

How to Use in PCI IVUS & FFR



**Keimyung University Hospital
RT. Kim Shin Keun**

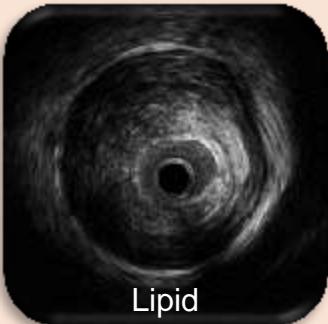


What is IVUS

❖ Plaque Type



Normal



Lipid



Vulnerable

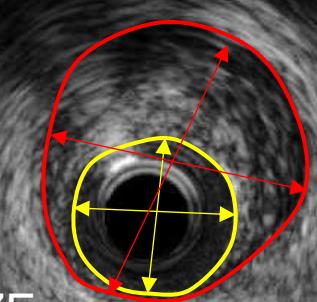
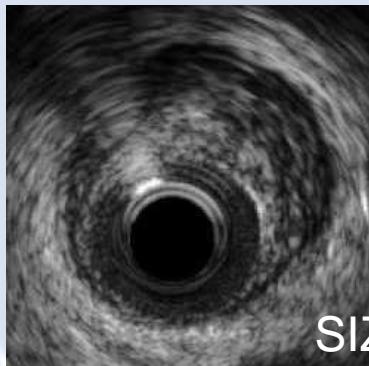


Rupture



Thrombus

❖ Lesion Evaluation



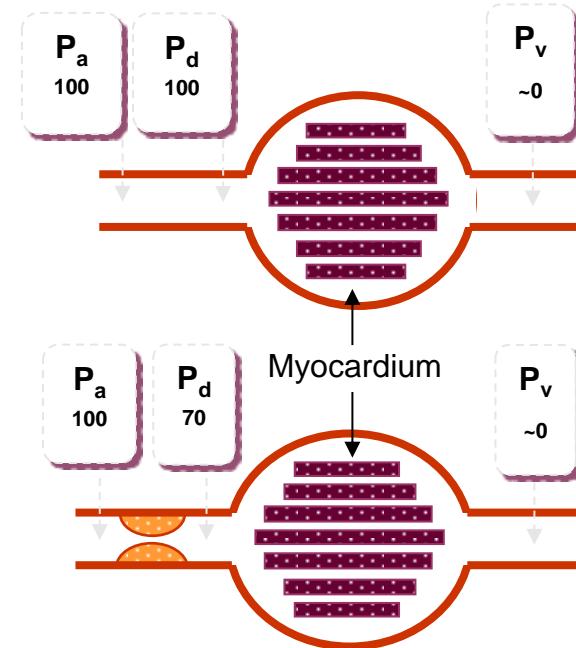
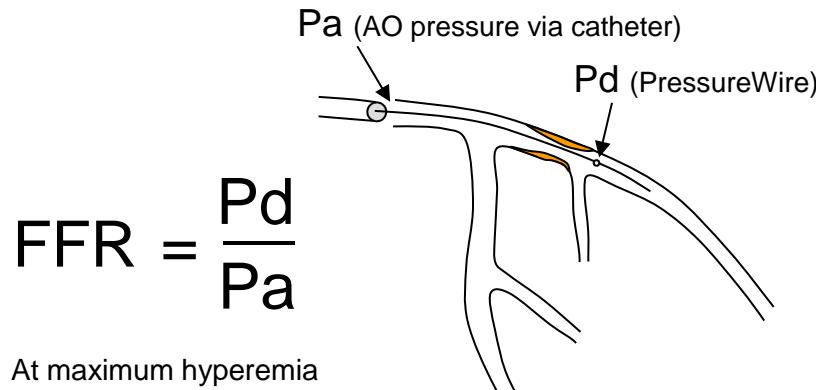
SIZE



Lesion Length



What is FFR



PCI / revascularization

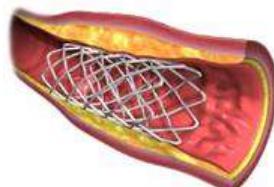
Optimal medical therapy

0

0.75

0.80

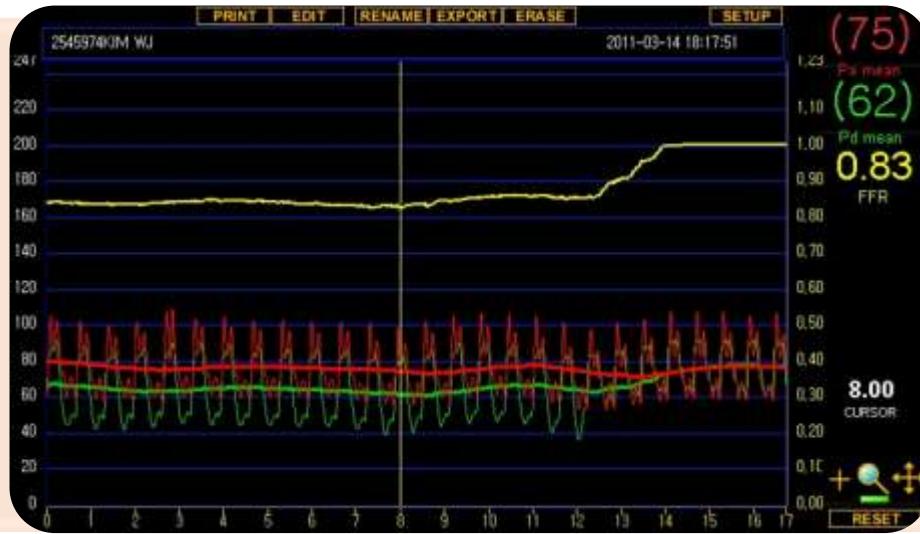
1.0



What is FFR

CASE I

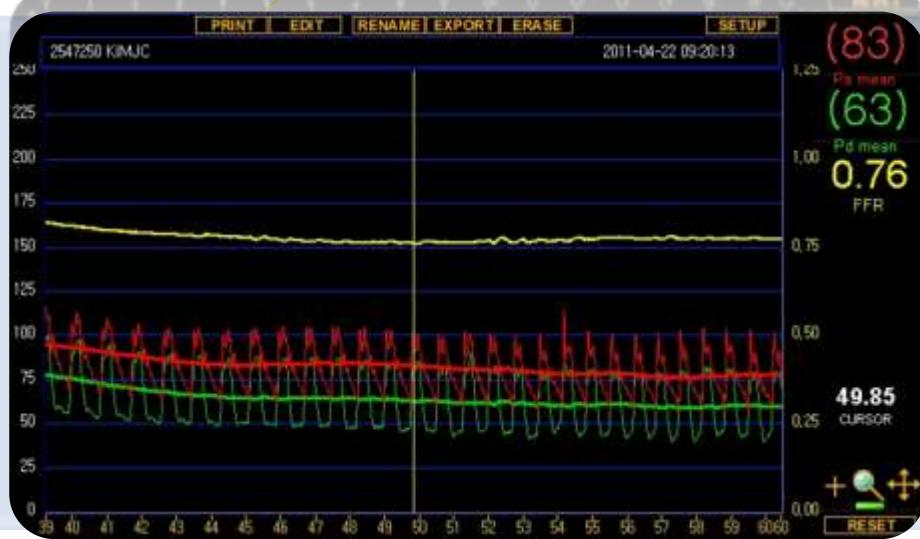
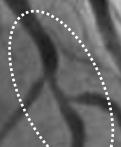
PRE LAD



