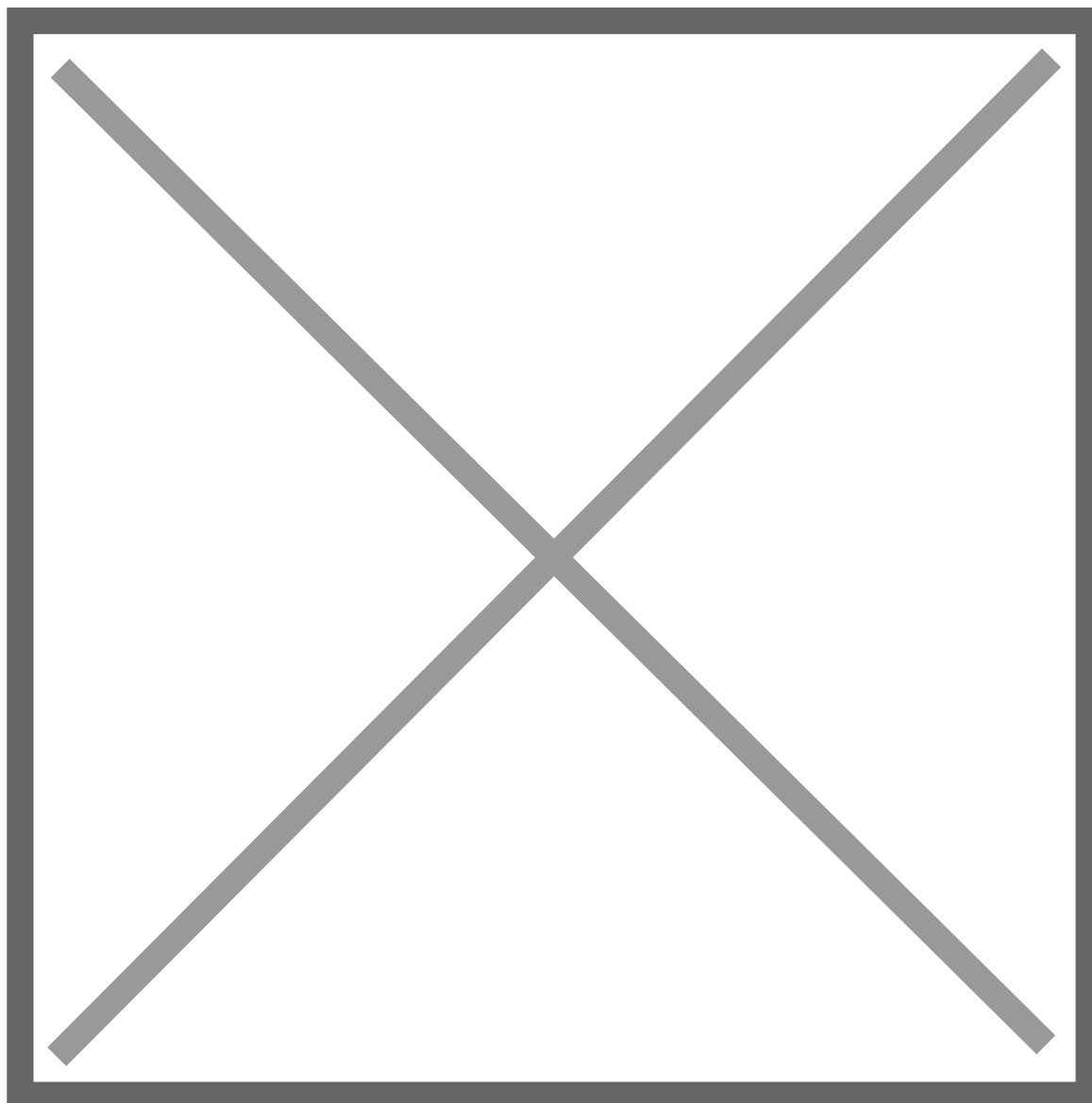


Exemplos | Examples

- Exemplo 1 | Example #1

Paciente do sexo feminino, 69 anos, com relato de dispneia, dor torácica e palpitações. Ao ECG, ritmo atrial independente do ritmo ventricular, com ausência do enlace AV. Frequência ventricular de 48 bpm, menor do que a atrial. Intervalo PR variável. Complexo QRS com duração de 104 ms e eixo elétrico normais, com morfologia também normal. Supradesnivelamento do segmento ST de até 1,0 mm nas derivações DII, DIII e aVF. Indica bloqueio atrioventricular total com **corrente de lesão subepicárdica**. Deve-se considerar diagnóstico diferencial de infarto agudo do miocárdio.

