

급성 심근경색증에서 경색심근의 관류정도와 12유도 심전도상 R파, ST절, QRS평점과의 관계

안정천 · 김수미 · 황교승 · 이은미 · 송우혁 · 임도선
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Significance of ST Segment, R Wave, Q Wave and QRS Score for Assessing Myocardial Perfusion in Acute Myocardial Infarction

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ABSTRACT

Background and Objectives : The restoration of infarct-related coronary artery (IRA) patency in acute myocardial infarction (AMI) linked to a significant improvement in survival. Because of microvascular and cellular injury, patent IRA does not always represent successful reperfusion. With progress of myocardial ischemia, standard 12 lead ECG shows evolutionary changes of ST-segment, R wave and Q wave. But their relations to myocardial perfusion were uncertain. **Methods** : Total 41 patients of the first anterior wall AMI were enrolled and serial ECGs were taken to measure sum of ST-segment elevation (ST), sum of Q wave (Q), sum of R wave (R), and QRS score (QRSs) proposed by Selvester in each patients before thrombolytic therapy (i), after coronary angiography at 90 minutes of thrombolytic therapy (a), and before discharge (d). Myocardial contrast echocardiography was performed within 10 days of AMI to estimate opacification score (OS) and opacification index (OI) in segments of LAD territory. We investigate the relation between evolution of ECG changes and perfusion status of infarcted myocardium. **Results** : 1) There was no relation between OI and ST, but R and QRSs showed significant relation with OI before discharge ($r=0.59$, -0.33 , $p<0.05$, respectively), post thrombolytic therapy ($r=0.51$, -0.61 , $p<0.05$), and baseline ECG ($r=0.53$, -0.51 , $p<0.05$). 2) The number of segments with OS (0.5) showed no significant relation to the degree of ST and Q, but number of segments with OS (0) showed significant relation to that of R and QRSs (r of R_i , R_a , R_d vs number of segments with OS (0) = -0.59 , -0.66 , -0.43 , $p<0.05$, QRS_i , QRS_a , QRS_d vs number of segments with OS (0) = 0.58 , 0.58 , 0.57 , $p<0.05$). **Conclusion** : These findings suggest that the ECG changes of R wave and QRS scores could be useful markers of perfusion state in thrombolytic era. (**Korean Circulation J 1998;28(10):1707-1716**)

KEY WORDS : Acute myocardial infarction · Myocardial perfusion · ECG · Myocardial contrast-echocardiography.

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서 론

가 .

대상 및 방법

가

연구 대상

1995 2 1997 8

가 .¹⁻⁷⁾

(anterior wall AMI)

2

41 .

nitroglycerin

가

30

가

12

2

(' No Reflow ' phenom -

0.1 mV

ST

enon)

⁸⁻¹⁰⁾

2

0.2 mV

ST

가

가

¹¹⁾

가

W - P - W

(myocardial contrast echocardiogr -

aphy, MCE),

(magnetic resonance

imaging, MRI),

(positron emission tomography, PET)

가

가

관동맥 조영술 및 심근 조영 심초음파도 검사의 시행

12

ST

90

Seldinger

,

Q

, R 가

29

7 10

가

, TIMI

TIMI 2

¹²⁻¹⁴⁾

TIMI 3

가 TIMI 3 가

,

가

41

가

12

90

29

7 10

hexabrix

Sonicator(Heat system, U.S.A)

4

2

3

cc,

2 cc

Hewlett - Packard

가

Sonos 1500

12

가

gain

1/2 inch

가 (left anterior descending artery) (Fig. 1)

가 7 (Opacification Score, OS)

가 (Opacification Index, OI)

심전도 검사

20 12 ST (base - line ECG, i)

90 (Post - angiographic ECG, a) (Pre - discharge ECG, d)

ST (degree of ST elevation) (STi, STa, STd, mV), Q (depth of Q wave) (Qi, Qa, Qd, mV), R (height of R wave) (Ri, Ra, Rd, mV), Selvester QRS (QRSi, QRSa, QRSd)

ST J 0.06 PR segment Q

R aVR

QRS Selvester¹⁶⁾ QRS (scoring system) V1 V6 R, Q, R, S 13 (Table 1).

