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For accurate measurement of <u>the\_QT</u> interval, the relationship between QT and <u>the-R</u>-R interval<u>s</u> should be repeatable<u>a</u>. This issue is important <u>particularly</u> when the heart rate <u>is</u> <-50\_bpm and\_>120 bpm. <u>Moreover, a</u>Accurate measurement of the QT interval is <u>also</u>-important in athletes and children who have a significant beat-to-beat variability of the R-R interval. In such cases, prolonged and numerous recordings may be necessary. <u>The IL</u>-ongest QT interval is generally observed in the right precordial leads.

Long QT syndrome (LQTS) is a congenital disorder <u>characterized by</u>, which shows a protracted QT interval on <u>the electrocardiogramECG</u>. <u>LQTS</u> This condition influences ventricular tachyarrhythmias to development in peoplepatients, which may lead to syncope, cardiac arrest, or sudden <u>cardiac</u> death. <u>AdditionallyIn LQTS</u>, QT prolongation can lead to polymorphic ventricular tachycardia, which is also referred to as torsade de pointes. This condition itself may <u>lead to cause</u> ventricular fibrillation and sudden cardiac death.

Torsade de pointes is widely thought to be triggered by calcium channel reactivation, a delayed sodium current reactivation, or a diminished outward potassium current that results in early afterdepolarization (EAD). This leads to enhanced transmural dispersion of repolarization (TDR) and is usually associated with a prolonged QT interval. TDR serves as a functional reentry background to maintain torsade de pointes. If TDR provides a reentry background for reentry and increases the likelihood of EAD, the trigger for torsade de pointes, by the extension of extending the time window for calcium channels to remain open. Any additional condition accelerating the reactivation of calcium channels (e.g., increased sympathetic tone); increases the risk of EAD.

Prolonged recovery from excitation increases the <u>probability chance</u> of dispersion of refractoriness, when some parts of <u>the myocardium are refractory to subsequent depolarization</u>. From a physiological viewpoint, dispersion occurs with repolarization of the three layers of the heart, and the repolarization

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**Comment [A2]:** Some singular nouns refer to one specific thing (the only one of its kind), and therefore, "the" is placed before the noun. Here, the has been used to denote specificity.

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phase tends to be prolonged in the myocardium. This is the reason why Therefore, the T wave is usually wide and the interval from the peak of the T\_-wave to its end (Tp-e) represents the transmural dispersion of repolarization (TDR). In long QT syndrome (LQTS), TDR increases and creates a functional background for transmural reentry.

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