

Country cardiograms case 48

Charles Helm, MD,
 CCFP
 Tumbler Ridge, BC

Correspondence to: Charles
 Helm; helm.c.w@gmail.com

This article has been peer
 reviewed.

A 50-year-old man with excruciating chest pain is brought to the emergency department in a remote Canadian community. Figure 1 shows the initial electrocardiogram (ECG). The initial troponin level is normal ($< 0.03 \mu\text{g/L}$). Acute anterior ST elevation myocardial infarction is diagnosed, and thrombolytic therapy is provided with tenecteplase.

About 45 minutes later, the monitor screen indicates that the rhythm has

changed to a regular wide complex tachycardia at a rate of 105 beats/min, with no P waves apparent. While preparations are being made to record this rhythm on the ECG, sinus rhythm re-develops, and the ECG shown in Figure 2 is obtained.

What has happened, and what needs to be done?

For the answer, see page 109.

Competing interests: None declared.

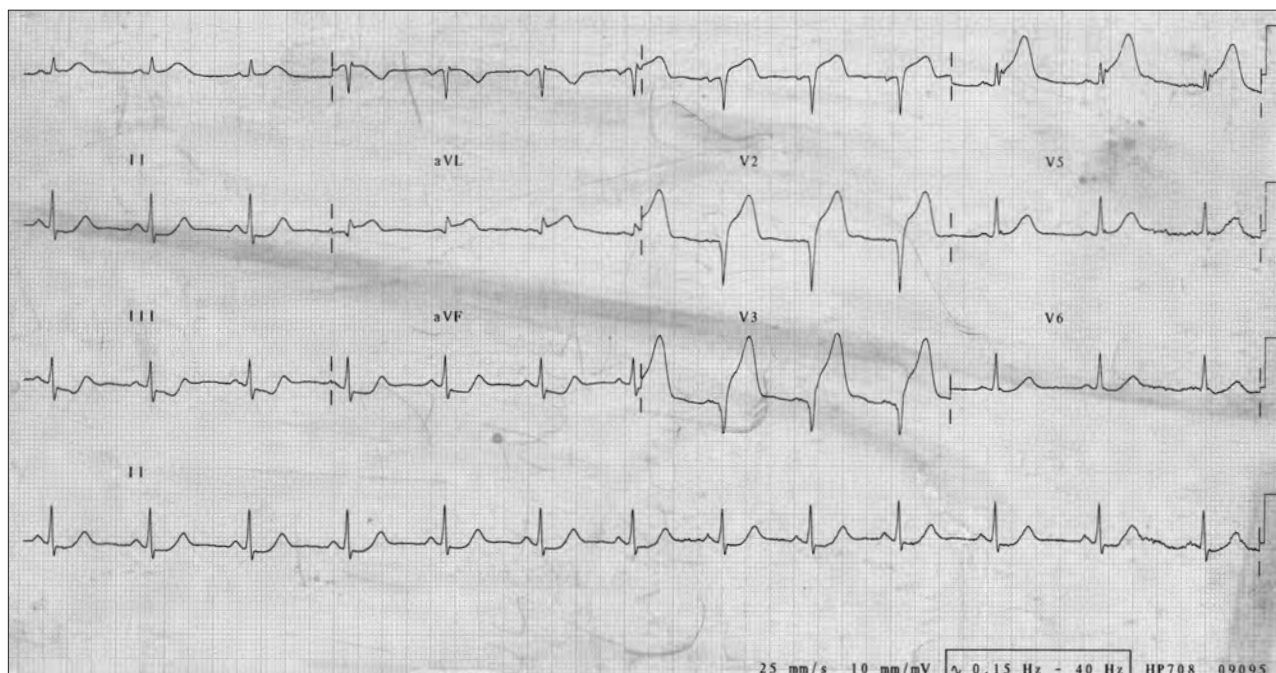


Fig. 1. Initial electrocardiogram of a 50-year-old man with excruciating chest pain.

