

What is a significant coronary stenosis?

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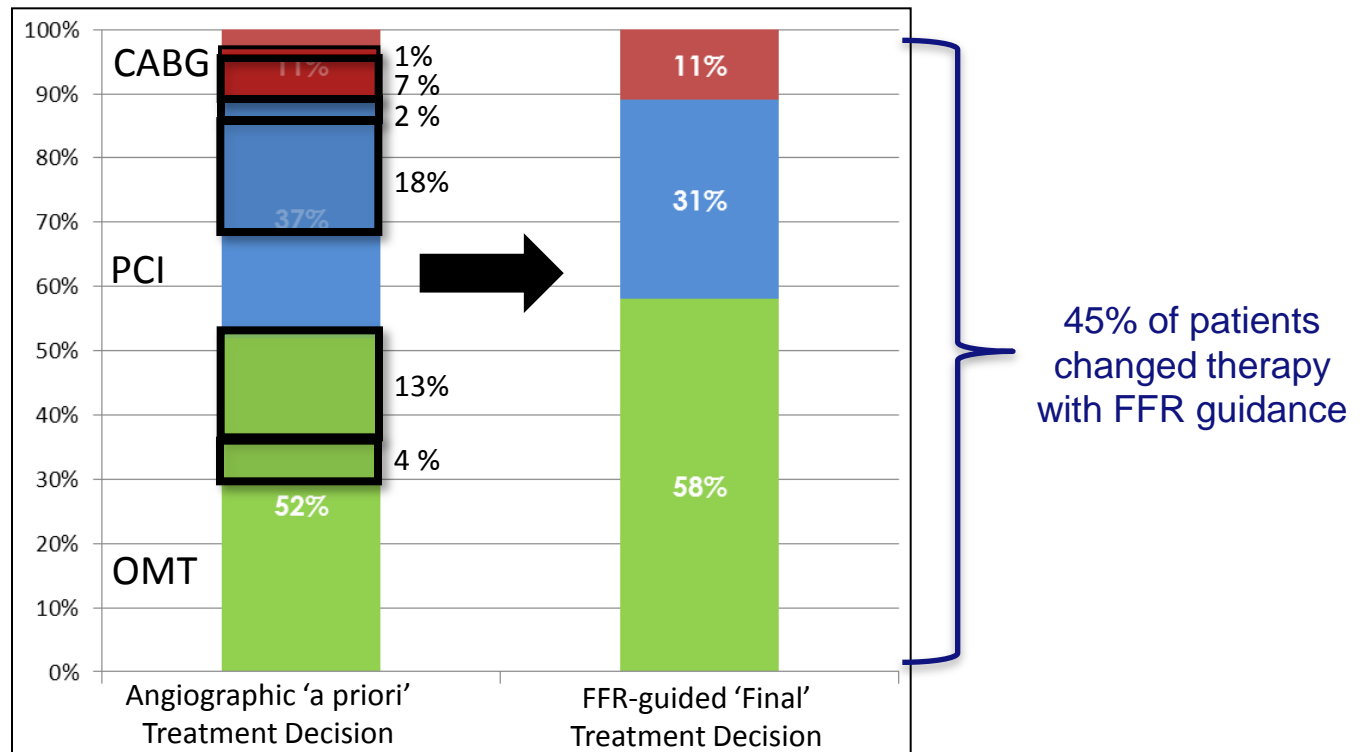


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Disclosures

- Speaker honoraria:
Volcano

Is FFR impacting the treatment strategy? (example of the R3F registry)



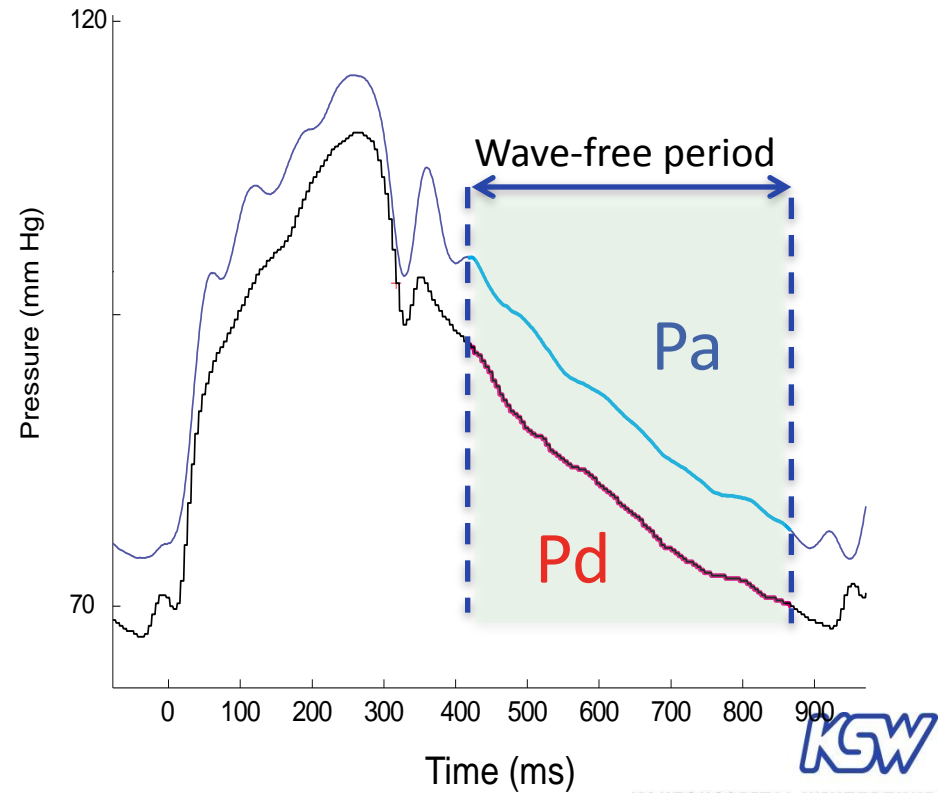
- 945 patients evaluated with angio, then FFR for final treatment decision
- FFR guidance reduced PCIs by 6%, but **changed the treatment for 45% of patients**

iFR = instantaneous wave-free ratio

$$\text{iFR} = \frac{Pd}{Pa}$$

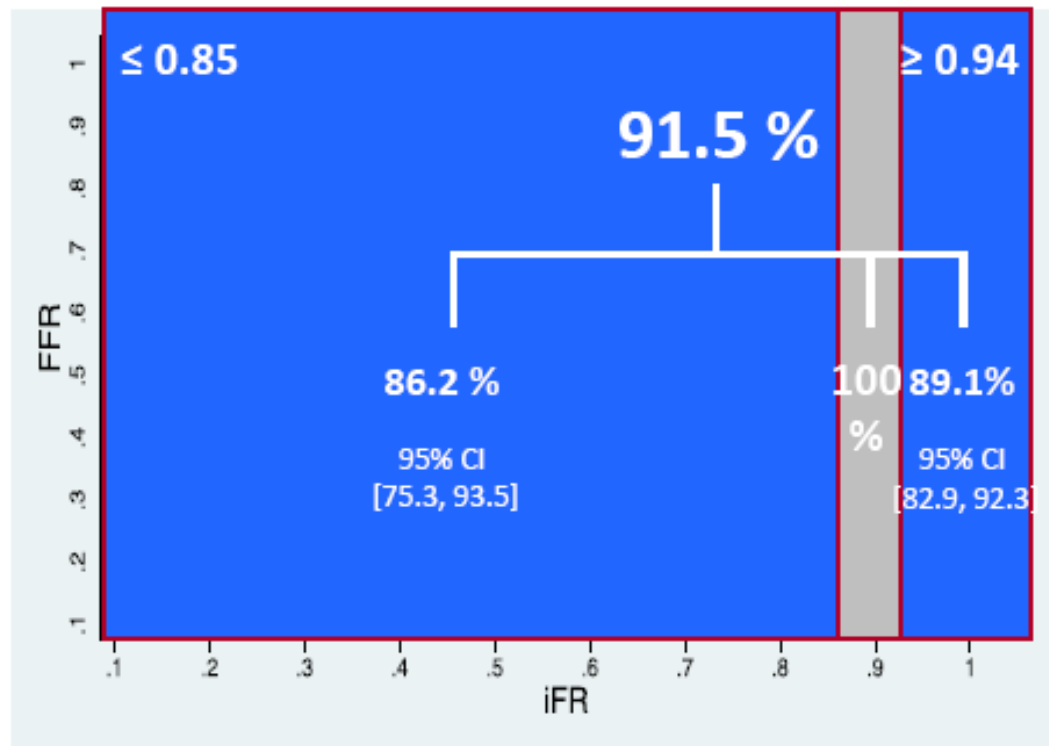
During the Wave Free period

Definition: Instantaneous pressure ratio, across a stenosis during the wave-free period, when resistance is naturally constant and minimised in the cardiac cycle



Diagnostic accuracy of the hybrid *i*FR/FFR approach

- Classification match: **91.5%**
- Specificity: **94.89%**
- Sensitivity: **86.11%**
- Positive predictive value: **91.18%**
- Negative predictive value: **91.76%**



Clinical MVD Case

69 Year old Lady, 157 cm, 77 kg

Risk Factors:

- Hypertension, Dyslipidemia, active smoker

Diagnostic:

- Subacute STEMI Anterior wall

Angiogram:

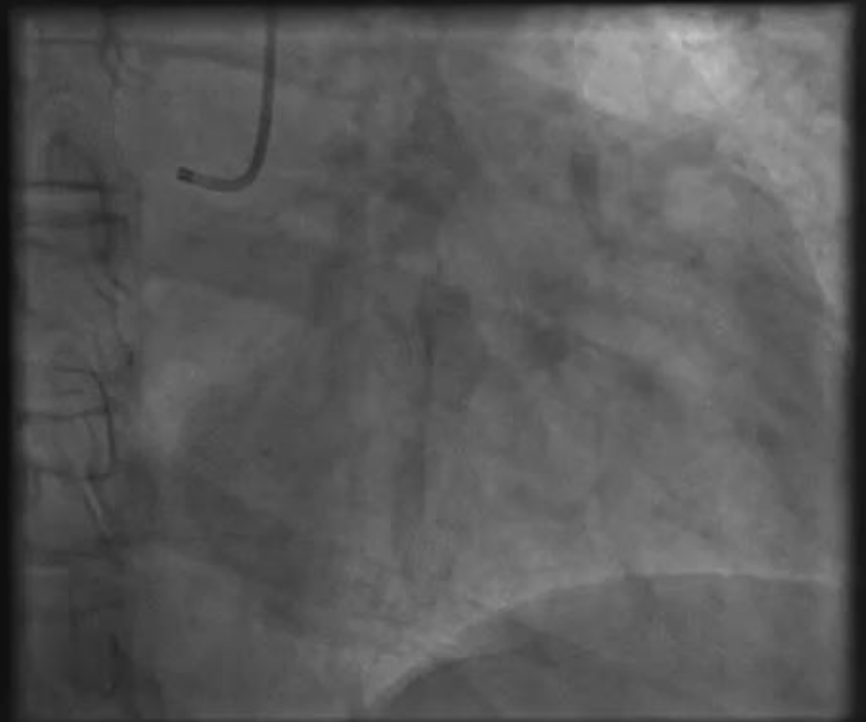
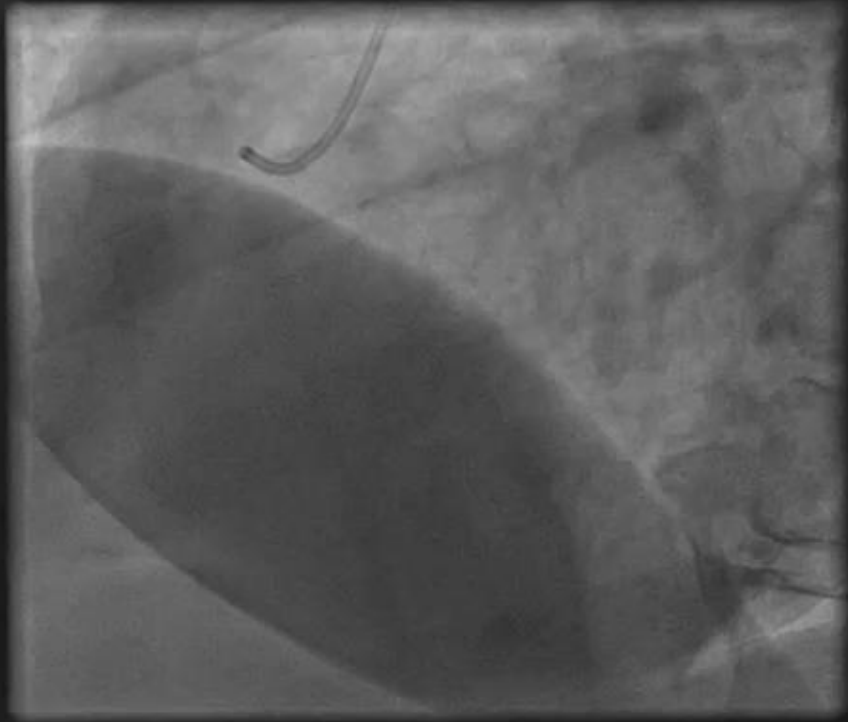
- Significant Stenosis on the Prox LAD
- Intermediate Stenosis in Bifurcation RCX and mid RCA

