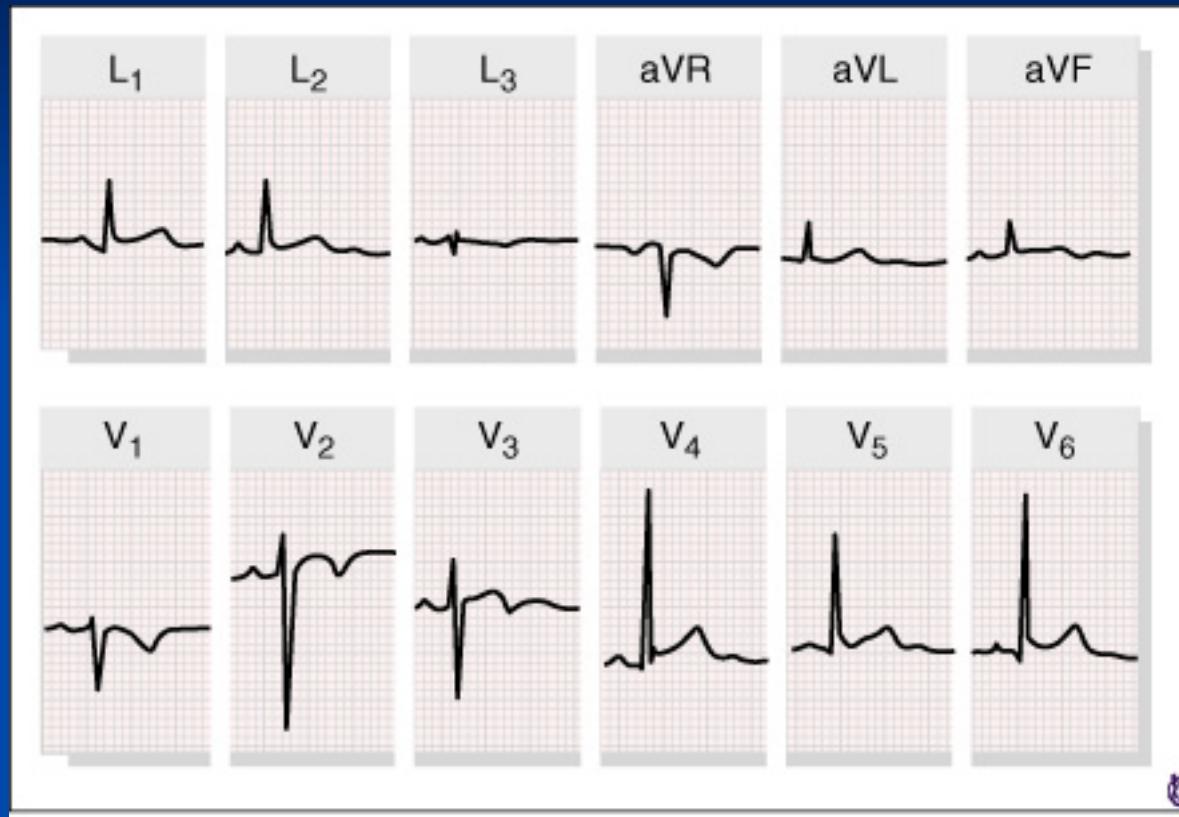
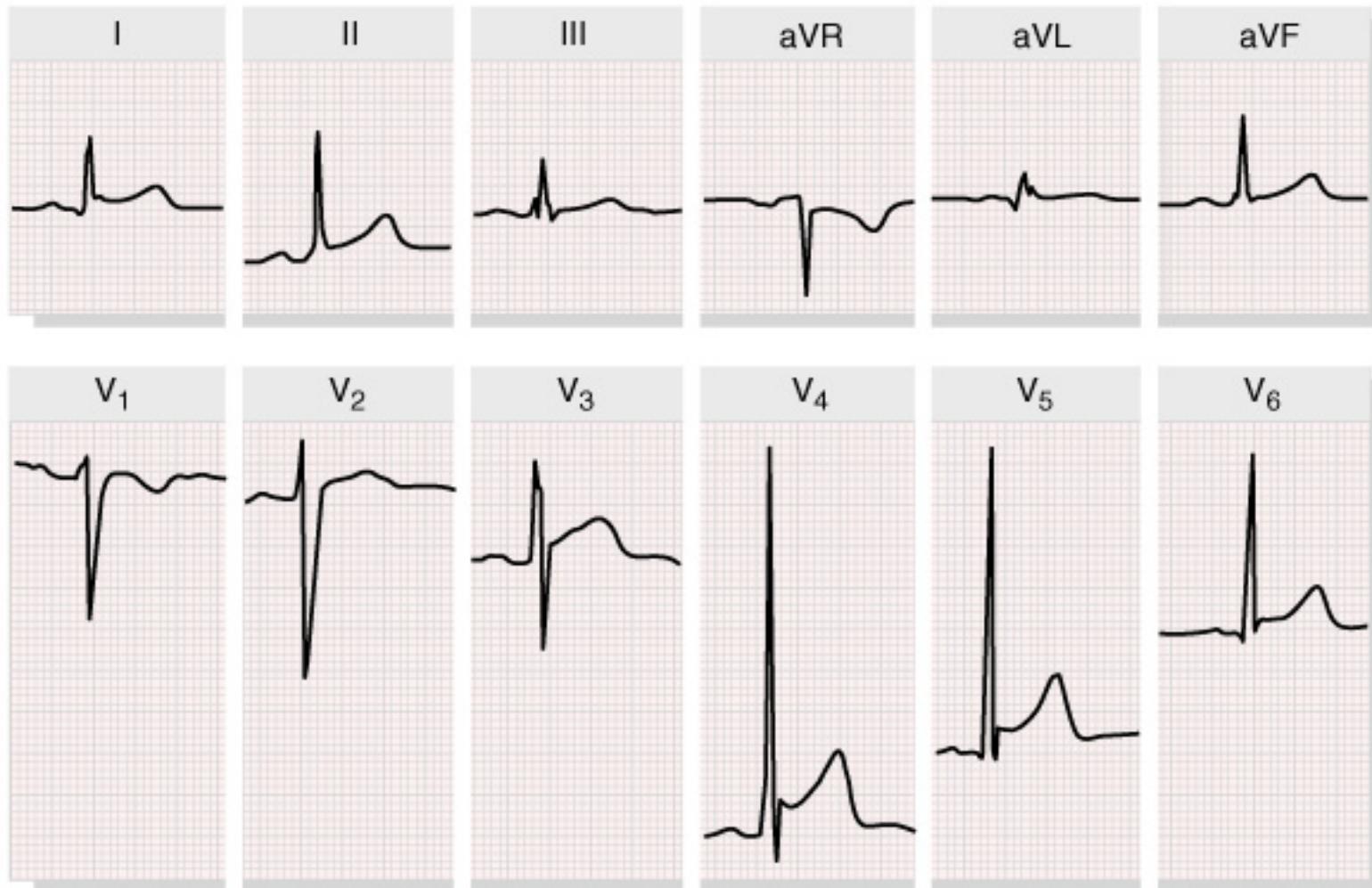


Pattern juvenil



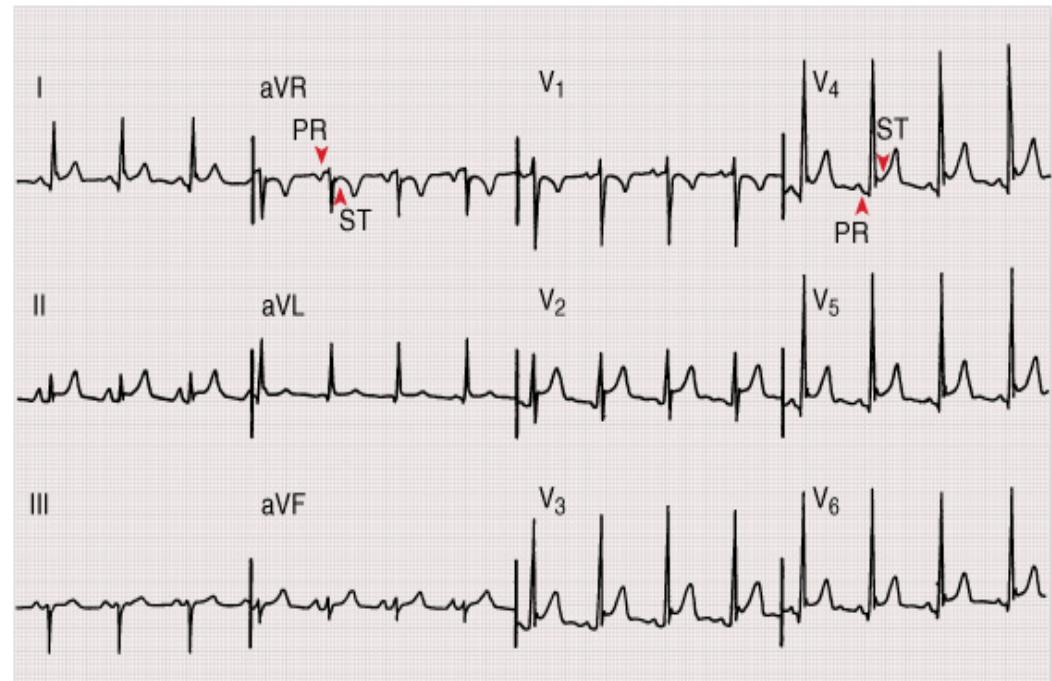
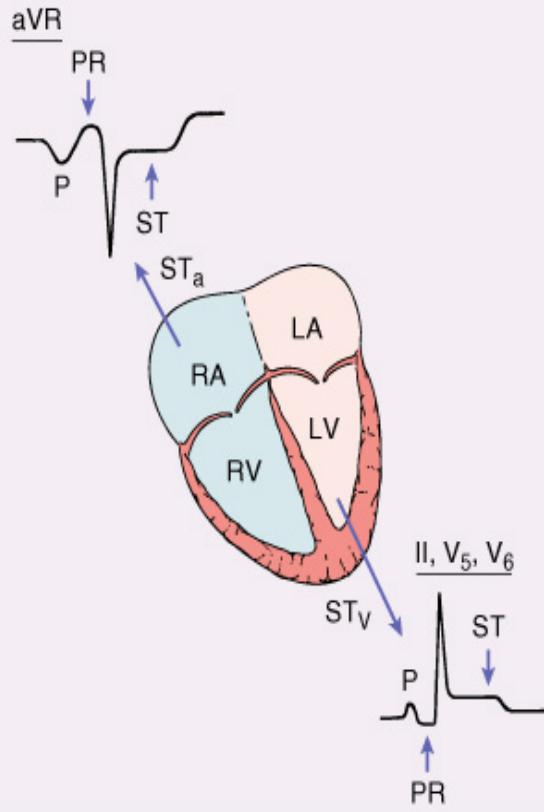
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Repolarización precoz



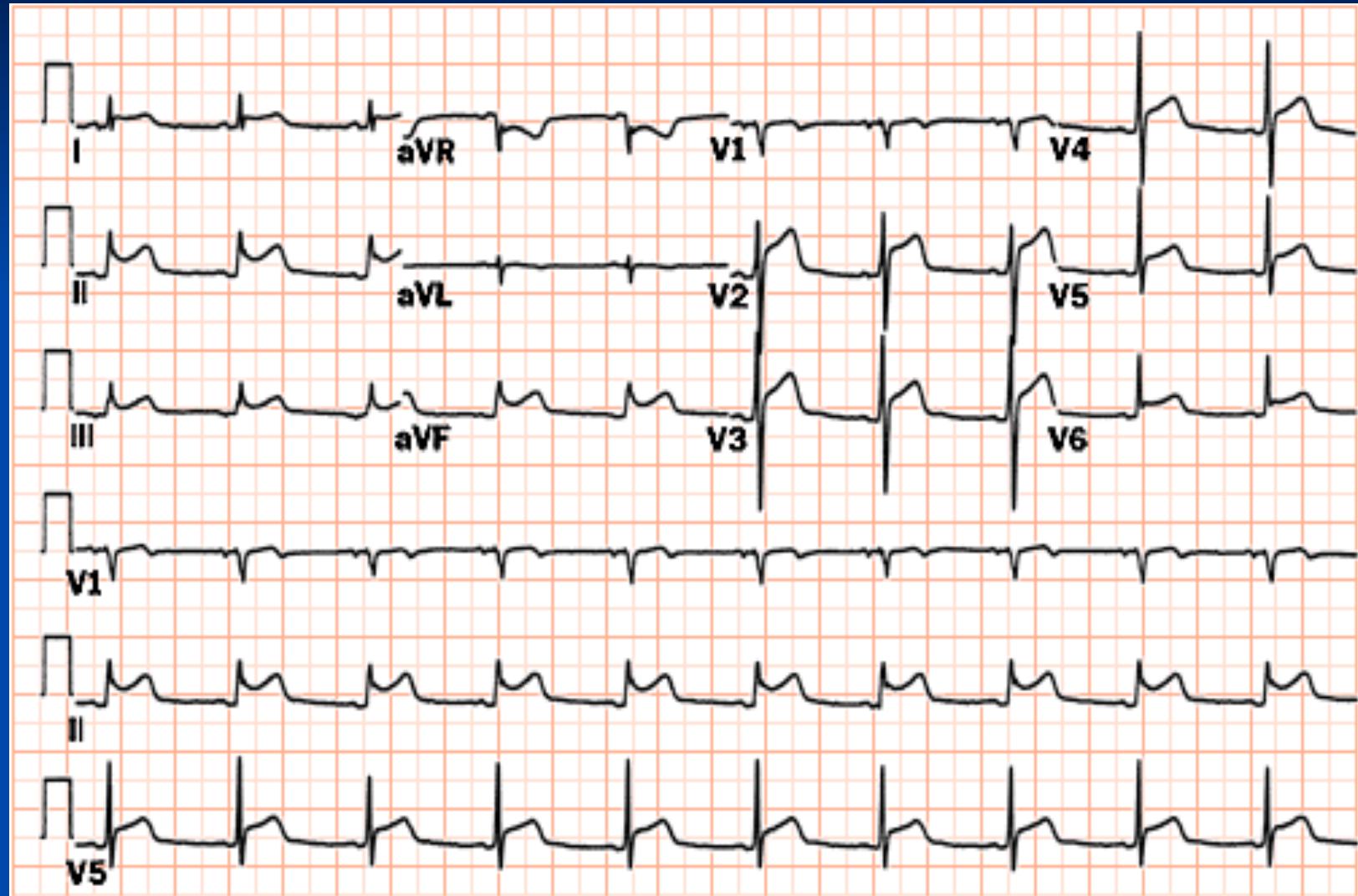
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Pericarditis

