



## ECO stress e studio della riserva coronarica nella valutazione della patologia coronarica.

La valutazione fisiopatologica  
della ischemia inducibile nella cardiopatia  
ischemica.

*Come utilizzare le metodiche di imaging ed i risultati  
dello studio.*

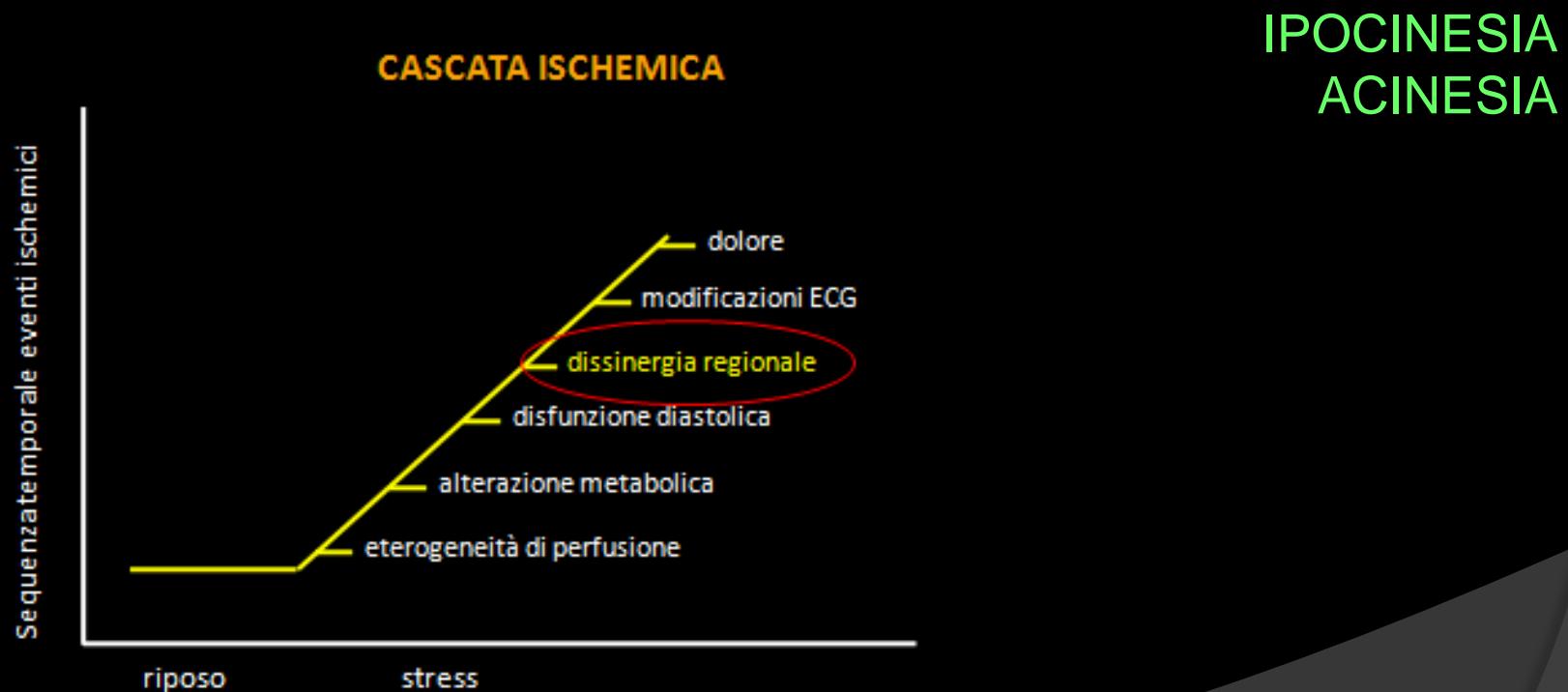
Laura Massironi

Azienda Ospedaliera San Paolo  
Università degli Studi di Milano

## definizione

Combinazione dell'ecocardiografia con uno **stress fisico**, farmacologico (dobutamina / dipiridamolo) o elettrico

al fine di indurre un'ischemia miocardica che si manifesta con un transitorio peggioramento della funzione regionale durante stress:



## Guidelines on the management of stable angina pectoris: executive summary

The Task Force on the Management of Stable Angina Pectoris of the European Society of Cardiology

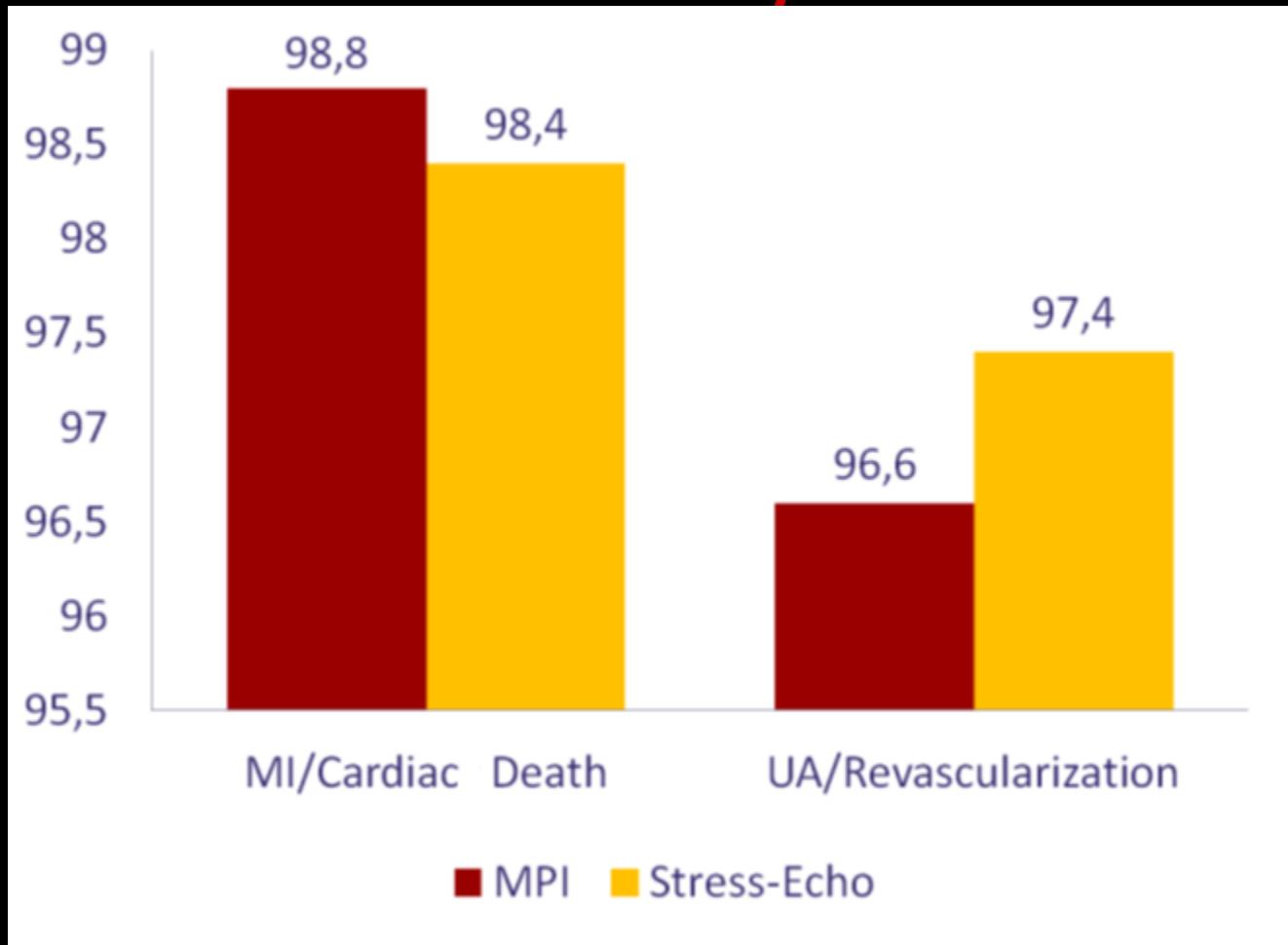
Authors/Task Force Members, Kim Fox, Chairperson\*, María Angeles Alonso García, Madrid (Spain), Diego Ardissino, Parma (Italy), Paweł Buszman, Katowice (Poland), Paolo G. Camici, London (UK), Filippo Crea, Roma (Italy), Caroline Daly, London (UK), Guy De Backer, Ghent (Belgium), Paul Hjemdahl, Stockholm (Sweden), José López-Sendón, Madrid (Spain), Jean Marco, Toulouse (France), João Morais, Leiria (Portugal), John Pepper, London (UK), Udo Sechtem, Stuttgart (Germany), Maarten Simoons, Rotterdam (The Netherlands), and Kristian Thygesen, Aarhus (Denmark)

