INTRODUCTION

Permanent heart valve damage is the most important complication of rheumatic process, when this occurs the mitral valve is affected in nearly all patients, the aortic valve in 30 - 35 % and the tricuspid valve in 15 % (always accompained by a mitral valve lesion). (Mervyn, 1985).

The predominat cause of mitral stenosis is rheumatic fever (Roberts, 1983).

Rheumatic mitral stenosis is due to fusion of mitral valve commissures and subvalvular chordal apparatus(Mervyn, 1985).

Mitral stenosis is easily diagnosed in the majority of cases but there are certain cases who have symptoms and signs which are controversial (Silent MS). Beside diagnosis of mitral stenosis, it should be followed by looking for :

1. The size of mitral orifice for future planing for operation.
2. The presence of any complication e.g. calcification of mitral valve, subacute bacterial endocarditis and left

auricular thrombus formation.

For this we should resort to some invasive and non invasive procedures to arrive to the accurate situation in those patients.

The use of non invasive techniques as electrocardiography, echocardiography and chest radiography having the advantage of not carrying the risk of complications that may occur with the invasive techniques like cardiac catheterization.

Aim of the work :

In this work we shall try to make a comparative study between the commonly used non invasive techniques applied in cardiology namely electrocardiography, M-mode echocardiography and radiography to find out the most reliable one of these in assessment of the clinical situation and spotting any complication of mitral stenosis if present.