



Enfermedades cardiovasculares: Arritmias

CURSO ECG HECA 2025

Anormalidades del ritmo cardiaco



Muy lento



Muy rápido



Regularidad

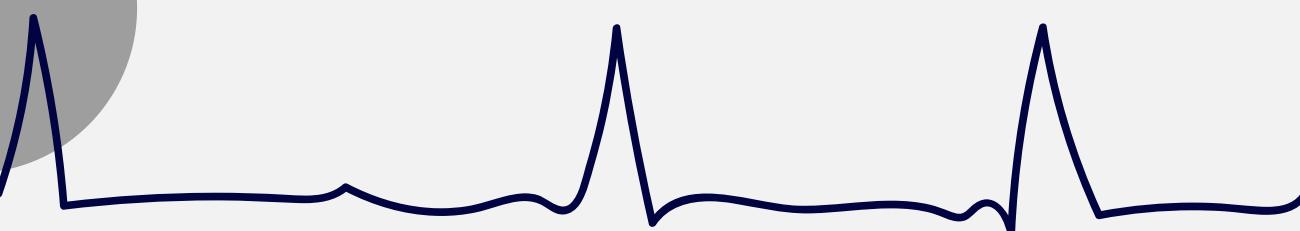


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ventriculares

Tipos de arritmias supraventriculares

Arritmia sinusal

Ritmo Auricular

**Extrasistolia
Supraventricular**

Fibrilacion Auricular

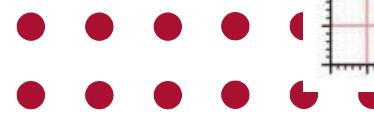
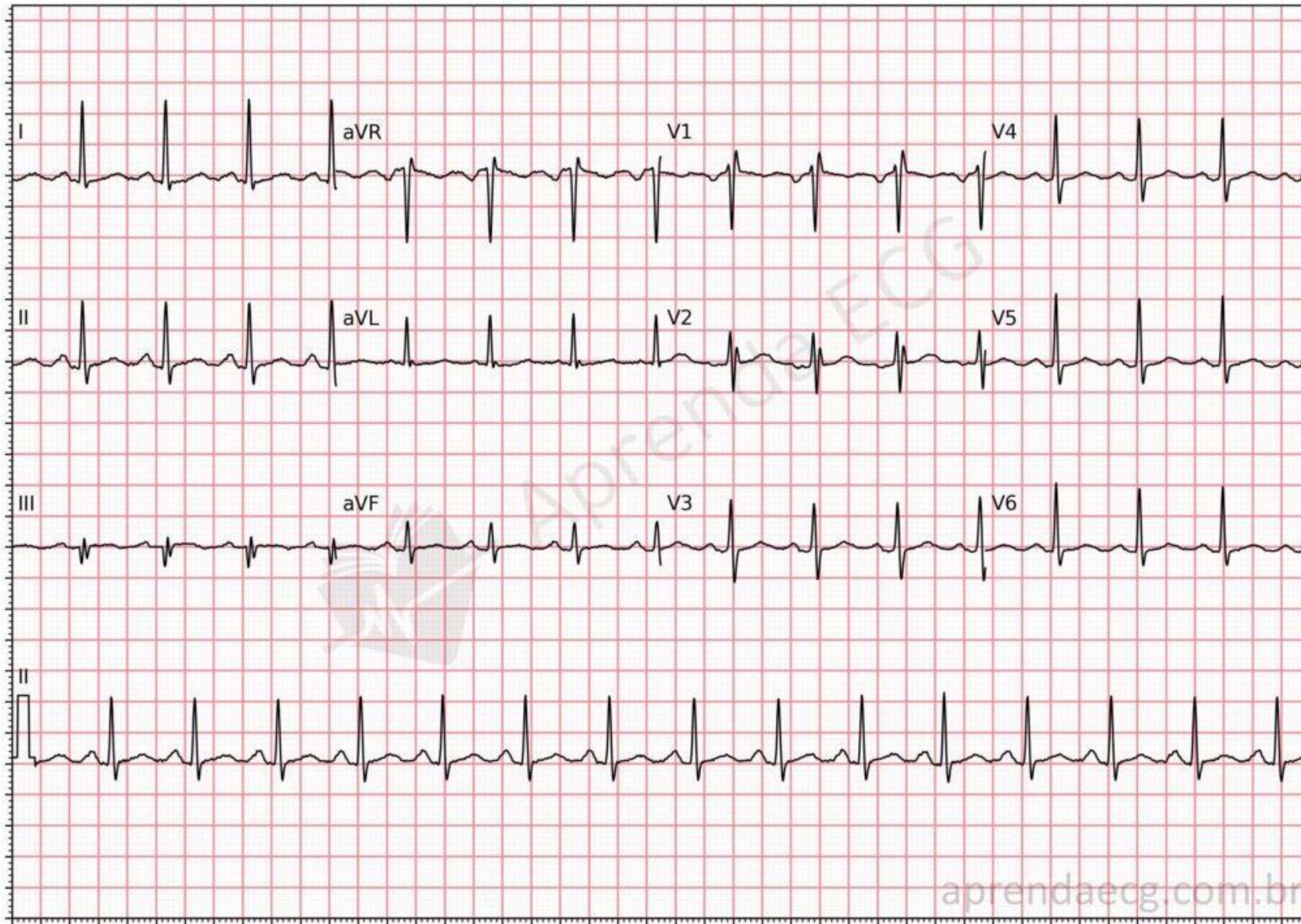
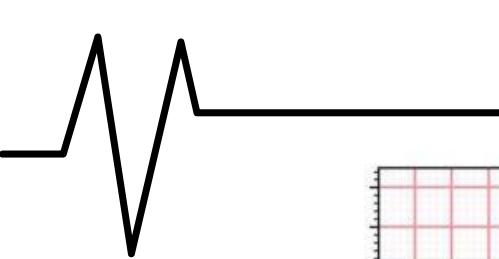
Aleteo Auricular

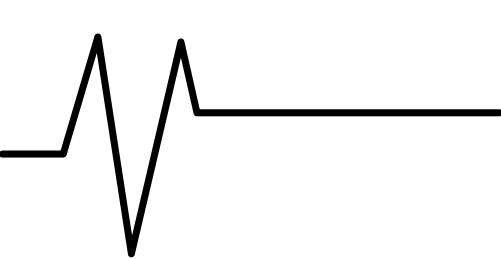
**Taquicardia
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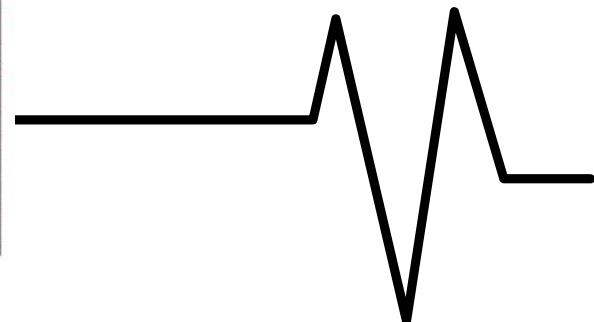
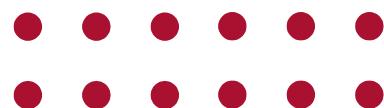
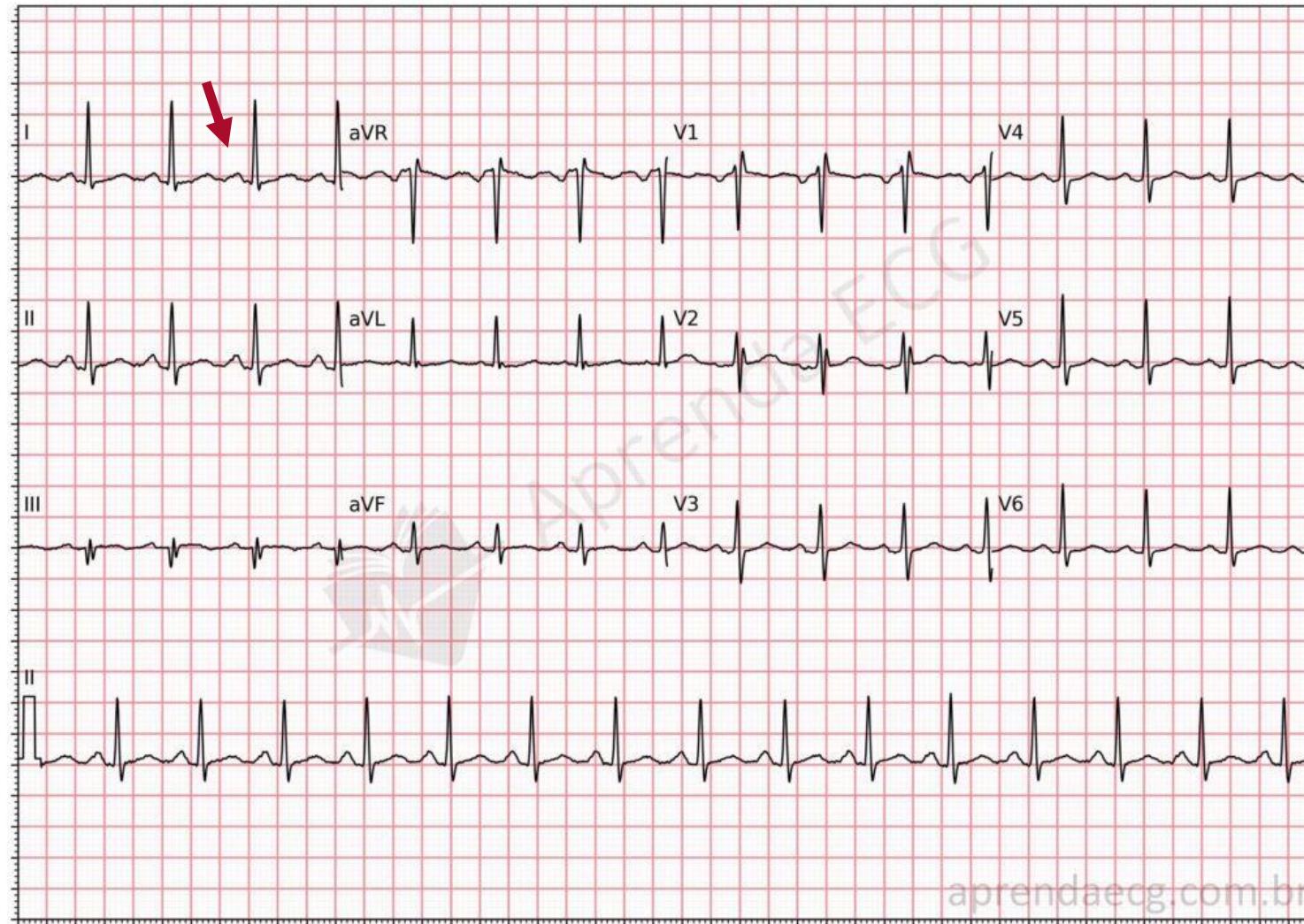
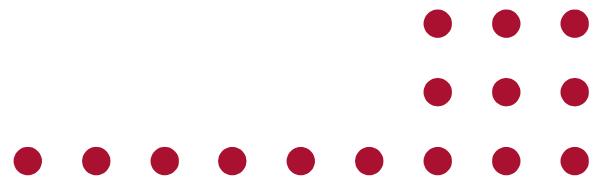
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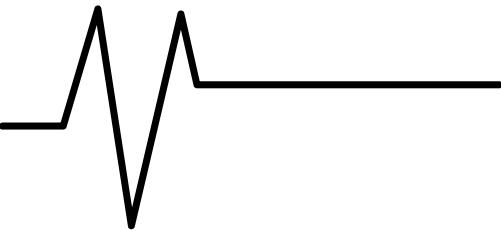
Arritmia
sinusal



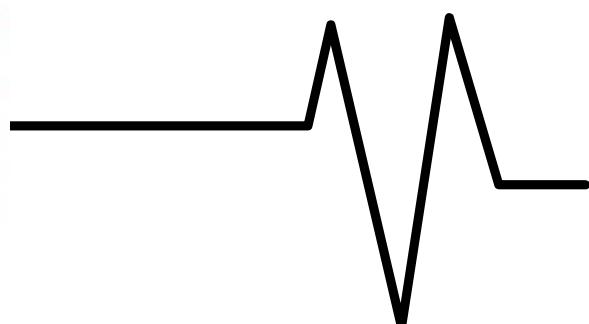
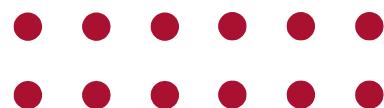
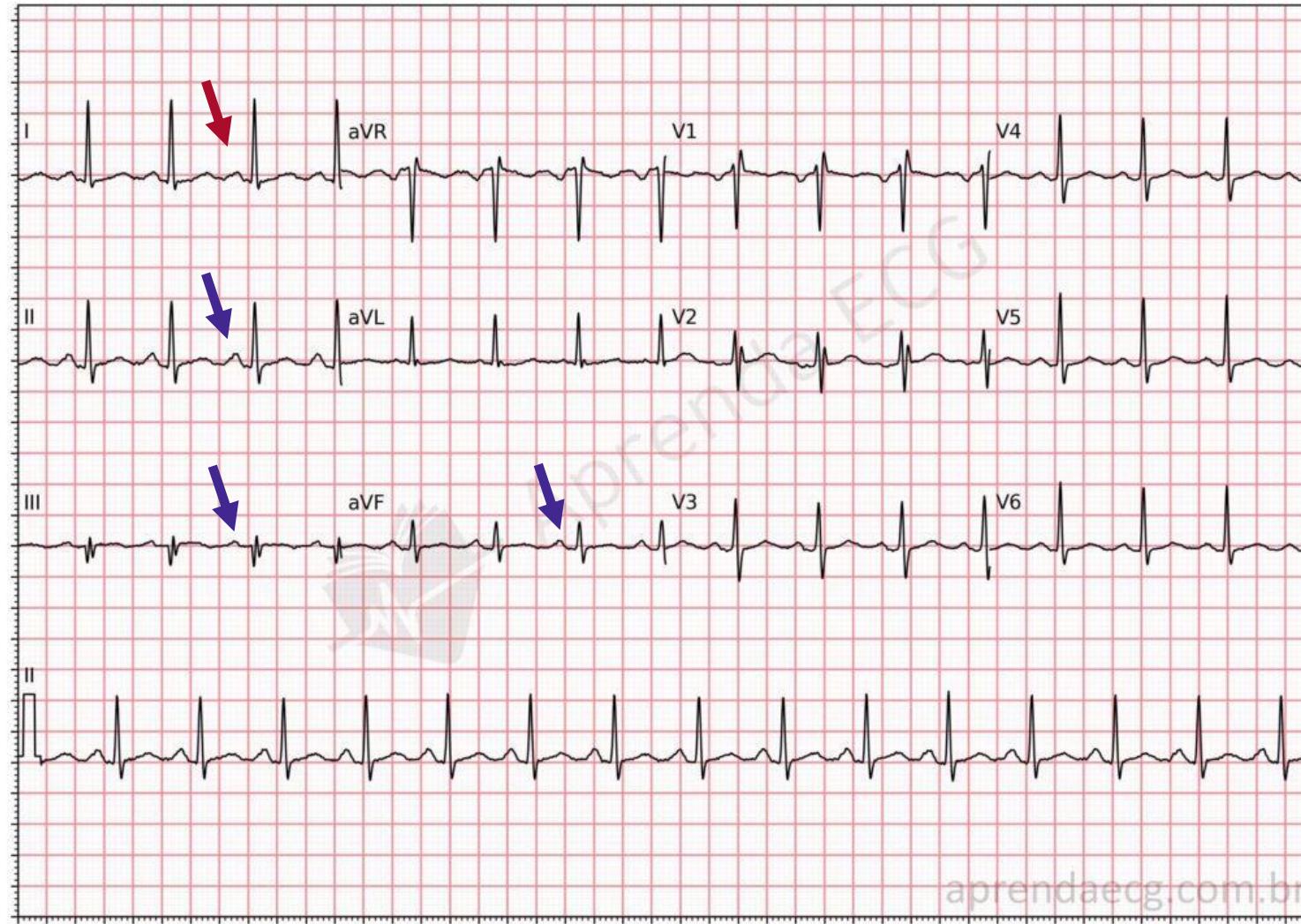


TAQUICARDIA SINUSAL

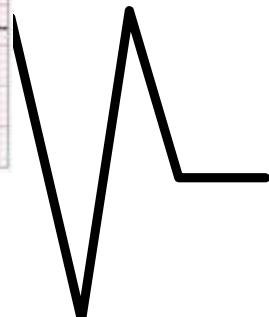
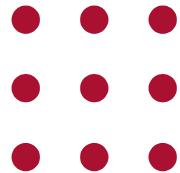
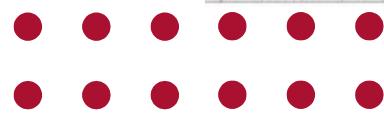
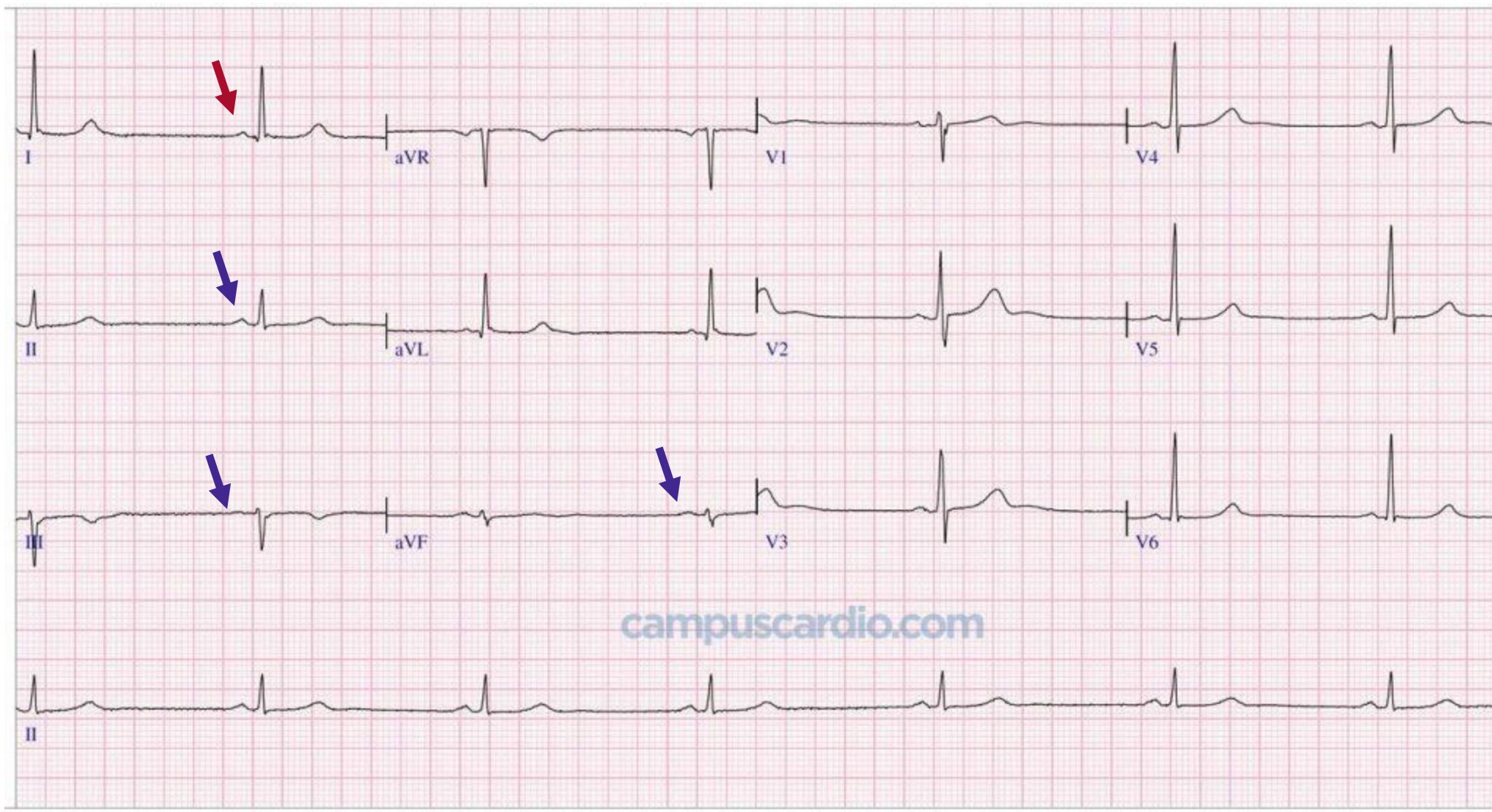
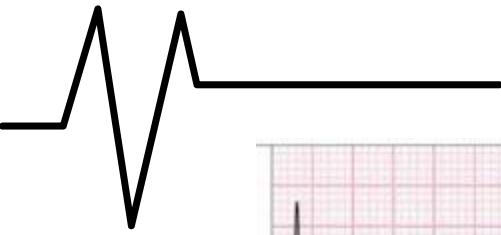


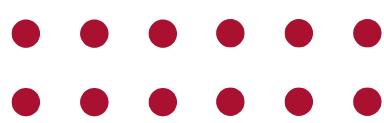
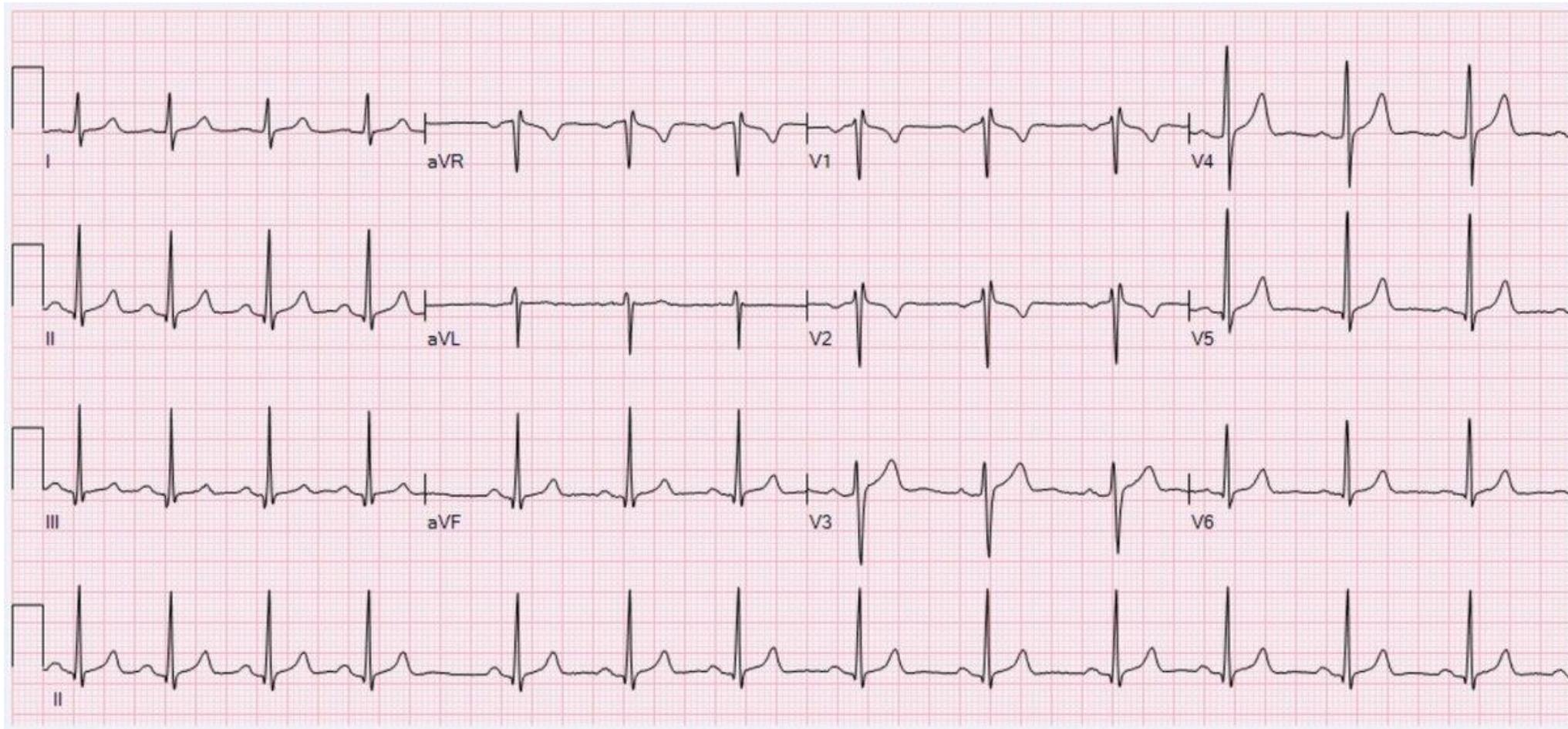