... on the whole, **stress echo and stress perfusion scintigraphy**, whether using exercise or pharmacological stress (inotropic or vasodilator), have very similar applications. **The choice as to which is employed depends largely on local facilities and expertise.**

**Advantages of stress echocardiography** over stress perfusion scintigraphy include a **higher specificity**, the possibility a more extensive **evaluation of the cardiac anatomy and function**, and **greater availability** and **lower cost**, in addition to being **free of radiation**

# NPV for primary and secondary cardiac events:

## a Meta-Analysis



## Accuratezza diagnostica

- ecostress da SFORZO
- ecostress con DOBUTAMINA
- ecostress con DIPRIDAMOLO

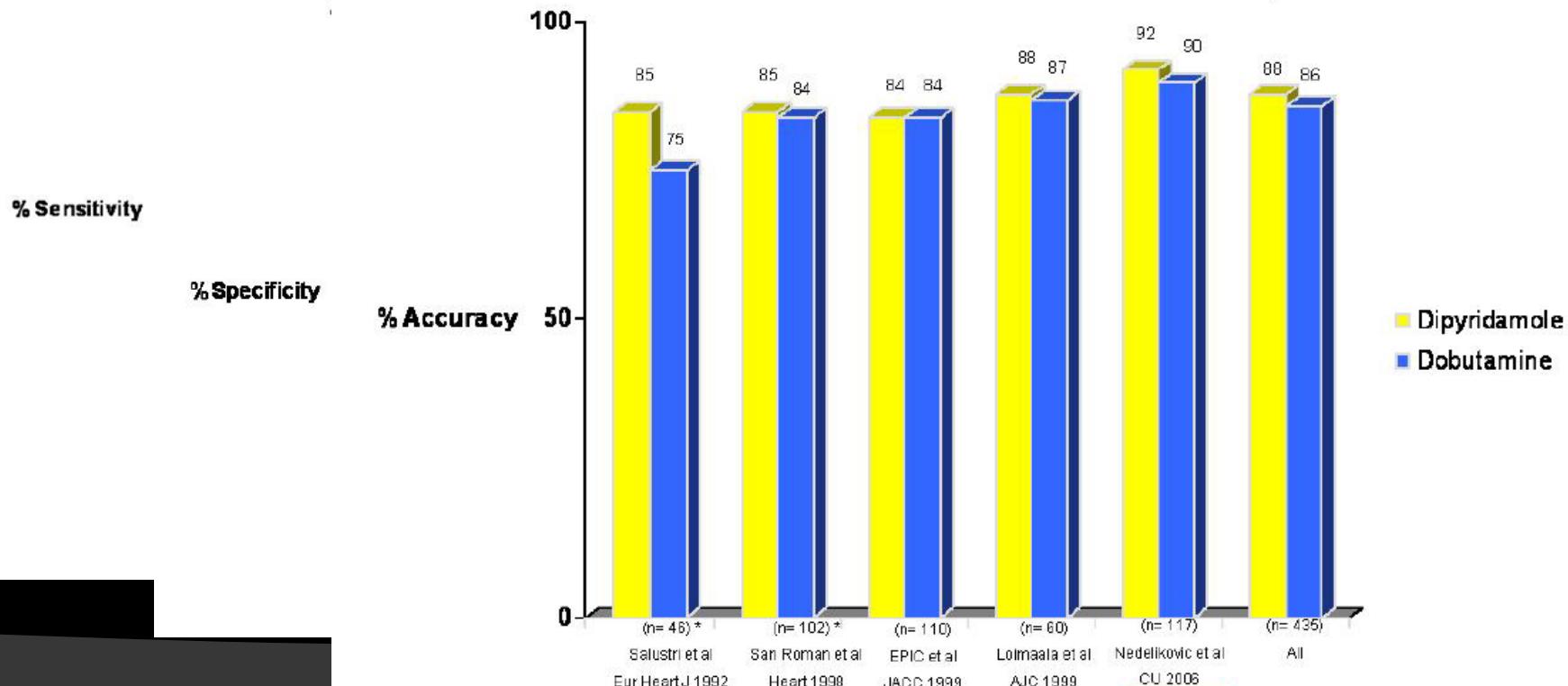
**SOVRAPPONIBILE SENSIBILITA', SPECIFICITA'  
ACCURATEZZA DIAGNOSTICA**

*Stress Echocardiography Expert Consensus Statement  
European Heart Journal 2009; 30: 278 - 289*

