

The background features a white surface with a dark blue ECG line running horizontally across the top and bottom. Scattered around the ECG line are several circles in red, grey, and dark blue. The text is centered on the page.

Enfermedades cardiovasculares:

Arritmias

CURSO ECG HECA 2025

Anormalidades del ritmo cardiaco



Muy lento



Muy rápido



Regularidad

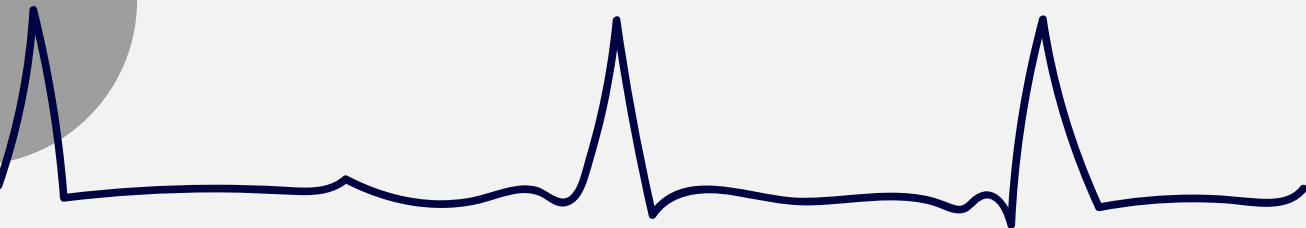




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**Arritmias
ventriculares**





Tipos de arritmias supraventriculares

Arritmia sinusal

Ritmo Auricular

**Extrasistolia
Supraventricular**

Fibrilacion Auricular

Aleteo Auricular

**Taquicardia
paroxística
supraventricular**

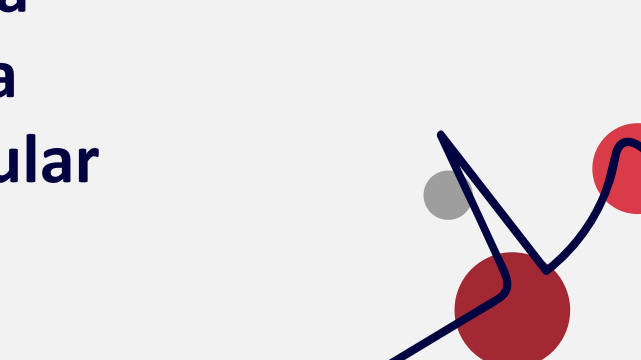
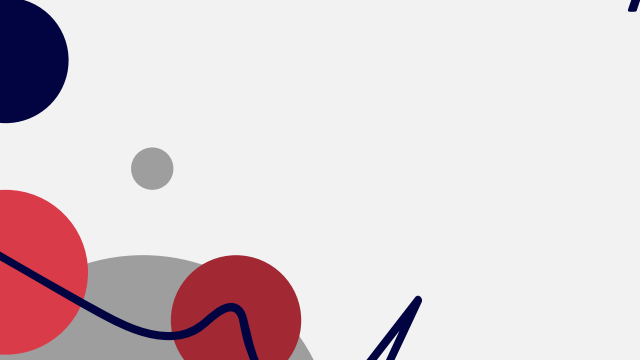




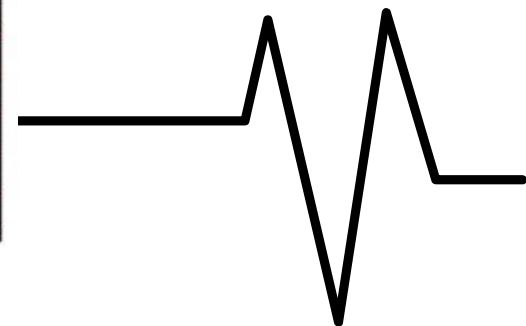
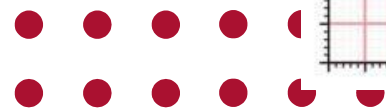
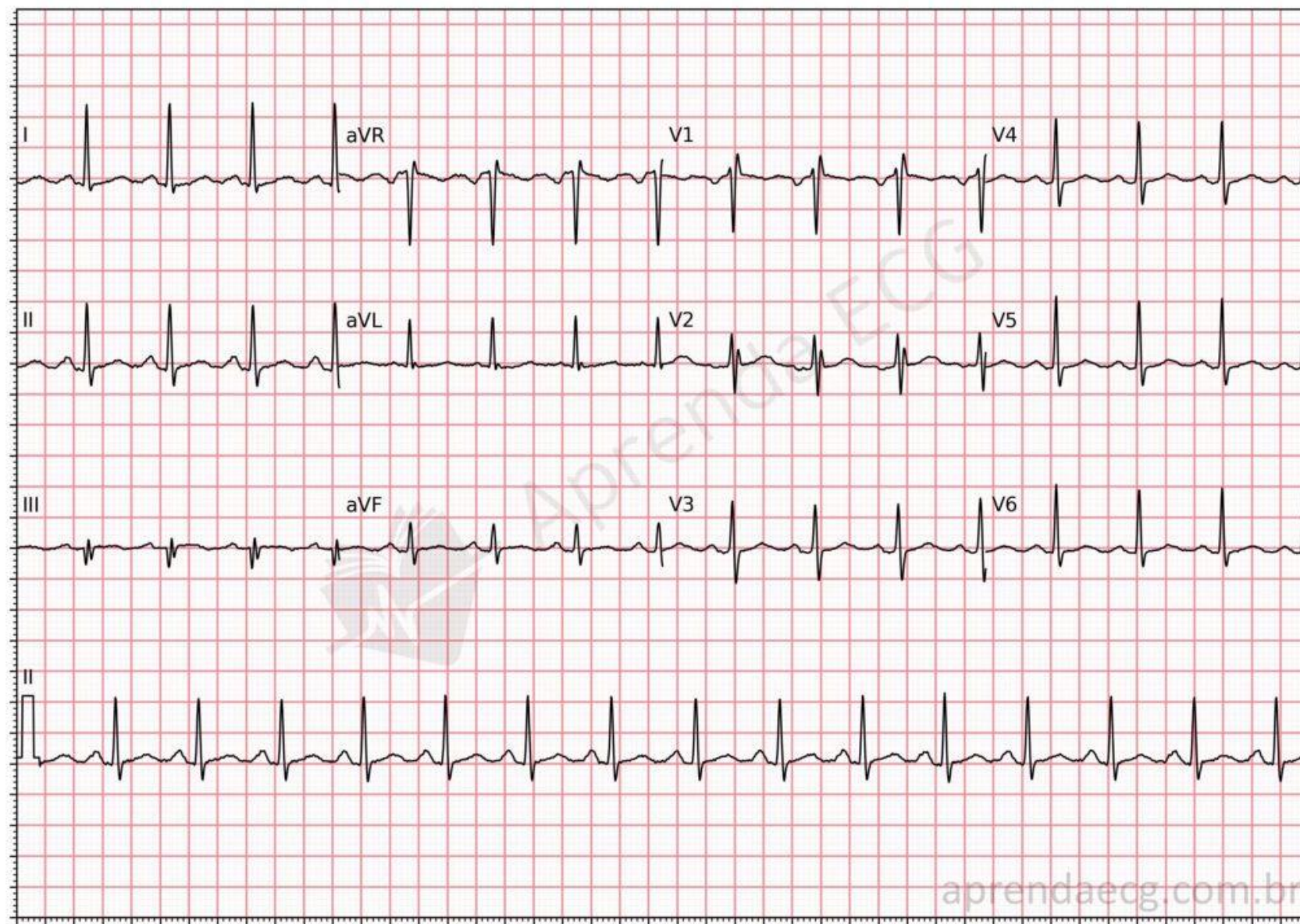
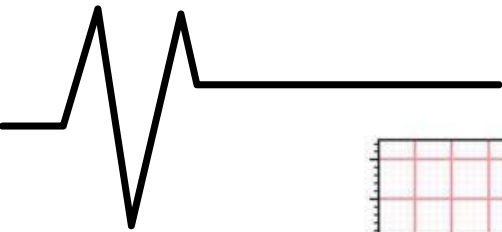


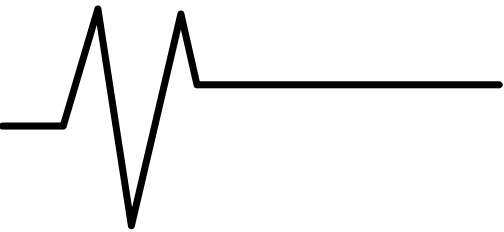
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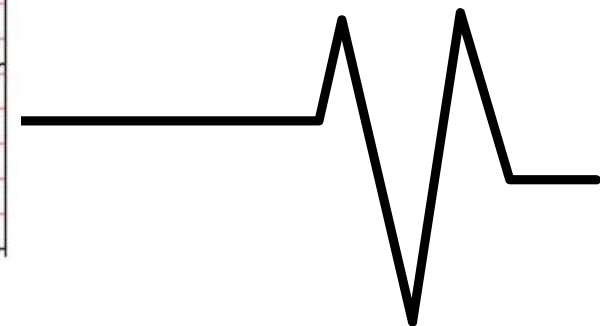
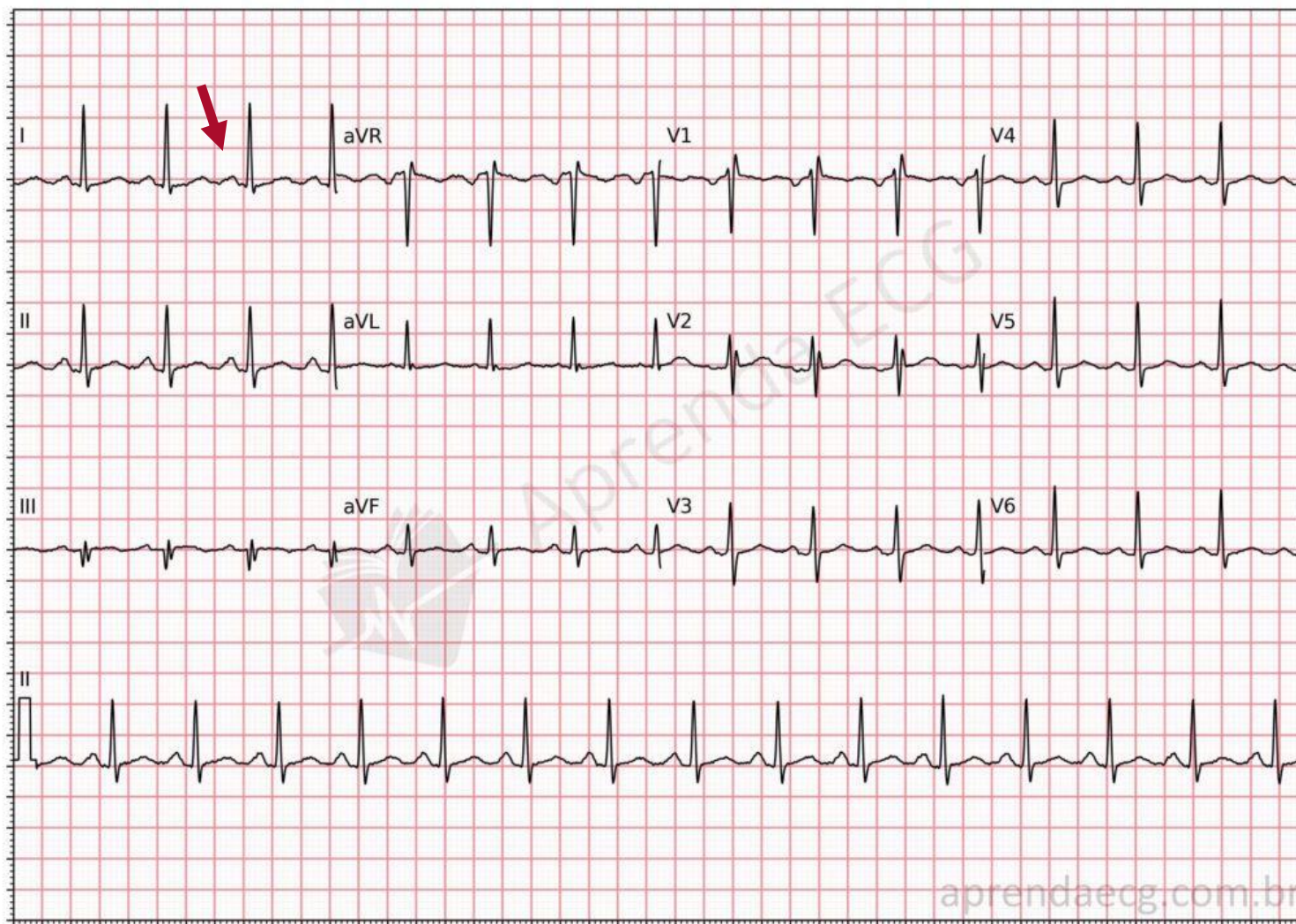
**Arritmia
sinusal**

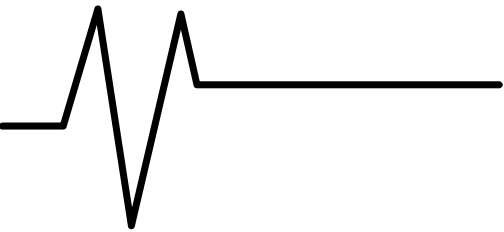




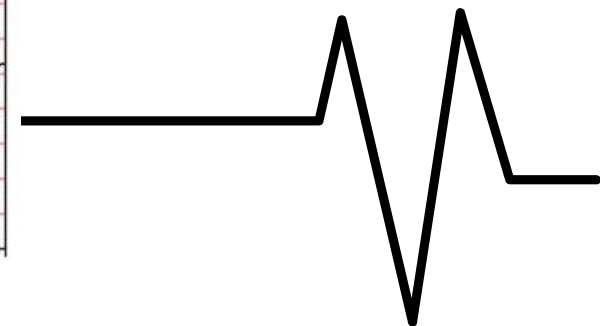
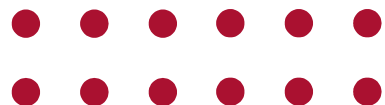
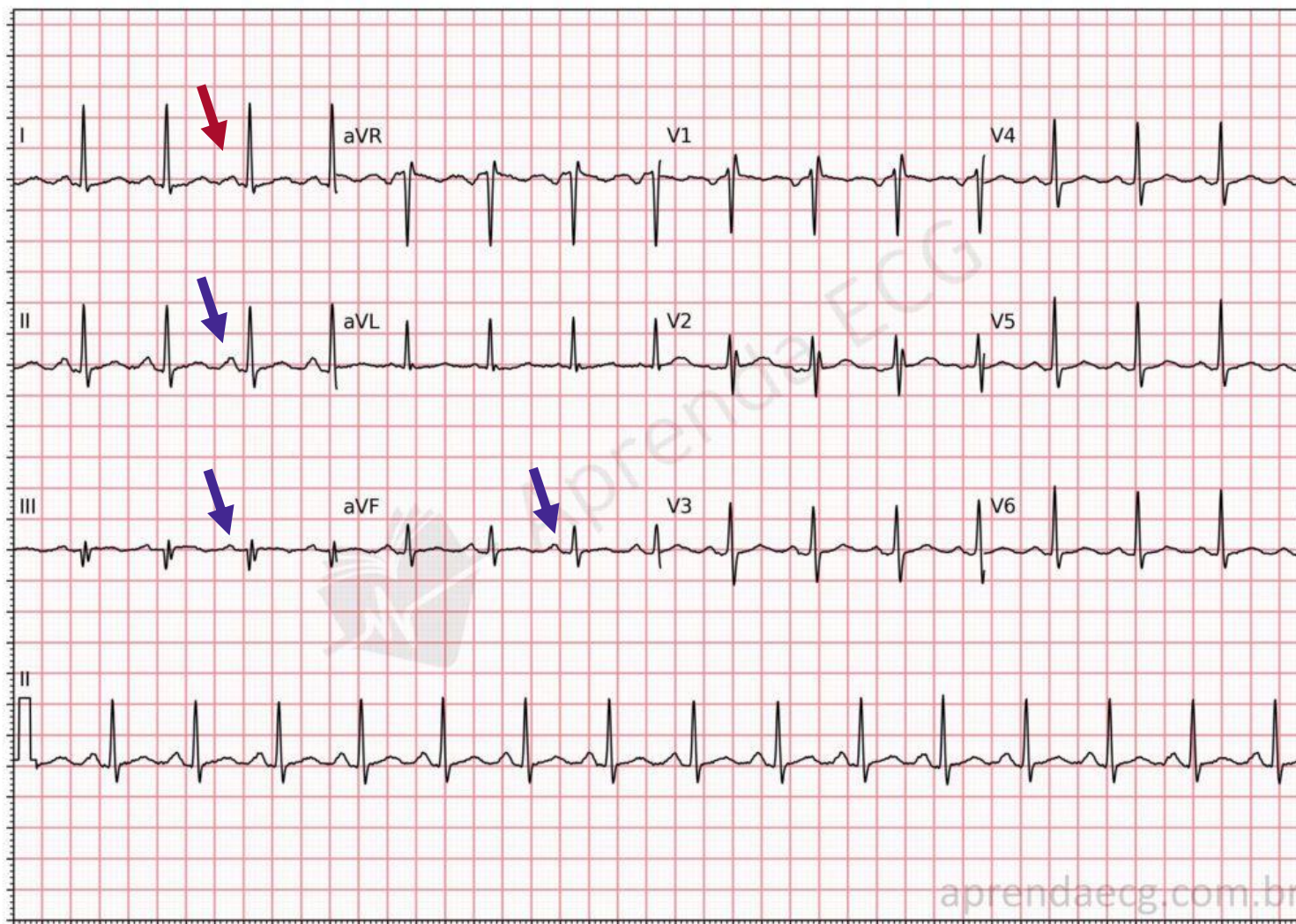


TAQUICARDIA SINUSAL

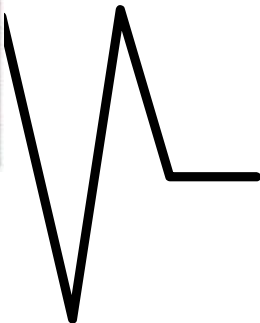
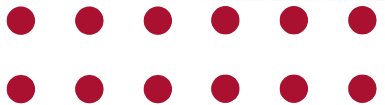
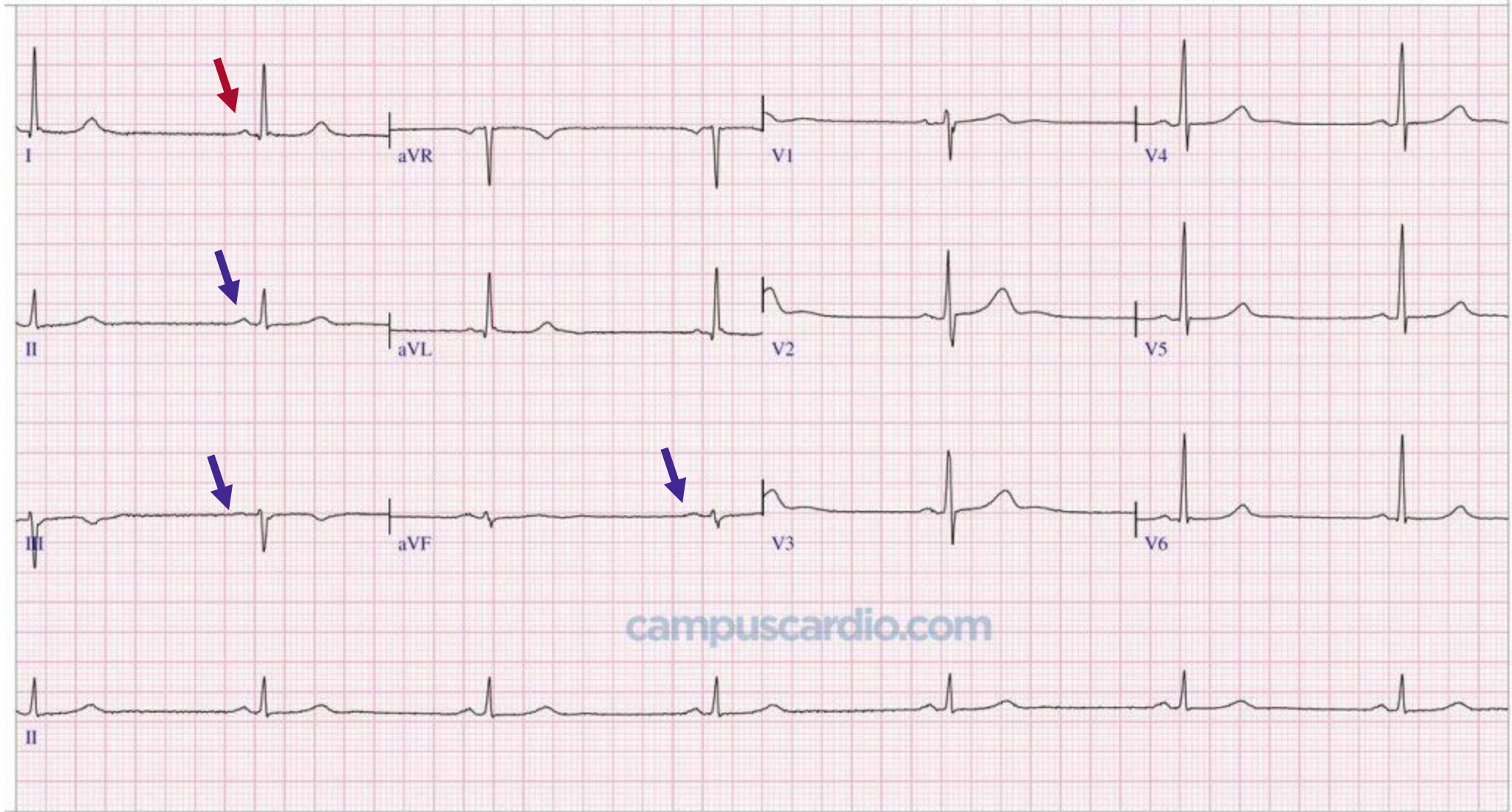
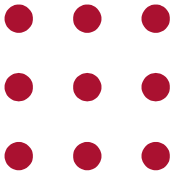


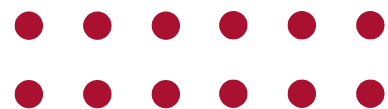
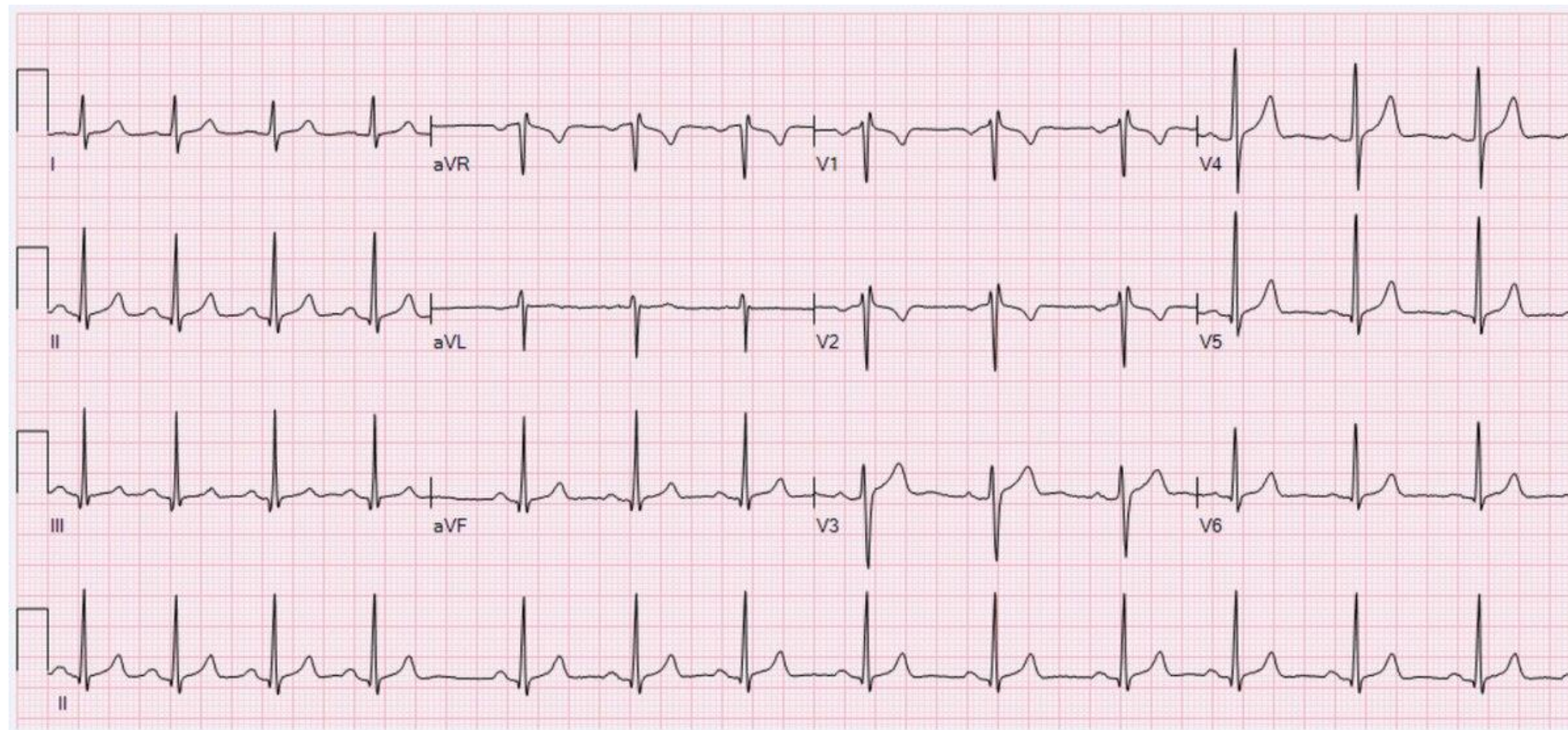
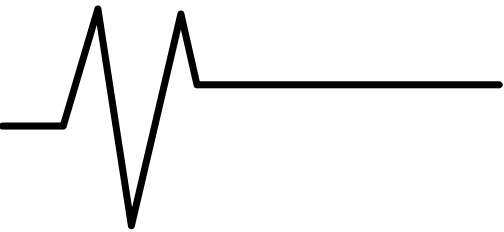


