

Clinical Utility of High-Resolution IVUS

Akiko Maehara, MD

**Cardiovascular Research Foundation/
Columbia University Medical Center
New York City, NY**

Conflict of Interest Disclosure

- Akiko Maehara
 - Personal: Consultant for ACIST, Boston Scientific Corporation, Speaker for St Jude Medical
 - Cardiovascular Research Foundation: Boston Scientific Corporation

Intravascular Imaging System Comparison

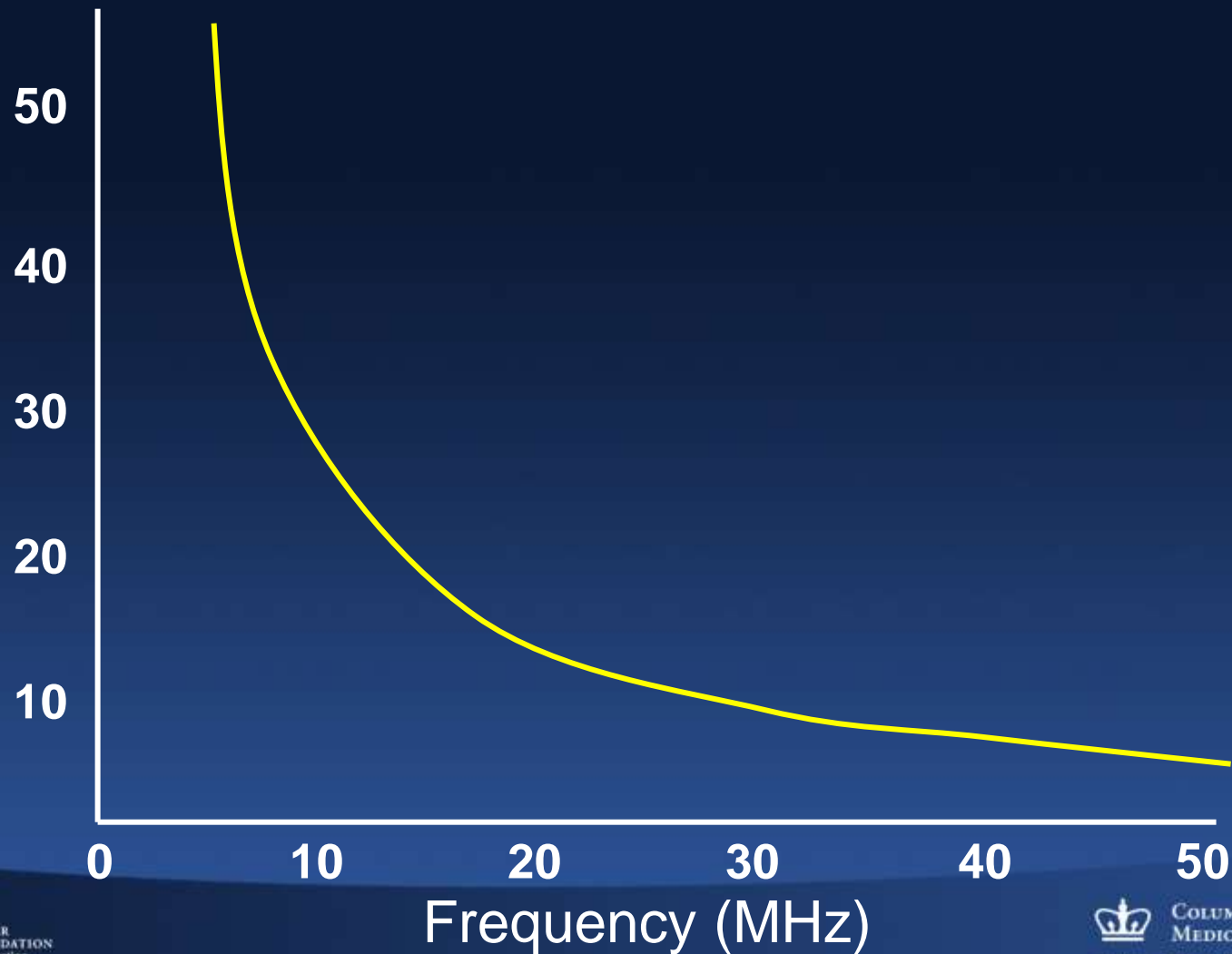
- Angular resolution = $1.22 \times \text{wave length} / \text{diameter of lens}$
- Frequency = speed of wave / wave length

Feature	ACIST HDi / Kodama	Boston Scientific	Volcano FACT	InfraReDx	St Jude Medical OCT
Frequency or Wavelength	60 MHz	60 MHz	Not available	50 MHz	1.3 μm
Nature of the Energy	Ultrasound				Optical
Axial Resolution	40 μm	22 μm	<50 μm	20 μm	15 μm
Lateral Resolution	90 μm	50-140 μm	100-200 μm	<200 μm	40 μm
Soft Tissue Penetration	> 2.5 mm	>3.5 mm			0.8-1.2 mm*
Blood Penetration	> 3.4 mm	>4.0 mm			\leq 1.2 mm
Pullback Speed (mm/s)	0.5, 1.0, 2.5, 5.0, 10	0.5,1.0		0.5	20
Pullback Length (mm)	130	100		150	75

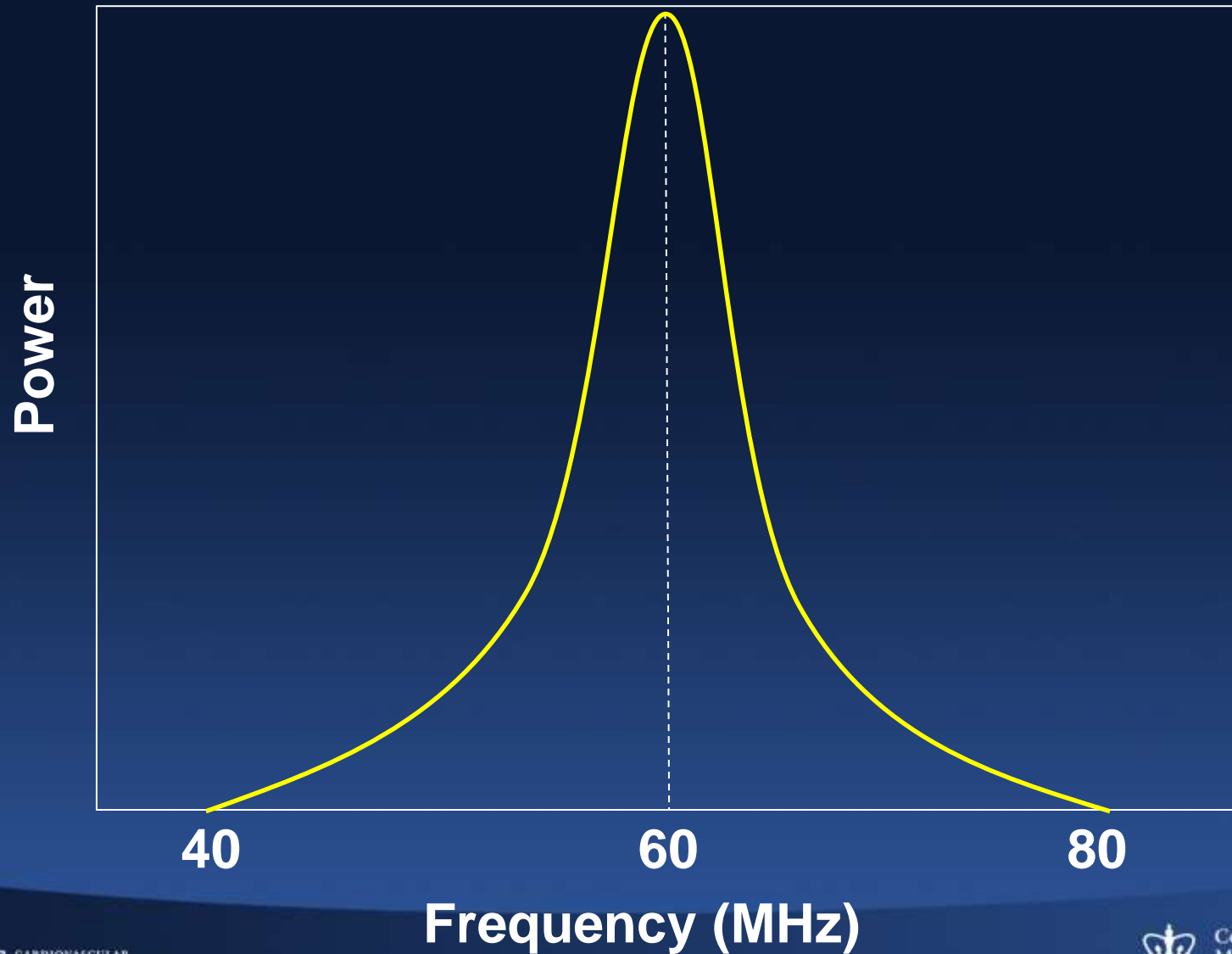
* Soft Tissue Penetration with contrast injection to achieve blood clearing.

