

Clinical, Electrocardiographic and Echocardiographic Profile of Ischemic Cardiomyopathy

Hasan Mahmoud*

Editorial Office, Journal of Coronary Heart Diseases, Belgium

Keywords: Cardiomyopathy • Heart failure • Electrocardiogram • Echocardiography

Editorial

Ischemic Heart Disease (IHD) is a major source of morbidity and mortality around the world. Ischemic Cardio Myopathy (ICM) is a late consequence of IHD that manifests as dilated cardiomyopathy with decreased cardiac function that is not entirely due to coronary artery occlusion or ischemic injury. To evaluate the clinical, electrocardiographic and echocardiographic profile of patients it needs to present with ischemic cardiomyopathy. In this cross sectional observational study 100 patients of ischemic cardiomyopathy admitted in hospital or visited OPD in NICVD, Dhaka from March'15 to Sept'15 were studied. Enrolment of the patients was done after fulfilling the inclusion and exclusion criteria. Clinical, electrocardiographic and echocardiographic data were collected then data analysis was done. The average age of the 100 patients was 61.47.3 years, with a range of 40 to 80 years. Males made up 79 % of the participants. Dyspnea (93%), chest discomfort (73%), palpitation (39%), and edoema were the most prevalent symptoms (23%). The majority of the patients were in functional class IV of the NYHA (43%). Anterior MI was present in 64% of cases, inferior MI was present in 22%, H/O PTCA was present in 25%, and CABG was present in 7% of cases. Tachycardia was found in 71% of the individuals, lungs basal rales in 65%, systolic blood pressure below 100 mmhg in 56%, and edoema in 25%. ECG observations included sinus rhythm (85%), sinus tachycardia (71%), AF (15%), LBBB (34%), RBBB (12%), pathological Q in anterior and inferior surfaces

(65% and 21%, respectively), nonspecific ST-T alterations (41%), and PVCs (17%). On echocardiography, 52% of patients had anterior wall hypokinesia, whereas 43% had global hypokinesia. The mean Left Ventricular Internal Diastolic Diameter (LVIDd) was 6.50.4 cm, and the mean Left Ventricular Ejection Fraction (LVEF) was 315.9%. Mitral Regurgitation (MR) grade-I affected 59% of the individuals, while MR grade-II affected 20%. Ischemic cardiomyopathy manifests itself in a variety of ways, depending on the patient. The severity of symptoms is linked to left ventricular systolic dysfunction, left ventricular diameter, and the grade of mitral regurgitation. Ischemic cardiomyopathy is more likely to occur after an anterior myocardial infarction. Coronary Artery Disease (CAD) is the major cause of death and morbidity in developed countries, and it is increasingly becoming a public health issue in developing countries. It is estimated that cardiovascular disease causes 30% of all deaths, with CAD accounting for more than half of these. The goal of this study was to assess the clinical characteristics of patients with ischemic cardiomyopathy. After reviewing the data and findings, it was discovered that ischemic cardiomyopathy is a delayed complication of ischemia heart injury and one of the primary causes of heart failure patient hospitalisation.

How to cite this article: Hasan Mahmoud. "Clinical, Electrocardiographic and Echocardiographic Profile of Ischemic Cardiomyopathy." J Coron Heart Dis 5 (2021): 122.

*Address for Correspondence: Mahmoud H, Editorial Office, Journal of Coronary Heart Diseases, Belgium, E-mail: health@healthcareres.org

Copyright: © 2021 Mahmoud H. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Received 18 July 2020; **Accepted** 22 July 2021; **Published** 30 July 2021