The patient was a 55-year-old man, a smoker, who reported a 3-day history of severe chest pain, symptoms and signs of autonomic dysfunction, and poor general health. At home, he was found to have severe hypotension and bradycardia with signs of peripheral hypoperfusion. External pacing was undertaken, followed by intubation and mechanical ventilation. The electrocardiogram carried out on arrival at the hospital is shown in the Figure.

An echocardiogram revealed mild left ventricular dilation with very severe systolic dysfunction. Right ventricle was not dilated and there was no evidence of valve disease or pericardial effusion. He arrived at the hospital with severe hypotension, despite the administration of high doses of inotropic agents and vaspressors, as well as metabolic acidosis and renal failure. What is the diagnosis and the immediate therapeutic approach?

Suggest a solution to this ECG Contest at http://www.revespcardiol.org/es/electroreto/69/04 (only Spanish). The answer will be published in the next issue (May 2016). #RetoECG.