Frequency and Penetration

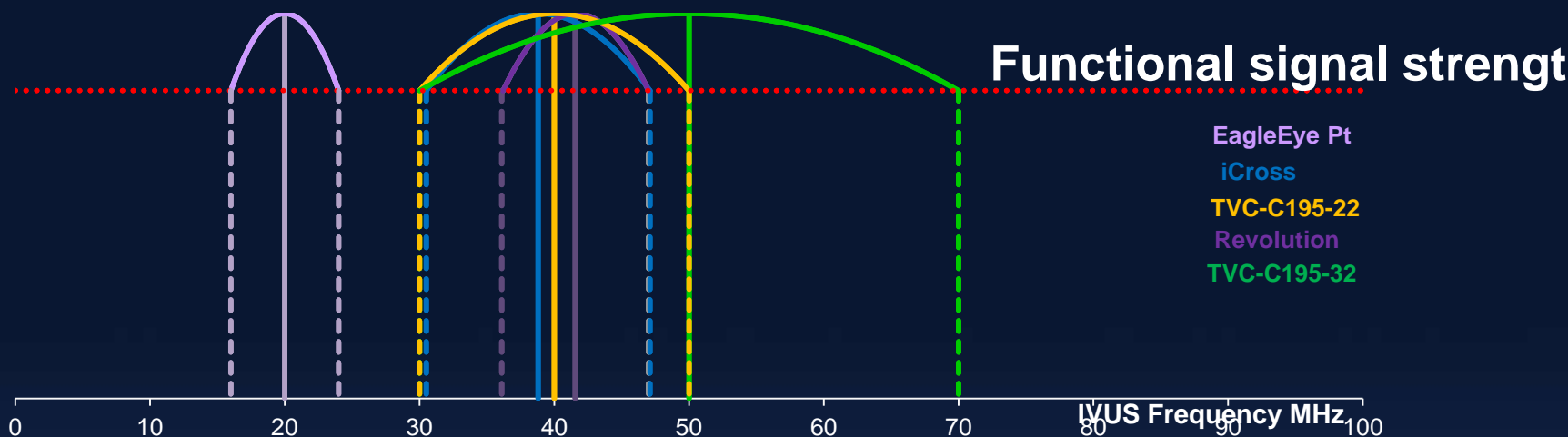
Penetration (mm)



Power Spectrum of Wave



Center Frequency and Bandwidths



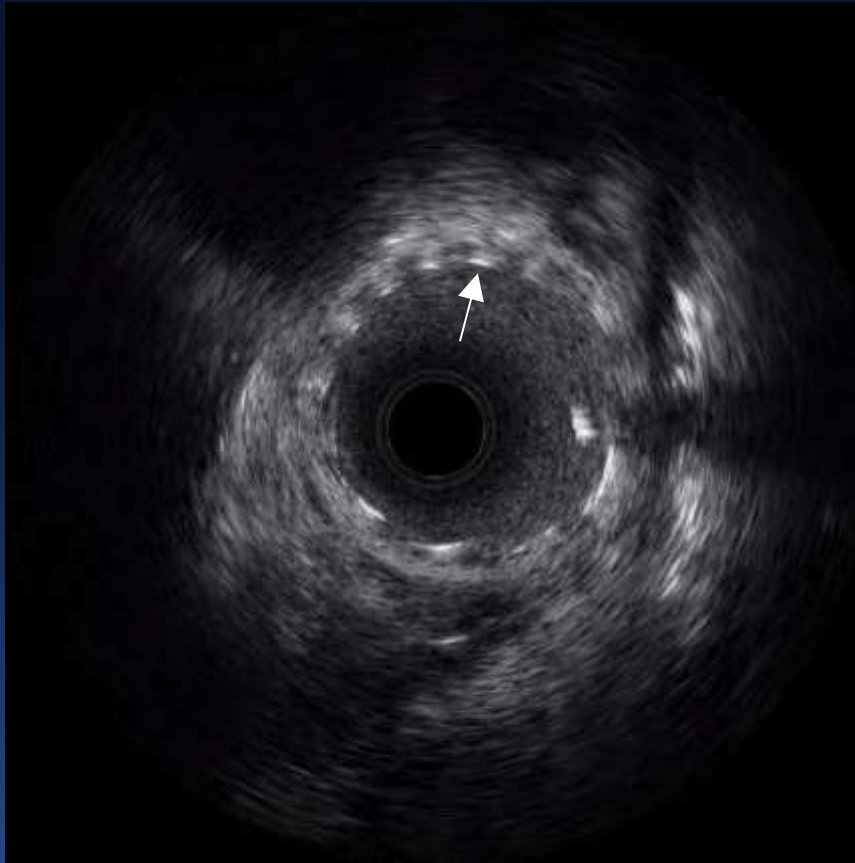
Catheter	Label Freq.	Center Frequency	Approx Functional Bandwidth	Approx. Functional IVUS Range	Calculated Axial Resolution*
VOLCANO Eagle Eye	20 MHz	20 MHz	40%	16-24 MHz	< 170 microns
VOLCANO Revolution	45 MHz	41.5 MHz	27%	36-47 MHz	50 microns
BSC iCross / Opticross	40 MHz	38.8 MHz	43%	30-47 MHz	43/38 microns
Infraredx Insight (TVC-C195-22)	40 MHz	39.5 MHz	50%	30-50 MHz	40 microns
Infraredx Muller (TVC-C195-32)	50 MHz	50.0 MHz	80%	30-70 MHz	20 microns

*Theoretical estimates based on design:

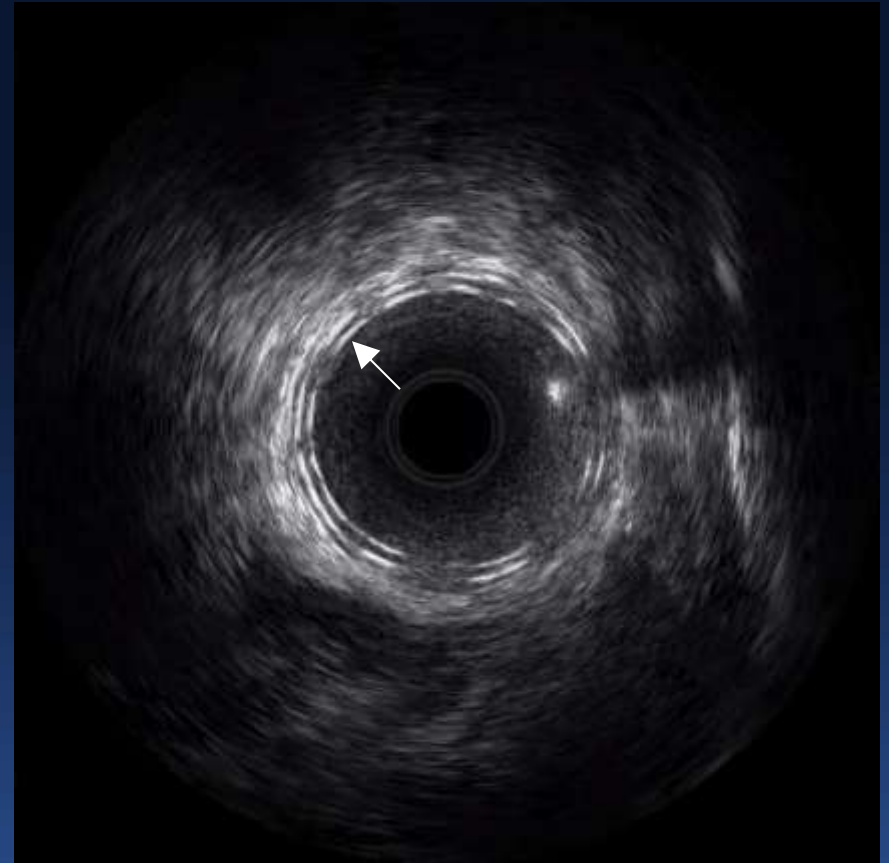
http://users.tpg.com.au/mcgrath_/Calculators/Axial_Resolution_Calculator.htm

Boston Scientific: 60MHz IVUS

Metal Stent



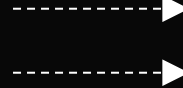
Scaffold



Scaffol

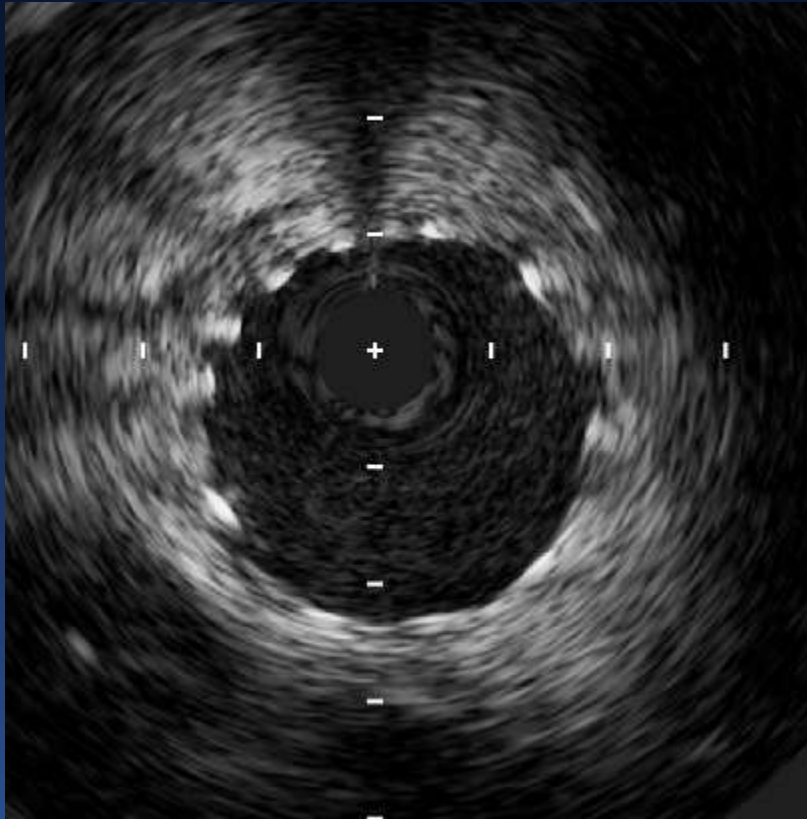


IVUS Image

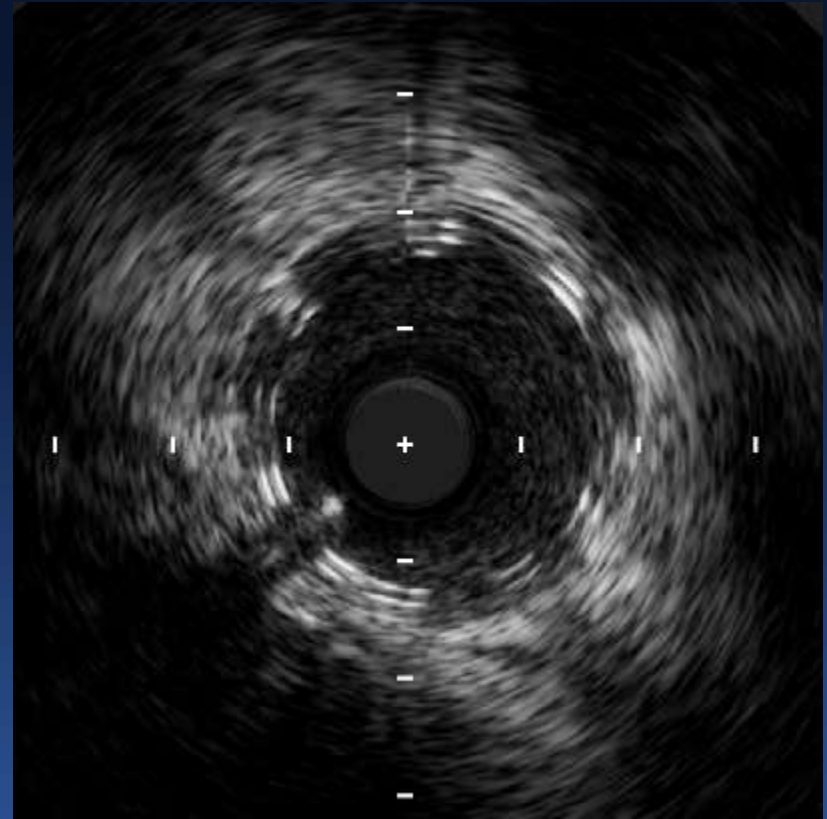


Volcano: Focused Acoustic Computed Tomography (FACT)

