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BIARRITZ 5-6 ET 7 JUIN 2013

APPAC

ACTUALISATIONS ET PERSPECTIVES
EN PATHOLOGIE CARDIOVASCULAIRE



CAS CLINIQUE: TROUBLES DE CONDUCTION POST ANGIOPLASTIE CORONAIRE

F.FUNCK

**CH R DUBOS -
PONTOISE**



aucun conflit d'intérêt sur cette présentation

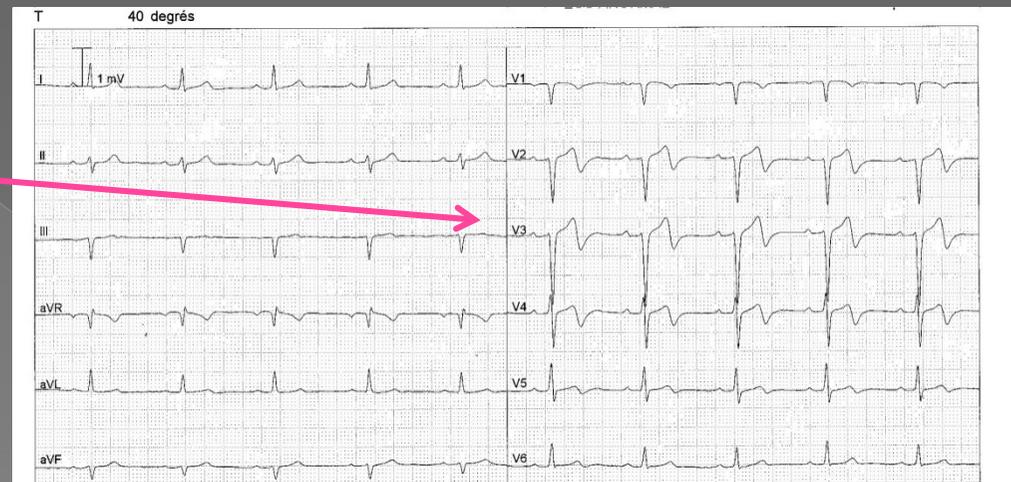


« Les erreurs les plus courtes sont
toujours les meilleures »

extrait du Livre de la sagesse

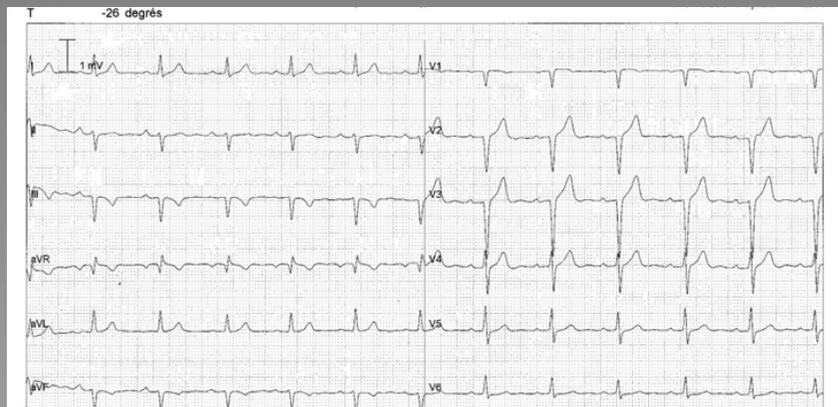
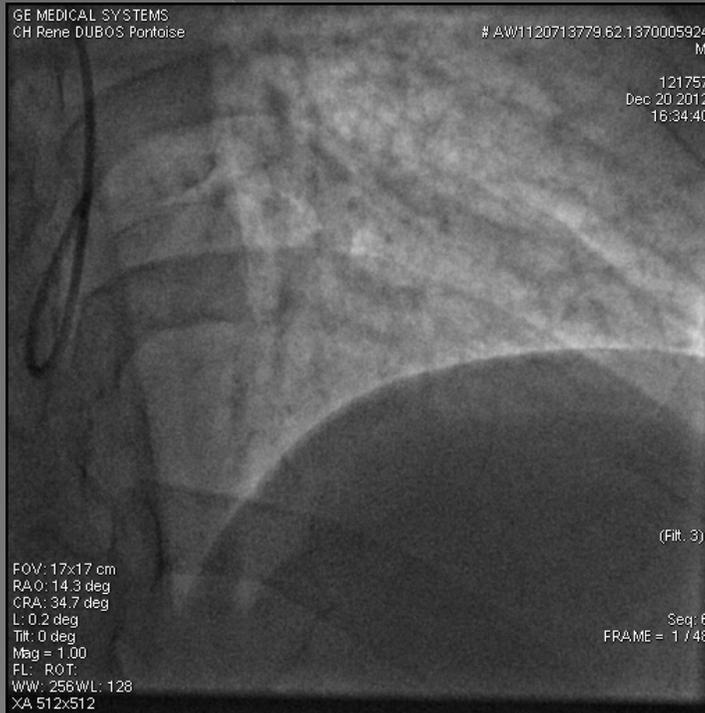
CONTEXTE CLINIQUE

