

Procédures complexes et stents Synergy[®]

G.SOUTEYRAND, P.MOTREFF

APPAC 2015

Jeudi 11 Juin 2015

Mr A. 79 ans, Policier retraité

FDRCV : surcharge pondérale, HTA, dyslipidémie

ATCD : PM triple chambre en Mars 2014

HDLM :

03/2014 Angor d'effort

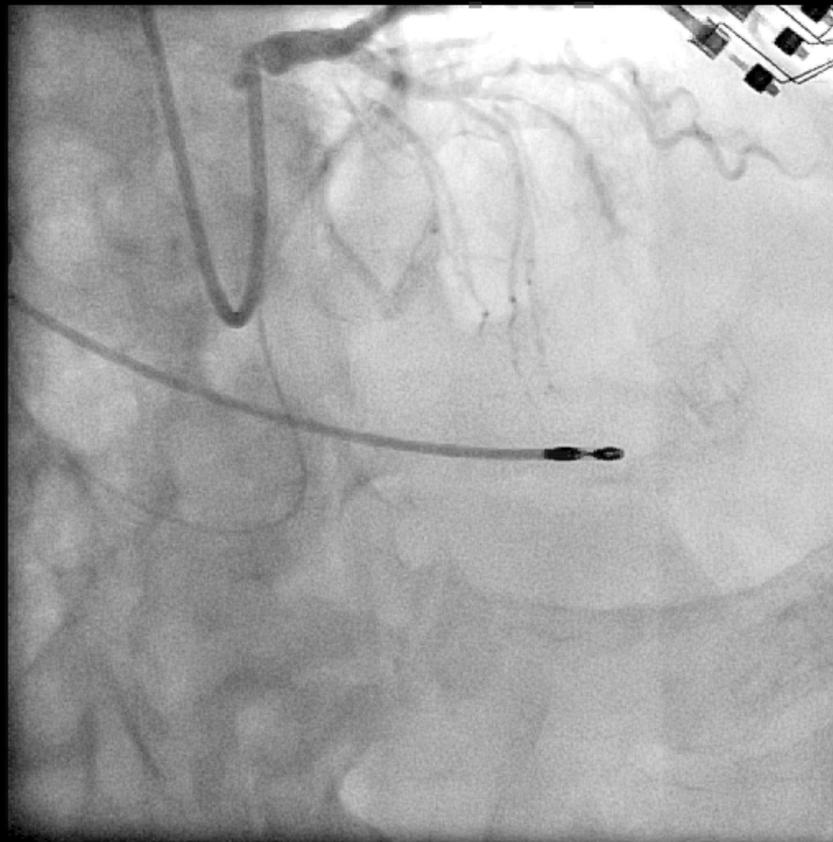
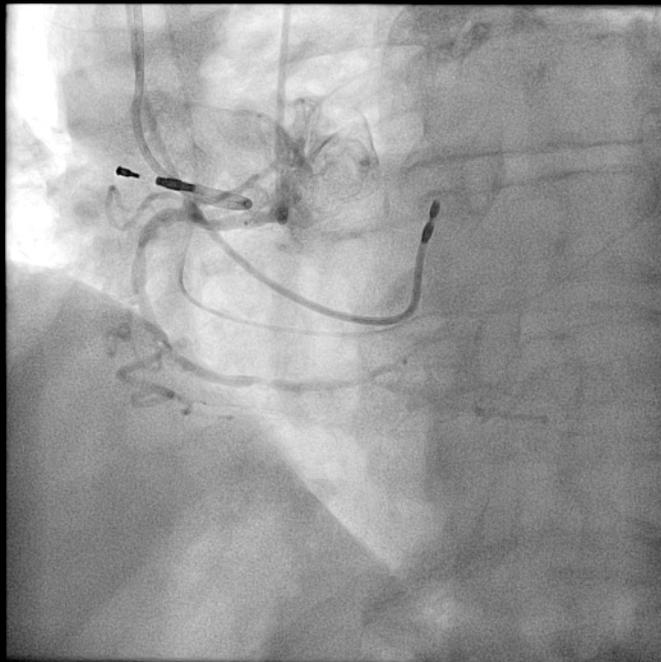
Coro : lésions longues IVA calcifiées +++ , dossier présenté aux chirurgiens

Récusé à cause de l'aval.

Décision traitement médical

ETT : hypokinésie septale, FE 55%.

Mars 2015 : OAP troponine +

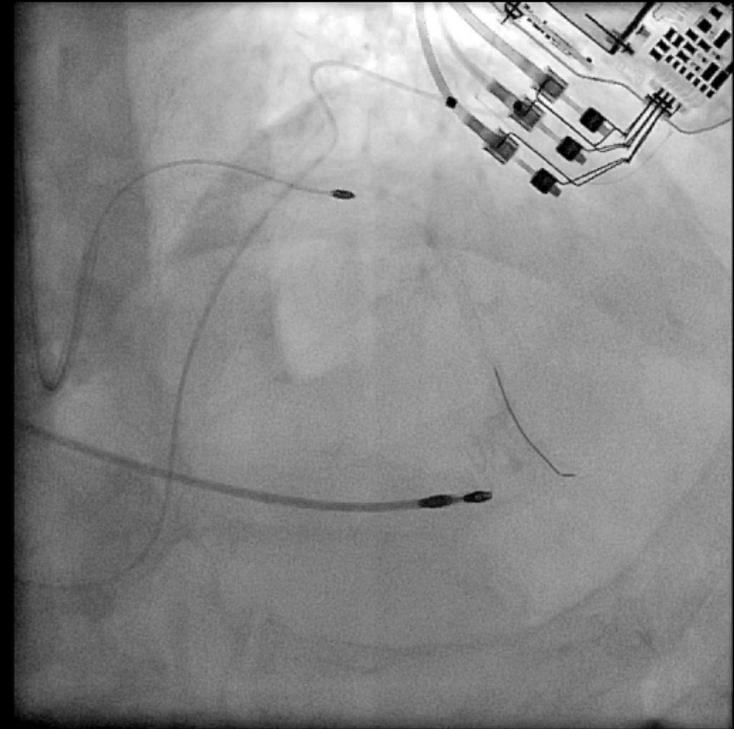


Procédure par voie radiale droite

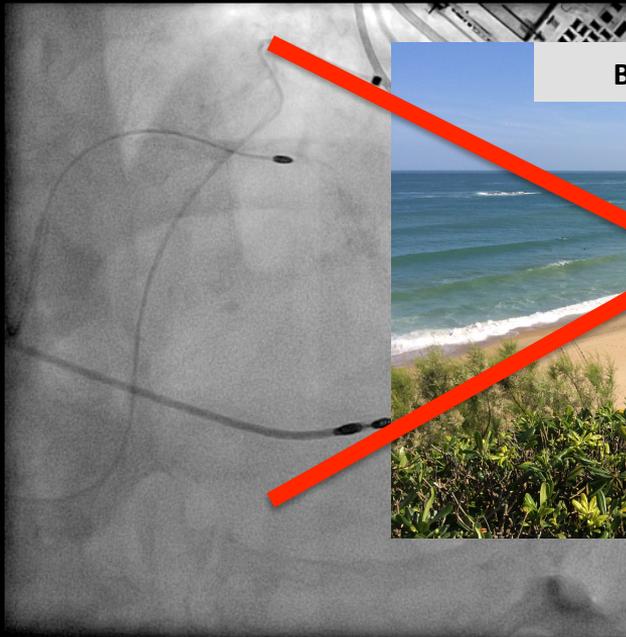
Rotawire franchissant lésion

Fraise de 1.5mm

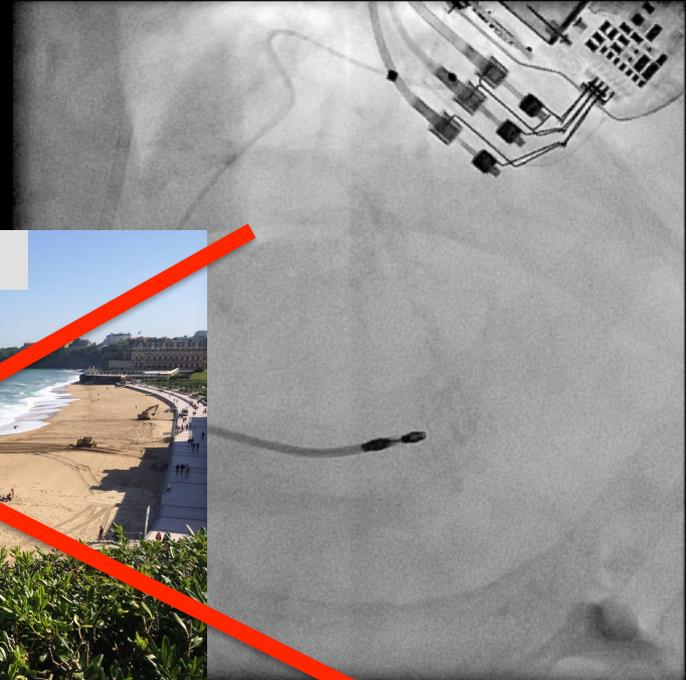
Lésion non franchie



Fraise bloquée au niveau de l'IVA moyenne. Défaut de flush....



