

## Le stent Bioss Lim C dans la vraie vie



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Centre Cardiologique du Nord, St Denis

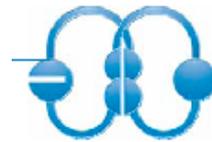


5 6 7  
JUN 2019  
21<sup>e</sup> édition

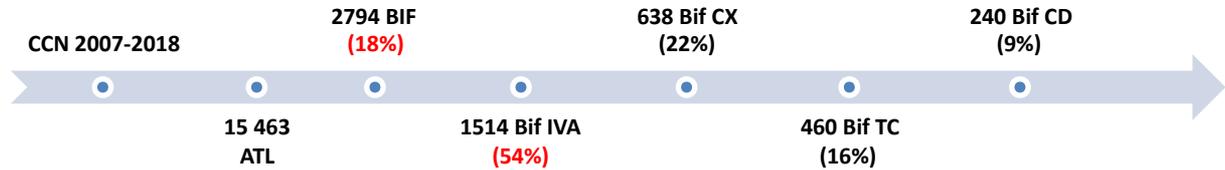


## Conflits d'intérêts avec cette présentation

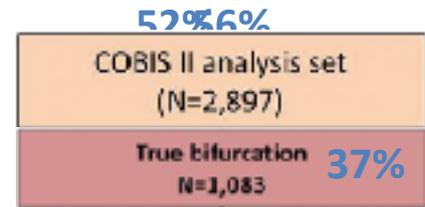
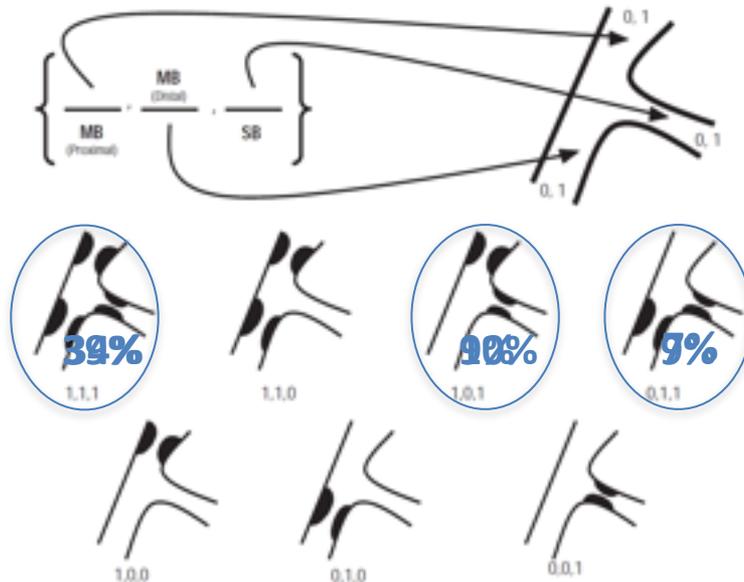
Investigateur étude Polbos LM



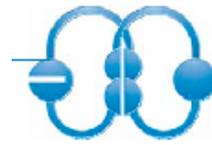
➤ **15 à 20%** des angioplasties coronaires



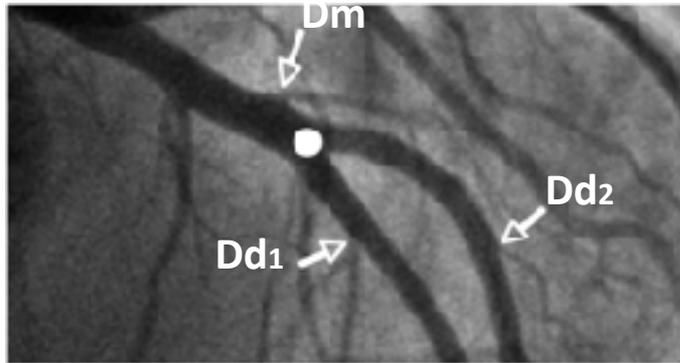
➤ MEDINA *Rev Esp Cardiol.* 2006;59(2):183-4      1: sténose ≥ 50%



core laboratory  
quantitative coronary  
analysis  
*Circ J* 2018; 82: 1293 – 1301



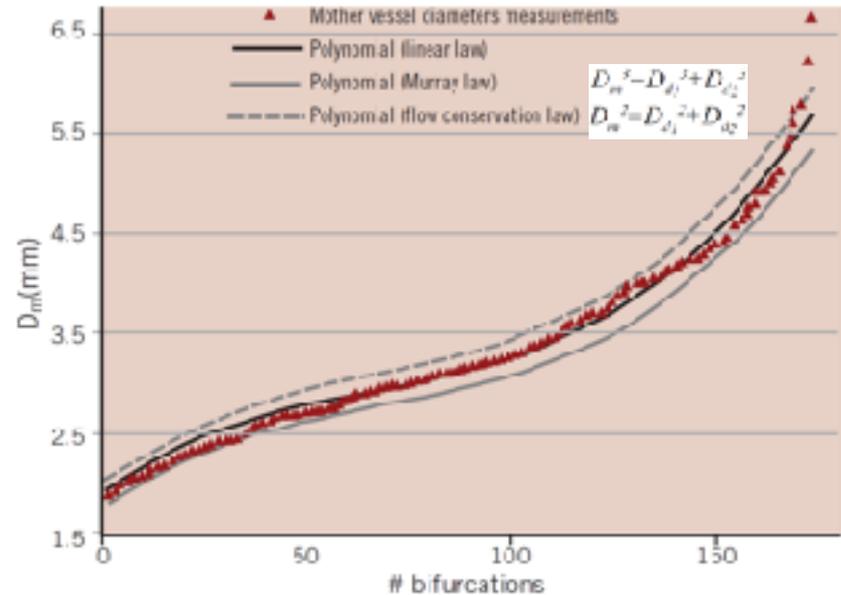
## ➤ Variation du diamètre des vaisseaux

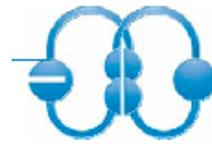


**Fractal geometry of arterial coronary bifurcations: a quantitative coronary angiography and intravascular ultrasound analysis** EuroInterv.2007;3:490-498

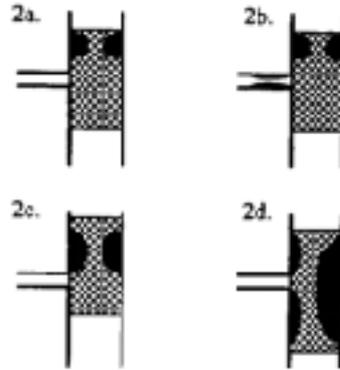
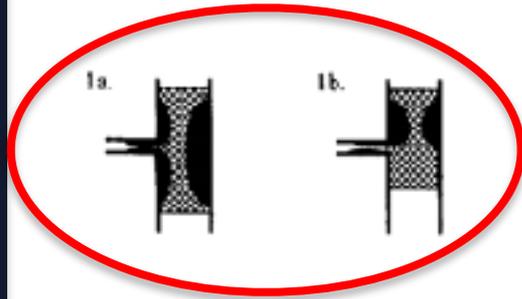
Gérald Fielet\*, MD PhD; Martine Gilard, MD; Béatrice Feronet, PhD; Gérard Rioufol, MD PhD; Pascal Motreff, MD; Laurence Gavit, PhD; Rémy Prost, PhD

$$D_m = 0.678 (D_{d1} + D_{d2})$$





## ➤ Branche fille: Occlusion-Accessibilité



### **Incidence and Angiographic Predictors of Side Branch Occlusion Following High-Pressure Intracoronary Stenting**

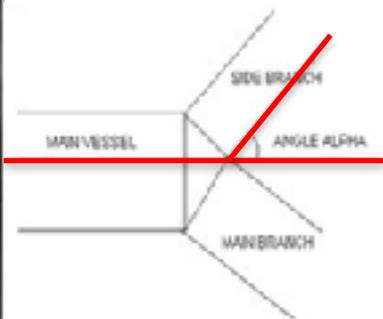
Denko Alkubedi, MD, Frank Y. Tsi, MD, Terry R. Boyars, MD, Keith H. Benzuly, MD, Aaron D. Selton, MD, James P. Goldstein, MD, Cindy L. Orsini, MD, and William W. O'Neill, MD

