



## P87 Ultra–high Frequency Ultrasound Assessment in Vascular Ehlers Danlos Syndrome: a Validation and Reproducibility Study

Rosa Maria Bruno<sup>1,2</sup>, Magdalini Alexopoulou<sup>1</sup>, Hakim Khettab<sup>3</sup>, Xavier Jeunemaitre<sup>3</sup>, Pierre Boutouyrie<sup>3</sup>

<sup>1</sup>University of Pisa, Pisa, Italy <sup>2</sup>INSERM U970, Equipe 7, Paris, France <sup>3</sup>APHP, Hôpital Européen Georges Pompidou, Paris, France

## ABSTRACT

**Background:** In patients with Vascular Ehlers-Danlos syndrome (vEDS), an abnormally low carotid intima-media thickness (CIMT) may increase the risk of arterial dissection and rupture. Thus its accurate assessment by ultra-high frequency ultrasound (UHFUS), thanks to its higher spatial resolution, may be clinically relevant.

**Aim:** To assess the feasibility and reproducibility of carotid parameters, assessed by UHFUS in vESD patients, and to evaluate the agreement with the gold standard technique, echotracking by radiofrequency.

**Methods:** 16 vEDS patients were recruited (6 women,  $40 \pm 11$  years, BP  $115 \pm 6/62 \pm 6$  mmHg). Common carotid parameters were assessed by echotracking (Esaote, Artlab software) and UHFUS (VevoMD, Visualsonics; CVSuite software, Quipu srl), to evaluate agreement. The coefficient of variation between two consecutive clips was computed. The results were compared to those of 16 age-, sex- and BP-matched healthy individuals.

**Results:** In all 16 patients the acquisition and automated analysis of carotid clips was feasible. Correlation between echotracking and UHFUS was satisfactory (diameter r = 0.63, p = 0.001; CIMT r = 0.65, p = 0.006; distension r = 0.84, p < 0.001). Bland-Altman plots showed a good agreement between the two techniques, with a non significant bias either for diameter [110 µm (-184; 404)] or CIMT [27 µm (-10; 75)]. Intra-operator coefficient of variation was 3.26% (diameter), 7.11% (CIMT) and 5.65% (distension). vEDS patients had reduced CIMT (419 ± 85 vs 522 ± 97 µm, p = 0.004) and distension (453 ± 150 vs 613 ± 176 µm, p = 0.01) than controls and tended to have a reduced diameter (6558 ± 525 vs 6945 ± 653 µm, p = 0.08), while carotid-femoral pulse wave velocity was similar (7.38 ± 1.08 vs 7.46 ± 1.396 m/s, p = 0.78).

Conclusion: UHFUS is feasible, accurate and reproducible for the evaluation of carotid parameters in vEDS.

© 2019 Association for Research into Arterial Structure and Physiology. Publishing services by Atlantis Press International B.V. This is an open access article distributed under the CC BY-NC 4.0 license (http://creativecommons.org/licenses/by-nc/4.0/).