

Intérêt de l'utilisation du ballon actif au paclitaxel PANTERA-LUX® chez les patients à risque hémorragique



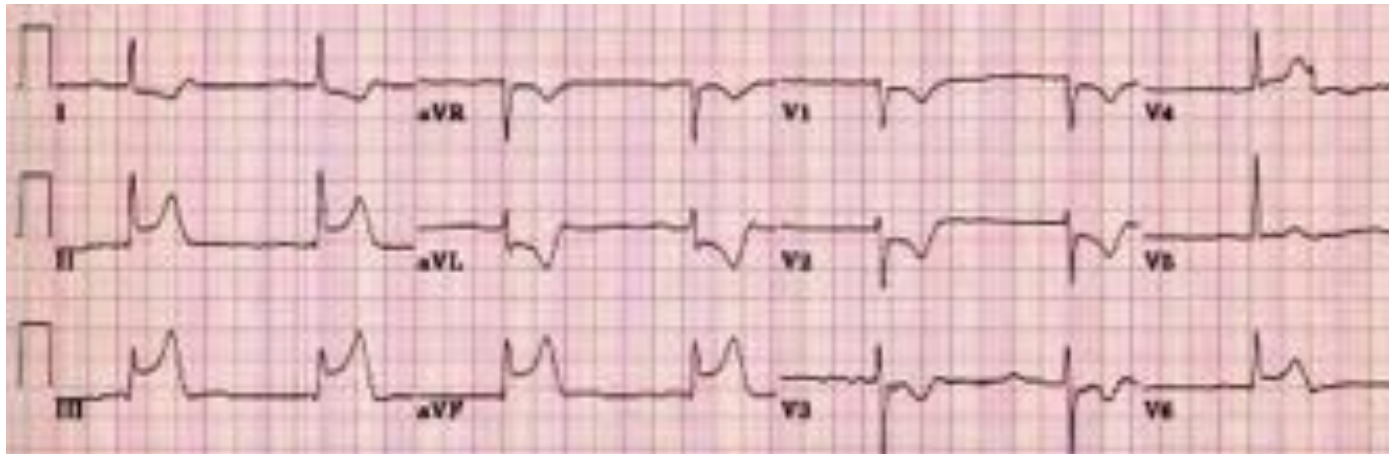
Dr Damien BROUCQSAULT – CH ARRAS

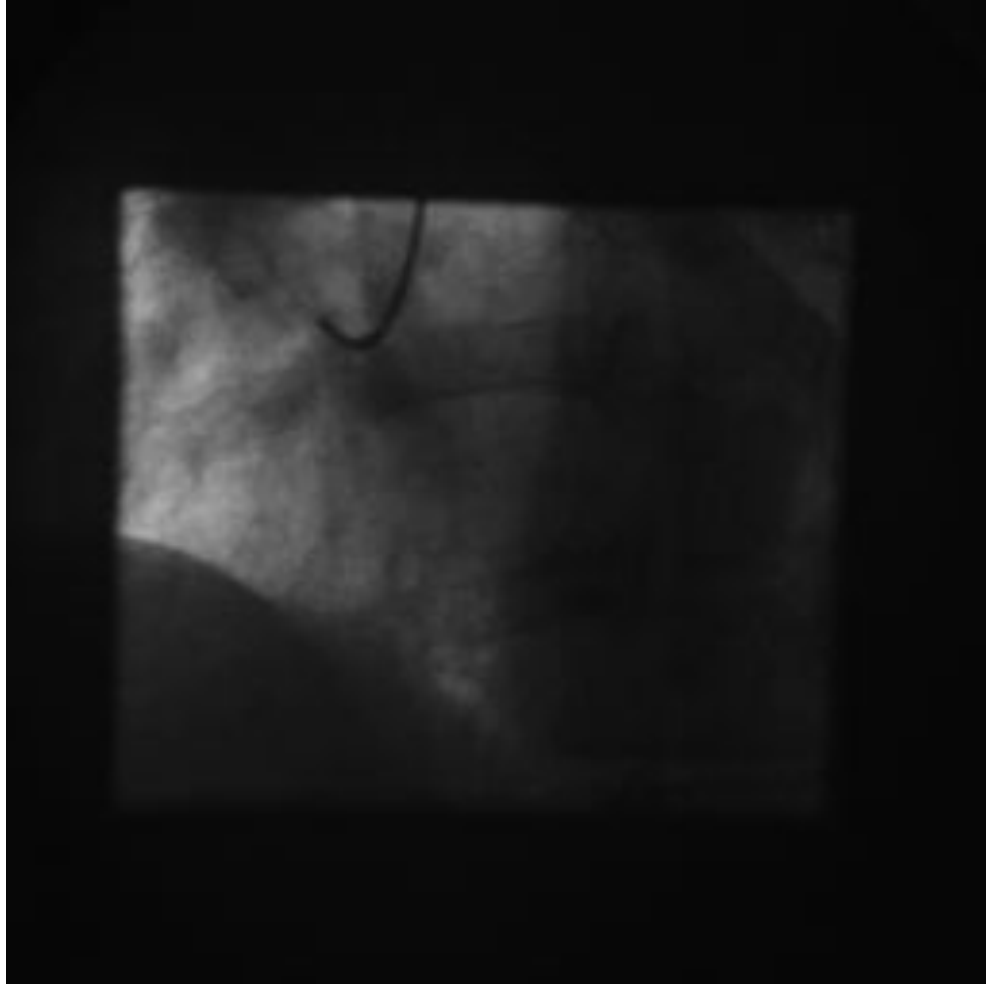
Conflits d'intérêts

