### IVUS Guided PCI Case presentation



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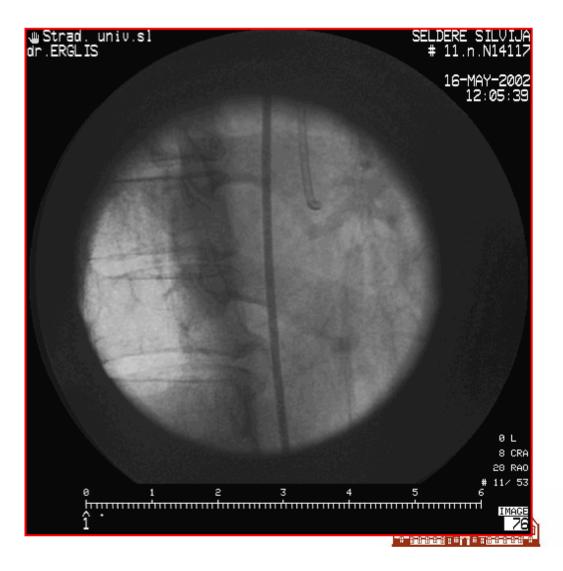
#### **Patient characteristics**

- Female
- 65 years old
- Stable angina class II, previous MI (2001)
- CV risk factors arterial hypertension, family history, no smoking, cholesterol 4,4mmol/l
- Angiography RCA long chronic calcified lesion

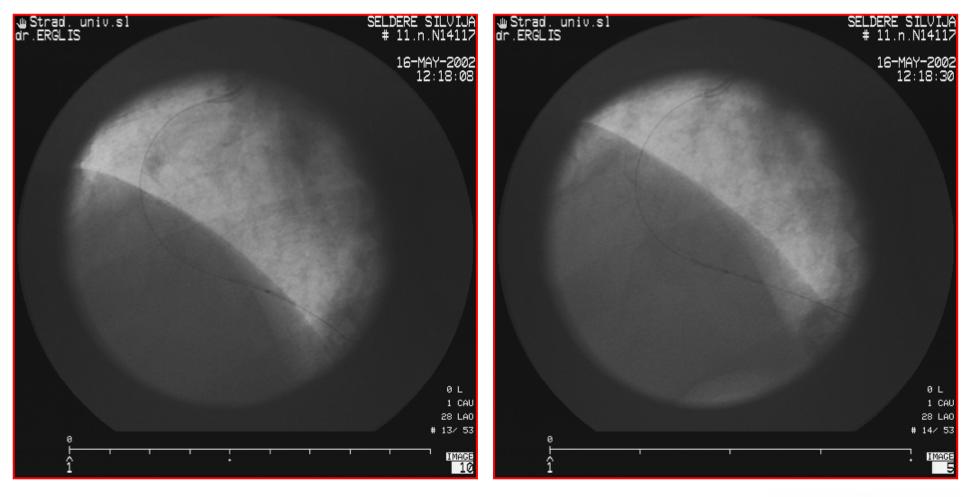


#### Angiography before intervention

# RCA long chronic calcified lesion



#### Pre-dilatation with Maverick 1.5-20 mm 7atm





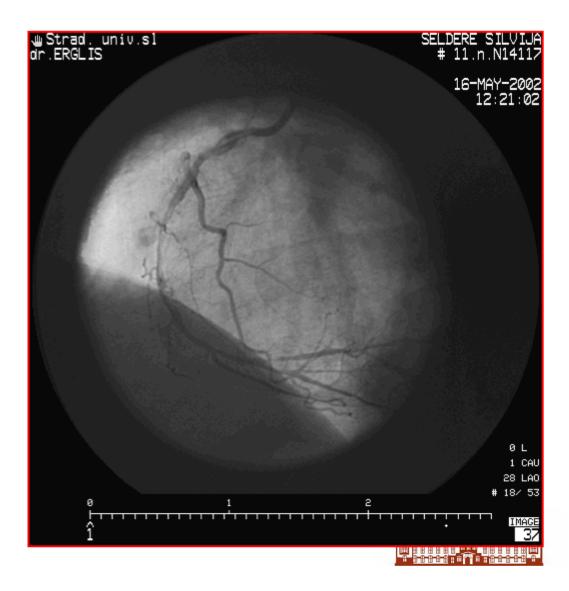
#### Angiography after pre-dilatation with Maverick 1.5-20 mm 7atm

