



ECOCARDIOGRAFIA 2015

XVII Congresso Nazionale SIEC

Hotel Royal Continental
Napoli, 16-18 Aprile 2015

A horizontal strip showing various medical images and graphs related to echocardiography, including 3D heart models, Doppler flowcharts, and ECG-like waveforms.

La CMR: a chi, quando e quali informazioni aggiuntive

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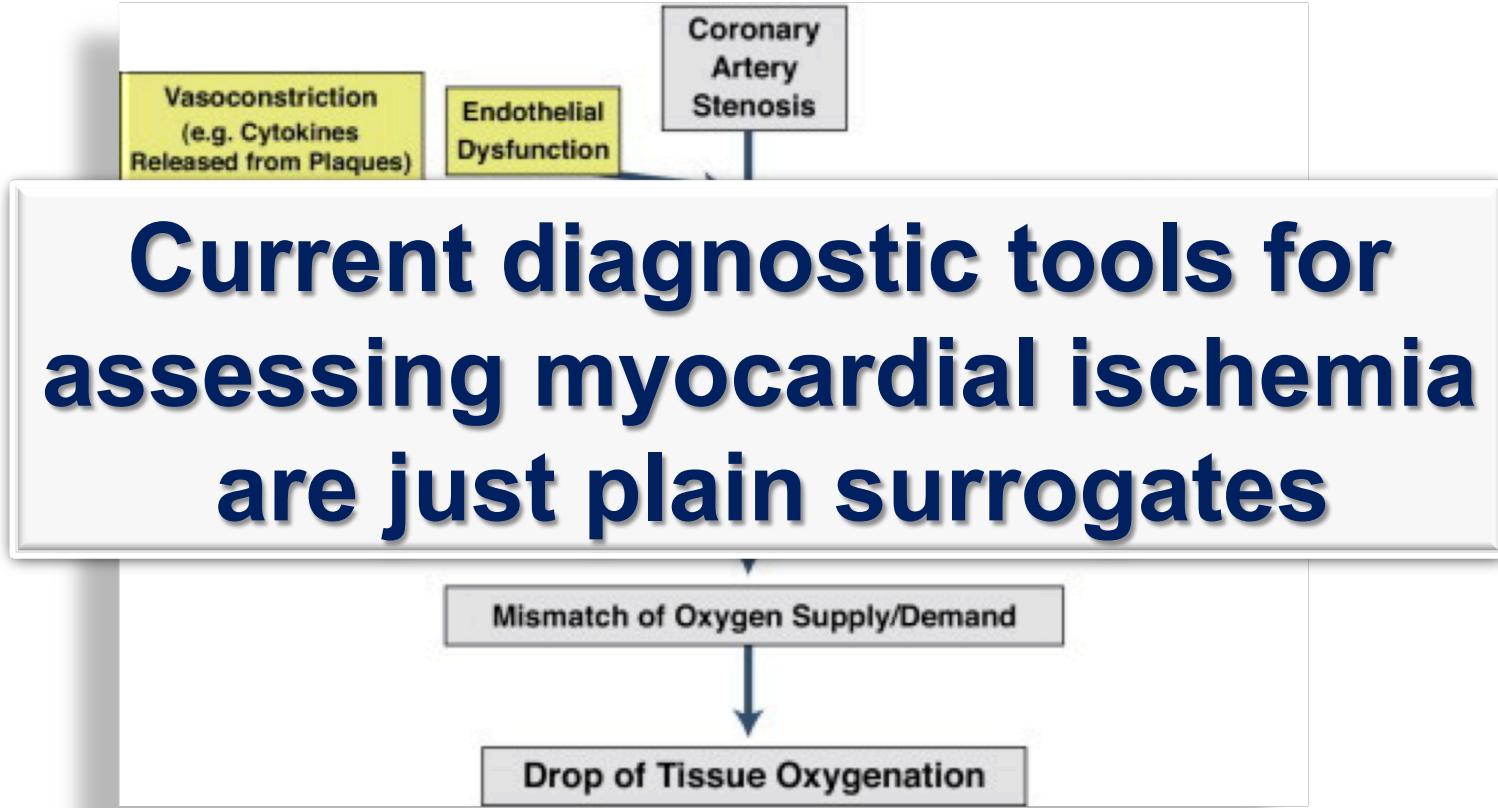


DISCLOSURE

NONE

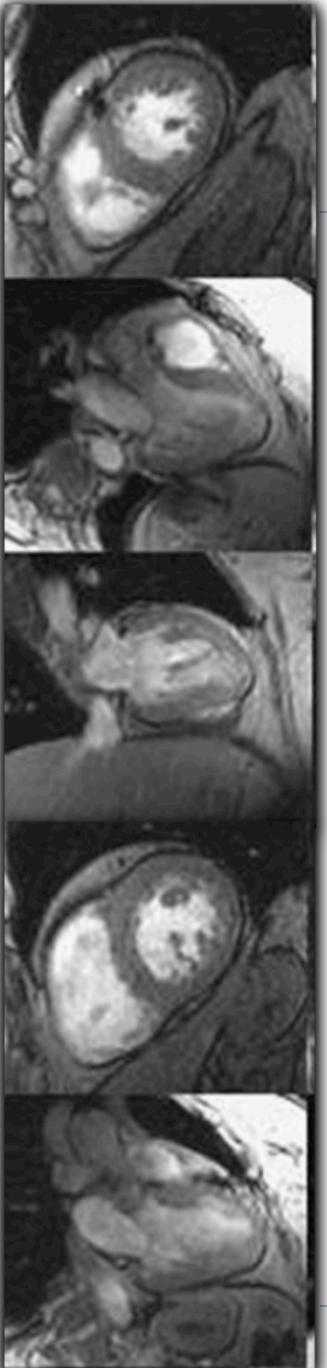


Confounders of Test for Myocardial Ischemia



In vivo modifiers of coronary blood flow and tissue oxygenation, which act as confounders for diagnostic tests targeting coronary artery stenosis and blood flow. LV = left ventricular.



