

FEATURES OF THE SYNDROME OF EARLY REPOLARIZATION IN PATIENTS WITH ARTERIAL HYPERTENSION

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Relevance

In early repolarization syndrome (ERS) in patients with cardiovascular diseases, rhythm and conduction disturbances of the heart are observed 2-4 times more often. The main causes of ERS include anomalies in the structure of the conduction system of the heart and an increased tone of the sympathetic division of the autonomic nervous system. A number of authors consider ERS as a cardiac marker of connective tissue dysplasia.



Purpose:

to study the features of ERS in patients with arterial hypertension (AH).



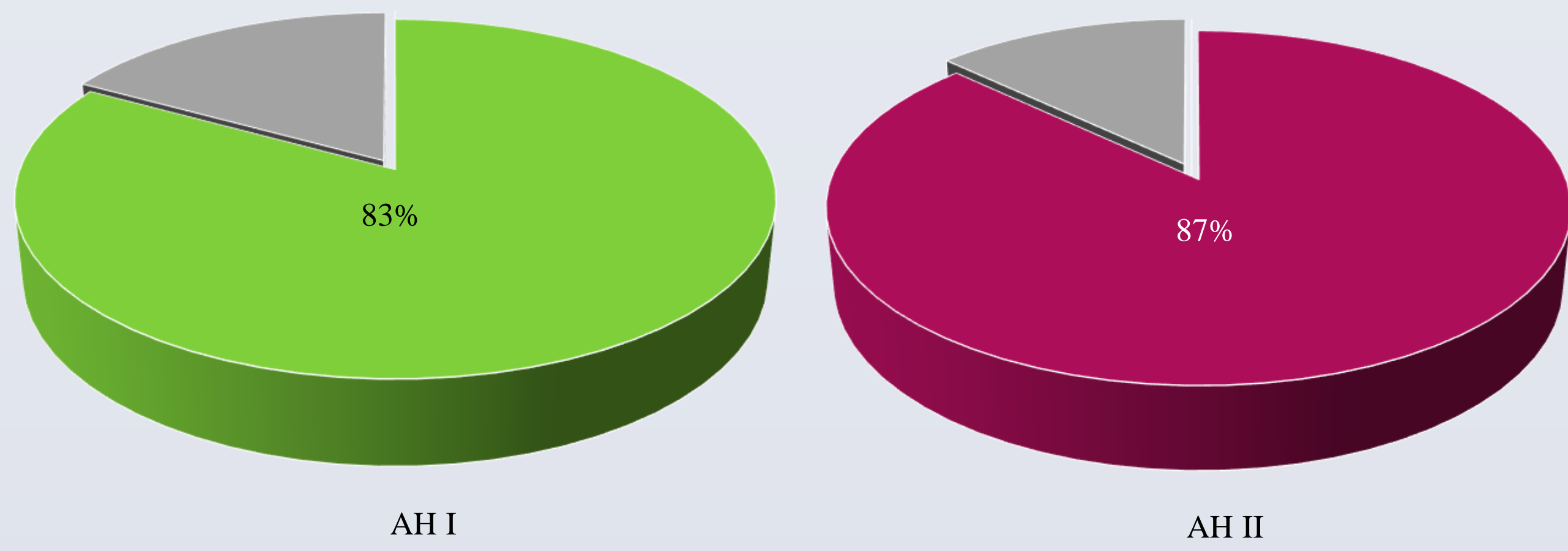
Materials and methods

83 patients with stage I AH (AH I) (53 men and 30 women) (mean age 43 ± 2.3 years) and 52 patients with AH II (30 men and 22 women) were examined at the Hospital with the Research and Clinical Center of Cardiology. (65 ± 3.1 years). ERS was determined by the presence of ST-segment elevation, j-point, notch, or connection wave on the descending R wave on the electrocardiogram. ST-segment elevation was associated with either positive or negative T-wave. The contractile function of the heart was determined by echocardiography by the level of ejection fraction (EF).

