A 27-year-old man presents to the emergency department of a rural British Columbia hospital with a 6-hour history of chest pain, preceded by a period of malaise and an upper respiratory infection. He has no significant medical history and has not used cocaine or any other illicit substance. The patient’s pain is in the left precordial area and seems to vary with position, so that he prefers to sit bending forward. His vital signs and cardiorespiratory examination are normal.

Results of initial investigations include a raised troponin-T level of 0.20 µg/L (< 0.03 µg/L: negative for myocardial damage; > 0.10 µg/L: myocardial damage has been detected). The electrocardiogram is shown in Figure 1. The patient is given appropriate treatment, and serial electrocardiograms are taken. One of the electrocardiograms taken the following day is shown in Figure 2.

What is the diagnosis?

For the answer, see page 70.

Competing interests: None declared.
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, Managing Editor, CJRM, 45 Overlea Blvd., P.O. Box 22015, Toronto ON M4H 1N9; cjrm@cjrm.net

Cardiogrammes ruraux

Avez-vous eu à décrypter un ECG particulièrement difficile récemment?

Dans la plupart des numéros du JCMR, nous présentons un ECG assorti de questions.

Les réponses et une discussion du cas sont affichées sur une autre page.

Veuillez présenter les cas, accompagnés d’une copy de l’ECG, à Suzanne Kingsmill, rédactrice administrative, JCMR, 45, boul. Overlea, C. P. 22015, Toronto (Ontario) M4H 1N9 ; cjrm@cjrm.net

Fig. 2. Electrocardiogram taken the following day.