EF: 50%

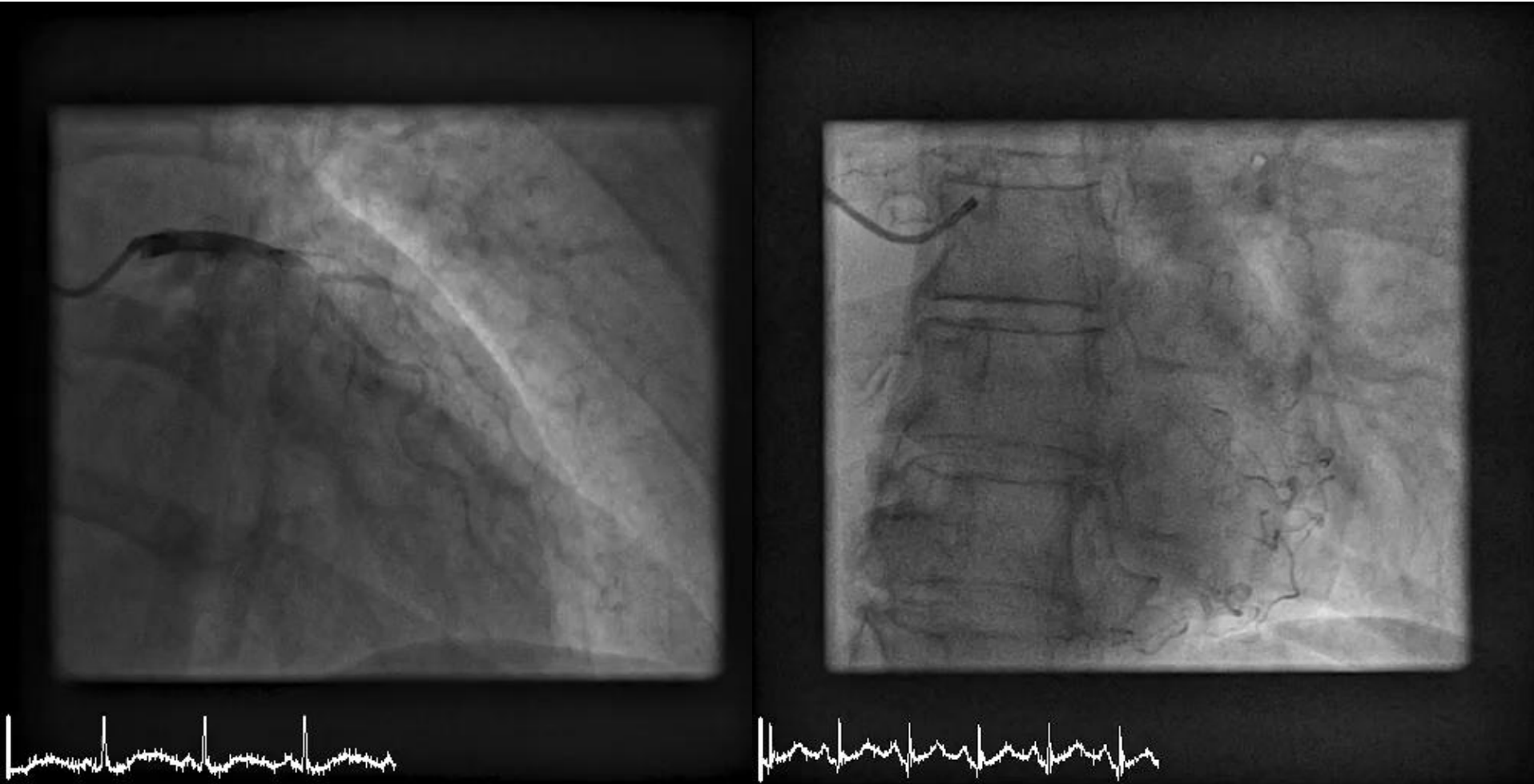
Purpose:

- Target vessels interrogation with iFR/ FFR

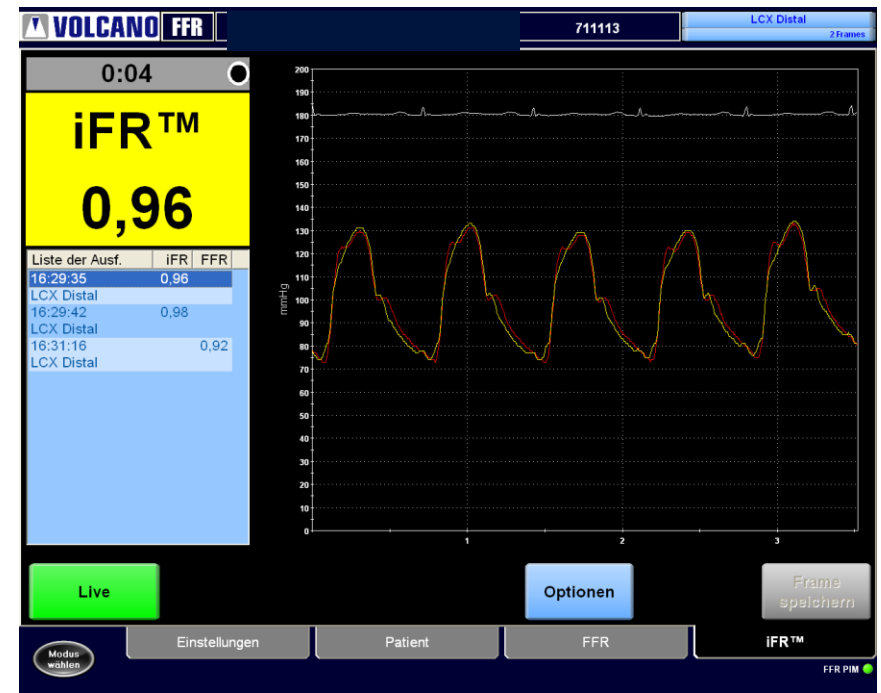
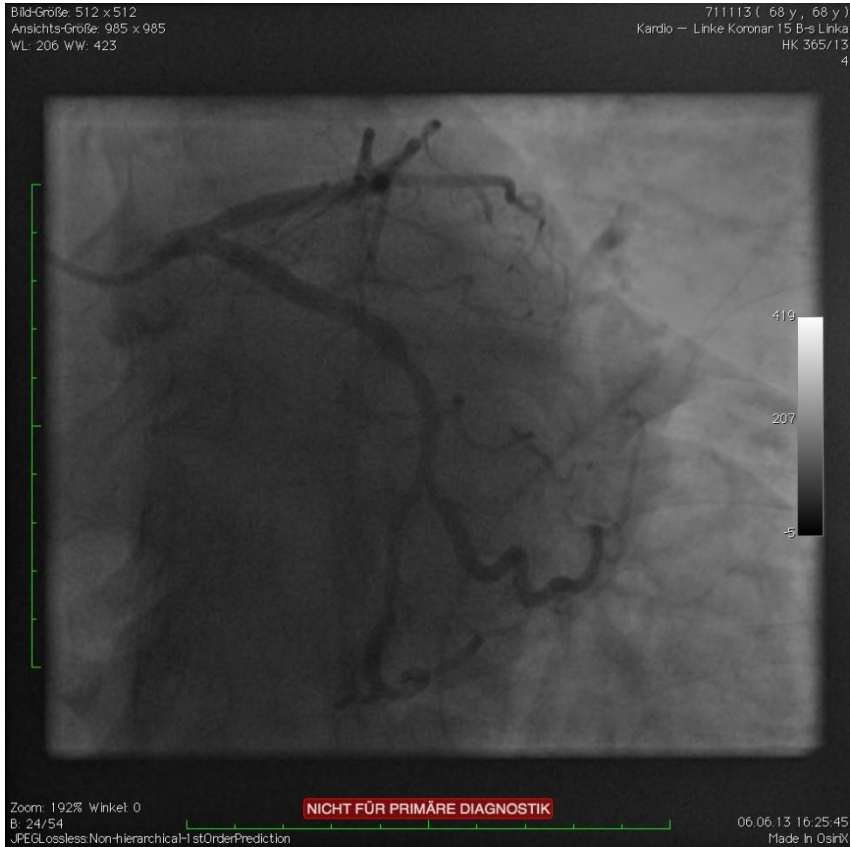
Right coronary artery



