Plaque erosion assessed by OCT in patients with vasospastic angina

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Presenter Disclosure Information

Presenter: Ann Soe Hee, M.D.

Title: Plaque erosion assessed by OCT in patients with vasospastic angina

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* Coronary spasm plays an important role in the pathogenesis of variant angina, and unstable angina, acute myocardial infarction, ventricular arrhythmia and sudden cardiac death.

> Nakamura M, et al. Circulation. 1987;75:1110-16. Oliva PB, et al. N Engl J Med 1973;288:745–51.





* Even when no stenotic lesions are visible on coronary angiography, IVUS reveals clear <u>arteriosclerotic lesions</u> in locations consistent with regions of coronary spasm.

Yamagishi M, J Am Coll Cardiol 1994; 23:352 – 357.

* Plaque characteristics of vasospastic sites have not been investigated by OCT in vivo.





To characterize the morphological features of plaque on the spasm sites with OCT in patients with vasospastic angina



Study population

- 2011.10 ~ 2013.7
- Prospective OCT registry
- 57 patients with vasospastic angina
 : Ulsan University Hospital (n=48)
 Keimyung University Dongsan Medical Center(n=9)



Study Design





Methods

Diagnosis of vasospastic angina
Including 3 components of Criteria
1. Angiography
: spontaneously or ergonovine provoked transient total or subtotal (≥90%) occlusion of coronary artery
2. Symptom

- 2. Symptom
 - : chest pain
- 3. ECG
 - : transient ST segment changes

(elevation or depression \geq 0.1 mV, at least 2 contiguous leads)

JCS Joint Working Group. Circ J 2010;74:1745-62



Methods

Ergonovine Provocation test & OCT acquisition

(1) Left & Right control angiography

(2) Injection of Ergonovine ($20 \sim 60 \mu g$ in saline) in the left coronary artery (3) 2 minutes later, perform left coronary angiography at ECG change or chest pain, perform left coronary angiography

if negative result, (5 minutes later) (4) Injection of Ergonovine (20~40 µg in saline) in the right coronary artery (5) 2 minutes later, perform right coronary angiography at ECG change or chest pain, perform right coronary angiography

(6) Injection of nitrate (200 µg in saline) into each coronary artery (7) Perform angiography & OCT acquisition

JCS Joint Working Group. Circ J 2010;74:1745-62



Definition in OCT images

- Thrombus: mass (diameter > 250 µm) attached to the luminal surface or floating within the lumen, including red thrombus (high backscattering & high attenuation) or white thrombus (homogeneous backscattering & low attenuation)
- * Erosion: thrombus+ lumen irregularity + intact fibrous cap at multiple adjacent OCT frames
- * Plaque rupture: broken fibrous cap



(by intima tearing, disruption or dissection)
 → remnant cavity

Guillermo J. Tearney et al.

J Am Coll Cardiol 2012;59:1058-72



A representative case

57/M with vasospastic angina



Thrombus+ Lumen irregularity + Intact fibrous cap= Erosion



Methods

Optical Coherence Tomography : Fourier-domain C7XR OCT with the non-occlusive technique, pullback rate: 20 mm/s



Statistical Analysis

SPSS 18.0 (SPSS Inc., Chicago, IL, USA)



Clinical demographics

(N=57)	Laboratory findings	
AE (79.09/)	Creatinine (mg/dL)	1.1±0.3
45 (70.976)	Total cholesterol (mg/dL)	179.0±35.6
54.8±7.8	Triglyeride (mg/dL)	137.7±116.0
40-73	HDL cholesterol (mg/dL)	48.5±9.5
24.1±2.6	LDL cholesterol (mg/dL)	97.3±29.7
Cardiovascular risk factors		7.4±28.5
5 (8.8%)	peak Troponin-T (ng/mL)	0.25±0.75
23 (40.4%)	Echocardiography	
10 (17.5%)	Ejection fraction(%)	65.2±5.3
24 (42.1%)	Medication	
23 (40 4%)	β-blocker	3 (5.3%)
20 (+0.+70)	Calcium channel blocker	48 (84.2%)
0	Nitrate	33 (57.9%)
0		37 (64.9%)
0	Statin	37 (64.9%)
	(N=57) 45 (78.9%) 54.8±7.8 40-73 24.1±2.6 5 (8.8%) 23 (40.4%) 23 (40.4%) 23 (40.4%) 0 0 0	(N=57)Laboratory findings45 (78.9%)Creatinine (mg/dL)54.8±7.8Total cholesterol (mg/dL)40-73HDL cholesterol (mg/dL)24.1±2.6LDL cholesterol (mg/dL)24.1±2.6LDL cholesterol (mg/dL)5 (8.8%)peak CK-MB (ng/mL)23 (40.4%)Echocardiography10 (17.5%)Ejection fraction(%)24 (42.1%)β-blocker0Nitrate0Nicorandil0ACEi / ARB0Statin

Angiographic findings

Vasospastic sites (N=67)