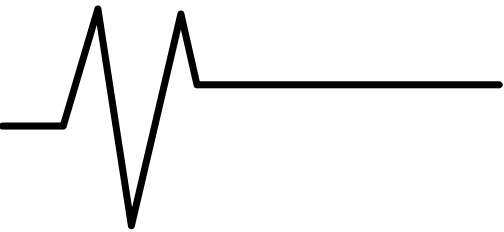
TAQUICARDIA SINUSAL



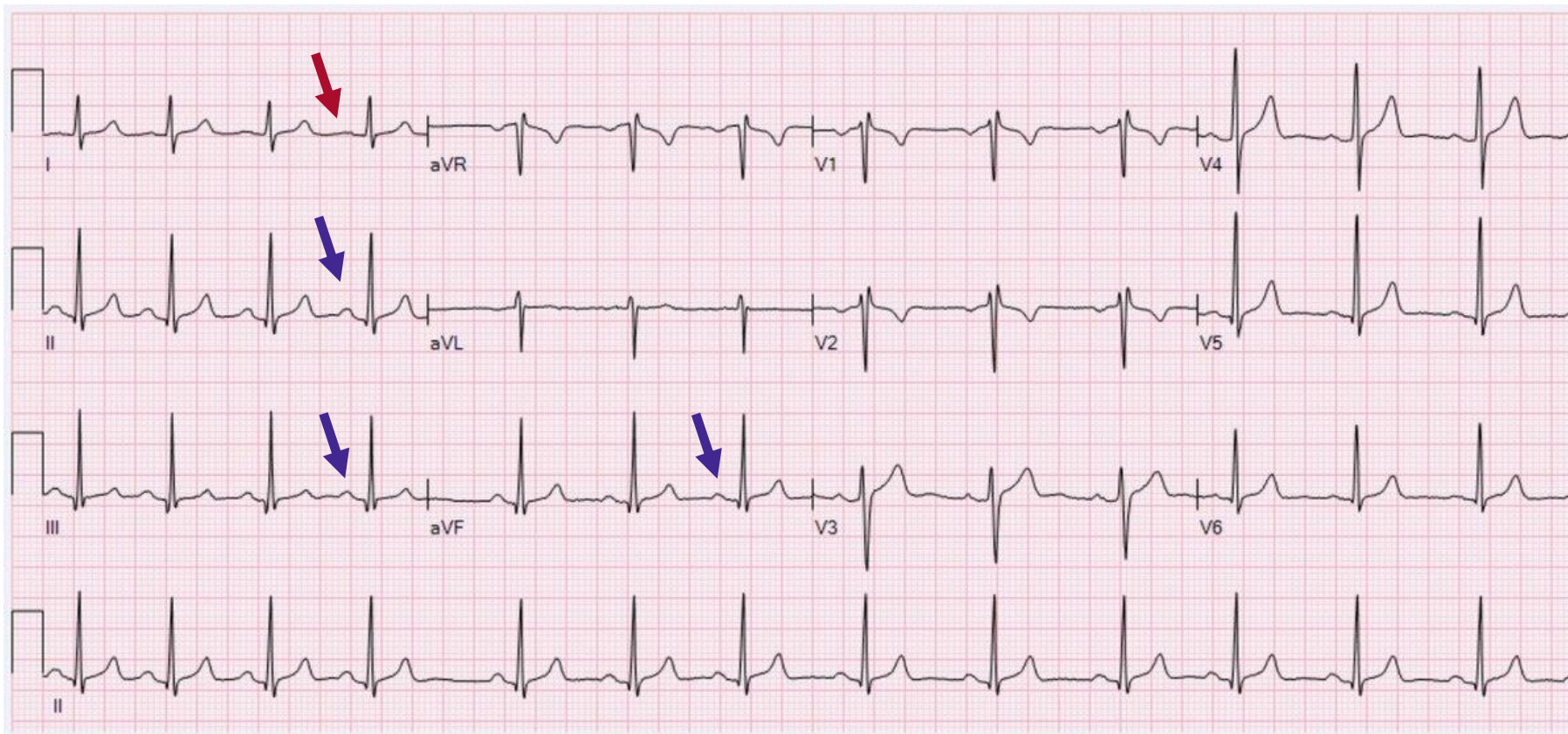
BRADICARDIA SINUSAL







ARRITMIA SINUSAL RESPIRATORIA



La arritmia sinusal respiratoria (ASR) es una variación normal y benigna en la frecuencia cardíaca que se sincroniza con la respiración. El corazón se acelera ligeramente al inhalar y se ralentiza al exhalar. Es común en niños, deportistas y embarazadas

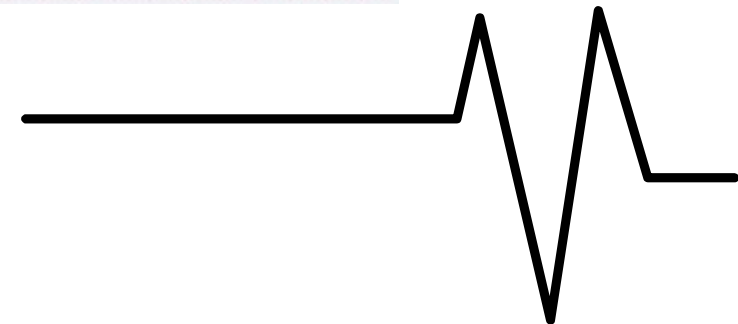
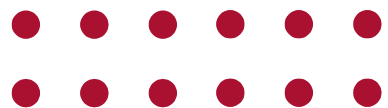


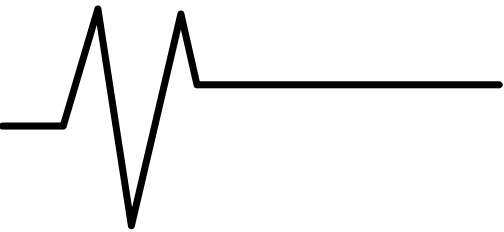


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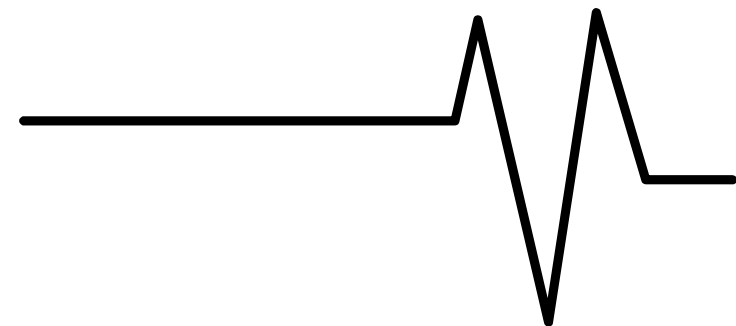
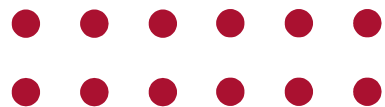
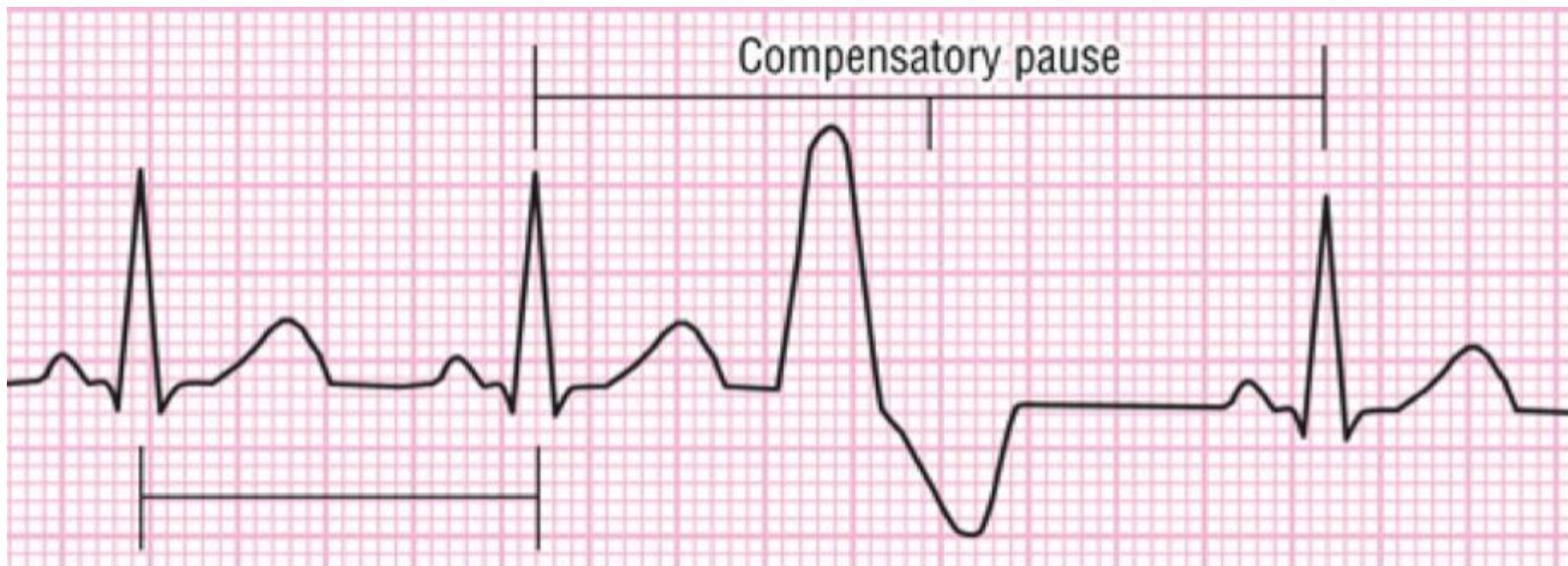
02

Arritmias supraventriculares



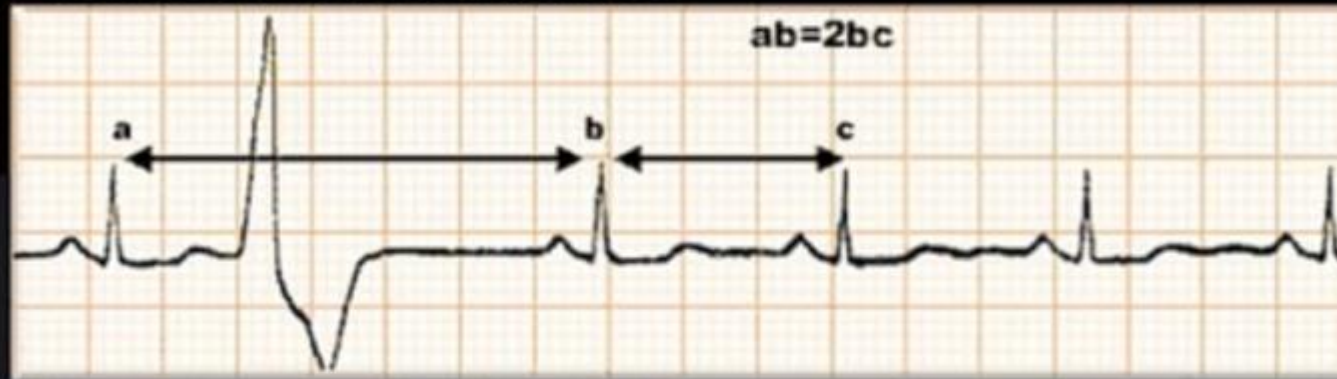


PAUSAS POST EXTRASISTOLIA



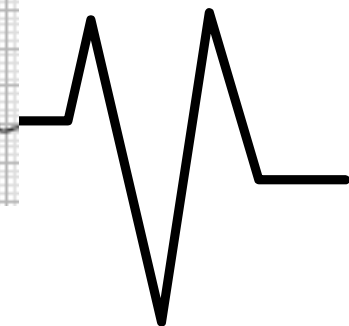
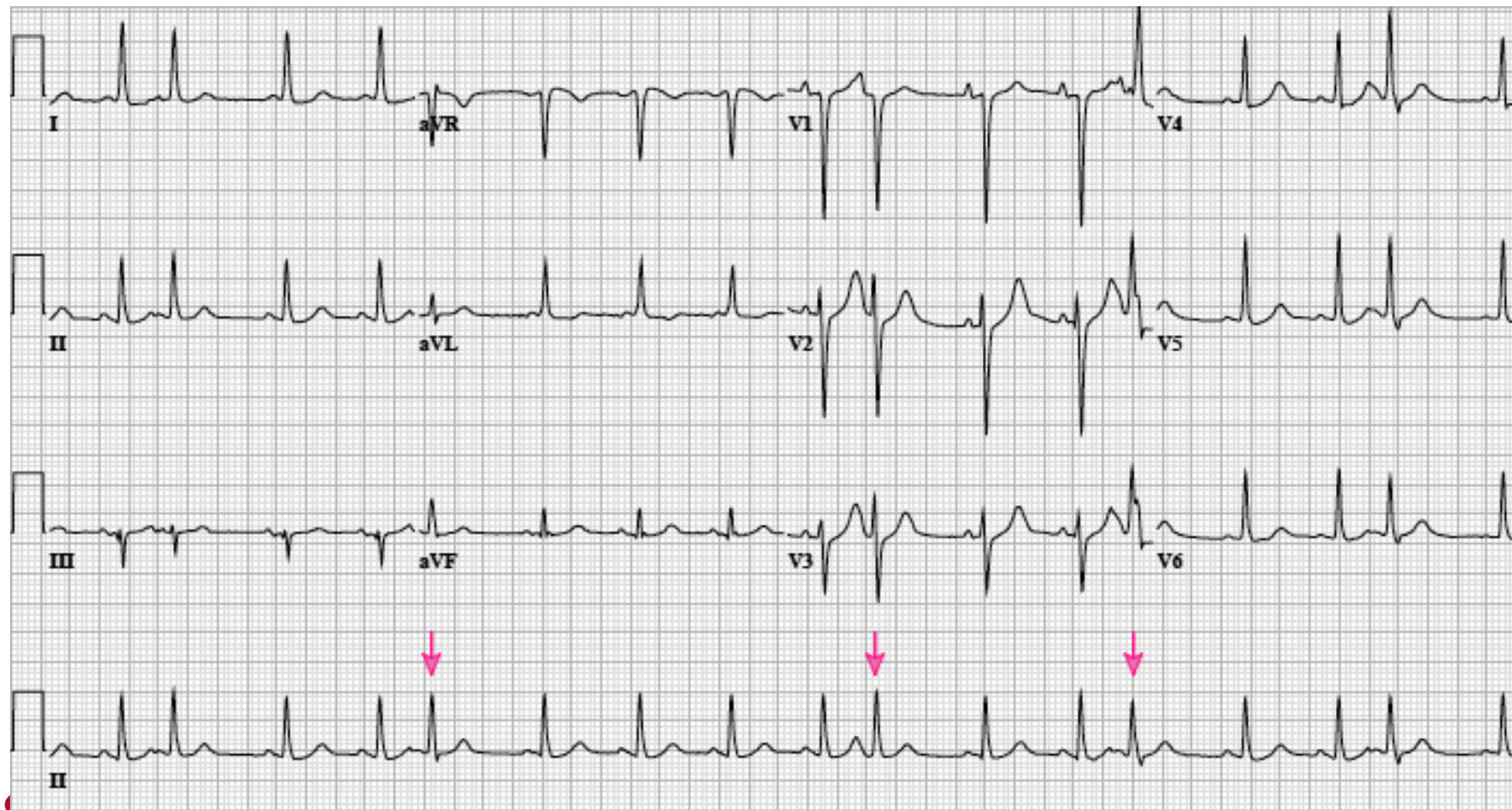
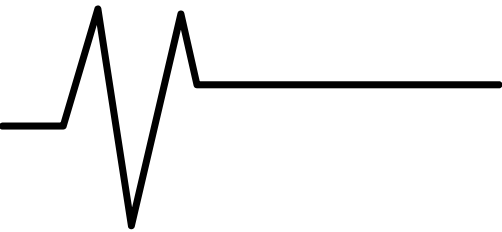
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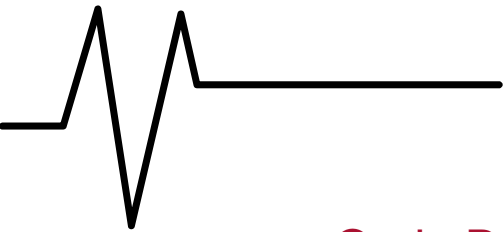
Pausa compensadora completa



Pausa compensadora incompleta



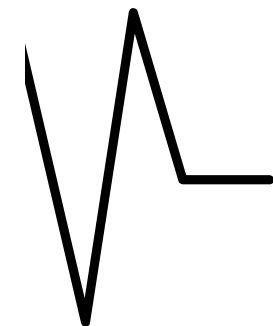
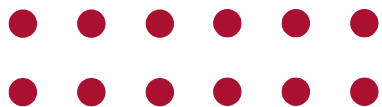




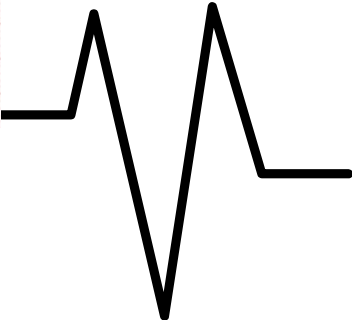
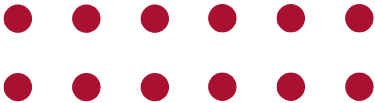
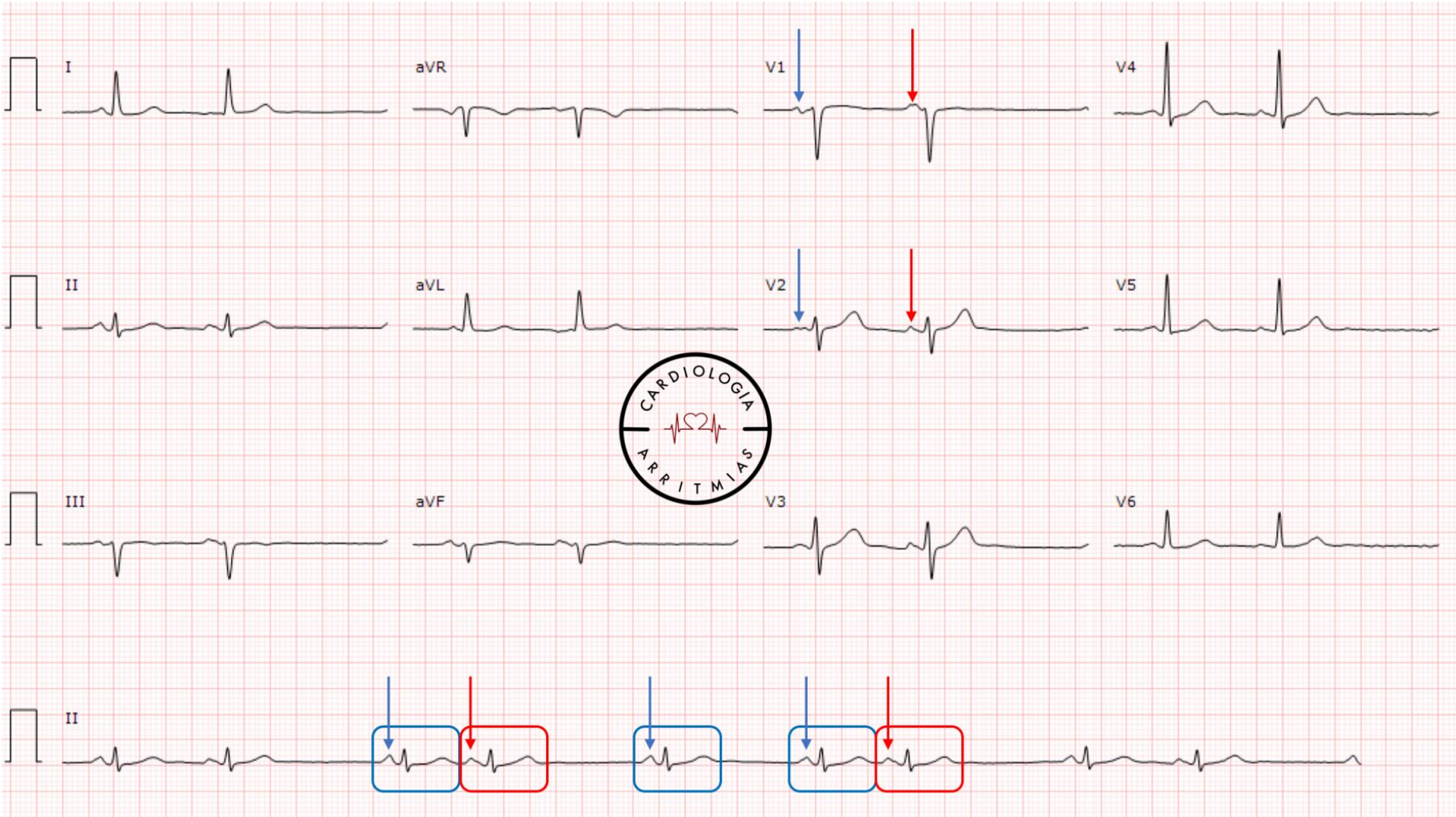
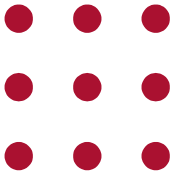
EXTRASISTOLIA SUPRAVENTRICULAR



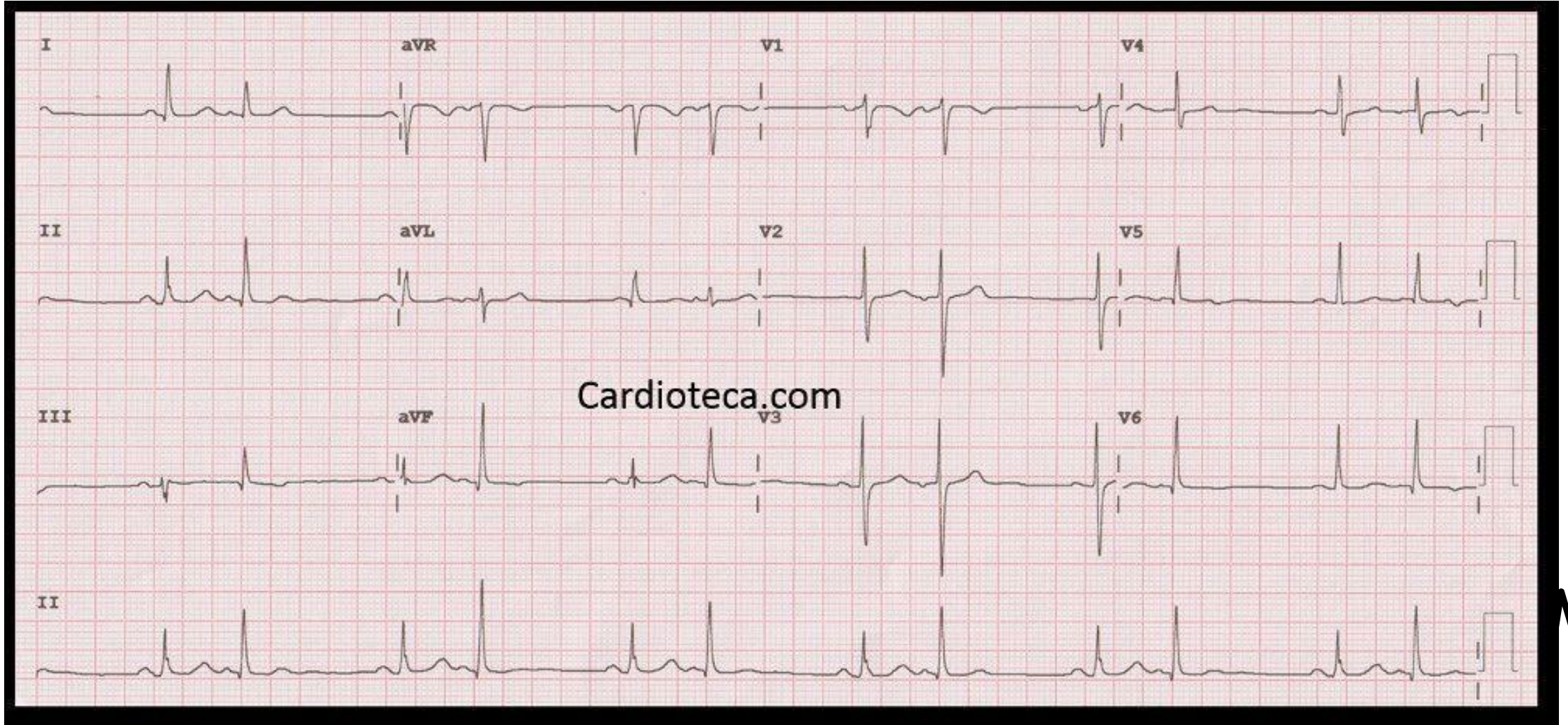
- Onda P anormal (no sinusal) generalmente seguida de un complejo QRS normal (< 120 ms)
- Pueden estar presentes pausas post-extrasistólicas: las ESV que llegan al nódulo SA pueden despolarizarlo, lo que hace que el nódulo SA se "reinicie", con un intervalo más largo de lo normal antes de que llegue el siguiente latido sinusal
- Las ESV también pueden realizarse de manera aberrante (generalmente morfología RBBB) o no realizarse en absoluto. Las ondas P seguirán siendo visibles en ambos casos