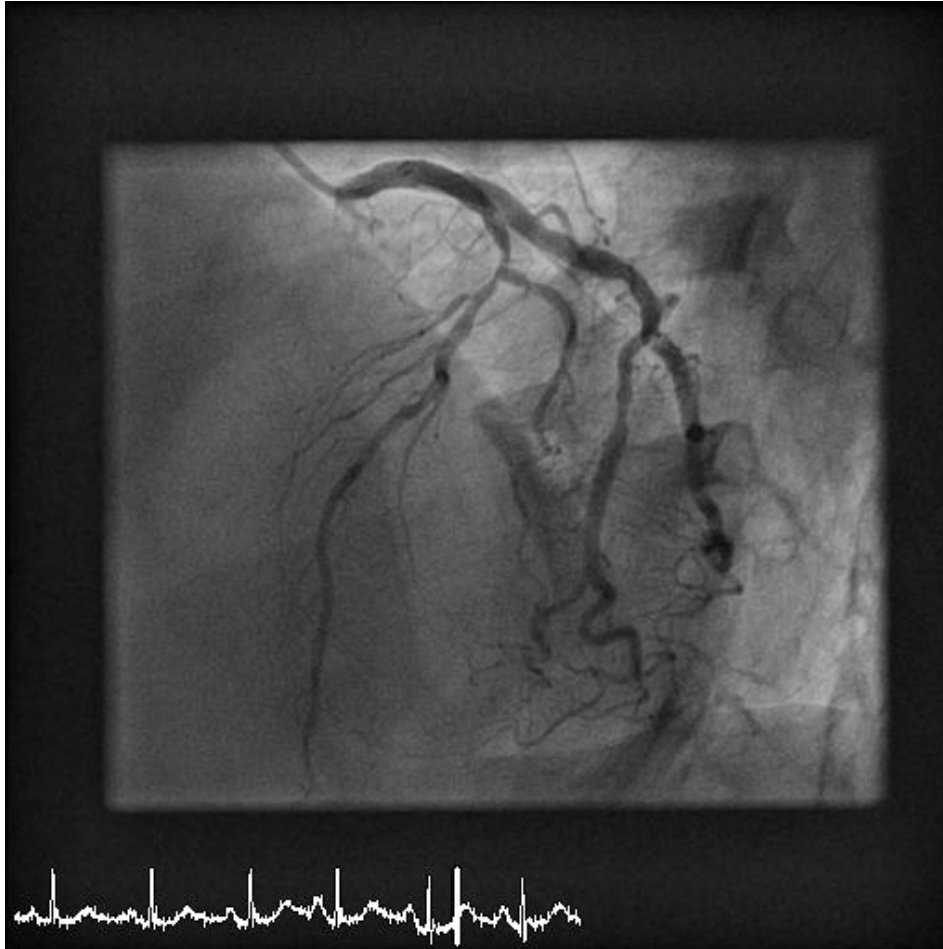
Left coronary artery



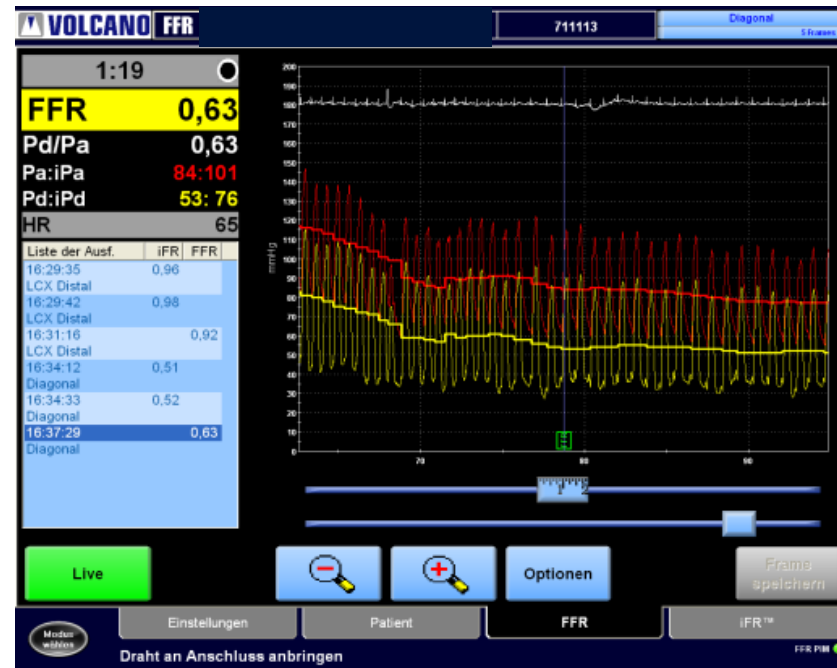
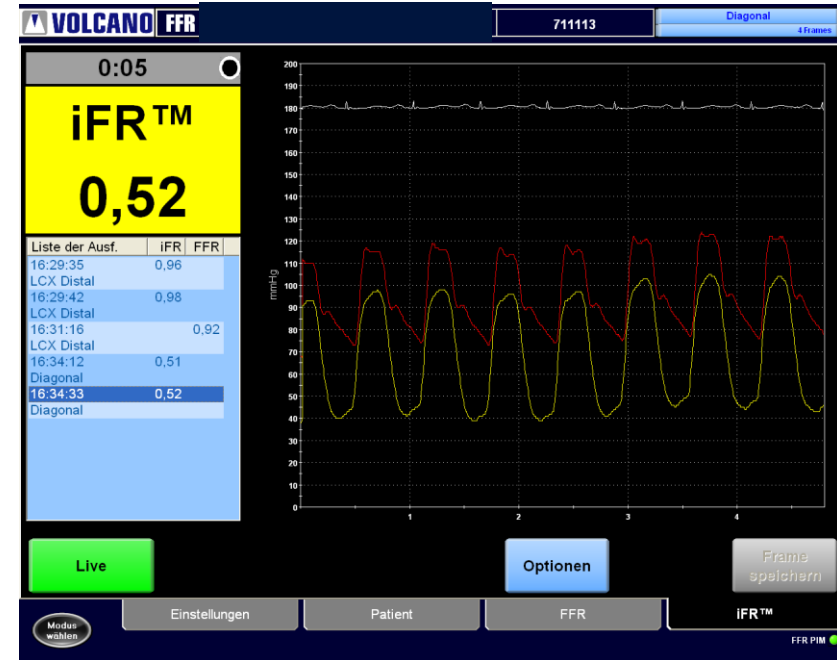
LCX



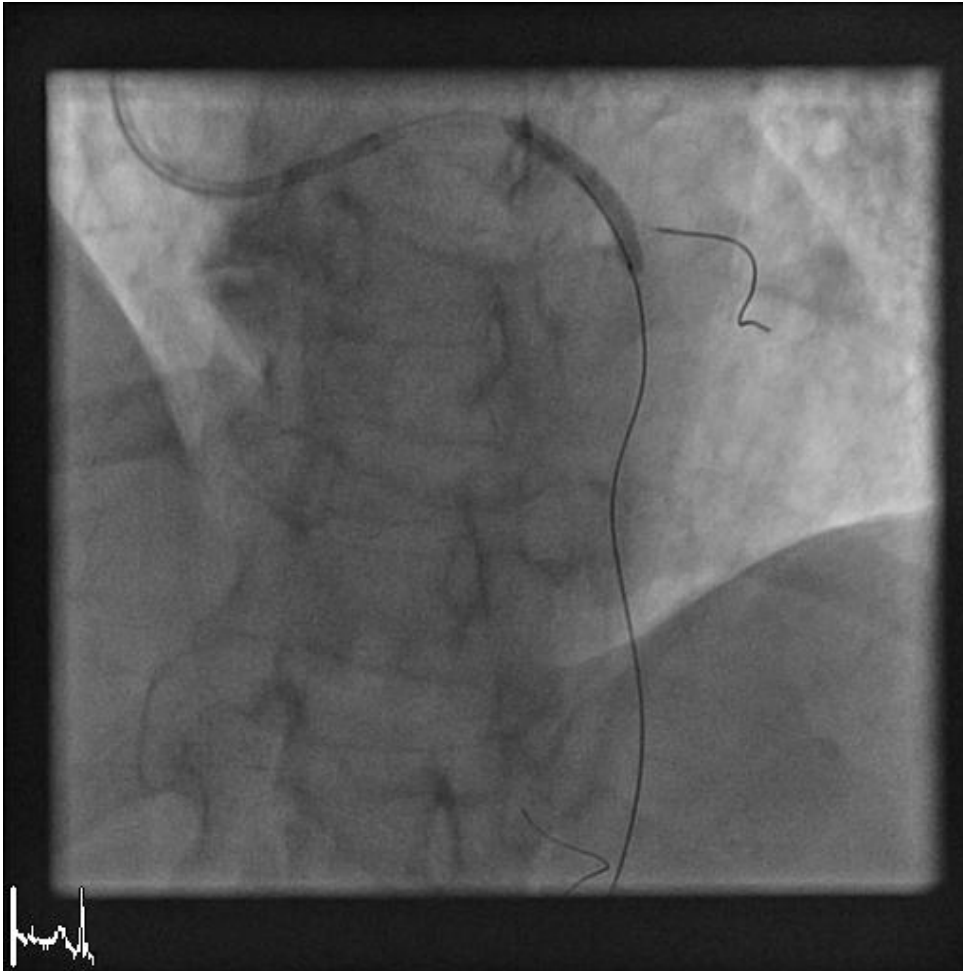
LAD/Rd1



- Pressure wire in Rd

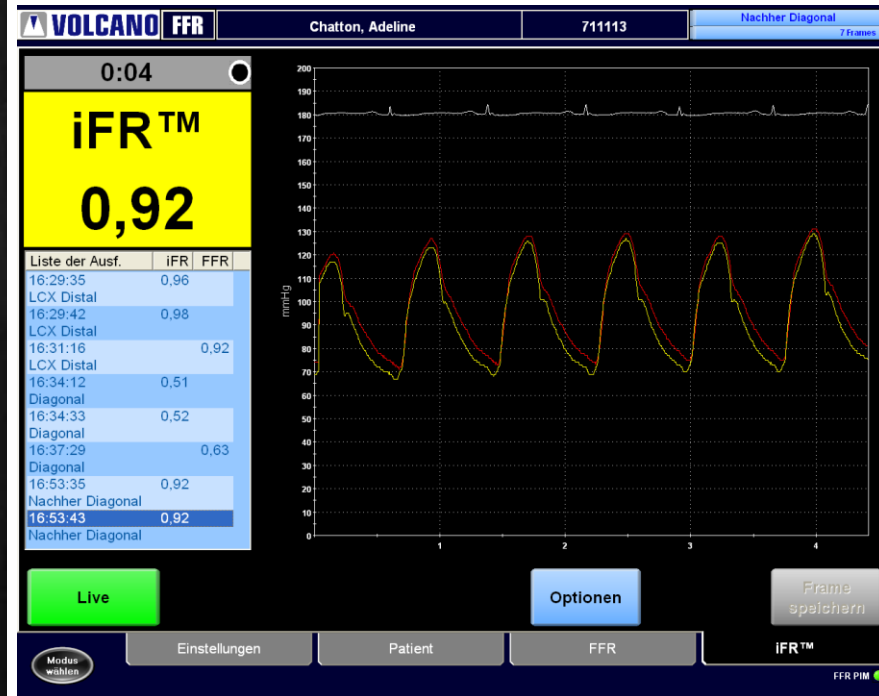
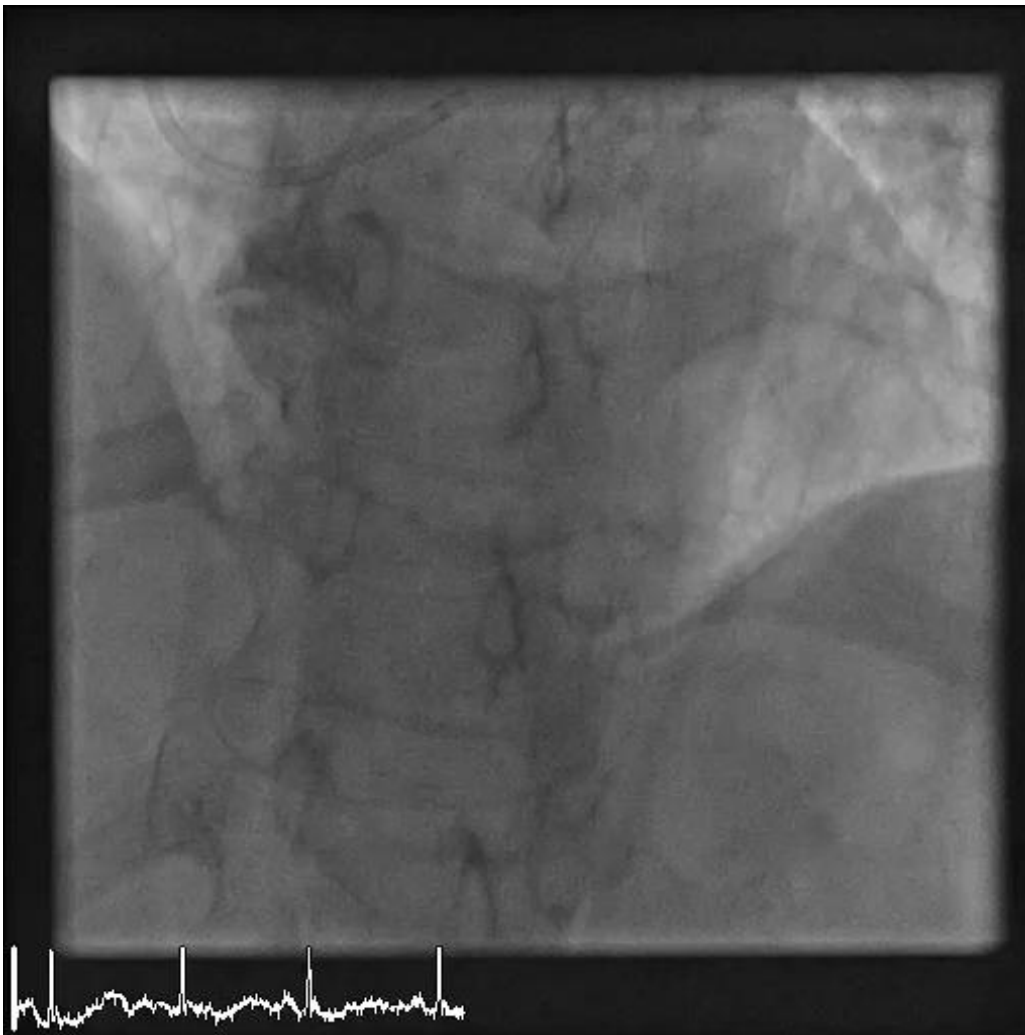


