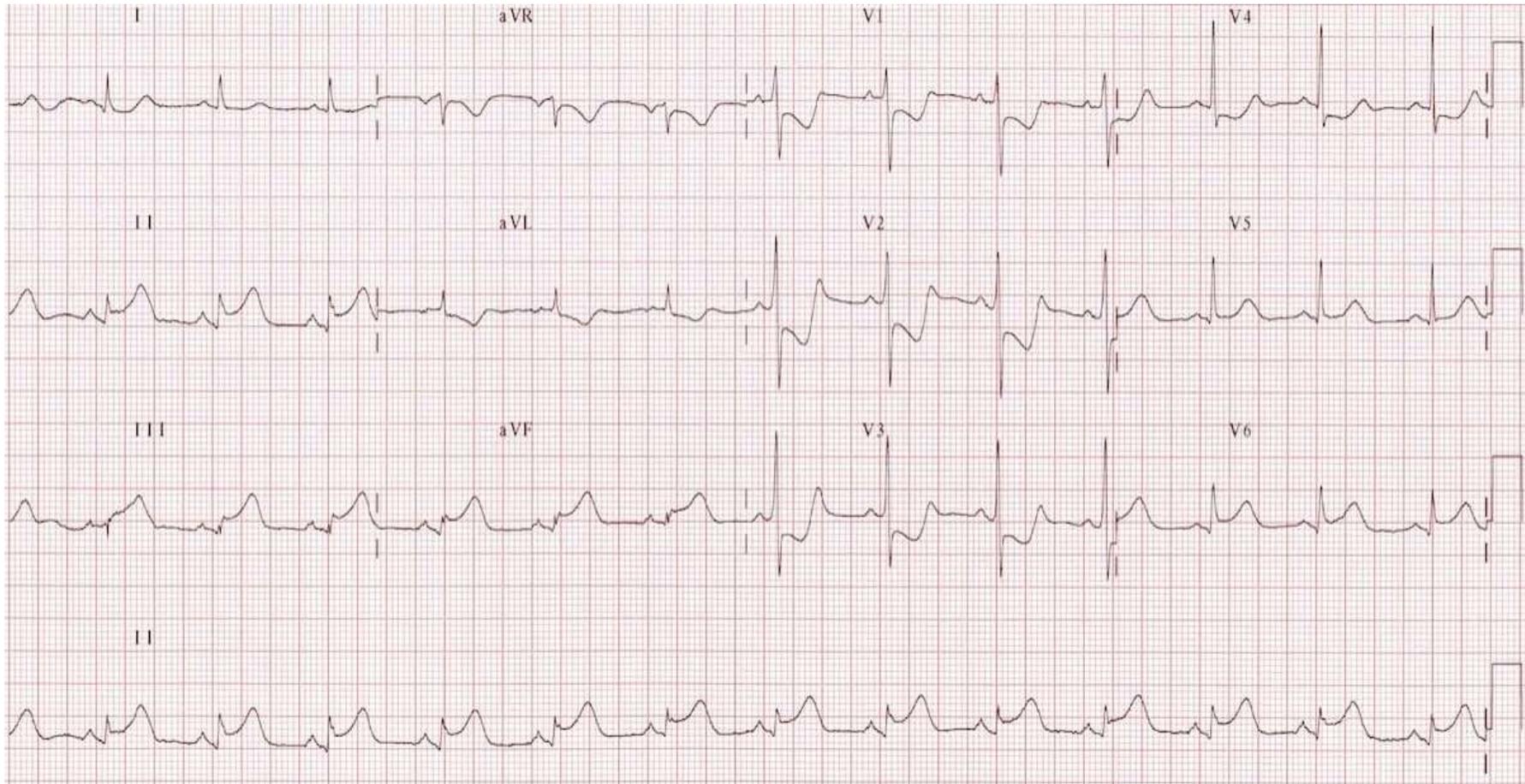
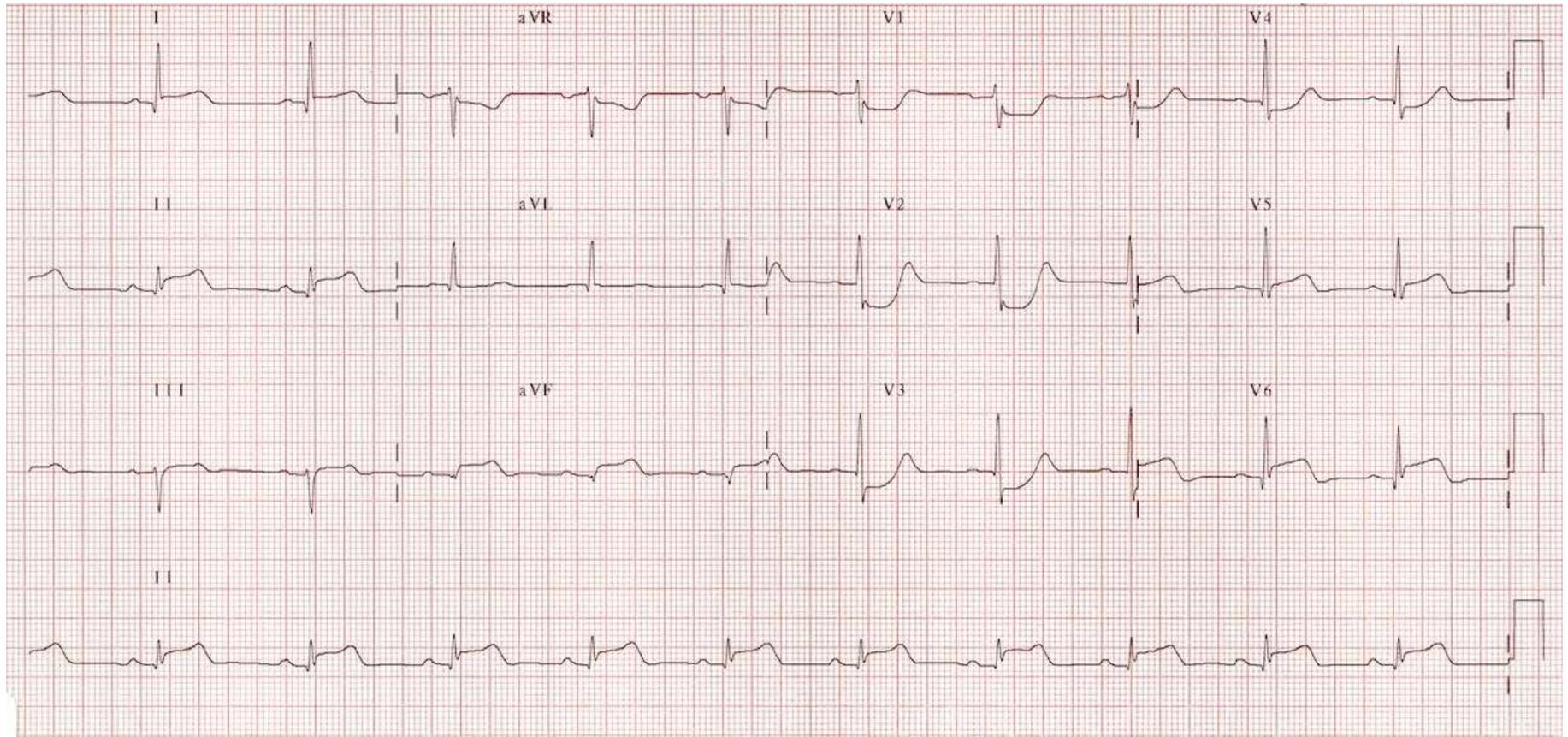
