**Bifascicular Block**

a combination of RBBB and either left anterior hemiblock and left posterior hemiblock

- The ventricles depolarize from the single remaining fascicle.
- This is a sign of extensive conducting system disease
- The example above is RBBB + LAFB:
  - Small Q waves and tall R waves in Lead I and aVL
  - Small R waves and deep S waves in Lead II, Lead III and aVF

But wait! ... Isn’t Left Bundle Branch Block (LBBB) a bi-fascicular block? Both the anterior and posterior fascicles are blocked!

Yes. Yes it is. In fact the guidelines from the European Society of cardiology include LBBB in their guidelines for management of bifascicular block.

**“Trifascicular” Block**

Its Bifascicular Block – with the important addition of a prolonged PR interval (1st degree AV block).

**How does this endanger my patient?**

- It may progress to complete heart block, and kill them (1% per year progress this way)

**Management options**

- If this ECG presents with a history of syncope, most would argue in favour of a pacemaker.
- In fact, if there is no reversible cause, a pacemaker is ideal.
- If a pacemaker is needed, make it a dual chamber