EACVI Webinar

EACVI European Association of Cardiovascular Imaging

ESC European Society of Cardiology

Contrast echocardiography in daily routine practice

Thursday 23 November 2017

Answers to the unanswered questions during the live

1. How do common contrasts impact on Blood Pressures?

   ⇨ *No impact on BP.*

2. Any issues about vasodilatory contrast-induced hypotension?

   ⇨ *The contrast enhanced agents have no vasodilatory effects.*

3. What RENAL thresholds constitute contraindications to contrasts?

   ⇨ *No concern for patients with kidney disease. We have a great experience using contrast even in patients on hemodialysis.*

4. What 'stress' is appropriate for congestive heart failure patients?

   ⇨ *I prefer the dobutamine stress echo. It's a pharmacologiacl stress, step by step. At the end of the test or at any stage we can use b-blockade IV in case that SVT or non-SVT appeared.*

5. What is better in the assessment wall motion abnormalities during MI - contrast echo or strain STE?

   ⇨ *I believe that contrast echo should give us more and more information evaluating better the wall motion and simultaneously evaluating the presence of thrombus. Iwould not manage my pt with MI evaluating the STRAIN parameters.*

6. What is the use of echo contrast in aortic dissection?

   ⇨ *There is paper supporting that we can depict better the true lumen using contrast agents. Furthermore rarely, we can demonstrate clearly the dissection into the pericardium.*

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7. When using contrast to diagnose LV thrombus should BP be monitored?

   ⇨ *No concern.*

8. When or can routine contrast studies be done in apical LV akinesis to exclude thrombus?

   ⇨ *To determine or to exclude the presence of thrombus I think that we have to use contrast in all patients with apical MI.*

9. How many days we have to wait after an STEMI to use contrast? 5-7 days? or less?

   ⇨ *In the era of primary PTCA I would like to do contrast enhanced echo on 3rd - 5th day after MI. On 2007, we had a great experience on contrast echo before and after thrombolysis (unpublished data) in cases with AMI. No adverse events.*

10. What about Side effects of the contrast used?

    ⇨ *Some slight allergic reactions. No life-threatening effects.*

11. Is this technique easy to apply in hospital with limited resources?

    ⇨ *Of course. You can use one fl for 5 pts to see better the endocardium-just for LVO.*

12. Do you find contrast during TOE is helpful for fully visualising the left atrial appendage for thrombus?

    ⇨ *There is experience using contrast and harmonic imaging.*

13. How do common contrasts impact on Blood Pressures?

    ⇨ *No impact on BP. There is a paper focusing on using contrast for patients with HF devices like LVAD.*

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14. Automated endocardial boarder wall motion software in contrast studies. Any developments?

    ⇨ *No new data. I believe that you do not need that software in case that you have experience on contrast studies.*

15. When should one do myocardial perfusion contrast imaging?

    ⇨ *To evaluate non reflow phenomenon after primary PTCA. In all stress echo studies to evaluate wall motion and perfusion.*

16. Reliability of contrast echo in diagnosing of PFO?

    ⇨ *It does not work. In these cases we have to use normal saline.*

17. Do you recommend the use of the contrast in all the echocardiographic exams?

    ⇨ *It would be ideal. But in some cases with bad acoustic window, akinetic apex, serial evaluation of LVEF or RVEF etc… contrast enhanced agents should be infused.*

18. What contrast is used and at what dose?

    ⇨ *In Greece we have used SonoVue for almost 18 years. We use a bolus injection of 0.4ml for LVO.*

19. What about false positive res?

    ⇨ *You mean false positive stress echo studies. I think that this is a very interesting point. We have to be very careful to acquire appropriate images-loops. In cases that there is any question I would like to combine the abnormal perfusion with abnormal wall motion abnormalities. This combination is the best for approach of myocardial ischemia. In borderline cases I would like to re-evaluate the clinical data of my patient. Patients with Diabetes Mellitus, LV hypertrophy, systemic rheumatologic diseases could be have abnormal stress echo studies due to microvasular disease.*