
Le Syndrome Ovomaltine

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HANSSEN

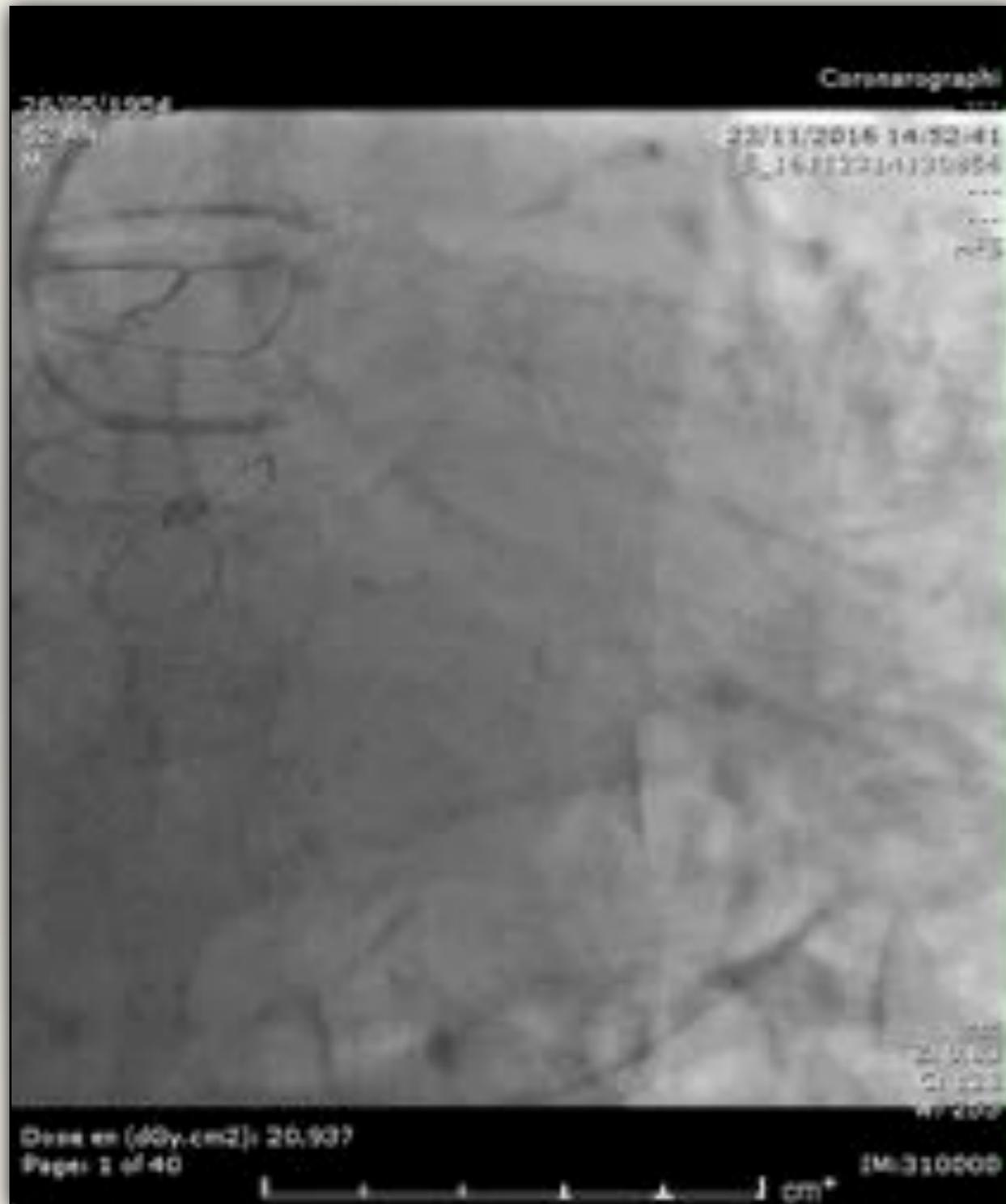
Conflits d'intérêt

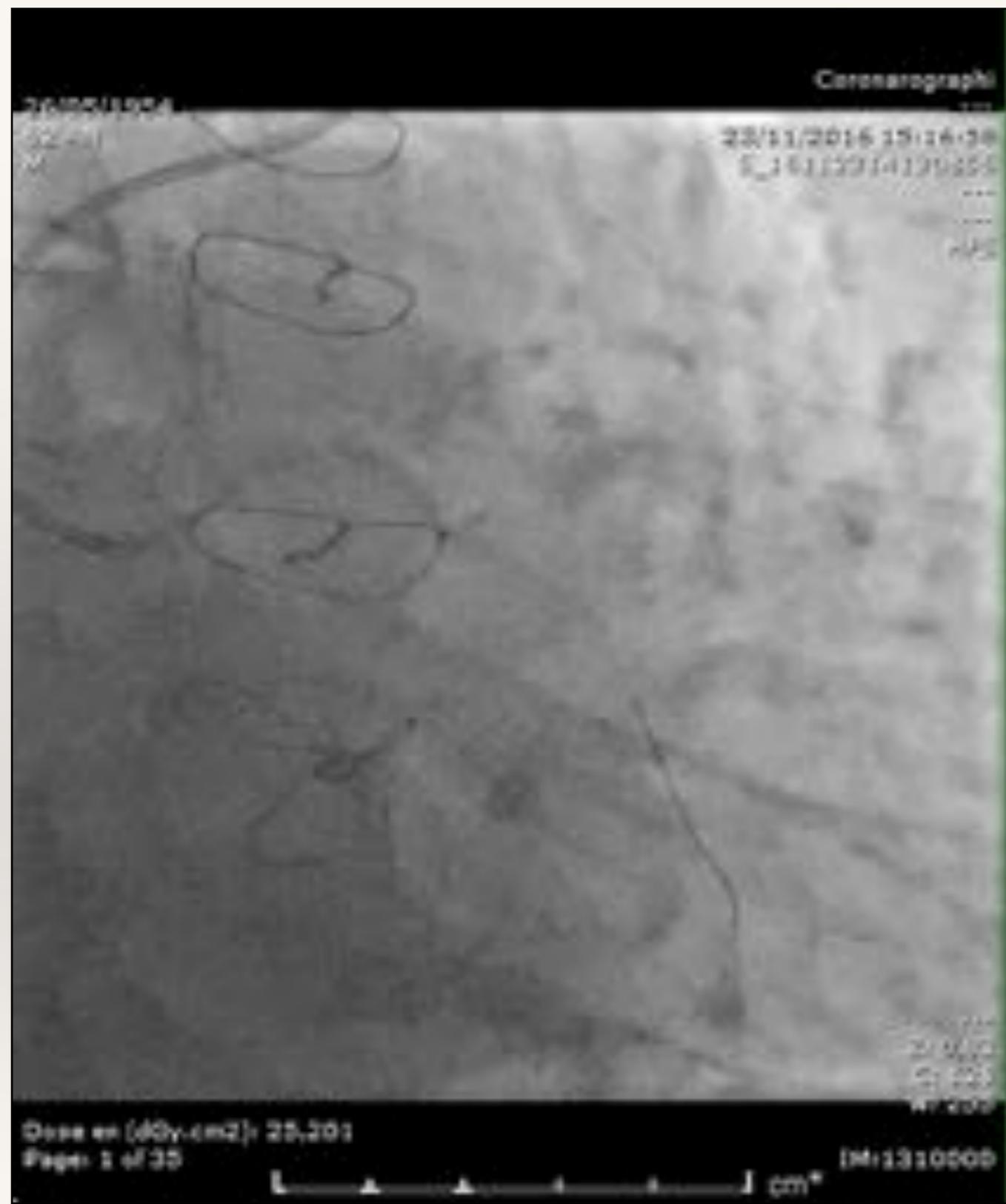
❖ *Aucun*

Contexte clinique

- ❖ Mr R, 62 ans,
- ❖ ATCD:
 - ❖ 2 PAC/SCA en 1995: MIG-IVA et VS-MgG Biss,
 - ❖ Amputation MID,
- ❖ FDR:
 - ❖ Diabète compliqué / insulinothérapie,
 - ❖ HTA,
 - ❖ Surpoids.

23/11/2016: SCA ST-



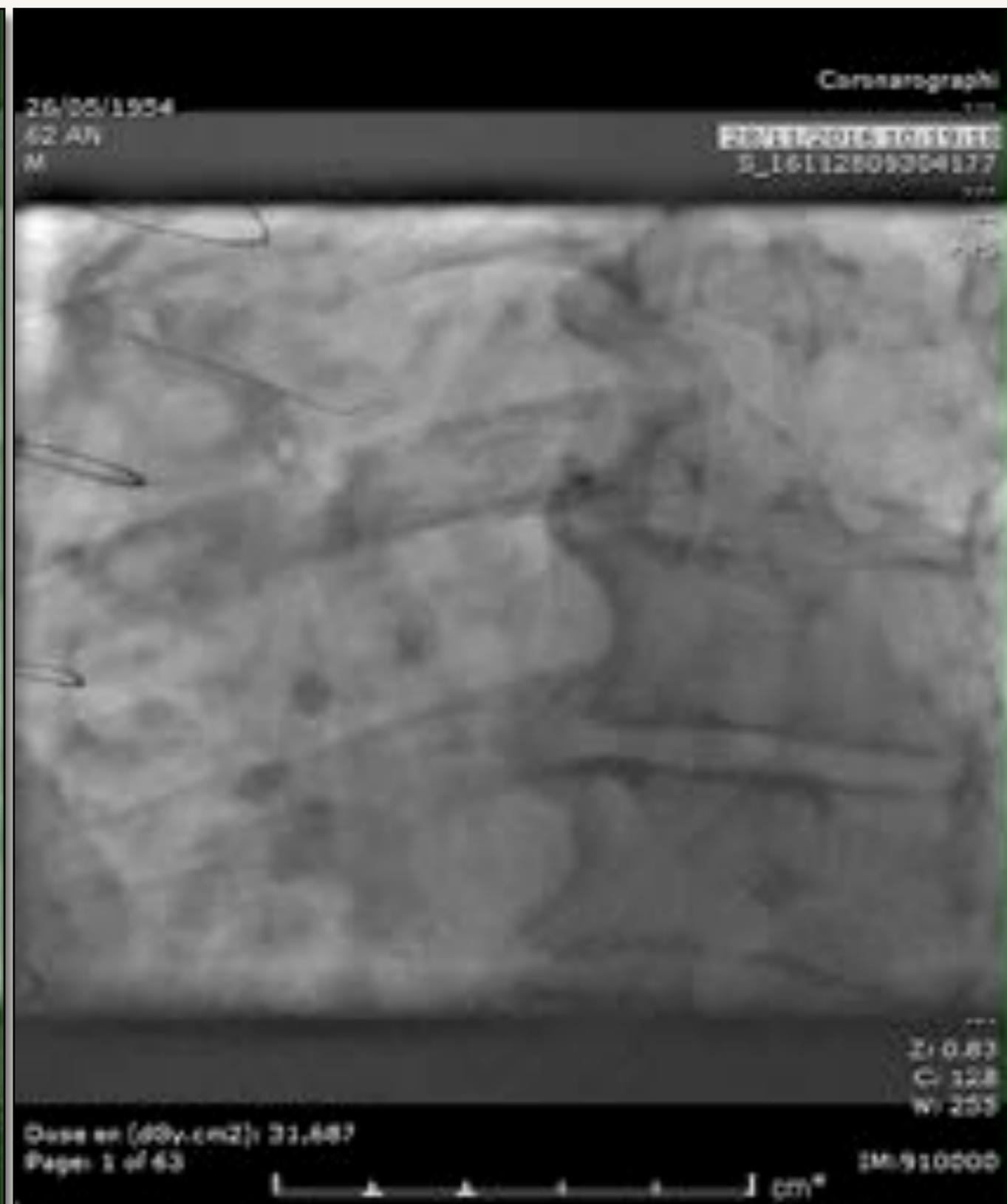
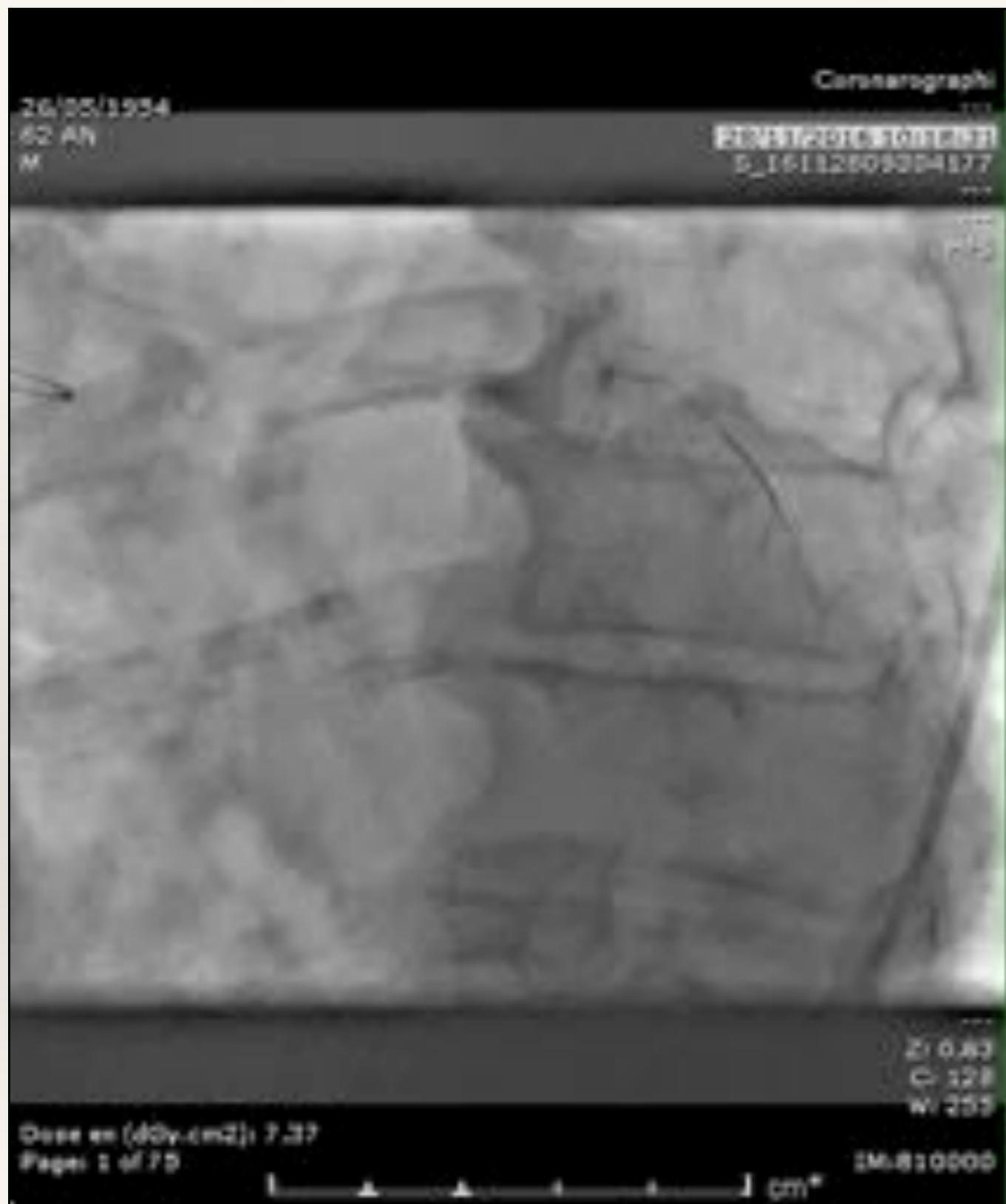




