



# Imaging intracoronarico:

## IVUS & OCT

*my tips and tricks*

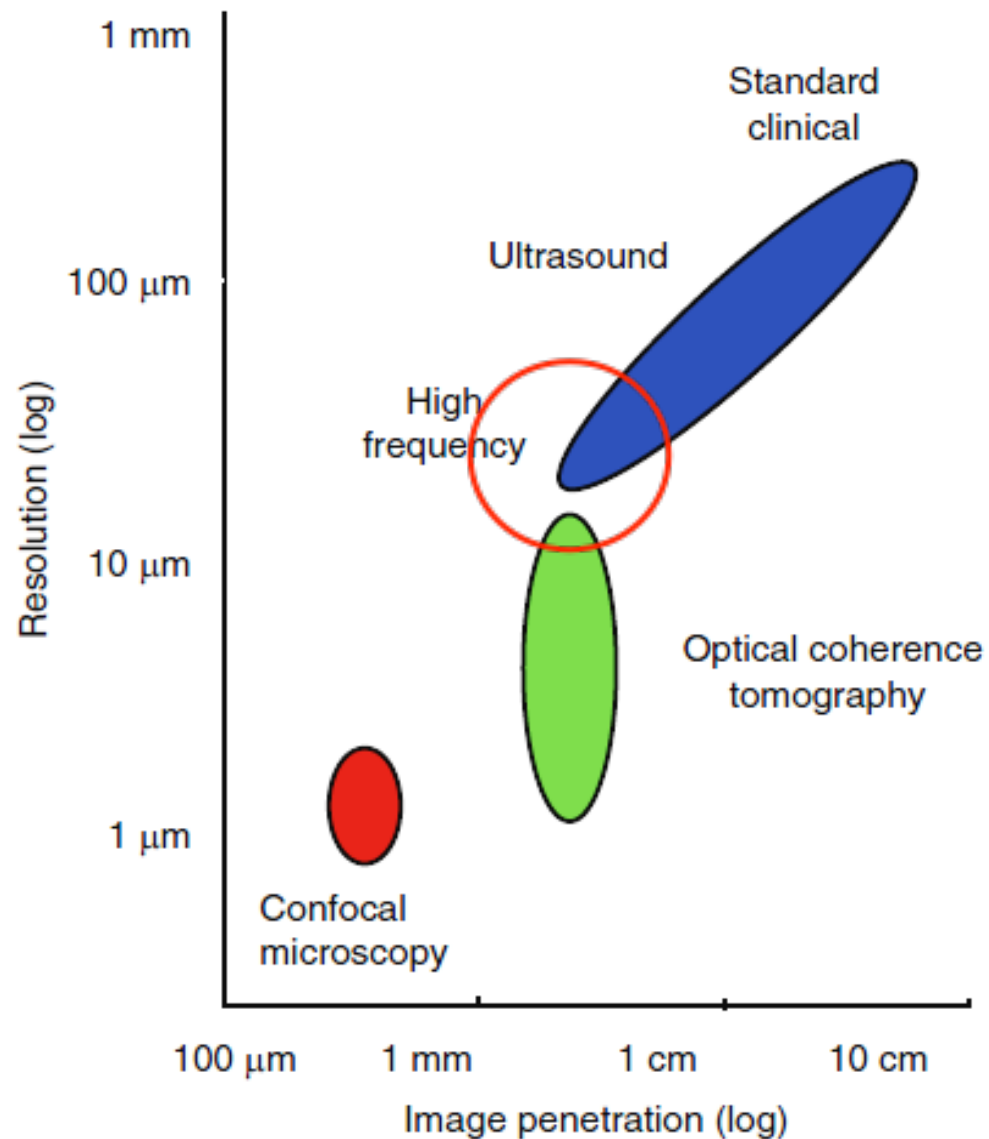
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# Resolution of current imaging techniques



