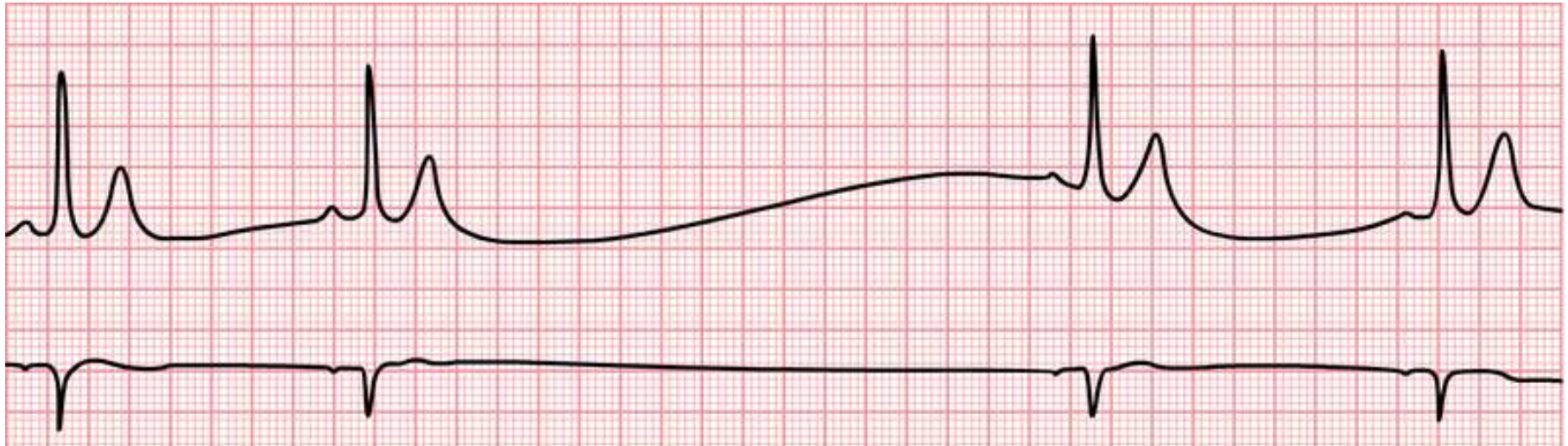


- Sinus pause or arrest



- PP interval (pause) ≥ 2.0 seconds
- Sinus pause is not a multiple of the basic sinus PP interval

If sinus pause is a multiple of the basic PP interval, consider sinoatrial exit block.

Sinus pauses must be differentiated from:

- *Sinus arrhythmia*: Phasic change in PP interval usually in response to breathing in and out.
- *2° sinoatrial exit block, Mobitz I (SA Wenckebach)*: Progressive shortening of PP interval until a P wave fails to appear, with the resulting PP pause slightly less than 2X of the normal PP interval
- *2° SA exit block, Mobitz II*: Sinus pause is a multiple (e.g., 2×, 3×, etc.) of the basic PP interval in normal sinus rhythm
- *Abrupt change in autonomic tone* (e.g., vagal reaction)
- *“Pseudo” sinus pauses* due to nonconducted atrial premature complexes (APC): P wave appears to be absent but is actually buried in the T wave — look for subtle deformity of the T wave at the beginning of the pause to detect a non-conducted APC

Complete failure of sinoatrial conduction (3° sinoatrial exit block) cannot be differentiated from complete sinus arrest on surface ECG.

Sinus pause/arrest is due to transient failure of impulse formation at the SA node. Etiology of this is sinus node dysfunction or SSS, which is also the cause of SA exit block.

If a sinus pause or arrest is not “rescued” by a junctional or idioventricular escape rhythm, asystole results. Sinus pauses < 3 seconds can be seen in normal individuals and generally need no investigation. However, recurrent pauses ≥3 seconds require further investigation and may warrant treatment, particularly in patients with symptoms of bradycardia.