



'ELITEAM'- ESTABLISHMENT OF THE ELI INSTITUTE AT THE
UNIVERSITY OF SZEGED: FOUNDATION OF INTERDISCIPLINARY
RESEARCH IN THE FIELD OF LASERS AND THEIR APPLICATIONS

APPLICATION OF OPTICAL COHERENCE TOMOGRAPHY IN CORONARY INTERVENTIONS

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CARDIOLOGY CENTER
UNIVERSITY OF SZEGED

TÁMOP-4.2.2.D-15/1/KONV-2015-0024 project

SZÉCHENYI 2020



HUNGARIAN
GOVERNMENT

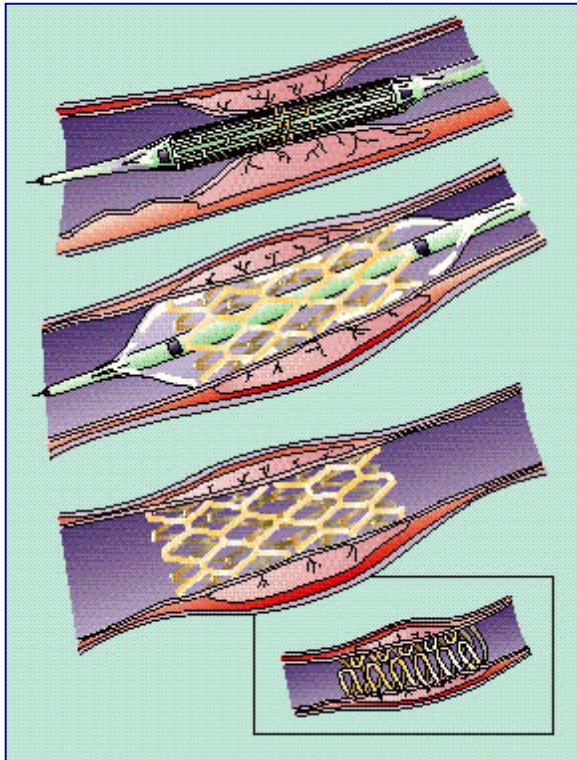
European Union
European Social
Fund



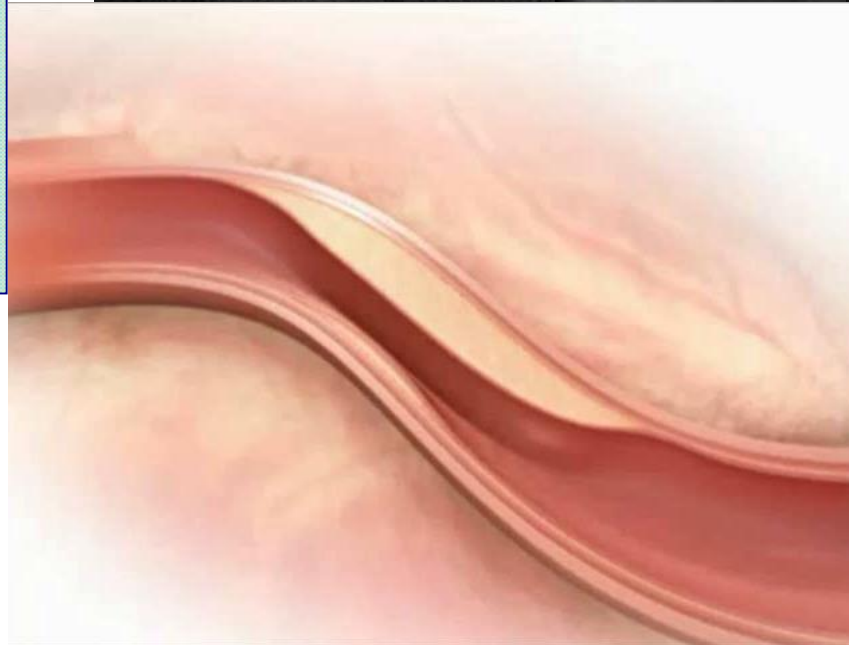
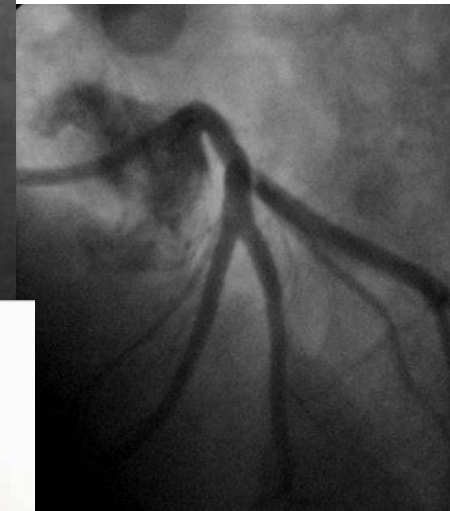
INVESTING IN YOUR FUTURE

Percutaneous Coronary Intervention:

One the most frequently performed intervention/operation in the world



***Procedural
result***



Coronary angiography

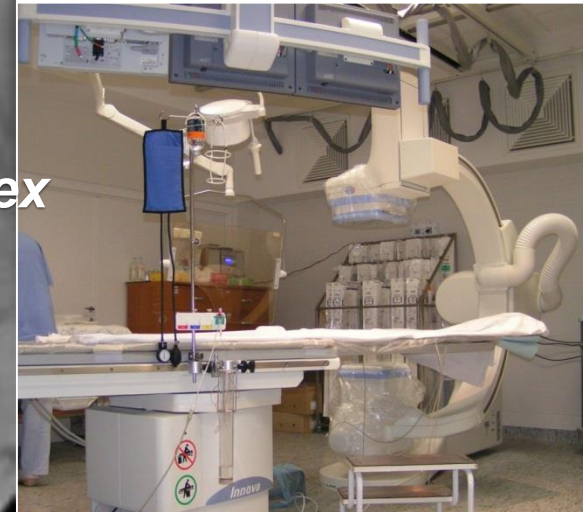
Normal left main

**Non significant left anterior
descending stenosis**

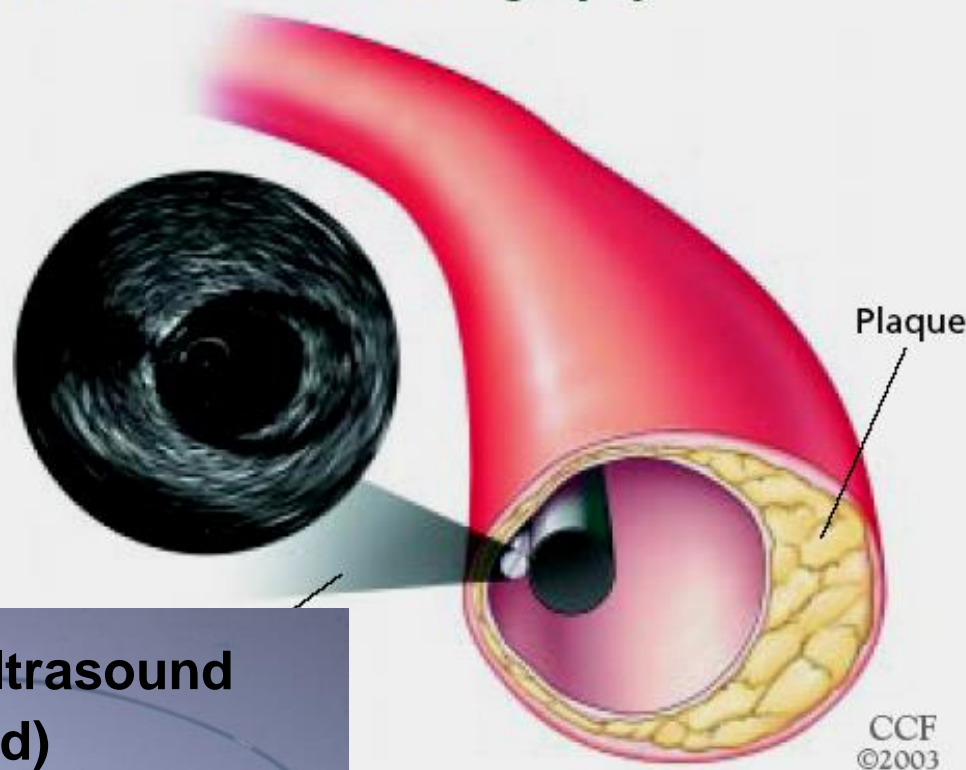
**Irregular left anterior
descending artery**

**Critical circumflex
artery stenosis**

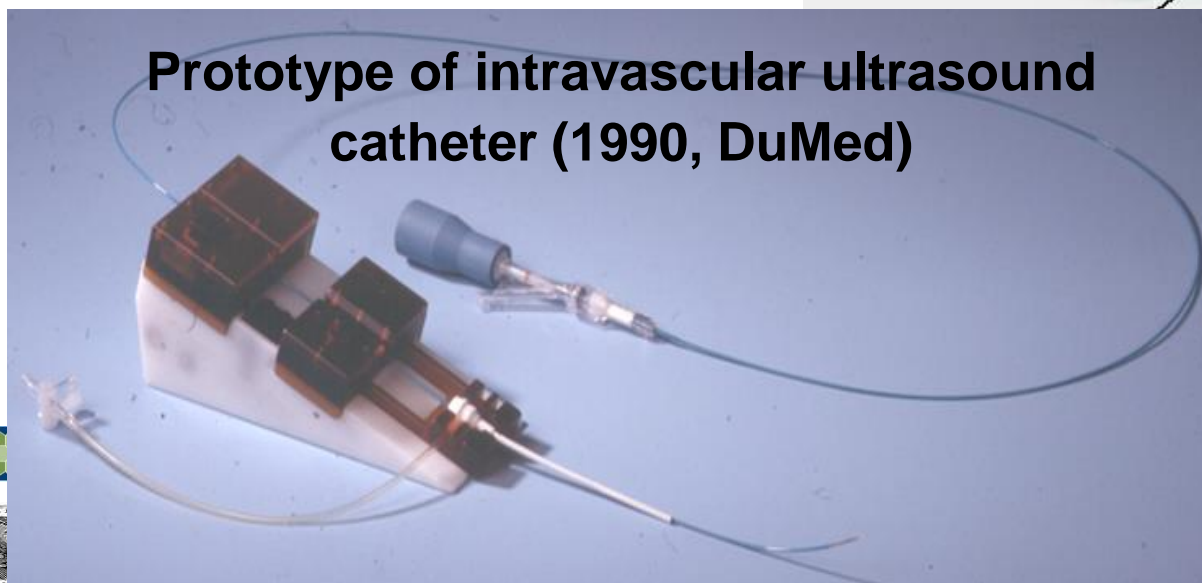
**Thrombus & ectatic
malformation in the circumflex**

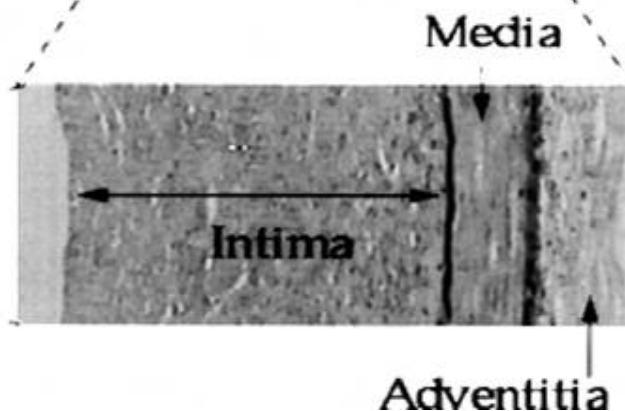
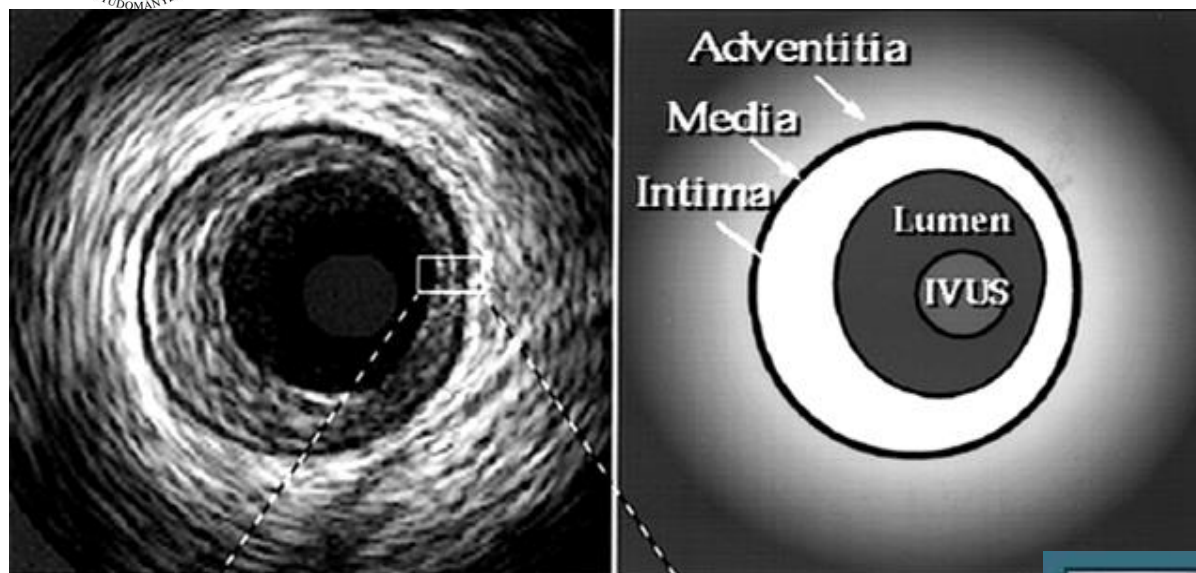


Intravascular ultrasonography



Prototype of intravascular ultrasound catheter (1990, DuMed)



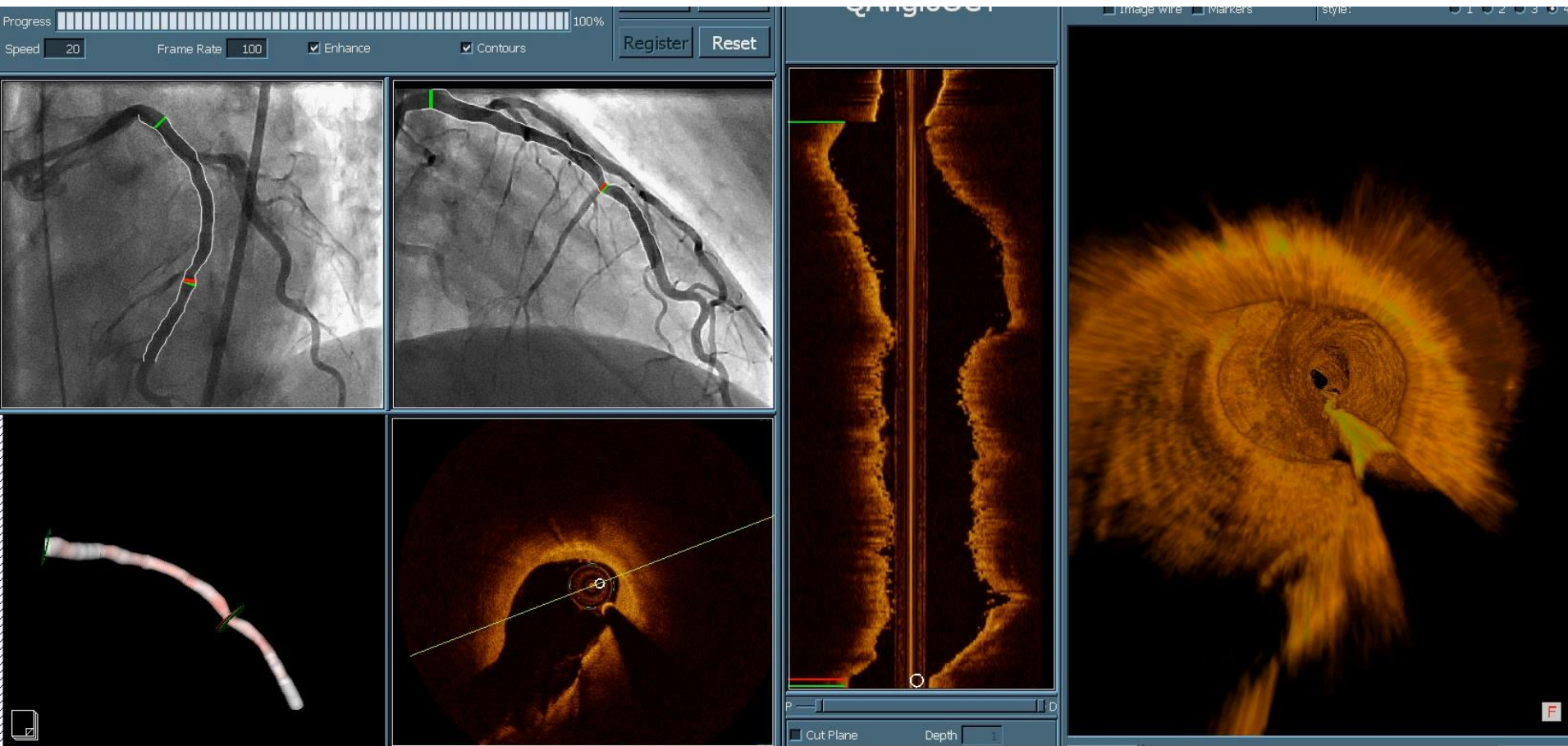


Intracoronary imaging & physiology in ESC guideline 2014

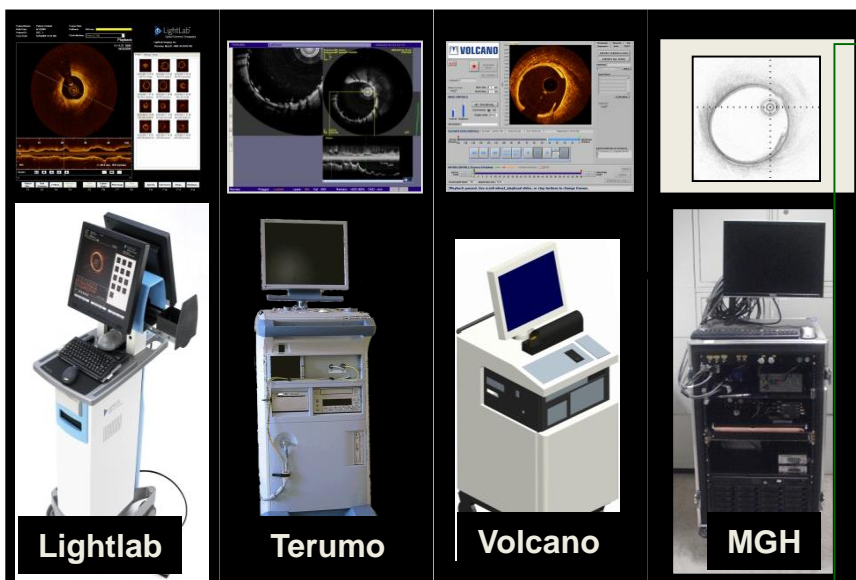
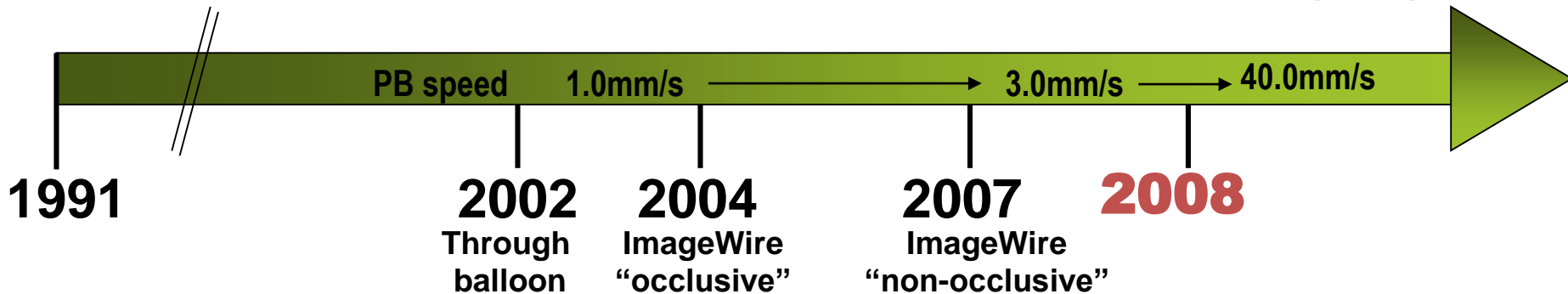
Recommendations	Class ^a	Level ^b	Ref. ^c
FFR to identify haemodynamically relevant coronary lesion(s) in stable patients when evidence of ischaemia is not available.	I	A	50,51,713
FFR-guided PCI in patients with multivessel disease.	IIa	B	54
IVUS in selected patients to optimize stent implantation.	IIa	B	702,703,706
IVUS to assess severity and optimize treatment of unprotected left main lesions.	IIa	B	705
IVUS or OCT to assess mechanisms of stent failure.	IIa	C	
OCT in selected patients to optimize stent implantation.	IIb	C	

