ECG FOR DISCUSSION

U MEDICAL UNIT

CHIEF: DR.J.SANGUMANI M.D

ASST PROFESSORS: DR.R.SUNDARAM M.D

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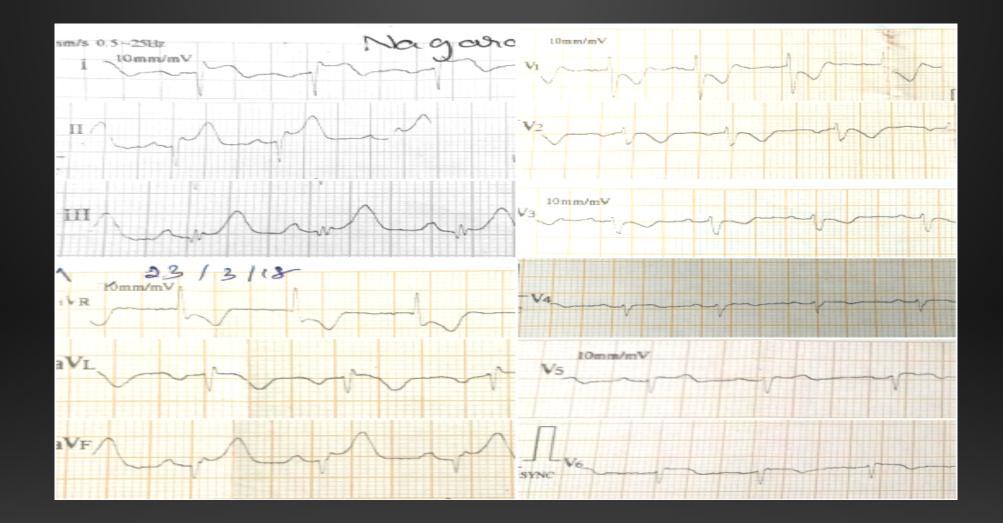
PRESENTOR: DR.UINOTHAN A J (PG)

CASE HISTORY

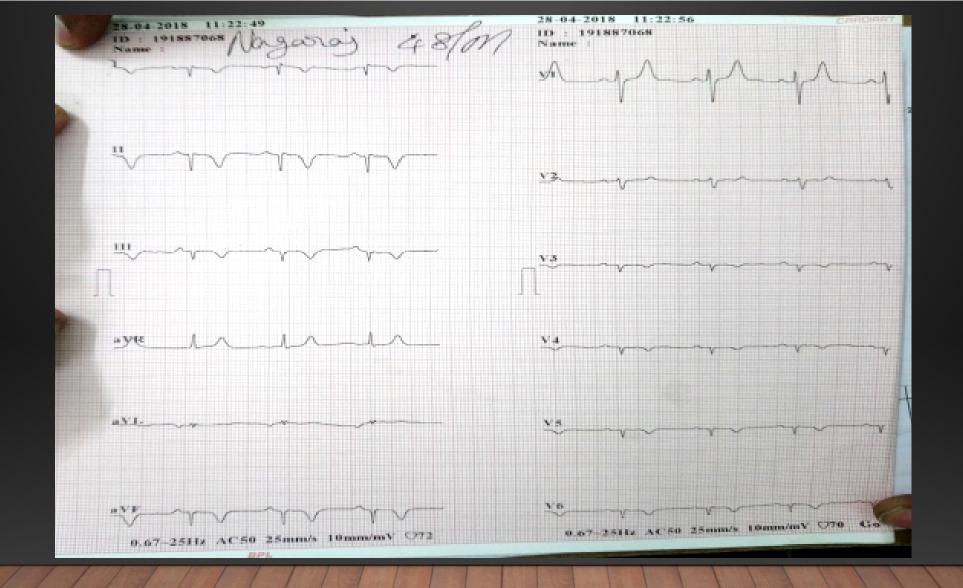
- A 48 year old male was admitted in Ramnad GH with complaints of abdomen pain for past 2 hours- which was radiating to both arm with right more than left, present even at rest.
- H/O palpitation
- * H/O excessive sweating
- * No H/O diarrhea/ vomiting/ dysuria
- No H/O abdominal distension

