

ವಿಧಾನ ಪರಿಷತ್ತು

ಚುಕ್ಕೆ ಗುರುತಿಲ್ಲದ ಪ್ರಶ್ನೆ ಸಂಖ್ಯೆ	162
ಮಾನ್ಯ ಸದಸ್ಯರ ಹೆಸರು	ಶ್ರೀ ಡಿ. ಎಸ್. ಅರುಣ್ (ಸ್ಥಳೀಯ ಸಂಸ್ಥೆಗಳ ಕ್ಷೇತ್ರ)
ಉತ್ತರಿಸಬೇಕಾದ ದಿನಾಂಕ	11.08.2025
ಉತ್ತರಿಸುವ ಸಚಿವರು	ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸಚಿವರು

ಕ್ರ.ಸಂ	ಪ್ರಶ್ನೆ	ಉತ್ತರ
ಅ	ಕಳೆದ 02 ವರ್ಷಗಳಲ್ಲಿ ಜಿಲ್ಲಾವಾರು ಹೃದಯಾಘಾತದ ಪ್ರಕರಣಗಳ ಸಂಖ್ಯೆ ಮತ್ತು ಸಾವಿನ ಸಂಖ್ಯೆ ಎಷ್ಟು? (ವಿವರಗಳನ್ನು ನೀಡುವುದು)	ಹೃದಯಾಘಾತ ಪ್ರಕರಣಗಳು ಅಧಿಸೂಚಿತ ರೋಗ ಎಂದು ಘೋಷಣೆಯಾಗದಿರುವುದರಿಂದ ಹೃದಯಾಘಾತ ಪ್ರಕರಣಗಳ ನಿಖರವಾದ ಮಾಹಿತಿ ಲಭ್ಯವಿರುವುದಿಲ್ಲ. ಡಾ. ಪುನೀತ್ ರಾಜ್‌ಕುಮಾರ್ ಹೃದಯ ಜೋತಿಯೋಜನೆಯನ್ನು ಮಾರ್ಚ್ 2023 ರಿಂದ ಪ್ರಾರಂಭಿಸಲಾಗಿರುತ್ತದೆ. ಸದರಿ ಕಾರ್ಯಕ್ರಮದಡಿ ಕಳೆದ 02 ವರ್ಷಗಳಲ್ಲಿ ಹೃದಯಾಘಾತವಾದ ಪ್ರಕರಣಗಳ ವಿವರ ಈ ಕೆಳಕಂಡಂತಿದೆ. <ul style="list-style-type: none"> • 2023-24ನೇ ಸಾಲಿನಲ್ಲಿ (ರಾಜ್ಯದ ಮೊದಲನೇ ಹಂತದ 45 ಕೇಂದ್ರಗಳಲ್ಲಿನ ಮಾಹಿತಿ) ಒಟ್ಟು ECG 1,53,931, Critical ECG-2,489, ಒಟ್ಟು ಮರಣಗಳ ಸಂಖ್ಯೆ: 229 • 2024-25ನೇ ಸಾಲಿನಲ್ಲಿ (ರಾಜ್ಯದ ಮೊದಲನೇ ಮತ್ತು ಎರಡನೇ ಹಂತದ (45+41) 86 ಕೇಂದ್ರಗಳಲ್ಲಿನ ಮಾಹಿತಿ) ಒಟ್ಟು ECG-4,49,203, Critical ECG-6,767, ಮರಣಗಳ ಸಂಖ್ಯೆ: 608.
