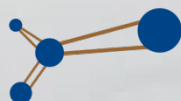


Prognosis of patients based on treatment strategy and ischemic extent on myocardial perfusion scintigraphy

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NUMEMA
NUCLEAR MEDICINE IN MALMÖ



Background



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ESC/EACTS GUIDELINES



Guidelines on myocardial revascularization

The Task Force on Myocardial Revascularization of the European Society of Cardiology (ESC) and the European Association for Cardio-Thoracic Surgery (EACTS)

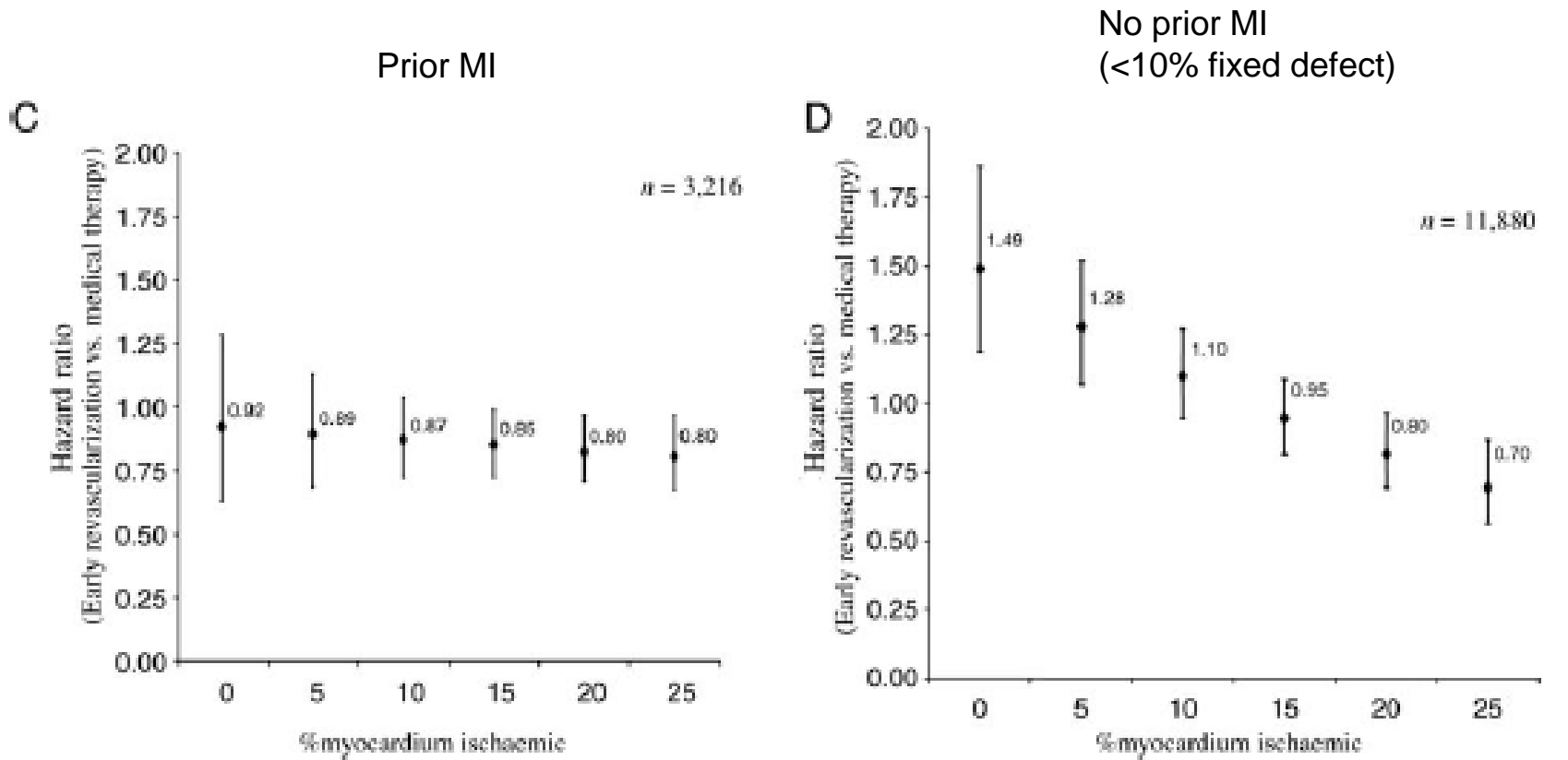
Developed with the special contribution of the European Association for Percutaneous Cardiovascular Interventions (EAPCI)†

