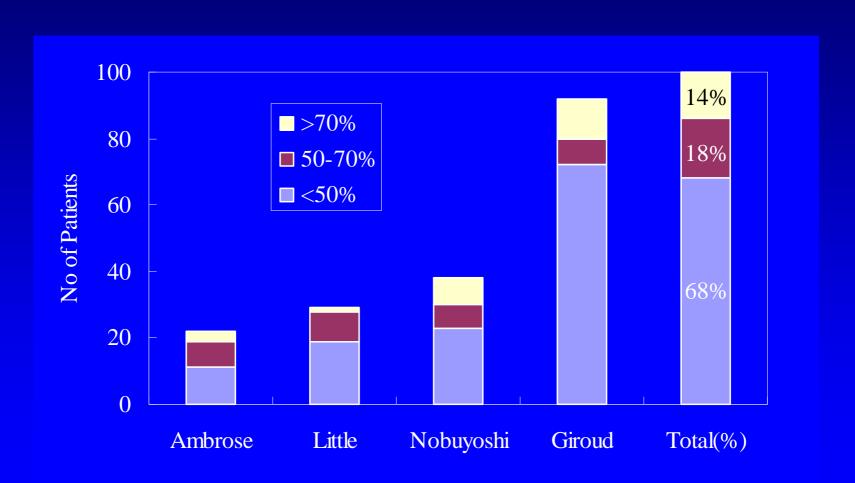
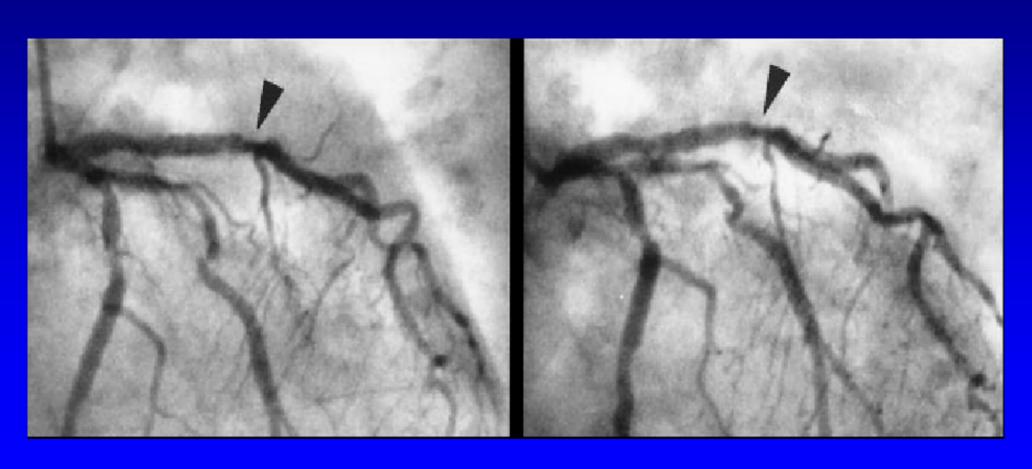
Pathophysiology of Acute Coronary Syndrome

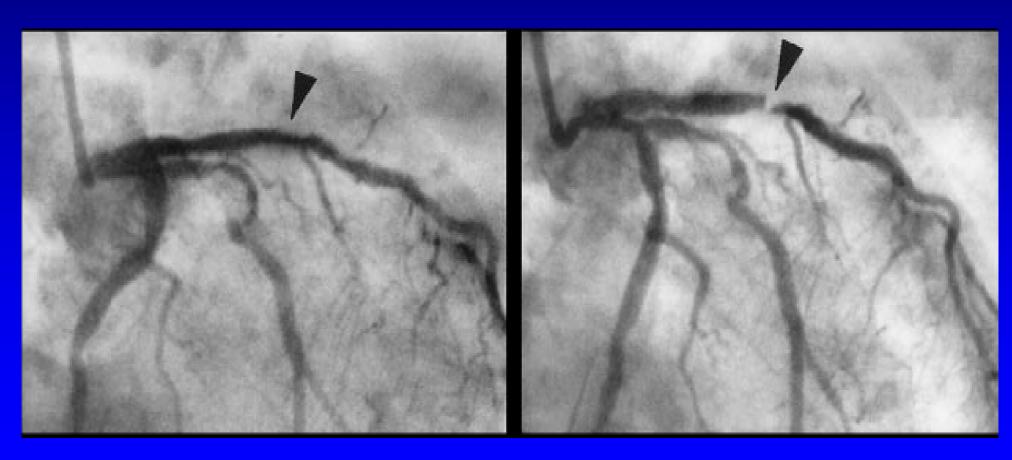
Summary of Angiographic Evolution in Acute Coronary Syndrome