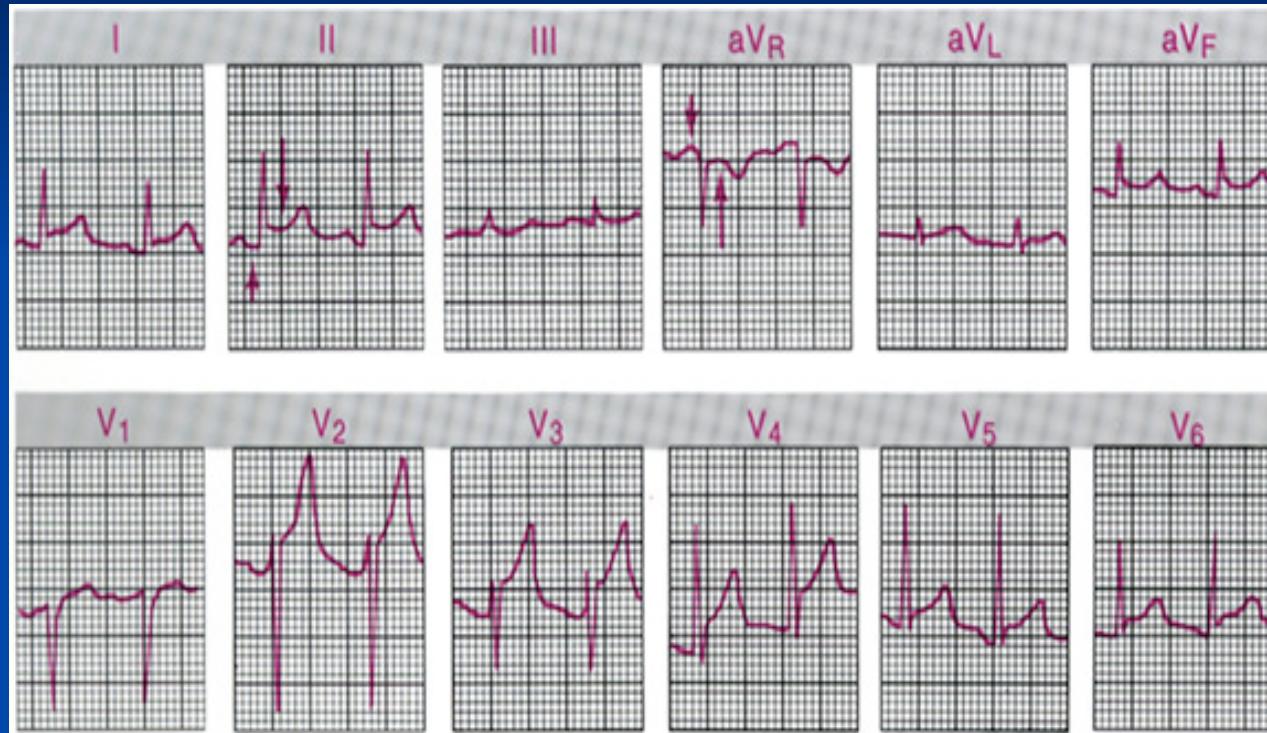


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Pericarditis aguda

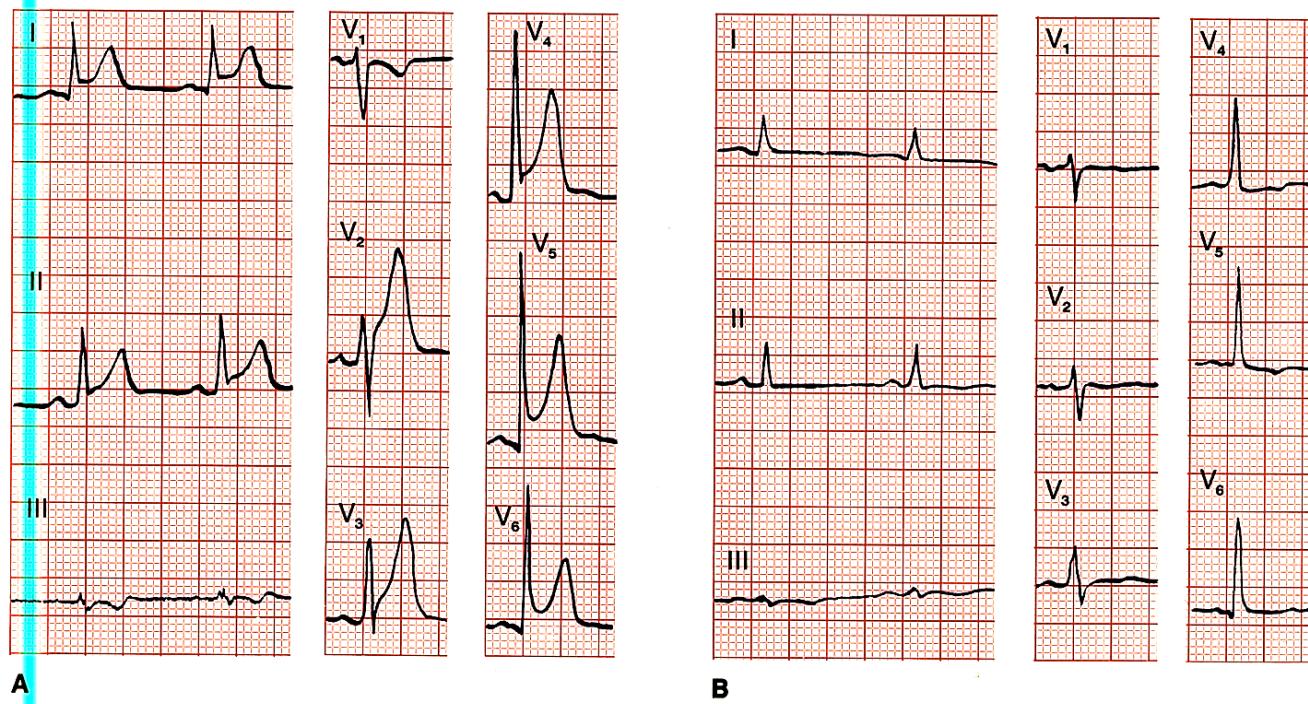
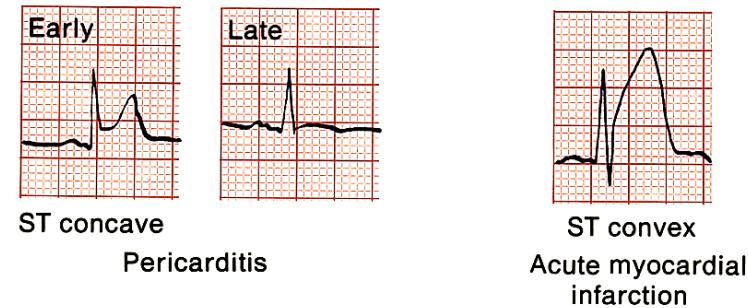


Pericarditis aguda:ECG

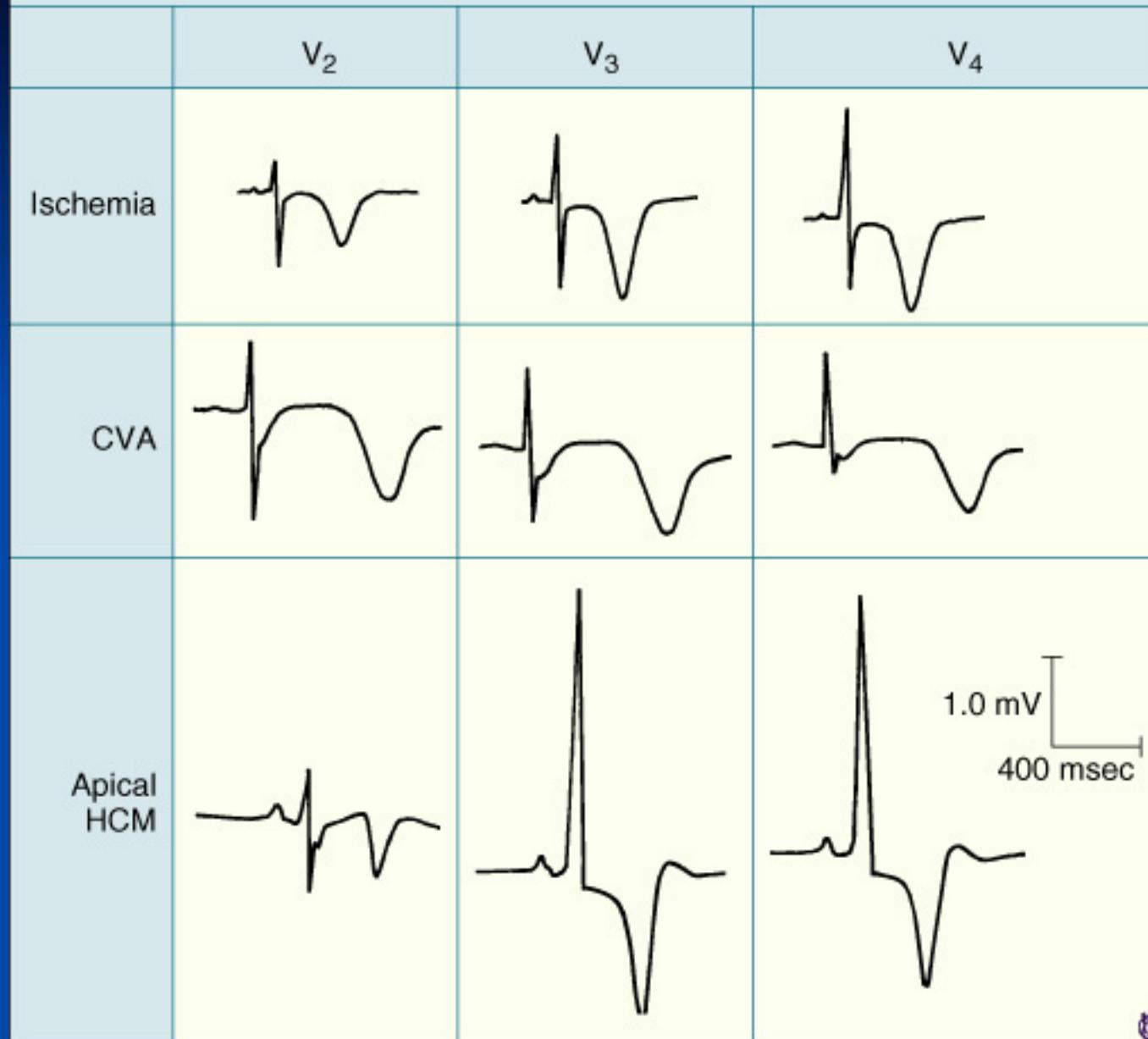


Elevación de ST, de aspecto cóncavo en la mayoría de las derivaciones excepto en aVR, ocurren en 90% de los casos

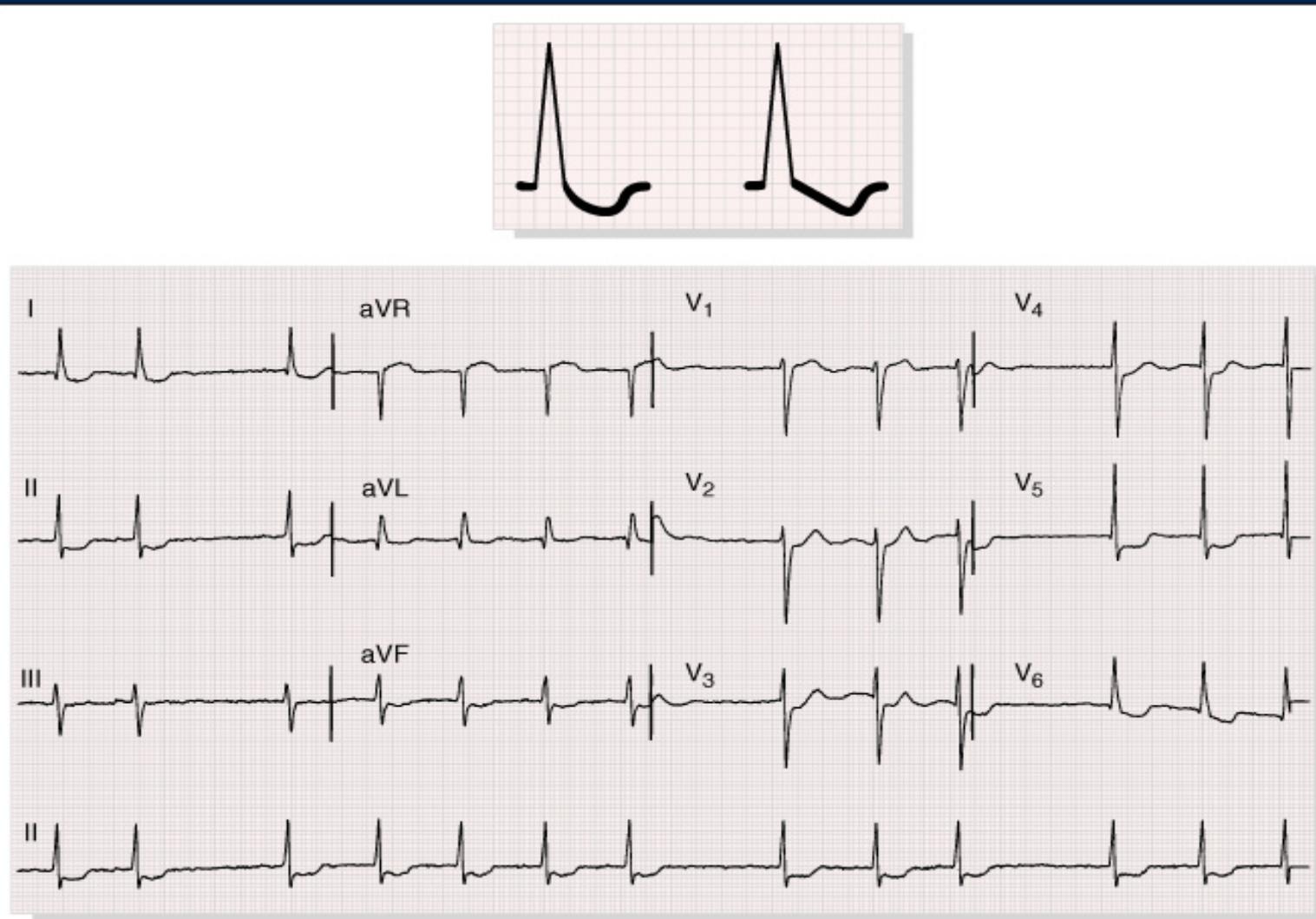
Fig. 15.23
Pericarditis. Early and late
ECG changes. For comparison
to the right, the ST elevation
in an acute transmural infarc-
tion



