## **Evaluation of Neointima in DES**

## **Quantitative and Qualitative**

Young-Guk Ko, MD

Division of Cardiology, Severance Cardiovascular Hospital Yonsei University College of Medicine



# Neointima Evaluation

Quantitative Measurement

Qualitative Measurement



# Neointima Evaluation

Quantitative Measurement

Qualitative Measurement



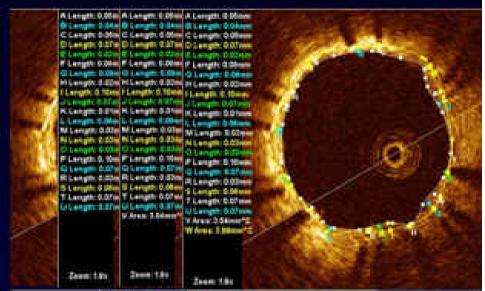
## Optical Coherence Tomography Image Analysis

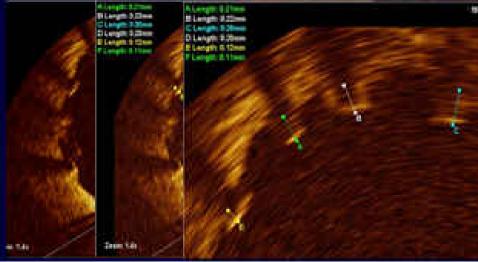
#### 1. Neointimal thickness

The distances between the endoluminal surface of neointimal and the strut reflection

#### 2. Stent apposition

The distances between the endoluminal surface of the strut reflection and the vessel wall







## M/58

## Lee JW

C.C. Chest pain for 3 hours

Risk factor DM(+), HTN(-), Smoking(-)

Lab CK/CK-MB/TnT 116 / 3.43/ < 0.01

=> f/u CK-MB 314.30 ( 6 hour)

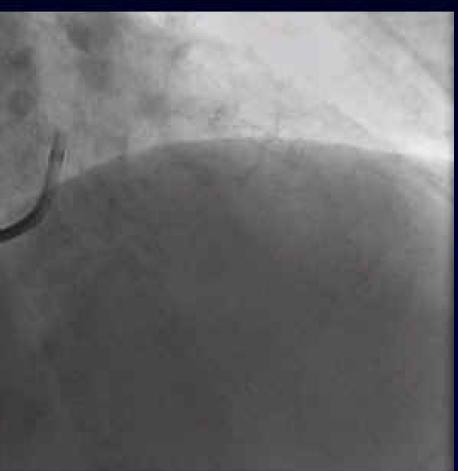
ECG ST elevation V2~V5

Diagnosis STEMI



# **Primary PCI**





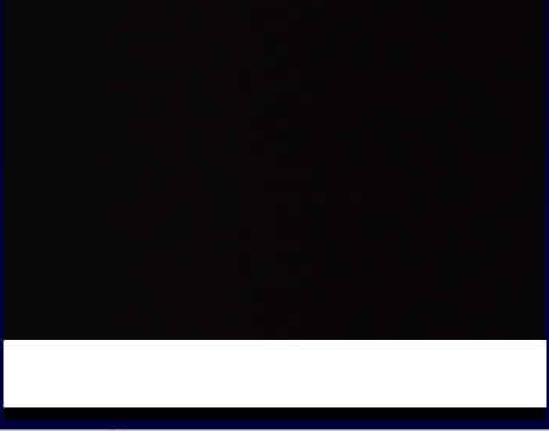
Guiding : JLG 7-4, GW : Pilot Balloon predilation : 2.5 x 20mm

