

# Stent dédié à la bifurcation BIOSS LIM C



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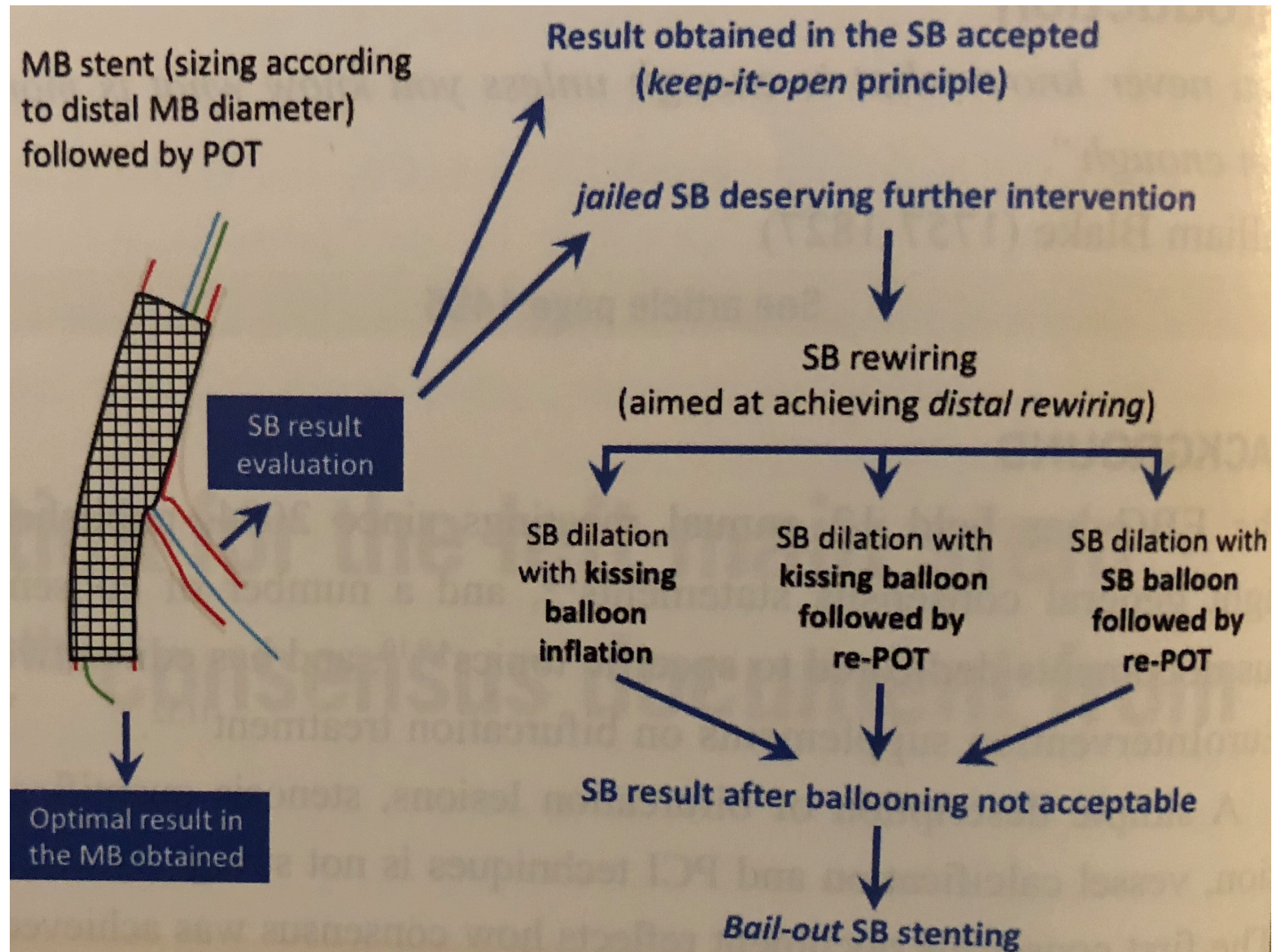


# Qu'est-ce qu'une bifurcation ?

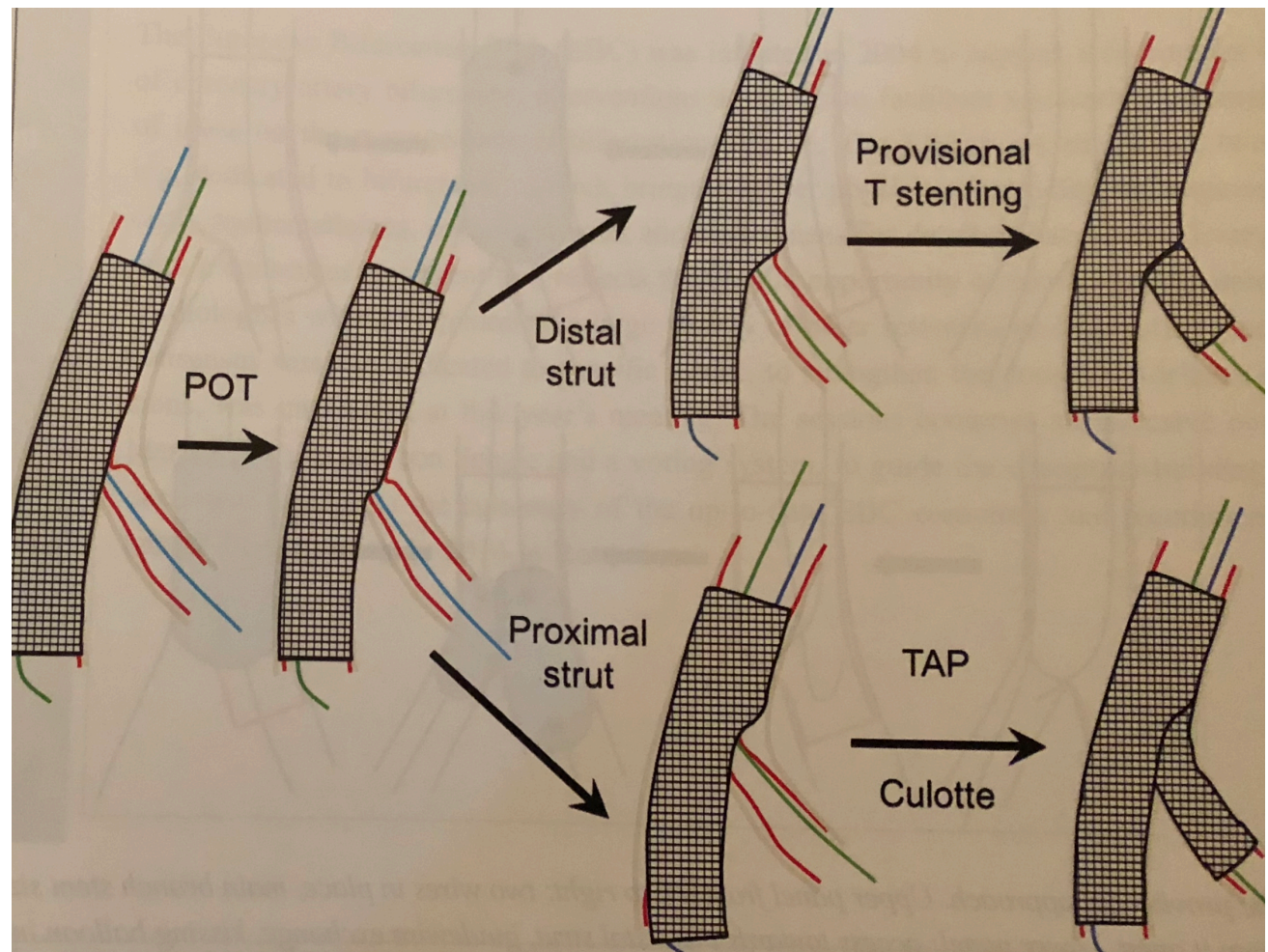
The definition of coronary bifurcation lesions adopted by the EBC is pragmatic: a bifurcation lesion is “a coronary artery narrowing occurring adjacent to, and/or involving, the origin of a significant side branch”<sup>2</sup>. A significant SB is a branch that one does not want to lose in the global context of a particular patient (symptoms, location of ischaemia, branch responsible for symptoms or ischaemia, viability, collateralising vessel, left ventricular function, etc.).



# Philosophie du « provisionnal stenting »

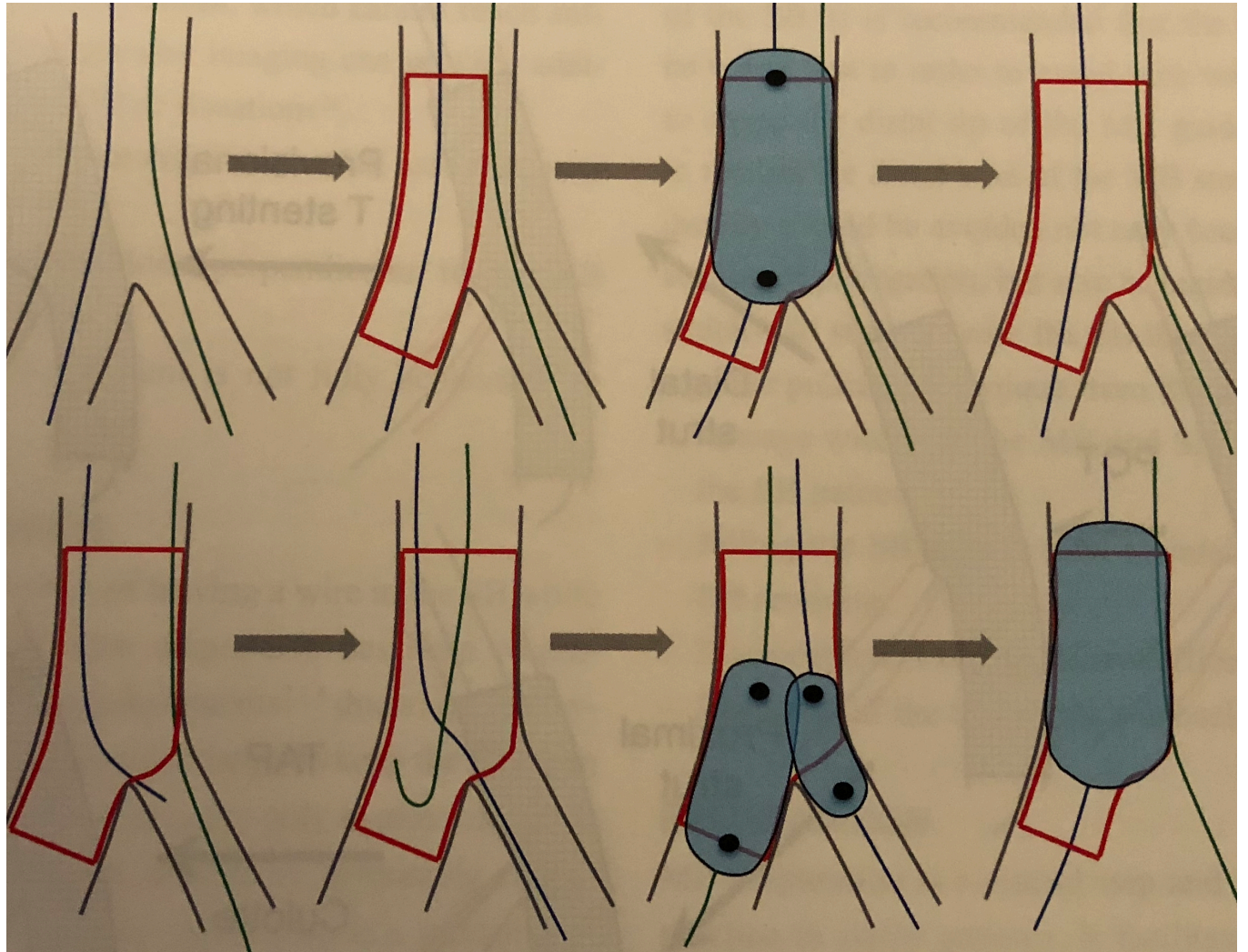


# Prise en charge de la SB dans le « provisionnal stenting »



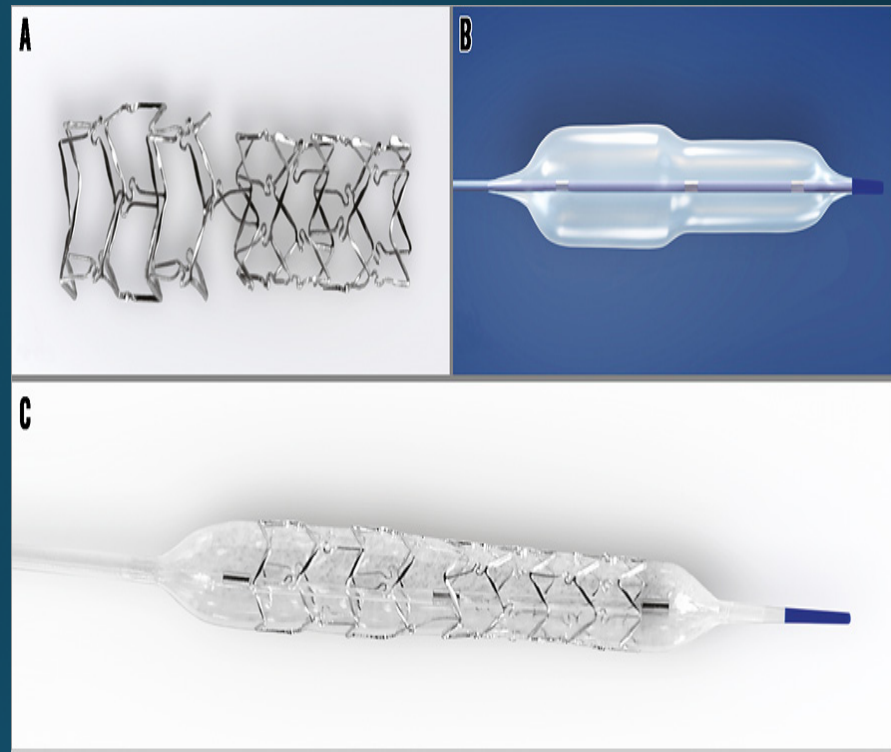
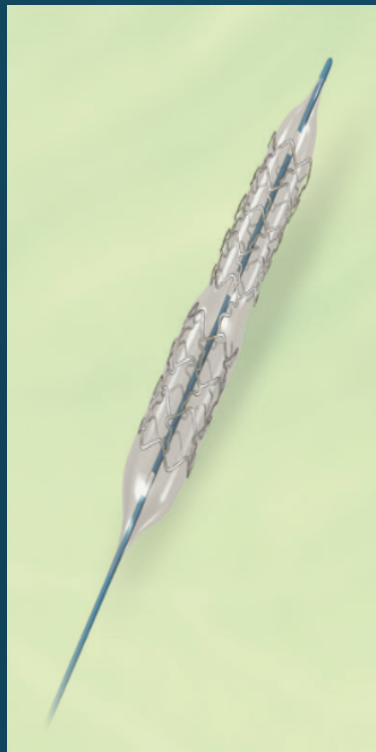


