

ANTERIOR PRAECORDIAL ST-SEGMENT ELEVATION

C M Liao, C S Soo

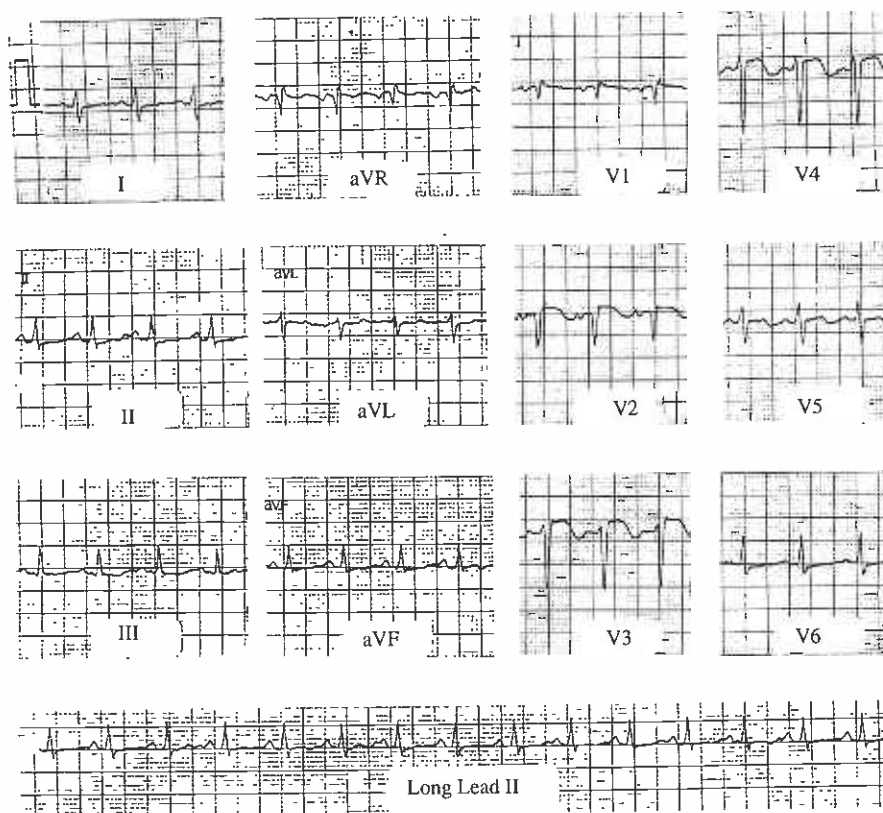
CASE HISTORY

A 42-year-old Chinese woman was transferred to the Coronary Care Unit (CCU) for management of acute onset chest pain. She woke up from sleep because of severe retrosternal chest pain with associated sweating, palpitations and giddiness. Two weeks ago, she underwent an emergency hysterectomy which was complicated by a large retroperitoneal haematoma. On admission to CCU, she was noted to have mild pallor and bilateral lower limb oedema. No calf tenderness was detected. She was mildly tachypneic but not cyanosed. Pulse rate was 110/min regular and the blood pressure was 95/70 mmHg. Jugular venous pressure was elevated. Heart sounds were dual and regular. There were occasional basal crepitations. A large right-sided abdominal swelling was palpable (retroperitoneal haematoma). A 12-lead electrocardiogram (ECG) was done (Fig 1).

What is the diagnosis? (Answer on page 122)

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Fig 1 – ECG recorded at the CCU upon admission



Department of Medicine
Faculty of Medicine
University of Malaya
59100 Kuala Lumpur
Malaysia

C M Liao, MRCP
Cardiologist & Lecturer

C S Soo, MRCP
Cardiologist & Lecturer

Correspondence to: Dr C M Liao