

Epigastric pain in diabetic

80 ys old woman diabetic with history of heavy smoking.
For several days recurrent episodes of epigastric pain.

Calls EMS for epigastric tightness and dyspnea lasted 1 hr.

Vital signs at medical team arrival:

SaO₂ 90% in air

HR 95 R

RR 30

BP 160/100

Refers persistence of epigastric pain.

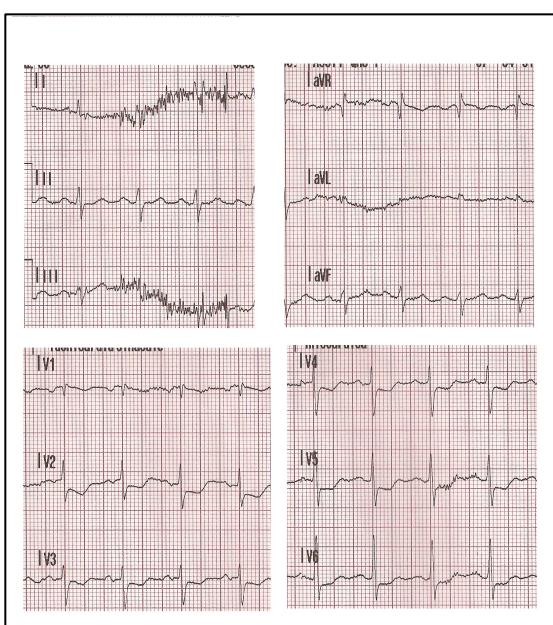
Moderately dyspnoeic and orthopnoic.

Auscultation of the chest: disseminated wheezing no rales.

Peripheral pulses present and symmetrical.

O₂ therapy 6L/m saturation is 98%.

The initial 12 lead EKG is shown above

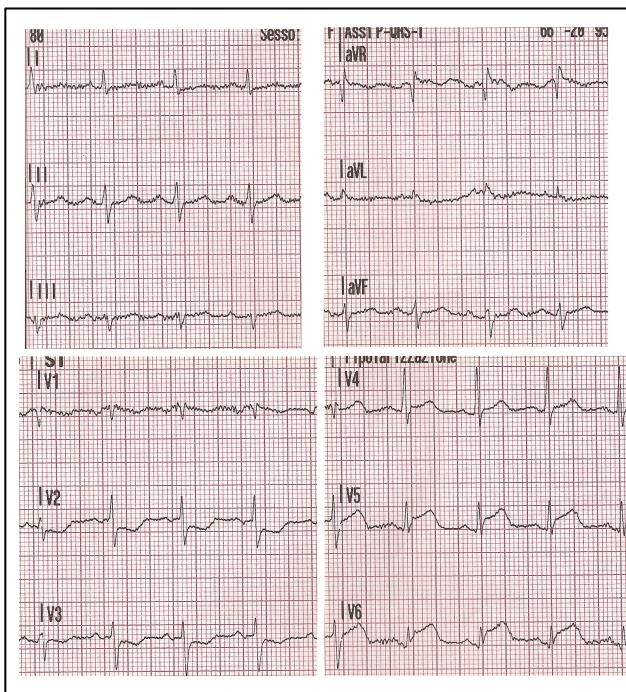


SR. 100 bpm. ST depression in V2- V6, R > S in V2 V3.

EKG criteria for the diagnosis of posterior STEMI:

1. *ST segment depression, typically in leads V1-V3*
2. *Upright T-waves in leads V1-V3*
3. *Development of tall R-waves (R > S in amplitude) in V1-V3*

Posterior leads EKG is shown above:



ST elevation in V7, V8, V9 confirm the diagnosis of posterior STEMI

Take home point:

Always obtain posterior leads EKG when V1-V3 ST depression is present

