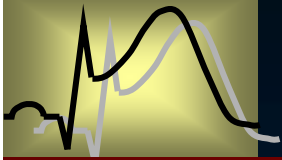


Invasive Assessment of Microvascular Circulation Indexes in AMI

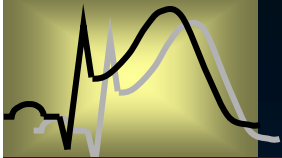
Myeong-Ho Yoon

**Ajou University, School of Medicine,
Suwon, Korea**



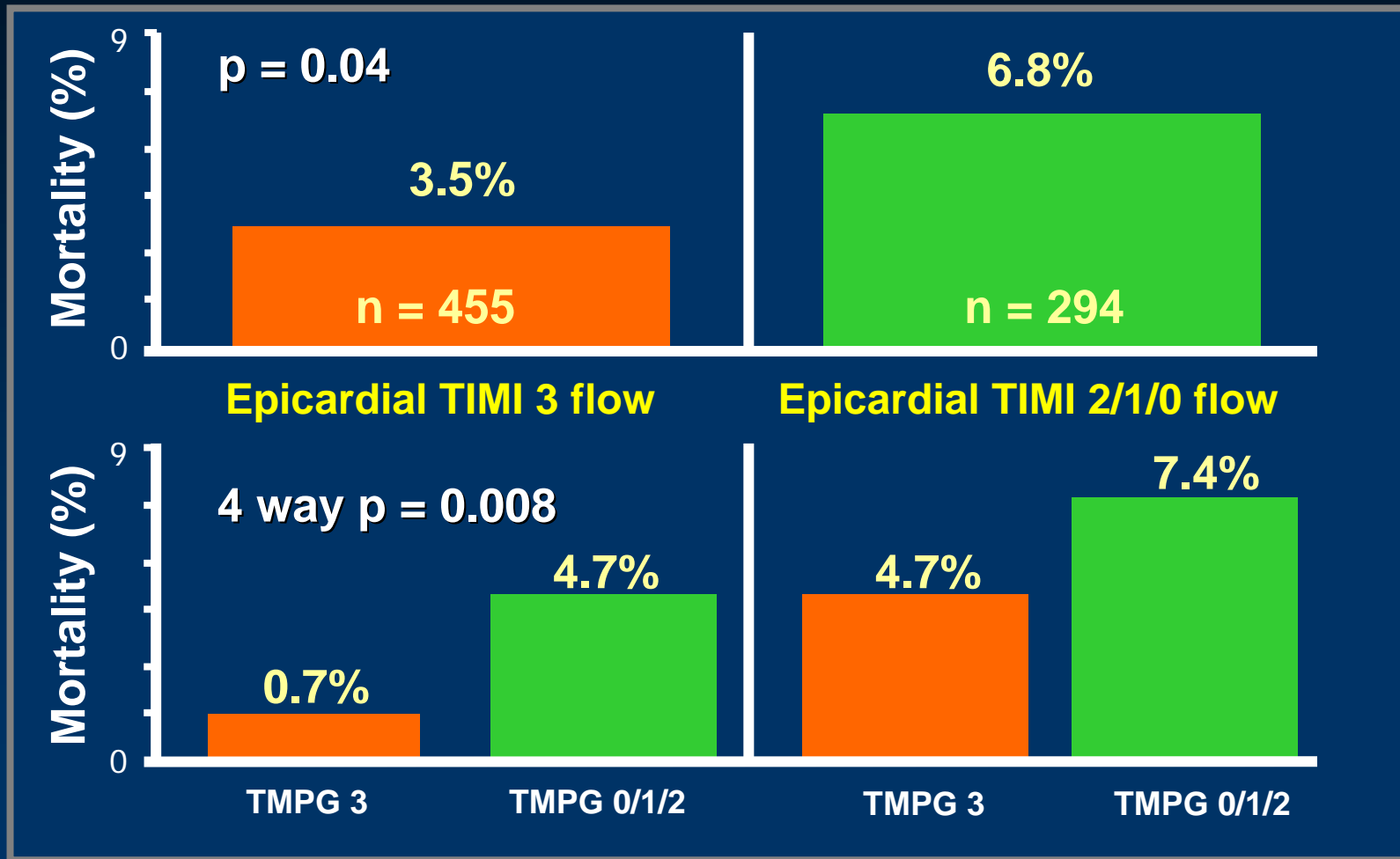
Invasive Assessment of Microvascular Integrity in AMI

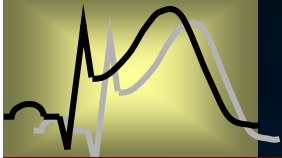
- **TIMI Myocardial Perfusion Grade (TMPG)**
- **Coronary Flow Reserve**
 - : $CFR_{doppler}$, CFR_{thermo}
- **Coronary Flow Velocity Patterns**
 - : DDT, SAPV, Systolic flow reversal
- **Microvascular Resistance Index**
 - : IMR, MVRI
- **Coronary Capillary Wedge Pressure**
 - : Pcw, Pcw/Pa, CFIp



Myocardial Blush Scores

- Relationship of both TIMI grade and TMP grade to 30-day mortality



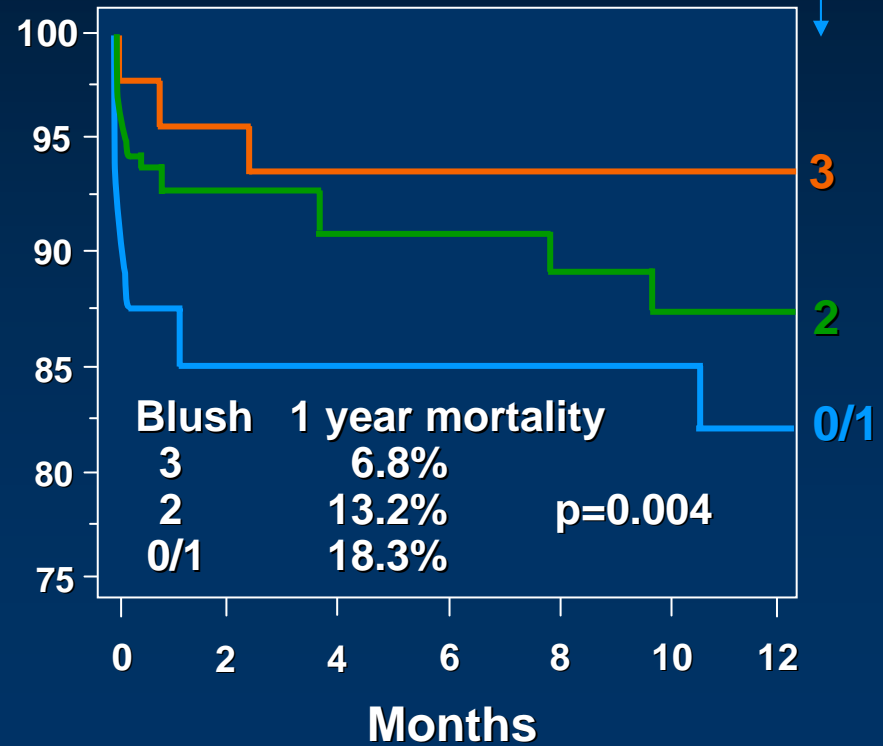
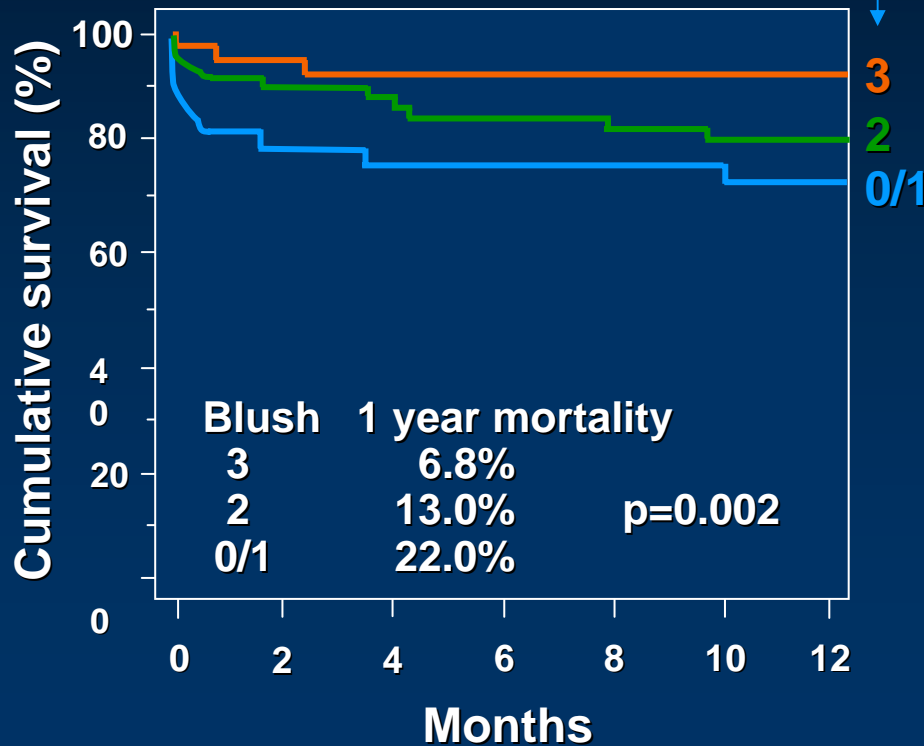


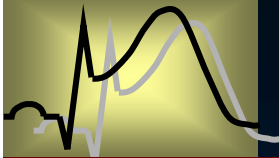
Myocardial Blush Scores

- Cumulative survival (1 yr) after PCI in 173 pts with AMI and in 163 patients in whom TIMI-3 flow was achieved.

Final Blush Score (patients with final TIMI-3 flow)

Final Blush Score (all patients)

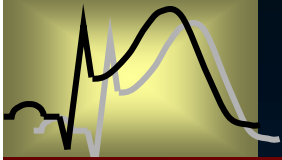




Myocardial Blush Scores

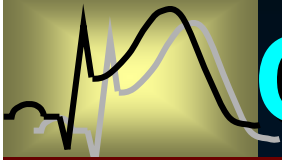
- Inter- and intraobserver variability of myocardial blush grades

	Differences				
	N	Agreement	1 Grade	2 Grades	3 Grades
Intraobserver variability	40	92.5%	7.5%	0%	0%
Interobserver variability	40	85.0%	12.5%	2.5%	0%



Invasive Assessment of Microvascular Integrity in AMI

- TIMI Myocardial Perfusion Grade (TMPG)
- **Coronary Flow Reserve**
 - : $CFR_{doppler}$, CFR_{thermo}
- Coronary Flow Velocity Patterns
 - : DDT, SAPV, Systolic flow reversal
- Microvascular Resistance Index
 - : IMR, MVRI
- Coronary Capillary Wedge Pressure
 - : Pcw, Pcw/Pa



Coronary Flow Reserve(CFR)

- CFR is defined as the ratio of maximal coronary blood flow at hyperemia and coronary blood flow at resting which means the reservoir capacity of microvascular circulation according to demand.

