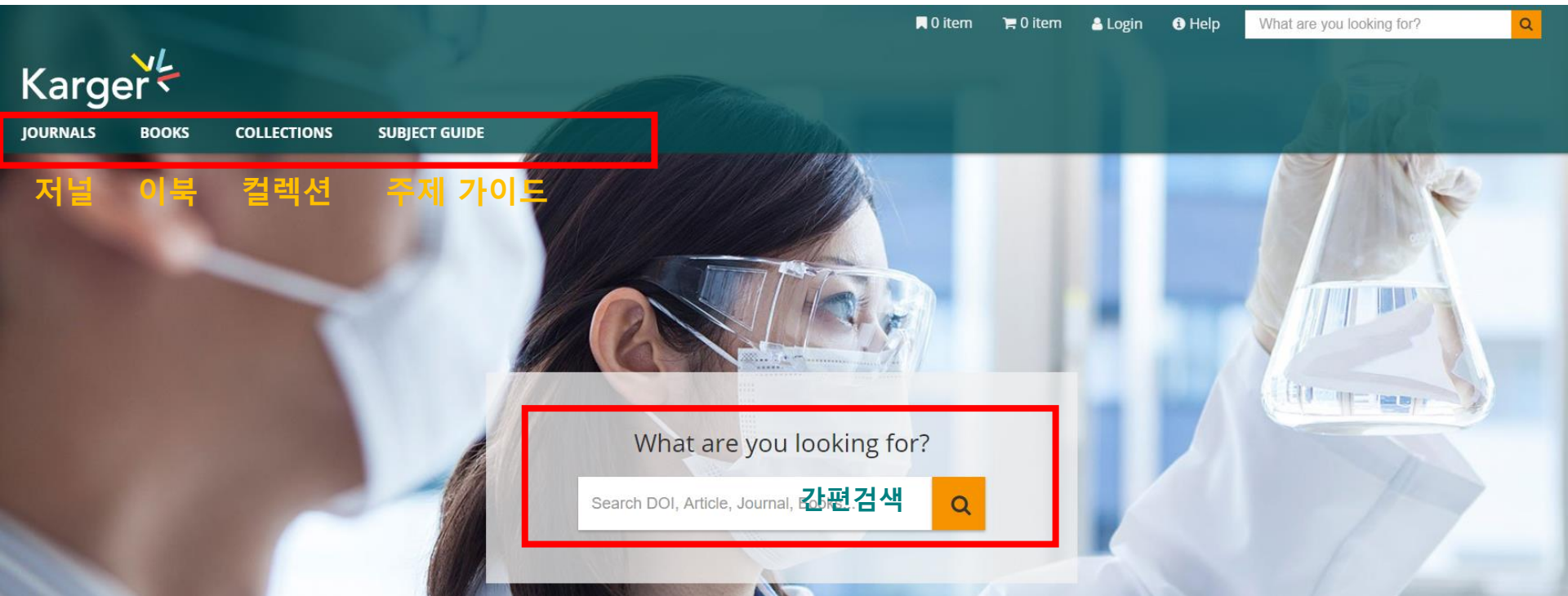


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The Prognostic Value of Early Repolarization Pattern for the Ventricular Tachyarrhythmias of Acute Myocardial Infarction Patients: A Meta-Analysis

Xu S.^{a,b} · Yang L.^a · Hong D.^a · Chen L.^a · Wang X.^a

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Keywords: [Early repolarization](#) [Acute myocardial infarction](#) [Ventricular tachyarrhythmias](#) [Prognosis](#)

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

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ABSTRACT

Several studies have indicated that early repolarization (ER) is a risk factor for ventricular tachyarrhythmias (VTAs) in acute myocardial infarction (AMI) patients. The prognostic values of ER detail characteristics except J-point morphology, and inferior leads ER location for VTAs are still unclear. We searched PubMed, Embase, and the Cochrane Library for eligible studies up to March 4, 2019. Studies to investigate the relationship between ER and the incidence of VTAs in AMI patients were extracted. A total of 10 studies with 2,672 participants were included in the analysis. ER significantly predicted the incidence of VTAs (odds ratio [OR] 3.62, 95% confidence intervals [CI] 2.77-4.73), regardless of the type of AMI. The presence of ER before AMI (OR 5.58, 95% CI 3.41 to 9.12) and after AMI (OR 3.02, 95% CI 2.19-4.15) increased the risk of VTAs. The prognostic value of ER for VTAs in the long follow-up (≥ 30 days) (OR 2.39, 95% CI 1.59-3.59) fell by half compared to the short follow-up duration (< 30 days) (OR 4.97, 95% CI 3.48-7.09). Patients with ER displayed a higher risk of developing ventricular fibrillation (VF) (OR 6.94, 95% CI 3.87-12.43) than those without ER. However, neither J-point elevation with OR = 2.48 nor lateral leads' ER location with OR = 3.83 remarkably increased the risk of VTAs in patients with AMI. ER is significantly associated with increasing risk of VTAs, particularly VF, in AMI patients. This relationship is weaker in the 30-day follow-up and is not reinforced by J-point elevation and lateral leads' ER location.

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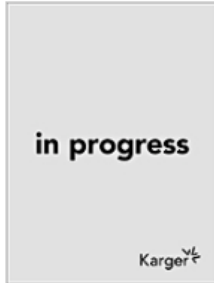
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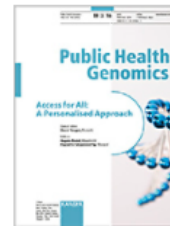
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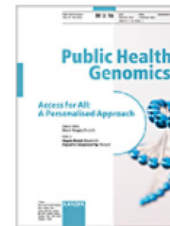
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