Diagnosis based on	
Ergonovine proved vasospasm	45 (67.2%)
provoked diameter stenosis (%)	96.1±6.2
post-nitrate diameter stenosis (%)	28.8±16.5
Spontaneous vasospasm	22 (32.8%)
initial diameter stenosis (%)	86.4±12.3
post-nitrate diameter stenosis (%)	27.6±14.9
Slowest TIMI flow	
TIMI 0	19 (28.4%)
TIMI 1	3 (4.5%)
TIMI 2	11 (16.4%)
TIMI 3	34 (50.7%)
Location of vasospasm	
Left anterior descending, n(%)	31 (46.3%)
Left circumflex, n(%)	5 (7.5%)
Right coronary, n(%)	31 (46.3%)



IVUS & VH findings

IVUS (N=42 sites)	
Lesion length (mm)	5.7±2.9
Mean Vessel area (mm ²)	15.0±5.3
Mean Lumen area (mm ²)	7.6±3.4
Mean Plaque & Media area (mm ²)	7.4±3.1
Minimal Lumen area (mm ²)	5.7±2.9
Plaque burden (%)	49.0±10.9
Plaque burden ≥ 40%, n (%)	37 /42 (88.1%)
Fibrous tissue (%)	63.7±12.8
Fibro-fatty tissue (%)	15.2±9.8
Necrotic core (%)	13.0±9.7
Dense calcium (%)	8.1±9.1



OCT findings

Vasospastic 67 sites

Dissection	4 (6.0%)	
OCT_Erosion	13 (19.4%)	
Thrombi only	5 (7.5%)	
Irregularity only	26 (38.8%)	

OCT findings

Vasospastic 67 sites

Thrombus, n(%)	20 (29.9%)
length (mm)	0.24±0.55
maximal diameter (mm)	$0.62 {\pm} 0.50$
minimal diameter (mm)	0.25±0.25
Lipid-laden plaque, n(%)	60 (89.6%)
Cap thickness < 65 (µm)	7 (10.4%)
Cap thickness (µm)	166.1±81.1



Limitations

1. Small study population

2. Limited resolution of OCT to detect endothelial denudation



Conclusion

* Plaque erosion assessed by OCT is a frequent findings in patients with vasospstic angina.

* Further investigation are needed to clarify if these findings are unique in VSA and the clinical implication of these findings.



Thank you for your attention !







OCT findings

Vasospastic 67 sites	Erosion site (n=13)	Non-erosion site (n=54)	p-value
Erosion	13 (100.0%)	-	
Rupture	-	4 (7.4%)	
Irregularity only	-	26 (48.1%)	
Thrombi only	-	5 (9.3%)	
Normal	-	19 (35.2%)	
Thrombus, n(%)	13 (100.0%)	7 (13.0%)	<0.001
length (mm)	0.27±0.67	0.18±0.21	0.643
maximal diameter (mm)	$0.64 {\pm} 0.56$	$0.58{\pm}0.39$	0.775
minimal diameter (mm)	0.24±0.29	0.27±0.15	0.707
Lipid-laden plaque, n(%)	13 (100.0%)	47 (87.0%)	0.330
Cap thickness < 65 (µm)	3 (23.1%)	4 (8.3%)	0.159
Cap thickness (mm)	153.1±108.0	169.6±73.3	0.611



Clinical demographics between 2 groups

Variables	Erosion group (n=12)	Non-erosion group (n=45)	p-value
Male	11 (91.7%)	34 (75.6%)	0.427
Age(yrs)	53.3±5.5	55.3±8.3	0.325
BMI(Kg/m2)	23.8±2.5	24.2±2.6	0.632
Cardiovascular risk factors			
Diabetes	1 (8.3%)	4 8.9%)	1.0
Dyslipidemia	7 (58.3%)	16 35.6%)	0.153
Smoking			0.716
Ex-smoker	3 (25.0%)	7 (15.6%)	
Current smoker	5 (41.7%)	19 (42.2%)	
Hypertension	5 (41.7%)	18 (40.0%)	0.917
Past history	0	0	
Medication			
β-blocker	0 (5.3%)	3 (6.7%)	1.0
ССВ	10 (83.3%)	38 (84.4%)	1.0
Nitrate	6 (50.0%)	27 (60.0%)	0.533
Nicorandil	8 (66.7%)	29 (64.4%)	1.0
Statin	6 (50.0%)	31 (68.9%)	0.223



Angiographic findings between 2 groups

67 sites	Erosion site (n=13)	Non-erosion site (n=54)	p-value
Diagnosis based on			
Provocation test	6 (46.2%)	39 (72.2%)	0.072
provoked diameter stenosis (%)	99.8±0.4	95.5±6.58	<0.001
post-nitrate diameter stenosis (%)	20.8±19.1	24.6±23.3	0.674
Without provoation test	7 (53.8%)	15 (27.8%)	
initial diameter stenosis (%)	81.3±17.6	88.8±8.6	0.317
post-nitrate diameter stenosis (%)	24.3±26.4	28.0±20.9	0.75
Slowest TIMI flow			0.622
TIMI 0	5 (38.5%)	14 (25.9%)	
TIMI 1	1 (7.7%)	2 (3.7%)	
TIMI 2	1 (7.7%)	10 (18.5%)	
TIMI 3	6 (46.2%)	28 (51.9%)	
Location of vessel			0.813
Left anterior descending, n (%)	7 (53.8%)	24 (44.4%)	
Left circumflex, n(%)	1 (7.7%)	4 (7.4%)	
Right coronary, n(%)	5 (38.5%)	26 (48.1%)	

