We suggest that a fax facility be available in the coronary care unit and the consultant's home to be used when:

- There is doubt that ECG criteria have been met
- There is a mismatch between the clinical assessment and the ECG
- There are other abnormalities such as previous MI or left ventricular hypertrophy making the ECG interpretation difficult.

- 1 Gruppo Italiano Per Lo Studio Dela Streptochinasi nell'Infarto Miocardico (GISSI). Effectiveness of intravenous thrombolytic treatment in acute myocardial infarction. *Lancet* 1986;i:397-401.
- 2 Timmis AD. Early diagnosis of acute myocardial infarction. Electrocardiography is still the best. *BMJ* 1991;301:941-2.
- 3 Curzen NP, Clarke B, Gray HH. Intravenous thrombolysis for suspected myocardial infarction: a cautionary note. *BMJ* 1990;300:513-14.
- 4 White T, Woodmansey P. Improving the interpretation of electrocardiograms in an accident and emergency department. *Postgrad Med J* 1995;71:132-5.
- 5 Butler J, Davies AH, Westaby S. Streptokinase in acute aortic dissection. *BMJ* 1990;300:517-19.
- 6 The Gusto Investigators. An international randomized trial comparing four thrombolytic strategies for acute myocardial infarction. *N Engl J Med* 1993;329:673-2.

IMAGES IN CARDIOLOGY

Echocardiographic appearances of right ventricular dysplasia in the fetus

A 32 year old woman was referred for fetal echocardiography at 24 weeks' gestation because routine screening had shown an abnormal four chamber view of the heart. The echocardiogram showed aneurysmal dilatation of the free wall of the right ventricle (rv, arrowed) with marked thinning of the myocardium at this site as well as dyskinetic wall motion. There were frequent ectopic beats that appeared to be ventricular in origin, but there was no evidence of sustained tachycardia. The pregnancy was terminated and histology of the right ventricular wall confirmed the clinical diagnosis, showing features typical of right ventricular dysplasia.

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