



BNCS NEWLETTER – OCTOBER 2000

President's address:

I don't quite know where the last year has gone to but we are now fast approaching another Christmas and another AGM. This year, the meeting will be held on 4th December in the Paul Wood conference centre, Royal Brompton Hospital, London. The AGM is *the* Nuclear Cardiology meeting of the year and not only gives the opportunity for first class professional development but also gives the chance to meet up with colleagues and to see the latest equipment courtesy of our commercial sponsors. It is also probably the only truly multidisciplinary forum and this is particularly important given the need for all of us to do our bit as part of a team responsible for a quality service. The committee has once again tried to balance talks by "old favourites" (Richard and Dudley!) whilst introducing new speakers. I think it is very important that as a society we continue to spread our wings and include as many new centres as possible. I enclose a copy of the programme for your information and hope that the topics being covered (as well as the other attractions) will encourage as many delegates as possible to attend. Remember that numbers are limited so book early...

Medical bit:

Left bundle branch block (LBBB) is either an acquired or rarely inherited form of intra-ventricular conduction defect. In other words the electrical depolarisation passes through the heart in a non-standard fashion leading to the interventricular septum having abnormal contraction. The importance of this condition lies in its frequent association with serious underlying cardiac disease states such as left ventricular damage and many old text books regarded it as *always* signifying an underlying problem and never a normal variant. Those of you used to medical MCQ questions will immediately appreciate the folly of using "never" or "always" and indeed it does appear to occur in otherwise normal individuals – even occasional fast jet pilots!

From the imaging point of view many patients with this condition are referred for myocardial perfusion imaging to determine whether or not there is evidence of significant underlying coronary artery disease. Many have already had an echo to exclude other structural cardiac abnormalities. The problem with MPI is that often the septum (and occasionally the anterior wall) appears to have a perfusion defect that can resemble ischaemia. Unfortunately when many of these patients are subsequently investigated by coronary angiography they turn out to have normal coronaries and the cardiologist loses faith with his/her nuclear cardiology colleagues.

The problem is a well described artefact, which can be prevented to an extent by using pharmacological stress, which does not significantly increase the heart rate – eg dipyridamole or adenosine. However even using this technique septal "ischaemia" can still be noted in certain individuals who again may well have normal coronary arteries. So is this genuine ischaemia? The answer to this is not clear but 2 papers have shown that individuals with "septal ischaemia" (in the absence of any other cardiac abnormality) have a poorer prognosis than those without "ischaemia". Thus once again nuclear cardiology produces useful clinical information unobtainable by other means.

BNCS 1997 Survey.

This is probably as complete as it is going to be and Liz Prvulovich will present the final results at the BNCS business meeting on 4th December. However, I understand that the results are not too dissimilar to those previously presented and show a continued expansion of Nuclear Cardiology in the UK.

BNCS 2000 Survey.

Andrew Kelion (Oxford) has graciously agreed to be press-ganged into undertaking the next survey and we look forward to hearing of his progress in due course.

BCS meetings:

The symposium held as part of the BCS AGM on 16th May 2000 was a success and excellent talks were given by George Beller, Kevin Allman and John McMurray. Unfortunately the numbers were down from previous years but this probably had more to do with the lower numbers of delegates to the Glasgow meeting and the fact that the BCS had decided to put on all affiliated groups sessions at the same time than any lack of quality. The committee has been asked to put together the next symposium for Manchester in May 2001 in the next 2-3 weeks.

Finally:

Our new web site is www.bncs.org.uk. Suggestions for inclusions (not rude) welcome!