LETTER TO THE EDITOR

An Unusual ECG Artifact? Re: ST Elevation in One Lead

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Dear Editor

We read with great interest the article entitled "ST Segment Elevation in One Lead: A Case Report" by Doctors Rifal and Dia in a recent issue of the journal.¹ In their manuscript, the authors describe an ECG with ST-segment elevation in a single lead, which had been caused by the connection of the ECG electrode to a temporary pacemaker wire in a patient recovering postoperatively from coronary artery bypass grafting (CABG). This entity might, in fact, be more common than one might initially believe. Our research group recently reported on the same phenomenon occurring in a single lead (Fig. 1) in another patient who was recovering

from CABG and had an ECG electrode inadvertently connected to an epicardial pacemaker wire.

There is indeed a need to be suspicious when ST-segment elevation occurs in a single lead and physicians, nurses, and technicians must be cautious when attaching ECG electrodes in patients with temporary pacing wires.

REFERENCES

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2. Baranchuk A, Simpson CS, McIntyre WF, Refearn DP. Single-lead ischaemia? *Eur J Cardiothorac Surg* 2010;37(1):233.

Figure 1. Twelve-lead ECG from a patient recovering postoperatively from coronary artery bypass grafting. The ST-segment elevation in lead V₆ (arrow) is caused by the connection of the ECG electrode to an epicardial pacing wire. Reproduced with permission from the European Journal of Cardiothoracic Surgery.²

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