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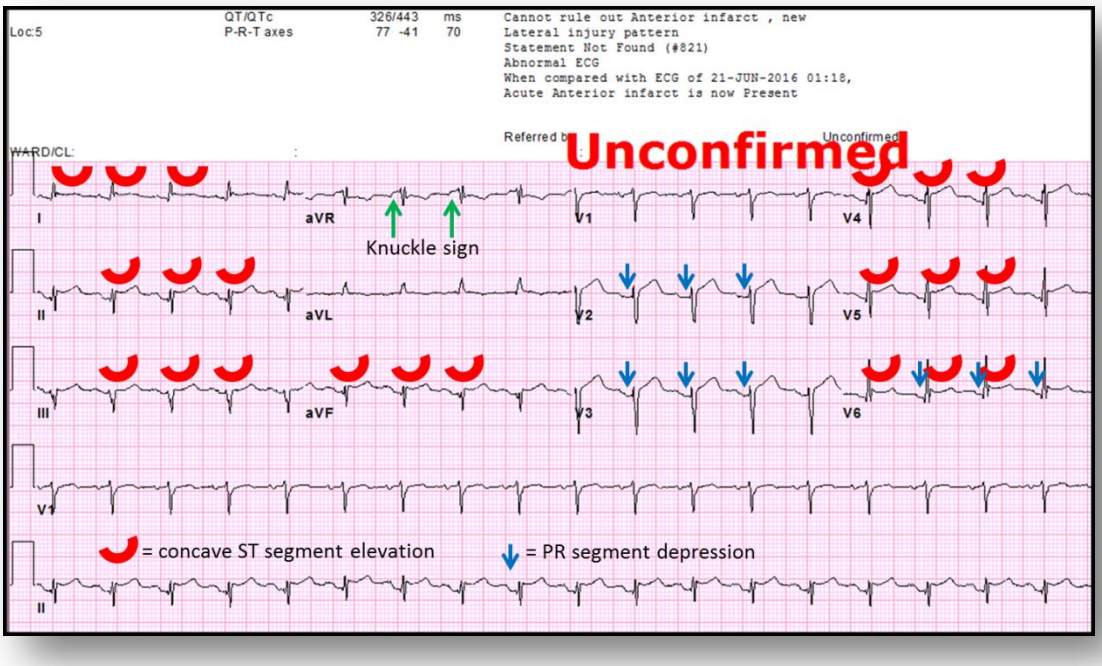
Case #16: Questions & Answers:

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

The presentation and clinical course of pericarditis after CABG, which is due to pericardial injury and known as a postpericardiotomy syndrome, is comparable to that of the post-MI syndrome (Dressler syndrome). Estimated frequency varies from 2% to 30% in the US. It is thought to be immune mediated. The most frequent complaint is chest pain, occurring a few days to several weeks after surgery.

Findings that favor acute pericarditis are the following:

1. Diffuse STE on multiple anatomic regions: V2-V4; V5, V6, L-I; L-II, L-III and aVF.
2. Absence of reciprocal ST segment depressions.
3. Morphology of STE: concave (non-convex) appearance of the STE (see red marks below).
4. PR segment depressions (blue arrows) and PR segment elevation on aVR: the knuckle sign (green).
5. Absence of pathologic Q waves.
6. Bedside ECHO, is another useful tool if diagnosis is still in doubt, looking for segmental wall motion abnormality.



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