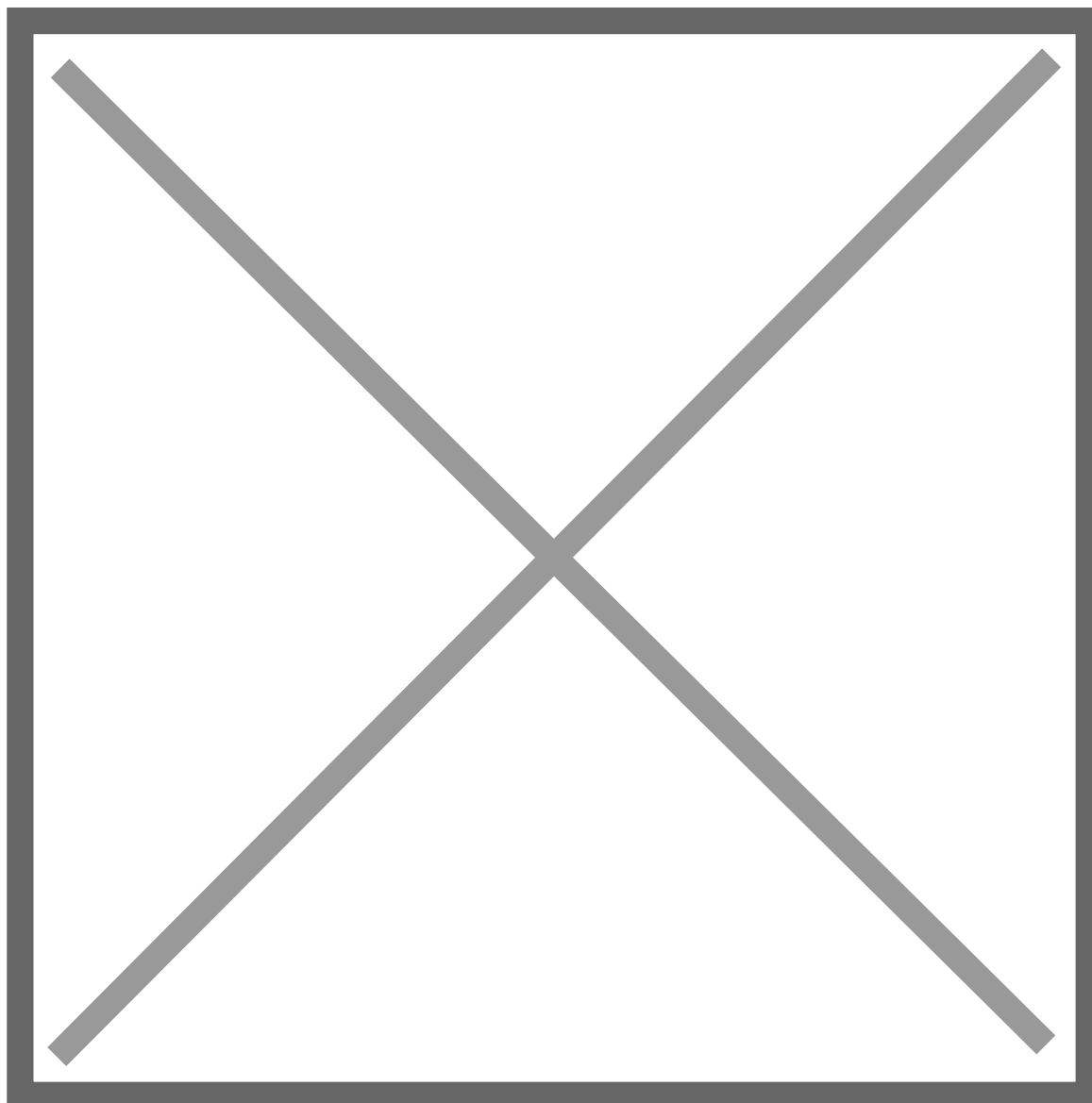


Exemplos | Examples

- Exemplo 1 | Example #1

Paciente do sexo feminino, 68 anos, relata dispneia e dor torácica. Em uso de captopril, metformina e furosemida. Possui diagnóstico de Diabetes Mellitus, HAS, obesidade e histórico familiar de doença coronariana. Ao ECG, observa-se **ritmo junctional** com frequência cardíaca de 46 bpm. Onda P ausente e QRS estreito, semelhante ao ritmo de base. O complexo QRS apresenta-se alargado, duração 132 ms (aumentado) e possui eixo elétrico desviado para a esquerda. A repolarização ventricular processou-se com intervalo QT corrigido de 496 ms, aumentado. Achados sugestivos de bloqueio de ramo direito e de bloqueio divisional anterossuperior do ramo esquerdo, os quais prejudicam a análise do intervalo QT.

