A 79-year-old woman was referred for heart failure. She had a regular pulse rate (60 beats/min) and her blood pressure was 100/56 mmHg. Based on the findings of cardiac catheterization, she was diagnosed with nonischemic dilated cardiomyopathy. She underwent an ergometer exercise test to evaluate her exercise capacity. A 12-lead electrocardiogram (ECG) showed a normal sinus rhythm with a narrow QRS-complex at rest. Aberrant conductions developed during exercise and continued until the end of the exercise bout. After completing the exercise, the aberrant conductions of the left bundle branch block (BBB) morphology disappeared following single premature ventricular contractions (PVCs) (arrow) of the right BBB morphology. The native narrow QRS-complex beats then resumed with a compensatory pause. The patient’s heart rate remained the same throughout, before and after the PVCs, as denoted by the RR interval on the ECG. These findings are explained by the retrograde concealed activation of the PVCs to the contralateral bundle branch within the ventricular septum. No intermittent aberrations were observed at rest.

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