# POT

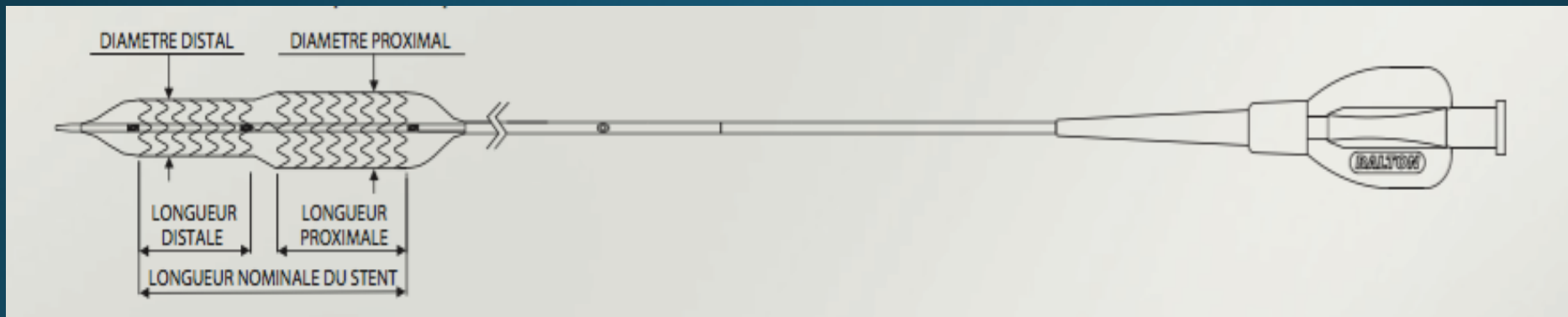


- CoCr
- 2 parties avec une zone de transition avec 2 mailles de connections (Ratio proximal-distal 1,15 à 1,3)
- Cellules fermées
- Epaisseur des mailles 70  $\mu$
- Polymère biodégradable (PLGA/PLLA, 8 semaines)
- Sirolimus 1,4  $\mu\text{g}/\text{mm}^2$



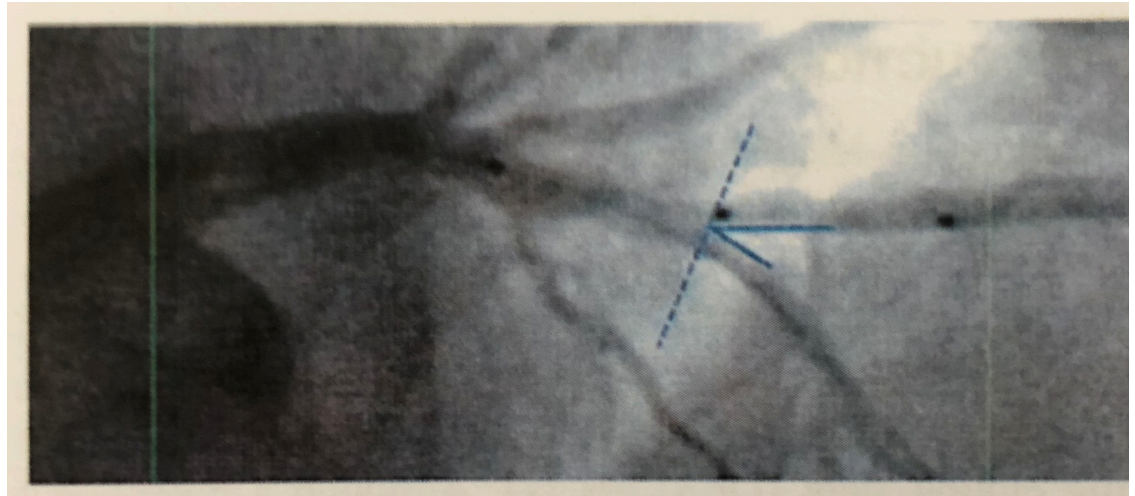


**1 seul ballon 2 diamètres pour épouser le stent**

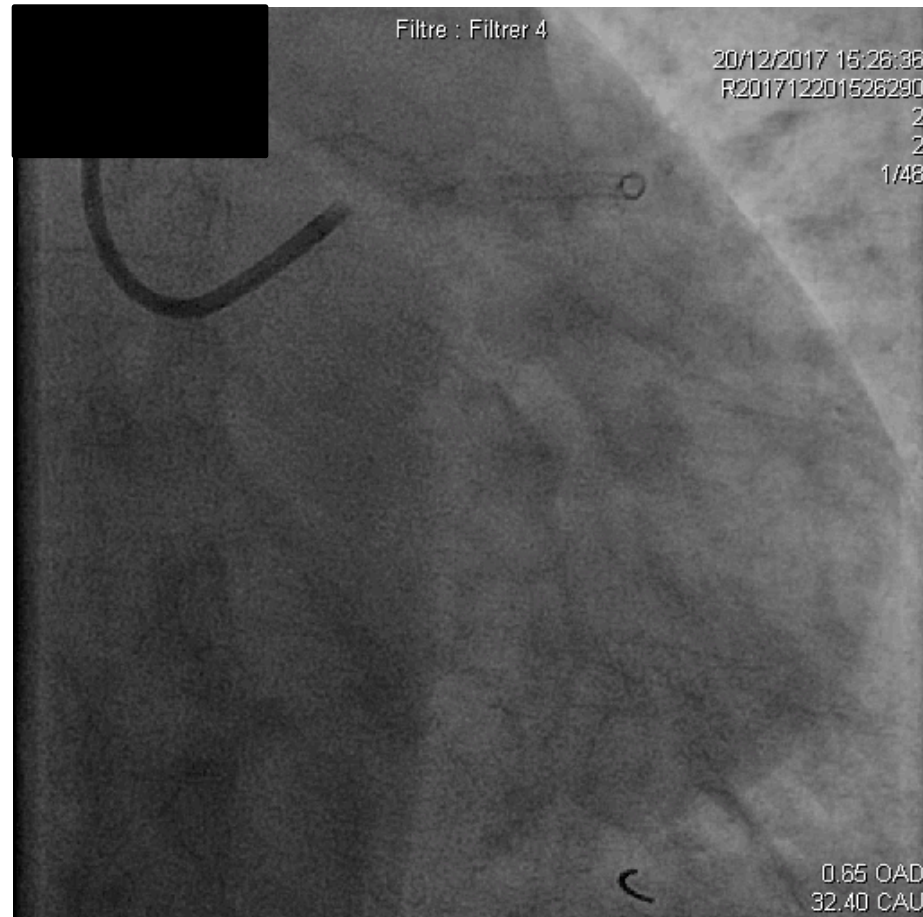


# Technique de pose

- Sizing QCA
- Choix du stent
- Prédilatation
- Prendre son temps
- Bonne incidence