#### **QCA results:**

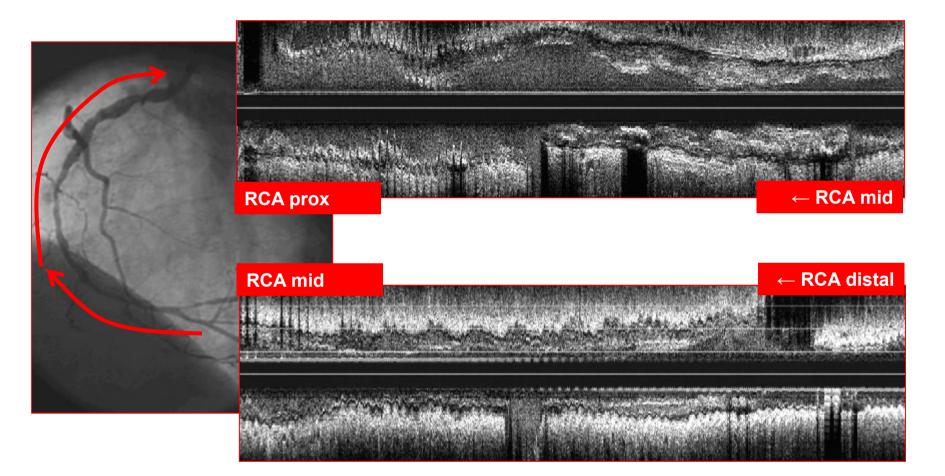
MLD=1.34 mm

MSA=1.41 mm<sup>2</sup>

# Difficult to select the size of balloon/sten

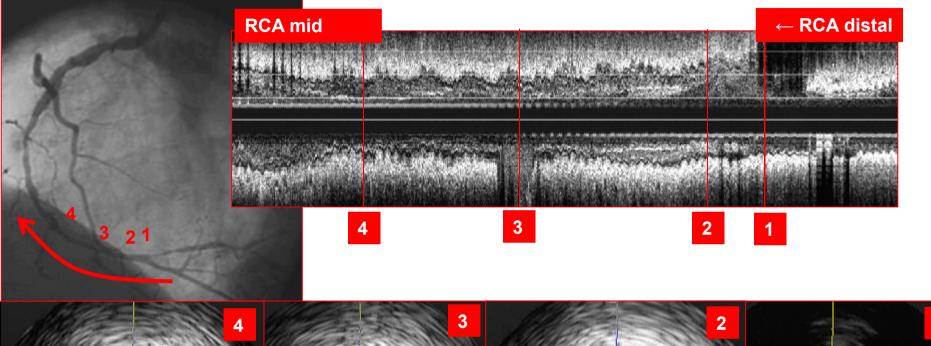


#### IVUS after predilatation with Maverick 1.5/20 mm 7atm





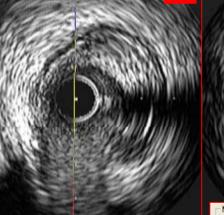
#### **IVUS distal to mid part of RCA**



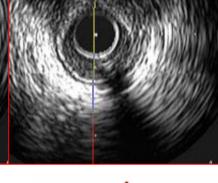


#### - Measurements On Current Frame-

	Area (mm²)			Diame	ter (mm)	
Lumen	2.71		Mean 1.88	Min 1.82	Max 1.98	Min/Max 0.92
Vessel Stent	11.67		3.87	3.65	4.20	0.87
Plaque	8.95 (76.8%)	of Ve	essel)			
NIH						
Malapp						

