

TCTAP 2022

Hemodynamic Assessments to Guide Revascularisation Strategy in Cardiomyopathy of Unclear Aetiology: Are We Too Quick to Blame Ischemia?

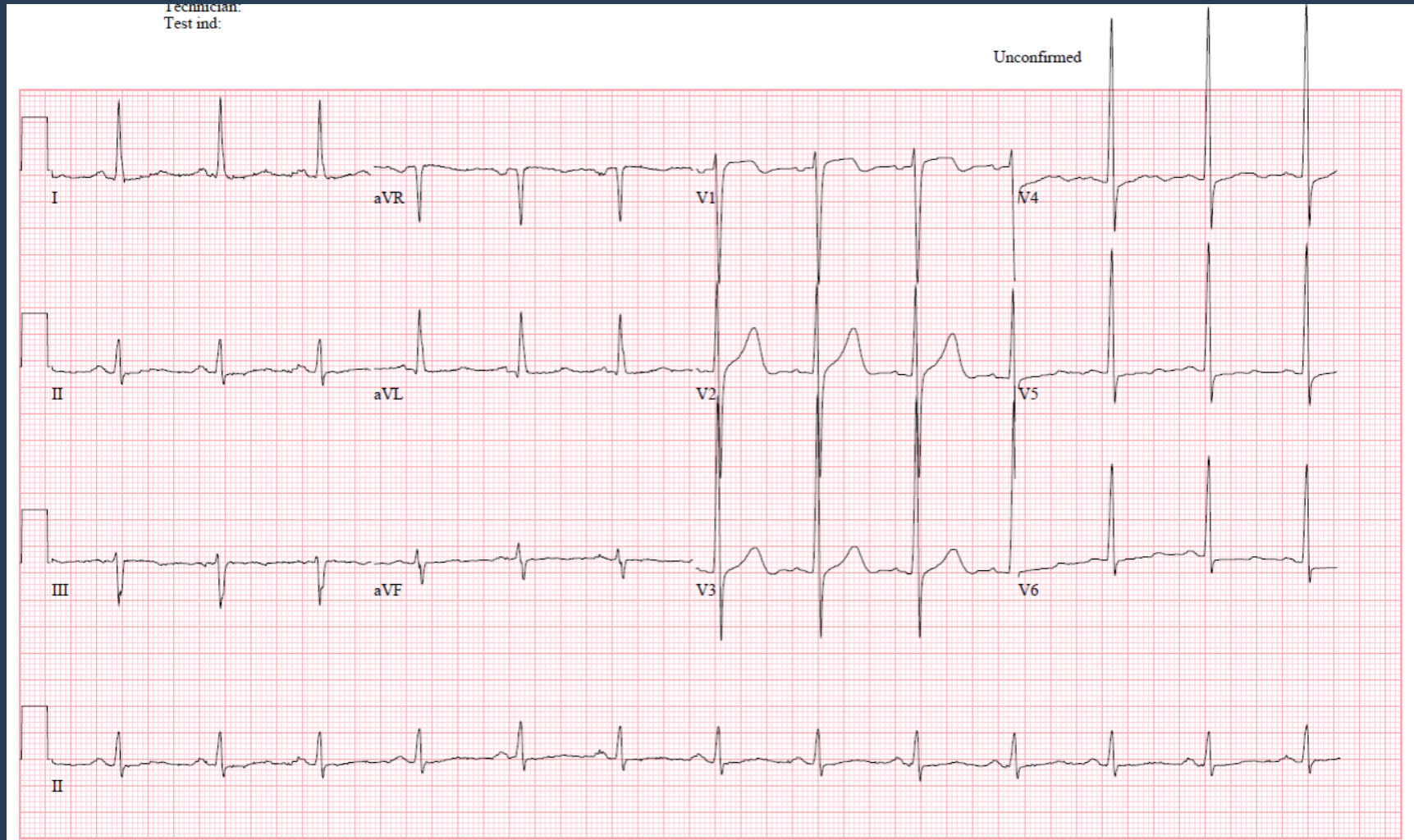
Ng Wee Meng, MD

Tan Tock Seng Hospital, Singapore

Clinical details

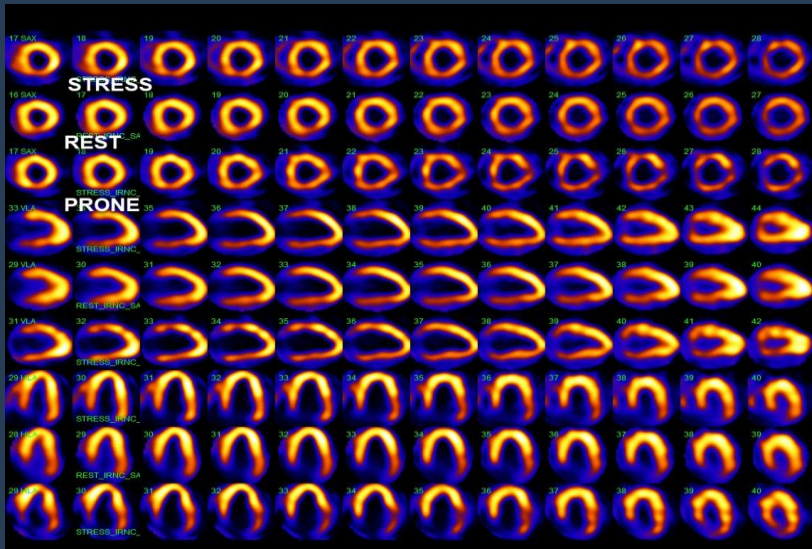
- 45 year old Male
- Non-smoker, alcohol intake 41 units per week
- Hypertension, Diabetes Mellitus
