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CHG Haguenau

6 juin 2014

Cas clinique « Live in the box »

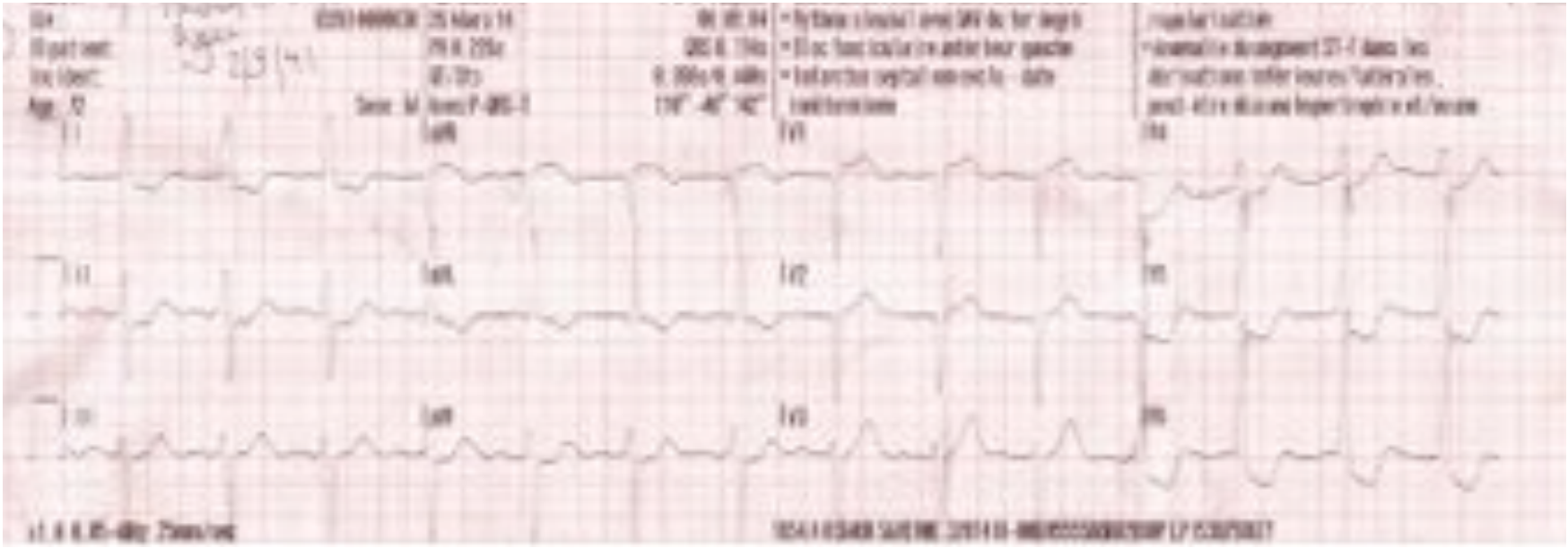
Cas clinique

- Homme 72 ans
- HTA, dyslipidémie
- FA paroxystique sous AVK
- Douleur thoracique
- SAMU

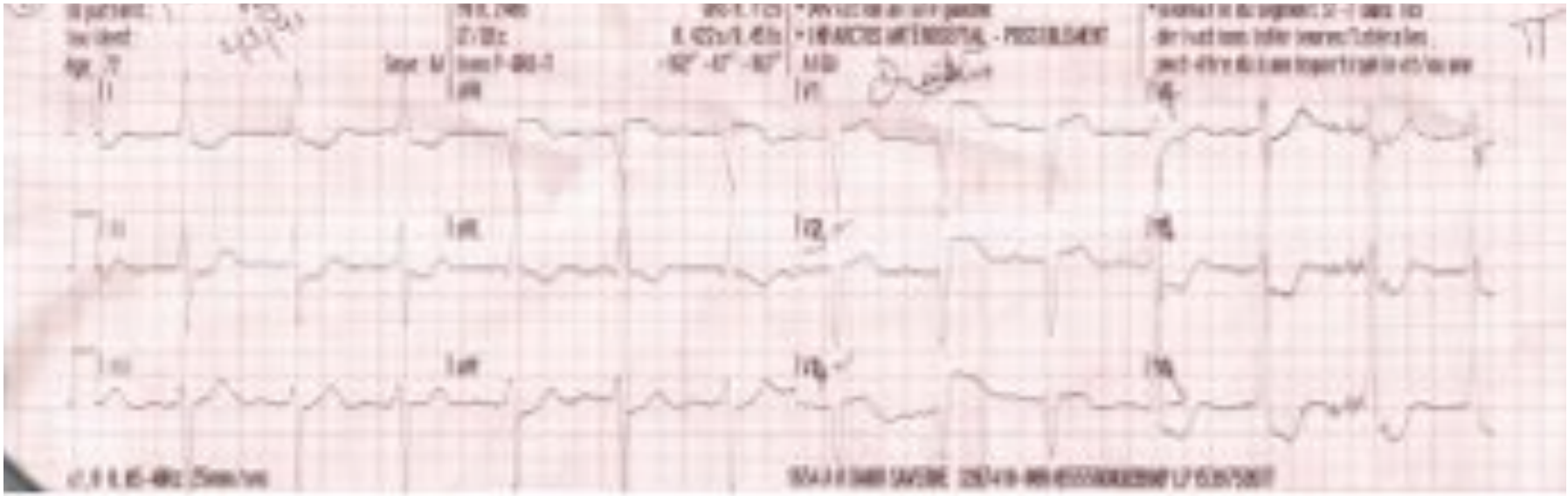
Examen clinique SAMU

Douleur rétrosternale constrictive irradiant dans les épaules +++
PA = 110/70 symétrique aux 2 bras
FC = 80 bpm
SpO2 = 89% en AA
Polypnée
Diminution globale du MV
Crépitants aux bases
Pouls périphériques perçus

ECG



ECG



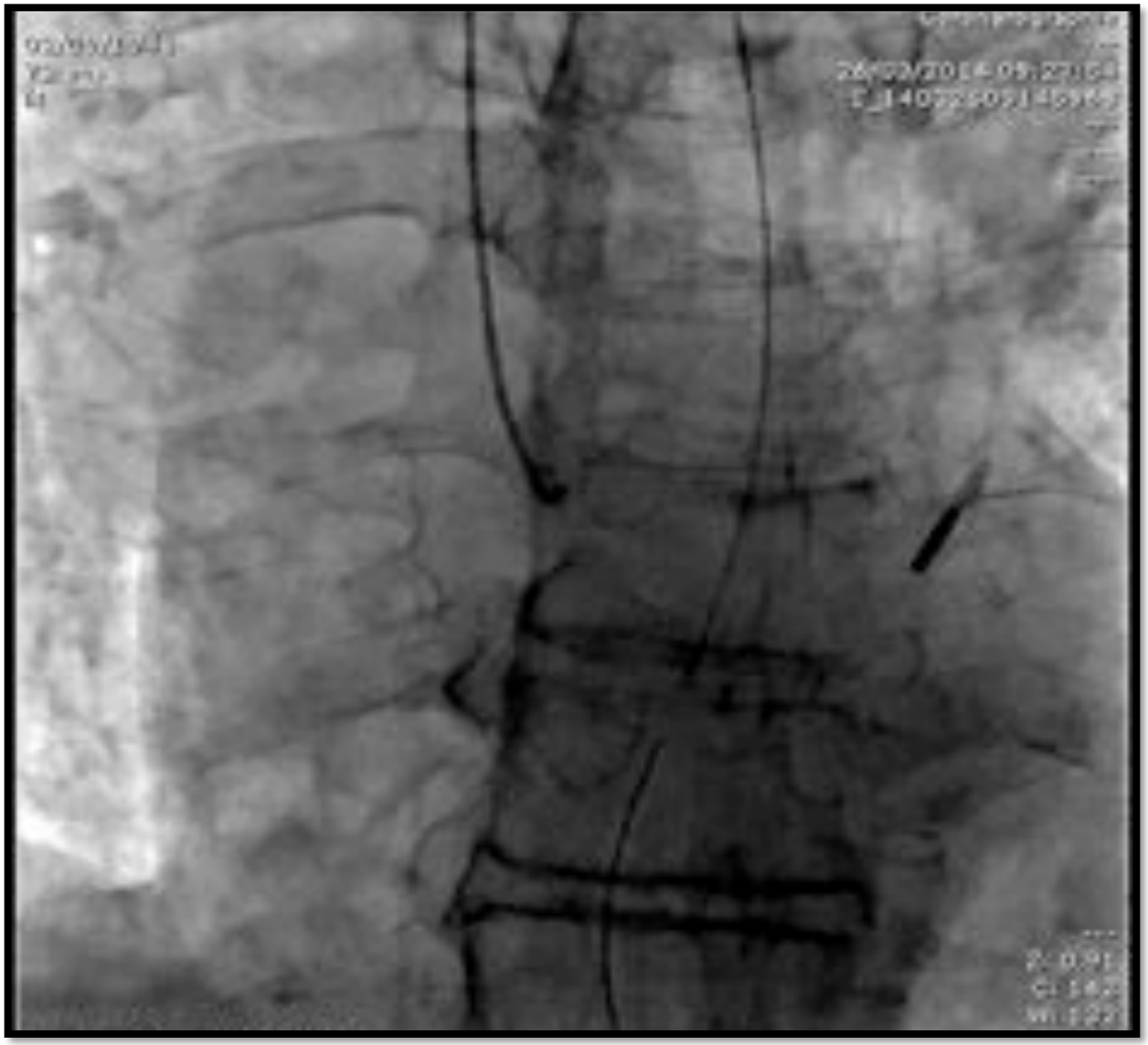
Conclusion : SCA ST + droit

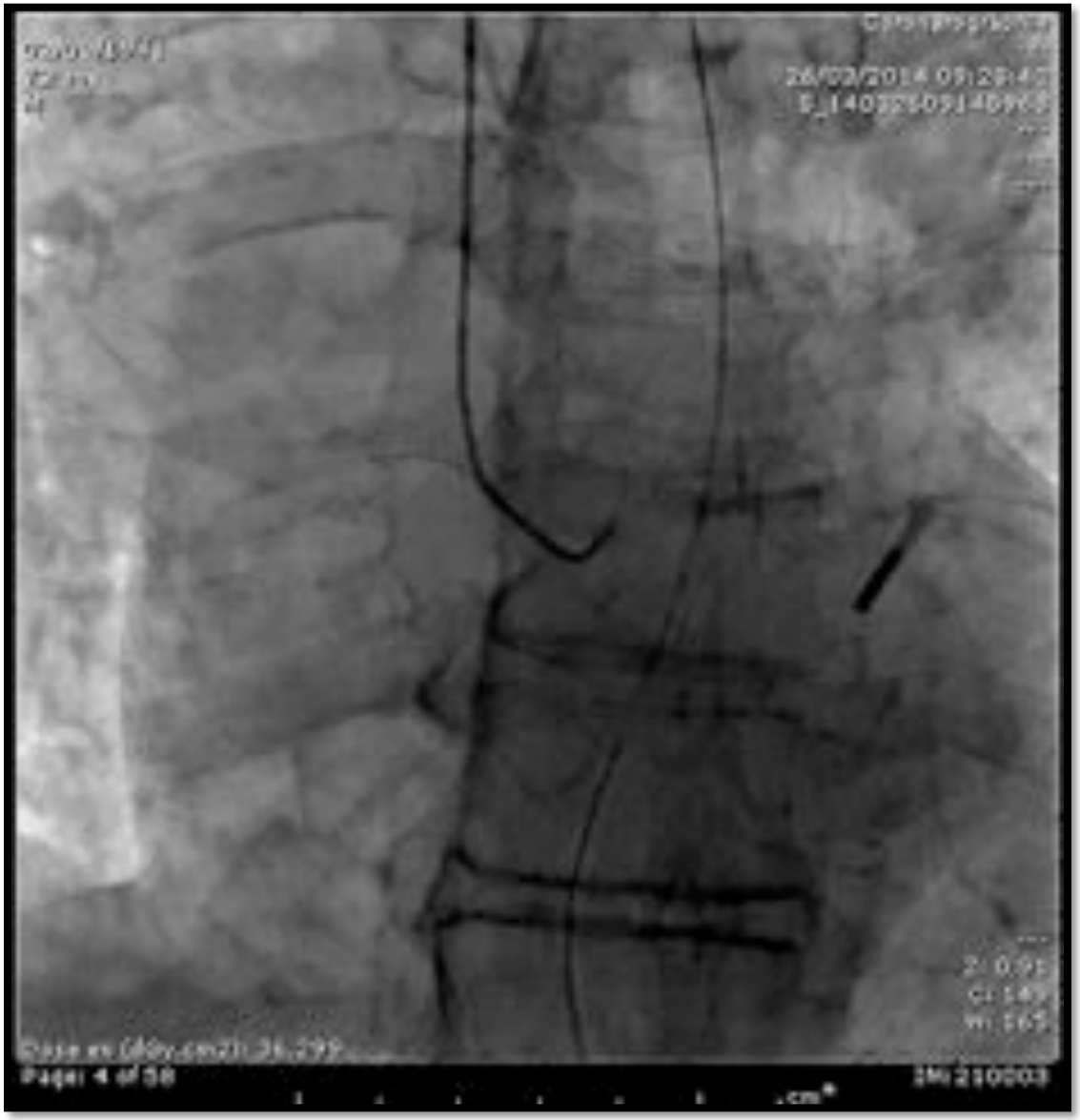
Traitement

- 125mg IV Aspirine
- 60mg Efient
- Morphine 8 mg
- O2
- Patch d'EMLA radiale droite
- Transfert direct sur table de coro h+1

