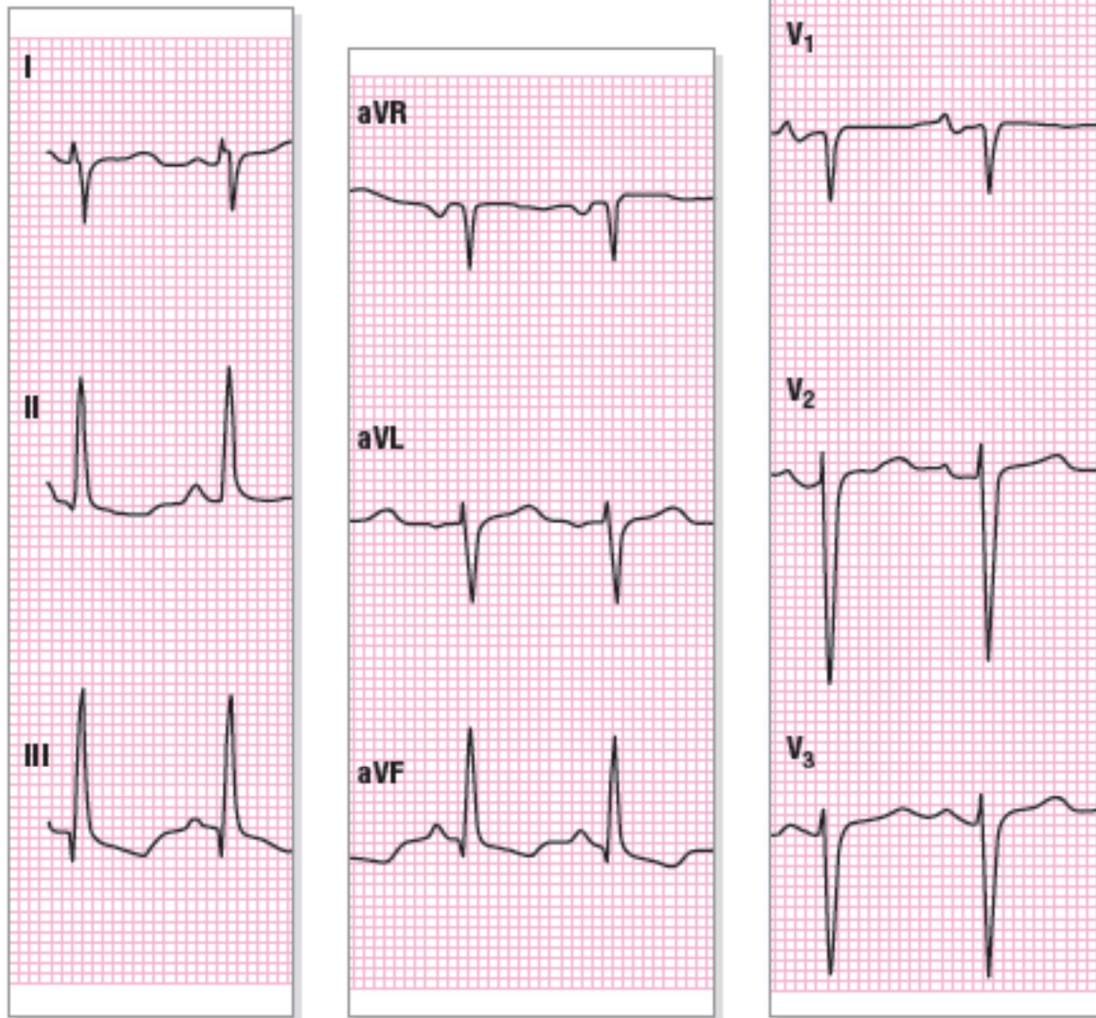


- Left posterior fascicular block (LPFB)



- Right axis deviation with mean QRS axis between $+100^\circ$ and $+180^\circ$ (net QRS voltage is negative in lead I and positive in lead aVF)
- rS complex in leads I and aVL
- qR complex (or an R wave) in leads III and aVF

Normal or slightly prolonged QRS duration (80 to 100 msec). Exception to the rule: LPFB should not be diagnosed when the QRS duration exceeds 100 msec **except** in the presence of RBBB. In RBBB + LAFB the QRS duration will be > 120 msec.

- No other factors responsible for right axis deviation, such as:
 - RVH
 - Vertical heart
 - Emphysema (chronic lung disease)
 - Pulmonary embolism
 - Lateral wall MI
 - Dextrocardia
 - Lead reversal
 - WPW

LPFB can mask the presence of lateral wall MI due to r waves in leads I and aVL.

Compared to the left anterior fascicle, the left posterior fascicle is shorter, thicker, and receives blood supply from both left and right coronary arteries. Isolated LPFB is much less prevalent than LBBB, RBBB, or LAFB.

Coronary artery disease (CAD) is the most common cause of LPFB; when it develops during acute MI, multivessel CAD and extensive infarction are usually present. LPFB is rarely seen in normal hearts.