In contrast, type II second-degree AV block is a potentially life-threatening condition because an abrupt increase in the atrial rate can result in paroxysmal AV block and asystole. Unfortunately, 2:1 heart block is frequently missed by interpretation softwares and by clinicians. In cases of apparent sinus bradycardia, it is important to actively search for non-conducted P waves in the electrocardiogram, which would indicate 2:1 block. Once 2:1 AV block has been diagnosed, one should establish whether the block occurred within the AV node or in the distal conduction system. Important factors suggesting a more malignant distal site include stable PR intervals before and after the block, wide QRS complexes, such as bundle-branch block and bifascicular block, and most importantly, the fact that block occurred during acceleration of the atrial rate. In these cases, the use of atropine can be hazardous.

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CORRECTION

Error in Figure 3: In the Original Investigation titled “Racial and Ethnic Discrepancy in Pulse Oximetry and Delayed Identification of Treatment Eligibility Among Patients With COVID-19,”1 the labels of “SpO2 overestimates” and “SpO2 underestimates” in Figure 3 were reversed. This article was corrected online.


Error in the Funding/Support Section: In the Original Investigation titled “Association of Antenatal Diet and Physical Activity-Based Interventions With Gestational Weight Gain and Pregnancy Outcomes: A Systematic Review and Meta-analysis,” published online December 20, 2021, and in the February 2022 print issue,1 one of the funding sources was incorrect. The European Union-National Health and Medical Research Council (NHMRC) Collaborative Research Grant Scheme (EU Horizon 2020 IMPACT DIABETES B2B) under grant agreement 847984 NHMRC GTN1194234 should be listed instead of “Horizons 2020-linked grant 1194234 from the National Health and Medical Research Council.” This article has been corrected online.