[Am J Cardiol 1997;80:994-997]

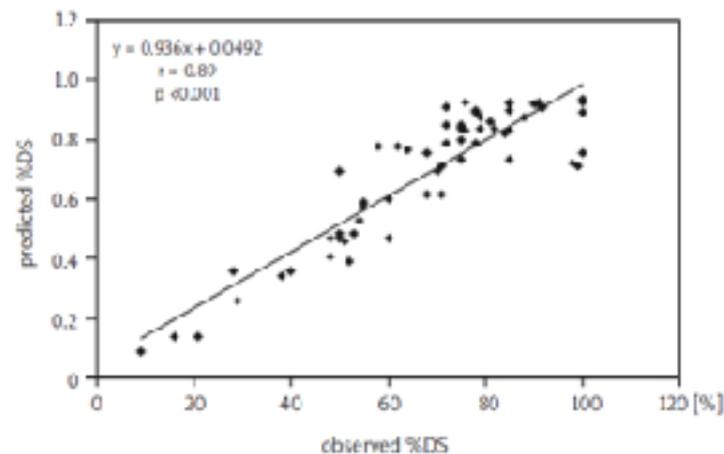
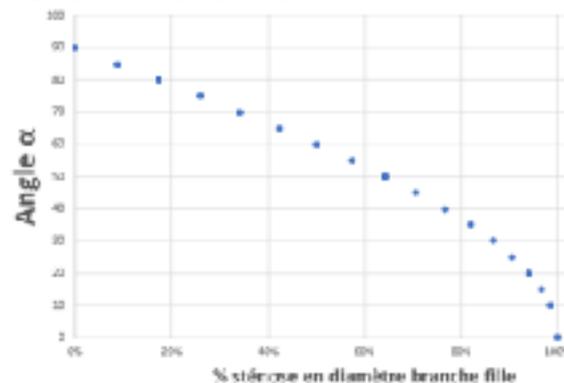
Branche fille menacée après stenting de la branche mère:

- ✓ Sténose ostiale > 50% et
- ✓ Lésion à proximité ou entièrement couverte par la lésion de la branche mère

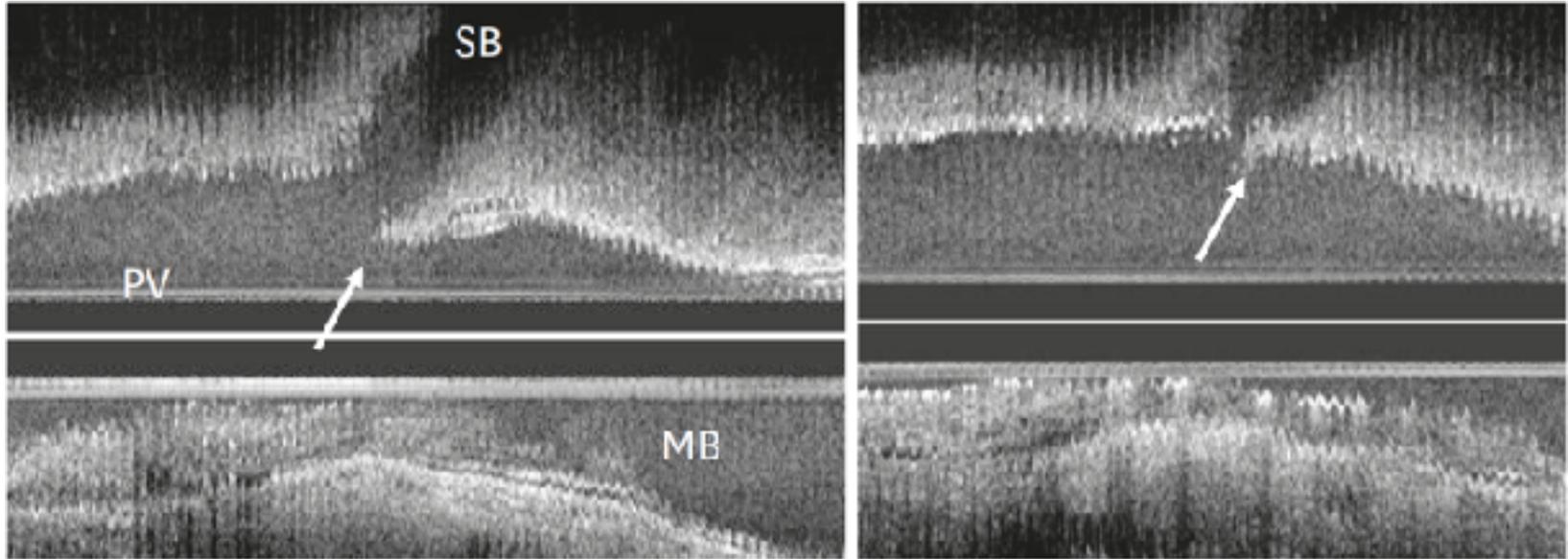
**DEPLACEMENT DE PLAQUE**



%sténose en diamètre =  $\cos \alpha$

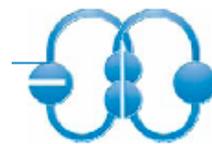


# Angioplastie des lésions de bifurcation: Pourquoi est-ce difficile?

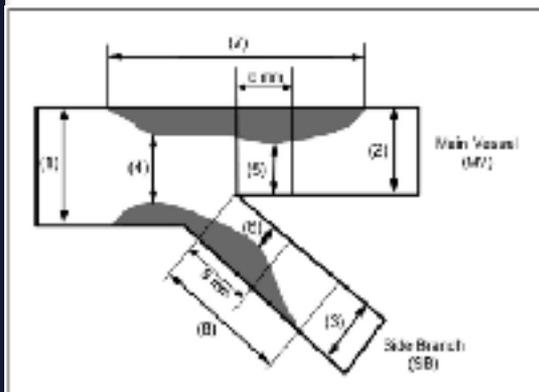


Korean Circ J. 2018 Jun;48(6):  
481-491

**DEPLACEMENT DE CARENE APRES STENTING**



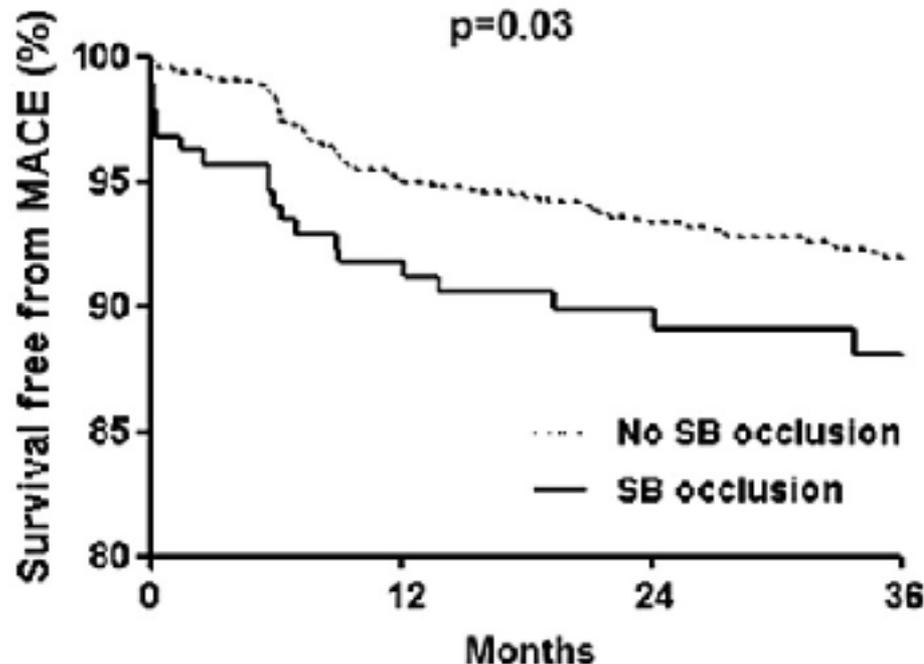
2003-2009: 2 227 pts  
« T provisional stenting »



**Figure 1** Schematic Diagram of Quantities: Coronary Angiographic Analysis

Références le diamètre au site de la bifurcation (1) main vessel (MV) proximal reference diameter (RD); (2) MV distal RD; (3) side branch (SB) distal RD; (4) MV proximal (proximal to SB take-off) minimum luminal diameter (MLD); (5) MV distal (<15 mm distal to take-off) MLD; (6) SB distal MLD; (7) MV lesion length; and (8) SB lesion length.

