Atrial (? sinus) tachycardia with block (well concealed)

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A 57-year-old woman with coronary heart disease came to the emergency department because of general malaise. Best seen only in leads II, III, and aVF are apparently ectopic (possibly sinus) P waves (P′) at approximately 180/min, mostly in a fixed 2:1 ratio to the QRS (Mobitz II AV block). The first three beats, however, may represent Wenckebach (Mobitz I) block with increasing PR on beats 1 and 2 and complete block of the subsequent P (P′) wave; this is repeated in beats 8, 9, and 10. The P, as seen in lead V1 (P), is wide, consistent with interatrial block, but this cannot be interpreted during an ectopic atrial rhythm. Atrial tachycardia with block is usually a toxic rhythm, frequently due to digitalis excess.