**MYOCARDIAL BRIDGES DIAGNOSTICS**

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**Objective:** To improve myocardial bridges (MB) diagnostics.

**Method:**For all patients (pts) we performed ECG, ECHO & coronary angiography.

**Results:** During 13 years we observed 347 pts with MB. The main reason for the hospitalization of the pts was angina pectoris, 54.1% of them had myocardial infarction in anamnesis. For 95.6% of pts we noted psychosomatic disorders, dyspnea attacks had 67.1% of pts. It is important to note that one of the clinical features of MB is nitrates intolerance, due to an increase in systolic compression of tunneled segment of the coronary artery (CA). We identified high peculiar ECG features of MB: transient change in the depth of inverted T wave in left precordial leads due to the dynamic nature of compression of the CA. The typical angiographic symptom of MB - «milking-effect» was observed in 92% of pts. In 96.8% of cases MB was settled down at the LAD, with average systolic compression 70%, average length of the tunneled segment was 28 mm. Intracoronary provocative tests with Isosorbide dinitrate during angiography has improved the diagnosis of MB at 75.7% Fig.1 ECG changes at rest (A) and after intracoronary infusion of nitrates (B).

 [](https://files.abstractsonline.com/CTRL/83/9/60C/E22/A3D/4CA/D82/37A/127/A20/6C0/C2/g1224_1.tif)

We found an indirect sign of MB in the form of hypokinesis of the anterior wall and apex of the left ventricle in 94 (27.08%) pts. The specific “half-moon” phenomenon on IVUS was met in 82.9% of cases.
**Conclusion:**Careful analysis of the angiography data in combination with the ECG signs and clinical symptoms, allows significantly improve the diagnostics of tunneled CA.