Metal Stent

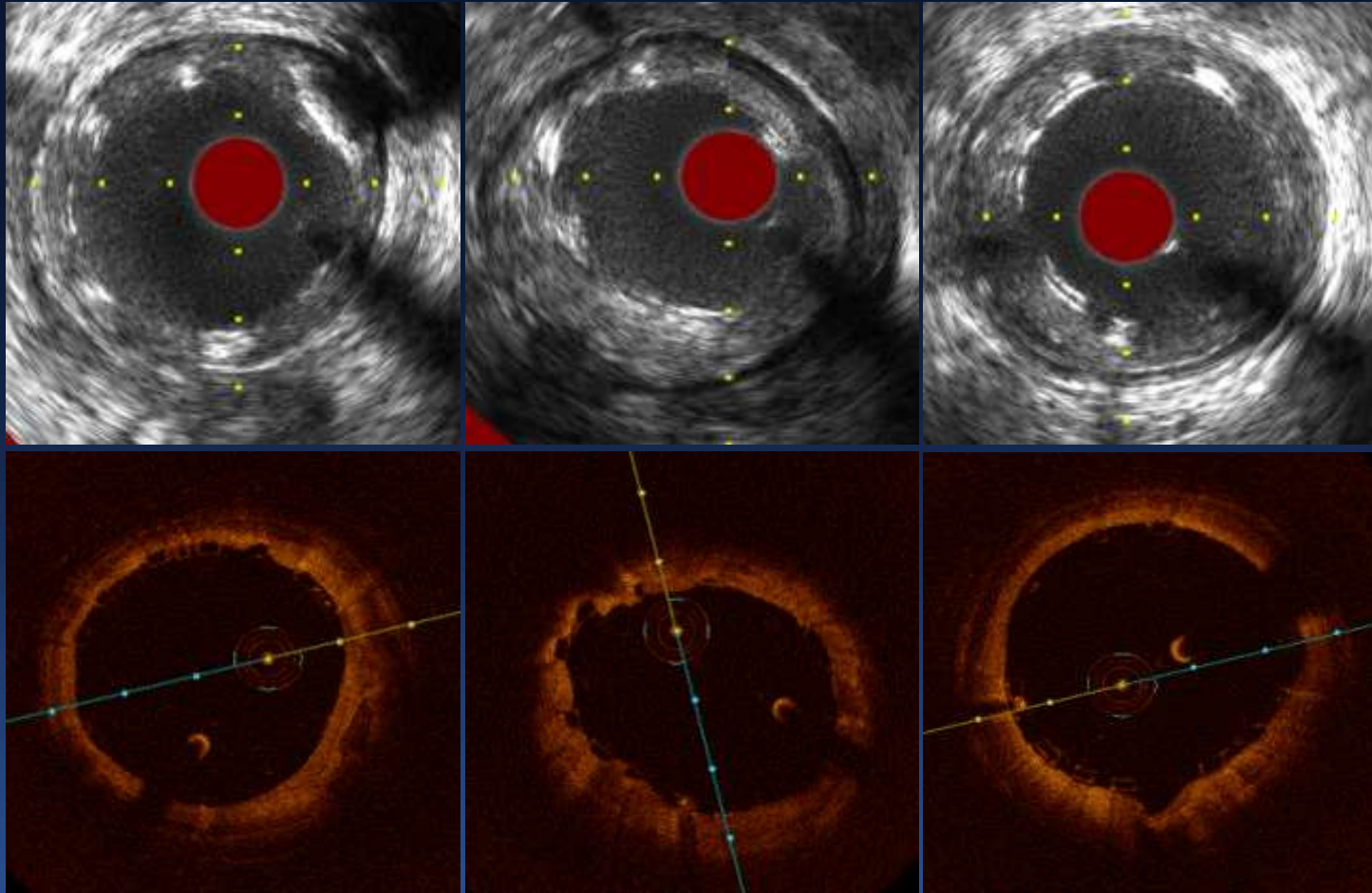


Scaffold

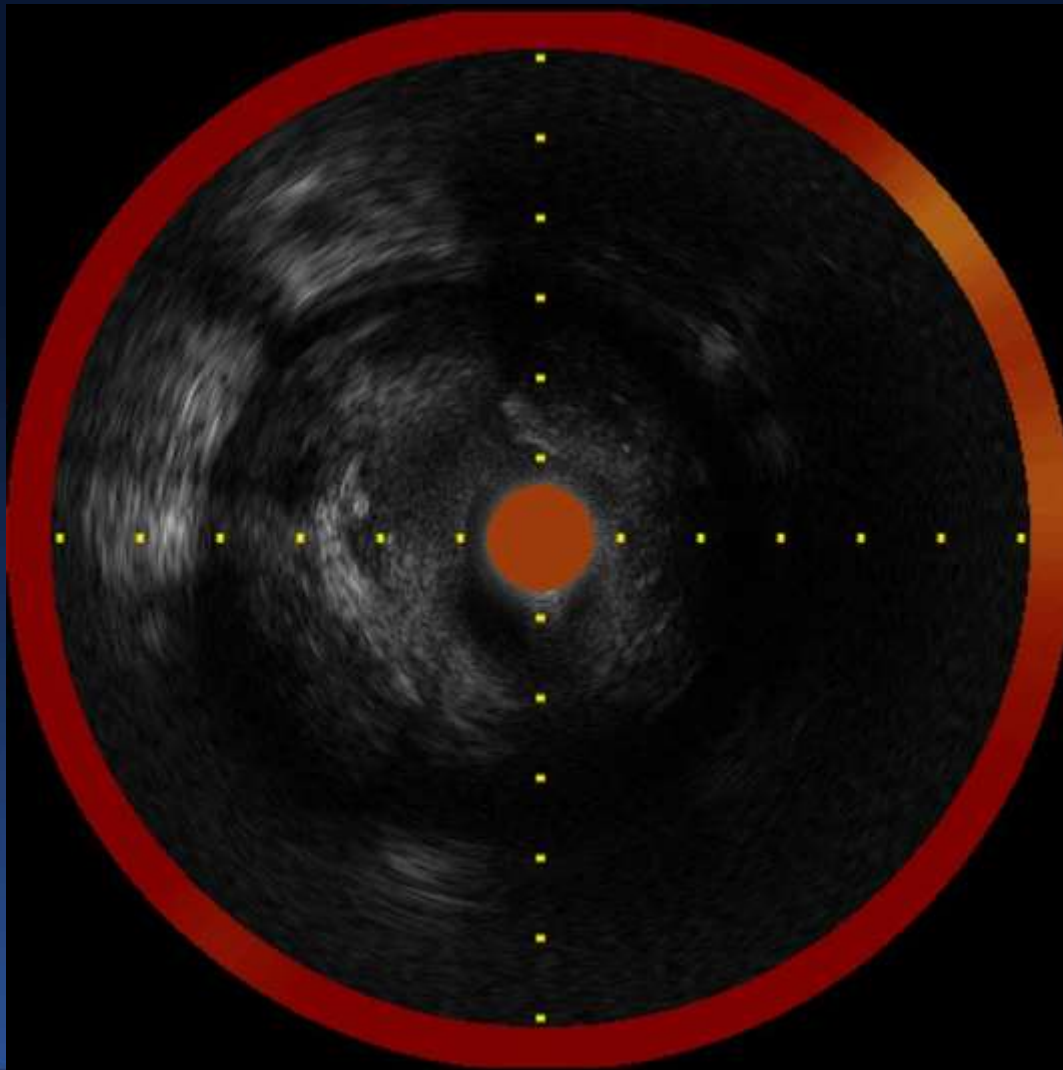


Under Development

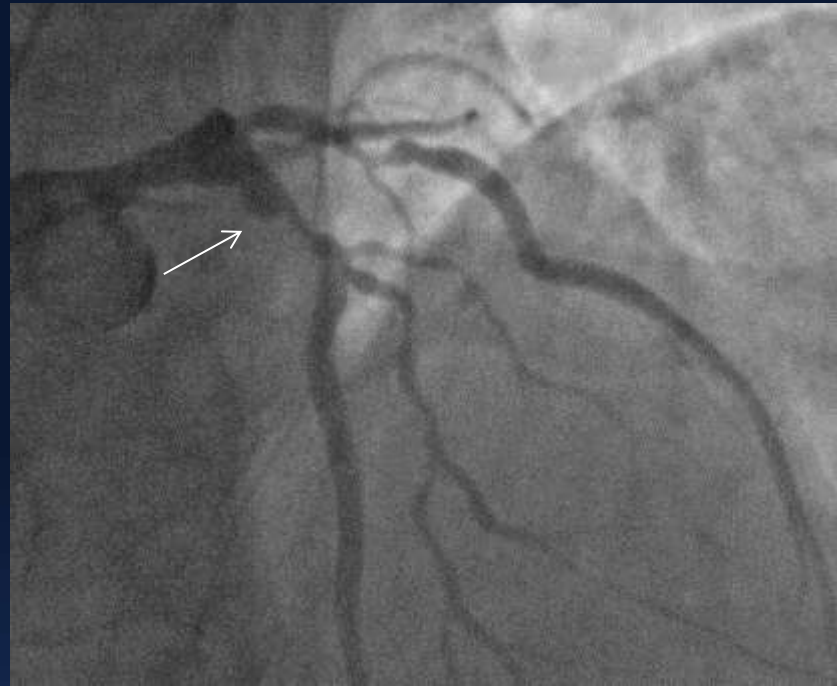