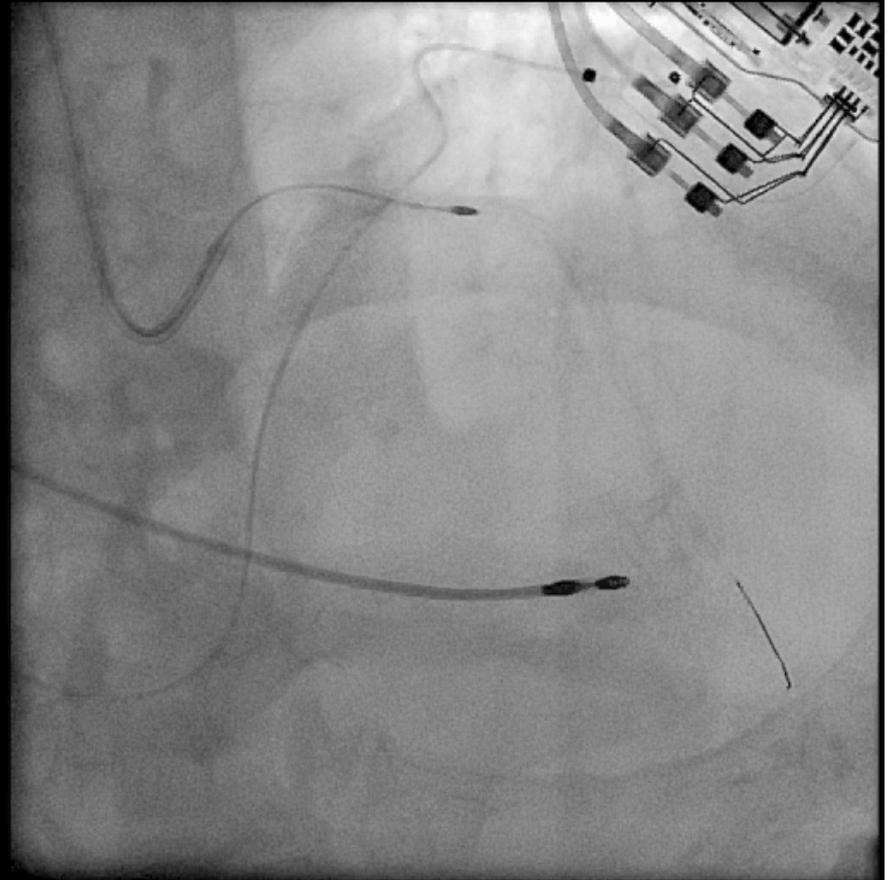
Biarritz 2015



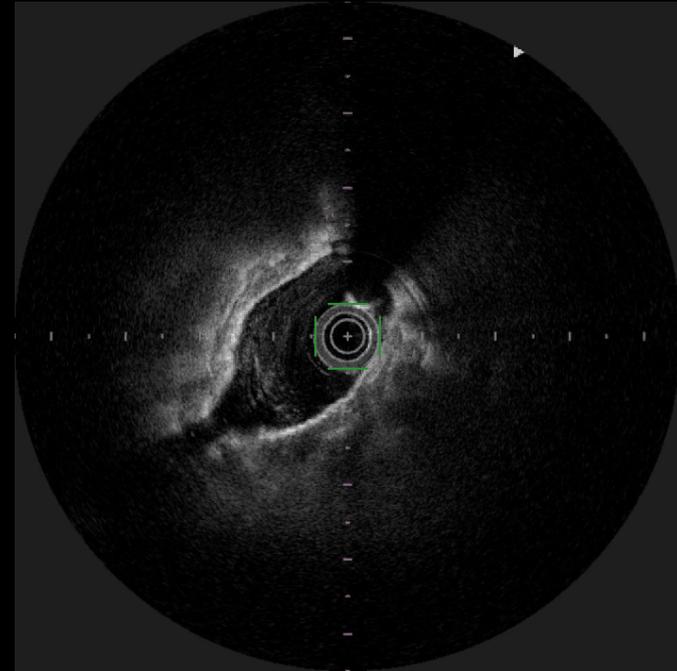
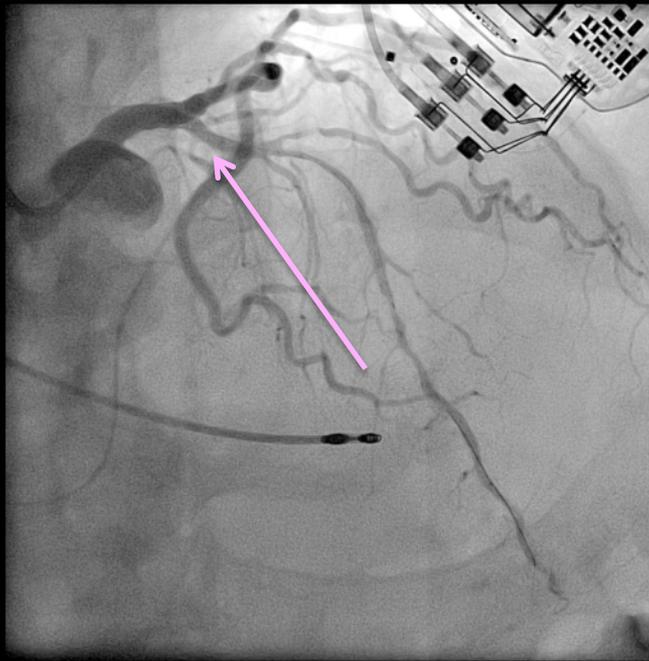
Sus-ST antérieur
Douleur thoracique

**Nouveau franchissement au guide
Rotawire**

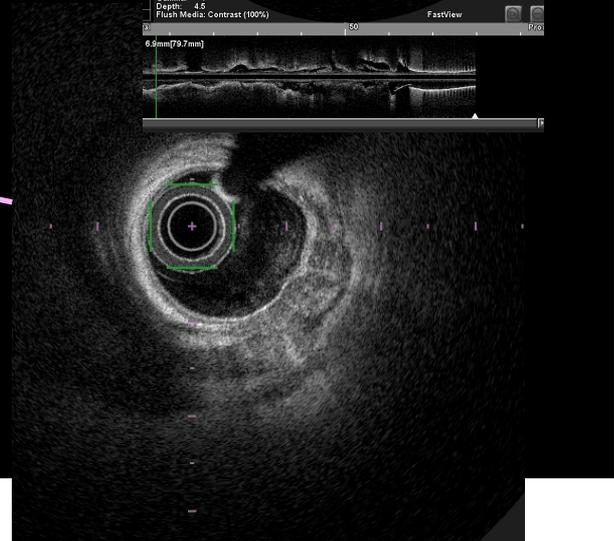
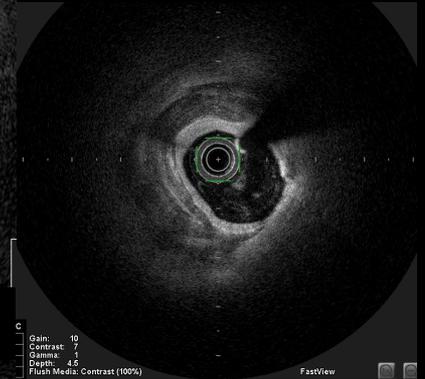
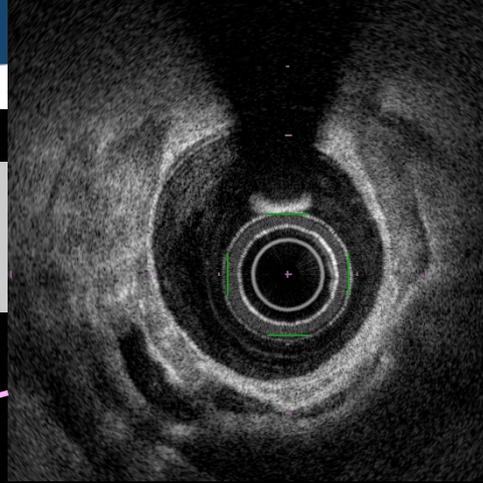
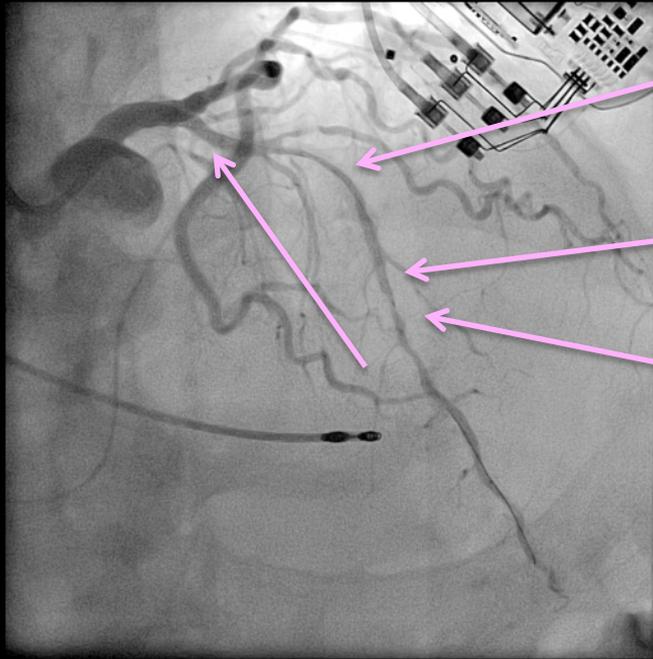
Fraise de 1.25mm

