Detect the Infarct-related Artery by ECG

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Infarct-related artery

- Left anterior descending artery (LAD):
 44%~56%
- Right coronary artery (RCA): 27%~39%
- Left circumflex coronary artery (LCX): 17%

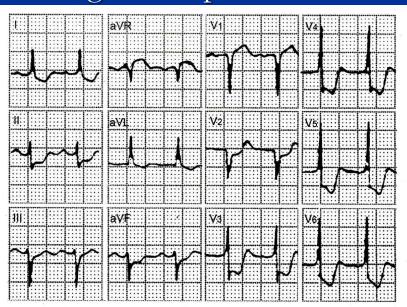
Localization of Ischemia or Infarction

ECG Leads	Regions	Culprit Lesion
$V_1 \sim V_3$	Anteroseptal or Apical	LAD
$V_3 \sim V_5$	Anterior Wall	LAD
I. aVL . V_5 . V_6	Lateral Wall	Diagonal or LCX
II、III、aVF	Inferior Wall	RAC or LCX
$V_7 \sim V_9$	Posterior wall	RAC or LCX
$V_{3R} \sim V_{5R}$	Right Ventricle	RAC

Occlusion of left main coronary artery

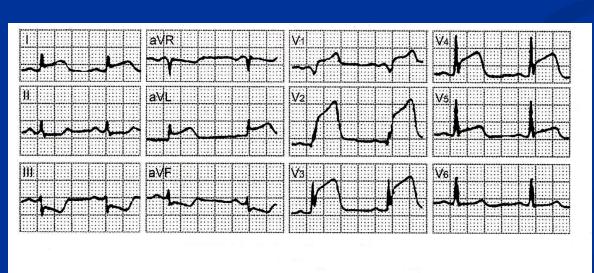
- ST-segment elevation in lead aVR
- $ST_{aVR} \uparrow > ST_{V1} \uparrow$

• ST-segment depression in lead I、II、V4 to V6



Proximal occlusion of the LAD

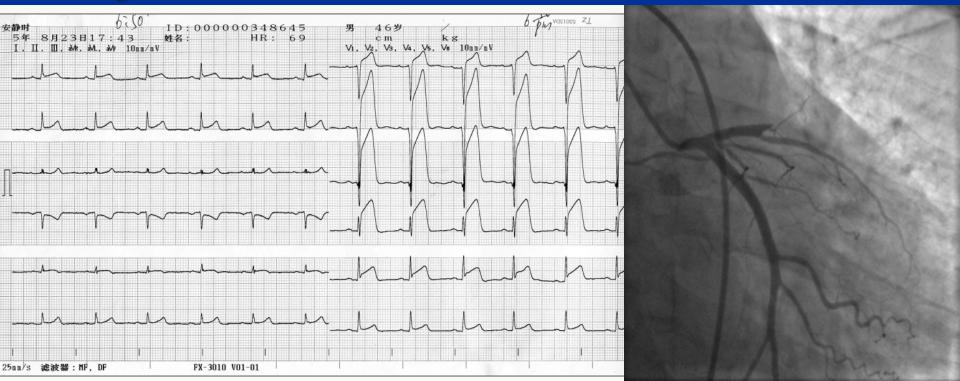
- ST-segment elevation in V1, V2, V3 and aVL
- ST-segment depression of more than 1 mm in lead II、III and aVF
- Q wave disappearance in aVL
- $ST_{III} \downarrow > ST_{aVL} \uparrow$
- New RBBB with a Q wave preceding the R wave in lead V1





Mid or distal occlusion of the LAD

- ST-segment elevation ≤3.2mm in V2
- A new Q wave in V4~V6
- Without significant inferior ST-segment depression or STsegment elevation in lead II、III and aVF

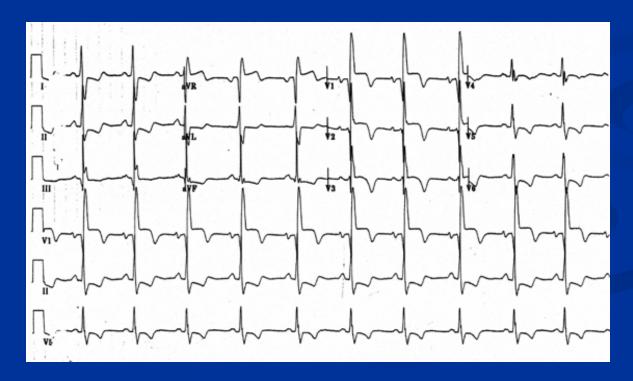


Occlusion of the 1st diagonal

- ST-segment elevation in aVL and V2
- ST-segment depression in lead III、aVF

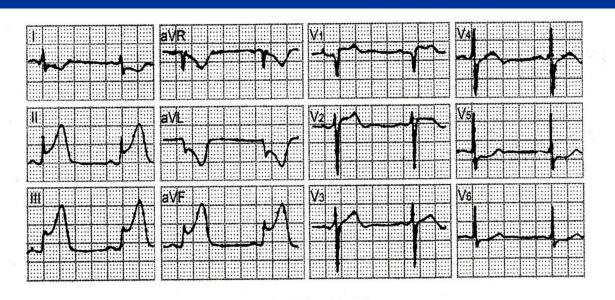
Occlusion of the LAD septal perforator

- ST-segment elevation in aVR
- ST-segment depression in lead V5
- Q wave disappearance in lead I aVL
- RBBB



Proximal occlusion of the RCA

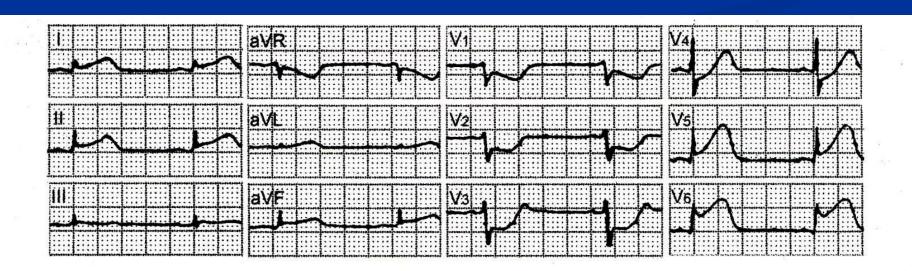
- Greater ST-segment elevation in lead III than in lead II
- ST-segment depression of more than 1 mm in leads I and aVL
- $\overline{ST_{V3}} / \overline{ST_{III}}$ < 0.5
- right ventricular infarction





Proximal occlusion of the LCX

- Greater ST-segment elevation in lead II than in lead III
- ST-segment elevation in lead I and aVL
- ST-segment depression in lead V1 to V3
- $ST_{V3} \downarrow / ST_{III} \uparrow > 1.2$



Limitations

- Large individual variations in coronary anatomy
- The presence of preexisting coronary artery disease
- Collateral circulation