- HOMME 60 ANS
DIABETIQUE
- DYSLIPIDEMIE
- ANGOR CRESCENDO
- AVEC ECG MODIFIE
- SALVE DE TVNSO
- TROPONINE 19

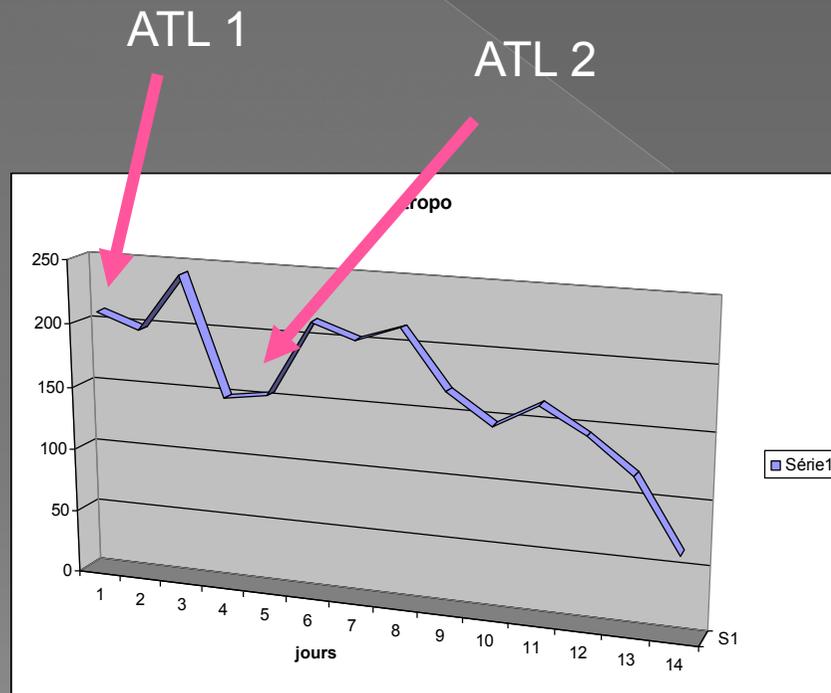


- ...coronarographie
- Bitronculaire
 - > IVA
 - > CD 2-IVP

ANGIOPLASTIE IVA 2



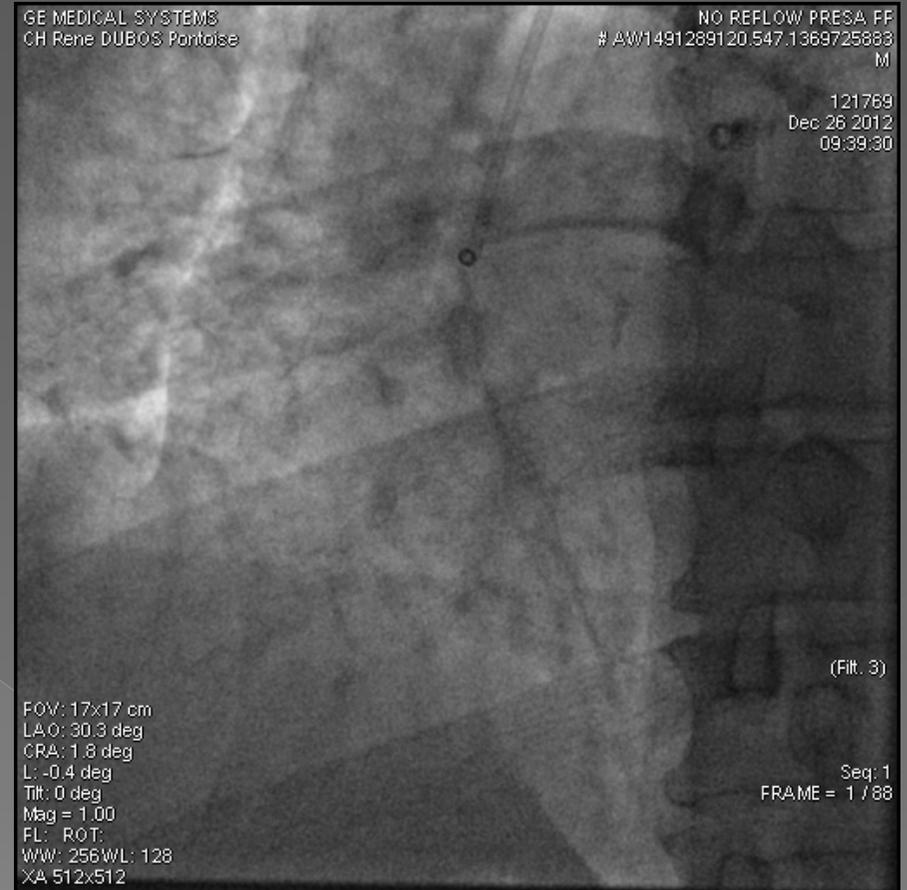