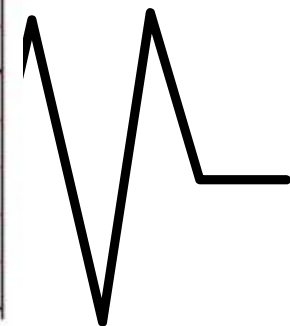
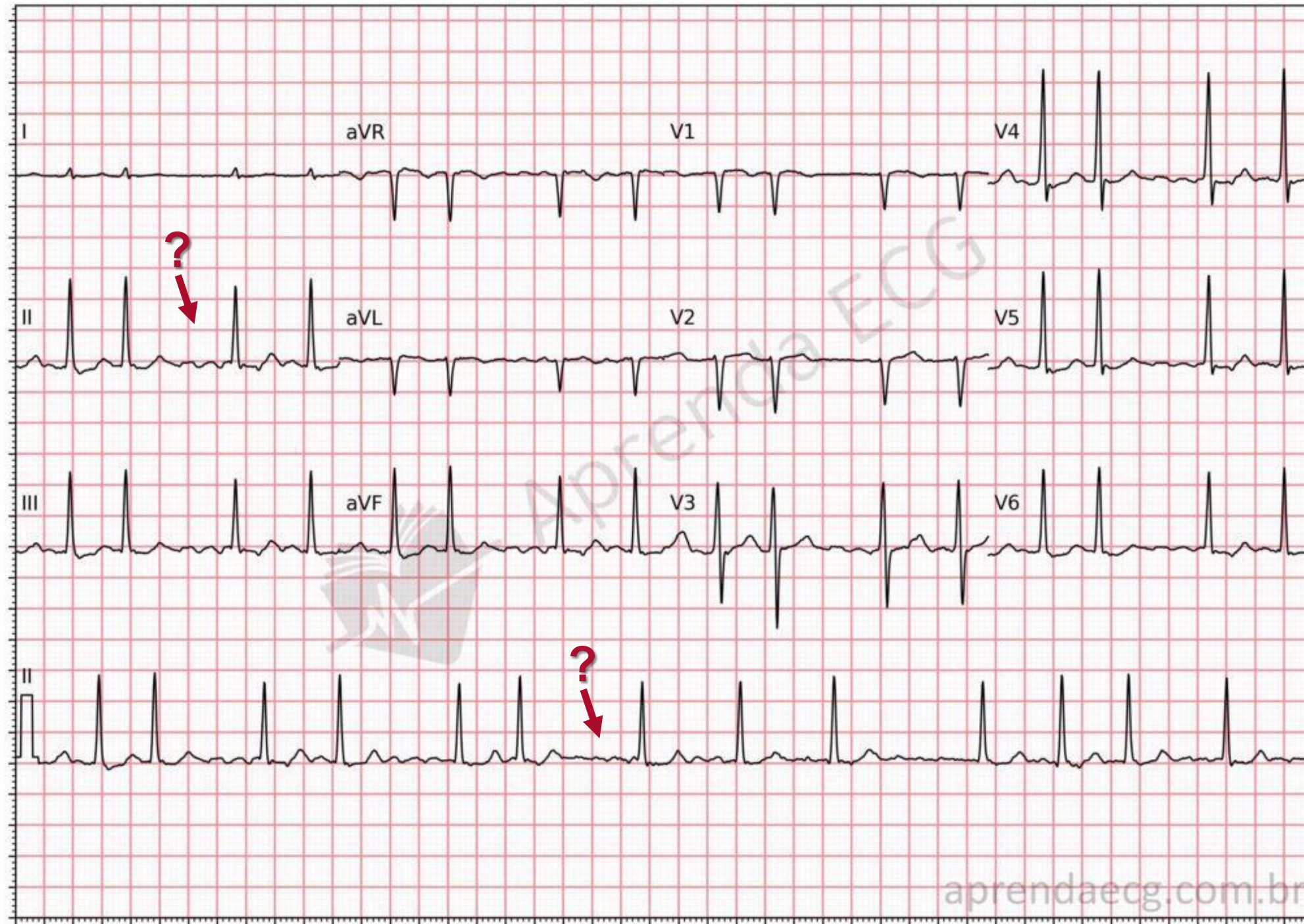
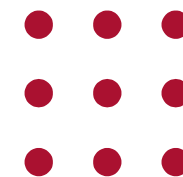
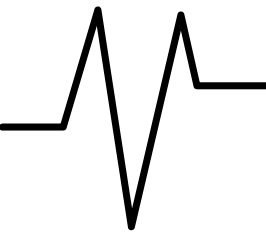


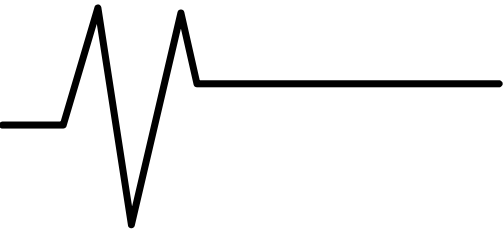
EXTRASISTOLIA SUPRAVENTRICULAR



EXTRASISTOLIA SUPRAVENTRICULAR



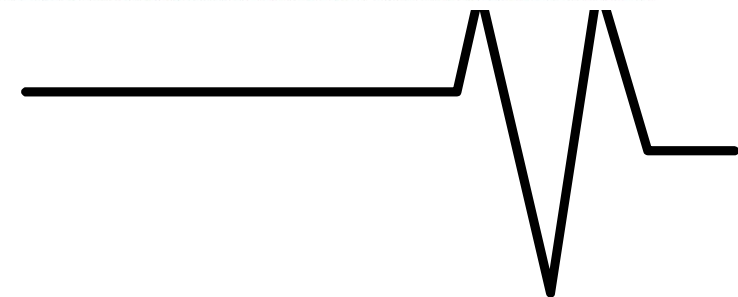
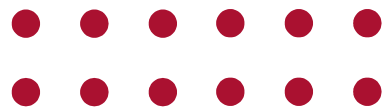
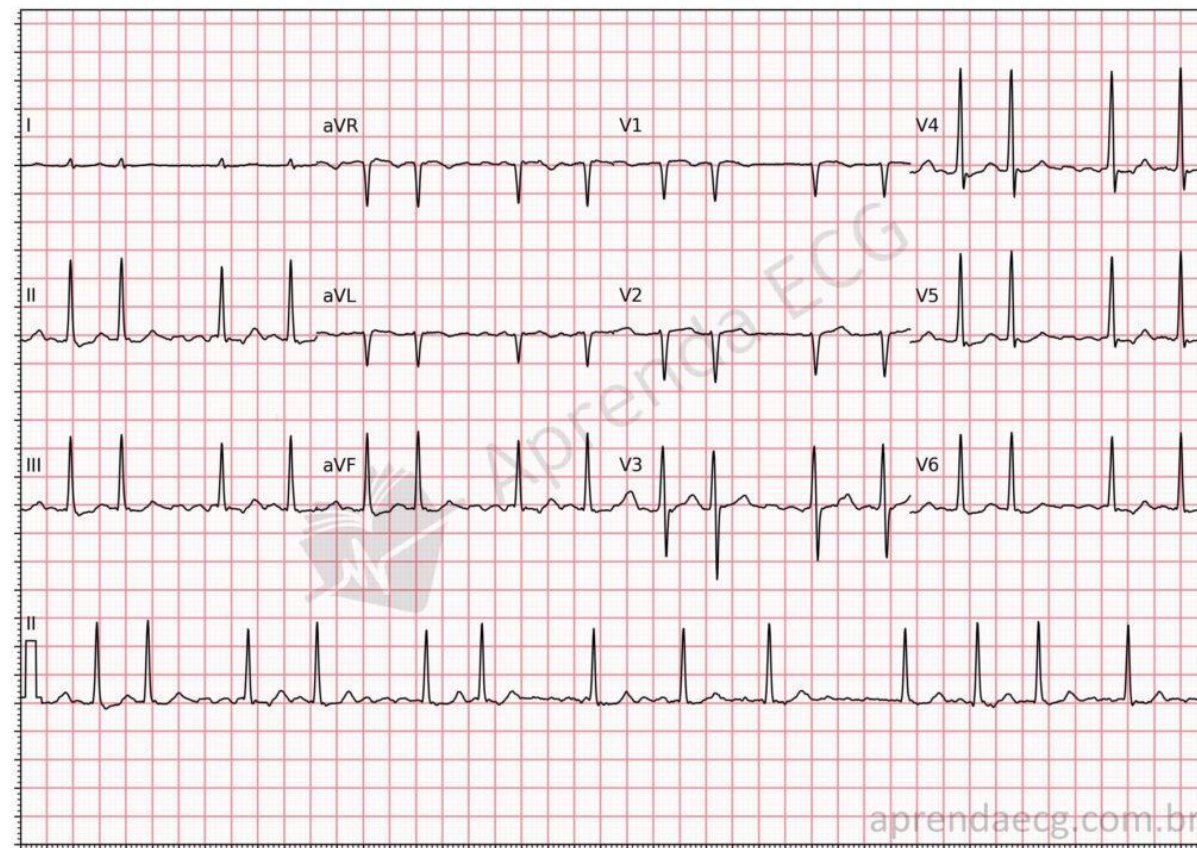


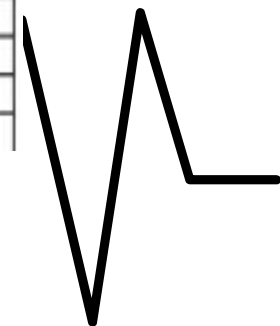
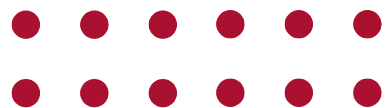
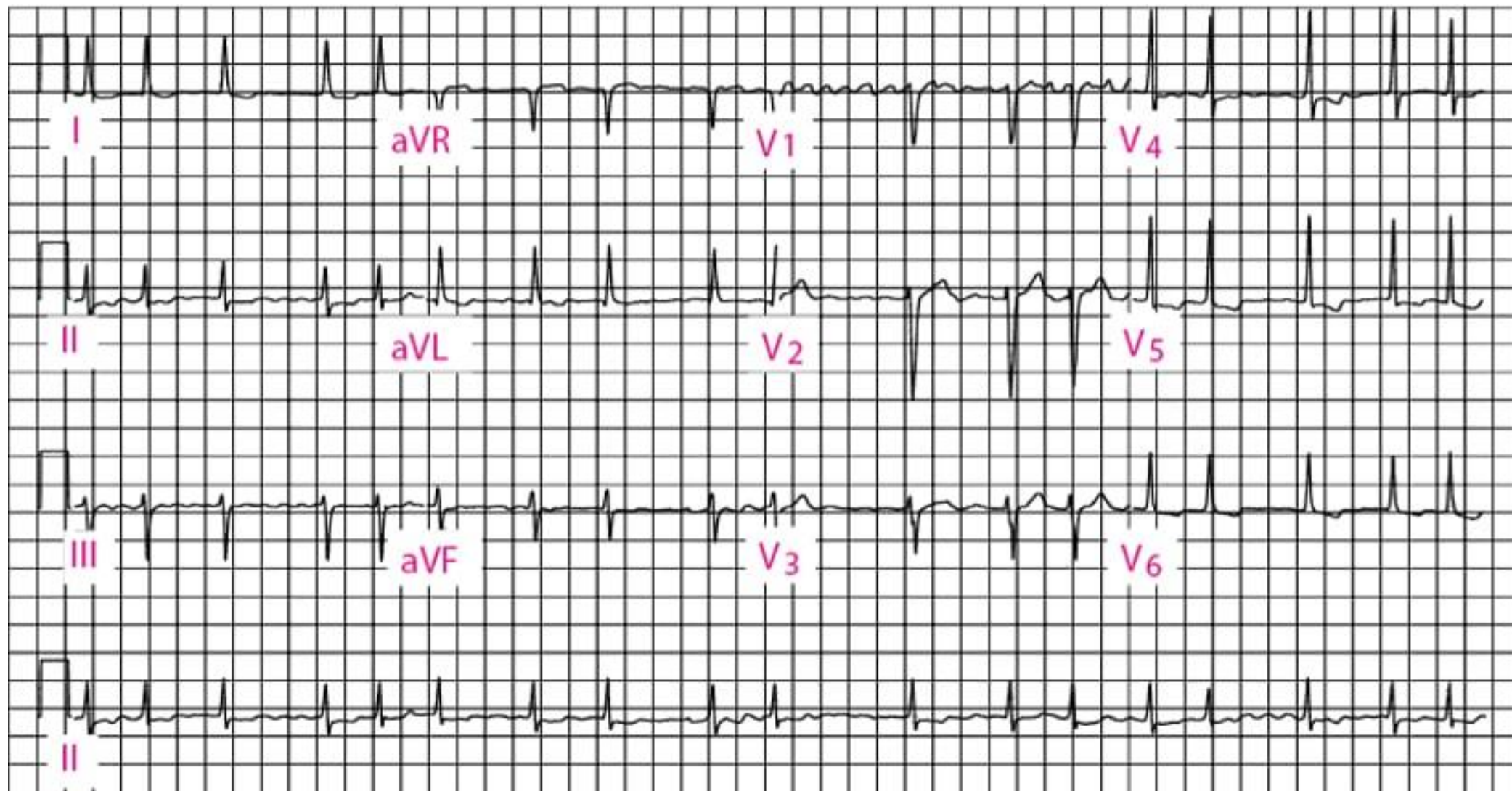
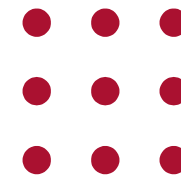
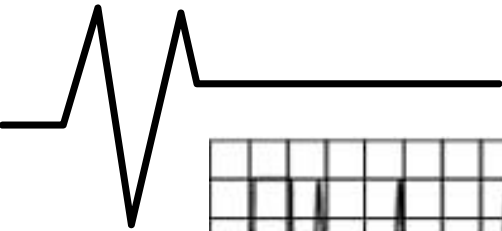


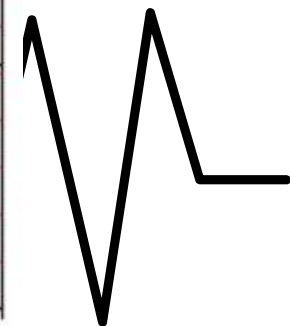
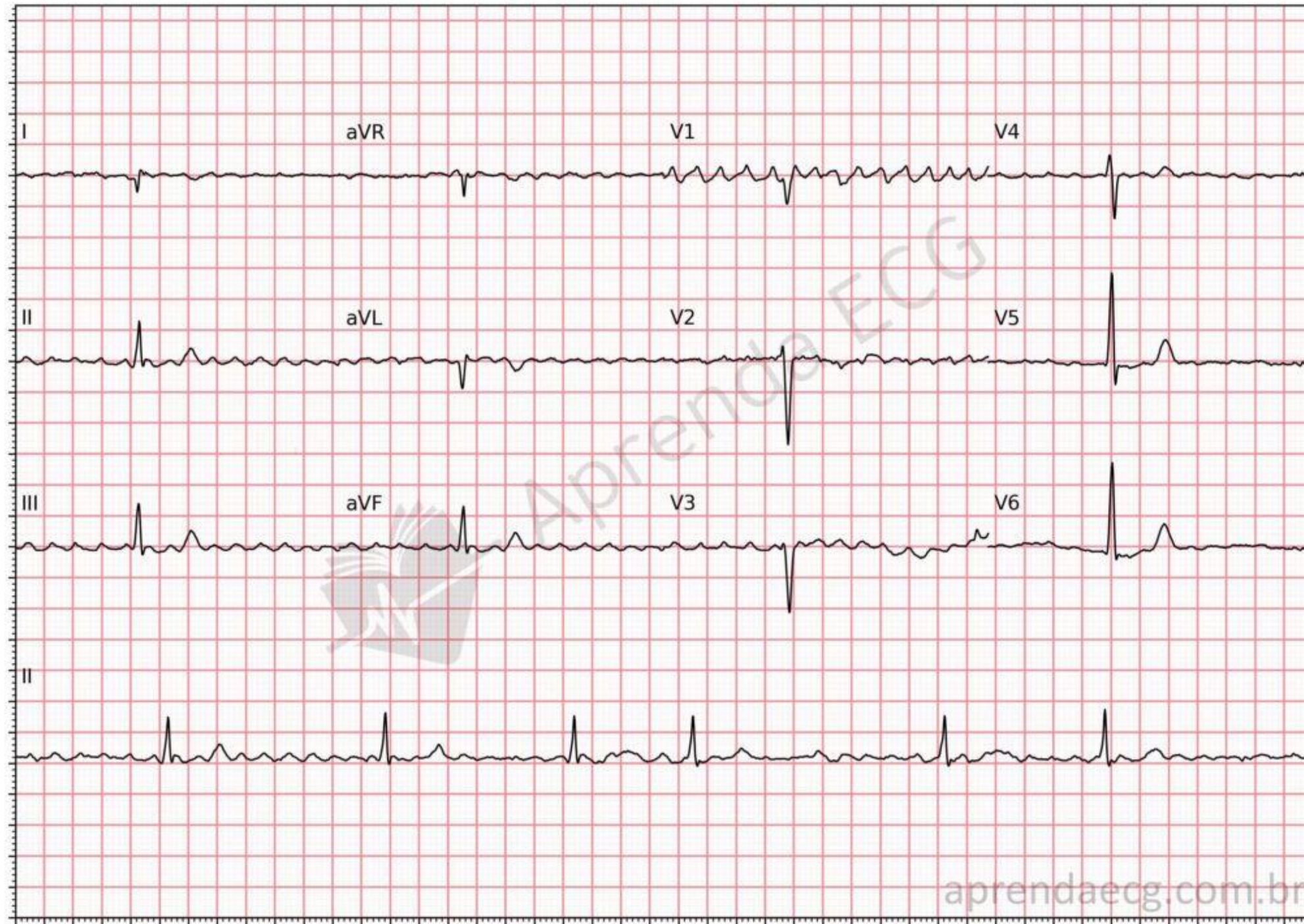
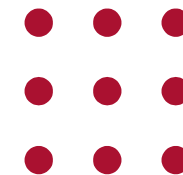
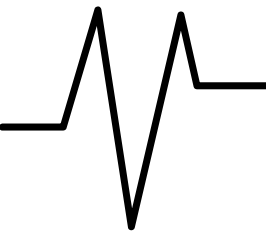
FIBRILACION AURICULAR

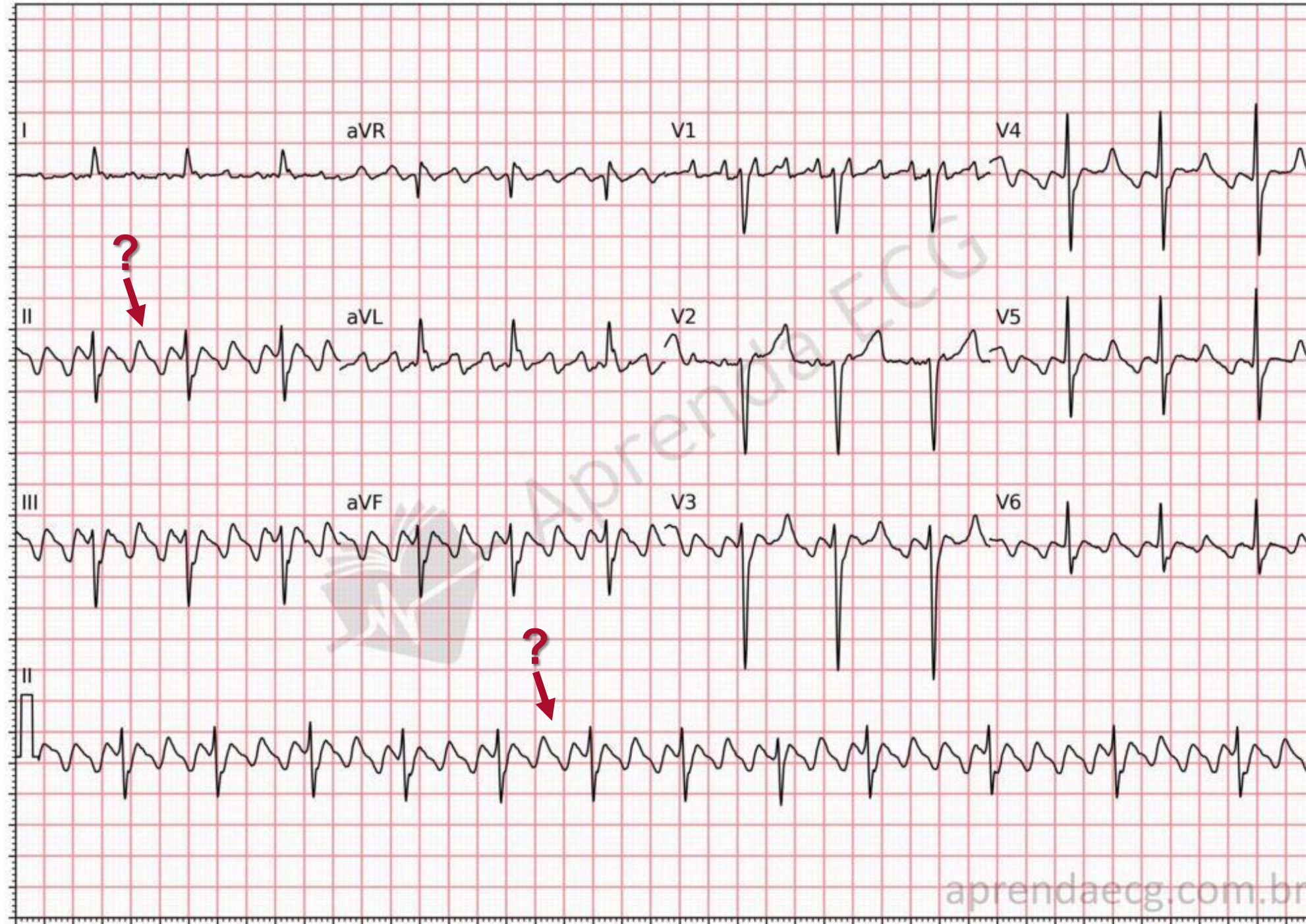
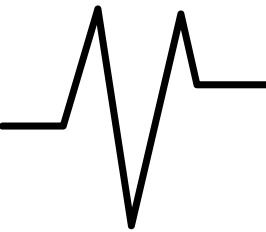


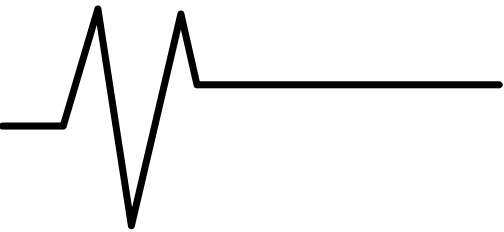
- **Ausencia de ondas P**
- **Intervalos RR irregulares**
- **La línea de base puede ser isoelectrica o con irregularidades finas o gruesas (ondas f)**











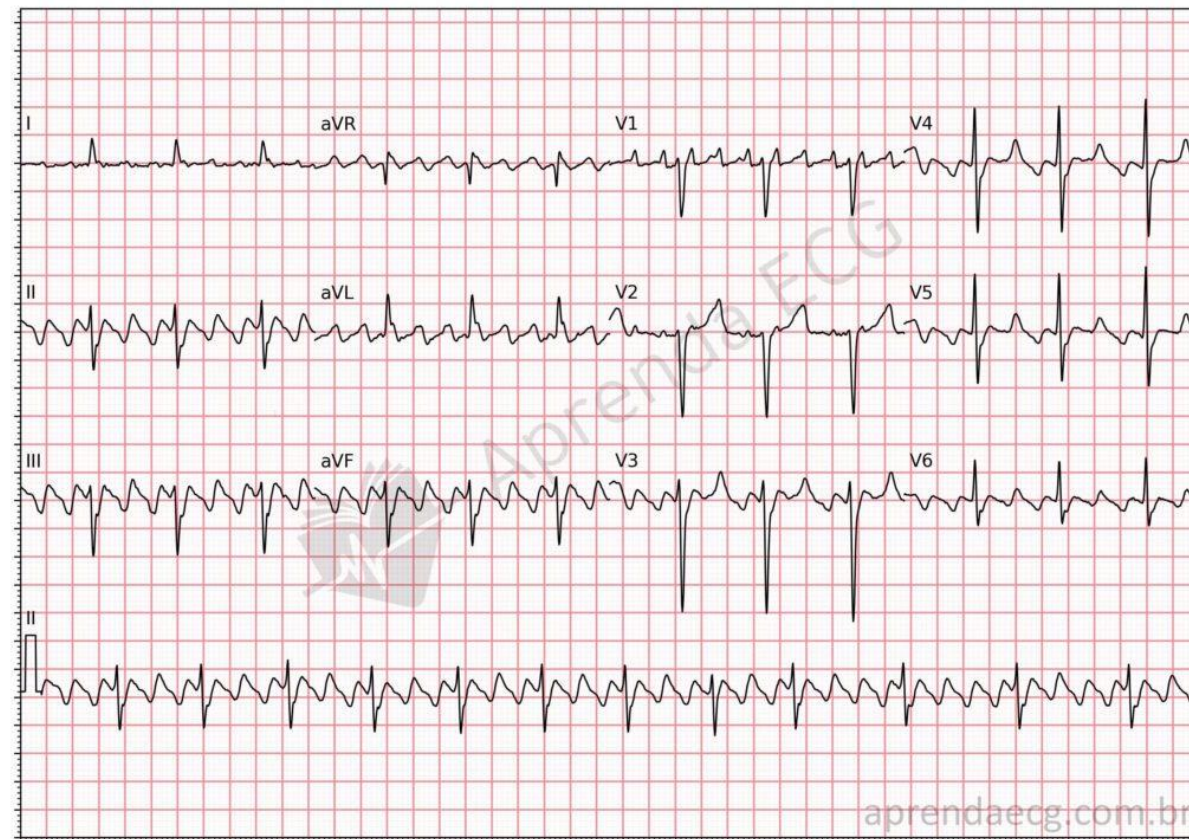
ALETEO AURICULAR



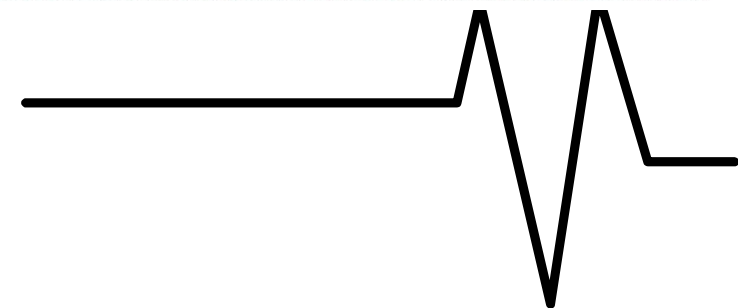
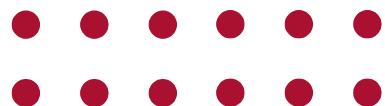
Presencia de ondas F en forma de "diente de sierra"
El intervalo RR es regular si la conducción AV es fija (1:1, 2:1, 3:1, etc.) o irregular si hay un bloqueo AV variable

