

Himalayan P waves in a patient with ischemic cardiomyopathy - a new entity

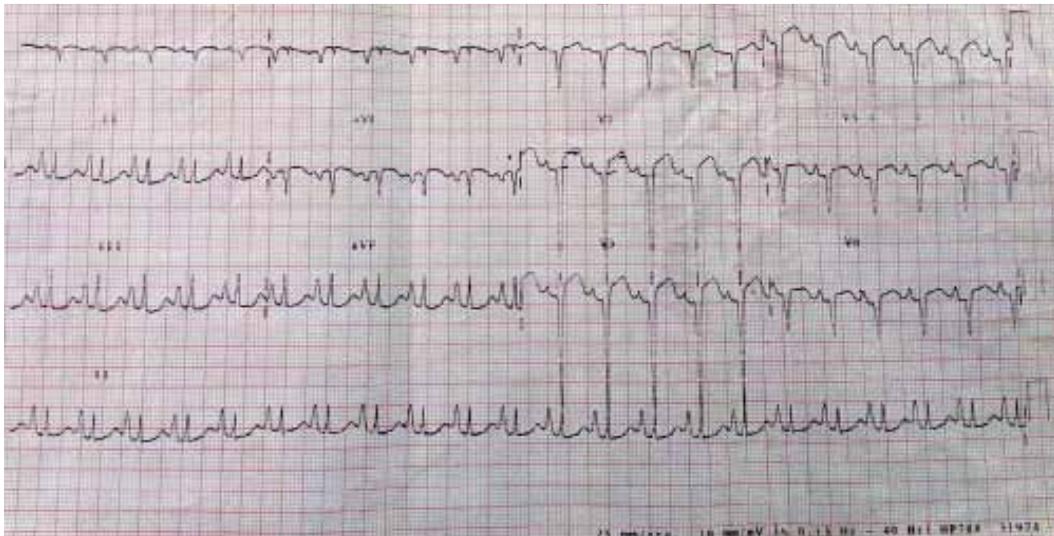
İskemik kardiyomiyopatili bir hastada Himalaya P dalgası - Yeni bir varlık

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A 50-year-old male presented with a history of breathlessness of approximately six months' duration. On examination, the patient had a blood pressure of 100/74 mmHg, and the pulses in his extremities were normal and symmetric, with a rate of 128 beats/min and regular. He had soft S1, narrow split S2 with loud P2, and a grade 2/6 pan-systolic murmur at the apex. His abdominal examination was normal. He had cardiomegaly with cardiothoracic ratio of 0.66 on chest X-ray. His medical history revealed that he was admitted with acute anterior wall myocardial infarction one year ago. His echocardiogram revealed that all four chambers were dilated with generalized hypokinesia of the left ventricle, more marked in left anterior descending artery (LAD) territory with ejection fraction of 35%. His coronary angiogram revealed severe triple ves-

sel disease with tubular lesion in the proximal LAD with 95% stenosis, diffuse disease in the proximal left circumflex artery with 70% stenosis, and diffuse disease in the mid right coronary artery with 80% stenosis (left dominant system). His recent 12-lead ECG (Figure) revealed sinus tachycardia, right axis (+110), right atrial enlargement, and deep QS over the precordial leads (V1 - V6) with coving ST segment in V2 - V4. The P waves were tall (>6 mm) and peaked. These extremely tall 'P' waves, the so called Himalayan P waves, were prominent in leads II, III and aVF. The P wave was most prominent in lead II, where it was even taller than the QRS. These types of P waves, called giant P waves, are indicative of a dilated right atrium secondary to pulmonary arterial hypertension. These are classical for an Ebstein anomaly, although they have also been reported in a few other conditions, such as tricuspid atresia and combined tricuspid and pulmonary stenosis. To the best of our knowledge and for the first time, we report herein Himalayan P wave in ischemic cardiomyopathy. The patient was started on standard heart failure therapy. On improvement, he was referred for coronary artery bypass surgery.



Figure— ECG of the patient showing 'Himalayan' P wave in leads II, III and aVF.

