

Assistances ventriculaires chez les patients en attente de transplantation cardiaque

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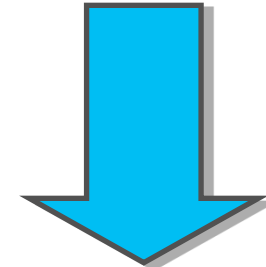
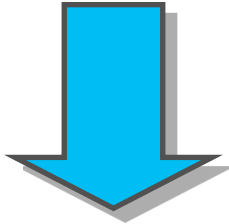


université
de BORDEAUX

- Environ 400 transplantations par an
- Nombre candidat/nombre greffon 2.1
- Transplantation autour des SU 50%
- Mortalité 30% a 1 an

**Insuffisance
Cardiaque
Chronique**

**Insuffisance
Cardiaque
Aigue**

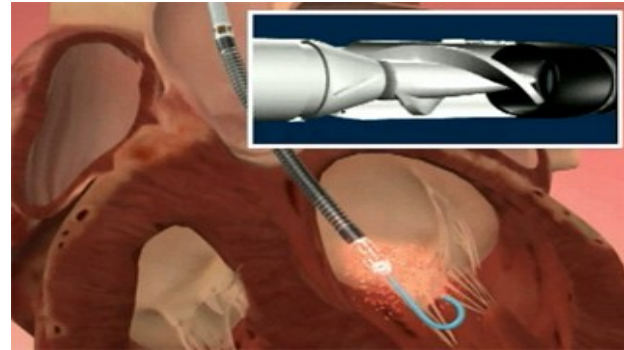
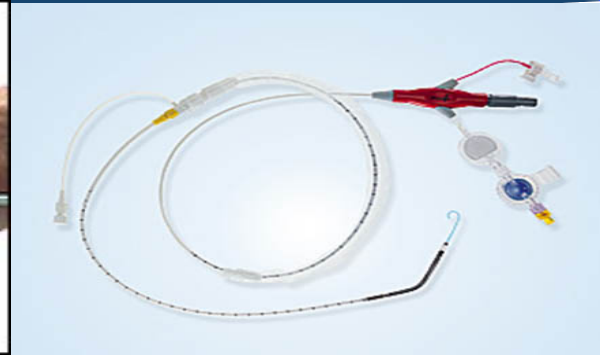


