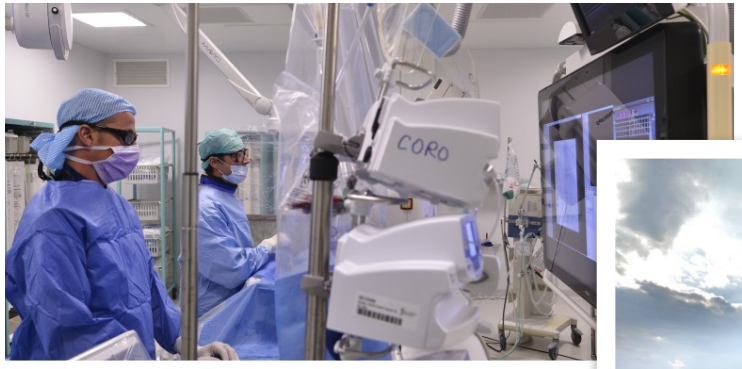
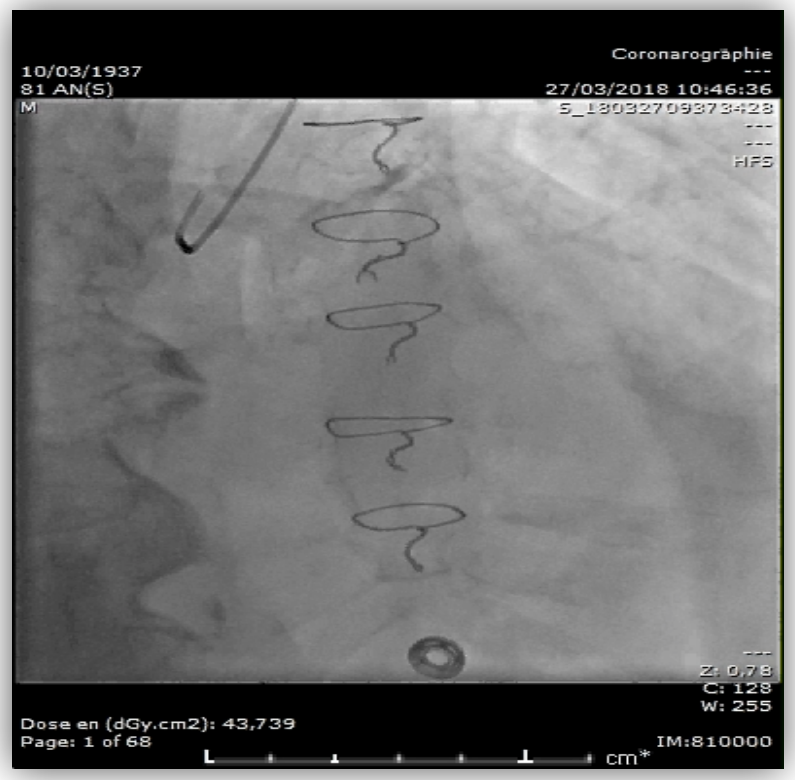
Tiens, voilà du boudin…



P. Leddet, F. De Poli
CH Haguenau

Mr S, 80 ans

- HDM: SCA ST+ antérieur à H7 (persistance de douleur intense)
- Antécédents:
  - SCA ST- en 1993, Mono-PAC saphène-IVA,
  - SCA ST+ en 2007: occlusion Cx distale traitée par angioplastie et stenting actif, bon fonctionnement du PAC, occlusion de l'IVA native,
- Facteurs de risque: HTA, DNID, dyslipidémie, surpoids.


