

日期 103年9月15日

內容摘要：

(填寫說明：

1. 如有附件請註明，如簡報檔、全文檔等
2. 需有問題與討論：請註明姓名並包含醫學倫理及EBM之應用
3. 需有總結，請註明做結論者【主持人】姓名
4. 請自行編排頁碼)

- 六大核心能力
- 病人照護
  - 人際溝通技能
  - 醫學知識
  - 從工作學習及成長
  - 專業素養
  - 制度下之臨床工作

Journal Reading

主講 = VS. 陳欣伶  
主持 = CR 陳穎玲

Topic: Diagnosis of ST-elevation Myocardial infarction  
in the presence of Lt BBB with ST-elevation to  
S-wave Ratio in a Modified Sgarbossa Rule

(Q&A)

VS 陳欣伶 Q1: What is Sgarbossa's Rule?

RI 蔡可威 A1: Sgarbossa's Rule ( $\geq 3$  points):

- Concordant ST $\uparrow$  of 1mm in  $\geq 1$  lead (5 points)

- Concordant ST $\downarrow$  of 1mm in leads V1-3 (3 points)

- Excessively discordant ST $\uparrow$   $\geq 5$  mm ST $\uparrow$  when QRS is

Specificity (98%), Sensitivity (70%)

negative (2 points)

VS 陳欣伶 Q2: What is revised Sgarbossa's rule?

R 林哲葦 A2: Revised Sgarbossa's Rule.

Modified  $\rightarrow$  ST/S ratio  ~~$\geq 0.25$~~   $\rightarrow$  specificity  $> 90\%$   
 $\leq 0.25$   
"  $\leq 30$

內容摘要 (續):

VS  
 (R) 陳欣伶 Q3. What is different in comparison btw Sgarbossa's & Revised Sgarbossa's Rule?  
 (R) 李岱穎 A3. Revised Sgarbossa rule replaces the ~~total~~ absolute amplitude of ST segment criteria with relative, proportional rule of STS criteria, as this study.

Q4V. 今天的 paper 幫助大家 review Sgarbossa rule, 及了解新的 modified Sgarbossa rule, what does the new rule aid our clinical decision?

AKR 陳欣伶 Sgarbossa rule is highly sensitive with rule 1, 2, but CR 陳穎玲 for the 3rd rule which has not been sensitive/specificity acceptable, M Sgarbossa rule provides a better reference with better sensitive/specificity clinically.

Q5V. What are the conditions of seeing portal venous gas?

ASRx - Ischemia bowel, show bowel.  
 劉邦民

Q6V. How to differentiate origin of gas as biliary origin or portal vein?  
 陳欣伶

Ab. CR 陳穎玲 Gas distribution pattern - central - biliary - peripheral - portal vein.

Q7. Why was Sgarbossa's Rule used?

(R) 李岱穎 A7. AMI is difficultly differentiated in presence of LBBB, or paced pattern.

Q8. What ~~are~~ can assist in localization of infarct?

(R) 甄凱文 A8: Thallium scintigraphy. Other modality.

紀錄者: 蔡子承

Q9. What are other criteria present?

(R) 陳欣伶 A9: Serial ECG changes, STe, Abn. Q, Cabrera's sign

Q10. What is the sensitivity & specificity of Sgarbossa Rule?

(R) 施膺秦 A10.  $\geq 3$  points = 90% specificity, 36% sensitivity. 新光吳火獅紀念醫院

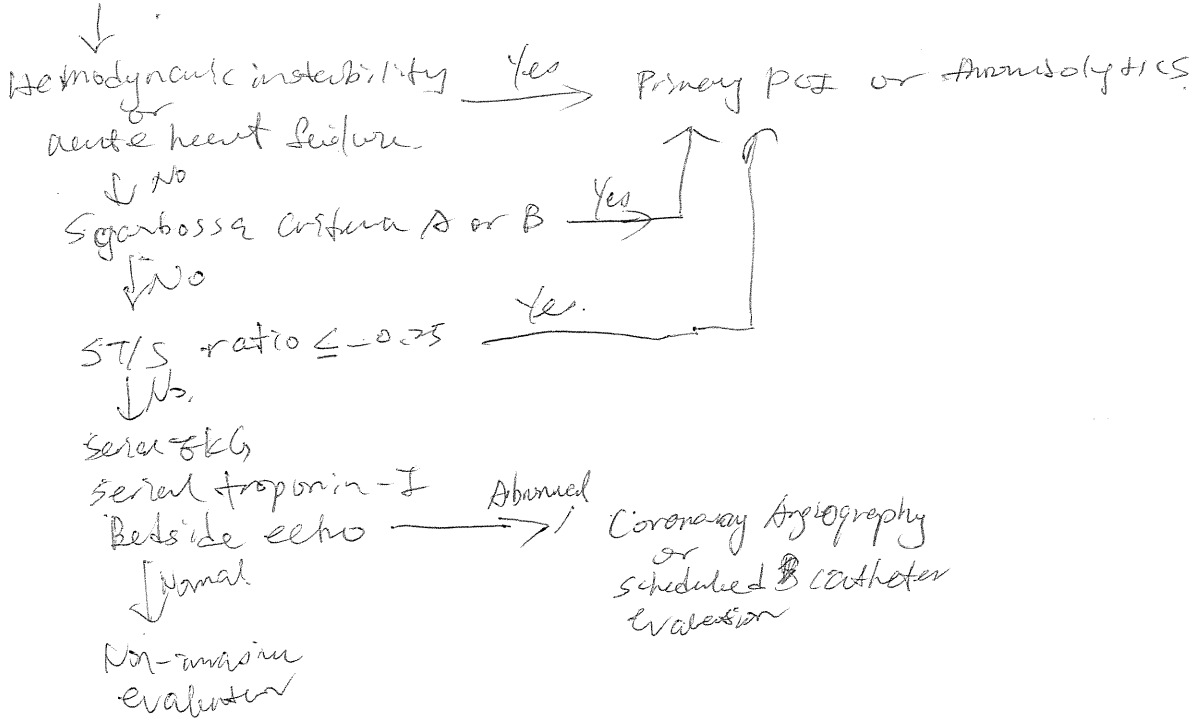
科 醫學科  
 主任 王宗倫

# EBM & Ethics

VS  
陳欣伶 Q. Current study indicates Sgarbossa criteria C as not so predictive of AMI, and thus what should be the algorithm for evaluation of pt with AMI & LBBB?

R1  
蔡宇承 A. According to study by Qi, et al, American Heart Journal 2013, we can follow the algorithm below.

AMI pt with LBBB



## Key point

- (1) LBBB is no longer a validated criteria for STEMI.
- (2) Sgarbossa C criteria is now not validated.
- (3) Revised Sgarbossa C criteria w/ discordant ST ratio  $\leq -0.25$  is now being validated as AMI: STEMI.

## VS Comment VS 陳欣伶

- (1) Sgarbossa Rule is useful criteria for doctors in ER to decide PCI within golden door to balloon time 90 min.
- (2) It would do harm to the pt if the ECG pattern is not recognized.
- (3) We shall use Sgarbossa's criteria C and sent pt to PCI even the rule is not yet completely validated.

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