9. ELECTROCARDIOGRAPHIC CHANGES IN PATIENTS WITH DILATED CARDIOMYOPATHY

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Introduction. Dilated cardiomyopathy (DCM) is the most common cardiomyopathy, affecting people of all ages, and to date remains the leading reason for heart transplantation and the third leading cause of chronic heart failure. It is quite difficult to diagnose this disease because it does not provide a clear clinical picture until the heart is severely damaged.

Aim of study. To assess ECG changes in patients with dilated cardiomyopathy.

Methods and materials. In the study were analyzed 30 clinical observation sheets of patients (5 women and 25 men), hospitalized in cardiology and therapy departments during 2016-2019, diagnosed with DCM. The average age of the patients was 58.73 ± 9.73 years. Data were selected according to a survey that included personal data, duration of hospitalization, hereditary predisposition, harmful behaviors, clinical manifestations and results of paraclinical investigations. The obtained results were subjected to statistical analysis using the t-Student criteria.

Results. The ECG changes most often recorded in patients with DCM were: atrial fibrillation (93.3%), left bundle branch block (70%), pathological Q wave (43.3%), negative T wave (53.3%), atrial fibrillation being the most common ECG manifestation. Comparing ECG changes depending on the functional class (FC) of heart failure (HF) according to NYHA classification, in the group of patients with FC II (n= 3) the incidence of atrial fibrillation was found in 67%, left bundle branch block - in 66.7%, pathological Q wave - in 33.3%, negative T wave - in 33.3% of patients. In the group of patients with FC III (n=16) the incidence of atrial fibrillation was found in 93.75%, left bundle branch block - in 62.5%, pathological Q wave - in 43.75%, negative T wave - in 56.25% of patients. In the group of patients with FC IV (n= 11) the incidence of atrial fibrillation was found in 100%, left bundle branch block - in 81.8%, pathological Q wave - in 54.5%, negative T wave - in 72.7% of patients.

Conclusion. The ECG changes in patients with DCM are most commonly presented by atrial fibrillation, left bundle branch block, pathological Q wave, negative T wave and their incidence increases constantly and progressively with increasing degree of heart failure.