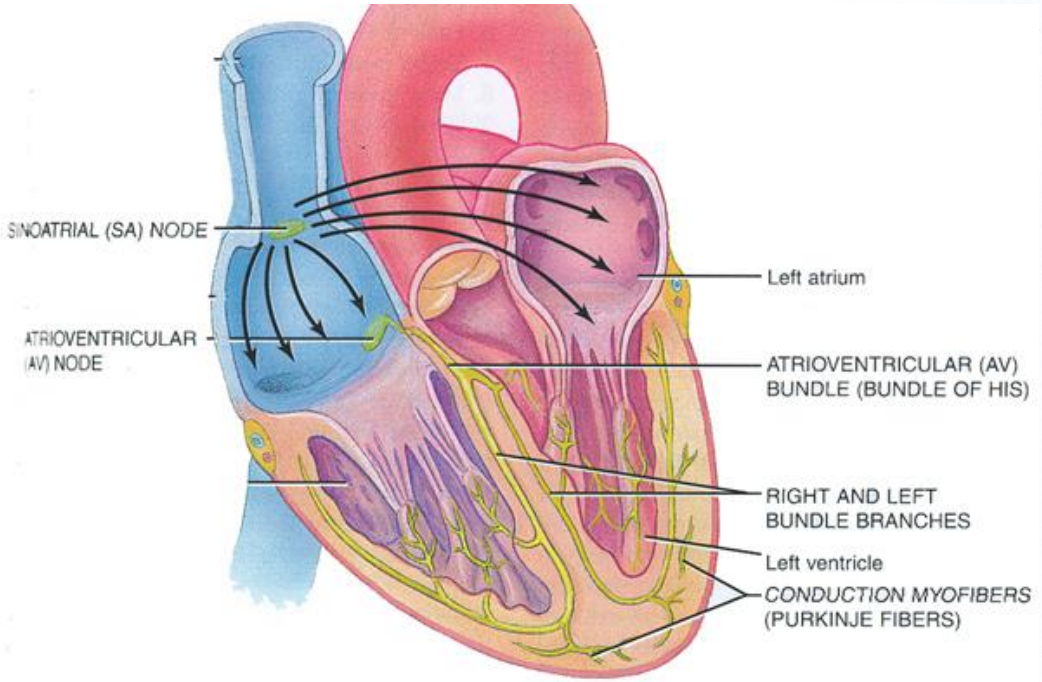
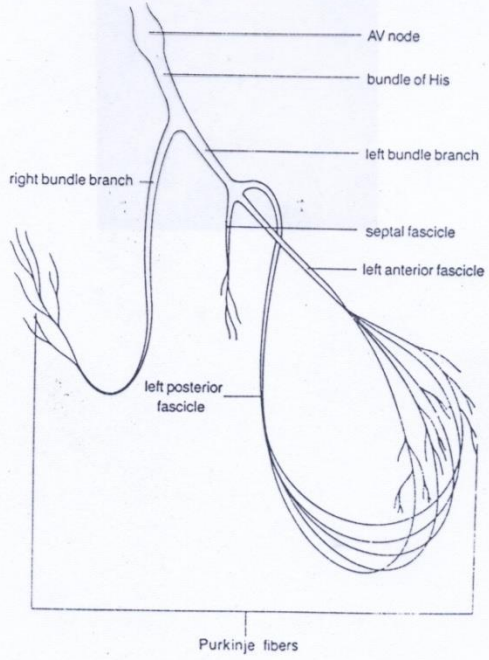
ĐIỆN TÂM ĐỒ TRONG BLOCK NHÁNH VÀ RỐI LOẠN DẪN TRUYỀN TRONG THẤT

