

## **Global longitudinal strain accurateness in prediction of ischemic heart disease**

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### **Abstract**

**A**ccurate and reproducible assessment of systolic function of left ventricular (LV) stills the most complex expertise in echocardiographic study. The accessibility of automatic and precise calculation of global LV systolic function may be done by global longitudinal peak systolic strain.

Calculation of longitudinal movement and distortion are consequently the major subtle indicators of CAD particularly in cases with coronary disease, where irregular ischemic condition may cause in slight degrees of stunned form that may be obvious with strain calculation so we need of a non-invasive, simple technique to get better assortment of cases that are denoted for CA.

Study design is Cross sectional survey, conducted in the open-heart Center of Al-Sadr Hospital, Najaf City. Study population was Patients with Ischemic heart disease referred for conventional coronary angiography.

In this study, 228 patients; age range was 37-77 years, with a mean of 56.71±9.736 years. Of them 65% were males.

The sensitivity of STE was 95.3%, specificity was 75%, PPV was 95.3%, NPV was 75%, and accuracy rate was 92.1%.

The mean of cutoff point of GLPS was -15.39 while +LR was 3.86 and -LR 0.33

ROC analysis generally reveals that good and very good AUC value for the six main segments also the same thing for the sub segments while AUC of GLPS was 0.748. Goodness of the diagnostic test and there is no difference from the gold standard method in addition STE have no serious complication on the patients.

Aim of the study: The goal of our study was to assess the accuracy of diagnosis by longitudinal strain, global (GLS) gained by speckle tracking echocardiography (2D-STE) in estimation of the existence, degree and severity of coronary artery disease In comparison to conventional coronary angiography.

### **Biography:**

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