À l'admission

- Douleur thoracique +++
- Choc cardiogénique, OAP
- Sédation, IOT, VM,
  Noradrénaline 3 mg/h
- Abord fémoral droit 8 F
- Ballon contre-pulsion 1/1

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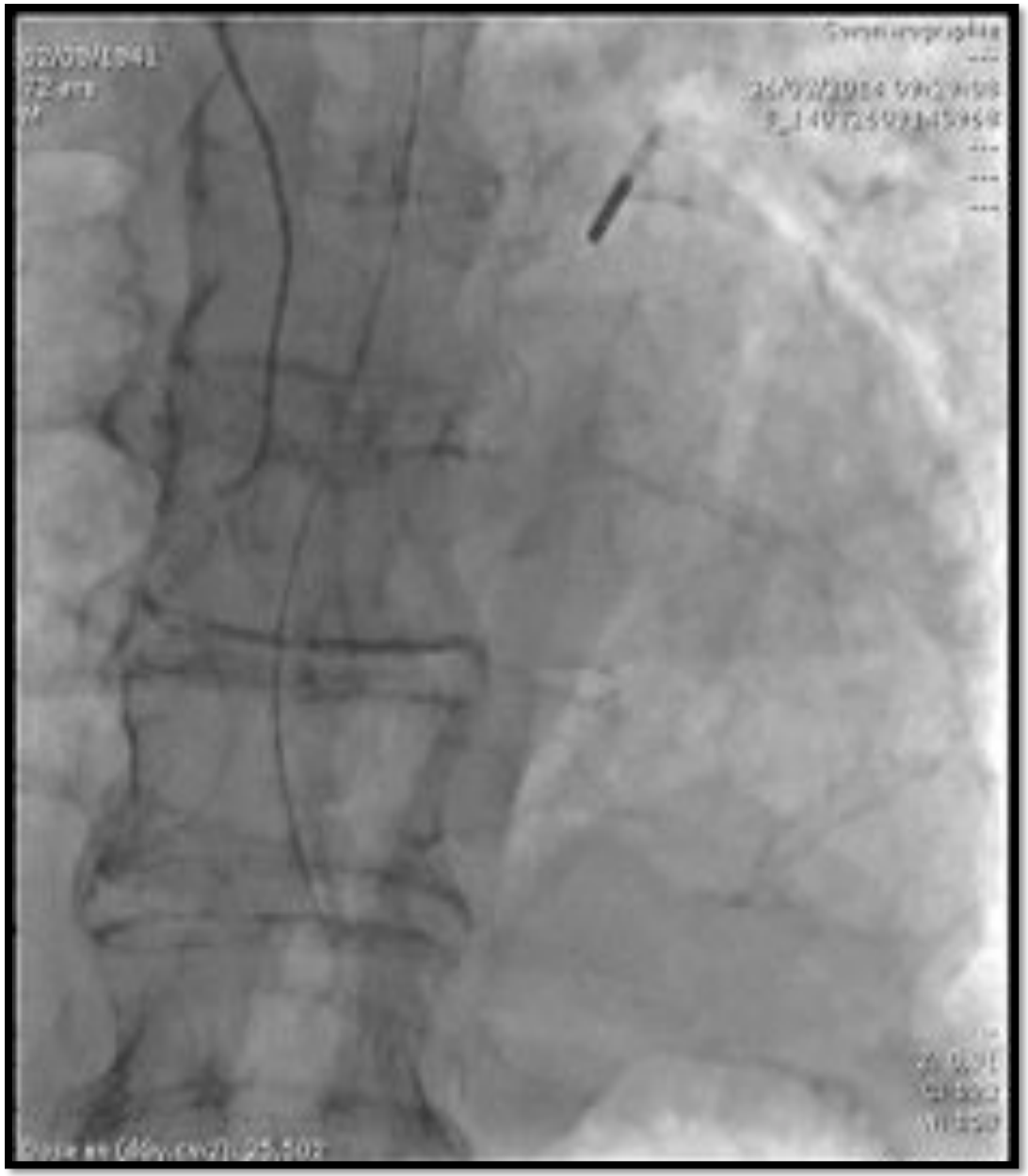
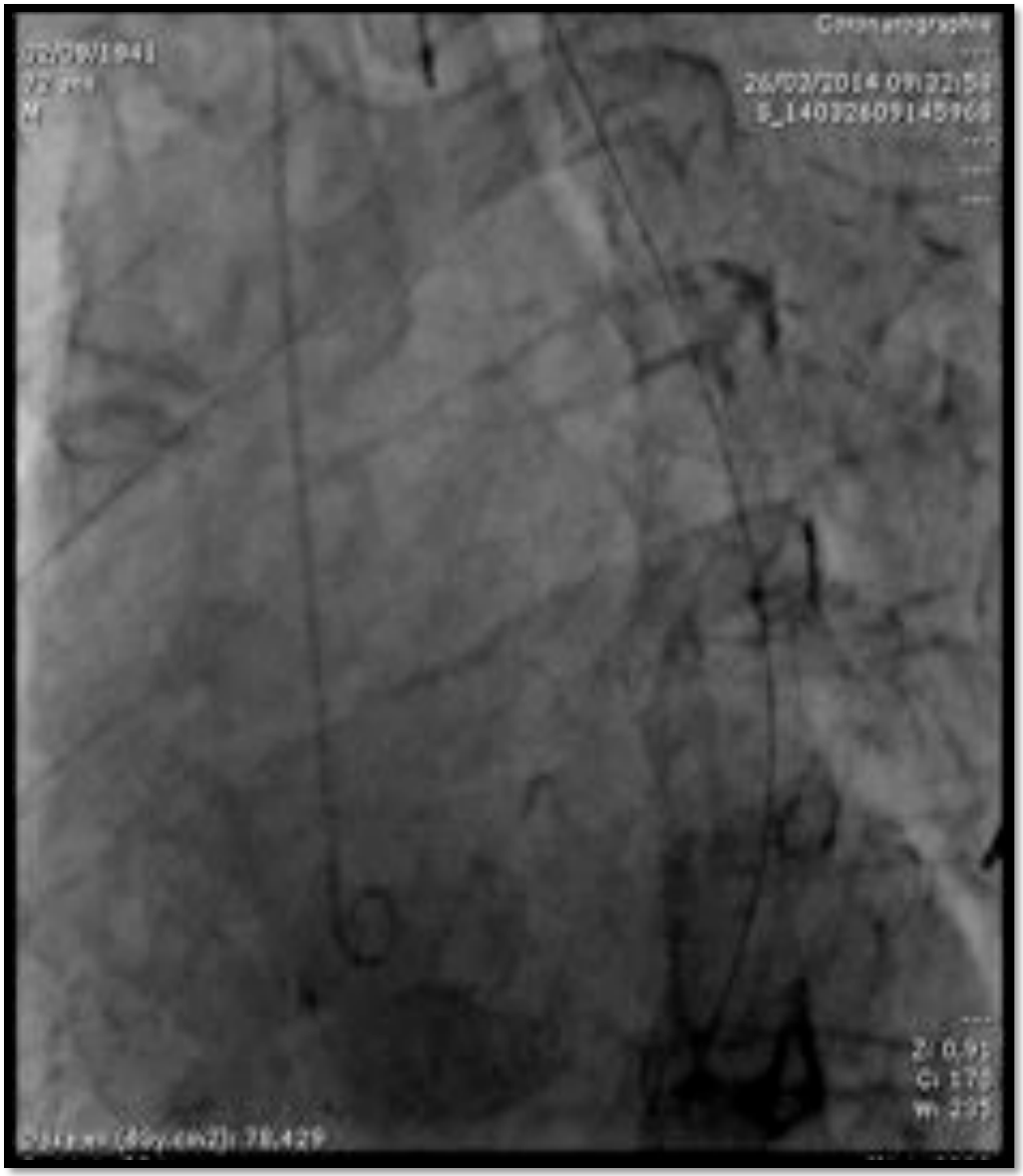
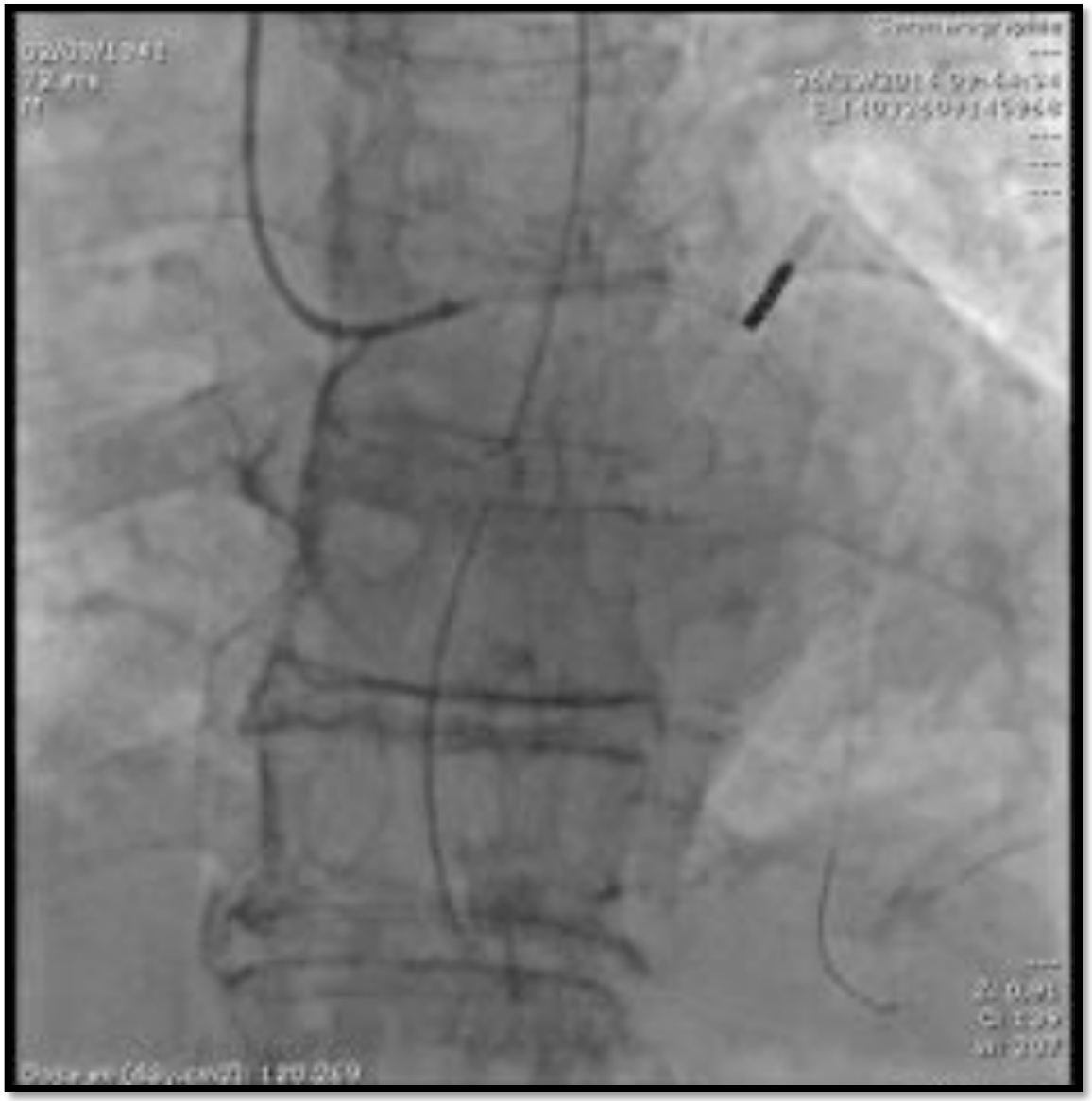
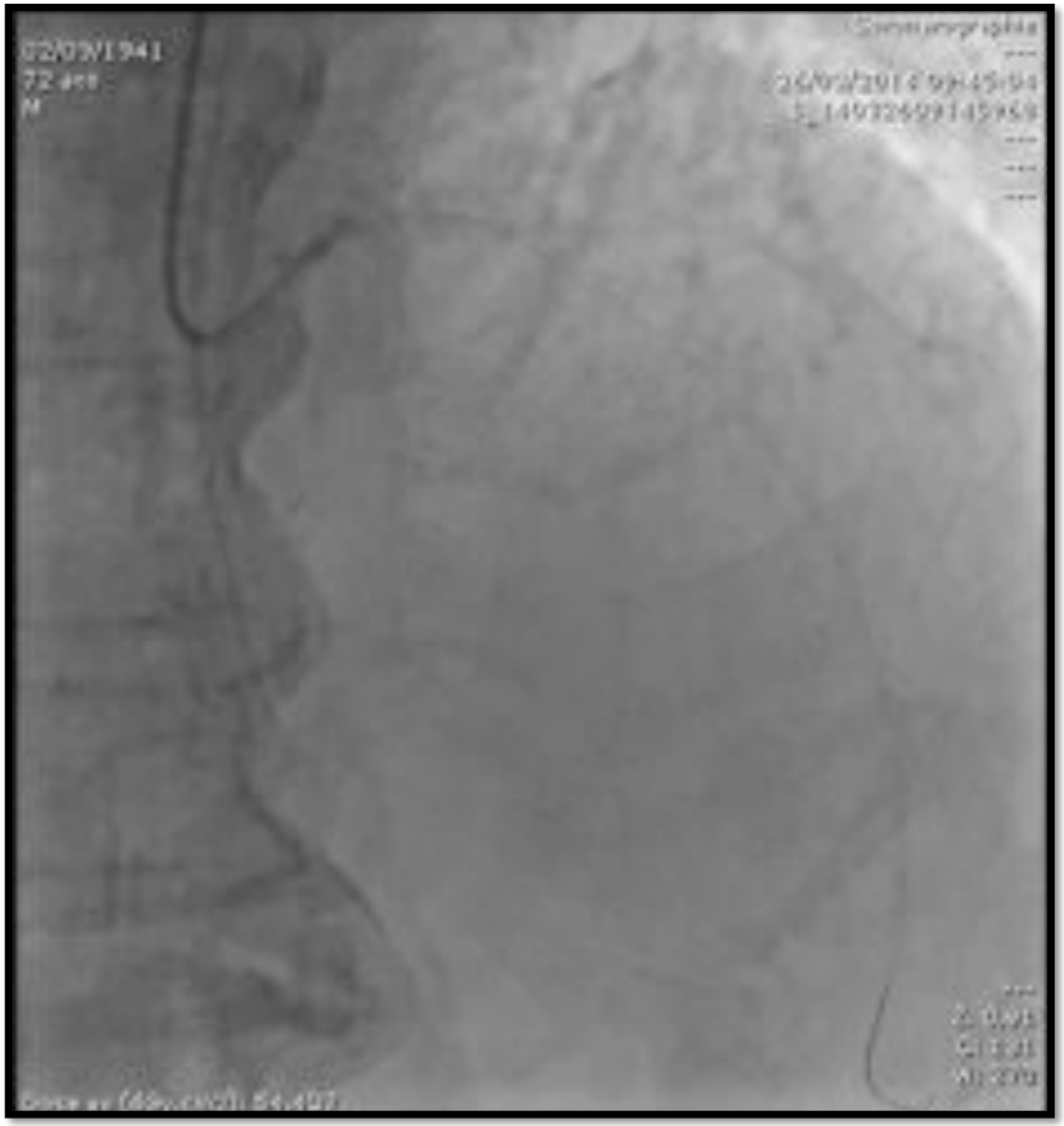


