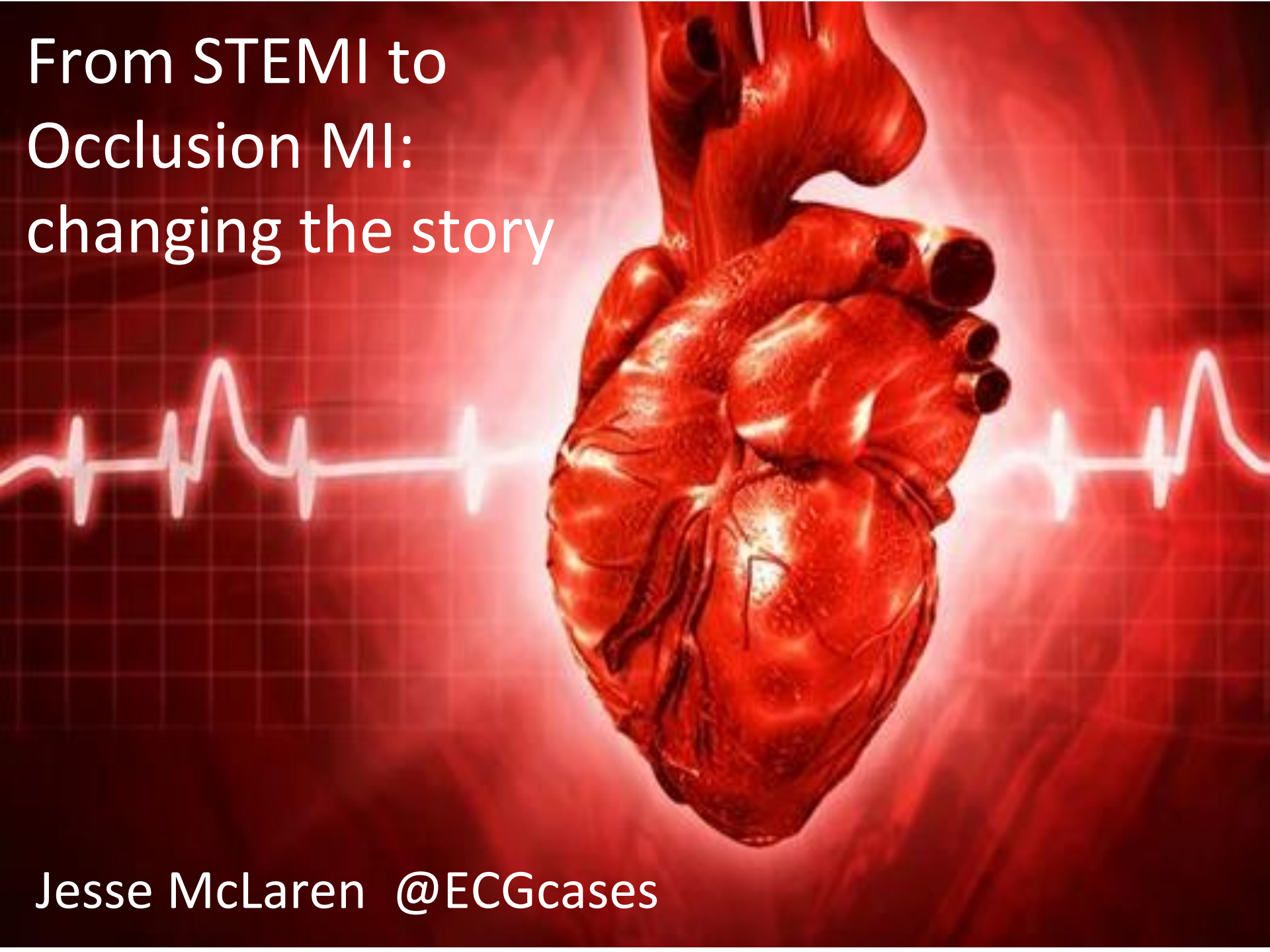


From STEMI to Occlusion MI: changing the story

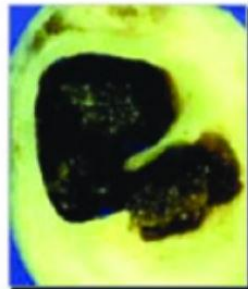
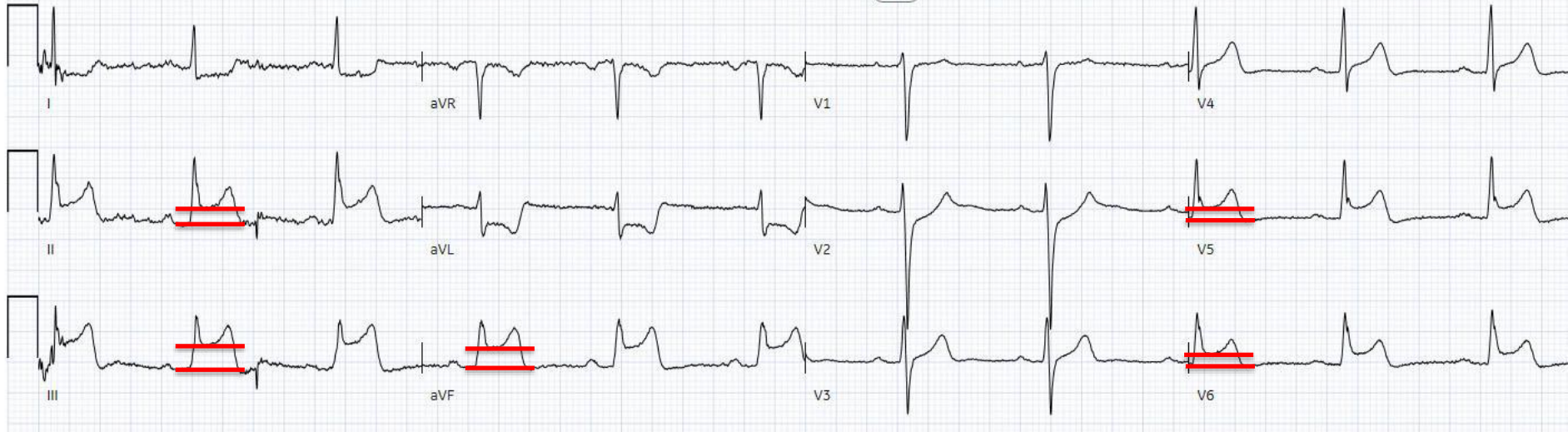


Jesse McLaren @ECGcases

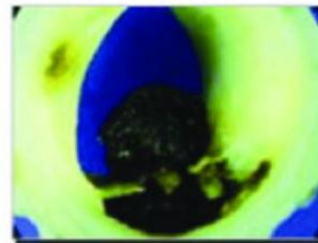
STEMI paradigm: STEMI vs NSTEMI

Vent. rate: 64 BPM
PR interval: 176 ms
QRS duration: 98 ms
QT/QTcB/QTcFd: 372/383/380 ms
P-R-T Axis: 49/66/94

*** Critical Test Result: STEMI
Normal sinus rhythm
ST elevation consider inferolateral injury or acute infarct
*** ACUTE MI / STEMI ***

