

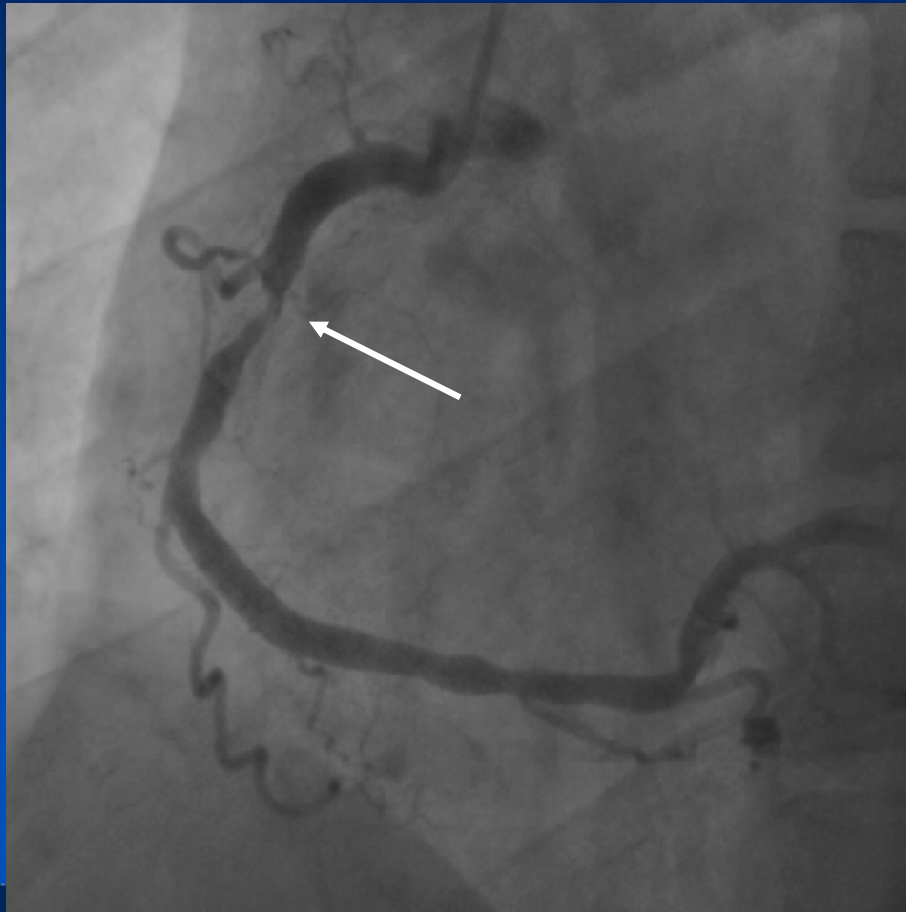
# Mismatch Disease

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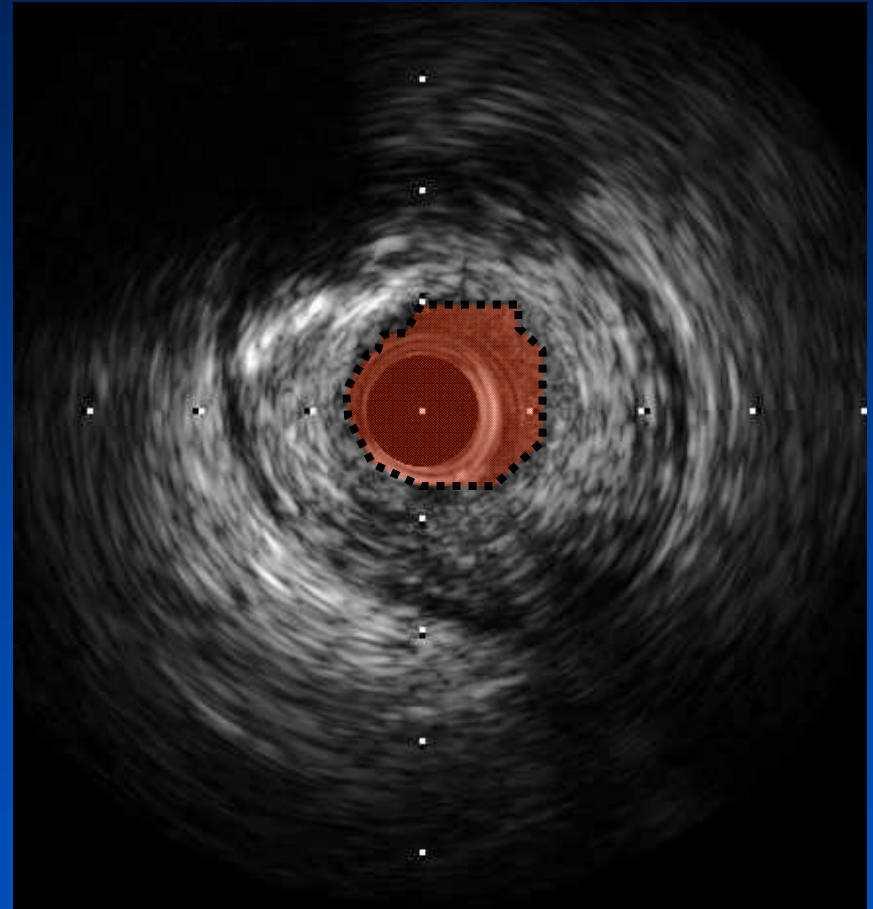
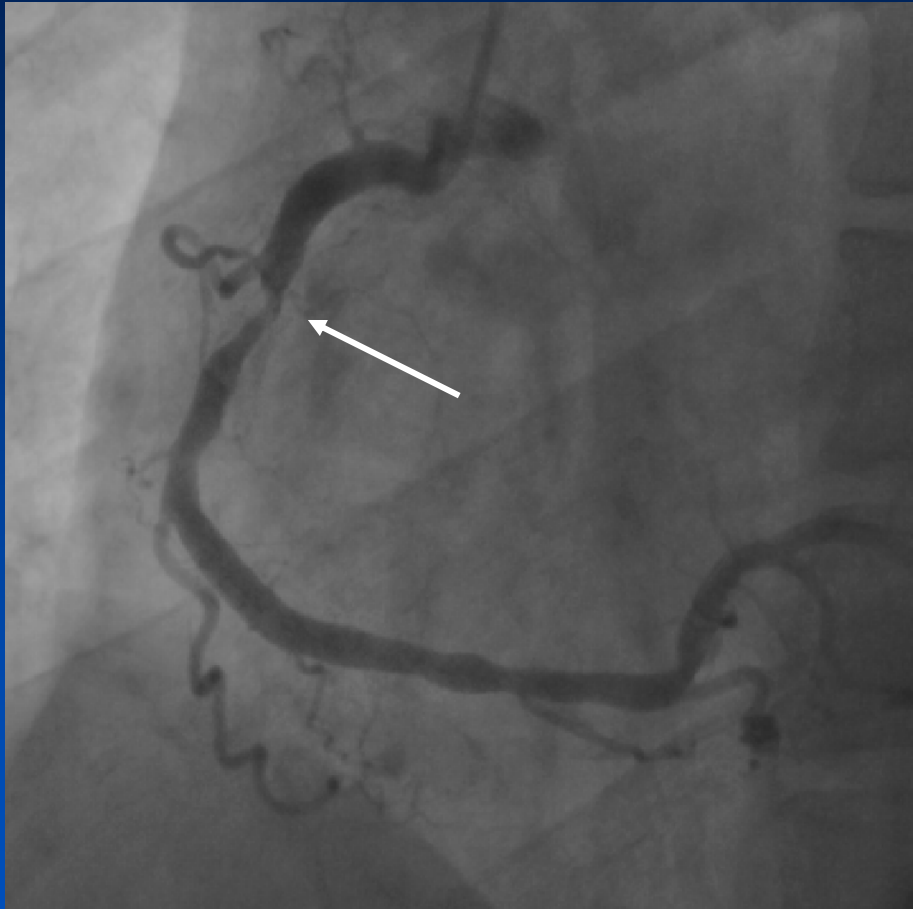
# Significant Disease !

