

• SNRT :- focal  $\neq T \rightarrow$  abrupt onset & termination  $\rightarrow$  P waves indistinguishable from AVR.

A. flutter (macro-reentrant)  $\rightarrow$  CT1 (typical)  $\rightarrow$  Typical : -ve in inferior leads & +ve in V<sub>1</sub>  
 $\rightarrow$  Reverse typical : +ve in inf. leads & -ve in V<sub>1</sub>  
 $\rightarrow$  Non CT1 (Atypical) eg. LA flutter, incisional, <sup>atrial</sup> re-entrant tachycardia

• JT :- from AV node or His bundle.  
 (Non-reentrant)

• AVNRT :- (Re-entrant)  $\rightarrow$  Typical : slow - fast  
 $\rightarrow$  Atypical  $\rightarrow$  fast - slow  
 $\rightarrow$  slow - slow

• Accessory pathway : location, <sup>①</sup> decremental, <sup>②</sup> non-decremental, <sup>③</sup> direction  
 $\rightarrow$  Manifest (Pre-excitation on ECG)  $\rightarrow$  Asymptomatic  
 $\rightarrow$  Symptomatic (SVT)  $\rightarrow$  WPW.  
 $\rightarrow$  concealed

AVRT  $\rightarrow$  Orthodromic  $\rightarrow$  Retrograde conduction through accessory pathway  
 $\rightarrow$  Antidromic  $\rightarrow$  Antegrade conduction through accessory pathway.  
 PSRT: Postseptal accessory pathway