

Mechanism of Stent Thrombosis: OCT Findings

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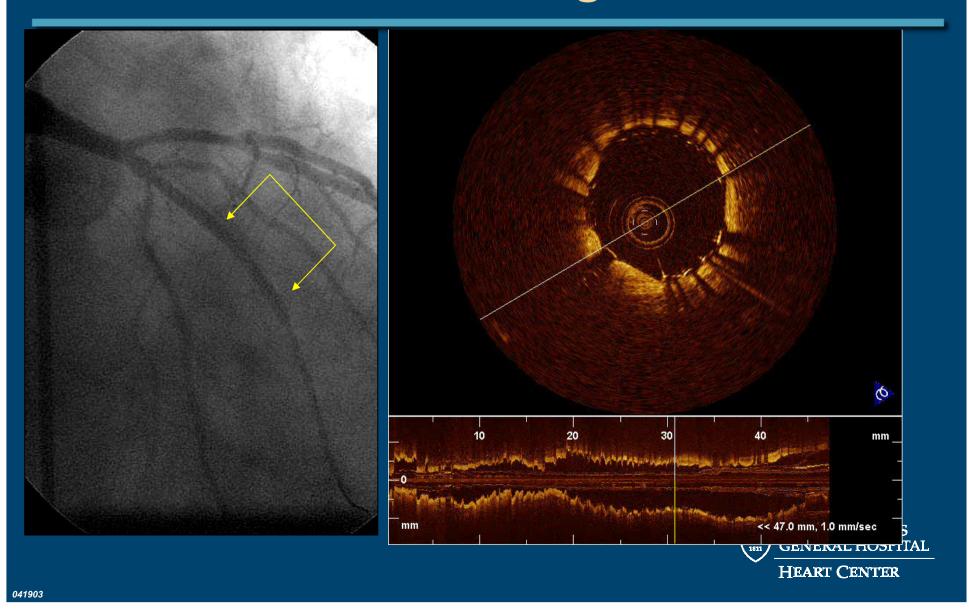


Background

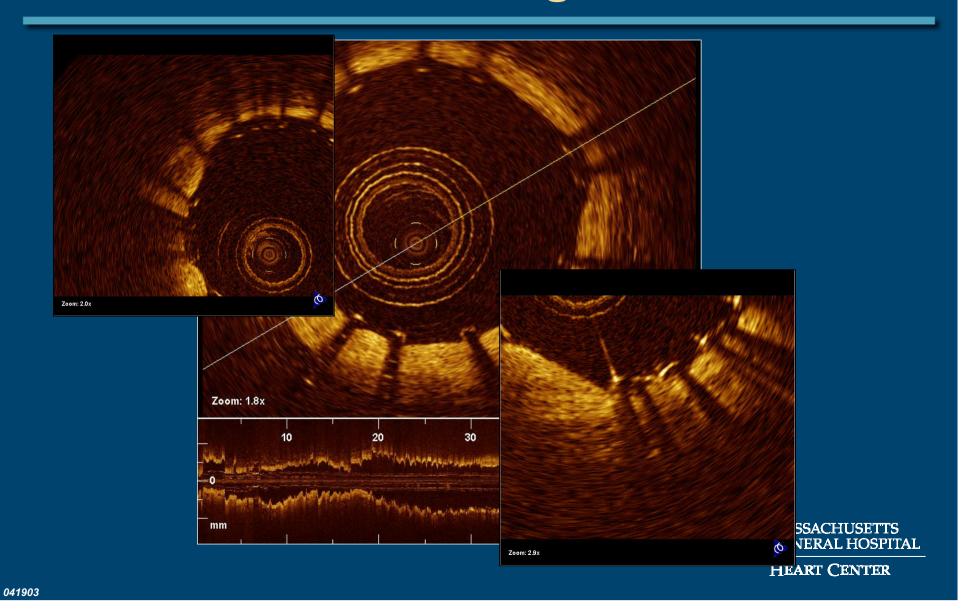
- FDA Recommended duration of dual antiplatelet therapy: 3 mo for SES and 6 mo for PES
- Late stent thrombosis has been reported to be associated with increased mortality and morbidity
- Stent thrombosis is probably caused by delayed reendothelialization
- OCT is a novel imaging modality with a high resolution (~ 10 μm), which might be useful to study surface coverage



