
The value of stress and redistribution thallium emission computed tomography (ECT) for detecting individual coronary artery involvement was analyzed in 58 cases who underwent coronary arteriography. Perfusion defect was observed in 45 of the 48 cases with CAD (94%) and in 78 of the 95 diseased vessels (82%). Number of diseased vessels was accurately predicted in 78% of those with single vessel disease and in 69% of those with two-vessel disease, but in only 47% of those with three vessel disease. Quantitative assessment of thallium initial uptake and washou rate improved the sensitivity for detection of individual vessel involvement (95%) and accuracy for prediction of three vessel disease. The sensitivity for detection of individual vessel involvement was 85% for RCA, 90% for LAD and 65% for LCX. Marked asynchrony was seen only in 15% of the segments with transient defect but in 58% of those with persistent defect. Thus, stress and redistribution thallium ECT is a sensitive and specific tool for predicting individual vessel involvement and regional myocardial viability.

125 SPATIAL PROGRESSION OF ANTERIOR INFARCT WITH INCREASING DURATION OF CORONARY OCCLUSION IN MAN: ASSESSMENT BY TL-201 EMISSION TOMOGRAPHY. S. Tamaki, T. Murakami, K. Kadota, H. Kambara, Y. Suzuki, R. Nohara, C. Kawai, N. Yamaki; K. Torizuka. Thoracic Medicine, Department of Internal Medicine, and Department of Nuclear Medicine, Kyoto University.

The effects of the duration of coronary artery occlusion (CAO) on the size and spatial distribution of anterior infarcts were studied in 24 patients with first acute myocardial infarction (MI) due to proximal left anterior descending CAO who underwent intracoronary thrombolysis using urokinase. The pts were grouped by interval from onset of MI to recanalization: Group 1: 4-8 hrs (n=9), Group 2: >10 hrs (n=6). On a series of multiaxial thallium-201 tomograms obtained 4 weeks after MI, the size and distribution of perfusion defects (PD) were assessed by dividing the left ventricle into 9 antero-posterior (AS), 14 anterior (AN), 5 posteroseptal (PS), 14 lateral (L) and 9 inferior (I) myocardial segments scored on a scale of 0-3 (0: normal, 1: small PD, 2: moderate PD, 3: large PD) and summed to form a total defect score for each pt. The results (mean±SD) were: AS AN PS L Total

A. 2±0 4±2 12±1 0 12±1 p<0.001
B. 2±1 4±2 10±2 0 24±2 vs A:
C. 24±2 29±4 *13±2 <1 0 68±4 * vs B:

These results suggest a spatial progression of myocardial involvement from localized AS and/or AN to the surrounding myocardium with increasing duration of CAO in human anterior infaracts.

126 ASSESSMENT OF ISCHEMIA AND LEFT VENTRICULAR FUNCTION BY EXERCISE RADIONUCLIDE VENTRICULOGRAPHY AND STRESS 201TI-MYOCARDIAL EMISSION COMPUTED TOMOGRAPHY. A. Uenami, T. Mizuno, K. Wakino, J. Ohno. Mimihara G. Hospital, Sakai.

We have developed "cardio-respiratory monitoring system" which enables the "real time" monitoring of cardiac and pulmonary functions during the exercise radionuclide studies. In order to assess ischemia, LV function and regional LV wall monitor, this system and 201TI-Myocardial ECT were performed 20 patients who underwent selective coronary angiography. We had been much interested experience in correspondent to ischemia and LV functional parameters (EF, CD, EDV, ESV, SV. etc) on exercise studies. In conclusion, exercise radionuclide ventriculography and 201TI-Myocardial ECT were clinically useful for the evaluation of LV functional reserve.


The estimation of the site and the abnormality of the regional wall motion of myocardial infarction is important from the view of treatment as well as prognosis. One month after the onset of myocardial infarction, TL-201 emission computed tomogram (ECT), two dimensional echocardiogram (2DE), coronary angiogram (CA) and left ventriculogram (LVG) were performed. The left ventricular short axis image by ECT was reconstructed at the level of mitral valve, the papillary muscle, the apex, and the average count of box ROI was calculated for each level and the percentage of the largest count in 24 sections was estimated as the ROI value. The ROI value were divided into those less than 40% (Akininesis), 40-70% (Reduced) and 70 or above (Normal). On the 2DE, the view at each level were divided into 8 sections. The radial shortening rate for each section was calculated and those of 10% or less were estimated as Akininesis and from 10%-normal value LSD as Hypokinesis. There were a good correlation between the ROI value of ECT and radial shortening rate of 2DE.