

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

Charles Bruen, MD

[resusreview.com/RegionsIMMar16](https://resusreview.com/RegionsIMMar16)

# resusreview.com

**Treatment  
Left Main  
Disease**

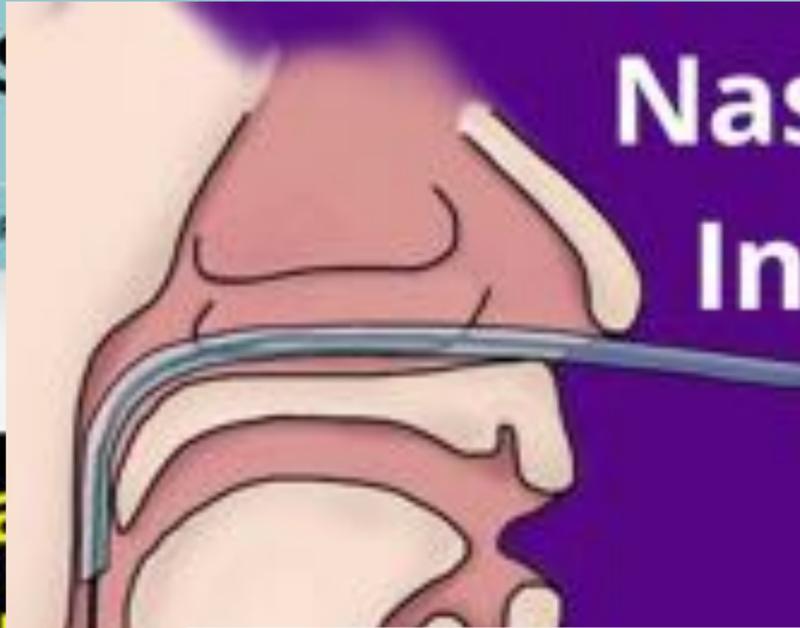
Resus Review

Res

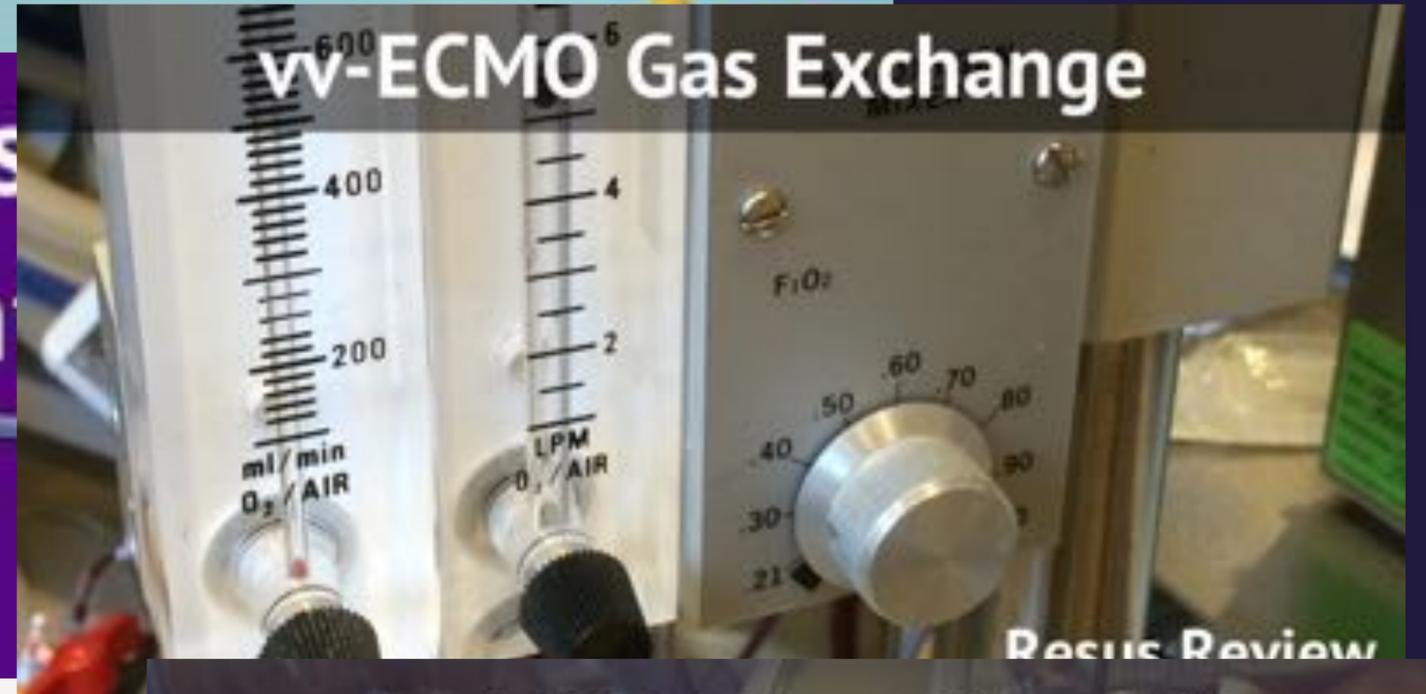
Home

Para  
Reg

Nas  
In



**vv-ECMO Gas Exchange**



**Transcatheter  
Cardiac  
Therapeutics**

**Perc Trach  
Step-by-Step**



Resus Review

**ECMO Safety Checklist**



**Beware Dichotomies**

ACS



NSTEMI



STEMI

# Thrombi Dynamic

# Occlusion vs Obstruction

# STE Sensitivity for Occlusion

75%

Ruled in NSTEMI

25% with  
occlusion

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NSTEMI

STEMI



NSTEMI  
w/ High Risk

# 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

# ESC

- Patients at very high risk
  - Refractory angina
  - Severe heart failure
  - Life threatening ventricular arrhythmias
  - Hemodynamic instability