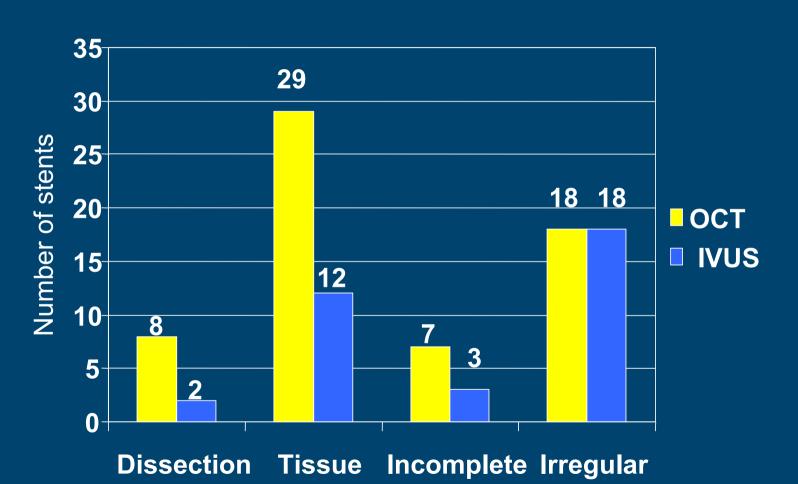
Stent: Acute OCT finding



DES: Acute OCT finding



Comparison of OCT and IVUS Findings Post Stenting



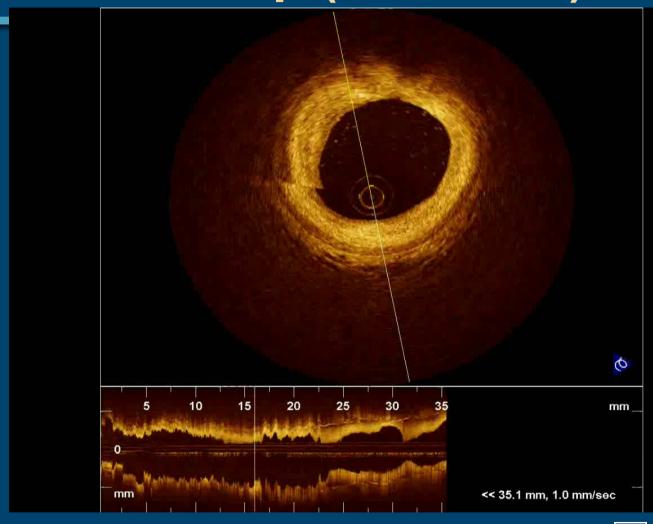
prolapse apposition

Bouma, Jang, Heart 2003



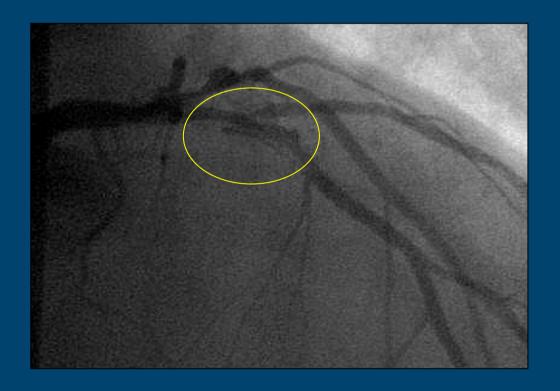
struts

BMS Follow up (thick NIH)



