ANALYSIS OF 200 CASES OF CONDUCTION DISTURBANCES IN ACUTE ST ELEVATION INFERIOR WALL MYOCARDIAL INFARCTION RELATED TO CAUSAL COMPARISON

ABSTRACT

INTRODUCTION:

Conduction defects are one of the immediate complications which occur following acute myocardial infarction various Types of conduction defects occur during acute myocardial infarction. Atrioventricular blocks are more commonly associated with inferior wall myocardial infarction. Inferior wall myocardial infarction account for 40-50% of all acute myocardial infarction. Acute myocardial infarction associated with conduction disturbances means mortality and morbidity increases. Early recognition and prompt treatment will definitely reduce mortality.

AIM:

To analyze 200 cases of conduction disturbances in patients with acute ST elevation inferior wall myocardial infarction related to causal comparisons like Age, sex, smoking, alcoholism, hypertension, diabetes mellitus, total cholesterol, HDL, LDL level and COPD patients. To find out any association of each comparison group with ST elevation inferior wall myocardial infarction particularly on the risk of conduction disturbances.

MATERIALS AND METHODS:

In this observational cross sectional study. Total of 200 patients of acute inferior wall myocardial infarction with conduction disturbances admitted in intensive care unit of Coimbatore medical college hospital during one period from july 2016-june 2017.all the 200 cases were selected according to inclusion criteria. A

proforma was used to record to obtain typical symptoms and risk factors. History of hypertension, diabetes, smoking, alcoholism, dyslipidemia and COPD were noted. To find out any association of each comparison group with ST elevation inferior wall myocardial infarction particularly on the risk of conduction disturbances.

RESULTS:

Total of 200 cases 37% of patients were in the age group of 61-70.34.5% of patients were 51-60 years of age. Male predominant. Smoking and alcoholic group > 55%. Hypertension and Diabetes mellitus are the important risk factor which is statistically significant. But dyslipidemia and COPD are not significantly correlated with conduction disturbances. Mean value of dyslipidemia was correlated with prognosis of the patient.

CONCLUSION:

Among the conduction disturbances sinus bradycardia is the commonest conduction disturbances followed by first degree heart block then complete heart block and second degree heart block. When Age increases conduction disturbances increases with male predominant. Hypertension and Diabetes mellitus are important and significant risk factor for conduction disturbances. Among hospital mortality sinus bradycardia group had high mortality because of need for immediate pacemaker. There is significant correlation between mean value of dyslipidemia and prognosis of conduction disturbances.

KEY WORDS:

Coronary artery disease, Atherosclerosis, Acute inferior wall myocardial infarction, Conduction disturbances, 12 lead electrocardiogram.