

# Atrioventricular Nodal Reentrant Tachycardia (AVNRT)



## Overview

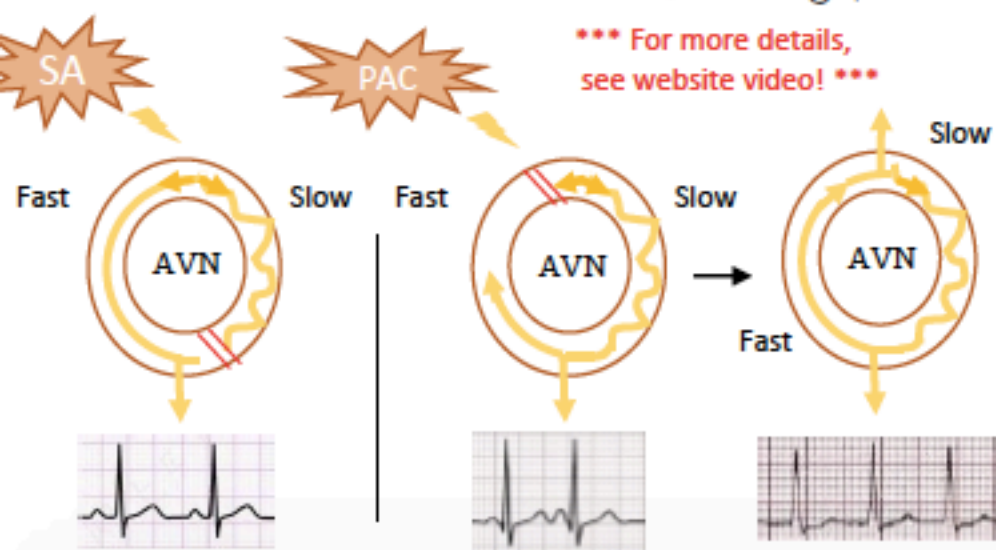
- Regular narrow complex tachycardia (NCT), qrs <120ms
- Reentrant circuit within AV Node
- Abrupt onset / paroxysmal

## Epidemiology

- Avg age 20-30s, but seen in ANY age
- W > M
- One of the most common regular NCT

## Pathophysiology

- Typical AVNRT: 2 pathways within AV Node
- 1) fast conduction & long refractory period
  - 2) slow conduction & short refractory period



## Triggers

- Factors that ↑ atrial ectopy
  - $\Delta$  HR / Autonomic tone
  - Electrolyte/ pH abnormalities
- Commonly, no triggers are identified

## Clinical Manifestation

- Symptoms (paroxysmal)
  - Palpitations
  - Dizziness/lightheadedness
  - Dyspnea
  - Chest pain
  - Neck fullness (from canon A waves)

## ECG Findings of Typical AVNRT

- Pseudo S in inferior leads
- Pseudo R' in V1



Retrograde P waves after QRS

## Diagnosis

- Always consider in regular NCT
- Likelihood increased if:
  - Abrupt onset "step up" on telemetry
  - Preceded by PAC
  - Breaks w/ vagal maneuvers
- Diagnosed on EP study

## Treatment

- Typically benign condition, treated for Sx
- High success rate:
  - Acute Mgmt:
    - Unstable pt
      - Synchronized Cardioversion
    - Stable pt
      - Vagal maneuvers
      - Adenosine
      - IV nodal agent
  - Chronic Mgmt:
    - Beta blockers
    - Non-dihydropyridine CCB
    - EP study with ablation