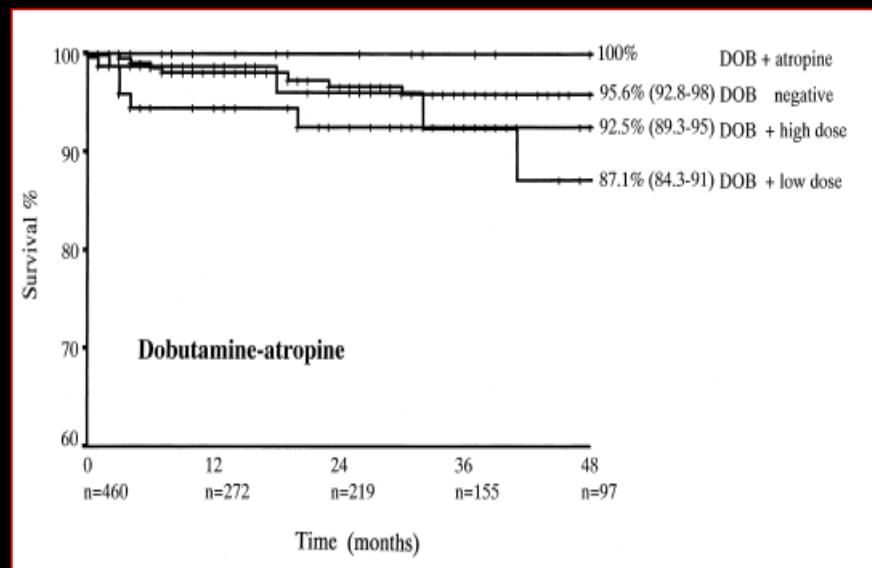
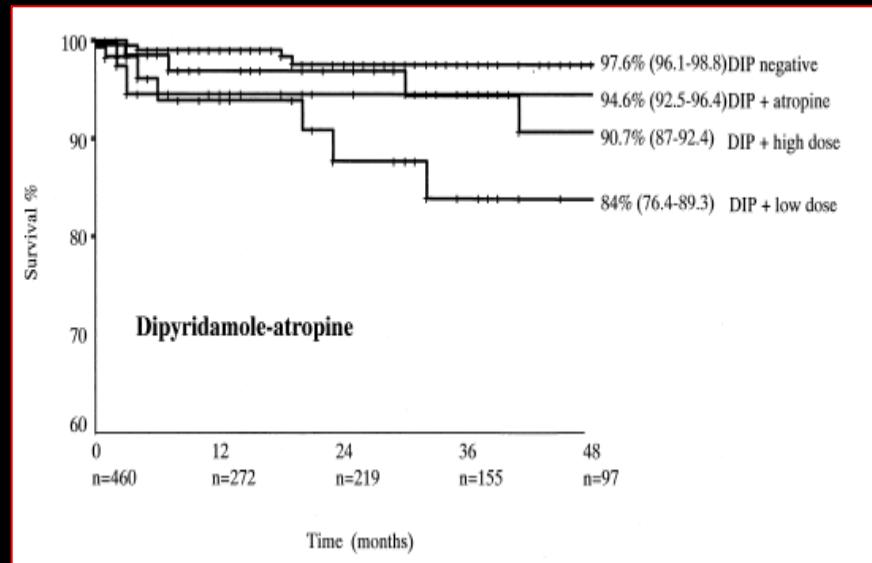
### **The diagnostic accuracy of pharmacological stress echocardiography for the assessment of coronary artery disease: a meta-analysis**

Eugenio Picano\*, Sabrina Molinaro and Emilio Pasanisi

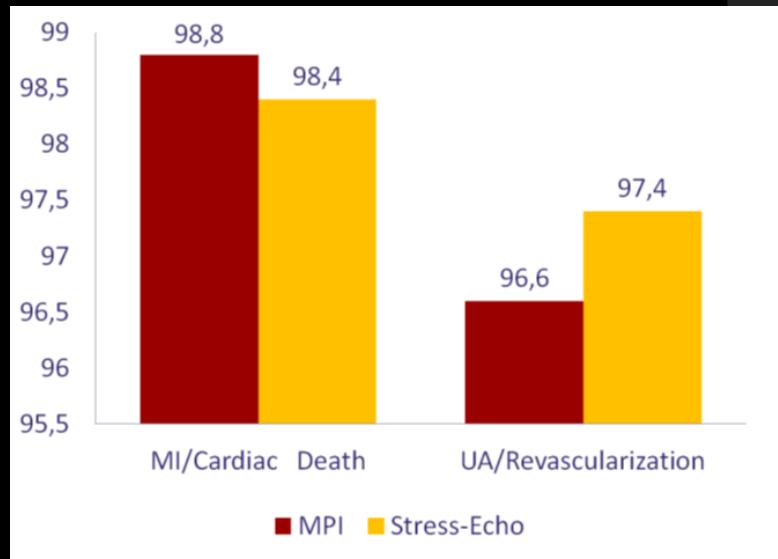
**0.84 in 6'\* or 0.84 in 10' + atropine**



## Accuratezza prognostica



La presenza (assenza) di ischemia inducibile (in > 2 segmenti contigui) identifica pz con prognosi differente



## quando?

- ✓ Ecostress è un test di imaging di II livello non sostitutivo dell' ECG da Sforzo
- ✓ E' indicato:
  - Pazienti con ECG da sforzo ambiguo, non diagnostico, non conclusivo, non eseguibile
    - dolore toracico /sospetta CAD
    - prognosi e stratificazione del rischio nel post-infarto
    - stenosi di art.coronaria di non chiaro significato (TAC o angio)
    - pre-chirurgia non cardiaca ad alto rischio
  - Pazienti rivascolarizzati (PCI/CABG) se sintomatici
  - Pazienti con valvulopatie
  - Ricerca di vitalità miocardica: vitalità in almeno 5 segmenti

# Risposta contrattile durante ecostress

Riposo



Bassa dose



Alta dose



Normale



ISCHEMIA



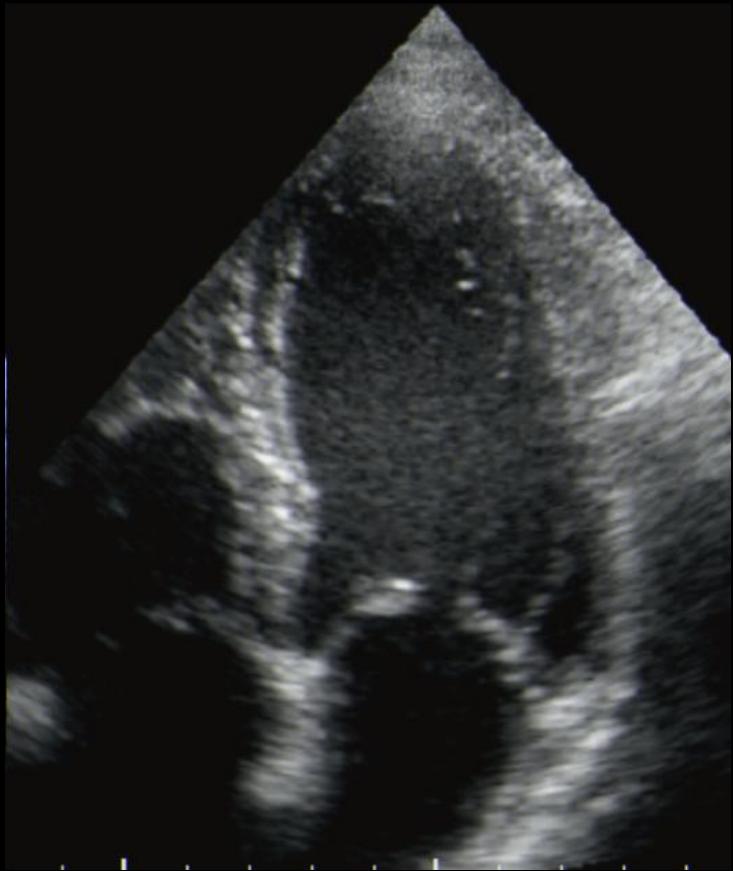
NECROSI



VITALITA'



Risposta bifasica.  
VITALE E ISCHEMICO



Riposo



Picco (dip 0.84mg/kg)

Stress Eco: solo  
2D o con aggiunta  
dello studio della  
riserva coronarica?