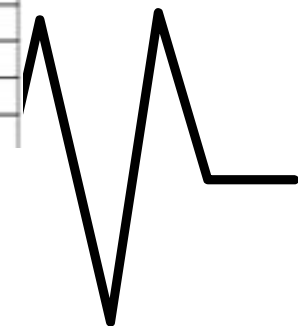
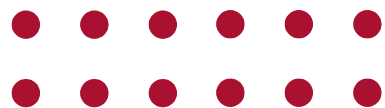
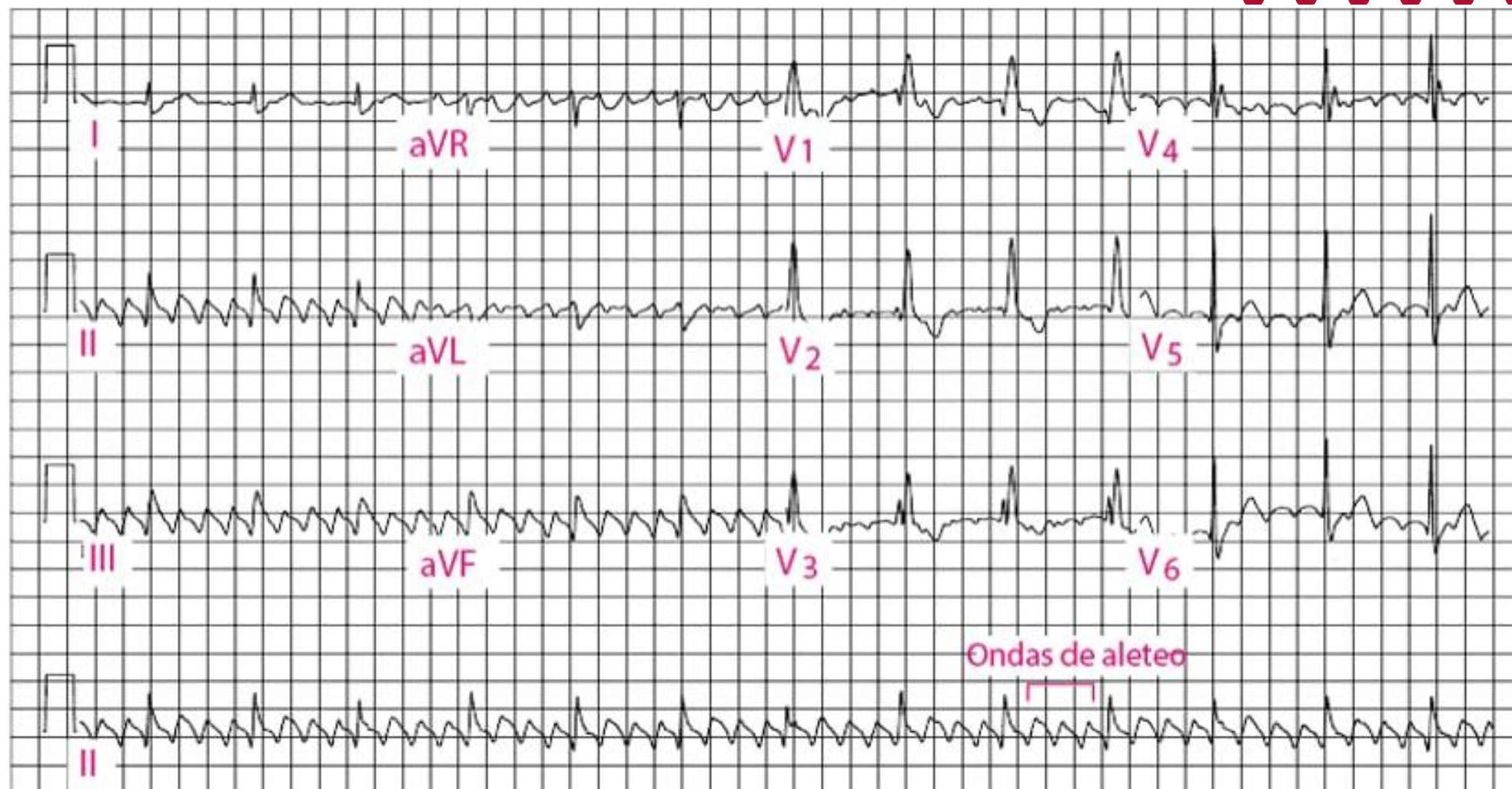
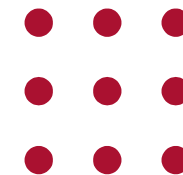
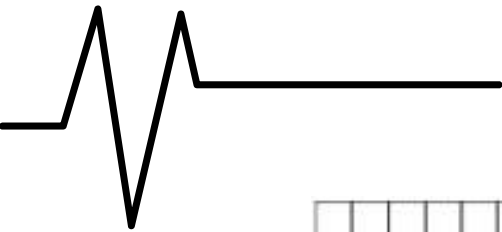
El **FLA típico en sentido contrario a las agujas del reloj** tiene ondas F en forma de "diente de sierra", generalmente negativas en las derivaciones inferiores (D2, D3 y aVF) y en V6, pero positivas en V1

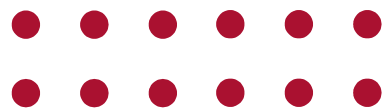
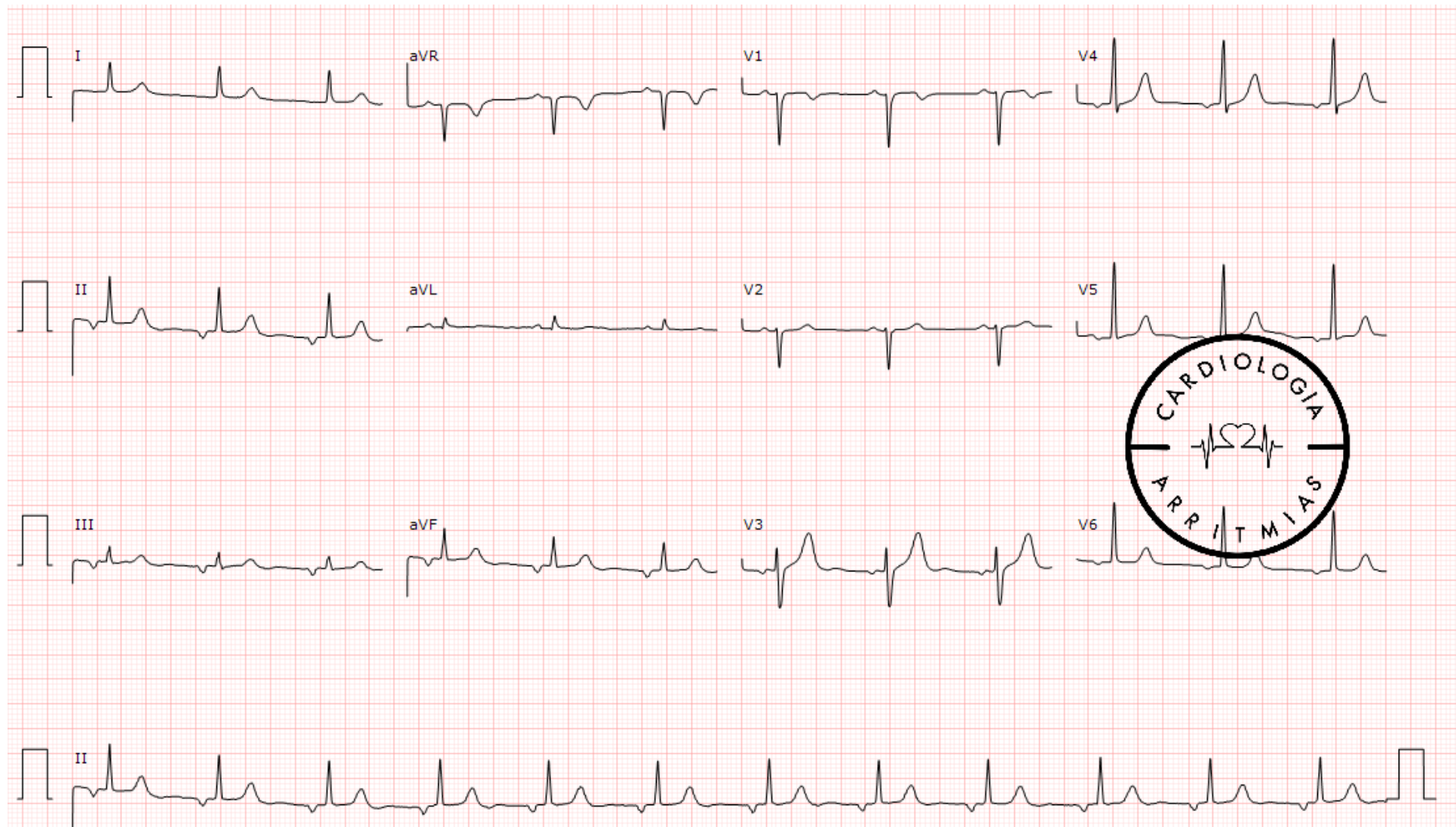
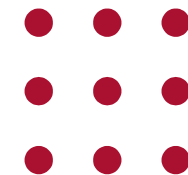
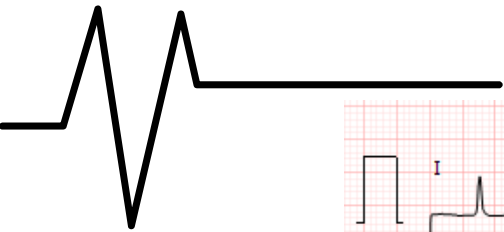
El **FLA típico por hora (o inverso)** tiene ondas F predominantemente positivas en las derivaciones inferiores y en V6, pero negativas o en forma de W en V1

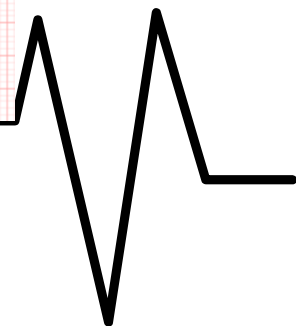
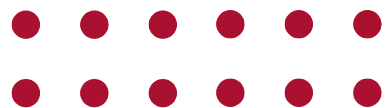
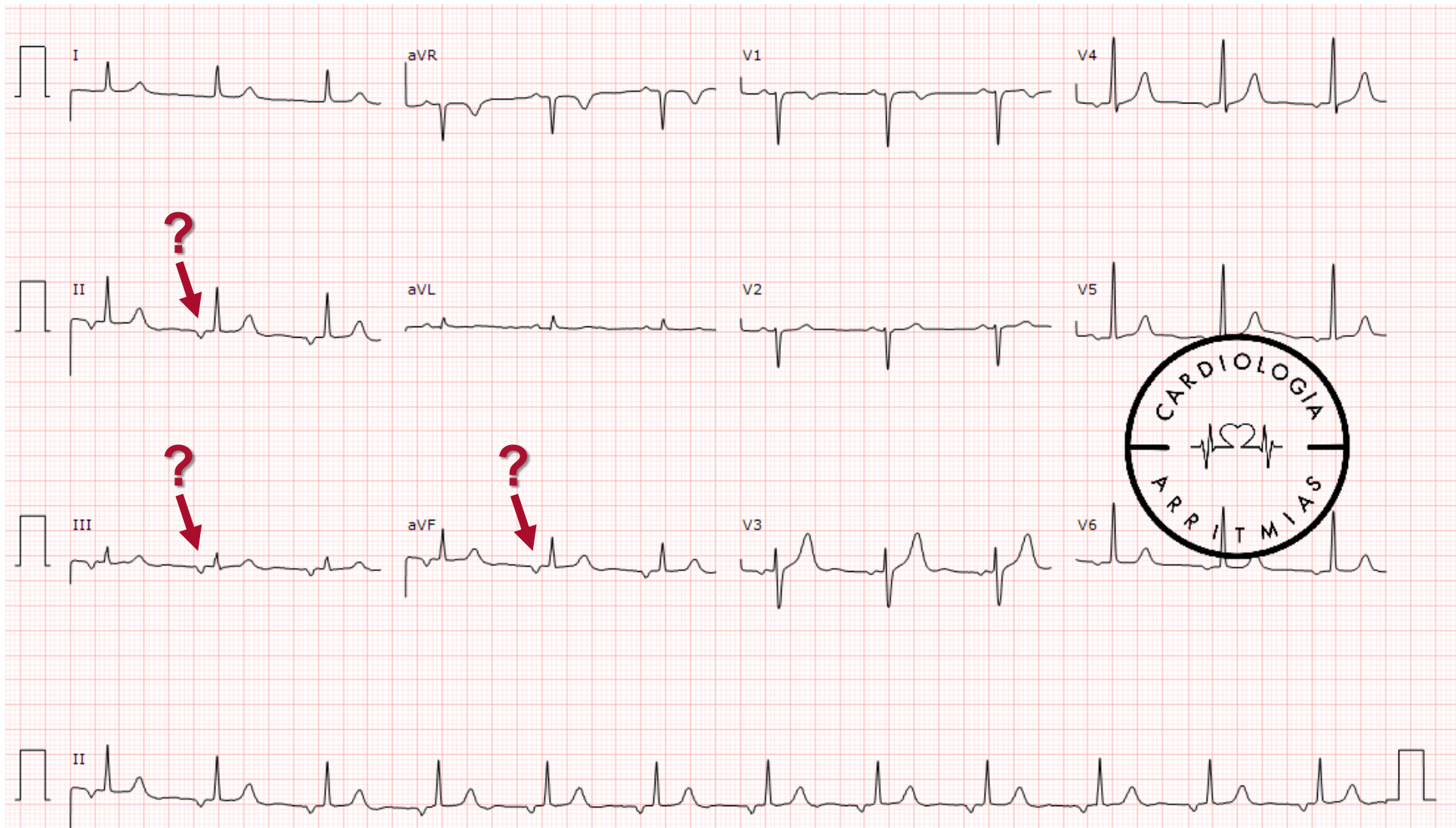
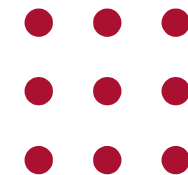
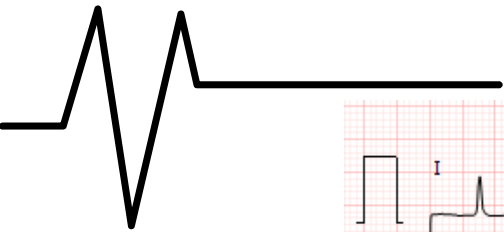


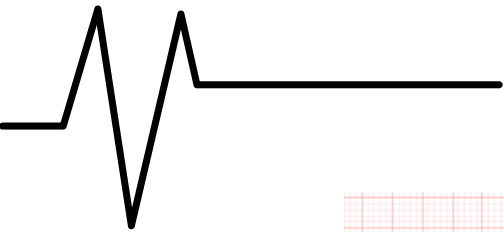
aprendaecg.com.br



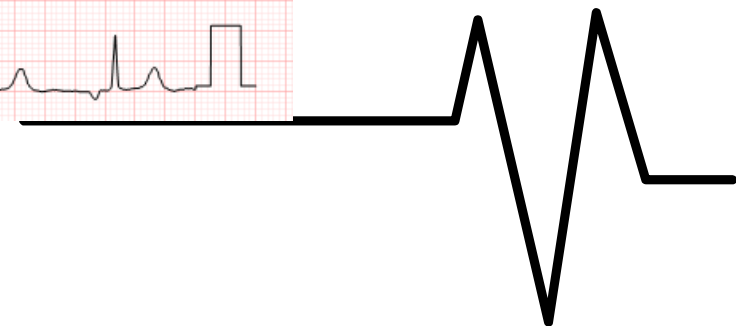
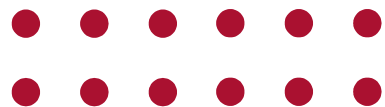
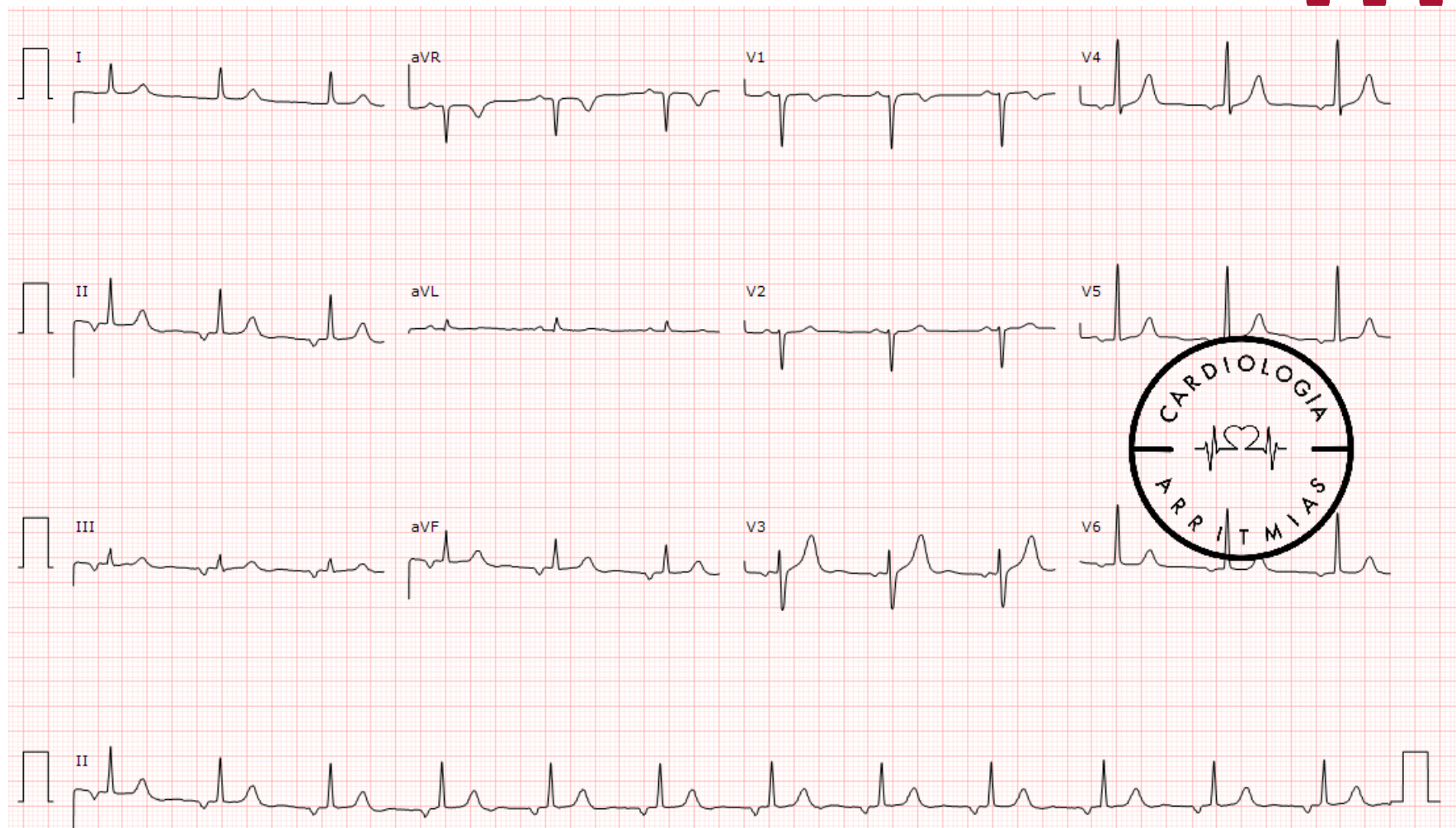
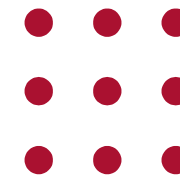


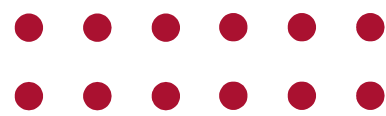
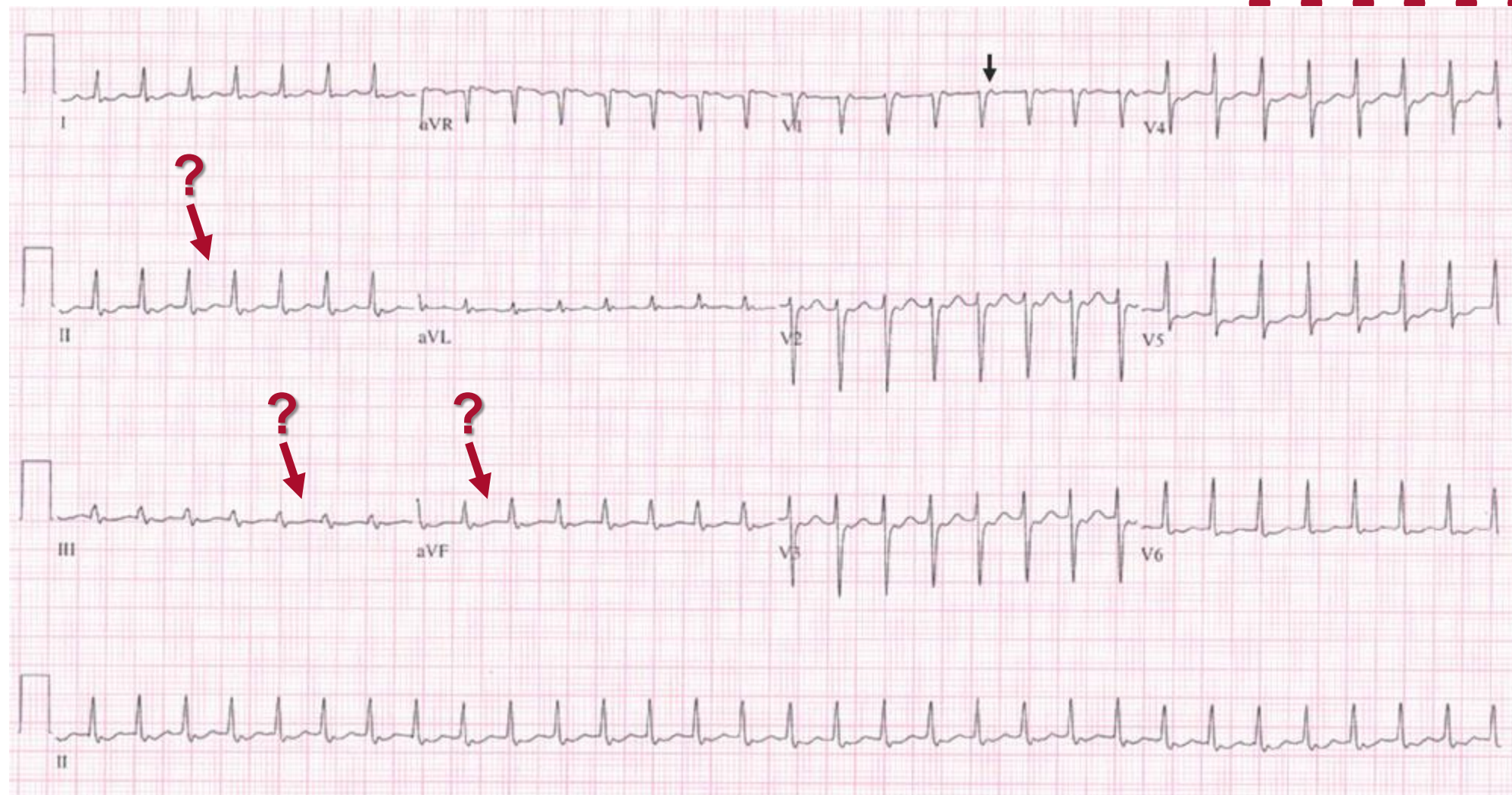
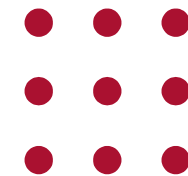




