Introduction

In acute myocardial infarction, ST segment elevation in the electrocardiogram obtained on presentation is often accompanied by reciprocal ST depression (changes in leads related to opposing areas of the heart). Debate on the importance of this reciprocal ST depression continues, with opinion divided on whether it represents remote ischemia due to multivessel coronary disease (**Mirvis, 1988**) or a passive electrical phenomenon (**Jennings et al., 1983**). Similarly, on treadmill exercise testing after infraction ST elevation in the leads related to the infarct is often accompanied by reciprocal ST depression in the leads related to the opposing areas (**Coma-Canella, 1991**). Whereas much is known about reciprocal ST change in the presenting electrocardiogram, little information exists on its importance during exercise testing; whether it represents inducible myocardial ischemia (in opposing areas) or a passive electrical phenomenon remains unclear. The distinction is important because exercise testing after infarction is widely used on the premise that ST depression indicates residual reversible ischemia, which may in turn suggest severe coronary disease.