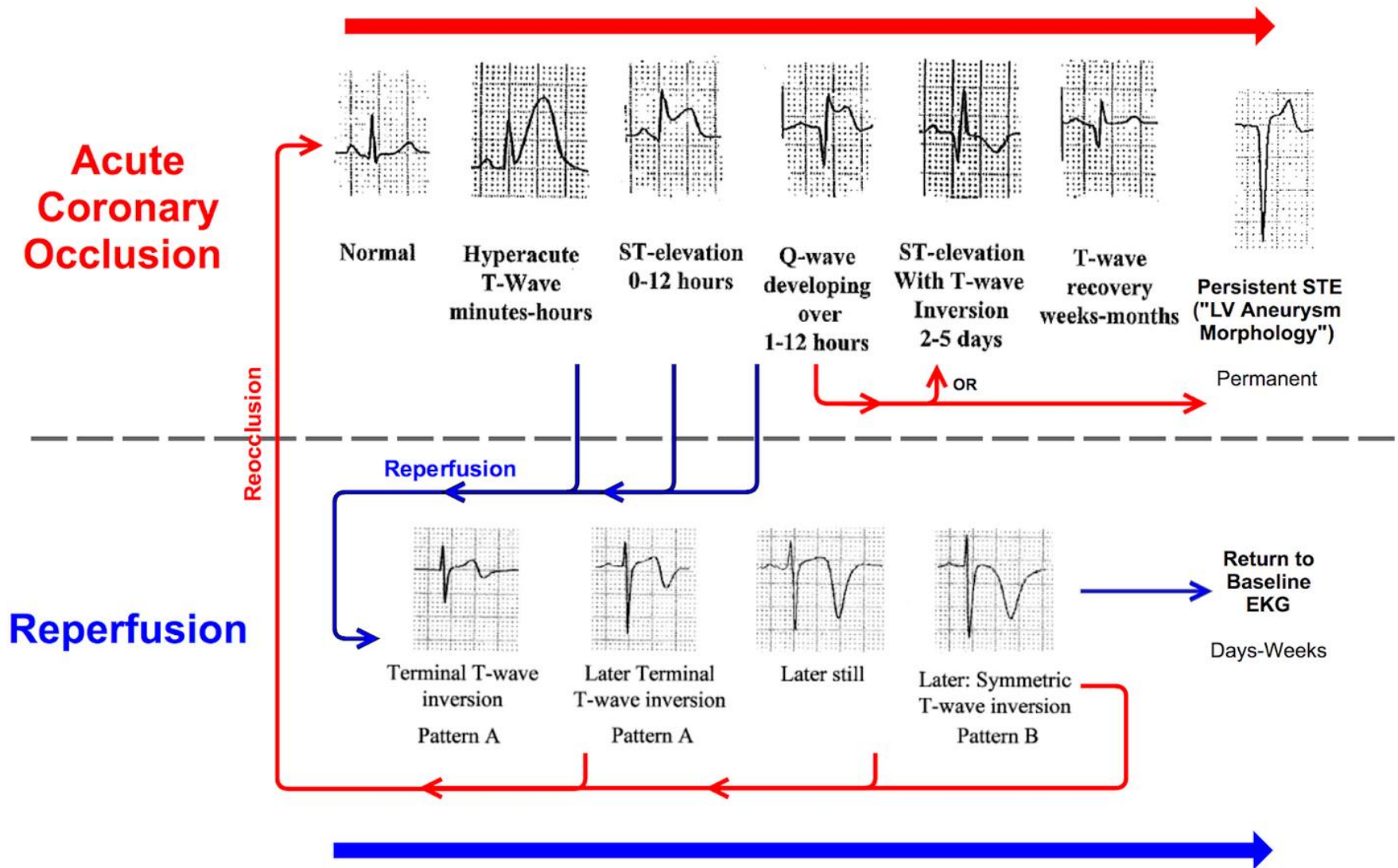


ST Elevation

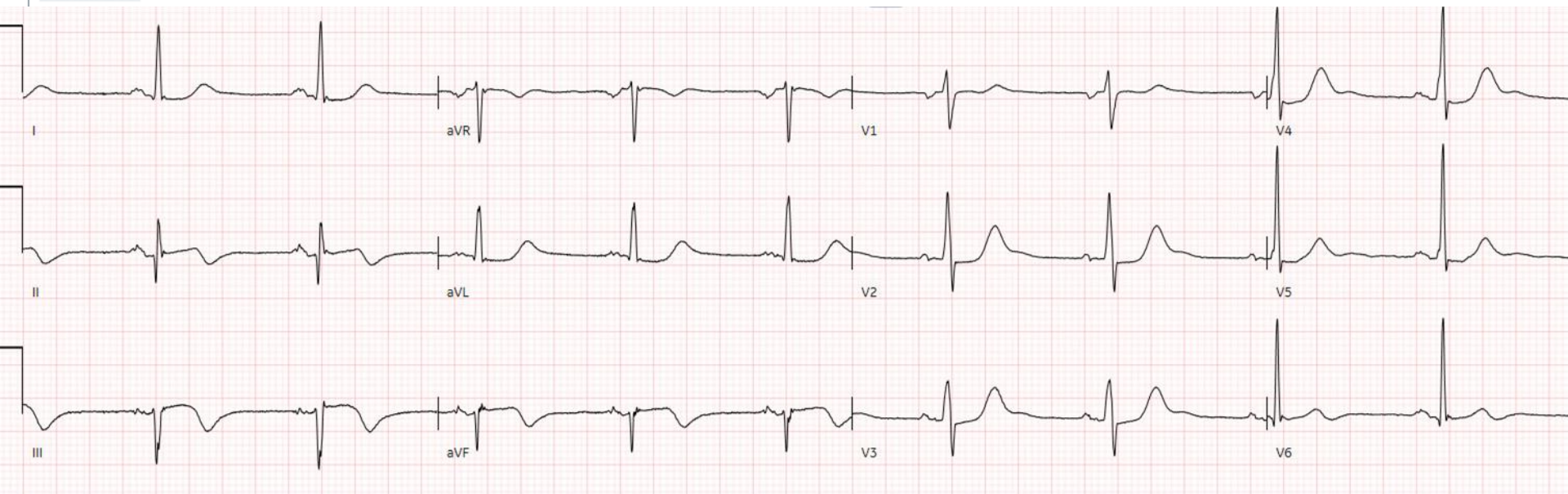


No ST Elevation

OMI paradigm: OMI (vs NOMI)