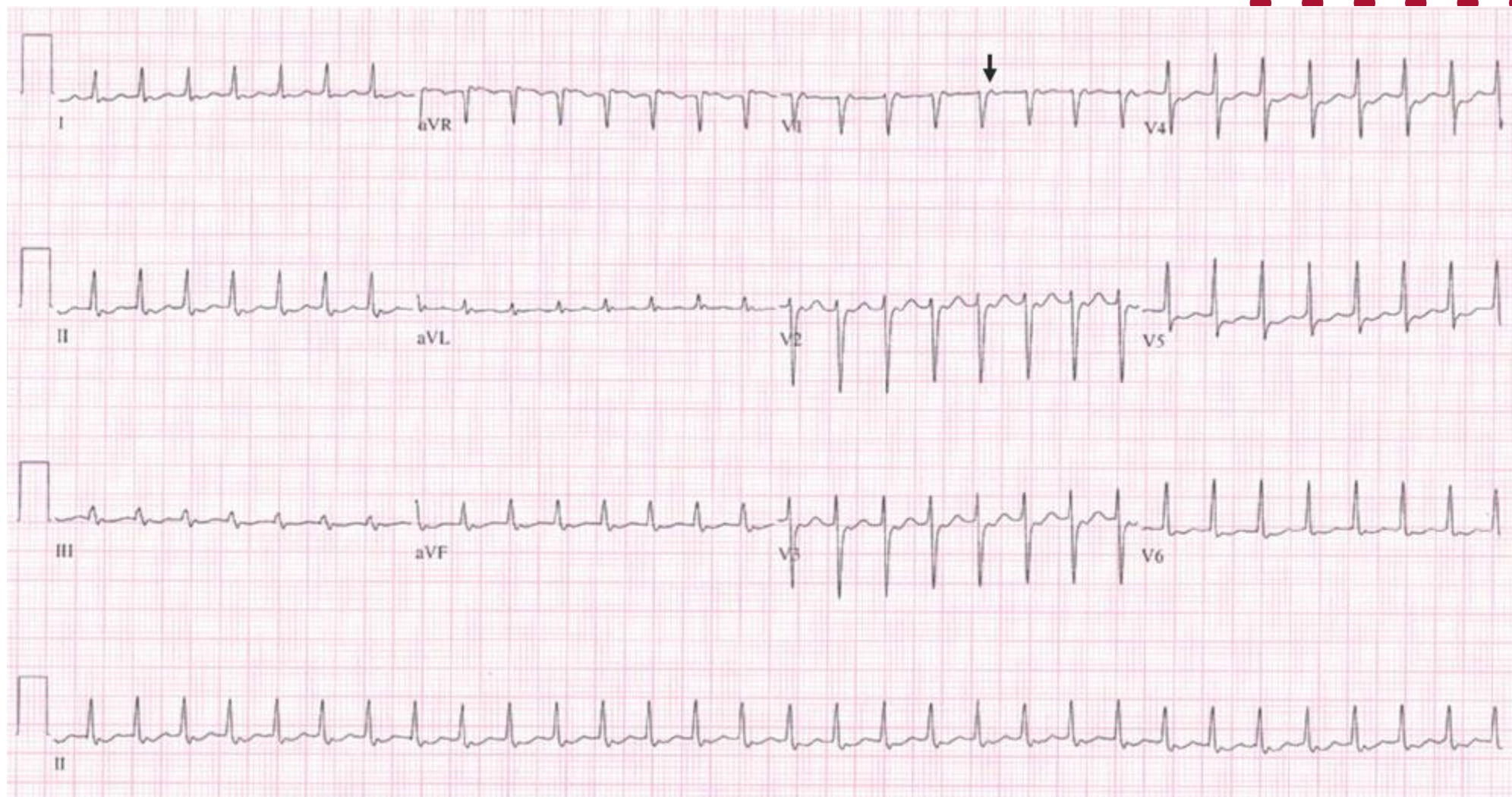


RITMO AURICULAR BAJO





TAQUICARDIA PAROXISTICA SUPRAVENTRICULAR



TAQUICARDIA PAROXISTICA SUPRAVENTRICULAR

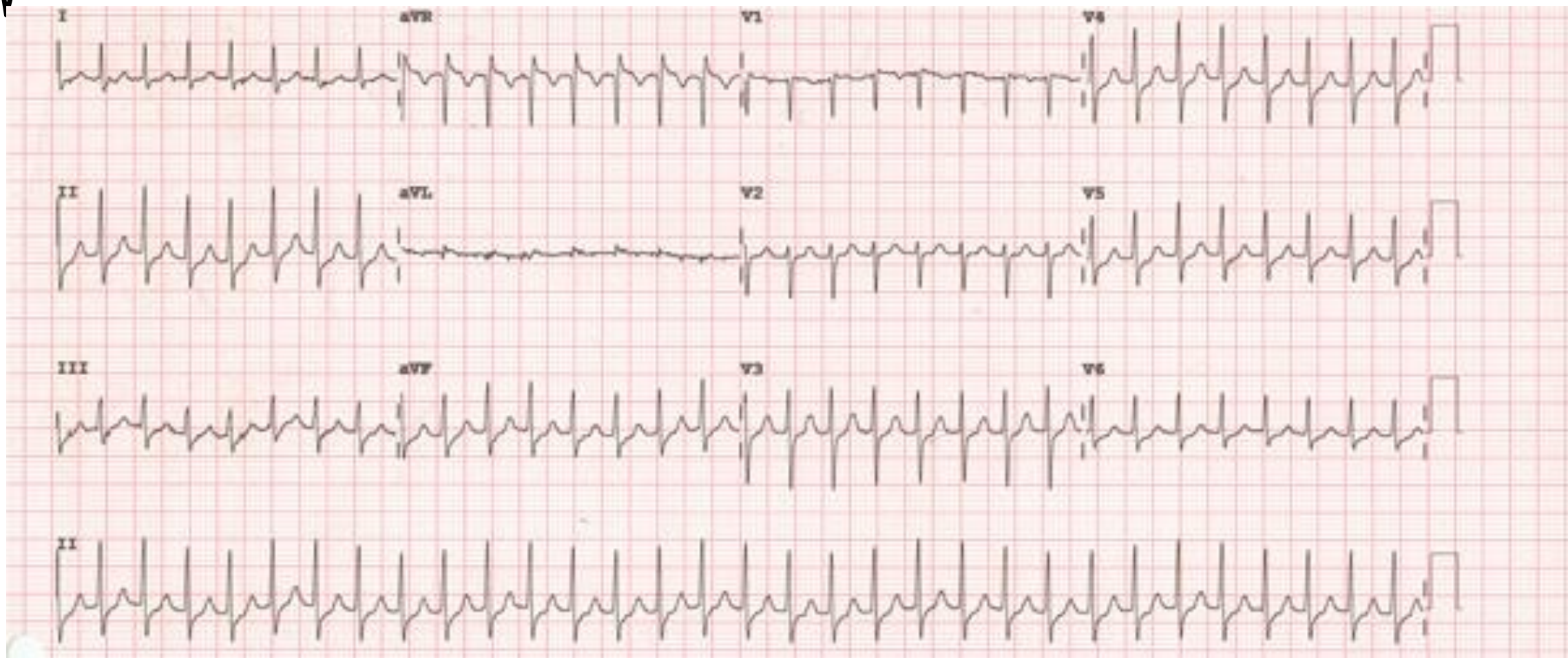


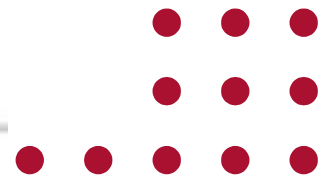


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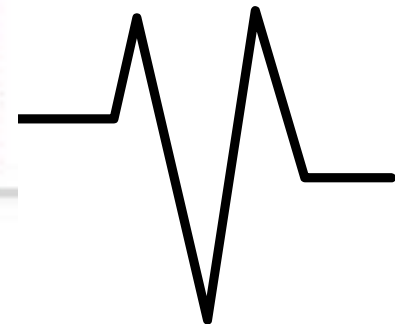
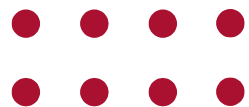
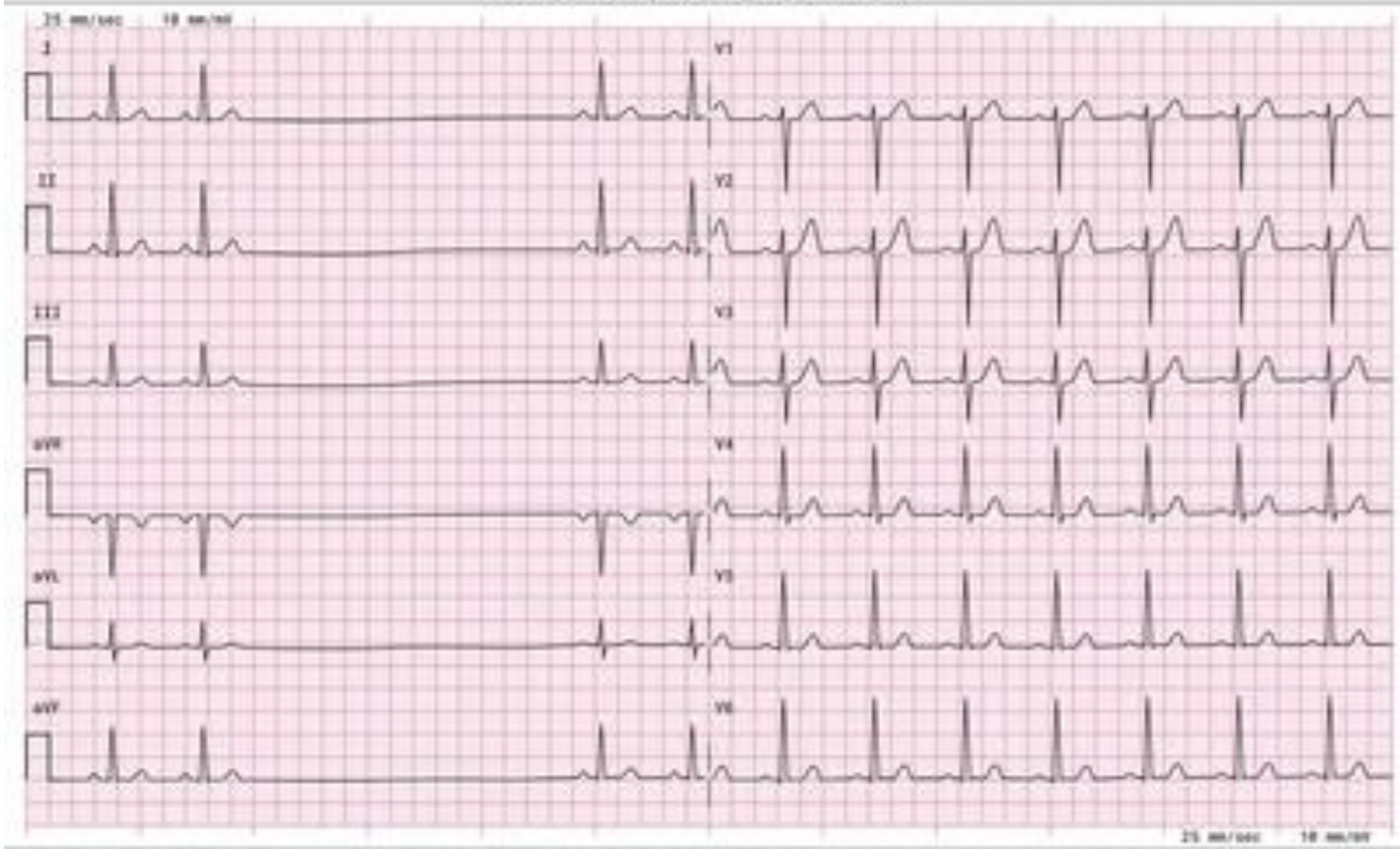
03

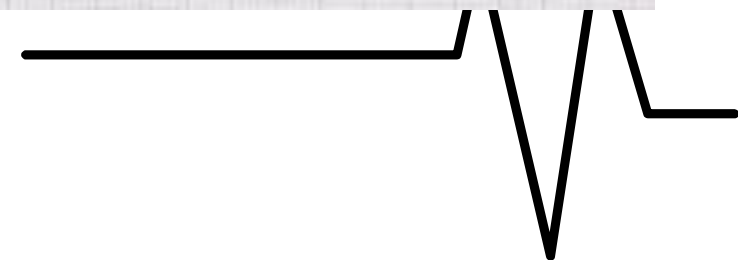
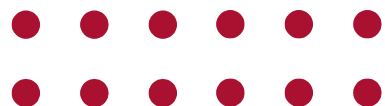
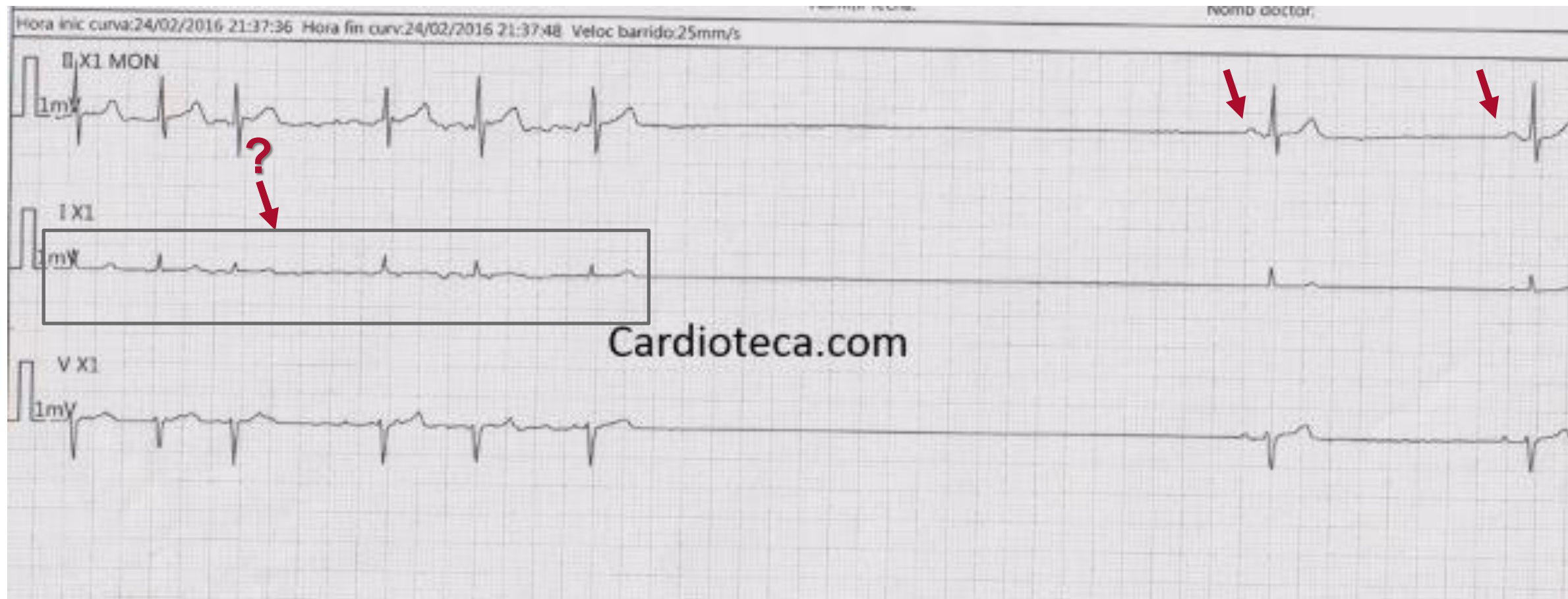
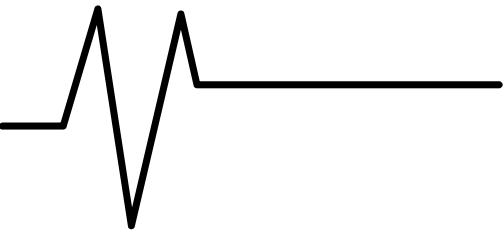
Bloqueos sinusal y Auriculo Ventricular





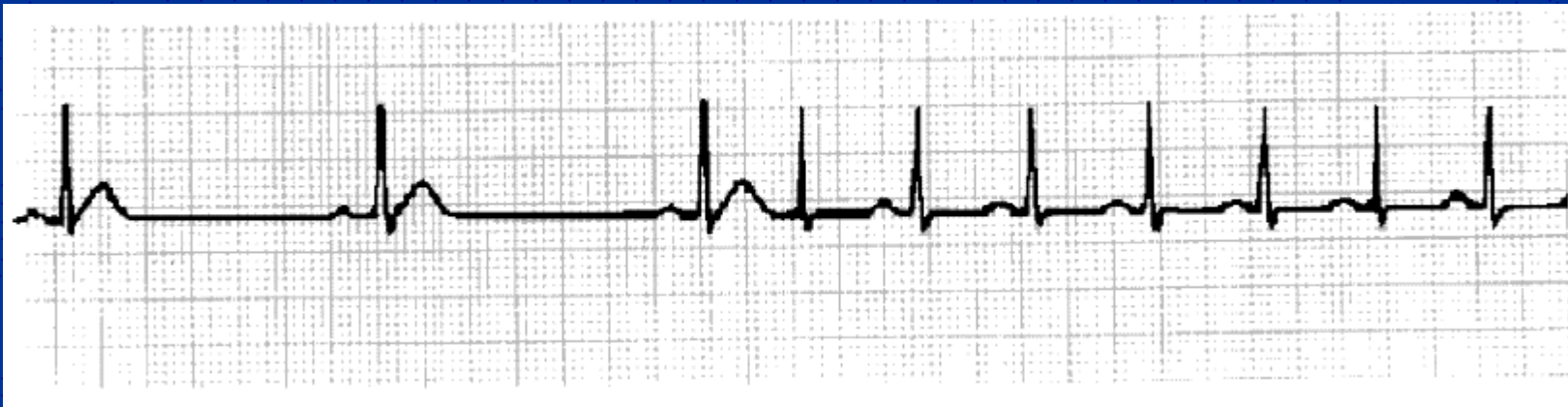
Sinus Pause / Sinus Arrest



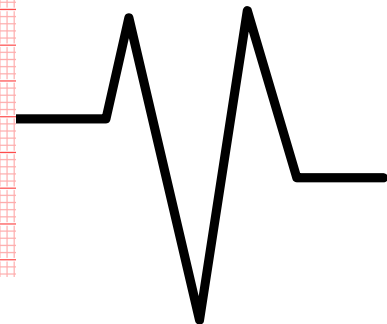
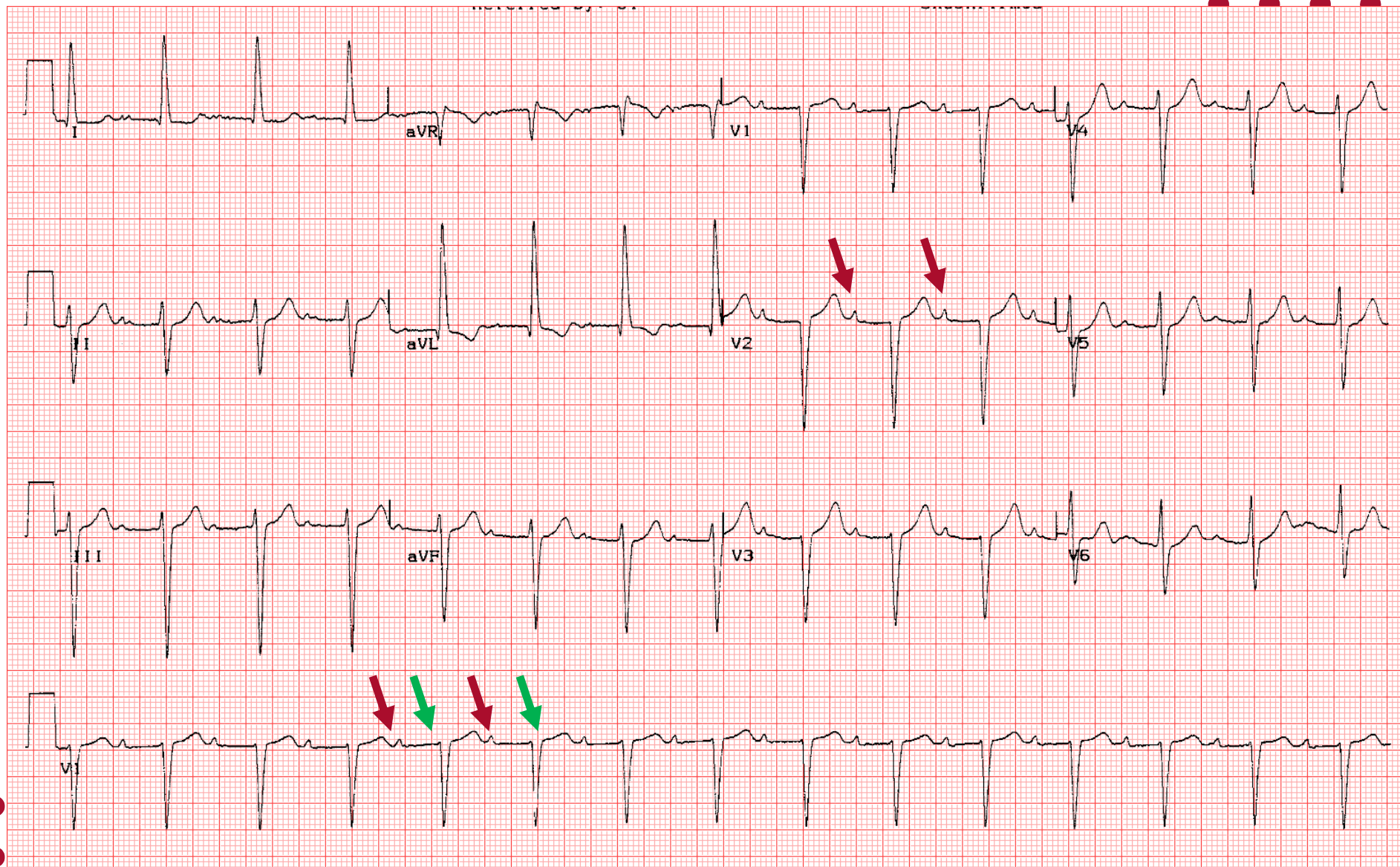
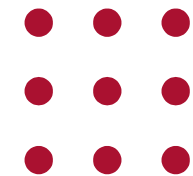
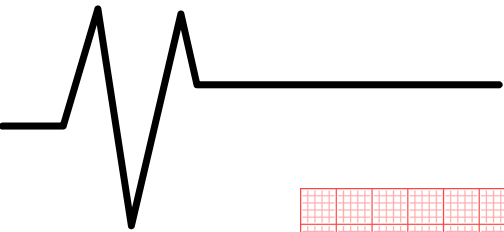


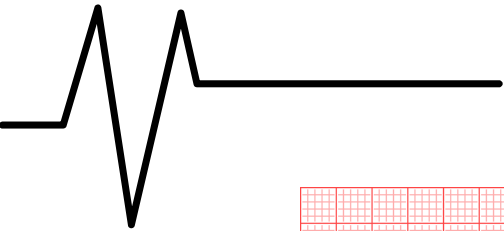
Disfunción del Nodo Sinusal

Síndrome Bradicardia-Taquicardia (Bradi-Taqui)

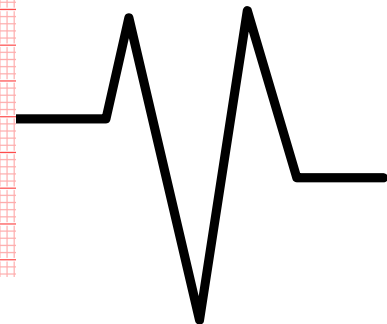
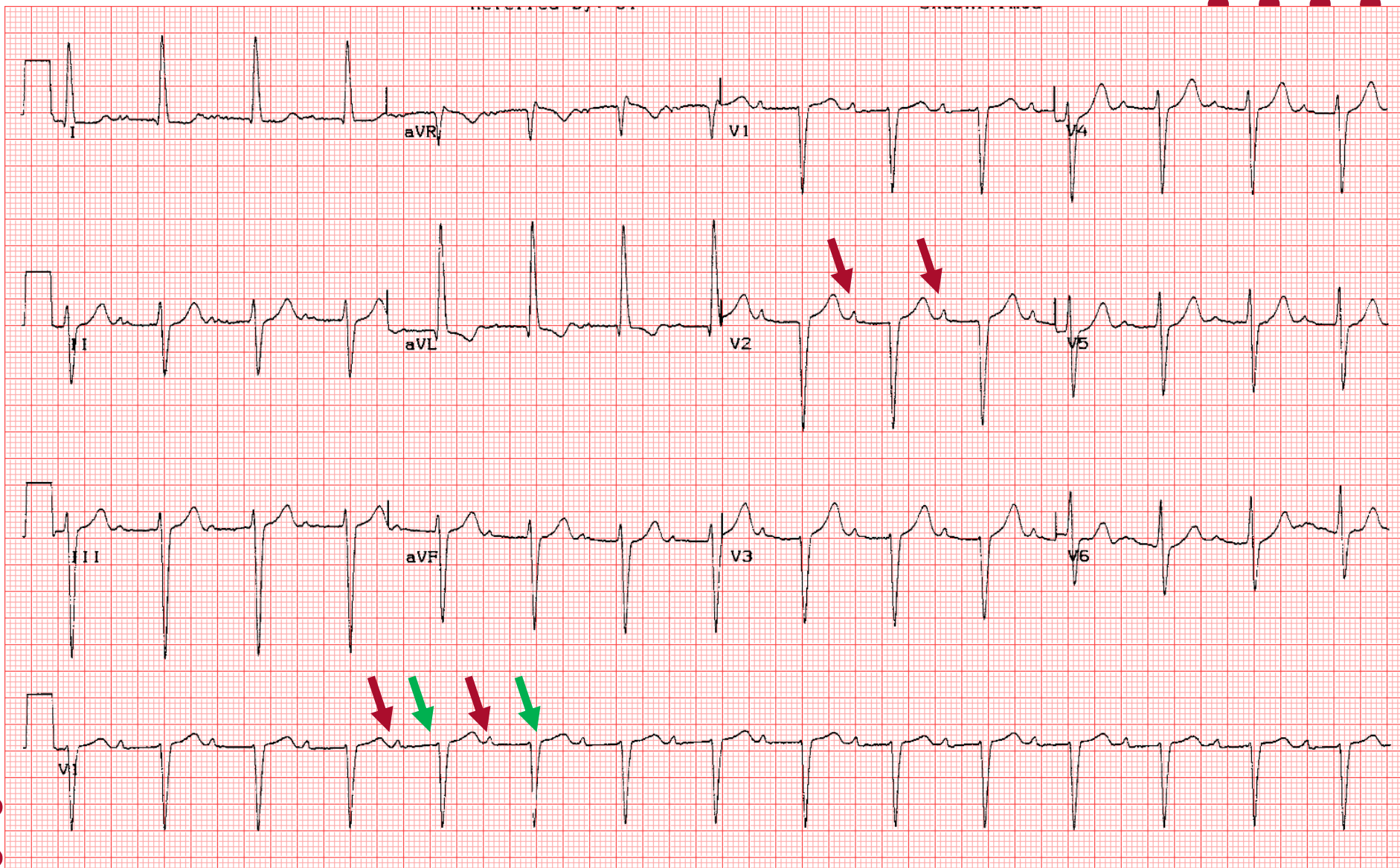
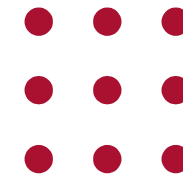