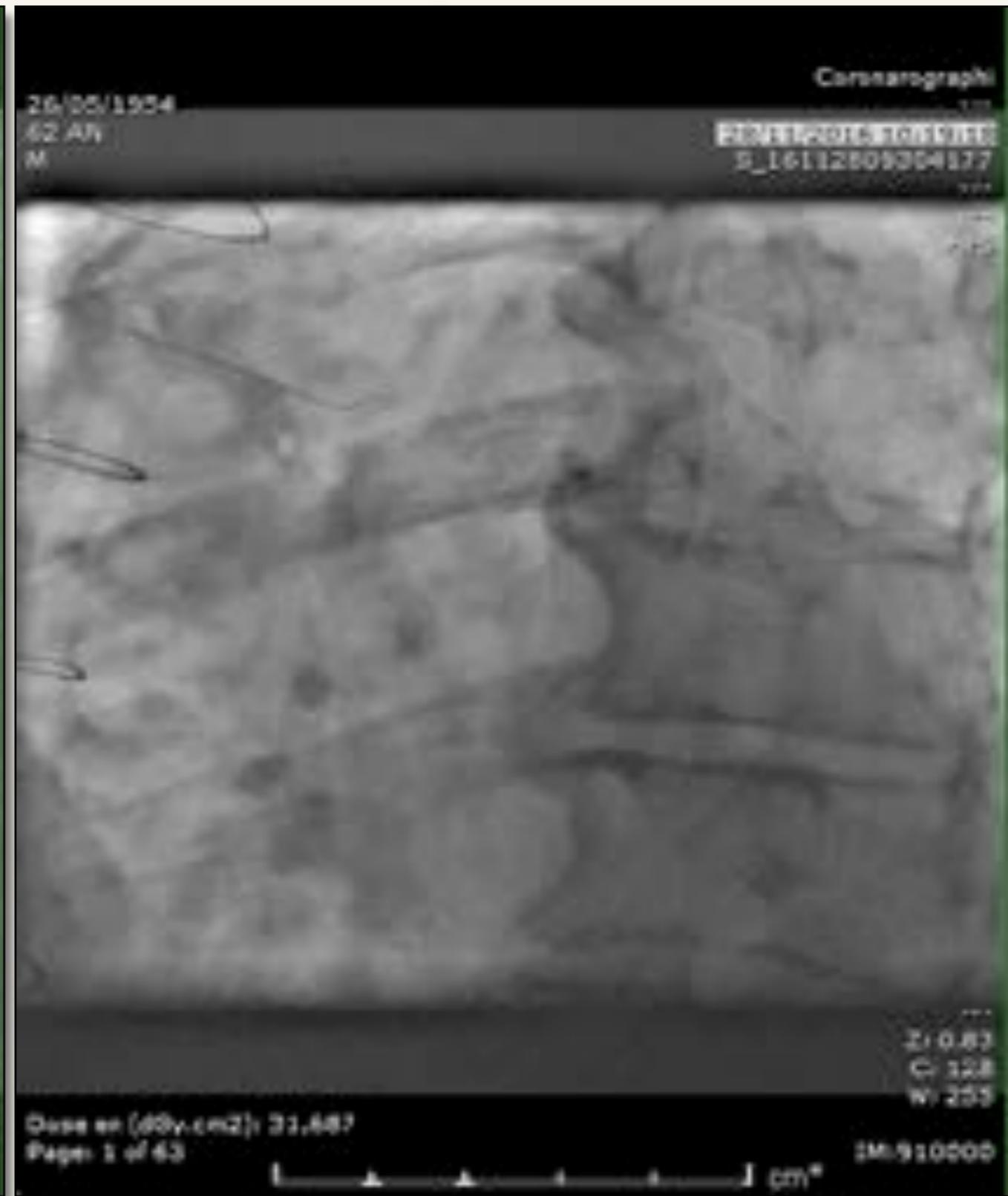
5 jours plus tard



AL1 6F, Mini-Trek 2.0 15mm, Filter Wire, Stent Resolute 4.0 15mm (14 atm)



AL1 6F, Mini-Trek 2.0 15mm, Filter Wire, Stent Resolute 4.0 15mm (14 atm)



AL1 6F, Mini-Trek 2.0 15mm, Filter Wire, Stent Resolute 4.0 15mm (14 atm)



J'ai 8 sec pour
vous dire que....