Progression of Coronary Artery Lesions



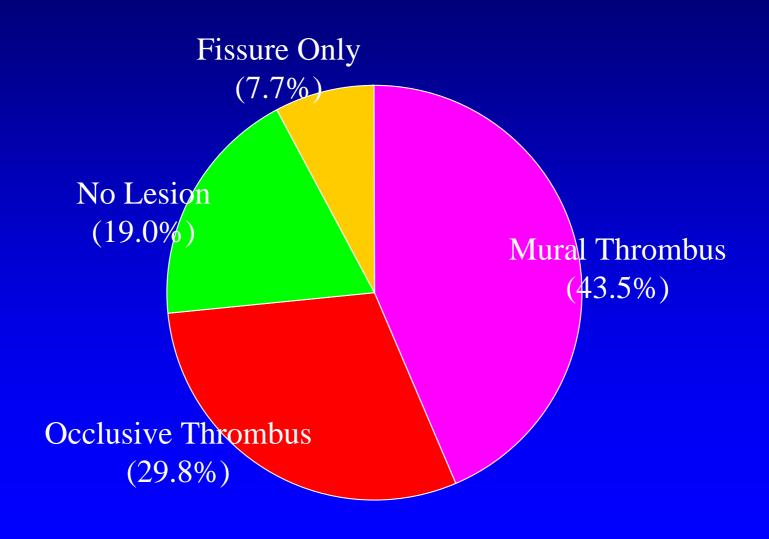
Progression of Coronary Artery Lesions



Frequency of Plaque Rupture in Acute Coronary Syndrome

Author	Rupture/Total Cases	Percent
Horie(1978)	69/76	91%
Falk(1983)	40/49	82%
Davies(1984)	67/74	90%
Forrester(1987)	22/23	95%
Davies(1992)	123/168	73%
Farb(1996)	28/50	56%
Virmani(2000)	74/125	59%

Thrombosis in Sudden Cardiac Death



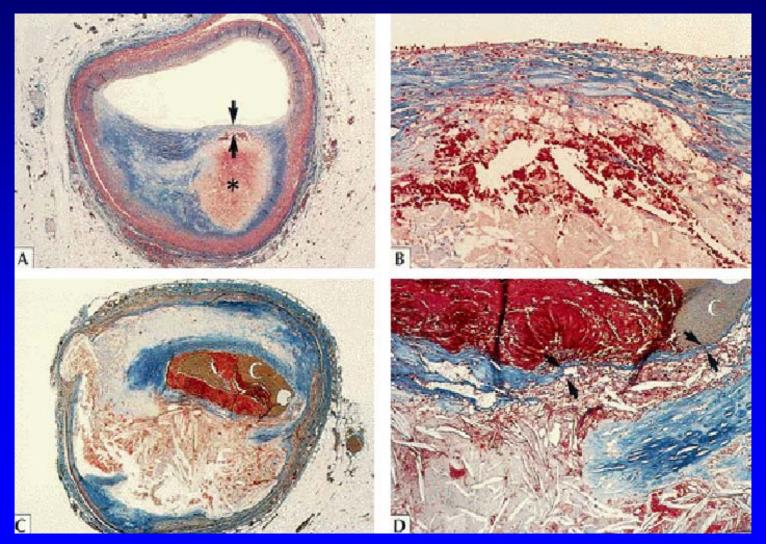
Pathogenesis of Acute Coronary Syndrome

- Rupture, erosion or fissuring of atheromatous plaque
- Exposure of procoagulants
- Platelet adhesion and aggregation
- Thrombus formation
- Narrowing or occlusion of lumen
 - * Spasm, Intramural hemorrhage, Embolism

