بسم الله الرحمن الرحيم

شبكة المعلومـــــات الجامعية

التوثيق الالكتروني والميكروفيلم

شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الالكتروني والميكروفيلم

﴿ قـــسـم ﴾

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
علي هذه الأفلام قد اعدت دون آية تغيرات

يجب أن

تحفظ هذه الأفلام بعيداً عن الغبار

في درجة حرارة من 15 – 20 مئوية ورطوبة نسبية من 20-40 %

To be kept away from dust in dry cool place of
15 – 25c and relative humidity 20-40 %

بعض الوثائق الأصلية تالفة

بالرسالة صفحات

لم ترد بالأصـــل

SIGNIFICANCE OF STRESS-HYPERGLYCAEMIA IN NON-DIABETIC PATIENTS WITH FIRST ACUTE-MYOCARDIAL INFARCTION

THESIS

Submitted in partial fulfillment of
Master degree in Cardiology

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INTRODUCTION

Hyperglycaemia is common in patients admitted to the hospital with suspected acute-MI (**Soler ng , Frank s.1981**). Such hyperglycaemia occuring at admission in patients with acute-MI is generally held to represent stress-hyperglycaemia which is a transient recognized finding during the acute phase and is considered to be related to stress(**Oswald g,Corcoran s,Yudkin js.1984**).

Such stress-Hyperglycaemia is a real phenomenon in non-diabetic patients with acute-MI and it has been assumed that this applies equally to hyperglycaemia occuring without exogenous glucose load and that is produced by stress **(Husband DJ,Alberti KG,Julian D.1983).**

The prevalence of hyperglycaemia defined as whole blood glucose more than 10mmol\L or 180 mg/dl is common in patients admitted to the hospital with acute-MI **(Soler NG,Frank S.1981)**. Such transient glucose intolerance frequently occurs during acute episode of MI and may be confused with diabetes **(Chin HP, Hanashiro PK,et.al.,1971).**

On clinical signs alone hyperglycaemia induced by stress can not be differentiated from undiagnosed diabetes **(PeelAAF, Semple T, Wang I,1962)**. But estimation of glycosylated haemoglobin HBA_{Ic} can be used to distinguish between stress-hyperglycaemia and hyperglycaemia caused by diabetes as HBA_{Ic} levels at admission will also be measured as a mean of separating pre-existing but undiagnosed diabetes from acute stress hyperglycaemia and diabetes precipitated by the event **(Husband DJ,Alberti KG,Juliandg,1983)**.

Multiple studies confirm that mortality among diabetics with acute-MI is high **(Malmberg K, Ryden L.1988).** Many factors such as severe coronary artery disease, diabetic cardio-myopathy, disturbed autonomic balance, and decreased fibrinolytic activity may contribute to the unfavorable outcome in diabetic patients **(Jacoby R, Nesto R. 1992).**

Hyperglycaemia alone might possibly contribute to the poor outcome in patients with acute-MI and with or without known diabetes in whom other factors peculiar to hyperglycemia which may contribute to the outcome