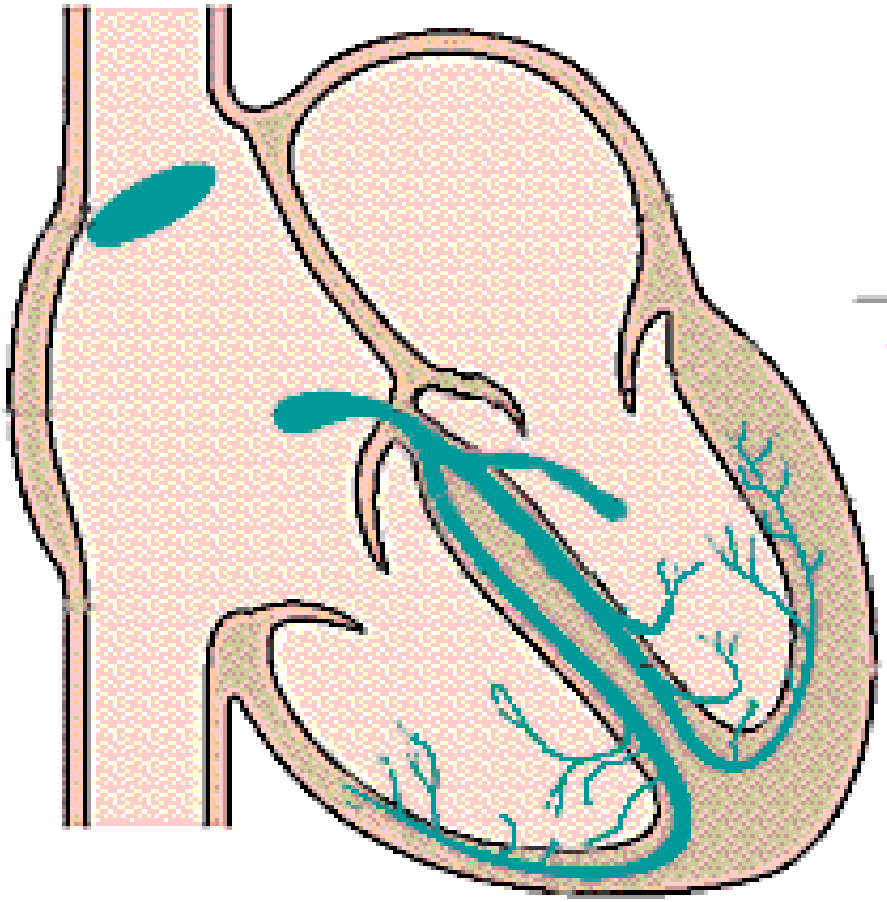
PGS. TS. Nguyễn Tá Đông

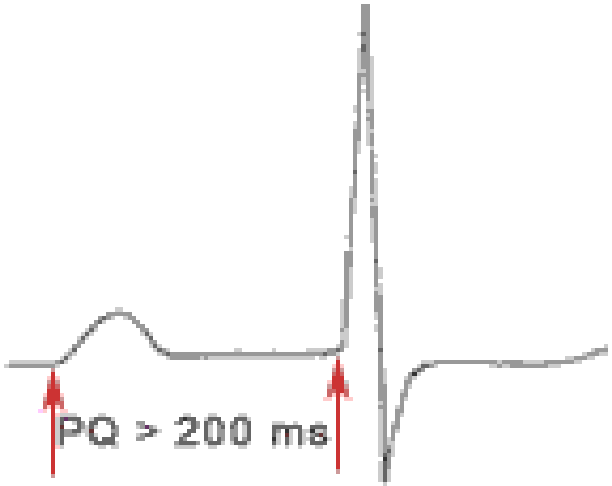
Khoa nội Tim mạch- Bệnh viện TW Huế

Rối loạn dẫn truyền



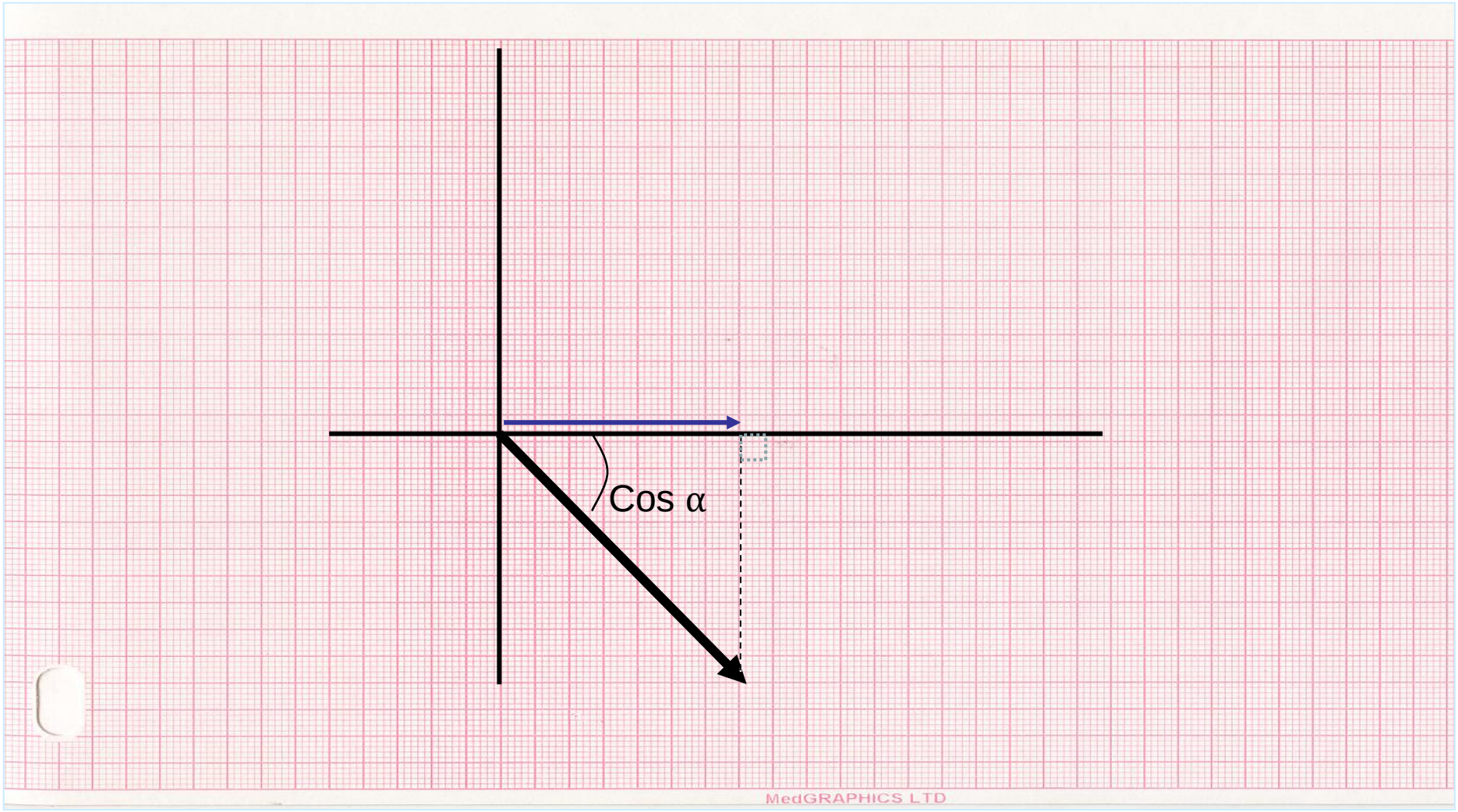




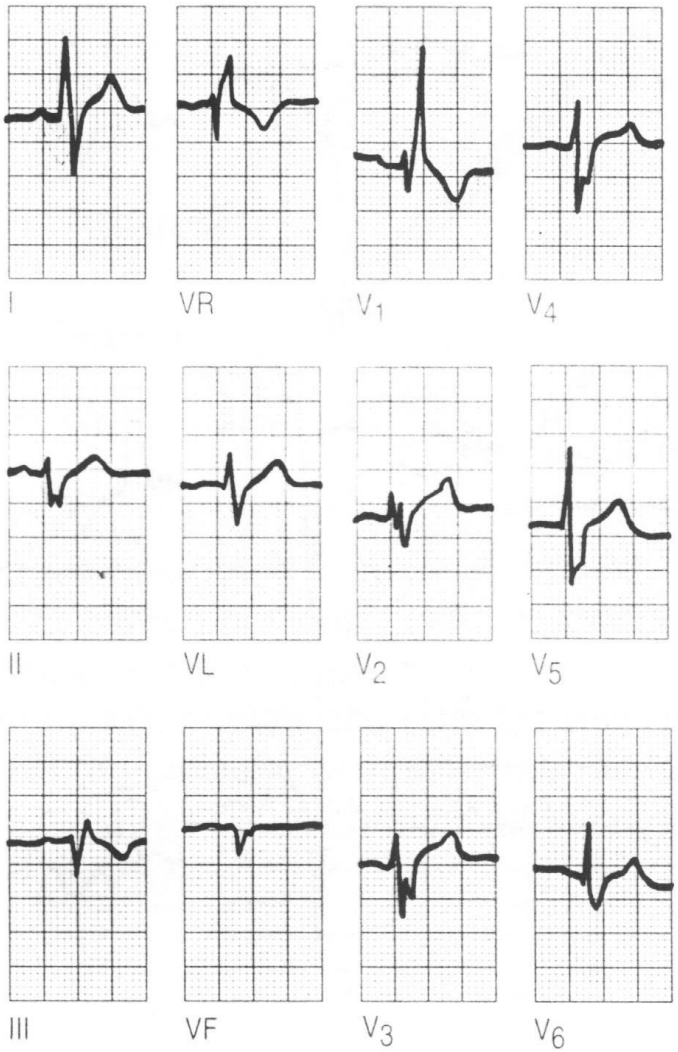


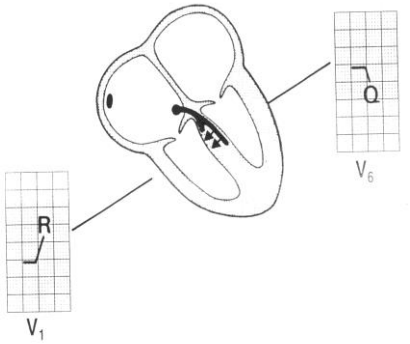
Beim **AV-Block I** liegt eine Leitungsverzögerung im AV-Knoten vor, welche die **PQ-Zeit > 200**ms ausdehnt.

