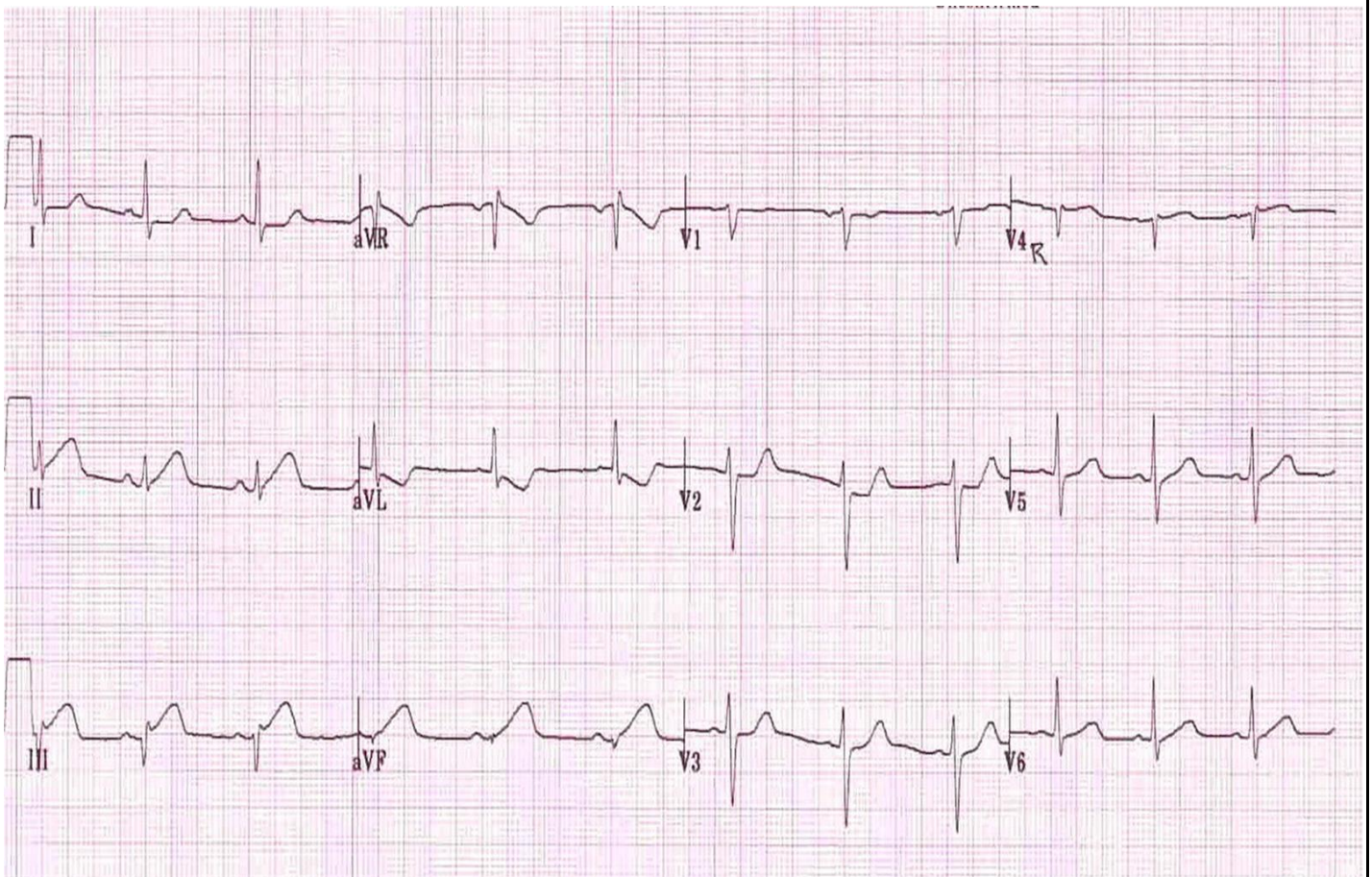
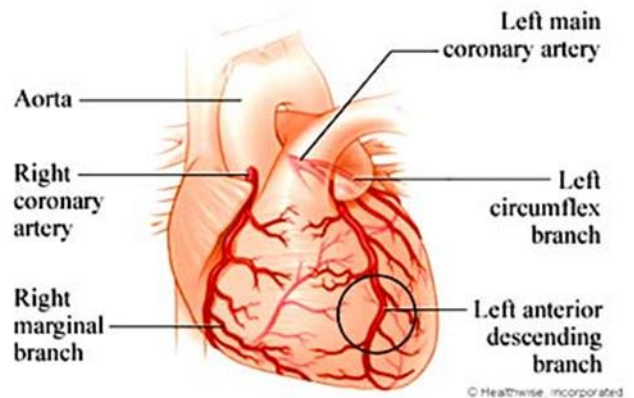


### Inferior (& RV) STEMI

- 80% are due to dominant RCA lesion
- 18% due to dominant LCx lesion (will likely have lateral MI also)
- Represents 40-50% of all MI
- Generally better prognosis than Anterior MI
- ST elevation in leads **II, III & aVF**
- Reciprocal ST depression in aVL and lead I
- **40% complicated by concomitant right ventricular infarct**
- Very **preload dependent** so nitrates may worsen condition if given in RV MI
- Suspect if STE in lead III > II or V1 > V2/ depression in V2
- Place V4 electrode on right (**V4R**), has 83% sensitivity
- Isolated RV MI very rare
- Also associated with posterior damage