**M/52**, Recent developed Effort chest pain, Hyperlipidemia, Smoker



Visual  
Estimation  
85%

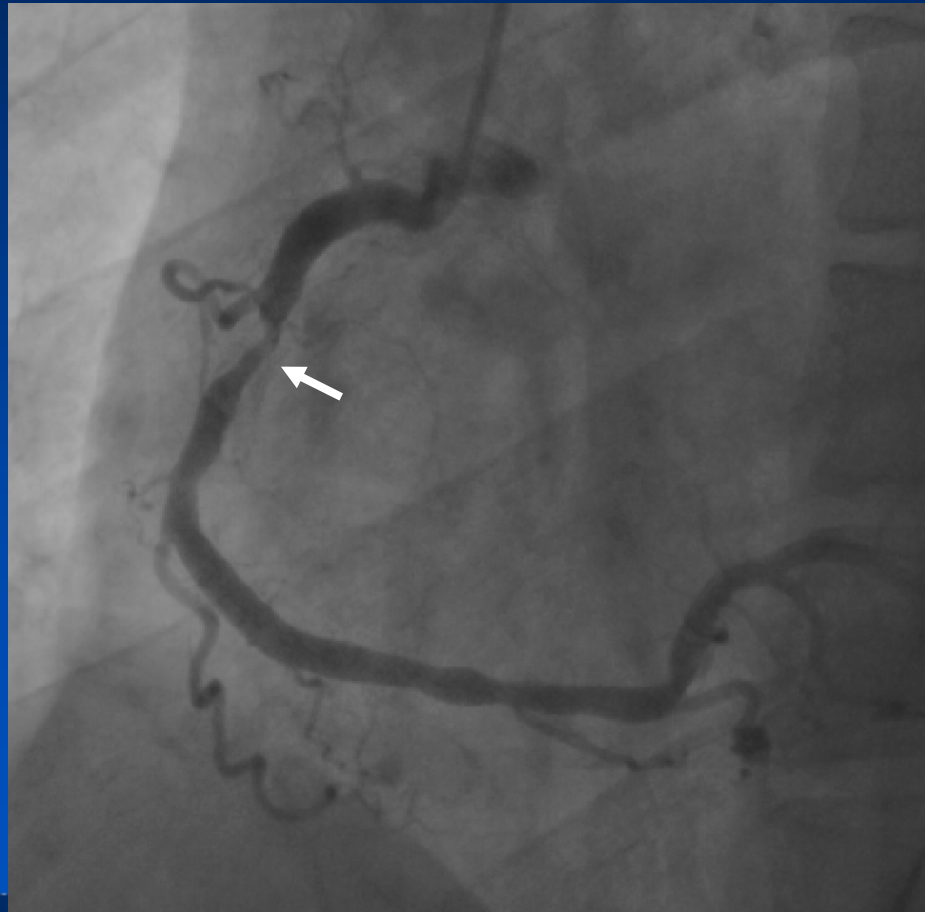
# IVUS



MLA  $2.8 \text{ mm}^2$

# Treat or Not treat

## No Doubt about Stenting !



Visual  
estimation:  
85%

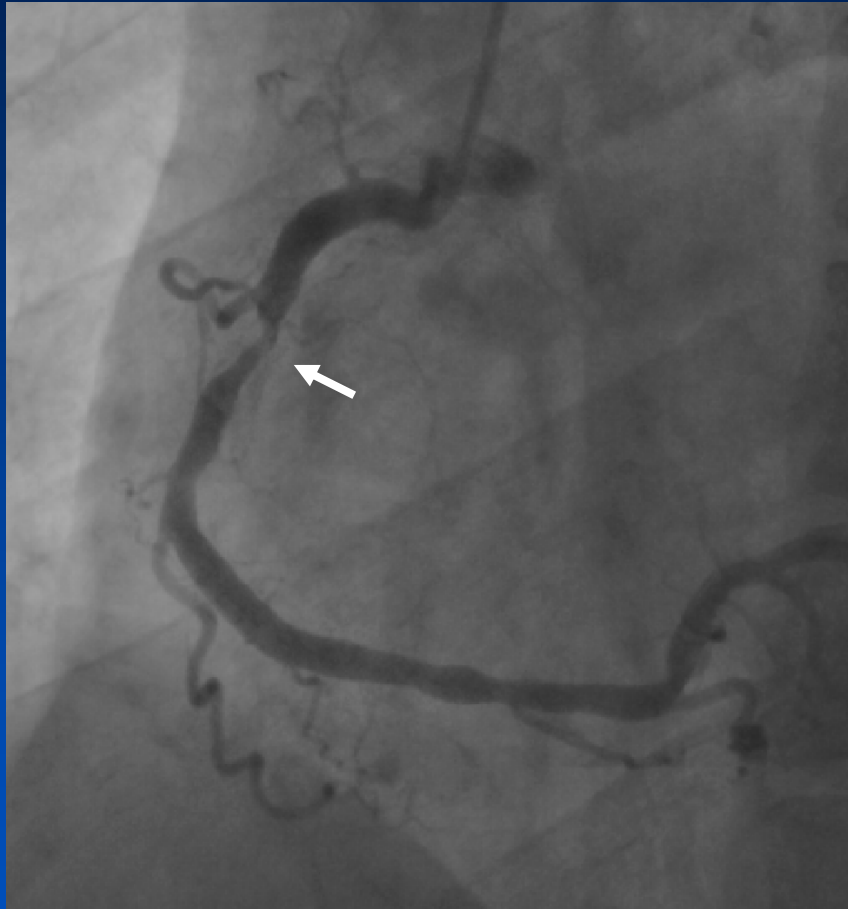
IVUS MLA:  
2.8 mm<sup>2</sup>

# FFR

Intravenous adenosine, 160  $\mu\text{g}/\text{kg}/\text{min}$



# Mismatch



Visual  
estimation: 85%  
IVUS MLA:  
2.8 mm<sup>2</sup>

FFR : 0.84  
Negative FFR

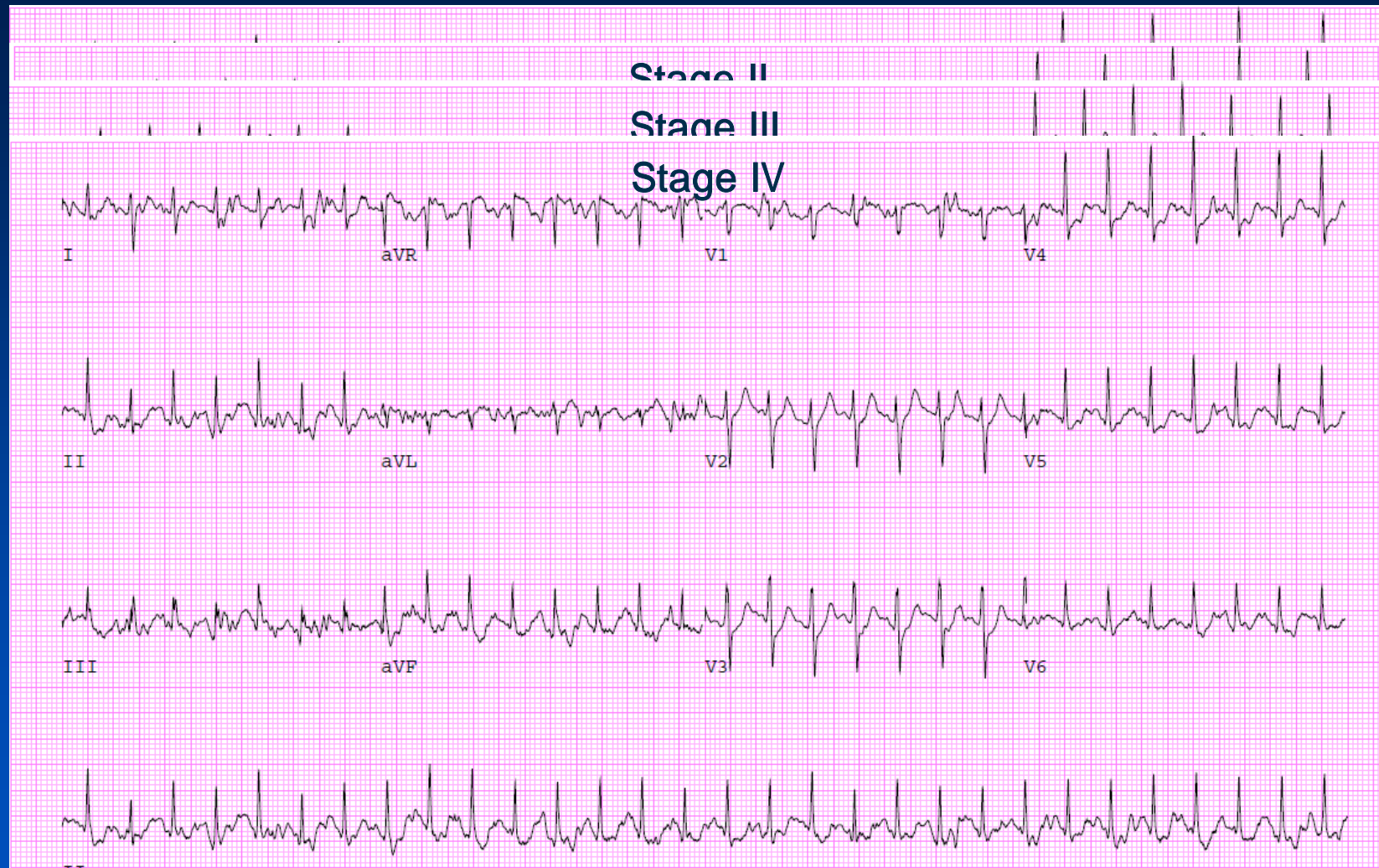
# My First Dilemma is...

Mismatch among FFR,  
angiographic severity,  
and IVUS MLA in the cath  
lab without evidence of  
stress test.

I want to get the  
evidence of objective  
ischemia...