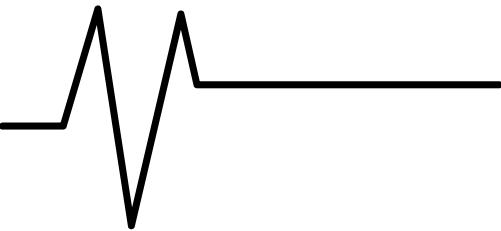
TAQUICARDIA SINUSAL



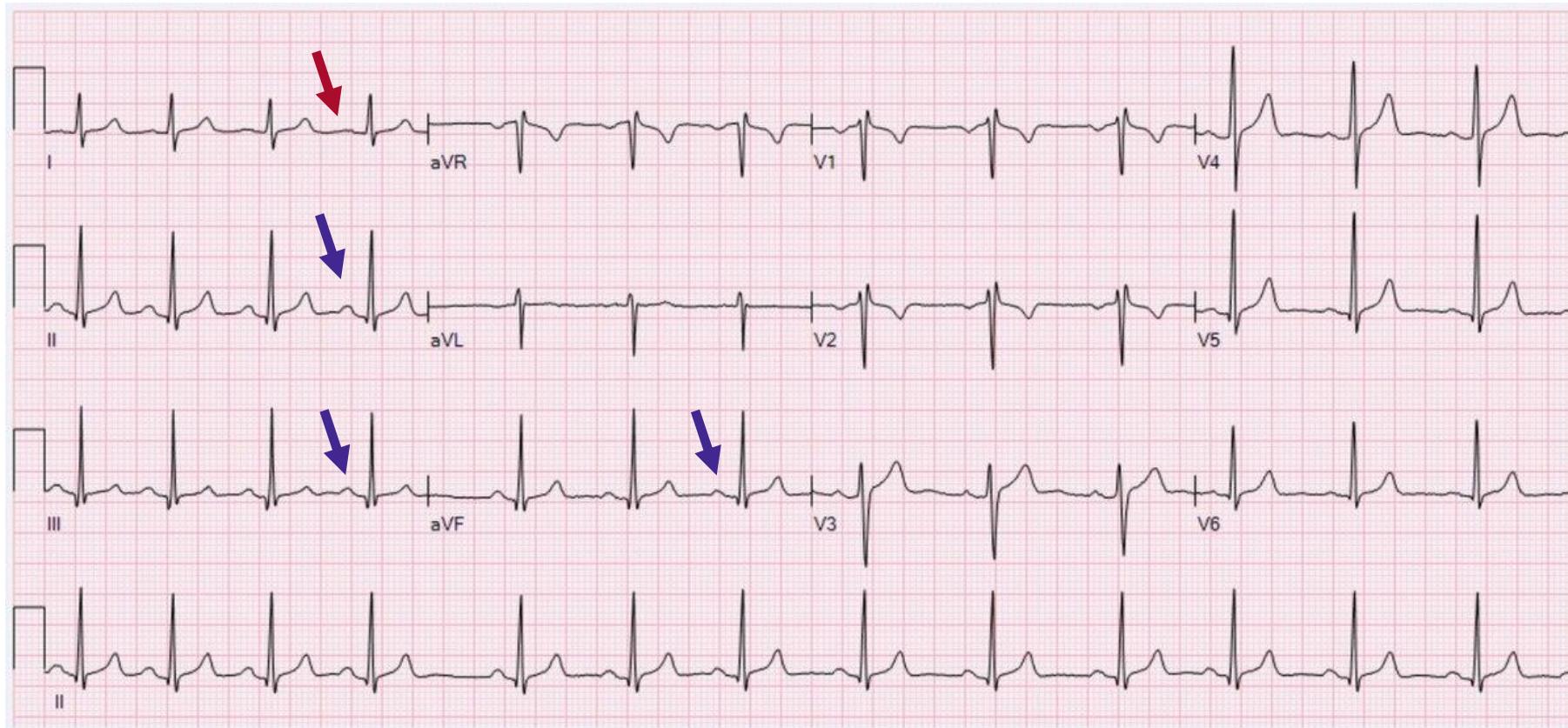
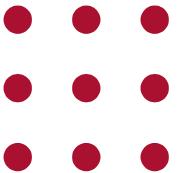
BRADICARDIA SINUSAL







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

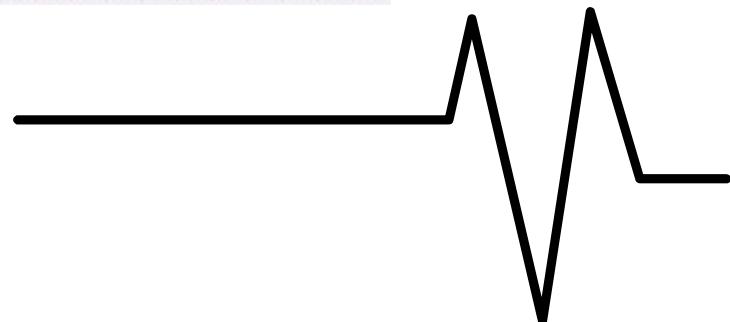
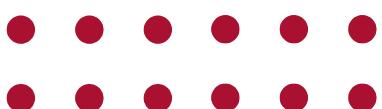
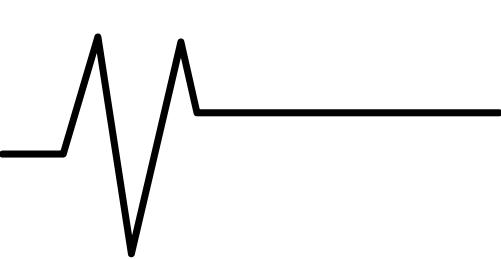


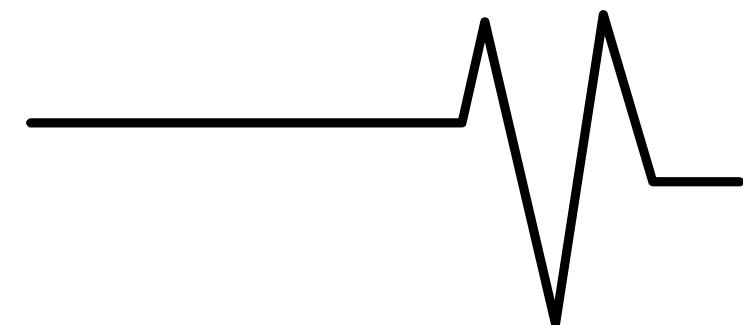
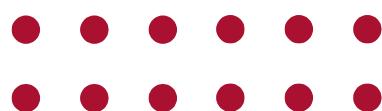
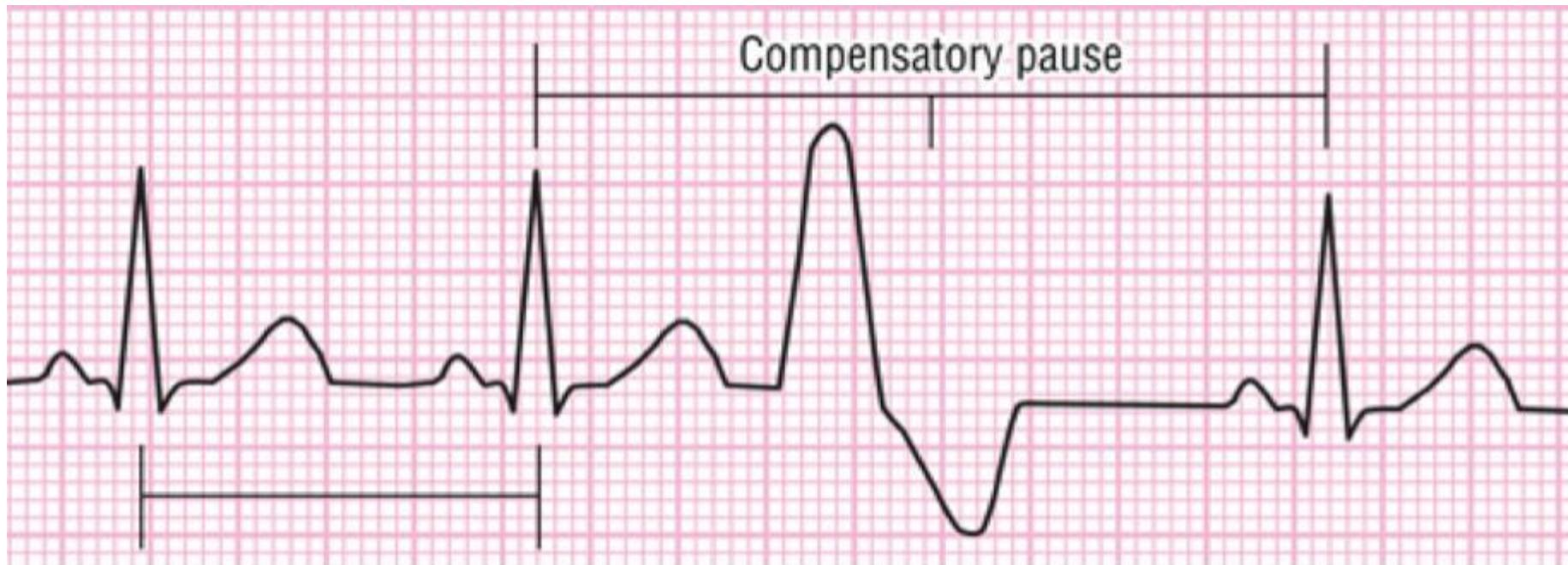
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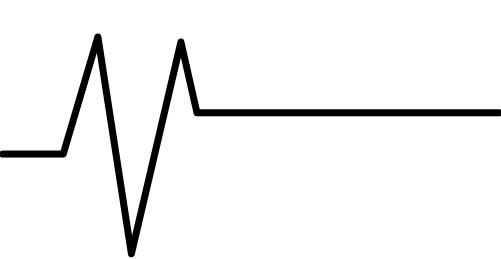
02

Arritmias
supraventriculares

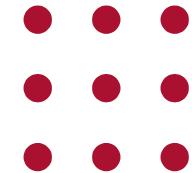


PAUSAS POST EXTRASISTOLIA

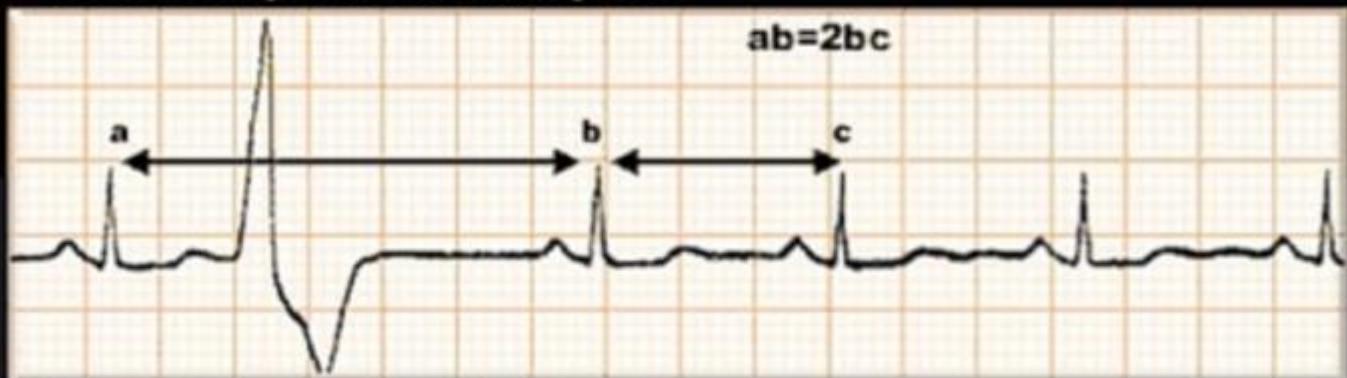




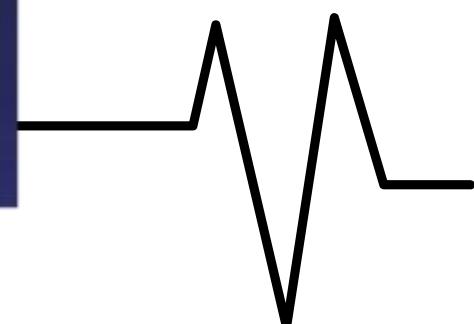
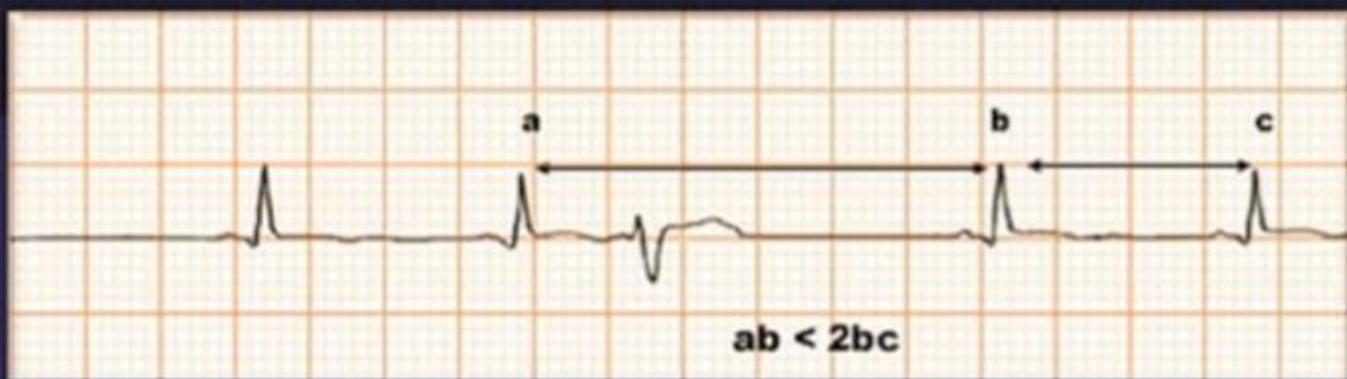
PAUSAS POST EXTRASISTOLIA

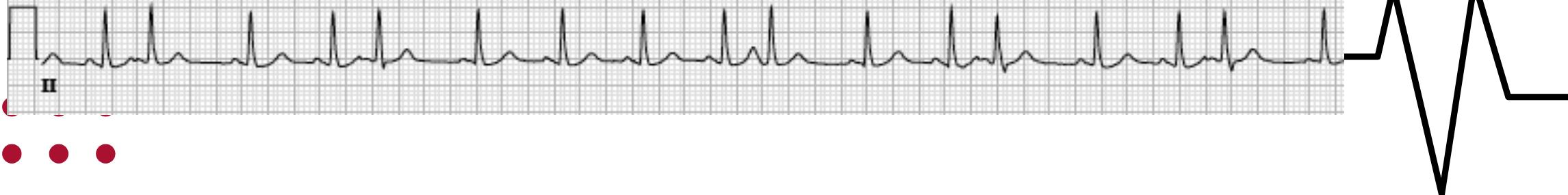
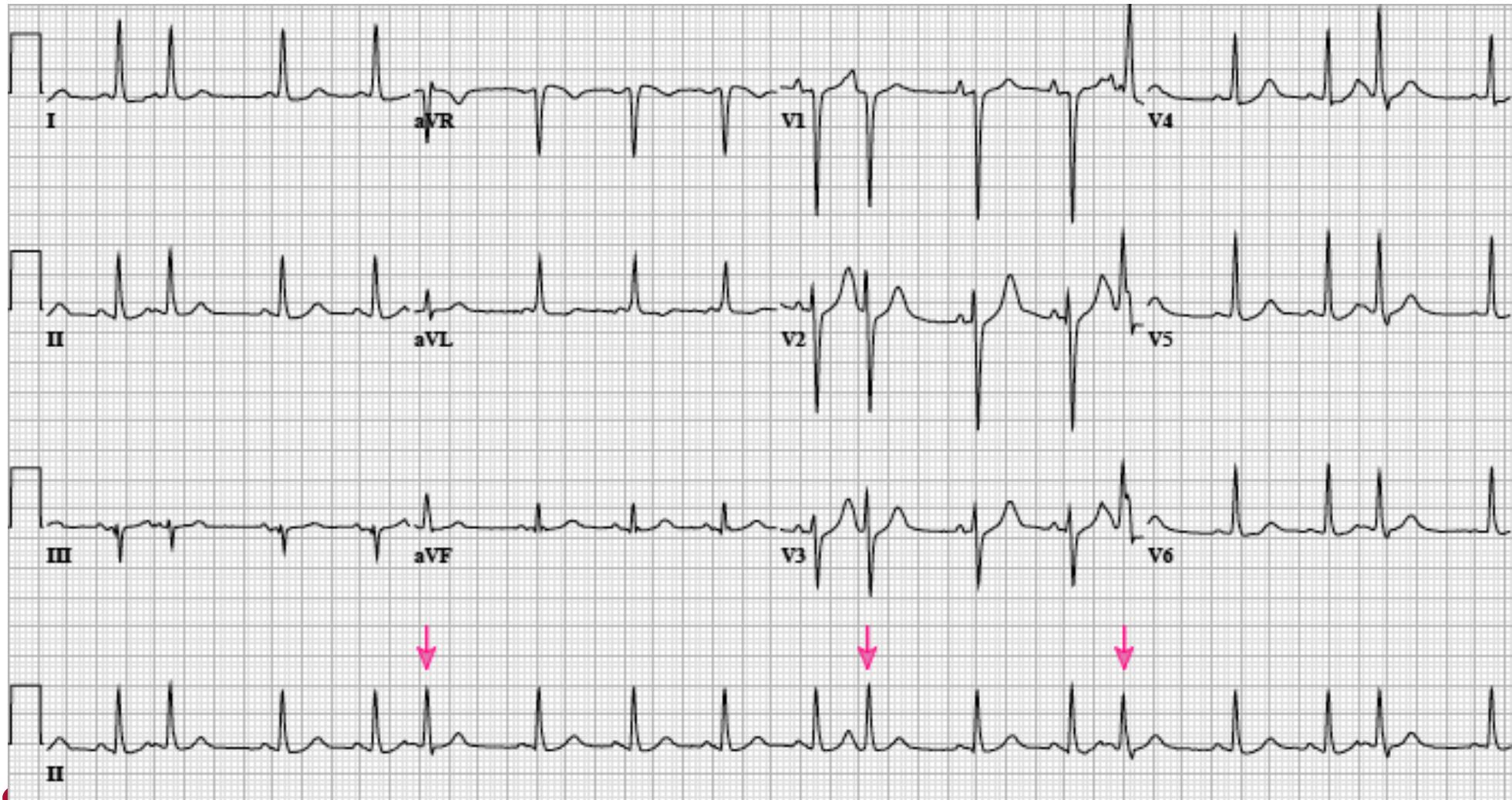


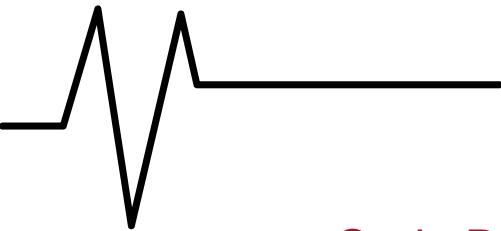
Pausa compensadora completa



Pausa compensadora incompleta



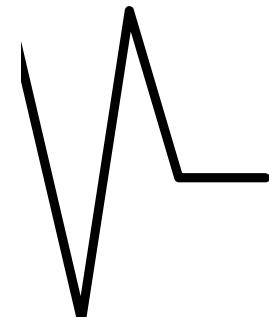
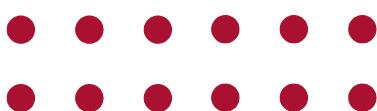


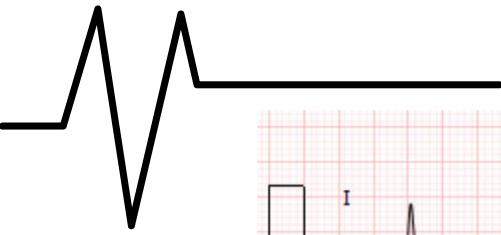


EXTRASISTOLIA SUPRAVENTRICULAR

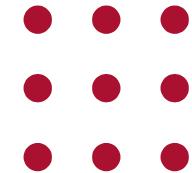
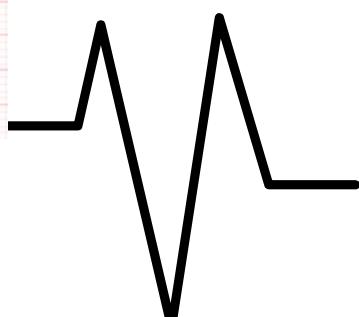
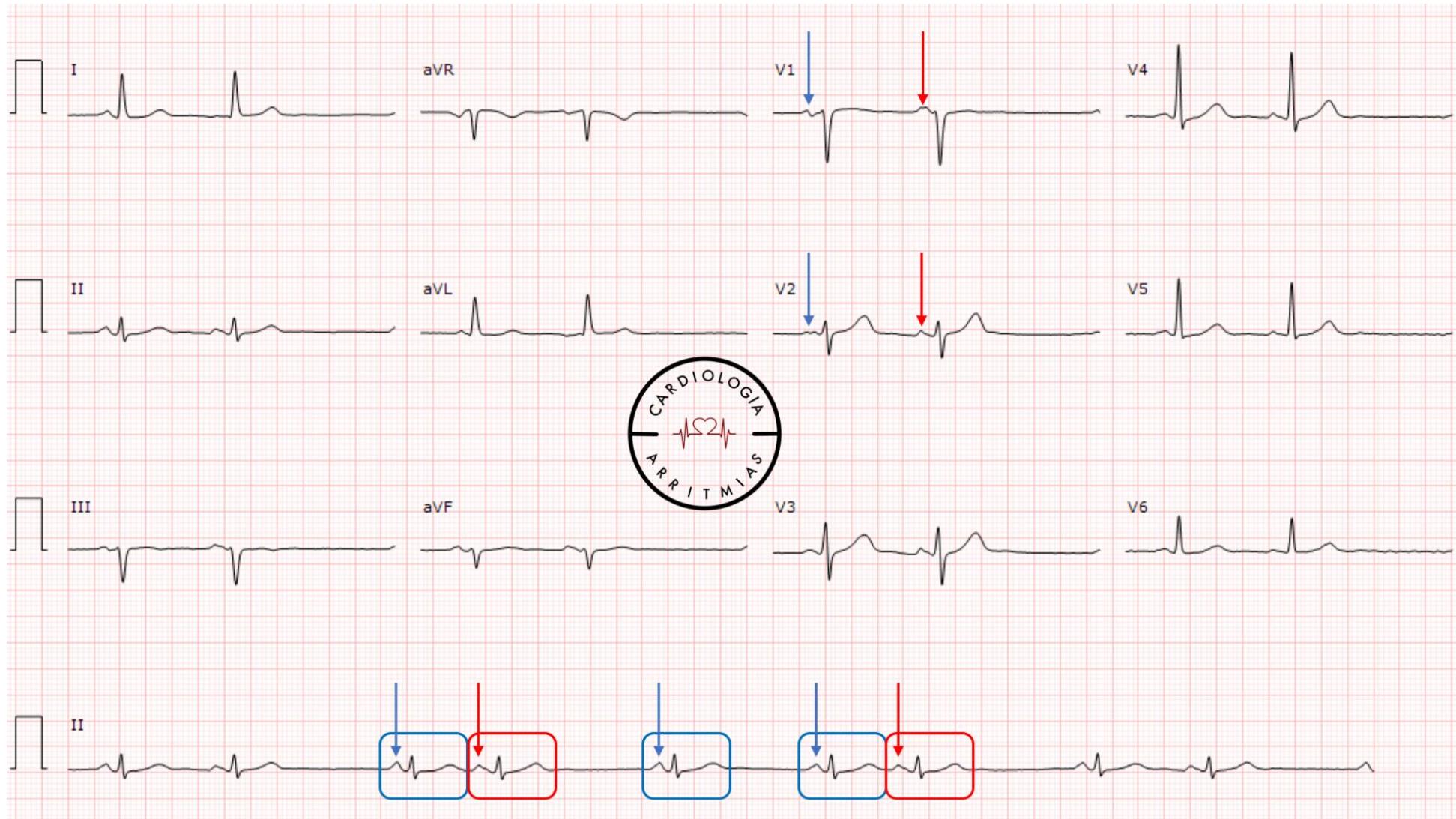


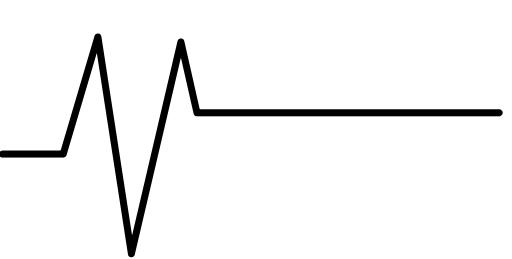
- Onda P anormal (no sinusal) generalmente seguida de un complejo QRS normal (< 120 ms)
- Pueden estar presentes pausas post-extrasistólicas: las ESV que llegan al nódulo SA pueden despolarizarlo, lo que hace que el nódulo SA se "reinicie", con un intervalo más largo de lo normal antes de que llegue 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



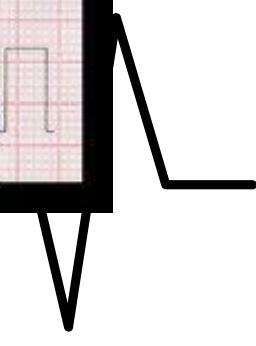
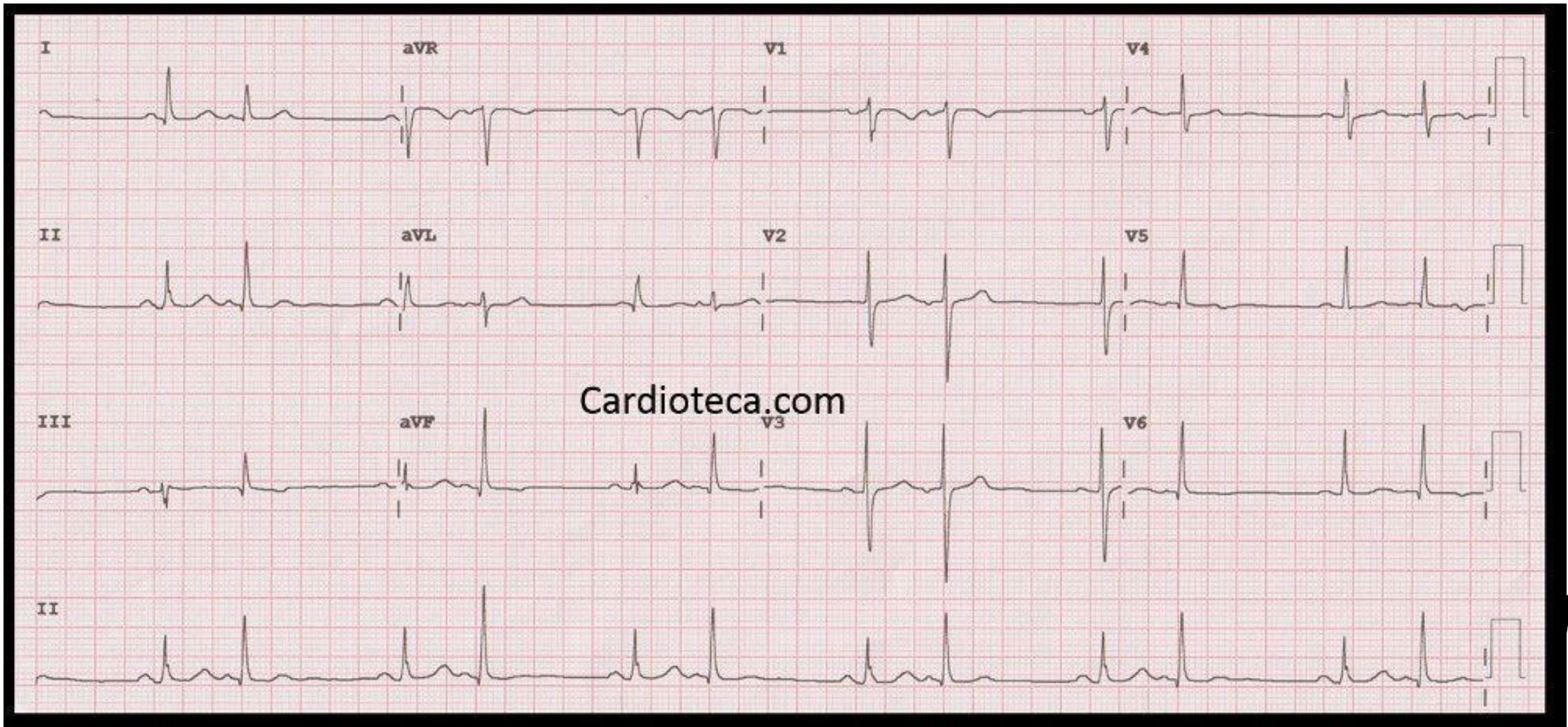


