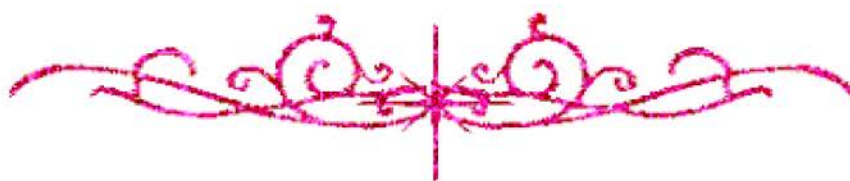


سامية محمد مصطفى



شبكة المعلومات الجامعية

بسم الله الرحمن الرحيم



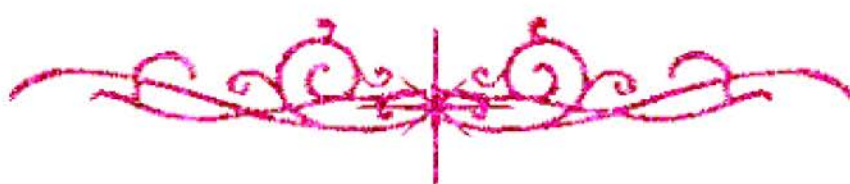
سامية محمد مصطفى



شبكة المعلومات الجامعية



شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



سامية محمد مصطفى



شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

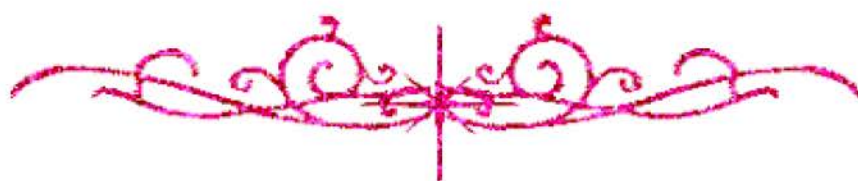
قسم

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



يجب أن

تحفظ هذه الأقراص المدمجة بعيدا عن الغبار



سامية محمد مصطفى



شبكة المعلومات الجامعية



بعض الوثائق الأصلية تالفة



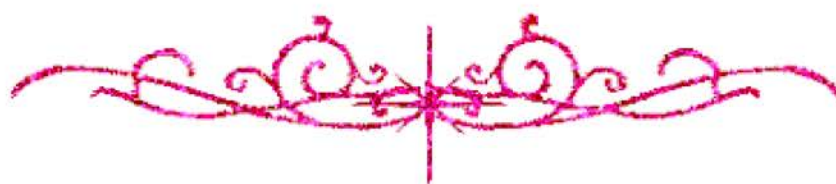
سامية محمد مصطفى



شبكة المعلومات الجامعية



بالرسالة صفحات لم ترد بالأصل



**RISK STRATIFICATION AFTER ACUTE MYOCARDIAL
INFARCTION COMPARATIVE STUDY BETWEEN
INVASIVE AND NON INVASIVE TECHNIQUE**

A

**Thesis submitted to
Faculty of Medicine
Menufyia University**

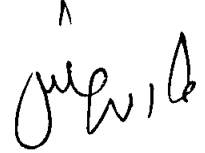
**In partial fulfillment for the requirement
of MD Degree in cardiology**

By

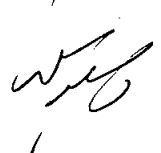
**Ghada Mahmoud Soltan
M.Sc Cardiology**

Supervisors

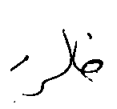

Prof. Dr. Ali R. Abd El MEGID
Professor of Cardiology
Ain Shams University


Prof. Dr. Amal M. Ayoub
Professor of Cardiology
Ain Shams University


Prof. Dr. Ahmed A. Reda
Head of cardiology department
Assistant Prof. of Cardiology
Menufyia University


Prof. Dr. Said S. Montaser
Assistant Prof. of Cardiology
Menufyia University




Menufyia University
1999

B

13750



Acknowledgment

A would like to express my deepest gratitude and appreciation to Prof. Dr. **Ali Ramzy Abd El Migid** for his continuous guidance, supervision and support through out this study.

A would also like to express my sincere thankfulness and appreciation and deeply indebted to Prof. Dr. **Amal El Siad Ayuob** for persistent encouragement and support through out this study and for her ideas and giving me much of his effort and time in revision of this work also for her kind sympathy to me .

A wish to express my greatest thanks and deeply indebted to Dr. **Ahmed Ashraf Reda** for his guidance and his encouragement in this work.

A would like to express my deepest gratitude and appreciation to Prof. Dr. **Said Shalaby Montaser** for his continuous guidance, supervision and support through out this study.

A would also like to express my sincere thankfulness and appreciation and deeply indebted to Prof. Dr. **Tarek Salah Khalil** for his continuous guidance and support .

A will always be grateful to all the staff members and colleagues in department of Cardiology, Menofiuaya University

GHADA MAHMOUD SOLTAN

List of Abbreviation

• Acute coronary ischaemic syndrome	ACIS
• Acute myocardial infarction	AMI
• Coronary artery disease	CAD
• Coronary care unit	CCU
• Electrocardiogram	ECG
• Emergency department	ED
• Heart rate variability	HRV
• Left ventricle	LV
• Left ventricular ejection fraction	LVEF
• Left ventricular end diastolic dimension	LVEDD
• Left ventricular end systolic dimension	LVESD
• Left ventricular fraction shortening	LVFS
• Low dose dobutamine stress echocardiography	LDDE
• Myocardial infarction	MI
• Signal average electrocardiogram	SAECG
• Two dimensional echocardiography	2 D
• Wall motion abnormalities	WMA
• Wall motion score index	WMSI

Contents

<i>Introduction</i>	1
<i>Aim of the work</i>	5
<i>Review of literature</i>	6
<i>Risk stratification after AMI</i>	6
<i>Electrocardiographic assessment</i>	12
<i>Value of serum enzyme</i>	17
<i>Role of exercise stress test</i>	20
<i>Holter monitoring</i>	35
<i>Echocardiography</i>	37
<i>Cardiac catheterization</i>	61
<i>Subjects and Methods</i>	71
<i>Results</i>	87
<i>Discussion</i>	134
<i>Study Limitation</i>	152
<i>Summary and conclusion</i>	153
<i>References</i>	159
<i>Arabic summary</i>	٤-٩

INTRODUCTION

Introduction

Risk stratification must begin when acute myocardial infarction is diagnosed (Peterson, et al 1997). Early identification of patients who are at increased risk of cardiac morbidity and mortality is of major clinical importance (Daniel, et. al.,1991).

Prognosis following AMI can be evaluated by various clinical parameters and laboratory tests (Krone, et al., 1993 and Gill, et al., 1996).

Although prognosis is related to several factors, infarct size is the most important. The major determinants of prognosis following AMI are related to the degree of LV dysfunction as evidenced by a depressed left ventricular ejection fraction and

extent of wall motion abnormalities, extent of residual jeopardized myocardium both in the distribution of the infarct related artery and, or in remote myocardium, and the arrhythmogenicity potential of the left ventricle.

Risk stratification by non-invasive modalities is well-established in patients surviving acute myocardial infarction. Thrombolytic treatment has improved the prognosis of patients with acute myocardial infarction through its potential to salvage viable myocardium at risk in the infarct zone, reduce infarct size, and improve left ventricular function. Viable but jeopardized myocardium supplied by a critical residual coronary stenosis can be at increased risk for further ischemic events and can adversely affect prognosis (Carlos, 1989).

The extent of jeopardized myocardium can be best evaluated by determination of extent and severity of induceable ischaemia by non invasive techniques and or extent