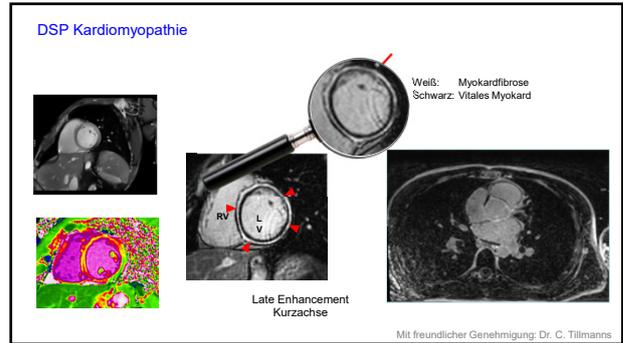
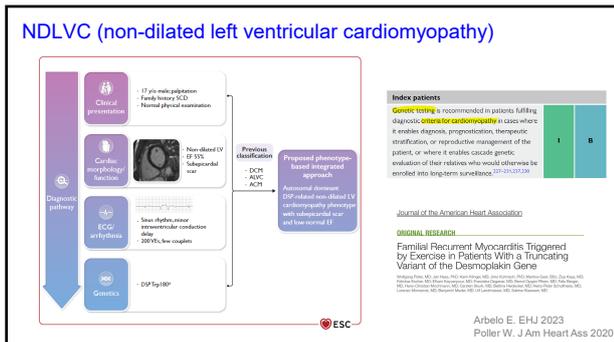




