

Summary

Coronary Flow Reserve Evaluated by ^{201}Tl Myocardial Perfusion SPECT after Coronary Artery Bypass Grafting (CABG) for Angina Pectoris

Yoichi ISHINO and Hajime NAKATA

Department of Radiology, University of Occupational and Environmental Health

We compared the flow reserves of the coronary bypass vessels between arterial and venous grafts by ^{201}Tl myocardial perfusion SPECT on the patients with angina pectoris who had no past history of myocardial infarction or intervention therapy such as PTCA. Thirty two patients had undergone a total of 70 bypass grafts and 66 of them were proved to be patent at postoperative CAG. Reversible defects were observed in 6 of 40 segments (15.0%) covered by patent venous grafts, and in 11 of 26 segments (42.3%) by

patent arterial grafts. The rate of postoperative reversible defects was higher in the areas grafted by artery but this had no relation with the severity of coronary artery stenosis before CABG. This reversible defect is most likely to be caused by the character of artery graft itself and this should not be considered to highly suggest the restenosis or occlusion of the graft vessel.

Key words: ^{201}Tl , Myocardial SPECT, CABG, Angina pectoris, Coronary flow reserve.