



Universiteit  
Leiden  
The Netherlands

## Cardiovascular computed tomography for diagnosis and risk stratification of coronary artery disease

Werkhoven, J.M. van

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# Stellingen

behorende bij het proefschrift

## **“Cardiovascular Computed Tomography for Diagnosis and Risk Stratification of Coronary Artery Disease”**

1. Normal myocardial perfusion does not exclude the presence of coronary atherosclerosis. *(this thesis)*
2. The coronary calcium score can be used as a gatekeeper to computed tomography coronary angiography in selected patients. *(this thesis)*
3. Computed tomography coronary angiography has a good diagnostic accuracy and prognostic value in patients with an intermediate pre-test likelihood for coronary artery disease. *(this thesis)*
4. Computed tomography coronary angiography provides incremental prognostic value over established techniques such as single photon emission computed tomography and the coronary calcium score. *(this thesis)*
5. In patients with diabetes mellitus, the absence of atherosclerosis on computed tomography coronary angiography is associated with an excellent short term prognosis. *(this thesis)*

6. Smokers with significant coronary artery disease on computed tomography coronary angiography have an increased risk of events compared to non-smokers with significant coronary artery disease. *(this thesis)*

7. As opposed to conventional invasive coronary angiography imaging of the lumen, computed tomography coronary angiography visualizes the vessel wall and allows direct evaluation of atherosclerosis with a high accuracy. *(Van Velzen et al. Eur Heart J 2010;32:637-45)*

8. In addition to significant stenosis, the presence of non-significant stenosis on computed tomography coronary angiography is a strong predictor of mortality. *(Min JK et al. American Heart Association Annual Scientific Sessions 2010)*

9. Plaques with similar characteristics may have different clinical presentations because of blood coagulability or myocardial susceptibility to develop fatal arrhythmia. *(Naghavi M et al. Circulation 2003;108:1664-72)*

10. Percutaneous coronary intervention does not reduce the risk of death, myocardial infarction, or other major cardiovascular events when added to optimal medical therapy in patients with stable coronary artery disease. *(Boden WE et al. N Eng J Med 2007;356:1503-16.)*

11. The learning and knowledge that we have, is, at the most, but little compared with that of which we are ignorant. (*Plato*)

12. Science is organized knowledge. Wisdom is organized life. (*Immanuel Kant*)

13. Gezien de disbalans tussen de input en de output, is de tijd die nodig is om een “leuke” stelling te verzinnen wellicht beter besteed aan het regelen van extra budget voor de promotieborrel.

14. Net als de Tour, wacht de wetenschap op niemand.

J.M. van Werkhoven

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