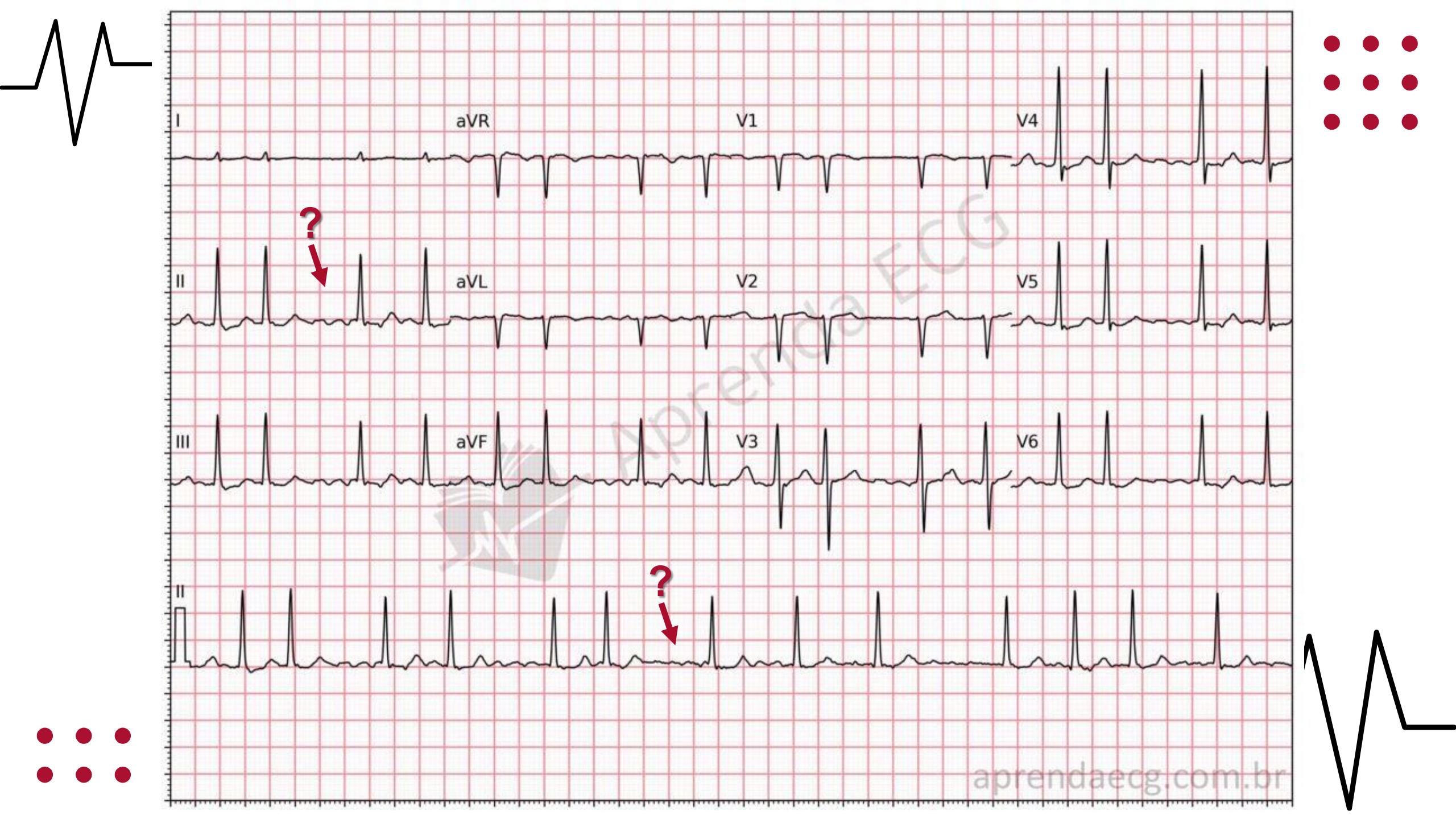
EXTRASISTOLIA SUPRAVENTRICULAR

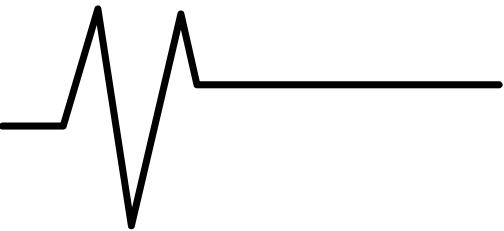




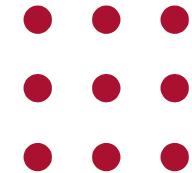
EXTRASISTOLIA SUPRAVENTRICULAR



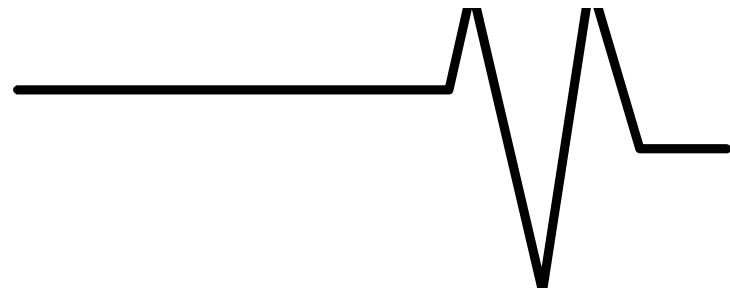
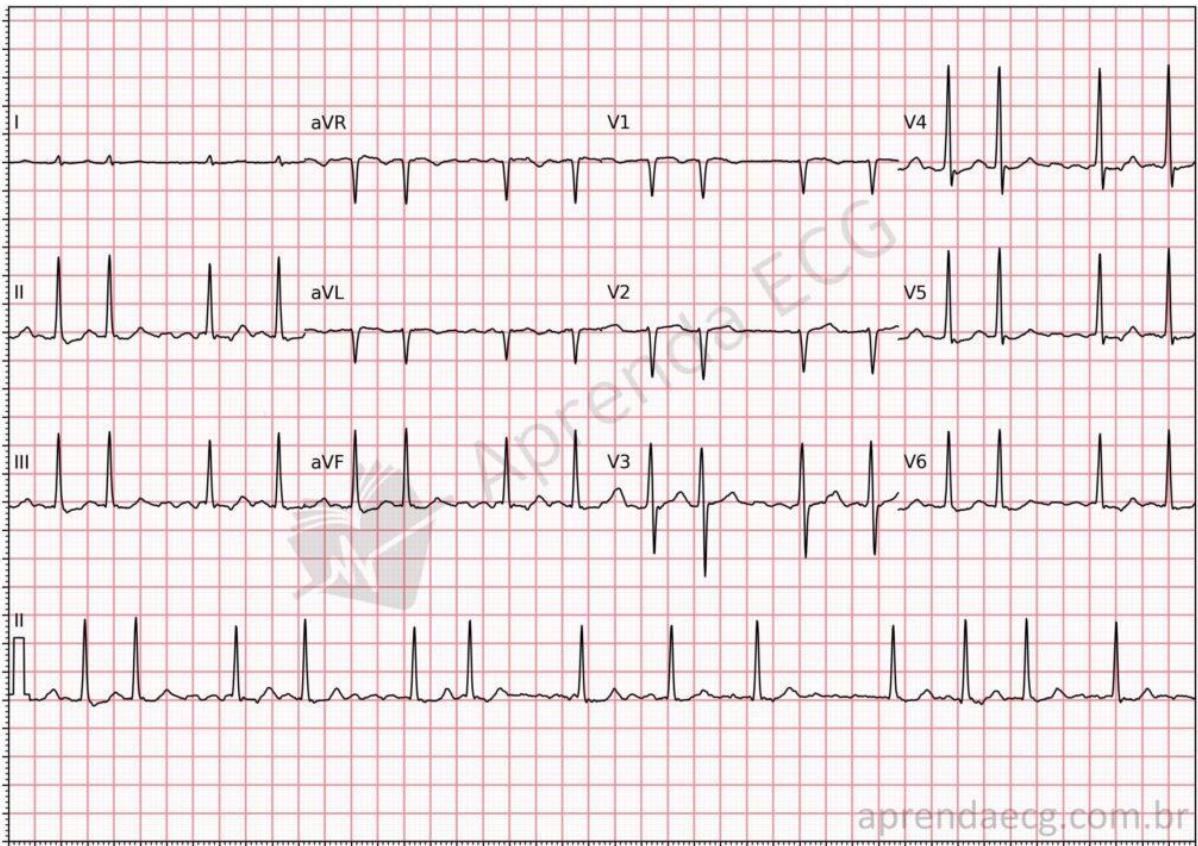
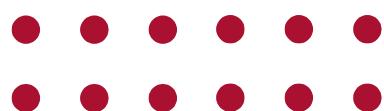


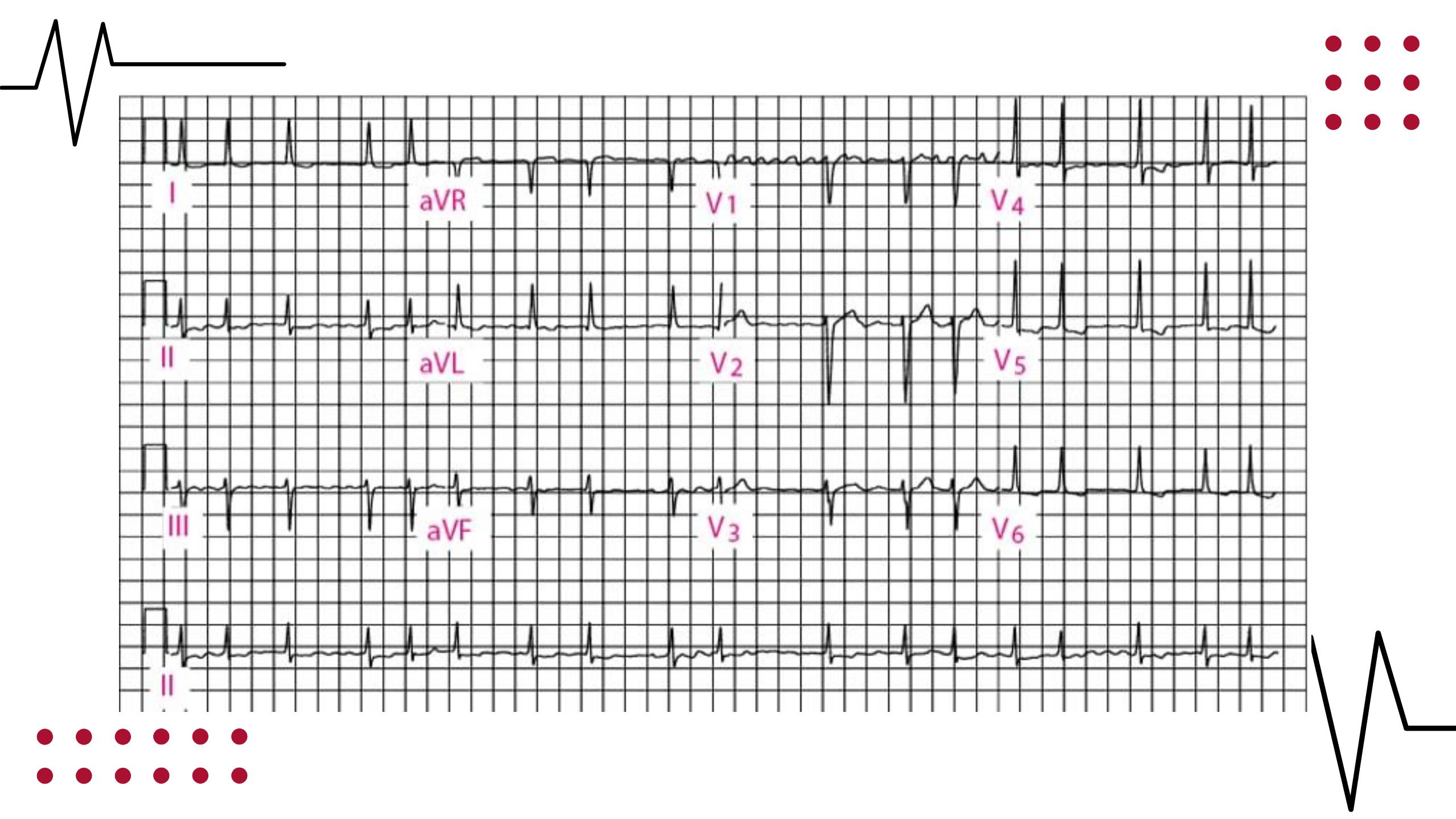


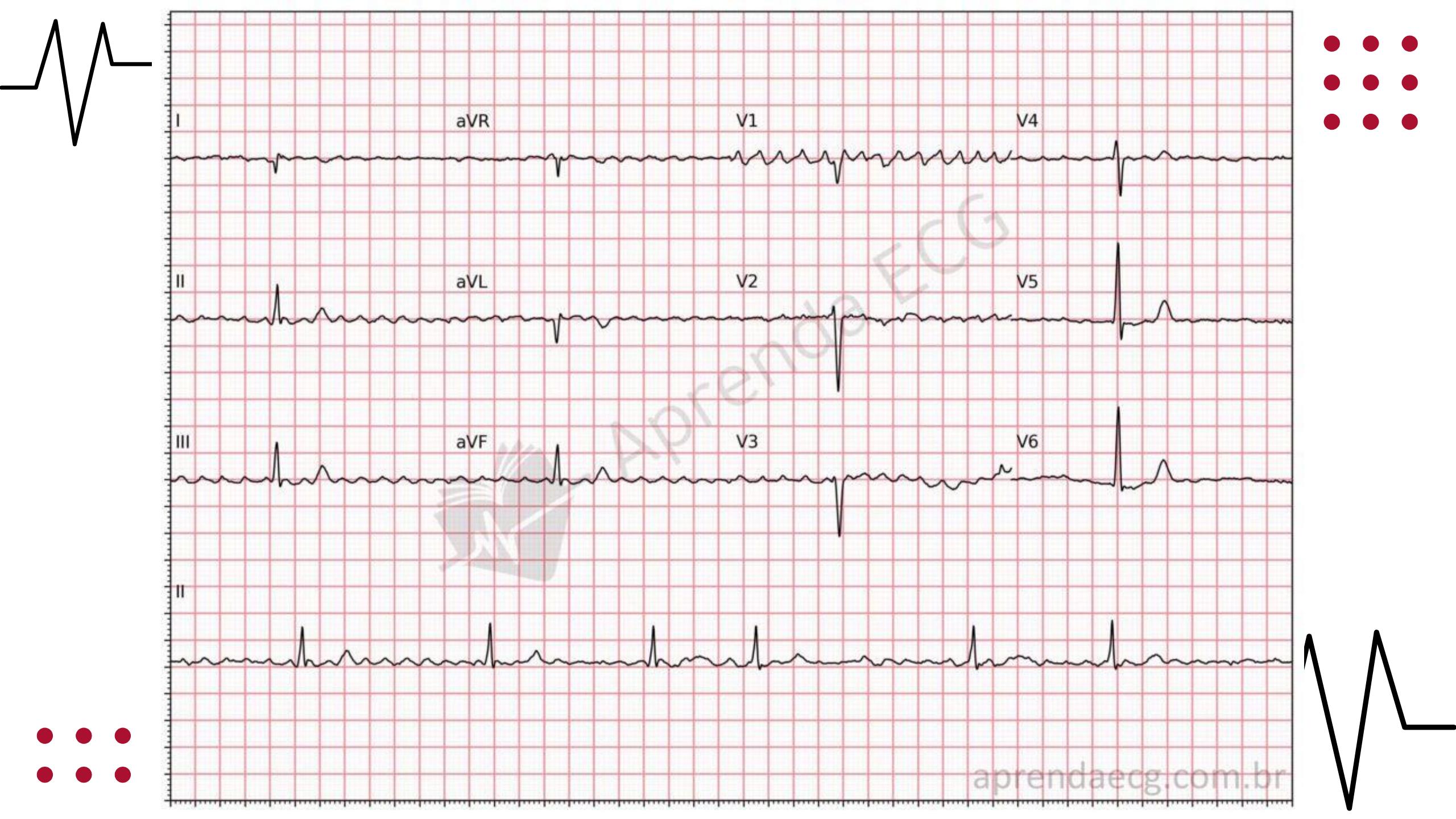
FIBRILACION AURICULAR

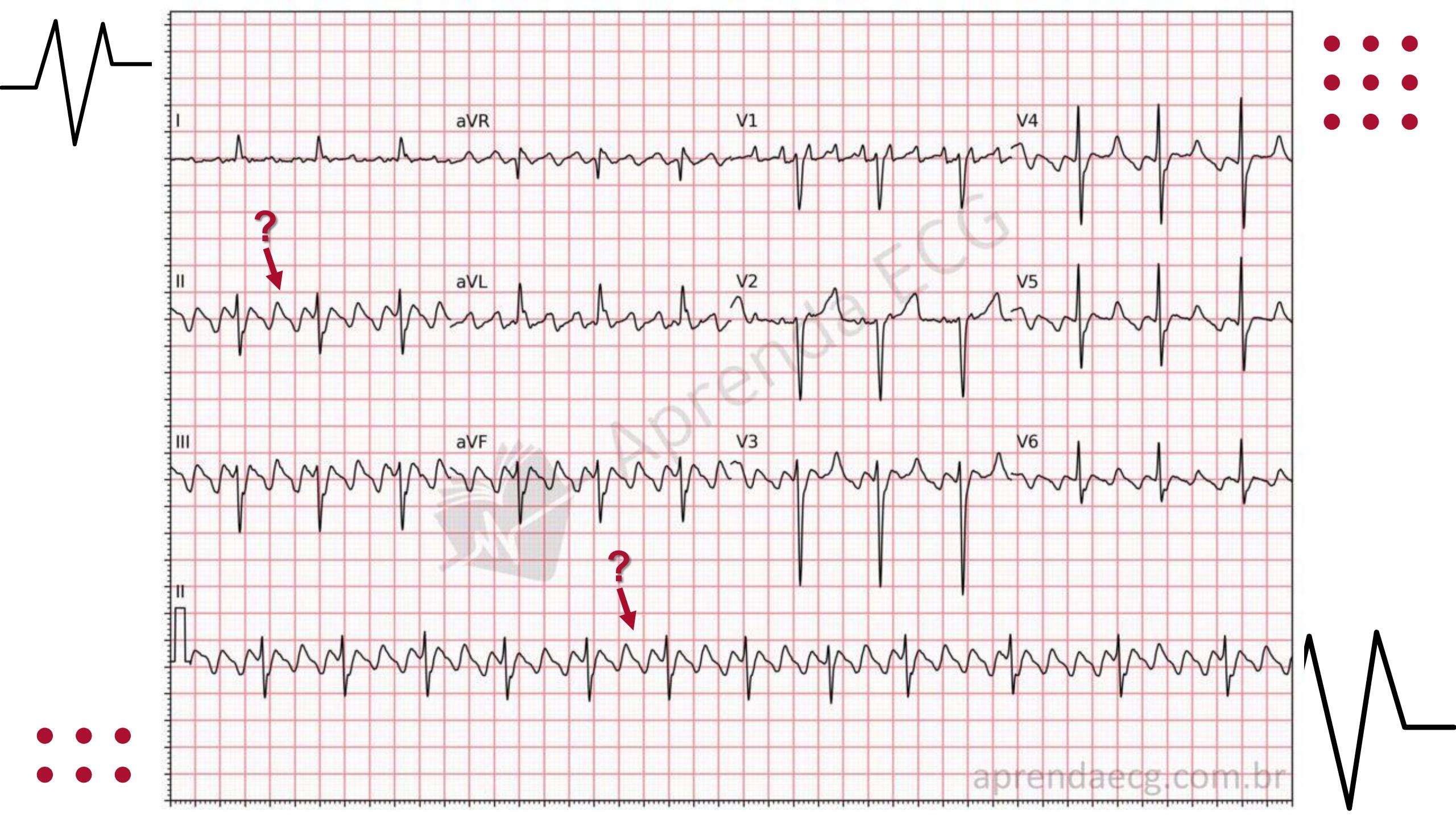


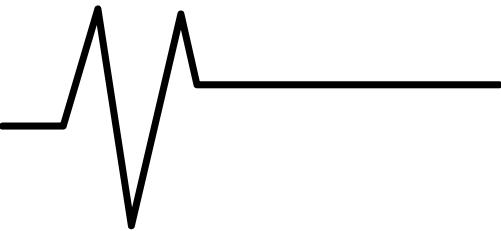
- Ausencia de ondas P
- Intervalos RR irregulares
- La línea de base puede ser isoeléctrica o con irregularidades finas o gruesas (ondas f)



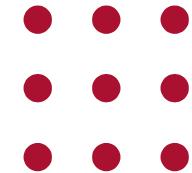








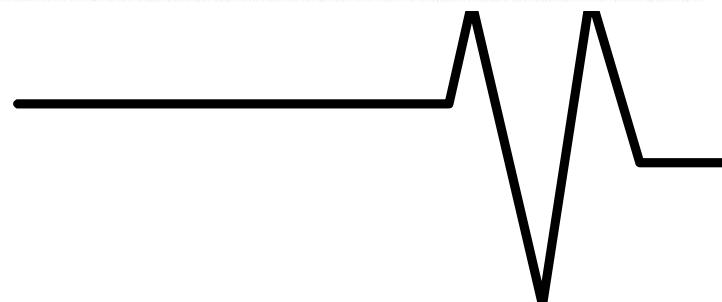
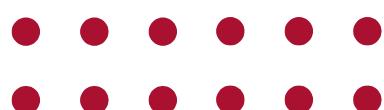
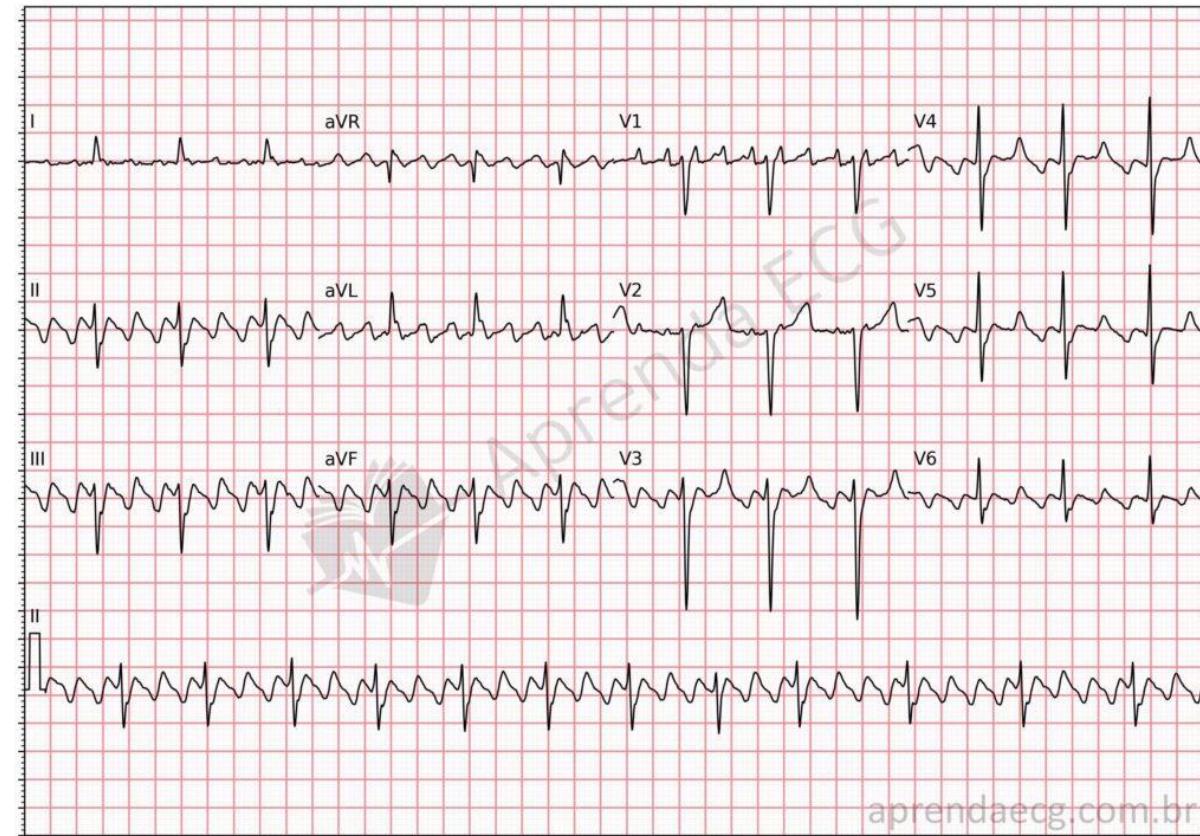
ALETEO AURICULAR

