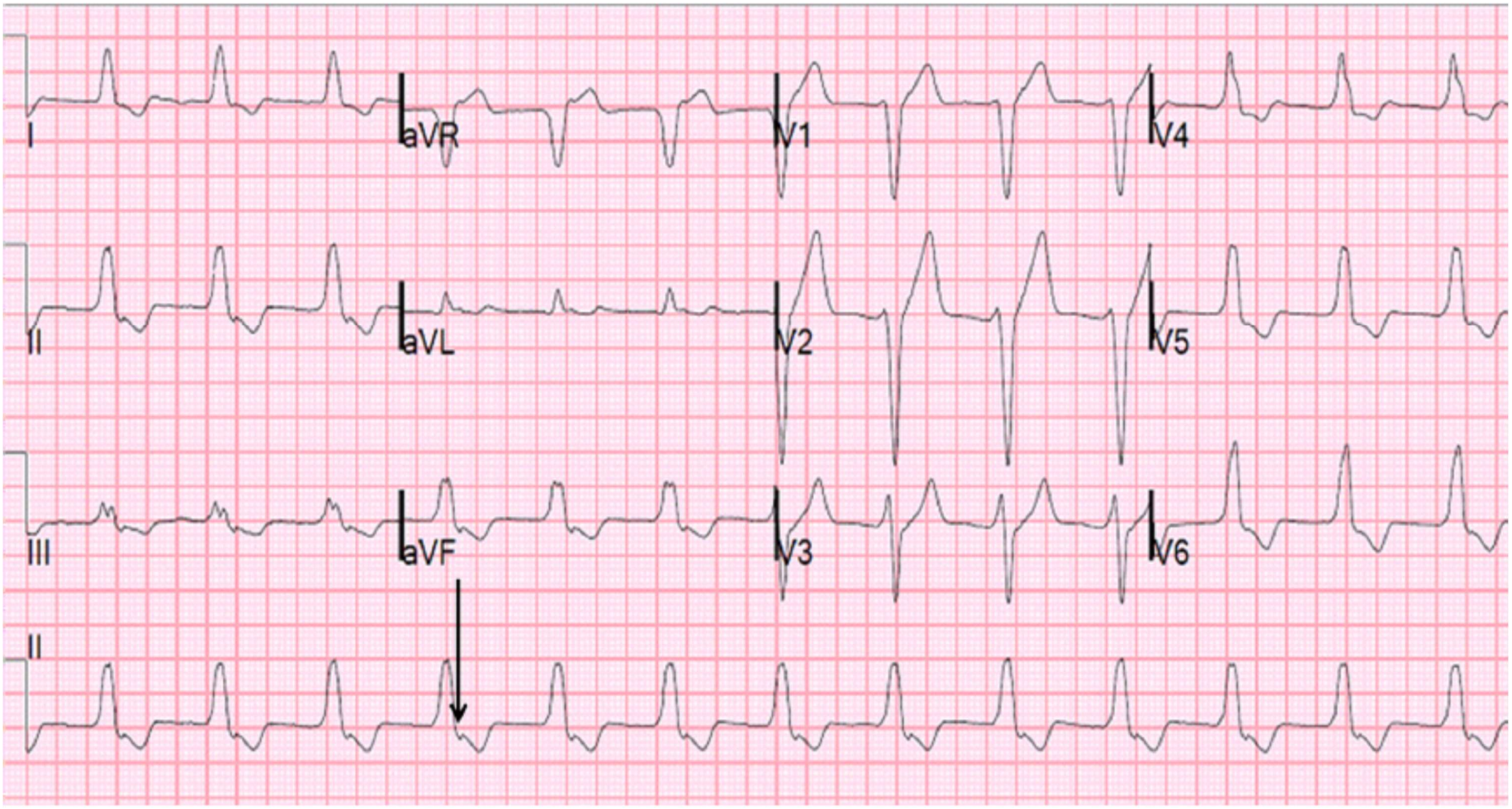
- **Accelerated idioventricular rhythm (AIVR)**



AIVR at approximately 80 BPM. The ventricular origin is suggested by the lack of P waves, wide QRS, RBBB-like morphology with the first “rabbit ear” taller than the second. The typical RBBB from an impulse arising in the atrium shows a pattern where the first “rabbit ear” is shorter than the second.

- Regular or slightly irregular ventricular (wide complex) rhythm
- Rate of 50–110 BPM
- QRS morphology similar to VPCs
- AV dissociation, ventricular capture complexes, and fusion beats are common because of the competition between the normal sinus and ectopic ventricular rhythms.

Unlike VT, AIVR is not associated with an adverse prognosis.

Ventricular rhythms that originate away from the normal conduction system will result in abnormal ventricular activation. This usually results in a wide QRS complex, axis shift, and altered QRS voltage. As such, neither ventricular hypertrophy, axis deviation, nor BBB should be diagnosed in the setting of AIVR.

Seen in:

- Myocardial ischemia
- Following coronary reperfusion
- Cardiomyopathy
- Digitalis toxicity
- Occasionally in normal individuals
- Highly-conditioned endurance athletes