CONCLUSION
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Following conclusions can be derived from our study

(1) Incidence of Acute Myocardial Infarction is more in male patients in comparison to female patients (Male = 41, Female = 12)

(2) Patients of myocardial infarction has average age of 55.32 years. Percentage of patients who are below 50 years is 14 (26.42%) out of 53.

(3) Major risk factor is increased serum total cholesterol level (more than 200mg/dl) in the patient of Acute Myocardial Infarction 88.67% (47/53). Increased serum total cholesterol is individually major risk factor in both male & female group (Male = 71.69%, Female = 16.98%).

(4) Hypertension is the second major contributory risk factor in the coronary artery disease (35.84%) in both male & female patient (32.07% & 3.77% respectively).

(5) Smoking is the 3rd most common risk factor in study group in whole as well as in Males.

(6) Chest pain is the most common presenting symptom in the coronary artery disease.
(7) Rural, Urban division of the patients was as follows in our study

* Rural background - 43.40% (23/53)
* Urban background - 56.60% (30/53)

(8) Ventricular dysfunction is major complication following Acute Myocardial Infarction. (66% = 35/53).

(9) In large number of patients systolic as well as diastolic both dysfunctions present. (39.63% - 21/53).

(10) Only diastolic dysfunction was present in 22.64% patients.

(11) 33.96% patients did not show any regional wall motion abnormality following Acute Myocardial Infarction. Their 2D-echocardiographic & M-Mode study is within normal limit.

(12) Isolated systolic dysfunction was present in only few patients i.e. only in 3.77%. So isolated systolic dysfunction is less common following Acute Myocardial Infarction.

(13) Cardiogenic shock is the second most common complication following Acute Myocardial Infarction. It is present in 20% of patients.

(14) Pericardial effusion is also the major complication following Acute Myocardial Infarction in our study group (18.86%) while pericarditis was present in single patient. This probably was reflection of heart failure.

(15) Thromboembolic episodes are present in 2 patients & mortality is 100% following this.
(16) Arrhythmias are present in 13.2%. Out of which ventricular arrhythmias are more common and fatal in comparison to atrial arrhythmias.

(17) In our study right ventricular infarct was present in 2 patients, ventricular septum defect and left ventricular aneurysm were each present in one patient each, while mitral regurgitation due to papillary muscle rupture was found in 4 patients.

(18) Recurrent angina was reported in 3.77% patient (2/53).

(19) 7.54% patients showed no complication following Acute Myocardial Infarction.

(20) Total mortality is 13.2% (7/53) mainly due to cardiogenic shock.

(21) A-V block was detected in 9.4% patients of our study group.

Observations of the present study are in conformity with other studies.