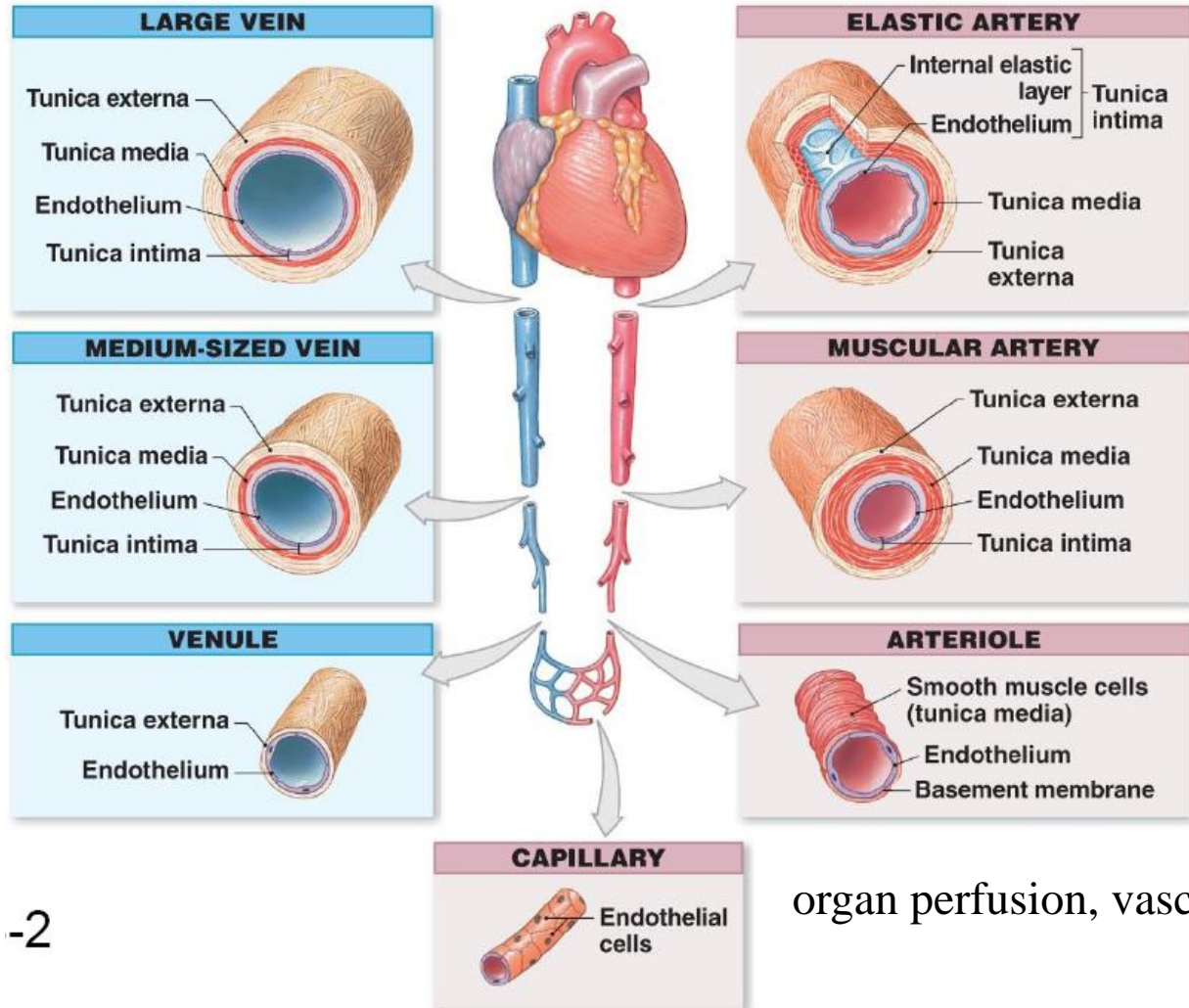


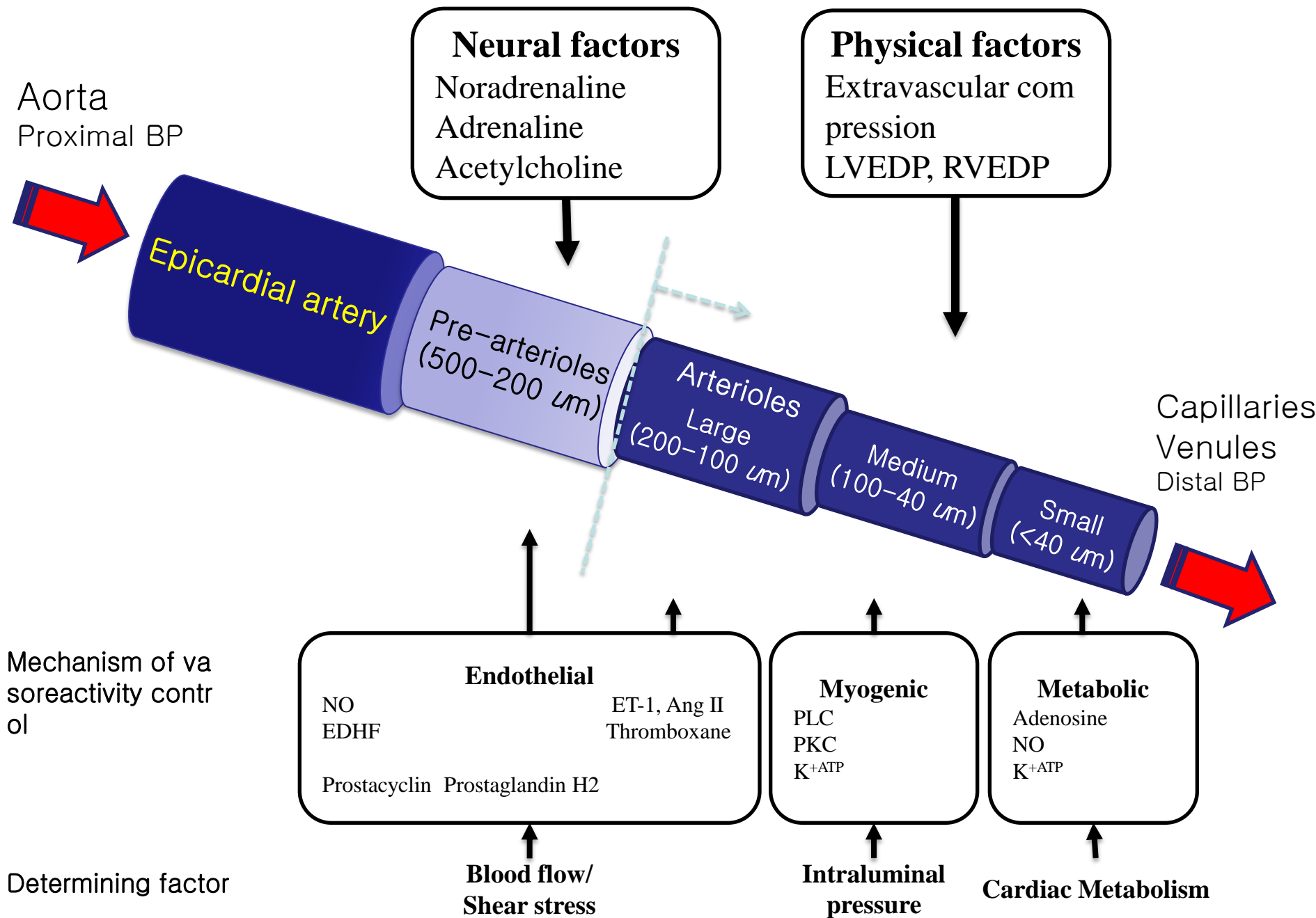
Vascular Disease; Function and Structure : **Macro and Microvascular Disease**

원주의대 김장영

Blood Vessels : structure



organ perfusion, vascular tone



Definition (vessel size, 0.5 mm or 1mm)

- **Macrovascular disease** is a disease of any large (*macro*) blood vessel in the body. It is a disease of the large blood vessels, including the coronary arteries, the aorta, and the sizable arteries in the brain and in the limbs.
- **Microvascular disease** is an angiopathy affecting small blood vessels (the small arteries , arterioles, venules, and capillaries) in the body.

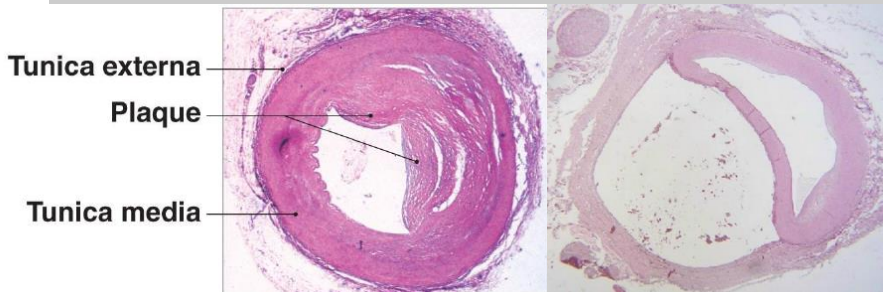
Pathology

- **Macrovascular disease**

- Atherosclerosis (plaque)
- Arteriosclerosis
(thickening and hardening of arterial walls)
- Aneurysms

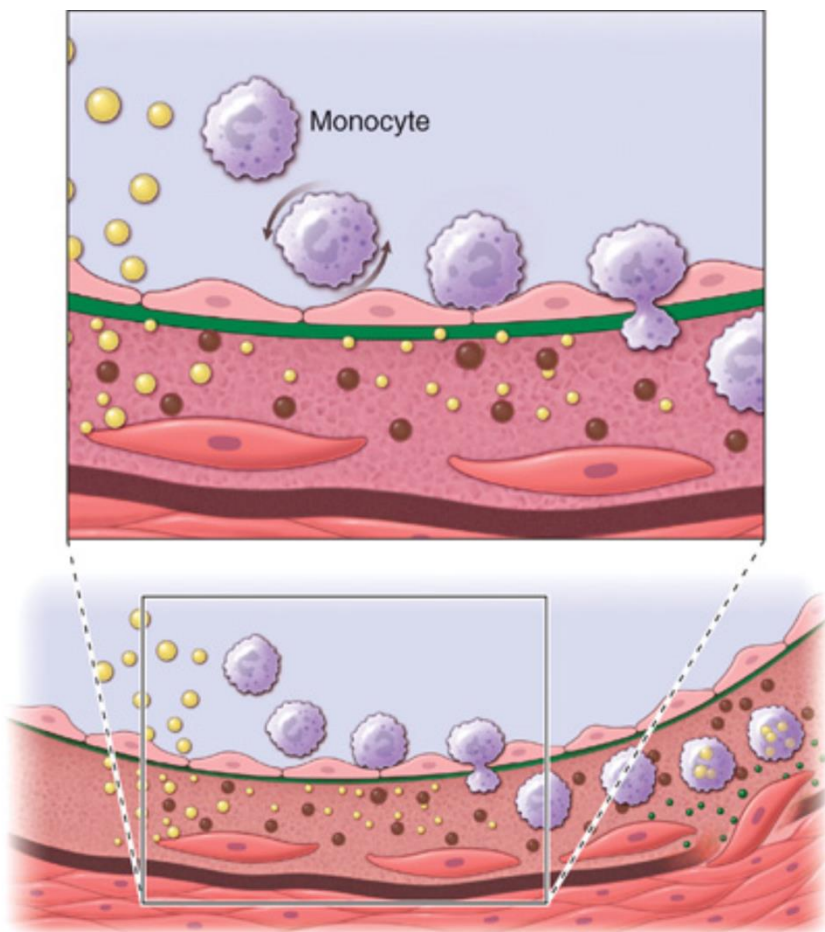
- **Microvascular disease**

- Arteriolosclerosis
- Aneurysms
- Hemorrhage
- Neovascularization
- Obstruction



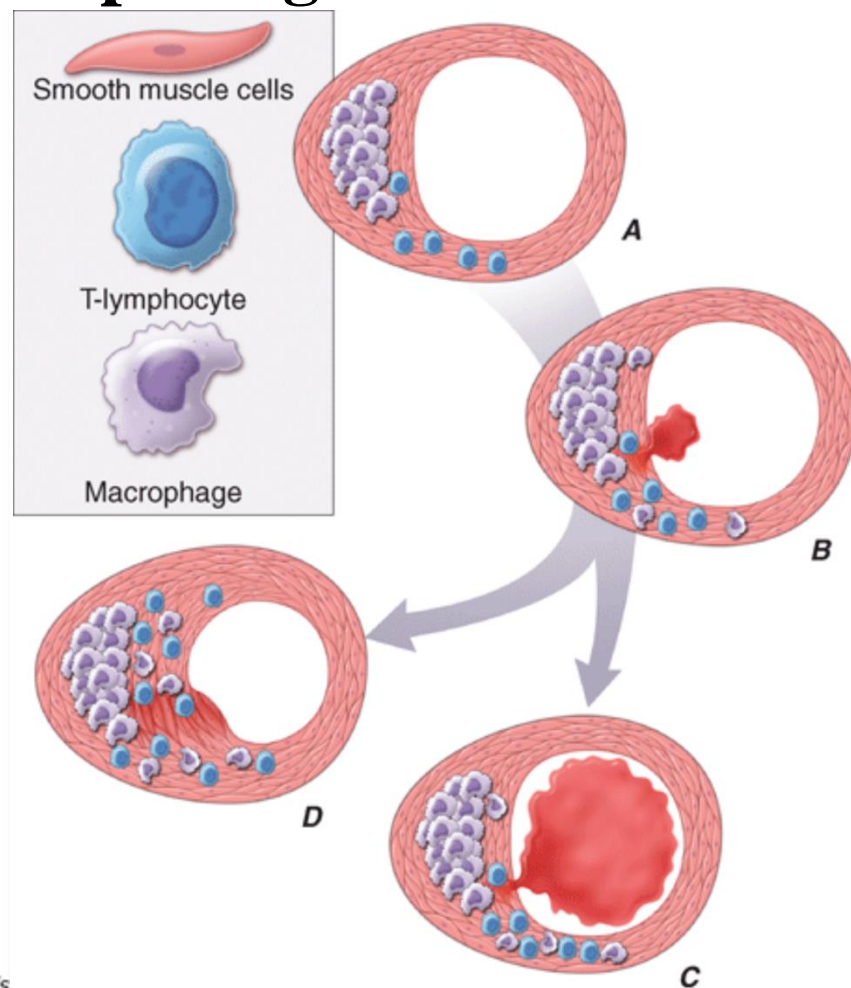
Macrovascular disease

Atherosclerosis : pathogenesis



Source: Longo DL, Fauci AS, Kasper DL, Hauser SL, Jameson JL, Loscalzo J: *Harrison's Principles of Internal Medicine, 18th Edition*: www.accessmedicine.com

