ECG Contest

Response to ECG, May 2019

Respuesta al ECG de mayo de 2019

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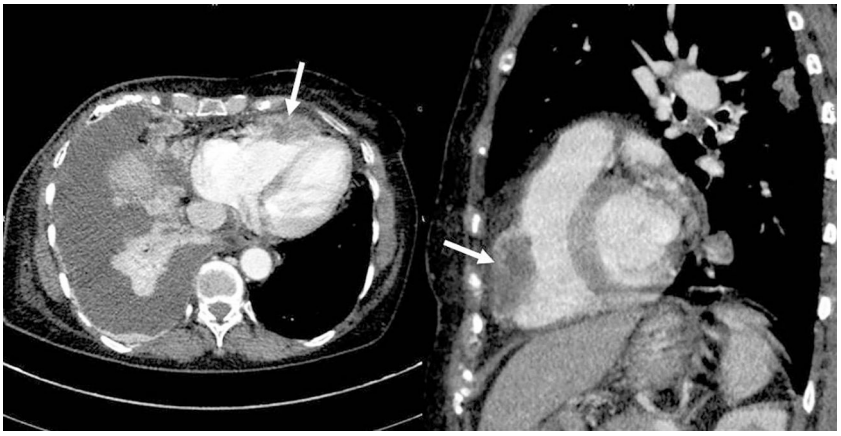

Figure..

In ST-elevation myocardial infarction, the observed ST elevation can due to obstruction of the left anterior descending artery, but such findings would usually be accompanied by ST elevation in the aVR lead and ST depression in the inferior leads (and so response 1 is incorrect). Isolated right ventricular (RV) infarction usually shows more marked ST elevation in leads V_1-V_2 and a tendency for ST elevation in the inferior leads[1] (response 2 incorrect). Although the S1Q3T3 pattern is present, T wave inversions are the precordial electrocardiographic abnormalities usually observed in pulmonary thromboembolism with RV involvement[2] while ST elevation is not usually present in these leads. If observed, it would be similar to RV infarction (response 3 incorrect). The correct response is 4, given that ST elevation is more evident in leads V_3-V_4, which could only be explained by a mass that infiltrates the midapical wall of the RV (Figure).

REFERENCES

1. Finn AV, Antman EM. Isolated Right Ventricular Infarction. *N Engl J Med.* 2003;349:1636-1636.
2. Wang K, Asinger RW, Marriot HJ. ST-segment elevation in conditions other than acute myocardial infarction. *N Engl J Med.* 2003;349:2128–2135.

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