

Diagnostic imaging can rule out coronary artery disease in patients with atypical chest pain

12 August 2015



Credit: Mary Ann Liebert, Inc., publishers

Non-invasive diagnostic imaging can rule out coronary artery disease (CAD) in about 50% of women with atypical chest pain who are at relatively low risk for CAD, while exposing them to only a modest dose of radiation. Coronary Computed Tomography Angiography (CCTA) combined with calcium scoring is a good first-line diagnostic tool for women, in whom CAD often presents as atypical chest pain and reduced radiation exposure to breast tissue is emphasized, according to a new study published in *Journal of*

Women's Health.

In "Ruling Out Coronary Artery Disease in Women with Atypical Chest Pain; Results of Calcium Score Combined with Coronary Computed Tomography Angiography and Associated Radiation Exposure," Friso van der Zant, MD, PhD and coauthors from Medical Center Alkmaar, The Netherlands, evaluated the results of CCTA, a well-established, sensitive method of visualizing non-obstructive [coronary artery](#) disease, and calcium scoring to determine the presence of non-calcified plaques in the coronary arteries, among women over an 18-month period. The authors concluded that the ability to exclude a diagnosis of CAD in about half of patients can have a substantial impact on patient management.

"This study suggests that CCTA combined with calcium scoring is a useful diagnostic tool for excluding [coronary artery disease](#) in women with atypical [chest pain](#), with minimal concerns about radiation exposure," says Susan G. Kornstein, MD, Editor-in-Chief of *Journal of Women's Health*, Executive Director of the Virginia Commonwealth University Institute for Women's Health, Richmond, VA, and President of the Academy of Women's Health.

More information: The article is available free on the [Journal of Women's Health](#) website until September 12, 2015.

Provided by Mary Ann Liebert, Inc

APA citation: Diagnostic imaging can rule out coronary artery disease in patients with atypical chest pain (2015, August 12) retrieved 10 June 2022 from <https://medicalxpress.com/news/2015-08-diagnostic-imaging-coronary-artery-disease.html>

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