통계처리

SPSS program ± paired t - test, unpaired t - test, ANOVA, (correlation analysis), (regression analysis) p 0.05

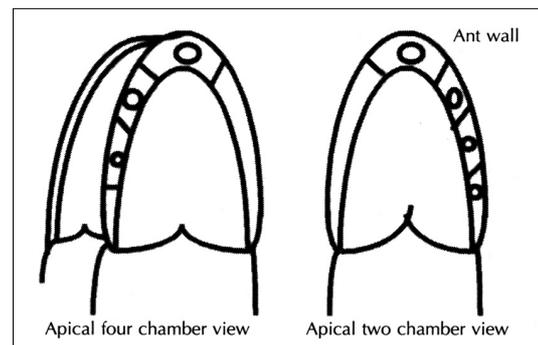


Fig. 1. Observed segments in LAD territory.

Table 1. QRS scoring system in Anterior wall acute myocardial infarction

V ₁ (2)	Any Q	** (1)	V ₄ (3)	Q 20ms	(1)	R/S 0.5	(2)
	Q or S 1.8mV	(1)		R/Q 0.5	(2)	R/S 1	(1)
V ₂ (1)	Any Q	(1)		R/Q 1	(1)	R 0.7mV	(1)
	R 10ms	(1)		Notched R	(1)		
	R 0.1mV	(1)	V ₅ (3)	Q 30ms	(1)	R/S 1	(2)
	R RV ₁ mV	(1)		R/Q 1	(2)	R/S 2	(1)
V ₃ (1)	Any Q	(1)		R/Q 2	(1)	R 0.7mV	(1)
	R 20ms	(1)		Notched R	(1)		
	R 0.2mV	(1)	V ₆ (3)	Q 30ms(1)		R/S 1	(2)
				R/Q 1	(2)	R/S 3	(1)
				R/Q 3	(1)	R 0.6mV	(1)
				Notched R	(1)		

* : score limit for each lead, ** : score for each criteria

Total 13 points

결 과

대상환자의 특성

41 가 35
 55
 18 , 29 , 6 , 17
 5.5±9.3 6
 33 , 8
 6 15
 90
 TIMI 3 34
 , TIMI 2 2 , TIMI 1 1 , TIMI 0가 4
 TIMI 2 7
 TIMI 3
 가
 5.5±4.5
 0.75±0.15

ST절의 상승 및 Q파크기의 합계와 경색심근의 관류 정도
 의 관계

가 4.7±5.0 , 90
 가 9.4±5.8 , 가 7.2
 ±2.1 . ST STi가 STa
 STd (p=0.04, 0.032,
 respe - ctively), STa STd
 (STi : STa · STd=1.59±
 1.07 mV : 0.819±0.715 mV : 0.64±0.39 mV). Q
 (Qi) 2.18±
 1.79 mV, 90 (Qa) 3.37±2.14
 mV, (Qd) 3.59±2.10
 mV Q 가 가 (p=
 0.042, 0.04), Qa Qd
 (Fig. 2).

ST, Q
 (r of STi, STa,
 STd vs OI = -0.35, -0.04, -0.07, p>0.05, r of
 Qi, Qa, Qd vs OI=0.24, 0.02, -0.08, p>0.05,
 respectively).

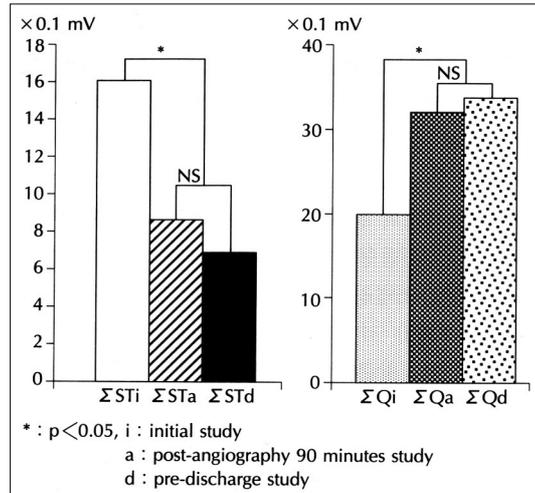


Fig. 2. Changes of ST and Q.

