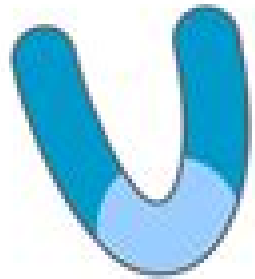
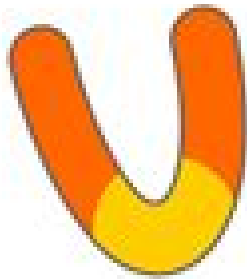


Stunned Myocardium

Acute Ischemia



↓ Perfusion

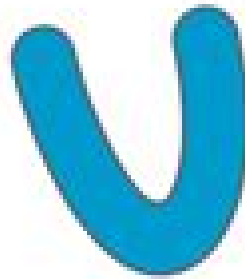


↓ Function

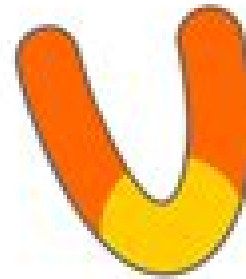


Relief of Ischemia

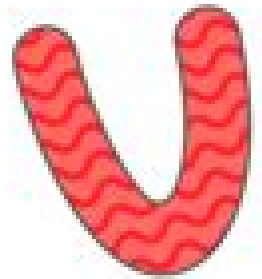
Post-Ischemia



Restored Perfusion



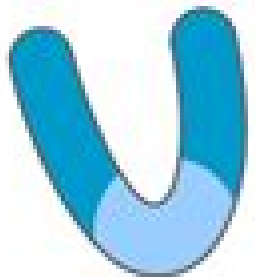
↓ Function



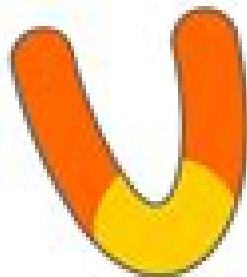
+ Viability

Hibernating Myocardium

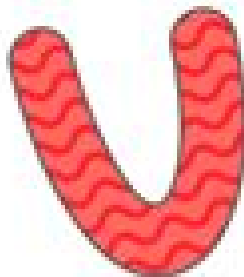
Chronic Condition



↓ Perfusion



↓ Function



+ Viability

- Normal Perfusion
- ↓ Perfusion
- Normal Function
- ↓ Function
- + Viability
- ↓ = decreased
- + = presence of

Stunned Myocardium

Lionel H. Opie



Stunned Myocardium:

Myocardium at Risk and Viable Myocardium J. Candell-Riera, Joan Castell-Conesa, Santiago Aguandé-Bruix, 2012-12-06

The clinical use of nuclear cardiology for the assessment of myocardial ischemia continues to grow at an unprecedented rate. Part of the reason for this growth is the technical advances in single photon emission computerized tomography (SPECT). SPECT has been shown to provide high contrast images superior to planar imaging techniques. An important and recent technical advancement in SPECT has been ECG gated myocardial perfusion SPECT to generate simultaneous myocardial perfusion and function information from a single study. Automated quantitative techniques have facilitated the widespread application of this breakthrough. Another recent advancement has been the use of attenuation correction techniques to help remove the effects of the physical phenomena that degrades the visual and quantitative accuracy of SPECT images. Another reason for the growth of the clinical use of nuclear cardiology is the large body of published evidence documenting the effectiveness of SPECT techniques for assessing myocardial ischemia, myocardium at risk, viable myocardium, and stunned or hibernating myocardium. These assessments have been shown to be important not only in diagnosis but also in prognosis. This book is divided into three major sections, each addressing the important topics of nuclear cardiology. The first section is a that have led to the clinical success, description of the technical aspects of state of the art myocardial perfusion SPECT imaging. This section deals with the radionuclides, instrumentation, image acquisition and analysis, interpretation and quantification techniques used in the most progressive nuclear cardiology clinics.

