LETTERS TO THE EDITOR

Letters to the Editor will be published, if suitable, and as space permits. They should not exceed 1,000 words, double spaced, in length, and may be subject to editing or abridgment.

Nonparoxysmal Junctional Tachycardia Complicating Acute Myocardial Infarction

To the Editor:

I enjoyed reading the article by Drs. Konecke and Knoebel (Circulation 45: 367, 1972). I would like to raise two questions pertaining to figures 4 and 5. The top of figure 4 shows inverted P waves with a P-R interval exceeding 0.12 in lead II. This rhythm is interpreted by the authors as indicating an A-V junctional rhythm. Although this is certainly a possibility, the other possibility cannot be excluded, namely, that the ectopic focus is actually situated in the lower right or left atrium (lower atrial ectopic focus). The presence of fusion beats by no means excludes this latter possibility. It has now been amply demonstrated by electrophysiologic experiments that lower ectopic atrial rhythms can give inverted P waves with a normal P-R interval in the inferiorly oriented leads. This has now been demonstrated in the dog, primate (unpublished observations by the writer), and in the human.1

The interpretation given for figure 5 is even more difficult to accept without reservation. Again, although P waves with inverted polarity in leads II, III, and aVF usually indicate A-V junctional origin, the statements made above apply equally to this figure. Furthermore, it is more difficult to accept the concept of intranodal dissociation than to accept the likelihood that the inverted P wave is actually originating from the lower part of the atrium.

I am aware that the authors prefer to refer to the impulses originating in the “coronary sinus” as junctional rhythms as mentioned in their reference 5. However, it should be emphasized that ectopic pacemakers exist elsewhere in the lower parts of the atria besides the coronary sinus, and that stimulation of part of the atrium away from the coronary sinus can also give rise to inverted P waves in II, III, and aVF. These ectopic atrial rhythms cannot be obviously called junctional rhythms.

Incidentally, the reference 6 given by the authors must be an error, since it does not seem to be relevant to the paragraph in which it is quoted. Interestingly, the same reference describes inversion of the polarity of the P wave even if atrial activity is initiated in the region of the sinus node, provided intraatrial conduction is disturbed.

Therefore, although I am not disputing the main impact of the conclusions of the authors, I would have liked to see some reservation in the form of a question mark or in the form of an explanation appended to figures 4 and 5 and in the discussion of the article, which is otherwise excellent.

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Reference

His Bundle Electrogram

To the Editor:

The critique of His bundle pacing by Scherlag et al. (Circulation 46: 601, 1972) was interesting and helpful. However, I question the authors’ recommendation that His bundle pacing is necessary for validation of recorded H potentials.

I have the following reservations about His bundle pacing: (1) Bipolar electrodes positioned at the tricuspid valve may record several electrophysiologic events on the same tracing, including atrial, ventricular, His bundle, and right bundle-branch activation.1 2 Pacing of one of these structures does not negate the recording of the others from the same electrodes. Failure to pace one of these structures also does not negate its having been recorded. It is possible to record an H potential without being able to His bundle pace from the same electrodes (Schuilenburg and Durrer’s case 2).3 (2) The technic of His bundle pacing for validation of H potentials necessitates
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