

11° CONGRESSO NAZIONALE



*Quello che le Linee
Guida Non Dicono*

Napoli
5-6 aprile 2024

HOW TO SESSION 2
CARDIOLOGIA INTERVENTISTICA CORONARICA E VALVOLARE

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**TECNICHE APPROPRIATE NEL TRATTAMENTO DELLE LESIONI CORONARICHE
CALCIFICHE**

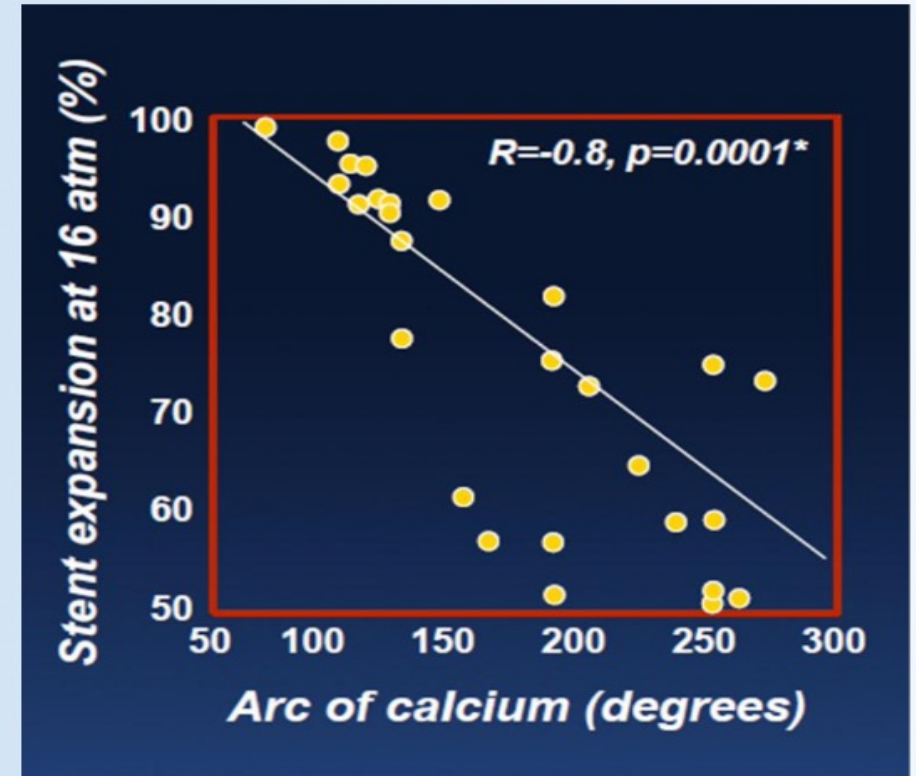
Alessandro Aprile – U.O. Cardiologia, Ospedale del Mare

Calcium Inhibits Circumferential Expansion

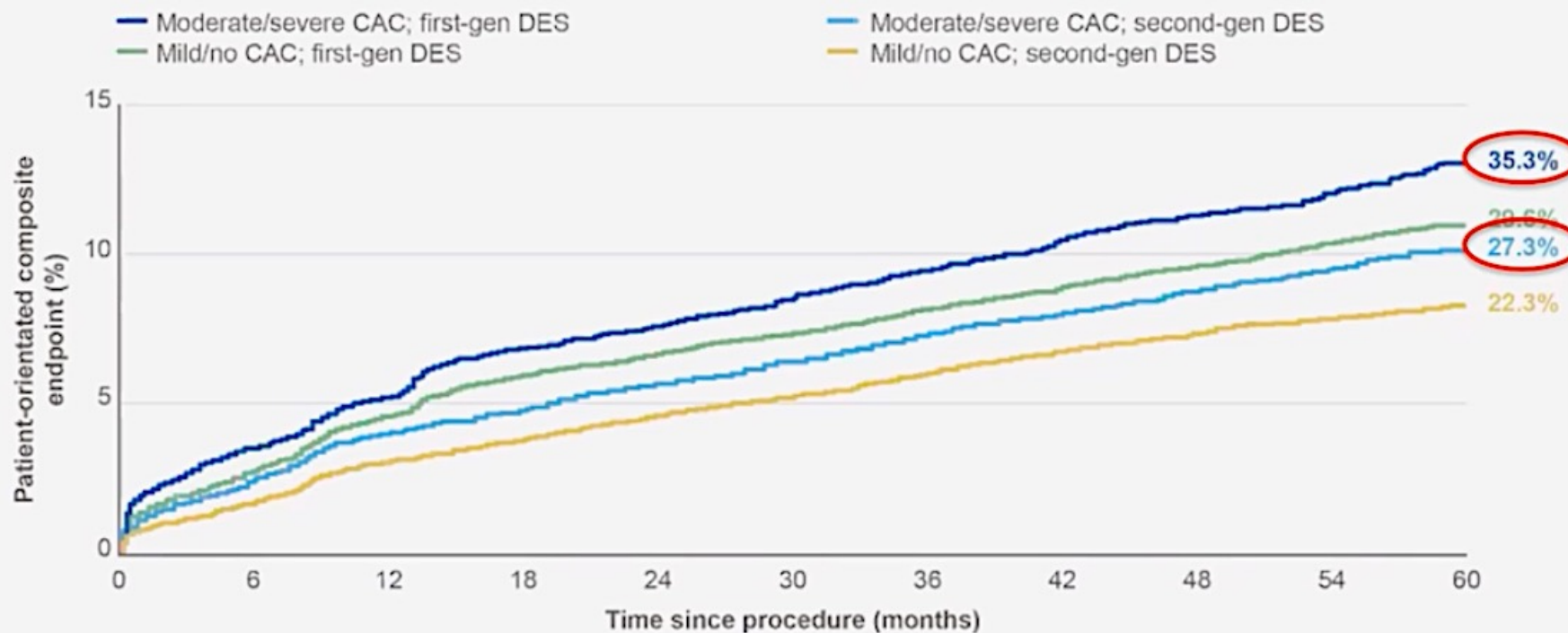
The greater the arc, length, or thickness of calcium, the greater the likelihood of stent under-expansion¹

- **Asymmetrical stent expansion** is seen in up to **50% of stents** deployed in calcified lesions²
- Stent under-expansion is associated with an **increase in ischemic events** at 1 year³

Accurate evaluation of coronary calcification is **critical** to planning a PCI strategy