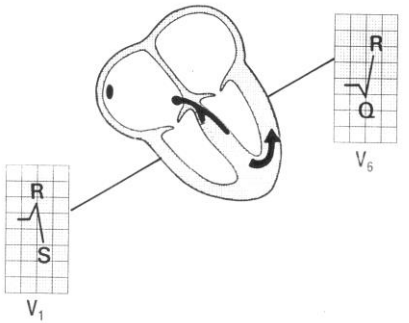
Luận thuyết hình chiếu Einthoven

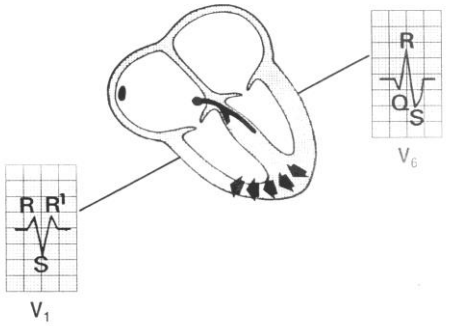


RBBB: Block nhánh phải

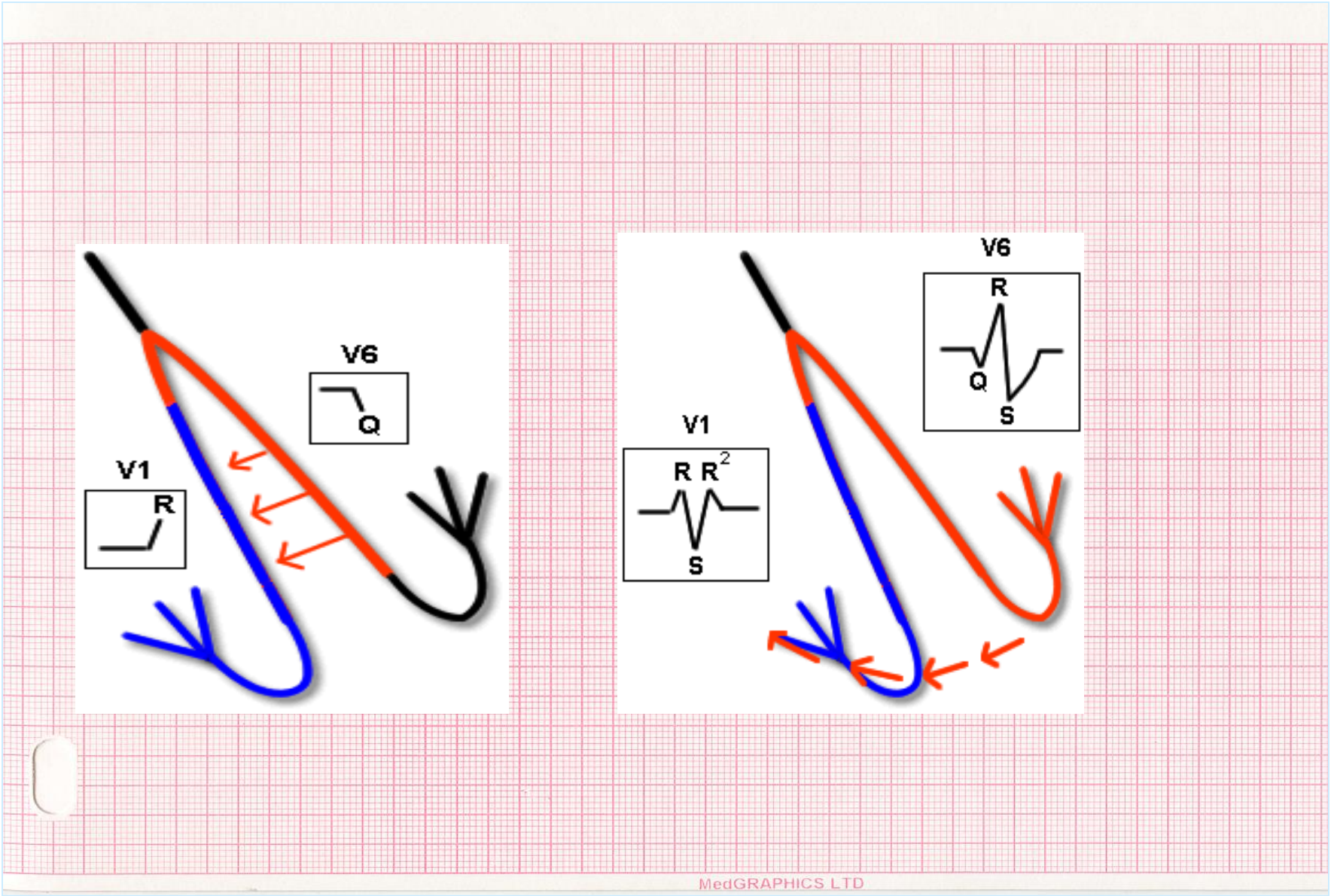








RBBB: Block nhánh phải



RIGHT BUNDLE-BRANCH BLOCK

QRS duration greater than 0.12 s, Wide S wave in leads I, V_5 and V_6

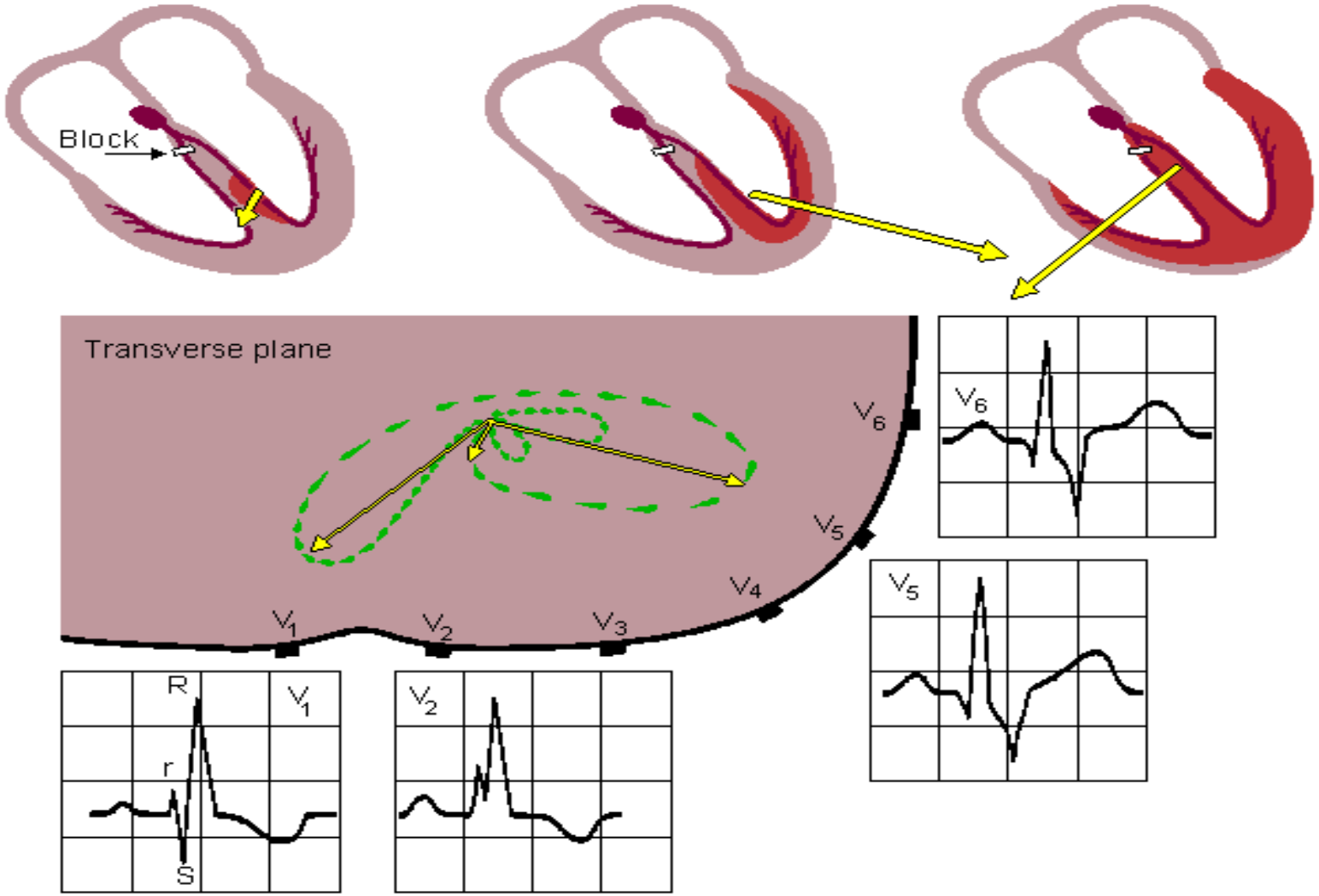
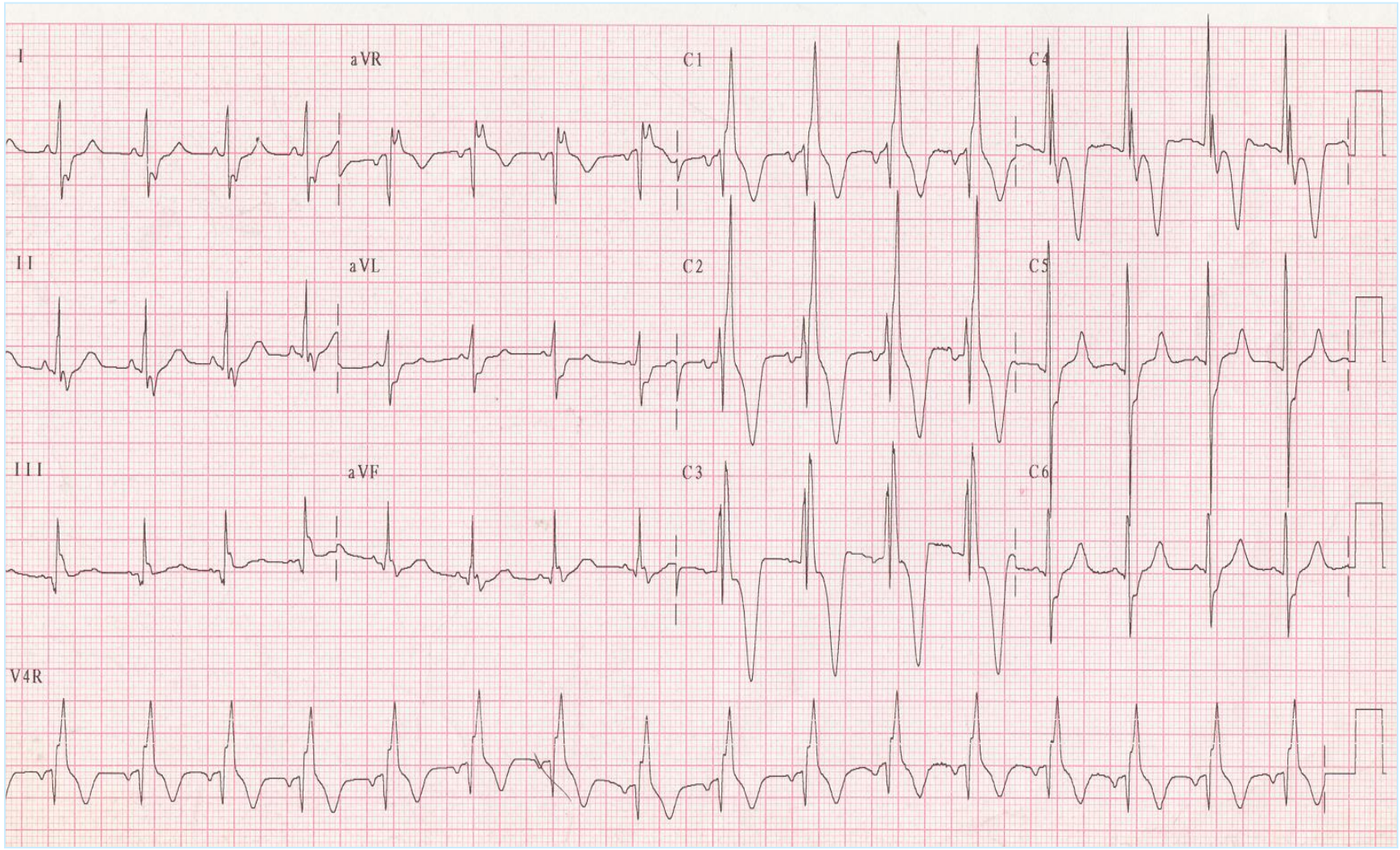