Evolution clinique

- ❖ 1 mois et demi plus tard,
- ❖ Sepsis / contexte initial pneumopathie. ATB probabiliste (Augmentin© puis Tavanic©)
- ❖ CRP 134mg/L, GB: 20,70 G/L, Hb: 7,8g/dL
- ❖ Hémocultures positives à SAMS,
- ❖ ETT/ETO: pas d'endocardite
- ❖ TDM thoracique

A

SCANNER CARDIAQUE

26/05/1994
62 AN
M

~~XXXXXXXXXXXX~~

A11038678912

CE

LOC: 18.88

Est 0.30

FFS

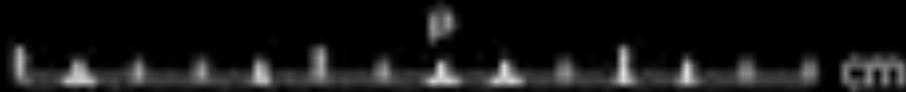


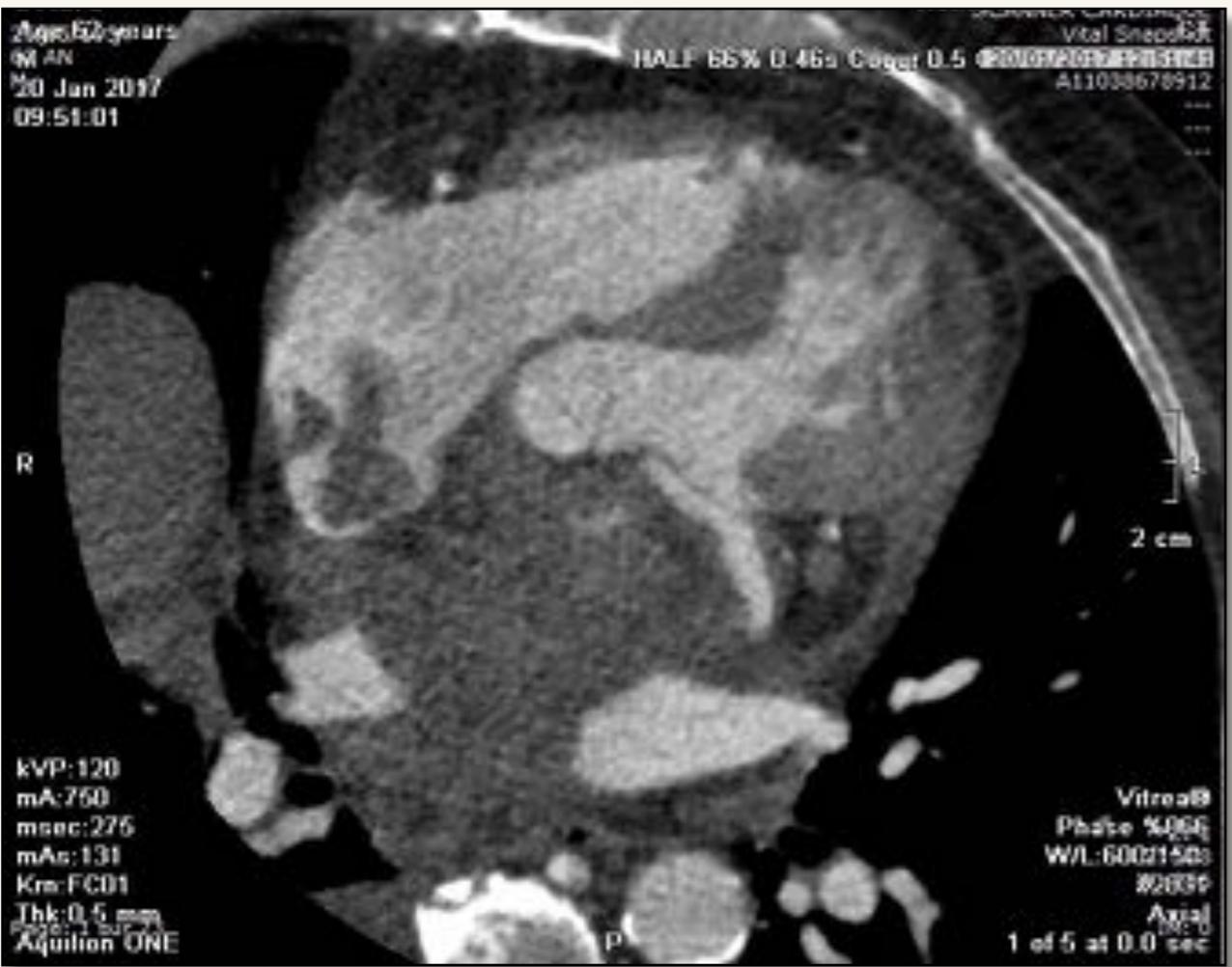
RO: 278.56
Tilt: 0
mA: 750
kVp: 120
N° Acq: 4

