

Piltagnostika artiklid 2018. aastal

Oliver Rosenbaum
kardioloogia arst-resident
EKS koosolek, Pärnu, 31.05.19

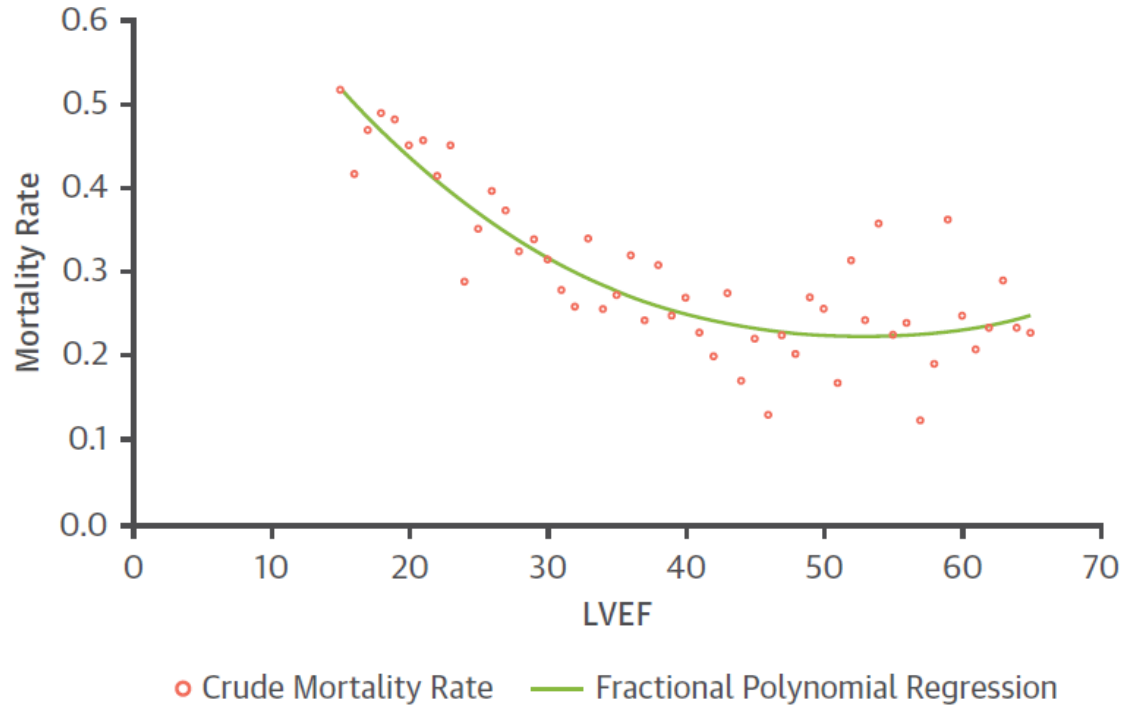
Assessment of Left Ventricular Function by Echocardiography

The Case for Routinely Adding Global Longitudinal Strain to Ejection Fraction

Elizabeth Potter, MBBS, Thomas H. Marwick, MBBS, PhD, MPH



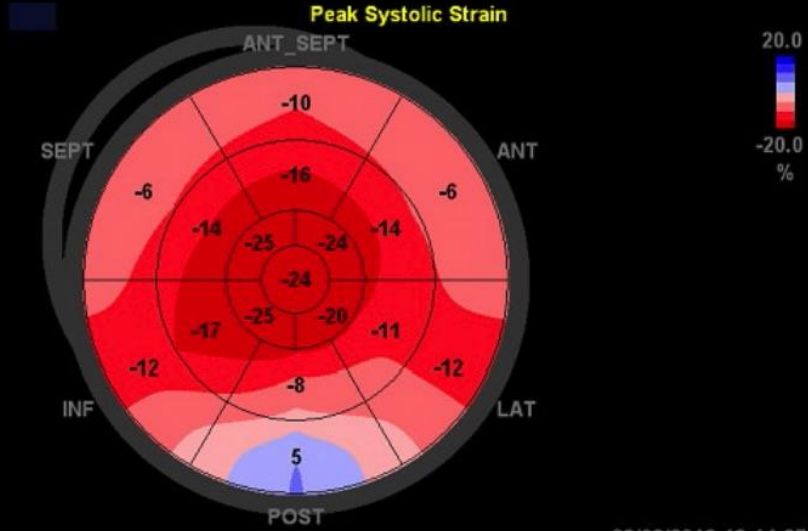
FIGURE 2 Relationship of LVEF With Unadjusted All-Cause Mortality Rate



This figure summarizes mortality versus left ventricular ejection fraction (LVEF) in the Digitalis Investigation Group (DIG) trial. Reprinted with permission from Curtis et al. (24).

