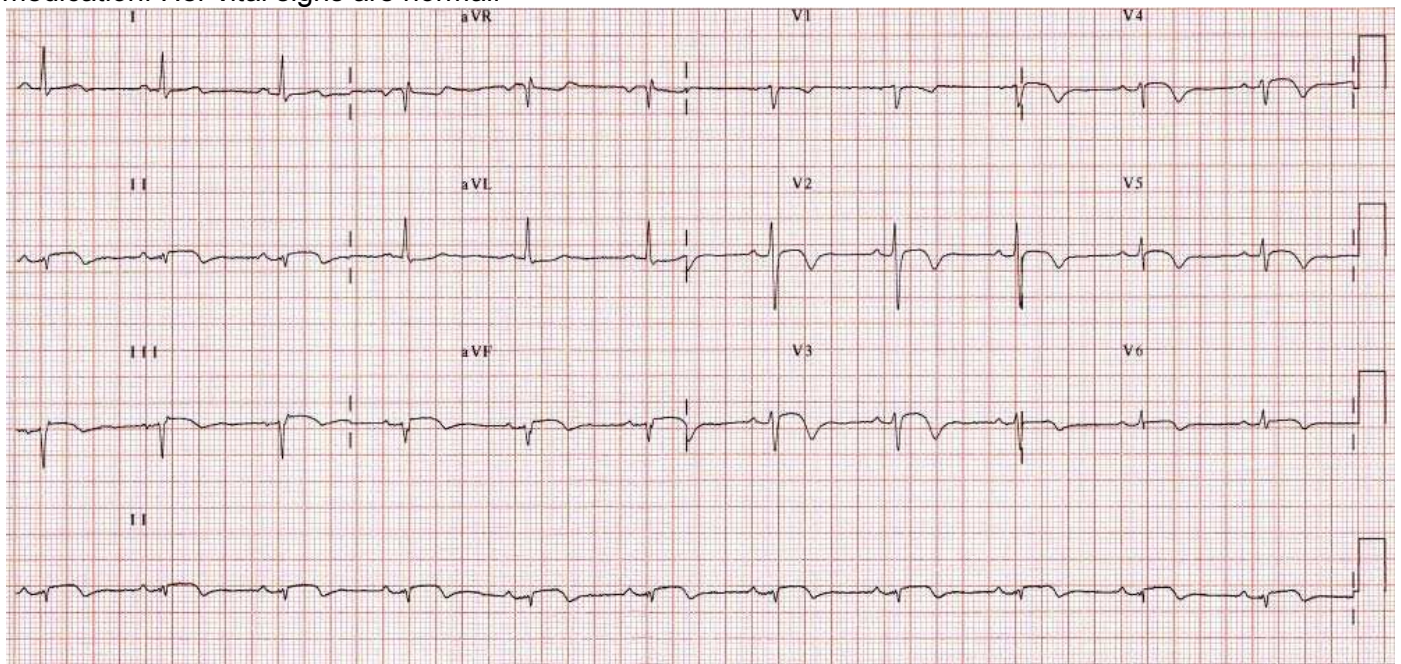


## VAQ 2009.2.1 (ECG)

A 57 year old woman presents with an episode of 8 hours central chest pain which resolved spontaneously two hours ago. She has a past history of type 2 diabetes mellitus and is on no regular medication. Her vital signs are normal.



Describe and interpret her ECG (100%)

This ECG shows widespread ischaemic changes suggestive of evolving ST elevation myocardial infarction involving the inferior, anteroseptal and lateral heart. Similar anterior changes can also be seen with Wellen syndrome (critical LAD stenosis and impending MI). These anterior changes would typically be caused by a LAD lesion, while inferior changes are typically seen with RCA lesions. Although the ECG meets criteria for thrombolysis in the inferior leads, this is not indicated as she is now pain free.

Rate – 66 bpm

Rhythm – sinus

Axis – leftward

### Waves

P – normal

Q – no pathological Q waves seen (slight upward deflection initially in inferior leads)

R – poor R wave progression

S – no diagnostic features

T – T wave inversion II, III, aVF, V1-6

U – not present

### Intervals

PR – normal

QRS – narrow complex

ST – 1-2mm inf elevation (II, III, aVF); 1-2mm (only 1 lead with 2mm – V3) elevation V2-6; ischaemic morphology

QT – normal

Other causes for widespread ST elevation (pericarditis, LV aneurysm) not typical

### Need all in bold to pass

**Rate approx 65, Sinus rhythm, Left axis deviation**

**Description of inferior and anterior changes**

**T wave inversion**

**ST elevation**

**Recognition of ischaemia**

**STEMI and widespread nature of it**

**Mention of Wellen syndrome and clinical significance**