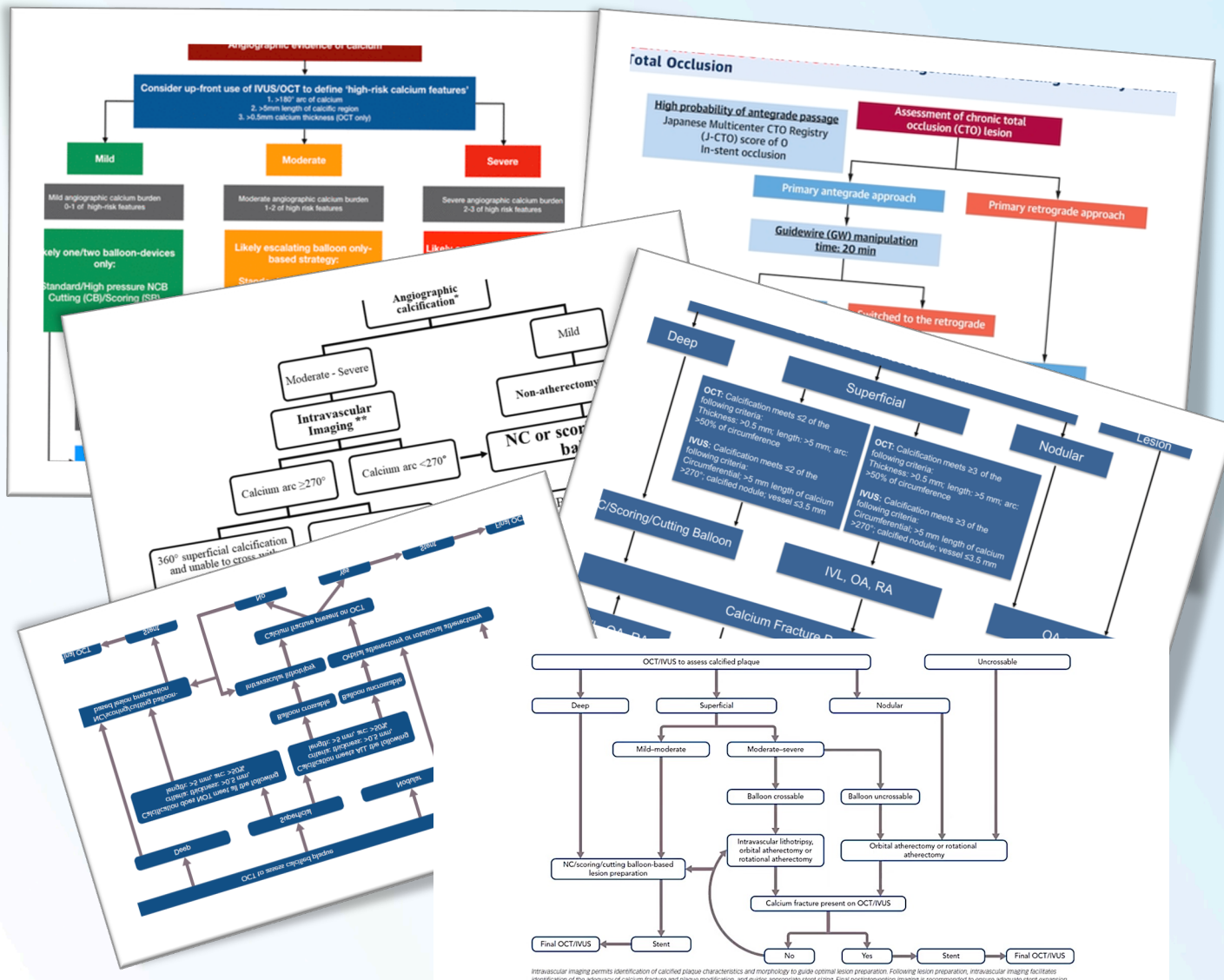


CAC Inhibits PCI Optimization and Drives MACE



Number at Risk

	0	6	12	18	24	30	36	42	48	54	60
Moderate/severe CAC; first-gen DES	2,408	2,159	2,030	1,908	1,851	1,770	1,482	983	889	763	462
Moderate/severe CAC; second-gen DES	3,803	3,541	3,362	3,268	3,175	3,092	2,901	1,479	1,291	1,074	663
Mild/no CAC; first-gen DES	5,465	5,024	4,734	4,503	4,371	4,234	3,621	2,667	2,426	2,160	1,118
Mild/no CAC; second-gen DES	8,157	7,761	7,430	7,236	7,026	6,856	6,346	3,334	2,982	2,558	1,526



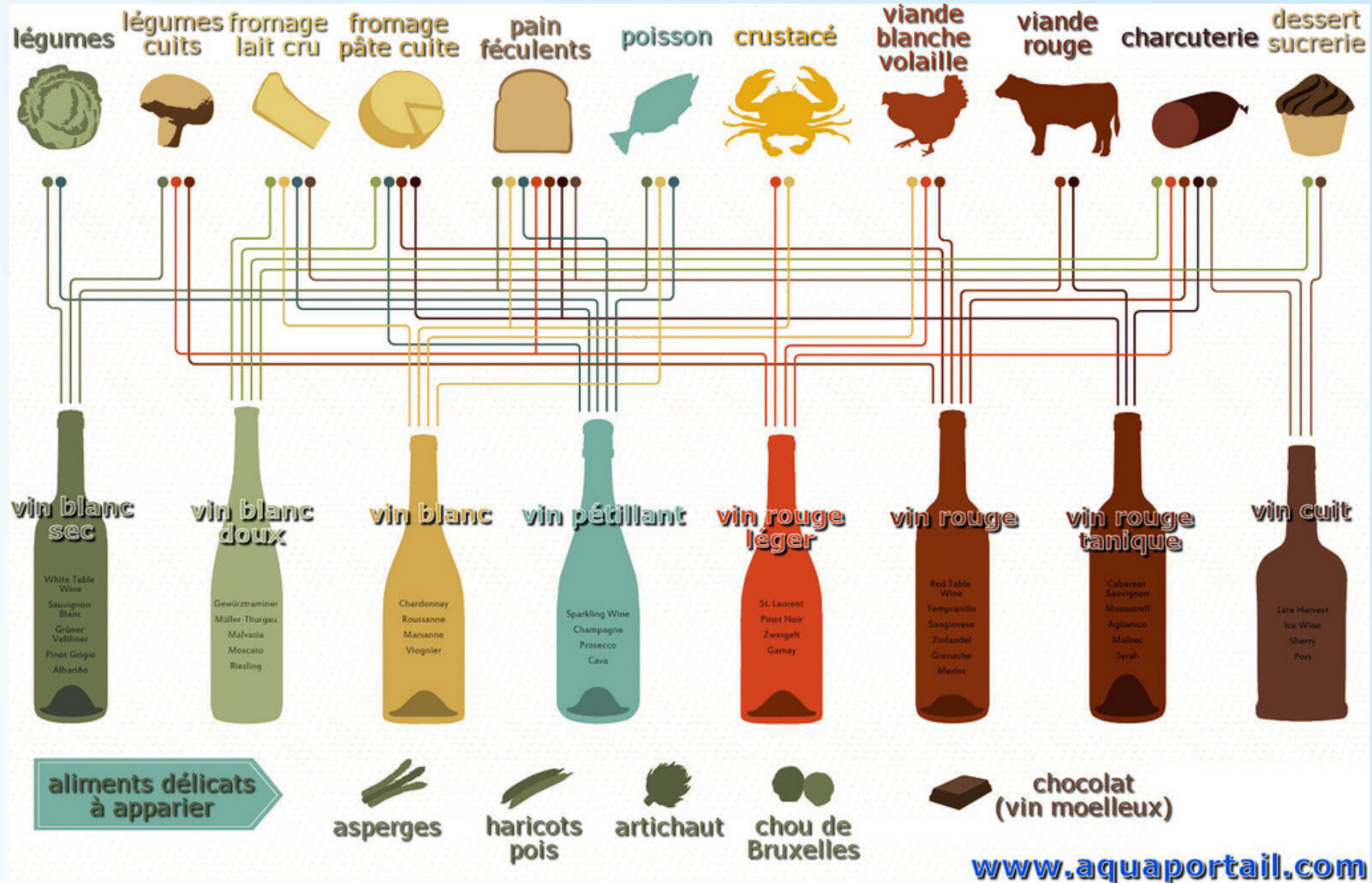
Calcified Coronary Lesions Treatment Techniques

