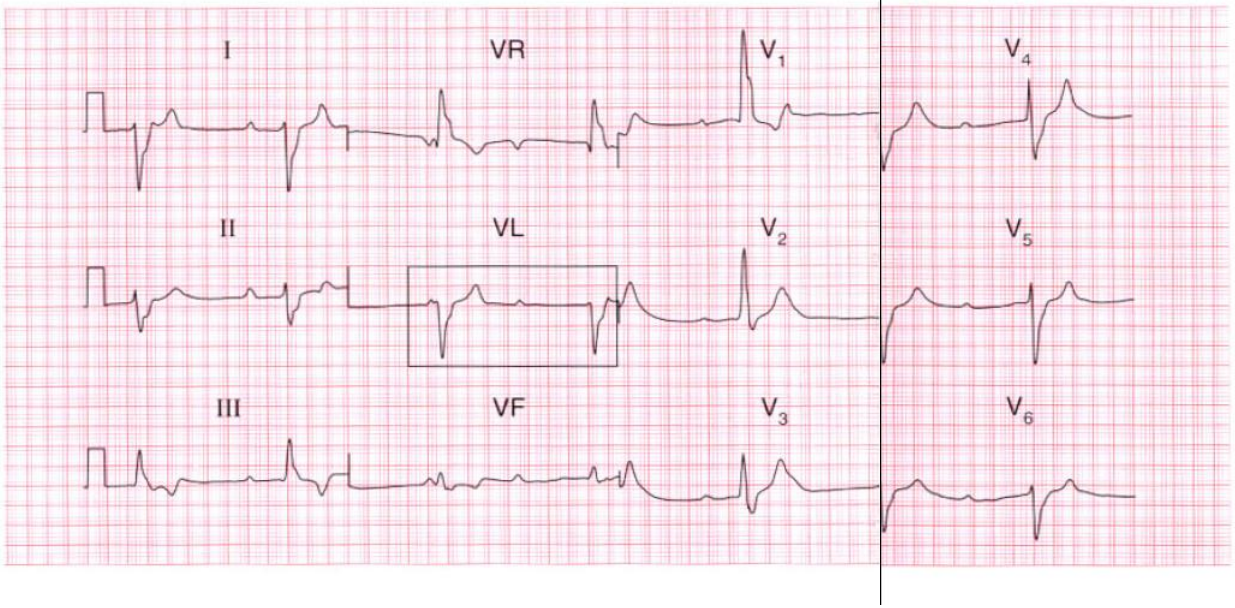


Fig. 3.80 Complete heart block

Note

- Sinus rate 70/min
- Regular ventricular rate, 40/min
- No relationship between P waves and QRS complexes
- Wide QRS complexes
- RBBB pattern