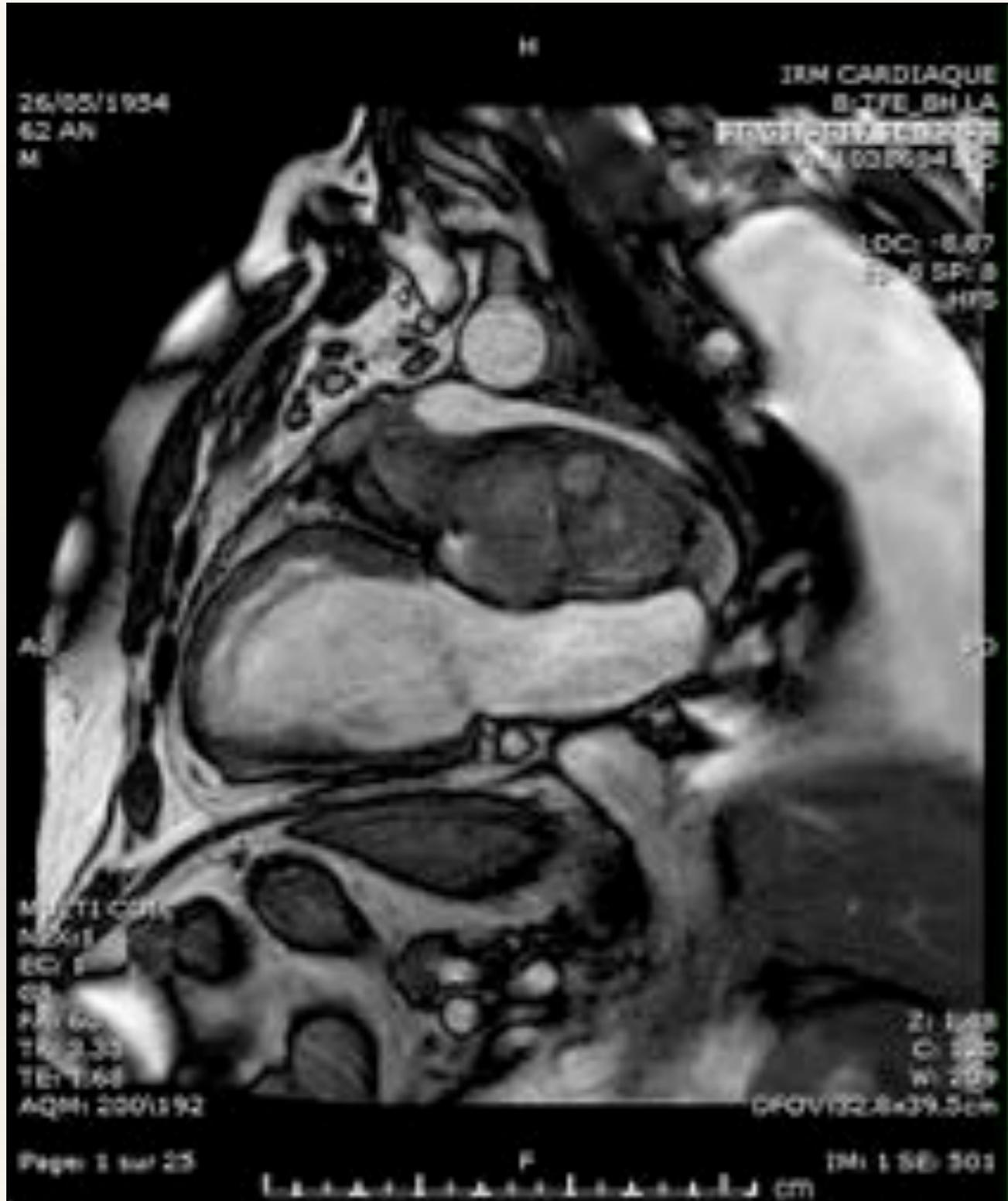
Z: 0.83
C: 80
W: 600
DFOV: 27.6-33.3cm

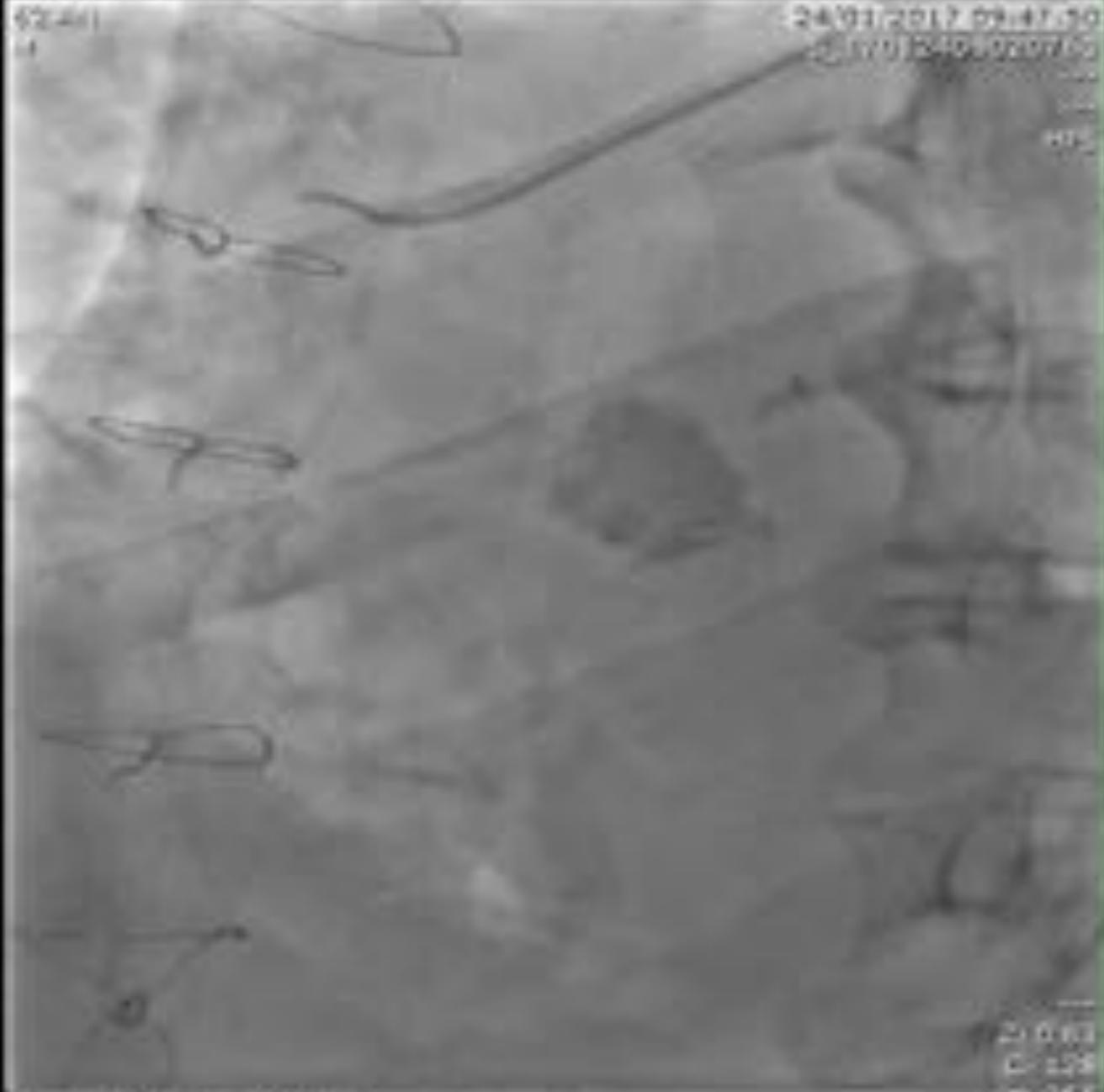
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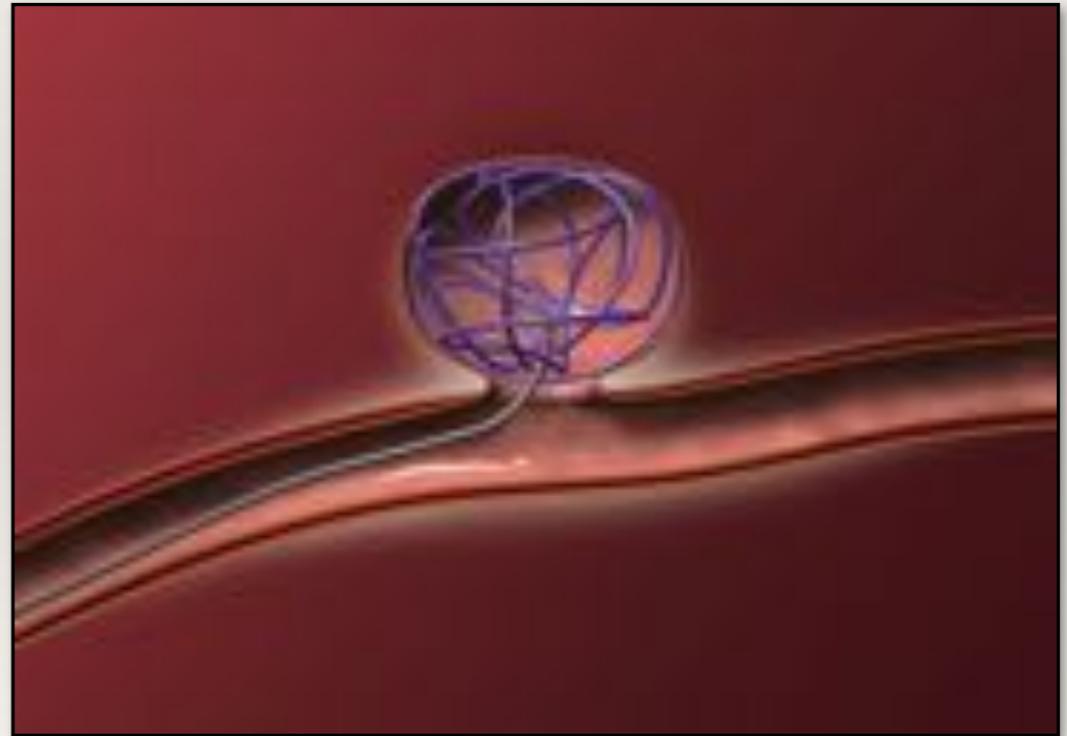
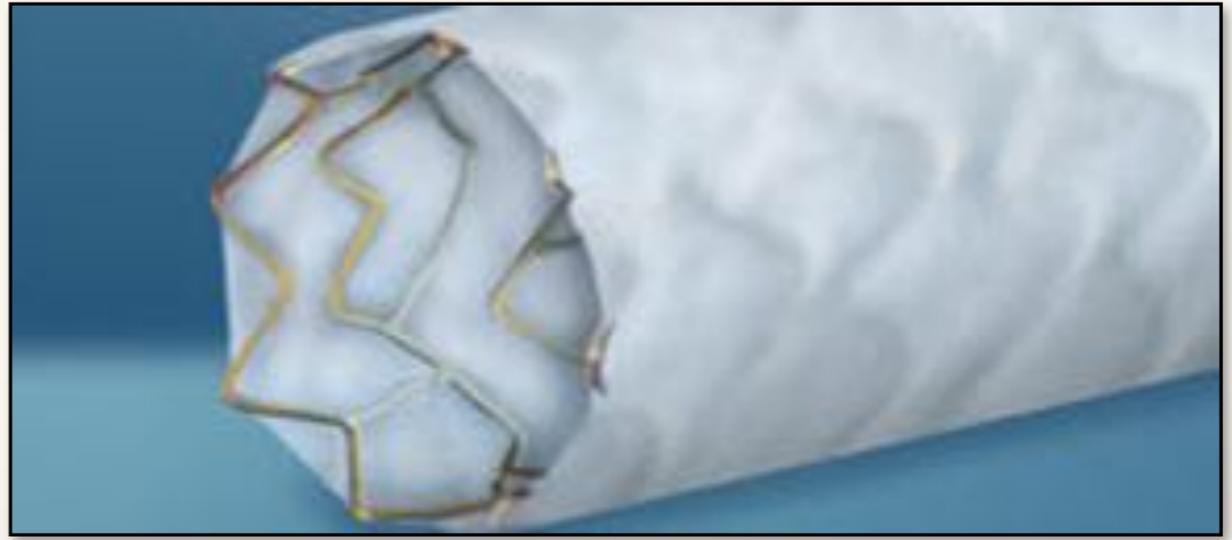