Optical Coherence Tomography (OCT) in coronary arteries

Today's State of the Art - 2016



Evolution of intracoronary OCT imaging



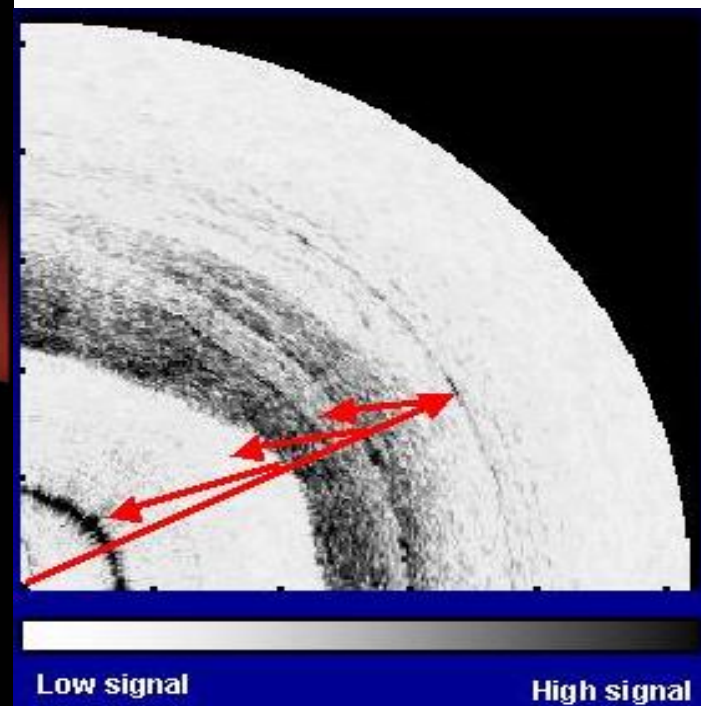
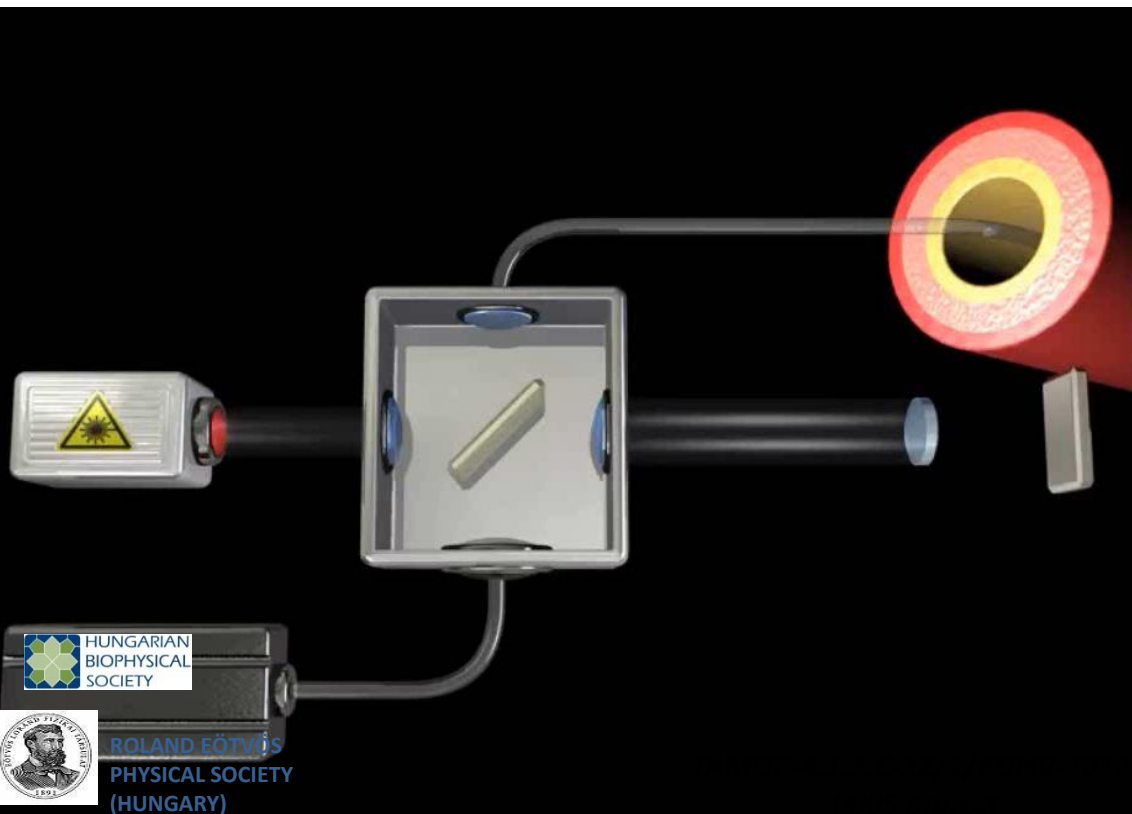
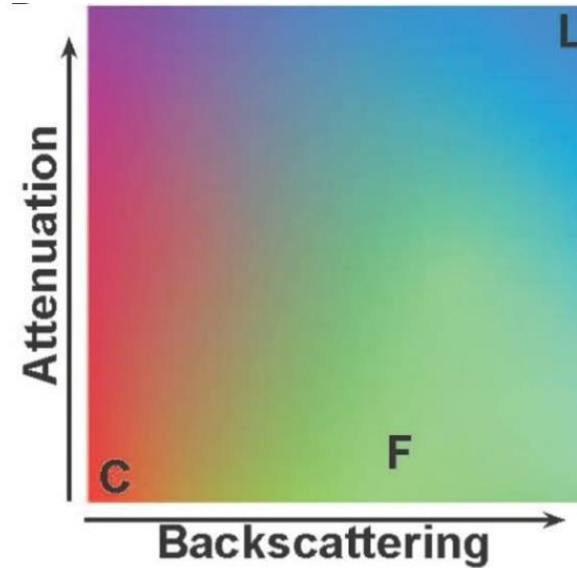
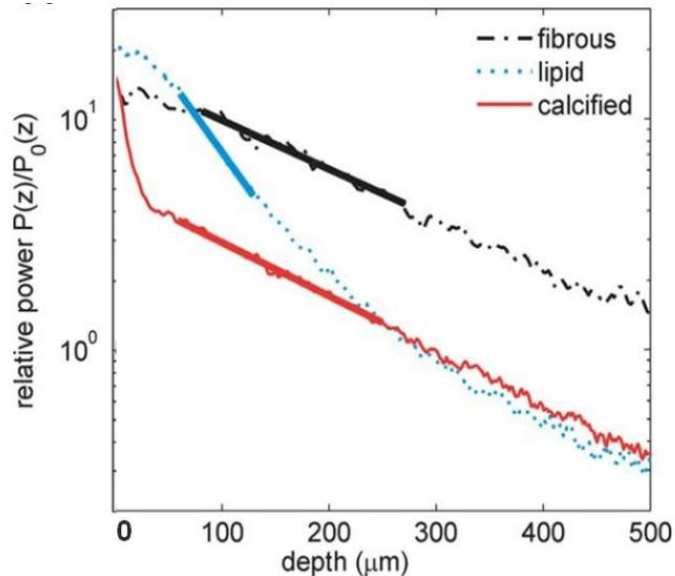
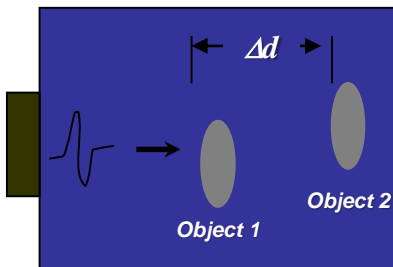
2nd Generation OCT Fourier Domain OCT


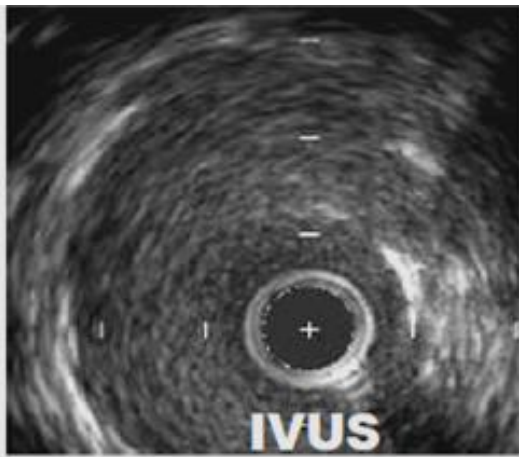
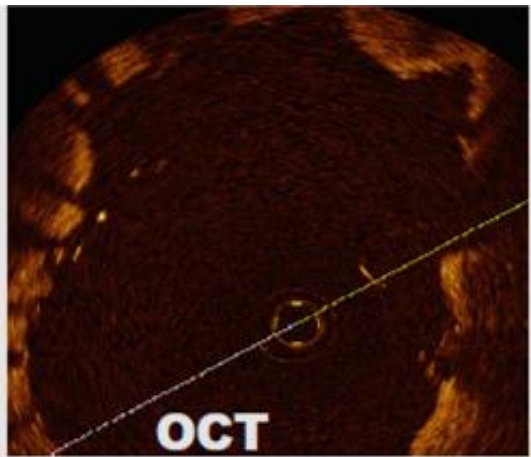
(OFDI/Frequency/Spectral Domain/Swept Source)
Monorail Imaging Catheter
Non-Occlusive



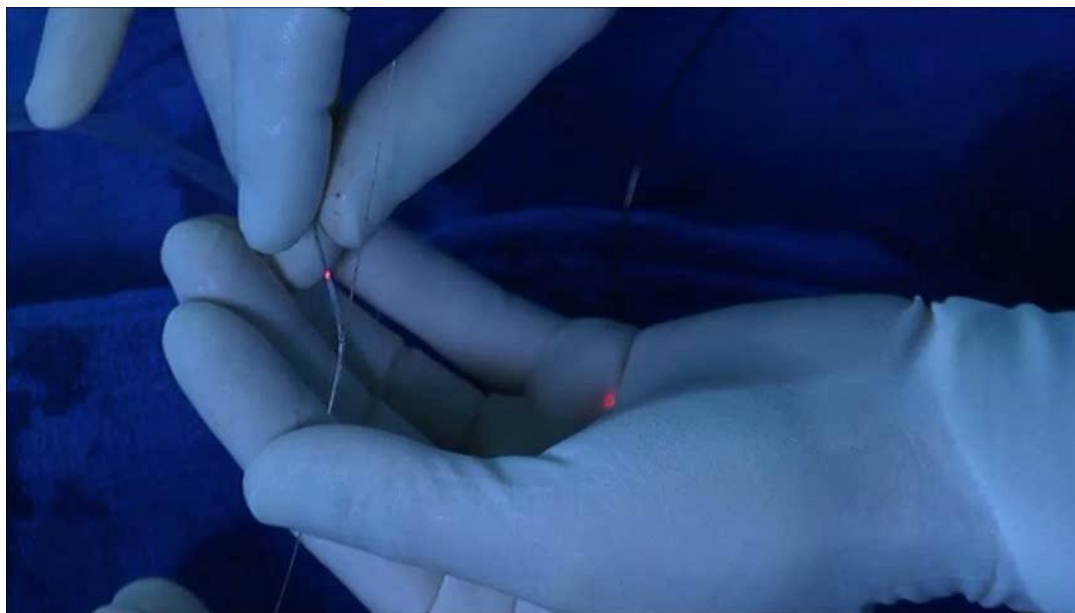
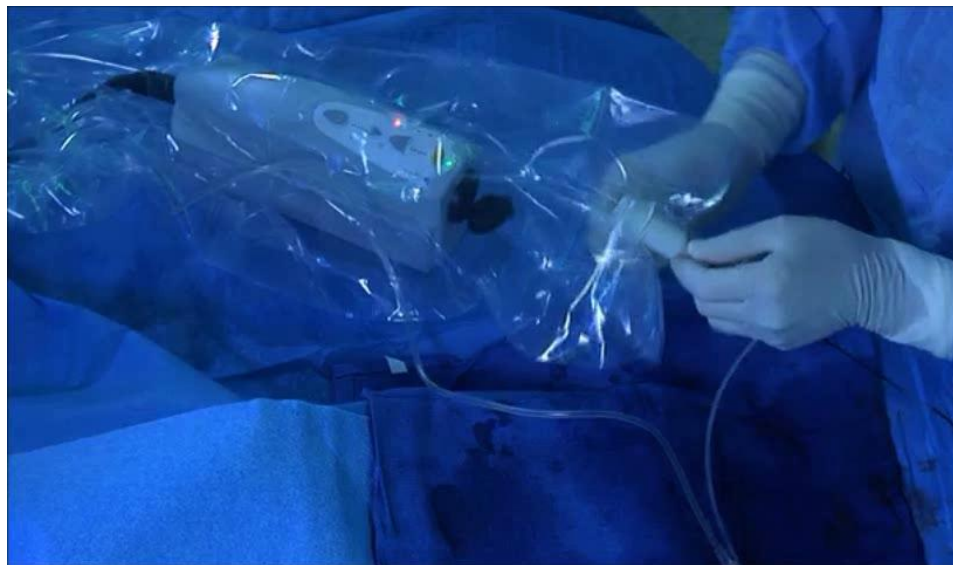
„Preparation and R&D a

Transducer
(optical lens)



	 <p>IVUS</p>	 <p>OCT</p>
Dynamic range	40-60dB	90-110dB
Resolution (axial) (lateral)	100-150 μ m 150-300 μ m	10-15 μ m 25-40 μ m
Penetration (tissue)	4-8mm	1.5mm
Frame rate	30/sec	100/sec
Pull-Back Speed	0.5-1.0mm/sec	20mm/sec
Wire artefacts	++	+

„Preparation of the concerned sectors for educational and R&D activities related to the Hungarian ELI project”



- **Fast, safe & easy imaging procedure**
- **2 OCT vendors**
- **Reliable diagnostic tool**
- **Important lesson's learned**

6F guide catheter

Guidewire of choice!

Sleek OCT catheter!

Imaging within 3 seconds

Limited contrast ~ 15ml

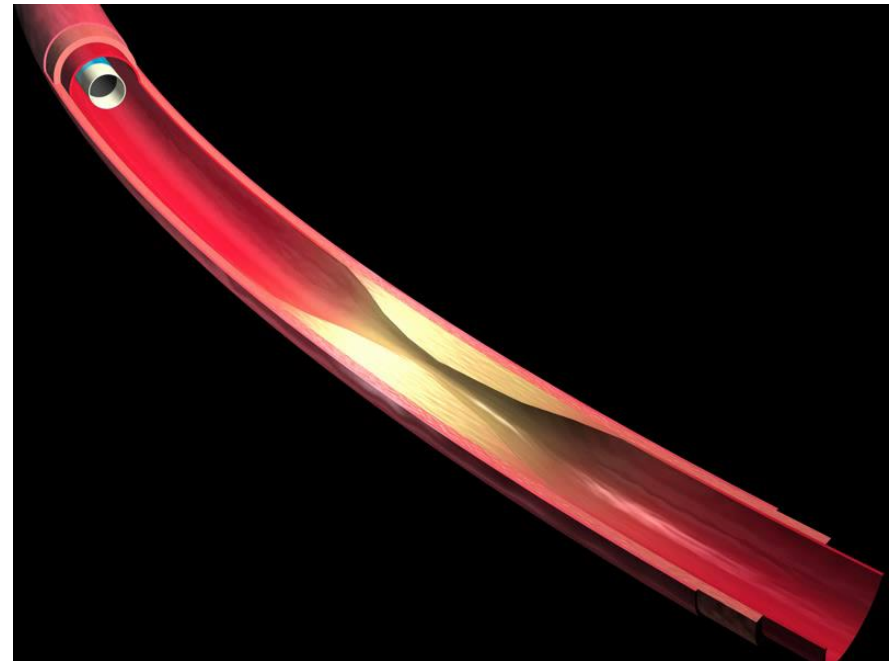
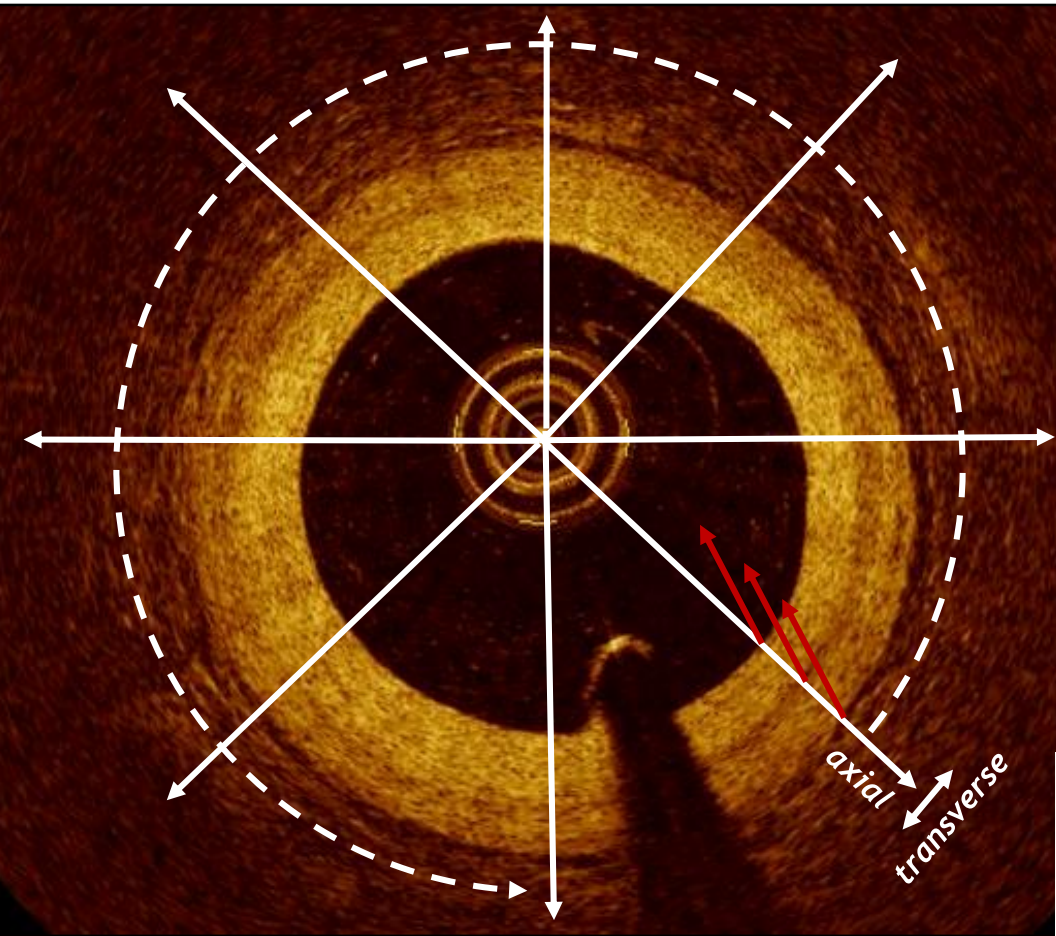
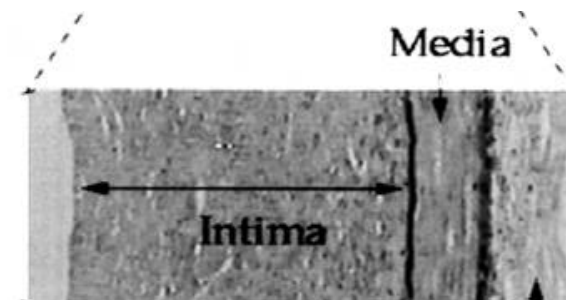


