

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.

