
Using exercise myocardial scintigraphy, we had experienced some patients of hypertrophic cardiomyopathy (HCM), who showed redistribution. To evaluate the clinical significance of the redistribution in HCM, we compared clinical and hemodynamic data of nine patients who showed redistribution (Group A) with those of nine patients who showed no hypoperfusion area (Group B). One patient in Group A had low perfusion but no redistribution. CTR in chest X-ray and IVS thickness in echocardiogram were significantly larger in Group A than Group B. (CTR: p<0.05, IVS thickness: p<0.01) Redistribution areas were not limited to hypertrophied anteroseptal wall, but it was found in other areas. Redistribution ratios and the number of redistribution areas were 3 in anterior septum, 3 in anterior wall, 5 in lateral wall, 3 in inferoposterior wall, and 1 in apex.

Since myocardial degeneration and/or fibrosis is common in HCM, the hypoperfusion may be related to the myocardial degeneration or fibrosis. The mechanism of redistribution in HCM is to be studied, but seems to be related to the severity of HCM.


Four cases of Right Ventricular Dilated Cardiomyopathy (RVDCM) were studied by Tl-201 myocardial scintigraphy (Tl scinti.) and gated cardiac blood pool scintigraphy (Tl scinti.). Five patients with right ventricular overload (RVVO) (atrial septal defect) and 4 with pressure overload (RVPO) (3:pulmonary stenosis, 1:multiple pulmonary thromboembolism) were also evaluated for a comparative study. In Tl scinti., RV free wall was visualized in all cases. RV/LV diameter ratios and RV/LV Tl-201 uptake ratios were obtained from LAO 45° or LAO 60° view of Tl scinti. RV/LV diameter ratio of RVVO (1.31 ± 0.22) was greater than RVDCM and RVPO(1.12 ± 0.22, 0.88 ± 0.10, respectively). The shape of interventricular septum was straight in 3 cases of RVPO, but convex to right ventricle in cases of RVVO and RVDCM. RV/LV Tl-201 uptake ratio was not different scignificantly between each group. Perial perfusion defect was recognized in one case of RVDCM. In pool scinti., LV wall motion was good but that of RV was reduced in RVDCM. In conclusion, Tl scinti. and pool scinti. could serve as a non-invasive means for assessment of RV shape and function of RVDCM.


To assess abnormality of the small coronary artery in patients with Hypertrophic cardiomyopathy (HCM), we injected in 22 patients with HCM and 13 healthy controls. Two Thallium-201 myocardial images were taken before and after DP, injecting 2mCi of Thallium-201 separately.

An increase in myocardial Thallium uptake after DP was then calculated as an index of coronary reserve (CRI). Patients with HCM showed significantly lower CRI (17 ± 5%) than controls (28 ± 4%), suggesting severe coronary artery lesions. HCM patients with abnormal CRI (below mean -2SD of controls) demonstrated significantly greater septal thickness, lower exercise tolerance (greater FAI) and lower ejection fraction. Therefore abnormal small coronary artery, suggested by decreased CRI, seems to be an important factor relating to impaired cardiac performance in patients with HCM.

For evaluation of the right ventricular (RV) overload, Tl-201 myocardial scintigraphy was performed in patients with various respiratory diseases, and quantitative assessment of it was studied to compare these results with pulmonary hemodynamic findings.

On intravenous administration of Tl-201, initial transit of the tracer through the heart and the subsequent static image were recorded in LAO 30° using a scintillation camera coupling to a small digital computer.

The radioactivity of total injected dosis of Tl(T) was calculated from the radio-nuclide angiogram, and that of RV(R) and RV plus septum(L) was done from the static image, on which the angiogram showing RV was superimposed. By these procedures, RV or LV uptake ratio of Tl-201 was calculated by ratio R or L to T (R/L,L).

Results 1) RV and L/T were well correlated with MPAP, RVSP and PA, respectively. 2) There was no difference of RVMPAP in RVH group (R<0.5,L/R<2.6) and that in no RVH one. 3) Both RV and L/T were useful in the diagnosis of pulmonary hyper-tension (MPAP>25mmHg).