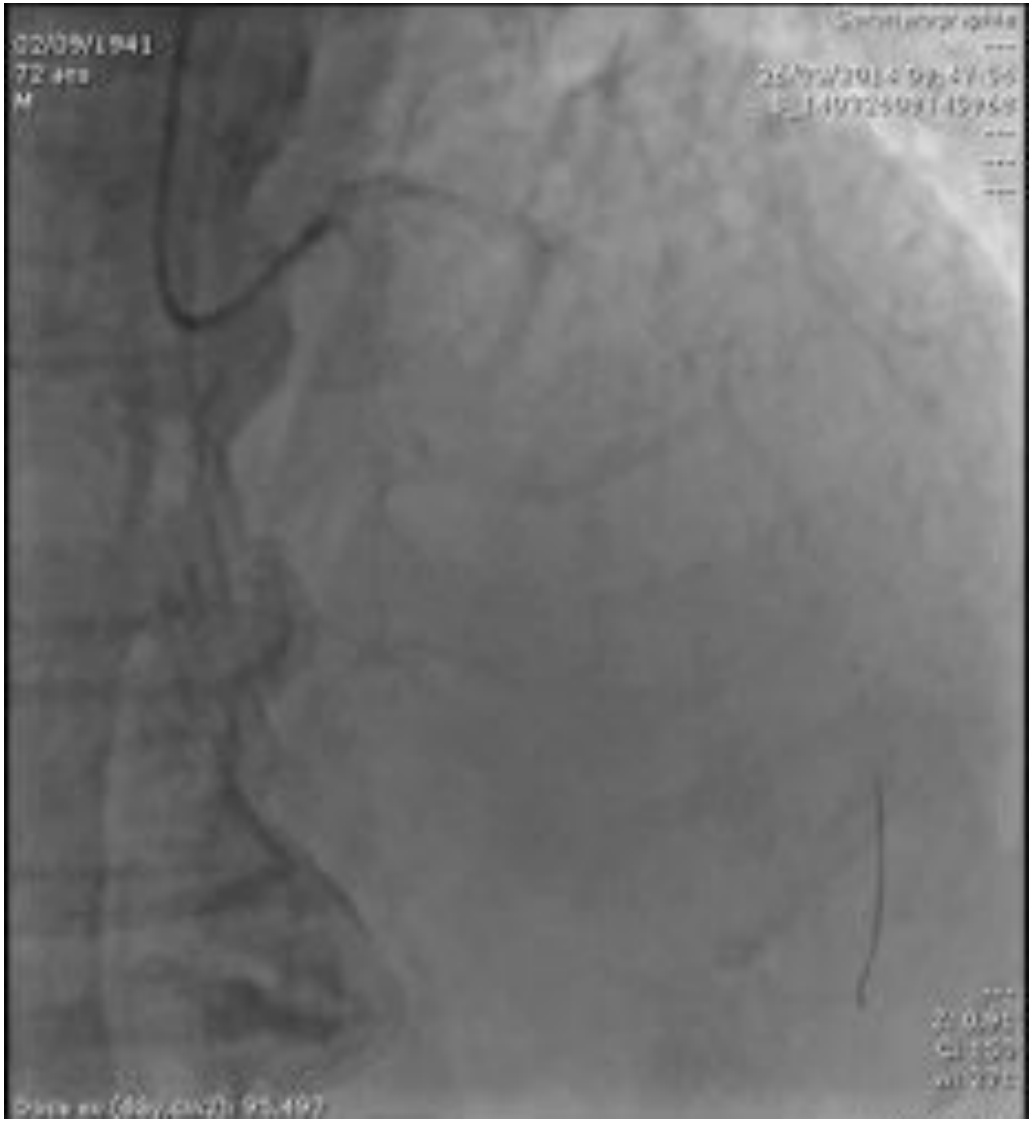

Coronarographie
26/02/2014 09:22:58

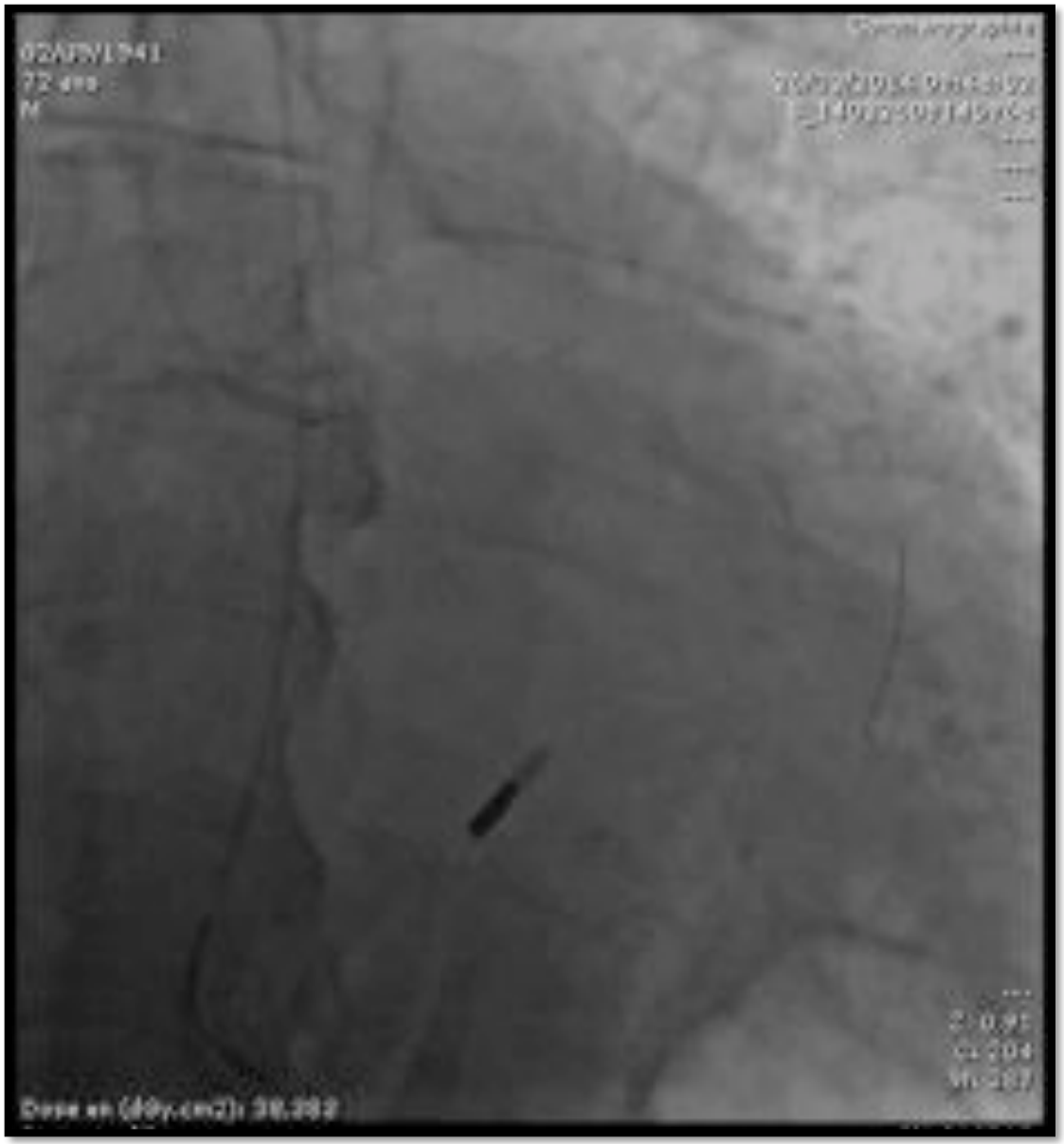
Et maintenant ???