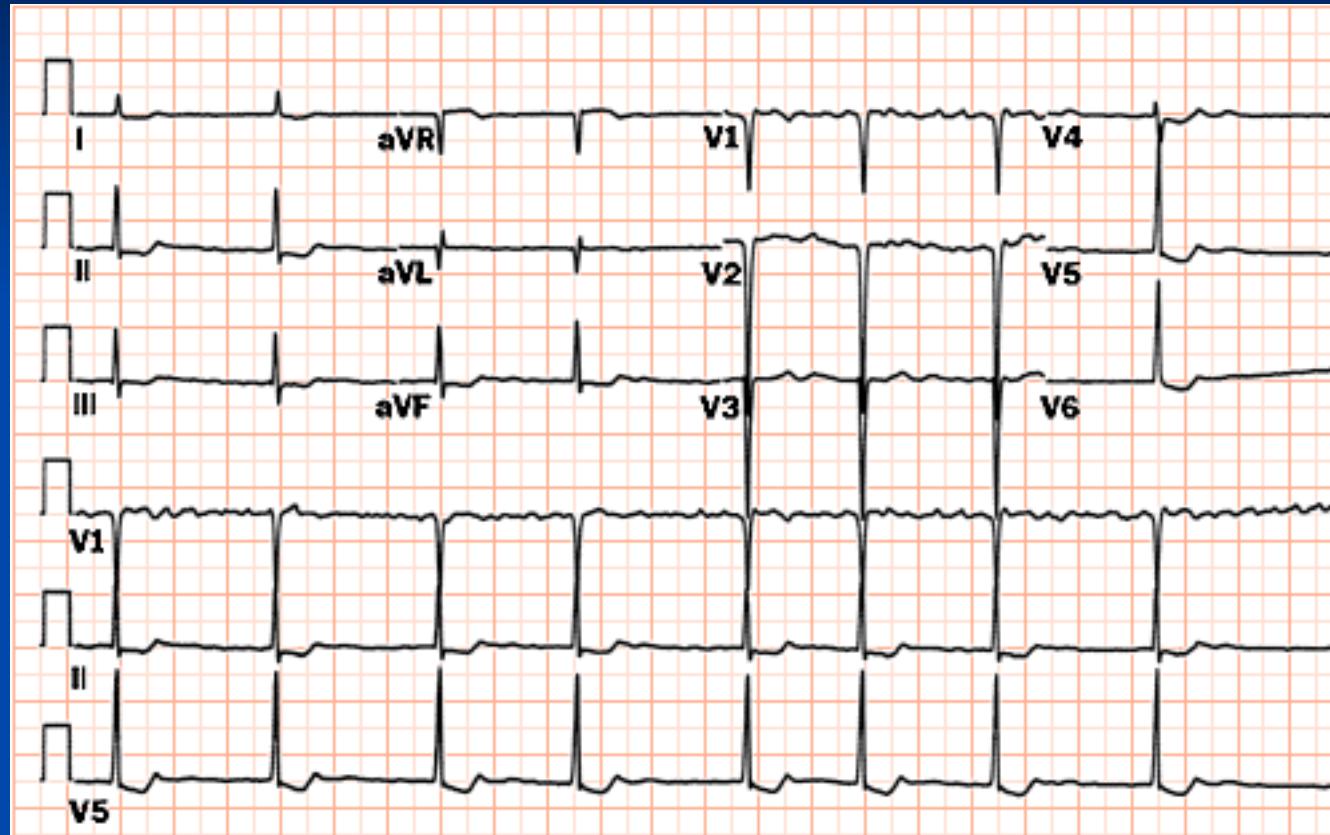
Deep T Wave Inversions: Selected Examples



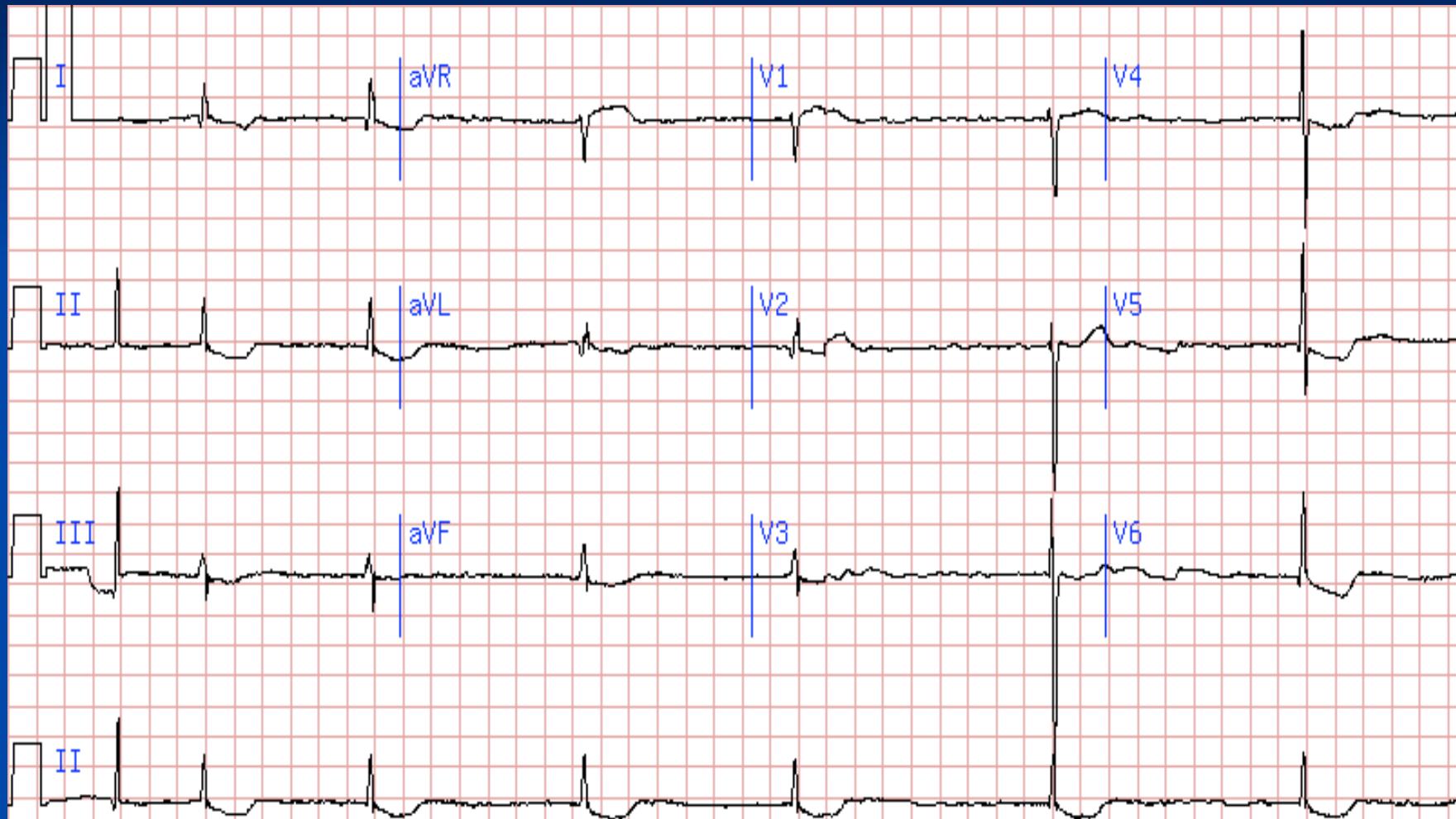
Digitálicos



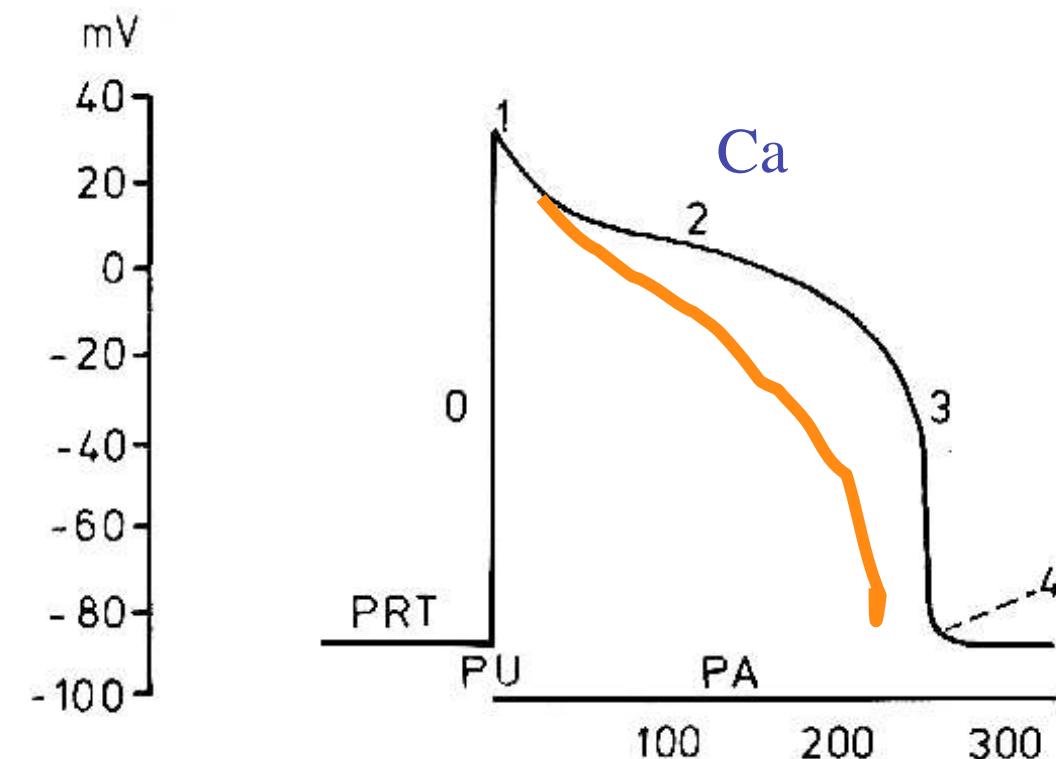
Efecto digitalico



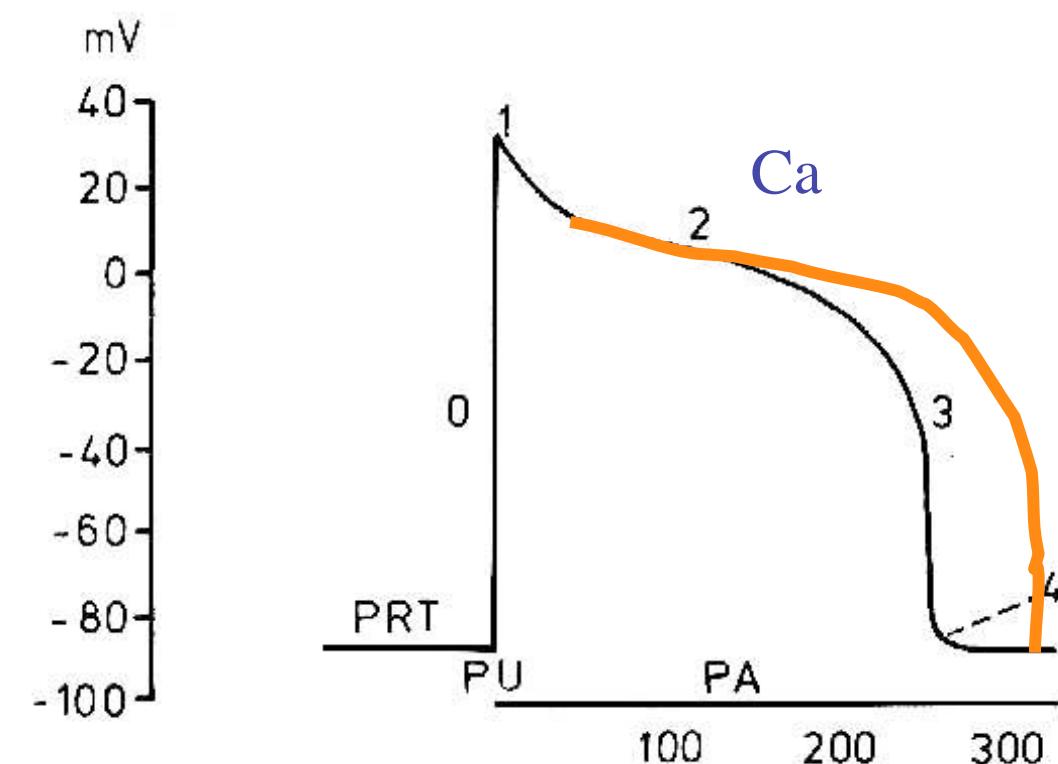
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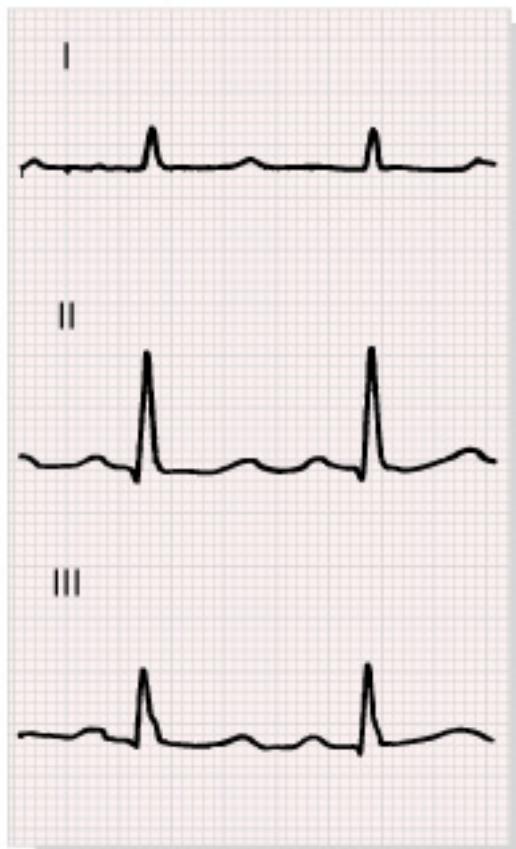
HIPERCALCEMIA



