

ECG of the Month



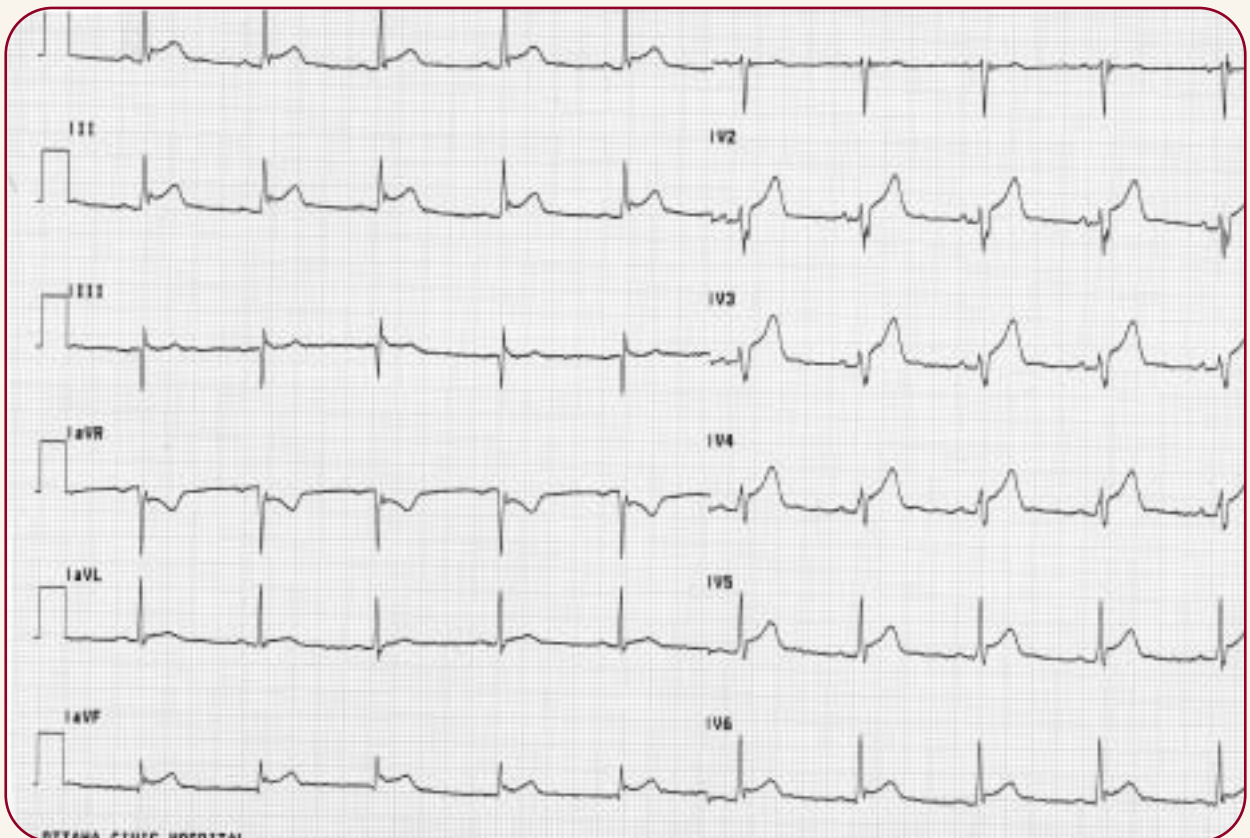
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A Sack of Trouble

This is the ECG of a 60-year-old man with chest pain.

What is the diagnosis?





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ECG

of the Month

This Month's ECG Diagnosis


This ECG shows sinus rhythm with normal conduction. There is widespread ST segment elevation. The ST segment elevation is seen in leads I, II, aVL, aVF, and V₂ through V₆. There is ST segment depression in aVR. In addition, there is slight elevation of the PR segment, best seen in lead aVR, and slight depression of the PR segment in leads I and II.

This ECG shows extensive ST segment elevation indicative of widespread epicardial injury. The dif-

ferential diagnosis here includes both transmural myocardial ischemia and pericarditis. The differentiation between these two is usually based on the history and the regional distribution of the epicardial injury pattern. In this particular case, the epicardial injury pattern is diffuse and seen in lead I and lead II, as well as in the anterior precordial leads. This occurrence is not in keeping with the usual distribution of a single coronary artery and is, therefore, suggestive

of pericarditis. The ST segment depression in aVR is due to aVR actually looking at the endocardium of the ventricles. As such, the ST elevation seen on all the epicardial leads becomes its endocardial reciprocal in aVR and is seen as ST segment depression.

In this case, the PR segment abnormality is minimal. Nevertheless, the PR segment abnormality can be helpful in distinguishing pericarditis from ischemia. Whereas the pericardium affects both the atria and ventricles, ischemic disease is generally ventricular.

In this particular case, the pericarditis was a result of an inflammatory reaction following cardiac surgery. The patient was treated with anti-inflammatory drugs and the pain and the pericarditis both settled down. 



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LS 18-0303E