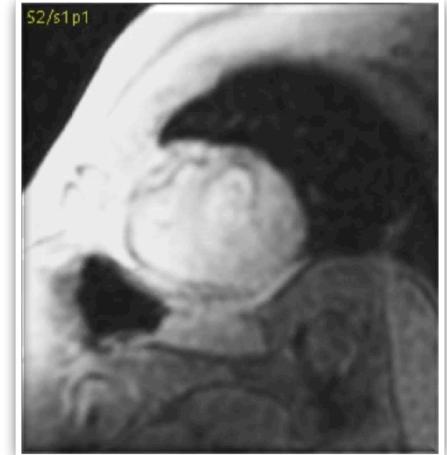
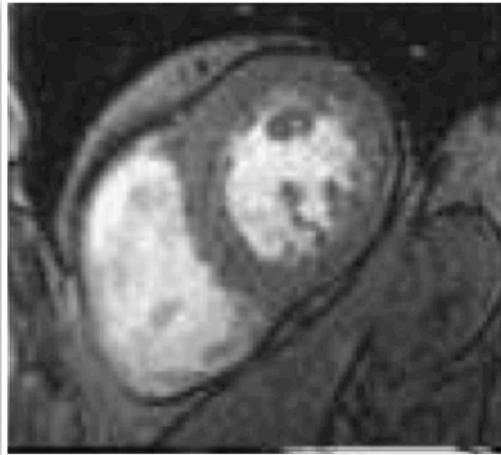
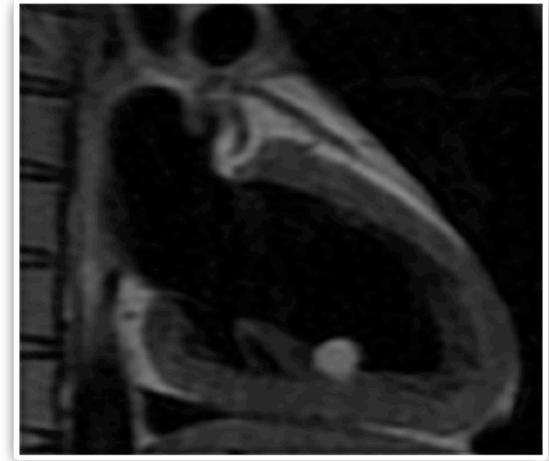


CMR: ADVANTAGES

- Three-dimensional tomographic images**
 - Excellent spatial resolution**
 - Intrinsic high contrast**
 - No interference from lung or bone**
 - Unparalleled versatility of diagnostic parameters**
 - Multiple imaging techniques in a single system**
 - Radiation-free imaging**
-

