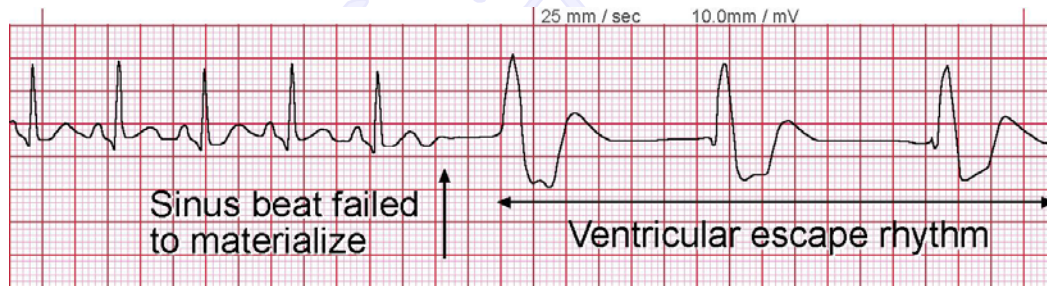
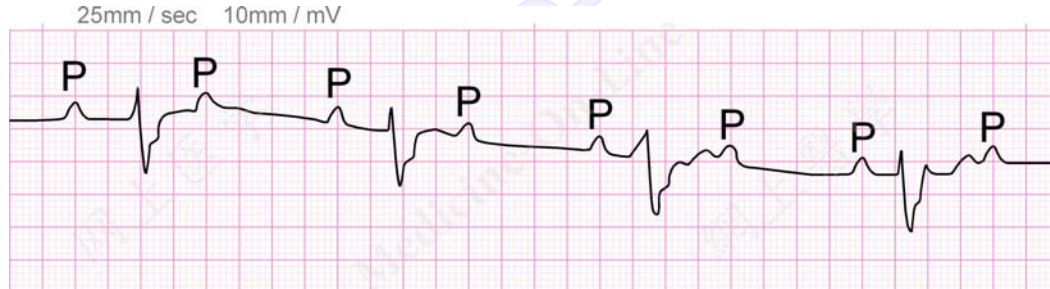


## Ventricular Escape

In ventricular escape beat or rhythm, the depolarization wave spreads slowly via abnormal pathway in the ventricular myocardium and not via the His bundle and bundle branches. Therefore, the QRS complex is wide ( $>120$  ms) and has a shape different from that of the sinus beat.



If the ventricular escape rhythm is the result of sinus node failure, no P wave of atrial contraction is seen as in the tracing above. If the ventricular escape rhythm is the result of 3<sup>rd</sup> degree (complete) heart block, the sinus node paces the atria independently and regular P waves unrelated to the ventricular escape beats can be seen. The inherent rate of ventricular escape rhythm is between 20 and 40 beats/min.



## Premature Beats

A premature beat also arises from an ectopic pacemaker: in the atria, the AV junction, or the ventricles. The non-sinus impulse is early, initiating a heart beat before the next anticipated sinus beat as its name implies. The reason the ectopic focus discharges a pacing impulse early in this instance is because the ectopic focus is irritable and competes with the sinus node.