INTRODUCTION

QT dispersion (defined as maximal QT interval minus minimal QT interval) as assessed on the surface electrocardiogram, has been demonstrated to reflect regional inhomogenicity of ventricular repolarization ***(Van-de-Loo et al., 1994).***

Dispersion of repolarization is an important electrocardiographic feature which is fundamental of initiation of ventricular fibrillation ***(Highan et al., 1995). Glancy et al. (1995)*** have suggested that QT dispersion may serve as a measure of variability in ventricular recovery time and may be a mean of identifying patients at risk of arrhythmias and sudden death after AMI.

The QT dispersion seems to be powerful predictor of ventricular electrical instability as it can identify potential re-entry circuits for ventricular tachyarrhythmias ***(Glancy et al., 1996).*** Also, it is a promising guide for effective pharmacologic therapy ***(Miorelli et al., 1994).***

AIM OF THE WORK:

The aim of this work is to study QT dispersion in patients with acute myocardial infarction treated with thrombolytic therapy versus conventional therapy and to correlate it with in-hospital prognosis.