InfraReDx: HD IVUS vs OCT BRS



InfraReDx: 50MHz IVUS in Human

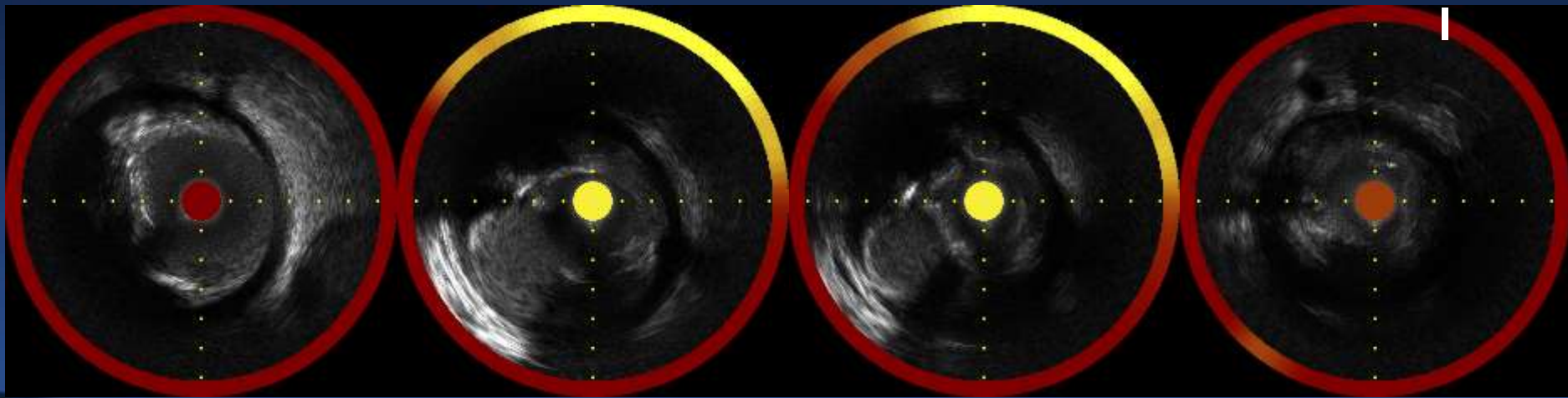


InfraReDx: 50MHz IVUS Plaque rupture

