British Heart Journal, 1972, 34, 1192.

Aberrant atrial conduction

Sir:

I would like to make one comment regarding the paper entitled 'Aberrant Atrial Conduction' from the *British Heart Journal* of April 1972, by Edward K. Chung. In all of his examples of so-called aberrant atrial conduction he makes an assumption that the aberrant atrial impulse originates from the sinus. I am unable to ascertain from his article how he came to this conclusion. Most of his examples are those of different shaped P waves following some type of ectopic atrial activity. It is well known that ectopic atrial impulses will suppress the sinus for one or more beats. During this time subsidiary pacemakers may escape. We are all aware of subsidiary escape from a junctional or a ventricular pacemaker. It is my contention that subsidiary atrial pacemakers from other foci may occur just as commonly, if not more so. Thus what Professor Chung is calling 'Aberrant atrial conduction' is merely escapes of a subsidiary atrial pacemaker from another focus in the atrium rather than occurring in the sinus itself. The change in contour of these P waves can therefore be visualized in the same light as the contour changes that one would expect from any ectopic atrial focus because of the production of atrial depolarization which differs in vectorial directions from that of the sinus originating P wave.

William S. Breall,
Department of Medicine,
University of California, U.S.A.

This letter was shown to Professor Chung who comments as follows.

Sir:

I am fully aware that 'aberrant atrial conduction' is interpreted differently by others. A possibility of atrial escape beat has been raised repeatedly, but it was considered to be unlikely. The reason for this is that a beat with bizarre P wave immediately following an ectopic beat such as atrial premature contraction possesses all features of the sinus beat, other than different configuration of the P wave. In addition, a true existence of the so-called 'atrial escape beat' is not accepted by most investigators. By definition, there are only two types of escape beats, namely, AV junctional and ventricular.

Edward K. Chung,
School of Medicine,
West Virginia University,
Morgantown,
West Virginia, U.S.A.