The right ventricle under acute and chronic overload: early detection of right ventricular dysfunction
Tulevski, I.I.

Citation for published version (APA):

General rights
It is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), other than for strictly personal, individual use, unless the work is under an open content license (like Creative Commons).

Disclaimer/Complaints regulations
If you believe that digital publication of certain material infringes any of your rights or (privacy) interests, please let the Library know, stating your reasons. In case of a legitimate complaint, the Library will make the material inaccessible and/or remove it from the website. Please Ask the Library: http://uba.uva.nl/en/contact, or a letter to: Library of the University of Amsterdam, Secretariat, Singel 425, 1012 WP Amsterdam, The Netherlands. You will be contacted as soon as possible.
TABLE OF CONTENTS

CHAPTER 1 1
Introduction and outline; Quantitative assessment of the pressure and volume overloaded right ventricle: imaging is a real challenge.
Int J Card Imaging 2002;18:41-51

OUTLINE OF THE THESIS 15

PART I 19
RV FUNCTION UNDER CHRONIC PRESSURE AND VOLUME OVERLOAD IN ADULT CONGENITAL HEART DISEASE

CHAPTER 2 21
Dobutamine-induced increase of right ventricular contractility without increased stroke volume in adolescent patients with transposition of the great arteries: Evaluation with magnetic resonance imaging.

CHAPTER 3 33
Usefulness of Magnetic Resonance Imaging Dobutamine Stress in Asymptomatic and Minimally Symptomatic Patients with Decreased Cardiac Reserve From Congenital Heart Disease (Complete and Corrected Transposition of the Great Arteries and Subpulmonic Obstruction).
Am J Cardiol 2002;89:1077-1081

CHAPTER 4 43
Comparable Systemic Ventricular Function in Healthy Adults and Patients with Unoperated Congenitally Corrected Transposition using MRI Dobutamine Stress Testing.
Ann Thor Surg 2002;73:1759-64

CHAPTER 5 55
Pulmonary Valve Regurgitation Aggravates Impaired Right Ventricular Function in Patients with Chronic Right Ventricular Pressure Overload. (Submitted for publication)

CHAPTER 6 65
Regional and Global Right Ventricular Dysfunction in Asymptomatic or minimally Symptomatic Patients with Congenitally Corrected Transposition of the Great Arteries. (Submitted for publication)

CHAPTER 7 75
ECG Determinants in Adult Patients with Chronic Right Ventricular Pressure Overload due to Congenital Heart Disease: Relation with Plasma Neurohormones and MRI Parameters.
Heart 2002;88:266-70
CHAPTER 8
Increased Brain and Atrial Natriuretic Peptides in Patients with Chronic Right Ventricular Pressure Overload: Correlation between Plasma Neurohormones and Right Ventricular Dysfunction.
Heart 2001;86:27-30

PART II
RV FUNCTION UNDER ACUTE PRESSURE OVERLOAD (EARLY DETERMINANTS FOR RV DYSFUNCTION)

CHAPTER 9
Increased Brain Natriuretic Peptide as a Marker for Right Ventricular Dysfunction in Acute Pulmonary Embolism.

CHAPTER 10
Utility of a B-Natriuretic peptide as a Marker for Right Ventricular Dysfunction in Acute Pulmonary Embolism.
J Am Coll Cardiol 2002;89:2080

CHAPTER 11
Brain Natriuretic Peptide (BNP) as a predictor of adverse outcomes in patients with pulmonary embolism. Circulation (in press)

CHAPTER 12
Combined Utility of Brain Natriuretic Peptide and Cardiac Troponine T Improves Rapid Triage and Risk Stratification in Patients with Pulmonary Embolism. (Submitted for publication)

CHAPTER 13
Decreased Plasma Neurohormones and Improved Cardiac Performance After Surgical Treatment of Chronic Pulmonary Embolism.

CHAPTER 14
Summary and Conclusions; Right Ventricular Function in Congenital Heart Disease: Noninvasive Quantitative Parameters for Clinical Follow-up. (Submitted for publication)

CONCLUSIONS AND FUTURE RECOMMENDATIONS
Summary and Conclusions; Right Ventricular Function in Congenital Heart Disease:

CHAPTER 15
Samenvatting en Dankwoord

SCIENTIFIC PUBLICATIONS
Publications and Abstracts

CURRICULUM VITAE