The STEMI Myth: Coronary Occlusion and High-Risk EKGs that Require Reperfusion

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resusreview.com/RegionsIMMar16
Beware Dichotomies
ACS

NSTEmi

STEMi
Thrombi Dynamic
STE Sensitivity for Occlusion

75%
Ruled in NSTEMI

25% with occlusion
NSTEMI \[\xrightarrow{\text{arrow}}\] NSTEMI w/ High Risk \[\xrightarrow{\text{arrow}}\] STEMI
Reperfusion

- Nondiagnostic ECG, +troonn and ongoing pain
- Subtle ischemic STE
- Hypracute T-waves
- STEMI Mimics
- Dyamic ST segments and T-waves
- STEMI equivalent
Reperfusion

Acute thrombosis in a coronary artery causing persistent ischemia that is refractory to medical management
• Patients at very high risk
• Refractory angina
• Severe heart failure
• Life threatening ventricular arrhythmias
• Hemodynamic instability
Such patients may have evolving MI and should be taken for invasive evaluation (<2H) regardless of ECG or biomarker findings

You can do it just on your clinical suspicion
AHA/ACC 2013 Guidelines

- mm Criteria
- True posterior MI or STE in aVR
TIMACS

16 vs 52 hours
What Do We Do

- Serial ECGs
- Cardiac US
- Proportionality
- Know your ECGs
Hyperacute T-waves
STEMI Mimics

- LVH
- BER
- LBBB
Benign Early Repolarization?
LBBB or MI?
Isolated Posterior Wall MI
Wellens Syndrome
Anterolateral Wall MI
D1 and RI
aVR STE
aVR STE
de Winter Waves
de Winter Waves
de Winter Waves
Pseudo-normalization
Pseudo-normalization