Case Report

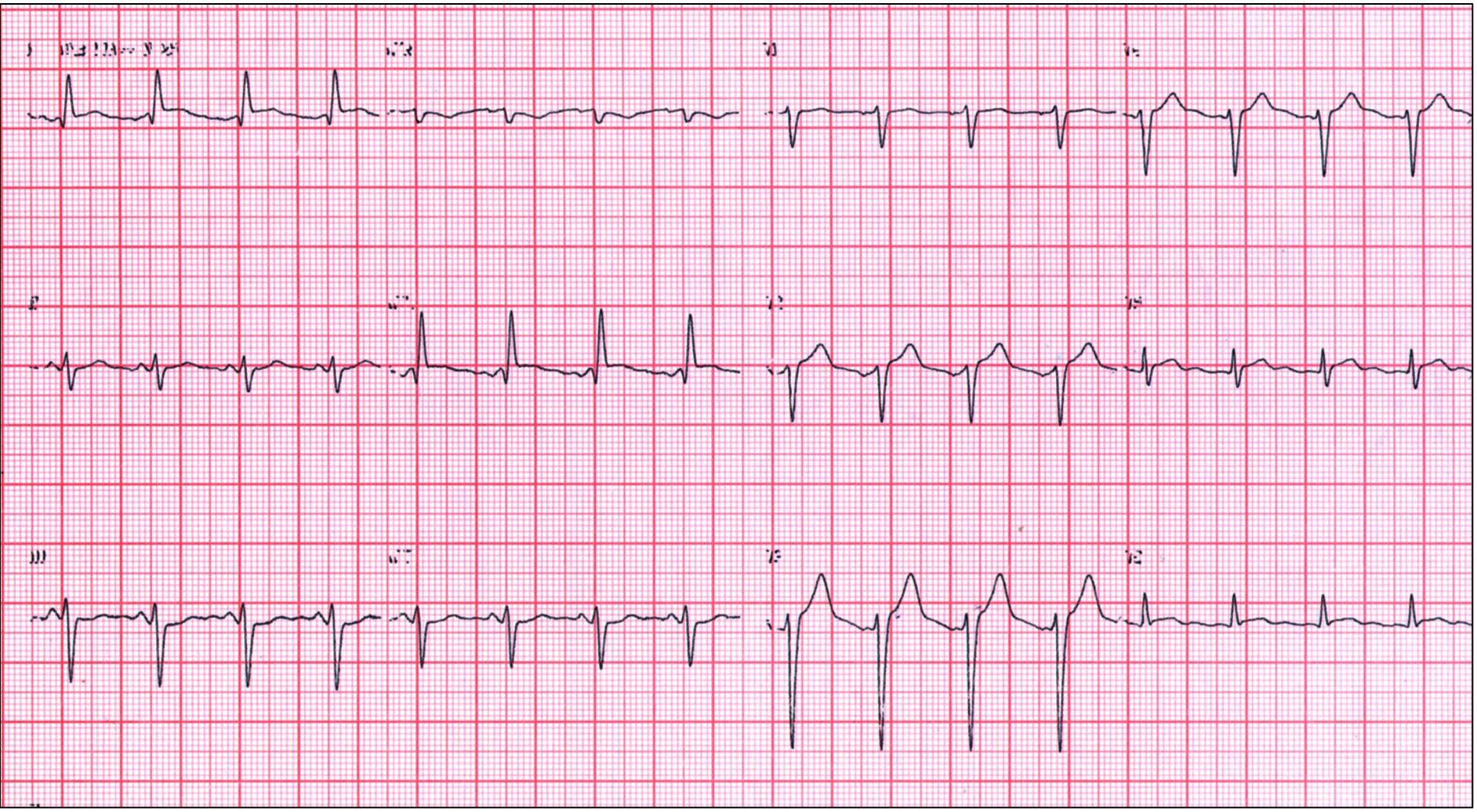
72-year-old male patient, admitted with Acute Coronary Syndrome (ACS) and ST segment elevation (STE-ACS).

ECG CHRONOLOGIC EVOLUTION

- **72-year-old male patient, admitted with clinical picture of ACS and ST elevation (STE-ACS).**
  - ECG1 - admittance
  - ECG2 - 6 hours later
  - ECG3 - after primary angioplasty.
- **The presence of elevated ST in I and VL could suggest: ADA occlusion, Mg of the left circumflex (LCX) or first diagonal artery.**
- **In this case, which is the culprit artery?**

  Later we will present the result of the coronary angiography.

