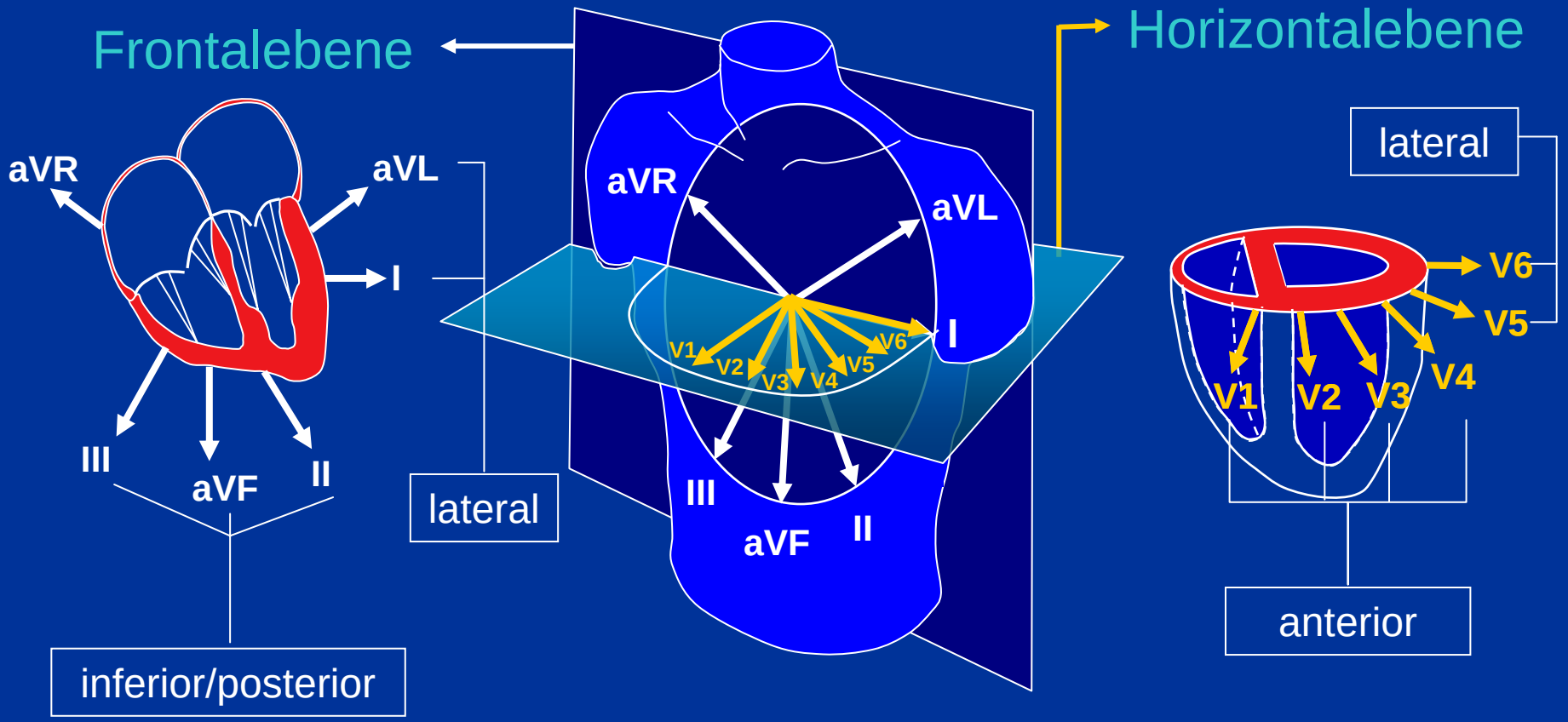
12 Kanal-EKG



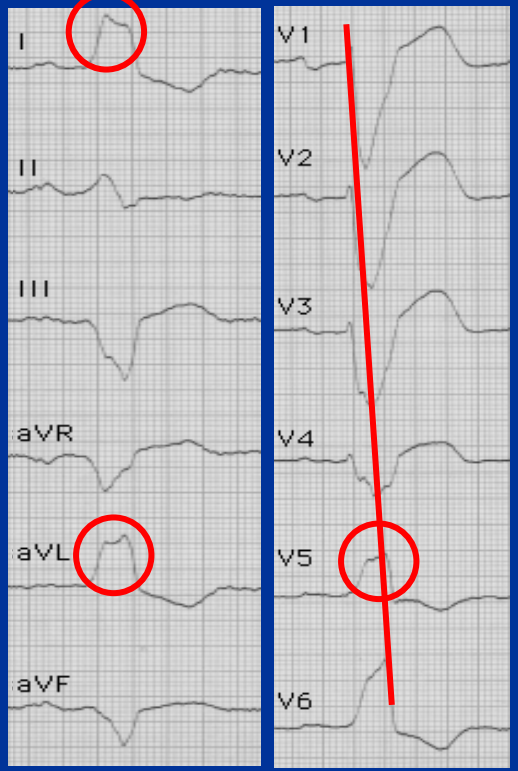
Nur im 12 Kanal-EKG werden Vorder- Hinter- und Seitenwand abgebildet, was die Diagnose des ST-Hebungsinfarktes ermöglicht.

Verwertbarkeit der ST-Strecke

