Three-Dimensional Quantitative Coronary Angiography versus 'Gold-Standard' Intravascular Ultrasound Assessment: A Comparative Lesion Analysis

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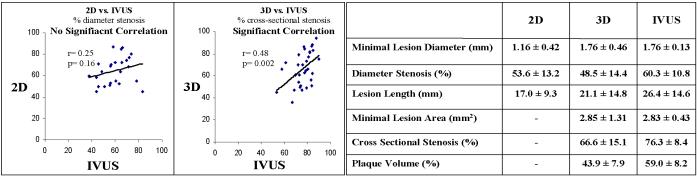
Background: In recent years, several types of three-dimensional (3D) reconstruction softwares have been developed to assess the coronary vasculature. However, 3D reconstruction measurements have not been evaluated against intravascular ultrasound (IVUS), currently the "gold-standard" modality for coronary lesion analysis.

<u>Objectives</u>: To investigate the accuracy of 3D coronary reconstruction vs. IVUS measurements and to identify its possible merits compared to conventional two-dimensional (2D) analysis.

<u>Methods</u>: Thirty-two de-novo coronary lesions were evaluated using conventional coronary angiography. 2D quantitative coronary angiography analysis was performed with the McKessonTM Telemedicine QCA system. For 3D reconstructions, the CardiOp-B package (Paieon Inc.) was used. All segments were further evaluated with IVUS (Volcano Corp.).

Results: When IVUS was used as the reference modality, 3D reconstruction was more accurate than 2D analysis, which poorly correlated with IVUS measurements of lesion length and minimal lesion diameter (r=0.14, p=0.92 and r=-0.25, p=0.16, respectively). There was no significant difference between 3D and IVUS in measurements for minimal lesion diameter and minimal lesion area (p=0.92, p= 0.90, respectively), although the correlations were not significant (r=0.11, p=0.95 and r=0.20, p=0.32, respectively). In all relative stenosis evaluations (diameter cross-section, plaque-volume), 3D analysis yielded significantly lower values than IVUS (all p<0.001), which were nevertheless significantly correlated with the IVUS assessment (r=0.38, p=0.03; r=0.48, p=0.002; r=0.39, p=0.03).

<u>Conclusions</u>: 3D reconstruction analysis is more accurate against IVUS than 2D analysis, especially for lesion diameter and length. Results for lesion severity are lower with 3D reconstruction than with IVUS.



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