

**ANALYSIS OF ELECTROCARDIOGRAM IN 550 CASES
OF NON INSULIN DEPENDANT DIABETES MELLITLJS
(NIDDM)**

DR. SIDHARTH DAS., K.C. SAMAL, & H.N. MISHRA

Department of Medicine, Endocrinology & Cardiology, S.C.B. Medical College,
Cuttack-753007, Orissa

Nine hundred and fifty five electrocardiograms (ECG) of 550 consecutive cases of NIDDM were analysed. ECG were taken at the 1st visit in all cases and subsequently at yearly intervals for 3 years in cases coming for regular followup. All the cases were examined clinically and subjected to OGTT, lipid profile, Glycosylated Hb, 24 hour» urine analysis for albumin., Chest X Ray. ECG of 100 age and sex matched healthy controls were taken for comparison.

The ECG abnormalities noted on enrolment were left anterior hemiblock (LAHB), Right bundle branch block (RBBB) and RBBB with LAHB in 6.9%, 2.5%, and 2.9% of cases respectively. Left posterior hermiblock (LPHB) and left bundle branch block (LBBB) were seen in a minority (0.7% and 0.3%). Twenty cases (2.9%) had old MI & 3.8% had resting ischaemia. Arrhythmias viz. VPCS, sinus tachycardia and sinus brady cardia were seen in 1.4%, 2% and 1.2% cases respectively. Tall 'T' (7/10 mm) with broad base in $V_B V_3$ were seen in 7 8% cases suggesting an abnormal T vector pointing towards right to the horizontal plane. Followup ECGs revealed progression of facicular blocks detection of Silent MI or ischaemia in an insignificant number of cases.

Thus we concluded that LAHB & RBBB alone or in combination are fairly common among NIDDM than controls, Details will be discussed.