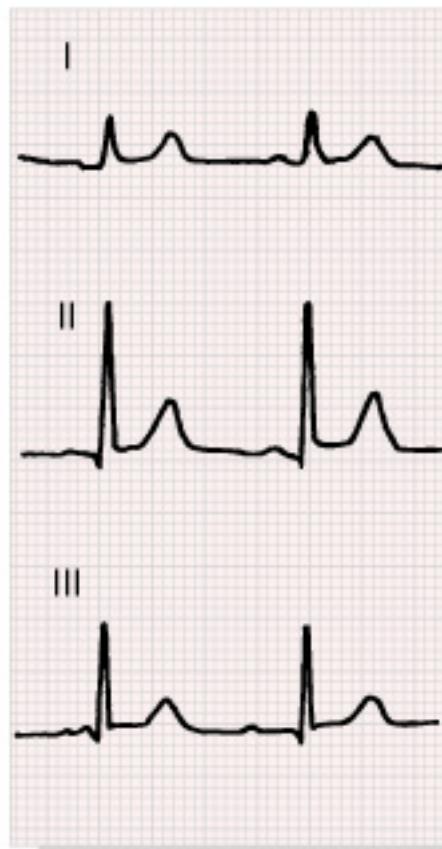
HIPOCALCEMIA



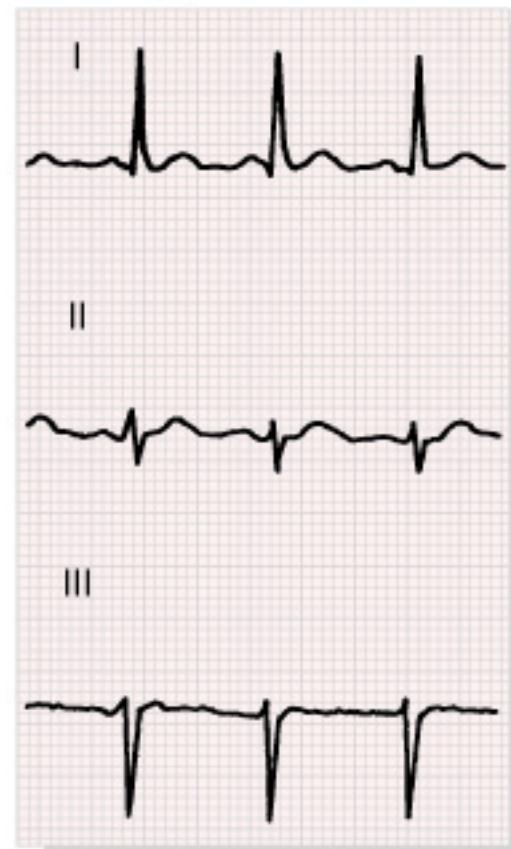
Hypocalcemia



Normal



Hypercalcemia

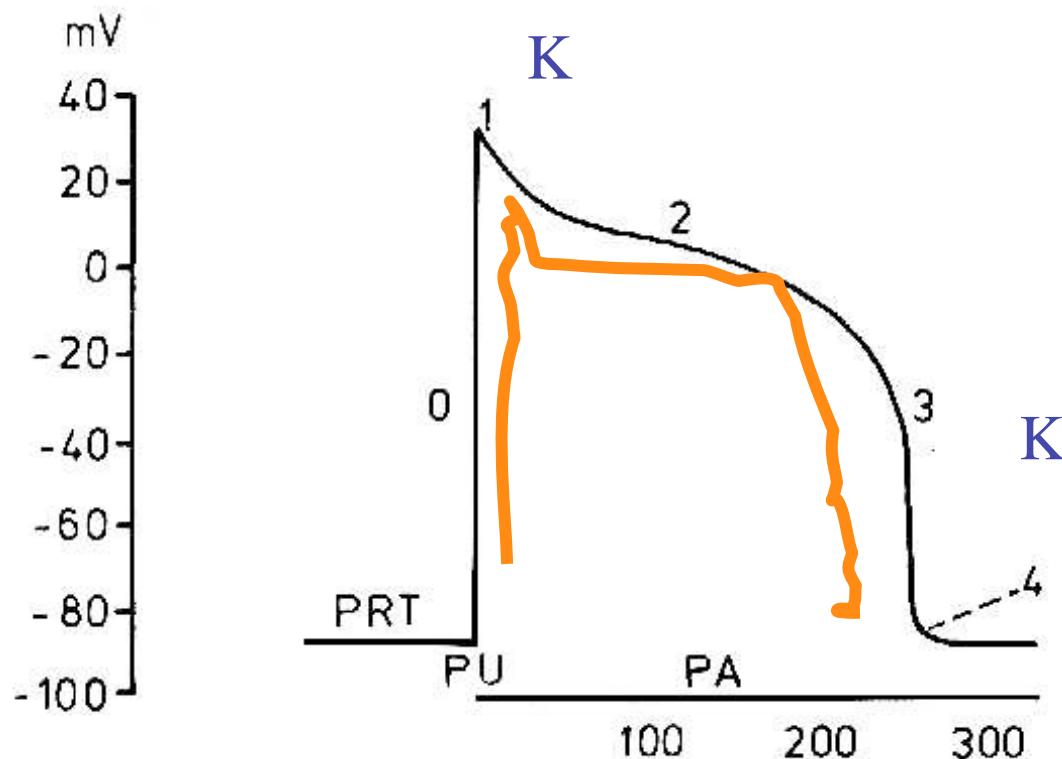


QT 0.48 sec
QT_C 0.52

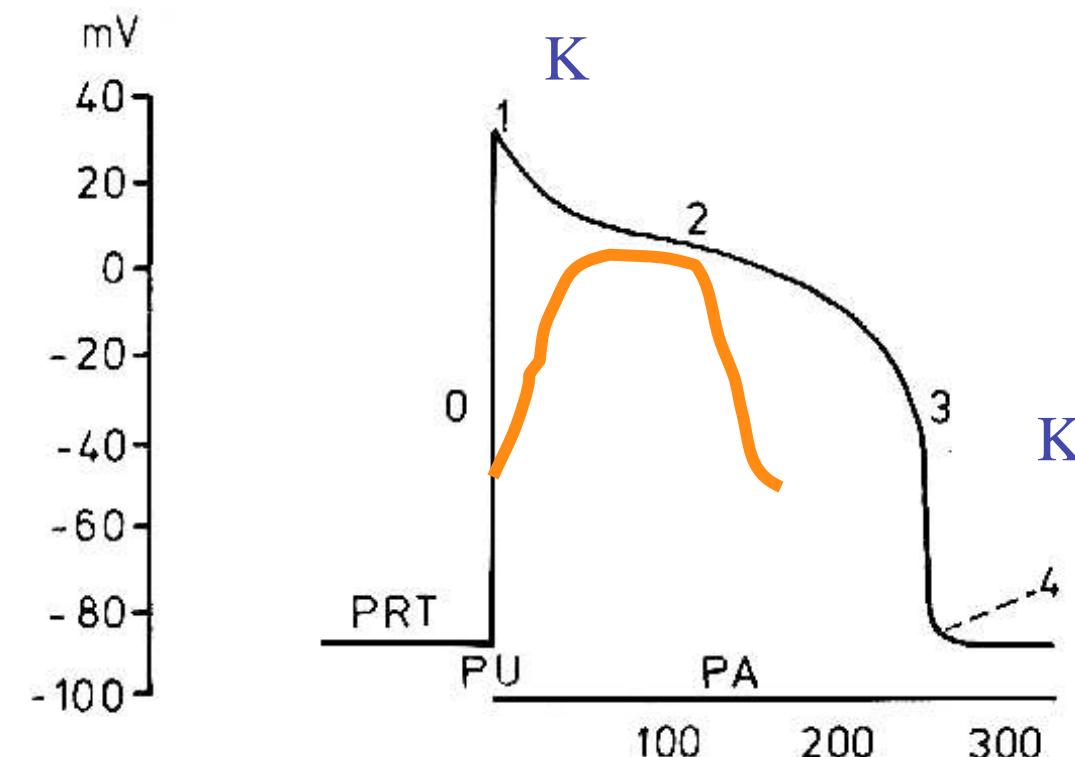
QT 0.36 sec
QT_C 0.41

QT 0.26 sec
QT_C 0.36

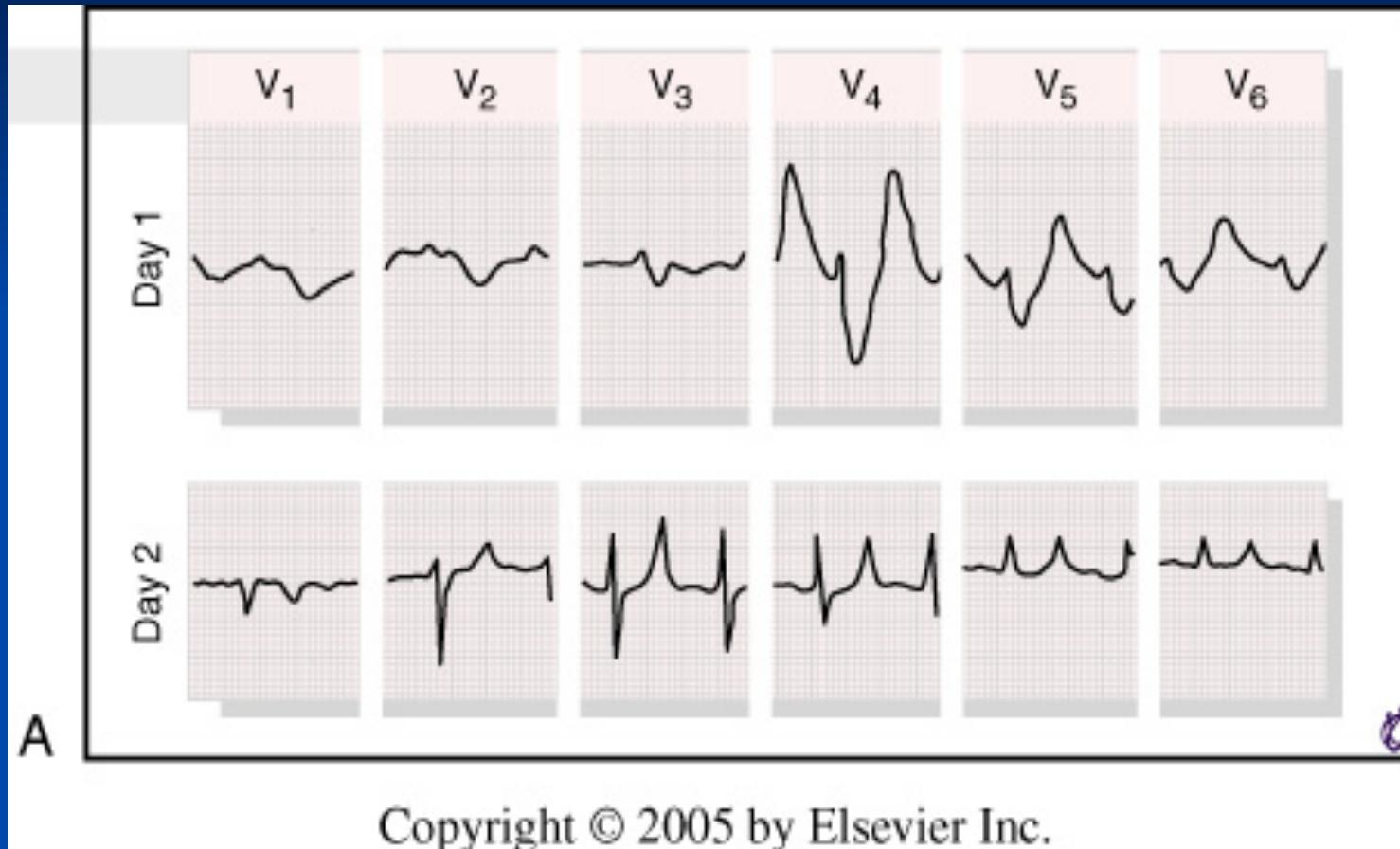
HIPERKALEMIA



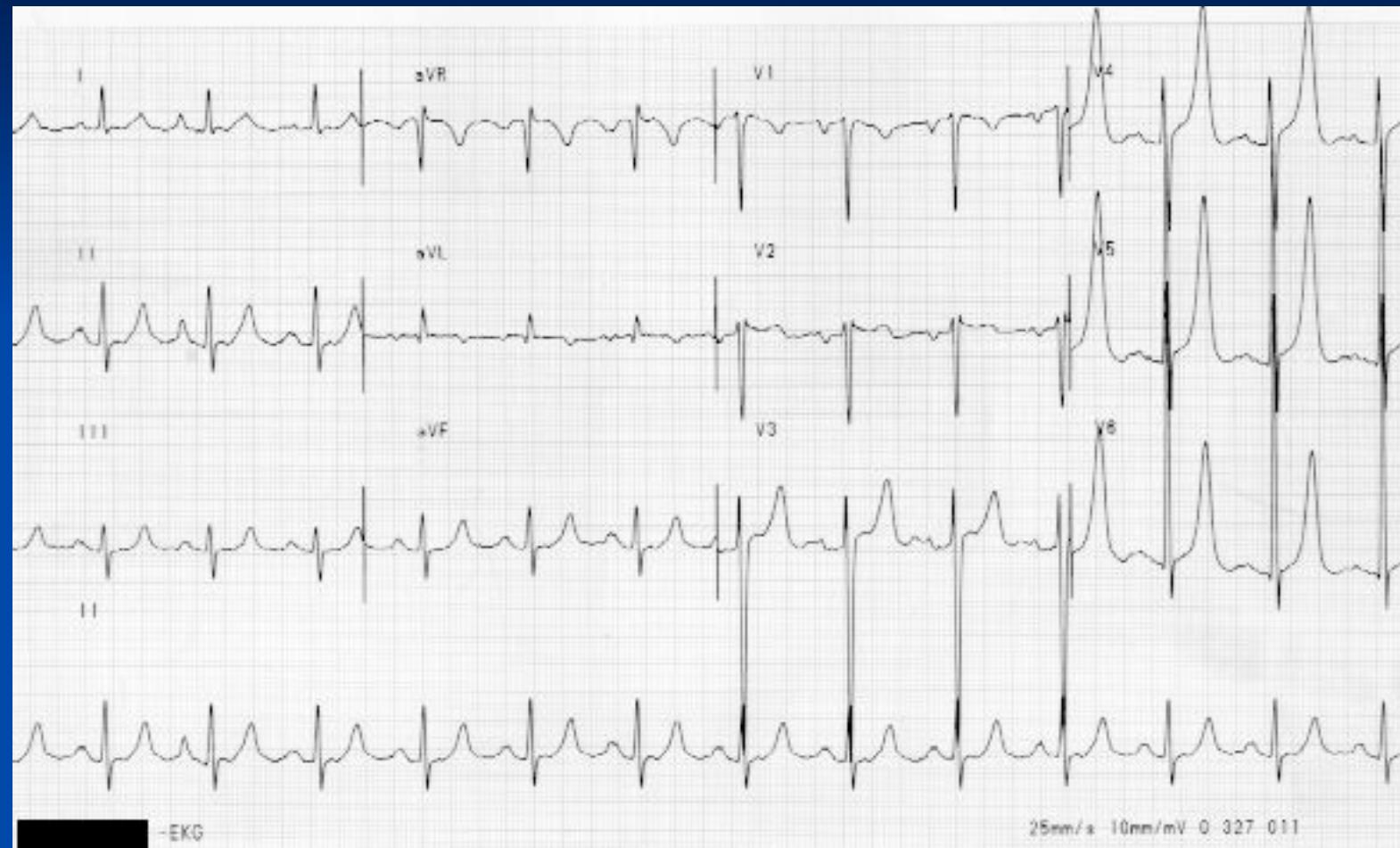
HIPERKALEMIA



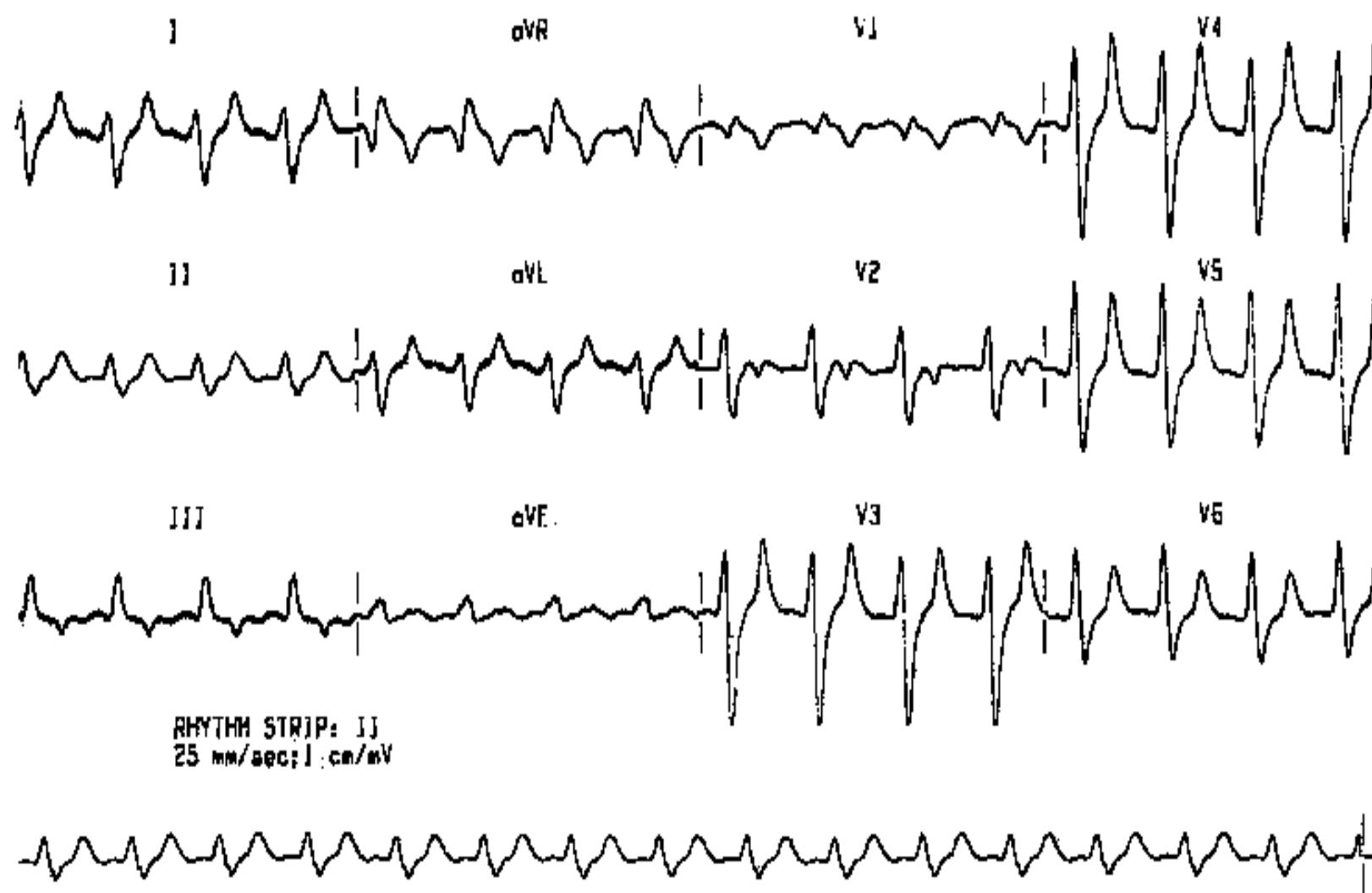
Hiperkalemia



Hiperkalemia:



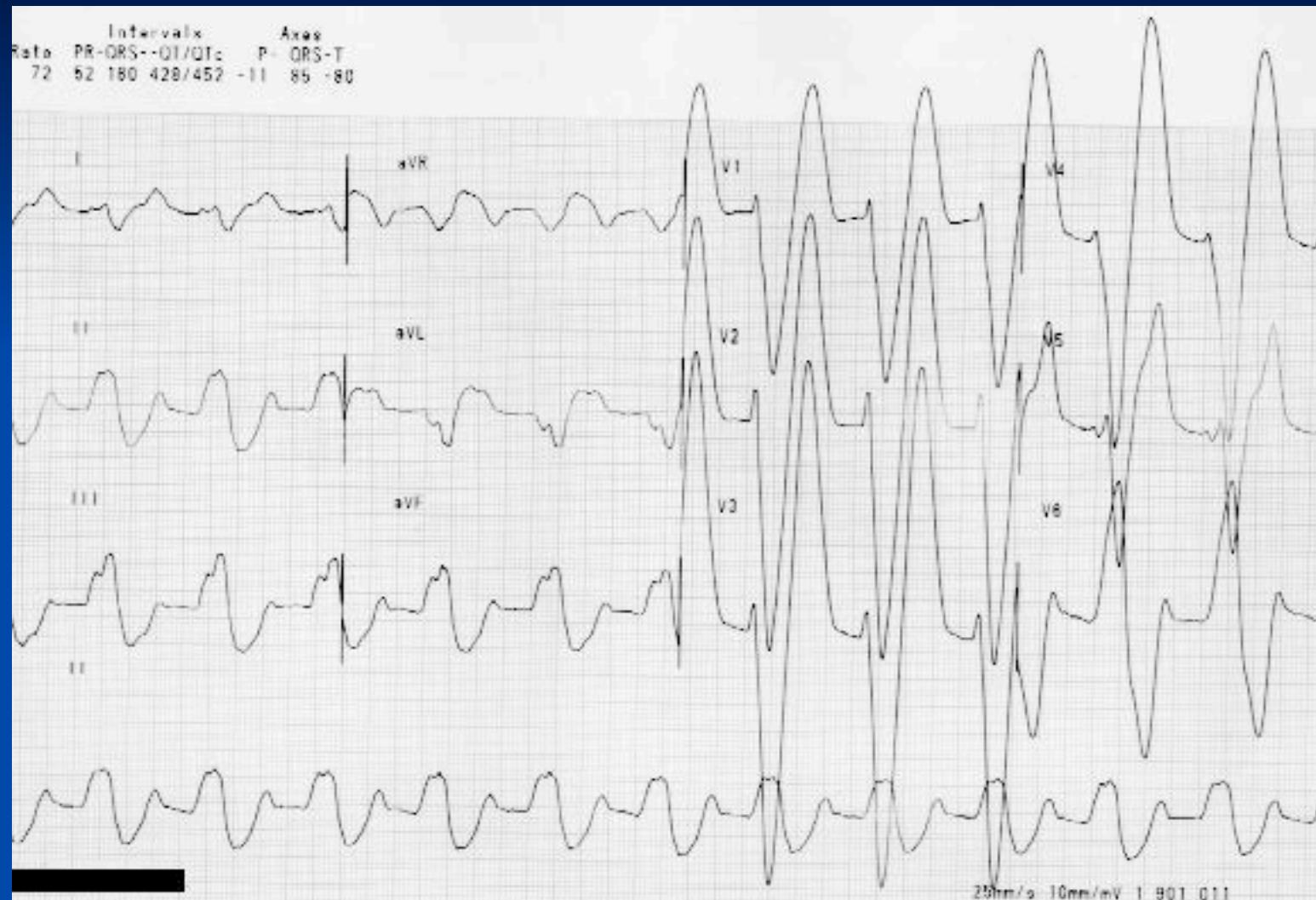
Hombre 58 años. En hemodiálisis



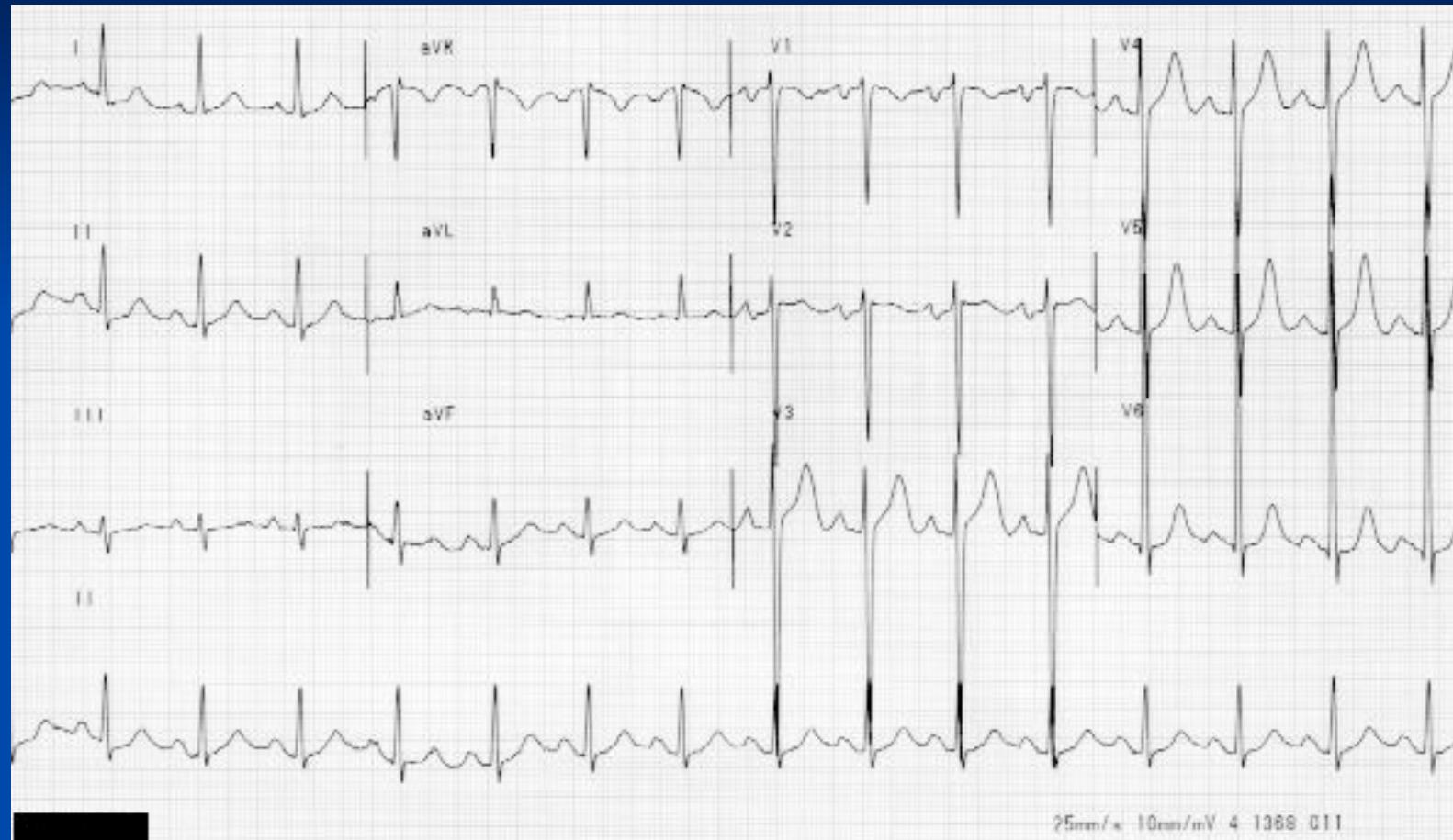
LGC 00000-0000

~ 40 07

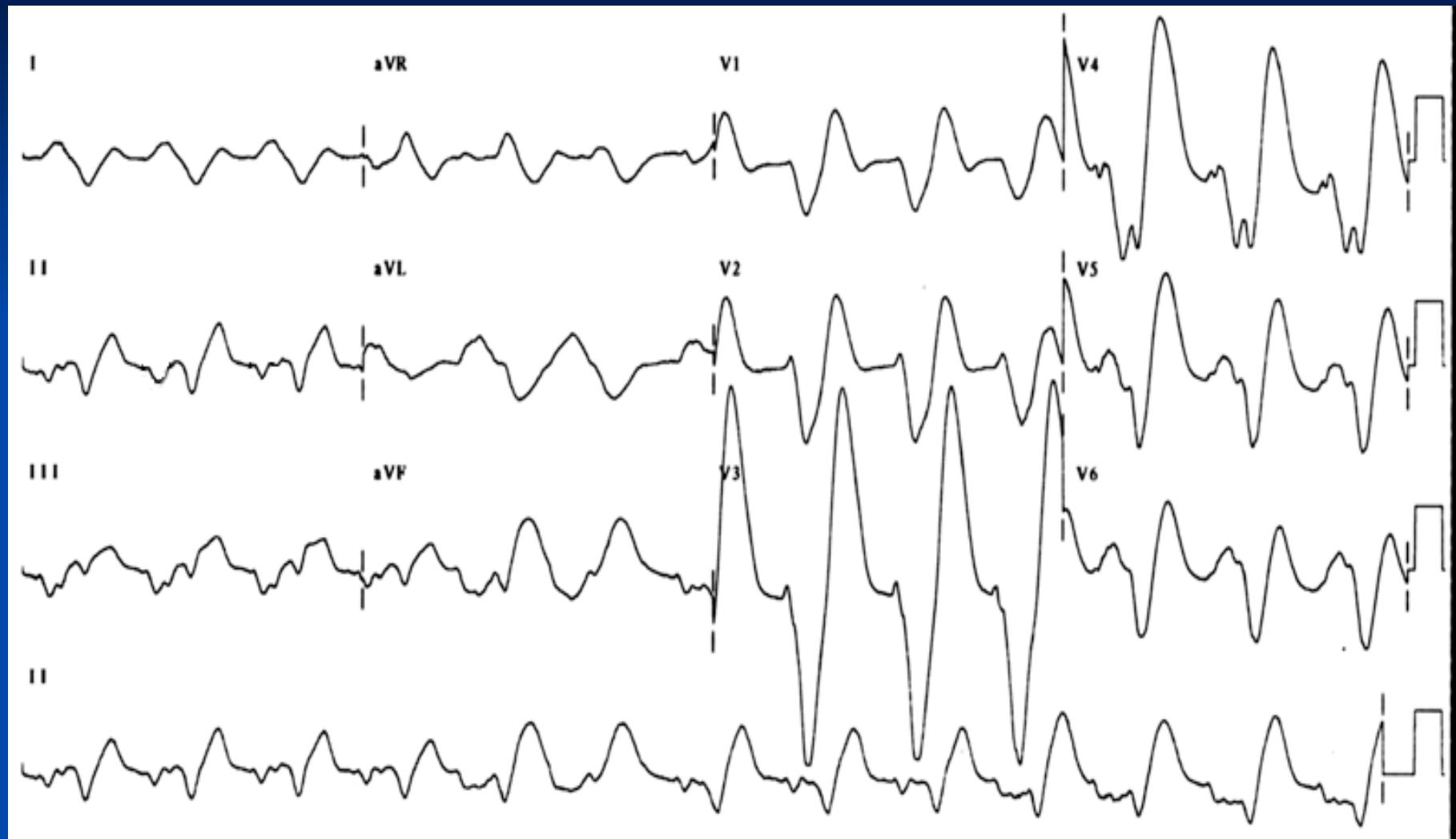
Hiperkalemia



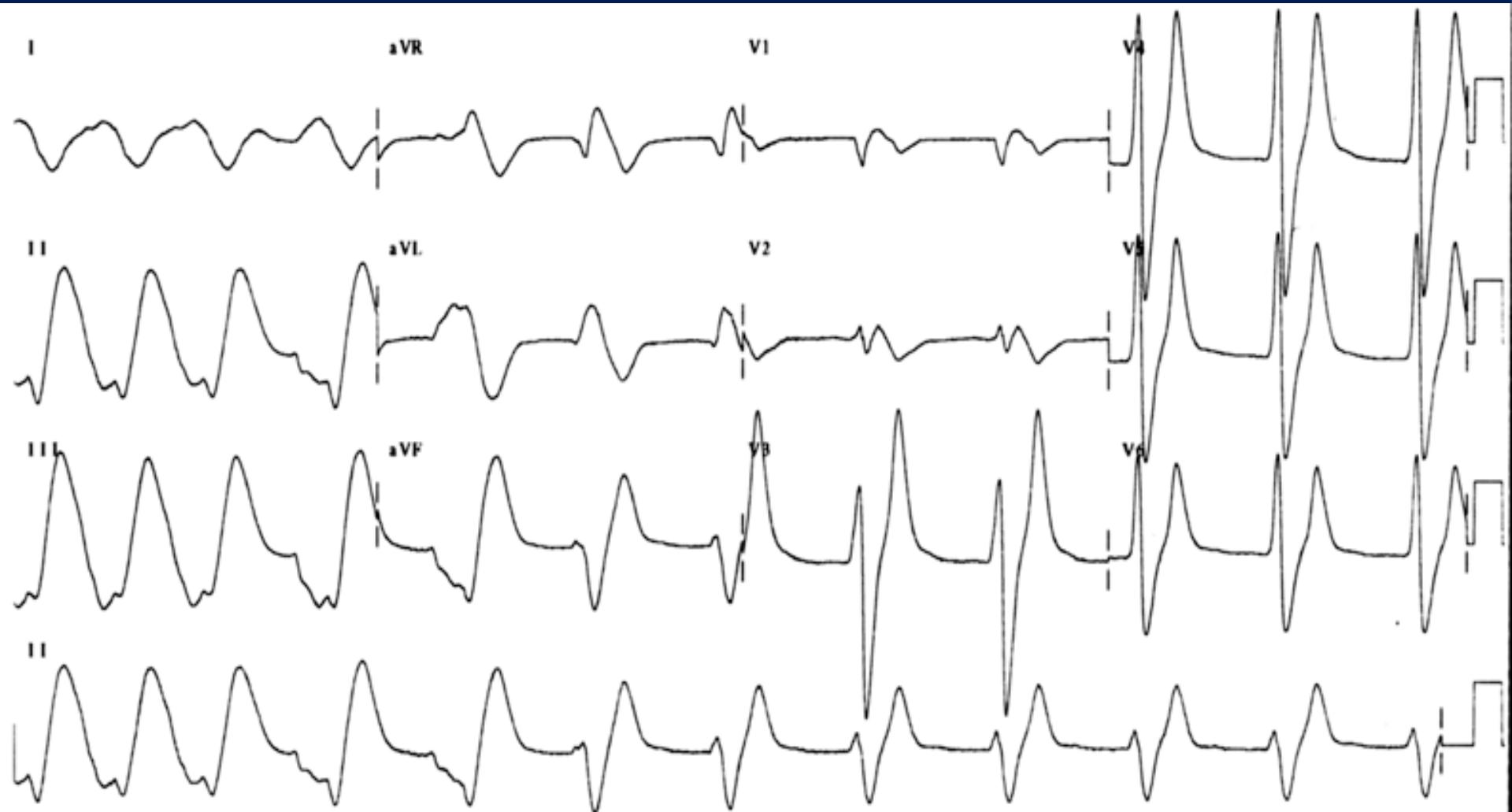
Hiperkalemia: 6 horas después



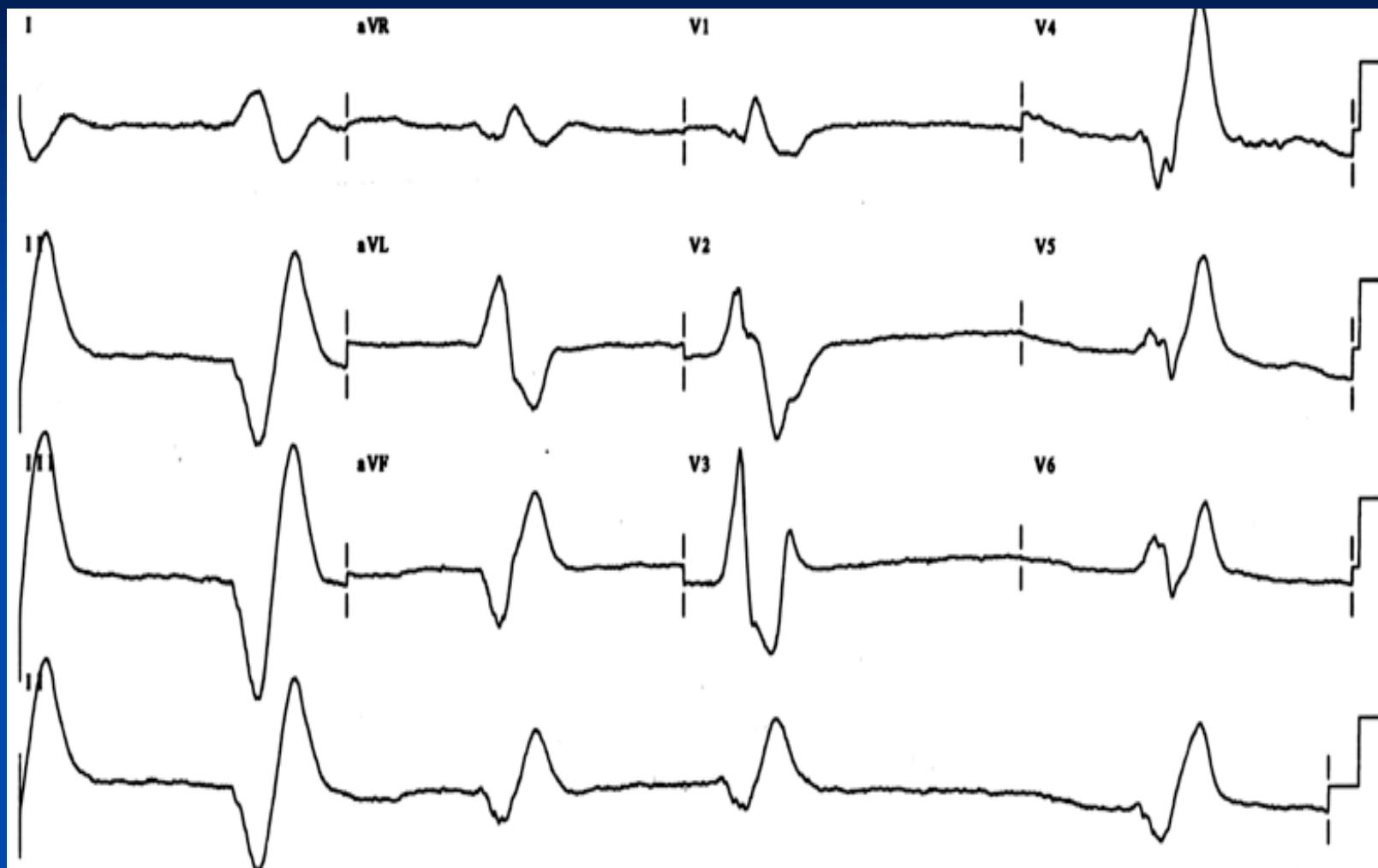
