

IVUS Analysis

Myeong-Ki Hong, MD, PhD

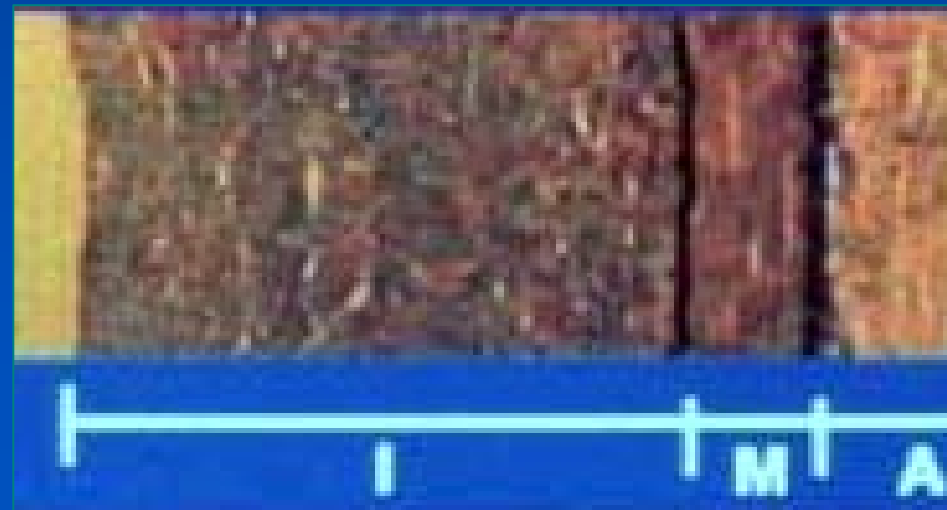
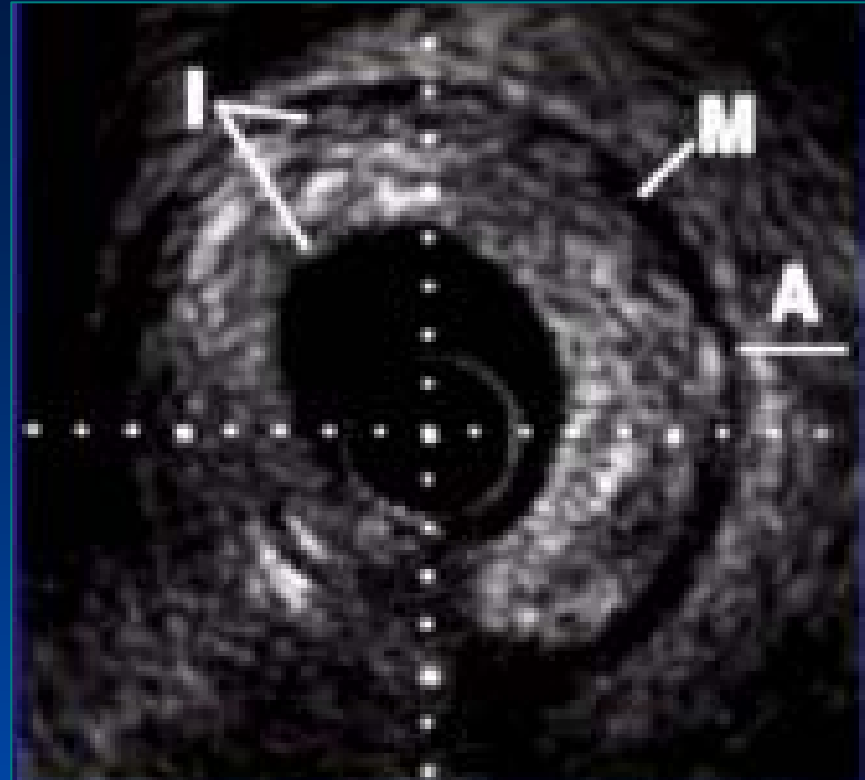
Cardiac Center, Asan Medical Center

University of Ulsan College of Medicine,

Seoul, Korea



- **Intimal disease (plaque)** is dense and will appear “white”
- **Media** is made of homogeneous smooth muscle cells and does not reflect ultrasound (appears dark)
- **Adventitia** has “sheets” of collagen that reflect a lot of ultrasound (appears white)



Normal



Diseased



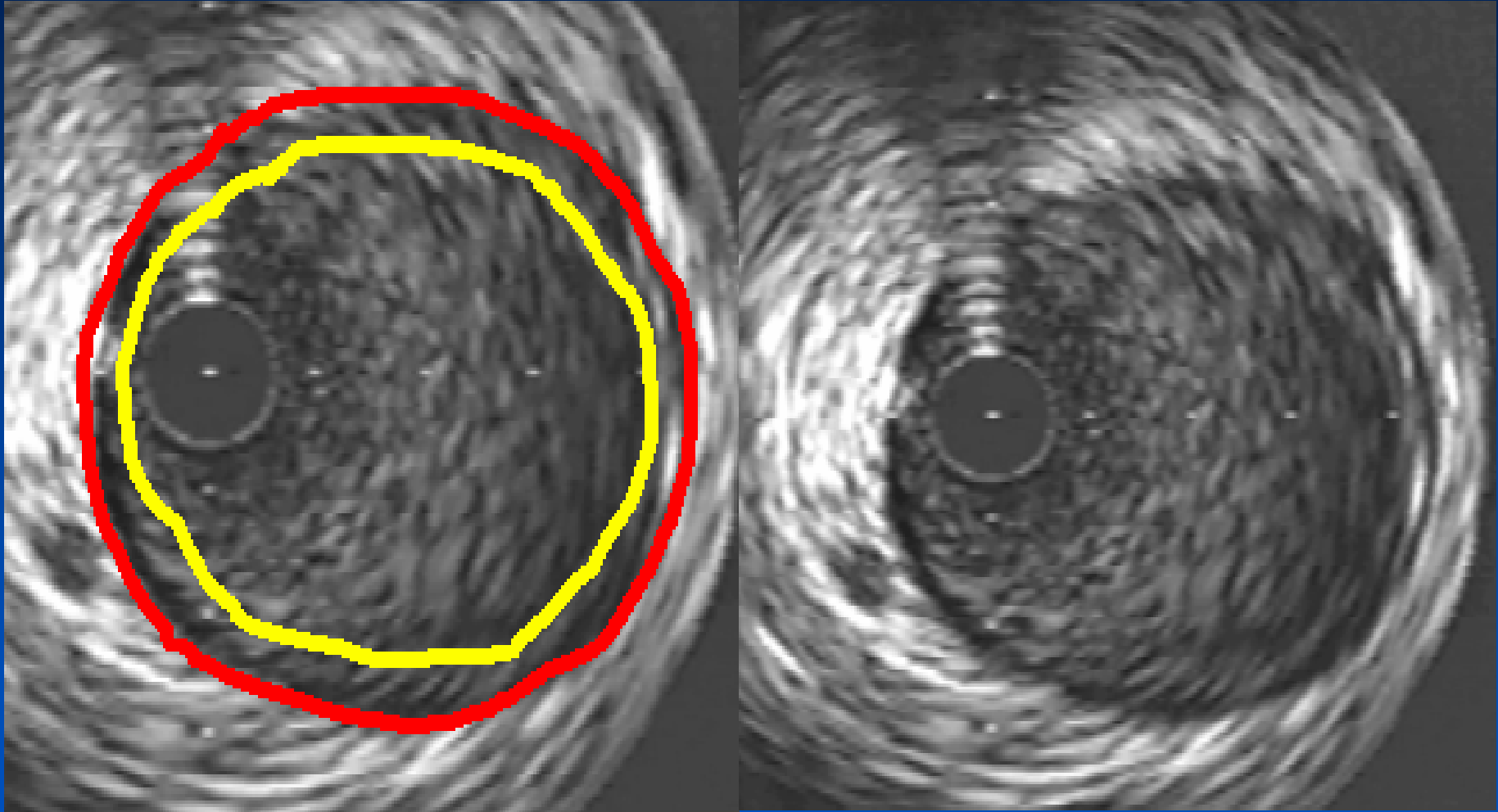
Classification of Plaque by IVUS

Soft Plaque

Fibrous Plaque

Fibro-calcific Plaque

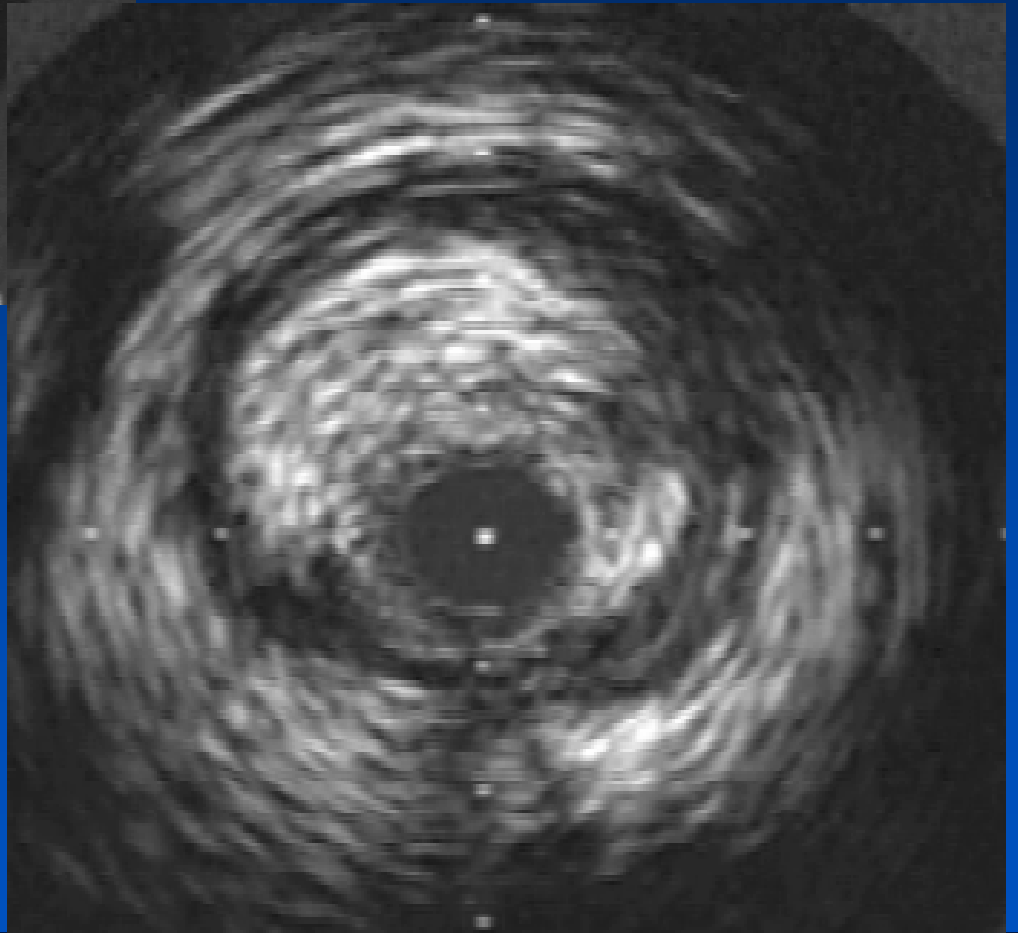
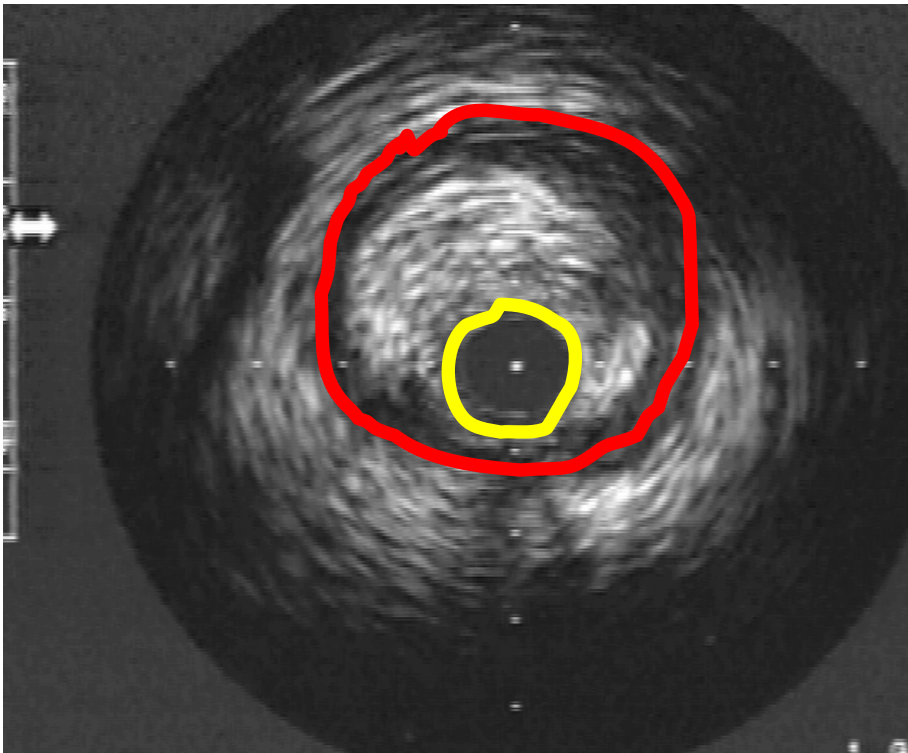
Normal



