A 78-year-old man with a history of angina pectoris was admitted to our hospital due to dyspnea and left-sided chest pain. On admission, his blood pressure was 120/74 mmHg with a pulse rate of 126 beats/min, and a respiratory rate of 30 breaths/min. His oxygen saturation was 91%. The electrocardiogram (ECG) showed a regular sinus rhythm of 130 beats/min and poor R progression in precordial leads. Marked phasic voltage variation of QRS, depending on respiration, was observed especially in leads II, III, aVF and V1. QRS voltage was minimal (0.5 mV) during inspiration (Ins), whereas it increased twice (1.0 mV) during expiration (Exp) in lead V1.
phasic voltage variation of QRS.