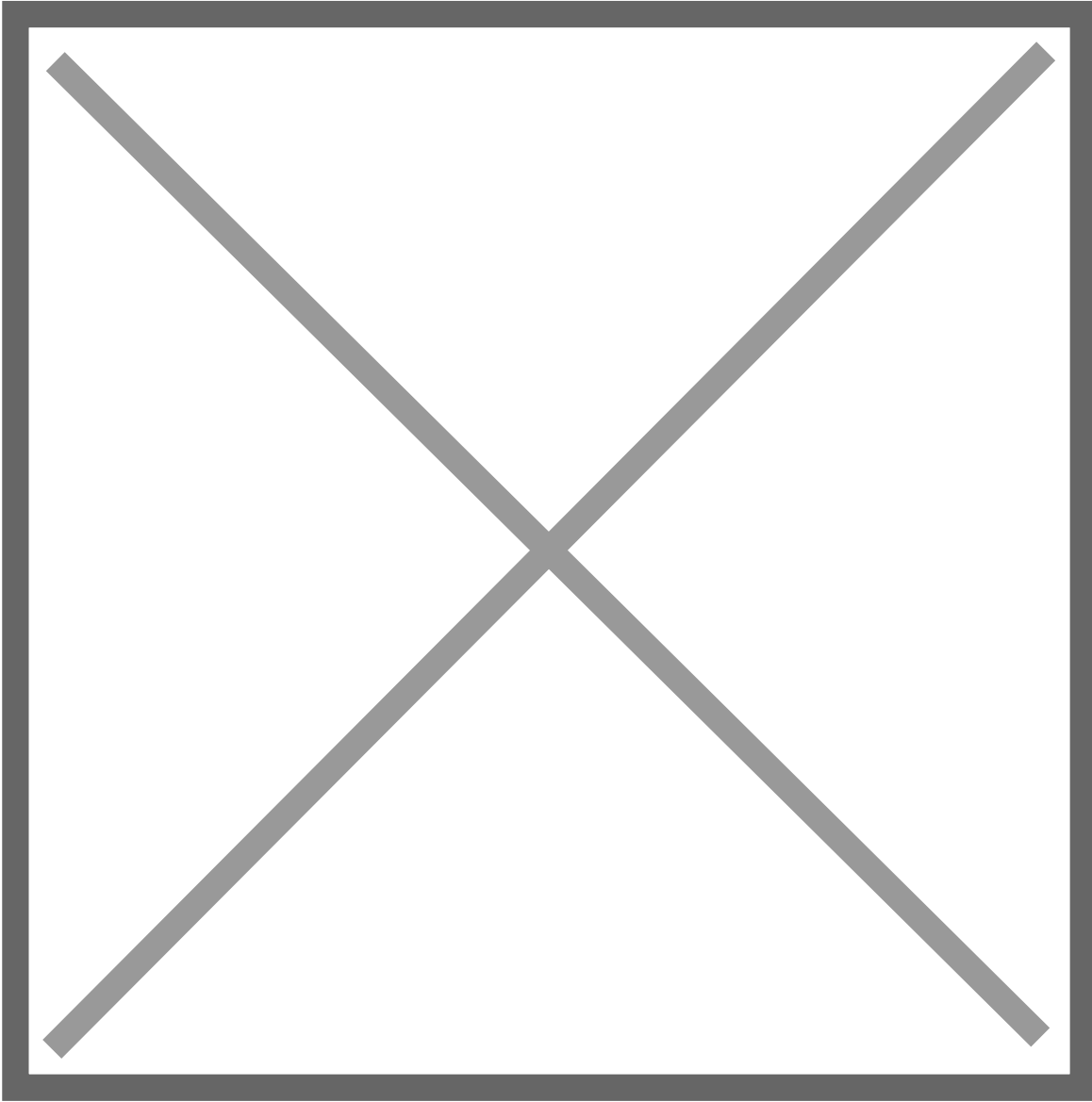
*68-year-old female patient presenting with dyspnea and chest pain. Her current medication regimen includes captopril, metformin, and furosemide. She has been diagnosed with diabetes mellitus, hypertension, and obesity, and has a family history of coronary disease. An electrocardiogram (ECG) reveals a **junctional rhythm** with a heart rate of 46 beats per minute. P waves are absent, and the QRS complexes are narrow, resembling the baseline rhythm. However, the QRS complex is enlarged, lasting 132 milliseconds, which is an increase, and shows a leftward deviation of the electrical axis. Ventricular repolarization has occurred with an increased corrected QT interval of 496 milliseconds. These findings suggest the presence of a right bundle branch block and a left anterior fascicular block, which complicate the analysis of the QT interval.*



- Exemplo 2 | Example #2

Paciente do sexo feminino, 86 anos, queixa-se de mal estar. Ao ECG, observa-se **ritmo juncional** com frequência cardíaca de 43 bpm. Onda P ausente e QRS estreito, semelhante ao ritmo de base. O complexo QRS dura 100 ms (normal) e possui eixo elétrico normal. A repolarização ventricular processou-se com intervalo QT corrigido de 552 ms, aumentado. Observa-se, também, progressão lenta de R nas derivações precordiais, que pode estar associada a posicionamento inadequado dos eletrodos ou a área eletricamente inativa devido a infarto antigo do miocárdio.

*86-year-old female patient reports feeling unwell. The ECG shows a **junctional rhythm** with a heart rate of 43 beats per minute. P waves are absent, and the QRS complex is narrow, similar to the baseline rhythm. The duration of the QRS complex is 100 ms, which is within the normal range, and the electrical axis is normal, with a prolonged corrected QT interval of 552 ms is noted. Additionally, a slow progression of the R wave in the precordial leads is indicated. This finding may be attributed to improper electrode positioning or an electrically inactive area due to a previous myocardial infarction.*



Revision #2

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