

Microbubble Dynamics Visualized in the Intact Capillary Circulation

STEVEN B. FEINSTEIN, MD, PRAVIN M. SHAH, MD, FACC, RICHARD J. BING, MD, FACC,
SAMUEL MEERBAUM, PhD, FACC, ELIOT CORDAY, MD, FACC, BING-LO CHANG, MD,
GREGORY SANTILLAN, PhD, YOZO FUJIBAYASHI, MD

Los Angeles, California

The potential for the use of contrast echocardiography to study myocardial perfusion has generated efforts to develop standardized echo contrast agents. The two methods used in this laboratory to generate microbubbles in solutions serving as contrast agents included the widely used hand-agitation method and the newer ultrasonic microcavitation (sonication) method. The latter has been demonstrated to generate smaller and more uniform microbubbles in an *in vitro* system.

The present study was designed to observe, by direct

microscopic examination of a cat mesentery preparation, the behavior and fate of the microbubbles in an *in vivo* system. The *in vivo* mesentery observations confirm the critical role of microbubble size in its unhindered passage through the capillary vasculature. The smaller and more uniform sonicated microbubbles passed rapidly through the microcirculation along with the red blood cells, whereas the larger microbubbles were observed to coalesce and interrupt the flow of blood and subsequently collapse or shrink.

Existing techniques for two-dimensional contrast echocardiographic imaging of myocardial tissue (1-5), chambers (6), shunts (7) and valvular abnormalities (8) rely on the introduction of contrast agent solutions containing microbubbles of air, which alter the acoustic impedance and produce differential echo enhancement. Kremkau et al. (9) and Meltzer et al. (10) have shown that the source of the echo contrast effect is gaseous microbubbles. Initial studies used hand-agitation techniques to generate the microbubbles in various solutions. However, the hand-agitated microbubbles were subject to significant variability in size and stability (11), thus limiting their reliability in quantitative echo contrast studies.

To minimize the variability, we have used ultrasonic cavitation (sonication) to generate small, relatively uniform and more stable microbubbles. This new method of pro-

ducing microbubbles has been applied during *in vitro* screening studies of echo contrast agents (12).

The present study was designed to observe, within a living system, the comparative behavior of hand-agitated and sonicated contrast agent solutions containing microbubbles of different sizes. The cat mesentery preparation was used as the *in vivo* model, because prior investigations (13) of the microcirculation have also used the cat model. The present observations confirm our earlier postulate, based on *in vitro* studies, that the smaller and more uniform microbubbles resulting from sonication are capable of transcapillary passage.

Methods

The mesentery preparation and methods used in this study were similar to those used in an earlier study (14) and will be described briefly.

Intravital microscope. The intravital microscope apparatus consisted of the animal stage, microscope, xenon light source, both cine and videotape recording capabilities, TV monitor and camera. The telescopic microscope was equipped with 10× (UM10), 32× (UMK32) and 50× (UMK50) objectives with a long working distance (Leitz). Twenty percent of the beam was directed into a low light level TV monitor that was connected to a video recorder, and 80% was directed into a cine camera. A 16 mm Milliken camera (DBM 54, Teledyne Camera System) synchronized

From the Huntington Medical Research Institutes, Pasadena, California, and the Division of Cardiology, Department of Medicine, Cedars-Sinai Medical Center, the University of California at Los Angeles School of Medicine and the Wadsworth Veterans Administration Medical Center, Los Angeles, California. This work was supported in part by the Council for Tobacco Research USA, New York, New York; the American Heart Association, Greater Los Angeles Affiliate Investigative Group Award 5871G6; the Margaret and Herbert Hoover, Jr. Foundation; the Medallion Group of Cedars-Sinai Medical Center; the W.M. Keck Foundation and Eliot Corday Research Foundation, Los Angeles, California.

Address for reprints: Steven B. Feinstein, MD, Department of Cardiology 691/111E, Wadsworth Veterans Administration Medical Center, Sawtelle and Wilshire Boulevard, Los Angeles, California 90073