Gestörte Ausbreitung – veränderte Rückbildung

Verbreiterter QRS-Komplex – deformierte ST-Strecke

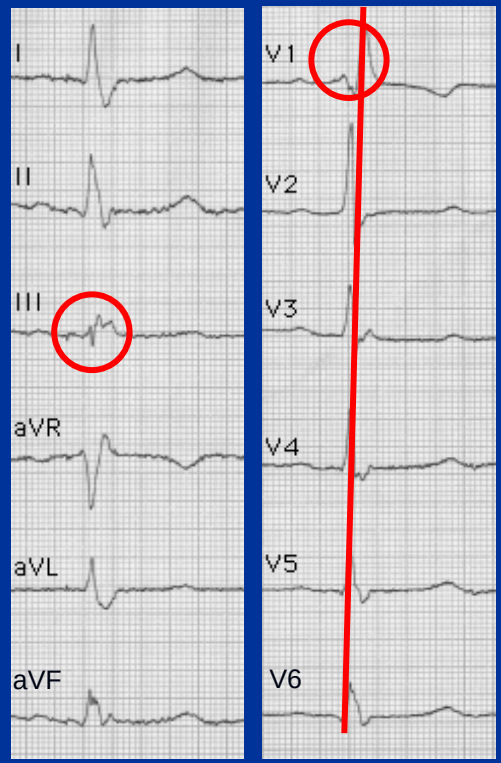
Schenkelblock – ST-Strecke nicht wertbar



LSB

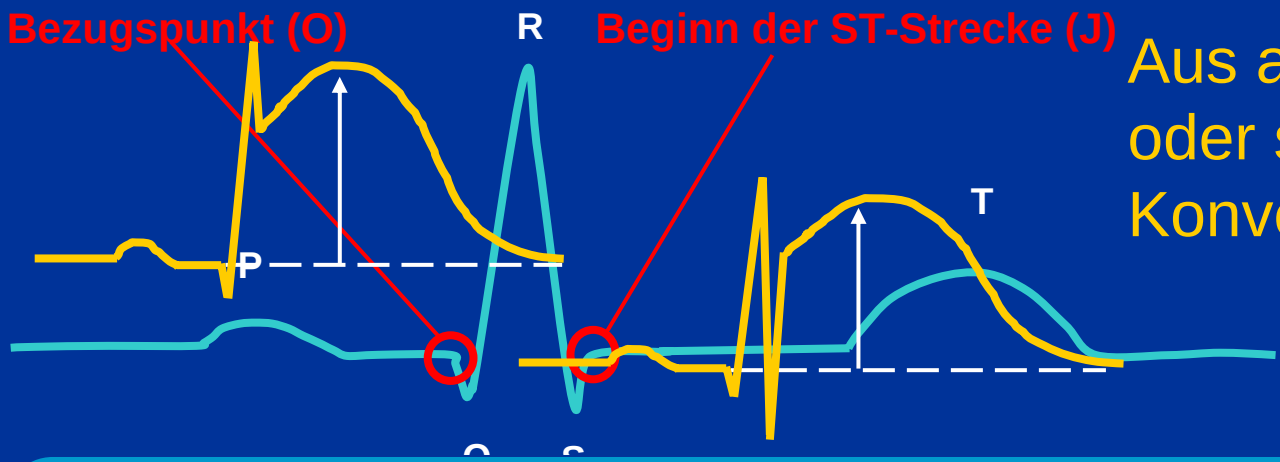
Verschiebung des höchsten OUP (oberer Umschlagpunkt)

