

- Sinoatrial (SA) exit block

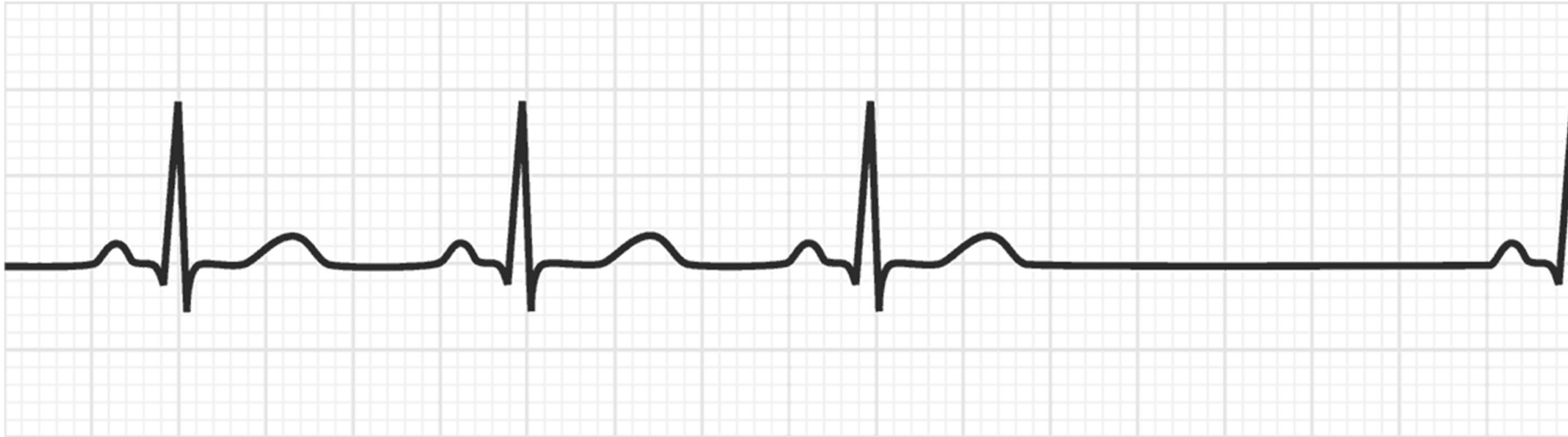
- 2°: Some sinus impulses fail to capture the atria, resulting in the intermittent absence of a P wave. Often a component of the SSS. Two types:

*Type I (Mobitz I) Wenckebach SA exit block:*



- P wave morphology and axis consistent with a sinus node origin
- “Group beating” with:
  1. Shortening of PP interval up to pause
  2. Constant PR interval
  3. PP pause < 2× the normal PP interval

*Type II (Mobitz II) SA exit block:*



- P wave morphology and axis consistent with a sinus node origin
- Constant PP interval followed by a pause that is a multiple (e.g., 2×, 3×, etc.) of the normal PP interval
- The pause may be slightly < 2× the normal PP interval (usually within 10 msec).

Causes include:

- Drugs (digitalis, quinidine, flecainide, propafenone, procainamide)
- Hyperkalemia
- Sinus node dysfunction
- Heart disease
- MI
- Vagal stimulation

1° sinoatrial exit block (conduction of sinus impulses to the atrium is delayed, but 1:1 response is maintained) is not detectable on surface ECG.

3° sinoatrial exit block (complete failure of sinoatrial conduction) can't be differentiated from complete sinus arrest on ECG.