

PREDIKTIVNA MOJ NA PERFUZIONITE I FUNKCIONALNITE PARAMETRI DOBIENI SO SPEKT MPS KAJ PACIENTITE SO KAB

D-r Marija Vavlukis dr sci

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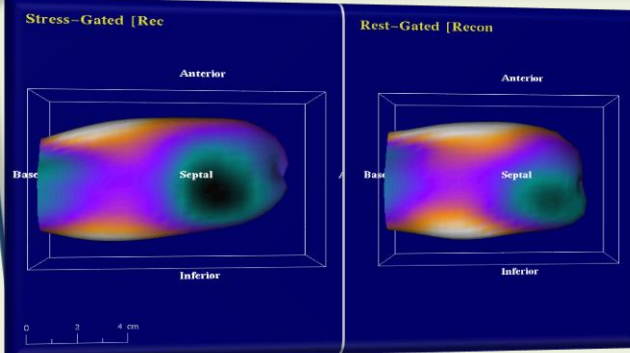
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**PROCENKA NA RIZIKOT - RIZIK STRATIFIKACIJA
ILI PROGNOZA, PRETSTAVUVA POSTAPKA SO
KOJA SE OVOZMO@UVA PREDVIDUVAWE NA
KLINI^KIOT TEK NA PACIENTOT.**

**KAPACITETOT ZA PREDVIDUVAWE NA
KLINI^KIOT TEK PRETSTAVUVA OSNOVA ZA
PRAVILNA SELEKCIJA NA TERAPEVTSKIOT
TRETMAN.**

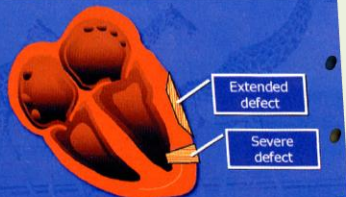
KLINI^KIOT TEK I PROGNOZATA NA BOLNITE SO KORONARNA ARTERISKA BOLEST JA DETERMINIRAAT SLEDNITE ELEMENTI



LEVOKOMORNA FUNKCIJA

- Globalna LK funkcija vo mir i kontraktilna rezerva
- Regionalna LK funkcija (segmentna kinetika)

