Clinical Application of Integrated Use of FFR & IVUS

Functional Treatment giuded by IVUS/OCT

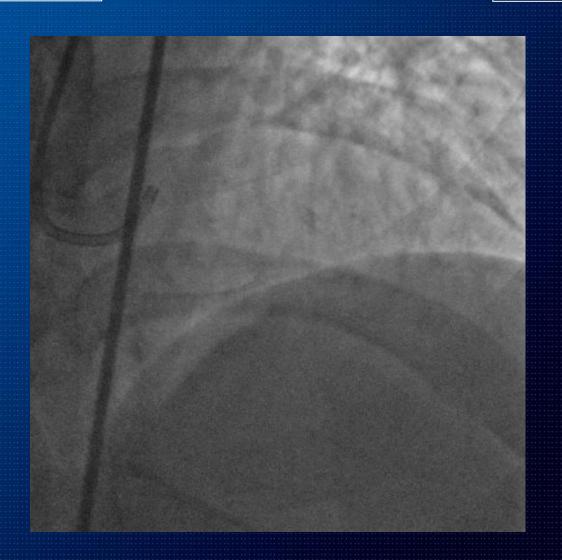
2013. 12. 7, IPS
Eun-Seok Shin
Department of Cardiology
Ulsan University Hospital
University of Ulsan College of Medicine



Chest pain at exertion Aggravation, 1 wk ago

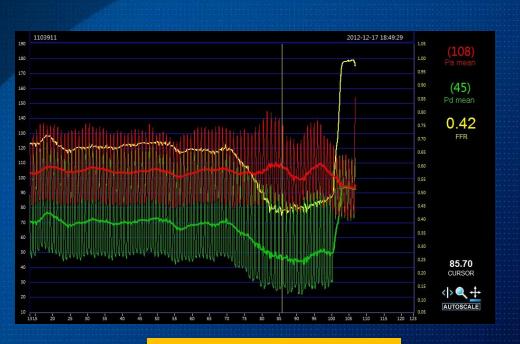
Case: M/61

Hypertension (+)
Dyslipidemia (+)