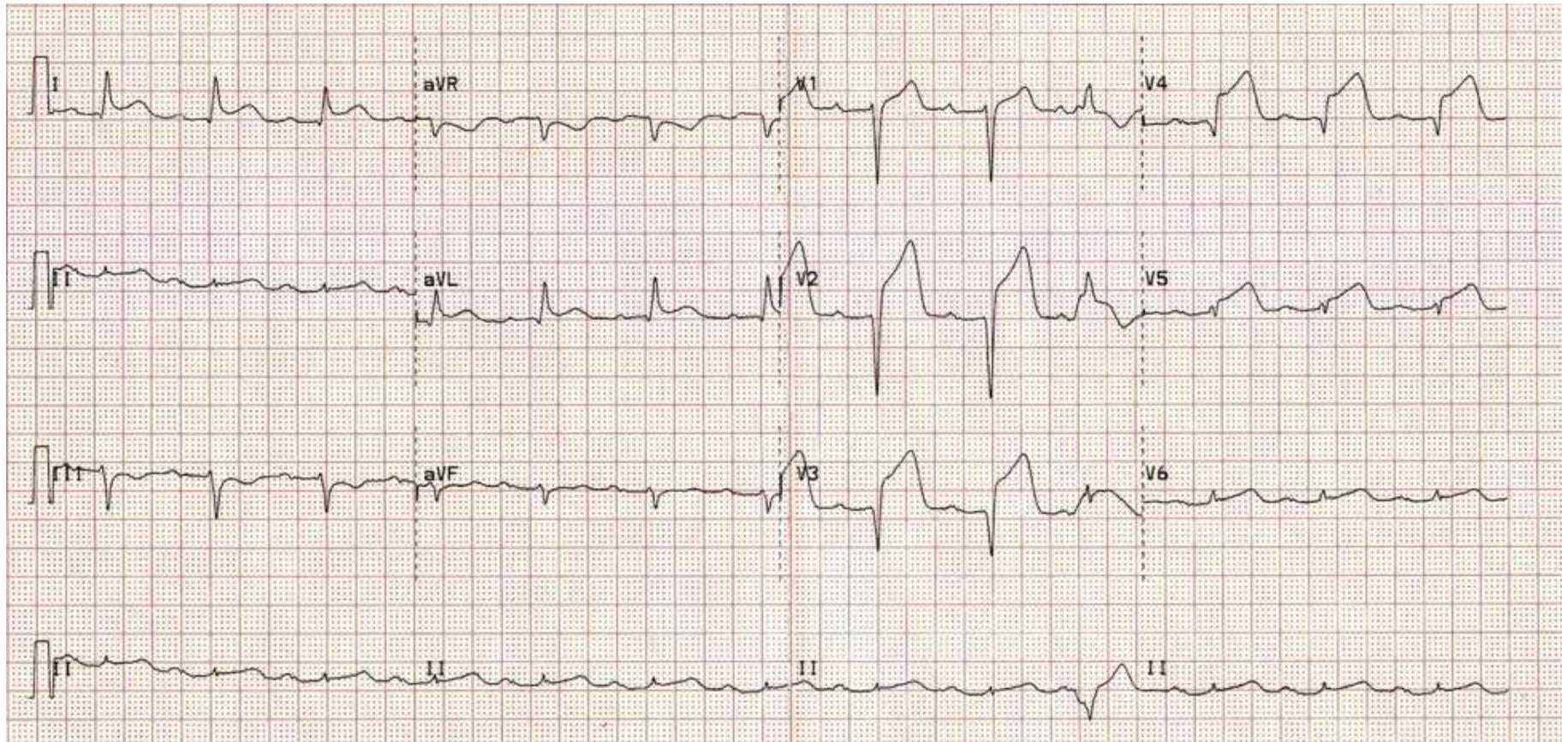