ಆ	ಈ ಪ್ರಕರಣಗಳ ಹೆಚ್ಚಳಕ್ಕೆ ಆರೋಗ್ಯ ಇಲಾಖೆ ಗುರುತಿಸಿದ ಮುಖ್ಯ ಕಾರಣಗಳಾವುವು;	ರಾಜ್ಯದಲ್ಲಿ ದಾಖಲಾಗುತ್ತಿರುವ ಹೃದಯಾಘಾತದ ಪ್ರಕರಣಗಳಲ್ಲಿ ಶೇಕಡಾ 75% ಕ್ಕಿಂತ ಹೆಚ್ಚು ಜನರು ಒಂದಕ್ಕಿಂತ ಹೆಚ್ಚು ಹೃದಯದ ಅಪಾಯಕಾರಿ ಅಂಶವನ್ನು ಹೊಂದಿದ್ದಾರೆ. ಅದರಲ್ಲಿ ಅತಿಯಾದ ತೂಕ ಅಥವಾ ಬೊಜ್ಜುತನ, ಅತಿಯಾದ ಮಧುಪಾನ, ಮಧುಮೇಹ, ಧೂಮಪಾನ, ಅಧಿಕ ರಕ್ತದೊತ್ತಡ, ಕುಟುಂಬದ ಹೃದ್ರೋಗದ ಹಿನ್ನೆಲೆಗಳು ಪ್ರಮುಖ ಕಾರಣಗಳಾಗಿರುತ್ತವೆ.
ಇ	ಈ ಕುರಿತು ಆರೋಗ್ಯ ಇಲಾಖೆಯು ಯಾವ ಸಮೀಕ್ಷೆ ಅಥವಾ ವೈದ್ಯಕೀಯ ಅಧ್ಯಯನ ನಡೆಸಲಾಗಿದೆ?	ರಾಜ್ಯದಲ್ಲಿ ಹೃದಯಾಘಾತ ಮತ್ತು ಹೃದಯಾಘಾತದ ಮರಣಗಳ ಪ್ರಕರಣಗಳ ಬಗ್ಗೆ ಅಧ್ಯಯನ ನಡೆಸಲು ಡಾ ಕೆ.ಎಸ್. ರವೀಂದ್ರನಾಥ್, ನಿರ್ದೇಶಕರು, ಶ್ರೀ ಜಯದೇವ ಹೃದ್ರೋಗ ಸಂಸ್ಥೆ, ಬೆಂಗಳೂರು ಇವರ ನೇತೃತ್ವದಲ್ಲಿ ಸಮಿತಿಯನ್ನು ರಚಿಸಲಾಗಿದ್ದು, ಸದರಿ ಸಮಿತಿಯು ಸಲ್ಲಿಸಿರುವ ವರದಿಯನ್ನು ಅನುಬಂಧದಲ್ಲಿ ನೀಡಲಾಗಿದೆ.
ಈ	ಹೃದಯಾಘಾತವನ್ನು ತಡೆಗಟ್ಟಲು ಹಾಗೂ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯವನ್ನು ರಕ್ಷಿಸಲು ಸರ್ಕಾರ ಕೈಗೊಂಡಿರುವ ತಾತ್ಕಾಲಿಕ ಹಾಗೂ ದೀರ್ಘಕಾಲಿಕ ಕ್ರಮಗಳಾವುವು ನೀಡುವುದು)?	ಹೃದಯಾಘಾತವನ್ನು ತಡೆಗಟ್ಟಲು ಹಾಗೂ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯವನ್ನು ರಕ್ಷಿಸಲು ಸರ್ಕಾರವು ತಾತ್ಕಾಲಿಕ ಮತ್ತು ದೀರ್ಘಕಾಲಿಕ ಕ್ರಮಗಳನ್ನು ಕೈಗೊಳ್ಳಲಾಗುತ್ತಿದೆ. (ಮಾಹಿತಿ 1)ಗೃಹ ಆರೋಗ್ಯ ಯೋಜನೆ ಮೂಲಕ ಅಸಾಂಕ್ರಾಮಿಕ ರೋಗಗಳನ್ನು ಪತ್ತೆ ಹಚ್ಚಲು ಮತ್ತು ಹೃದಯಾಘಾತಕ್ಕೆ ಕಾರಣವಾದ ಅಪಾಯಕಾರಿ ಅಂಶಗಳನ್ನು ಪತ್ತೆ ಮಾಡಲು 30 ವರ್ಷ ಮೇಲ್ಪಟ್ಟವರಿಗೆ ತಪಾಸಣೆ ಮಾಡಲು ಕ್ರಮವಹಿಸಲಾಗಿರುತ್ತದೆ.

