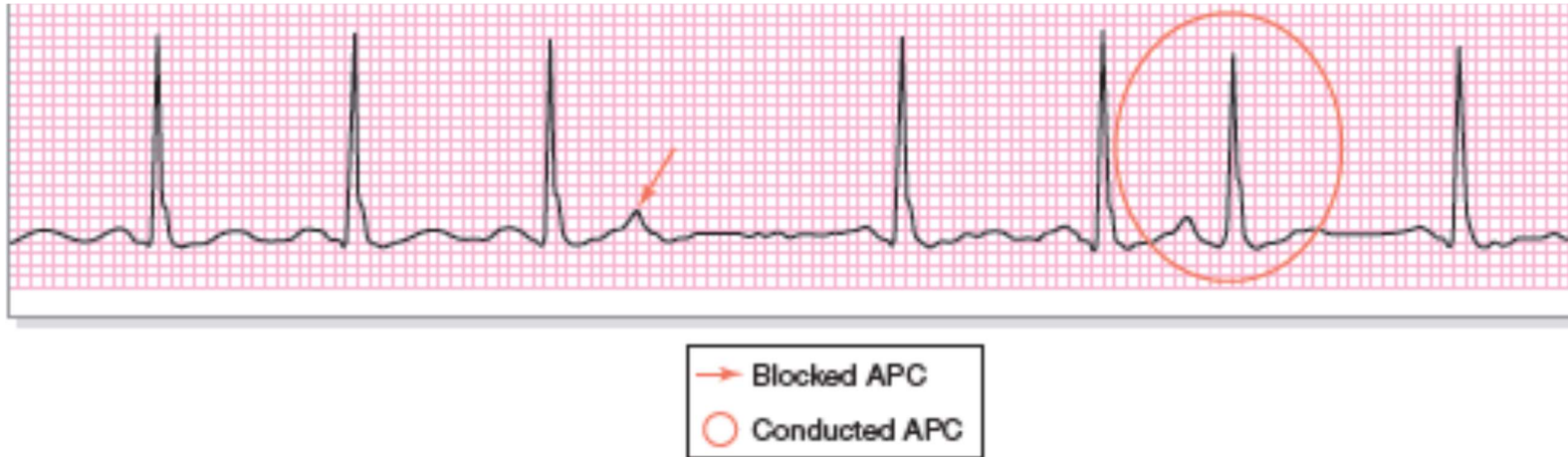


- Atrial premature complex(es) (APC)



- P wave that is abnormal in configuration and premature relative to the normal PP interval
- QRS complex is usually similar in morphology to the QRS complex present during sinus rhythm. Exceptions include:
  - *Aberrantly conducted APCs*: QRS may be wide and bizarre; more likely to occur with very premature APCs. QRS morphology is most often RBBB pattern (due to the longer conduction pathway and refractoriness of the right bundle compared to the left bundle), but can be LBBB pattern or variable.

*Blocked APCs*: Premature P wave not followed by a QRS complex. P waves are often hidden in the preceding T wave, so look for a deformed T wave immediately after the first QRS of the RR pause to identify the presence of a non-conducted APC—see above example (arrow).

Blocked APCs are the most common cause of a pause in the sinus rhythm and may be mistaken for a sinus pause.

- The PR interval of the APC may be normal, increased, or decreased
- The post-extrasystolic pause is usually *noncompensatory* (i.e., the interval from the preceding normal P wave to the normal P wave following the APC < 2 normal PP intervals). However, an interpolated APC or a compensatory pause may be evident when sinoatrial (SA) “entrance block” is present and the SA node is not reset.

Can be seen in normals, or with stress, smoking, drugs (including caffeine, amphetamines, and alcohol), heart disease, cor pulmonale, hypoxia, beta agonists.