Image Generation



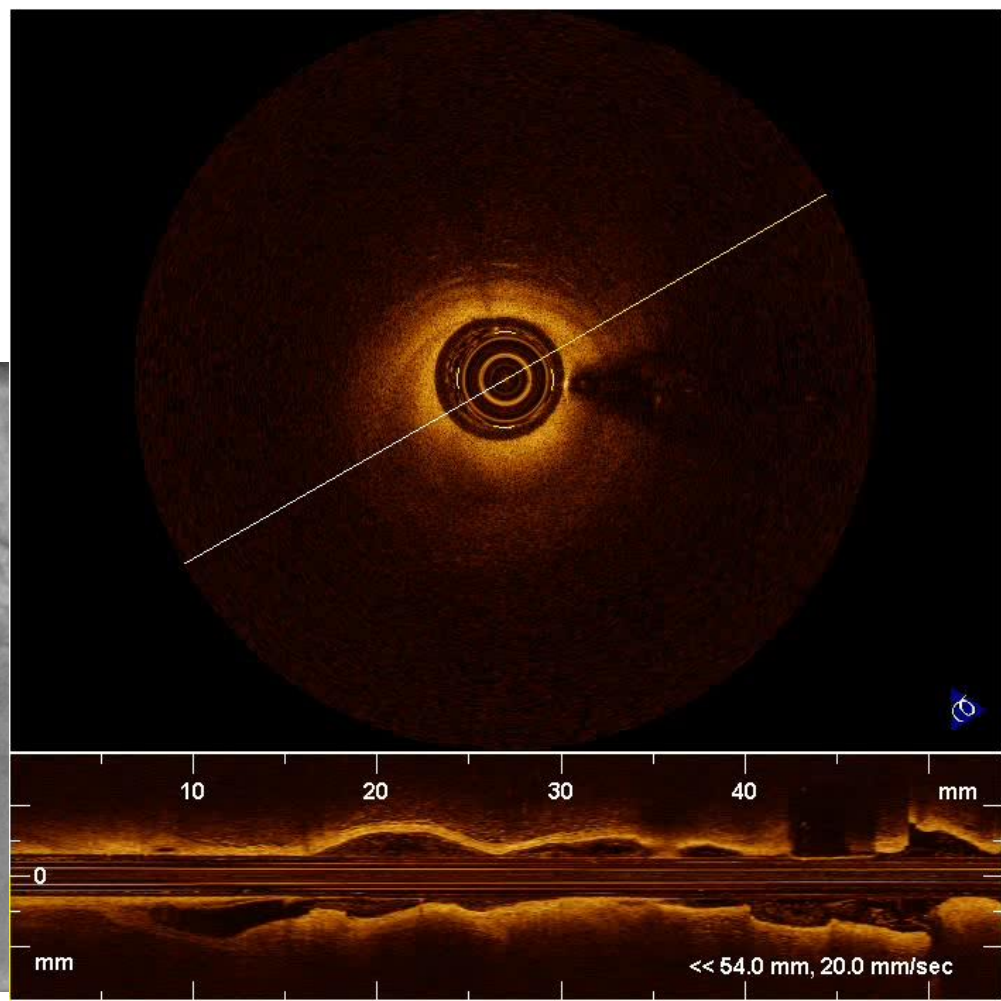
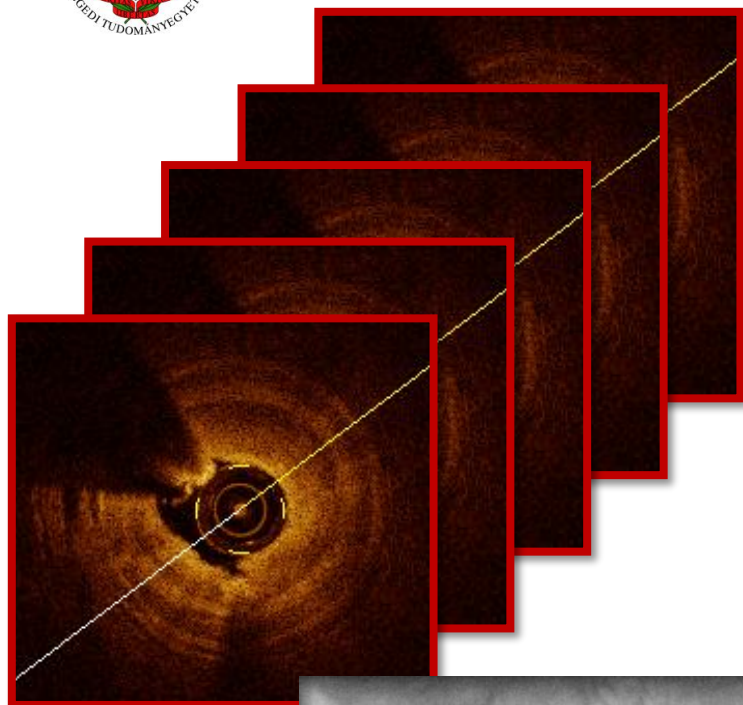
- Measure echo time delay of reflected light waves
- One pixel $\rightarrow 5 \times 19 \mu\text{m}$
- One axial line $\rightarrow 1024$ pixels
- One frame $\rightarrow 500$ axial lines
- *Optical resolution $\rightarrow 15$ axial, 20 to 40 μm transverse*



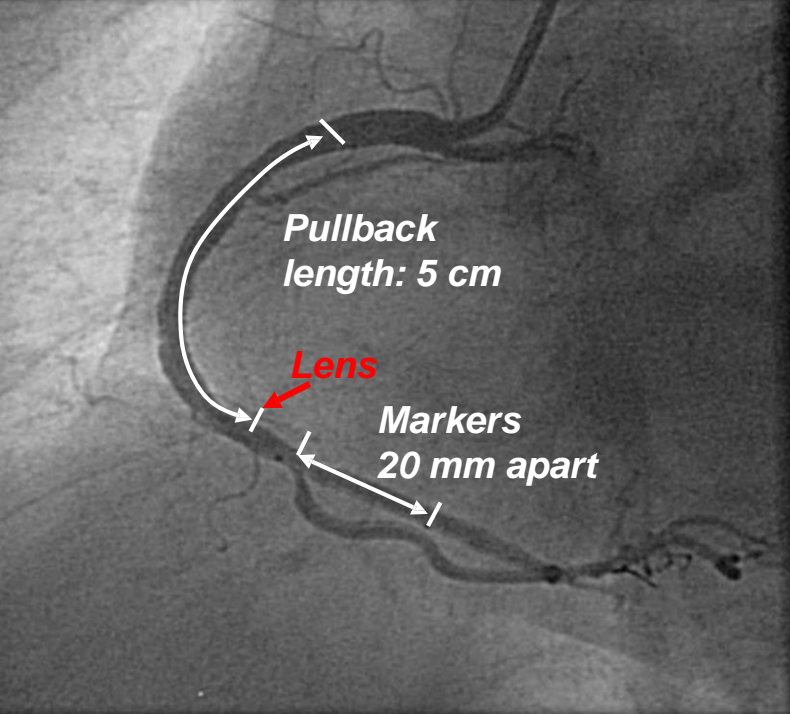
Adventitia

The project is supported by the European Union and co-financed by the European Social Fund.

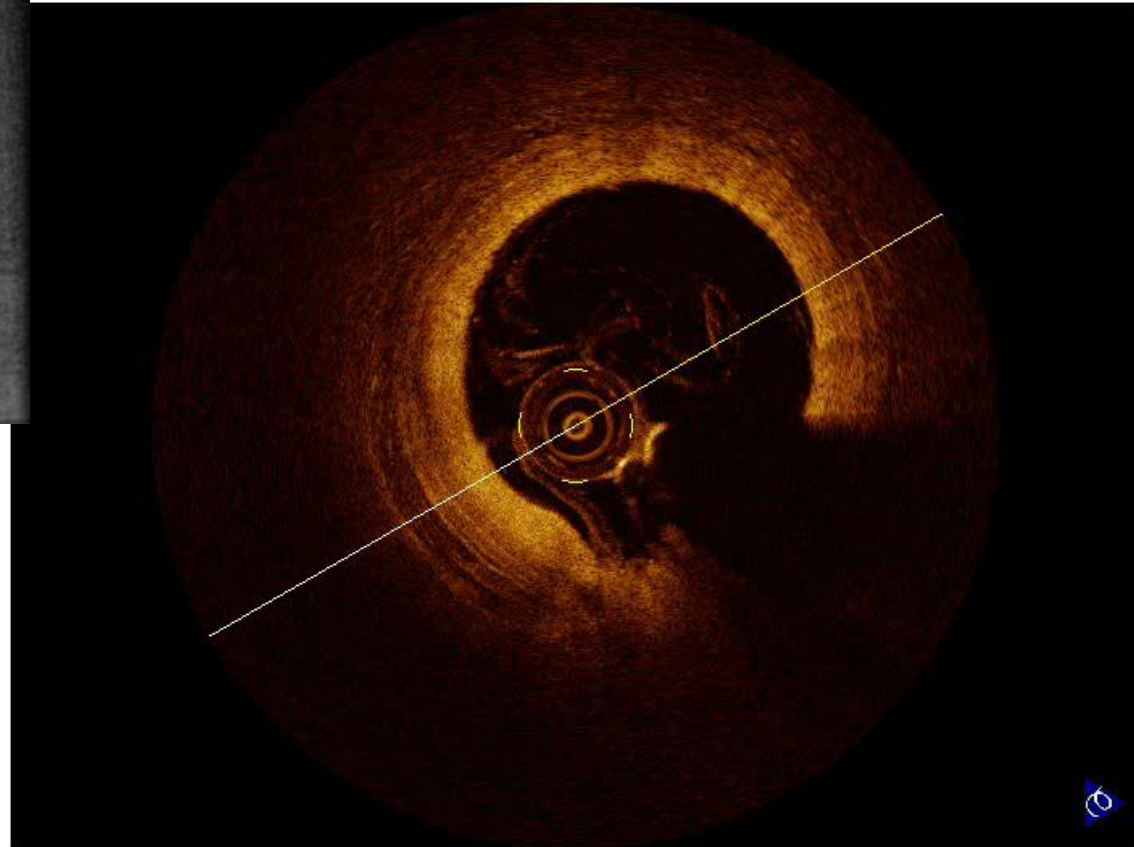
Pullback – image generation



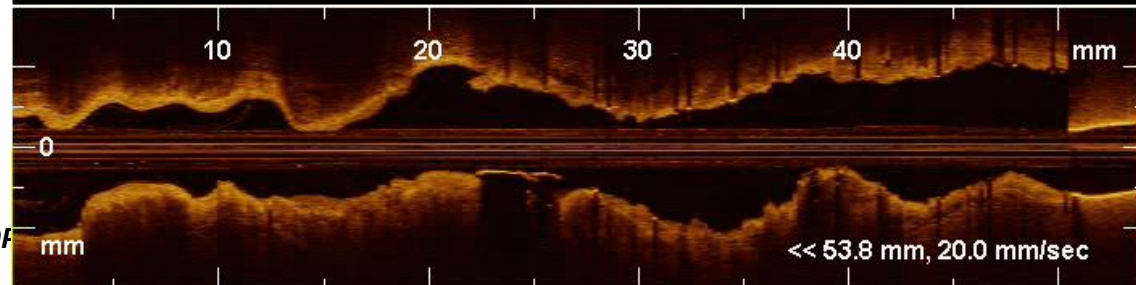
Pullback vs. Image Display



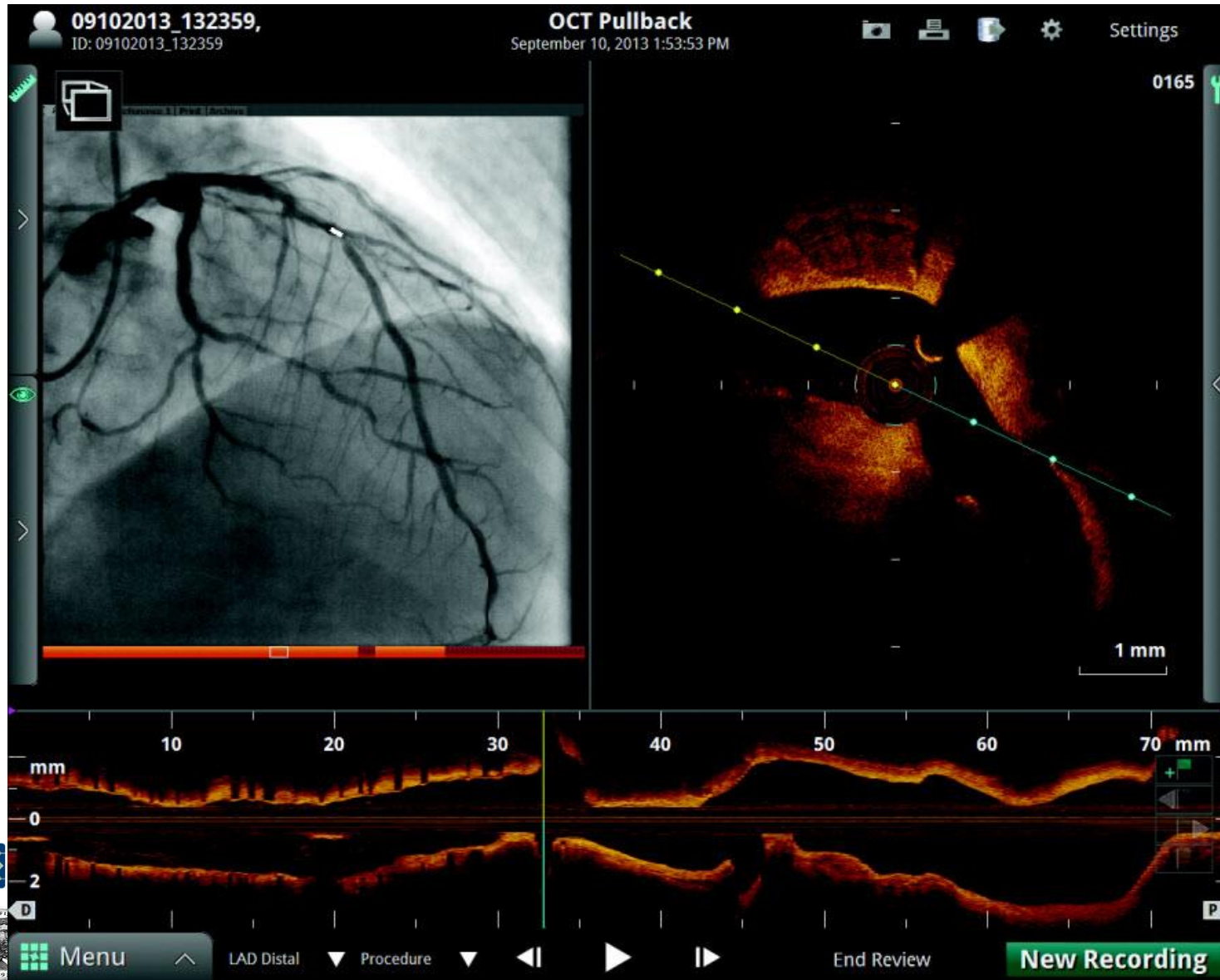
“B-Mode”
cross-sectional view →



“L-Mode”
longitudinal view →



Pullback vs. Image Display



**“B-Mode”
cross-sectional
view**

**“L-Mode”
longitudinal
view**

HUNGARY'S RENEWAL

The project is supported by
the European Union and co-financed
by the European Social Fund.