# Cas Clinique n°1





# Cas clinique n°1

**Medina 1.1.0**

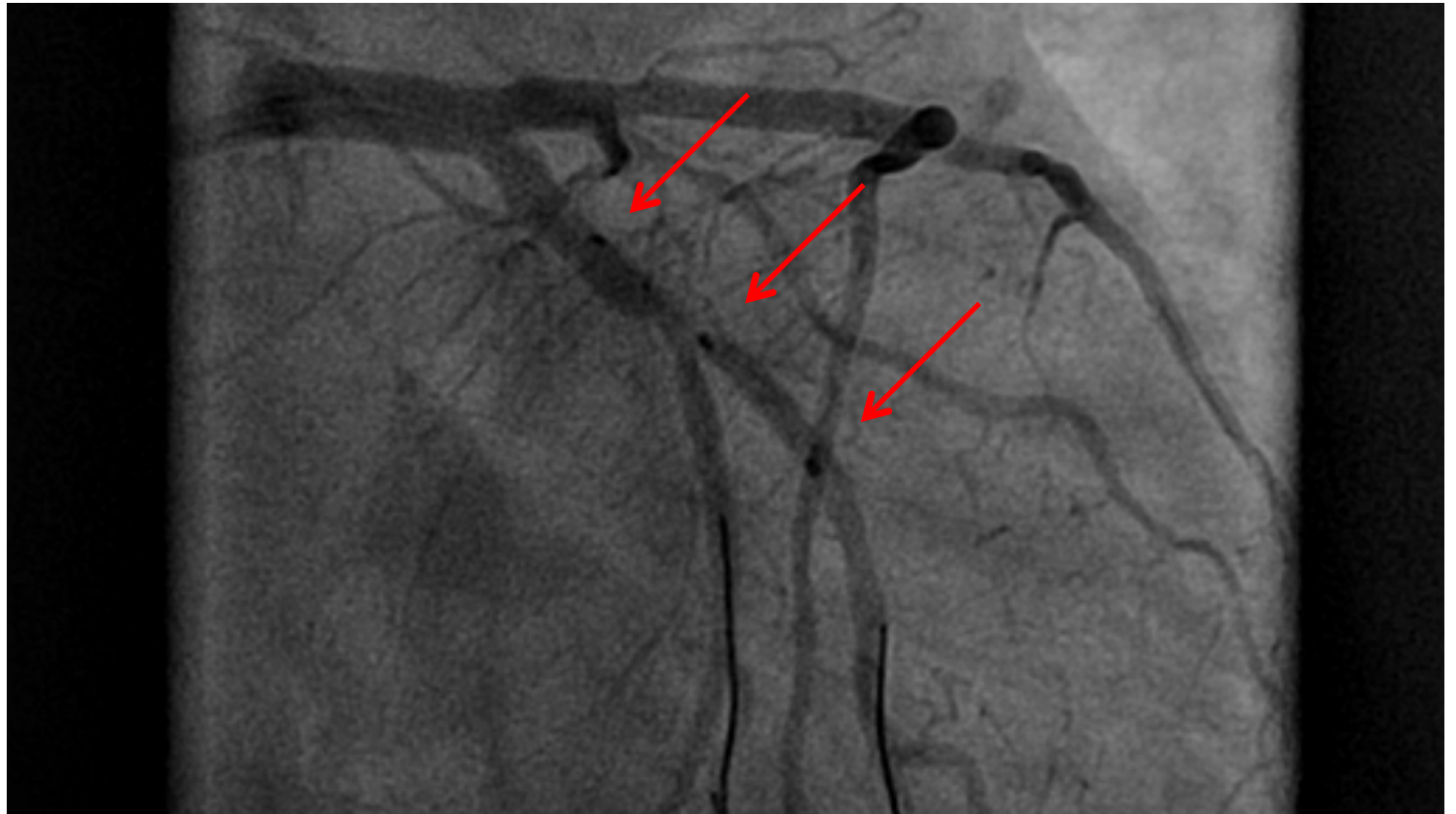
**1<sup>re</sup> MgCx-Cx moyenne**



# Prédilatation avec un ballon de 2,5 mm

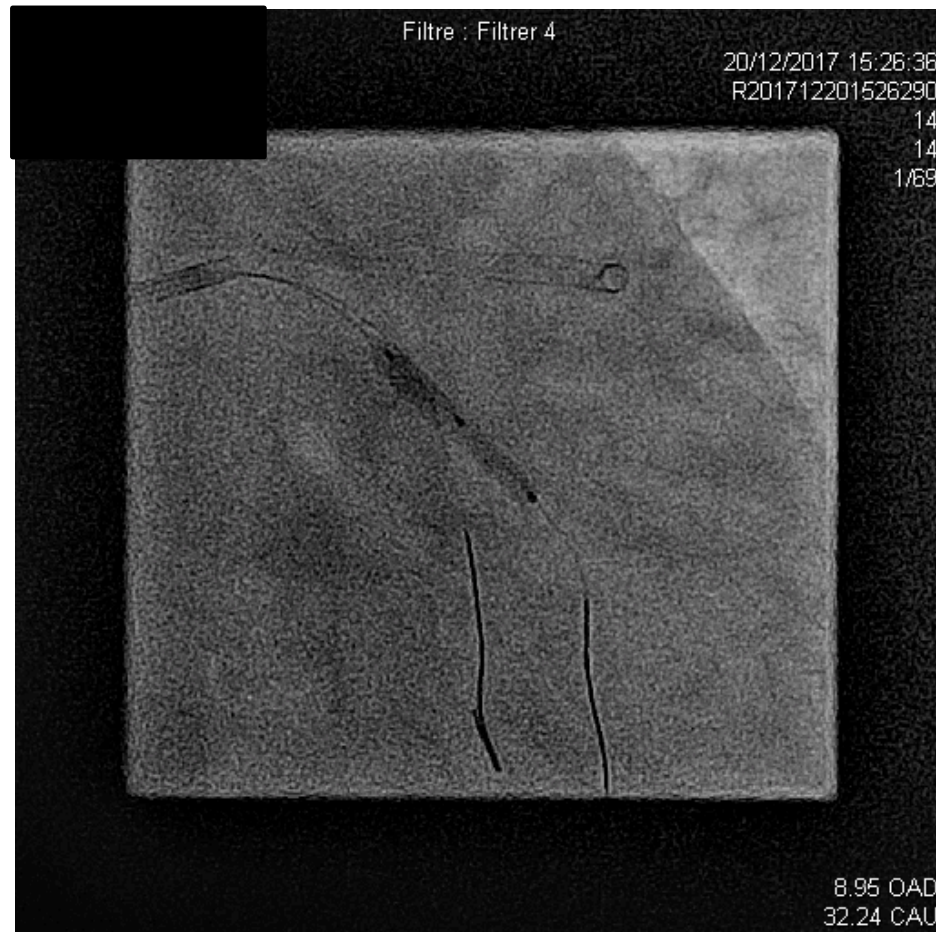


# Positionnement BiOSS 2,5/3/16

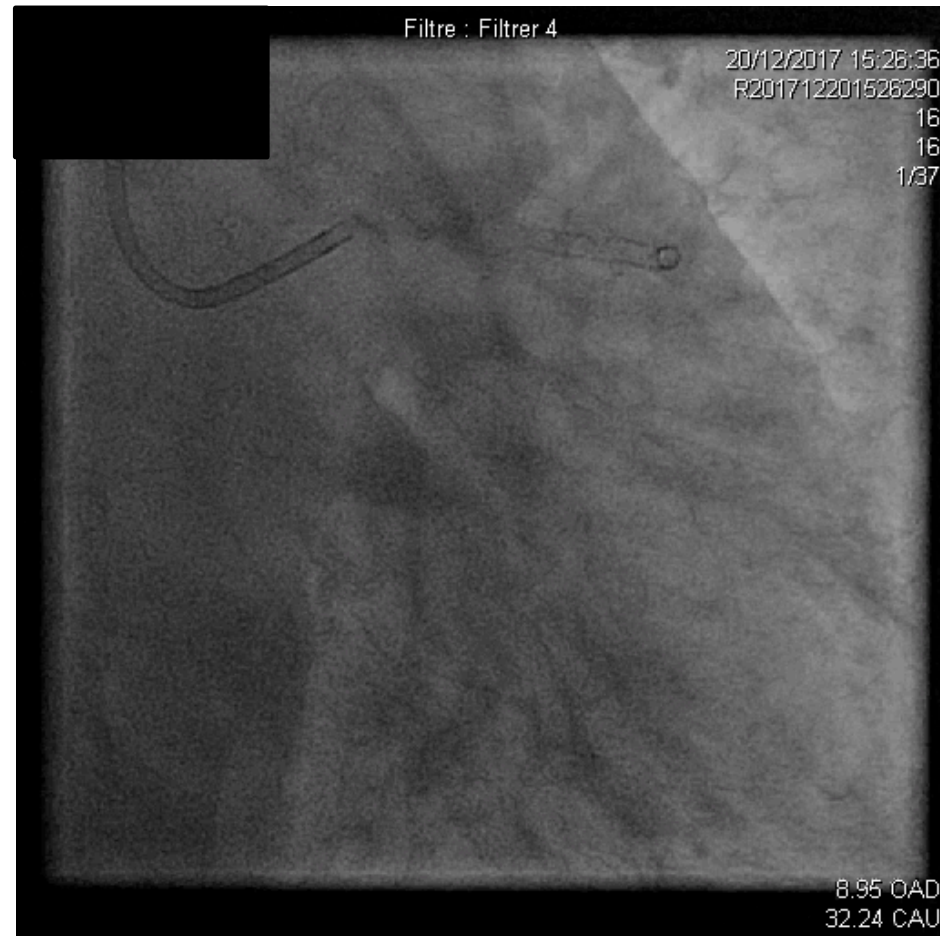




# Implantation d'un BiOSS 2,5/3/16

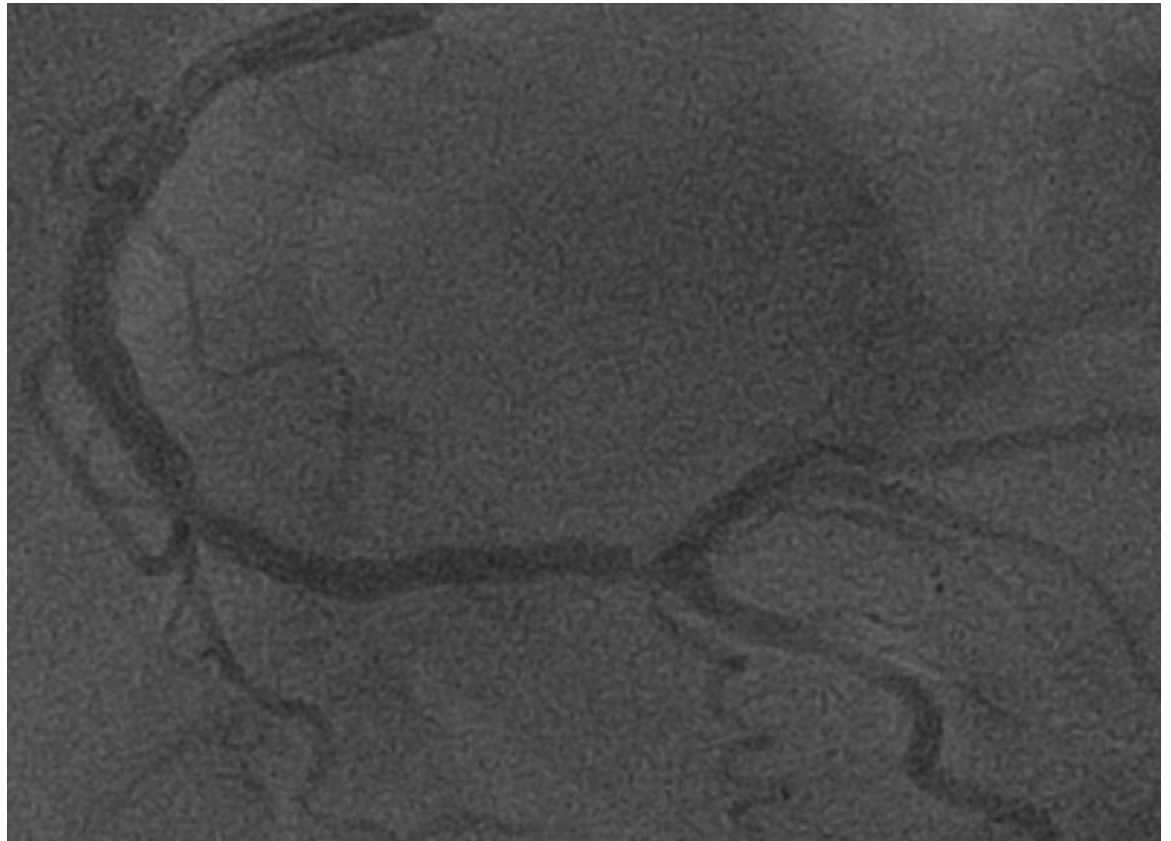


# Résultat final

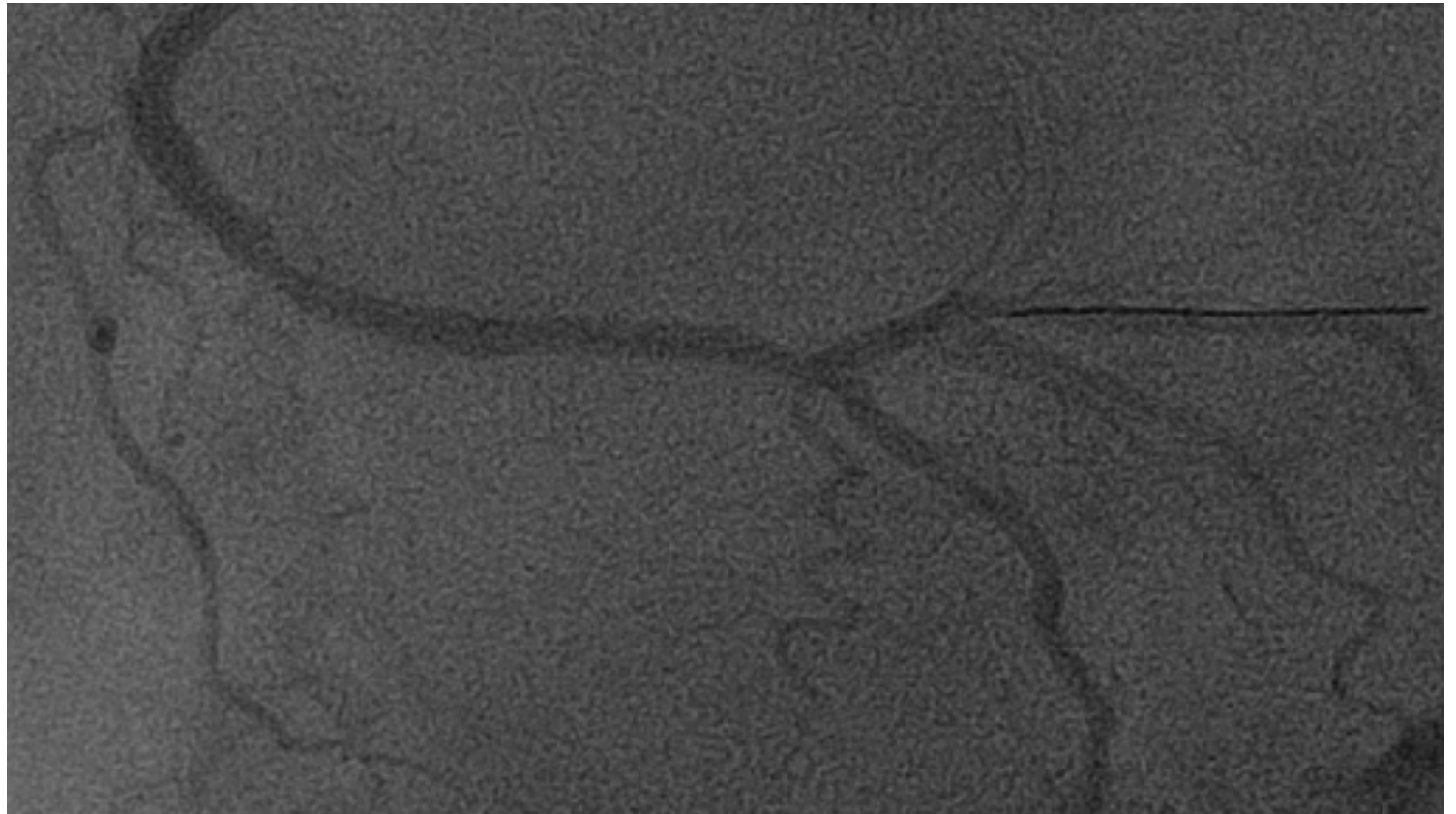


