Results: AVNRTs was diagnosed in 66 pts (60 typical AVNRTs and 6 atypical AVNRTs) and ORT in 34 pts (10 septal and 24 left free wall accessory pathways). Cannon A wave was present more frequently in cases of AVNRTs (64% vs. 38%), OR 2.92 (95% CI: 1.22-6.99; p=0.0145). Sensitivity and specificity were 64% and 63% respectively. There was an inversely proportional relationship between the mean increase of CVP and the VA interval in tachycardia, b-0.018; p=0.0105; Figure 1. Thus, we regroup the patients according to the VA interval length, short VA interval (typical AVNRTs and ORTs mediated by a septal accessory pathway) and long VA interval (atypical AVNRTs and ORTs mediated by a left free wall accessory pathway). This way, the statistical association strength and the specificity increased significantly. Cannon A wave was much more frequent in the short VA interval group (67% vs. 25%), OR 6.13 (95% CI: 2.27-16.50; p=0.0001). Thus, the mean CVP increase in tachycardia was much higher in the short VA interval group (4.1 mmHg vs. 1.6 mmHg; p=0.0002); Figure 2. Sensitivity and specificity were now 67% and 75% respectively. The sign showed a moderate interobserver correlation with a kappa index of 0.32; p=0.002.

Conclusion: Cannon A wave was associated more frequently with cases of AVNRTs, but mostly with short VA interval tachycardias (typical AVNRTs and ORTs mediated by septal pathways). This fact can be explained by a much higher increase in central venous pressure with shorter VA intervals.