- **ST and/or T wave changes suggesting myocardial injury**

Acute posterior wall injury: horizontal or downsloping ST segment depression with upright T waves in leads V1–V3 (the elevation must be in at least 2 contiguous leads). The ST segment depression and upright T waves are mirror-image reflections of the ST segment elevation and T wave inversion seen with injury of the anterior, inferior, and lateral walls.







- Acute ST segment elevation with upward convexity (may be concave early) in at least 2 contiguous leads
 - Leads V2, V3: ST elevation ≥ 2 mm in men and ≥ 1.5 mm in women
 - Other leads: ST elevation ≥ 1 mm

Occurs in leads representing the area of acute injury and must involve at least 2 contiguous leads.

Tall, upright T waves (hyperacute T waves) may be an early finding before or at the onset of ST elevation.

ST-T changes evolve: T waves invert *before* ST segments return to baseline (unlike pericarditis, where T waves invert *after* the ST segments return to baseline).

Associated (reciprocal) ST segment depression in the non-injury leads is common (e.g., ST depression in lead I and/or aVL in the presence of inferior wall myocardial injury; ST depression in lead aVF in the presence of a lateral wall myocardial injury).

Acute posterior wall injury: horizontal or downsloping ST segment depression with upright T waves in leads V1–V3 (the elevation must be in at least 2 contiguous leads). The ST segment depression and upright T waves are mirror-image reflections of the ST segment elevation and T wave inversion seen with injury of the anterior, inferior, and lateral walls.

It is important to consider the clinical context since ST segment elevation suggesting myocardial injury can also be seen in:

- Acute pericarditis
- Ventricular aneurysm
- Early repolarization, normal variant
- LVH
- Hyperkalemia
- LBBB and less often RBBB
- Myocarditis
- HCM
- CNS
- Normals (ST elevation up to 3 mm may be seen in leads V1–V3)