- Médicaments : lilly, astra-zeneca, servier, ardix, bms, pfizer
- Matériel : boston, biotronik, medtronic, terumo, abbott

Cas clinique

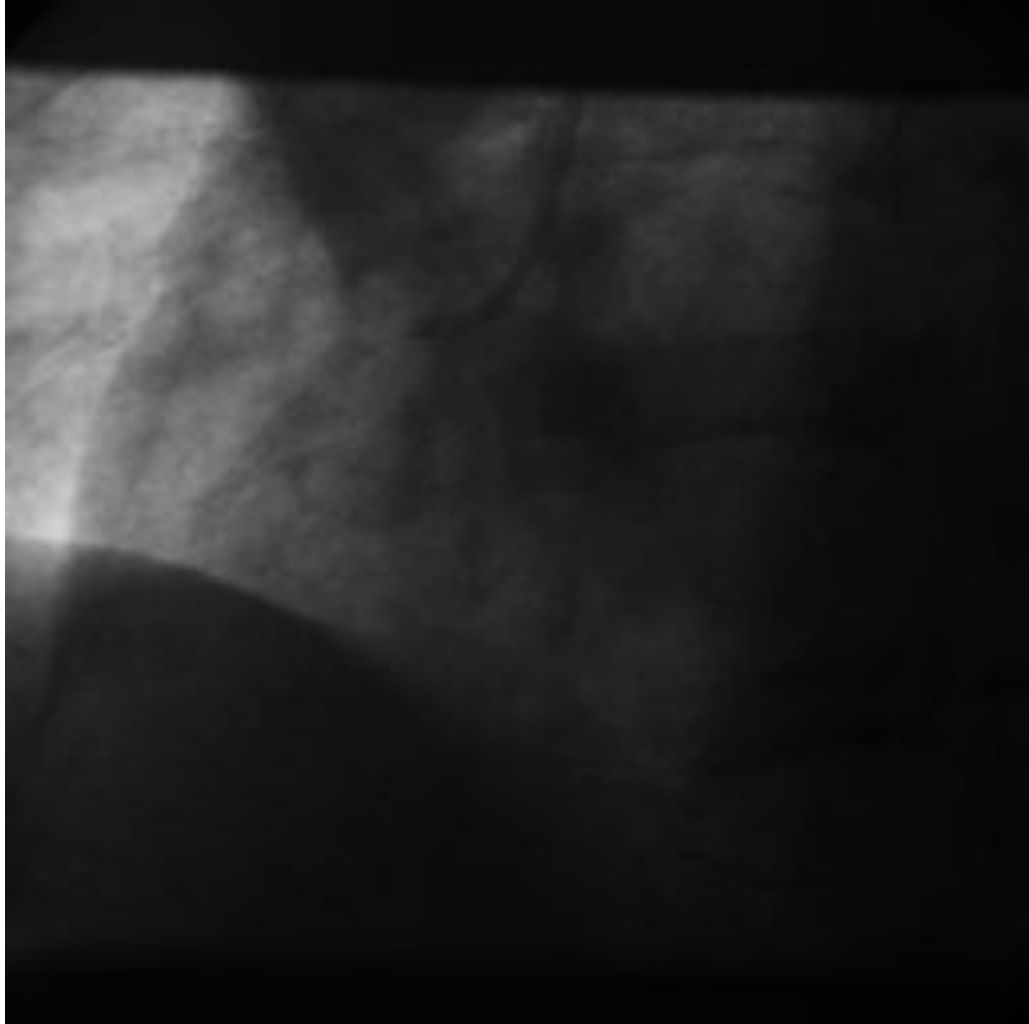
- M C., 55 ans
- Fumeur, HTA. Pas d'antécédents.
- 10/02/2009 :





