

The Correlation Between Blood Flow in the Coronary Microcirculation During Angiography and the Blood Flow in the Retinal Arterioles

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Conflict of Interest

None to declare



Introduction

- 30% of AP found to have normal coronaries
- "Slow Coronary Flow" (SCF) described in 1972
- SCF strongly related to microvascular damage
- SCF patients have worse prognosis
- Treating SCF patients might improve prognosis

Circulation 2008;117:e25-146.

Int Heart J 2009;50:407-419.

Clinical hemorheology and microcirculation 2012;52:5-14.

JAMA 2009;301:1468-1474.

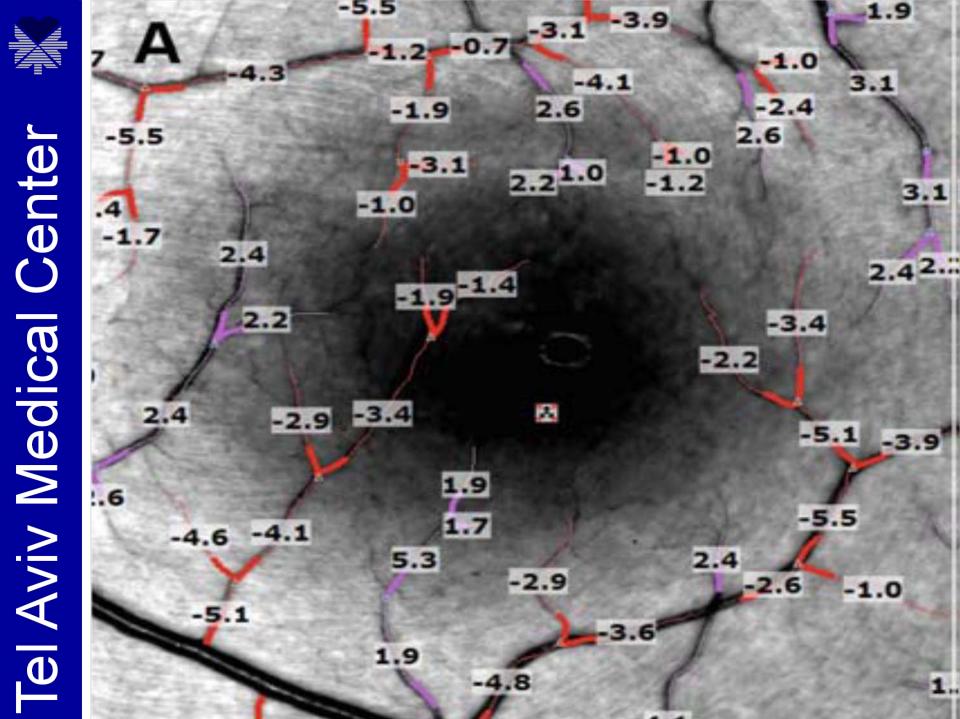






Introduction

- Retinal microvascular imaging allows direct non invasive systemic assessment
- Retinal Functional Imager (RFI) measures microvascular blood flow velocity
- Correlation between coronary and retinal microcirculation was examined
- Help differentiate chest pain from cardiac origin





Background

- Slow myocardial perfusion and retinal arteriolar narrowing
- Retinal microvascular narrowing and systemic microvascular damage
- Retinal microvascular narrowing and coronary artery disease
- RFI showed increased microvascular blood flow velocity in DM2 patients

Hypertension 2006;47:975-981.

Hypertension 2008;51:119-126.

The American Journal of Medicine 2010;123:374 e371-377.

Retina 2012;232:112-119.



Methods

- 28 Normal Coronaries were recruited
- Coronary angiograms were analyzed using Corrected TIMI Frame Count (CTFC)
- Retinal arterioles flow measured using RFI
- Data regarding medical history and risk factors was collected
- Statistical analysis included coronary flow, retinal flow and conventional risk factors



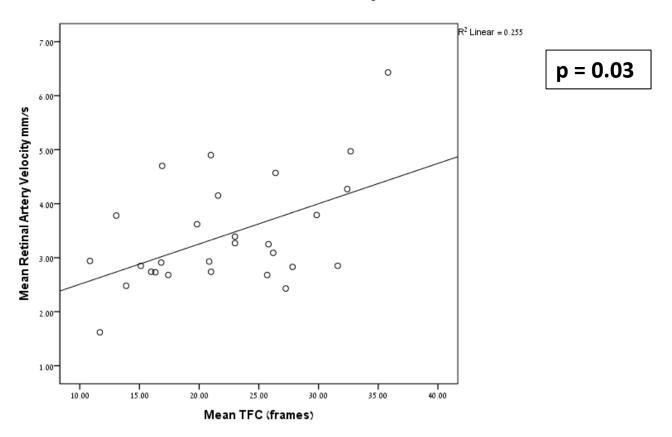
Exclusion Criteria

- Narrowing of coronary arteries shown angiographically
- Significant valvular disease
- ST elevation in ECG
- Clinically significant congestive heart failure
- Diopter above +6/ below -6
- Any type of retinal disease (DR, AMD, etc.)
- Any previous ophthalmic surgery
- Any disease that prevents imaging the retina



Results

 Correlation between CTFC and retinal arteriolar blood flow velocity.



