

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

Danny Dvir<sup>1</sup>, Ifat Lavi<sup>2</sup>, Shmuel Fuchs<sup>1</sup>, Abid Assali<sup>1</sup>, Shmuel Einav<sup>2</sup>, Alexander Battler<sup>1</sup>,  
Ran Kornowski<sup>1</sup>

<sup>1</sup> Cardiology Department, Rabin Medical Center, Sackler Faculty of Medicine, Tel-Aviv University, <sup>2</sup> Biomedical Engineering Department, Tel-Aviv University, Tel-Aviv, Israel

**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.

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

**Methods:** Thirty-two de-novo coronary lesions were evaluated using conventional coronary angiography. 2D quantitative coronary angiography analysis was performed with the McKesson<sup>TM</sup> 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 ( $r=0.38$ ,  $p=0.03$ ;  $r=0.48$ ,  $p=0.002$ ;  $r=0.39$ ,  $p=0.03$ ).

**Conclusions:** 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.