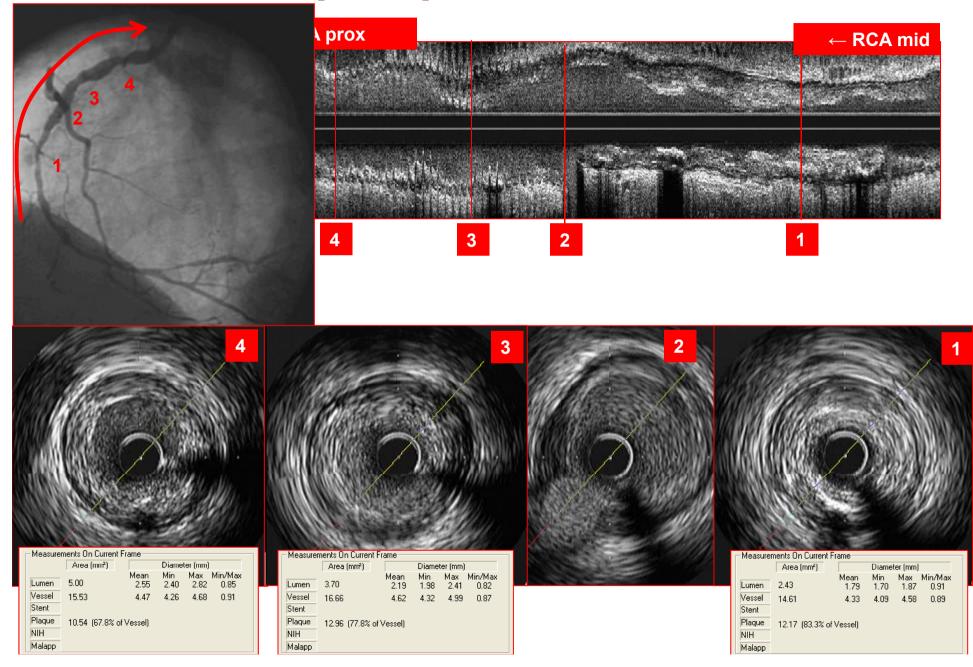


Maasura	ments On Currer	ot Frame			
measure		it rame			
	Area (mm²)		Diame	ter (mm)	
		Mean	Min	Max	Min/Max
umen	4.30	2.36	2.20	2.59	0.85
/essel	11.80	3.90	3.76	4.00	0.94
Stent					
Plaque	7.50 (63.5% d	of Vessel)			
NIH					
Malapp					

