

# Pulmonary embolism

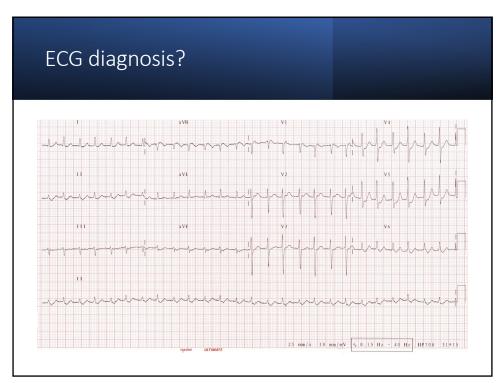
Can be transient or normal

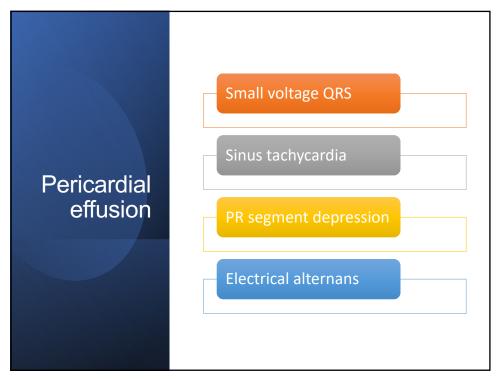
### More likely if large/recurrent PE's

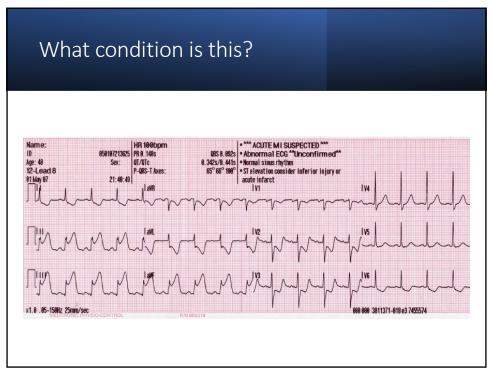
- Sinus tachycardia
- AFib/flutter
- S1Q3T3
- Right axis deviation
- RBBB
- T wave inversion V1-V3



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# Causes of ST Elevation

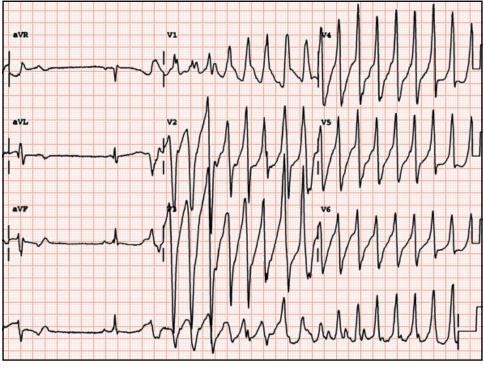
- Acute myocardial infarction
- Acute pericarditis/myocarditis
- Hyperkalaemia
- Brugada syndrome
- · Pulmonary embolus
- Normal variant

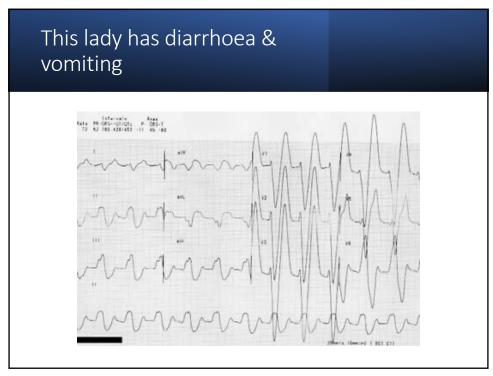
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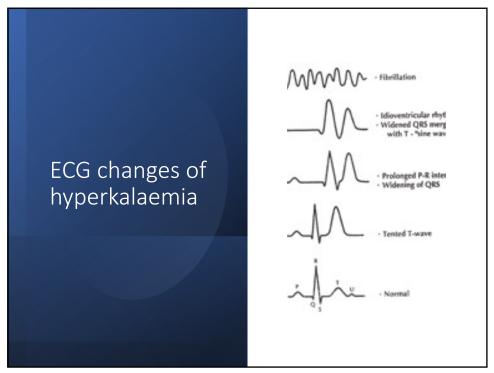
# This patient presents with collapse ... The p