Diagonal Bifurcation PCI

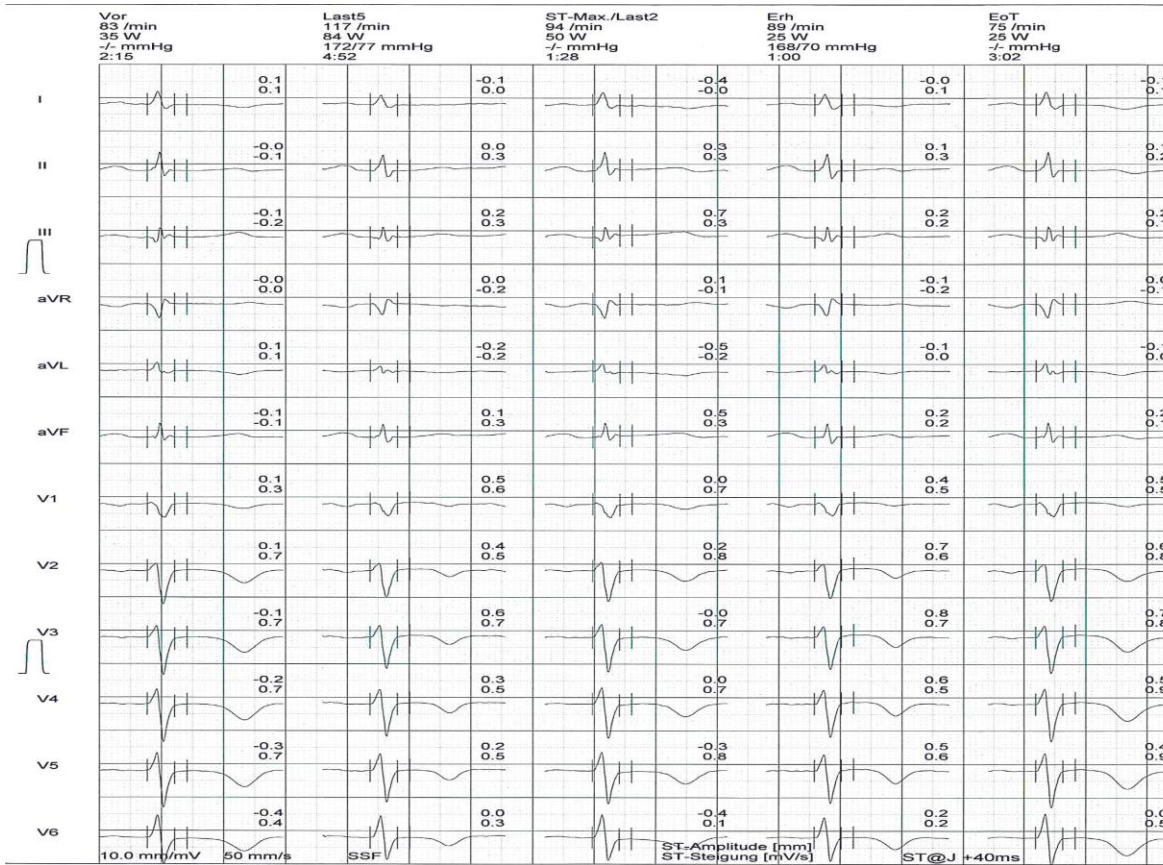


- Pre Dilat: 2.5 X 20 mm
- DES 2.75 x 20
- DES 2.50 x 08

Angiographic result RIVA /Rd



Follow up



Follow up

- No cardiac limitation in the follow up
- Compromised by Polymyalgia rheumatica
- Medication:
 - Aspirin 100
 - Atorvastatin 40
 - Zestril 10
 - Vit.D3 and Calcium
 - Spiricort 20 mg

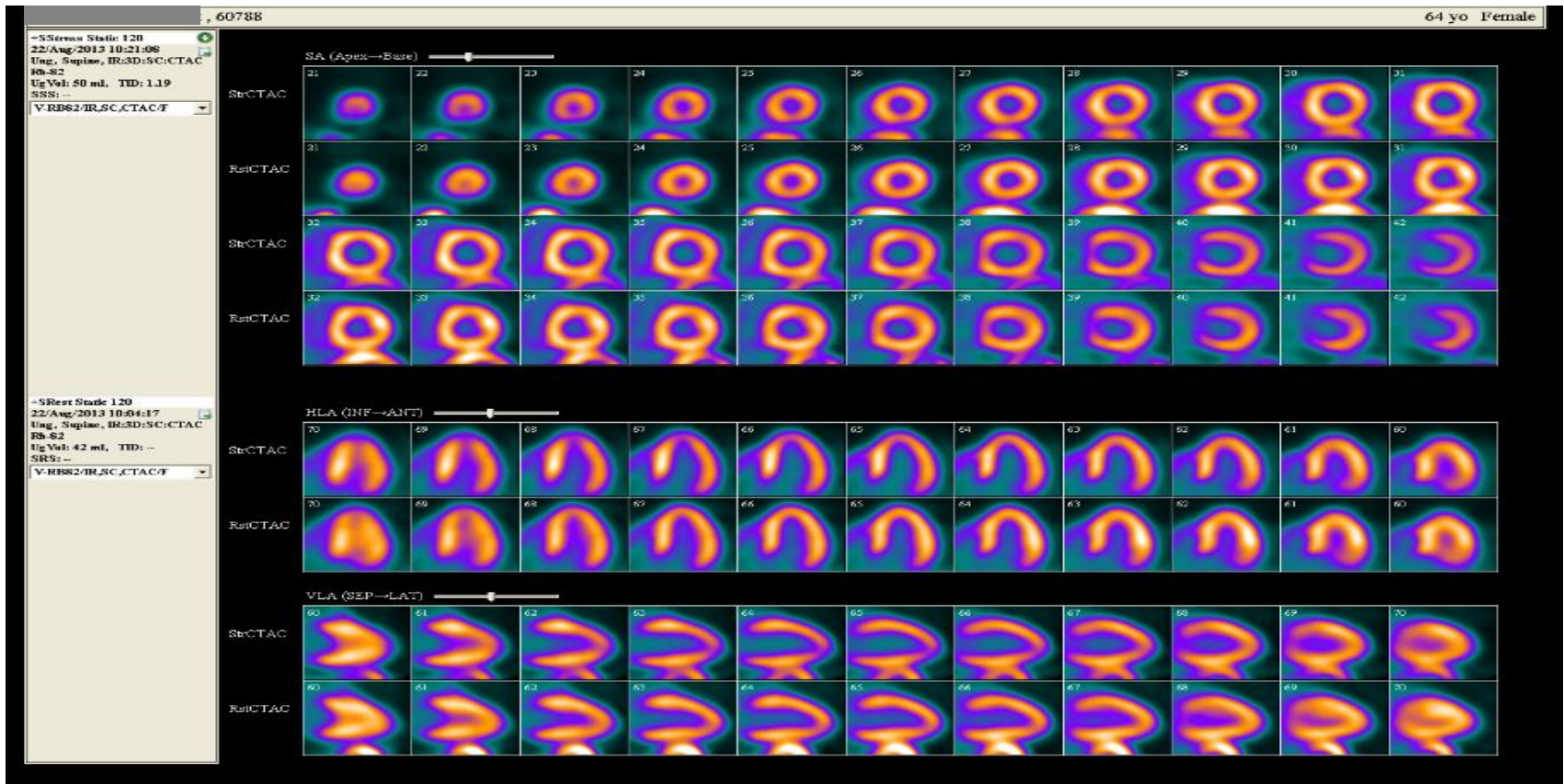
Conclusions

- Measurement of iFR in Real time is available on the console and simple to perform
- The hybrid iFR-FFR approach, where adenosine is only used in the grey-Zone ($0.86 < \text{iFR} < 0.93$) can save 60-70% of procedure to require adenosine while remaining accurate.
- ADVISE II and Syntax II will contribute to validate iFR in clinical practice and with clinical outcome result in MVD patient.

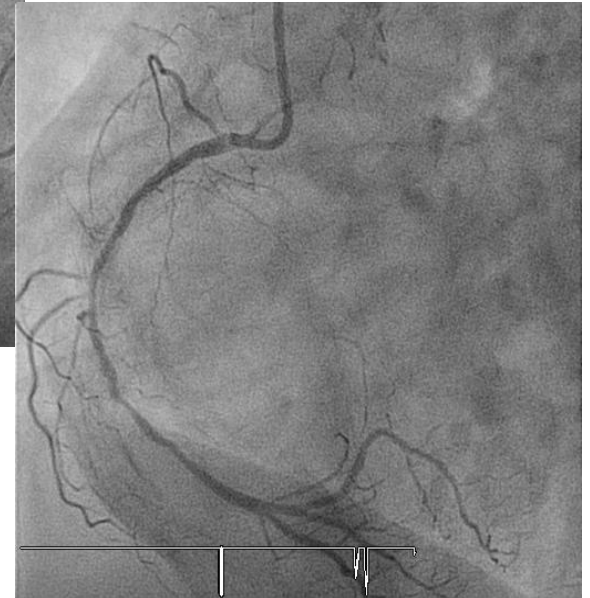
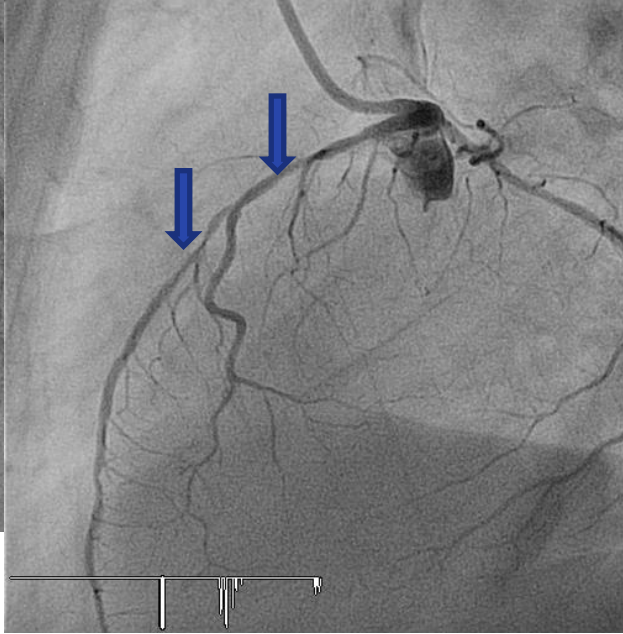
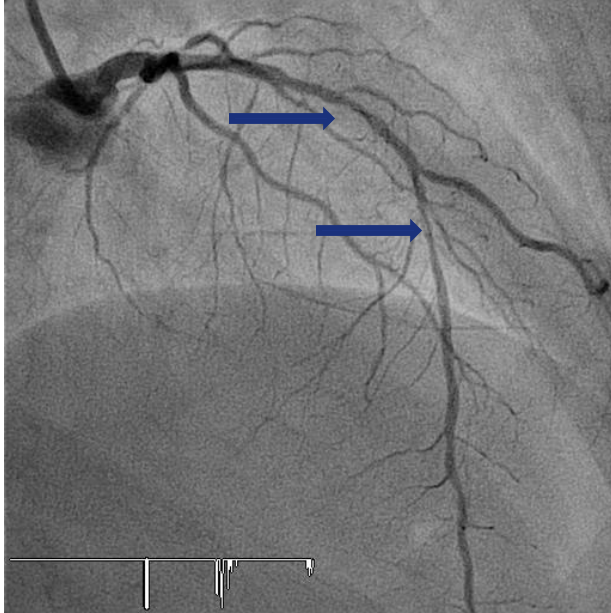
Case summary

- 64 yrs old female.
- DM 26 years on insulin.
- HTN 26 years.
- IHD mild to moderate lesions 2007.
- NYHA class II-III
- HbA1c 10.5
- LDL 1.3, HDL 1.28
- Cr 87
- ECG LBBB
- EF > 55%.
- Mild-moderate MR.
- PET stress: mild anterior wall ischemia, TID 1.19.