OCT cross-sectional image of a „normal” coronary artery

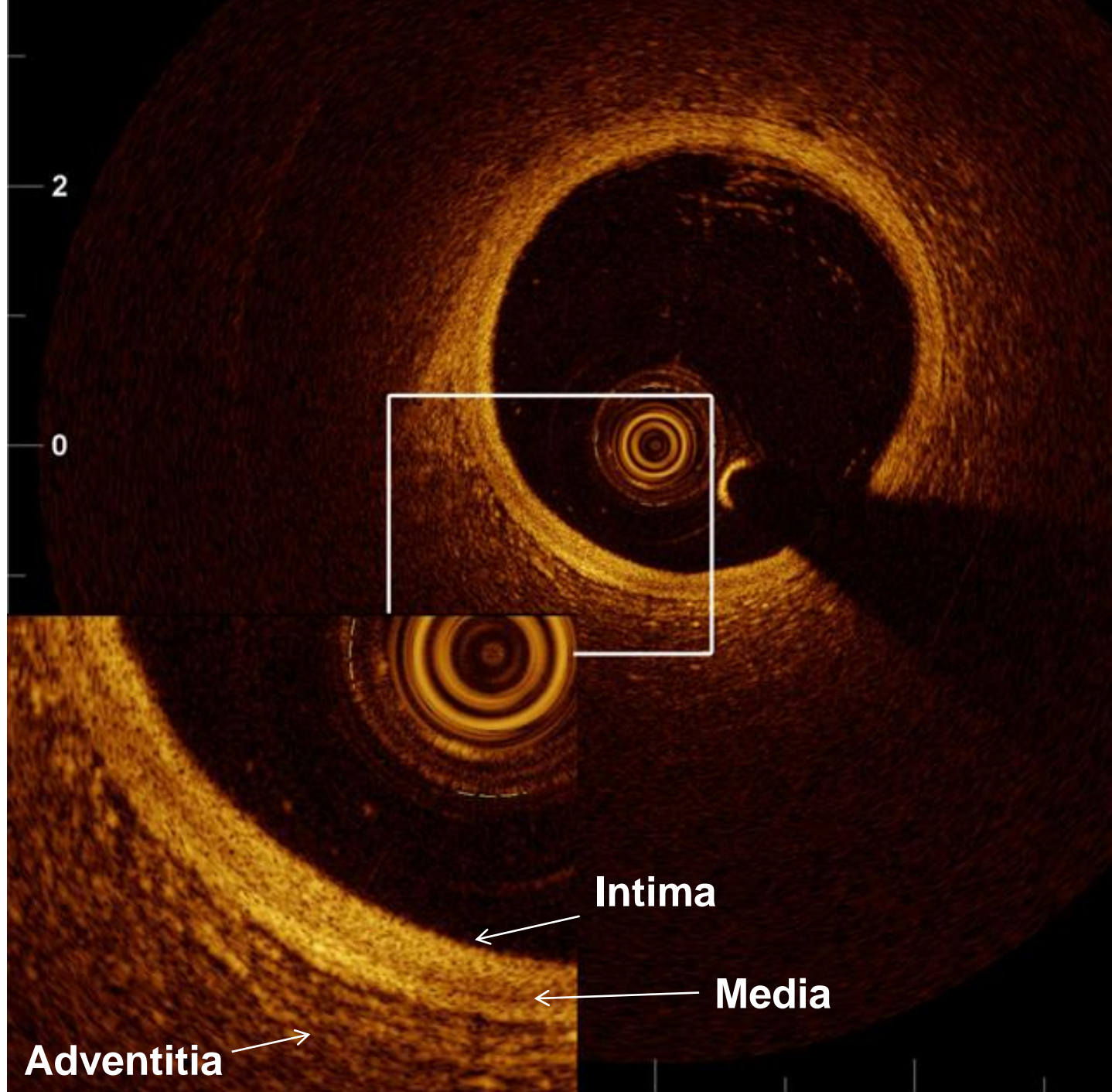
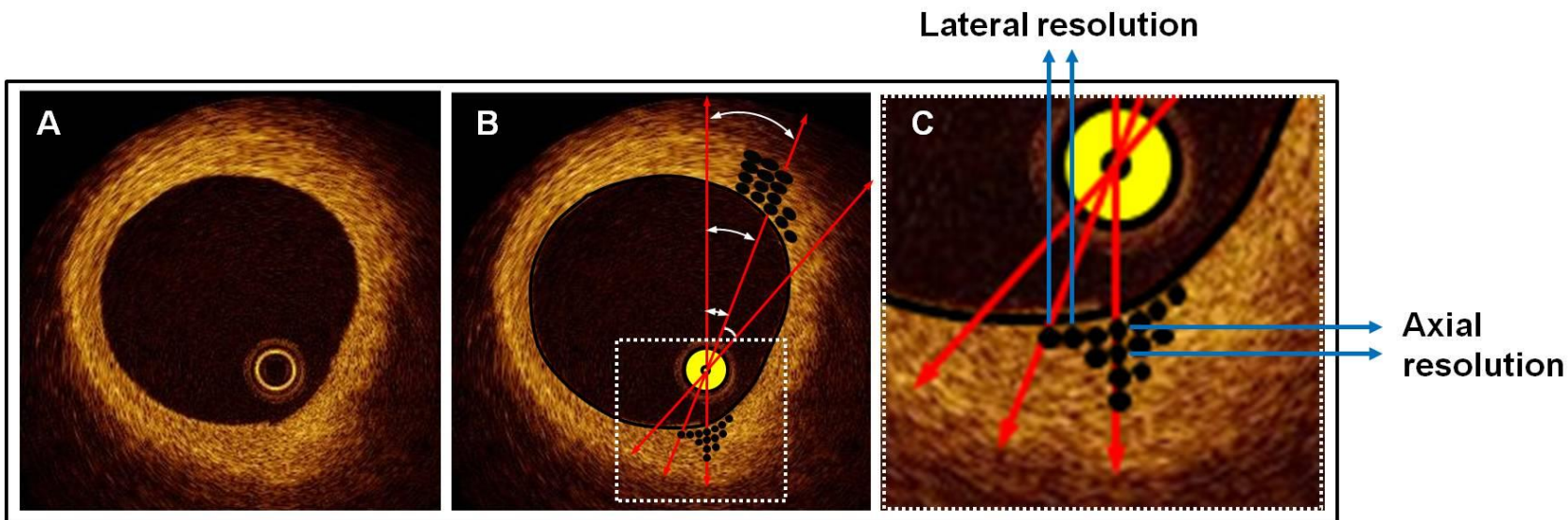
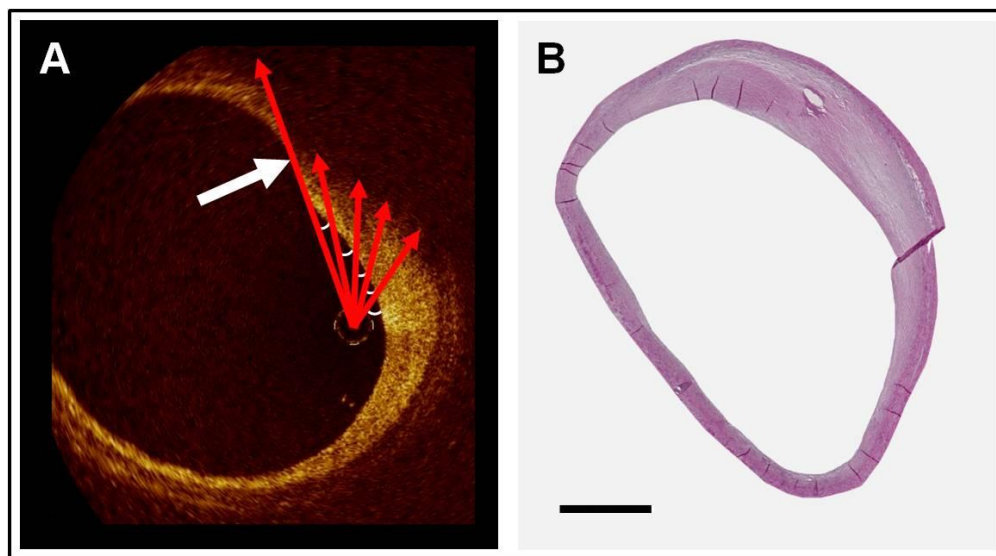


Image: pitfalls and potential artefacts



Tangential signal drop-out



TÁMOP-4.1.

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0000 project



„Preparation of the concerned sectors for educational and R&D activities related to the Hungarian ELI project”



Optical Coherence Tomography (OCT)

Today – 2016: Reliable Diagnostic Tool !



European Heart Journal
doi:10.1093/eurheartj/ehp433

REVIEW

Expert review document on methodology, terminology, and clinical applications of optical coherence tomography: physical principles, methodology of image acquisition, and clinical application for assessment of coronary arteries and atherosclerosis

Francesco Prati^{1*}, Evelyn Regar², Gary S. Mintz³, Eloisa Arbustini⁴, Carlo Di Mario⁵, Ik-Kyung Jang⁶, Takashi Akasaka⁷, Marco Costa⁸, Giulio Guagliumi⁹, Eberhard C. Herrmann¹⁰, and the Expert's OCT Review Document



European Heart Journal
doi:10.1093/eurheartj/ehs095

CURRENT OPINION

Expert review document part 2: methodology, terminology and clinical applications of optical coherence tomography for the assessment of interventional procedures

Francesco Prati^{1,2*}, Giulio Guagliumi³, Gary S. Mintz⁴, Marco Costa⁵, Evelyn Regar^{6,7}, Takashi Akasaka⁸, Peter Barlis⁹, Guillermo J. Tearney^{10,11}, Ik-Kyung Jang¹², Eloisa Arbustini¹³, Hiram G. Bezerra⁵, Yukio Ozaki¹⁴, Nico Bruining^{6,7}, Darius Dudek¹⁵, Maria Radu^{6,7}, Andrejs Erglis¹⁶, Pascale Motreff¹⁷, Fernando Alfonso¹⁸, Kostas Toutouzas¹⁹, Nieves Gonzalo²⁰, Corrado Tamburino²¹, Tom Adriaenssens²², Fausto Pinto²³, Patrick W.J. Serruys^{6,7}, and Carlo Di Mario^{24,25}, for the Expert's OCT Review Document



ROLAND EÖTVÖS



EHJ 2010 & 2012 (HUNGARY)

TÁMOP-4.1.1.C-12/1/KONV-2012-

0005 project

Journal of the American College of Cardiology
© 2012 by the American College of Cardiology Foundation
Published by Elsevier Inc.

Vol. 59, No. 12, 2011
ISSN 0735-1097/\$36.00
doi:10.1016/j.jacc.2011.09.027

MINI-FOCUS ISSUE: OPTICAL COHERENCE TOMOGRAPHY

Clinical Research

Consensus Standards for Acquisition, Measurement, and Reporting of Intravascular Optical Coherence Tomography Studies

A Report From the International Working Group for Intravascular Optical Coherence Tomography Standardization and Validation

Guillermo J. Tearney, MD, PhD, *Writing Committee Co-Chair,**
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Giovanni J. Ughi, PhD, Heleen M.M. van Beusekom, PhD, Antonius F.W. van der Steen, PhD,
Gerrit-Ann van Es, PhD, Gijs van Soest, PhD, Renu Virmani, MD, Sergio Waxman, MD,
Neil J. Weissman, MD, Giora Weisz, MD

Boston, Massachusetts; Rotterdam, the Netherlands; and Wakayama, Japan

HUNGARY'S RENEWAL

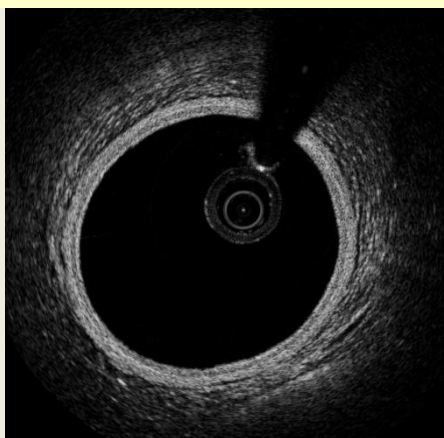
J Am Coll Cardiol. 2012

Optical Coherence Tomography (OCT)

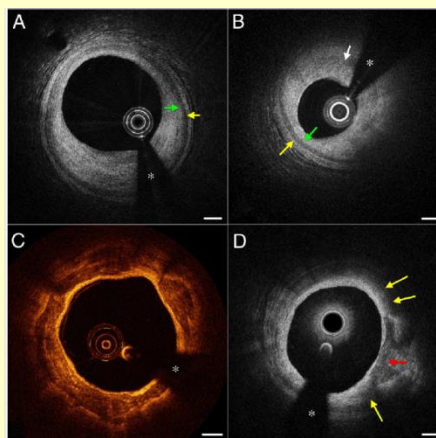
Today – 2016: Reliable Diagnostic Tool !

High Evidence Level

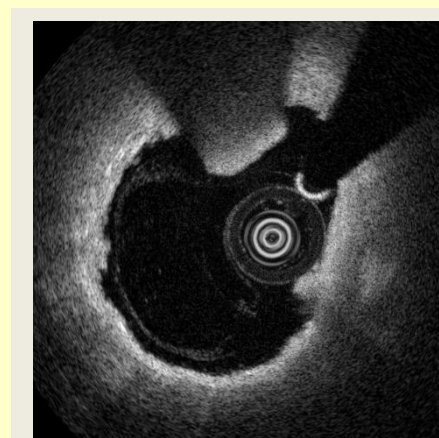
Normal vessel wall



Atherosclerosis



Thrombus

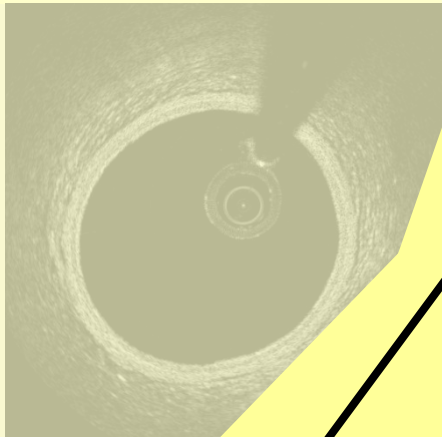


Optical Coherence Tomography (OCT)

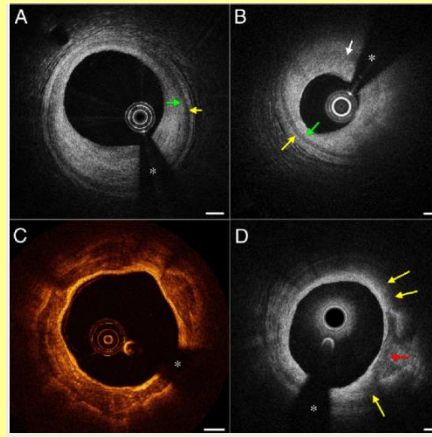
Today – 2016: Reliable Diagnostic Tool !

High Evidence Level

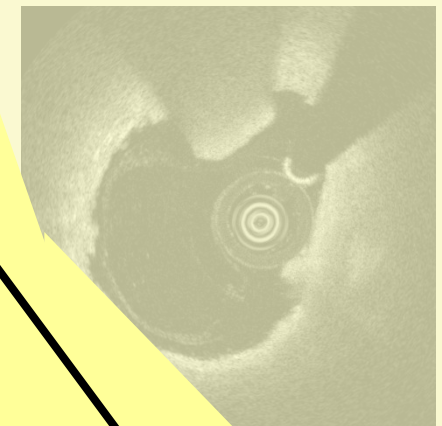
Normal vessel wall



Atherosclerosis



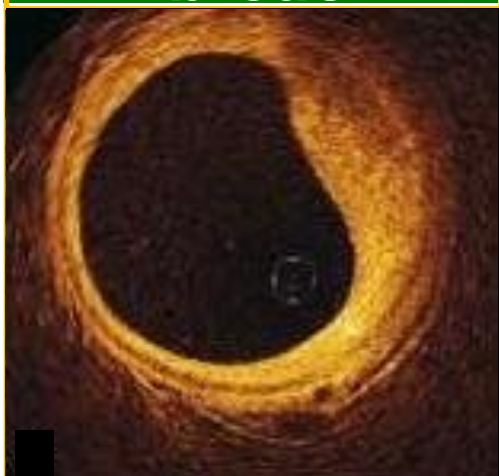
Thrombus



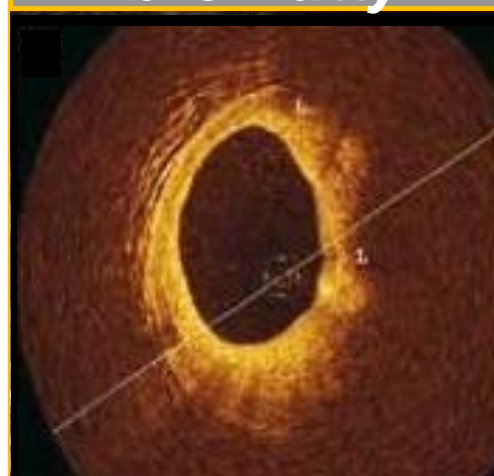
Fibrous Fibrocalcific Lipid pool Fibrous cap Rupture

2. Assess Plaque Composition

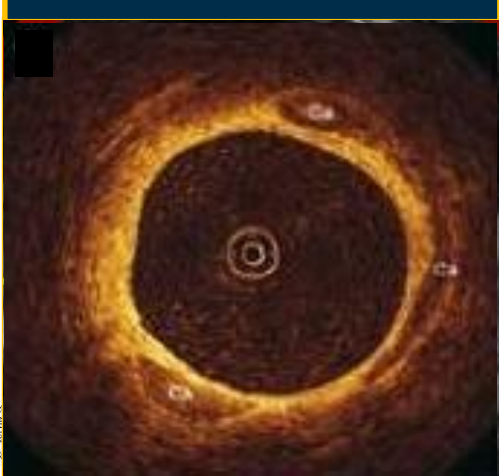
Fibrous



Fibro-Fatty



Calcific



Necrotic Core

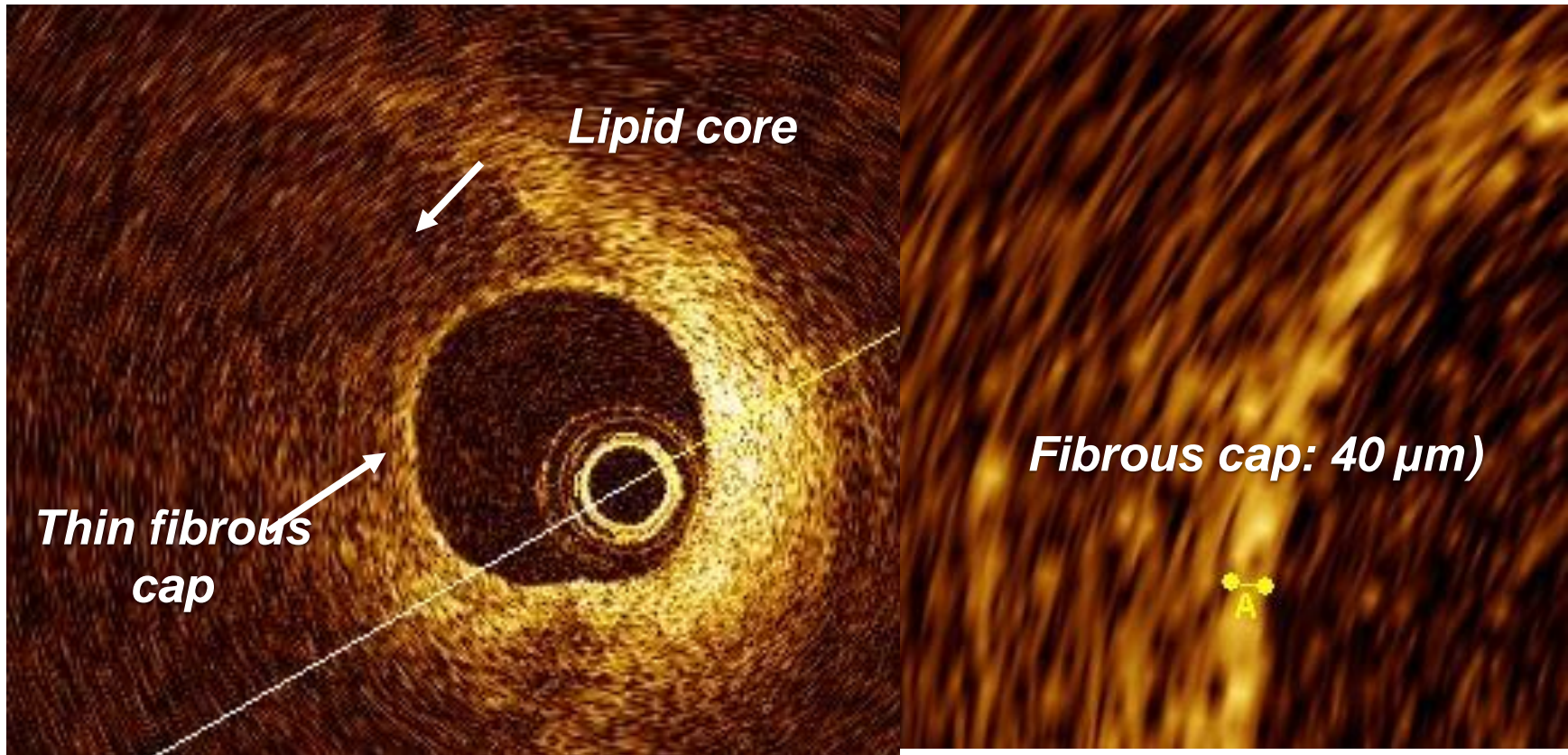


Rotablator

- **Cutting Balloon**
- **High Pressure**

Optical Coherence Tomography (OCT)

Potential tool for detection of TCFA – pathological substrate for future myocardial infarction !