Mehrgipfelige QRS-Komplexe



RSB

ST-Analyse



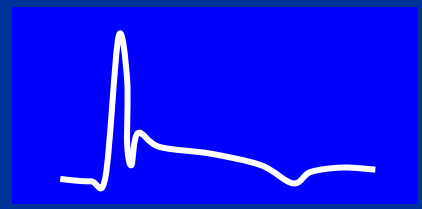
Aus absteigendem R oder steigendem S
Konvex (Schulter)

ST-Hebung ≥ 0,1 mV in mind. 2 benachbarten Extremitätenableitungen

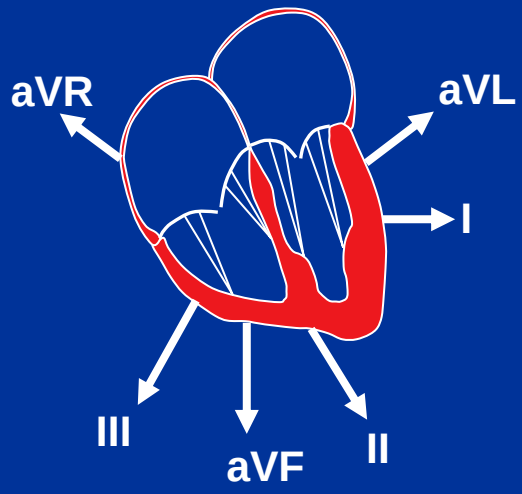
ST-Hebung ≥ 0,2 mV in mind. 2 benachbarten Brustwandableitungen

