THE PRACTITIONER
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Country cardiograms case 33: Answer

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Figure 1 exhibits features of anterior ST elevation myocardial infarction. There is significant ST segment elevation in leads V1–V4. To a lesser degree there is ST segment elevation in the inferior leads, with reciprocal depression in leads I and aVL. Figure 2 shows a wonderfully normal electrocardiogram (ECG), with no evidence of any new Q waves in the affected leads.

This case, with its normal follow-up ECG, demonstrates the remarkable power of thrombolytic therapy, made simpler than ever with the use of a single bolus dose of tenecteplase. The value of a short door-to-ECG time (in this case, 14 min) and a short door-to-drug time is obvious. It also illustrates the critical importance of having someone stay with the patient at all times, even during the relative chaos of a single physician and nurse attending to a multitude of tasks, which often requires one of them to be in an adjacent area. This case, seemingly progressing smoothly and without untoward incident, was abruptly complicated by ventricular fibrillation. The seconds saved by using defibrillator pads that had already been attached to the patient's chest, rather than using paddles, provided further opportunity to increase the chances of a successful outcome.
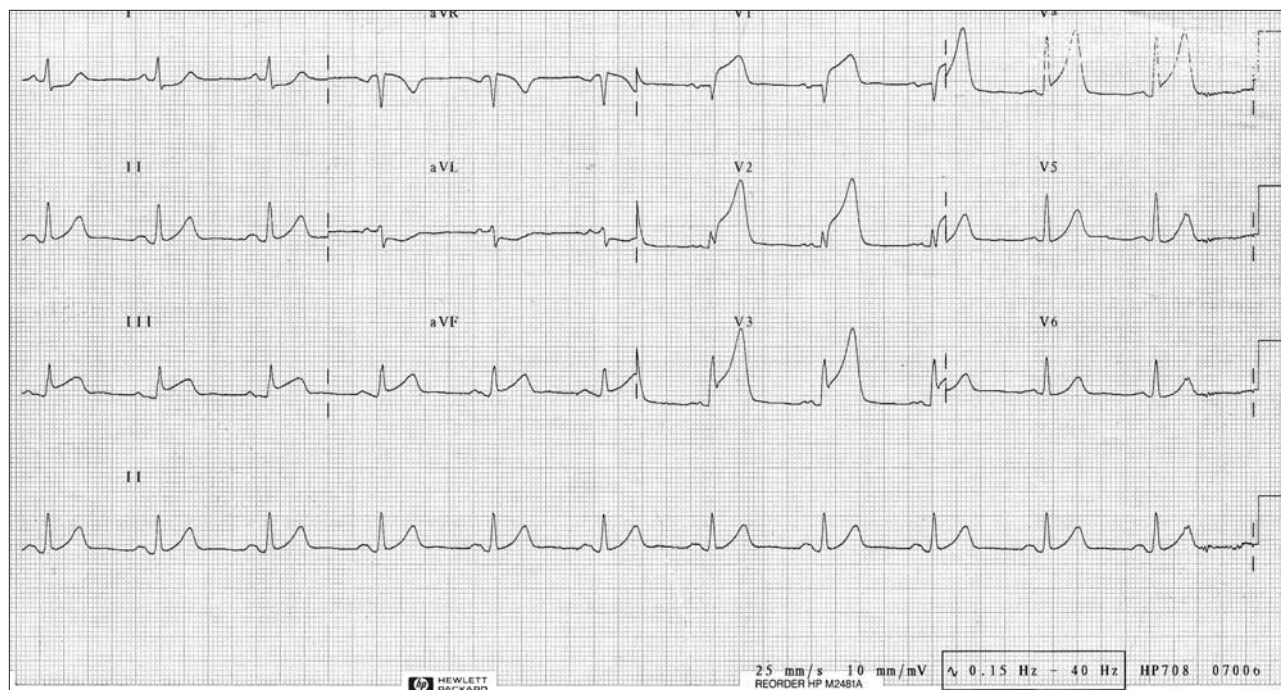
For the question, see page 73.

Fig. 1. Initial electrocardiogram of a 75-year-old man who presented to the emergency department with a 1-hour history of severe central chest pain.
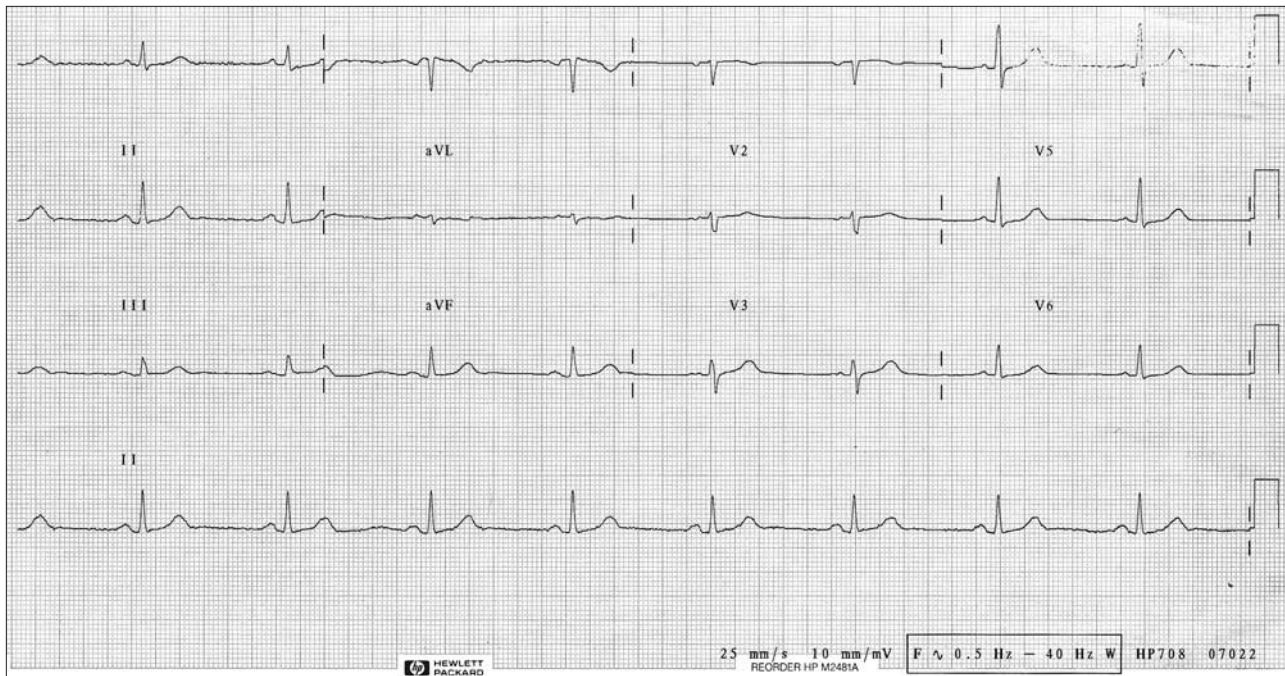
Fig. 2. Electrocardiogram 1 week after discharge.

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*, C. P. 4, succ. R, Toronto (Ontario) M4G 3Z3; cjrm@cjrm.net