EVOLUTION ENZYMATIQUE



- RECIDIVE DOULOUREUSE A J4 AVANT SORTIE ET A J5
- PAS DE MODIF ECG
- TROPO
- CORONAROGRAPHIE : BON RESULTAT IVA

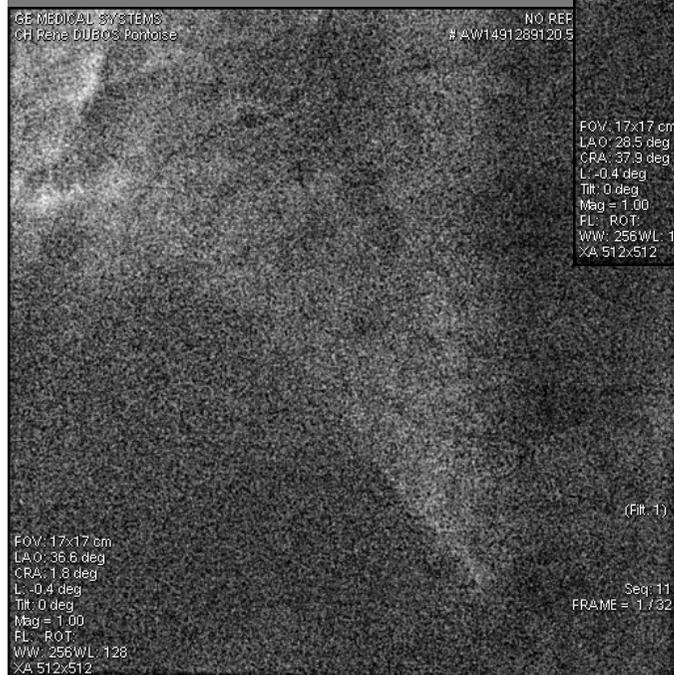
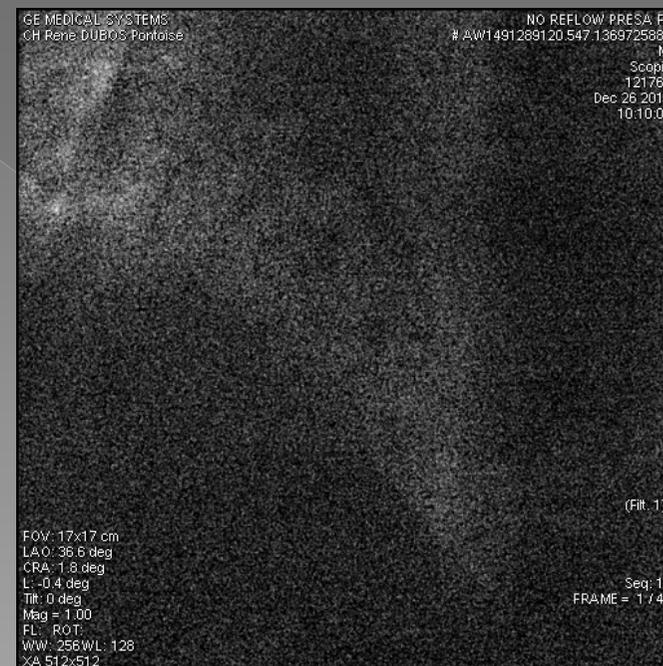
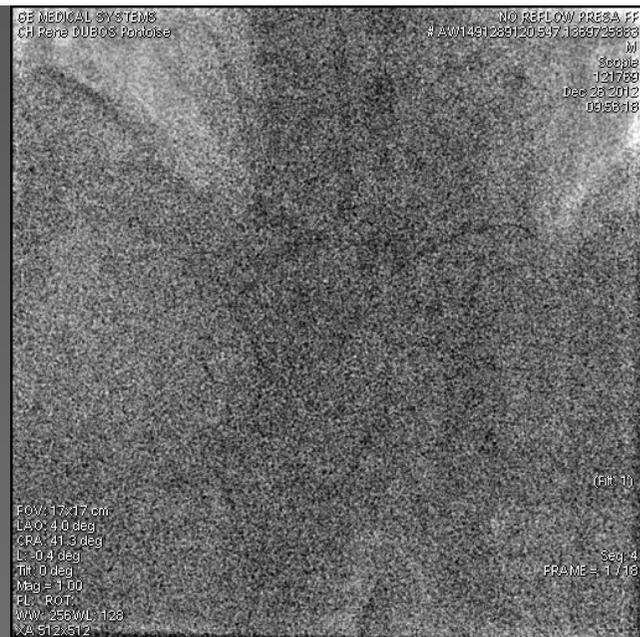


