ECG Contest

Response to ECG, November 2018

Respuesta al ECG de noviembre de 2018

José Luís Martins,* Anabela Gonzaga, and José Santos

Department of Cardiology, Baixo Vouga Hospital Centre, Aveiro, Portugal

The second and seventh complexes (Figure 1) could lead to misdiagnosis of a left lateral accessory pathway but the absence of pre-excitation in the remaining complexes clearly excludes that diagnosis (answer 1, incorrect). The atrioventricular (AV) dissociation during accelerated idioventricular rhythm is an isorhythmic AV dissociation with ventricular rate similar to or faster than atrial rate (answer 2, correct), where the AV dissociation is not isorhythmic with atrial rate much faster than ventricular rate (answer 3, incorrect). A second ECG (Figure 2A) performed 2 minutes after the first ECG revealed sinus rhythm, ventricular extrasystoles with the same focus as the first ECG and pathological q waves in V1-V4; DI and aVL leads, and no ST-segment elevation in V5-V6, probably showing an already evolutionary phase of ST-segment elevation myocardial infarction (answer 4, incorrect). An emergent coronary angiogram revealed the presence of a thrombus (arrow) in the left anterior descending artery (Figure 2B).

REFERENCES


SEE RELATED CONTENT:
https://doi.org/10.1016/j.rec.2018.03.006
* Corresponding author:
E-mail address: zeluismartins@gmail.com (J.L. Martins).