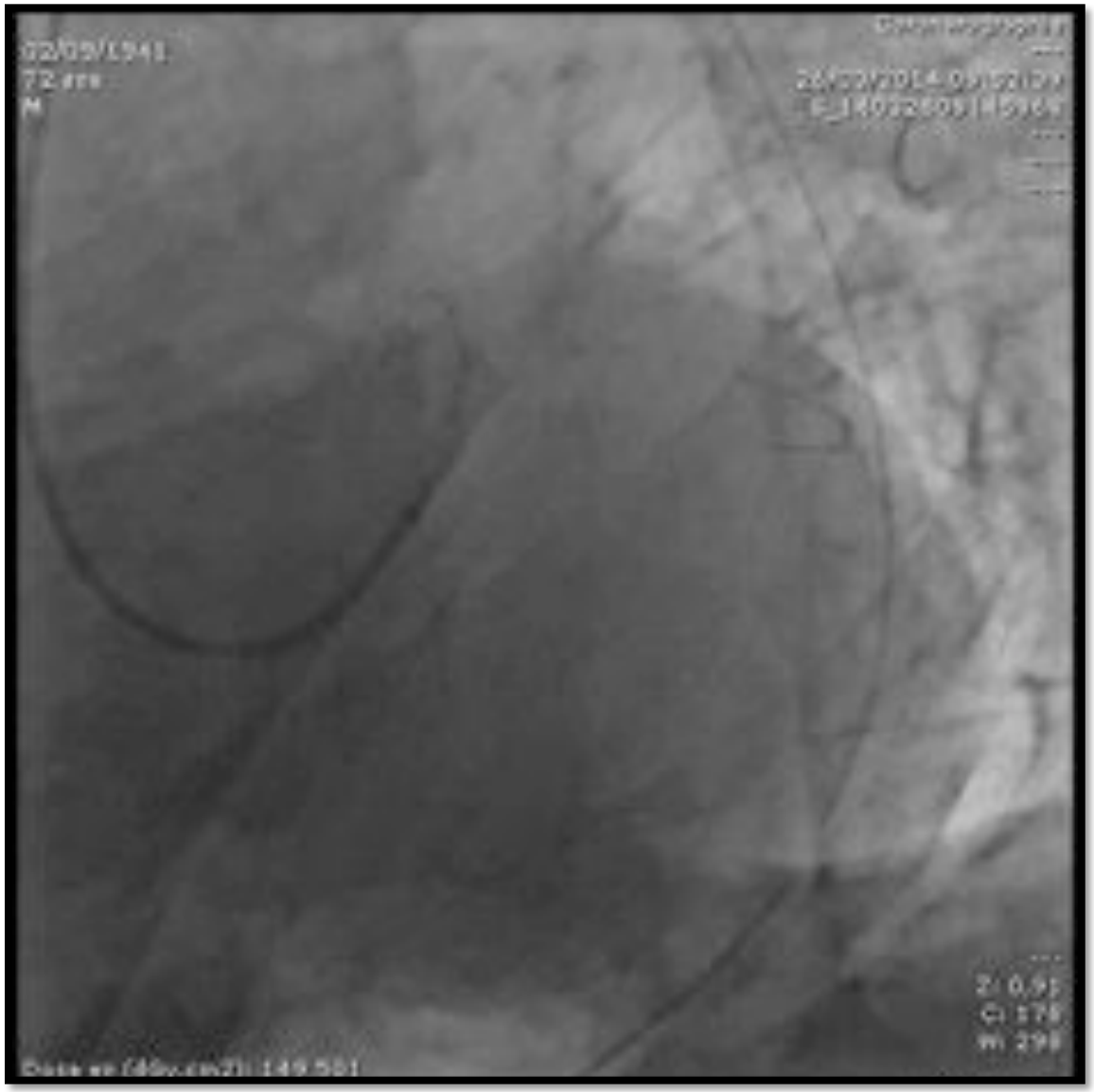
- Dissection aortique type A
- SCA ST+ (thrombose aigue du TC)
- Instabilité hémodynamique
- AVK, prasugrel …
- Avis chirurgien cardiaque

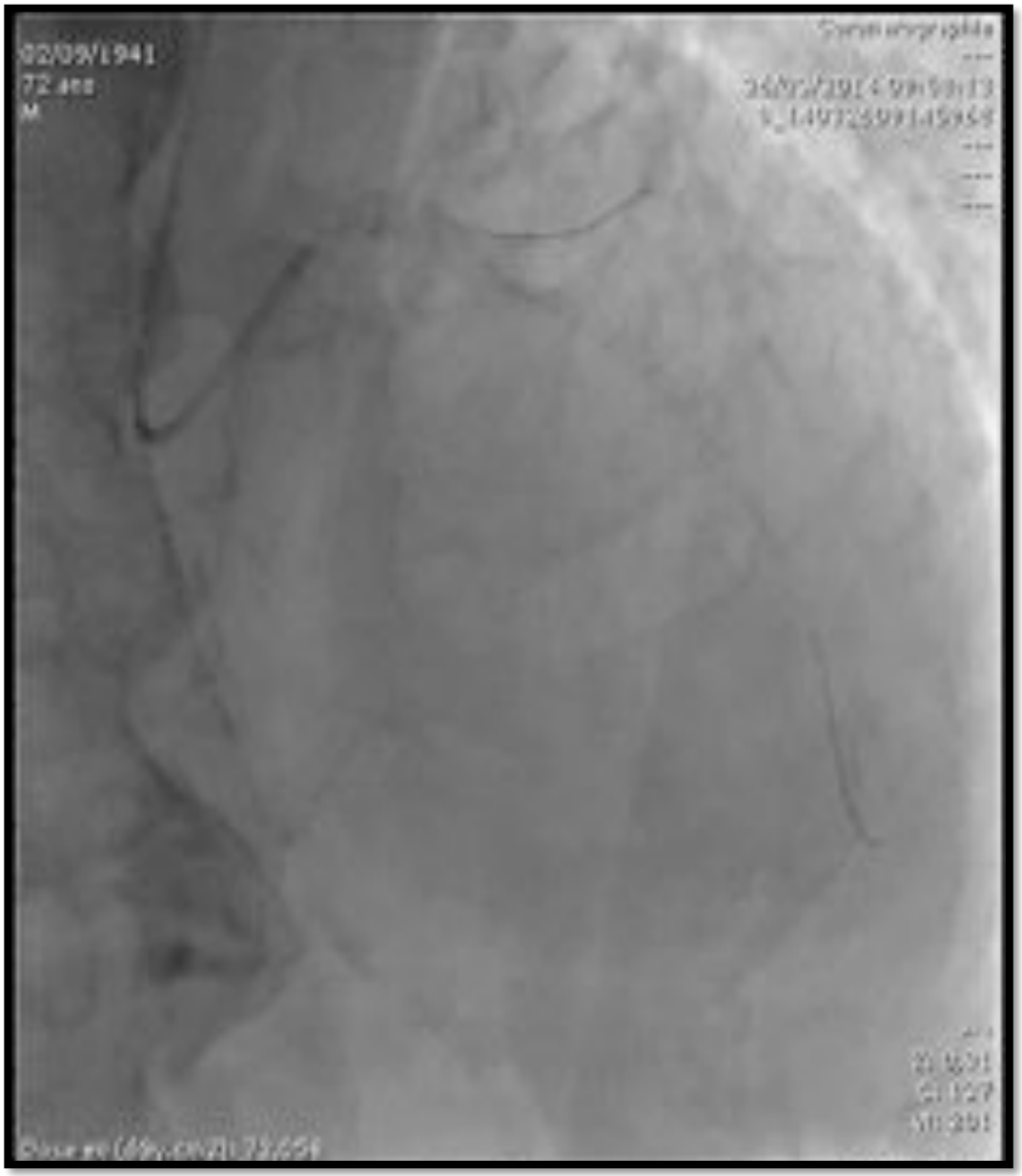





02/09/1941
72 ans
M



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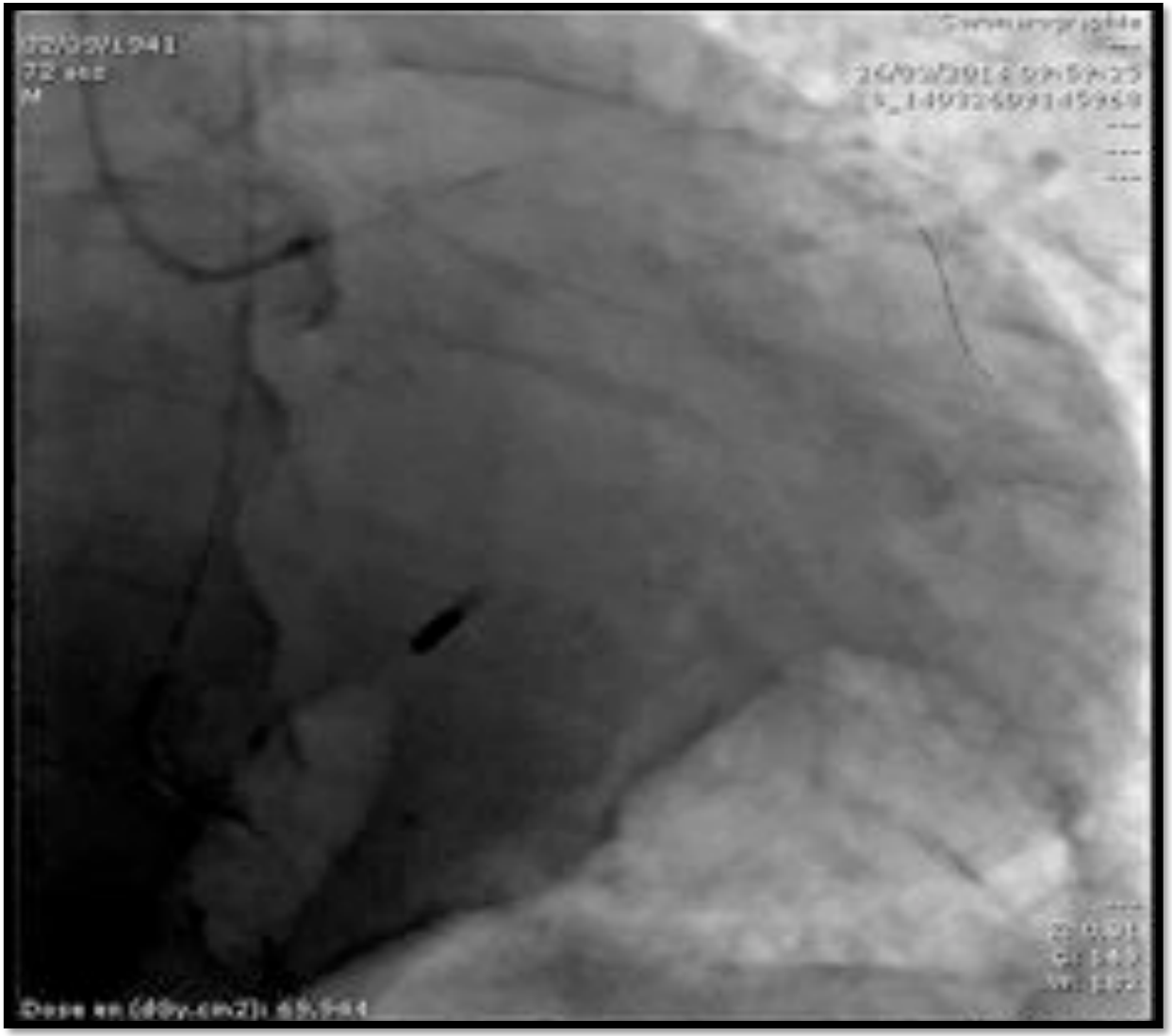
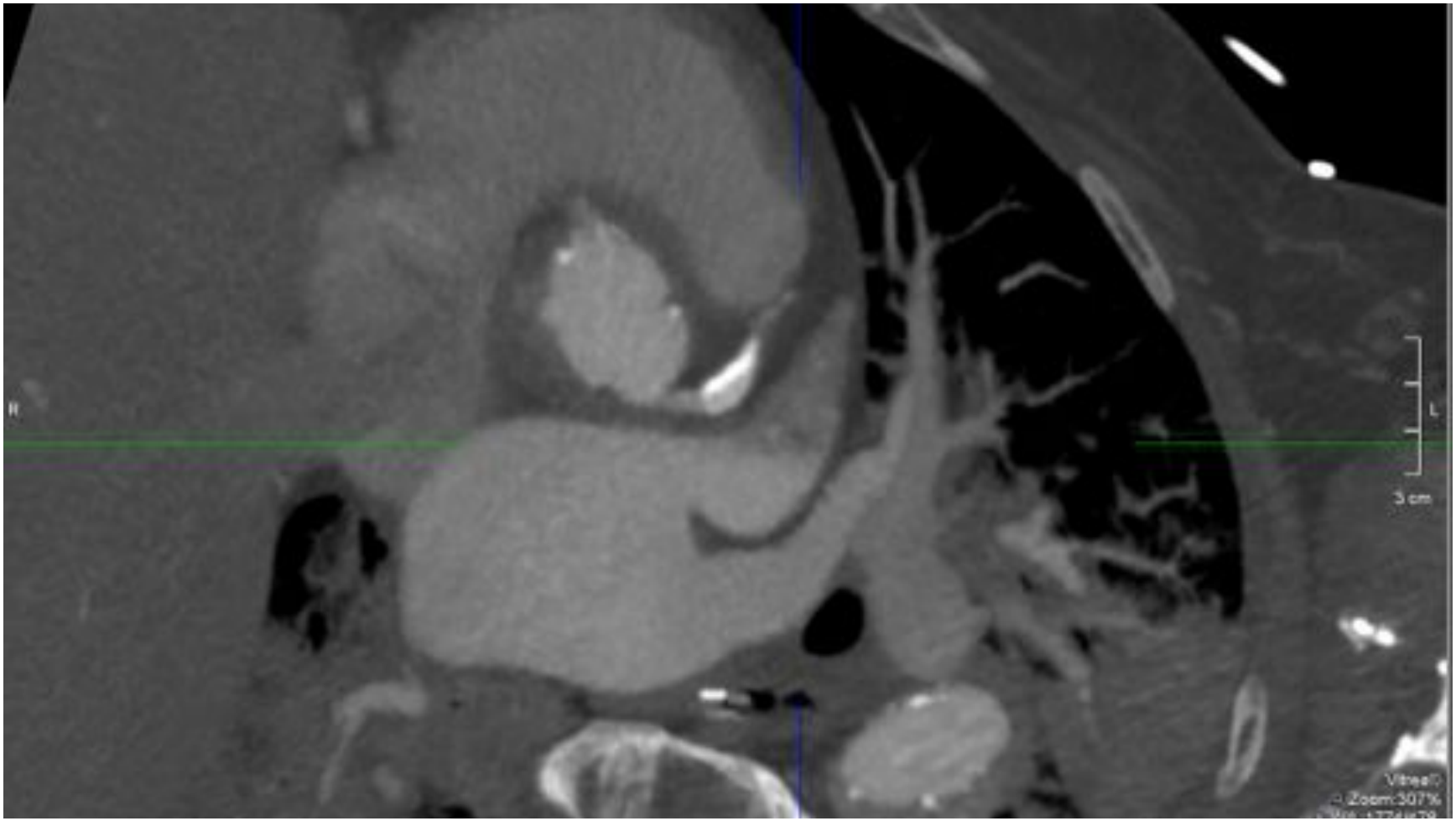


