



THE PRACTITIONER

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Country cardiograms case 33

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A 75-year-old man presents to a rural emergency department with a 1-hour history of severe central chest pain. He has no preceding history of pain and no cardiac risk factors. The patient's initial electrocardiogram (ECG) is shown in Figure 1. Risk stratification indicates a very positive risk–benefit ratio for thrombolysis, with a relatively low risk of major stroke, and he is given a bolus dose of tenecteplase. Soon afterwards the patient's pain decreases but he complains of weakness and dizziness, and

develops ventricular fibrillation. He is promptly defibrillated, and makes a full recovery. His coronary angiogram shows only a 50% stenosis in the left anterior descending artery, not amenable to angioplasty, and medical management is recommended. The patient's ECG a week after discharge is shown in Figure 2. What is your interpretation of these ECGs?

For the answer, see page 80.

Competing interests: None declared.

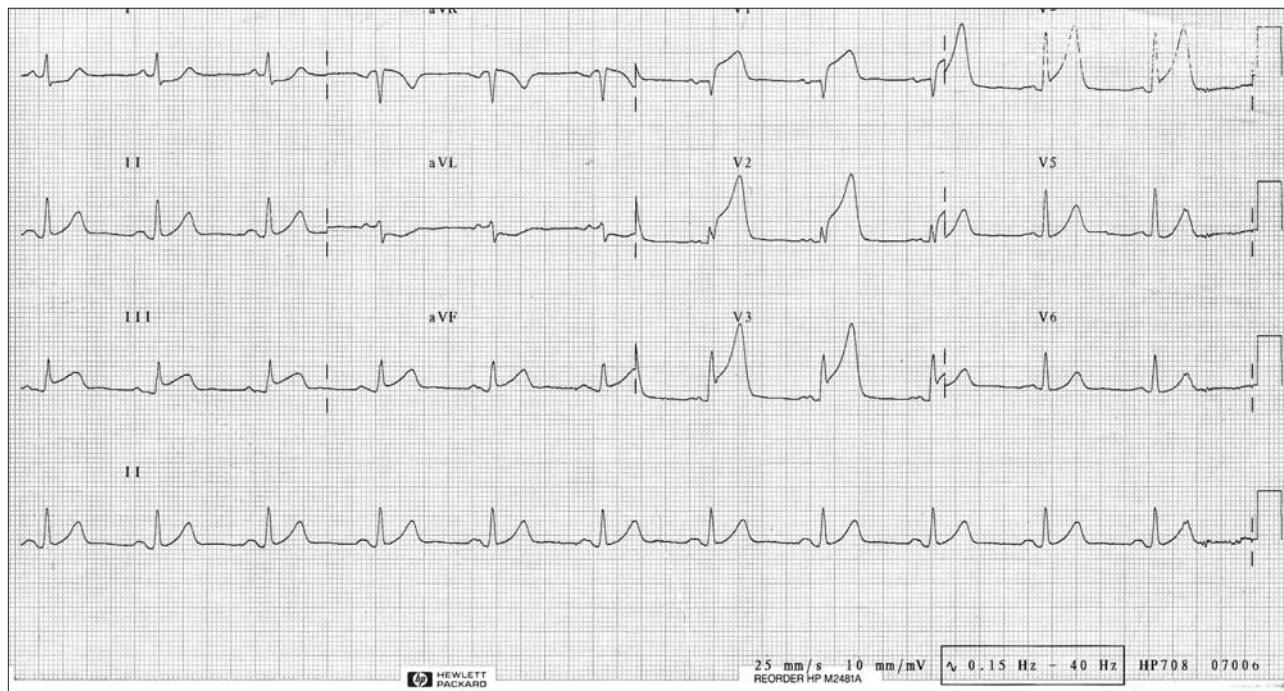


Fig. 1. Initial electrocardiogram of a 75-year-old man who presented to the emergency department with a 1-hour history of severe central chest pain.

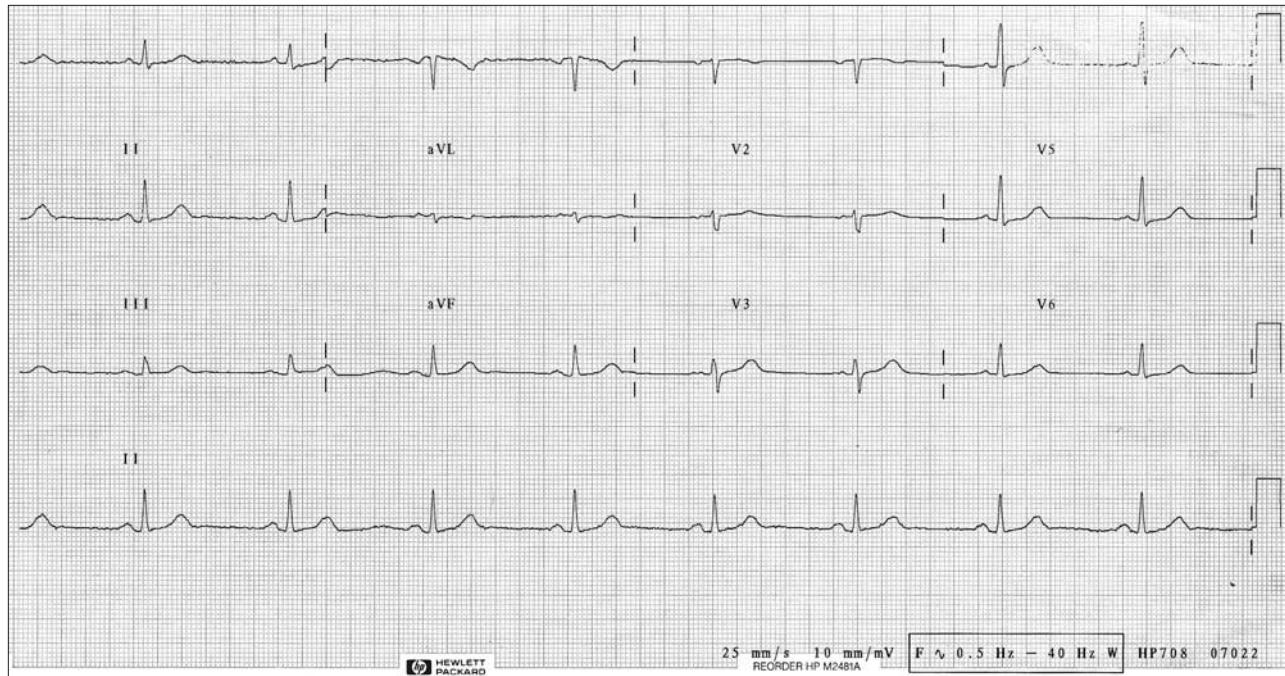


Fig. 2. Electrocardiogram 1 week after discharge.

Country Cardiograms

Have you encountered a challenging ECG lately?

In most issues of *CJRM* an ECG is presented and questions are asked.

On another page, the case is discussed and the answer is provided.

Please submit cases, including a copy of the ECG, to Suzanne Kingsmill,
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