

as abnormal P waves in up to 50% of 89 normotensive ambulatory subjects with diabetes who were clinically free of cardiac disease (13). Intraatrial conduction disturbances were noted in 22 patients but only 3 had a slightly enlarged left atrium detected by echocardiography (14). Conduction disturbances and arrhythmias are present in early diabetic cardiomyopathy.

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#### Reply

We agree that conduction disturbances and arrhythmias are present in early diabetic cardiomyopathy, as noted in the study by Zonera-

ich of normotensive diabetic patients without cardiac disease (his Ref 12). The patients in our study were entirely different from the patients he studied because of the obvious additional presence of both coronary artery disease and acute myocardial infarction. Our observations of an increased incidence of ventricular premature depolarizations and intraventricular conduction delays among diabetic patients with acute myocardial infarction have been similarly observed by others (1-4). Although we did find a statistically significant increase in atrial premature depolarizations and nonfatal ventricular fibrillation in our patients with diabetes, some of the in-hospital deaths, which occurred much more frequently in patients with than in patients without diabetes, may have been due to fatal ventricular fibrillation. Other investigators (1) have reported an increased incidence of atrial tachyarrhythmias and fatal ventricular fibrillation in patients with compared with patients without diabetes. The general pattern of observation is that patients with myocardial infarction who have diabetes consistently experience a more complicated in-hospital course than those without diabetes. This pattern is likely due to the fact that diabetes induces additional cardiovascular and noncardiovascular abnormalities that are synergistic with the effects of acute myocardial infarction. As we stated in our report, the relatively minor differences in the incidence and statistical significance of individual features of the hospital course in the various studies may be due to small sample size or differing inclusion criteria for the diagnosis of diabetes mellitus.

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