ORIGINAL RESEARCH PAPER

General Medicine

STUDY TO EVALUATE ST-T CHANGES IN MYOCARDIAL INFARCTION PATIENTS AFTER THROMBOLYSIS WITH STREPTOKINASE

Aditya Mehta* | Intern, Jhalawar Medical College. *Corresponding Author

ABSTRACT

The term acute coronary syndrome (ACS) refers to any group of clinical symptoms compatible with acute myocardial ischemia and includes unstable angina (UA), non-ST-segment elevation myocardial infarction (NSTEMI).

INTRODUCTION

The term acute coronary syndrome (ACS) refers to any group of clinical symptoms compatible with acute myocardial ischemia and includes unstable angina (UA), non-ST-segment elevation myocardial infarction (NSTEMI), and ST-segment elevation myocardial infarction (STEMI).

These high-risk manifestations of coronary atherosclerosis are important causes of the use of emergency medical care and hospitalization in the United States.[1-6]

AIMS & OBJECTIVES

A) To study the ST-T changes in ECG following thrombolysis with streptokinase at 90 minutes among diabetics and non-diabetics.

B) To study the short term in-hospital outcomes following thrombolysis among diabetics and non-diabetics

METHODOLOGY

1. Study Design: Analytical cross-sectional
2. Study Setting: Hospital-based study
3. Study Period: October - November 2021
4. Sample Size: Complete enumeration
5. Study Population: Patients admitted in the Medical ICU with ST-elevation
6. Inclusion Criteria : a) Adult population (18 years & above),

b) Patients of ST-elevation myocardial infarction with diagnostic ECG changes, presented within 12 hours of chest pain
c) Previously, known diabetics or newly diagnosed during the hospital stay
d) Non- diabetic patients

7) Exclusion Criteria : a) Patients less than 18 years of age

b) Patients with late presentation i.e after 12 hours of chest pain or ECG showing pathological Q-wave.
c) Patients diagnosed as non-ST elevation myocardial infarction (NSTEMI) and unstable angina pectoris (USAP).

Sampling strategy :

The study instrument was a self administered and structured questionnaire which was constructed after a thorough literature review and using findings of earlier studies and empirical literature. Expert opinions on the importance and feasibility of the questions were considered before the final version was distributed through paper and google forms.

RESULT & CONCLUSION

On comparing the ST segment resolution among diabetics and non diabetics myocardial infarction patients, by using z-test , it is found that failed thrombolysis (<30% resolution) was more in diabetics (42%) than non-diabetics (12.7%), p-value <0.0001 whereas successful thrombolysis (>70%) was more in non-diabetics (56.4%) than diabetics (34%).

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