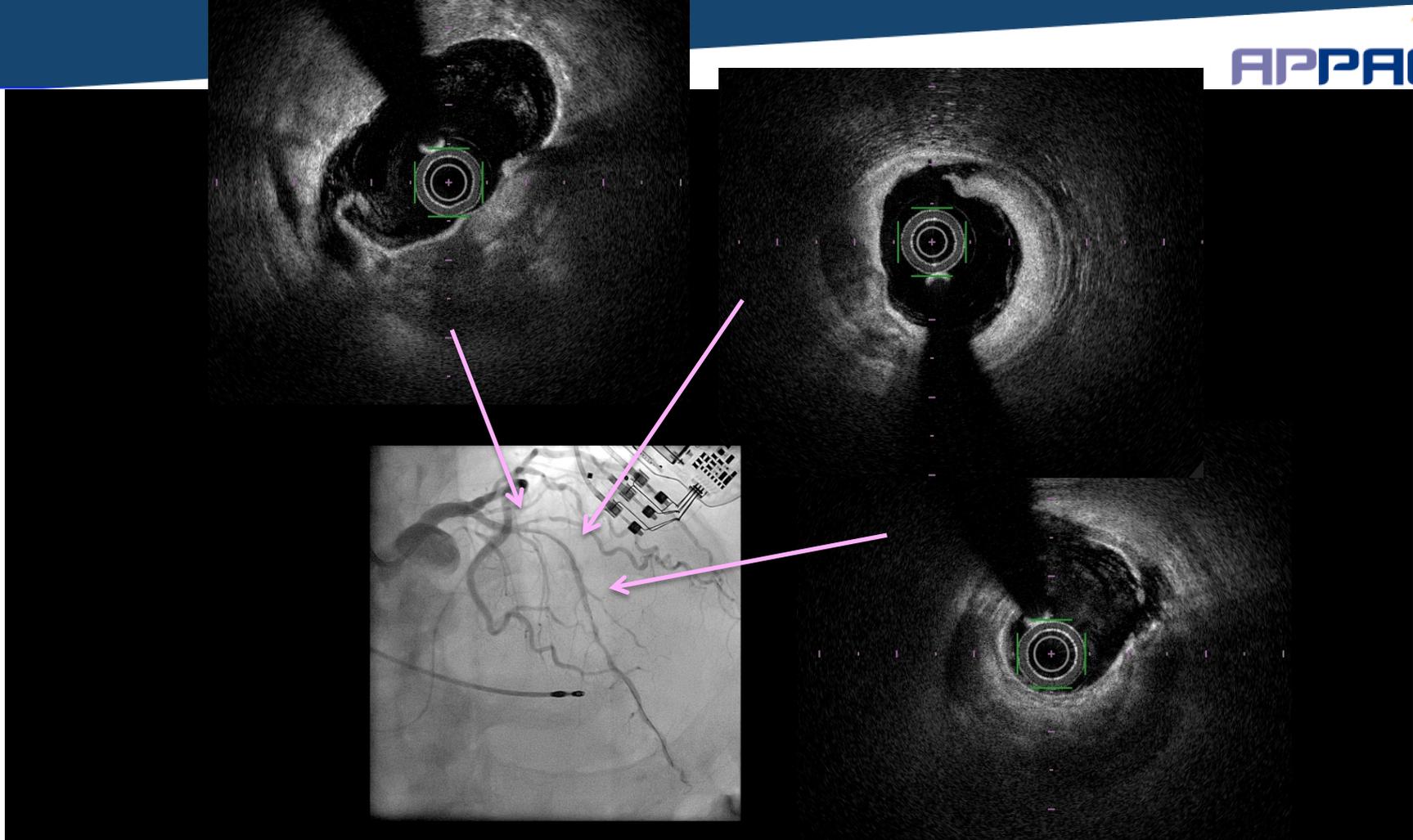


Angiographie post-rotablator
OFDI

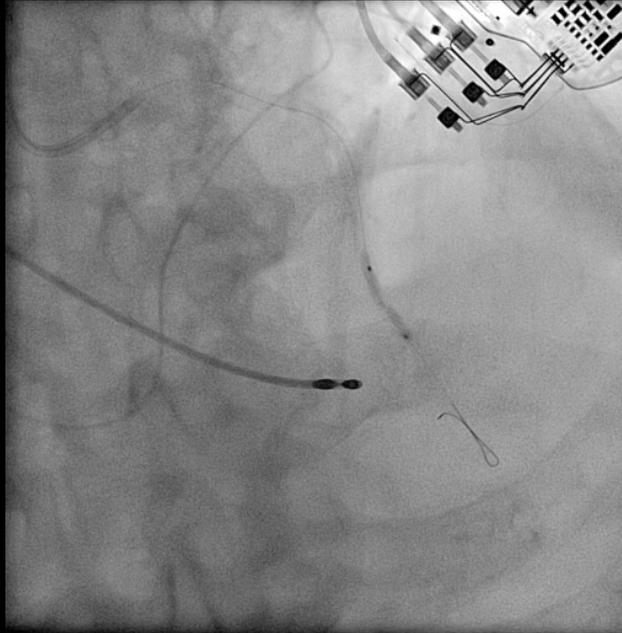


Angiographie post-rotablator OFDI



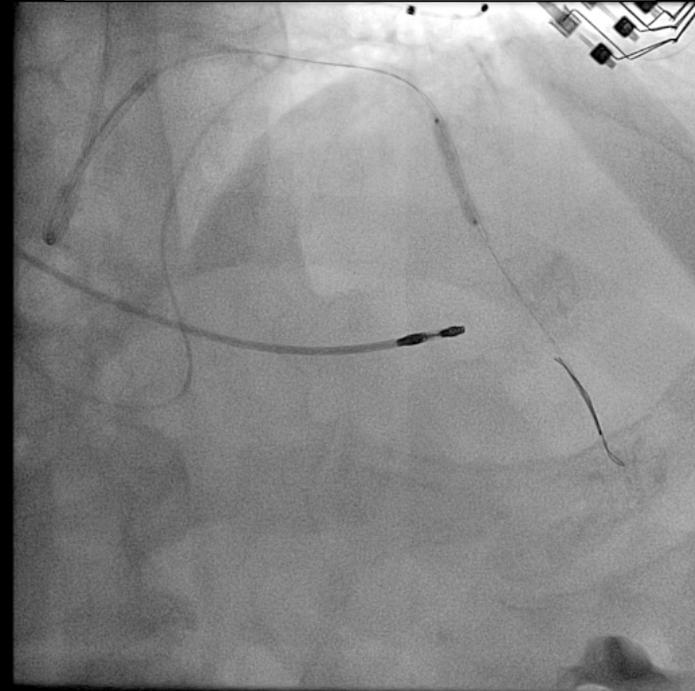


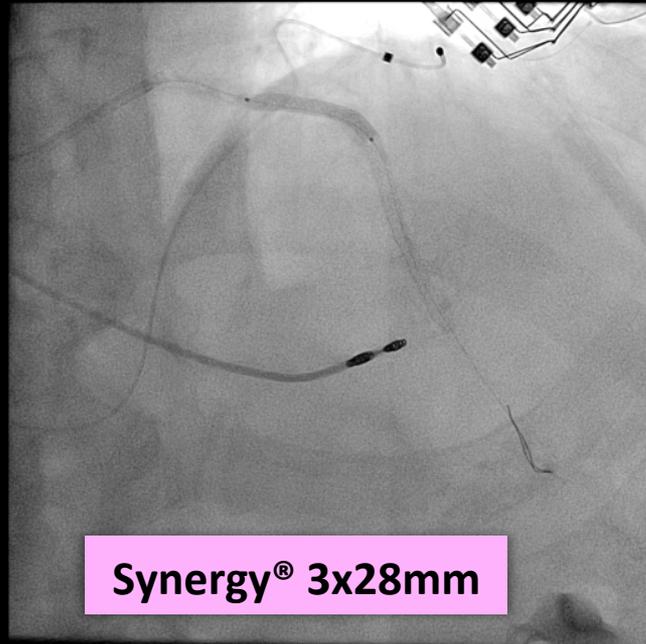
Angioplastie étagées au ballon



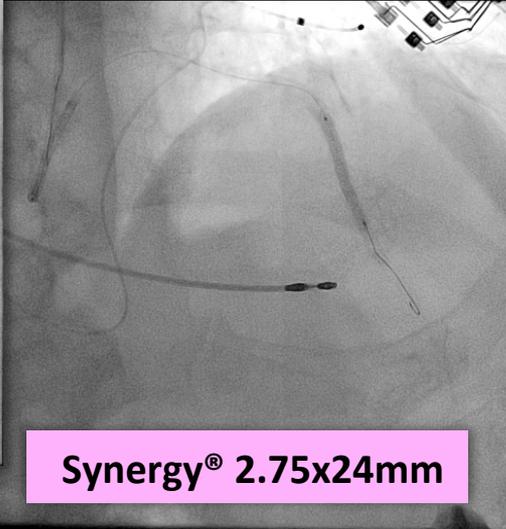
Ballons 1.25x15mm, 1.5x8mm,
2x15mm, 2.5x15mm

