
To elucidate the importance of infarct location and size on cardiac function, 48 pt. (G-B, anterior, n=29; G-C, inferior, n=19) were studied. As the first attack of myocardial infarction (MI) comparing with 16 pt. of ischemic heart disease without MI (G-A). MI groups were further divided into 2 groups by peak CPK (peak CPK ≥3000 u, G-B; or G-C; <3000, G-Bg or G-Cg). LV EF, regional LV EF (REF), peak filling rate (PFR) and SD of LV phase histogram (SD) were calculated by MI multigate method using full automatic program by Goris et al. MI groups had significantly lower LV EF, REF, and PFR and higher SD than G-A. Much effect on those parameters was seen in G-Bg. In G-B, G-Bg, and G-C, good correlations were seen between LV EF and PFR, and between LV EF and SD (r=0.88, r=0.66). In G-B, LV EF, PFR, and SD were correlated with peak CPK (r=0.55, r=0.67), while no significant correlations were obtained in G-C.

Cardiac function was not influenced by the location in small MI size. However, cardiac pumping and diastolic functions, and asynchronous movement were much affected by infarct size only in G-B. This may suggest the important role of LV anterior wall on cardiac function.

THE RADIONUCLIDE ASSESSMENT OF CLINICAL SIGNIFICANCE OF APICAL REGION IN MYOCARDIAL INFARCTION. H. Mizuno, N. Aoki, T. Toyofuku, Y. Tahara, A. Ono, M. Okada and K. Ishikawa. The Second Department of Internal Medicine, Kyorin University School of Medicine, Tokyo.

We performed the gated radionuclide blood pool scan in 12 normal subjects and 50 patients with myocardial infarction (MI), to assess the clinical significance of apical region in MI (apical MI).

Patients with MI were divided into 4 groups. Group A: anteroseptal MI with apical MI (17 patients), group B: anteroseptal MI without apical MI (8 patients), group C: inferior MI with apical MI (8 patients), group D: inferior MI without apical MI (17 patients, respectively.

In normal subjects, regional ejection fraction in apical region (82±8.4%) was significantly higher than septal region (55±10.3%) and posterolateral region (68±11.4%).

Left ventricular ejection fraction was significantly lower in patients with apical MI compared with patients without apical MI in both anterior and posterior MI group A vs group B, 38.9±15.3% vs 52.1±16.7%, p<0.05. Group C vs group D, 50.4±15.2% vs 64.8±9.2%, p<0.05.

It was concluded that apical MI was one of the important determinant factors in cardiac function in MI.

RADIONUCLIDE ASSESSMENT OF CARDIAC EXERCISE RESPONSE TO EXERCISE STRESS BETWEEN ANTERIOR AND INFERIOR MYOCARDIAL INFARCTION. STUDY BY MULTIGRADE RADIONUCLIDE ANGIOGRAPHY. K. Kodera, M. Urusha, K. Ojima, T. Tsuda, S. Hayashi, K. Watanabe, Y. Aizawa, Y. Ara, A. Shibata, M. Kimura, I. Odano, K. Sakai, H. Hama, T. Mitani. The First Department of Internal Medicine, School of Medicine, Niigata University School of Radiology, Niigata University School of Medicine, Niigata. **Kido Hospital, Niigata.

Left ventricular responses to supine bicycle ergometer exercise were studied by gated radionuclide angiography, in 12 normal subjects, 11 patients with anterior myocardial infarction (antero MI) and 9 patients with inferior myocardial infarction (inferior MI). Heart rate, blood pressure, double product, left ventricular ejection fraction (LVEF) and LV phase standard deviation (SD) were used as parameters which reflect cardiac reserve upon exercise. Changes of heart rate, blood pressure and double product occurred similarly in MI and control groups. But the changes in LVEF and SD were markedly different in three groups. Especially anterior MI group had lower LVEF and larger SD during exercise than inferior MI and control groups. This difference of exercise responsive reflect cardiac reserve of each group.