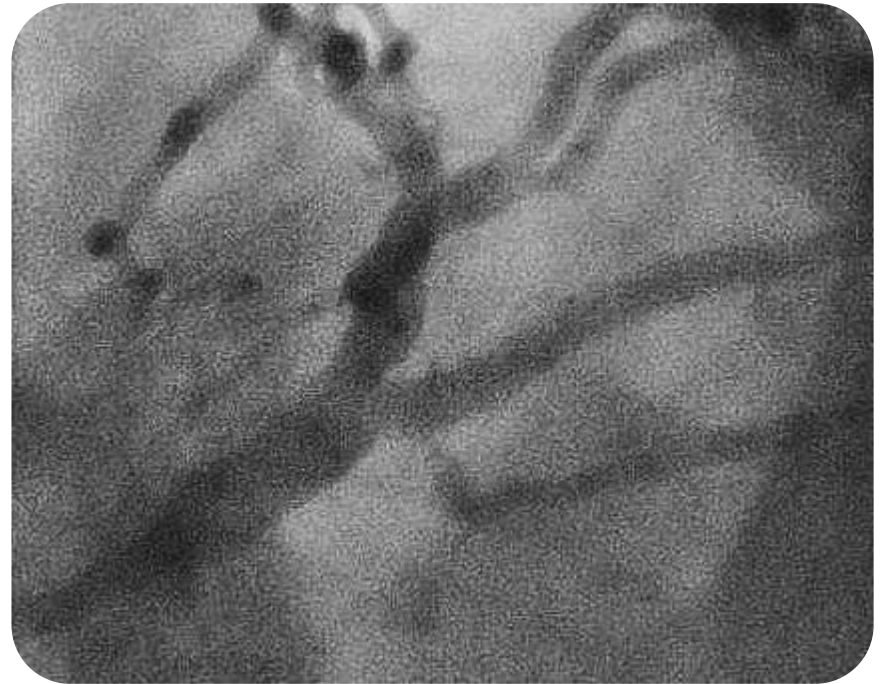
TCFA: lipid-rich atheroma with thin ($< 65 \mu\text{m}$) fibrous cap

Optical Coherence Tomography (OCT)

Today – 2016: Reliable Diagnostic Tool !

OCT is superior to angiography in LM

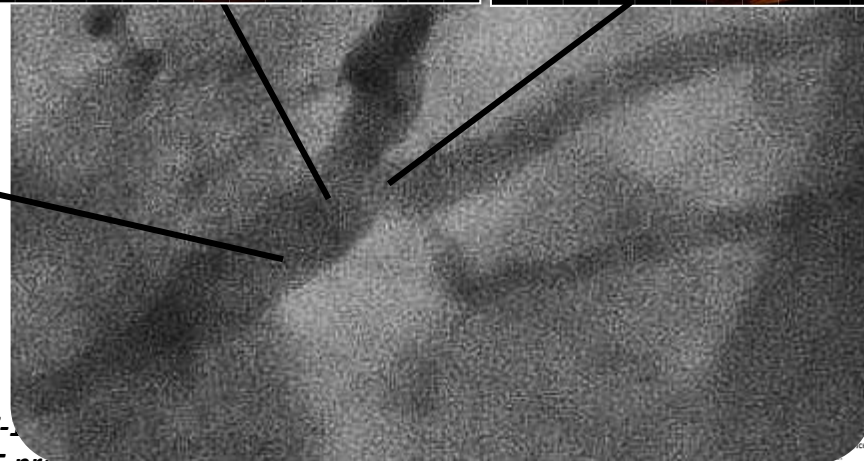
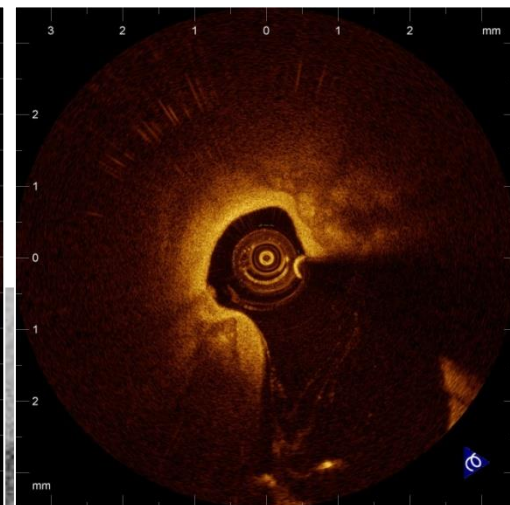
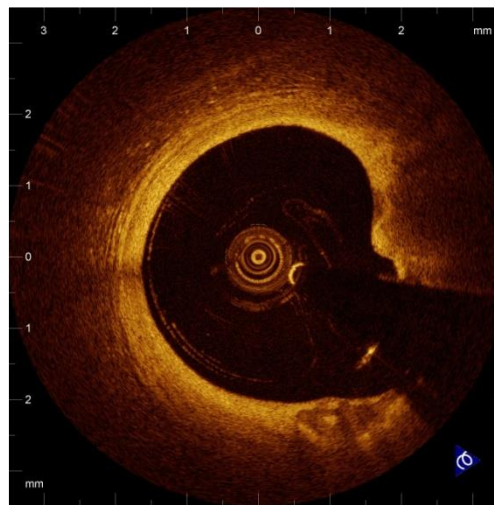
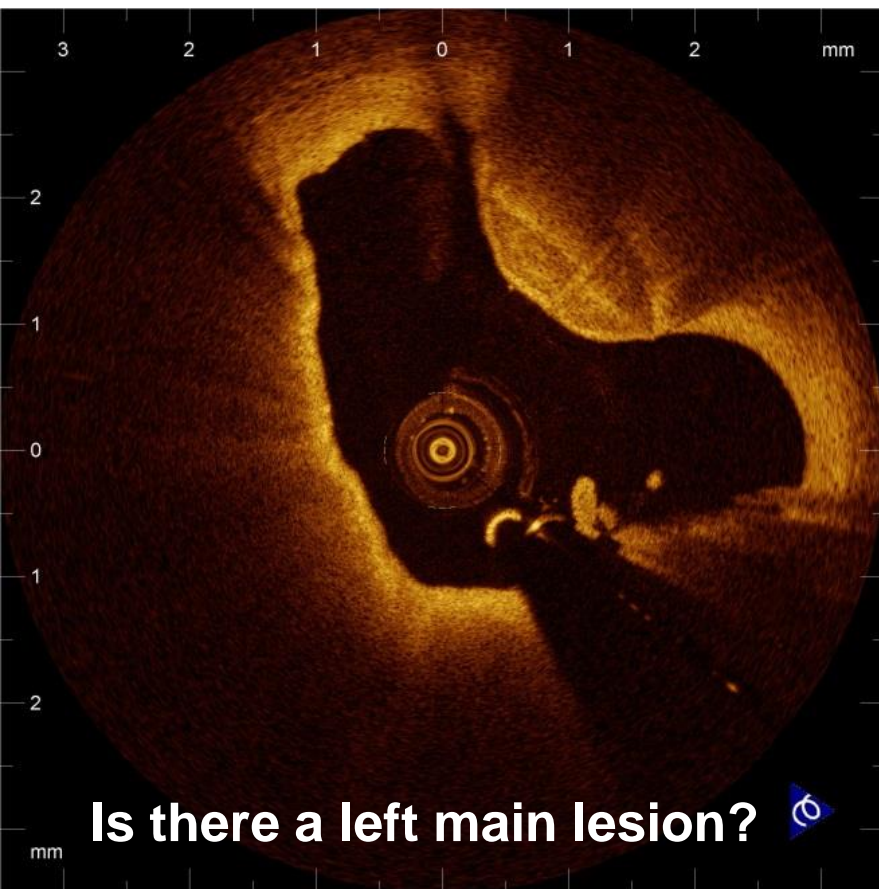
Is there a **left main** lesion?



Optical Coherence Tomography (OCT)

Today – 2016: Reliable Diagnostic Tool !

OCT is superior to angiography in LM



Optical Coherence Tomography (OCT)

Today – 2016: Reliable Diagnostic Tool !

OCT is superior to angiography

**Left Main stem lesions
Complex lesions**

OCT is prognostic in stenting

**Periprocedural complications
Clinical outcome**

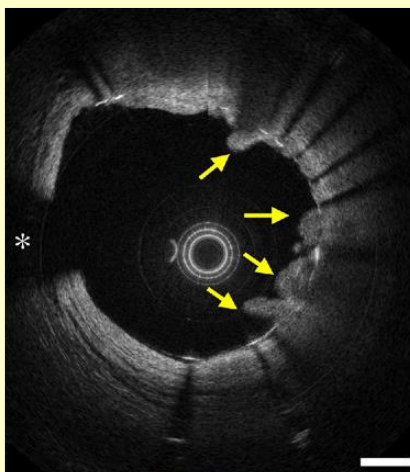
?

Optical Coherence Tomography (OCT)

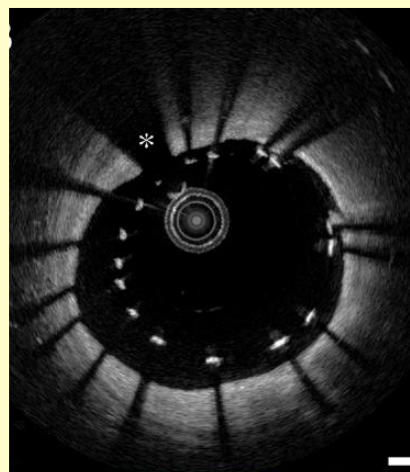
Today – 2016: Guidance in PCI (after stenting)

High Evidence Level

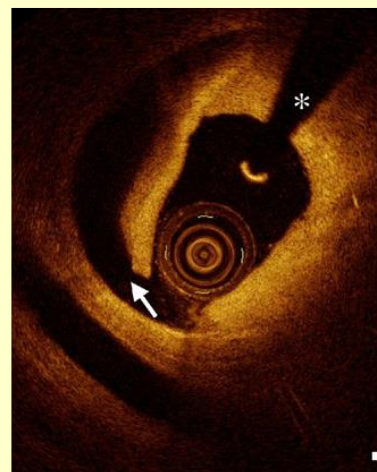
Prolapse



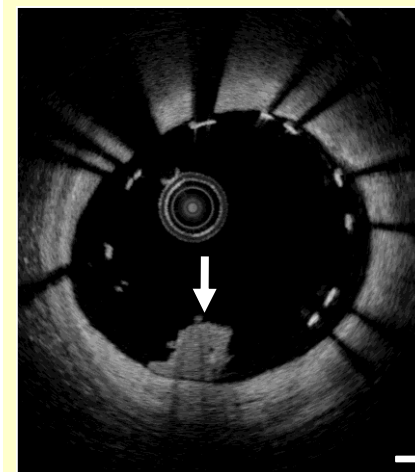
Apposition Malapposition



Dissection



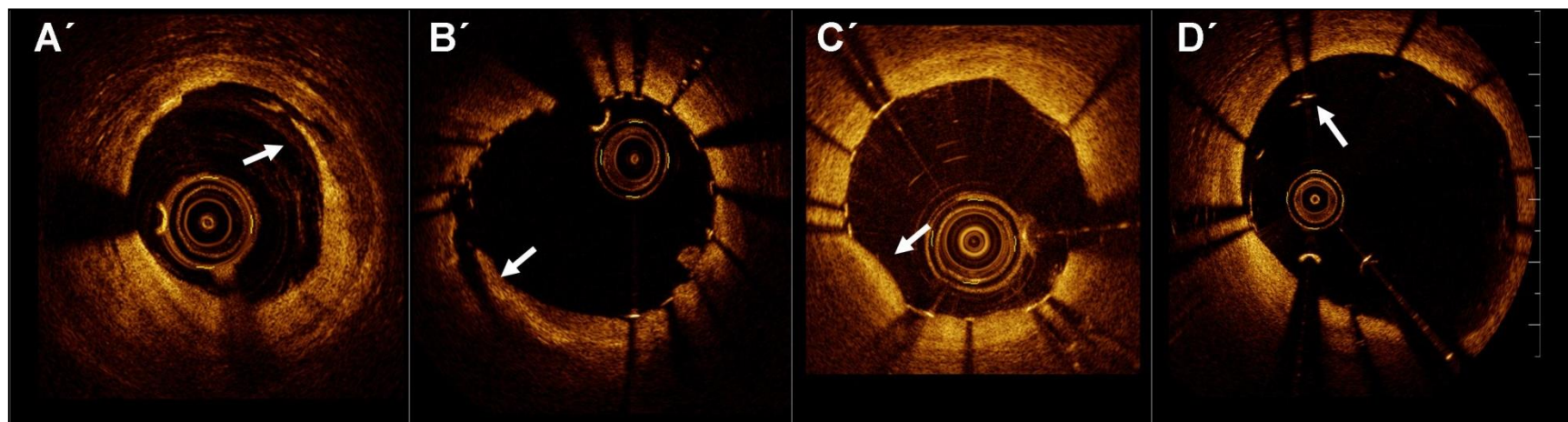
Thrombus



Optical Coherence Tomography (OCT)

Today – 2016: Guidance in PCI (after stenting)

**Suboptimal acute stent result is frequent
and missed by angiography**



**Edge
dissection**

26.0%

**Intra-stent
dissection**

87.5%

**Tissue
prolapse**

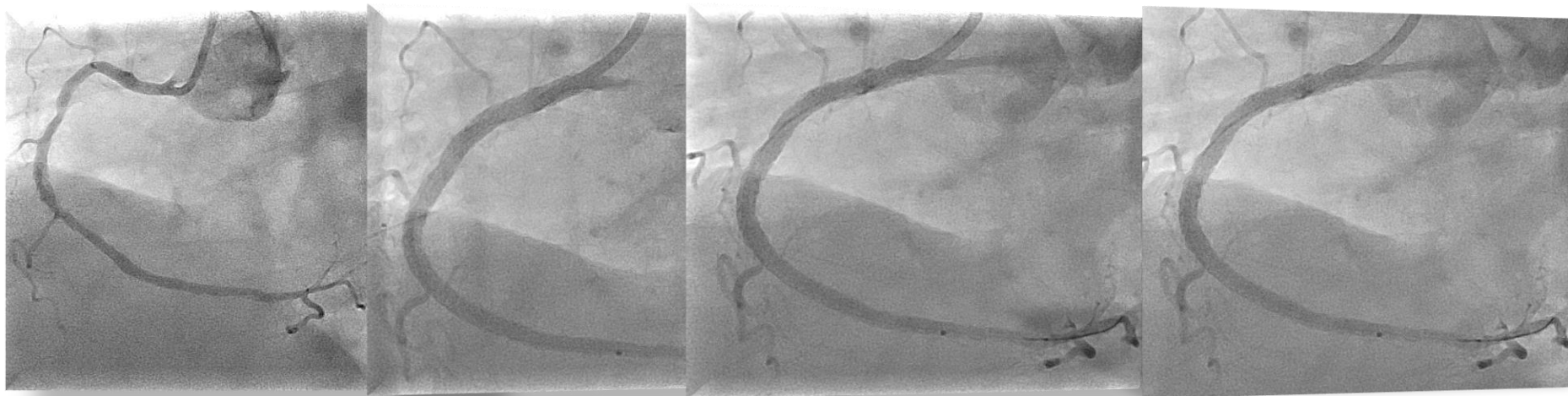
97.5%

**Strut
malapposition**

65.5%

Today – 2016: Guidance in PCI (after stenting)

Suboptimal acute stent result is frequent and missed by angiography

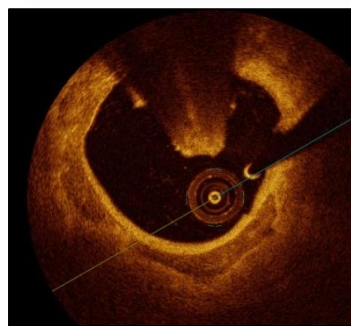


pre

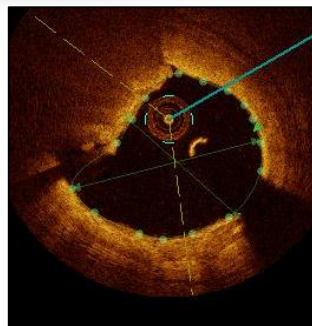
3 stents

4 stents

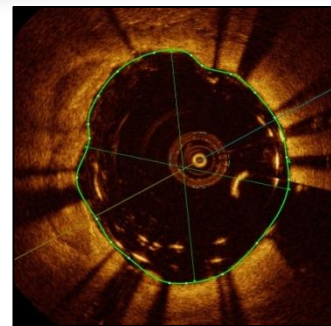
final



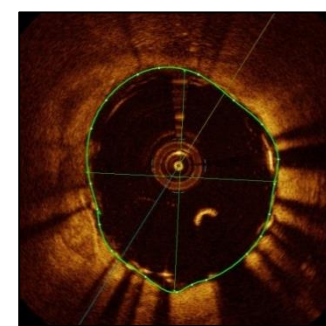
thrombus



gap



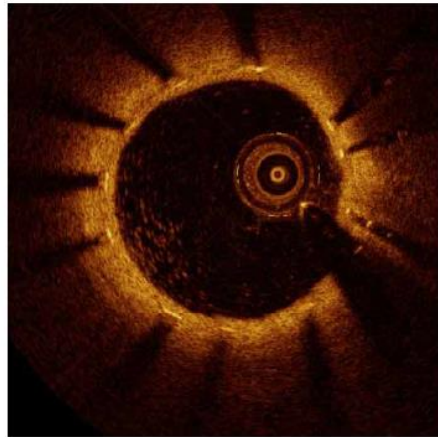
malapposition



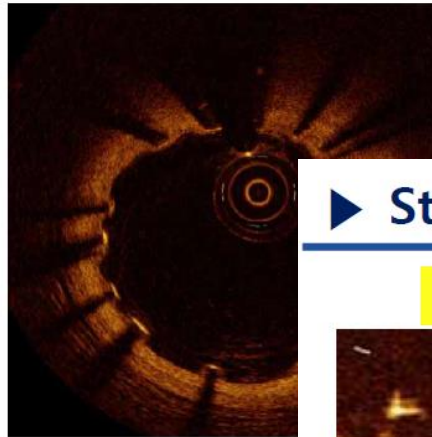
optimal

Today – 2016: Guidance in PCI (long after stenting)