Reference

CASE II

PRE LAD



Reference



How to integrate IVUS & FFR

01

Physiology-guided decision making for whether treat or not, and where to treat

02

Imaging-guided decision making for how to treat



Target lesion selection, Device selection, Stent selection, Procedure selection, etc

03

Imaging (and/or Physiology)-guided post procedural evaluation



Result assessment, Additional procedure decision, Prognosis expectation, etc

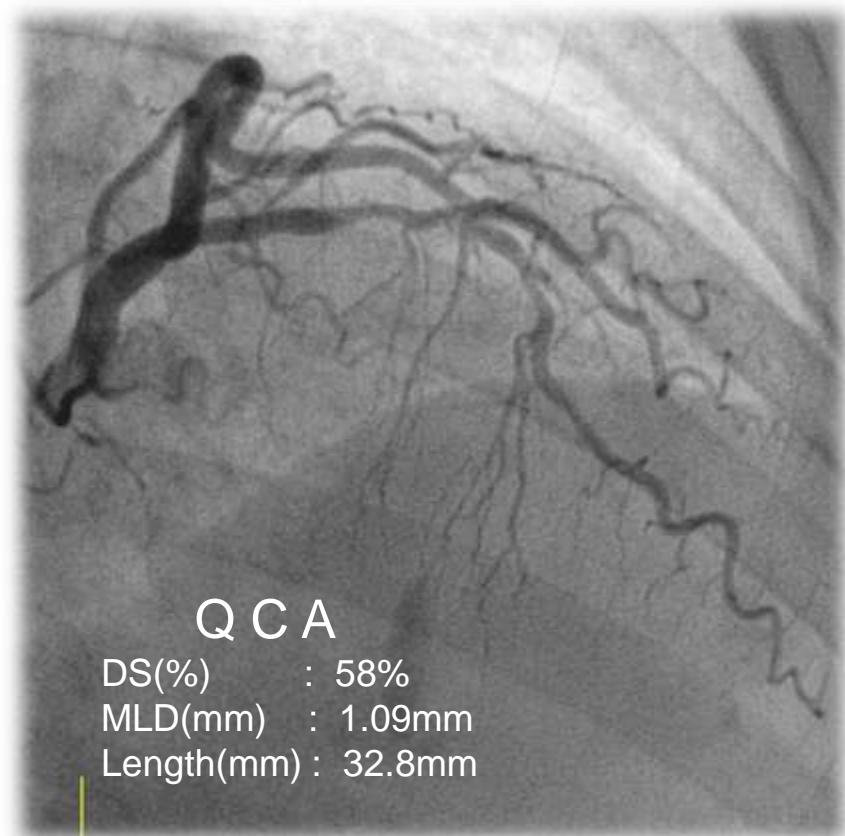
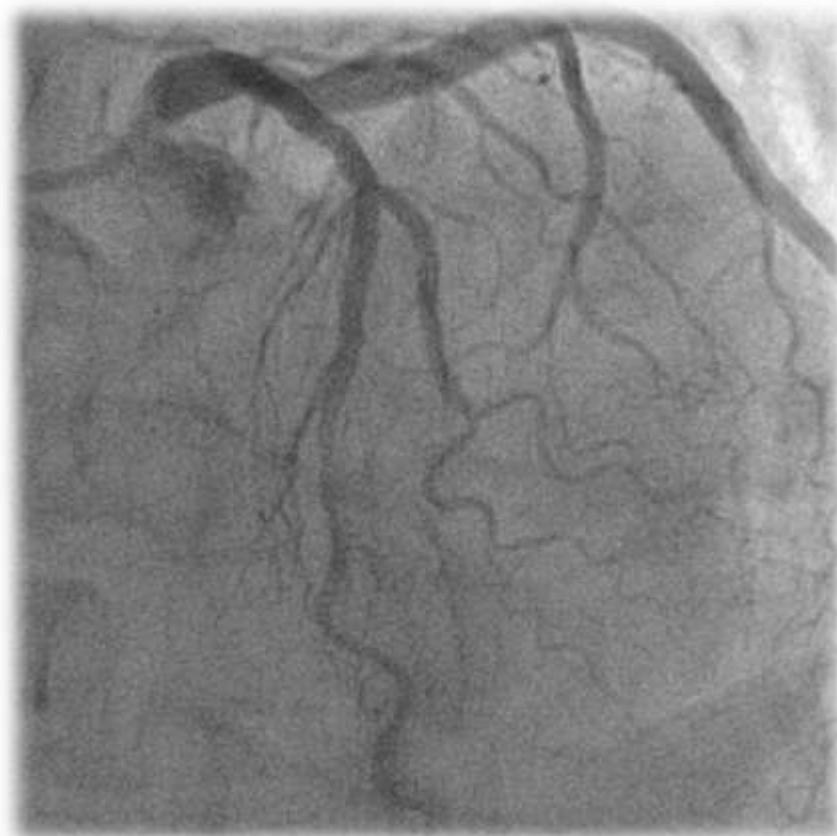


CASE I

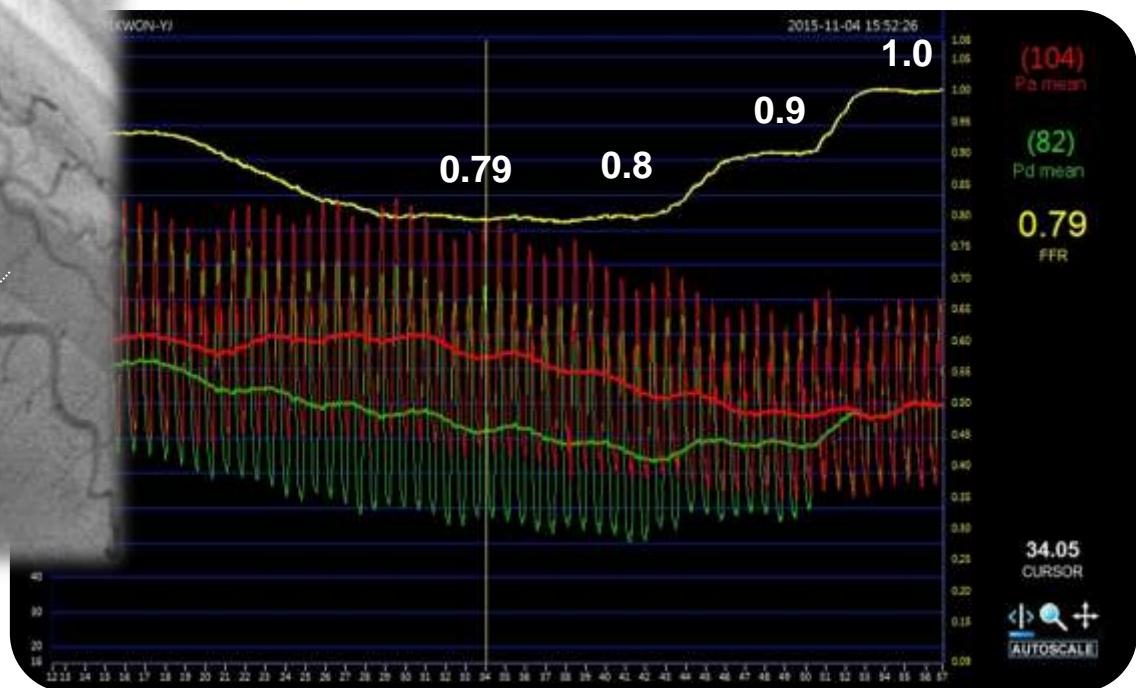
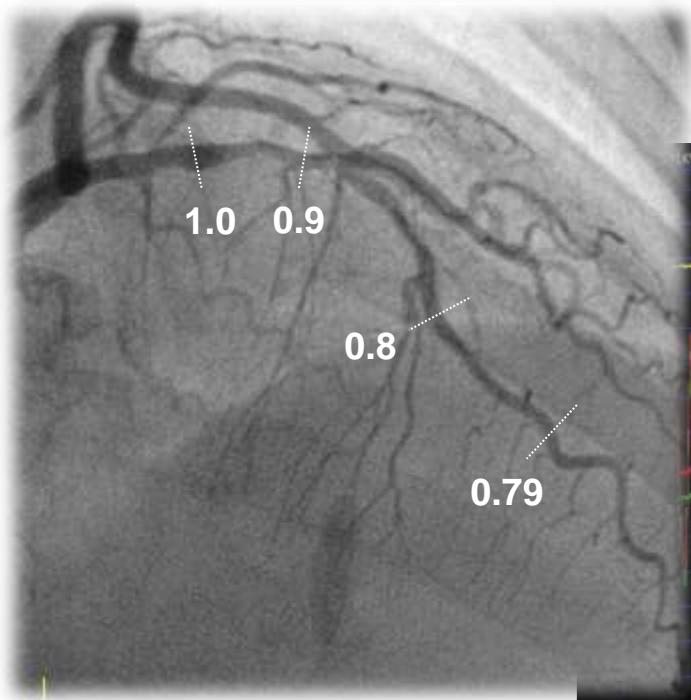
71/Female, Stable Angina