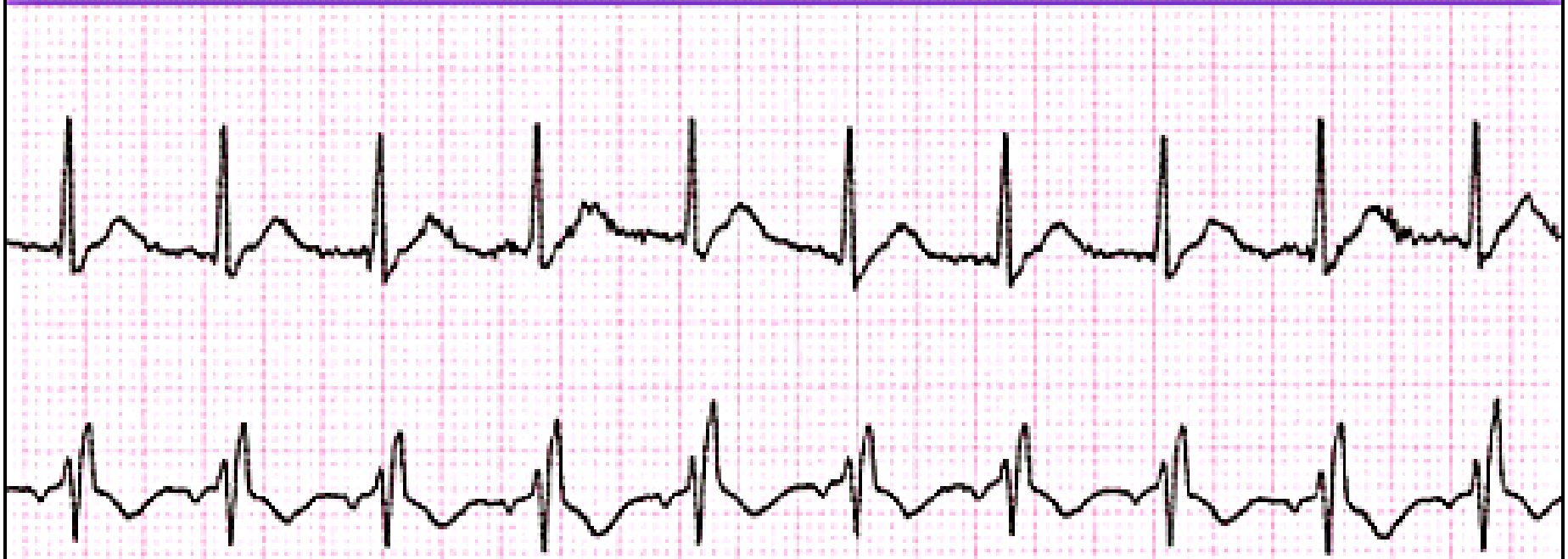
Fig. 19.5.A Right bundle-branch block.