Extent and Severity of Perfusion Defects



TE@INA I RASPROSTRANETOST NA KAB

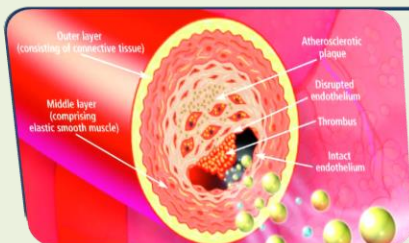
Ekstenzivnost

Te'ina

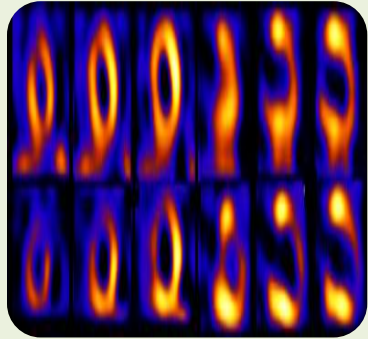
Lokacija

VULNERABILNOST NA PLAKA

- Stabila plaka
- Nestabilna plaka

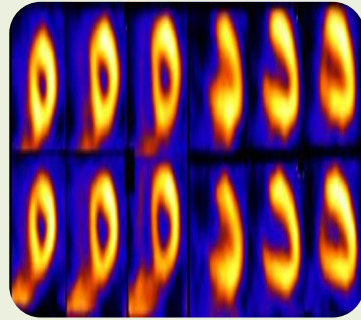


POSLEDICI OD NARUŠUVAWE NA MIOKARDNATA PERFUZUJIA- DETEKTIBILNI SO SPEKT MPS



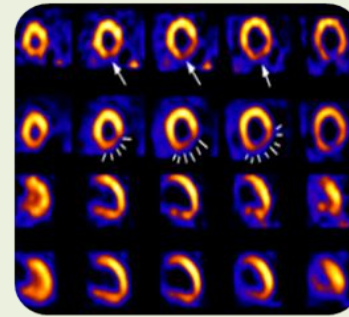
MIOKARDNA ISHEMIJA

- Reverzibilna sstrojba



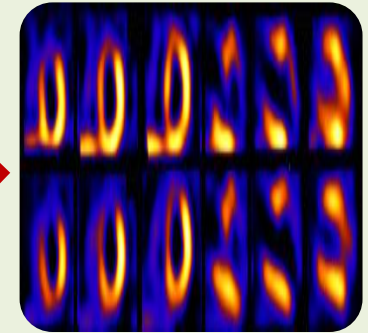
MIOKARDNA ZAEMETENOST

- Reverzibilna sstrojba



MIOKARDNA HIBERNACIJA

- Reverzibilna sstrojba



MIOKARDNA LUZNA

- Ireverzibilna sstrojba



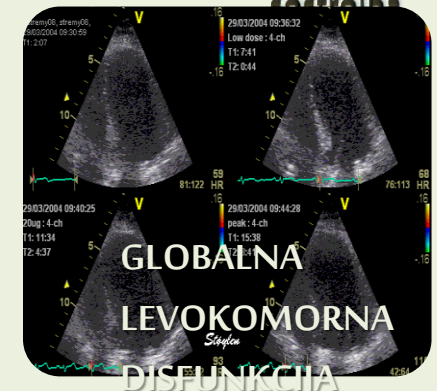
REGIONALNA LEVOKOMORNA DISFUNKCIJA

- narušena segmentna kinetika



GLOBALNA LEVOKOMORNA DISFUNKCIJA

- sistolna disfunkcija vo mir



GLOBALNA LEVOKOMORNA DISFUNKCIJA

- namalena kontraktilna rezerva (>5%)

DIFERENCIJALNI PREDIKTORI NA MORTALIT ODNOSNO MORBIDIT KAJ PACIENTITE SO KAB

Identifying and quantifying myocardial scar in acute MI offers important prognostic information regarding left ventricular remodeling and future cardiac events.

Hunold P, Kreitner KF, Barkhausen J. Rofo. 2007

In coronary artery disease patients with chronic infarction, the extent of late enhancement reliably predicts the outcome of global and regional left ventricular function after revascularization.

Hunold P, Kreitner KF, Barkhausen J. Rofo. 2007

Post-stress ejection fraction is the most significant predictor of cardiac death whereas the extent of ischemia is the best predictor of nonfatal myocardial infarction.

Leoncini M, Sciagra R. Ital Heart J Suppl. 2002

Reversible perfusion abnormalities were associated with cardiac death (RR 2.8) and hard cardiac events (RR 2.7). Perfusion abnormalities in multivessel distribution were predictive of all-cause mortality (RR 2, 0).

Elhendy A, Schinkel AF ... Polderman SD. Am J Cardiol. 2006

DIFERENCIJALNI PREDIKTORI NA MORTALIT ODNOSNO MORBIDIT KAJ PACIENTITE SO KAB - POSTOJAT LI?

Ispituvana podgrupa na pacienti so KAB, tretirani so hirus{ka miokardna revaskularizacija.

Vklu~eni 78 pacienti kaj koi SPEKT MPS be{e izvedena predoperativno, i 96 pacienti kaj koi SPEKT MPS be{e izvedena postoperativno.

