
It was difficult that we assessed Tl defect of apex using short axial view of myocardial scintigraphy. We estimated Tl defect of apex using myocardial perfusion map (Bullseye), it was reconstructed by the continuous slices of short axial view. Tl-201 myocardial scintigraphy was performed in 51 patients with 23 old myocardial infarction (OMI), 10 old myocardial infarction with angina pectoris (OMI+AP), 13 angina pectoris, 4 dilated cardiomyopathy (DCM), and 1 others.

We studied SPECT and planar imaging of Tl-201 myocardial scintigraphy, and reconstructed Bullseye using short axial view of SPECT. Tl defect of apex was detected by the Bullseye in 35 patients with 19 OMI, 5 OMI+AP, 8 AP, 2 DCM and 1 others.

In 42 areas of Bullseye were reconstructed using short axial view, 69% of Tl defect of the apex was detected in this method.


To evaluate the change in segmental myocardial perfusion after aorto-coronary bypass surgery, dipyridamole-loading myocardial scintigraphy was performed before and early after operation in 24 patients, and percent change of Tl-201 uptake was calculated in 72 areas of the 45° LAO view. In 42 areas with patent graft or no significant lesion, 34 (81%) areas showed improved (>-25%) uptake, and there was no residual defect. In 30 areas with unopacified graft by CT or significant lesion without graft, 14 (47%) areas showed worsened (<-25%) or unchanged uptake, and there were 8 (27%) areas with new infarction or residual ischemia. Percent change of uptake and change of washout rate were coincidental in most areas. The former seems to be a more reliable indicator of segmental perfusion, because 3 out of 5 peri-operative infarctions were associated with improved washout but worsened or unchanged uptake.

Follow-up study one year after operation, performed in 16 patients, reconfirmed the reliability of percent change of uptake with 83% agreement with the results of early post-operative study. Some disagreements could be explained by late graft occlusion or improvement of peri-operative LV dysfunction.


Tl-201 myocardial perfusion defect is present on septum & at apex in patients with right ventricular pacing (RVP) frequently. But its mechanism is not clear. Thus, we investigated whether this defect is related to left ventricular abnormal motion. In 6 patients with permanent RVP due to sick sinus syndrome, we evaluated left ventricular function during pacing or off by using RI-angiography(RI-A) in LAO view. The left ventricle was separated to 8 segments, and the regional EF, ES, Peak filling rate(PFR) were measured in each segments. The each values were compared with the segment’s value that is one of post-lateral(PL) segments. By pacing, rPFR: 87.4% on PL and 52.4% on septal(S) segment. rPFR: 87.3% on PL 49.4% on S. TPF: 75.3% on PL, 82.75% on S. Coronary blood flow are related to resistance of vessel bed. On septum, the duration of contraction was prolonged because the starting of relaxatich was delayed. Furthermore the PFR was impaired significantly by pacing. These becomes a functional ischemia on septum, and then attributes to TL-myocardial perfusion defect by pacing.