Balloon Based Techniques

- Cutting/Scoring/Chocolate Balloon
- High Pressure Balloon
- Coronary Lithotripsy

Ablative Techniques

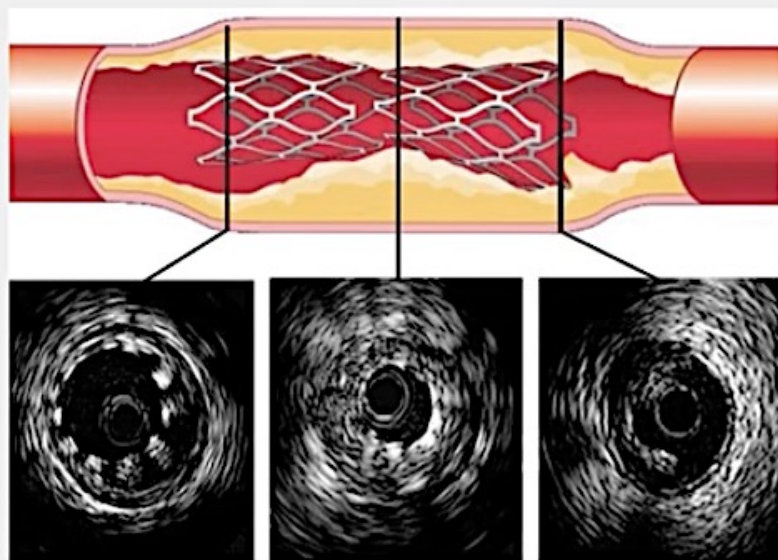
- Excimer Laser Atherectomy
- Rotational Atherectomy
- Orbital Atherectomy



Prevalence of Severe Calcification

US & EU PCI patients^{3,4}

6% to 20%



Shows incomplete apposition, incomplete expansion and an edge tear.¹²

✓ Angiography underestimates severity of calcification⁵

- Calcification seen in
 - 38% of coronary lesions via angiogram
 - 73% via intravascular imaging⁶

✓ Technically challenging⁵⁻¹⁰

- Respond poorly to angioplasty
- Difficult to completely dilate
- Prone to dissection during balloon angioplasty or predilatation
- Stent underexpansion, asymmetric expansion, and malapposition

1. Lee T, et al. J Am Coll Cardiol Img. 2017;10:883-91.

2. Nishida K, et al. Am J Cardiol. 2013;112:647-655.

3. Genereux P, et al. JACC. 2014;63:1845-1854.

4. Bourantas CV, et al. Heart. 2014;100:1158-1164.

5. Mintz G, et al. Circulation. 1995 Apr 1;91:1959-65.

6. Fitzgerald PJ, et al. Circulation. 1992;86:64-70.

7. Cavusoglu E, et al. CCI. 2004;62:485-498.

8. Gilutz H, et al. CCI. 2000;50:212-214.

9. Moussa I, et al. Circulation. 1997;96:128-136.

10. Mosseri M, et al. CRM. 2005;6:147-53.

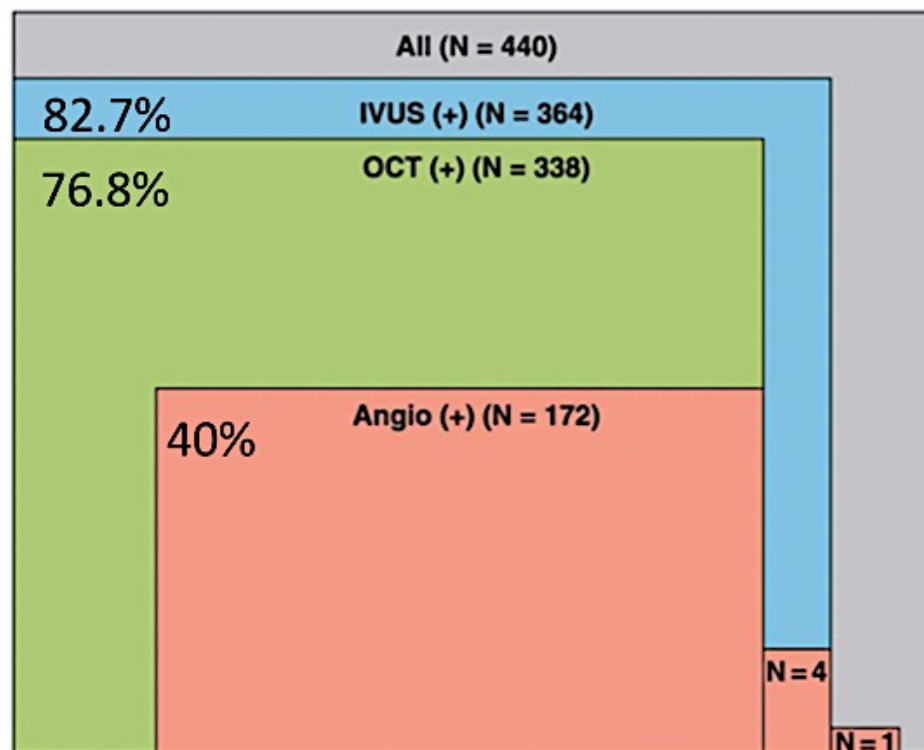
11. Nakano M, et al. Eur Heart J. 2013;34:3304-13.