CVRF : HTN(+), Smoking(-), Alcohol(-)

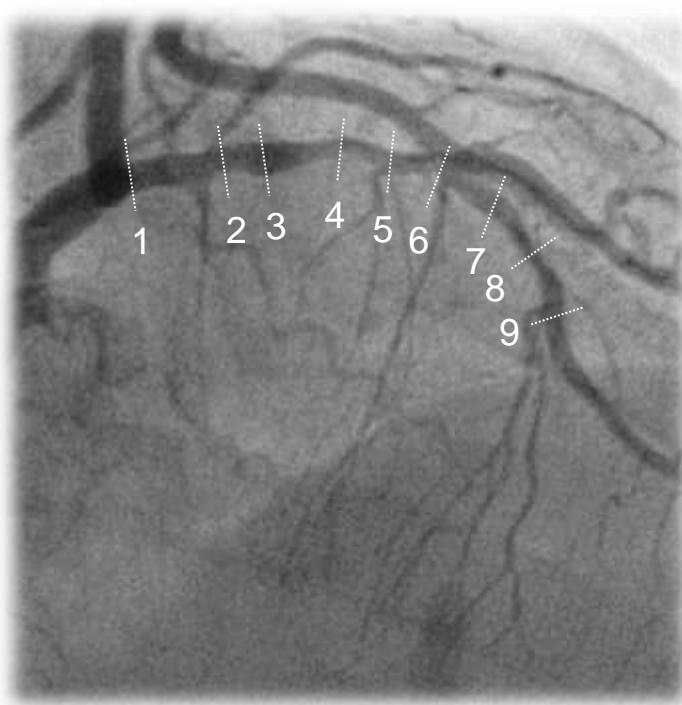
TTE : EF 65%, RWMA(-)