	<p>2) ಡಾ. ಪುನೀತ್ ರಾಜ್‌ಕುಮಾರ್ ಹೃದಯ ಜೋತಿಯೋಜನೆಯನ್ನು ರಾಜ್ಯದ ಎಲ್ಲಾ ಜಿಲ್ಲಾ ಆಸ್ಪತ್ರೆ, ತಾಲ್ಲೂಕು ಆಸ್ಪತ್ರೆ ಮತ್ತು ಸಮುದಾಯ ಆರೋಗ್ಯ ಕೇಂದ್ರಗಳಲ್ಲಿ ವಿಸ್ತರಿಸಲು ಕ್ರಮ ವಹಿಸಲಾಗುತ್ತಿದೆ.</p> <p>3) ಸಾರ್ವಜನಿಕ ಸ್ಥಳಗಳಲ್ಲಿ AED (ಡಿಫಿಡಿಲೇಟರ್) ಉಪಕರಣಗಳನ್ನು ಅಳವಡಿಸುವ ಕುರಿತು ಕ್ರಮವಹಿಸಲಾಗುತ್ತಿದೆ.</p> <p>4) ಶಾಲೆಗಳಲ್ಲಿ, ಜಿಮ್‌ಗಳಲ್ಲಿ, ಸಂಸ್ಥೆಗಳಲ್ಲಿ, ಸಾರ್ವಜನಿಕರಿಗೆ ಸಿ.ಪಿ.ಆರ್ ತರಬೇತಿ, ಜನಜಾಗೃತಿ ಹಾಗೂ ಆರೋಗ್ಯ ತಪಾಸಣೆ ಶಿಬಿರಗಳನ್ನು ಹಮ್ಮಿಕೊಳ್ಳಲು ಕ್ರಮವಹಿಸಲಾಗಿದೆ.</p> <p>5) ಶಾಲಾ ವಿದ್ಯಾರ್ಥಿಗಳಲ್ಲಿ ಹೃದಯದ ತಪಾಸಣೆಗೆ ಕ್ರಮವಹಿಸಲಾಗಿರುತ್ತದೆ.</p> <p>6) ಹಠಾತ್ ಮರಣಗಳನ್ನು ಅಧಿಸೂಚಿತ ರೋಗವೆಂದು ಪರಿಗಣಿಸಲು ಕ್ರಮವಹಿಸಲಾಗುತ್ತಿದೆ.</p> <p>7) ಯುವ ಜನರಲ್ಲಿ ಸಂಭವಿಸುವ ಹಠಾತ್ ಹೃದಯಾಘಾತದ ಸಾವುಗಳಿಗಾಗಿ ರಾಜ್ಯ ಮಟ್ಟದ ನೋಂದಣಿ ವ್ಯವಸ್ಥೆಗೆ ಕ್ರಮವಹಿಸಲಾಗುತ್ತಿದೆ.</p>
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ಆಕುಕ 86 ಎಸ್‌ಎಂಎಂ 2025

(ದಿನೇಶ್ ಗುಂಡೂರಾವ್)
ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ
ಸಚಿವರು

Summary of Findings :

1. FOUR OUT OF 24 = NON CARDIAC DEATHS

1 from CHRONIC KIDNEY DISEASE

1 from ROAD ACCIDENT

1 from ACUTE GASTROENTERITIS (INFECTION)

1 from SUSPECTED ELECTROCUTION

2. REMAINING 20 DEATHS :

10 CONFIRMED CARDIAC DEATHS

- 3 PRE EXISTING HEART DISEASE

1 was POST BYPASS SURGERY

1 was POST ANGIOPLASTY

1 was DILATED CARDIOMYOPATHY (HEART FAILURE)

- 7 CARDIAC DEATHS – 4 AUTOPSY EVIDENCE

3 ECG EVIDENCE OF HEART ATTACK

10 PROBABLE CARDIAC DEATHS

- BASED ON PRESENTATION, RISK FACTORS AND SYMPTOMS.

