

## Preface

This book is designed for medical students and colleagues (including general practitioners, internists, and cardiologists) who need a short, practical book to help them correctly interpret more than 90% of all ECGs they see on a daily basis. Although this is a particularly ambitious goal for such a compact ECG book, important theoretic basics, as well as ventricular and atrial *vectors*, are included.

The knowledge needed to correctly identify diagnostic ECG features, including arrhythmias, requires extensive experience obtained over many years. Why then an “evidence-based” book? Because the cardiologist must be experienced in all fields of cardiology: in the ambulatory section using Echo/Doppler, ambulatory, and exercise ECGs; at the emergency station; and in the coronary care unit. The interventional cardiologist, who has performed thousands of heart catheterizations, coronary angiographies, and pacemaker implantations, and has moved beyond field into invasive electrophysiology, has a *very critical* attitude toward ECGs. Such cardiologists always respect the *limits* of ECGs when compared with other approaches, such as echocardiographic or coronary angiographic findings.

Another argument for an “evidence-based” book is that I read or re-read more than 2000 citations, of which approximately 650 have been included in this book. The evidence was improved by adding detailed descriptions of the coronary artery and left ventricular angiographic findings for every of the thirty ECG patterns of myocardial infarction, as well as by case reports/short stories of predominantly spectacular cases.

Designed to sit alongside my earlier publication, *The ECG: A Two-Step Approach to Diagnosis*, references to that book are given if the details cannot be found in any other ECG book (e.g., a long list of the etiology of electrolyte disturbances, the differentiation of myocardial infarction stages based on four principally different nomenclatures, and the ECG documentation of *all* possible false limb lead poling in electric left and vertical hearts).

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An Evidence-Based Approach

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