

ECG/Action Potential Nima Gholizade.MD 28.7.00

Cardiac Action Potential

- ▶ **Ion Channels:** membrane_bound proteins which control the flow across the cell membrane.
- ▶ The most important **ion currents** involving in membrane potential are:

lk1

Na+/K+ ATPase

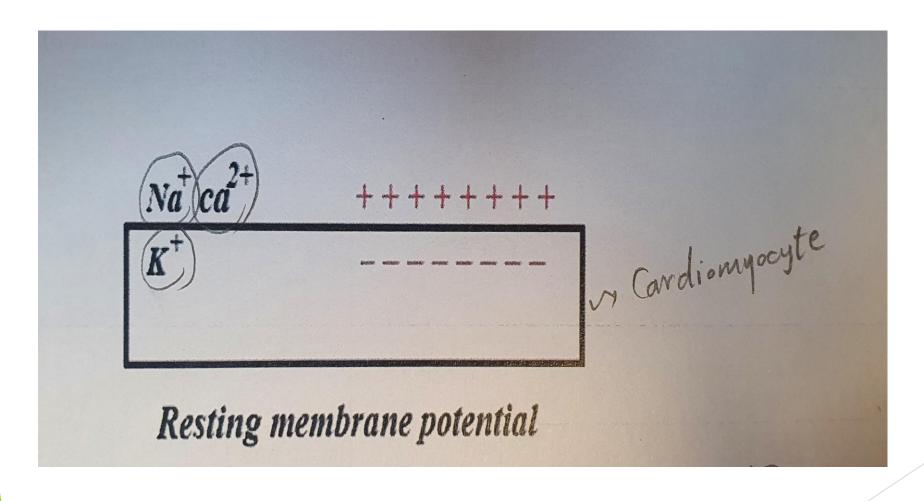