Taxus 2.5 x 20





Mai 2010

- Fibrillation atriale paroxystique
- CHADS-VASc 2/9
- Mis sous AVK, arrêt des AAP

Juin 2011 : angor





EUROPEAN
SOCIETY OF
CARDIOLOGY®

European Heart Journal (2010) 31, 1311–1318
doi:10.1093/eurheartj/ehq117

REVIEW

Novel therapeutic concepts

Antithrombotic management of atrial fibrillation patients presenting with acute coronary syndrome and/or undergoing coronary stenting: executive summary—a Consensus Document of the European Society of Cardiology Working Group on Thrombosis, endorsed by the European Heart Rhythm Association (EHRA) and the European Association of Percutaneous Cardiovascular Interventions (EAPCI)

Gregory Y.H. Lip^{1*}, Kurt Huber², Felicita Andreotti³, Harald Arnesen⁴, Juhani K. Airaksinen⁵, Thomas Cuisset⁶, Paulus Kirchhof⁷, and Francisco Marín⁸

Haemorrhagic risk

Low or intermediate

High

Bleeding risk factors

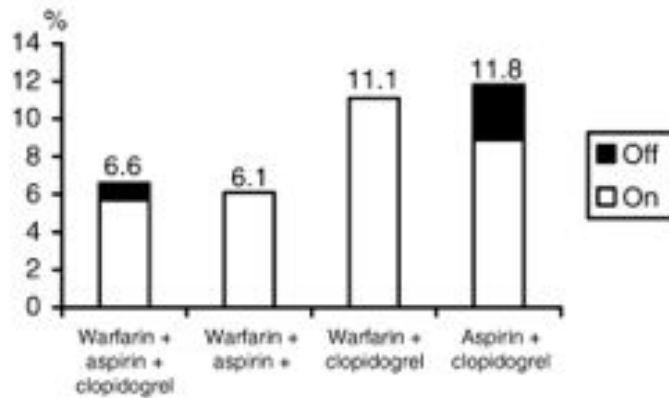
- Cerebrovascular disease
- Advanced age (>75 years)
- History of myocardial infarction or ischaemic heart disease
- Uncontrolled hypertension
- (Female gender)
- (Low body weight)
- Anaemia
- [Renal dysfunction (stage III–V)]
- History of bleeding
- Concomitant use of other antithrombotic substances such as anti-platelet agents

