Within the course of an acute posterior wall myocardial infarction there may be involvement of the right ventricle leading to right ventricular infarction. The long-term prognosis of patients with right ventricular infarction is not meaningfully compromised provided that the left ventricular function is preserved. However, in the acute phase, there may be a threefold increase in mortality if the right ventricular infarction leads to substantial right ventricular dysfunction. Consequently, right ventricular involvement should be detected as early as possible. In addition to the clinical presentation, the ECG and echocardiogram can provide decisive information. In addition to reperfusion, specific measures are employed to address the hemodynamic derangement of right ventricular dysfunction. These include administration of fluids for volume expansion to increase filling pressure and avoidance of vasodilators and diuretics.