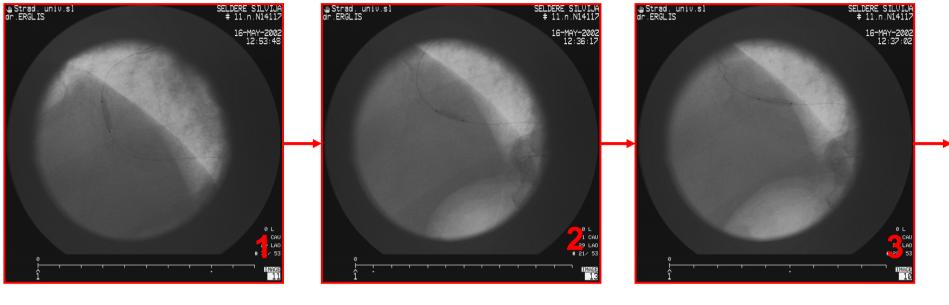




#### **IVUS mid to prox part of RCA**

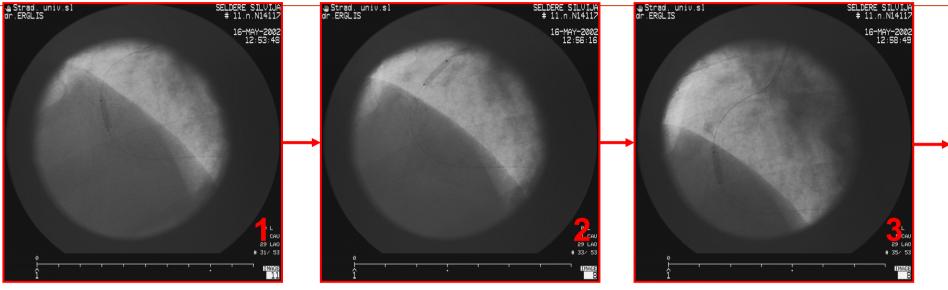


#### Cutting balloon Ultra 3.5-10 mm (distal RCA) 3 times 6→9 atm in each segment





#### Cutting balloon Ultra 4.0-15 mm (prox) 3 times 7→10 atm in each segment







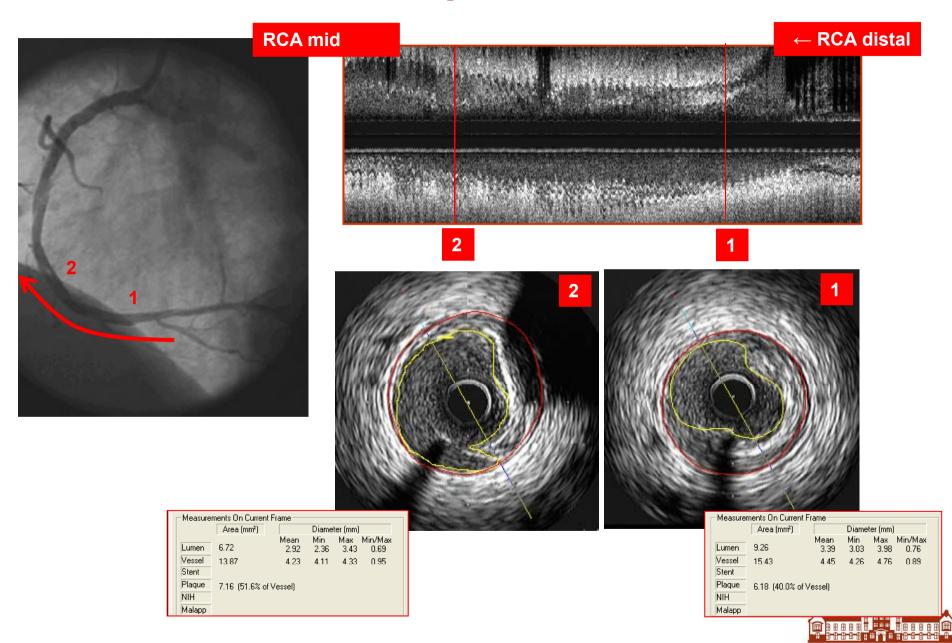


#### Post cutting balloon intervention

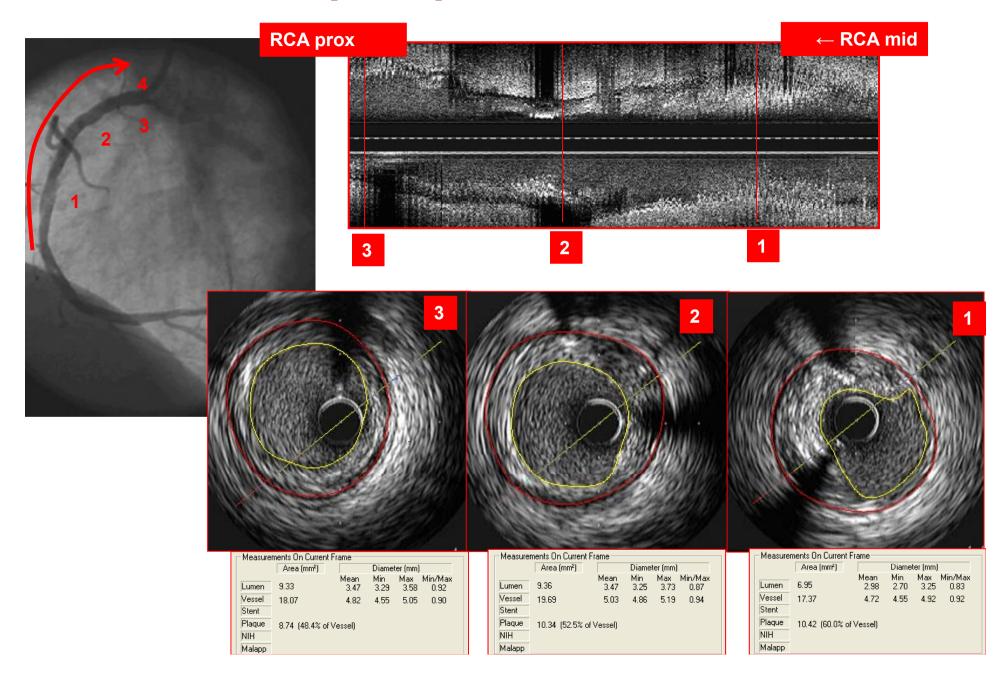
Totally opened artery Significant Iuminal gain