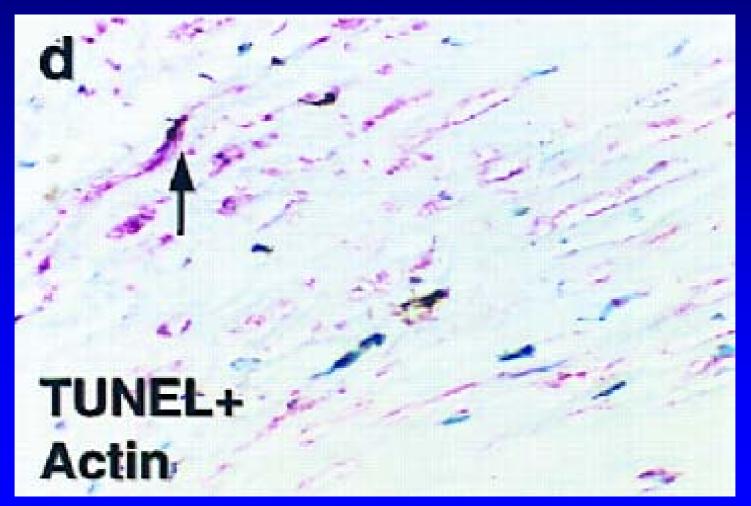
Characteristics of Ruptured Plaque - Unstable or Vulnerable Plaque-

- Thin fibrous cap
 - * Less smooth muscle cells apoptosis
 - * Low matrix and collagen less production & more degradation by high MMP and low TIMP
- Large lipid pool
- Numerous macrophages and foam cells
- More remodeling
- Neovascularization

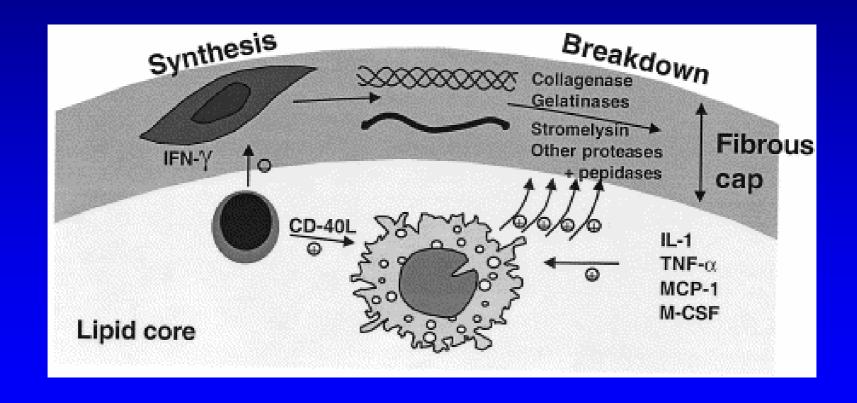
Unstable Atheroma and Thrombosis with Rupture



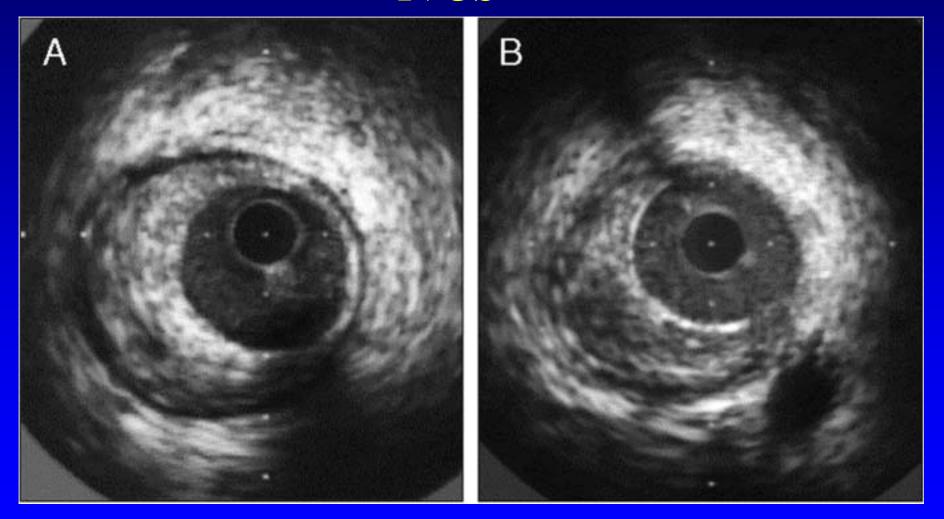
Apoptosis of SMC in Atherosclerosis -Carotid Endarterectomy-