Na+/Ca2+ exchanger

I ca. L

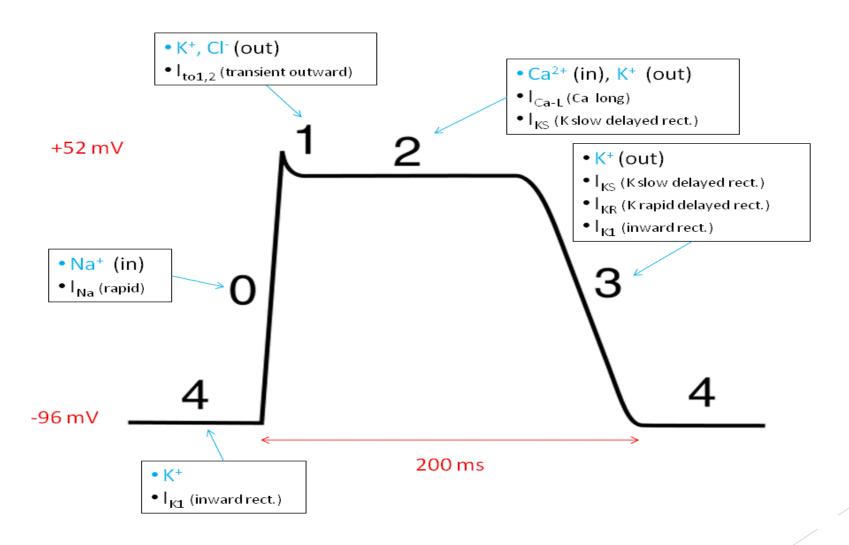
lkr

lks

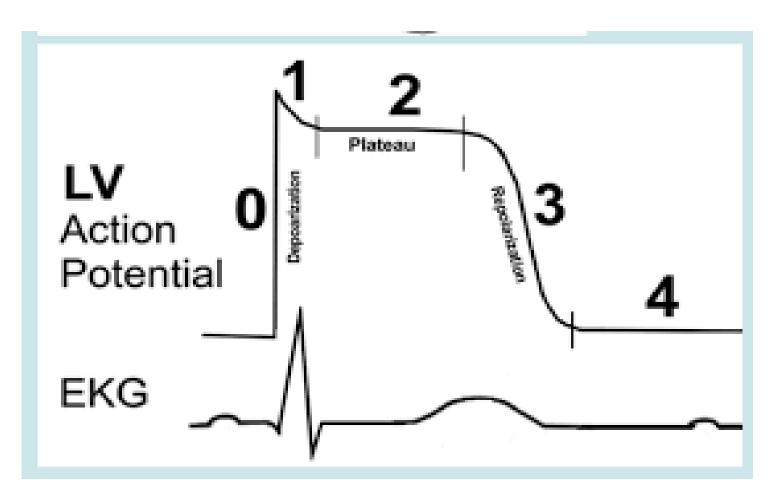
Resting Membrane Potential



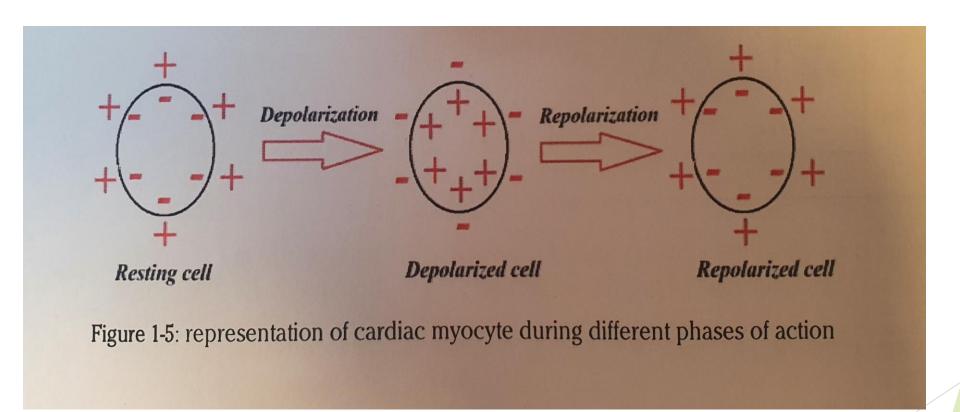
Action Potential

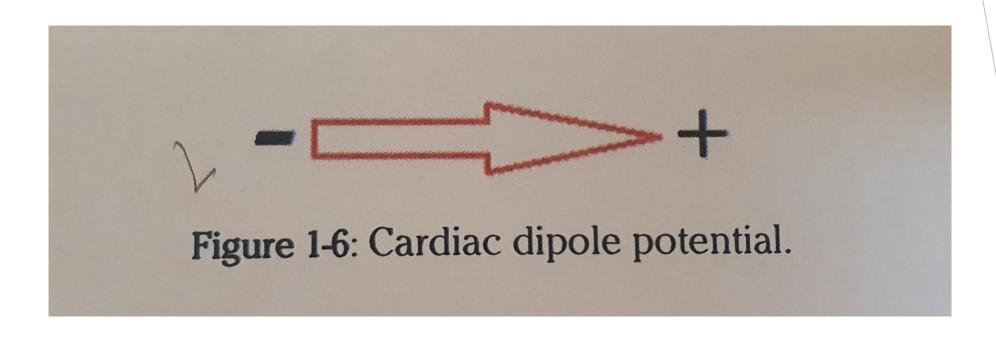


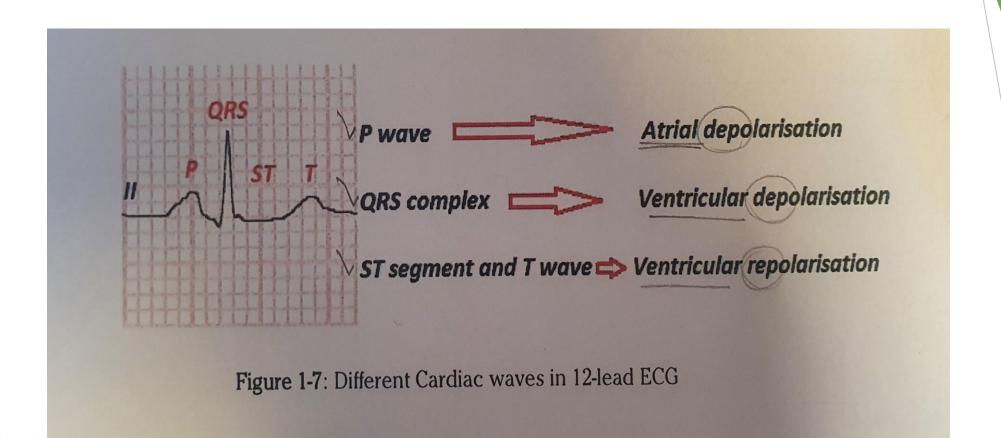
