

Fluid-dynamics and biological features of unstable plaques: different shear stress for different plaques

Original

Fluid-dynamics and biological features of unstable plaques: different shear stress for different plaques / Lodi Rizzini, Maurizio; Gallo, Diego; Chiastra, Claudio. - ELETTRONICO. - 41, Issue Supplement_2:(2020). ((Intervento presentato al convegno ESC Congress 2020 – The Digital Experience nel 29 agosto – 1 settembre 2020 [10.1093/ehjci/ehaa946.1569]).

Availability:

This version is available at: 11583/2859270 since: 2020-12-30T12:31:26Z

Publisher:

Oxford Academic

Published

DOI:10.1093/ehjci/ehaa946.1569

Terms of use:

openAccess

This article is made available under terms and conditions as specified in the corresponding bibliographic description in the repository

Publisher copyright

(Article begins on next page)

Fluid-dynamics and biological features of unstable plaques: different shear stress for different plaques

G. Russo¹, D. Pedicino¹, F. Burzotta¹, M. Lodi Rizzini², L. Genuardi¹, R. Vinci¹, M. Bologna³, A. D'Aiello¹, D. Gallo², C. Chiastra², C. Aurigemma¹, A. Bonanni¹, C. Trani¹, G. Liuzzo¹, F. Crea¹

¹Catholic University of the Sacred Heart - Fondazione Policlinico Universitario A. Gemelli IRCCS, Rome, Italy; ²Politecnico di Torino, Department of Mechanical and Aerospace Engineering, Turin, Italy; ³Politecnico di Milano, Biosignals, Bioimaging and Bioinformatics Laboratory (B3-Lab), Department of Electronics, Informatio, Milan, Italy

Funding Acknowledgement: Type of funding source: None

Background: The use of Optical Coherence Tomography (OCT) in acute coronary syndromes (ACS) allows recognizing ruptured fibrous cap (RFC) and intact fibrous cap (IFC) culprit lesions. The biological differences between them, as recently pointed out in translation studies, highlight different mechanisms for a similar clinical manifestation that might deserve different therapeutic approaches. The relationship between endothelial wall shear stress (WSS) and ACS has been demonstrated, however the differences in WSS features between RFC and IFC have not been elucidated.

Purpose: The aim of this study is to provide a fluid-dynamic and biological description of unstable and stable (SA) plaques, according to OCT analysis.

Methods: We enrolled 10 SA and 20 Non-ST Elevation Myocardial Infarction (NSTEMI)-ACS patients, with IFC (n=10) and RFC (n=10) culprit lesions according to OCT analysis. We performed Real-time PCR primer array on pooled Peripheral Blood Mononuclear Cell (PBMC) for 30 different

molecules whose expression is strictly dependent on WSS. High-fidelity 3D-coronary artery models were created for 3 patients per group, applying previously validated methodologies.

Results: Among the groups we found a broad difference in molecular expression (Fig. 1A), with RFC displaying higher levels of molecules involved in vasoconstriction/dilatation (EDN1, NOS3), cellular adhesion (ICAM1), and peptidase inhibition (PI16). A significantly higher WSS was observed in RFC group ($p < 0.001$, Fig 1B and C), with larger variability and larger areas exposed to both low and high WSS (Fig. 1D). Interestingly, the molecules overexpressed in RFC are known to be upregulated by high WSS.

Conclusions: Our data demonstrated that IFC and RFC unstable plaques are associated with different WSS conditions, alongside with the expression of different molecular patterns specifically related to altered WSS. In the era of precision medicine these findings may have relevant therapeutic implications.