**Assistance Circulatoire
Longue Durée
LVAD-BIVAD**

**Assistance Circulatoire
Longue Durée
ECLS-IMPELLA**



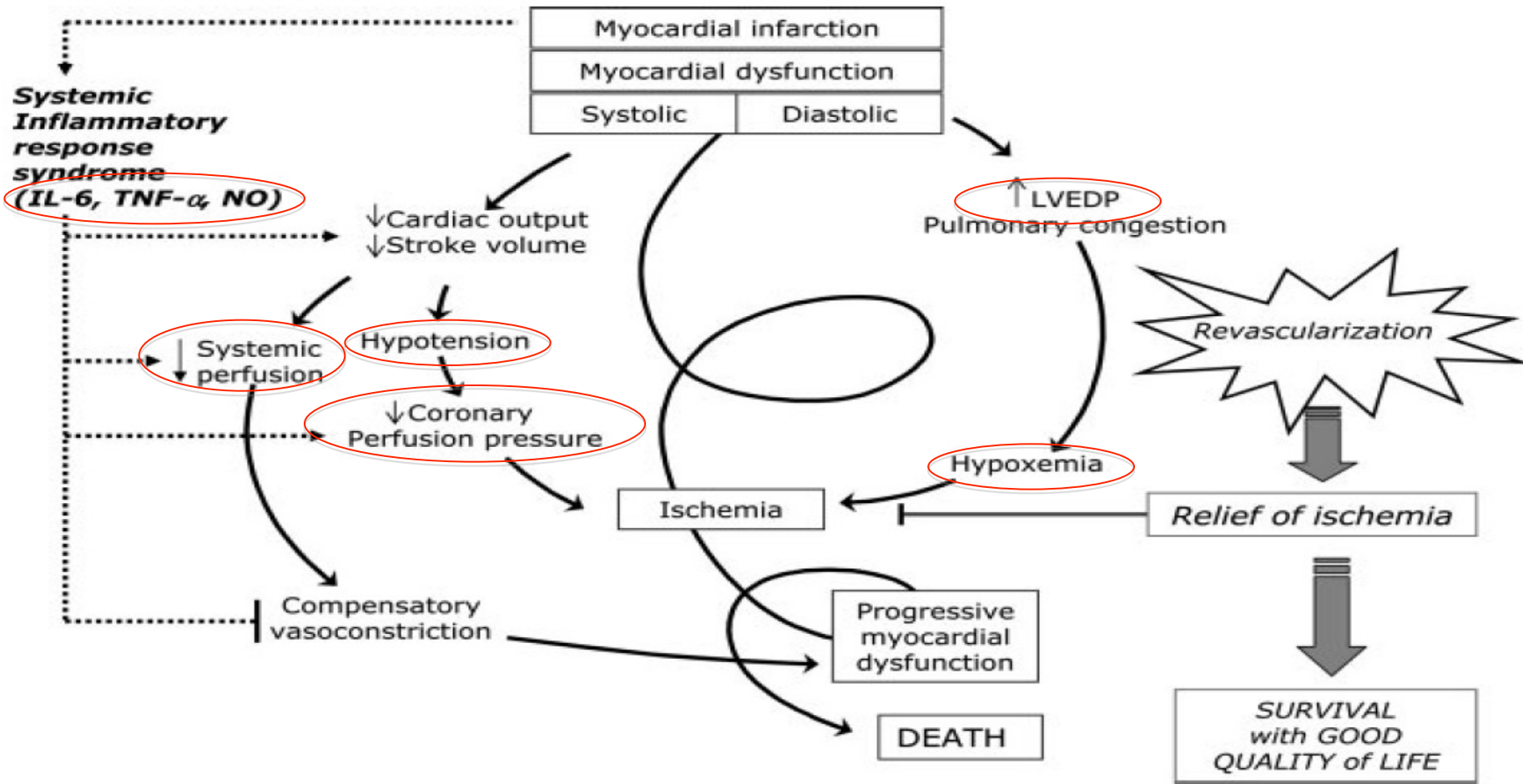
COURTE DUREE

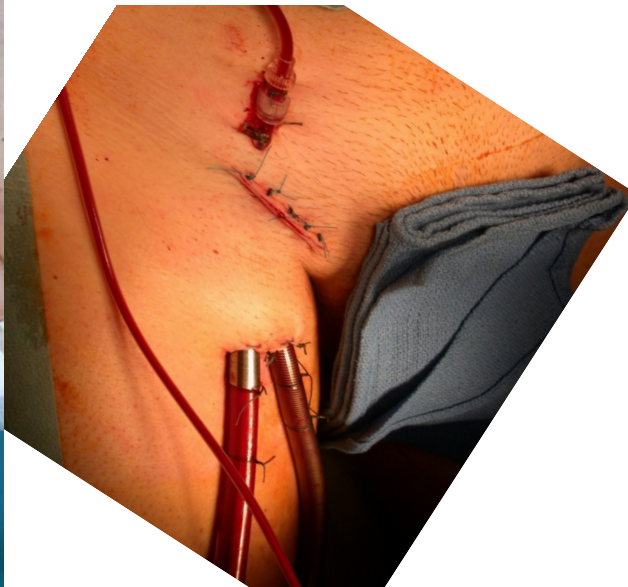
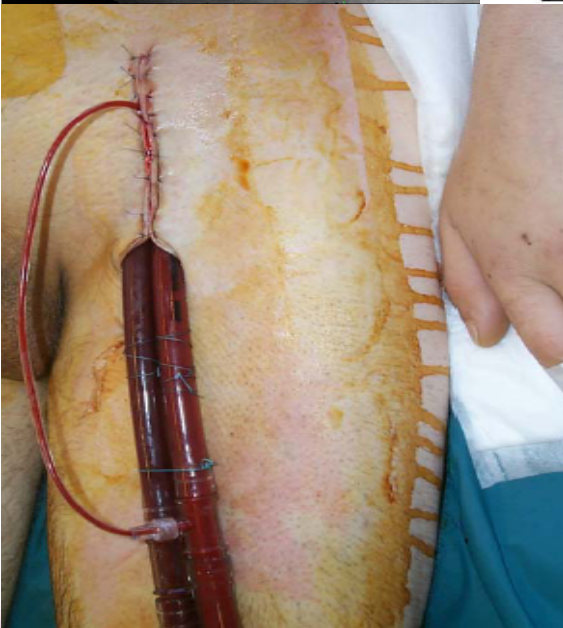
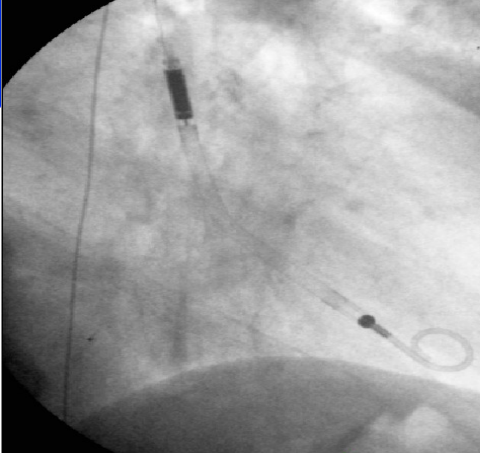


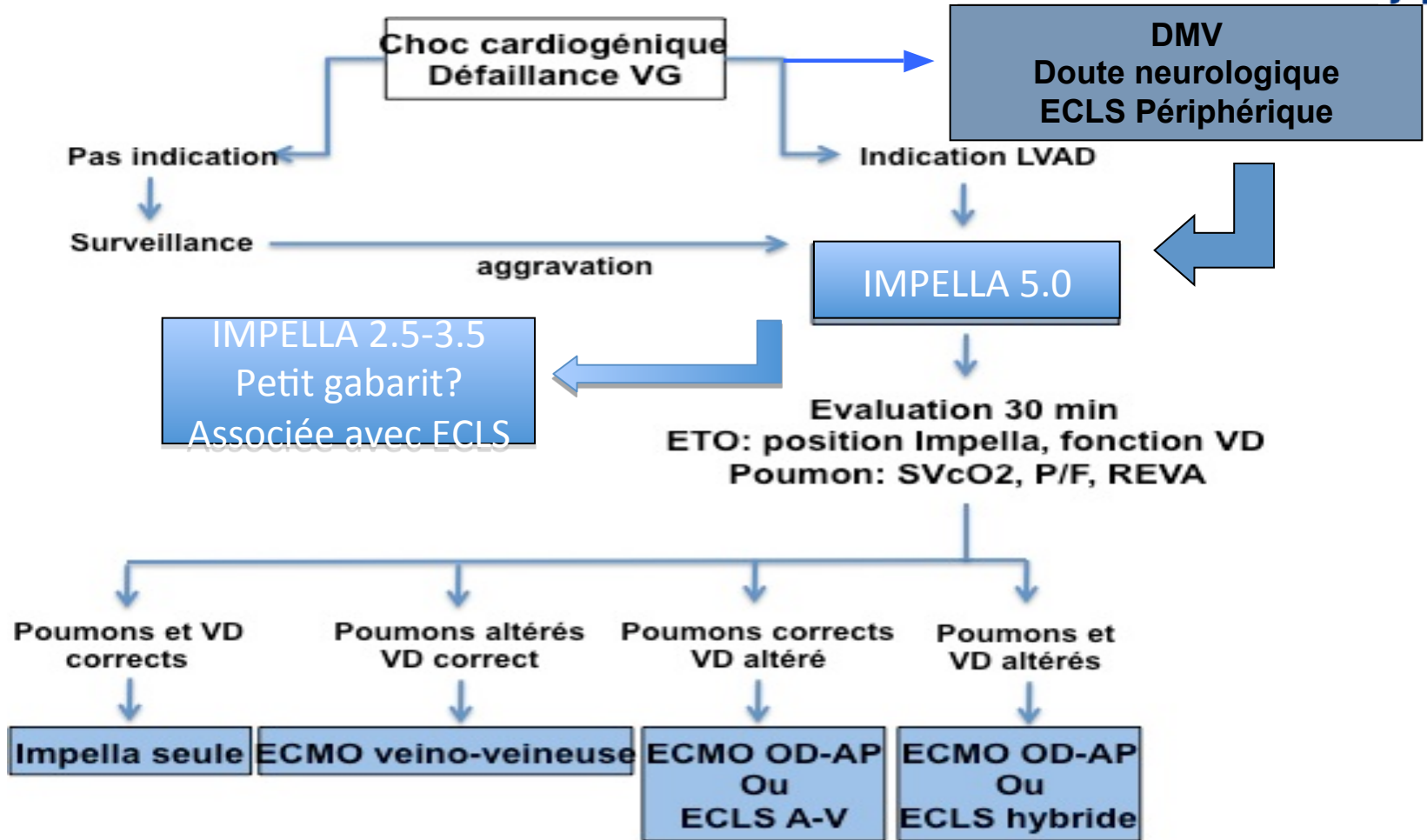
LONGUE DUREE



ASSISTANCE VENTRICULAIRE COURTE DUREE et TRANSPLANTATION CARDIAQUE

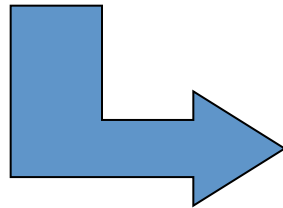






Traiter le *crash and burn*

- Améliorer perfusion d'organe
- Compenser fonctions pulmonaires, rénales, splanchniques..
- Faire le bilan pré greffe
- Evaluation patient, famille..



