

The 1st Vulnerable Patient Satellite Symposium

Introducing a New Era in Preventive Cardiology

Annual Scientific Sessions of American Heart Association 2003, Orlando, FL



Bullet Points from Dr. Serruys' Case Presentation:

- Rupture-prone vulnerable plaques are the most common type of vulnerable plaques and easier to detect. As for the other types of vulnerable plaque, we are in a vacuum of diagnostic techniques.
- IBIS trial (Integrated Biomarker and Imaging Study), a single center investigation by the Thorax Center, has recruited 95 vulnerable patients with non-flow-limiting vulnerable plaques who exhibited indications of vulnerability in a series of emerging diagnostic tests.
- The diagnostic tests in IBIS trial include the following:
 - (lipid profile, inflammatory markers, MMPs, ...)
 - Multi-slice CT scan
 - Endothelial and medial dysfunction test
 - IVUS (morphology, virtual histology, palpography, and shear stress imaging)
 - Thermography
 - Optical coherent tomography
- Vulnerable plaques in IBIS vulnerable patients were treated with drug-eluting stents.
- All patients in IBIS trial are being followed. In each 6 month or 12 month examinations the above diagnostics testes are repeated.
- Dr Serruys discussed a detailed presentation of a vulnerable patient with a 3-year history of NSTEMI (non-ST elevation MI) and repeated adverse events related to LAD. In this case presentation Dr Serruys walks the audience through his stepwise decision making process to stent a non-flow-limiting non-culprit lesion that is likely to be a vulnerable plaque.
- The patient was stented with Cypher stent and the procedure had no complications.
- In 6 months follow up the patient was completely symptom free. Angiography and IVUS with Virtual Histology, palpography, and shear stress imaging showed satisfactory results.