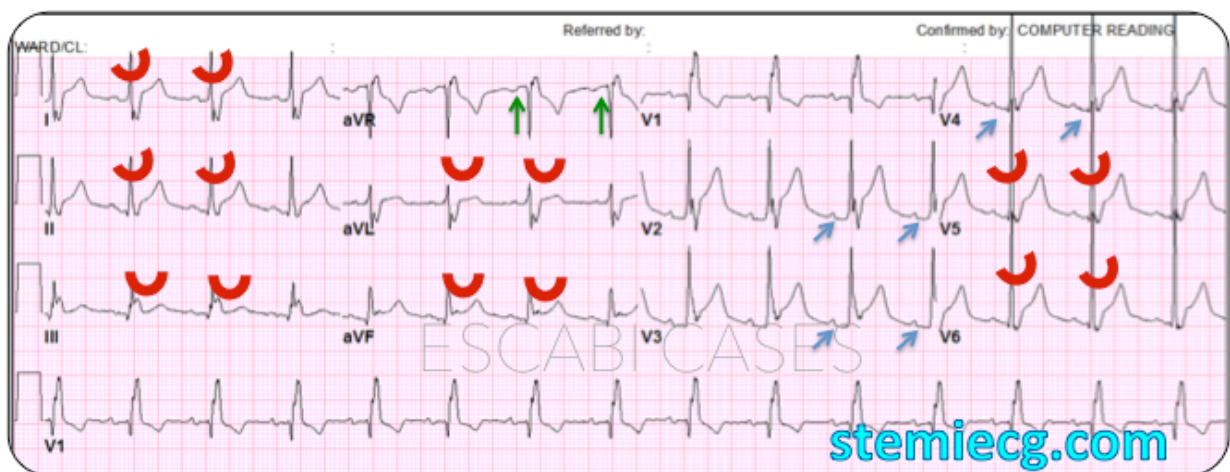


Case 12: Questions & Answers:

- 1. STEMI? No. Acute Pericarditis (viral)**
- 2. Territory? N/A**
- 3. What is the Culprit Vessel? N/A.**

Findings that favor an acute pericarditis:

1. Clinical symptoms and chest pain characteristics. Fever and pericardial friction rub.
2. Diffuse STE on multiple anatomic regions: V2-V6, aVL, L-I, L-II, L-III and aVF.
3. Absence of reciprocal ST segment depressions.
4. Morphology of STE: concave (non-convex) appearance of the STE (see below red marks).
5. PR segment depressions (blue arrows) and PR segment elevation on aVR: the knuckle sign (green).
6. Absence of pathologic Q-waves.
7. Bedside ECHO, is another useful tool if diagnosis is still in doubt, looking for segmental wall motion abnormality.



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