RBBB: Block nhánh phải



Bloc nhánh phải

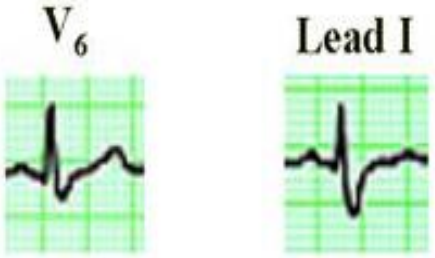
Right Bundle Branch Block

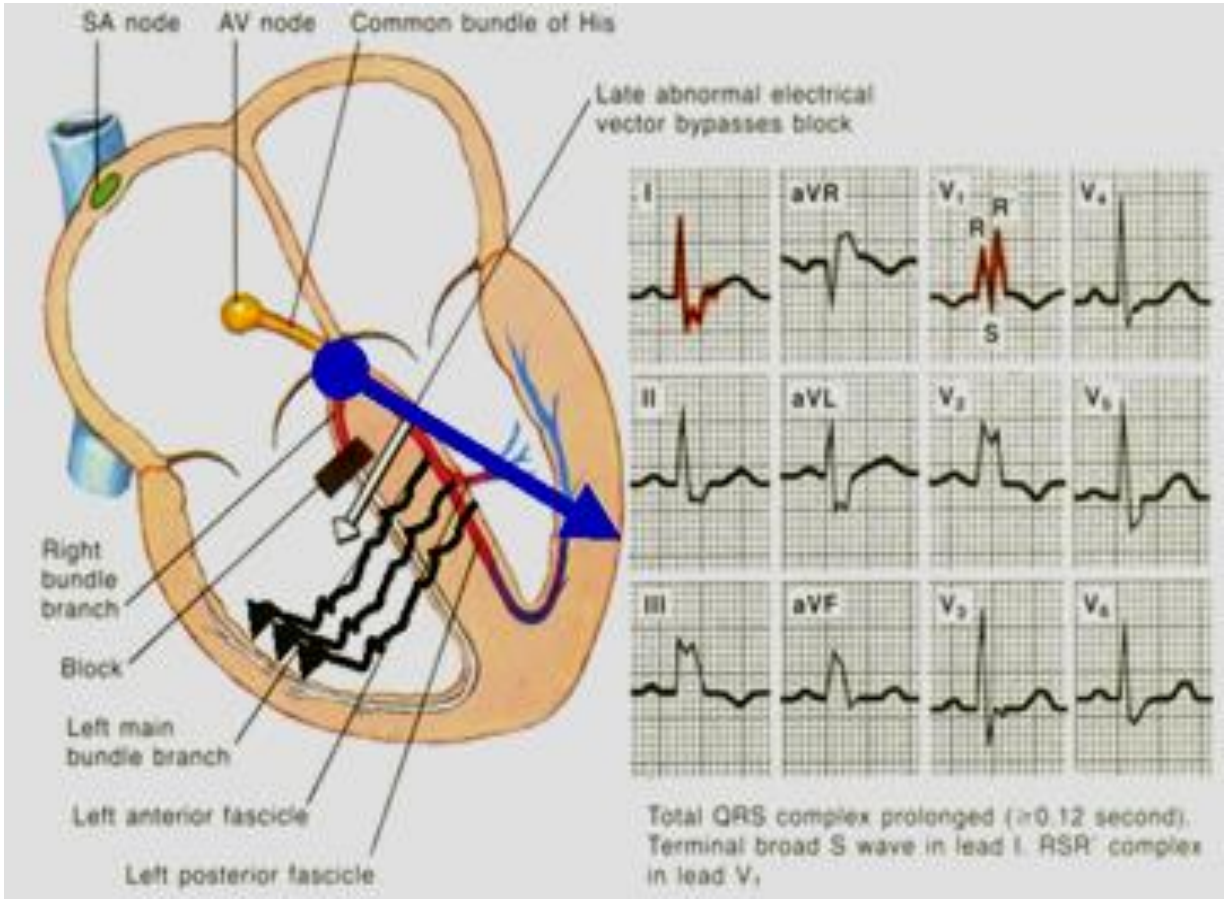


P Wave	PR Interval (in seconds)	QRS (in seconds)	Characteristics
Before each QRS, identical	.12 to .20	>.12	RSR' in V1

RBBB Criteria (Check QRS 1st)

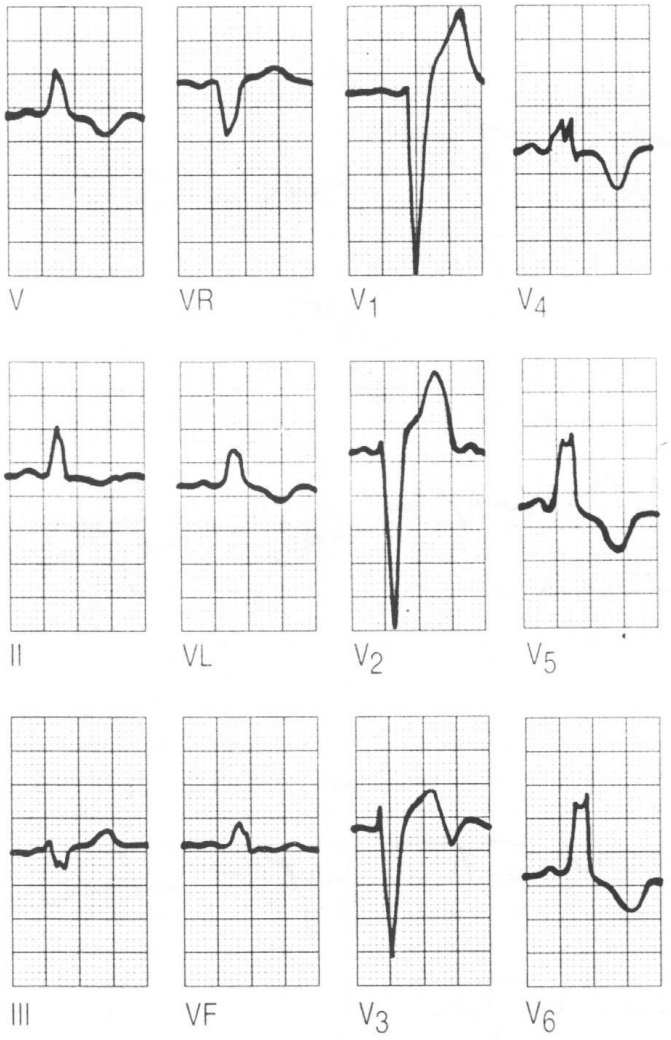
- Look in V_1 & V_2
  - R, R^1 wave!
- Look in V_5, V_6, & Lead I
  - "slurred S wave"

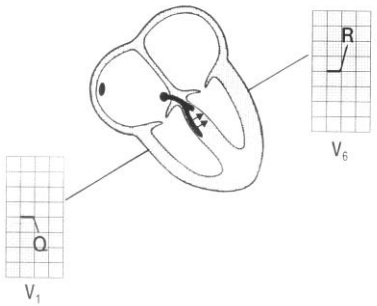


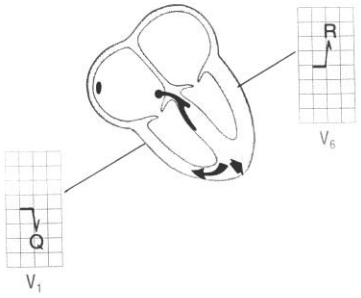


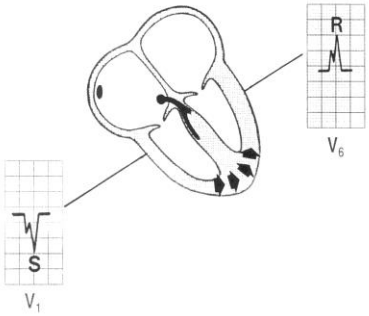
Appearance of RBBB is similar to left ventricular premature beat