- DECISION ATL CD

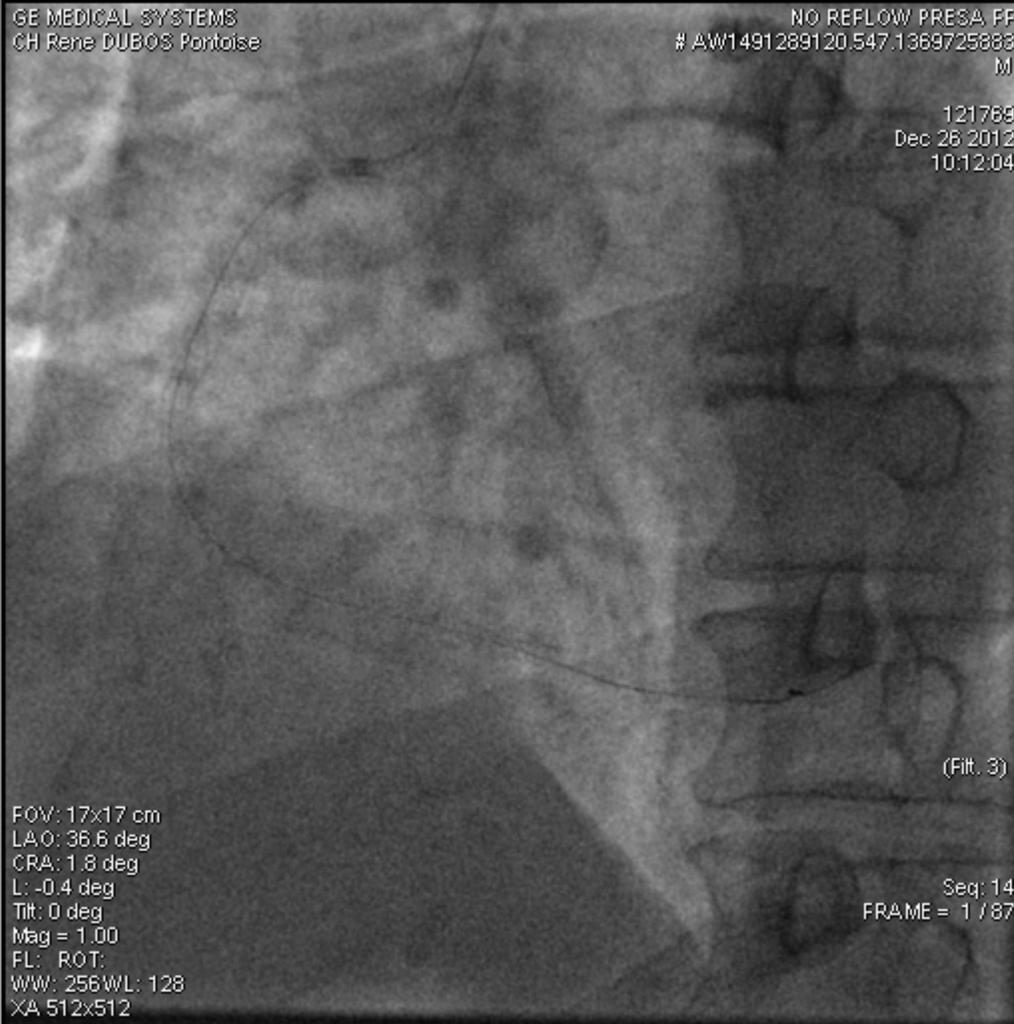


- Sténose hétérogène du segment II
- sténose de l' IVP

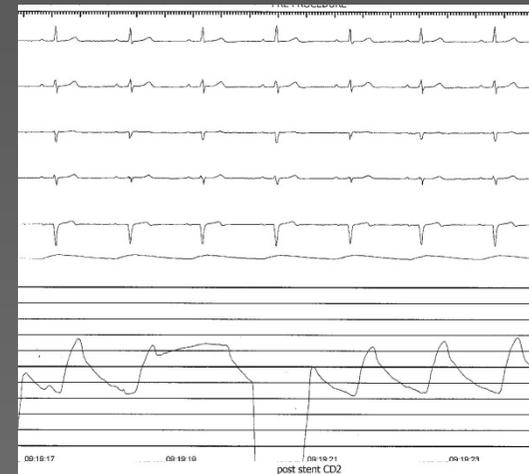
Procédure classique :
 2 guides /ballon IVP /
 ballon CD2 / stent IVP /
 inversion des guides /
 ouverture des mailles
 puis....



