INTRODUCTION

Myocardial infarction, or necrosis of myocardial cells, is one of the commonest diagnoses in hospitalized patients in technically advanced countries (Alpert, and Braunwald., 1980). Each year about one million people in the U.S.A. suffer an attack of acute myocardial infarction (Gazes and Gaddy., 1979). It is also the cause of one third to one half of all deaths there, and of 50-75% of all cardiac deaths. Approximately half a million people a year die from the disease in the U.S.A; (Sokolow, and McIlroy, 1979).

In Egypt, however, the overall mortality from ischaemic heart disease, in 1972, was 19 per 100,000 individuals per year.(Dayem, et al.,1978). This is equivalent to an absolute number of 6840 deaths for a population of 36 million individuals. The mortality in the urban population was over three times that in the rural one (32 versus 10 per 100,000 individuals). The incidence of myocardial infarction in Egypt is not known. However, a pioneer study could reveal an overall prevalence of ischaemic heart diseases by definite ECG criteria of 3.7% in sedentary employees, 1.6% in manual workers and 1.3% in farmers (Dayem, et al., 1978).

Though it is commonly accepted that myocardial infarction is a diesease due to civilization, yet, it as

been known since quite a long time. as in Ebber's Papyrus (Ebbel, et al., 1937).

Later on, when the pathology of myocardial infarction was described, absolute rest in bed became the classical line of treatment: "Lying still in bed for three weeks to three months and trying to be as quiet as possible" (Nay., and Barnes.,1945).

Obviously, with such a line of treatment and knowing the physiochemical changes (Jan, et al., 1975, Hershberg., et al., 1972, Losner., and Volk. 1956) that occur in acute myocardial infarction it is not surprising to find a high incidence of thromboembotic complications accompanying the disease (Albert., and Braunwald 1980). This is why, in 1943, when Link discovered the first coumarin derivative (Chalmers., et al., 1977) a new era was opened to investigate this new drug and the allied ones in the management of acute myocardial infarction. However, since 1946, and after more than 34 years of clinical research in this field, the problem is as yet unsolved (Frishman, and Ribner 1979, Selzer, 1978). Some authorities claim that patients with acute myocardial infarction should be routinely anticoagulated. Others are more conservative and do not anticoagulate their patients except in certain specific conditions such as shock, congestive heart failure, ventricular aneurysm. (Hurst.,et al.,1978) now that the major line of treatment which was prolonged and rest, has been greatly modified (Gazes and Gaddy, 1979).