European Heart Journal (2009) 30, 278–289  
doi:10.1093/eurheartj/ehn492

SPECIAL ARTICLE

## Stress Echocardiography Expert Consensus Statement—Executive Summary

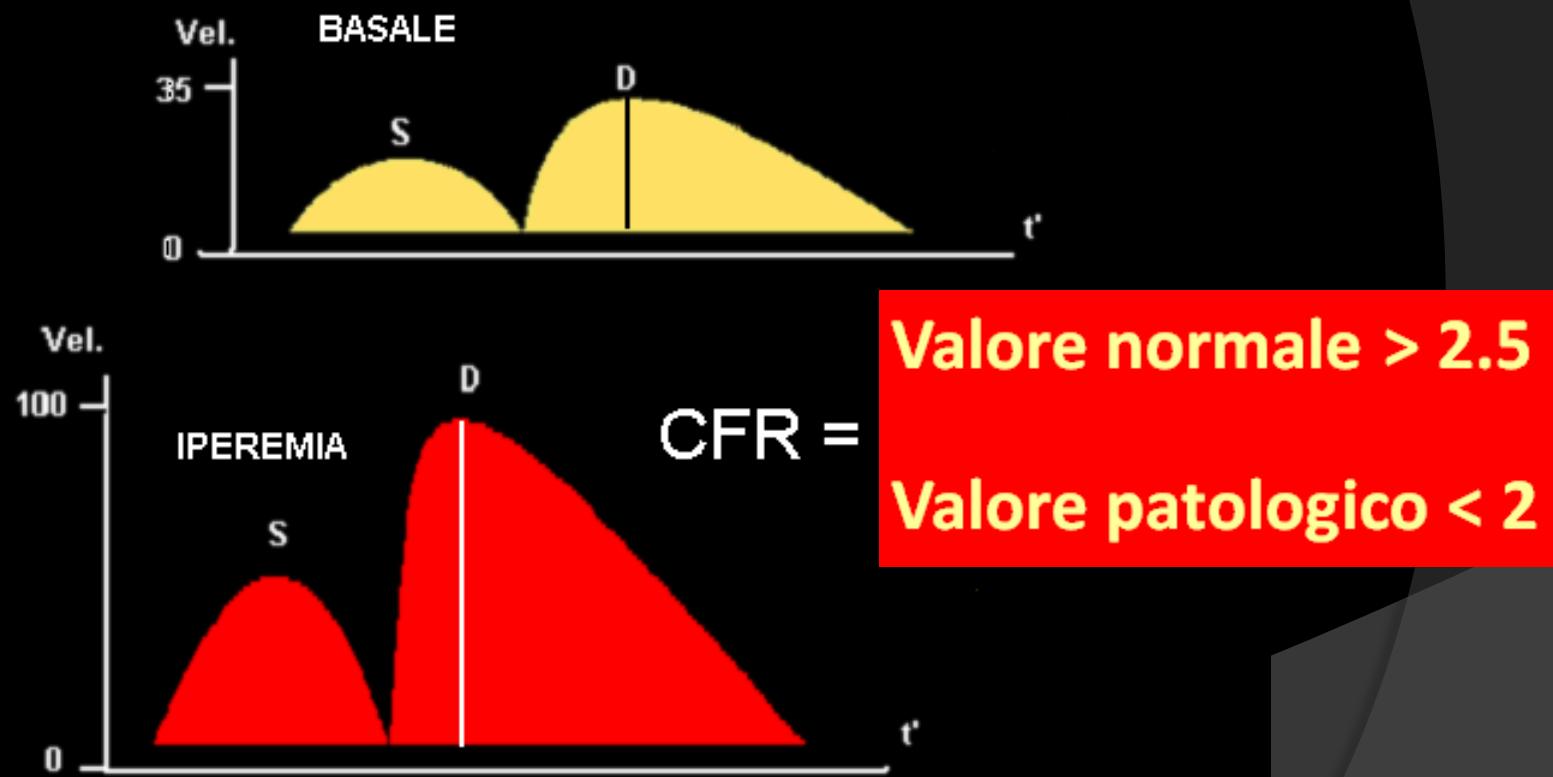
European Association of Echocardiography (EAE) (a registered branch of the ESC)

... Among different stresses of comparable diagnostic and prognostic accuracy ... *dipyridamole* is the safest and simplest pharmacological stress and the most suitable for **combined wall motion – coronary flow reserve** assessment

... the possibility of performing coronary flow reserve evaluation of left anterior descending coronary artery by transthoracic Doppler echocardiography **adds another potentially important dimension to stress echocardiography**