12. Buckley CJ. Vascular Disease Management. 2011;8:87-92.

13. Meekins D, et al. JIC. 2002;14:547-51.

14. Chambers JW, Diage T. Expert Rev Med Devices. 2014;11(5):457-466.

	IVUS (+)	IVUS (-)		OCT (+)	OCT (-)		OCT (+)	OCT (-)
Angio (+)	176	1	Angio (+)	172	5	IVUS (+)	338	26
Angio (-)	188	75	Angio (-)	166	97	IVUS (-)	0	76



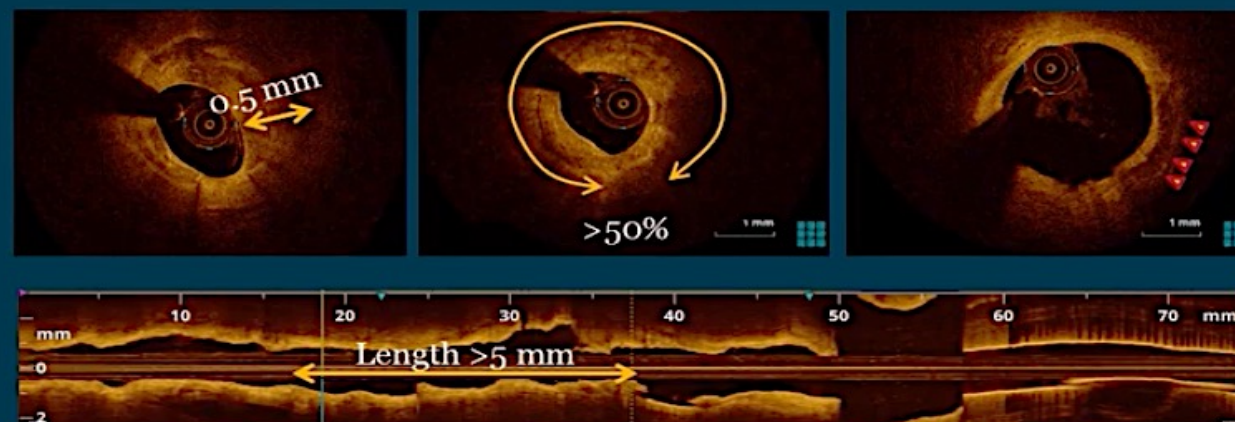
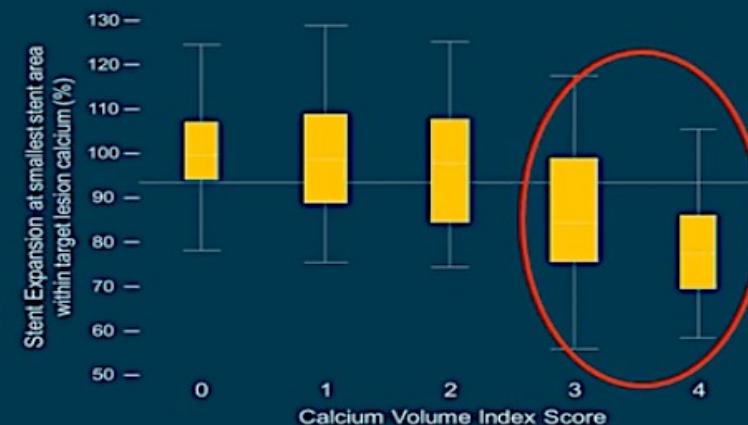
Influence of Ca^{2+} on Stent Expansion by OCT

OCT-Based Calcium Volume Index Score¹

1. Maximum Calcium Angle (°)	$\leq 90^\circ$ ▶ 0 point $90^\circ < \text{Angle} \leq 180^\circ$ ▶ 1 point $> 180^\circ$ ▶ 2 points
2. Maximum Calcium Thickness (mm)	$\leq 0.5 \text{ mm}$ ▶ 0 point $> 0.5 \text{ mm}$ ▶ 1 point
3. Calcium Length (mm)	$\leq 5.0 \text{ mm}$ ▶ 0 point $> 5.0 \text{ mm}$ ▶ 1 point
Total score	0 to 4 points