Normal sinus rhythm
Inferior infarct , age undetermined
Abnormal ECG



Heart rate/rhythm: normal sinus rhythm

Electrical conduction: normal intervals

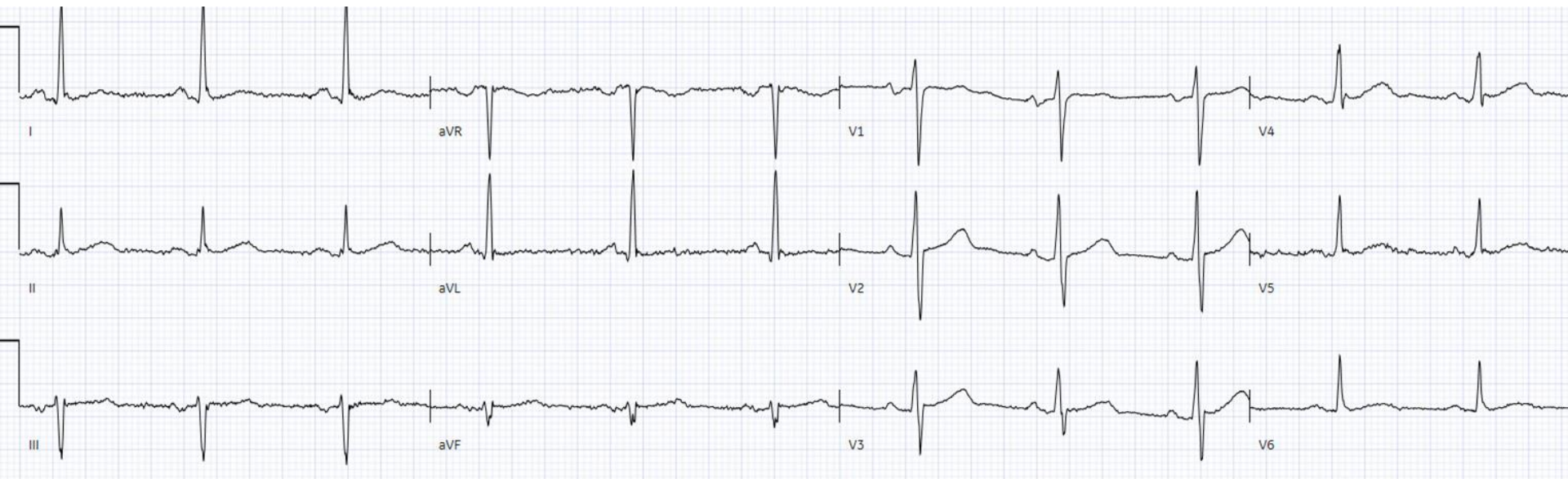
Axis: left axis from inferior infarct

R-wave: early R wave progression

Tall/small voltages: normal voltages

ST/T: inferior convex ST and symmetric TWI