Comparison of AP phases with ECG



Recording of depolarization and repolarization

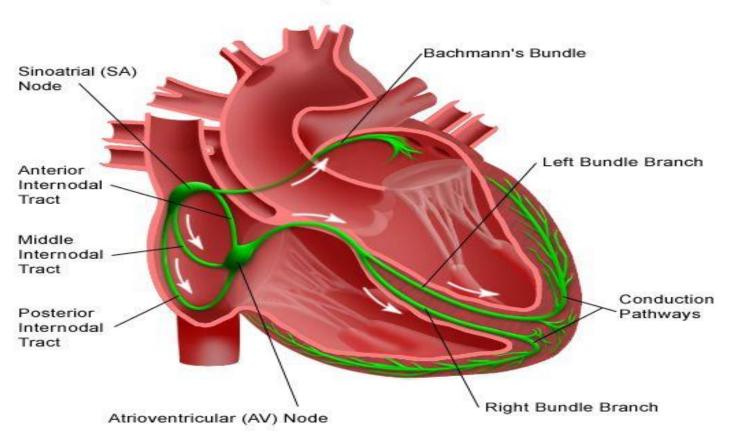




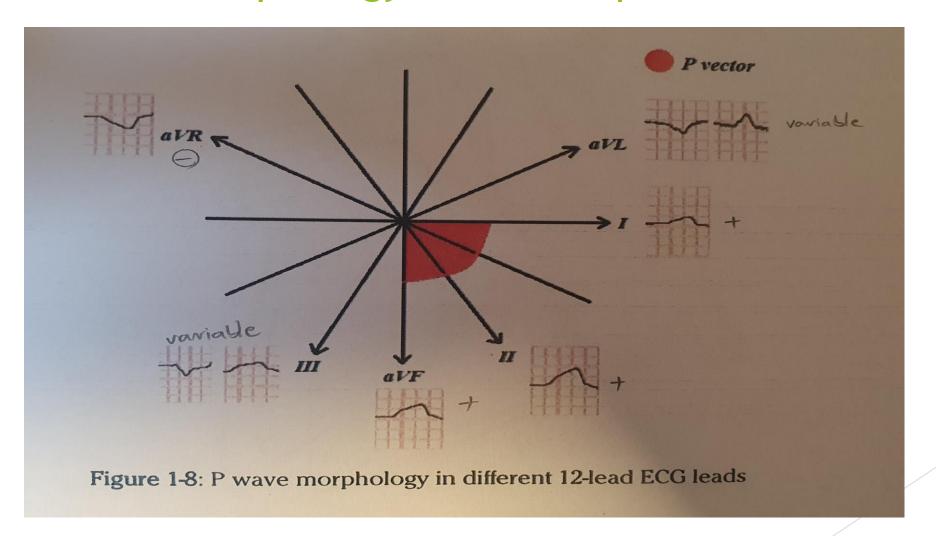


Atrial Depolarization

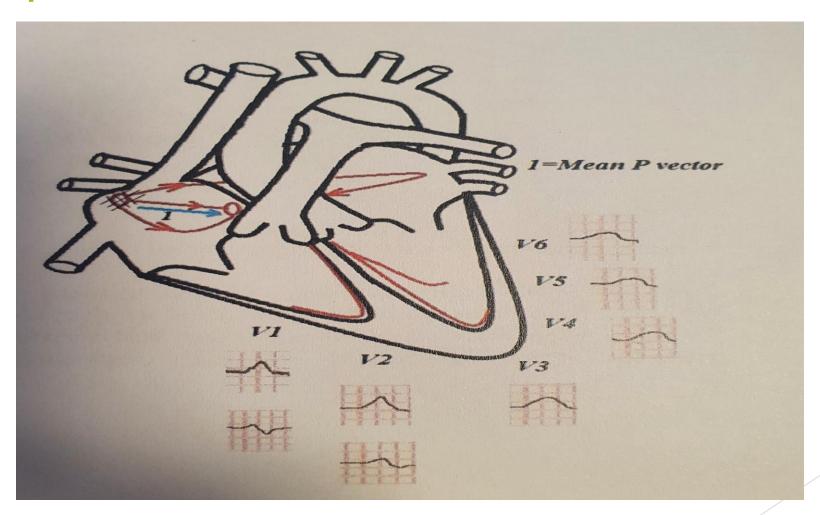
Electrical System of the Heart