Haemorrhagic risk	Clinical setting	Stent implanted	Recommendations
Low or intermediate	Elective	Bare metal	1 month: triple therapy of warfarin (INR 2.0–2.5) + aspirin $\leq$ 100 mg/day + clopidogrel 75 mg/day Lifelong: warfarin (INR 2.0–3.0) alone
		Drug eluting	3 (-olimus group) to 6 (paclitaxel) months: triple therapy of warfarin (INR 2.0–2.5) + aspirin $\leq$ 100 mg/day + clopidogrel 75 mg/day Up to 12 months: combination of warfarin (INR 2.0–2.5) + clopidogrel 75 mg/day (or aspirin 100 mg/day) ^a Lifelong: warfarin (INR 2.0–3.0) alone
	ACS	Bare metal	6 months: triple therapy of warfarin (INR 2.0–2.5) + aspirin $\leq$ 100 mg/day + clopidogrel 75 mg/day Up to 12 months: combination of warfarin (INR 2.0–2.5) + clopidogrel 75 mg/day (or aspirin 100 mg/day) ^a Lifelong: warfarin (INR 2.0–3.0) alone
		Drug eluting	6 months: triple therapy of warfarin (INR 2.0–2.5) + aspirin $\leq$ 100 mg/day + clopidogrel 75 mg/day Up to 12 months: combination of warfarin (INR 2.0–2.5) + clopidogrel 75 mg/day (or aspirin 100 mg/day) ^a Lifelong: warfarin (INR 2.0–3.0) alone
High	Elective	Bare metal	4 weeks: triple therapy of warfarin (INR 2.0–2.5) + aspirin $\leq$ 100 mg/day + clopidogrel 75 mg/day Lifelong: warfarin (INR 2.0–3.0) alone
	ACS	Bare metal	4 weeks: triple therapy of warfarin (INR 2.0–2.5) + aspirin $\leq$ 100 mg/day + clopidogrel 75 mg/day Up to 12 months: combination of warfarin (INR 2.0–2.5) + clopidogrel 75 mg/day (or aspirin 100 mg/day); ^a Lifelong: warfarin (INR 2.0–3.0) alone

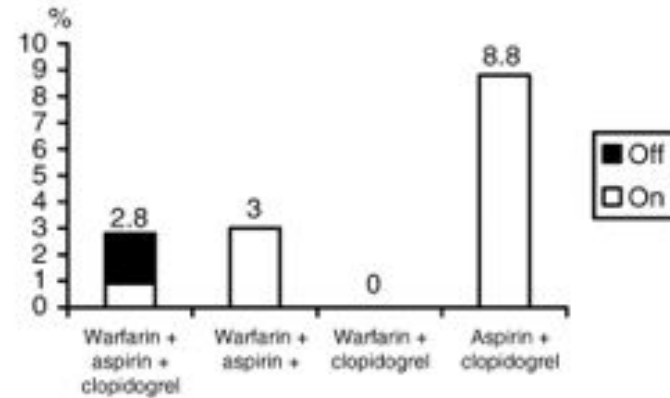
Eviter DES !!!!!

Complications during 12-month follow-up with various drug regimens adopted after stenting in warfarin group (prescribed drug combinations either On or Off at the time of the event).