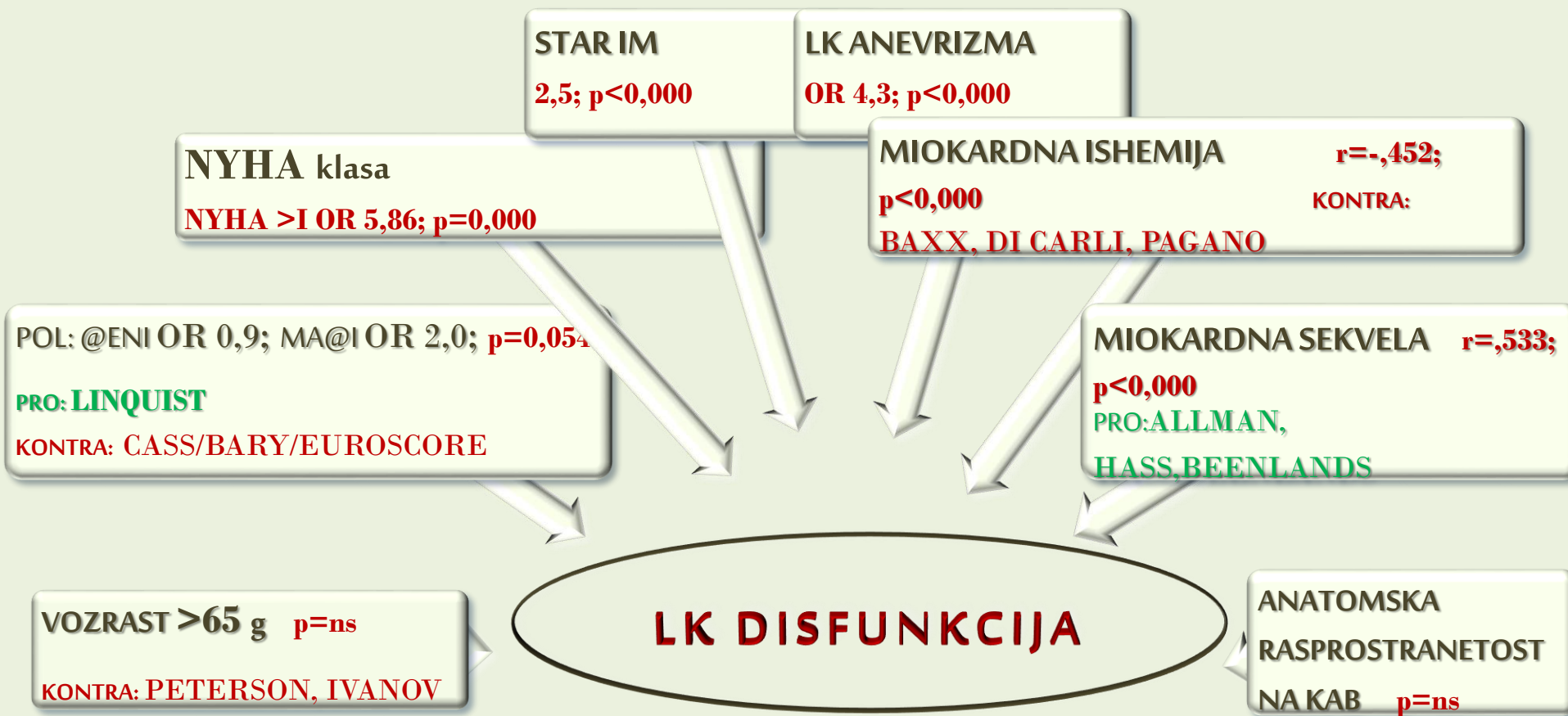
Sledena pojava na dolgoro~en morbiditet i mortalitet: ishemi~ni zbidnuvawa, srceva slabost i srceva smrt.

Sreden period na sledewe 7,8 godini.

**KORELACIJA NA MIOKARDNIOT PERFUZIONEN NAOD SO: KLINI^KITE,
FUNKCIONALNITE I ANGIOGRAFSKITE OBELE@JA
KAJ PACIENTITE SO KAB**



KORELACIJA ME\U LEVOKOMORNATA FUNKCIJA I KLINI^KITE, MIKARDNITE PERFUZIONI I ANGIOGRAFSKITE OBELE@JA KAJ PACIENTITE SO KAB



