STELLINGEN
behorende bij het poefschrift van Abdou A Elhendy, Rotterdam 1996.

1. Dobutamine stress echocardiography is a safe, feasible and accurate method for the diagnosis and functional evaluation of coronary artery disease.

2. Myocardial perfusion scintigraphy is recommended in conjunction with a negative sub-maximal dobutamine stress echocardiography.

3. In patients with myocardial infarction, dobutamine stress echocardiography is useful for the evaluation of myocardial viability and assessment of the extent of coronary artery disease.

4. Left ventricular function is the most powerful predictor of systolic blood pressure response to high-dose dobutamine in patients with myocardial infarction.

5. The assessment of myocardial contractility at both low and high dose dobutamine provides valuable data in the diagnosis of myocardial viability and ischemia which are additional to those obtained by one stage assessment.

6. Electrocardiographic changes during dobutamine infusion provide useful information regarding the prevalence and extent of both myocardial viability and ischemia.
7. Electrocardiographic diagnosis should be an integral part of the final conclusion of the results of dobutamine stress test.

8. The heart is a kind of a canter where all disorders converge. All the ills of the rest of the body reflect on this organ. As soon as some part is irritated or inflamed, the heart may partake of its suffering.  

   J.-B. de Senac, 1749.

9. When the coronary arteries are ossified, every agent capable of increasing the action of the heart such as exercise, passion and ardent spirits must be a source of danger.  

   Allan Burns, 1089.

10. Errors in judgement must occur in practice of an art which consists largely in balancing probabilities.  

    Sir William Osler 1882.

11. Who shall decide when doctors disagree?  

    Alexander Pope 1733.

12. The real start of scientific insight is the moment one begins questioning about simple and seemingly unproblematic issues.