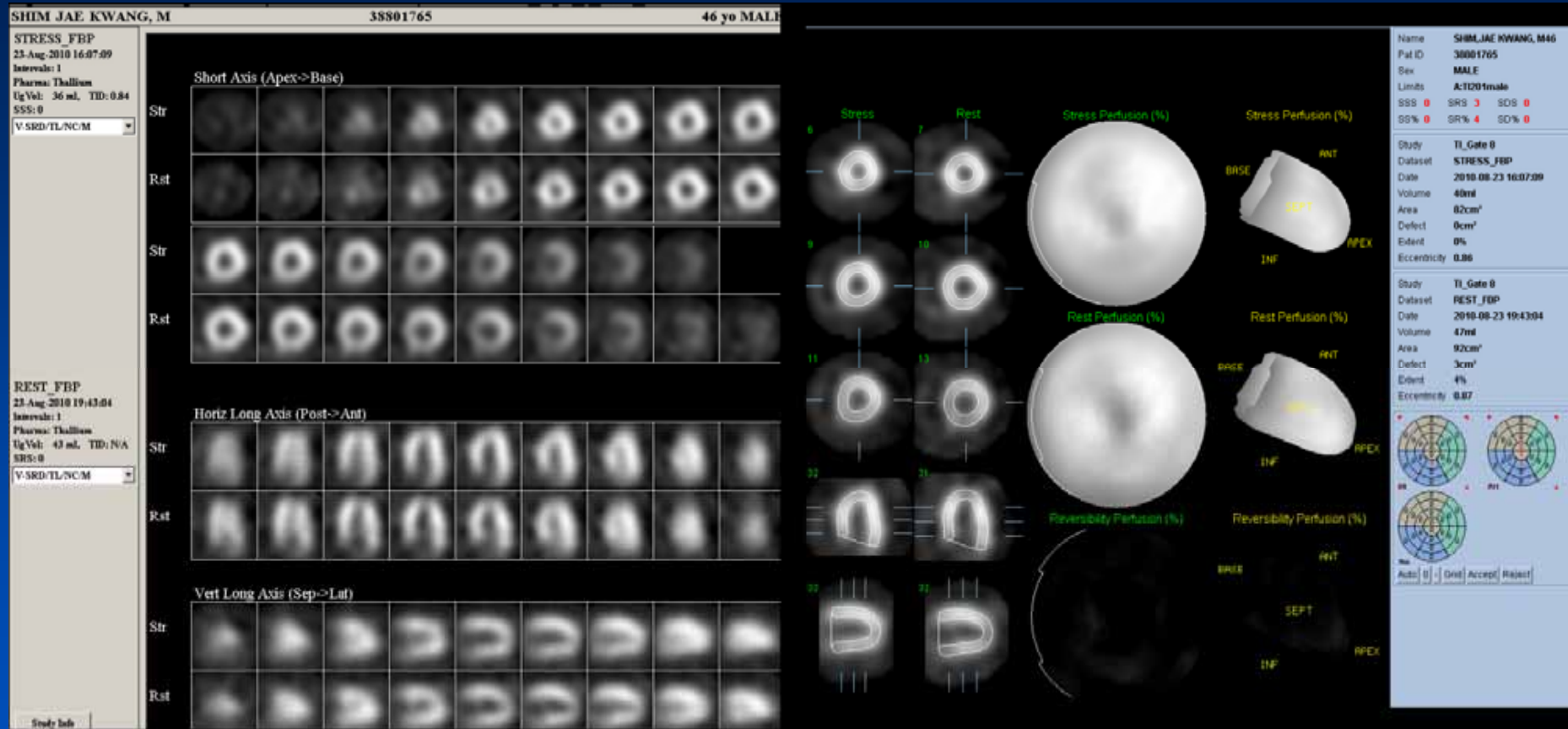


# Treadmill test



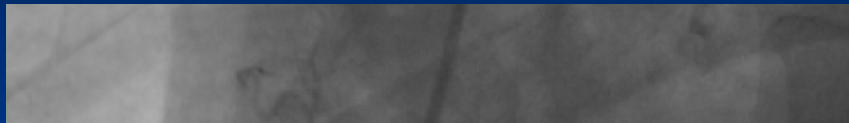
## Stage 4 Negative

# Thallium SPECT



# Normal

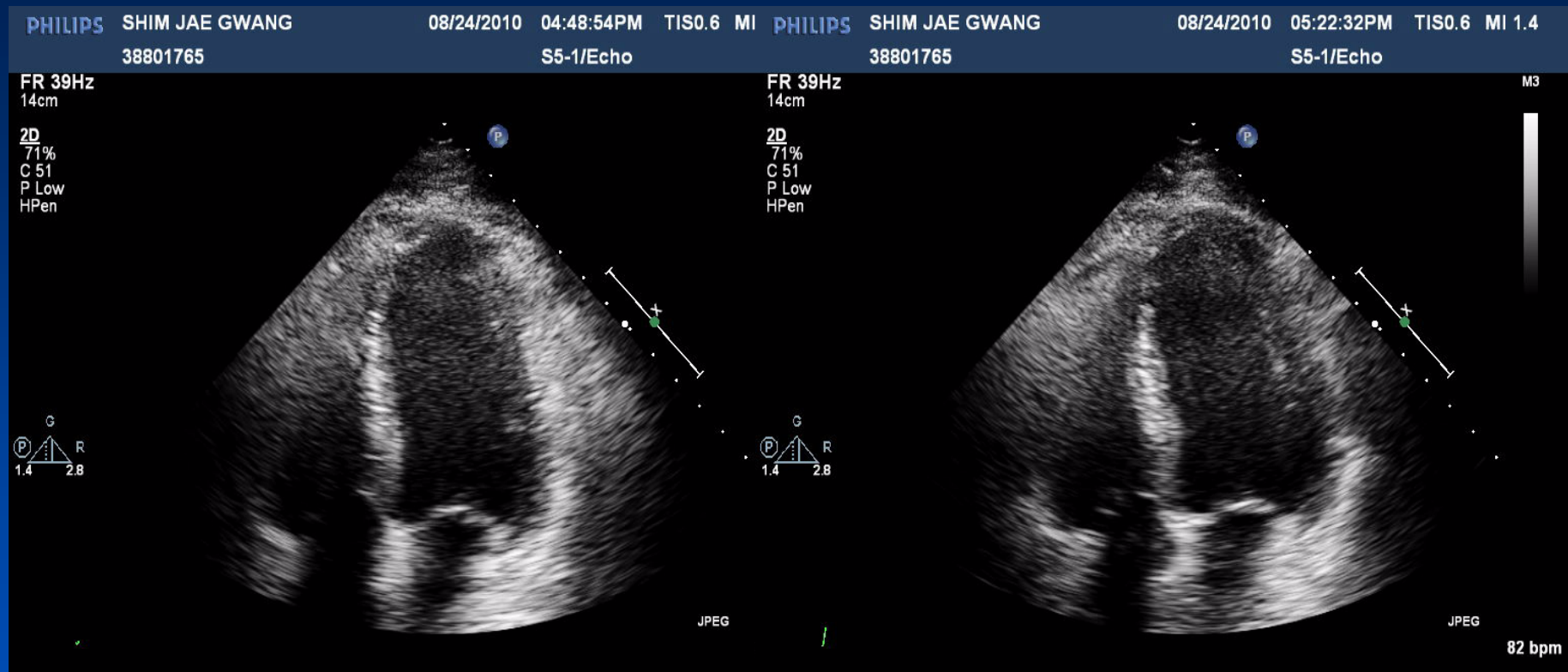
Visual estimation: 85%  
IVUS MLA: 2.8 mm<sup>2</sup>



I still can't believe  
**negative** stress test.



# Dobutamine Stress EchoCG

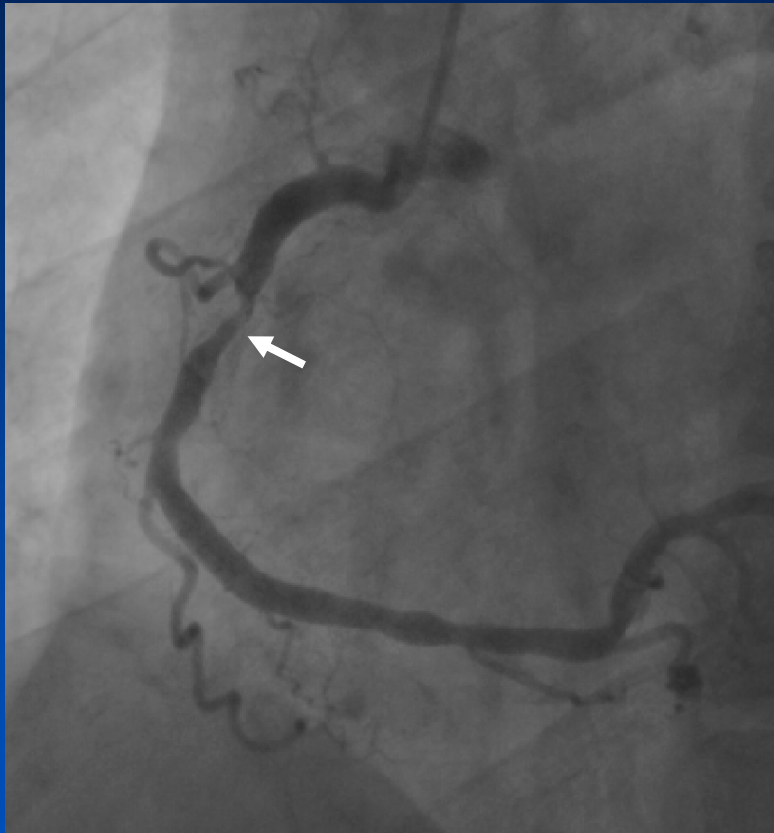


Baseline

Stimulation

## Negative

# Mismatch Disease



Angiographic DS(%) : **85%**  
IVUS MLA : **2.8 mm<sup>2</sup>**

FFR : 0.84

Treadmill test : Negative