Coronarographie
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27/03/2018 10:46:36
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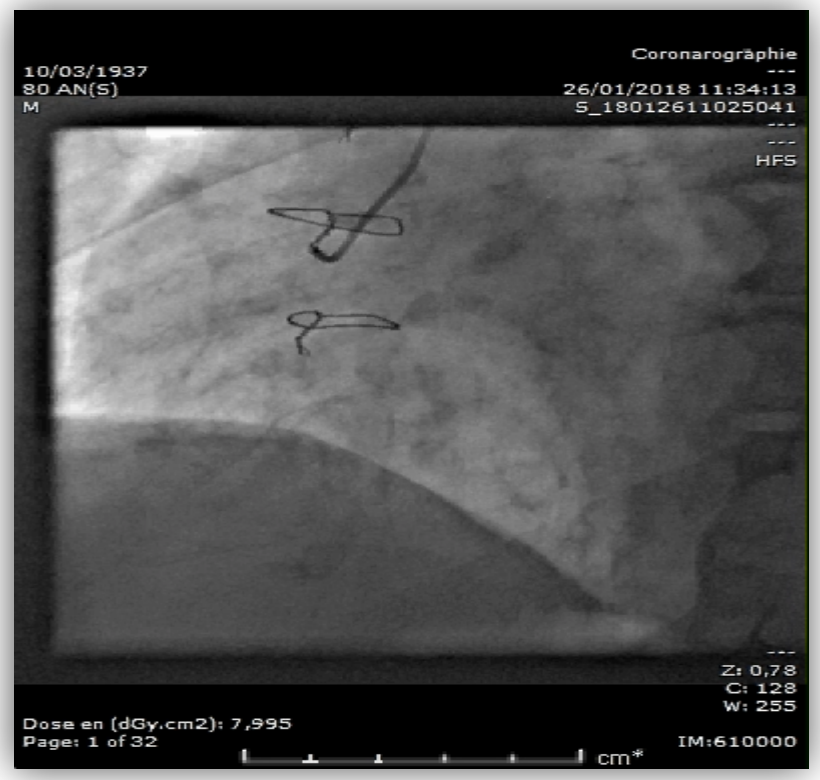
HFS
Z: 0,78
C: 128
W: 255
Dose en (dGy.cm2): 43,739
Page: 1 of 68
IM:810000
cm*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