Prise en charge

- Etat hémodynamique relativement stable avec BCPIAo 1/1 et amines
- ECG : normalisation du ST
- ETT : FEVG = 20%, lame péricardique, dissection aorte ascendante, IAo moyenne

Angioscanner



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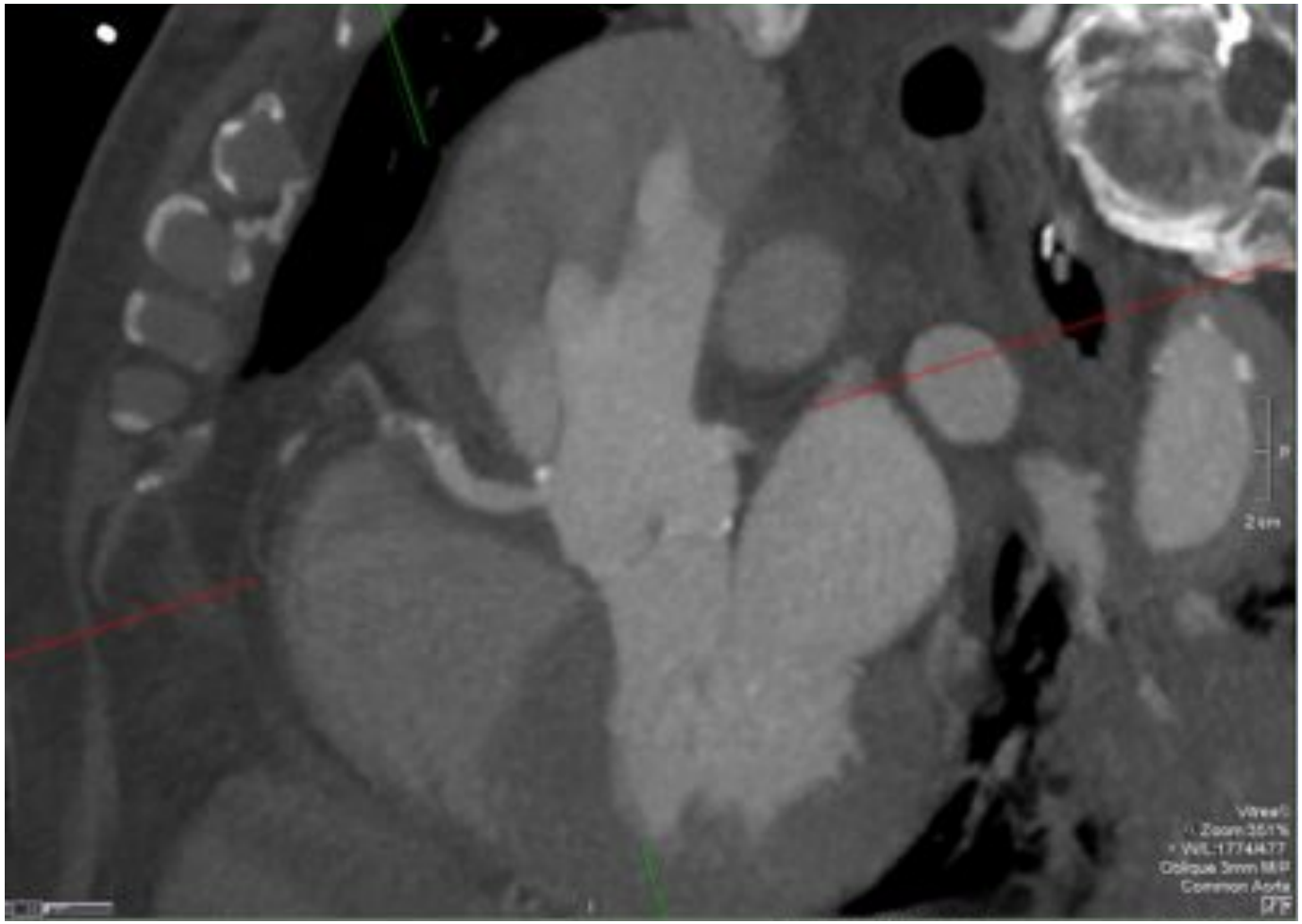

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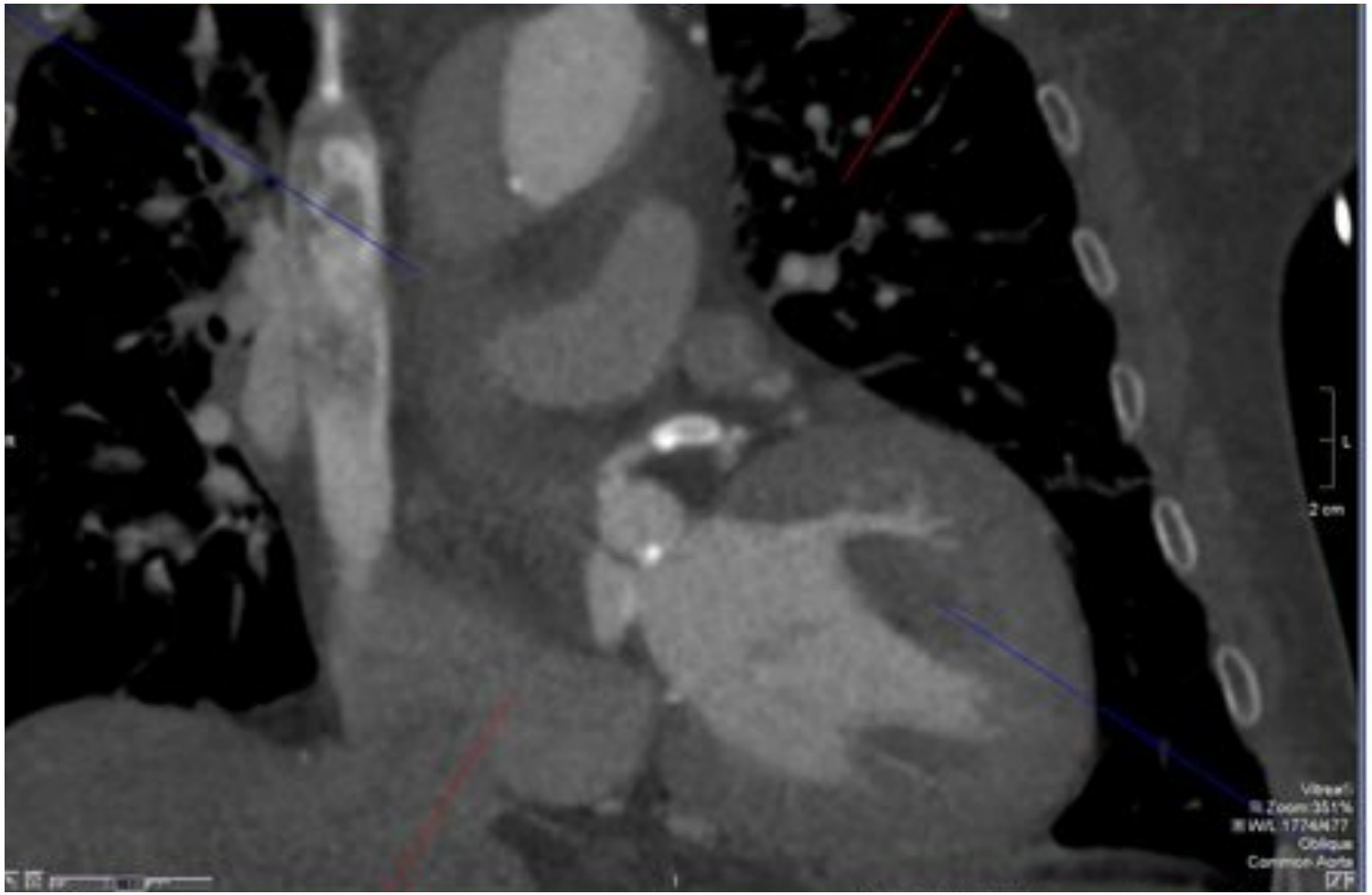

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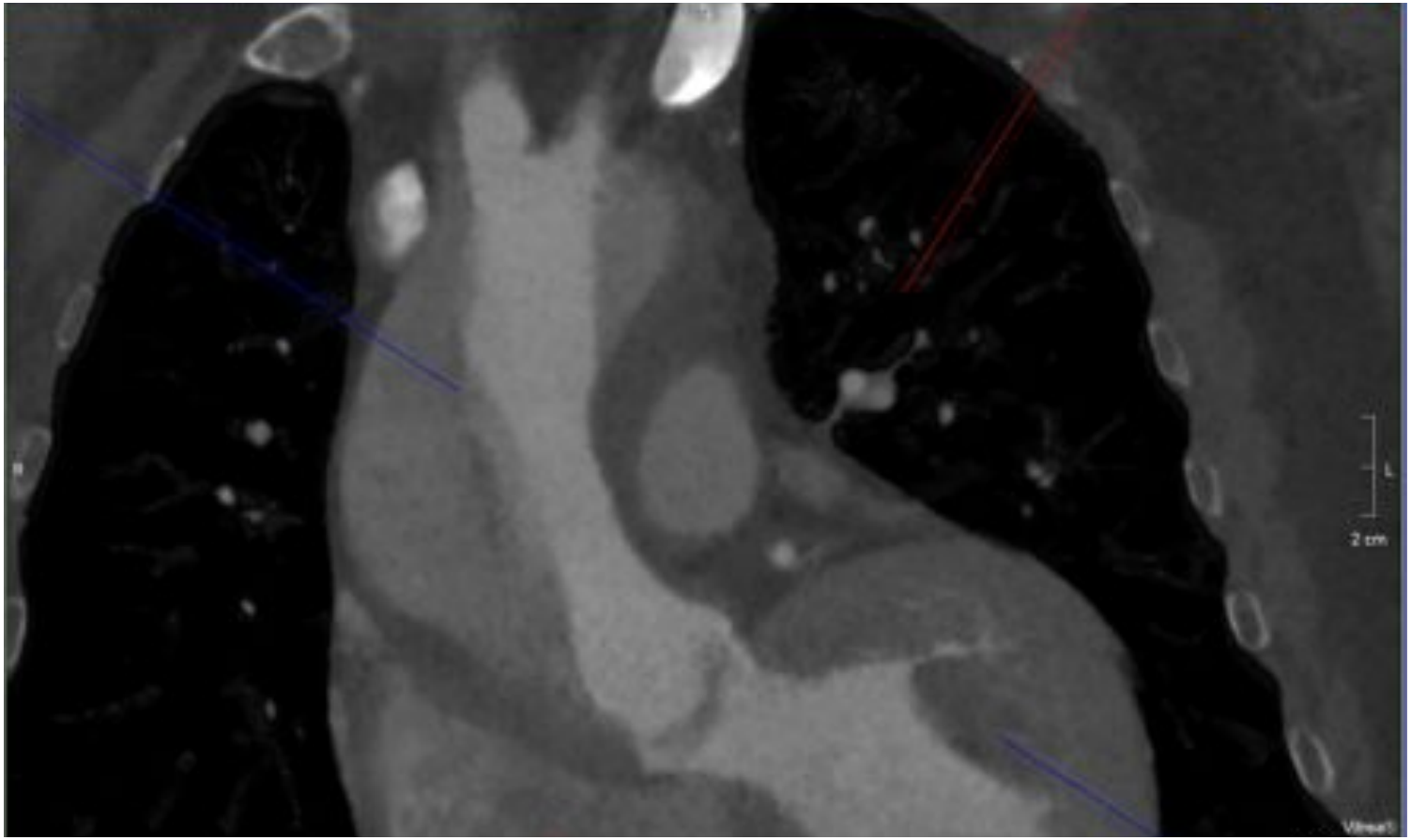

