INTRODUCTION

In patients with hypertension, a pattern of left ventricular hypertrophy, on the electro cardiogram is associated with a risk of sudden death in excess of the risk attributable to hypertension alone ***(James, et al., 1987).***

Left ventricular hypertrophy is an important risk factor for cardiovascular morbidity and mortality ***(Kannal and Schatkzin, 1985).***

Persons with electrocardiographic left ventricular hypertrophy are at a high risk for sudden cardiac death, a catastrophic event that is a well recognized concequence of ventricular fibrillaiton or rapid ventricular tachycardia in most of monitored cases ***(Schafler and Cobba, 1975).***

The QT interval represents the time of total electrical activity of the left ventricle including ventricular depolarization and repolarization ***(Schwart and Wolf, 1978).***

The prolongation of the rate corrected QT interval (Qtc) is considered to be a marker for increased risk for malignant arrythmias and sudden cardiac death ***(Moss, 1993).***

In addition to the inherited forms of prolonged QT interval, QT prolongation had been noted in hypertrophic cardiomyopathy ***(Buja et al., 1967)*** and in certain drug toxicities ***(Devereux and Reichek, 1977).***

There is a significant variation in regional repolarization which is reflected as a variation in the QT interval from lead to lead on body surface electro cardiogram *(Franz et al., 1978).*

QT dispersion which is defined as the difference between the maximum and minimum QT occuring in any of the 12 leads of the electrocardiogram is believed to have a predictive value in the assessment of the risk for ventricular arrythmias *(Day et al., 1992).*