



Figure 3. Non-viable myocardium
Delayed post contrast short axis MR image showing transmural enhancement of the anterior wall of the left ventricle consistent with non-viable myocardium.

present study 8 patients with documented coronary artery disease on coronary angiography were subjected to cardiac MRI with the aim to evaluate viability of the myocardium. The results based on post contrast delayed studies revealed presence of viable myocardium in 3 patients whereas in 5 patients there was evidence of irreversible myocardial damage (Fig 3).

Initially described in 1977, arrhythmogenic right ventricular dysplasia (ARVD) is a rare and familial disease characterized pathologically by fibrous and fatty replacement of the right ventricular myocardium. Patients generally present with arrhythmias of Rt ventricular origin, which may lead to sudden death. MRI has shown good results in diagnosing ARVD by providing information about regional wall motion, fatty infiltration of the Rt ventricular free wall and myocardial thinning¹⁰. On T1-weighted images focal areas of increased signal is observed in the Rt ventricular myocardium because of fatty infiltration. In the present study 6 patients were evaluated for suspected dysrhythmic Rt ventricular dysplasia by MRI and the same was confirmed in 3 patients whereas 3 were normal.

Latest research has opened up newer horizons in the field of cardiac

imaging with a view to image the coronary arteries, which have been known to be one of the most difficult arterial circulations to image. The challenges for MRI in imaging coronary arteries are their inherent complex geometry and tortuosity, their small caliber and their continual displacement by respiratory and cardiac motion. With improvement in technology and continued research into the various techniques of 2 and 3-dimensional MR imaging, it will soon be possible to image the coronary circulation using MRI. Since 20–40% of all diagnostic catheter coronary angiograms reveal no clinically significant stenosis, the development of an accurate and non-invasive technique to image the coronaries using MRI would represent a significant improvement in management of patients with suspected coronary artery disease.

In conclusion it is reiterated that cardiac MRI has already emerged as a useful technique in the evaluation of congenital and acquired heart diseases. It has a specific role in myocardial viability studies and is being increasingly used as a “one-stop” comprehensive imaging modality in the morphologic and functional evaluation of the heart. With the continuing shift towards non-invasive diagnostic procedures the applications of cardiac MRI will continue to expand and with the ongoing advancements in equipment and scanning techniques it is not far when MRI will be the leading imaging modality for all types of cardiovascular diseases and in particular ischaemic heart disease.

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CORRIGENDUM

Corrected versions of few spelling mistakes in the abstract of the article: Human Campylobacteriosis - an underdiagnosed etiology of Bacterial Diarrhea in India (April-June 2007 Issue) Vol. 20, No. 2 Page 147 are as under:

Dearrioea	to be spelled as	Diarrhoea
Immunocomprised	to be spelled as	immunocompromised
Hort	to be spelled as	Host
Culture	to be read as	Cultural

Inconvenience caused is highly regretted.

Editor

Next Issue Highlights

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- Preventing Micro Vascular Complications In Diabetes Mellitus
- Diabetic Education: A Critical Component Of Diabetic Care
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