

***PHYSIOLOGICAL IMPACT OF CTO OPENING
TO CORONARY CIRCULATION***

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**IPS /CTO summit 2012
January 6, 2012**

Backgrounds

- ▣ The ischemic burden is the key determinant of the patients prognosis with Ischemic heart disease.
- ▣ CTO recanalization can reduce the ischemic burden if the ischemic myocardium is large.
- ▣ Patients with a significant reduction in ischemic burden have improved long-term survival when compared to those without reduced ischemia following CTO PCI.

FFR_{myo} as the index of myocardial perfusion

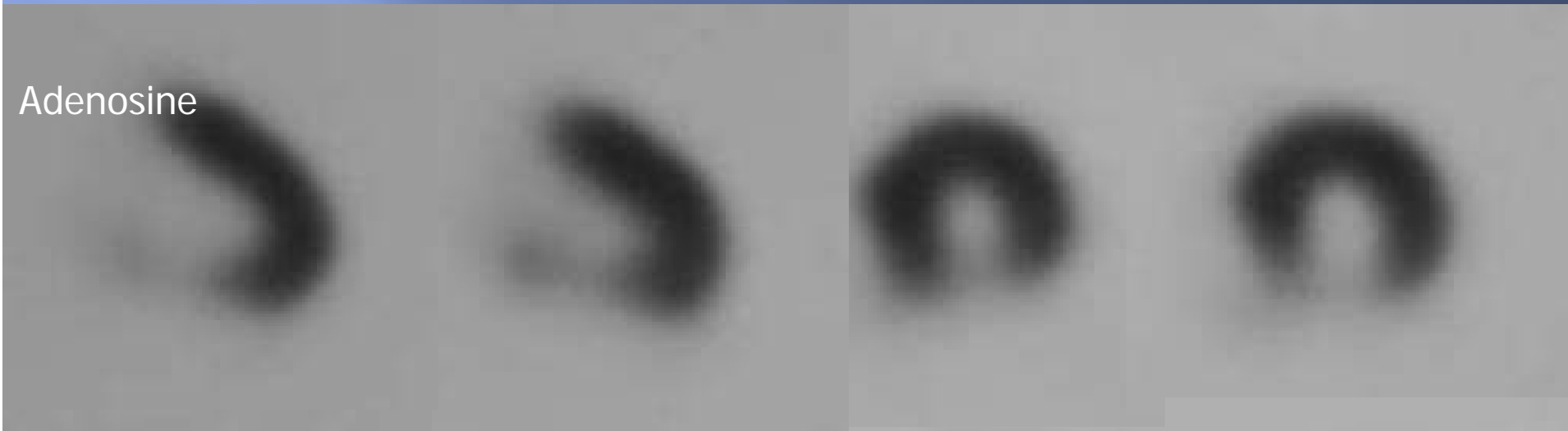
- ▣ Fractional flow reserve (FFR) is defined as the ratio of maximum blood flow in a diseased artery to maximum flow, if the same artery would be normal.
- ▣ FFR has an uniform normal value of 1.0 for every patient and every coronary artery and FFR <0.75 is validated as the threshold value of inducible ischemia .
- ▣ The value of FFR_{myo} is very quantitative.
- ▣ *It accounts for collateral flow as well as the amount of myocardium perfused.*

Case A.M 44y.o M.

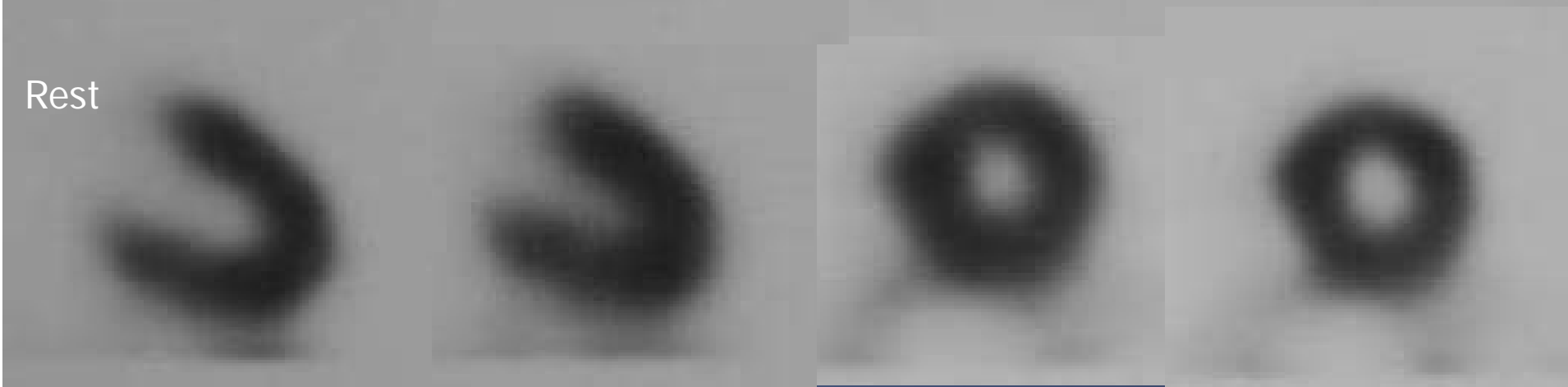
- ▣ Silent myocardial ischemia
- ▣ Risk factor : Hypertension, Dyslipidemia
- ▣ Exercise ECG :
ST depression in II III aVF V4-V6 0.2mV
- ▣ Angiography :
RCA CTO LAD seg6 intermediate stenosis
- ▣ LVEF 75% normal LV wall motion

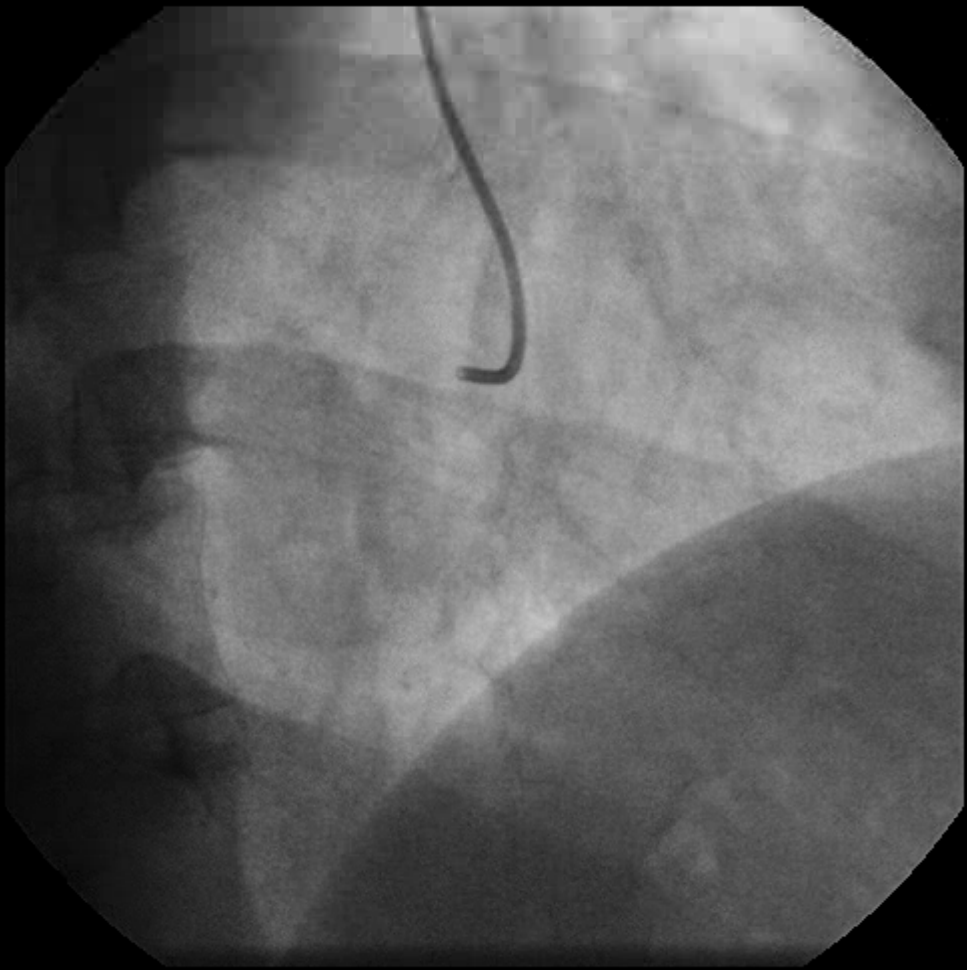
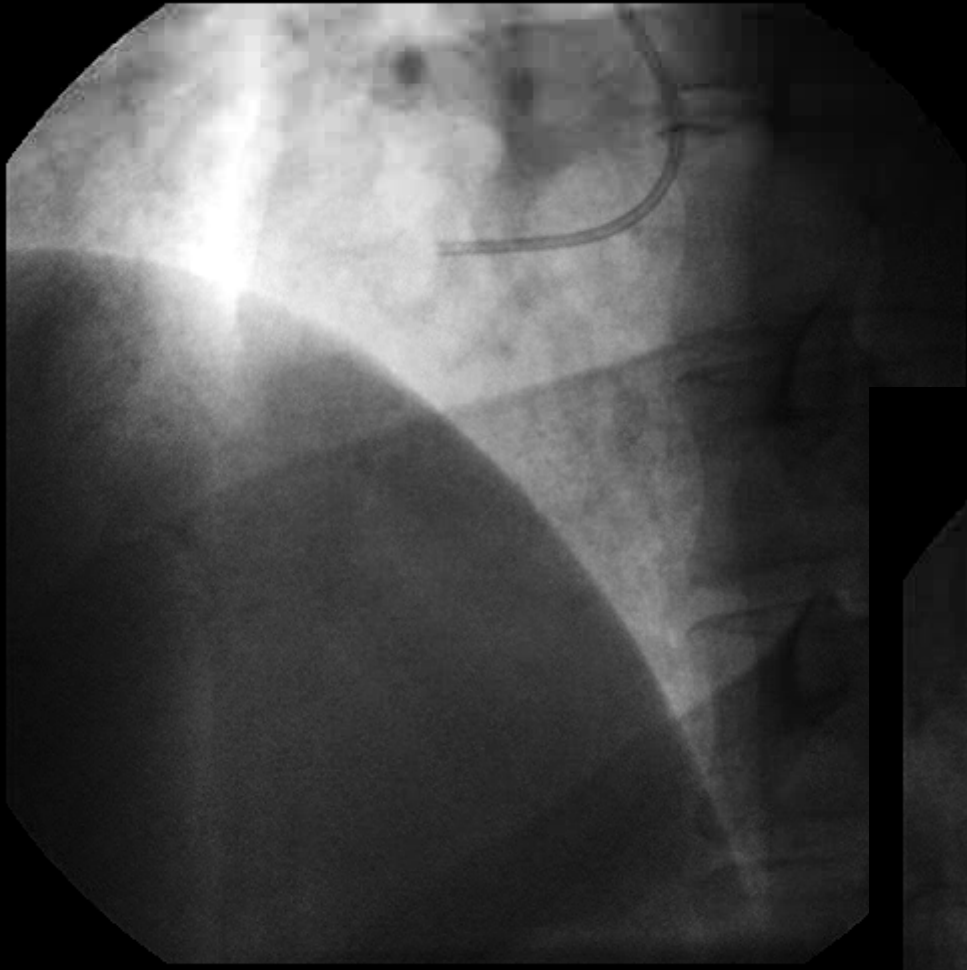
Stress myocardial perfusion imaging