KORELACIJA ME\U FUNKCIONALNITE PARAMETRI NA LEVATA KOMORA I MIOKARDNITE PERFUZIONI PARAMETRI

PREDOPERATIVNA LK FUNKCIJA-PREDOPERATIVNEN PERFUZIONEN NAOD

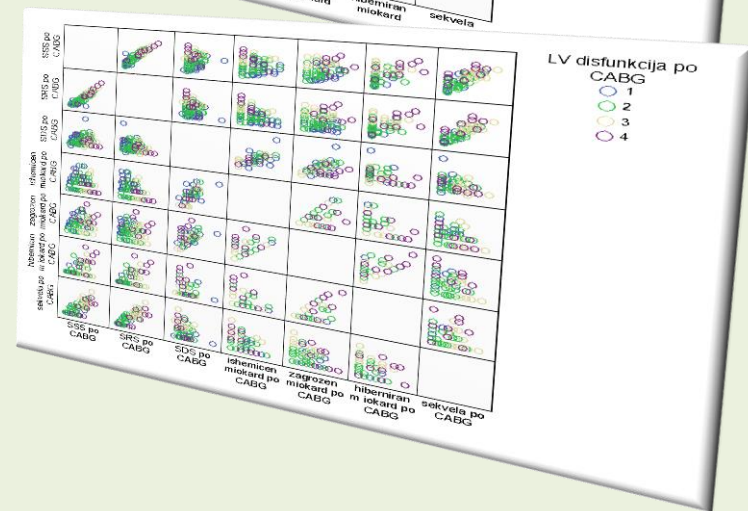
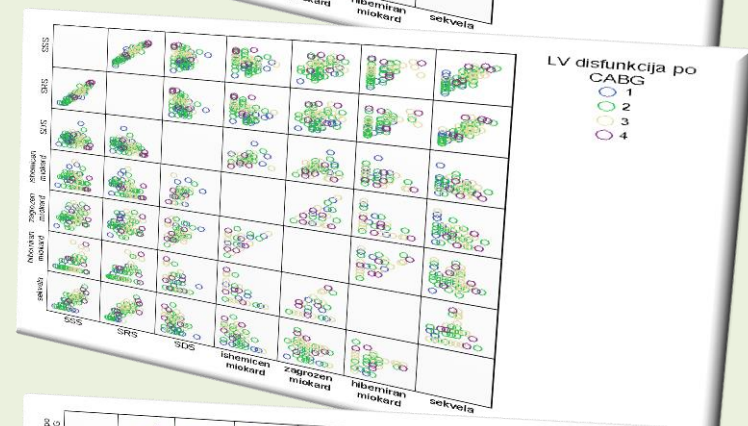
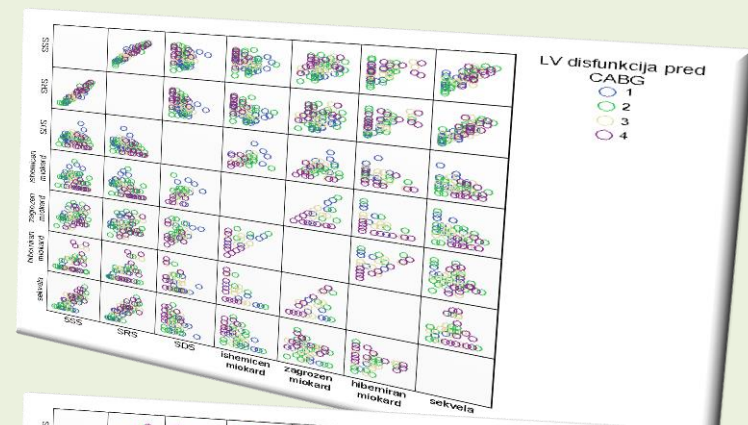
EF (%)	SSS	SRS	SDS	Ishem.	Zagroz.	Hibern.	Sekvela
Corr.	-,425	-,496	,348	,362	.043	-,322	-,548
Sig.	0,000	0,000	0,002	0,001	ns	0,005	0,000

POSTOPERATIVNA LK FUNKCIJA-PREDOPERATIVNEN PERFUZIONEN NAOD

EF (%)	SSS	SRS	SDS	Ishem.	Zagroz.	Hibern.	Sekvela
Corr.	-,566	-,596	,282	,284	-,043	-,348	-,598
Sig.	0,000	0,000	0,016	0,016	ns	0,003	0,000