Thallium spect : Normal

Stress Echo : Normal

## What would you do ?

# Evidence Based Medicine

Treatment relies primarily  
on **noninvasive stress test**  
(objective ischemia).



# In Fact,

FFR is **the only matched index** with noninvasive stress tests (objective ischemia) in the cath lab.

# I would Defer !



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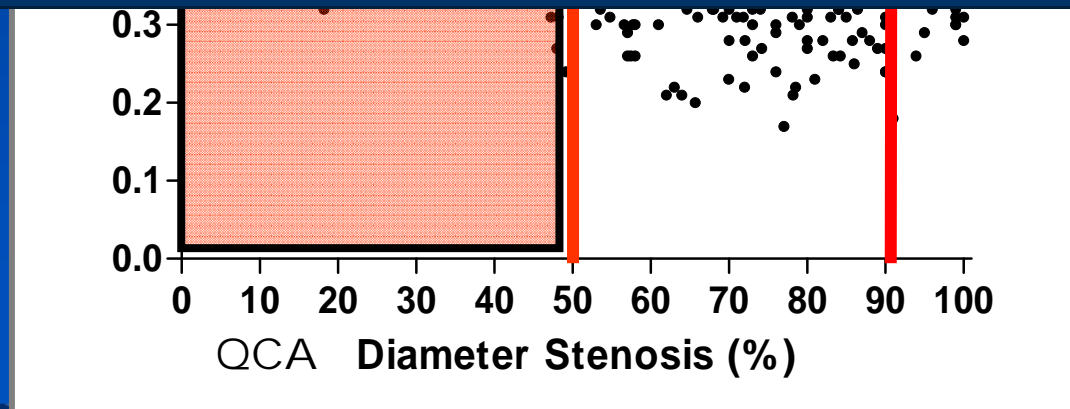
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# Mismatch Disease in the Cath Lab

Comparison analysis; Angiography vs. FFR (n=3000)

