

51st CARDIOCON 2022: ABSTRACT**IN-HOSPITAL OUTCOME OF PATIENTS REQUIRING TEMPORARY TRANSVENOUS PACEMAKER AFTER ST ELEVATION MYOCARDIAL INFARCTION****Laiba Ajmal¹, Tariq Rahim¹, Afrasiyab Kundi¹, Amber Ashraf¹**¹Cardiology Division, Department of Medical Specialities, KMC, KTH - MTI, Peshawar, Pakistan

Objectives: Bradyarrhythmias and Electrical conduction defects are common sequelae of acute myocardial ischemia (AMI). Many of these arrhythmias are symptomless and do not require urgent intervention while others are life threatening. Of all other potential causes myocardial ischemia is the commonest and important causative agent of acute and potentially dangerous conduction defect. This study will upgrade various aspects of patients' care with Acute MI who need TPM which will improve outcome and make the cause of death along with long term sequelae clear in such patients in our local population. To determine the in hospital outcomes of patients requiring temporary transvenous pacemaker after ST elevation MI.

Methodology: This cross-sectional descriptive study was conducted at cardiology Department, MTI-KTH, Peshawar from 25 Jan, 2020 to 25 Jun, 2020. All temporary pacemakers were implanted in our Coronary Care Unit procedures and were done in an exploration room. All procedures performed by consultant cardiologists and trainee registrars. Pacemaker malfunction was described as capture failure, failure to sense, or both. Death secondary to cardiac tamponade, a systole or ventricular arrhythmias as well as improvement and need for permanent pacing was also be documented as mentioned above in operational definitions. Data was obtained after performing the procedure and during stay of patient in the coronary care unit, as determined by set protocol. The electrocatheter used was 110 cm bipolar devices of caliber 6F. Cardiac catheterization was generally via the right subclavian or internal jugular by the Seldinger's wire technique, with insertion in the apical region of the right ventricle under aseptic measures. A sensing threshold values for pacing of 0.5–2 mV were set. Pacing was initially deployed at values double the threshold voltages, using the TPM in WI mode.

Results: As per in-hospital outcomes, death occurred in 14 (9.7%) died, 49 (34.0%) patients had malfunction, 10 (6.9%) patients had hematoma, 26 (18.1%) patients had fever, 27 (18.8%) patients experienced improvement while 18 (12.5%) required permanent pacing.

Conclusion: In-hospital adverse outcomes were observed in a significant number of patients.

Keywords: acute myocardial ischemia, temporary transvenous pacemaker

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