INTRODUCTION AND AIM OF THE WORK

Hypertension is strongly and consistently associated with the incidence of most clinically recognizable cardiovascular disease from middle age through old age, in men and women, black and white. Elevated blood pressure has been documented to be a major precursor to heart attack, stroke, congestive heart failure and peripheral vascular disease *(Kannel et al., 1993).*

Long term follow-up studies have revealed that at any given level of blood pressure the prognosis in patients with left ventricular hypertrophy (LVH) is far worse than that in patients without LVH and these patients with LVH are at high risk for cardiovascular complications like myocardial ischemia, infarction, strokes, arrhythmias and sudden death *(Kannel et al., 1993).*

Thus the presence of LVH has to be considered of an ominous sign rather than as a benign adaptive process. The presence of LVH should stress the need for specific antihypertensive therapy leading to its regression *(Morgan, 1995).*

These findings have led the World Health Organization (WHO) to recommend that evidence of LVH must be used in addition to the level of blood pressure to classify the severity of hypertension *(WHO, 1996).*

Continuous blood pressure monitoring shows a wide range of variability from moment to moment according to whether the subject is at rest, a sleeping or during activities ***(Pickering et al., 1986).***

The correlation between blood pressure changes during daily activity and during sleep period and LVH which is an independent risk factor for cardiovascular morbidity and mortality is a highly interesting area for research allover the world ***(Morgan, 1995).***

The aim of the present study is to evaluate the value of 24-h blood pressure obtained by non-invasive ambulatory blood pressure monitoring (ABPM) in patients with essential hypertension as a predictor of left ventricular hypertrophy (LVH).