Adenosine

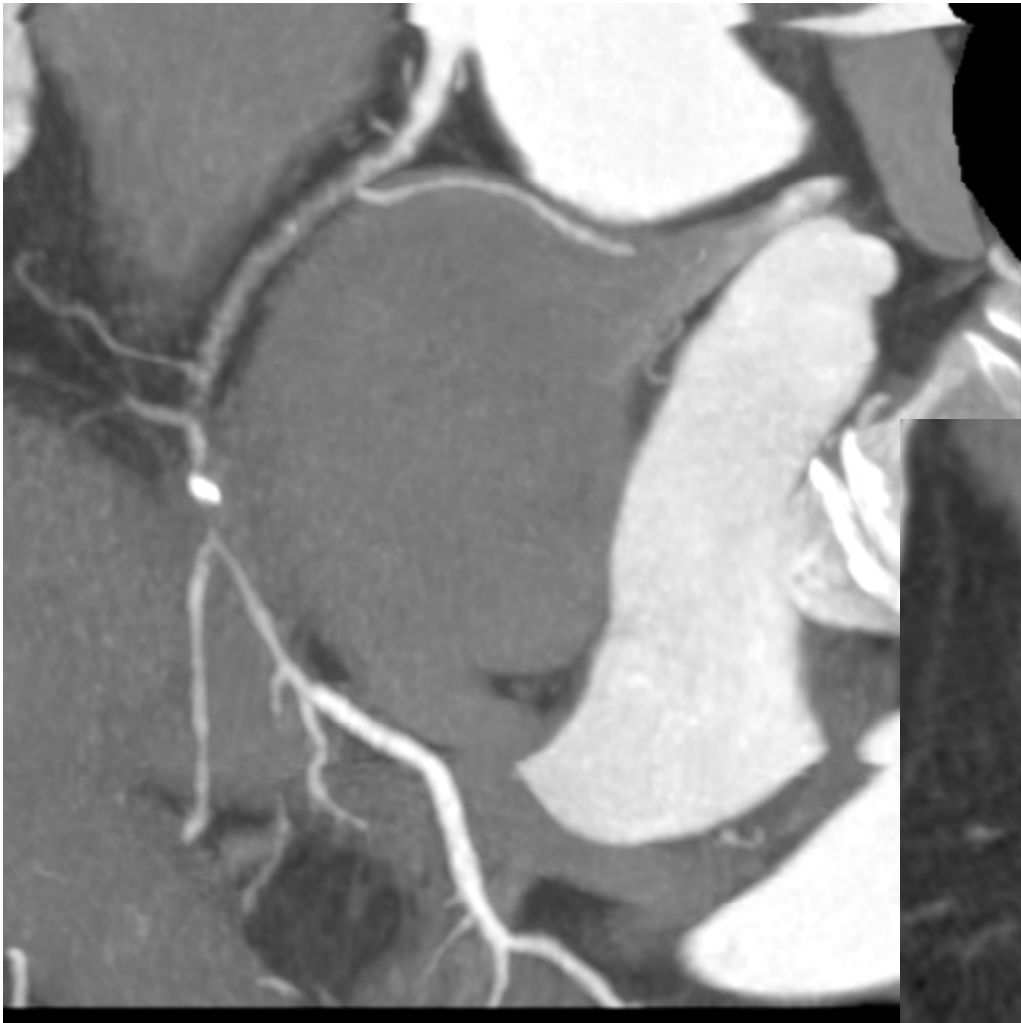


Rest

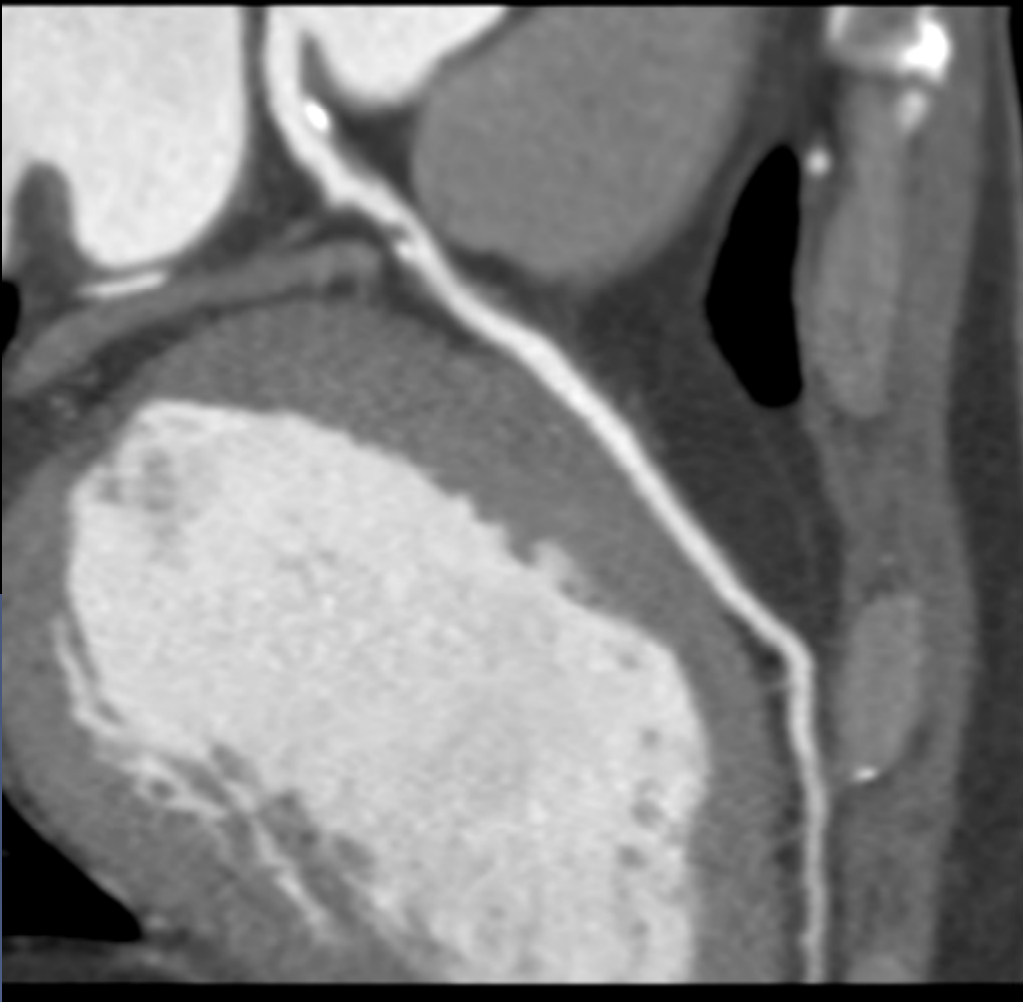




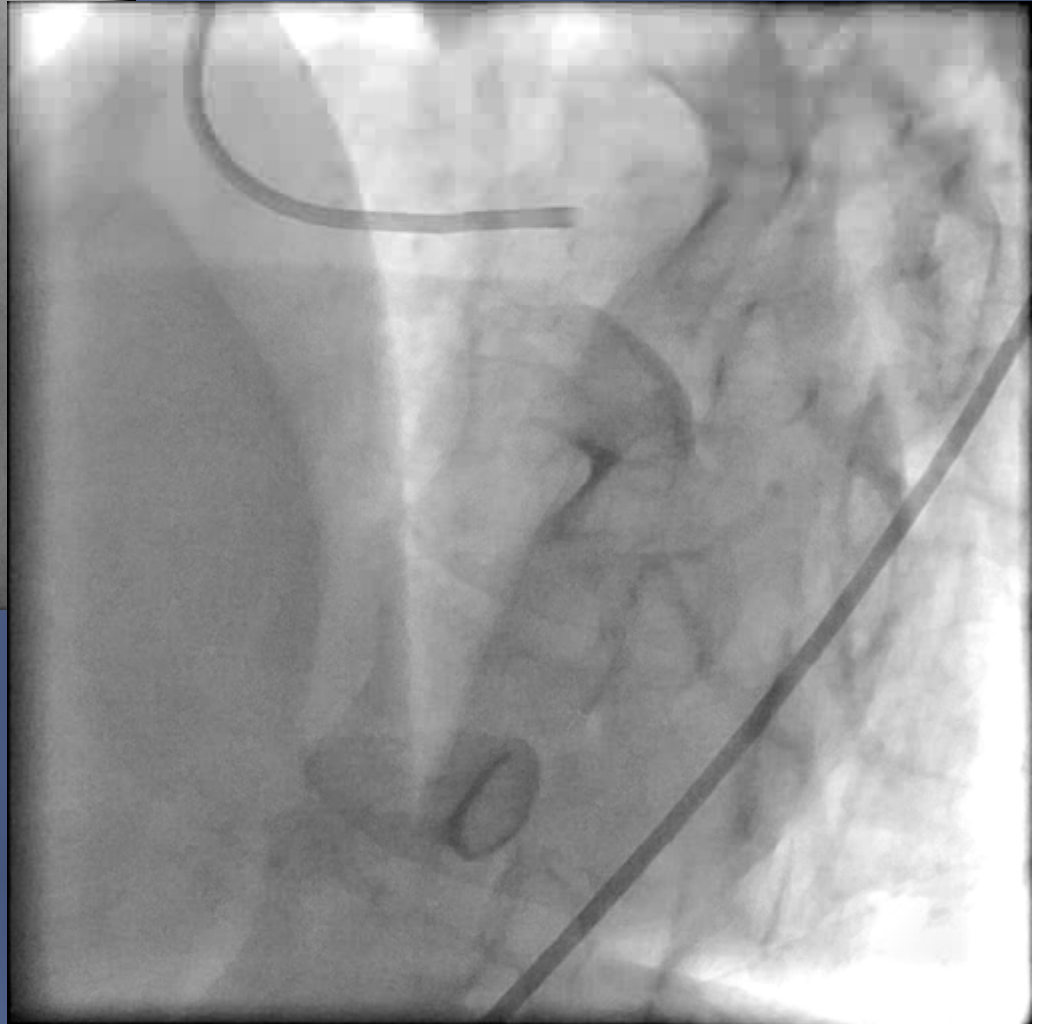
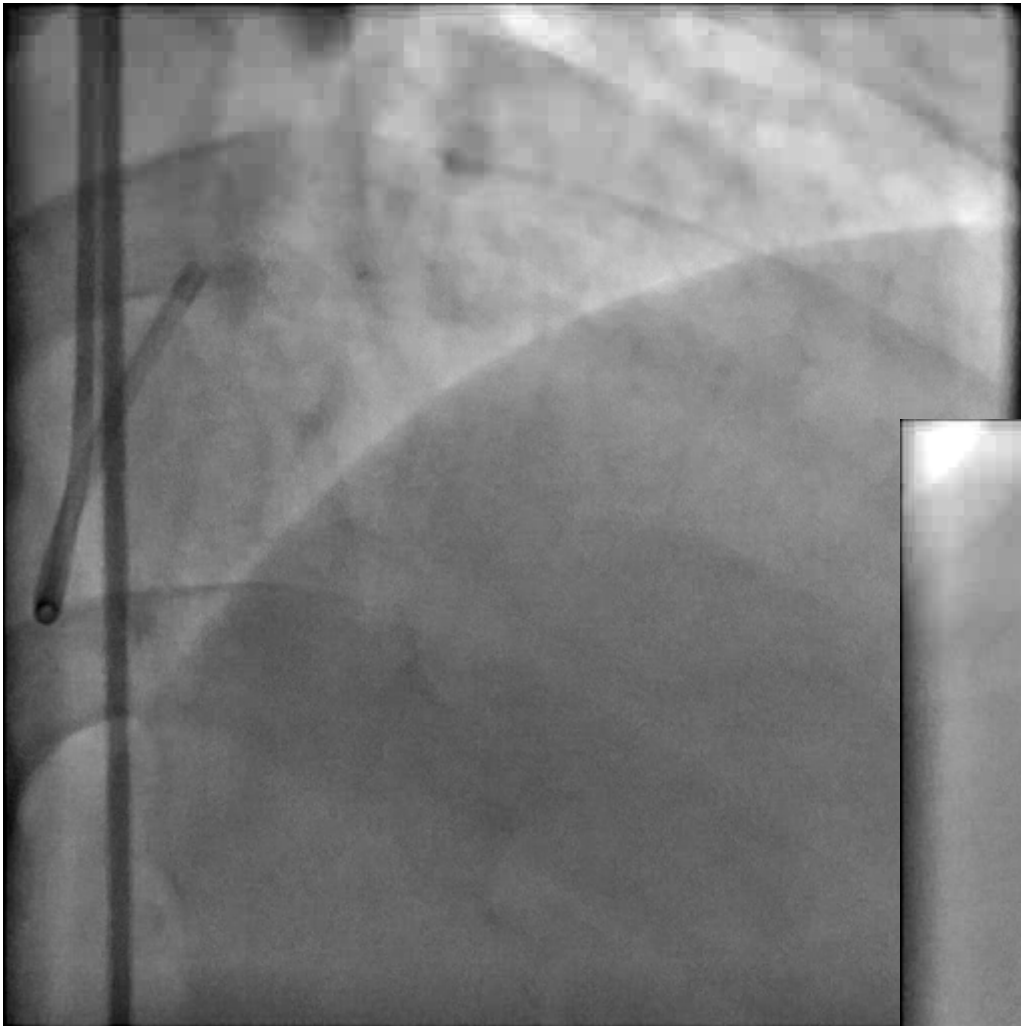
Diagnostic catheter
RCA