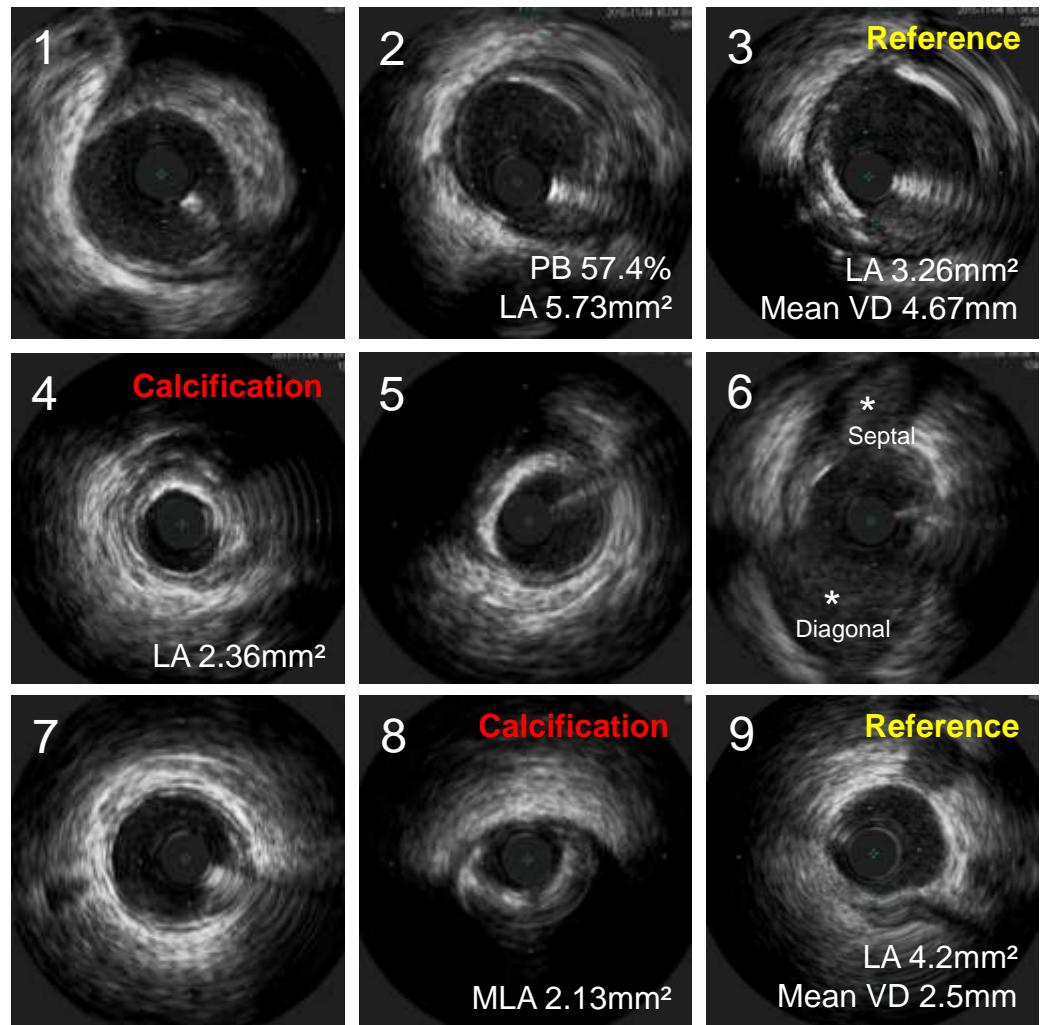
LAD Evaluation by FFR



LAD Evaluation by IVUS

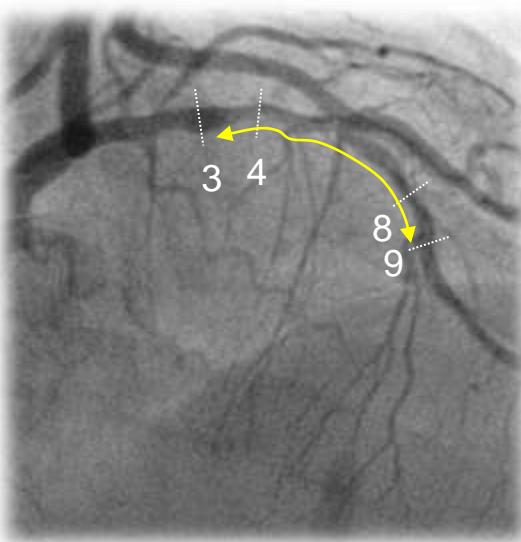


← Proximal



Distal →

LAD Evaluation by IVUS



❖ Lesion Type - Calcified

4

❖ Reference Size

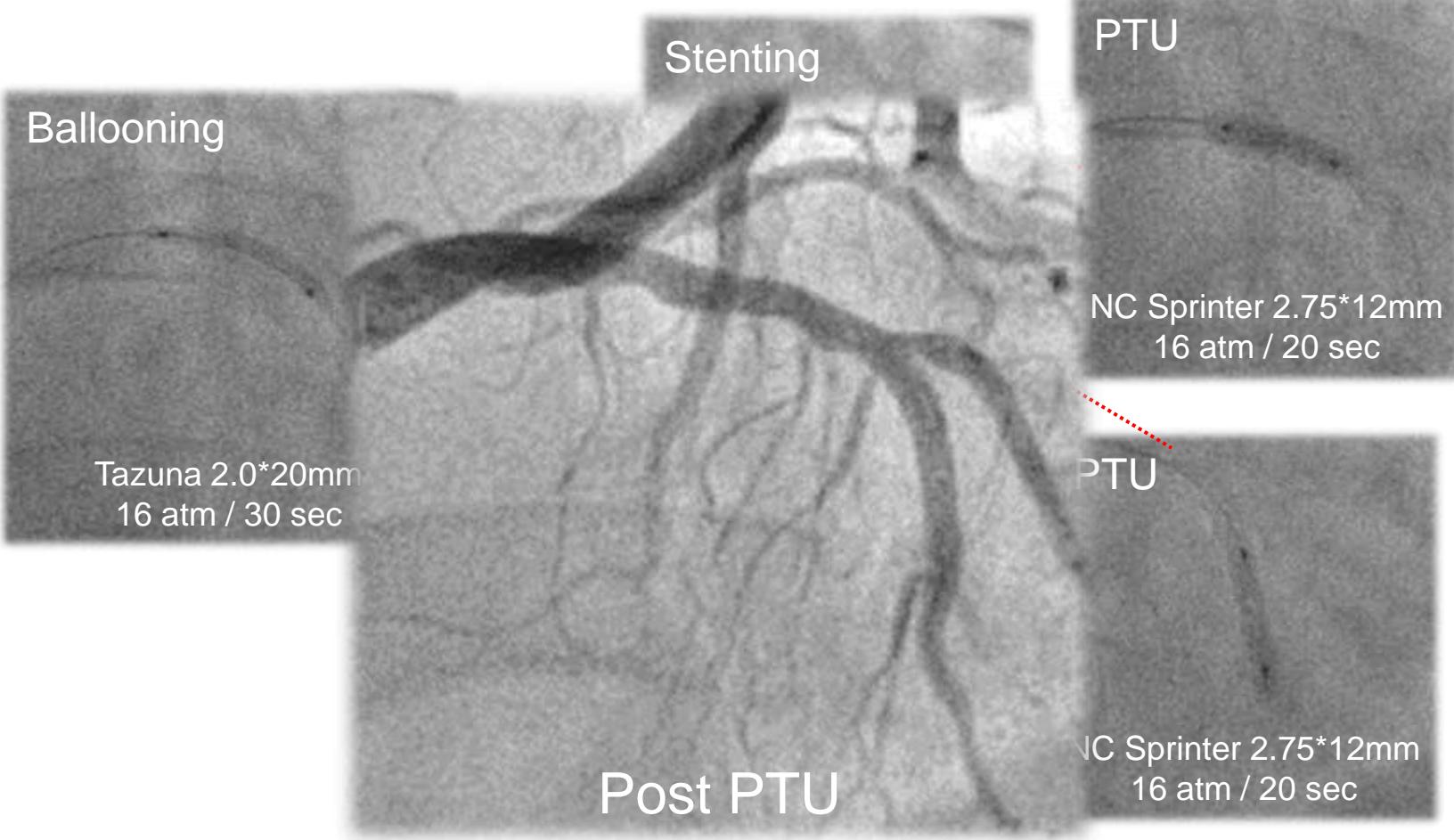
3

❖ Lesion Length

Length 30.2mm

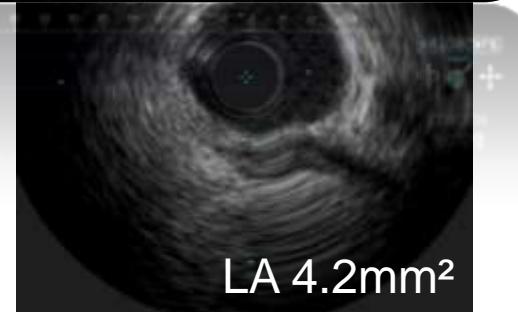
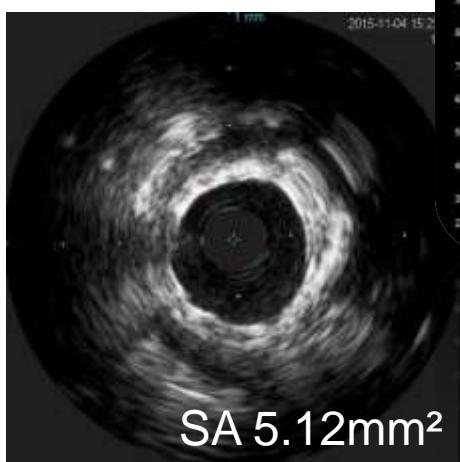
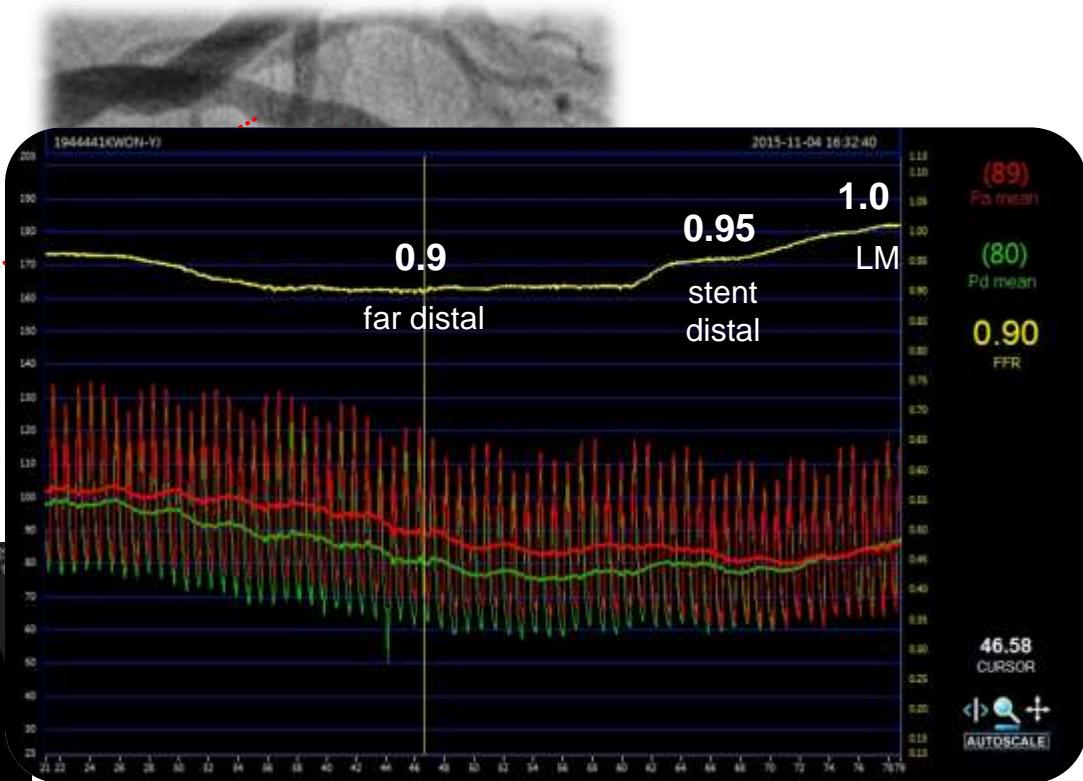
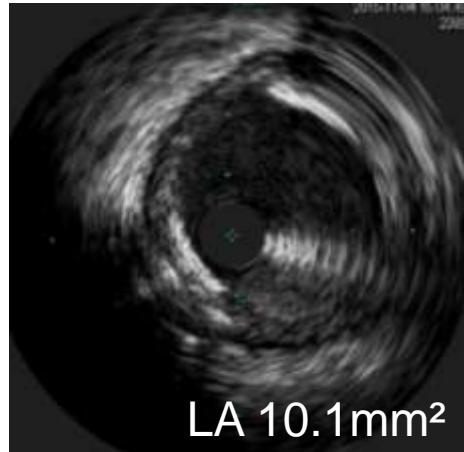


