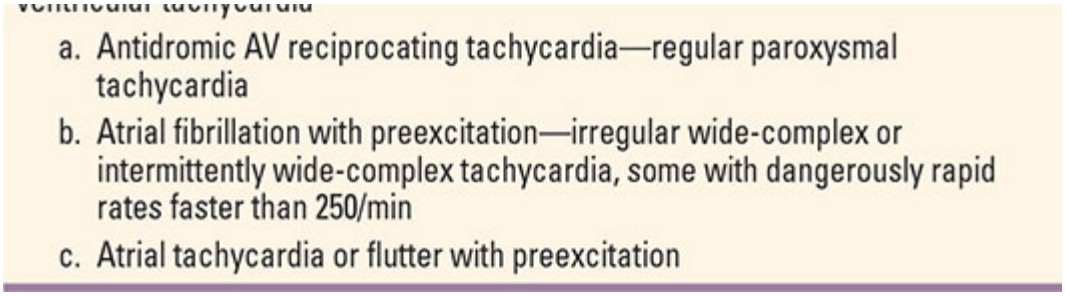

Pathologic tachycardia can be further subclassified by mechanism as reentrant arrhythmias dependent on AV nodal conduction (e.g., AVNRT), large reentry circuits within the atrial tissue alone (e.g., atrial flutter), or focal atrial tachycardias that can be due to automaticity or small reentry circuits. The prognosis and treatment vary considerably depending on the mechanism and underlying heart disease. SVT can be of brief duration, termed *nonsustained*, or can be sustained such that an intervention, such as cardioversion, catheter ablation, or drug administration, is required for termination and maintenance of sinus rhythm. Episodes that occur with sudden onset and termination are referred to as paroxysmal. *Paroxysmal supraventricular tachycardia* (PSVT) refers to a family of tachycardias including AV node reentry, AV reciprocating tachycardia using an accessory pathway, and atrial tachycardia described in subsequent chapters **(Fig. 246-1)**.