“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@cjrm.net.

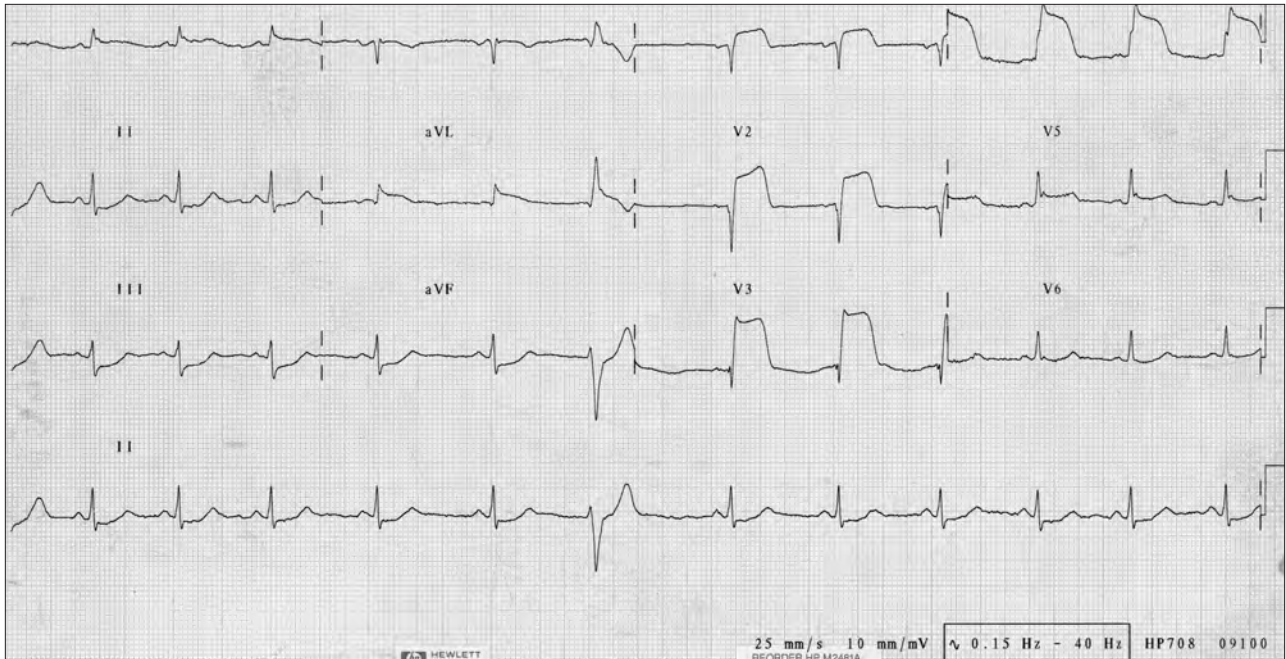


Fig. 2. Electrocardiogram recorded 45 minutes after administration of thrombolytic therapy.

CALL FOR PAPERS

The *Canadian Journal of Rural Medicine (CJRM)* is a quarterly peer-reviewed journal available in print form and on the Internet. It is the first rural medical journal in the world indexed in Index Medicus, as well as MEDLINE/PubMed databases.

CJRM seeks to promote research into rural health issues, promote the health of rural and remote communities, support and inform rural practitioners, provide a forum for debate and discussion of rural medicine, provide practical clinical information to rural practitioners and influence rural health policy by publishing articles that inform decision-makers.

Material in the following categories will be considered for publication.

- Original articles: research studies, case reports and literature reviews of rural medicine (3500 words or less, not including references)
- Commentary: editorials, regional reviews and opinion pieces (1500 words or less)
- Clinical articles: practical articles relevant to rural practice. Illustrations and photos are encouraged (2000 words or less)
- Off Call articles: a grab-bag of material of general interest to rural doctors (e.g., travel, musings on rural living, essays) (1500 words or less).
- Cover: artwork with a rural theme

For more information please visit srpc.ca.