

Bifurcations du Tronc Commun

J'utilise la technique du P.O.T

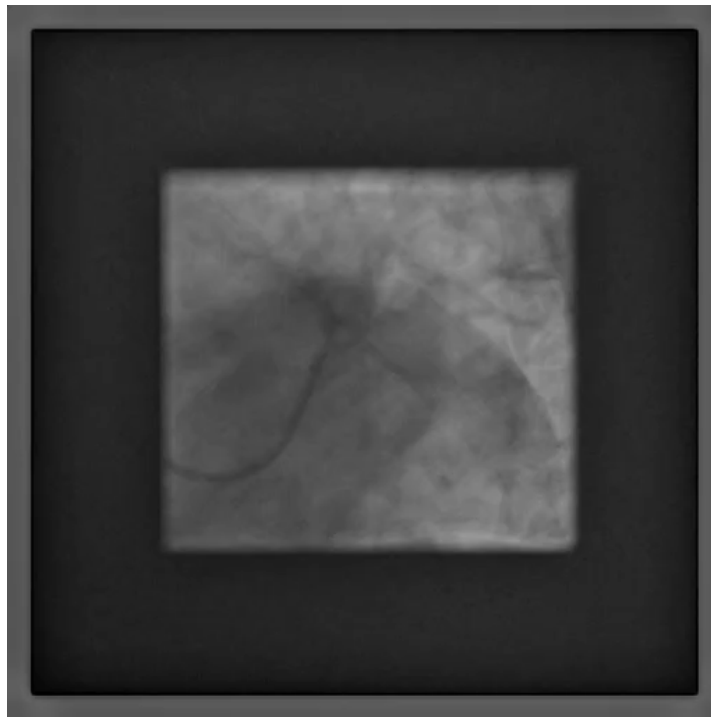
F Beygui
CHU Côte de Nacre
Caen, France

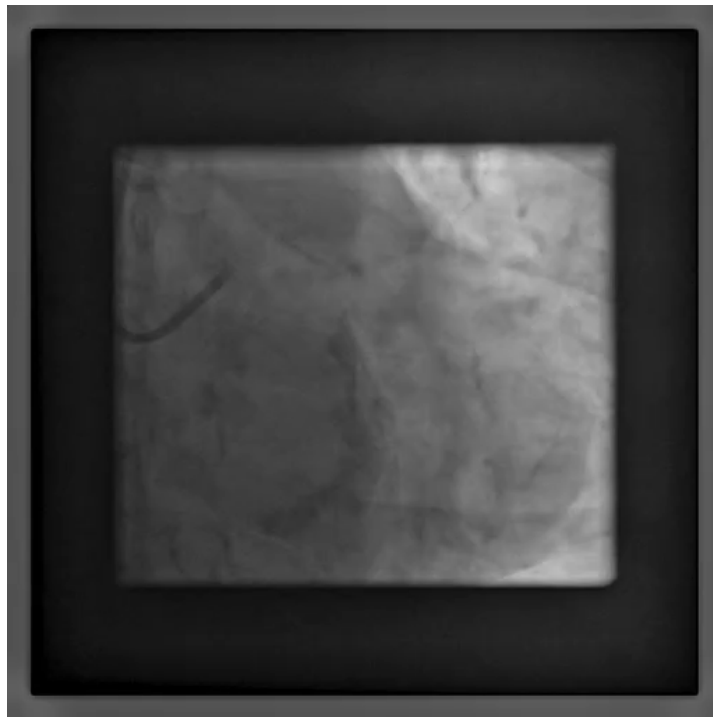


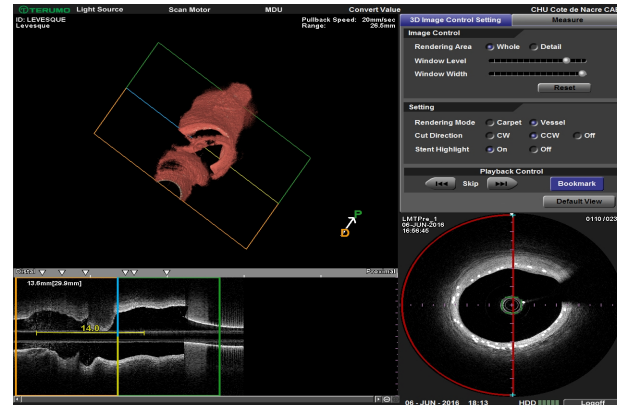
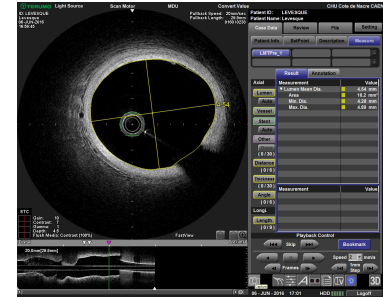
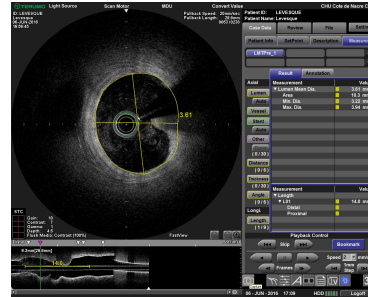
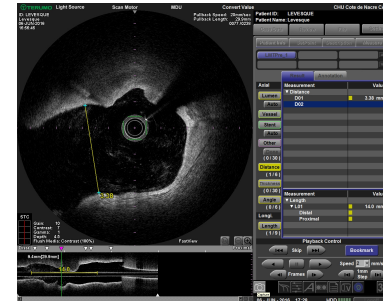
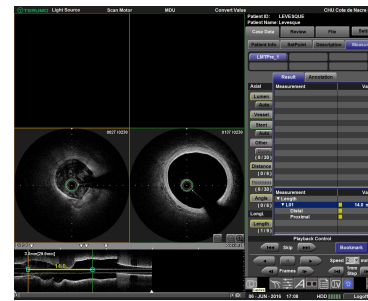
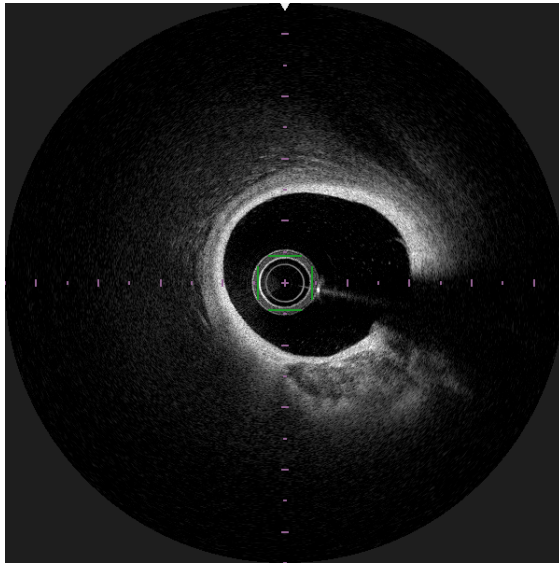
CAS

