

How Quickly Can YOU Determine the Culprit Artery?

Discussion

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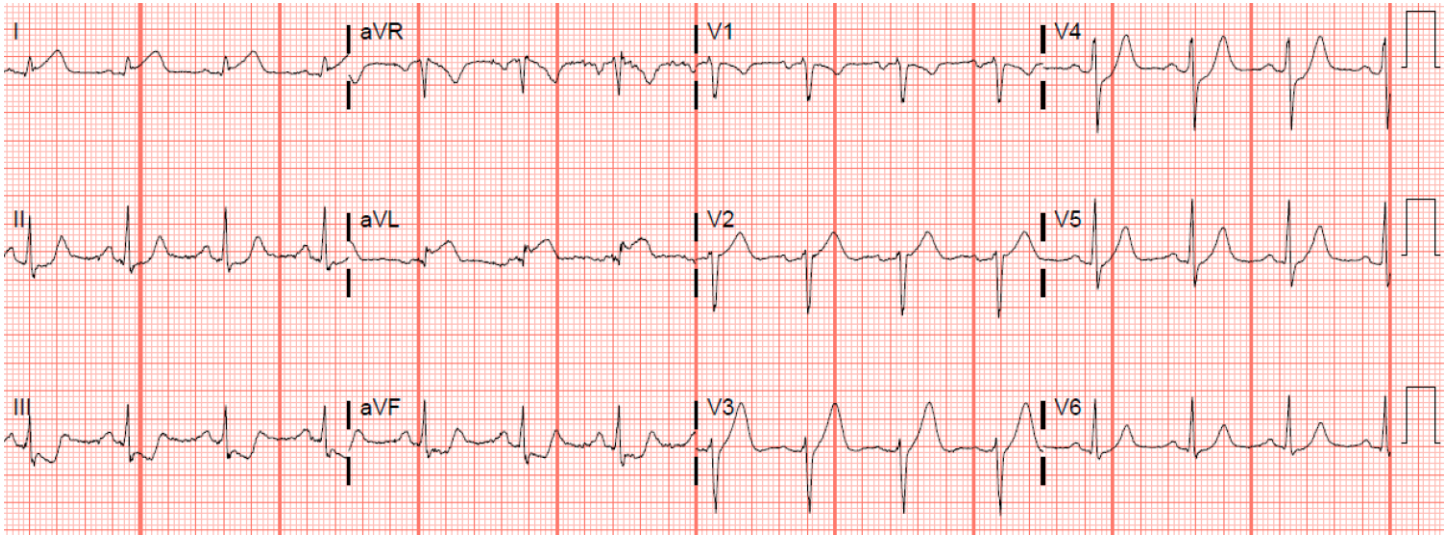


Figure 1

Sometimes it is easier and faster to arrive at a diagnosis by not trying to decide what happened – but by **deciding what did not or could not have happened.**

That is why I developed the **Jones Method of Diagnostic Elimination.** This approach works with coronary artery occlusions and even dysrhythmias.

First, a few facts for you to remember:

1. The **right coronary artery (RCA)** never causes *ST elevation in Leads I or aVL.*
 2. The **left circumflex artery (LCx)** never causes *ST elevation (or hyperacute T waves) in Leads V1 – V3.*
 3. The **left anterior descending (LAD)** never causes *ST depression in Leads V1 – V3.**
- *Actually, it *IS* possible but so very unlikely that we can use this observation.

Using these three observations, how long does it take you NOW to ascertain the culprit artery?

1. There is ST elevation in Leads I and aVL; therefore, **the RCA is eliminated.**
2. There are hyperacute T waves in Leads V2 and V3 – therefore, **the LCx is eliminated.**
3. So... **the LAD is the culprit artery,**

诊断性排除的琼斯法 (Jones Method of Diagnostic Elimination) 有时，与其试图判断发生了什么，不如先判断没有发生或不可能发生什么，这样反而能更快、更容易地得出诊断。

因此，提出了琼斯诊断性排除法。这种方法适用于冠状动脉闭塞，甚至适用于心律失常。

需要记住的几个事实 右冠状动脉 (RCA) 从不会在 I 导联或 aVL 导联引起 ST 段抬高。

左回旋支 (LCx) 从不会在 V1-V3 导联引起 ST 段抬高 (或超急性期T波)。

左前降支 (LAD) 从不会在 V1-V3 导联引起 ST 段压低。 *实际上并非绝对不可能，但概率极低，因此可作为排除依据。

1. 使用这三个观察点，可以迅速判断罪犯血管： I 导联与 aVL 导联出现 ST 段抬高 → 因此 RCA 被排除。
2. V2 与 V3 导联出现超急性期T波 → 因此 LCx 被排除。
3. 所以，罪犯血管就是 LAD。