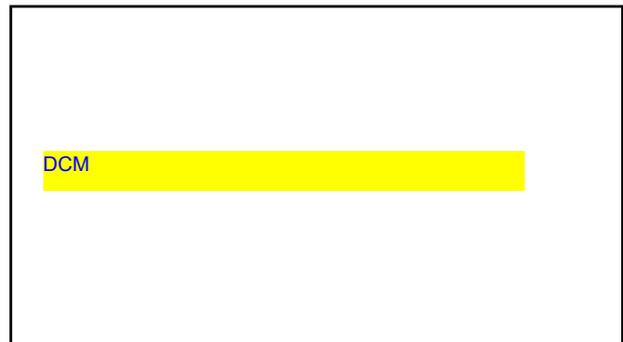
7



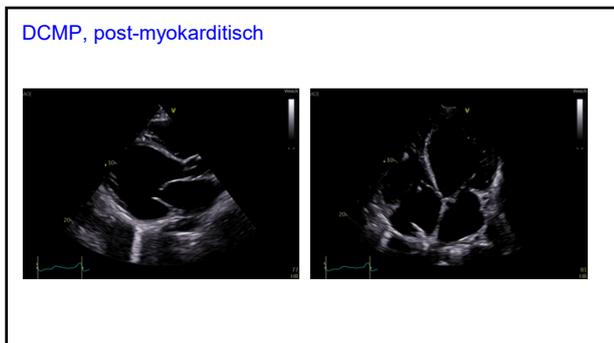
8



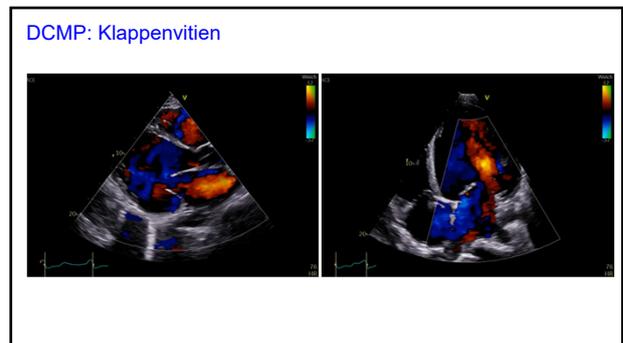
9



10



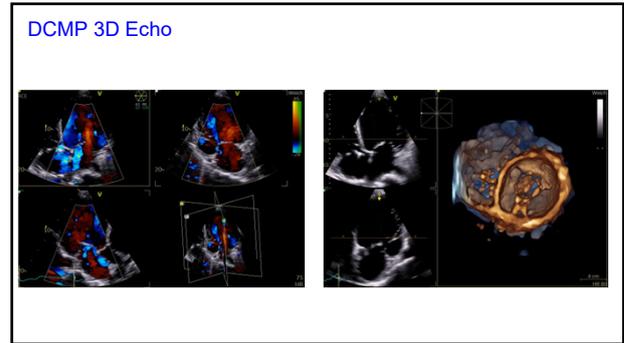
11



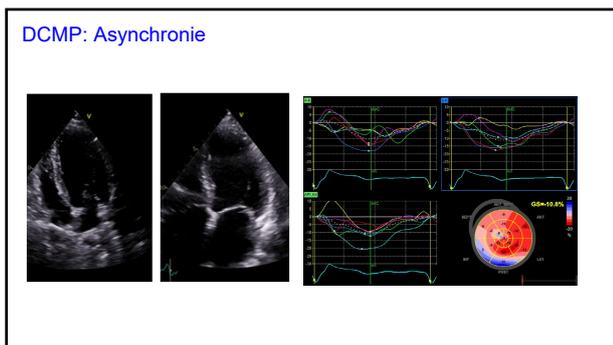
12



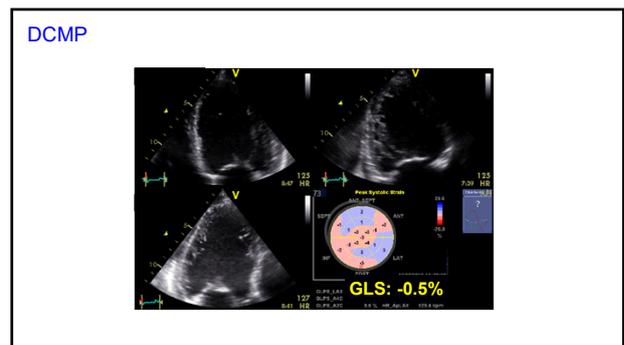
13



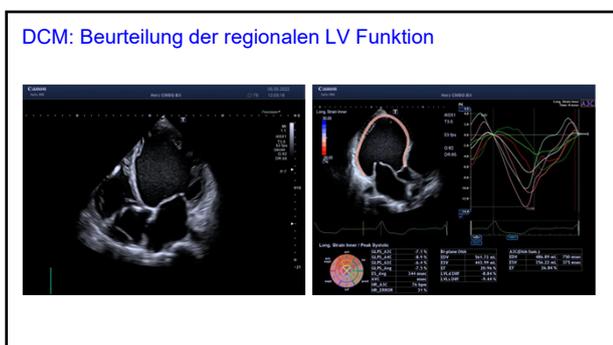
14



15



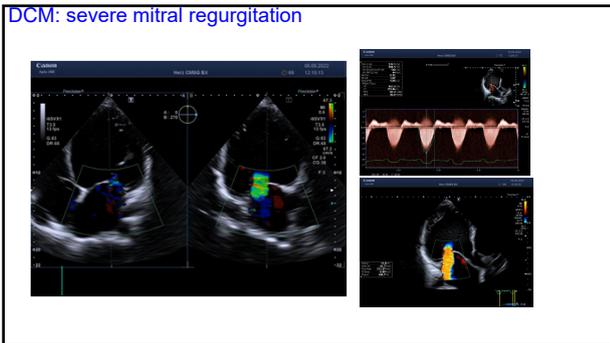
16



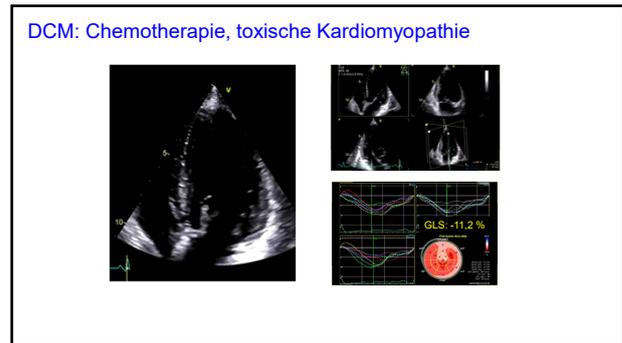
17



