**PECULIARITIES OF THE CLINICAL COURSE OF ANTERIOR AND INFERIOR MI**

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**Background:** Many scientists reported that patients with anterior MI usually have a worse clinical course compared with those with inferior (posterior) MI. But the outcomes and prognosis of patients with MI in relation with it’s location, the patient’s sex and the level of left ventricular ejection fraction were not yet being well studied.

**Aim:** To evaluate the outcomes and prognostic significance of patients with AMI depending on it’s location, patient sex, the level of left ventricular ejection fraction and the relation between them.

**Materials and Methods:**  We analysed in 257 consecutive patients with first inferior AMI who had been admitted to the coronary care unit. The clinical and electrocardiographic characteristics, as well as the morbidities and in-hospital mortalities, of groups of patients with and without heart failure during inferior AMI were compared.

**Results:**   Symptoms and signs of heart failure were noted for 49 patients (19%). We found that patients who had suffered heart failure during inferior AMI were older (62.1 +/- 9.86 versus 58.78 +/- 10.58 years, P < 0.05) than those who had not suffered heart failure. There was no significant difference between patients' sex, history of diabetes mellitus, hypertension, smoking status, thrombolytic therapy, involvement of right ventricle and QRS score for these two groups. We found a greater prevalence of ST-segment depression (ST-segment depression > or = 1 mV in more than one precordial lead with maximal ST-segment depression in leads V4-V6) of V4-V6 precordial leads (57 versus 26%, P = 0.00002) and a lesser prevalence of no ST-segment depression (ST-segment depression < 0.1 mV in each precordial lead; 14 versus 38%, P = 0.001) among patients who had suffered heart failure. We found greater incidences of serious ventricular arrhythmias (53 versus 26, P = 0.0002) and ventricular tachycardia fibrillation (16 versus 7%, P = 0.03) among patients who had suffered heart failure than we did among those who had not. Third-degree atrioventricular block was more often found in patients who had suffered heart failure (23 versus 12%, P = 0.07) but this difference was not statistically significant. We found that the in-hospital mortality among patients who had suffered heart failure was much higher than that among those who had not (24.5 versus 3.8%, P = 0.000001).

**Conclusion:** 1. Patients with anterior MI usually have worse outcome and prognosis compared with those with inferior MI. 2. Men with AMI develop complications more often than woman. 3. Appearance of complications in patients with AMI is connected with systolic dysfunction of the left ventricle. 4. More specific for men to have a systolic dysfunction while woman appear to have a saved systolic function.