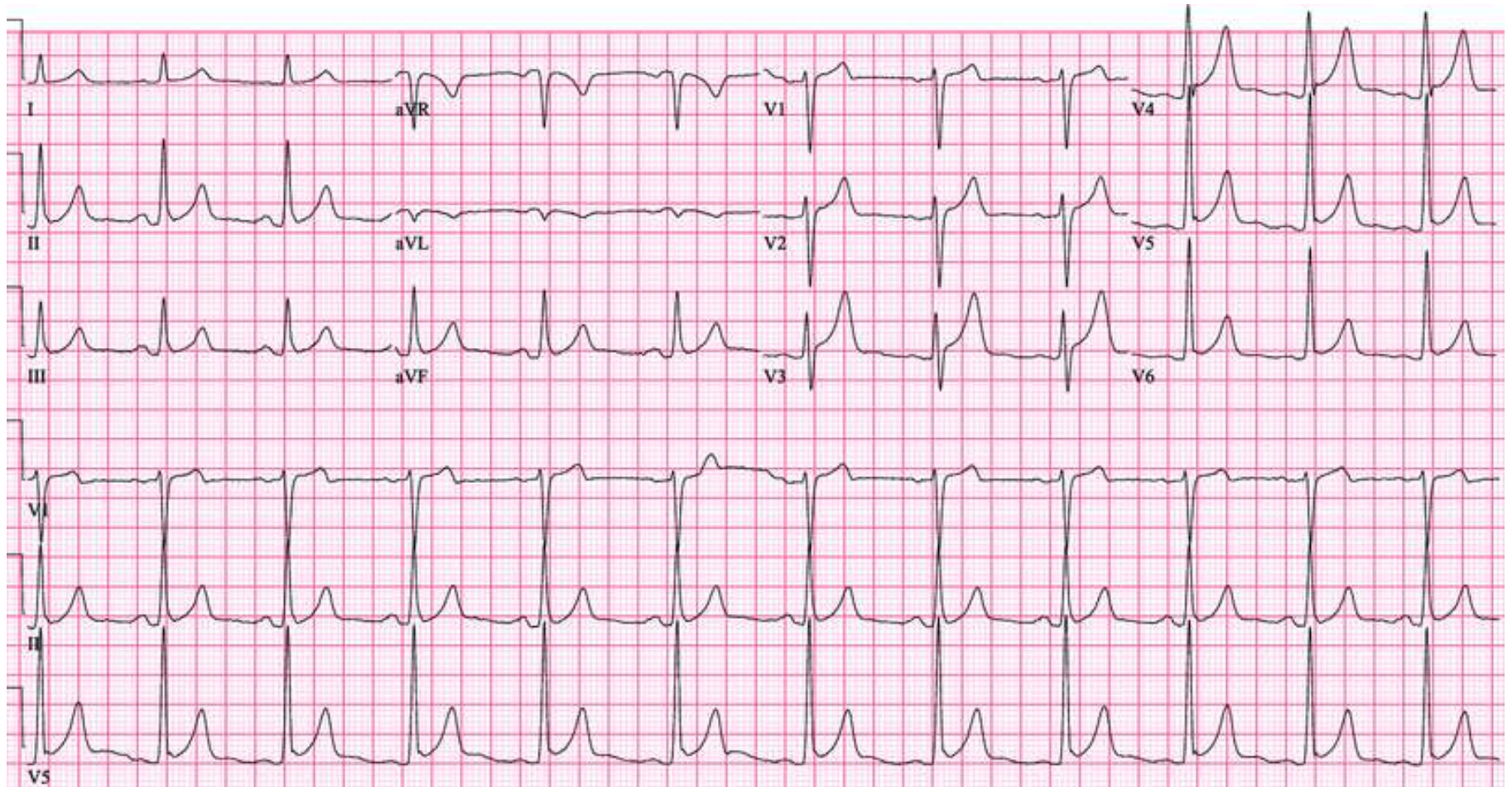


• **Early repolarization, normal variant**



- Elevated take-off of ST segment at the junction between the QRS and ST segment (J point)
- Concave upward ST elevation ending with a symmetrical upright T wave (often of large amplitude)

ST elevation is typically < 25% of the height of the T wave in lead V6.

- Distinct notch or slur on downstroke of R wave
- Most commonly involves leads V<sub>2</sub> to V<sub>5</sub>; sometimes leads II, III, aVF
- No reciprocal ST segment depression

Some degree of ST elevation is present in the majority of young healthy individuals, especially in the precordial leads.

A rare malignant form of early repolarization associated with sudden cardiac death has been noted to occur.

It can be difficult distinguishing between normal variant early repolarization and acute pericarditis; both are common conditions associated with concave-upward ST segment elevation. However, in pericarditis the ECG often shows PR depression and ST elevation > 25% of the T wave amplitude; which are not seen in normal variant early repolarization changes.