Practical Pitfalls of OCT in Tissue Characterization

- An Ex Vivo Histopathological Validation -

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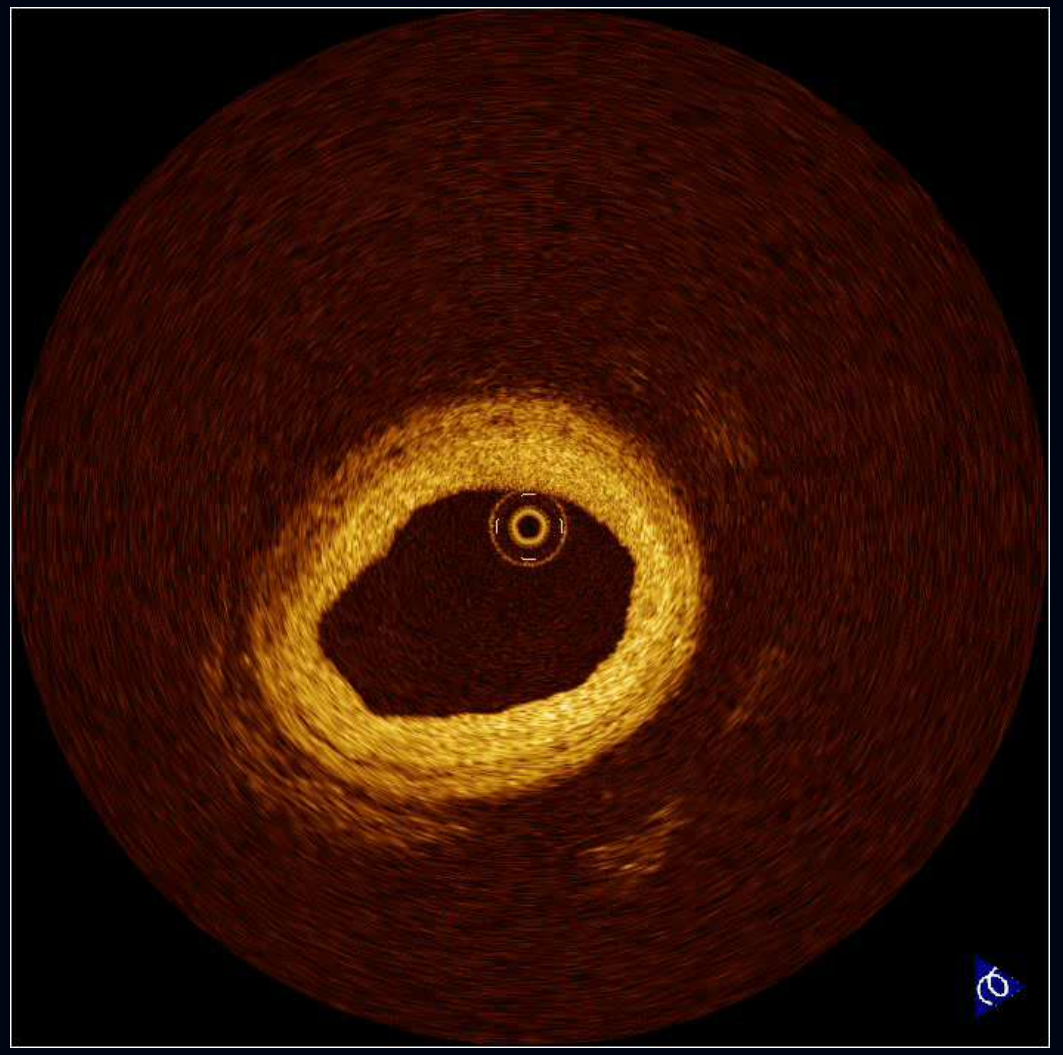
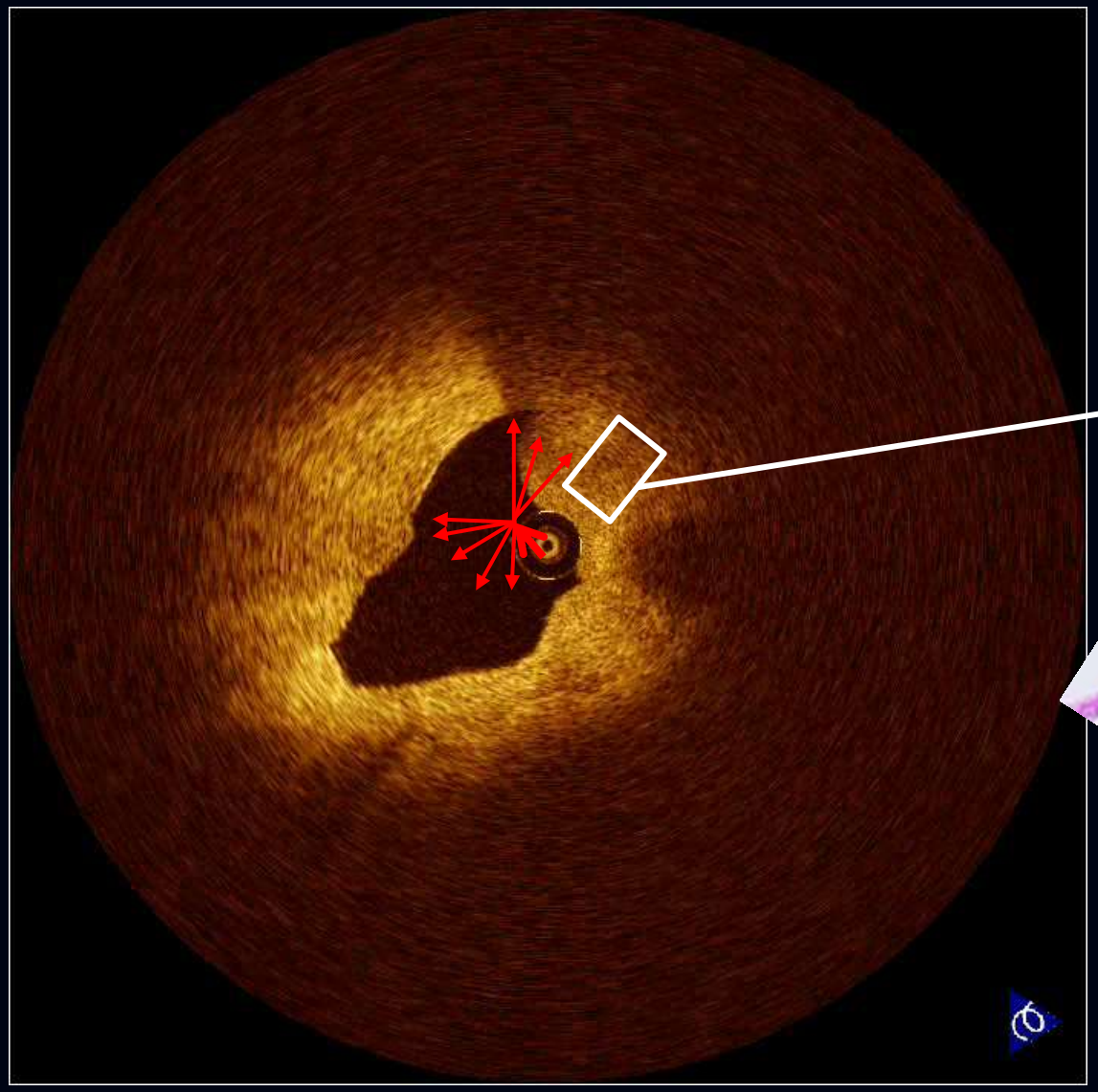
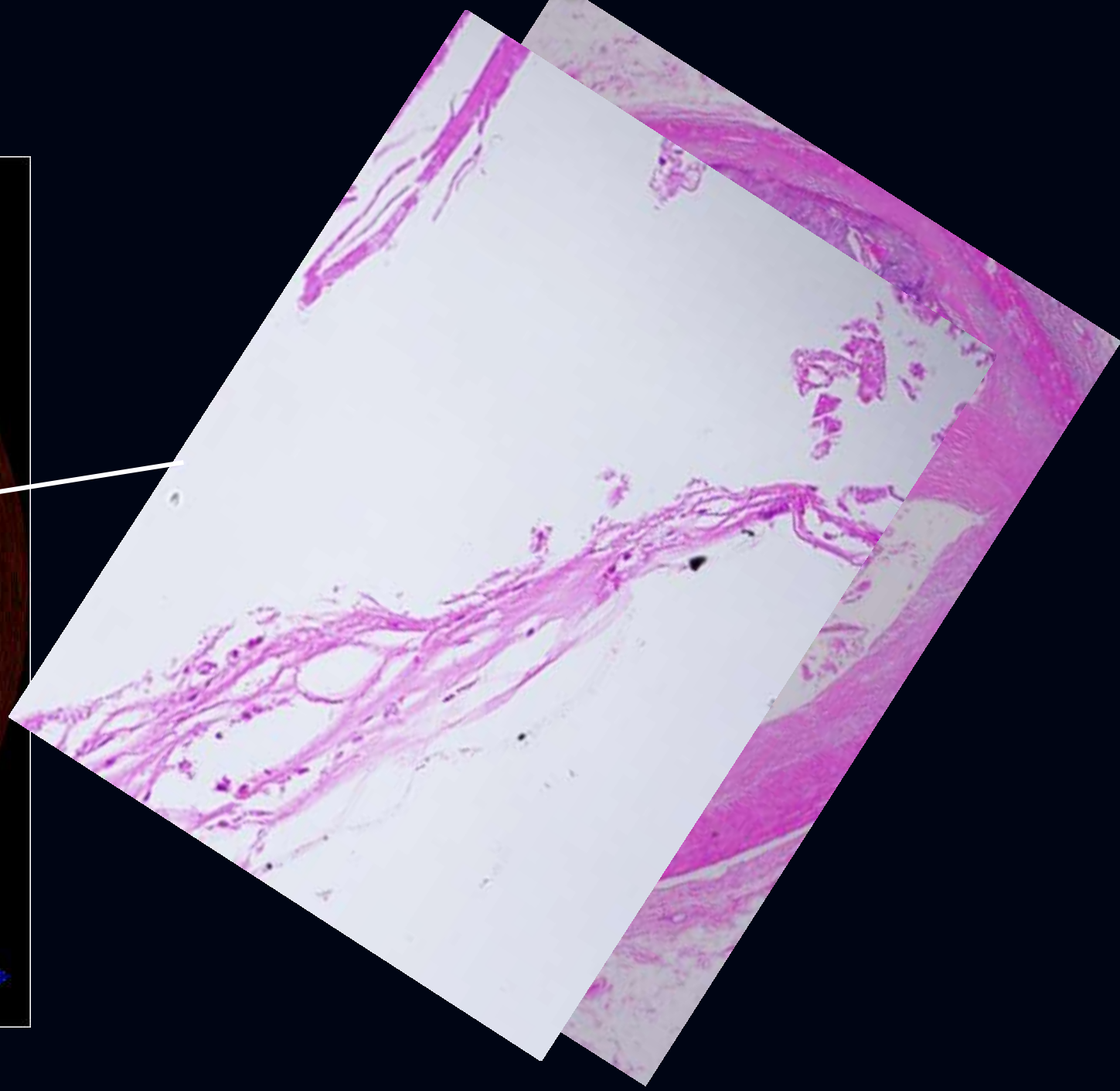
