**DIAGNOSTIC ACCURACY OF EXERCISE ECHOCARDIOGRAPHY**

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This presentation will describe the accuracy of exercise echocardiography (EE) for evaluation of coronary artery disease (CAD). Content will include analysis of the following diagnostic criteria (DC)of ischemia: typical angina, horizontal or down sloping ST depression more than 1mm and the main DC for positive test-appearance new/worsening wall motion abnormalities (WMAs). Then we correlated our results with coronary angiography (CA). Also will be discussed the DC in the high-risk group of patients. 4500 patients underwent EE (mean age: 53,4±0,4, 84% males). Test was positive in 490 patients: 118 patients (25,5%) had 3 criteria of ischemia; 229 people (49,5%) had 2 criteria - WMAs and typical angina or WMAs and EKG-changes; 116 patients (25%) had just WMAs and no angina and EKG-changes. 463 patients had a critically stenosed coronary artery: 41 patients (8,9%) had left main disease, 187 people (40,4%) – 3 vessel disease; 147 patients (31,7%)– 2 vessel disease; 129 patients – 1 vessel disease and 27 people had normal coronary arteries. 501 patients underwent CA. EE was 94% accurate for identifying patients with CAD. Also we have analyzed the group of patients with high-risk (330 people). 99 patients (30%) had 3 DC of ischemia; 160 people (48,5%) had 2 DC - WMAs and typical angina or WMAs and EKG-changes; 71 patients (21,5%) had just WMAs and no angina and EKG-changes.

Conclusions: More than 20% high-risk patients had no typical angina and ST-segment depression on EKG during EE. The study confirms that accuracy of EE is high and it is an excellent tool for evaluation of CAD.