Récupération

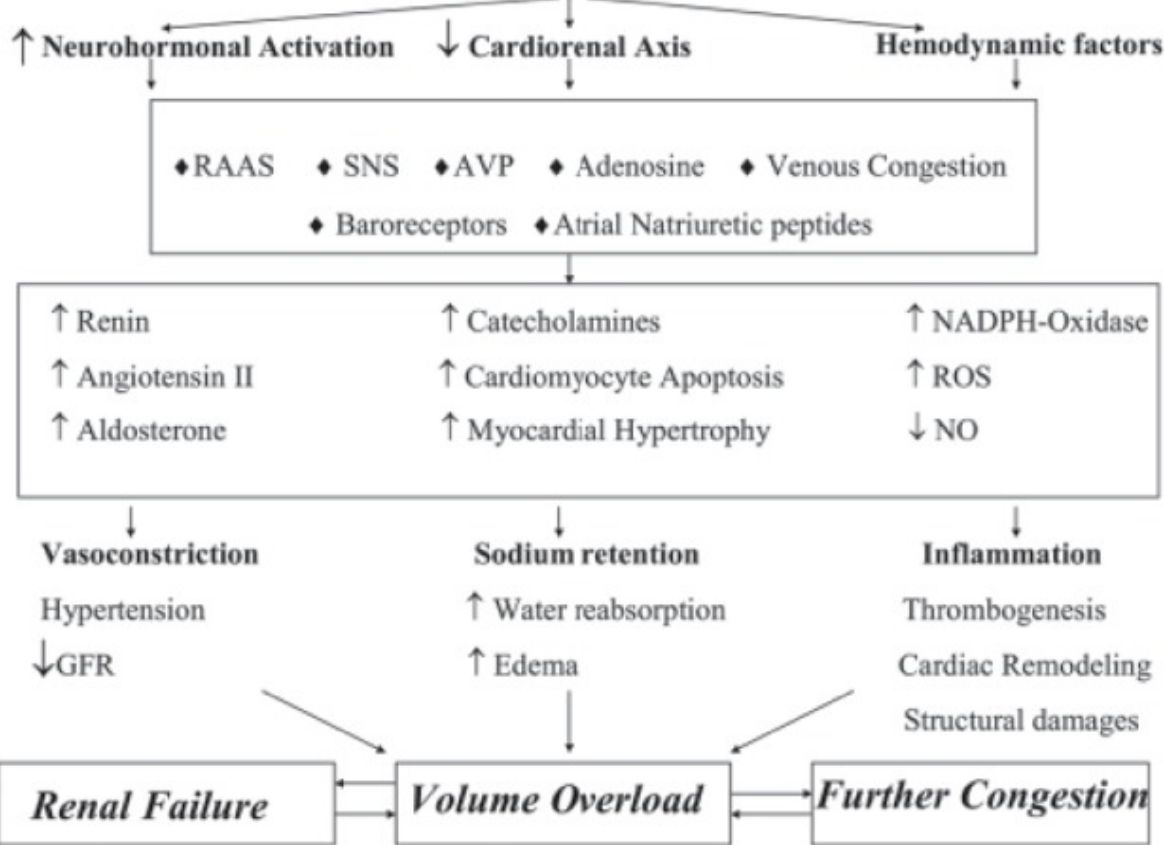
Transplantation **SU 1**

Assistance longue durée

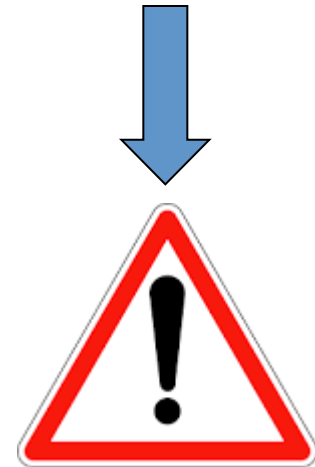
Limitation thérapeutique

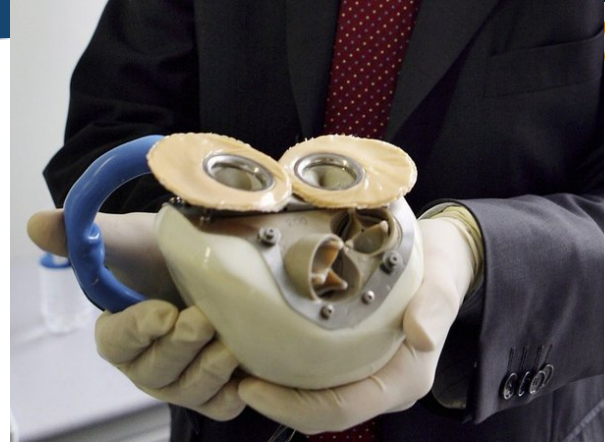
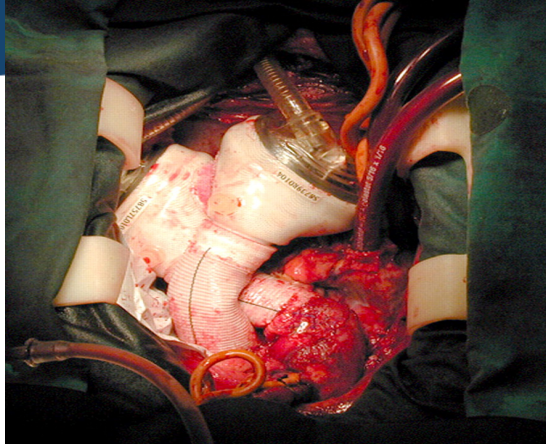
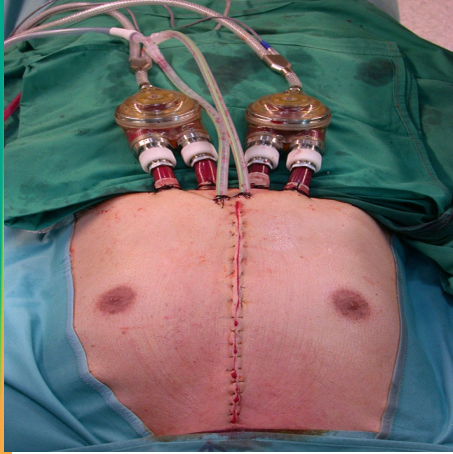
ASSISTANCE VENTRICULAIRE LONGUE DUREE et TRANSPLANTATION CARDIAQUE

ACUTELY DECOMPENSATED HEART FAILURE



Dénutrition
HTAP
Déconditionnement
périphérique
Insuffisance rénale
Alloimmunisation





