

A 150°

Cas clinique

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Mr L.J, 59 ans → Angor d'effort CCS II

Facteurs de risque cardio-vasculaire :

Obésité(125 kg, 1m78), HTA, dyslipidémie

Antécédents :

Sleeve gastrectomie, SAOS appareillé

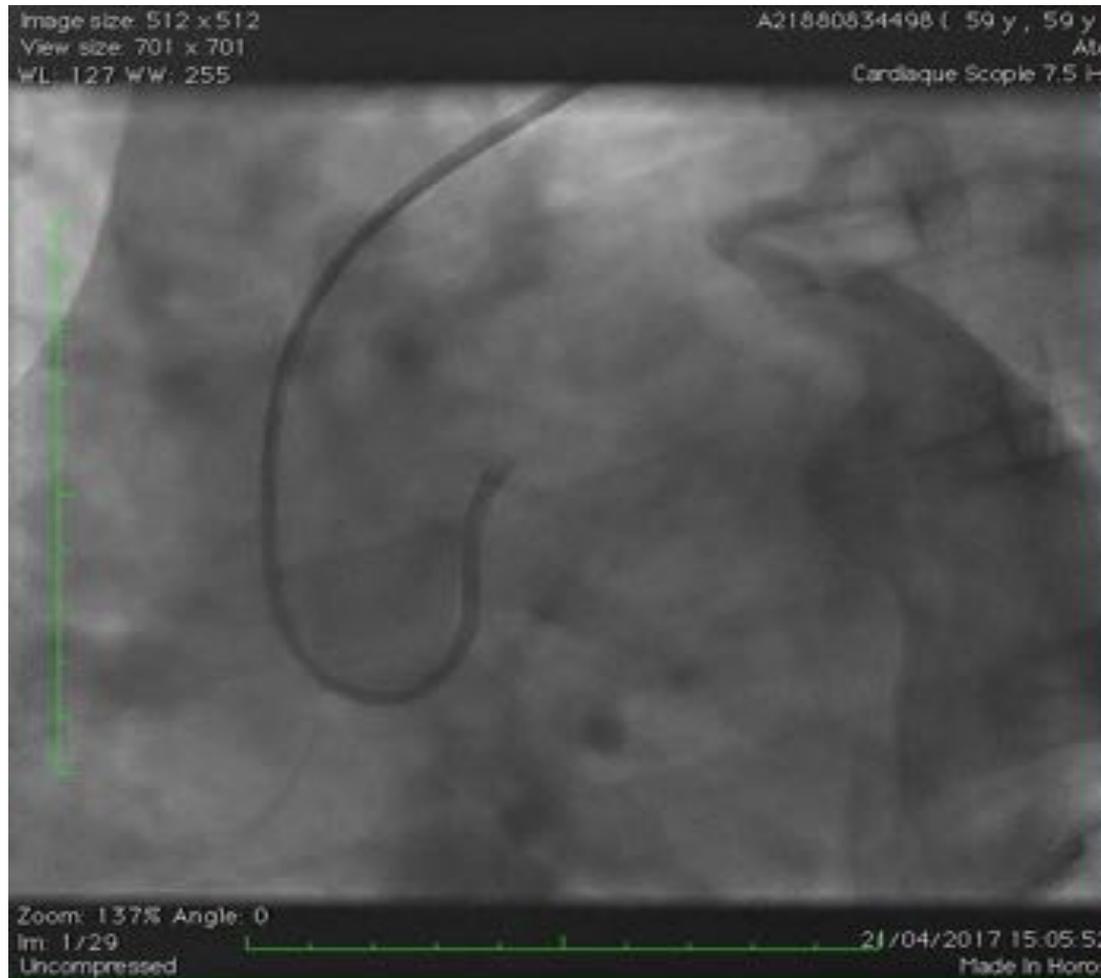
Epreuve d'effort +

Coroscanner : lésion significative de la circonflexe proximale

FEVG normale

MDRD: DFG 48 ml/min

Lésion TCG et sténose circonflexe ostiale angulation ++



Stratégie

- Abord radial gauche 6 F
- Cathéter guide AL2



Que faire?

- Changement de guide?
- Microcathéter?
 - Simple?
 - Angulé?
 - Double lumière?
 - Orientable?

