

Abstract No. **64**

Category: **Acute Coronary Syndromes**

Title: **Mortality in Patients with Right Bundle Branch Block and Acute Myocardial Infarction.**

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**Abstract:**

Background: The Right bundle branch block(RBBB) is reported in 5-11% of acute myocardial infarctions (AMI) and may be the only electrocardiographic alteration of this group of patient. Compared with the left bundle branch block (LBBB), the prognostic value of the RBBB is underestimated.

Objective: The objective of this study was to determine mortality in patients with RBBB who had AMI.

Materials and methods: A retrospective cohort study was conducted, including all patient registries attended by IAM, from January 2011 to December 2017 at the Santa Fe de Bogotá Foundation; Patients with early transfer and incomplete follow-up were excluded.

Results: 1,015 patients were analyzed, the average age was 66.4 years, 67% of the patients were men, 38% of the cases were AMI with ST-segment elevation. Regarding the type of infarction, in 84% of the patients it was type 1. The RBBB was documented in 8% of the patients and the left bundle branch block in 4%. In-hospital mortality was higher in the group of patients with BRDHH vs. patients without BRDHH (8.64% vs. 3.74%,  $p = 0.034$ ). The percentage of patients with Killip classification  $\geq II$  was higher in patients with new BRDHH. patients with old BRDHH or of unknown duration (23% vs. 13%,  $p = 0.216$ ). In-hospital mortality was higher in the group of patients with RBBB vs. patients without RBBB (8.64% vs. 3.74%,  $p = 0.034$ ).

Conclusions: The prevalence of RBBB was 8% in patients treated for AMI and the presence of RBBB in patients with AMI confers 8% of mortality that show a statistically significant increase in the risk of in-hospital mortality. Implications: This is a study that allows to confirm data found in other countries, about the value in mortality for the RBBB in the context of patients with AMI in a significant cohort of Colombian patients.