# ESC

- “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

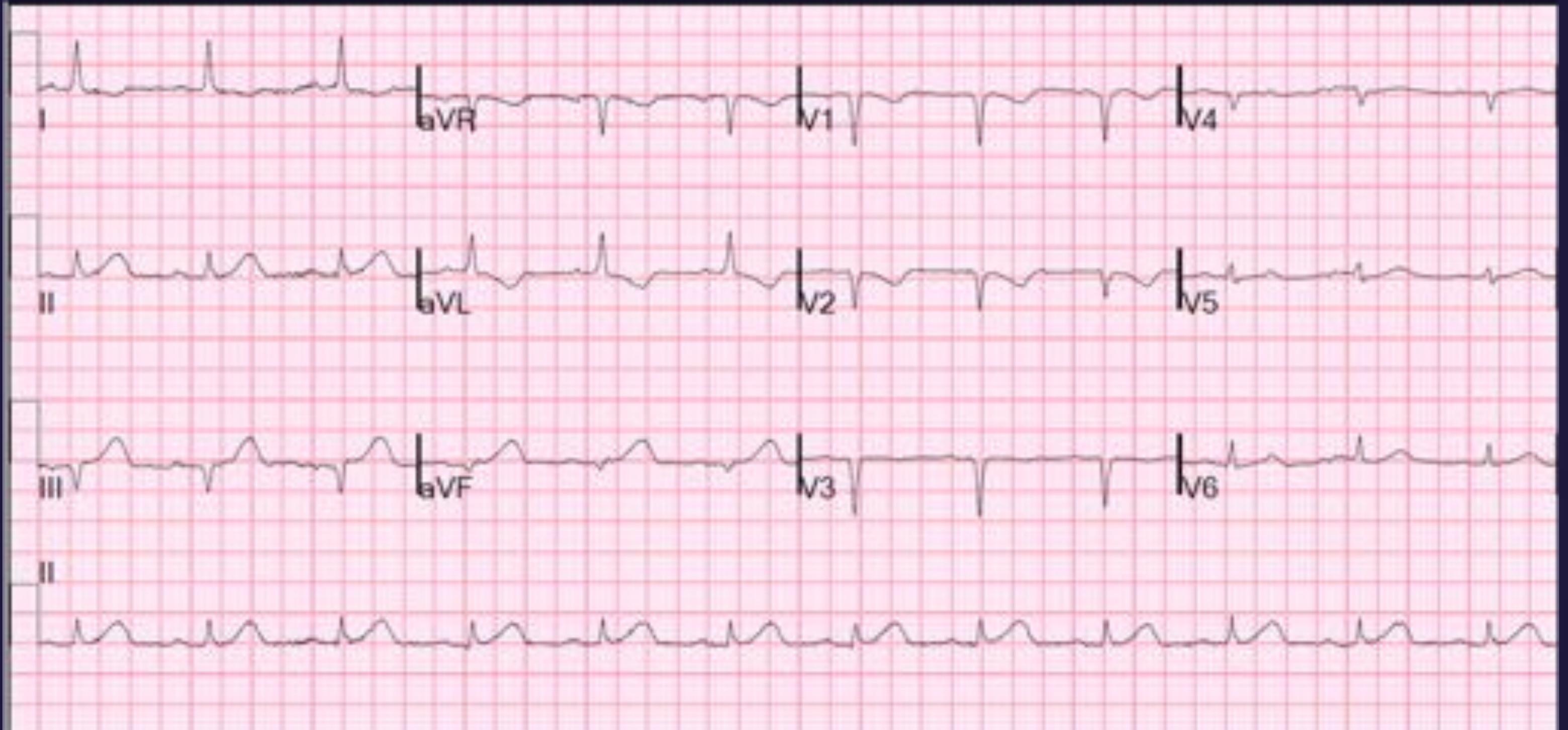
# TIMACS

16 vs 52 hours

