Student's Corner Become a Sherlock Homes in ECG

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Series 2 : ECG

Clue: "ABnormal Left"

This is the ECG of 60 y old female with chest pain;

Diagnosis from limb leads only.

Questions:

- 1. What are ECG findings?
- 2. Why is this clue?
- 3. What is Practical implication?

Answers:

ECG FINDINGS:

The limb leads show in this ECG shows left ward axis with no significant changes in QRS, ST or T waves. The important features in this ECG is P wave is tallest in L I rather than in L II. In normal ECG,P wave is tallest in LII. Rarely, if there is left axis deviation of P wave, P wave may be taller in LI. In addition to this, the P is inverted with terminal positivity with negative QRS in LIII. So, this combination of ECG findings is suggestive of left arm, left lower limb lead reversal.

As the left arm lead is in the lower limb and the left lower limb lead in the left upper limb, L I



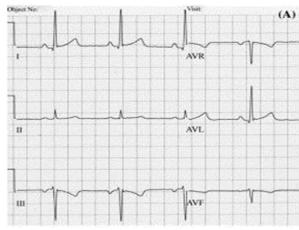
Fig.68A. Inverted P with terminal positivity and negative QRS in LIII.

becomes L II and L II becomes L I. Hence, the P wave is directed to L I in this ECG, which is the real L II in normally recorded ECG. Here L III is reversed (LA in lower limb) and that's QRS is negative in LIII. The peculiarity of inverted P wave is the terminal positivity of P wave.(68A)

THE CLUE:

The 3 important signs of this ECG indicating LA, LL leads reversal are:

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- 1. Tall P wave in LI,
- 2. Negative QRS in L III
- 3. Inverted P with terminal positivity in LIII.

So these 3 ECG signs are named as "Abdollah sign". Because of this, "ABnormal left" clue is given to indicate Abdollah sign (AB) and abnormal lead connection on left side.

PRACTICAL IMPLICATION:

These subtle ECG findings are often missed and may be wrongly diagnosed as IWMI sometimes. So whenever the P wave is taller in LI than LII, look at LIII for inverted P with terminal positivity and negative QRS. This means Left Arm, Lower Limb lead reversal. The correctly recorded ECG is shown in ECG 62B.



Fig.68B: Correctly recorded ECG of the same patient.