Utilisation 2 guides

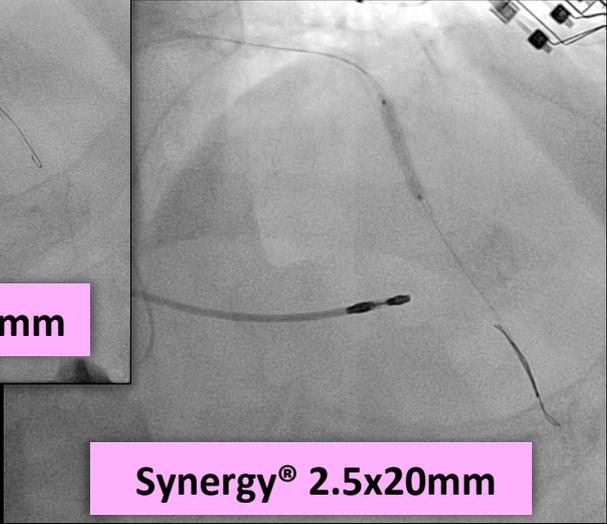




Synergy® 3x28mm

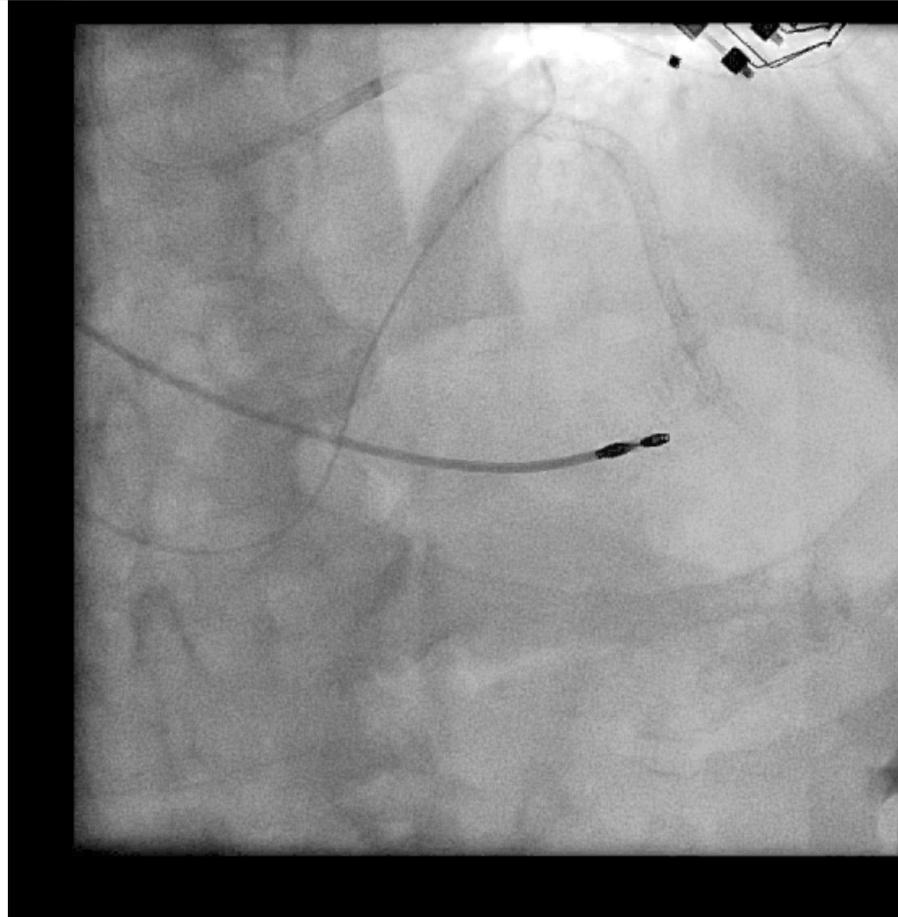


Synergy® 2.75x24mm

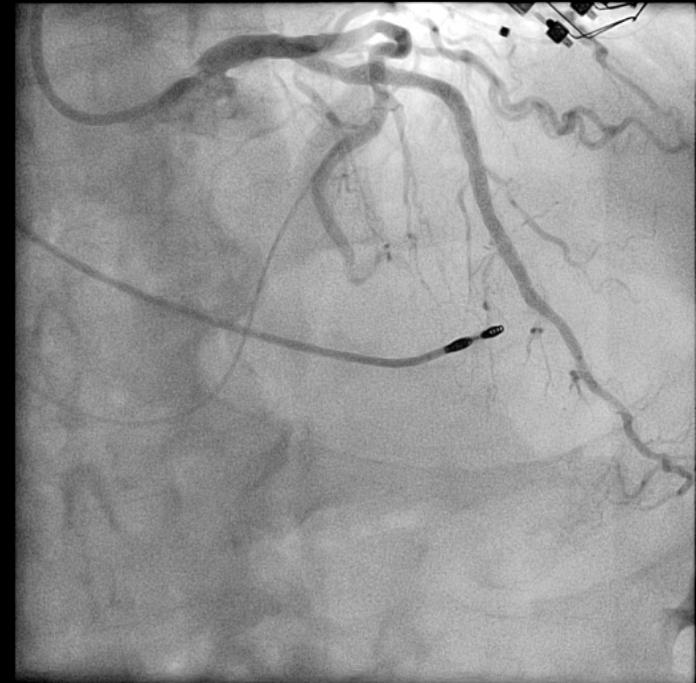


Synergy® 2.5x20mm

3 stents Synergy

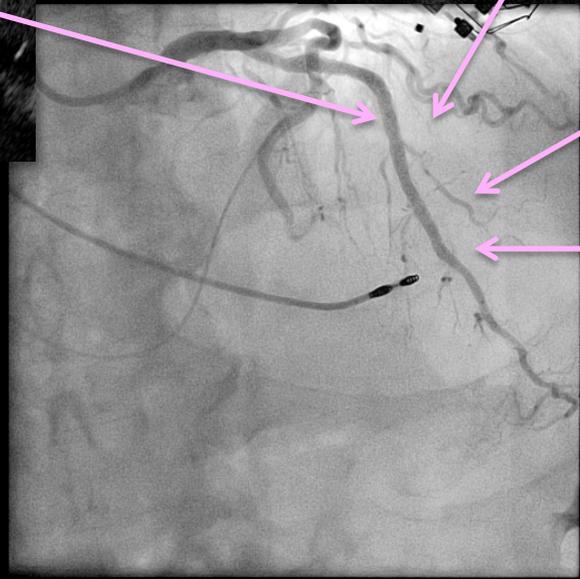
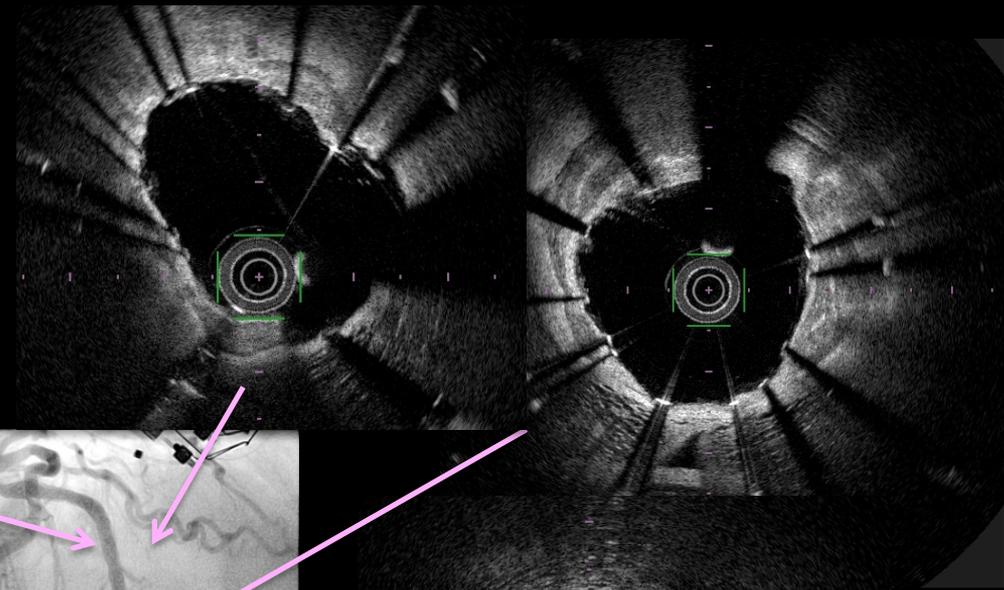
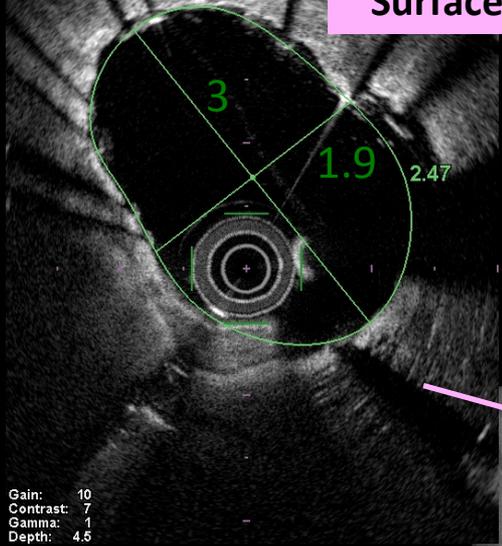


Résultat final

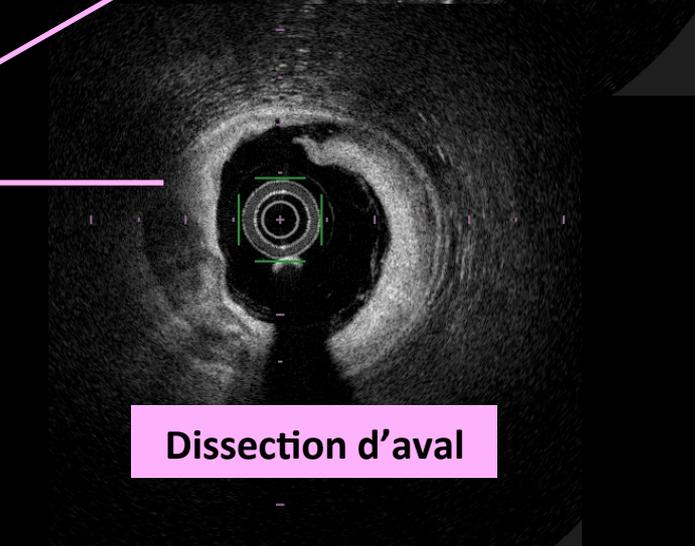


Surface 4.8mm²

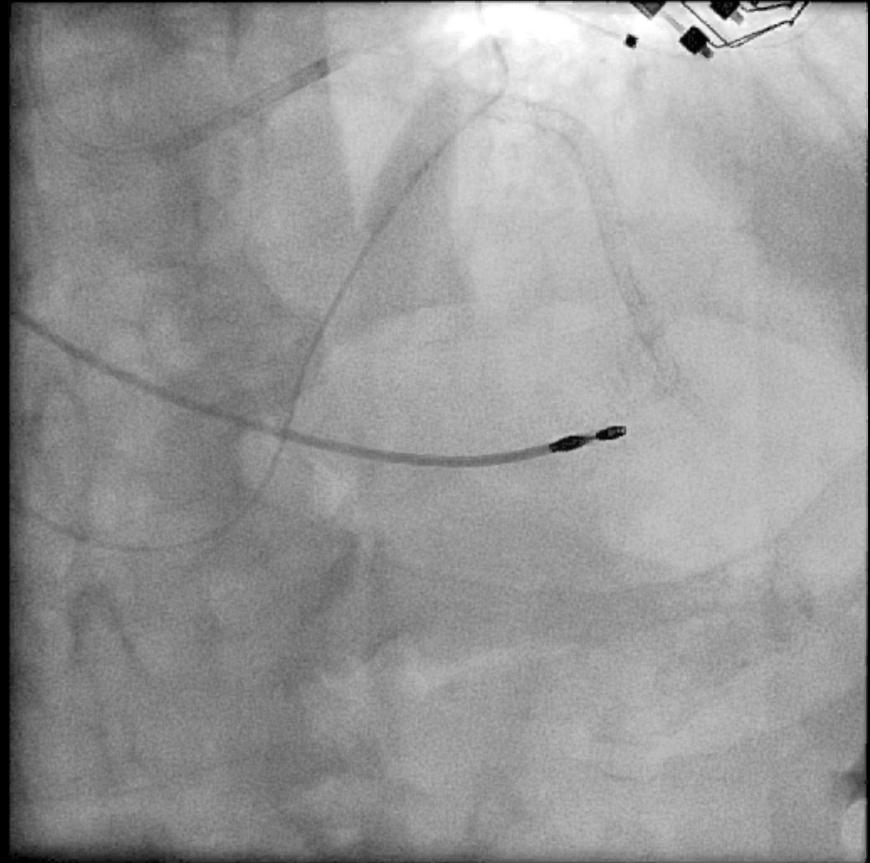
Gain: 10
Contrast: 7
Gamma: 1
Depth: 4.5