P wave morphology in Frontal plane



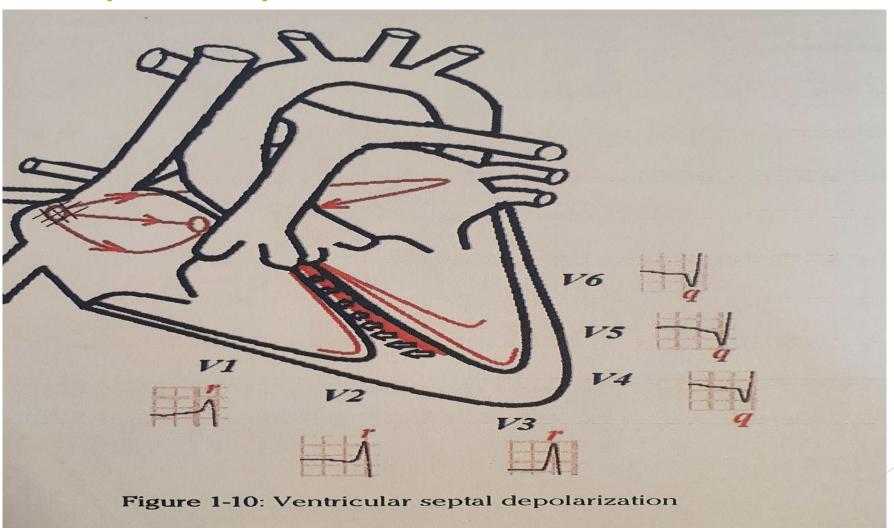
P wave morphology in horizontal plane



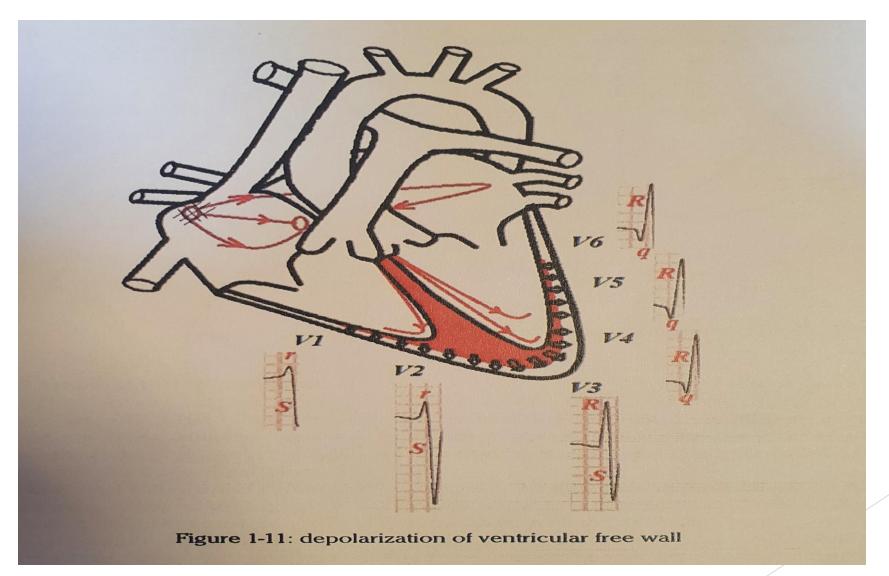
Ventricular Depolarization

- Endocardial layer ______ Epicardium (+vector)
- Sequence:
 - 1. IVS(septum)
 - 2. Free wall
 - 3. Post.Basal LV and RVOT

