Comparison of left ventricular dilation within 24 hours & up to one month after the onset of acute myocardial infarction

Thesis
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Presented by
Ahmed Mohamed Goha
M.B, B.ch

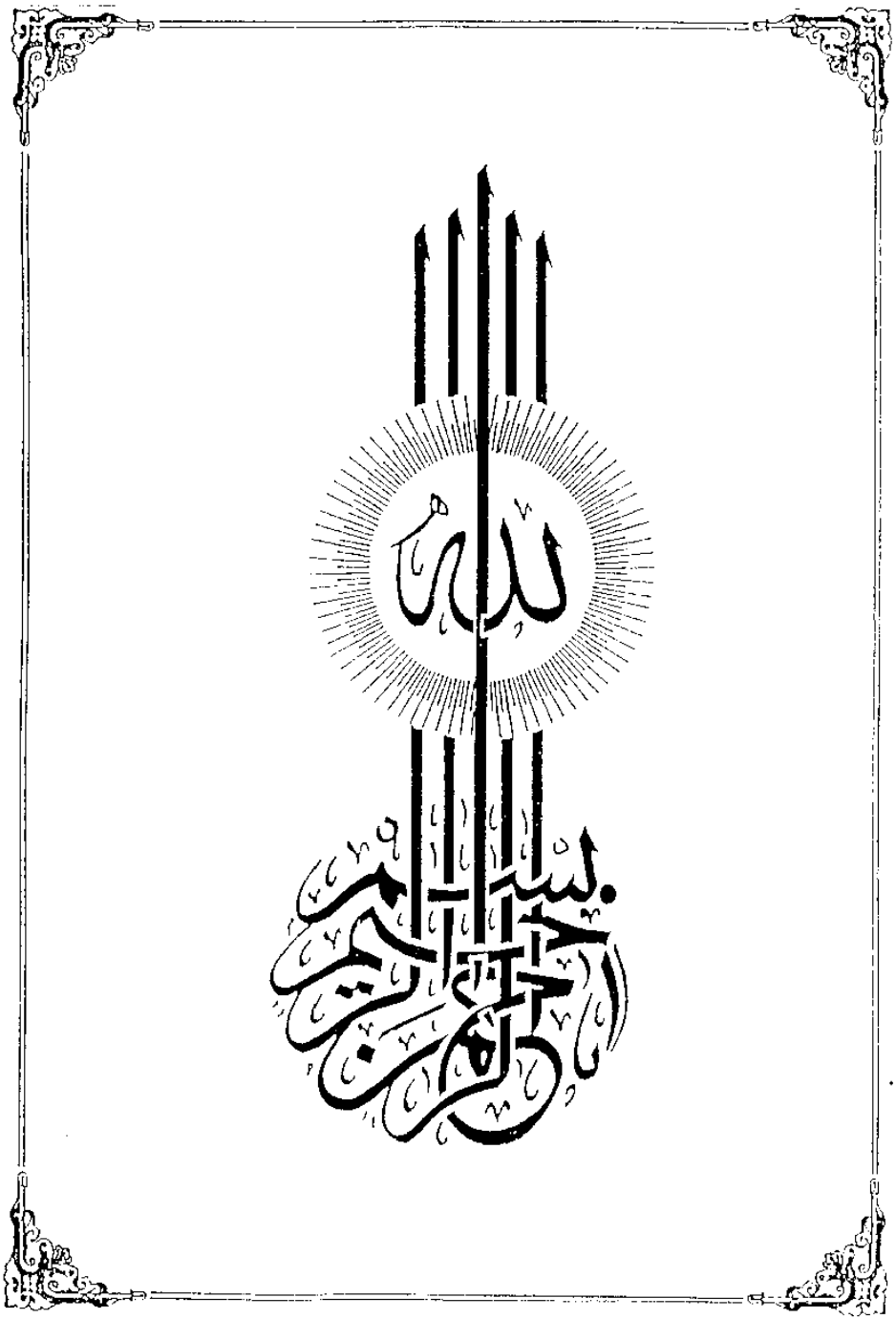
Supervised by

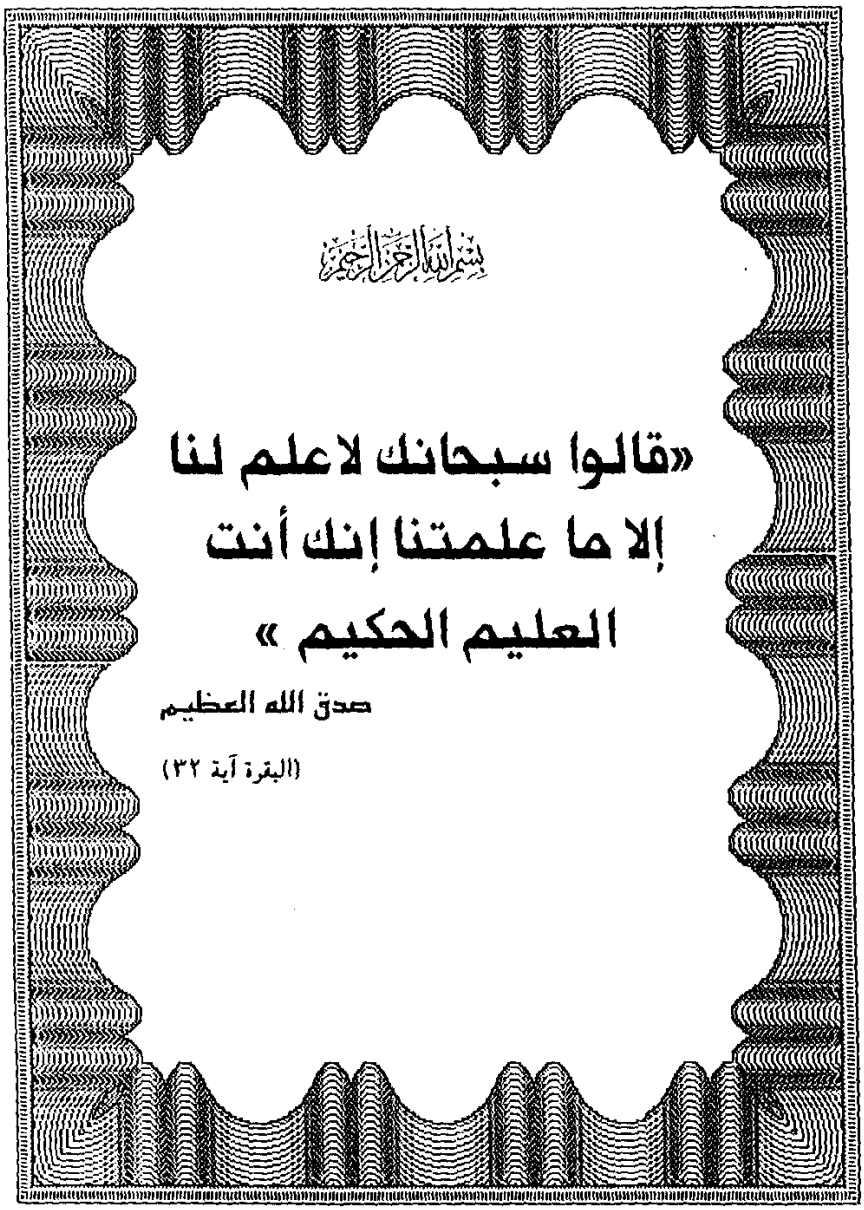
Prof. Dr. Mohsen Rashad
Professor Of Cardiology
Faculty of medicine.Ain Shams University

Dr. Hany Fouad Hanna
Lecturer Of Cardiology
Faculty of medicine
Ain Shams University

Dr .Sameh Emil Sadek
Assistant Professor Of Cardiology
Military Medical Academy

Ain Shams University
1999





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Introduction & Aim of the work

Introduction:

As a consequence of myocardial infarction, changes in left ventricular size, shape and thickness involving both infarcted and non-infarcted segments of the ventricle occur and are collectively referred to as ventricular remodeling **(Vaughan et al., 1996).**

Following acute MI there is immediate disturbance of contraction in the infarcted area, this can be followed by an increase in the size of the infarcted segment known as infarct expansion **(Eva Korup et al., 1997).**

Although infarct expansion plays an important role in the ventricular remodeling that occurs early following myocardial infarction, remodeling is also caused by dilatation of the viable portion of the ventricle, immediately following acute myocardial infarction and progressing for months or years thereafter. This ventricular dilation following acute MI has important pathophysiologic and prognostic consequences **(Aberanthy et al., 1991).**

It has not been established which patients demonstrate infarct expansion, which maintain a stable infarct and ventricular size. Identification of these subgroups and determination of the point at which these changes occur have important therapeutic implications because the approach to patients at risk for infarct expansion wold clearly be different from those in whom spontaneous regression is likely **(Picard et al., 1990).**

Aim of study:

This study aimed to demonstrate the early changes in LV volumes after acute myocardial infarction, to correlate these changes to infarct size and location, and to correlate these changes to risk factors, and to follow up these changes during hospital stay and one month later.

Review of Literature