# What Do We Do

- Serial ECGs
- Cardiac US
- Proportionality
- Know your ECGs

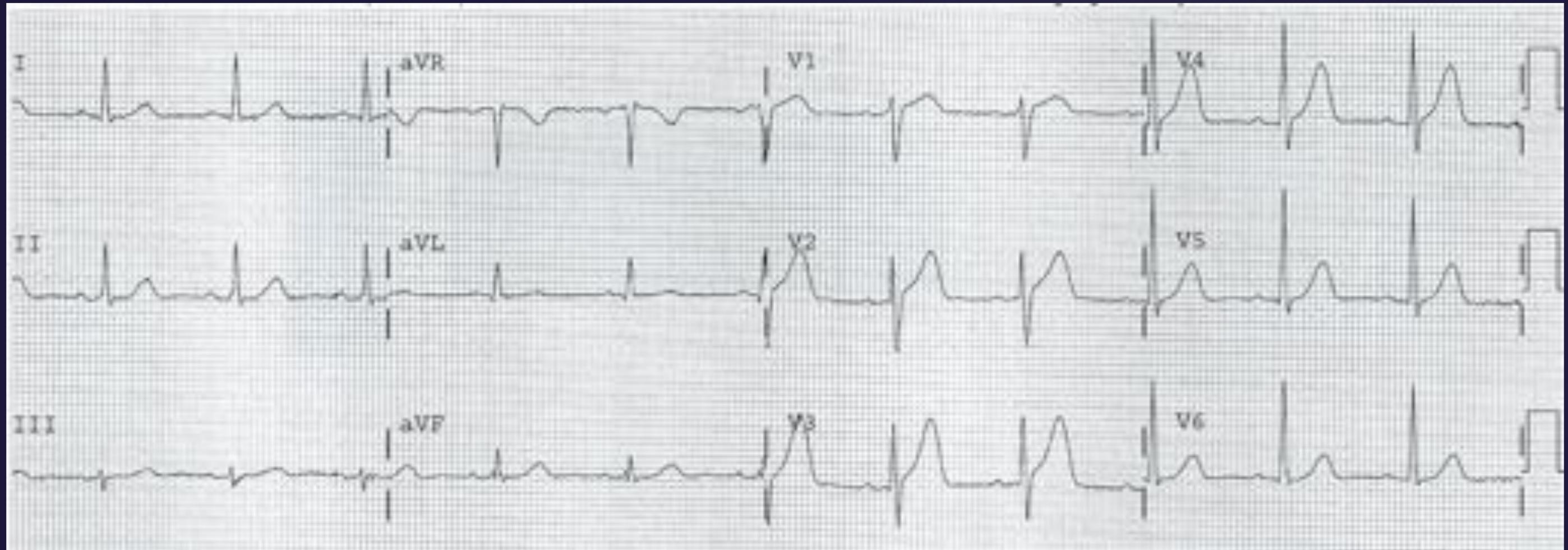
# Hyperacute T-waves



