Echocardiography for coronary artery disease - strain or not to strain

Hui-Jeong Hwang, M.D., Ph.D.

Department of Cardiology, Kyung Hee University School of Medicine,

Kyung Hee University Hospital at Gangdong, Seoul, Korea

Wall motion abnormalities on echocardiography play important role in diagnosing and treating ischemic heart disease. However, assessment of typical wall motion abnormalities represented as myocardial thickening is a little bit subjective and operator dependent. Wall motion abnormalities of patients with focal ischemic myocardium also used to be missed because of tethering motion of ischemic myocardium. Therefore, a necessity of more objective and inclusive non-invasive method arises clinically in estimating ischemic heart disease.

Doppler- and two dimensional- derived myocardial deformation analyses may be additional methods for objective and accurate estimation of ischemic heart disease. Recent several studies demonstrated that decreased strain and strain rate and increased postsystolic shortening were associated with ischemic heart disease and had an incremental benefit compared with the assessment of wall motion abnormalities in detection of coronary artery disease. In addition, these myocardial deformation parameters to measure before and after index revascularization or during dobutamine infusion were useful predictors of adverse outcomes, irreversible myocardial dysfunction and assessed infarct scar size in patients with revascularization after acute myocardial infarction.

Despite clinical utility of myocardial deformation analysis, however, strain rate analysis has been rarely used as daily practice in patients with known or suspected coronary artery disease. In fact, Doppler strain imaging analysis needs highly training and is time-consuming work because it is one dimensional and angle dependent and needs high frame rate. On the other hand, two dimensional strain rate imaging analysis can relatively measure easily and shows similar clinical useful data compared with Doppler strain imaging. Variable vendor dependent cut-off values and measuring algorithms also remain as barrier to use strain analysis as standard practice. Nevertheless, myocardial deformation analysis will be a useful method to estimate ischemic heart disease through the rapid technical development in early future.

References

- 1. Støylen A, Heimdal A, Bjørnstad K, et al. Strain rate imaging by ultrasonography in the diagnosis of coronary artery disease. J Am Soc Echocardiogr 2000;13:1053-64.
- 2. Hoit BD. Strain and strain rate echocardiography and coronary artery disease. Circ Cardiovasc Imaging 2011;4:179-90.
- 3. Choi JH, Cho SW, Song YB, et al. longitudinal 2D strain at rest predicts the presence of left main and three vessel coronary artery disease in patients without regional wall motion

abnormality. Eur J Echocardiogr 2009;10:695-701.

- 4. Hwang HJ, Lee HM, Yang IH, et al. The value of assessing myocardial deformation at recovery after dobutamine stress echocardiography. J Cardiovasc Ultrasound 2014;22:127-33.
- 5. Antoni ML, Mollema SA, Delgado V, et al. Prognostic importance of strain and strain rate after acute myocardial infarction. Eur Heart J 2010;31:1640-7.
- 6. Woo JS, Kim WS, Yu TK, et al. Prognostic value of serial global longitudinal strain measured by two-dimensional speckle tracking echocardiography in patients with ST-segment elevation myocardial infarction. Am J Cardiol 2011;108:340-47.
- 7. Haberka M, Kiszka J, Kozyra A, et al. Two-dimensional speckle tracking echocardiography prognostic parameters in patients after acute myocardial infarction. Echocardiography 2015;32:454-60.