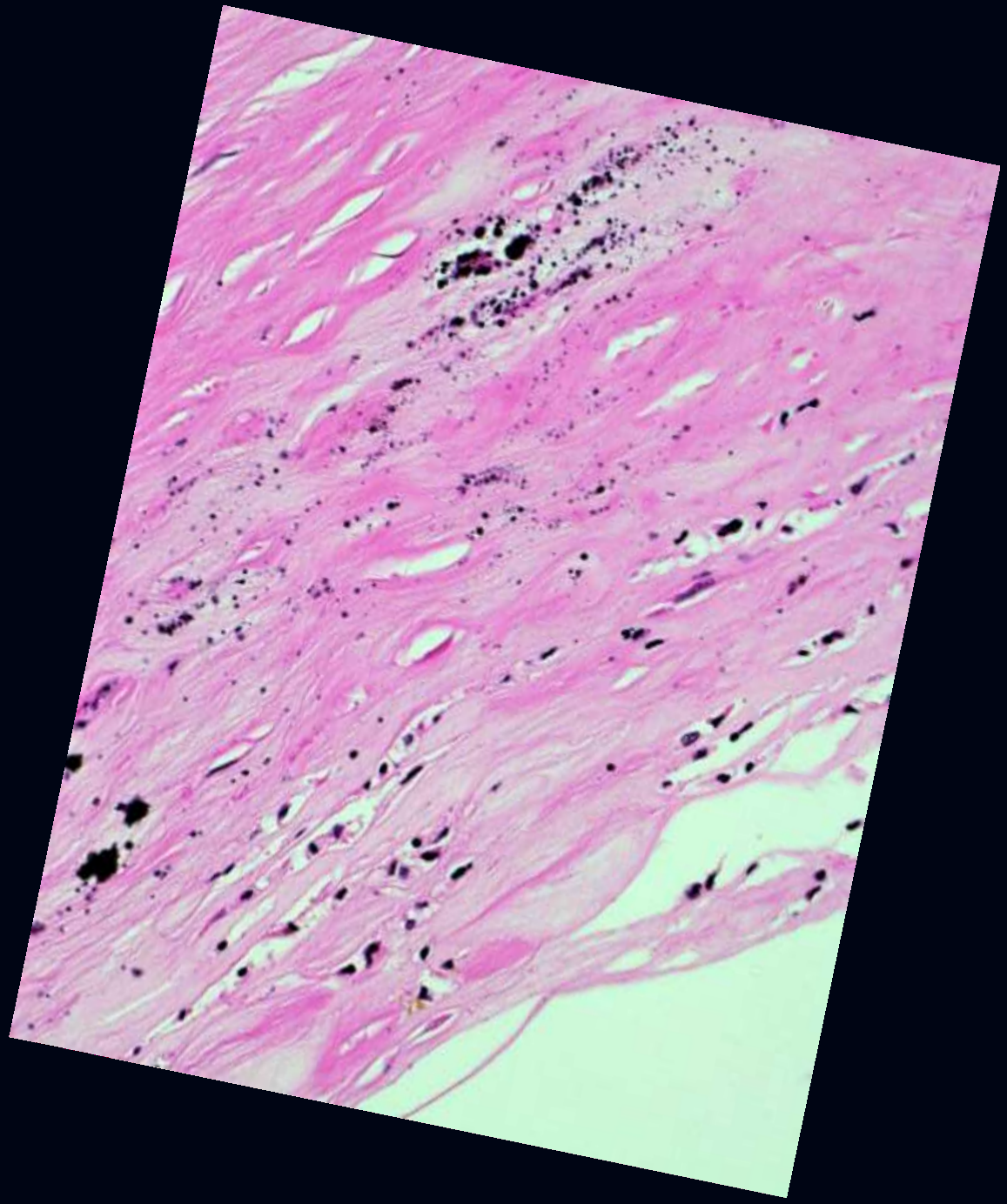
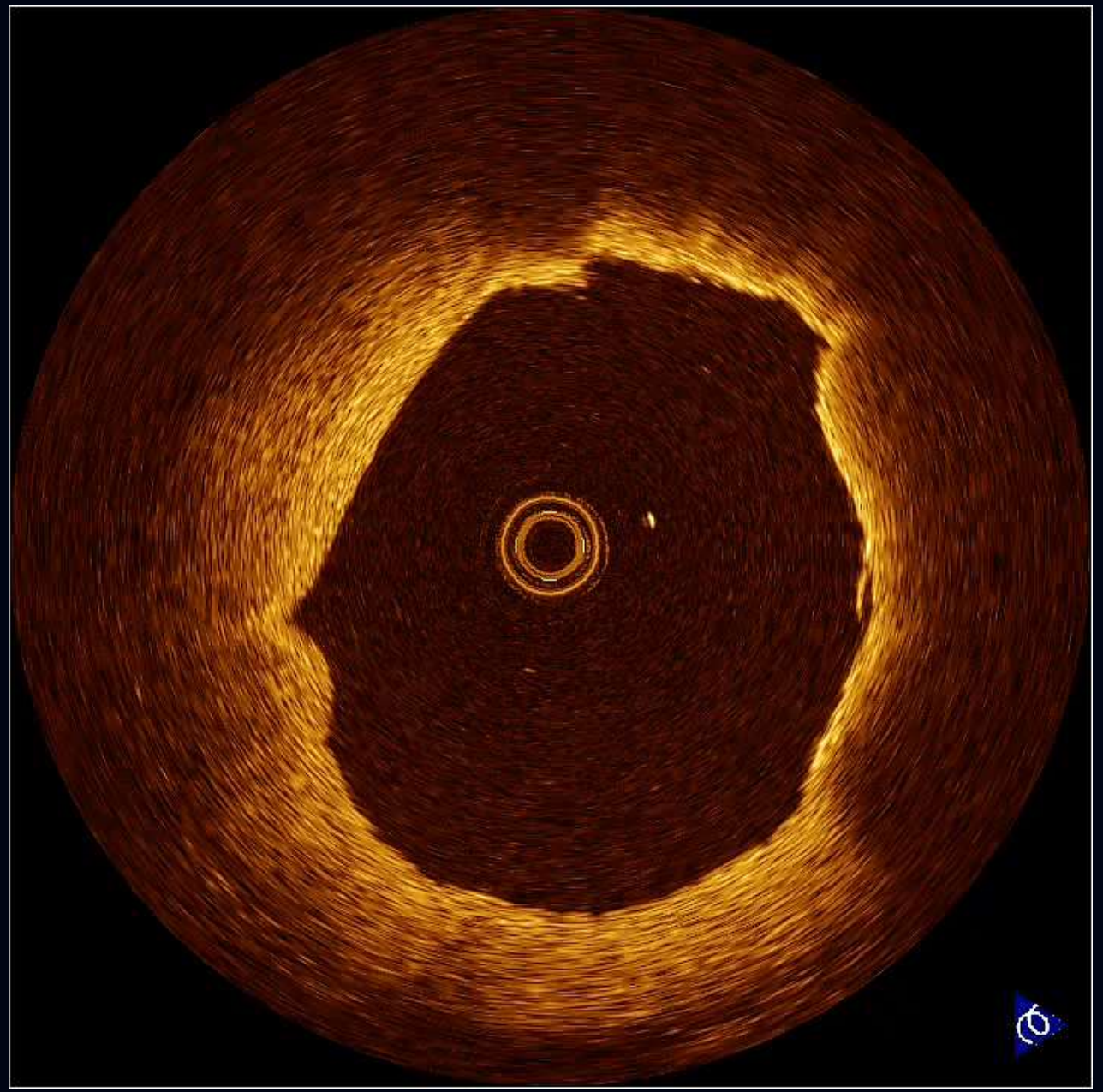
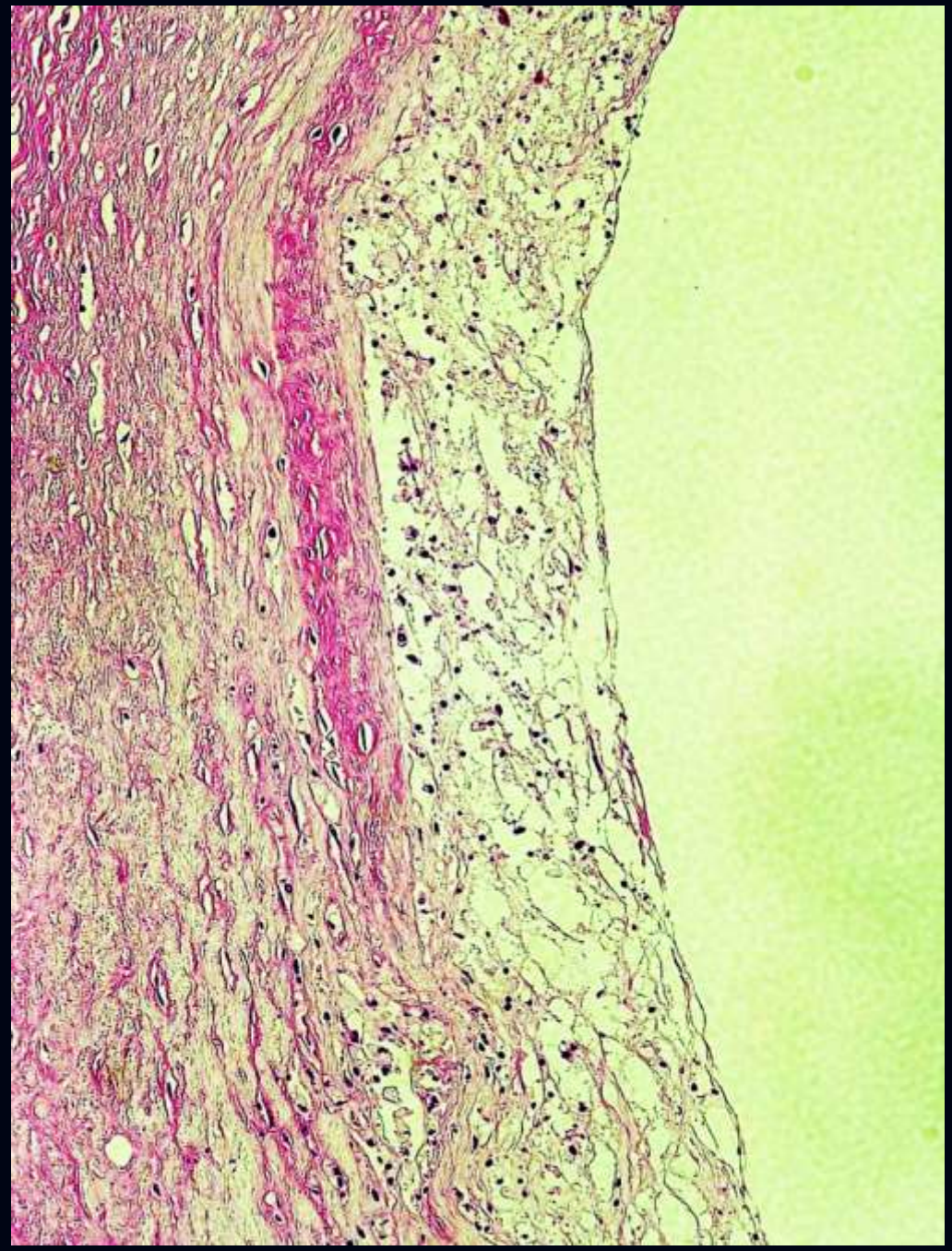