## Mismatch is not uncommon

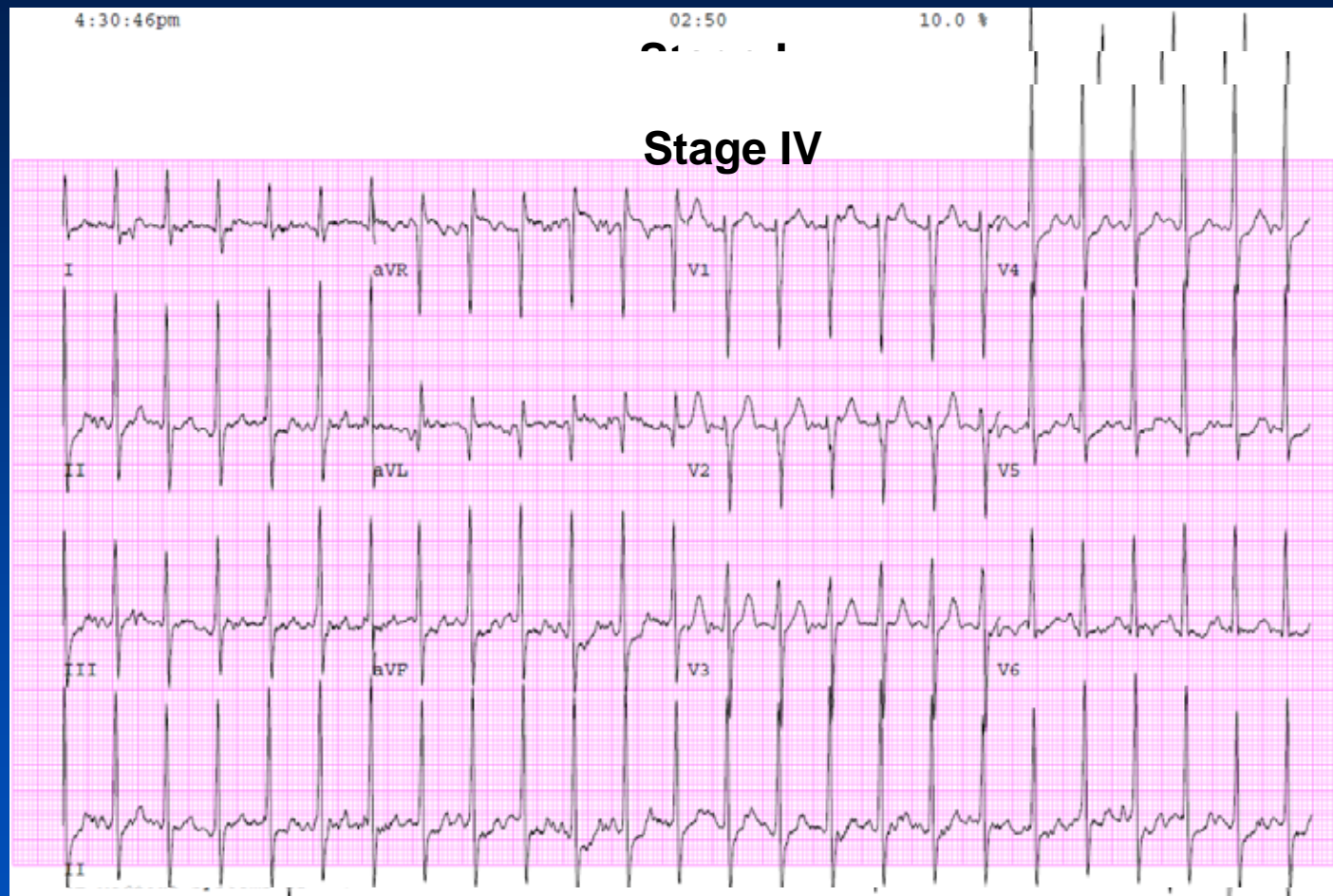


M/57,

**Effort chest pain for 2 months,  
Hyperlipidemia, Smoker  
TMT test : **Negative****

**However, patient had typical effort  
angina and then we performed  
coronary angiogram.**

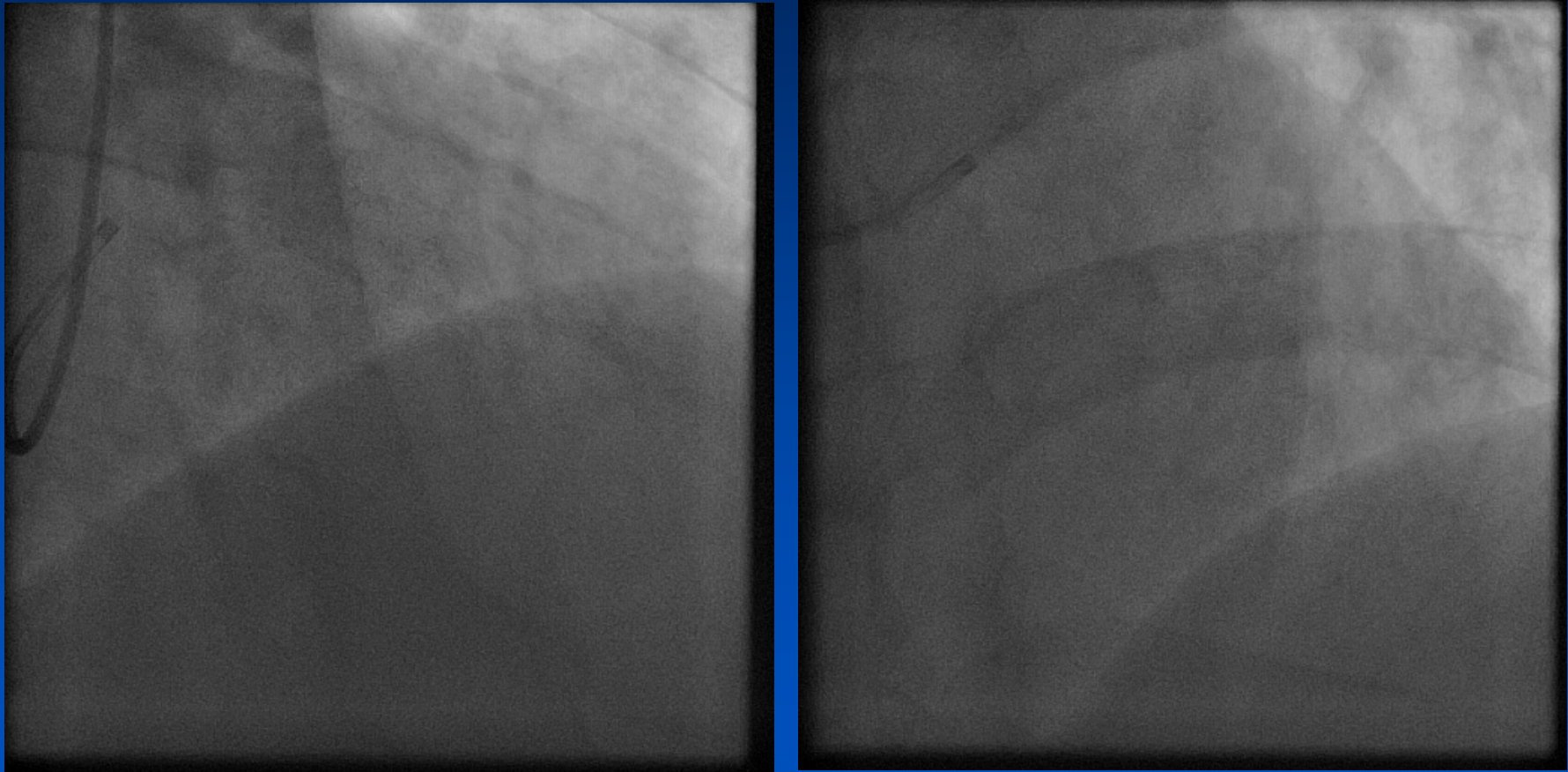