POSTOPERATIVNA LK FUNKCIJA-POSTOPERATIVNEN PERFUZIONEN NAOD

EF (%)	SSS	SRS	SDS	Ishem.	Zagroz.	Hibern.	Sekvela
Corr.	-,699	-,736	,159	,265	-,183	-,518	-,600
Sig.	0,000	0,000	ns	0,009	ns	0,000	0,000



SPEKT MPS PREDIKTORI NA ISHEMI^NI ZBIDNUVAWA

VARIJABLI -Step 1(a)	B	Sig.	Exp(B)
SSS klasa		.460	
SSS	8.206	.999	3662.186
SRS	-8.192	.999	.000
SDS	-8.149	.999	.000
% ISHEMIJA	.326	.359	1.385
% ZAGROZEN MIOKARD	-.296	.400	.744
% HIBERNIRAN MIOKARD	.268	.453	1.307
% SEKVELA	-.068	.662	.934
ISHEMIJA >15%	2.854	.116	17.352
SEKVELA		.987	
<20% (1)	-.327	.902	.721
>20% (2)	-.079	.965	.924
EFs (%)	.220	.035	1.247
EFs <50%	-1.419	.374	.242
EFr (%)	-.221	.008	.802
EDVs (ml)	-.012	.737	.989
EDVs >130ml	.088	.941	1.092
EDVr (ml)	.058	.091	1.060
ESVs (ml)	.029	.442	1.029
ESVs >70ml	-1.202	.285	.301
ESVr (ml)	-.080	.079	.923
Constant	-4.761	.388	.009

VARIJABLI -Step 4(a)	B	Sig.	Exp(B)
SSS klasa		.091	
SRS	.510	.026	1.665
SDS	.408	.046	1.504
% ISHEMIJA	3.669	.999	39.226
ISHEMIJA >15%	3.711	.074	40.902
% HIBERNIRAN MIOKARD	3.603	.999	36.714
% SEKVELA	-.464	.019	.629
>20% (2)	-5.254	.022	.005
EF <50%	3.481	.027	32.483
EFr (%)	-.134	.042	.875
EDVs (ml)	-.060	.066	.942
EDVs >130ml	-2.149	.065	.117
EDVr (ml)	.051	.115	1.053
ESVs (ml)	.064	.088	1.066
ESVr (ml)	-.075	.102	.927
Constant	8.034	.085	3085.299

- **SSS** was the best independent predictor for **hard cardiac events** (chi(2)=12.70; P<0.001) and
 - **SDS** was the strongest independent predictor for **soft cardiac events** (chi(2)=11.72; P<0.001)
- Zhang H, Eur J Nucl Med Mol Imaging. 2004*
- **Dipyridamole-induced worsening of LVEF** is a valuable nonperfusion marker of significant CAD. *Hung GU, Lee KW, Chen CP et al. J Nucl Cardiol. 2006*

SPEKT MPS PREDIKTORI NA SRCEVA SLABOST

VARIJABLI	-Step 1(a)	B	Sig.	Exp(B)
SSS klasa			.115	
SSS		.199	.636	1.221
SRS		.354	.387	1.425
SDS		.266	.502	1.305
% ISHEMIJA		3.566	.999	35.362
% ZAGROZEN MIOKARD		-3.693	.999	.025
% HIBERNIRAN MIOKARD		3.492	.999	32.845
% SEKVELA		-.498	.018	.608
ISHEMIJA >15%		3.779	.088	43.768
SEKVELA			.031	
<20% (1)		-3.168	.280	.042
>20% (2)		-5.659	.022	.003
EFs (%)		-.055	.542	.947
EFs <50%		3.913	.041	50.032
EFr (%)		-.114	.126	.892
EDVs (ml)		-.061	.063	.940
EDVs >130ml		-2.460	.051	.085
EDVr (ml)		.051	.125	1.053
ESVs (ml)		.060	.115	1.062
ESVs >70ml		.406	.715	1.501
ESVr (ml)		-.072	.130	.931
Constant		9.894	.090	19813.707
-Step 16(a)				
EFs (%)		.146	.019	1.157
EFr (%)		-.194	.002	.824
EDVr (ml)		.038	.015	1.039
ESVr (ml)		-.039	.041	.962
Constant		-1.756	.430	.173

➤ The strong association exists between ventricular remodeling and clinical outcome (need for incorporation of LV volumes).