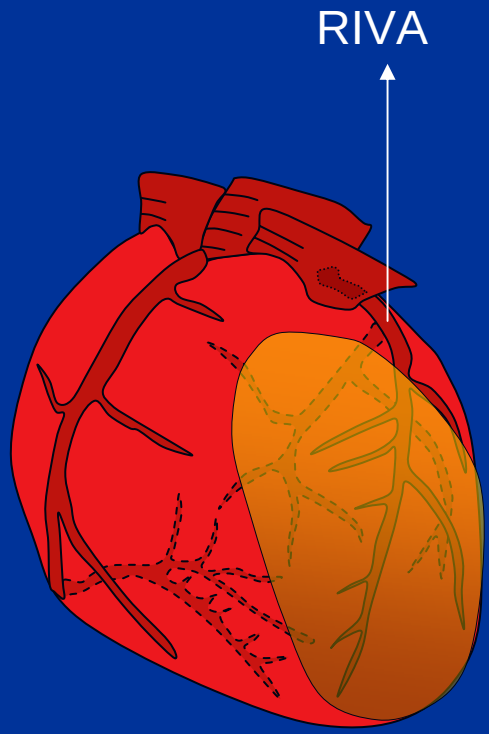
Normvarianten

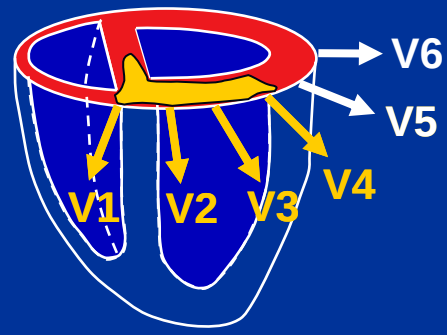
Osborn-Welle bei Unterkühlung

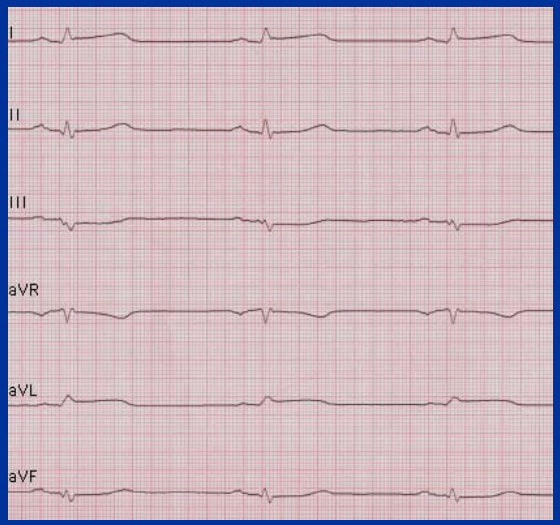


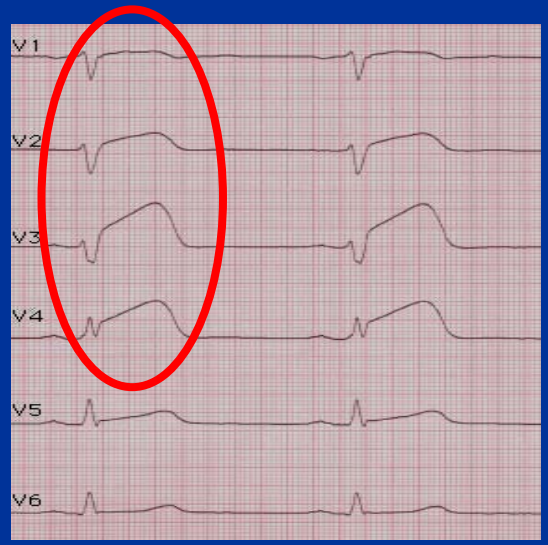
Vorderwandinfarkt



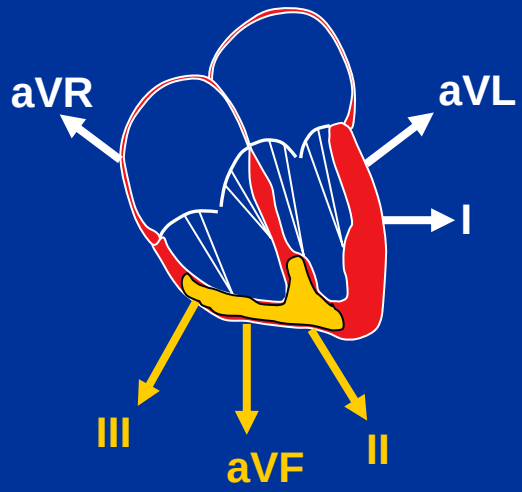


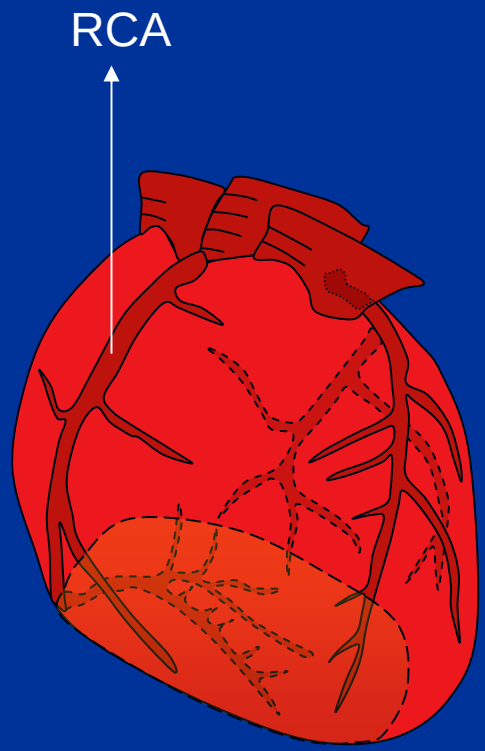


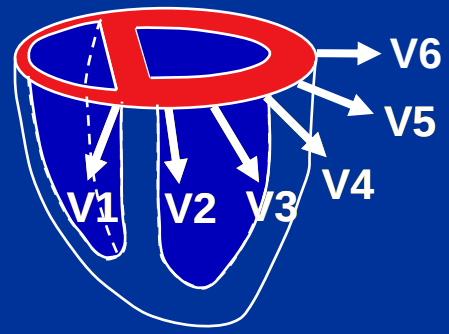


