CPRD, and as such, future studies are needed to assess whether the observed increased risk correlates with INR control.

In summary, the findings of this large population-based study indicate that the initiation of warfarin is associated with an increased risk of ischaemic stroke. These results corroborate with those observed in post hoc analyses of two large trials of novel oral anticoagulants. While one hypothesis is that warfarin may induce a transient hypercoagulable state at the start of the treatment, additional well-conducted studies are needed to confirm these findings and determine whether a heparin bridging strategy at the initial phase of the treatment reduces this risk.

Supplementary material

Supplementary material is available at European Heart Journal online.

Acknowledgements

Drs Azoulay and Renoux are recipients of a Chercheur-Boursier Award from the Fonds de la recherche en santé du Québec (FRSQ), and Dr Suissa is the recipient of the James McGill Chair.

Funding

This study was funded by Bristol-Myers Squibb and Pfizer Inc.

Conflict of interest

L.A., S.D., and C.R. have no conflicts of interest to declare. T.S. is an employee of Bristol-Myers Squibb. S.S. has received research funding and has participated in advisory committees for Bristol-Myers Squibb, Boehringer-Ingelheim and Bayer-Schering.

References

The list of references is available in the online version of this paper.

CARDIOVASCULAR FLASHLIGHT

ECG pitfall: anterior myocardial infarction in dextrocardia

Sergio Richter1*, Michael Döring1, Steffen Desch2, and Gerhard Hindricks1

1The Department of Electrophysiology and 2The Department of Cardiology, Heart Center, University of Leipzig, Strümpellstr. 39, 04289 Leipzig, Germany

* Corresponding author. Tel: +49 3418651410, Fax: +49 3418651460, Email: s.richter@med.uni-leipzig.de

A 74-year-old female was admitted to our chest pain unit with a troponin-positive acute coronary syndrome. The standard 12-lead electrocardiogram showed typical features of dextrocardia including atrial and ventricular inversion characterized by a reversal of polarity in leads I and aVL, QS and rS patterns in the precordial leads with progressive decrease in S-wave amplitude from the right to left praecordium (Panel A). No significant ST-segment elevation could be discerned. Reversed lead positioning unmasked ST-segment elevation in the rightsided precordial leads V3R–V5R (Panel B). Coronary angiography revealed subtotal occlusion of the distal left anterior descending coronary artery (Panel C). Cardiac magnetic resonance imaging performed after successful percutaneous coronary intervention showed a left ventricular apical aneurysm associated with thrombus formation and moderately reduced left ventricular systolic function (Panel D).

Right-sided precordial lead recording (V3R–V6R) may not only detect right ventricular involvement complicating inferior myocardial infarction but also unmask ST-segment elevation myocardial infarction in rare cases of dextrocardia where standard lead positioning is inconclusive.

Published on behalf of the European Society of Cardiology. All rights reserved. © The Author 2014. For permissions please email: journals.permissions@oup.com