

POSTER PRESENTATION

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Stress cardiac magnetic resonance: follow-up of patients with intermediate-high cardiovascular risk

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Background

Stress cardiac magnetic resonance with adenosine (CMR-A) is a valid test to rule out myocardial ischaemia. We follow-up a cohort of patients with CMR-A due to suspected myocardial ischaemia.

Methods

All the patients with a CMR-A were included between June 2009 and November 2012. The follow-up was done in outpatient cardiology clinic or by phone. We analyze the free-event survival considering as events: acute coronary syndrome (ACS), death for any cause, admission for heart failure (HF) or necessity of revascularization. The statistical analysis was made with SPSS 20.0.

Results

239 patients were studied (180 male) with a mean age of 66 ± 10 years old. One hundred and sixteen (48.5%) had previous coronary artery disease, with myocardial infarction in 68 patients. The reason for test referral were: several cardiovascular risk factors 52%, atypical chest pain 33%, typical chest pain 12%, and not conclusive previous test 3%.

The CMR-A was positive for myocardial ischaemia in 83 patients (35%) and negative in 156 (65%). The follow-up median was 26 [0-59] months. 53 patients (22%) had events: 16 patients died (4 because of cardiovascular reasons), 26 had an ACS, 5 were admitted for HF and 21 needed invasive coronariography (18 PCI). There were statistical differences in the Kaplan-Meier survival curves (figure 1) between those with a positive result in

the CMR-A test and those with a negative one (Long Rank test; $p=0.021$).

Conclusions

In this cohort of patients with an intermediate-high cardiovascular risk, with CMR-A, those with a negative result have fewer events in the follow-up.

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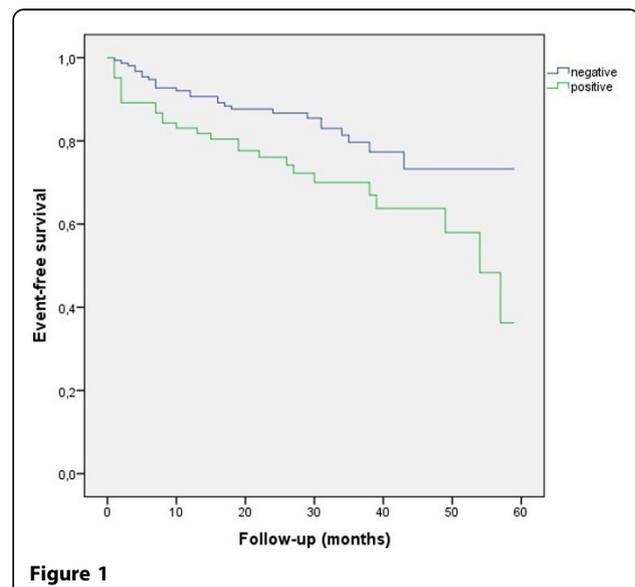


Figure 1

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