

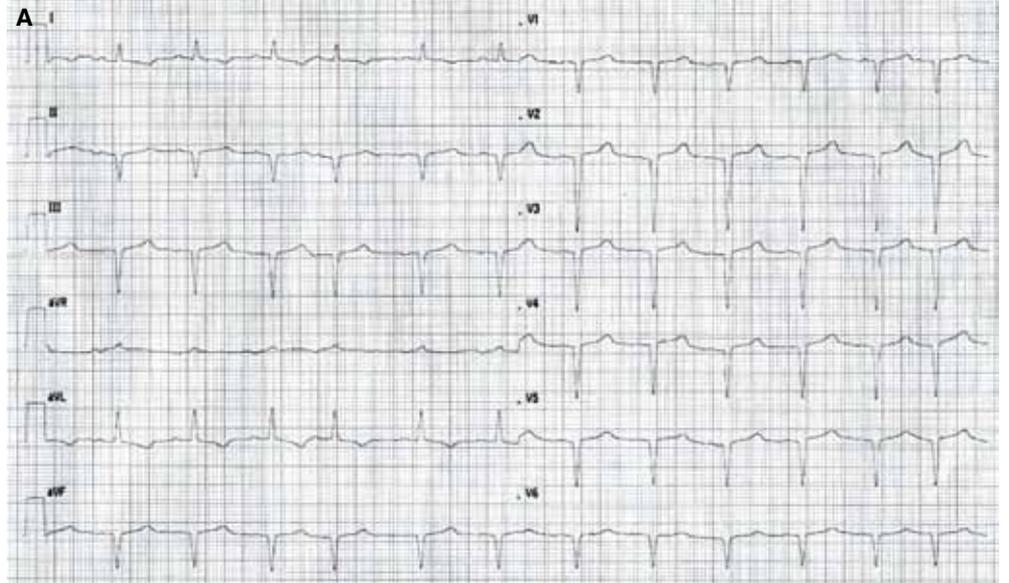
## Pseudo-infarct pattern on the electrocardiogram *Elektrokardiografide yalancı enfarkt görünümü*

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A 74-year-old female was admitted with new-onset dyspnea and chest pain. Her physical exam showed high blood pressure (170/110 mmHg), basilar rales in the lungs, an augmented second heart sound, and audible

fourth heart sound. Her medical history was unremarkable. Her electrocardiogram showed prevalent Q waves in chest leads, II, III, and aVF, resembling prior anterior myocardial infarction with left anterior hemiblock (Fig. A), with symptoms supporting the diagnosis. Echocardiography showed advanced cardiac hypertrophy (Fig. B) due to long-standing untreated hypertension. Hypertrophy of the septal outflow tract region was attributed to senile septal hypertrophy. Left ventricle posterior and septal wall thicknesses were increased (17 and 15 mm, respectively), with slight regional wall motion abnormality. The patient's cardiac markers were negative and there was no progression on the electrocardiogram during the follow-up. Coronary angiography performed did not show any significant disease. As her complaints were thought to be due to untreated hypertension, she was discharged on appropriate antihypertensive therapy. The appearance of Q waves in several territories on the electrocardiogram should remind the physician of various conditions that can mimic myocardial infarction.



**Figures.** The patient's (A) admission electrocardiogram showing prevalent Q waves in leads II, III, and aVF, resembling prior anterior myocardial infarction and left anterior hemiblock, and (B) echocardiogram from the parasternal long-axis view showing advanced cardiac hypertrophy.