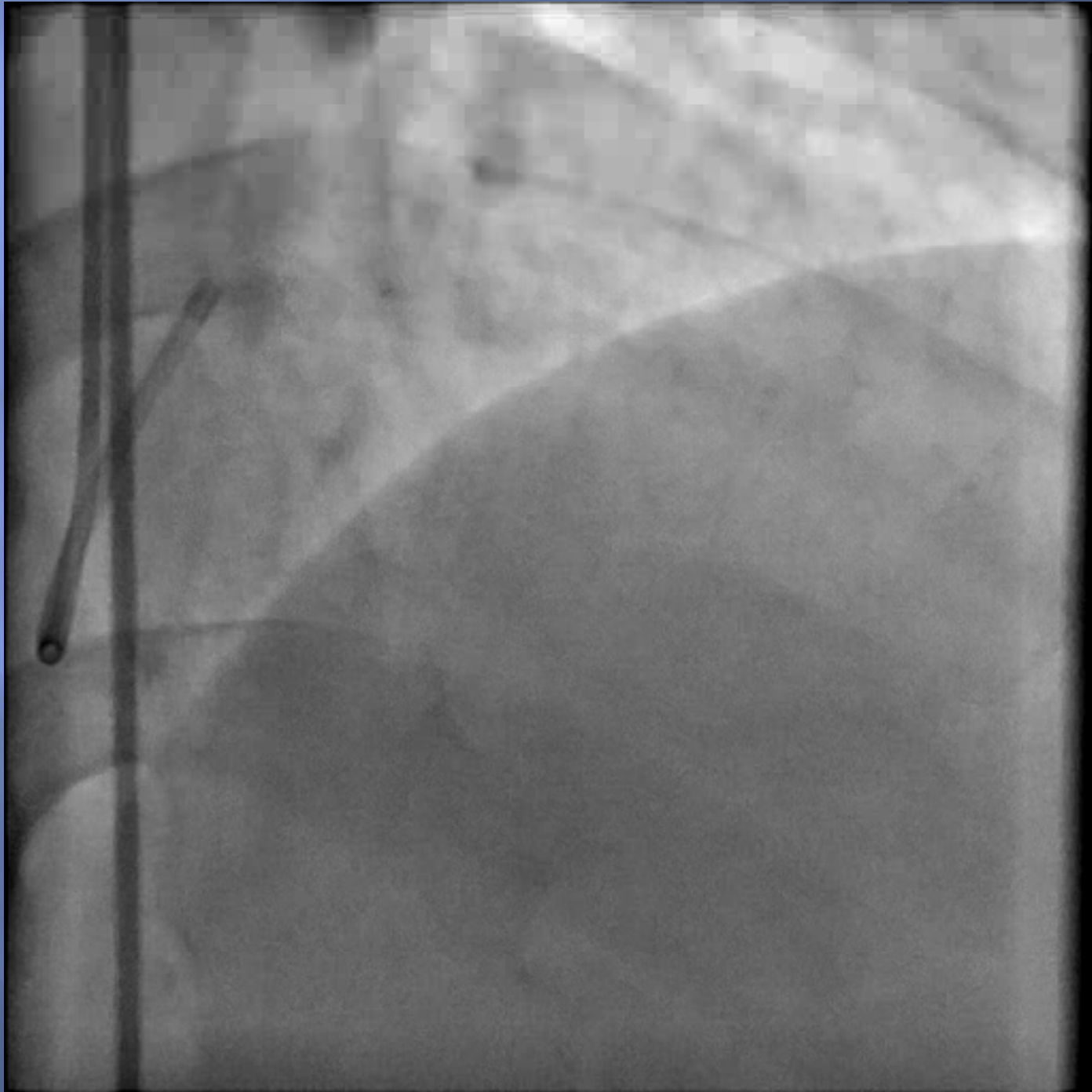
MDCTCA RCA

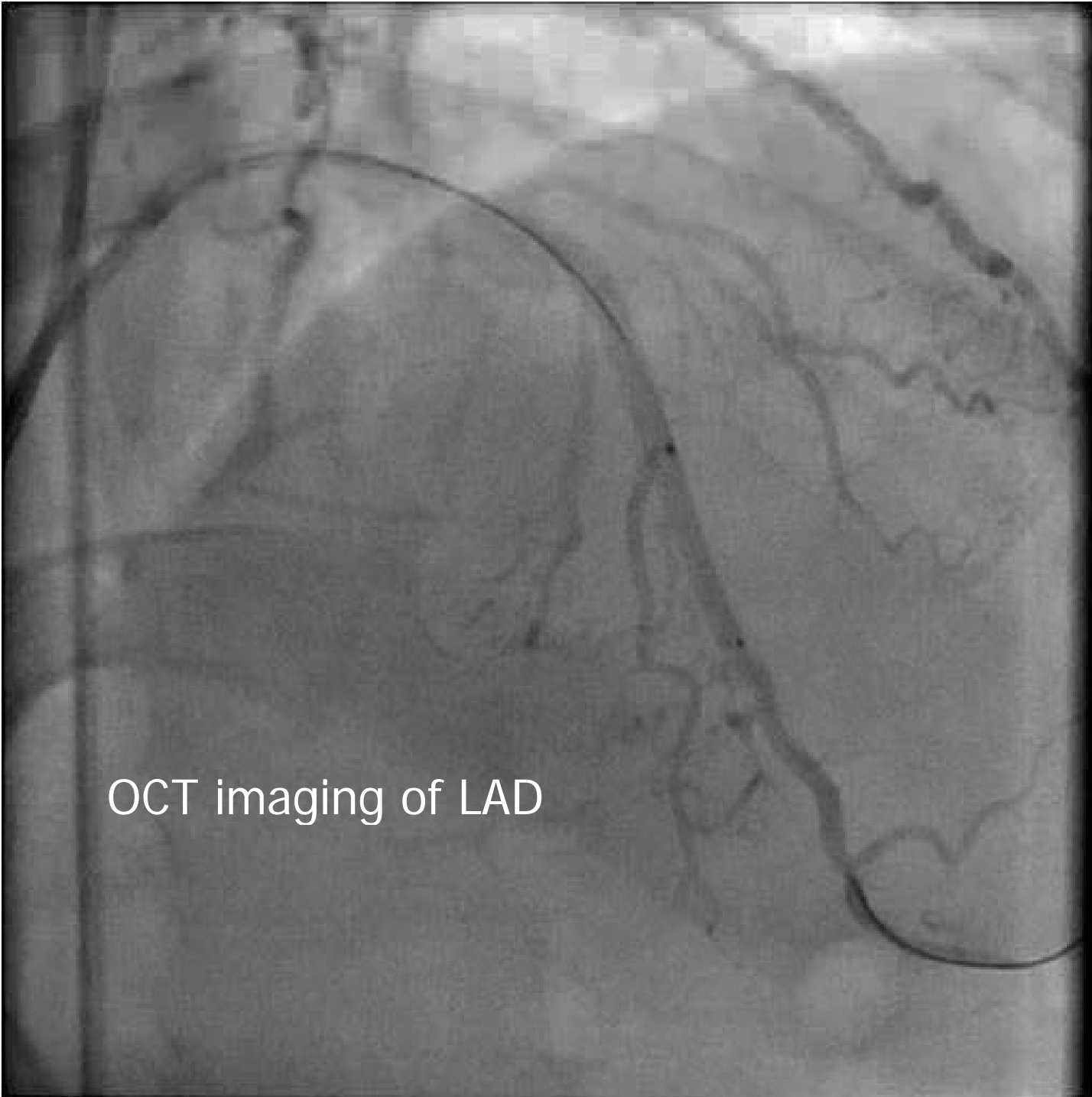


MDCTCA LAD



Diagnostic catheter
LCA



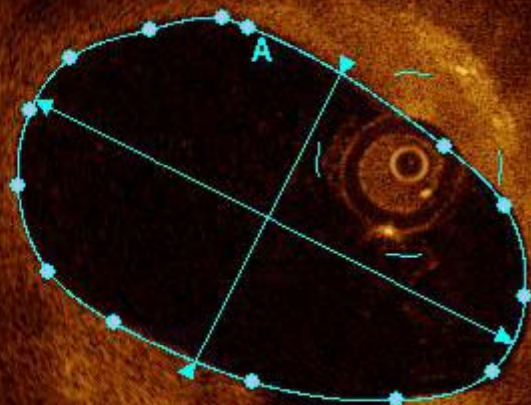


OCT imaging of LAD

A Area: 3.50mm²
Mean Diameter: 2.08mm
Min: 1.61mm, Max: 2.67mm

10/4/2011 4:30:38 PM
0001

MLA in LAD



Playback Time

3:26

FFR 0.81

Pd/Pa 0.81