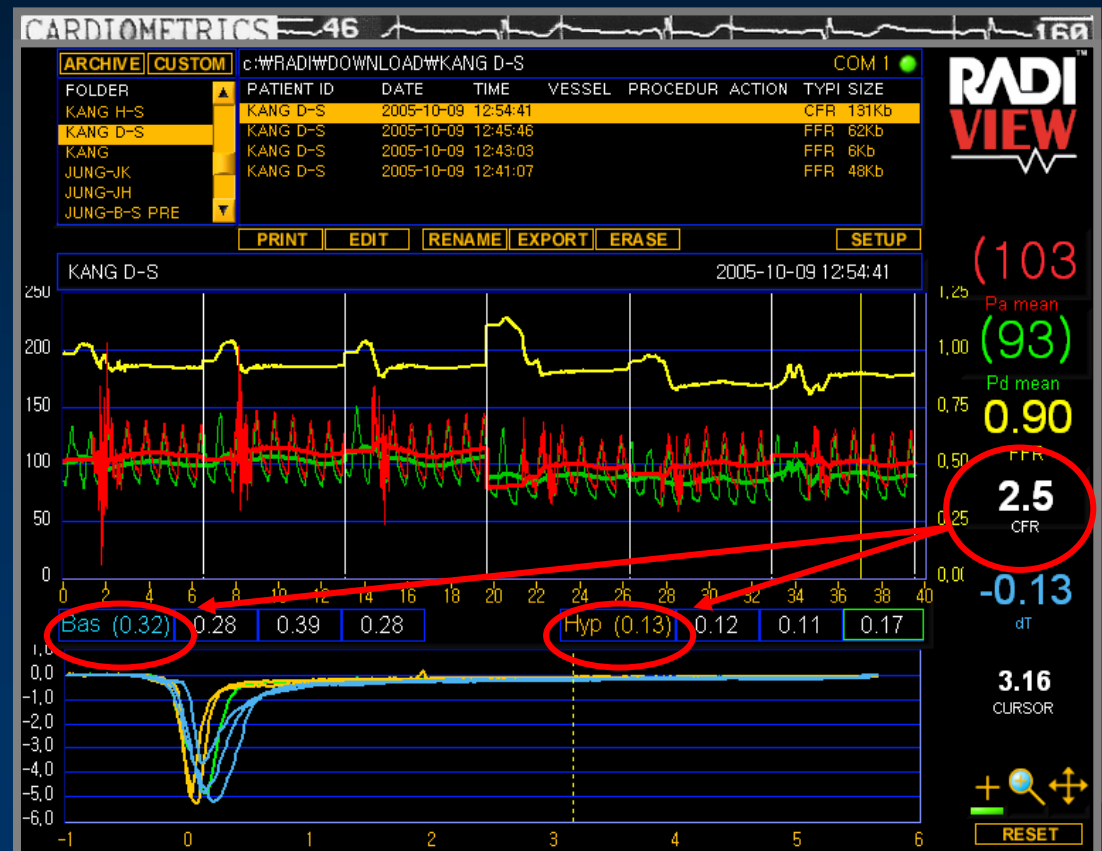
- CFR doppler

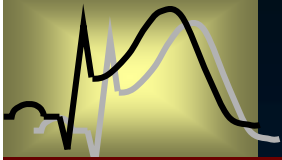
$$= \frac{hAPV \times CSA}{bAPV \times CSA}$$

$$= \frac{hAPV}{bAPV}$$

- CFR thermo

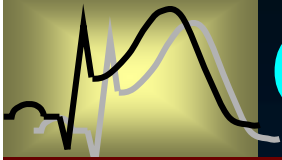
$$= \frac{\text{mean bTMN}}{\text{mean hTMN}}$$





Invasive Measurement of CFR Following PCI in MI

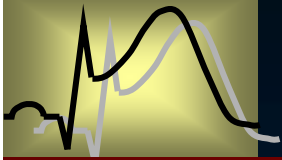
	Pts no.	PCI time	Measuring CFR	Infarct location	Comparison	F/U
Lepper W. (Circulation 2000;101:2368)	25	Within 6 hours	Just after PCI and after 24 hours	LAD : 11 RCA : 14	MCE	1 month echo
Mazur W. (Am H J 1998;136:335)	29	6.9±3.4 D	Just after PCI	LAD : 15 LCX : 4 RCA : 10	Ventriculograms (LV RWMA's)	6-8 weeks echo
Teiger E. (Eur H J 1999;20:285)	22	16 ±4 D	Just after PCI	LAD : 10 RCA : 12	Thallium 201 SPECT	4 months ventriculogram
Beygui F. (J Am Coll Cardiol 2002;40:877)	41	Within 6 hours	Pre-discharge	LAD : 16 RCA : 25	Thallium 201 SPECT	6 months Thallium 201 SPECT
Feldman LJ (Circulation 2003;107:2684)	50	Within 12 hours	Just after PCI	LAD : 32	ST resolution Thallium 201 SPECT	
Shimada Y. (Circ J 2004;68:208)	37	Within 12 hours	3 weeks after PCI (pre-discharge)	LAD : 37	Ventriculograms (LVEDV)	3 wks, 6 months ventriculogram
Sezer M (Heart 2006;29)	41	Primary	Within 48 hours after PCI	LAD : 41	Hematologic indexes	.



CFR and LV Function Changes

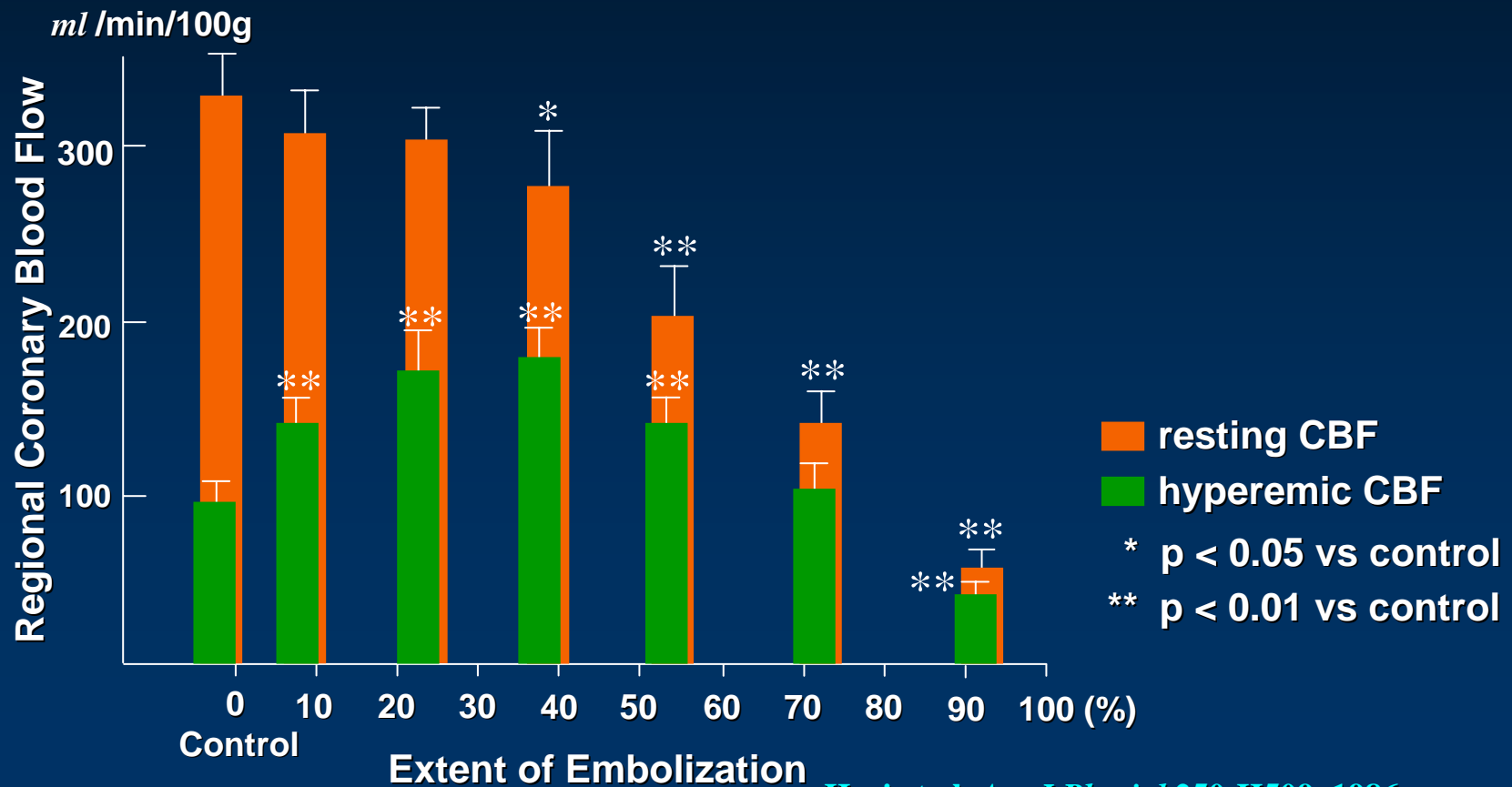
	Reperfusion Group(n=13)	Nonreperfusion Group(n=12)	p
CFR after PCI	1.67±0.47	1.48±0.31	0.289
CFR at 24 hr follow-up	2.15±0.53	1.58±0.30	0.003

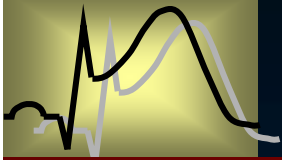
	Recovery Group(n=17)	Nonrecovery Group(n=8)	p
CFR after PCI	1.64±0.42	1.51±0.40	0.451
CFR at 24 hr follow-up	2.15±0.47	1.37±0.11	<0.001



Physiologic Impact of Distal Embolization

- Open chest dogs embolized with microspheres 15, 100, 300 micron, up to $10^5/g$ of myocardium.
- Initial increase in resting flow (adenosine) but with blunting of hyperemia, and then reduction in resting flow as particulate burden increased.

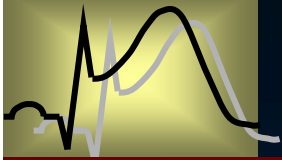




CFR and LV Function Changes

	CFR		p
	Recovery Group	Nonrecovery Group	
Lepper W.	2.15±0.53	1.58±0.30	0.003
Mazur W	1.74 ±0.15	1.42 ±0.15	0.07
Teiger E	2.3	1.7	<0.05

- **CFR at 24 hours after angioplasty** defines recovery and non recovery group on the cut-off value of 1.6.

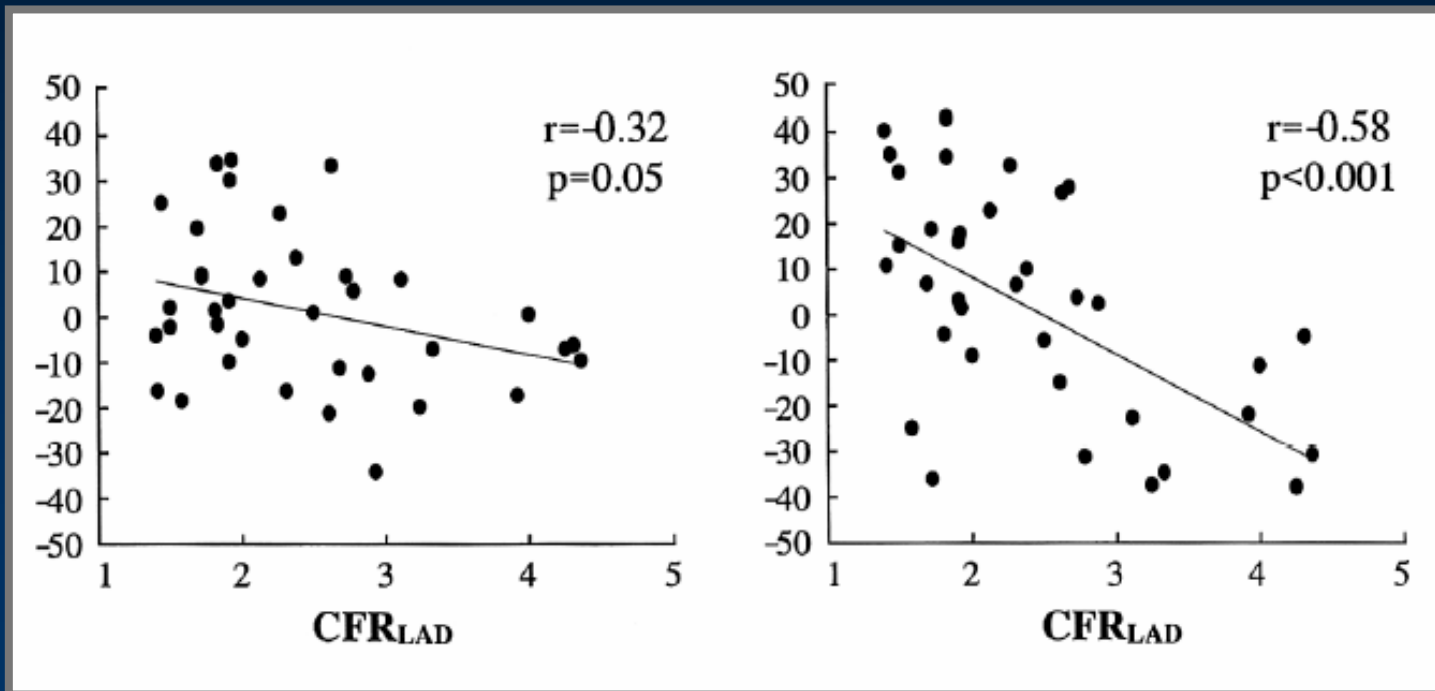


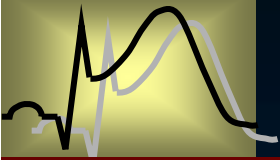
CFR and LV Function Changes

- **Convalescent stage CFR** and late myocardial morphologic outcomes

△ EDV%

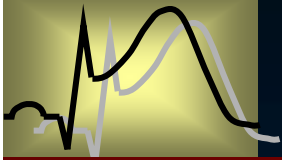
△ ESV%





Invasive Assessment of Microvascular Integrity in AMI

- TIMI Myocardial Perfusion Grade (TMPG)
- Coronary Flow Reserve
 - : $CFR_{doppler}$, CFR_{thermo}
- **Coronary Flow Velocity Patterns**
 - : **DDT, SAPV, Systolic flow reversal**
- Microvascular Resistance Index
 - : IMR, MVRI
- Coronary Capillary Wedge Pressure
 - : Pcw, Pcw/Pa, CFIp