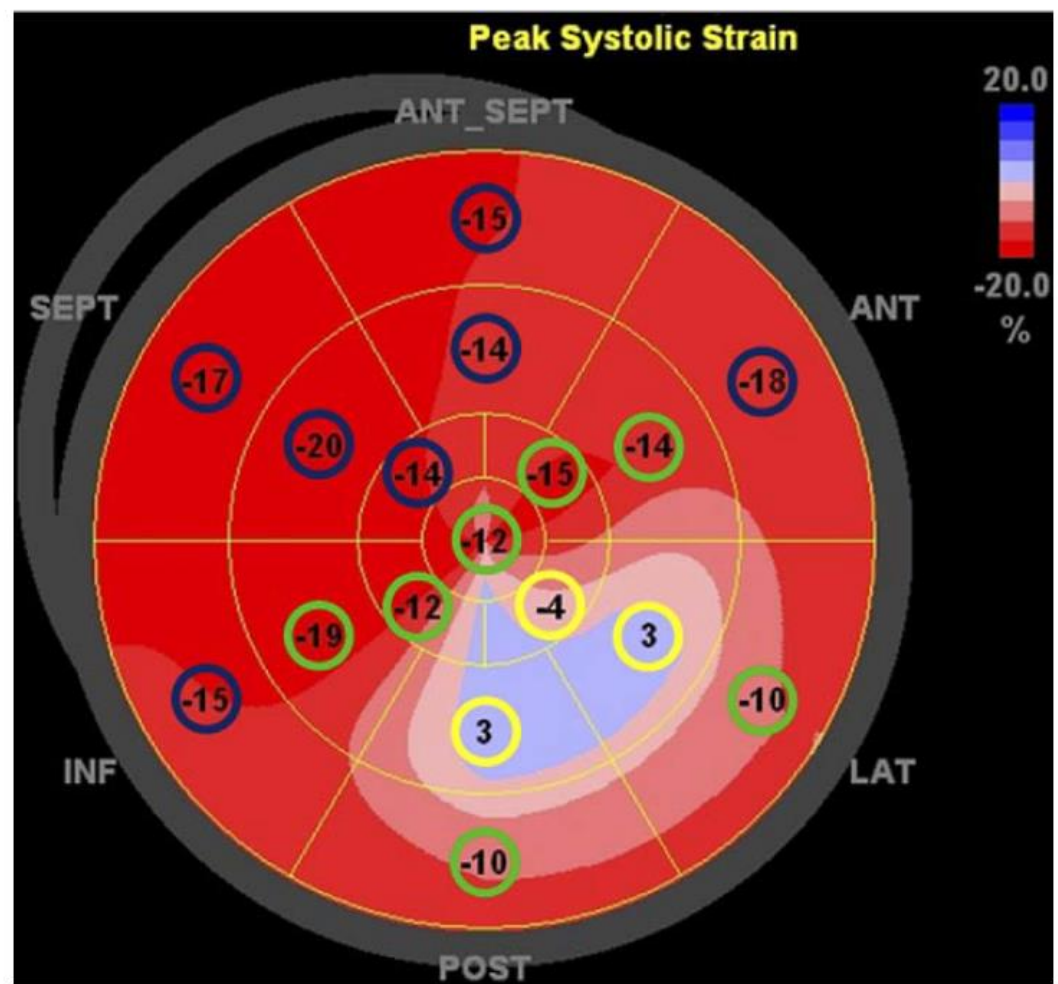
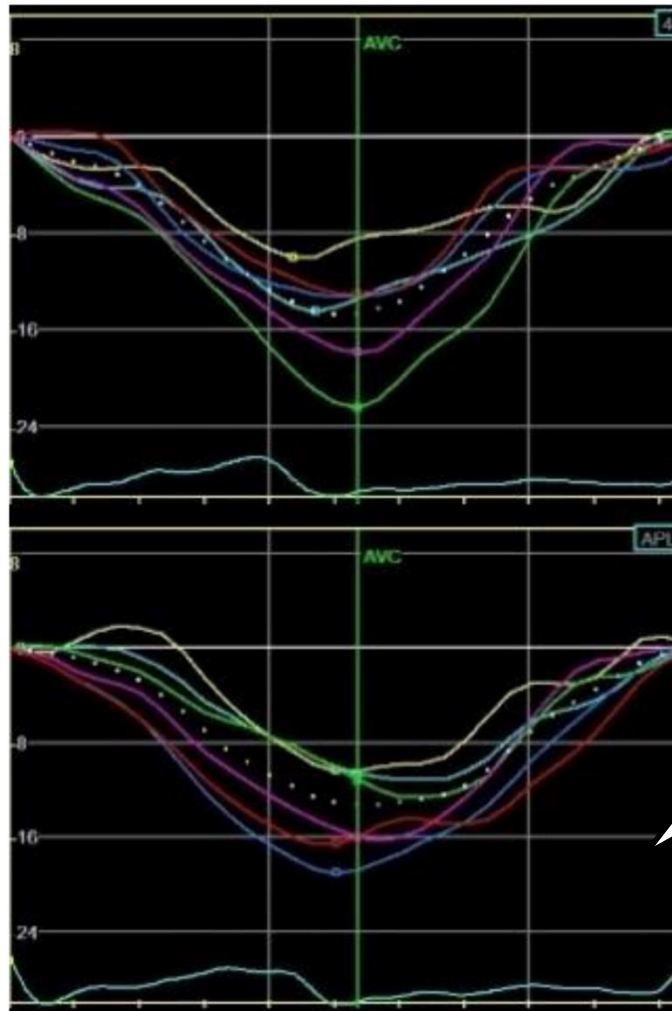
“GLS

