



ECG Question

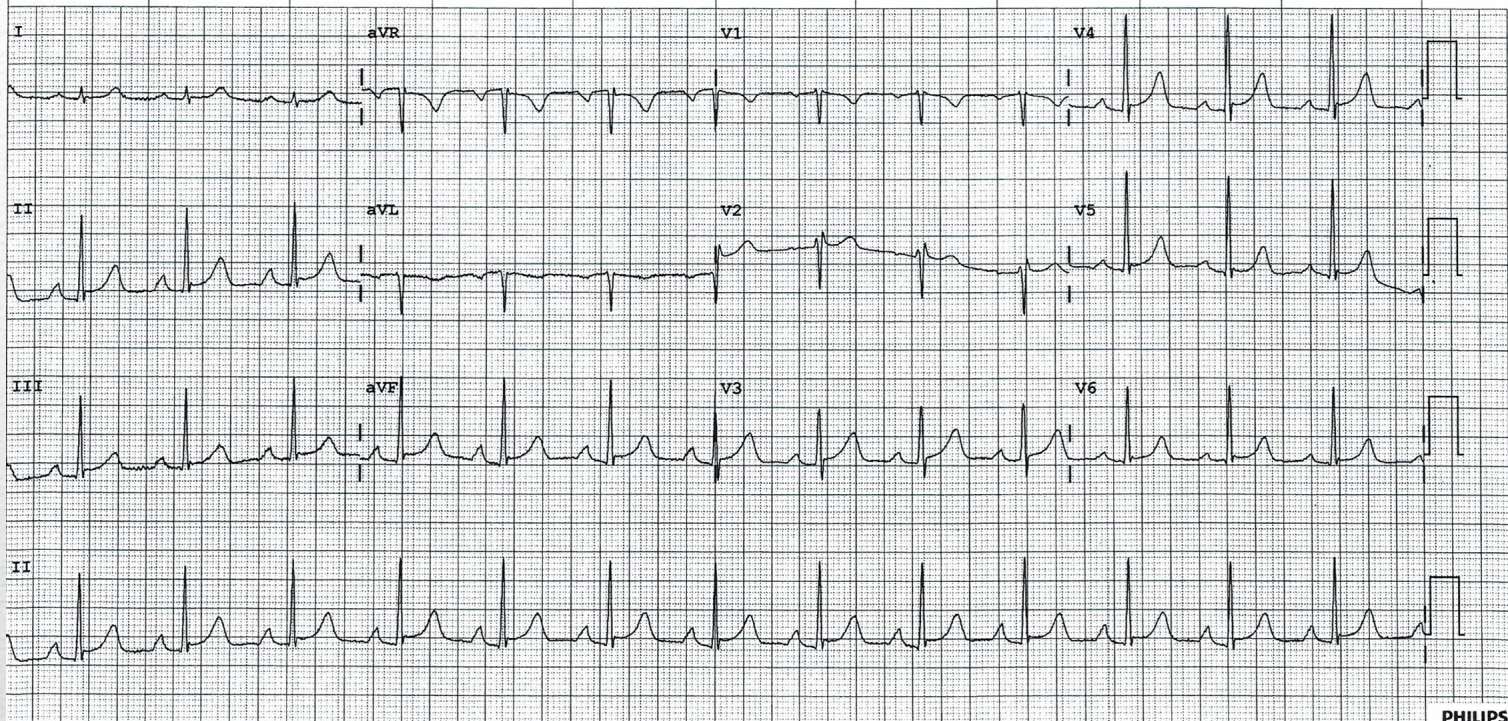
Graeme Thomson

- A 40 years old male has presented with prolonged chest pain.
- His initial ECG has been recorded with pain.

Stem

12 Lead ECG Report (Standard)

Unconfirmed Diagnosis



Device: SSMON1 Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10 mm/mV 50~ 0.15-100 Hz PH100B C PHILIPS