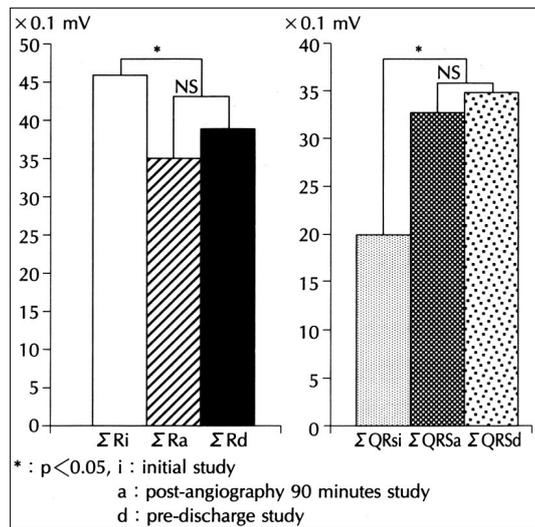


Fig. 3. Change of R and QRSs.

R파고의 감소 및 QRS 평점과 조영지수의 관계

R Ri : Ra : Rd=4.70±2.22 : 3.5
 6±1.46 : 3.59±2.10 mV R
 90
 QRS (QRSi)
 4.58±2.53, (QRSa) 6.0±2.26,
 (QRSd) 6.36±2.42
 QRS (p<0.05, Fig. 3).
 R
 QRS 가 R

Table 2. Correlation between R, QRSs and perfusion status

	R	Ra	Rd	QRSi	QRSa	QRSd
OI	r= 0.53	0.51	0.59	-0.51	-0.61	-0.33
No of OS(0)	-0.59	-0.66	-0.43	0.58	0.58	0.57
No of OS(0.5)	NS	NS	NS	NS	NS	NS

OI : opacification index
a : post-angiography 90 minutes study
i : initial study
QRS : QRS score
OS : opacification score
d : pre-discharge study

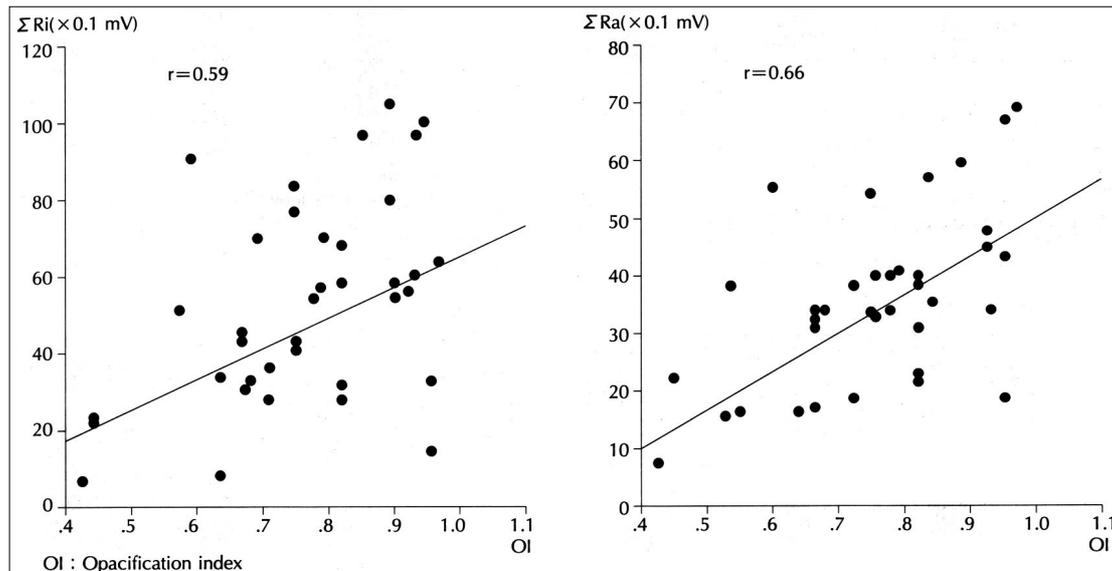


Fig. 4. Regression analysis between OI and R.