- Femme de 91 ans
- Indication TAVI
- Excellent état général, MMSE 29
- HTA, HCT
- ATCD stent actif CX en 2010
- CCS 1, NYHA 3
- DFG: 60 ml/min
- FEVG: 80%, RAC serrée (0.79 cm², GM 61 mmHg)
- Coronarographie systématique



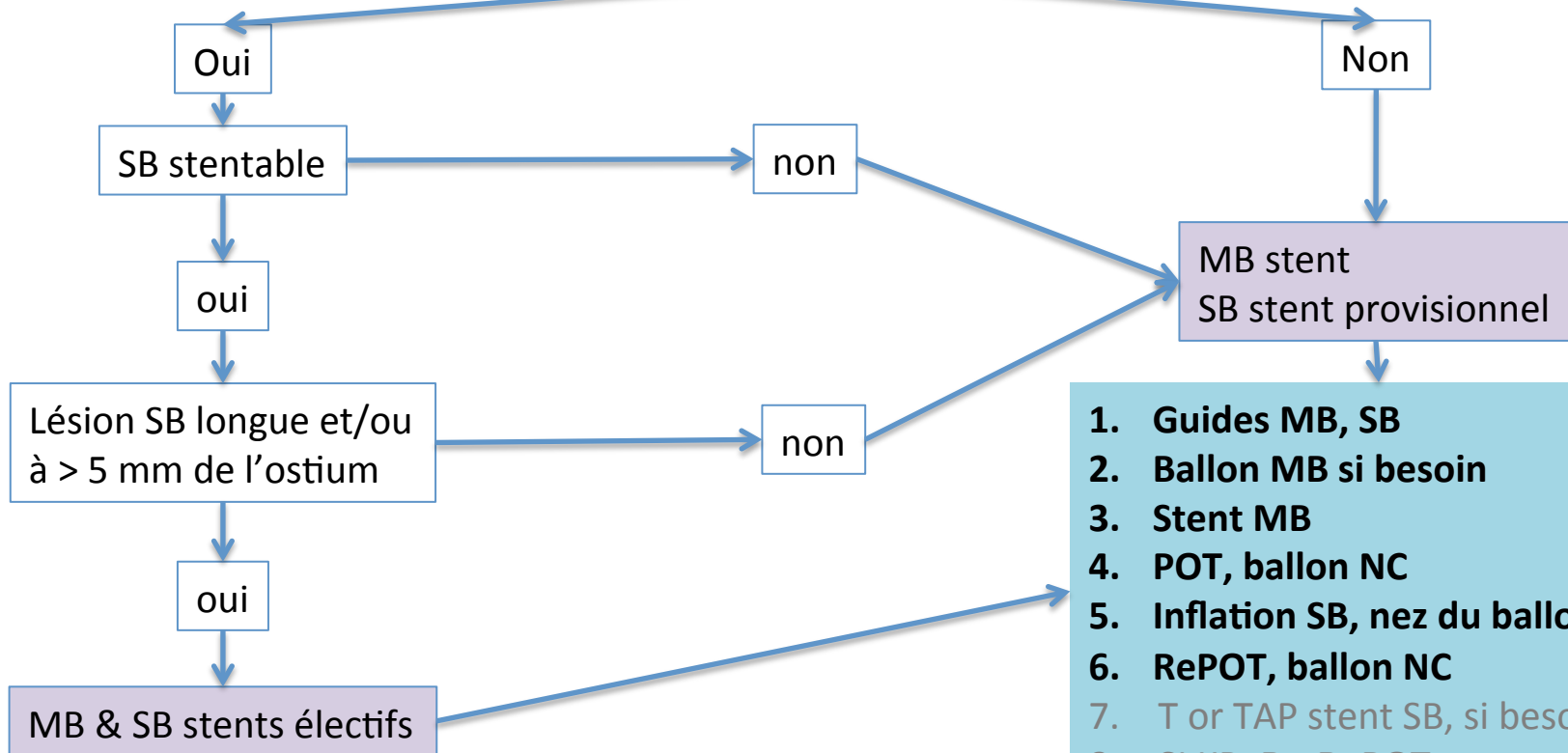






Stratégie de stenting bifurcation

Vraie bifurcation 011, 111, 101



1. Guides MB, SB
2. Ballon MB si besoin
3. Stent MB
4. POT, ballon NC
5. Inflation SB, nez du ballon, NC
6. RePOT, ballon NC
7. T or TAP stent SB, si besoin
8. SI KB, Re-RePOT