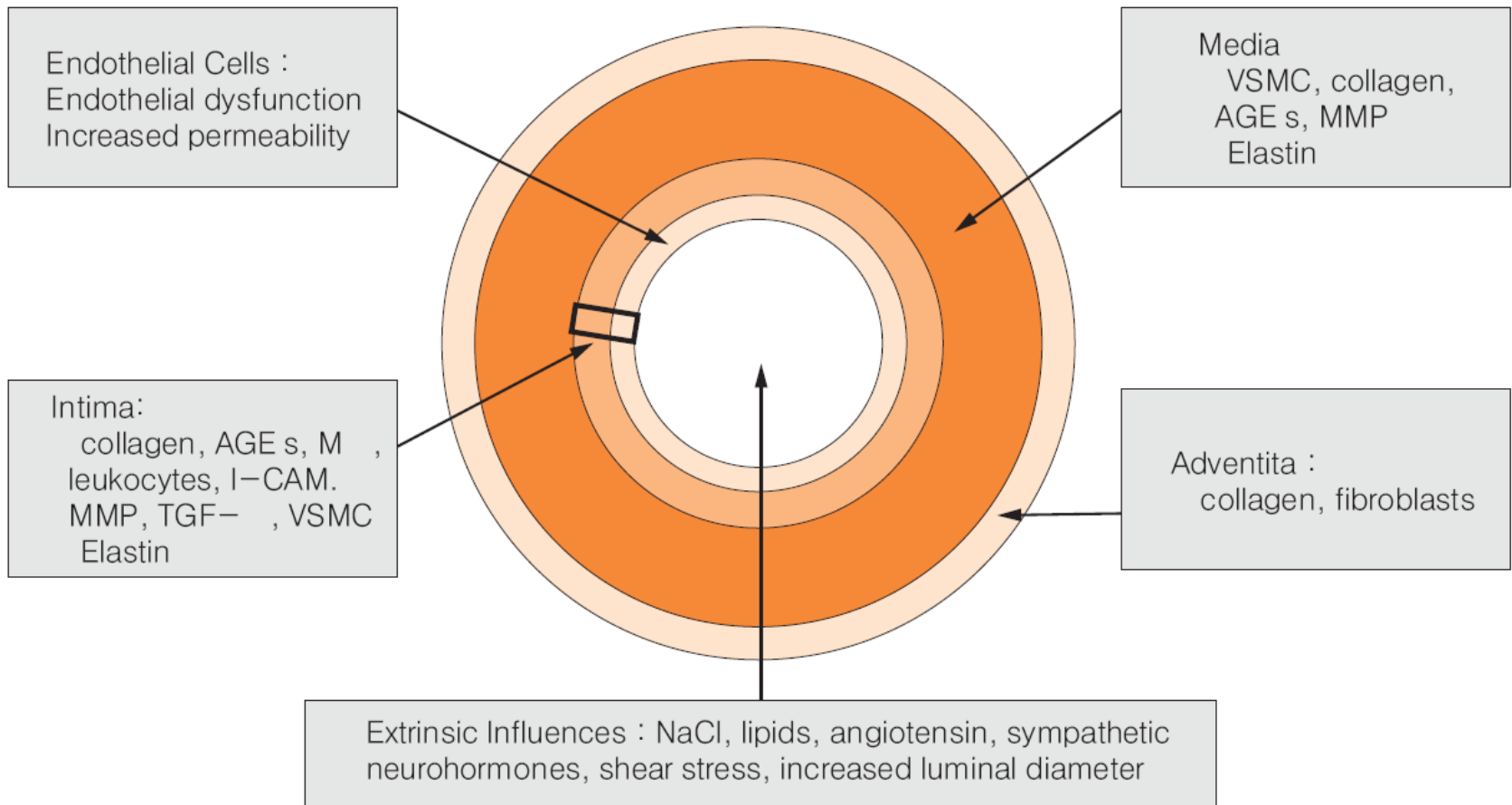
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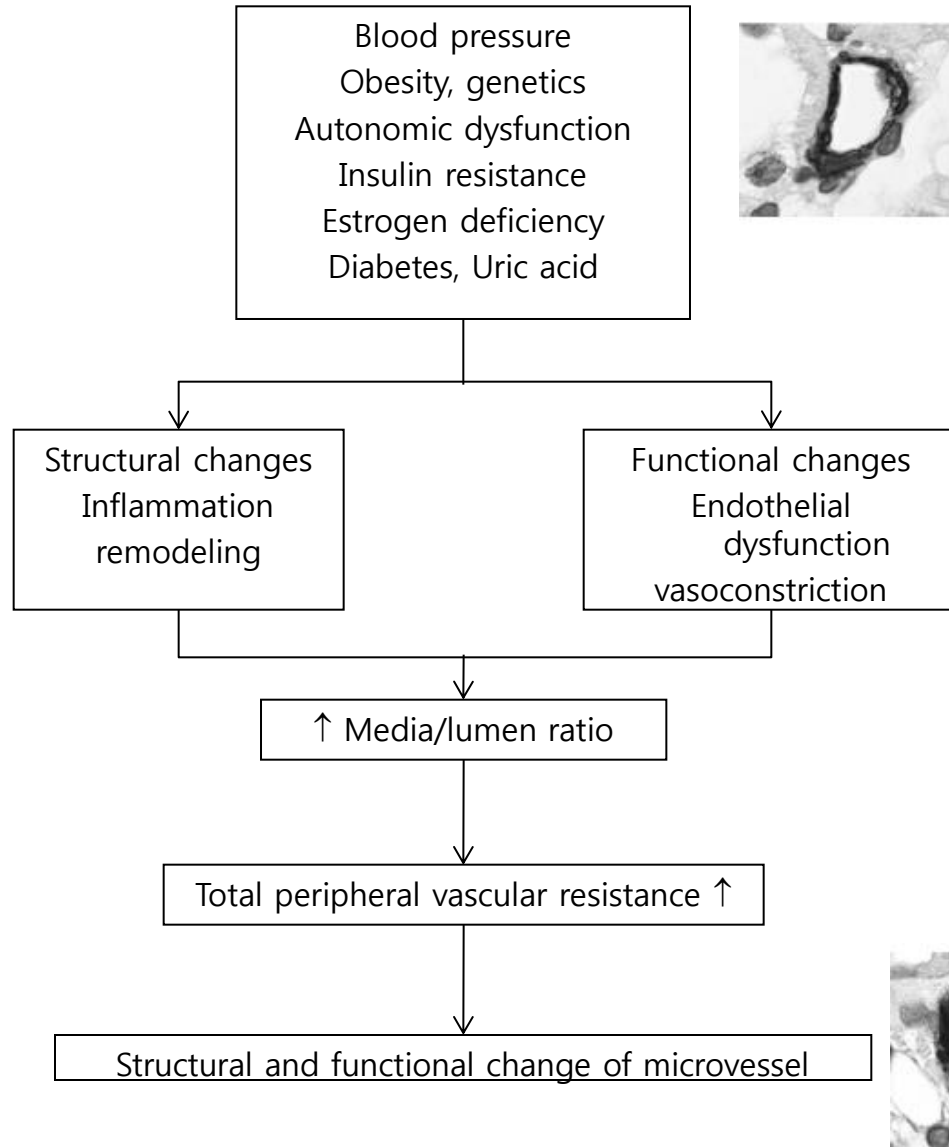
Source: Longo DL, Fauci AS, Kasper DL, Hauser SL, Jameson JL, Loscalzo J: *Harrison's Principles of Internal Medicine, 18th Edition*: www.accessmedicine.com

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Macrovascular disease (Arteriosclerosis: pathogenesis)



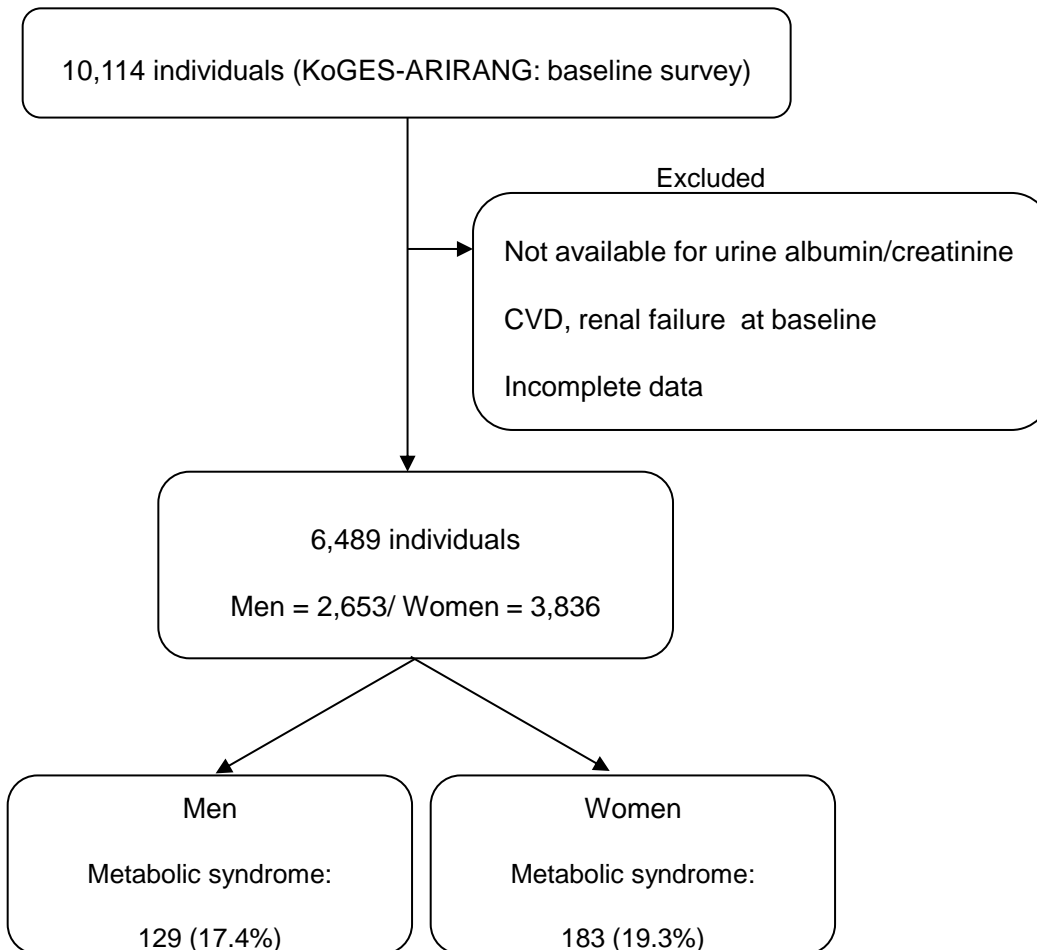
Microvascular disease



characterized by **intimal thickening, vascular smooth muscle cell proliferation, and extracellular matrix deposition**, resulting in an increase in the media to lumen ratio, and later by the replacement of the vascular smooth muscle cells by areas of fibrosis and cell loss.