**C**



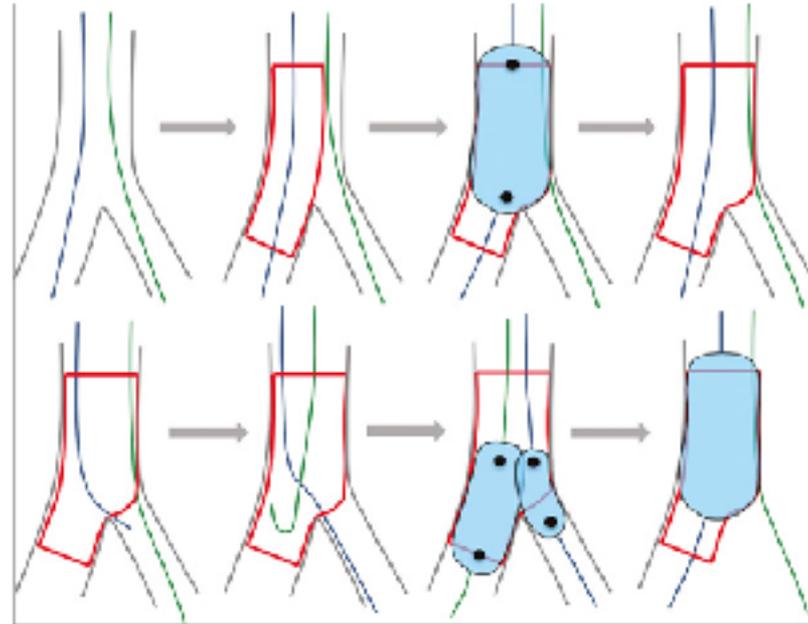
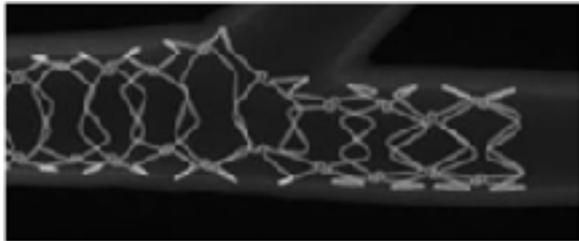
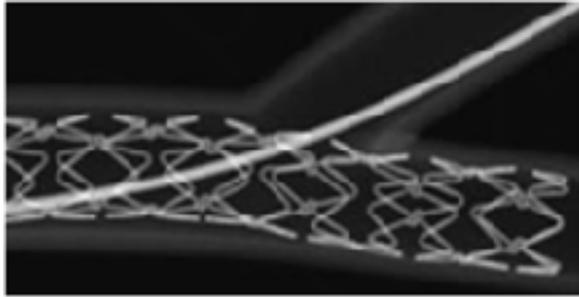
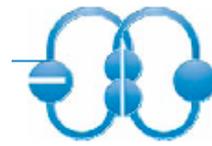
SB occlusion	187	155	121	79
No SB occlusion	2040	1783	1468	940



**MADS\* classification of bifurcation stenting techniques**

	<b>M</b> Main prox. first	<b>A</b> MB to SB Across MB first	<b>D</b> Distal first	<b>S</b> DM branch first
<b>1 Stent</b>		 TAV MB stenting across SB		 DM axial stenting
<b>After balloon</b>		 MB stenting with SB balloon		 DM crush
<b>2 Stents</b>		 MB stenting + kissing		 DM crush
<b>3 Stents</b>		 FleeT stenting		 Inv. Syst. Stenting
		 Internal crush		 Inv. Minicrush
		 Culotte		 Inv. Crush
		 FleeT Y		
		<b>Inverted techniques</b>		
		Inverted ☒		☒

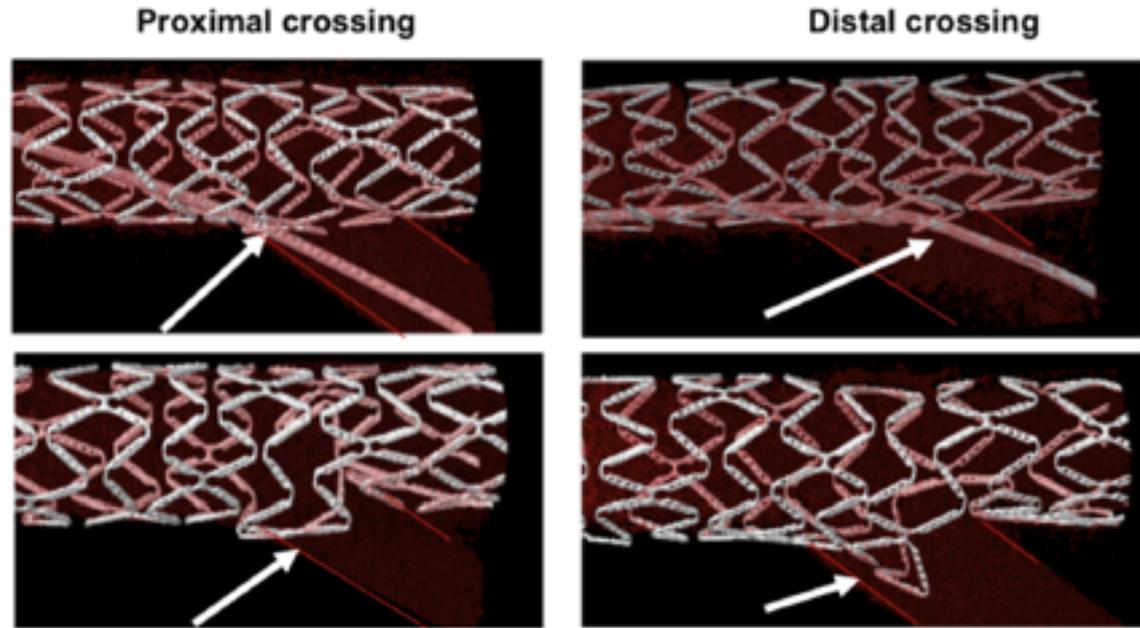
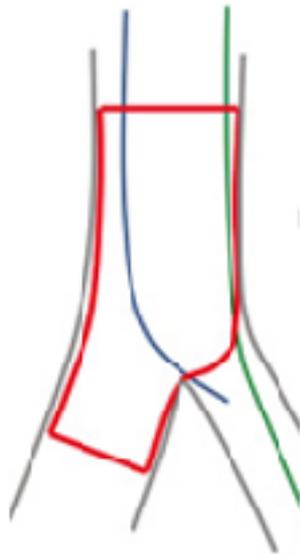
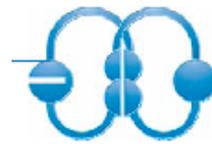
# Angioplastie des lésions de bifurcation: « T Provisional Stenting »



EuroIntervention 2018;13:1540-1553 published online October 2017

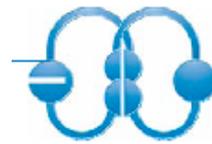
Percutaneous coronary intervention for the left main stem and other bifurcation lesions: 12th consensus document from the European Bifurcation Club