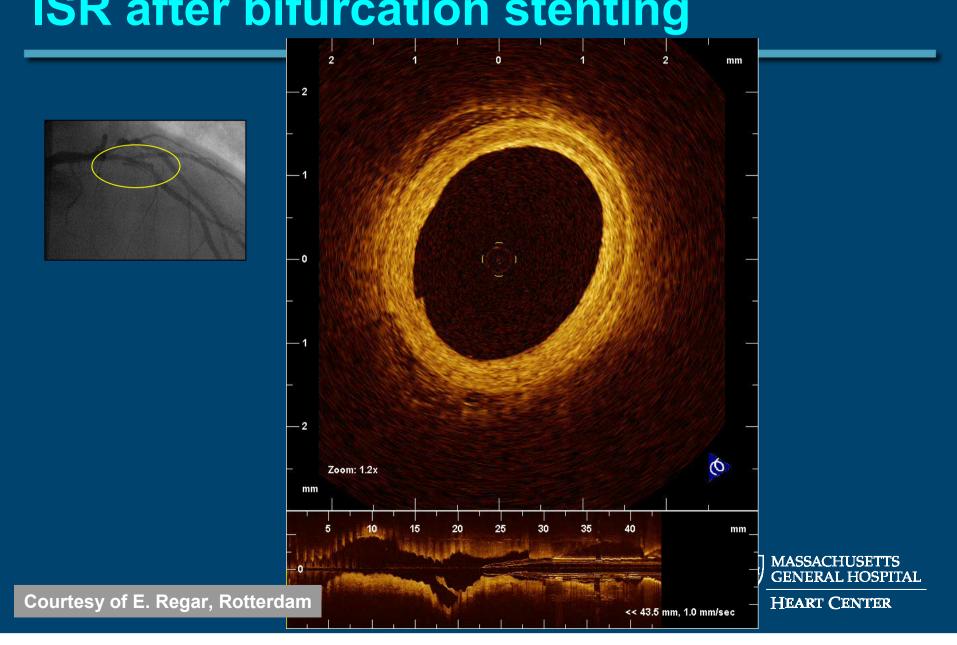


ISR after bifurcation stenting



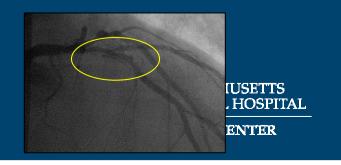


ISR after bifurcation stenting



ISR after bifurcation stenting



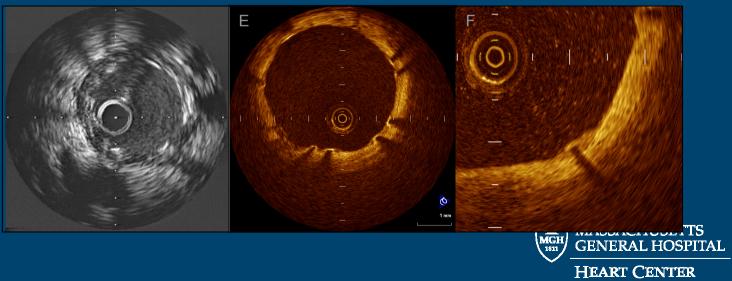


OCT: Neointima at 2m FU

BMS



DES



Aim of the study

 To study SES strut coverage and malapposition using OCT at 3 mo

 Compare OCT findings between ACS and stable coronary syndrome



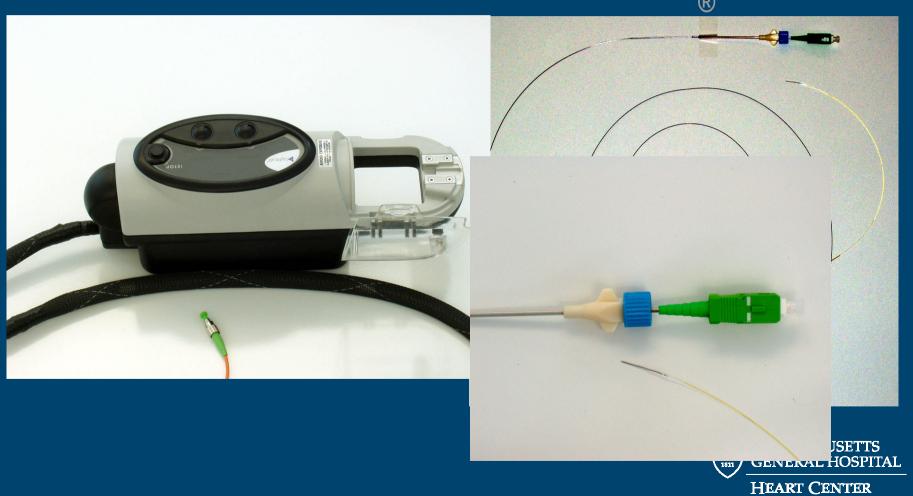
Method

- 21 patients with SES in the native coronary arteries
 : 9 ACS and 12 stable angina
- 3 mo f/u catheterization including OCT
