

2, resemble those reported in these studies. Bonow et al. found a reduced peak filling rate in 72% of CAD patients with normal ejection fraction and wall motion, in 76% of those with normal ejection fraction, and in 85% of all patients. Polak et al. reported a depressed peak filling rate in 52% of patients with coronary disease without myocardial infarction, and in 85% of those with prior myocardial infarction. Our findings generally agree with both studies but more closely approximate the results of Polak et al. Reduto et al. analyzed the first-third filling fraction but did not report individual peak filling rates.

Comparing the regional and global analyses in the present study, six patients were correctly identified as abnormal only by the regional method while two were abnormal based only on results of global analysis. This slightly greater overall sensitivity of the regional analysis in both disease groups (65% vs. 50% and 75% vs. 69%, Figs. 2 and 3 and Table 3), tends to support the view that regional abnormalities are a more sensitive indicator of ischemic disease than is global dysfunction, although the difference is not statistically significant and further study in a larger group of patients is required to substantiate this impression.

In summary, the results reported here indicate that regional as well as global left-ventricular diastolic behavior can be characterized quantitatively by noninvasive analysis of diastolic cardiac function, providing a sensitive, practical means for early detection of ischemic heart disease.

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ERRATUM

The footnote to the title of the 1982 Author Index (page 1155) and Subject Index (page 1161) should read:
P preceding a page number indicates an abstract of the Annual Meeting, appearing in the May 1982 issue.