Interesting Nuclear Cardiology Cases

By
Prof. Dr Ahmed Abdelaty, MD, FASNC
Prof. of Cardiology, Head of Nuclear Cardiology Lab.
Cardiology Dept. Faculty of Medicine
Alexandria University

Myocardial Perfusion
for Decision Making
Case -1
A. M. A. A.M.

54 y.old male 75 Kg. DM,HT,Smoker
Post MI 10Y.Recurrent ACS
ICM EF 35%
Referred for Viability study after 3

Last Coronary Angio.
4/2013
LM:N
LAD: Subtotal occlusion at its origin with
faint antegrade filling
CX: Large dominant;90% at origin of OM1
and then distal 90% stenosis.
RCA non dominant subtotal occlusion

For PCI CX
Resting ECG

SPECT TL. Viability

Initial Resting TL and 4 H.Delayed Resting with Reinjection Protocol
Last Coronary Angio.
4/2013
LM:N
LAD:Subtotal occlusion at its origin with faint antegrade filling
CX: Large dominant; 90% at origin of OM1
and then distal 90% stenosis.
RCA non dominant subtotal occlusion

For PCI CX

Decision Post SPECT?
PCI LAD and CX

Case-2
G.A. A.

58Y. Old Male 75Kg.
No DM
No HT
Post Ant.MI
ICM EF 40%
NYHA II-III
No Chest Pain
Coronary Angio

LM:N
LAD : Mid total occlusion
CX : Proximal tight lesion after a sizable OM
RCA : Proximal chronic total occlusion with retrograde filling from Lt. system and tight lesion before its bifurcation.

Comment: For PCI CX only vs. CABG for MVD

For Pharmacologic Stress My. Perfusion Study
He cannot Ex. due to L-S disc
Resting ECG
HR. 58 b/min

ECG With Dipyridamol
HR. 59 b/min
Coronary Angio
LM:N
LAD : Mid total occlusion
CX  : Proximal tight lesion after a sizable OM
RCA : Proximal chronic total occlusion with retrograde filling from Lt. system and tight lesion before its bifurcation.
Comment : For PCI CX only vs. CABG for MVD
Comment :

**Post SPECT Decision?**
High risk scan for Urgent CABG for LAD, CX & RCA

---

Take Home Message

*Myocardial perfusion SPECT studies could help you*
To risk stratify your pt. with CAD and to select the management modality.
Thank You

Prof. Dr. Ahmed Abdelaty