# Cas clinique n°2

**Medina 1.0.0**  
**CD distale/IVP/RVP**

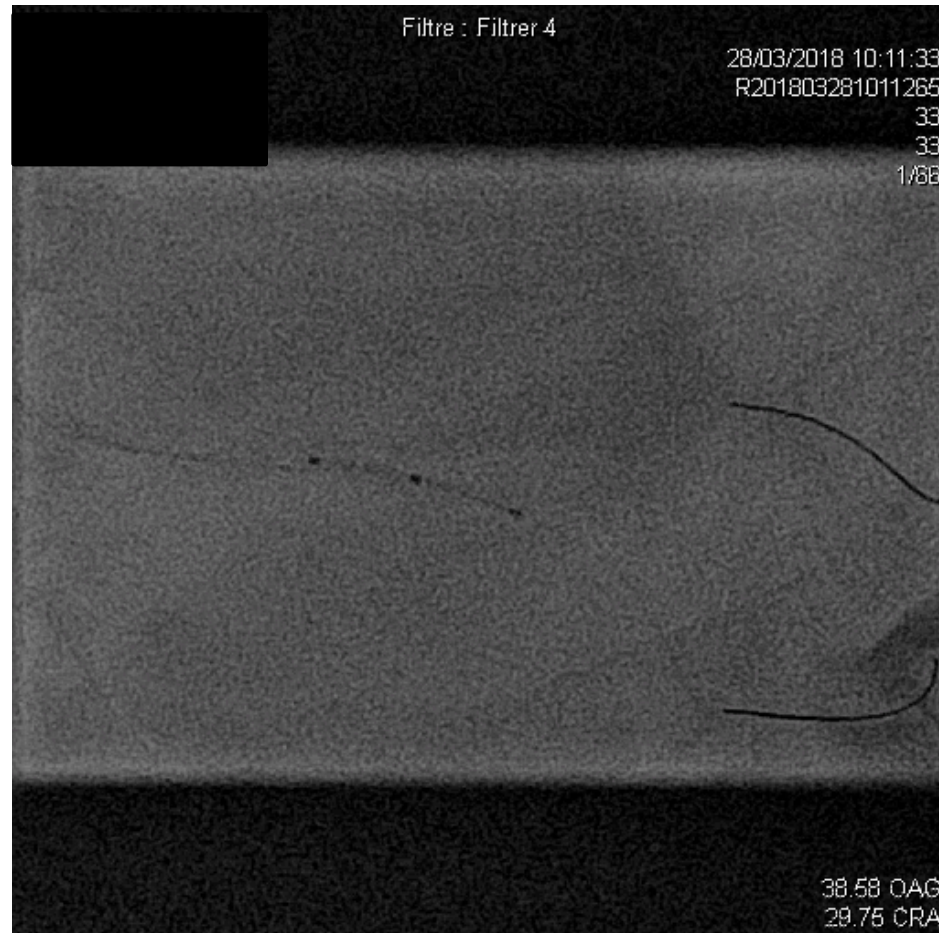


# Prédilatation avec un ballon de 2,5 mm

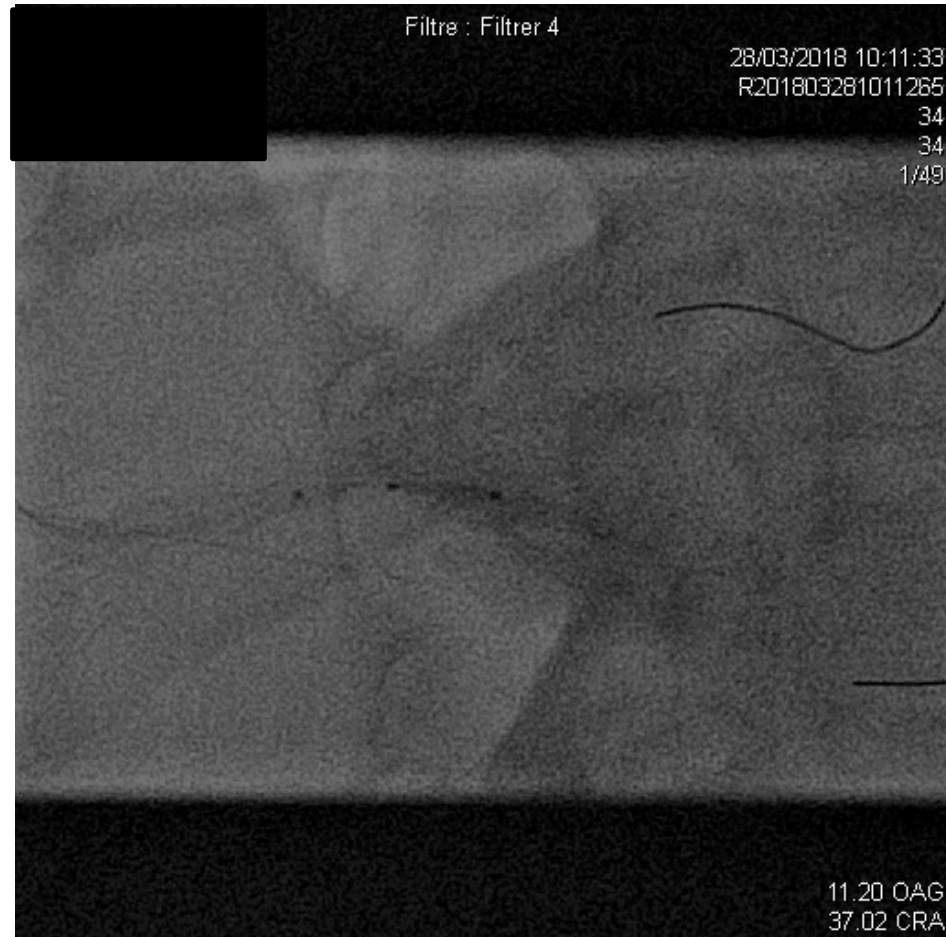




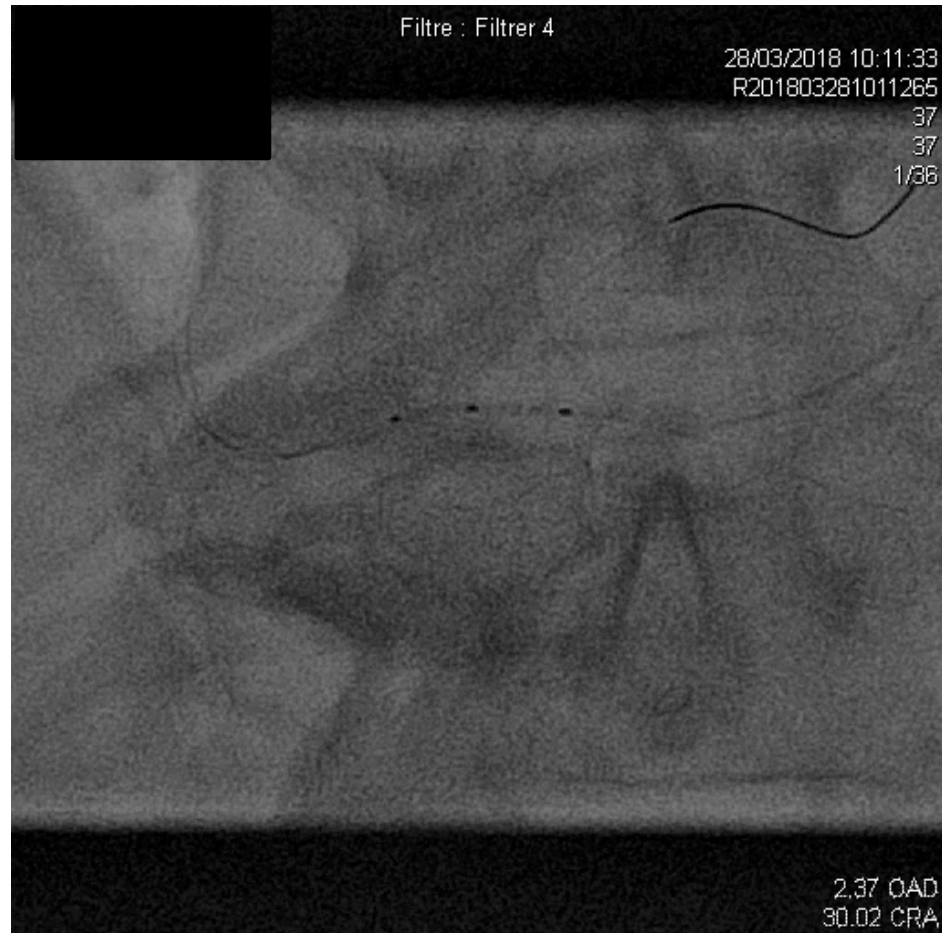
# Positionnement BiOSS 2,5/3/16



# Positionnement BiOSS 2,5/3/16



# Positionnement BiOSS 2,5/3/16



# Implantation d'un BiOSS 2,5/3/16





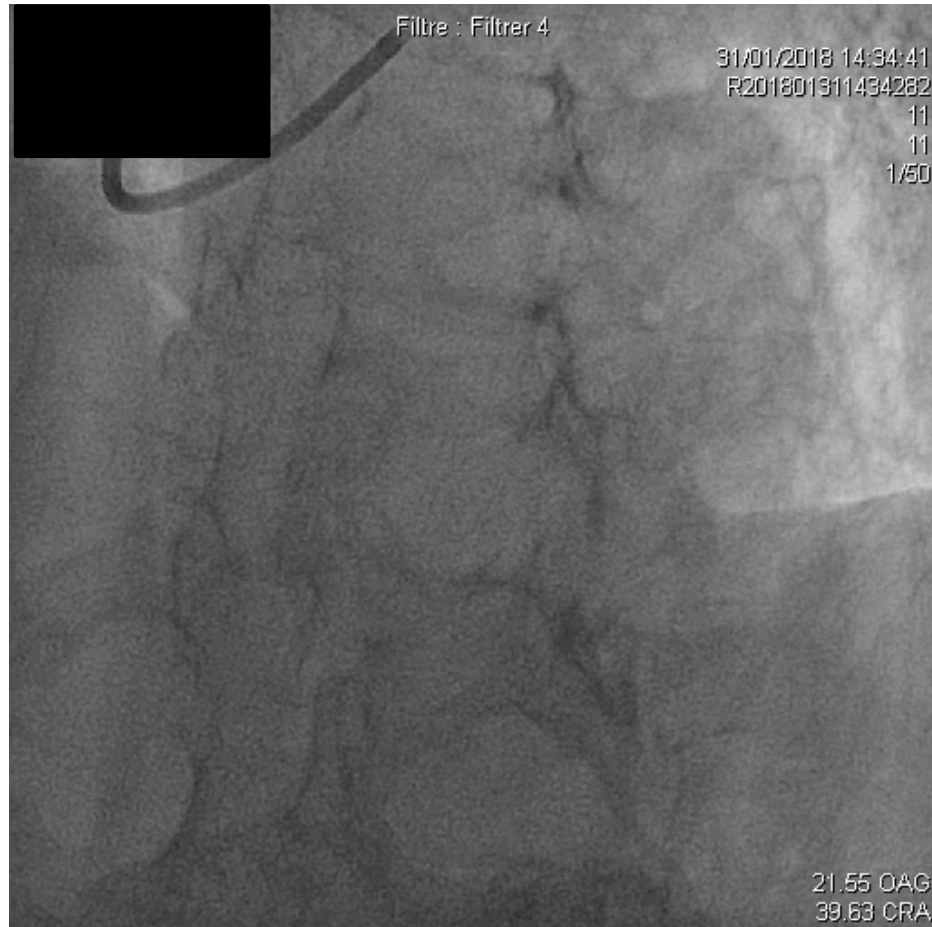