Congestive Heart Failure Jeffrey D. Hosenpud, Barry H. Greenberg, 2007. Written by recognized leaders in the field, *Congestive Heart Failure* Third Edition is a comprehensive state of the art reference on all basic and clinical aspects of heart failure. Coverage includes an entire section on pharmacologic therapy and a twenty chapter section on clinical approaches to acute and chronic heart failure. This edition has new chapters on impact and treatment of comorbidities, prevention of sudden cardiac death, rationale for use of anticoagulants, ultrafiltration, use of mechanical devices, and gene and cell therapy. Readers will find up to date information on genetics, surgical therapies, ventricular synchronization, defibrillator therapy, mechanical approaches to atrial fibrillation, left ventricular assist devices, ventricular support, and ventricular remodeling surgery and myocardial regeneration, cell transplantation.

Myocardial viability A.S. Iskandrian, Ernst E. van der Wall, 2012-12-06. In the past few years it has become clear that left ventricular dysfunction, even of severe degree, may be reversible after coronary revascularization in some patients. As a result, myocardial viability has captured the imagination of researchers and clinicians seeking to unravel the cellular and subcellular mechanisms and define appropriate diagnostic modalities. These diagnostic modalities include cardiac catheterization, positron emission tomography, magnetic resonance imaging, two dimensional echocardiography, and single photon imaging. This book for the first time brings together a diverse array of information in a comprehensive and concise fashion using a template of ten chapters written by experts in the field. It will be required reading for cardiologists.

radiologists nuclear medicine specialists cardiac surgeons anesthesiologists internists and basic researchers and their trainees who are involved in the management of patients with coronary artery disease in whom myocardial viability is a clinically relevant issue **Myocardial Ischemia: Mechanisms, Reperfusion, Protection** Morris Karmazyn, 2013-03-12

Myocardial ischemia and subsequent reperfusion of the ischemic myocardium represent complex phenomena encompassing numerous physiological processes This book aims at enhancing our understanding of these processes and stresses recent important developments in this very active area of research The concise state of the art reviews cover recent advances in many fields important to the area of myocardial ischemia and reperfusion including physiology pathology pharmacology biochemistry and molecular biology with reference to clinical relevance and applicability of these findings Major areas which are highlighted include vascular mechanisms resulting in myocardial ischemia cellular events in the ischemic postinfarcted and reperfused myocardium as well as new exciting developments in cardiac protection that involve both novel pharmacological approaches as well as endogenous cardioprotective mechanisms such as preconditioning Aimed at both the basic and clinical cardiovascular investigator the book comprehensively reviews the rapid progress made in recent years in understanding the etiology of myocardial ischemia and reperfusion It will further serve as an authoritative reference for all those interested in learning about the important developments in the treatment of myocardial ischemic and reperfusion disorders *Handbook of Cardiac Anatomy, Physiology, and Devices* Paul A. Iaizzo, 2009-07-01

A revolution began in my professional career and education in 1997 In that year I visited the University of Minnesota to discuss collaborative opportunities in cardiac anatomy physiology and medical device testing The meeting was with a faculty member of the Department of Anesthesiology Professor Paul Iaizzo I didn't know what to expect but as always I remained open minded and optimistic Little did I know that my life would never be the same During the mid to late 1990s Paul Iaizzo and his team were performing anesthesia research on isolated guinea pig hearts We found the work appealing but it was unclear how this research might apply to our interest in tools to aid in the design of implantable devices for the cardiovascular system As discussions progressed we noted that we would be far more interested in reanimation of large mammalian hearts in particular human hearts Paul was confident this could be accomplished on large hearts but thought that it would be unlikely that we would ever have access to human hearts for this application We shook hands and the collaboration was born in 1997 In the same year Paul and the research team at the University of Minnesota including Bill Gallagher and Charles Soule reanimated several swine hearts Unlike the previous work on guinea pig hearts which were reanimated in Langendorff mode the intention of this research was to produce a fully functional working heart model for device testing and cardiac research

