Persistent precordial "hyperacute" T waves signify proximal left anterior descending artery occlusion Reply

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side branch) treatable with percutaneous coronary intervention with a favourable outcome. The limited area of ischaemia has been proposed as the basis for the discordance between the ST and T vectors. Particular subtlety is recommended when introducing new observations in the scientific community.

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REFERENCES

The authors’ reply: With interest we read the comment by Eskola and colleagues on our systematic observation of a characteristic ECG pattern associated with acute and persistent occlusion of the proximal left anterior descending (LAD) artery. The pattern of “hyperacute T waves” has been described before, but has invariably been described previously as a transient phenomenon associated with anterior ischaemia, but not with persistent LAD occlusion. With careful serial observation and simultaneous coronary angiography, we have shown, in contrast to previous reports, that these ECG changes may be associated with persistent LAD occlusion. We would like to emphasise three pivotal observations described in the current issue of this journal, which sharply contrast with the above-mentioned reports. We described an ECG pattern of precordial J-point depression and tall, positive T waves that remained unchanged from first medical contact until arrival at the catheteris-
tion laboratory and did not convert to overt ST-segment elevation. Furthermore, the majority of our patients showed a total occlusion of the proximal LAD artery and, despite successful primary percutaneous coronary intervention in all cases, had a considerable loss of myocardium (median myocardial type creatine kinase 290 µg/l). This seems in contradiction to previous suggestions that ST-segment depression and tall positive T waves in the precordial leads are associated with regional subendocardial ischaemia and a favourable outcome. Therefore, we think it is important to emphasise that in some patients, this novel ECG pattern may be associated with persistent proximal LAD artery occlusion and transmural ischaemia of the anterior myocardium. These patients must be distinguished from patients with regional subendocardial ischaemia and be referred for immediate reperfusion therapy.

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REFERENCES

CORRECTION
doi:10.1136/hrt.2009.179390corr1

Wackers J. Chest pain in the emergency department: role of cardiac imaging. The author’s reply. Heart 2009;95:1802. In the third paragraph, the first sentence should read “I believe though that there is a place for exercise ECG in the evaluation of patients in an ED chest pain centre (CPC).” The journal apologises for the error which has been corrected online.
The authors' reply:

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