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Clinical and angiographic profile of patients with complete heart block

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Aim: We aimed to study the clinical profile, risk factors, angiographic distribution and in-hospital outcomes of patients with complete heart block.

Methods: This was a prospective study which included 100 patients who came to the emergency department with complete heart block. Routine blood investigations including serum electrolytes were done. Coronary angiogram was done and lesions were assessed. Temporary pace maker was implanted followed by permanent pacemakers in required patients, and in-hospital complications were noted down.

Results: Commonest age group was >60 years (75%). The patients were predominately males. Most common presentation was chest pain (60%), followed by shortness of breath (30%) and giddiness (20%); 43% patients were on known hypertensives. Blood pressure at the time of admission was 100/70 mmHg, mean heart rate was around 40 bpm, tachypnoea was observed in 5% patients. Auscultation creps were found in 5% patients, creatinine levels were elevated in 5%, hypokalemia in 15%, echo showed regional wall motion abnormality in 30%. Severe and mild LV dysfunction 15% and 12% patients and good LV function in 3%. Degenerative complete heart block seen in 34% patients, diphtheric myocarditis 15%, hypokalemic 15%, dilated cardiomyopathy 2%. Of total, 53 patients had AV block, 14 had bifascicular block, 23 had LBBB, 6 had RBBB, 3 had mobitz I, and 1 had mobitz II. Inferior wall myocardial infarction (MI) was pervasively present in patients. On coronary angiogram, lesions were found in right coronary artery (RCA) (41%), left anterior descending artery (LAD) (23%), left circumflex artery (LCX) (23%), LCX and LAD (8%) and triple vessel disease (8%). Temporary pacemakers were implanted in 6 patients and permanent pacemakers in 43 patients. In-hospital outcomes constituted of complication like cardiogenic shock (10%) and death (26%). The patients who died either had 80-90% stenosis in RCA, triple vessel disease, ostio-proximal LAD occlusion, or diphtheric myocarditis.

Conclusion: Complete heart block was majorly associated with advanced age and inferior wall MI, virtually caused by dominant RCA occlusion. The in-hospital mortality was significantly higher in the patients with CHB.

Biography

Kavya Pingali has completed her MBBS at Siddhartha Medical College, Vijayawada. Subsequently, she obtained her MD in General Medicine at Guntur Medical College and DM Cardiology at Osmania Medical College, Hyderabad. She is currently a Senior Resident at Government Hospital, Guntur. She has an apt adroitness in performing coronary interventions. She had done multifarious coronary interventions independently, with a high success rate and a negligible number of complications. Moreover, she has a finesse to perform device closures for ASD and VSD and to implant the prosthetic heart valves.

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