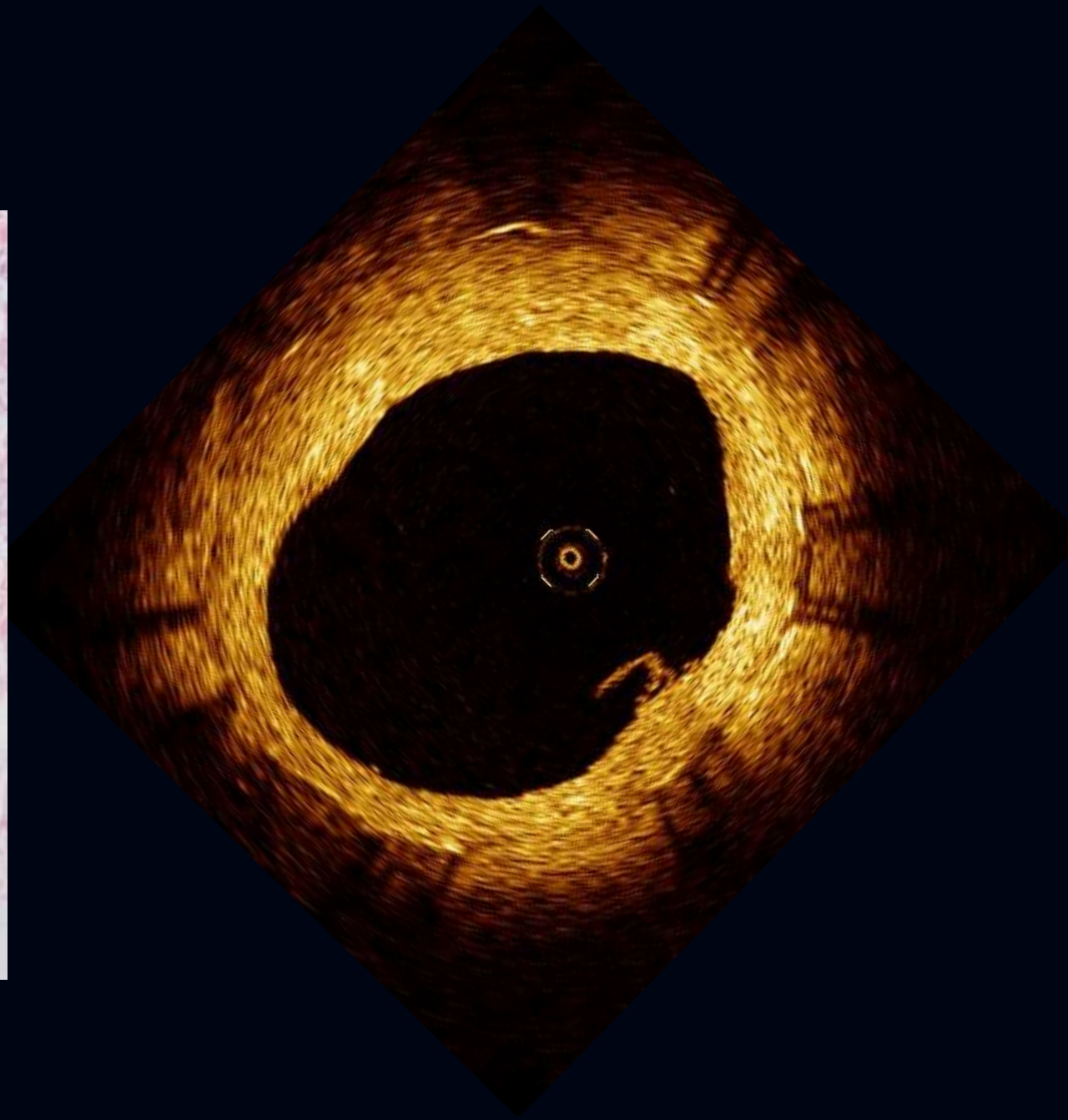


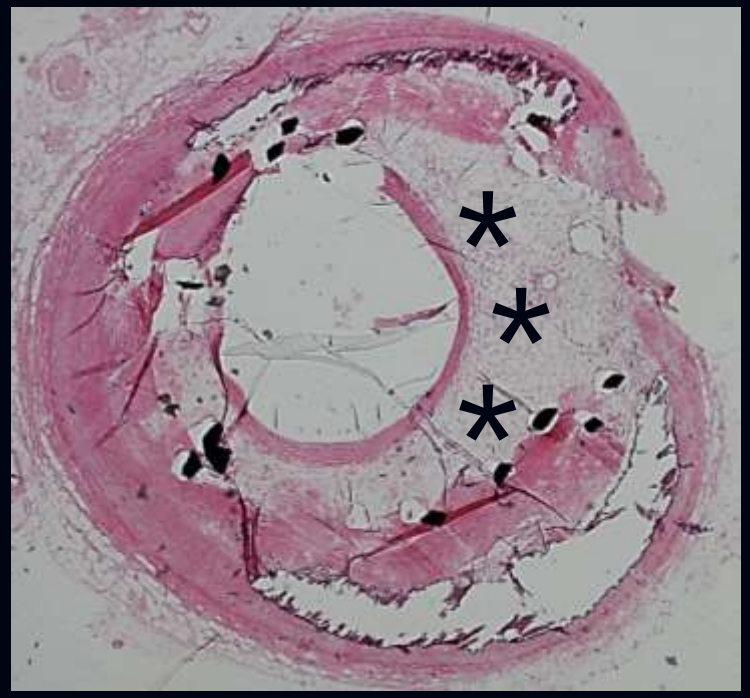


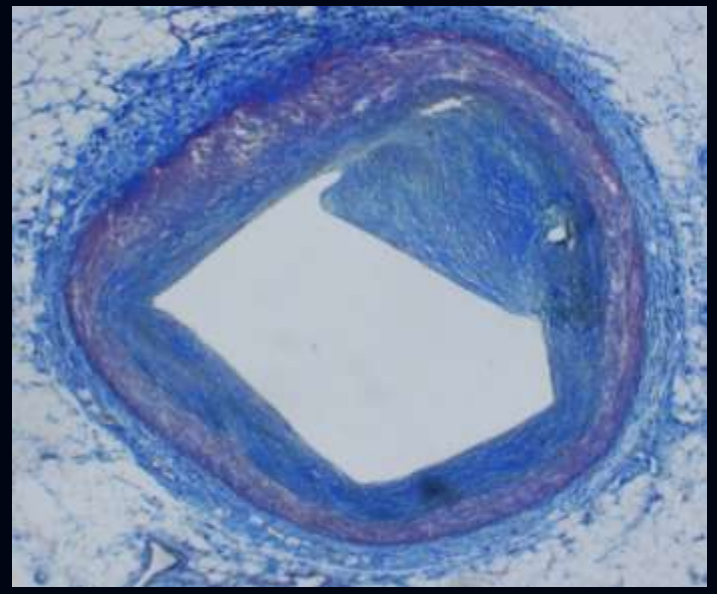


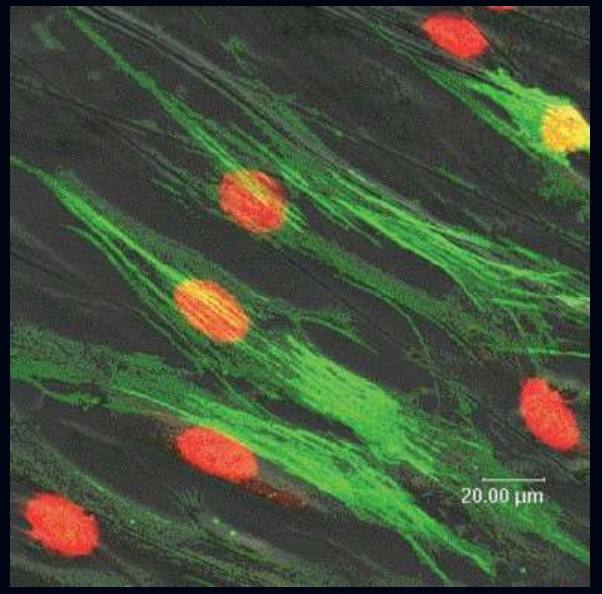




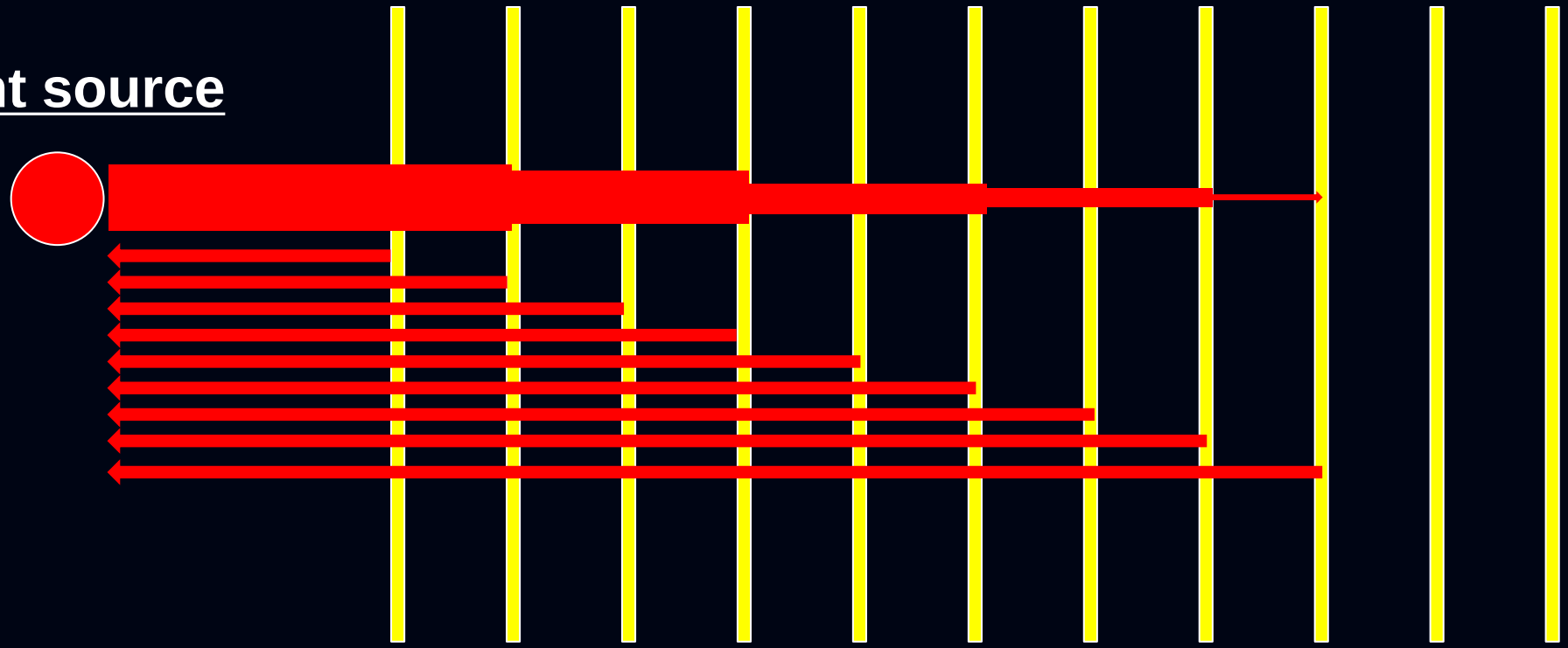