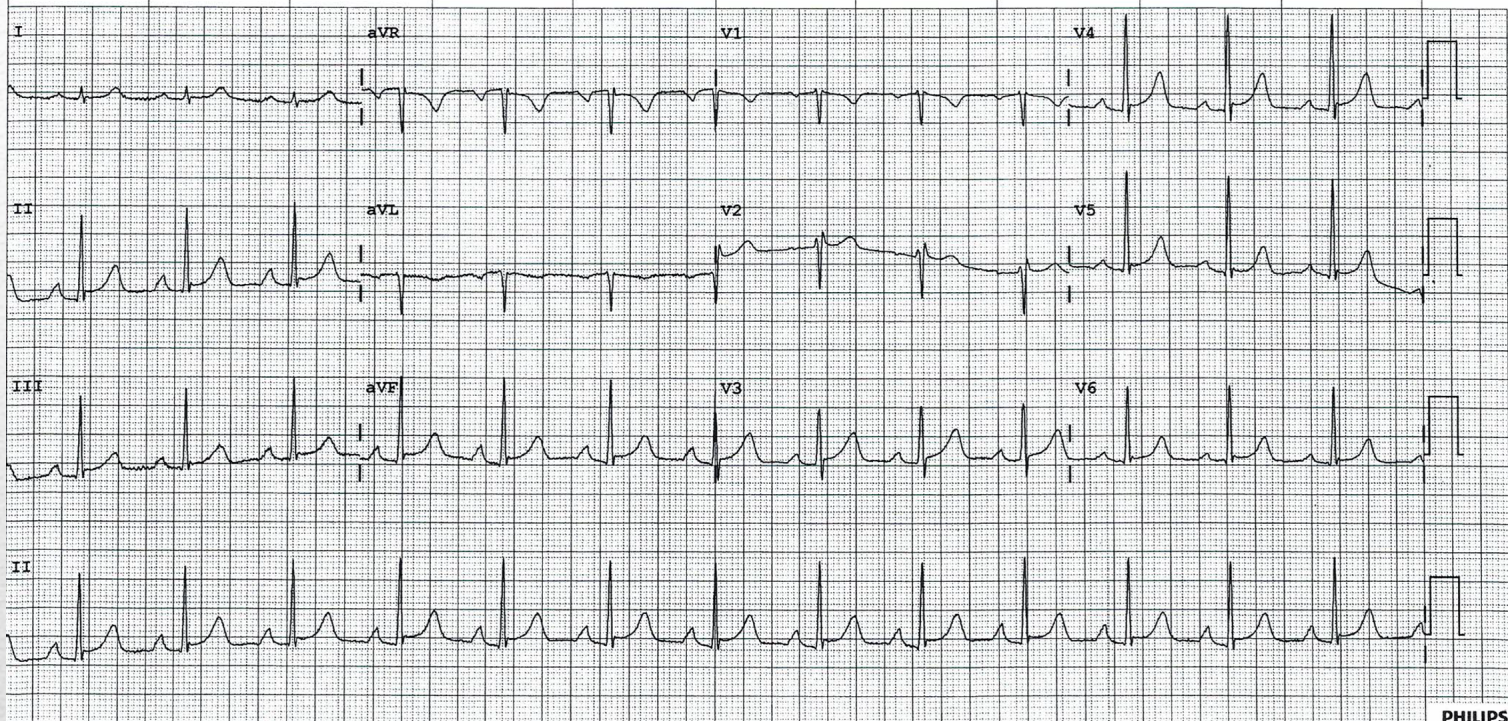
ECG

- What is the most significant abnormality?
- 1 mark

Question (a)

12 Lead ECG Report (Standard)

Unconfirmed Diagnosis



Device: SSMON1 Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10 mm/mV 50~ 0.15-100 Hz PH100B C PHILIPS

ECG

- PR depression.
- Best seen in rhythm strip.

Answer (a)

- ST elevation
- Q waves in V5, V6
- De Winter's T wave
- Epsilon waves
- Partial RBBB and saddle ST elevation

Errors

- What is the most likely diagnosis?
- 1 mark

Question (b)

- Pericarditis

Answer (b)

- STEMI
- Arrhythmogenic right ventricular dysfunction
- Brugada

Errors

- Name 2 other ECG abnormalities likely to be associated with this condition?
- 2 marks

Question (c)

- Widespread ST elevation
- Sinus tachycardia
- Low voltages
- Electrical alternans

Answer (c)

- Name 4 causes for this condition that you would consider in this man?
- 4 marks

Question (d)

- Viral
- Idiopathic
- Uraemic
- Malignancy
- Other infections
- Post infarction
- Autoimmune
- Many others

Answer (d)

- If he suddenly becomes hypotensive, what intervention is most likely to be life-saving?
- 1 mark

Question (e)

- Pericardiocentesis
- Pericardial window
- Thoracotomy

Answer (e)

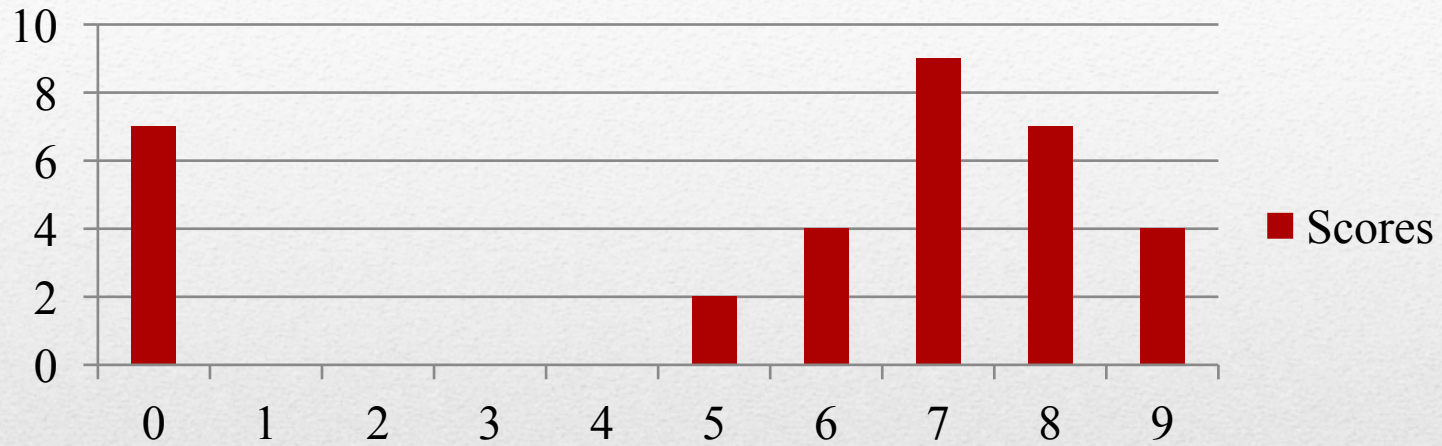
- Ultrasound is not a life-saving intervention!

Errors

- 6+

Cut Score

Scores



Results

- 1: Read the stem!
- 2: Read the stem!
- 3: Tailor your answers to the stem!

- 4: One response per line!
- 5: Don't make stuff up!

General Feedback