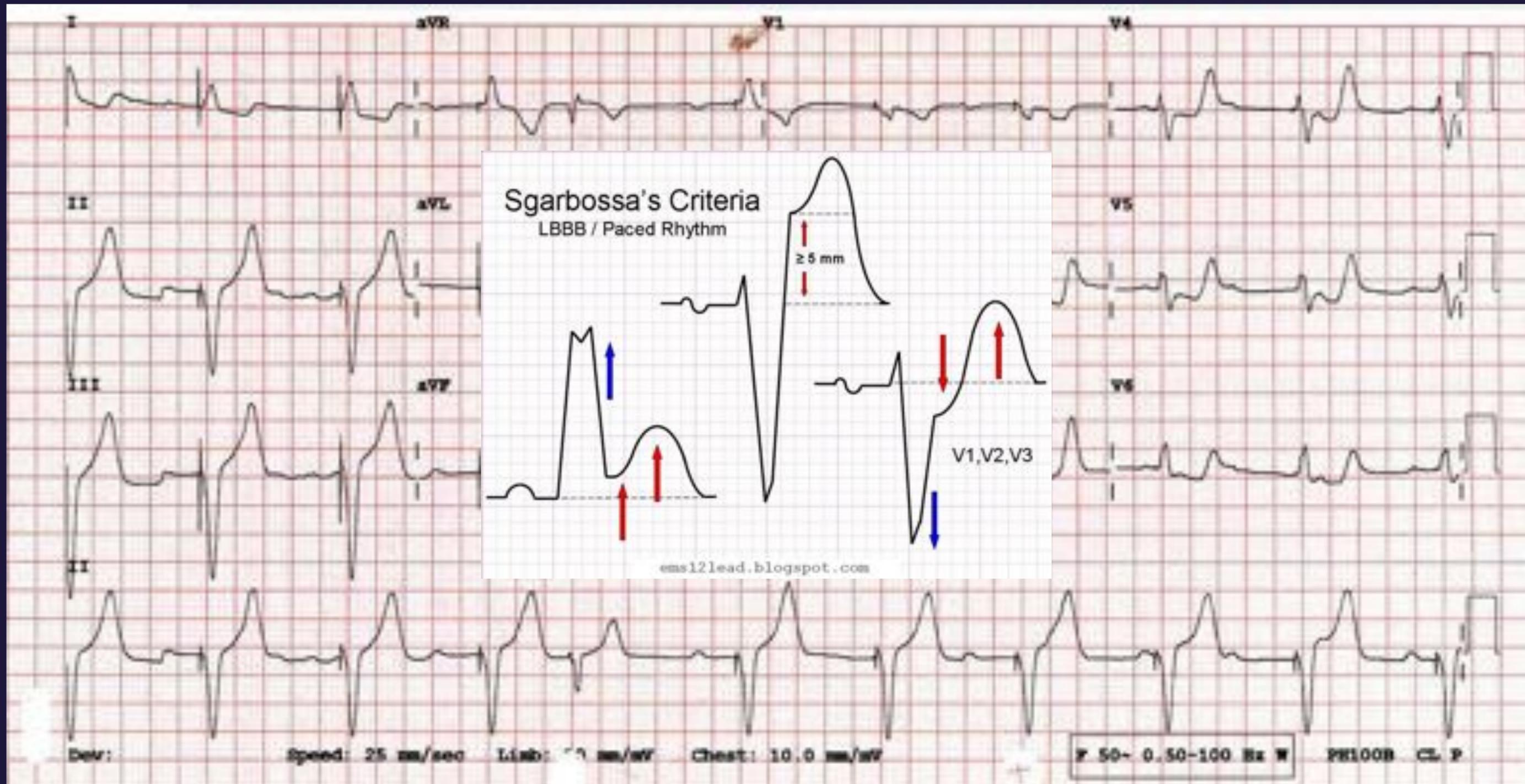
# STEMI Mimics

- LVH
- BER
- LBBB

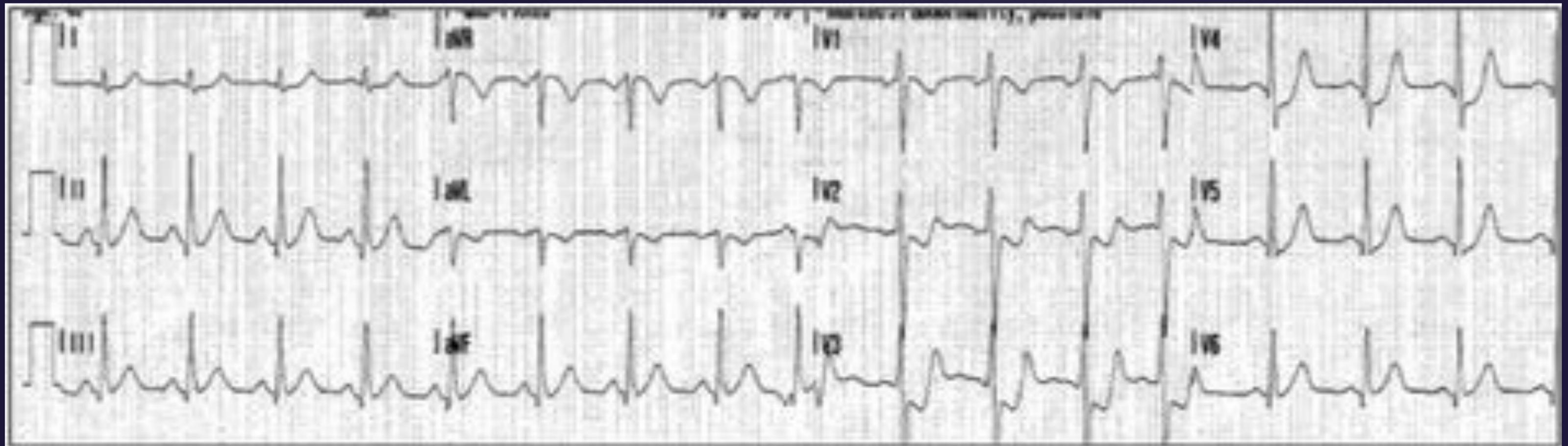
# Benign Early Repolarization?