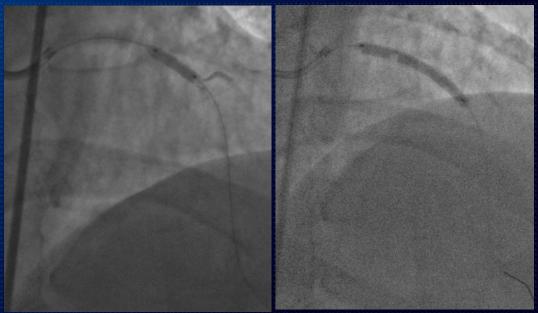




Stenting at pLAD



FFR: $0.70 \rightarrow 0.42$

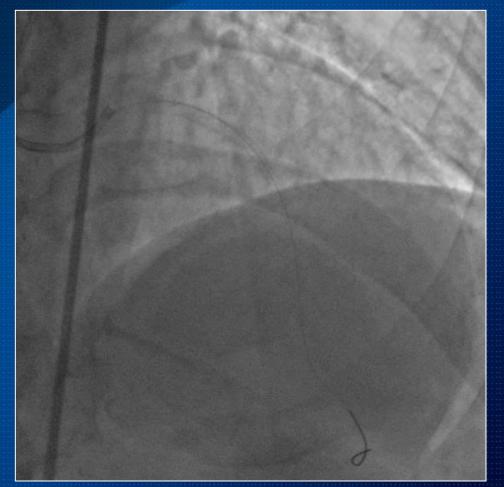


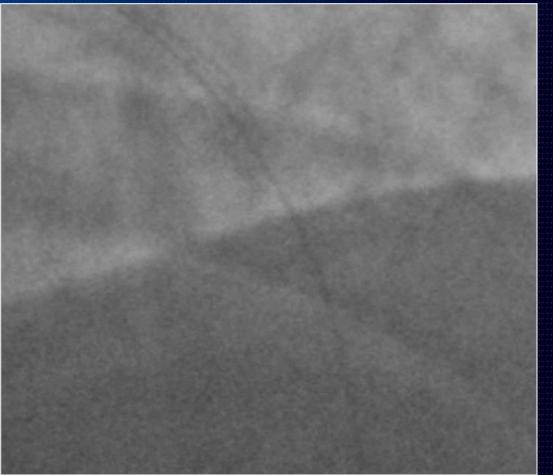
Balloon angioplasty

Stenting



Coronary angiography after stenting



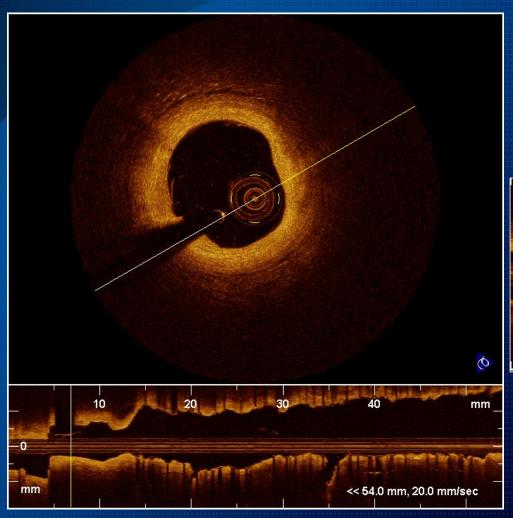


IVUS





OCT