Soft plaque

- Not as bright as the adventitia (hypoechoic)
- “Soft” refers to the low echogenicity, generally due to high lipid content in a mostly cellular lesion

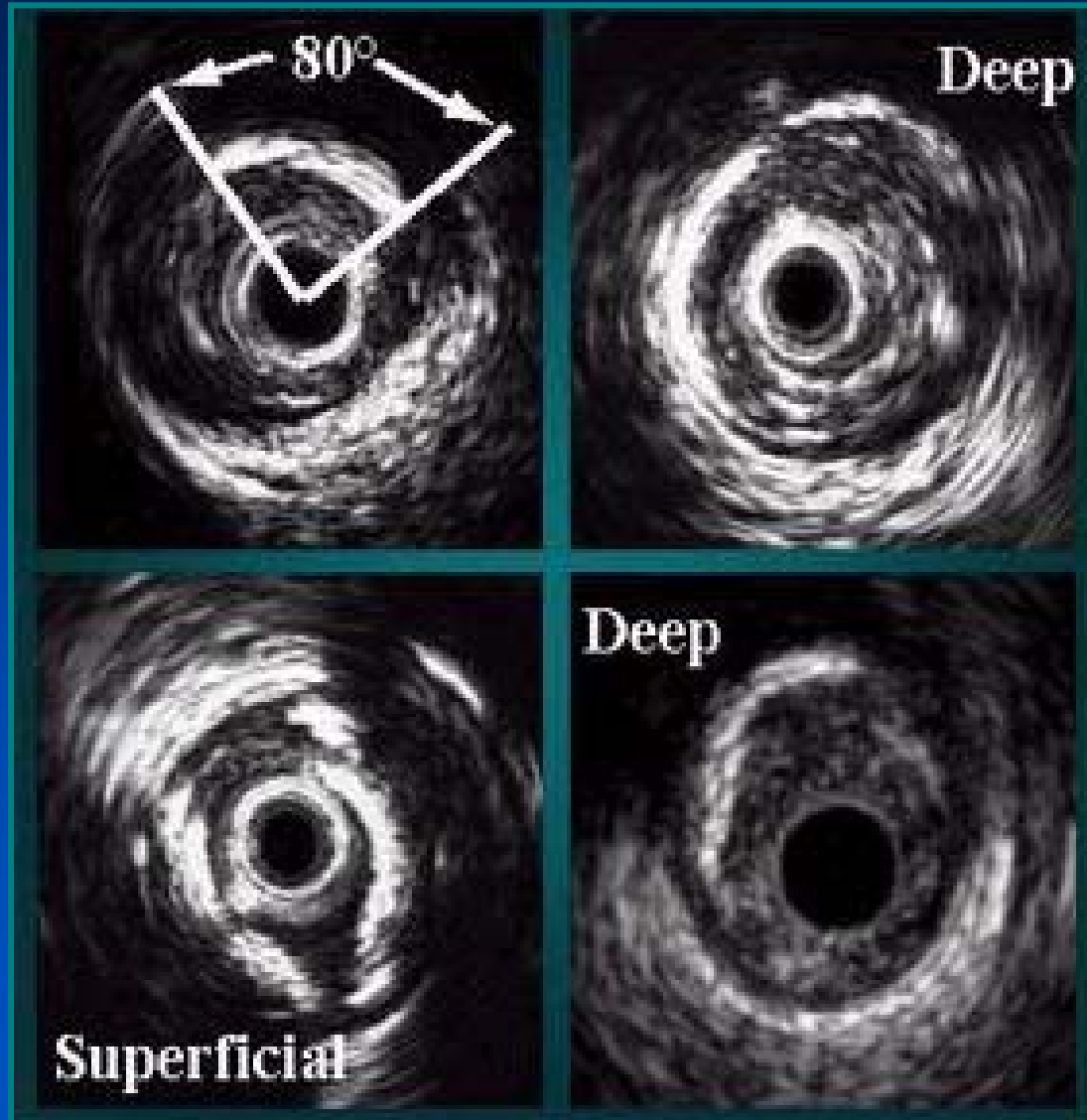
Fibrous plaque



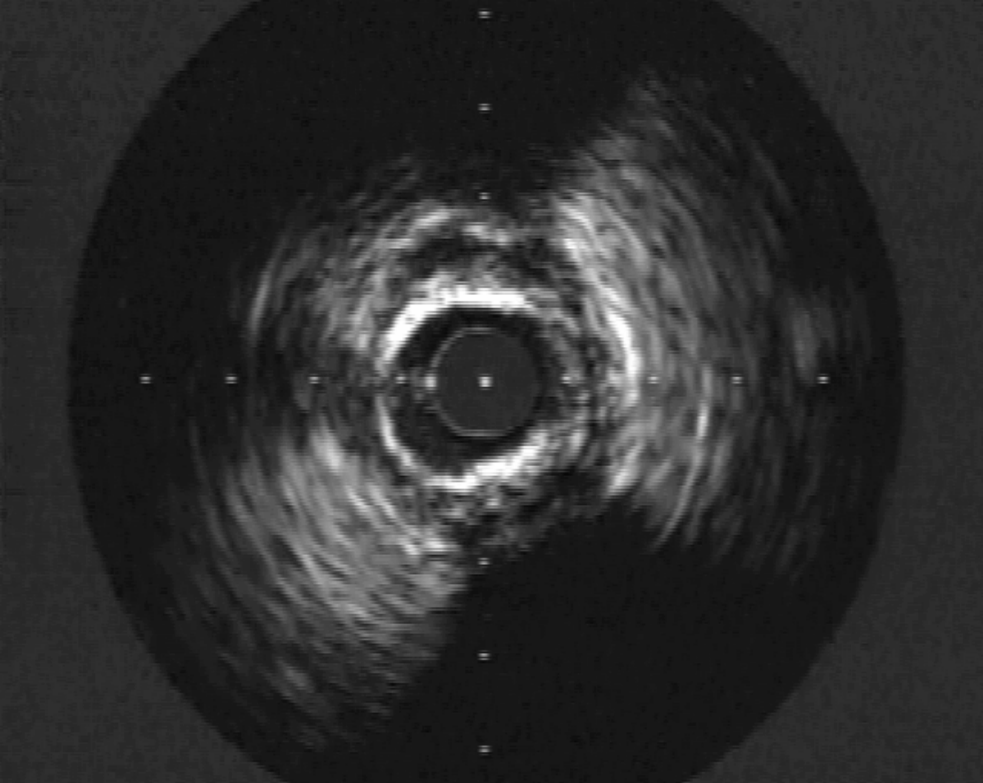
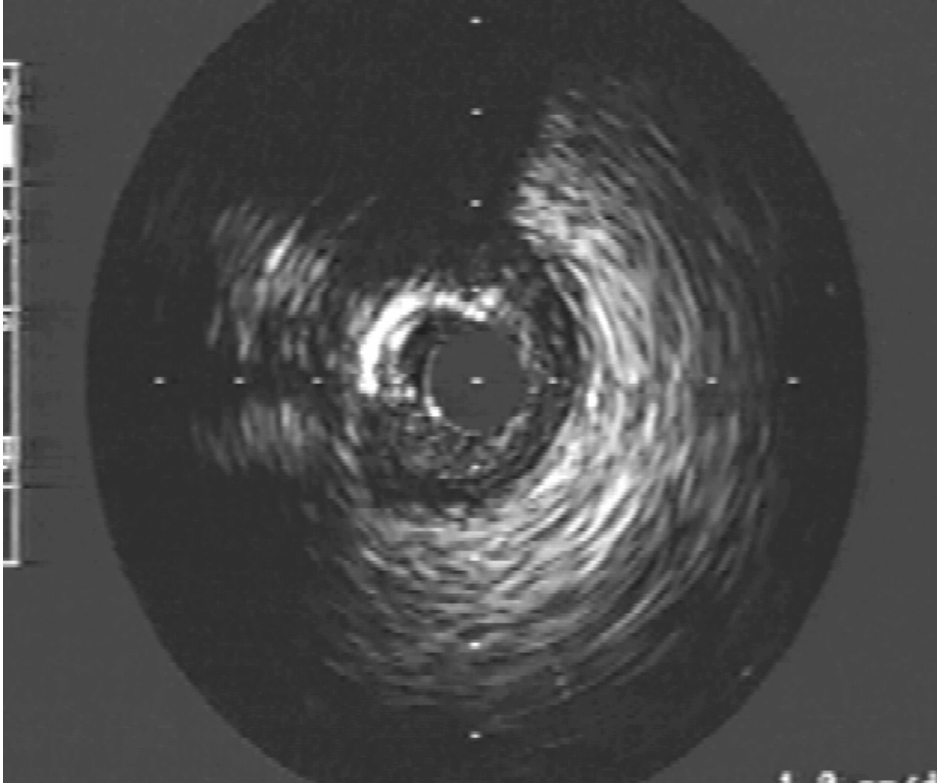
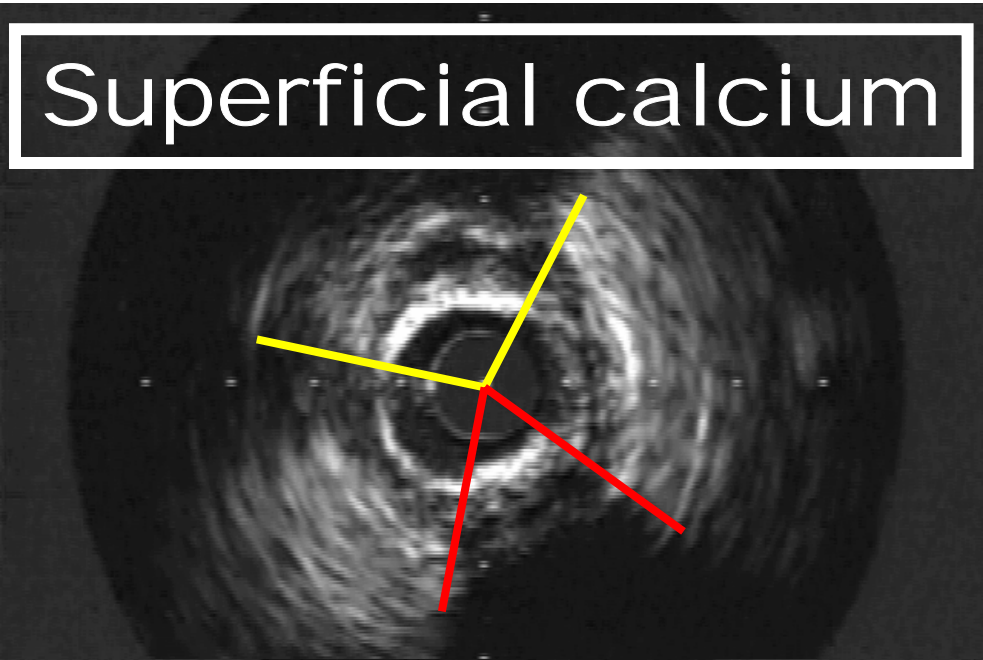
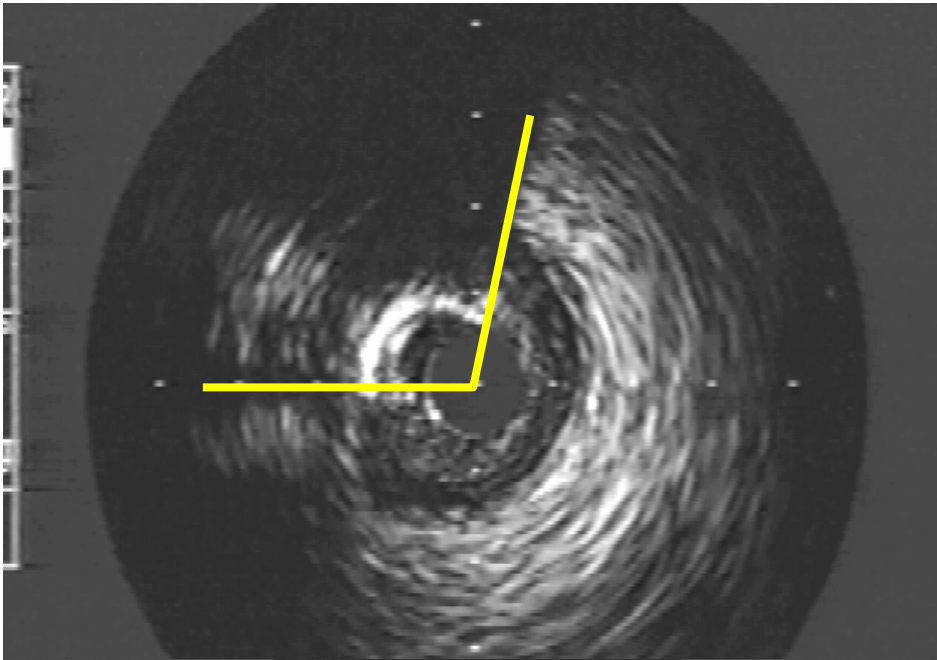
- **As bright or brighter than the adventitia (hyperechoic)**
- **Majority of lesions are fibrotic**

