

Tachycardia with narrow QRS complexes is a group of tachyarrhythmia consisting of: recurrent nodal tachycardia (AVNRT), recurrent tachycardia (AVRT), atrial tachycardia (AT) and atrial flutter 1: 1/2: 1 (AFL). Analysis of electrocardiograms with tachycardia with narrow QRS complexes is helpful in determining the correct diagnosis and selection of immediate and distant therapeutic treatment (eg planning strategies for ablation or pharmacotherapy). A number of studies deal with the issue of non-invasive, electrocardiographic differentiation of these tachyarrhythmia. Most criteria are based on the differences in the relationship between P and QRS complex. The less valuable features include depression of the ST segment in the limb and precordial leads of ECG and ST segment elevation in the aVR lead as well as the alternation of QRS complexes.

The classic differentiating characteristics, highly specific for the diagnosis of recurrent nodal tachycardia, are the pseudo r 'in the V1 lead and pseudo s in leads II, III, and VF)\. However, in the last period two new criteria have been proposed: meshing in the final part of the QRS complex in the aVL lead and pseudo r 'in the aVR lead. According to the authors proposing these criteria, they are more valuable than classical criteria. So far, this has not been confirmed in other studies; it is known that the initially good results of various electrocardiographic criteria are not always confirmed by studies of other authors .

In addition, recently the value of criteria so classic and new in people <18 years has been questioned. This may indicate the dependence of the criteria from age.

It is known that in women, the prevalence of AVNRT is twice as high as in men, but the issue of the influence of sex on the diagnostic value of different electrocardiographic criteria has not been widely studied.

The impact of the experience on the correct analysis of the electrocardiogram is obvious. The diagnostic value of criteria was established on the basis of research, where the electrophysiologists were experienced observers. What is the value of these criteria when the ECG is analyzed not by electrophysiologists, but by general cardiologists and residents is not known.