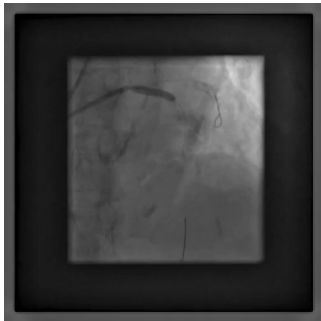
Direct Stenting

Stratégie stenting provisionnel

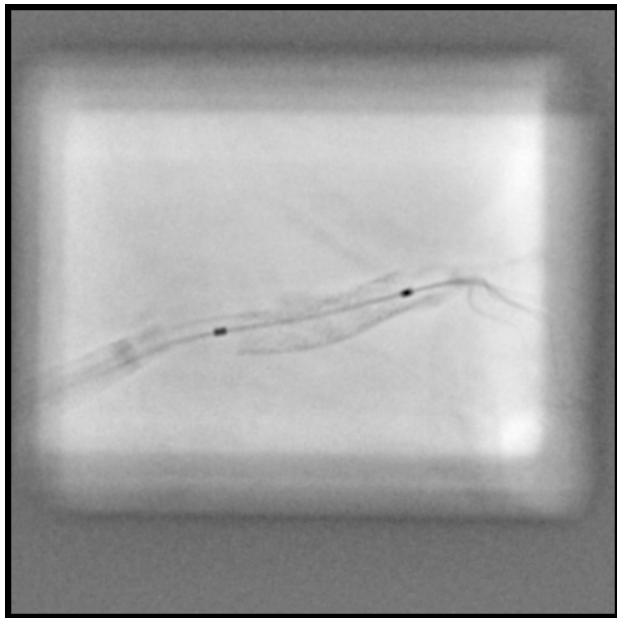
GC: Launcher 6F EBU 3.5

Guides: 2 Runthrough Floppys

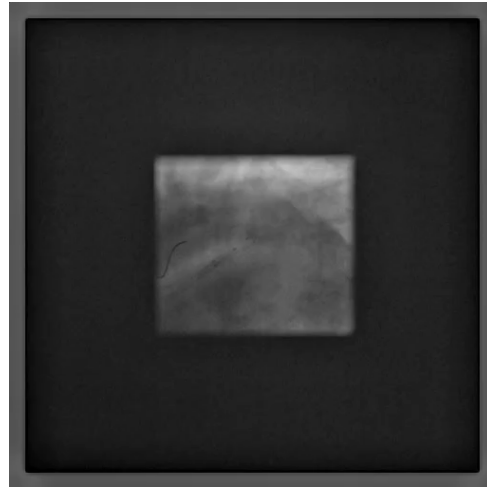
Stent: Onyx 3.5x15, 12 atm