Calcium

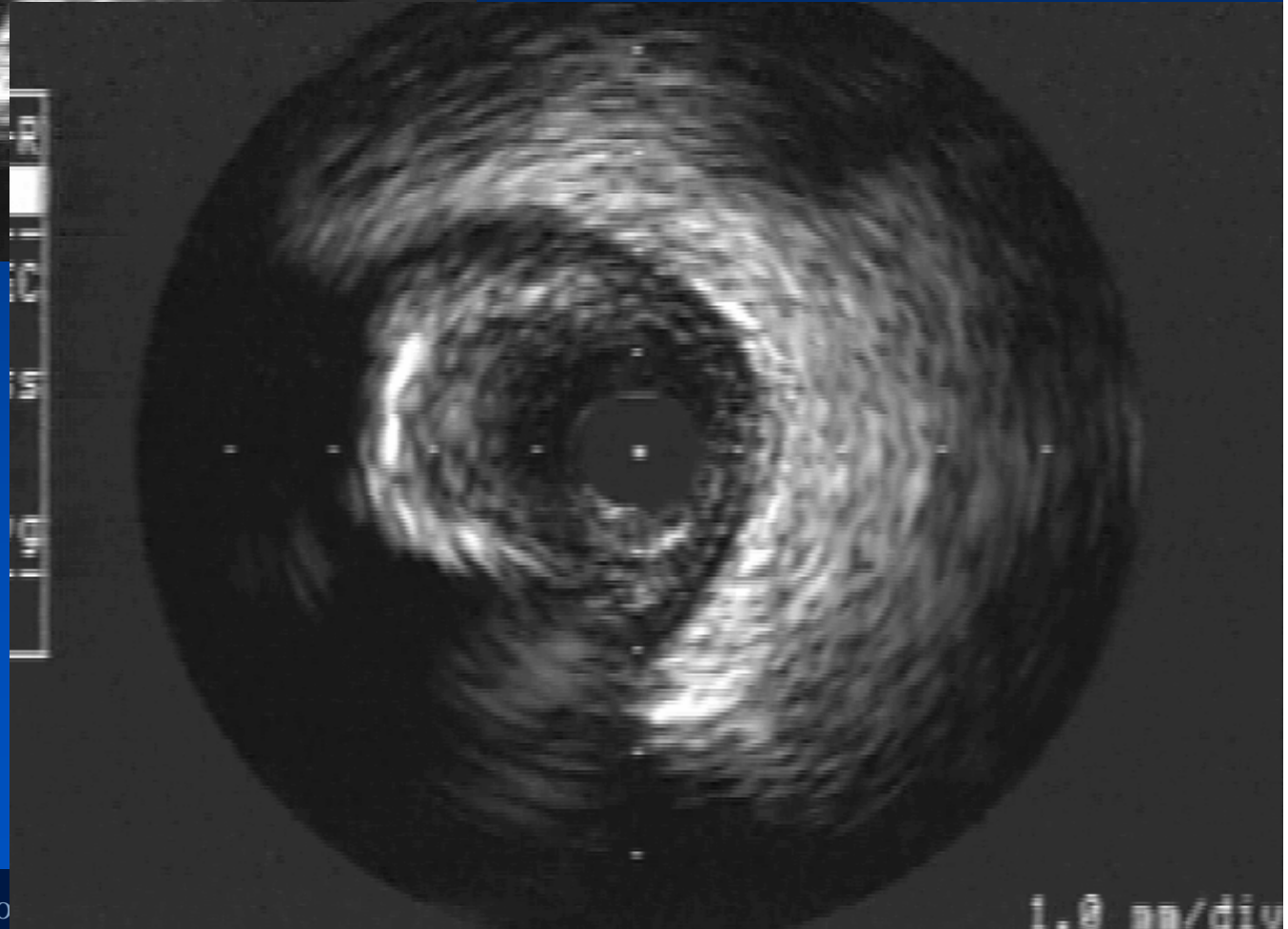
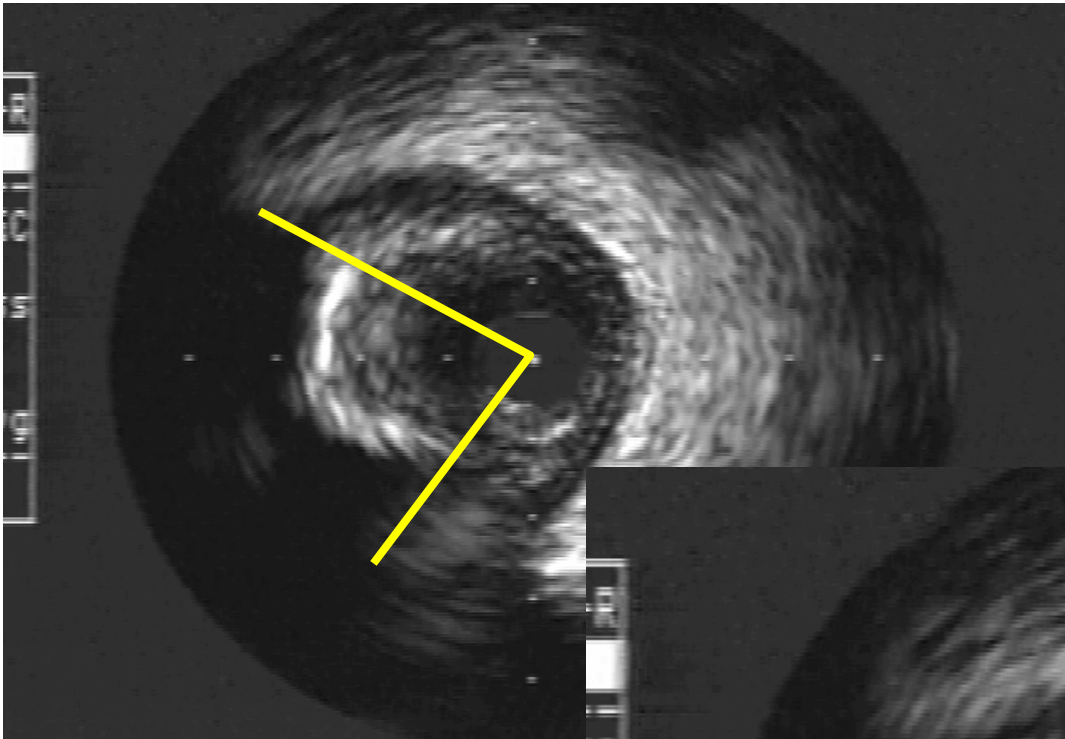
- **Bright echos (brighter than the adventitia)**
- **Obstructs the penetration of ultrasound (acoustic shadowing)**
- **Only the leading edge is detected and thickness cannot be determined**



Superficial calcium

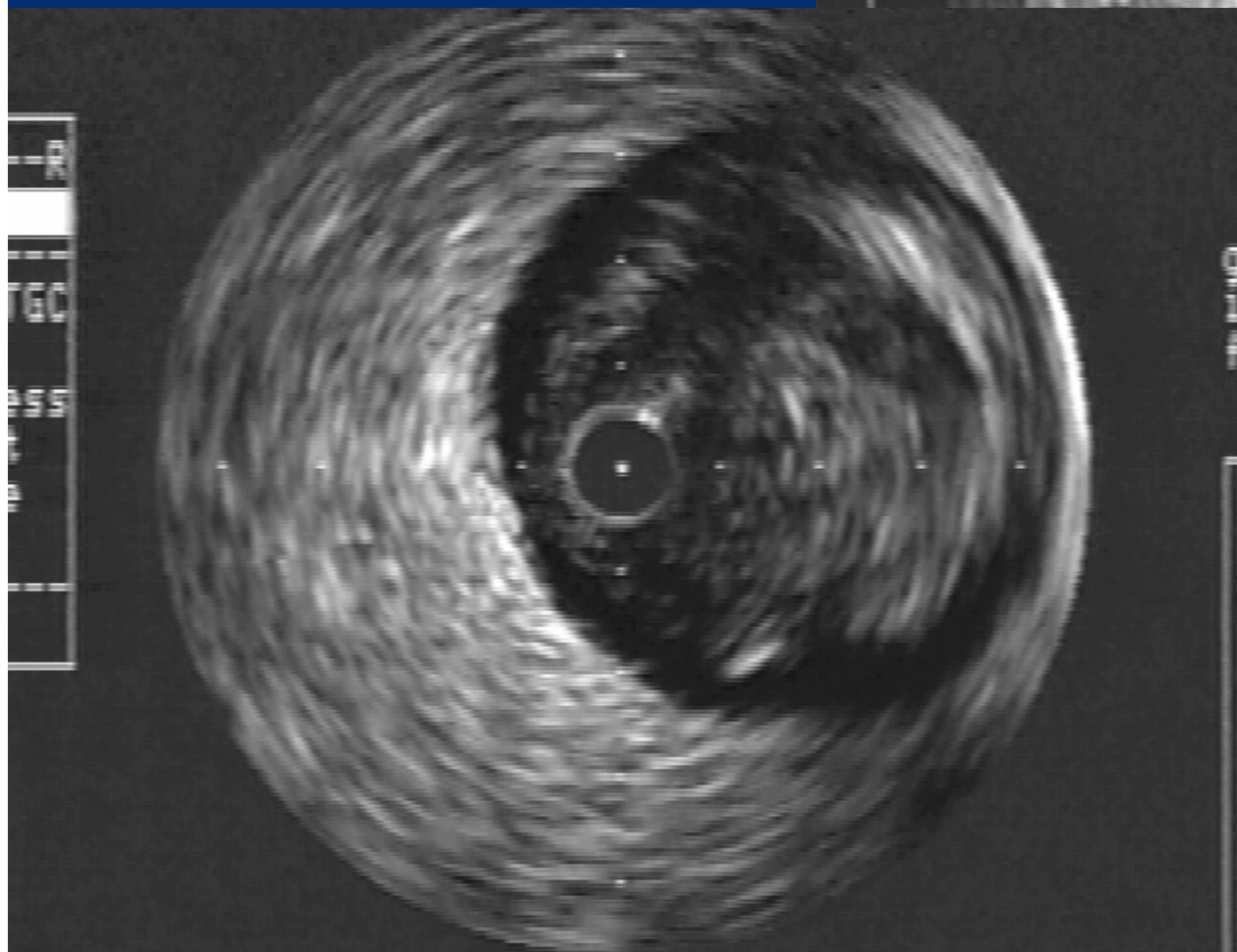
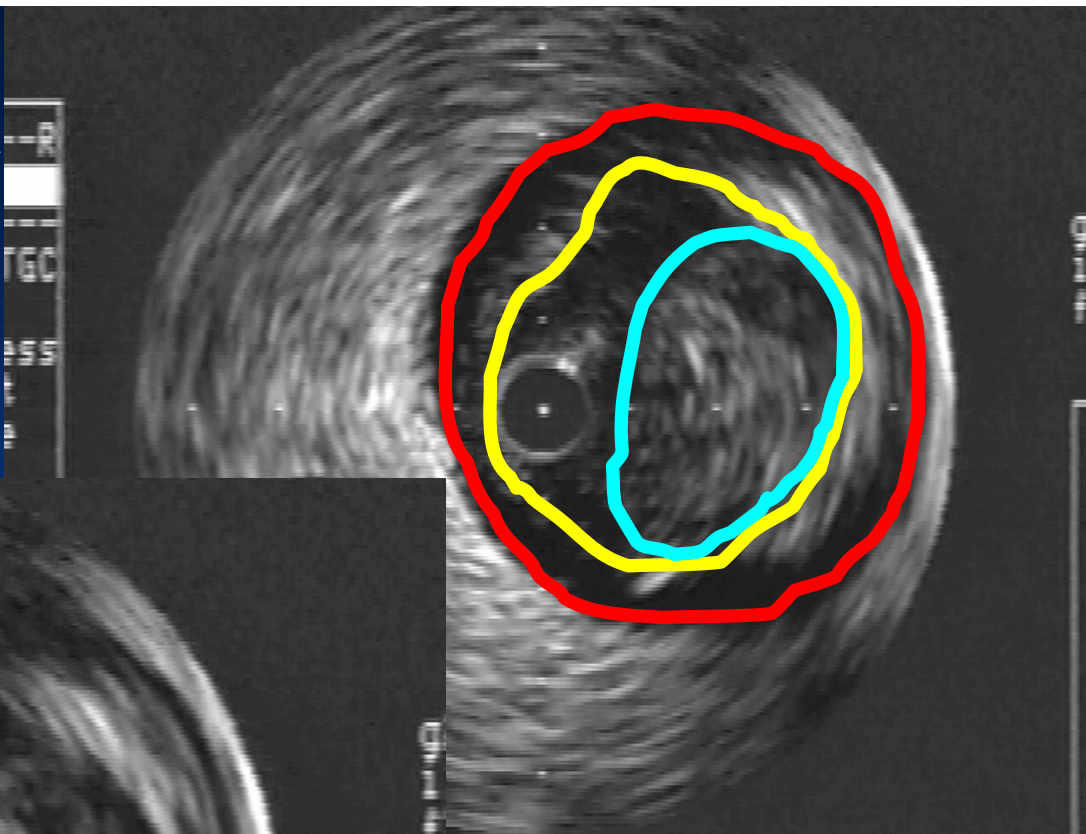