Assistance MONO VENTRICULAIRE GAUCHE



Amélioration de la fonction VD

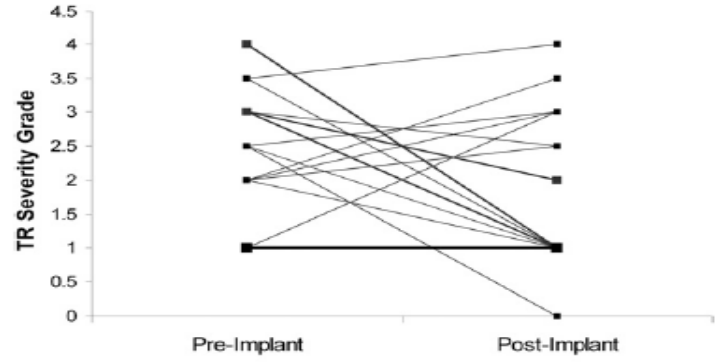
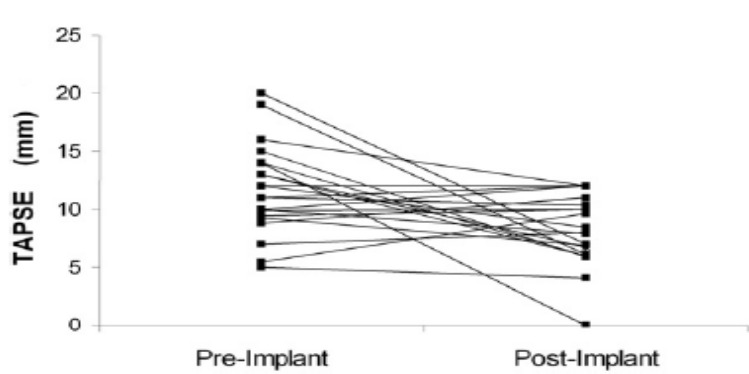
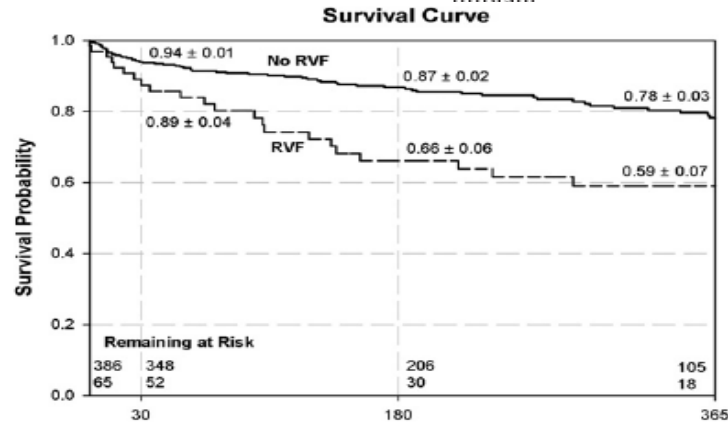


Figure 1 Individual changes are shown in tricuspid annular plane systolic excursion (TAPSE) values pre-implant and at 202 ± 86.2 days post-implant.

Figure 2 Individual changes are shown in the severity of tricuspid regurgitation (TR) pre-implant and at 202 ± 86.2 days post-implant.



B-Type Natriuretic Peptide Levels and Continuous-Flow Left Ventricular Assist Devices

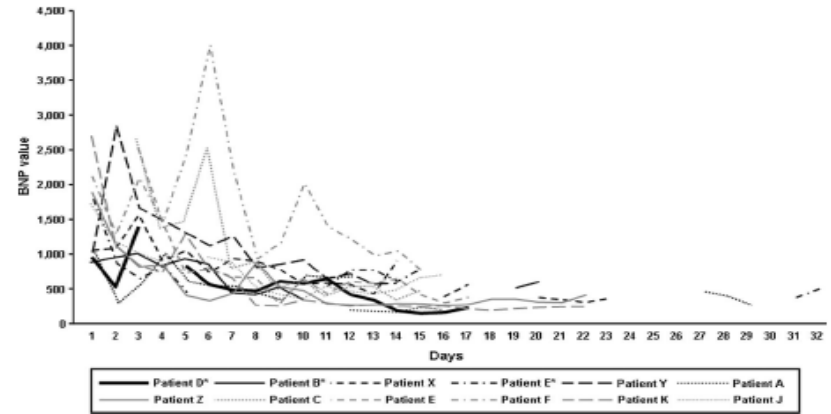
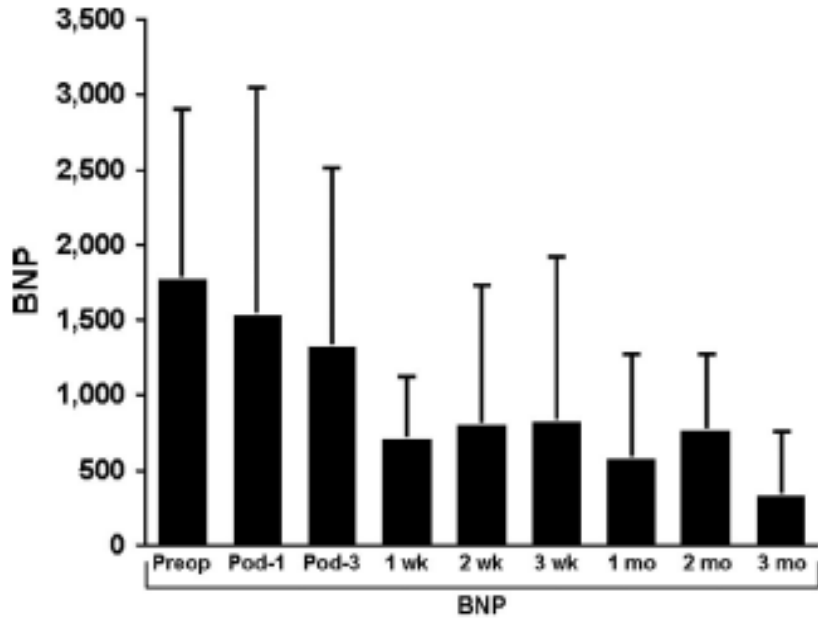


Figure 2. B-type natriuretic peptide (BNP) analysis in hemodynamically stable patients.

