

## SIGNIFICANCE OF RAISED ST SEGMENTS?

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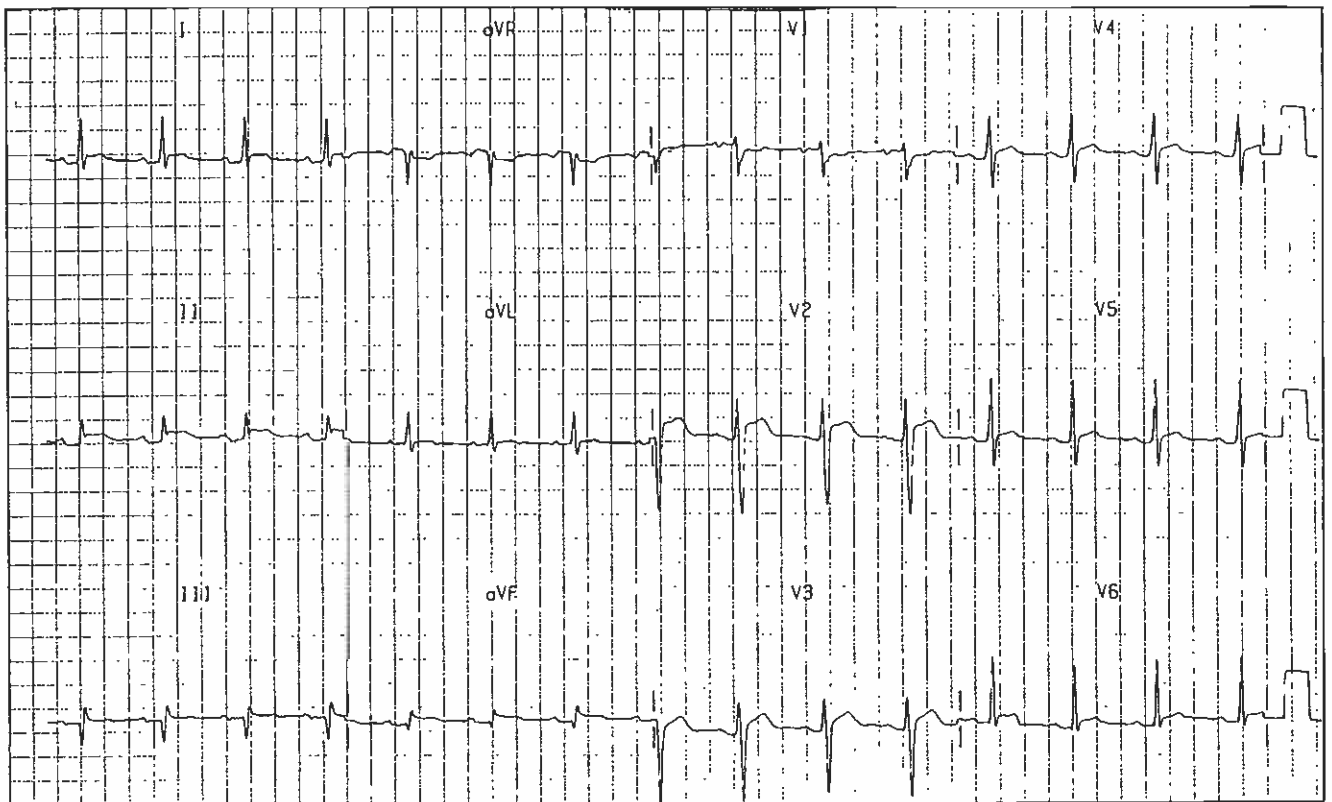
### CASE REPORT

*HBL, a 33-year-old male Chinese, was admitted for complaints of fever, chills and rigors occurring intermittently for 3 weeks prior to admission. This was initially associated with a sore-throat for the first few days and subsequently with myalgia and loss of appetite. There was no associated cough, exertional dyspnoea, palpitation or syncope. He saw his company doctor several times and was treated with antibiotics without improvement. On the day prior to admission, he started to have complaint of continuous left-side chest pain which was worse on lying down and relieved by sitting up. There was no recent history of travel overseas. There was no other past medical history of note. The clinical examination revealed low grade fever. The auscultation revealed a distinct cardiac abnormality. The electrocardiogram is illustrated in Fig 1.*

What is your diagnosis? (Answer on Page 310)

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Fig 1 - 12 Lead Electrocardiogram on admission to hospital



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