

I ВНУТРИВУЗОВСКАЯ ОЛИМПИАДА «ЮНЫЙ КЛИНИЦИСТ»

ЭТАП IV

КОНКУРС ЭКГ



Ответ:

**Наджелудочковая
тригеминия**

Ответ:

**Острый нижний инфаркт
миокарда**



Ответ:

Гиперкалиемия

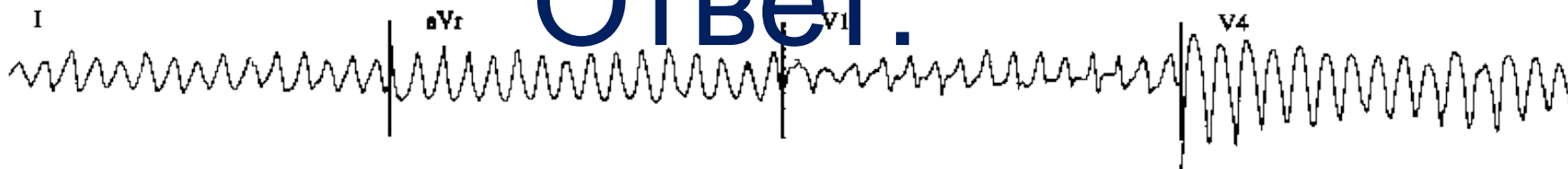




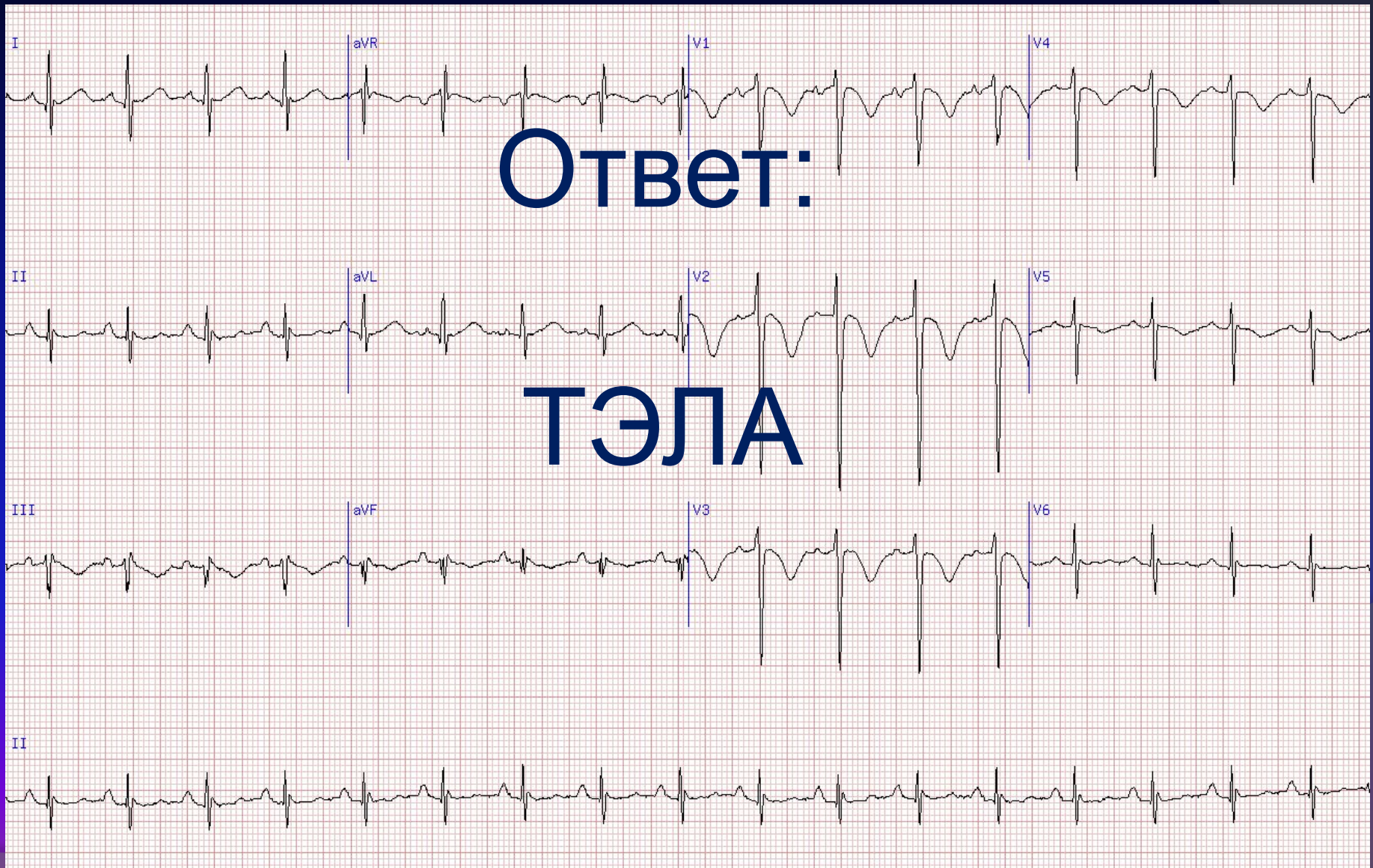
Ответ:

**AV-узловая
re-entry тахикардия**

Ответ:



полиморфная желудочковая тахикардия -> имплантированный кардиовертер-дефибриллятор -> ритм двухкамерного электрокардиостимулятора



Ответ:

ТЭЛА



ECG tracing showing leads I, aVR, V1, and V4. The rhythm is sinusoidal with a regular rate. There are some irregularities in the ST segment and T waves, particularly in the precordial leads, which are noted as artifacts in the text.

Ответ:



ECG tracing showing leads II, aVL, V2, and V5. The rhythm is sinusoidal. There are some irregularities in the ST segment and T waves, particularly in the precordial leads, which are noted as artifacts in the text.

**Синусовый ритм, артефакты,
связанные с болезнью
Паркинсона**



ECG tracing showing lead II. The rhythm is sinusoidal. There are some irregularities in the ST segment and T waves, particularly in the precordial leads, which are noted as artifacts in the text.

II



The image displays a 12-lead ECG tracing. The leads are arranged in two columns: I, II, III, aVR, aVL, aVF on the left, and V1, V2, V3, V4, V5, V6 on the right. The rhythm is regular. A prominent feature is the electrical alternans, where the amplitude of the QRS complexes alternates between a large and a small amplitude in a regular, alternating pattern across all leads. This is a classic ECG finding in pericardial effusion.

Ответ:

**синдром электрической
альтернации при
перикардальном выпоте**

I-II-III

aVR-aVL-aVF

V₁-V₂-V₃

V₄-V₅-V₆

Ответ:

**Синусовая тахикардия,
острый инфаркт миокарда,**

БЛНПГ





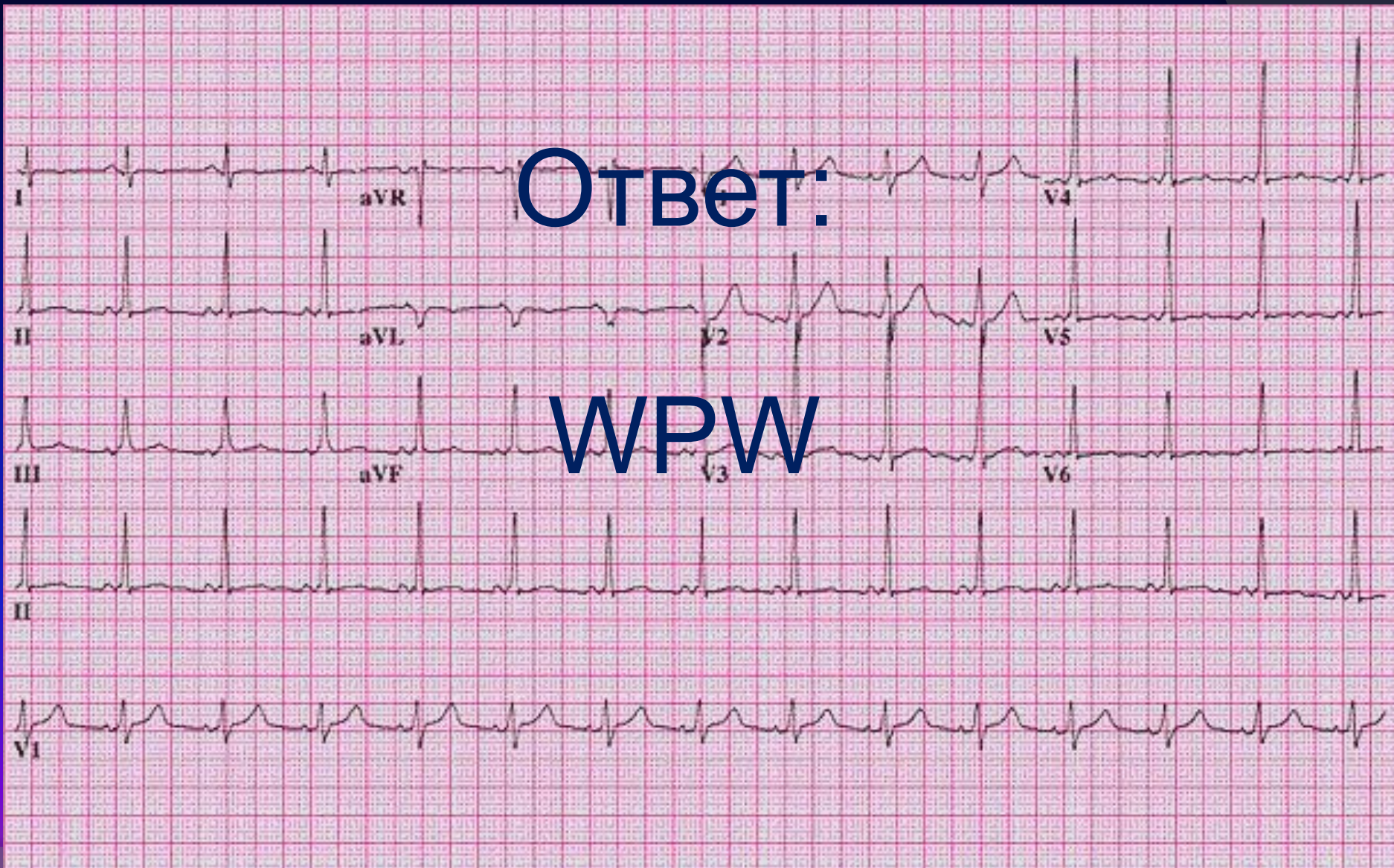
The image displays a 12-lead ECG tracing on a standard grid. The leads are arranged in four rows: Row 1 (I, aVR, V1, V4), Row 2 (II, aVL, V2, V5), Row 3 (III, aVF, V3, V6), and Row 4 (II). The rhythm is regular. The QRS complexes are narrow. The ST segments are significantly shortened, and the T waves are tall and peaked, which are characteristic findings of hypercalcemia. The text 'Ответ:' is overlaid in the center of the first two rows, and 'Гиперкальциемия' is overlaid in the center of the second and third rows.

Ответ:

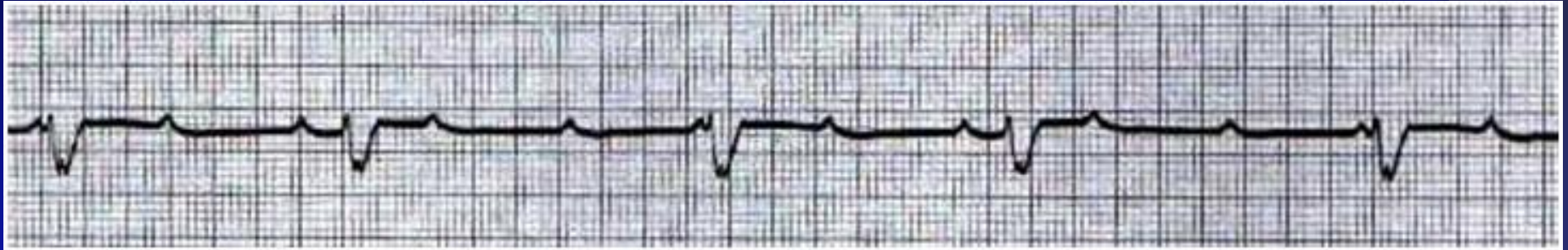
Гиперкальциемия

Ответ:

WPW



Ответ:




Полная поперечная
блокада (AV III)



