

ACUTE MYOCARDIAL INFARCTION

(Revised: December 2020)



- Acute myocardial injury may present with raised ST.
- Commonly, this is an acute ischaemic injury.
- ST elevation is considered significant when >1mm in the limb leads, >2mm in the V leads, and/or >0.5mm in the posterior leads, in greater than 2 contiguous leads.
- Infarction can present as a pathological Q wave (older sign of full thickness infarction: ≥ 0.04 mm wide, and deeper than 25% of the height of the R wave).
- Infarction may also present with T wave changes:
 - ⇒ inverted
 - ⇒ large, “hyperacute”.
- ST depression may indicate myocardial ischaemia, and occasionally myocardial infarction.
- ECG changes with reliable or suspicious clinical story may indicate myocardial ischaemia / infarction.

I lateral	aVR	V1 septal	V4 anterior
II inferior	aVL lateral	V2 septal	V5 lateral
III inferior	aVF inferior	V3 anterior	V6 lateral

INFARCTION OVERVIEW

SITE	INDICATIVE LEADS
Inferior	II, III, aVF
Septal	V1, V2
Anterior	V3, V4
Antero-septal	V1, V2, V3, V4
Lateral	I, aVL, V6 (V5)
Antero-lateral	I, aVL, V3, V4, V5, V6
Right ventricular	V3R, V4R, V5R, V6R (usually seen with inferior changes)
Posterior	Reciprocal changes – anterior leads (V3, V4) Indicative changes – V8, V9