# Angioplastie des lésions de bifurcation: Pourquoi est-ce difficile?

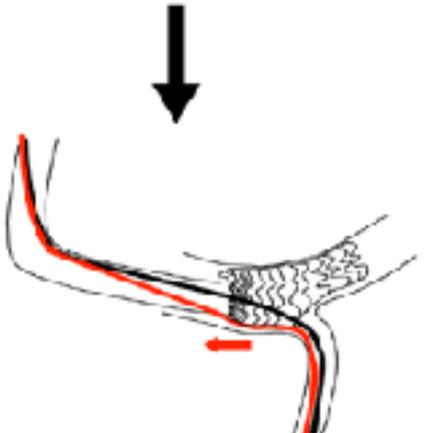
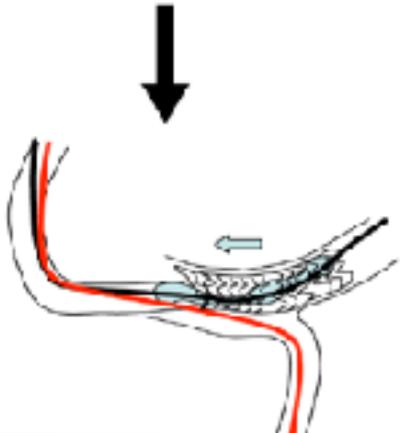
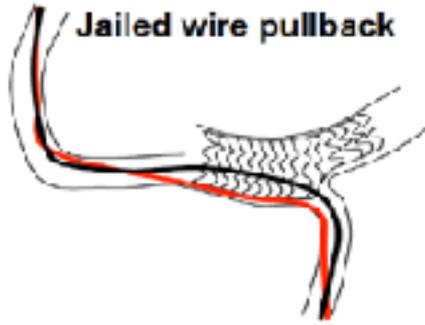
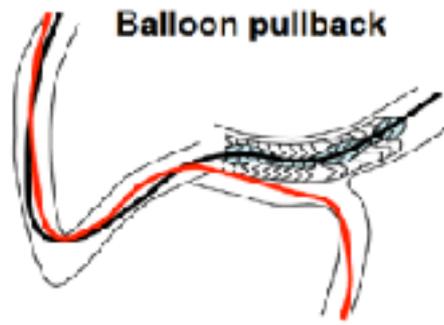
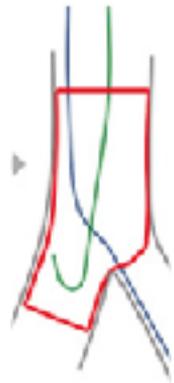


This figure shows the importance of distal cell recrossing close to the carina after main vessel stenting. Recrossing wire through the strut closest to the carina showed better scaffolding of the side branch ostium than proximal recrossing that pushes the struts inward toward the main vessel lumen. The white arrow indicates location of wire recrossing and its effect on side branch scaffolding. Permission; micro CT imaging, presented at EBC 2009, courtesy of Professor John Ormiston, Auckland, New Zealand.

# Angioplastie des lésions de bifurcation: Pourquoi est-ce difficile?



## Conflict with guiding catheter

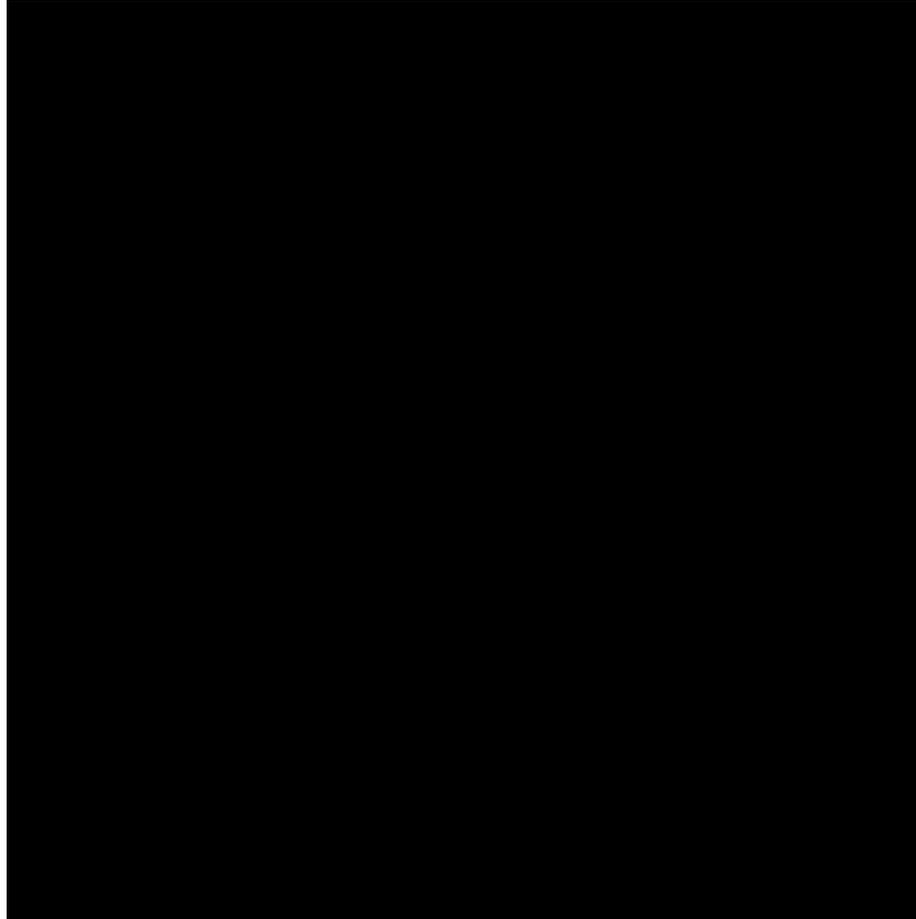
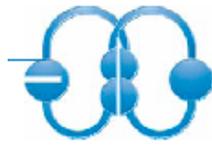


Hakim BENAMER  
Olivier DARREMONT  
Pascal MOTREFF  
Grégoire RANGE

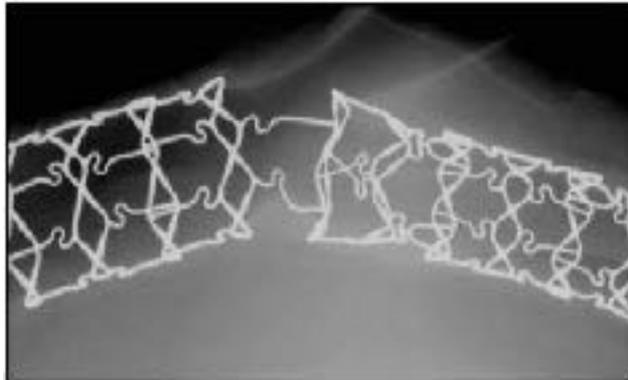
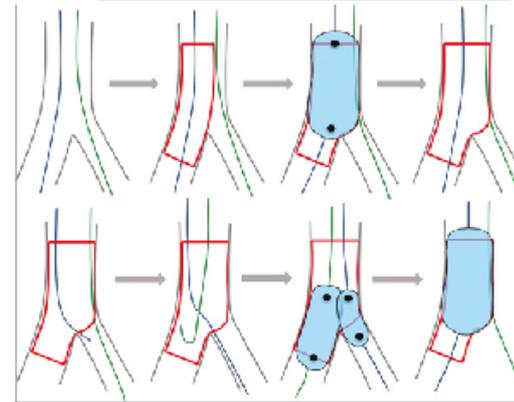
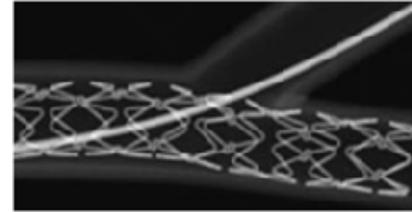
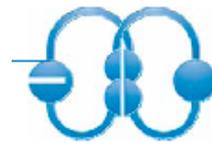
Biarritz le 7 Juin 2018



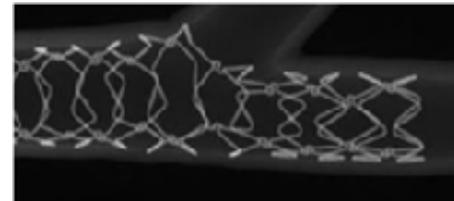
# Angioplastie des lésions de bifurcation: Pourquoi est-ce difficile?