# Résultat final



# Résultat final



# Cas clinique n°3



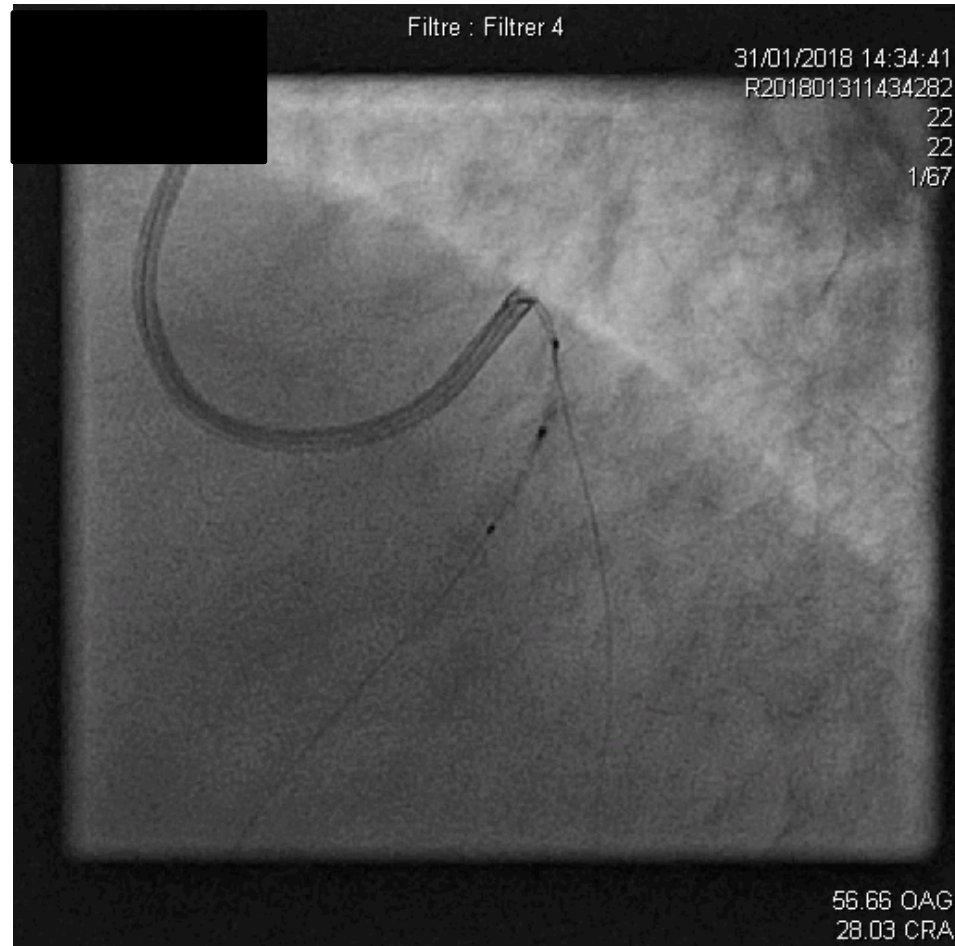
# Cas clinique n°3

**Medina 1.1.0**  
**IVA Prox-1ere diagonale**

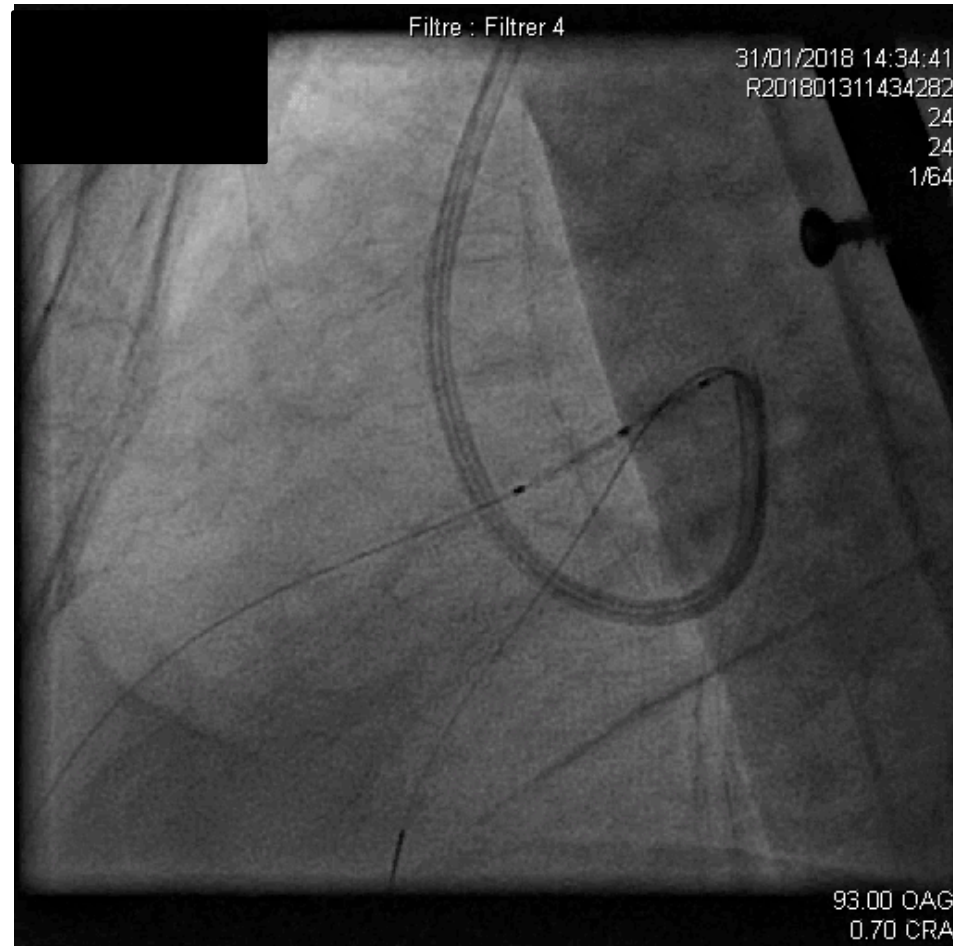




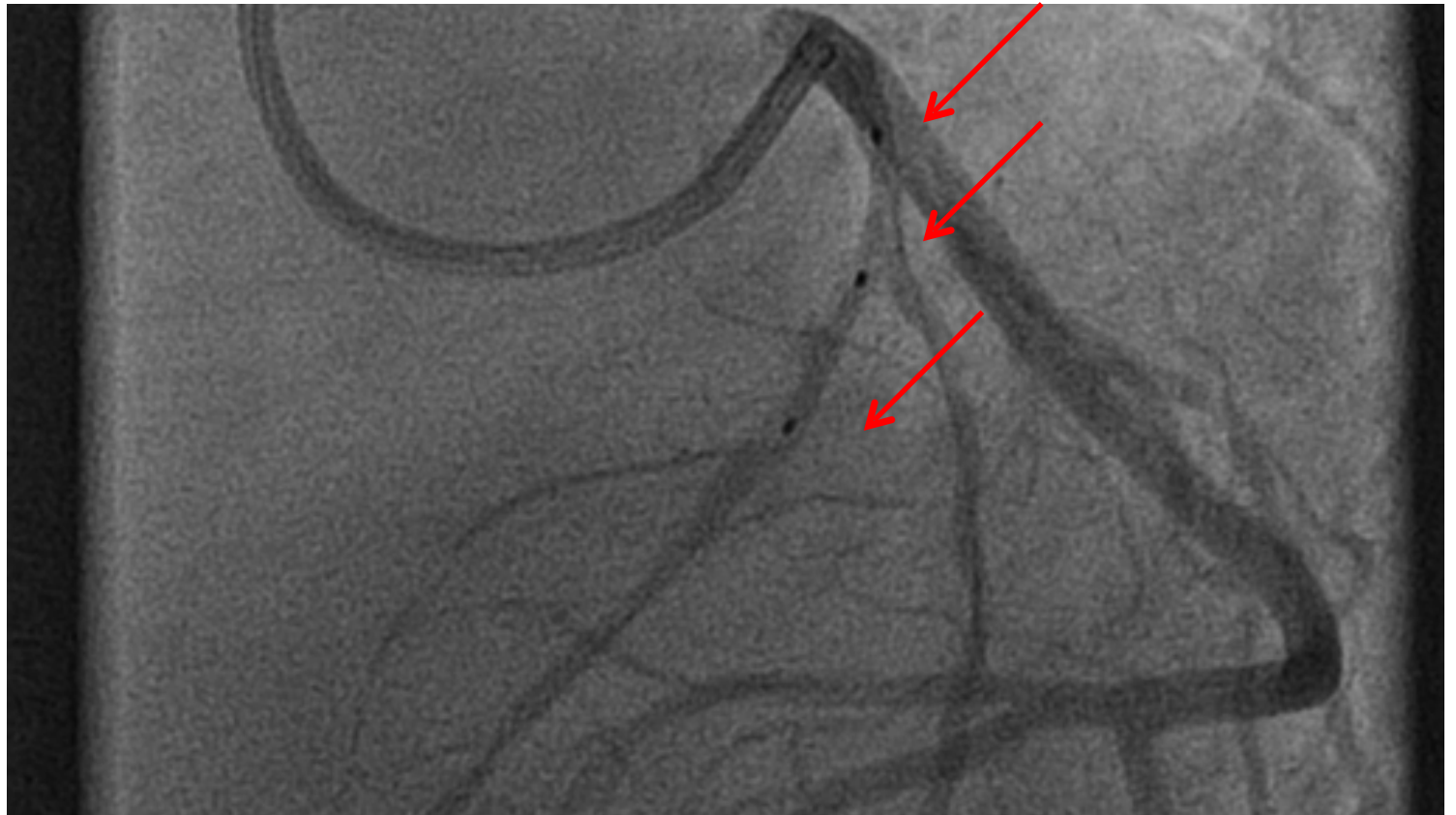
# Positionnement BiOSS 2,5/6/16 après prédilatation



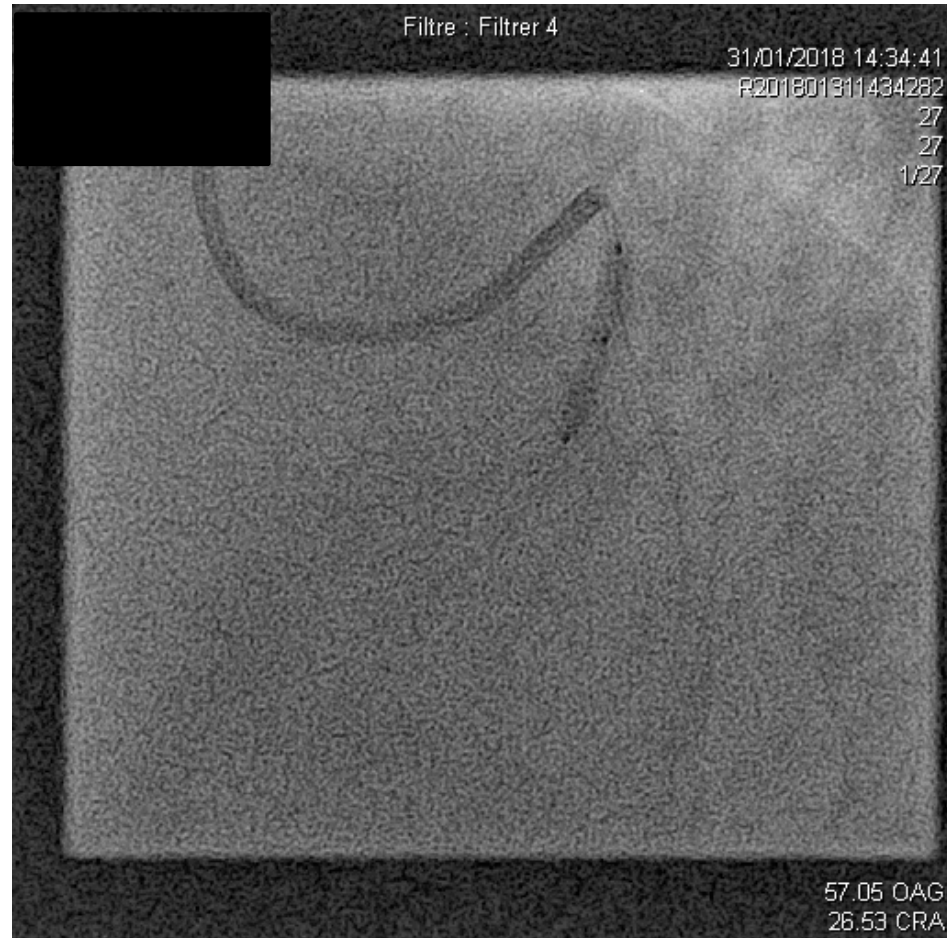
# Positionnement BiOSS 2,5/6/16 après prédilatation



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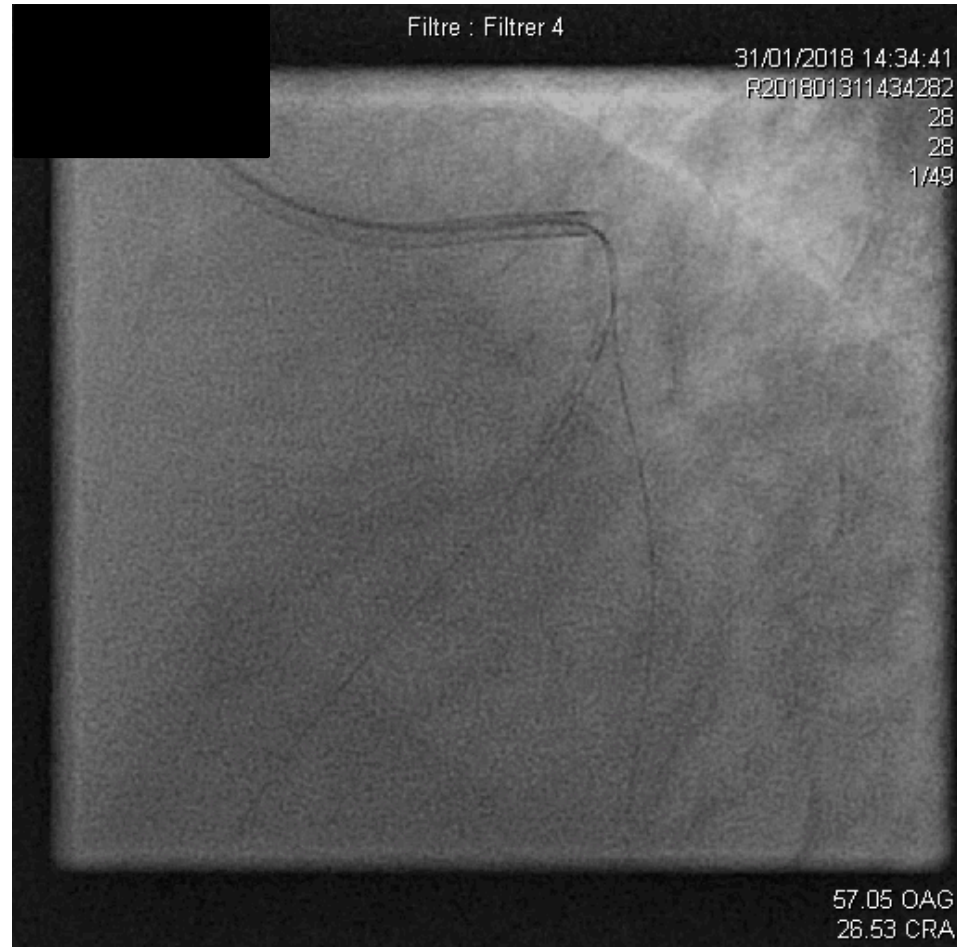