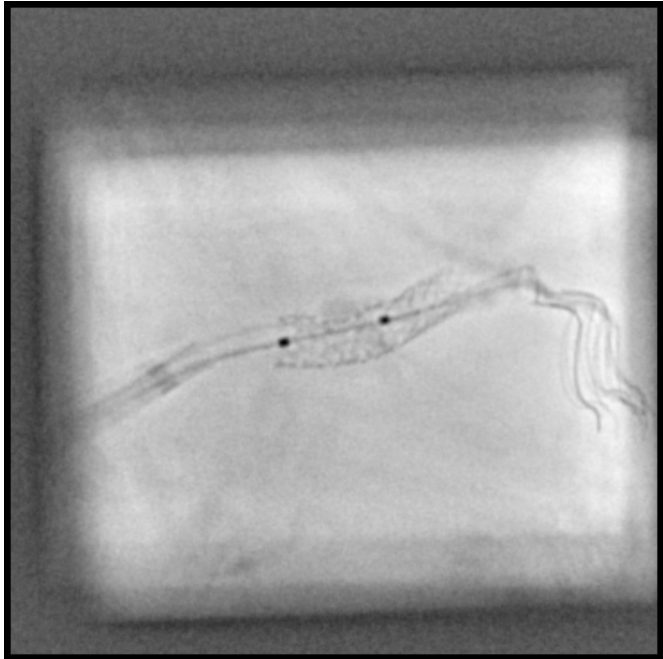
Direct stenting



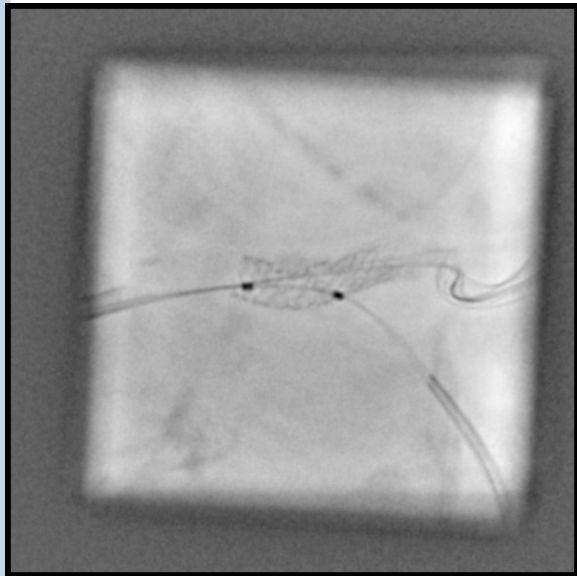
POT Euphora NC 4.5x8 mm, 16 atm



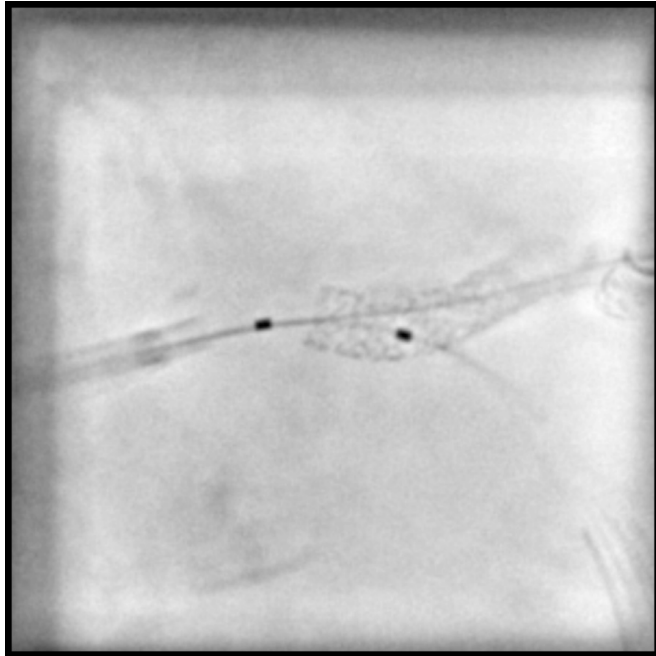
Post POT



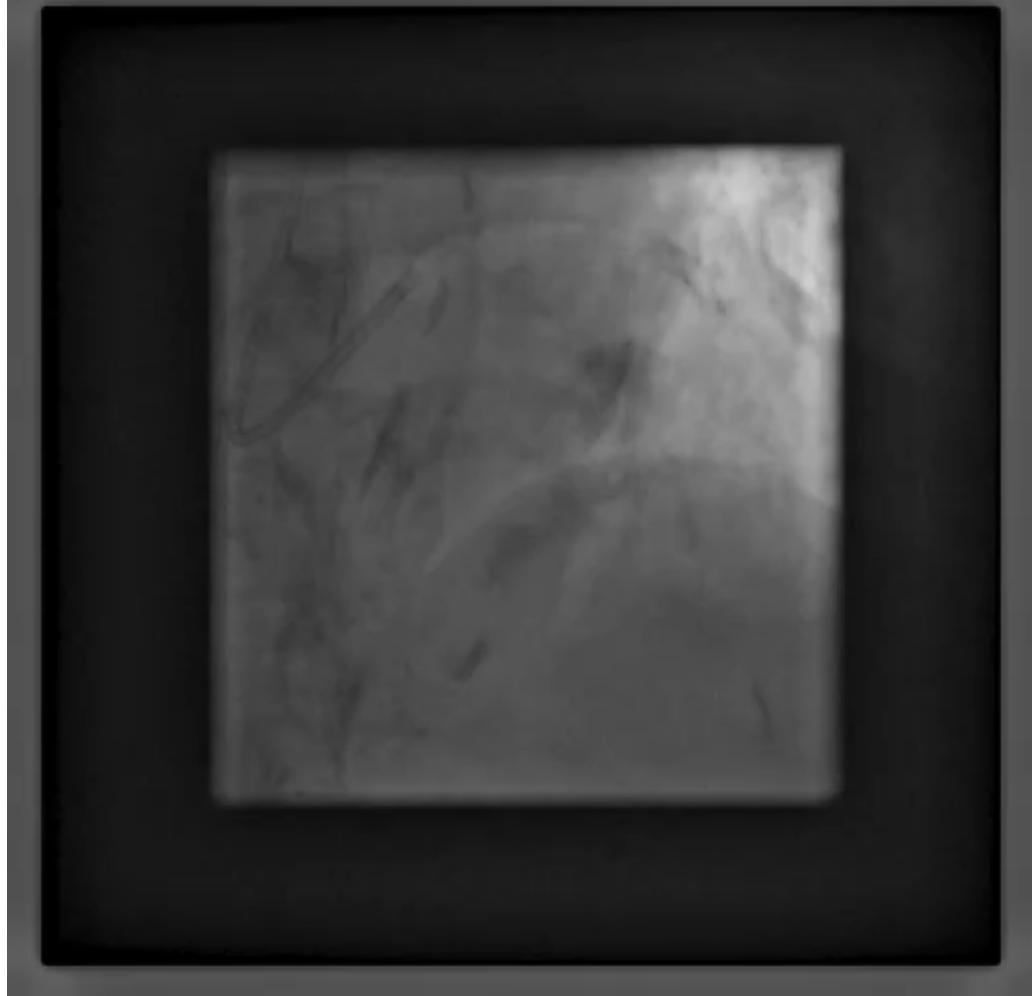
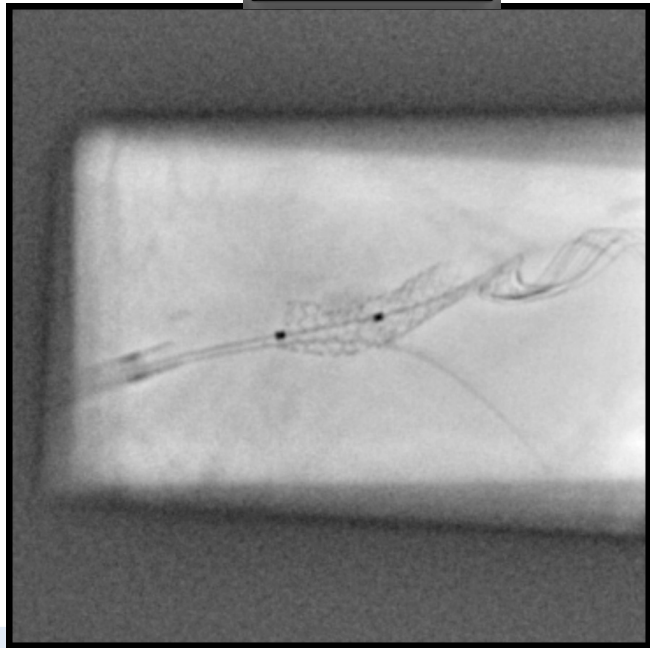
SBI Hiryu 3.0x10 10 atm