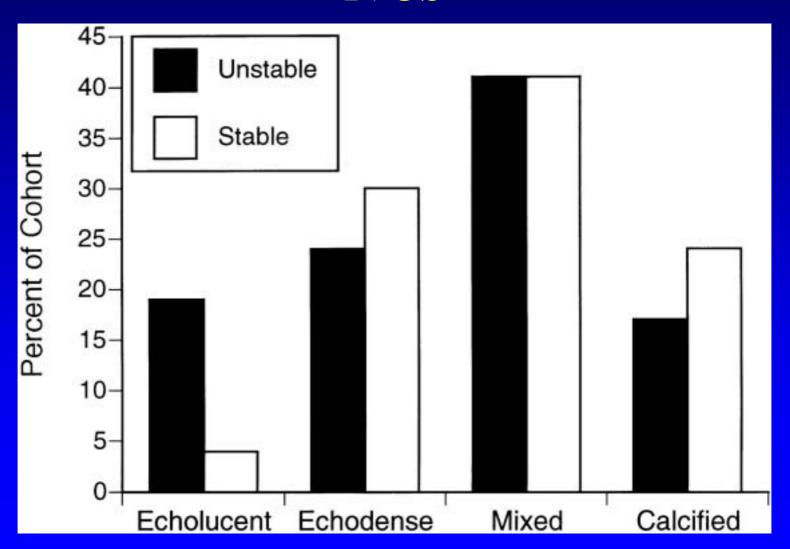
Regulation of Collagen Amount in Atheroma



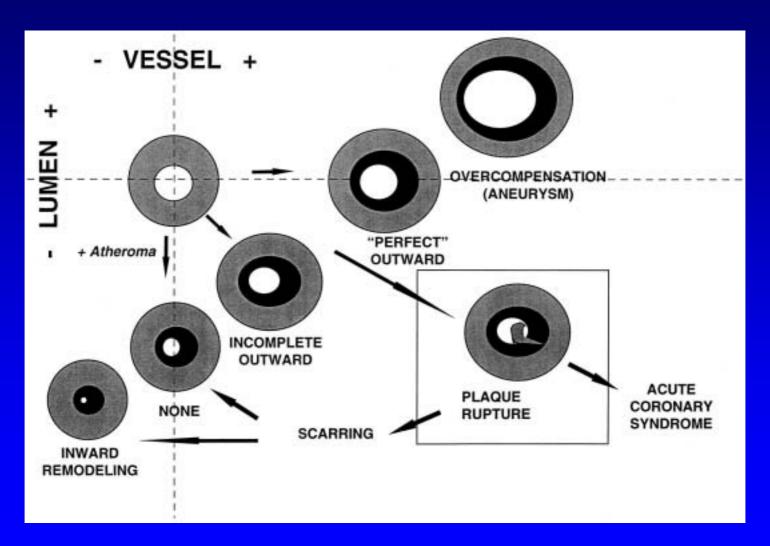
Stable and Unstable Plaque -IVUS -



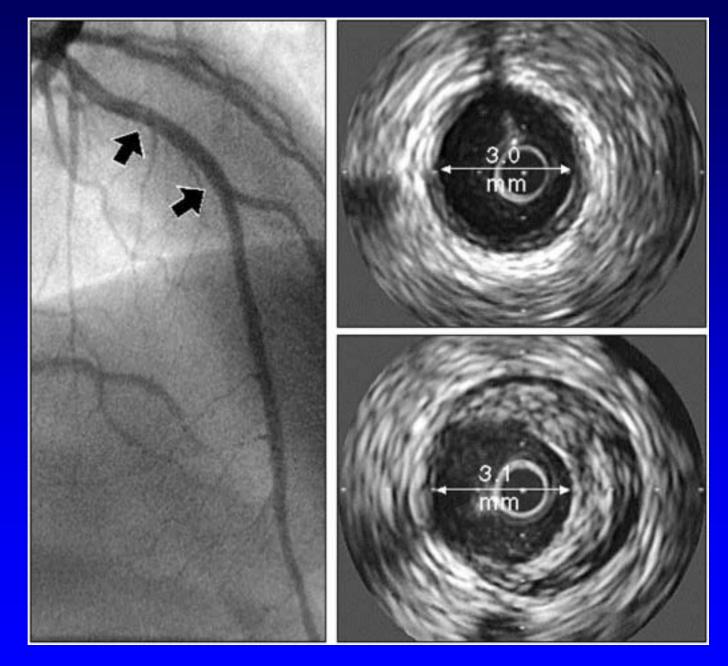
Plaque Morphology in Unstable and Stable Angina -IVUS-