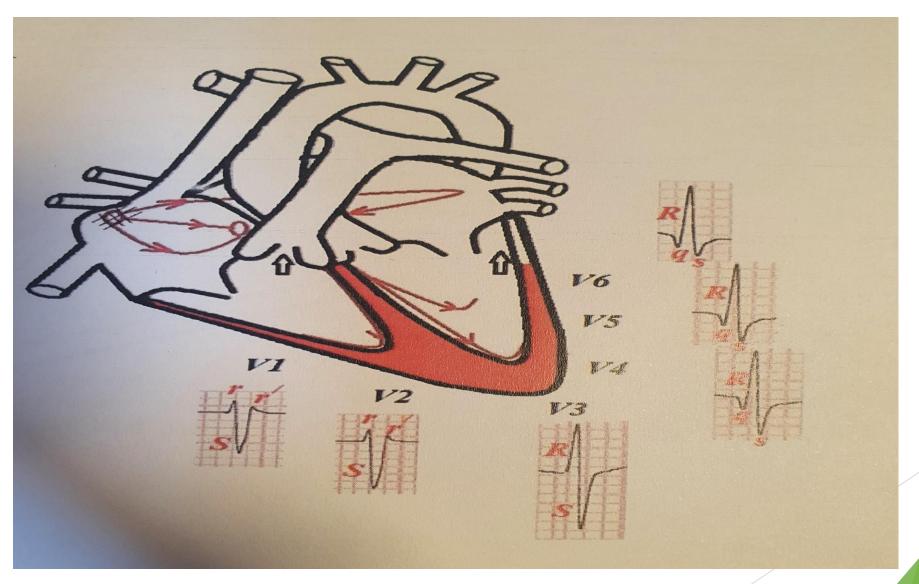
1. Septal Depolarization



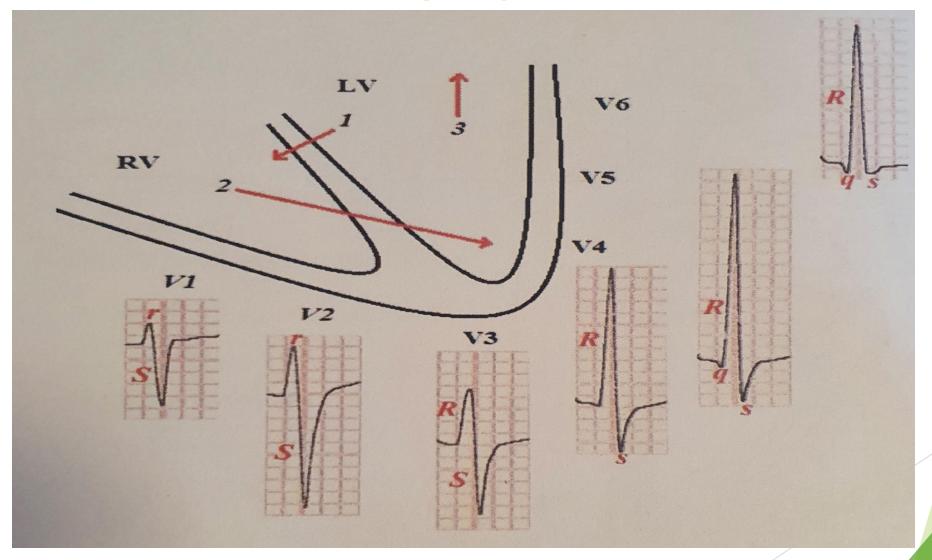
2. Activation of ventricular free wall



3. Activation of Post. Basal LV and RVOT



Precordial R wave progression



Cardiac Axis

▶ QRS vector in frontal plane (in limb leads) is variable and depends on cardiac position and the presence of conduction system disease.

QRS vector in frontal plane is known as cardiac axis.

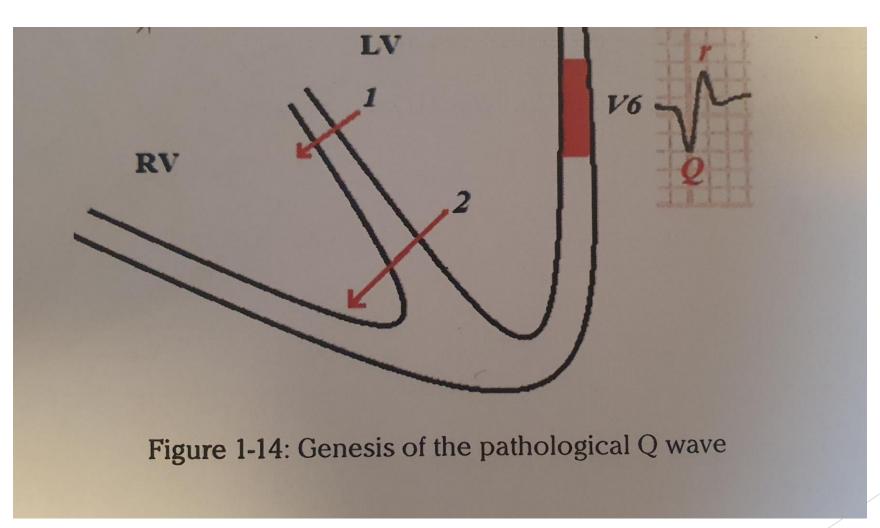
Mechanism of the pathological Q wave genesis

Pathological Q wave:

width >=40 ms Or amplitude >1/4 R wave amplitude

Myocardial necrosis due to myocardial infarction and other causes.