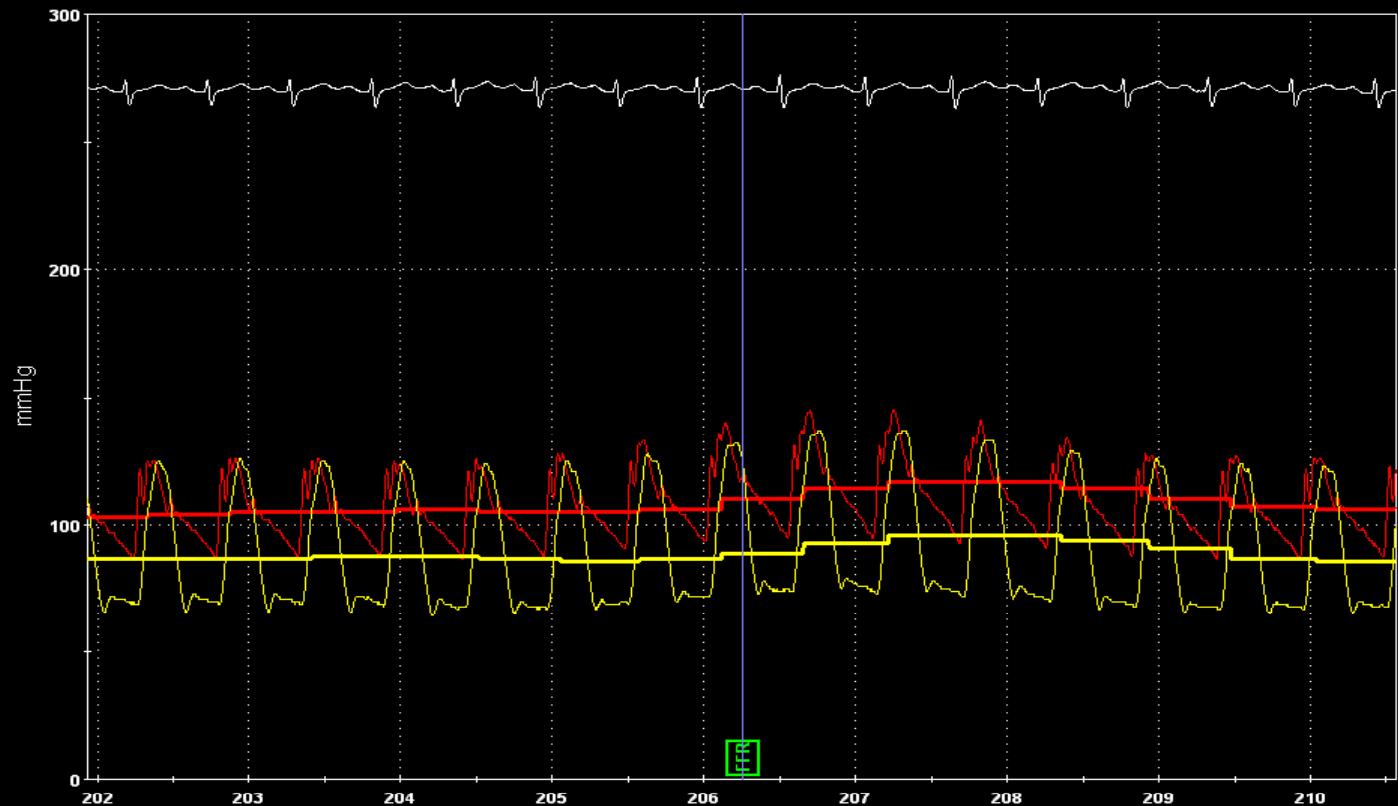
Pa:iPa 110:119

Pd:iPd 89:126

Pa-Pd(m) 21

HR 112

List of Runs	FFR
04:18:18 PM	0.81
06:42:06 PM	0.67
06:48:18 PM	0.77



Options

Save Frame

Select Mode

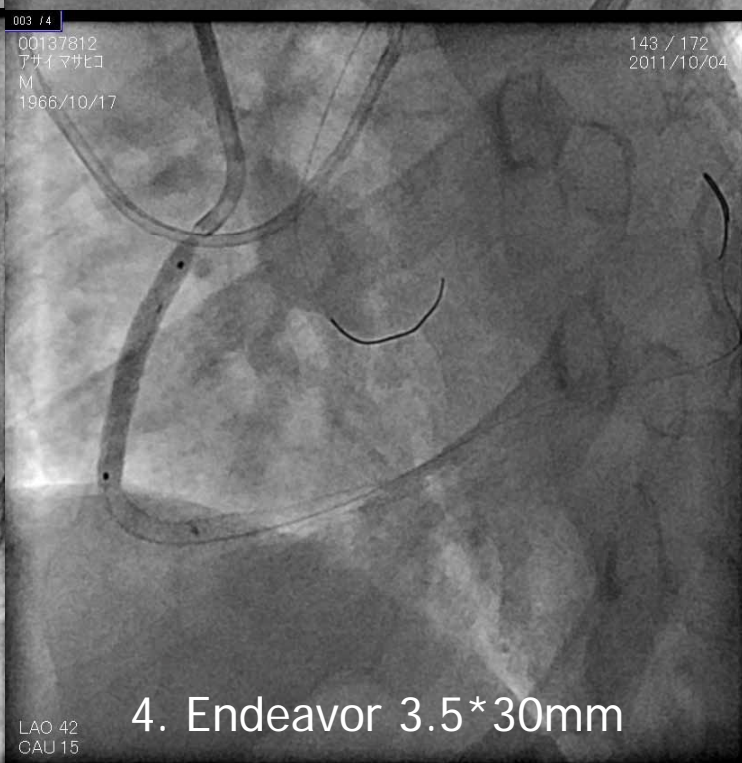
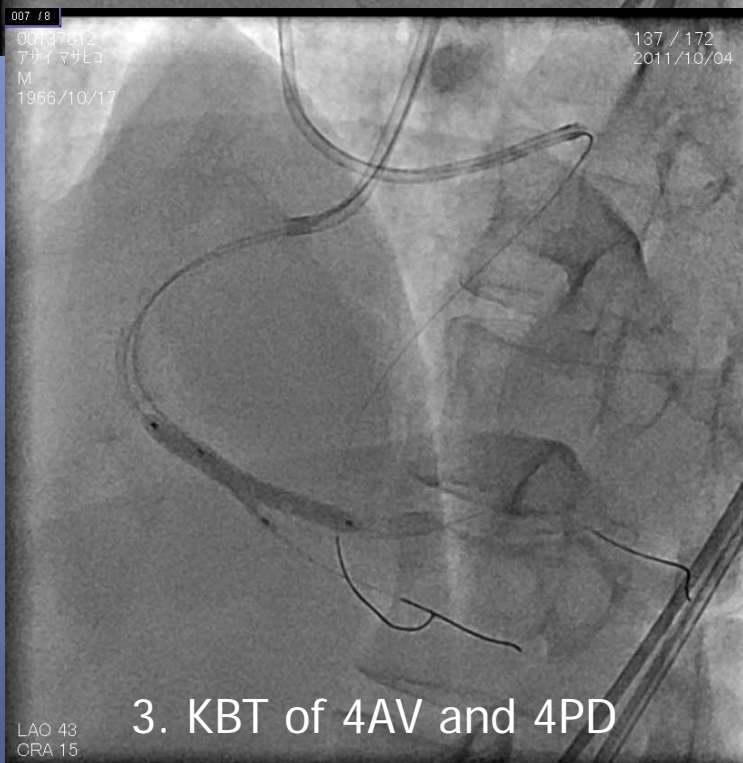
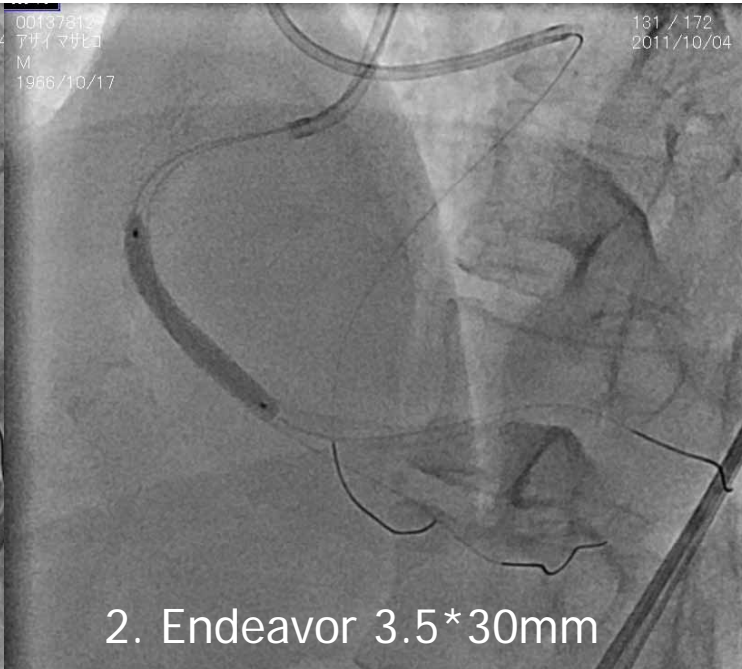
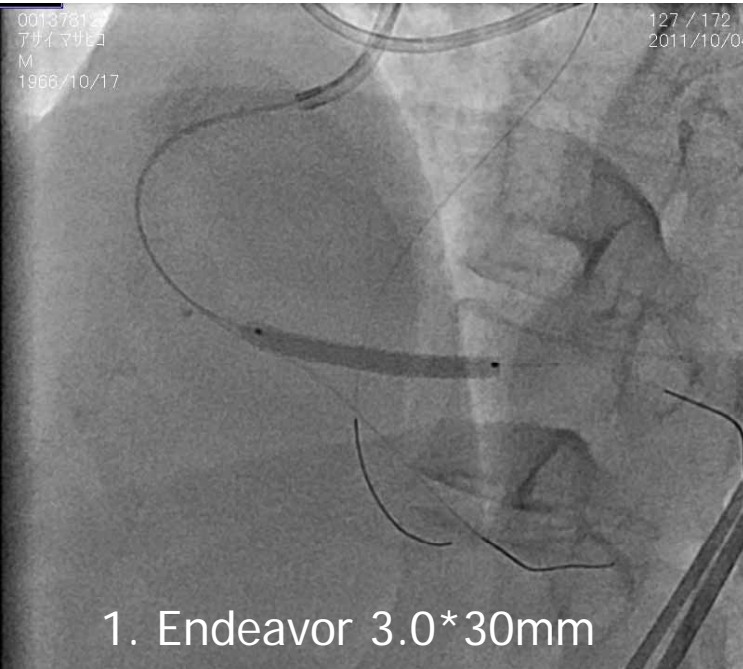
Settings