Hiperkalemia



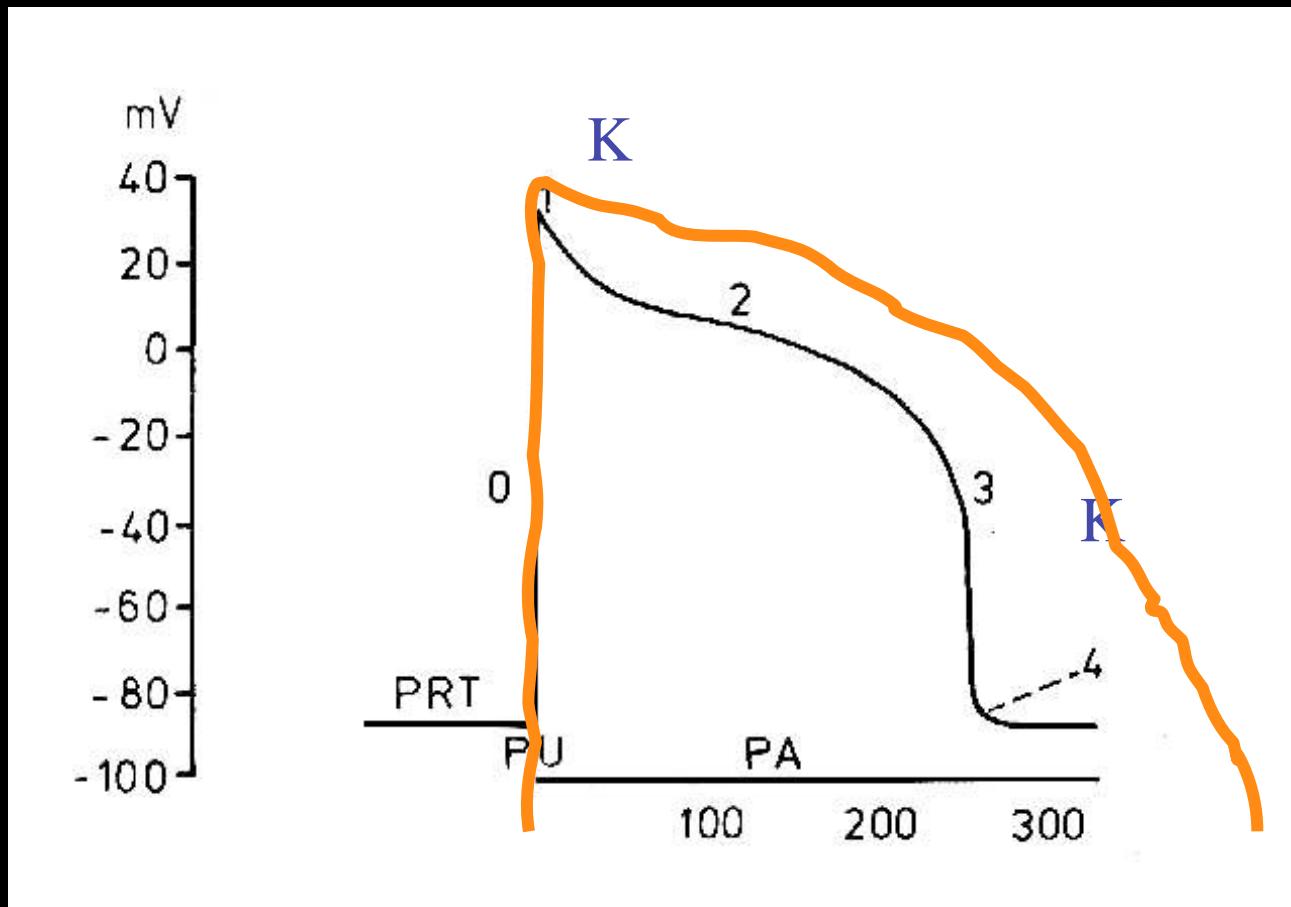
Hiperkalemia



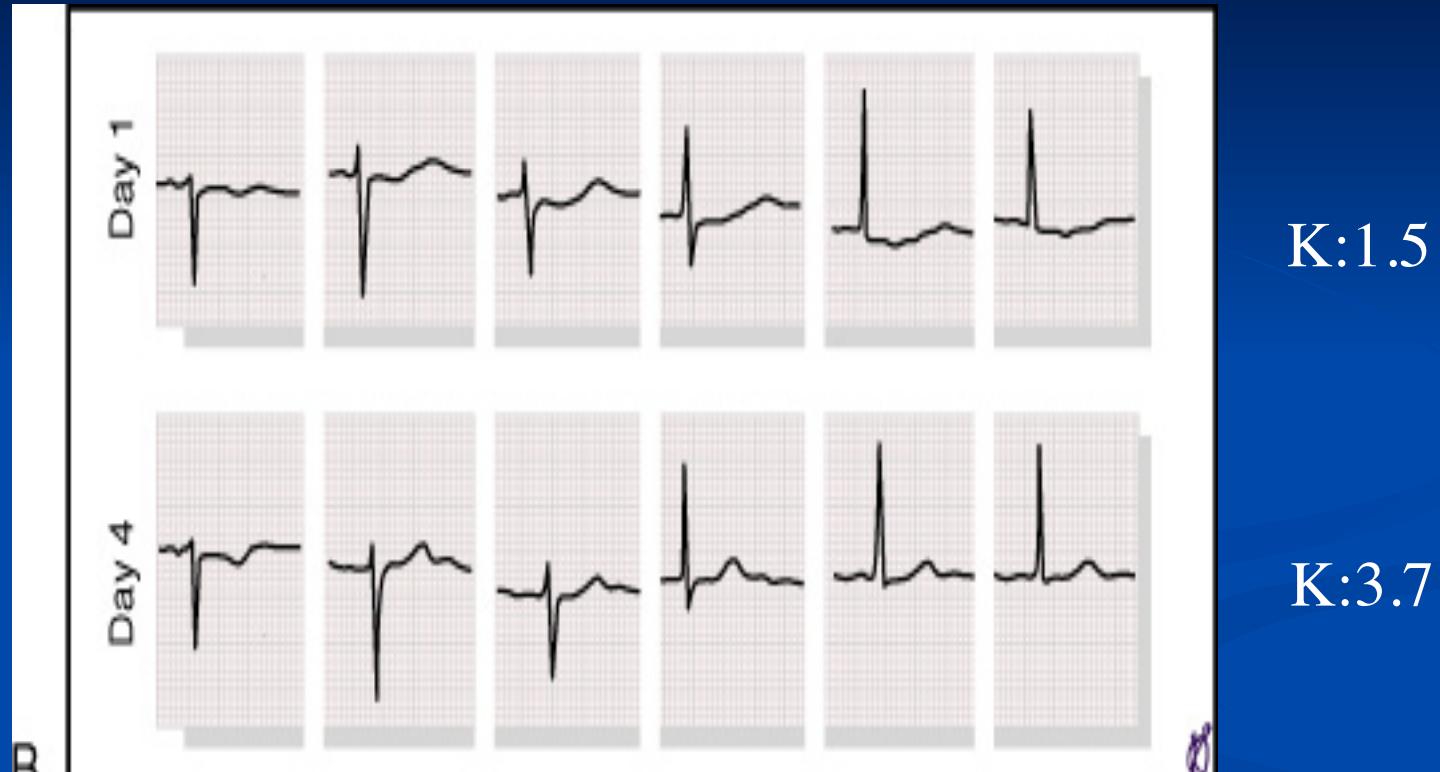
Hiperkalemia



HIPOKALEMIA



Hipokalemia



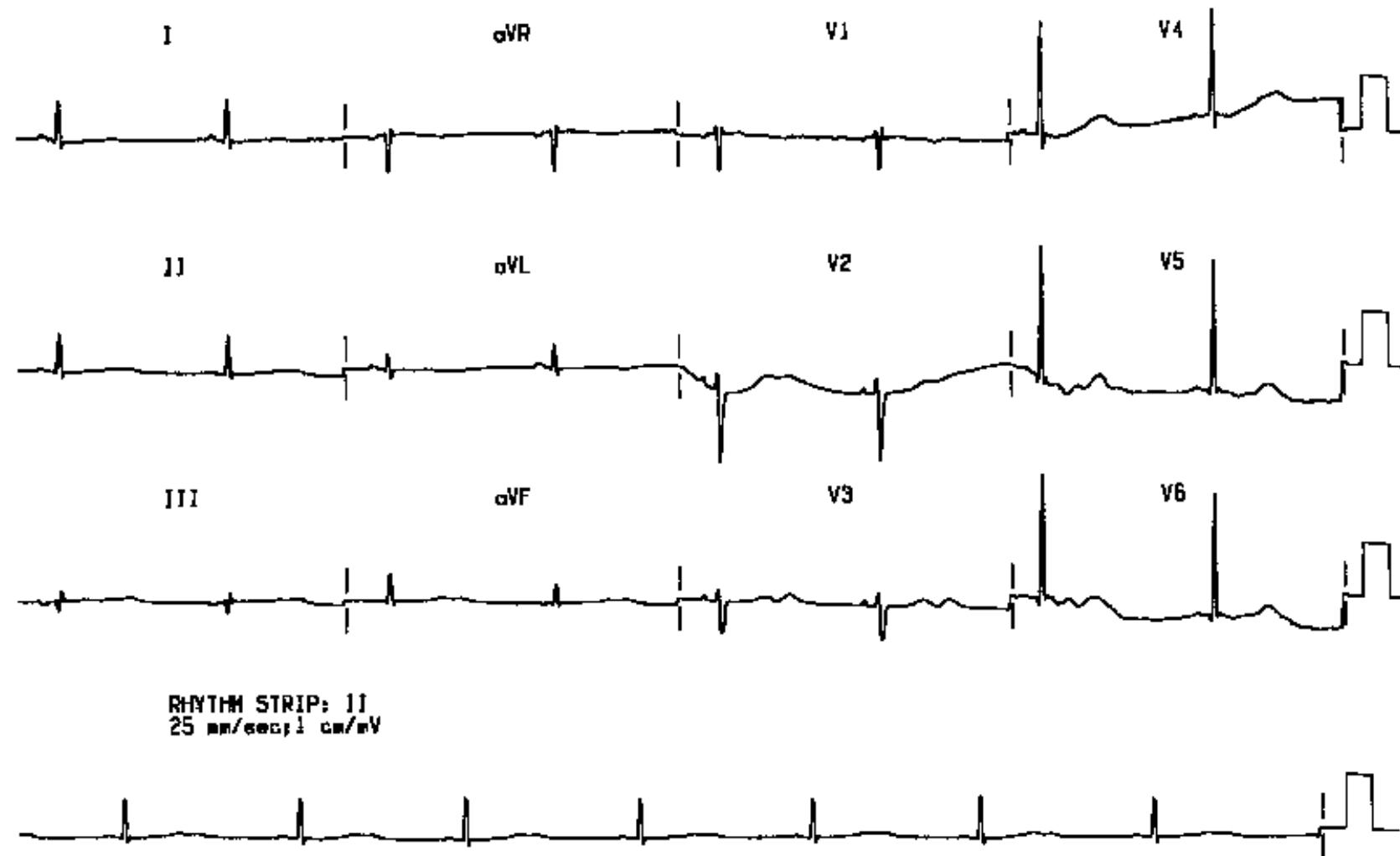
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**Note the T-wave
merging with the U-wave.**

