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BRIHH IN PATIENTS WITH DM REPERCUSSION AND DIAGNOSIS IN STUDIES OF MYOCARDIAL PERFUSION WITH SESTAMIBI

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It is known that the LBBH has different etiologies, among which, we must consider the obstructive coronary atherosclerosis, mainly in the anterior descending coronary artery, however, there have been no analyzes that specifically assess the presence of LBBH in diabetic patients and its Impact on myocardial perfusion studies with sestamibi. The purpose of this study is to know if the diabetic patient, with LBBB, will increase the probability that said blockade is related to obstructive coronary atherosclerosis, detected by myocardial perfusion studies, with sestamibi as a radiopharmaceutical. Additionally, the diagnostic accuracy of the study will be assessed to adequately characterize the absence or presence of CAD. In a retrospective way, 128 patients with LBBH were selected, sent to the nuclear medicine service from 2013 to 2016, with suspicion of CAD. Of these patients, 68 (41 women and 27 men, average age 65 years, age range of 54 to 88 years) had diabetes mellitus, among other known risk factors. The remaining 60 patients (36 women and 24 men, average age 69 years, age range of 54 to 88 years), suffered from other risk factors other than diabetes. The patients followed the protocol for the preparation and conduct of myocardial perfusion studies of the American guidelines. Patients without BRDHH were excluded. Stress tests of all patients were performed with dipyridamole. The reference test against which the results were compared, was therapeutic coronary angiography, in the patients who were found to have CAD by our method. And when the treating physician considered it, in patients without CAD by our method, coronary angiotomography was requested.Of the 68 patients with diabetes mellitus, 52 were found to have CAD and 16 without CAD. Of the 60 non-diabetic patients, 48 were found to have CAD and 12 without CAD. The chi square test was used to establish a relationship between the known variables (diabetes and branch block / non-diabetics and branch blockade, healthy and sick). The null influence of diabetes mellitus on the increase in CAD in patients with LBBH, was considered as a null hypothesis. The result was that such hypothesis was confirmed. Regarding the diagnostic accuracy of the nuclear medicine study in patients with diabetes, it was 94.1%, sensitivity of 94.2% and specificity of 93.8%. In non-diabetic patients, the diagnostic accuracy of the nuclear medicine study was 93.8%, sensitivity of 93.8% and specificity of 93.8%. In both cases, positive predictive values were found, above 97%.

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