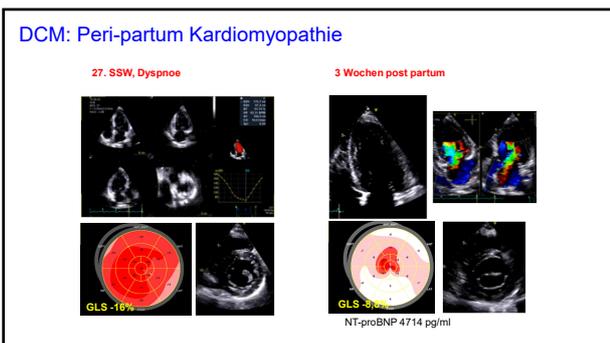
18



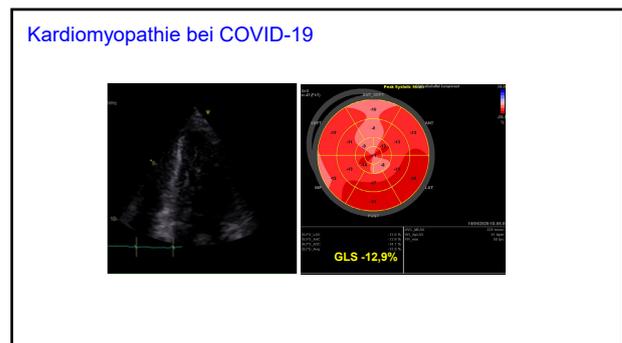
19



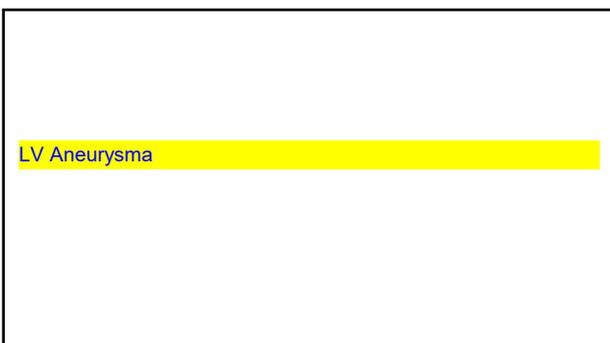
20



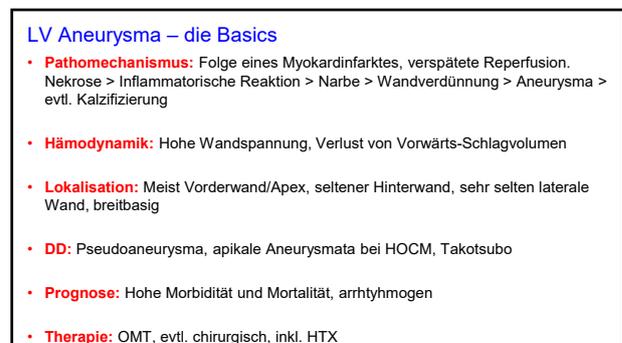
21



22

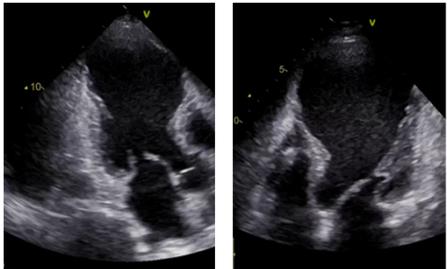


23



24

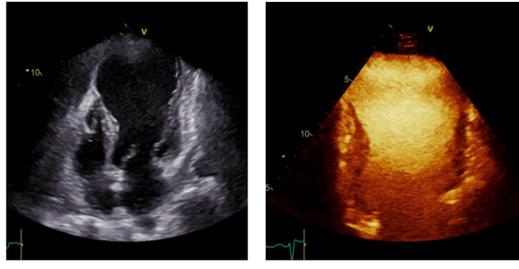
LV Aneurysma, Limitationen der TTE



- Sektorbreite
- Artefakte im Nahfeld
- Thrombus?
- Low Flow bei KM Echo
- Echogenität der Narbe
- Wanddicke
- EF Berechnung vs. Schlagvolumen