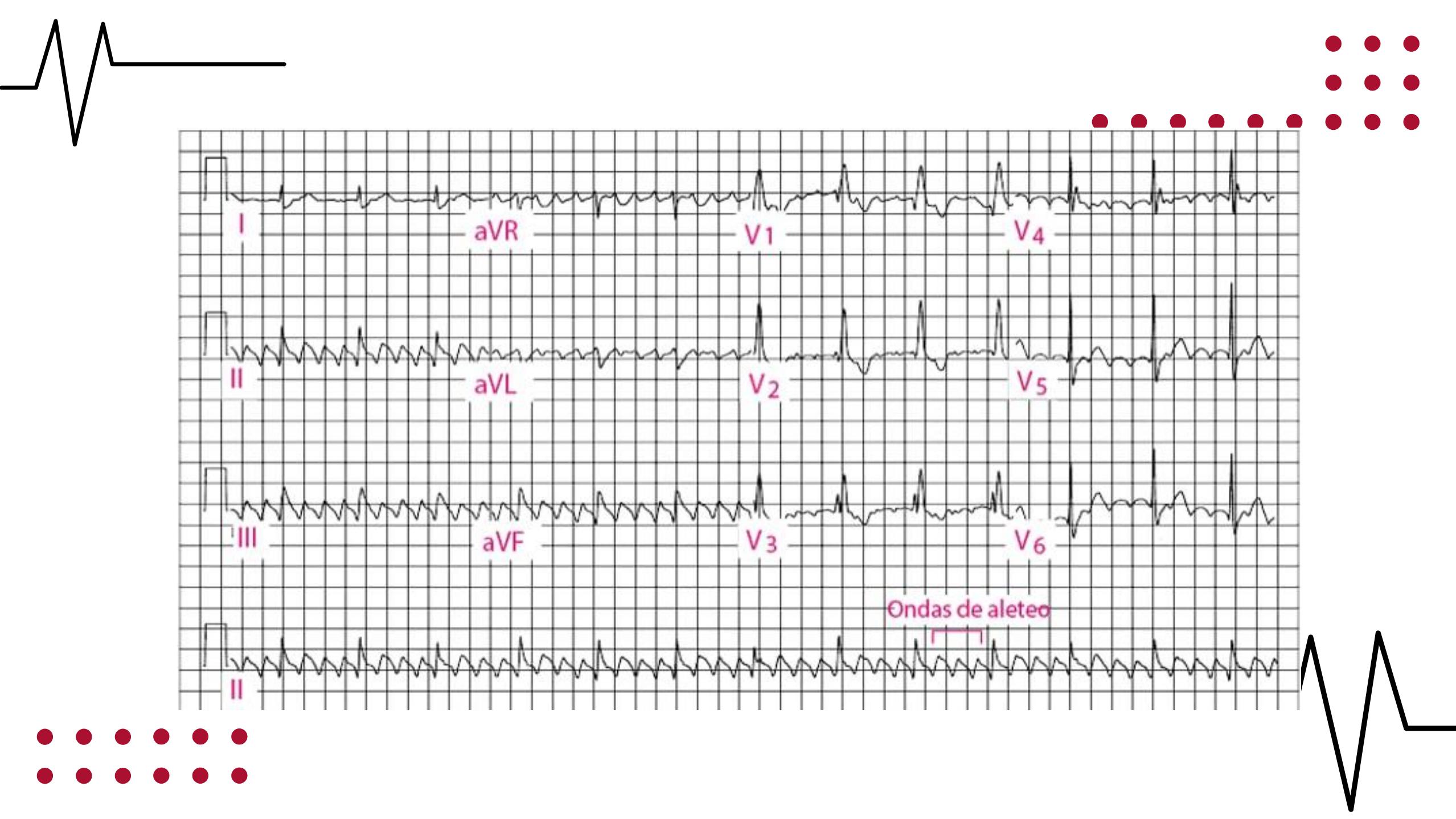


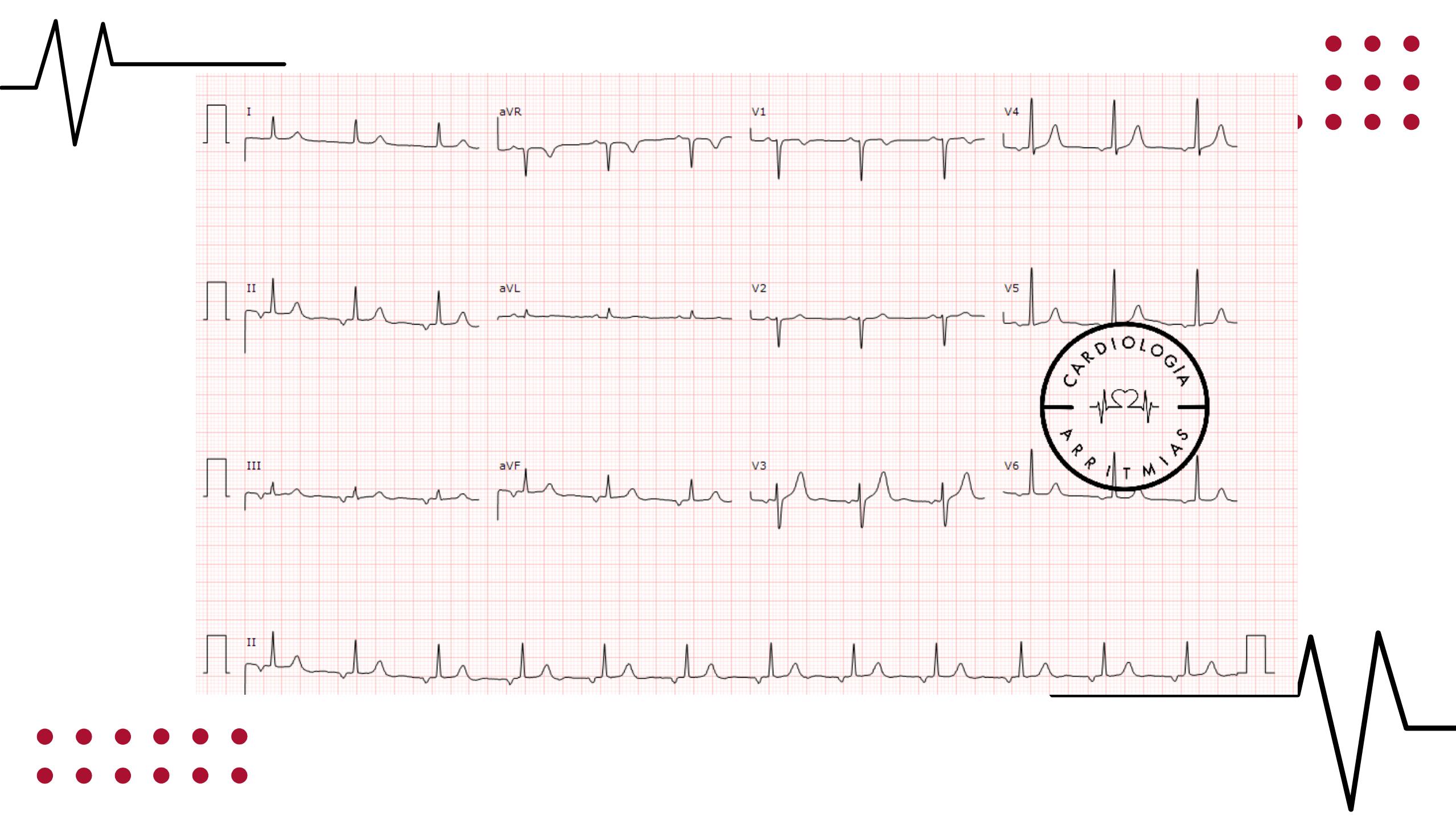
Presencia de ondas F en forma de "diente de sierra"
El intervalo RR es regular si la conducción AV es fija
(1:1, 2:1, 3:1, etc.) o irregular si hay un bloqueo AV
variable

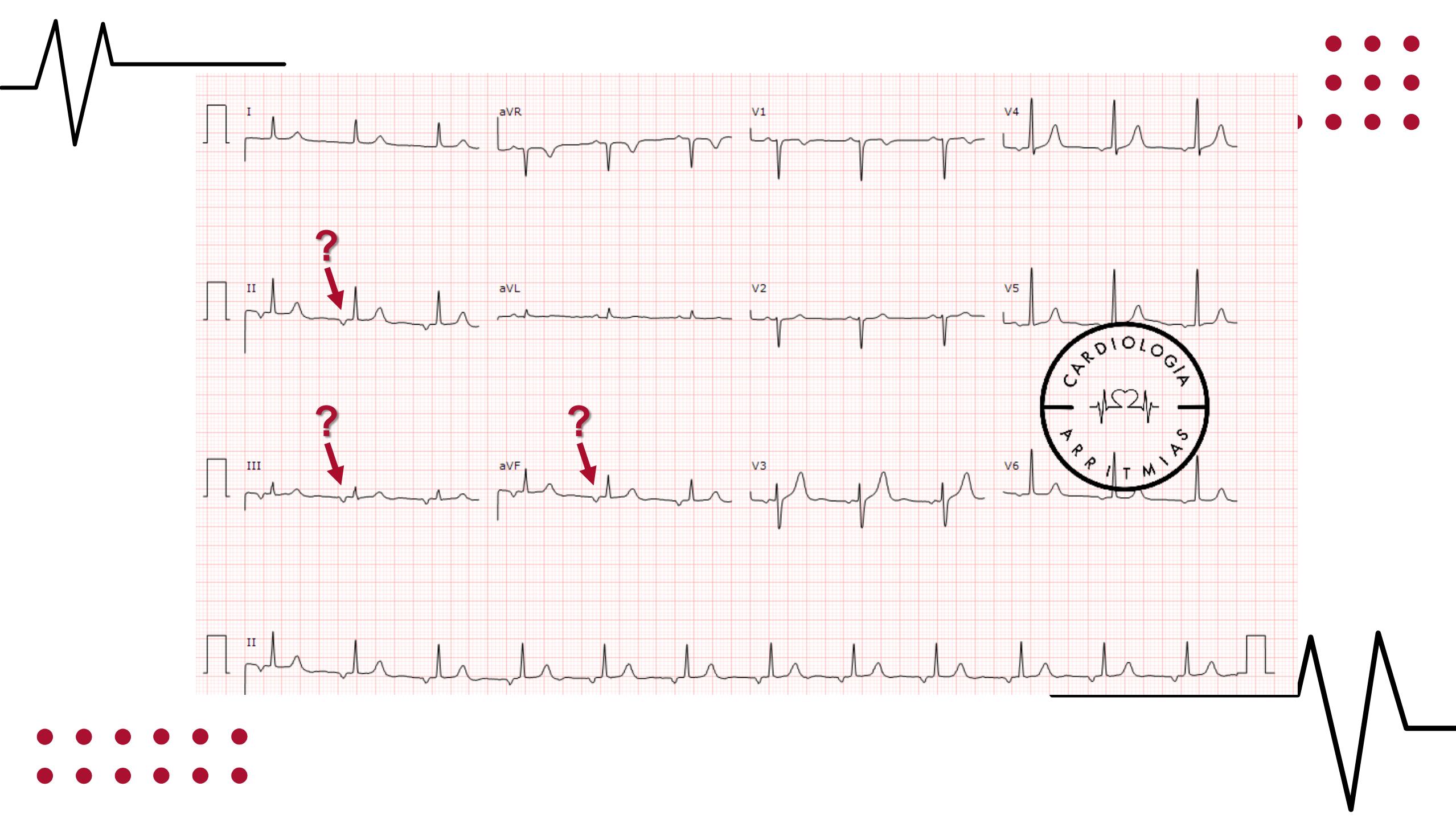
**El FLA típico en sentido contrario a las agujas
del reloj** tiene ondas F en forma de "diente de
sierra", generalmente negativas en las derivaciones
inferiores (D2, D3 y aVF) y en V6, pero positivas en
V1

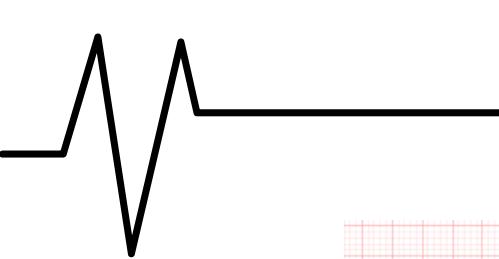
**El FLA típico por hora (o inverso) tiene ondas F
predominantemente positivas** en las derivaciones
inferiores y en V6, pero negativas o en forma de W
en V1



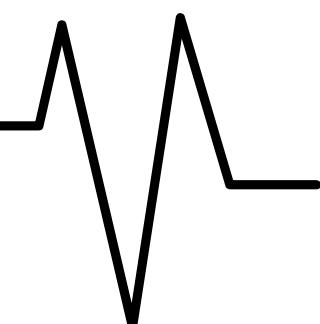
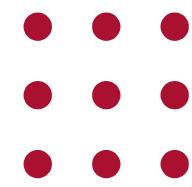
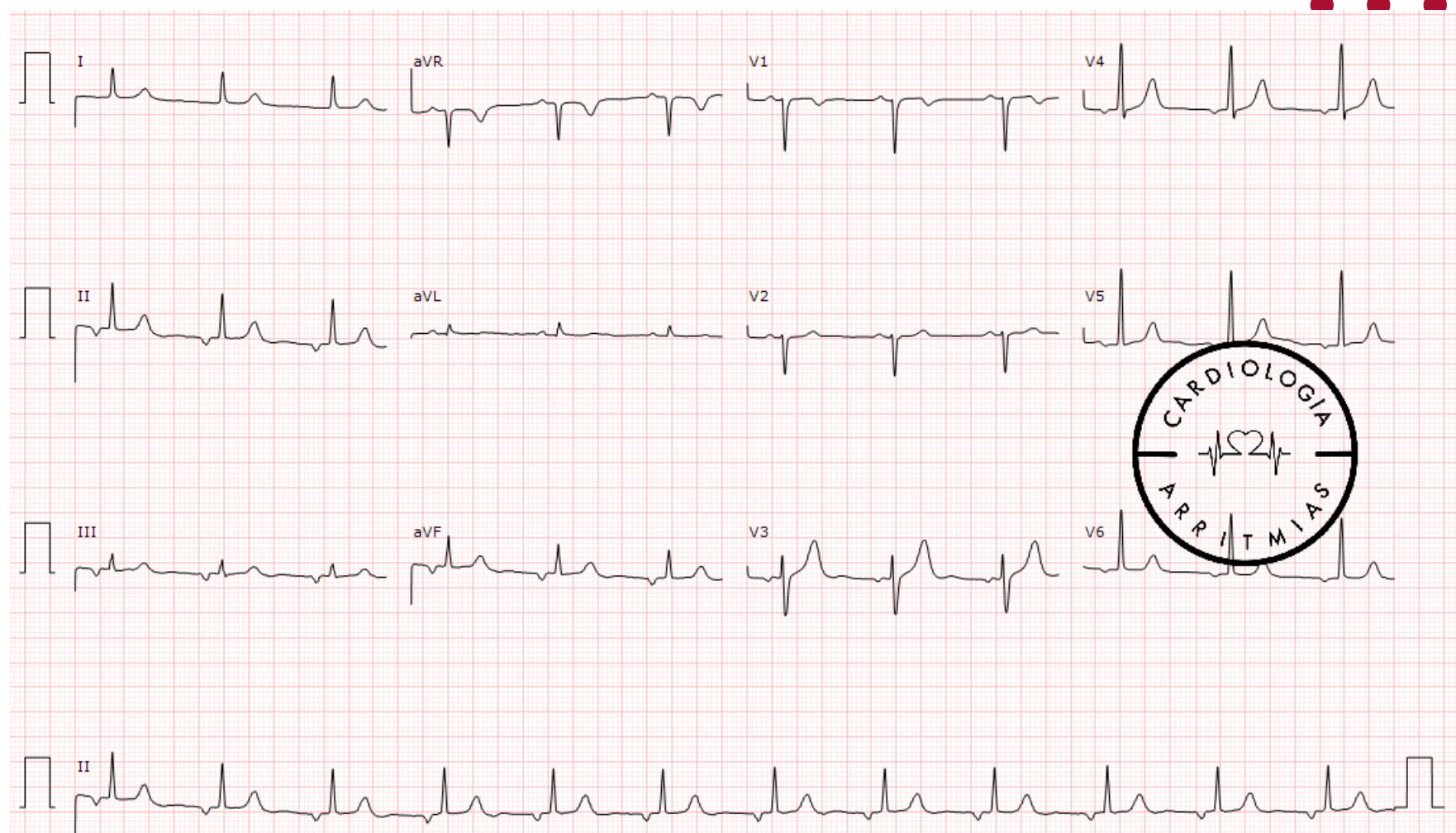


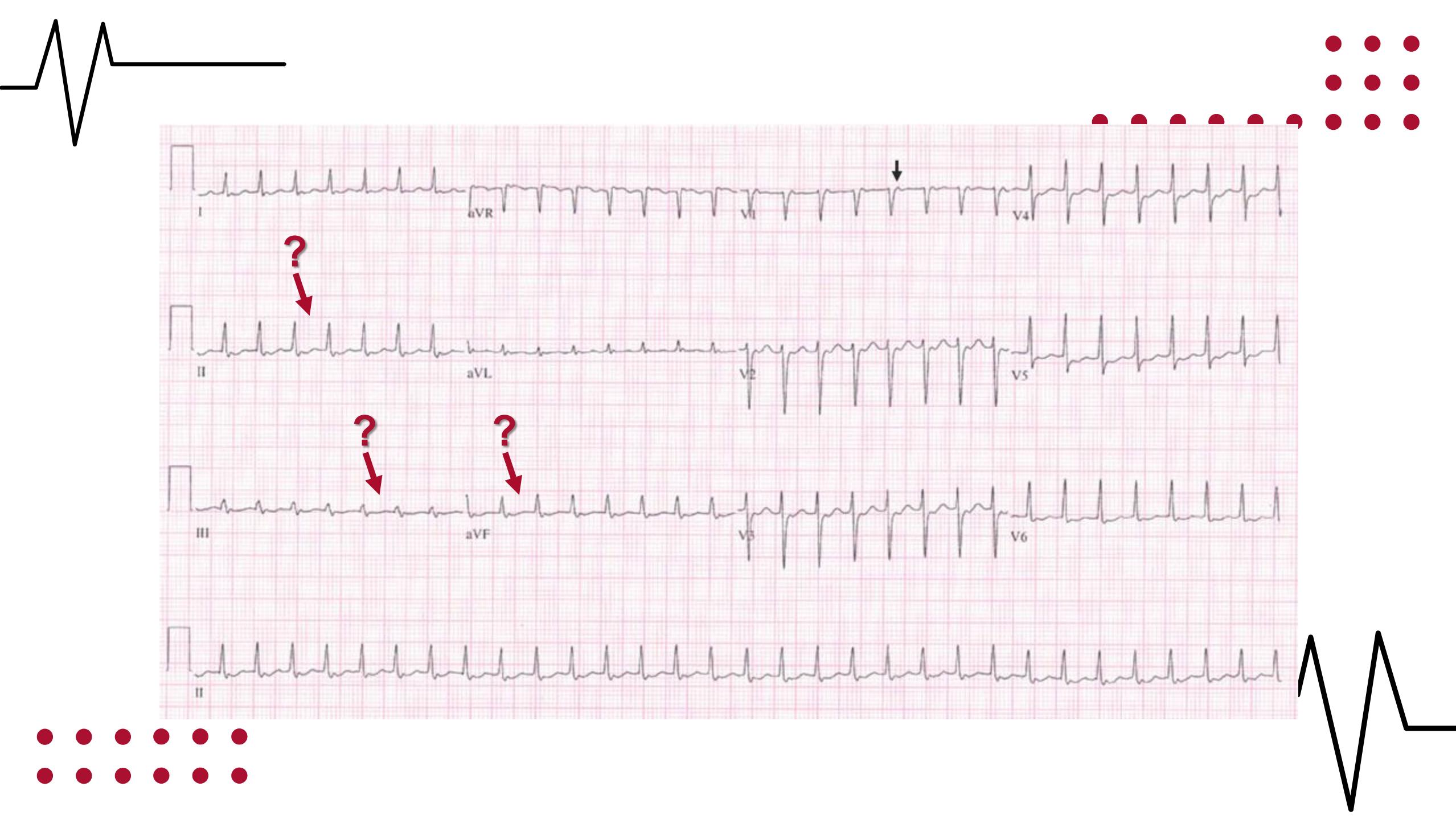






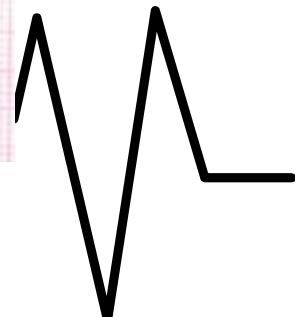
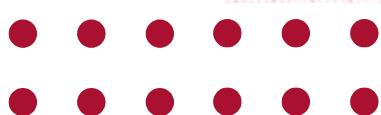
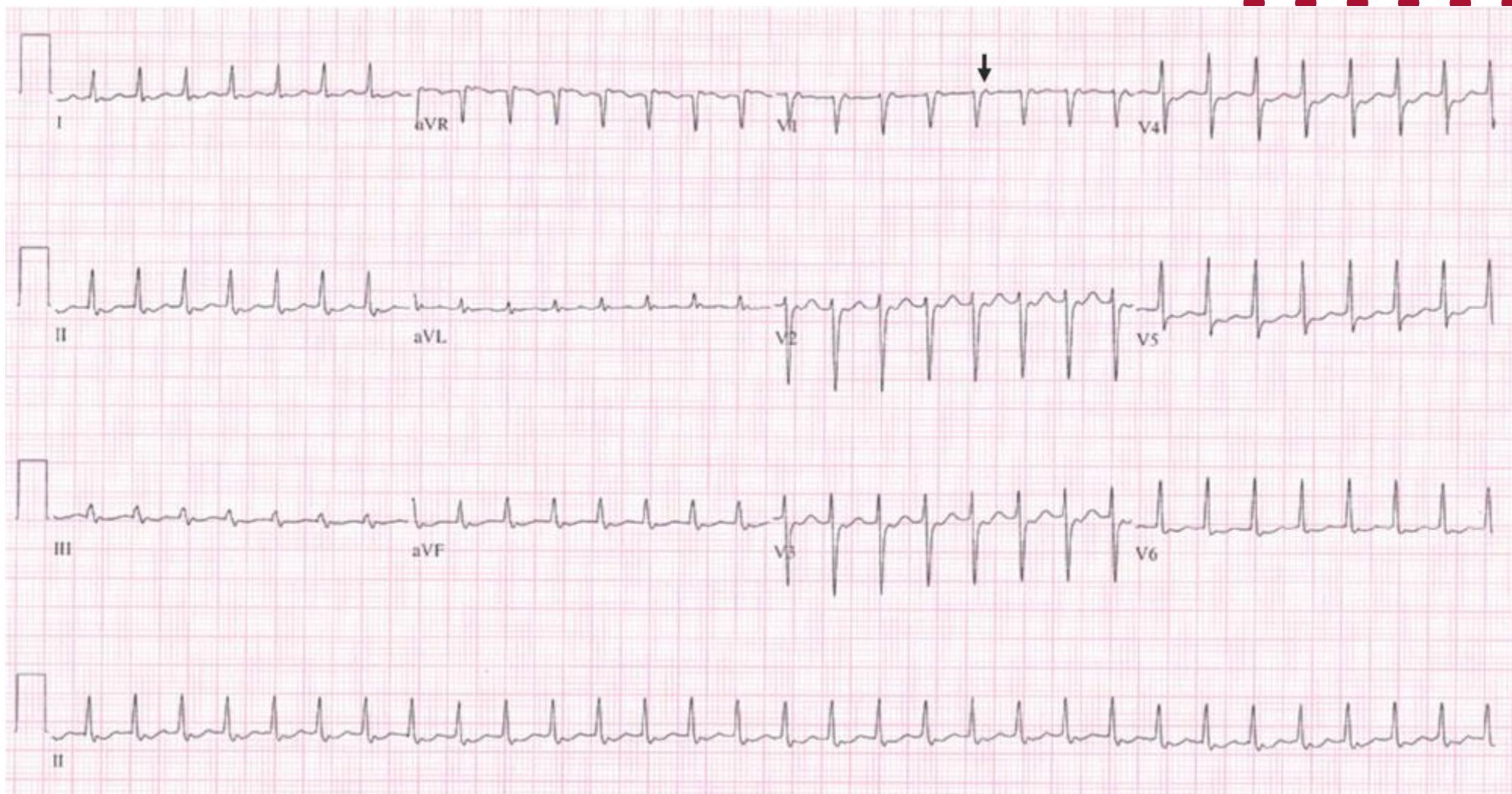
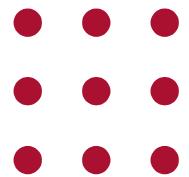
RITMO AURICULAR BAJO