Block nhánh trái









Sinus rhythm

LEFT BUNDLE-BRANCH BLOCK

QRS duration greater than 0.12 s

Wide S wave in leads V_1 and V_2, wide R wave in V_5 and V_6

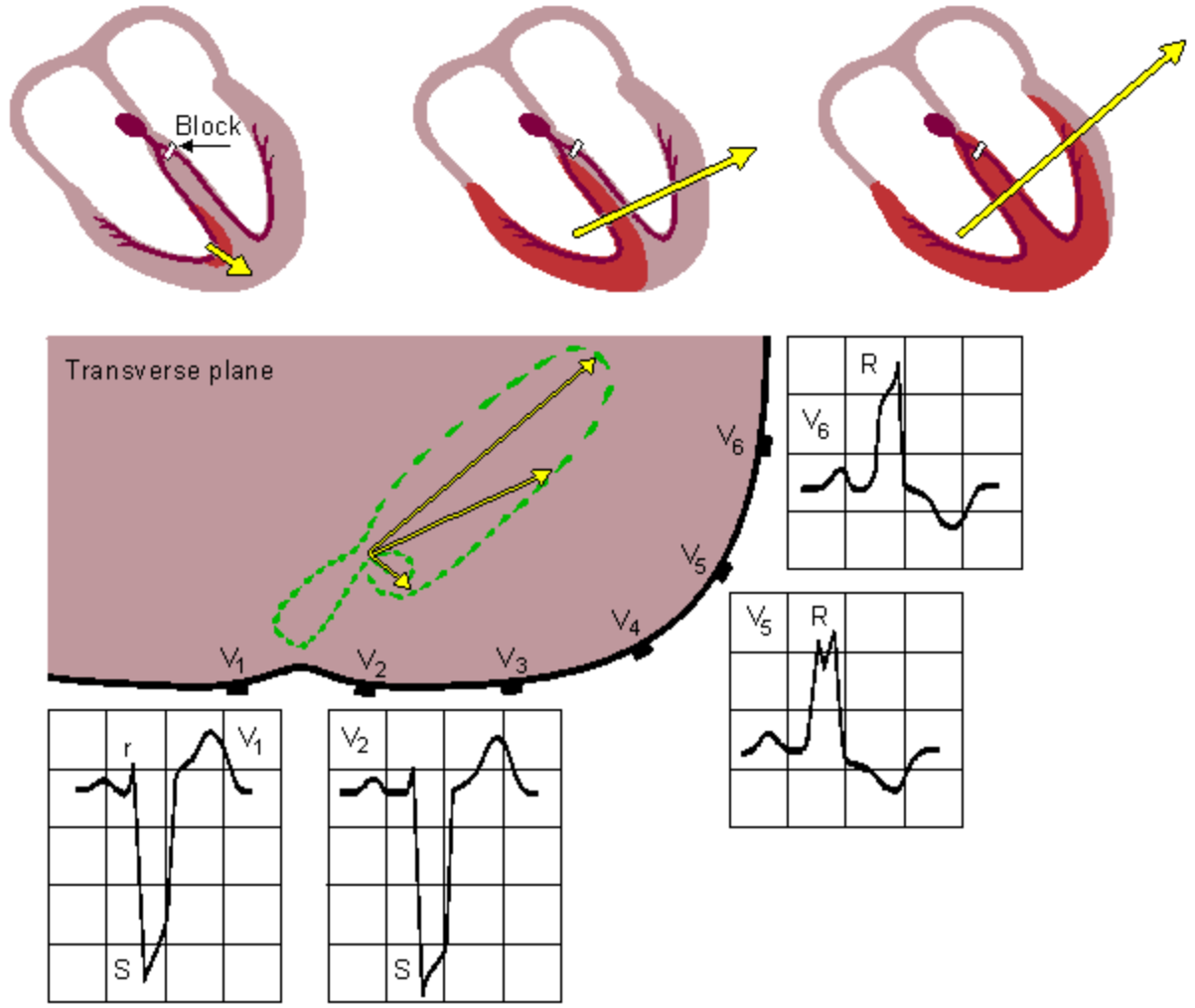
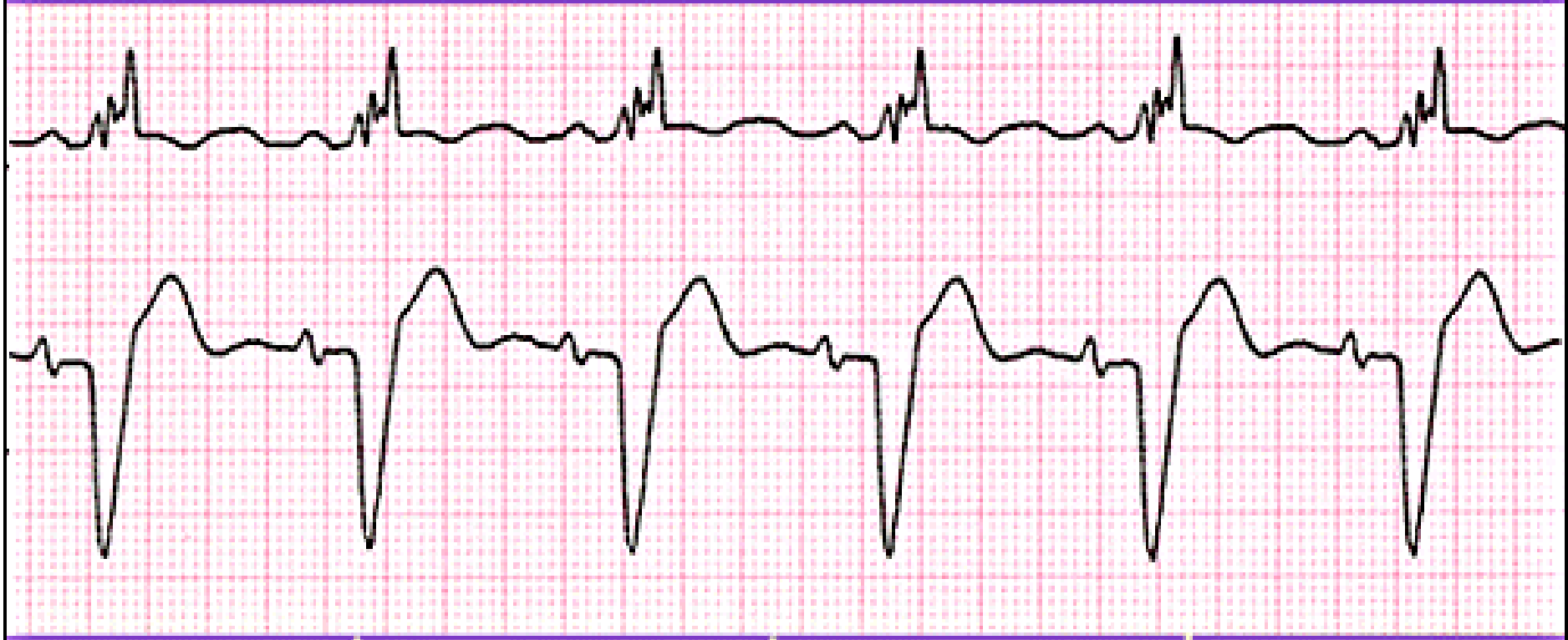


Fig. 19.5.B Left bundle-branch block.

