

## **Diastolic Dysfunction During Atrial Infarction**

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### **Introduction:**

Atrial infarction occurs more frequently than we think. Just we never pay enough attention to the typical signs of electrocardiogram changes and its diagnosed post mortem very frequently when we find thrombus in the atrial cavities.

### **Aim:**

The aim of our study was to recognize the typical signs of atrial infarction in patients with inferior infarction and in patients with heart failure with predominant right ventricle affection. Atrial infarction has a high level of complications.

### **Methods and Results:**

We performed a follow-up of 300 patients hospitalized in our Intensive Care Unit and with a performed angioplasty to right coronary artery (RCA). 90% of patients got fibrinolysis therapy before arrived to Hospital. Was performed an exhaustive electrocardiographic study, echocardiogram Doppler and strain rate and the use of isotopes (SPECT). We observed that in 67% of patients the major criteria was obtained during ECG interpretation. ( Liu's criteria). So, diagnose was established and the complications as atrial arrhythmias (35%), AV blockage, pump failure of the and left ventricles, atrial wall rupture, thromboembolisation and right heart failure demonstrated the high grade of implication of atrial cavities. The SPECT showed a light alteration in mobility at atrial cavities.

### **Conclusions:**

Our study showed the incredible possibilities to diagnose an atrial infarction with a correct ECG interpretation.

Atrial infarction has been a poorly studied pathology and is considered a unique clinical entity apart from ventricular infarction. Trans thoracic echocardiography does not give much information as trans esophageal. 90% of patients had affected the RCA. The complications were more benign than in left ventricular infarction.

Atrial infarction most be considered an entity no only clinical but complications are more relevant in most of the cases. We most check better ECG findings during exploration and take care of complications during left ventricular affection with atrial arrhythmias.