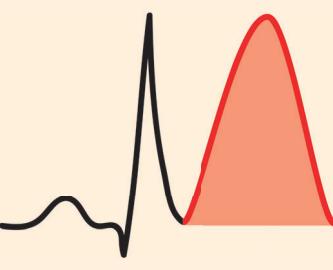
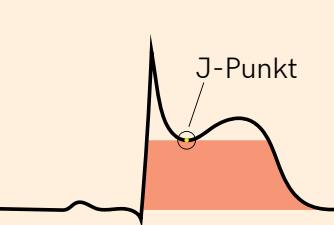
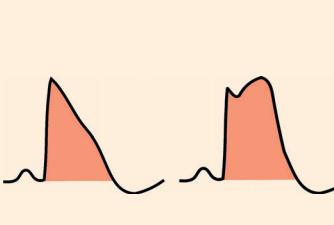
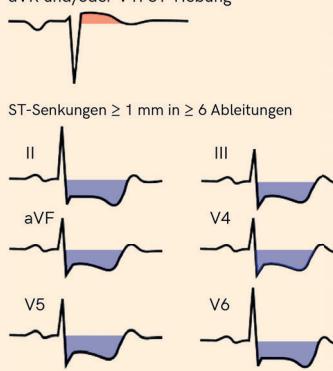


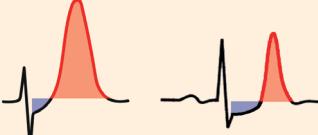
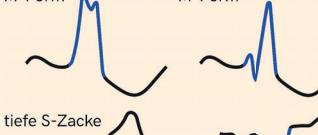
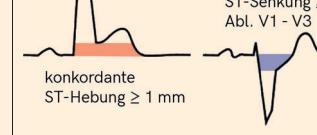
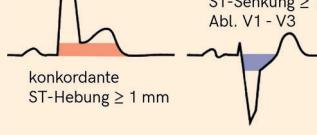
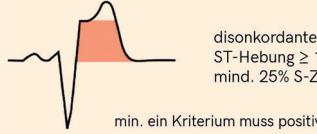


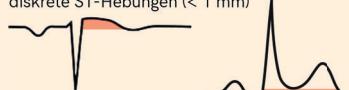
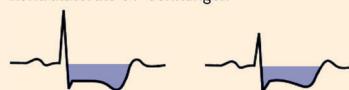
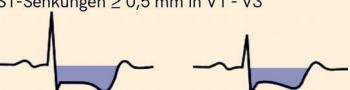
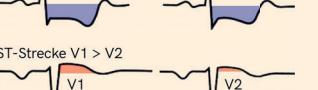
OMI - Okklusiver Myokardinfarkt

ACS-Symptome
Schmerzen in Brust, Schultern, Rücken, Armen, Kiefer, Hals und Oberbauch
Frauen: oft atypisch Diabetiker: teilweise schmerzfrei

+

hyperakute T-Wellen breitbasige und erhöhte T-Wellen in ≥ 2 benachbarten Ableitungen	STEMI ST-Hebungen in ≥ 2 benachbarten Ableitungen	Shark Fin/Tombstone Sign massive ST-Hebungen in ≥ 2 benachbarten Ableitungen	kritische Hauptstammstenose
			

Wellens-Syndrom	De-Winter-T-Wellen	Schenkelblockierung neu aufgetreten	mod. Sgarbossa-Kriterien bei bekanntem Linksschenkel- block (und Schrittmacher)
<p>Typ A V2 - V3: biphasische T-Wellen</p>  <p>Typ B V2 - V3: tief invertierte T-Wellen</p> 	<p>V1 - V6: prominente T-Welle und aufsteigende ST-Senkung ≥ 1 mm</p>  <p>aVR: diskrete ST-Hebung 0,5 - 1 mm</p> 	<p>M-Form</p>  <p>tiefe S-Zacke</p>  <p>W-Form</p> 	<p>konkordante ST-Senkung ≥ 1 mm Abl. V1 - V3</p>  <p>disonkordante ST-Hebung ≥ 1 mm mind. 25% S-Zacke</p>  <p>min. ein Kriterium muss positiv sein</p>

SEMI-STEMI diskrete ST-Hebungen + kontralaterale ST-Senkungen	posterior Infarkt ST-Senkungen anterior + ≥ 2 ST-Hebungen posterior	Aslanger-Zeichen
<p>diskrete ST-Hebungen (< 1 mm)</p>  <p>kontralaterale ST-Senkungen</p> 	<p>ST-Senkungen ≥ 0,5 mm in V1 - V3</p>  <p>ST-Hebungen ≥ 0,5 mm in V7 - V9</p> 	<p>isolierte inferiore ST-Hebung in III</p>  <p>ST-Senkung min. einer Ableitung V4 - V6</p>  <p>ST-Strecke V1 > V2</p> 