anterior ST depression and tall T



inferior Q + tall anterior R = inferoposterior MI

painfree + T wave inversion (tall anterior T) = reperfusion

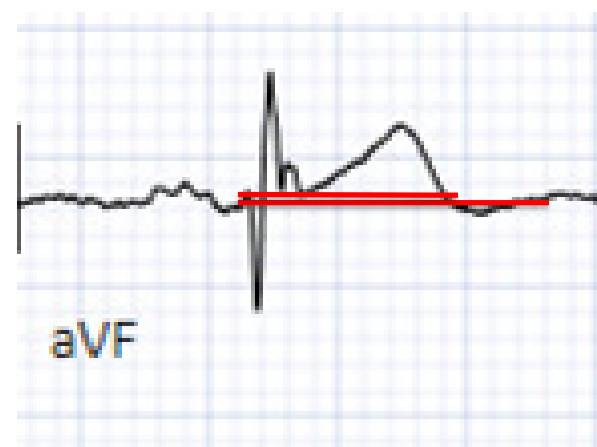
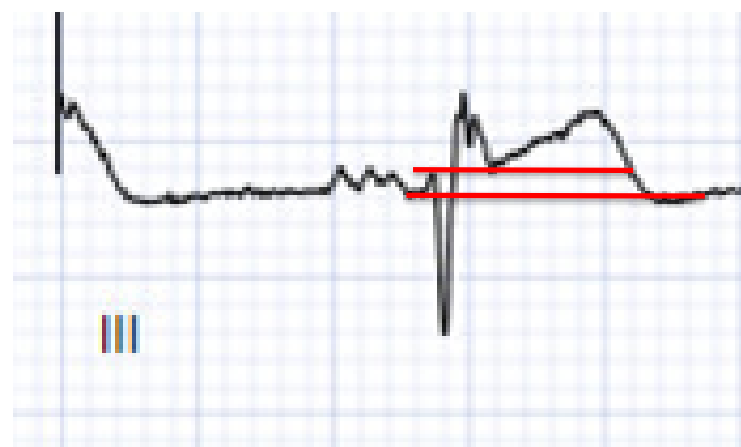
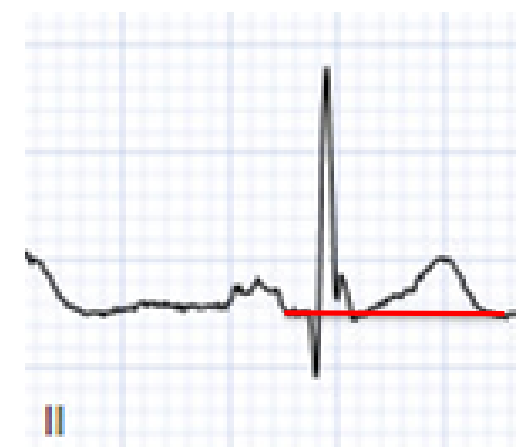
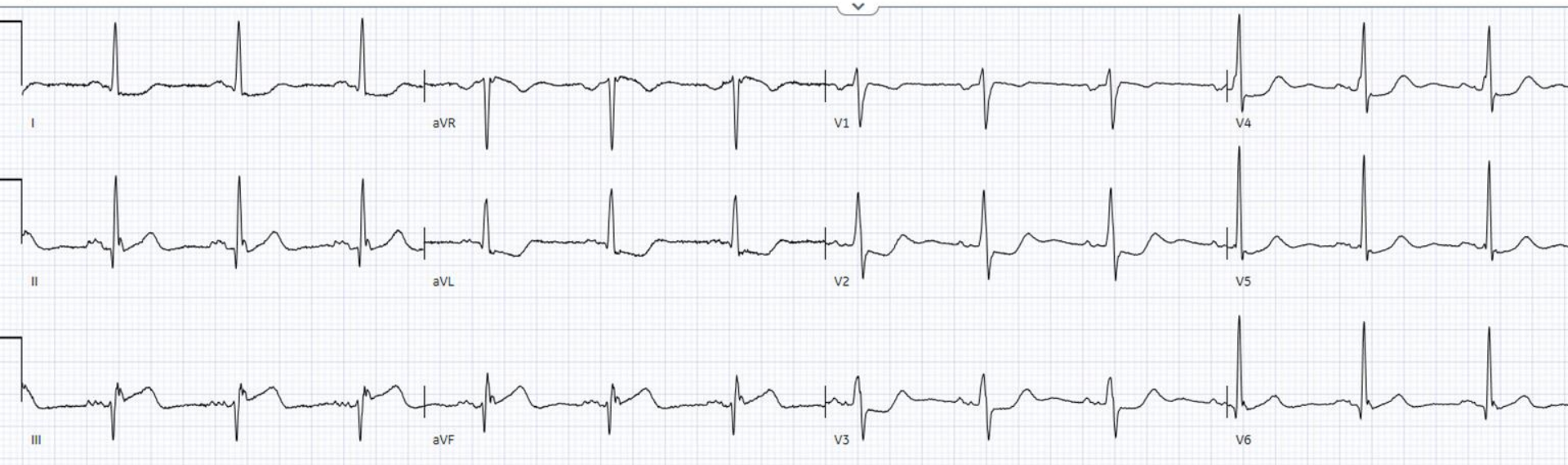
Normal sinus rhythm

