

GW23-e0094

CLINICAL PROGNOSIS OF DIFFERENT CORRESPONDING ST SEGMENT DEPRESSION TYPE IN ECG IN PATIENTS WITH ACUTE ST SEGMENT ELEVATION MYOCARDIAL INFARCTION

doi:10.1136/heartjnl-2012-302920k.42

Yu Wenjiang, Sunhaitao, Wangchunyu, Yu Wenjiangyu. *Yantai Yuhuangding Hospital*

Objectives To explore the relationship of culprit artery and clinical prognosis of different corresponding ST segment depression type in patients with acute ST segment elevation myocardial infarction.

Methods 967 cases of STEMI patients with completed data were enrolled in present study. The patients were divided into four groups according to the amplitude of R-ST-D, and group 1 consisted of 143 patients with non R-ST-D, group 2 consisted of 664 patients which the amplitude of R-ST-D, were less or equal to the amplitude of the ST segment elevation in myocardial infarction area. group 3 consisted of 93 patients whose the amplitude of R-ST-D were larger than the amplitude of the ST segment elevation. group 4 consisted of 67 patients whose corresponding ST segment and ST segment in myocardial infarction area were all elected. Analyse the relationship of the culprit artery and clinical prognosis between the four groups.

Results group 2 occurred in 68.7% patients in the four groups. Group 1 were not so many as group 2 and were mainly in anterior descending branch. Group 4 were mainly in complex anterior wall with anterior descending branch and circumflex branch and right coronary artery, and involved in many artery branch. group 3 and group 4 occurred in 9.6%, 6.9% were significantly higher than group 1 and group 2 ($p<0.05$ or $p<0.01$). Clinical occurrence of complication such as pump failure, low blood pressure, malignant arrhythmia, infarction extension, ventricular wall incoordination, EF index (50%), case fatality rate in hospital were much more in 3 and 4 group ($p<0.05$ or $p<0.01$).

Conclusions Different corresponding ST segment depression type in patients with ST segment elevate acute myocardial infarction can forecast the culprit artery and clinical prognosis.