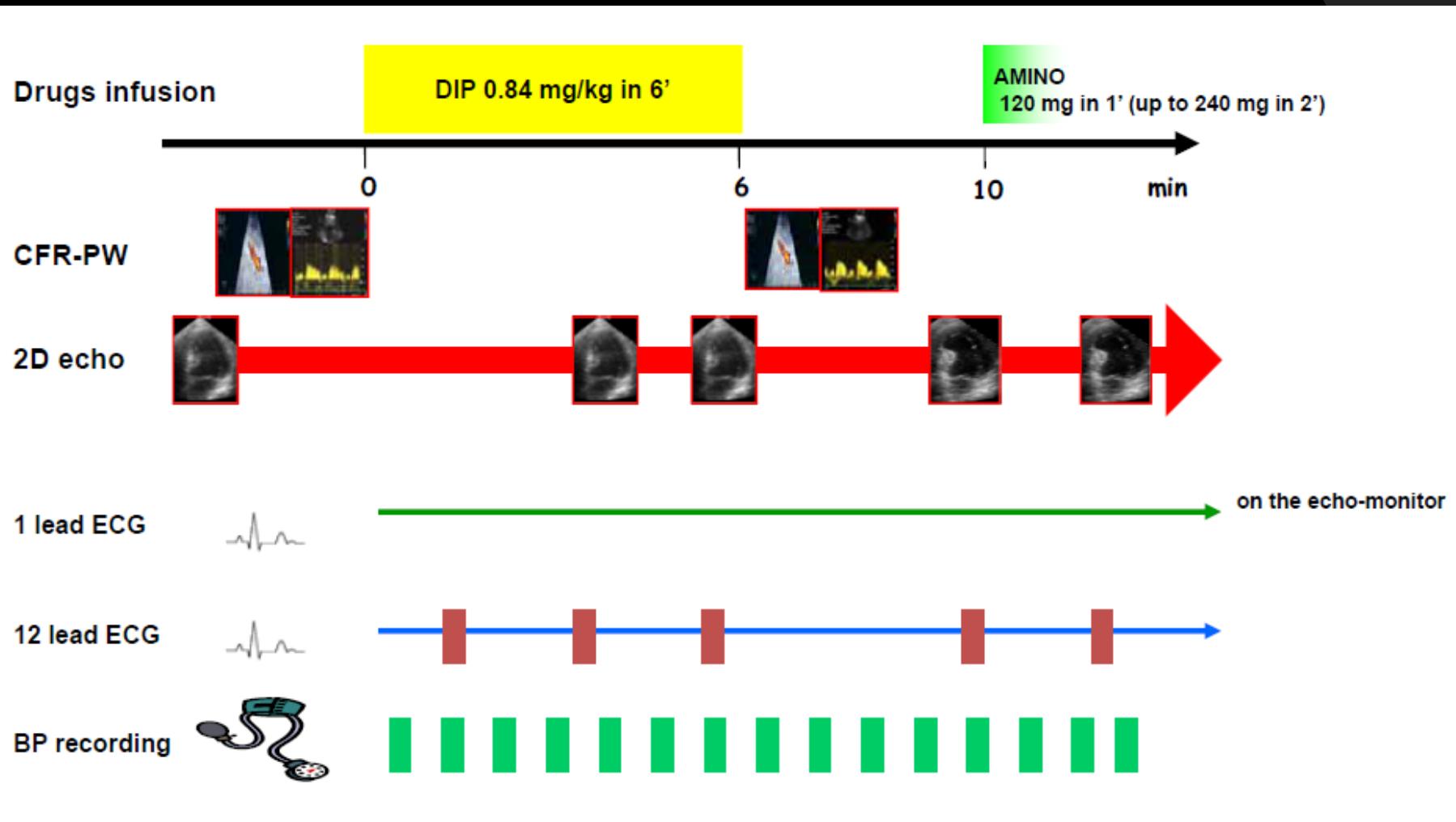
## RISERVA CORONARICA ed ECOSTRESS

**Riserva Coronarica (CFR)** è la massima capacità del microcircolo coronarico di dilatarsi in risposta ad una aumentata domanda di O<sub>2</sub> (stimolo metabolico) o a uno stimolo farmacologico (potente vasodilatatore).

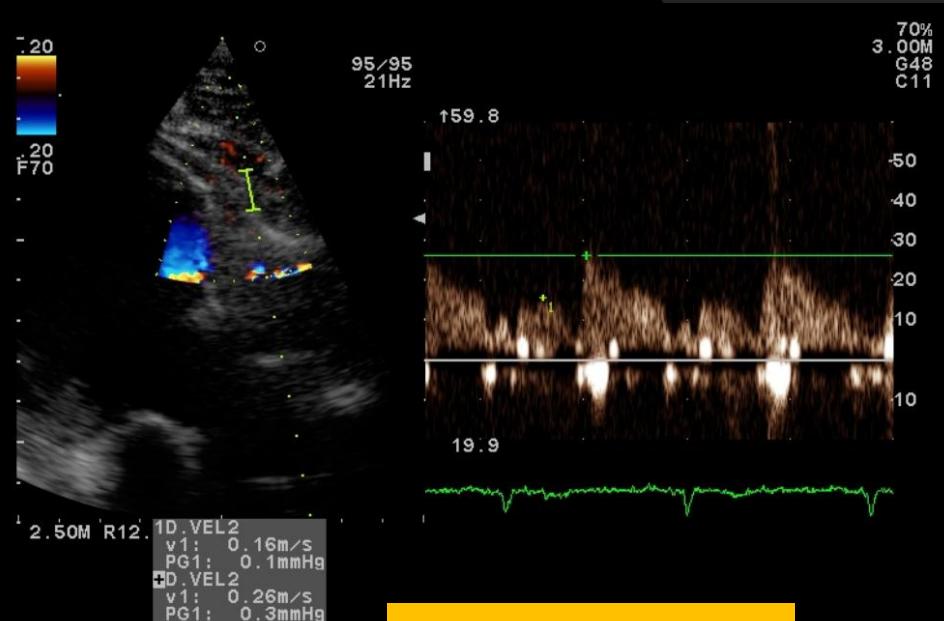
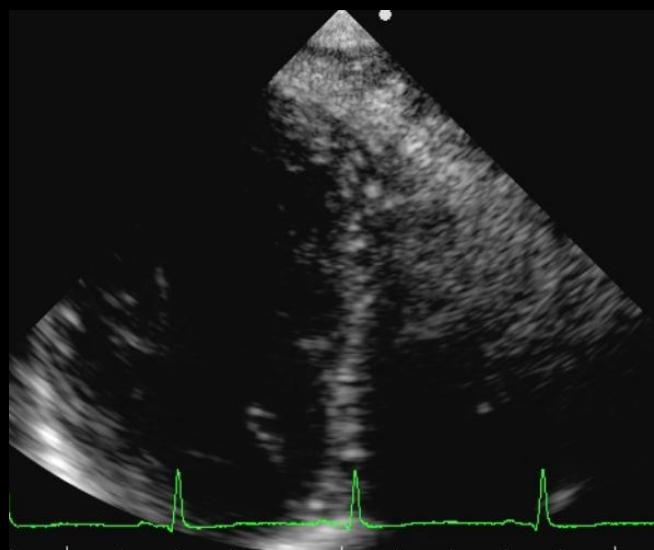
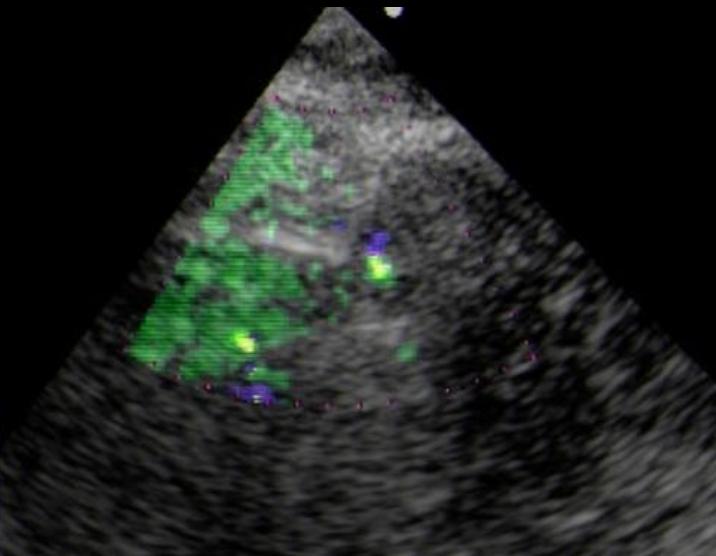


# Protocollo di studio

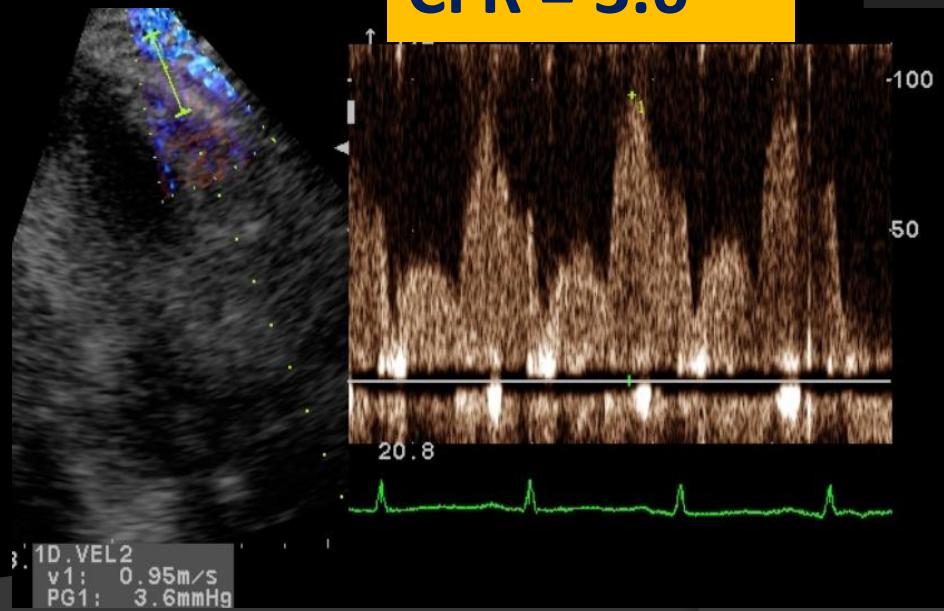
*Stress Echocardiography Expert Consensus Statement  
European Heart Journal 2009; 30: 278 - 289*