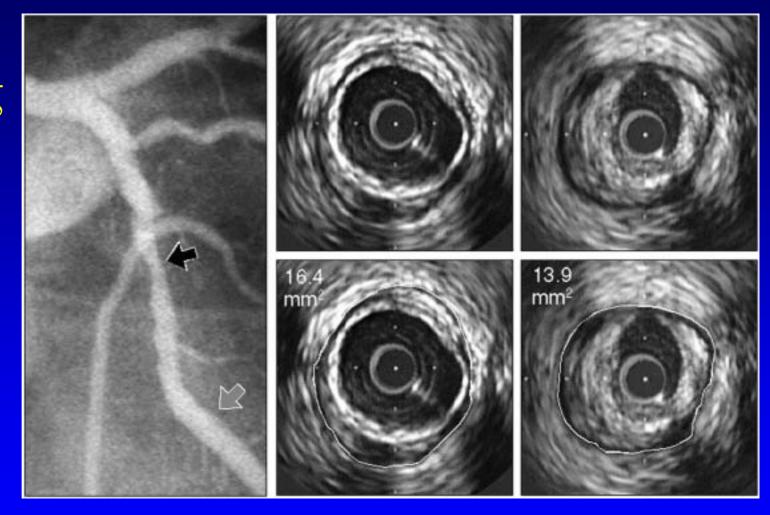
Scheme of Remodeling



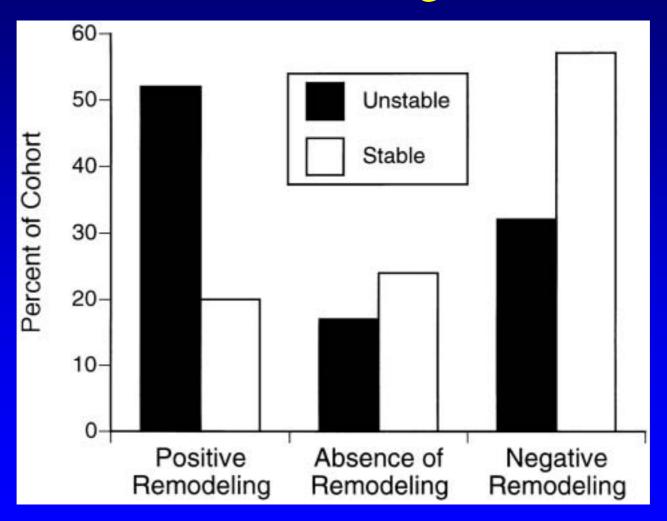
Positive Remodeling CAG vs IVUS



Negative Remodeling CAG vs IVUS



Comparison of Remodeling between Unstable and Stable Angina



Effect of Local Stress on Rupture

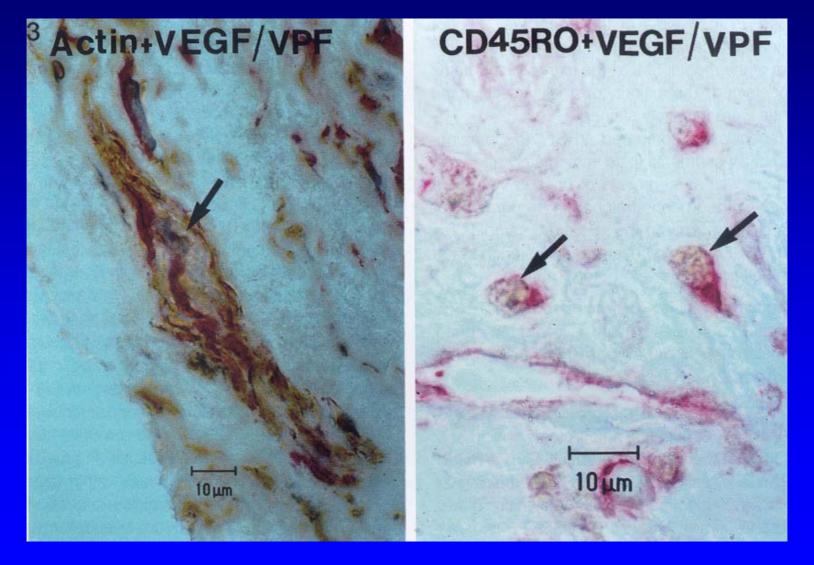
- Circumferential wall stress (σ)
 - = Pressure (P) X Radium (r) / Wall thickness (h)

- Structural configuration of plaque
 - Thin fibrous cap and soft lipid core displaces the stress to the overlying fibrous cap and more particularly to the lateral edge.