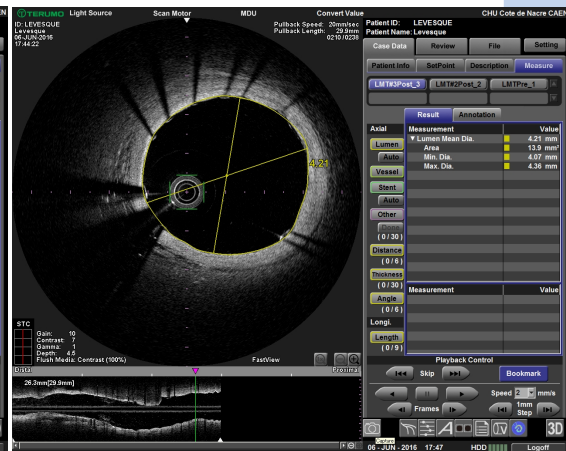
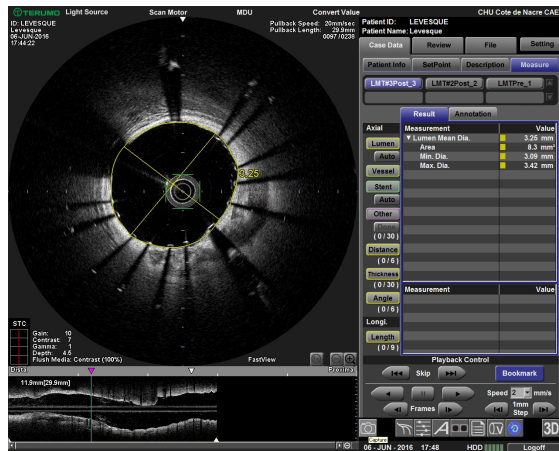
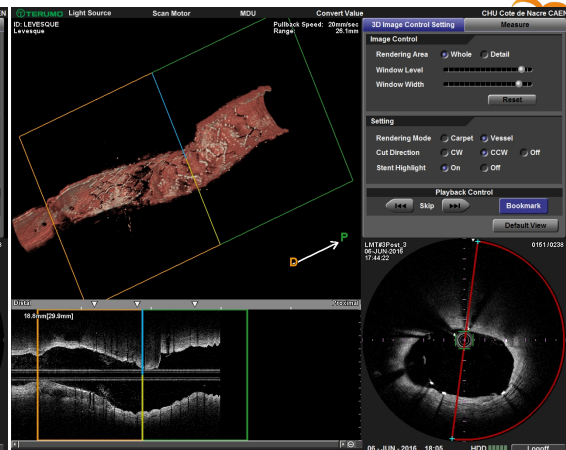
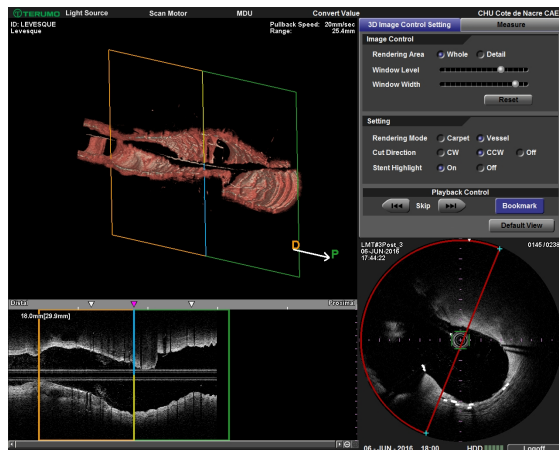
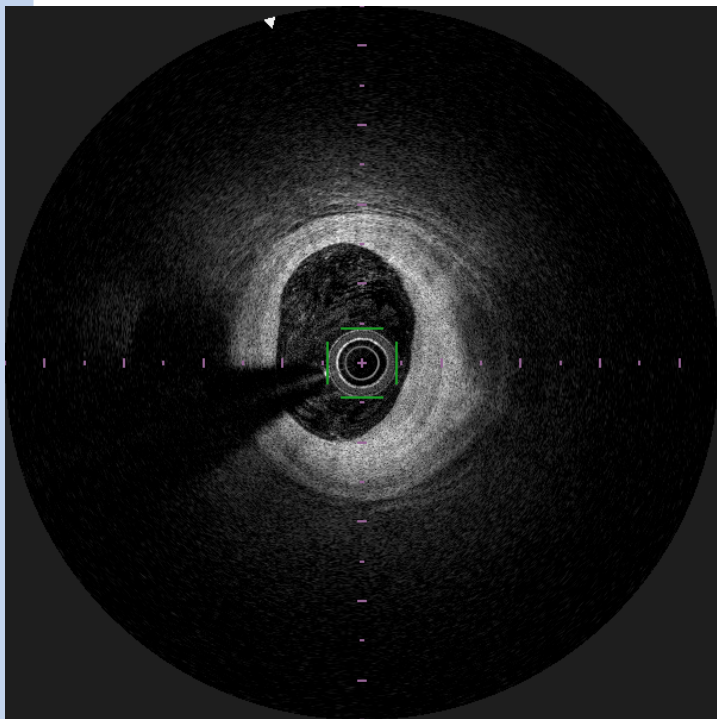