Stent: Cypher 3.0 x 18 mm

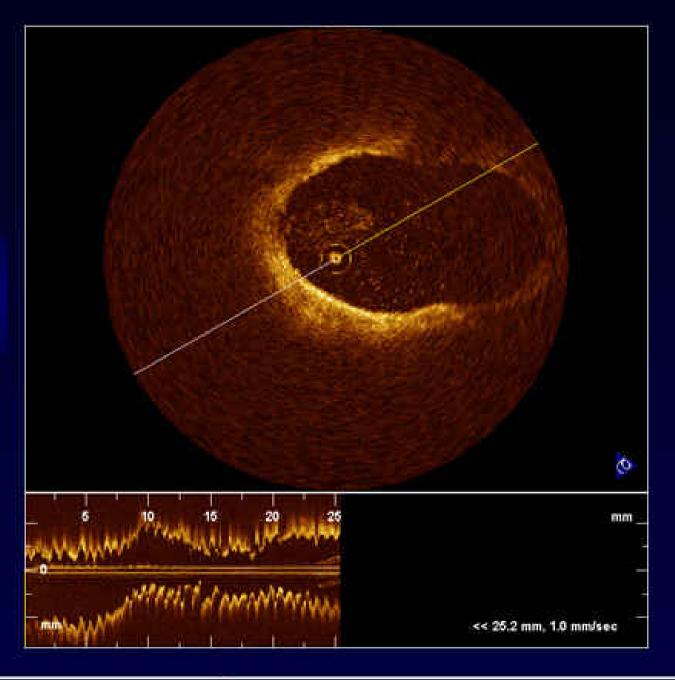


# F/U CAG (9 month)

Patent M-LAD stent



9 mo-FU OCT after SES





## F/69

## Kim YJ

C.C Squeezing chest pain for 2hrs

Risk HTN(+) 12YA, PO

Factor DM(+) 12YA, PO

Smoking(-)

PHx N-C

Progress CK/CK-MB/TnT: 144 IU/mL / 12.8 / 0.149ng/mL

NT-proBNP 1020 pg/mL



# **Primary PCI**



Guiding: EBU 7-3.5

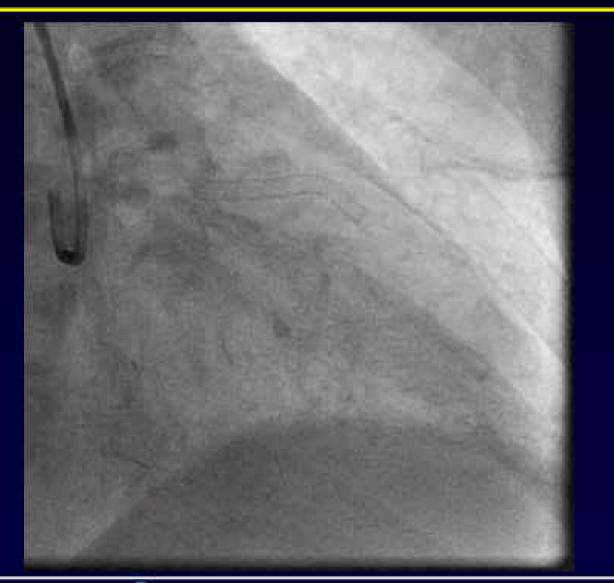
Balloon predilation: 2.5 x 20mm, 10 atm

Stent: Endeavor 3.0 x 30 mm

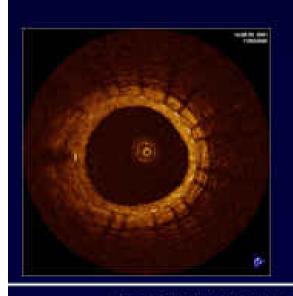


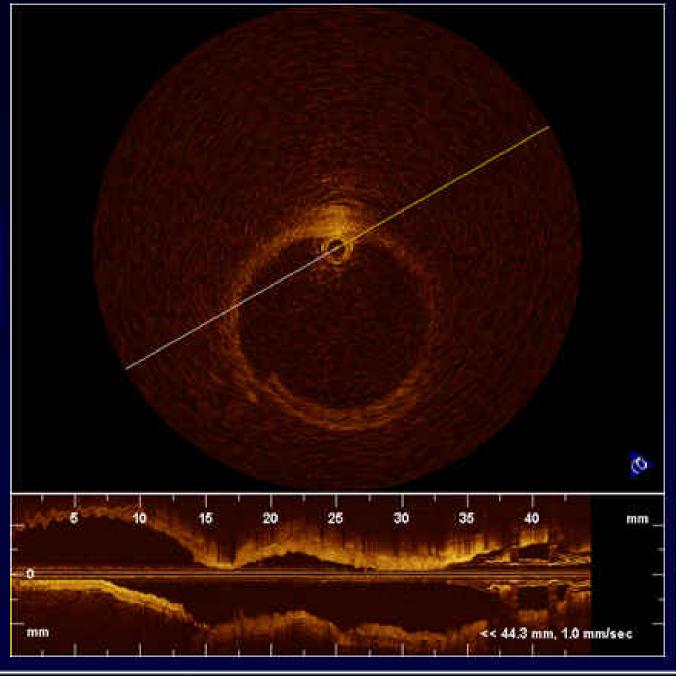
# F/U CAG (9 month)