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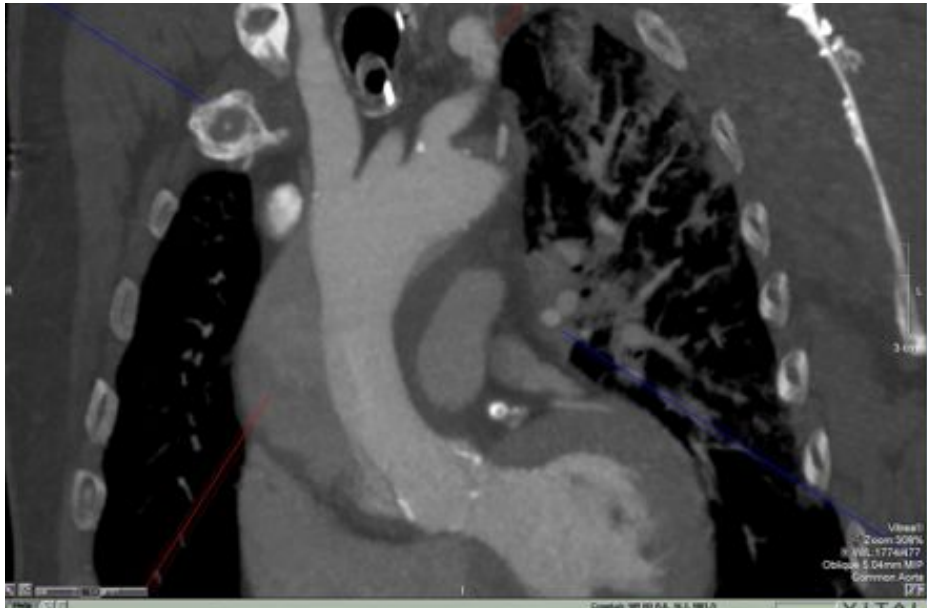

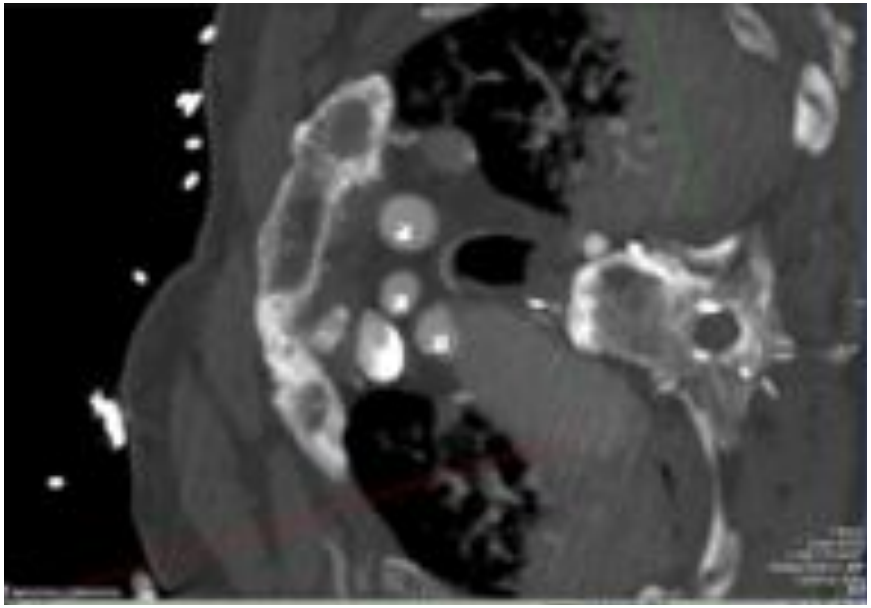

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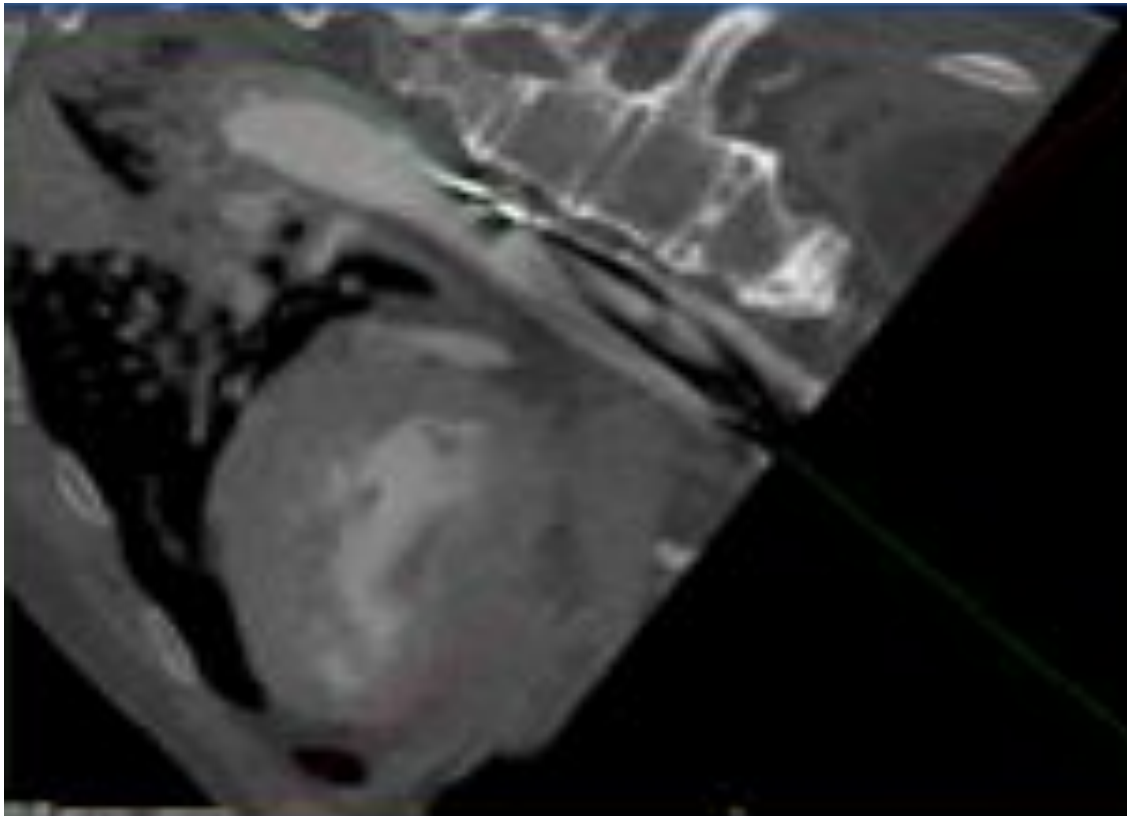

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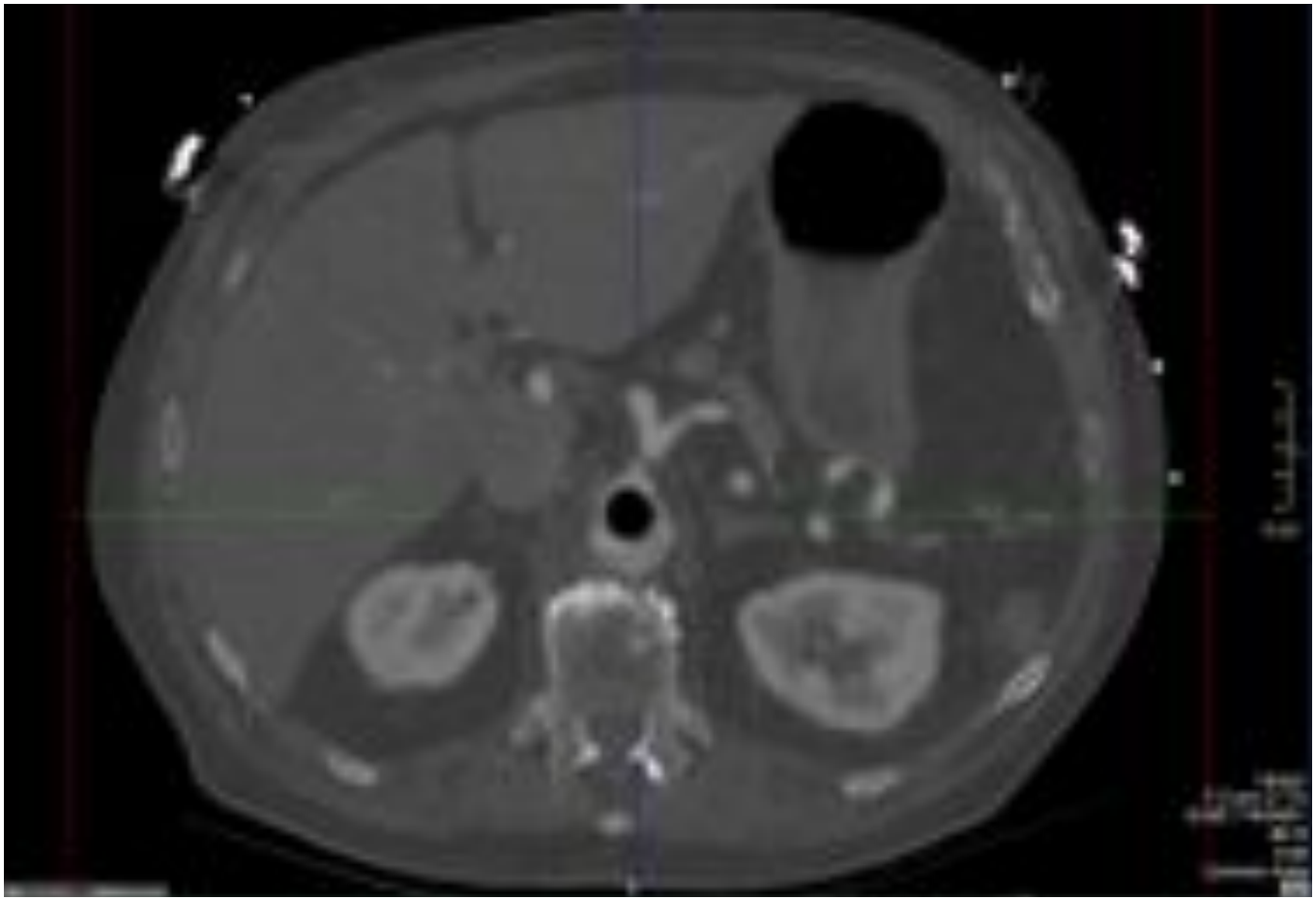

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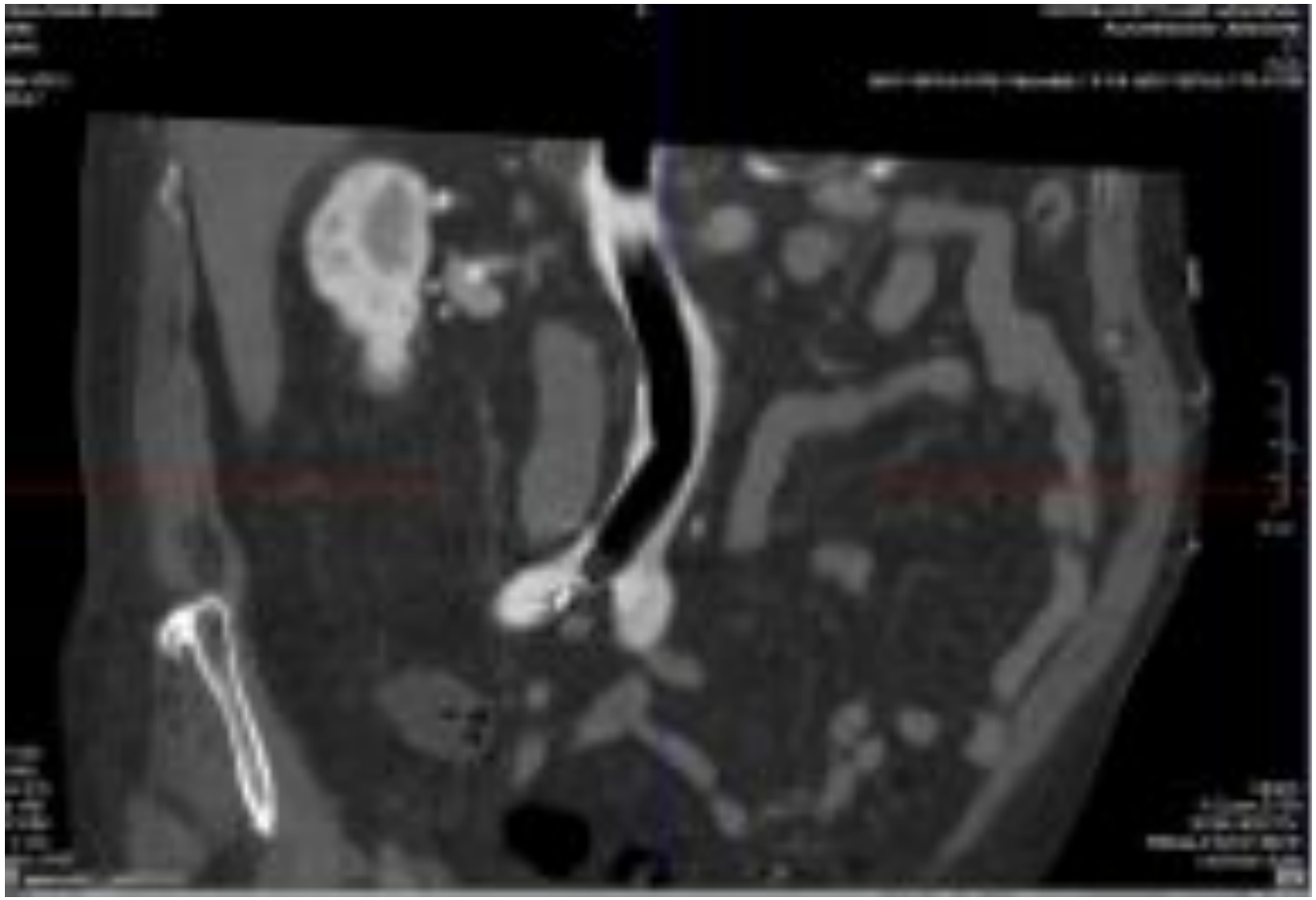