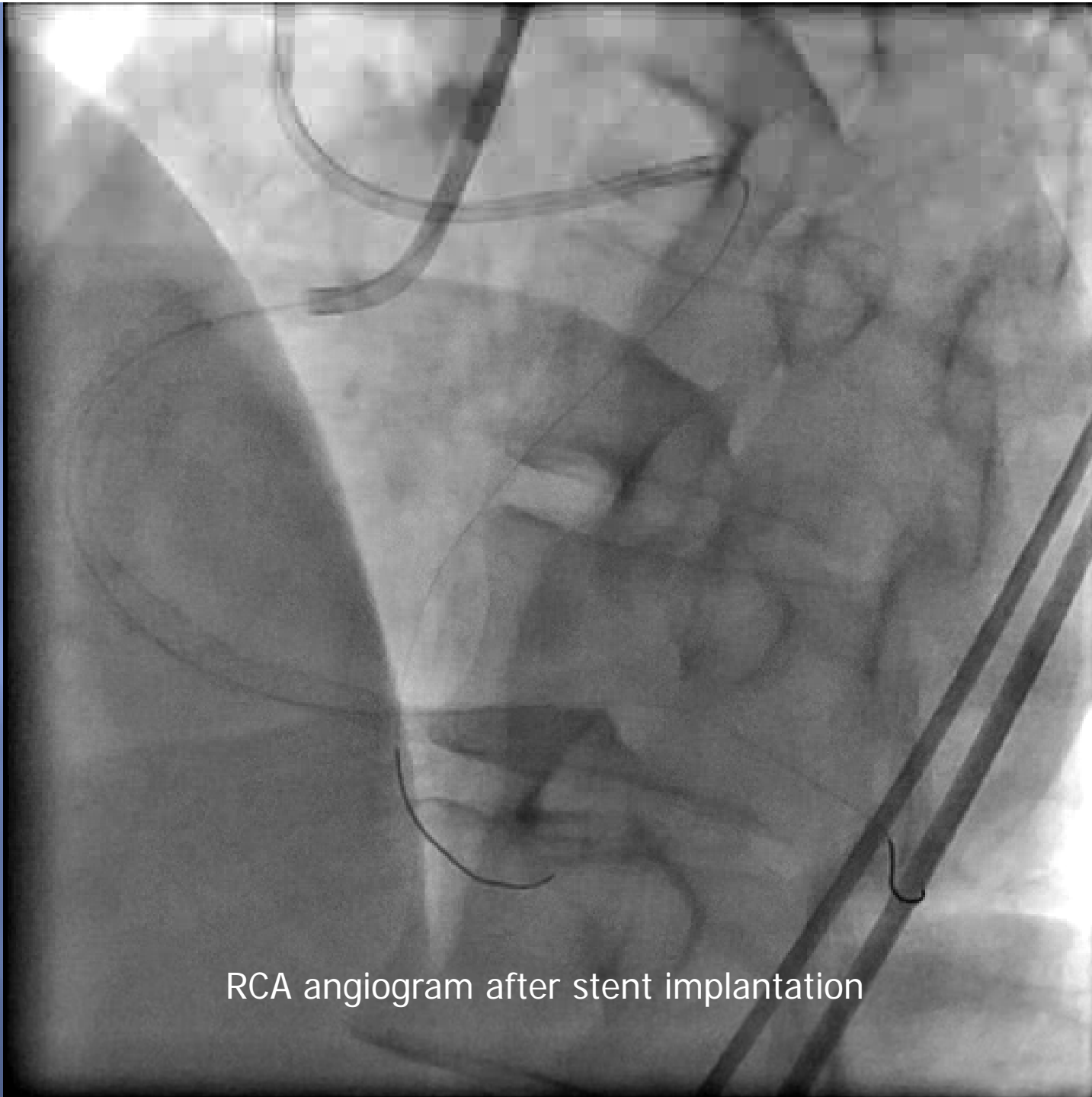
Patient

Home

Playback

LAD FFR before opening CTO of RCA





RCA angiogram after stent implantation

Playback Time

1:47

FFR 0.67

Pd/Pa 0.67

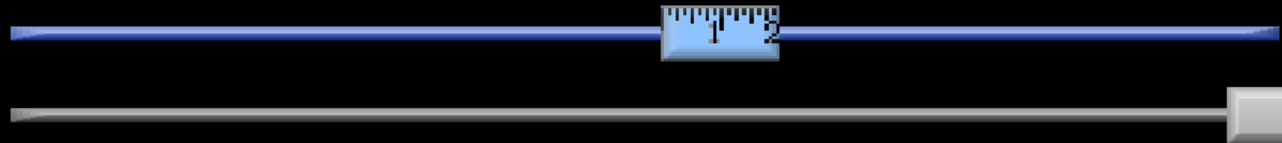
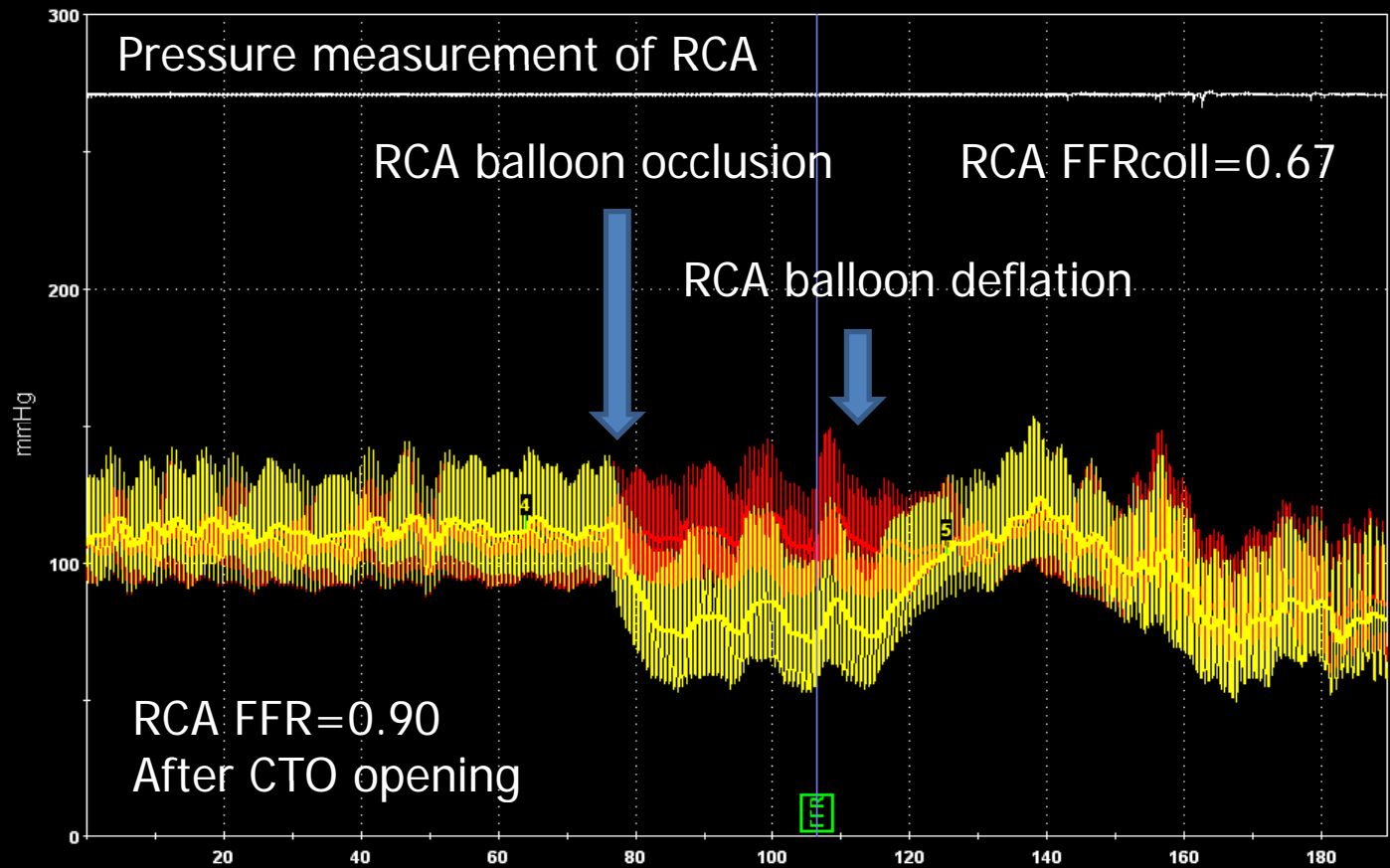
Pa:iPa 107:110