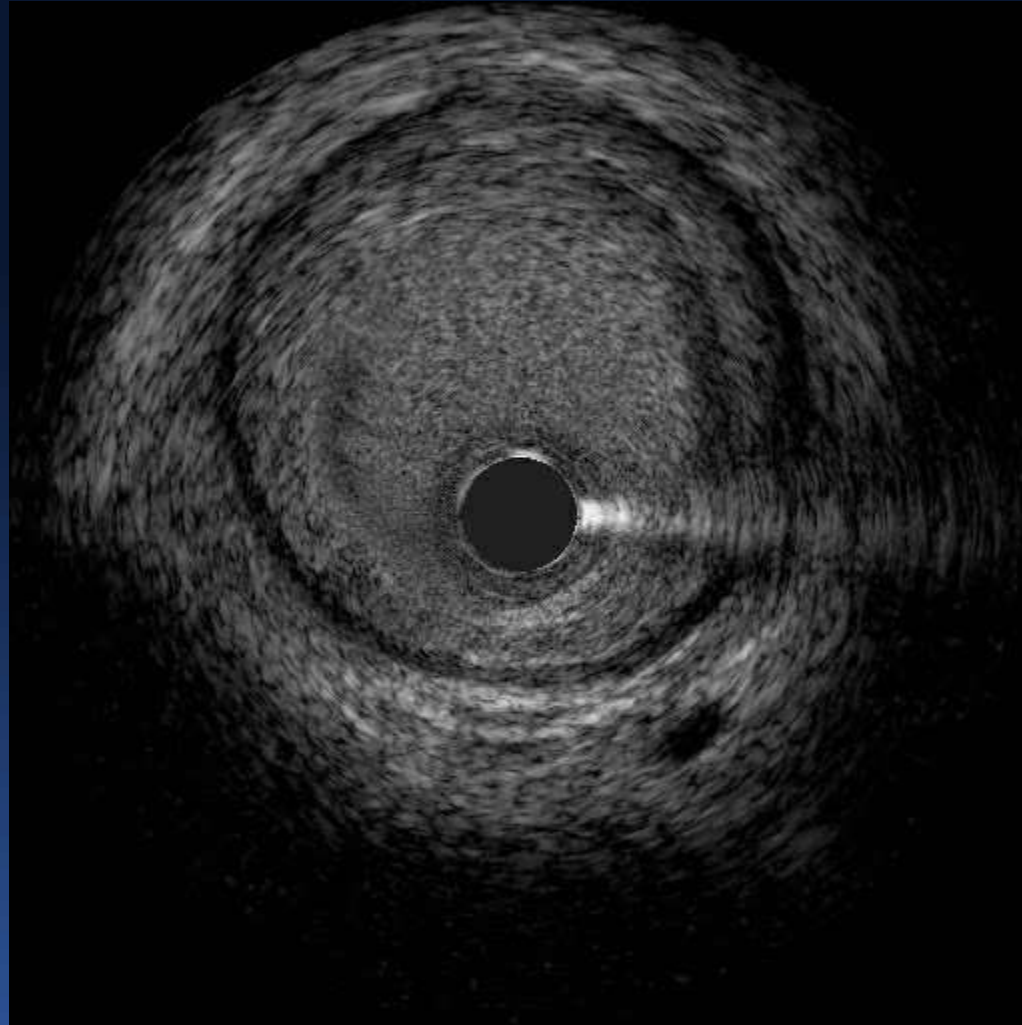


proximal

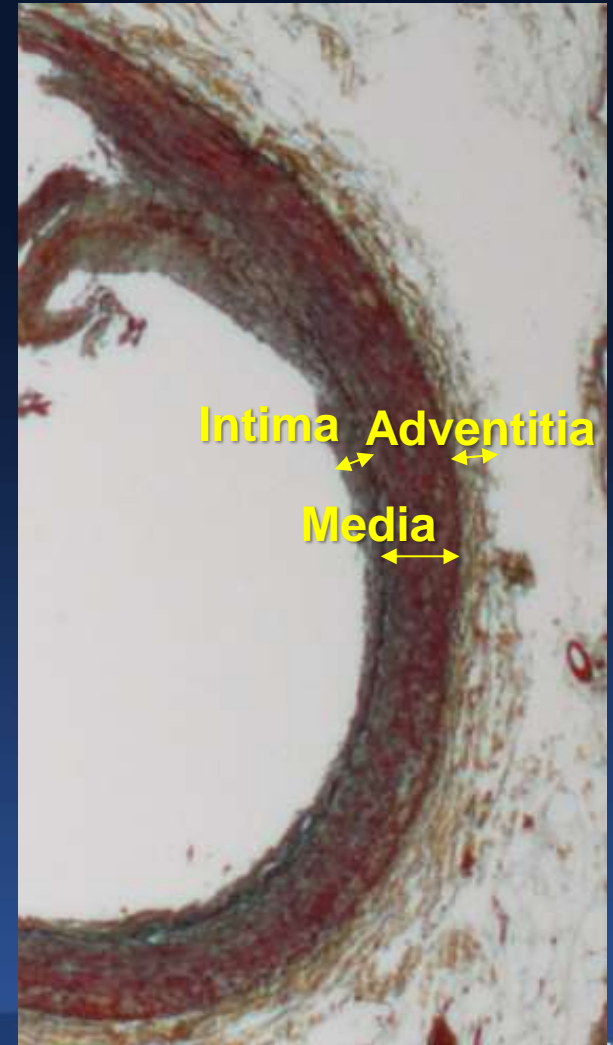
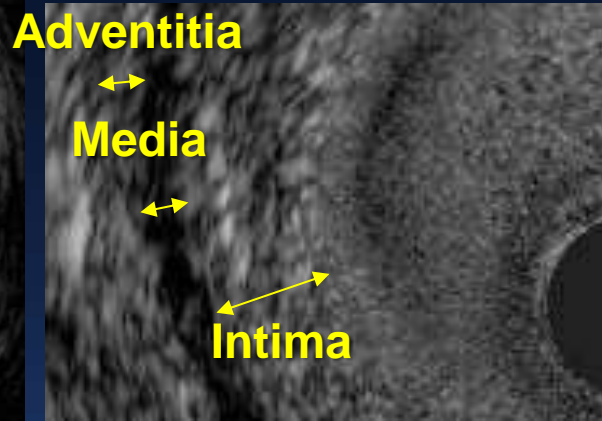
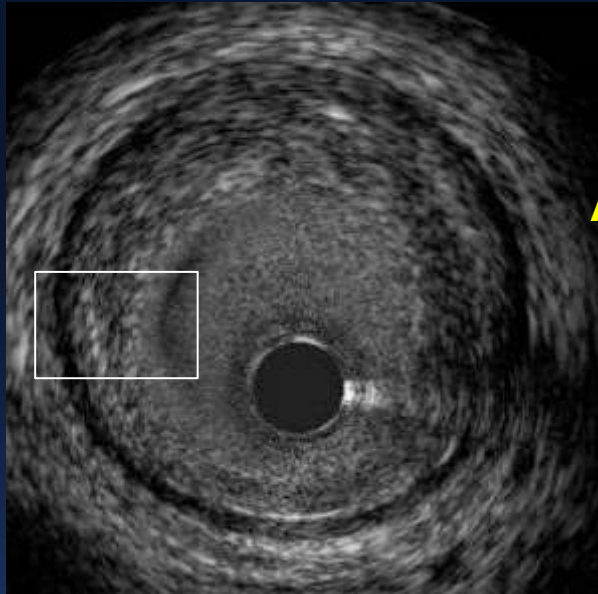
distal



