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# Le « zinzin » artériel

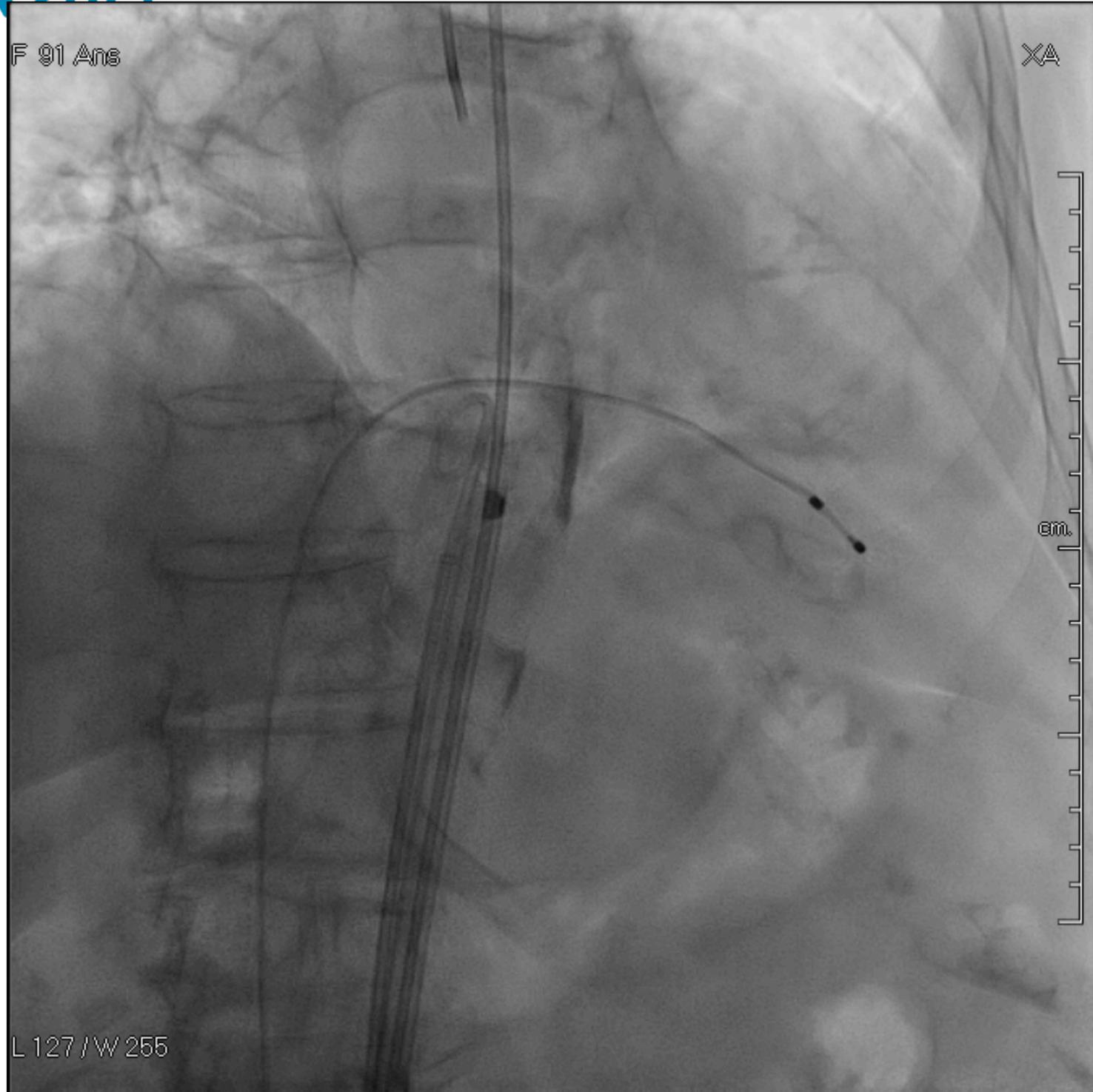
