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P3665 : Value of Cardiac CT in Addition to Myocardial Perfusion Szintigraphy

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Background: Identification of high risk patients without typical symptoms for coronary artery disease (CAD) is paramount for primary prevention. A normal myocardial perfusion scan has a high prognostic value, however, there is the question, if an additional coronary calcium scoring (Agatston Score, Aga) will identify coronary high risk patients in this "low-risk" population.

Methods: 900 consecutive patients which were asymp. for CAD and had no history, were analyzed. All patients had normal myocardial perfusion scans. The Aga-Score was determined with the MSCT and classified according a reference distribution from a series of 4.000 persons. They were classified according to high risk (Aga-Score above 75.th percentile) and non-high risk (Aga-Score equal or below 75.th percentile).

Results: The mean age of all patients was 58.3±9.6 years, 26% female. 18% smokers, 49% had hypertension, 8% had diabetes. A total of 34% of the patients was classified as high risk (HR). The gain of this additional information was 33% in the male and 37% in the female group. Gain of this additional information is shown in table 1:

Conclusions: With the additional use of calcium scoring, one third of persons with a normal myocardial perfusion scan were identified as high-risk patients. This additional diagnostic information is especially important in the male age group between 65 and 69 years and in the female age group over 70 years. Thus, a normal myocardial perfusion scan does not rule out a high coronary risk.

Table 1}

Age group (years)	HR total	HR - men	HR - women
< 39	17,9%	18,5%	0%
40 - 44	30,0%	33,3%	0%
45 - 49	29,4%	28,8%	31,6%
50 - 54	33,0%	31,3%	37,5%
55 - 59	32,2%	31,7%	34,0%
60 - 64	34,4%	36,4%	28,6%
65 - 69	39,8%	41,2%	37,1%
70+	37,1%	23,2%	60,6%

