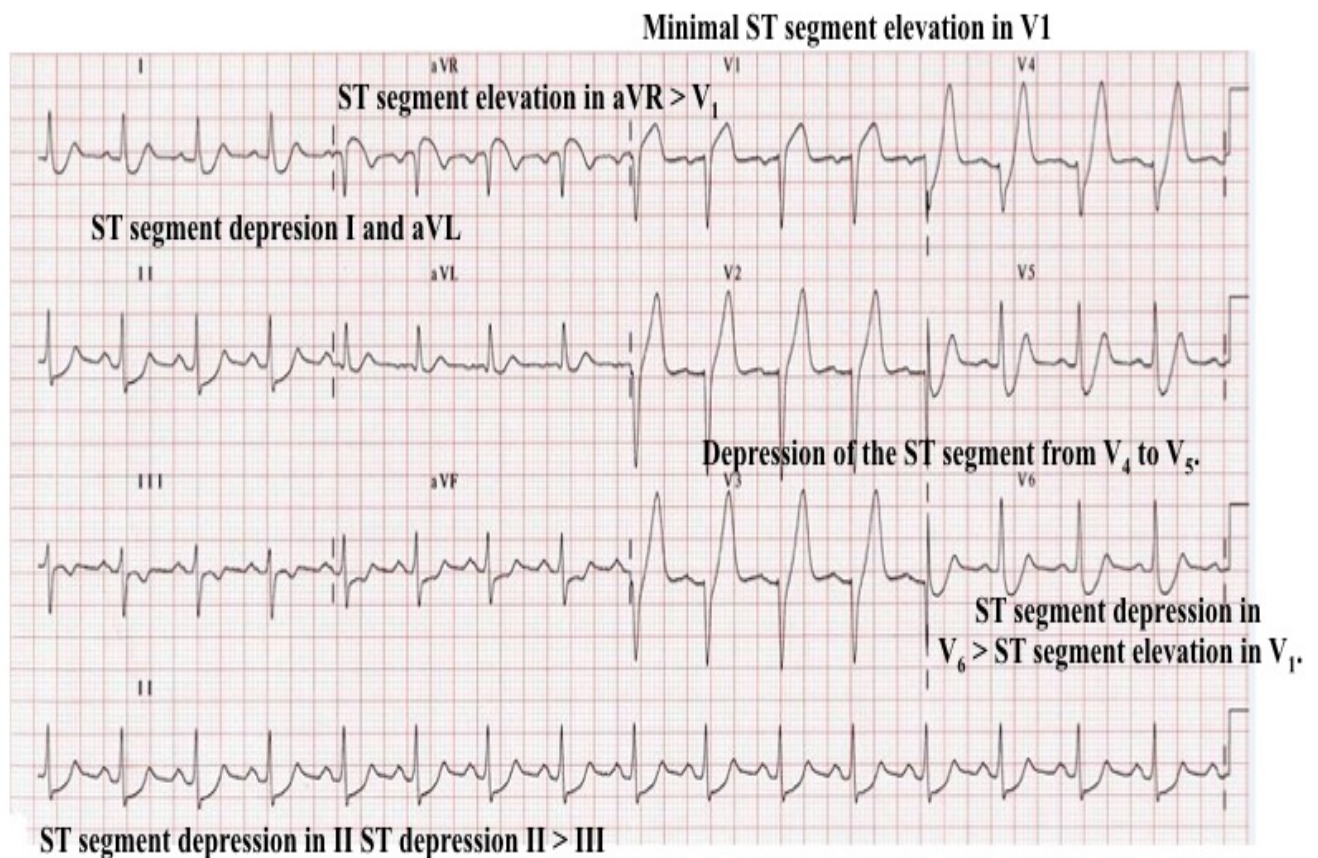


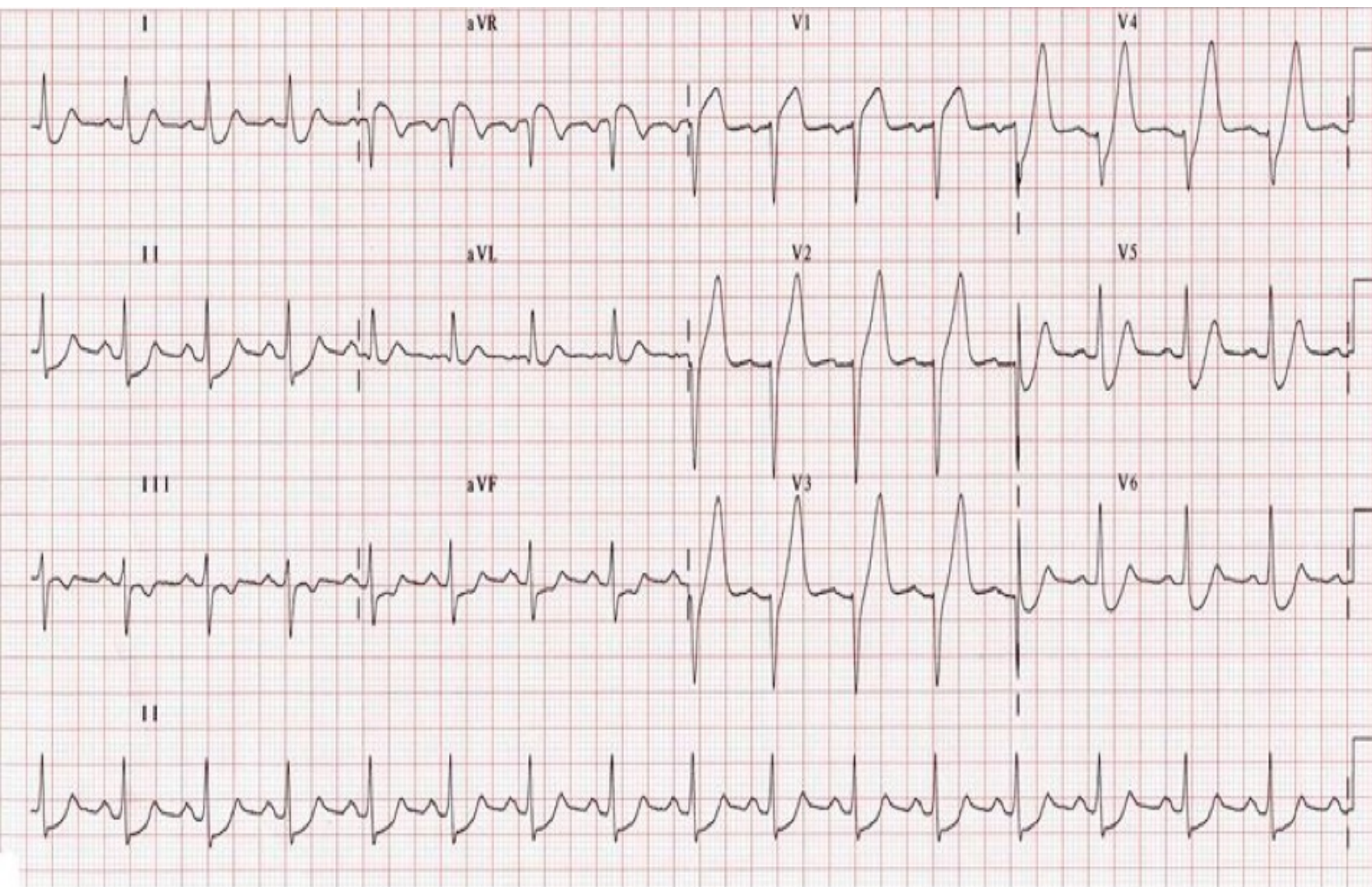
48-year-old male patient with ACS due to occlusion of the main left coronary artery -2016

