Interesting Electrocardiogram

THE SIGNIFICANCE OF A PROLONGED PR INTERVAL

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This electrocardiogram was obtained in a 75-year old female as a routine pre-operative tracing. She was asymptomatic as far as medical symptoms go and had hernia repair. Thus the tracing represents first degree AV block (PR interval = 0.23 sec.) at a heart rate of 67/min. and the only other abnormality is a wide P wave (duration = 0.116 sec.). The QRS and QT intervals and all the wave forms are normal.

Thus it would seem valuable to enlarge our evaluation of first degree AV block. In considering a prolonged PR interval, it would be useful, for example, to include any evidence of a change in the PR interval — i.e. if it is stable, becomes shorter or becomes longer. If it becomes shorter (under any stimulus such as exercise or atropine) a vagal origin is suggested and a lower rating or no rating would be appropriate. The presence or absence of intra-atrial block deserves attention. At present, — and based only on the skimpy information at hand — it is difficult to arrive at a reasonable rating for a prolonged PR interval and considerable injustice may be done. For example, evidence points to the fact that intervals above 0.24 sec. and even above 0.30 sec. may occur in the absence of disease.

The association of a prolonged PR interval with other conduction defects such as fascicular or bundle branch blocks obviously is a different problem and the PR prolongation should effect a higher rate in such cases.

Thus isolated first degree AV block in most instances in an insurance population is a benign finding and probably a “normal variant” resulting from vago tonia. It does not imply risk and indeed, probably need not be included in rating.

References
