

changes were minimal. The LV strain also changed from 1 month with the change in absolute value being less than 1 point. The RV strain had a significant change from the first week and the change in absolute was more than 5 points at six months. These changes were seen independent of the cause of the pacemaker. The patients of acute myocardial infarction and in patients of symptomatic sick sinus syndrome had similar findings. In our study, we also observed that the biggest change in RV strain were seen in patients in whom the percentage of paced beats were high, 1 point in less than 20 percent paced versus more than 7 points in patient in more than 80 percent.

Conclusion: Right ventricle dysfunction precedes left ventricle dysfunction in patients who have undergone permanent pacemaker implantation. Right ventricle strain can predict right ventricular dysfunction as early as 6 months. The patients with a higher percentage of paced beats tend to develop dysfunction earlier than the patients with lesser percentage of paced beats.

ABN10090

TO DETERMINE THE RELATION BETWEEN ANKLES BRACHIAL INDEX WITH ANGIOGRAPHIC STENOSIS AND MAJOR CARDIOVASCULAR RISK FACTORS IN PATIENTS WITH SUSPECTED CORONARY ARTERY DISEASE

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Introduction: The Ankle Brachial Index (ABI) is an efficient tool for objectively documenting the presence of lower-extremity Peripheral Arterial Disease (PAD). An ABI less than 0.90 have been shown to have a sensitivity of 69–73% and a specificity of 83–99% for detecting a lower-extremity stenosis of greater than 50%. A low ABI has been related to generalized atherosclerosis and an increased incidence of Cardiovascular (CV) mortality and is independent of baseline CV disease and risk factors, suggesting that the ABI might have an independent role in predicting CV events Aims and Objectives Prevalence of low ABI in patients of ischemic heart disease (IHD). To compare the relationship between various physiological parameters like age, sex and body mass index (BMI) with ABI. To compare the relationship between prevalence of low ABI and number of coronaries involved.

Methodology Inclusion Criteria: All the 1423 patients aged 23–90 years including 1047 male and 376 female undergoing coronary angiography in tertiary care hospital Exclusion Criteria : Critically ill or who had severe limb ischemia or patients with amputation were excluded. Statistical analysis was done by using SPSS 20.0 version. Univariate analysis was performed by applying the Pearson chi-squared test. Results In this study, 1423 patients were evaluated out of which 66 (4.6%) patients had ABI<0.9. Out of 66 patients with low ABI, 60(91%) were male and 6(9%) were female, showing high prevalence in male. In patients having low ABI shows 12(18.2%) had SVD, 11(16.7%) had DVD, 26(39.4%) had TVD, comparing this with patients having normal ABI, shows P value of 0.035 which is significant. 411 patients were diabetic including 40(60.6%) patients having low ABI and 371(27.3%) patients having normal ABI, shows P value of 0.005 which is highly significant.

Conclusion: ABI is helpful in identifying individuals at high risk of coronary involvement. Although prevalence of low ABI in patients of IHD is 4.6% that is very low but is highly specific (91%). In patients with ischemic heart disease low ABI suggests involvement of multivessel disease. Direct association between ABI and significant CAD noted.

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NOT SO INNOCENT HEART: ECHO ASSESSMENT OF OBSTRUCTIVE COR TRIATRIUM WITH CLEFT MITRAL VALVE

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A 29 year old male presented to the outpatient department with evidence of alcohol intoxication. He had previous history of congenital heart disease

and had lost to follow up for years. He had no symptoms of shortness of breath, palpitations, chest pain or swelling of feet. There was no h/o bluish discoloration of skin/mucous membrane or recurrent respiratory tract infections in childhood. He had stable vitals with normal saturation measured in all four limbs. General physical examination was unremarkable with no evidence of cyanosis. Systemic examination revealed a pansystolic murmur of grade 3/6 in mitral area. Blood investigations were normal and 2D transthoracic echocardiography revealed features of ostium primum atrial septal defect with left to right shunt with partial atrioventricular septal defect with cleft mitral leaflet with moderate mitral regurgitation and obstructive cor triatrium with a peak gradient of 27.5 mmHg. But, as the patient was asymptomatic despite observation of obstructive cor triatrium, transesophageal echo was planned which revealed partial pulmonary venous drainage into low pressure LA chamber. We proceeded with Cath study which proved our findings. Teaching lesson: Sequential assessment of congenital left atrial flow lesions will be discussed with an exploration of hemodynamic interaction between cor triatrium and mitral regurgitation.

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ALCOHOLIC CARDIOMYOPATHY MIMICKING AS LMCA DISEASE - A RARE CASE REPORT

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A 36 year old male was referred to cardiac ICU with complaints of typical chest pain and shortness of breath – class IV NYHA since 2 days. Patient was a smoker and an alcoholic and had an alcohol binge 2 days ago. There was no h/o fever, joint pain, rash, and drug or toxin ingestion. At admission patient was drowsy with tachycardia (seen on monitor) with hypotension on dual inotropes. ECG revealed sinus tachycardia with normal axis with classical findings of LMCA occlusion- global horizontal ST depression with ST elevation in lead avR. ECHO done at that time revealed global LV hypokinesia with a non dilated LV with grade 2 LVDD with normal RV function. Troponin I was positive. The patient regained full consciousness in a span of two days as he became hemodynamically stable. Subsequent ECG revealed normal sinus rhythm with poor progression of R wave and T wave inversion in L3. Blood investigations revealed deranged renal and liver parameters. Viral markers were negative. Chest X ray was normal. After the patient was stabilized, repeat ECHO revealed improved LV function (EF -45%) with global LV hypokinesia. Patient was planned for coronary angiogram which revealed normal coronaries. At discharge patient was hemodynamically stable, ECG showed normal sinus rhythm with normal axis with poor progression of R wave. Discharge ECHO revealed improved LV function with EF of 57%, with patchy areas of complete recovery. The case highlights the possible alternate diagnosis in patients with ECG suggestive of LMCA disease.

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PERSISTENT LV DYSFUNCTION IN RAT KILLER PASTE POISONING – A RARE CASE REPORT

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A 31 year old female presented with alleged h/o consumption of rat killer paste (ratol – half tube) poisoning to emergency on 04.08.15. Patient was initially treated in a private hospital for 10 days and referred to our hospital for further management. At admission patient was in altered sensorium with tachycardia and hypotension. Cardiorespiratory examination was unremarkable. There was significant derangement of hepatic parameters (elevated bilirubin and enzymes with deranged coagulation profile). Renal parameters and electrolytes were normal. Viral markers were negative. USG abdomen and KUB was normal. ECG revealed sinus tachycardia and poor progression of R wave at that time. Echo revealed global hypokinesia with normal LV dimensions and severe LVSD with EF of 35% with grade 2 LVDD. RV dysfunction was also present. Patient was treated with supportive measures and recovered gradually from toxic hepatitis and toxic myocarditis. Her discharge echo revealed mild LVSD (EF-50%) and grade I LVDD with complete recovery of deranged blood parameters. She was