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THE VALUE OF LEAD AVR IN IDENTIFYING THE INFARCTED-RELATED ARTERY AND PROGNOSIS IN PATIENTS WITH ACUTE ANTERIOR MYOCARDIAL INFARCTION

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Objectives TO investigate the value of lead aVR in identifying the infarcted-related artery and prognosis in patients with acute anterior myocardial infarction.

Methods We analysed electrocardiogram and coronary angiography in patients with acute anterior myocardial infarction.

Results

1. There was significant difference in the patients whose infarct-related artery was left main coronary artery between in the elevation group (9 cases, 27.3%) and no elevation group (2 cases, 2.8%) $p<0.01$; The patients whose infarct-related artery was proximal left anterior descending coronary artery in elevation group, 22 cases (66.7%) were significantly more than that of no elevation group, 26 cases (36.6%) $p<0.01$; The cases with multi-vessel lesions in elevation group (15 cases, 45.4%) were significantly more than in no elevation group (16 cases, 23.5%) $p<0.01$.
2. The cases with heart incident in elevation group, 11 cases (33.3%) were significantly more than in no elevation group, 9 cases (9.9%) $p<0.01$;
3. The left ventricular ejection fraction (LVEF) was significantly lower in elevation group than in no elevation group $p<0.05$;

4. The peak creatine kinase MB fractions was significantly higher in elevation group than that in no elevation group ($p<0.01$).

Conclusions ST segment elevation of aVR lead is useful for predicting infarcted-related artery and prognosis in patients with acute anterior myocardial infarction.