Microvascular disease (UACR) and metabolic factors

Korean Genome and Epidemiology Study on Atherosclerosis Risk of Rural Areas in the Korean General Population (KoGES-ARIRANG)

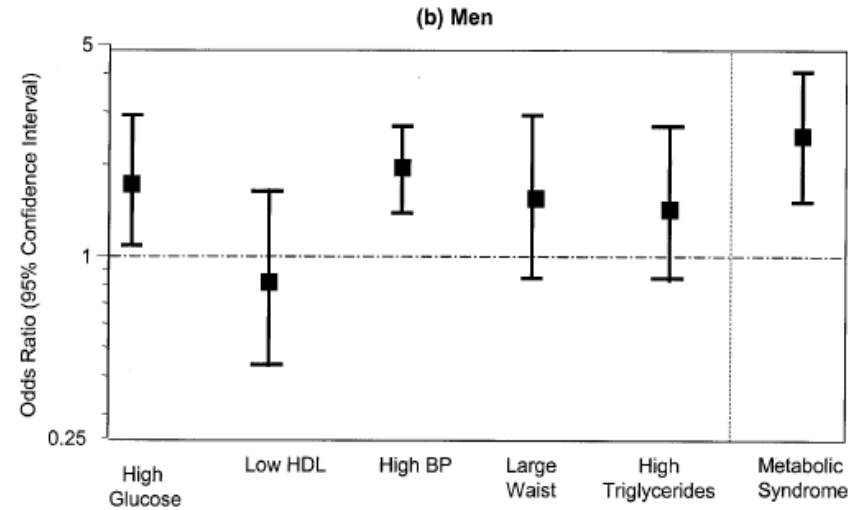
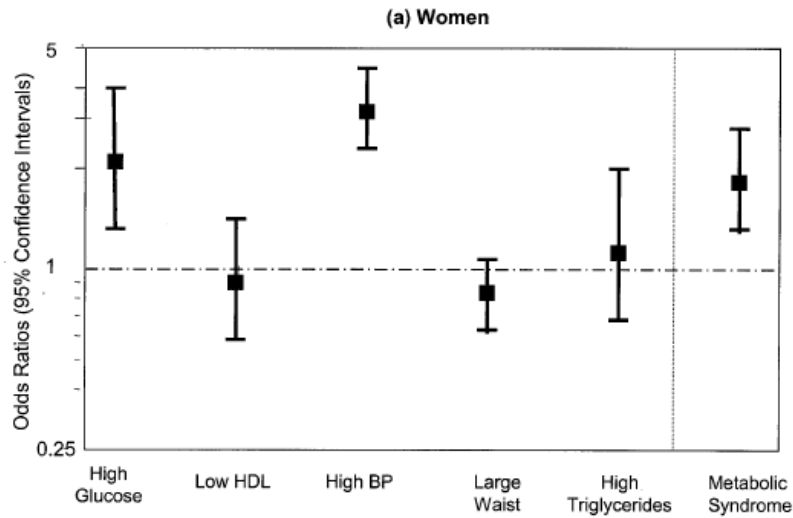




OR (95% CI)

	Quartile 1	Quartile 2	Quartile 3	Quartile 4
Men (n=2653)				
UACR at baseline	<5.00	5.00-8.98	8.99-18.11	≥18.12
Metabolic syndrome	1.00	1.19 (0.91-1.56)	1.29 (0.99-1.69)	1.87 (1.43-2.45)
High WC	1.00	1.07 (0.77-1.49)	0.92 (0.66-1.29)	1.15 (0.83-1.60)
Low HDL cholesterol	1.00	1.14 (0.90-1.44)	0.99 (0.78-1.26)	0.77 (0.61-0.99)
High TG	1.00	1.39 (1.10-1.75)	1.48 (1.17-1.86)	2.05 (1.62-2.59)
High blood pressure	1.00	1.17 (0.93-1.47)	1.48 (1.17-1.88)	2.34 (1.81-3.03)
High fasting glucose	1.00	1.33 (1.01-1.76)	1.75 (1.33-2.29)	2.12 (1.61-2.79)
Women (n=3836)				
UACR at baseline	<6.52	6.52-11.29	11.30-20.25	≥20.26
Metabolic syndrome	1.00	1.41 (1.14-1.74)	1.79 (1.45-2.21)	1.90 (1.54-2.35)
High WC	1.00	1.17 (0.91-1.51)	1.14 (0.88-1.47)	1.18 (0.90-1.53)
Low HDL cholesterol	1.00	1.22 (1.01-1.47)	1.32 (1.10-1.60)	1.16 (0.96-1.41)
High TG	1.00	1.40 (1.13-1.73)	1.56 (1.27-1.92)	1.86 (1.51-2.30)
High blood pressure	1.00	1.23 (1.02-1.49)	1.60 (1.31-1.94)	2.11 (1.72-2.59)
High fasting glucose	1.00	1.07 (0.82-1.40)	1.09 (0.84-1.42)	1.57 (1.22-2.02)

UACR and Risk factors (미국영양조사)



AJH 2003; 16:952-958

Macro에 비해 microvascular disease는 미국 및 한국역학 연구를 보니 비만, 당의 증가와 인슐린 저항성, 고혈압이 중요

Disease

- **Macrovascular disease**

- Three common type
 - Coronary artery
 - Cerebrovascular
 - Peripheral (in the limb)

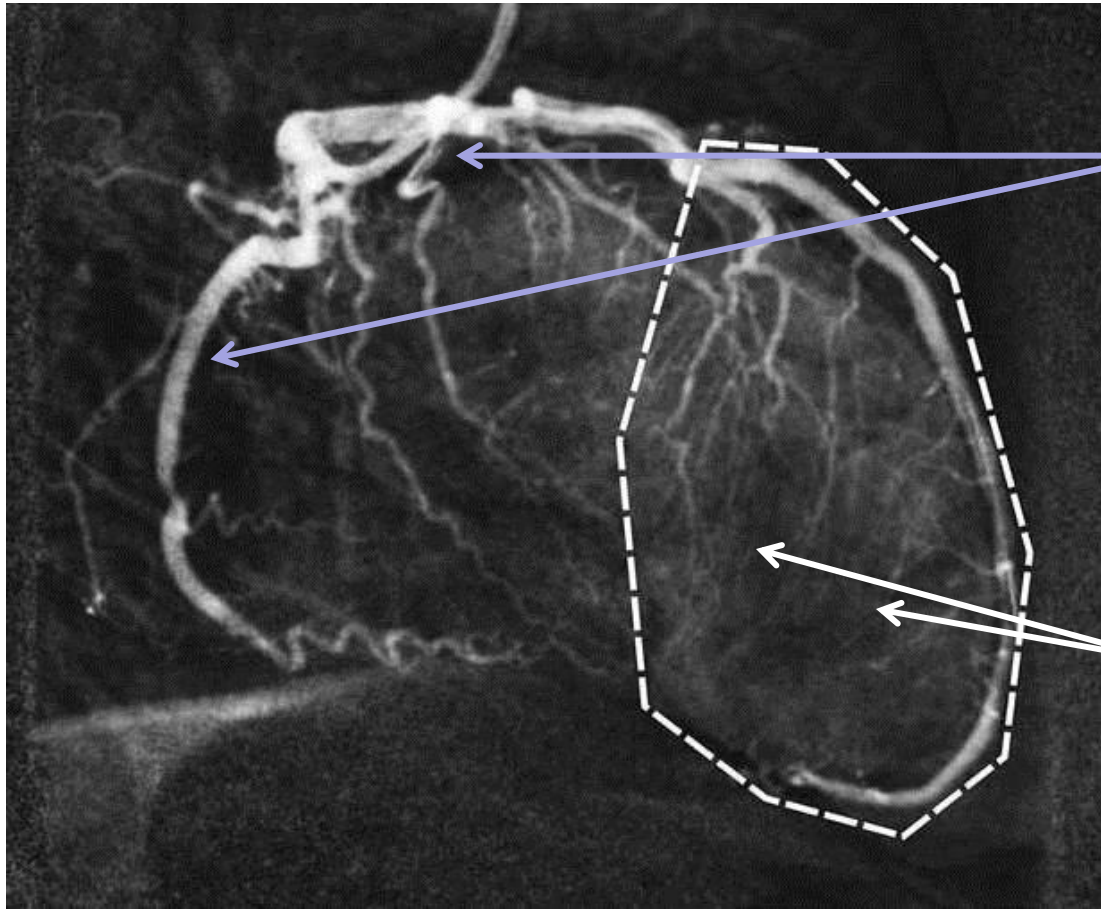
- **Microvascular disease**

- Cardiac syndrome-X
- Diabetes (nephropathy, neuropathy, retinopathy)
- Hypertension-related small vessel diseases
- Cerebral amyloid angiopathy

Coronary artery disease

Focus on microvascular disease

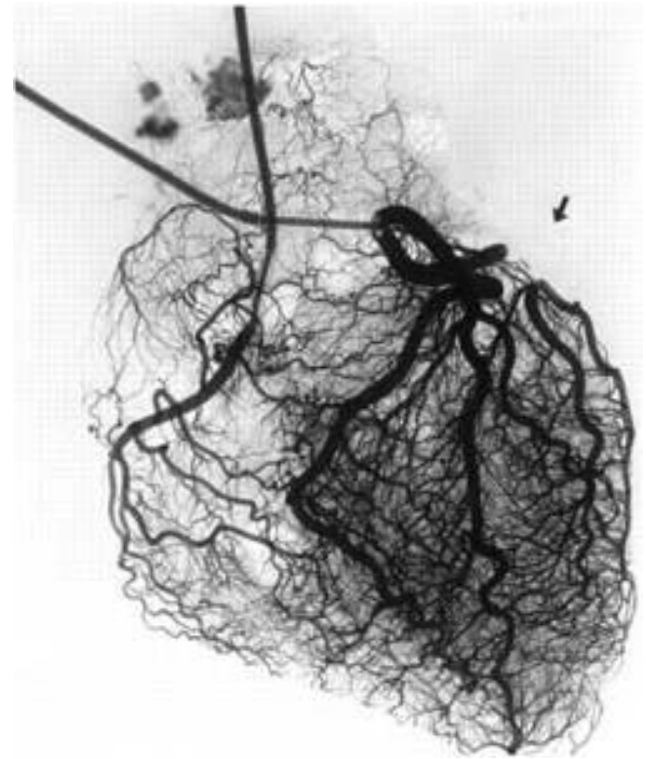
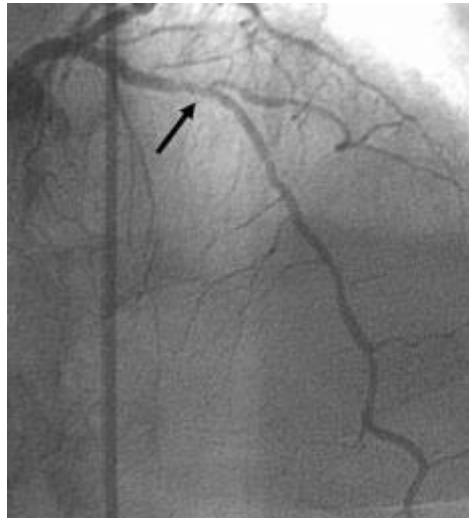
Coronary Arterial System



Epicardial coronary artery ($>500\mu\text{m}$);
conduit or conductance vessels

Preamerterials & Arterioles ($<500\mu\text{m}$);
resistive vessels

rich microvascular network 안 보인다



Coronary macro & microvascular disease

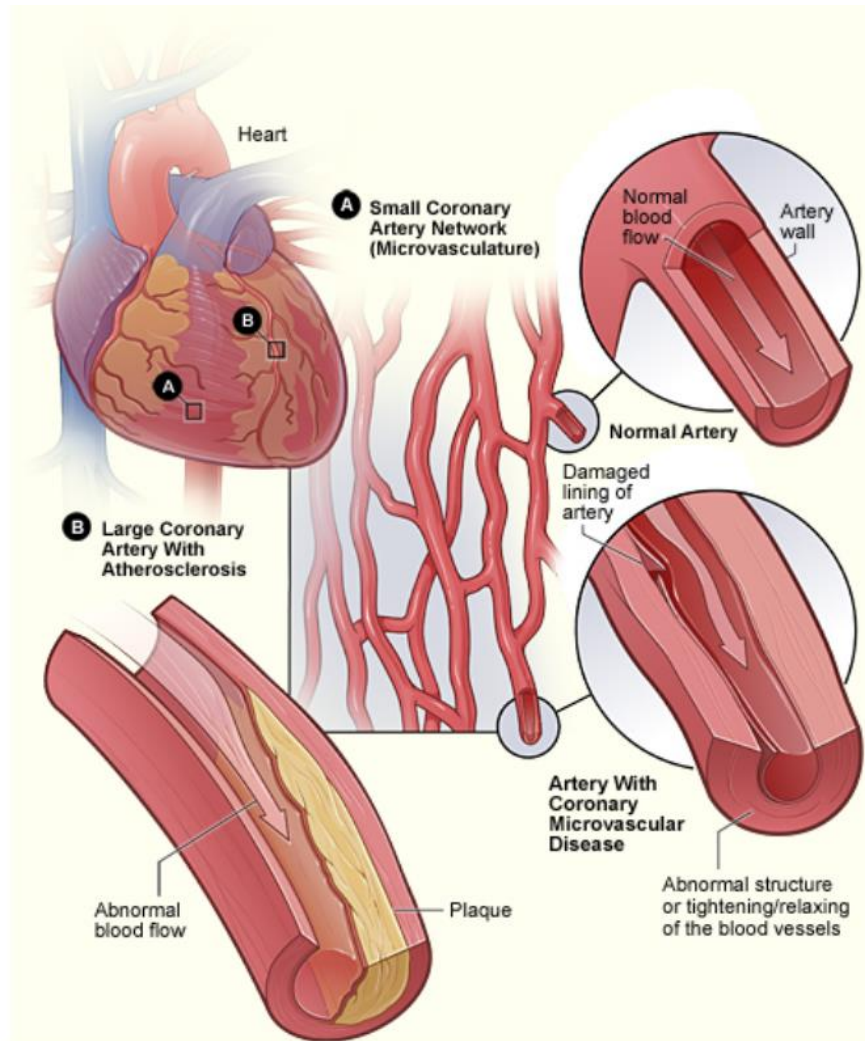


Figure A shows the small coronary artery network (microvasculature), containing a normal artery and an artery with coronary MVD. Figure B shows a large coronary artery with plaque buildup.