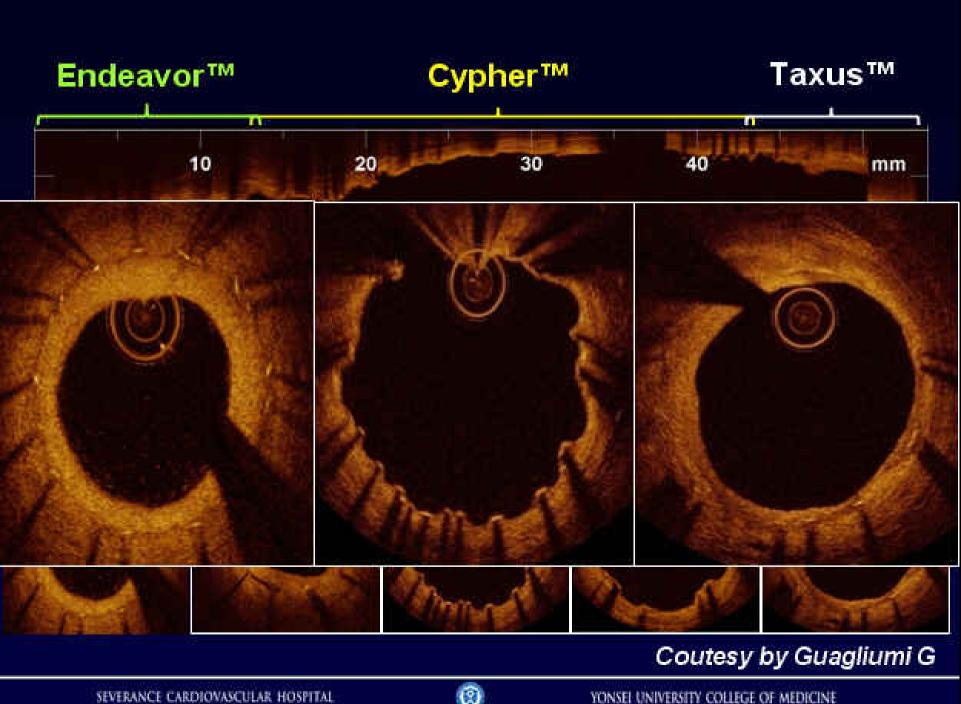
Patent mLAD stent



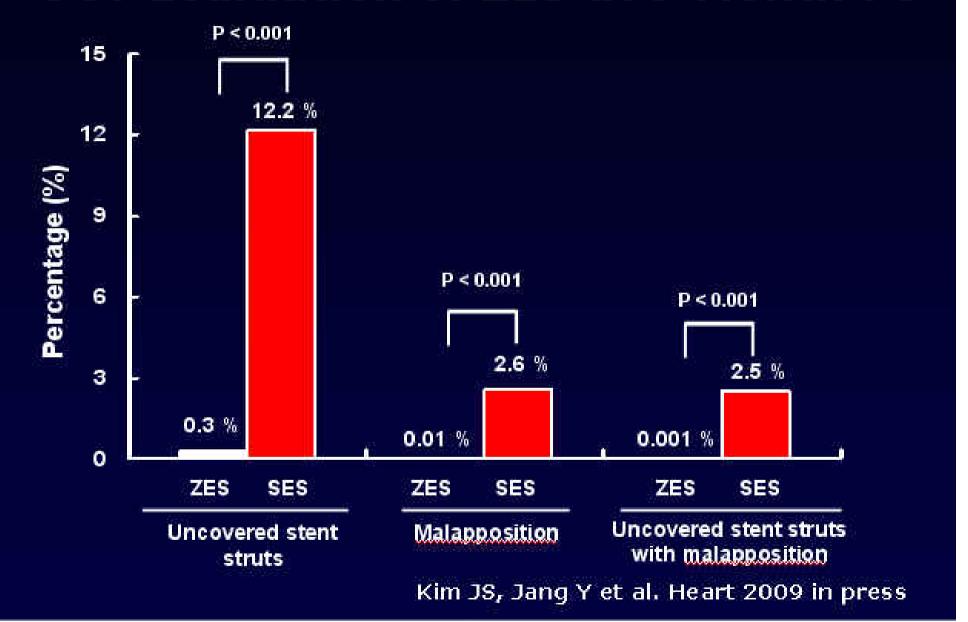
## 9 mo OCT ZES sprint







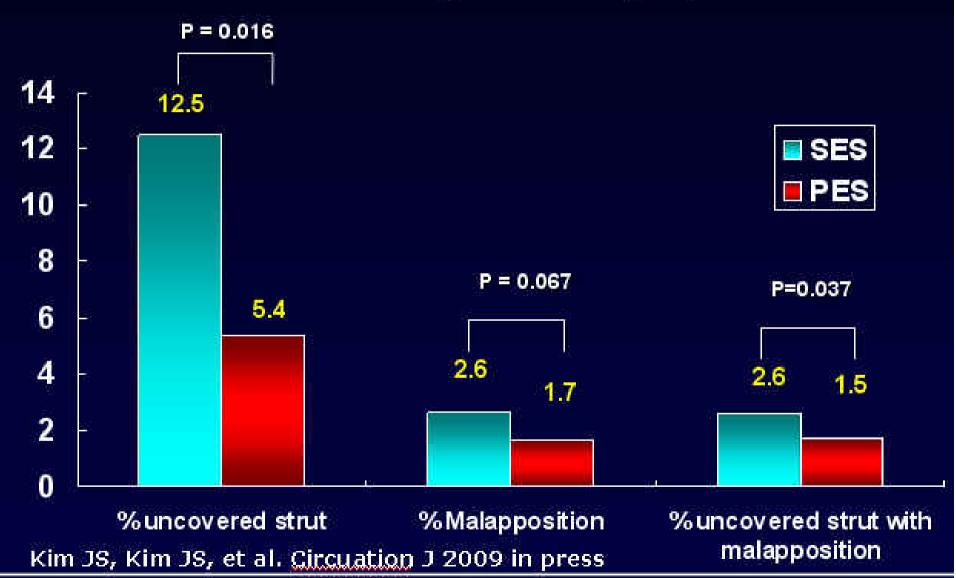
### OCT Evaluation of ZES at 9 Month FU





# OCT findings 68 patients (33 SES and 24 PES)

1379 mm in stent length including 11,837 struts

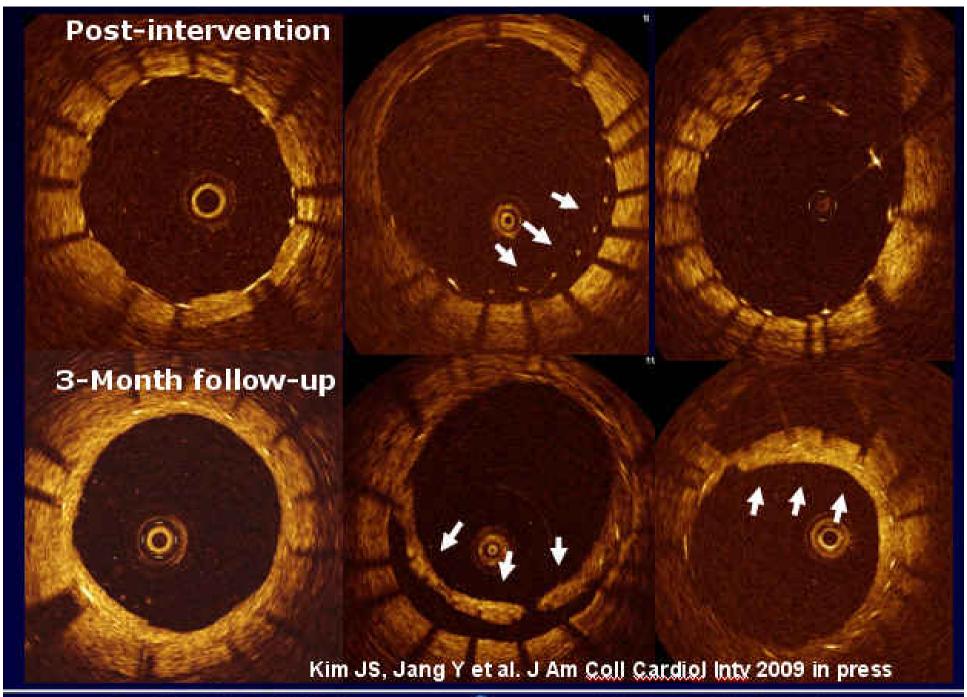


# Neointima Evaluation

Quantitative Measurement

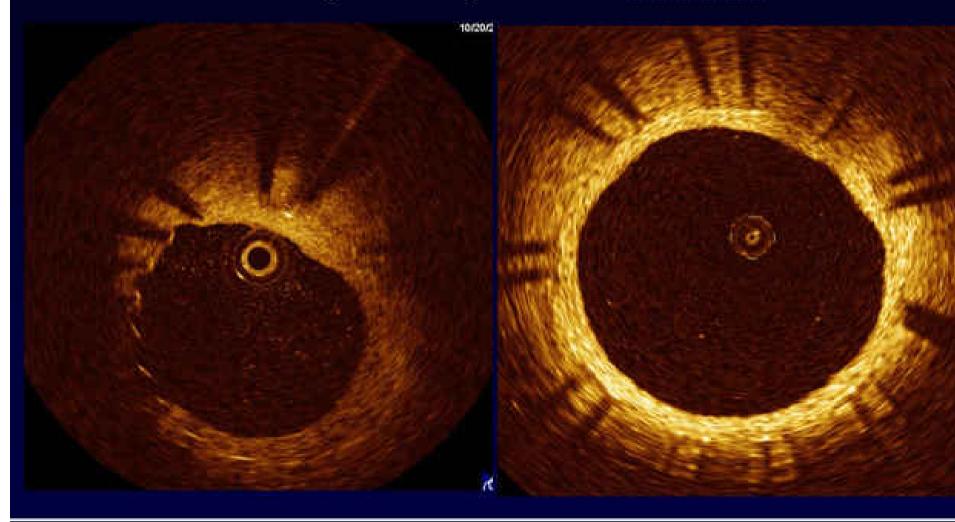
Qualitative Measurement



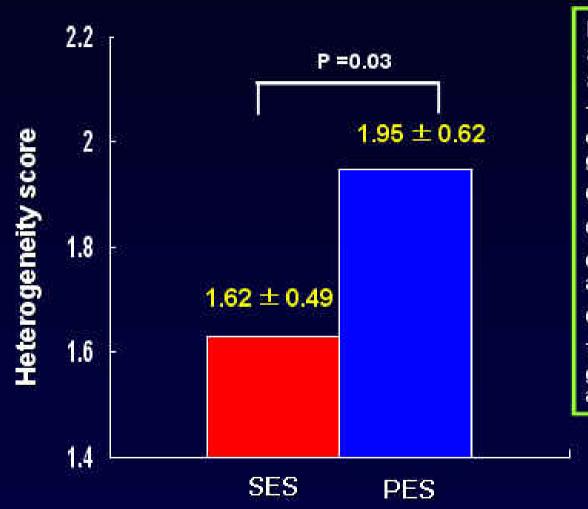


# Qualitative Measurement

Heterogeneous pattern of neointima



### The heterogeneity score between SES and PES



Heterogeneity score was defined as subtraction between maximal and minimal neointimal grade

The status of NIH thickness at each cross section was divided into 4 grades;

