

PRONE ACQUISITION IN SPET PERFUSION SCINTIGRAPHY OF MYOCARDIUM WITH PHARMACOLOGICAL STRESS TEST

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By reporting the typical findings of perfusion scintigraphy of myocardium, we indicate on importance and place of acquisition in prone position versus standard supine acquisition. Problem of presence of false positive findings on diaphragmal wall as consequence of soft tissue attenuation by left hemidiaphragm or subdiaphragmal structure was discerned by using ²⁰¹Tl and ^{99m}Tc-MIBI. This is a source of reduced diagnostic specificity of method for detection coronary disease on diaphragmal wall, so and whole specificity. Possibly solution is acquisition in prone position for detection false positive finding from real defect of diaphragmal wall. Report 1: patient with defect of diaphragmal wall and SSS: 10, SRS: 8, SDS:2 in supine position and with normal finding, SSS: 5, SRS: 4, SDS:1 in prone position. Report 2: patient with defect of diaphragmal wall and SSS: 10, SRS: 8, SDS: 2 in supine position and SSS: 5, SRS: 5, SDS: 1 in prone position. Report 3: patient with defect of diaphragmal wall and SSS: 17, SRS: 14, SDS: 3 in supine position and SSS: 12, SRS: 6, SDS: 6 in prone position. Report 4: patient at whom acquisition was done only in prone position: SSS: 10, SRS: 2, SDS: 8 with perphusion defect on frontal wall and septum and with TIDLV. Opinion of author is: by using liposolubil radiopharmaceutical (^{99m}TC-MIBI) and pharmacological stress it is compulsory to do acquisition in supine and prone position at Nongated study, as base, and at Gated study as extra procedure for distinction of arteffects from real perphusion defects of diaphragmal wall.

Key words: perfusion scintigraphy of myocardium, ^{99m}Tc-MIBI, supine, prone acquisitions, inferior wall perfusion attenuation.