

Dear Professor Pérez-Riera,

I would like to ask your opinion on the following case which I suspect is one of RBBB combined with new LSTB owing to ischemia related to a proximal LAD artery lesion. The patient was an elderly man with a history of suspected vasospastic angina. He presented to the hospital after he had suffered a short-lasting episode of angina and his ECG recorded when he was free of pain is attached (**ECG 1**). During an episode of angina (**ECG 2**) we noted lambda-like ST elevation in leads V2-V5 and ST-segment elevation in leads II, aVF and III. The rhythm is atrial fibrillation/flutter and also there are signs of RBBB.

**Do you agree that ECG 2 displays signs of LSTB?** : prominent anterior QRS forces [PAF] with R wave in V2 and V3  $\geq$  to 15 mm, loss of septal q waves in V4 and V5)

The transient nature of PAF also favored LSTB.

**ECG 3** was recorded during a 2nd episode of angina which also resolved promptly after treatment with nitrates.

The case was one of sequential spasm in the proximal LAD artery and the distal RCA at sites of high-grade lesions. Both lesions were tackled by PCI. The patient remained free of CV events 2.5 years after PCI.

Thank you very much

Kind regards

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## Case Report from

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*“Two things are infinite:  
the universe and human stupidity,  
and I’m not sure about  
the universe.”*

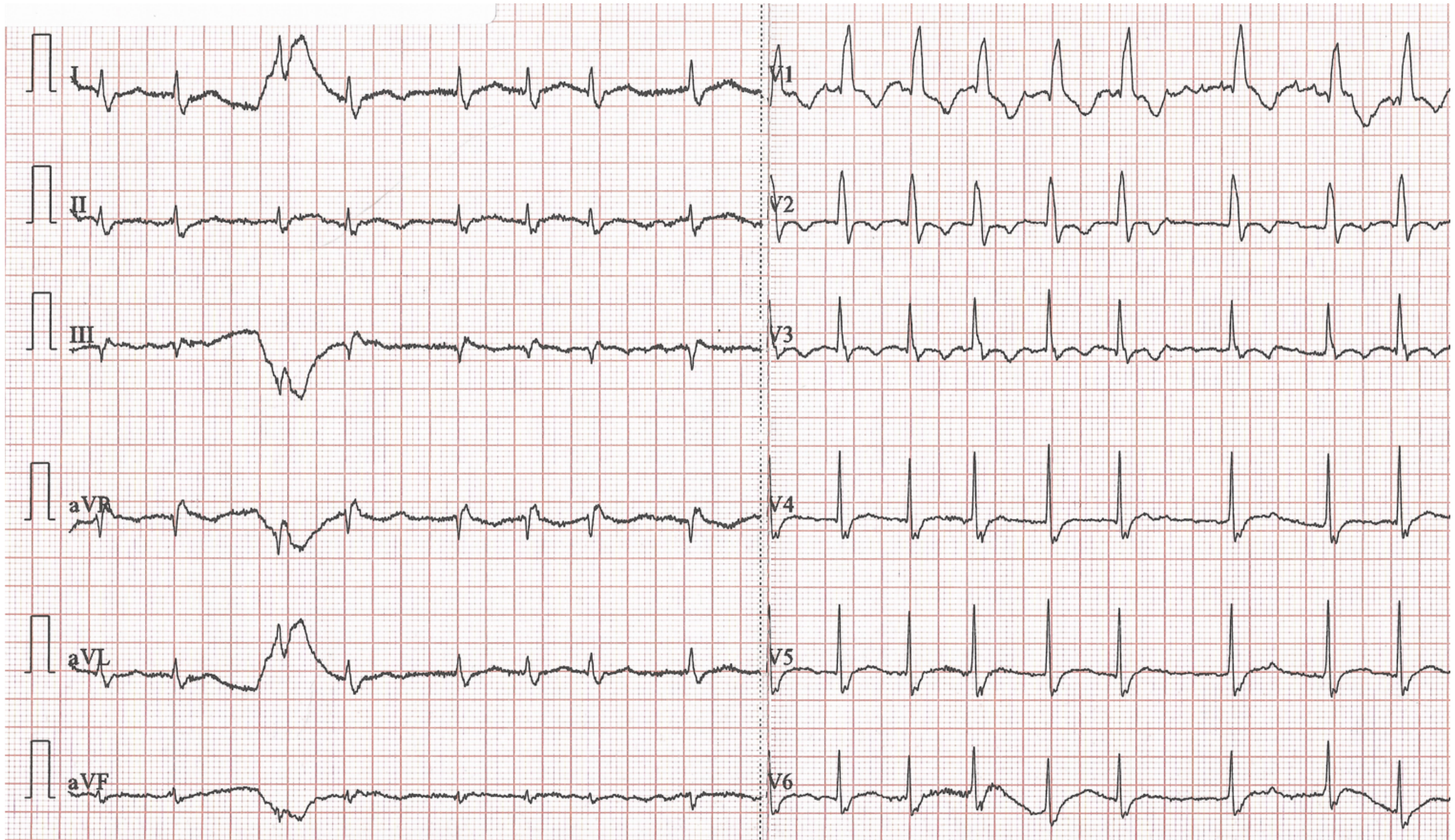
<https://www.youtube.com/watch?v=1n003H0CRnk>

