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临床医学

基于心电图V1及avL导联的窄QRS波群心动过速鉴别诊断流程及应用评价

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摘要：

目的 观察分析以V1导联假性r′波合并avL导联QRS波群终末切迹为基础的鉴别诊断流程，并评价其对窄QRS波群心动过速的鉴别作用。方法 随机选取“阵发性室上性心动过速”且成功行射频消融治疗患者277例，观察其中165例患者(AVNRT组90例，AVRT组75例)窦性心律及术中诱发心动过速时的体表心电图，以鉴别指标的敏感性、特异性、阳性预测值及阴性预测值为依据制定诊断流程；对其余112例患者心电图进行盲法的前瞻性研究，评价其鉴别诊断的准确性和应用价值。结果 两组V1导联假性r′波并avL导联终末切迹，下壁导联假性q波或假性s波或原有的s波消失，有可识p波且RP间期>70ms，avR导联ST段抬高，以及胸前导联ST段下移≥0.2mV等5个鉴别指标的差异有统计学意义(P<0.005)。以之制定的诊断流程鉴别AVNRT及AVRT的准确率分别为91.38% 和 88.89%。结论 以心电图V1导联假性r′波合并avL导联终末切迹为基础的鉴别诊断流程，可以更加准确地判断窄QRS波心动过速的机制。

关键词： V1导联假性r′波；avL导联终末切迹；窄QRS波群心动过速；鉴别诊断流程

Differential procedure of narrow QRS complex tachycardia based on lead V1 and avL in electrocardiograms

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Abstract:

Objective To propose a set of differential procedure of narrow QRS complex tachycardia, based on pseudo r′ wave in lead V1 and terminal notching of QRS complex in lead avL, to observe and evaluate the clinical significance. Methods We randomly selected 277 in-patients with proximal supraventricular tachycardia who received radiofrequency ablation; observed the electrocardiograms of both sinus rhythm and tachycardia induced during the surgeries in 165 patients, including 90 in the atrioventricular nodal reentrant tachycardia (AVNRT) group, and 75 in the orthodromic atrioventricular reciprocating tachycardia (AVRT) group; proposed a set of differential procedure according to the sensitivity, specificity, PPV and NPV of differential algorithms. We then carried out a blinded prospective research on the other 112 patients’ electrocardiograms, and evaluated the accuracy of the procedure. Results The following algorithms were of significant differences between the two groups (P<0.005): pseudo r′ wave in lead V1, terminal notching of QRS complex in lead avL, RP interval longer than 70ms, ST segment elevation in lead avR and depression over 0.2mV in precordial leads. With the new differential procedure, we could correctly diagnose 91.38% of AVNRT and 88.89% of AVRT. Conclusion The differential procedure based on pseudo r′ wave in lead V1 and terminal notching of QRS complex in lead avL can improve the accuracy of differential diagnosis between slow-fast AVNRT and overt AVRT.

Keywords: Pseudo r′ wave in lead V1; Terminal notching of QRS complex in lead avL; Narrow QRS complex tachycardia; Differential procedure

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