CMR: CLINICAL INDICATION

- ▶ Morphology
- ▶ Function
- ▶ Myocardial texture
- ▶ Vascular flow

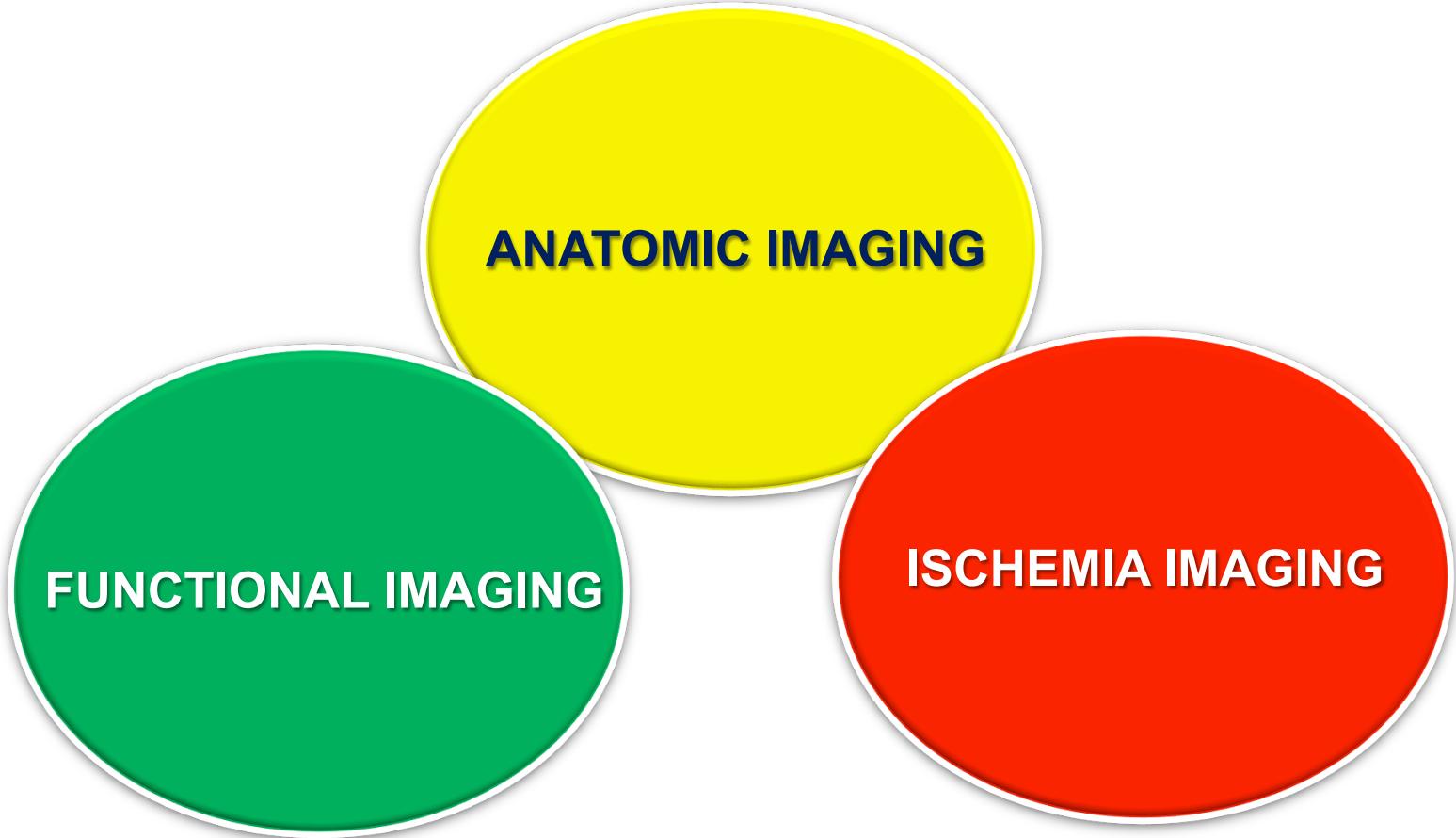


CMR: CLINICAL APPLICATIONS in IHD

- MRA of coronary arteries
- Myocardial perfusion
- Flow quantification
- FFR study
- Detection of myocardial ischemia
- Definition of ventricular volumes
- Tissue characterization
- Detection of infarct size
- Oxygenation – sensitive CMR