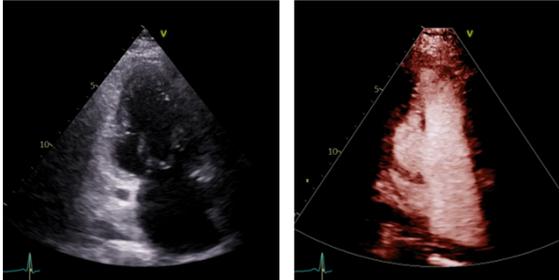
25

Subakuter VWI > LV Aneurysma > Progrediente Dyspnoe



26

Aneurysma Hinterwand



27

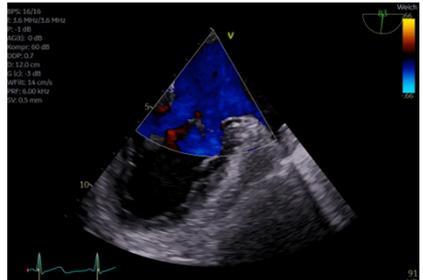
Inferiores LV Aneurysma



GLS: -16%

28

Komplikation bei Hinterwandaneurysma

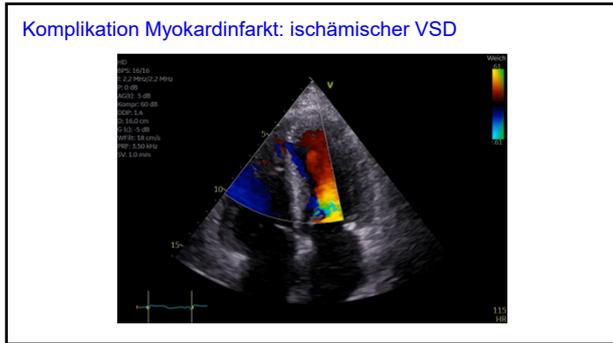


29

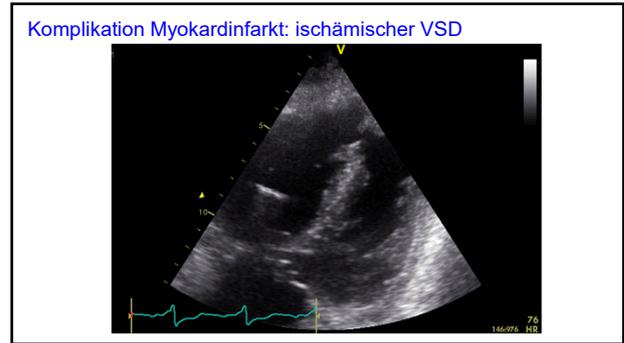
Komplikation Infarkt: Papillarmuskelabriss