Konstam MA. Am J Cardiol. 2005

➤ Myocardial scar anticipates to LV changes ("remodeling")

Hunold P, Kreitner KF, Barkhausen J. Rofo. 2007

➤ Heart failure events are heralded by perfusion abnormalities.

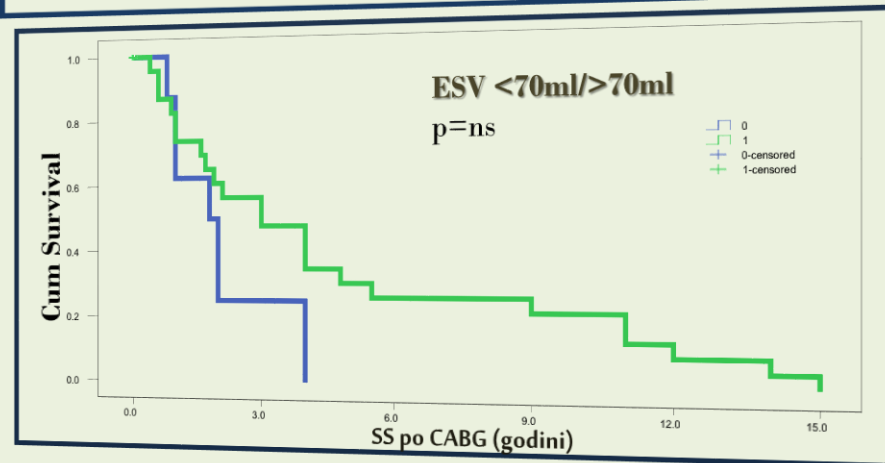