P. Leddet, F. De Poli, P. Couppié, S. Uhry  
**CH Haguenau**

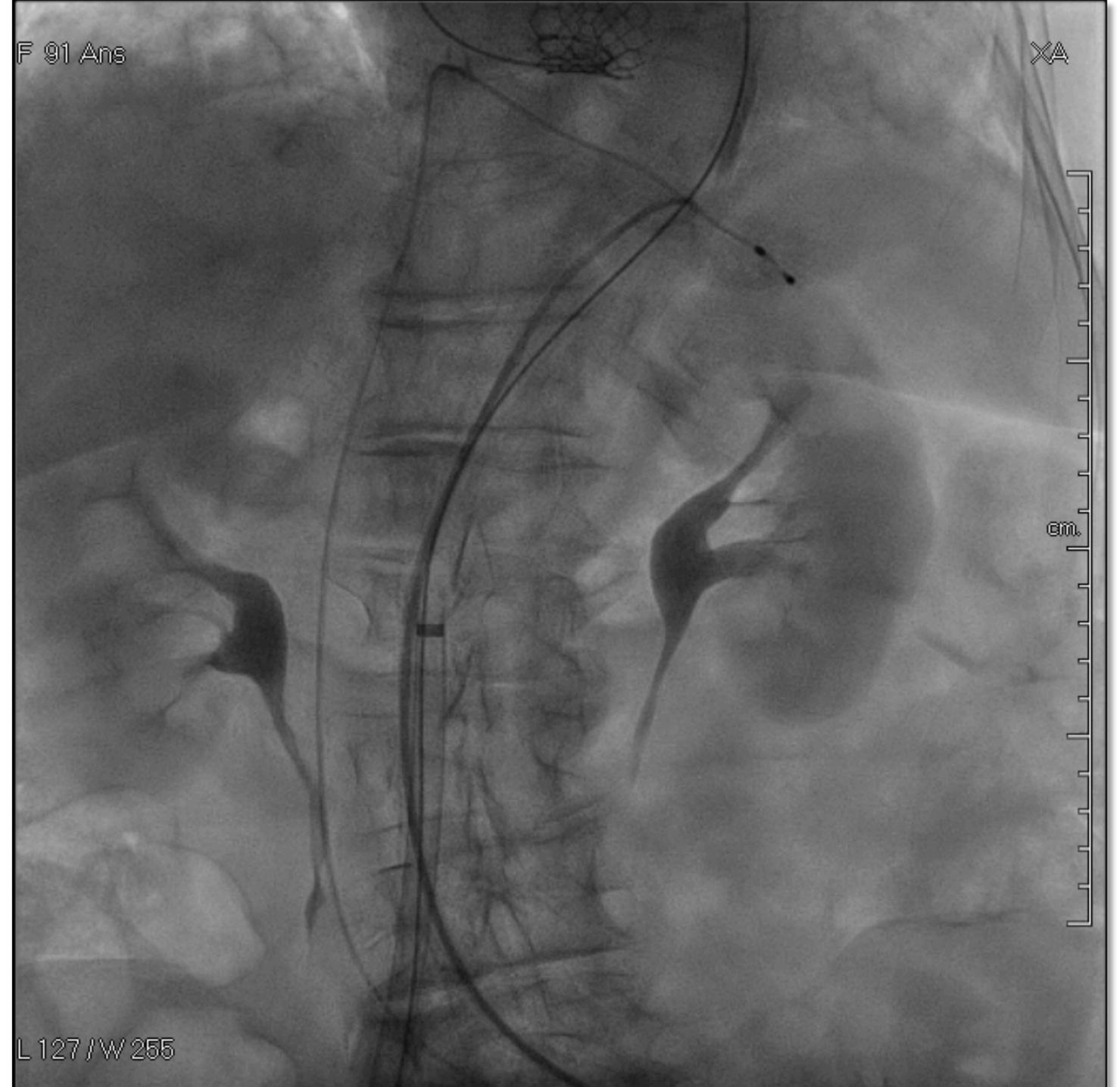
