

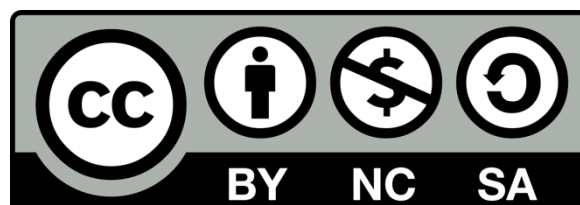
8TH LUBLIN INTERNATIONAL MEDICAL CONGRESS FOR STUDENTS AND YOUNG DOCTORS

LUBLIN, 18<sup>TH</sup> - 20<sup>TH</sup> NOVEMBER 2021

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STUDENTS' SCIENTIFIC SOCIETY  
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## **Peculiarities of electrical activity of the heart in patients in the acute period of Q-myocardial infarction after primary coronary intervention.**

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**Introduction:** The study of the prognostic value of heart rate variability (HRV) in relation to the mechanisms of occurrence, formation and progression of complications in the acute period of Q-myocardial infarction (Q-MI) after percutaneous coronary intervention (PCI) determines the relevance of this work.

**Aim of the study:** To identify features of HRV in patients with acute period of Q-MI after PCI.

**Material and methods:** 55 patients with acute period of Q-MI were examined: 1st group (n = 30) - patients after PCI, median age 62 (49; 72) years, 2nd group (n = 25) - patients with standard drug therapy, median age 69 (64; 75) years.

**Results:** In group 1 there was a significantly lower number of patients with group supraventricular extrasystoles (77.7%,  $p = 0.01$ ) and episodes of ST depression (54.5%,  $p = 0.04$ ), significantly higher total power of the HRV during the day (28.3%,  $p = 0.04$ ), significantly fewer patients with significantly and moderately reduced HRV: 10 vs 16 (at 60%  $p = 0.04$ ). There was a tendency to a shorter duration of the average daily adjusted QT (by 1.46%,  $p = 0.08$ ), to a smaller number of patients with episodes of ST elevation (by 42.8%,  $p = 0.05$ ).

**Conclusions:** In all patients in the acute period of Q-MI there is a tension of regulatory systems with a predominance of the sympathetic component of HRV. In patients receiving standard drug therapy, this is accompanied by a decrease in total HRV capacity, an increase in the duration of the average daily adjusted QT. Extrasystolic arrhythmia and episodes of myocardial ischemia were less common in patients after PCI.



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