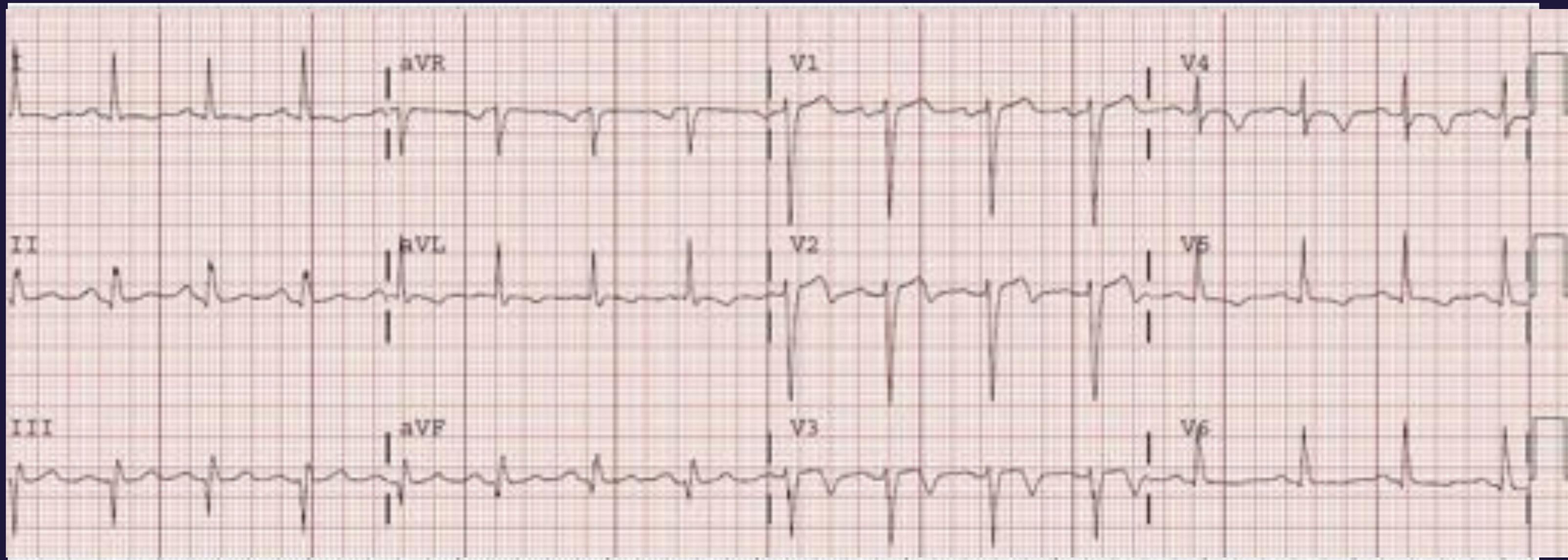
# LBBB or MI?