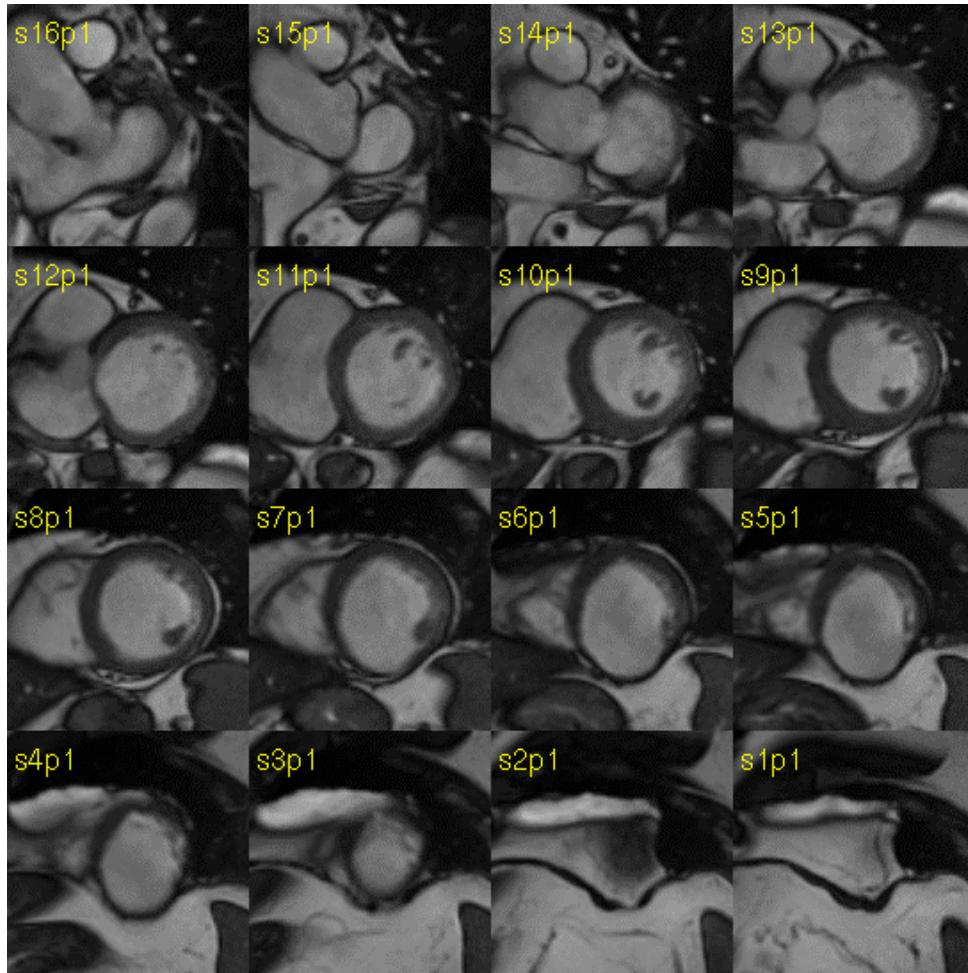
CMR: IMAGING STRATEGY in IHD



CMR in IHD



CMR: study of volumes and contractility



LV volumes

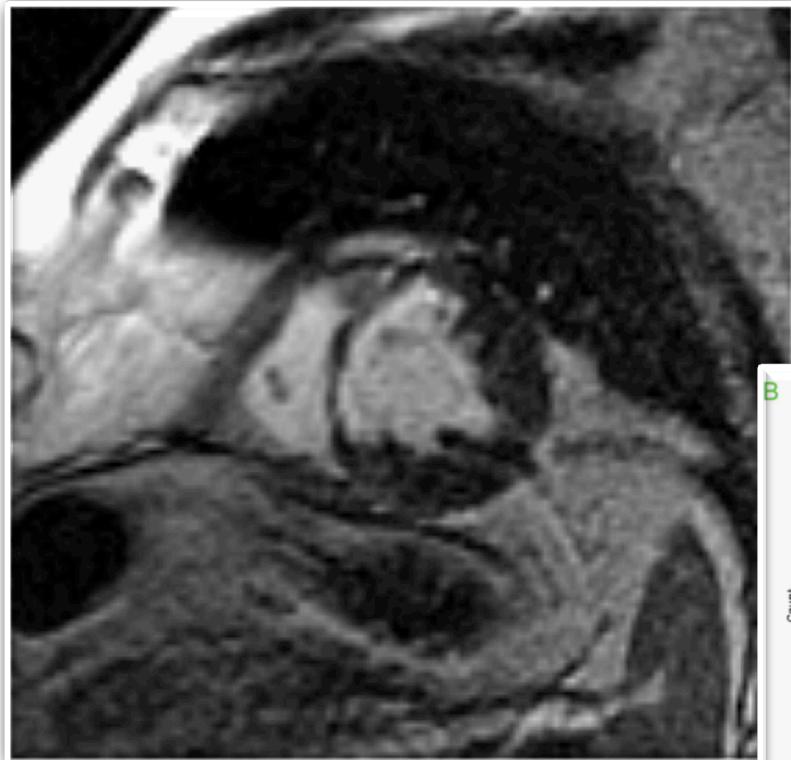
LV function

LV ejection fraction

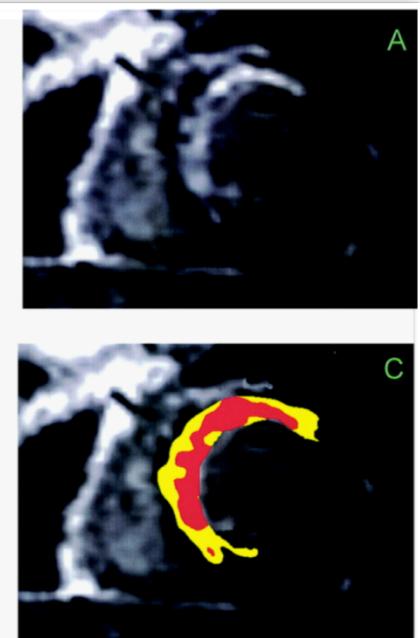
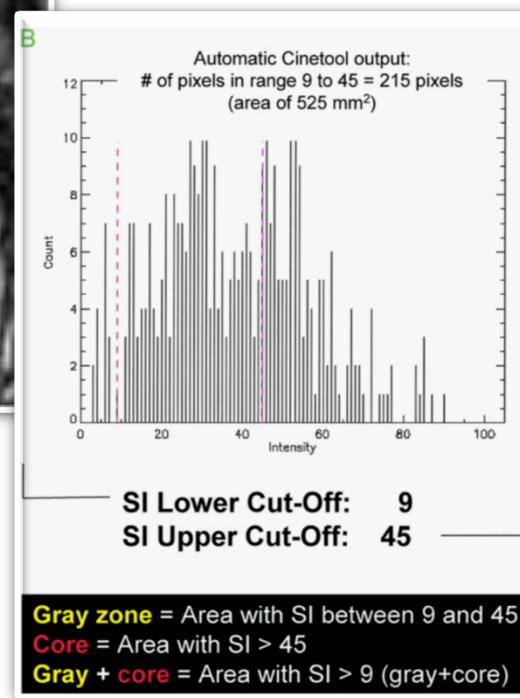
Regional wall motion



