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原发性扩张型心肌病患者QRS波时限与心室机械同步性运动的关系

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Title: Relationship between QRS duration and ventricular mechanical synchrony movement in patients with dilated cardiomyopathy

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关键词: [实时三维超声心动图](#); [QRS波时限](#); [扩张型心肌病](#)

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摘要: 目的 应用实时三维超声心动图 (real-time three-dimensional echocardiography, RT-3DE) 分析研究原发性扩张型心肌病 (dilated cardiomyopathy, DCM) 患者QRS波时限与左心室机械收缩同步性的关系。 方法 筛选2012年9月至2013年6月于第三军医大学西南医院心血管内科诊断为DCM的63例患者, 依据QRS波时限将患者分为: ①A1组, QRS < 120 ms ($n=36$), 男性22例, 女性14例, 年龄 (52.17 ± 13.30) 岁; ②A2组, $120 \text{ ms} \leq \text{QRS} < 150 \text{ ms}$ ($n=17$), 男性12例, 女性5例, 年龄 (58.71 ± 9.43) 岁; ③A3组, $\text{QRS} \geq 150 \text{ ms}$ ($n=10$), 男性9例, 女性1例, 年龄 (54.10 ± 10.57) 岁。应用RT-3DE 获取左心室达到16、12、6节段最小收缩容积时间的标准差及最大差值, 同时获得标化值。将Tmsv16-SD%视为收缩不同步指数 (systolic dyssynchrony index, SDI), 以5.12%作为截点值判断左室收缩同步与否, 以SDI < 5.12% 视为心室机械收缩同步, SDI > 5.12%视为心室机械收缩不同步。 结果 ①A1、A2、A3组SDI分别为 (6.26 ± 4.08)、(8.53 ± 4.12)、(10.82 ± 6.24), A1组A3组差异显著 ($P < 0.05$), A1与A2, A2与A3随QRS波时限的增宽, SDI呈逐渐增高趋势 ($P > 0.05$); ②A1、A2、A3组SDI与QRS波时限、LVEDV、LVEF、LVESV之间无相关性 ($P > 0.05$)。 结论 DCM患者中宽QRS波患者比窄QRS波患者心室收

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缩不同步性检出率高, QRS波时限与左室机械收缩同步性无相关性。

Abstract: **Objective** To study the relationship between the QRS wave duration of idiopathic dilated cardiomyopathy (DCM) patients and the synchronicity of left ventricular mechanical contraction using real-time three-dimensional echocardiography (RT-3DE). **Methods** From September, 2012 to June, 2013, 63 patients with DCM in our hospital were divided into 3 groups according to QRS wave duration: A1 group [QRS <120 ms ($n=36$), 22 males and 14 females, average age 52.17 ± 13.30], A2 group [$120 \text{ ms} \leq \text{QRS} < 150 \text{ ms}$ ($n=17$), 12 males and 5 females, average age 58.71 ± 9.43] and A3 group [$\text{QRS} \geq 150 \text{ ms}$ ($n=10$), 9 males and 1 female, average age 54.10 ± 10.57]. As left ventricular arriving at segments 6, 12, and 16, the standard deviation and the maximum difference of minimum systolic volume time were acquired with the application of RT-3DE, and standardized value was also obtained. Assuming $\text{Tmsv16-SD}\%$ as systolic dyssynchrony index (SDI), 5.12% was used as a cutoff point value to judge whether left ventricular systolic was synchronized. $\text{SDI} < 5.12\%$ was deemed ventricular mechanical systolic synchrony, while $\text{SDI} > 5.12\%$ was deemed ventricular mechanical systolic dyssynchrony. **Results** The SDI values of A1, A2, A3 group were 6.26 ± 4.08 , 8.53 ± 4.12 , and 10.82 ± 6.24 , respectively. There was significant difference between group A1 and group A3 ($P < 0.05$). Among groups A1 and A2 as well as groups A2 and A3, with the broadening of QRS wave duration, SDI tended to increase gradually ($P > 0.05$). In groups A1, A2 and A3, there was no correlation ($P > 0.05$) of SDI with QRS wave duration, LVEDV, LVEF, as well as LVESV. **Conclusion** The ventricular systolic dyssynchrony detection rate among DCM patients with wide QRS wave is higher than those with narrow QRS wave. There is no correlation between QRS wave duration and left ventricular systolic synchronicity.

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