

Clinical Setting: 77 y F with HTN, Parkinson's, DMII who presents with shortness of breath for 2 days, worsening today.

HR - 95

BP - 165/87

RR - 18

SpO2 - 93%

Temp - 99.1 F

This is a case of **Proximal LAD OMI**.

This EKG shows a sinus rhythm with borderline tachycardia. There is left axis deviation. There is diffuse ST Elevation in really all leads outside of aVL. I do notice very mild PR depression in lead II, and PR elevation in aVR.

With these findings, you might be tempted to call this pericarditis. The EKG certainly has features of pericarditis. However, I fall into the camp of **“You diagnose pericarditis at your own peril.”** In fact, this is a 99% LAD occlusion (and a 99% diag occlusion). OMI and pericarditis can be extremely difficult to parse out, but the clinical story really helps the most. In this case, the patient’s age and cardiac risk factors definitely push you to call this OMI/ACS, and if the cath is negative then you can entertain the diagnosis of pericarditis.

24 hours after cath and angioplasty/stenting, her EKG nearly normalized as below.