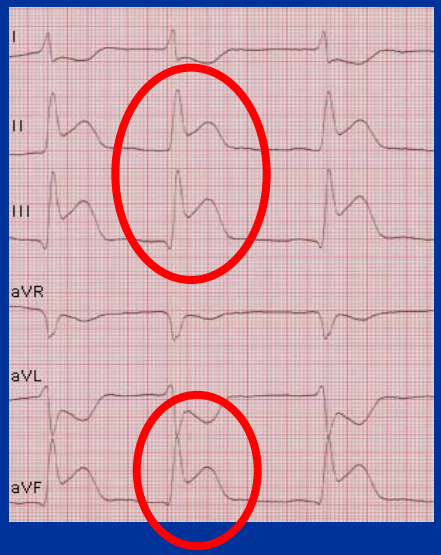


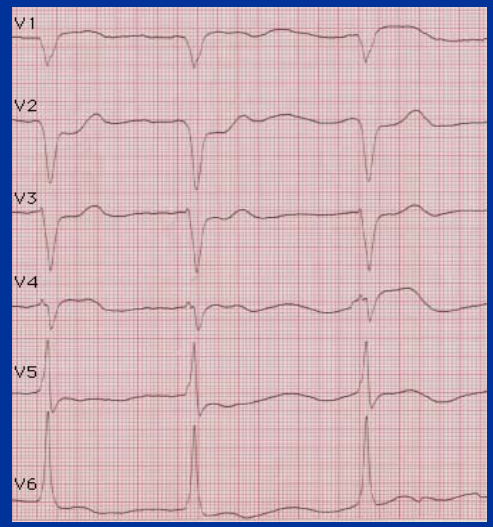
Hintererwandinfarkt



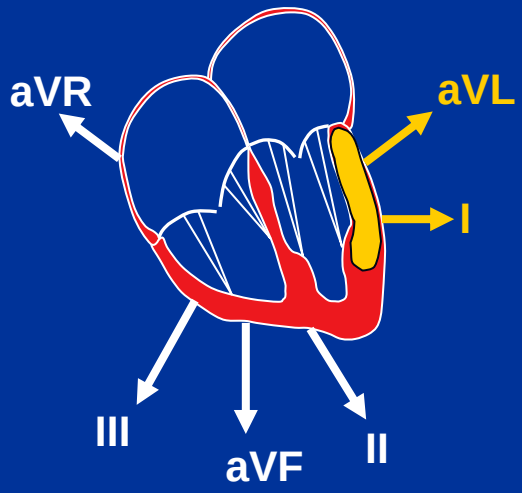


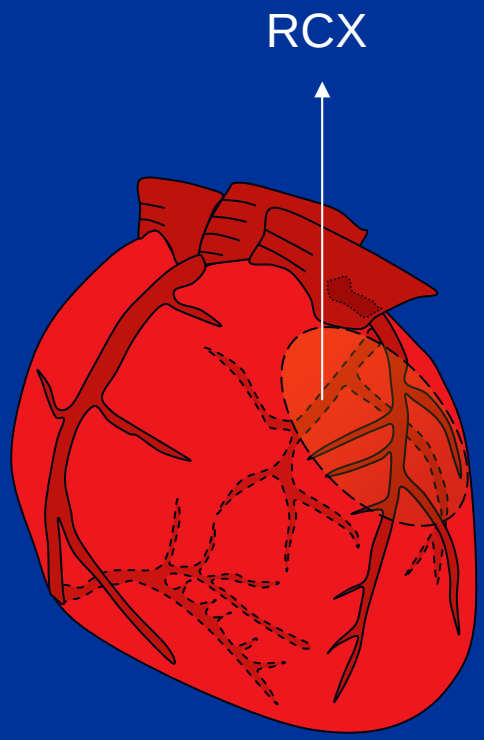


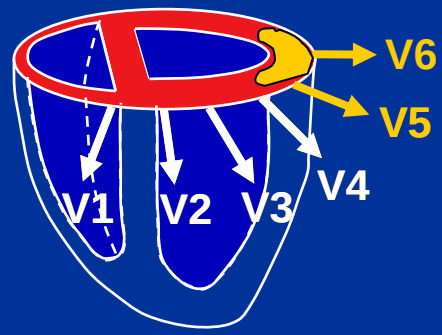


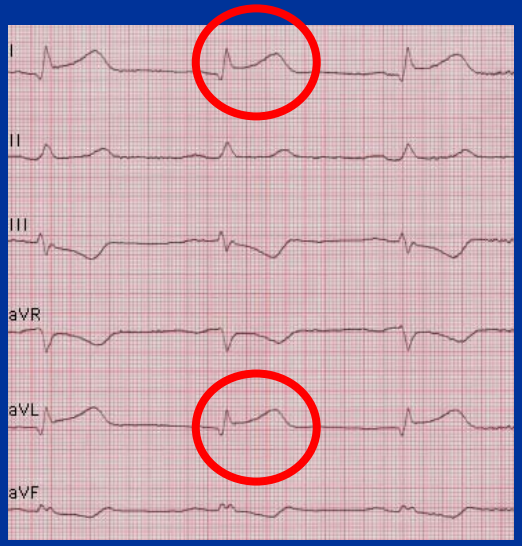


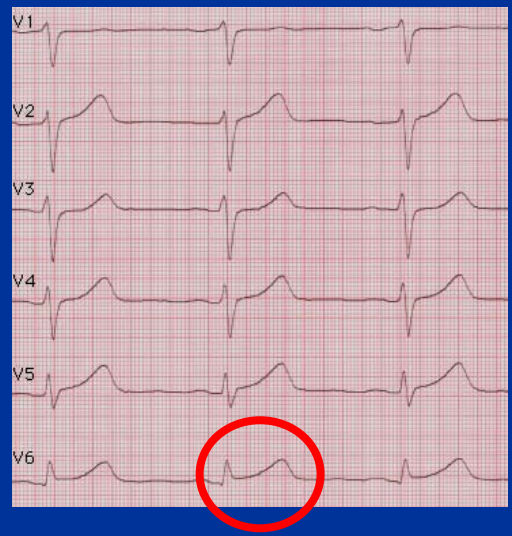
Seitenwandinfarkt



