

# Ashman's Phenomenon

**Ashman's Phenomenon:** Wide (aberrantly conducted) QRS complexes that follow a short R-R interval preceded by a long R-R interval. A short-long-short R-R interval is even more likely to initiate aberration. The degree of aberrancy may vary. Concealed perpetuation of aberration is possible, such that a series of wide QRS supraventricular beats is possible. In these beats, there is an irregular coupling of aberrant QRS complexes, and the absence of a full compensatory pause. An Ashman beat is typically seen in atrial fibrillation when a relatively long cycle is followed by a relatively short cycle. It can also be seen in other supraventricular tachyarrhythmias. Aberrant conduction results when a supraventricular impulse reaches the His-Purkinje system while one of its branches is still in the relative or absolute refractory period. This results in slow or blocked conduction through this bundle branch and delayed depolarization through the ventricular muscles, causing a bundle-branch block configuration (ie, wide QRS complex) on the surface ECG, in the absence of bundle-branch pathology. A RBBB pattern is more common than a left bundle-branch block (LBBB) pattern because of the longer refractory period of the right bundle branch (but a LBBB morphology or both may be observed even in the same patient).