LAD Intervention





Post PCI Evaluate by IVUS & FFR



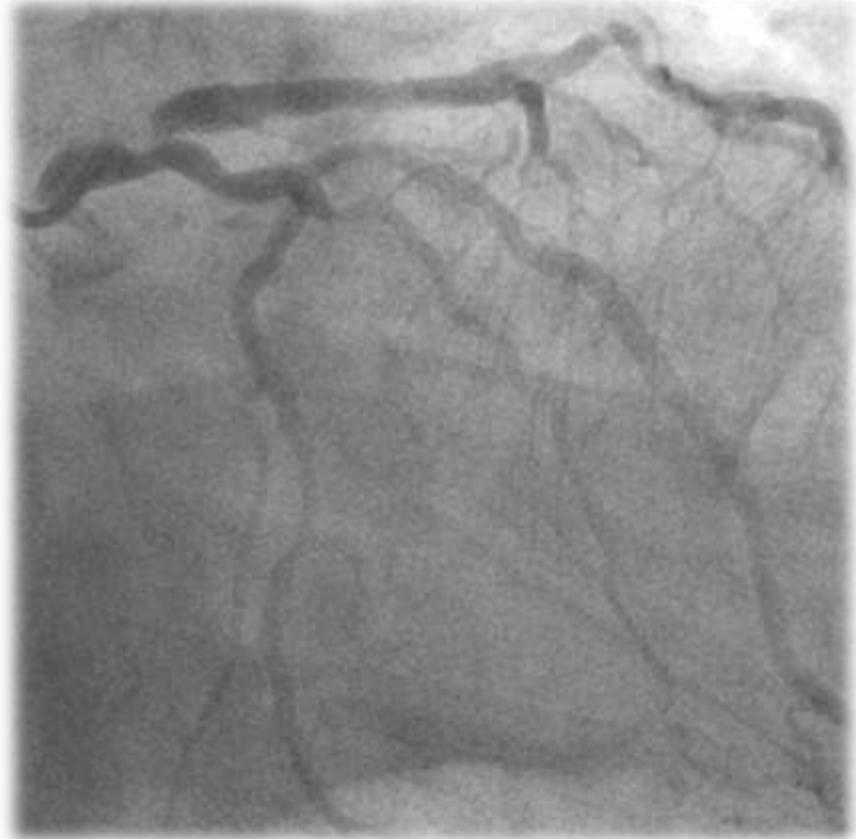
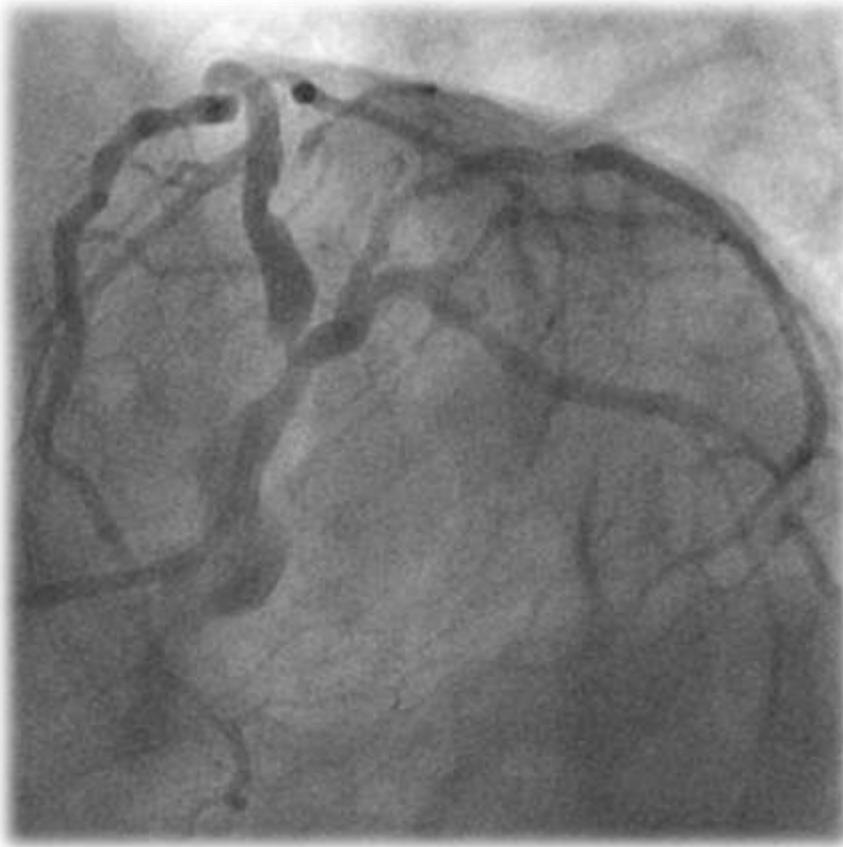