Coverd stent

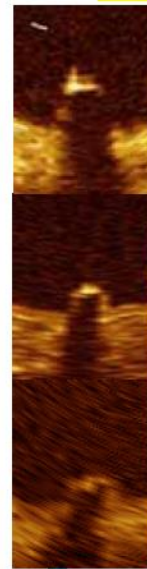


Uncoverd stent



► Stent Strut Coverage Patterns

UNCOVERED



Incomplete Apposition

Strut $\geq 200\mu\text{m}$



Complete Stent Apposition

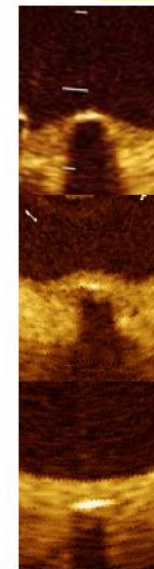
$\bullet \geq 200\mu\text{m}$



Complete Stent Apposition with irregularity



COVERED



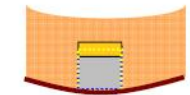
Rhombus



Rhombus with Cover

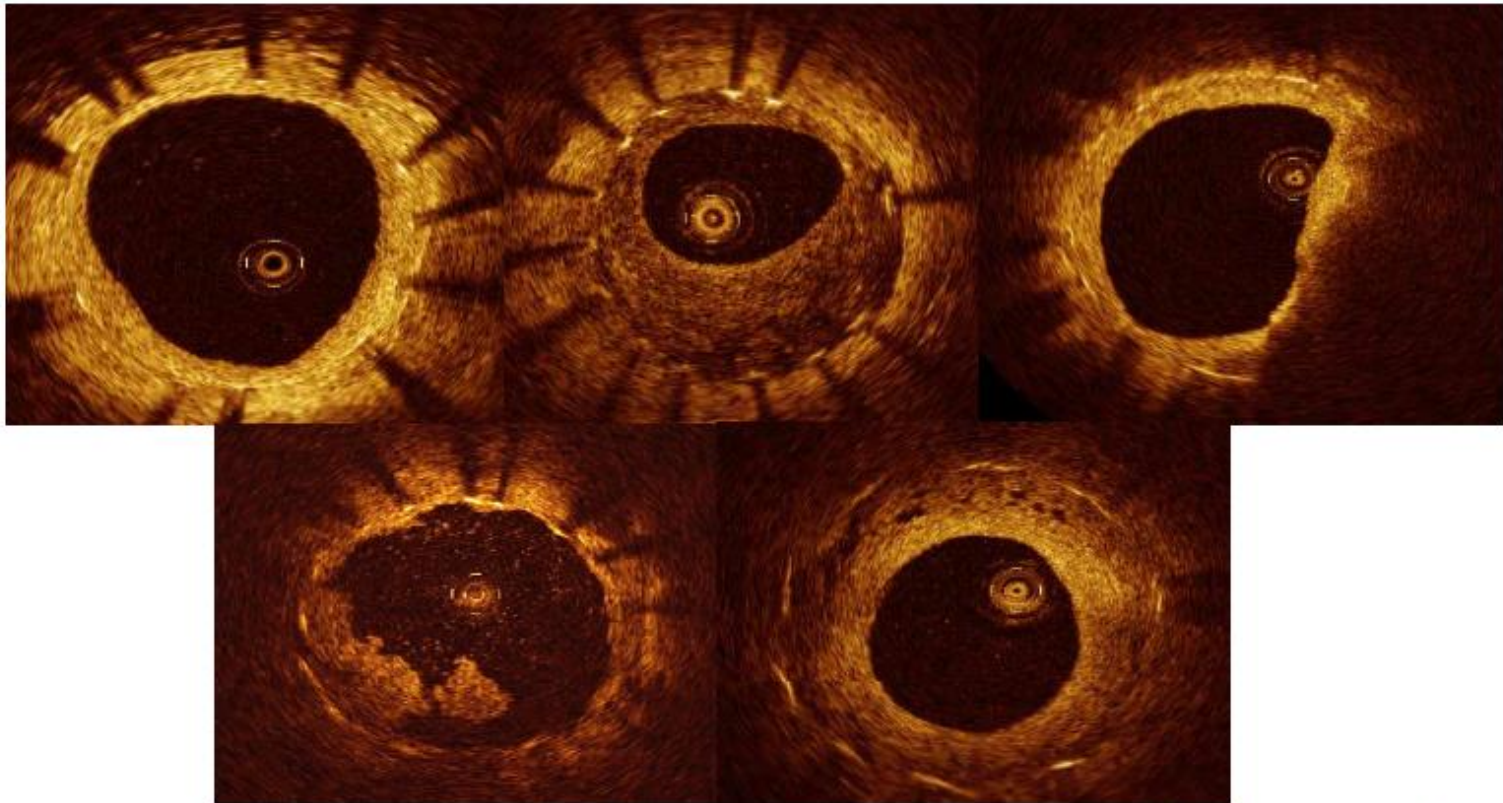


Full Cover



Today – 2016: Guidance in PCI (long after stenting)

► Qualitative neointimal Evaluation



(A) Homogeneous , (B) heterogeneous , (C) TCFA-like neointima (arrows) and lipid laden neointima (arrowheads), (D) intracoronary thrombi (arrow), (E) neovascularization (arrows).

Optical Coherence Tomography (OCT)

Today – 2016: Lesson's Learned

OCT is superior to angiography

**Left Main stem lesions
Complex lesions**

OCT is prognostic in stenting

**Periprocedural complications
Clinical outcome**

?

**OCT changed the paradigm of
DES failure**

Neoatherosclerosis

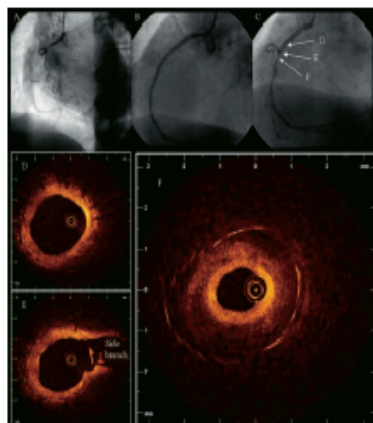
EuroIntervention

Paclitaxel-eluting stent restenosis shows three-layer appearance by optical coherence tomography

Shuzou Tanimoto, MD; Jiro Aoki, MD; Patrick W. Serruys, MD, PhD; Evelyn Regar*, MD, PhD

Thoraxcenter, Erasmus Medical Center, Rotterdam, The Netherlands.

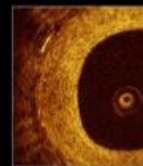
A 73-year-old woman with hypertension, hyperlipidemia and positive familial history of coronary artery disease presented with Canadian Cardiovascular Society class III angina and underwent coronary angiography, which showed a chronic occluded right



coronary artery (Panel A). The vessel was recanalized and treated with three paclitaxel-eluting stents (TAXUS®, Boston Scientific; 3.5 x 32 mm distally, 3.5 x 28 mm in the middle part, 3.5 x 12 mm proximally). Postintervention coronary angiography showed a good result (Panel B). Twelve-month follow-up angiography revealed focal in-stent restenosis (Panel C). Intracoronary optical coherence tomography (OCT: LightLabImaging™, Boston, MA, USA) pullback displayed well-expanded stents covered with a thin, homogenous, highly reflective neointimal layer (Panel D, E). In contrast, the narrowest lesion site (minimal lumen area 1.1 mm²; stent area 9.0 mm²) showed a three-layer appearance of the neointima (Panel F). The inner luminal layer appeared concentric, homogenous and signal-rich (maximal thickness 0.27 mm). A second layer consisting of a low-reflective area with poorly delineated borders followed. The third layer was in direct contact with the stent struts and revealed only minimal signal intensity. These signal-poor areas (maximal thickness 1.18 mm) might represent acellular fibrinoid deposition that has been well described in experimental studies. The patient was re-treated with repeat paclitaxel-eluting stent implantation. OCT is an analogue of intravascular ultrasound with an ultra-high resolution (10 µm) superior to any current available imaging modalities. This imaging device may be useful in visualizing neointimal growth in drug-eluting stents and improve our understanding of its underlying pathophysiology in the future.

Tanimoto et al. Eurointervention 2006

Restenotic tissue structure



Homogeneous: restenotic tissue has uniform optical properties and does not show focal variations in backscattering pattern.

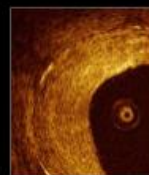


Heterogeneous: restenotic tissue has focally changing optical properties and shows various backscattering patterns

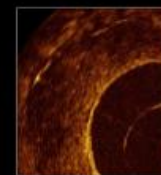


Layered: restenotic tissue consists of concentric layers with different optical properties: an adluminal high scattering layer and an abluminal low scattering layer

Restenotic tissue backscatter

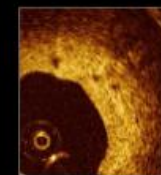


High: the majority of the tissue shows high backscatter and appears bright

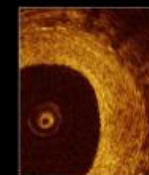


Low: the majority of the tissue shows low backscatter and appears dark or black

Microvessels visible

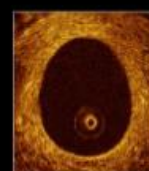


Yes: microvessels appear as well delineated low backscattering structures less than 200 micron in diameter that show a trajectory within the vessel



No

Lumen shape



Regular: lumen border is sharply delineated, smooth and circular

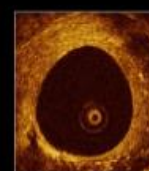


Irregular: lumen border is irregular with tissue protrusions from the vessel wall into the lumen

Presence of intraluminal material



Yes: there is visible material inside the vessel lumen.



No

Gonzalo et al. Am Heart J 2009



„Preparation of the concerned sectors for educational and R&D activities related to the Hungarian ELI project”



Optical Coherence Tomography (OCT)

Today – 2016: Lesson's Learned

Accepted Manuscript

Intracoronary thrombus on optical coherence tomography in a patient with variant angina; treatment and follow-up

Péter Hausinger, Imre Ungi, Gyula Szántó, László Hajtman, Tamás Forster, Evelyn Regar, Attila Thury

PII: S0167-5273(14)01242-X
DOI: doi: [10.1016/j.ijcard.2014.07.050](https://doi.org/10.1016/j.ijcard.2014.07.050)
Reference: IJCA 18368

To appear in: *International Journal of Cardiology*

Received date: 18 May 2014

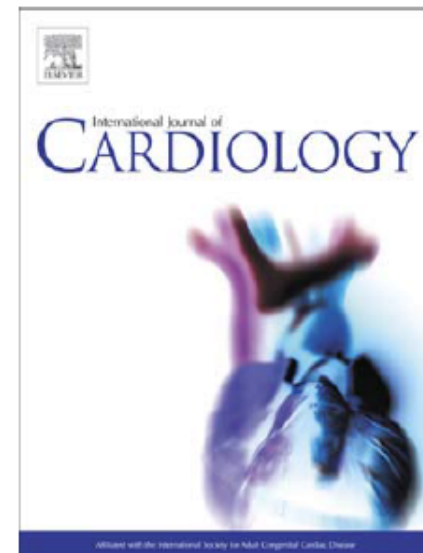
Accepted date: 5 July 2014



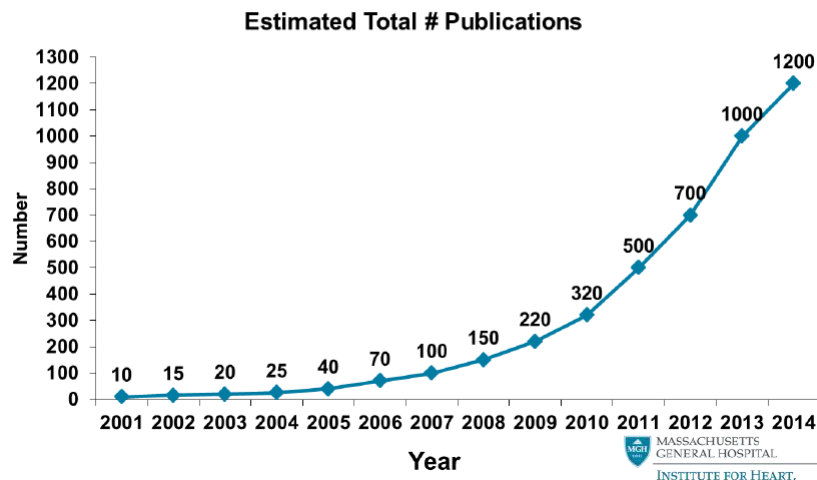
ROLAND EÖTVÖS
PHYSICAL SOCIETY
(HUNGARY)



TÁMOP-4.1.1.C-12/1/KOI
0005 project



Intra-Coronary OCT Publications



Severe, persistent variant angina caused by intracoronary thrombus detected by optical coherence tomography

Peter Hausinger, Imre Ungi, Gyula Szanto, Attila Thury

Cardiology Center, University of Szeged, Hungary

Clinical data

80-year-old male

Risk factors:

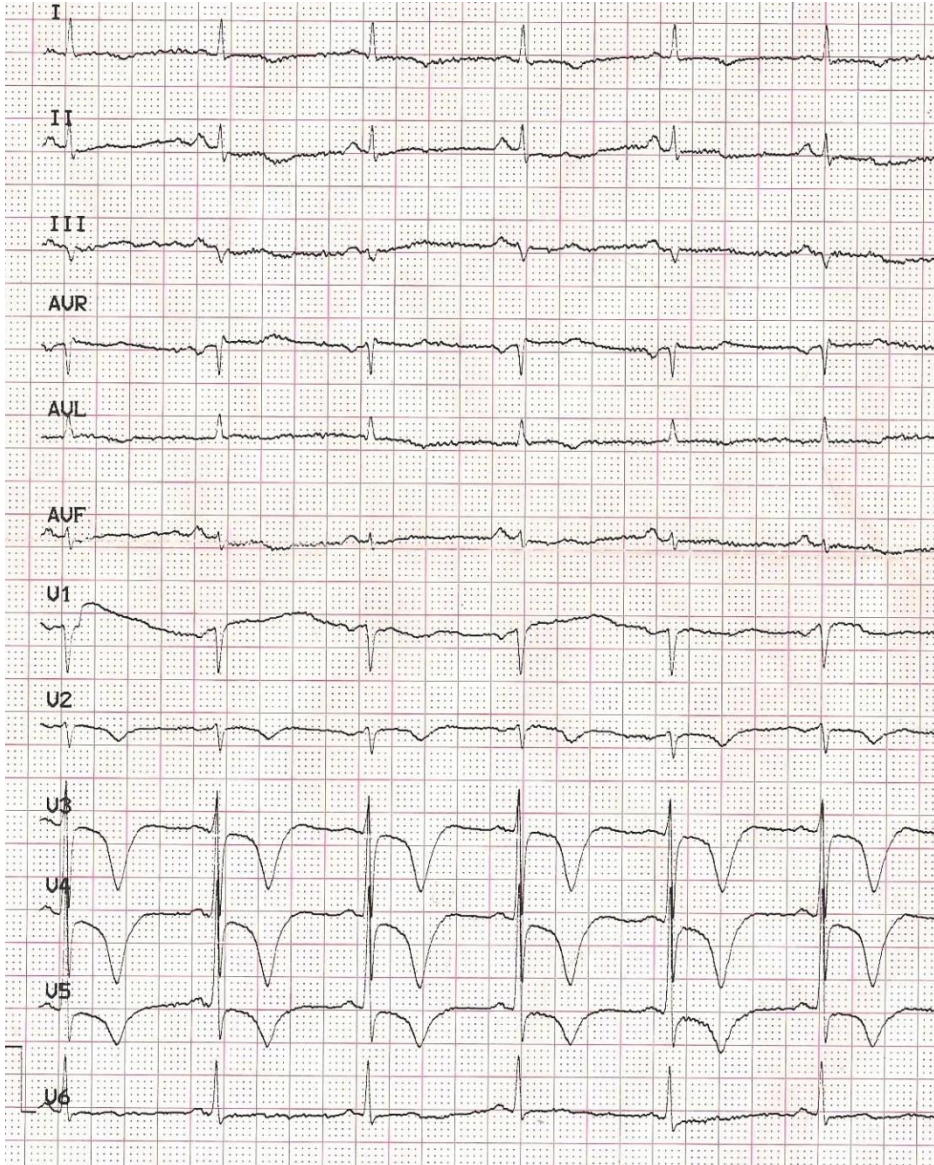
-hypertension

-smoker

Three-week history of occult gastrointestinal bleeding (active peptic ulcer)

One-week history of unstable angina (CCS4)