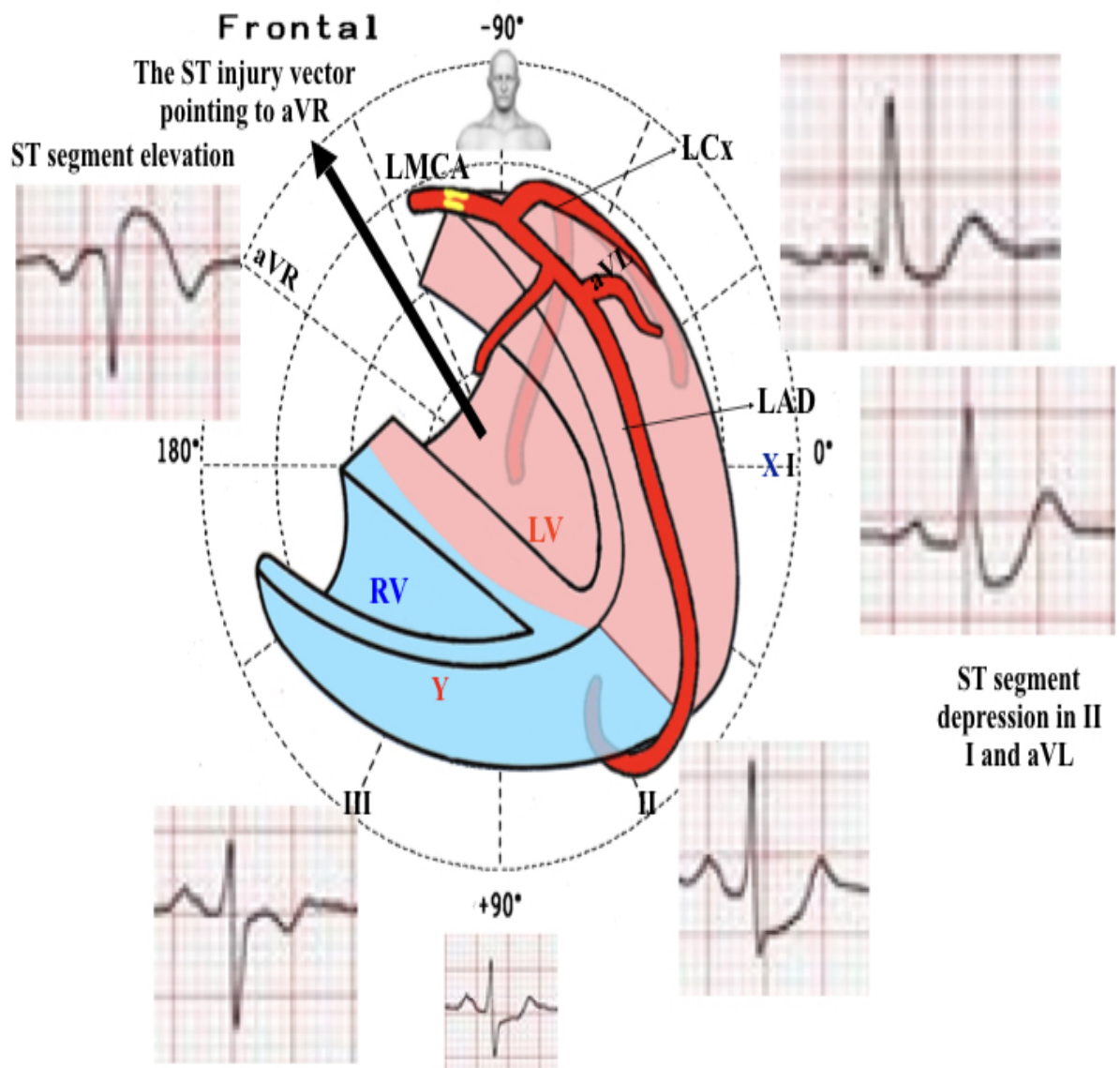
Lic. Javier García Niebla & Dr. Andrés R. Pérez Riera

Typical ECG pattern of LMCA occlusion: Diffuse ST segment depression in the inferolateral leads