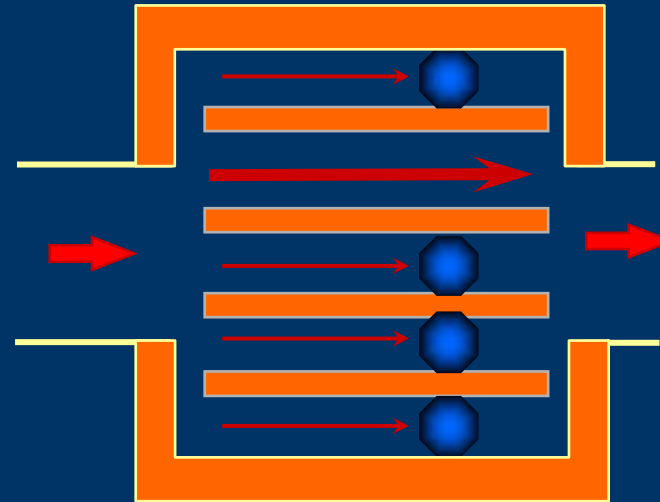
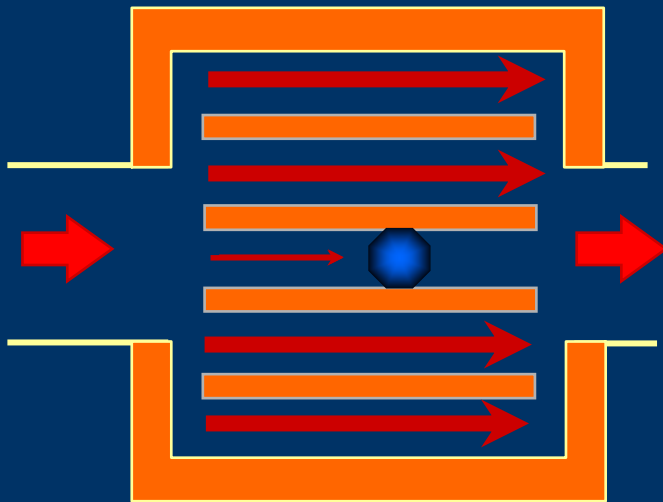
Microvascular Integrity and Coronary Blood Flow

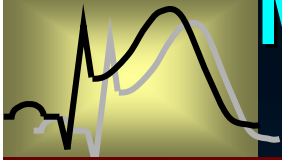
Mild myocardial damage

Severe myocardial damage

Diastole

Diastole





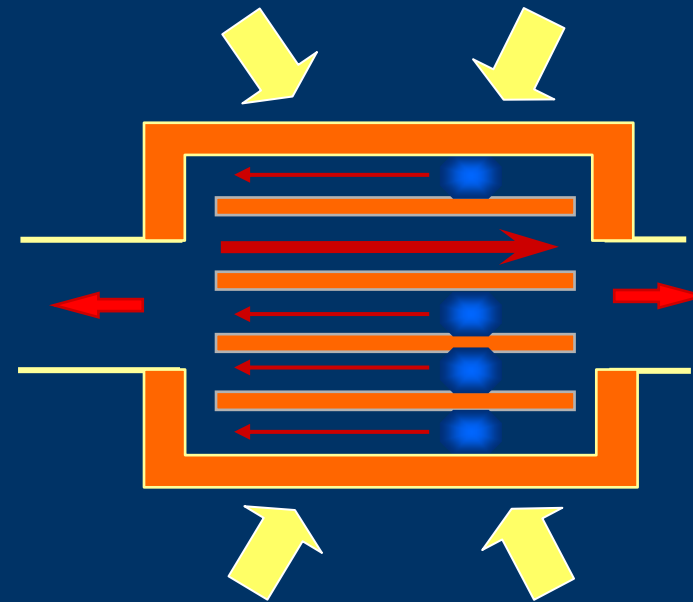
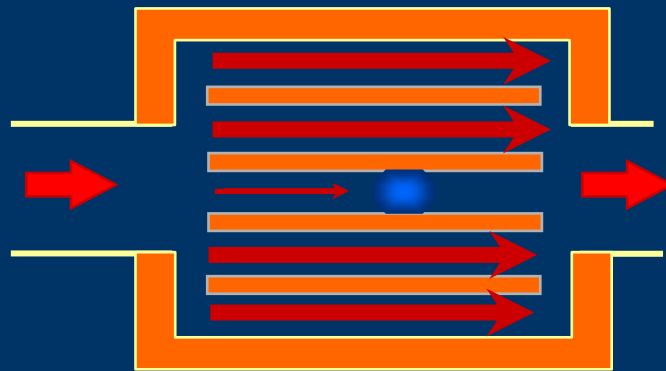
Microvascular Integrity and Coronary Blood Flow

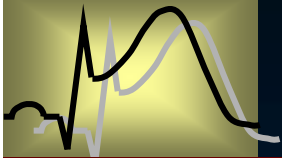
Mild myocardial damage

Severe myocardial damage

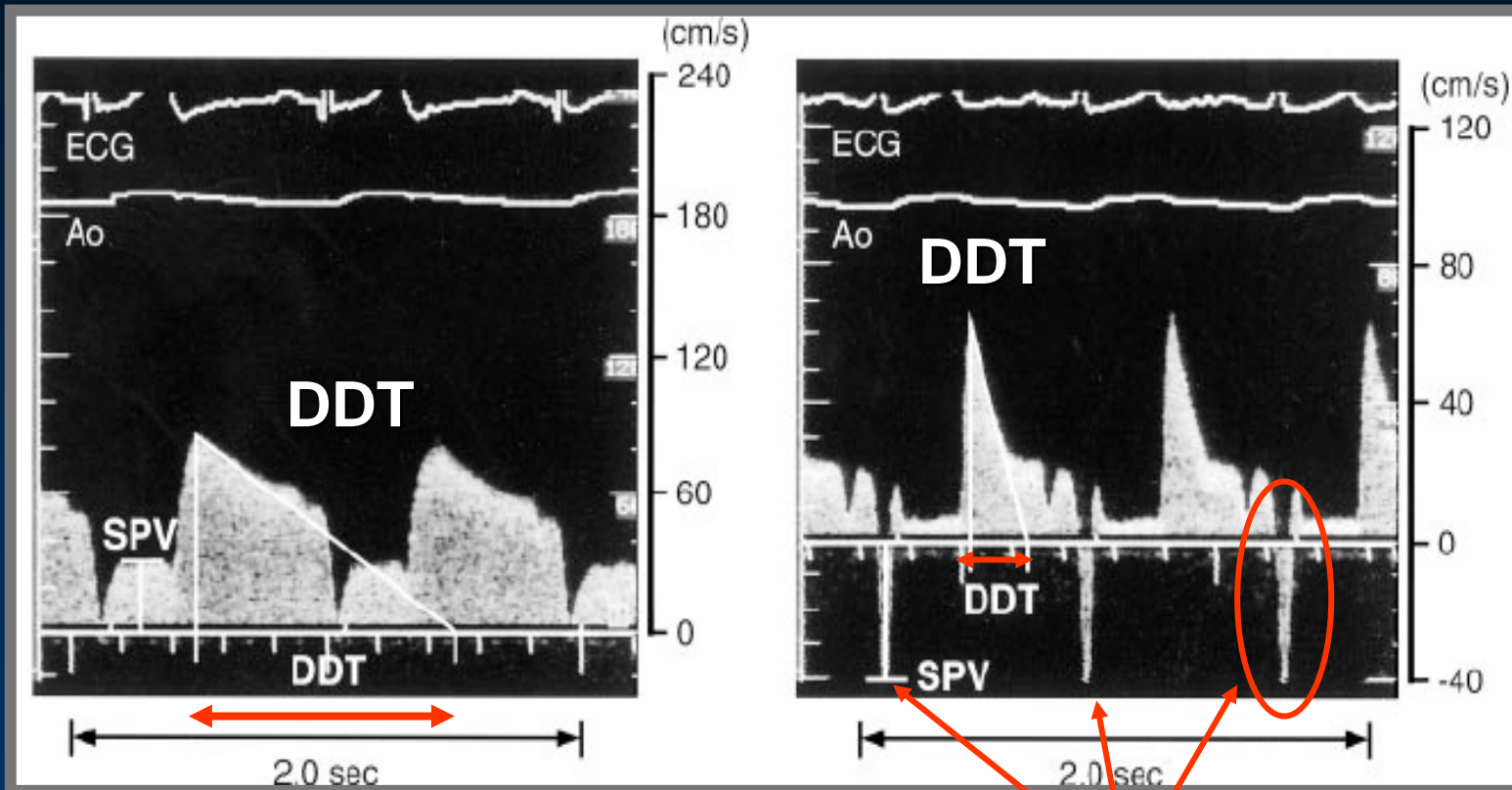
Systole

Systole

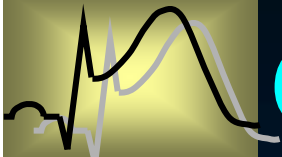




Coronary flow velocity patterns

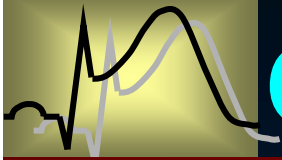


Systolic reversal flow



Coronary Flow Velocity Patterns

	Pts no.	Reperfusion time	Measuring flow patterns	Infarct location	Comparison	F/U
Yamamoto K. (J Am Coll Cardiol 2002;40:877)	105	About 9 hours	Just after PCI	LAD : 57 LCX : 9 RCA : 39	MCE TIMI grade	.
Iwakura K. (Circulation. 1996;94:1269)	42	?	Just after PCI	LAD : 28 LCX : 4 RCA : 10	MCE	.
Akasaka T (Circulation 1999;100:339)	23	Within 12 hours	Just after PCI	LAD : 23	RWMAs by Echo	1 month Echo
Lepper W (J Am Coll Cardiol 2002;39:1002)	25	Within 6 hours	Just after PCI		MCE	1 month MCE
Okamura A (Am J Cardiol 2005;96:927)	72	Within 24 hours	Just after PCI	LAD : 72	Cardiac enzyme TIMI flow	.
Hoffmann R (Heart 2003;89:1147)	35	Within 6 hours	Just after PCI	LAD: 15 RCA: 20	TMPG	.
Furber AP (Circulation 2004;110:3527)	68	7.6 ± 7.0 h	Just after PCI	LAD : 36 LCX : 6 RCA : 30		MACE 3.8 yrs

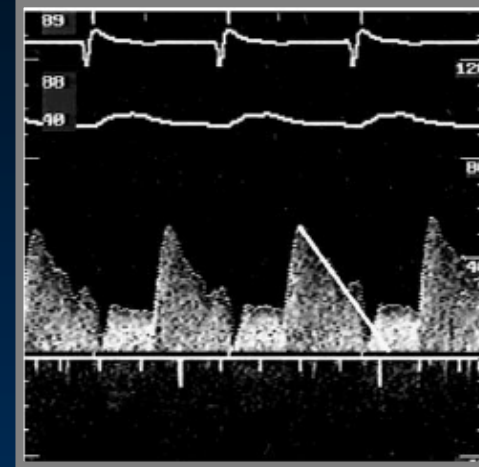


Coronary Flow Velocity Patterns

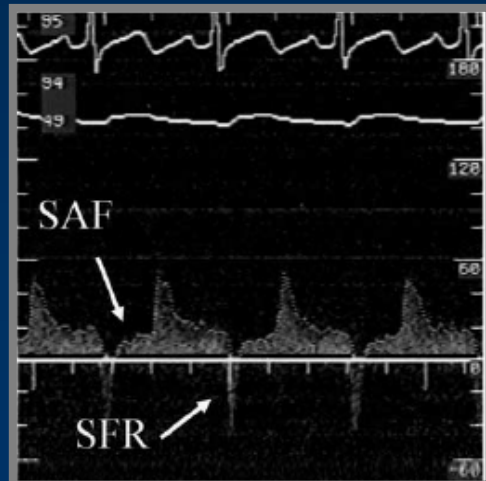
I DDT \geq 600 msec, SFR(-), SAF(+)