ECG1 - Admittance



Extreme left axis deviation: Left Anterior Fascicular Block (LAFB): SÂQRS - 40^0, SIII>SII, qR in I and VL
Minimal ST segment elevation in I and VL;
Poor progression of r wave on precordial leads;
rV3 > rV4;
Transition zone on precordial leads dislocate to the left (V5).
r waves with low voltage on left leads (V5-V6).

COMMENTARIES

ST segment elevation in I indicates that LCX is the affected artery because the injury vector is directed not only downwards, but also to the left#.

r waves with low voltage on left leads (V5-V6) is observed in lateral B1 MI (most probable place of occlusion LCX).

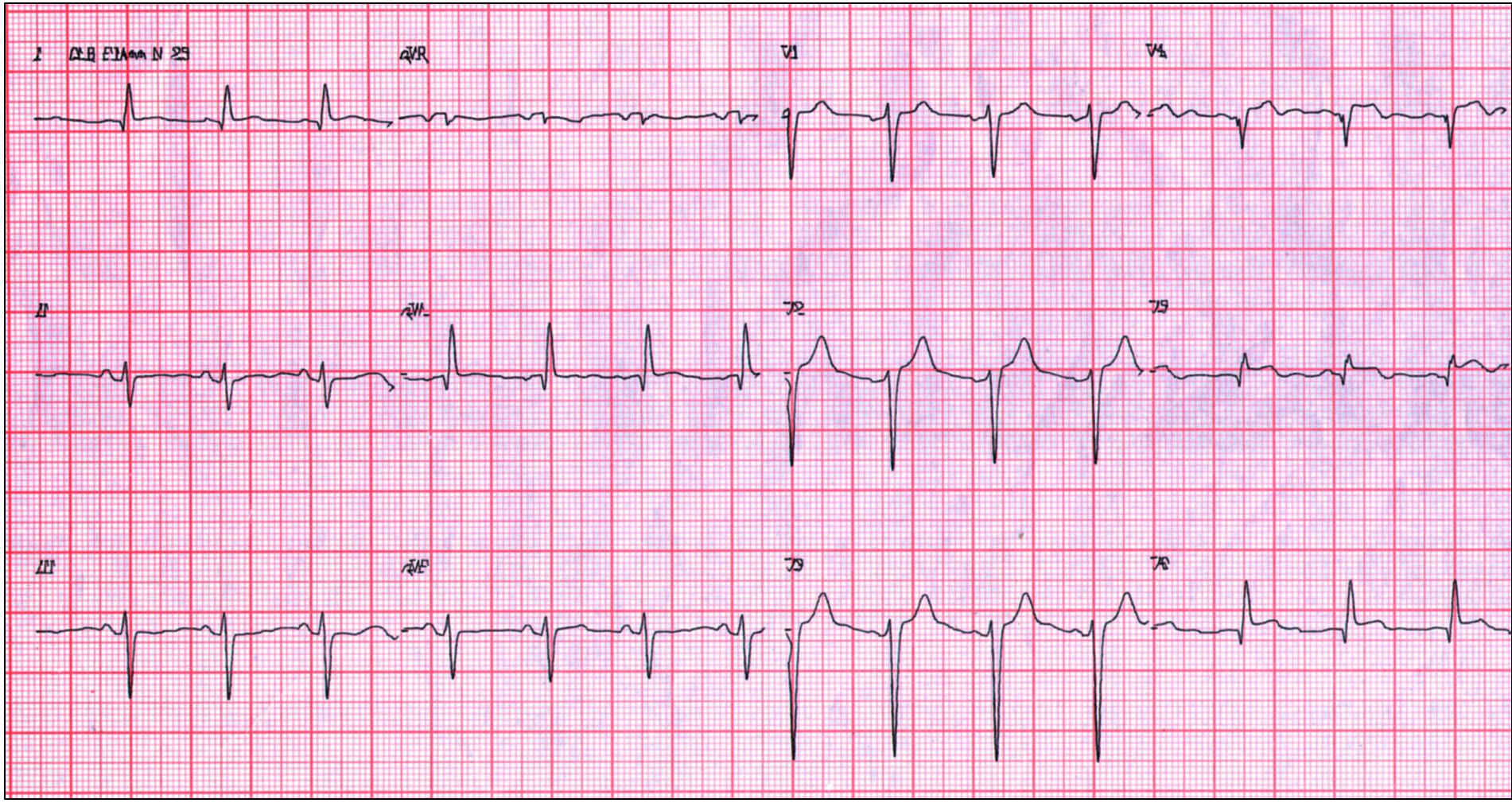
Q wave in I and VL could be manifestation of Mid-anterior MI A4, but in this case we think that initial q waves in I and VL are secondaries to LAFB(CCW rotation of QRS loop on frontal plane)

 # Observation: Only in the cases of extreme dominant RCA or LCX have found that this rule may fail[1].

Conclusion: B1 MI or lateral MI.

