K \sim , ' . : Molecular imaging; Cardiology; Cardiovascular diseases; Novel imaging technologies; Radiotracers

Ι, ^γ, _•, γ, ,

Cardiovascular diseases (CVDs) are a leading cause of morbidity and mortality worldwide, driving the need for advanced diagnostic tools that can detect and characterize these conditions at a molecular level. Molecular imaging has emerged as a powerful modality in cardiology, o ering unique insights into the biological mechanisms that underlie CVDs. Unlike traditional imaging techniques that focus on anatomical structures, molecular imaging provides detailed information about molecular and cellular processes, enabling early diagnosis, precise risk strati cation, and targeted therapy [1].

Molecular imaging encompasses various technologies, including positron emission tomography (PET) and single-photon emission computed tomography (SPECT), which utilize radiotracers to visualize and quantify biological activity within the heart. ese techniques have been instrumental in advancing our understanding of CVDs, from atherosclerosis and myocardial ischemia to heart failure and cardiomyopathies. Recent innovations in imaging technologies and the development of novel radiotracers are poised to further expand the capabilities of molecular imaging in cardiology, o ering new avenues for research and clinical practice [2].

is article delves into the innovations and future trends in molecular imaging in cardiology, exploring the latest advancements in imaging technologies, the development of novel radiotracers, and their potential clinical applications. By highlighting these advancements, we aim to underscore the transformative impact of molecular imaging on cardiovascular care and the promising future of this rapidly evolving eld.

H_{α} **h**_{β **h**_{β} **h**_{β} **h**_{β} **h**_{β **h**_{β} **h**}}

 to increase sensitivity and reduce noise.

Innovations in SPECT, including the use of cadmium-zinc-telluride (CZT) detectors, have led to higher spatial resolution and faster acquisition times. ese advancements allow for more precise imaging of myocardial perfusion and function, enhancing the detection of coronary artery disease and other CVDs.

$$\frac{N_{1} \cdot r_{1} \cdot r_{2}}{\sqrt{1}} \frac{1}{2} \frac{r_{1} \cdot r_{2}}{\sqrt{1}} \frac{r$$

M₄. Molecular imaging techniques are crucial for evaluating myocardial viability and ischemia. PET imaging with ^18F-FDG helps distinguish viable myocardium from scar tissue, guiding revascularization decisions in patients with coronary artery disease. Stress perfusion imaging with PET or SPECT is used to assess myocardial blood ow and identify ischemic regions.

C. Molecular imaging plays a vital role in diagnosing and monitoring cardiac sarcoidosis and amyloidosis. ^18F-FDG PET is used to detect active in ammation in cardiac sarcoidosis, while SPECT imaging with ^99mTcpyrophosphate can identify cardiac amyloidosis, facilitating early diagnosis and management.

A sum interpretation M_{1} , M_{2} , M_{3} , M_{4} ,

Most, in the integration of multiple imaging modalities to provide a comprehensive assessment of cardiovascular health. Combining molecular imaging with techniques such as magnetic resonance imaging (MRI) and ultrasound can o er complementary information, enhancing diagnostic precision and treatment planning.

C, , . , . , ,

Molecular imaging has transformed cardiology by providing detailed insights into the molecular and cellular mechanisms underlying cardiovascular diseases. Advances in imaging technologies and the development of novel radiotracers have expanded the diagnostic and therapeutic capabilities of molecular imaging, enhancing patient outcomes and shaping the future of cardiovascular care. As the eld continues to evolve, the integration of AI, multimodal imaging, and theranostics promises to further revolutionize molecular imaging in cardiology, o ering new avenues for research, diagnosis, and treatment. By staying at the forefront of these innovations, healthcare professionals can optimize the management of cardiovascular diseases and improve the quality of care for patients.

None

References HJAmeCollepardiolo 42: 185-197

- Fuster V, Rydén LE, Cannom DS, Crijns HJ, Curtis AB, et al. (2011) 2011 ACCF/AHA/HRS focused updates incorporated into the ACC/AHA/ESC 2006