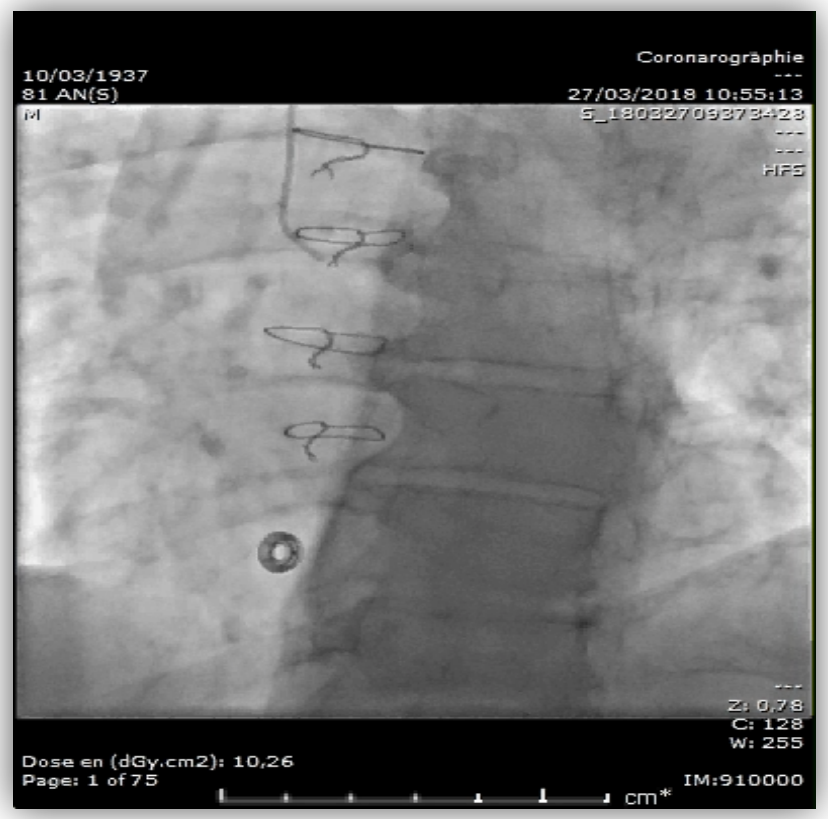
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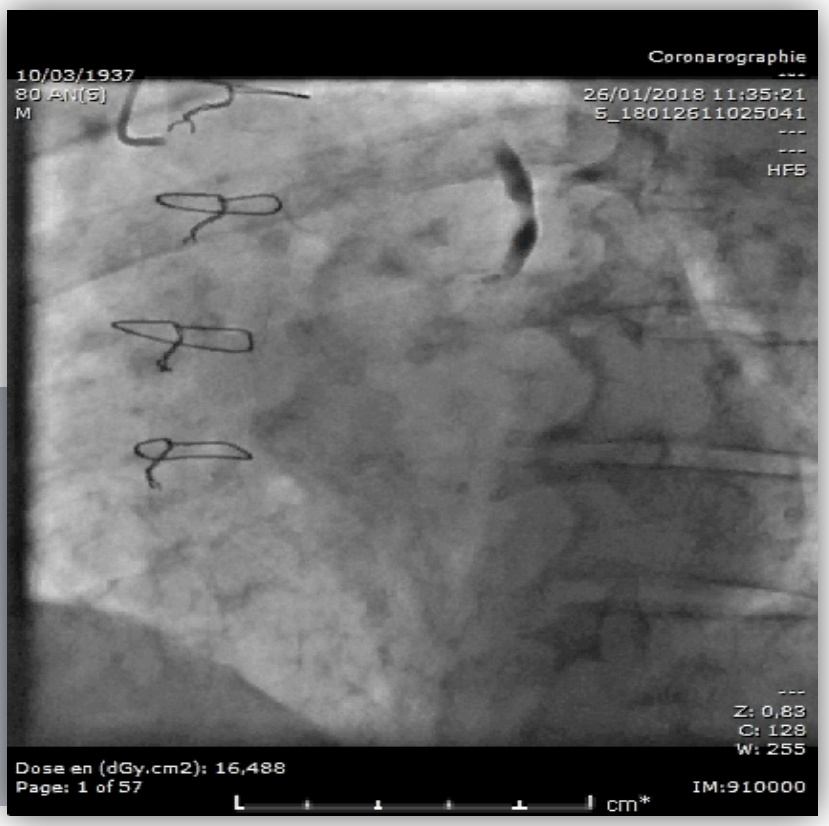
cm*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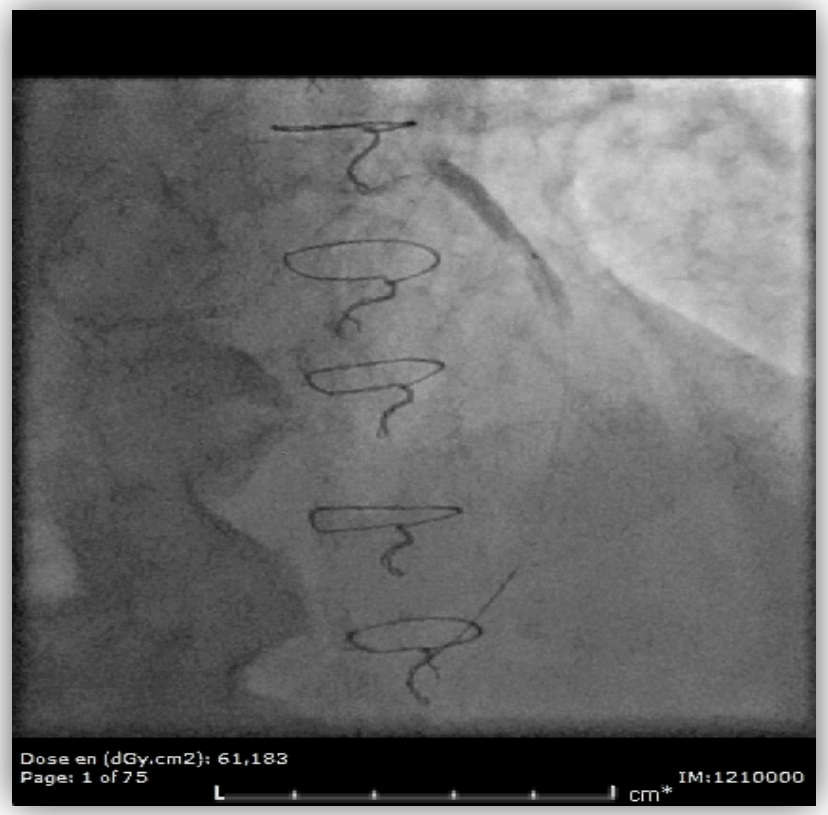
C: 129
W: 255
Dose en (dGy.cm2): 16,488
Page: 1 of 57
IM:910000
cm*