PET stress

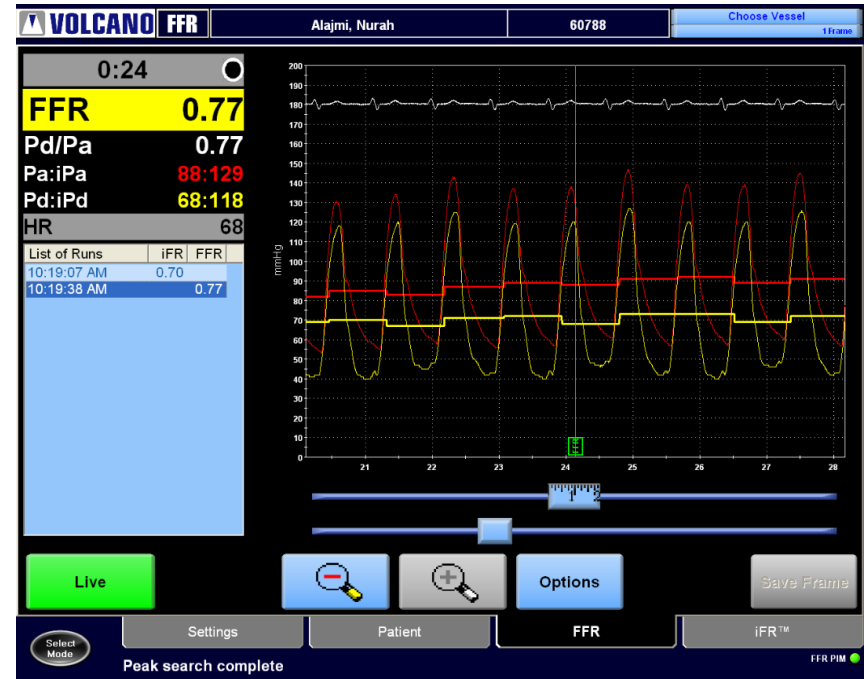
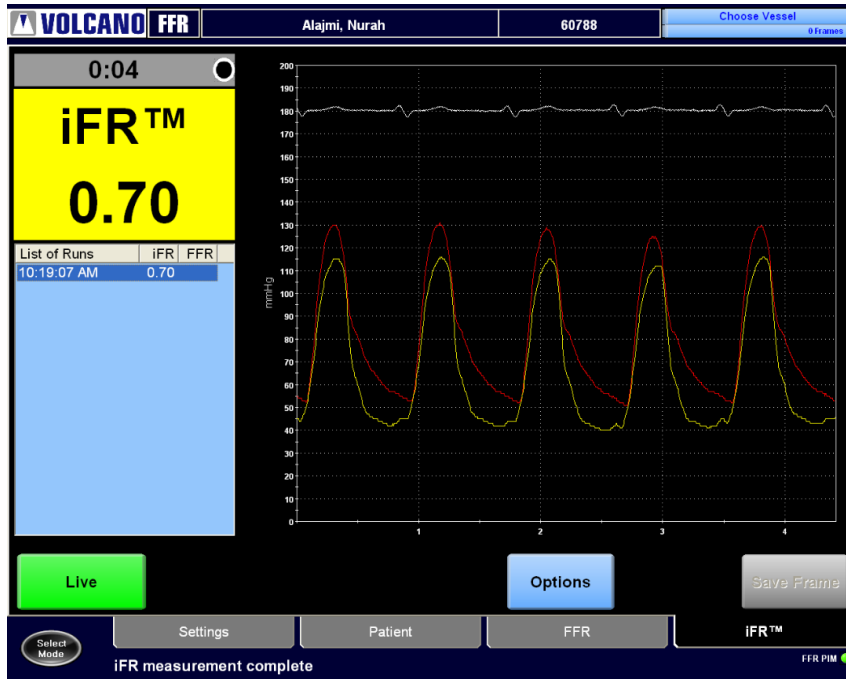


Coronary angiogram



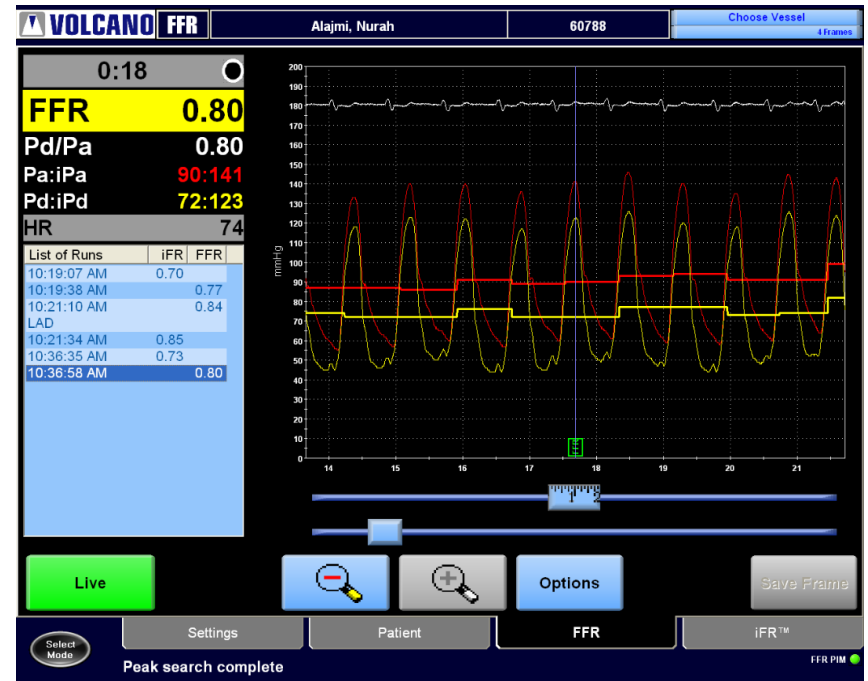
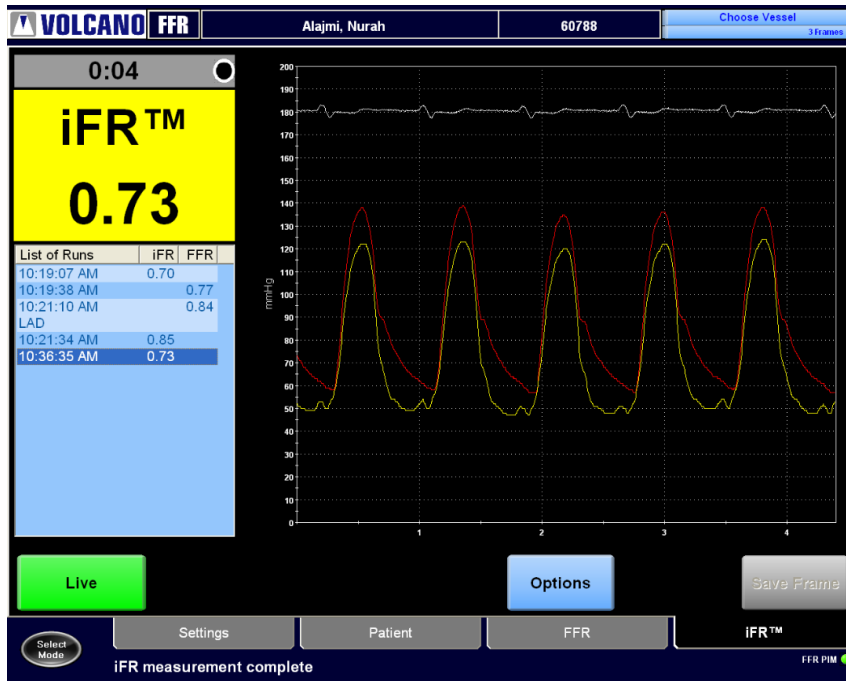
iFR/FFR LAD

IV adenosine 140 mcg/kg/min through RFV



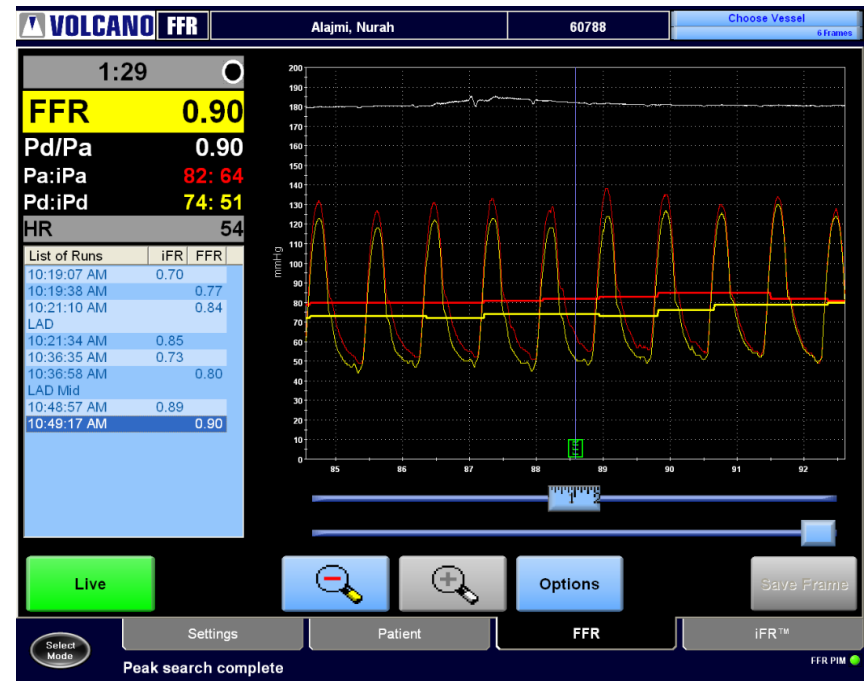
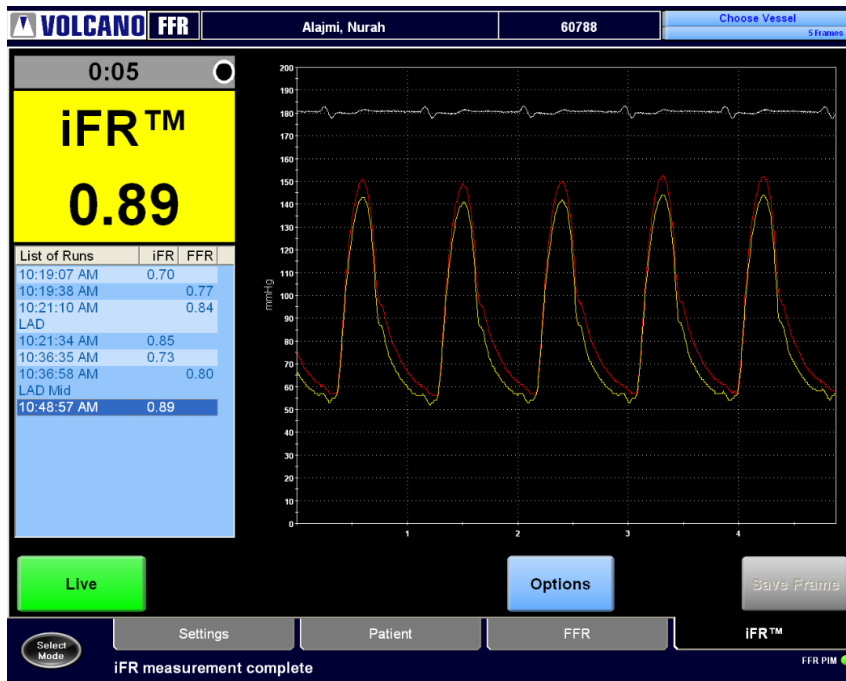
Mid LAD stented

