



Epigastric pain in diabetic

*80 ys old woman diabetic with hystory 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 aria

HR 95 R

RR 30

BP 160/100

Refers persistence of epigastric pain.

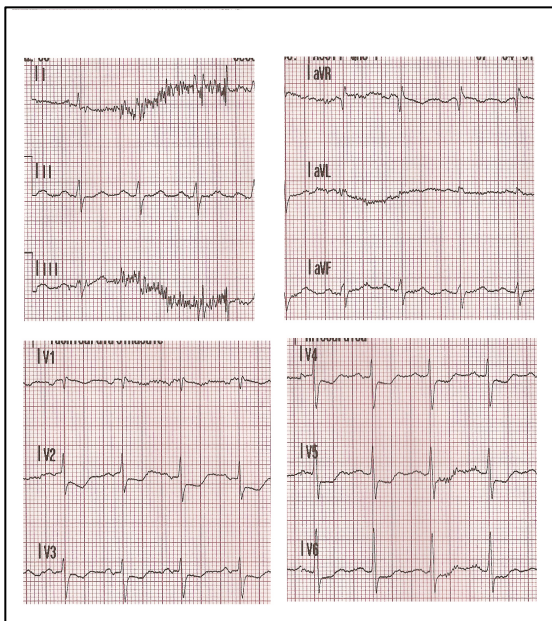
Moderately dyspnoeic and orthopnoic.

Auscultation of the chest: disseminated wheezing no rales.

Peripheral pulses present and symmetrical.

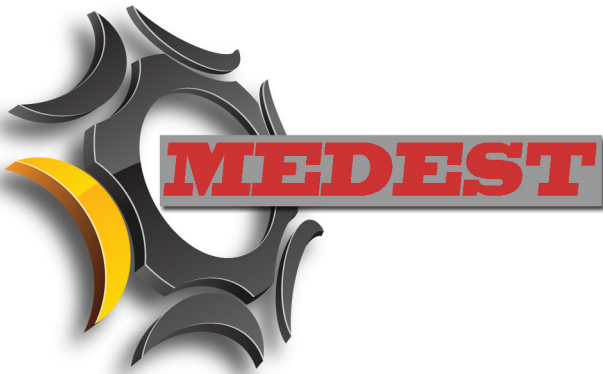
O2 therapy 6L/m saturation is 98%.

The initial 12 lead EKG is shown above



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

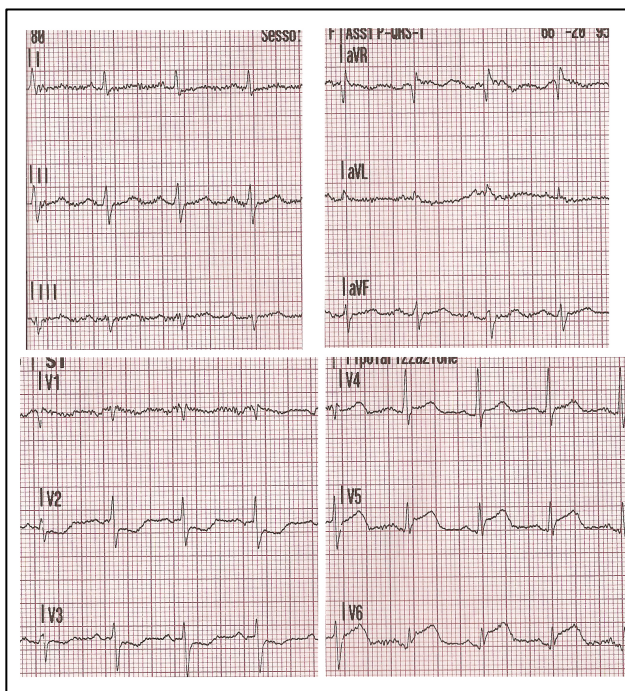




EKG criteria for the diagnosis of posterior STEMI:

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



