more than the males(67.64 years versus 60.28 years). Also, in this study the rate of LV inf AMI in company with RV AMI was 22.91%, that it seems lower than universal sources (approximately one third of the inf AMI). Meanwhile, the one month mortality in patients with inf AMI in company with RV AMI didn't show increment in comparison with group that had inf AMI, solely.

Key words: Left ventricular inferior acute myocardial infarction (LV inf AMI), right ventricular acute myocardial infarction (RV AMI)

The assessment of angioplasty of carotid artery in patients with contraindication to surgical treatment in studies of Gdañsk area

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Introduction:
The arteriosclerosis changes in carotid arteries are responsible for one fourth of all strokes. The incidence of the carotid artery stenosis is about 0,5% after the age of 60 and increases to more than 10% in octogenerians. Until now the endarterectomy has been the gold standard in treatment of the carotid arteries atherosclerosis. However, introduced more recently endovascular procedures seem to have been at least as effective as endarterectomy, which has been proved in many clinical studies. The stenting of carotid arteries (CAS) with the use of neuroprotection devices is a promising method of treatment of the carotid artery stenosis.

The goal of the study:
The assessment of efficacy and safety of the carotid artery stenting in the early period (30 days) and in a long term observation.

Methods:
The studied group consisted of 31 patients (13 females, 18 males) with hemodynamically significant stenosis of a carotid artery, who had undergone stenting of carotid artery with a usage of neuroprotection, hospitalized in two departments (Department of Neurology and First Department of Heart Disease) of Medical University in Gdañsk. The average age of the patients was 65±10 years. In 72% of the patients, the stenosis of carotid artery was symptomatic. 32% of the patients had myocardial infarction in the past. The average stenosis before PTA was 85±8%. In the studied group 12% had restenosis after the endarterectomy of carotid artery, 48% had contraindications to the endarterectomy, in 40% the primary CAS has been applied.

Results:
Residual stenosis after PTCA procedure was 9,6±9,1%. In 12% of patients appeared undesireable reactions as local haematoma (4%), hypotonia(4%), headache(4%). This reactions disappeared 72 hours after PTCA procedure. In periprocedural period and in 30 days observation of our study group neither stroke nor cardiovascular complications weren't observed (0%). There is no difference in results of treatment in group with – and without contraindications to surgical endarterectomy. In long-term analysis of the study group there was one death.

Conclusion:
Results confirm safety and efficacy of CAS procedure in carotid arteries occlusions treatment in group with and without contraindications to surgical endartrectomy.

A comparative study of 7-days mortality rate in patients with Q wave and non-Q wave myocardial infarction in Ardabil Bouali Hospital

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Introduction:
Today, coronary heart disease, especially acute myocardial infarction(AMI) is one of the most common causes of death in human beings. In electrocardiographic basis, there are two forms of AMI : Q wave and non-Q wave. The rate of prevalence, complications and the mortality of these two kinds are different. The aim of this survey, was to study the prevalence and first 7-days mortality rate of these two kinds of AMI.

Methods and materials:
This study was done in descriptive – analytic and prospective method in 600 patients with AMI admitted in Ardabil Bouali Hospital, and the informations were collected in special forms and were analyzed by the statistical soft wares. Findings: From the 600 studied patients, 438 persons (73%) were male and 162 persons (27%) were female.Also, 514 persons (85.67%) had Q wave AMI and 86 persons (14.33%) had non-Q wave AMI. From patients with Q wave AMI , 73.74% (379 patients) were male and 26.26% (135 patients) were female. 59 patients with non-Q wave AMI (68.60%) were men and 27 persons (31.40%) were women. From all of the patients, 34 persons (5.66%) died in first 7 days of admission, that 29 patients had Q wave(5.64% of Q wave AMI patients) and 5 patients had non-Q wave AMI(5.81% of non Q wave AMI patients).

Conclusion:
As mentioned above, from all of the patients with AMI, 14.33% had non-Q wave AMI, that it seems very lower than from the standard sources (about 33%).The ratio of female patients with Q wave AMI to total female patients with AMI was 83.33%, while this ratio in non-Q wave AMI group was 16.67%. These figuers in male were 86.53% with Q wave and 13.44% in non-Q wave AMI. And it is clear that there is no prominent differences in the prevalence rate of Q wave and non-Q wave MI in men and women. Also the first 7-days mortality of patients was 5.66% (5.48% in men and 6.17% in women), and no clear difference was between men and women. In other words, the prevalence rate of Q wave and non-Q wave AMI and

the mortalities of them in men and women had no significant differences in our study.

Key words: Q wave MI, non-Q wave MI, Mortality rate.

The appliance of NT-proBNP in diagnosis of Heart Failure

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Objective:
To ascertain whether NT-proBNP can surrogate the routinely echocardiography, 6min walking test and bicycle ergometry in diagnosis and clinical decision making in heart failure (HF) patients and to determine the correlation between NT-proBNP and Minnesota Living with Heart Failure Questionnaire (LHFQ).