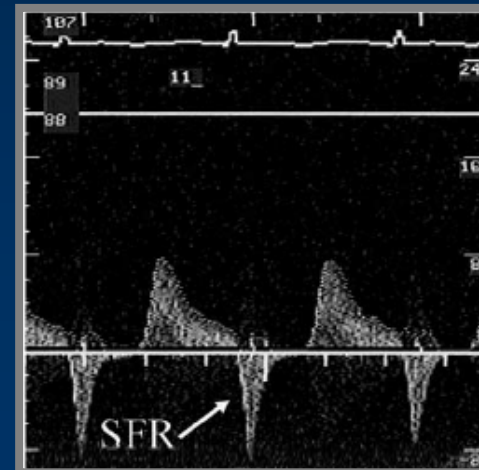
II DDT $<$ 600 msec, SFR(-), SAF(+)

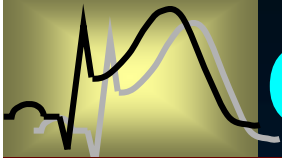


III DDT $<$ 600 msec, SFR(+), SAF(+)



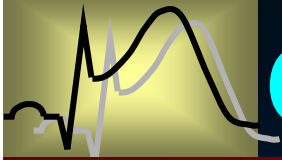
IV DDT $<$ 600 msec, SFR(+), SAF(-)





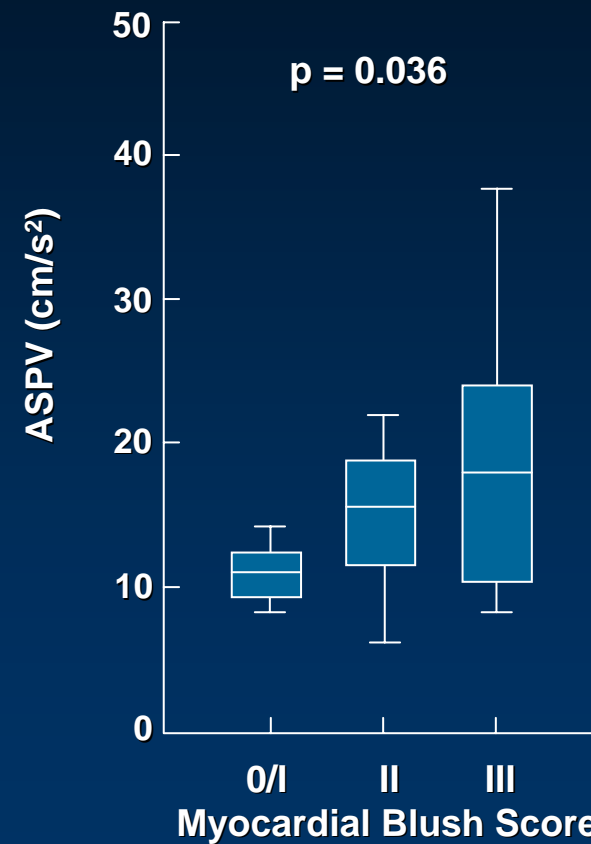
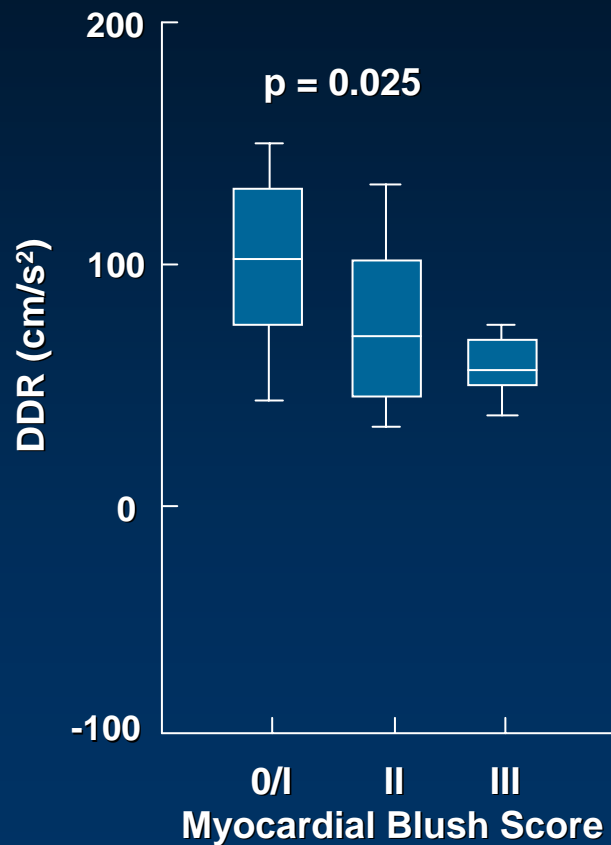
Coronary Flow Velocity Patterns

	Group			
	I (n=31)	II (n=17)	III (n=17)	IV (n=14)
Mean BP(mmHg)	92 ±11	107 ±25	94 ±14	91 ±17
Heart rate(b/min)	81 ±15	81 ±11	85 ±12	89 ±12
PCWP(mmHg)	10 ±8	13 ±8	16 ±7	17 ±7
Sx onset to reperfusion (h)	9 ±9	11 ±9	7 ±6	9 ±7
Peak CK(IU/L)	1385 ± 1339	3269 ± 2676	4053 ± 1385	6092 ± 4166
Good collaterals	65%	70%	59%	57%
TIMI after PCI	0/0/31	0/0/10	0/8/9	4/10/0
APV (cm/s)	28±15	23 ± 6	26 ±13	21 ±14
SAPV (cm/s)	21 ±12	17 ± 6	14 ±7	-
DDT (ms)	987 ±187	455 ±128	355 ±115	241 ±104



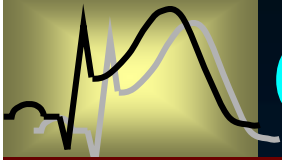
Coronary Flow Velocity Patterns

- Coronary flow velocity patterns between three perfusion levels defined by the myocardial blush grade



DDR: Diastolic deceleration ratio
ASPV: Average systolic peak velocity

Hoffmann R, et al. *Heart* 2003;89:1147



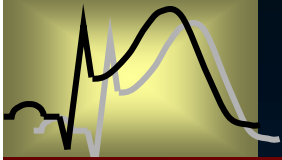
Coronary Flow Velocity Patterns

- Cardiac events in patients with and without no reflow defined by early retrograde systolic flow or a rapid diastolic deceleration time

Qualitative Aspect of Coronary Flow	ERSF, n (%)			Rapid DDT, n (%)		
	ERSF (n=20)	No ERSF (n=48)	P	Rapid DDT (n=31)	No Rapid DDT (n=37)	P
In-hospital events						
Cardiac death	3 (15.0)	0	0.02	3 (9.7)	0	NS (0.09)
Reinfarction	1 (5.0)	0	NS	1 (3.2)	0	NS
CHF	4 (20.0)	5 (10.4)	NS	7 (22.6)	2 (5.4)	0.04
Cardiac death± reinfarction± CHF	4 (20.0)	5 (10.4)	NS	7 (22.6)	2 (5.4)	0.04
Postdischarge events						
Cardiac death or transplantation	2 (11.8)	2 (4.2)	NS	1 (3.6)	3 (8.1)	NS
Reinfarction	0	0	...	0	0	...
CHF	6 (35.3)	7 (14.6)	NS (0.06)	10 (35.7)	3 (8.1)	0.01
Cardiac death± reinfarction± CHF	6 (35.3)	8 (16.7)	NS	10 (35.7)	4 (10.8)	0.02
All events during follow-up						
Cardiac death or transplantation	5 (25.0)	2 (4.2)	0.02	4 (12.9)	3 (8.1)	NS
Reinfarction	1 (5.0)	0	NS	1 (3.2)	0	NS
CHF	9 (45.0)	9 (18.8)	0.03	13 (41.9)	5 (13.5)	0.01
Cardiac death± reinfarction± CHF	9 (45.0)	10 (20.8)	0.04	13 (41.9)	6 (16.2)	0.02

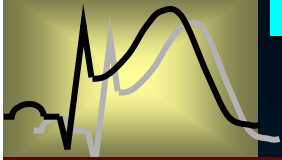
ERSF indicates early retrograde systolic flow; DDT, diastolic deceleration time.

ERSF: Early reversal systolic flow
DDT: Diastolic deceleration time



Invasive Assessment of Microvascular Integrity in AMI

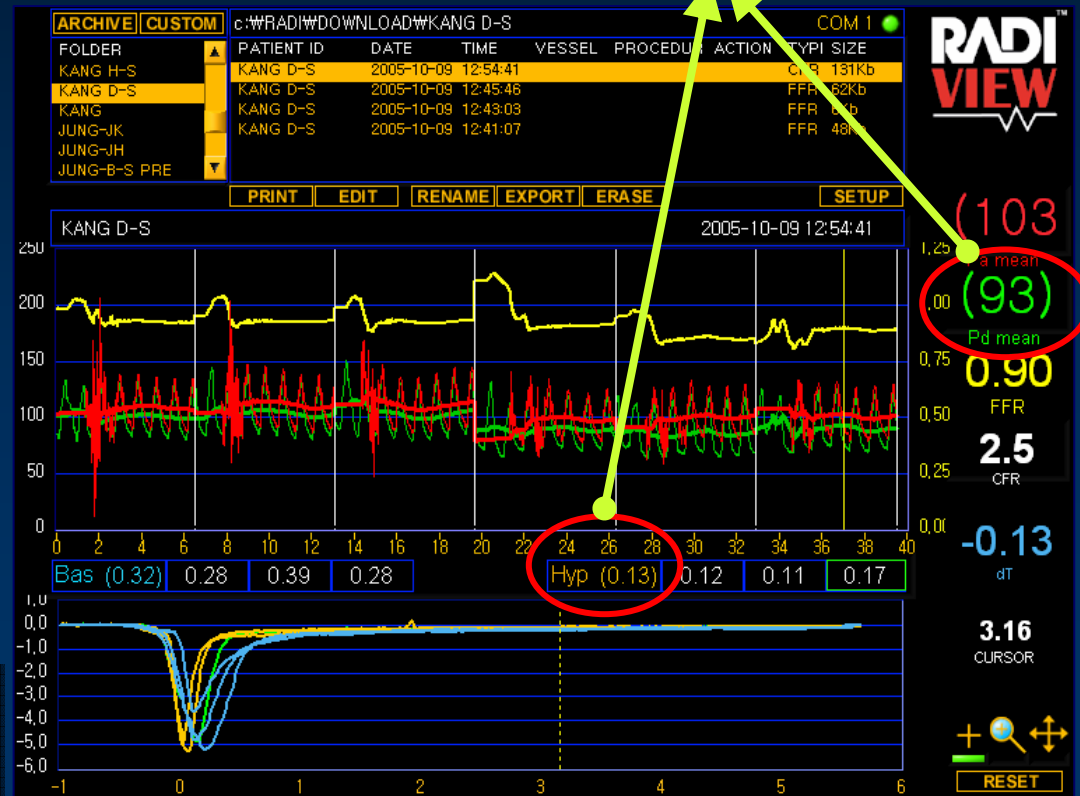
- TIMI Frame Count
- TIMI Myocardial Perfusion Grade (TMPG)
- Coronary Flow Reserve
 - : $CFR_{doppler}$, CFR_{thermo}
- Coronary Flow Velocity Patterns
 - : DDT, SAPV, Systolic flow reversal
- **Microvascular Resistance Index**
 - : **IMR, MVRI**
- Coronary Capillary Wedge Pressure
 - : Pcw, Pcw/Pa, CFIp



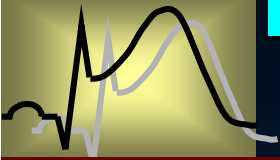
Index of Microvascular Resistance (IMR)

- Derivation of Index of Microcirculatory Resistance (IMR)
- Resistance = Δ Pressure / Flow
- $IMR = (P_d - P_v) / (1 / T_{mn})$
- $IMR = P_d \times T_{mn}$
at maximal hyperemia

