Fig 1. This ECG demonstrates sinus rhythm and preexcitation. There is positive delta wave in precordial lead I and lead aVL, negative delta wave in inferior lead. The ST-segment is mild concave elevation in leads V1–V6 and T wave inversion in aVL.

Fig 2. After 12 hours coexisting with cardiac enzyme release. Secondary ST depression with negative T waves is not present in the precordial leads. On the contrary, the ST-segment is became isoelectric in leads V1-V6 and aVL.
Fig. 3. An ECG 2 days after admission shows newly emerged negative T waves in leads V3-V6.

Fig. 4. A ECG was taken 1 months later after hospital discharge. It demonstrates persistent preexcitation, with resolution of repolarization abnormalities.
Fig 5. Following ablation, the ECG demonstrates sinus rhythm with a normal PR interval and disappearance of preexcitation. There is a ST elevation and tall T waves in precordial lead, ST depression in inferior lead suggestive memory t wave.

Fig 6. One week after ablation, the ECG demonstrates sinus rhythm without preexcitation and ST-T change was disappear.