Letter to the Editor

Asymptomatic Ischaemic Heart Disease

Sir,

Your editorial - Asymptomatic IHD in the journal (32(2), Dec 1988),made many valid & interesting points. This is a problem that needs the highlight you have bestowed upon it.

In this connection, permit me to bring to the attention of all your readers an article entitled - "Silent Ischaemia. A Clinical Update" (Valle & Lemberg, Chest : 97 (1) Jan. 1990 P 186 et seq). The authors recommended that SMI be considered in patients over 35 years who have strong family history of IHD or have more than 2 coronary risk factors. They may often be symptomatic with oesophageal disorders, hiatus hernia or chest wall arthritis and mislead the unwary. Verification of SMI is made by treadmill testing followed by Thallium - 201 study as false +ve abound with TMT especially in women. 24-h ECG surveillance with Holter helps assessment of the total ischaemic burden.

Having established the diagnosis and assessed the severity, all are put on a "suitable" drug regimen (nitrates, B- Blocker or Ca channel blocker and aspirin). The benefit of such therapy is assessed by symptomatic improvement and a Holter recording. Failure of adequate medical treatment calls for Coronary Angiography followed by PTCA/CABG, if indicated.

Air Vice Marshal S Krishnamurti (Retd)
Consultant Physician
82, B-Block, Koramangala
Bangalore - 560034

Reply from Author

Author values the appreciation expressed by our veteran society member and senior physician on the above editorial. Further he has rightly pointed out the extent of false positive treadmill test especially in premenopausal women to detect IHD. Thallium perfusion scintigraphy especially quantitative evaluation technique, helps to quantify the area of myocardium at risk and thus corroborate our findings on treadmill and Holter study and improve our predictive accuracy on coronary arteriography. In symptomatic cases, it is mandatory to rule out some spurious conditions mimicking coronary artery disease. Silent myocardial ischaemia detected in symptomatic or asymptomatic cases warrants similar management protocol. In asymptomatic cases, silent myocardial ischaemia (SMI) diagnosis is based on angiographically proved coronary artery disease with ischaemia detected on treadmill or Holter Study thus excluding false positive test. In future, we are going to learn more about SMI to improve our understanding of spectrum of ischaemic heart disease and symptomatic ischaemia. It is akin to common saying: "If you do not understand my silence, you will never understand my words". I feel this dictum now applies more to ischaemic heart disease than tender human relationship.

Wg Cdr SN Sharma
Associate Professor (Medicine)& Cardiologist
IAM IAF, Bangalore - 17