- GLS



)/10 * 100%

0%



EF-ga

Outcome in Dilated Cardiomyopathy Related to the Extent, Location, and Pattern of Late Gadolinium Enhancement

Brian P. Halliday, MBChB,^{a,b} A. John Baksì, PhD,^{a,b} Ankur Gulati, MD,^a Aamir Ali, MBChB,^{a,b} Simon Newsome, MSc,^c Cemil Izgi, MD,^a Monika Arzanauskaite, MD,^a Amrit Lota, BMBC^H,^{a,b} Upasana Tayal, BMBC^H,^{a,b} Vassilios S. Vassiliou, MBBS,^{a,b,d} John Gregson, PhD,^c Francisco Alpendurada, PhD,^{a,b} Michael P. Frenneaux, PhD,^d Stuart A. Cook, PhD,^{a,b,e} John G.F. Cleland, MD,^{b,f} Dudley J. Pennell, MD,^{a,b} Sanjay K. Prasad, MD^{a,b}

Uuringu ülesehitus

- Dilateeruva kardiomüopaatia diagnoosiga patsiendid
- Välistuskriteeriumid: südame isheemiatõbi, äge müokardiit või jätkuv põletikuline müokardihaigus, HKMP, ARVC, oluline klapihaigus, infiltratiivne haigus
- Kokku kaasati 874 patsienti
- Eesmärk uurida gadoliiniumiga hiliskontrasteerumise (LGE) ulatuse, lokalisatsiooni ja mustri seost tulemustnäitajatega
- Primaarne tulemusnäitaja - üldsuresus; teisene tulemusnäitaja - kardiaalne äkk-surm (SCD)

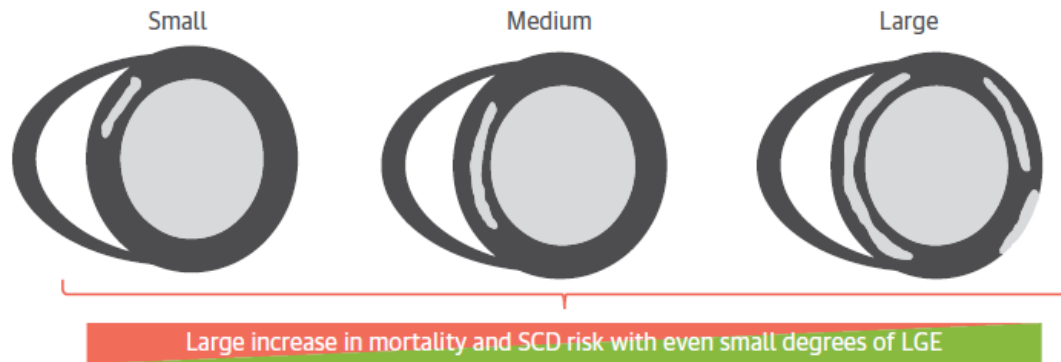
574 pt-I LGE neg.

