Abstract

Objectives: The major determinant of final infarct size for a given coronary occlusion is the size of the myocardial area- at-risk. We propose herein a new QCA index to predict area-at-risk in patients with myocardial infarction (MI).

The aim of the study was to assess the predictive value of simple QCA index in STEMI systolic function reduction and relation its adverse to clinical outcome.Correlating it with nuclear imaging.

Study design: 52 acute MI patients with their first syndrome incident acute coronary were consecutively prospectively enrolled and in to the study. QCA index was calculated dividing bv the culprit segment diameter by the sum of diameters of the left descending. circumflex. and anterior right coronary arteries at their proximal segments. We evaluated the in hospital follow-up rates of clinical endpoints, which were defined major as MI, stroke, and death. non-fatal new congestive heart failure (CHF).

Simple QCA index showed no **Results:** correlation with systolic function of the heart, WMSI ,Cardiac and in hospital clinical enzymes outcome **Conclusion:** А simple index derived from coronary angiography at the time of primary

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percutaneous coronary intervention cannot predict LV systolic function loss and adverse clinical out-come in patients with acute MI.

<u>Keywords:</u>

A Simple Index To Predict Myocardial Infarction Size In Patients With Acute STEMI Undergoing Primary PCI. Correlation With Myocardial Perfusion Imaging,

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