Questions

- Quel type de traitement? Quel abord? 7F?
- Traitement par désobstruction du pontage?
- Matériel utilisé? Thrombo-aspiration? Filter wire?
- AntiGpIIbIIIa?
- Traitement des autres lésions?

Recommendations	Class[b]	Level[c]
Antiplatelet therapy		
A potent $P2Y_{12}$ inhibitor (prasugrel or ticagrelor), or clopidogrel if these are not available or are contraindicated, is recommended before (or at latest at the time of) PCI and maintained over 12 months, unless there are contraindications such as excessive risk of bleeding.[186,187]	I	A
Aspirin (oral or i.v. if unable to swallow) is recommended as soon as possible for all patients without contraindications.[213,214]	I	B
GP IIb/IIIa inhibitors should be considered for bailout if there is evidence of no-reflow or a thrombotic complication.	IIa	C
Cangrelor may be considered in patients who have not received $P2Y_{12}$ receptor inhibitors.[192–194]	IIb	A
Anticoagulant therapy		
Anticoagulation is recommended for all patients in addition to antiplatelet therapy during primary PCI.	I	C
Routine use of UFH is recommended.	I	C

Recommendations	Class[a]	Level[b]
IRA strategy		
Primary PCI of the IRA is indicated.[114,116,139,140]	I	A