- Previous PCI to left circumflex artery 2015
- Exertional dyspnea
 - 6 months
- Unremarkable cardiovascular examination

Electrocardiogram



Workup

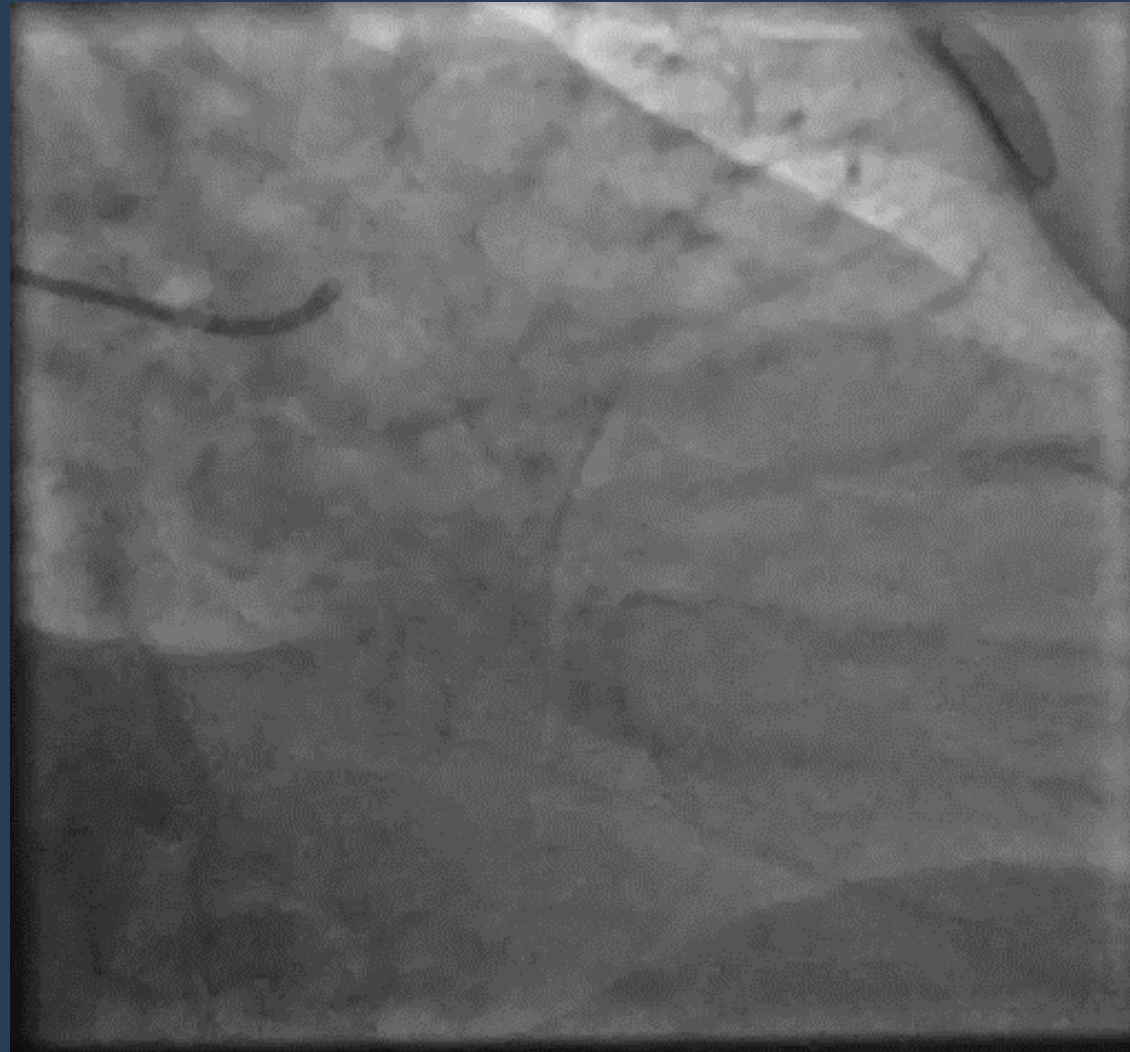
- Echocardiogram
 - Left ventricular Ejection Fraction of 35%
- Myocardial perfusion scans
 - Fixed perfusion defects – inferior and lateral (infarcts)
 - Reversible basal to mid anterior perfusion defect (ischemia)