874 patsienti

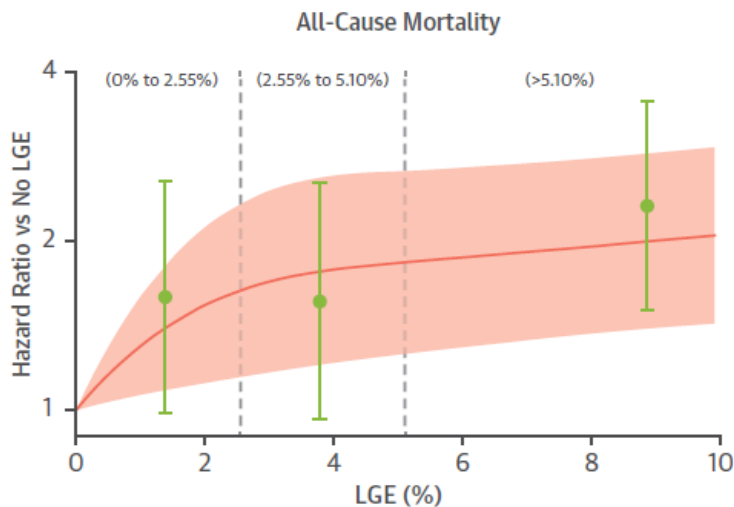
300 pt-I LGE pos.

Adjusted for LVEF - Sex - and Age

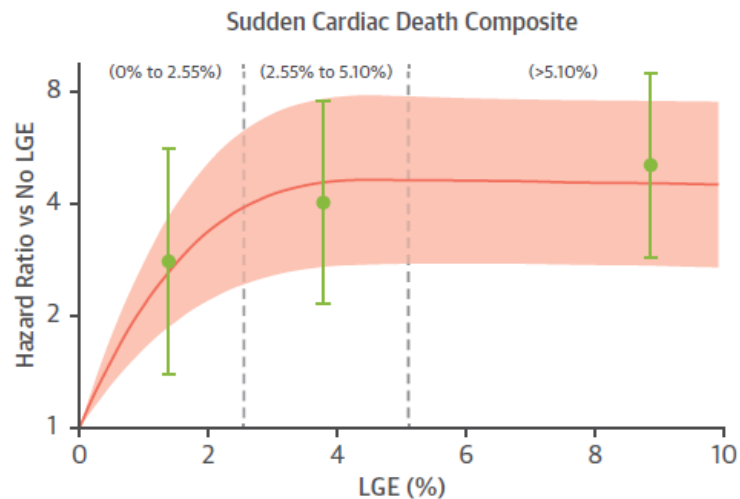
		n	Mortality n (%)	HR (95% CI)	Individual p Value	Overall p Value	C-Statistic	AIC
Presence and extent								
LGE (binary) [any]	0%	574	73 (12.7)	1.00	–	<0.001	0.71	1,790.1
	>0%	300	77 (25.7)	1.81 (1.30 - 2.52)	<0.001			
LGE (binary) [cutoff]	<1.29%	617	81 (13.1)	1.00	–	<0.0001	0.72	1,787.6
	≥1.29%	257	69 (26.8)	1.93 (1.38 - 2.69)	<0.001			