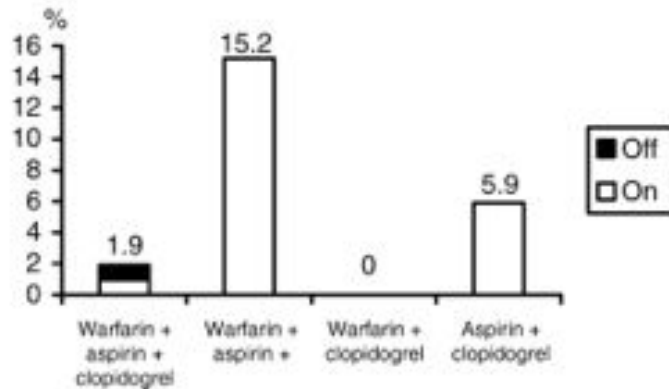
Major bleeding



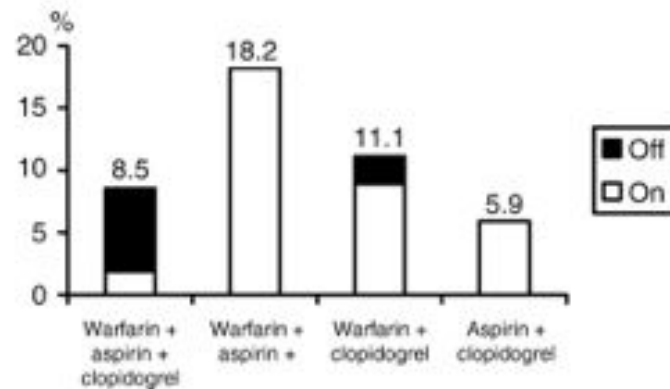
Stroke



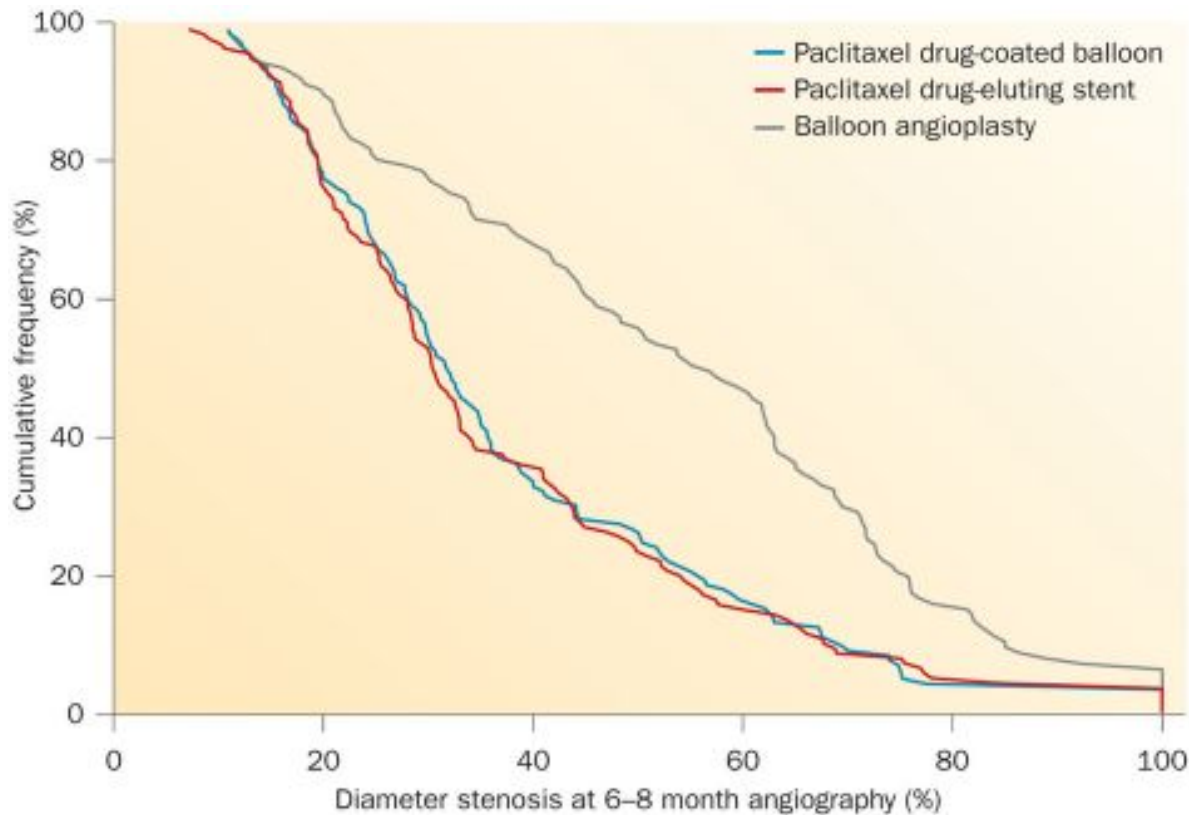
