

Department of Internal Medicine, Cardiovascular and NefroUrologic Disease of University of Palermo, Italy

Abstract

Background: The study evaluates the appropriateness of coronary angiography and the agreement between the used method and the presence of coronary artery disease by the indications proposed from American College of Cardiology/American Heart Association (1999).

Method: The guidelines allow us to associate to Class I and IIa the judgment of appropriateness, to the Class IIb of uncertainty; to Class III of inappropriateness.

Result: On 761 coronary angiography 76.74% were appropriate, 23.13% unsuitable, 0.13% uncertain. The group with the greater value of appropriateness is that one with unstable angina (97.9% appropriate); that one with W KH ORZHU YDOXH LV WKH JURXS ZLWK QRQ VSHFL ÷ F V \ P S W R P D W R O R J \

Conclusion: Considering the false positives, it is important the rate of the greater sensibility and the lower VSHFL ÷ FLW \ R I WKH QRW 0 \$ M J O J D B M " Q Q S P Q S J B U F O F T T P G \$ P S P O B S Z " O H J P H S B Sutura, Giovanna Evola, Salvatore Evola and Salvatore Novo

Keywords: Atherosclerosis; Acute coronary syndromes; of CVG. Patients were divided into nine groups carefully following the Percutaneous coronary intervention; Appropriateness of coronary criteria proposed by the guidelines ACC/AHA for the indication for angiography examination coronary angiography:

Abbreviations: ACC/AHA: American College of Cardiology/American Heart Association; FP: False Positives; TP: True Positives; MI: Myocardial Infarction; PCI: Percutaneous Coronary Intervention

Introduction

According to the definition of Brook et al. [1], a procedure is considered "appropriate" if the expected benefit in terms of health is greater than complications it entails with a sufficiently wide margin. However, the concept of appropriateness is useful if added to the one of "necessity": the procedure must be done because otherwise the patient could have a damage [2,3]. For this purpose, the method used is that developed by the RAND Corporation in collaboration with the University of California Los Angeles Health Service Utilization Study [4]. Another popular method consist of comparing the directions to make angiography of the analyzed population with those described in the guidelines, in general that of American Heart Association/American College of Cardiology and the European Society of Cardiology [5]. e criteria did not show only temporal variability, but also geographical [6-10], in fact, those adopted in the United States tended to be wider than in Europe and Canada [11-13]. To evaluate the appropriateness of a diagnostic examination, a diagnostic procedure to be applied to all patients, should be established a priori, in order to submit a smaller number of patients at risk.

Methods

The purpose of this study is to evaluate the appropriateness of the coronary angiography in order to verify the correlation between the method used, the real presence of disease and its severity. To this end, a retrospective analysis was performed. We considered 761 patients, of whom 558 men and 203 women aged between 31 and 92 years, were analyzed: diagnosis of acceptance, the major cardiovascular factors, noninvasive functional assessment (ergometric test, stress echo, perfusion myocardial scintigraphy, and echocardiogram), repository

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Results

Patients were divided into nine groups and it was observed that the greatest numbers of coronary angiographies were performed in patients with MI, followed by patients with unstable angina and stable angina/asymptomatic (Table 1). e 36.3% of all appropriate coronary

*Corresponding author: Giuliana Pace, Department of Internal Medicine, Cardiovascular and NefroUrologic Disease of University of Palermo, Via Del Vespro, 129, 90100 Palermo, Italy, Tel: 0916552986; Fax: 0916554301; E-mail: giuliana.pace@libero.it

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