Cardiac syndrome-X (전형적인 증례)

Angina

Abnormal SPECT

No obstructive CAD

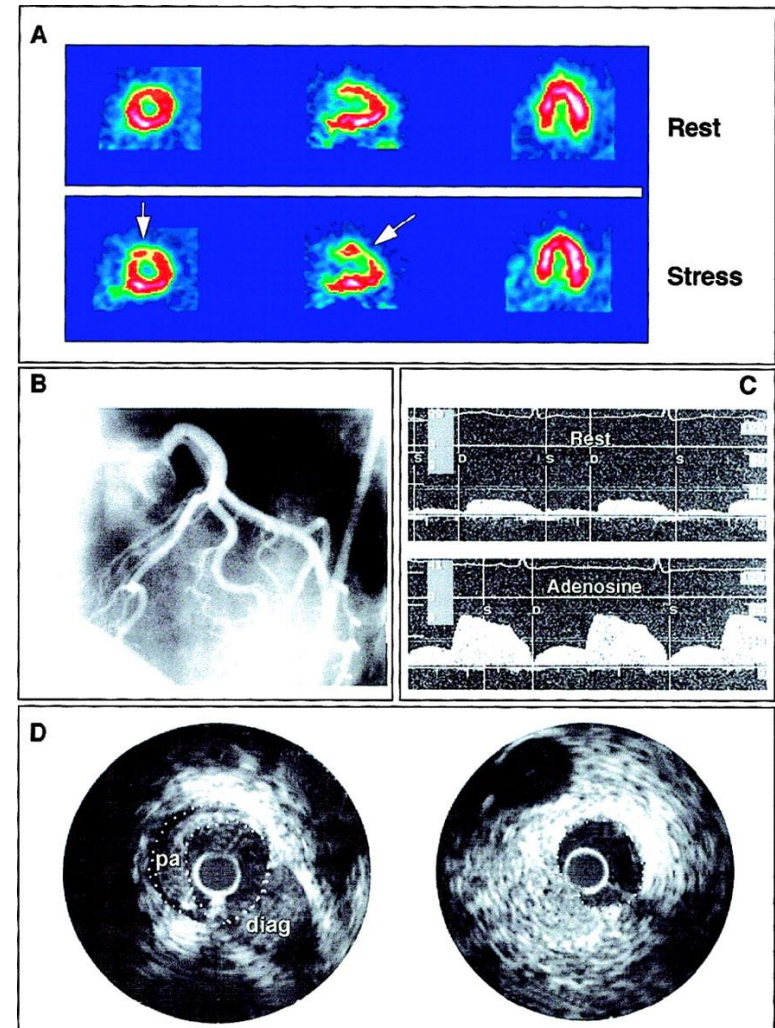
Abnormal coronary reserve

And elevated LVEDP

Diffuse atherosclerosis by

IVUS

Women



Primary Coronary Microvascular Dysfunction

Definition of Cardiac Syndrome X

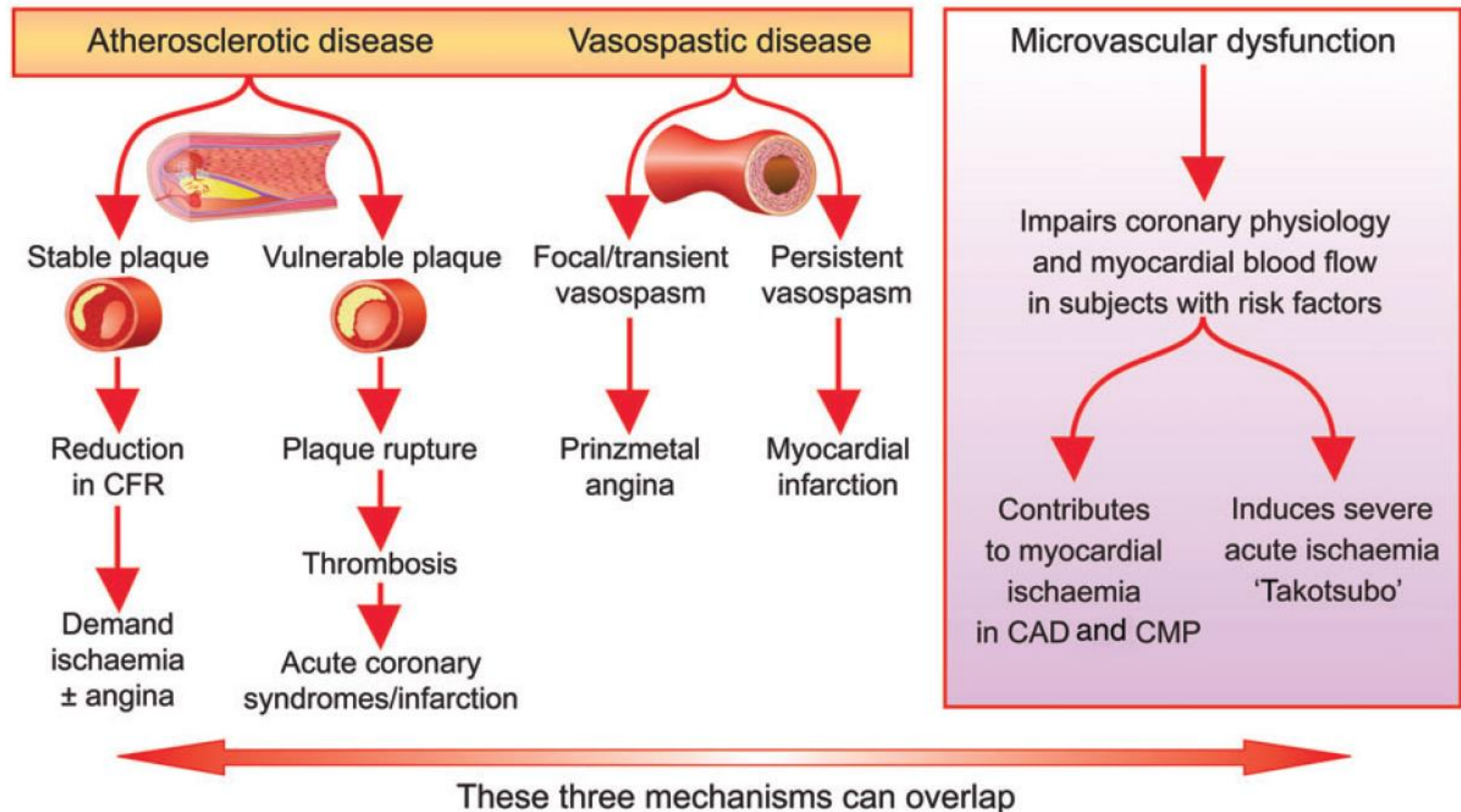
- Typical stable angina, exclusively or predominantly induced by effort
- Findings compatible with myocardial ischemia/CMVD on diagnostic investigation
 - Diagnostic ST-segment depression during spontaneous or stress-induced myocardial scintigraphy or
 - Reversible perfusion defects on stress myocardial scintigraphy or,
 - Documentation of stress-related CBF abnormalities by more advanced diagnostic techniques (eg, CMR, PET, Doppler ultrasound), or
 - Metabolic evidence of transient myocardial ischemia (cardiac PET or CMR, invasive assessment)
- Normal (or near normal; discrete very mild stenosis <20%) coronary arteries on angiography
- Absence of any other specific cardiac disease (e.g., variant angina, cardiomyopathy, valvular disease)

Mechanisms of myocardial ischaemia

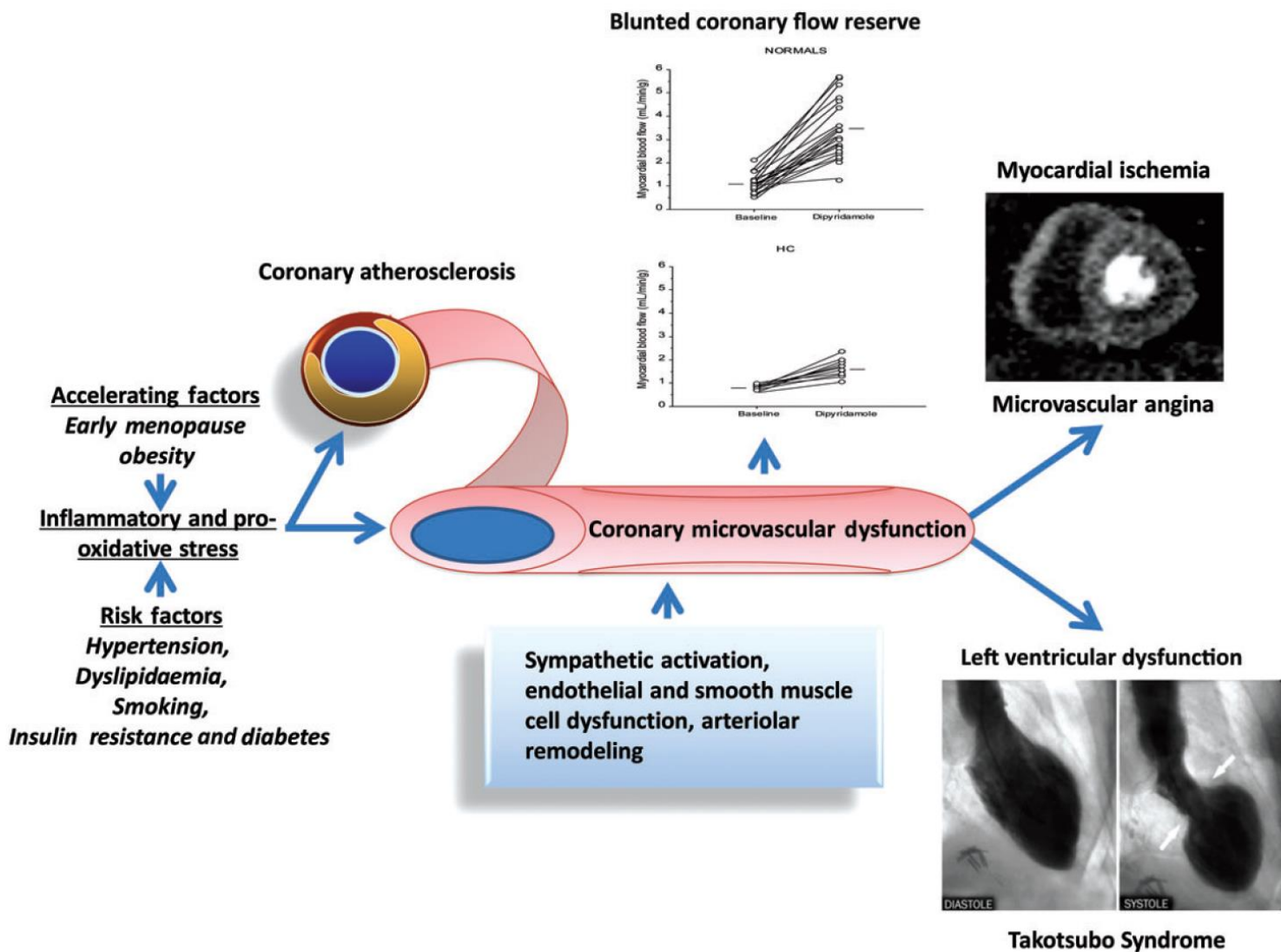
Mechanisms of myocardial ischaemia

Epicardial coronary arteries

Coronary microcirculation



Scheme of the potential causes and consequences of coronary microvascular dysfunction



Clinical Classification of Coronary Microvascular Dysfunction (CMVD)

	Clinical setting	Main pathogenetic mechanisms
Type 1: in the absence of myocardial diseases and obstructive CAD	Risk factors Microvascular angina	Endothelial dysfunction SMC dysfunction Vascular remodelling
Type 2: in myocardial diseases	Hypertrophic cardiomyopathy Dilated cardiomyopathy Anderson-Fabry's disease Amyloidosis Myocarditis Aortic stenosis	Vascular remodelling SMC dysfunction Extramural compression Luminal obstruction
Type 3: in obstructive CAD	Stable angina Acute coronary syndrome	Endothelial dysfunction SMC dysfunction Luminal obstruction
Type 4: iatrogenic	PCI Coronary artery grafting	Luminal obstruction Autonomic dysfunction

