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2. Hans Bosma Low job control and risk of coronary heart disease in whitehall ii (prospective cohort) study. Paper **Published 22 February 1997**.


Direct comparison of segmental coronary artery anatomy, as depicted by CT (left panels, three-dimensional reconstructions) and conventional coronary angiography (right panels). If an intermediate branch is present (about 30% of patients) this segmentation model consists of 17 segments. The RCA with its 5 segments is shown in Panels A and B, and the left coronary artery with its two main branches – the left anterior descending and the left circumflex – in Panels C–F. The RCA (Panels A and B) is composed of segments 1–4, with the distal segment (4) being further subdivided into 4a (posterior descending artery, PDA) and 4b (right posterolateral branch). The left main coronary artery (Panels C–F) is referred to as segment 5, and the left anterior descending coronary artery (Panels C and D) is composed of segments 6–10, with the two diagonal branches being segments 9 and 10. The LCX (Panels E and F) is composed of segments 11–15, with the two (obtuse) marginal branches being segments 12 and 14. Note that the distal left circumflex (segment 15) is rather small in this patient with a right-dominant coronary circulation. The sinus node artery (SN) is the first branch of the LCX in this patient (Panels E and F) but is more commonly one of the first branches of the RCA. AM acute marginal branch; CB conus branch.

Table 3.1 gives an overview of all coronary artery segment numbers and names