in pregnancy is changing and differs between countries. It is believed that Rheumatic heart disease is more common than other heart diseases in India. We found in our registry of antenatal mothers that RHD is second most common heart disease.

Methods: We registered 1,125 antenatal mothers in outpatient department who are referred to undergo cardiac evaluation from Jan 2014 to June 2014. All were asymptomatic except few who had NYHA class II symptoms. Echocardiogram done and those with heart disease are classified.

Results:

Category	Number (total 1125)	Percentage%
RHD-total	**17**	**1.511**
RHD-MS	13	1.155
RHD MS/MR	1	0.088
RHD-S/P IV1VR	2	0.177
RHD S/P CIVIC	1	0.088
Congenital total	**24**	**2.133**
ASD-OS	6	0.533
ASD —IVC	1	0.088
VSD	2	0.177
PDA	0	0
S/P ASD closure	5	0.444
S/P VSD closure	1	0.088
S/P PDA ligation	2	0.177
MVP —AML	3	0.266
BCAV-AR	1	0.088
BCAV -AR	2	0.177
S /P ICR for DORV VSD PS	1	0.088
CAD OLD AWMI	1	0.088
DCM	1	0.088
Normal	**1082**	**96.09**
Total	1125	100.00

43(3.8%) out of 1,125 had heart disease. Among heart diseases, the relative proportions were CHD 56%, RHD 40%, CAD and CMY 2%. Median age was 23 years 151(13.42%) .14 yrs was the youngest age and 47 yrs was the oldest age . Among them , primi 627(55.73%), second gravida 448(39.82%), third gravida 50(4.44%).

Conclusions: There has been varied reports about the incidence and prevalence of RHD in Indian population .However among heart disease complicating pregnancy from we have found a definite decline in the prevalence of RHD while CHD has surged ahead over RHD. This may be attributable to the changing socio-economic, environmental factors and reduction in family size.

The role of thrombolytic therapy in the treatment of acute sub massive pulmonary embolism: A single center observational study from India

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Background: Routine use of thrombolytic therapy in hemodynamically stable patients with sub massive pulmonary embolism is controversial.

Rationale: To observe the safety & efficacy of thrombolytic therapy in acute pulmonary embolism patients with normal blood pressure and right ventricular dysfunction.

Methods: In this study, 130 patients with sub-massive pulmonary embolism who had right ventricular (RV) dysfunction, were included and treated with thrombolytic therapy.

Results: Mean age of our study patients was 43 +/- 14. 9 years. Fifty-three (41%) patients in our study were within forty years of age. Hundred—eight (83%) patients had clinical improvement in NYHA class and it was statistically significant (p<0.001). Both RV dysfunction and pulmonary artery systolic pressure (PASP) improved significantly following thrombolytic therapy from baseline (mean PASP 49 mm of Hg vs 28 mm of Hg; p= 0.01; 95% CI = -13 to − 56). Twelve (9%) patients died and two patients (1.5%) developed intra cerebral haemorrhage.

Conclusion: Thrombolytic therapy is helpful in improving clinical course following sub-massive acute pulmonary embolism.

Thrombolysis with single bolus tenecteplase compared with streptokinase infusion in the treatment of acute pulmonary embolism − A pilot study

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Objective: This study was planned to compare the efficacy of bolus regimens of tenecteplase and 24 hours infusion of streptokinase in acute pulmonary embolism in resource poor setting.

Methods: Design: It was a comparative study. Setting: It was done in a single tertiary cardiac care centre. Patients: One-hundred patients with acute pulmonary embolism were included and divided according to their treatment received. Interventions: Twenty-five patients received injection Tenecteplase as a single bolus injection according to their body weight. Seventy-five patients received infusion of Streptokinase over 24-48 hours. Main outcome measures: The outcome in this study was to determine the reduction of RV dysfunction and/ or PASP seen at echocardiography performed 24 hours after treatment given.

Results: Fifty-six percent patients in our study were within forty years of age. Forty-three percent of total patients had normal blood pressure in presence of right ventricular dysfunction. Pulmonary artery systolic pressure was improved separately in both the study groups of patients from baseline at 24 hours or at 7th day, but was comparable among the TNK and STK group of patients. Mean duration of stay in ICU was significantly less in TNK group (2.2 +/- 0.8 vs 3.2 +/- 1.3 days; p=0.04) though the cost of therapy was three times more than STK group (USD 800 vs USD 275; p=0.01).

Conclusion: These results suggest that a 24-h infusion regimen of streptokinase is as effective as bolus tenecteplase in the treatment of patients with acute pulmonary embolism in countries with limited resources.

Pulmonary embolism in young: Prevalence and practice

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