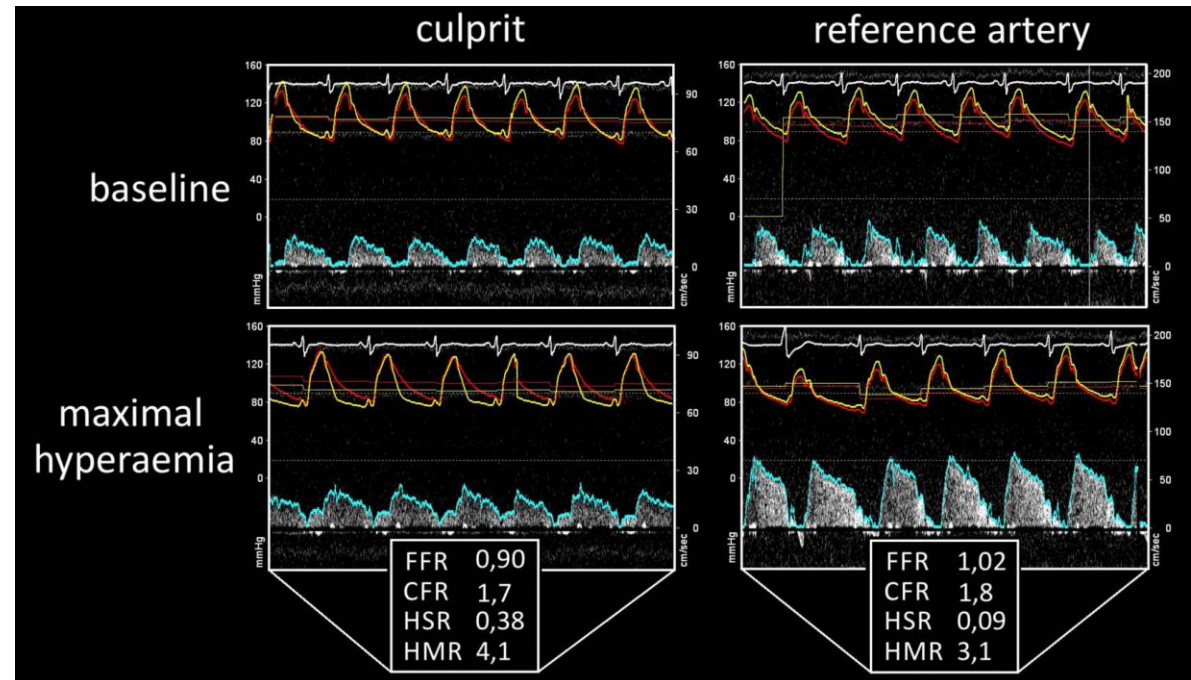
Modalities to Assess Coronary Microvascular Function

Method	Tracer	Primary parameter	Secondary parameter	Microvascular distinction	Endothelial assessment	Pros	Cons
PET	Radioisotopes	MBF (0.6-1.3 mL/min/g)	MBF reserve (>2-2.5)	No	No	Validated and reproducibility	Limited availability, radioactivity
SPECT	Radioisotopes	Perfusion (no defect)	(perfusion reserve)	No	No	Availability, low cost	MBF only with dynamic upgrade, radioactivity
MDCT	Iodine contrast	MBF (0.6-1.3 mL/min/g)	MBF reserve (>2-2.5)	No	No	Availability	Investigational, image quality, radiation
MRI	Gadolinium	MBF (0.7-1.1 mL/min/g)	MBF reserve (>2-2.5)	No	No		Investigational, technical limitation
MCE	Echo contrast	Perfusion, MBF option (0.5-2.9 mL/min/g)	MBF reserve (>2-2.5)	No	No	One-stop test, no radiation, or radioactivity	Volumetric modeling, image quality
Doppler Echo	Echo contrast	Flow velocity (24-36 cm/s)	Flow reserve (>2-2.5)	No	No		No MBF option, position and image dependent
TFC	Iodine contrast	Contrast flow velocity (18-24)	TFC reserve (>2-2.5)	Assumed if no epicardial dx	No	Ease of use, low cost	No CBF option, subjectivity
MBG	Iodine contrast	Contrast staining (Grade 3)	None	Assumed if no epicardial dx	No	Ease of use, low cost	No CBF option, subjectivity
ICD	None	Flow velocity (10-20 cm/s)	CFR	Assumed if no epicardial dx	Yes	Direct measurement	No CBF option, subjectivity
ICD + QCA/IVUS	Iodine contrast	CBF (44-59 mL/min)	CBF reserve (>2-2.5)	Yes	Yes	Complete assessment	Costs, invasiveness
TPS	Saline	IMR (15-22 U)	None	Yes	Yes	Complete assessment	Costs, invasiveness

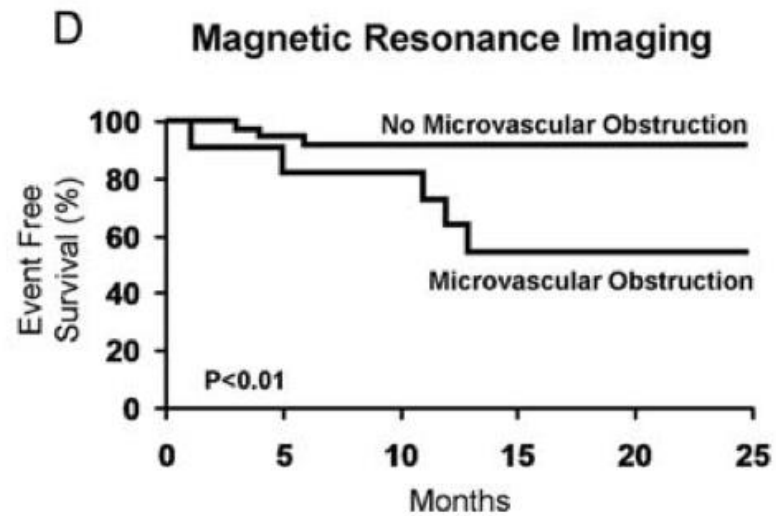
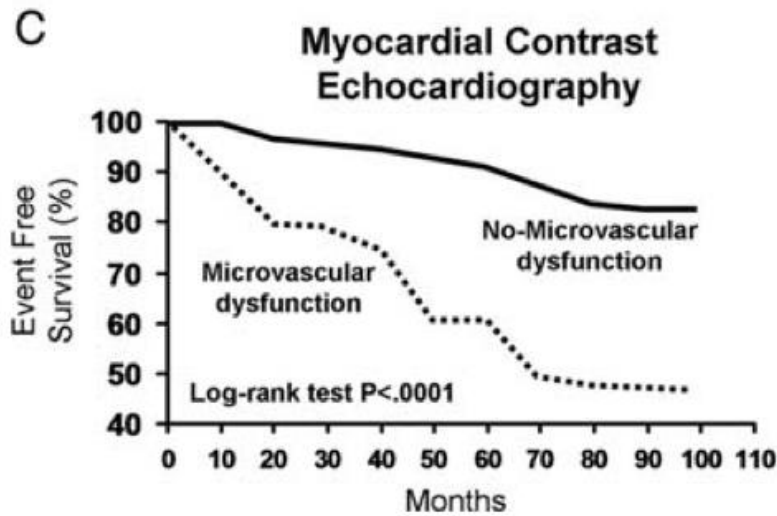
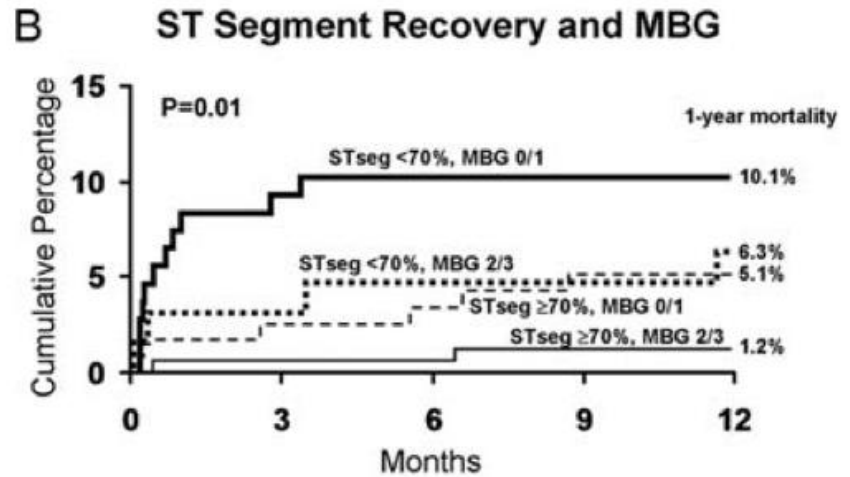
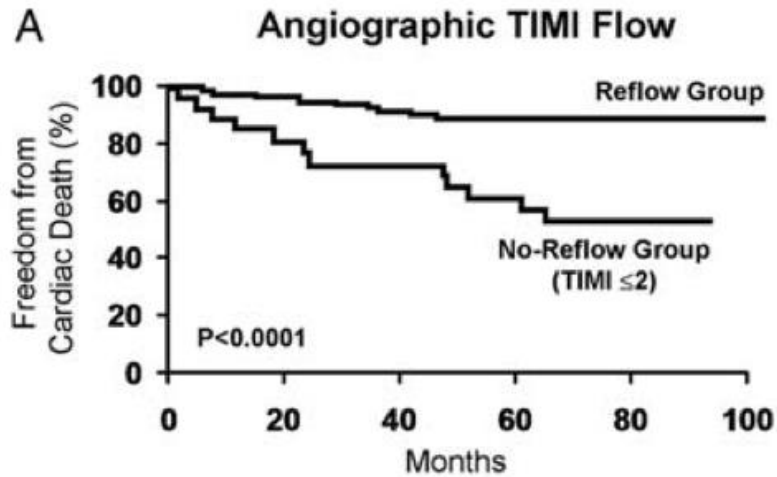
ComboMap Pressure and Flow System, Volcano Therapeutics



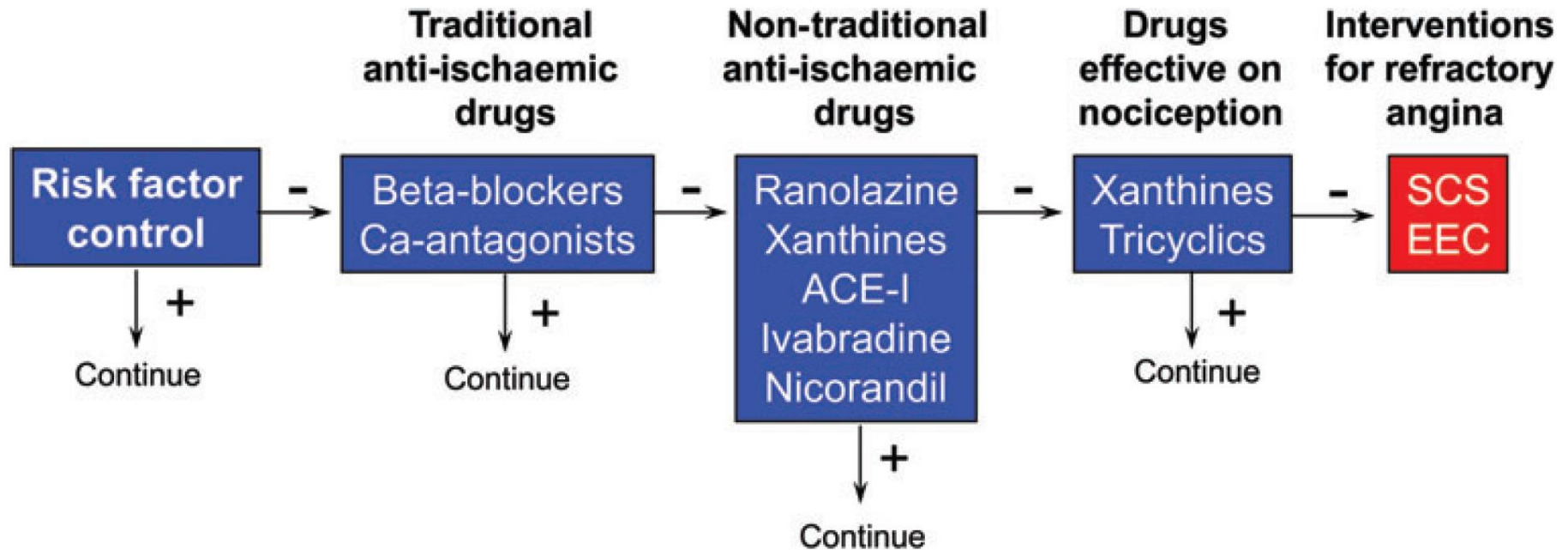
- hMR (hyperemic Microvascular Resistance)
= mean Pd/hAPV ($\text{mmHg} \cdot \text{cm}^{-1} \cdot \text{s}$)



Prognostic Indicator Function of the Coronary Microcirculation



Treatment algorithm for patients with microvascular angina



SCS, spinal cord stimulation; EEC, enhanced external counterpulsation.