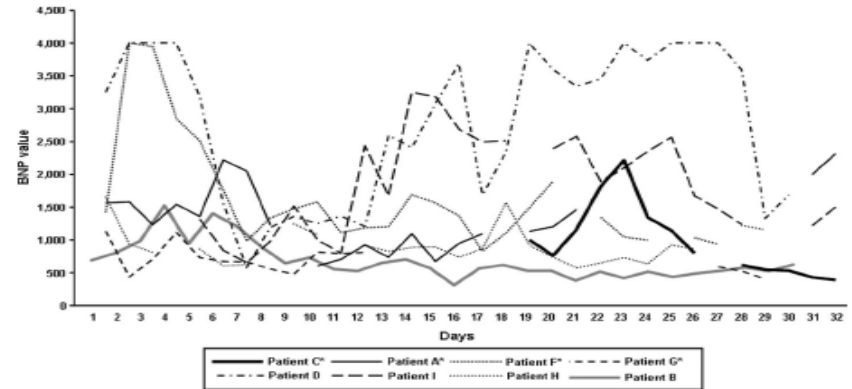
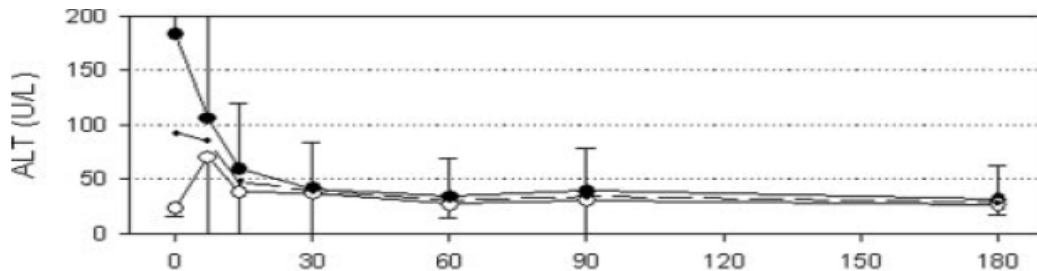
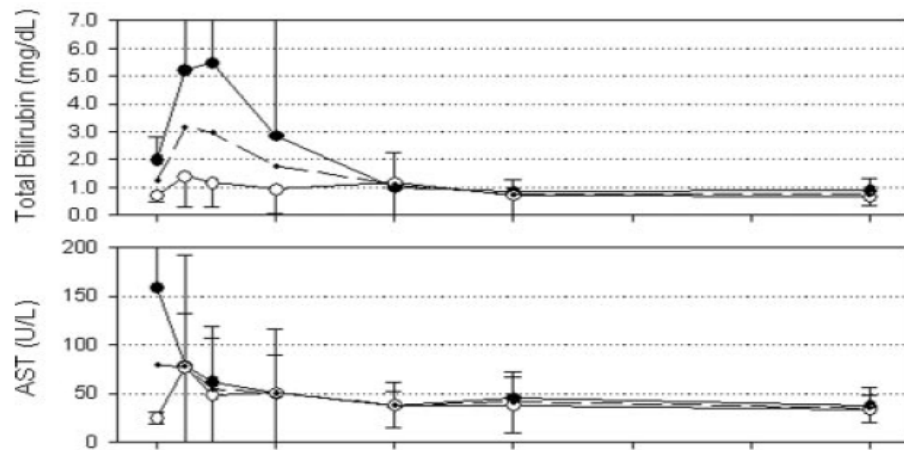
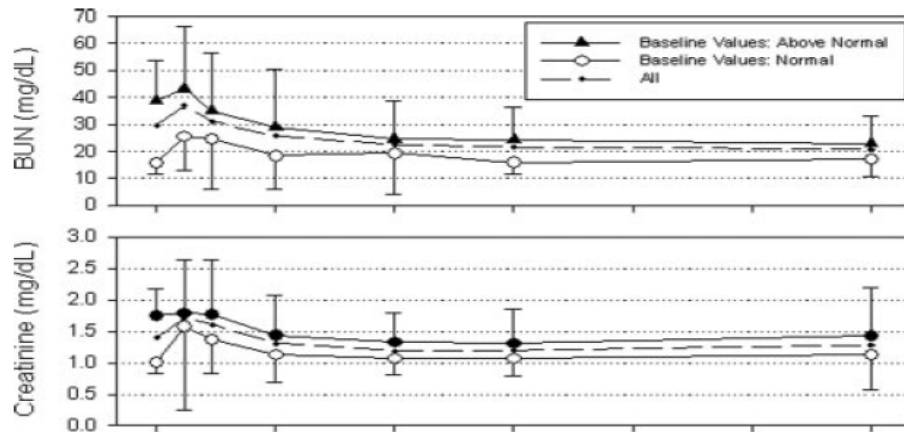
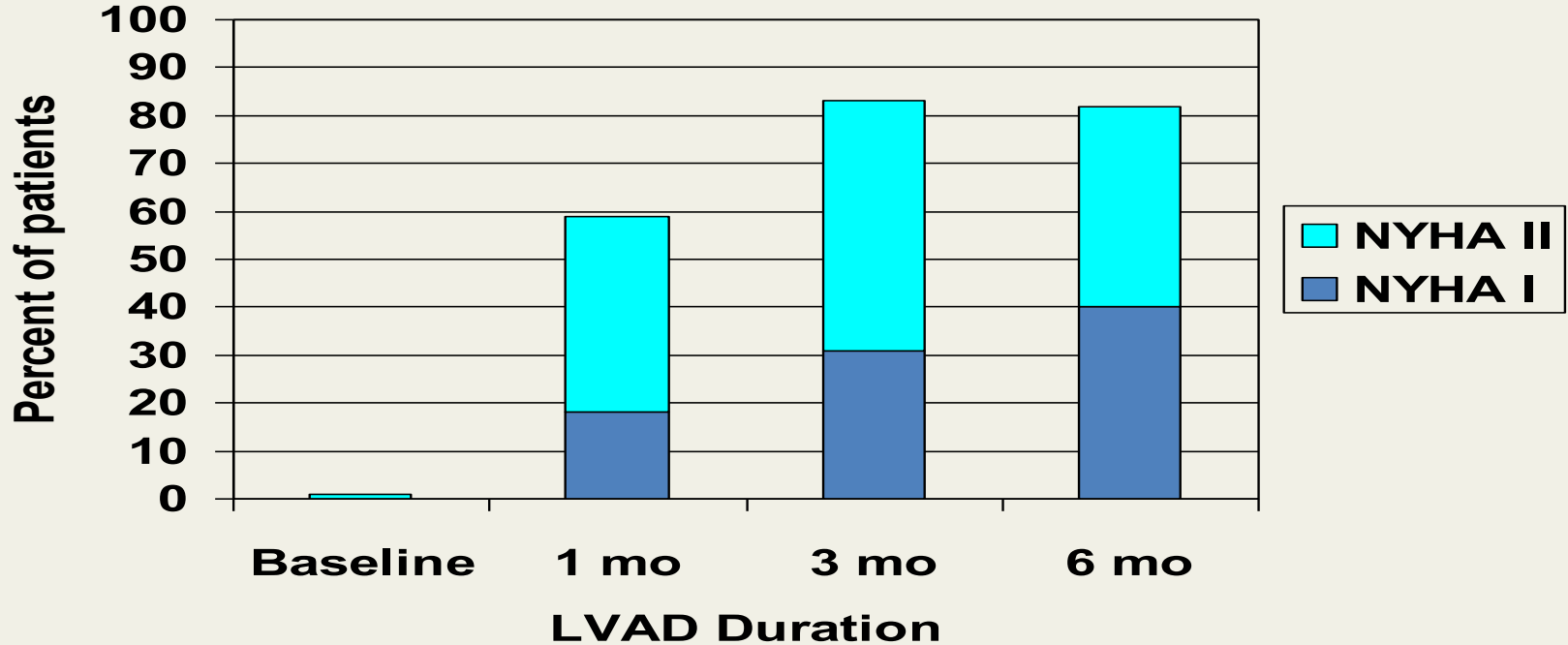


Figure 3. B-type natriuretic peptide (BNP) analysis in hemodynamically unstable patients.

