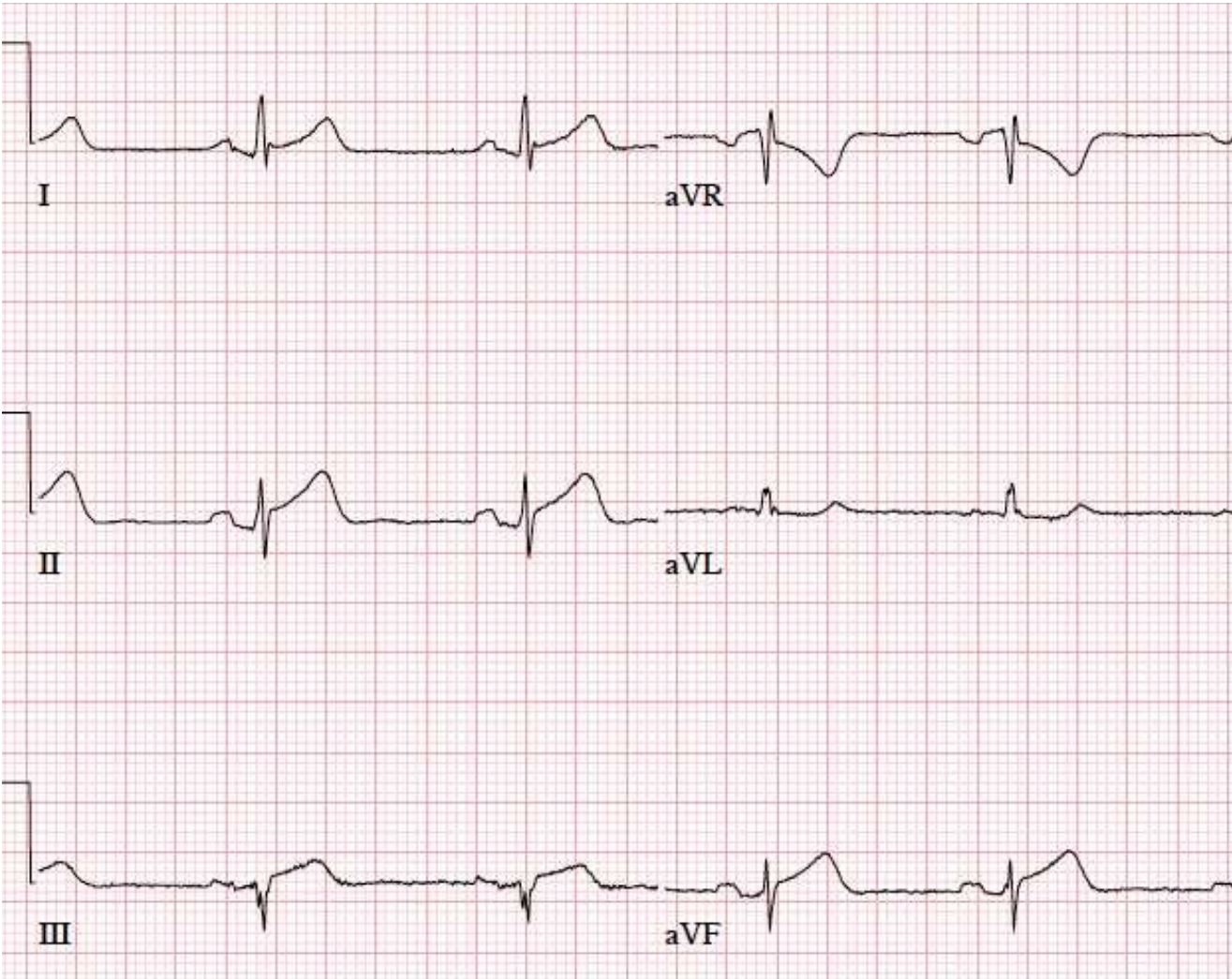


- Inferior MI (age recent or acute)



Acute inferior STEMI

- Significant ST segment elevation ≥ 1 mm in at least two of leads II, III, aVF

Associated (reciprocal) ST depression is usually evident in leads I, aVL, V1–V3.

Look at lead aVL when suspecting an acute inferior MI as there will virtually always be reciprocal ST segment depression even if the ST segment elevation in aVF is minimal.

In clinical practice, the diagnosis of acute MI is often made without the presence of abnormal Q waves, as many MIs never develop Q waves or develop them hours-to-days after MI has been diagnosed by serum cardiac biomarkers. Recently, the American Board of Internal Medicine (ABIM) Cardiovascular Disease Board Examination eliminated the need for the presence of abnormal Q waves in 2 or more contiguous leads for the diagnosis of MI. However, the diagnosis of old or age indeterminate MI still requires the presence of abnormal Q waves, or in the case of posterior MI, abnormal R waves in V1 to V3.