DEBATE ARTICLE



Debates: Introduction

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Received Apr 1, 2015; accepted Apr 1, 2015 doi:10.1007/s12350-015-0138-z

JNC will publish a series of debates; the first one entitled "The Optimal Imaging Method for Differentiation of Ischemic versus Non-ischemic Cardiomyopathy" appears in this issue. Experts in nuclear imaging, echocardiography, cardiac CT, cardiac MR, and cardiac catheterization present strong arguments as to which imaging method is ideal or preferred. The editorial by Dr. James Udelson puts these views in perspective. We have invited the authors to write letters to the editor if they feel it is necessary to challenge other views. We were initially planning that each author writes a rebuttal but space limitations and time made it impossible. We hope these debates are useful to our readers as they apply to patient care.

Case history: 57-year old woman presents with 8-months history of shortness of breath on exertion. She has no chest pains. She has history of hypertension and

type 2 diabetes and both are well controlled with oral medications. The heart rate is 74 bpm and regular; the blood pressure is BP140/85 mm Hg. The cardiac examination is normal. The ECG shows NSR and voltage criteria of left ventricular (LV) hypertrophy. The renal function is normal. The trans-thoracic echocardiogram shows mildly, enlarged LV with mild diffuse wall motion abnormality and trivial mitral regurgitation. The ejection fraction is 35%. The right ventricular function is normal. The pulmonary artery systolic pressure is estimated at 35mmHg.

Q: How do you differentiate the etiology of LV dysfunction as to whether it is "ischemic cardiomyopathy"?

We sincerely thank all authors for their tremendous contributions and service to the JNC.