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Non Invasive Imaging (Echocardiography, Nuclear, PET, MR and CT)

PROGNOSTIC VALUE OF DOBUTAMINE STRESS MYOCARDIAL CONTRAST PERFUSION ECHOCARDIOGRAPHY IN TYPE 2 DIABETES MELLITUS

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Background: We sought to determine the prognostic value of dobutamine stress (DSE) real time myocardial perfusion echocardiography (RTMPE) to predict outcome of Type 2 Diabetes Mellitus (T2DM) patients with known or suspected coronary artery disease.

Methods: 268 consecutive T2DM patients with DSE-RTMPE were prospectively followed for a mean of 3.0 (range: 1.3-5.5) years. Visual assessments of myocardial perfusion (MP) and wall motion score index (WMSI) during DSE (17-segments) were graded independently (normal vs. abnormal). Patients were followed for cardiovascular events (CE).

Results: Feasibilities of WMSI and MP interpretations were 100%, and 74%. Follow-up was achieved in 178 patients (age: 70±10, 61% male). WMSI and MP were interpreted as normal in 142, 105 (79%, 58%) and abnormal in 36, 73 (21%, 42%) patients, respectively. CE occurred in 55 (31%): 18 deaths; 5 non-ST-elevation myocardial infarctions; 11 unstable angina; 2 CABG; 9 PCI; 2 CHF; 8 stroke. Figure 1 shows Kaplan-Meier CE-free survival for WMSI and MP, alone and combined. In multivariate analysis, abnormal WMSI and MP were independent predictors of CE after adjustment for gender, age, HbA1c, and risk factors [OR (95% CI): 4.64 (1.66-13.7), p=0.003; 4.08 (1.70 -10.39), p= 0.001, respectively].

Conclusion: RTMPE during DSE provides powerful prognostic information that is superior to clinical variables for prediction of cardiovascular events in T2DM.