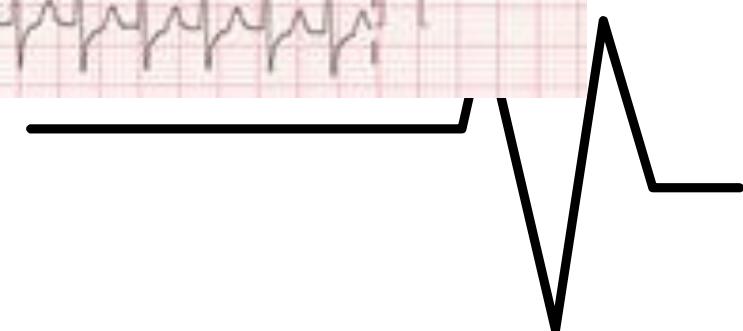
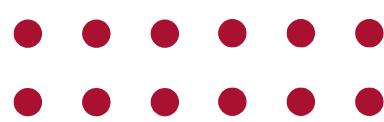
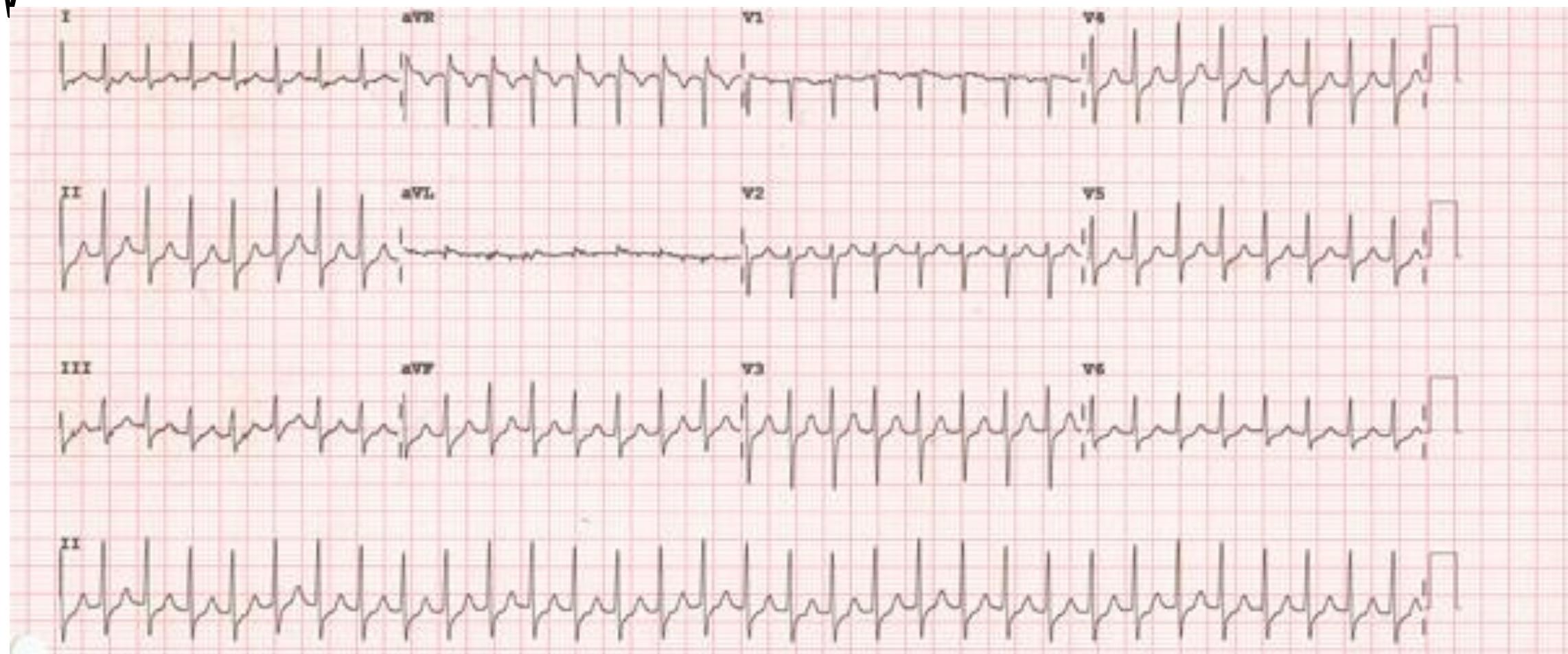
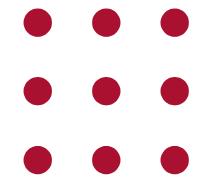


TAQUICARDIA PAROXISTICA SUPRAVENTRICULAR





TAQUICARDIA PAROXISTICA SUPRAVENTRICULAR



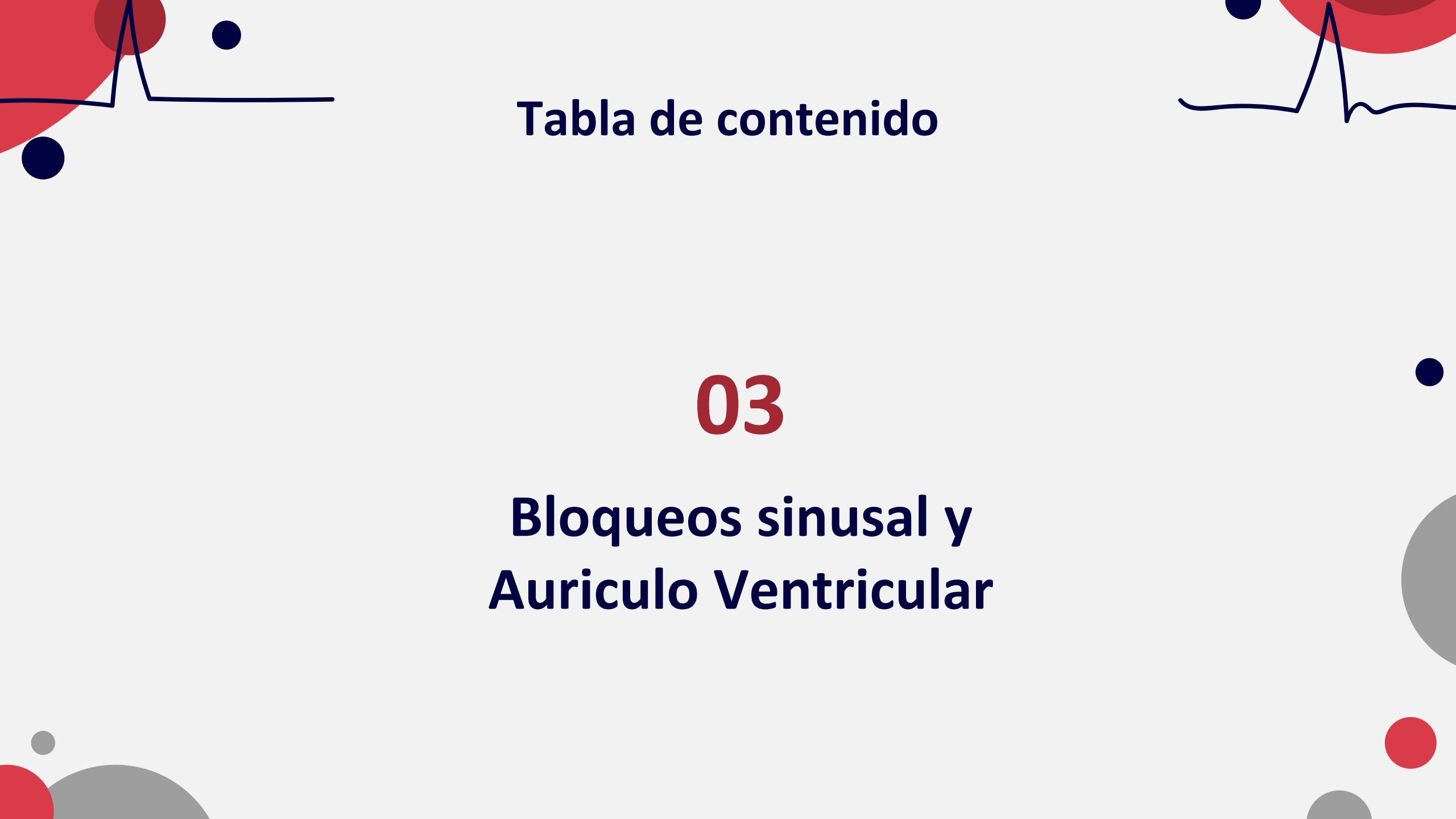
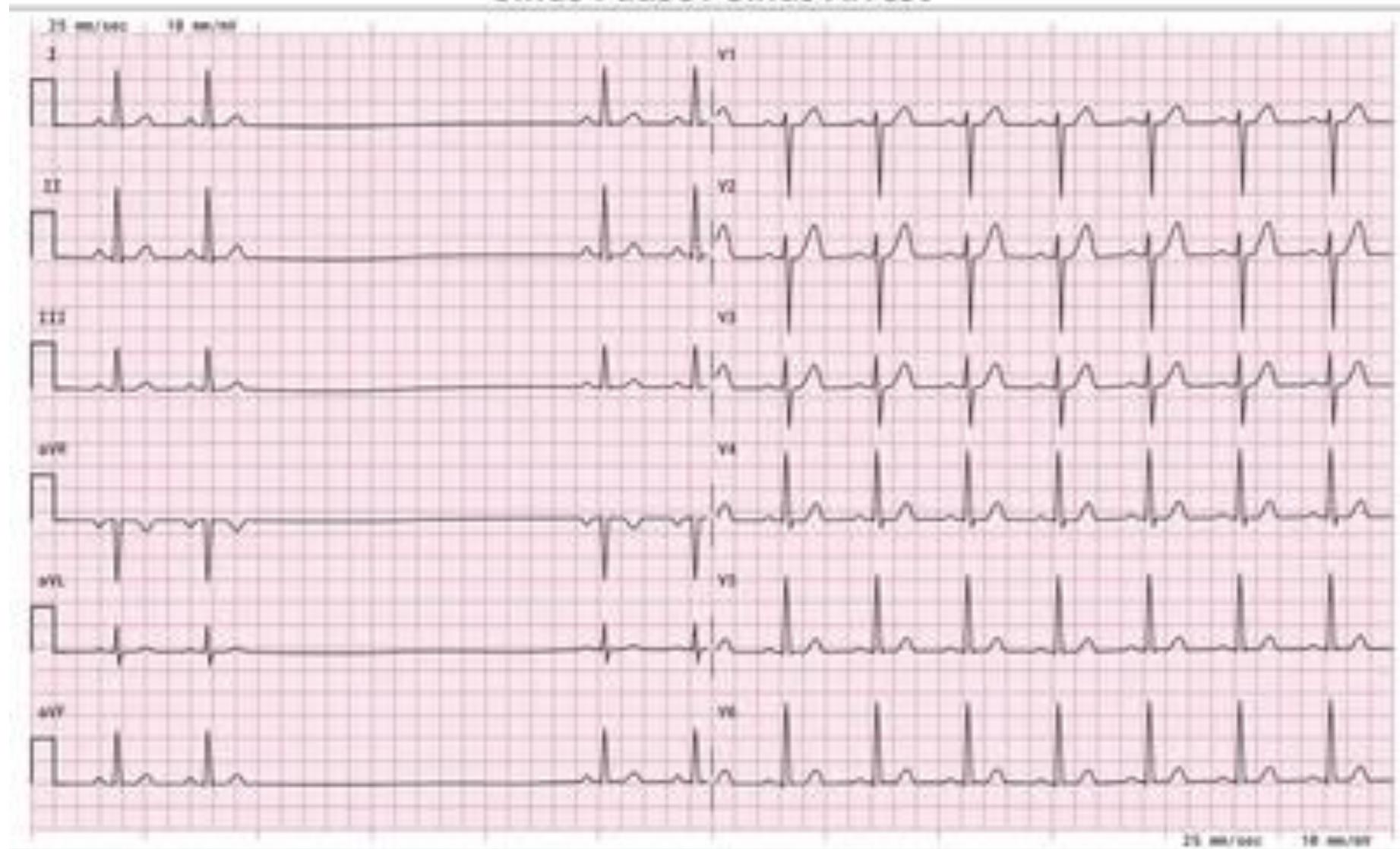


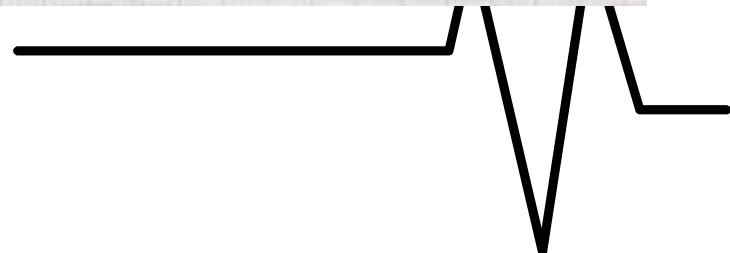
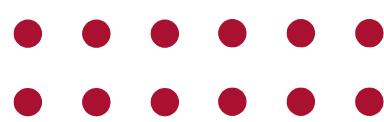
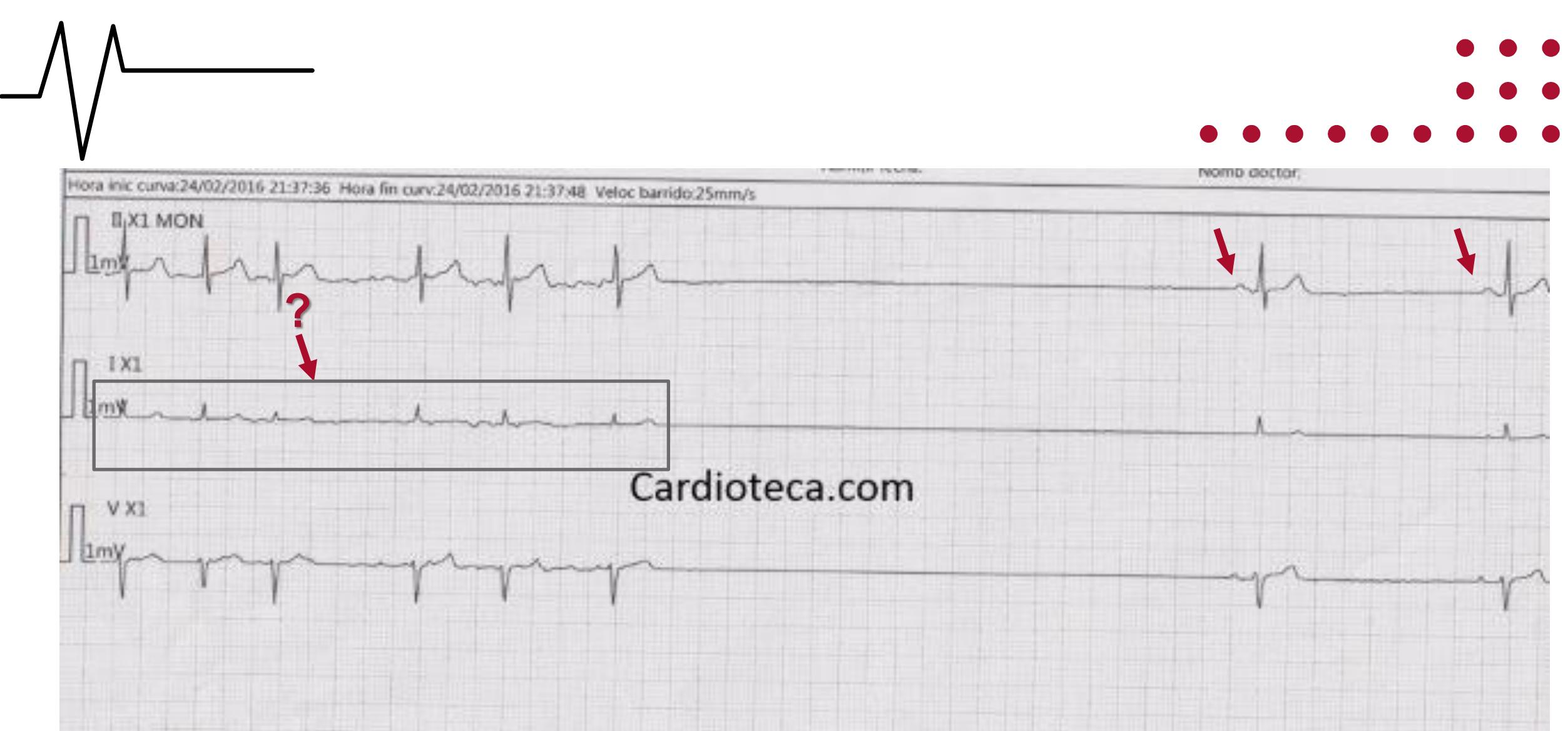
Tabla de contenido

03

**Bloqueos sinusal y
Auriculo Ventricular**

Sinus Pause / Sinus Arrest



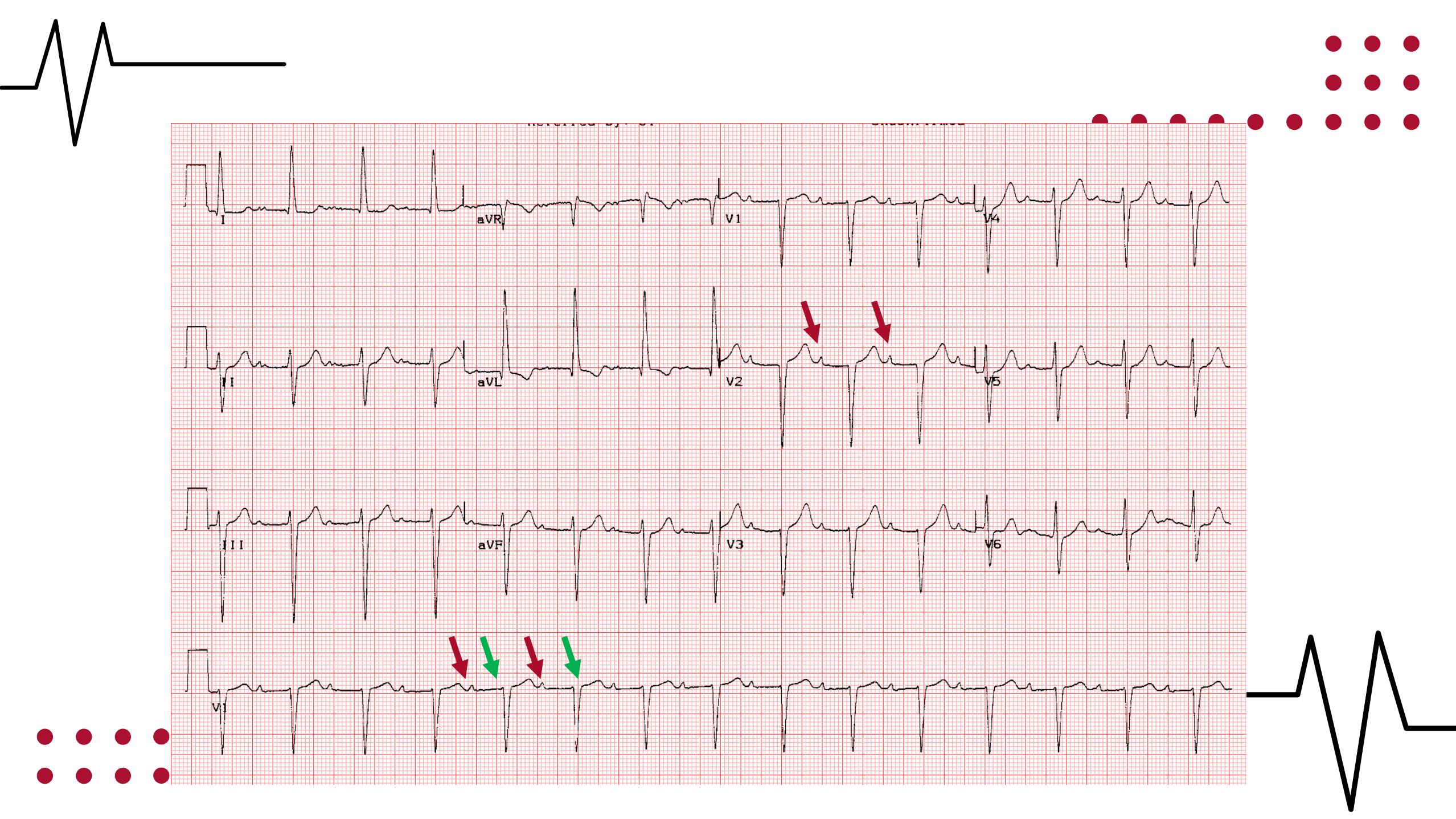


Disfunción del Nodo Sinusal Síndrome Bradicardia-Taquicardia (Bradi-Taqui)

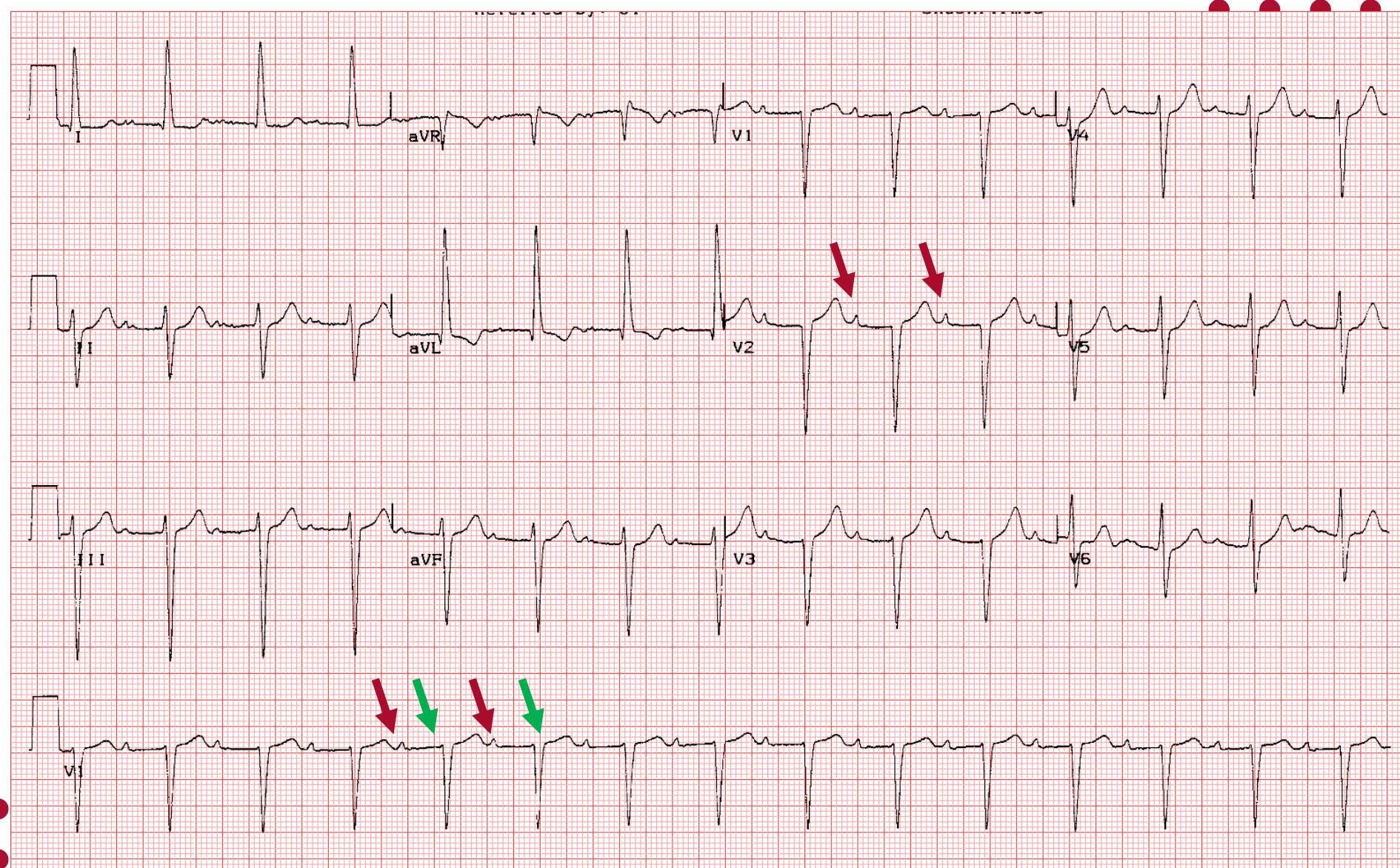


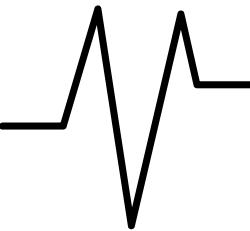
⌘ Episodios intermitentes de frecuencias bajas y rápidas desde el nodo SA o el atrio

- Frecuencia durante la bradicardia = 43 lpm
- Frecuencia durante la taquicardia = 130 lpm