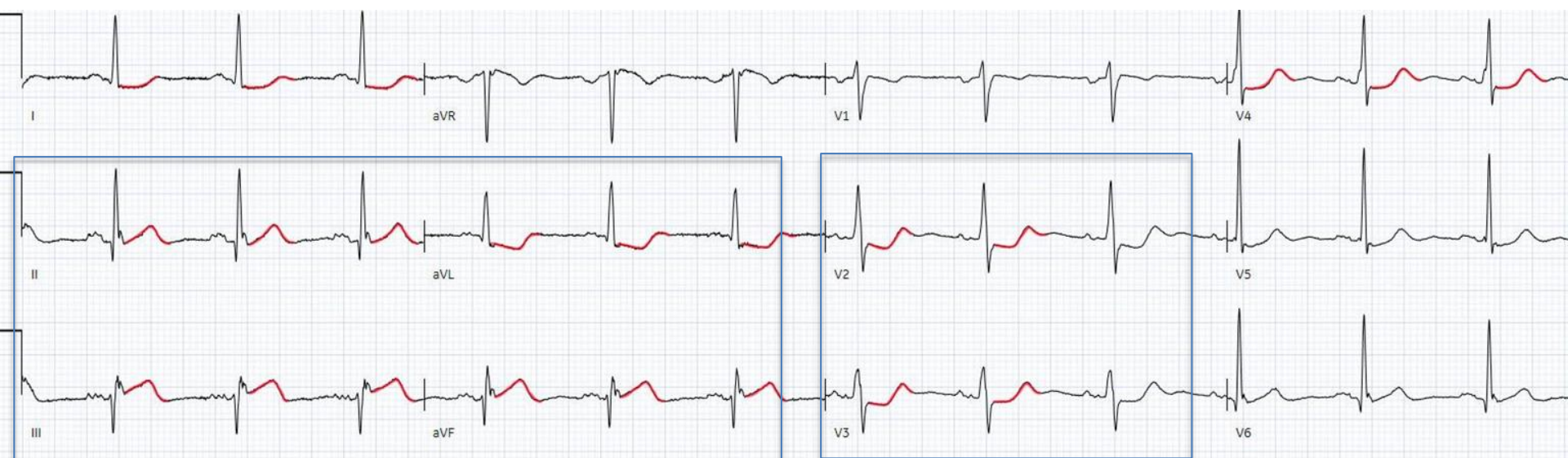
Inferior-posterior infarct, possibly acute