iFR/FFR after stenting mid LAD

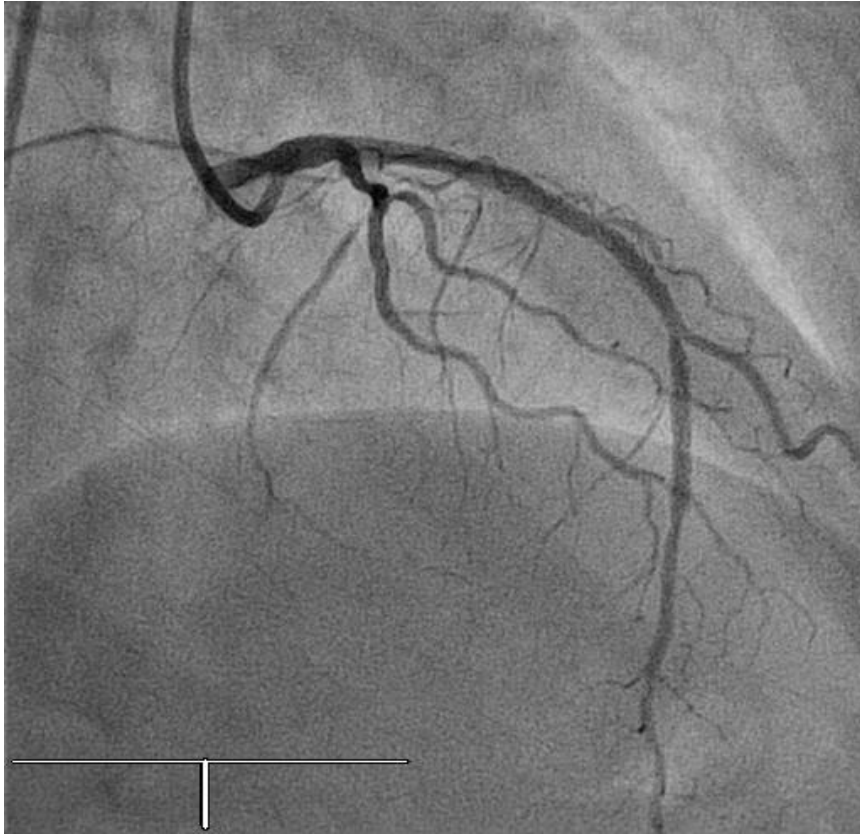


Proximal LAD stented

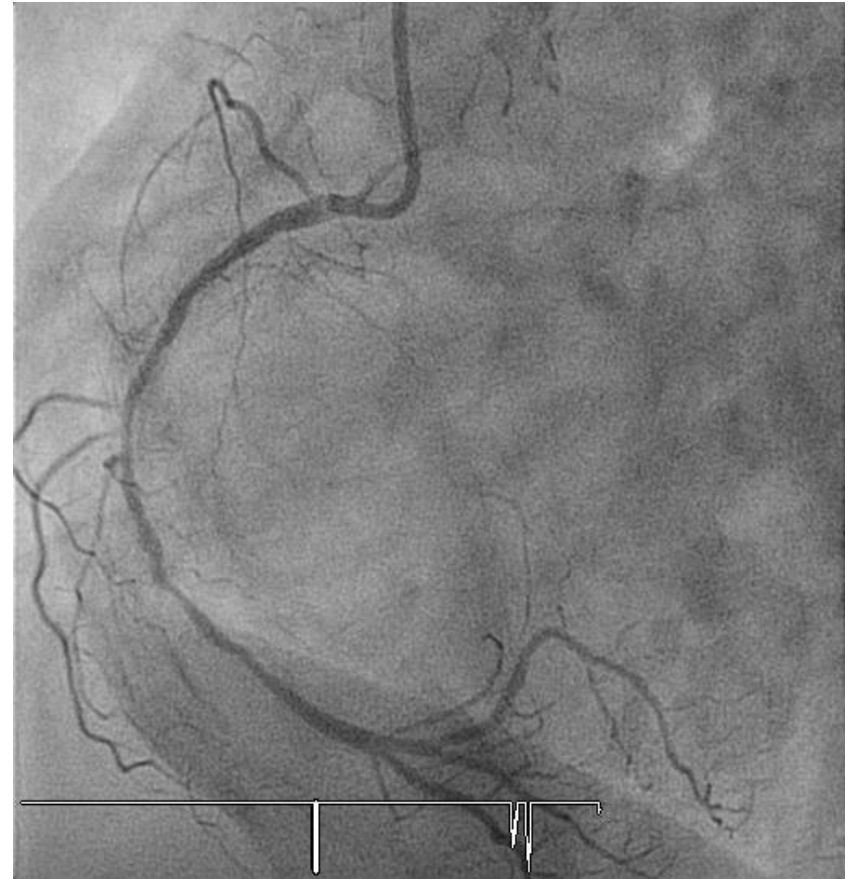
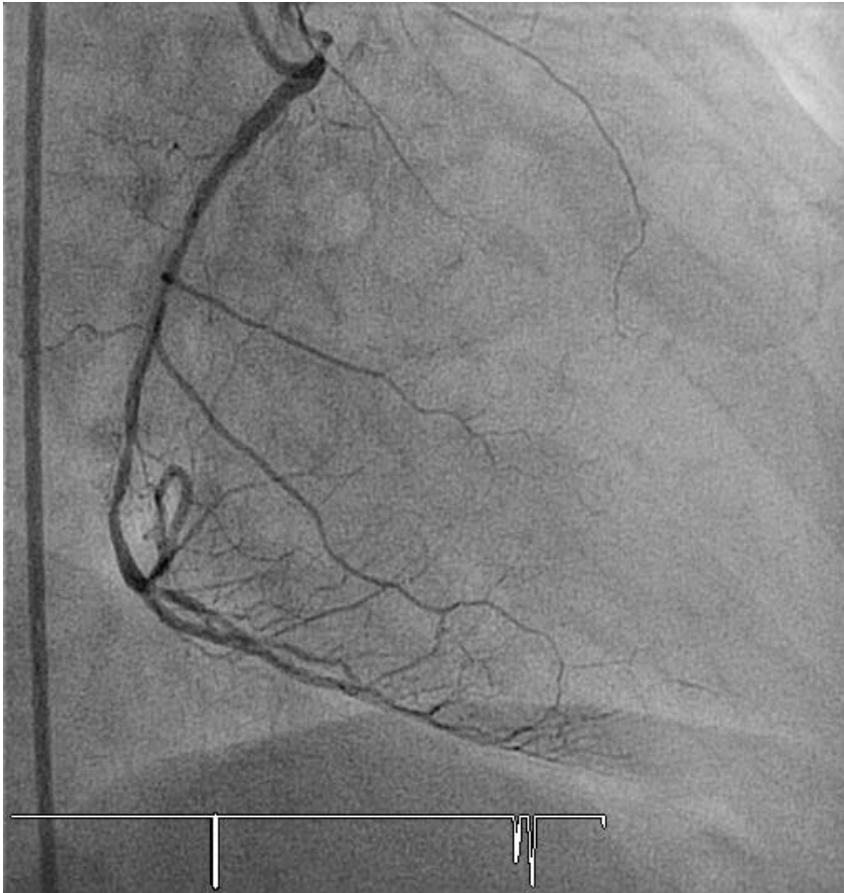
iFR/FFR after stenting proximal LAD



Final result

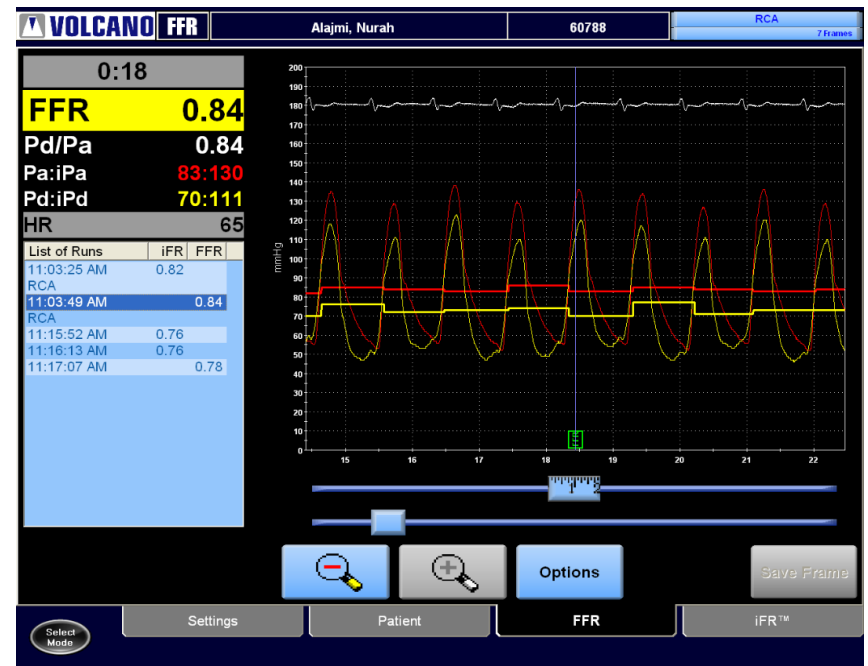
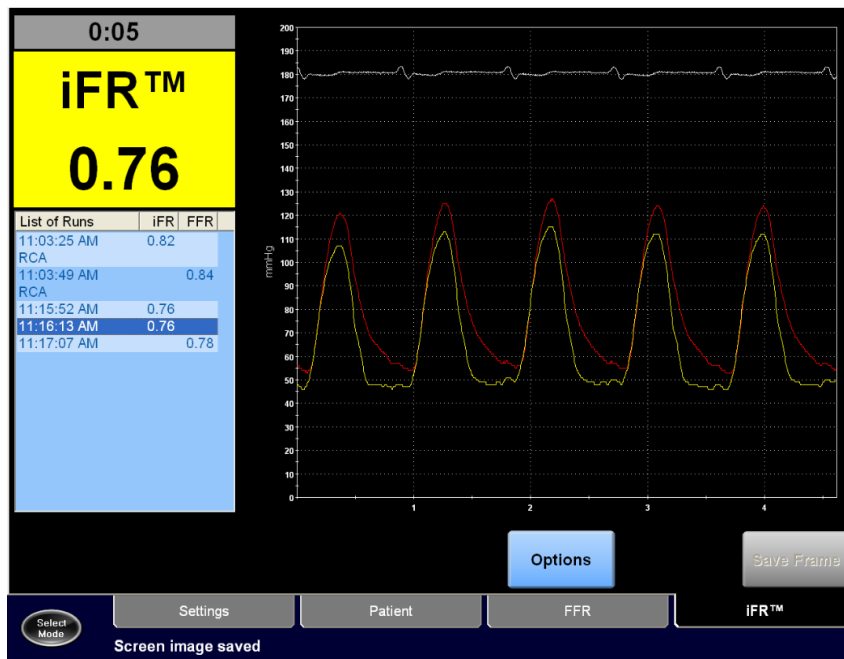