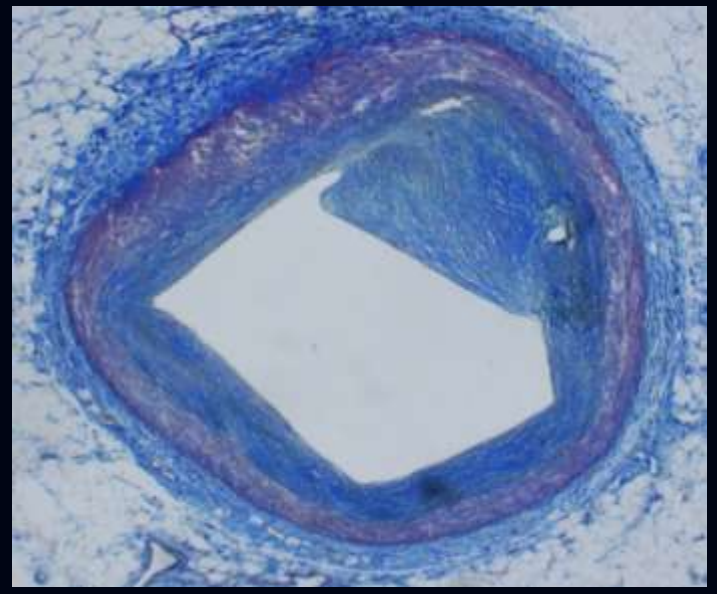


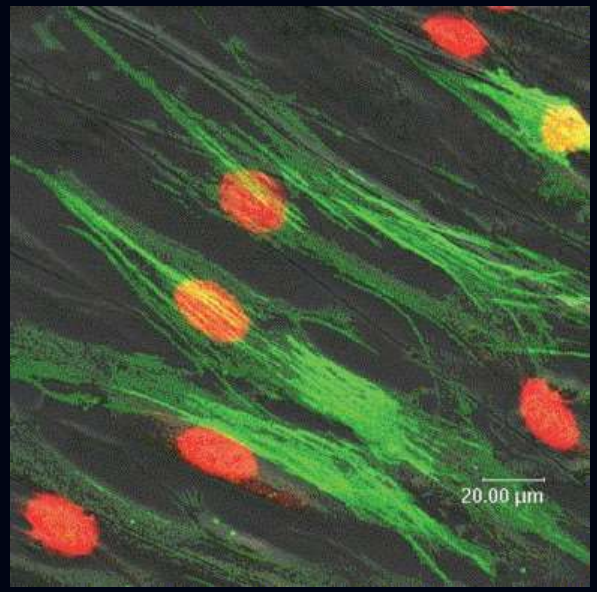


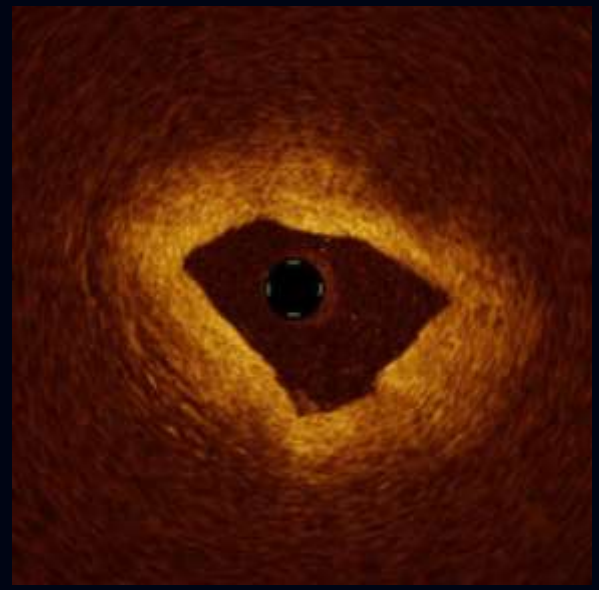


Light source

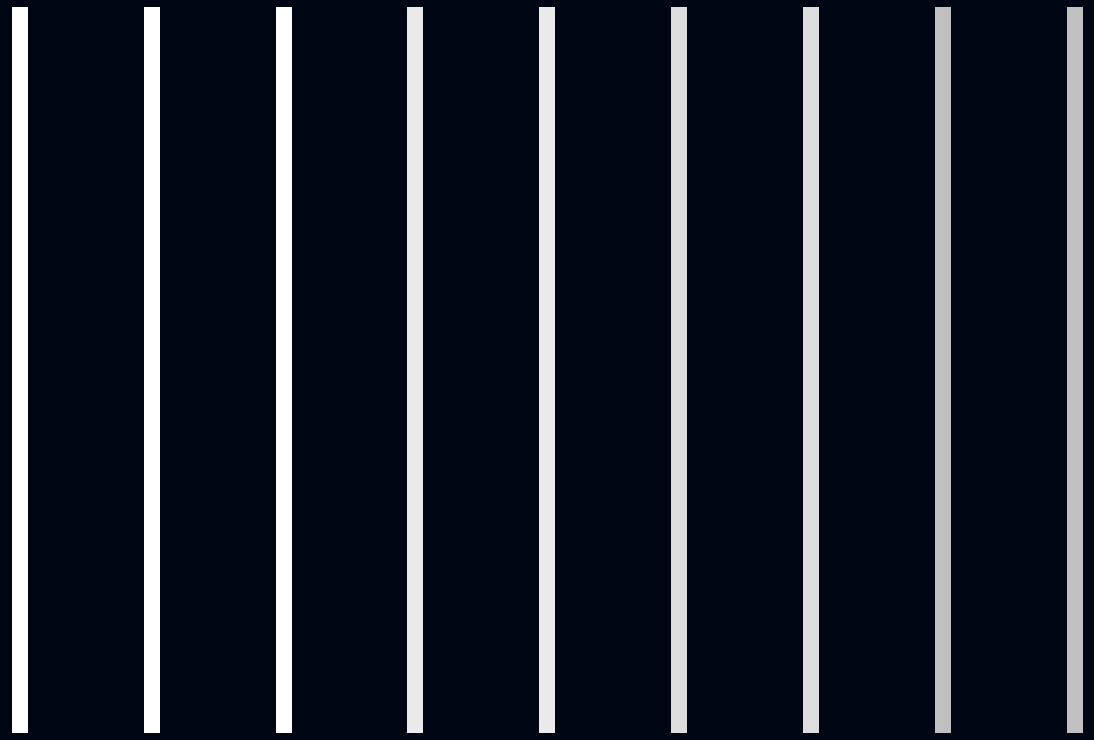


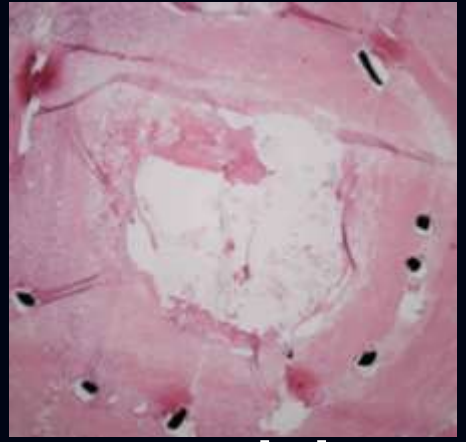