P waves in lead VL

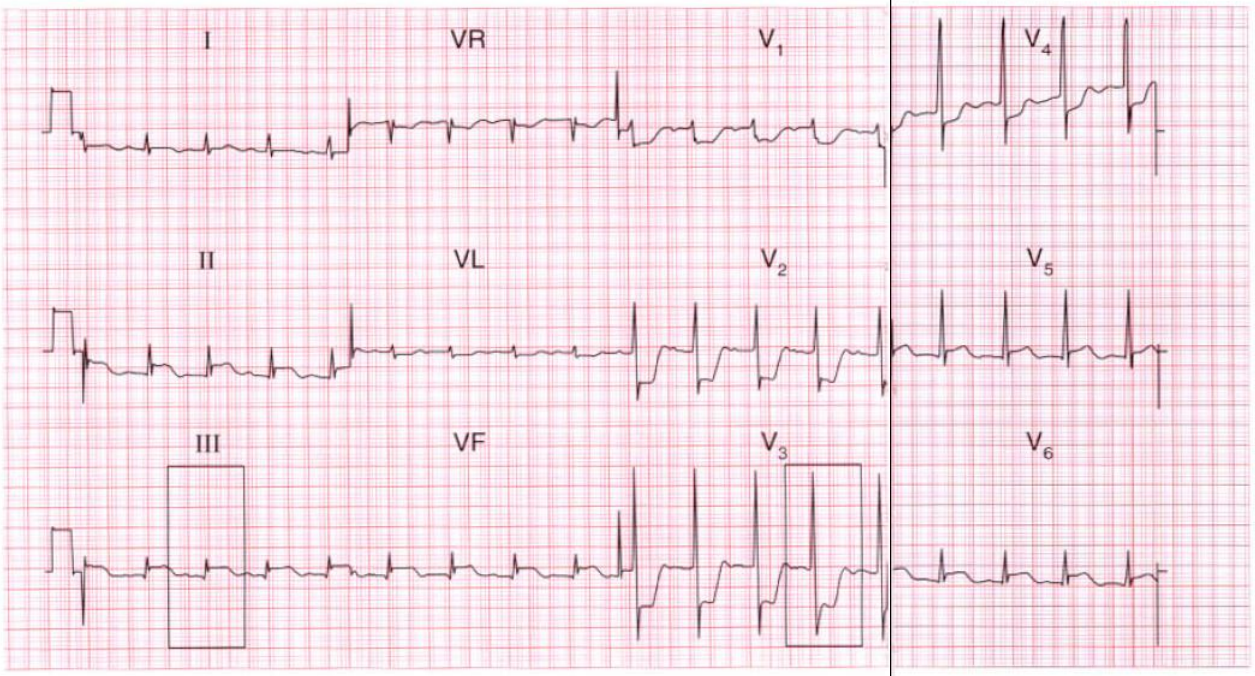


Fig. 4.13 Acute inferior infarction and anterior ischaemia

Note

- Sinus rhythm
- Normal axis
- Raised ST segments in leads II, III, VF
- ST depression in leads V_1–V_4

Raised ST segment in lead III

Depressed ST segment in lead V_3

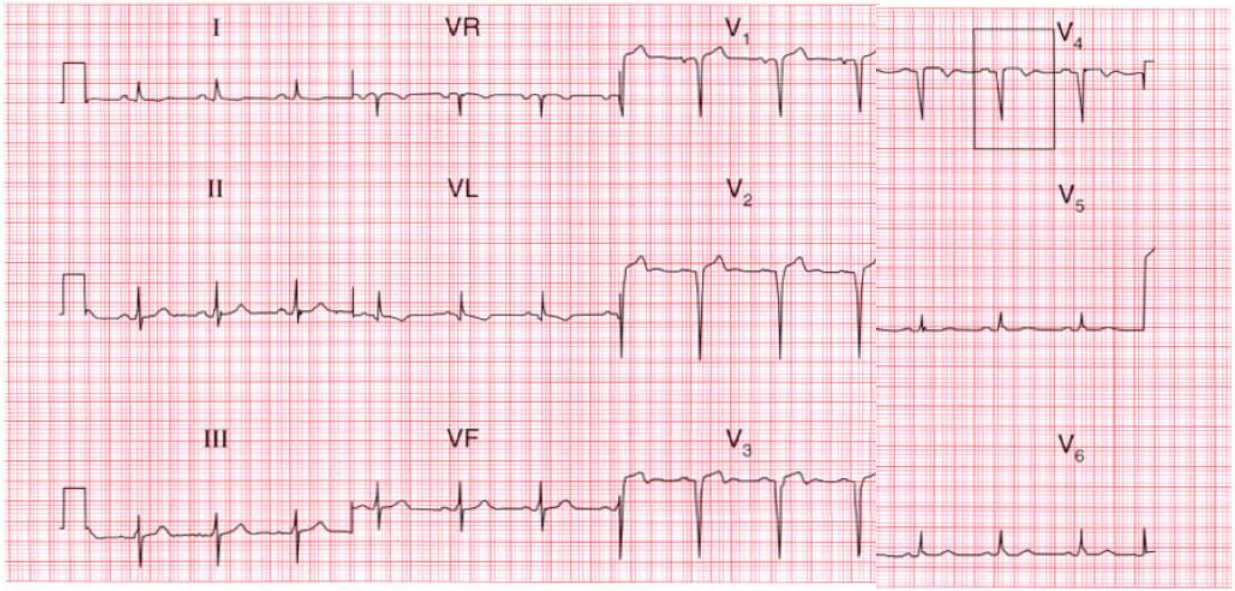


Fig. 4.32 Anterior infarction, ?age

Note

- Sinus rhythm
- Normal axis
- Q waves in leads V_2–V_4
- Slight ST segment elevation in leads V_2–V_4

