

Pericarditis: A Classic Electrocardiogram

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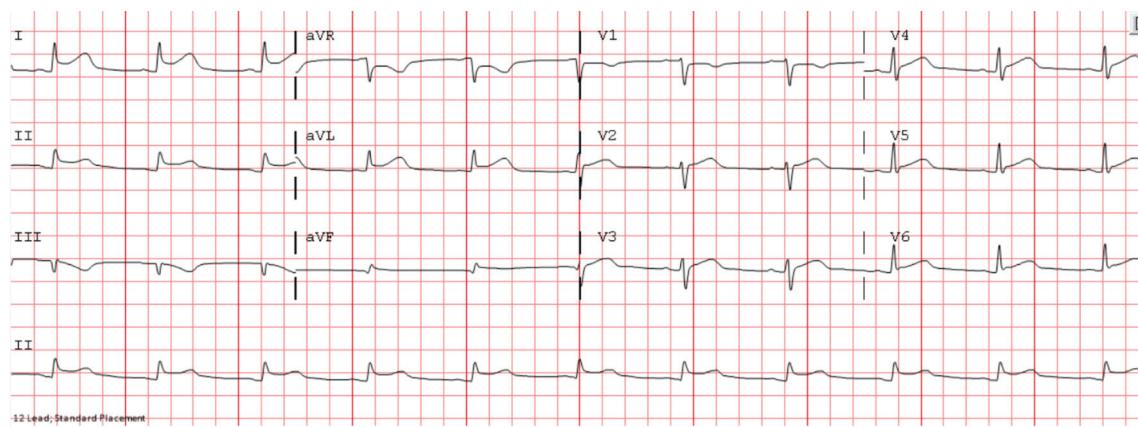


Figure 1. ECG of a patient with acute pericarditis with pericardial effusion. Diffuse concave ST segment elevation with PR segment depression in I, II, III, aVL, aVF, V2-V6 with reciprocal ST segment depression and PR segment elevation in leads aVR and V1.

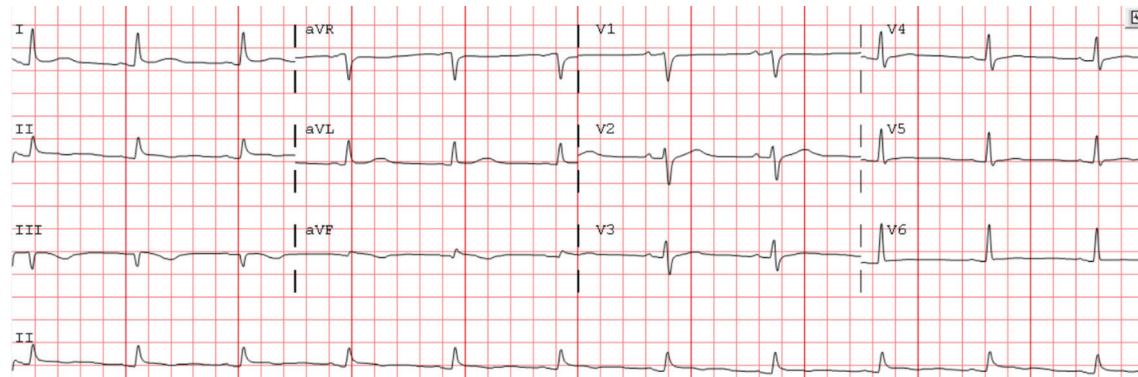


Figure 2. ECG after drainage of pericardial fluid in the same patient with pericarditis. Normalization of ST changes with generalized T wave flattening.

The electrocardiograms (ECGs) depicted in this case are from a patient who developed pericarditis and was noted to have classic pleuritic chest pain, pericardial effusion, and diffuse ST segment elevations with reciprocal ST segment depression in leads aVR and V1, diagnostic for acute pericarditis. The patient underwent pericardial fluid drainage and was medically treated with colchicine orally, after which there was significant clinical and electrocardiographic improvement.

It is important to recognize the typical ECG findings of pericarditis with the diffuse concave ST segment elevations, accompanied by PR depression in most leads and with reciprocal changes in lead aVR, as these findings are seen during the acute phase of pericarditis. ■

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