

tion laboratory and did not convert to overt ST-segment elevation. Furthermore, the majority of our patients showed a total occlusion of the proximal LAD artery and, despite successful primary percutaneous coronary intervention in all cases, had a considerable loss of myocardium (median myocardial type creatine kinase 290 µg/l). This seems in contradiction to previous suggestions that ST-segment depression and tall positive T waves in the precordial leads are associated with regional subendocardial ischaemia⁵ and a favourable outcome.⁴ Therefore, we think it is important to emphasise that in some patients, this novel ECG pattern may be associated with persistent proximal LAD artery occlusion and transmural ischaemia of the anterior myocardium. These patients must be distinguished from patients with regional subendocardial ischaemia and be referred for immediate reperfusion therapy.

N J Verouden, R J de Winter

Department of Cardiology of the Academic Medical Center, University of Amsterdam, Amsterdam, The Netherlands

Correspondence to: Dr R J de Winter, Department of Cardiology, B2-137, Academic Medical Center, Meibergdreef 9, PO box 22660, 1100 DD Amsterdam, The Netherlands; r.j.dewinter@amc.uva.nl

Competing interests: None.

Provenance and peer review: Not commissioned; not externally peer reviewed.

Heart 2009;**95**:1952–1953. doi:10.1136/hrt.2009.181222

REFERENCES

1. **Eskola MJ**, Nikus KC, Sclarovsky S. Persistent precordial “hyper acute” T waves signify proximal left anterior descending artery occlusion. *Heart* 2009;**95**:1701–6.
2. **Verouden NJ**, Koch KT, Peters RJ, *et al*. Persistent precordial “hyper acute” T-waves signify proximal LAD artery occlusion. *Heart* 2009;**95**:1701–6.
3. **Dressler W**, Roesler H. High T waves in the earliest stage of myocardial infarction. *Am Heart J* 1947;**34**:627–46.
4. **Sclarovsky S**, Rechavia E, Strasberg B, *et al*. Unstable angina: ST segment depression with positive versus negative T wave deflections—clinical course, ECG evolution, and angiographic correlation. *Am Heart J* 1988;**116**:933–41.
5. **Sclarovsky S**, ed. Angina at rest and acute myocardial infarction. In: *Electrocardiography of acute myocardial ischaemic syndromes*. London: Martin Dunitz Ltd, 1999:1–29.

CORRECTION

doi:10.1136/hrt.2009.179390corr1

Wackers J. Chest pain in the emergency department: role of cardiac imaging. The author's reply. *Heart* 2009;**95**:1802. In the third paragraph, the first sentence should read “I believe though that there is a place for exercise ECG in the evaluation of patients in an ED chest pain centre (CPC).” The journal apologises for the error which has been corrected online.