Q wave, slight ST segment elevation and inverted T wave in lead V_4

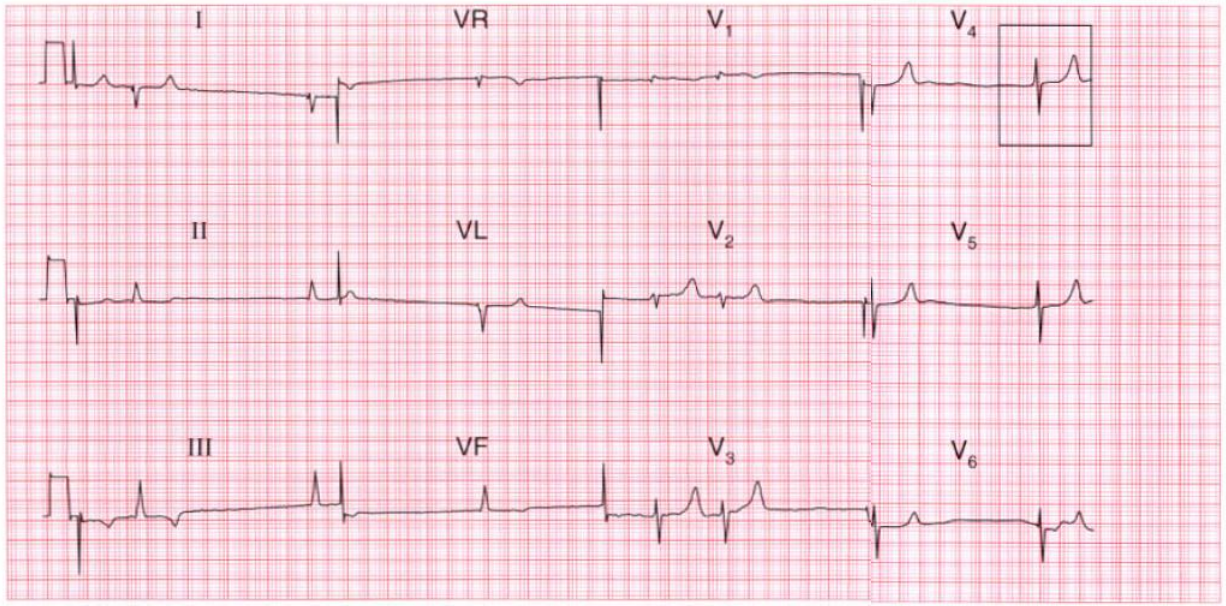


Fig. 6.9 Hyperkalaemia

Note

- No P waves
- ?Atrial fibrillation
- ?Junctional escape rhythm
- Right axis deviation
- Symmetrically peaked T waves, especially in the chest leads
- Inverted T waves in leads III, VF

P wave absent and peaked T wave in lead V_4

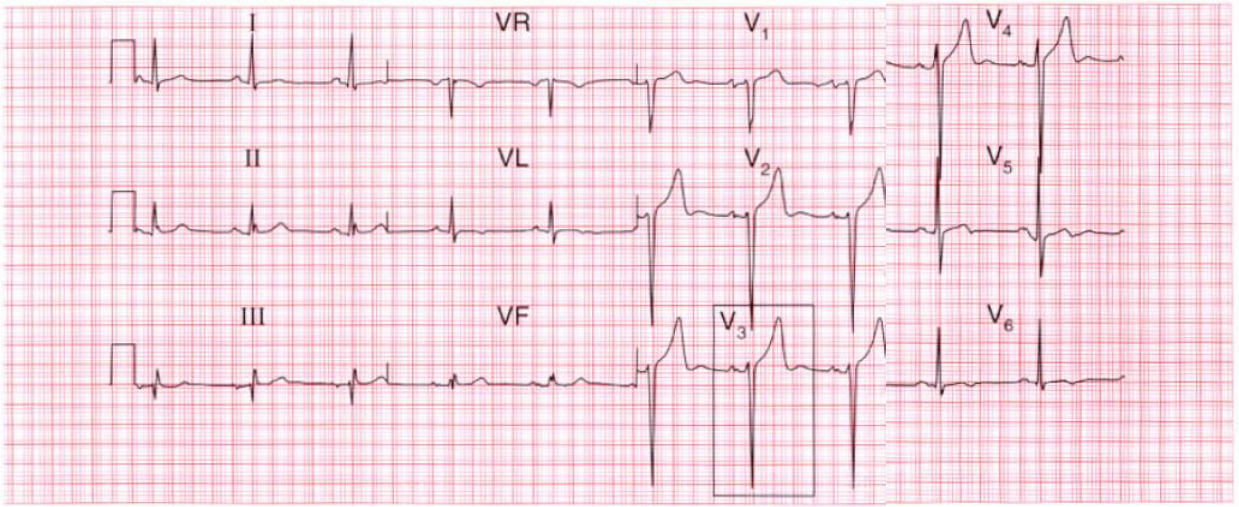
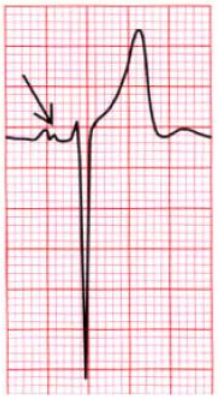


