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## RESPONSE TO LETTER TO THE EDITOR



### The Reply:

We thank Dr. Scagliola et al. for their insightful comments regarding the electrocardiogram (ECG) patterns observed during acute pulmonary embolism (PE). Our case demonstrates an acute massive PE with cardiac arrest, with the initial ECG demonstrating ST elevation in leads V1 through V4 (1). The ST-elevation myocardial infarction team was activated, but careful attention to the clinical presentation and the critical use of bedside ultrasound were instrumental in making the correct diagnosis and delivering life-saving therapy. We agree with Dr. Scagliola et al. that the ECG findings in acute PE can have significant overlap with acute coronary syndromes. Emergency, pulmonary, and cardiovascular physicians must be familiar with this overlap and be well trained in the use of ultrasound. The ultrasound images from our case demonstrated severe right ventricular

dilatation and dysfunction, helping us to make the correct diagnosis.

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## REFERENCE

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