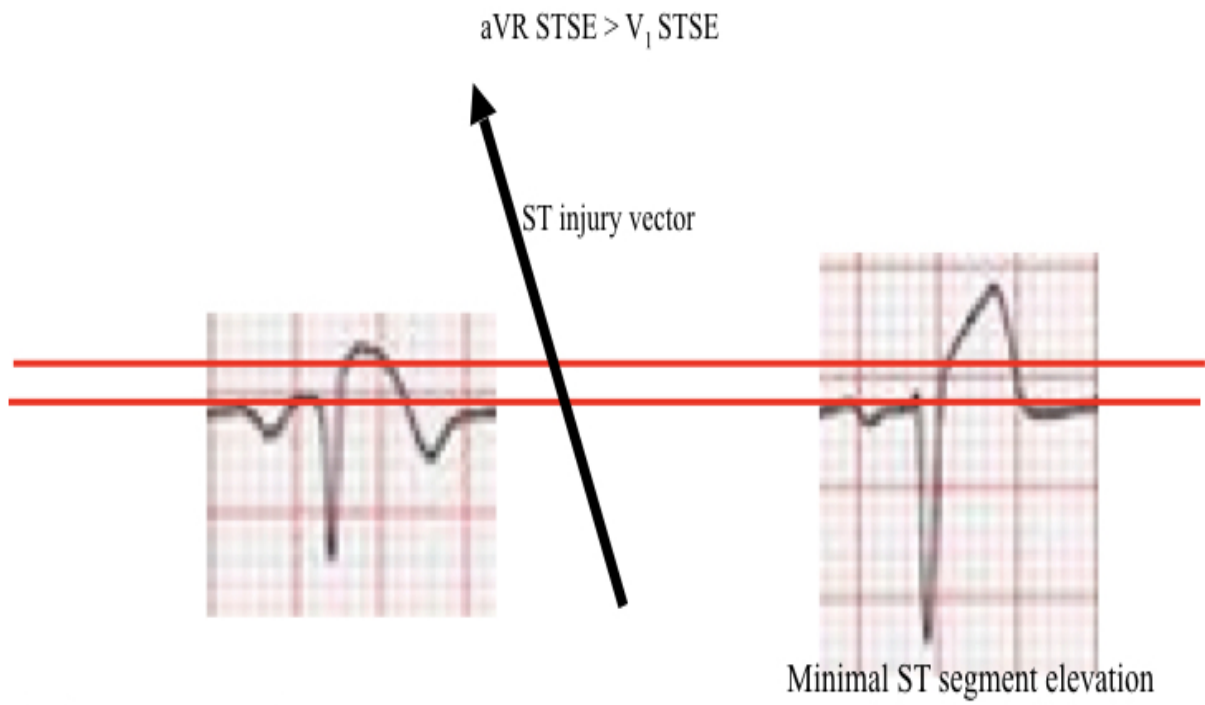


Why this pattern is observed?



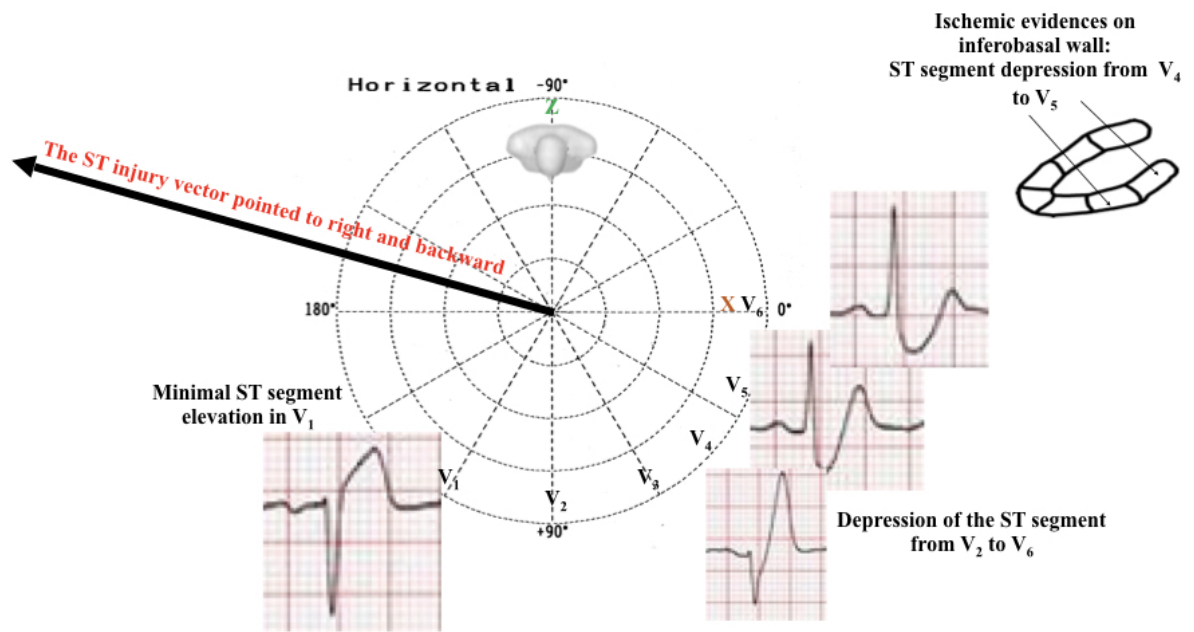


ST segment depression in inferior leads ST depression II>III



ST segment elevation in $aVR > V_1$. Why?

Because the ST injury vector is directed to upward and rightward, pointing to aVR lead (RVOT)



LMCA occlusion ECG criteria

- ST segment elevation in aVR, and V₁
- ST segment elevation in aVR > V₁
- Ischemic evidences in inferobasal* wall: depression of the ST segment in II and from V₄ to V₅
- ST segment depression in II or in inferior leads II>III
- Depression of ST segment in V₆ > ST segment elevation in V₁
- Diffuse ST segment depression in the inferolateral leads
- Eventually observation of RBBB, LAFB and/or LSFB.