*** ACUTE MI / STEMI ***

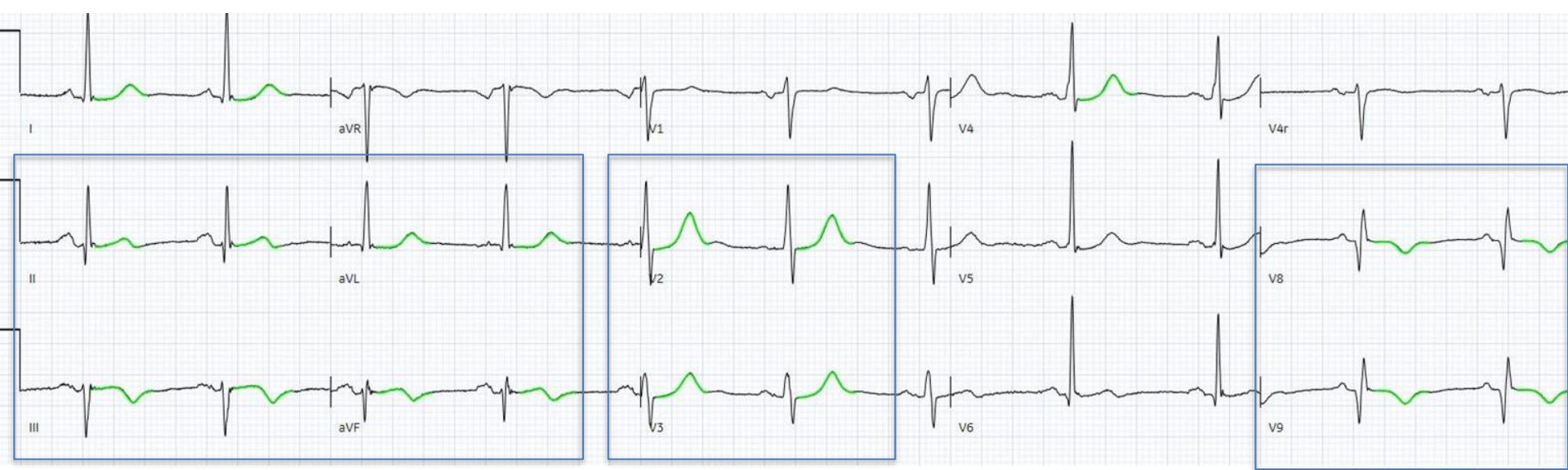
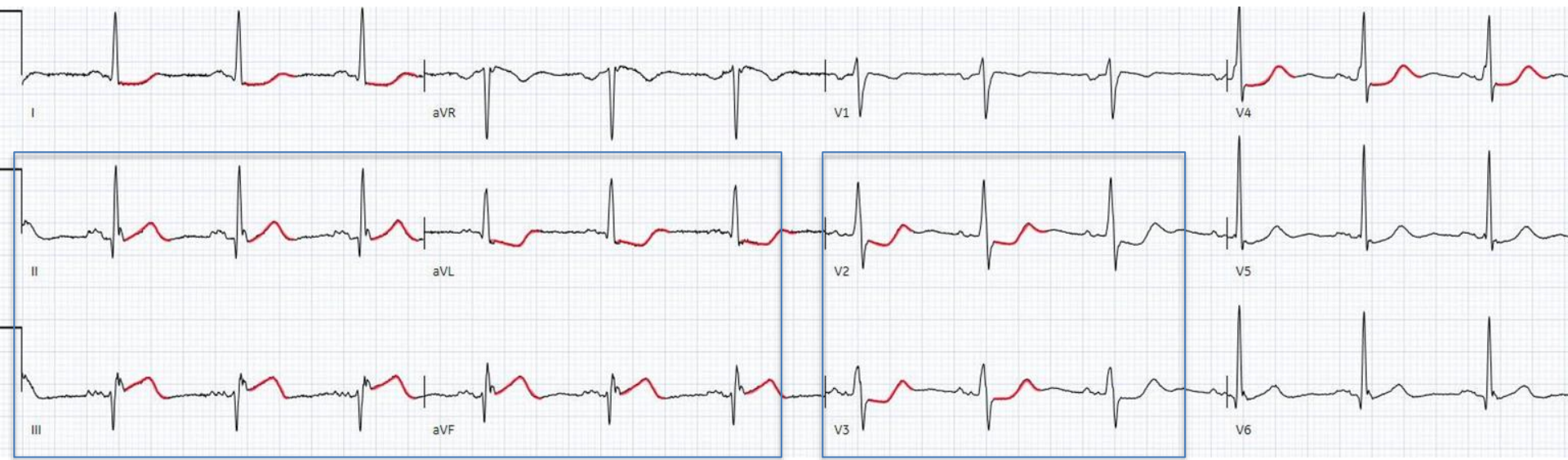
Consider right ventricular involvement in acute inferior infarct