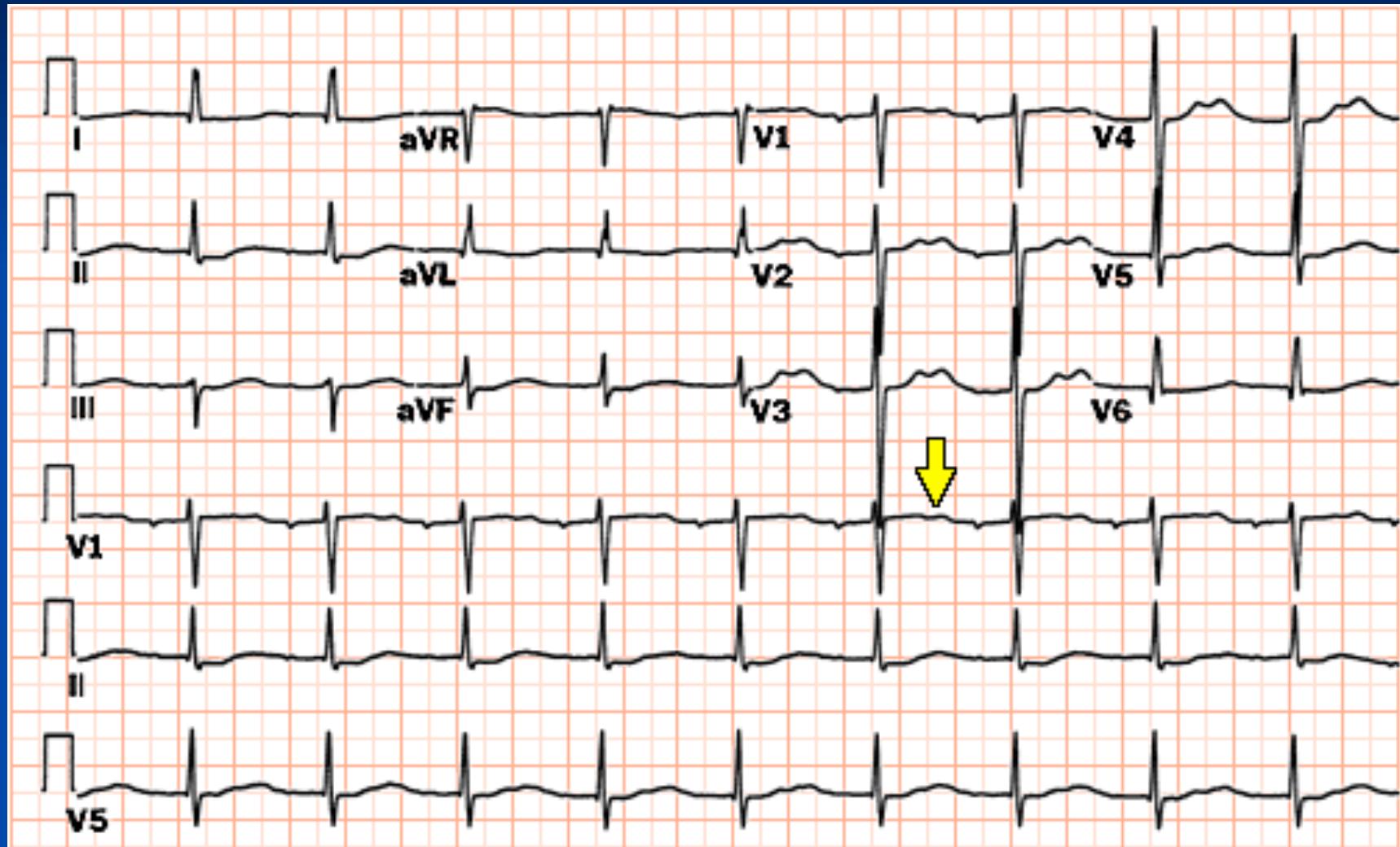


Mild Hypokalemia.

Mujer de 22 años, con vómitos profusos



Onda U prominente: Hipokalemia



QT largo

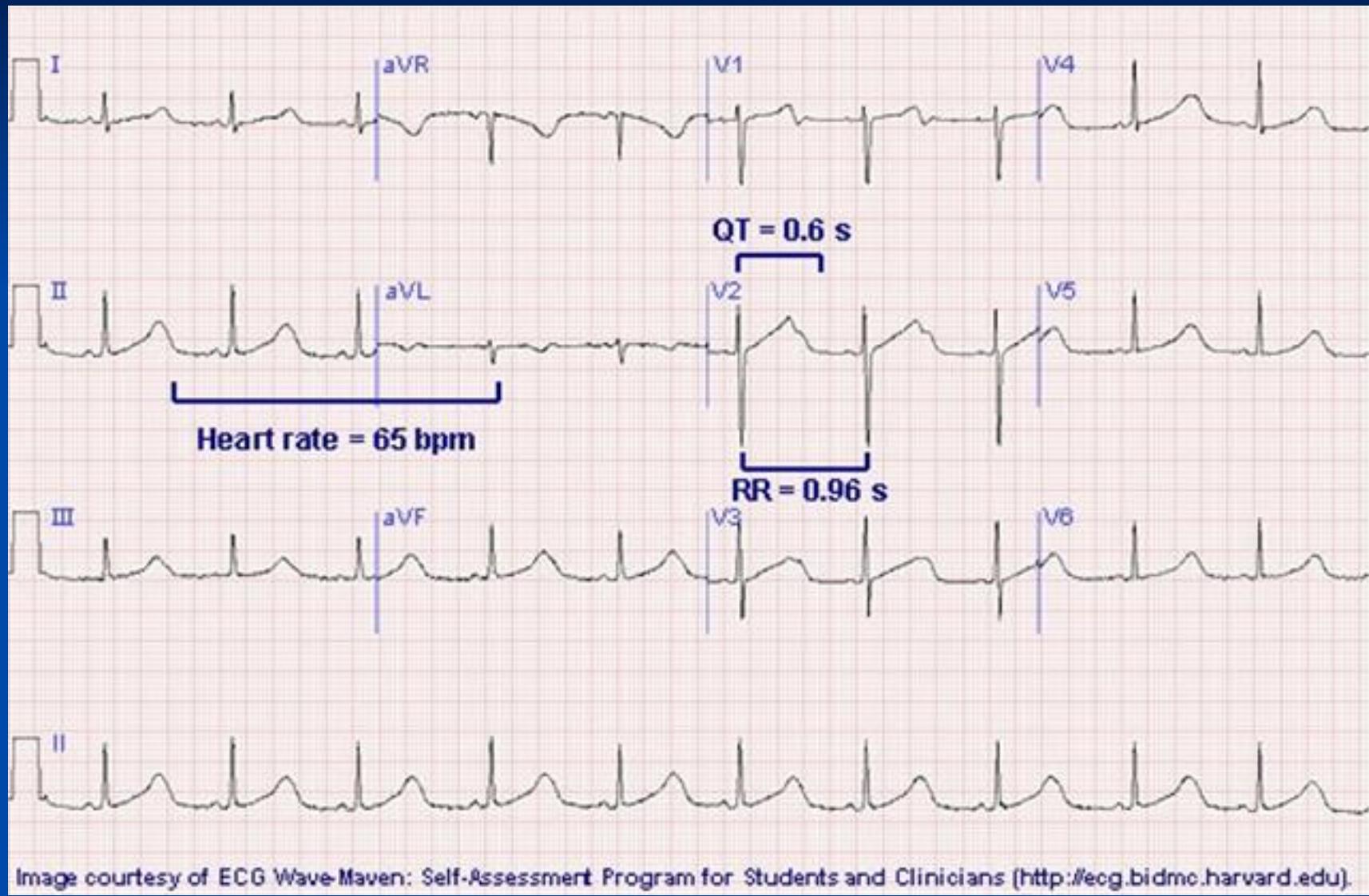
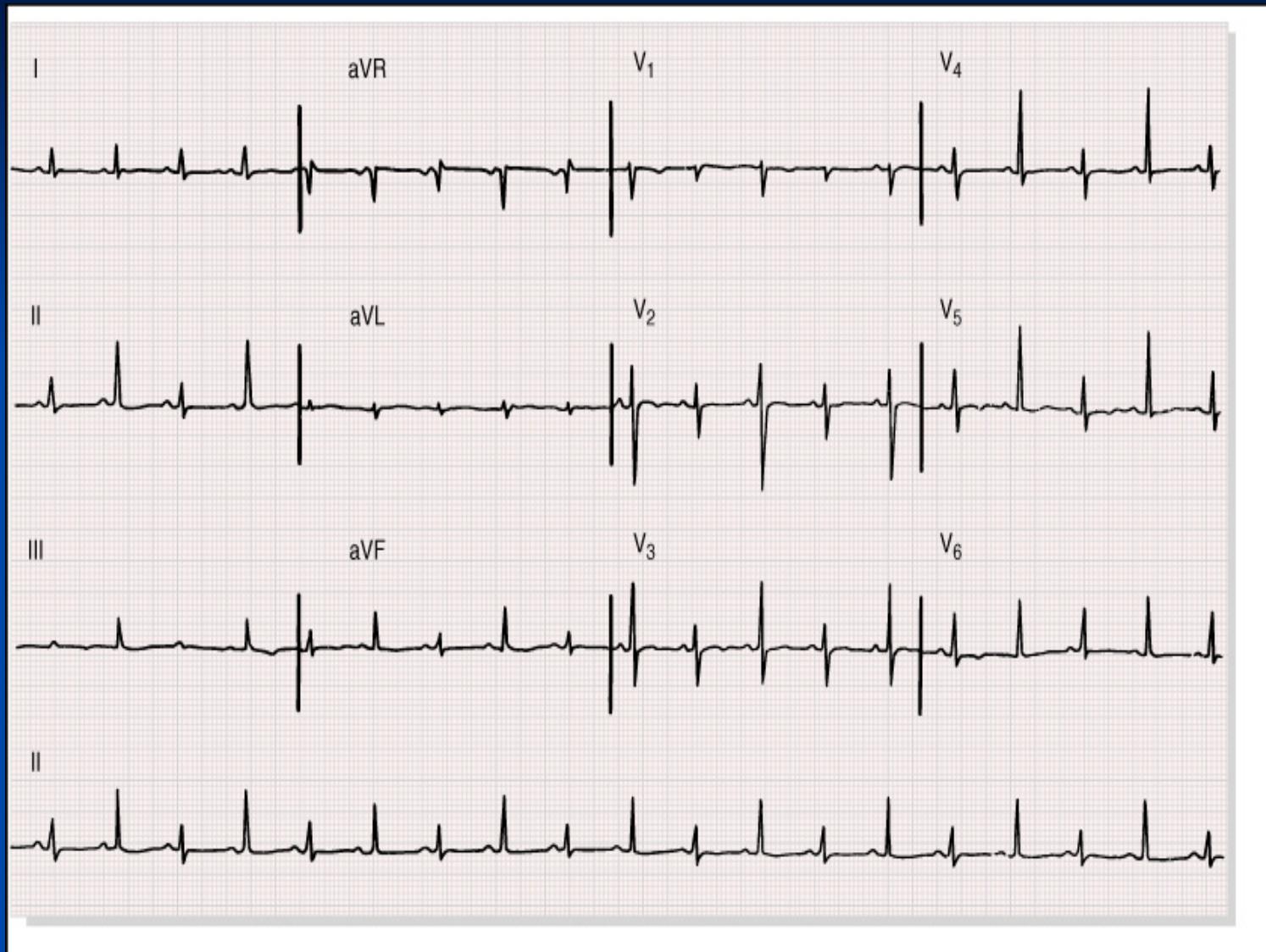


Image courtesy of ECG Wave-Maven: Self-Assessment Program for Students and Clinicians (<http://ecg.bidmc.harvard.edu>).