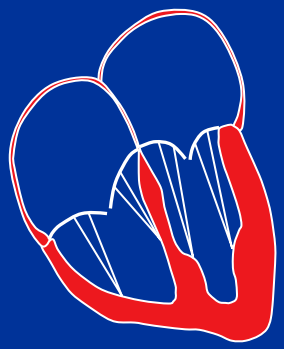


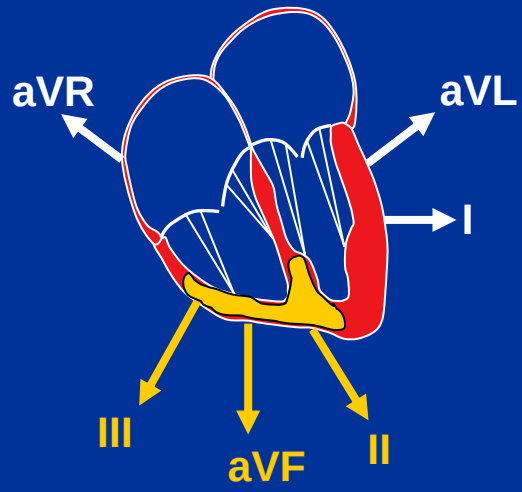


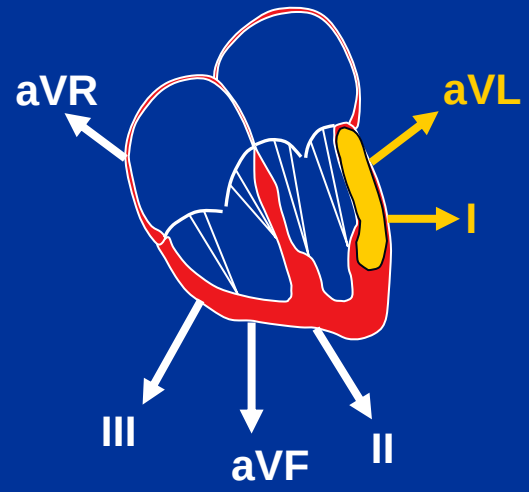


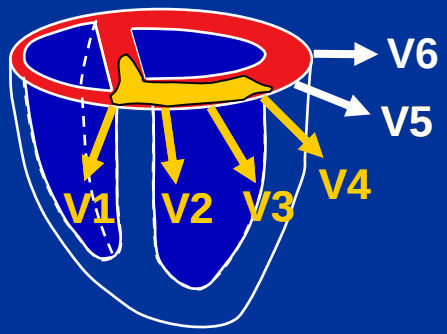


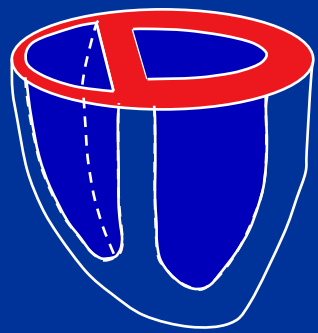
Infarktlokalisation

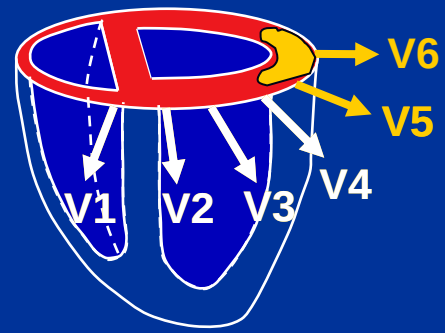












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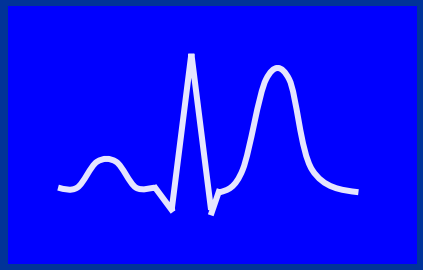
