Introduction
LVH has emerged as an independent risk factor for further adverse event unreleased to stage of hypertension.

The other predictors of future adverse events like elevated systemic blood pressure, ejection fraction, fractional shortening are less sensitive. Regression of left ventricular hypertrophy occurs with treatment without deterioration in left ventricular performance. So there is a need to detect cardiac dysfunction in hypertensive patients as early as possible.

Non-invasive investigations that would provide an assessment of left ventricular status are: chest X-ray, ECG, Radio nuclide ventriculography and echocardiography. Angiocardiography is an accurate method of LVH assessment but its invasive nature and potentiality of complications, does not support its use in relatively benign condition like hypertension for left ventricular function estimation. Echocardiography provides a simple, safe, reproducible and accurate method and modality of choice to define left ventricular hypertrophy and dysfunction.
An early detection and prevention of LV dysfunction is an important goal in the management of hypertensive patient. A number of anti-hypertensive agents are available which not only controls BP effectively but also regress/reduces the risk factors associated with cardiac dysfunction.