INTRODUCTION

QT despersion was defined as the difference between the longest QT interval (QT max) and shortest QT interval (QT min) ***(Elming, et al, 1998)***.

There is considerable evidence to suggest that the QT interval (QT interval represents the time for electrical activation and inactivation of the ventricles) is closely related to the ventricular action potential and is a good non invasive measure of the repolarization process ***(Zabel, et al, 1995)***.

Several reports have indicated that regional differences in static QT interval measurement from a surface 12- leads ECG (QT dispersion) may provide an indirect measure of the underlying inhomogenity of myocardial repolarization ***(Franz, et al, 1988)***.

Furthermore an increase in dispersion of the QT interval has been reported to predict the occurrence of ventricular tachyarrhythmias in ischemic heart disease and serves to identify patient at risk of life-threatening arrhythmias and sudden cardiac death ***(Perkiomaki, et al, 1995)***.

Data are conflicting about the relation of QTD to the extent and severity of coronary heart diseases ***(Schmidt, et al, 2006), (Yilmaz, et al, 2006)***.

AIM OF THE WORK

The aim of the study is to assess the value of ECG criteria based on QT dispersion to predict the number of coronary vessels affected in patients with acute coronary disease.