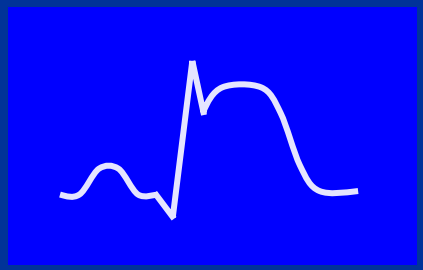
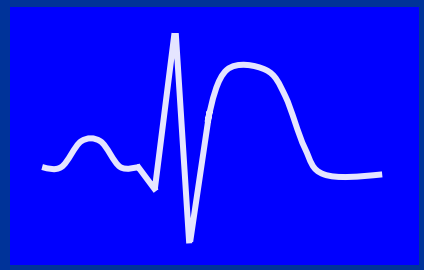


initial

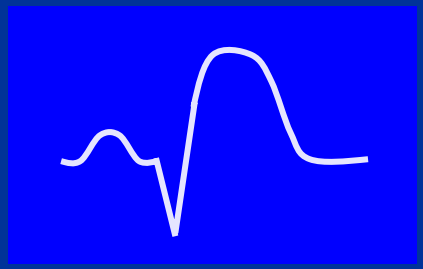
Erstickungs-T





akut

Konvexe ST-Hebung aus
↓ R oder ↑ S



subakut

Tiefes Q
R-Verlust

Aneurysma

Vorgehen

12 Kanal-EKG

↓

Verwertbarkeit der ST-Strecke

↓

Konfiguration der ST-Hebung

↓

Lokalisation

↓

Infarktalter