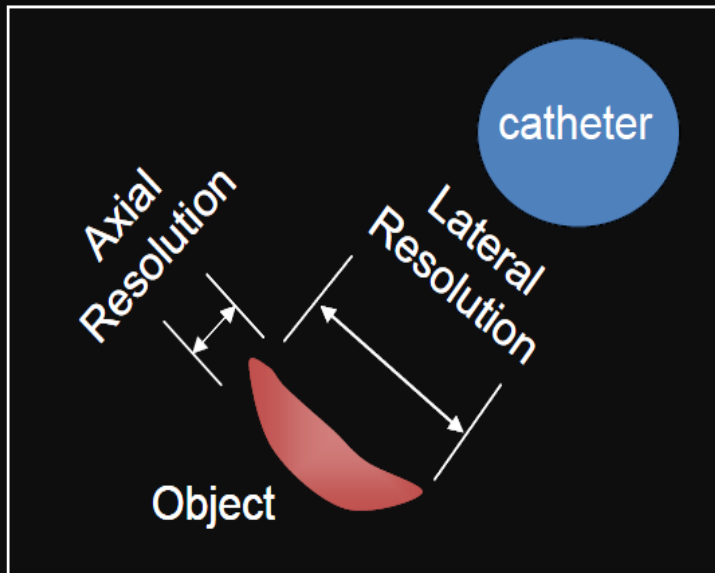
# IVUS vs. OCT: penetration vs. resolution

