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# J-Point Elevation in Leads V4-V6

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## 1. Clinical Image

A 24-year-old white, asymptomatic male underwent cardiovascular assessment as a part of routine exam. He had no significant medical or family history, and the physical examination, laboratory studies and echocardiogram was unremarkable. An ECG demonstrated widespread upward, concave ST- segment elevation in the precordial and limb leads, without a reciprocal depression. The T waves are prominent, slightly asymmetrical and concordant with the main vector of the QRS complexes. Closer examination of the magnified view of lead V4 clearly showed J-point (the junction between QRS complex and the ST-segment) elevation and notch morphology Figure 1, progressing to J-point elevation with a slur configuration in a lead V6, referred to an end-QRS notched and slurred Figure 2. This electrocardiographic finding excluding leads V1-V3, to avoid confusion with the Bragada images, strongly indicates an early repolarization pattern a condition that attached a significant clinical attention.

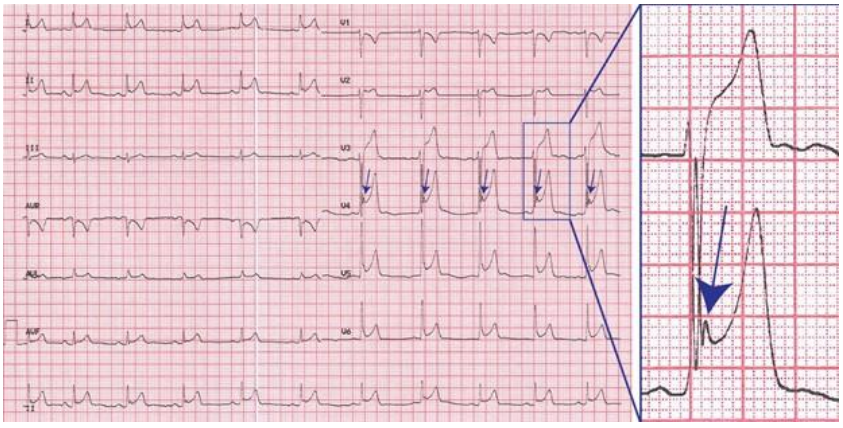

**Figure 1**: On closer inspection of the magnified view of lead $V_4$ can see J-point elevation with a peak amplitude of 0.2 mV, and notch morphology.

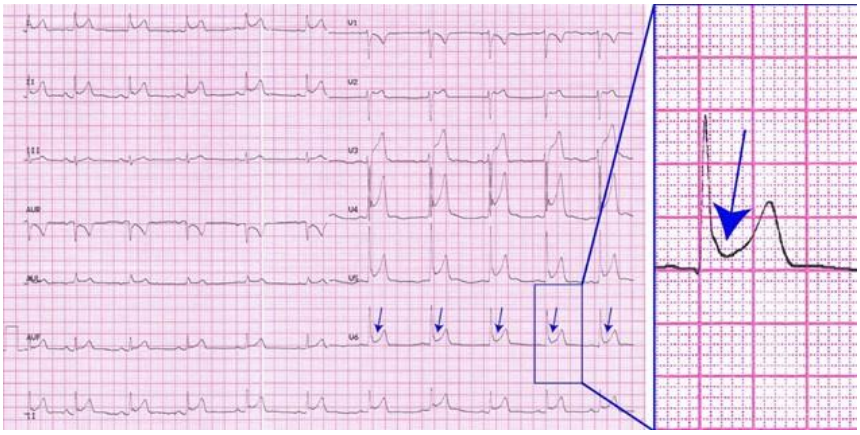

**Figure 2**: A magnified view of lead $V_6$ revealed J-point elevation with a slur configuration, referred to an end-QRS notched, and slurred on the downslope of the prominent R-wave.