- MORE THAN 75% OF THE DECEASED HAD ONE OR MORE CARDIAC RISK FACTORS

RISK FACTORS	NO.
PRE EXISTING HEART DISEASE	3
SMOKING	6
DIABETES	7
HYPERTENSION	6
OBESITY	8
FAMILY HISTORY	3
ALCOHOL	8

Geographic & Temporal Comparison

DEATHS DURING MAY, JUNE LAST 2 YEARS

YEAR	2024	2025
MI ADMISSIONS	315	357
MI DEATHS	19	20
PERCENTAGE	6.03 %	5.60 %

	JAN	FEB	MAR	APR	MAY	JUN
HEART ATTACK PATIENTS	178	181	182	200	198	159
DEATH DUE TO HEART ATTACKS	11	10	10	9	9	11
PERCENTAGE DEATHS	6.10%	5.52%	5.53%	4.5%	4.54%	6.91%

MYSURU

HEART ATTACK PATIENTS	995	773	801	769	901	893
DEATH DUE TO HEART ATTACKS	83	69	52	60	62	49
PERCENTAGE DEATHS	8.34 %	8.92 %	6.49 %	7.8 %	6.8 %	5.48 %

BENGALURU						
HEART ATTACK PATIENTS	2165	1931	2047	2026	1971	1917
DEATH DUE TO HEART ATTACKS	97	80	96	84	78	77
PERCENTAGE DEATHS	4.48 %	4.14 %	4.68 %	4.14 %	3.95 %	4.01 %
KALBURGI						
HEART ATTACK PATIENTS	440	385	285	376	457	481
DEATH DUE TO HEART ATTACKS	11	19	21	21	23	28
PERCENTAGE DEATHS	2.5 %	4.9 %	7.3 %	5.58 %	5.03 %	5.82 %

Key Observations :

1. Deaths reported were scattered, not clustered, and most were explainable by known cardiac risk profiles in more than 75 % patients.
2. This investigation revealed significant limitations in accurately determining the cause of death in some cases. In many instances, the individuals were not brought to any healthcare facility prior to death, and even among those who were declared brought dead at hospitals, formal post-mortem examinations were often not performed. This lack of autopsy data critically hampers the ability to confirm whether these were truly cardiac-related deaths or due to alternative causes. Furthermore, essential clinical investigations such as ECGs, cardiac enzymes, or imaging were either unavailable in many cases, making retrospective diagnosis speculative at best.

Compounding the challenge was the limited cooperation from the relatives of the deceased in several cases, which rendered verbal autopsy efforts largely inconclusive. In the absence of reliable eyewitness accounts, clinical data, and post-mortem findings, establishing a definitive cause of death for each case becomes inherently difficult. These gaps in documentation and diagnostic confirmation highlight the need for systemic improvements in emergency response protocols, mandatory post-mortem guidelines for sudden deaths, and better community engagement during such investigations to ensure accurate cause-of-death assessments in the future.

3. The presence of sudden deaths in relatively young individuals aged 19, 21, 23, 32, 37, 38, and 43 years is a matter of concern and cannot be overlooked. While limitations in data collection and diagnostic confirmation are acknowledged, the clustering of deaths in this younger age group does raise red flags, particularly in the context of rising cardiovascular risk factors in the population. Many of these individuals had identifiable risk factors such as smoking, alcohol use, obesity, hypertension, or a family history of heart disease. However, in several cases, there was no prior diagnosis or indication of existing heart disease, and the sudden nature of death—often during sleep or immediately following mild symptoms—demands serious attention

Conclusions:

1. Detailed analysis of the data of number of heart attacks and deaths does not indicate any increase in sudden cardiac deaths in the district. It is almost same as the previous months in Hassan.
2. Analysis of data of cardiac cases at Jayadeva institute, Bangalore and its peripheral centres in Mysuru and Kalaburgi in last 6 months does not show any increasing trend of cardiac death.
3. While definitive conclusions about cause of deaths in each case are limited due to lack of autopsy data, clinical data and limited history from family members.
4. The occurrences of sudden deaths in younger adults definitely underscore the growing burden of premature cardiovascular disease. This calls for early cardiovascular screening programs, and health education
5. Establishment of mandatory investigation protocols (including post-mortems) for all sudden deaths in apparently healthy young adults.

