A 62-year-old man is brought to the emergency department of a remote hospital in British Columbia. He has had vague feelings of indigestion for more than 24 hours. His examination is normal, other than an elevated blood pressure reading of 160/105 mm Hg. His cardiovascular risk factors include an adverse lipid profile, obesity, a sedentary lifestyle, type 2 diabetes mellitus and extreme stress over the preceding 12 months, as well as a family history of premature myocardial infarction.

His symptoms abate, and troponin T results are negative. His initial electrocardiogram (ECG) is shown in Figure 1. Although the patient’s presentation does not seem typical for an ischemic cardiac event, he is retained for monitoring and reassessment. He continues to feel unwell, but without specific symptoms.

A repeat ECG, taken 8 hours after the initial one, is shown in Figure 2. The patient’s troponin T level is now elevated at 0.55 µg/L (> 0.10 µg/L is consistent with myocardial infarction).

What has happened?

For the answer, see page 72.

Competing interests: None declared.

Fig. 1. Initial electrocardiogram of a 62-year-old man with indigestion for more than 24 hours.

“Country cardiograms” is a regular feature of CJRM. We present an electrocardiogram and discuss the case in a rural context. Please submit cases to Suzanne Kingsmill, CJRM, 45 Overlea Blvd., P.O. Box 22015, Toronto ON M4H 1N9; cjrm@cjr.m.net.
Fig. 2. Repeat electrocardiogram, taken 8 hours after the initial one.