

Figure 1: Electrocardiogram in a 55-year-old man showing sinus tachycardia, resolving ST-segment elevation in inferior leads and completely resolved in anterior leads. ADD Q waves and 1 mm ST elevation in leads II, III and aVF. Ventricular rate 103 beats/min, PR interval 190 ms, QRS duration 92, QT/QTC 364/476.

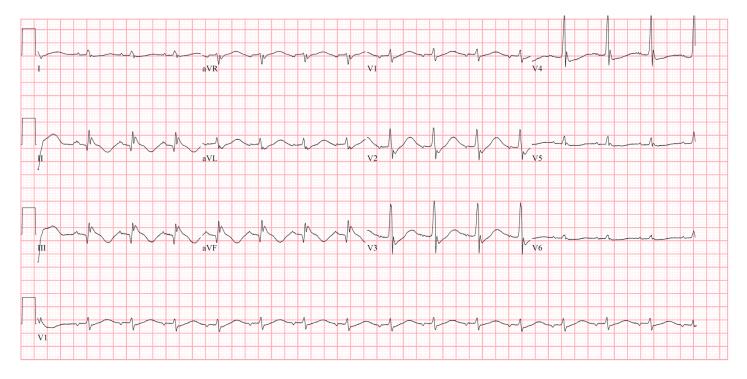


Figure 2: Electrocardiogram in a 55-year-old man showing normal sinus rhythm with evidence of progressive changes of inferior infarct. Osborn waves are present and the QTc remains extremely prolonged. Ventricular rate 91 beats/min, QRS duration 94 ms, QT/QTc 498/654.



Figure 3: Two serial images of selective coronary angiograms in a 55-year-old man showing the left coronary artery with a (A) critical lesion in the medium second obtuse marginal and (B) subsequently revascularized second obtuse marginal after percutaneous coronary intervention with one drug-eluting stent.