Deep calcium

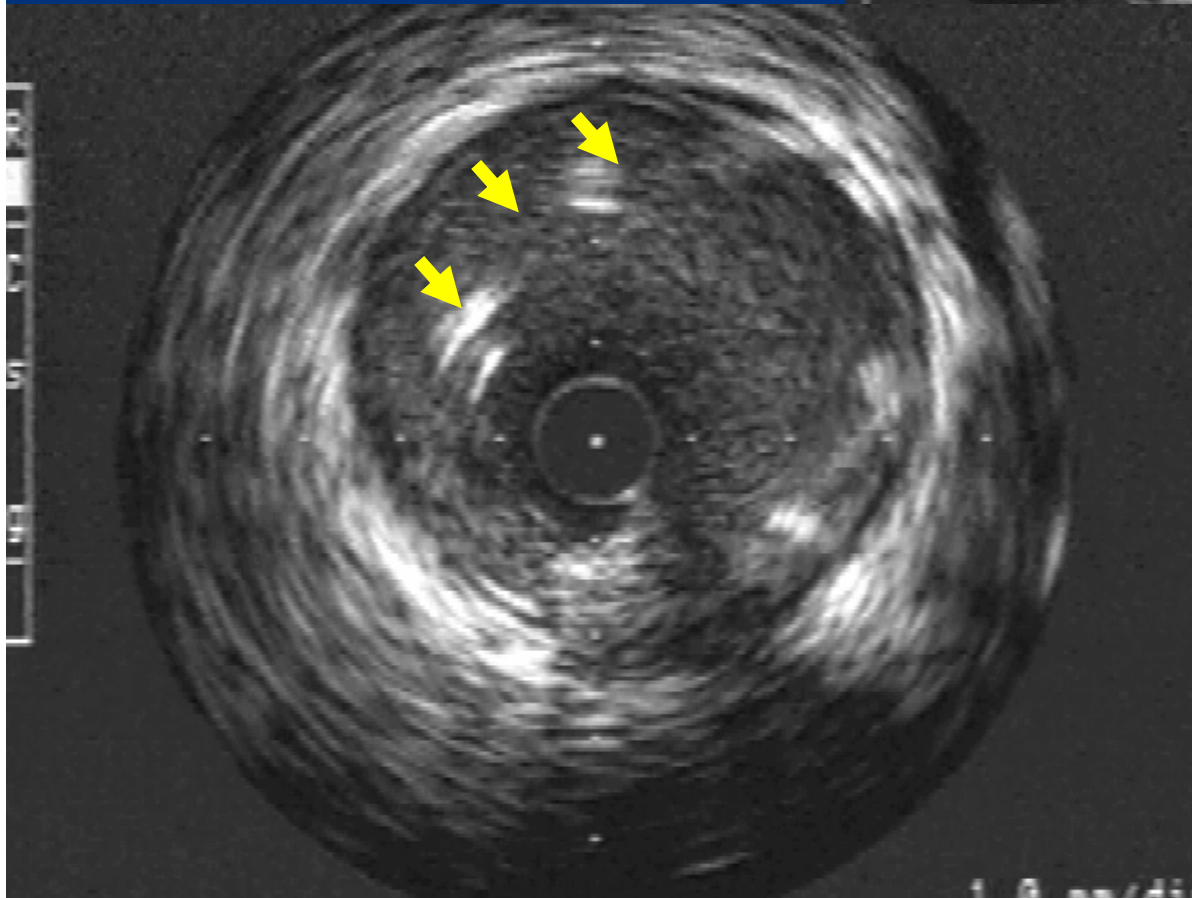
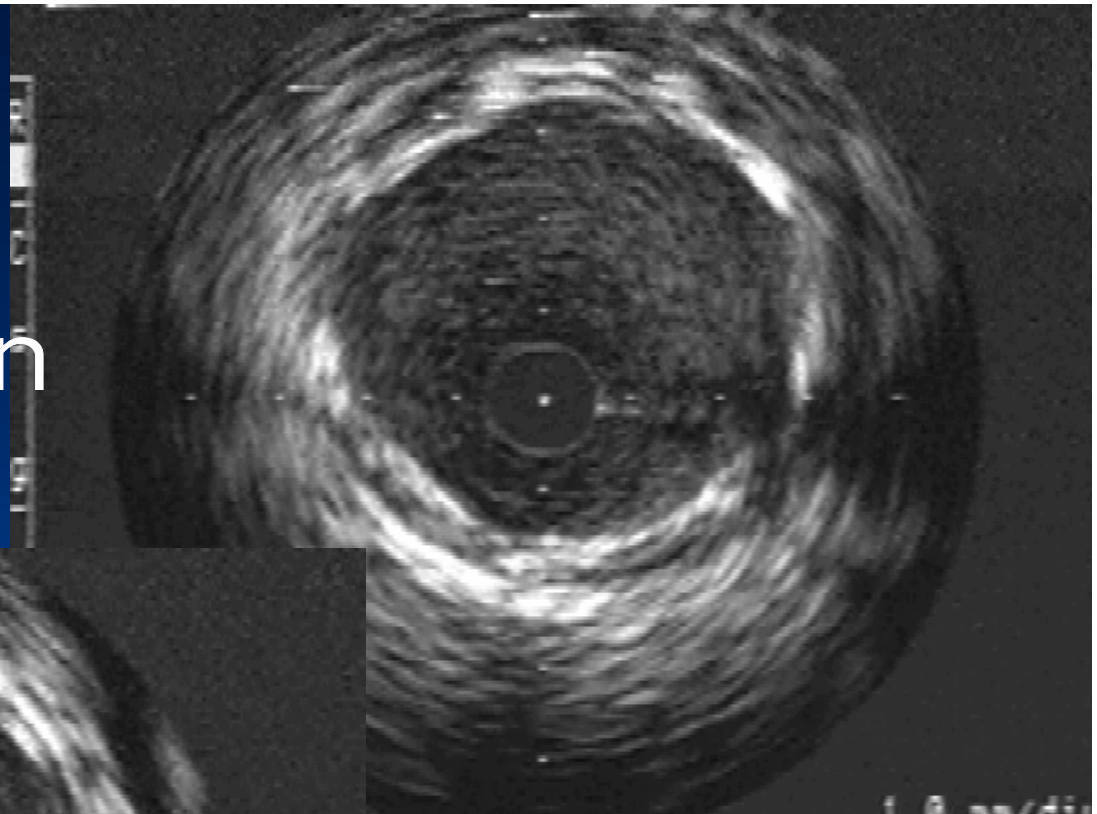


