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Chest pain showing precordial ST-segment elevation in a 96-year-old woman with right coronary artery occlusion: A case report

Wu HY *et al.* RCA occlusion showing precordial ST-segment elevation

Abstract

BACKGROUND

Typically, right coronary artery (RCA) occlusion causes ST-segment elevation in inferior leads. However, it is rarely observed that RCA occlusion causes ST-segment elevation only in precordial leads. In general, an electrocardiogram is considered to be the most important method for determining the infarct-related artery, and recognizing this is helpful for timely discrimination of the culprit artery for reperfusion therapy. In this

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Chest pain showing precordial ST-segment elevation in a 96-year-old



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Case presentation. A 63-year-old man was admitted due to sudden onset of **chest pain** and was in a cardiogenic shock state. His ECG showed ST-segment **elevation** in **precordial** (V2–6) and inferior leads (II, III, and aVF) and ST-segment depression in lead aVR.

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ECG **showing** a marked ST-segment **elevation** in leads II, III and aVF and a reciprocal ST-segment depression in V2 through V4 **precordial** leads. Figure 2 Injection in the **right coronary artery showing** a critical obstruction in the first tract of the vessel.

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May 01, 2011 · **ST-segment elevation** in the **precordial** leads is almost always interpreted as anterior wall myocardial **infarction** due to occlusion of the LAD artery. However, isolated **right ventricular infarction** can also present with **precordial ST-segment elevation**, mimicking anterior wall myocardial infarction.