- ⌘ **Episodios intermitentes de frecuencias bajas y rápidas desde el nodo SA o el atrio**
 - **Frecuencia durante la bradicardia = 43 lpm**
 - **Frecuencia durante la taquicardia = 130 lpm**

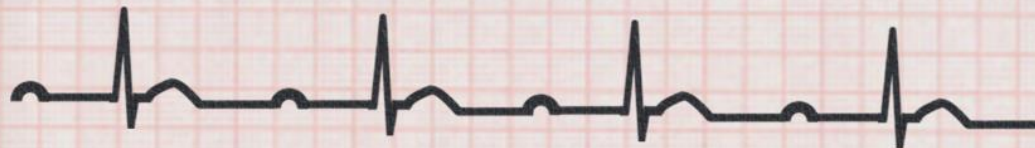




BLOQUEO AV 1er grado



Bloqueo AV de PRIMER Y SEGUNDO grado



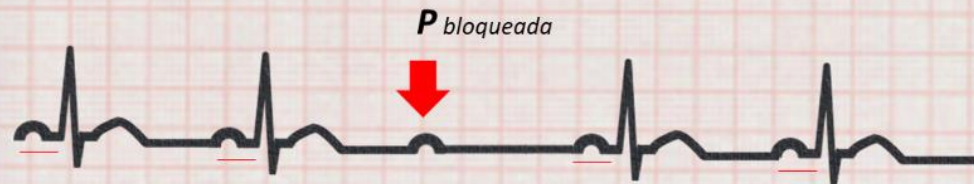
BLOQUEO AV DE PRIMER GRADO

Intervalo PR > 200 mseg. Toda onda P es seguida de un QRS



BLOQUEO AV DE SEGUNDO GRADO MOBITZ I

El intervalo PR se alarga progresivamente hasta que la onda P no conduce (Fenómeno de Wenckebach)

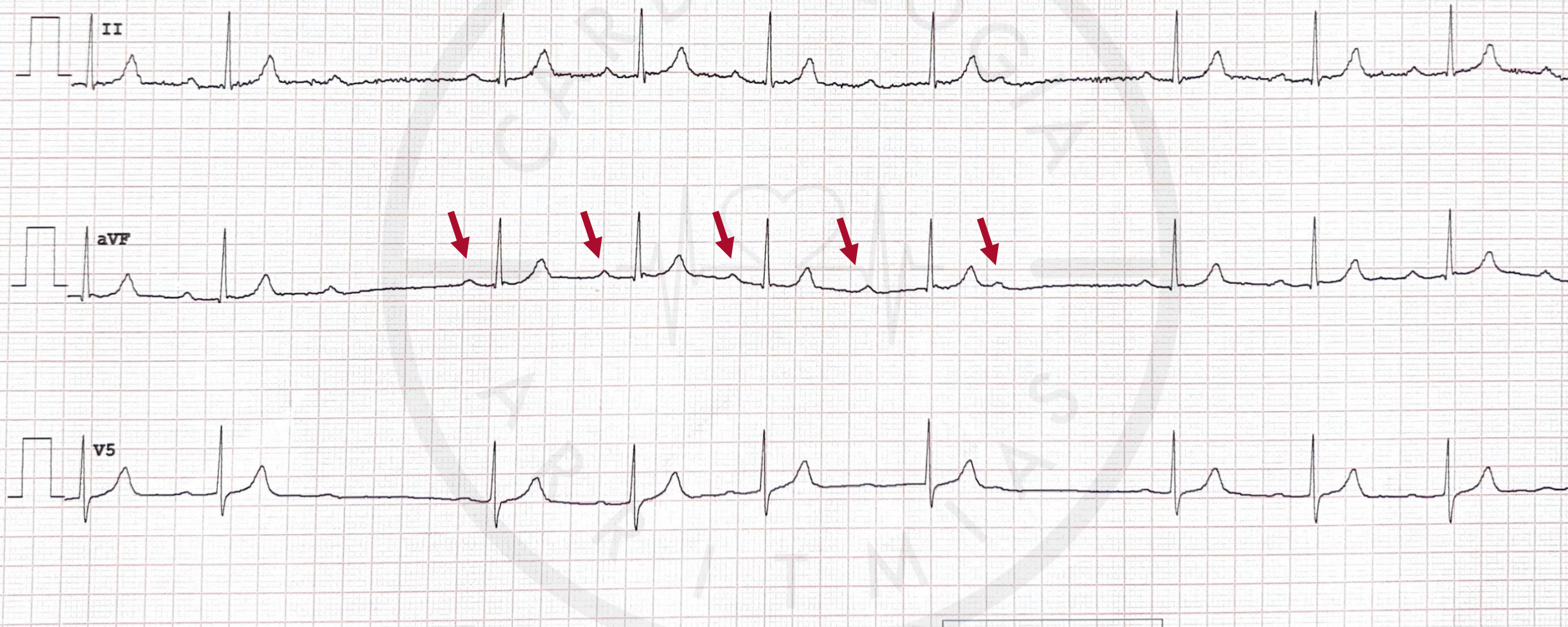


BLOQUEO AV DE SEGUNDO GRADO MOBITZ II

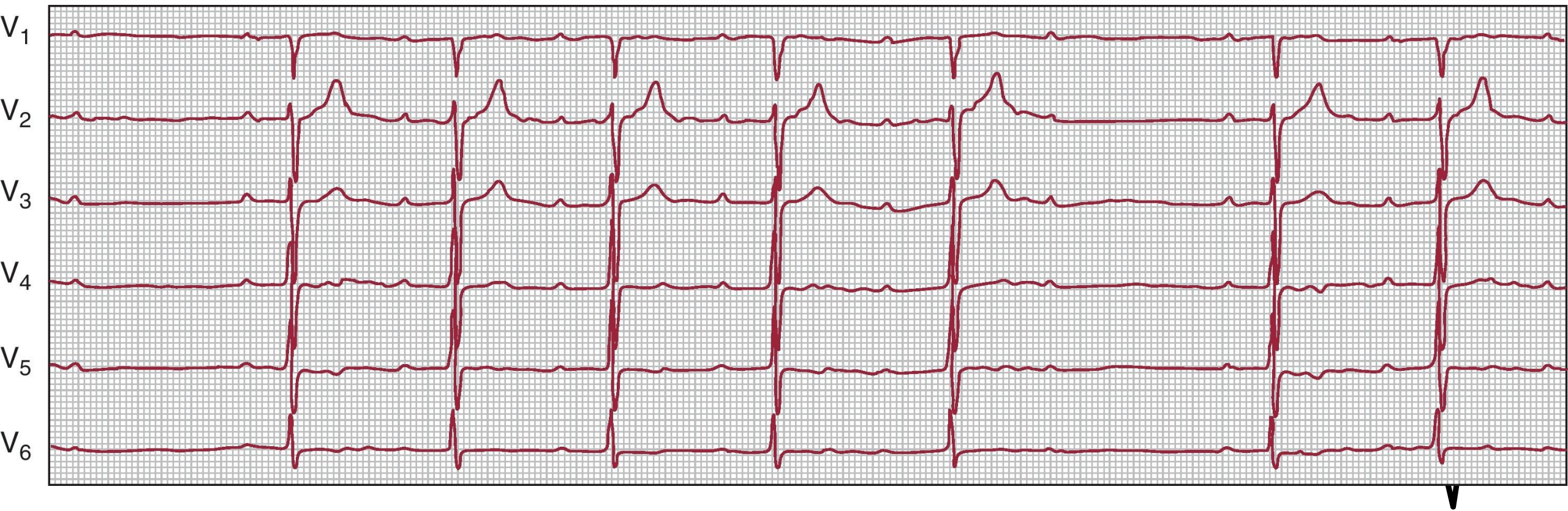
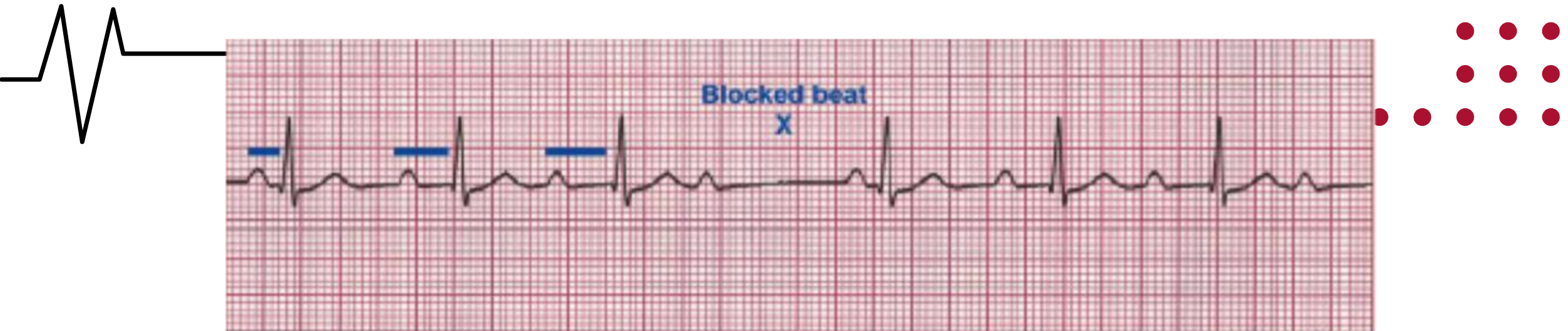
Los intervalos PR previos y posteriores a la onda P bloqueada son constantes.

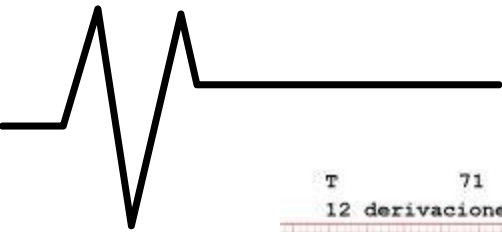


BLOQUEO AV 2do grado tipo WENCKEBACH

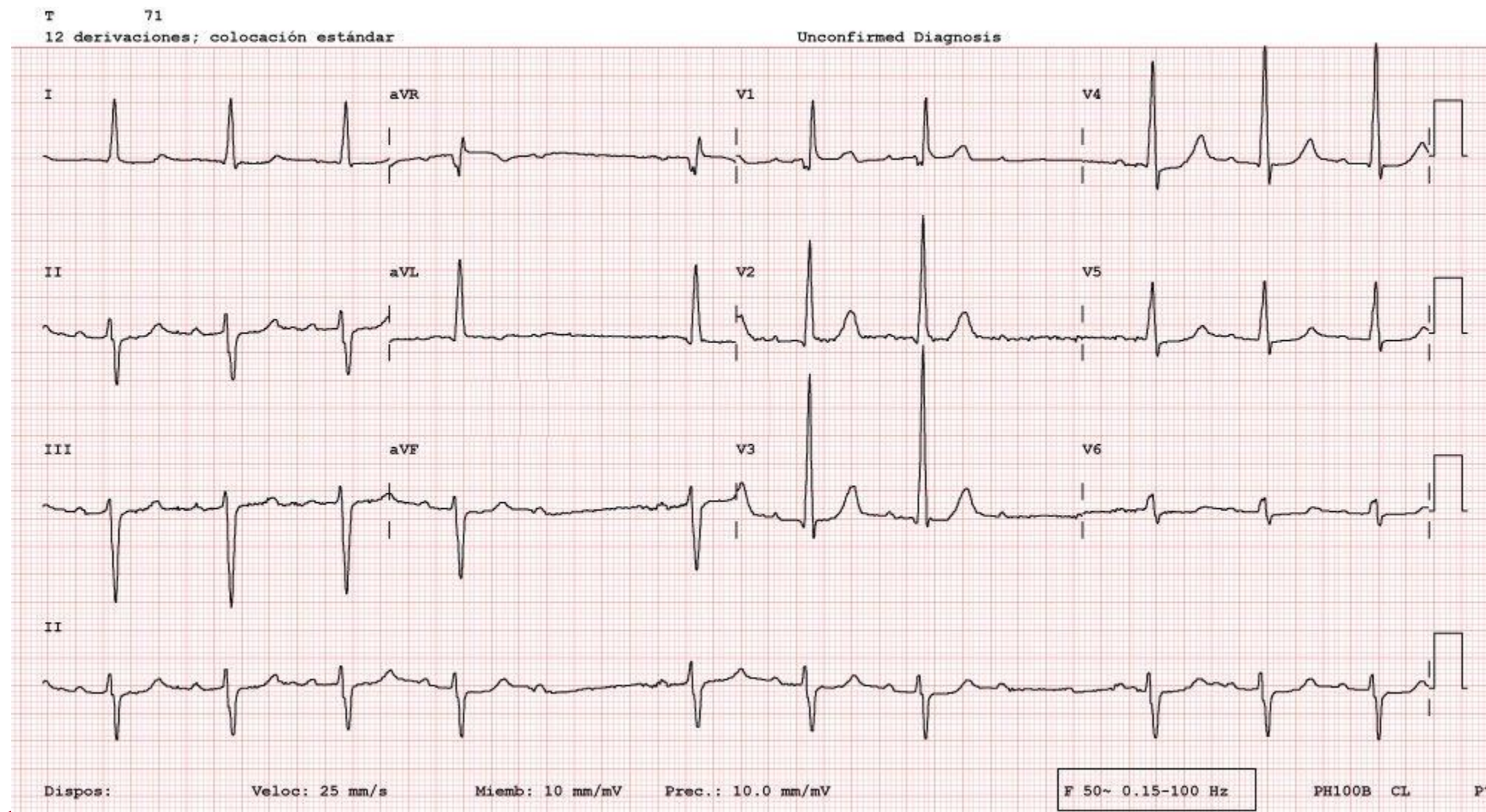
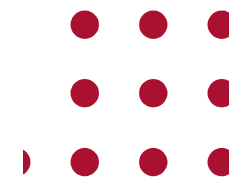


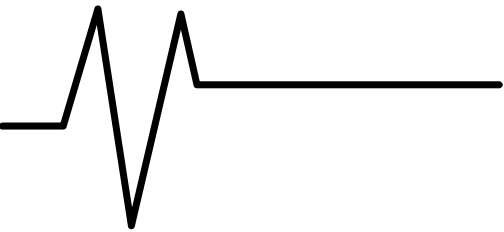
V



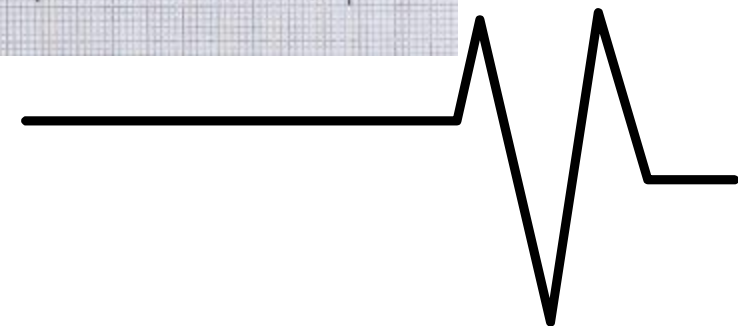
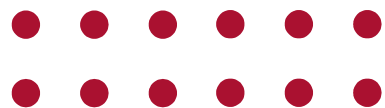
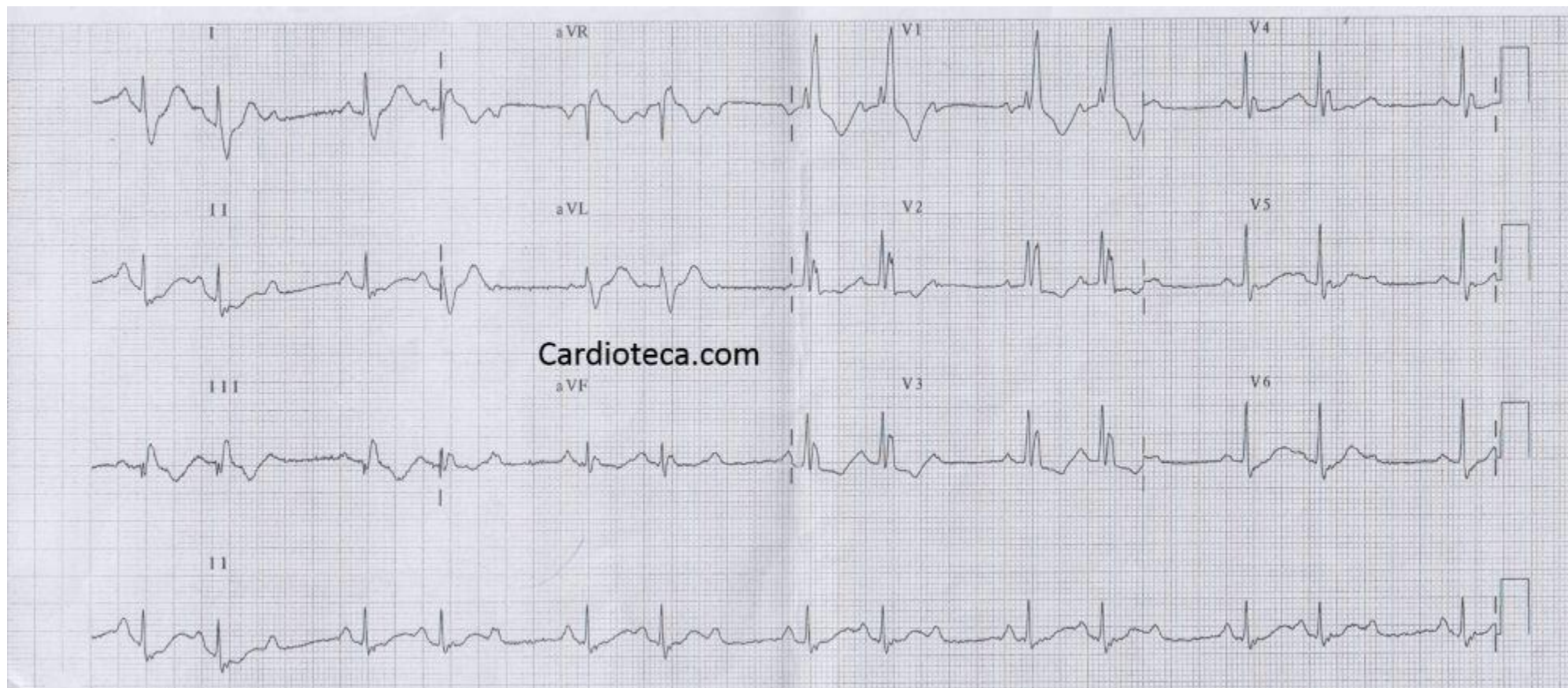


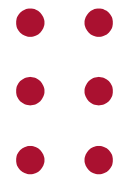
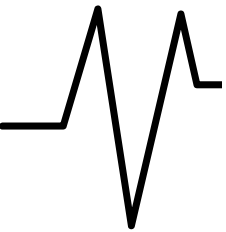
BLOQUEO AV 2do grado tipo MOBITZ II



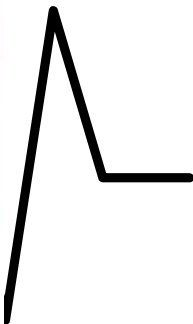
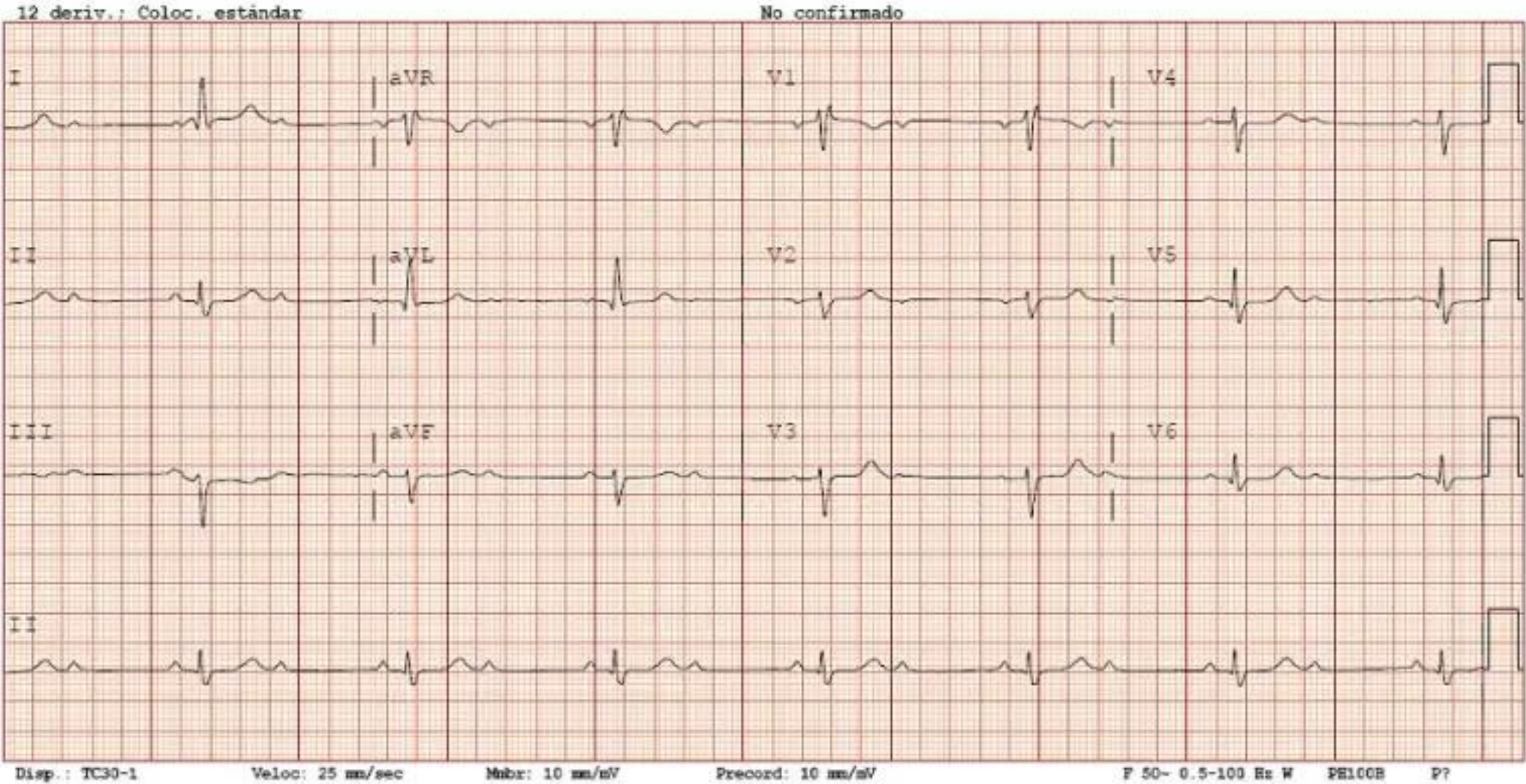