# Treadmill Test



Normal

M/57, Effort chest pain, Hyperlipidemia, Smoker

Visual estimation ; 75%



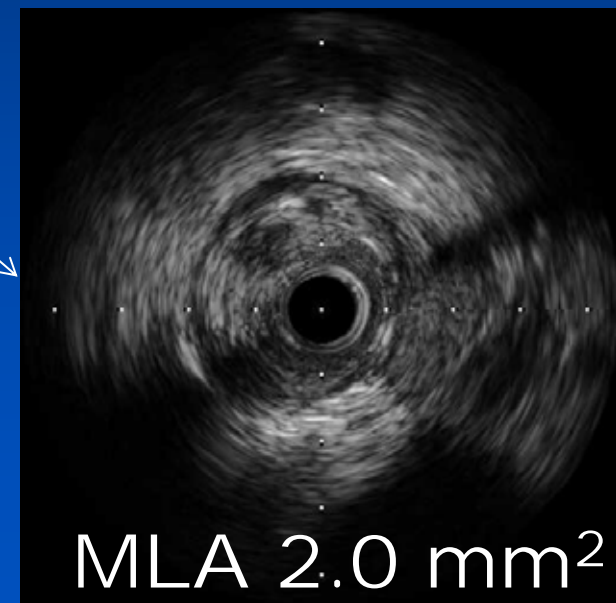
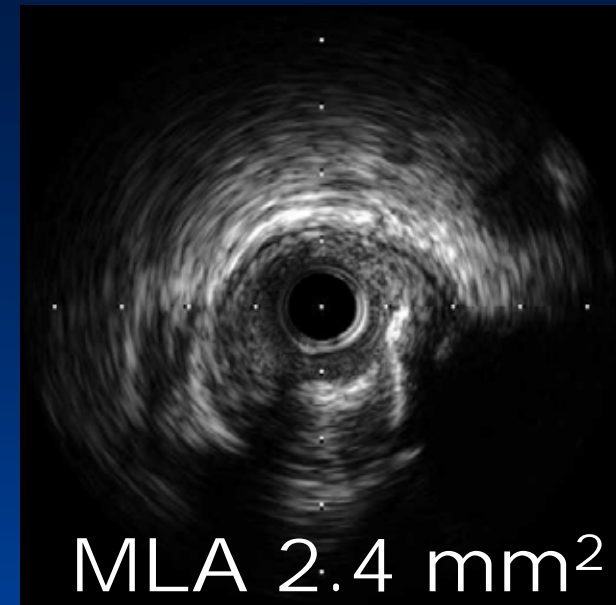
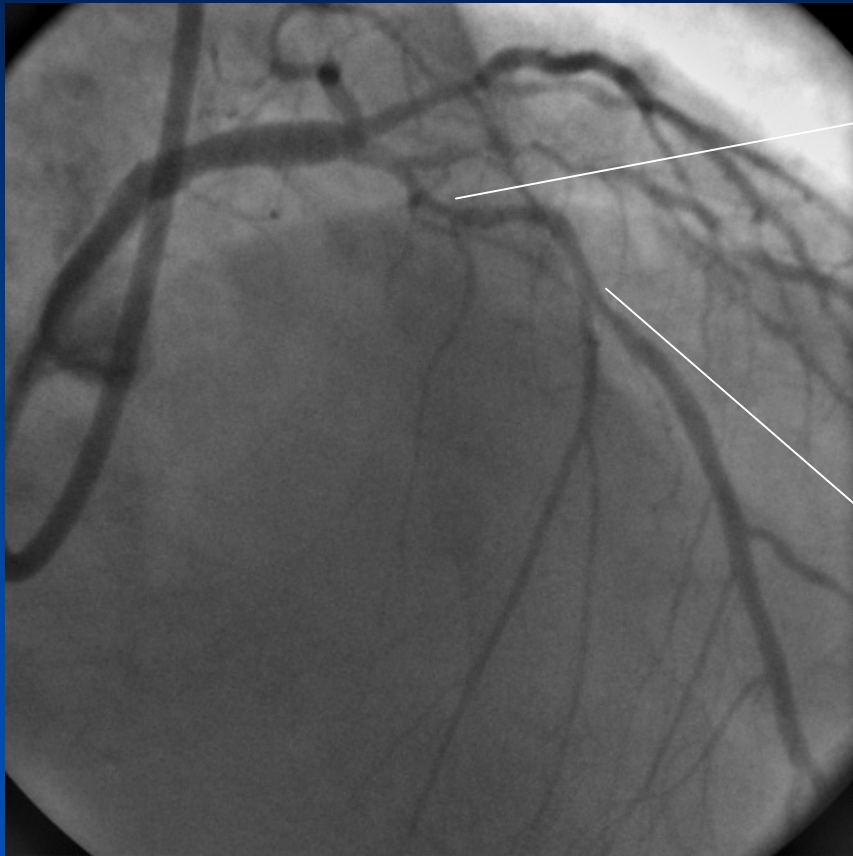
M/57, Effort chest pain, Hyperlipidemia, Smoker



