**Possible ischemic symptoms** include various combinations of chest, upper extremity, mandibular or epigastric discomfort (with exertion or at rest) or an ischemic equivalent such as dyspnea or fatigue. The discomfort associated with acute MI usually lasts >20 min. Often, the discomfort is diffuse—not localized, nor positional, nor affected by movement of the region—and it may be accompanied by diaphoresis, nausea, or syncope.

 Examples:

* 87 yr. old patient presents with cough, SOB, and wheezing. Troponins ordered as part of initial ER work ->> 0.211, 0.311, and 0.249. Diagnosed with Acute Bronchitis and Resp Failure. EKG -Normal Sinus Rhythm, no Chest Pain. ~ ***Demand Ischemia, NOT an MI.***
* A 70 year old female multiple myeloma is admitted with rapid atrial fibrillation, substernal chest pressure and mild dyspnea. EKG shows non-specific changes. Hemoglobin is 7.5 gm/dl. Stool occult blood is negative. Atrial fib is converted with Cardizem and 2 units of packed RBC transfused with relief of symptoms. Serial Troponin levels are 0.01 / 0.04 / 0.08 / 0.05. Diagnoses are rapid atrial fibrillation and severe anemia due to myeloma***. ~ Demand ischemia, NOT an MI.***

28 yr old with sepsis, hypotension, tachycardia, no CP or EKG changes, Troponin 0.08- demand ischemia

28 year old with ESRD, troponin >0.12, no EKG change- elevated Troponin

28 year old with sepsis, hypotension, tachycardia, CP with EKG changes, Trop .18, .20, .25- Type 2 MI