

8th Global**Cardiologists & Echocardiography Annual Meeting**

July 18-20, 2016 Berlin, Germany

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Stress echocardiography: Clinical value and prognosis

Stress echocardiography is a noninvasive cardiovascular diagnostic test that provides functional and hemodynamic information in the assessment of a number of cardiac diseases. Performing stress echocardiography with a pharmacologic agent such as dobutamine allows for simulation of increased heart rate and increased myocardial physiologic demands in patients who may be unable to exercise due to musculoskeletal or pulmonary comorbidities. Dobutamine stress echocardiography (DSE), like exercise echocardiography, has found its primary application in ischemic heart disease, with roles in identification of obstructive epicardial coronary artery disease, detection of viable myocardium, and assessment of the efficacy of anti-ischemic medical therapy in patients with known coronary artery disease. DSE features prominently in the evaluation and management of valvular heart disease by helping to assess the effects of mitral and aortic stenoses, as well as a specific use in differentiating true severe valvular aortic stenosis from pseudostenosis that may occur in the setting of left ventricular systolic dysfunction. DSE is generally well tolerated, and its side effects and contraindications generally relate to consequences of excess inotropic and/or chronotropic stimulation of the heart.

Biography

Fabiola B Sozzi works as a practicing cardiologist at the University Hospital Policlinico of Milan, IT. She worked in the Echolab of the Thoraxcentre, Rotterdam, NL where she defended her PhD thesis on cardiac imaging under the supervision of Professor Roelandt. She reached a high expertise in the non-invasive diagnosis of CAD using all the different available techniques: cardiac CT and MRI integrated with stress echo and nuclear. She also works in the acute clinical setting treating the acute cardiac disease. She is visiting professor at the University of Milan where she teaches and leads several research projects.

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