

# Discordant MCE and wall motion abnormalities - incremental benefit of perfusion

## Clinical Case Portal

### Date of publication:

01 Dec 2011

**Topics:** Echocardiography (Non-invasive imaging)  
Non-invasive imaging: Echocardiography, MR/CT, Nuclear

### Authors:

Nicola Gaibazzi  
Reviewers: Benoy Shah, Roxy Senior

### Abstract

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

### Introduction

Patient with an episode of chest pain, no significant Troponin increase at 12hours and no significant ECG abnormalities.

### Case Report

#### Stress echocardiogram

- At stress Normal WM but delayed replenishment after flash (3-4 cycles) in the apex
- Perfusion defect is more evident in 2-chamber view (anterior segments also)
- The basal lateral segment was in this case considered non interpretable due to attenuation artefact

See figures 1-5

### Coronary Angiography

Mid LAD 70% stenosis & Circumflex 70% stenosis.

In this case perfusion helped and the diagnosis (significant CAD) could be done by perfusion only (apex) and not Wall Motion. See figures 6-7

Video 1 :

[WM at Stress-LVO settings: 4-chamber view](#)



Video 2 :

[WM at Stress-Perfusion settings: 4-chamber view](#)



Video 3 :

[Perfusion at Stress: 4-chamber view](#)



Video 4 :

[Perfusion at Stress: 4-chamber view](#)



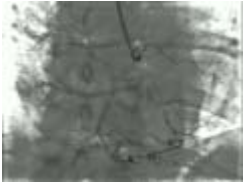
Video 5 :

[Perfusion at Stress: 2-chamber view](#)



Video 6 :

[RCA](#)



Video 7 :

[LCA](#)

