سامية محمد مصطفى

شبكة المعلومات الجامعية

بسم الله الرحمن الرحيم

سامية محمد مصطفى

شبكة المعلومات الجامعية

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التوثيق الالكتروني والميكروفيلم

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سامية محمد مصطفى

جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات

يجب أن

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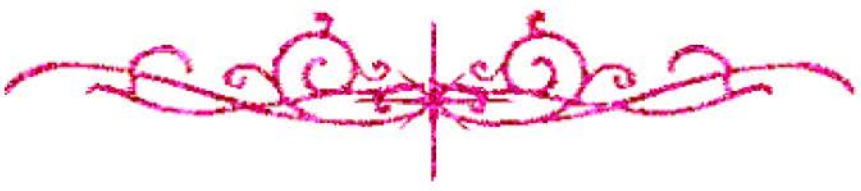
سامية محمد مصطفى

شبكة المعلومات الجامعية

بعض الوثائق الأصلية تالفة



سامية محمد مصطفى

شبكة المعلومات الجامعية

بالرسالة صفحات لم ترد بالأصل

Predictive value of color M-mode and pulsed wave tissue Doppler imaging after first myocardial infarction

Thesis

Submitted to Faculty of Medicine Tanta University in partial fulfillment of the requirements of Master degree in Cardiology

By

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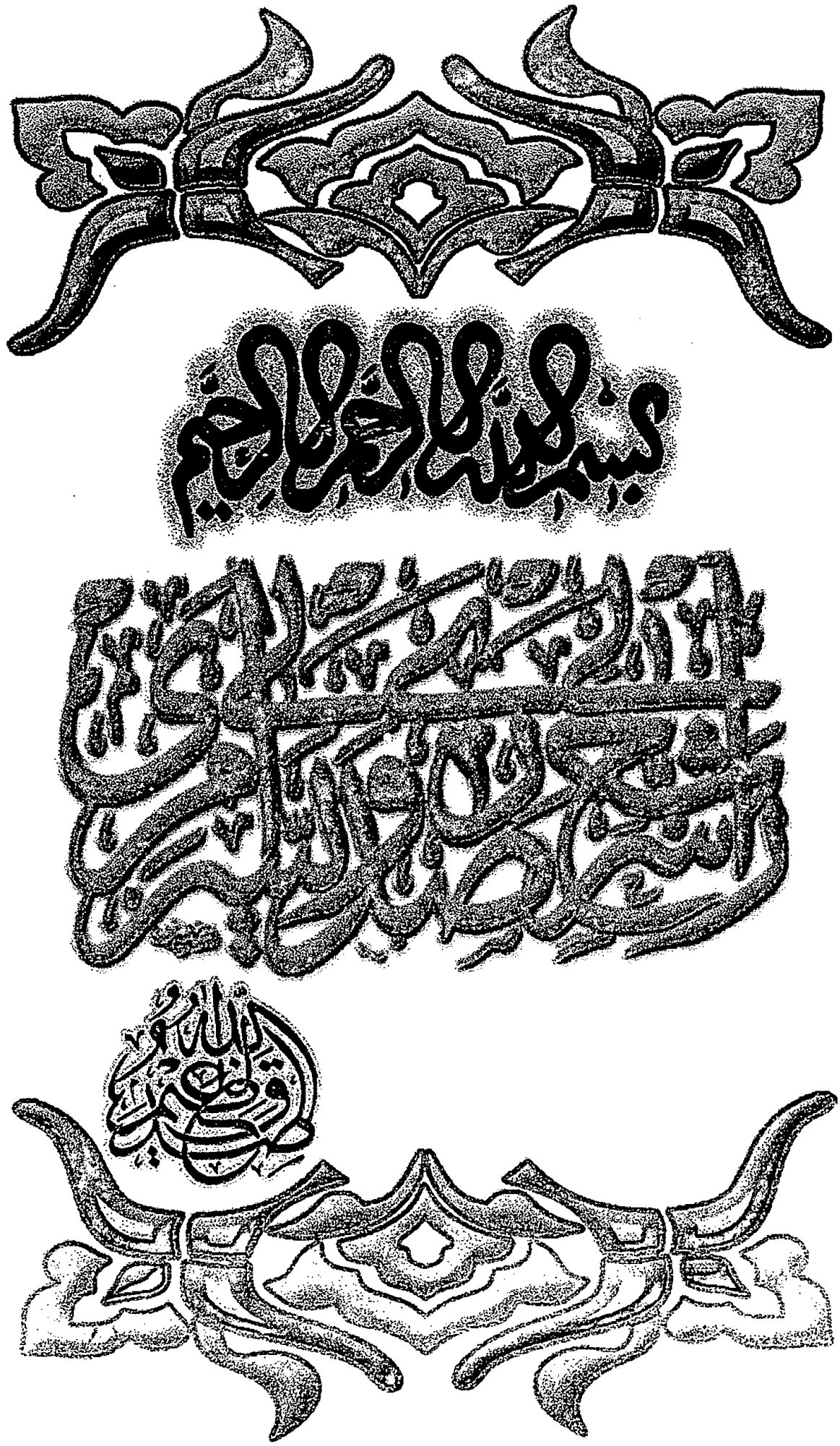
بسم الله الرحمن الرحيم
إذا جاء نصر الله والفتح

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CONTENTS

Introduction

INTRODUCTION

Despite advances in medical therapy and trends suggesting an improvement in survival, patients with heart failure (HF) continue to have a high mortality.(1,2) Recent guidelines for management of patients with HF focus on the identification of preclinical disease in an effort to halt disease progression to advanced HF.(3)

Patients with preserved systolic function are estimated to account for up to 40% to 50% of patients diagnosed with symptomatic HF.(4) Furthermore, studies have estimated that there are high rates of preclinical disease with 20% of asymptomatic patients having mild diastolic dysfunction and 7% having moderate to severe diastolic dysfunction.(5)

When combined with a two-dimensional evaluation of cardiac structures, the use of Doppler echocardiography can lead to improved identification and management of patients with HF and may be used to estimate LV filling pressures.(6)

Traditional Doppler indices derived from transmitral inflow and pulmonary vein flow velocities have been studied extensively. Many factors, however, limit the interpretation of these traditional techniques and a more widespread application to all patients with heart failure. Newer modalities such as color M-mode flow propagation velocity (FPV) and tissue Doppler imaging (TDI), can overcome many of the limitations associated with traditional Doppler parameters and enhance the noninvasive assessment of heart failure patients.(6)

Recent studies have indicated that color M-mode Doppler flow propagation velocity and the early diastolic myocardial velocity of the mitral annulus (Em) obtained with pulsed wave tissue Doppler imaging allow assessment of left ventricular (LV) relaxation.(7,8) Because these indexes appear to be relatively independent of preload, this may be used

to identify pseudonormal mitral filling pattern (7,9), and allow non invasive determination of LV filling pressures.(9)

Although the information obtained with these techniques appears to be similar, knowledge regarding the association of these indexes and their prognostic value after first myocardial infarction is limited, that will be investigated in the present study.

Aim of The Work

AIM OF THE WORK

The objectives of the present study were to:

- Investigate the association between color M-mode assessed mitral valve flow propagation velocity and early diastolic mitral annular velocity obtained with tissue Doppler imaging after first myocardial infarction.
- Assess the value of these techniques if combined with other mitral flow indices to predict adverse cardiac events after first myocardial infarction.