INTRODUCTION AND AIM OF THE WORK

The stratification of patients with myocardial infarction·(MI) into electrocardiography (ECG) subsets based on the presence or abscence of abnormal Q-wave has important clinical and prognostic utility. Previous studies showed the low incindence of early mortality between non-Q-wave myocardial infarction (NQWMI) but it carries increased risk of recurrent ischemia or reinfarction or even sudden death. Indeed NQWMI late mortality may equal or exceed that of Q wave MI patients (QWMI). *(Gibson , 1988)*

However, pathophysiological insights gained from autopsy and angiographic studies are very limited. Some controversy exists among the fewer trails between the similarity or the difference of outcome between Q wave and non Q wave MI patients *(DeWood et al., 1986).* So, the coronary angiography and left ventriculography appeared as important tool in identification of risk factors between coronary heart diseased (CHD) patients *(GUSTO, 1993)*

The present work aims to identify coronary lesion anatomy and left ventricular function among Q-wave versus non-Q-wave myocardial infarction patients using angiographic studies to gain further insight into pathoanatomy of these two ECG subsets of MI to help in development of treatment strategy.