Stent thrombosis



MI



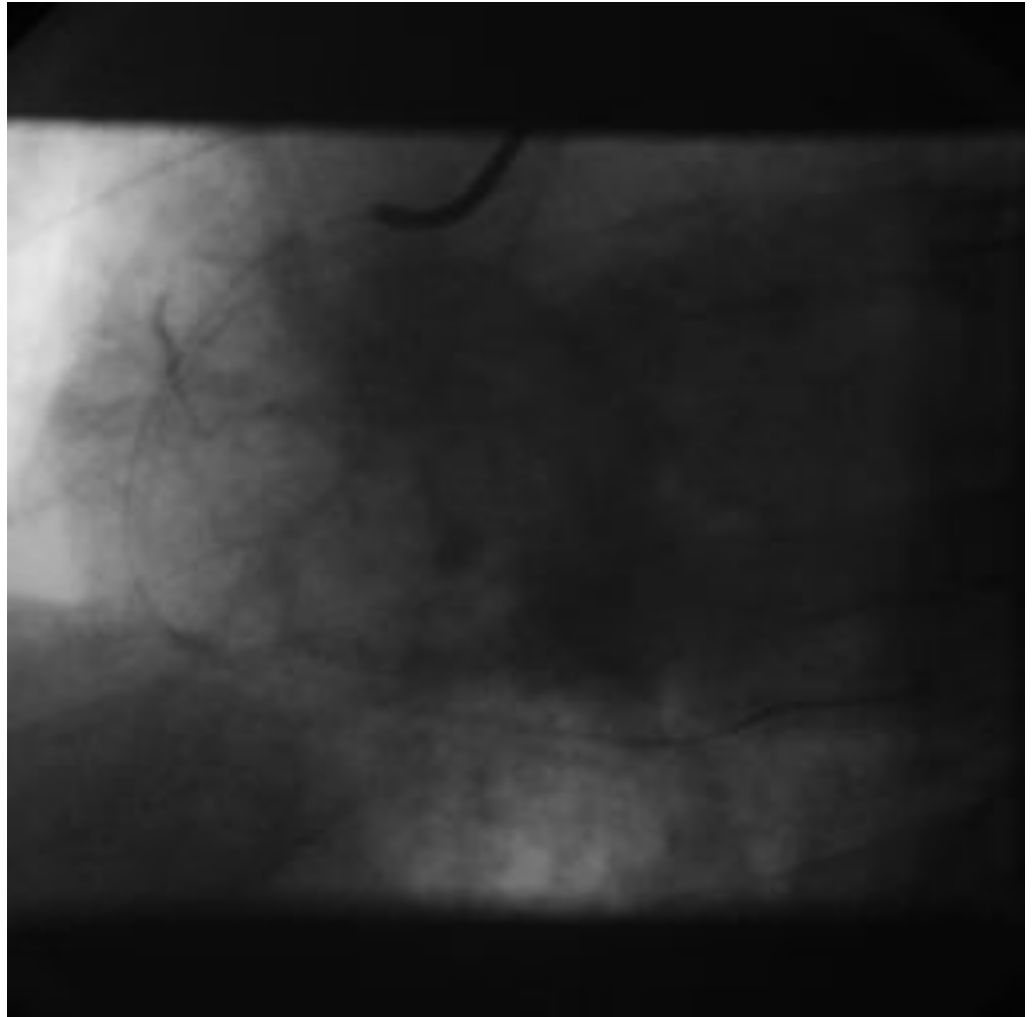
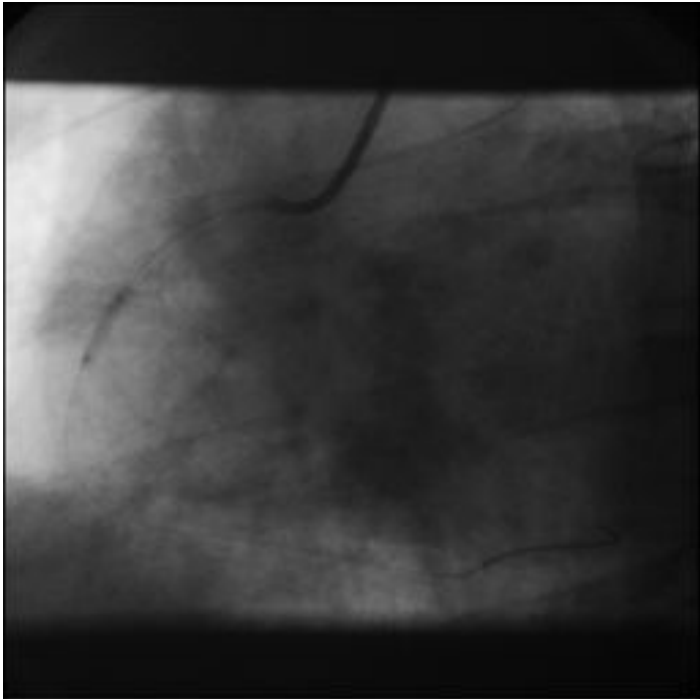
DEB dans la resténose DES : Pepper puis Isar-Desire 3