RCA



iFR/FFR RCA

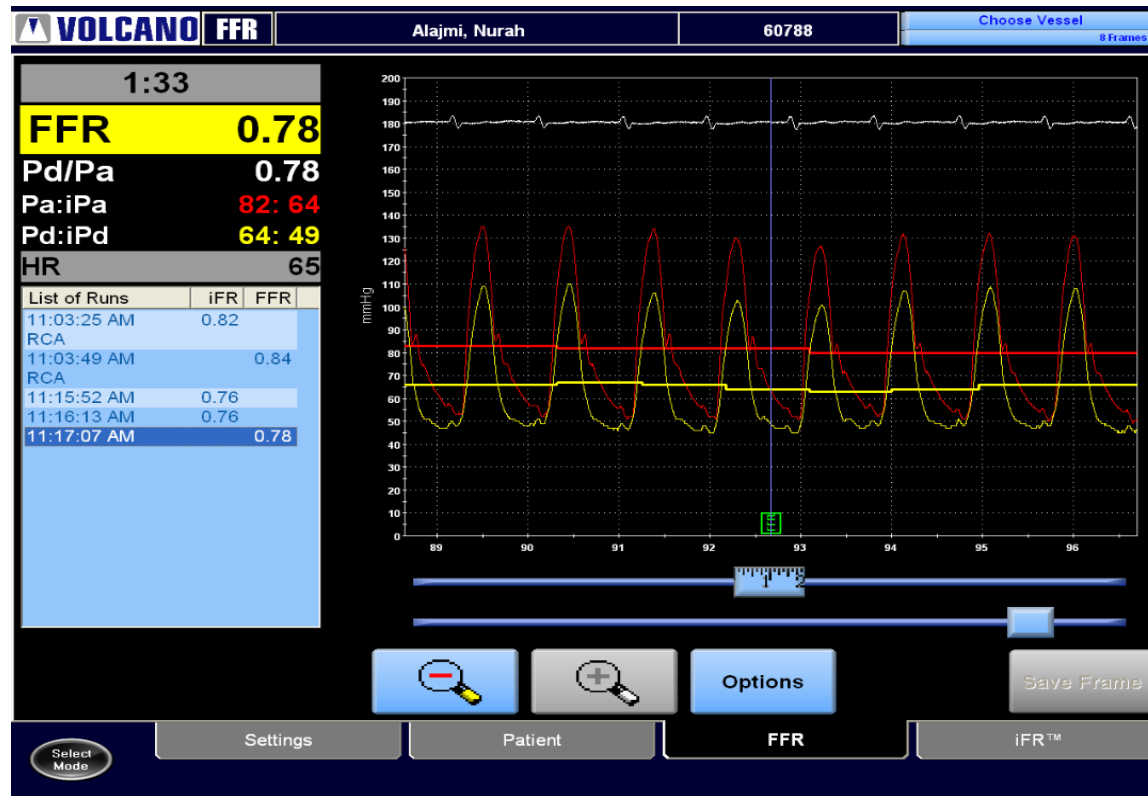
Adenosine IV through RFV
140 mcg/kg/min



iFR support intervention, while FFR is not?
Is the patient respond to adenosine adequately or not?

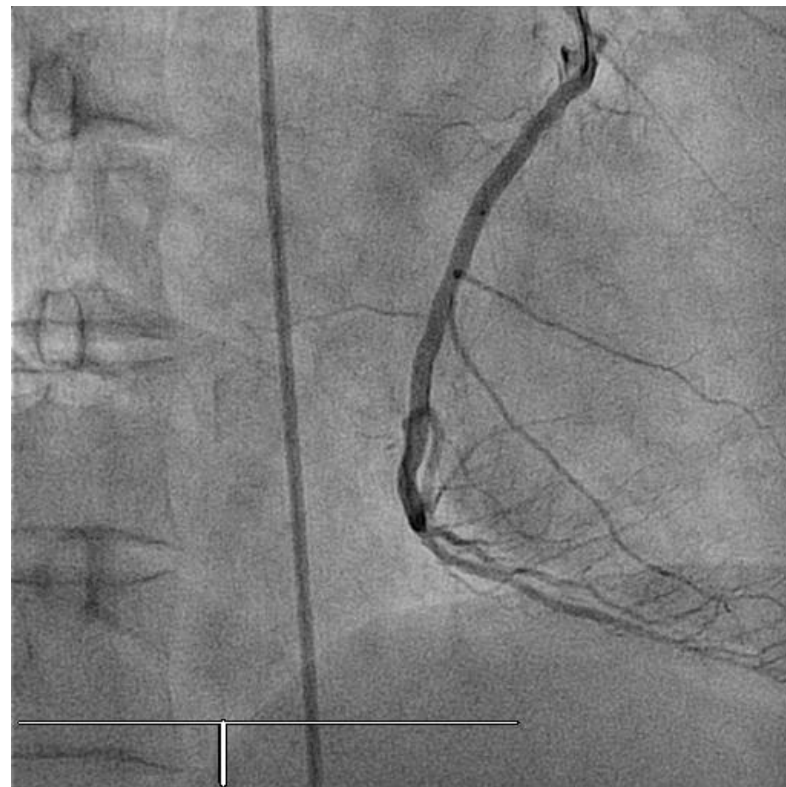
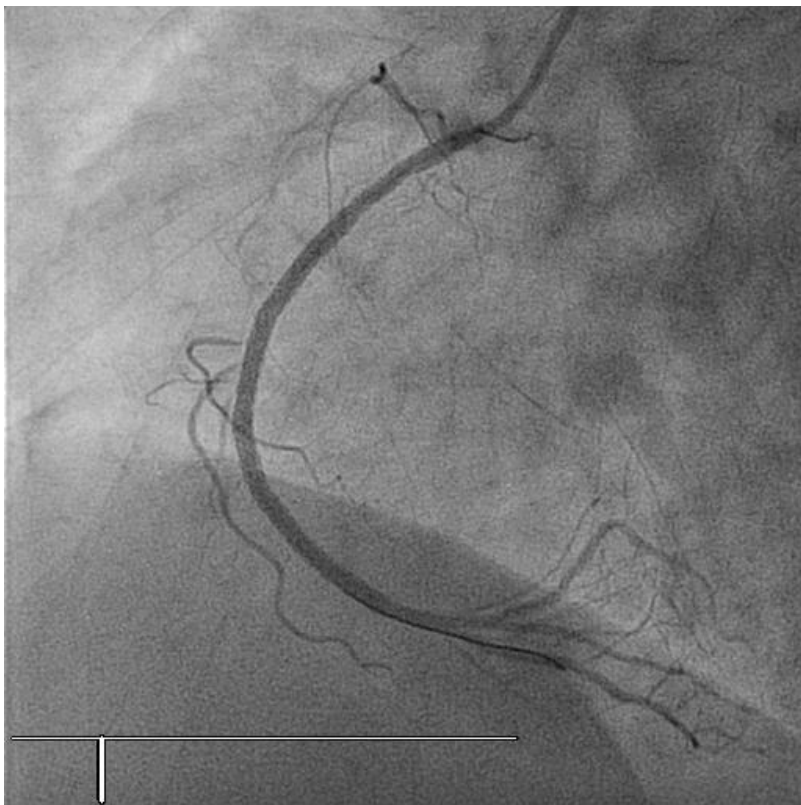
FFR RCA

Papaverine 10 mg IC



Based on iFR/FFR PCI to RCA was done.