Supercross[®], Vascular Solution



- 130 cm, 150 cm
- Distal tip 1.8F
- Tip straight or flexible



Angle tip configuration

Franchissement facilité par SuperCross

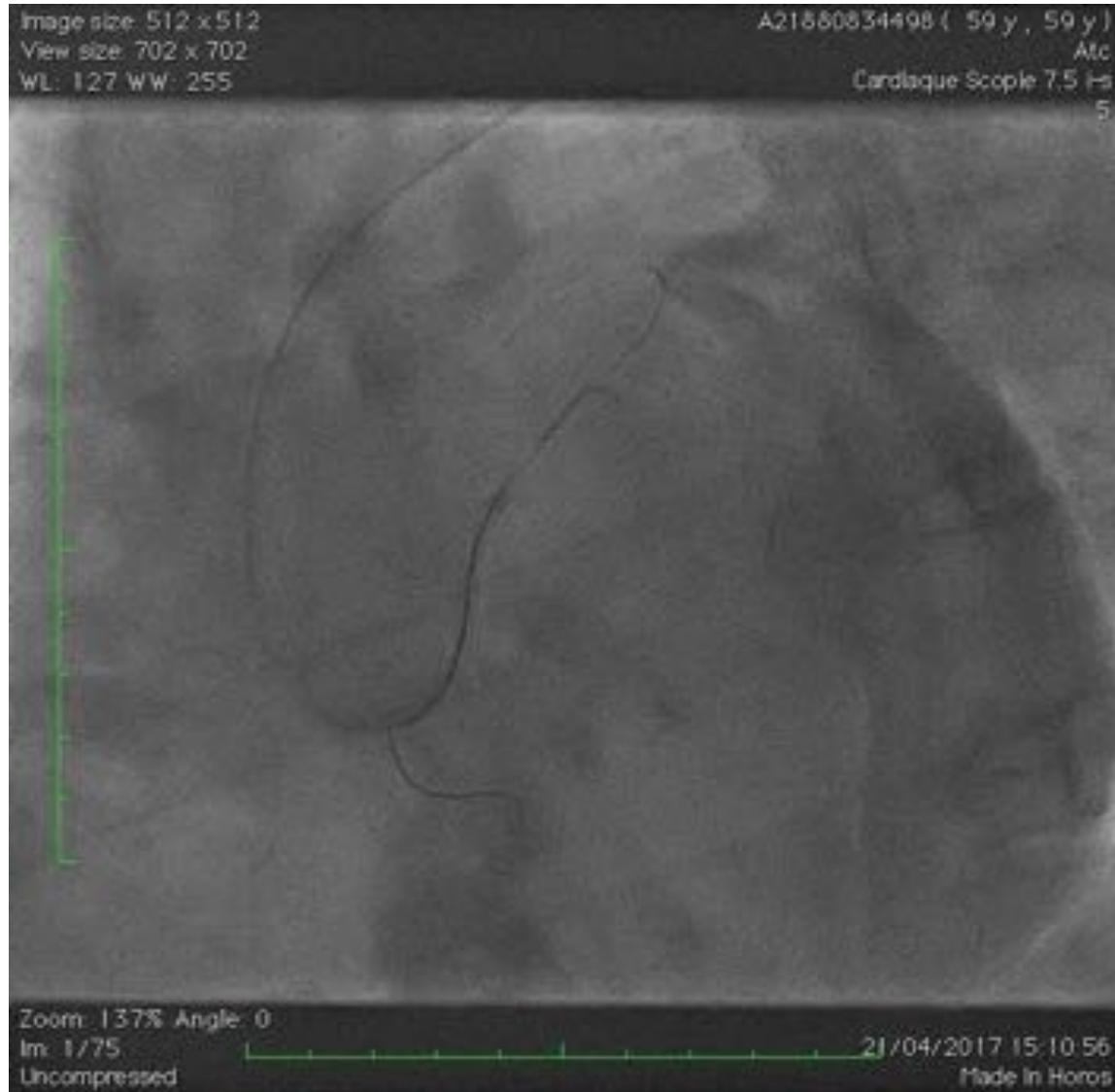


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WL: 127 WW: 255

