The patient was a 76-year old man with hypertension and hypercholesterolemia. In the electrocardiogram performed during a preoperative procedure for inguinal hernioplasty, first-degree atrioventricular block was observed. On questioning, the patient reported no dyspnea, palpitations, dizziness, or syncope. An exercise test and a Holter-ECG were requested. During the exercise test, the traces shown in the Figure were recorded.

In view of the results, we can consider 4 diagnostic options:

1. PR interval shortening due to enhanced atrioventricular node conduction
2. Appearance of nodal rhythm
3. Marked PR prolongation, reaching 560 ms with P waves conducted by the second QRS complex (known as over-the-top phenomenon)
4. Accessory pathway conduction


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