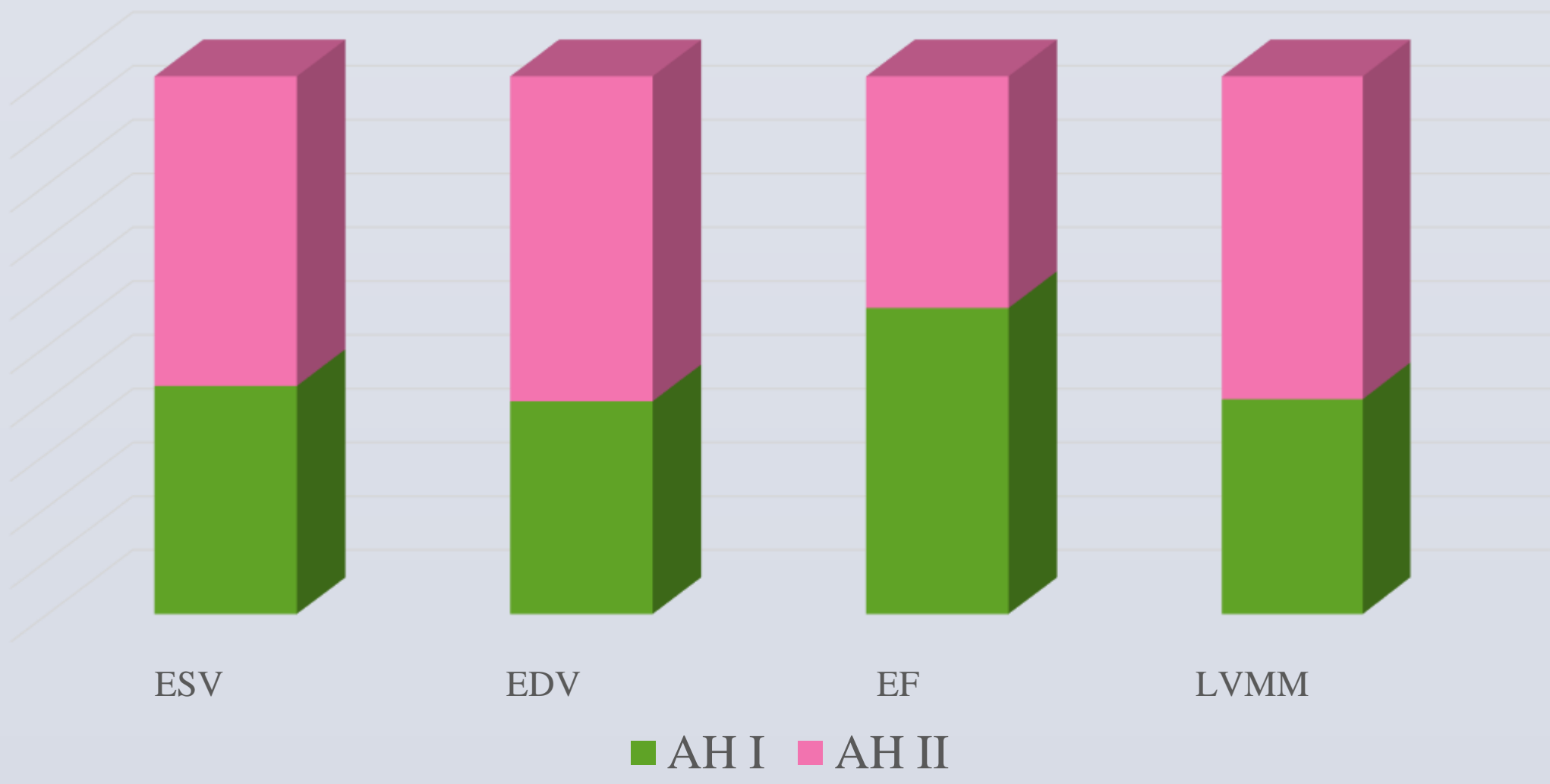


Results of the study:

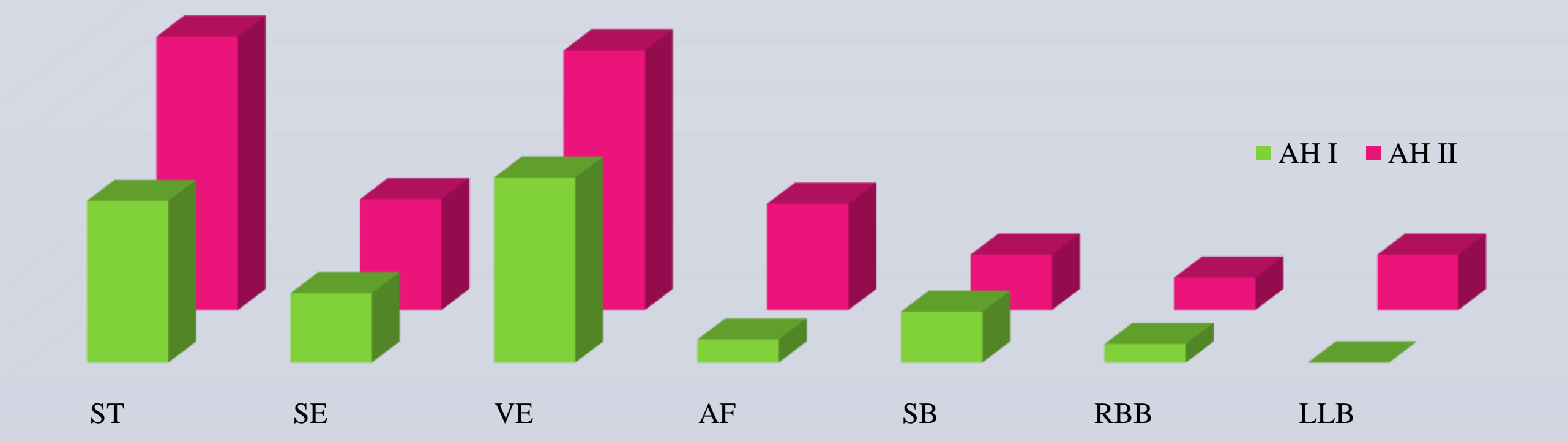
In both stages, ST-segment elevation and T-wave inversion were determined (83% in AH I and 87% in AH II).



In ERS in patients with AH II, compared with AH I, the contractility indicators were significantly ($p < 0.05$) lower and there was an increase in the mass of the left ventricular (LV) myocardium. In half of patients with AH II with ERS, LV dysfunction was asymptomatic. In patients with AH I with ERS, cases of asymptomatic LV dysfunction were recorded in 9% of cases.



Sinus tachycardia (ST) was detected more often in patients with AH II (59%) than in AH I (35%). In both stages, AH patients with ERS had a high percentage of ventricular extrasystole (VE) (40% in AH I and 56% in AH II). Atrial fibrillation (AF) was mainly determined in patients with AH II (23%).



Conclusions

ERS in patients with arterial hypertension certainly has a certain effect on the ECG picture and is characterized by a frequent complication in the form of ventricular extrasystole and atrial fibrillation. ERS is accompanied by a deterioration in the state of central hemodynamics. As the severity of the syndrome increases, these changes increase, in some cases leading to the appearance of signs of chronic heart failure, the development of hypertrophic myocardial remodeling.