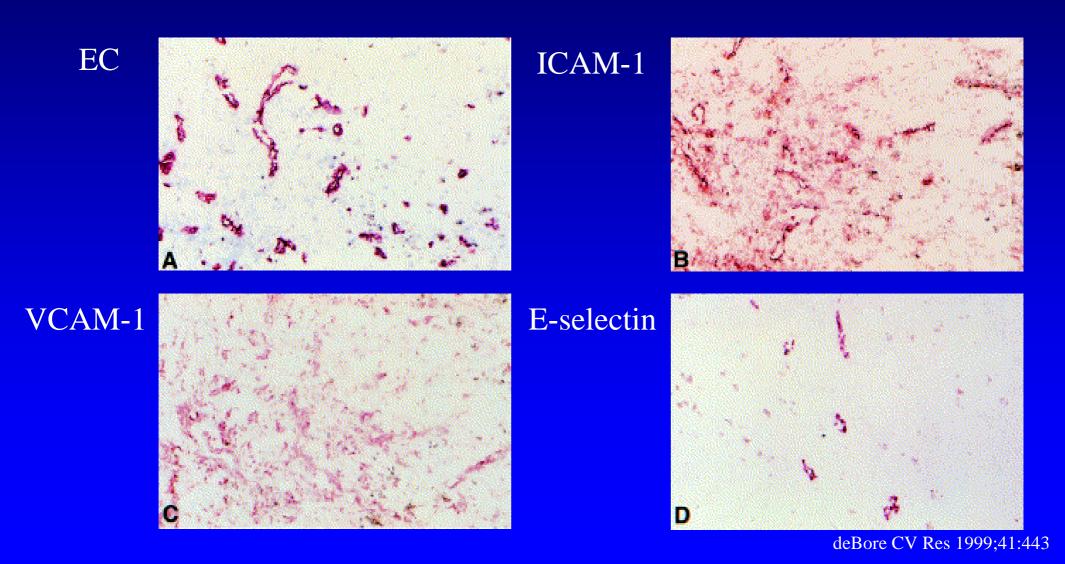
Vasa Vasorum in Atherosclerotic Plaque of Human Coronary Artery



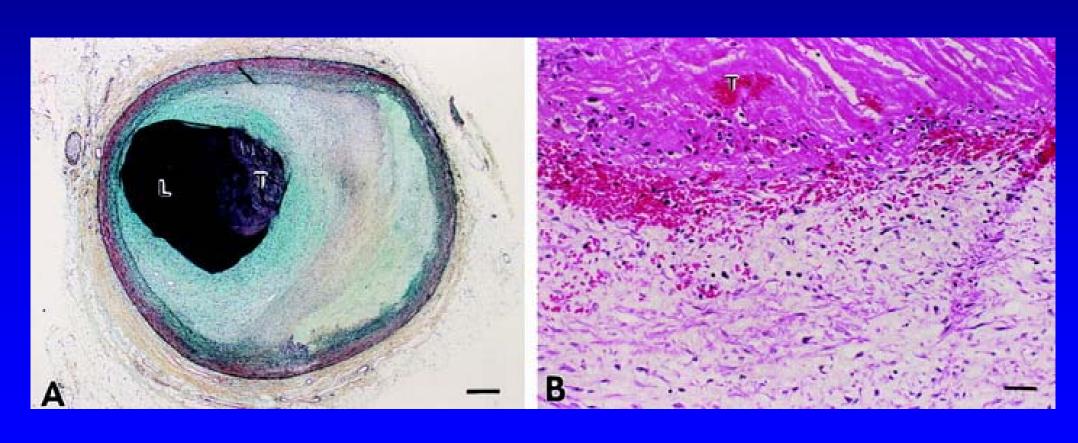
Expression of VEGF in Atheosclerotic Plaque



Expression of Adhesion Molecules in Vessels of Atheosclerotic Plaque



Plaque Erosion and Thrombosis



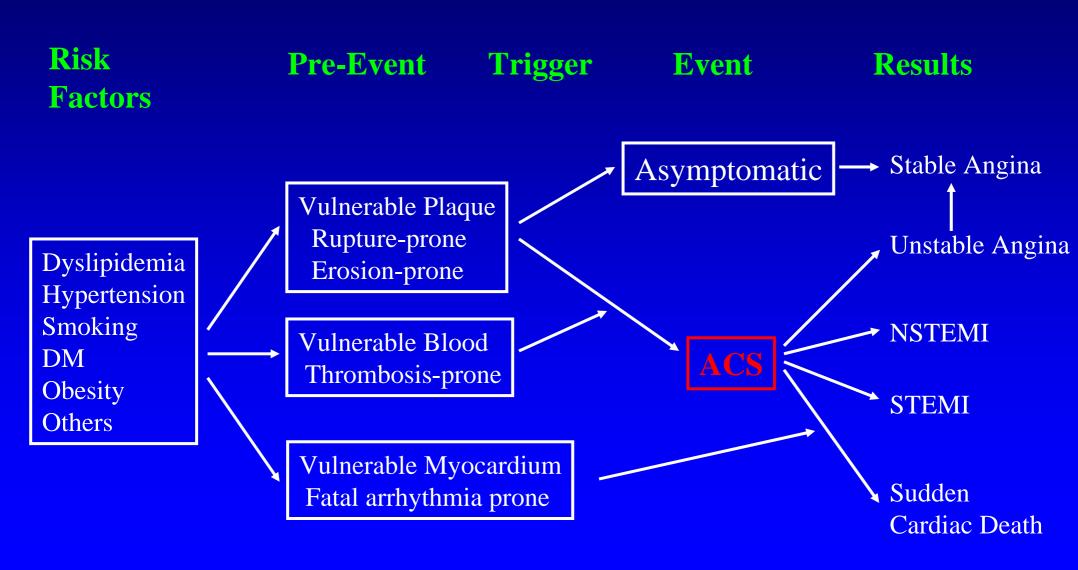
Comparison between Ruptured and Eroded Plaques in SCD Patients