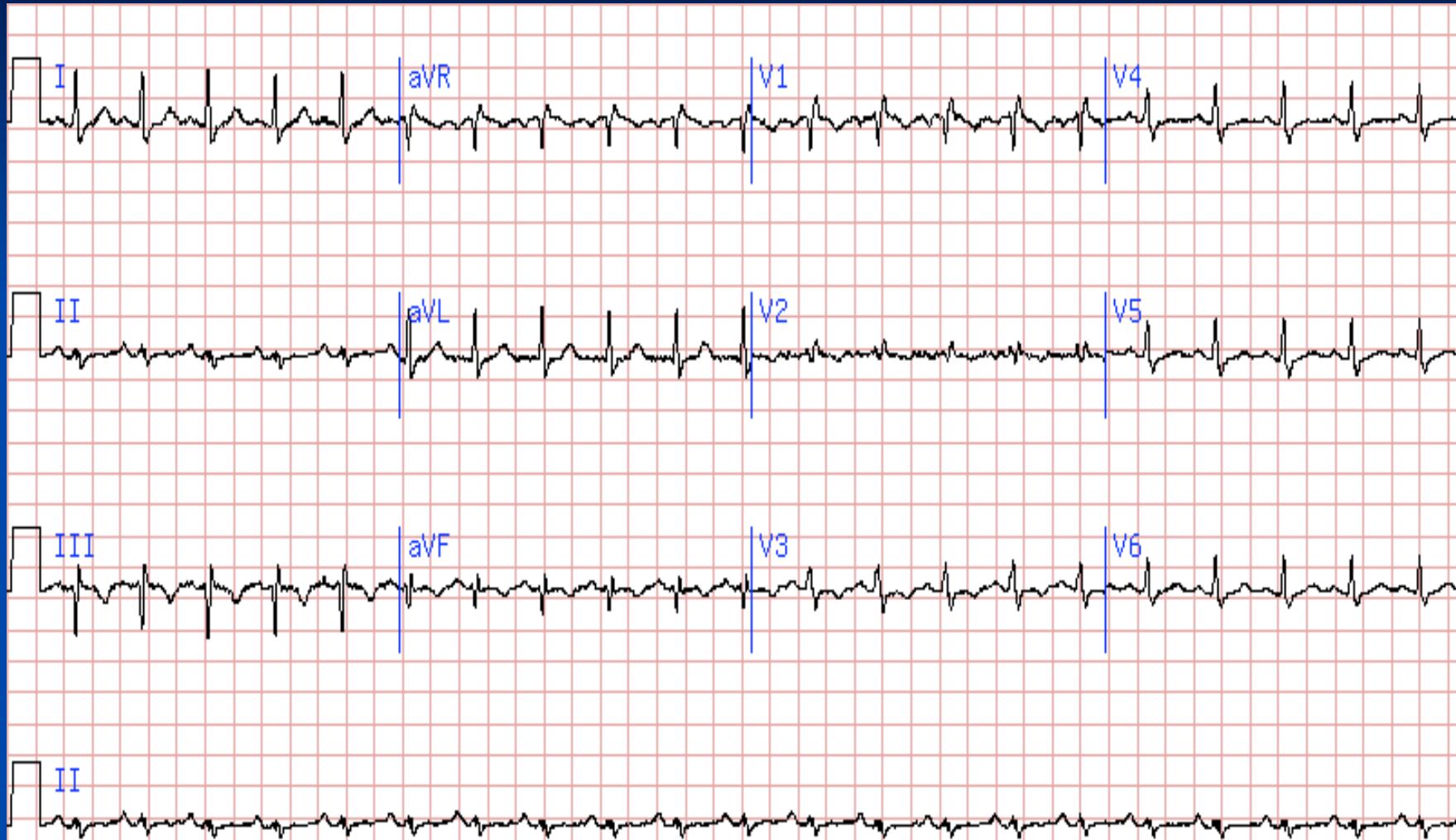
QT largo y Torsades



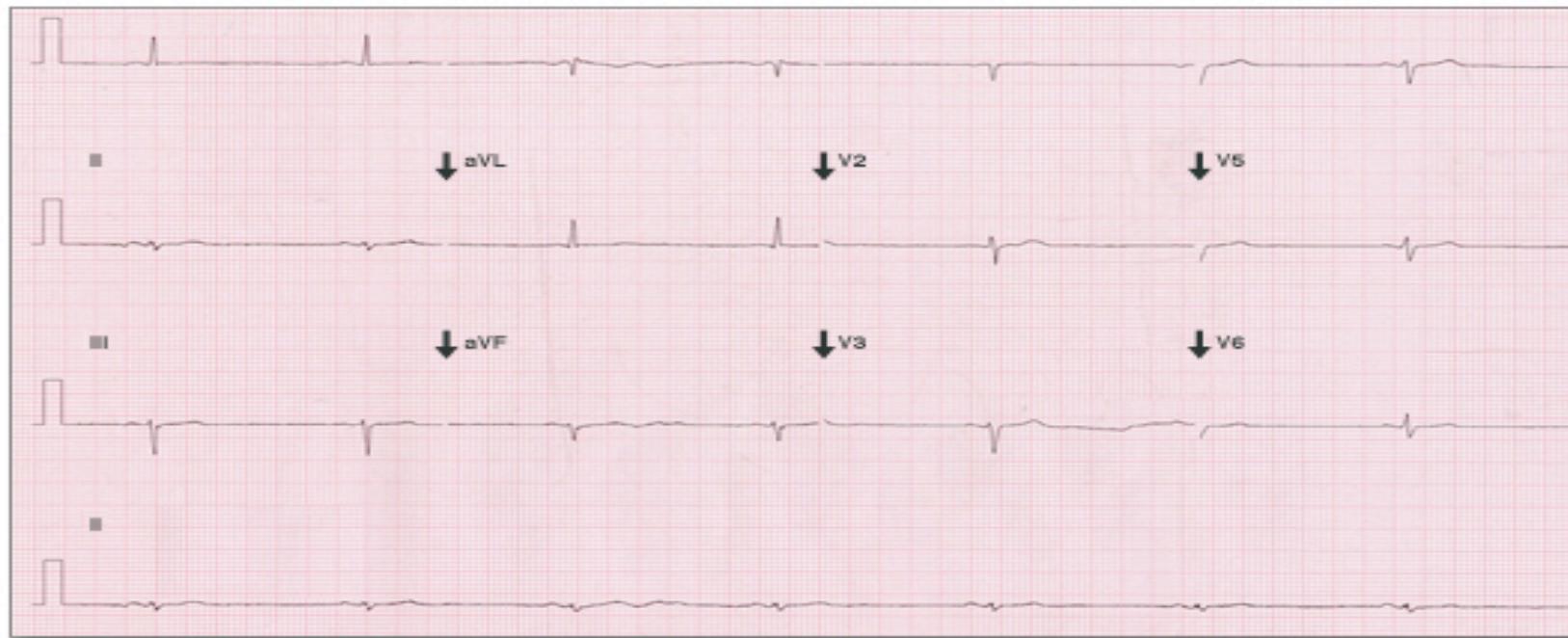
Alternancia eléctrica



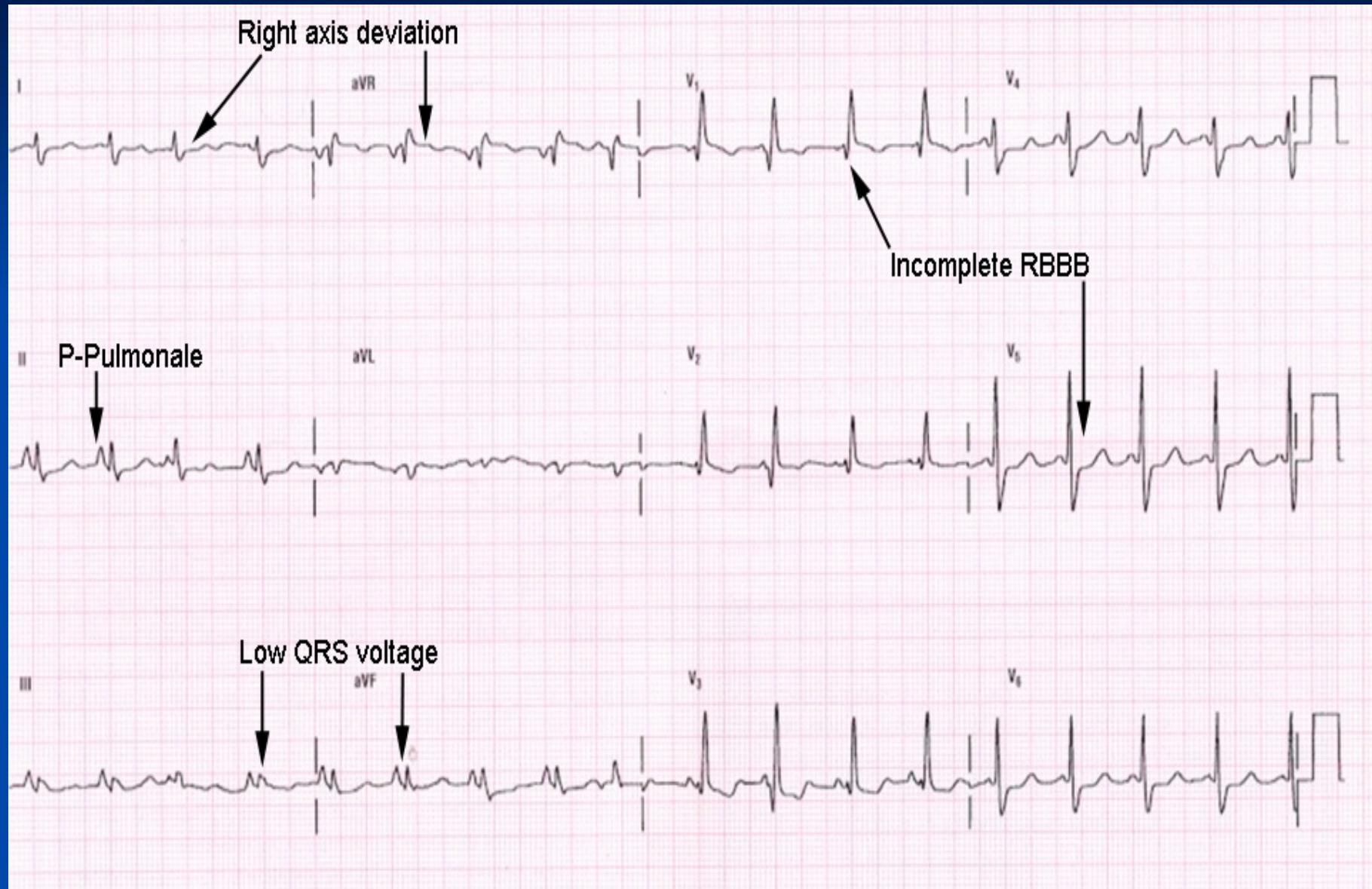
TEP



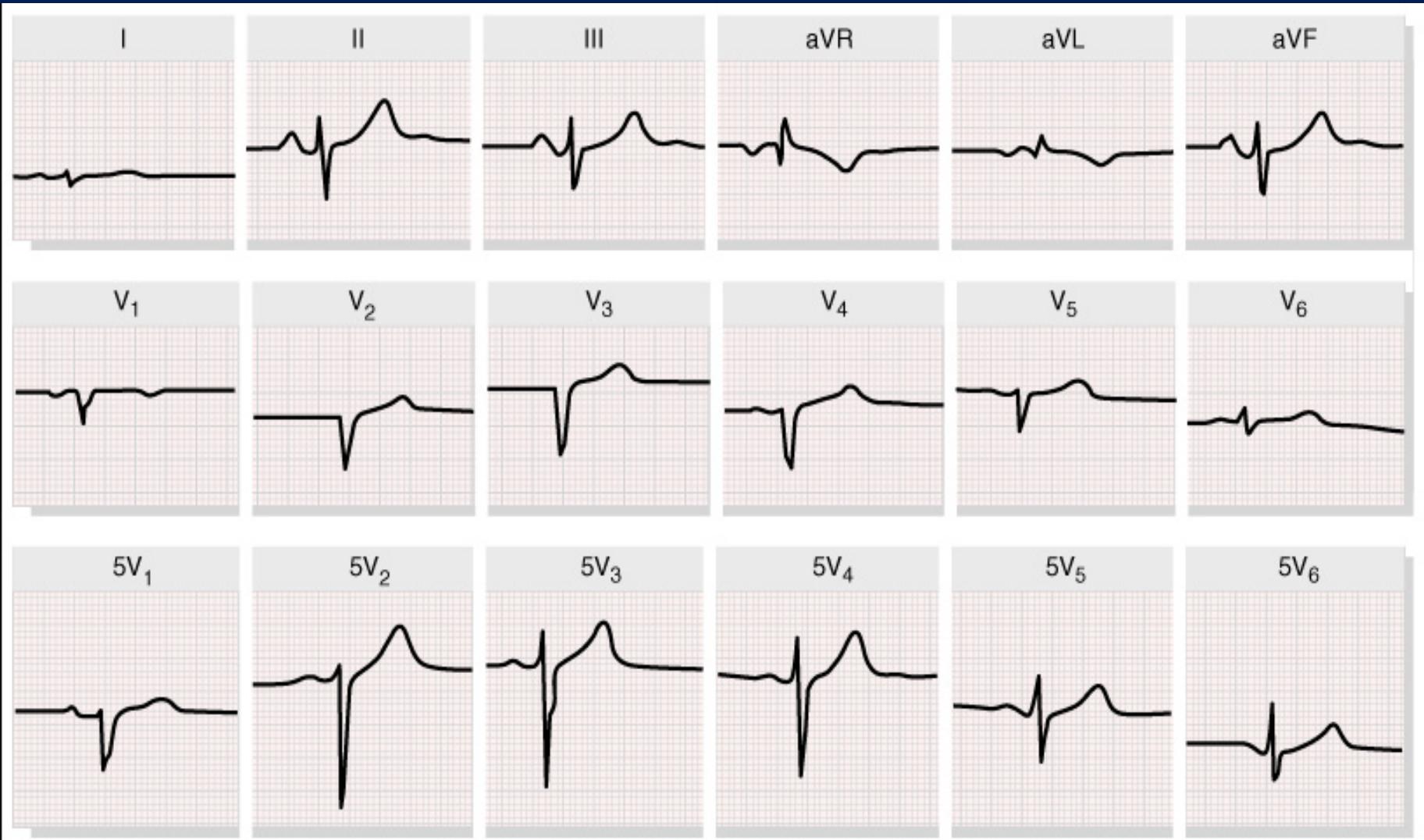
Hipotiroidismo



Cor Pulmonar

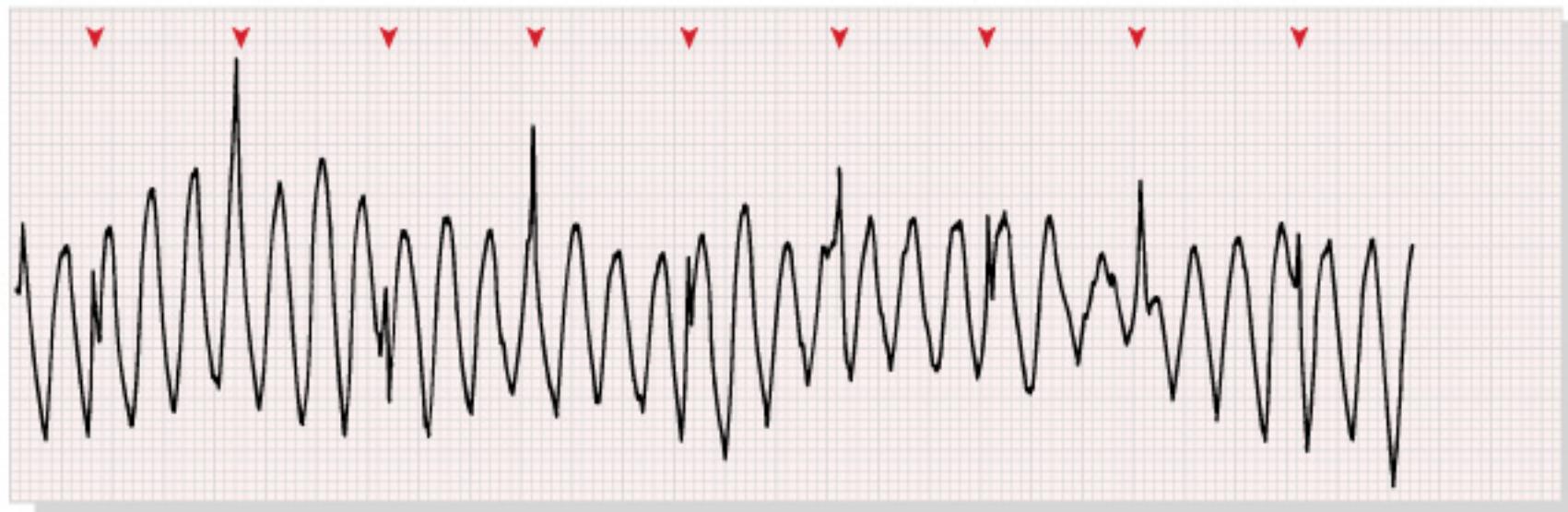


EPOC





Monitor lead



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FUN