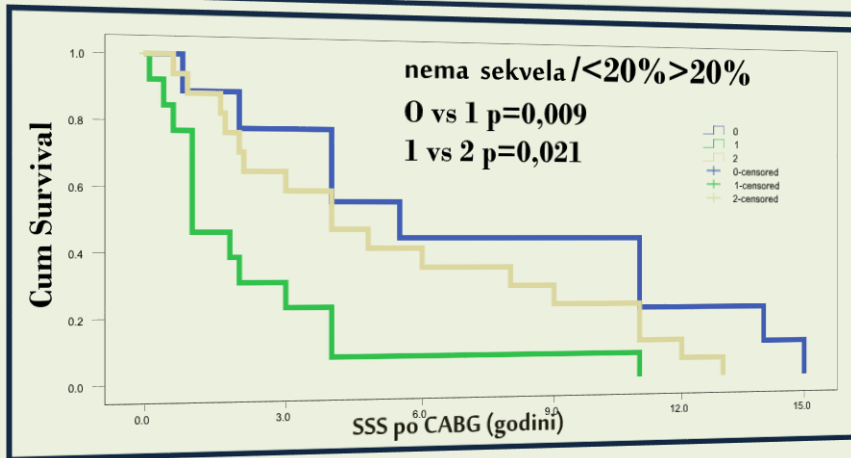
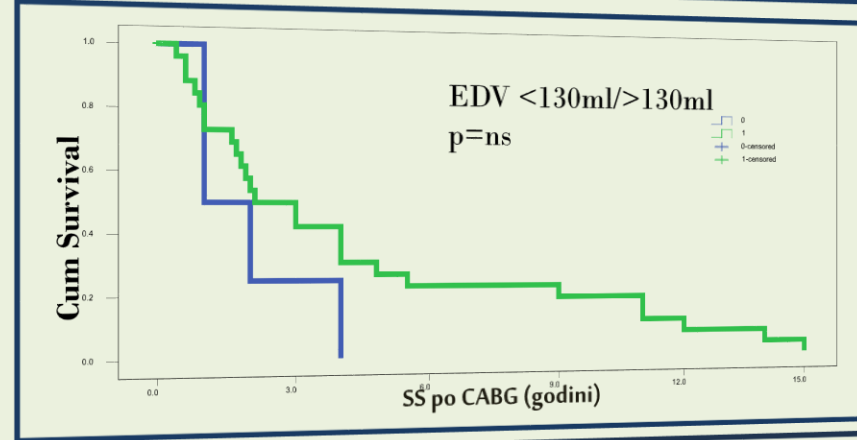
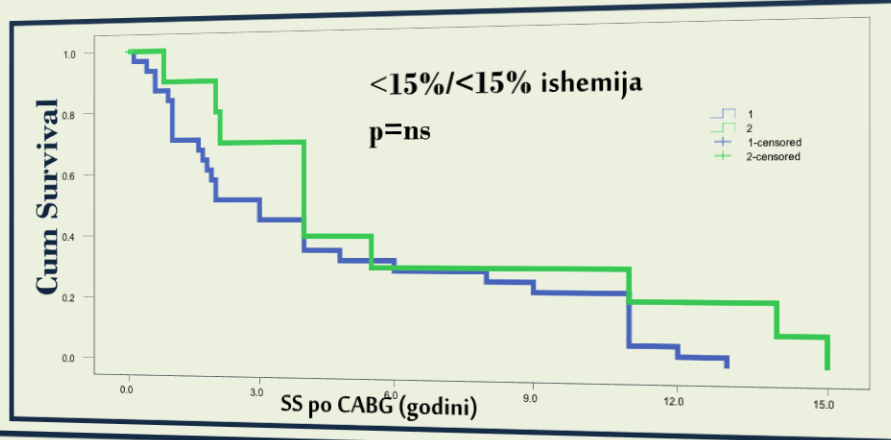
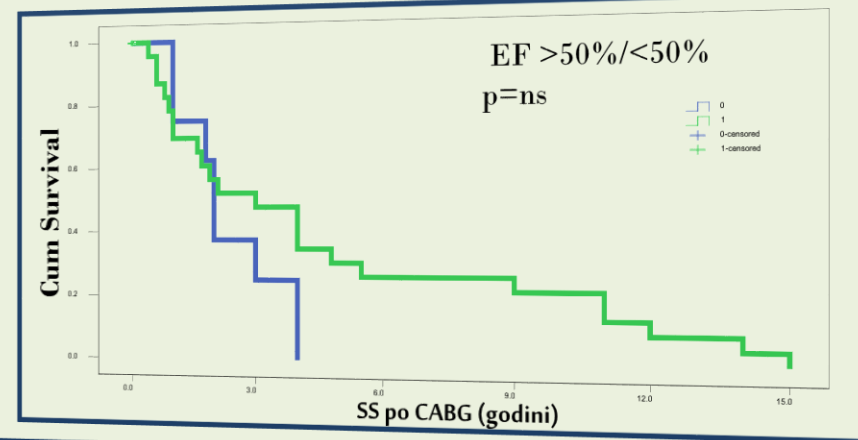
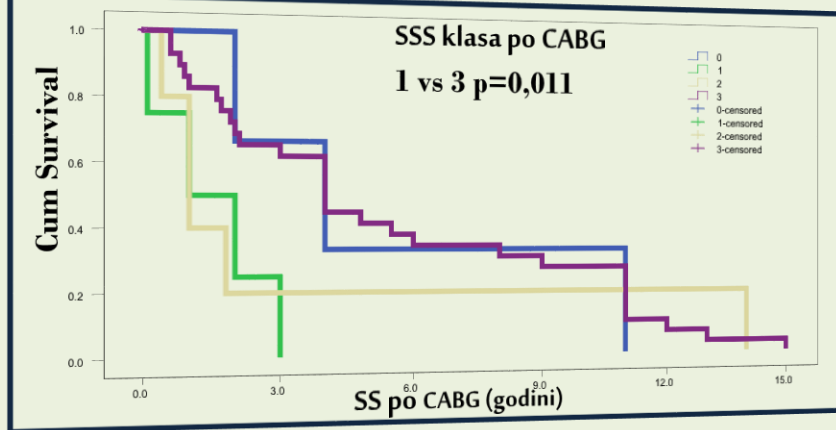
Elhendy A, Baxx JJ, Poldermans D. J Nucl Cardiol. 2004

