**Key Difference - Mobitz 1 vs 2**

A delay in the passage of impulses into the ventricles via the AV node increases the duration of the PR interval seen in an ECG. This condition is known as a second-degree heart block. There are main two forms of second-degree heart block as mobitz 1 and 2. **In mobitz 1 there is a progressive increase in the duration of PR interval until an impulse is completely blocked before reaching the ventricles whereas in mobitz 2 there is a prolonged PR interval whose duration remains constant and an occasional impulse is lost without reaching its destination.** This is the key difference between mobitz 1 and 2.

**What is Second-Degree Heart Block?**

When there is a delay in the transmission of impulses through the AV node, there is a prolongation of the PR interval. In the presence of a PR interval whose duration is in between 0.25s – 0.45s, some of the action potentials wane off without passing on to the ventricles. In such instances, there will be a P wave which is not followed by a QRS-T wave. This condition is identified as a second-degree heart block. There are two main forms of second-degree heart blocks as mobitz 1 and mobitz 2.

**Clinical Features**

- Syncope
- Lightheadedness
- Depending on the underlying cause there can be features such as chest pain.
- Hypotension
- Bradycardia

**What is Mobitz 1?**

In this form of second-degree heart block, there is a progressive increase in the duration of PR interval until an impulse is completely blocked before reaching the ventricles. Patients having mobitz 1 heart block mostly remain asymptomatic.

**Management**

- If the patient is on digoxin or beta blockers, they should be discontinued.
- When there is a suspicion of myocardial ischemia, it should be aptly treated.

**What is Mobitz 2?**
In mobitz 2 there is a prolonged PR interval whose duration remains constant. An occasional impulse is lost without being transmitted to the ventricles. Patients having mobitz 2 type heart block are at a higher risk of developing third-degree heart blocks and the chance of them becoming symptomatic is higher than those having mobitz 1 form of the disease.

![Mobitz I or Wenckebach](image)

![Mobitz II](image)

![2:1 block](image)

**Figure 01: ECG Changes in Mobitz 1 and 2**

**Management**

- In this form also, the use of digoxin and beta blockers should be discontinued, and the possibility of ischemic events in the myocardium should be excluded.
- Implantation of pacer device is usually considered to avoid the condition worsening into a complete heart block.

**What is the Similarity Between Mobitz 1 and 2?**

- In both conditions, there is a delay in the transmission of impulses into ventricles via the AV node.

**What is the Difference Between Mobitz 1 and 2?**
# Mobitz 1 vs Mobitz 2

<table>
<thead>
<tr>
<th></th>
<th>Mobitz 1 vs Mobitz 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In this form of second-degree heart block,</strong> there is a progressive increase in the duration of PR interval until an impulse is completely blocked before reaching the ventricles.</td>
<td>In mobitz 2 there is a prolonged PR interval whose duration remains constant. An occasional impulse is lost without being transmitted to the ventricles.</td>
</tr>
<tr>
<td><strong>Complete Heart Block</strong></td>
<td></td>
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<tr>
<td>The risk of getting a complete heart block is low.</td>
<td>The risk of getting a complete heart block is high.</td>
</tr>
<tr>
<td><strong>Symptoms</strong></td>
<td></td>
</tr>
<tr>
<td>Most of the patients remain asymptomatic.</td>
<td>Patients with mobitz 2 are more likely to be symptomatic than the patients with mobitz 1. The usual symptoms are lightheadedness and syncope.</td>
</tr>
</tbody>
</table>

## Summary - Mobitz 1 vs 2

Mobitz 1 and 2 are the two forms of second-degree heart block. The difference between them is in mobitz 1 there is a gradual increase in the duration of PR interval until an impulse completely wanes off before reaching the ventricles but in mobitz 2 although the PR interval is prolonged it does not change with time.

**Reference:**


**Image Courtesy:**

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**How to Cite this Article?**

