Valvular heart disease is a common cardiac disability in our country. The valvular heart disease which we have seen mainly due to chronic sequilae of rheumatic fever. In chronic rheumatic heart disease mitral valve is affected in 60-80% cases while aortic valve in 40-50% cases. The aortic stenosis patient before the outbreak of overt Lt. ventricular dysfunction shows that it can expose cardiomyocyte injury prior to the development of overt Lt. systolic dysfunction. So that, serial monitoring of cTnI during follow up of asymptomatic Aortic Stenosis will show whether or not it is developing into overt systolic dysfunction, which may give definitive treatment before development of complications.

Aortic stenosis is itself associated with 50% increased risk of cardiovascular mortality and morbidity. The ideal marker for the diagnosis of occult aortic stenosis should be sensitive to even minor heart muscle injury and highly heart specific markers of myocytes injury. Detecting of ongoing myocardial injury before the deterioration is detected before complication such as heart failure ensue (Bloomfield et al., 2002). We found that it can expose cardiomyocyte injury prior to the development of overt systolic dysfunction. So that, serial monitoring of cTnI during follow up of asymptomatic Aortic Stenosis will show whether or not it is developing into overt systolic dysfunction, which may give definitive treatment before development of complications.

In a recent study, Elsasser et al (2001) found that the life span of our present study is significantly shorter in Aortic stenosis patients with cardiac failure than in those without cardiac failure. The presence of symptoms of heart failure develops. The presence of symptoms of heart failure develops and coronary artery disease are normally undetectable or very low (normal level of cTnI). The presence of symptoms of heart failure develops and coronary artery disease are normally undetectable or very low (normal level of cTnI).

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### Table: Ejection fraction and cTnI conc of study subjects

<table>
<thead>
<tr>
<th>Condition</th>
<th>cTnI (Mean±SD)</th>
<th>Ejection fraction (Mean±SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aortic stenosis pts</td>
<td>0.67 ± 0.81</td>
<td>55%</td>
</tr>
<tr>
<td>Control subjects</td>
<td>0.02 ± 0.00</td>
<td>55%</td>
</tr>
</tbody>
</table>

### Discussion

Our study results are in accordance with the previous researches conducted by Hein et al (2003). Disease of the heart valves may lead to structural and functional alterations in the heart muscle with myocardial oxygen requirements. Even in the absence of obstructive narrowing of aortic valve which causes decreased coronary blood flow. This is because of the compression of the coronary arteries by the hypertrophied myocardium. The coronary arteries give nutrition to the heart muscle with blood and oxygen. Aortic stenosis patient and control subjects showed significant difference of mean ejection fraction.

Aortic stenosis patients show heart failure symptoms and are normal, until the symptoms of angina, syncope or sudden death. The presence of symptoms of heart failure develops and coronary artery disease are normally undetectable or very low (normal level of cTnI). The presence of symptoms of heart failure develops and coronary artery disease are normally undetectable or very low (normal level of cTnI) until the symptoms of angina, syncope or sudden death.

### References

2. Livingstone Publication; 2005; PP 458-461.
5. Mayo foundation; Effects of congenital aortic stenosis; Postgraduate medicine; 2001; 110.
6. Wilenheimer R; left arterioventricular plane detection of coronary artery disease; Postgraduate medicine; 2001; 110.