QRS Ri, 가 0 (A, n=7),
a, d QRSi, a, d 가 가 0 (B, n=23), 3 7 (C, n=11)
R 가 QRS (Table 2, Fig. 4). R QRS

R QRS 가 0
가 0.5 Fig. 5
가 0 R A C
가 R QRS (5.8 ± 3.2 mV vs 3.2 ± 1.8 mV, p<0.01).
가 0.5, 가 (Table 2), (4.7 ± 1.6 mV vs 3.5 ± 0.8 mV, p<0.05),
가 가 (4.2 ± 1.4 mV vs 3.0 ± 2.1 mV, p>0.05).
R A
R ,
조영점수에 따른 R파고의 총합과 QRS평점의 변화 5.8 ± 3.2 mV, 4.6 ± 1.7 mV, 4.2 ± 1.5 mV
, B C
가 0.5 90 R
(B : 5.1 ± 1.5 mV vs 3.5 ± 0.8 mV, p=

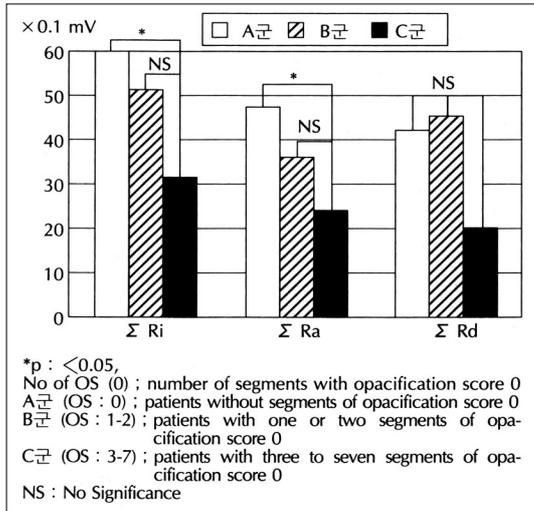


Fig. 5. Comparison of R between groups.

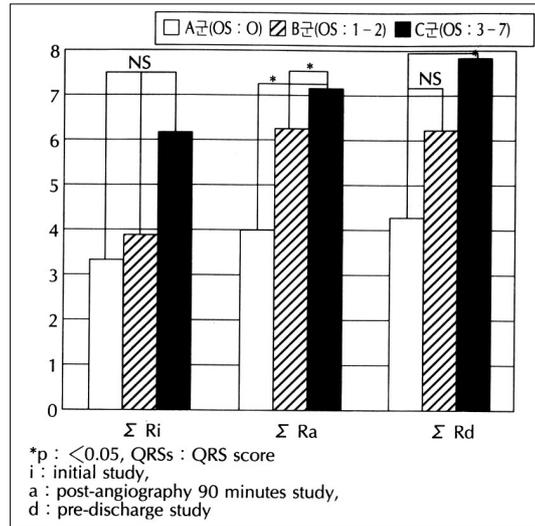


Fig. 7. Comparison of QRSs between groups.

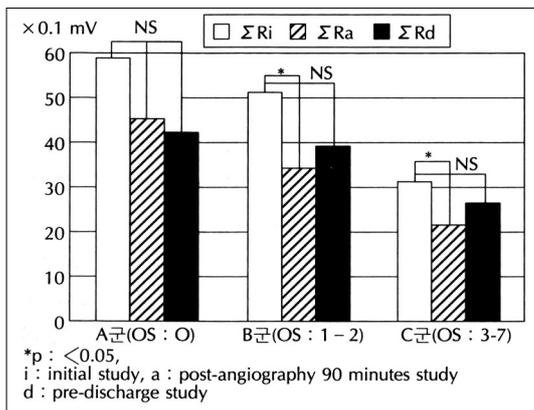


Fig. 6. Sequential changes of R within a specific group.

0.035, C : 3.2 ± 1.8 mV vs 2.3 ± 0.9 mV, $p=0.046$ (Fig. 6).

QRS 가 0
C A B
(C : B = 6.2 ± 1.1 : 3.5 ± 0.7 , $p=0.07$, C : A = 6.2 ± 1.1 : 3.3 ± 1.0 , $p=0.068$), C
B A QRS 가
(C vs B = 7.3 ± 1.9 vs 6.3 ± 1.5 , $p=0.035$, C vs B = 7.3 ± 1.9 vs 4.0 ± 2.5 , $p=0.041$),
C 7.7 ± 2.0 A 4.4 ± 2.5 가
($p=0.021$) (Fig. 7).
QRS A
QRS