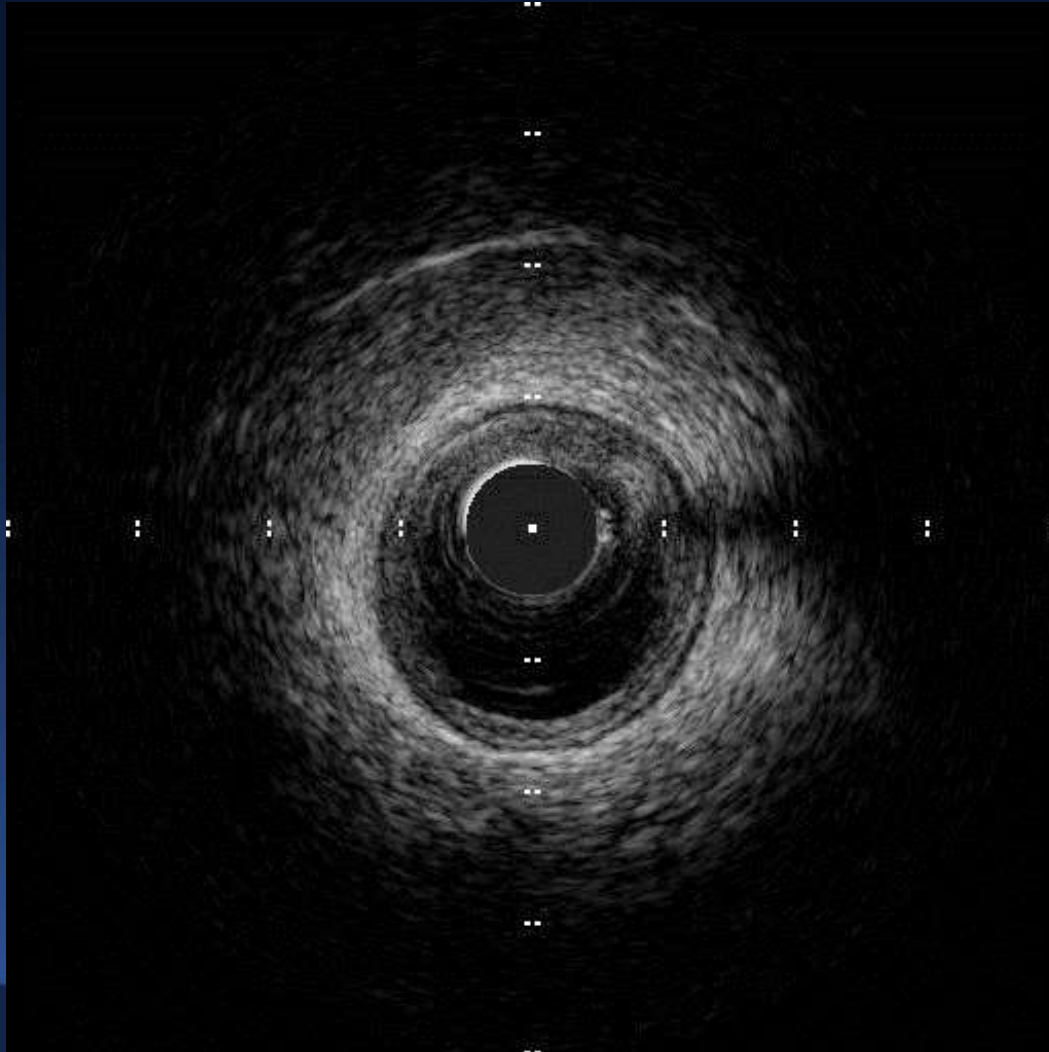
ACIST 60MHz IVUS



Three Layers Appearance



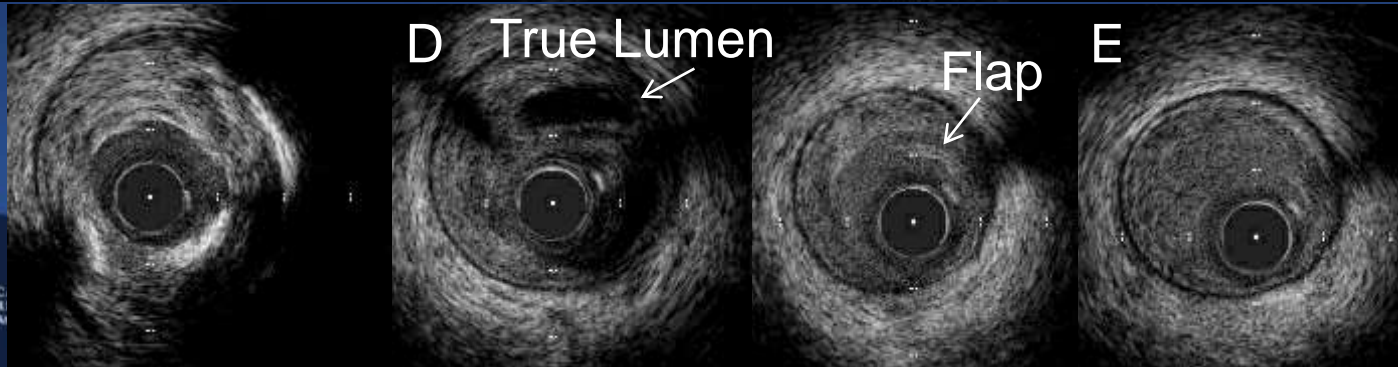
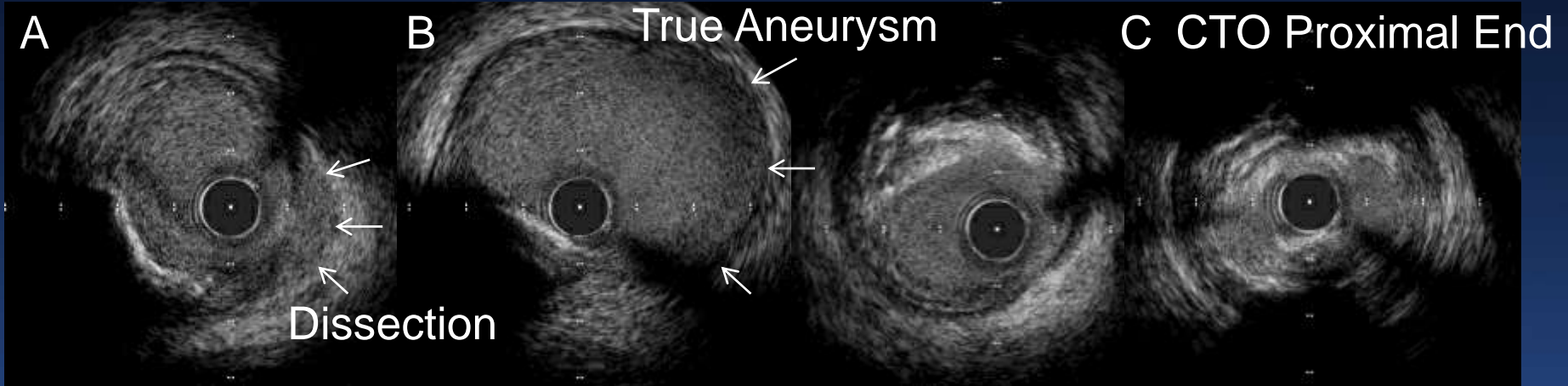
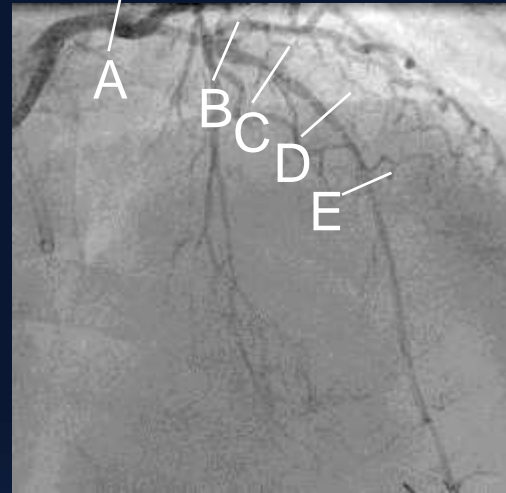
High Speed Pullback (10mm/sec) with Flushing