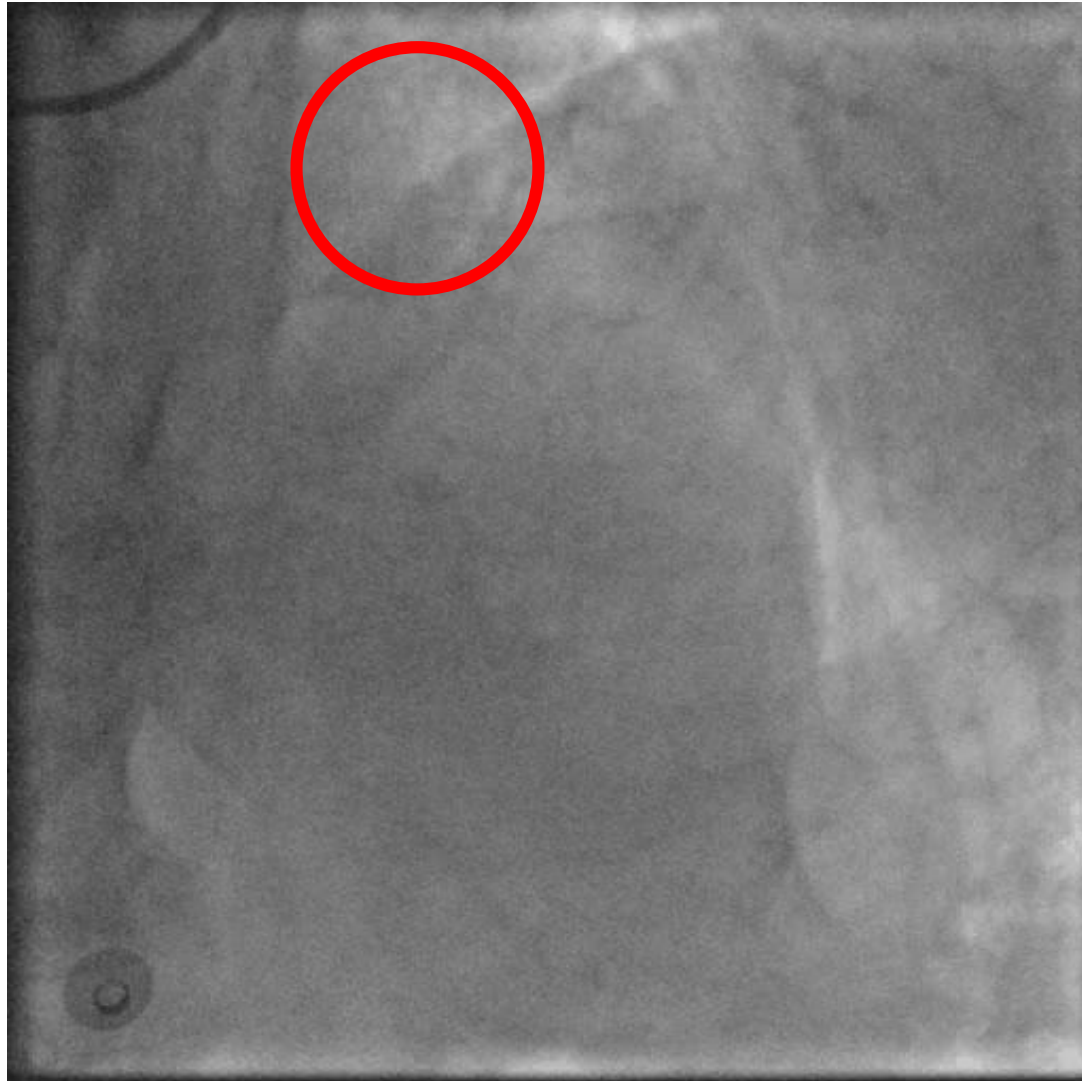
On admission



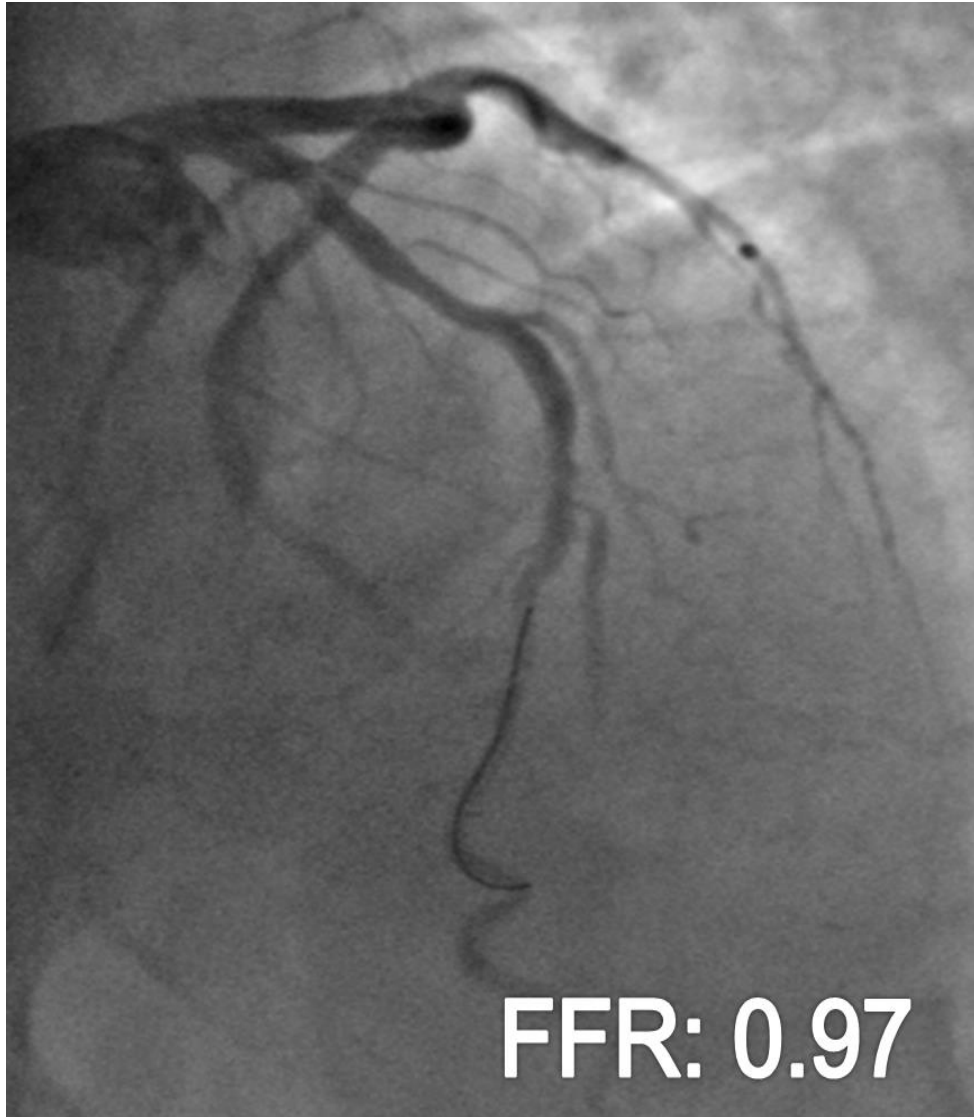
Baseline ECG on admission:

- **T wave inversion in precordial leads**
- **Patient free of angina**

Diagnostic Cardiac Catheterization



FFR measurement

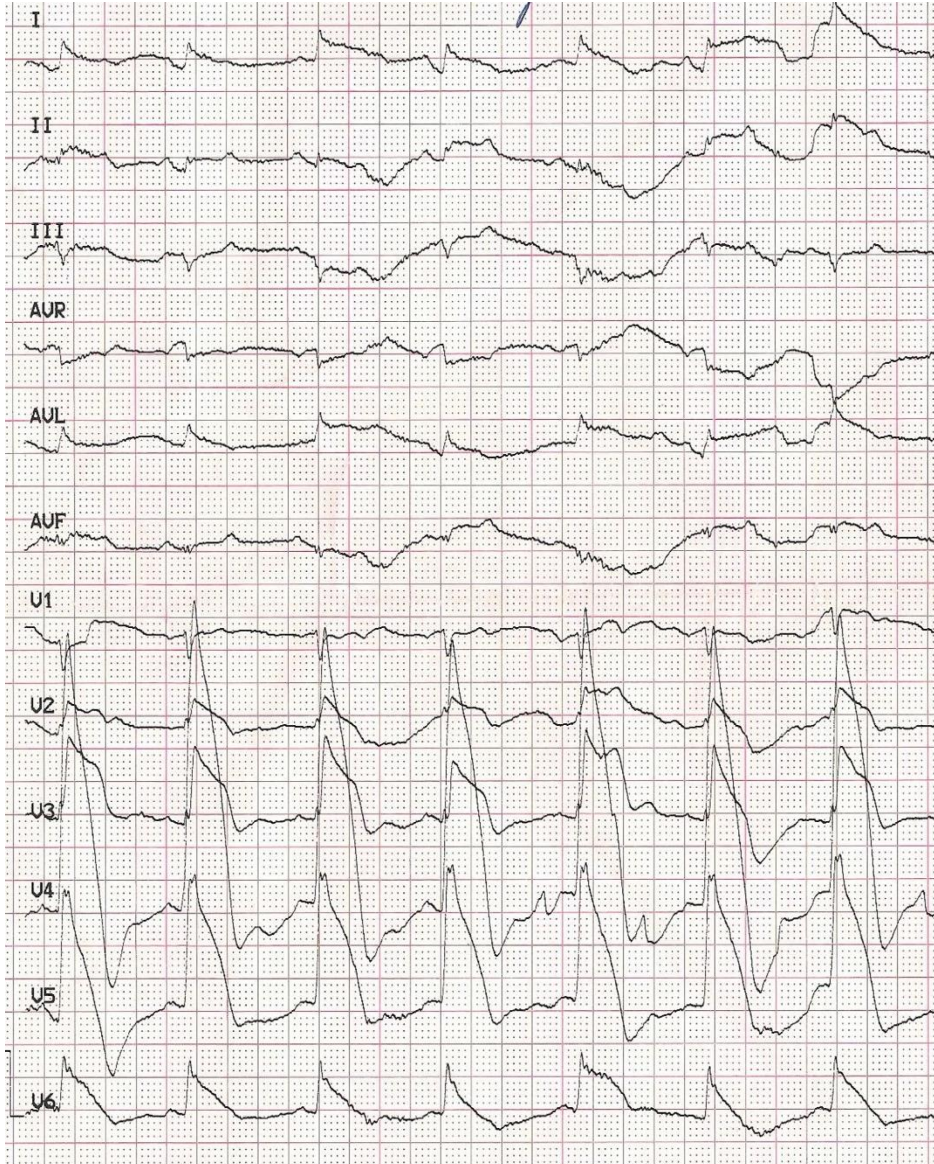


**200 ug NTG +
240ug adenosine**

Patient discharged to step-down unit with complete medication

- ASA 1x100mg**
- Clopidogrel 1x75mg**
- LMWH 2x0.6ml s.c.**
- Ramipril 1x2.5mg**
- Rosuvastatin 1x20mg**
- Nebivololol 1x5mg**

Recurrent angina at rest

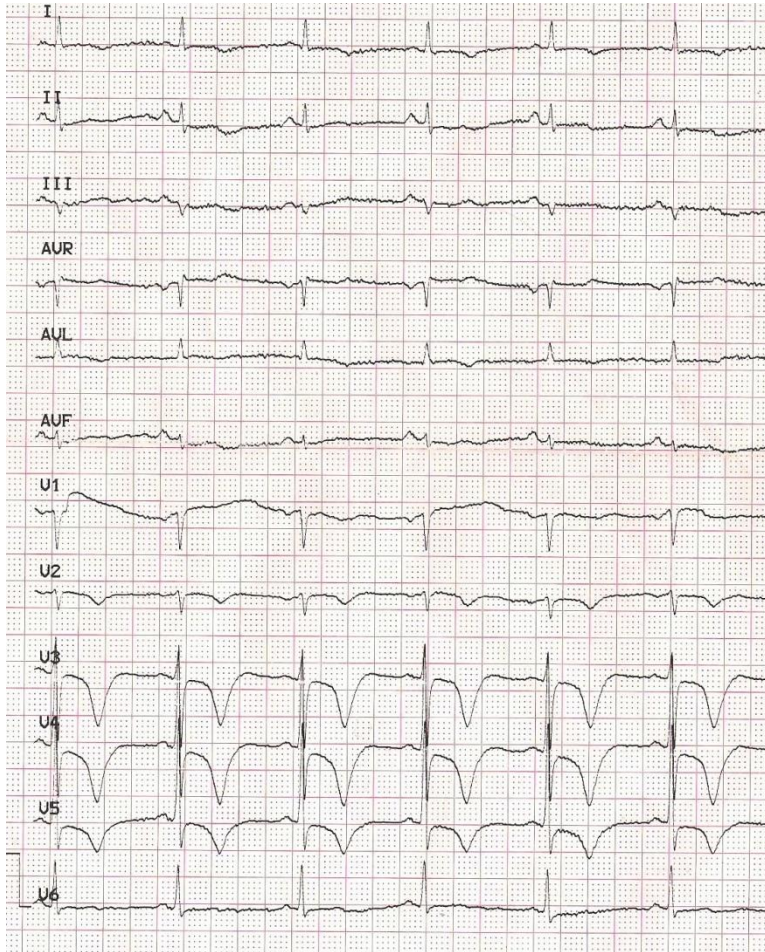


- Immediately relieved by
s.l. NTG
- +
- Complete resolution on
ECG

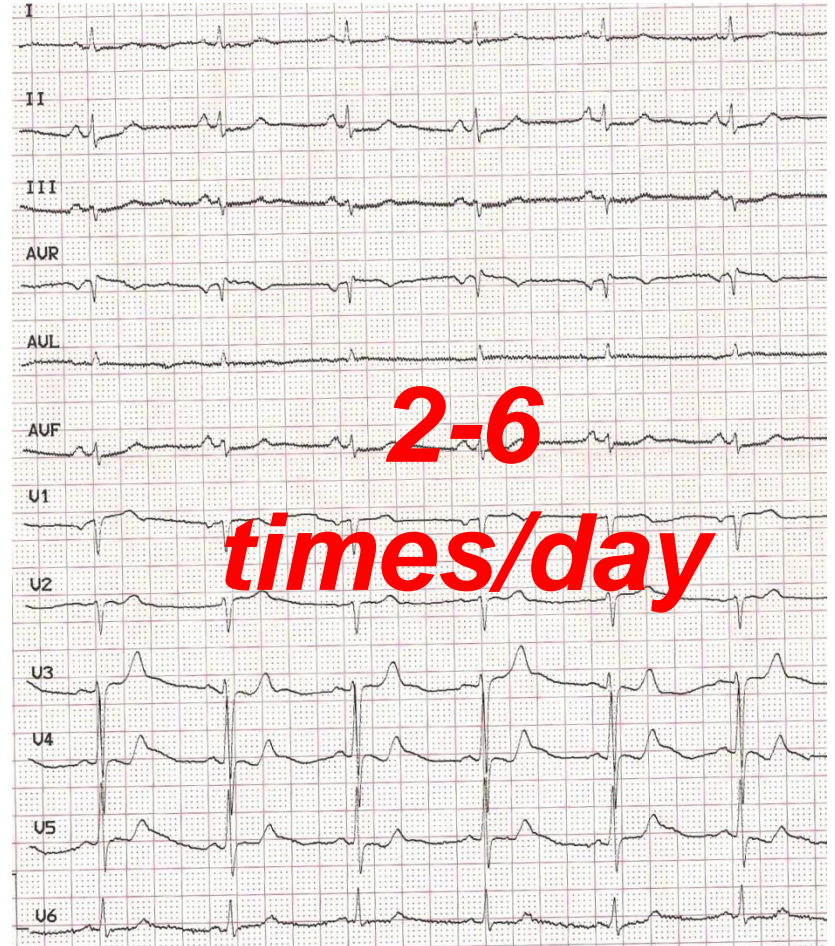
- ASA 1x100mg
- Clopidogrel 1x75mg
- LMWH 2x0.6ml s.c.
- Ramipril 1x2.5mg
- Rosuvastatin 1x20mg
- ~~- Nebivolol 1x5mg~~