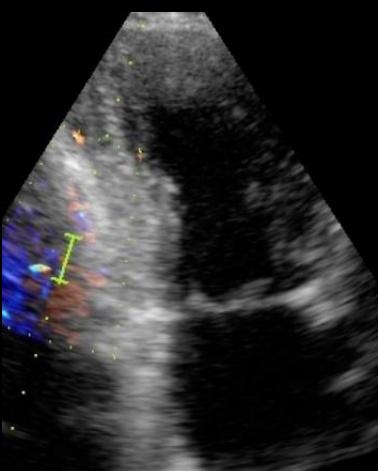
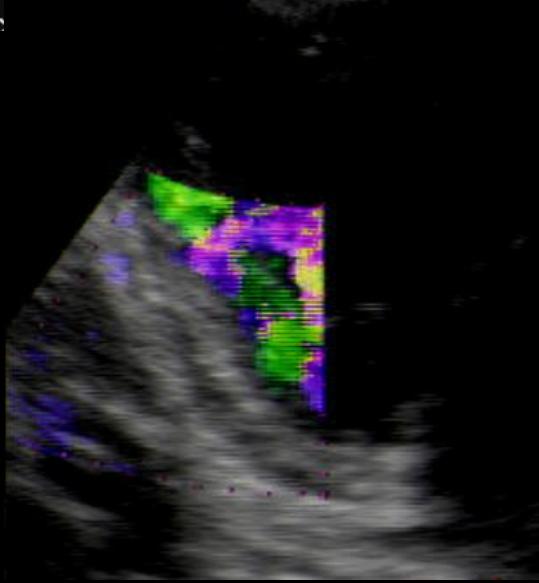
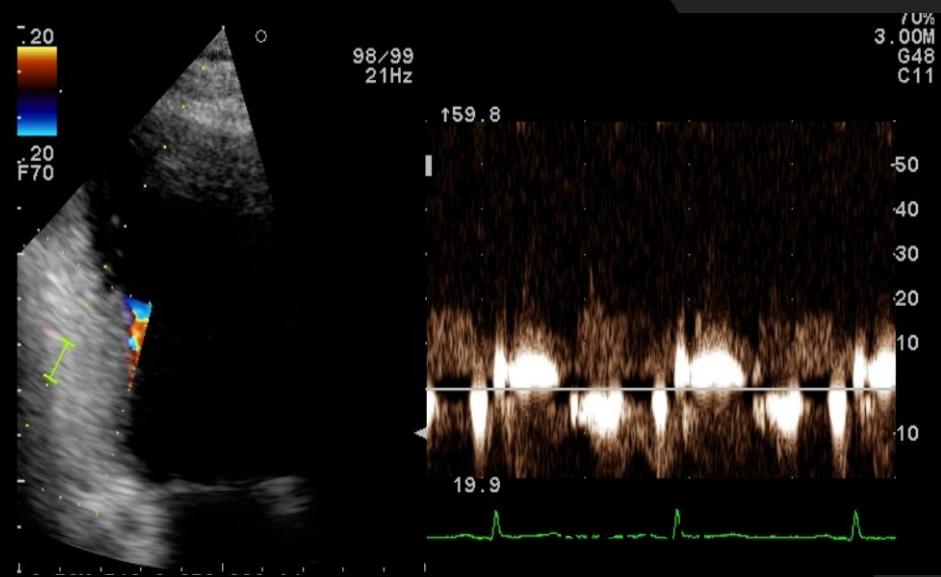
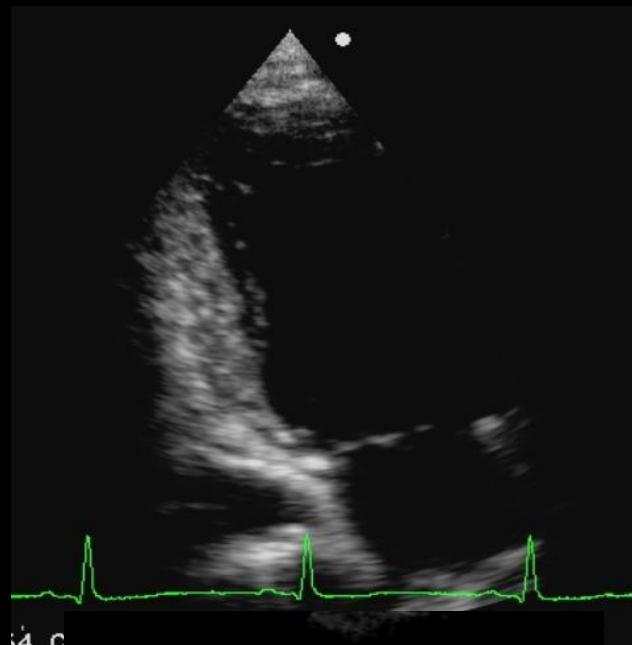
# CORONARIA ANTERIORE



**CFR = 3.6**

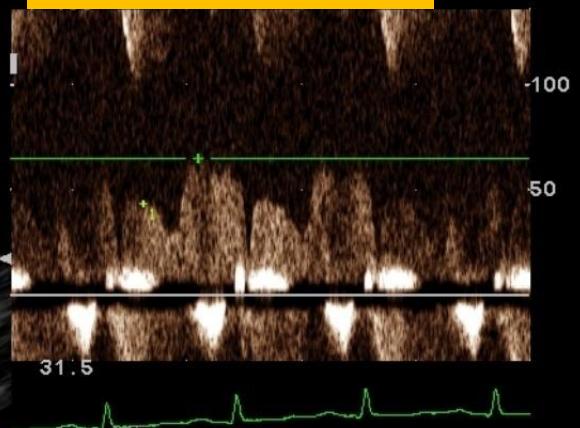


# CORONARIA POSTERIORE



IM R14. 1D.VEL2  
v1: 0.43m/s  
PG1: 0.7mmHg  
+D.VEL2  
v1: 0.65m/s  
PG1: 1.7mmHg