Table 8 Indications for revascularization in stable angina or silent ischaemia

	Subset of CAD by anatomy	Class ^a	Level ^b	Ref. ^c
For prognosis	Left main >50% ^d	I	A	30, 31, 54
	Any proximal LAD >50% ^d	I	A	30–37
	2VD or 3VD with impaired LV function ^d	I	B	30–37
	Proven large area of ischaemia (>10% LV)	I	B	13, 14, 38
	Single remaining patent vessel >50% stenosis ^d	I	C	—
	IVD without proximal LAD and without >10% ischaemia	III	A	39, 40, 53



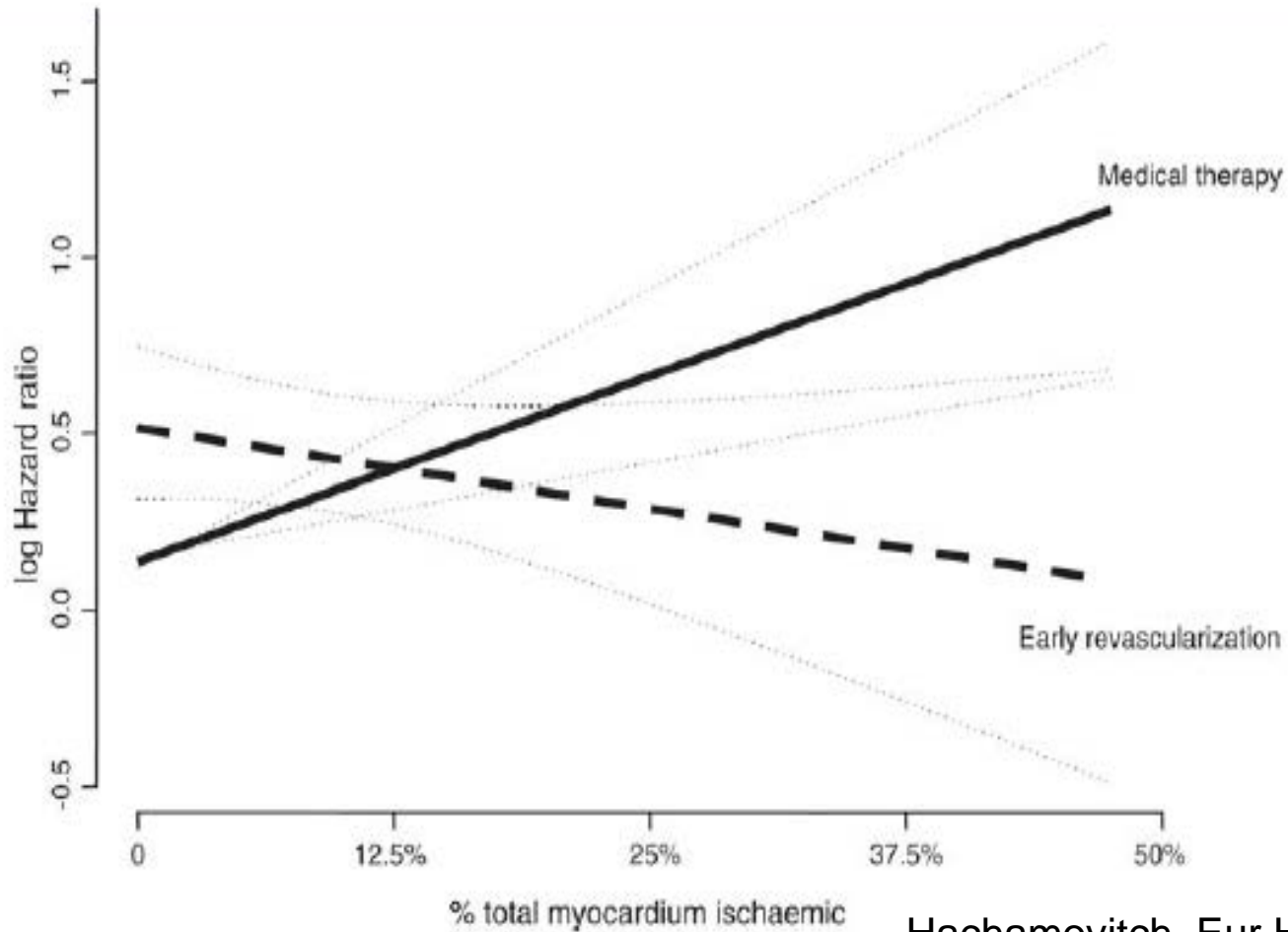
Background



Hachamovitch, Eur Heart J 2011



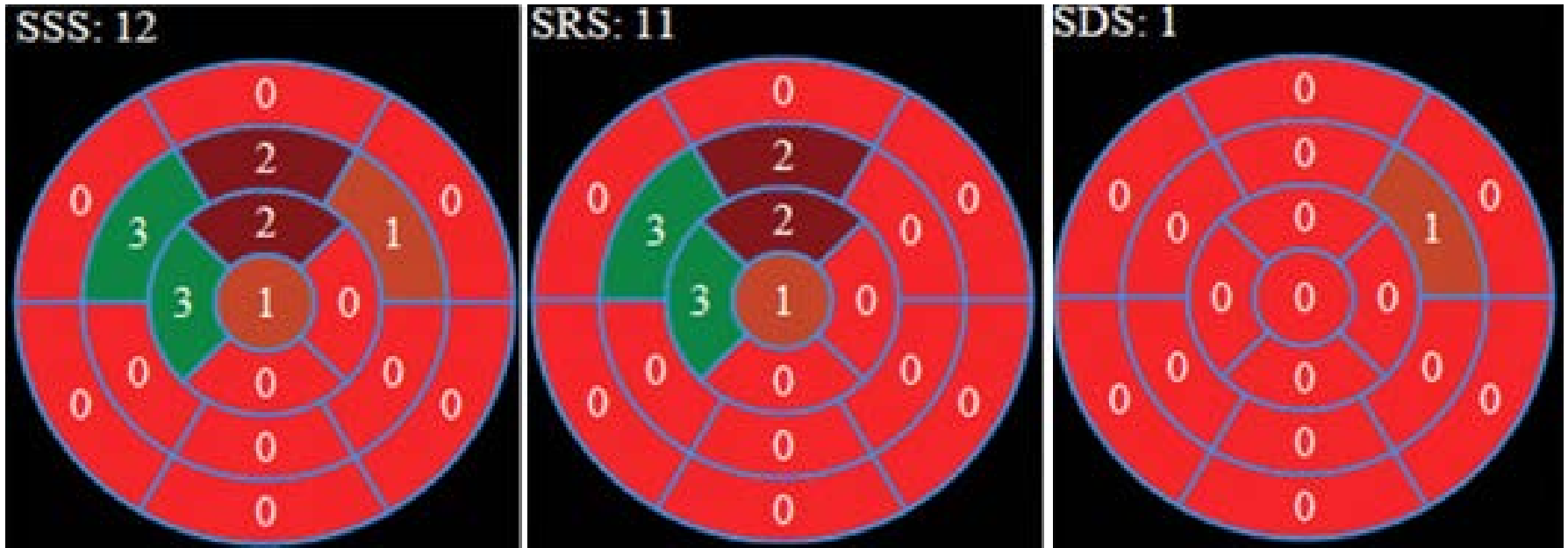
Background



Hachamovitch, Eur Heart J 2011



Background



12/68 = 18%

11/68 = 16%

1/68 = 1,5% ischemi



Aim

- To investigate the prognosis of ischemia measured as extent as opposed to scoring values in relation to treatment strategy in a Swedish population



Methods

- 4291 patients with MPS in Malmö 2004-2007
- Evaluation of cardiac events December 31, 2010
- Endpoints: non-fatal ACS, death from ischemic cardiac disease
- Early revascularization: PCI or CABG within 5 months of MPS
- Automatic extent values of ischemia from EXINI Heart™
- Divided into groups based on treatment and extent of ischemia