	Rupture (n=28)	Erosion (n=22)	P
Male:female	23:5	11:11	.03
Age, y	53 ± 10	44 ± 7	<.02
% Stenosis	78 ± 12	70 ± 11	<.03
Calcified plaque	19 (69)	5 (23)	.002
Occlusive thrombus	12 (43)	4 (18)	.08
Concentric	13 (46)	4 (18)	.07
Macrophages	28 (100)	11 (50)	<.0001
T cells	21 (75)	7 (32)	<.004
Smooth muscle cells	11 (33)	21 (95)	<.0001
HLA-DR positive	25 (89)	8 (36)	.0002

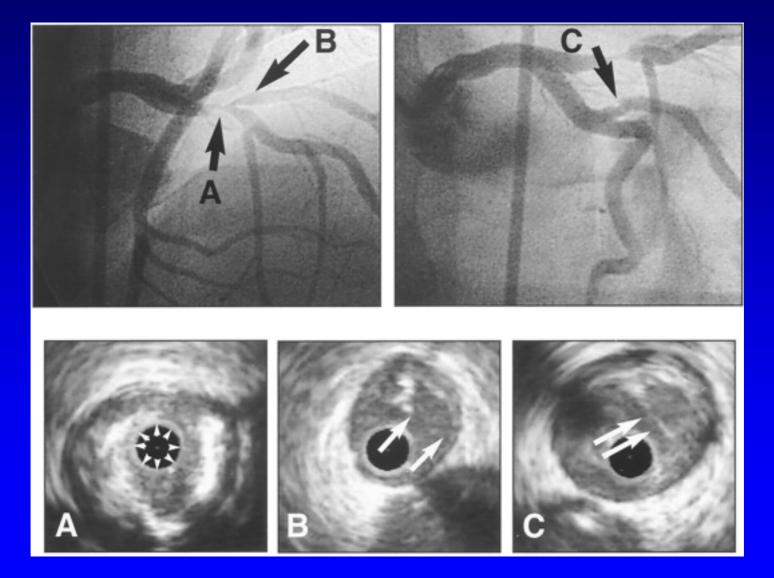
Healed Plaque Erosion & Rupture



Progression of CAD



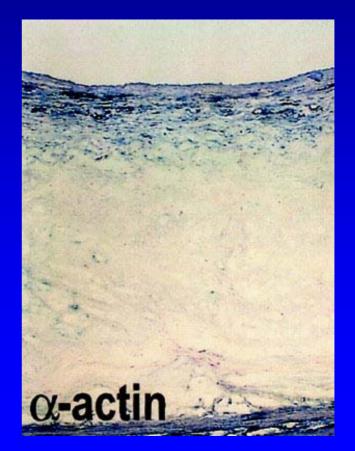
Unstable Plaque in Insignificant Areas in CAG-IVUS-