30



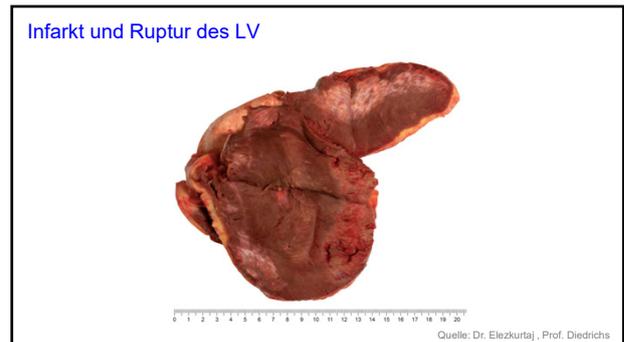
31



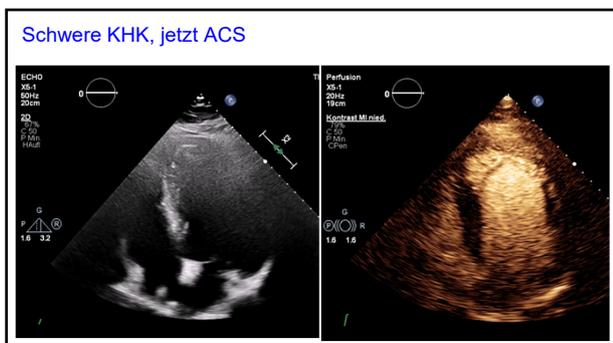
32



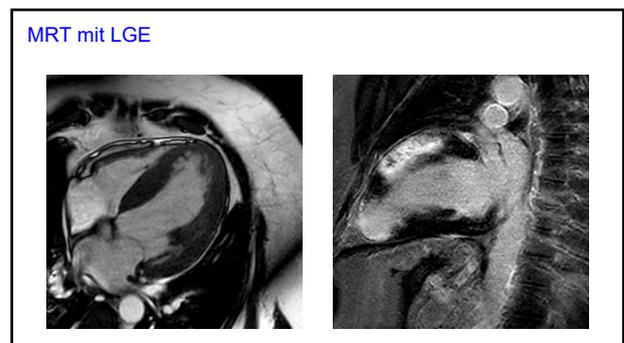
33



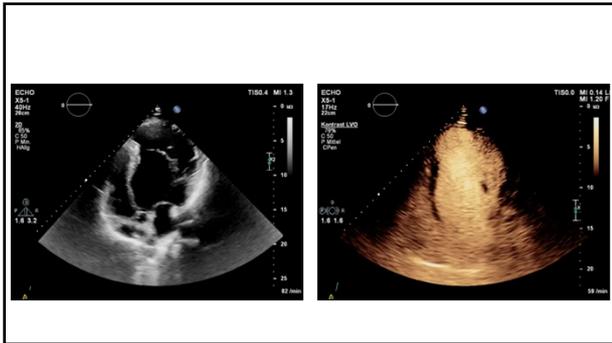
34



35



36

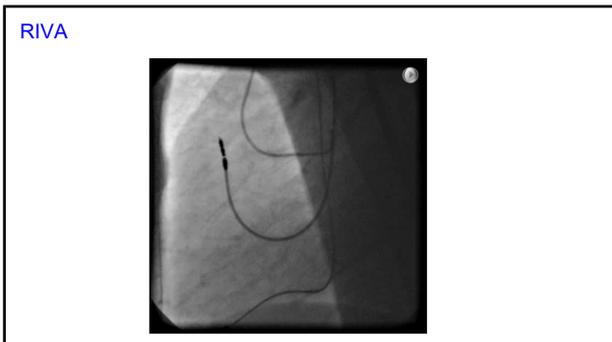


37

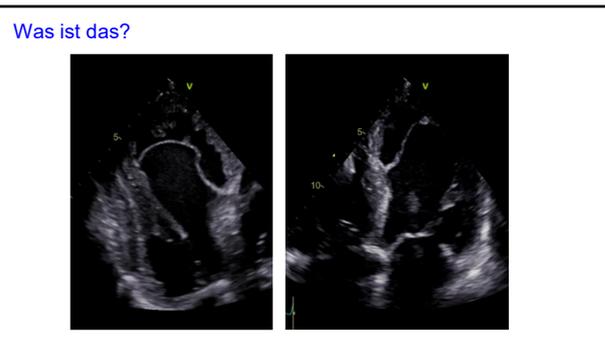
Fall

- 57-jähriger Patient, HIV
- kardiale Dekompensation + Pneumonie
- NSTEMI, NT-proBNP > 30.000
- Z.n. STEMI 2016, DES RIVA
- Z.n. ICD bei EF 25%
- Z.n. LV-Spizenthrombus vor 12 Monaten, OAK vor 6 Wochen pausiert

