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<b>Department</b>	<b>CARDIOLOGY</b>			
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<b>Thesis Title</b>	<b>Angiographic versus functional severity of coronary artery stenosis</b>			
<b>Year</b>	<b>2013</b>			
<b>Abstract</b>	<p><i>Abstract</i></p> <p><b>Aim of study :-</b> is to find out the Relationship between angiographic and hemodynamic severity of coronary artery stenoses.</p> <p><b>Background:-</b>it can be difficult to determine on the coronary angiogram which lesions cause ischemia. Revascularization of coronary stenosis that induces ischemia improves a patient's functional status and outcome .</p> <p>For stenosis that does not induce ischemia, however, the benefit of revascularization is less certain. Fractional flow reserve is an important tool that measure the functional significance of lesions .</p> <p><b>Patients and Methods :-</b> twenty three patients with 28 coronary artery stenosis were included in study . Significant anatomical lesion was defined as equal or above 50% diameter stenosis ,while non significant lesions were defined as any lesions with diameter stenosis less than 50% of arterial lumen .</p> <p>Significant lesions were further subdivided to intermediate lesions (50-70%) reduction in diameter stenosis, and critical lesions with (71-90%) diameter stenosis Then all grouped lesions assessed by fractional flow reserve in order to determine hemodynamic significance of each lesions Lesion were considered functionally significant depending on <math>FFR \leq 0.80</math> as cut off value</p> <p><b>Results:</b> in angiographical non significant group lesions only one patient (14%) were functionally significant after assessment by fractional flow reserve . While in intermediate group lesions six patients ( 40%) were functionally significant with <math>p</math> value 0.243 . And in critical lesions five patients (83%) were functionally significant with <math>p</math> value 0.025.</p> <p>Of all lesions 12 lesions (42%) were functionally significant</p> <p><b>CONCLUSION :-</b>fractional flow reserve is an important tool to influence decision and change strategy of management at catheterization laboratory specially for intermediate lesions and even for sever lesions in a way that may be cost effective</p>			