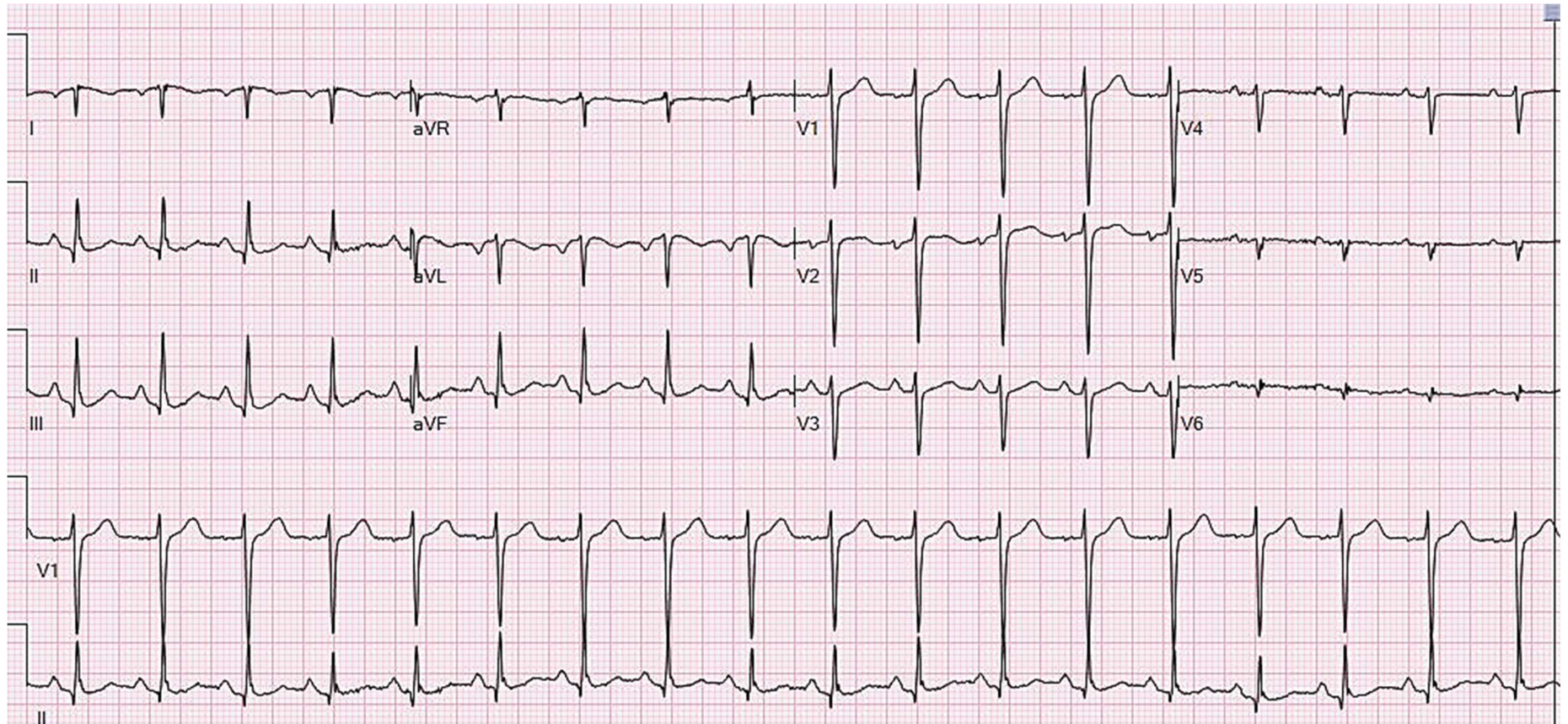


- Dextrocardia, mirror image



Suggested by the following:

- P-QRS-T in leads I and aVL are inverted or “upside down”

Dextrocardia and right arm/left arm lead reversal can both produce an upside-down P-QRS-T in leads I and aVL. To distinguish between these conditions, look at the R wave progression in leads V1–V6:

- Reverse R wave progression (i.e., decreasing R wave amplitude from leads V1–V6) suggests dextrocardia
- Normal R wave progression suggests right arm/left arm lead reversal

The net negative QRS voltage in lead I is consistent with right axis deviation and should be coded. In contrast, right axis deviation suggested by incorrect electrode placement (right arm/left arm switch) should not be coded, as it is a technical error, not true axis shift.

In *mirror-image dextrocardia*, the most common form of dextrocardia, the abdominal and thoracic viscera (in addition to the heart) are transposed to the side opposite their usual locations (dextrocardia with “situs inversus”). This form of dextrocardia is generally not associated with severe congenital cardiac abnormalities (other than the malposition, which does not affect cardiac function). In *isolated dextrocardia*, the heart is rotated to the right side of the chest but other viscera remain in their usual locations. This type of dextrocardia is almost always associated with serious congenital cardiac abnormalities, resulting in clinical difficulties in infancy or early childhood.