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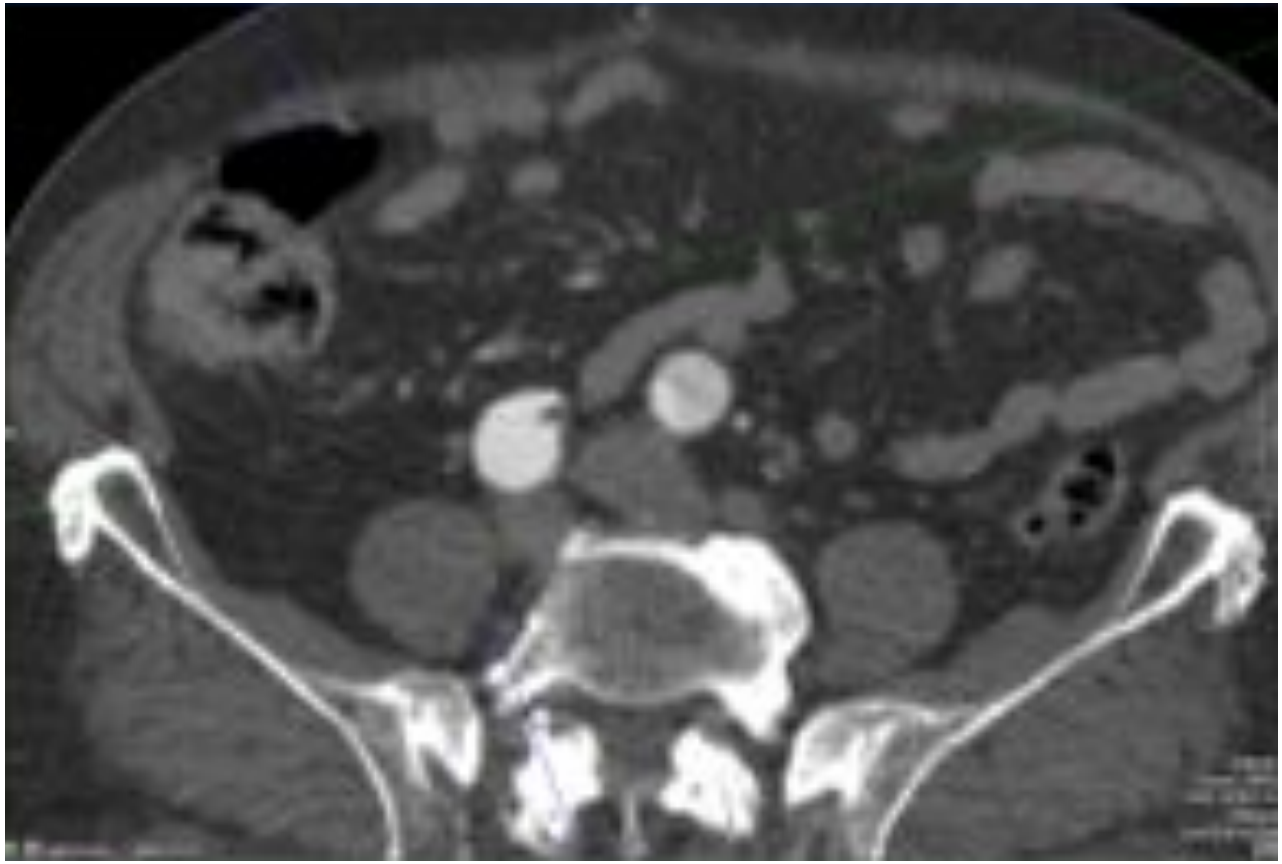

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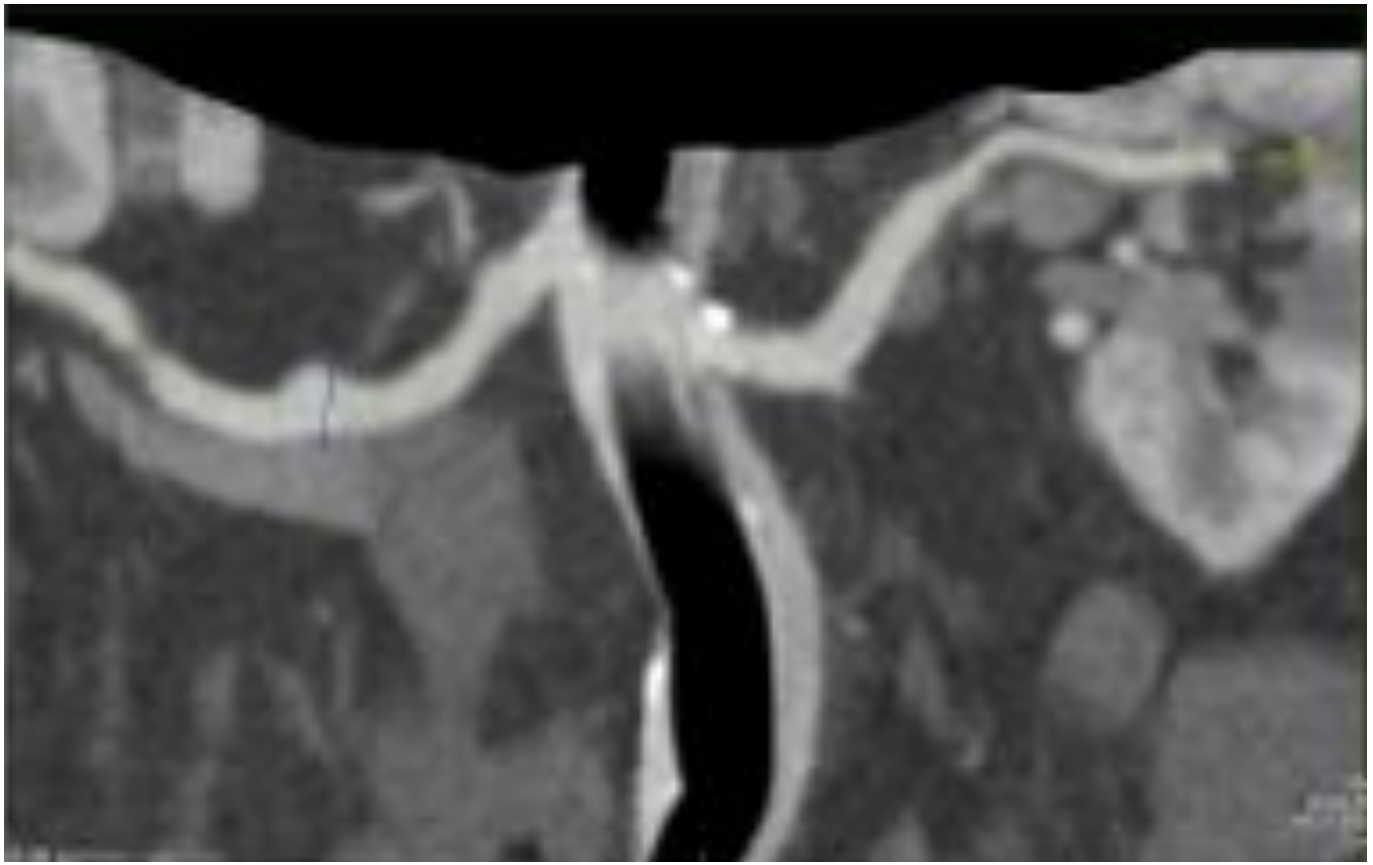
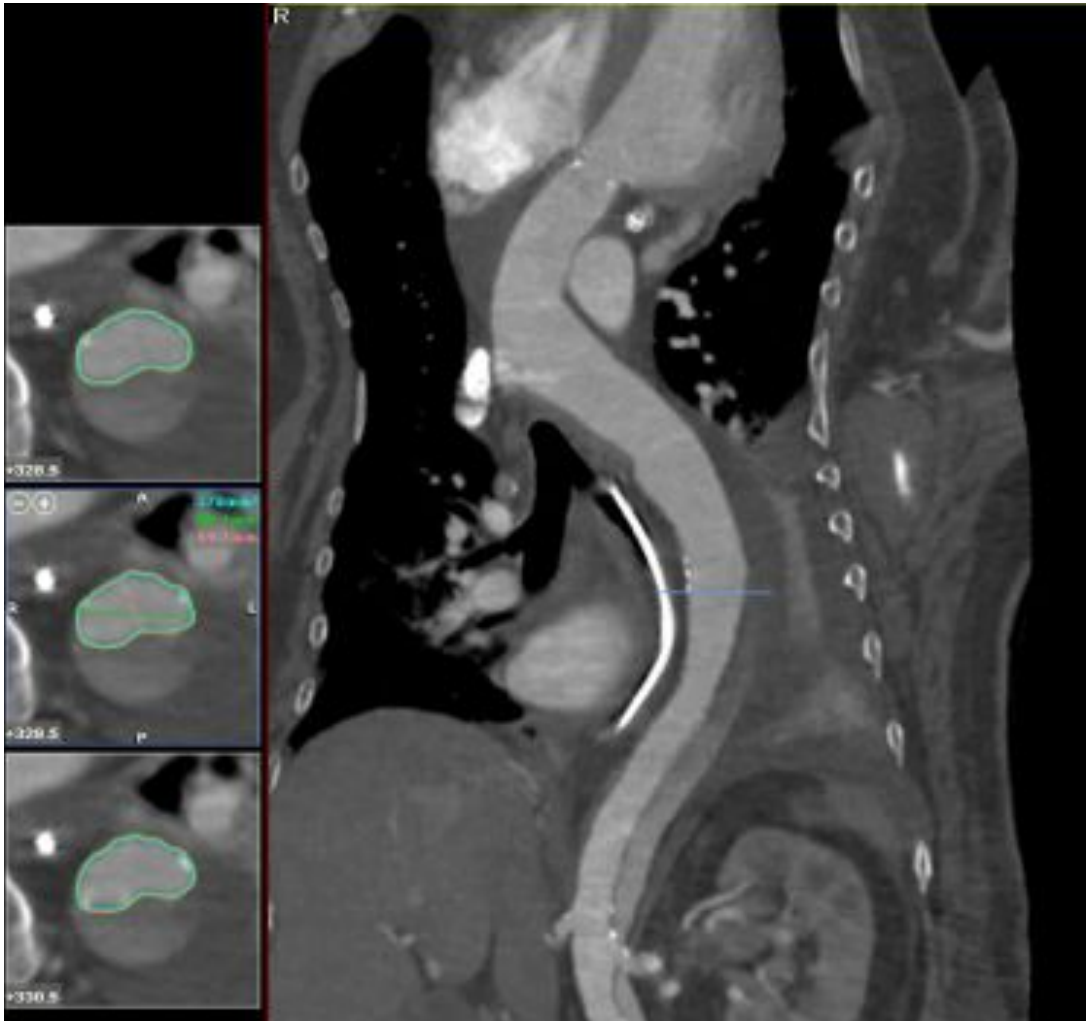


