

Table 3: Standard ECG in patients with (COPD) Group A & Group B

Standard ECG	Group A	Group B	P value
No arrhythmia	76%	84%	0.15
Sinus tachycardia	50%	20%	0.0005
P.pulmonal	20%	2%	0.01
Atrial ectopic	18%	8%	0.06
Ventricular ectopic	22%	6%	0.009
Atrial fibrillation	10%	4%	0.12
Atrial flutter	4%	2%	0.28
Run of SVT	2%	0%	0.16

SVT=Supraventricular tachycardia

Table 4: 24 hour holter monitoring both groups & p value

	Group A	Group B	P value
Sinus tachycardia	80%	10%	0.0001
Ventricular ectopic	64%	40%	0.006
Atrial ectopic	72%	50%	0.01
Atrial fibrillation	24%	8%	0.01
Atrial flutter	12%	2%	0.09
Heart block	12%	2%	0.09
S.V tachycardia	20%	4%	0.019
Run of VT	10%	2%	0.05
W.P.W	2%	0%	0.15

VT=ventricular tachycardia, W.P.W=Wolff Parkinson white syndrome

Table 5: Comparison of incidence of arrhythmia detected by the standard ECG and holter monitoring

	Absent%	Present%	Atrial ectopic%	Ventricular ectopic%
Standard ECG	76%	24%	18%	22%
Holter monitoring	16%	84%	72%	64%

Discussion

Many if not most arrhythmias occur intermittently and patients present to their physician having had a previous episode but without an arrhythmia occurring at the time of evaluation. Therefore, the suspicion that an arrhythmic problem exists as well as the necessity and urgency of further evaluation must frequently determined

by the history alone^(8, 9, 10).

Cardiac arrhythmias are common in patient with COPD. This study supports the fact that both ventricular and Supraventricular premature beat occur frequently in patients with chronic obstructive lung disease. Their frequency in this population is in fact similar to that observed in high risk patient with