FFR in distal LAD

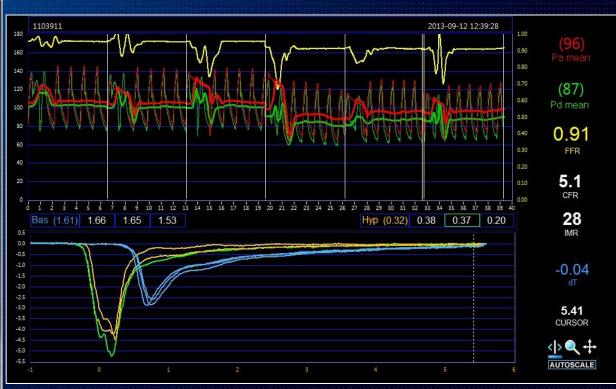


FFR:0.97→0.89



CAG & FFR: 9 months later

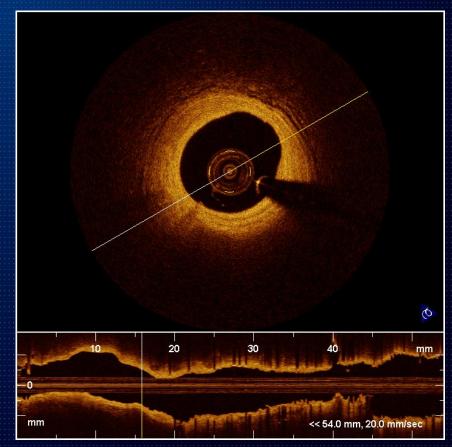






IVUS & OCT: 9 months later







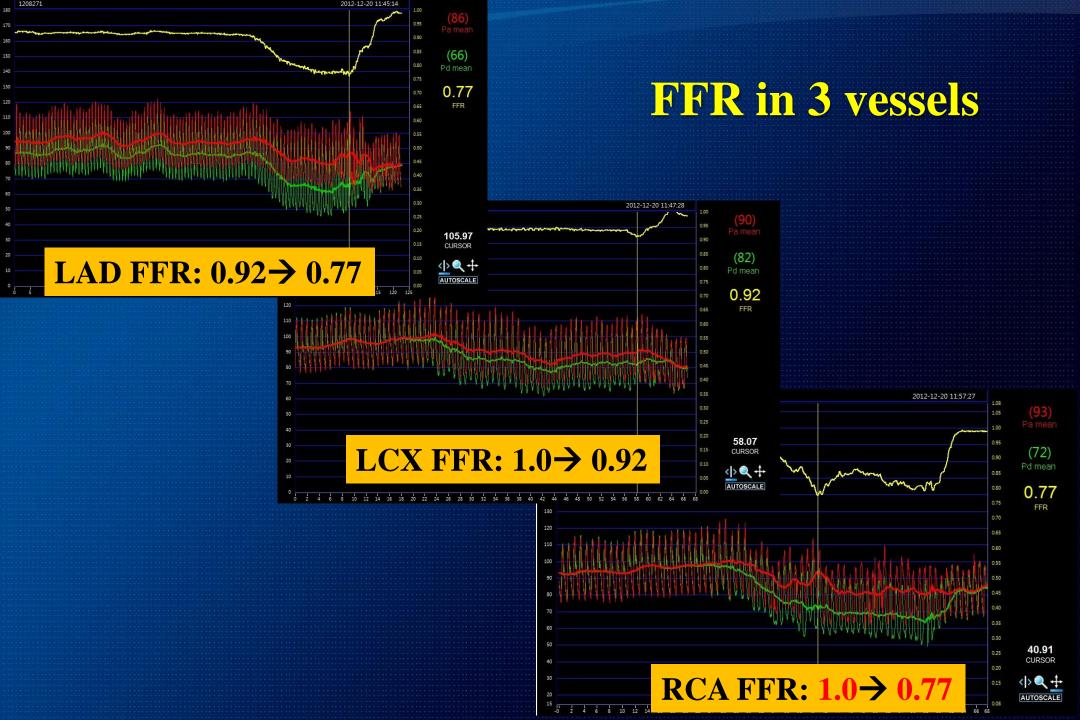
Chest discomfort

Case: M/49

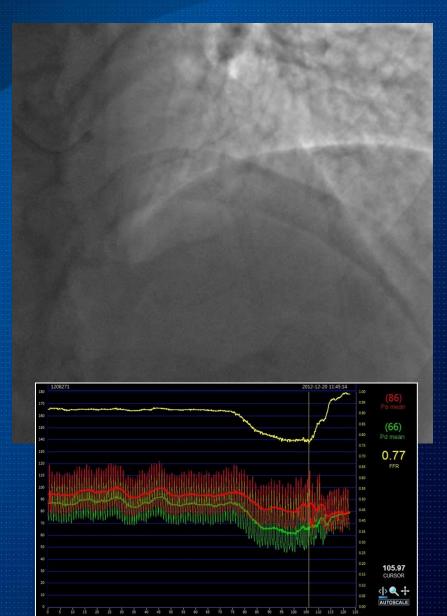
Dyslipidemia (+)