Amélioration de la perfusion d'organe

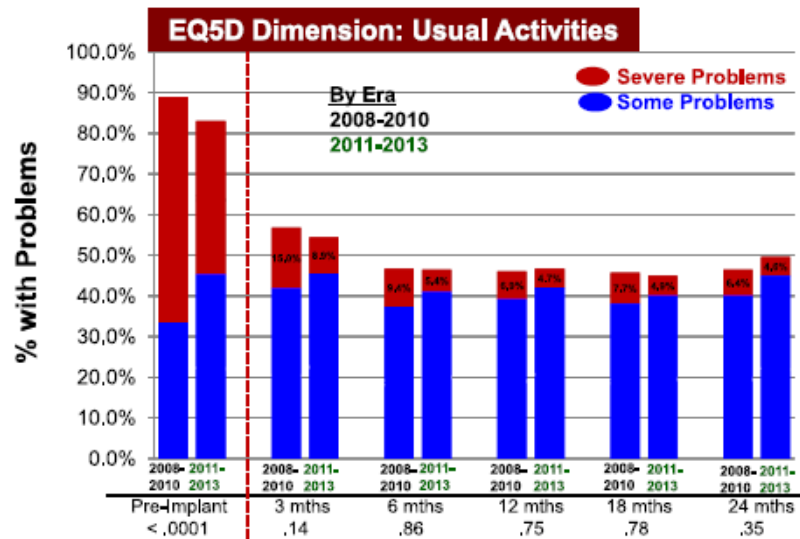
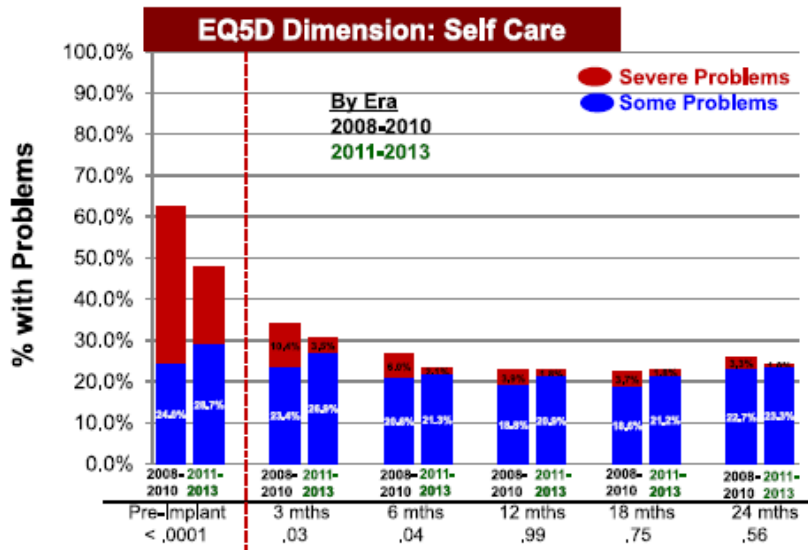


Amélioration de la classe fonctionnelle

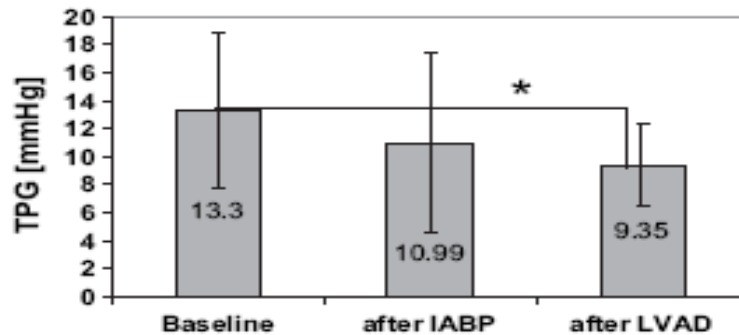
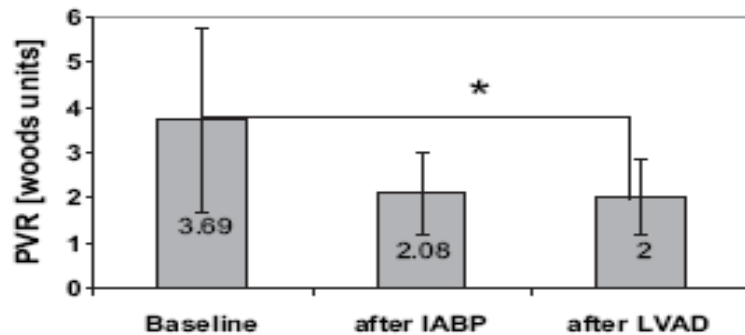
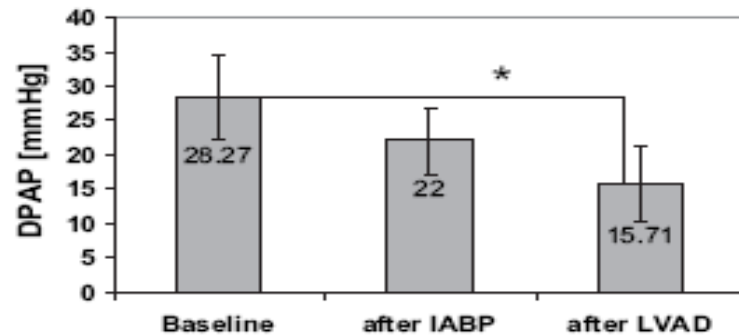
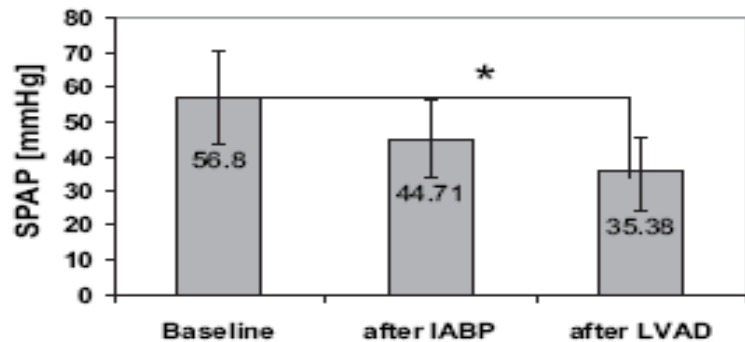


