



King Saud University

Journal of the Saudi Heart Association

[www.ksu.edu.sa](http://www.ksu.edu.sa)  
[www.sha.org.sa](http://www.sha.org.sa)  
[www.sciencedirect.com](http://www.sciencedirect.com)



## FILMS IN REVIEW

# Left lateral imaging position in routine myocardial perfusion practice

A. Mohaney<sup>a</sup>, A. Mourad<sup>a</sup>, Khalid Alnemer<sup>b,\*</sup><sup>a</sup> *SGH, Radiology Department, P.O. Box 84348, Riyadh, Saudi Arabia*<sup>b</sup> *Security Forces Hospital, P.O. Box 3634, Riyadh, Saudi Arabia*

Received 15 December 2009; accepted 20 December 2009

Available online 1 March 2010

## KEYWORDS

Nuclear imaging;  
Myocardial perfusion

**Abstract** Left lateral position in myocardial perfusion imaging has been described in the literature to reduce the incidence of diaphragmatic attenuation artifact, therefore improving the specificity of the test.

© 2010 King Saud University. All rights reserved.

Both prone and left lateral positions are used in post-stress imaging to decrease the incidence of inferior wall attenuation artifacts in supine imaging (ASNC, 2001).

The above image was performed in a 60 years old Saudi female diabetic with atypical chest pain. The first row is of post-stress images (selected short axis frames) in the supine position (Fig. 1). When compared with supine rest images it shows there is a completely reversible defect of severe intensity involving the basal 2/3 of the inferoseptal wall of the myocardium. This defect completely resolved in the left lateral images indicating that it was an attenuation artifact and thus improving the specificity of the test.

\* Corresponding author.

E-mail address: [alnemer@hotmail.com](mailto:alnemer@hotmail.com) (K. Alnemer).

1016-7315 © 2010 King Saud University. All rights reserved. Peer-review under responsibility of King Saud University.  
doi:10.1016/j.jsha.2010.02.010

In our experience left lateral imaging is well tolerated in Saudi obese patients especially females when compared to prone imaging. Similar experience has been reported in other studies (Khoury, 2007). Moreover it did not add significant time to the examination and did decrease the rate of false positive results in the inferior wall.

## 1. Conclusion

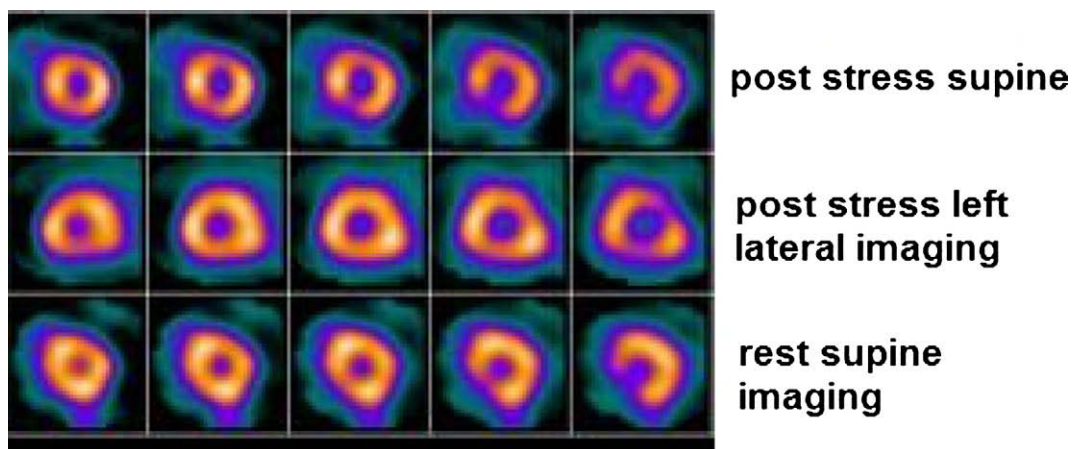
Left lateral imaging is of additional value in patients who have an inferior wall defect on initial supine acquisition.

## References

- ASNC, 2001. Updated imaging guidelines for nuclear cardiology procedures, Part 1. *J. Nucl. Cardiol.* 8 (1), G5–G58.
- Khoury, J., 2007. The advantage of lateral decubitus planar image as compared to prone myocardial perfusion SPECT in detecting inferior wall attenuation. *J. Nucl. Cardiol.* 14 (2), S5–S6.



Production and hosting by Elsevier



**Figure 1** Selected frames from one study illustrating the use of left lateral position in daily myocardial perfusion imaging.