Pre-PCI

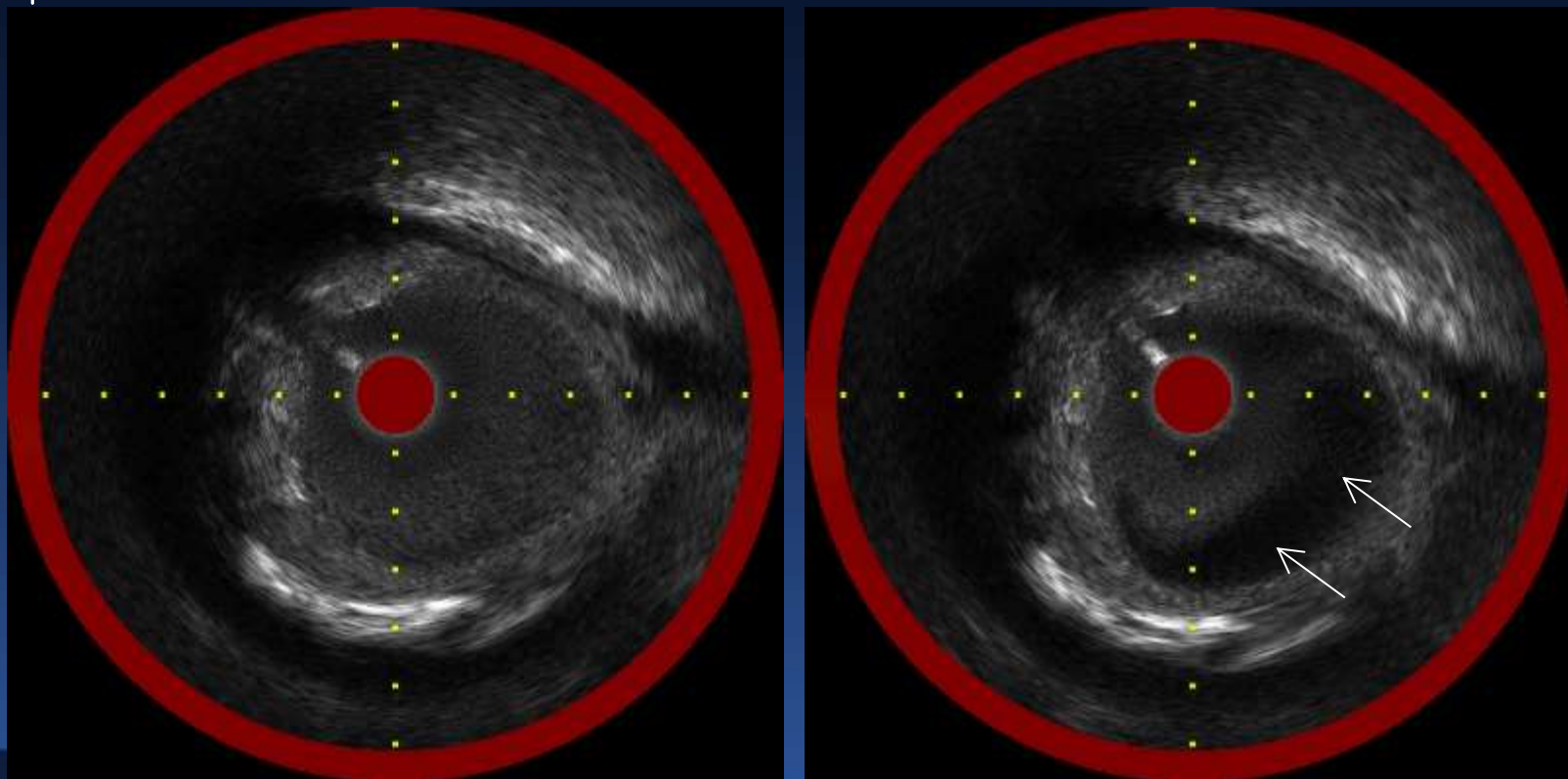


Post-Wiring



Phase Cancellation Signal Processing Artifact

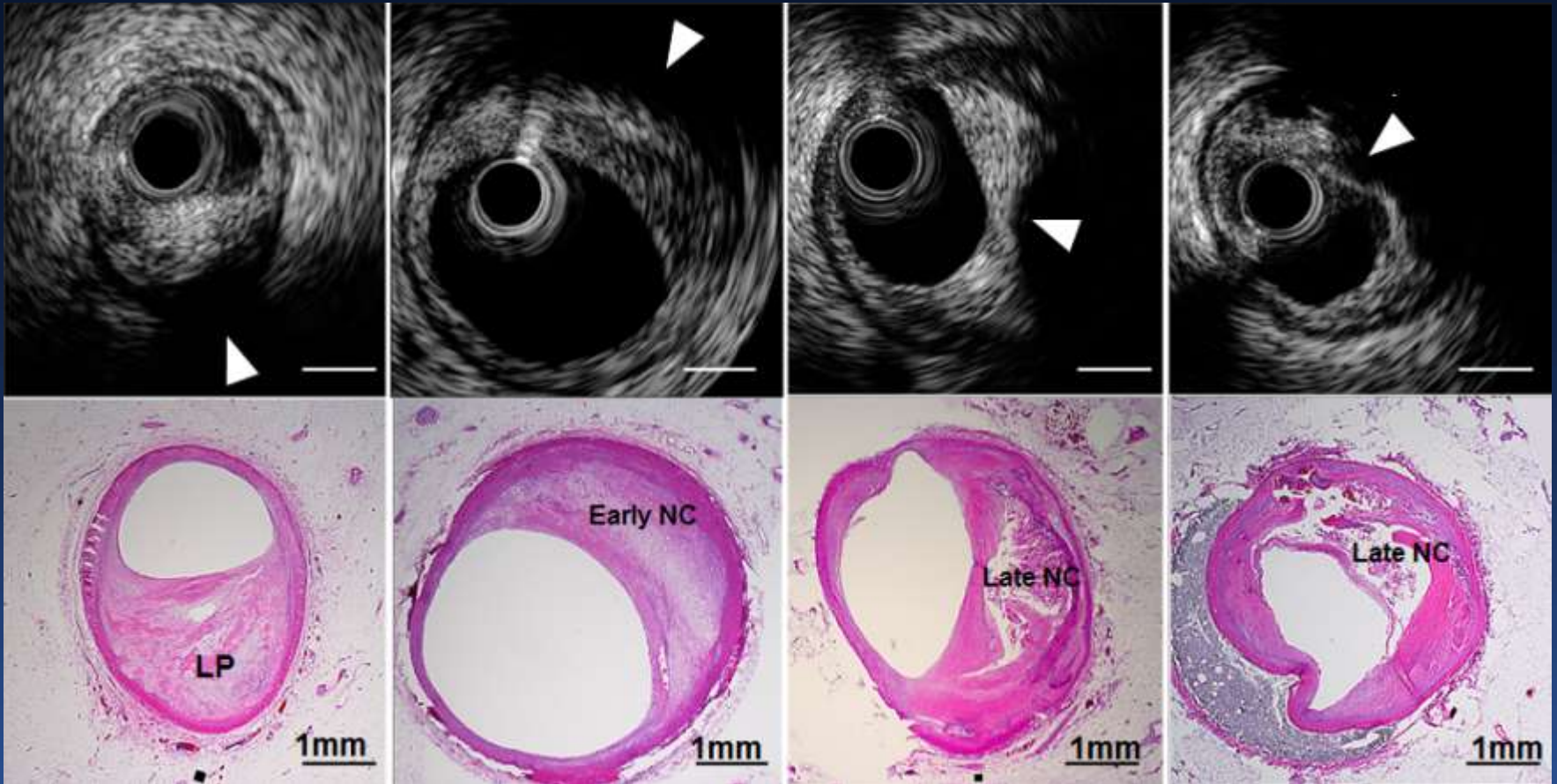
RF averaging across multiple A-lines over a period of around 25 microseconds. If during this averaging period, the target moves slightly, this slight position change results in a 180 degree phase shift of the RF signal so that cancellation occurs and the black region is present.



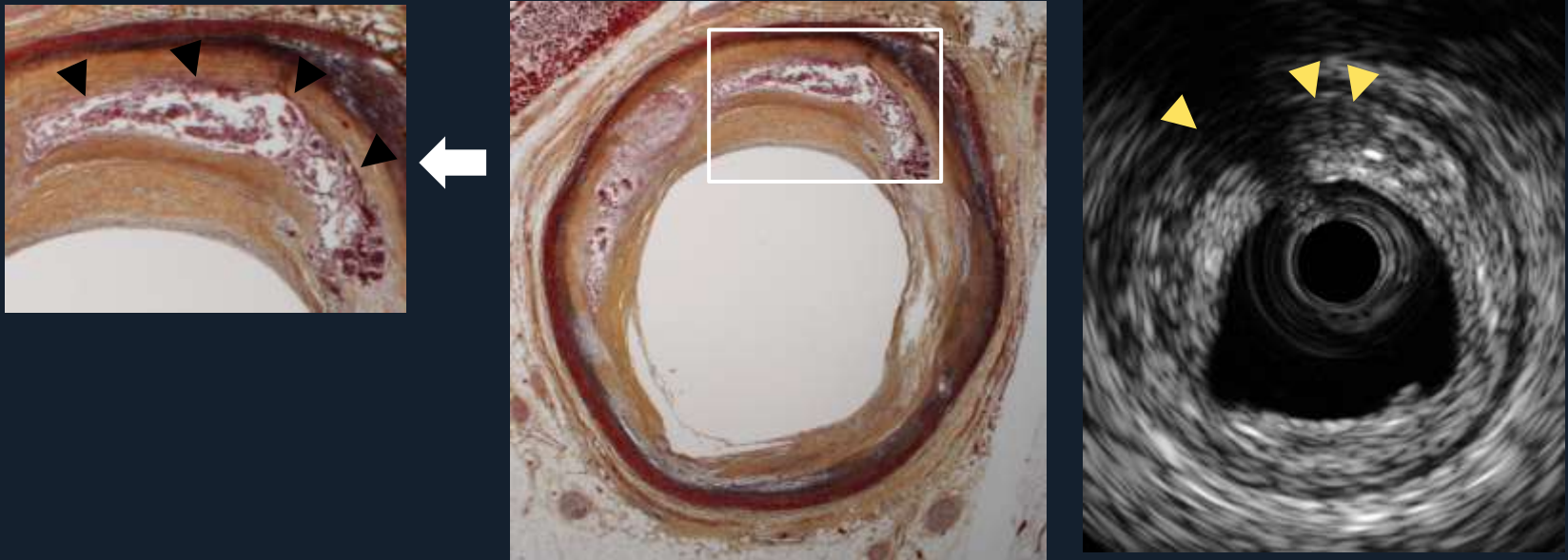
Attenuated Plaque (Superficial, Deep)

Deep Attenuated Plaque

Superficial Attenuated Plaque



Intraplaque hemorrhage



- **Pathologic diagnosis : Late fibroatheroma**
- **IVUS diagnosis : Echolucent plaque**
- **Plaque burden = 67.6 %**
- **Echolucent burden = 17.6 %**

Summary

- 1. New generation of high definition (frequency) of IVUS will provide better resolution (close to OCT) with clinically enough penetration (vessel size evaluation is possible).**
- 2. Evaluation of scaffold is useful.**
- 3. Understanding of plaque vulnerability (intraplaque hemorrhage, thin-cap fibroatheroma) would be promising.**