New coronary angiography with PCI if indicated is recommended in patients with symptoms or signs of recurrent or remaining ischaemia after primary PCI.	I	C
IRA technique		
Stenting is recommended (over balloon angioplasty) for primary PCI.[146,147]	I	A
Stenting with new-generation DES is recommended over BMS for primary PCI.[148–151,178,179]	I	A
Radial access is recommended over femoral access if performed by an experienced radial operator.[143–145,180]	I	A
Routine use of thrombus aspiration is not recommended.[157,159]	III	A
Routine use of deferred stenting is not recommended.[153–155]	III	B
Non-IRA strategy		
Routine revascularization of non-IRA lesions should be considered in STEMI patients with multivessel disease before hospital discharge.[167–173]	IIa	A
Non-IRA PCI during the index procedure should be considered in patients with cardiogenic shock.	IIa	C
CABG should be considered in patients with ongoing ischaemia and large areas of jeopardized myocardium if PCI of the IRA cannot be performed.	IIa	C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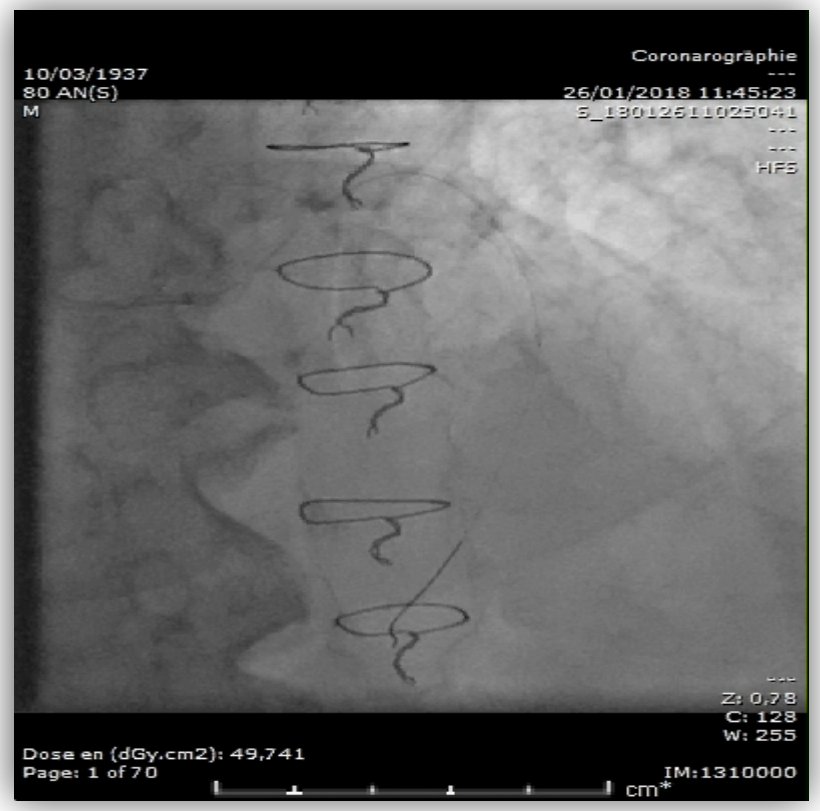
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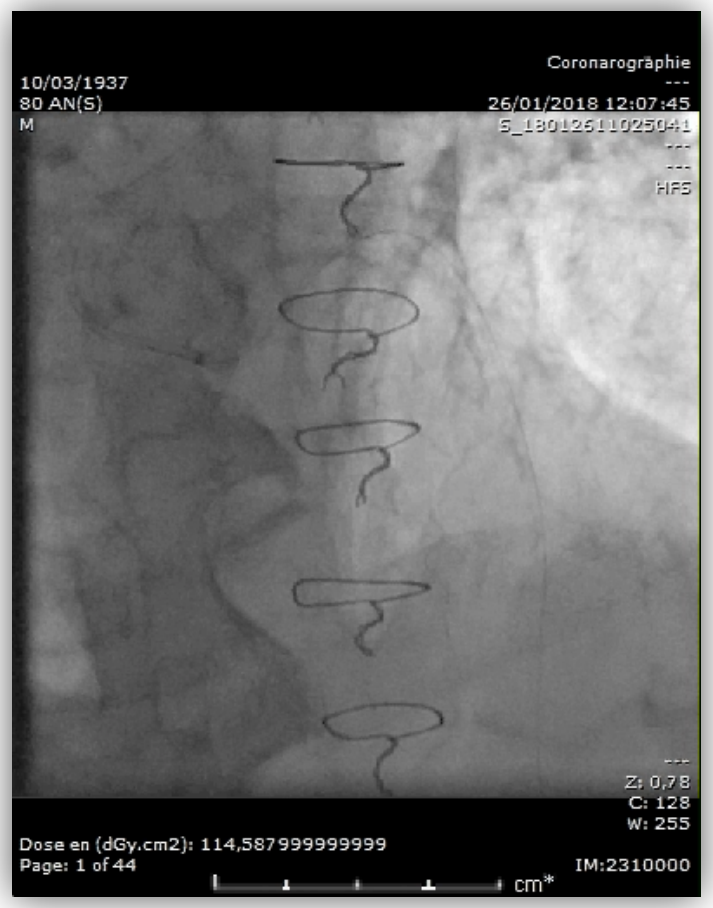
cm*


