DIPYRIDAMOLE-LOADING MYOCARDIAL SCINTIGRAPHY FOR THE EVALUATION OF PATIENTS AFTER AORTOCoronary Bypass Surgery.

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Eighteen patients were studied before and early after AC bypass surgery by dipyridamole-loading myocardial scintigraphy. 

Fixed defect was detected in 7 patients (39%) preoperatively, and in 9 (50%) postoperatively. Newly developed postoperative fixed defect, suggestive of perioperative myocardial infarction, was observed in 5 patients (28%). 3 of them were not diagnosed by ECG. 

Reversible defect was detected in 13 patients (72%) preoperatively, and in 4 (22%) postoperatively. These postoperative reversible defects were due to either graft occlusion or incomplete revascularization.

Comparison between pre-and postoperative circumferential profile curve at identical load was useful to evaluate the change of myocardial perfusion in each segment. 

Thus, dipyridamole-loading myocardial scintigraphy seems to be a safe and useful method for the detection of perioperative myocardial infarction and residual myocardial ischemia, particularly in early postoperative patients in whom exercise ECG or exercise scintigraphy is limited.