#### **IVUS distal to mid part of RCA**



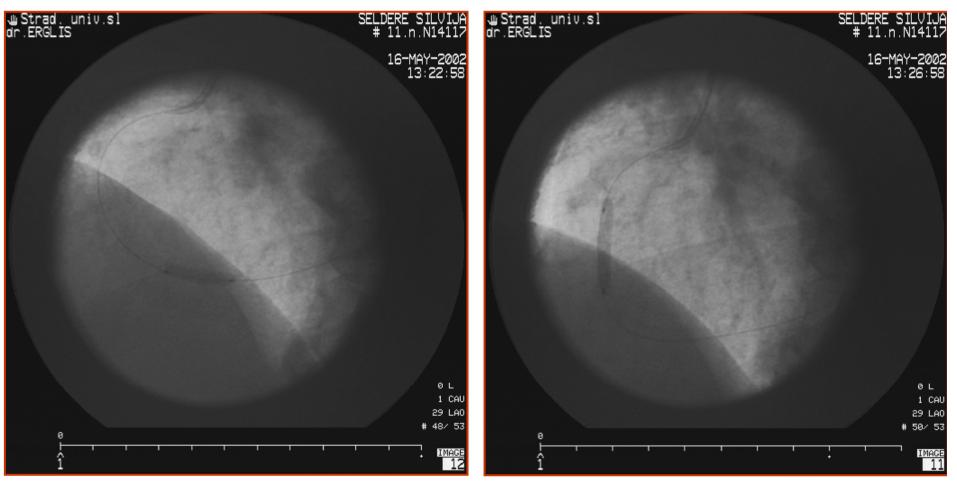
#### **IVUS mid to prox part of RCA**



#### Stent implantation

#### distal 1/3 of RCA

#### proximal 1/3 of RCA



## Express 3.5-16 mm, 13 atm, 21 secs



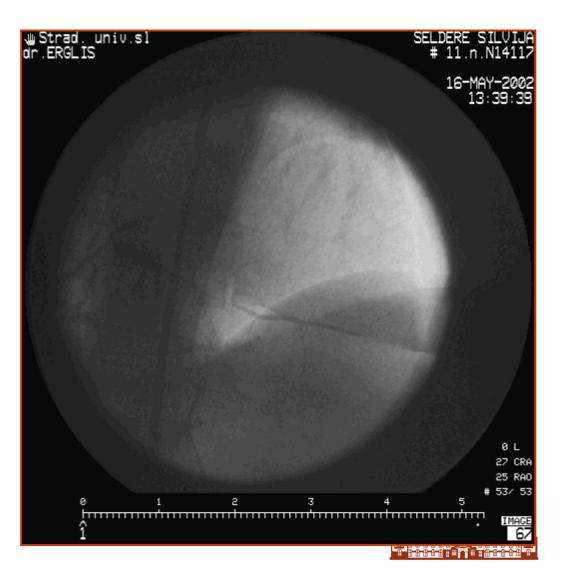
#### Final result after stent implantation

Stents are successfully implanted avoiding high pressure



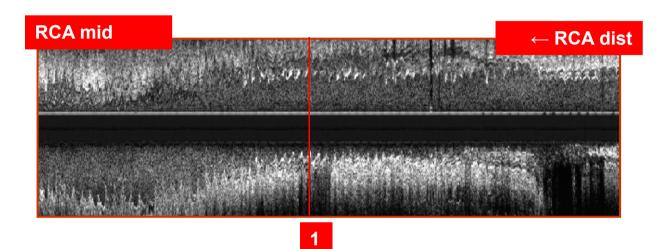
#### Final result after stent implantation

