

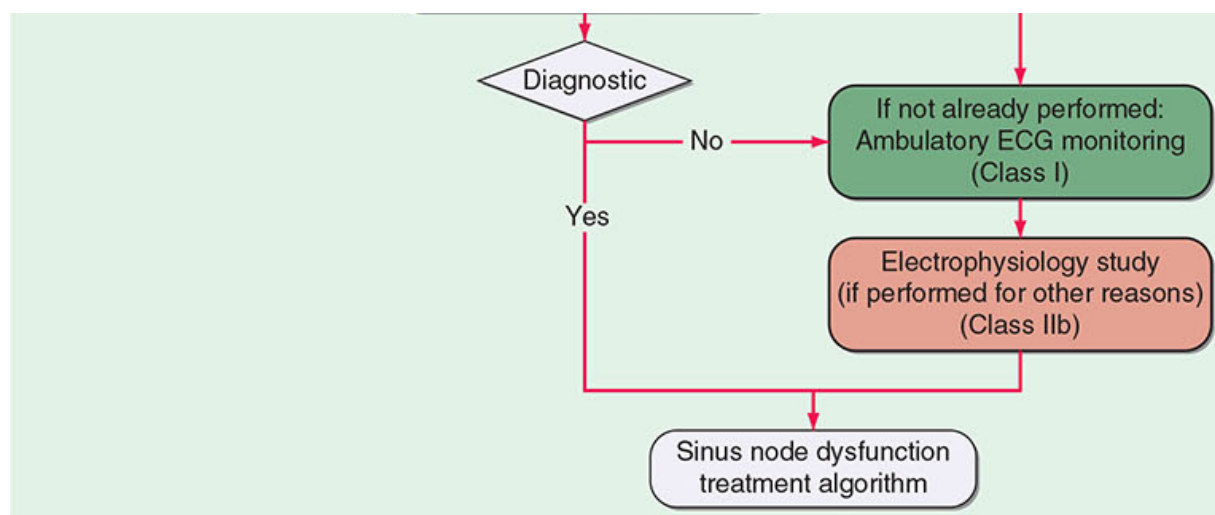


FIGURE 244-3 Evaluation of bradycardia and conduction disease. In patients with sinus node dysfunction, reversible causes should be identified and eliminated when possible. If no reversible cause can be identified, structural heart disease should be considered and evaluated for, if appropriate. If no symptoms are present, an observation strategy is appropriate. In patients who are symptomatic, further evaluation with ambulatory monitoring or exercise testing to identify symptom-rhythm correlation should be considered. *(Reproduced with permission from FM Kusumoto et al: 2018 ACC/AHA/HRS guideline on the evaluation and management of patients with bradycardia and cardiac conduction delay. Heart Rhythm 16:e128, 2019.)*

■ SA NODAL DYSFUNCTION SUBTYPES

SND can be categorized into problems with impulse formation and problems with impulse conduction. The term *sick sinus syndrome* may be used interchangeably with SND and refers to a group of related conditions comprising problems of both impulse formation and impulse conduction.

Sinus Node Exit Block (See Fig. 244-4) “Sinus arrest” results from failure of impulse formation within the sinus node. Sinoatrial exit block results from failure of sinus node activity to propagate to the atrium. Sinoatrial exit block can have similar pattern characteristics of types of AV node block. It can manifest as complete SA block. Type I SA block involves fixed delay out of the sinus node. Type II SA block can occur with either progressive delay and then intermittent failure to propagate to the atrium (Mobitz I type) or fixed