IMR : 12.1 U

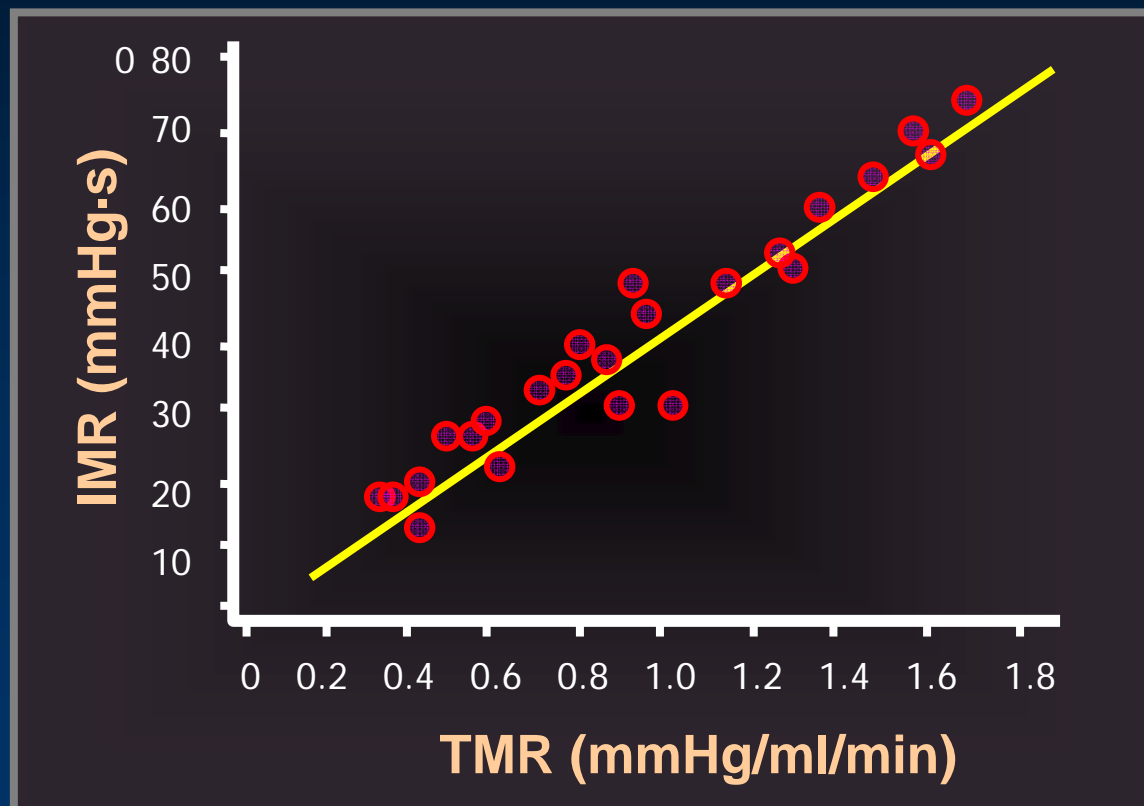


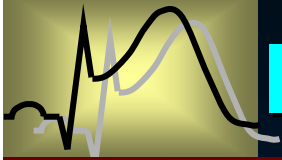
Pd: coronary distal Pressure
Tmn: mean transit time



Index of Microvascular Resistance (IMR)

- Correlation between IMR and TMR
- IMR provides a **more reproducible** assessment of the microcirculation, which is **independent of hemodynamic** perturbations



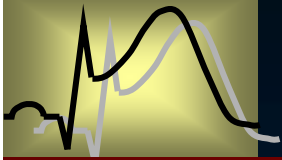


IMR and Microvascular Damages

- Twenty-seven patients with STEMI treated with primary stenting.

	IMR	
	r	p
Peak CK	0.54	0.004
Neutrophil %	0.52	0.01
TMPG	-0.42	0.03
TFG	-0.44	0.03
CFR	-0.43	0.03
cTFC	0.54	0.004

- IMR above the median level of 35 had greater peak CK (3387 ± 1531 vs. 1209 ± 966 IU, $p=0.03$)

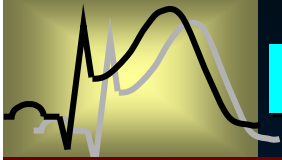


IMR and LV Functional Changes

- Forty-one patients with AMI treated with primary angioplasty.
- LV systolic(ESV) and diastolic volume(EDV) of 32 patients were measured at six months.

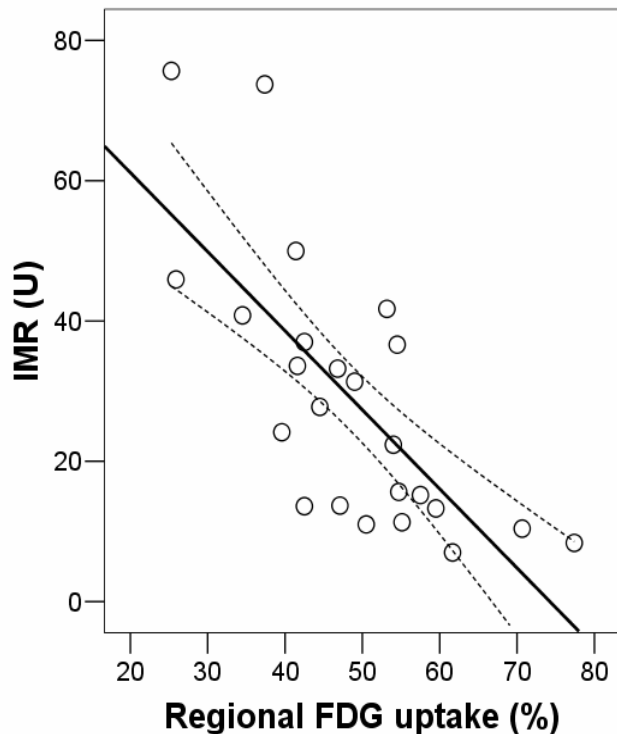
	IMR	
	r	p
ESV	0.66	<0.001
EDV	0.69	<0.001

- BCV of IMR for predicting LV EF was 24.5 U (sensitivity 78%, specificity 88%)

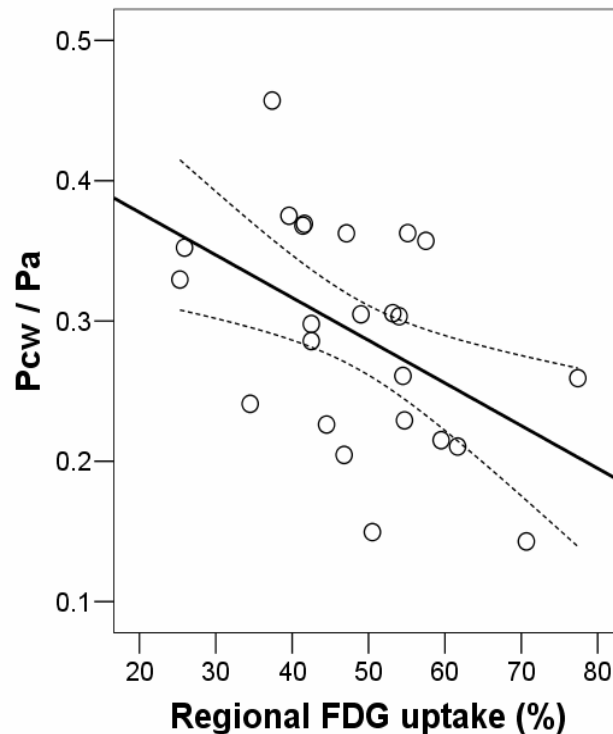


IMR and Cardiac PET

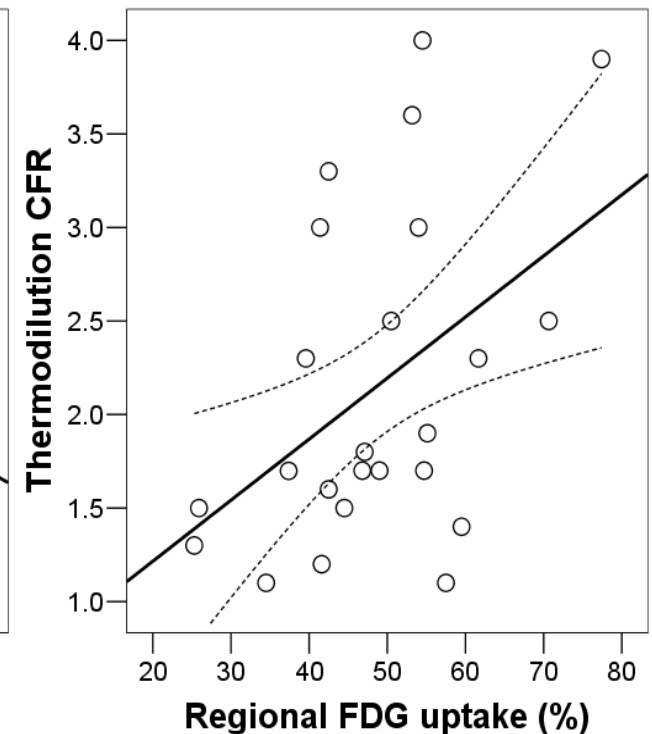
- Correlation between IMR and FDG uptake rate by Cardiac PET
- Twenty-four patients with STEMI treated with primary PCI was studied.



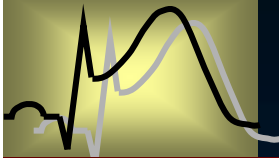
$r = -0.696$
 $p < 0.001$



$r = -0.480$
 $p = 0.018$

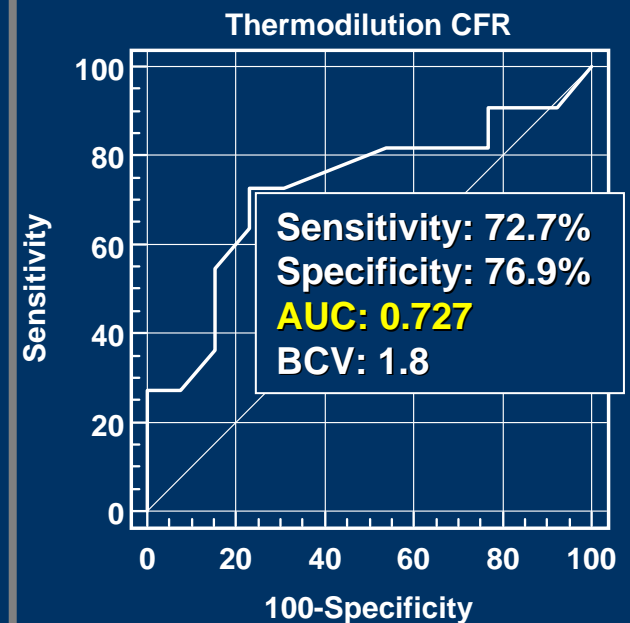
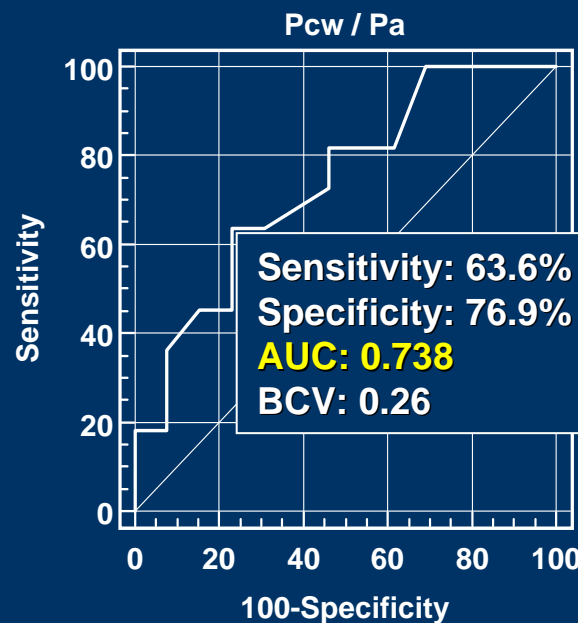
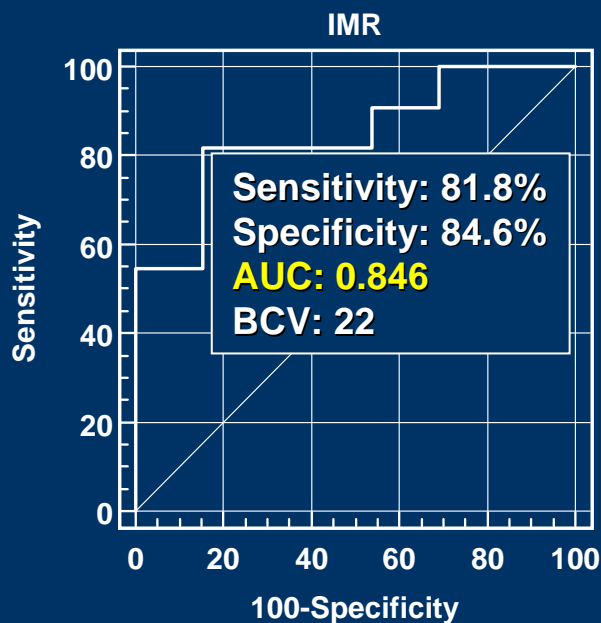


