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**Name of Journal:** *World Journal of Clinical Cases*

**Manuscript NO:** 59625

**Manuscript Type:** CASE REPORT

**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

case, an elderly woman presented with chest pain showing dynamic changes in



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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**Author:** Hiroki Shibutani, Yuzo Akita, Kotaro Yutaka,...

**Publish Year:** 2016

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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.