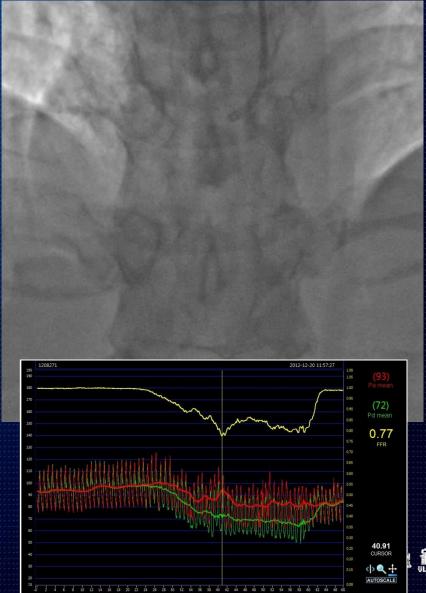
LAD **RCA** LCX

> 을산대학교병원 ULSAN UNIVERSITY HOSPITA



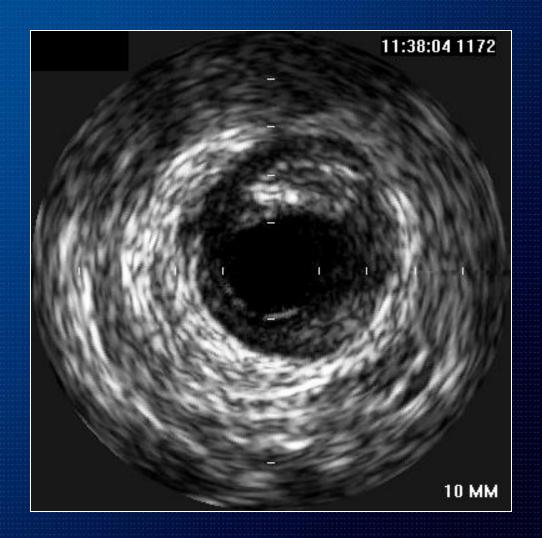
LAD & RCA





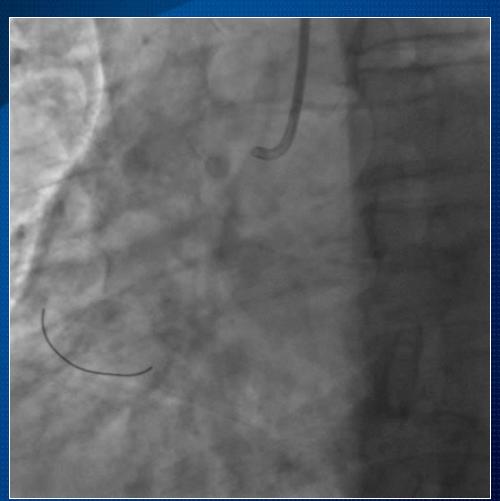
율산대학교병원

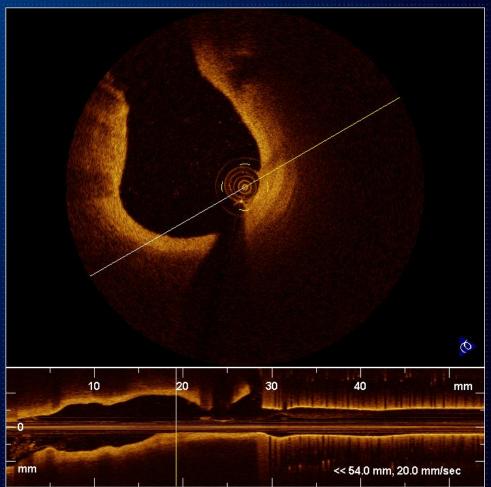
IVUS





Angiography & OCT of RCA





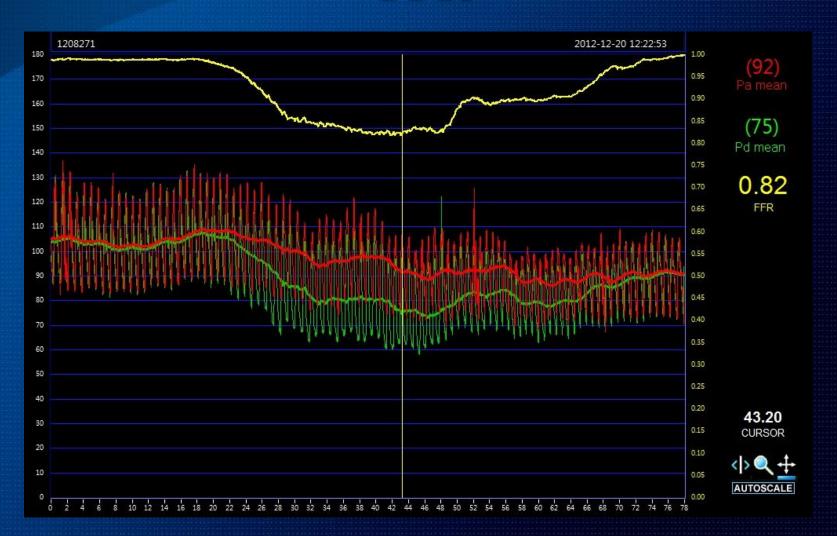


Stenting at RCA ostium





FFR



RCA FFR: 0.99→ 0.82

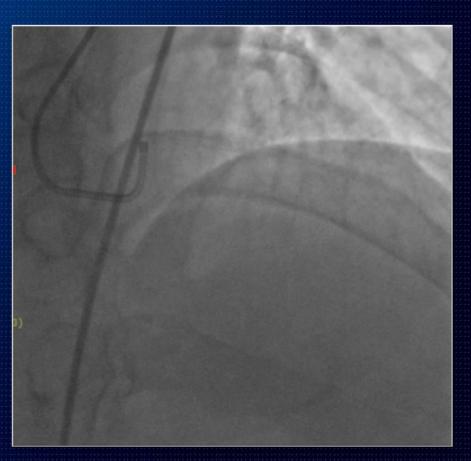


Resting chest pain

Case: M/57

DM (+), HTN (+)
Dyslipidemia (+)