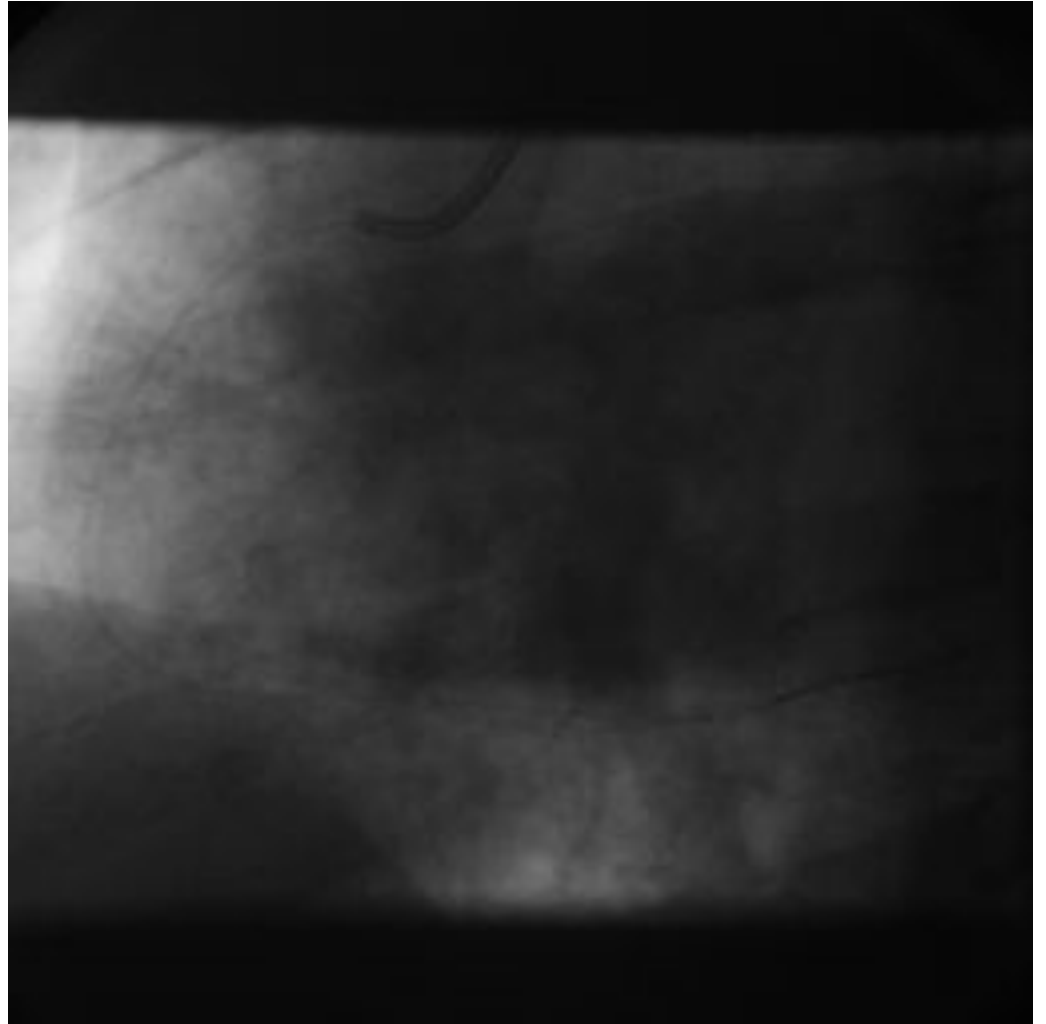
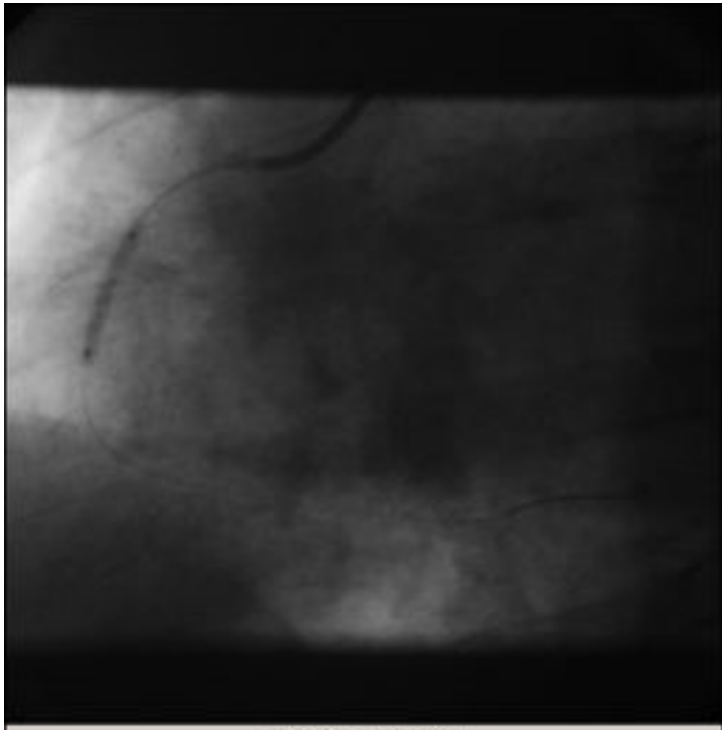
Et 1 mois de DAPT

1- obtenir un bon résultat angio

Ballon NC 2.5 x 12



2- DEB : déborder de chaque côté Pantera-Lux 2.5 x 20



Suites favorables

- 1 mois d'AAS + clopi + AVK
- Puis AVK seuls
- A 3 ans :
 - Toujours sous AVK
 - Asymptomatique
 - Epreuve d'effort négative

Conclusion

- Le DEB apporte une alternative qui semble efficace et sûre à l'angioplastie avec DES dans le traitement de la resténose, notamment chez les patients chez qui la DAPT doit être interrompue précocément (anti-coagulants, geste invasif, haut risque hémorragique, ...).

Questions

- Quid avec NACO?
- Nouveaux inhibiteurs du P2Y₁₂?
- Intérêt en première intention hors RIS, chez les patients à haut risque hémorragique?

PANELUX (en cours)



- Etude de faisabilité
- Lésion de novo, avec contre-indication au DES
- BMS (Prokinetic) + DEB (Pantera-Lux)
- A 12 mois :
 - MACE
 - Hémorragies