Post SBI



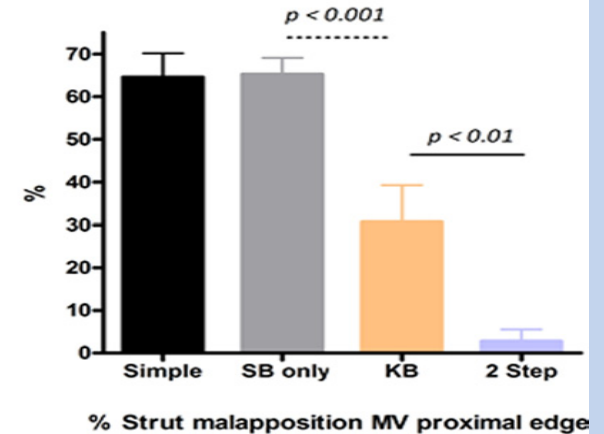
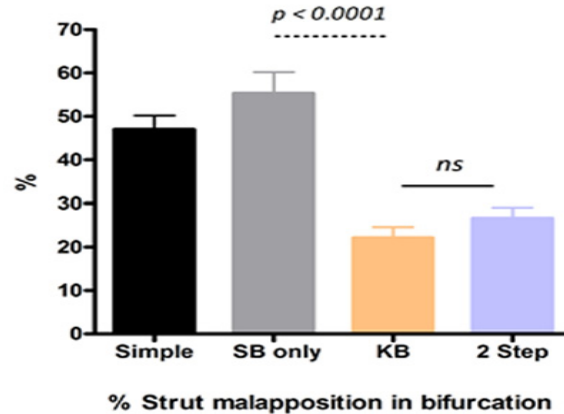
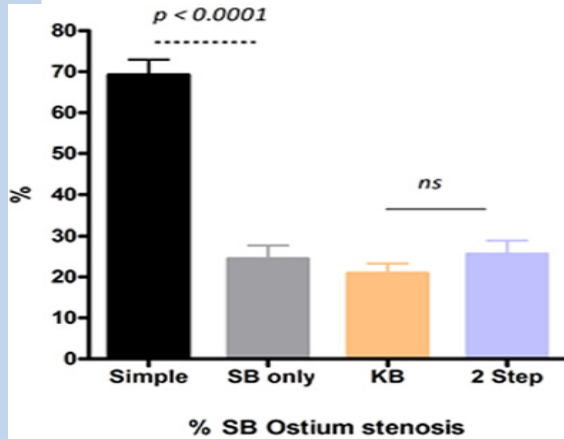
Repot





Kissing Balloon or Sequential Dilatation

Lessons From Micro-Computed Tomography and Computational Simulations

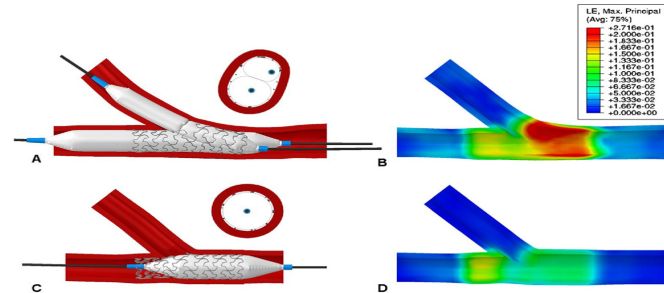
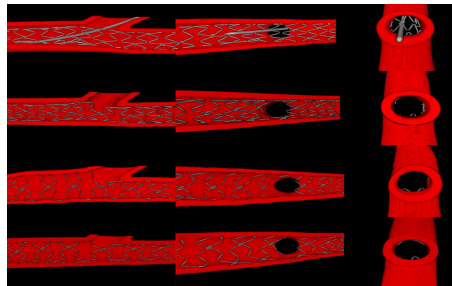


