Discordant MCE and wall motion abnormalities - incremental benefit of perfusion

Clinical Case Portal

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Abstract
Case from the Contrast Echo Box
Detection of Ischaemia

Introduction
Patient with an episode of chest pain, no significant Troponin increase at 12 hours 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