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Background & Aim: The acute coronary syndromes encompass a spectrum of unstable angina to transmural myocardial infarction. The definition of acute coronary syndrome depends on the specific characteristics of each element of the triad of clinical presentation, electrocardiographic changes and biochemical cardiac markers. To assess correlation between P wave dispersion, QRS duration and QT dispersion in hospital events in patients with Acute Coronary Syndrome (ACS).

Method: This prospective study was conducted on 60 patients with acute coronary syndrome admitted to critical care units of Alexandria University Hospitals from first of January 2012 to end of August 2012. An informed consent was taken from relatives of every patient included in the study. This study was approved by Ethical Committee of Alexandria Faculty of Medicine.

Result: During the observation up to 5 days, 1 patient (1.6%) developed AF. There was no significant correlation between P wave Dispersion (PD) in the three studied groups and no significant relation between it and the whole complications developed in failed thrombolysis group ($p>0.05$). PD alone could not predict AF in this study, as the mean was 20.0 milliseconds, which was too small to predict AF alone. There was no significance difference between QRS duration in the three groups (unstable angina, successful thrombolysis and failed thrombolysis respectively with mean value $(75.7\pm 14.02, 75.2\pm 10.88, 73.36\pm 8.81)$ ($p>0.05$) and the relationship between the QRS duration and the development of complications was non-significant in this study. This study showed that there was a significant relation among the three groups and highly significant correlation between QTD duration and prediction of complications. It was clear that ICU length of stay was longer in patients with failed thrombolysis in comparison with the other two groups ($p<0.05$).

Conclusion: Importance of measurements of QT dispersion to patients with acute coronary syndrome especially at admission. Failed thrombolysis patients should be under close observation and monitoring till another option is available like coronary intervention.

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