Coronarographie

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HFS

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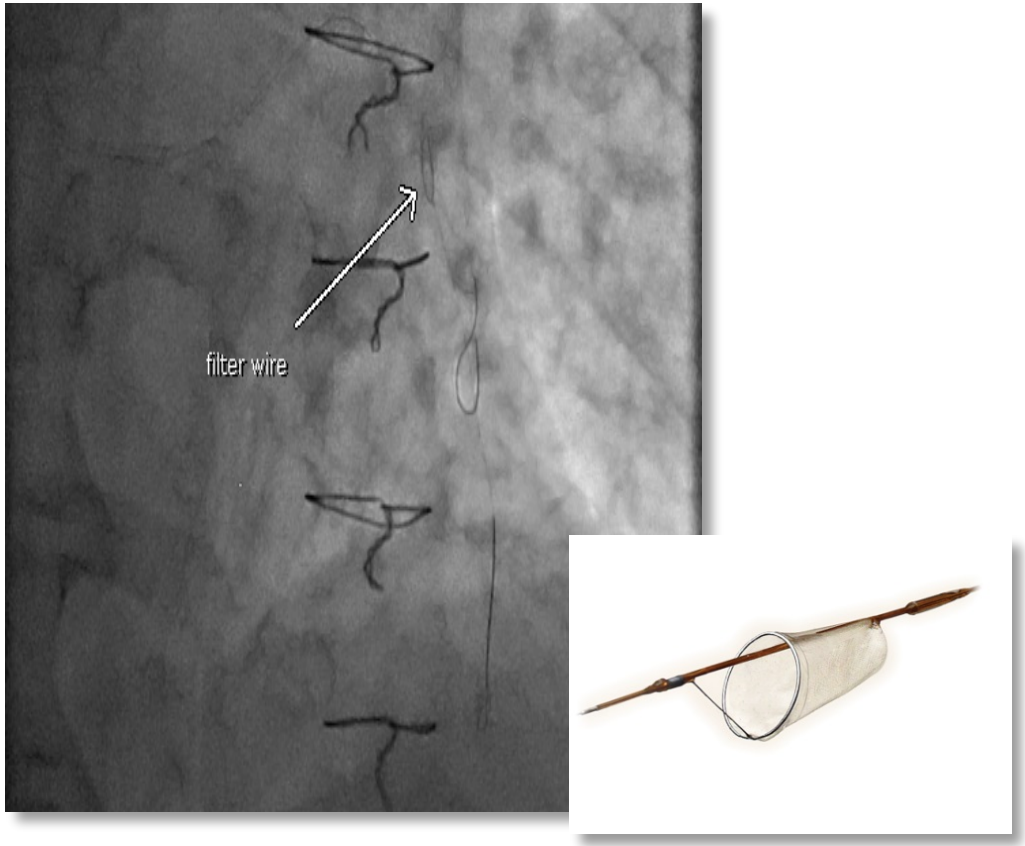
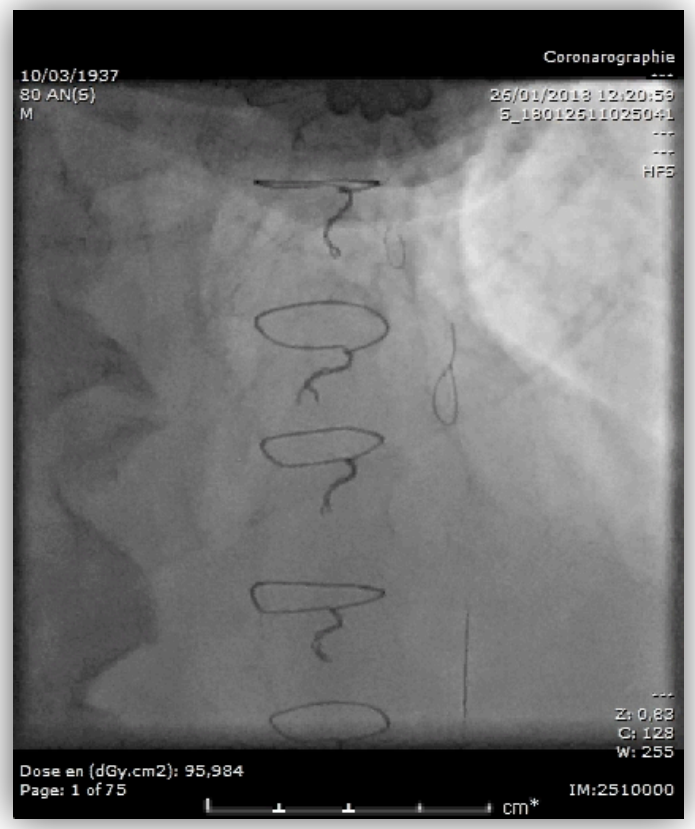
cm*