Coronary angiography - FFR

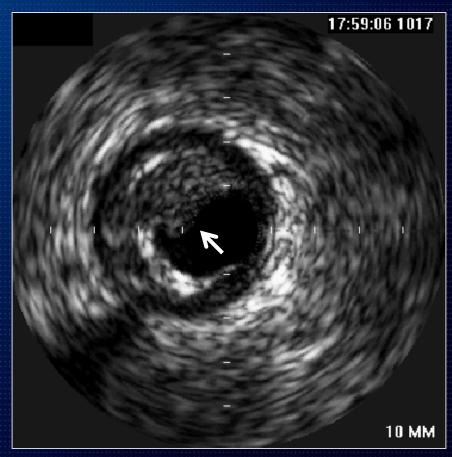






IVUS







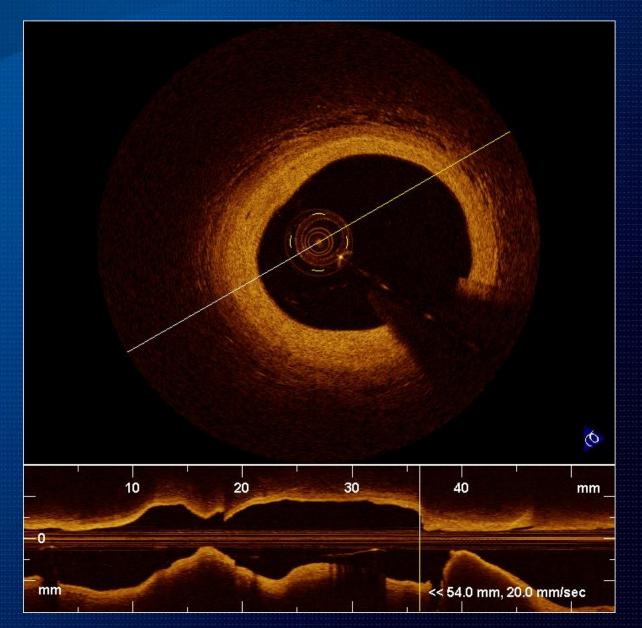
IVUS-VH



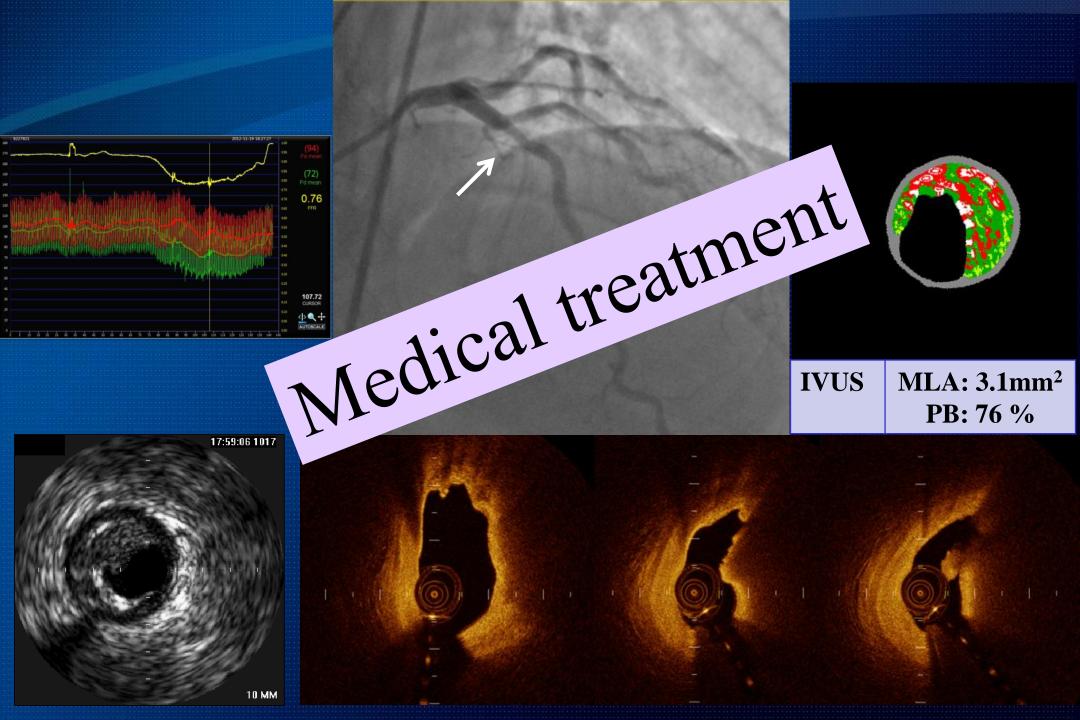
MLA: 3.1mm²
Plaque Burden 76%
VH-TCFA



OCT







What does this value mean?



Need to dilate

Why? How to treat?

Anatomical optimization with IVUS/OCT

Functional optimization with FFR

Take home message

 Tailored approach to treatment of individual coronary artery disease with multimodality diagnostic tool like FFR, IVUS and OCT will be better outcome for CV disease.



Thank you for your attention!