Myocardial Ischemia and Reperfusion Michael V. Cohen, J.M. Downey, R.J. Gelpi, Jan Slezak, 2012-12-06 The articles collected in this volume largely arose from two related meetings held last spring The first was held in Buenos Aires Argentina on April 11-12 1997 and was titled *Nuevos Avances en el Fenómeno de Isquemia y Reperfusion* New Advances in the

Phenomenon of Ischemia and Reperfusion The second meeting took place in Star Lesn located in the High Tatras Mountains of the Slovak Republic on June 27-30 1997 Both meetings were sponsored by several organizations including the International Society and Federation of Cardiology the International Society for Heart Research and The American Heart Association

Silent Myocardial Ischemia: A Critical Appraisal J. J. Kellermann, E. Braunwald, 1990-06-27 **New Paradigms of Coronary Artery Disease** G. Heusch, R. Schulz, 2013-04-17 Detailed analyses of regional myocardial blood flow function metabolism and morphology in ischemic and reperfused myocardium have led to the identification of important phenomena i.e. myocardial hibernation myocardial stunning and ischemic preconditioning Both the hibernating and the stunned myocardium characterize viable though dysfunctional as distinguished from necrotic tissue With the advent of reperfusion procedures the distinction between reversibly injured hypofunctional myocardium from irreversibly injured hypofunctional myocardium is of utmost clinical importance The pathophysiological distinction of hibernating and stunned myocardium is controversial but reperfusion is mandatory anyway Ischemic preconditioning is the most powerful maneuver known so far to delay infarct development Its clinical significance has been suggested from retrospective analyses of data from patients suffering a myocardial infarction as well as from controlled PTCA studies Whether or not preconditioning can be achieved pharmacologically in the clinical setting remains to be established The mechanisms and signal cascade underlying myocardial hibernation myocardial stunning and ischemic preconditioning are not clear in detail Over the last year focussed issues on myocardial hibernation myocardial stunning and ischemic preconditioning were published in Basic Research in Cardiology they have received great interest and a good response Therefore these focussed issues are now combined and published as a separate monograph We express our gratitude once more to all our colleagues who contributed to this monograph to Ms Ibkendanz of Steinkopff and to Ms Philipp and Mr Heinrichs from Bayer AG Germany who supported this additional publication

Stunning, Hibernation, and Calcium in Myocardial Ischemia and Reperfusion Lionel H. Opie, 2012-12-06 Stunning is potentially an important complication of myocardial reperfusion In contrast hibernation is an important complication of myocardial ischemia This book presents different viewpoints on these subjects taken from a series of peer reviewed articles which first appeared in Cardiovascular Drugs and Therapy and now in this book In addition a certain number of articles were directly invited for the book The introductory article is by Eugene Braunwald who with Kloner introduced the term myocardial stunning in 1982 The experimental phenomenon had first been described by Heyndrickx et al This important concept of stunning is examined from a number of points of view in a series of articles which clarify the experimental causes and the clinical implications The section on hibernation is introduced by Tubau and Rahimtoola the latter having first propounded the concept in 1989 The difference between stunning and hibernation is that stunning is essentially a post ischemic dysfunction of the myocardium temporary in nature occurring at a time when coronary blood flow is apparently normal or supranormal Hibernation on the other hand is a condition of reduced contractile activity

the direct result of chronic ischemia and hence a sign of a tolerable reduction in blood flow Possibly the reduction in contractile activity of the hibernating heart balances the reduction in the oxygen availability the smart heart of Rahimtoola This non contractile heart is hibernating awaiting the return of summer after winter and willing to contract normally again whenever warm coronary blood is restored It is certain that the concepts of stunning and hibernation are here to stay that they have or will have clinical relevance and that the search for the most appropriate diagnosis and therapy for each condition is now under way Hence a greater understanding of the experimental work which underlies these two conditions is highly appropriate Cumulated Index Medicus ,1995

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Stunned Myocardium Introduction

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