

TYPES OF HEART RHYTHM DISTURBANCES THAT OCCUR DURING MYOCARDIAL INFARCTION, DEPENDING ON WHICH CORONARY VESSEL IS OCCLUDED

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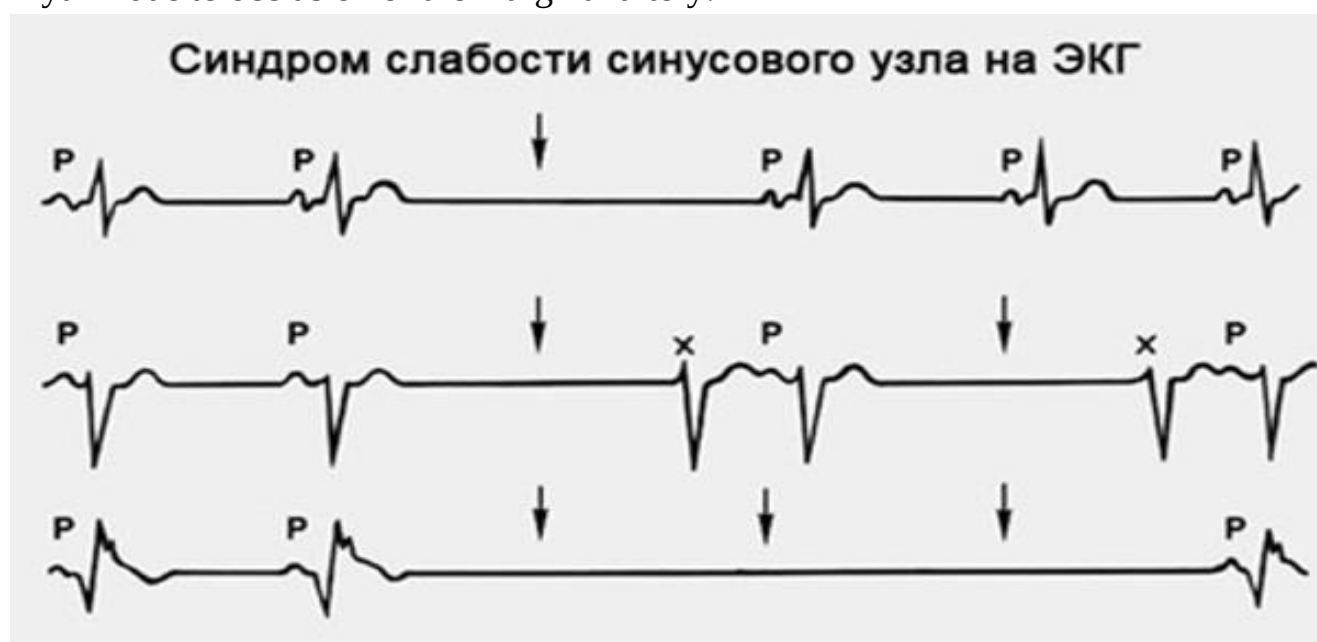
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Abstract

Due to the anatomy of the heart and blood vessels, depending on which wall of the coronary artery supplies blood to the myocardium, when damage occurs due to impaired nutrition and oxygen metabolism in this area, damage occurs to the conduction and excitatory system in this area. is damaged and various arrhythmias are observed in the clinic.

It is known that the right coronary artery supplies the sinus node, the small branch extending from it - the atrioventricular node, and the marginal artery emerging from it - the Hiss bundle - supplies it with oxygen. It is known that the ECG of the patient's clinic shows sinus bradycardia, sick sinus syndrome, complete AV block due to impaired coronary circulation of the AV node, and accelerated idioventricular rhythm due to occlusion of the marginal artery.



There are 5 types of sick sinus syndrome:

1. Sinus bradycardia

This form of SS weakness syndrome is observed in 40-75% of all patients with SSSS. Bradyarrhythmia at night with a heart rate of up to 35-40 beats/min with pauses of up to 2 seconds or more.

2. Stopping the sinus node (sinus arrest).

The appearance of a long interval without a P-QRS complex of more than 3 seconds.

3. Sinus block.

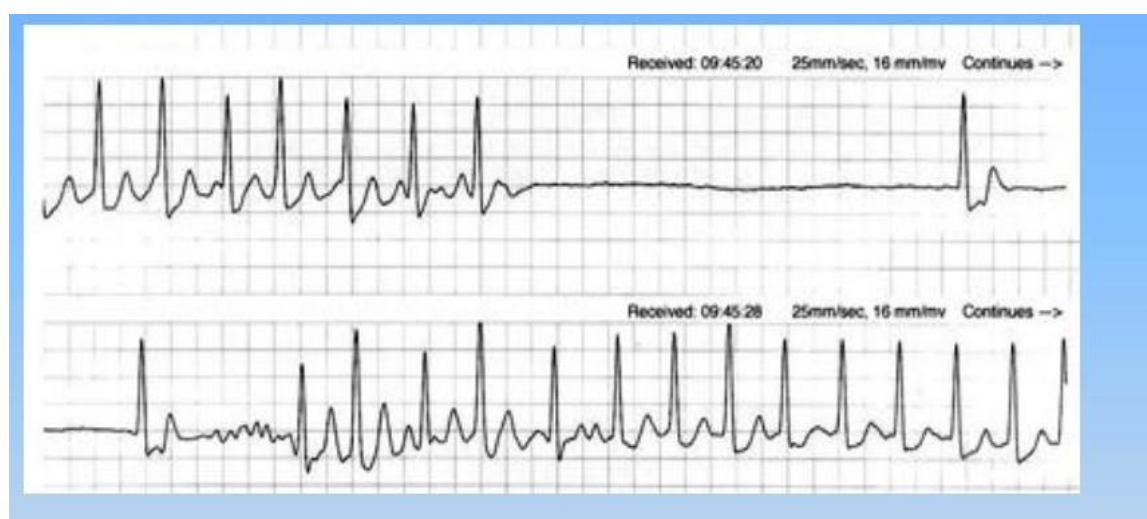
Against the background of sinus bradycardia, a pause occurs without a P-QRS complex, but at this moment jumping ectopic contractions or ectopic rhythms can be recorded.

4. Chronotropic incompetence.

A combination of constant or periodic sinus bradycardia with a heart rate $< 40/\text{min}$ during the daytime, as well as sinus pauses > 3 seconds during the daytime.

5. Tachycardia-bradycardia syndrome.

With this syndrome, episodes of tachycardia and bradycardia alternate. Immediately after the end of sinus tachycardia, paroxysmal atrial fibrillation at a high heart rate, or paroxysmal supraventricular tachycardia, sharp bradycardia is observed until the SA stops.



With occlusion of the left coronary artery, in most cases, rhythm disturbances are observed in the form of atrial fibrillation and ventricular tachycardia. Based on the above information, one can guess what occlusion of the coronary vessel has occurred depending on what kind of rhythm or conduction disturbance is observed on the ECG of the patient taken to the hospital, however, coronary angiography is considered the standard research method for accurate diagnosis.

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