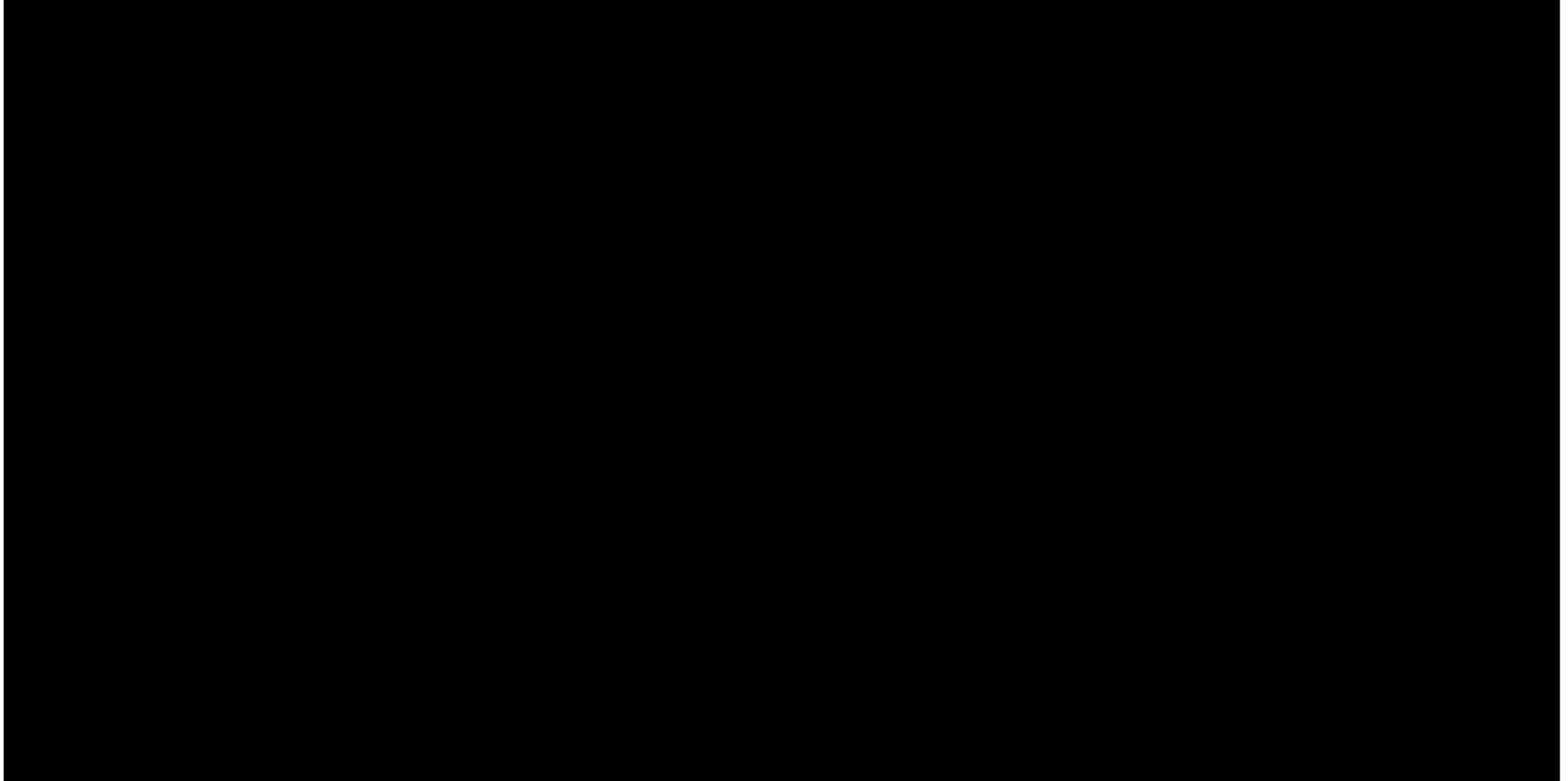
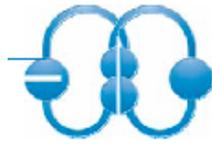
# Angioplastie des lésions de bifurcation: « Le Bioss en pratique »