## Axial

Measured along the ultrasound beam

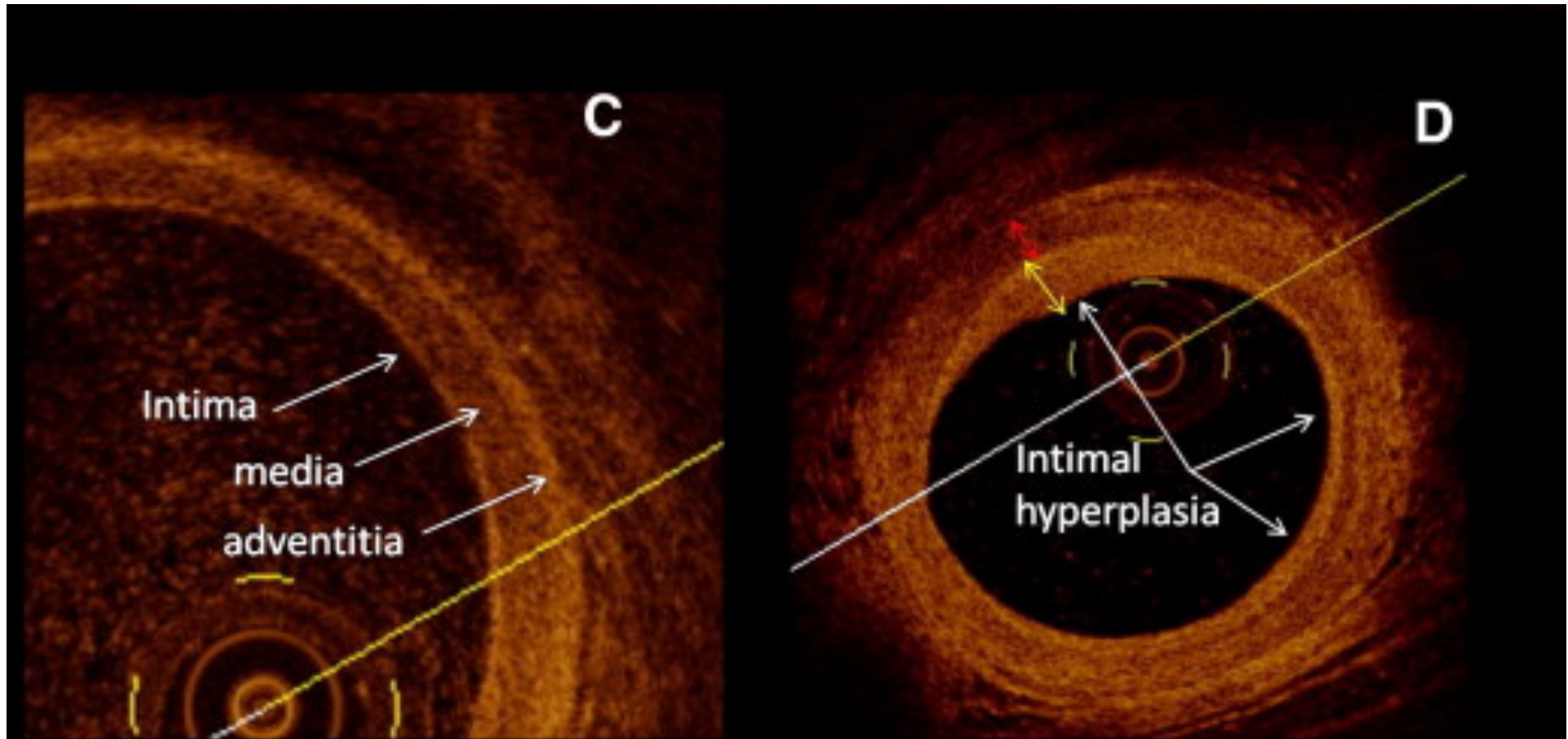
## Lateral

Measured along the sweep of the IVUS image

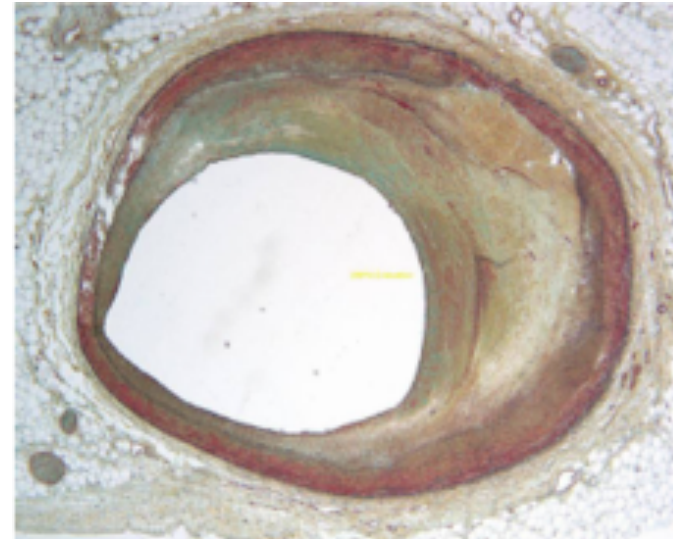
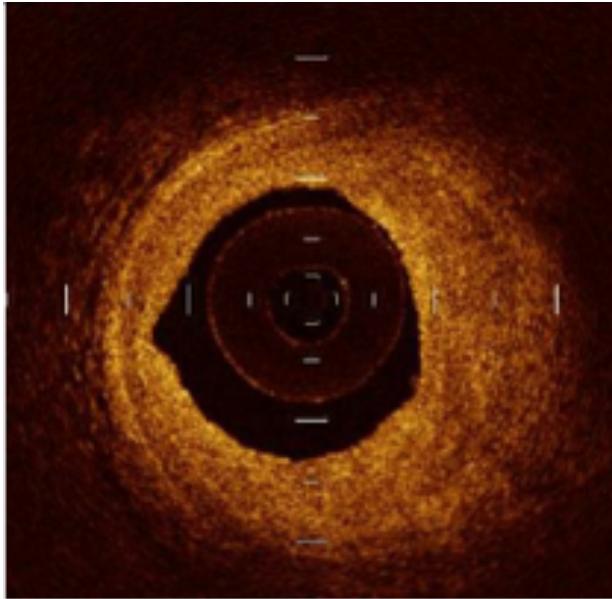