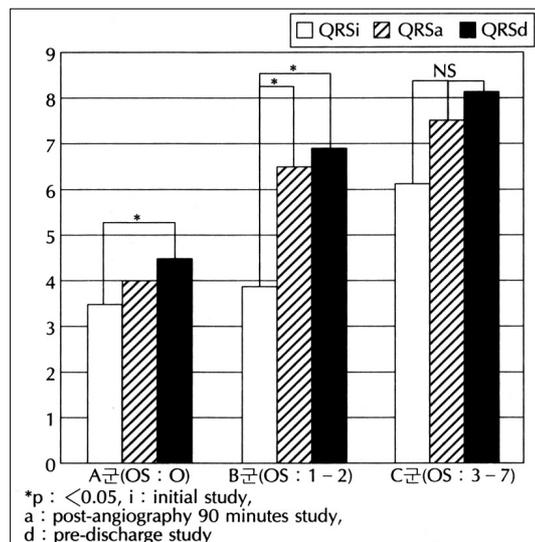


Fig. 8. Sequential changes of QRSs within a specific group.

(3.5 ± 2.0 vs 4.8 ± 2.3 , $p=0.03$), B
90
QRS 가 (3.9 ± 1.9 vs 6.5 ± 1.5 , 6.8 ± 1.4 , $p=0.05$). C
, QRS 6.1 ± 1.7 , 7.5 ± 1.3 ,
 8.1 ± 0.9 가 (Fig. 8).

ST절의 하강정도에 따른 심근관류정도의 비교

ST

33 가

ST 50%

(n=24)

(n=9) ST 가

50% ST 가

(0.79 ± 0.13 vs 0.72 ± 0.15, p=0.17).

ST절 및 Q파의 변화와 관류지수와의 관계

(V1 - V6) ST

(ST) ¹⁹⁾ ST

가

고 찰

¹³⁾ Frits²⁰⁾ ST 가 5

24 48

ST

¹⁵⁾¹⁷⁾ 가 2 ST

ST (sensitivity)

(specificity)가

ST

가

⁸⁻¹⁰⁾ 가

가 (microvascular damage) ¹¹⁾ 가

가 TIMI 3 90

TIMI 2

TIMI 3

ST 90

ST 90

12 Q, R ST

ST

90

Q, R 가

가

¹²⁻¹⁴⁾ Selv - ST 50%

ester QRS 가 ST

가 ST

¹⁸⁾ 가 ST 50%

가 가 가 R
²²⁾ ST 가 0
(transmural myocardial ischemia) R 가
ST R 가
ST R
가 ST Selvester QRS 1
3%
가 가 TIMI 3 TIMI 2 QRS
가 Q 가 QRS
QRS
(electrical negativity) Q 가 QRS
window theory vector 가
vector concept 가
²³⁾ Q 가 Q 가
²⁴⁾²⁵⁾ 가
(no reflow phenomenon)
(reperfusion injury)
Q
Q Q 4 6 가 TIMI 3
Q 가 R QRS
²⁶⁾ Q 가
, Q 가 0 가 가 0.5
가 Q 가
가 가
R 파고 및 QRS 평점과 관류정도의 상관관계 ST , Q , R
R Q
90
(9.4±5.8)
가 가
가 R 결론
가 Q

R QRS Q (Q), R (R)
Selvester QRS scoring system
가 가 12 90
, 29 7 10
2 4
가 .
요 약
연구배경 :
가 positron emission tomography(PET)가
12
가 가 ST
Q , R , QRS (scoring system)
가 가 12
가
가
방 법 :
(TIMI 3 2 41 15 20
ST 가 90
(ECGi) (ECGa),
(ECGd) V1 - V6
ST (ST), aVR

결 과 :
1) 41 55 ,
35 : 6 ECGi,
ECGa, ECGd 4.7 ± 5.0 , 9.4 ±
5.8 , 7.2 ± 3.1 5.5
± 4.5 , 0.75 ± 0.15
2) ST Q
가 R (Ri, Ra, Rd, vs
OI : r = 0.53, 0.51, 0.59, p < 0.05) QRS (QRSi,
QRSa, QRSd vs OI : r = - 0.51, - 0.61, - 0.33, p < 0.05)
3) 가 0 (No of OS(O))
QRS R (r of
QRSi, QRSa, QRSd vs No of OS(O) = 0.58, 0.58, 0.57,
p < 0.05 Ri, Ra, Rd vs No of OS(O) = - 0.59,
- 0.66, - 0.43, p < 0.05) 가 0.5
4) 6 33
ST 50% (n = 24)
(n = 9)
(0.79 ± 0.13 vs 0.72 ± 0.15, p = 0.17).
결 론 :
12
R QRS
중심 단어 :

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