

Clicar neste link e teram nosso full text about Early repolarization

<https://www.ncbi.nlm.nih.gov/pubmed/18651379>

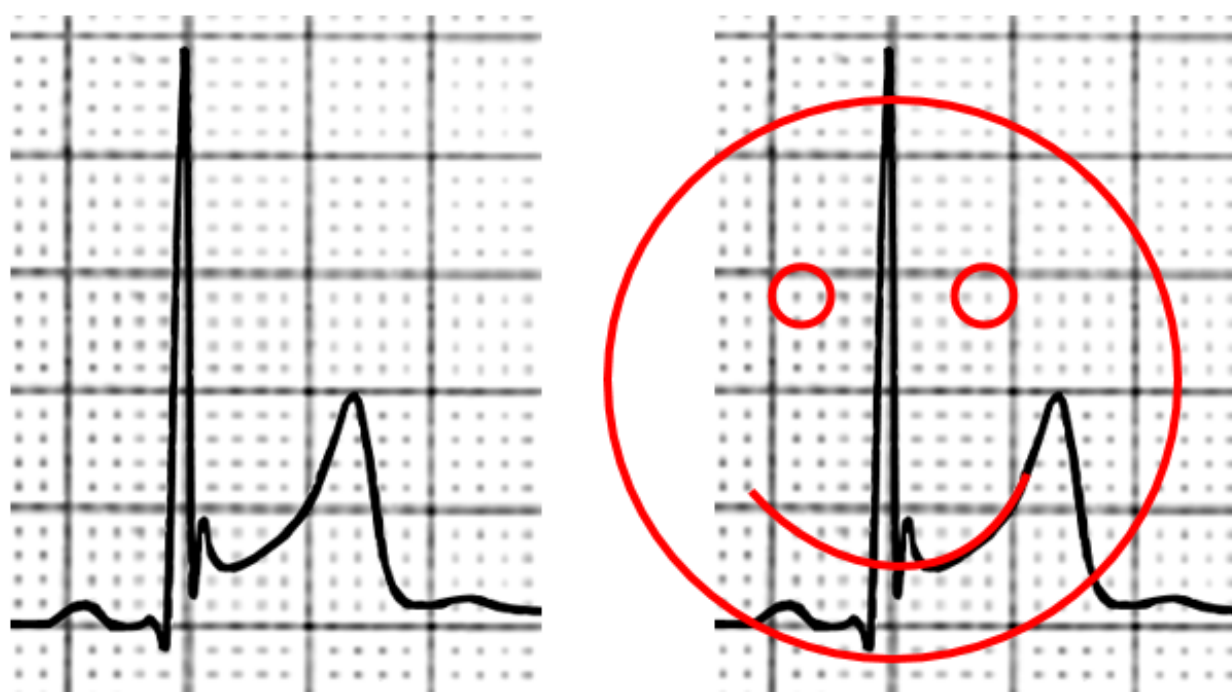
ECG criteria that suggest benign Early Repolarization Pattern (ERP)

- I. HR: sinus bradycardia is frequent;
- II. Axes of QRS, ST segment and T wave, are oriented in the same direction in the FP;
- III. Deep and narrow Q waves followed by R wave of great voltage in left precordial leads;
- IV. Notch or slurring of R wave descending branch;
- V. Transition area in precordial leads of sudden occurrence;
- VI. J point and ST segment elevation, usually < 2 mm (exceptionally it may be > 5 mm) of superior concavity in middle and/or left precordial leads and possibly in inferior leads;
- VII. Possible reduction in J point and ST segment elevation by sympathetic action and sympathomimetic drugs;
- VIII. Absence of reciprocal or mirror image (exception in VR lead);
- IX. Symmetrical T waves, with great width and polarity matching QRS;

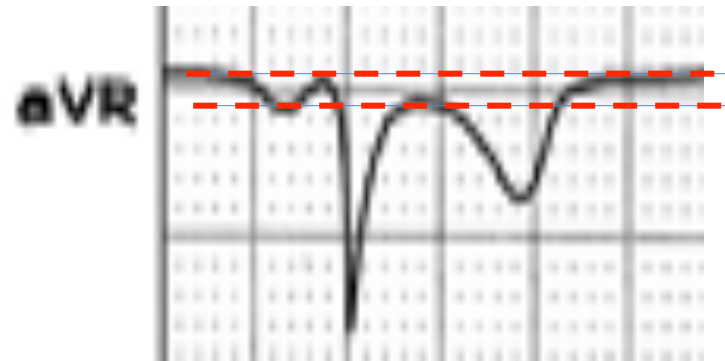
Electrocardiographic criteria of early repolarization pattern.

Differential diagnosis early repolarization

	ERS	Acute pericarditis in early phase
Response to strain:	Frequent return of ST to baseline. T wave may normalize.	ST segment elevation is not modified.
Hyperventilation:	T polarity may be modified.	T polarity is not modified.
Presentation:	Stable.	Transitory.
HR:	Frequent bradycardia.	Frequent tachycardia.
Clinics:	Asymptomatic.	Marked alteration.
Age range:	20 to 40 years old.	40 or more.
ST/T ratio in V₆:	< 0.25	Variable.
T wave:	Always broad. Persistently positive. Greater voltage.	It decreases amplitude in hours. Lower voltage. Only increased in early phase.
ST:	Significant elevation only in precordial leads. Reciprocal depression only in aVR.	Universal elevation (all of them). There may be reciprocal depression in opposite leads.
ST/T ratio in V₆:	< 0.25	Variable.
T wave:	Always broad. Persistently positive. Greater voltage.	It decreases amplitude in hours. Lower voltage. Only increased in early phase.



The figure shows V4 precordial lead with STSE concave to the top followed by large positive T wave that resembles a "smiling face".



Mirror image or reciprocal changes only in aVR lead in benign Early repolarization

DIFFERENTIAL DIAGNOSIS BETWEEN CORONARY ARTERY DISEASE

	CORONARY ARTERY DISEASE	PERICARDITIS
Number of involved leads	Lesser (SEGMENTAR)	More (diffuse) extensive
Intensity of the phenomena	More	Lesser
Reciprocal effect	Present	Absent