Other Interesting Images

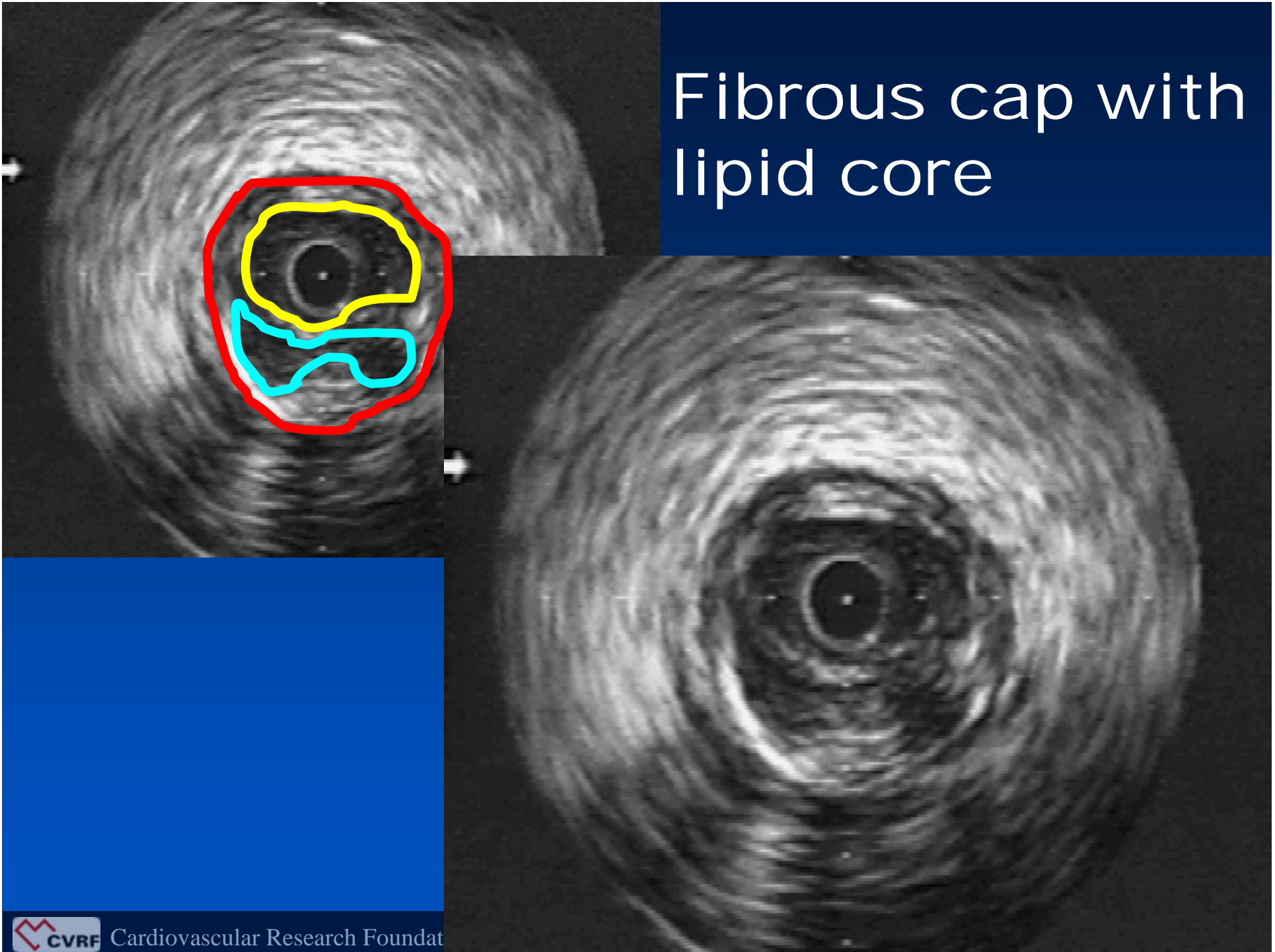
Intracoronary Thrombus



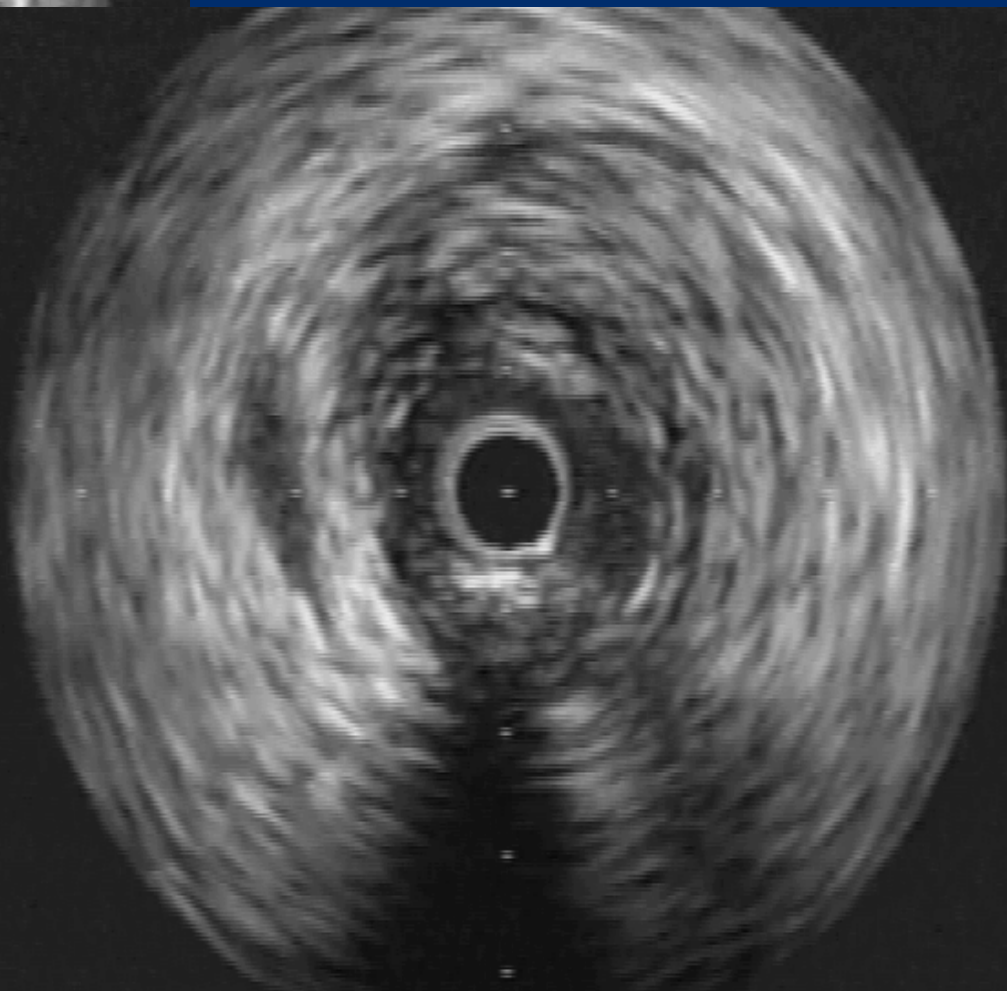
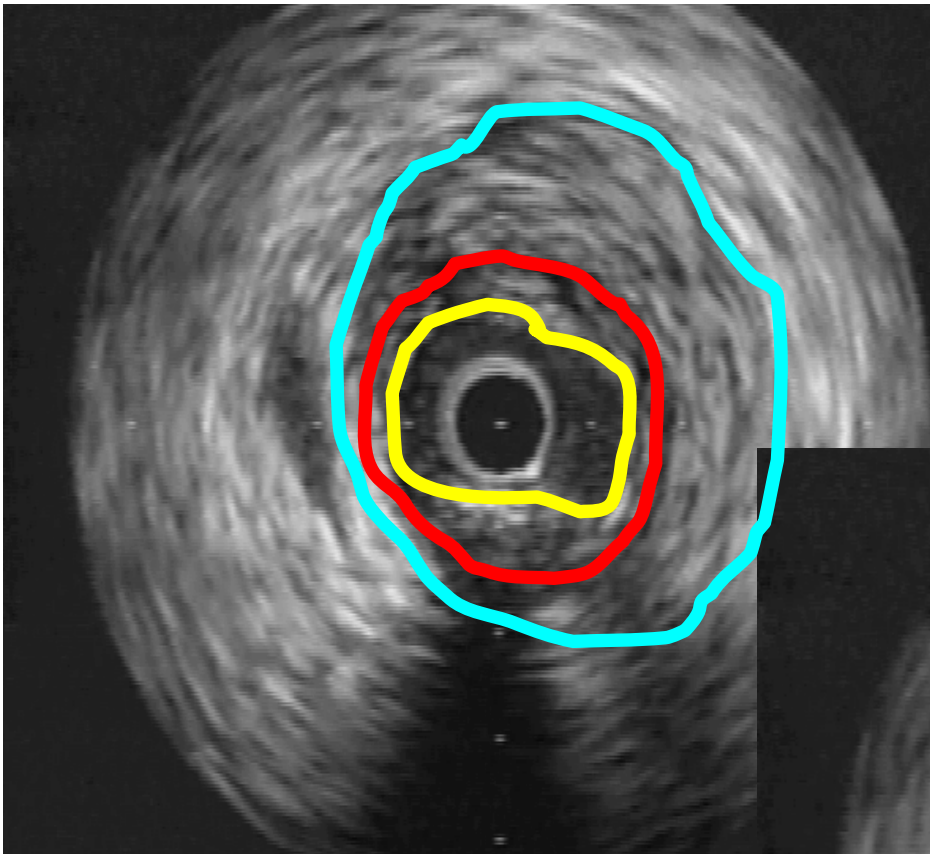
Incomplete stent apposition



Fibrous cap with
lipid core



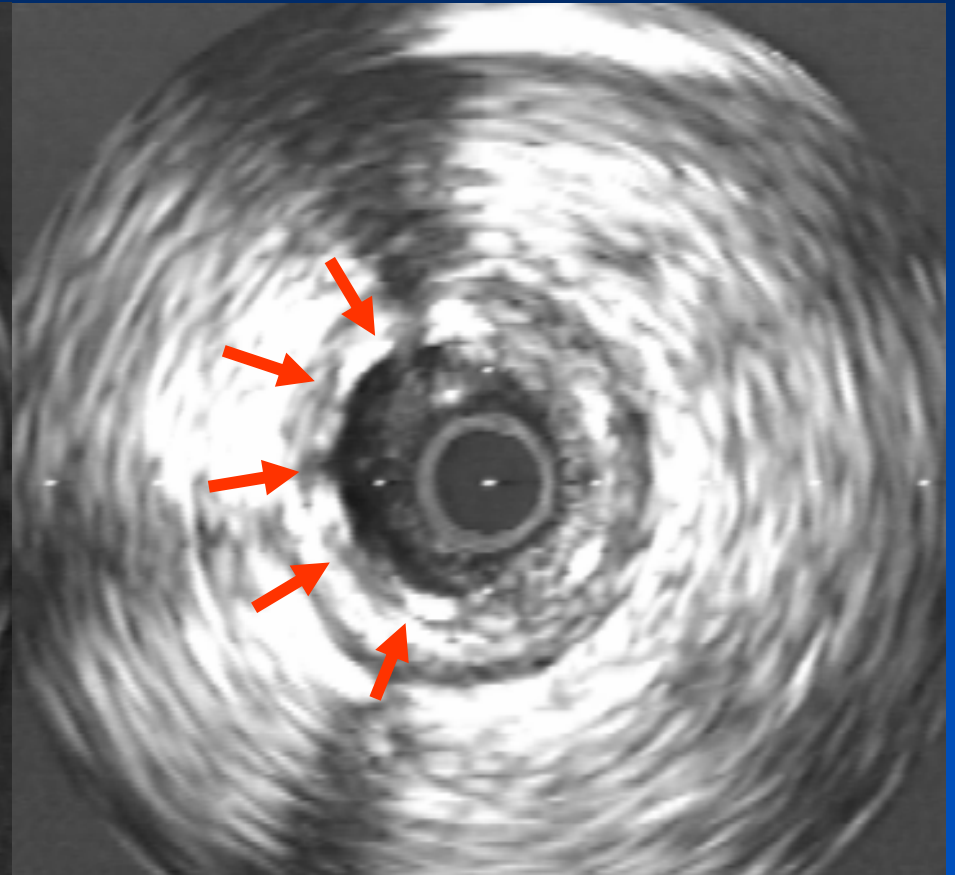
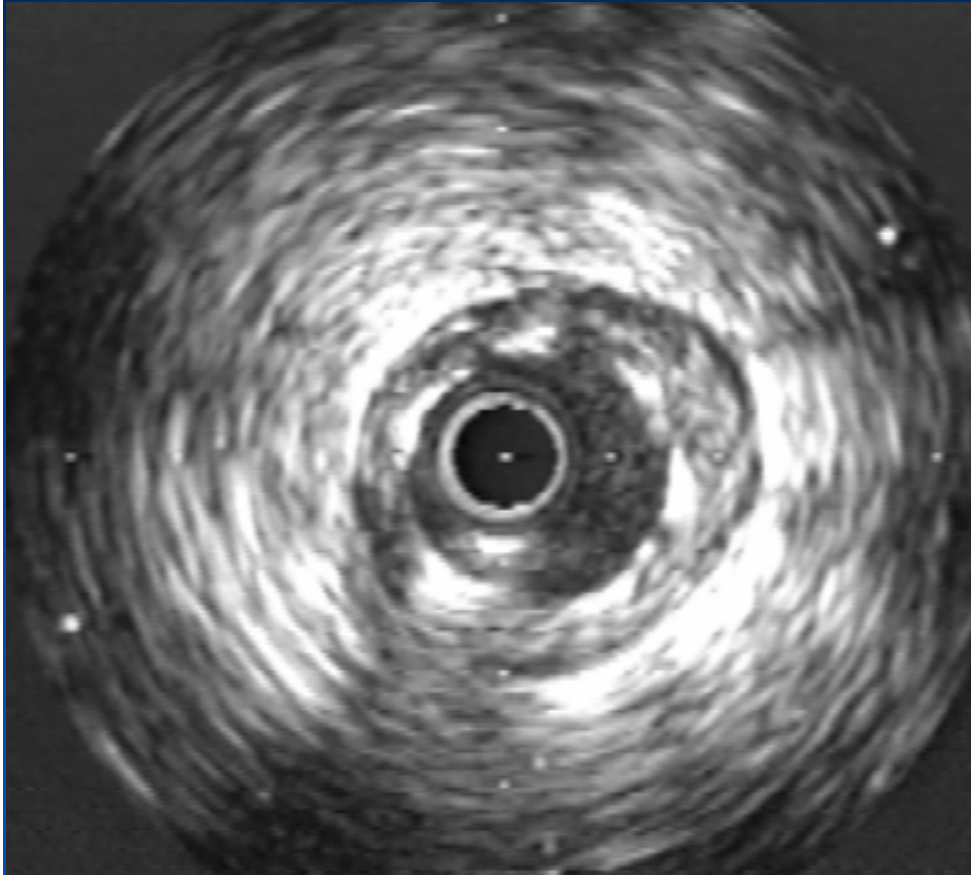
Hematoma