# Implantation d'un BiOSS 2,5/3/16

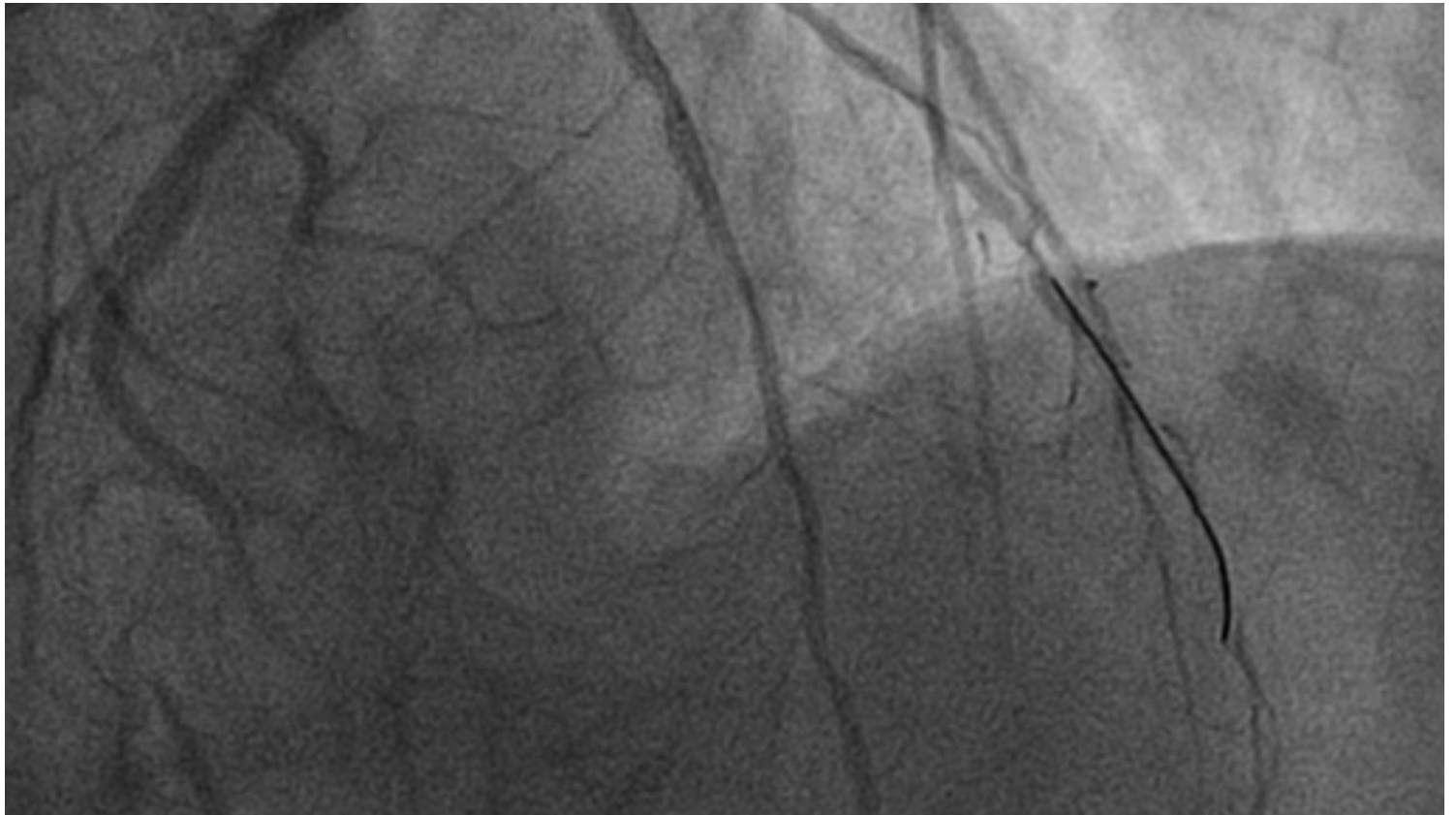




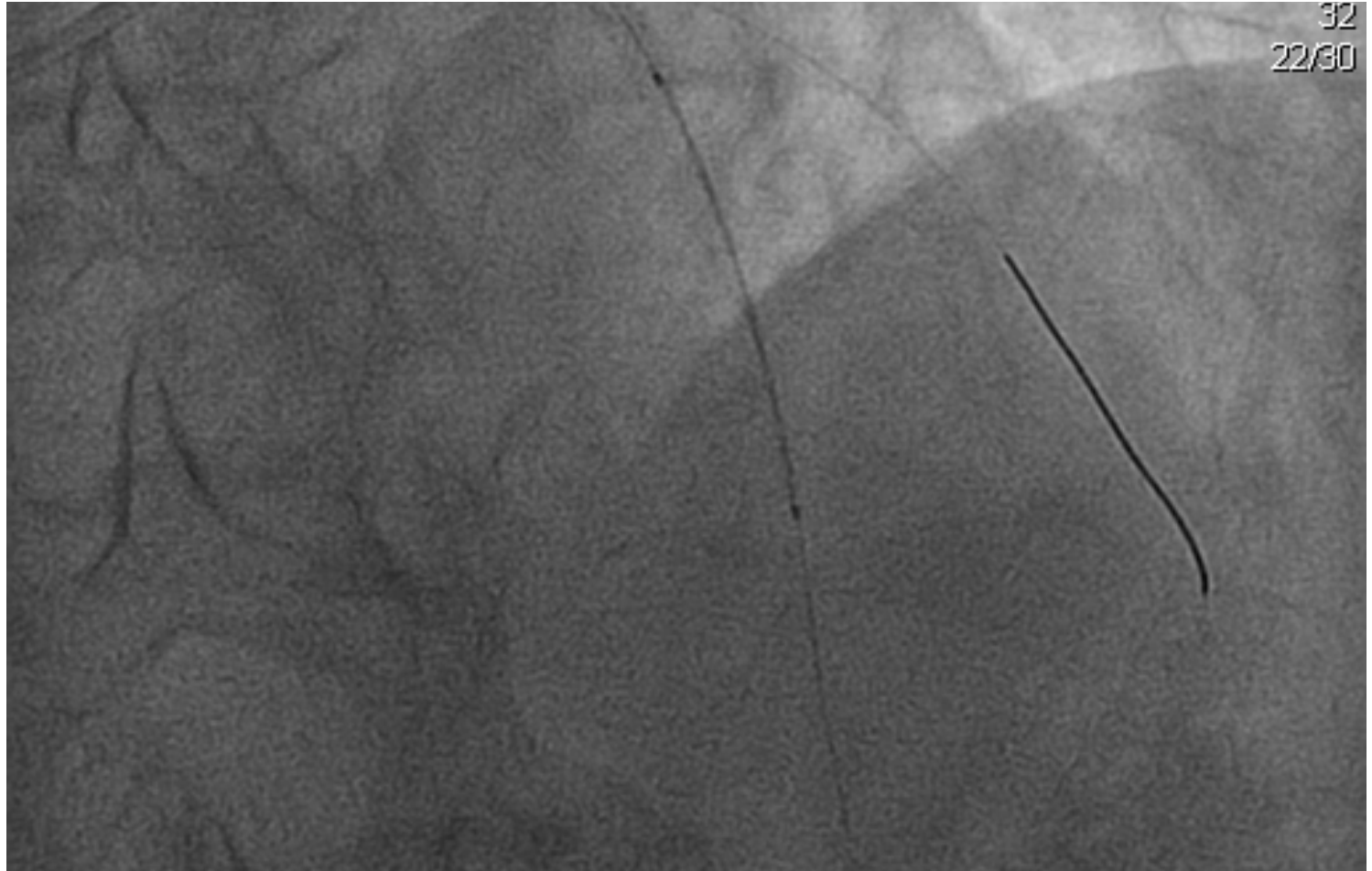
# Résultat post-implantation BiOSS



# Traitement lésion d'aval



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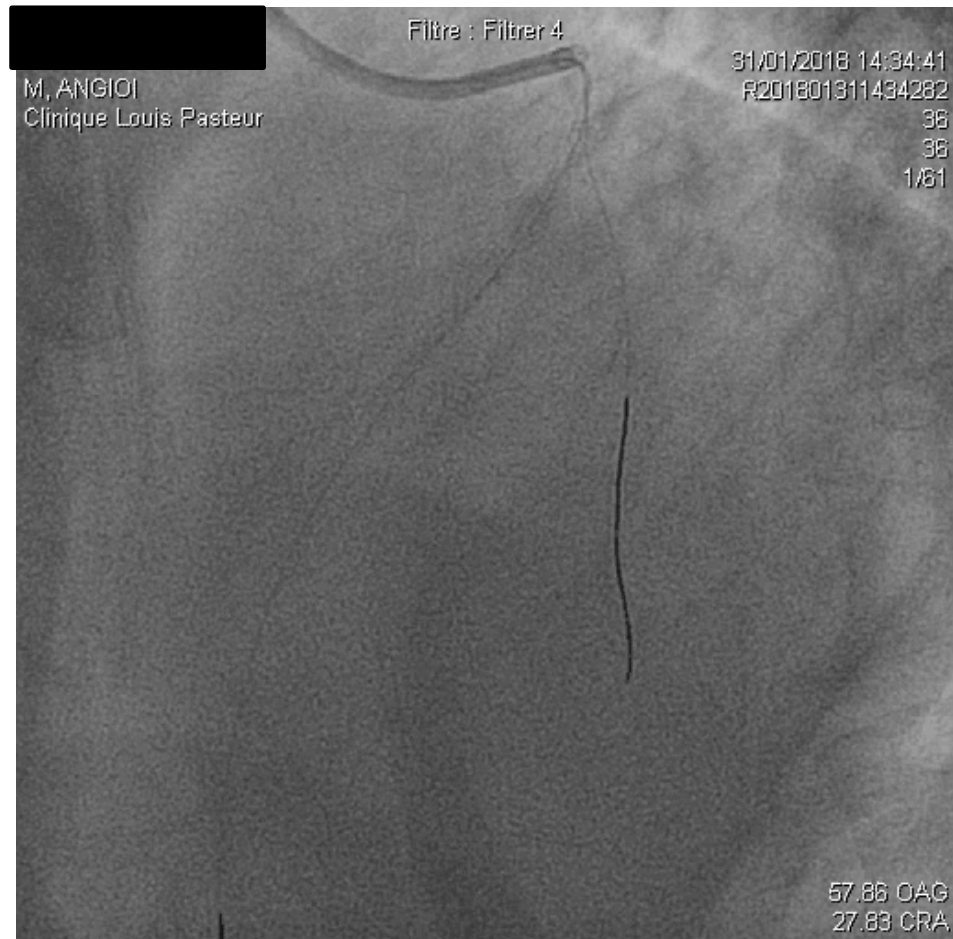


# Traitement lésion d'aval



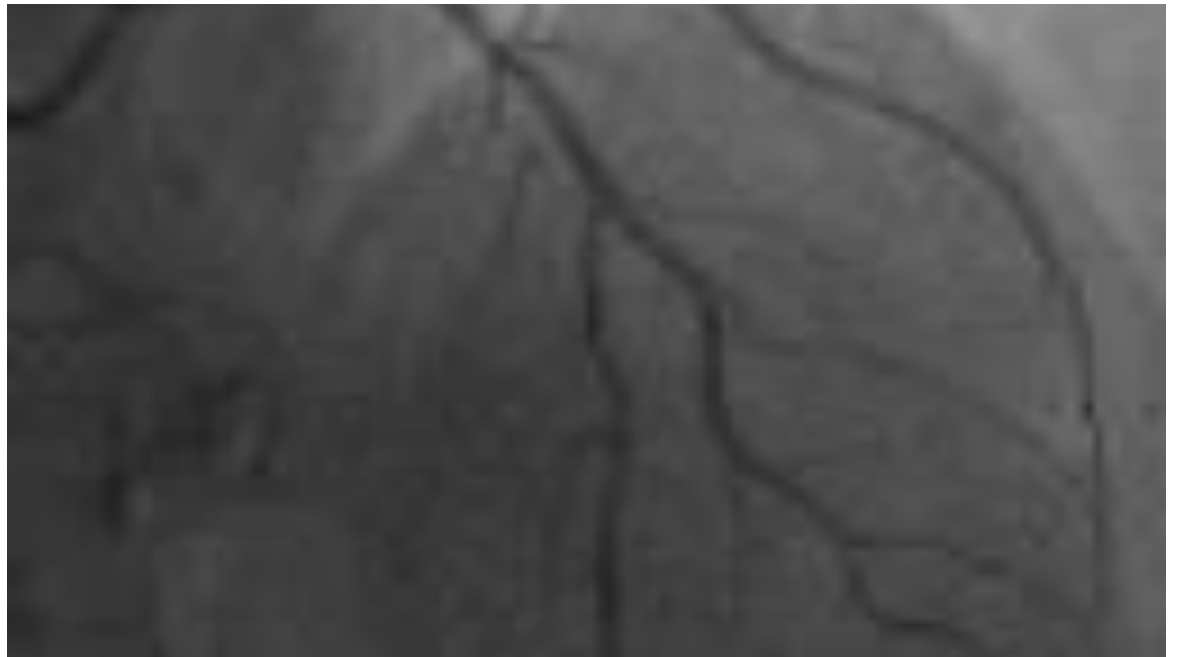


# Résultat final

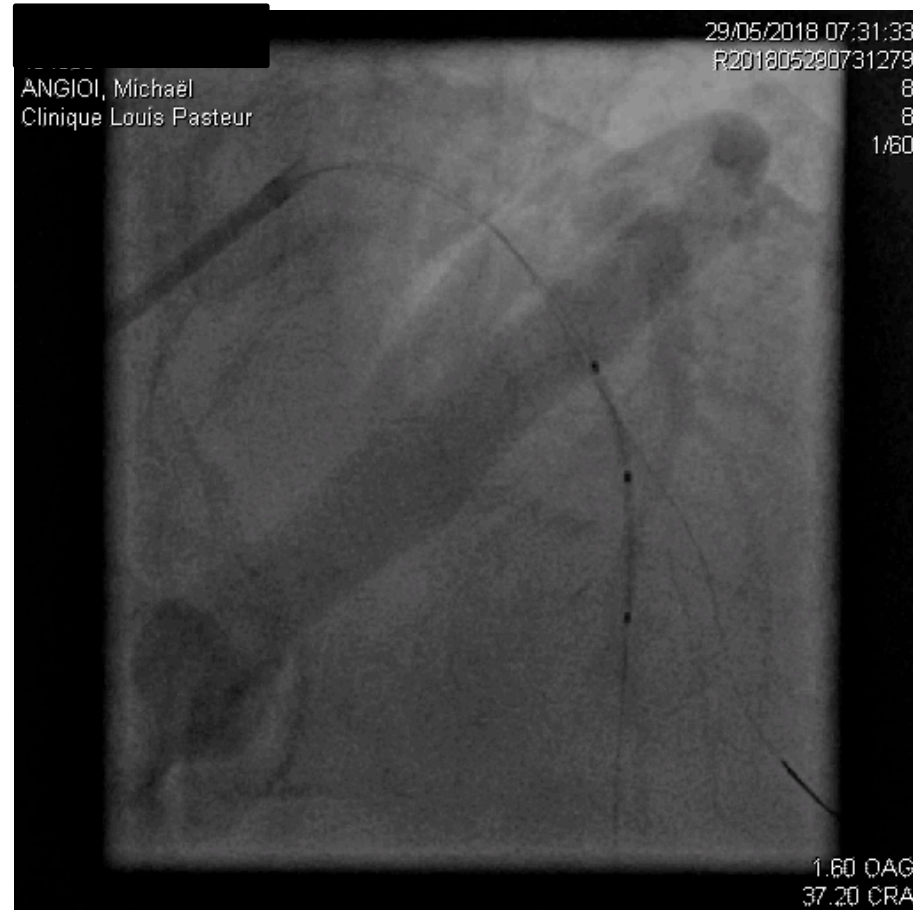


# Cas clinique n°4

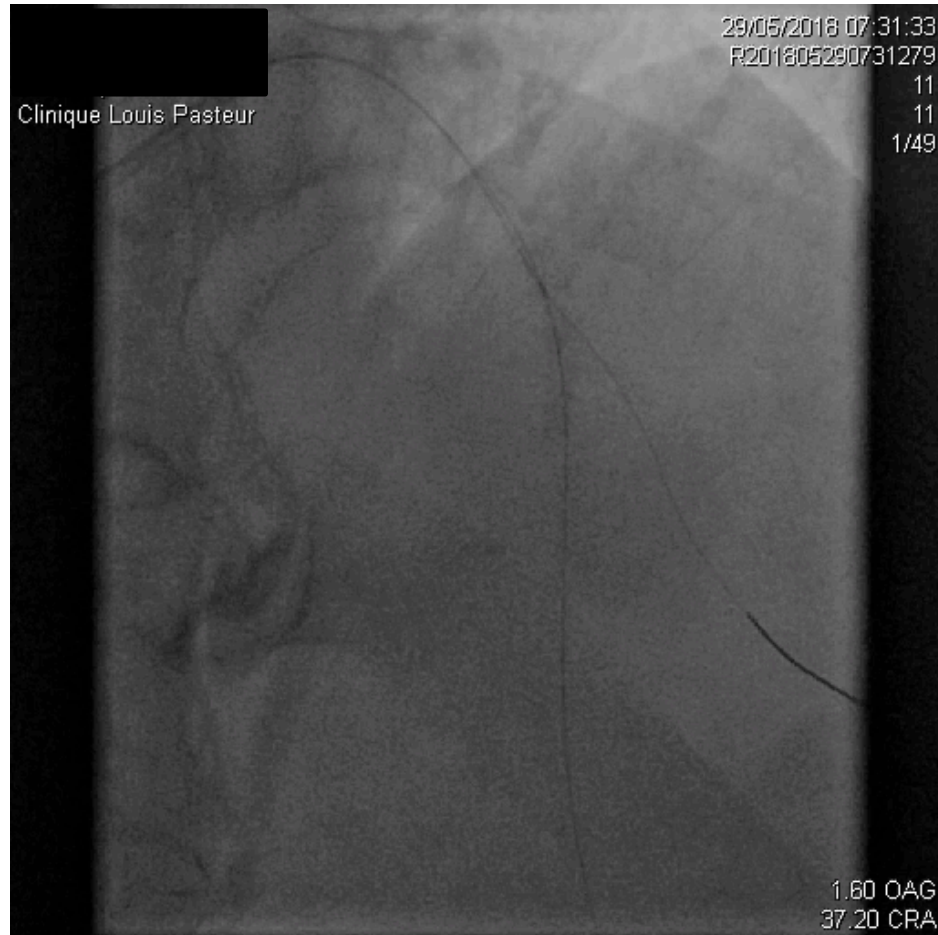
**Medina 0.1.0**  
**IVA moyenne –**  
**diagonale**  
**Lésion d'aval**