Changes of SMC by Diet in Rabbit

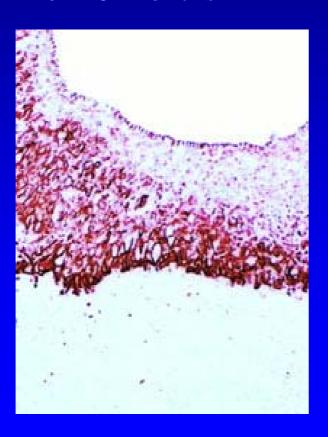
Atherogenic Diet for 16 Months





Changes of MMP-1 by Diet in Rabbit

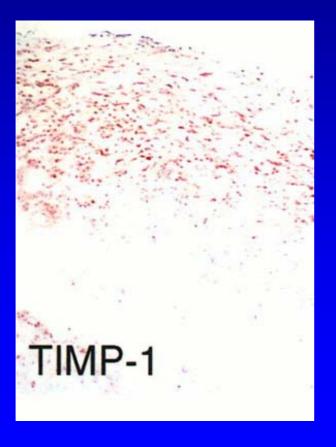
Atherogenic Diet for 16 Months

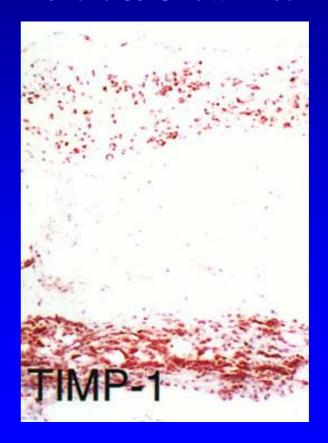




Changes of TIMP-1 by Diet in Rabbit

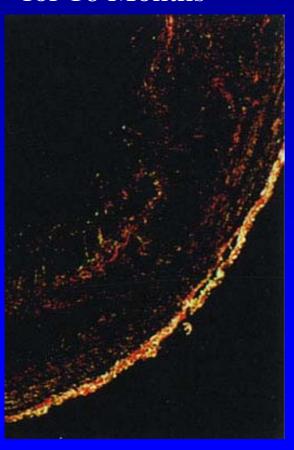
Atherogenic Diet for 16 Months



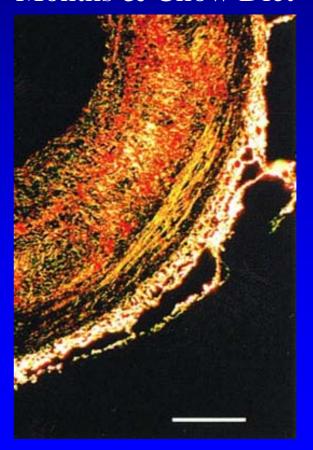


Changes of Collagen by Diet in Rabbit

Atherogenic Diet for 16 Months

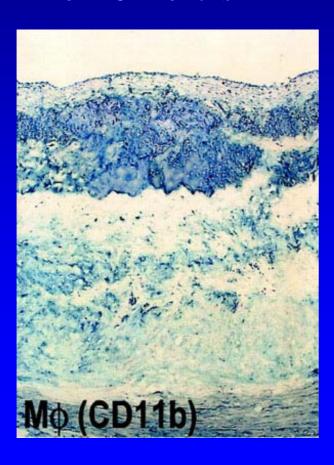


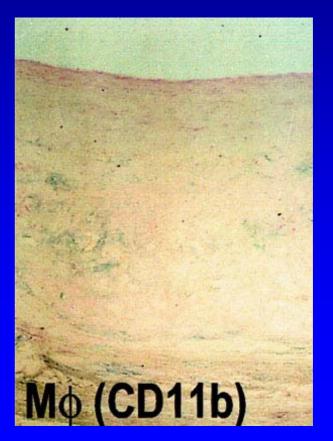
Atherogenic Diet for 4 Months & Chow Diet



Changes of Macrophage by Diet in Rabbit

Atherogenic Diet for 16 Months

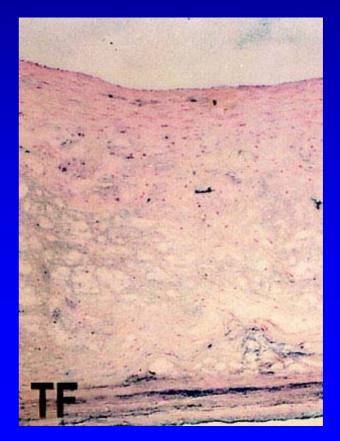




Changes of Tissue Factor by Diet in Rabbit

Atherogenic Diet for 16 Months





Angiographic and Clinical Outcome in Lipid Lowering Trial

Study	No	Drug	$\Delta \mathrm{D}(\%)$	Event Reduction
NHLBI	143	R		33%
CLAS	61	R+N		25%
FATS	146	N+C	-0.9*	80%*
		L+C	-0.7*	70%
STARS	46	D	-1.1	69%*
		D+R	-1.9*	89%

R: Resin, N:Niacin, C:Colestipol, L:Lovastatin, D:Diet. *: statistically significant

Unstable Plaque in Insignificant Areas in CAG-IVUS-