IVUS Comparison

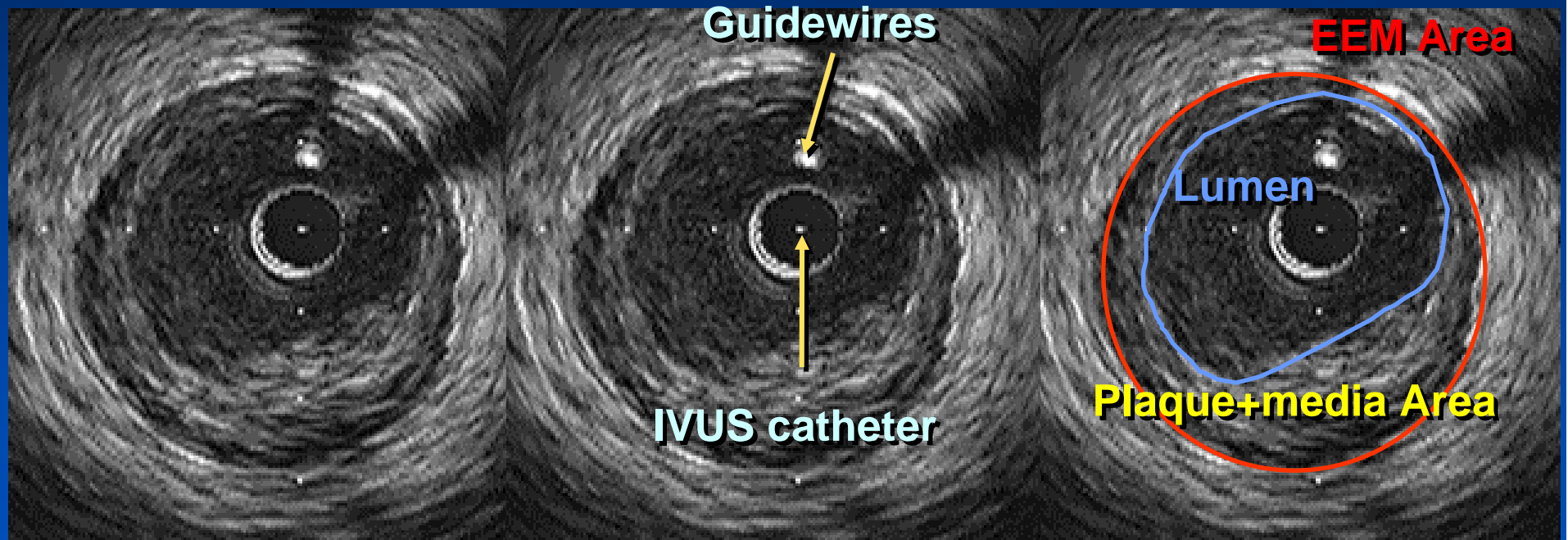
Post-procedure

At 6 month follow-up



Quantitative IVUS Analysis

Non-stented segment

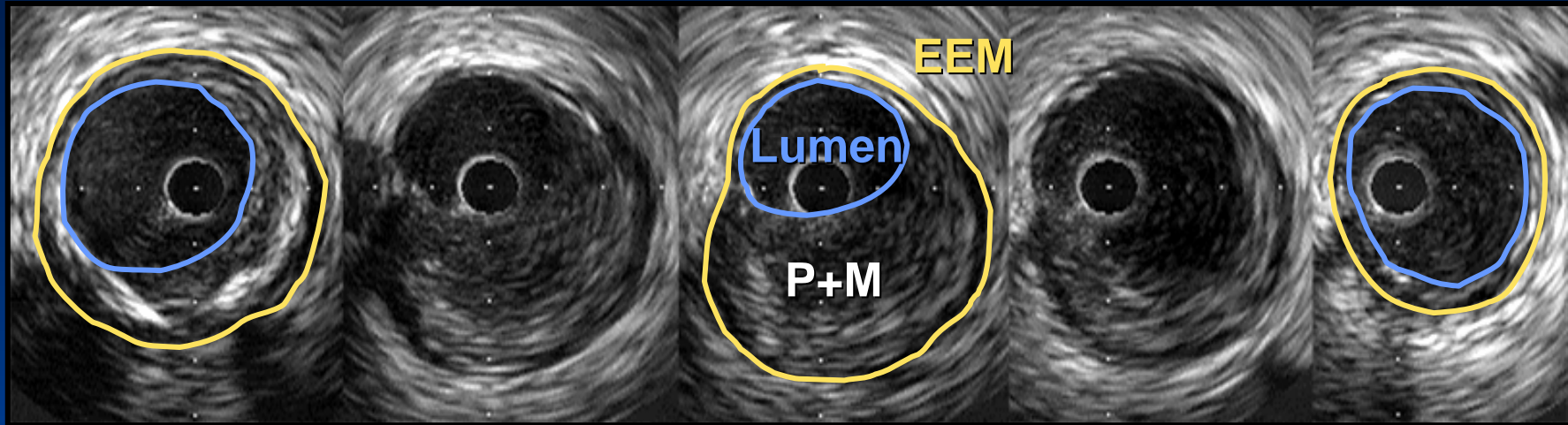


***PM Area = (EEM-Lumen) Area**

Proximal Reference

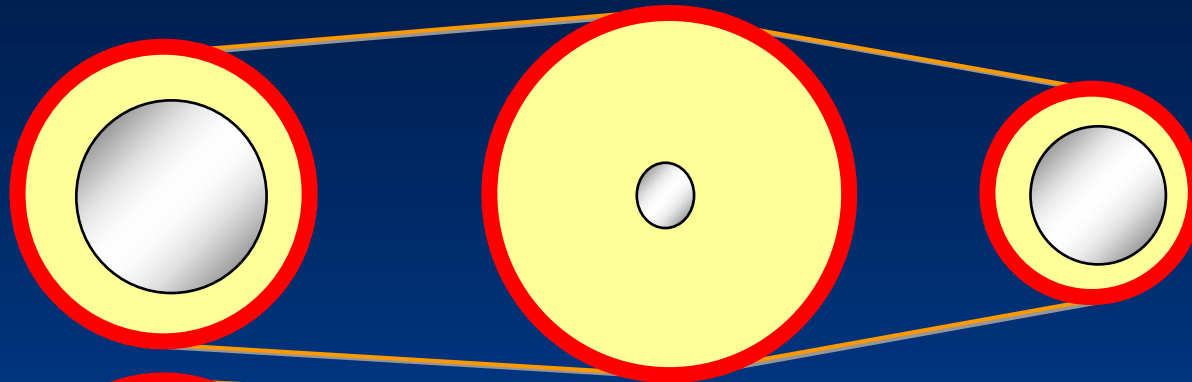
Lesion Site

Distal Reference

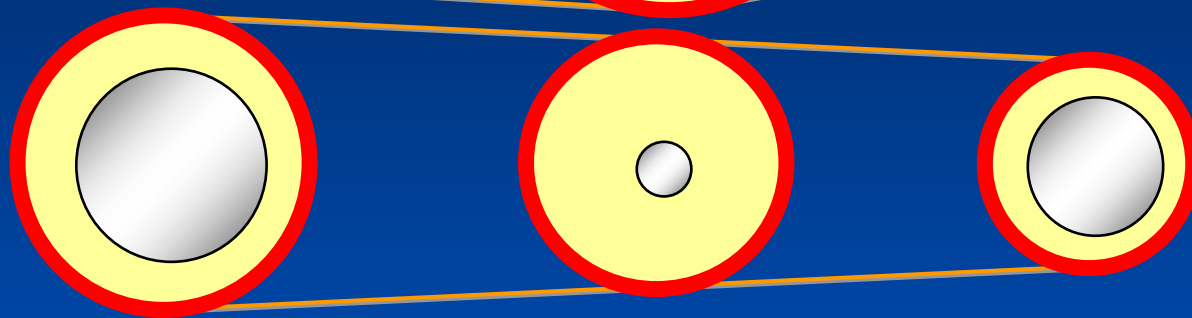


Classification of Remodeling

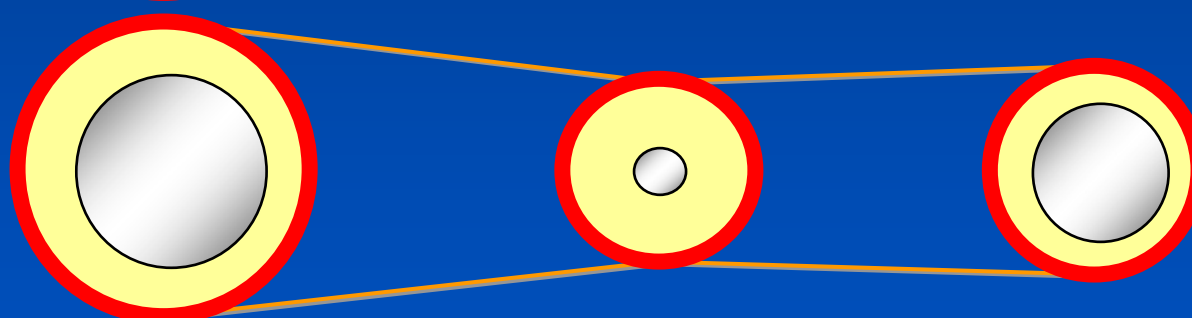
Positive remodeling



Intermediate remodeling



Negative remodeling



Proximal reference

Lesion site

Distal reference

Nishioka. JACC 1996



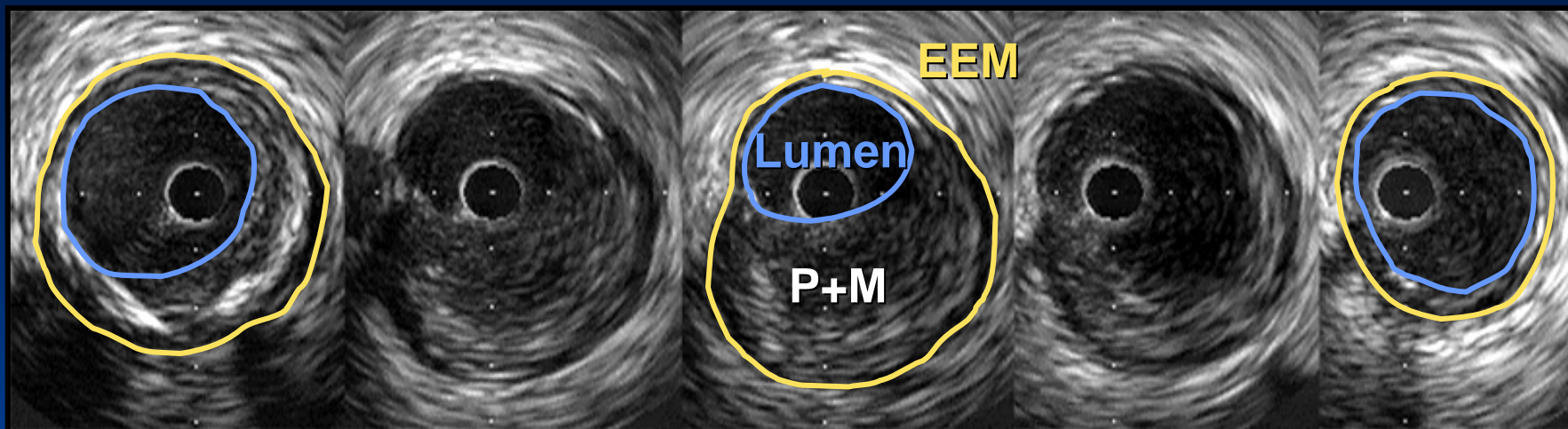
Definitions of Remodeling

- Lesion/Average Reference EEM CSA
 - Positive remodeling: >1.05
 - No Remodeling: $0.95-1.05$
 - Negative remodeling: <0.95

Proximal Reference

Lesion Site

Distal Reference



EEM CSA = 20.4
Lumen CSA = 9.7
P+M CSA = 10.7
Max lumen diam = 3.7
MLD = 3.1
Eccentricity = 1.0/0.3
Plaque burden = 0.52

EEM CSA = 21.6
Lumen CSA = 4.5
P+M CSA = 17.1
Max lumen diam = 32.8
MLD = 2.3
Eccentricity = 3.0/0.1
Plaque burden = 0.79

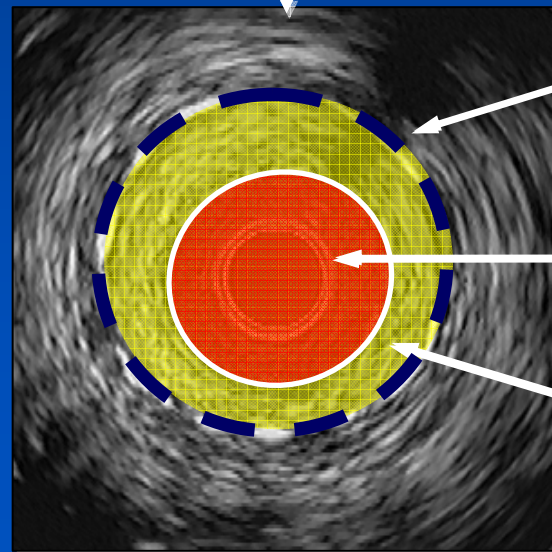
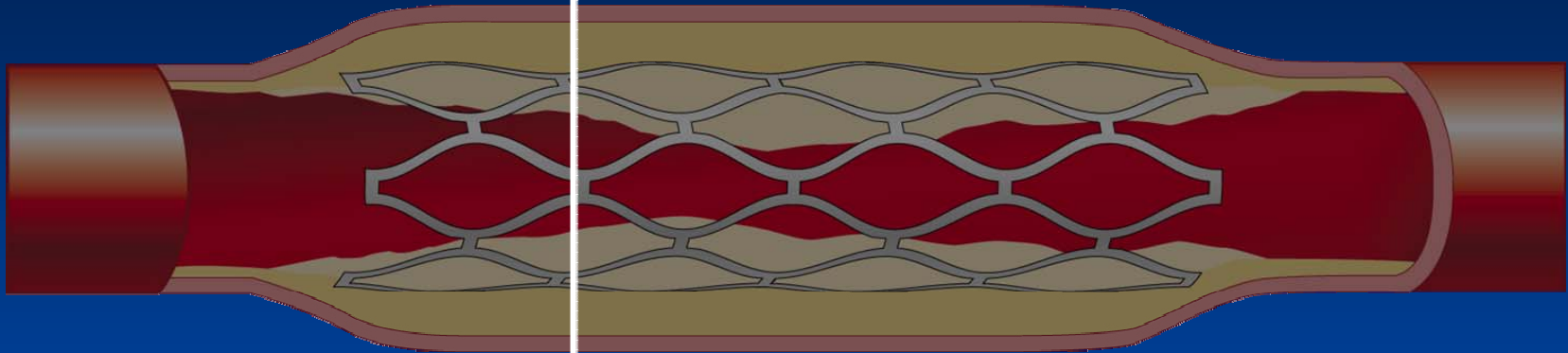
EEM CSA = 13.3
Lumen CSA = 8.9
P+M CSA = 4.4
Max lumen diam = 3.6
MLD = 3.0
Eccentricity = 0.6/0.2
Plaque burden = 0.33