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Atc
Cardiaque Scope 7.5 Hz

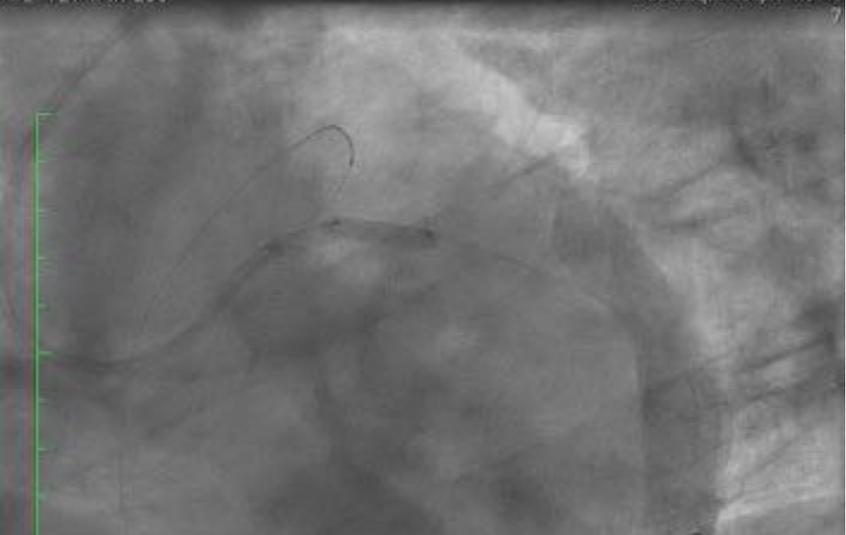


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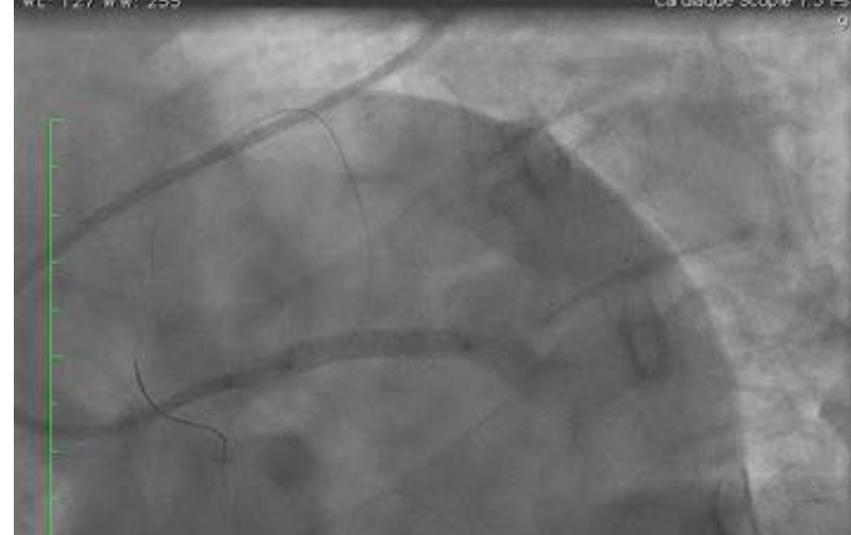
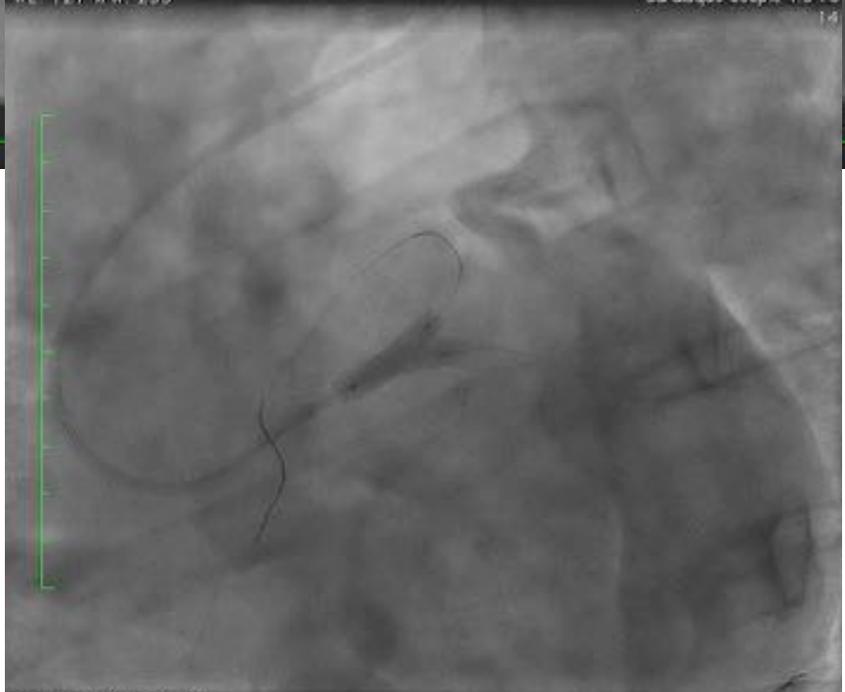