Amélioration de la Qualité de vie

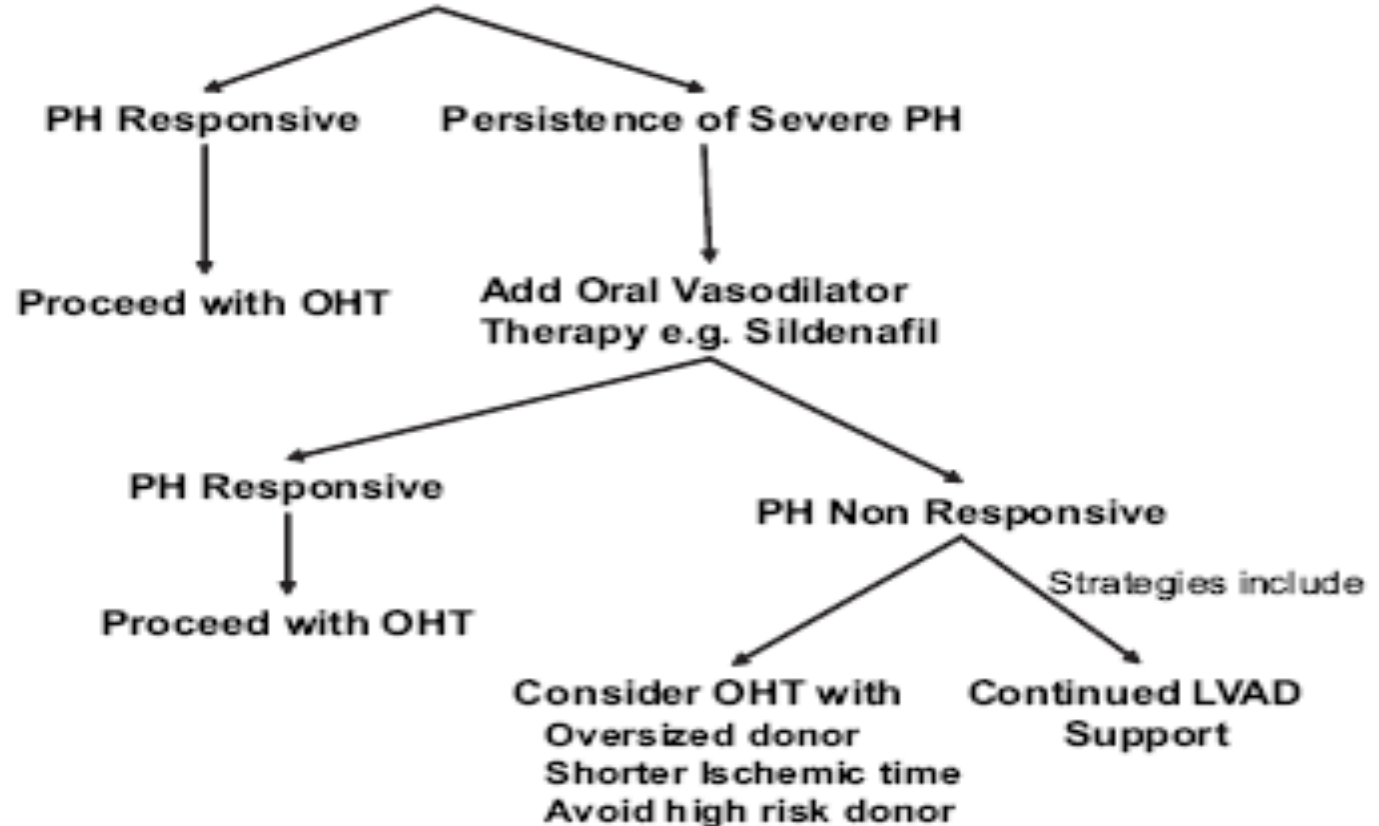
Intermedcs Continuous Flow LVAD/BiVAD implants: 2008 – 2013, n = 9372



Diminution de l'HTAP



Placement of LVAD In BTT Heart Failure Patients with Severe PH



Problèmes principaux: INFECTIONS THROMBOSES-HEMORRAGIES



Super Urgence **SU 2**

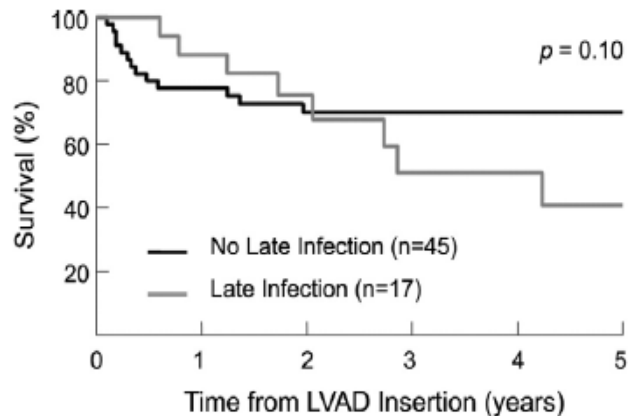
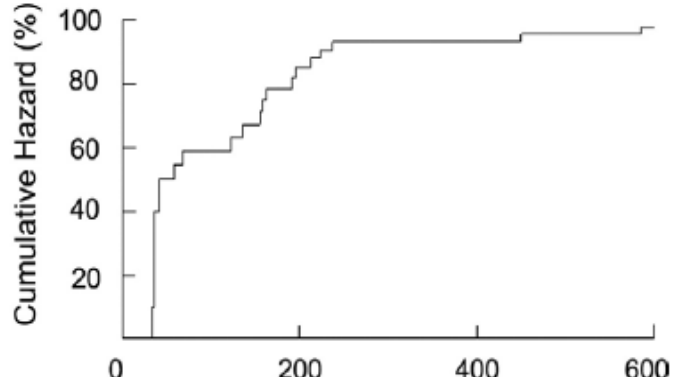
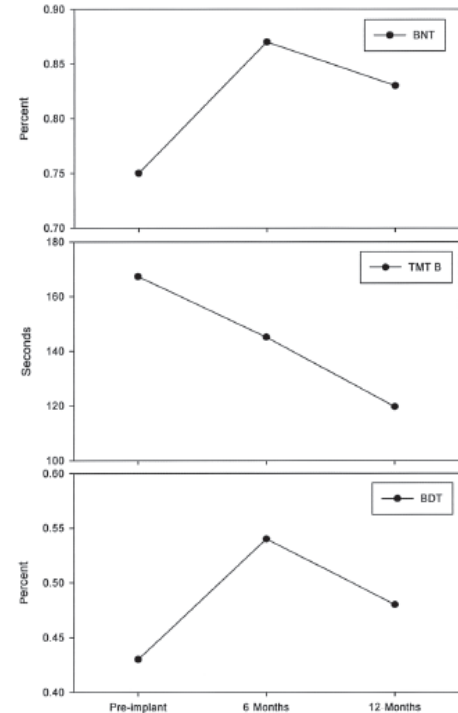


Table 2 Bleeding Events Requiring Transfusion

Event Site	n	Event
GI	24	
Chest	7	6 pericardial effusion, 1 hemothorax
Other	3	Dental, LE wound, postmenopausal
Epistaxis	1	
Total	35	

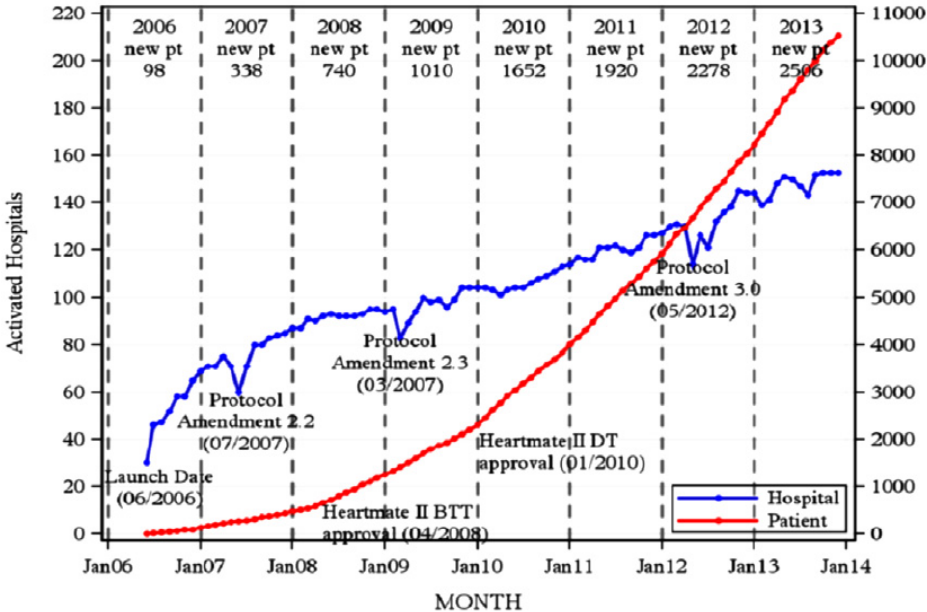
Table 5 von Willebrand Factor Levels (n = 31)