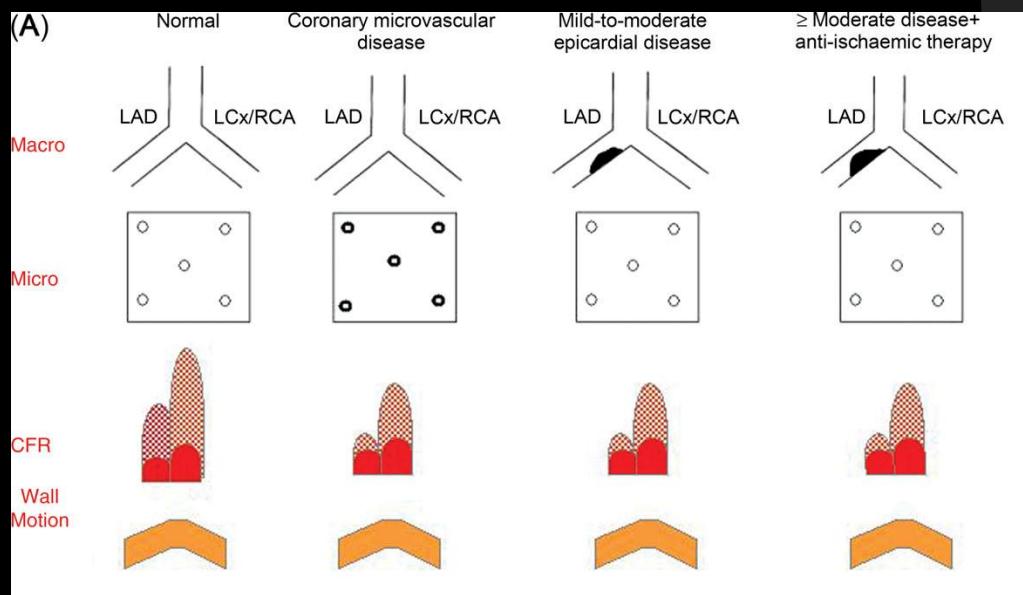
**CFR = 2.8**



- Stenosi art.coronarica epicardica > 70%  Stress POS x cinesi

**Stress NEG x cinesi**

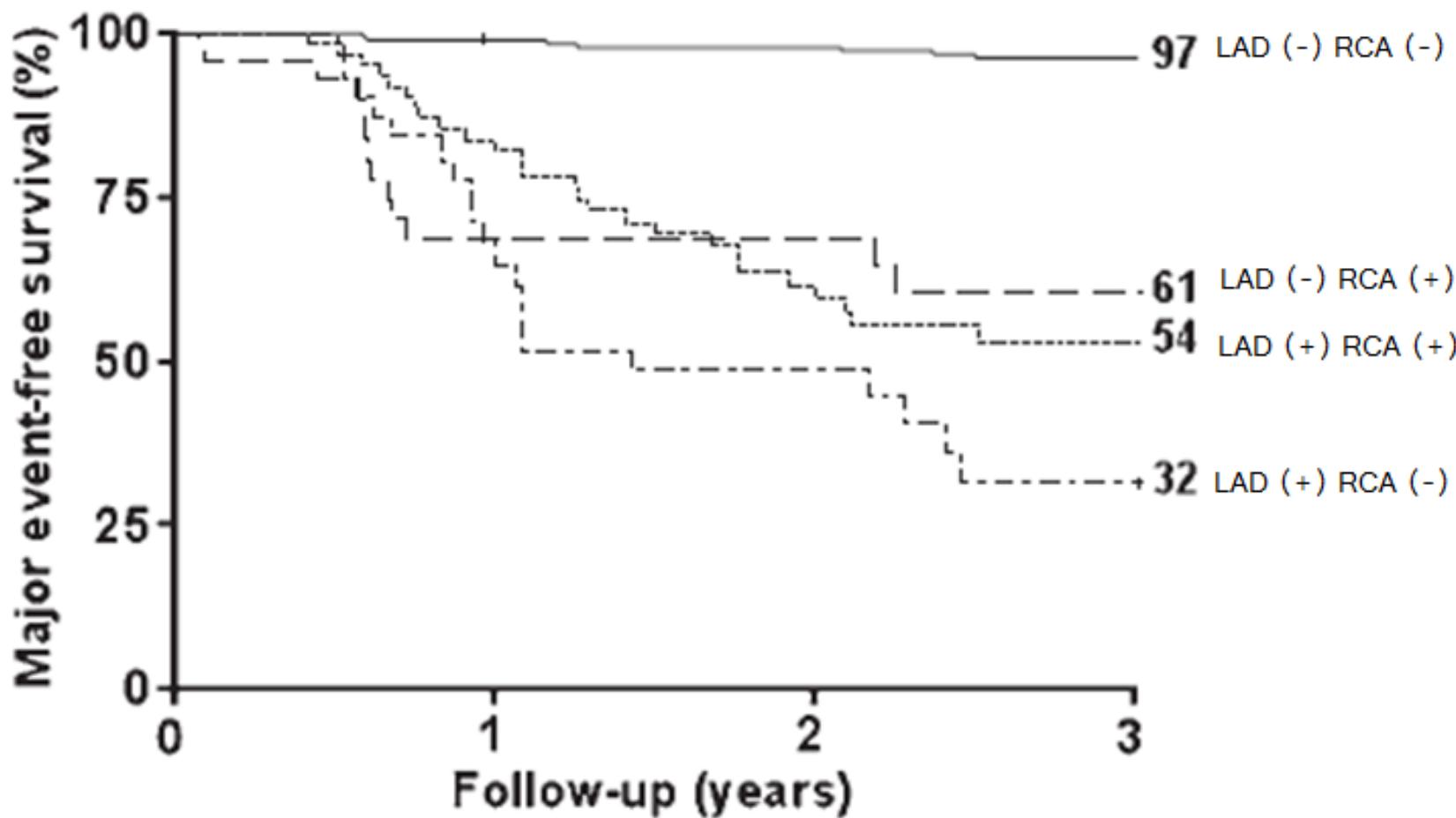
- Stenosi angiograficamente intermedie 50-70%
- Stenosi angiograficamente critiche in TP antiischemica
- Patologia del microcircolo



# **Prognostic correlates of combined coronary flow reserve assessment on left anterior descending and right coronary artery in patients with negative stress echocardiography by wall motion criteria**