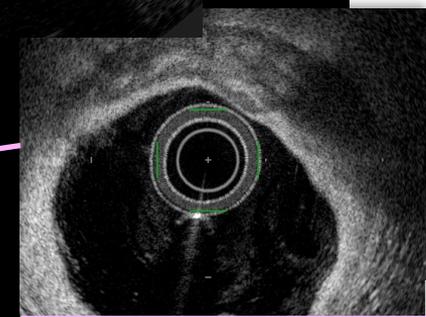
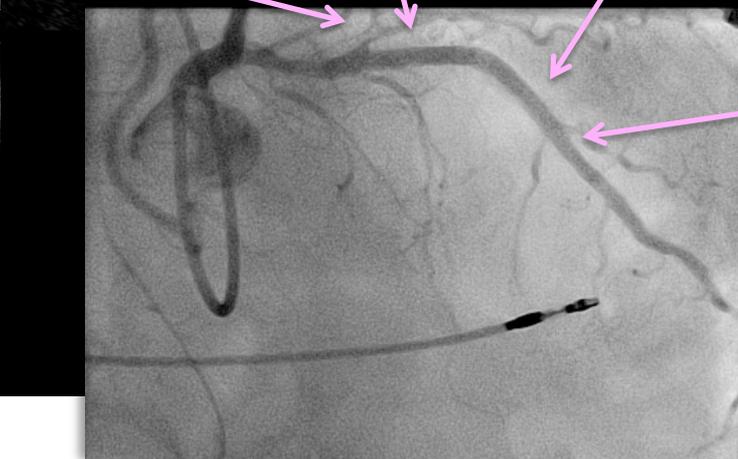
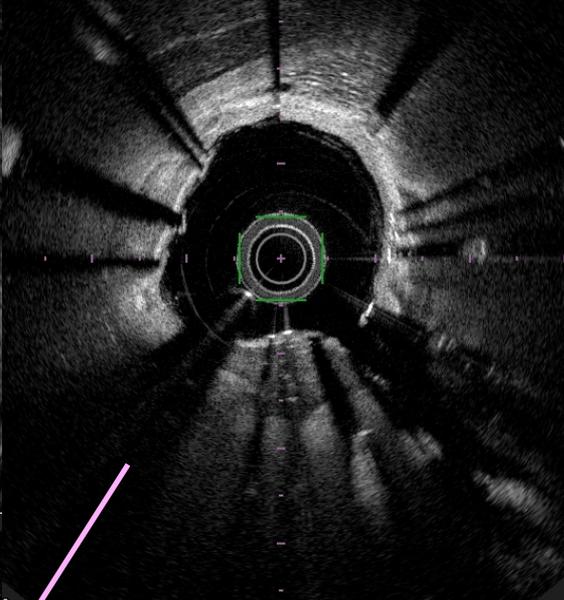
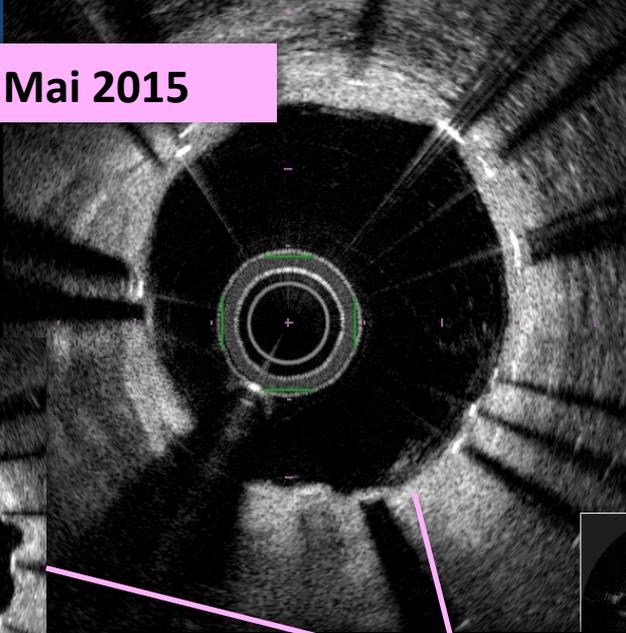
Dissection d'aval



Contrôle coro Mai 2015
Evolution simple
Pas de récurrence de douleur
thoracique
Patient transformé

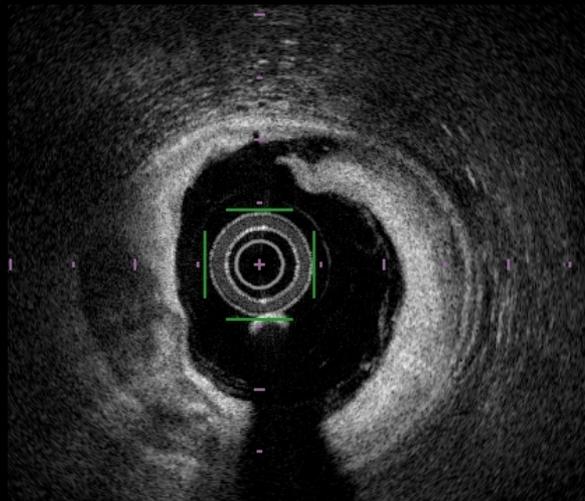


Contrôle coro Mai 2015



Dissection cicatrisée

10
7



Dissection cicatrisée

Mr D. 65 ans,

FDRCV :

DNID, HTA

ATCD :

AOMI

Ponté 1999 : ATIG/IVA-diagonale, ATIdte/Cx

HDLM :

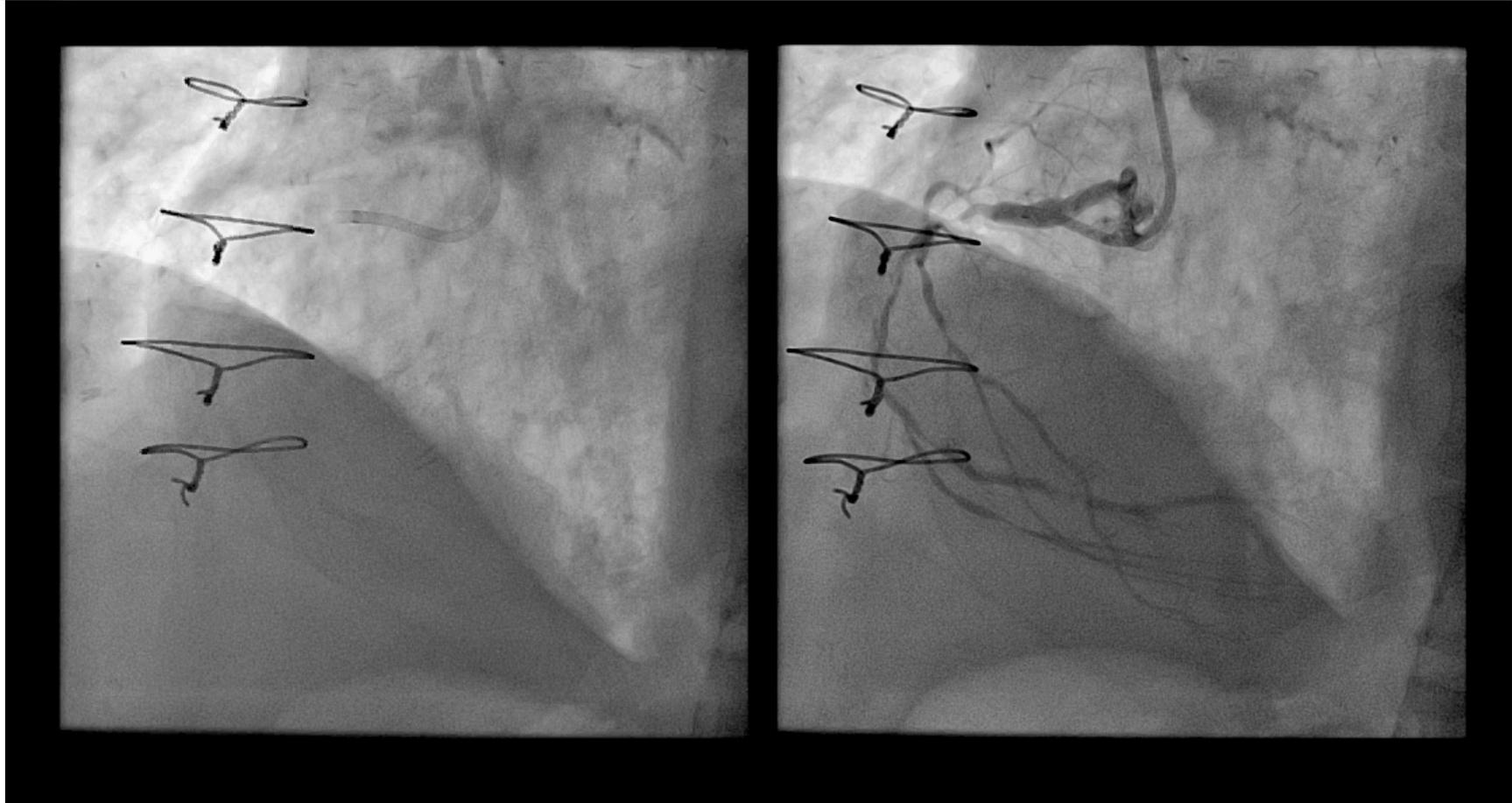
2012 : angor d'effort. Pontages fonctionnels, Cdte multi-sténosée → jugée non revascularisable

Mars 2015 : SCA inférieur, troponine +.

