# Electrocardiography Section II: Infarction and Pseudo-Infarction Prinzmetal's Variant Angina

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## Myocardial Infarction and Ischemia

- Ischemia is tissue receiving insufficient blood supply
- If the ischemia is persistent, it results in the death of the tissue – infarction
- If the ischemia is transient or promptly reversed (angioplasty or thrombolytic agents), there may be very little or no permanent damage



#### **ST-T Wave Shifts**

- Whether an event is an infarct or reversible ischemia cannot be identified from an isolated single ECG
- One needs to observe the evolution over time
- Acute interventions with catheterization, angioplasty and stents has reduced the severity of most MI's where the patient has access to a major medical center



### **ST-T** wave shifts

- ST segment depression represents subendocardial ischemia or infarction
- ST segment elevation represents transmural ischemia or infarction
- There are both STEMI and non-STEMI infarctions

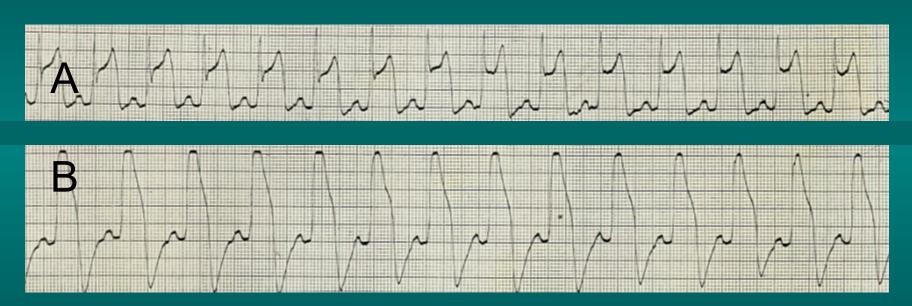


### **Clinical Presentation**

- 48 year old woman with classic ischemic quality chest pain but occurring at rest and not exertion
- Resting ECG when asymptomatic is NORMAL
- Premenopausal, non-smoker, normal BP, negative FH, Total Cholesterol 156, HDL 60
- c/o recurrent 8/10 crushing precordial chest pain – brought to ER during one episode



## Presenting Rhythm Strip during Chest Pain

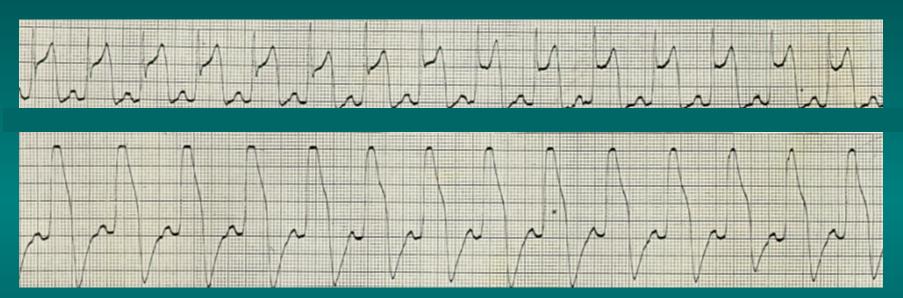


Sequential rhythm strips – same lead.

From A to B, the chest pressure markedly increased



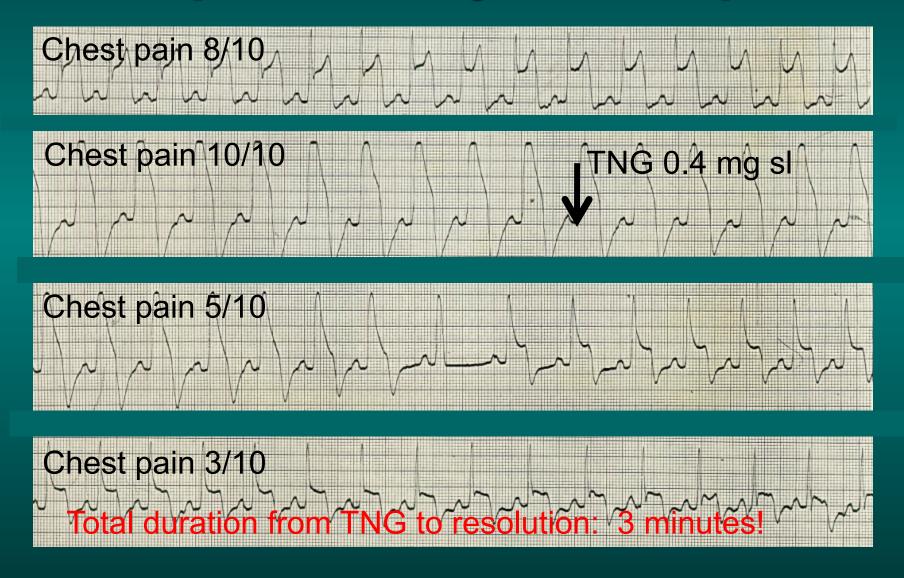
### What should be done now?



- A. Emergency cardiac cath and PTCA/Stent
- **B. tPA (thrombolytic therapy)**
- C. Sublingual nitroglycerine
- D. IV morphine



### Sequential rhythm strips



### Diagnosis

- Prinzmetal's Variant Angina (coronary vasospasm)
- Cardiac catheterization
  - Normal LV function
  - Clean coronary arteries
  - LAD spasm induced with ergonovine
- Rx:
  - Sublingual TNG on prn basis
  - Nifedipine (Calcium Channel Blocker)



#### Lesson

- ST segment elevation simply means transmural ischemia
- The patient's subsequent course determines if this will be an infarct or transient ischemia
- Ischemia resolves with no permanent damage
- Infarct evolves with sequential ST-T changes and development of Q waves



