

Country cardiograms case 46

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A 75-year-old man is brought by his wife to the emergency department of a remote BC hospital. He has a 3-day history of chest pain, which suddenly became much worse 4 hours ago. He is clearly in great distress and is writhing about and hitting his chest because the pain is so intense.

He has known ischemic heart disease, with previous inferior and anterior myocardial infarctions and stenting procedures, and has been compliant with maximal medical treatment. His nitroglycerin spray has been progressively

less effective in the past few weeks in preventing exercise-related chest pain.

His electrocardiogram is shown in Figure 1. A previous electrocardiogram, recorded 2 weeks earlier, is obtained for comparison (Fig. 2). It shows abnormal Q waves in inferior leads III and aVF, and very poor R wave progression in leads V1–V3, consistent with his known previous inferior and anterior myocardial infarctions. QRS duration in the previous electrocardiogram is 0.095 seconds. There is minimal ST segment elevation in lead II only; otherwise, there are no ST–T changes of note.

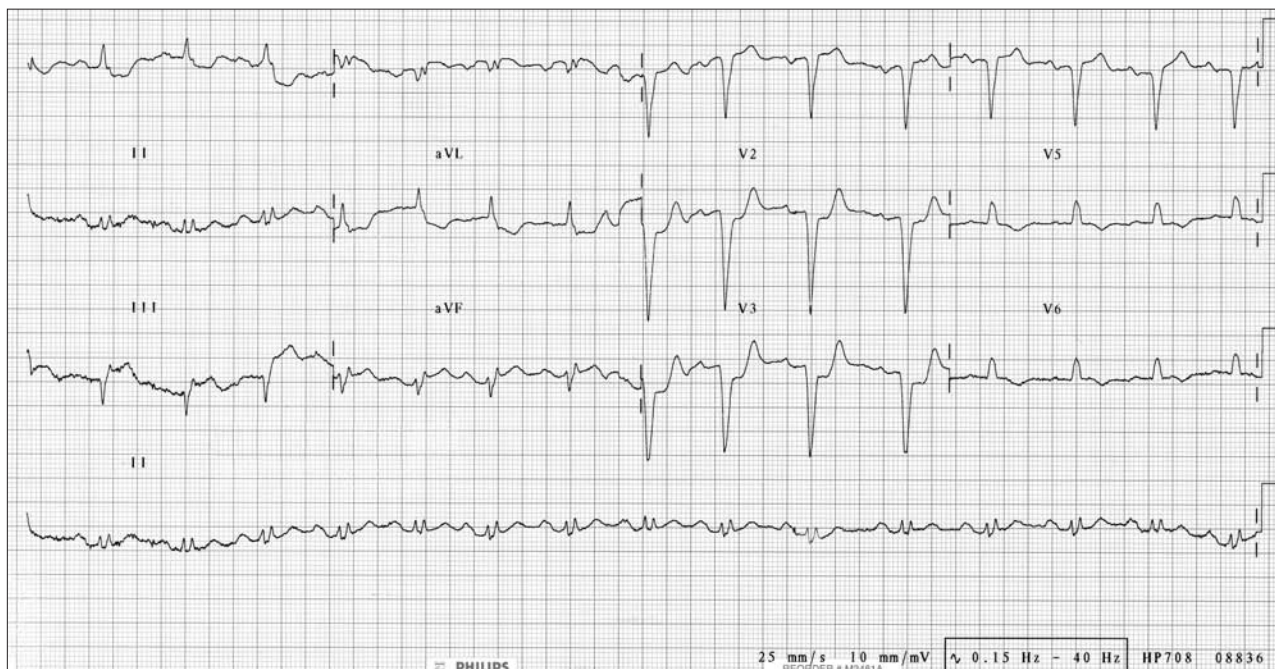


Fig. 1. Electrocardiogram of a 75-year-old man with a 3-day history of chest pain.

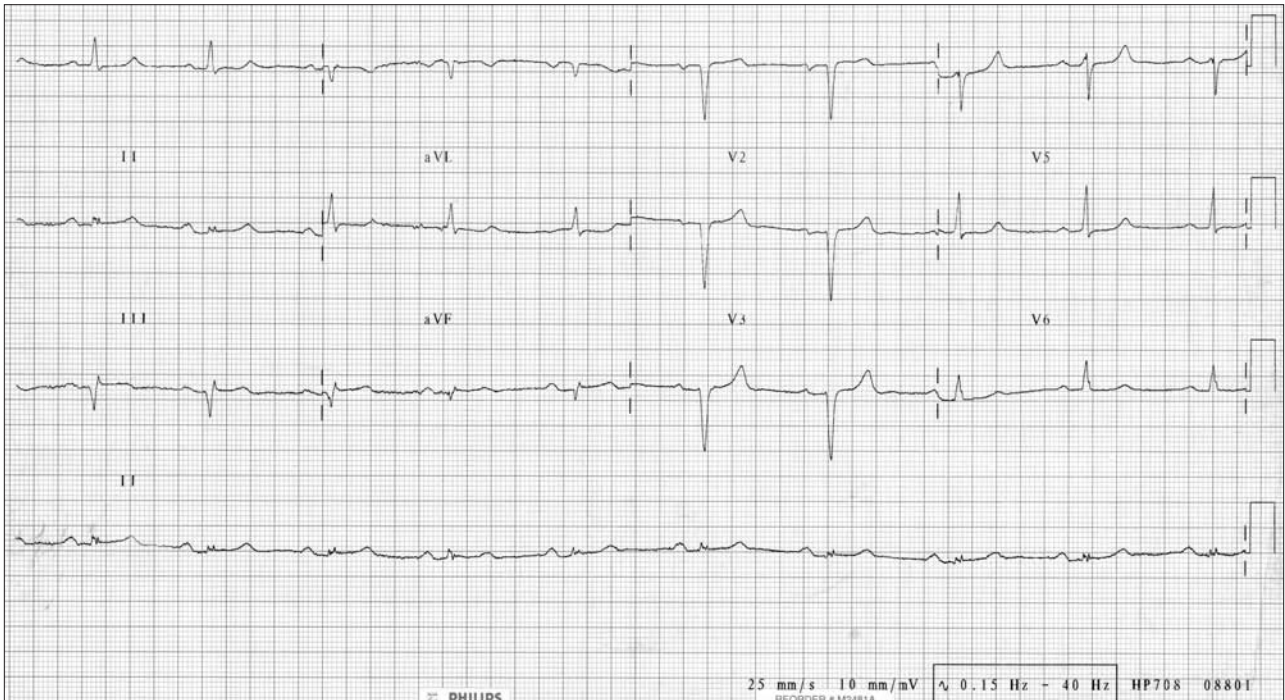


Fig. 2. Electrocardiogram recorded 2 weeks earlier showing abnormal Q waves in inferior leads III and avF, and very poor R wave progression in leads V1–V3.

His initial troponin T level is reported as negative ($< 0.03 \mu\text{g/L}$).

Is there an indication for thrombolysis?

For the answer, see page 30.

Competing interests: None declared.

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