

MCE for identification of myocardial scar

Clinical Case Portal

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Authors:

Nicola Gaibazzi

Reviewers: Benoy Shah, Roxy Senior

Abstract

Case from the [Contrast Echo Box](#)
[Detection of Viability](#)

Introduction

Patient with previous anterior MI in 1999 treated with primary PCI on the LAD but also left main and RCA disease diagnosed, which required CABG after few months.

- Recent new admission for heart failure and diseased grafts at angiography: graft may be amenable to new revascularization procedure depending on viability. (fig 1-7)

Case Report

Old scar returns high backscatter signals which can be misinterpreted as tissue perfusion, while in fact they have an opposite (absence of viability) meaning. In this case mid-apical septum clearly shows subendocardial scar and epicardial absence of perfusion, leading to conclusion of complete absence of viability here. (fig 8-9)

Video 1 :
[4 chamber view 1](#)



Video 2 :
[4 chamber view 2](#)



Video 3 :
[4 chamber view 3](#)



Video 4 :
[2 chamber view 1](#)



Video 5 :
[2 chamber view 2](#)



Video 6 :
[2 chamber view 3](#)



Video 7 :

4 chamber view triggered



Fig. 1 :
2 sec after flash



Fig. 2 :
10 secs after flash

