

# ECG #30

A 73-year-old man presents to the emergency department complaining epigastric pain occurring approximately 1 hour previously whilst driving.

Describe and interpret his initial 12-lead electrocardiogram:



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## DESCRIPTION:

- Wandering baseline with interference artefact
- Ventricular rate 52 bpm
- Sinus rhythm/bradycardia
- PR interval 186 ms
- Normal QRS axis ( $-14^{\circ}$ )
- Normal QRS duration (84 ms)
- Poor R wave progression with Q wave formation in precordial leads V1-3
- Downsloping ST segment depression in precordial leads V1-4
- ST segment elevation in postcordial leads V7-9
- Hyperacute T waves in lead II ( $\pm$  aVF), V5-6
- Pathological Q wave formation in the inferior leads (III + aVF)
- QTc 394 ms

## INTERPRETATION:

[Posterior ST Elevation Myocardial Infarction](#) with evidence of inferior wall extension. Confirmation with postcordial leads (V7-9) would be useful (see [Next ECG →](#))

[← Previous ECG](#)

12-lead electrocardiogram repeated with posterior leads V7-9:



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### **INTERPRETATION:**

- Wondering baseline with interference artefact
- Ventricular rate 52 bpm
- Sinus rhythm/bradycardia
- PR interval 194 ms
- Normal QRS axis ( $-14^{\circ}$ )
- Normal QRS duration (88 ms)
- Poor R wave progression with Q wave formation in precordial leads V1-3
- Downsloping ST segment depression in precordial leads V1-3
- ST segment elevation in postcordial leads V7-9
- ST segment depression leads I and aVL
- Probable slight ST elevation III
- Hyperacute T waves in lead II
- Pathological Q wave formation in the inferior leads (III + aVF)
- QTc 394 ms

### **DIAGNOSIS:**

[Posterior ST Elevation Myocardial Infarction](#) with evidence of inferior wall extension.