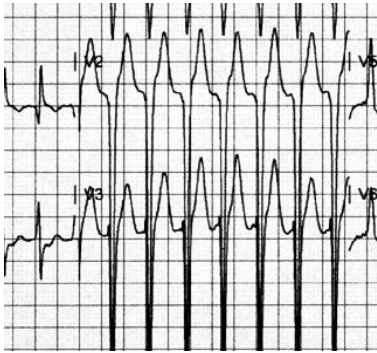


# The Imitators of STEMI



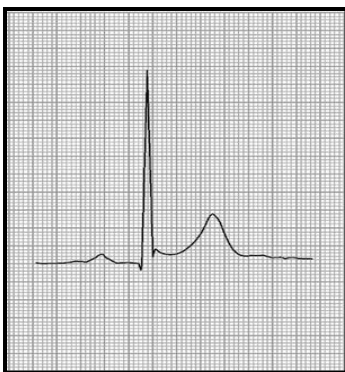
LVH:  
Narrow and deep QRS  
Produces Discordant ST  $\uparrow$   
Chronic Hypertension Caused



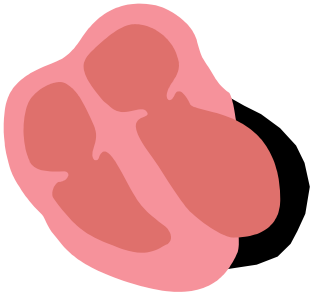
BBB:  
Supraventricular Rhythm with  
QRS  $>$  120 ms  
Left vs. Right look in V1 and  
determine terminal force of QRS



Ventricular and Paced Rhythms:  
Look at Axis  
Pacer Spikes may not be seen  
until the 12 lead

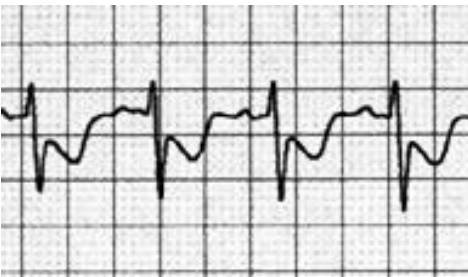


BER and Pericarditis:  
BER seen in African men 20-40  
Pericarditis produces ST  $\uparrow$  in  
all or unusual leads  
Look for J point Notching



Ventricular Aneurysm:  
Caused by large L Vent Infarction  
Causes Persistent ST  $\uparrow$  in V1-V4  
No Reciprocal Changes

## The Three I's



Ischemia:  
ST Depression or Inverted T Waves  
Cellular Ischemia leads to Injury



Injury:  
ST Elevation or New BBB  
Cellular injury is still reversible



Infarction:  
Pathologic Q Waves  
Depth of Q Wave or  $> 1$ mm wide  
Tissue is Dead but bordering  
tissue may be injured or ischemic