	IVUS	FD-OCT
Size of catheter	3.2-3.5Fr	2.7Fr
Guiding catheter compatibility	5-6Fr ( $\geq 0.64''$ )	6Fr ( $\geq 0.64''$ )
Max frame rate	30fps	100-200fps
Max pullback speed	1 mm/sec	20-40 mm/sec
Wave length	35-80 $\mu\text{m}$	1.3 $\mu\text{m}$
Axial resolution	90-140 $\mu\text{m}$	10-15 $\mu\text{m}$
Lateral resolution	250 $\mu\text{m}$	40-90 $\mu\text{m}$
Tissue penetration	7-10mm	2-3.5mm
Scan diameter	15mm	Approx 10mm

# OCT Features



# OCT Features



## **OCT signal features**

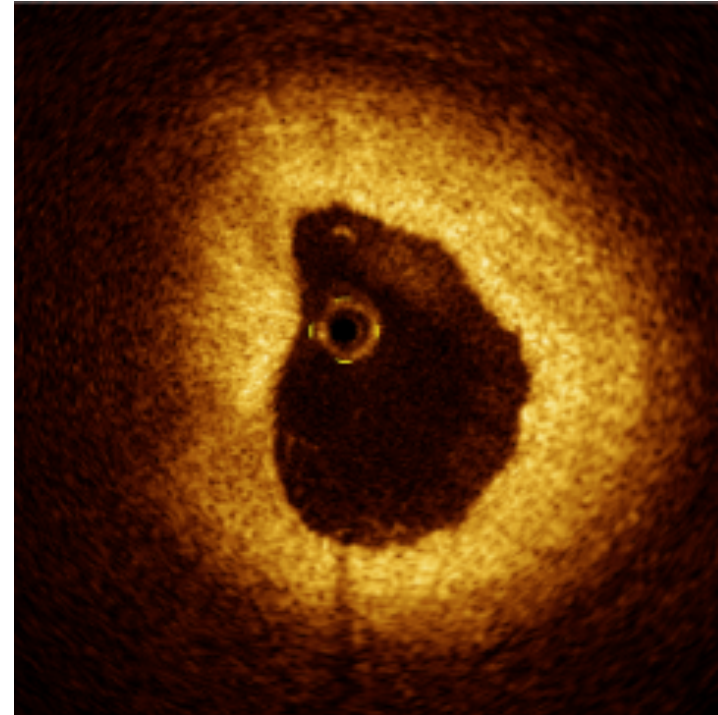
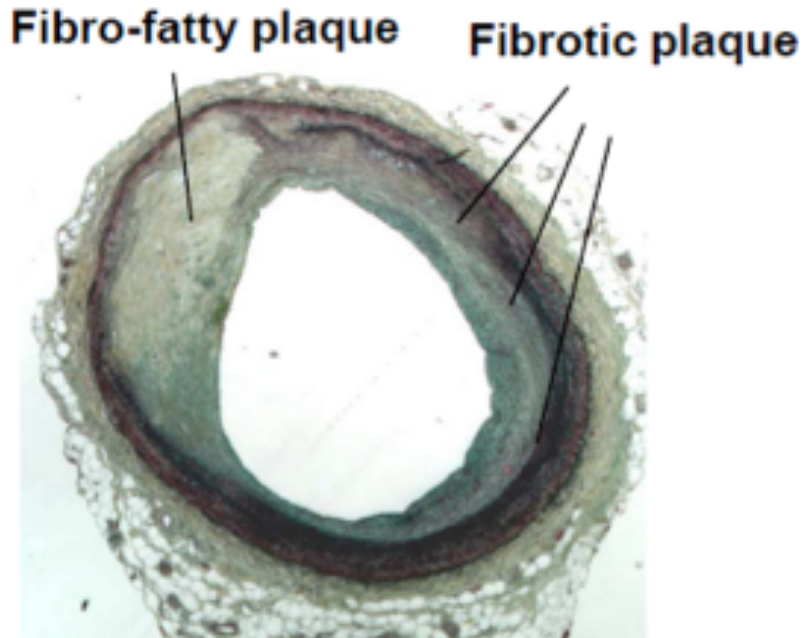
1. **Signal intensity**
2. **Attenuation**
3. **Edge sharpness**
4. **Texture**