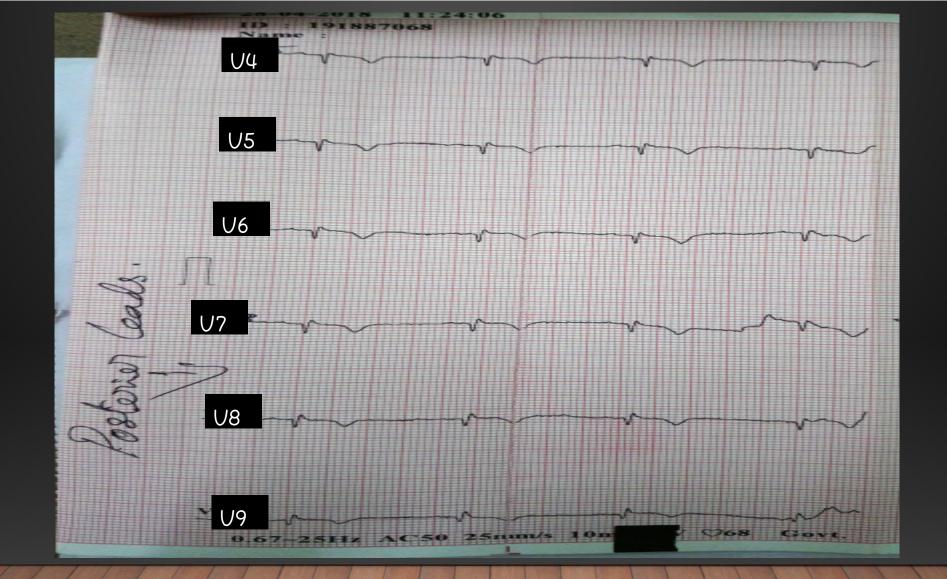
- Was found to have ACUTE INFERIOR WALL MYOCARDIAL INFARCTION
- Was THROMBOLYSED with injection STREPTOKINASE and was referred to GRH, Madurai for further management.

BEFORE THROMBOLYSIS



AFTER THROMBOLYSIS



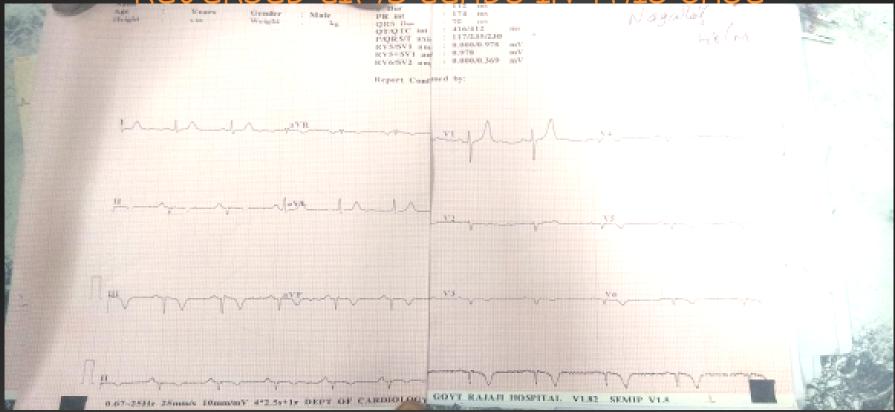






LEFT ORIENTED PRECORDIAL LEADS WITH

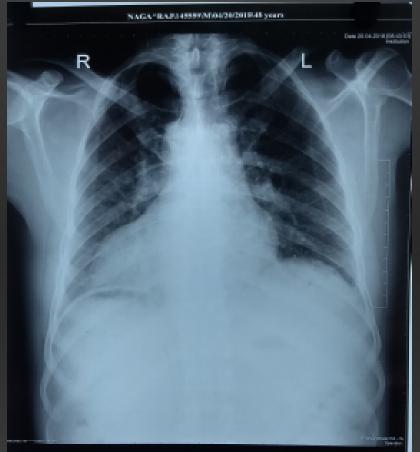
REVERSED LIMB LEADS IN THIS CASE





- · LIVER AND GALL BLADDER ON LEFT SIDE- NORMAL ARCHITECTURE AND NORMAL ECHOES
- SPLEEN ON RIGHT SIDE NORMAL
- On examination right testis is found to be in lower level than left.

CHEST X-RAY PA VIEW



GOVERNMENT HEAD QUARTERS HOSPITAL, RAMANATHAPURAN,

ECHO

- CAD/ CHD- MALPOSITION
- MILD HYPOKINESIA OF LOWER 2/3 INFERIOR WALL
- * SITUS INVERSUS TOTALIS
- DEXTROCARDIA
- LVIDd 4.5
- · LUIDs 2.0
- EF 50%
- · MILD LU SYSTOLIC DYSFUNCTION

CORONARY ANGIOGRAM

- * Mid LAD 80% occlusion
- * Proximal LCX 70% occlusion
- * Mid RCA 80% occlusion
- [•] Distal RCA 80% occlusion
- * IMP Triple Vessel Disease



Rarity of presentation