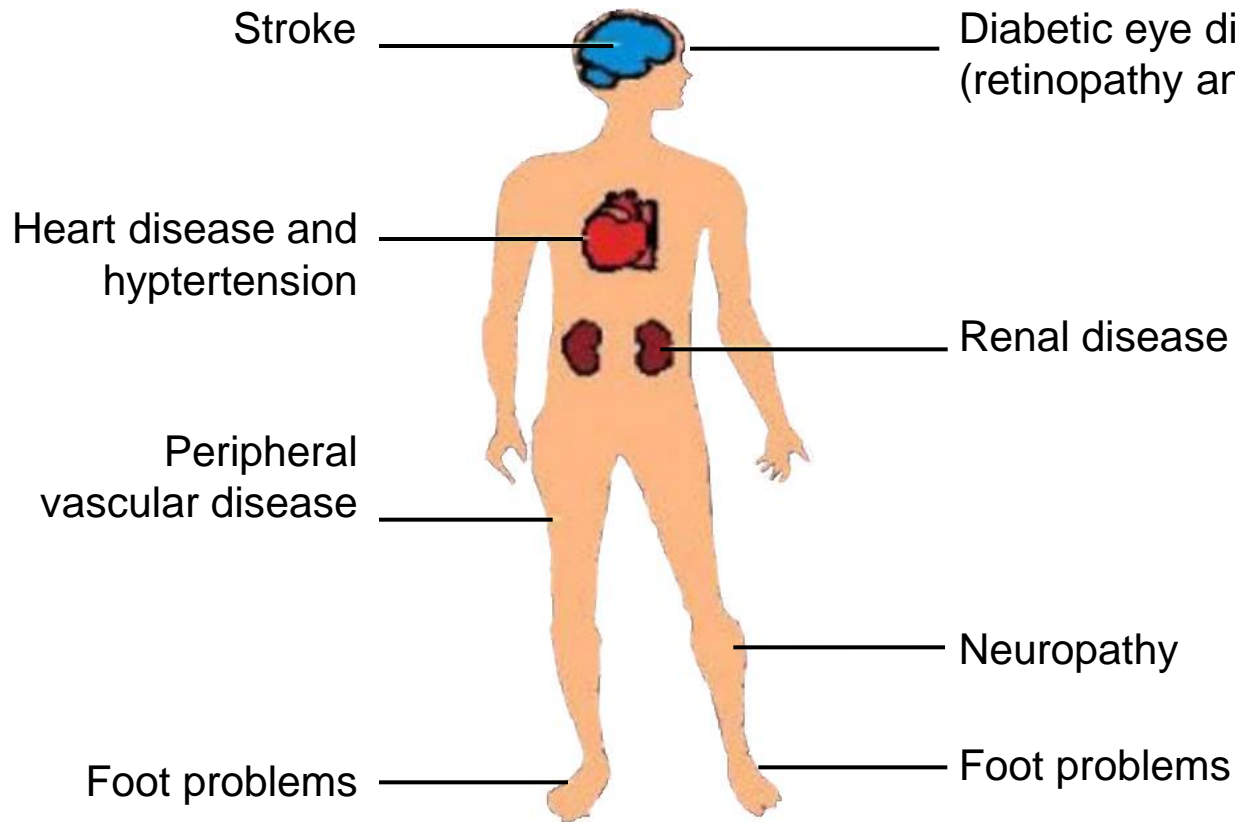
Diabetes

Focus on microvascular disease

Diabetes: complications

Macrovascular

Microvascular

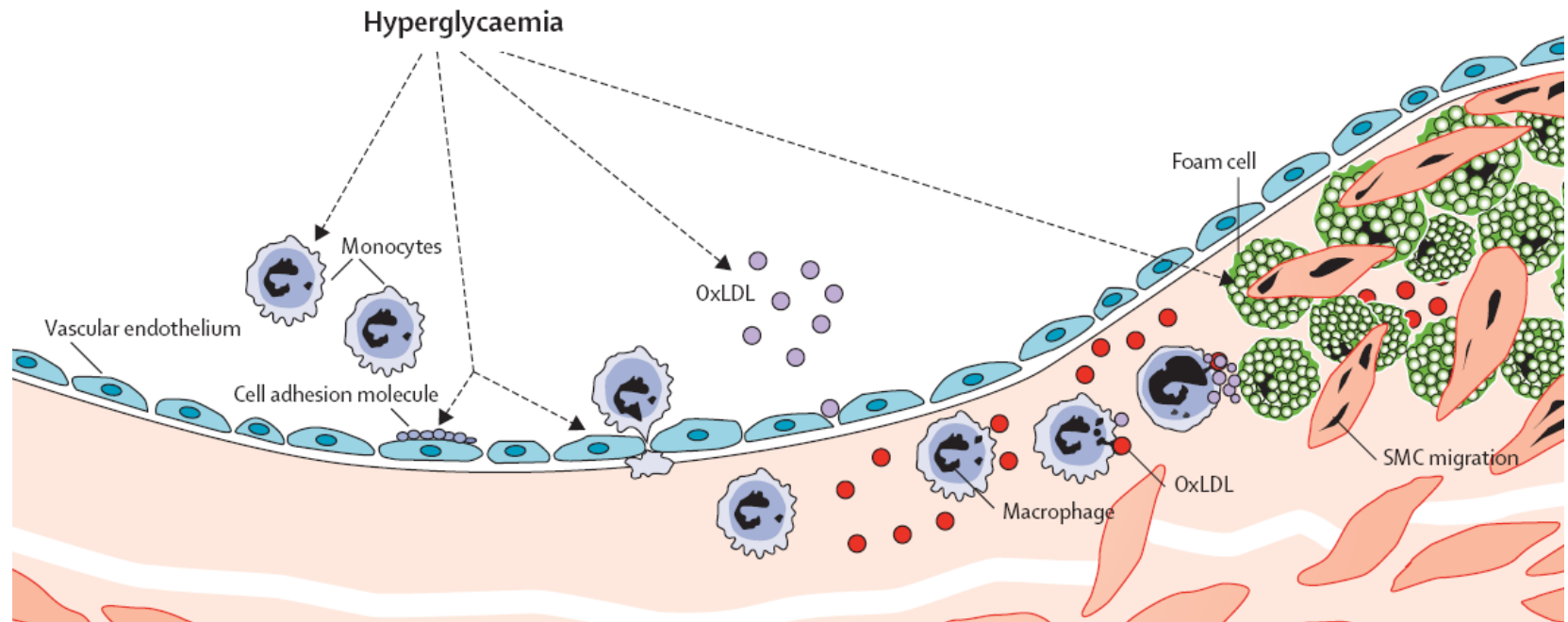


Type 1 diabetes, hyperglycaemia, and the heart

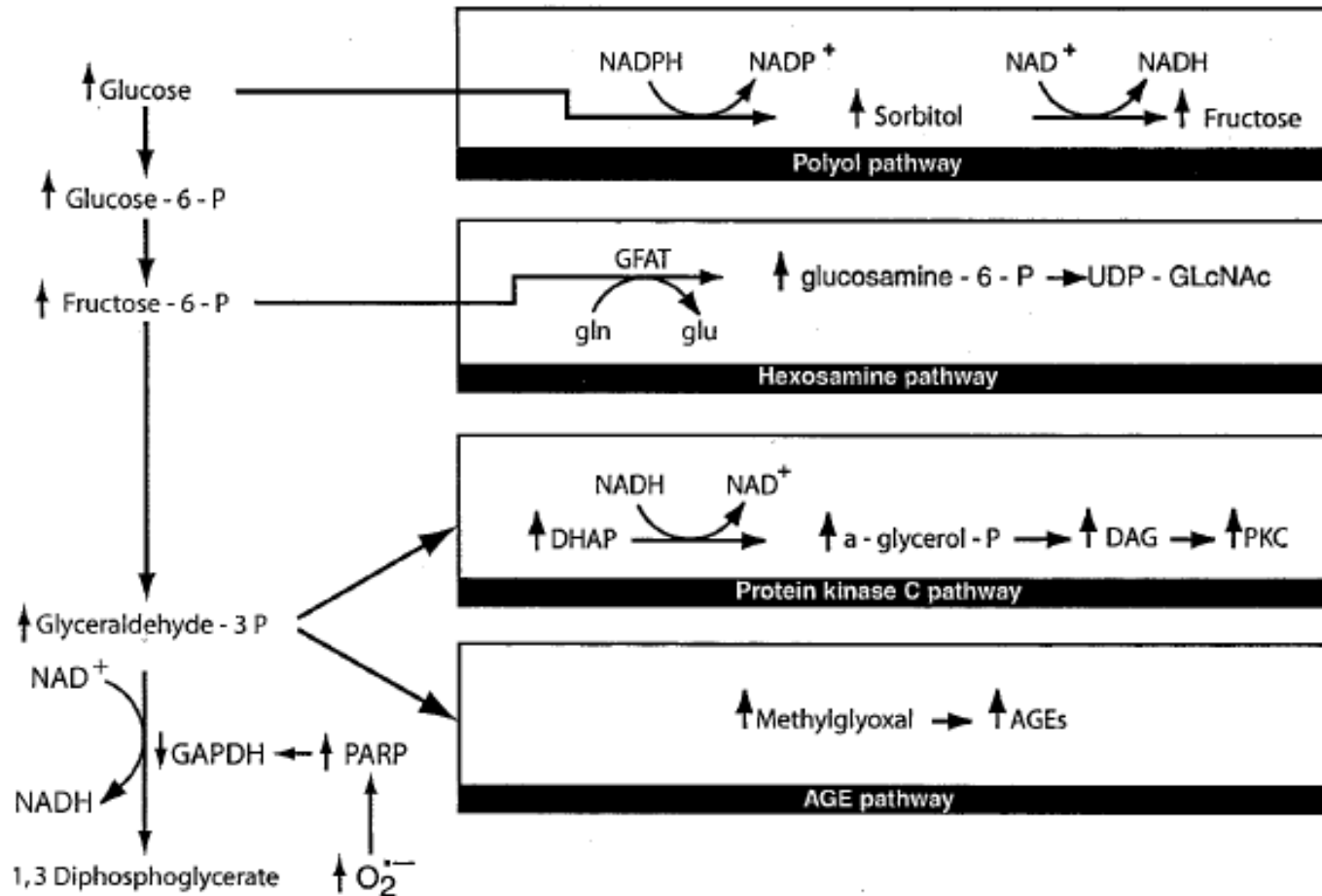
Ravi Retnakaran, Bernard Zinman

Lancet 2008; 371: 1790-99 Type 1 diabetes is associated with a substantially increased risk of cardiovascular disease tha

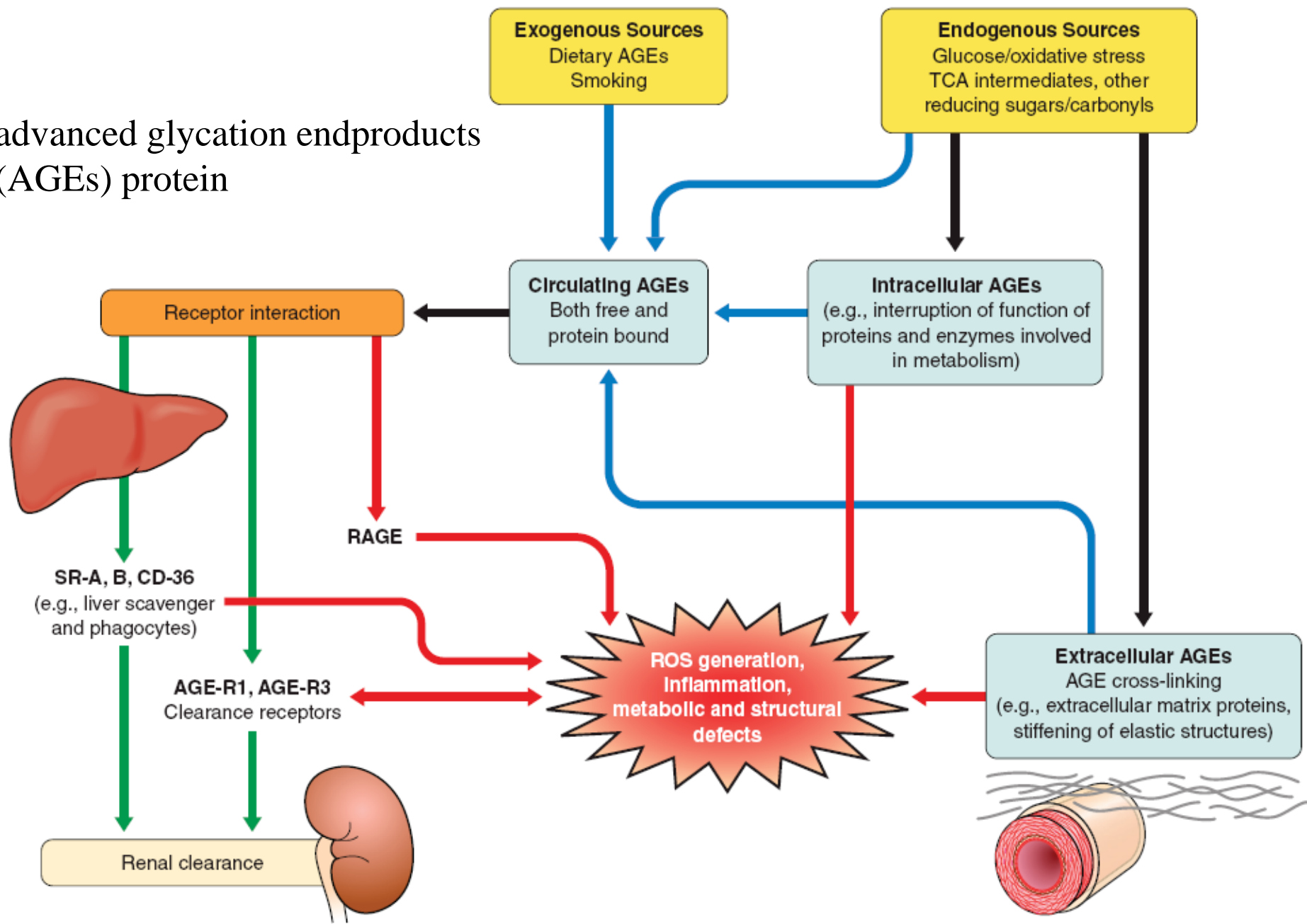
Hyperglycemia is toxic at several steps in the atherosclerosis process