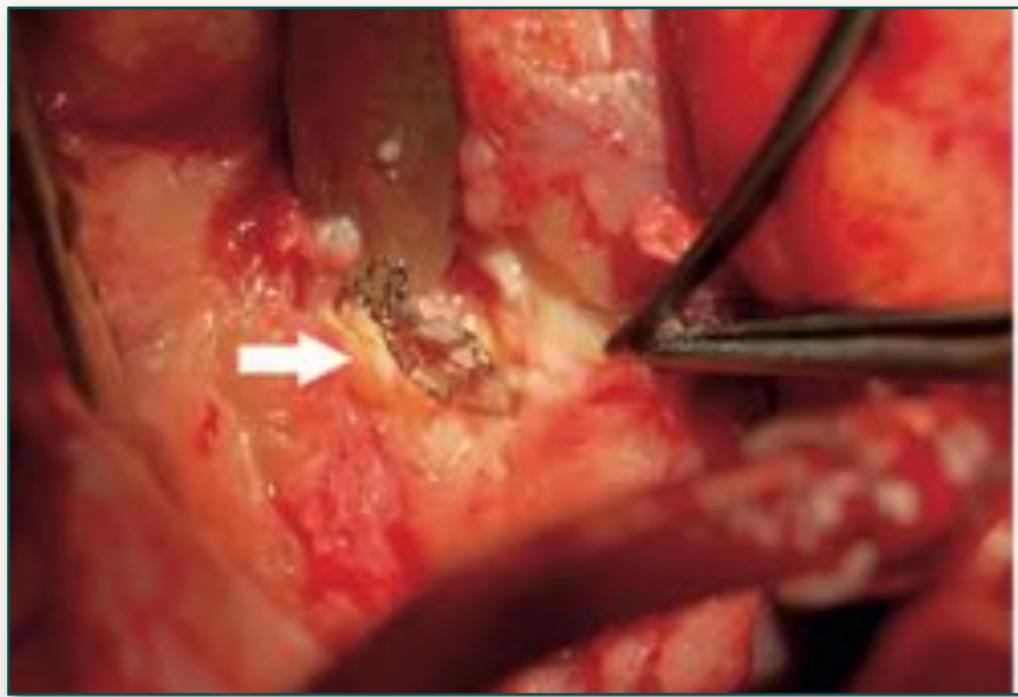




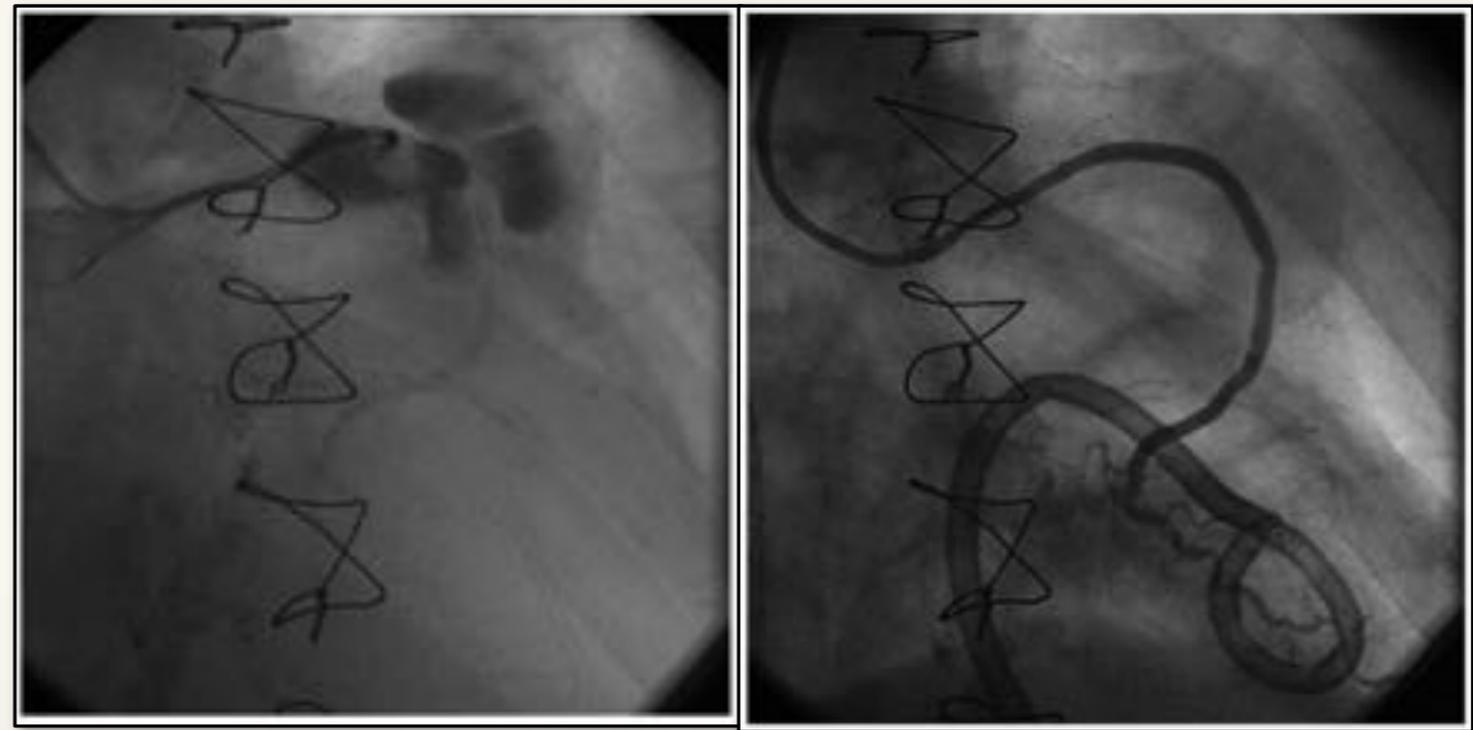
No(s) problem(es)

