THE 12-LEAD ELECTROCARDIOGRAMS, A and B, shown in Fig. 1 were taken from a 70-year-old man, suffering from bronchial carcinoma of the left lung. The patient complained for short-lived paroxysms of tachycardia. However, clinical and x-ray examination revealed nothing abnormal, except electrocardiographic disturbances.

As shown, right bundle branch block (RBBB) is present in A, while the same conduction defect associated with type B Wolff-Parkinson-White (WPW) syndrome is illustrated in B.

On experimental basis, it has been lately suggested by Gamboa that type B WPW syndrome cannot be associated with frank RBBB, since “in this type of WPW syndrome the pre-excitation takes place in the right ventricle, the depolarization of which would depend mainly on pre-excitation.” However, this suggestion has been more recently questioned, because electrocardiographic and vectorcardiographic studies have undoubtedly shown that type B WPW and RBBB may well co-exist in cases of Ebstein’s anomaly. Furthermore, RBBB does not modify the end of the ventricular activation in type B WPW. Consequently, it was granted that the above mentioned contention might hold good in patients “whose hearts are normal apart from their conduction disturbances.”

The present case, most probably a unique one, shows clearly the possibility of the association of frank RBBB with type B WPW in a patient free from any structural abnormality of the heart (such as Ebstein’s anomaly or other).

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**Figure 1:** Twelve-lead electrocardiograms showing right bundle branch block in A, and right bundle branch block in association with type B Wolff-Parkinson-White in B. Electrocardiogram B was taken four days after A. Note the clear-cut “septal” Q waves in left precordial leads of A, replaced by “delta” waves in the same leads of B. Occasional ventricular premature beats are present in both electrocardiograms.