**FRAGMENTED QRS COMPLEX IN ACUTE ANTERIOR MYOCARDIAL INFARCTION AND CORONARY SINUS BLOOD FLOW: IS THERE ANY RELEVANCE?**

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Background: Patients with QRS fragmentation following Myocardial Infarction (MI) are at greater risk of cardiac death. Transthoracic Echocardiography (TTE) can be used as a method for evaluating of Coronary sinus blood flow (CSBF) and Coronary Sinus Velocity Time Integral (CSVTI). The recent study reports measurement of CSBF and CSVTI by TTE in 100 acute anterior Myocardial Infarction (MI) that half of them had fragmented QRS.

Methods: Our study included 100 patients with acute anterior MI in whom CSBF and CSVTI were measured by the use of TTE. Fifty of all patients with fragmented QRS complex and 50 patients without fragmented QRS complex while there was no difference in LVEF in both groups of study.

Results: CSBF (303 ±126 ml/min vs. 258 ± 121 ml/min; p=0.001) and CSVTI (14.45 ± 2.85 ml vs.10.85 ±2.69 ml; p=0.003) were significantly lower in acute anterior MI patients with fragmented QRS in comparison with patients with acute anterior MI without fragmented QRS.

Conclusion: We concluded that CSBF and CSVTI can be measured by TTE in acute MI patients and these variables are reduced in acute anterior MI patients with fragmented QRS.