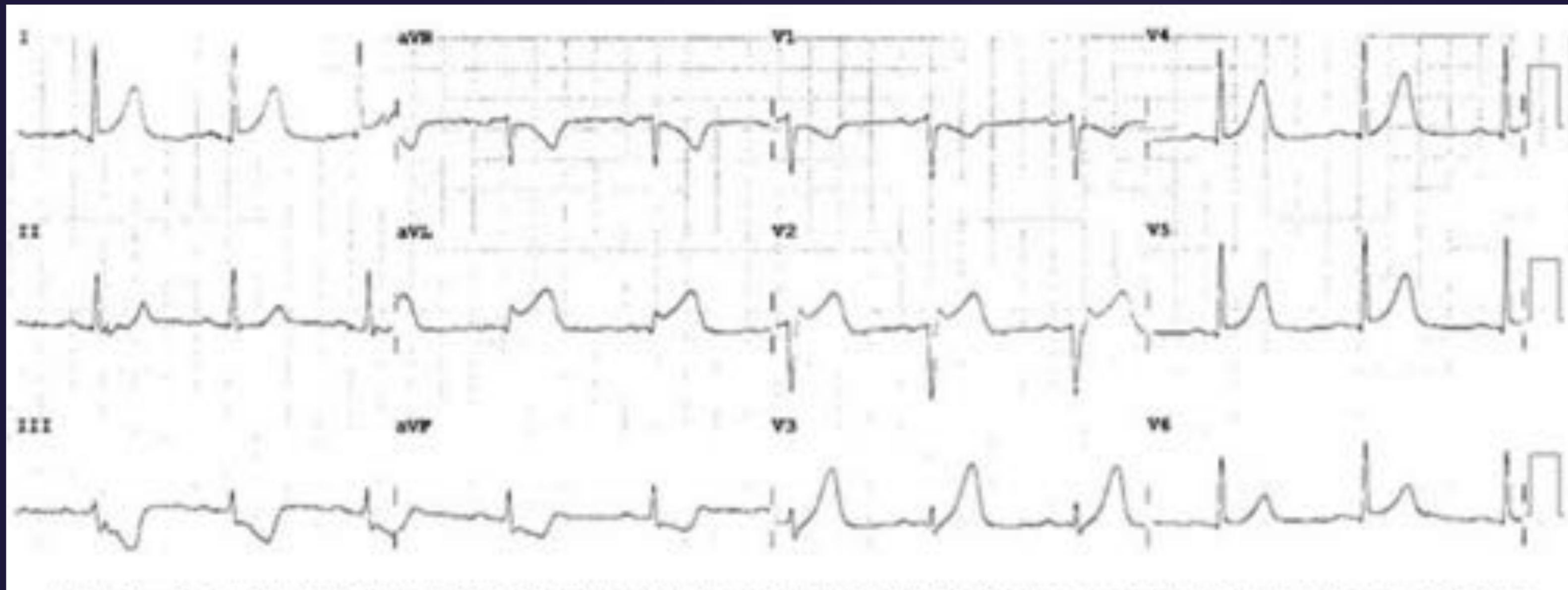
# Isolated Posterior Wall MI



# Wellens Syndrome



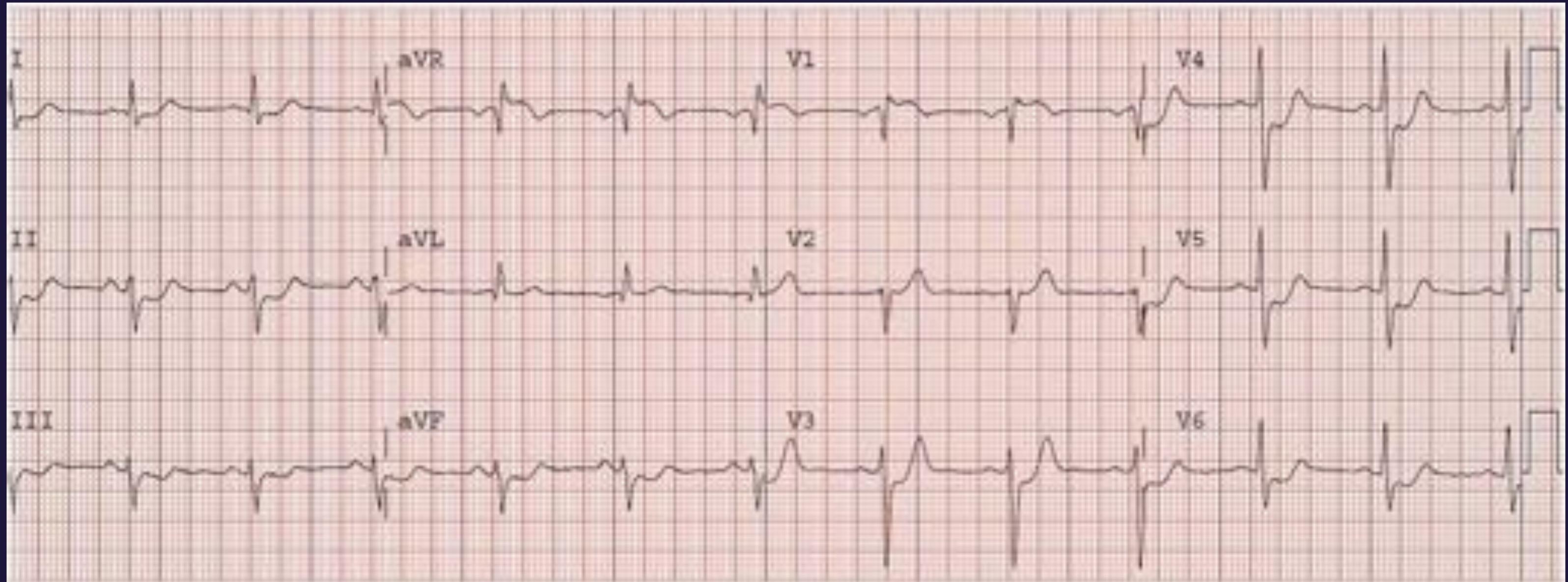