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Zoom: 138% Angle: 0
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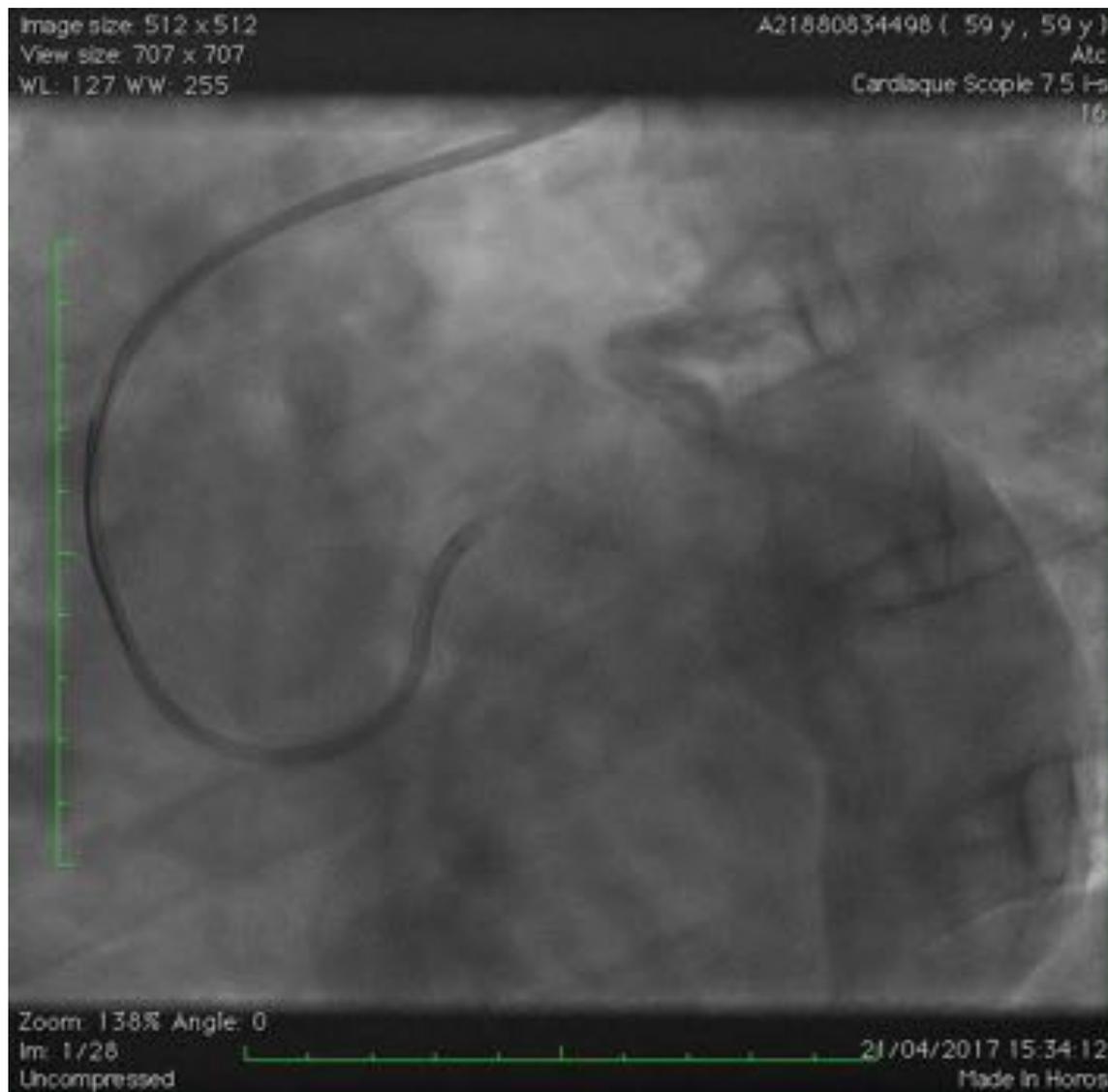


Pôle Cardiovasculaire et Métabolique

Zoom: 138% Angle: 0
Im: 1/6
Uncompressed

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Résultat final



- Volume de contraste : 80 cc
- Temps de scopie : 12,63 min
- PDS total : 54,368 Gy.cm²
- Dose (AK) : 749 mGy

- Evolution à 3 mois: Asymptomatique

Take home message

- Lésions complexes
- Microcathéters:
 - angulés, ...
- Guidewires