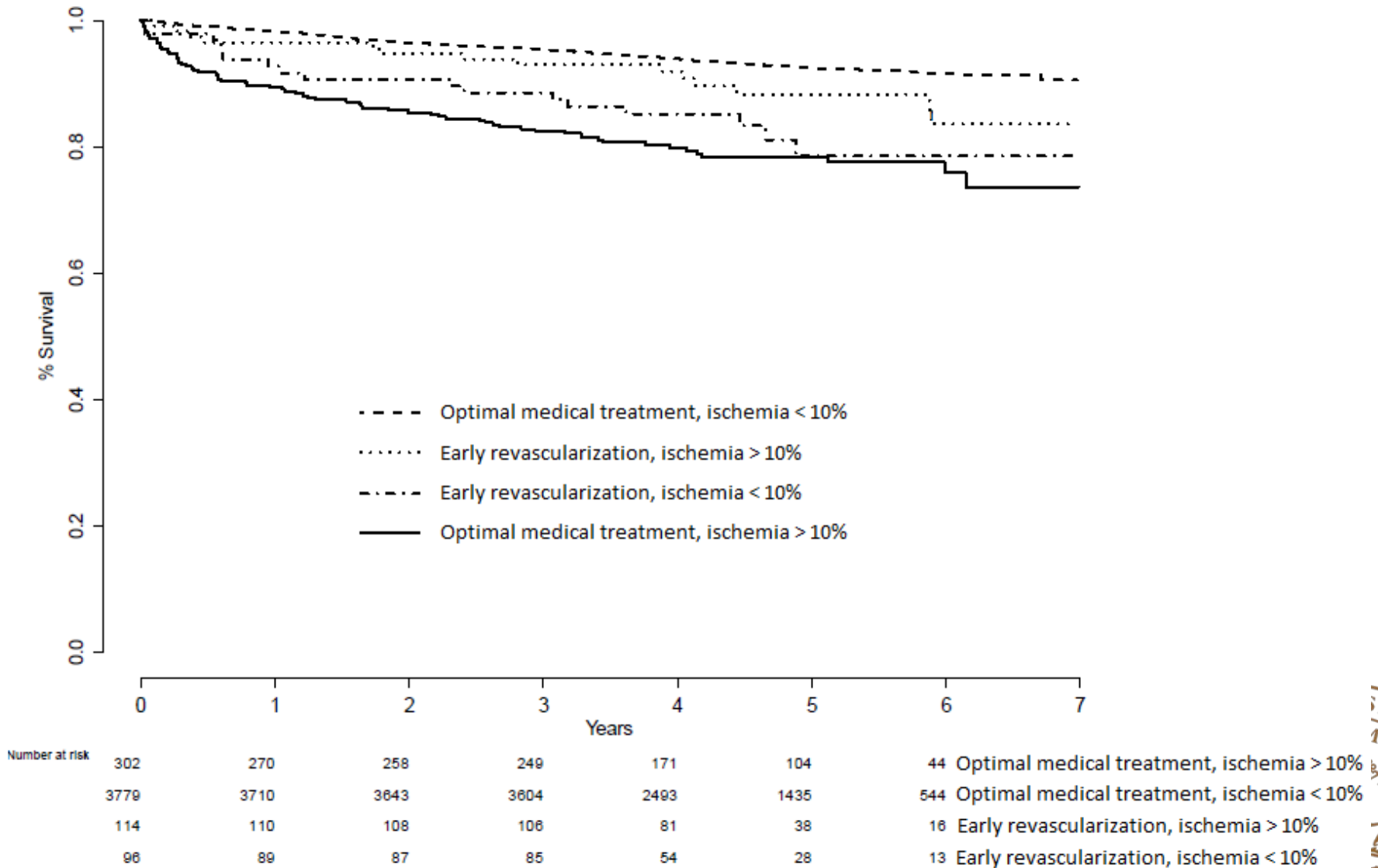
Results

- 2100 females (48.9%)
- Mean age 62.6 years (± 11.3)
- Mean follow-up time 4.5 years (± 1.3)

	Early revascularization	Optimal medical therapy
<10% ischemia	96	3779
>10% ischemia	114	302



Results



Conclusion

- The results support the current recommendation that patients with proven ischemia $> 10\%$ should receive early revascularization, whereas patients with $< 10\%$ ischemia should receive optimal medical therapy.

