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The electrocardiogram shows sinus rhythm, delayed precordial R-wave progression, inverted T waves in lead I, and low to flat T waves in all of the precordial leads. The most striking abnormality is the markedly prolonged QT interval (QT = 480 msec; corrected QT = 577 msec). Of the many causes of QT prolongation (Table), most lengthen the T wave. This patient's long QT interval is due entirely to an increase in the ST segment, which

is typical of hypocalcemia and, with the exception of ...

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The QRS axis was vertical ($+91^\circ$), which is unusual for a person this age, but not definitely abnormal on its own. However, in conjunction with $R/S > 1$ in lead V₁, $SV_1 \leq 2$ mm, onset of the intrinsicoid deflection in V₁ of 0.035 to 0.055 seconds, RV₅ or RV₆ < 5 mm, and the presence of S waves in V₅ and V₆, the vertical axis signifies right ventricular hypertrophy (3-6).

Electrocardiogram in a woman with cor pulmonale

Comprehensive Electrocardiology: Theory and Practice in Health and Disease, Volume 1. New York: Pergamon Press; 1989:638. (3.) *ibid*, 650-653. (4.) Goldberger AL. A specific ECG triad associated with congestive heart failure. *Pacing Clin Electrophysiol* 1982; 5:593-599. (5.) Pereira Nunes MC, Dones W, Morillo CA, et al. Chagas disease: an ...

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