

# INTERNATIONAL HEART CONFERENCE

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## Ischemic heart failure; myocardial viability evaluation before revascularization

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Myocardial viability categorized into 5 categories such as normal myocardium, reversibly ischaemic myocardium, peri infarct ischaemic myocardium, stunned myocardium, hibernating myocardium. In this era of multimodality and multiparametric imaging heave with a spectrum of imaging modalities to choose from, nuclear imaging delivers best results as far as Viability imaging is concerned as Viability is a physiological phenomenon that can be imaged directly with a physiological imaging modality (SPECT AND PET). Anatomical modalities “claim” to assess viability but with limited results. Accurate pre-op assessment can deliver best results for patient standing on a

“T” junction of medical vs. interventional management, thus the dilemma resolved and the clinician confidently can go ahead with the right choice of therapy. If revascularisation is contemplated and viable myocardium present the resultant benefit of improvement in quality of life can be confidently arrived at in a preoperative scenario. Viable myocardium is located anatomically in the sub epicardial layers of the left ventricular wall, above the infarct in the sub endocardial layers in the distribution of a stenotic coronary artery. Thallium 201, 99m Tc SESTA MIBI, 18-F FDG are few radio tracers used to determine myocardial viability, the “gold standard” being 18 F FDG according to literature.

### Biography

Awadhesh Pandey has completed Post-graduation at Tata Memorial Hospital, Mumbai, India & DNB at prestigious Nizam’s Institute of medical sciences, India. Dr. Pandey has twice been awarded as a young scientist while was a faculty at the Nizam’s Institute of medical sciences, Hyderabad. He has 13 publications in international and national journals with a review article in Indian journal of nephrology. Dr. Pandey has more than 200 oral presentations to his credit in national & international conferences.

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