CASE II

62/Male, Angina for 1 month

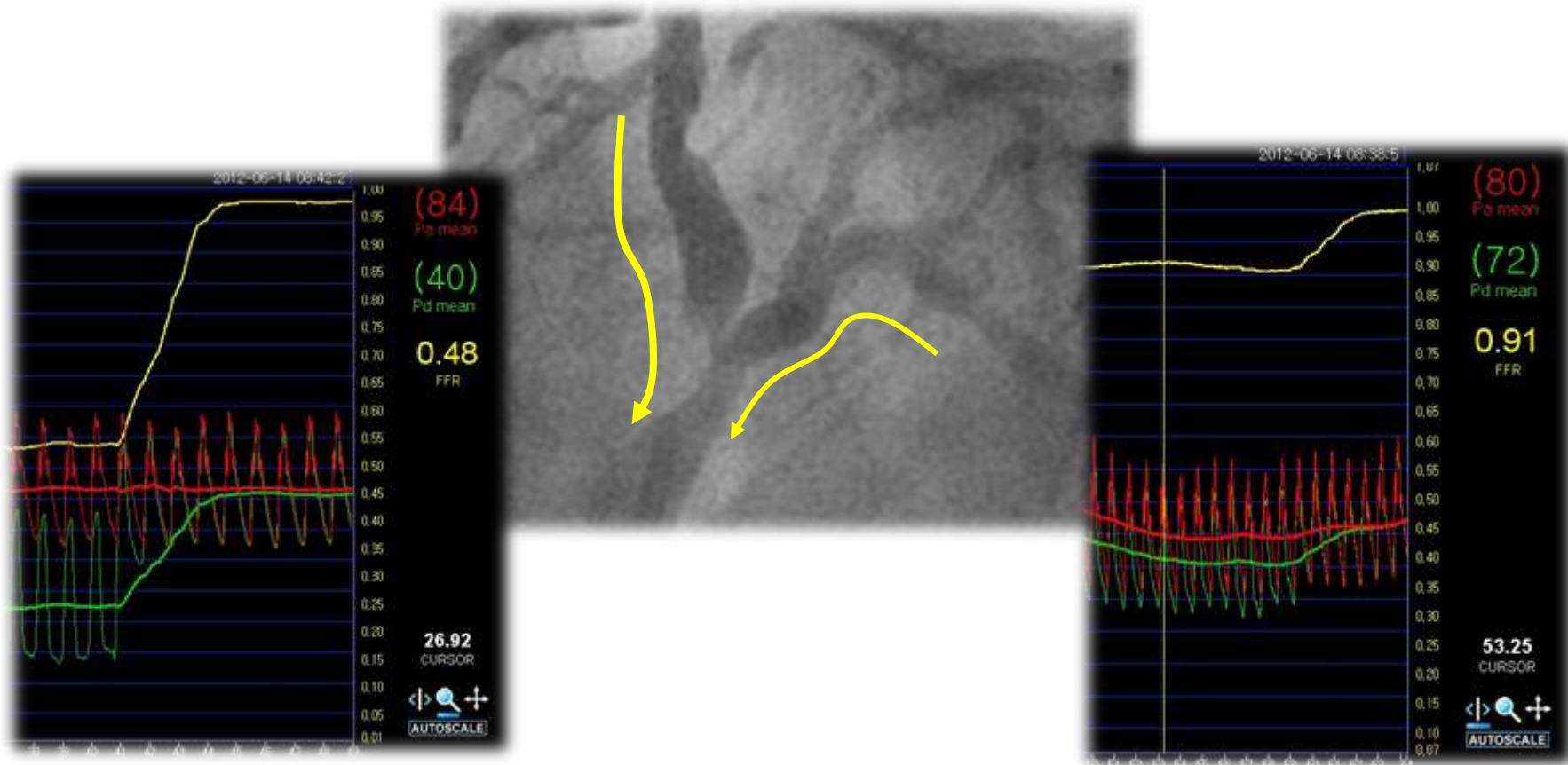
CVRF: HTN, Dyslipidemia, Smoking

TMT: ST depression in multi-leads



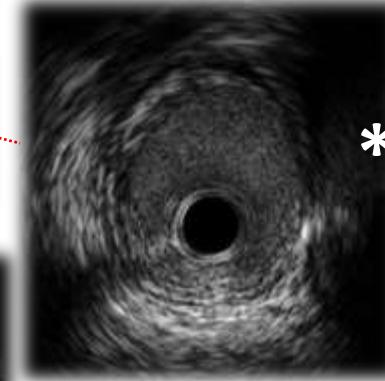
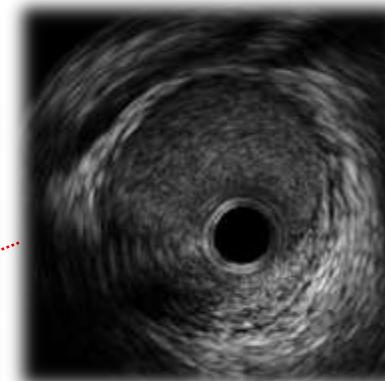
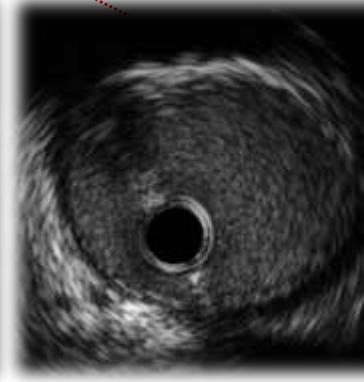
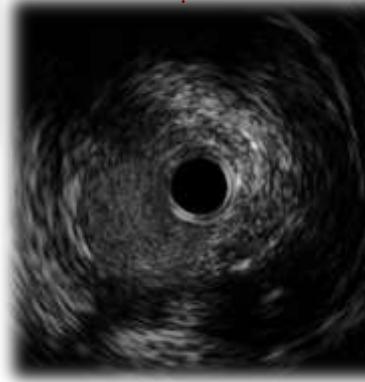
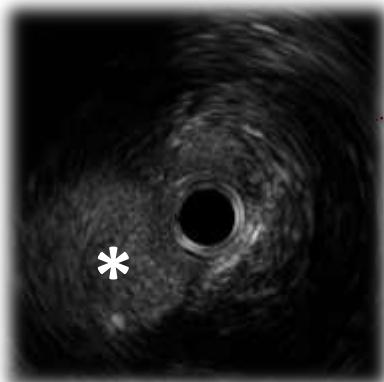
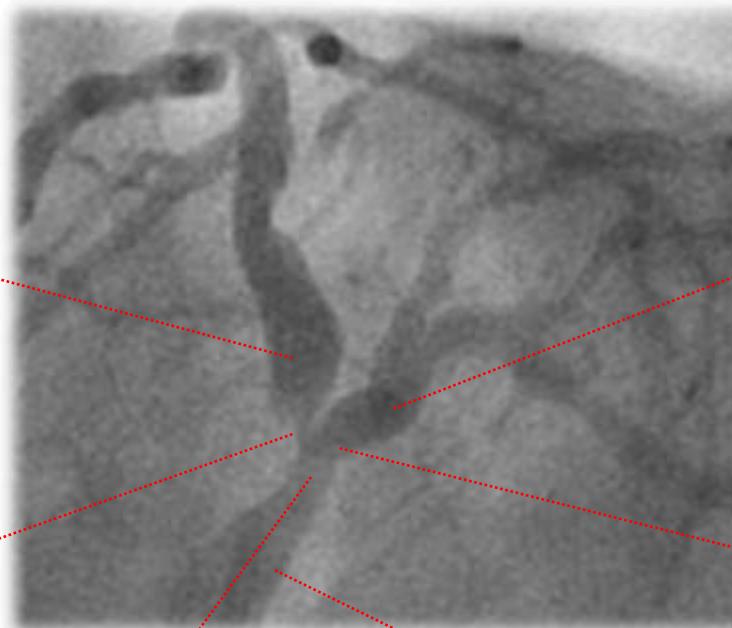
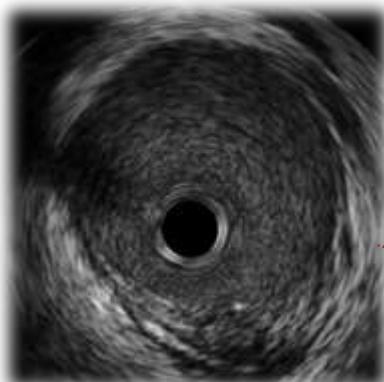


