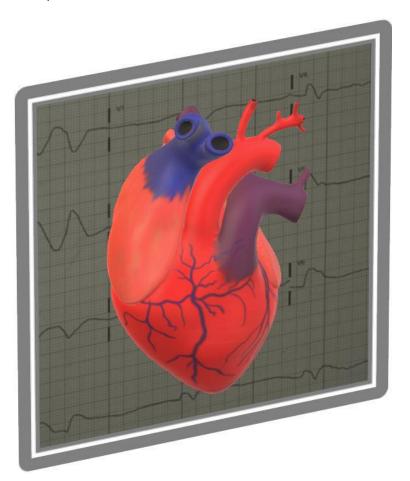
Shark Fin Sign.. An Electrocardiographic Sign of Massive Infarction!

Nupur Shah, M.D.^a, Alexis Parks, D.O.^a, Siva Chiranjeevi, M.D.^a, Malozzi, Christopher, D.O.^a, Amod Amritphale, M.D.^a, G. Mustafa Awan, M.D.^a, Bassam Omar, M.D., Ph.D.^{a, b}



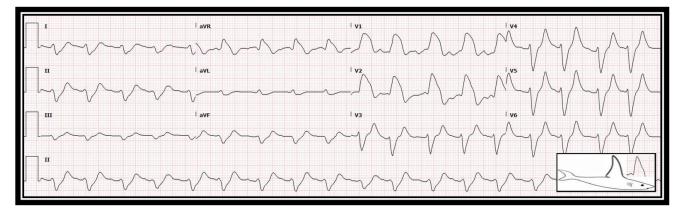


Figure. Sinus tachycardia with broad and bizarre R waves in leads V1 & V2 mimicking a shark fin (insert).

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Introduction

The shark fin sign has been described as indicative of massive myocardial infarction, involving the left anterior descending (LAD) or the left main (LM) coronary arteries. Jaiswal and Shah [1] reported a 48 year old patient with chest pain and a shark fin EKG who has a proximal LAD occlusion requiring intervention. Miranda et al [2] reported transient triangular QRS-ST-T wave form consistent with shark fin pattern in a 54 year old patient who was found to have subtotaled LM on coronary angiography. Janaki Rami Reddy and Garg [3] reported shark fin sign on an EKG of a 75 year old patient who was found to have diffuse LAD and right coronary artery (RCA) spasms, which resolved with intracoronary nitroglycerin with residual mild to moderate coronary obstruction; this was attributed to blood-containing pericardial effusion caused by underlying pericarditis. Verdoia et al. [4] reported a shark fin sign on the EKG of a 51 year old female patient being treated for sepsis who developed ventricular tachycardia and

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apical ballooning on echocardiography; but with minimal coronary disease; indicative of Takotsubo cardiomyopathy. EKG and echocardiographic changes resolved slowly over few days with conservative management. Madias [5] described giant R waves, reminiscent of the shark fin sign, as a pattern seen early in the course of an acute myocardial infarction. Takahashi et at. [6] reported lambda waves on EKG, a shark fin pattern, during tachycardia in an 80 year old male with angina, who was found to have severe proximal LAD disease successfully treated with a drug eluting stent guided by intravascular ultrasound (IVUS).

Manuscript submitted July 27, 2021, accepted July 30, 2021. a Division of Cardiology, University of South Alabama, Mobile, AL 36617, USA.

b Corresponding Author: Bassam Omar, MD, PhD. Division of Cardiology, University of South Alabama, 2451 USA Medical Center Dr., Mobile, AL 36617, USA. http://cardiofellows.com/newsletter-july-2021.html

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