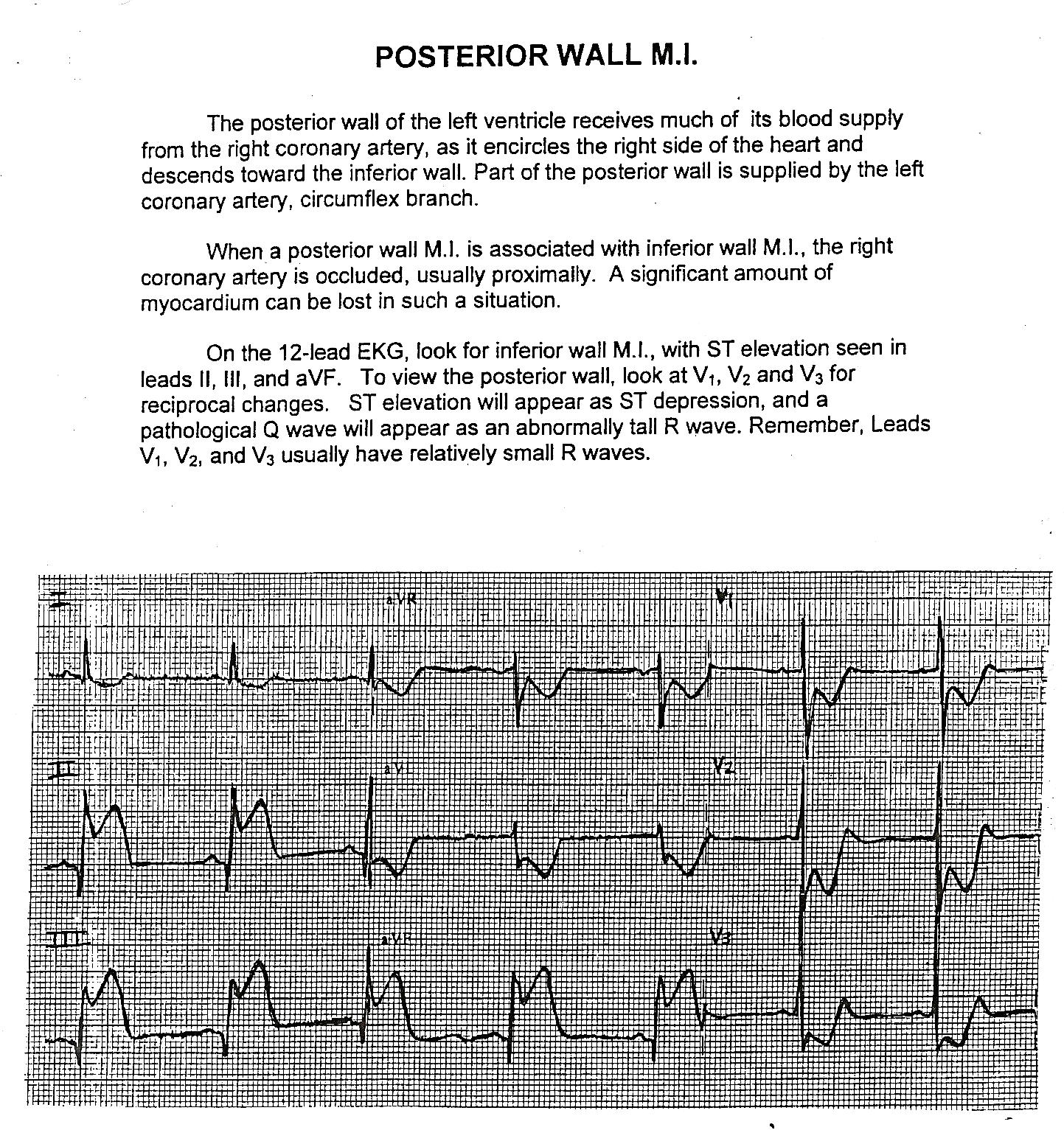
**Posterior Wall M.I.**

The posterior wall of the left ventricle receives much of its blood supply from the right coronary artery, as it encircles the right side of the heart and descends toward the inferior wall. Part of the posterior wall is supplied by the circumflex branch of the left coronary artery.

When a posterior wall M.I. is associated with inferior wall M.I., the right coronary artery is occluded, usually proximally. A significant amount of myocardium can be lost in such a situation.

On the 12-lead ECG, look for inferior wall M.I., with ST elevation seen in Leads II, III, and aVF. To view the poster wall, look at V1, V2, and V3 for reciprocal changes. ST elevation in the posterior wall becomes ST depression in the right precordial leads. A pathological Q wave in the posterior wall becomes a tall R wave in V1 – V3. V1 normally has a very small r wave and a deep S wave, V2 a slightly more prominent but still small r wave, and Lead V3 is often equally or nearly equally biphasic.



**V3**

**V**2

**V1**

aVF

aVL

**aVR**

III

II[Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.]

**I**