How to Evaluate LM bifurcation



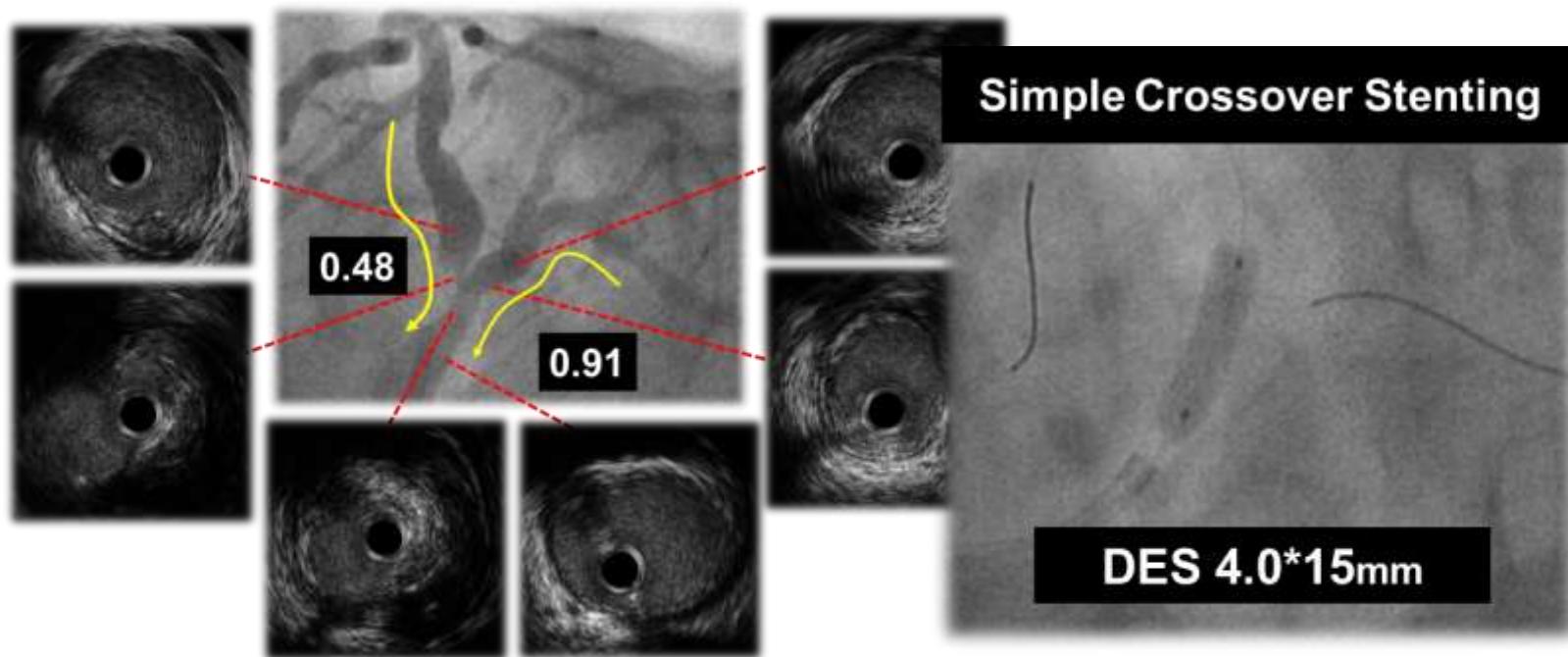


How to Evaluate LM bifurcation



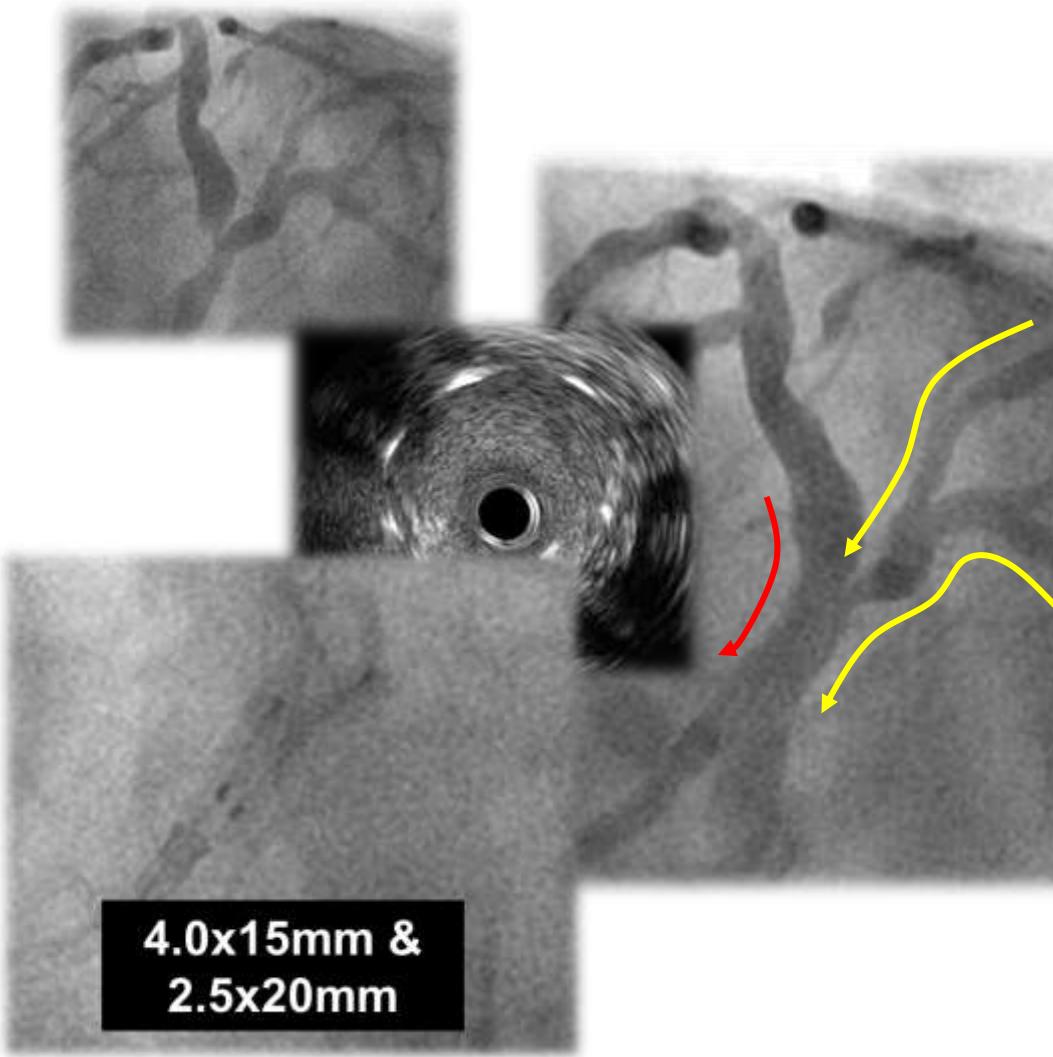


What is your Decision?