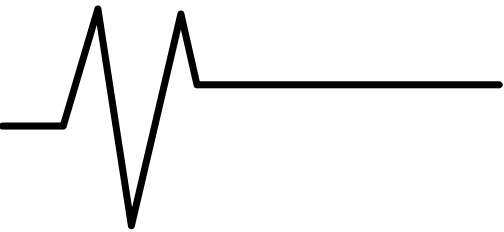
BLOQUEO AV 2do grado tipo MOBITZ II



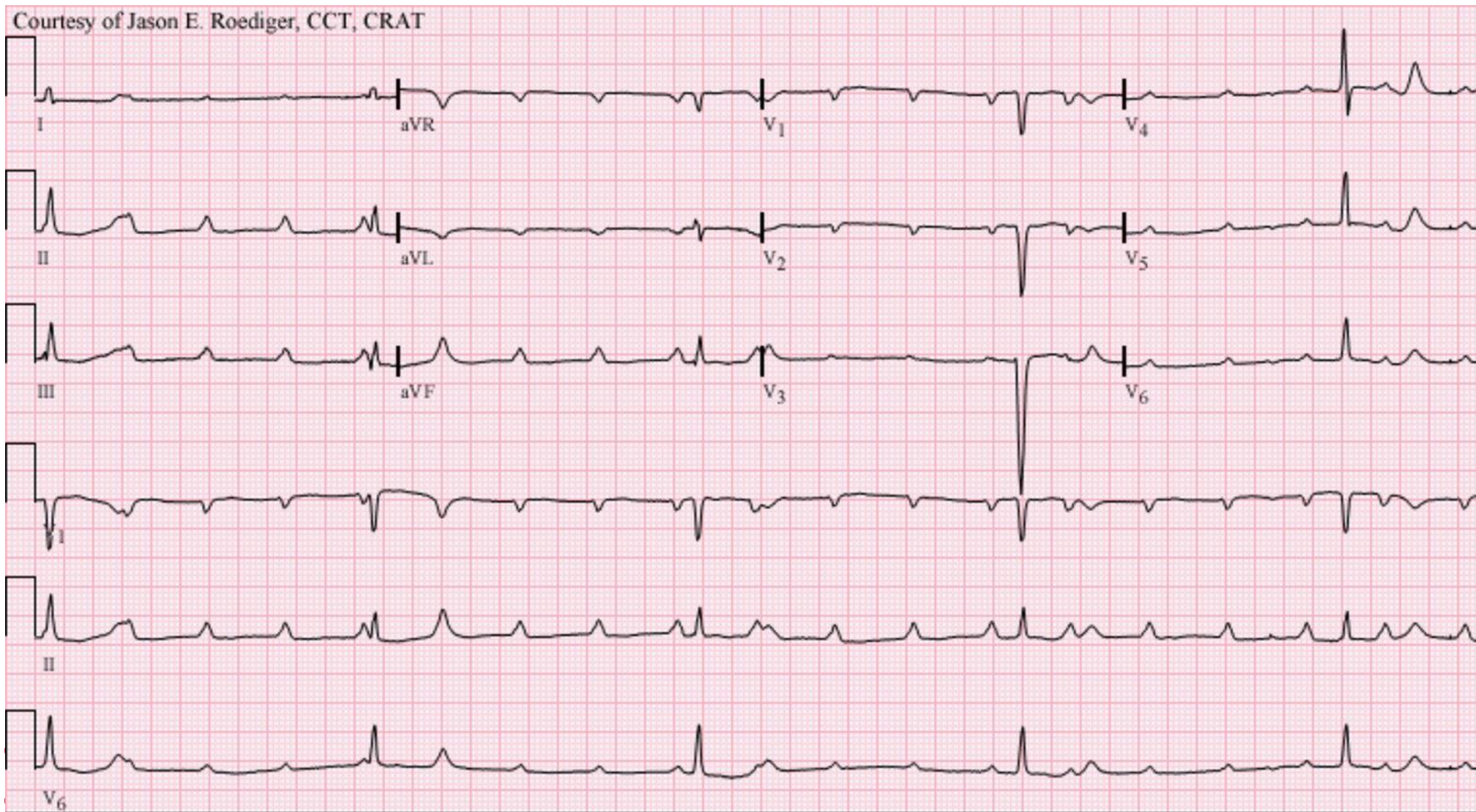


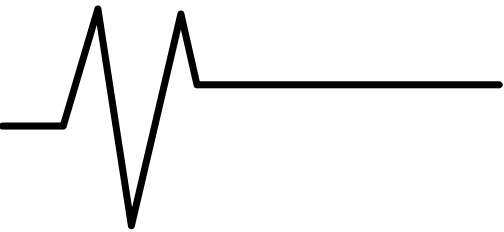
BLOQUEO AV 2:1



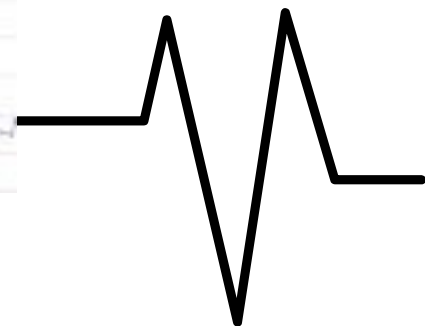
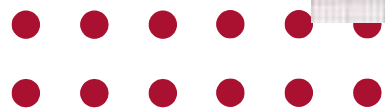


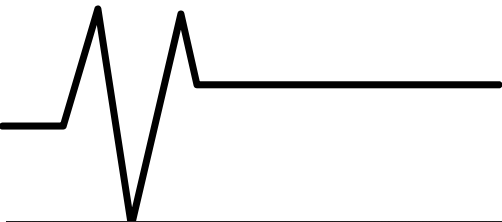
BLOQUEO AV Completo



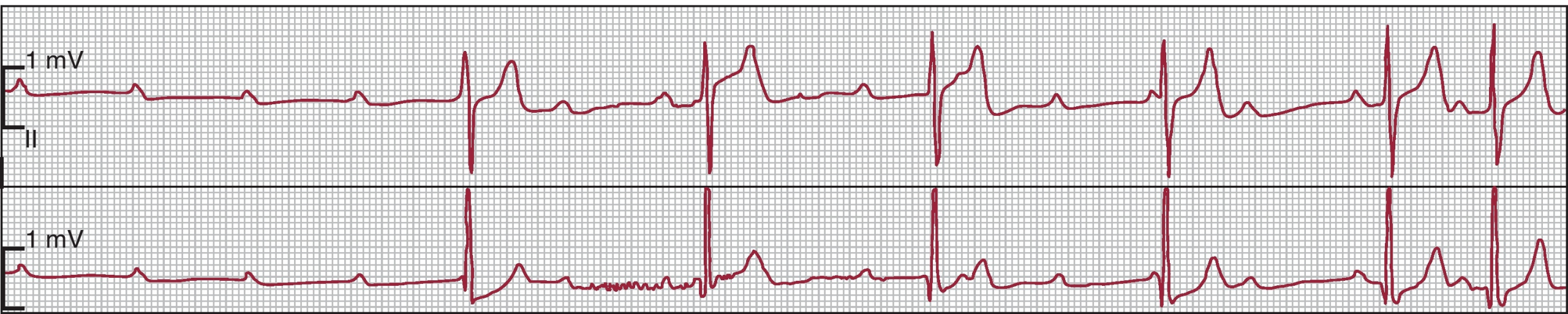
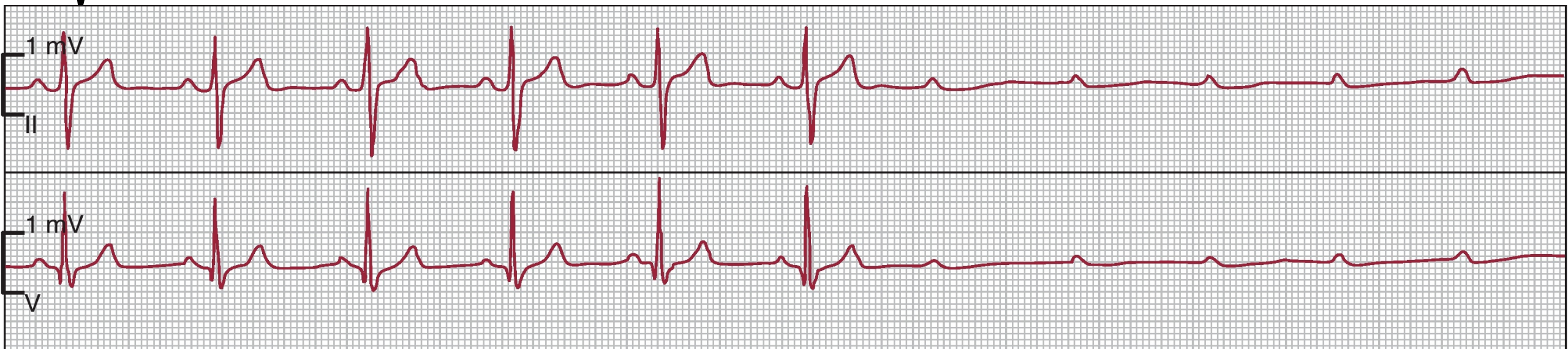


BLOQUEO AV Completo





BLOQUEO AV Completo



BLOQUEO AV Completo

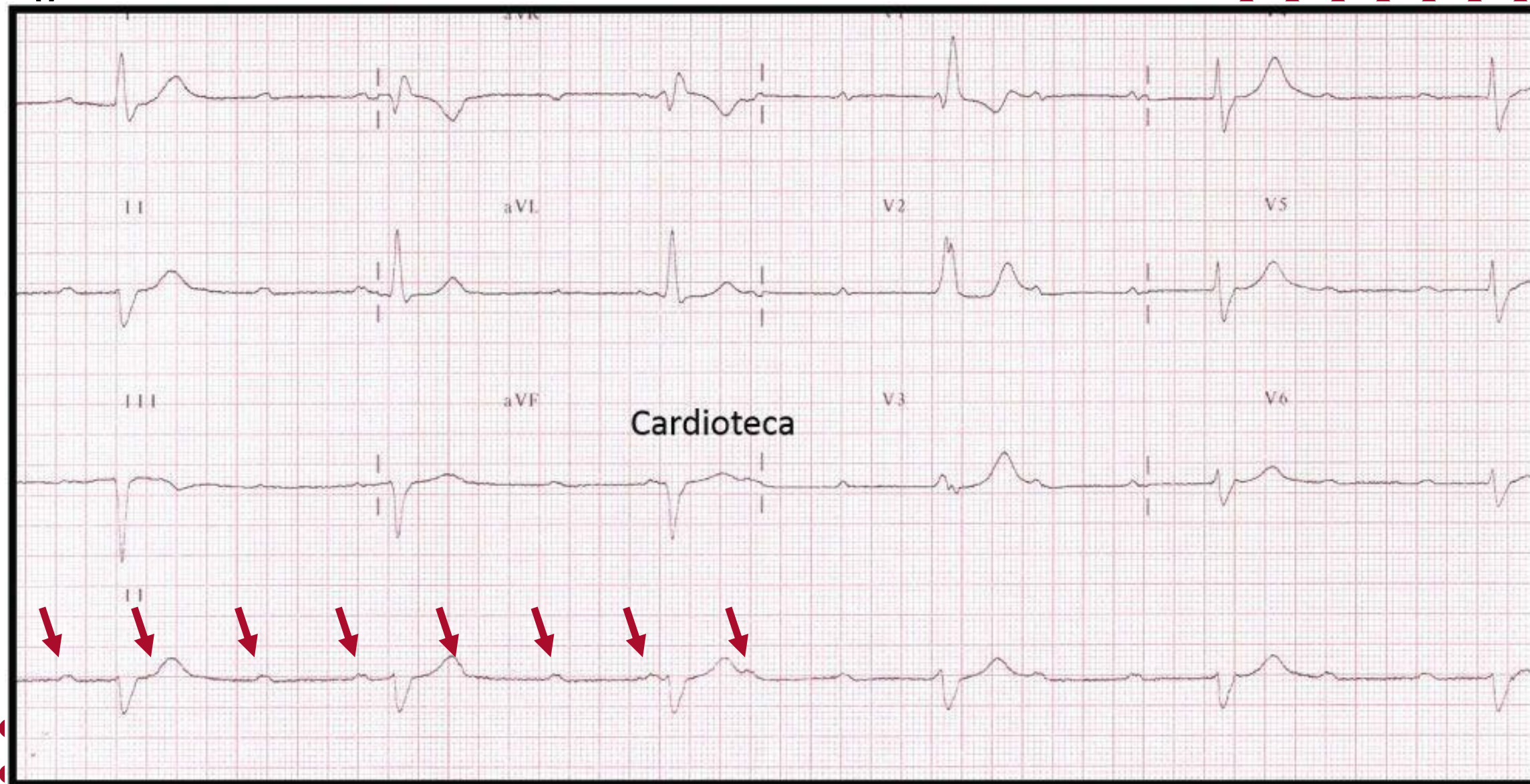


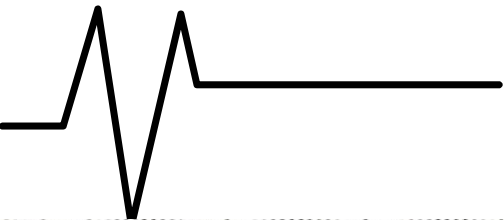


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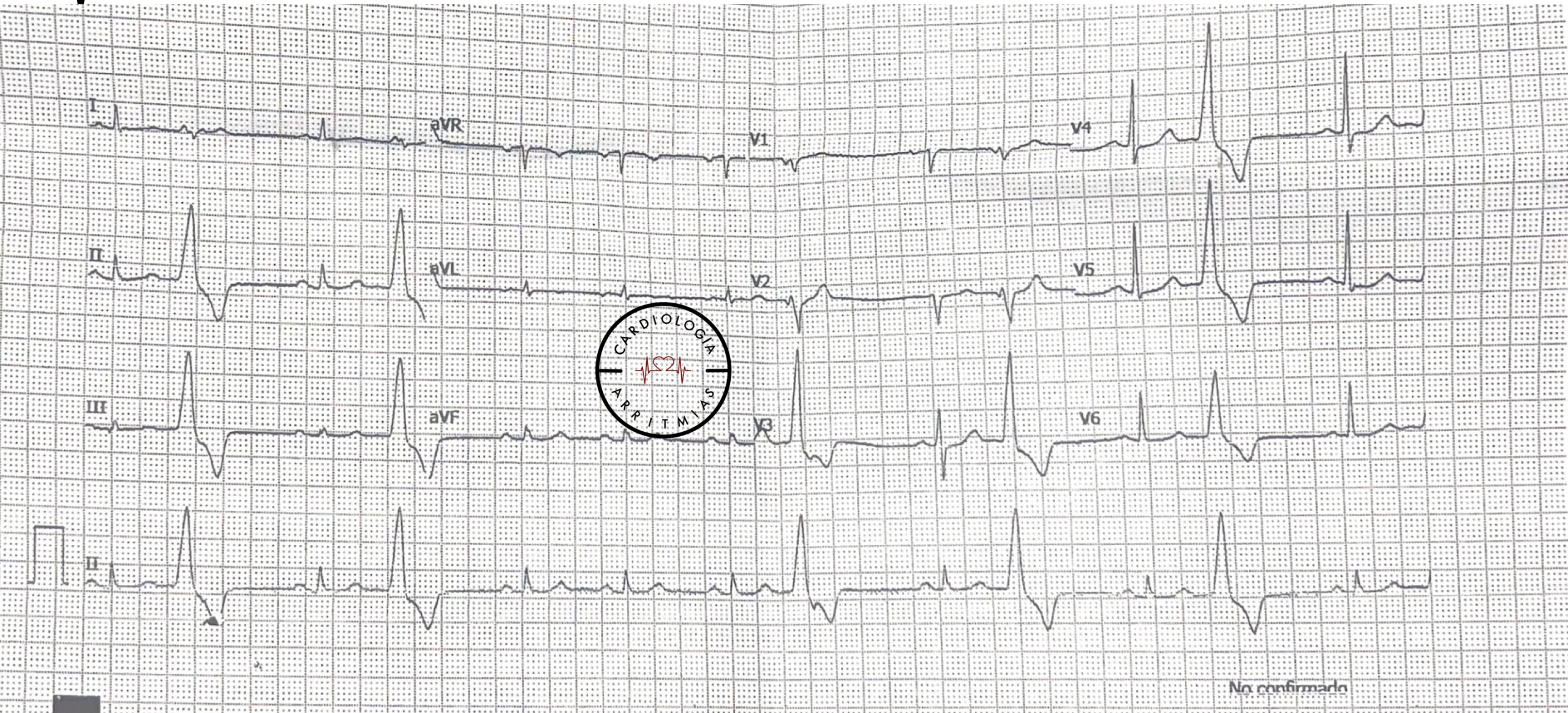
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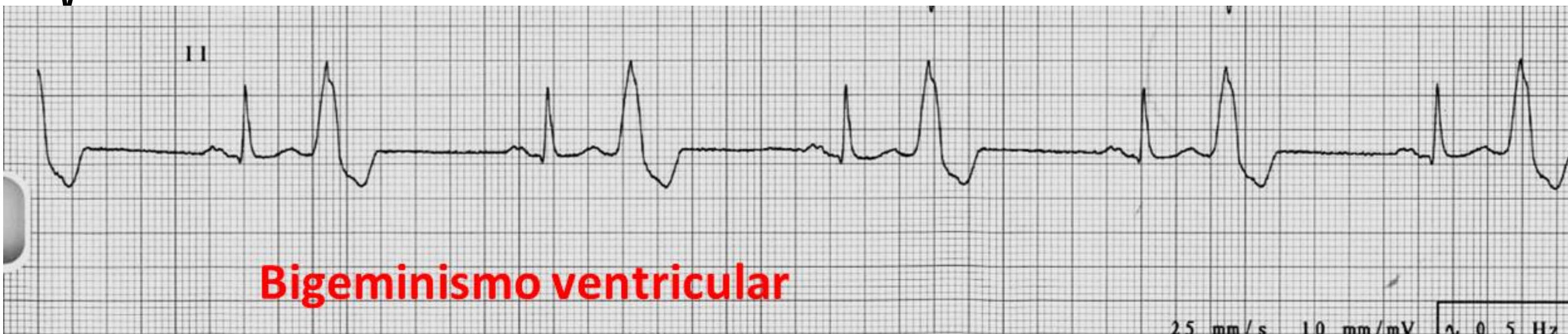
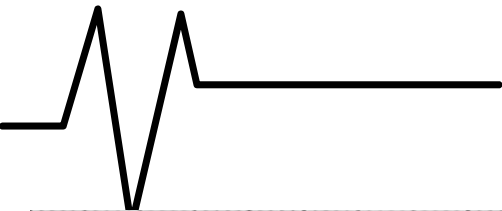
Arritmia Ventricular





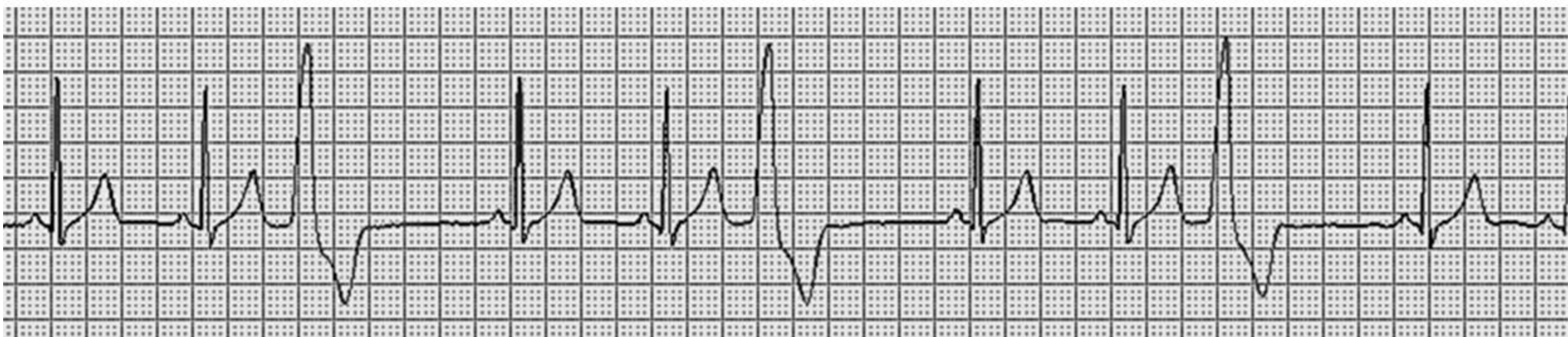
Extrasistolia ventricular





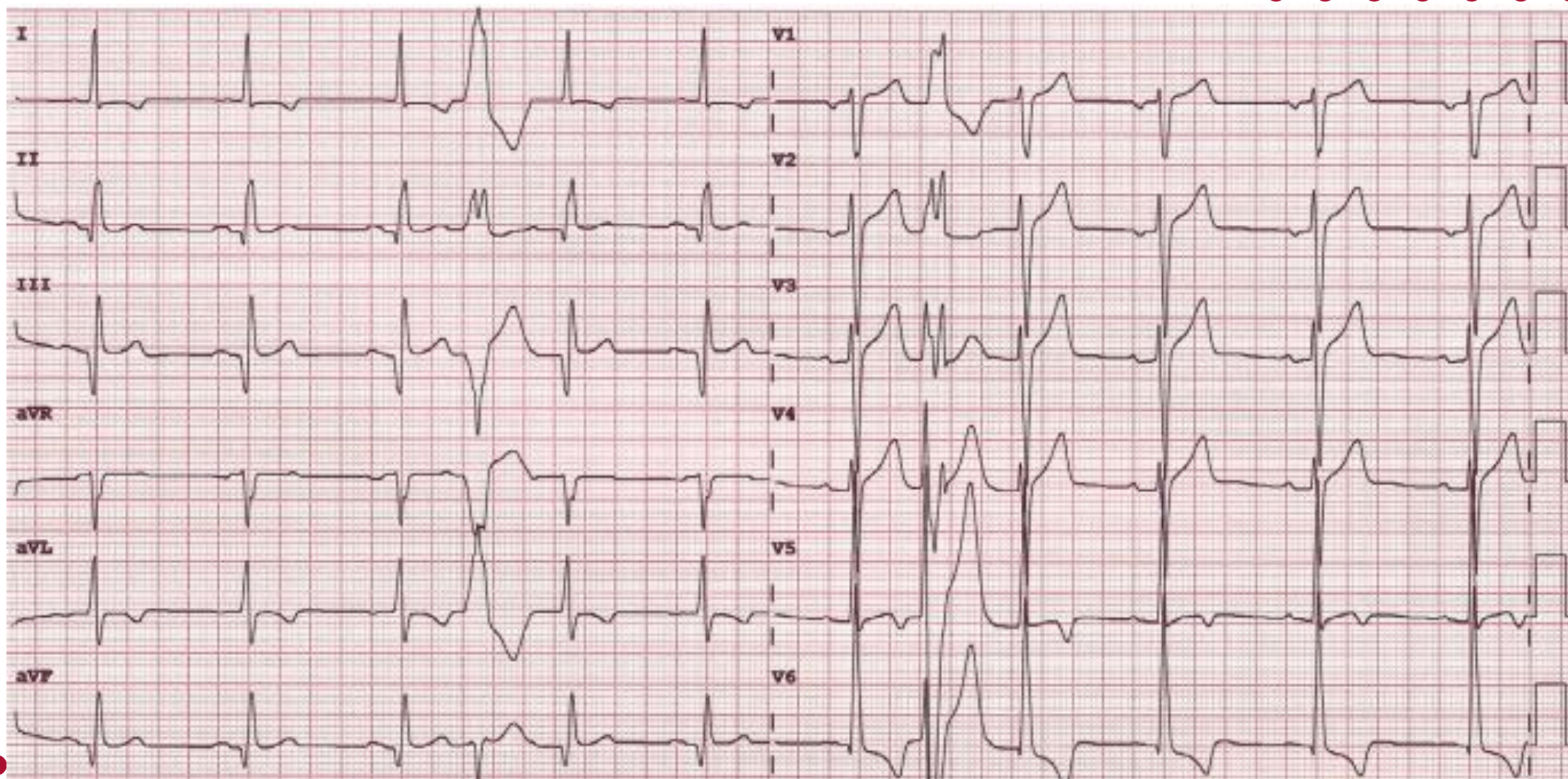
Bigeminismo ventricular

25 mm/s 10 mm/mV 0.5 Hz

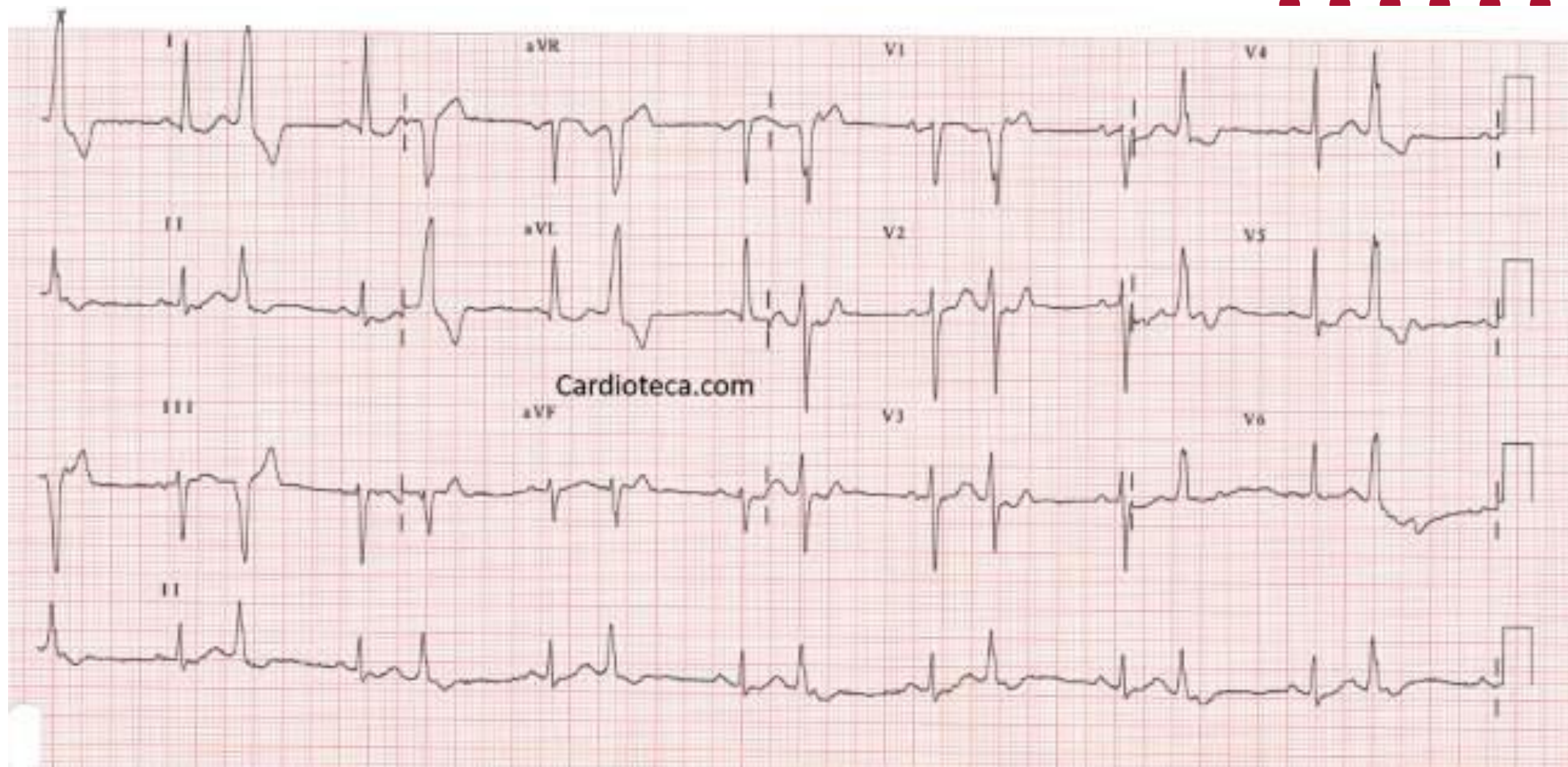


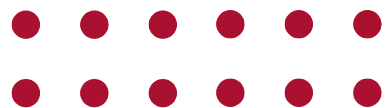
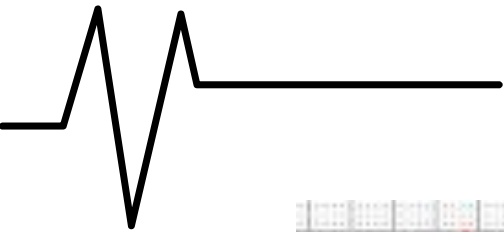
Trigeminismo ventricular

La regla no siempre se cumple ...

