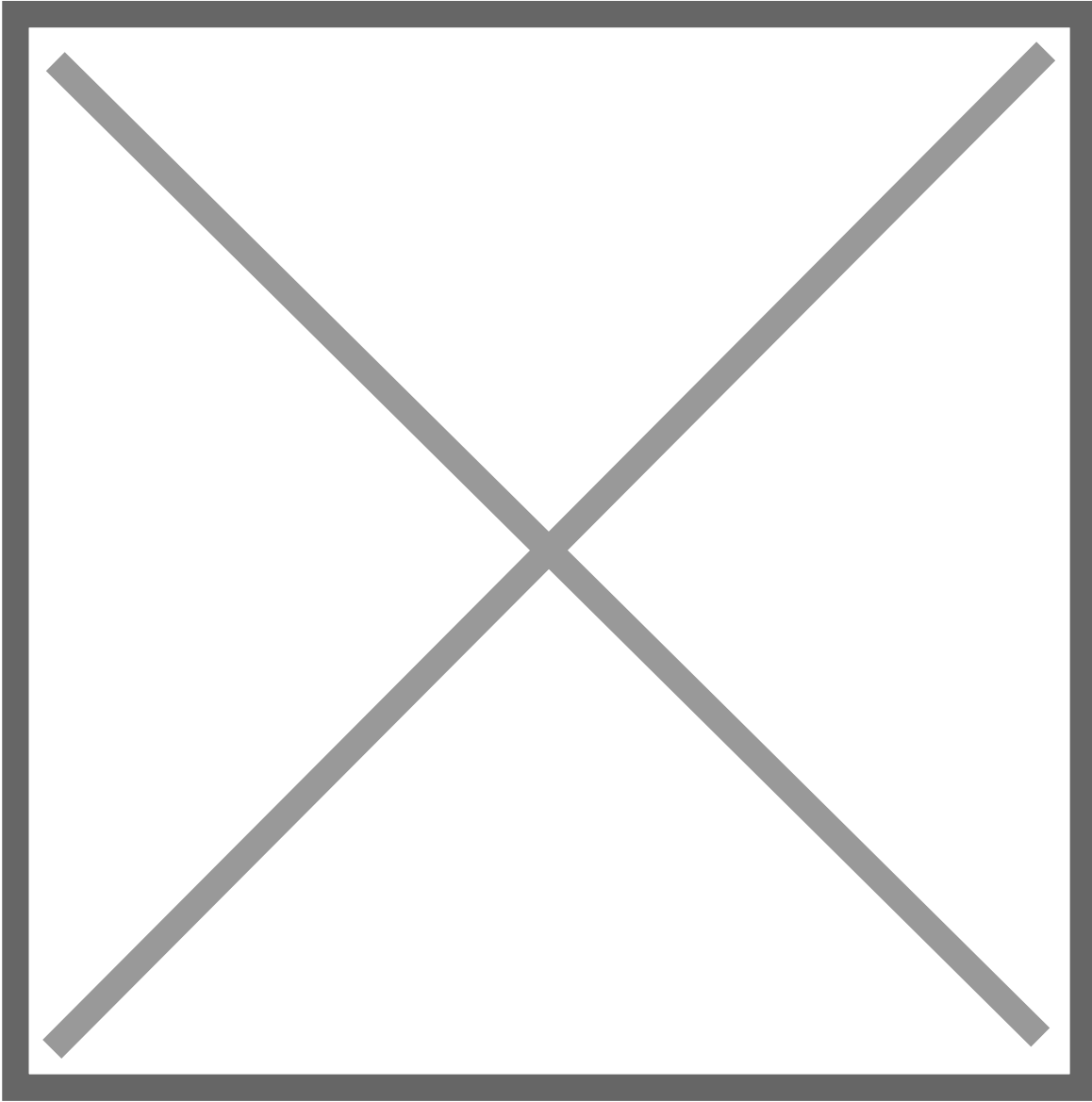


Exemplo | Exemplos

- Exemplo 1 | Example #1

Paciente masculino, 54 anos, com queixa de palpitação e dor torácica. Hipertenso, tabagista e com passado de infarto prévio. Em uso de AAS, Clopidogrel, Furosemida, Losartana, Simvastatina. Ao ECG, apresenta ritmo sinusal regular, com complexo QRS predominantemente negativo em DI e em aVF e eixo entre -90° e -180° , compatível com **desvio extremo do eixo de QRS**. Observa-se, também, área eletricamente inativa em parede anteroseptal, bloqueio de ramo direito e intervalo QT prolongado secundário ao bloqueio de ramo.

*A 54-year-old male patient presenting with palpitations and chest pain. Smoker, hypertensive with previous history of myocardial infarction. Currently taking Acetylsalicylic Acid (AAS), Clopidogrel, Furosemide, Losartan, and Simvastatin. On ECG, tracing shows regular sinus rhythm with predominantly negative QRS complexes in leads I and aVF, with QRS axis between -90° and -180° , corresponding to **extreme deviation of the QRS axis**. Electrically inactive area in the anteroseptal wall, right bundle branch block (RBBB), and a prolonged QT interval secondary to the RBBB can also be observed.*



Revision #2

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