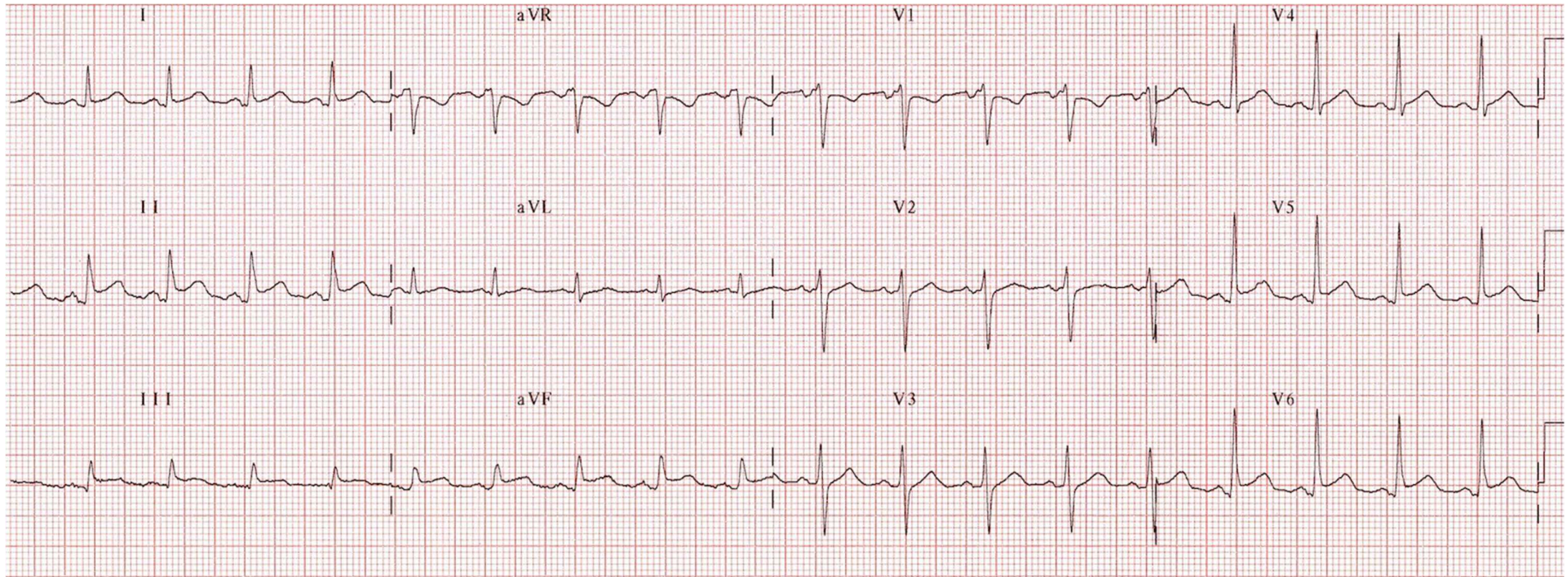


- Acute pericarditis



- Classic evolutionary ST and T wave pattern consists of 4 stages (but are not always present):
  - Stage 1: Upwardly concave ST segment elevation in almost all leads except aVR; no reciprocal ST depression in other leads except aVR
  - Stage 2: ST elevation returns to baseline and T wave amplitude begins to decrease
  - Stage 3: T waves invert
  - Stage 4: ECG returns to normal

T wave inversion usually occurs *after* the ST segment returns to baseline (in contrast to MI, where T wave inversion typically begins while the ST segments are still elevated).

Pericarditis may be focal (e.g., post-pericardiectomy) and result in regional (rather than diffuse) ST elevation.

Classic ST and T wave changes are more likely to occur in purulent pericarditis as opposed to idiopathic, rheumatic, or malignant pericarditis.

- Other clues to acute pericarditis include:
  - Sinus tachycardia
  - PR segment depression. This is a pathognomonic sign of acute pericarditis.
  - Low-voltage QRS
  - Electrical alternans if pericardial effusion is present

It can be difficult to distinguish between acute pericarditis and normal variant early repolarization; both are common and show concave-upward ST segment elevation. Pericarditis is almost always associated with pain that is generally positional and/or pleuritic.