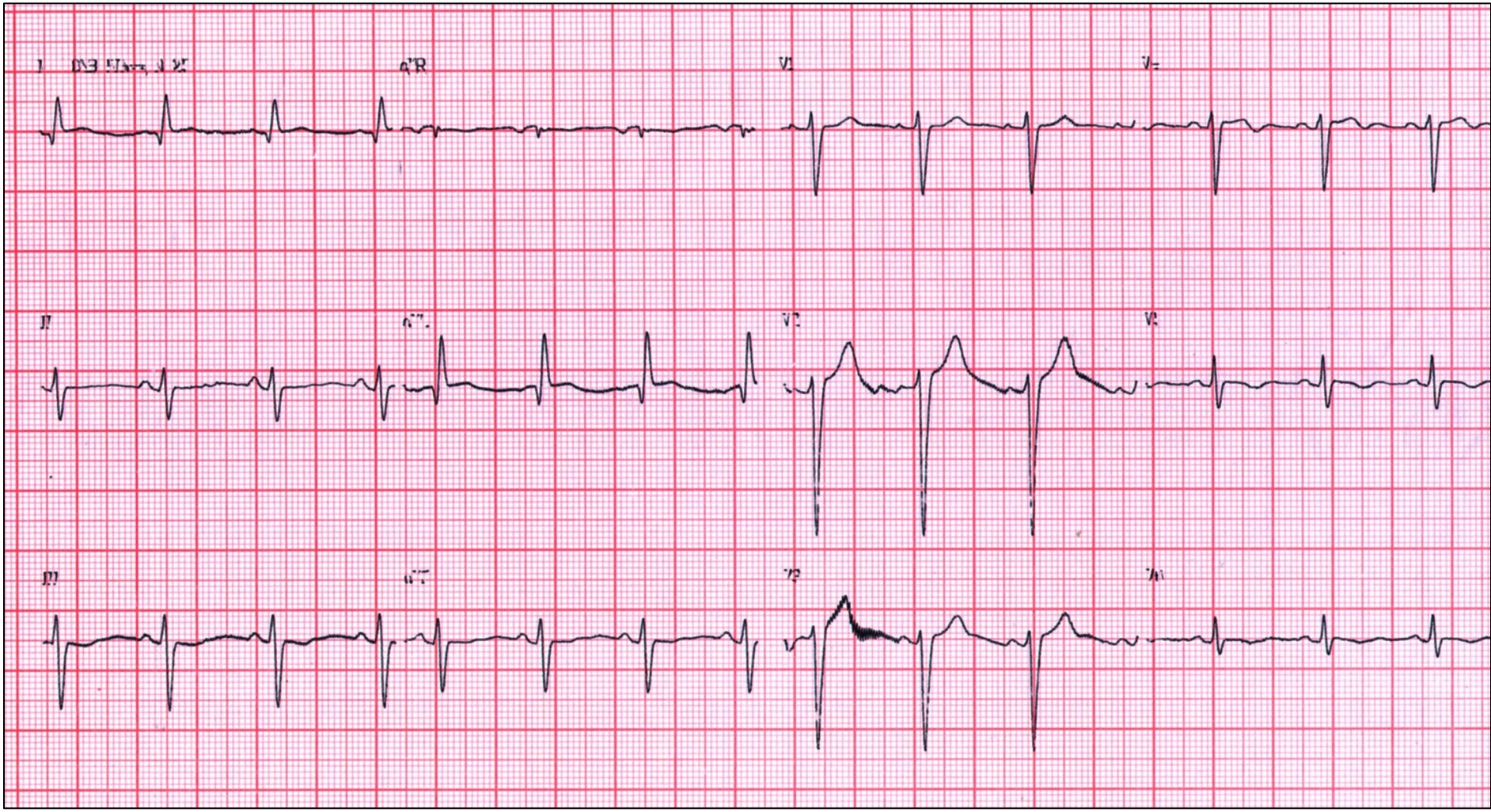
1) **Bayés de Luna A, Basic Electrocardiography. Normal and Abnormal ECG Patterns. Chapter 11.**

ECG2 - 6 hours later



LAFB
Pathologic initial Q wave from V4 to V6.
ST segment elevation from V4 to V6 and minimal in I and VL.

ECG3 - after successful primary angioplasty



T wave inversion from V4 to V6: lateral wall subepicardial ischemia.