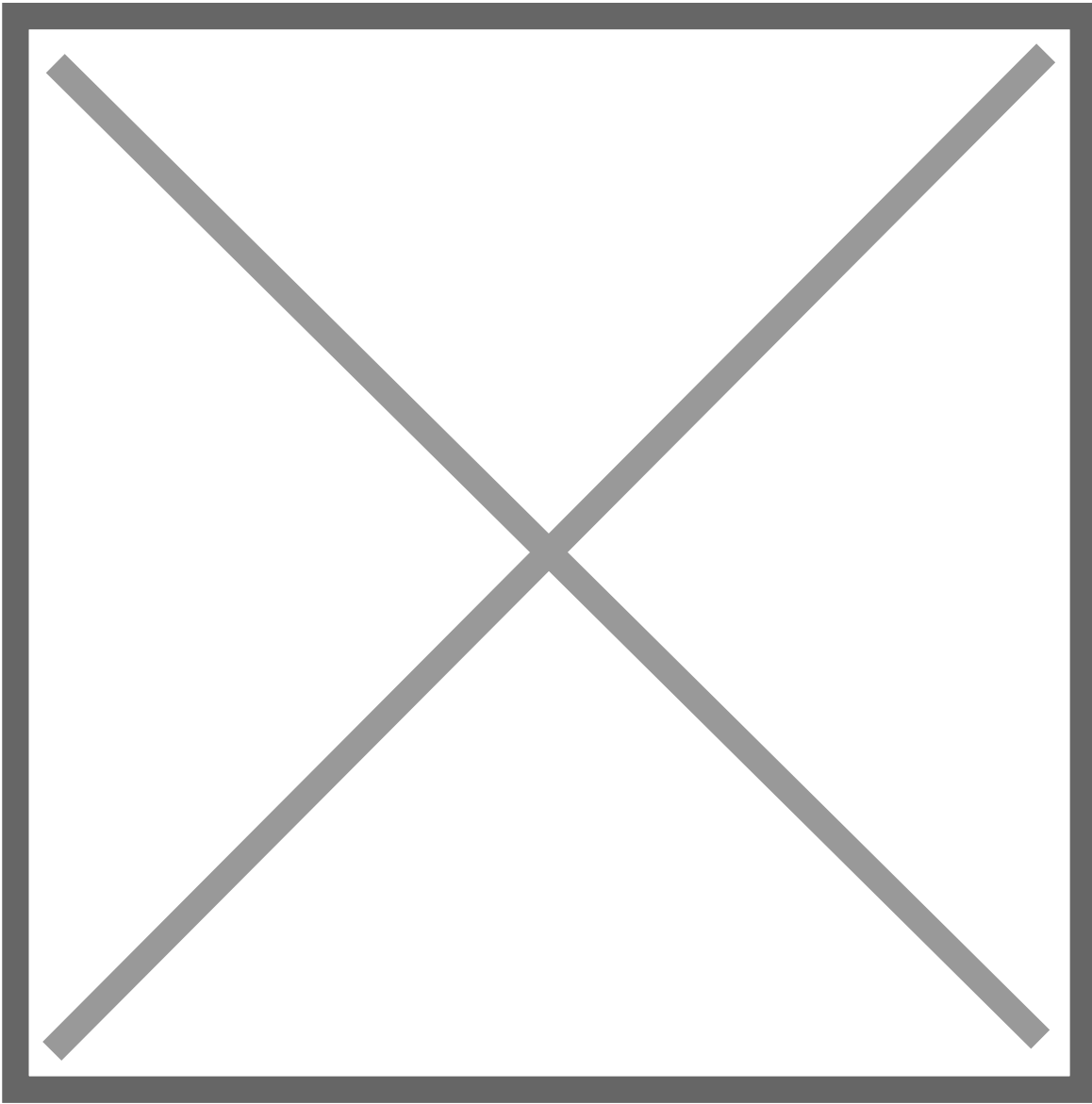
*A 69-year-old female patient present with shortness of breath (dyspnea), chest pain, and palpitations. An electrocardiogram (ECG) showed an atrial rhythm that was independent of the ventricular rhythm, indicating a complete absence of atrioventricular (AV) conduction. The ventricular rate was 48 beats per minute, which was lower than the atrial rate. The PR interval was variable, and the QRS complex duration was 104 milliseconds. The ECG revealed a normal electrical axis and morphology. However, there was ST segment elevation of up to 1.0 mm in leads II, III, and aVF, suggesting total atrioventricular block and **subepicardial current injury**. Acute myocardial infarction should be included in the differential diagnosis.*



- Exemplo 2 | Example #2

Paciente do sexo masculino, 50 anos, com relato de taquicardia e histórico de tabagismo. Ao ECG, apresenta ritmo sinusal regular com frequência cardíaca de 72 bpm. Supradesnivelamento do segmento ST de até 2,2 mm nas derivações V1, V2 e V3. Indica **corrente de lesão subepicárdica** com provável infarto agudo do miocárdio e/ou área discinética.

*A 50-year-old male patient reported experiencing tachycardia and has a history of smoking. The ECG reveals a regular sinus rhythm with a heart rate of 72 beats per minute. There is ST segment elevation of up to 2.2 mm in leads V1, V2, and V3, indicating **subepicardial current injury**. This finding is consistent with a probable acute myocardial infarction and/or a dyskinetic area.*



Revision #4

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