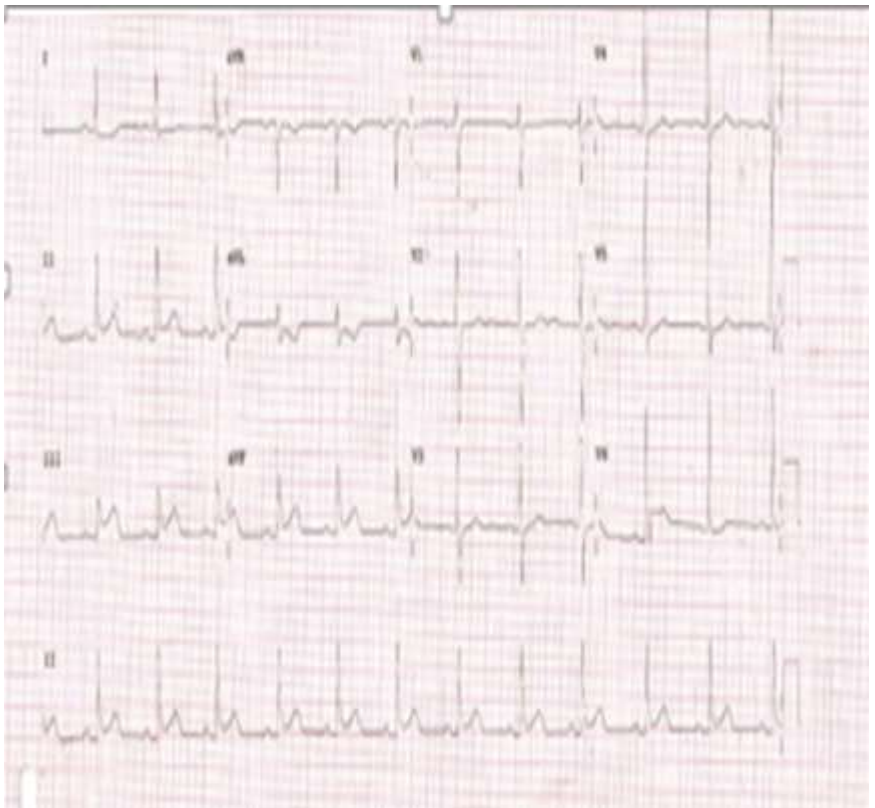


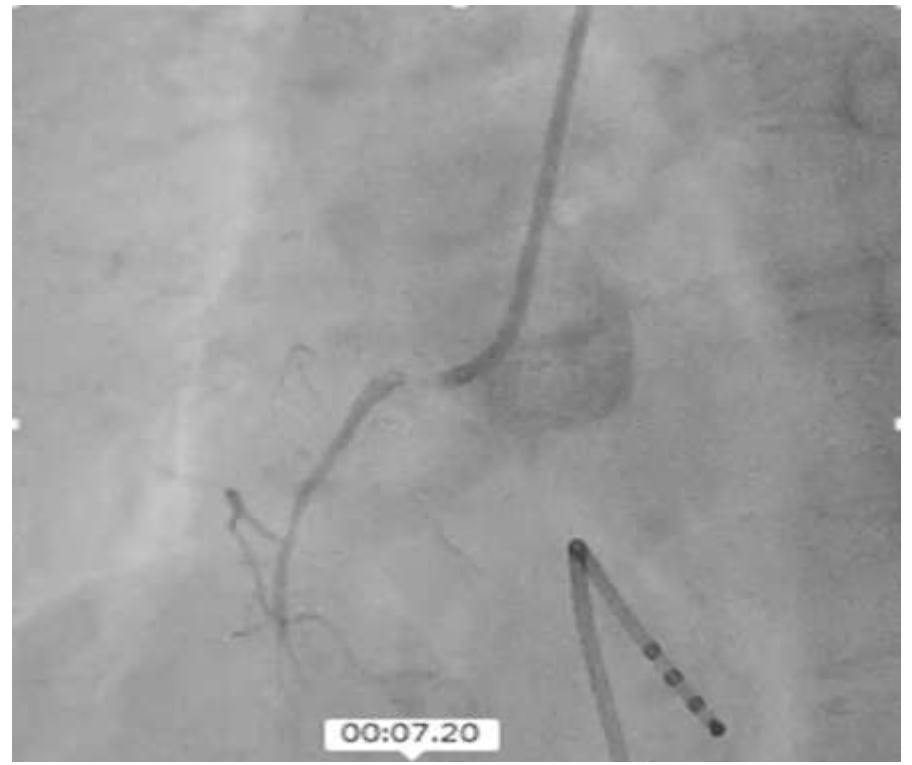


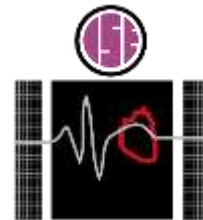
REVERSIBILITY OF AV BLOCK IN AMI

60 YR-OLD LADY WITH ACUTE IWMI



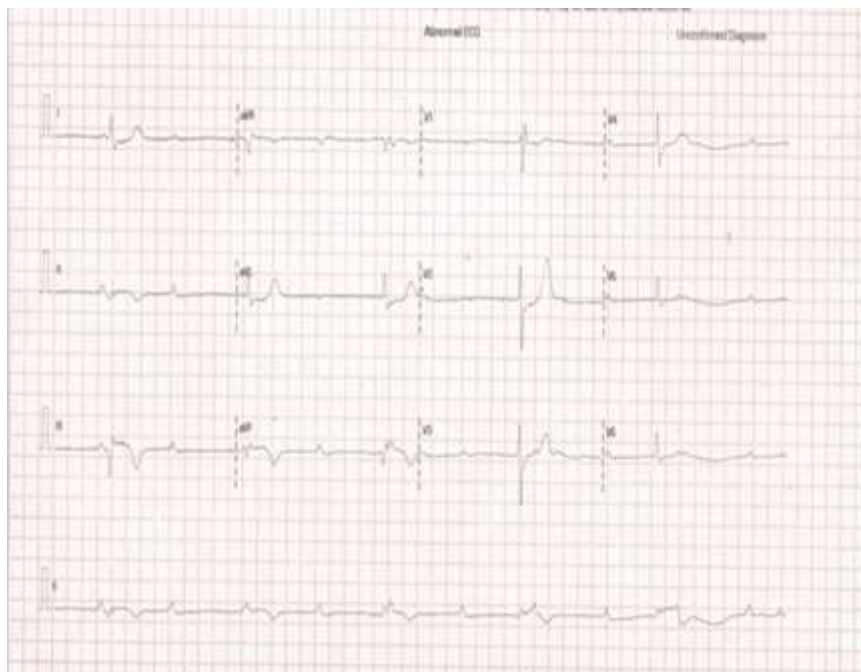
RIGHT CORONARY OCCLUSION



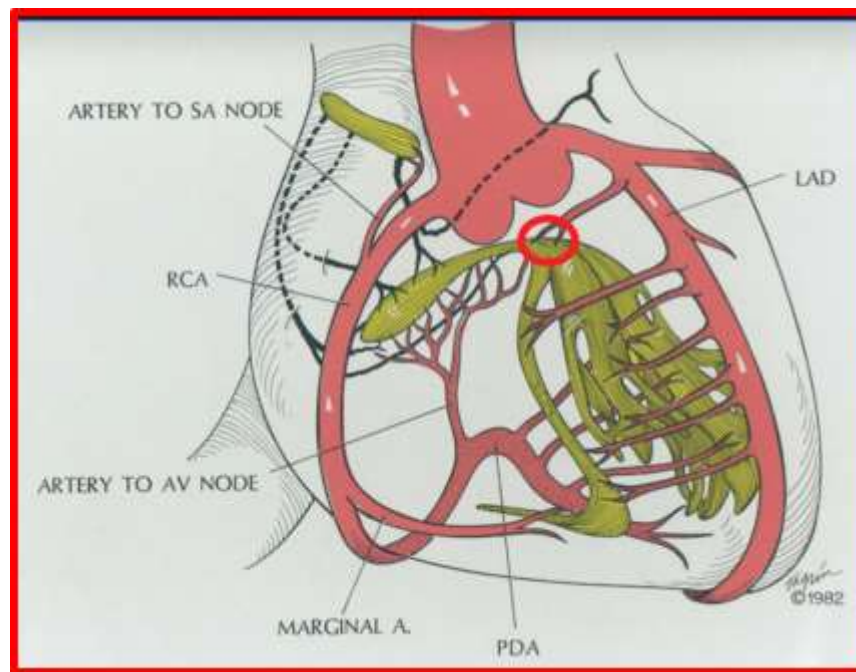


