SERUM MAGNESIUM AS A PROGNOSTIC INDICATOR IN ACUTE CORONARY SYNDROMES AND COMPARISON WITH CORONARY PROGNOSTIC INDEX

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ABSTRACT--Coronary heart disease is one of the leading causes of morbidity and mortality in the world. Various risk factors at different levels have been extensively studied in this disease and various relationships of factors with the disease have been already been established. It is not far ahead by the time we start correlating new factors with CHD. Electrolyte studies in Acute Coronary Syndromes have been studied but there has been no ground breaking research which would change the approach towards managing a case of ACS and CHD (1-4). Serum Magnesium is second most major cation in the body with variety of functions in the body. Majority of the Serum Magnesium in the body is through the dietary sources and majority of the adults do not consume the average daily requirement of the same. Magnesium has been reported to cause arrhythmias and has a role in cardiac metabolism (5-10).

Keywords--acute coronary syndromes, serum magnesium, coronary prognostic index, chest pain

I. INTRODUCTION

The pathway with which it functions and its role has been debatable and unclear. This study is an attempt to establish a connection between Serum Magnesium Levels in Acute Coronary Syndromes. Coronary Prognostic Index is a score which is based on bedside clinical and ECG findings and is used to assess the prognosis in a patient of Acute Myocardial Infarction. This study also attempts to establish a relationship between Serum Magnesium and Coronary Prognostic Index in Acute Coronary Syndromes

II. BACKGROUND/RATIONALE

Several studies have been done which showed variable results in establishing the relationship between Serum Magnesium levels and STEMI. If a clear relationship is established, the role of Intravenous Magnesium Sulphate will be a first line treatment approach in treating or stabilising patients of ACS. It also compares the levels of Serum Magnesium with Coronary Prognostic Index.

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III. OBJECTIVES

To assess Serum Magnesium levels in ACS and correlate it with Coronary Prognostic Index. To correlate Serum Magnesium with Arrythmias

IV. METHODS

Study design: Cross sectional study

Setting: Study will be carried out in Acharya Vinobha Bhave Rural Hospital, Sawangi, Meghe, a tertiary care hospital situated in the rural area of Wardha district

The present study will be carried out on all patients of acute coronary syndromes, who will satisfy the selection criteria of the study, admitted in the M.I.C.U/ I.C.CU of Acharya Vinoba Bhave Rural Hospital of Jawaharlal Nehru Medical College, Sawangi, Wardha from August 2019 - 2021.

Participants:

INCLUSION CRITERIA

- Patients who has symptoms and are confirmed any of the acute coronary syndromes.
- Patients who satisfy the ECG criteria for diagnosis of acute STEMI.
- Patients who presented within twelve hours after the onset of symptoms.
- Patients who consented for being included in the study

EXCLUSION CRITERIA

- Patients with Hypokalemia, Hypercalcemia
- Patients with Fat Malabsorption (Celiac disease, Crohns disease)
- Patients with Chronic Alcoholism
- Patients with previous history of diuretic use (Loop, Thiazide), Long term PPI use

Variables: Patient at the end of study could either have Hypomagnesemia or Hypermagnesemia or Normal levels of Mg. Diagnosing STEMI : ST segment elevation acute coronary syndrome is defined by the presence of >1mm ST elevation in atleast two adjacent limb leads, >2mm ST elevation in atleast two contiguous precordial leads or new onset LBBB and with raised Cardiac Markers.

NSTEMI is diagnosed with raised cardiac enzymes without the above mentioned ST elevation criteria.

Bias: NoneStudy size: 100 patients sample size was arrived with a confidence level of 95% with confidence interval of 10 in a population size of 5000 Quantitative variables: Serum Magnesium levels are estimated within the 72 hrs of episode of Acute Coronary Syndromes

V. DISCUSSION

Key results: Serum Magnesium is an important prognostic indicator in Acute Coronary syndromed. Relevant related studies in this region were explored for additional information related to geographic context (11-35). Few studies related to other related non-communicable entities(36-58) and sociocultural aspects (59-84) were reviewed.

Limitations: Patients having Acute STEMI can undergo thrombolysis which would lead to reperfusion and give false values of serum magnesium if measured. The duration after the episode of ACS after which the sample was taken could also make a difference in the values of Acute Coronary Syndromes.

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