SUMMARY AND CONCLUSION

The aim of the present study was to evaluate blood pressure changes (throughout 24-h) by non invasive ABPM as a predictor of LVH in patients with essential hypertension.

Eighty subjects were studied in this study.

- 60 hypertensive patients as a test group.
- 20 normotensive subjects as a control group.

All subjects were subjected to 24-hours ABPM, ECG and echocardiography.

According to echocardiographic parameters, hypertensive patients were classified into two groups, hypertensives with LVH and hypertensives without LVH.

Our study revealed:

- Significant increase in "LVM" in hypertensive versus normotensive group.
- Ambulatory BP is more closely related to LVM than causal blood pressure.
- Closer relation of systolic over diastolic BP to the degree of hypertrophy, another evidence that wall stress which is mostly related to systolic blood pressure (SBP), is a key factor influencing LVH development.
- Significant increase in left ventricular mass (LVM) in hyprtensives with marked fluctuations in BP throughout 24-hours versus hypertensives without marked fluctuations.