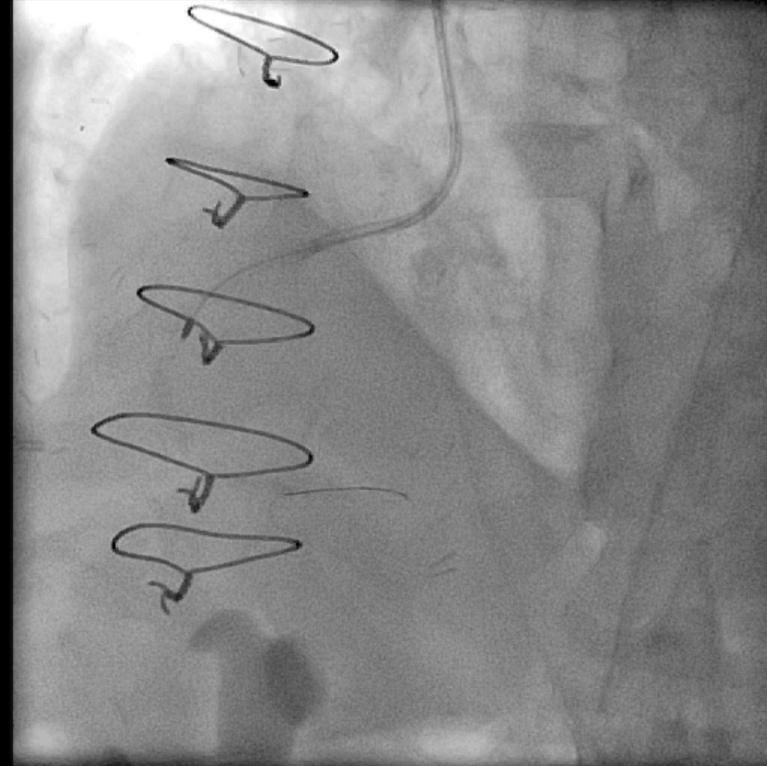
VG FE estimée à 55%

coro : pontages fonctionnels,

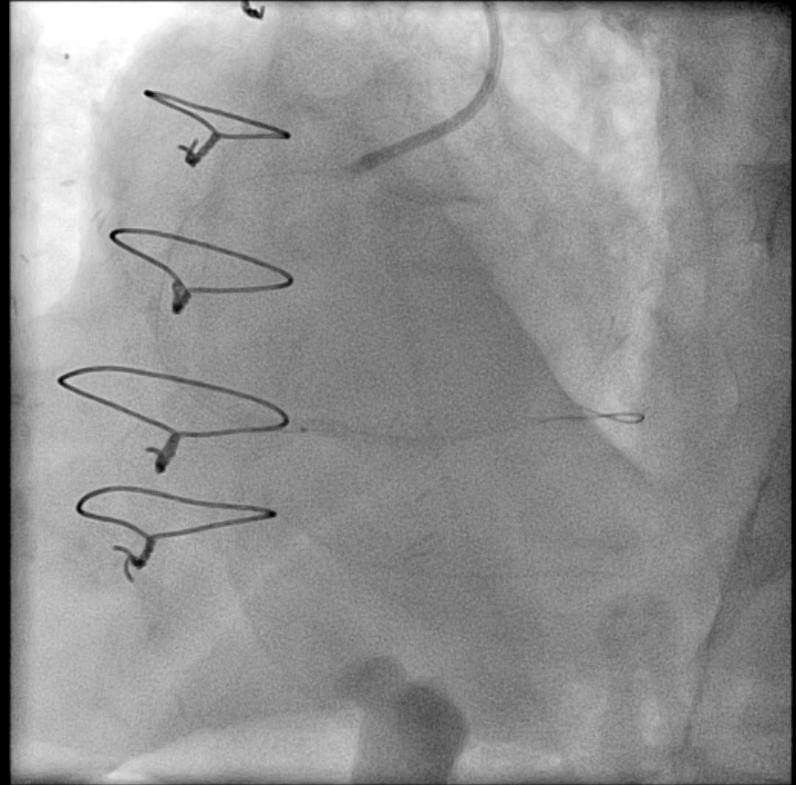
Cdte poly-sténosée → angioplastie pour l'APPAC?



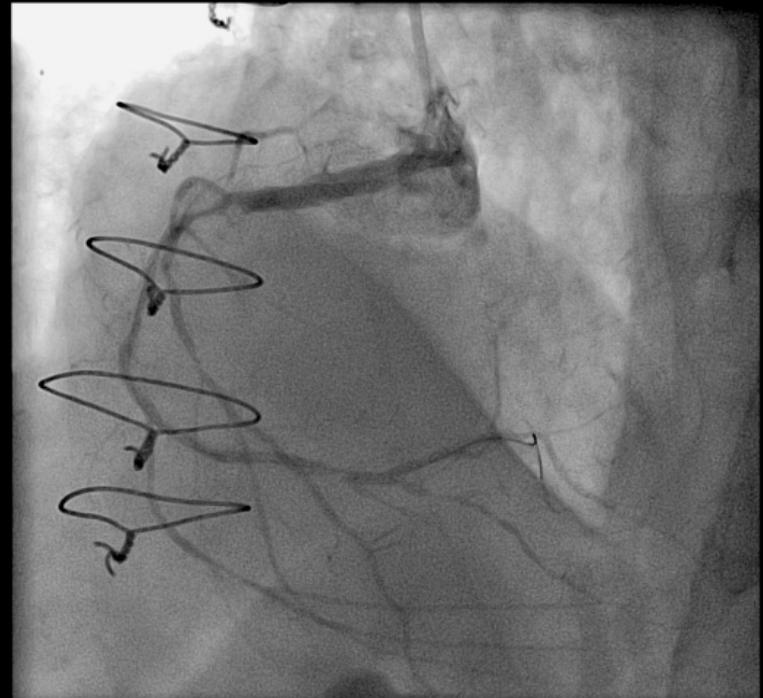
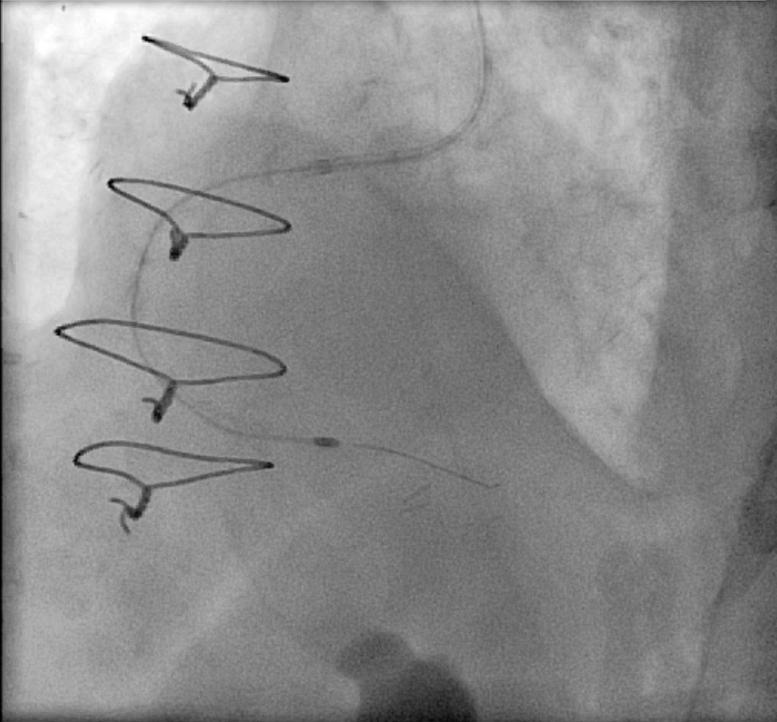
**Décision angioplastie avec
Rotablator
Fraise 1.5mm**



**Echec passage de ballon
coronaire droite distale**



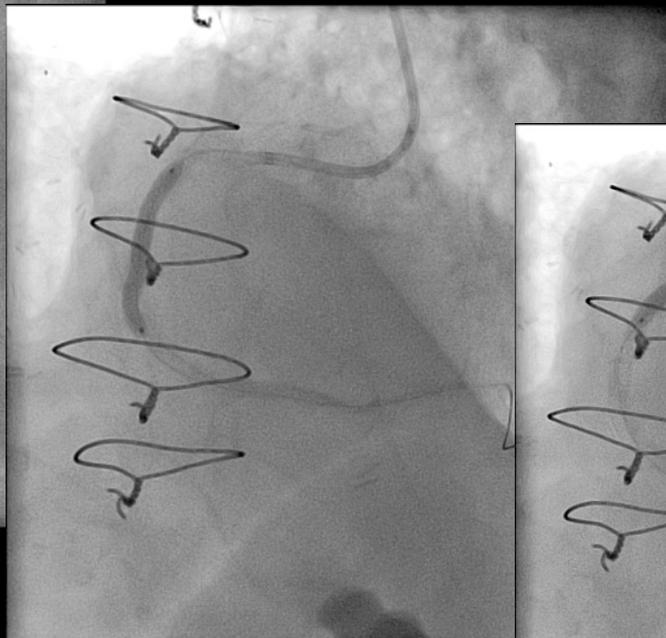
**Nouveau rotablator Fraise
1.25mm**



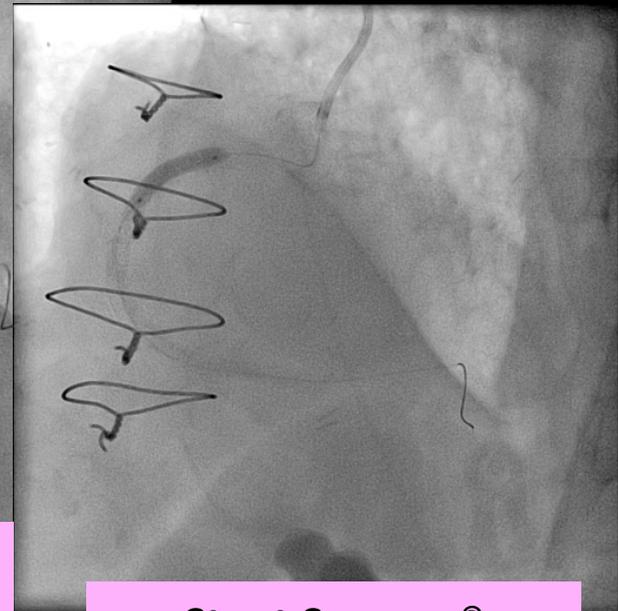
**Angioplasties étagées au ballons :
1.2x12mm, 1.25x12mm, 2x20mm**