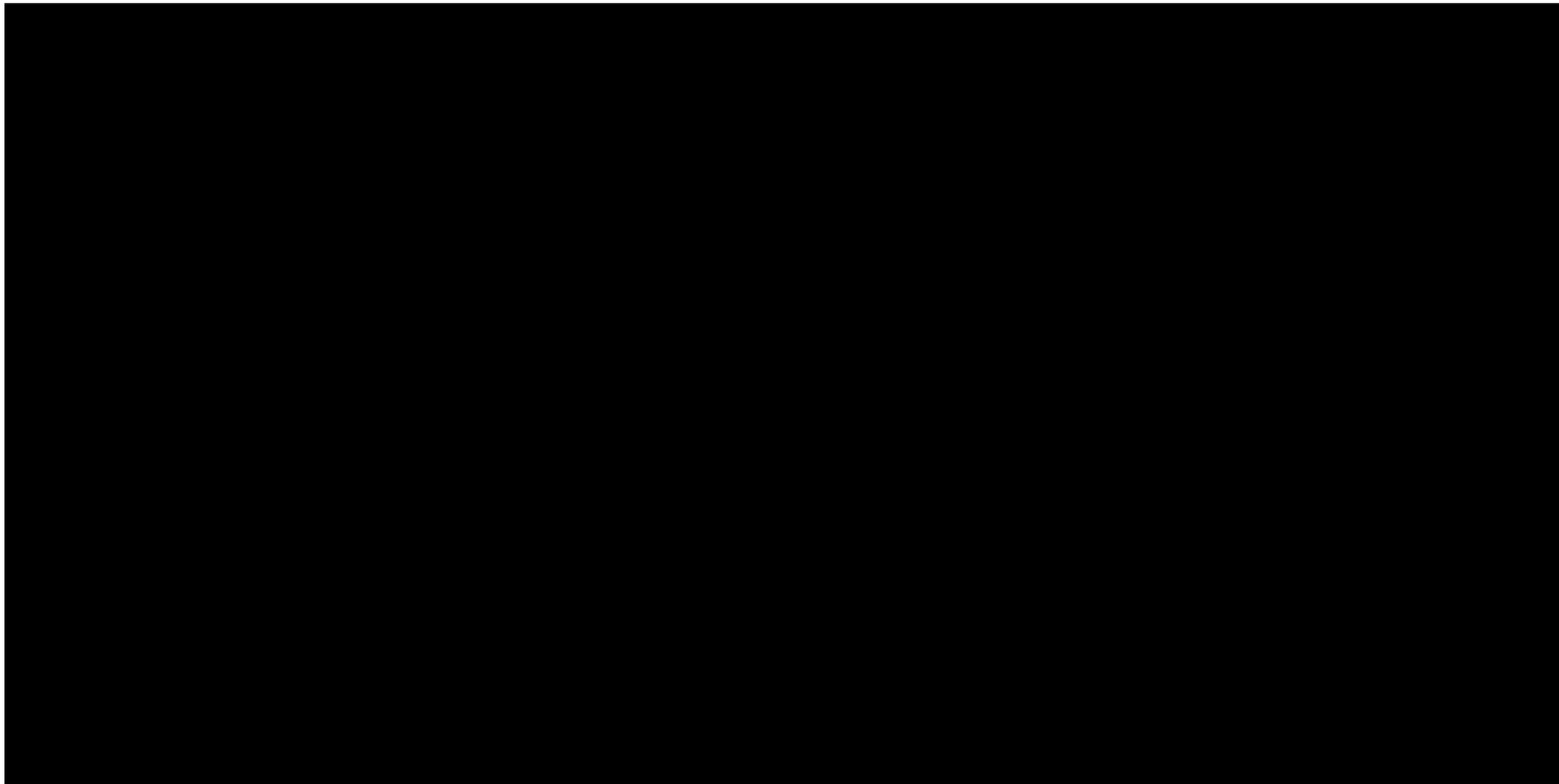


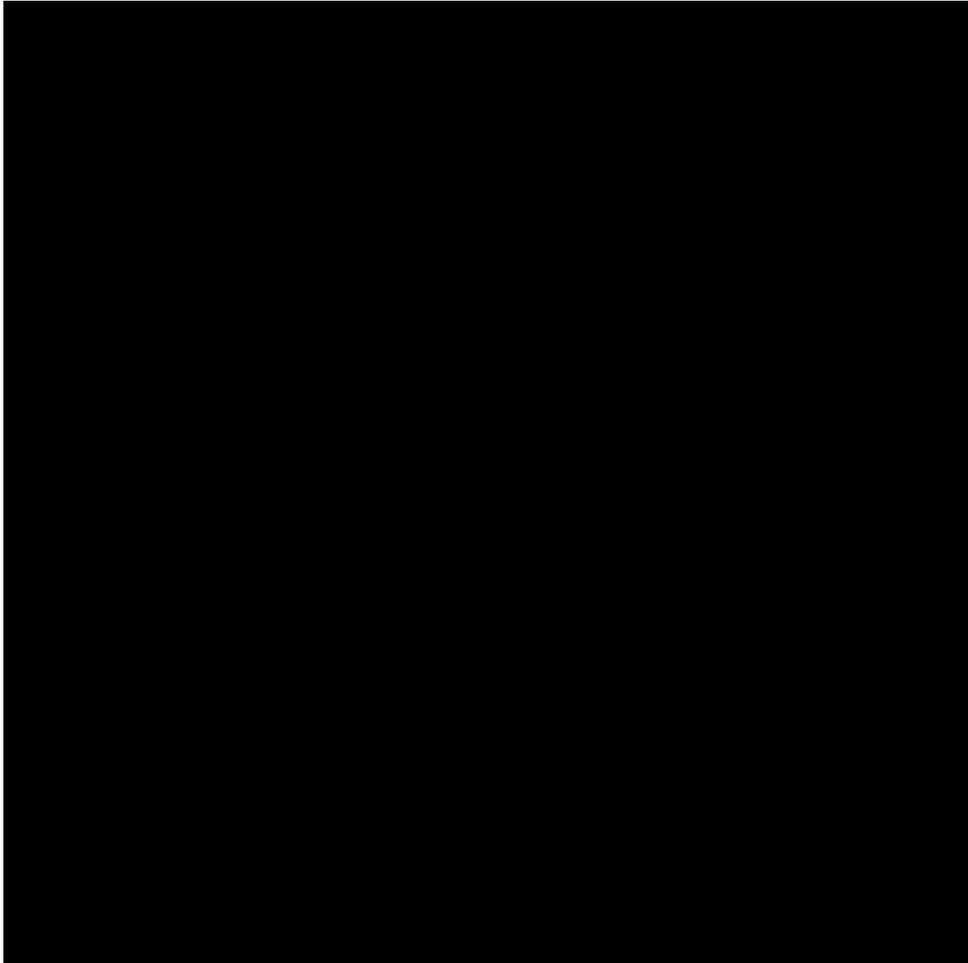
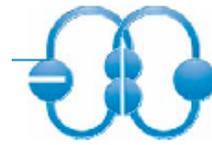
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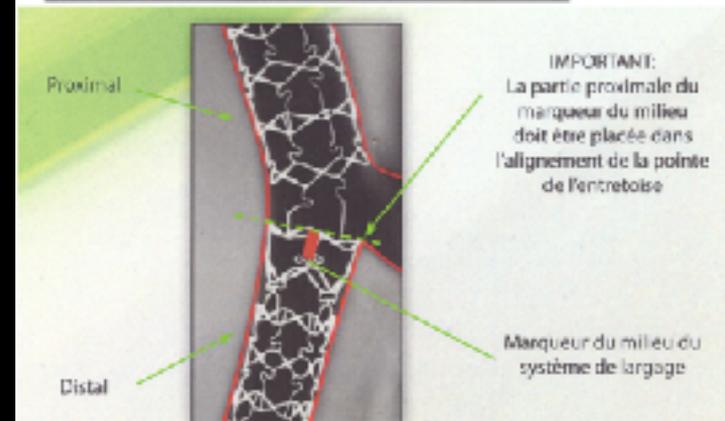
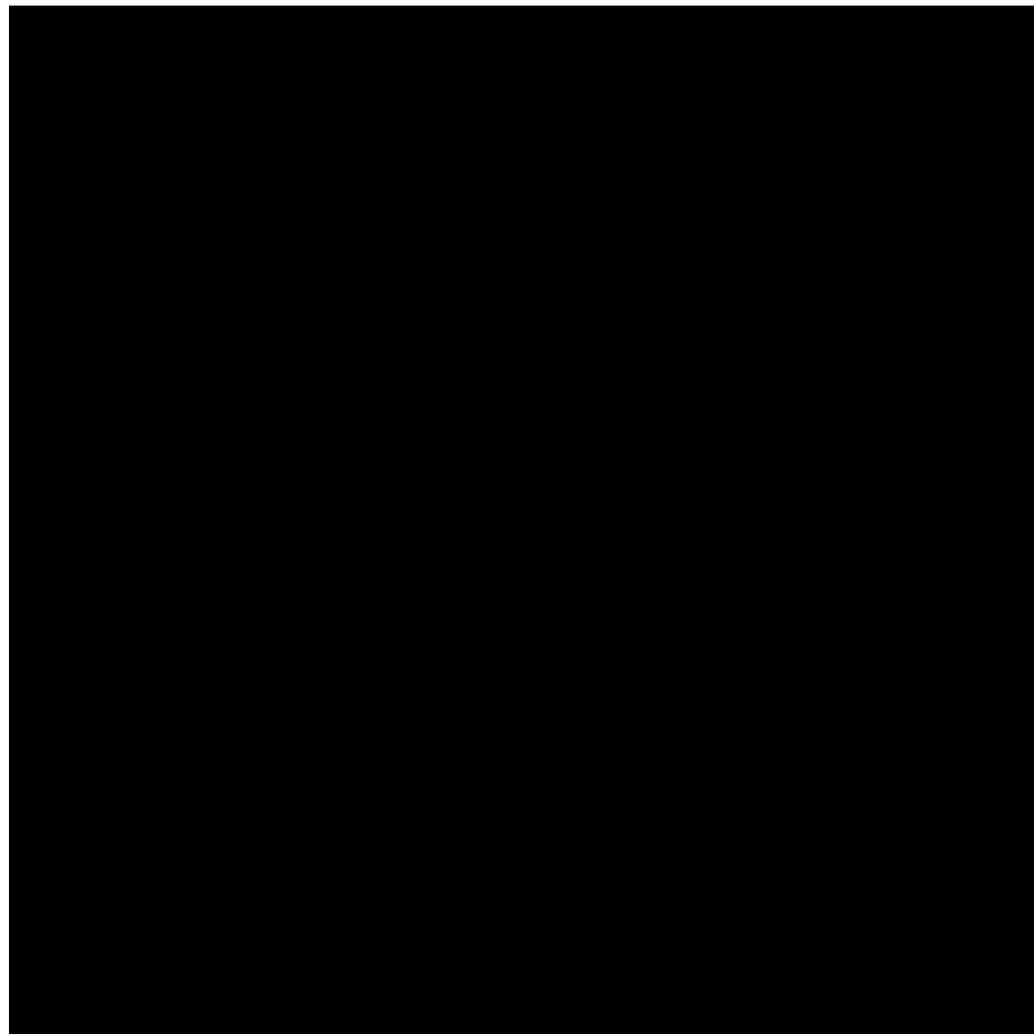
Homme de 54 ans, HTA, dyslipidémie, BMI = 30 kg/m<sup>2</sup>  
Polyvasculaire (AOMI pontée, occlusion SCG, ATL SCD)  
Angor stable, ischémie scintigraphique ASAP