Ответ:

Эктопический
предсердный ритм



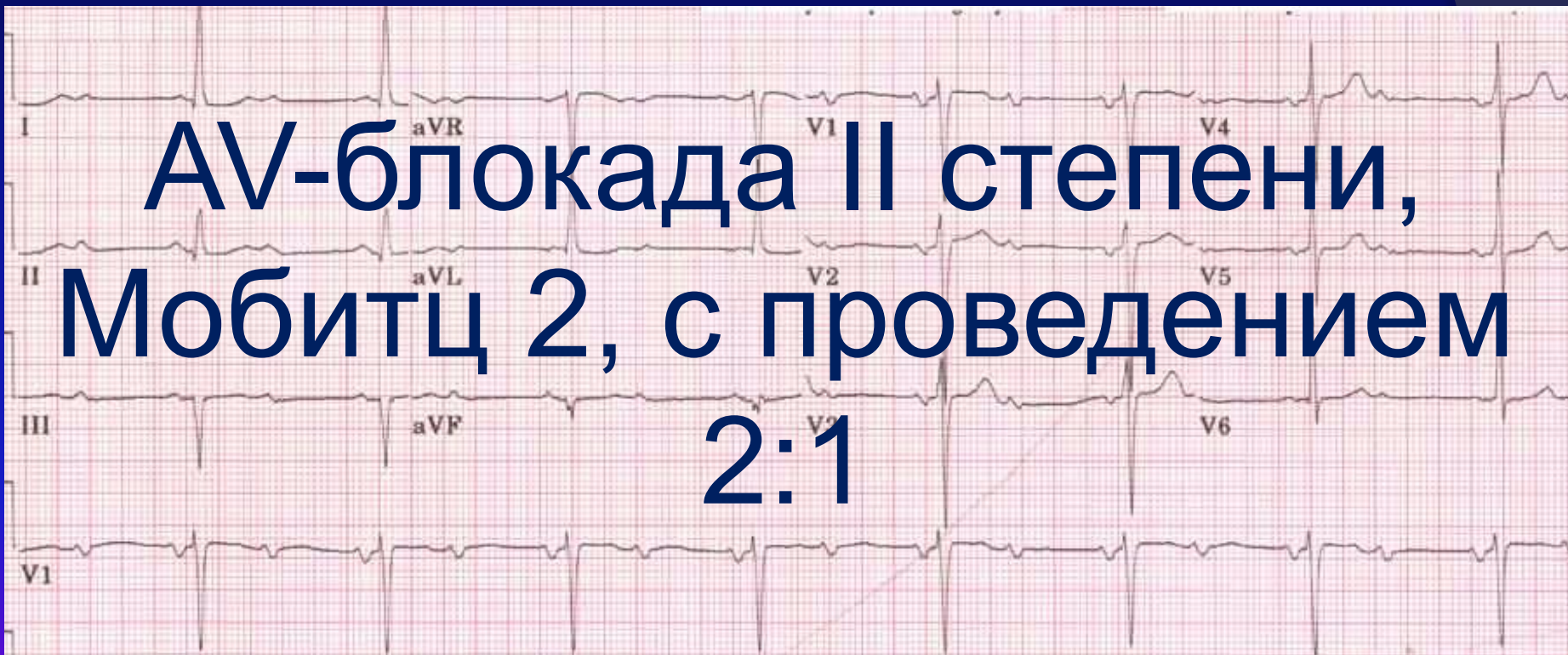
Ответ:

Левосторонний

пневмоторакс, синдром
ранней реполяризации

Ответ:

**AV-блокада II степени,
Мобитц 2, с проведением
2:1**



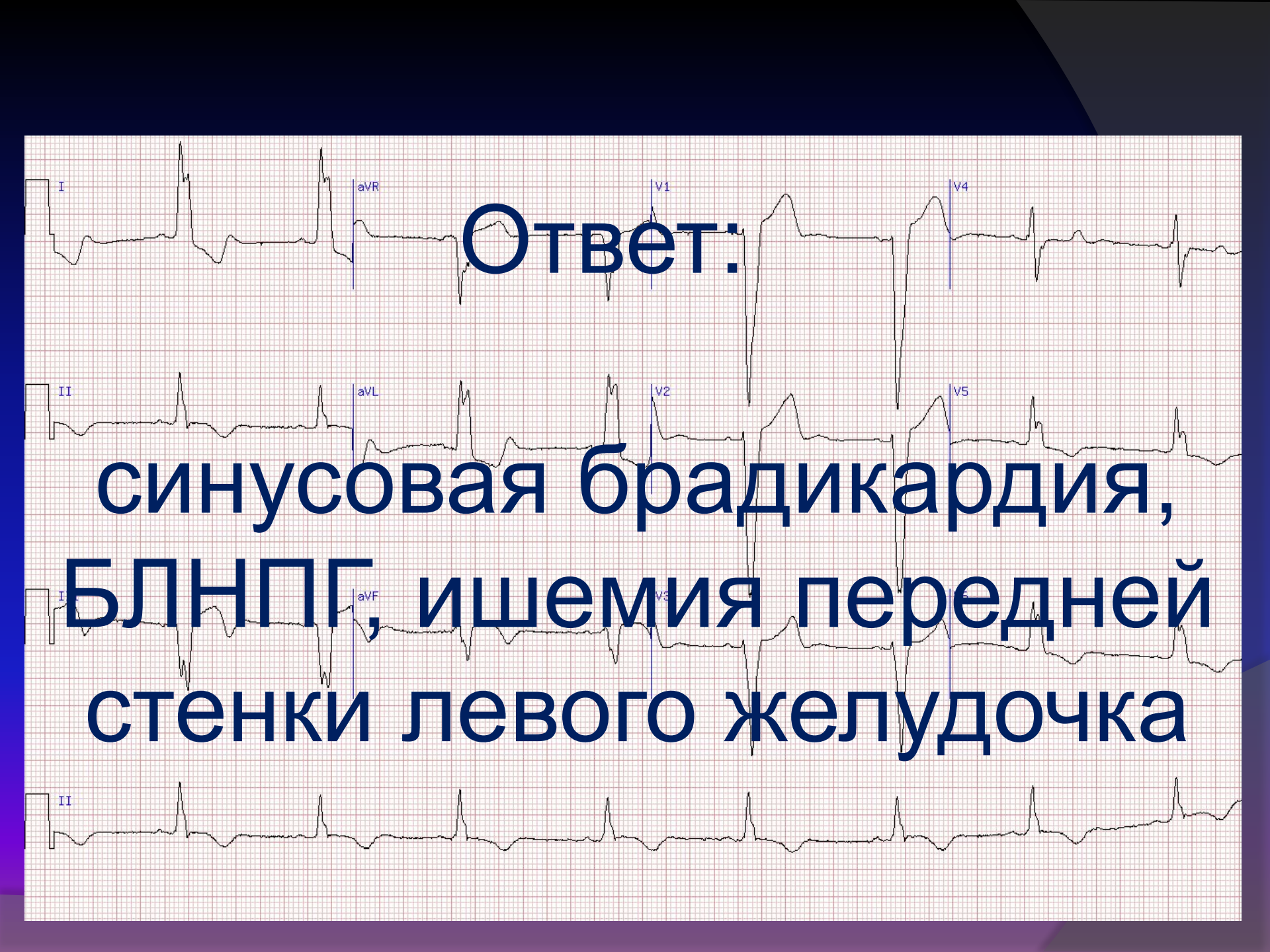
Ответ:





Ответ:

Дигиталисная
интоксикация



The image displays a 12-lead ECG tracing on a standard grid. The leads are arranged in four rows: Row 1 (I, aVR, V1, V4), Row 2 (II, aVL, V2, V5), Row 3 (III, aVF, V3, V6), and Row 4 (a single lead II). The rhythm is sinus bradycardia with a rate of approximately 50 bpm. There is a clear bundle branch block (BBB) pattern, characterized by a narrow Q wave in lead I, a deep and wide S wave in lead V1, and a tall R wave in lead V5. ST-segment depression is visible in leads I, II, III, aVL, and aVF, which is consistent with an anterior wall myocardial infarction (MI). The T waves are upright and of varying amplitudes.

Ответ:

**синусовая брадикардия,
БЛНПГ, ишемия передней
стенки левого желудочка**



Ответ:

Системная гипотермия

Ответ:

Гиперкалиемия