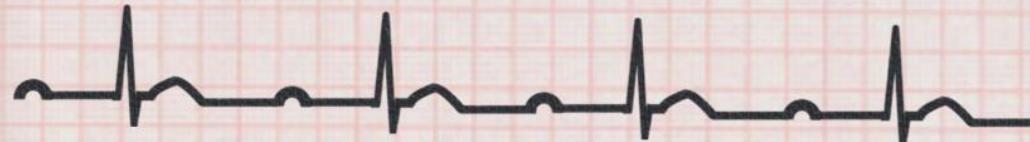


BLOQUEO AV 1er grado





Bloqueo AV de PRIMER Y SEGUNDO grado



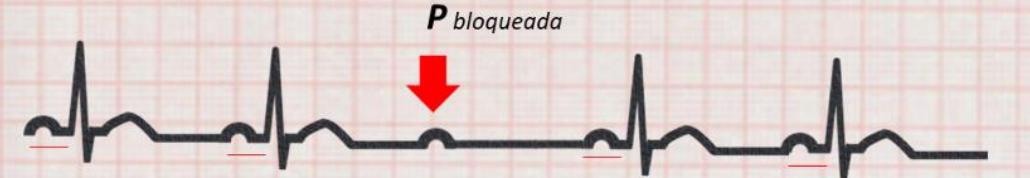
BLOQUEO AV DE PRIMER GRADO

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



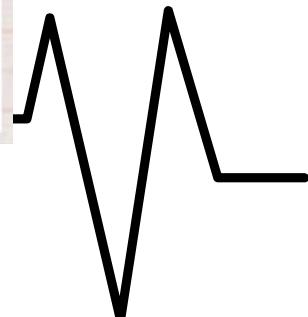
BLOQUEO AV DE SEGUNDO GRADO MOBITZ I

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



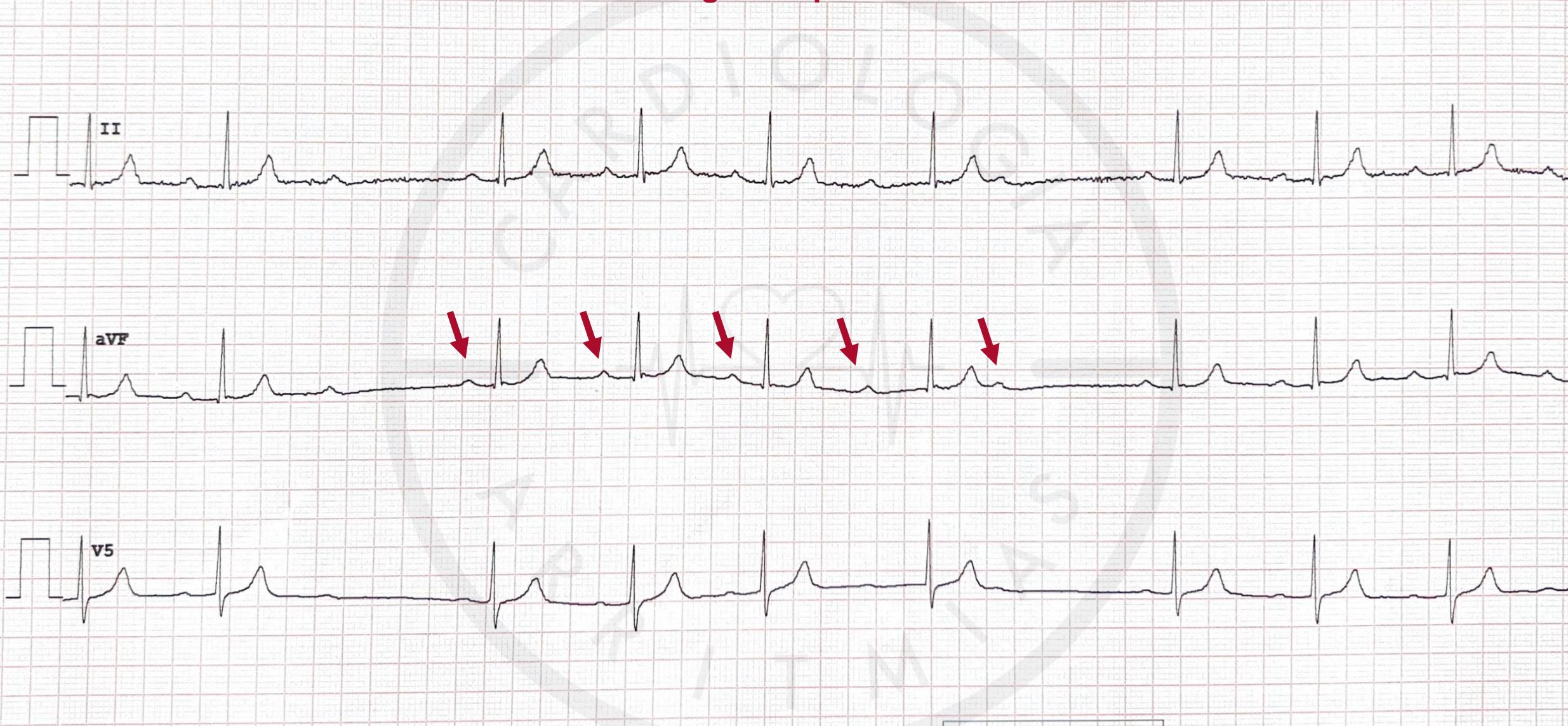
BLOQUEO AV DE SEGUNDO GRADO MOBITZ II

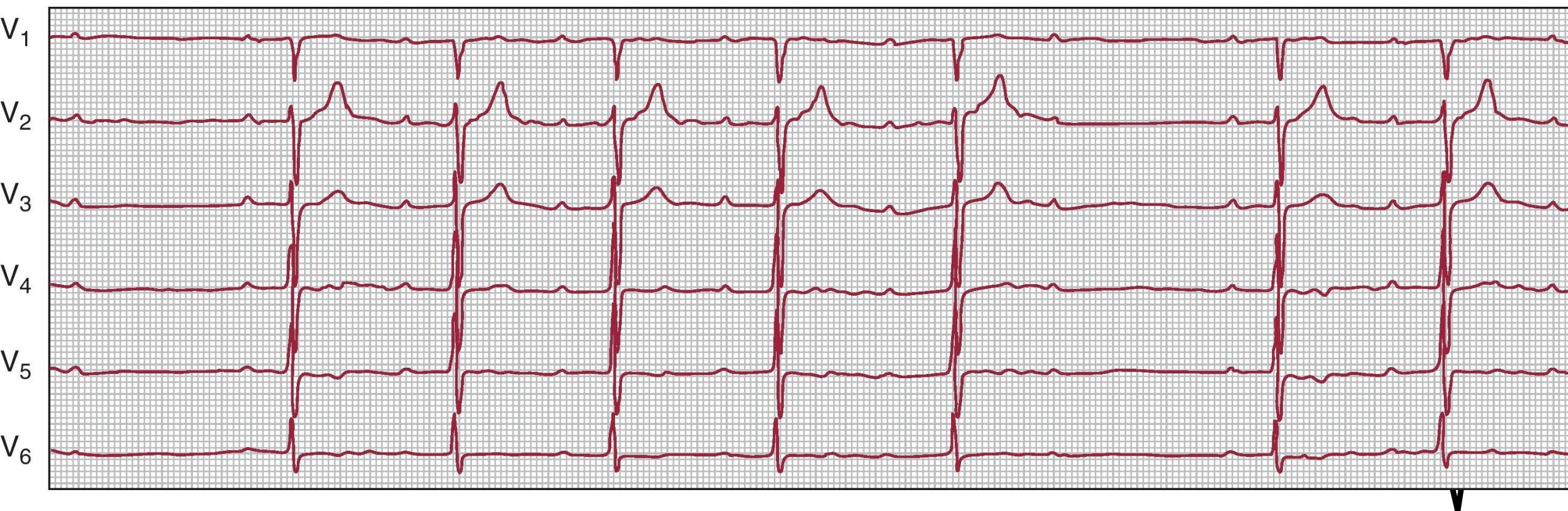
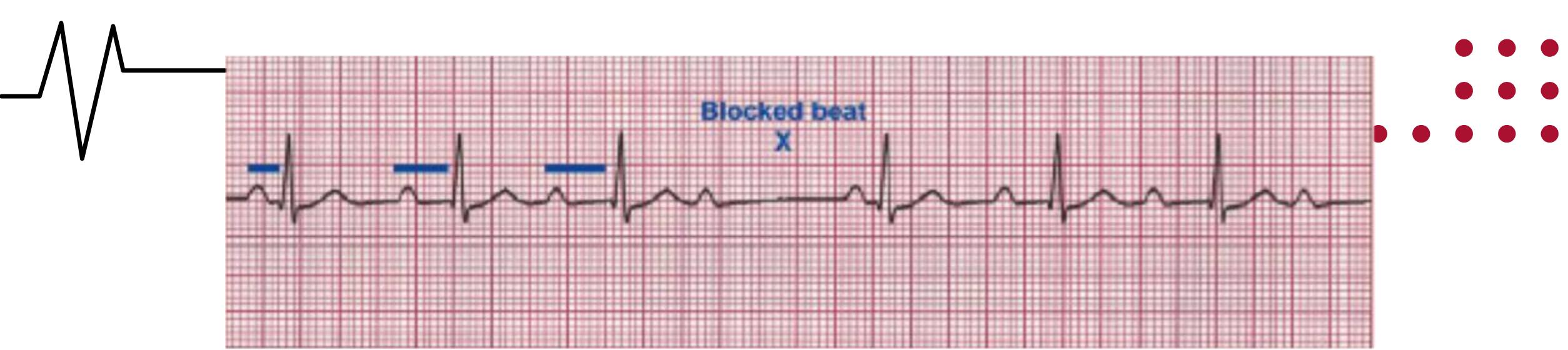
Los intervalos PR previos y posteriores a la onda P bloqueada son constantes.

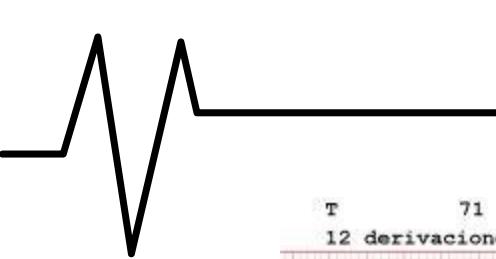




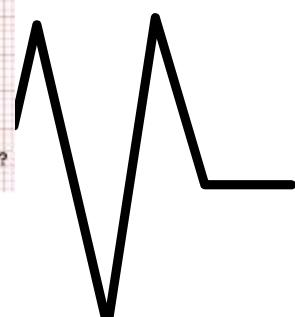
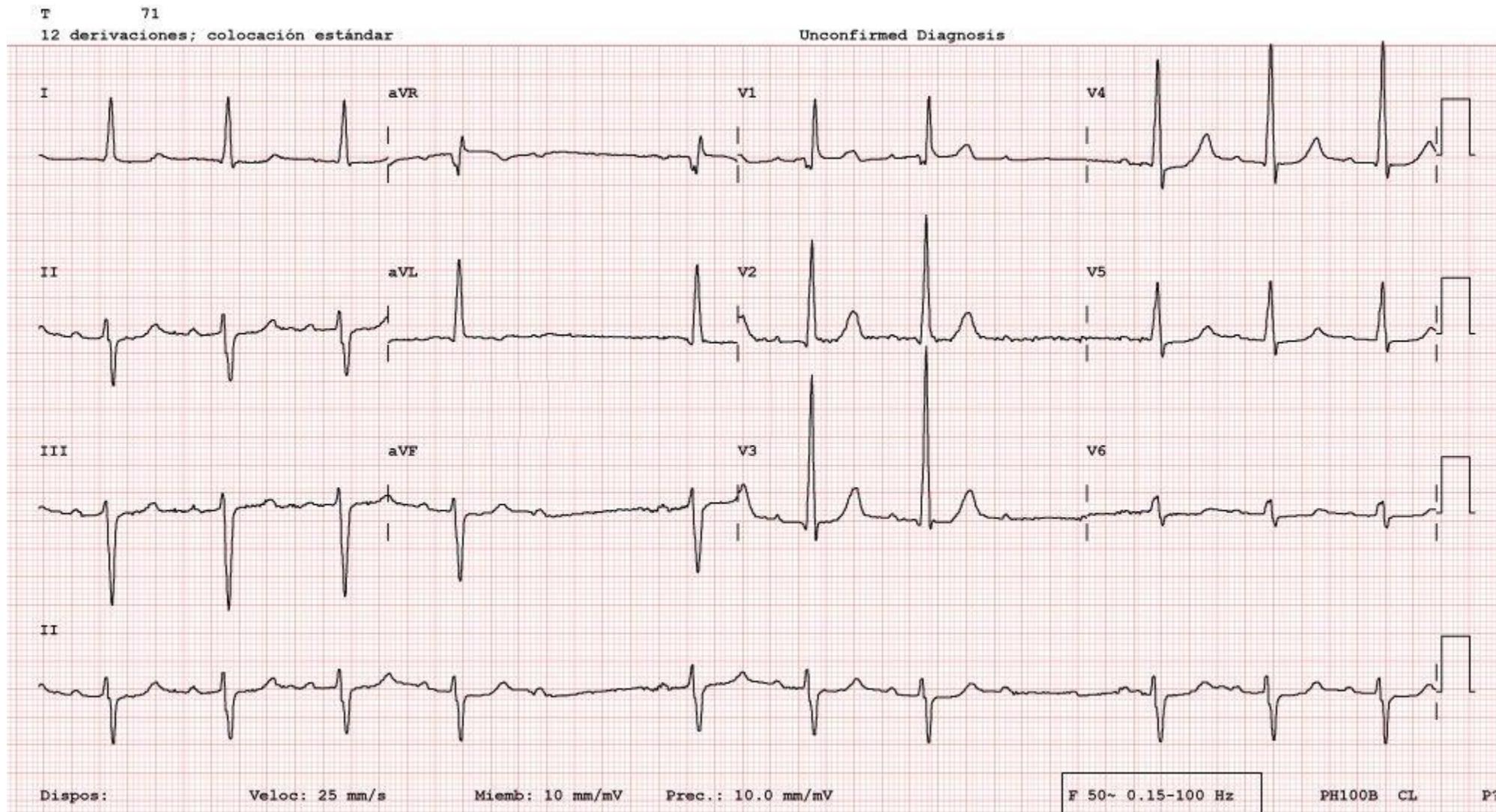
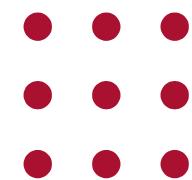
BLOQUEO AV 2do grado tipo WENCKEBACH

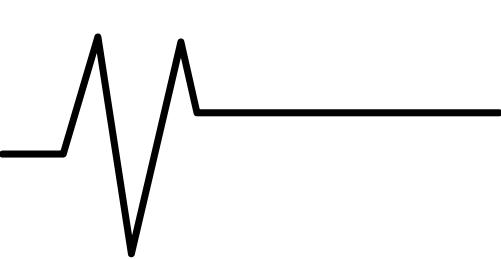




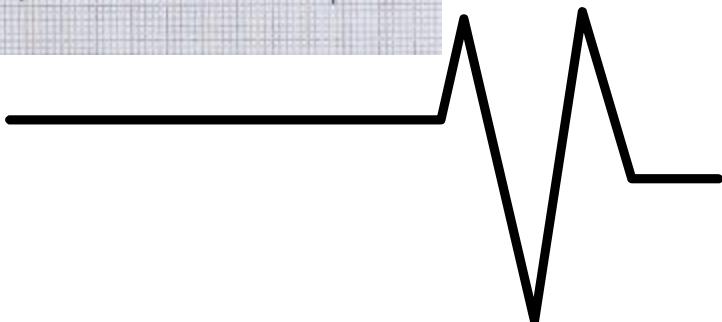
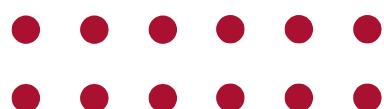
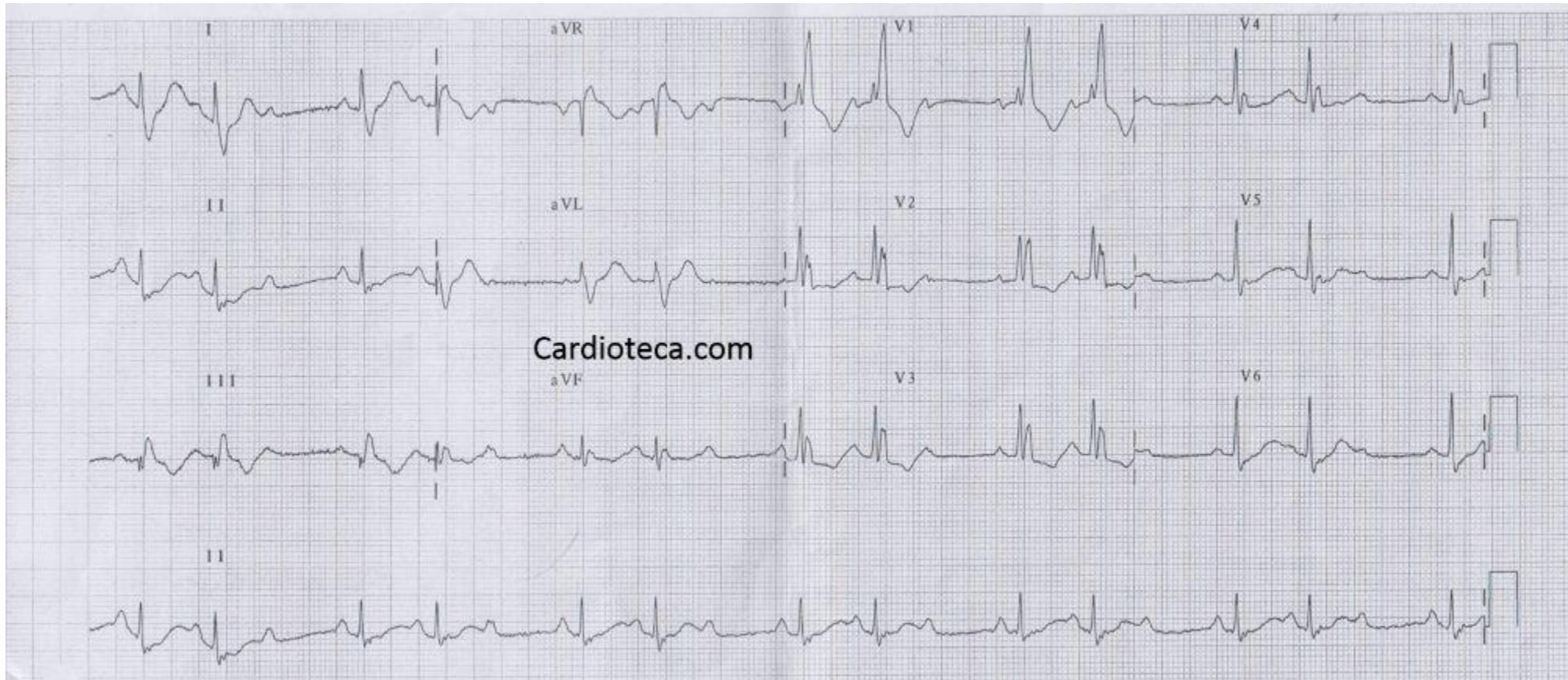
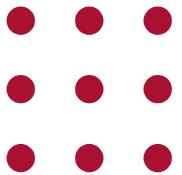


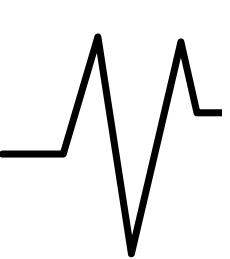
BLOQUEO AV 2do grado tipo MOBITZ II



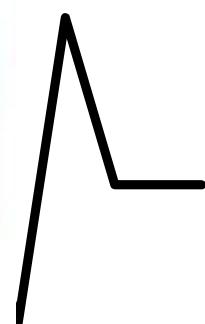
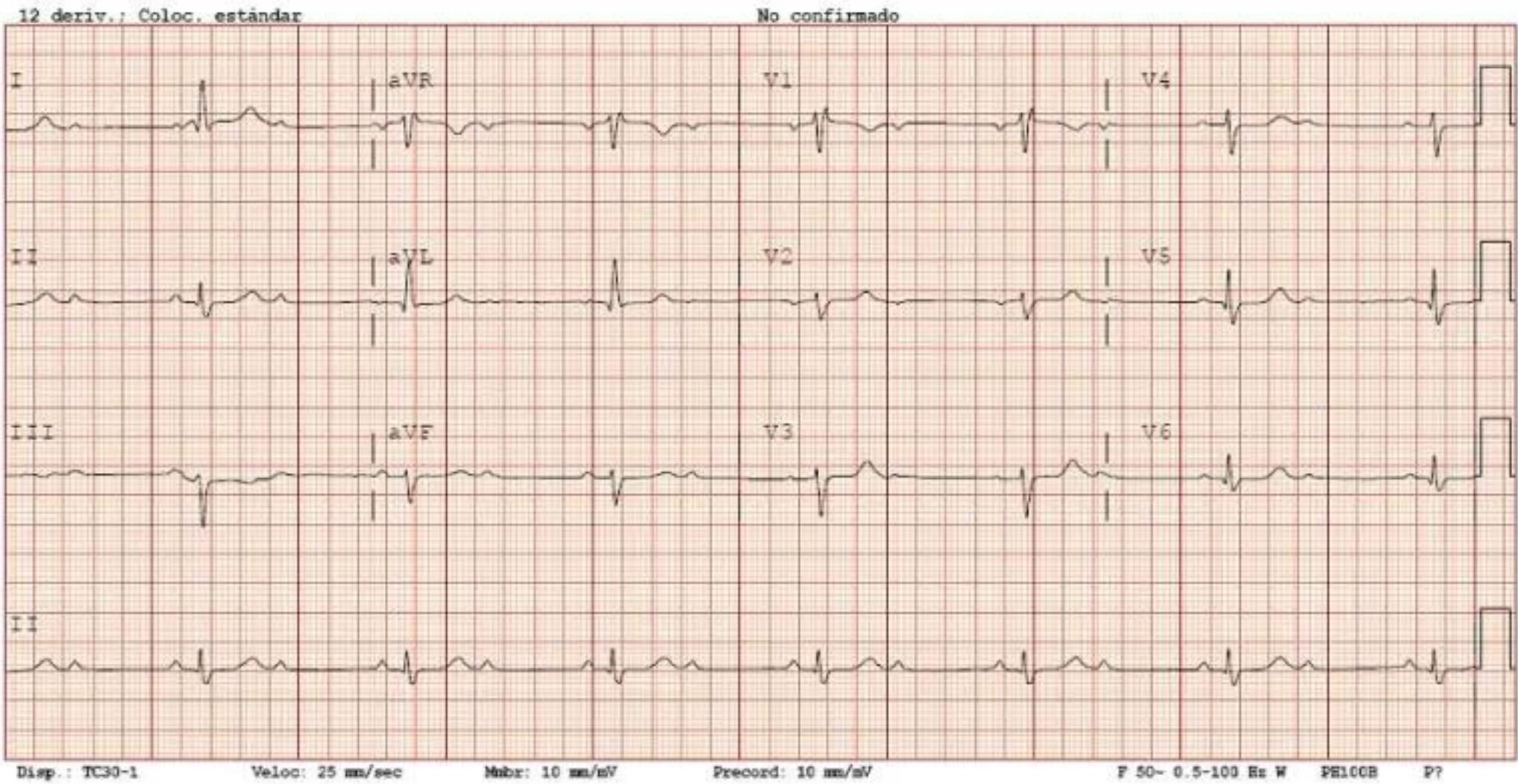


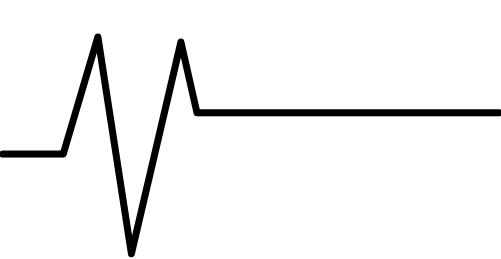
BLOQUEO AV 2do grado tipo MOBITZ II



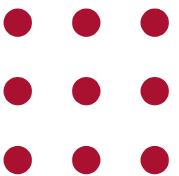


BLOQUEO AV 2:1

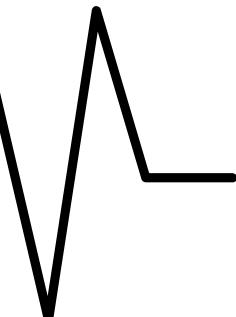
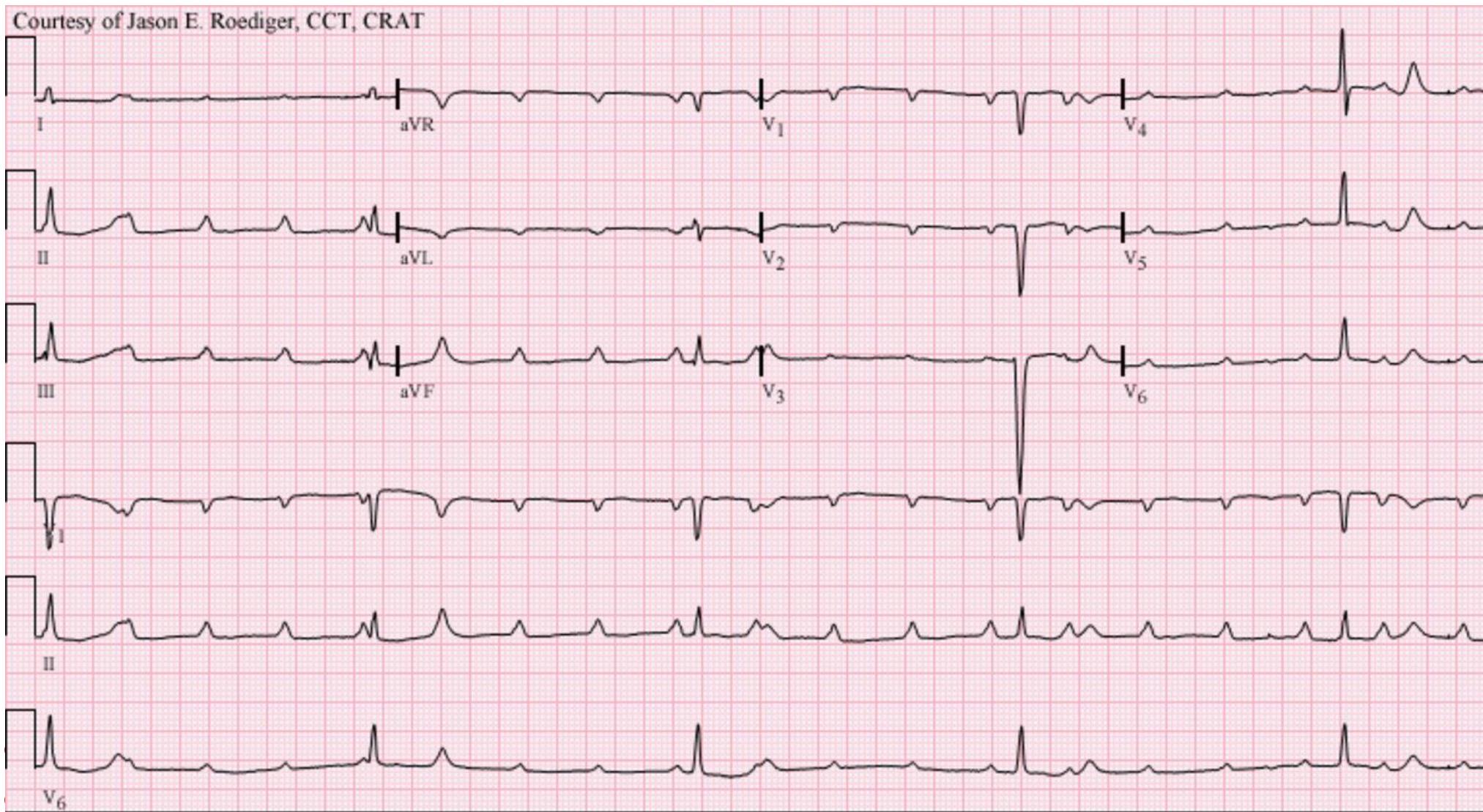


