

Conclusions: Cardiac rupture following myocardial infarction is an important cause of mortality, and may occur either early after the onset of infarction, or in the sub acute phase during infarct remodeling. Recognition of typical risk factors and symptoms associated with myocardial rupture will enable potentially life-saving interventions, such as emergency cardiac surgery.

A study of peripheral arterial disease in diabetic patients in a tertiary care centre

Yuvaraj Bhosale, Mukesh Laddha, S. Mallakmir, S. Deshpande, G.R. Kane

Padmashree Dr. D.Y.Patil Hospital, Nerul, Navi Mumbai, India

Background: Peripheral arterial disease (PAD) has an important place in health care due to its high incidence and prevalence, as well as its consequences. Diabetes is an important risk factor for lower extremity arterial disease (LEAD) and is clinically identified by intermittent claudication and/or absence of peripheral pulses in the lower legs. With the use of doppler technology and ankle brachial index, LEAD can be identified noninvasively before clinical manifestation, while angiography remains the gold standard for identification and diagnosis of LEAD.

Objective: Our study aims to record clinical profile of PAD in type 2 DM patients, study usefulness of ABI as predictor of severity of PAD as judged on Doppler and angiography.

Methods: Baseline demographic characteristics like age, sex, diabetes duration, hypertension, ischemic heart disease and addictions like smoking and alcohol consumption were recorded. Diagnosis of PAD was based on symptoms, clinical signs, ankle brachial index and Doppler. Patients diagnosed with PAD were posted for peripheral angiography after taking informed written consent to determine severity, site of lesion and further management.

Results: Majority of patients were in age group of 51-60 years. Mean duration of diabetes was 12 years. HTN was more common than IHD while smoking was more common than alcohol. ABI was not significantly associated with co-morbidities (like HTN and IHD), addictions (like smoking and alcohol), age or duration of diabetes. Claudication was the most common symptom with mean ABI of 0.69. Dorsalis pedis and posterior tibialis were the most common arteries affected on pulse examination and Doppler. Femoropopliteal arterial segment was most commonly affected on angiography. ABI was significantly associated with pulse examination, Doppler findings and angiography indicating importance of ABI in screening patients for PAD. Association between Doppler and angiography was statistically significant but weakly correlated.

Conclusion: ABI is a useful screening test for PAD and is significantly associated with pulse examination, Doppler and angiography. Doppler is a best non-invasive, cost effective and practical alternative to angiography in all except in those cases which are candidates for revascularisation.

Evaluation of patients with atrial fibrillation by transesophageal echocardiography

Md. Toufiqur Rahman, Syed Azizul Haque

National Institute of Cardiovascular Diseases, Dhaka and Dinajpur Medical College & Hospital, Bangladesh

Background: Atrial fibrillation (AF) is a frequently encountered arrhythmia that has significant impact on cardiovascular morbidity and mortality. The advent of transesophageal echocardiography (TEE) especially multiplane TEE has ushered in new concepts and methods in the management of AF. TEE allows for a detailed anatomic assessment of the atria and the left atrial appendage. From this broadened knowledge, concepts, such as TEE-guided cardioversion, have been developed.

Aim: To evaluate the patients with atrial fibrillation using transesophageal echocardiography.

Methods: 452 patients with atrial fibrillation were studied during the period of May 2006 to May 2012 in National Institute of Cardiovascular Diseases (NICVD), Dhaka. All patients underwent transthoracic echocardiography and transesophageal evaluation by GE VIVID S5 machine with multiplane TEE probe.

Results: 78% were female, 22% were male. Mean age of the study population was 32 ± 08 years. 86% patients had chronic rheumatic heart disease (CRHD), 5% patients had hypertension, 3% patients had thyrotoxicosis, 2% patients had congenital heart diseases, 1% had dilated cardiomyopathy, 1% had ischemic cardiomyopathy, 1.5% had ischemic heart disease and 0.5% had hypertrophic obstructive cardiomyopathy. Transthoracic Echo examination showed left atrial spontaneous echo contrast in 25% cases and left atrial clot in 26% patients. Transesophageal echocardiograph examination showed left atrial spontaneous echo contrast in 76% cases and left atrial clot in 54% patients. Mean left atrial appendage flow velocity in patients with left atrial thrombus was 0.15 ± 0.04 m/sec and in patients without left atrial thrombus was 0.32 ± 0.07 m/sec.

Conclusion: AF is one of the commonest arrhythmia in clinical practice. 67% patients with rheumatic heart disease had left atrial thrombus and proper anticoagulation must be addressed for these patients.

Clinical and angiographic study of aortoarteritis in a superspecialized centre in Dhaka city

Md. Toufiqur Rahman, Syed Azizul Haque, A.A.S. Majumder

National Institute of Cardiovascular Diseases, Dhaka and Dinajpur Medical College & Hospital, Bangladesh

Background: Takayasu's arteritis is an inflammatory vascular disease of the young involving the large elastic arteries resulting in occlusive or ecstatic changes mainly in the aorta and its major branches as well as the pulmonary artery and its branches.

Aims: To evaluate the clinical and angiography profile and management of aortoarteritis.

Methods: 80 patients with Aortoarteritis were studied over a period of 11 years between August 2003 to February 2014. Data on clinical features, laboratory and angiographic findings, disease course and management were all recorded and analyzed in a computer based software system.

Results: Out of 80 patients (60 females, 20 males) with angiographically diagnosed Aortoarteritis. The median age of onset was 34 years (Ages 12 to 68 yrs). The clinical evaluation revealed unequal pulse (100%), hypertension (86%), intermittent claudication (35%) and CNS symptoms (18%). Commonest cause for systemic hypertension was renal artery stenosis. Ten patients were having dilated cardiomyopathy with ejection fraction of <30% out of which 3 had significant CAD, 6 had severe hypertension and 3 patients had severe AR. Elevated erythrocyte sedimentation rate