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**ACCELERATED SUPRA VENTRICULAR RHYTHM**

**(Clinical observation)**

Continuously relapsing paroxysms of tachycardias meet rather seldom. They differ from classical paroxysmal tachycardias by longer and rather favorable course.

In the given report three clinical observations of patients with accelerated supraventricular rhythm are resulted. For an estimation of available supraventricular rhythm repeated electrographic researches, 24-hour monitor observations, echocardiographic and rentgenologic inspections of heart were carried out. Ages of patients are 28, 42 and 47 years, two women and one man.

Any pathology on the cardiovascular system and other parts of body was not revealed at careful clinical inspection in all cases. In the first case the number of heart reductions was within the limits of 140-160 beats per minute, the tachycardia had constant character. Changes at a stable rhythm of auricle of duration of interval PQ with periodic development atrioventricular blockade were registered. Sometimes at night short-term episodes of interruption of a tachycardia were marked. In two other cases continuously relapse form of nonparoxysmal tachycardias took place. Number of heart reductions in rest was from 130-180 beats per minute. On EKG and at monitor observation were marked continuously relapse short paroxysms, separated from each other by several sinus reductions, peak P was clearly defined. The quantity of ectopic ventricular reductions varied from 7 up to 10 beats. Periodically there was a picture of group supraventricular tachycardia. During paroxysms the lengthening of interval PQ with symptoms of atrioventricular blockade of the I degree was marked. All patients did not have relation of arrhythmia with influence of toxic, infectious and degenerate factors that allows to think of a congenital pathology of conducting system of heart.

Cardiomegalia and heart insufficiency have appeared at examined people through 4-6 years as consequence of long existing arrhythmia, the cardiac muscle which has resulted in dysfunction. It is necessary to note persistent tolerance of patients to introduction of all antiarrhythmic preparations.