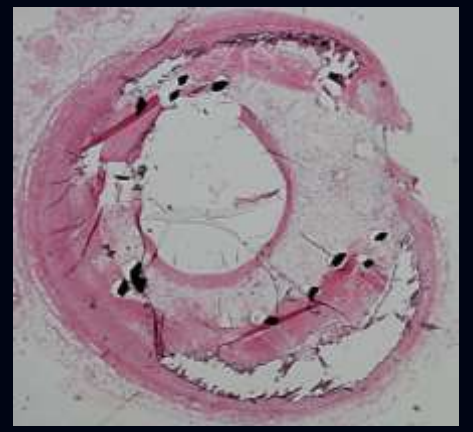


Light source



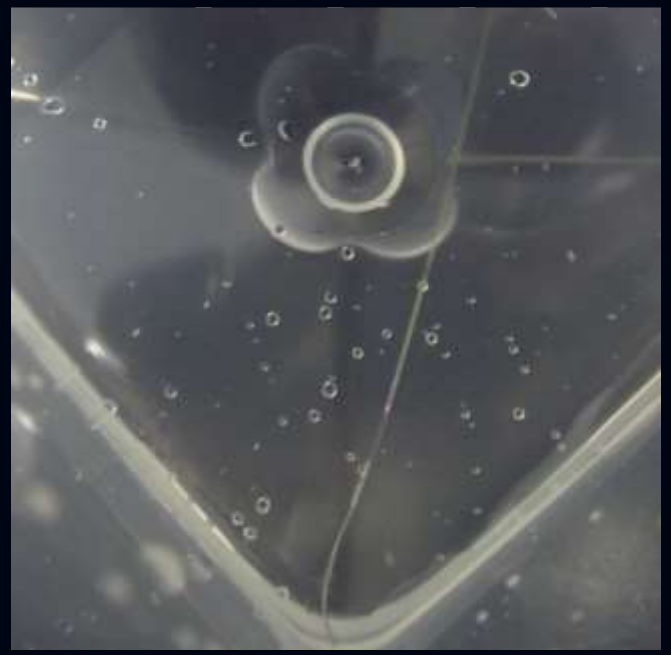


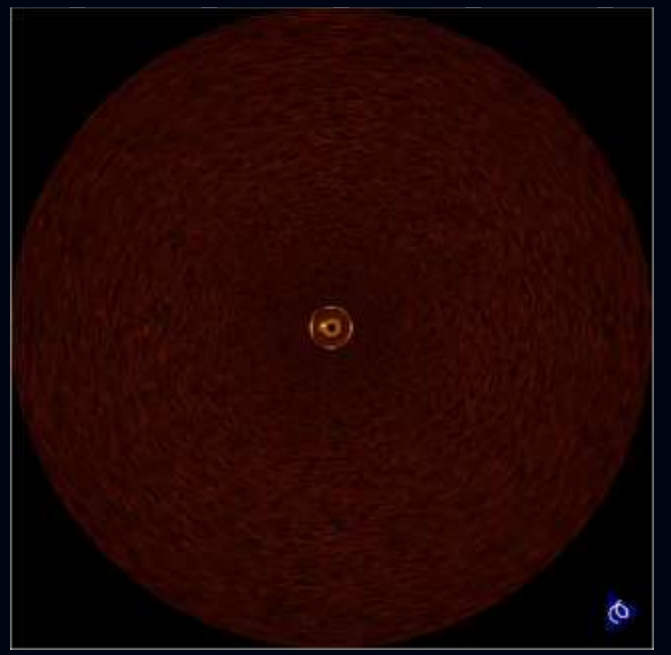
Extracellular matrix
（e.g. fibrin, proteoglycan）