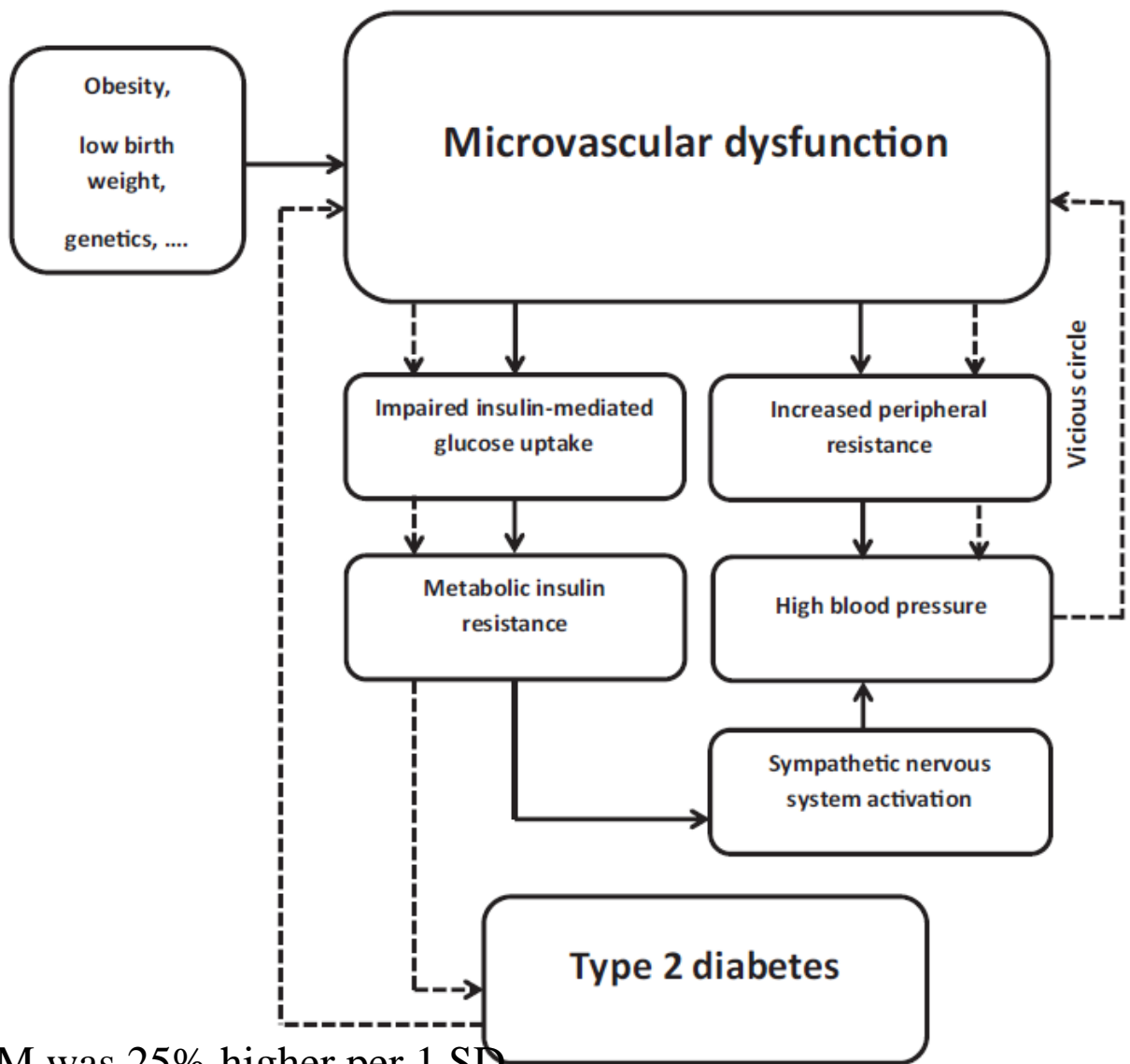
Metabolic Pathways Leading to Microvascular Complications



advanced glycation endproducts (AGEs) protein



contribution of microvascular dysfunction to insulin resistance, type 2 diabetes and hypertension



incident T2DM was 25% higher per 1 SD greater microvascular dysfunction

Intersection of Microangiopathy and Macroangiopathy in Accelerated Atherosclerosis

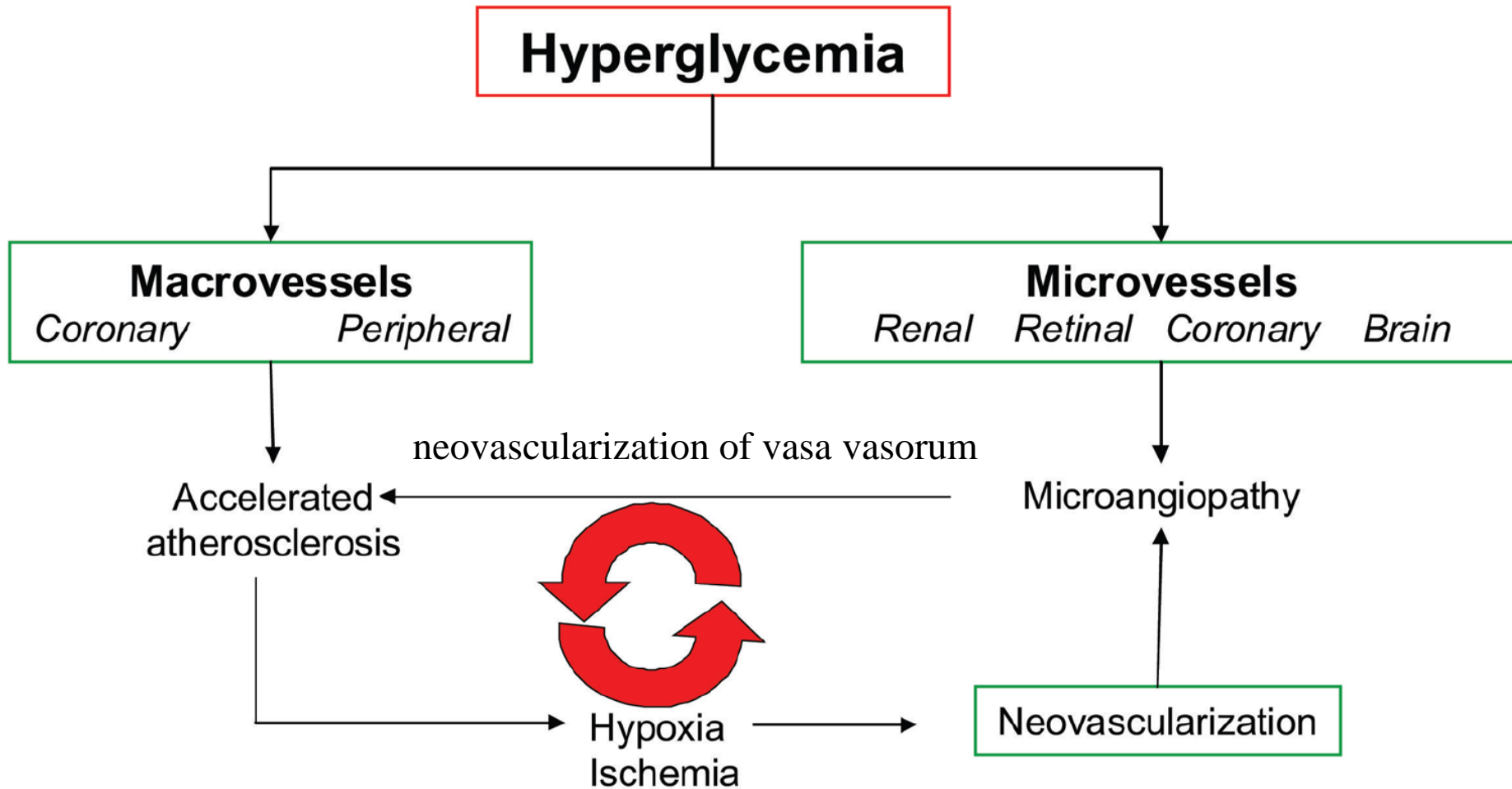
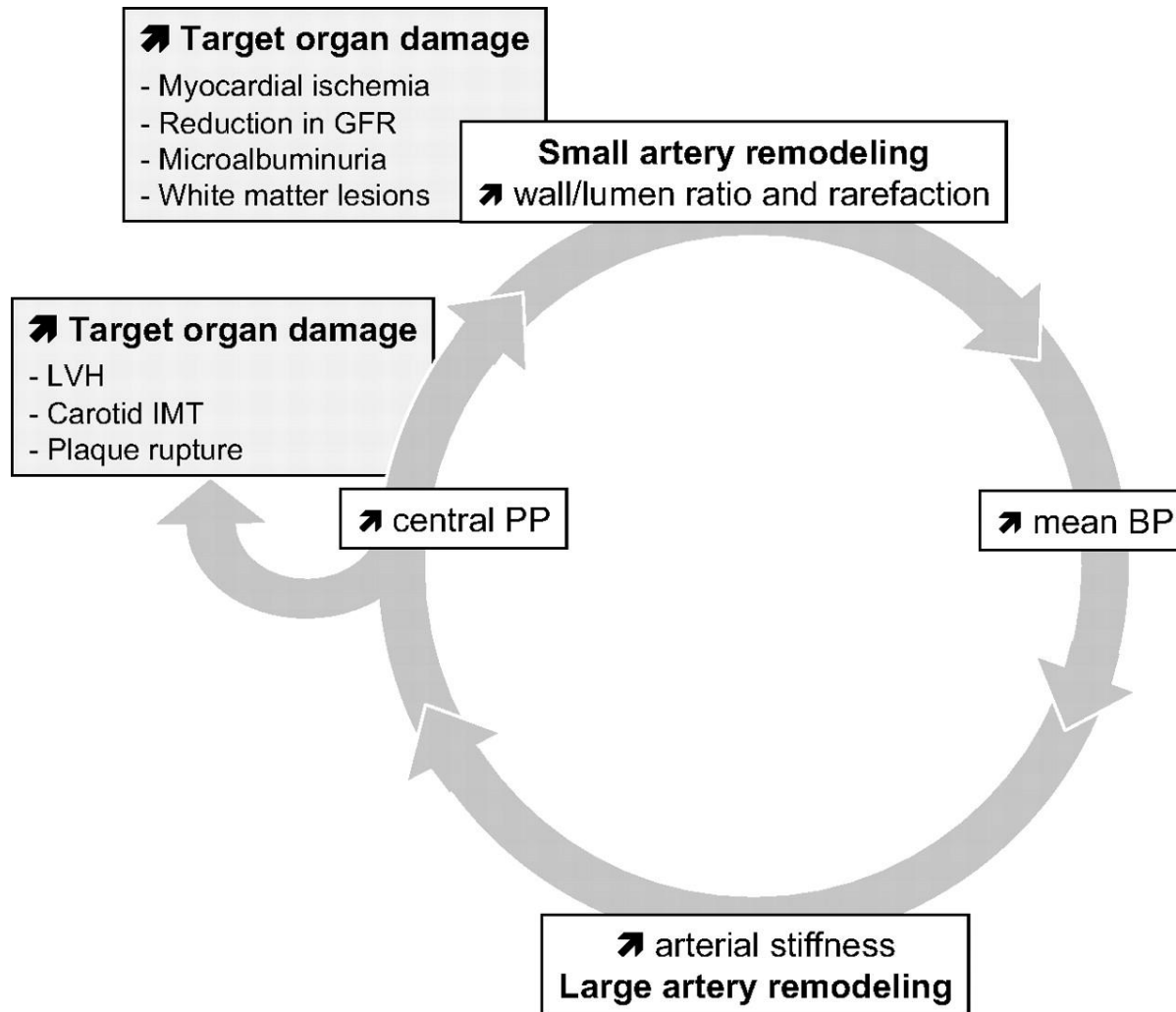
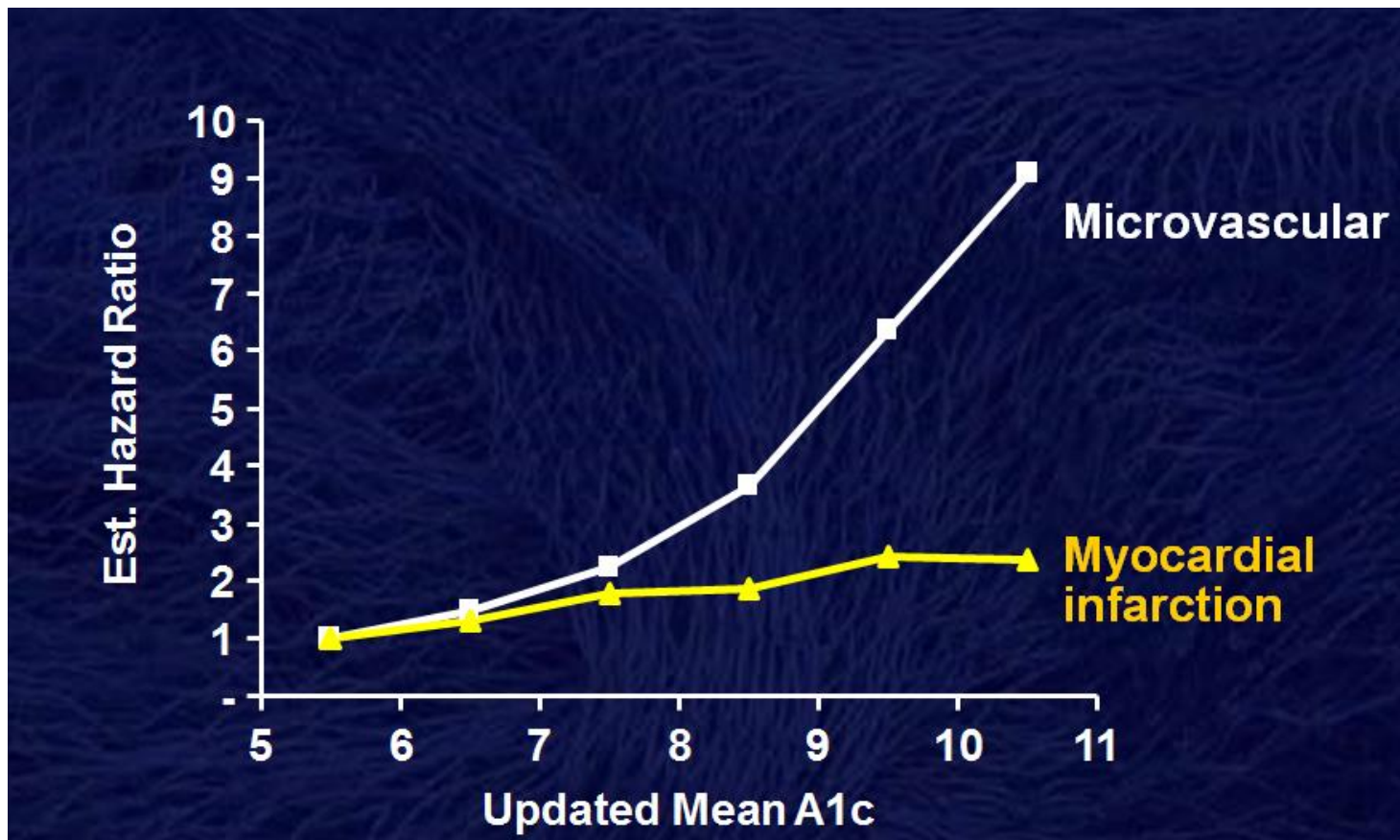