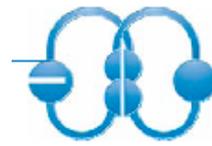






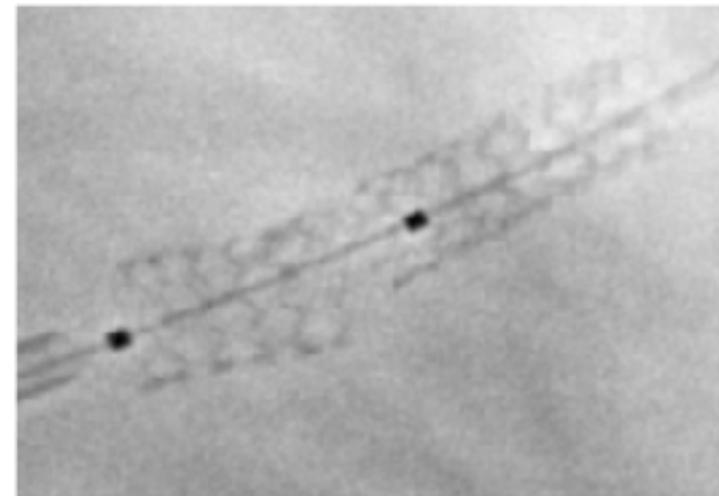
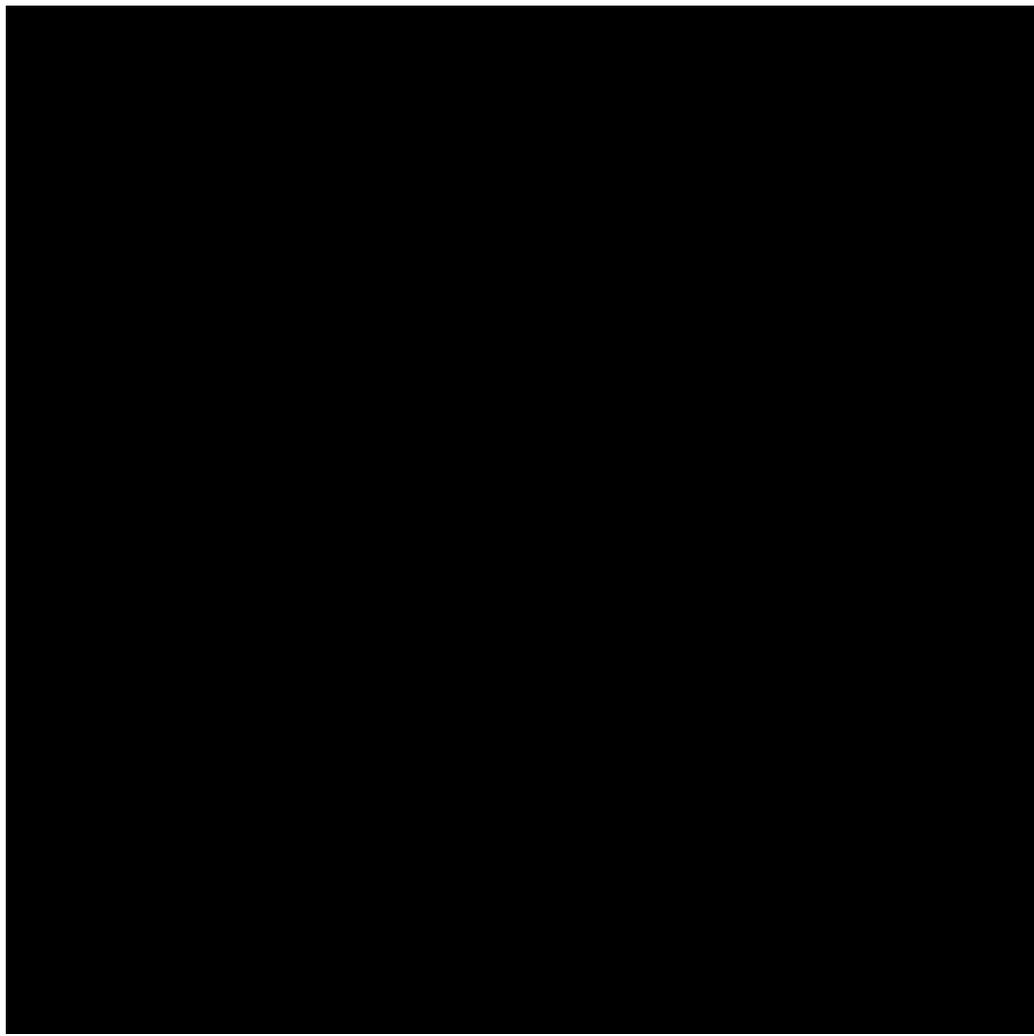
Un seul guide dans l'IVA  
Prédilatation ballon SC de  
4,0X12 mm 14 Atm 20 s

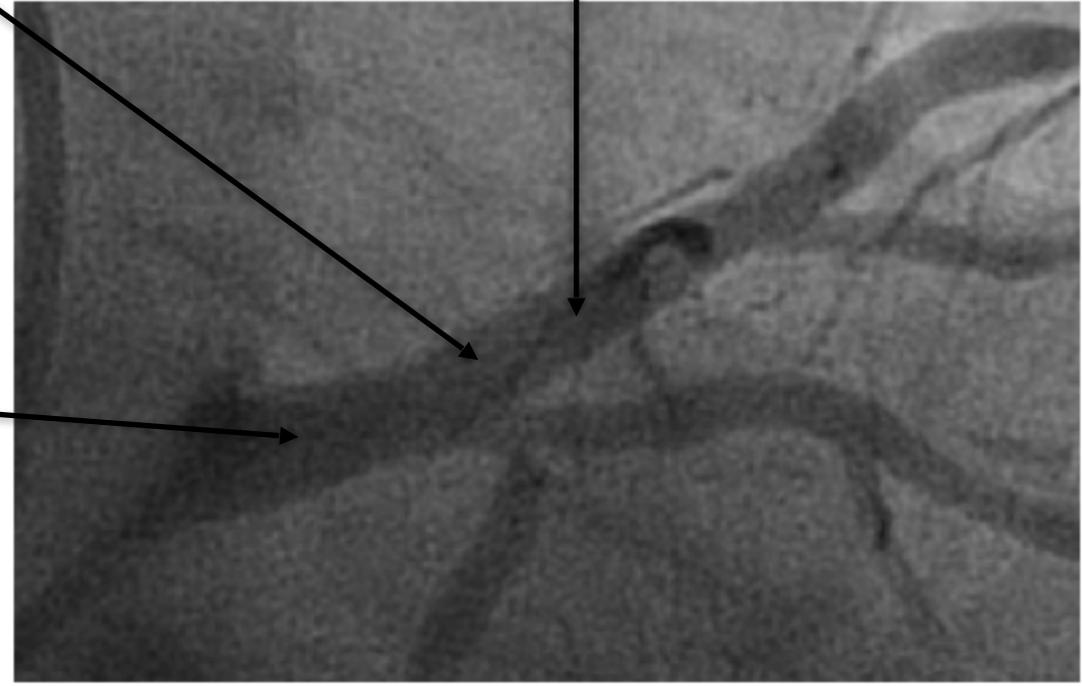
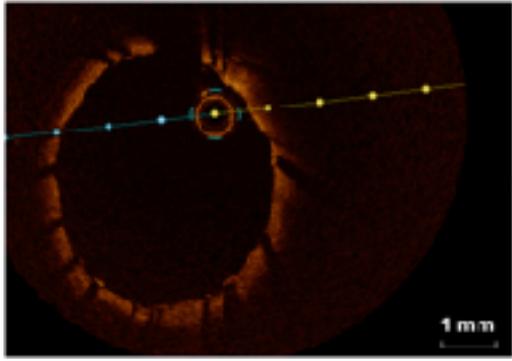
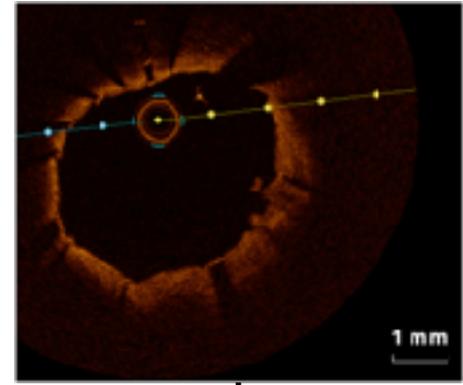
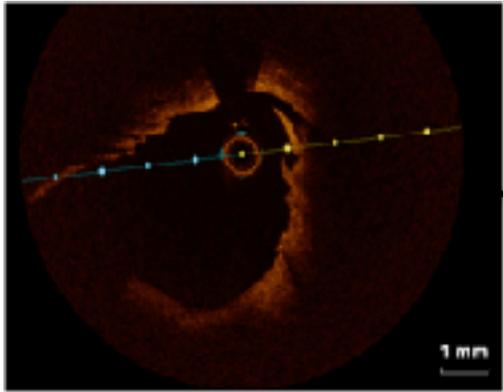
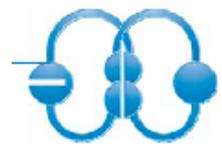