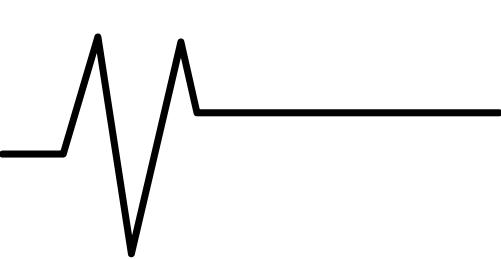


BLOQUEO AV Completo

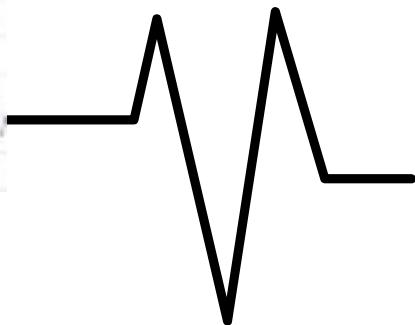
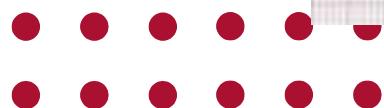
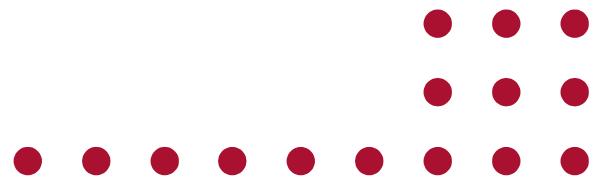


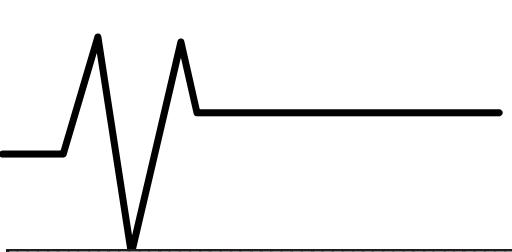
Courtesy of Jason E. Roediger, CCT, CRAT





BLOQUEO AV Completo





BLOQUEO AV Completo



BLOQUEO AV Completo

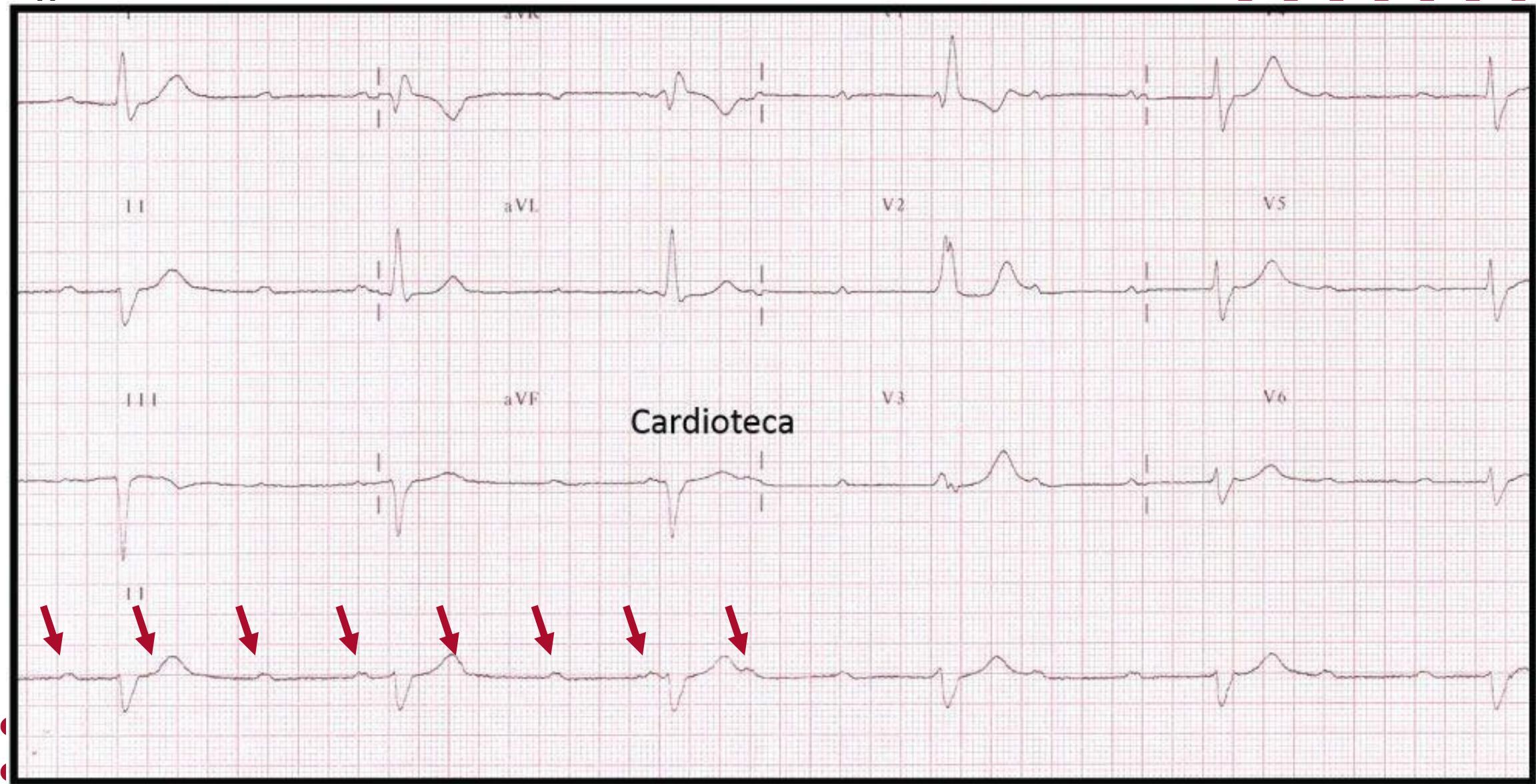


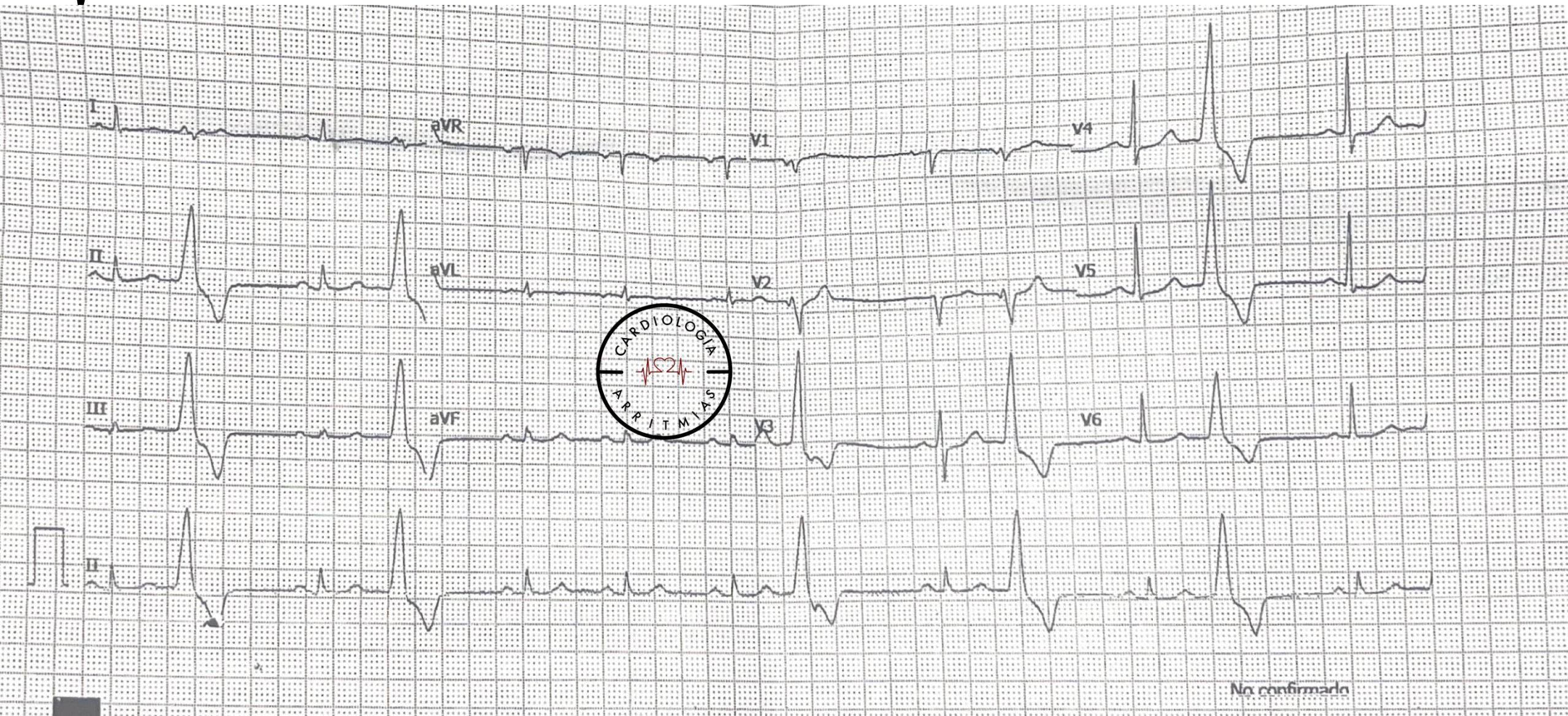
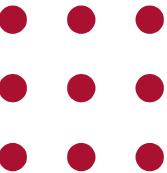
Tabla de contenido

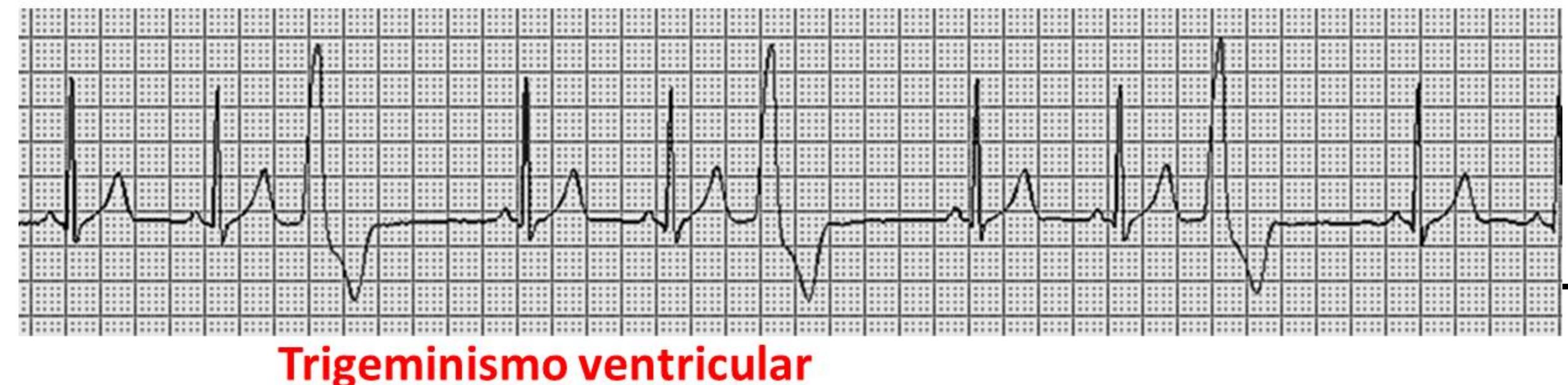
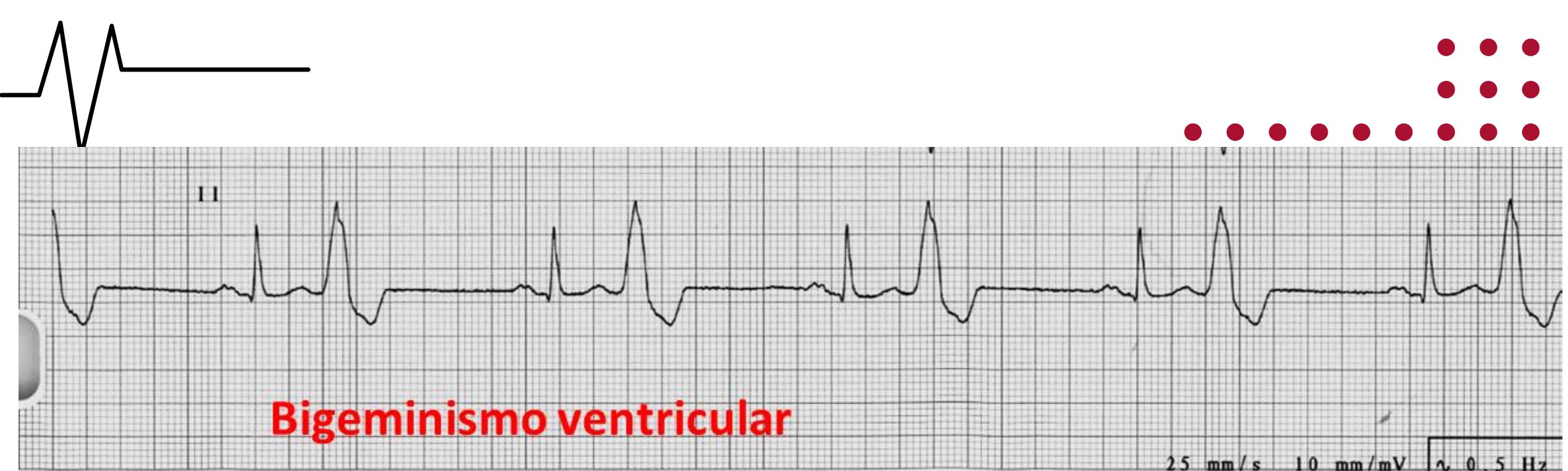
04

Arritmia Ventricular



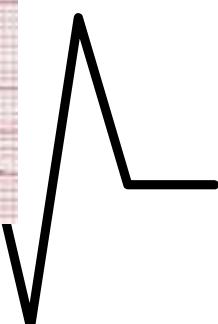
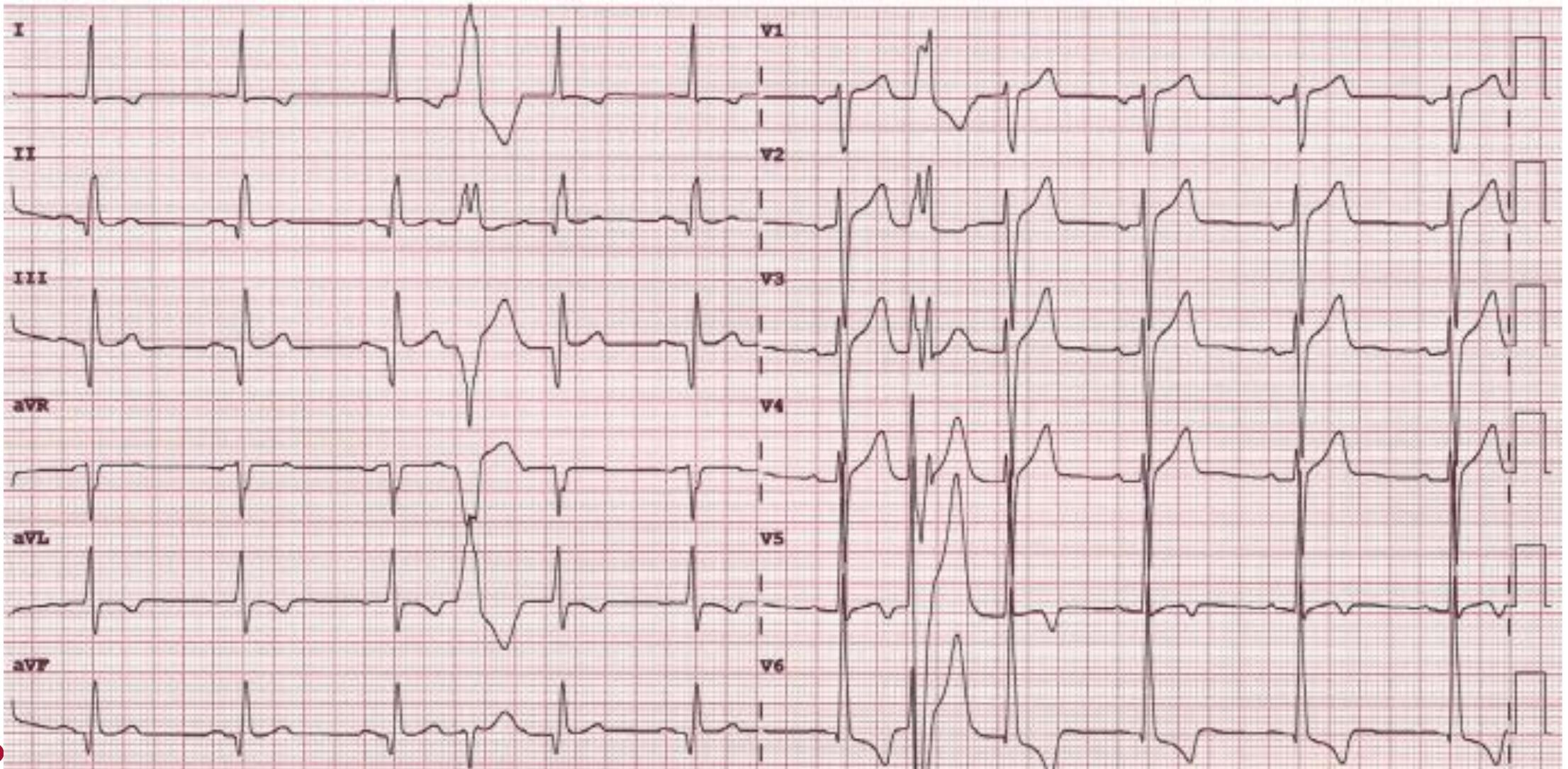
Extrasistolia ventricular



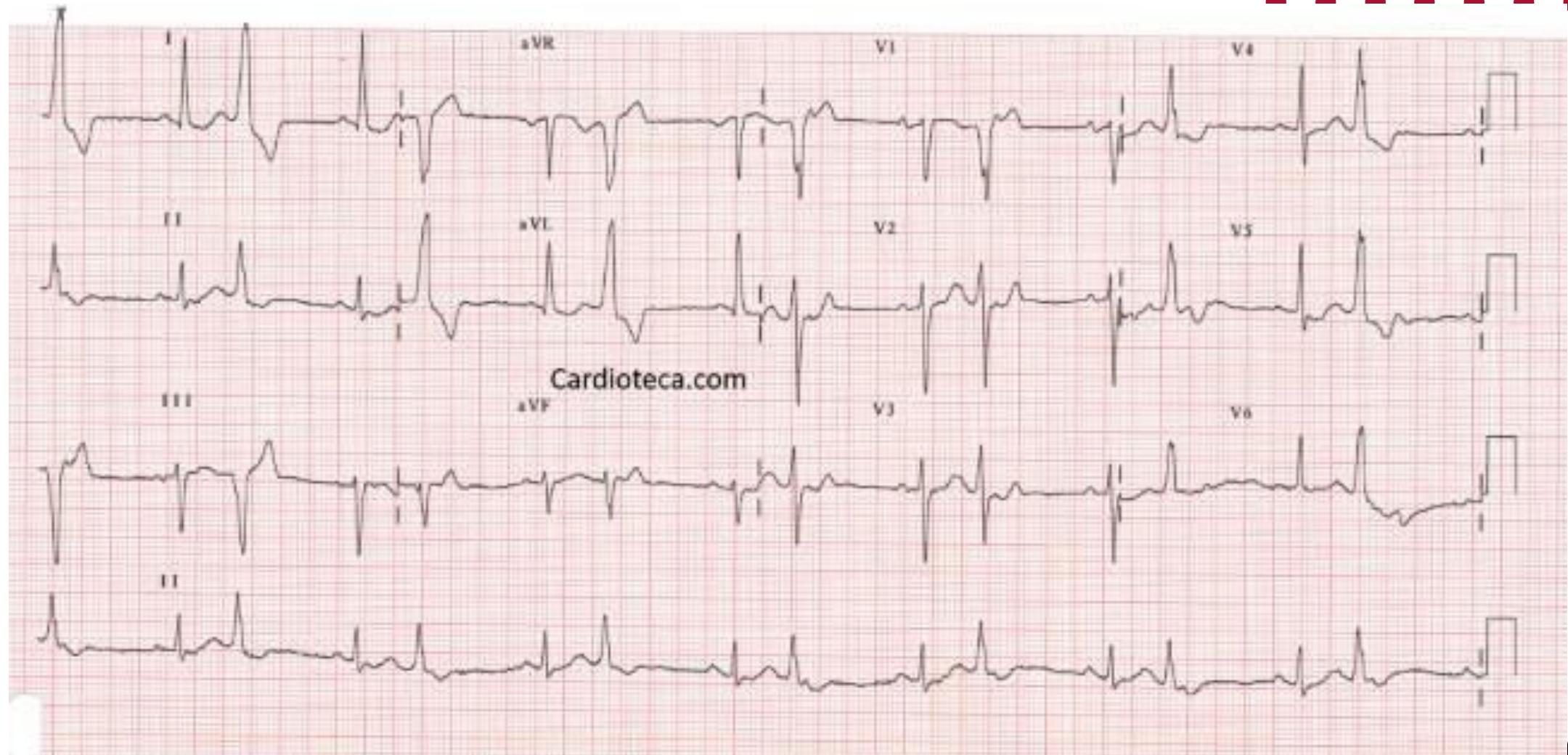




La regla no siempre se cumple ...