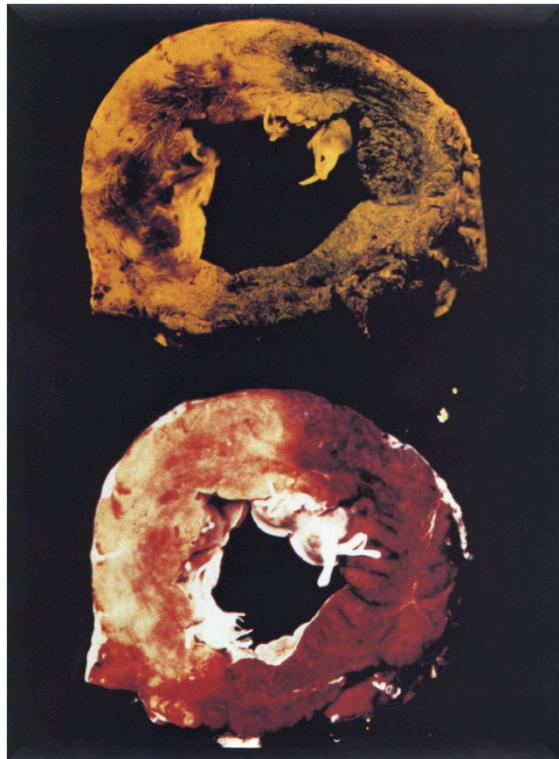
CMR: Infarct size



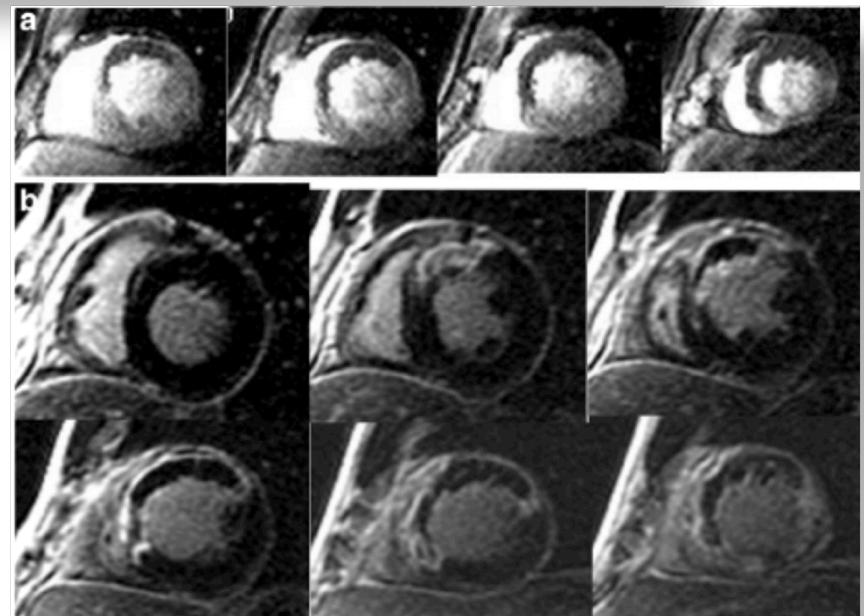
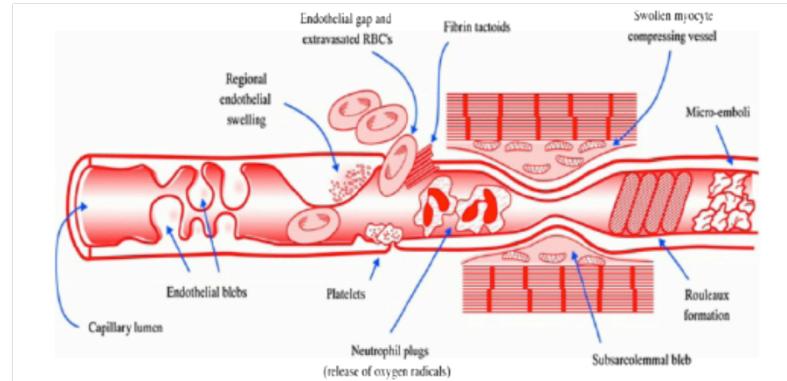
Gray zone measurement



CMR: study of MO and IMH



Ambrosio G: Circulation 1989



Wu C: J Cardiovasc Magn Res 2012

Effect of EMVO and LMVO on LV remodeling

Mean Difference (IV and 95% CI) From Studies of Impact of EMVO and LMVO on Baseline and Follow-Up (4 Months to 1 Year) LVEF, LVEDVi, LVESVi, and IS			
	Mean Difference (IV, Random, 95% CI) From Pooled Analysis (EMVO)	Mean Difference (IV, Random, 95% CI) From Pooled Analysis (LMVO)	
Baseline			
EF (%)	-5.21 (-7.13 to -3.30)*	-5.82 (-8.21 to -3.43)*	
IS (% LV)	10.71 (8.49 to 12.92)*	13.01 (9.95 to 16.07)*	
LVEDVi (ml/m ²)	6.73 (3.32 to 10.14)†	5.26 (-1.08 to 11.60)‡	
LVESVi (ml/m ²)	6.73 (6.10 to 7.37)*	9.06 (1.76 to 16.3)§	
Follow-Up (4 Months to 1 Yr)			
EF (%)	-7.44 (-9.07 to -5.80)*	-7.76 (-9.63 to -5.90)*	
IS (% LV)	6.85 (3.65 to 10.06)†	6.91 (0.35 to 13.47)	
LVEDVi (ml/m ²)	16.44 (13.10 to 19.77)*	17.14 (7.20 to 27.08)	
LVESVi (ml/m ²)	13.08 (10.26 to 15.90)*	19.59 (6.76 to 32.42)‡	
*p < 0.00001. †p < 0.0001. ‡p = 0.10. §p = 0.02. p = 0.04. ¶p = 0.0007. #p = 0.003.			
CI = confidence interval; EDV = end-diastolic volume; EF = ejection fraction; EMVO = early microvascular obstruction; ESV = end-systolic volume; IS = infarct size; IV = inverse variance; LMVO = late microvascular obstruction; LV = left ventricular; LVEDVi = left ventricular end-diastolic volume index; LVESVi = left ventricular end-systolic volume index; MVO = microvascular obstruction.			