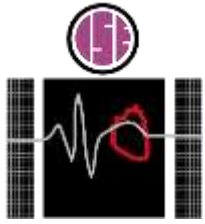
CONSIDERED FOR PCI

Progressed to CHB



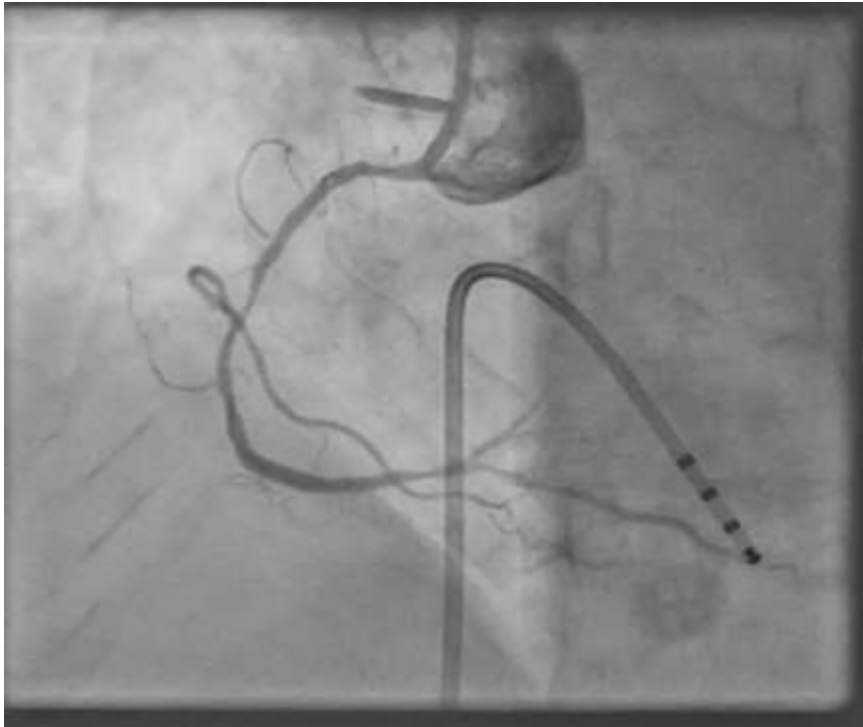
90% TIMES AV NODE SUPPLIED BY RCA



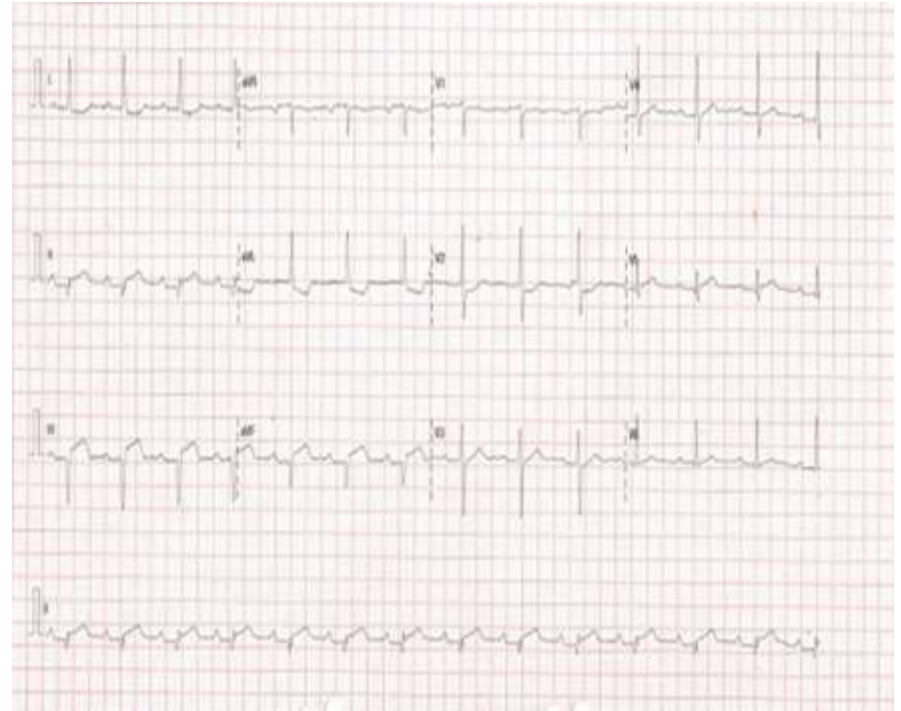


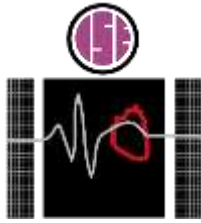
CHB REVERSED 72 HRS POST PCI

SUCCESSFUL PCI: TIMI III



REVERSAL OF CHB