Albert Einstein's Quote



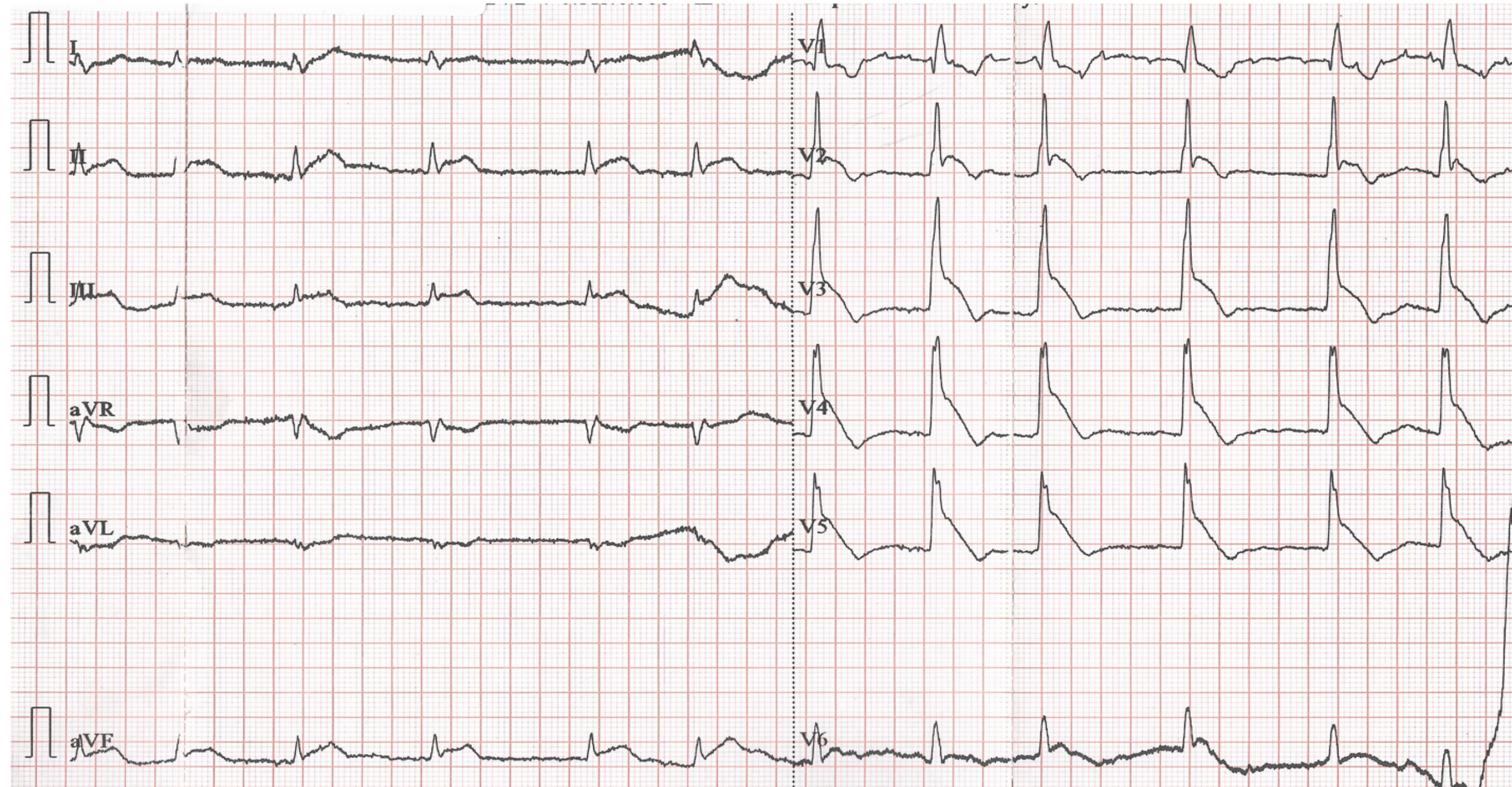


# ECG-1





# ECG-2 preformed during angina episode





**ECG-3 preformed during a 2nd episode of angina which also resolved promptly after treatment with nitrates.**