Transfert en chirurgie

- Intervention de Bentall bioprothétique
- BCPIAo maintenu

Angioscanner M1



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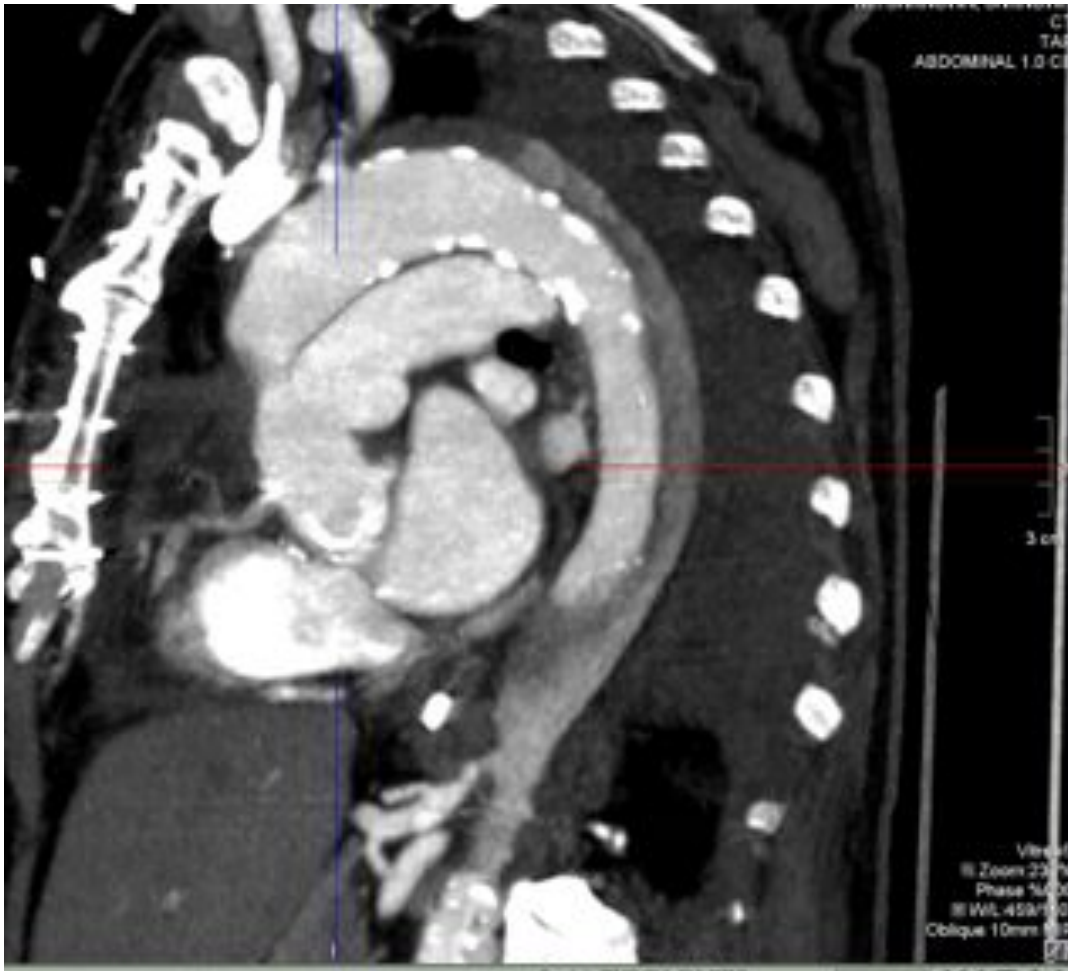

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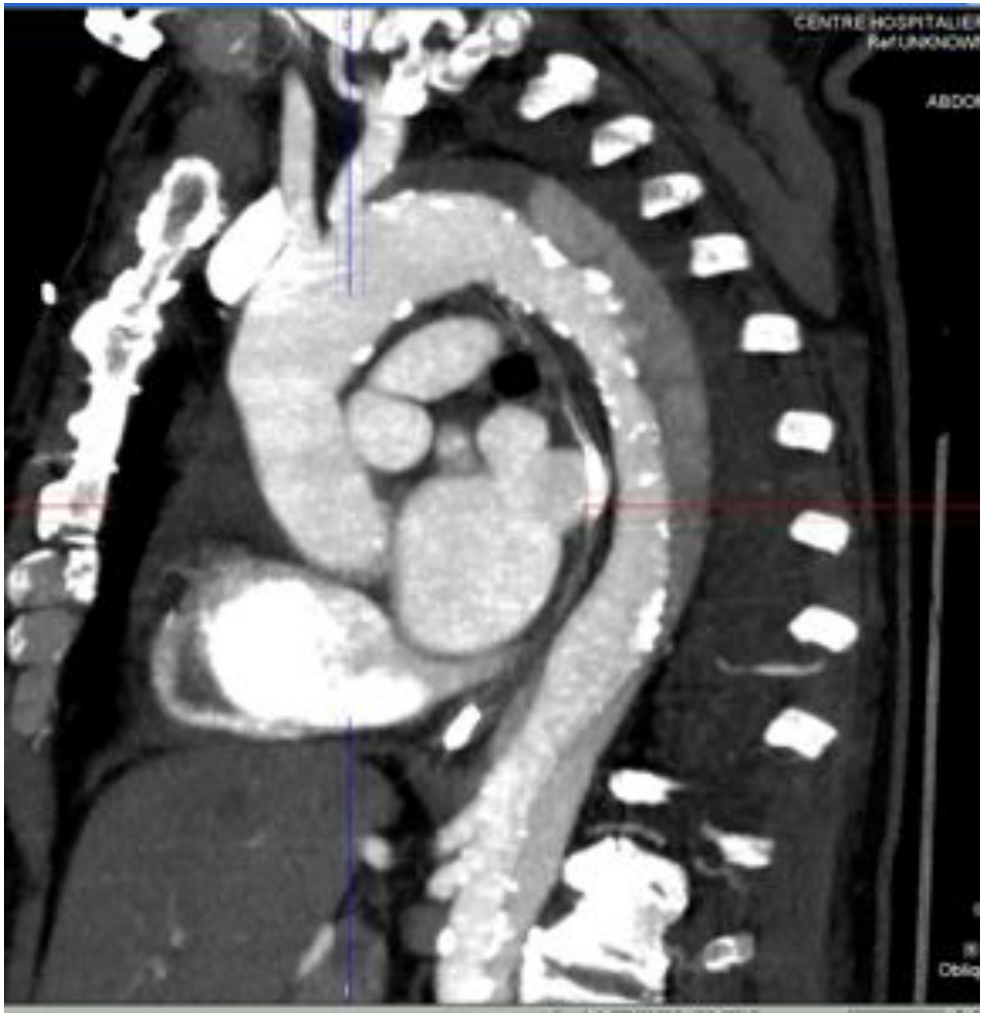
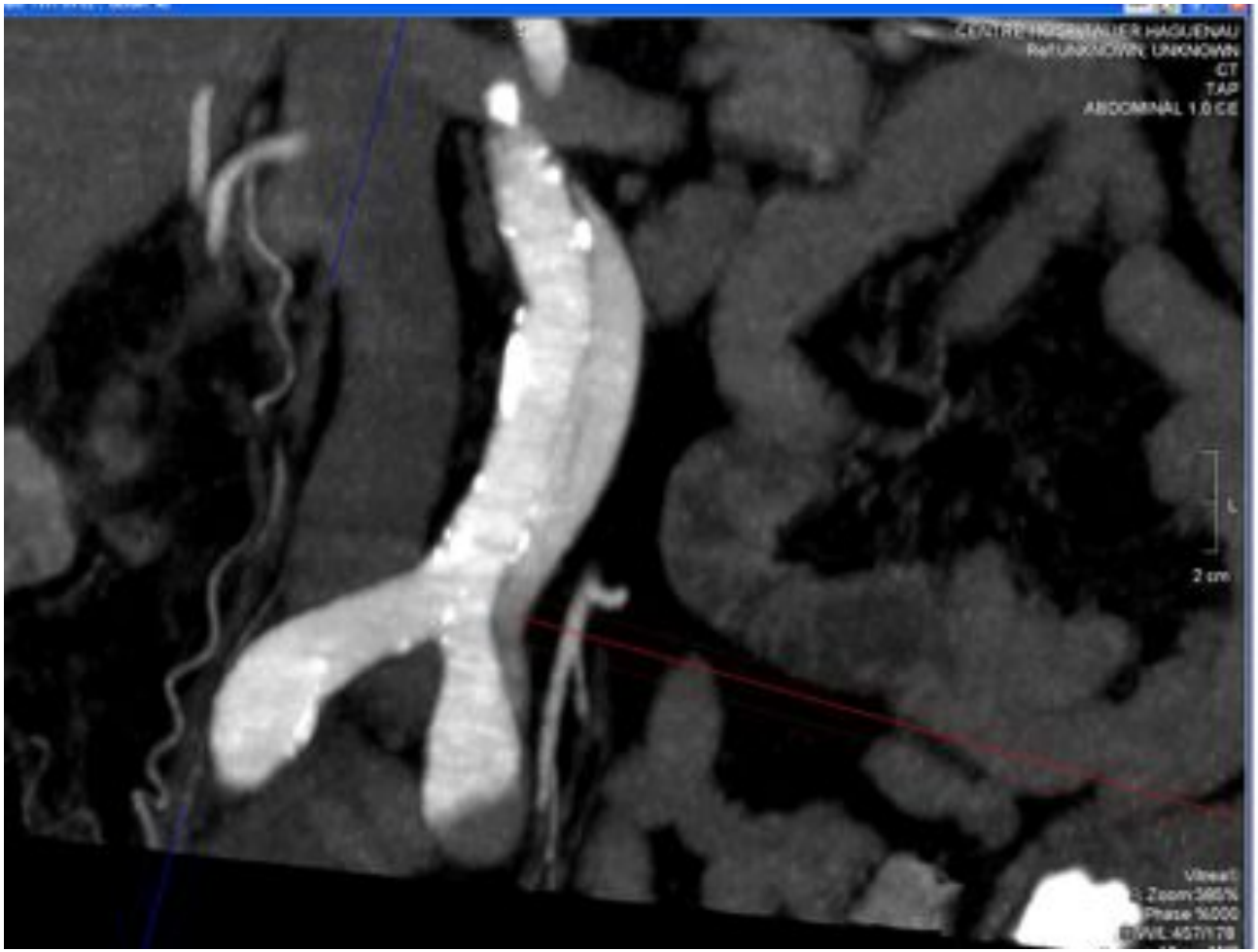
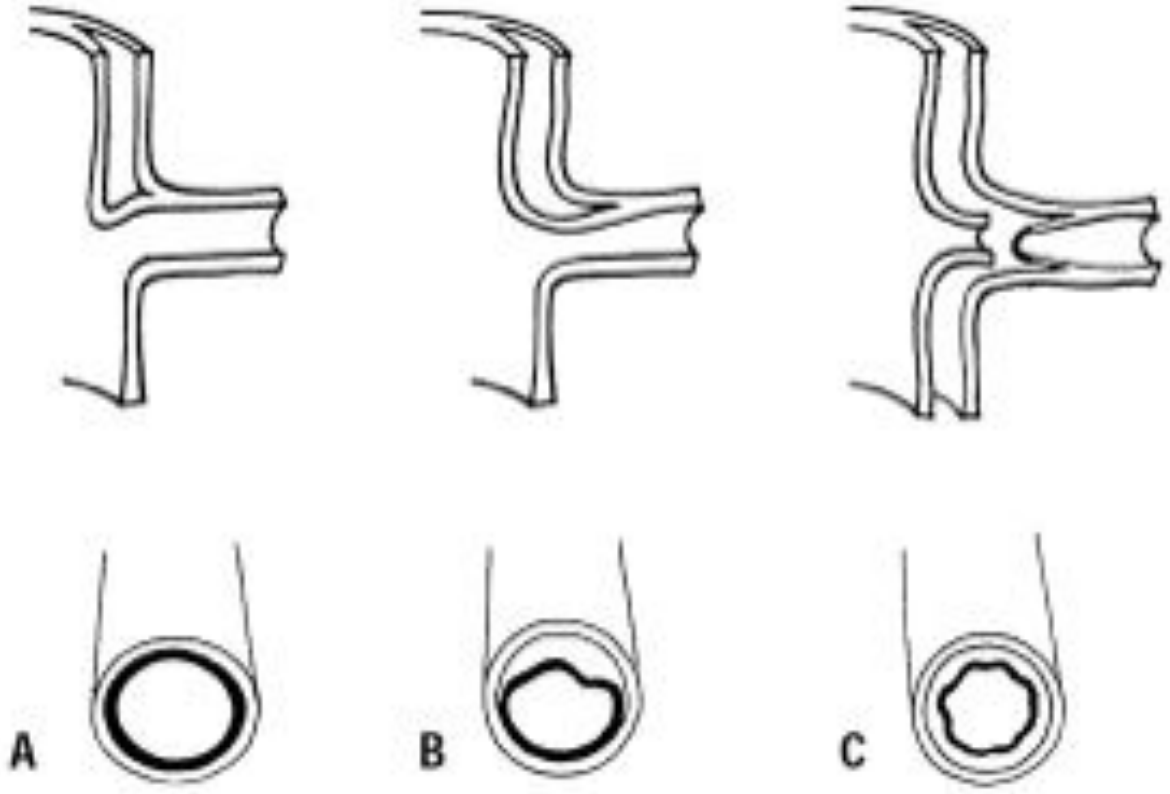


Angioscanner M1



- Hypoperfusion coronaire dans 6 à 11% des dissections aortiques type A
- CD > CG (*Spittell 1993*)
- Dissection coronaire +++ (*Neri 2001*)



Neri et al. J Thoracic Cardiovasc Surg 2001

- Ecrasement diastolique du vrai chenal par le faux chenal
- Spasme coronaire
- Ttt chir urgence
- Mortalité +++