Fig. 5.3 Left atrial hypertrophy and left ventricular hypertrophy

Note

- Sinus rhythm
- Bifid P waves
- Normal axis
- Tall QRS complexes
- Inverted T waves in lead V_6, suggesting left ventricular hypertrophy



Bifid P wave in lead V_3

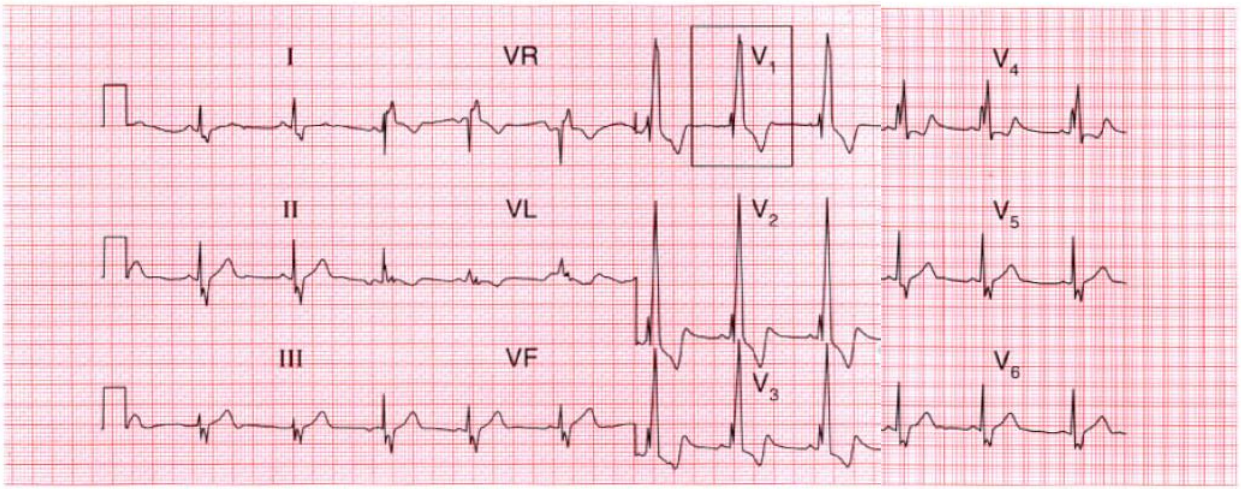


Fig. 1.17 Right bundle branch block

Note

- Sinus rhythm with a normal PR interval
- RSR^1 pattern in V_1
- The dominant R wave is characteristic of RBBB, and does not indicate RV hypertrophy
- Wide and slurred S wave in V_6