## **Histology features**

1. **Stain colors**
2. **Cellular morphology**



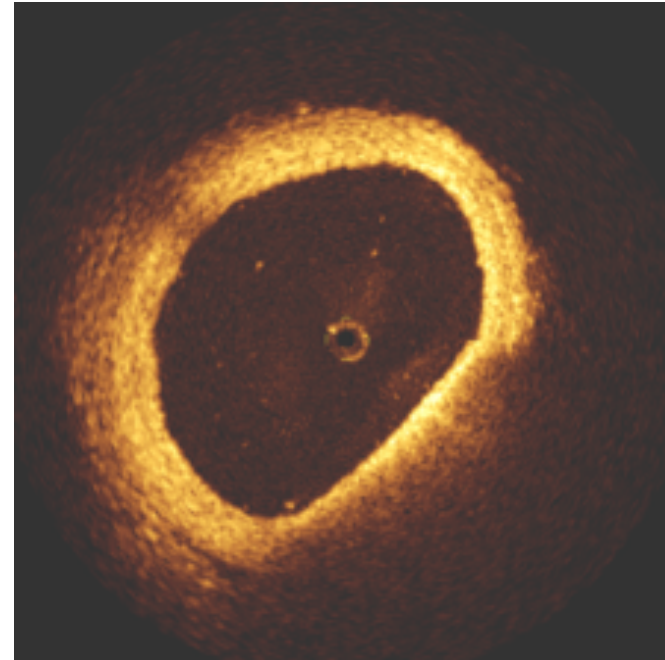
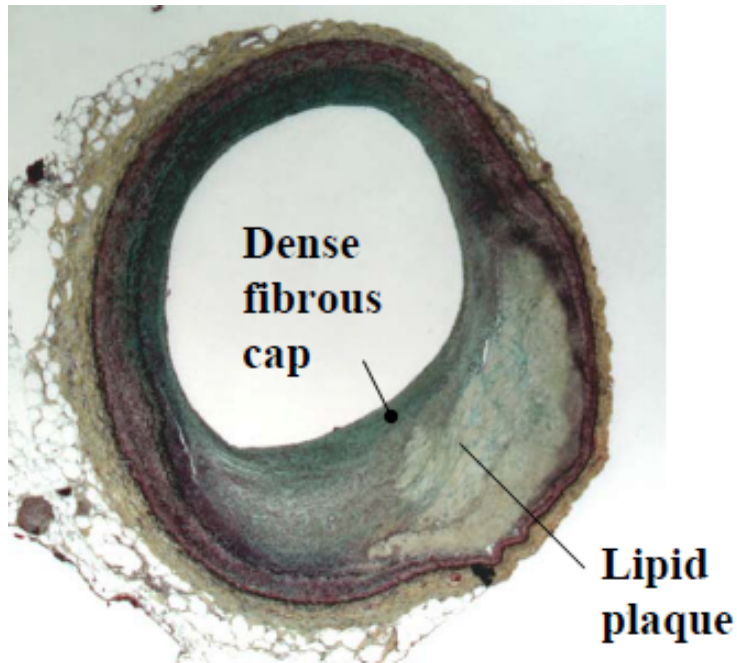
# OCT Features



## Fibrous plaques

1. Signal intensity (backscatter) is high
2. Attenuation slope is low
3. Sharpness of edges depends on adjacent tissue
4. Standard deviation is low: homogenous texture