# Anterolateral Wall MI



# D1 and R1



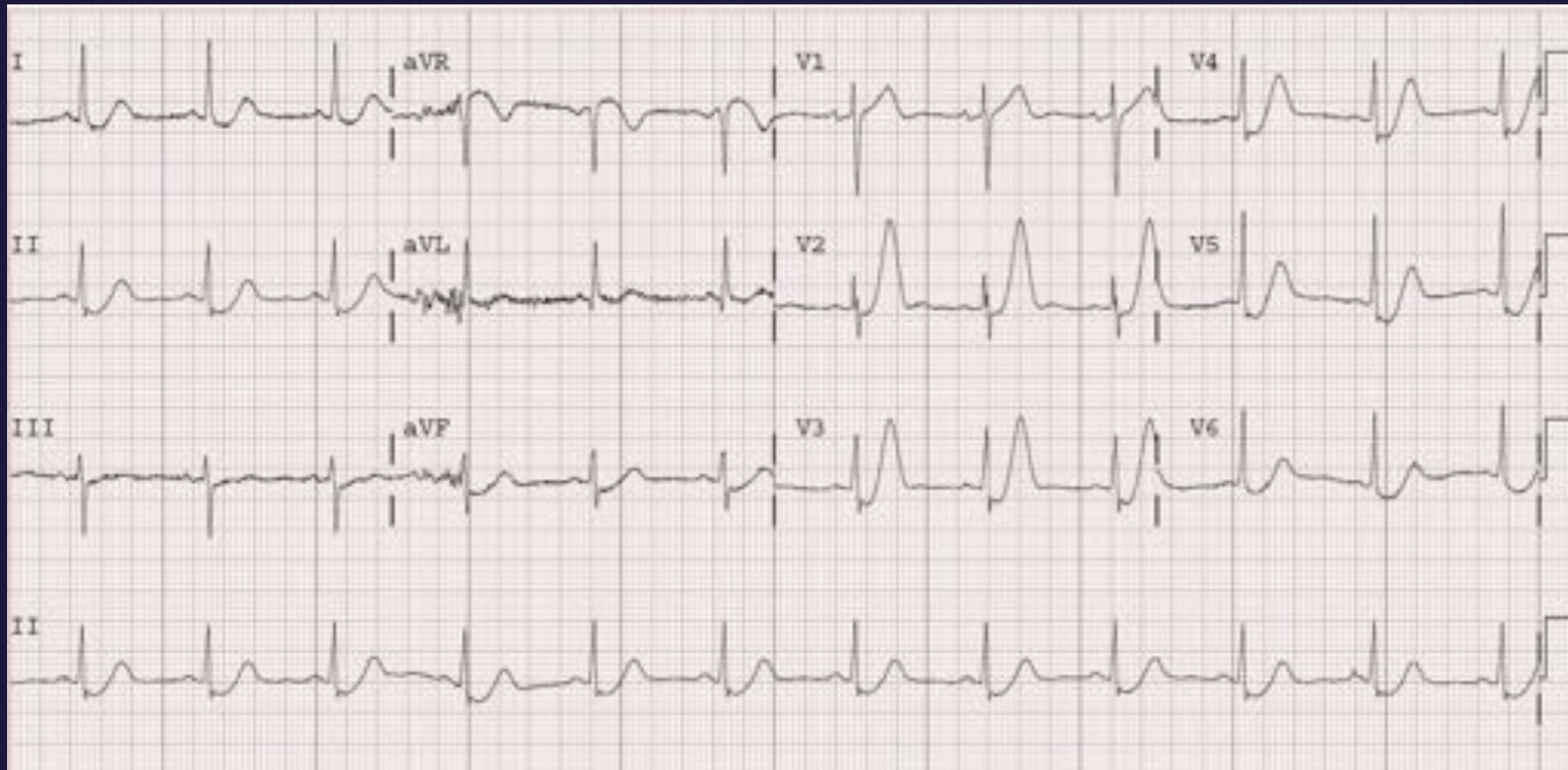
# aVR STE



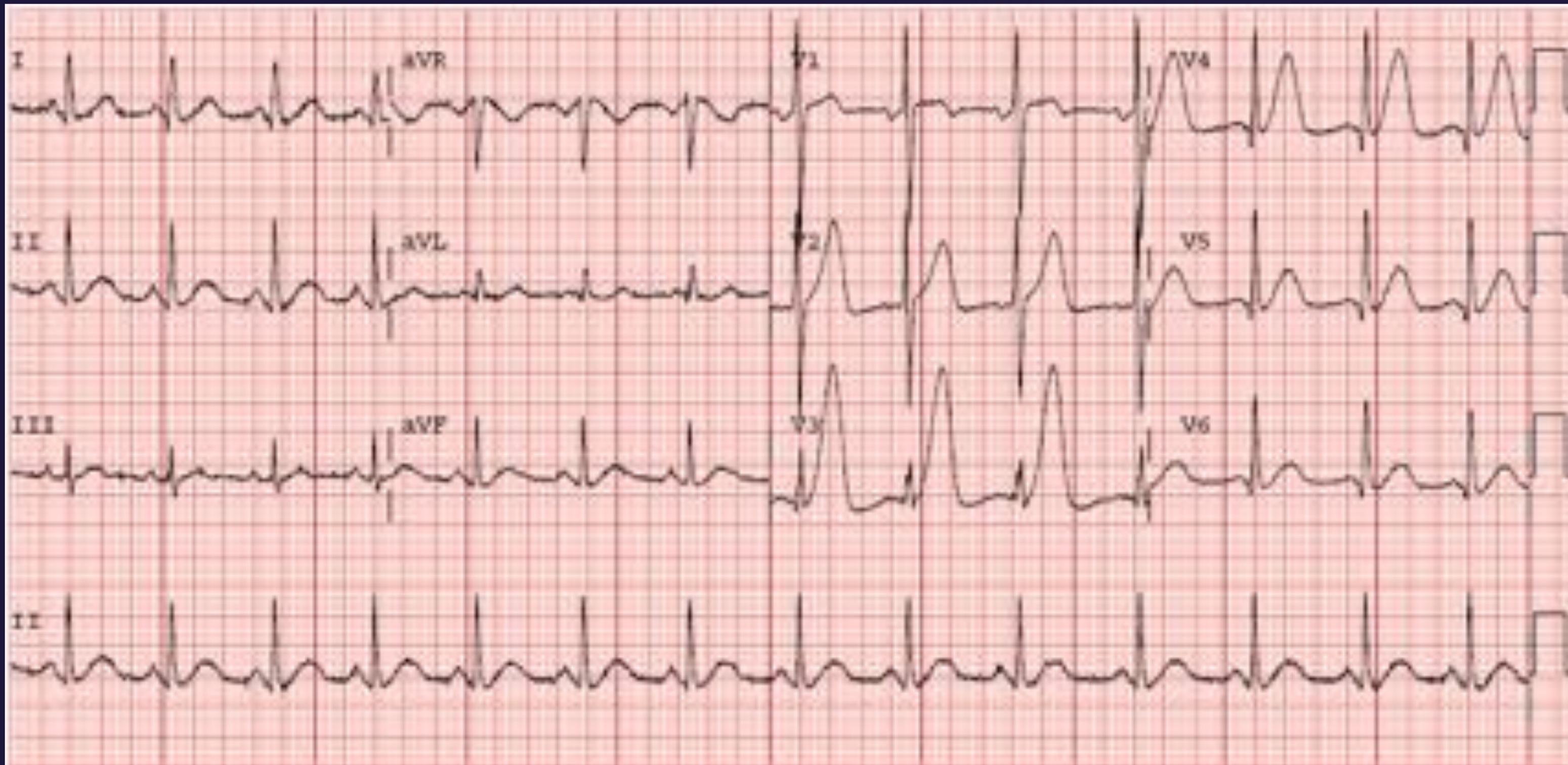
