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Thesis Title	**Echocardiographic Assessment of Left Ventricular Remodeling Process among Acute Myocardial Infarction Patients**			
Year	**2015**			
Abstract	**Echocardiography is useful for assessment of left ventricular remodeling after myocardial infarction, which is the focus of this thesis. We investigated the influence of various traditional echocardiographic parameters on the process of left ventricular remodeling such as left ventricular volumes and ejection fraction, wall motion score index, mitral regurgitation and diastolic dysfunction** **Aims** **To invistigate the usefulness of two-dimensional echocardiography for accurate evaluation of left ventricular (LV) remodeling after acute ST elevation myocardial infarctions (STEMI).** **Methods and results** **Two-dimensional echocardiography was performed within 5 days on a 100 patients admitted to the hospital with a first ST-elevation AMI. Several clinical and echocardiographic variables were analyzed. Baseline demographic data, blood pressure, and pulse were obtained. Various traditional echocardiographic parameters have been shown to provide diagnostic information, such as left ventricular volumes and ejection fraction, wall motion score index, mitral regurgitation and left atrial pressure. A left ventricular wall motion score index was derived from analysis of regional wall motion; an index of 1.5 or more within 5 days of admission identified patients at high risk for remodeling and LV dysfunction. Predictors of early LV remodeling were older age, male gender, history of diabetes mellitus or hypertension, high leukocyte count, high admission blood glucose level, high wall motion score and anterior location myocardial infarction.** **Conclusions** **After acute ST-elevation myocardial infarction, early determination of the wall motion score index by two-dimensional echocardiography is useful for identifying patients at high risk for complications and to differentiate patients with and without development of LV remodeling**			

	accurately and early on the basis of wall motion score index as a measure of infarct size, a highly predictive variable.