Recommendations :

1. Cardiac Health Surveillance Program :

All out of hospital sudden cardiac deaths should undergo autopsy to confirm/rule out the cause of death as cardiac

2. Ensure Availability of ecg machines and emergency cardiac medicines

(e.g: Ecosprin, Clopidogrel, and atorvastatin, Heparin) for cases of heart attack at all PHC and CHC's.

3. Strengthen Emergency Response:

CPR training for focused groups like school & college students and teachers, and physical trainers in gymnasium.

AED availability in crowded areas (gyms, malls etc.)

4. CARDIAC SCREENING FOR AUTO & CAB DRIVERS

SUMMARY

N O.	NAME	PM	RISK FACTOR	PRESENTATION DIAGNOSIS AUTOPSY REPORT
1	SANDHYA 18Y/F HNP	NO	KIDNEY	<u>NON CARDIAC DEATH</u> – KIDNEY DISEASE ON DIALYSIS
2	LOHITH 38Y/M CRP	YES	ALCOHOL	<u>NON CARDIAC DEATH</u> – ROAD ACCIDENT AUTOPSY – CHEST & ABDOMINAL INJURY
3	NISHAD AHMED 35Y/M BELUR	NO	NIL	<u>NON CARDIAC DEATH</u> – GASTROENTERITIS GASTROENTERITIS (INFECTION) WITH HYPOTENSION ECG - NORMAL
4	RAVIKUMAR 29Y/M BELUR	NO	SMOKING ALCOHOL	<u>NON CARDIAC DEATH</u> - ? ACCIDENTAL INCONCLUSIVE – UNRELIABLE HISTORY REQUIRES FURTHER INVESTIGATION

5	KUMAR 55Y/M CRP	NO	HTN DIABETES SMOKER ALCOHOL C OBESITY CAD	<u>PRE EXISTING HEART DISEASE</u> PROBABLE CARDIAC DEATH POST ANGIOPLASTY OLD STROKE OLD MI WITH LV DYSFUNCTION
6	B R NAGAPPA 58Y/M ALUR DRIVER	NO	HTN DIABETES HEART DIS	<u>PRE EXISTING HEART DISEASE</u> PROBABLE CARDIAC DEATH DILATED CARDIOMYOPATHY SUDDEN CARDIAC ARREST
7	SATYANARA YANA 65Y/M HASSAN DRIVER	YES	SMOKING ALCOHOL DIABETES CAD	<u>PRE EXISTING HEART DISEASE</u> PROBABLE CARDIAC DEATH POST BYPASS SURGERY BROUGHT DEAD PM REPORT AWAITED
8	THIRTHAPPA 78Y/M BELUR SOCIAL WORKER	NO	OBESITY	<u>ELDERLY PATIENT</u> CONFIRMED CARDIAC DEATH CHEST PAIN – STEMI – DEATH AT HOME