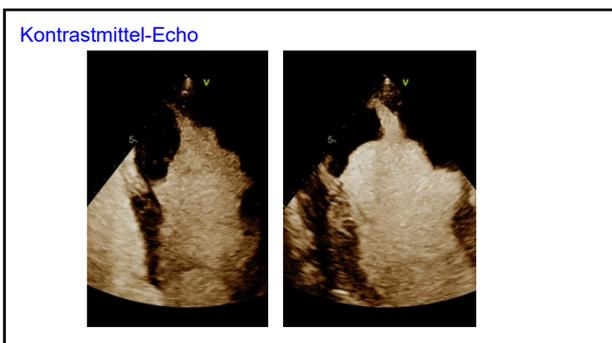
38



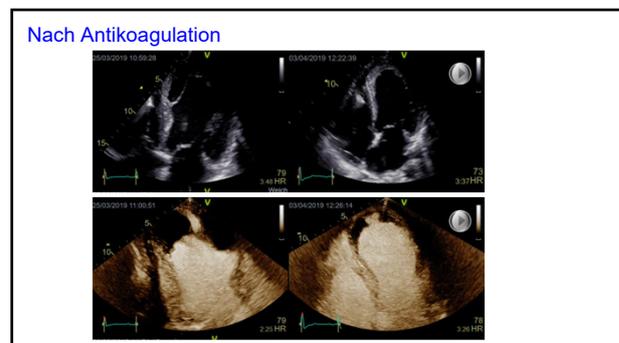
39



40



41



42

Intramyocardial dissecting hematoma

of exclusion. Often further multimodality cardiac imaging is indicated to confirm the absence of free wall rupture and to characterize both intracavitary thrombus and hematoma formation and propagation within the dissecting plane. The management of intramyocardial dissecting hematoma is anecdotal and limited to case series observations. Surgical repair may be reserved for those with rapid progression or complete rupture and those who require surgical revascularization. Anticoagulation could be considered to reduce the risk for distal embolization from true LV cavity, but its use should be balanced by the high risk for progression of dissection when not known to be the cause

Gandhi. Cardiovascular Imaging Case Reports. December 2017

43

Ein Patient mit Dyspnoe bei rheumatoider Arthritis...

44

LV Pseudoaneurysma

45

Pseudoaneurysma vs. wahres Aneurysma

- „Falsches Aneurysma“
- Gedeckte LV-Wand Ruptur
- Perikardiale Höhle
- Kein Endo- oder Myokard
- Schmalere Hals
- Langsamer Fluss

