

## **Abstract**

The development of transplant coronary artery disease (TxCAD) is the major factor limiting long term survival after heart transplantation (HTx). In addition to the morphologic evaluation of TxCAD by angiography and intravascular ultrasound (IVUS), coronary flow reserve (CFR) is used as a functional parameter to assess the hemodynamic relevance of the disease.<sup>1</sup> and <sup>2</sup> In most reports on patients after HTx, CFR was determined in a single epicardial artery and this measurement was considered representative for global graft function. The purpose of this study was to assess the intraindividual difference of the CFR values between two coronary arteries in patients after heart transplantation