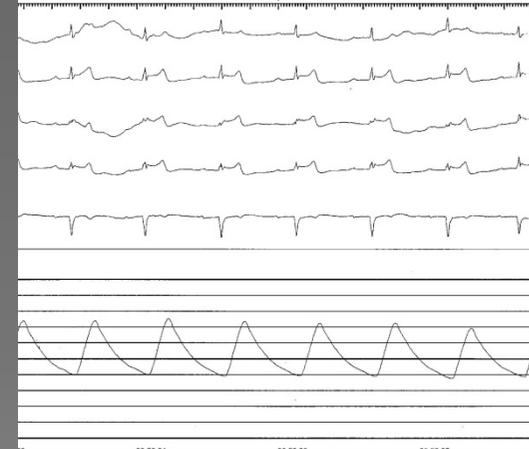
Résultat non prévu = slow flow



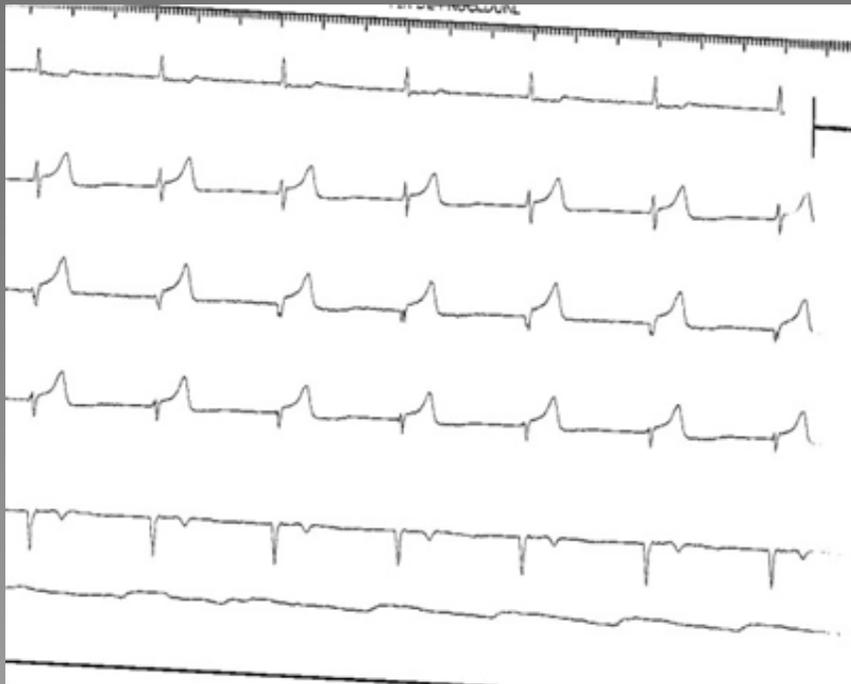
ECG
AVANT



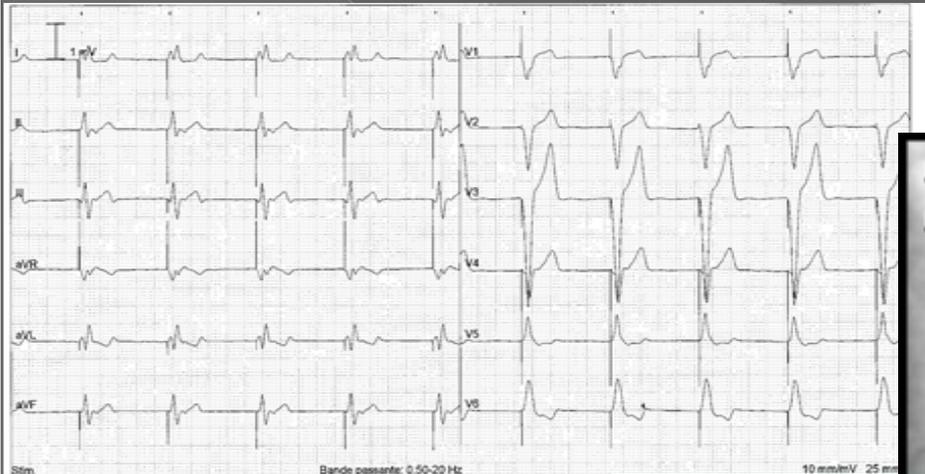
PENDANT



PROTOCOLE ADENOSINE ET NITRES INTRA CORONAIRE .EPHEDRINE REMPLISSAGE



PERSISTANCE RYTHME JUNCTIONNEL MAL TOLERE . CONTRÔLE ANGIO ET SEES

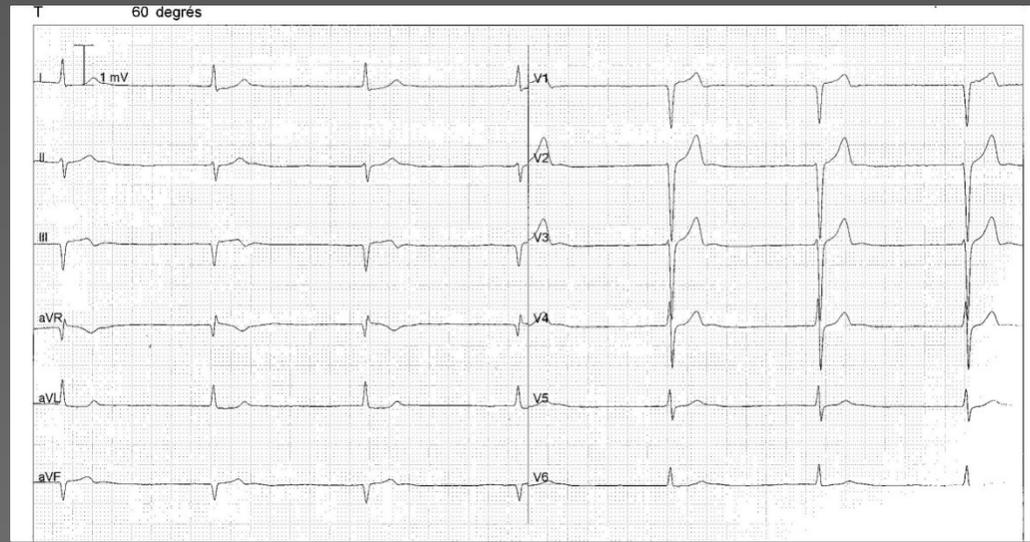


GE MEDICAL SYSTEMS
CH Rene DUBOS Pontoise

CONTRÔLE
FINAL

MISE EN USC
SURVEILLANCE

EVOLUTION



INCIDENCE

TABLE 1. INCIDENCE OF ANGIOGRAPHIC NO-REFLOW IN VARIOUS PCI SETTINGS

PCI Type	Incidence of No-Reflow
All PCI	0.6%–2% ^{7,104}
Primary PCI	8.8%–11.5% ^{1,7}
SVG PCI	8%–15% ^{68,105}
Rotational atherectomy	≤16% ^{75,76}

CLASSIFICATION

TABLE 2. SCHEMES TO DESCRIBE CORONARY AND MYOCARDIAL BLOOD FLOW DURING CORONARY ANGIOGRAPHY

TIMI Flow Grades¹⁷

- TIMI 0: No contrast flow beyond the site of occlusion (no perfusion)
- TIMI 1: Contrast flow beyond the site of occlusion but failing to opacify entire artery (penetration with minimal perfusion)
