?1994-2016 China Academic Journal Electronic Publishing House. All rights reserved. http://www.cnki.net

疗效的PTCA病人中，2例血管病变为纤维增生性斑块或纤维钙化性狭窄者，PTCA均一次获得成功。另1例扩张处为钙化性斑块，扩张后发生急性血管闭塞，后经低压长时间扩张＋溶栓治疗后血管再通。因此对于PTCA的病变选择，以纤维增生或伴有少许钙化者为宜[4]。对于钙化严重或显著偏心形病变，应选择旋切、激光等其它介入性方法治疗[5]。

我们应用冠脉造影和超声两种方法对显著狭窄段以上血管的不同部位内径作了检测对比，结果两者的相关性良好。由于目前的导管均为侧向式，对前方的分辨能力差，因此当狭窄段细于导管而不能通过病变部位时，就不能对其进行观察。在我们的实践中，导管价格昂贵，图像的分辨还不完全令人满意。但它对冠脉造影有良好的互补作用，对血管病变的分析具有很大的潜力，它将成为心血管介入性治疗设备中不可缺少的一部份。

参考文献

1 Sheikh KH, Harrision JK, Handling MB et al. Detection of angiographically silent coronary atherosclerosis by intravascular ultrasound. Am Heart J, 1991; 121: 1803

2 Nishimura RA, Reeder GS. Intravascular ultrasound. Research technique or clinical tool? Circulation, 1992; 86: 322

3 Tobis J, Mallery J, Griffith J et al. Intravascular ultrasound cdossectional arterial imaging before and after balloon angioplasty in vitro. Circulation, 1989; 80: 873

4 Ellis SG, Gallison L, Grines CL et al. Incidence and predictor of early recurrent ischemia after successful PTCA for AMI. Am J Cardiol, 1989; 63: 263

5 Yock PG. Fitzgerald PG, Linker DT et al. Intravascular ultrasound as a guiding modality for mechanical atherectomy and laser ablation. Echocardiography, 1990; 7: 425

(收稿：1994-12-02；修回：1995-09-18)

Comparison of intravascular ultrasonography and coronary ateriography in coronary atherosclerotic lesions detection

Yao Yiqun, Zhu Shanjun, Tian Jun, Cui Jijun (Department of Cardiology, Xinqiao Hospital, Third Military Medical University, Chongqing, 630037)

Abstract Twelve cases of coronary heart disease were examined with intravascular ultrasonography and coronary angiography. Ten cases were found to have coronary narrowing, which was of eccentric pattern in 4 branches and no sclerotic narrowing was found in the left main branch of the coronary artery in all the cases with angiography. The nature of the atherosclerotic plaques could not be distinguished with angiography. Intravascular ultrasonography revealed sclerotic lesions in the main trunk of the left coronary artery. Nine lesions were of eccentric pattern and the surface of 5 lesions was rough or fissured. The diameter of 20 different positions of the artery measured with intravasculr ultrasonography was similar to that measured with angiography. There was a positive correlation between the 2 methods in the lumen diameter measurement ($r = 0.86$, $P < 0.01$). Intravascular ultrasonography during PTCA to remove the sclerotic plaque in 3 cases was done. The lesion was a fibrotic plaque and the removal was successful with one operation in 2 cases. In the third one, the lesion was a calcified plaque and acute occlusion of the artery occurred. It is believed that intravascular ultrasonography possesses excellent value for clinical application.

Key words ultrasonography, intravascular; angiography, coronary; percutaneous transluminal coronary angioplasty; atherosclerotic plaque

?1994-2016 China Academic Journal Electronic Publishing House. All rights reserved. http://www.cnki.net