Pd:iPd 72:102

Pa-Pd(m) 35

HR 96

List of Runs	FFR
04:18:18 PM	0.81
06:42:06 PM	0.67
06:48:18 PM	0.77



Options

Save Frame

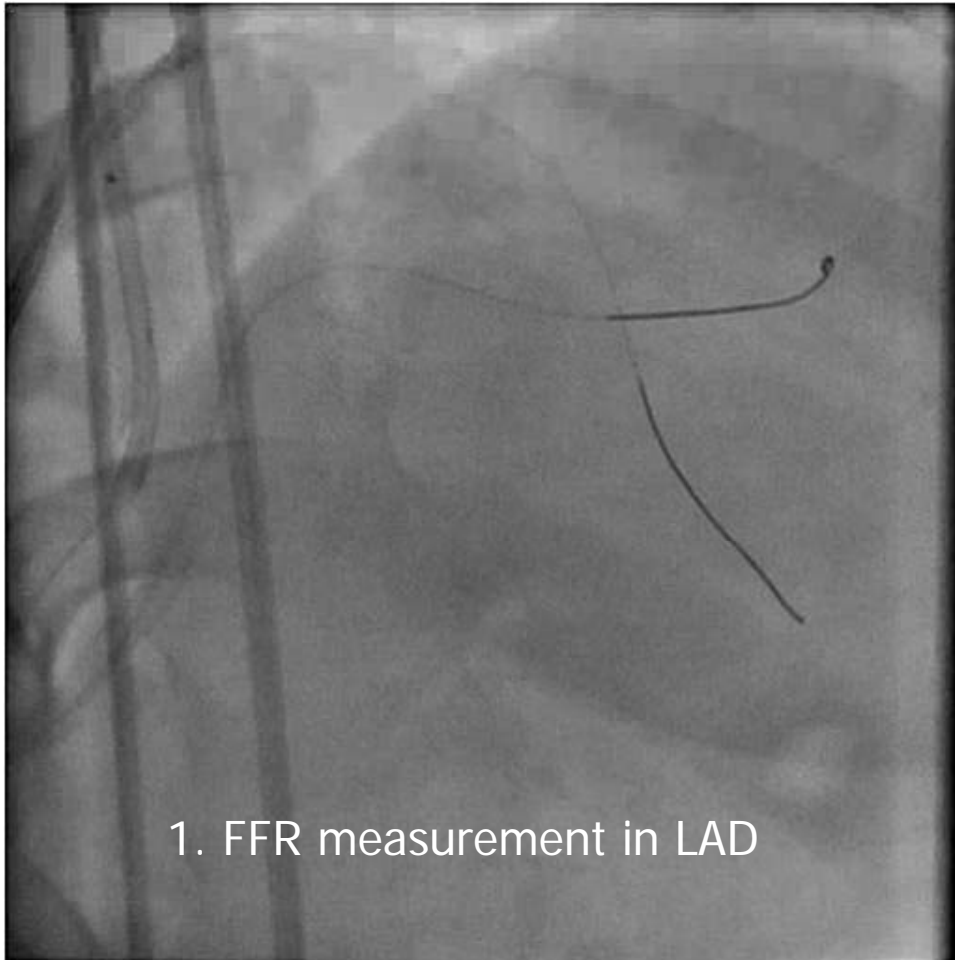
Select Mode

Settings

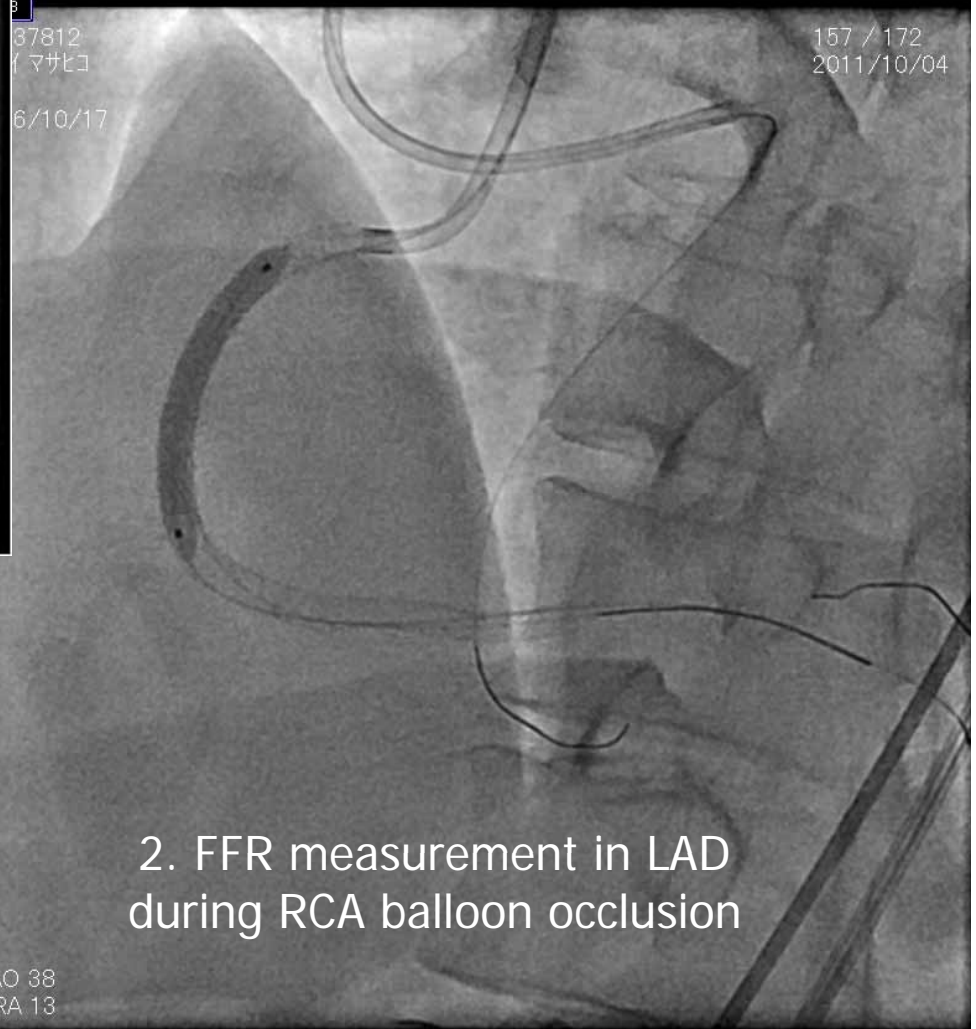
Patient

Home

Playback



1. FFR measurement in LAD



2. FFR measurement in LAD during RCA balloon occlusion

LAO 38
CRA 13

Playback Time

4:20

FFR 0.77

Pd/Pa 0.77

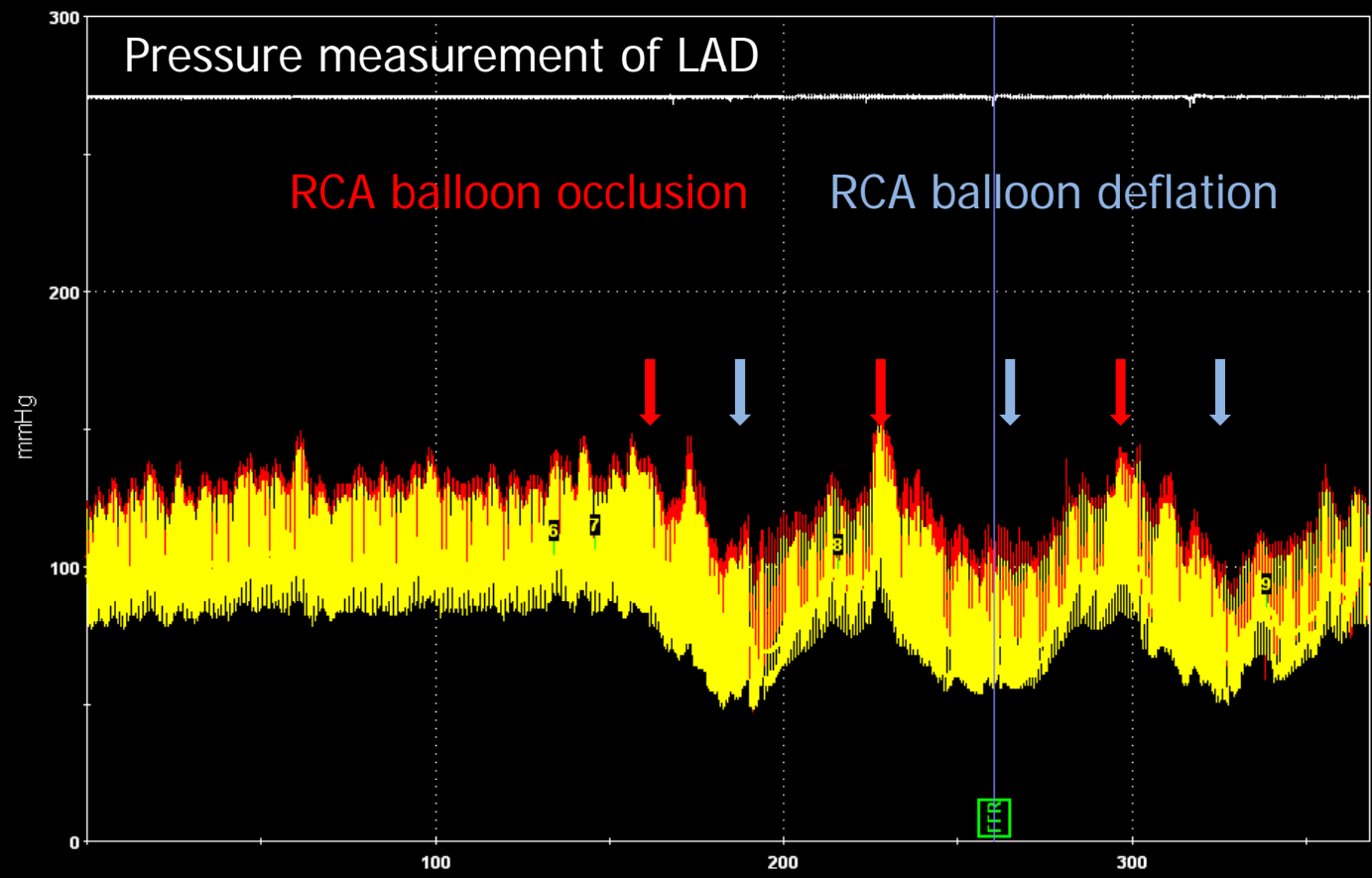
Pa:iPa 93:95

Pd:iPd 72:96

Pa-Pd(m) 21

HR 75

List of Runs	FFR
04:18:18 PM	0.81
06:42:06 PM	0.67
06:48:18 PM	0.77



Navigation buttons: a magnifying glass with a minus sign, a magnifying glass with a plus sign, an "Options" button, and a "Save Frame" button.