- TIMI 2: Contrast flow beyond the site of occlusion and opacification of the entire artery but at a rate slower than normal (partial reperfusion)
- TIMI 3: Normal flow, with opacification of the entire artery at a normal rate

cTFC¹⁹

- LAD: Normal TFC 36 ± 3
- Normal cTFC 21 ± 2
- LCx: Normal TFC 22 ± 4
- RCA: Normal TFC 20 ± 3

Normal flow: cTFC <20–22

- Distal landmarks: LAD, distal bifurcation; LCx, distal bifurcation of the branch segments with the longest total distance; RCA, first branch of the posterolateral artery

MBG¹⁸

- Blush 0: No appearance of blush or contrast density (also persistent staining of myocardium)
- Blush 1: Minimal myocardial blush or contrast density
- Blush 2: Moderate myocardial blush or contrast density
- Blush 3: Normal myocardial blush or contrast density

LCx, left circumflex artery; RCA, right coronary artery.

dial perfusion and have found clinical utility in identify-

PRONOSTIC

RECONNU FACTEUR PREDICTIF
INDEPENDANT
DECES
INFARCTUS
DYSFONCTION VG

- LA RECUPERATION D'UN FLOW NORMAL
EST ESSENTIELLE MAIS N ENLEVE PAS LA POSSIBILITE DE
COMPLICATIONS

MECANISMES

THROMBUS

EMBOLIE DISTALE DE
DEBRIS ATHEROMATEUX

VASOSPAM
MICROCIRCULATION

DYSFONCTION
ENDOTHELIALE

TRAITEMENT

PREVENTIF > CURATIF
NTG (SPASM)

ELIMINER DISSECTION CORONAIRE
INJECTION INTRA CORONAIRE ADENOSINE

SODIUM NITROPRUSSIDE

INHIBITEURS CALCIQUES VERAPAMIL

ANTI GP2b3A (PREVENTIF ++)

CPBIA

THROMBOASPIRATION

TROUBLES DE CONDUCTION

- CEUX DE
L'INFARCTUS
- PARALYSIE SINUSALE
- BAV TOUS DEGRES

MECANISMES COMPLEXES:
-ISCHEMIQUE
-EMBOLIE DISTALE
REACTION VAGALE

TRAITEMENT SYMPTOMATIQUE
REPLISSAGE / ATROPINE
SEES
INOTROPES
CPBIA

STIMULATION DEFINITIVE

- ◉ RECUPERATION RAPIDE ...OU PAS
- ◉ LES SEULES INDICATIONS DE PACE MAKER
 - > TROUBLES DE CONDUCTION
 - > SYMPTOMATIQUES
 - > PERSISTANT
 - > OU NECESSITE DE TRAITEMENT BRADYCARDISANT ASSOCIE

CONCLUSION

OBSERVATION RARE
ABSENCE DE PREVENTION
DUREE LIMITEE
MAIS COMPLICATIONS IMPORTANTES EN
INTENSITE ET EN DUREE
REGRESSIVES