Stent MB

SBI

KBI

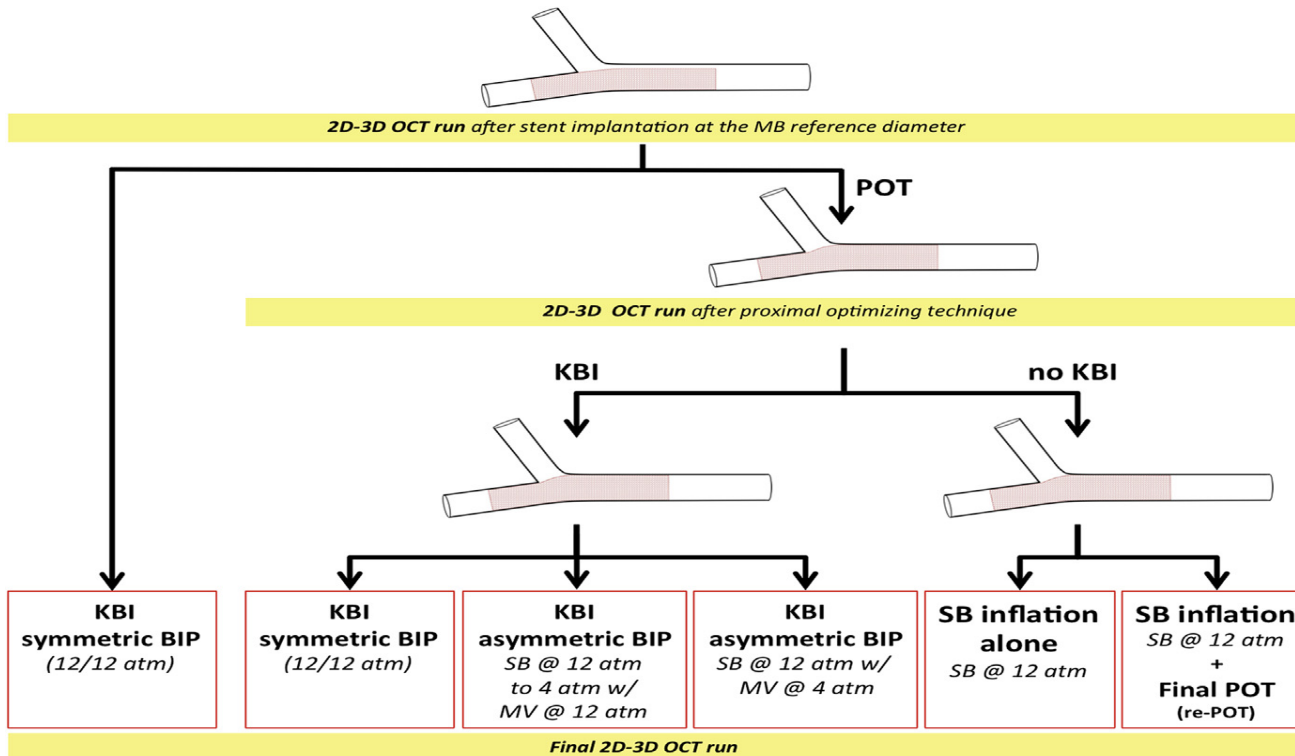
SBI-POT

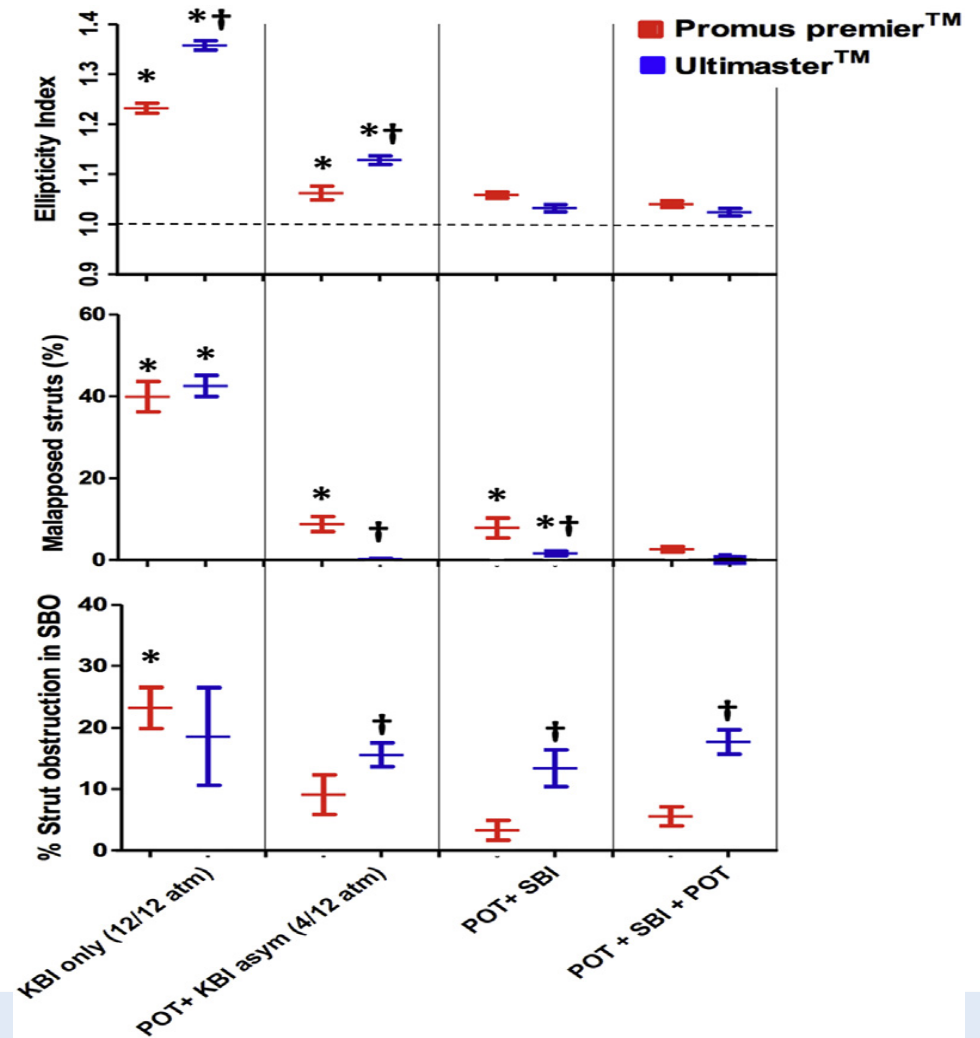


Comparative Analysis of Sequential Proximal Optimizing Technique Versus Kissing Balloon Inflation Technique in Provisional Bifurcation Stenting