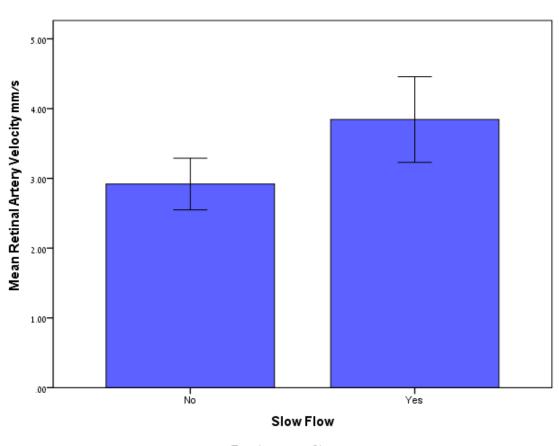


SCF Vs. NCF

- Patients were divided to "slow coronary flow" (SCF) and "normal coronary flow" (NCF) subgroups
- The subdivision was according to values well established in the literature
- 13 patients were NCF and 15 SCF



SCF Vs. NCF



p = 0.022

Error bars: 95% CI

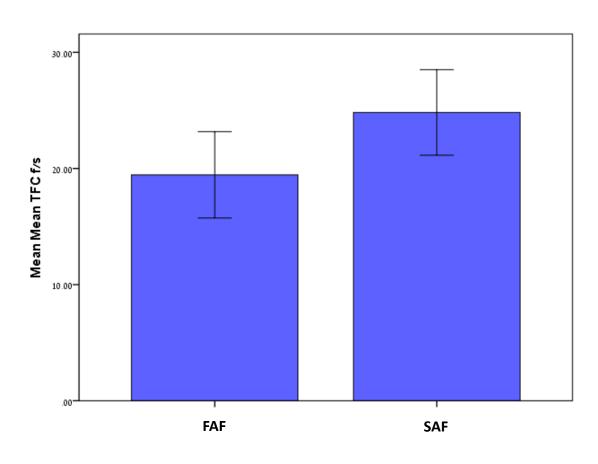


SAF Vs. FAF

- We divided the patients according to the median retinal arterial flow velocity
- Half were considered as "Slow Arterial Flow" (SAF) and the other half "Fast Arterial Flow" (FAF)



SAF Vs. FAF

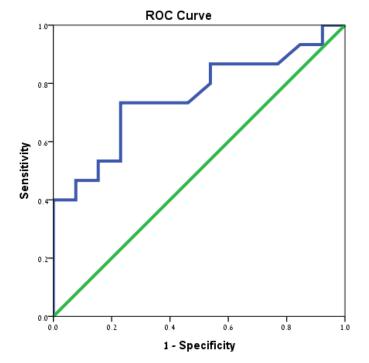


p = 0.035



ROC Curve

- The ability of RFI to correctly diagnose SCF
- Cutoff 3.015 mm/sec showed 73.3% sensitivity and 76.9% specificity



p = 0.02

Diagonal segments are produced by ties





Discussion

- SCF strongly related to endothelial dysfunction
- Endothelial dysfunction
 - Increased vasoconstrictors
 - Reduced vasodilators
 - Calcification and hardening of blood vessels
- Reduces velocity in large vessels d/t endothelial dysfunction
- Increased velocity in microcirculation d/t hardening and reduced density (Bernoulli)

Coronary artery dis. 2003;14:155-161

N Engl J Med. 1993;328:1659-1664

Investigative ophthalmology & visual science 2012;53:7943-7949.

Retina 2012;32:112-119



Conclusions

- Retinal arteriolar flow velocity as part of assessing AP patients
- Helps differentiate cardiac from non cardiac pain
- Easy, non-invasive follow up after response to treatments
- A larger research needed to establish connection



Thank You!



Slow Coronary Flow

- CTFC above the mean +2 SD
 - $-LAD \rightarrow 41$ frames
 - RCA \rightarrow 26 frames
 - $-LCX \rightarrow 30$ frames