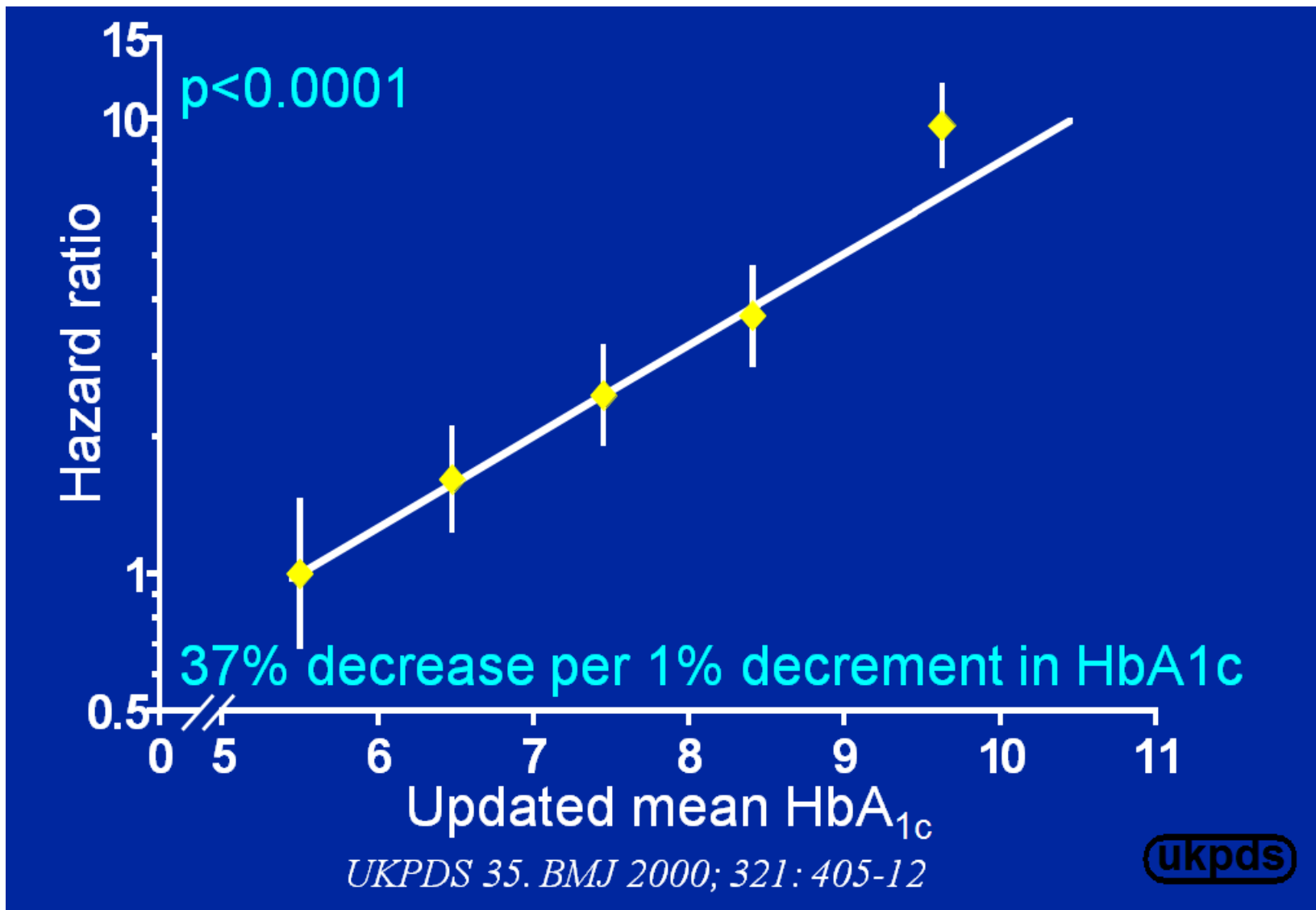
Figure 1. Large/small artery cross-talk: a vicious circle of aggravation between microcirculation and macrocirculation in hypertensives.



UKPDS: A1c as Predictor of Micro- and Macrovascular Disease



Microvascular Endpoints



Glucose Control and microvascular complication

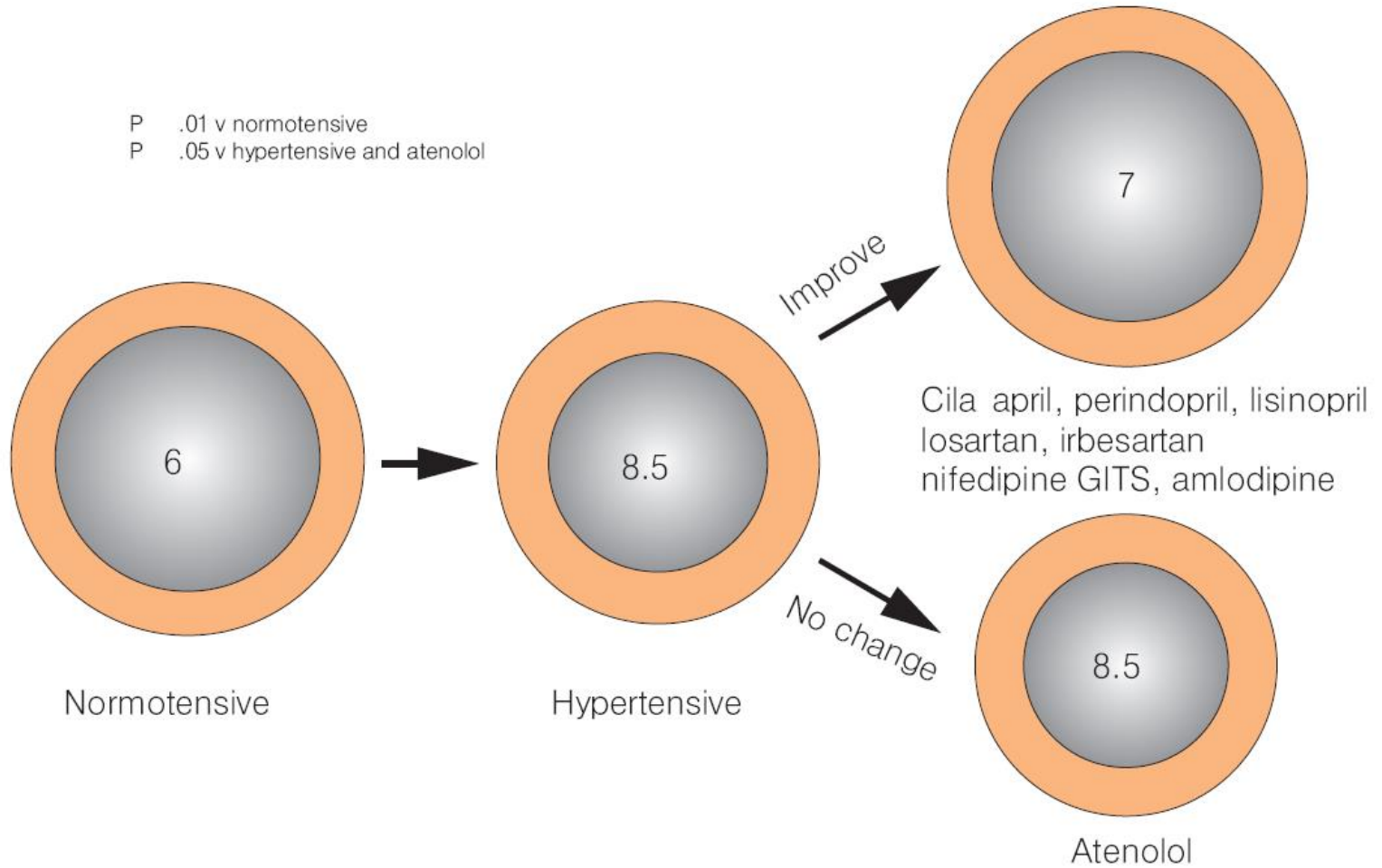
The intensive glucose control policy maintained a lower over a median follow up of 10 years from diagnosis of type 2 diabetes with reduction in risk of:

12%	for any diabetes related endpoint	p=0.029
25%	for microvascular endpoints	p=0.0099
21%	for retinopathy at twelve years	p=0.015
33%	for albuminuria at twelve years	p=0.000054

소혈관 재형성에 고혈압 약제

P .01 v normotensive
P .05 v hypertensive and atenolol

Media-lumen ratio



What we can see is only 5% of the total artery tree.



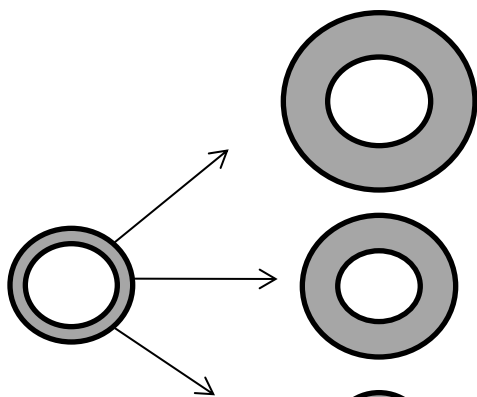
Courtesy of Dr. Gibson



감사합니다

Normal

hypertensive



Hypertrophic
Outward remodeling
(no change in passive lumen diameter)

Hypertrophic
inward remodeling
(reduced passive lumen diameter)

Eutrophic
inward remodeling
(reduced passive lumen diameter)

Vessel type

Conduit arteries

Resistance vessels
(small arteries, arterioles)