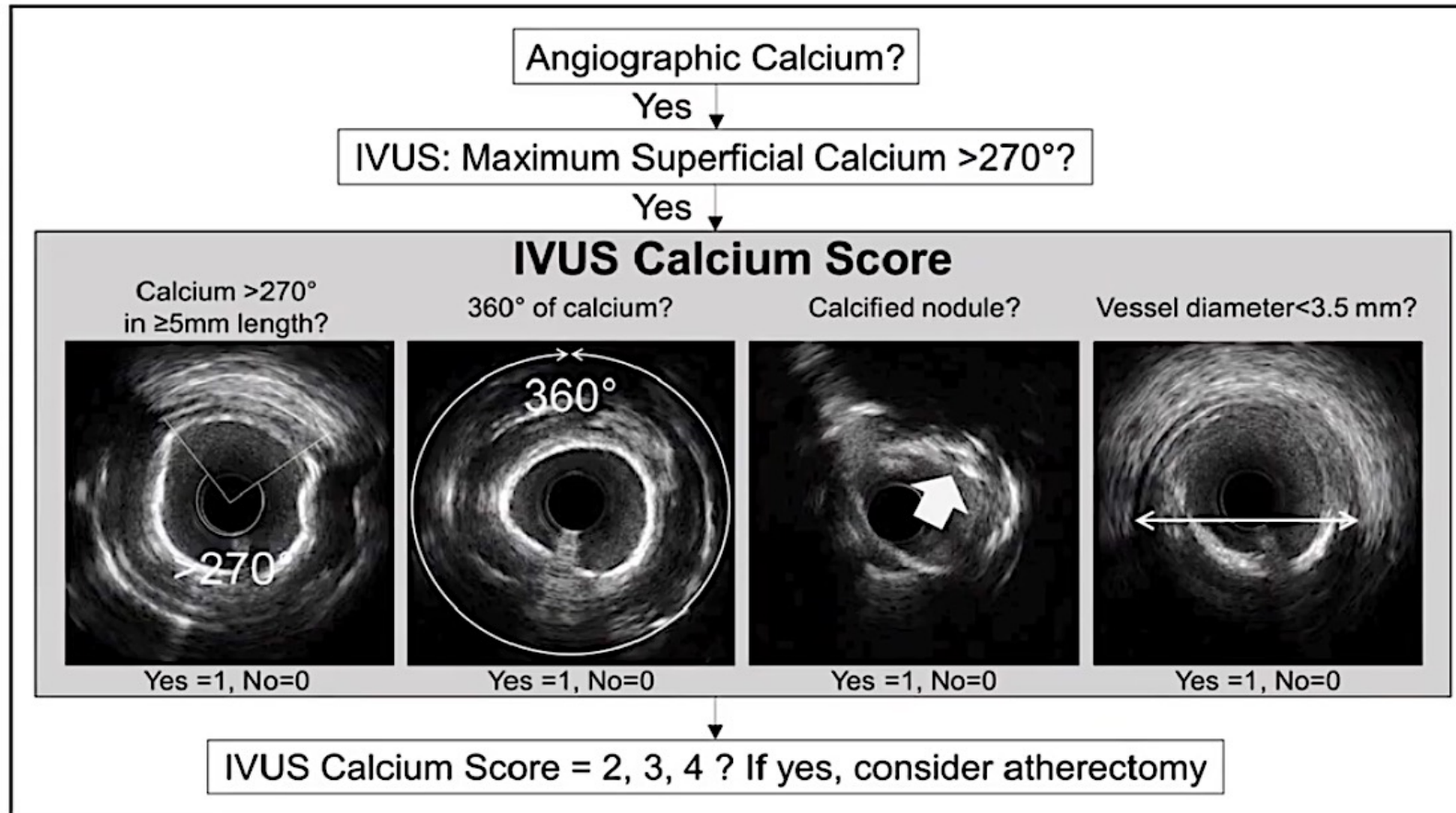
Rule of 5's

- 0.5 mm thickness
- 5.0 mm long
- 50% vessel arc

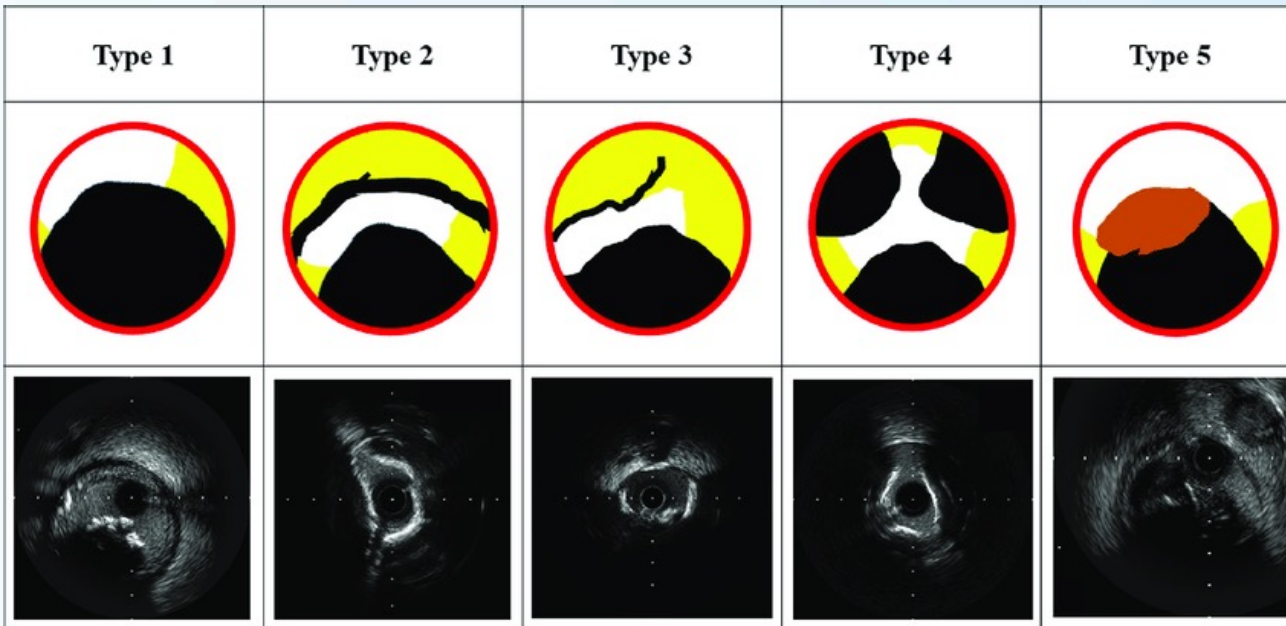


1. Fujino, A. et al. A new optical coherence tomography-based calcium scoring system to predict stent under expansion. *EuroIntervention*, April 2018; 13(18):e2182-e2189.

Intravascular Ultrasound–Derived Calcium Score to Predict Stent Expansion in Severely Calcified Lesions