During VAD Use	
Decreased or absent VW multimers	100%
VW antigen	203.5 ± 107.1, median 187
Ristocetin	102.4 ± 26.6, median 117



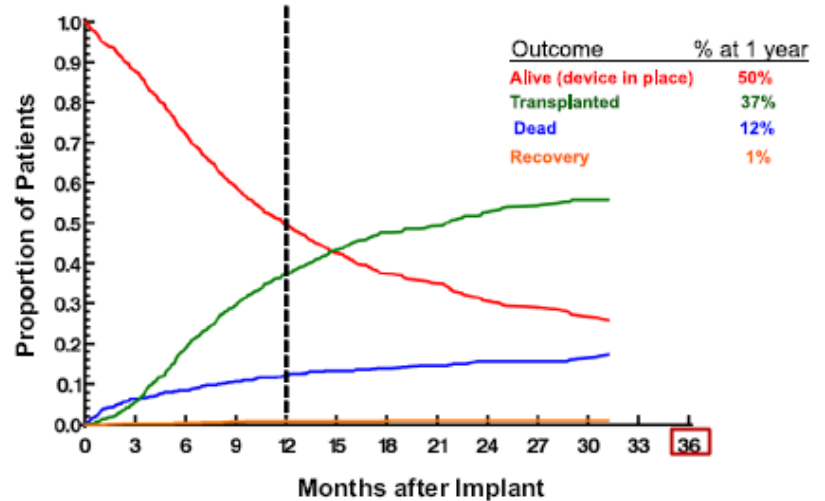
Transplantation cardiaque

INTERMACS Hospital Activation and Patient Enrollment
 Primary Prospective Implants: June 23, 2006 to December 31, 2013



Intermacs Continuous Flow LVAD/BiVAD Implants: 2008 – 2013, n = 9372

BTT: Listed CFLVAD implants 2011-2013, n=1309

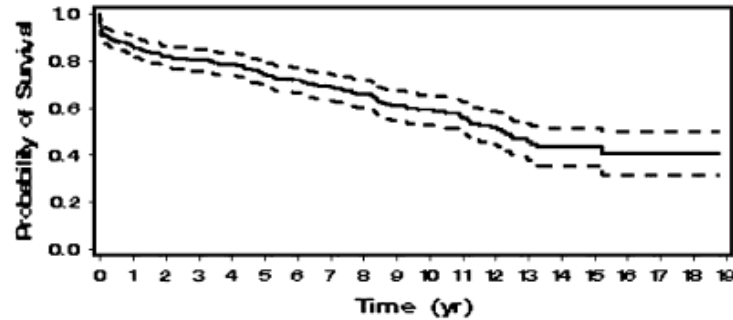


Amélioration des Résultats

UCHSC Heart Transplant Data — 06DEC2006

Patients: All less LVAD

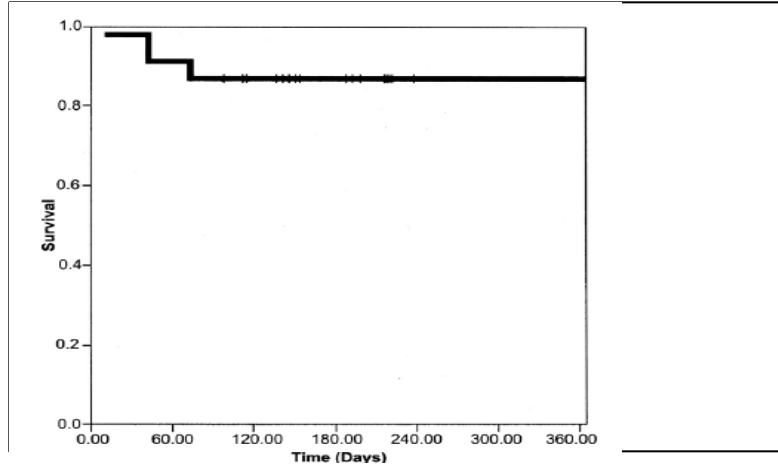
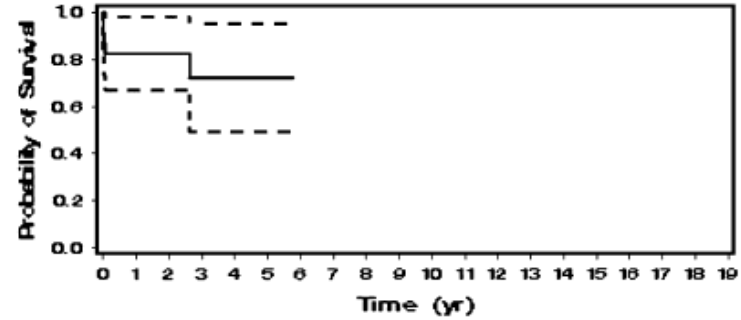
Survival Function with 95% Confidence Limits



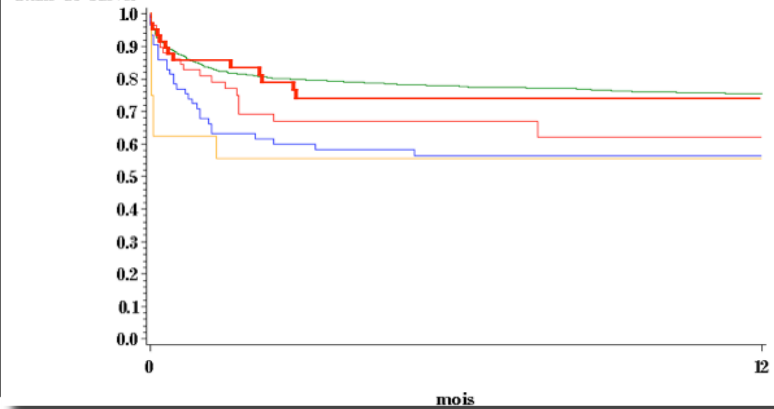
UCHSC Heart Transplant Data — 06DEC2006

Patients: LVAD only

Survival Function with 95% Confidence Limits



Taux de survie



Conclusion

IC Aigue

Traiter le *crash and burn*
Eviter les défaillances multiviscérales
Préparer le bilan pré transplantation
Evaluer le patient

SU 1

IC Chronique

Faciliter renutrition et reconditionnement
Améliorer perfusion d'organe
Réduire l'HTAP
Préparer le bilan pré transplantation
Evaluer le patient
Réaliser le TTT Hyperimmunisation

SU 2 SU 3

Préparer au mieux la transplantation cardiaque