



IMAGES IN INTENSIVE MEDICINE

ST segment elevation with PR depression

Ascenso del ST con descenso del PR

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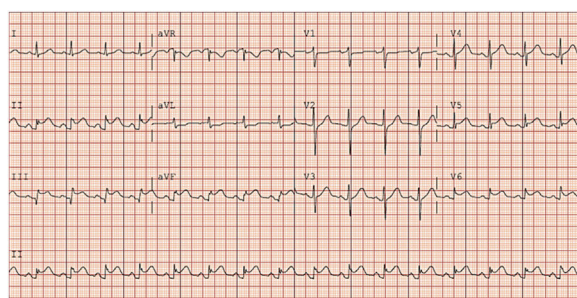


Figure 1

This is the case of a 65-year-old man with prolonged acute chest pain after a cold on the previous two weeks. An EKG was performed that revealed no alterations and high-sensitivity troponin T levels of 80 ng/dL in plateau (peak: 14 ng/dL). The patient was discharged with a diagnosis of acute pericarditis. Twenty-four hours later the patient presents with poor blood pressure control, no chest pain, but with inferolateral ST-segment elevation, and significant PR depression (Fig. 1).

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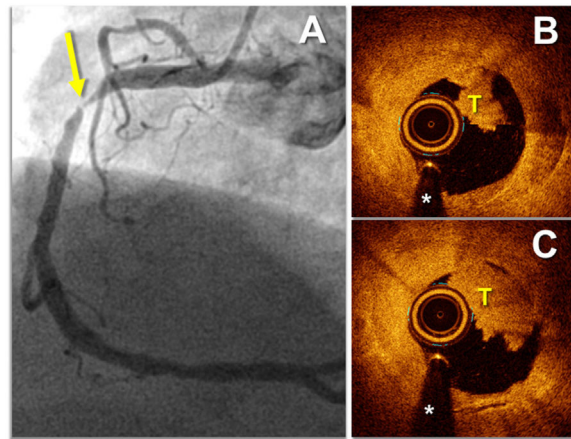


Figure 2

Troponin T levels were 152 ng/dL. Despite being asymptomatic, and despite the elevated specificity of the PR depression due to pericarditis, a coronary angiography was performed that revealed the presence of significant right coronary stenosis (Fig. 2A, arrow). The optical coherence tomography performed revealed the presence of plaque complicated with thrombus (Fig. 2B, T). A drug-eluting stent was implanted with good disease progression.