ARRYTHMIAS
Prognostic Significance of “In hospital Arrythmias” in Acute Myocardial Infarction

Dr. Y. Varma, Dr. C.M. Singh, Dr. R. Gupta, Dr, V.K. Sharma, Dr. G. Singh, Dr. R. K. Shrivastava, Dr. R.S. Meena, Dr, Naresh Himthani.

Arrhythmias after Acute myocardial infarction (AMI) have a prognostic value, in addition to the morbidity it involves. To evaluate the significance of arrhythmias 50 patients of AMI (37-Male, 13-Female) in the age group of 35-72 years were studies, Out of these 50 cases, 48% (n=24) had anterior wall myocardial infarction, 30% (n-15) had inferior wall myocardial infarction, 22% (n=11) had interior+Right Ventricular wall myocardial infarction. Thrombolysis was done in 56% (n=28) patients fulfilling inclusion criteria. Left ventricular ejection fraction (LVEF) of less than 50% was present in 24% (n=12) patients. 50% patients (n=25) experienced “In hospital arrythmias” and 28% (n=7) patients had cardiac events in 6 months follow up. In the group without “In hospital arrythmias” 60% (n-15) developed follow up events. Out of 12 patients with LVEF of less than 50% (n=12), 8 patients (66%) developed “In Hospital arrythmias” and 10 patients (83%) developed subsequent morbid cardiac events. Thrombolyzed patients (n-28) had "In hospital arrythmias" in 71.2% (n=20) as compared to 22.7% (n=5) in non-thrombolysed patients (n=22). “In hospital arrythmias” occurred in 72.7% in inferior and RVMI. In conclusion ventricular "In hospital arrythmias” are important complication of MI. LVEF less than 50%, non thrombolysed patients and Ant wall MI are poor prognostic factors in long term morbidity and mortality of AMI.