Effect of IMH on LV remodeling

Mean Difference (IV and 95% CI) From Studies Assessing the Impact of IMH on Baseline LVEF, LVEDV, LVESV, and IS		
	Mean Difference (IV, Random, 95% CI) From Pooled Analysis (Baseline)	Mean Difference (IV, Random, 95% CI) From Pooled Analysis (11 Days to 6 Months Follow-Up)
EF (%)	-8.81 (-11.13 to -6.49)*	-10.86 (-13.08 to -8.64)*
IS (% LV)	14.96 (11.54 to 18.37)*	11.55 (8.25 to 14.85)*
LVEDVi (ml/m ²)	13.24 (9.32 to 17.16)*	17.44 (10.91 to 23.97)*
LVESVi (ml/m ²)	14.62 (11.80 to 17.43)*	17.33 (13.67 to 20.99)*

* P < 0.00001



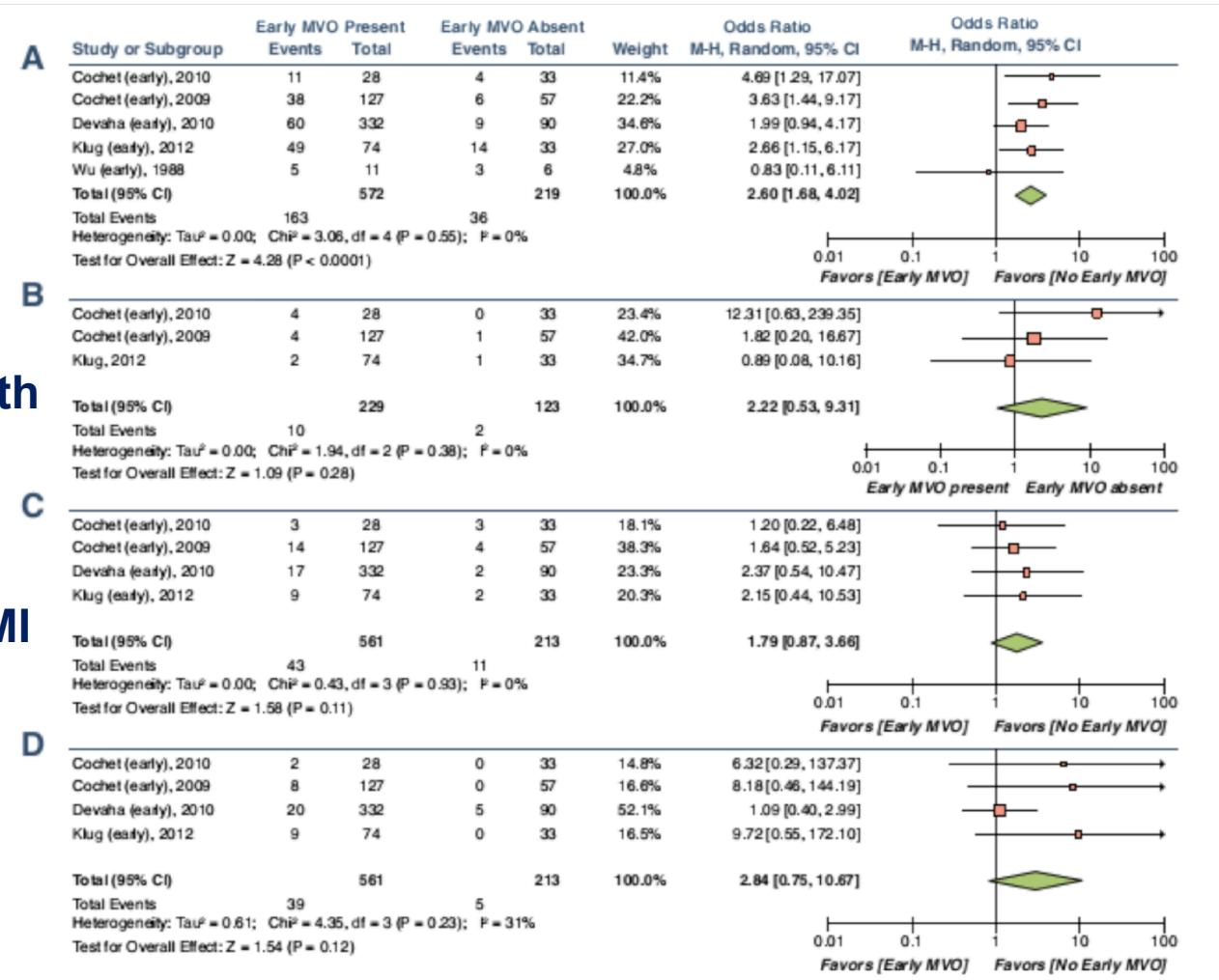
Effect of EMVO on MACE

MACE

Cardiac death

Recurrent MI

CHF



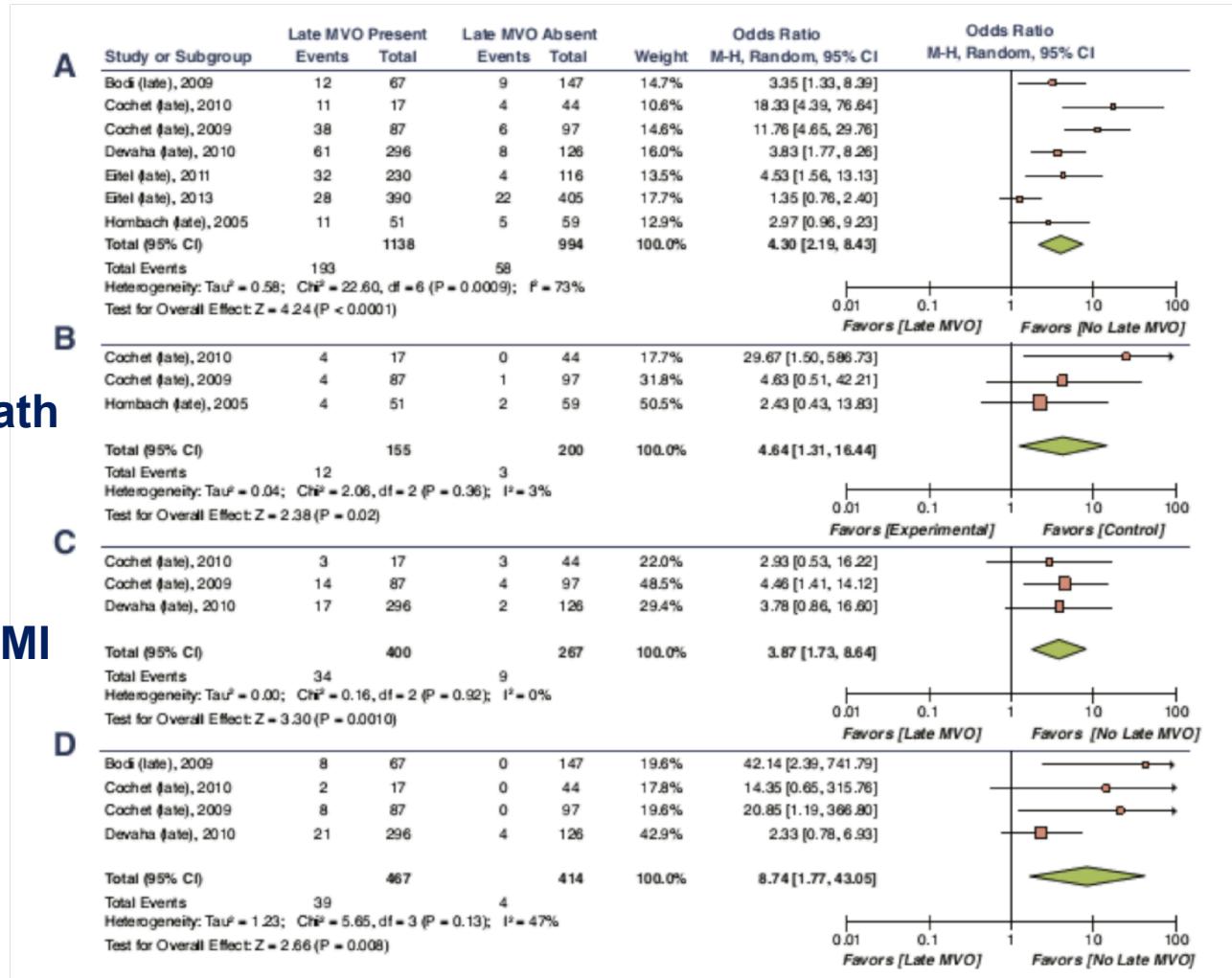
Effect of LMVO on MACE

MACE

Cardiac death

Recurrent MI

CHF



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EDITORIAL COMMENT

CMR Assessment of Microvascular Obstruction in STEMI

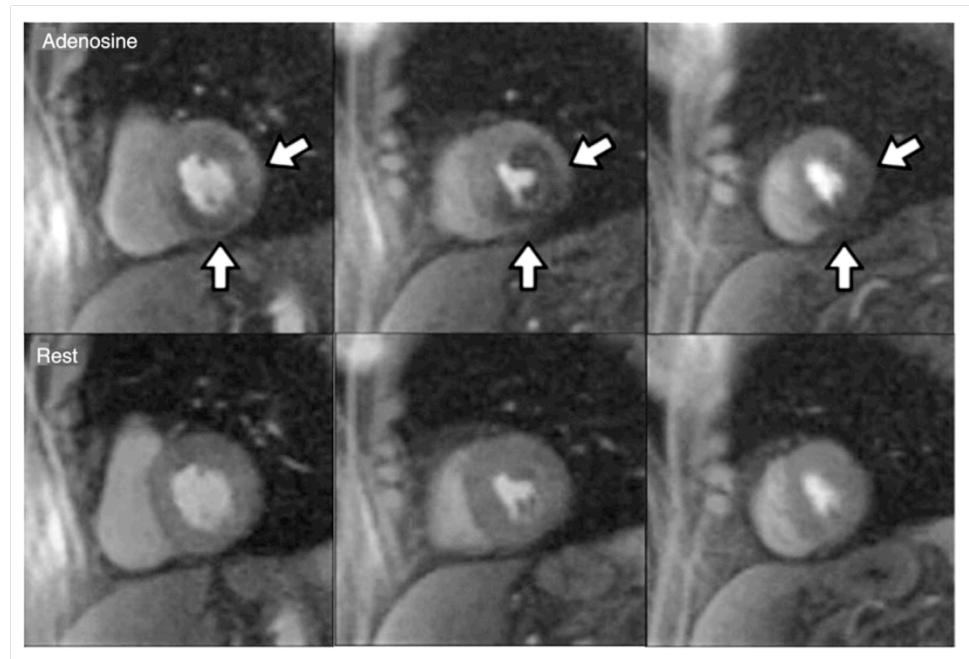
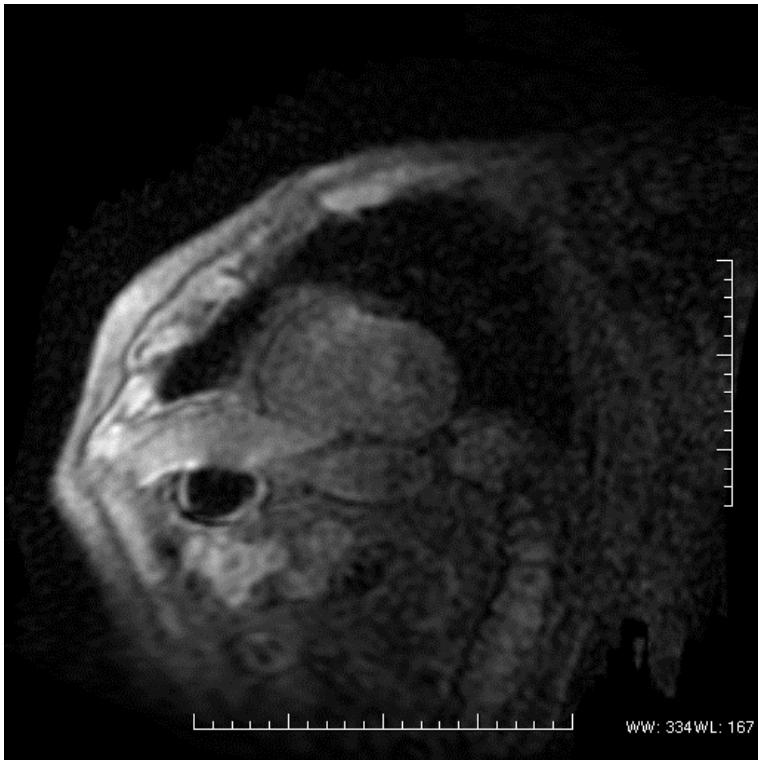
Ready for Prime Time?*



