



## ACCELERATED STENOTIC FLOW BY ENHANCED TRANSTHORACIC DOPPLER ECHOCARDIOGRAPHY IS SUPERIOR TO THE ASCVD RISK SCORE IN PREDICTING OBSTRUCTIVE CORONARY ATHEROSCLEROSIS IN PATIENTS WITH ATYPICAL ANGINA

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**Background:** Atypical angina (AA) has only an intermediate probability of coronary obstructive atherosclerosis (COA). Accelerated stenotic flow (ASF) by enhanced Doppler echo (E-Doppler TTE) in the whole left main (LMCA) and left anterior descending coronary artery (LAD) is a highly feasible and reliable approach to detect both mild and critical coronary stenosis. The ASCVD risk score is a practical, non-invasive way to risk-stratify patients for COA. The relative diagnostic potential of the 2 methods in predicting COA is unknown in pts with AA.

**Methods:** Eighty-six pts (age 30 -75 years) with AA scheduled for Angiography (CA)/IVUS (intracoronary Doppler) underwent E-Doppler TTE and ASCVD risk score assessment. ASF was expressed as % increment of velocity. COA was defined as either coronary plaque in the LAD/LMCA detected by IVUS (76 pts) or diffuse lumen irregularities in LAD along with stenosis in the other coronaries at CA (8 pts).

**Results:** COA was present in 59 pts (69%) and absent in 27 (31%). The ASCVD score was 14±11: 36 pts were at low risk (ASCVD<10) and the other 50 at moderate/high risk. E-Doppler TTE showed a better performance than ASCVD, with 85% sensitivity and 100% specificity (cutoff ASF 23 %) versus 66% and 59% (cutoff ASCVD score 10%), confirmed by AUC comparison (graph).

**Conclusion:** ASF had a better predictive power than the ASCVD score for COA in pts with AA. Moreover, E-Doppler TTE can reliably assess plaque severity and location in the LAD, making it a superior clinical tool compared to the ASCVD score.

