

A remarkable ECG of a patient with swollen legs

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CASE REPORT

A 69-year-old male with an unremarkable medical history was admitted to the hospital because of predominantly right-sided heart failure. Despite initiation of furosemide two weeks before admission, his physical condition did not improve. Physical examination revealed oedematous legs and presacral oedema. His blood pressure was 100/60 mmHg with a pulse frequency of 88 beats/min. The laboratory results were as follows: normal peripheral blood cell count, urea 7.5 mmol/l, creatinine 80 μ mol/l, ASAT 38 U/l, ALAT 40 U/l, γ -glutamyltransferase 55 U/l, alkaline phosphatase 118 U/l and C-reactive protein 3 mg/l.

The ECG (*figure 1*) showed sinus rhythm with microvoltages in the frontal leads and slow R-progression in the precordial leads. Echocardiography revealed a concentric hypertrophic heart with moderate left systolic function, based on diffuse hypokinesia. Doppler showed a restrictive diastolic flow pattern.

Investigations showed hypoalbuminaemia (24 g/l) and absence of monoclonal gammopathy. Albuminuria of 2 g/day was documented.

WHAT IS YOUR DIAGNOSIS?

See page 340 for the answer to this photo quiz.

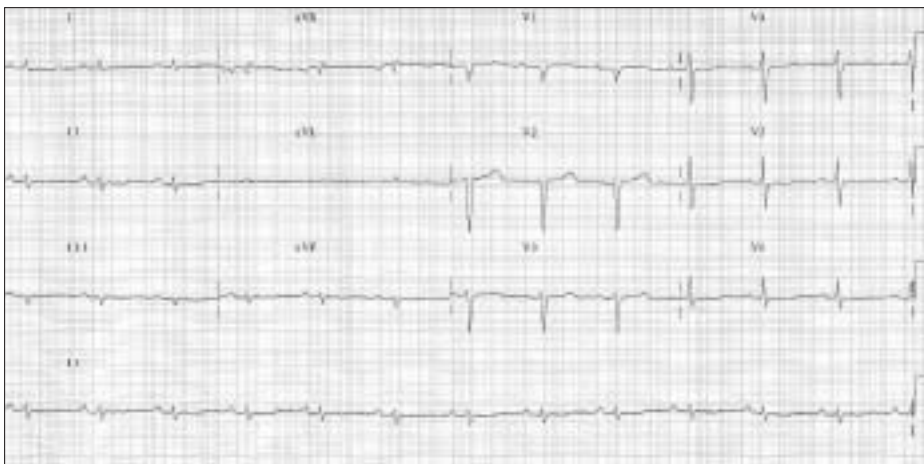


Figure 1

The ECG shows sinus rhythm with microvoltages in the frontal leads and slow R-progression in the precordial leads

A colour version of this figure is available on www.njmonline.nl