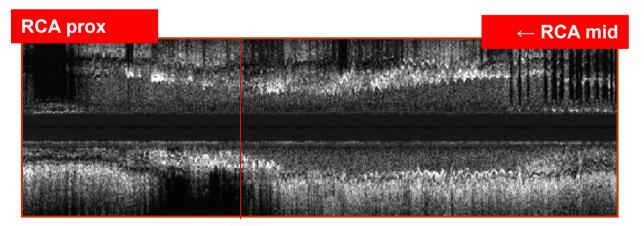
#### Post implantation angiogramm shows good result



#### **IVUS after stent implantation**

Monouro	ments On Currer	et Eromo				
measure	Area (mm²)	it riallie	Diama	ter (mm)		
	Alea (mm)					
Lumen	9.06	Mean 3.42	Min 3.29	Max 3.54	Min/Max 0.93	
Vessel	14.49	4.32	4.18	4.51	0.93	
Stent	9.06	3.42	3.29	3.54	0.93	
Plaque	5.43 (37.5%)	of Vessel)				
NIH						
Malapp						





Area (mm²) Diameter (mm) Mean Min Max Min/Max Lumen 10.88 3.74 3.54 3.91 0.90 Vessel 18.33 4.61 5.16 0.89 4.85 Stent 10.88 3.74 3.54 3.91 0.90

7.45 (40.7% of Vessel)