Mechanism



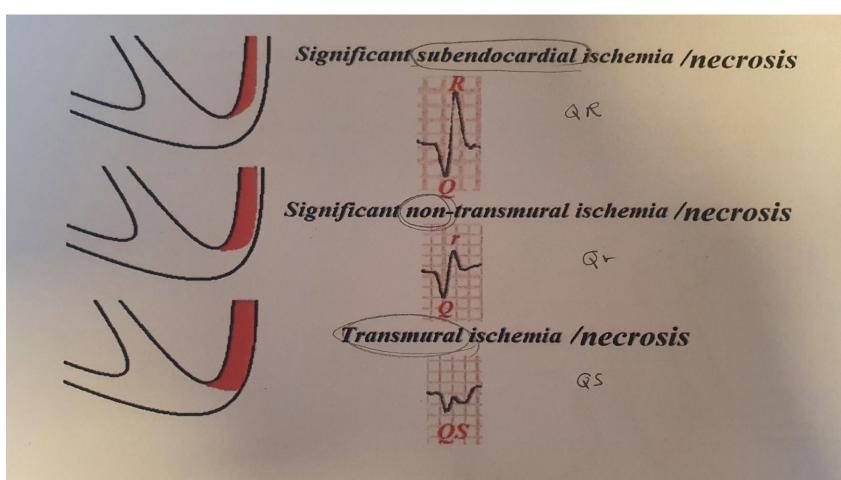


Figure 1-16: Genesis of the pathological Q wave, Qr wave, and QS waves due to different degrees of myocardial necrosis.

Ventricular Repolarization

Surface ECG ST segment and T wave.

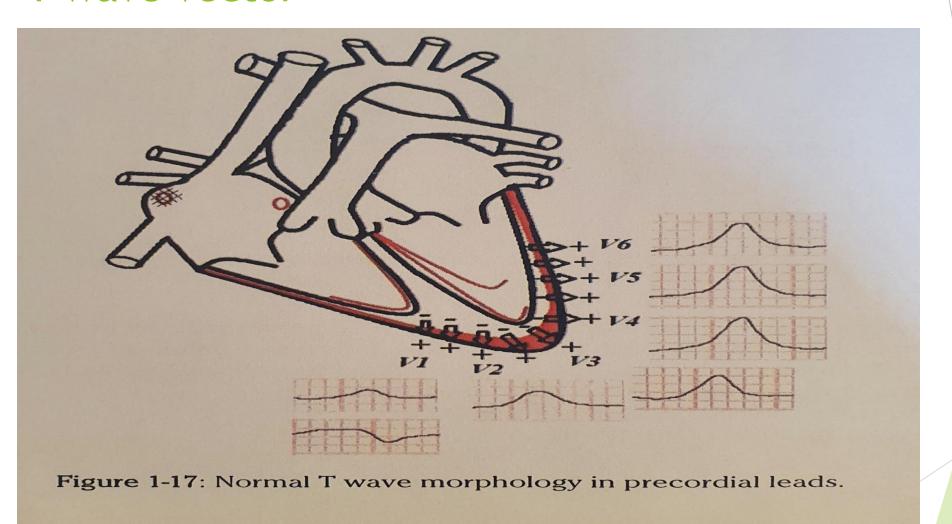
Normal repolarization of the ventricles:

epicardial surface endocardium

Repolarization Vector is in the same direction as the depolarization vector.

endocardium epicardium

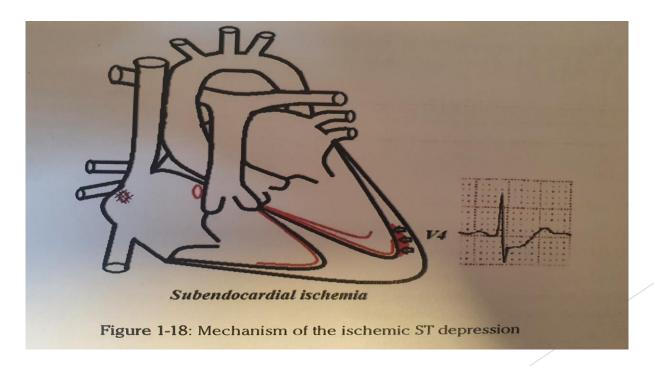
T wave vector



Repolarization Abnormality

ST segment deviation (elevation/depression) from the baseline (TP segment) is the most important abnormality of the ECG in myocardial ischemia/infarction.

In <u>subendocardial</u> ischemia, the ST segment vector is toward the ischemic region ST depression in adjacent leads.



In <u>transmural</u> ischemia, the ST segment vector is toward epicardial surface

ST elevation in adjacent leads and ST depression in opposite leads(reciprocal changes)

