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PROGRESS REPORT

Project 6X60-01-001, Internal Medicine

Task 2, Prognosis of Bundle Branch Block and Conduction Defects

Walter Reed General Hospital
Washington 12, D. C.

Department of Medicine
Cardiology Service

1 July, 1961 through 30 June, 1962

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Reports Control Symbol MEDDH-288

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ABSTRACT

PROJECT: 6X60-01-001, Internal Medicine
Task 2, Prognosis of Bundle Branch Block and Conduction Defects
Walter Reed General Hospital, Cardiology Service
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D. O. Lynn, Col., MC, M.D. Cheitlin, Capt., MC, and T. W. Mattingly,
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The Bundle Branch Block study was commenced in 1935 to determine the etiology and prognosis of bundle branch blocks in general, the prognosis of specific types of bundle branch blocks, and the military usefulness of personnel with this diagnosis.

This is a follow-up study of individuals found to have a bundle branch block when examined at Walter Reed Army Hospital. Over 50,000 records were reviewed, in selecting the first patients to be placed in the study. The study is divided into three age groups: (1) under 40, (2) 40 to 60, and (3) over 60. The groups are further divided into blocks of the right and left bundle systems, and into those with symptoms and those who are asymptomatic. Certain individuals, when diagnosed, were rejected from military service. Others were separated from the service for physical disability, while others died during hospitalization because of the basic disease producing the block. The specific purpose of this study is to provide greatly needed information and background for physical standards for induction and commission of military personnel, for disposition, and physical retirement, and for definitive therapy.

Included in the study are 1,006 patients. Of this number, 316 are known to be deceased. In most instances of death, necropsy material and information have been obtained. Some of the patients initially selected for the study have been found ineligible and have been eliminated because their cardiac findings did not meet the requirements of the study.

As a result of this study, much long-range information is available on patients known to have had a bundle branch block for several years, patients who appear periodically in the clinic or are hospitalized. Although no reports have been published on this major project, physicians elsewhere are aware that a study on bundle branch block is underway and have written for opinions concerning our progress and findings.

Follow-up information is being sought on all patients in the study who are no longer located in the Walter Reed area, and in cases where former patients are known to be deceased, terminal medical information and necropsy material are obtained for review by our pathologist, Dr. William Manion, Chief, Cardiovascular Section, Armed Forces Institute of Pathology.

Utilizing the clinical and necropsy data in the Bundle Branch Block Study, a preliminary study has been initiated to assess the validity of the claims by Sodi Polaris and others that ventricular premature beats often enable the clinician to localize the site of a myocardial infarction. Preliminary analysis seems to indicate that ventricular premature beats have very limited specification. However, additional material is being accumulated for analysis.