10	SUPRITHA 23Y/F HNP	YES	FAMILY HISTORY	CONFIRMED CARDIAC DEATH BROUGHT DEAD HOME VOMITING SUDDEN COLLAPSE PM REPORT : CORONARY ARTERY DISEASE
12	NILKANTAPP A 58Y/M HASSAN	NO	DIABETES HTN SMOKING OBESITY	CONFIRMED CARDIAC DEATH 7 DAYS CHEST PAIN – STEMI – COLLAPSE – PRIMARY PTCA – DEATH DEATH @ HOSPITAL
13	DEVARAJEG OWDA 43Y/M HASSAN	YES	ALCOHOL OBESITY	CONFIRMED CARDIAC DEATH BROUGHT DEAD TRAVELLING CHEST PAIN - COLLAPSE PM REPORT : CARDIAC LAD 90% BLOCKAGE
16	SANJEEVA 21Y/M HNP	YES	SMOKING ALCOHOL HYPERTEN SION	CONFIRMED CARDIAC DEATH BINGE DRINKING CHEST PAIN SUDDEN COLLAPSE IN ER CARDIAC LAD BLOCKAGE
18	NISHANTH GARUDA 19Y/M HASSAN	YES	NIL	CONFIRMED CARDIAC DEATH BROUGHT DEAD DEATH DURING SLEEP

				PM REPORT : CORONARY ARTERY DISEASE LAD THROMBOTIC OCCLUSION
11	ABHISHEK K.R 19Y/M ARKALGUD DRIVER	YES	FAMILY HISTORY SMOKER ALCOHOLI C	PROBABLE CARDIAC DEATH BROUGHT DEAD SYMPTOMS NOT KNOWN REPORT AWAITED
15	MANJUNATH H 48Y/M ALUR DRIVER	YES	DIABETES OBESITY	PROBABLE CARIAC DEATH ACCELERATED HYPERTENSION CHEST PAIN ECG – POOR R PROG - COLLAPSE REPORT AWAITED
9	MUTTHAIAH 57Y/M HNP LECTURER	NO	NIL	PROBABLE CARDIAC DEATH INCREASED DAILY TRAVEL COLLAPSE – BROUGHT DEAD PROBABLE CV DEATH
14	GOVINDA 37Y/M HASSAN DRIVER	NO	SMOKING ALCOHOL OBESITY	PROBABLE CARIAC DEATH MORNING CHEST PAIN – (1 1/2HR) ECG – NORMAL - COLLAPSE PROBABLE CARDIAC DEATH
17	CHETHAN 38Y/M HASSAN	NO	ALCOHOL OBESITY	PROBABLE CARDIAC DEATH UNEASINESS + SWEATING

				BROUGHT DEAD
19	YOGESH M K 32Y/M CRP DRIVER	NO	OBESITY	PROBABLE CARDIAC DEATH DEATH DURING SLEEP
20	KAVANA 21Y/F HASSAN	NO	ANXIETY	PROBABLE CEREbro – VASCULAR DEATH BROUGHT DEAD SUDDEN NECK PAIN + COLLAPSE WHILE BENDING
21	LEPAKSHI 50Y/F BELUR		DIABETES HTN	PROBABLE CARDIAC DEATH CHEST PAIN + FATIGUE COLLAPSED IN ER
22	SATISH 55Y/M HASSAN	NO	DIABETES FAMILY HIST HTN THYROID	PROBABLE CARDIAC DEATH DEATH DURING SLEEP BROUGHT DEAD
23	NAVEEN KUMAR	YES	N/A	NON – HASSAN DEATH DEATH IN TUMKUR

31Y/M TUMKUR			PROBABLE CARDIAC DEATH BROUGHT DEAD DETAILS NOT KNOWN PM REPORT AWAITED
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	NAME	PM	RISK	OBSERVATIONS
1	SUPRITHA 23Y/F HNP	YES	FAMILY HISTORY	CONFIRMED CARDIAC DEATH BROUGHT DEAD HOME VOMITING SUDDEN COLLAPSE PM REPORT : CORONARY ARTERY DISEASE
2	SANJEEVA 21Y/M HNP	YES	SMOKING ALCOHOL HYPERTENSION	CONFIRMED CARDIAC DEATH BINGE DRINKING CHEST PAIN SUDDEN COLLAPSE IN ER CARDIAC LAD BLOCKAGE
3	NISHANTH GARUDA 19Y/M HASSAN	YES	NIL	CONFIRMED CARDIAC DEATH BROUGHT DEAD DEATH DURING SLEEP PM REPORT : CORONARY ARTERY DISEASE LAD THROMBOTIC OCCLUSION
4	ABHISHEK K.R 19Y/M ARKALGUD DRIVER	YES	FAMILY HISTORY SMOKER ALCOHOLIC	PROBABLE CARDIAC DEATH BROUGHT DEAD SYMPTOMS NOT KNOWN REPORT AWAITED
5	GOVINDA 37Y/M	NO	SMOKING ALCOHOL	PROBABLE CARIAC DEATH