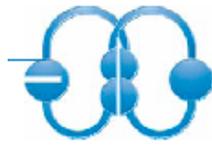
**POT Ballon NC 5,0X12 mm 14 atm 20 s**

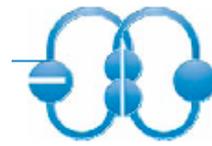
**DOT Ballon NC 4,0X12 mm 14 atm 20 s**





Homme de 82 ans, HTA, DNID, BMI = 33 kg/m<sup>2</sup>, clairance  
45 ml/min  
SCA ST-, troponine +

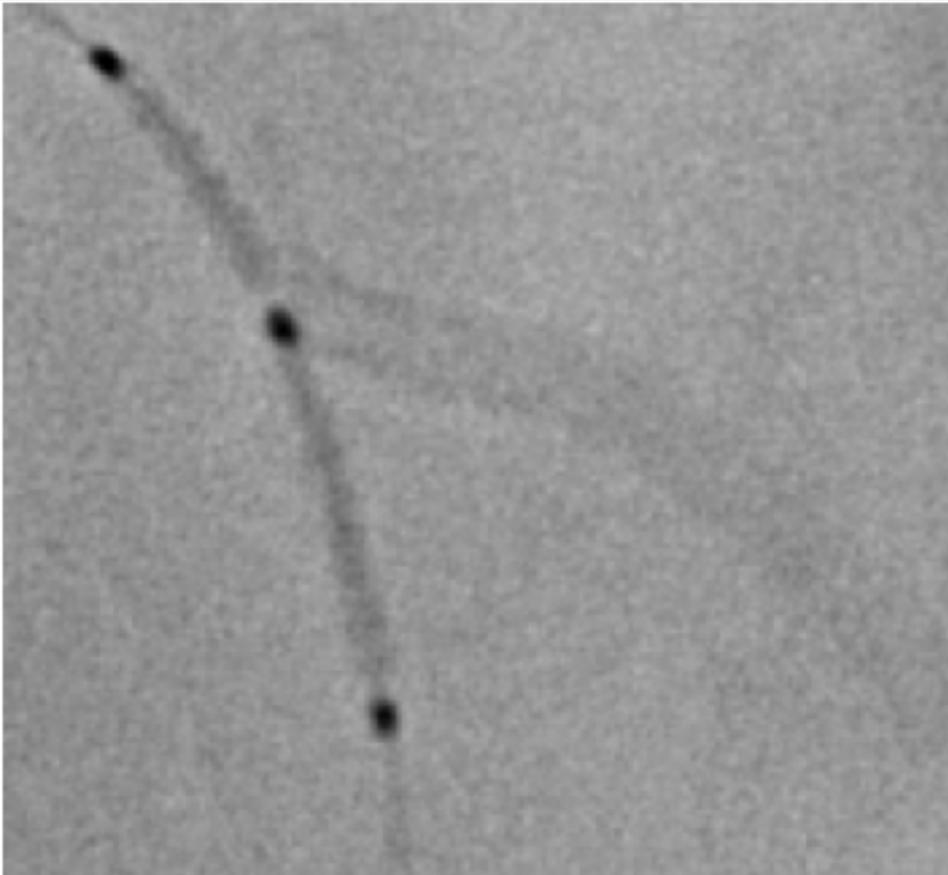


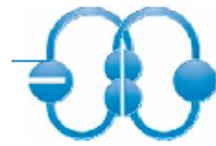


Après pré-dilatation (BSC 2,5mm) Stent  
SYNERGY de 2,25X24 mm avec ballon 2,5X12  
mm dans l'IVA

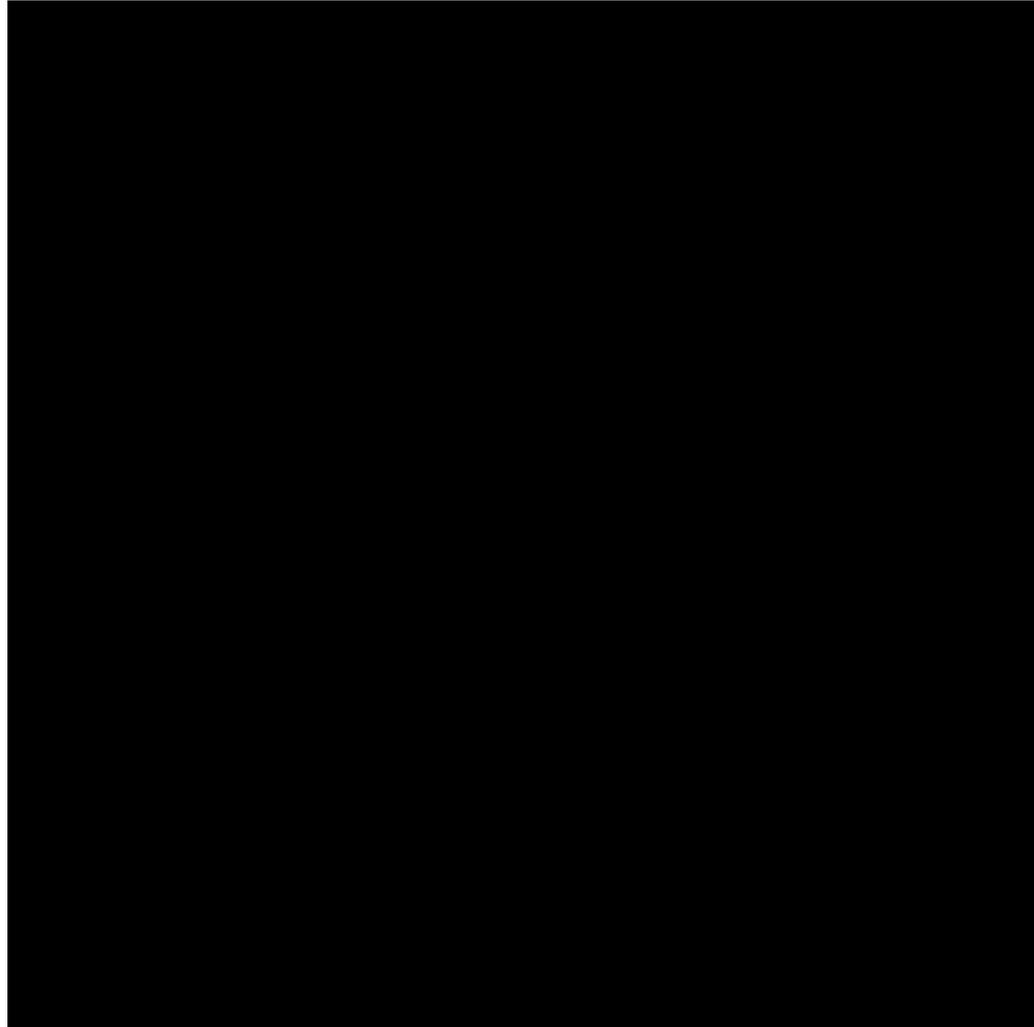
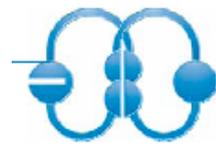
BIOSS LIM C 2,5/3,0 X 24 mm

SYNERGY 2,25X16 mm





FKB BNC 12 atm 2,5X12 mm





## « KISSS Principle » (EBC)

Keep It Simple, Swift and Safe



**Merci de votre attention !**