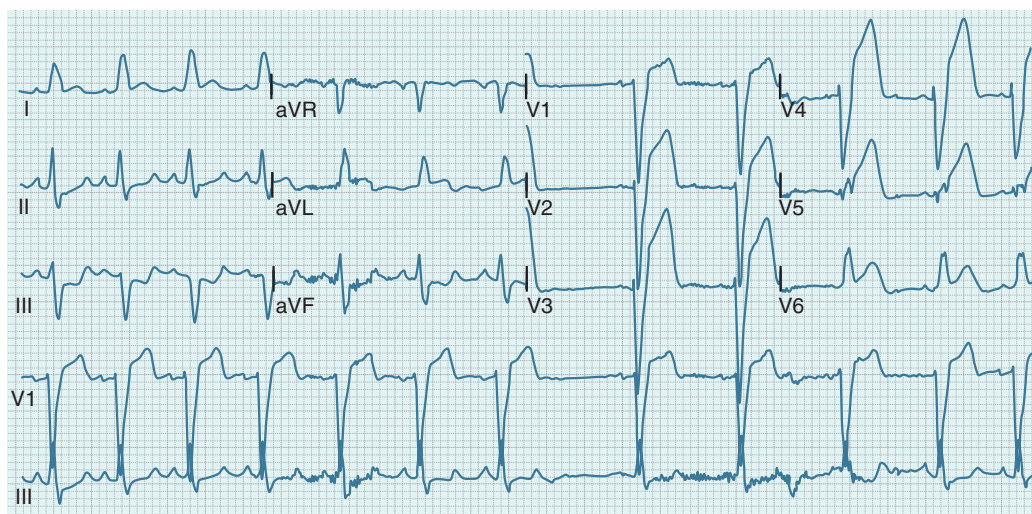




A



B

FIGURE 4-7 **A**, Evolutionary changes in a posteroinferior myocardial infarction (MI). Control tracing is normal. The tracing recorded 2 hours after onset of chest pain demonstrated development of early Q waves, marked ST-segment elevation, and hyperacute T waves in leads II, III, and aVF. A larger R wave, ST-segment depression, and negative T waves have developed in leads V₁ and V₂. These early changes indicate acute posteroinferior MI. The 24-hour tracing demonstrates further evolutionary changes. In leads II, III, and aVF, the Q wave is larger, the ST segments have almost returned to baseline, and the T wave has begun to invert. In leads V₁ to V₂, the duration of the R wave exceeds 0.04 seconds, the ST segment is depressed, and the T wave is upright. (In this example, electrocardiographic changes of true posterior involvement extend past lead V₂; ordinarily, only leads V₁ and V₂ may be involved.) Only minor further changes occur through the 8-day tracing. Six months later, the electrocardiographic pattern shows large Q waves, isoelectric ST segments, and inverted T waves in leads II, III, and aVF and shows large R waves, isoelectric ST segment, and upright T waves in leads V₁ and V₂, indicative of an old posteroinferior MI. **B**, Electrocardiogram from a patient with an underlying left bundle branch block (LBBB) who experienced an acute anterior MI. Characteristic ST segment elevation and hyperacute T waves are seen in leads V₁ through V₆ and leads I and aVL despite the presence of the LBBB. This is not always the case, and a patient with typical symptoms, an LBBB, and no definite ischemic ST-segment elevations should be treated as if the individual is having a myocardial infarction or acute coronary syndrome.