$r = 0.454$
 $p = 0.026$

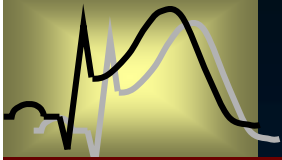


IMR and Cardiac PET

- Accuracy of IMR for predicting viability (50% > FDG uptake rate)

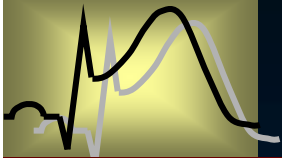


AUC: Area under the Curve
BCV: Best Cutoff Value



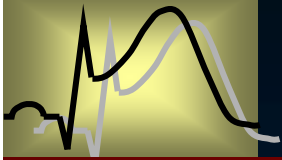
Invasive Assessment of Microvascular Integrity in AMI

- TIMI Frame Count
- TIMI Myocardial Perfusion Grade (TMPG)
- Coronary Flow Reserve
 - : $CFR_{doppler}$, CFR_{thermo}
- Coronary Flow Velocity Patterns
 - : DDT, SAPV, Systolic flow reversal
- Microvascular Resistance Index
 - : IMR
- Coronary Capillary Wedge Pressure
 - : Pcw, Pcw/Pa, CFIp



Coronary Wedge Pressure

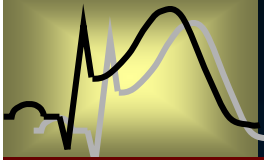
	Pts no.	Reperfusion time	Measuring flow patterns	Infarct location	Comparison	F/U
Yamamoto K. (J Am Coll Cardiol 2001;38:1383)	48	Within 24 hours	Just after PCI	LAD : 31 Others : 17	MCE	28 D LV Ventriculogram
Shimada et al. (Heart 2003;38:71)	27	Within 12 hours	Just after PCI	LAD :27	PET	1, 6 M Echo.
Ito et al. (Am J Cardiol 2004;94:209)	48	Within 24 hours	Just after PCI	LAD :48	RWMAs by Echo	3 month Echo
Lee CH (J Am Coll Cardiol 2000;35:949)	70	Within 12 hours	Just after PCI	LAD: 43 LCX: 4 RCA: 23	RWMAs by Echo	1 month Echo
Sezer M. (Heart 2004;90:146)	33	Within 6 hours	Just after PCI	LAD: 22 LCX: 7 RCA: 4	ECG resolution	.



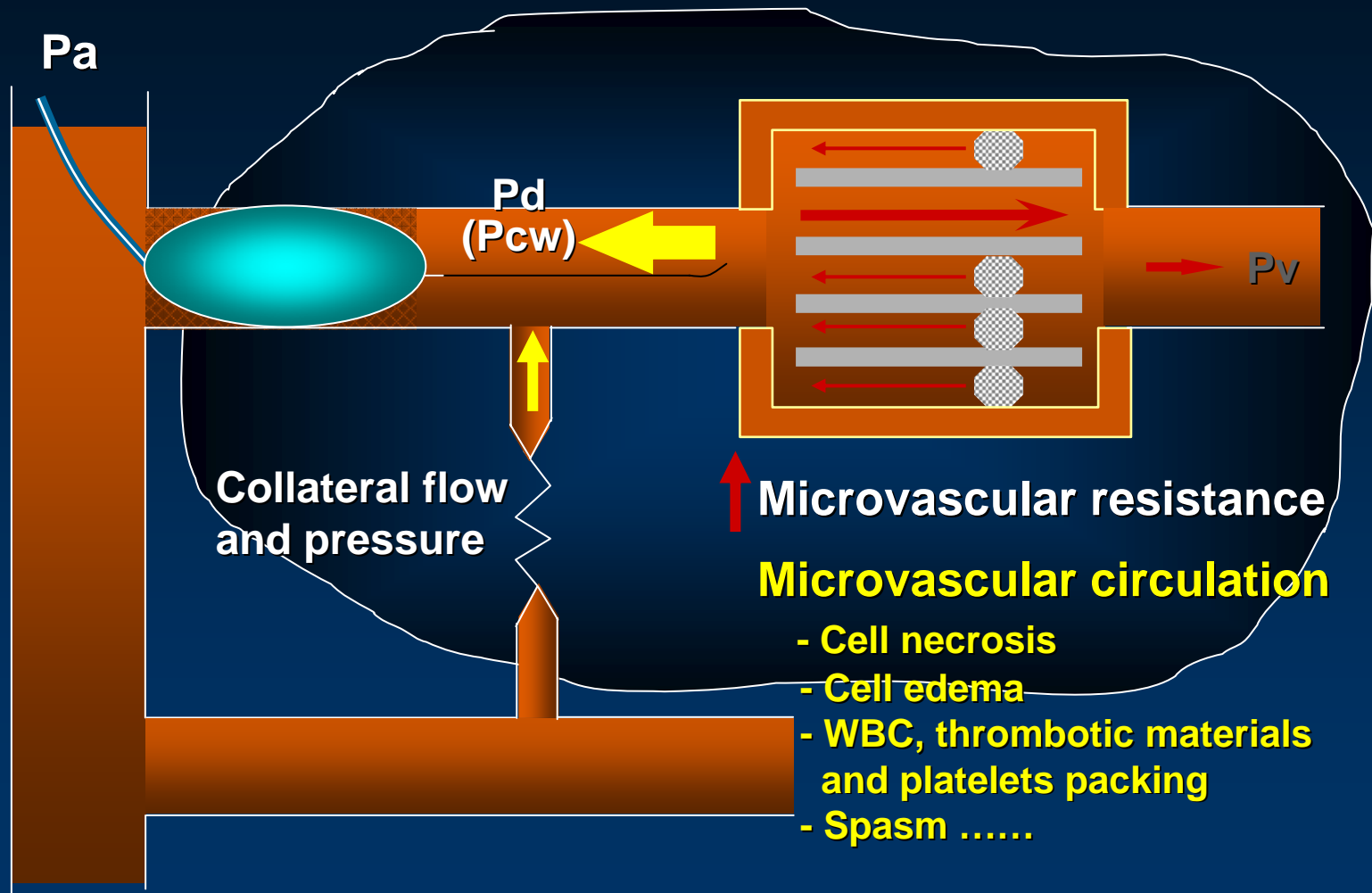
Coronary Wedge Pressure

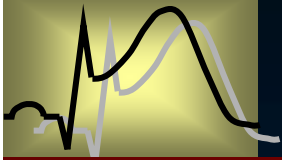


- **Coronary Wedge Pressure (Pcw)**
 - The distal coronary artery wedge pressure during balloon occlusion
- **Pressure derived Collateral Flow Index (CFI_p)**
 - $(P_{cw} - P_v) / (P_a - P_v)$
 - simplified by **Pcw / Pa**



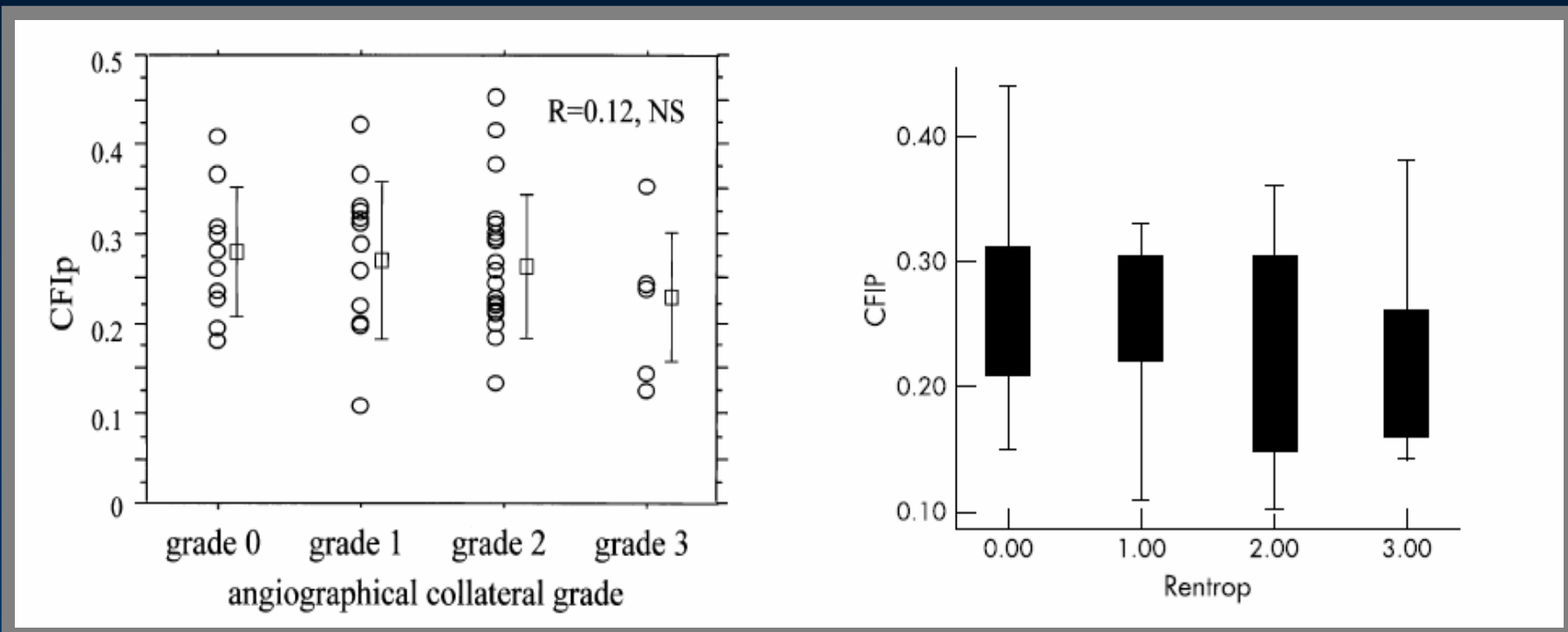
Coronary Wedge Pressure Collateral Flow in AMI

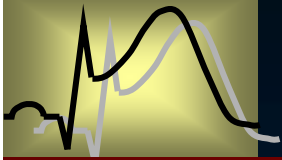




Coronary Wedge Pressure

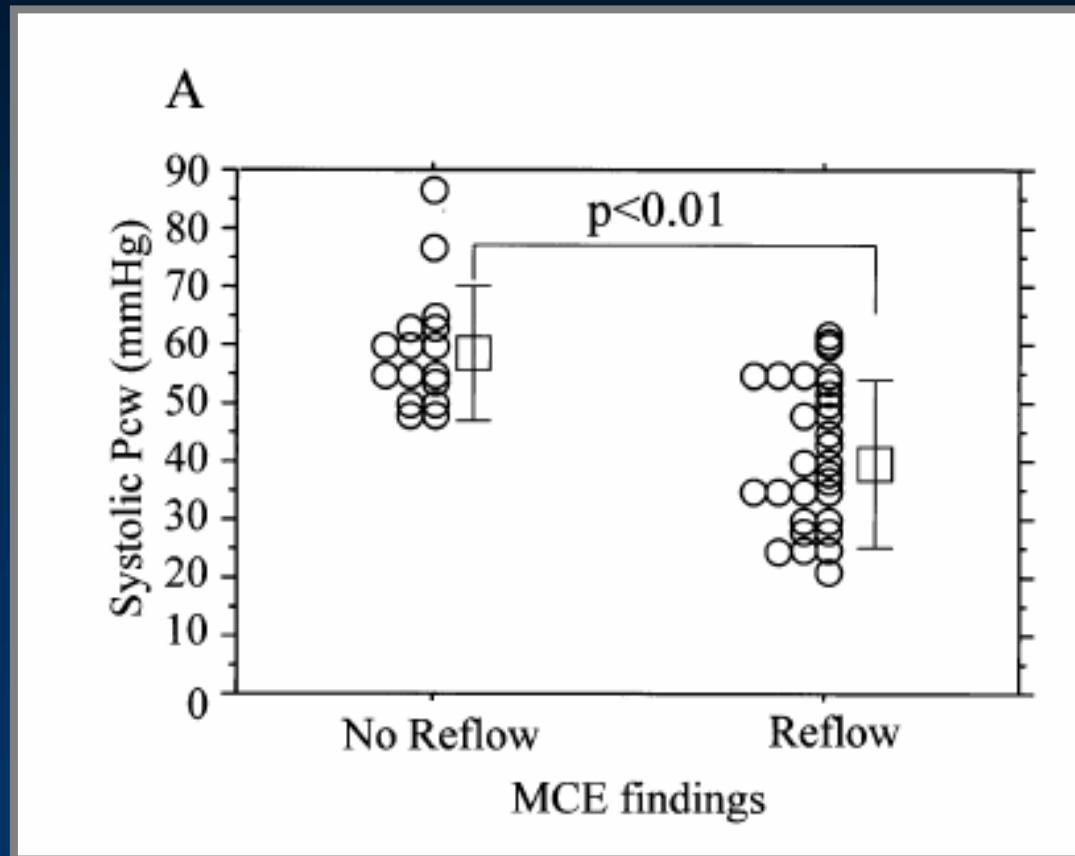
- Comparison of pressure-derived collateral flow index (CFIp) among angiographically collateral grades in AMI with PCI within 12 hours.