filter wire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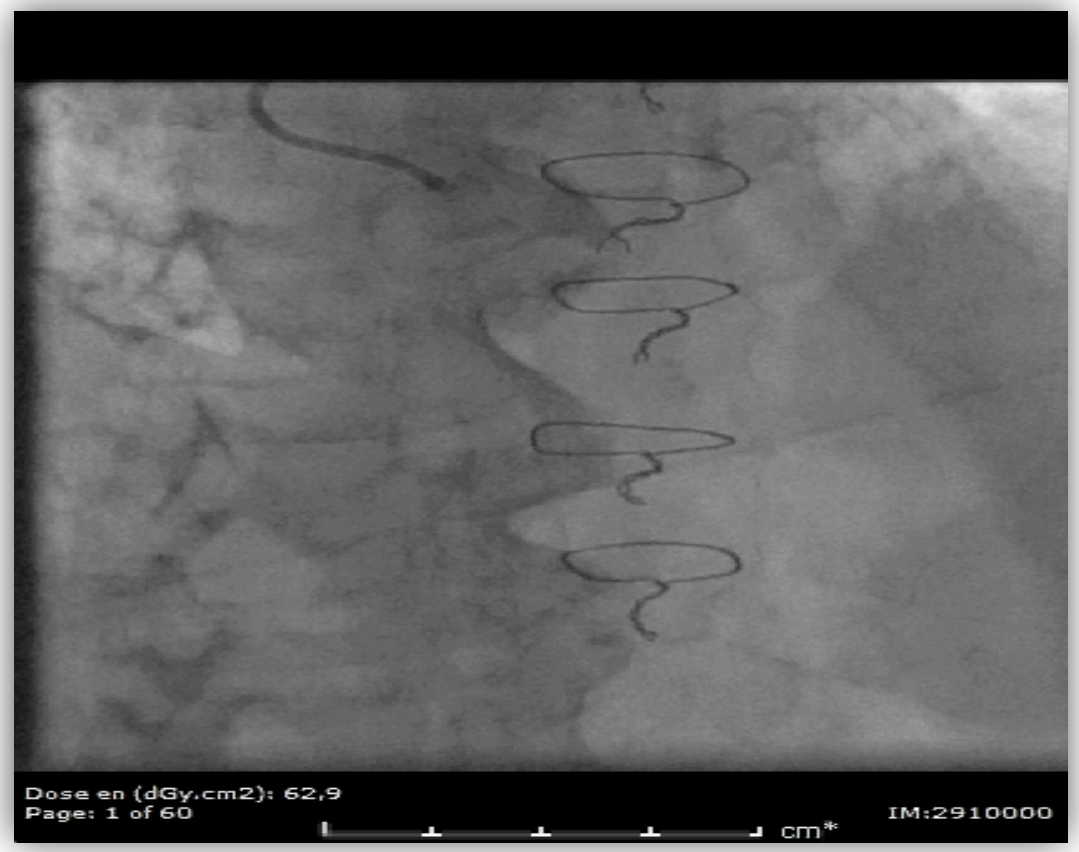
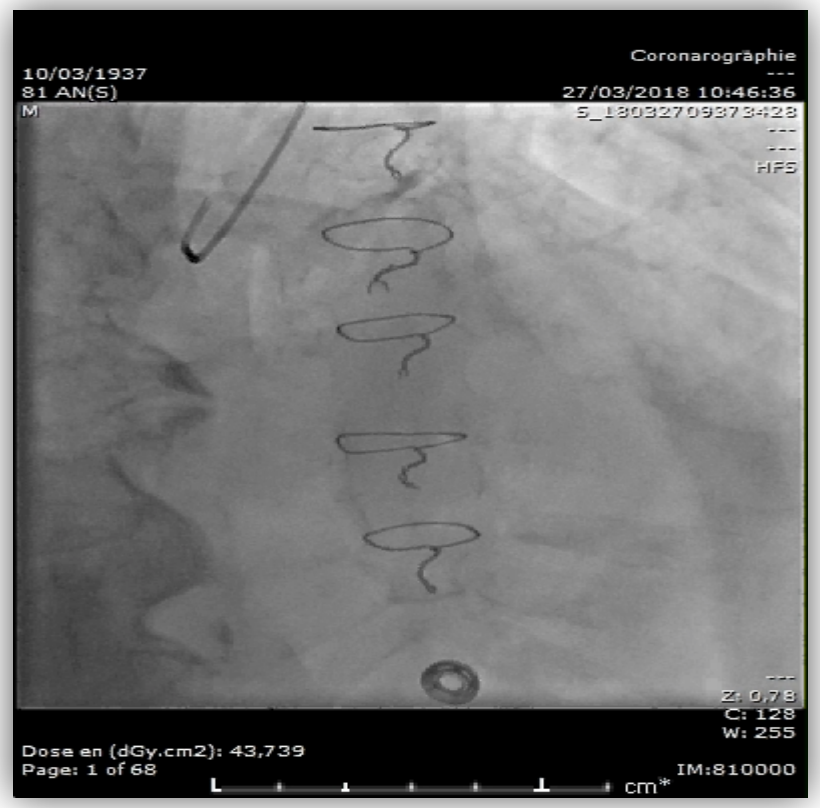
cm*