L Cortigiani, F Rigo, R Sicari, S Gherardi, F Bovenzi and E Picano

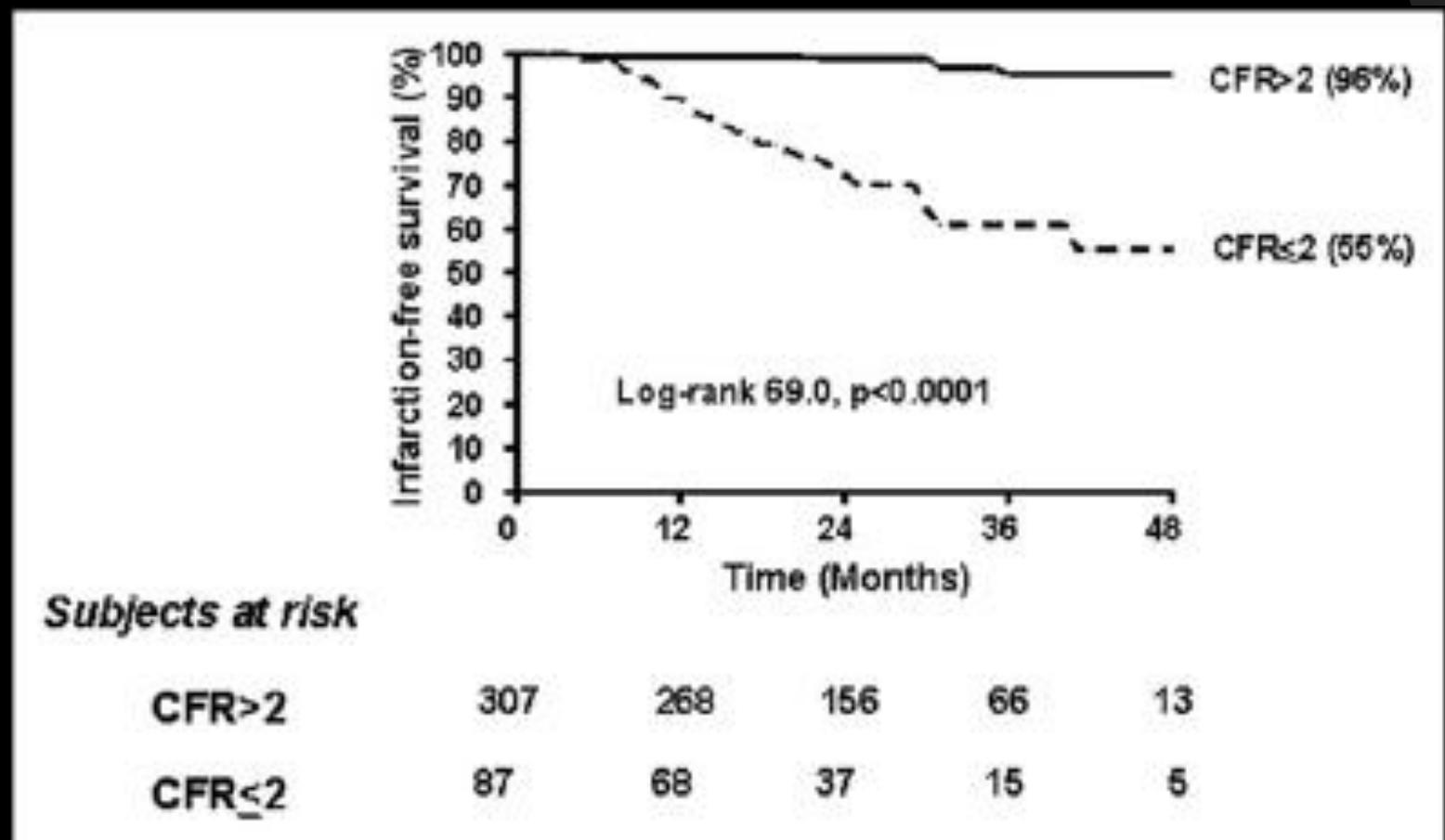
Heart 2009;95:1423-1428;



# Additive Prognostic Value of Coronary Flow Reserve in Patients With Chest Pain Syndrome and Normal or Near-Normal Coronary Arteries

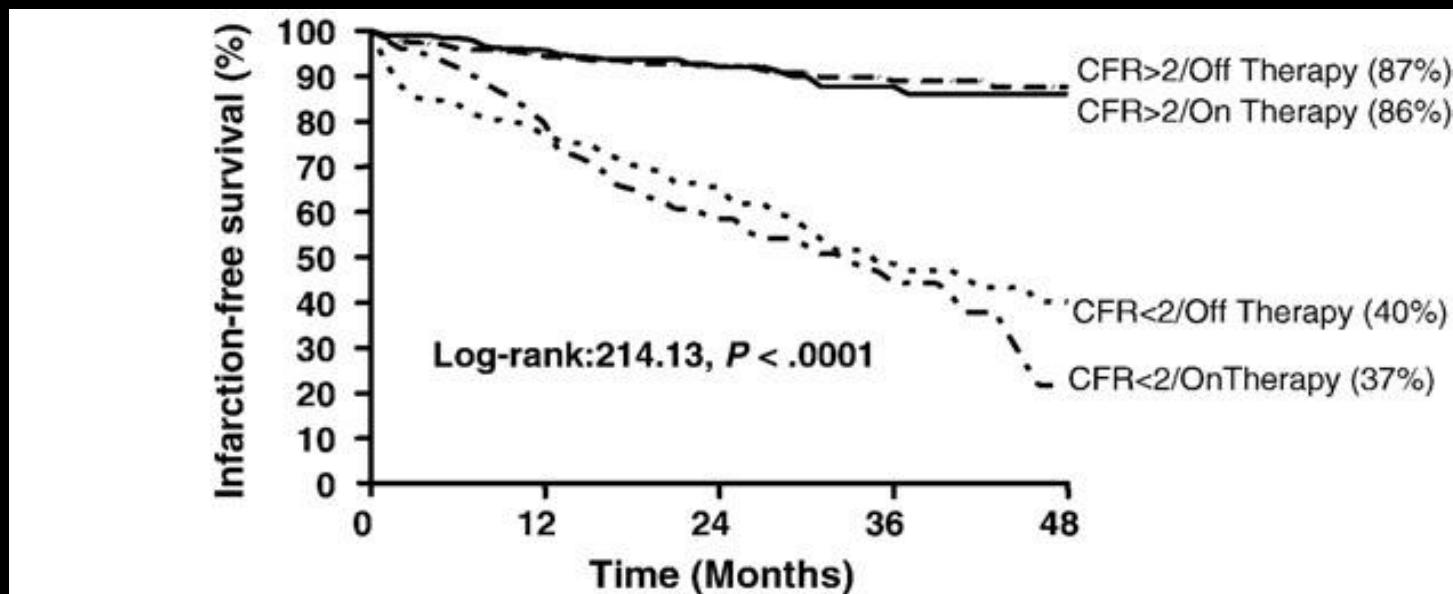
Rosa Sicari, MD, PhD<sup>a,\*</sup>, Fausto Rigo, MD<sup>b</sup>, Lauro Cortigiani, MD<sup>c</sup>, Sonia Gherardi, MD<sup>d</sup>, Maurizio Galderisi, MD<sup>e</sup>, and Eugenio Picano, MD, PhD<sup>a</sup>

Am.J.Cardiol. 2009; 103: 626-631



# The prognostic value of Doppler echocardiographic-derived coronary flow reserve is not affected by concomitant antiischemic therapy at the time of testing

Rosa Sicari, MD, PhD, FESC,<sup>a</sup> Fausto Rigo, MD, FESC,<sup>b</sup> Sonia Gherardi, MD,<sup>c</sup> Maurizio Galderisi, MD,<sup>d</sup> Lauro Cortigiani, MD,<sup>c</sup> and Eugenio Picano, MD, PhD, FESC<sup>a</sup> Pisa, Mestre-Venice, Cesena, Naples, and Lucca, Italy



## Subjects at risk

CFR>2/Off Therapy	733	478	258	114	34
CFR>2/On Therapy	408	296	148	63	12
CFR≤2/Off Therapy	313	135	72	32	9
CFR≤2/OnTherapy	325	131	53	19	4

# The Code of Stress Echo Severity



RISK	High	Intermediate-Low
Dose/Load	Low	High
Resting Ejection Fraction	<40%	>50%
Recovery	Slow	Prompt
Site	Heterozonal	Homozonal
WMSI	High	Low
Anti-ischemic Therapy	+	-
Coronary Territory	LAD	Cx/RCA
Coro Flow Reserve	<2	>2
Hard events/year	>20%	<2%



Grazie