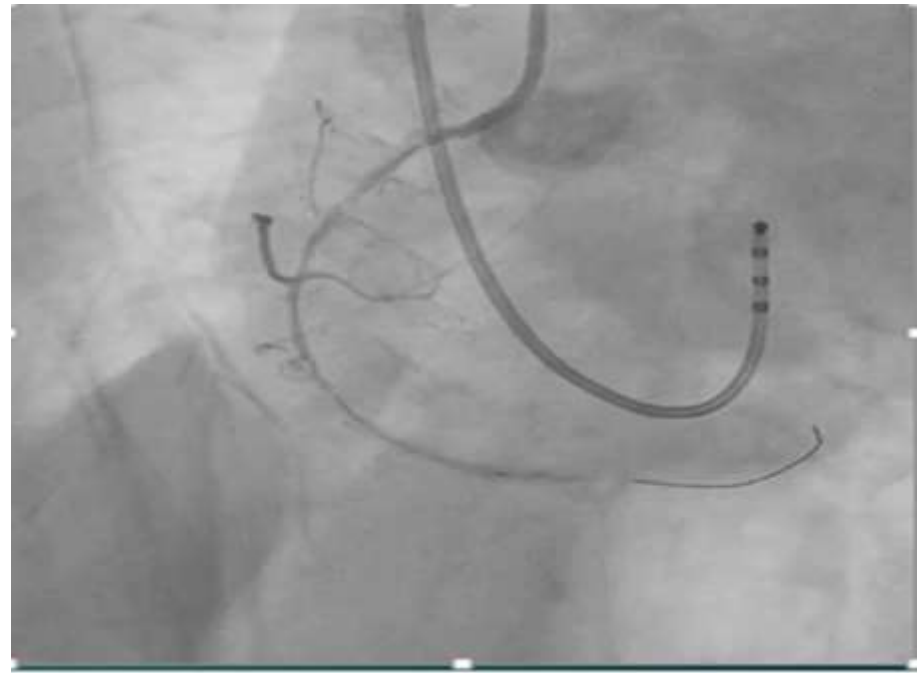


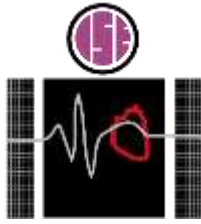
PRESENTED WITH REINFARCTION 1 WEEK LATER

**STENT THROMBOSIS
(UNDEREXPANDED) WITH RE- CHB**



**POBA TO RCA, DISSECTION BUT
CHB REVERTED**





RELIEVING ISCHEMIA REVERSES AV BLOCK

- AV block associated with *inferior wall infarction* is usually *supraHisian* and usually resolves spontaneously or after reperfusion.
- AV block associated with *anterior wall MI* is usually *infra-Hisian* and has a high mortality rate due to the extensive myocardial necrosis.
- The development of a new bundle branch block or hemiblock usually indicates extensive anterior MI.