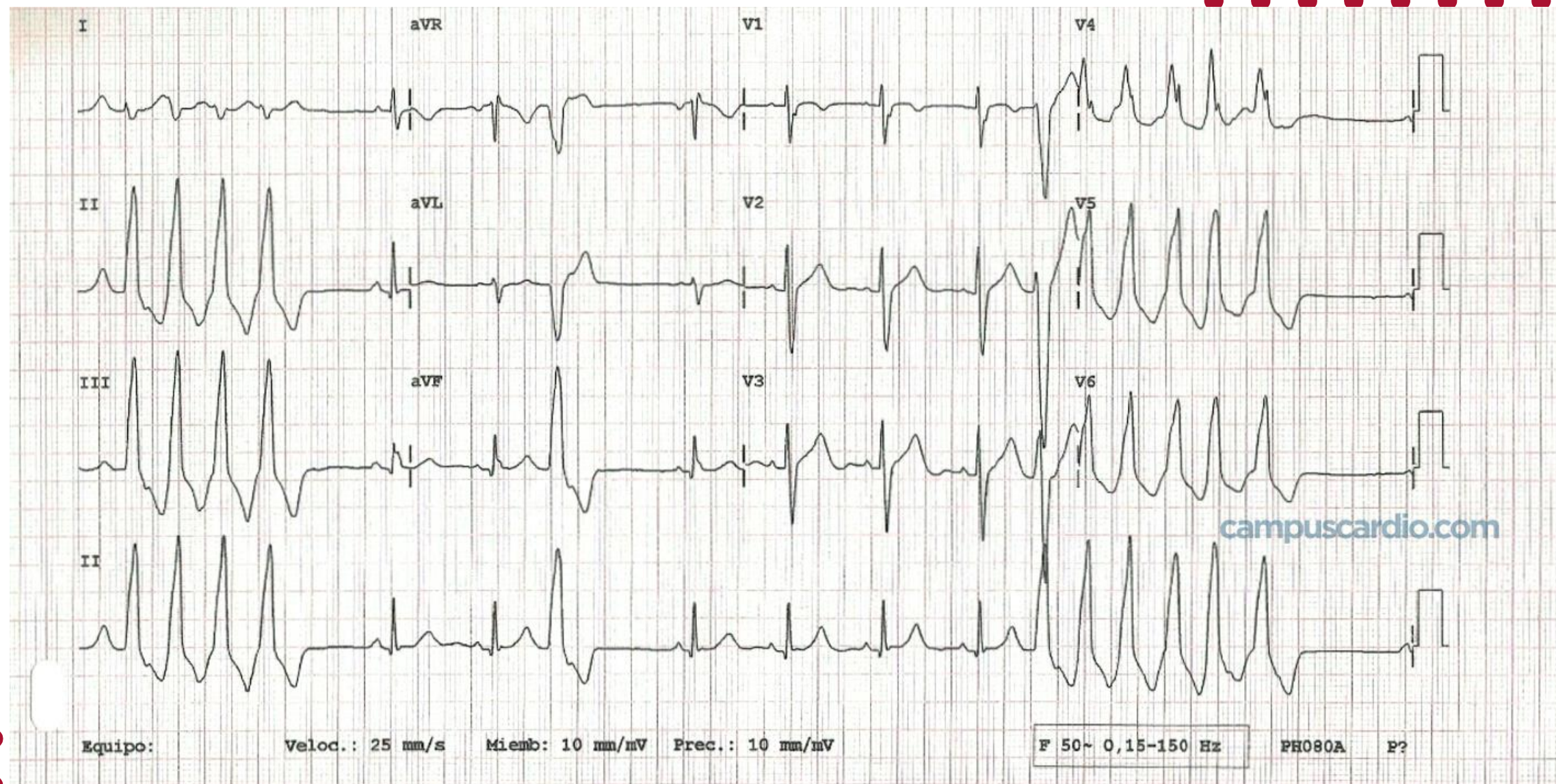


Bigeminia ventricular





TV ventricular (no sostenida)



TV ventricular (no sostenida)

EDAD NO INTRODUCIDA, SE CONSIDERA 50 AÑOS PARA FINES DE INTERPRETACION DEL ECG
Frec. 158 . ARRITMIA SINUSAL, FRECUENCIA 55-110.....variación de frecuencia V >10%
PR 188 . SALVA DE EXTRASISTOLES VENTRICULARES.....secuencia de 3 o más complejos V
DQRS 89 . INTERVALO QT PROLONGADO.....QTc >490ms
QT 356 . BASAL ERRANTE EN DERIVACION(ES) V1,V4,V5
QTc 577

--EJES--

P 47

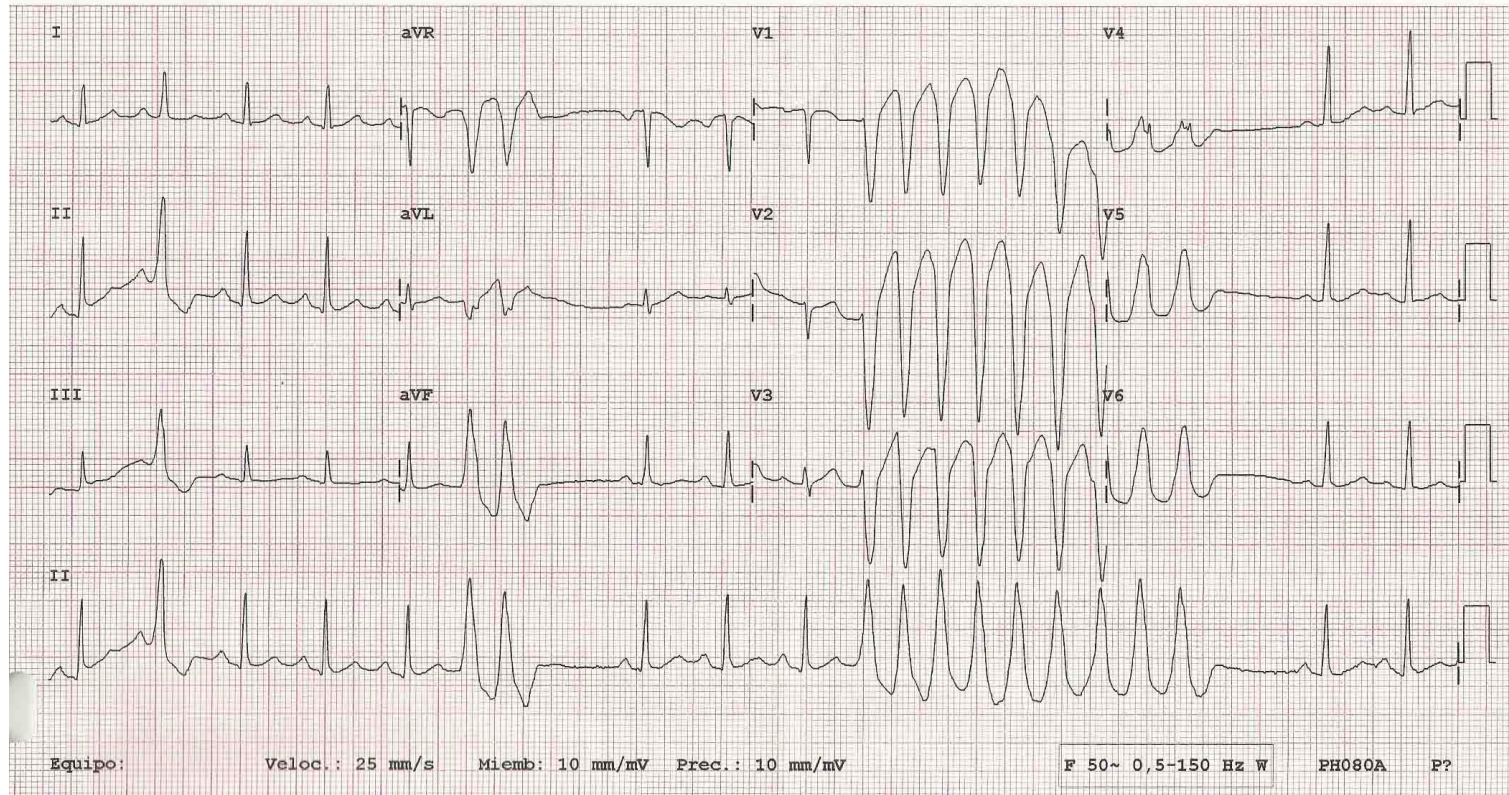
QRS 55

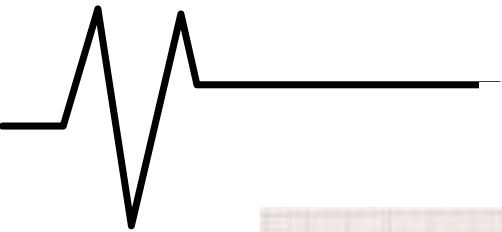
T 17

- ECG ANOMALO -

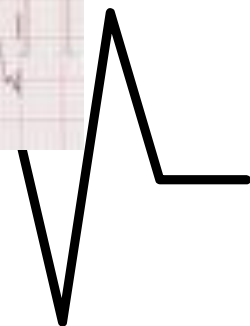
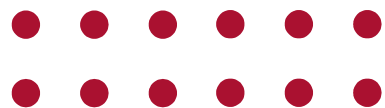
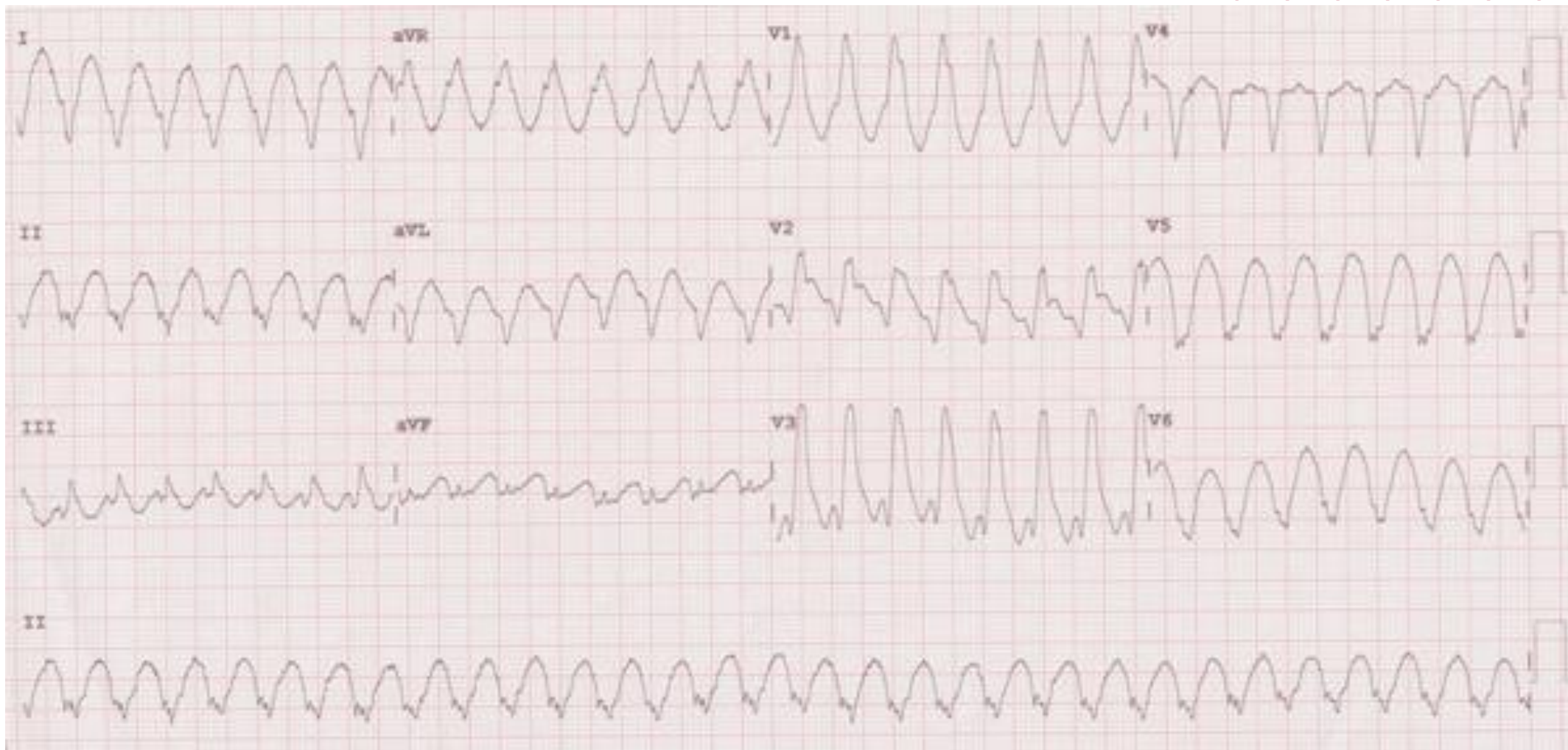
Area: SCIO. URGENCIAS

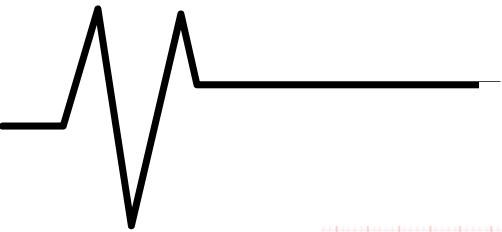
Unconfirmed Diagnosis



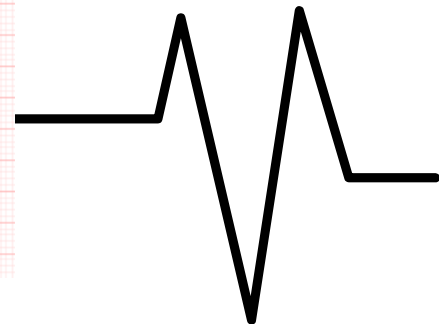
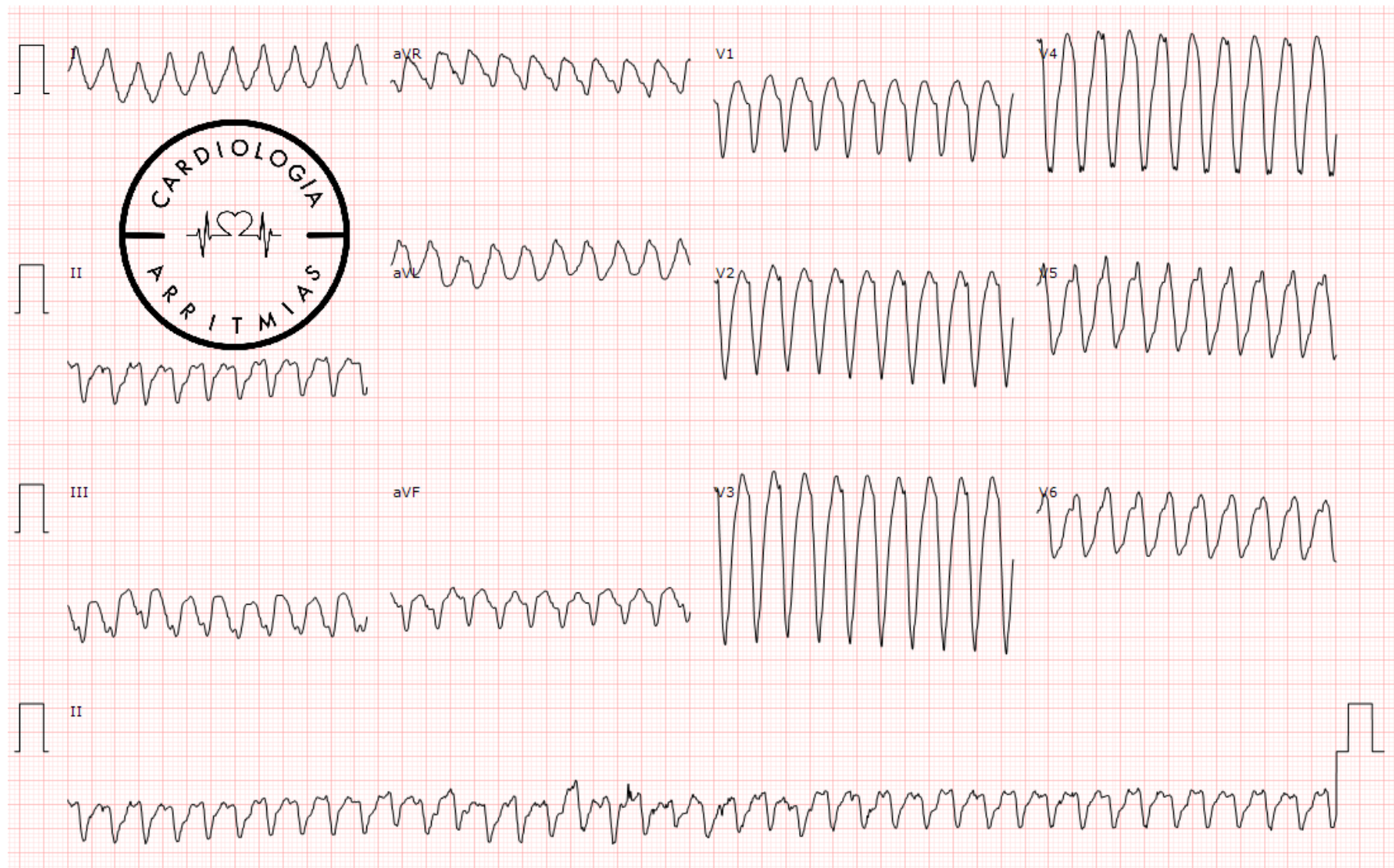


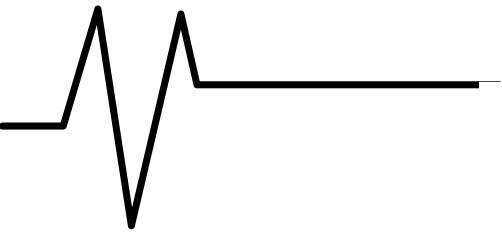
TV ventricular (sostenida)



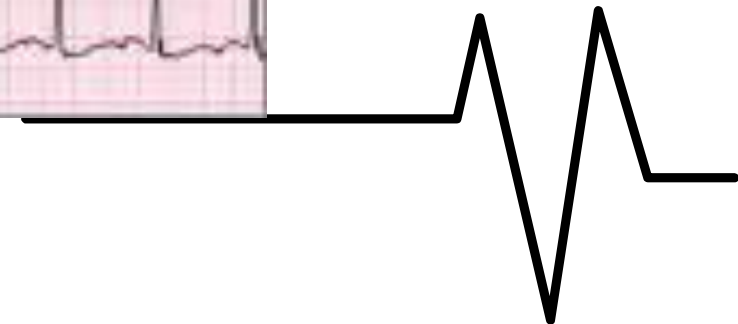
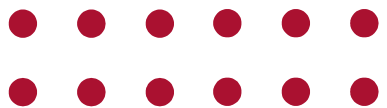
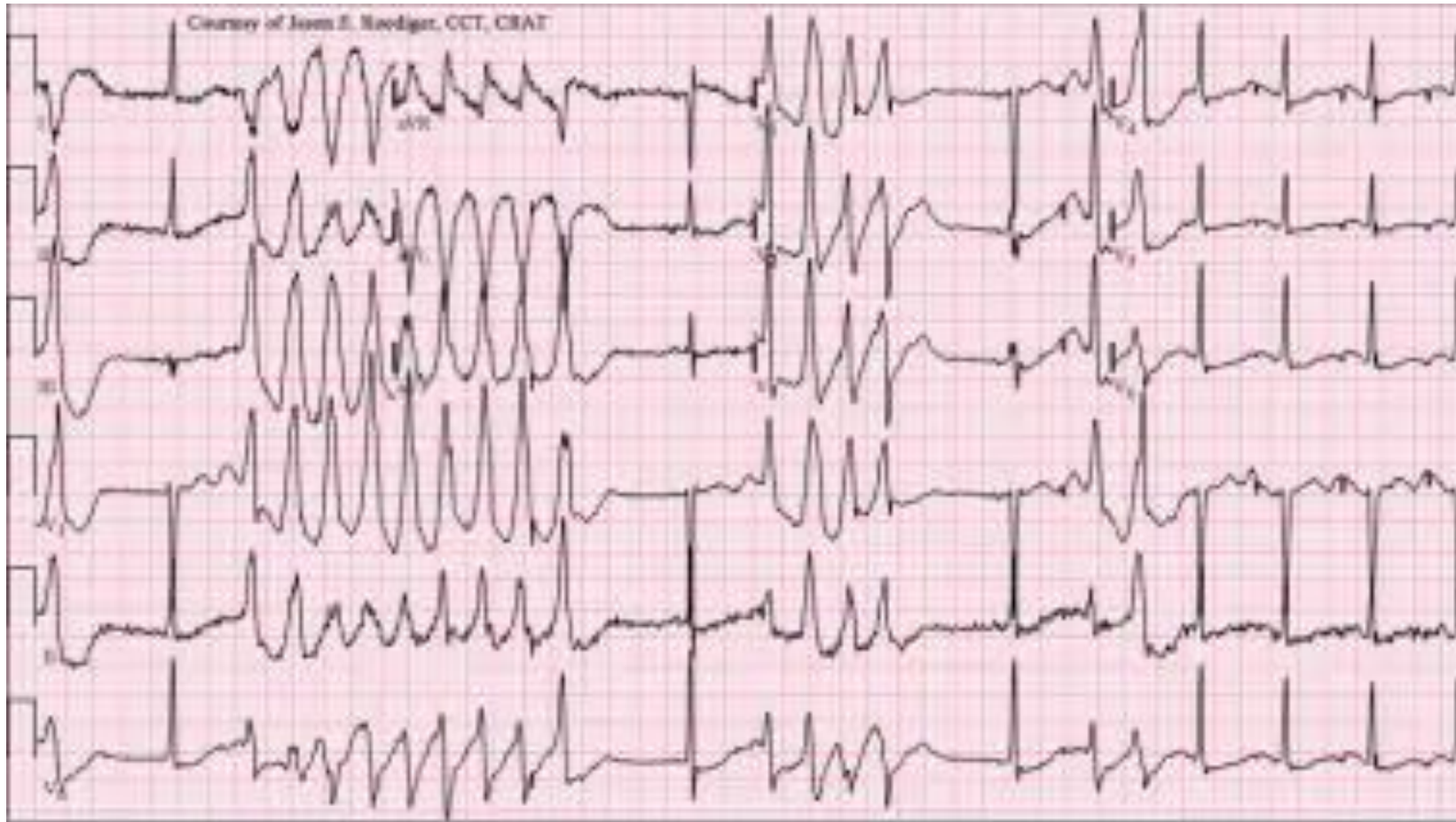


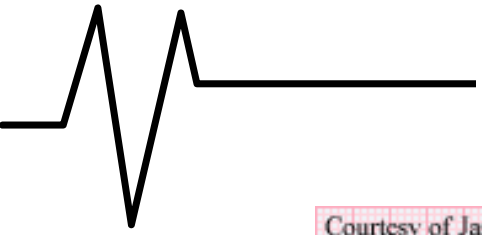
TV ventricular (sostenida)



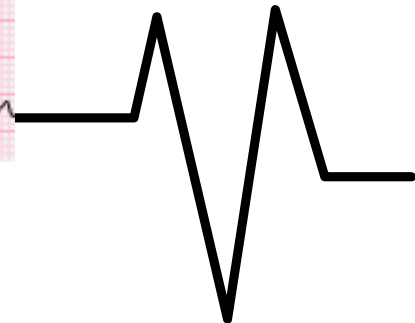


TV ventricular (torsida de punta)



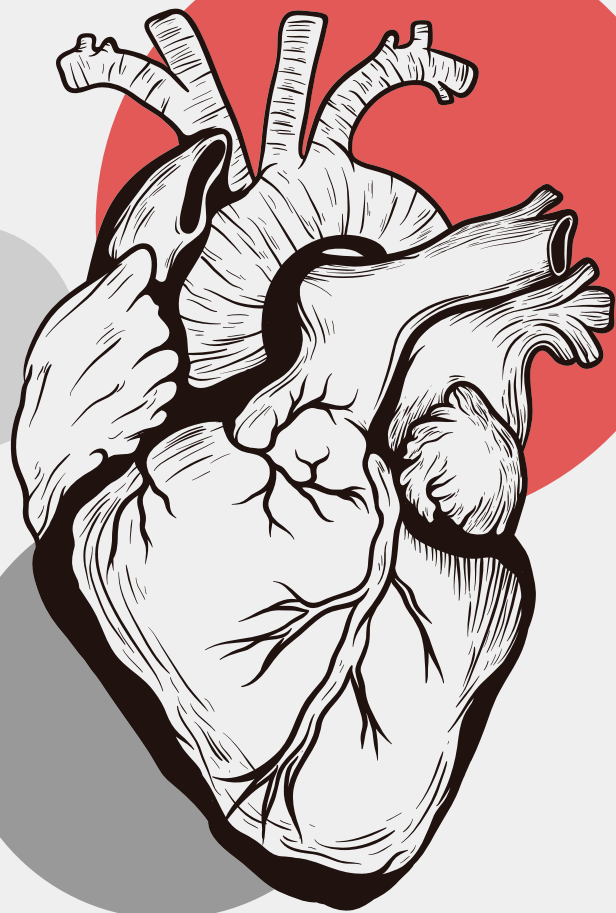


Fibrilación ventricular



Conocer a veces
salva vidas!!





¿Tienen preguntas?

Gracias!

