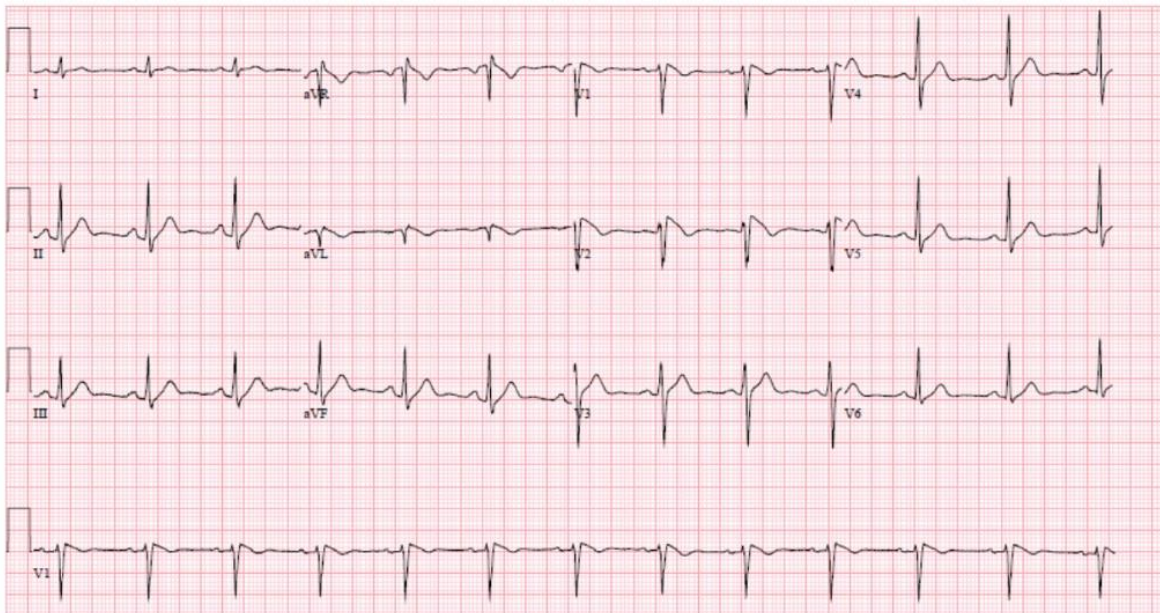


ECG DILEMMAAbdulwahab Hritani¹, Firas Baidoun², Fatima Samad¹¹Cardiology Department, Aurora Sinai/St. Luke Medical Centers, Milwaukee, Wisconsin²Internal Medicine Department, University of Florida College of Medicine, Jacksonville, FloridaCorresponding Author: Fatima Samad, MD. 2900 W Oklahoma Ave, Milwaukee, WI 53215
(fatimasamad@gmail.com)

Received: April 19, 2017 Accepted: May 24, 2017 Published: July 19, 2017

Am J Hosp Med 2017 Jul;1(3):2017.027 <https://doi.org/10.24150/ajhm/2017.027>

A 29 year old healthy physician with no past medical history presented to the emergency department (ED) with chest pain. He was on his way back from vacation when he started having pleuritic, constant, 6/10, non-radiating, mid-sternal chest pain not associated with exertion. He denied any shortness of breath or syncope. He has no family history of sudden cardiac death. Vital signs were normal and physical examination was unremarkable. Cardiac enzymes were negative and D-Dimer was within normal range. The following is an ECG in ED triage.

**What is the most likely diagnosis?**

- A. ST segment elevation myocardial infarction
- B. Brugada Syndrome
- C. Wolf-Parkinson-White (WPW) pattern
- D. Normal variant
- E. Acute pericarditis

See the answer in the next article, “ECG Dilemma-Answer”.