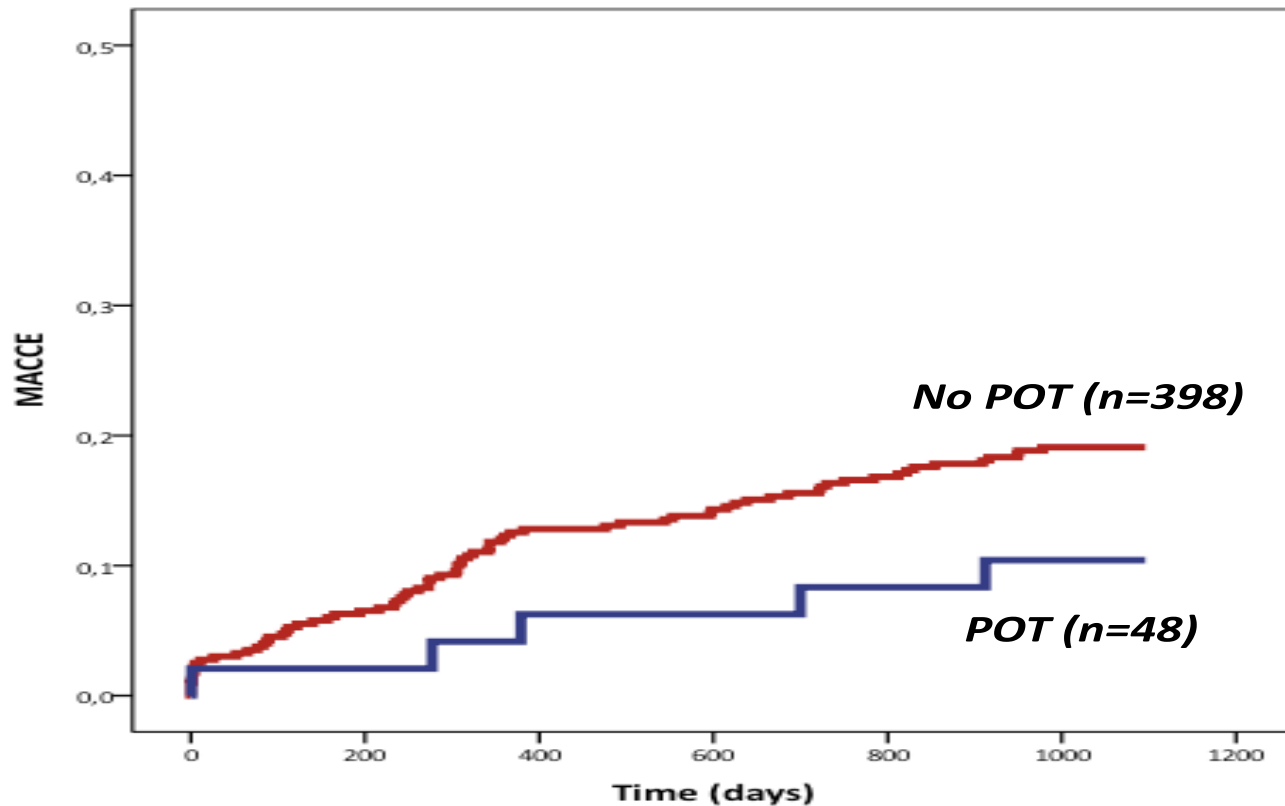
Fractal Coronary Bifurcation Bench Test

G rard Finet, MD, PhD,* Fran ois Derimay, MD, MSc,* Pascal Motreff, MD, PhD,† Patrice Guerin, MD, PhD,‡ Paul Pilet, B Eng,‡ Jacques Ohayon, PhD,§ Olivier Darremont, MD,|| Gilles Rioufol, MD, PhD*





POT vs no POT



- Geste rapide
 - **PSP > KB**
- Eviter l'occlusion/dissection de la MB (TCG-IVA)
 - direct stenting si possible, Ballon NC, OCT, IVUS
- Eviter l'occlusion/dissection de la SB (CX)
 - guides, Ballons NC, pas d'inflation initiale, **PSP > KB**
- Eviter la thrombose
 - Eviter 2 stents systématique, TTT antithrombotique adéquat per et post PCI, malapposition, **PSP > KB**
- Eviter la resténose MB/SB
 - DES, éviter 2 stents, malapposition, **PSP>KB**

Angioplastie de la bifurcation du TCG

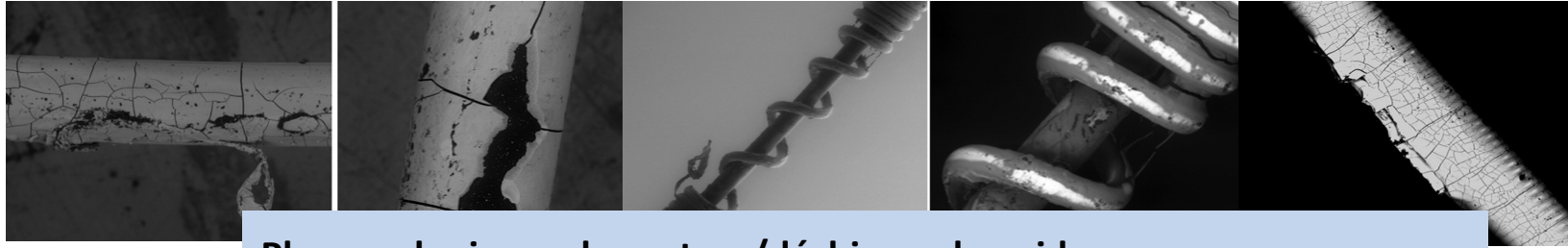
- Guides x 2-3: préserver les 2 ou 3 branches
- Longueur et diamètre stents et ballons adaptés (OCT/IVUS+++)
- POT-SBI-RePOT systématique
- POT/SBI avec ballons NC de taille adaptée
- **Attention** au retrait du guide piégé
- Stenting Cx provisionnel/électif (T-stenting, TAP)
- Si Kissing terminer par un Re-RePOT

Les avantages du POT vs KB

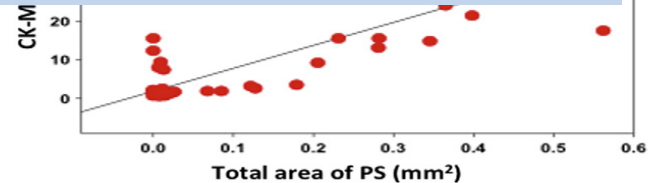
- Geste facile et rapide
- Pas de risque de dissection de la SB
- Facilite et optimise (maille distale) l'accès au SB
- Réduit le risque du passage abluminal du guide lors de l'échange
- Réduit le risque de déformation et la malapposition du stent
- Améliore la couverture ostiale de la SB
- Facilite le stenting de la SB si nécessaire

Le POT est une étape **incontournable** dans le stenting de toute bifurcation notamment le TCG

Retrait du guide piégé



Plus que le risque de rupture/déchirure du guide
attention aux traumatisme du tronc/ou déformation du stent du tronc
par une intubation trop profonde au moment du retrait



30 patients, 2 groupes de 15
Evénement clinique : 0
Evénement angiographique: 0