- OCT system: M2 LightLab, 0.014 inch image wire, occlusion balloon, motorized pull back at 1.0 mm/s (axial resolution 15 μm)
- Image acquisition: 15 frames/s



OCT system (LightLab)

ImageWire



Analysis

- Image analysis: 1 mm interval (every 15 frames)
- % NIH area = ([stent area-lumen area]/stent area) x 100
- Definitions:

NIH: thickness inside stent struts

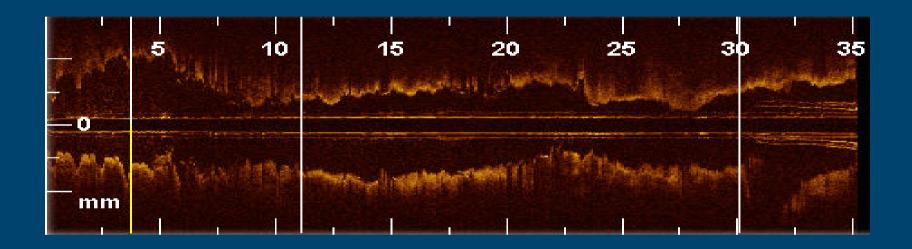
Covered: NIH thickness > 10 µm

Malapposition: maximum distance > 160 µm

Thrombus: protruding mass



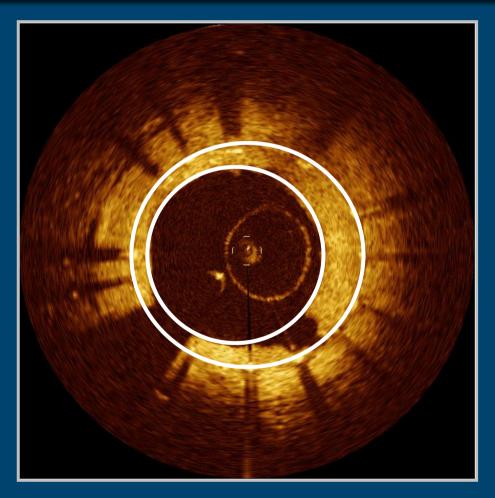
Analysis



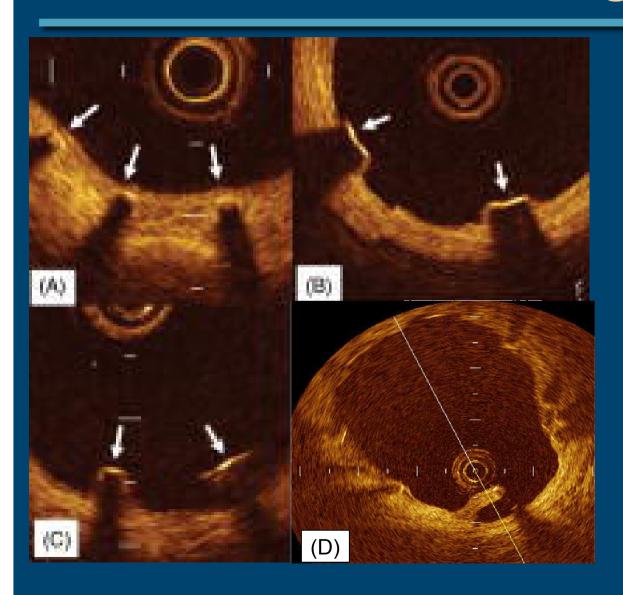
Every 15 frames (1 mm interval)



