**HOW IS RIGHT VENTRICULAR INVOLVEMENT RELATED WITH MORTALITY AND REHOSPITALIZATION RATES IN ACUTE INFERIOR MYOCARDIAL INFARCTION WITH ST SEGMENT ELEVATION?**

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Purpose: The objective of the study was to examine the relationship between right ventricular involvement (RVI) in acute inferior STEMI) and the increase in mortality and morbidity.

Methods: The study involved 512 patients with inferior STEMI

(447 males, 38-72 y.o.). Based on the presence of RVI, all study objects were divided into two groups: Group 1 with RVI (n=255) and Group 2 without RVI (n=257). The Group 1 was further divided into 2 subgroups of patients with (n=110) and without (n=145) right ventricular failure (RVF). We conducted comparative analyses to find out any differences in the incidence of in-hospital death, one-year mortality and rehospitalization between above groups and subgroups. There were no significant inter-group differences in clinical patterns or treatment modalities.

Results: In-hospital mortality was 12.5% in Group 1 compared with 6.6% in Group 2 (p<0.05).In contrary, one-year rehospitalization and one-year mortality were more frequent in Group 2 (8.1% vs. 14.4%, p<0.05 and 12.8% vs. 24.3%,

p<0.01 respectively).Within the Group 1, we found some but not significant differences between subgroups of with and without RVF (14.5% vs. 10.3% for in-hospital mortality, 10.3% vs. 6.5% for rehospitalization and 12.6% vs. 12.9% for one-year mortality; p>0.05 for all three cases).

Conclusion: In patients with ILV STEMI, RVI is associated with in-hospital mortality while that is without RVI – with one-year rehospitalization and one-year mortality. RVF could have no significant influence on all three rates among inferior STEMI patients with RVI.