CASE REPORT

OCT guided interventional therapy for borderline lesion: comparison of OCT, IVUS and CAG

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- male, 52y;
- chest pain with sweating, occurred in the early morning or the daytime without exertion;
- Diagnosis: UA II B;
- Risk factor: Hypertention; Smoking (1 pack/day)
- ECG: V₄ V₅ V₆ ST depress when chest pain
- UCG: EF 58%, hypokinesis inferior wall
- Mid LAD 43.44% stenosis;
- Mid RCA 44.47% stenosis;
IVUS-LAD
• Vascular stenosis = MLA/vascular reference area: 66%
RCA-IVUS
There exists some irregular soft mass of the surface of plaque. Thrombus?
• Vascular stenosis = MLA/vascular reference area: 61.2%
Strategy

- intensified anti-thrombosis therapy?
- interventional therapy?
- further assessment of the RCA lesion?
Lipid plaque, plaque ruptures, and some thrombus; MLA 3.74mm²;
Borderline coronary lesions may lead to serious coronary events--long-term outcome in 65 conservatively treated patients.

[Article in English, Polish]


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Infarction (MI) with or without ST segment elevation and revascularisation of the target coronary artery. RESULTS: The follow-up duration was 18.4+/−8.5 months (range 12-33, median 18 months). Forty-nine (75%) patients remained free from angina during daily activity. Coronary events occurred in 16 (25%) patients, including three (5%) serious complications -- sudden death, new MI with ST elevation and new MI without ST elevation. The remaining 13 (20%) patients underwent percutaneous revascularisation of the target coronary artery. Coronary angiography was repeated in 16 (25%) patients. When the patients were divided into two groups according to the follow-up results (with or without coronary event), no differences in the clinical characteristics, lesion localisation and length or degree of stenosis were noted. CONCLUSIONS: (1) Conservatively treated patients with stable angina and borderline coronary stenosis have a high rate of coronary events, especially revascularisation, during a long-term follow-up. (2) Clinical parameters and quantitative coronary angiography do not identify those patients with borderline coronary lesions who are at increased risk of future coronary events.
RCA-stenting
Discussion

- It’s required to adequate lesion evaluation using different imaging modalities in the some selected patients.
  - the symptom couldn’t be explained by the CAG.
  - when the image is indefinite
- OCT is very helpful in detecting the vulnerable plaque.
THANKS FOR YOUR ATTENTION!