LGE extent



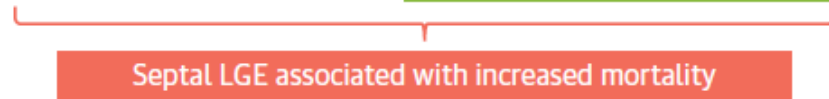
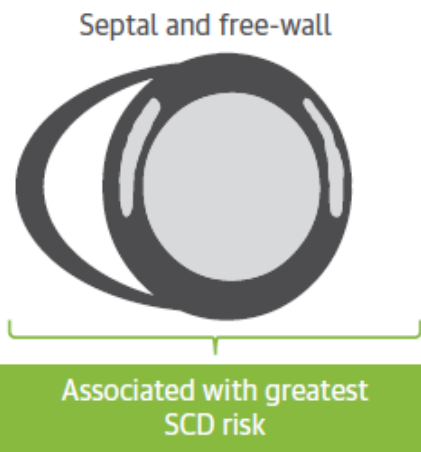
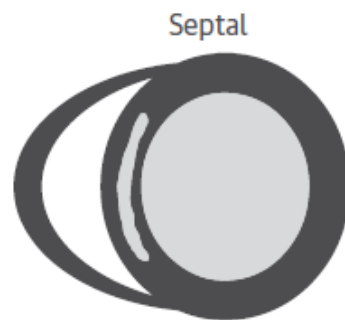
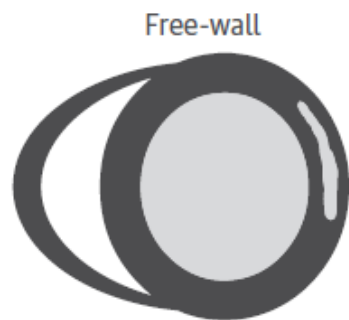
All-Cause Mortality: Adjusted for LVEF, Age and Sex



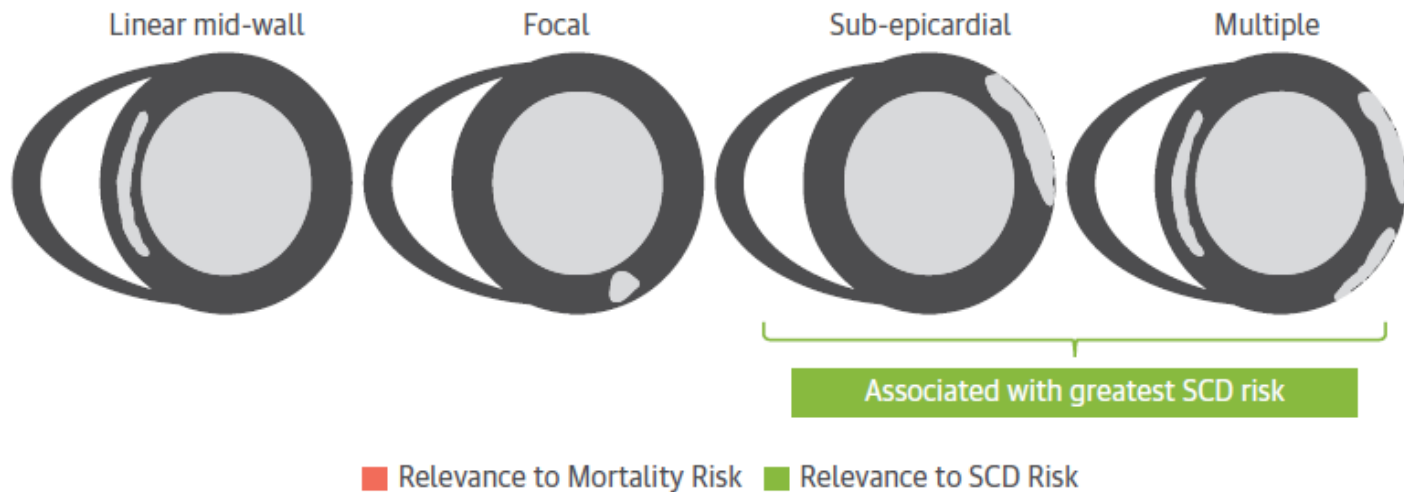
SCD / ASCD: Adjusted for LVEF, Age and Sex