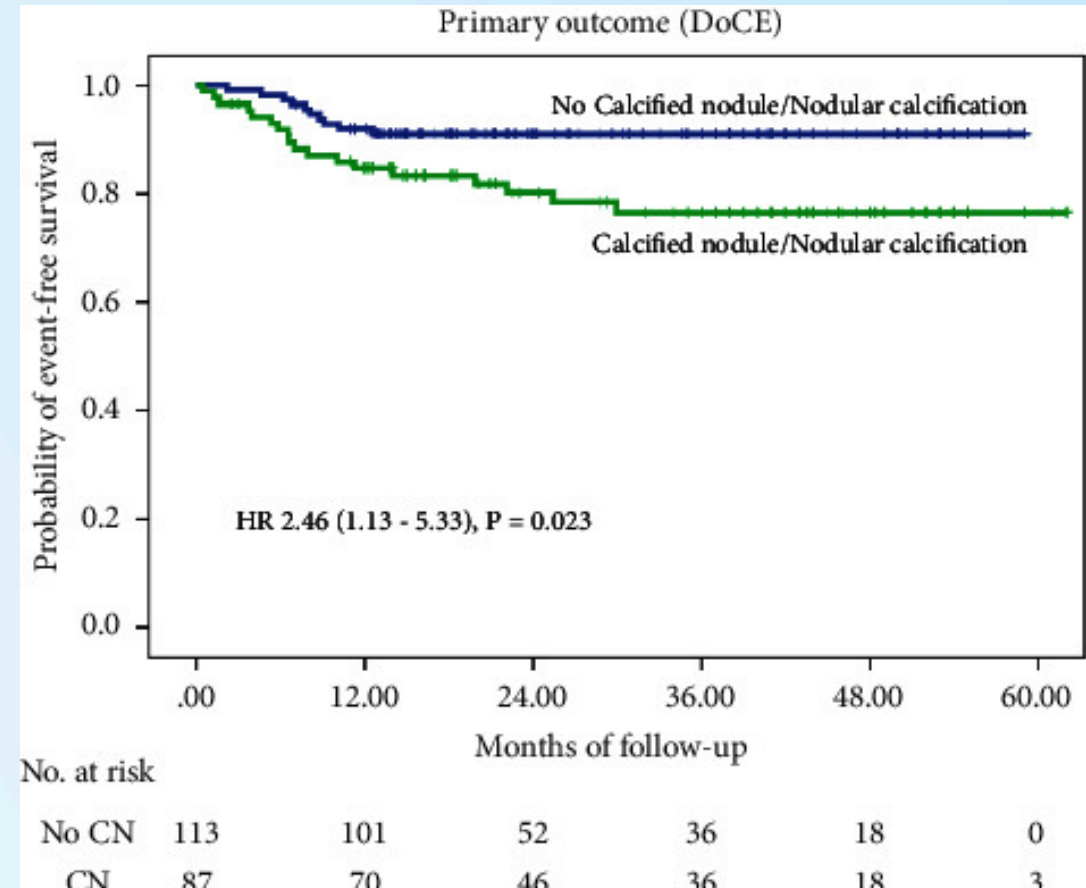


Calcified Nodules



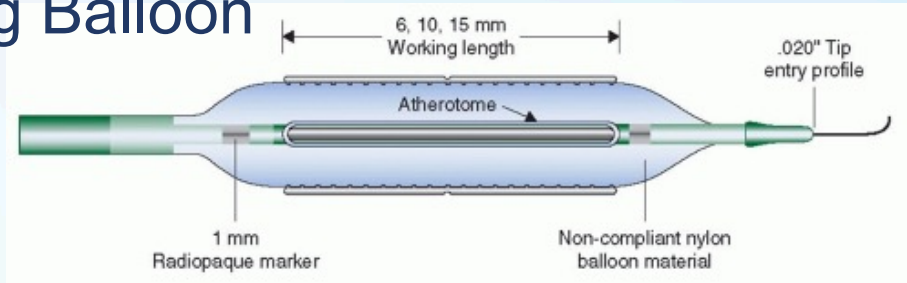
Black: Calcification
Yellow: Non-calcified plaques
Orange: Visible thrombus
White : Vessel lumen
Red: Vessel wall (media)

Watanabe et al. *PLoS ONE* 2020; 15(11): e0241836



Pengchata et al. *J Int Card* 2023; 2023: 6456695

Cutting Balloon



Scoring Balloon



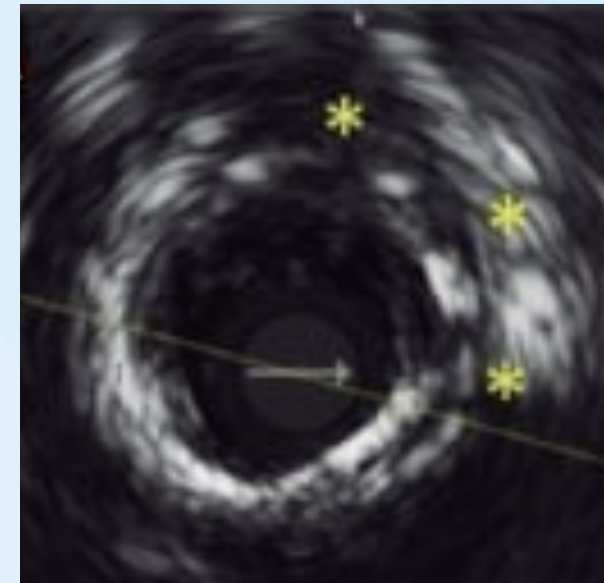
Chocolate Balloon



Calcium Fracture



Reduced elastic recoil



Ultra High Pressure NC Balloon - OPN

Low Lesion Entry Profile

Lesion Entry Profile of OPN NC is 0.016" comparable to Standard Dilatation Catheters

Lesion Entry Profile measured at the centre of the 4mm tip

Low Balloon Profile

Crossing Profile of 0.028" despite of Dual Layer comparable to conventional Dilatation Catheters

Double Layer for Double Power

Unique Balloon in Balloon technology to withstand high pressure. Increased Tensile Strength for Uniform Expansion

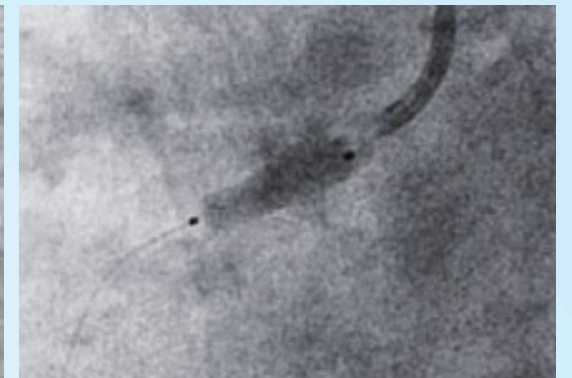
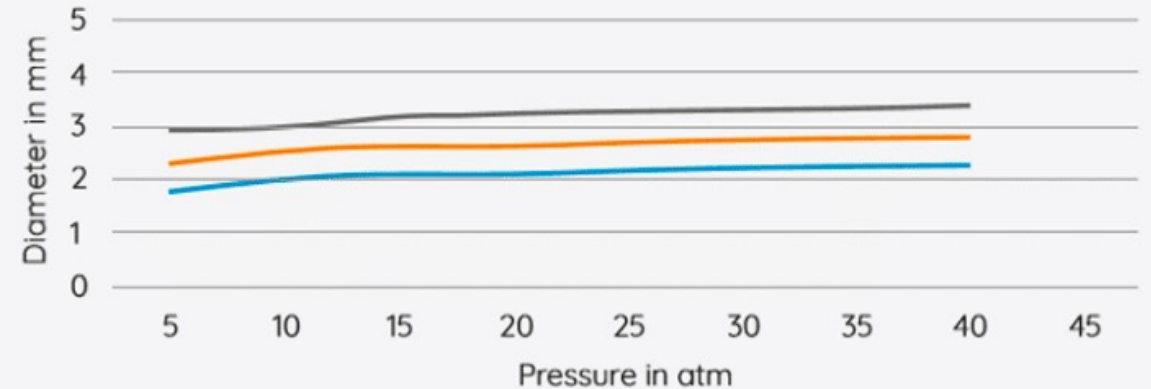
Folding Technology

