INTRODUCTION
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AIM OF THE WORK

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Coronary artery disease (CAD); including acute coronary syndromes (ACS) is the most common cause of heart failure (HF). Conversely, HF is a frequent complication of ACS and significantly worsens the prognosis of patients with ischemic heart disease **(Margulescu et al., 2007)**.

Acute cardiogenic pulmonary edema (ACPE) is a dramatic and sometimes recurrent manifestation of HF. Its pathogenesis is not fully understood and its precipitating factors sometimes remain obscure. Owing to the strong association between ACS and HF, it is important to understand the determinants of HF in patients hospitalized with ACS and the impact of HF on outcomes. **(Moller et al., 2003)**

Few data are available on the frequency, the determinants and the prognosis of acute pulmonary edema across all types of ACS.

Aim of the work:

The aim of the work was to study the prevalence of acute pulmonary edema in patients with ACS.

Also, the differences in demographic, clinical characteristics, echocardiographic and coronary angiographic data were compared in ACS patients presenting with and without acute pulmonary edema.

Finally, the impact of acute pulmonary edema on the patients' outcomes was determined during the coronary care unit (CCU) admission and during three-month after CCU discharge.