Right Coronary artery looks normal, minimal disease

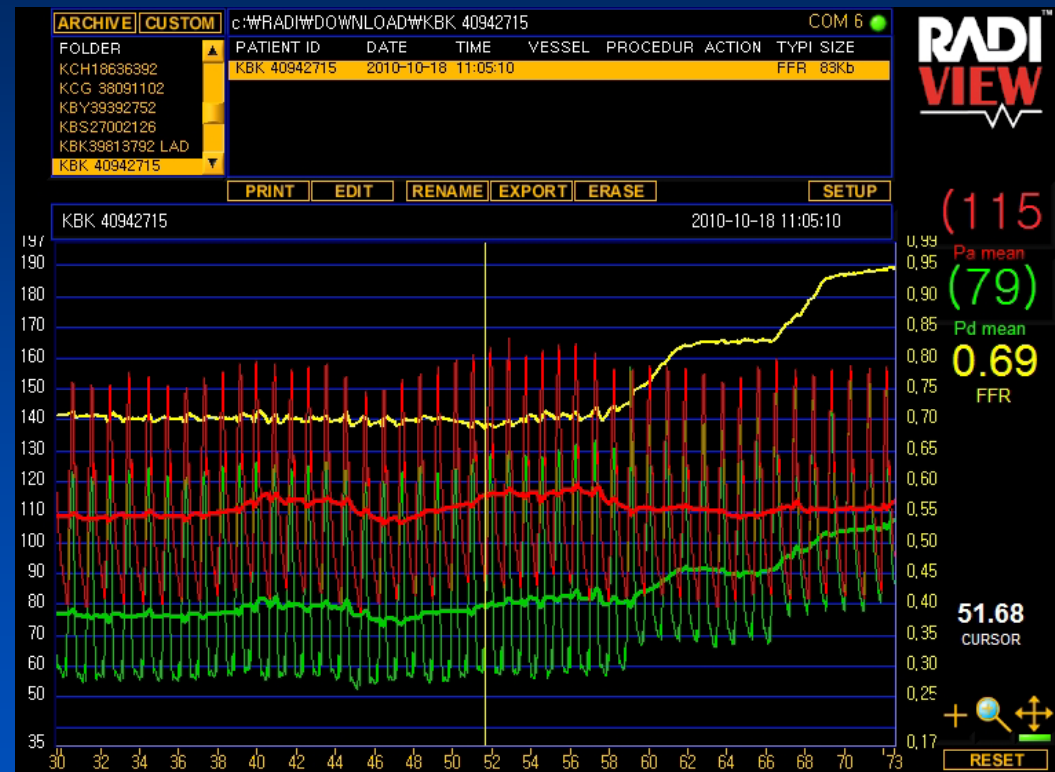


# IVUS

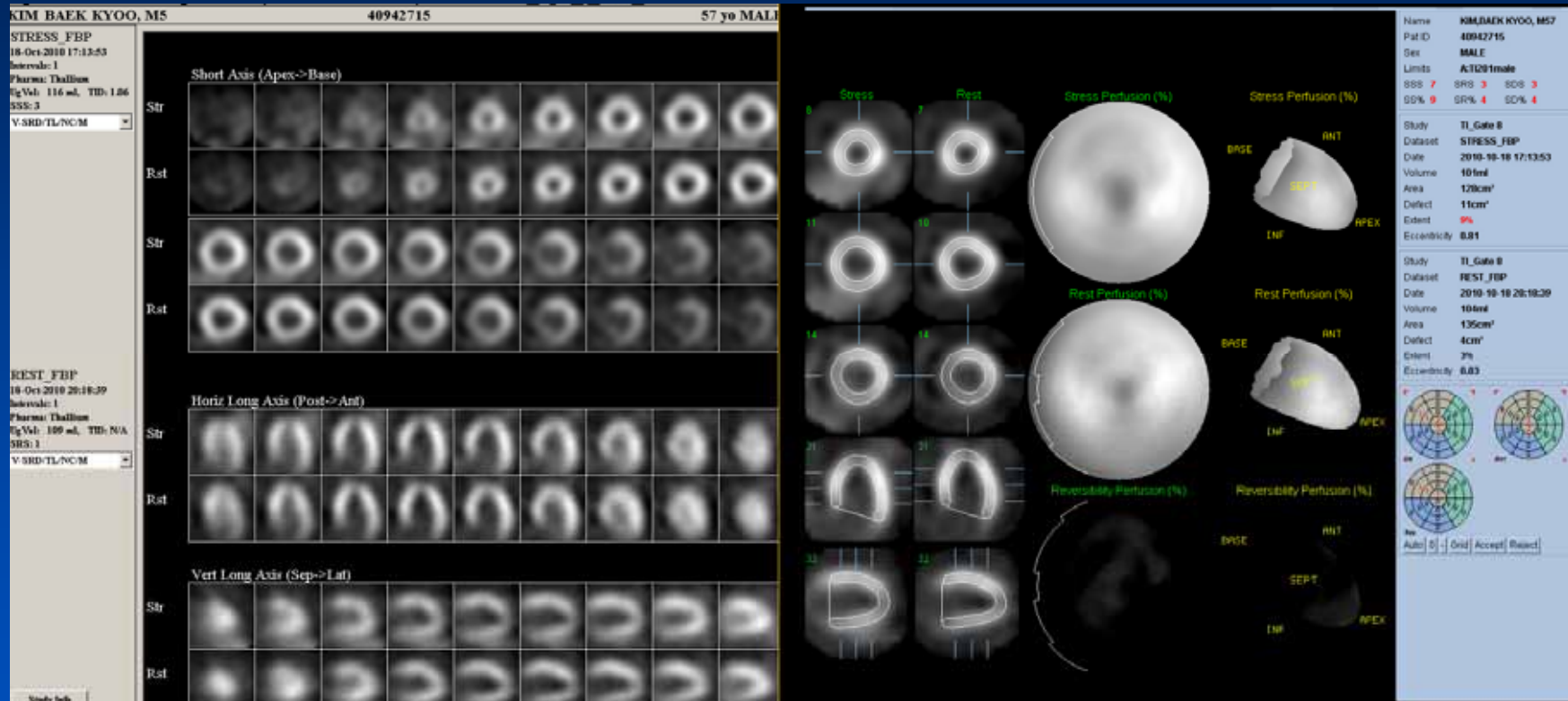


# FFR

Intravenous adenosine, 140  $\mu\text{g}/\text{kg}/\text{min}$



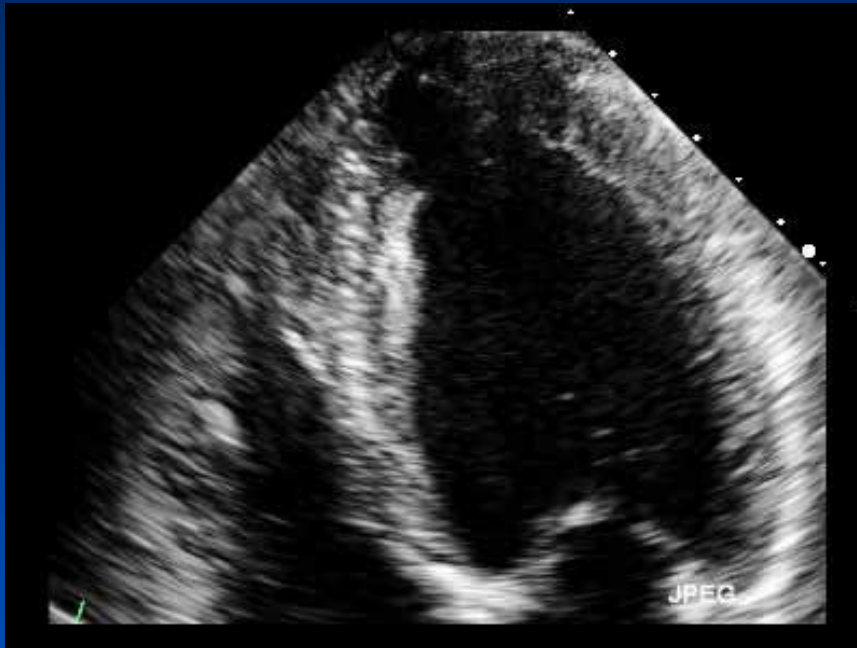
# Thallium spect



# Normal



# Stress Echocardiography (Adenosine up to 200ug/kg/min)



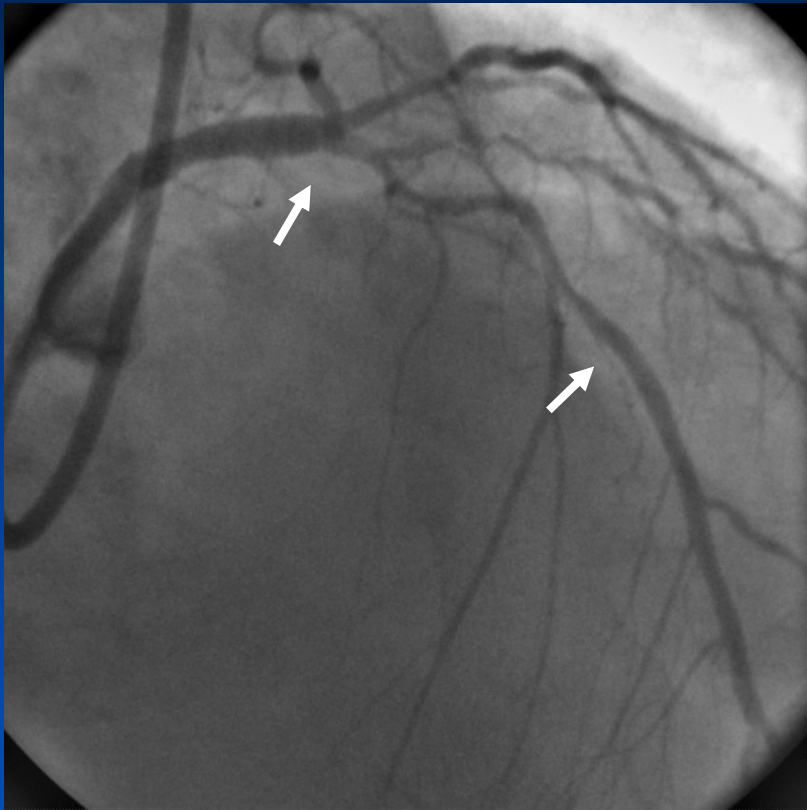
**Baseline**



**Peak dose**

**Negative**

# Mismatch Disease



Angiographic DS(%) : **80%**  
IVUS MLA : **2.0-2.4 mm<sup>2</sup>**

FFR : **0.69**

Treadmill test : Negative

Thallium spect : Normal

Stress Echo : Normal

## What would you do ?

The ESC guidelines,  
classify **FFR-guided treatment**  
as "Class I, with level of  
evidence A."