- Breitbasig
- Wandverdünnung
- Oft Thromben
- Meist apikal

Otto C. Echocardiography

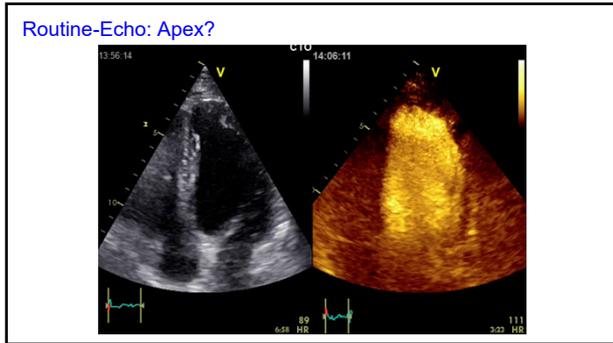
46

63-jähriger Patient. Z.n. Aneurysmektomie + CABG

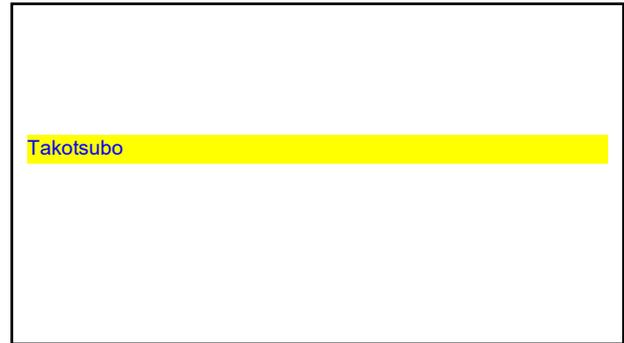
47

LV Angiografie

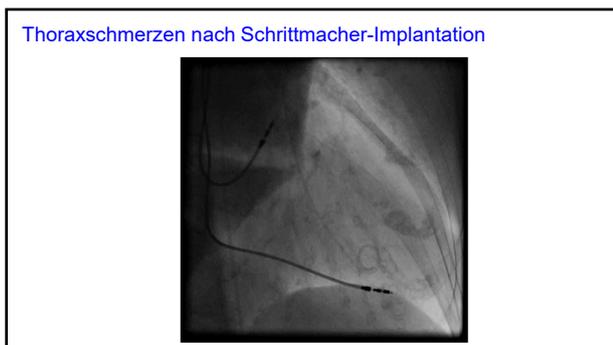
48



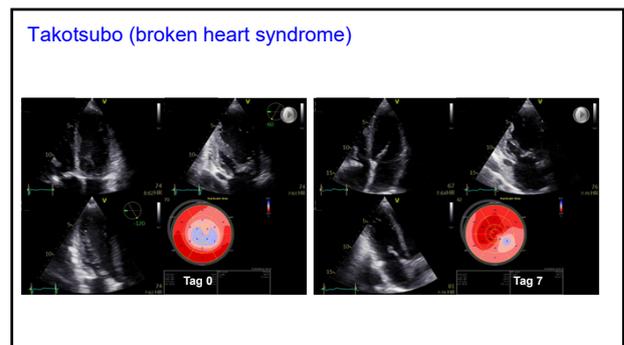
49



50



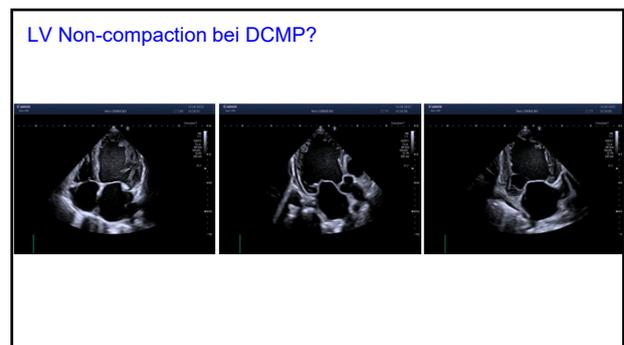
51



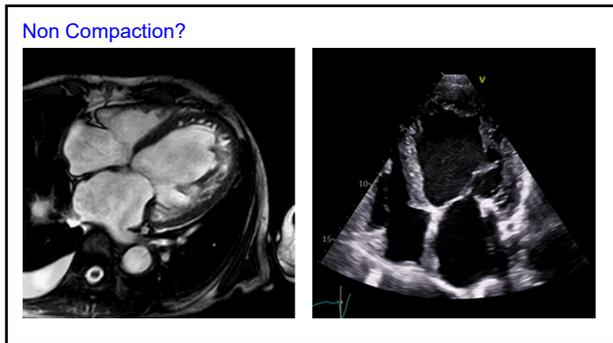
52



53



54



55

LV-Trabekularisierung vs. Hypertrophie

STATE-OF-THE-ART REVIEW
Excessive Trabeculation of the Left Ventricle
 JACC Cardiovascular Imaging Expert Panel Paper

Shihina S, Kimura M, Kim J, et al. JACC Cardiovasc Imaging. 2023;16(4):428-437. doi:10.1016/j.jcm.2023.02.005

56

LV Non-compaction: Was tun?

Polonsky S. J Am Coll Cardiol Imaging. 2023;16(4):428-437.

