

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الالكتروني والميكروفيلم

قسم

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LEFT VENTRICULAR DIASTOLIC FUNCTION IN LIVER CIRRHOSIS

Thesis

**Submitted in partial fulfilment of master
degree in internal medicine.**

Presented By

Abeer Hanafi Mustafa

M. B. B.ch

Cairo university

Supervised By

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1999

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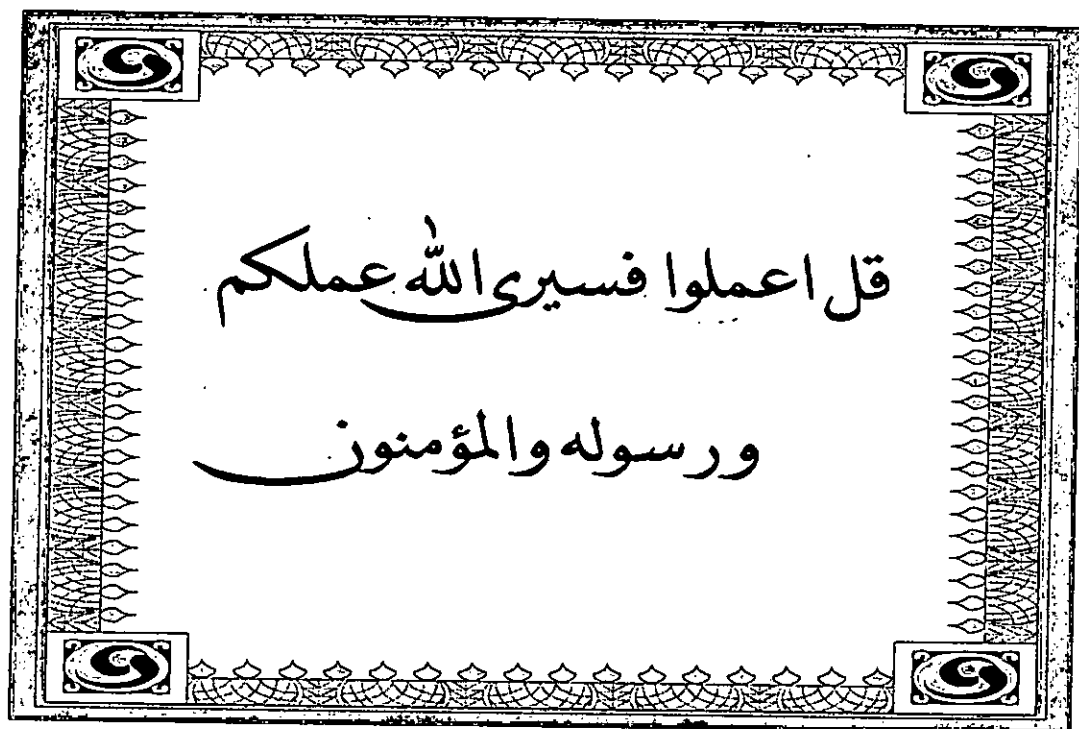
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Cairo University

Cairo university

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بسم الله الرحمن الرحيم



صدق الله العظيم

Abstract

On Studying , the left ventricular diastolic function in patients with liver cirrhosis .

We proved that :

- Diastolic disfunction is indirectly proportion with the degree of liver cirrhosis of the degree of ascites .



To my parents.

My brother - My sister

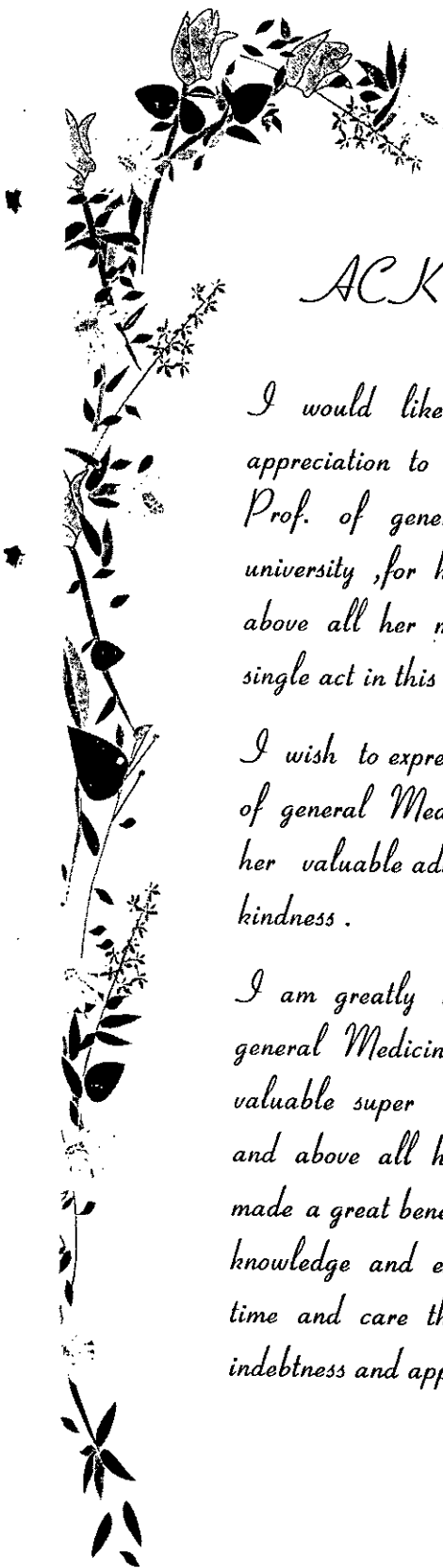
My husband

My children

My friend Mai

for their love and support.





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Introduction

- Cirrhosis is a chronic disease of the liver in which diffuse destruction of hepatic parenchymal cells as well as an increase in connective tissue matrix have resulted in disorganization of the lobular architecture . In all cirrhotic patients regardless of the presence , absence or nature of individual clinical manifestations, the triad of parenchymal necrosis, regeneration and scarring is present (Anthong et al . ; 1978) .

Left ventricular systolic abnormalities have been reported in liver cirrhosis

Diastolic function in cirrhotics ,on the contrary , does not seem to have been studied so far .

Finucci et al ,(1996) Has found that cirrhosis had increased left ventricular end -diastolic and left atrial volume , stroke volume , late diastolic flow velocity (peak A), time from onset of mitral inflow to early peak (time E) and deceleration on time (DT) compared to controls , and patients with tense ascites have a higher E/A ratio and a shorten DT than patients with mild ascites , they have concluded that the impaired left ventricular relaxation in the presence of high stroke volume suggests a myocardial involvement in liver cirrhosis . The pseudo normalization of E/A ratio and DT in patients with tense ascites could reflect loading conditions masking the relaxation abnormality .