

Tachycardias

If an ectopic focus discharges a premature impulse only occasionally, the result is premature beats superimposed on the basic rhythm; if the irritable focus generates 3 premature beat repeatedly in a continuous sequence, the result is ectopic tachycardia. The run is called non-sustained if it lasts up to 30 seconds and sustained if longer than 30 seconds.

Tachycardias, other than sinus tachycardia, can be classified into supraventricular tachycardia (SVT) or ventricular tachycardia (VT), depending on their site of origin.

Supraventricular Tachycardia



Tachycardias arising from an ectopic focus in the atria or AV junction are called supraventricular tachycardias (SVT). Heart rate is faster than 150 per minute and commonly around 180 per minute. At this very fast heart rate, the P waves of atrial contraction are buried within the waves of the beats before irrespective of whether the tachycardia is of atrial or junctional origin. Differentiation of the two is not possible on the surface ECG and they are simply called paroxysmal supraventricular tachycardia (PSVT) because of their paroxysmal (sudden) onset. Since PSVT impulses depolarize the ventricles by passing down the His bundle and bundle branches, the accompanying QRS complexes are of normal width and have the same morphology as that of sinus beats.