Patients and methods:
109 patients referred to VUH "SK" Cardiology clinics with HF symptoms were considered for the study. All patients underwent clinical examination, standard 2D and tissue Doppler echocardiography (to determine left ventricle ejection fraction (LVEF), shortening fraction (SF), left ventricle end systolic volume index (LVESVI), left ventricle end diastolic volume index (LVEDVI), cardiac index (CI), deceleration time (DecT), E/E` and others), 6min. walking test, bicycle ergometry (to determine myocardial reserve (MR), heart rate recovery index (HRRI) and performed work (PW)), measurement of NT-proBNP and LHFQ. Correlations were obtained by Pearson test, $p<0,05$ was considered significant.

Results:
20 patients(18,3%) were women, mean age was 58,6±12,7 years, mean NT-proBNP 1878±2504pg/ml, LVEF 31,3 ± 11,6%. 12 patients (8%) were classified to NYHA-I, 41 (37,6%) – NYHA-II, 43 (39,4%) - NYHA-III, 13 (12%) - NYHA-IV. NT-proBNP significantlly correlated with LVEF (r = 47.6%, $p<0.01$), SF (r = 41.1%, $p<0.01$), LVSD (r = 39.9%, $p<0.01$), LVDD (r = 26.3%, $p<0.01$), LVESVI (r = 29.5%, $p<0.01$), LVEDVI (r = 22.2%, $p<0.01$), E/E`(r = 30%, $p<0.01$), DecT (r = 36.1%, $p<0.01$), 6min.walking test (r = 25.5%, $p<0,05$) and following bicycle ergometry parameters: MR (r = 24.1%, $p<0.05$), HRRI (r = 30.7%, $p<0.05$) and PW (r = 35.1%, $p<0.01$). LHFQ showed no significant correlations with NT-proBNP. NT-proBNP was significantly lower in NYHA-II patients compared to NYHA-III (644 ± 96pg/ml vs. 2805 ± 481pg/ml, $p<0,001$).

Conclusion:
As NT-proBNP reflects the condition of HF patients, it is useful in diagnosis and clincal decission making, and in some situations it might replace echocardiography, bicycle ergometry and 6min. walking test.

Does the hyperglicaemia at admission determine the inhospital and long-term prognosis in patients with the acute myocardial infarction treated by invasive strategy ?

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Introduction:
There are some coverages that a level of glicaemia in acute myocardial infarction may influence on the prognosis of patients treated by percutaneous coronary intervention (PCI). AIM: To compare the results of treatment according to the level of gliceamia in patients with the acute myocardial infarction treated by invasive strategy.

Method:
We examined 1377 patients with the acute myocardial infarction admitted to III Chair and Department of Cardiology, Silesian Medical Academy, Silesian Center for Heart Diseases in Zabrze, Poland between 1998 and 2004. Patients were divided into two groups according to the level of glicaemia : the fist group includes patients with the level of glicaemia < 11,1 mmol/l (n=1081) and the second group with the level of glicaemia = 11,1 mmol/l (n=296). For the purpose of this study selected parameters were campared during inhospital and long-term observation.

Results:
There was 1081 patients in the first group and 296 patients in the second group. The percentage of PCI was 88,87% in the first and 94,26% in the second group. Comparing patients with glicaemia = 11,1 mmol/l to patients with glicaemia < 11,1mmol/l they were older (62,06 vs 57,57 years; $p = 0,055$), more often female (41,22% vs 23,68%; $p = 0,000001$), less often smokers (50,17% vs 66,91%; $p = 0,000001$), more often had hypertension (63,95% vs 50,56%; $p = 0,00005$) and diabetes (65,65% vs 13,46%; $p = 0.00001$). In this group of patients we have also observed trend towards longer timing of chest pain (5,57h vs 4,98h; $p=0,068$). Patients from the second group, in comparison with patients from the first group, more often demonstrated the cardiogenic shock (19,93% vs 6,11%; $p = 0,000001$), higher level of phosphocreatine kinase (2903,99U/l vs 2114,16U/l; $p = 0,000001$), lower left ventricular ejection fraction (41,80% vs 45,48%; $p = 0,0000001$) and stroke (5,74% vs 1,76%; $p = 0,0001$). Moreover, in the second group (glicaemia = 11,1 mmol/l) the inhospital mortality was about 2,5 times higher (12,50% vs 4,90%; $p = 0.00001$) and the long-term (1-year observation) mortality was about 3 times higher (22,43% vs 7,47%; $p = 0,000001$).

Conclusion:
The higher level of glicaemia at admission may worsen the inhiospital and long-term prognosis in patients with the acute myocardial infarction treated by invasive strategy.