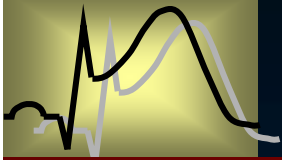




Coronary Wedge Pressure

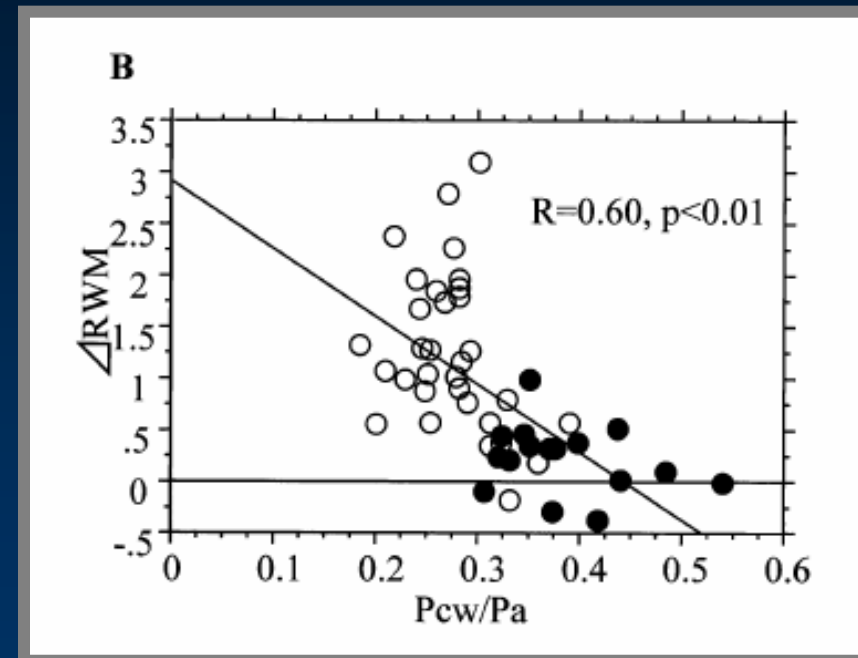
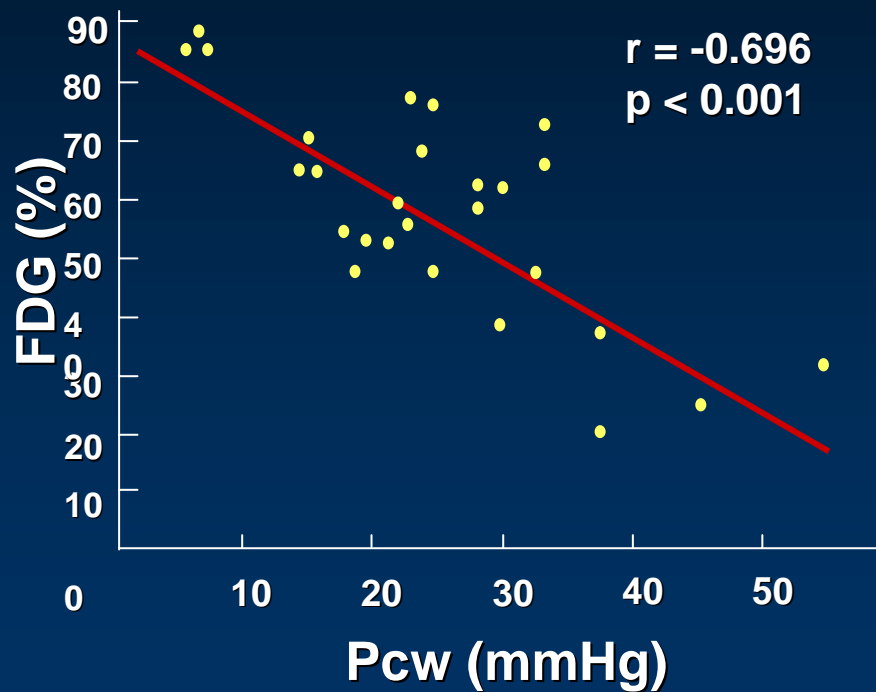
- Comparison of peak systolic Pcw and end diastolic Pcw in AMI with PCI within 12 hours

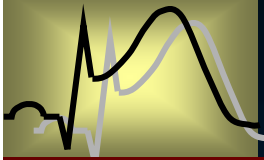




Coronary Wedge Pressure

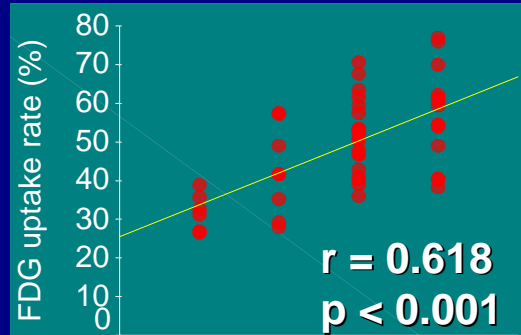
- Relationship between Pcw and % FDG uptake, wall motion changes



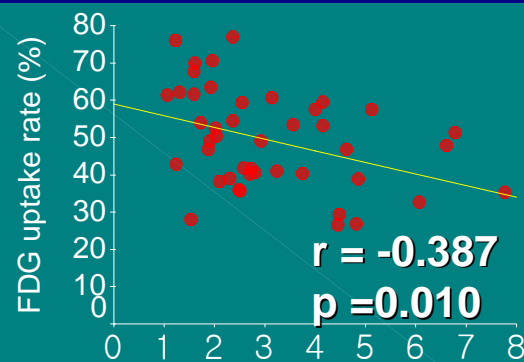


Correlation of Microvascular Integrity Indexes with FDG PET

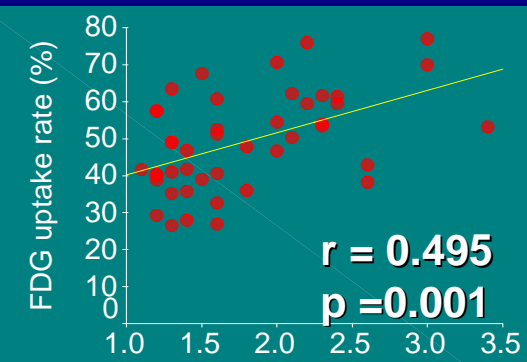
- Forty-six patients with STEMI treated with primary PCI and follow up echocardiography at 6 months was studied.



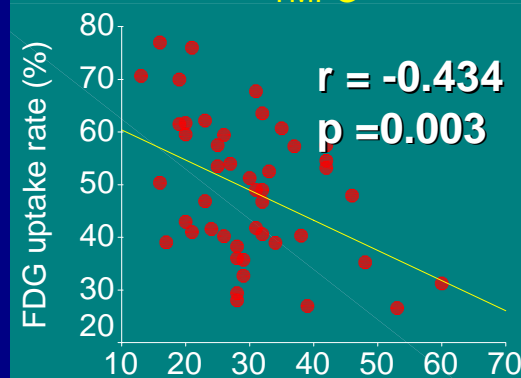
TMPG



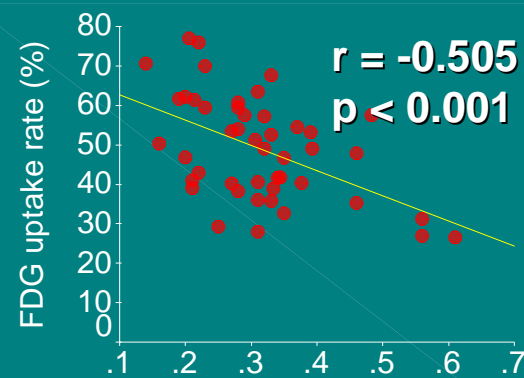
MVR at hyperemia



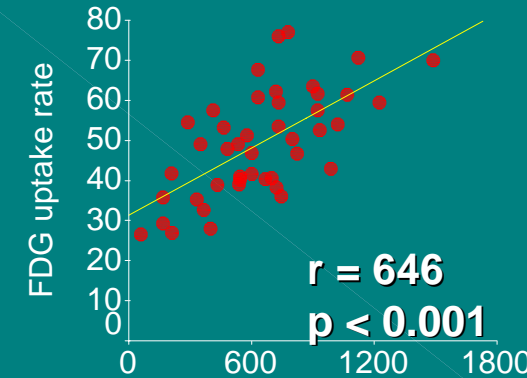
CFR



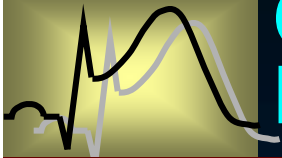
Pcw (mmHg)



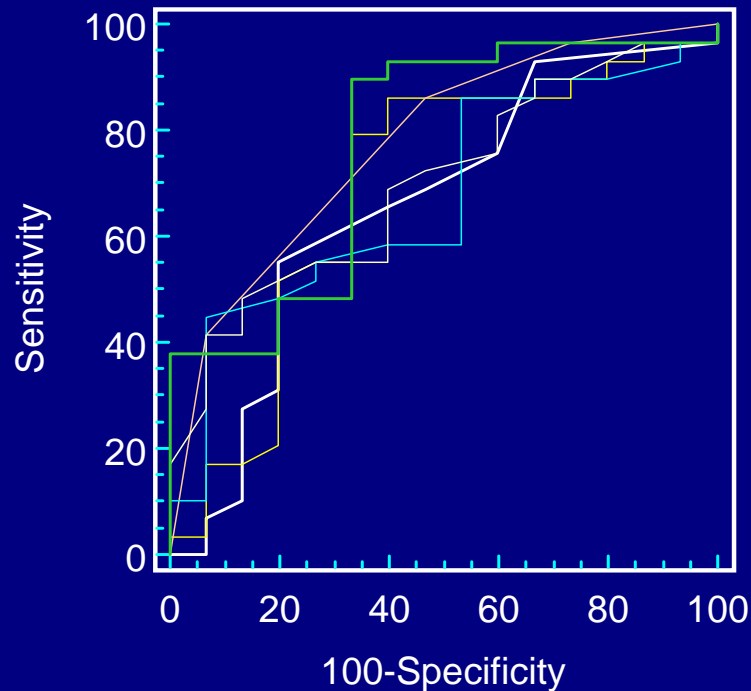
Pcw/Pa



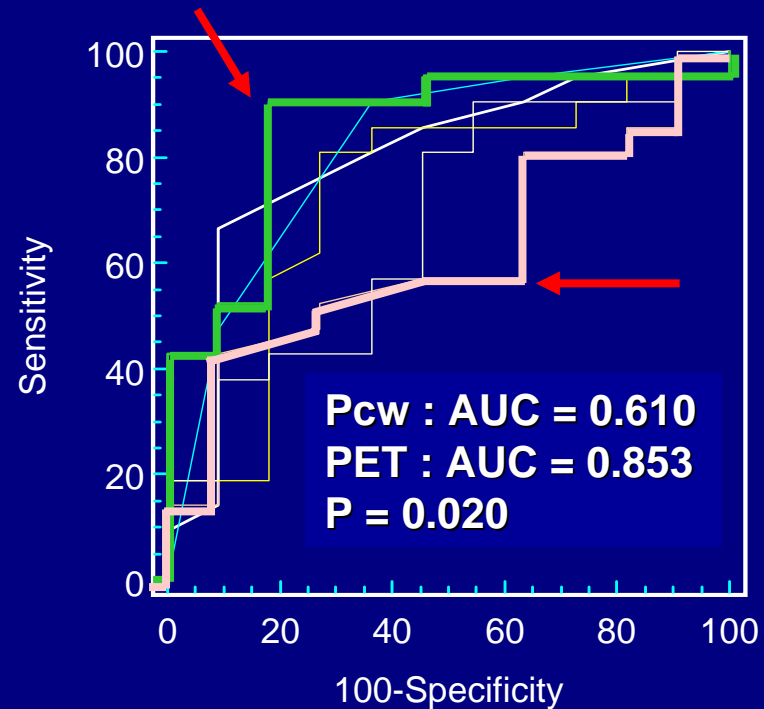
DDT (msec)



Comparison of the Accuracy for Predicting LV Wall Motion by ROC Curve

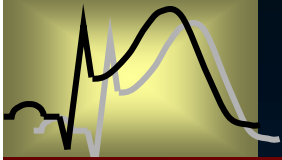


All Patients (n=46)