	HASSAN DRIVER		OBESITY	MORNING CHEST PAIN – (1 1/2HR) ECG – NORMAL - COLLAPSE PROBABLE CARDIAC DEATH
6	CHETHAN 38Y/M HASSAN	NO	ALCOHOL OBESITY	PROBABLE CARDIAC DEATH UNEASINESS + SWEATING BROUGHT DEAD
7	YOGESH M K 32Y/M CRP DRIVER	NO	OBESITY	PROBABLE CARDIAC DEATH DEATH DURING SLEEP
8	KAVANA 21Y/F HASSAN	NO	ANXIETY	PROBABLE CEREBRO – VASCULAR DEATH BROUGHT DEAD SUDDEN NECK PAIN + COLLAPSE WHILE BENDING

AUTOPSY

7	SATYANARAYANA 65Y/M HASSAN DRIVER	YES	SMOKING ALCOHOL DIABETES CAD	<u>PRE EXISTING HEART DISEASE</u> PROBABLE CARDIAC DEATH POST BYPASS SURGERY BROUGHT DEAD PM REPORT AWAITED
10	SUPRITHA 23Y/F HNP	YES	FAMILY HISTORY	CONFIRMED CARDIAC DEATH BROUGHT DEAD HOME VOMITING SUDDEN COLLAPSE PM REPORT : CORONARY ARTERY DISEASE
13	DEVARAJEGOWDA 43Y/M HASSAN	YES	ALCOHOL OBESITY	CONFIRMED CARDIAC DEATH BROUGHT DEAD TRAVELLING CHEST PAIN - COLLAPSE PM REPORT : CARDIAC LAD 90% BLOCKAGE
16	SANJEEVA 21Y/M HNP	YES	SMOKING ALCOHOL HYPERTENSION	CONFIRMED CARDIAC DEATH BINGE DRINKING CHEST PAIN

				SUDDEN COLLAPSE IN ER CARDIAC LAD BLOCKAGE
18	NISHANTH GARUDA 19Y/M HASSAN	YES	NIL	CONFIRMED CARDIAC DEATH BROUGHT DEAD DEATH DURING SLEEP PM REPORT : CORONARY ARTERY DISEASE LAD THROMBOTIC OCCLUSION
11	ABHISHEK K.R 19Y/M ARKALGUD DRIVER	YES	FAMILY HISTORY SMOKER ALCOHOLIC	PROBABLE CARDIAC DEATH BROUGHT DEAD SYMPTOMS NOT KNOWN REPORT AWAITED
15	MANJUNATH 48Y/M ALUR DRIVER	YES	DIABETES OBESITY	PROBABLE CARIAC DEATH ACCELERATED HYPERTENSION CHEST PAIN ECG - POOR R PROG - COLLAPSE REPORT AWAITED



ಉಪ ನಿರ್ದೇಶಕರು,
ರಾಜ್ಯ ಎಸ್.ಸಿ.ಡಿ. ಘಟಕ
ಪರಿಮಹಡಿ-ಪೂರ್ವ ಭಾಗ, ಆ ಮತ್ತು ಕು.ಕ. ಸೇವೆಗಳು
ಅರೋಗ್ಯ ಸೌಧ, 1ನೇ ಅಡ್ಡರಸ್ತೆ, (ಕುಕ್ಕರೋಗ ಆಸ್ಪತ್ರೆ ಆವರಣ)
ಮಾಗಡಿ ರಸ್ತೆ, ಬೆಂಗಳೂರು - 560 023