Table 1 Immediate post-exercise measurements and gradients

	Right arm	Right thigh	Left arm	Left thigh
Delay time (s)	40.0 (33–55)	51.0 (40–160)	47.5 (38–69)	80.5 (61–227)
Heart rate (beats/min)	125.0 (90–160)	118.5 (85–152)	121.5 (82–155)	113.0 (100–141)
Systolic pressure (mm Hg)	172.0 (142–199)	168.0 (134–204)*	173.5 (127–209)	146.5 (121–167)*
Arm–leg systolic gradient (mm Hg)	3.0 (–20–>13)		19.0 (–10–>65)	
Time difference (s)	13.0 (2–105)		29.0 (16–168)	

Median values (range) are reported.

* $p < 0.03$.**Authors' affiliations**

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IMAGES IN CARDIOLOGY

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Cardiac arrest after occlusion of anomalous origin of left main artery

A 40-year-old woman presented at the emergency room with typical angina of one hour's duration. The ECG showed ST segment elevation in the precordial and lateral leads (panel A). Ten minutes later the patient went into primary ventricular fibrillation which was successfully defibrillated, but she developed arterial hypotension. The patient underwent coronary angioplasty which showed thrombotic occlusion of the distal left main artery (TIMI 1 flow) arising from the right coronary artery (panel B). Successful angioplasty and stent placement were undertaken in the anomalous left main artery (panel C). The patient remained in Killip class I during hospitalisation and was discharged five days later in good clinical condition.

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CX, circumflex artery; LAD, left anterior descending artery; LMCA, left main coronary artery; RCA, right coronary artery.