# Positionnement BiOSS 2,5/3/24 après prédilatation

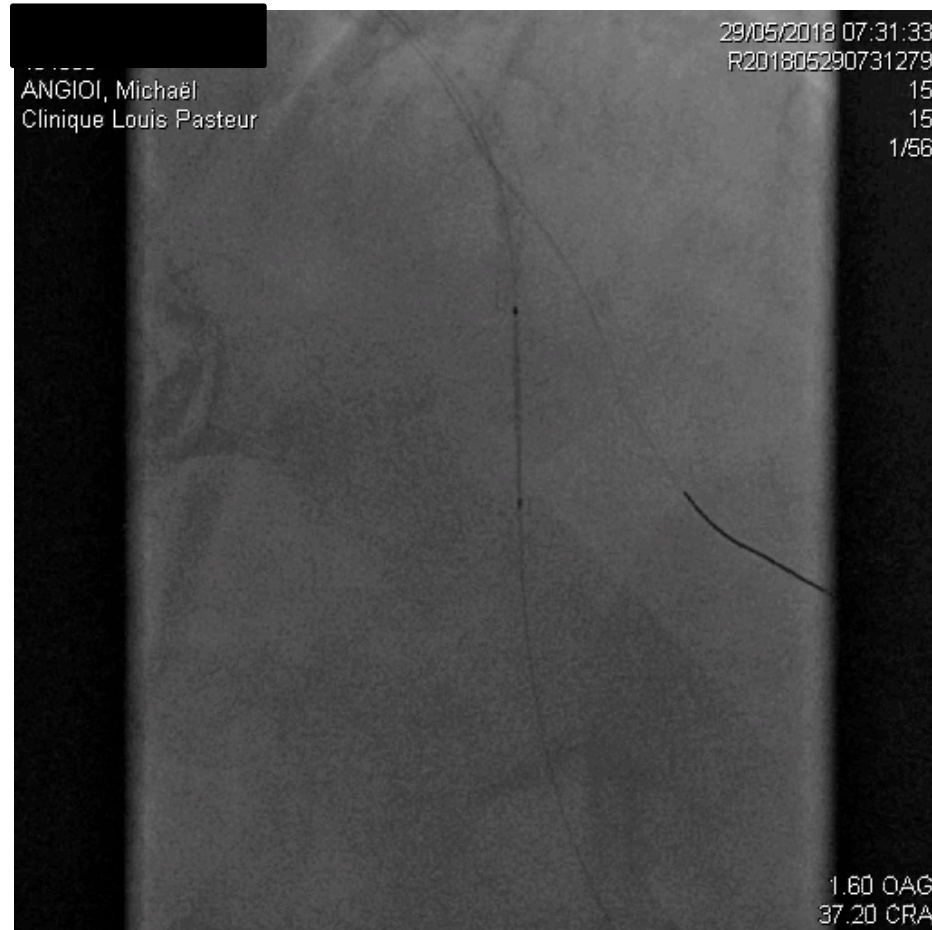


# Contrôle post-BiOSS

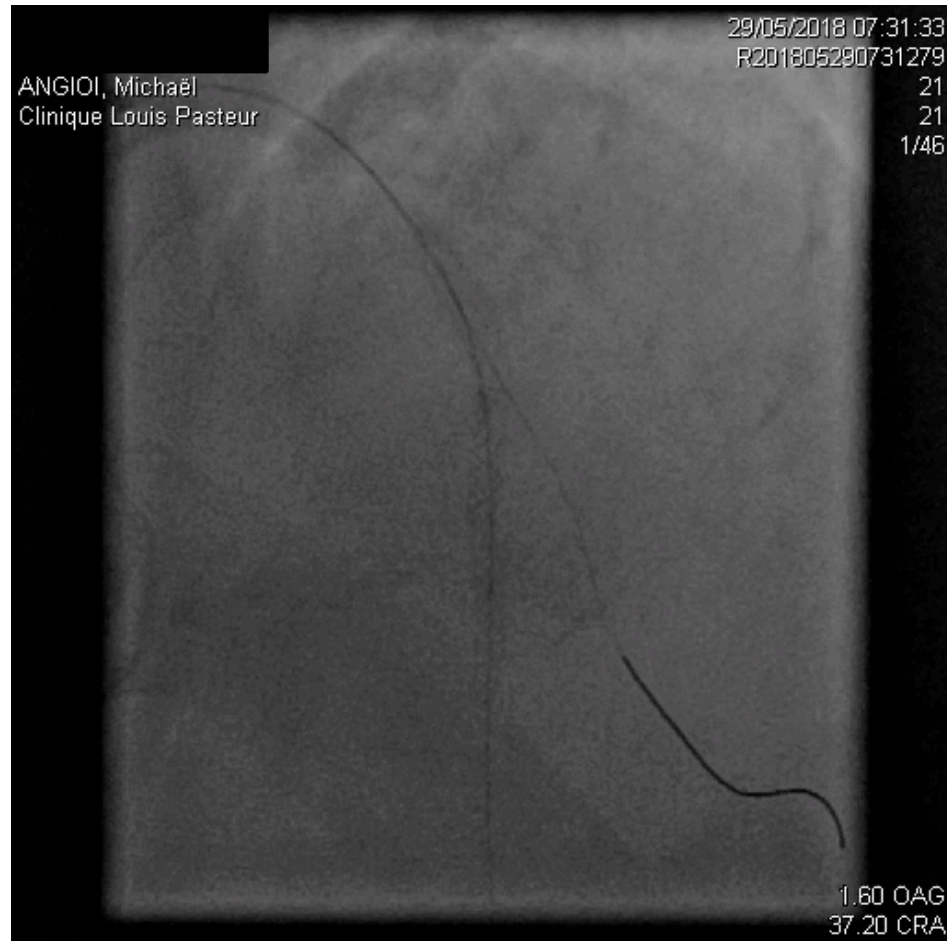




# Traitement lésion d'aval stent 2,5/18



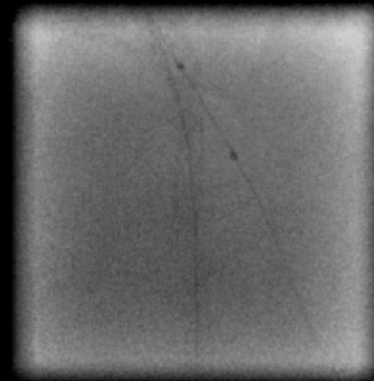
# Résultat après traitement de la lésion d'aval



# Dilatation de la branche fille

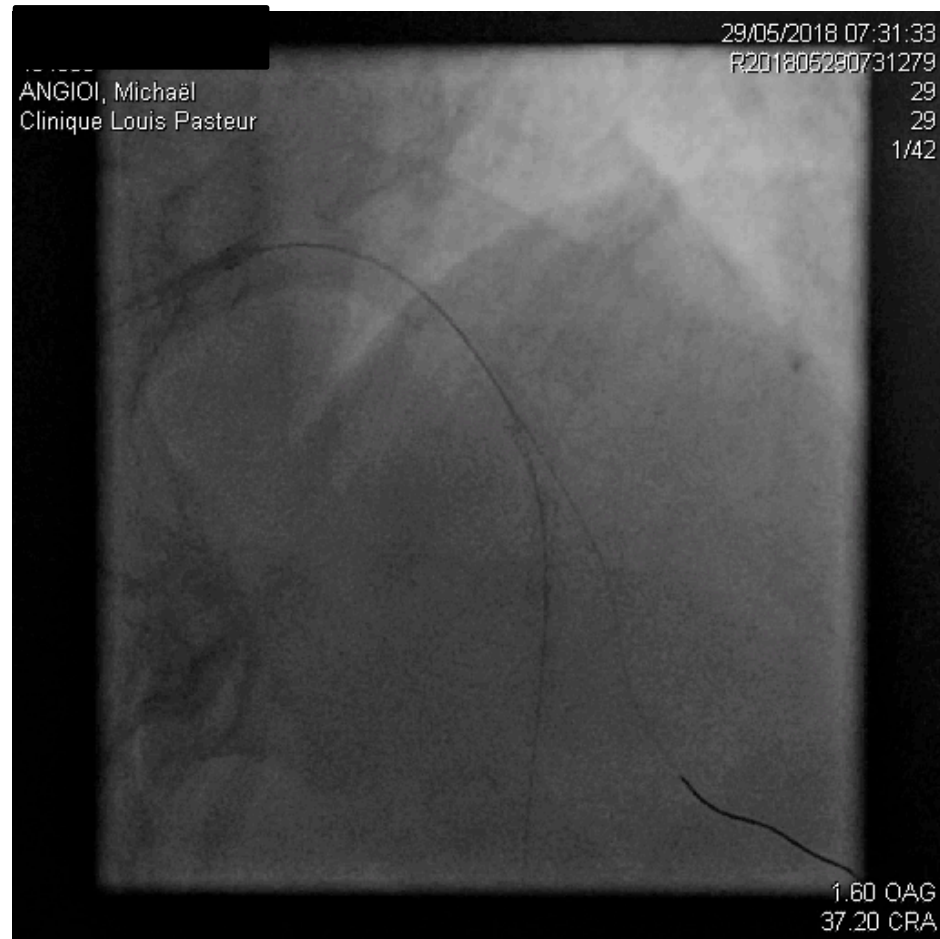
ANGIOL, Michaël  
Clinique Louis Pasteur

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R201805290731279  
28  
28  
1/40

