4. ANGIOTOMOGRAFIA CORONARIANA

1. Cobertura obrigatória quando preenchido pelo menos um dos seguintes critérios (realização apenas em aparelhos *multislice* com 64 colunas de detectores ou mais):

a. avaliação inicial de pacientes sintomáticos com probabilidade pré-teste de 10 a 70% calculada segundo os critérios de Diamond Forrester revisado1, como uma opção aos outros métodos diagnósticos de doença arterial coronariana, conforme tabela a seguir:

Probabilidade pré-teste em pacientes com dor torácica						
Idade	Angina Típica		Angina Atípica		Dor não anginosa	
	Homem	Mulher	Homem	Mulher	Homem	Mulher
30-39	59,1	22,5	28,9	9,6	17,7	5,3
40-49	68,9	36,7	38,4	14	24,8	8
50-59	77,3	47,1	48,9	20	33,6	11,7
60-69	83,9	57,7	59,4	27,7	43,7	16,9
70-79	88,9	67,7	69,2	37	54,4	23,8
>80	92,5	76,3	77,5	47,4	64,6	32,3

(adaptado de T.S.S. Genders ET AL, 2011)

b. dor torácica aguda, em pacientes com TIMI RISK 1 e 2, com sintomas compatíveis com síndrome coronariana aguda ou equivalente anginoso e sem alterações isquêmicas ao ECG e marcadores de necrose miocárdica;
c. para descartar doença coronariana isquêmica, em pacientes com diagnóstico estabelecido de insuficiência cardíaca (IC) recente, onde permaneça dúvida sobre a etiologia da IC mesmo após a realização de outros exames complementares;
d. em pacientes com quadro clínico e exames complementares conflitantes, quando permanece dúvida diagnóstica mesmo após a realização de exames funcionais para avaliação de isquemia;
e. pacientes com suspeita de coronárias anômalas.

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