Dual Folding in Small Vessel Diameters
Trifolding in Mid Vessel Diameters

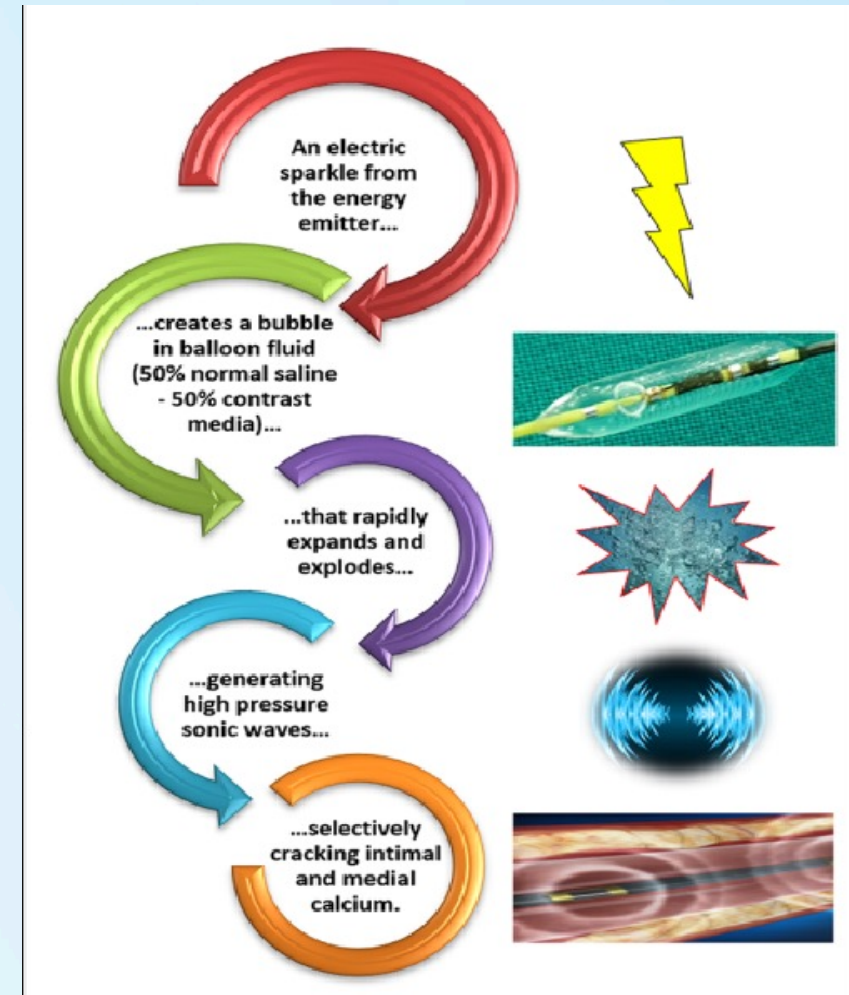
Markers

Dual Platinum markers for Optimal Placement
1.5 mm also has Dual Markers

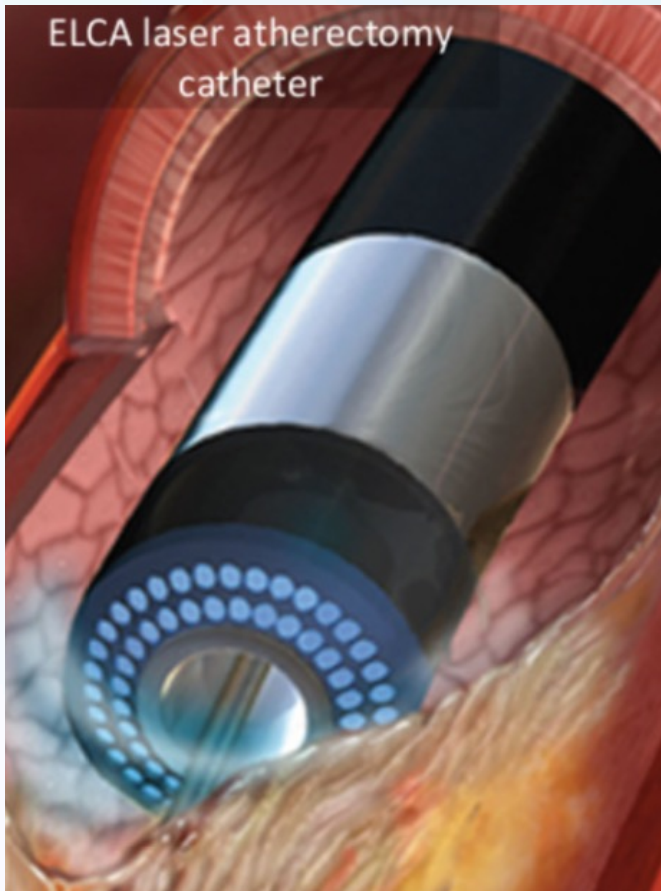
OPN NC Compliance Chart



Coronary Lithotripsy



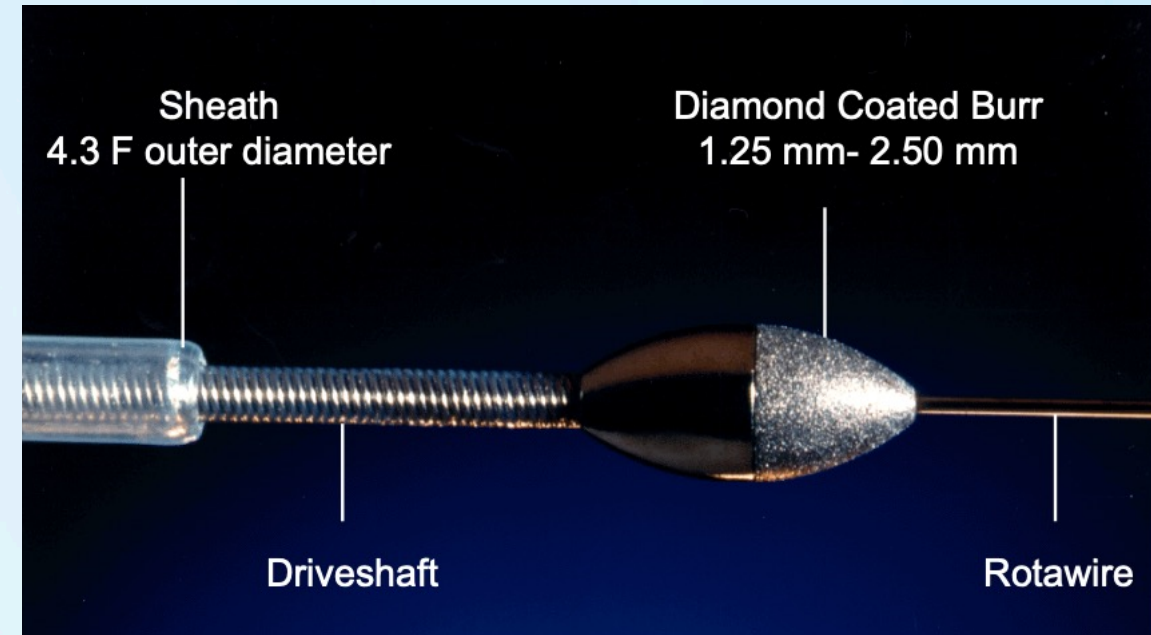
Excimer Laser Atherectomy



Plaque modification:

- Photochemical: break molecular carbon bonds
- Photothermal: elevation of temperature of intracellular water
- Photomechanical: expansion and implosion of vapour bubbles