Stent Synergy®
2.5x20mm

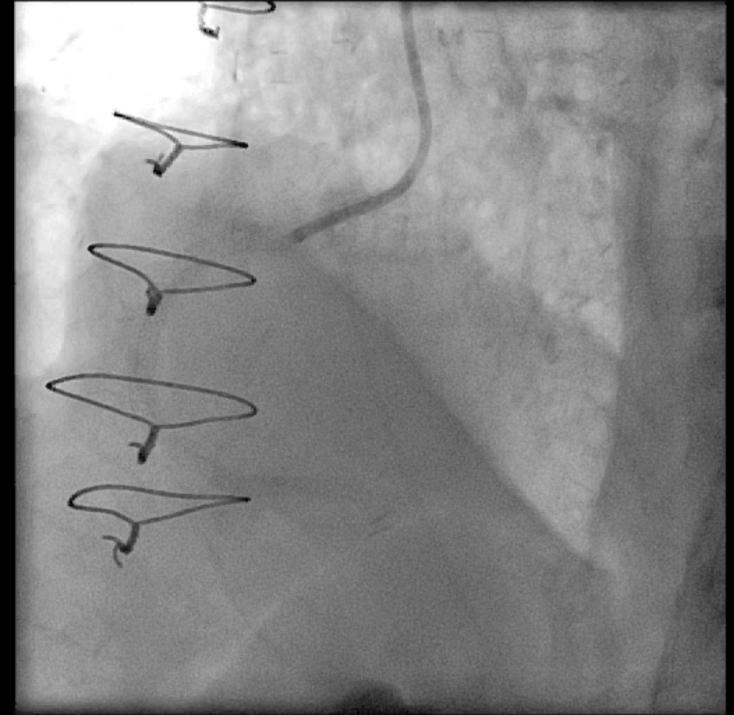
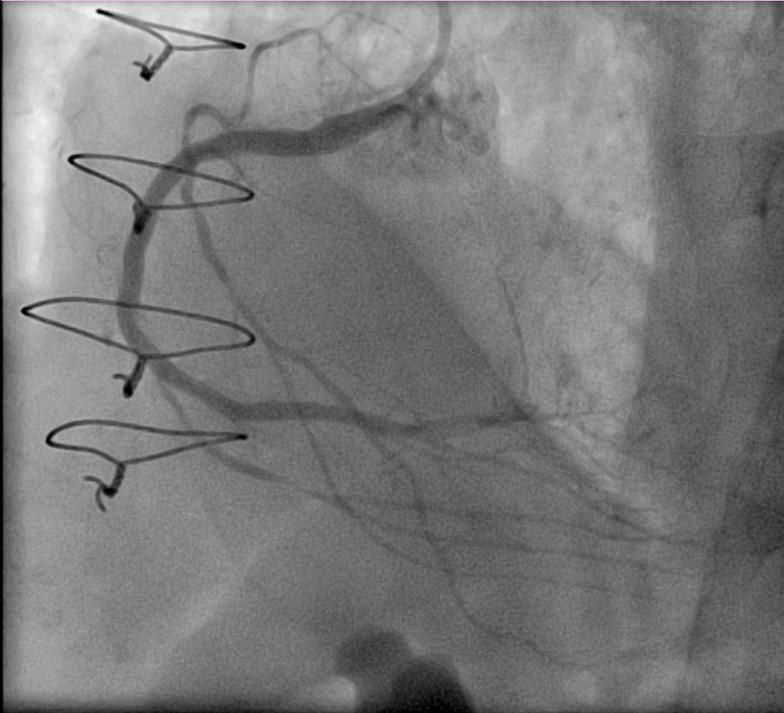


Stent Synergy®
2.75x24mm

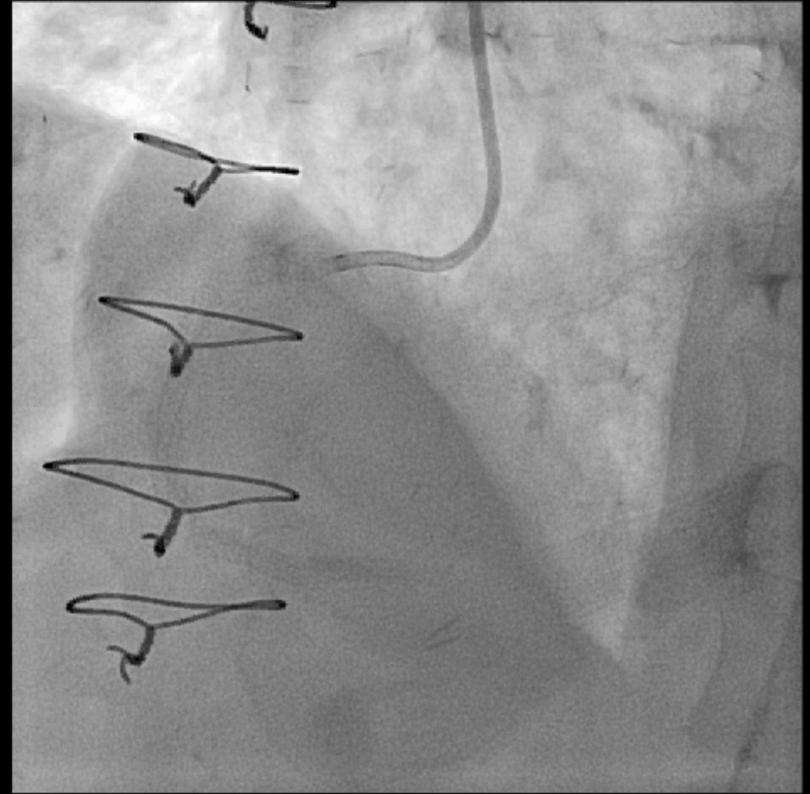
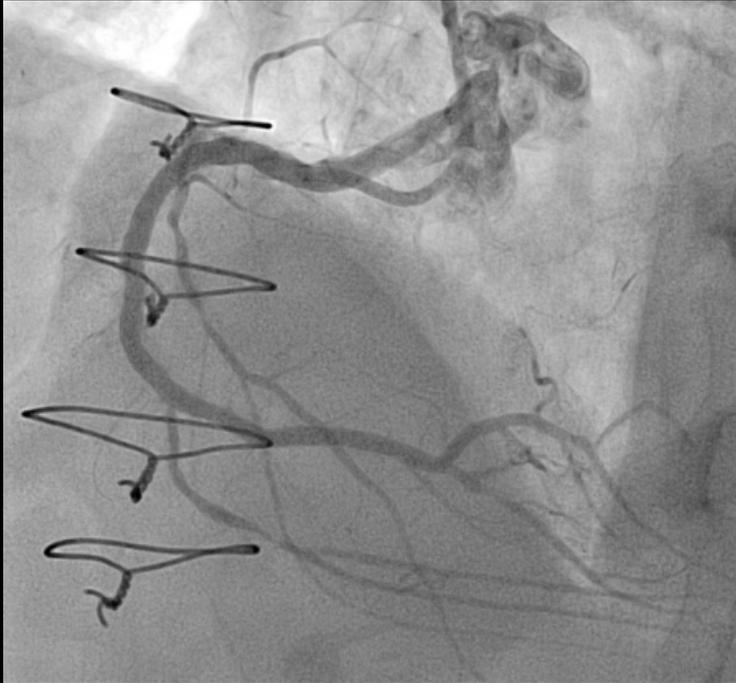


Stent Synergy®
3x28mm

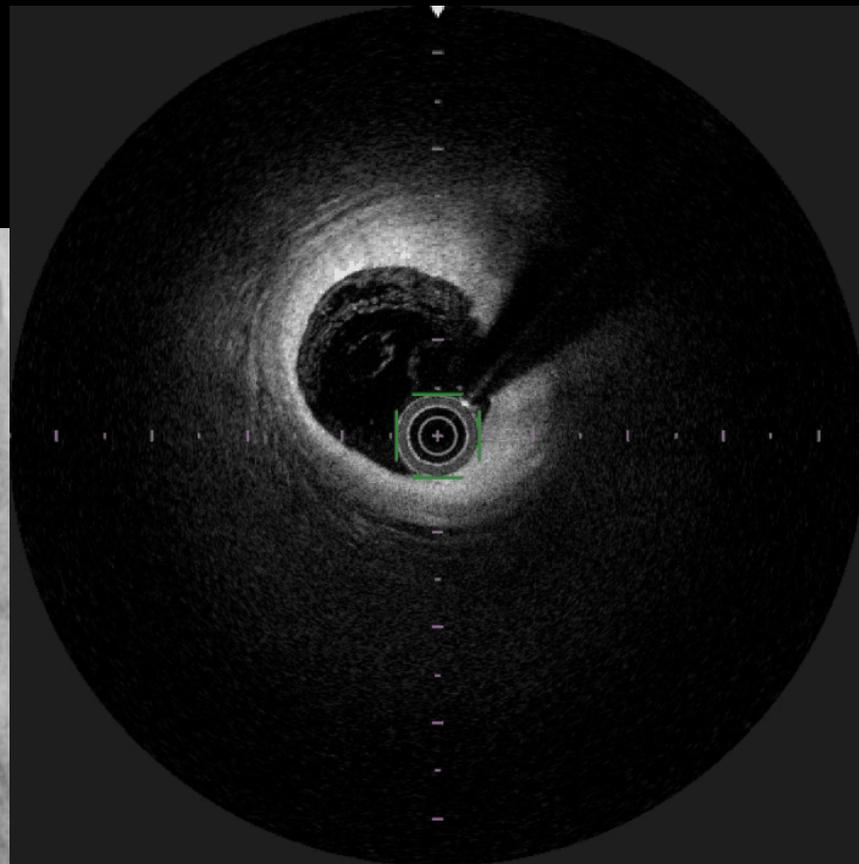
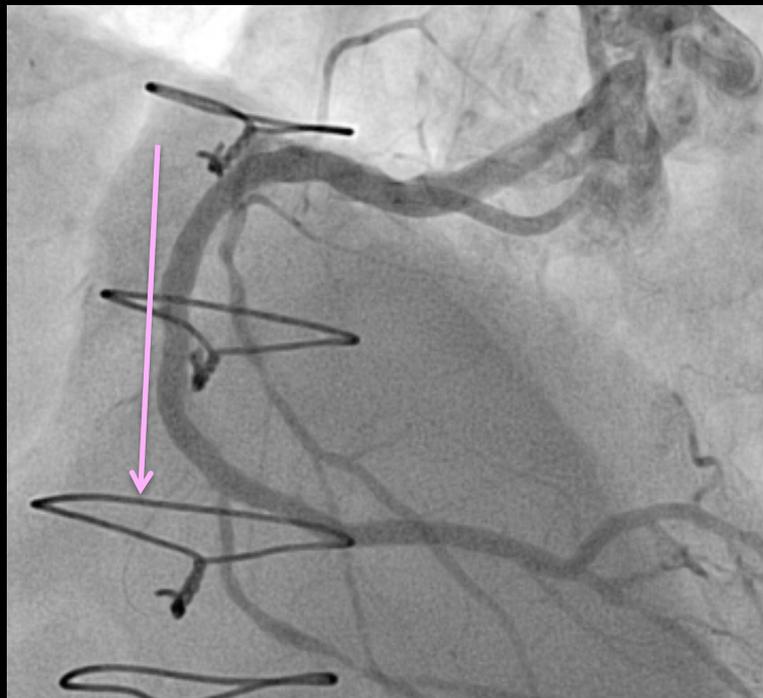
Résultat final