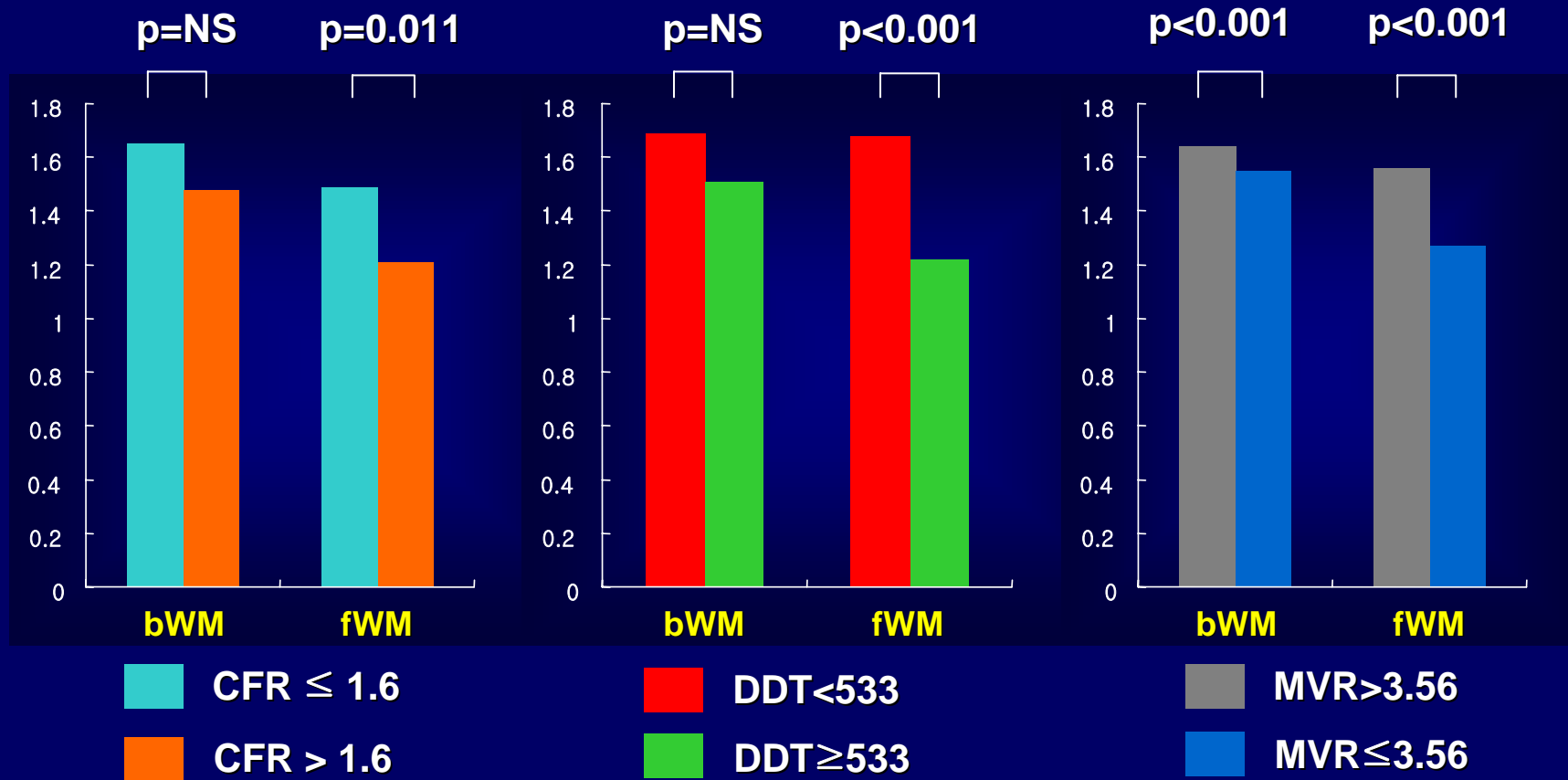
Ant. Wall MI Patients (n=34)

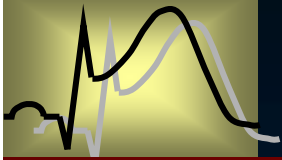
- | | | | | | |
|-------|-----|---------|------|---------|------------|
| — | CFR | | Pcw | - . - . | MVR |
| - - - | DDT | - . - . | TMPG | — | FDG uptake |



Comparison of the Wall Motion Improvement

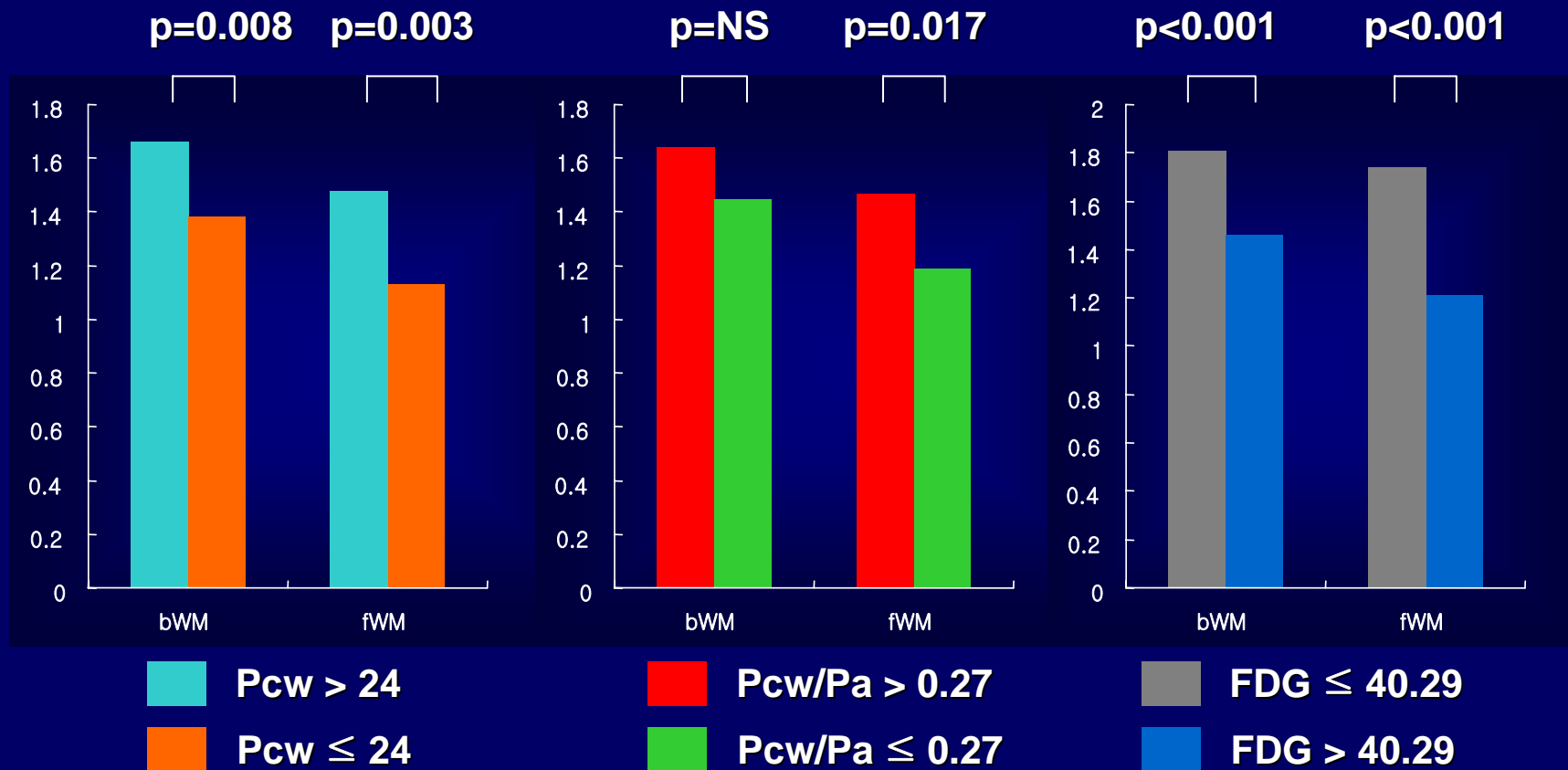
- Comparison the LV wall motion recovery in patients divided into two groups by BCV

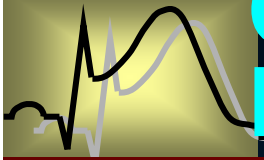




Comparison of the Wall Motion Improvement

- Comparison the LV wall motion recovery in patients divided into two groups by BCV

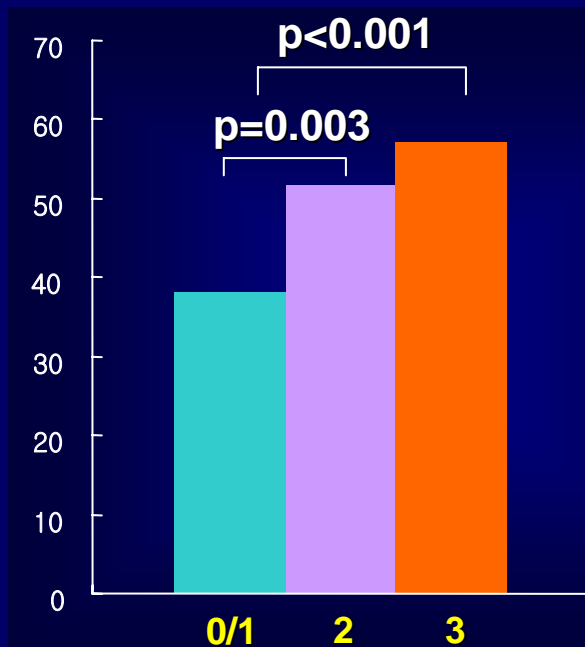




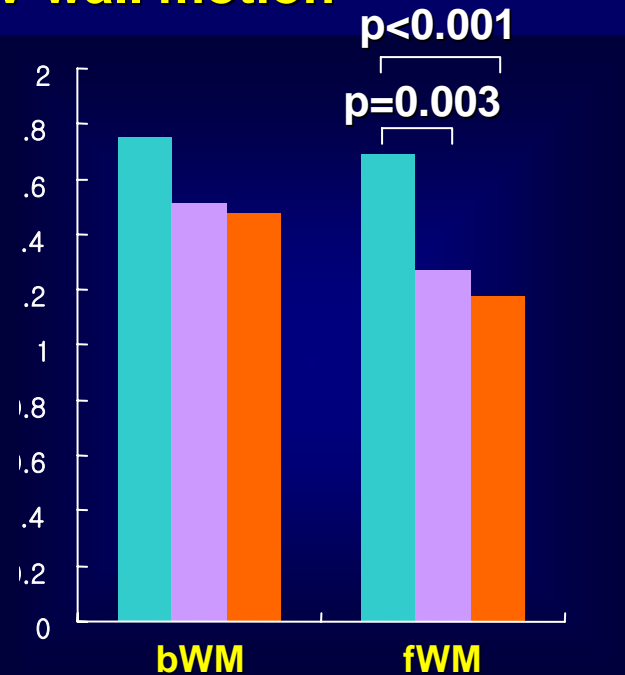
Comparison of the FDG Uptake and LV Wall Motion According to TMPG

- Correlation TMPG and FDG uptake rate and wall motion improvement

FDG uptake rate



LV wall motion



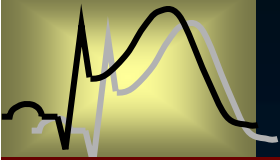
TMP 0/1 grade

TMP 2 grade

TMP 3 grade

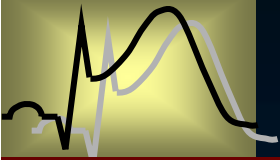
Tahk SJ, et al. *Circulation* 2006;114:II:II-784

Tahk SJ, et al. *Korean Circulation* 2006;36(suppl II)



Limitations

- Although, there are little studies about the **IMR**, it might be an excellent index for predicting microvascular integrity in AMI regardless of the patient's hemodynamic status.
- The **CFR** might be a good index for predicting microvascular integrity, however, it was affected by patient's hemodynamics and baseline flows after primary PCI in acute stage of AMI.
- Further study will be required about the effect of collateral flows on the **P_{cw}** in acute stage of AMI.
- Although, the **TMPG** is a subjective index, it might be a simple and useful index for predicting microvascular integrity.



Conclusion

- **Indexes of microvascular integrity**, such as CFR, Coronary flow patterns(DDT), MVR index, Pcw/Pa, and TMPG, which are measured during primary PCI in AMI, **are comparable with FDG PET for predicting the LV functional changes.**