Bigeminia ventricular

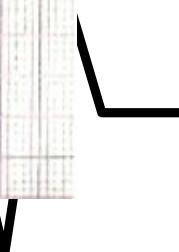
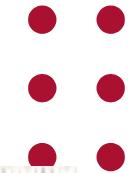
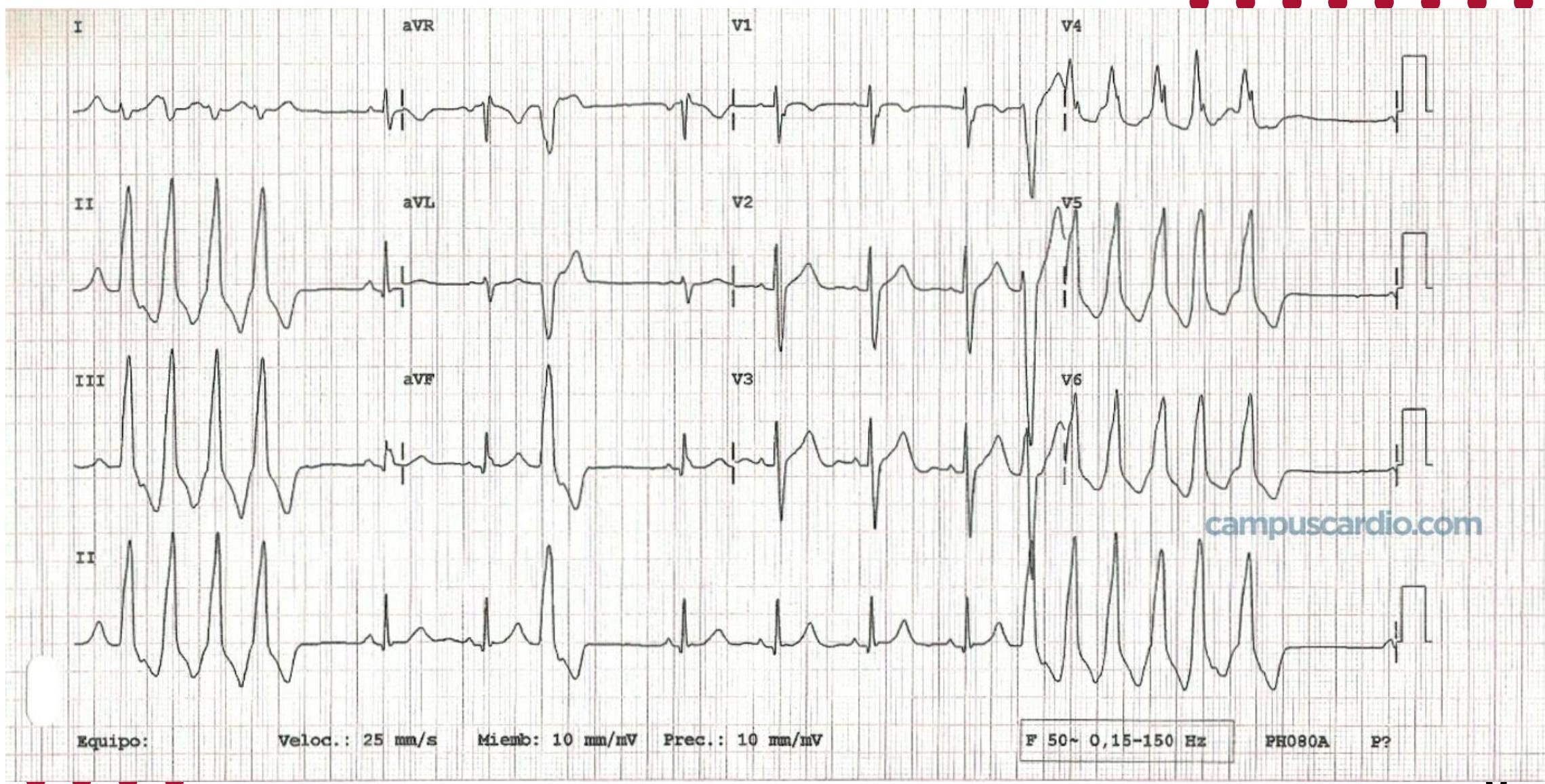


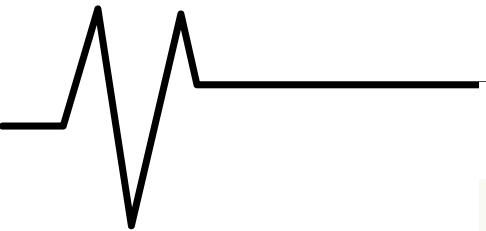


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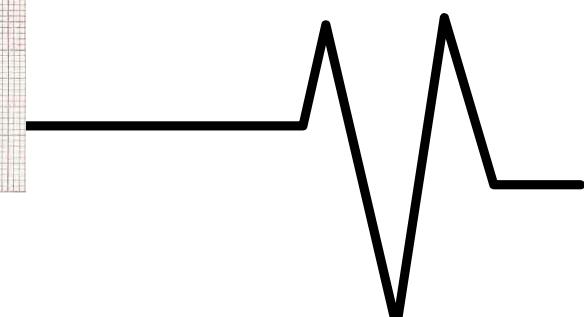
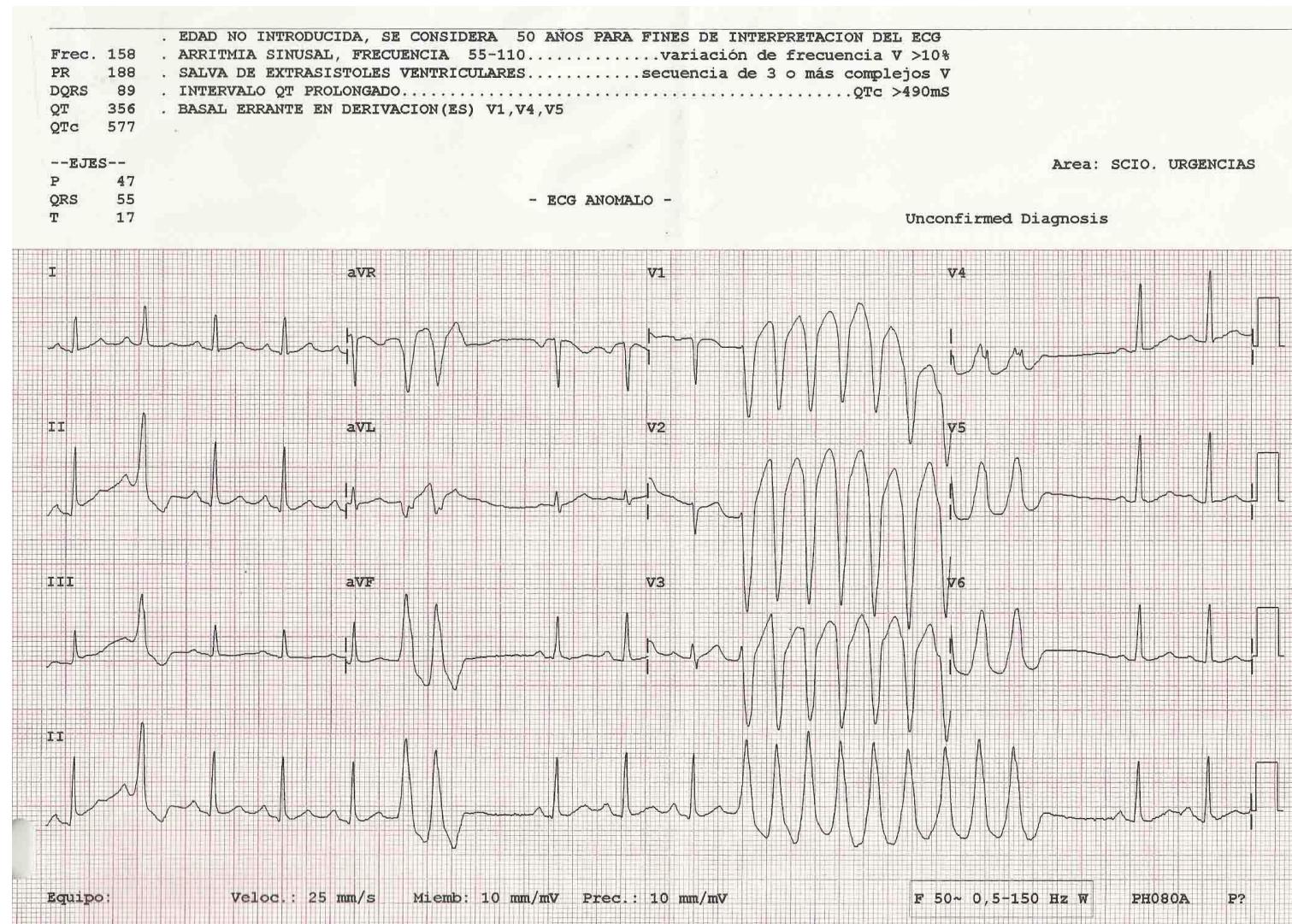


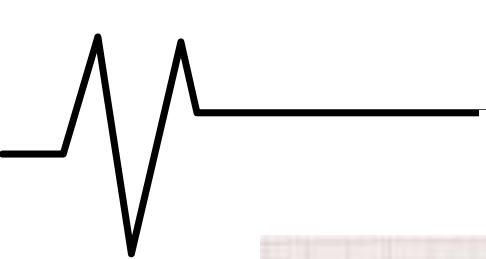
TV ventricular (no sostenida)



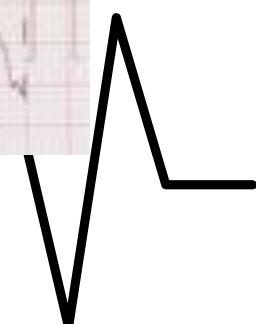
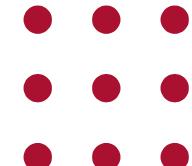
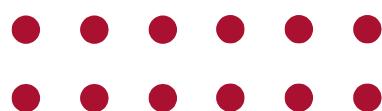
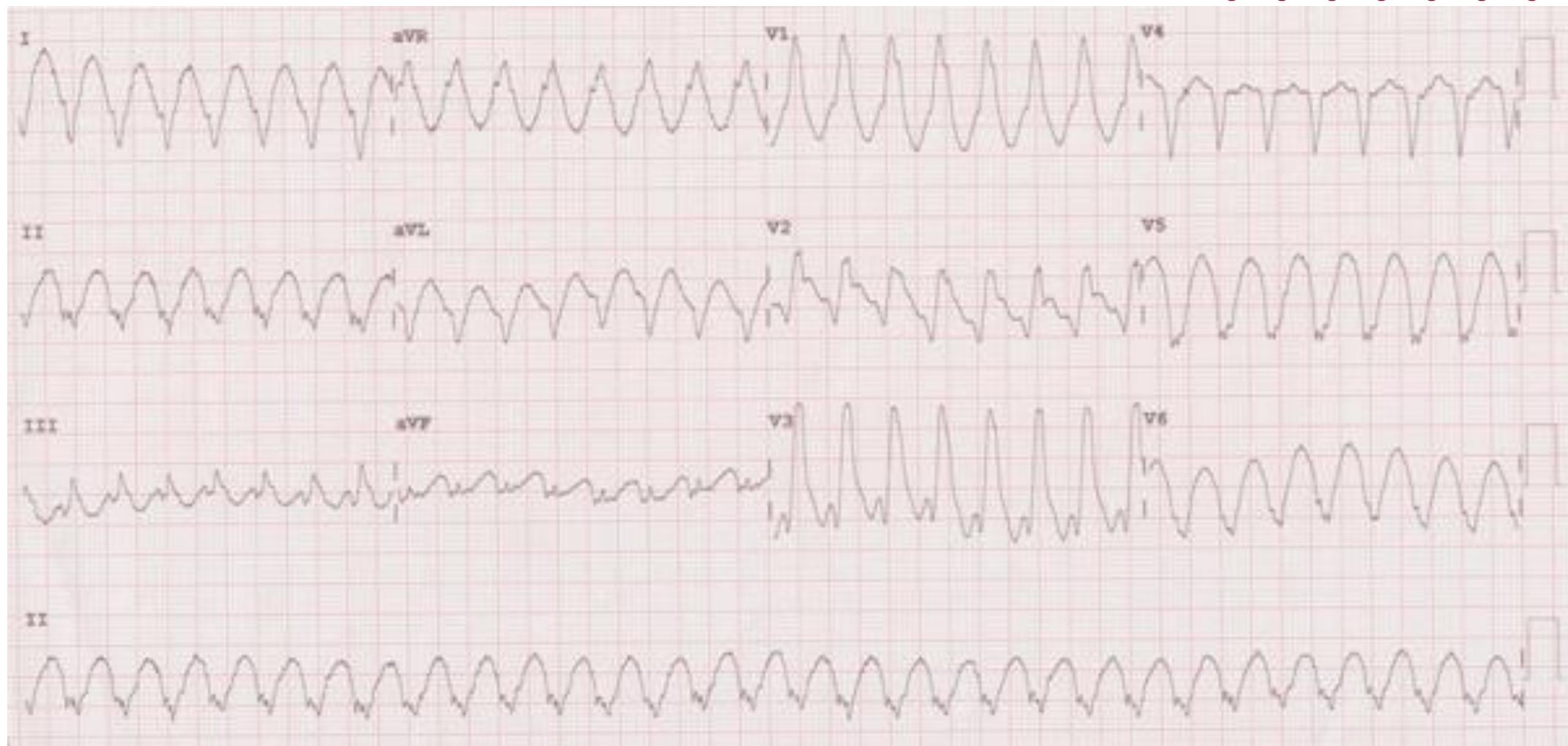


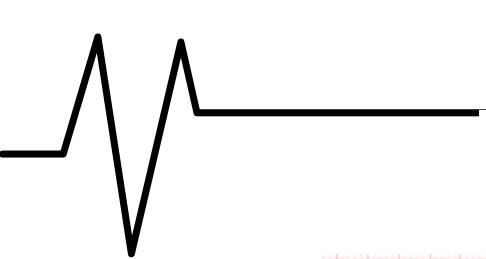
TV ventricular (no sostenida)



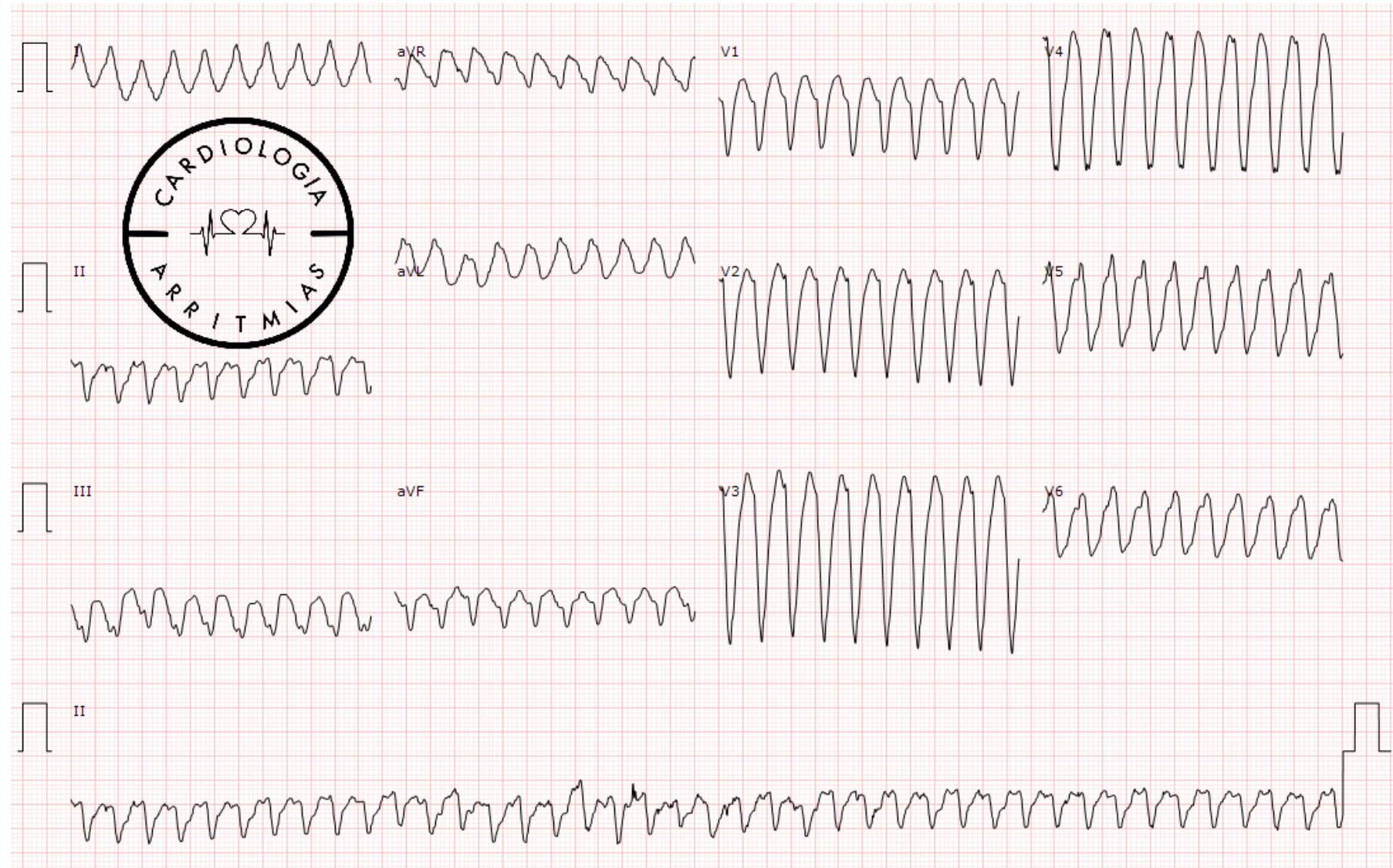


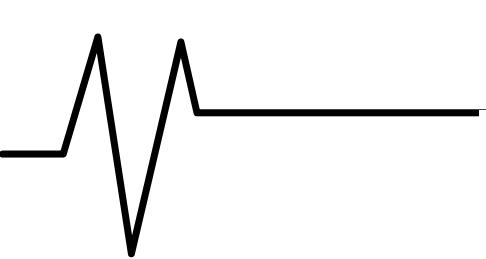
TV ventricular (sostenida)



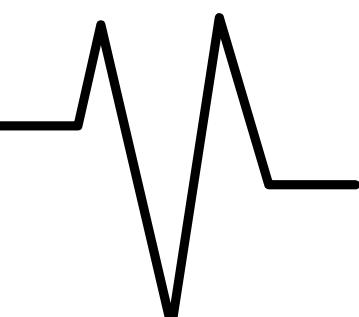
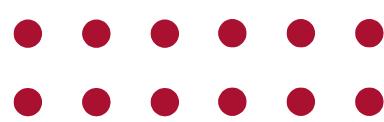
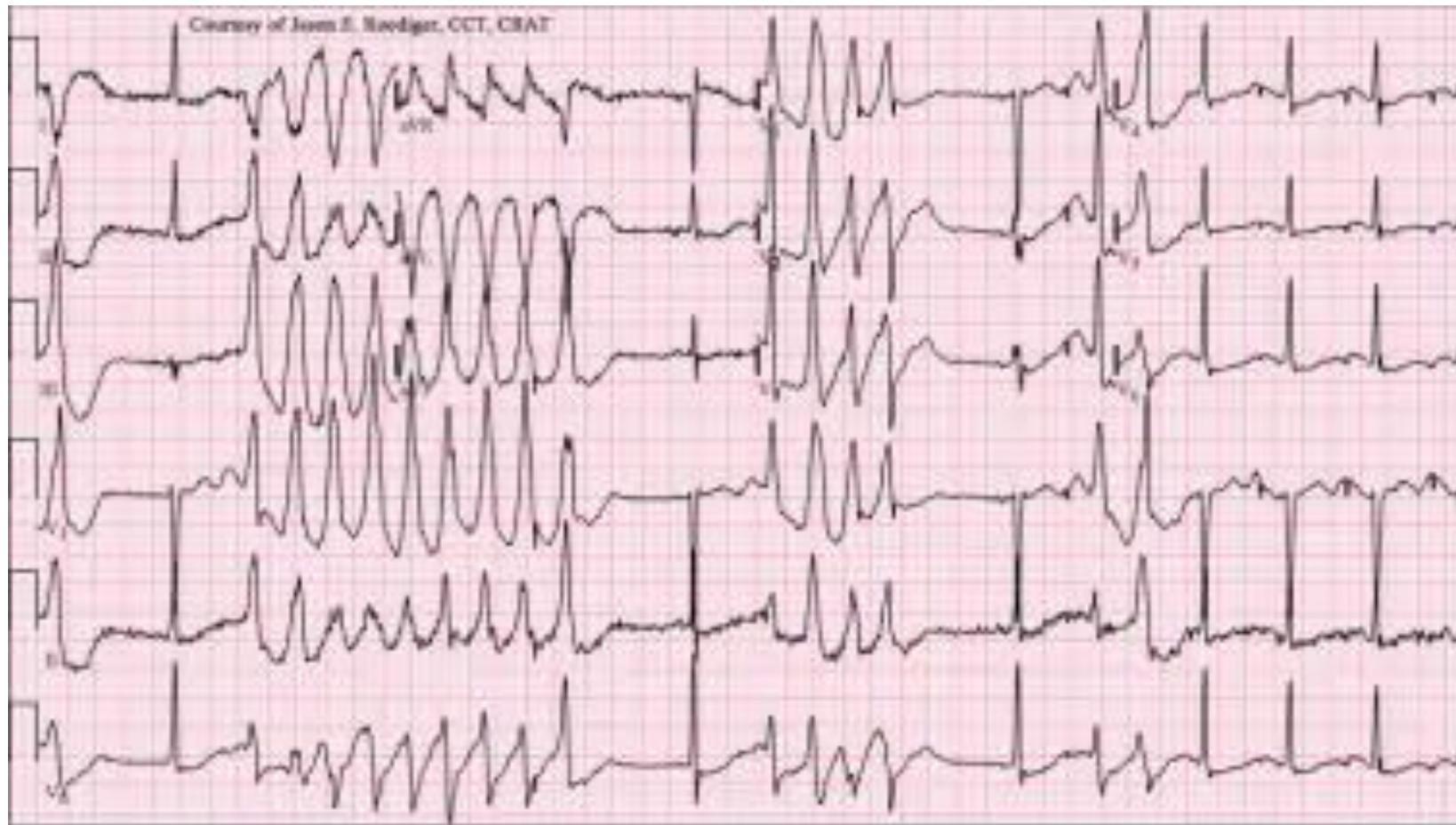


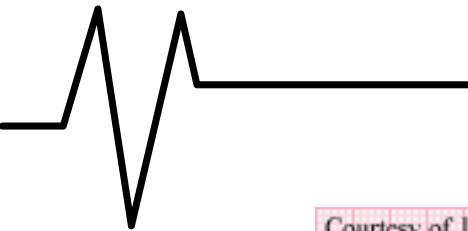
TV ventricular (sostenida)



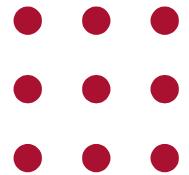


TV ventricular (torsida de punta)

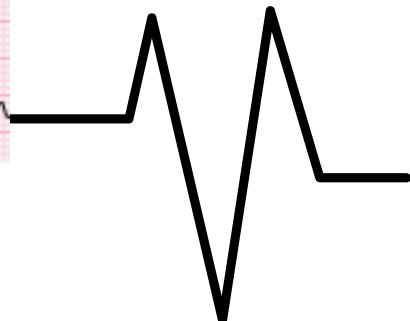
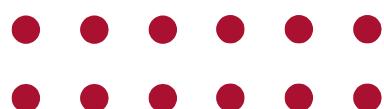
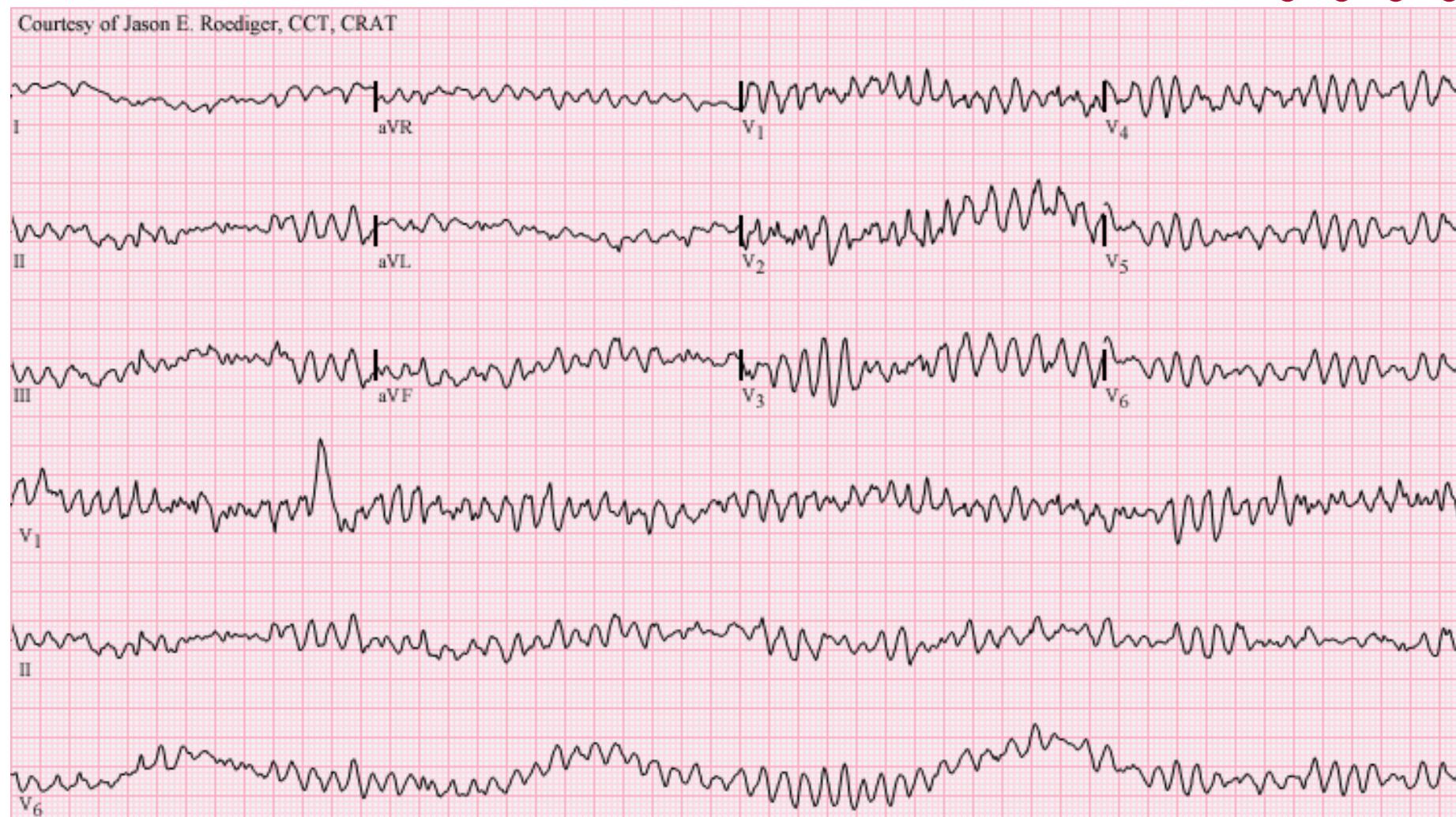




Fibrilación ventricular

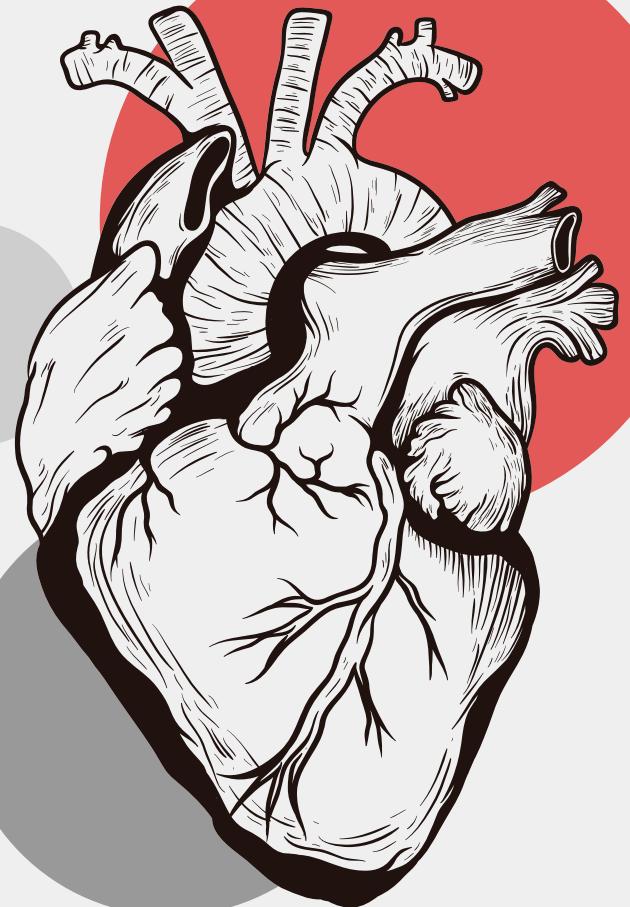


Courtesy of Jason E. Roediger, CCT, CRAT



Conocer a veces
salva vidas!!





¿Tienen preguntas?

Gracias!