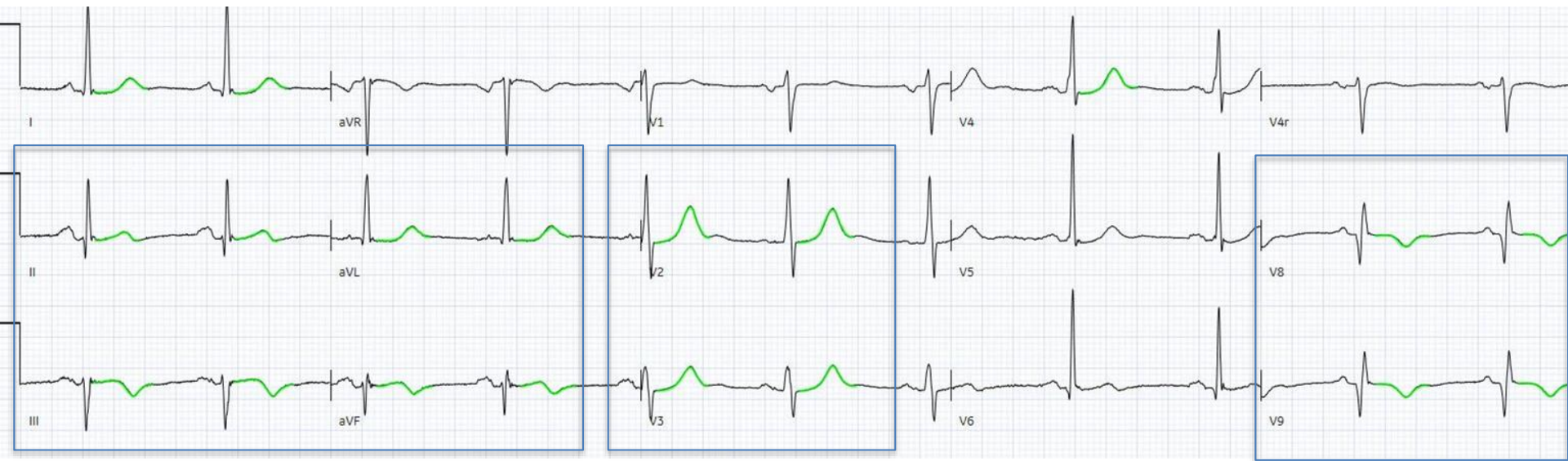
Abnormal ECG





Inferior OMI: inferior STE, hyperacute T, reciprocal aVL
Posterior OMI: primary ST depression V2-4





Sparks

1. ECG findings beyond STEMI criteria

- * **inferior OMI**: hyperacute T, reciprocal aVL
- * **posterior OMI**: primary STD V1-4, early R wave
- * **reperfusion**: resolved pain + primary TWI

2. Change the story:

STEMI millimeters → patient Occlusion MI