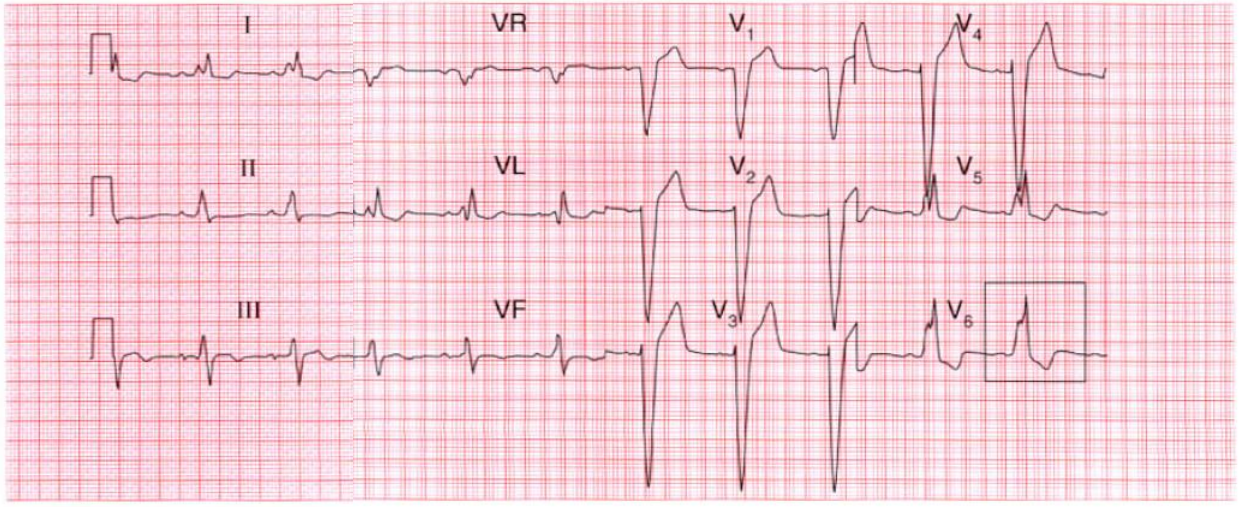
RSR^1 pattern in lead V_1

Fig. 1.18 Left bundle branch block

Note

- Sinus rhythm
- Broad QRS complexes with notch in the R wave in I, VL, V_5, V_6
- Inverted T waves are associated with bundle branch block, and have no other significance

Notched R wave in lead V_6



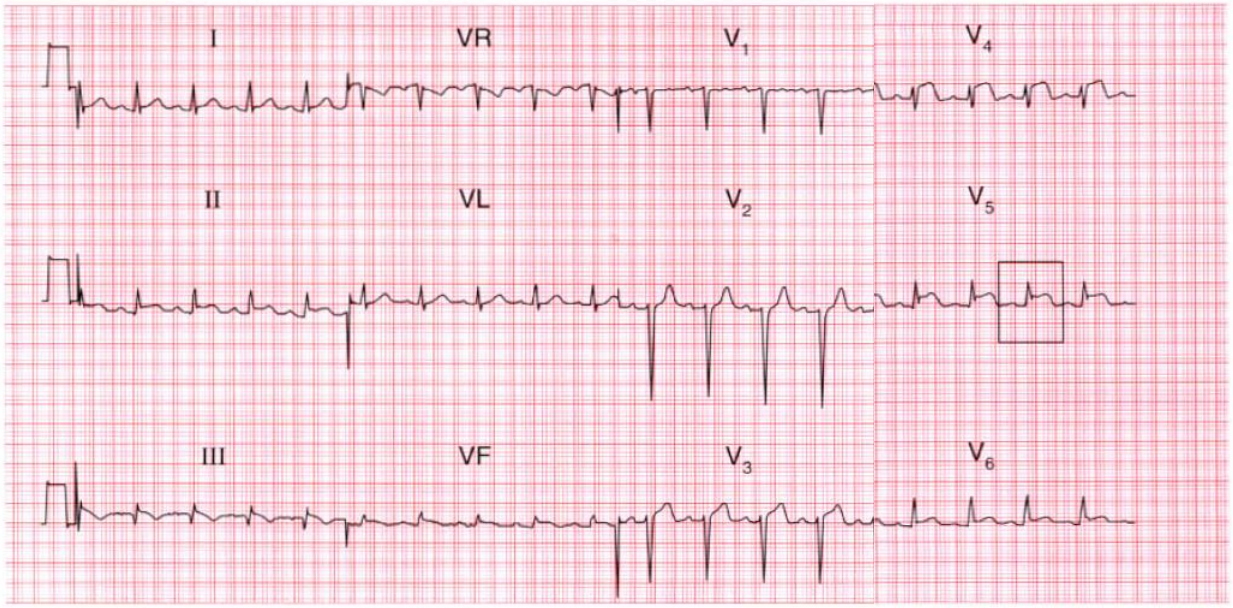


Fig. 4.45 Pericarditis

Note

- Sinus rhythm
- Normal axis
- Normal QRS complexes
- ST segment elevation in leads I, II, III, VF, V_3–V_6

ST segment elevation in lead V_5

Fuente de las imágenes:
Hampton, JR. The ECG in Practice.
Churchill Livingstone, 4th Edition, 2003.
ISBN: 0443072515