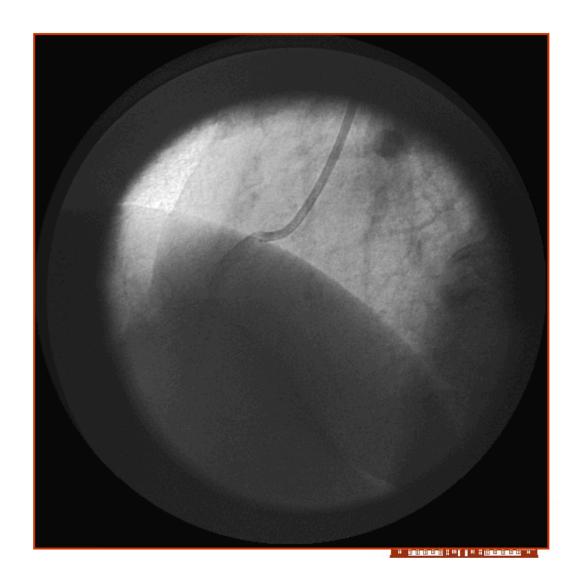
Plaque

NIH Malapp

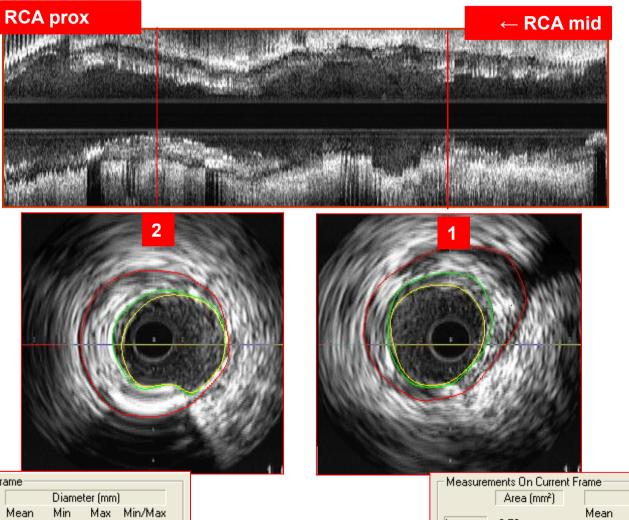
#### 6-month follow-up

The patient is free of symptoms

Minimal neointimal proliferation within both stents



#### 6-month follow-up



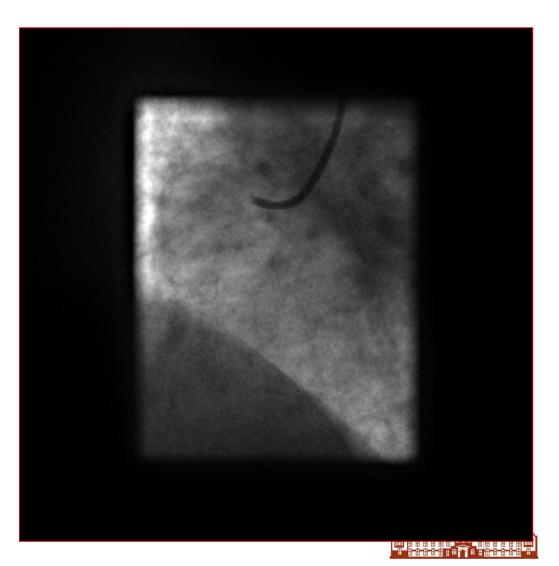
Measurements On Current Frame							
	Area (mm²)		Diameter (mm)				
Lumen	9.32	Mean 3.47	Min 3.09	Мах 3.69	Min/Max 0.84		
Vessel	20.38	5.12	5.02	5.29	0.95		
Stent	10.70	3.71	3.24	3.94	0.82		
Plaque	11.06 (54.3%	of Vessel)					
NIH	1.39 (13.0%)	of Stent)					
Malapp	0.01						

Measurements On Current Frame							
	Area (mm²) Diameter (mm)						
	0.70	Mean	Min	Max	Min/Max		
Lumen	8.78	3.37	3.20	3.62	0.89		
Vessel	22.03	5.30	4.61	6.01	0.77		
Stent	11.19	3.80	3.51	4.21	0.83		
Plaque	13.25 (60.1%	of Vessel)					
NIH	2.41 (21.6% d	of Stent)					
Malapp							

#### 6 - year follow-up

# The patient is still free of symptoms



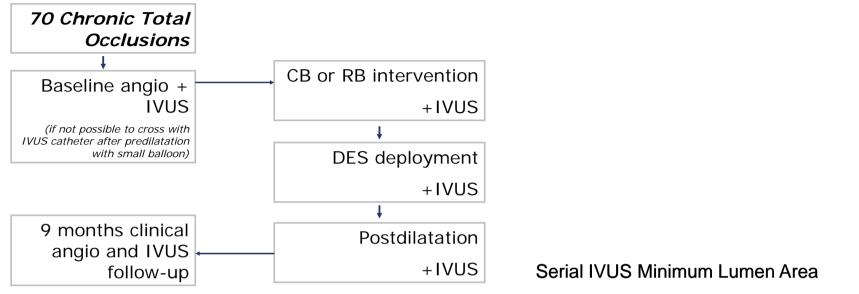


#### CARVING study: IVUS guided cutting balloon coronary intervention followed by stenting for long calcified lesions

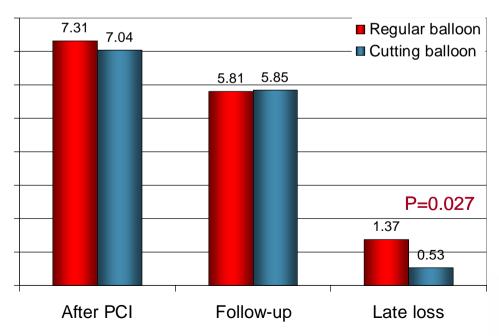
- 64 consecutive patients (or 65 B2 and C type lesions, length ≥20 mm) were enrolled
- After CB intervention spot stenting (max 13 atm) for the most dissected areas was performed
- The CB and stent size was selected by IVUS measurements following the "media to media" treatment principle
- Clinical review after 30 days and 6 months angiographic and IVUS follow-up was performed



### elCARVING study



- Angiographic restenosis 13% in RB vs 8% in CB group
- TLR 8% in RB vs 6% in CB group
- Re-occlusions 4 in each group
- No death during 9 mo f-up



*Patrick Serruys*: Is the future bioabsorbable?

#### **Our Hypothesis**

- <u>IVUS guided plaque modification</u> before stent deployment may minimize arterial injury and subsequent neointimal proliferation and may prevent restenosis formation:
  - it minimizes plaque shifting between main branch and side branch and thus helps avoiding side branch stenting
  - it gives perfect stent apposition with reduced inflation pressure even if very long stents are deployed
  - in the future when bioabsorbable stents will be available it can be an essential tool to perform complete "vessel repair procedures"

