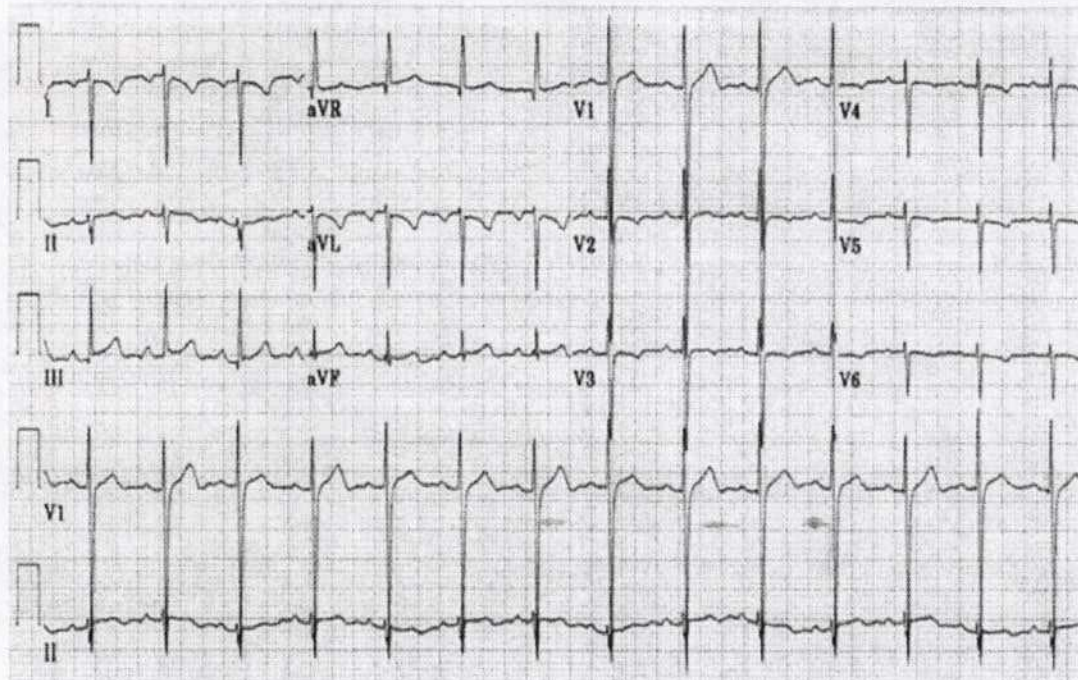


## Quiz

### A Patient with Skin Manifestations and Abnormal ECG



**Standard 12 lead ECG of the patient**

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**Answer on page No. 153**

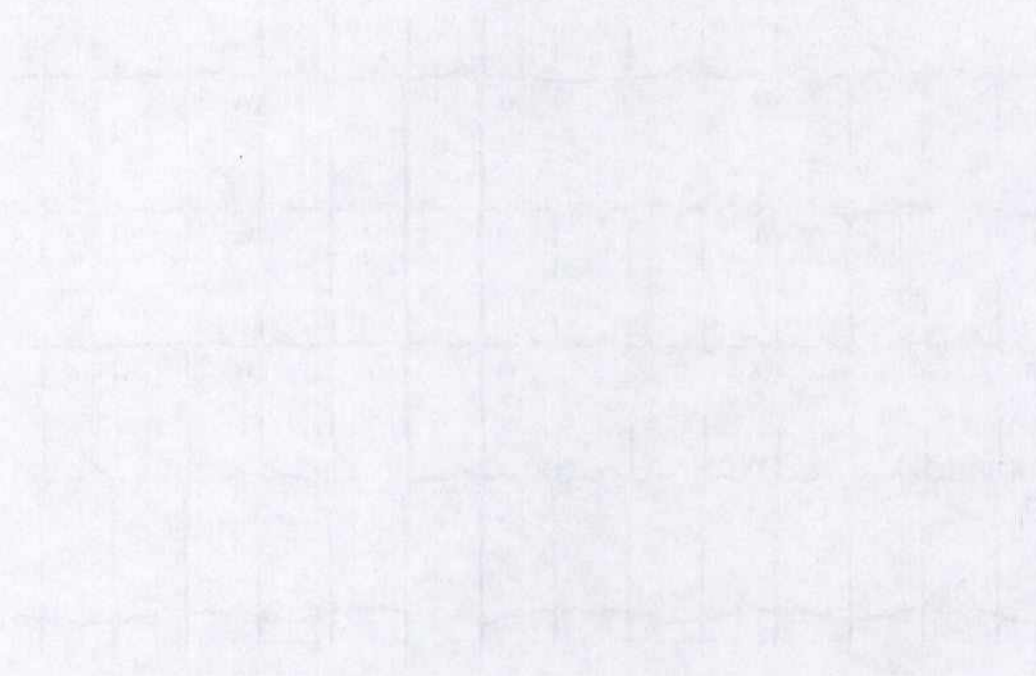
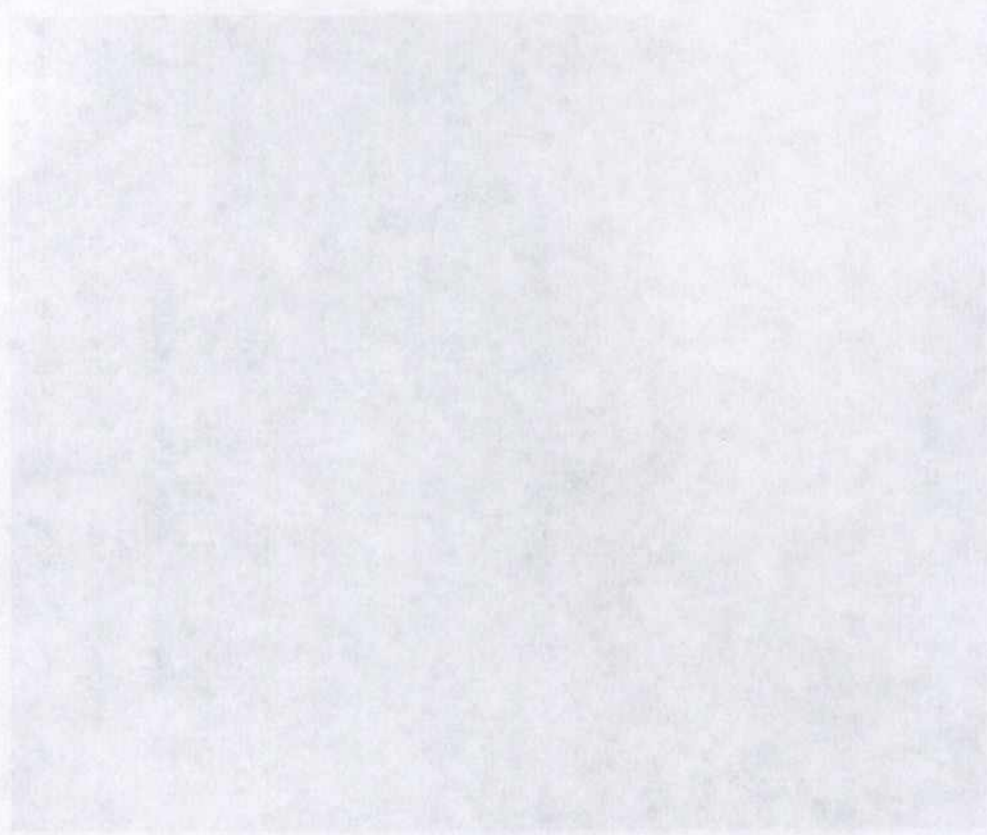


Figure 1. ECG of the patient.

Answers on page 133

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## Answer to Quiz (Page No.150)

The picture is showing electrode leads mark - but of a right-sided one. This itself suggests that it is probably dextrocardia even before the patient is examined.

The other circumstance that a right-sided ECG is taken commonly is to look for RV infarct in Inferior MI.

The next step is to examine the ECG carefully.

The standard 12 lead ECG shows inverted "P" waves in Lead I with aVR showing positive QRS (normally negative), and aVL showing negative QRS (normally positive). Again this

can be due to limb lead reversal when right arm electrode is placed on left arm and left arm electrode is placed on right arm and ECG is recorded - "TECHNICAL DEXTROCARDIA", OR it may be "TRUE DEXTROCARDIA."

To differentiate between the two, standard 12 lead ECG shows what we call "Reverse R progression" in chest leads - a feature of TRUE DEXTROCARDIA.

Then one should proceed to palpate for side of liver - look for situs inversus, and auscultate the lung bases for crepitation suggestive of bronchiectasis as in Kartagener's syndrome.

Source of Support: Nil    Conflict of Interest: Nil
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The patient is showing electrocardiogram (ECG) changes. The ECG shows a normal sinus rhythm with a heart rate of 75 bpm. The PR interval is 0.16 sec, the QRS complex is 0.08 sec, and the QT interval is 0.36 sec. The ECG is normal.

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Source: *Journal of the American Medical Association*, 1992; 267: 150-151.