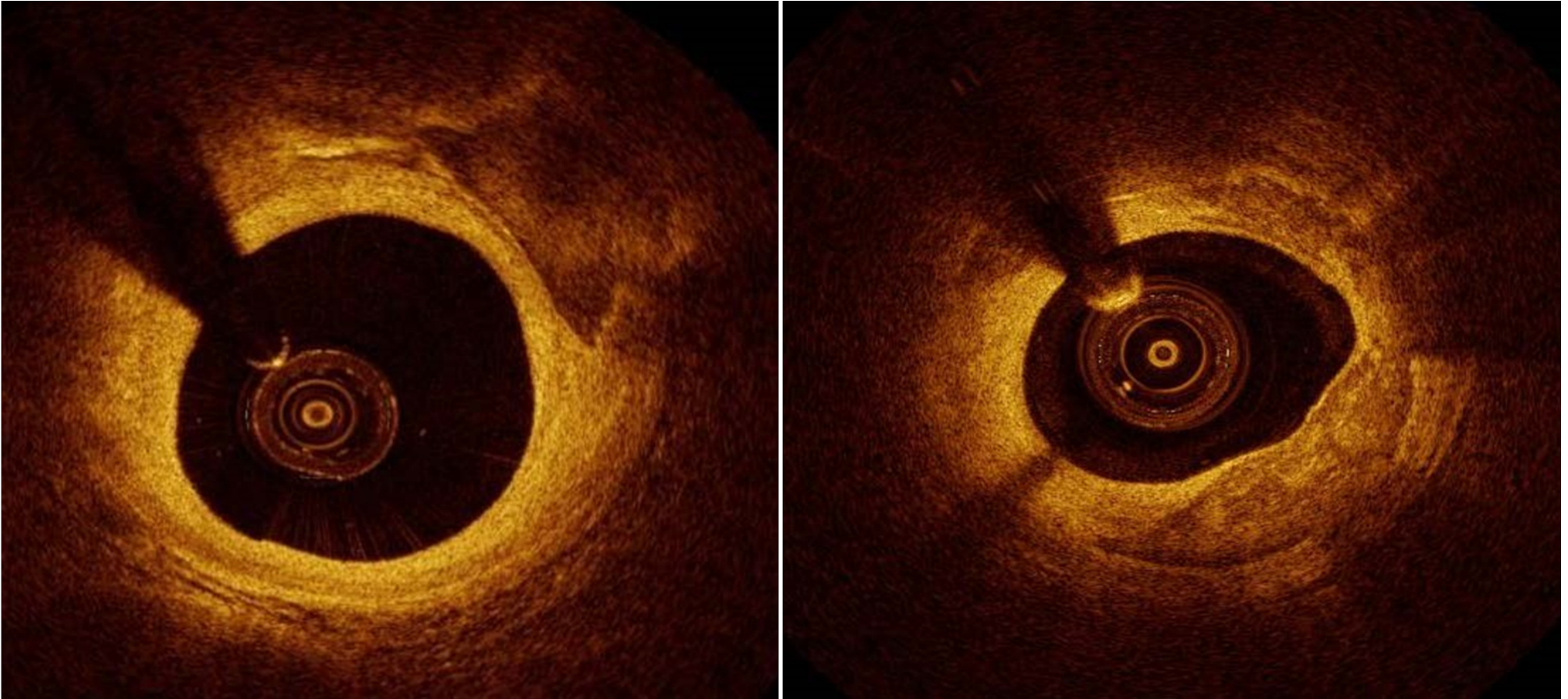
# OCT Features



## Lipid-rich plaque

1. Signal intensity in the top is high, but attenuates very fast
2. Attenuation slope is high
3. Edge is diffuse