Playback Time

2:43

FFR 0.77

Pd/Pa 0.93

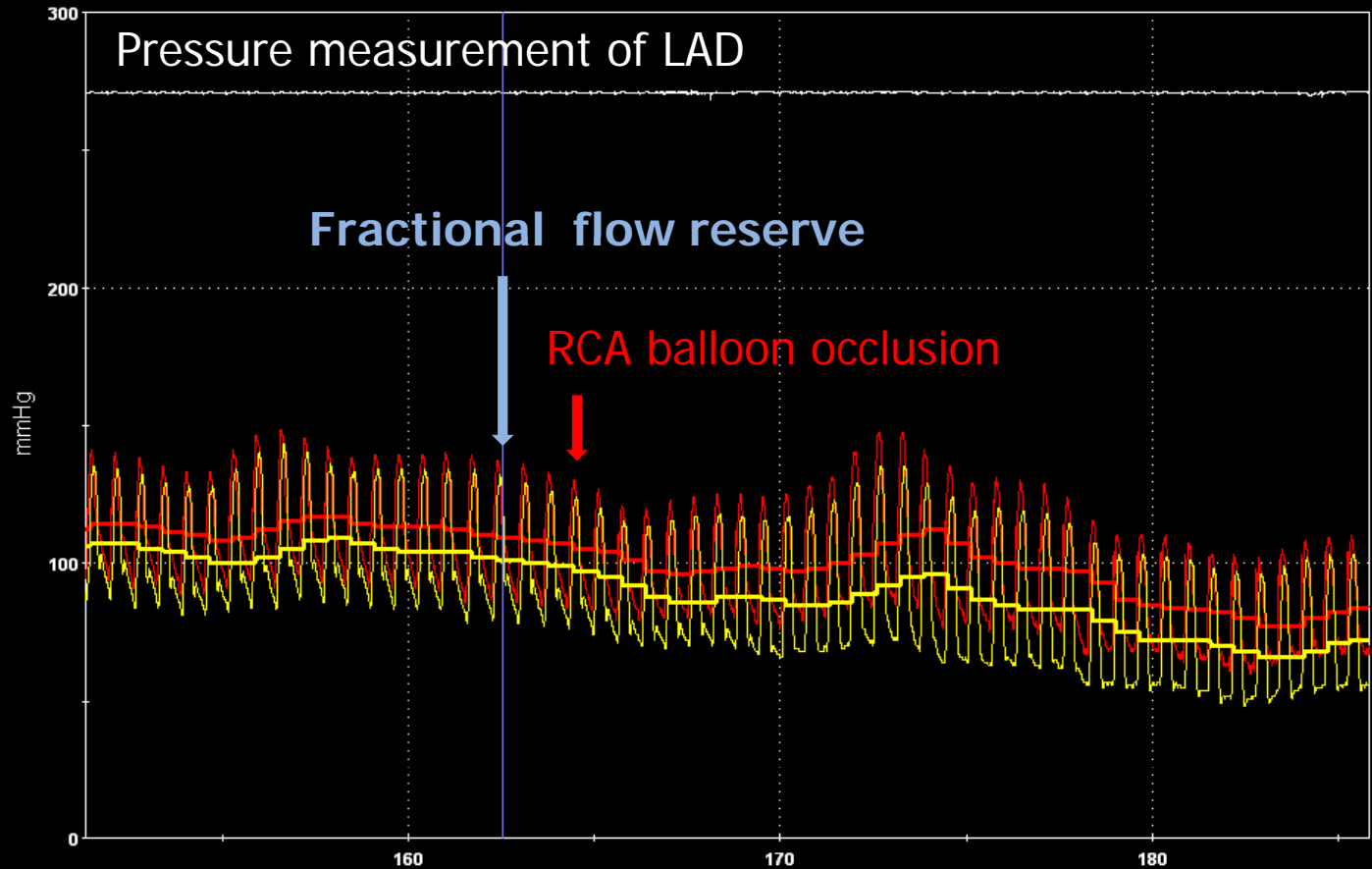
Pa:iPa 109:112

Pd:iPd 101:124

Pa-Pd(m) 8

HR 86

List of Runs	FFR
04:18:18 PM	0.81
06:42:06 PM	0.67
06:48:18 PM	0.77



Options

Save Frame

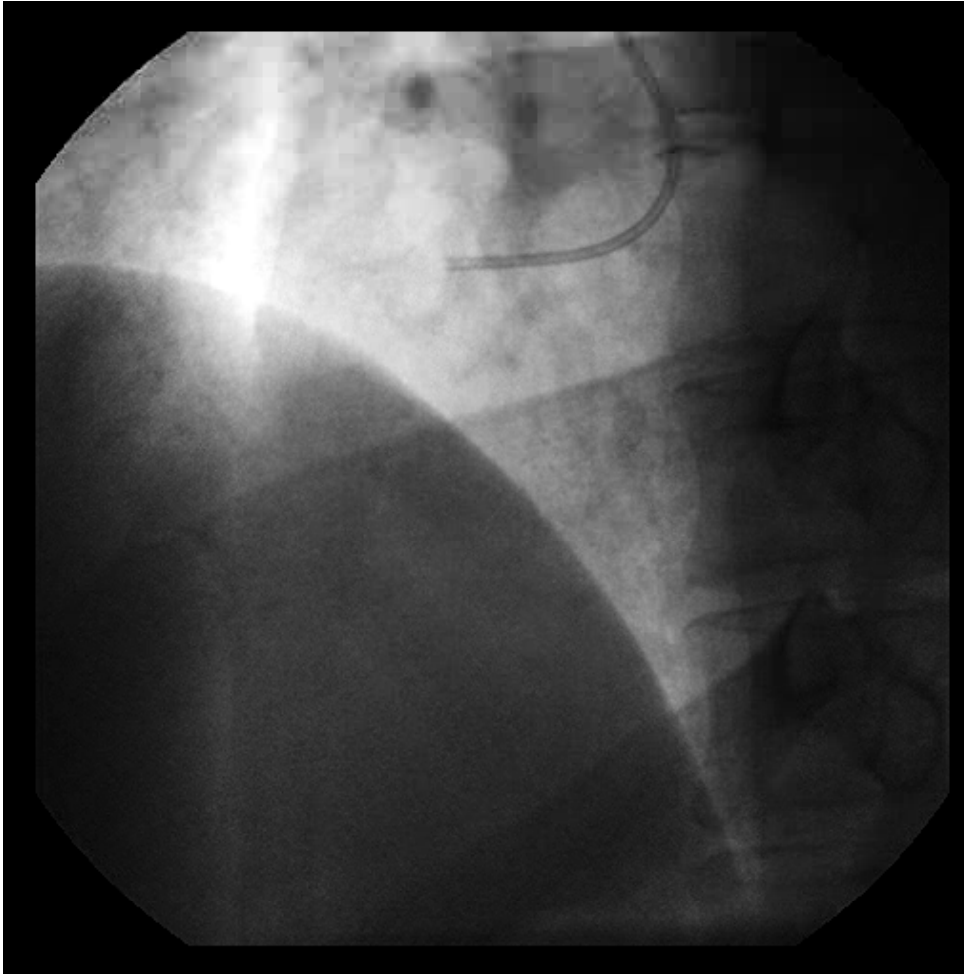
Select Mode

Settings

Patient

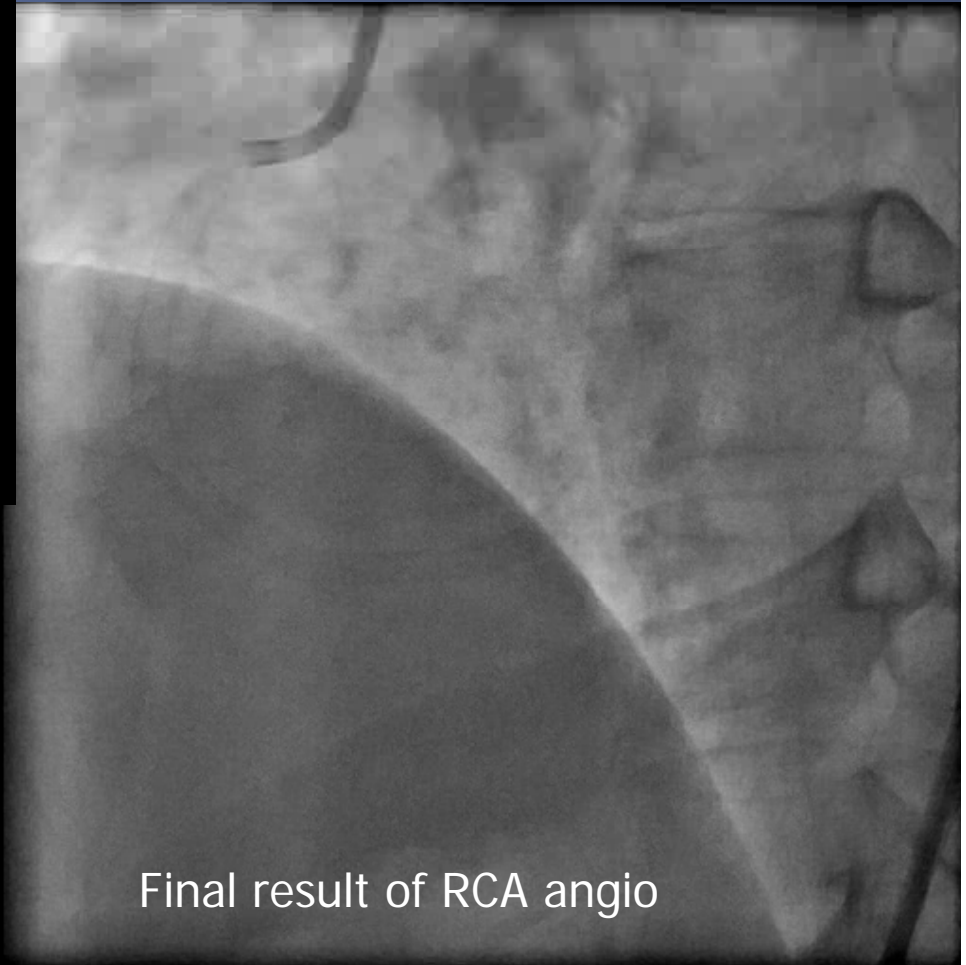
Home

Playback



Before opening CTO
 FFR_{coll} 0.67

After opening CTO
 FFR_{myo} 0.90



Final result of RCA angio



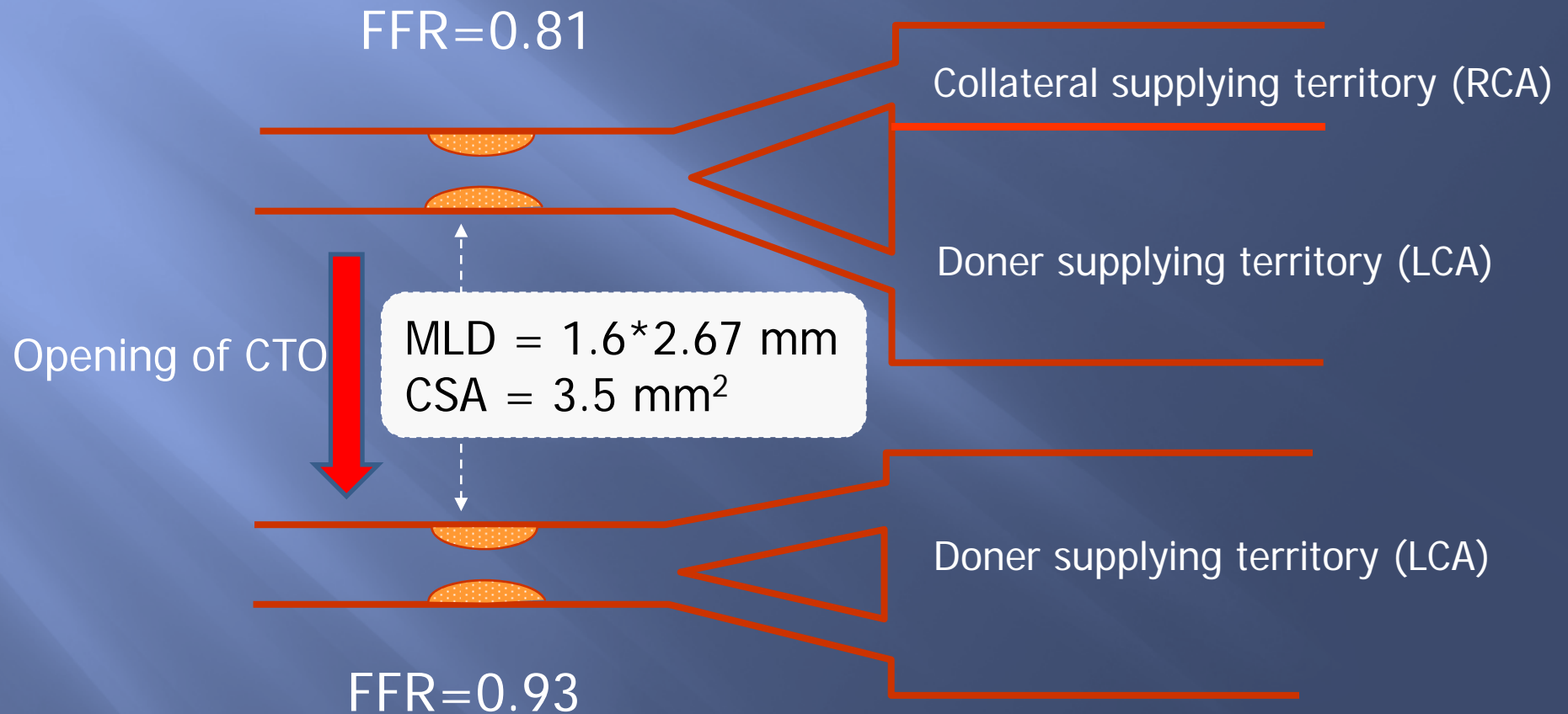
After opening CTO
 FFR_{myo} 0.93



Before opening CTO
 FFR_{myo} 0.67

Final result of LCA angio

Improved perfusion of collateral doner artery after CTO opening



Physiological impact (meaning) of CTO opening in this case

- ▣ Myocardium supplied by CTO vessel
FFR increased from 0.67 to 0.90
23% increase of max flow during hyperemia
- ▣ Myocardium supplied by remote opening vessels
FFR increased from 0.81(0.77) to 0.93
12% increase of max flow during hyperemia

PHYSIOLOGICAL IMPACT OF CTO OPENING TO CORONARY CIRCULATION

By CTO opening in this case

- ▣ Coronary flow under maximum vasodilatation increased not only in the myocardium supplied by occluded artery, but also in that supplied by contralateral open coronary artery.
- ▣ Clinical consequences may closely related to the change of physiological ischemic burden and should be followed up by this point of view.