Nisoldipin 2x10mg
+
Iv NTG

Despite medical therapy

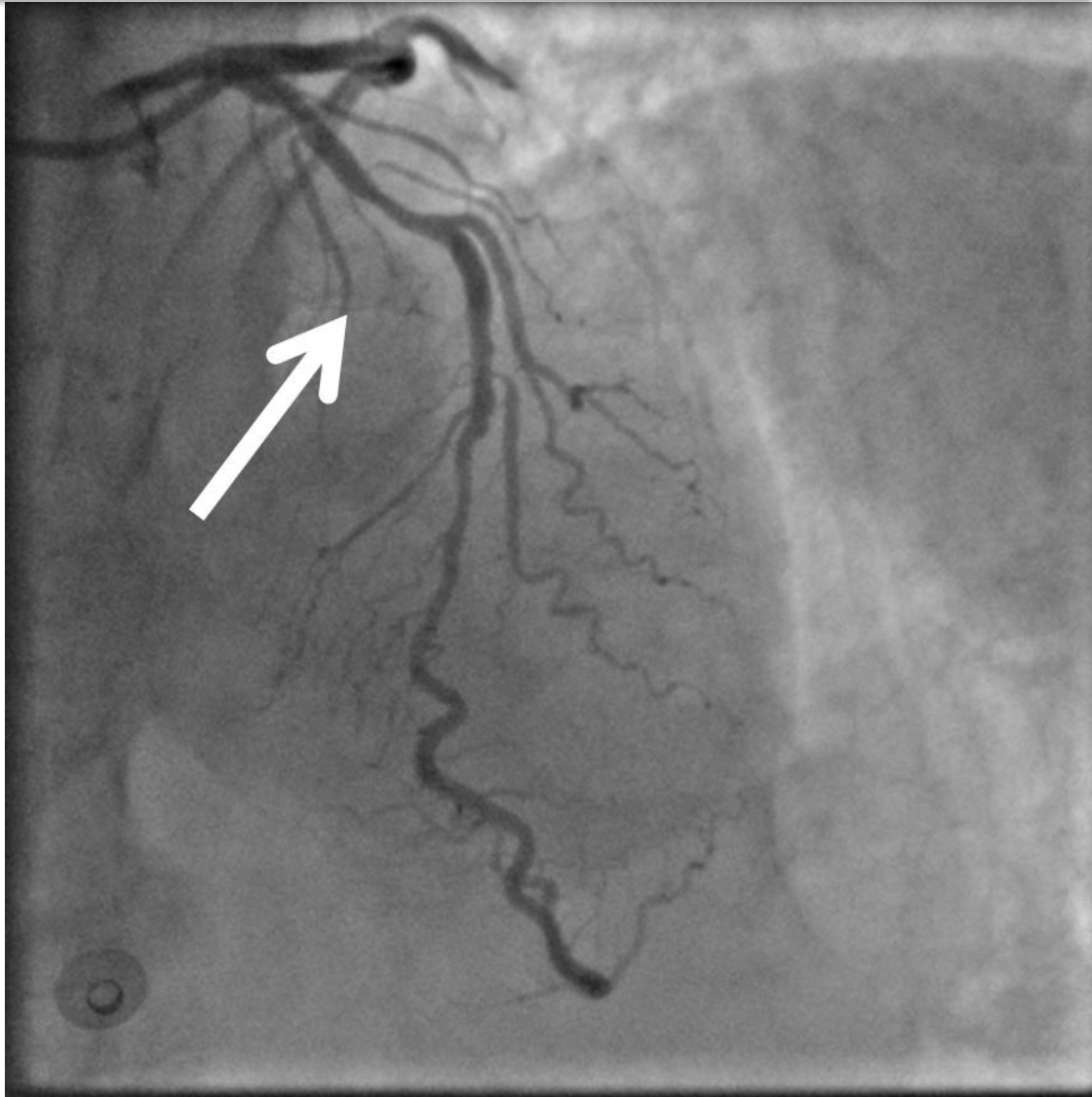


No angina

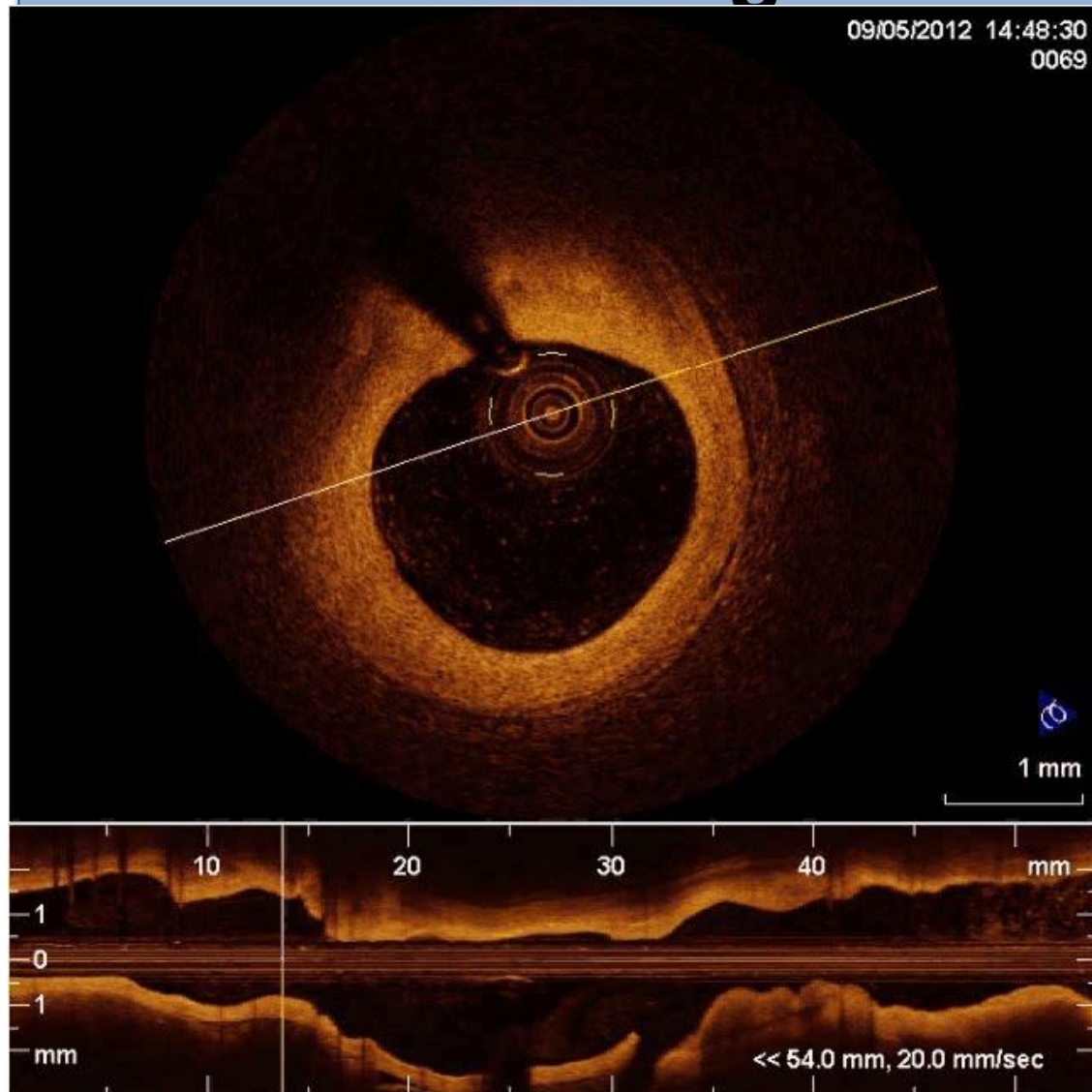


Angina

Repeated Cardiac Catheterization



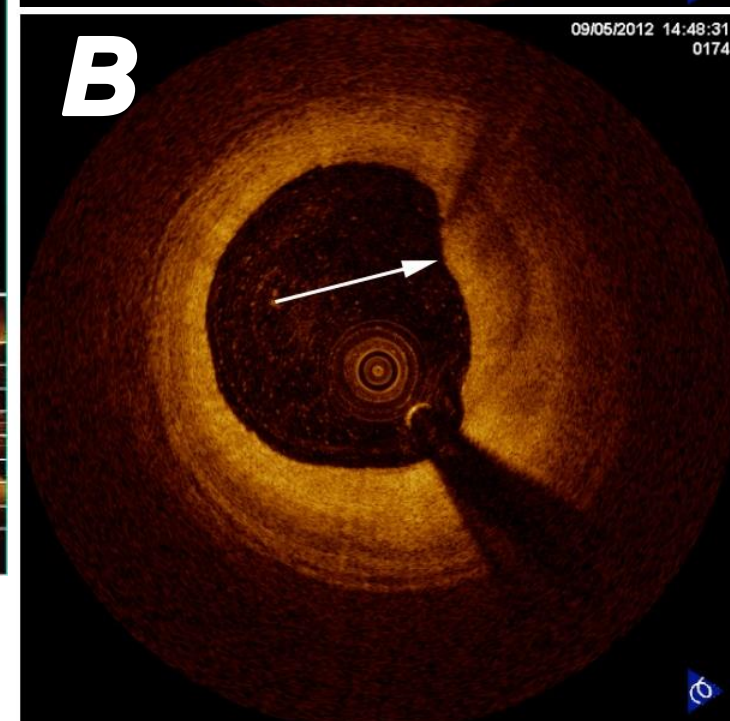
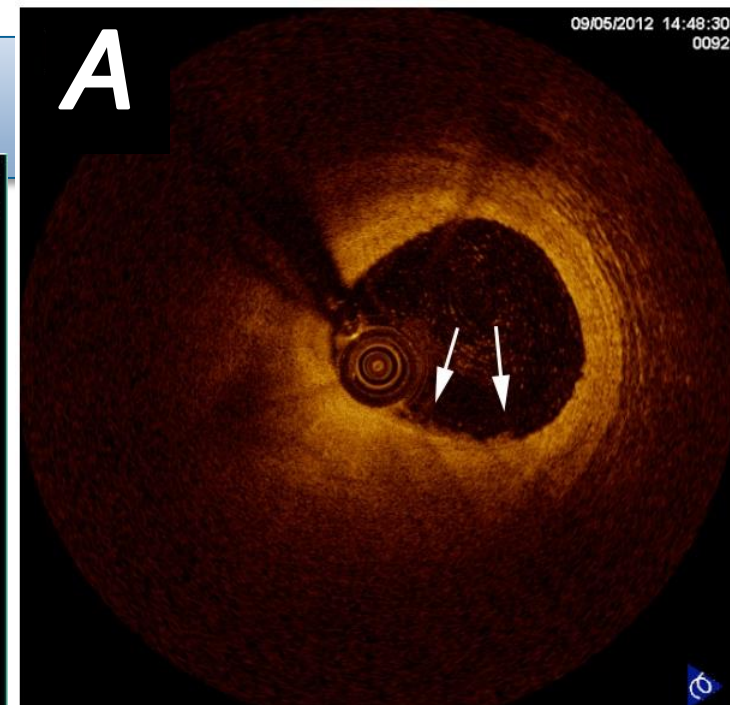
OCT Interrogation



A

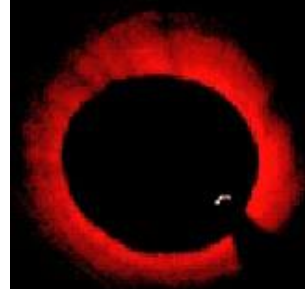
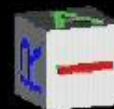


B



WL: 127 WW: 255

AS



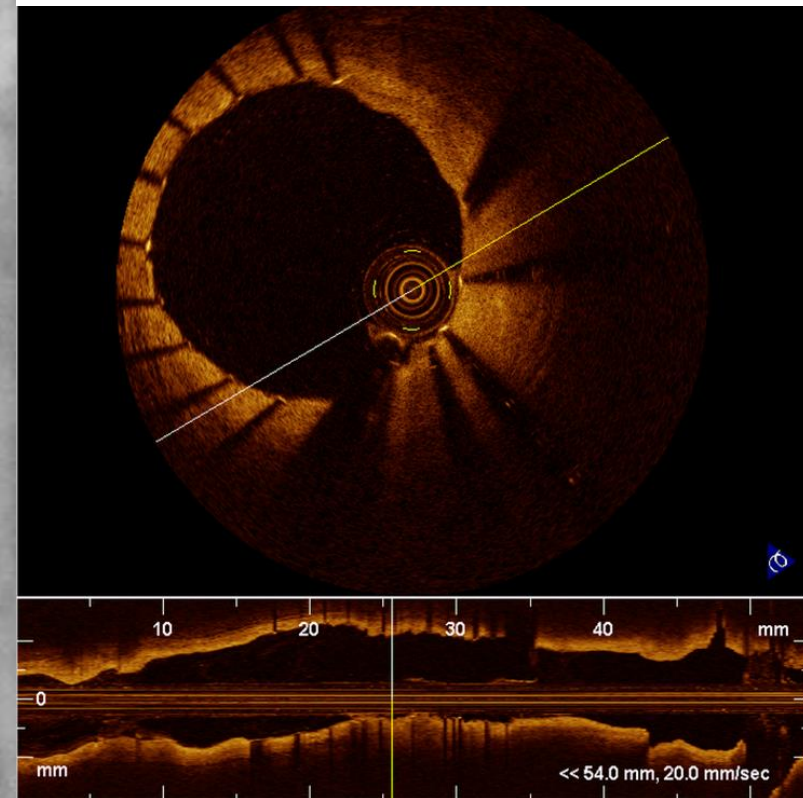
RS

LI

PI

SL: 43.3
LP: 3.9
R: 1.2
OSIRIX

Interventional Management



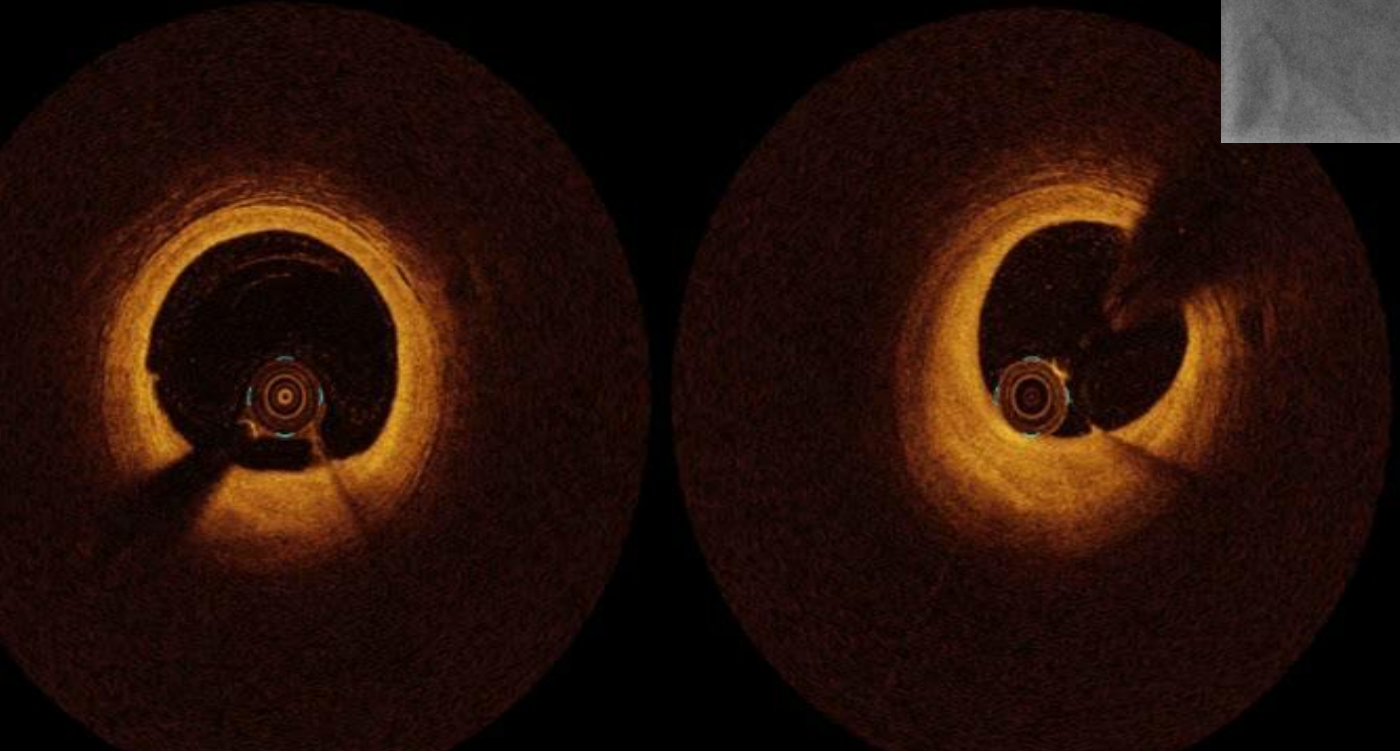
Nine-month follow-up

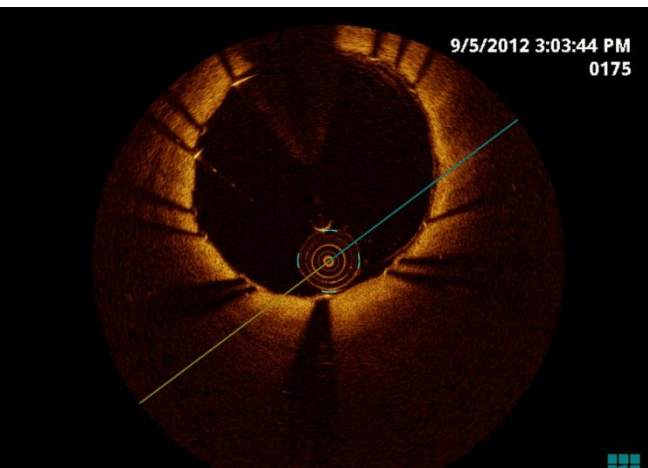
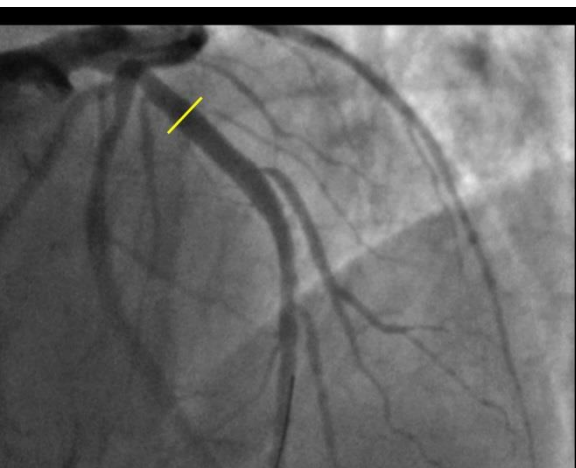
Patient is free of angina



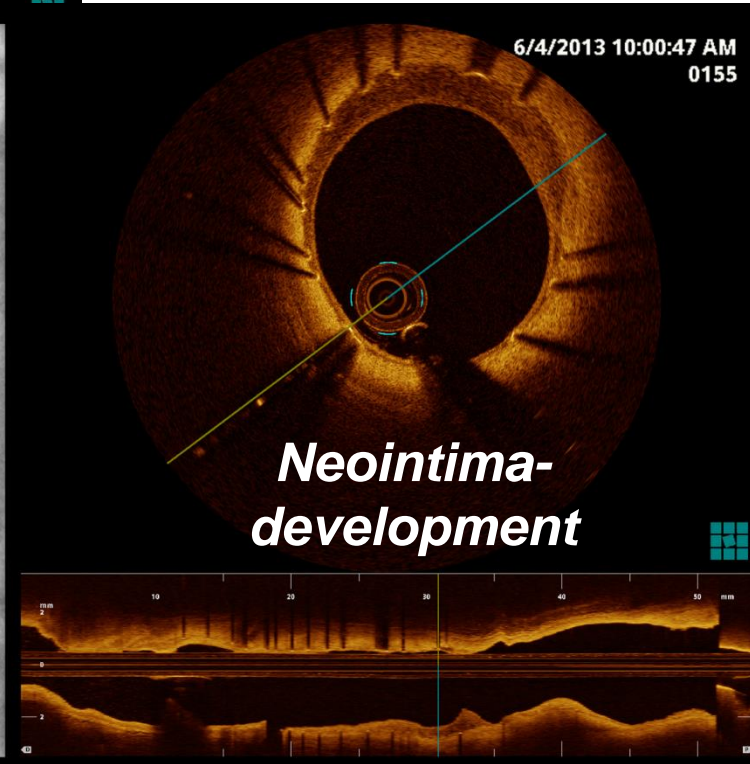
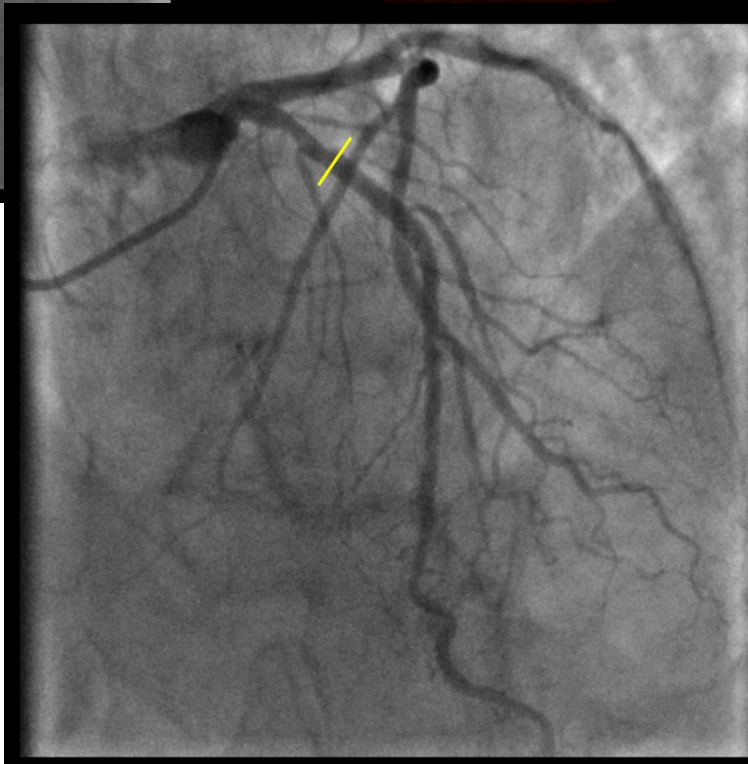
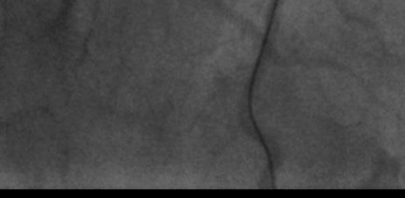
initial

9-month FUP

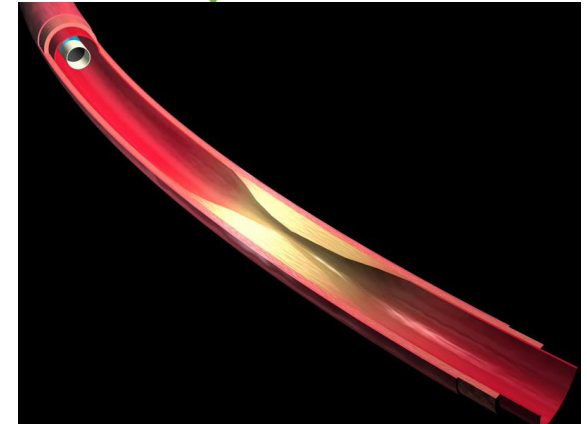




Neo- atherosclerosis ?



Optical Coherence Tomography (OCT) in coronary arteries



Today – 2016: Reliable Diagnostic Tool !

- Extremely fast (a couple of seconds!)
- Reliable
- User-independent
- All relevant quantitative/qualitative data
- Provides a clear answer
- Superior to angiography
- **As physician, I can focus on therapy!**



**'ELITEAM'- ESTABLISHMENT OF THE ELI INSTITUTE AT THE
UNIVERSITY OF SZEGED: FOUNDATION OF INTERDISCIPLINARY
RESEARCH IN THE FIELD OF LASERS AND THEIR APPLICATIONS**

THANK YOU FOR YOUR ATTENTION!

TÁMOP-4.2.2.D-15/1/KONV-2015-0024 project

SZÉCHENYI 2020



HUNGARIAN
GOVERNMENT

European Union
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