- ❖ Infection active (*matériel étranger?*)
- ❖ DES implanté il y a 1 mois et demi (*DAPT*)
- ❖ Thrombus OD / VCS (*anticoagulant*)
- ❖ Faux-anévrisme infecté rompu avec collection intra-médiastinale, anémie sévère transfusée (*anticoagulant*)





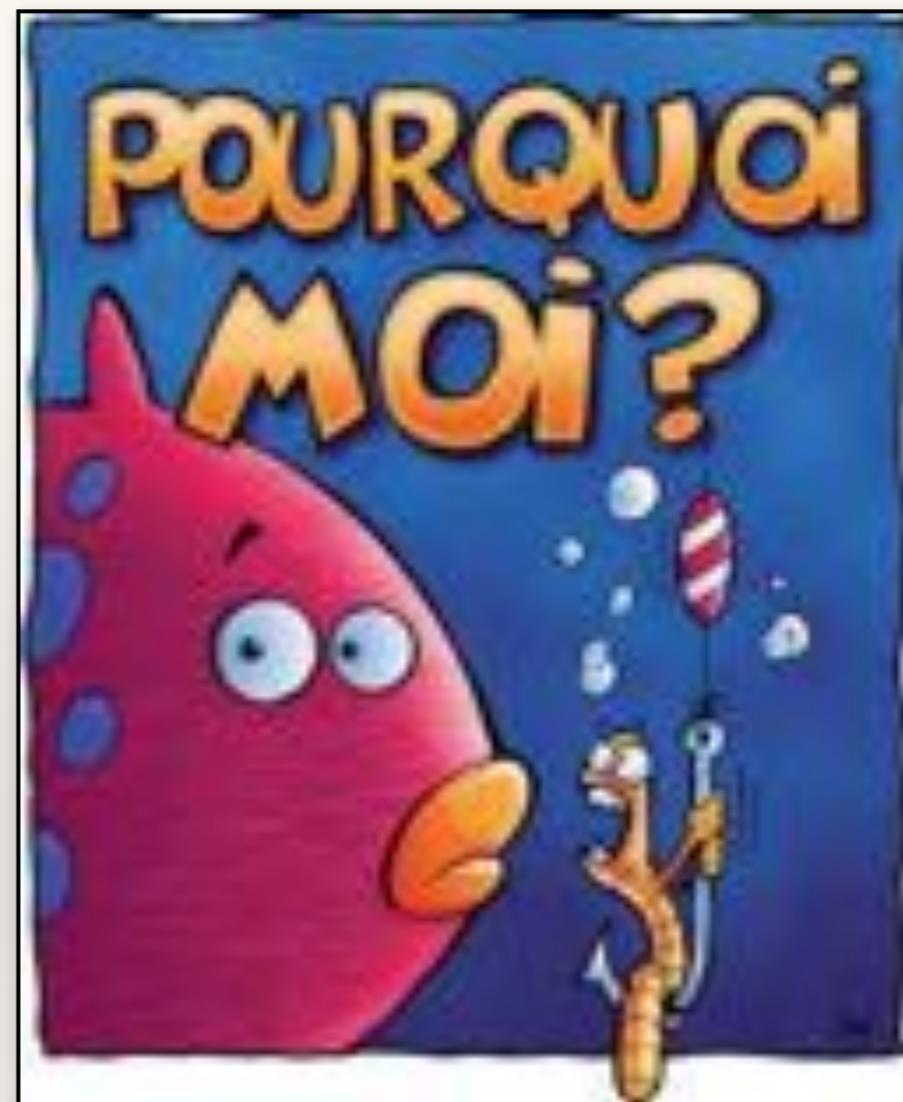
Furtado, Interactive CardioVascular and Thoracic Surgery 12 (2011) 636–638