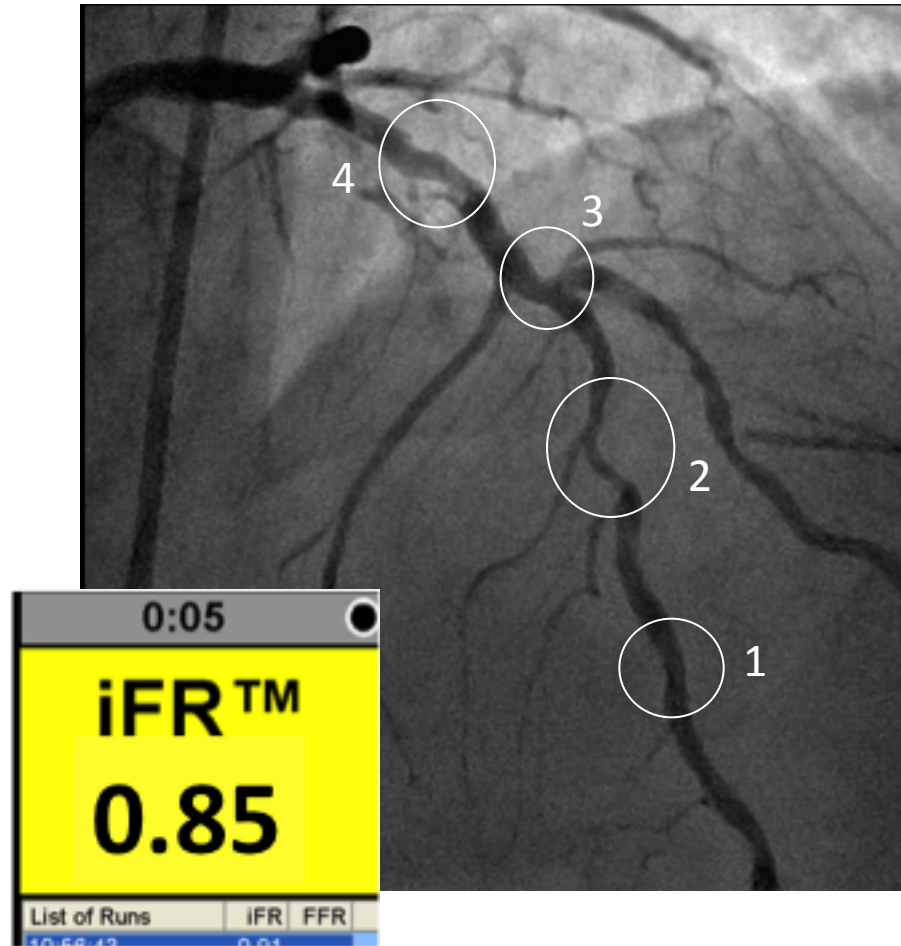
Final result



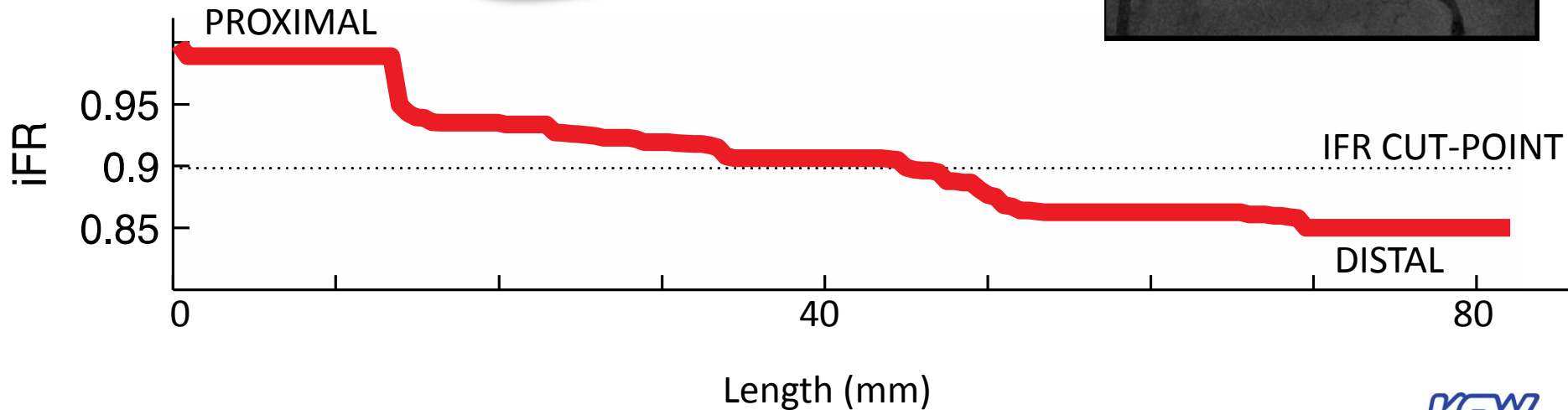
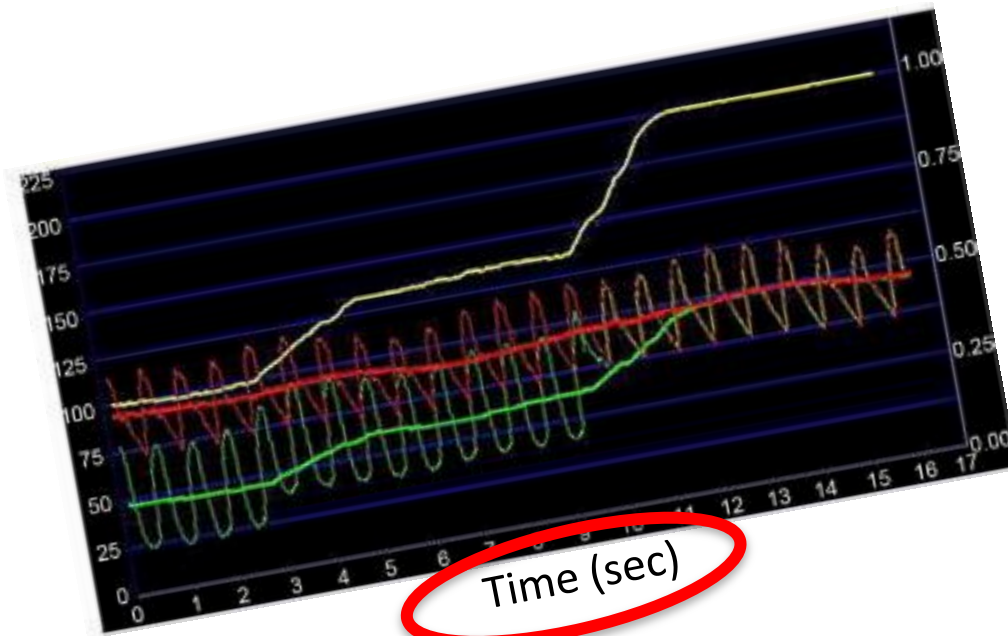
Conclusion

- In patients who are not responding or low responder to adenosine, iFR was positive, and helped to avoid leaving a significant lesion without intervening.
- Is low iFR value more accurate than FFR??? This case suggest that.

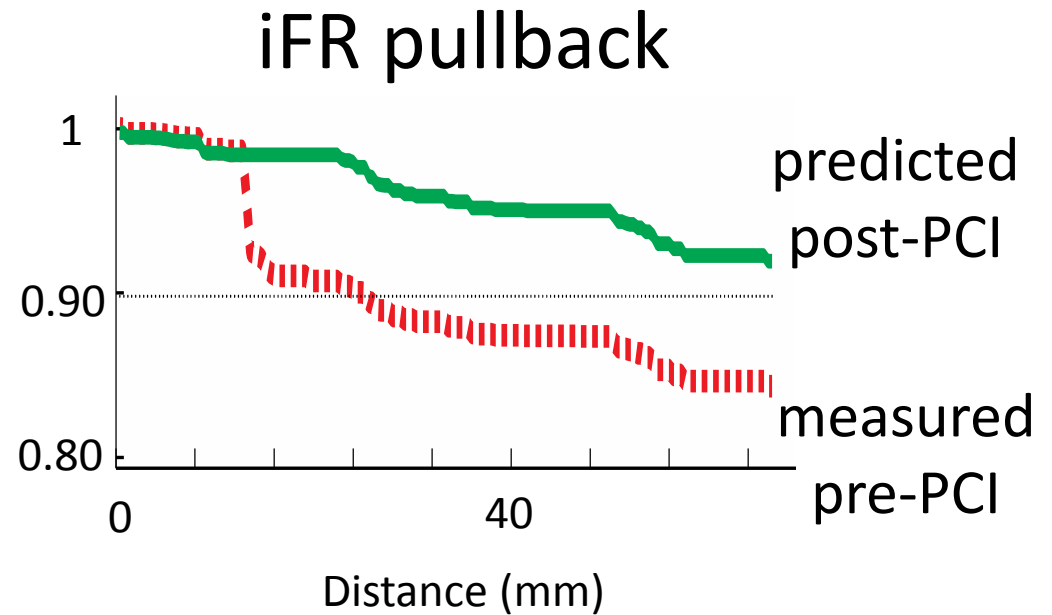
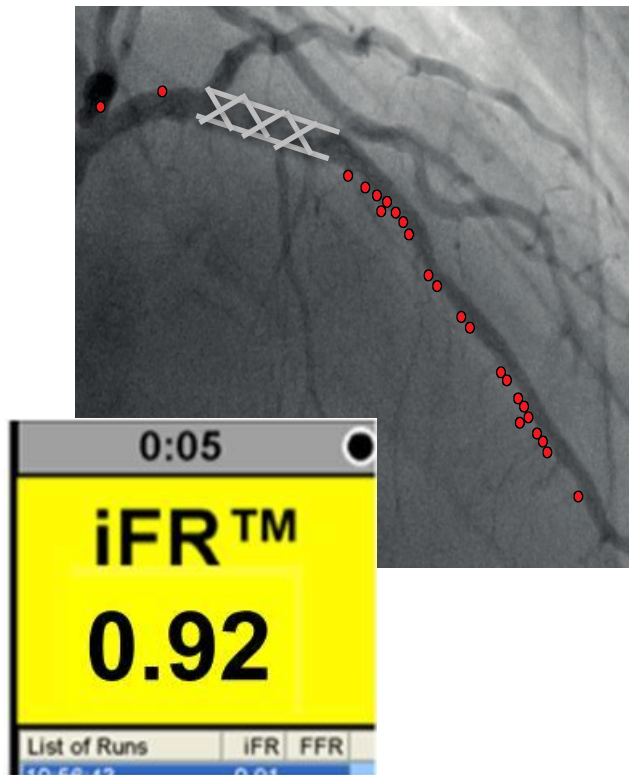
The Future



iFR pullback stenosis mapping

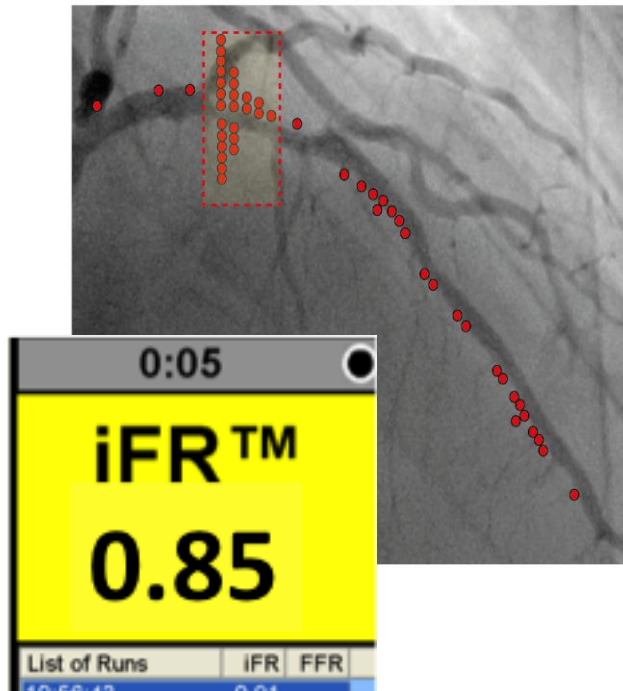


Using iFR pullback plan PCI strategy

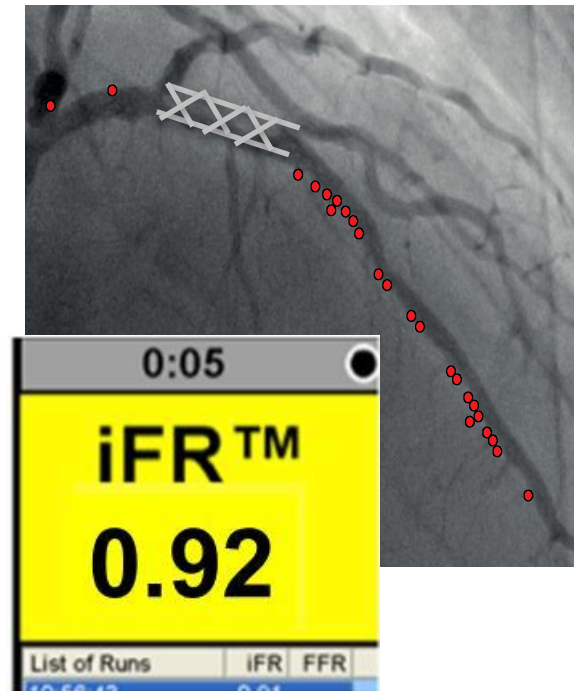


Using iFR to perform Virtual PCI

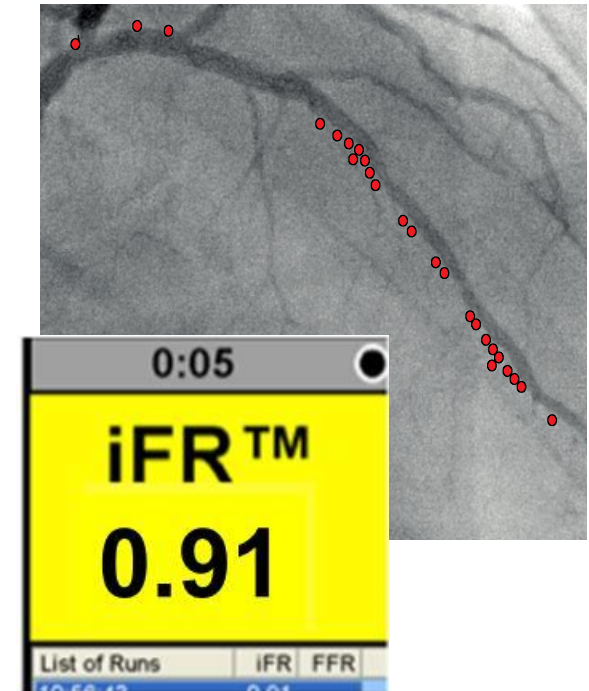
PRE-PCI
(MEASURED)



VIRTUAL PCI
(PREDICTED)



POST-PCI
(MEASURED)



Thank You