Arc of Ca = 60

Average Reference EEM CSA = 16.9
Remodeling Index = 1.3
=> Positive Remodeling

Quantitative IVUS Analysis

Stented segment

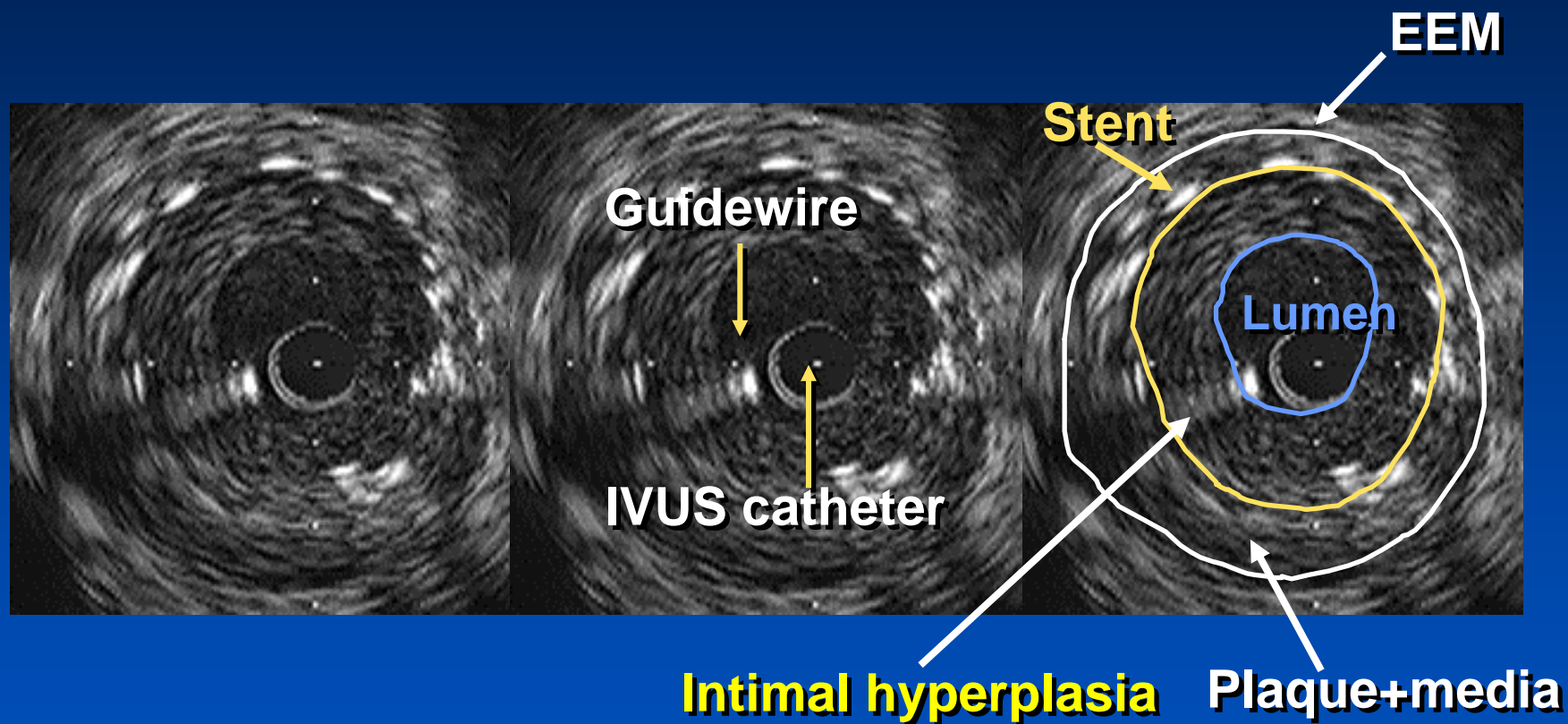


Stent Area (mm²)

Lumen Area (mm²)

Neointimal Area (mm²)

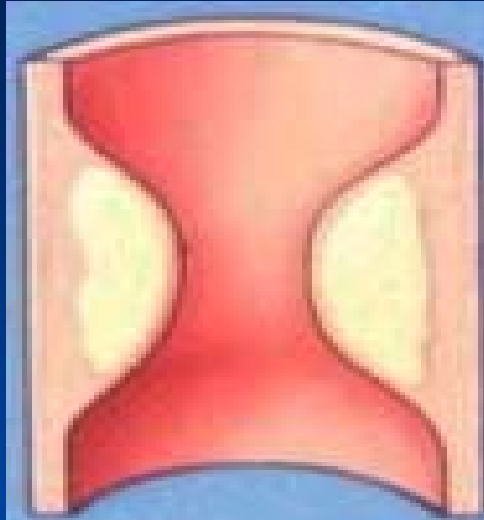
Stented Artery



IVUS vs. Angiography

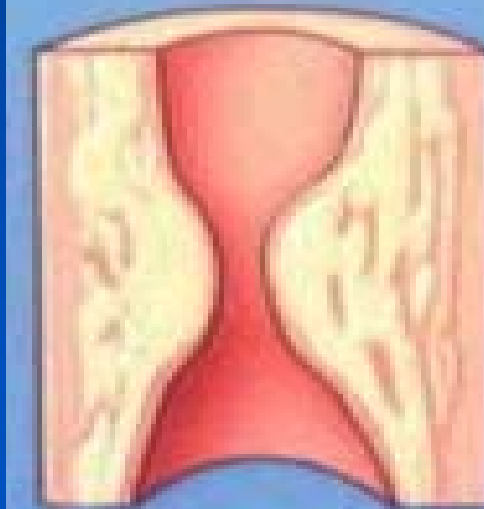
LIMITATIONS OF CORONARY ANGIOGRAPHY

**Focal
disease**



**50%
lesion**

**Diffuse
disease**

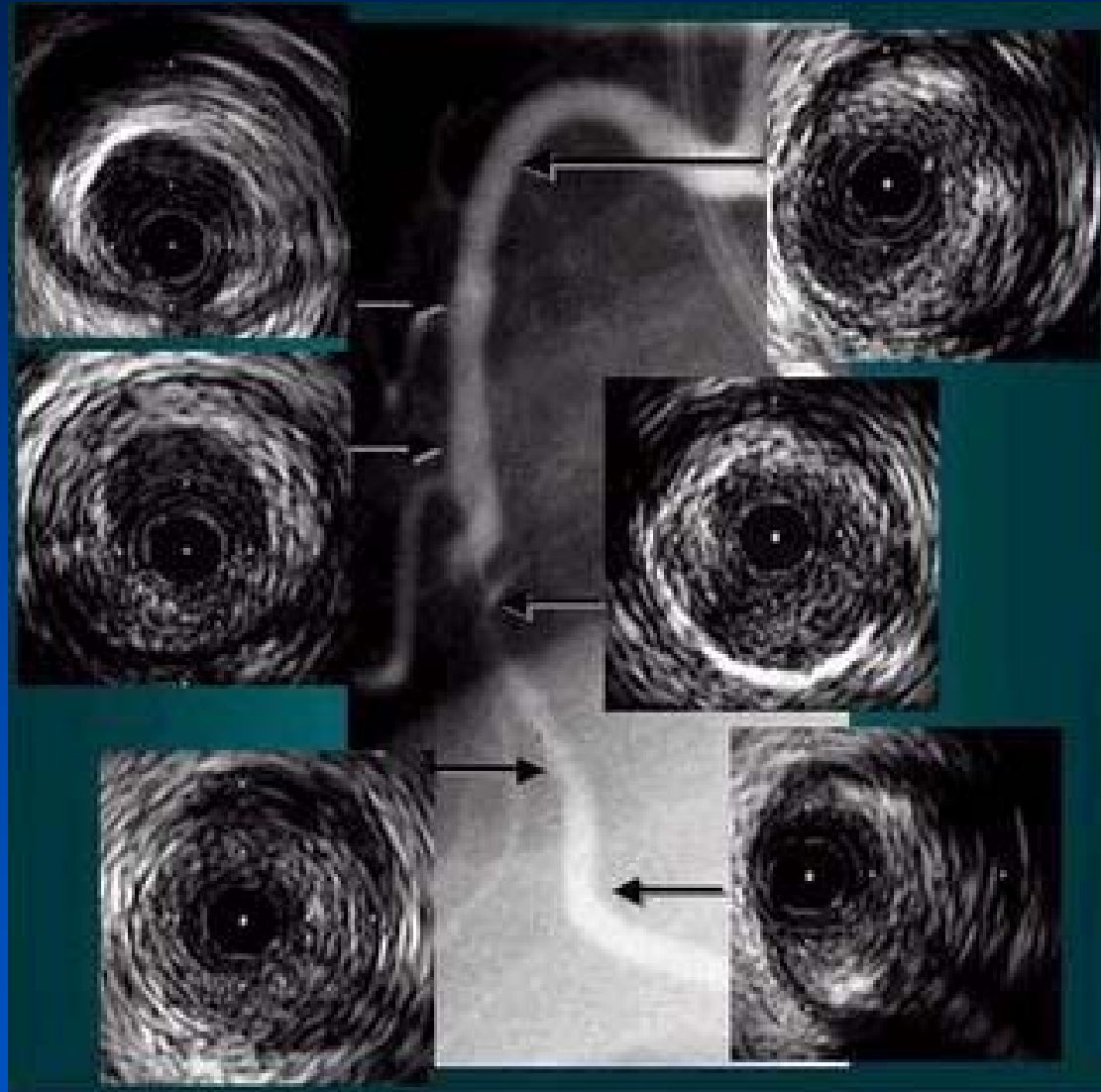


**50%
lesion**

Angiographically Silent Disease

In 884 native coronary arteries, the plaque burden in the angiographically “normal” reference segment was $51 \pm 13\%$

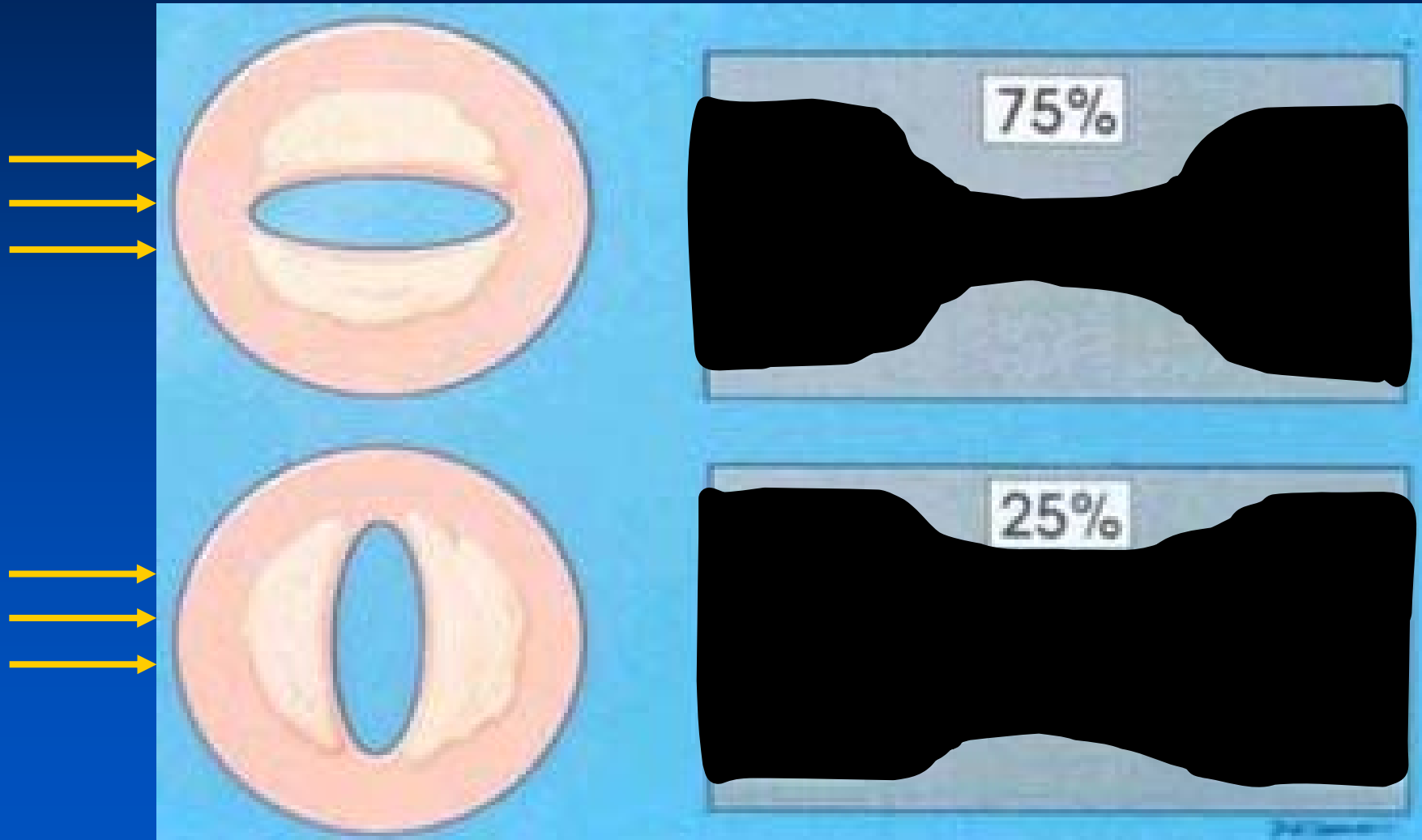
Mintz GS, et al. Atherosclerosis in angiographically normal coronary artery reference segments. *J Am Coll Cardiol* 1995;25:1479-1485