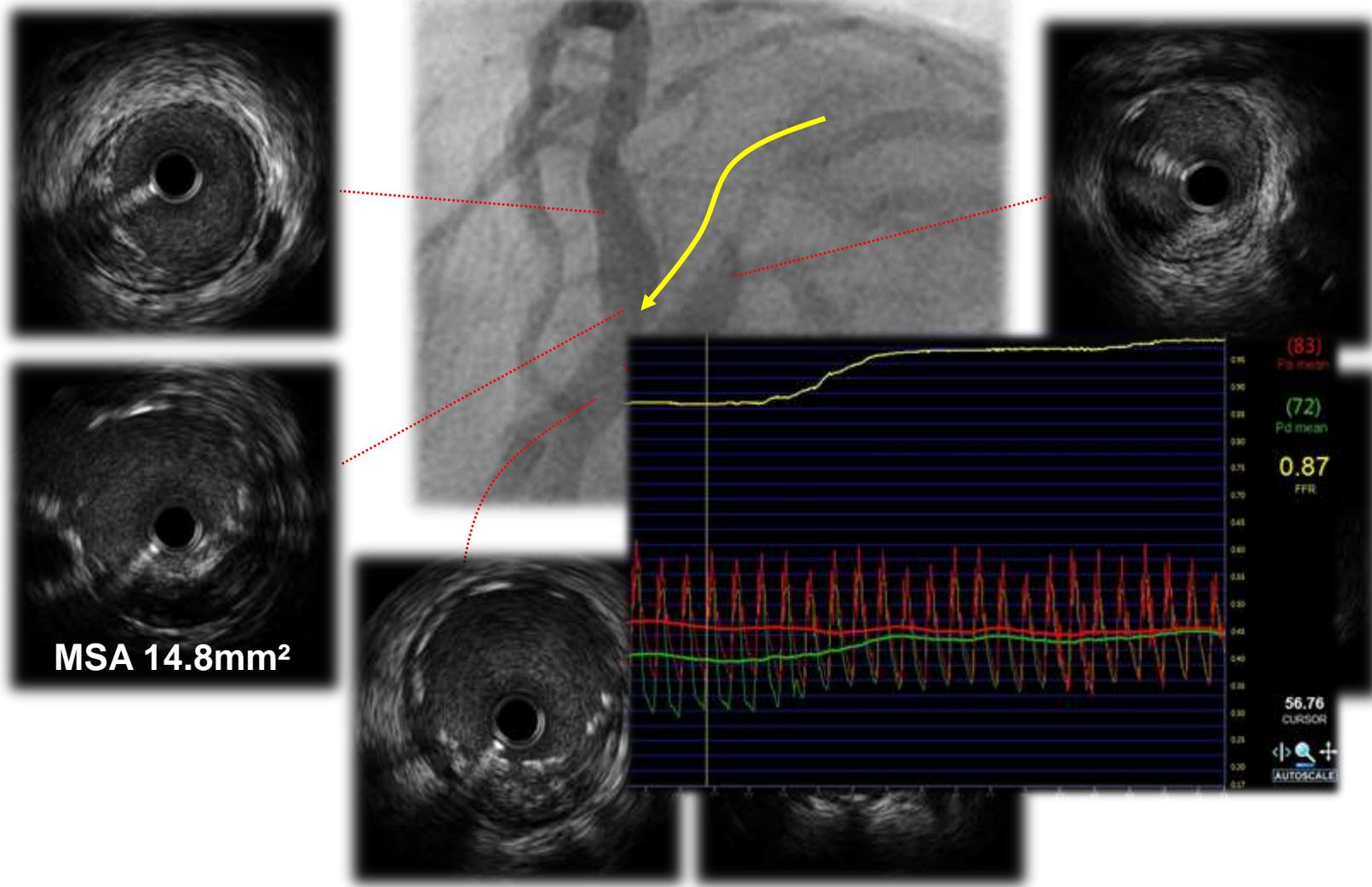


- Location of plaque, from distal LM to proximal LAD
- Plaque free in ostial LCX
- Large stent due to large reference vessel diameter
- Large plaque in distal LM
- Acute angle between LAD and LCX

How to Assess Jailed osLCX



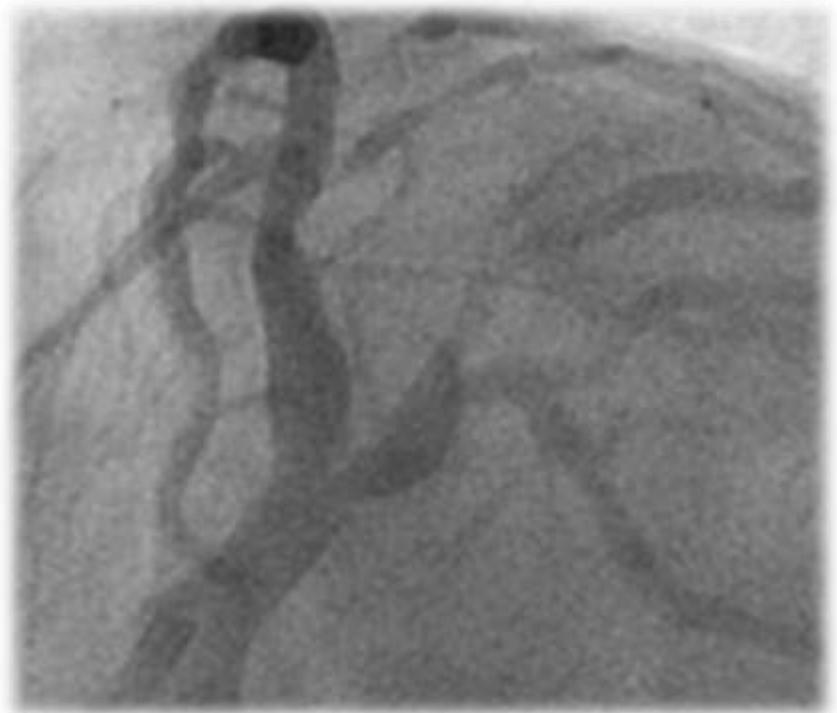
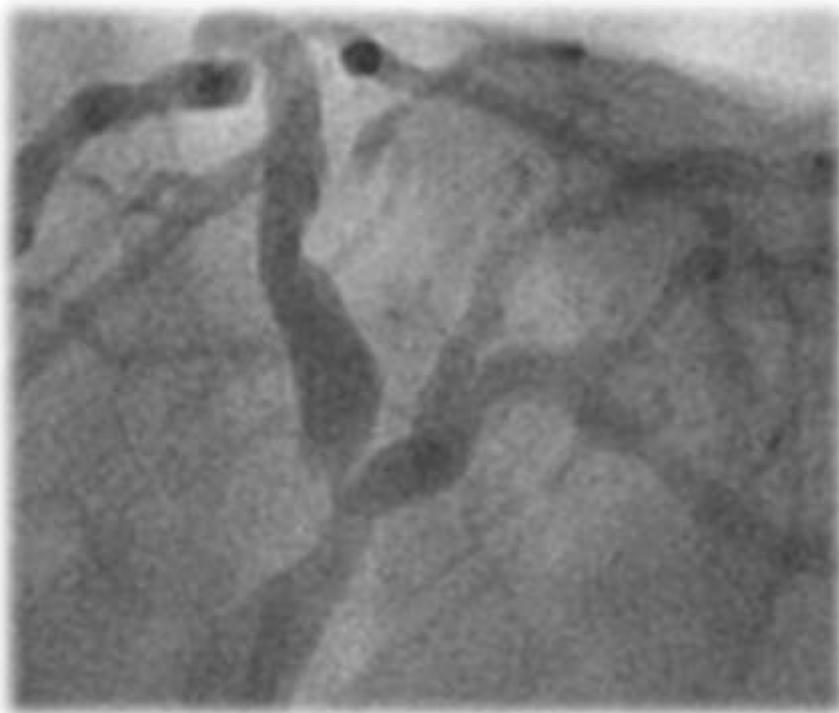
Post PCI Evaluation by IVUS & FFR





LM bifurcation PCI with IVUS & FFR

Before, During, After



Follow-up TMT: (-), 12.1 METs



Take Home Message

Integration of Physiology & Imaging-guided decision making can help to find the best option before, during, and after PCI.