

Clinical significance of smoking in acute inferior wall myocardial infarction complicated by third degree atrioventricular block

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Inferior wall myocardial infarction accounts for 40-50% of all acute myocardial infarctions. Association of acute inferior wall myocardial infarction and third degree atrio ventricular block (AVB) was established, but the effect modifiers are still not known. We assessed the predictors of patients presenting with acute inferior wall myocardial infarction and third degree atrioventricular block. We conducted a prospective cross sectional study on patients presented within ≤ 12 hours with sign & symptoms of acute inferior wall myocardial infarction at, Liaquat National Hospital, Karachi from February 2018 to August 2018 . Third degree AVB was assessed through ECG. The diagnosis of inferior wall myocardial infarction was established by the presence of ST segment elevation in leads II,III,aVF or Q waves of >0.04 sec in duration in lead II,III and aVF with reciprocal ST segment depression in the lateral and/or high lateral leads (I, aVL, V5 and V6).Out of 115 patients with acute inferior wall myocardial infarction ,70(80.5%)patients were male. Mean age was 47.5 ± 7.47 years and duration of symptoms was 4.6 ± 1.28 hours. Diabetes was found in 57.4% patients, 72.2% were hypertensive, and 50.4% patients were smokers. Third degree AVB was observed in 13.0% patients. Smoking status was significantly associated with third degree AVB (OR: 2.1, 95%CI: 87% , p-value: 0.01).Among patients with acute inferior wall myocardial infarction, third degree AVB occurred in 15(13%),and has significant association with smoking. Generalizability of results is limited because it was a single centre, non randomized study with small size.