Dose en (dGy.cm2): 62,9
Page: 1 of 60
cm*
IM:2910000

Evolution

- Favorable, transfert Réadaptation à J7,
- Pic troponine: 292 µg/l,
- Akinésie de la couronne apicale, FEVG: 45%
- Contrôle coro prévu à un mois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Page: 1 of 68
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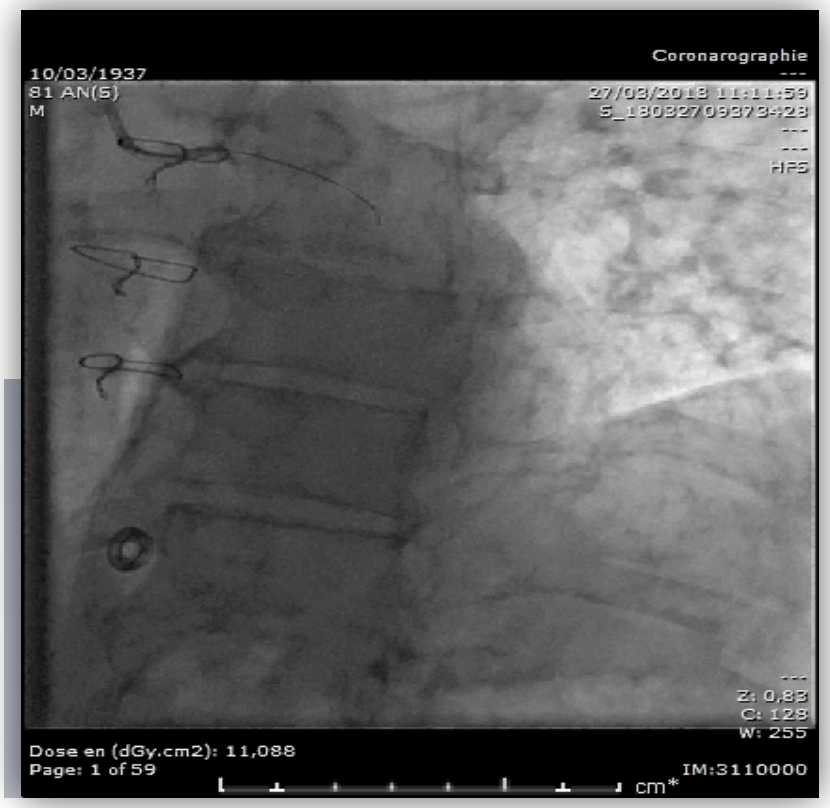
cm*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Dose en (dGy.cm2): 11,088
Page: 1 of 59
IM:3110000
cm*

Soyons créatifs…

- Si certains outils peuvent sembler obsolètes au regard de la littérature, ils peuvent parfois avoir leur intérêt,
- Angioplastie des ponts saphènes: 1% des angioplasties, mais patients complexes (cardiopathie évoluée, âge élevé, comorbidités…)
- Intérêt potentiel de la thromboaspiration dans les ponts saphènes,
- Stratégie de traitement du réseau natif versus PAC.

Take home messages

- L'angioplastie des ponts saphènes tient une place à part et nécessite du matériel spécifique,
- Concerne le plus souvent des patients ayant une longue évolution de leur maladie coronarienne et un âge avancé (situation à risque ++),
- Place pour la thrombo-aspiration (situations complexes, charge thrombotique majeure, visualisation du lit d'aval…),
- Intérêt des sondes Tiger 4 (voie radiale) et 3DRC (voie fémorale) pour le diagnostic (injection du réseau natif et du PAC VS).