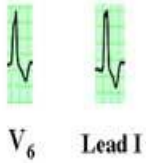
Left Bundle Branch Block

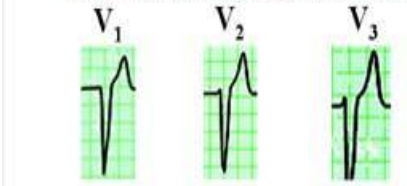


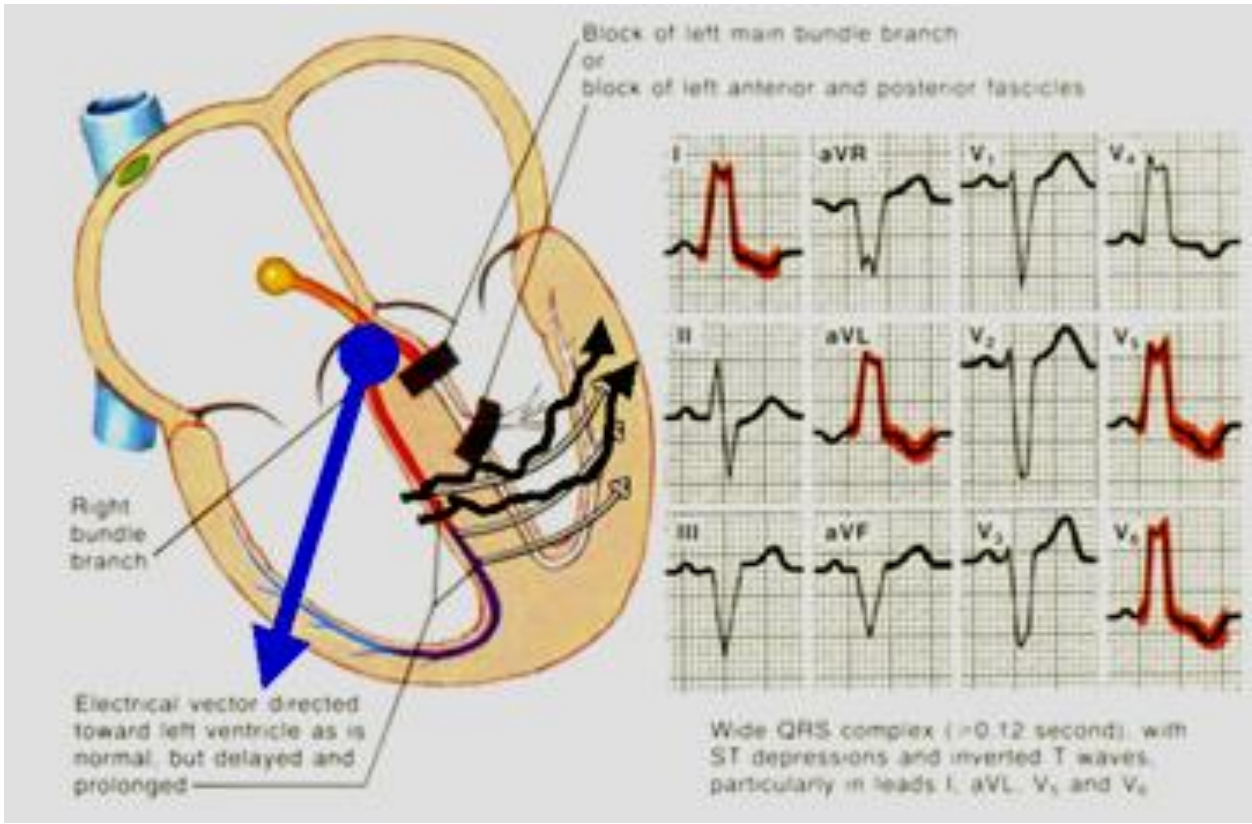
P Wave	PR Interval (in seconds)	QRS (in seconds)	Characteristics
Before each QRS, identical	.12 to .20	≥.12	RR' in V5

LBBB Criteria (Check QRS 1st)

- Look in V_5, V_6, or Lead I
- 'blunted' positive QRS
  - T wave inverted
- Look in V_1-V_3
  - predominately negative QRS