Rotational Atherectomy

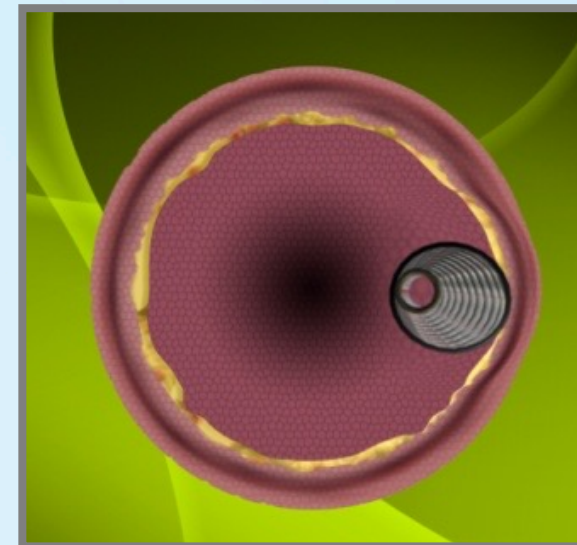
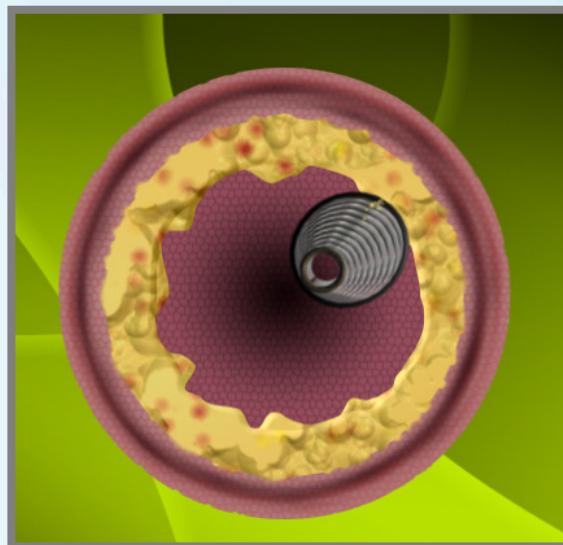


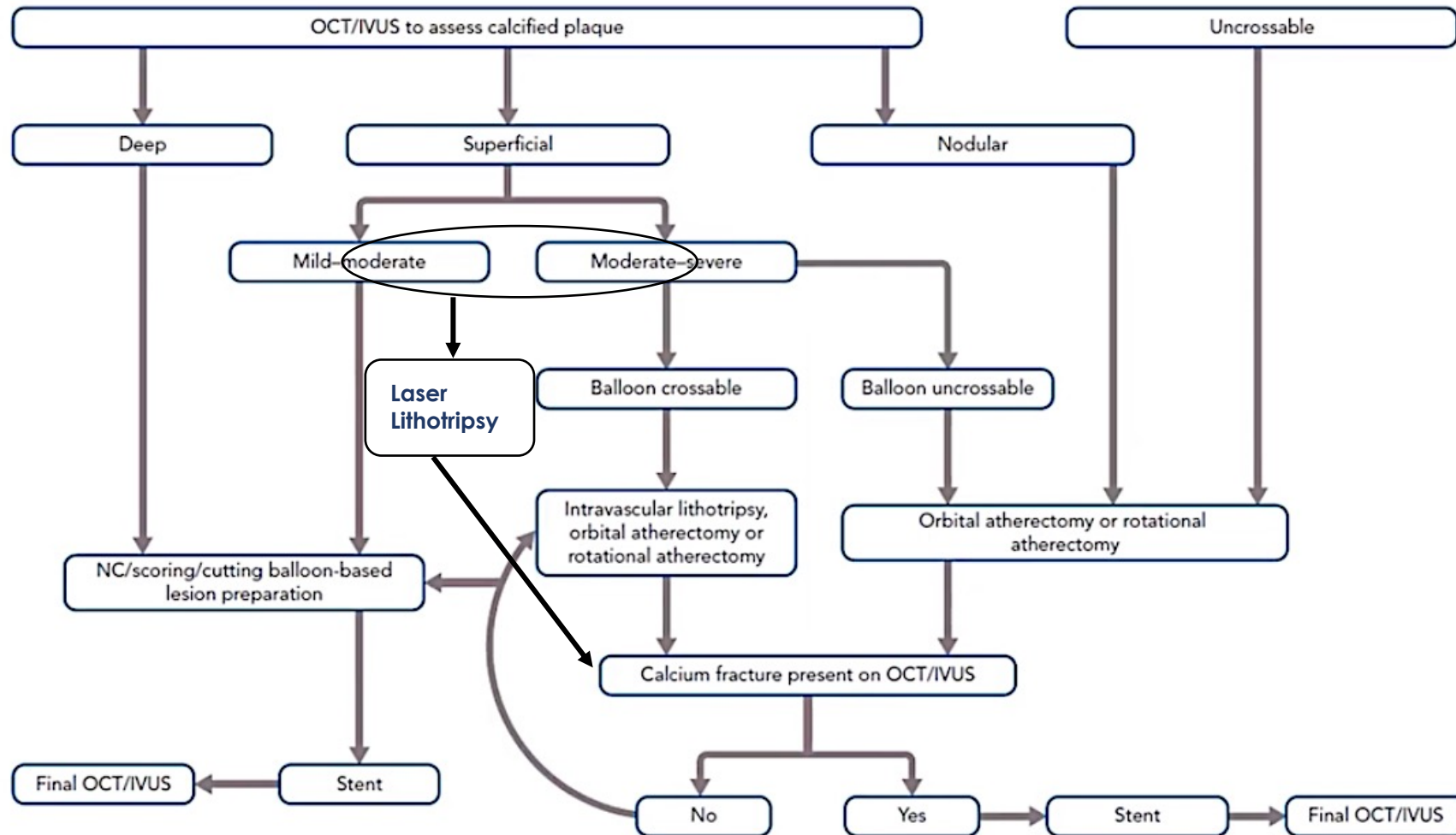
Orbital Atherectomy



Crown will only
sand the hard
components of
plaque

Soft components
(plaque/tissue)
flex away from crown





Intravascular imaging permits identification of calcified plaque characteristics and morphology to guide optimal lesion preparation. Following lesion preparation, intravascular imaging facilitates identification of the adequacy of calcium fracture and plaque modification, and guides appropriate stent sizing. Final postintervention imaging is recommended to ensure adequate stent expansion.

Take Home Messages

- Correct procedural planning: intracoronary imaging (before, during and post procedure), adequate vascular access and sheath size, anatomical evaluations, material check
- Be (quite) sure to take home result
- Avoid complications if possible; if not, treat!
- Never implant a stent in calcium without adequate preparation

