

- AV junctional premature complex(es) (JPC)



- Premature QRS complex (relative to the basic RR interval), which may be narrow or wide (if underlying BBB or aberrancy)
- The P wave may precede the QRS by ≤ 110 msec (retrograde atrial activation), may be buried in the QRS (and not visualized), or may follow the QRS complex
- Inverted P waves in leads II, III, aVF and upright P waves in leads I and aVL are commonly seen due to the spread of atrial activation from near the AV node and in a superior and leftward direction (i.e., away from the inferior leads and toward the left lateral leads).

The atria may occasionally be activated by the sinus node, resulting in a normal sinus P wave. This occurs when retrograde block exists between the AV junctional focus and the atrium, or the sinus node activates the atrium before the AV junctional impulse.

A constant coupling interval and noncompensatory pause are usually present.

Seen in normals and setting of heart disease.