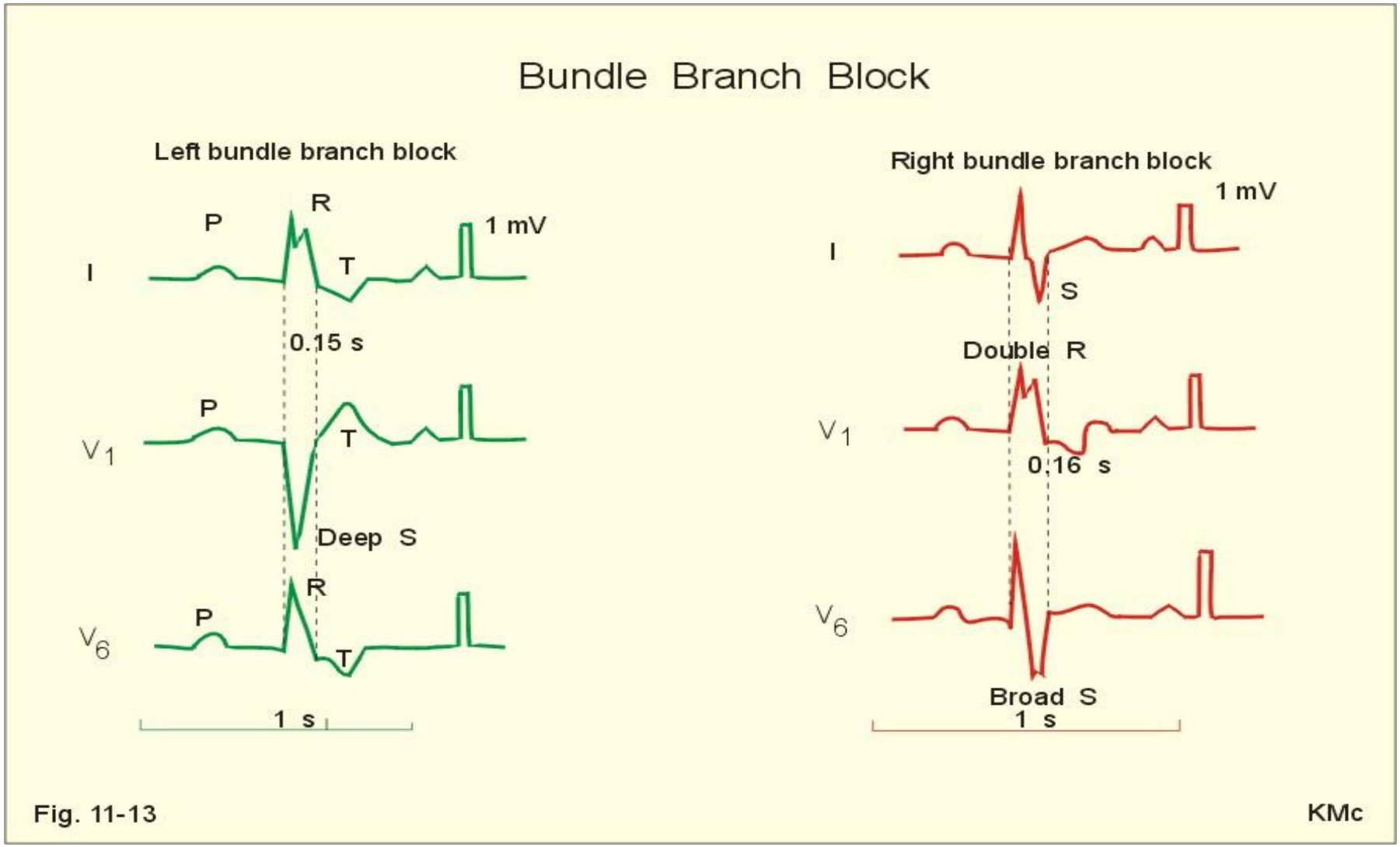




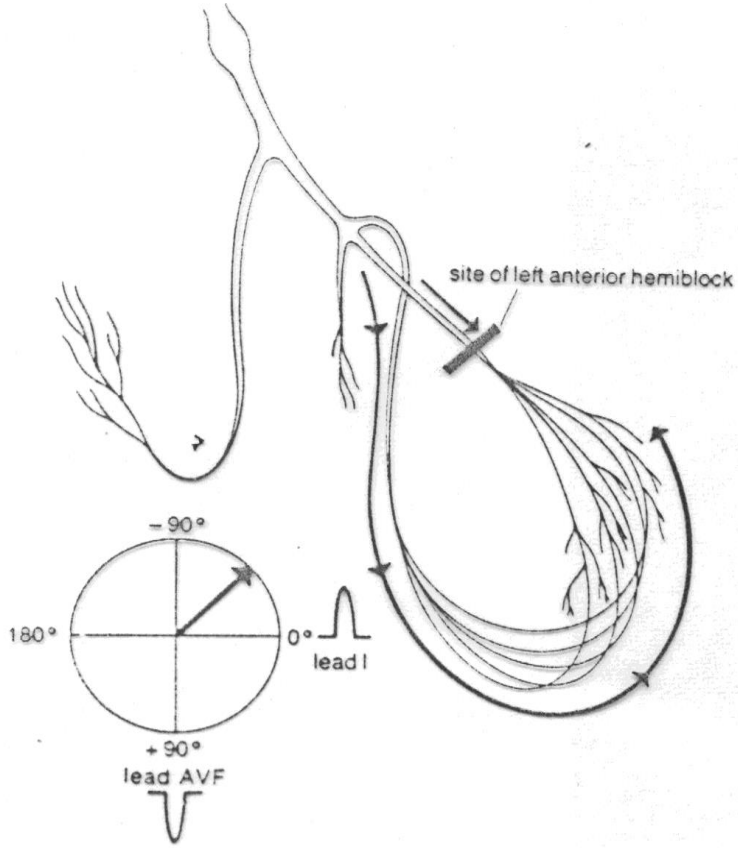


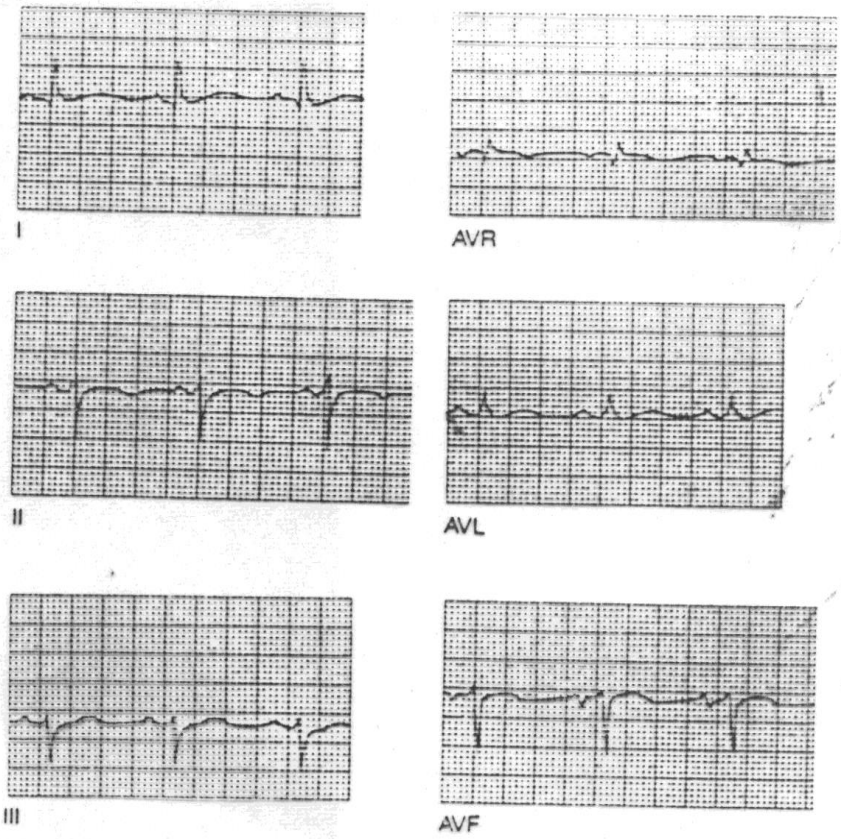
Appearance of LBBB is similar to right ventricular premature beat

Bundle Branch Blocks



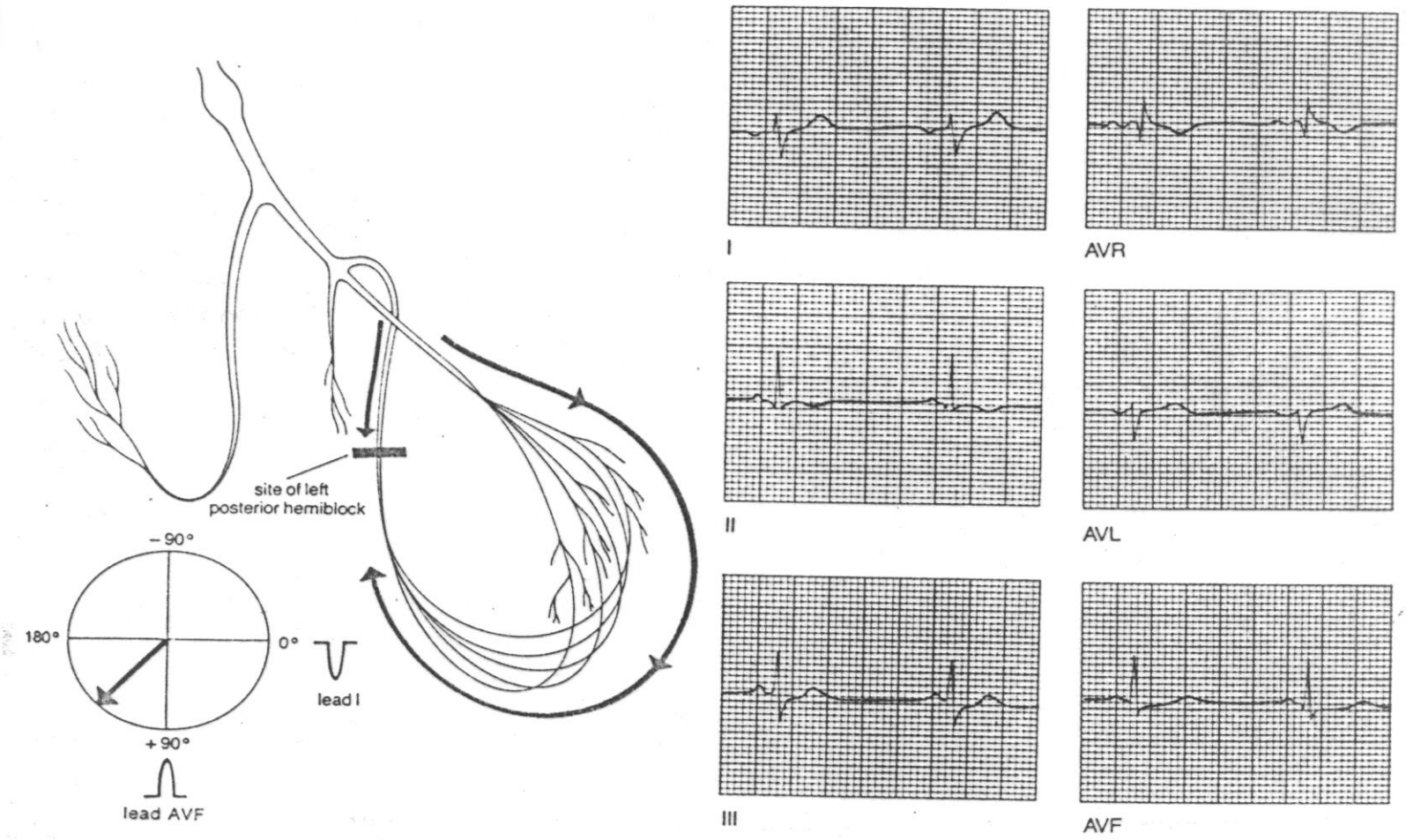
Block phân nhánh trái truớc





Left anterior hemiblock. Current flow down the left anterior fascicle is blocked, so all the current must pass down the posterior fascicle. The resultant axis is redirected upward and leftward (left axis deviation).

Block phân nhánh trái sau



Left posterior hemiblock. Current flow down the left posterior fascicle is blocked, so all the current must pass down the anterior fascicle. The resultant axis is redirected downward and rightward (right axis deviation).

KẾT LUẬN

- **Block nhánh phải:**

  DI, V6: Sóng S rộng, có móc

  V1: RsR’

- **Block nhánh trái:**

  DI, V6: Sóng R rộng, có móc

  V1: rS chiếm ưu thế

  – ***Block phân nhánh trái trước:*** S ở avF > R ở DI

  – ***Block phân nhánh trái sau:*** S ở DI > R ở avF