

## Country cardiograms case #67

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### QUESTION

A 63-year-old male patient presents to a rural British Columbia emergency room after developing chest pain, epigastric discomfort, nausea and sweating, while riding his all-terrain-vehicle. He has an ashen appearance and looks acutely ill. He has a number of positive risk factors for cardiovascular disease, including a previous stroke, treated hypertension, treated hyperlipidaemia and a pack-a-day smoking history of almost

50 years. Initial pulse rate of 68/min and blood pressure of 166/91 mm Hg are recorded. The chest is clear; there is no evidence of peripheral oedema or distended neck veins. A 12-lead electrocardiogram is immediately performed [Figure 1]. It shows an inferior ST-elevation myocardial infarction (STEMI). What else does it suggest, what further test is required to confirm this and what are the implications for the management?

For the answer, please see page 116

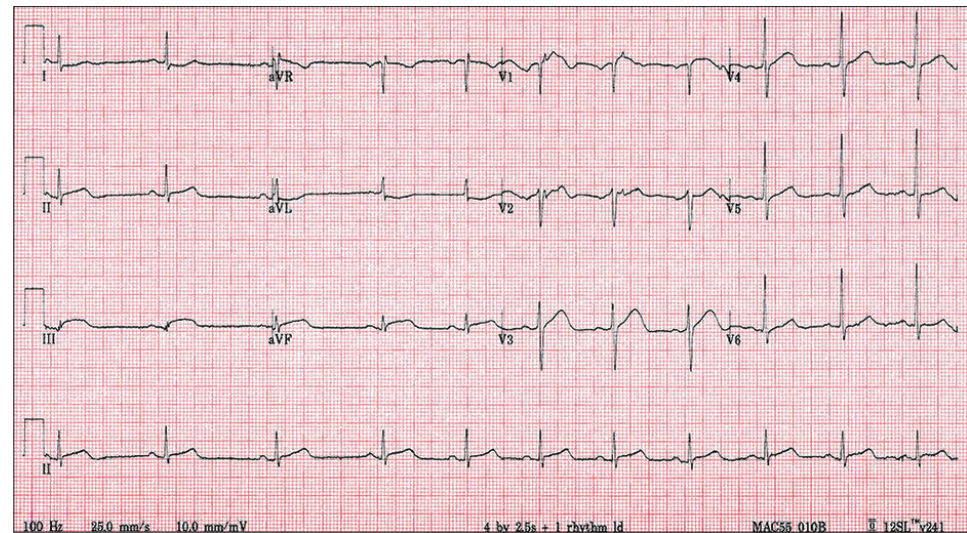


Figure 1: 12-Lead electrocardiogram of a 63-year-old male patient with chest pain.

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