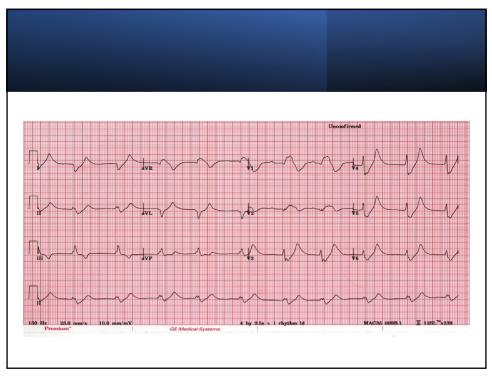
# Long QT syndrome Prolonged QT interval Torsade de Pointes Diffuse T wave inversion Multiple leads Appears abnormally deep The troponin may well be elevated! May present with neurological symptoms ('seizures')

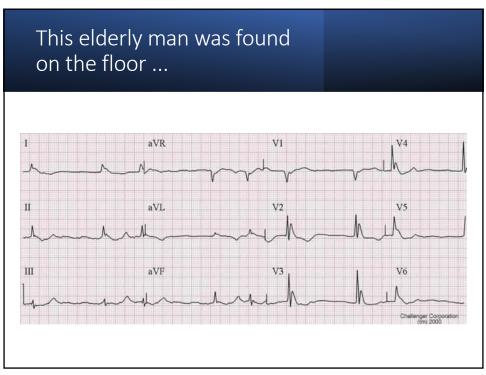
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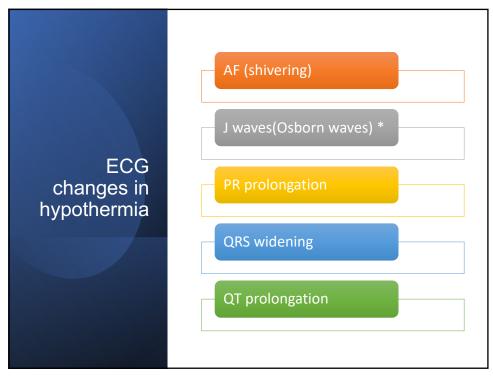


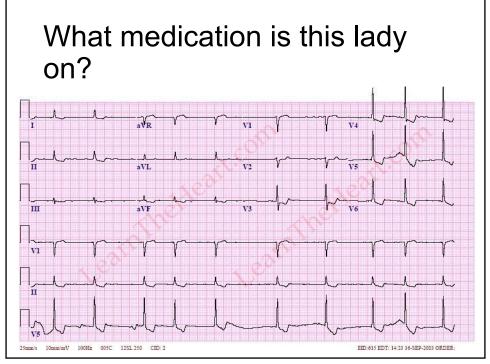




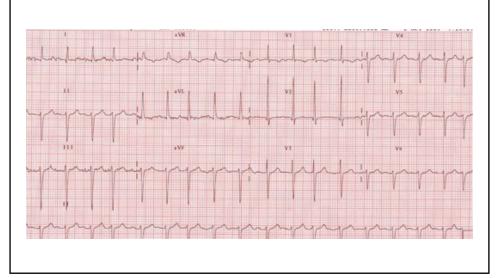








# She has palpitations...



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## Digoxin ...

- T wave inversion & ST depression = reverse tick
- Bradycardia
- Prolonged PR interval
- Shortened QT
- Arrhythmias heart block, bigeminy
- · Ventricular arrythymias

## References/ Useful Links

- Ferrari E et al. 1997. The ECG in pulmonary embolism. Chest 111:537-43
  - Anterior t wave inversions 85% sensitivity, 81% specificity for massive PE in 80 patients with suspected PE. Found in 68% of patients. 50% patients had S1Q3T3
- Eisenberg MJ et al. 1996. The diagnosis of pericardial effusion and cardiac tamponade by 12 –lead ECG. A technology assessment. Chest 110(2): 318-24
- Wang K et al. 2003. ST-segment elevation in conditions other than acute myocardial infarction. NEJM 349: 2128-35
  - Useful review article summarising important differentials in ST elevation.
- Mareedu RK et al. 2008. Classic EKG changes of hypothermia. Clin Med Research 6(3/4): 107-108
- Evertz R et al. 2005. Hypothermia resulting in characteristic ECG changes mimicking an acute myocardial infarction: Osborn waves and atrial fibrillation. Neth Heart J 13:461-3

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### **Questions?**