Analysis



Stent Struts: OCT findings



A: well apposed and

covered

B: well apposed, not

covered

C: malapposed, not

covered

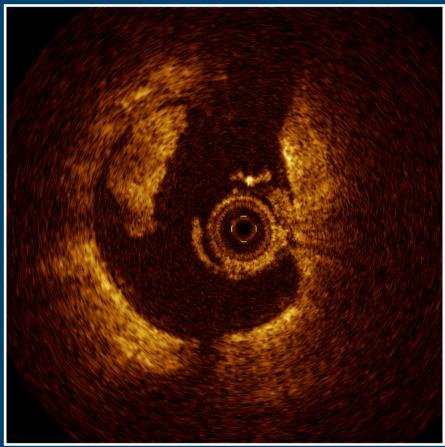
D: malapposed, but

covered



Thrombus







Results: Angiographic Findings

	ACS	Non-ACS	P value
RD (mm)	2.9 <u>+</u> 0.3	2.7 <u>+</u> 0.3	0.15
Lesion length (mm)	18.1 <u>+</u> 10.9	27.3 <u>+</u> 13.7	0.06
MLD (mm)	3.1 <u>+</u> 0.4	2.9 <u>+</u> 0.4	0.20
ISR @ 3 mo	0	0	
Thrombus @ 3 mo	0	0	



Results: OCT Findings

- 662 images
 - 23 inadequate images
 - 64 overlapping segments
 - 8 side branches
 - → Final 567 images (= 4516 struts)

Uncovered struts: 15% (21/21 pts)

Malapposed struts: 16% (20/21 pts)

Uncovered + malapposed: 6% (20/21 pts)

Average NIH thickness: 29 µm (> 100 µm: 7%)

Average % NIH area: 10%



Results: OCT findings

	ACS	Non-ACS	P value
Struts/images	1616/203	2900/364	
Uncovered struts	18%	13%	0.0001
Malapposed	19%	14%	0.0001
Uncovered + malapposed	8%	5%	0.0039
NIH thickness (µm)	27.6 <u>+</u> 40.9	30.1 <u>+</u> 40.8	0.049
%NIH area	9.2 <u>+</u> 3.6	10.6 <u>+</u> 3.9	0.0001
Stent area (mm2)	9.3 <u>+</u> 2.4	8.6 <u>+</u> 2.0	0.0001
Lumen area (mm2)	8.5 <u>+</u> 2.2	7.7 <u>+</u> 1.8	0.0001
Thrombi	3	0	

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Limitations

- Small sample size
- Non randomized
- NIH < 10 μm would not be detected with OCT.
- Non longitudinal study

 timing of NIH not known



Conclusion

- Small % of SES struts not covered and malapposed after 3 months.
- % of non covered and/or malapposed struts was higher in pts with ACS.
- Clinical significance of these findings still not known.



Thank You



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Cypher Evaluation by OCT

	3 mo	6 mo	12 mo
NIH thickness (um)	29	52-96	107
Uncovered struts	15%	7-10%	5%
Malapposed struts	16%	1%	0.2%
Uncovered+ malapposed	6%	1%	0.2%

Takano M. AJC 2007;99:1033

Matsumoto D. EHJ 2007;28:961. EHJ 2007:28:673 (Abstr)

