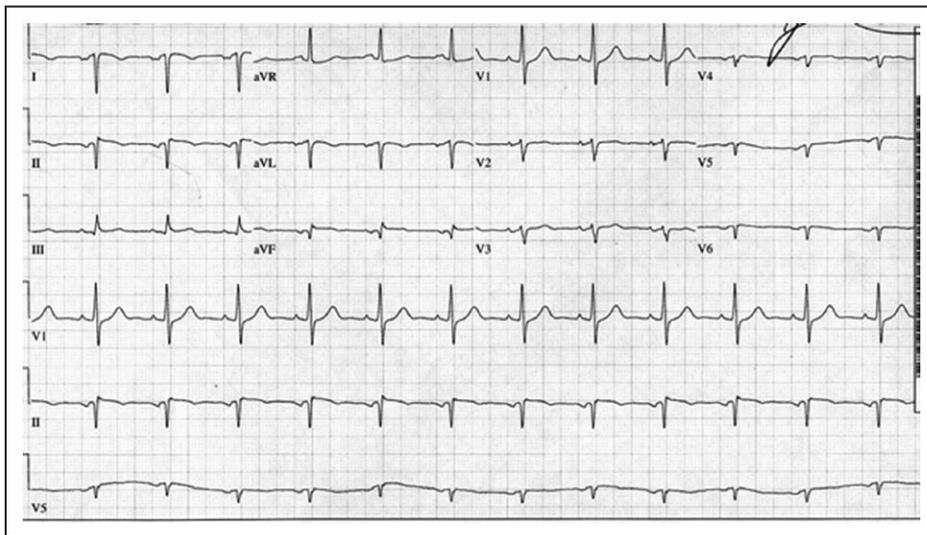


ECG Challenge: Can You Make the Correct Morphology, Pathology, and Rhythm Diagnoses?

James A. Reiffel, MD

The patient is a 52-year-old male corporate executive who comes to the office as a new patient, having just been relocated by his company. He gives a history of smoking (1 pack per day for 25 years), hyperlipidemia, and hypertension, and he currently is taking a statin, an angiotensin receptor blocker, a β -blocker, and a daily aspirin. He denies any history of chest pain or dyspnea, other than 2 days of mild chest fullness with slight shortness of breath 2 months earlier during a vacation to Vail, Colorado, after a particularly stressful period at work. On return home, he saw his internist who told him, after obtaining a confirmatory echocardiogram, that he had experienced a myocardial infarction, but that his heart function was near normal. At that time, his medications were adjusted to his current regimen. He has no previous medical records with him, but denies any other recent or remote illnesses. An ECG is obtained and is shown (Figure 1: ECG #1). What is your interpretation?



To submit your diagnosis, go to <http://circ.ahajournals.org/content/134/6/499/tab-e-letters>. The diagnosis will follow in next week's issue (August 16).

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Correspondence to: James A. Reiffel, MD, Columbia University, c/o 202 Birkdale Lane, Jupiter, FL 33458. E-mail jar2@columbia.edu

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James A. Reiffel

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