Grade 0: exposed strut

Grade 1: NIH thickness < 100 µm,

Grade 2: NIH thickness between 100

and 200 um,

Grade 3: NIH thickness over 200 um.

The grade was determined as minimal grade including ≥ 10 % of stent struts at each stent

Kim JS, Kim JS, et al. Circuation J 2009 in press



## Pattern of restenotic tissue

#### Restenotic tissue structure



Homogeneous: minustrature to the uniform option properties and does not stone frost variations to backgraftering profession.



Heterogeneous manufactures and has hearly changing sphilal properties and short version betweening saffane.

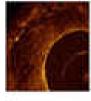


Layered: reserves trace consists of upcommit layers with different lighted properties; as advantural ligh matering layer and an attentional one workering layer.

#### Restenotic tissue backscatter



High: the majority of the force whose triph featurable and agrees



LOW: the requests of the facute eletters from facultations and expenses than a facult

#### Microvessels visible



YOS. Immediate species on well delimited one barroughting of letters less than 200 money of Samular that show a fraction within the small.



200

#### Lumen shape



Regular, turner turnier in stratigy detrouted, protection and director

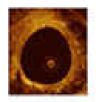


Irregular: some tester irregular with feature professions from the seatest and time the lattern

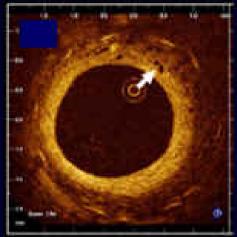
#### Presence of intraluminal material

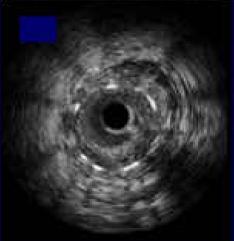


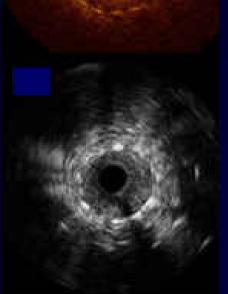
Yes: there is malter material match the sessed fundament.



