A 41-year-old man presented to the emergency department due to retrosternal chest pain and dyspnea, which had aggravated on exertion. He was a nonsmoker and denied trauma or drug abuse, but he had a history of HIV infection which was treated with tenofovir, emtricitabine, and efavirenz. Physical examination was unremarkable without Kussmaul sign or prominent jugular veins. Electrocardiogram revealed ST-segment elevations and PR-interval depressions in leads I, II, aVL, V₅ to V₆ with reciprocal ST-segment depression and PR-interval elevation in lead aVR corresponding to injury of subepicardial myocardium and atrium. Additionally, small positive deflections in the J-point region could be detected in leads II, aVL, V₅, and V₆ (FIGURE 1A). Laboratory tests showed: leukocytosis (white blood cell count, $13.23 \times 10^9/l$; reference range, $4.4–11.3 \times 10^9/l$), elevated C-reactive protein levels ($19.1 \, mg/l$; reference range, $0–5 \, mg/l$), and elevated N-terminal pro-B-type natriuretic peptide level ($221 \, pg/ml$; reference range, $0–150 \, pg/ml$) without elevated troponin T ($7 \, pg/ml$; reference range, $0–14 \, pg/ml$) or D-dimer ($<0.19 \, mg/l$; reference range, $0–0.5 \, mg/l$). Echocardiography showed mild pericardial effusion.

J waves are a manifestation of early repolarization and are sometimes referred to as Osborn waves after their describer who studied the effect of hypothermia on the cardiac function in dogs. Besides hypothermia, J waves were described in other conditions such as hypercalcemia, Brugada syndrome, or early repolarization syndrome. In acute pericarditis, J waves are sometimes referred to as “stork leg sign” due to their pattern if the electrocardiogram is turned 180° whereby

![FIGURE 1A](image-url)
the QRS complex looks like a stork standing on one leg (inverted R wave) while the other leg is lifted to the stork’s body (inverted J point deflection) (FIGURE 1B). After initiation of ibuprofen 600 mg 3 times daily, the patient could be discharged home after 4 days with an uneventful recovery. No J waves were observed anymore on follow-up electrocardiograms 2 days after initial presentation and 1 month after discharge (FIGURE 1C).

ARTICLE INFORMATION

CONFLICT OF INTEREST None declared.

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