
**ASSESSMENT OF RIGHT VENTRICULAR FUNCTION BY CLINICAL
FEATURES, ELECTROCARDIOGRAPHY AND ECHOCARDIOGRAPHY IN
PATIENTS WITH INFERIOR WALL MYOCARDIAL INFARCTION.**

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ABSTRACT

AIMS AND OBJECTIVE: -

To Assess the Right ventricular function by Clinical features, Electrocardiography and Echocardiography in inferior wall MI patients and also to assess the complications and mortality.

TYPE OF STUDY: - prospective case control study

MATERIALS AND METHODS: -

The study involves 100 patients.

According to the inclusion criteria, cases aged more than 18 years, both the sexes with inferior wall MI were selected for the study. Their clinical profile, ECG and ECHO findings were studied. The patients were divided into two groups: Group 1 – Patients with Inferior wall MI with Right ventricular MI, Group 2 – Patients with Inferior wall MI without Right ventricular MI. Complications occurring during the in hospital period were determined for all patients

RESULTS: - Inferior Wall MI is associated with right ventricular dysfunction in 31% of patients. Identification of right ventricular contractile function and tricuspid regurgitation by ECHO among the two groups was found to be statistically significant

CONCLUSION: -

From this study, it is concluded that Inferior Wall MI is associated with right ventricular dysfunction in 31% of patients. Furthermore, patients with Inferior Wall MI with concomitant right ventricular dysfunction were found to have poorer outcomes in terms of shock and mortality. Impaired RV function in patients presenting with RV infarction can be predicted by different ECG and ECHO findings. Identification of right ventricular contractile function and tricuspid regurgitation by ECHO among the two groups was found to be statistically significant. Though the in-hospital mortality after acute inferior MI did not differ much in those with IWMI and IWMI+RVMI in our study, this was probably attributed to the smaller sample size of the study group.