57

ARVC mit linksventrikulärer Beteiligung

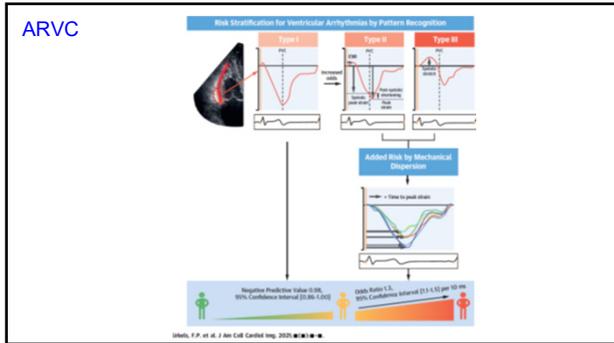
58



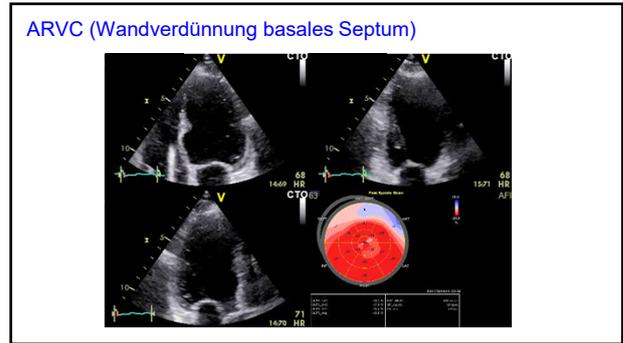
59

ARVC. Weitere Bildgebung

60



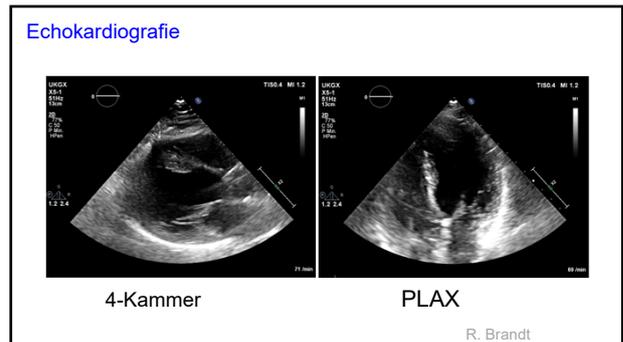
61



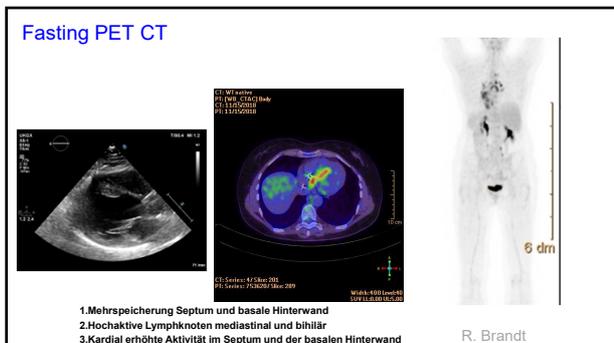
62

Sarkoidose

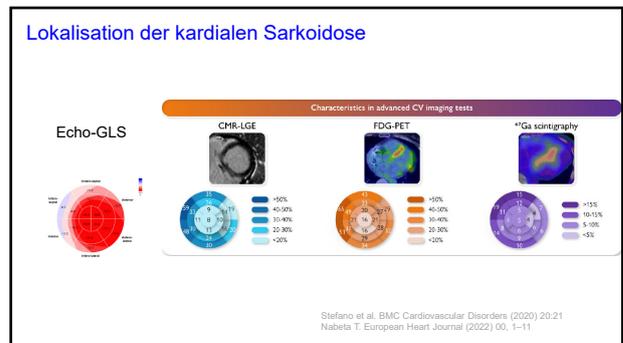
63



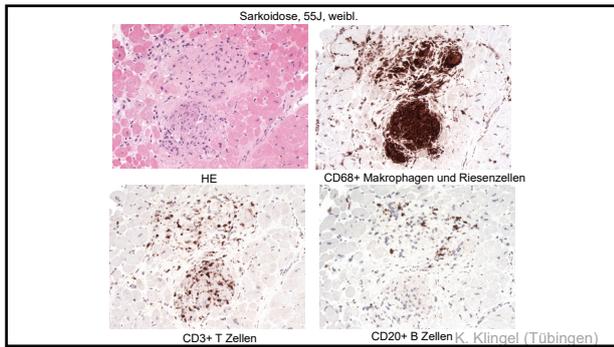
64



65



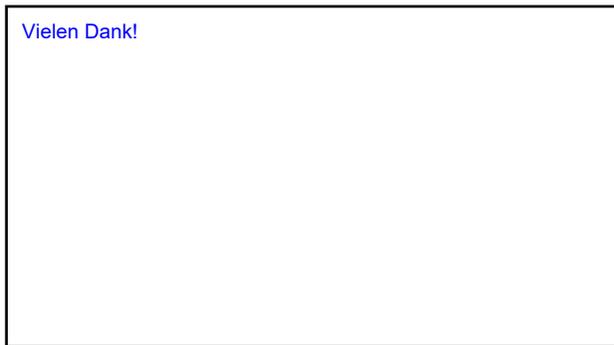
66



67



68



69