# OCT Features

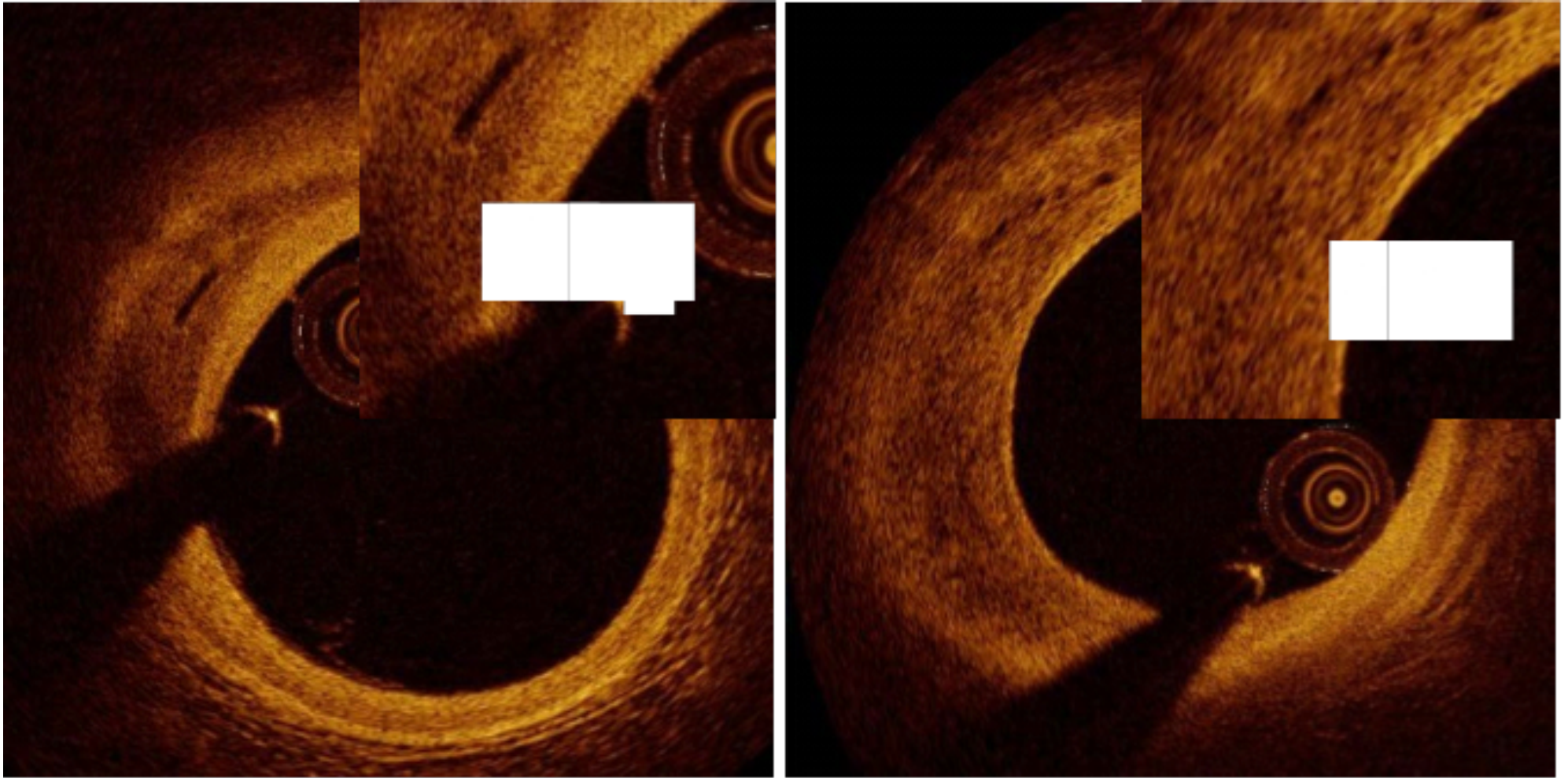


Calcified plaque:

- 1.Signal intensity is low
- 2.Attenuation slope is low
- 3.Edge is sharp



# Fibroatheroma: cap thickness



# OCT pre-PCI: expect variability