No





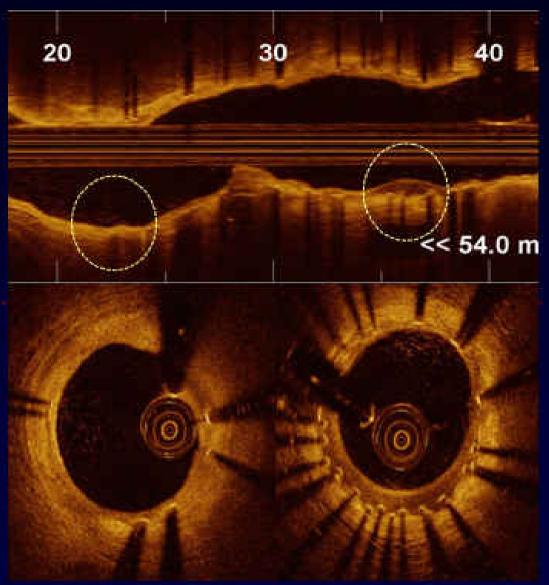


Gonzalo N et al, Am Heart J 2009 158: 284-93



### 2<sup>nd</sup> generation DES 3.0/18 +3.0/18 mm

#### 3 mon FU

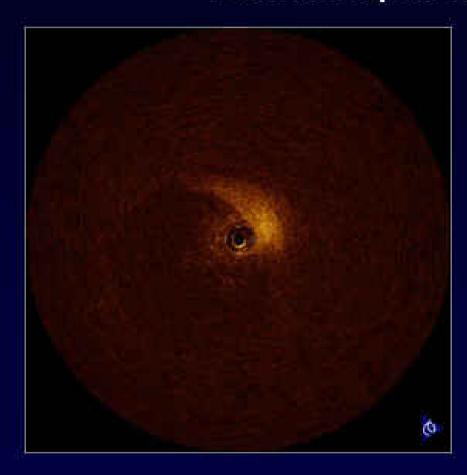


Coutesy by Guagliumi G



# Quality of Neointima

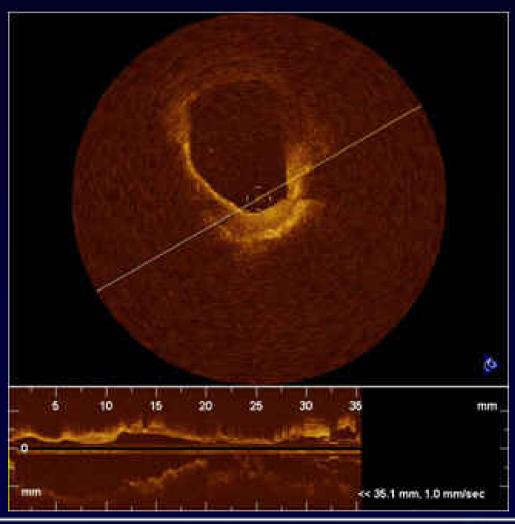
### Abnormal pattern of neointima

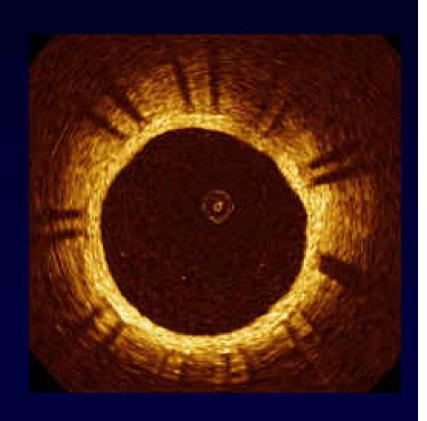




# Quality of Neointima

### Abnormal pattern of neointima





# Summary

- OCT can better visualize and estimate thin neointima after DES implantation.
- The pattern of vascular healing was somewhat different depending on the types of DES.
- Clinical implications of various OCT dfindings needs to be investigated in further studies.
- Definition of tissue characterization and stent evaluation needs to be standardized.