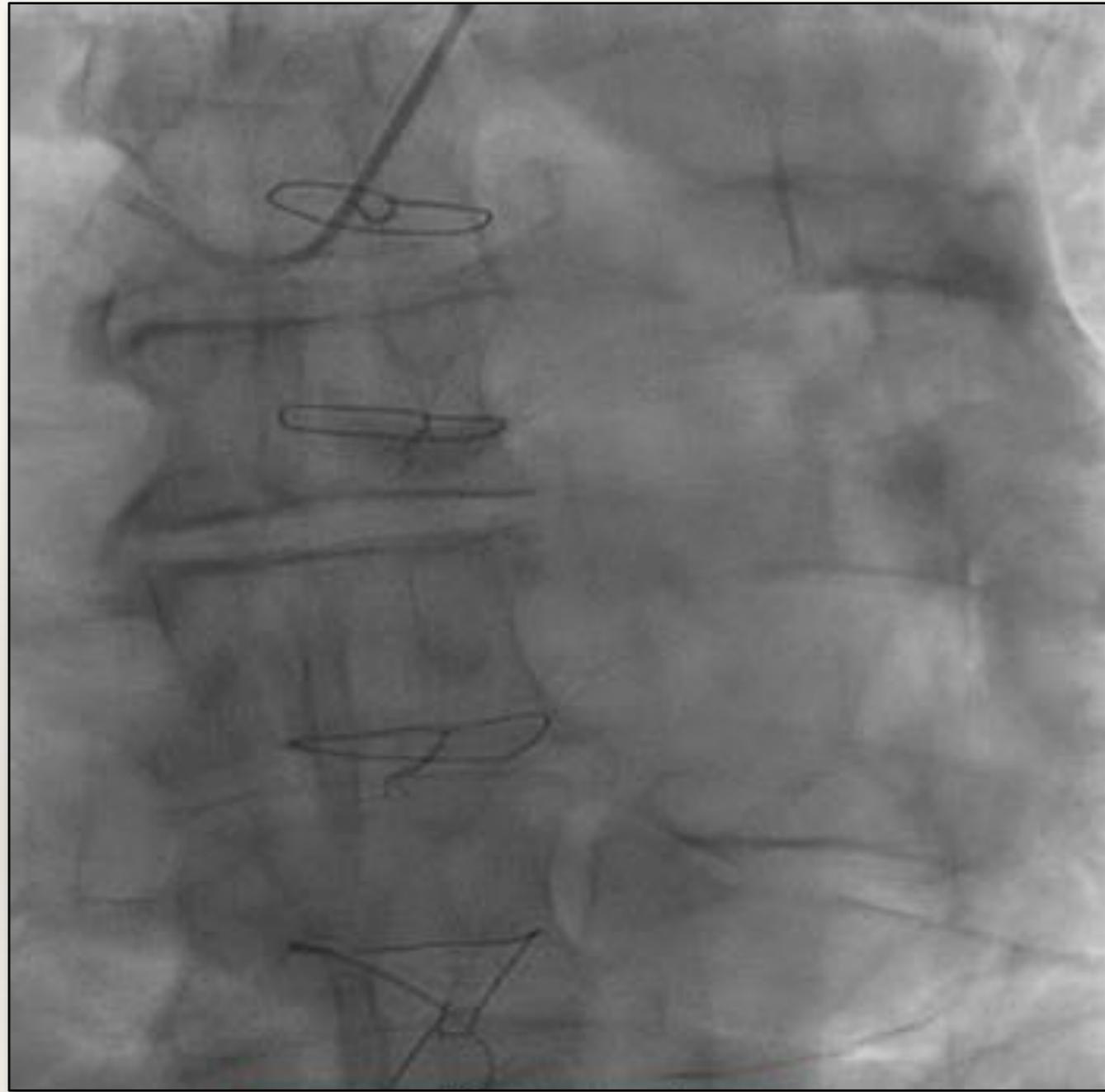
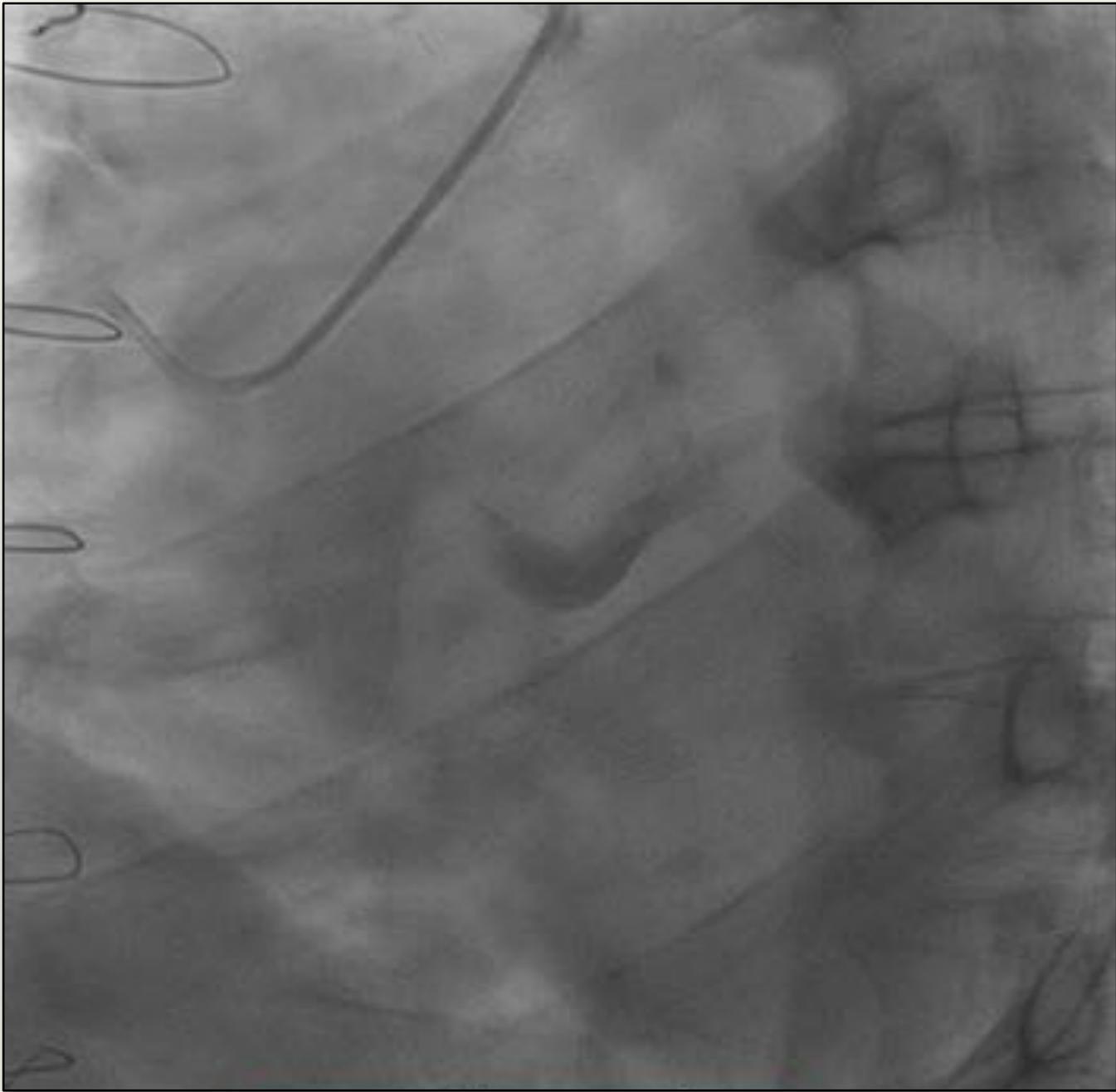


Pearl, JACC: Cardiovasc. Interv., Vol 3, N°10, 2010

TABLE IV. Outcome Based on Time of Onset of Infection and Presence of Major Complications

Therapy	Outcome	Major Complications
Early-Onset Infection		
None (n=1)	1 Died	Yes
Medical (n=4)	2 Died 2 Survived	Yes No
Surgery (n=5)		
Without stent removal (n=3)	2 Died 1 Survived	No No
With stent removal (n=2)	1 Survived 1 Survived	Yes No
Late-Onset Infection		
Medical (n=3)	3 Died	Yes
Surgery (n=4)		
Without stent removal (n=1)	1 Survived	No
With stent removal (n=3)	3 Survived	Yes





10/02/2017

- ❖ 10/02/2017: Ligature proximale du greffon veineux, drainage partiel du sinus transverse avec prélèvement bactériologique (collection remaniée, calcifiée). Prélèvements négatifs.
- ❖ Bactériémie à *Enterobacter Cloacae* + écoulement cicatriciel
- ❖ Reprise chir le 02/03 pour drainage médiastinal, ablation fils d'acier, débridement sternum et ostéosynthèse.
- ❖ Evolution favorable sous Tazocilline et Tigécycline

AVEC OVOMALTINE, TU N'Y ARRIVERAS PAS MIEUX.



Pas de conflit d'intérêt avec Ovomaltine ou le groupe Wander AG...