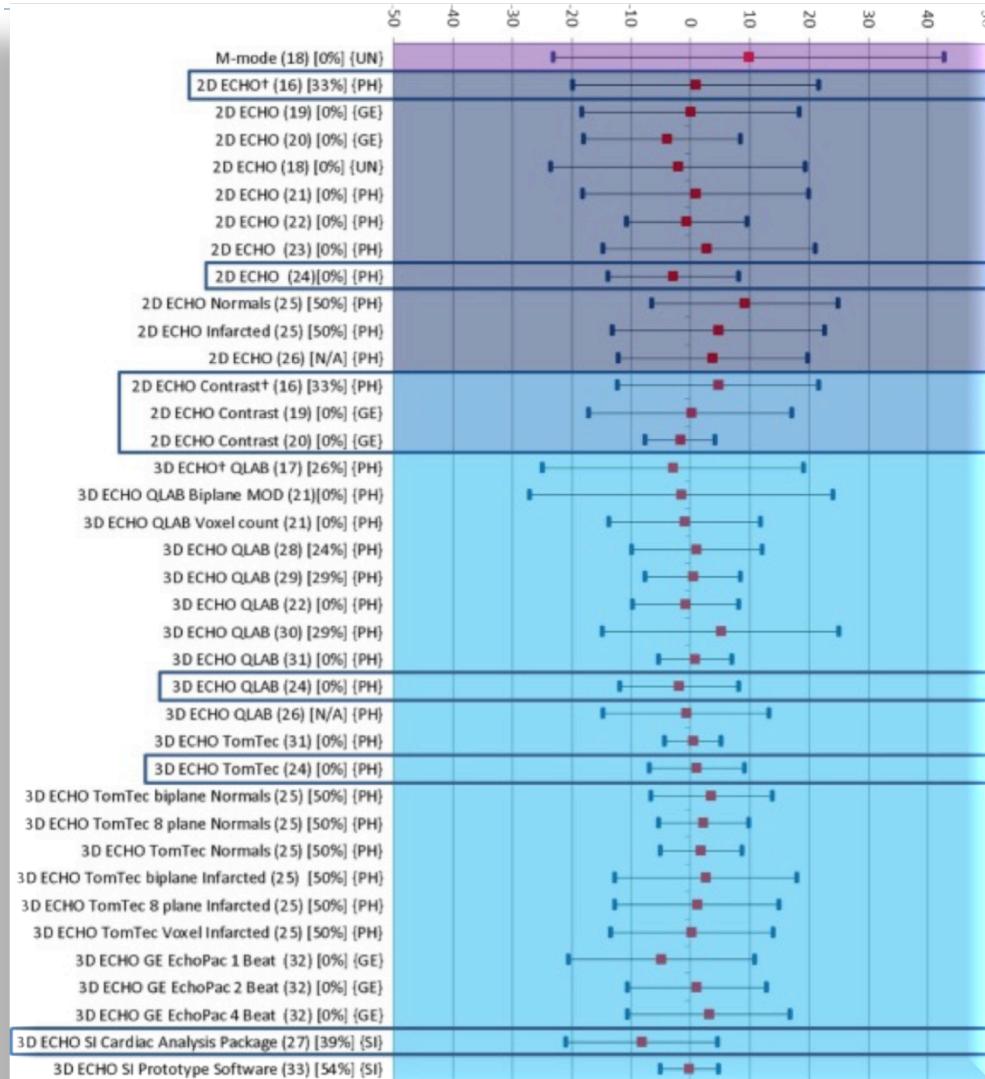
Giuseppe Ambrosio, MD, PhD, Ketty Savino, MD



CMR: ISCHEMIA IMAGING



IHD and stress CMR



IHD and stress CMR

Current diagnostic tools for assessing myocardial ischemia and their clinical applications

EDITORIAL COMMENT

Testing for Myocardial Ischemia

The End of Surrogates?*

Matthias G. Friedrich, MD

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