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Relation of Brachial Artery Flow-Mediated Vasodilation to Significant Coronary Artery Disease in Patients With Peripheral Arterial Disease

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In patients at risk for coronary atherosclerosis, brachial artery flow-mediated dilation (FMD) rules out significant coronary artery disease (CAD). However, the value of this approach is unknown in patients with peripheral arterial disease who are at increased risk for CAD. This study assessed whether the noninvasive evaluation of endothelial function by brachial artery FMD rules out significant CAD by dipyridamole myocardial perfusion imaging (MPI) in patients with peripheral arterial disease who are asymptomatic for CAD. Forty-four patients with peripheral arterial disease who were asymptomatic for CAD underwent, in the same day, FMD evaluation and dipyridamole MPI using technetium-99m sestamibi single photon-emission computed tomography. MPI results were

abnormal in 17 of 44 patients (39%). FMD was significantly less ($6.0 \pm 2.3\%$) in patients with abnormal MPI results compared with those with normal MPI results ($7.3 \pm 1.8\%$, $p = 0.04$). By multivariate analysis, FMD was the only significant predictor of abnormal MPI results (odds ratio 0.63, $p = 0.02$). Receiver-operating characteristic curve analysis assessing the ability of FMD to identify patients with summed stress scores ≥ 3 yielded an area under the curve of 0.74 ($p = 0.009$). A FMD value $>6\%$ provided 92% negative predictive power to rule out abnormal MPI results, with sensitivity of 79% and specificity of 73%. In conclusion, the noninvasive evaluation of endothelial function by FMD has high negative predictive accuracy and good sensitivity and specificity to detect abnormal MPI results in patients with peripheral arterial disease. Thus, it may represent a valuable screening test to rule out significant CAD in these patients.



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