➤ In patients with depressed LVEF, stress-ESV was the only independent predictor of long-term outcome.

Bestetti A, Baxx JJ. Acta Cardiol. 2004

➤ Stress ESV has incremental prognostic value compared with wall thickening in predicting CE, in CAD patients with dilated cardiomyopathy. Perfusion parameters failed to show prognostic information in these patients.

Besstetti A, Triulzi A, Di Leo C et al. Radiol Med (Torino). 2003



SPEKT MPS PREDIKTORI NA SRCEVA SMRT

VARIJABLI -Step 1(a)	B	Sig.	Exp(B)
SSS klasa		1.000	
SSS	-2.414	.929	.089
SRS	2.214	.935	9.155
SDS	1.659	.951	5.254
% ISHEMIJA	-1.087	1.000	.337
% ZAGROZEN MIOKARD	.786	1.000	2.195
% HIBERNIRAN MIOKARD	-.614	1.000	.541
% SEKVELA	.343	.078	1.410
ISHEMIJA >15%	-10.613	.181	.000
SEKVELA		.171	
<20% (1)	14.333	.063	1677133.167
>20% (2)	5.140	.171	170.665
Constant	-1.325	.871	.266
-Step 3(a)			
SSS klasa		.707	
SSS	-.859	.094	.424
SRS	.664	.164	1.943
% ISHEMIJA	-.504	.238	.604
% ZAGROZEN MIOKARD	.179	.109	1.196
%SEKVELA	.349	.077	1.418
>15% ISHEMIJA	-11.648	.146	.000
SEKVELA		.141	
<20% (1)	15.165	.052	3857052.759
>20% (2)	5.286	.167	197.635
Constant	-.801	.923	.449

Univariate Predictors of CD and Nonfatal MI in patients Undergoing Combined Adenosine Stress MRP and DSMR WM Imaging

Parameter	Univariate		
	HR	95% CI	P
Clinical			
Age*	1.52	0.92–2.51	0.100
Gender, male	2.45	0.71–8.42	0.154
Smoking	1.44	0.59–3.55	0.426
Hypertension	1.62	0.47–5.57	0.080
Hyperlipoproteinemia	3.70	0.85–16.00	0.440
Diabetes mellitus	2.55	1.00–6.48	0.049
Known CAD	3.60	1.19–10.84	0.023
Total risk factors >4	4.20	1.64–10.58	0.002
MR/nuclear imaging			
WMA at rest	4.43	1.59–12.39	0.004
LVEF	0.56	0.40–0.79	0.001
LVESV	1.18	1.08–1.28	<0.001
Inducible WMA	5.42	2.18–13.50	<0.001
Inducible MRP deficit	12.51	3.64–43.03	<0.001

Jahnke C, Nagel E, Gebker R, Kokocinski T, Kelle S, Manka R, Fleck E, Paetsch I. Circulation. 2007

ZAKLJUČEK

SPEKT MPS predstavlja dostapna, reproducibilna metoda, koja primeneta kaj bolnite so koronarna arteriska bolešt ima prognosti~ko zna~ewe koje e duri i pogolemo od nejzínoto dijagnosti~ko zna~ewe.

Se razlikuvaaat diferencijalni miokardno perfuzioni, odnosno LK funkcionalni prediktori za mortalitet i majornite formi na morbiditet kaj pacientite so koronarna arteriska bolešt.