# Clinical Diagnosis of Atherosclerosis Quantitative Methods of Evaluation

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## Clinical Diagnosis of Atherosclerosis

Quantitative Methods of Evaluation

Edited by

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With 103 Figures





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#### Preface President to stand the control of the property of the opportunity to discover and trace the evolution of lesions by these

This volume is the product of a February 1982 conference. cosponsored by the American Heart Association, the National Institutes of Health, and the Bowman Gray School of Medicine. which examined techniques for delineating quantitatively the natural history of atherosclerosis. Against the background of current pathologic and clinical knowledge of atherosclerosis, invasive and noninvasive evaluative methods now in use and under development are surveyed in depth. It shows a velocities

Correlative clinicopathologic studies of atherosclerosis pose special questions with respect to both luminal and plaque characteristics that are addressed in this volume. An old observation, based on the examination of arterial casts, suggested that the so-called nodose lesion of atherosclerosis may be at first flattened into the wall of a weakened, dilated artery, rather than raised into the lumen. This is now fully confirmed in vivo by ultrasonic and other imaging techniques. The morbid anatomist is challenged anew to describe lesions as they are likely to occur in vivo. To achieve closer correlation with natural conditions, perfusion fixation of arteries under arterial pressure is becoming more widely used and has already demonstrated more valid quantitation of the composition and configuration of lesions.

While the noninvasive methods of B-mode and Doppler ultrasound are suitable only for the clinical study of superficial arteries, such as the carotid or femoral, the new and relatively noninvasive procedure of intravenous digital subtraction angiography can be effectively used for the examination of deep systems, such as cerebral vessels. The application of nuclear magnetic resonance and positron emission tomography to the metabolic evaluation of lesions and to the assessment of blood flow is just beginning to unfold. Unlike noninvasive methods, the invasive technique of direct arterial angiography is usually employed after the appearance of symptoms, when the disease has reached an advanced stage at the site of involvement.

With such rapid strides in technology taking place, it is apparent that a revolution in the ability to measure the progression and regression of atherosclerotic lesions is at hand. Noninvasive approaches have the potential of achieving an economy of scale by sequentially following precisely located lesions in individuals on therapeutic regimens, thus obviating the need for large, enormously costly and complicated clinical trials. Moreover, the opportunity to discover and trace the evolution of lesions by these means in asymptomatic but high-risk populations will allow for early intervention. At the same time, this will underscore the often ignored fact that atherosclerosis is an insidious disease that progresses silently for years before becoming overtly manifest in

Its advanced stages.

The technology discussed herein may itself open new avenues for investigating the pathogenesis of atherosclerosis. Witness the remarkable demonstration by pulsed Doppler ultrasound of the whirlpool effect that disturbed blood flow produces in the carotid sinus, where atherosclerosis is so common. Witness the demonstration by B-mode ultrasound of the jerking arterial pulsations that rub together opposing lesions of the carotid artery, an area of high risk for the development of ulcerative plaques and mural thrombosis. Observations like these have added a new dimension to the study of thromboarterial disease.

The concluding chapters find an urgent need for pathologists and clinical investigators to develop acceptable reference standards for the measurement of lesions in vivo and ex vivo. Concepts of progression and regression of lesions must be carefully defined and made open ended to allow for multiple and additional methods of assessment by quantitative morphometry. This volume reflects the success of the conference, which did much to fulfill an initial challenge: "If by joint efforts image and tissue morphologists are to succeed in arriving at a reproducible means of quantitating lesions in the living subject, they must understand each other and know precisely what is and what is not being measured."

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