Additional pericardial leads to detect myocardial infarction

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A lead of an electrocardiograph that has one electrode placed in any of six standard positions on the chest and another electrodeplaced on a limb. A record obtained from such a lead. Also is called chest lead. Those in which the exploring electrode is on the chest overlying the heart or its vicinity.

For the diagnosis of posterior-basal and myocardial infarction using abduction V 7 - V 9; V 7 - the active electrode is located 5 intercostal space on the posterior axillary area; V 8 - active electrode is located in the same intercostal space at the shoulder line; V 9 - the active electrode is located in the same intercostals space on the paravertebral line.

Epigastric abduction. Epigastria exhaust applicable in those cases when it is necessary to clarify the features characteristic of the anterior wall myocardial infarction, and anterior-septal area of posterior wall of the left ventricle. Leads denoted by the letter E. Active (red) electrode is applied to the epigastric region, indifferent (yellow) on the left hand, the ECG is removed at around 1 pericardial ECG mapping.

The method consists of registering 35 precordial leads from various points of the chest 5 horizontal rows and 7 vertical. The method is used to assess the severity of myocardial infarction front or anterior-lateral wall of the left ventricle. This is determined by the sum of the amplitudes of the Q wave and R, square teeth R, and S, the total ST elevation and average values. The greater the total value of ST elevation and Q, the extensive myocardial infarction, the closest and adverse long-term prognosis of disease. With precordial mapaing can evaluate the effectiveness of treatment and rehabilitation measures.

Additional designated by Slopak. It is used for the diagnosis of posterior-basal myocardial infarction. Yellow (indifferent) electrode is applied to the left arm, red (active) electrode is installed in II intercostal space at the left sternal border, then on middle claviclar line, anterior and middle axillary lines. When basal posterolateral myocardial infarction sometimes detected tooth V 1 - V 3.

Additional electrodes may rarely be placed to generate other leads for specific diagnostic purposes. Right sided precordial leads may be used to better study pathology of the right ventricle. Posterior leads may be used to demonstrate the presence of a posterior myocardial infraction. A Lewis lead (requiring an electrode at the right sternal border in the second intercostal space) can be used to study pathological rhythms arising in the right atrium. An esophogeal lead may be used in certain advanced electrophysiology procedures; the esophageal lead uses an electrode placed inside the esophagus, which allows for high quality measurements of the electrical activity of the left atrium.