LIMITATIONS OF CORONARY ANGIOGRAPHY

Coronary
Cross-section

Angiogram silhouette



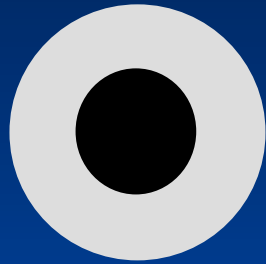
Irregular Plaque / Irregular Lumen

Cross Section

RAO View

LAO View

A



B

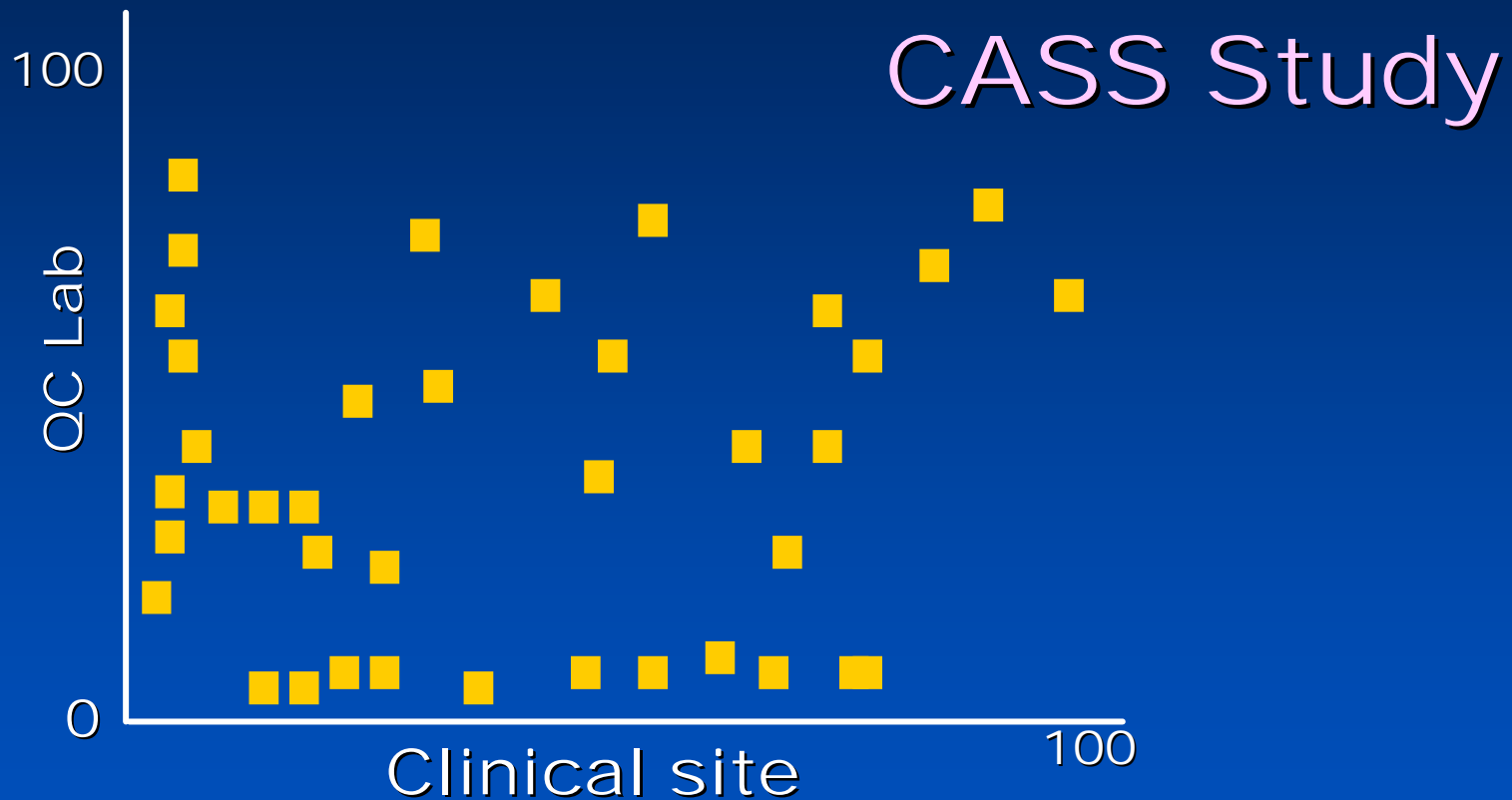


C



Limitation of coronary Angiography

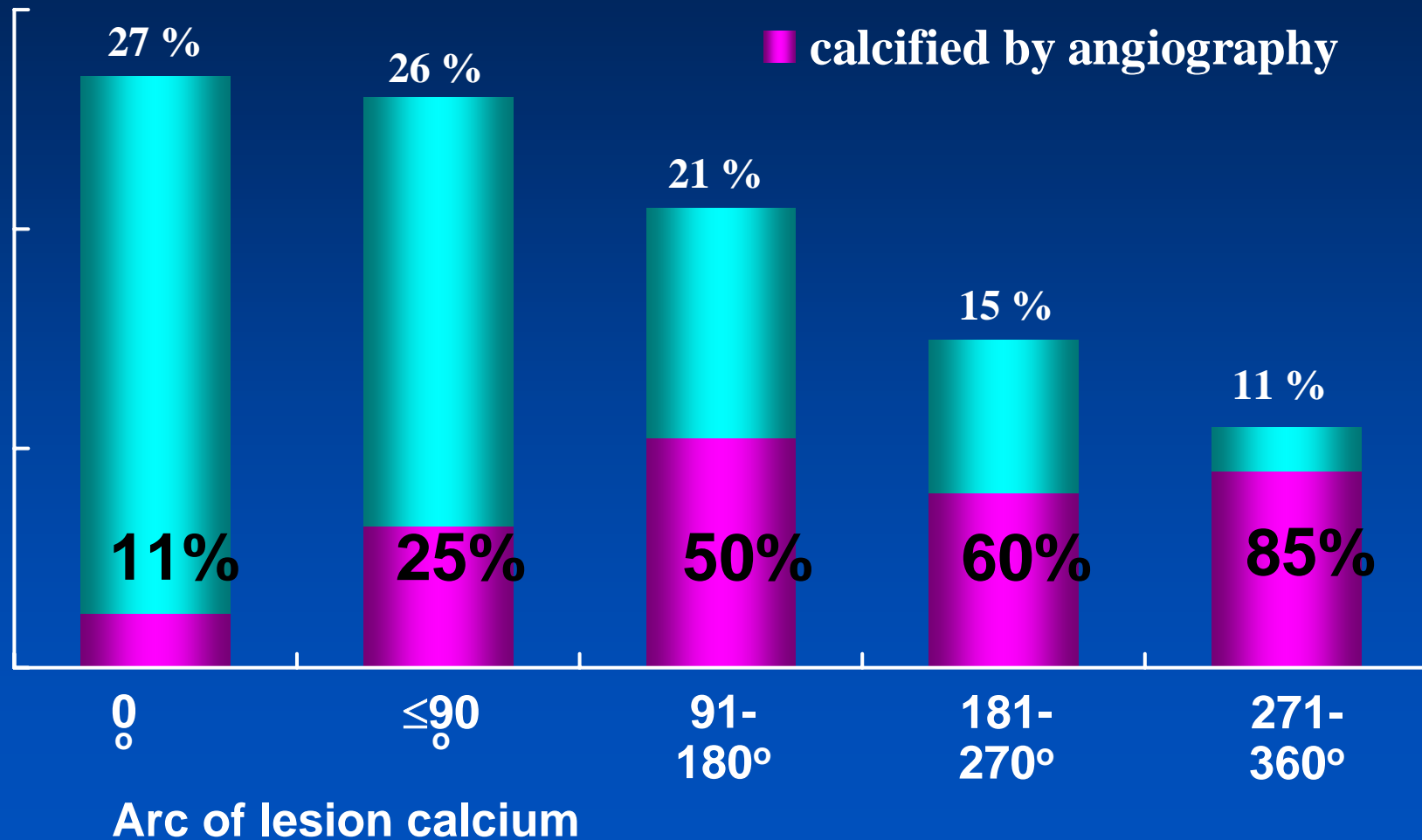
“Poor inter-observer Correlation”



Fisher et al, CCD 1982

IVUS arc of target lesion calcification

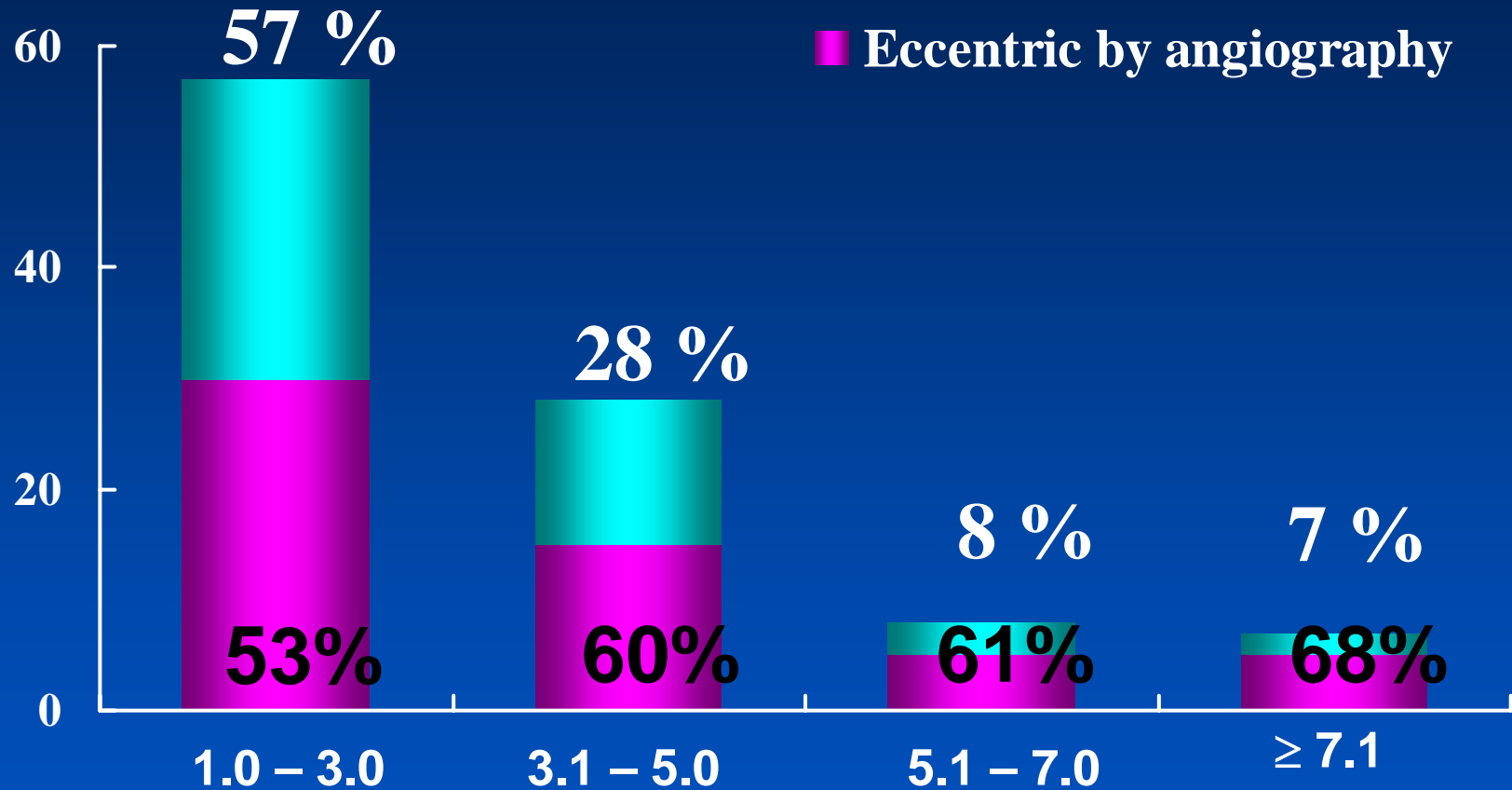
% of lesions



Mintz et al. Circulation 1995;91:1959-1965.

IVUS eccentricity index

% of lesions



Eccentricity index = max/min P + M thickness

Mintz et al. Circulation 1996;93:924-931