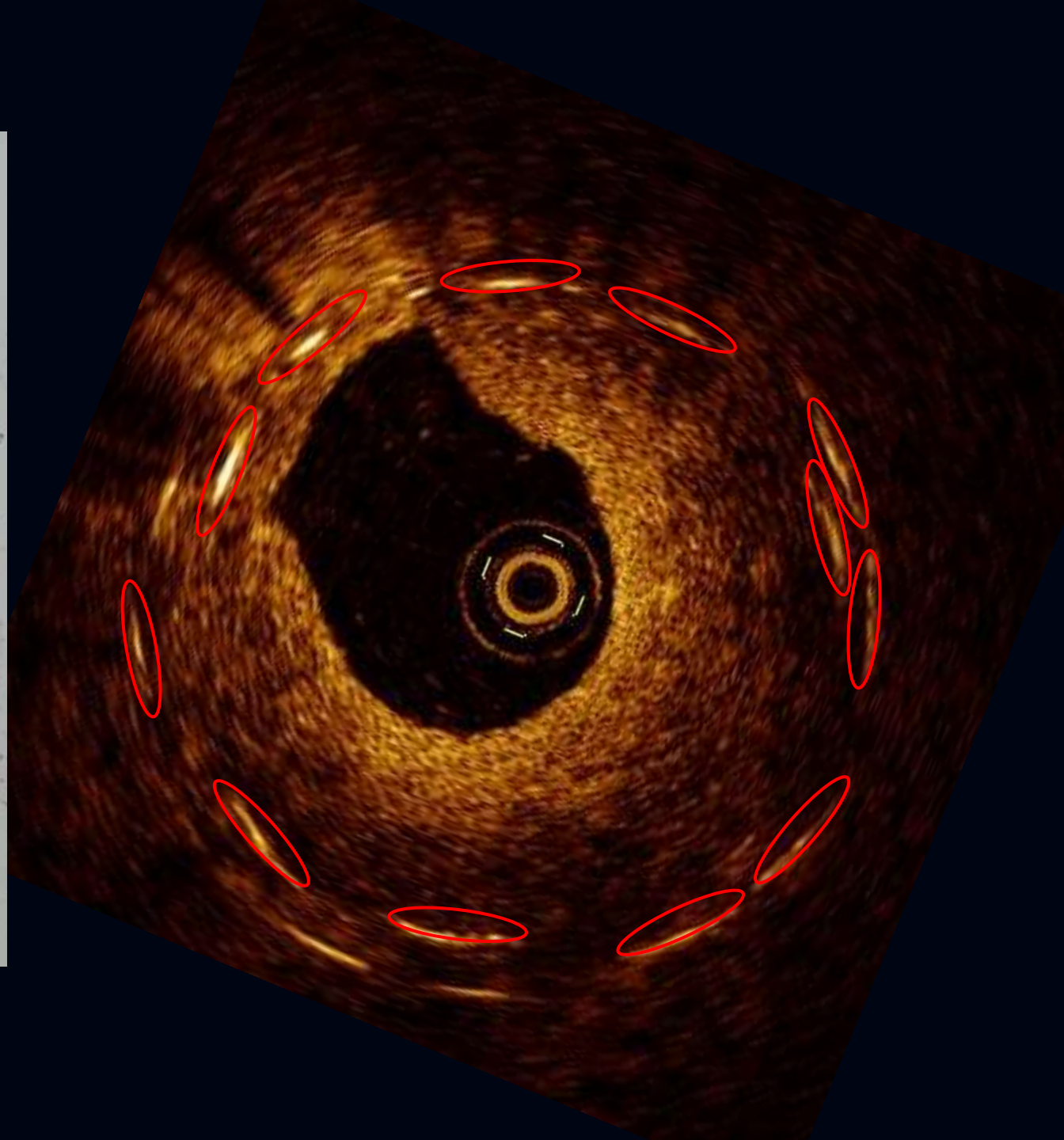


Light source

Light signal exists





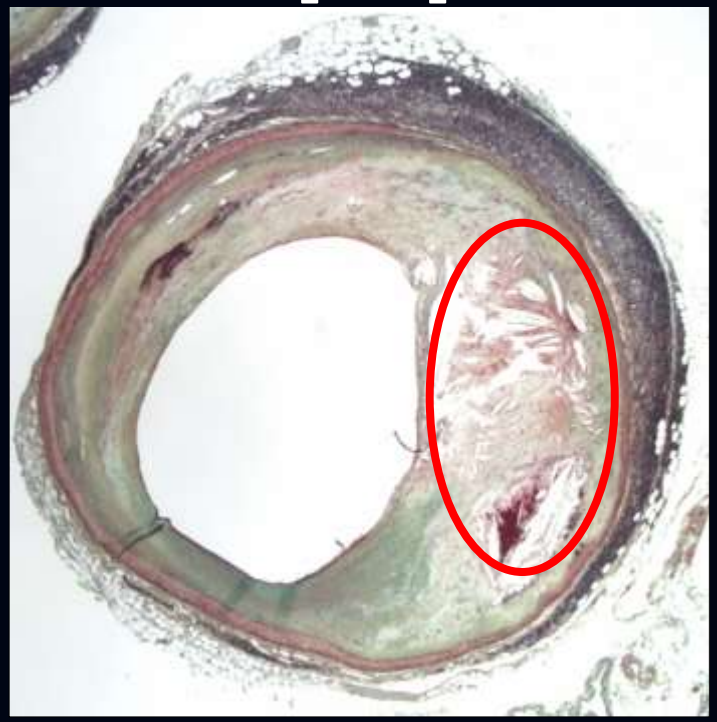


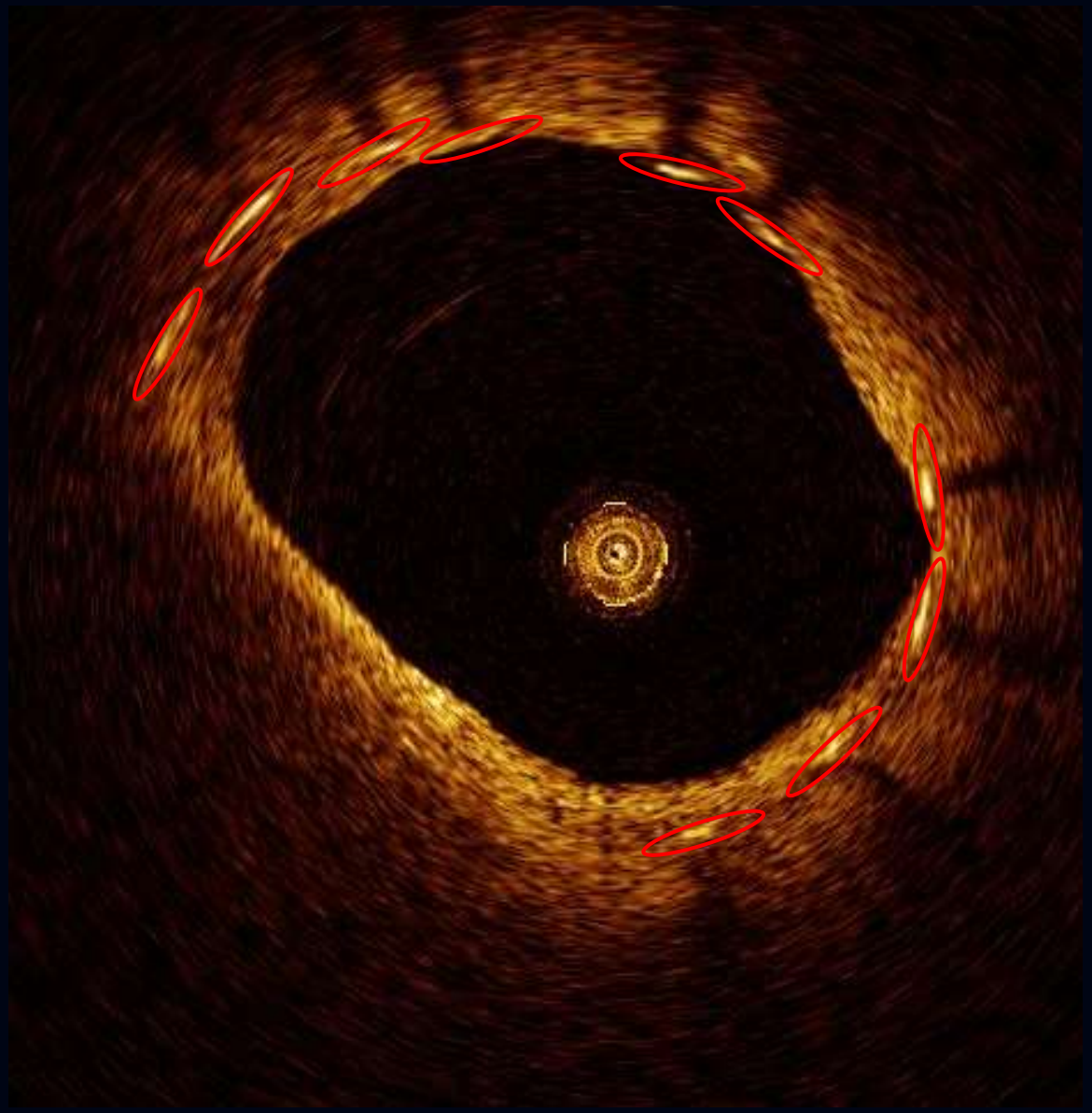
Lipidic tissue

Lipid
(necrotic core)

Light source

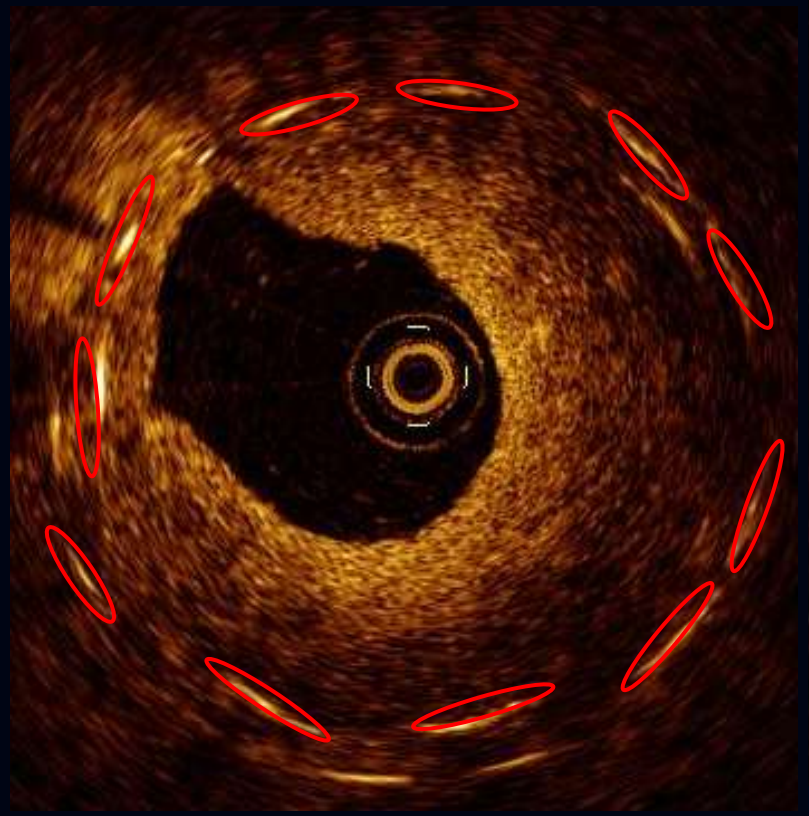
No light signal





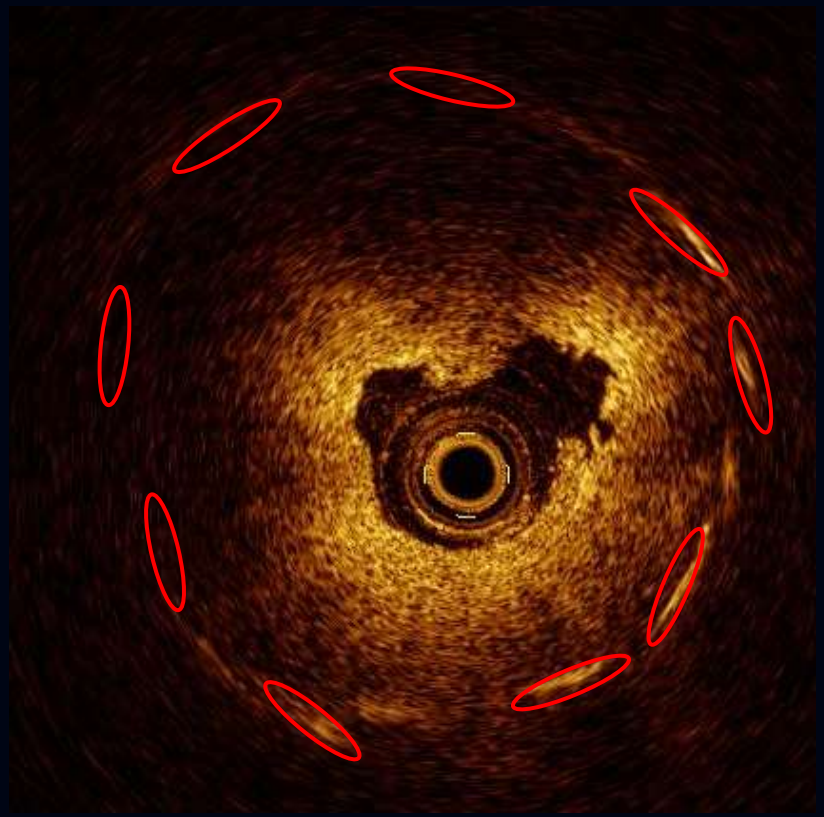
Stent struts behind low intensity tissue are…

Organized thrombi



Visible

Fibrin



Visible

Necrotic core

Invisible

- Atherosclerotic lesions in native coronary arteries are heterogeneous, and OCT light signals are attenuated not only by lipid component
- Necrotic core formation within neointima can be accurately identified on OCT by analyzing the visualization of stent struts behind low intensity area