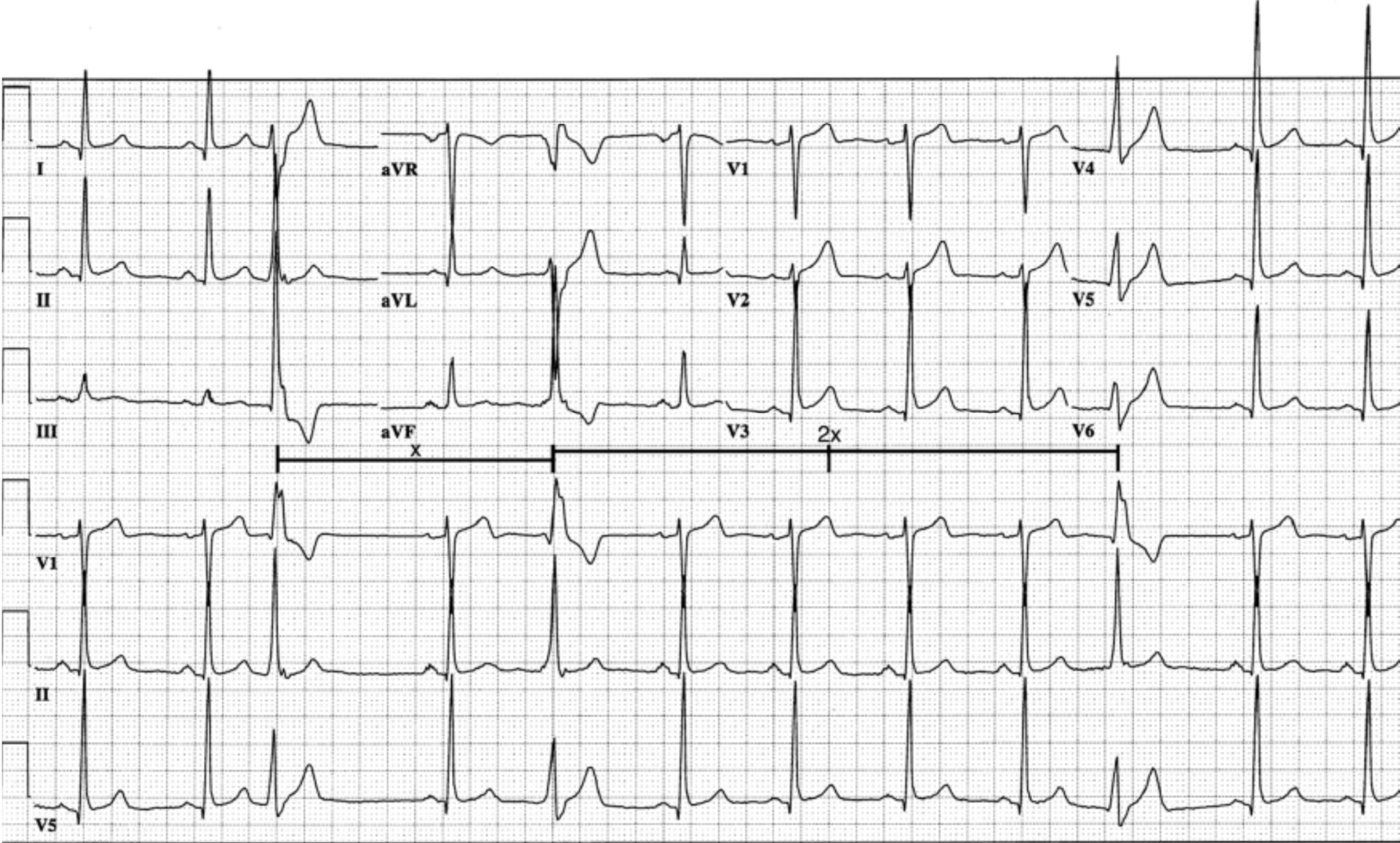


- Ventricular parasystole



- Frequent ventricular premature complexes (VPCs) usually at a rate of 30-55 per minute with the interectopic intervals a multiple (2x, 3x, etc.) of the shortest interectopic interval present (since the parasystolic focus fires at a regular rate and triggers a QRS complex whenever the ventricles are not refractory). Frequent fusion complexes are often seen as a feature of parasystole, as in the tracing above.
- Resultant VPCs vary in relationship to the preceding sinus or supraventricular beats (i.e., nonfixed coupling)
- VPCs typically manifest uniform morphology (which resembles a VPC) unless fusion occurs

Fusion complexes, resulting from simultaneous activation of the ventricles by normal sinus and parasystolic impulses, are common but not required for the diagnosis.

Exit block from a parasystolic focus may occur and result in absence of a ventricular ectopic beat when it would be expected to occur.

Ventricular parasystole is due to the presence of an ectopic ventricular focus that activates the ventricles independent of the basic sinus or supraventricular rhythm and is protected from depolarization by an entrance block. The ventricular focus fires at a regular cycle length and results in a VPC that bears no constant relationship (non-fixed coupling) to the previous sinus beat. In contrast to ventricular parasystole, uniform VPCs due to local reentry initiated by prior sinus activation of the ventricle show fixed coupling

Think of parasystole when you see VPCs with non-fixed coupling and fusion beats.