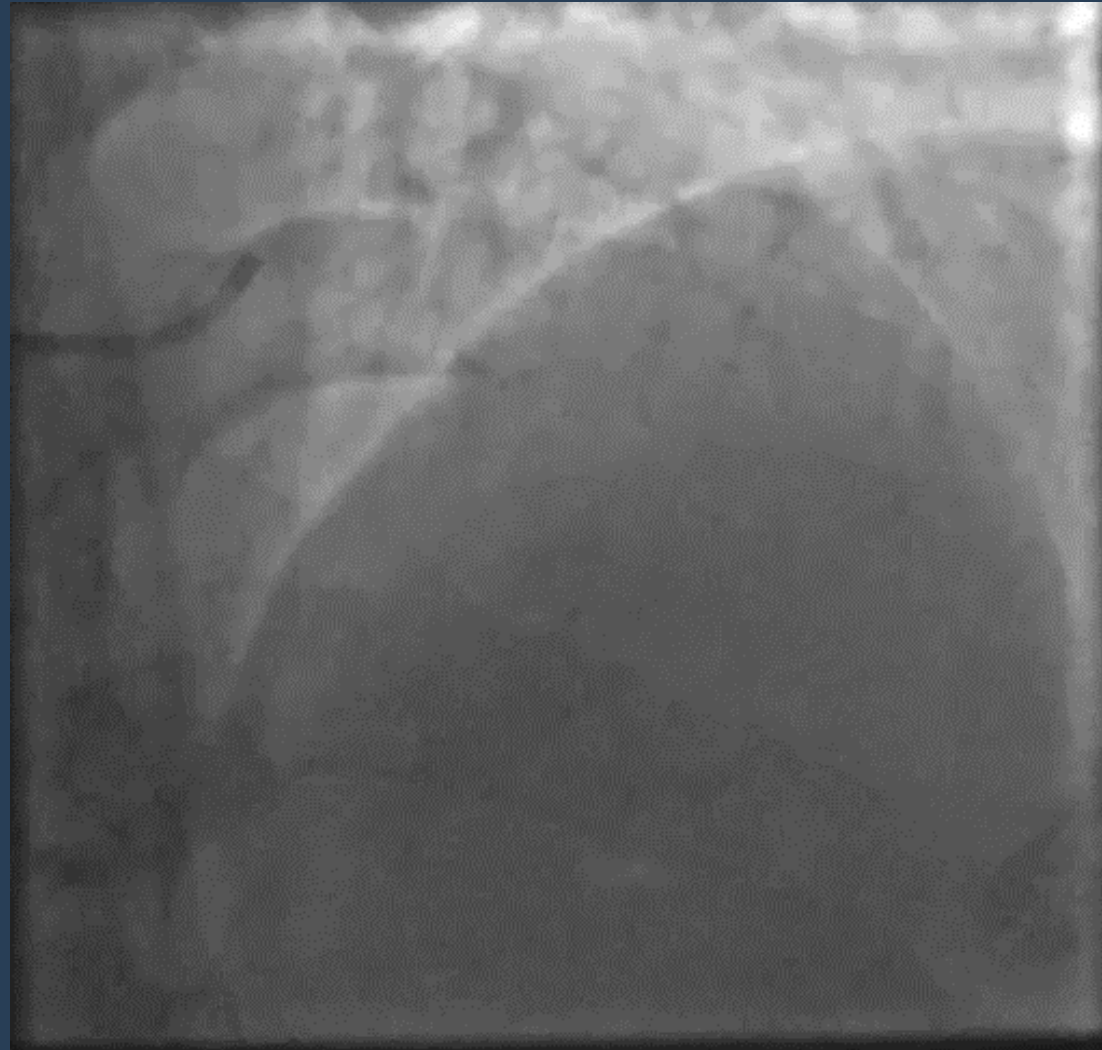
RCA



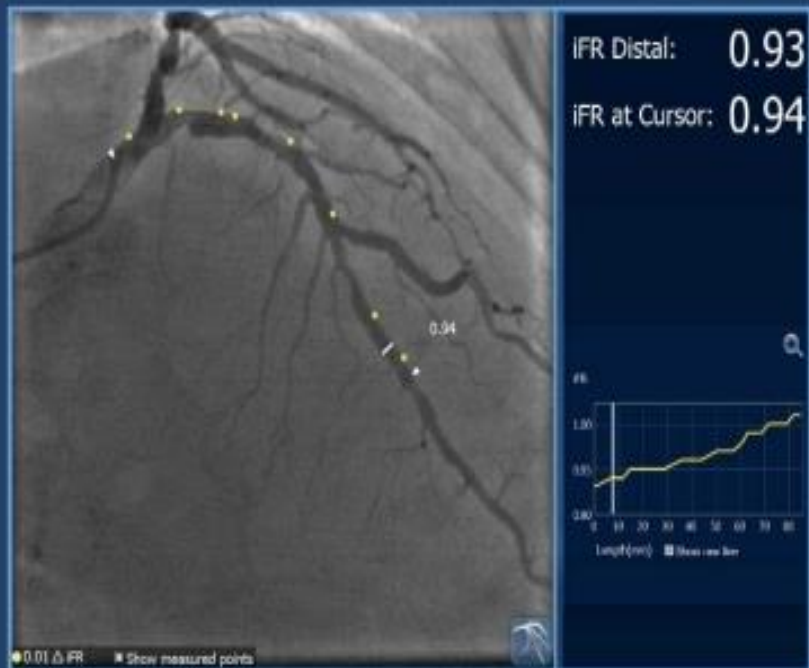
LCx



LAD



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iFR LAD

Philips SyncVision



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Treatment/Progress

- Optimal medical therapy
- Alcohol abstinence
- Repeat CMR 4 months later
 - Recovery of LV dysfunction – EF 60%
 - No dyskinetic/akinetic segments
 - No late gadolinium enhancement

Discussion

- Invasive hemodynamic assessments
- Discordant results and joint decision making with patient
- Limitations

Disclosure

- No conflicts of interest to declare

Conclusion / Take-home Message

- Cardiomyopathy with coincidental coronary artery disease - treated medically with normalization of structure and function on cardiac MRI
- Clinicians should be cautious in labelling cardiomyopathies as “ischemic” based on the presence of concomitant coronary artery disease
- Invasive physiology gave us robust grounds to defer revascularization and optimize medical therapy