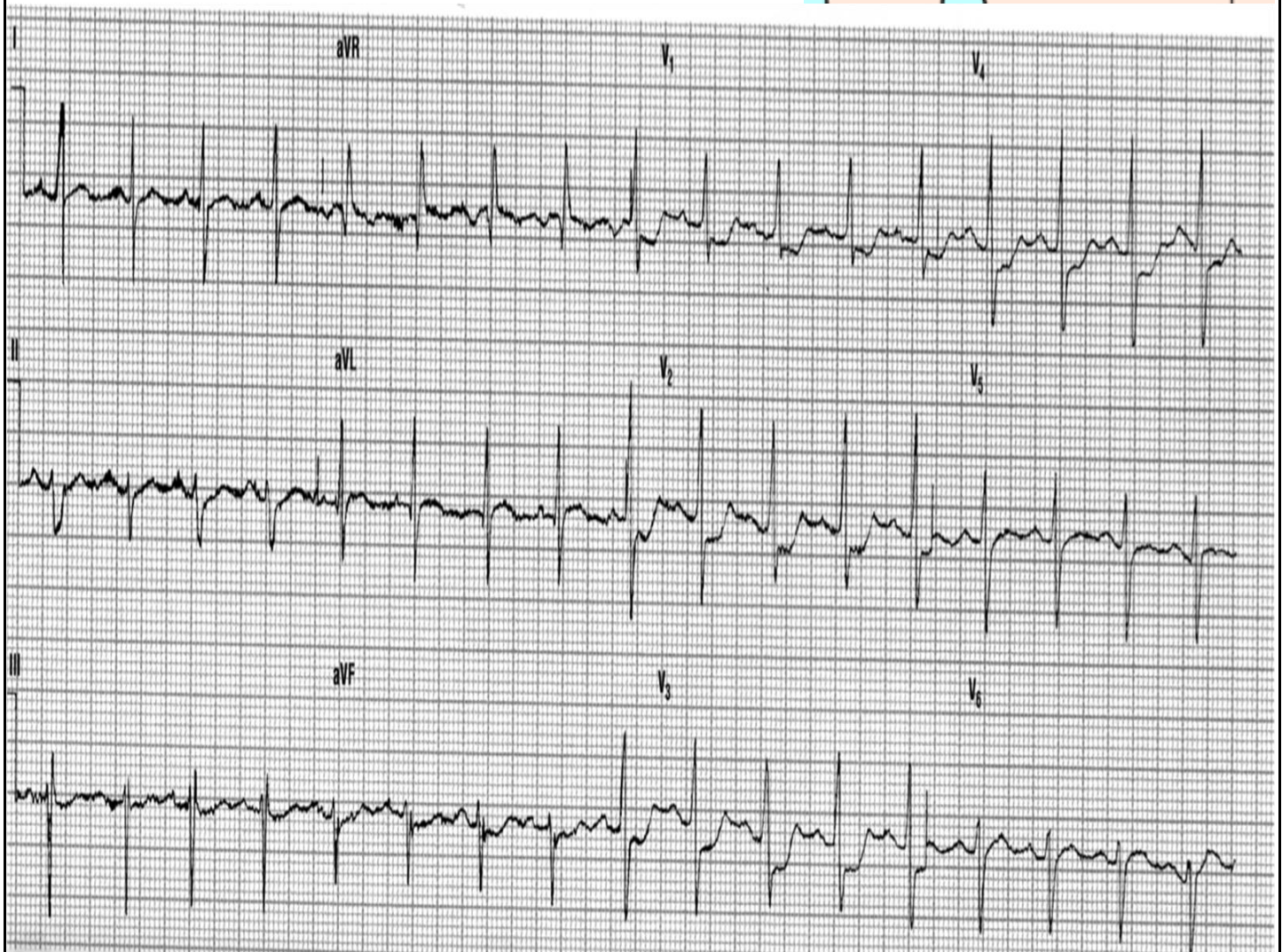
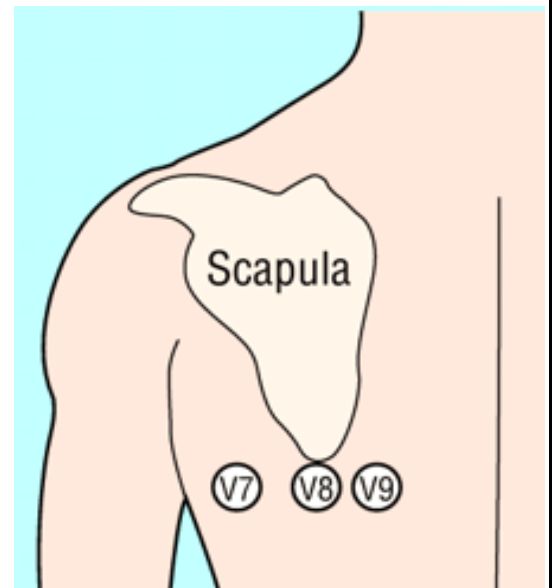


Inferior STEMI: STE II, III & aVF, depression in aVL



## Posterior STEMI

- Complicates up to 20% of other MIs, usually inferior or lateral MI (RCA or LCx)
- **Isolated posterior MI is quite rare**, between 3-11% of all MIs
- Often missed due to indirect ECG changes only
- This is the one people flip over the ECG for
- Could put V7-9 leads under left scapula
- Suggested by **flattened ST depression in leads V1-3**
- Tall R waves and R:S ratio  $>1$  in V2 (see below)
- Upright T waves
- Complete LCx occlusion will cause inferoposterolateral MI  
i.e. STE in II, III, aVF, V4-6 (& V7-9) and STD in V1-3



Posterior STEMI: ST depression V1- V3 with dominant R wave in V2 and upright T waves