# I would Treat !



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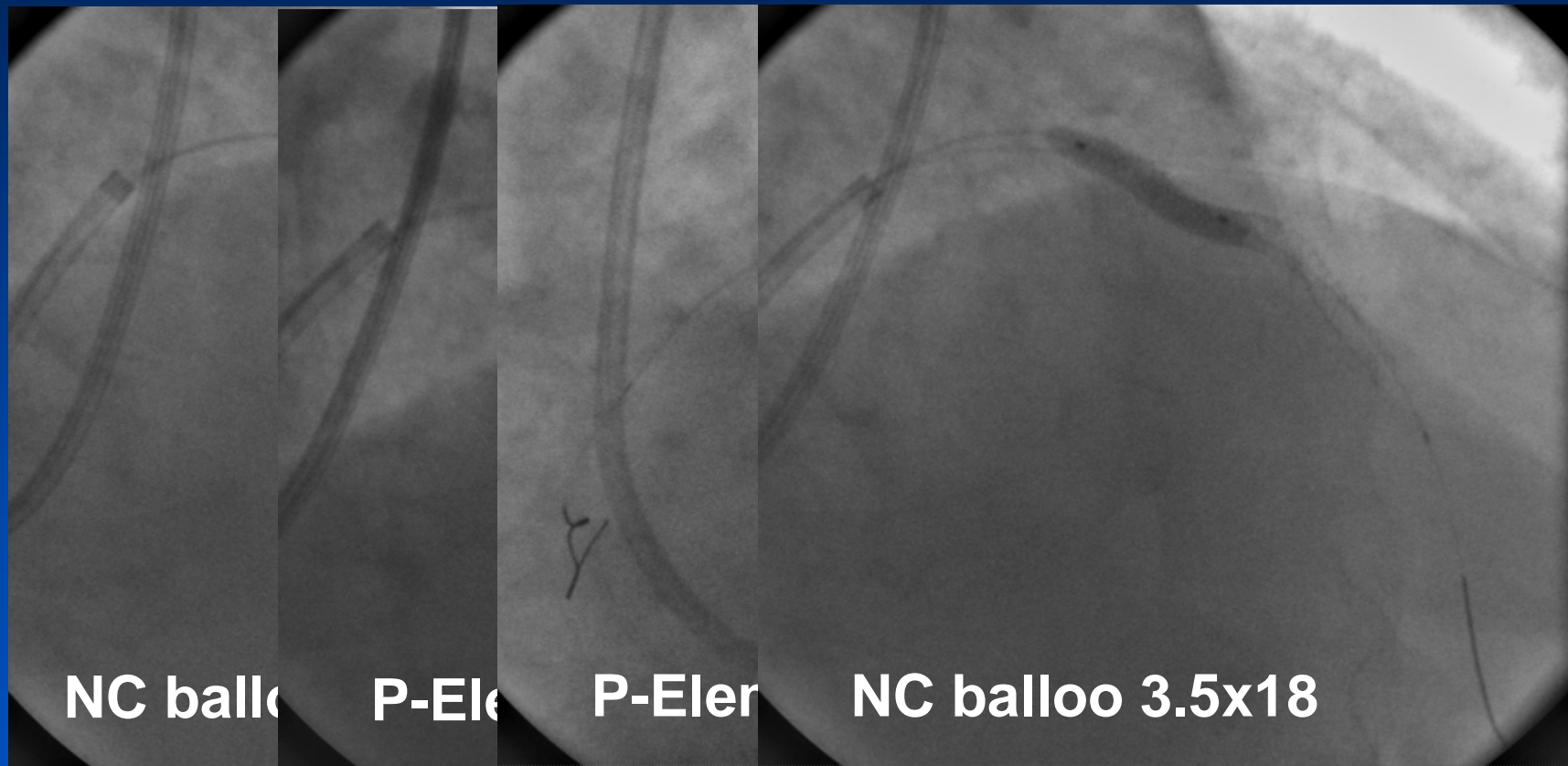


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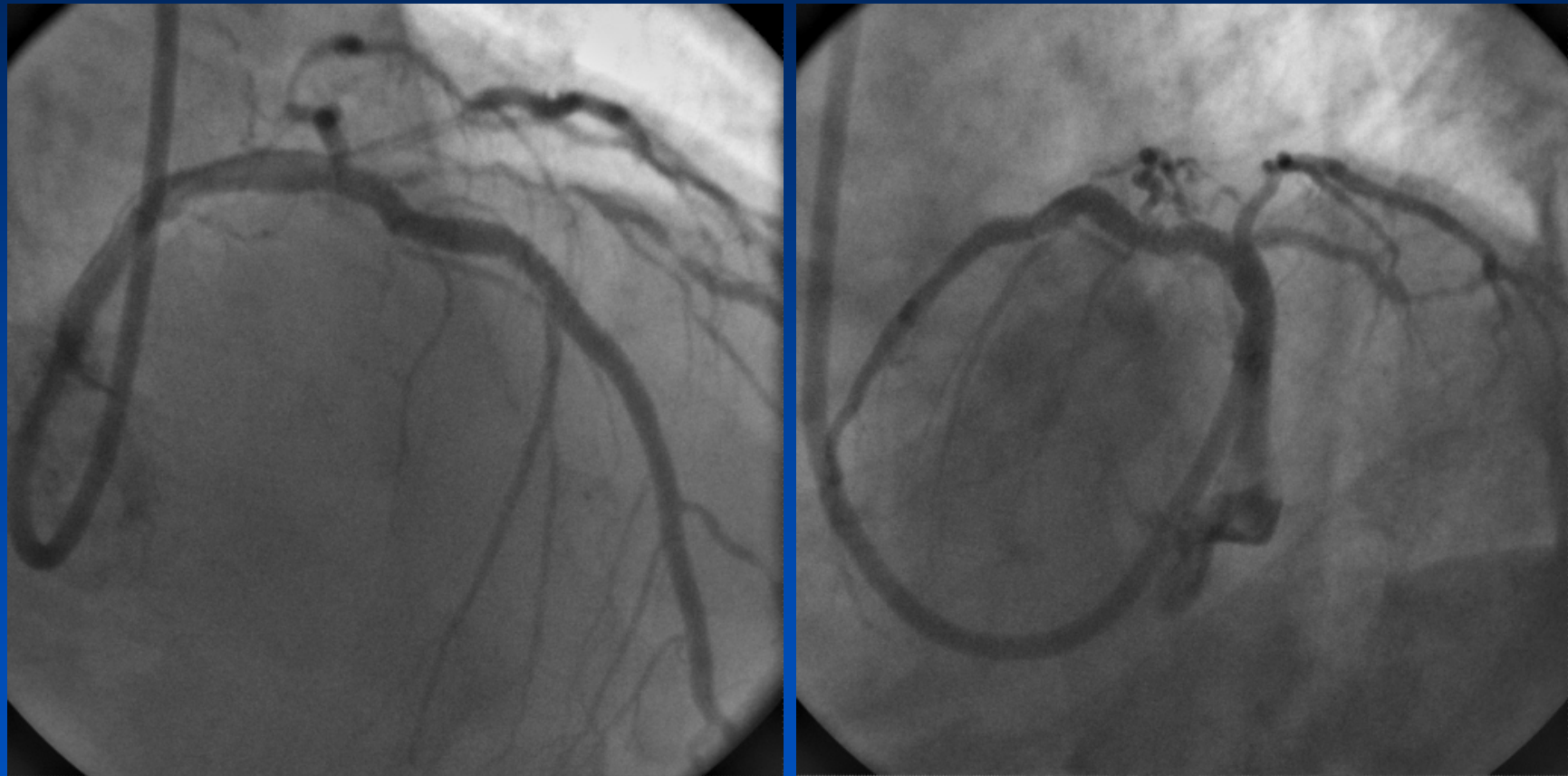


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# 2 DESs (28 x 20 mm)



# Final Result



# Mismatch Disease

Mismatched problems mainly are between angiographic severity/ IVUS MLA and non-invasive stress test. Not related with FFR.



# Mismatch Disease

Do you want to treat **the Lesion** ?  
based on angiography and/or IVUS MLA

Do you want to treat **the Patients** ?  
based on non-invasive stress test  
and/or FFR





Thank You !!

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