Epigastric Pain in a 63-Year-Old Woman

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A 63-year-old woman with epigastric pain was being treated for acute cholecystitis on the surgical service when she developed a rapid heart rate. An electrocardiogram was recorded (Figure).

Figure: Electrocardiogram in a woman with epigastric pain. See text for explication.

What is your diagnosis?

Explication is on p. 287
**DIAGNOSIS:** Atrial flutter with 2:1 atrioventricular block; acute inferoposterior myocardial infarction.

There are four positive deflections for each complex in lead II. The first is the R wave, and the third is the T wave. The second and fourth are the flutter waves. The atrial flutter rate is 330/min. With 2:1 atrioventricular conduction, the ventricular rate is 165/min. Inferior Q waves, ST-segment elevation, and terminal T-wave inversion indicate acute inferior myocardial infarction. Prominent R waves and marked ST-segment depression in leads V₁ to V₄ signify acute posterior infarction. That lead V₁ shares in this marked ST depression in the anterior leads is the only suggestion that left circumflex coronary arterial occlusion, and not right coronary occlusion, is the cause of the infarct.¹ The patient died soon after this electrocardiogram was recorded. Post-mortem examination revealed a saddle clot at the bifurcation of the left main coronary artery with extension of the clot into the left anterior descending and left circumflex coronary arteries. There was an extensive acute inferoposterolateral myocardial infarct with rupture of the free wall of the left ventricle.

Symptoms of acute coronary events and acute gallbladder disease may mimic one another, and many tragedies have occurred when one has been mistaken for the other. An early electrocardiogram will often prevent such mistakes.

**REFERENCES**


Dr. Glancy is a Professor and Dr. Ali is an Associate Professor at the LSU Health Sciences Center in New Orleans.

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