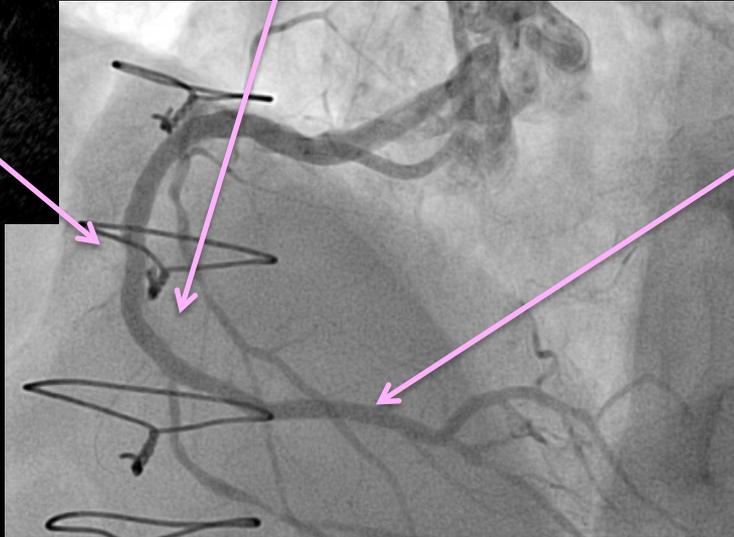
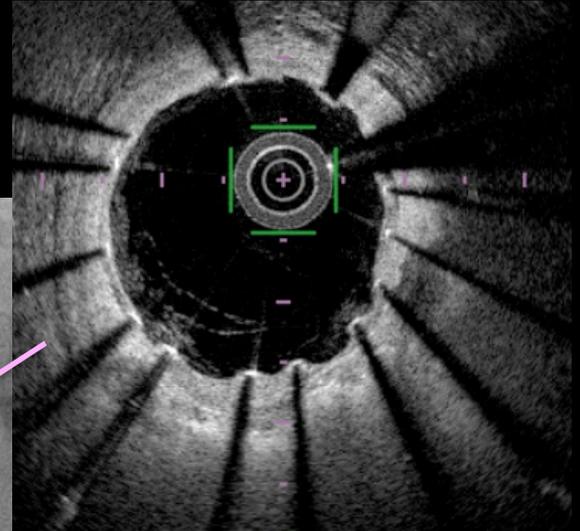
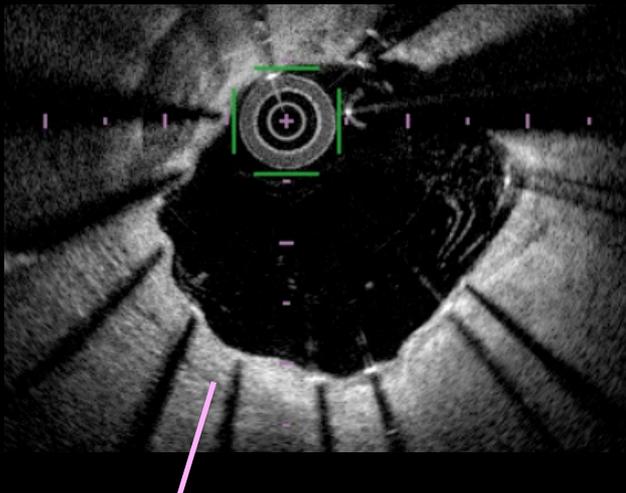
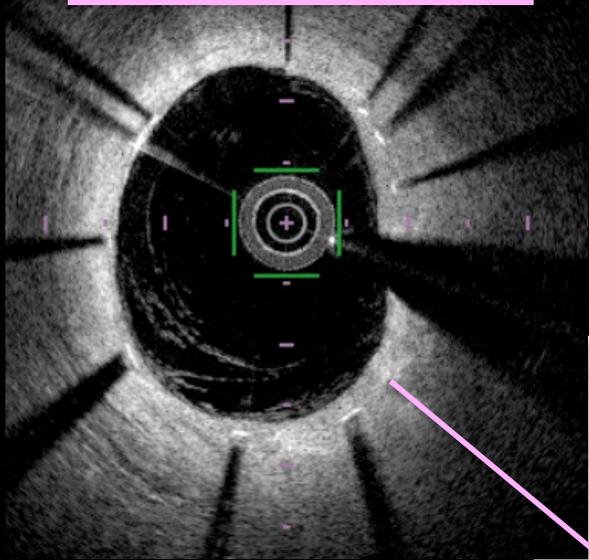
**Contrôle à 2 mois
Evolution simple**



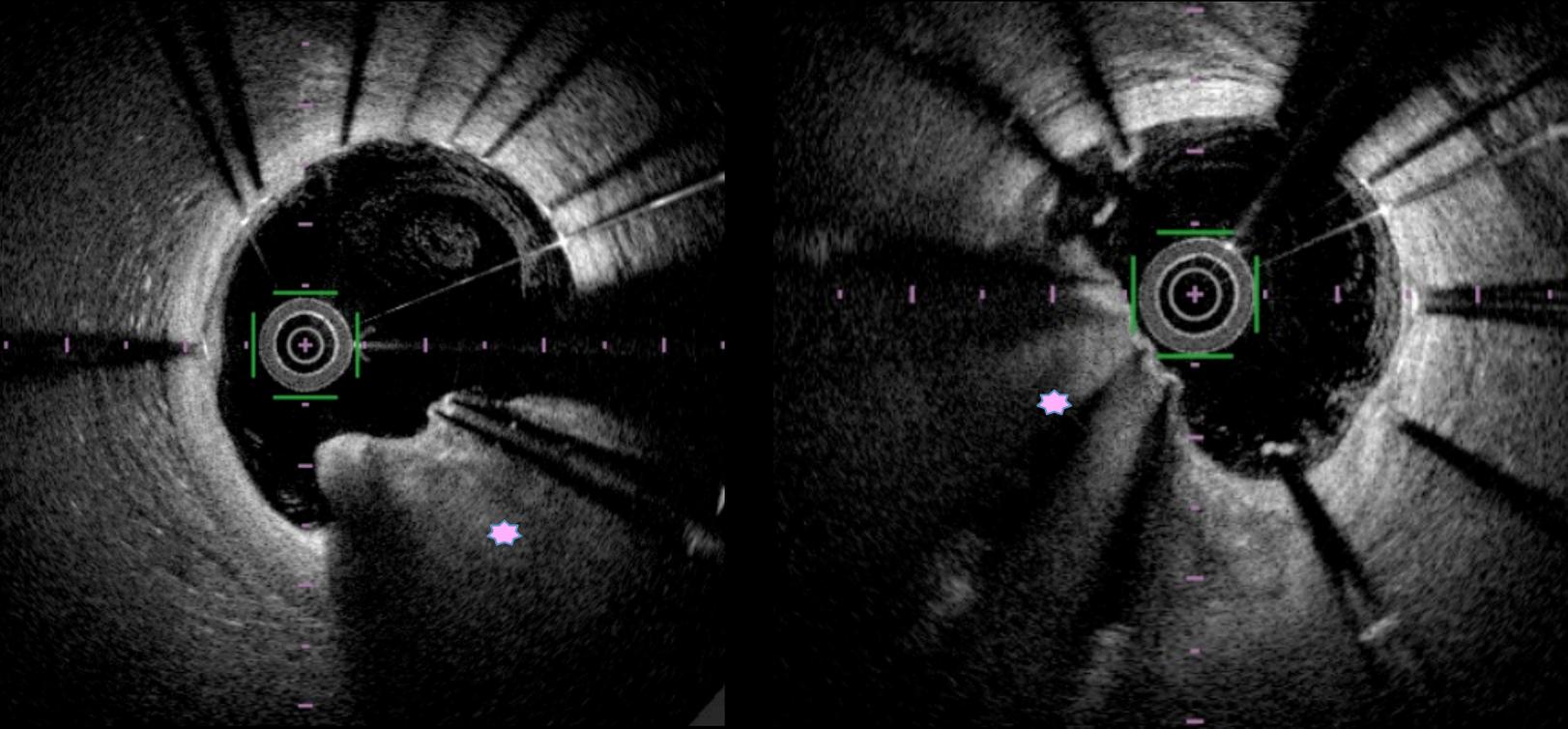
OFDI
à 2 mois



OFDI
à 2 mois



Calcifications et angioplastie



★ Bourgeon calcaire



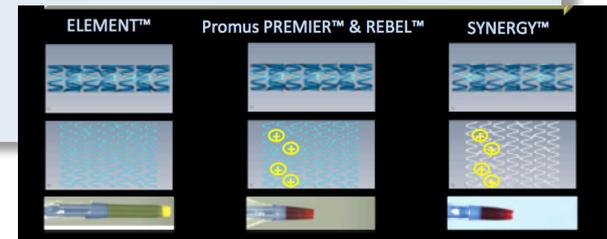
Conclusion

Préparer lésions calcifiées ++

Nouvelle plateforme avec stent Synergy semble avoir un bon profil :

- Épaisseur des mailles plus fines 74 μ m
- Meilleure flexibilité du système

A 2 mois sur lésions calcifiées toutes les mailles ne sont pas recouvertes
A suivre...





MERCI



gsouteyrand@chu-clermontferrand.fr