



Discordancia entre la reserva fraccional de flujo y el índice no hiperémico con guía de presión de sensor óptico.

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Analítica

Introduction and objectives: Functional assessment of coronary stenosis severity with the piezo-electric sensor pressure wire has shown a discrepancy of up to 20% between hyperemic and nonhyperemic indexes. No data are available with fiber-optic pressure wires. The aim of this study was to evaluate the incidence and factors related to the diagnostic discordance between these indexes with a fiber-optic pressure wire. Secondary aims were to assess diagnostic reproducibility in 2 consecutive measurements of fractional flow reserve (FFR) and diastolic pressure ratio (dPR) and evaluate the drift rate. **Methods:** We conducted a prospective, observational multicenter study in patients undergoing functional assessment with a fiber-optic pressure wire. We took 2 consecutive measurements of the dPR (cutoff point 0.89) and FFR (cut-off point 0.80) in each lesion analyzed. The diagnostic correlation between 2 measurements with the same technique and between the 2 techniques (dPR and FFR) was assessed. Clinical and angiographic factors associated with discordance (FFR+/dPR+ and FFR+/dPR+ discordance) between the 2 techniques were analyzed. **Results:** We included 428 cases of stenosis (361 patients). Diagnostic reproducibility was 95.8% for the dPR, with a correlation coefficient between the 2 measurements (dPR1 and dPR2) of 0.974 ($P < .0001$). For FFR, the diagnostic reproducibility was 94.9% with a correlation coefficient (FFR1 and FFR2) of 0.942 ($P < .0001$). The diagnostic discordance was 18.2% (FFR+/dPR+ discordance; 8.2% and FFR+/dPR+ discordance 10%). Among the variables analyzed, the factors significantly associated with FFR+/dPR+ discordance in the multivariate analysis were hypertension and intracoronary adenosine. The only factors significantly associated with FFR+/dPR+ discordance were age < 75 years and stenosis $> 60\%$. The drift rate was 5.7%. **Conclusions:** Although FFR and dPR measurements with a fiber-optic pressure wire have excellent reproducibility and a low drift rate, the discordance rate remains similar.

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The diagnostic correlation between 2 measurements with the same technique and between the 2 techniques (dPR and FFR) was assessed. Clinical and angiographic factors associated with discordance (FFR+/dPR+ and FFR-/dPR-) between the 2 techniques were analyzed. Results: We included 428 cases of stenosis (361 patients). Diagnostic reproducibility was 95.8% for the dPR, with a correlation coefficient between the 2 measurements (dPR1 and dPR2) of 0.974 ($P < .0001$). For FFR, the diagnostic reproducibility was 94.9% with a correlation coefficient (FFR1 and FFR2) of 0.942 ($P < .0001$). The diagnostic discordance was 18.2% (FFR+/dPR- 8.2% and FFR-/dPR+ 10%). Among the variables analyzed, the factors significantly associated with FFR+/dPR- discordance in the multivariate analysis were hypertension and intracoronary adenosine. The only factors significantly associated with FFR-/dPR+ discordance were age < 75 years and stenosis $> 60\%$. The drift rate was 5.7%. Conclusions: Although FFR and dPR measurements with a fiber-optic pressure wire have excellent reproducibility and a low drift rate, the discordance rate remains similar

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