

ELECTROCARDIOGRAPHIC CASE

TALL PRECORDIAL T WAVES: NORMAL VARIANT OR ACUTE MYOCARDIAL INFARCTION?

T T Lim, W S Teo

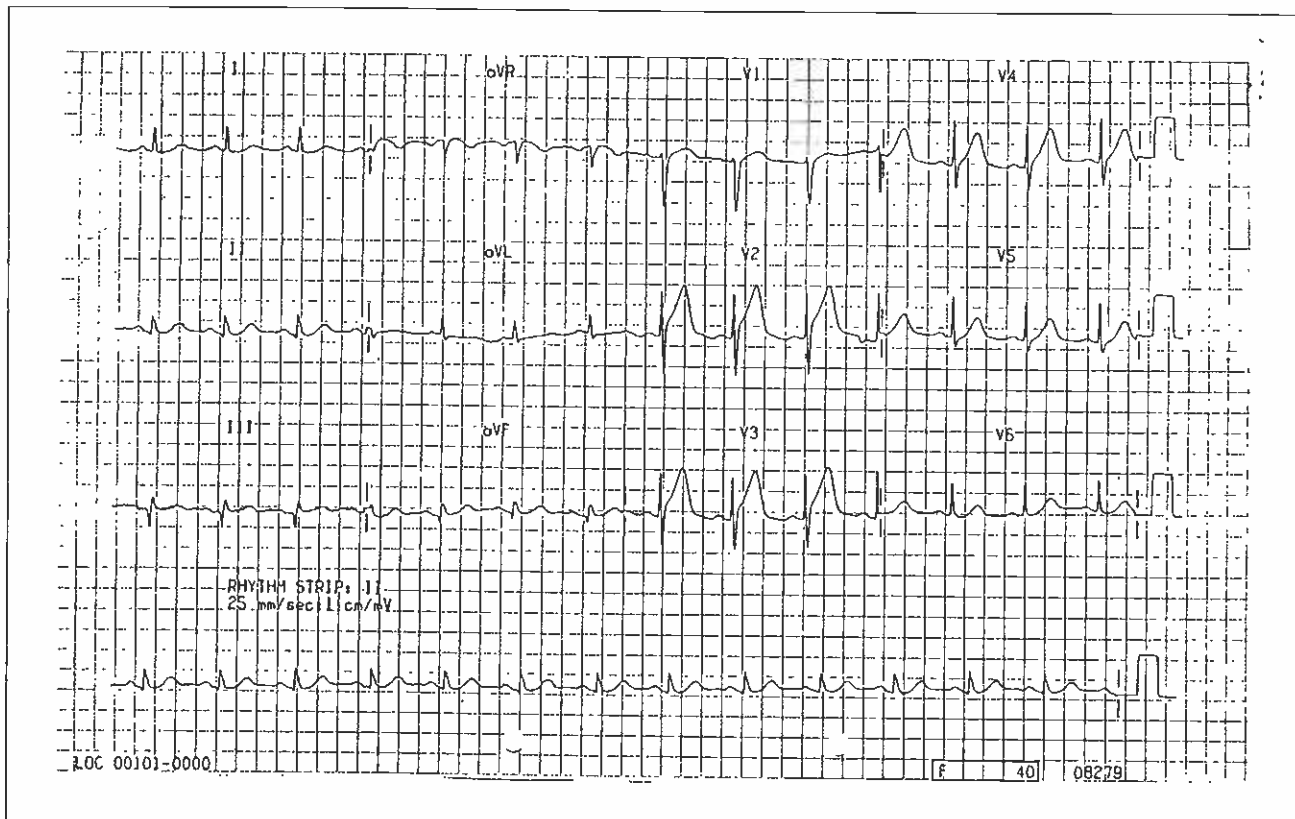
CASE REPORT

A 61-year-old man was seen at the Accident and Emergency Department because of sudden gripping central chest pain, radiating to the left arm, associated with breathlessness, sweating, nausea and vomiting. The pain had lasted for about 30 minutes, but had resolved when the patient was seen. There was no past history of angina or myocardial infarction. He had a past history of being treated for hypertension for 7 years. There were no other known coronary risk factors. On clinical examination the patient was found to be comfortable. The blood pressure was 164/88 mm Hg. The pulse rate was 82 beats per minute and regular. The jugular venous pressure was not elevated. Auscultation of heart and lungs revealed no abnormalities. Further physical examination was unremarkable. The 12 lead ECG done is shown in Fig 1.

What is your diagnosis? (Answer on Page 106)

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Fig 1 - 12 lead electrocardiogram at initial presentation



Department of Cardiology
Singapore General Hospital
Outram Road
Singapore 0316

T T Lim, MD, Certified internist Royal Netherlands Medical
Association
Registrar

W S Teo, MBBS, MRCP(UK), M Med(Int Med)
Senior Registrar

Correspondence to: Dr W S Teo