# aVR STE



# de Winter Waves

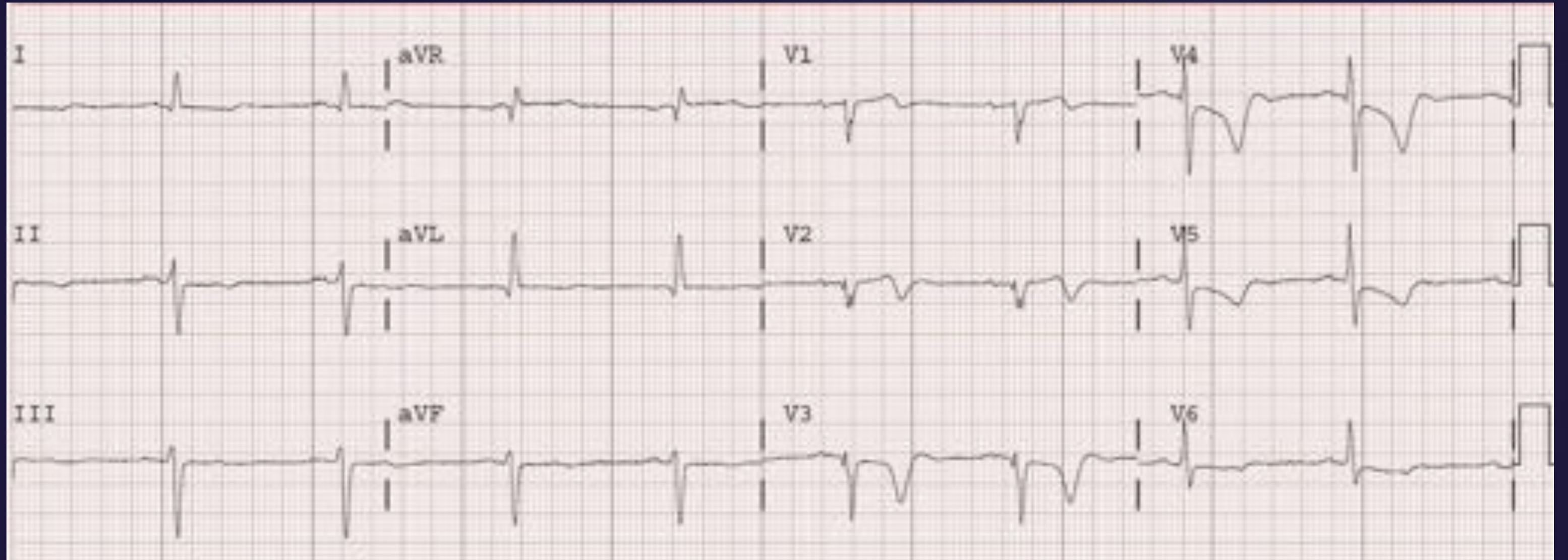


# de Winter Waves





# Pseudo-normalization



# Pseudo-normalization

