Resting Chest Pain, Negative Treadmill Exercise Electrocardiogram, and Reverse Redistribution in Dipyridamole Myocardial Perfusion Scintigraphy Might Be the Features of Coronary Artery Spasm

Xiang D-C, Yin J-L, He J-X, Gong Z-H: *Clin Cardiol* 2007;30:552–526

To the Editor:

I read with interest the article by Xiang et al. from China.¹ I am extremely pleased to see that Xiang et al. who previously published their work in Chinese in a Chinese journal of nuclear medicine² have now collected a larger series of patients and published their work in your journal. Now this important work can be repeated by other Western investigators in this field.

Coronary artery spasm is an important cause of chest pain in the general population throughout the world. Until now, such a diagnosis could only be made by coronary arteriography,^{3–5} which is invasive. If this noninvasive test could be validated by a larger series of patients, by investigators in other parts of the world, it would be an enormous advance in the diagnosis and treatment of patients with coronary artery disease.

Incidentally, I wish to point out a printing error in the Summary. In the Conclusion, an incorrect abbreviation was used for treadmill exercise echocardiography. Instead of TEEC, which was used throughout the text, it was abbreviated as TEE. The latter usually stands for transesophageal echocardiography.

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