Cubic Spline Model
 Categorical HR

LGE
location



LGE pattern



ORIGINAL ARTICLE

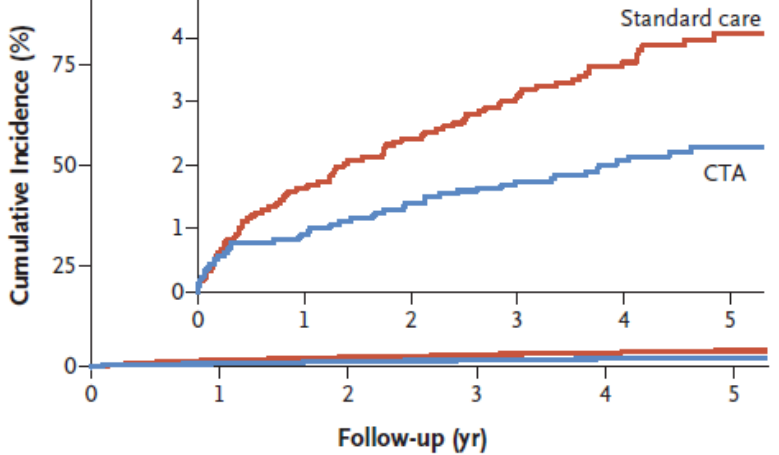
Coronary CT Angiography and 5-Year Risk of Myocardial Infarction

The SCOT-HEART Investigators*

4146 patsienti stabiilse
stenokardia kahtluseel
järgiti 5-aasta jooksul, es
tulenuhaldajaks korona
tingitud surm või mitte-f

2073 pt tavakäsitluse
grupis

2073 pt tavakäsit
CCTA grupis



No. at Risk	0	1	2	3	4	5
Standard care	2073	2033	2008	1994	1572	856
CCTA	2073	2051	2029	2015	1588	872



Current age notes ▶

Sex M F notes ▶

Scottish Postcode notes ▶

Family history of CHD/Stroke N Y notes ▶

Diabetes N Y notes ▶

Cigarettes smoked daily [use mean](#) notes ▶

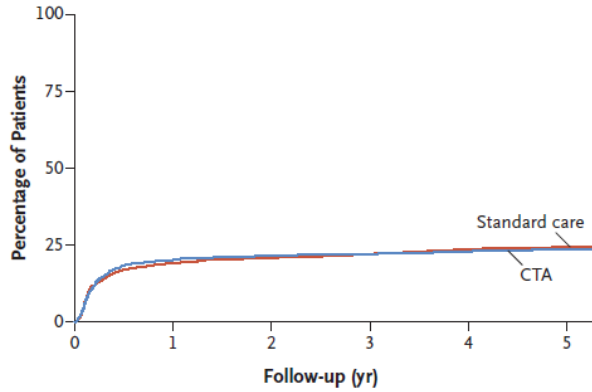
Systolic Blood Pressure [use mean](#) notes ▶

Total cholesterol [use mean](#) notes ▶

HDL Cholesterol [use mean](#) notes ▶

CALCULATE

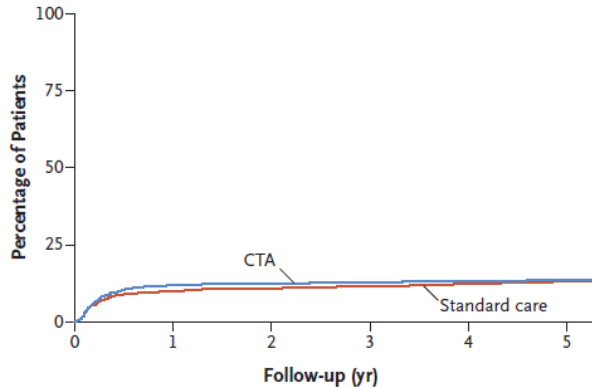
A Invasive Coronary Angiography



No. at Risk

Standard care	2073	1674	1639	1616	1251	678
CTA	2073	1654	1625	1613	1258	656

B Coronary Revascularization



No. at Risk

Standard care	2073	1865	1847	1834	1450	794
CTA	2073	1827	1815	1806	1426	771

CCTA abil püstitati varem õige diagnoos -> alustati preventsooniga -> rohkem patsiente jõudis varem SKG-le, revaskulariseeriti ning ennetati MI-d

Kokkuvõte

Erinevad patsiendid, erinevad haigused, erinevad pildidiagnostika meetodid, kuid eesmärk sama – proovime leida üles kõrgema kardiovaskulaarse riskiga patsiendid ning võib-olla õnnestub neid paremini/varem/agressiivsemalt ravida (või vähemalt teha vastavaid uuringuid nendega, et kunagi hiljem neid paremini ravida)