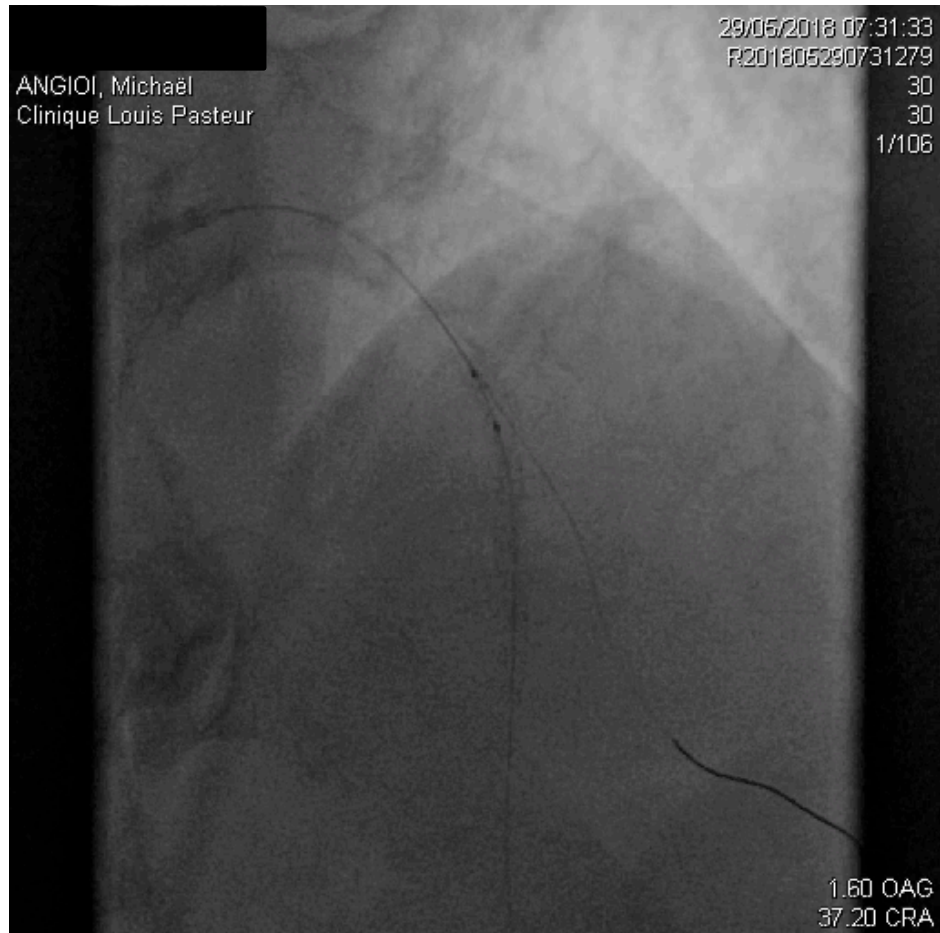


1.60 OAG  
37.20 CRA

# Contrôle post dilatation de la branche fille



# POT

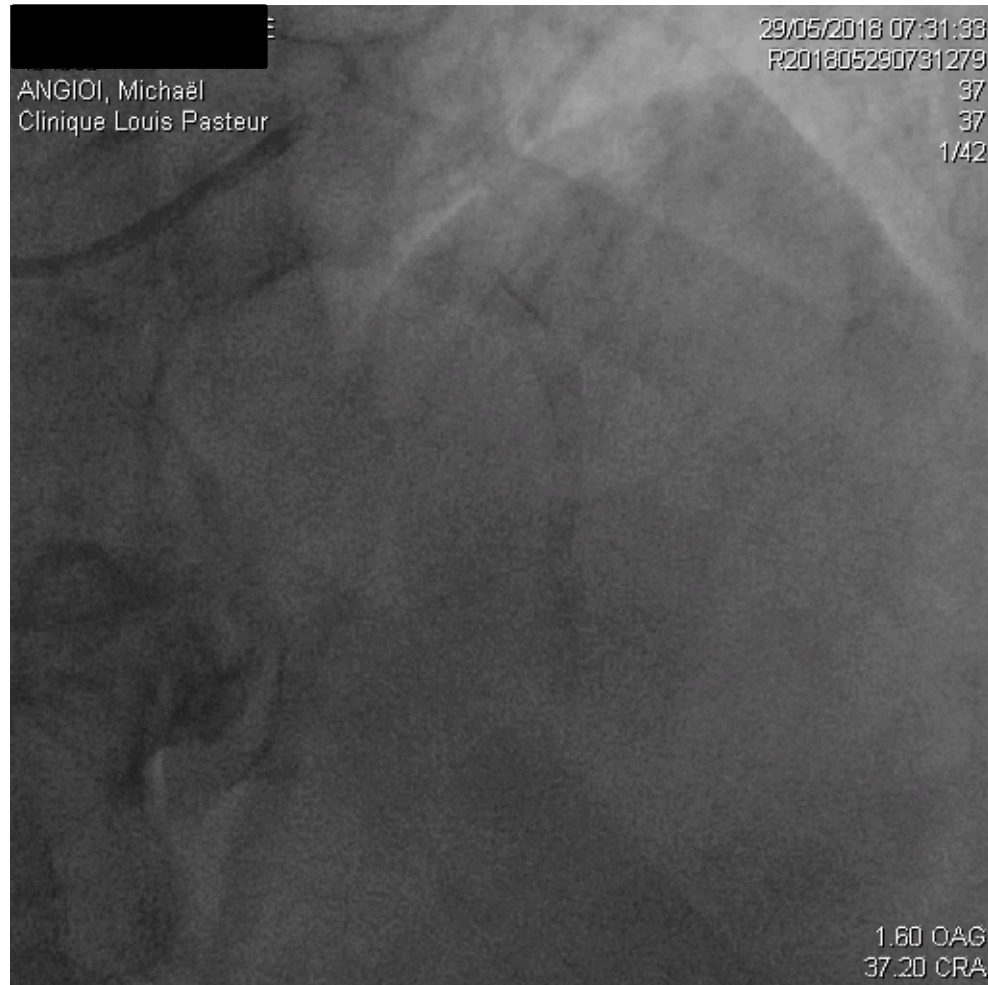




# Résultat final



# Résultat final





# Aspect en Boost Vasculaire



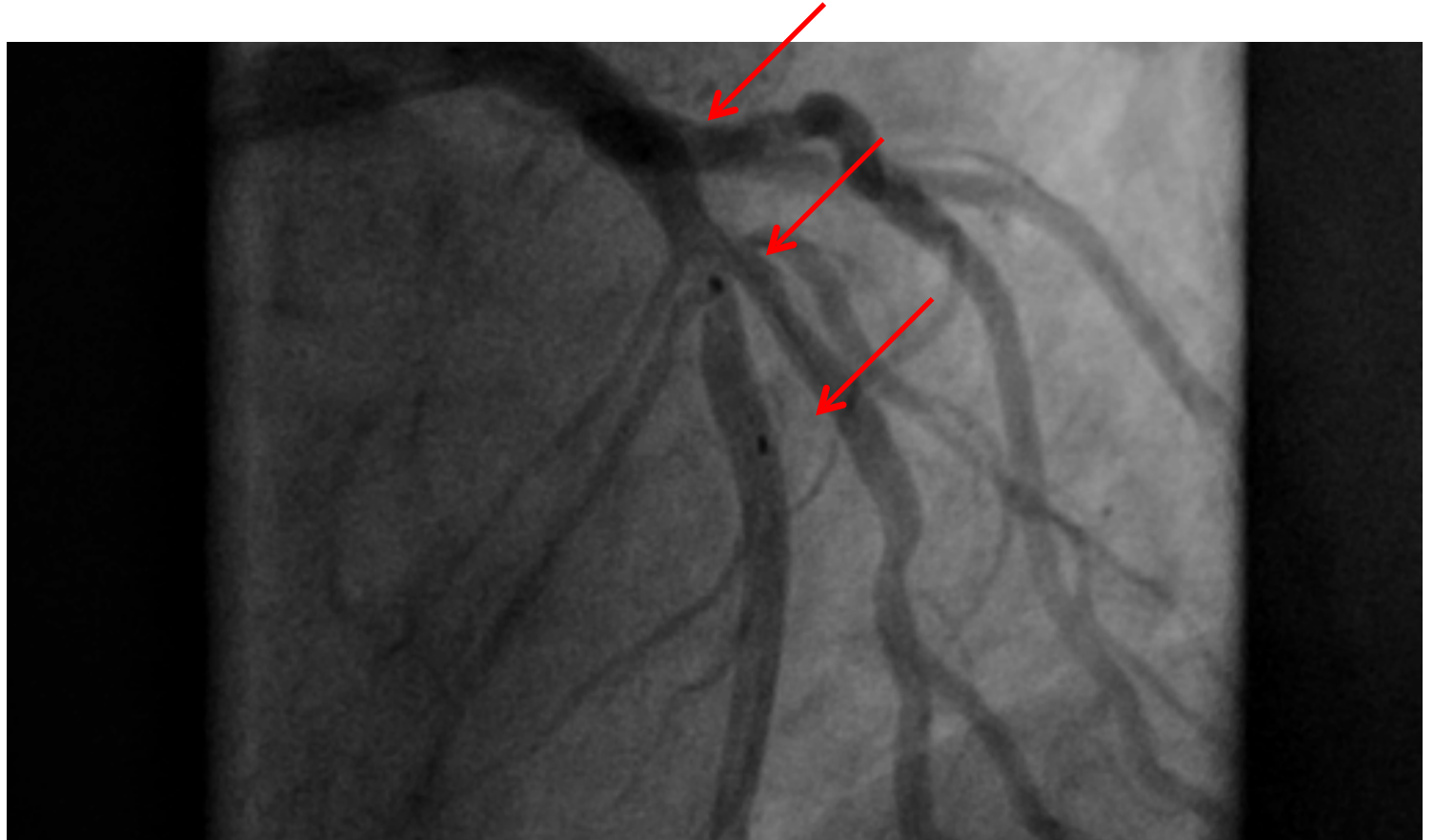
# Cas clinique n°5

**Medina 0.1.0**  
**IVA moyenne – tronc**  
**diagonal**  
**FFR 0,76**





# Positionnement BiOSS 3/3,5/16

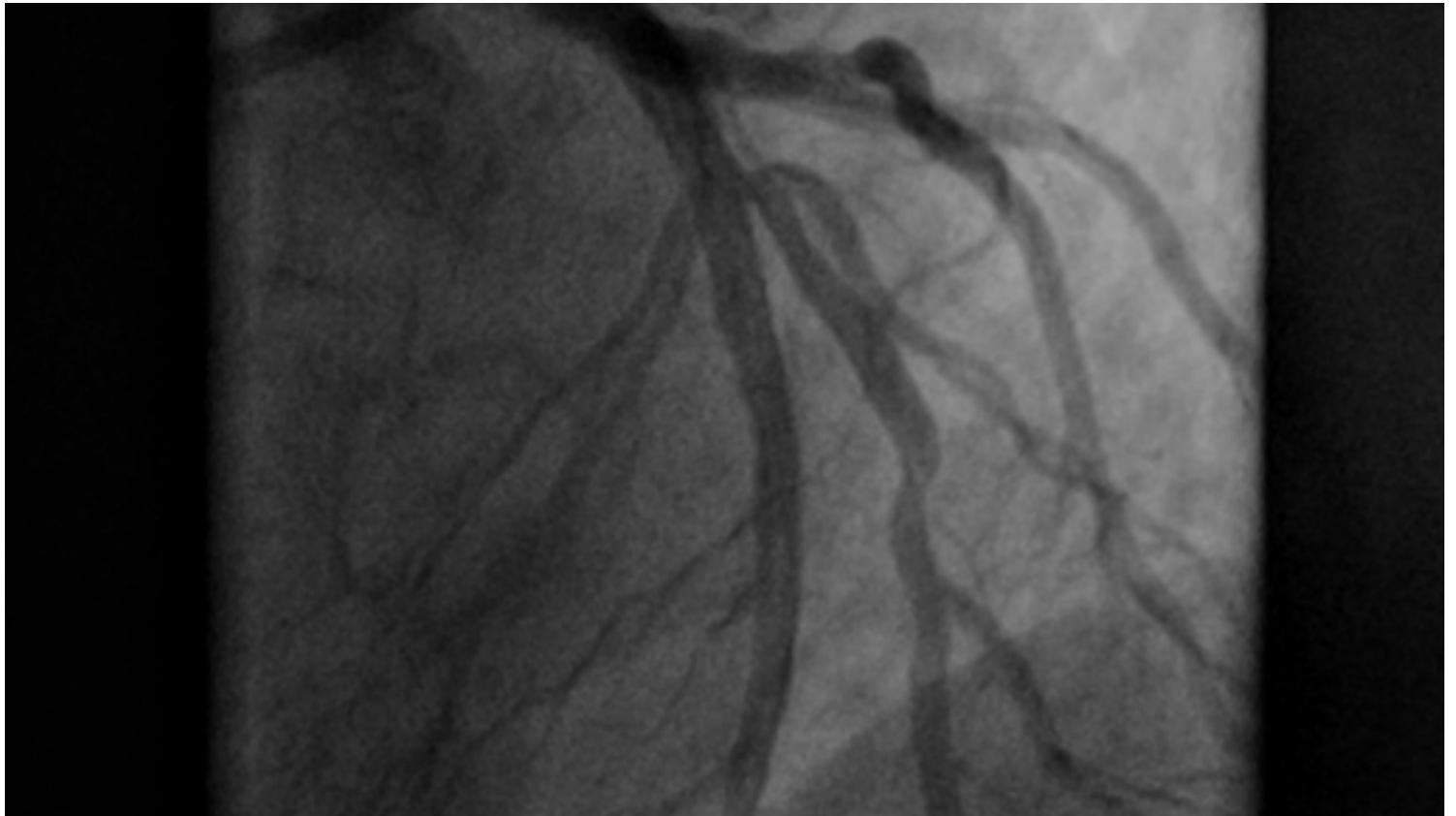




# Résultat final



# Résultat final



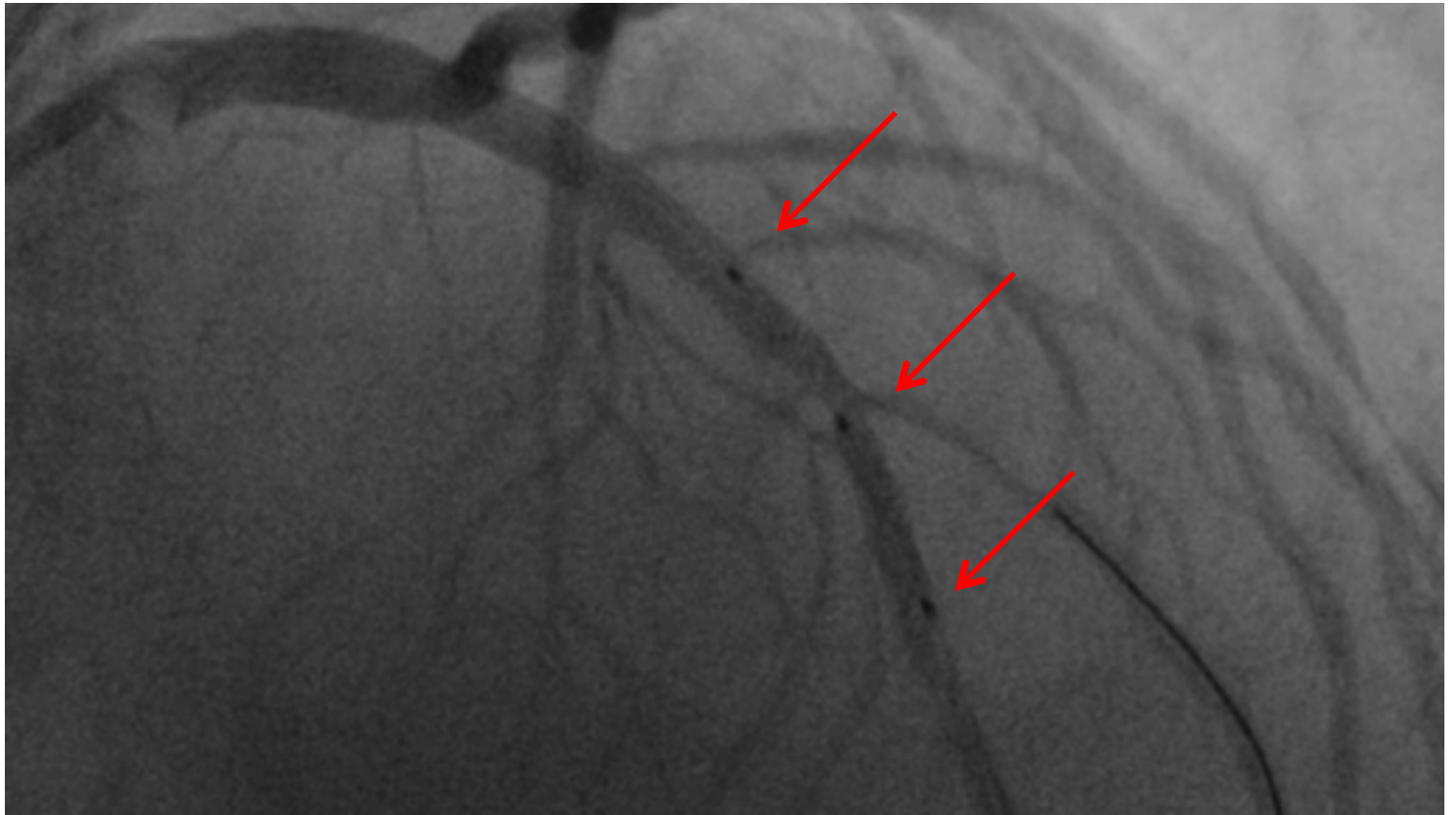
# Cas clinique n°6

**Medina 1.1.1**  
**IVA moyenne –**  
**diagonale**

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# Positionnement BiOSS 3/3,5/19



# Résultat final après side-POT et stenting d'aval





# Conclusion

- Stent qui facilite l'accès à la SB et le stenting T provisionnel
- Technique de pose facile à acquérir
- Permet des stratégies à plusieurs stents (MB et SB)
- Résultats cliniques comparables à des stents non dédiés en respectant les contraintes géométriques des bifurcations