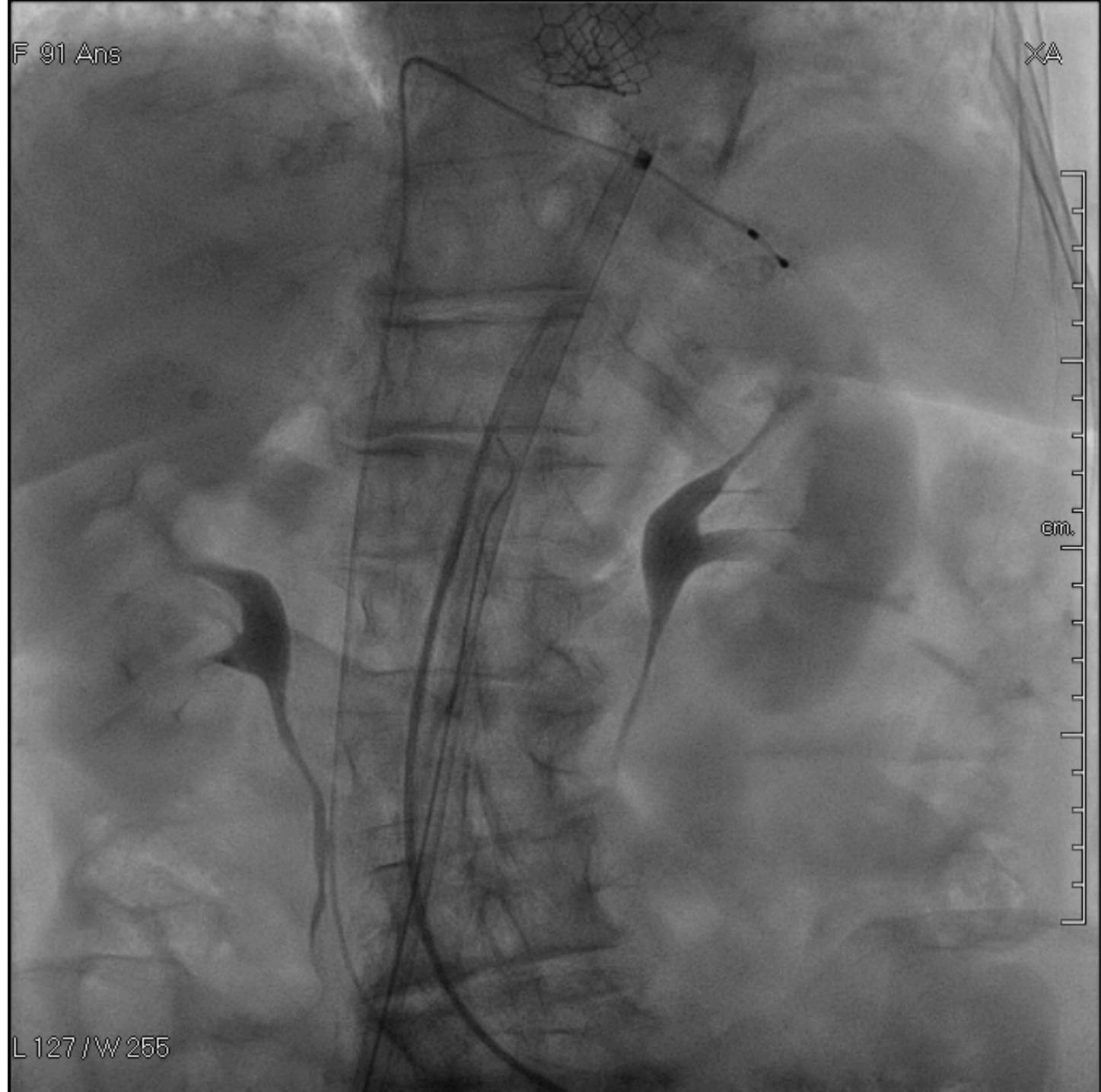
# Conflit d'intérêt

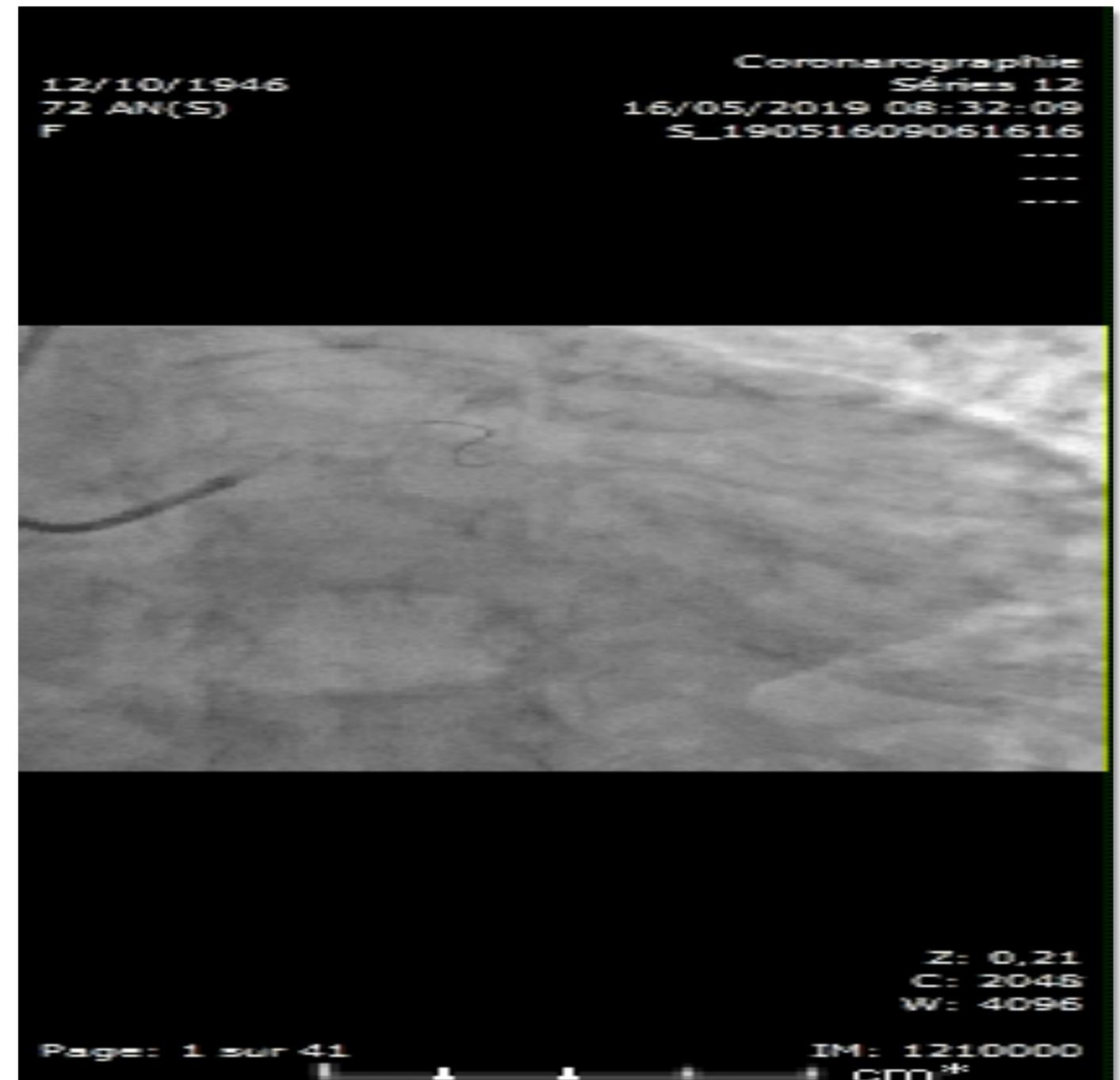
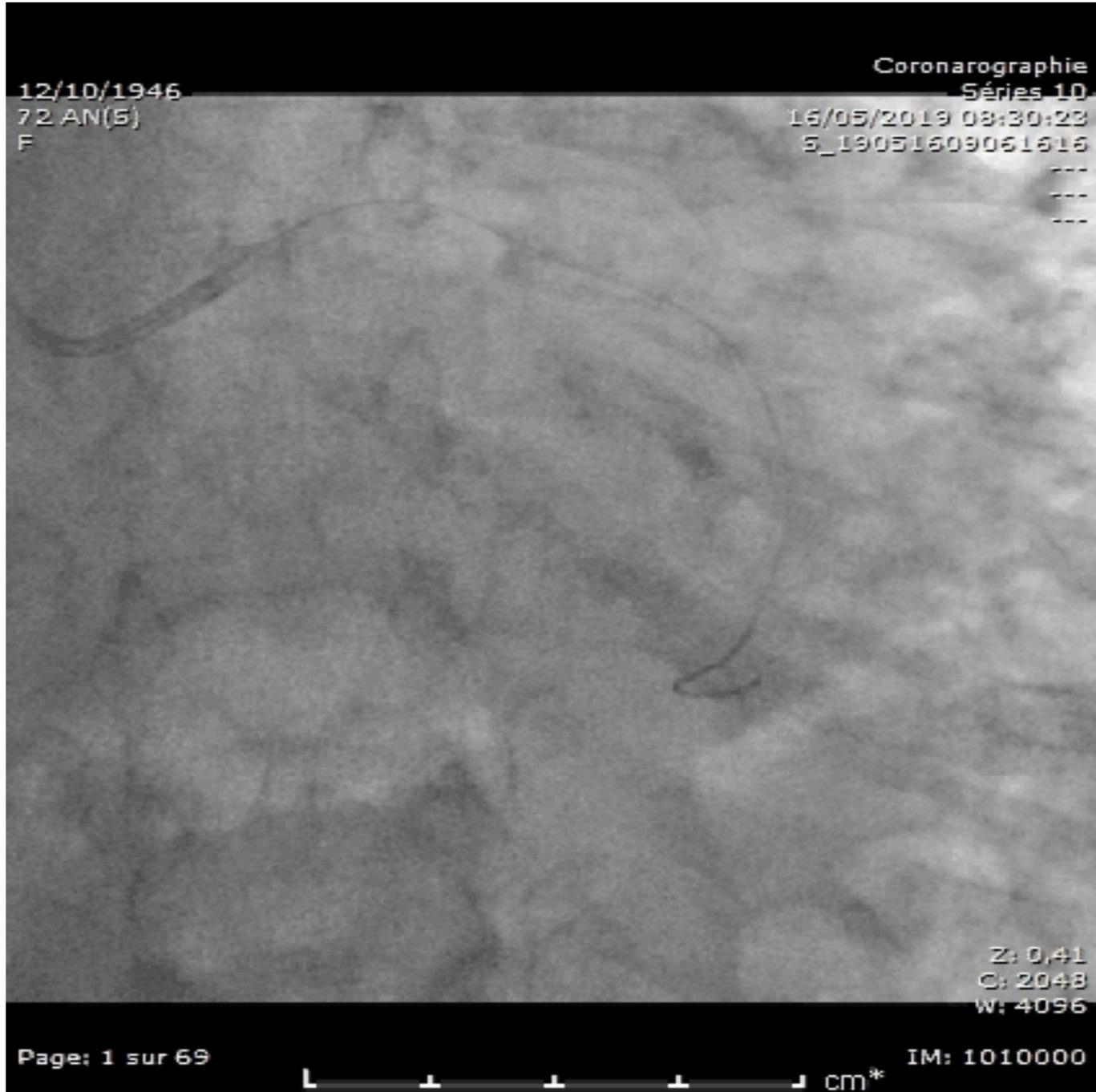
- Aucun

- Mme Jacqueline K,
- 91 ans,
- Syncopes sur RAC serré,
- HTA, dyslipidémie,
- AIT sur athérome carotidien 2004-2011,
- Hernie hiatale op 2010









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# Pourquoi ?

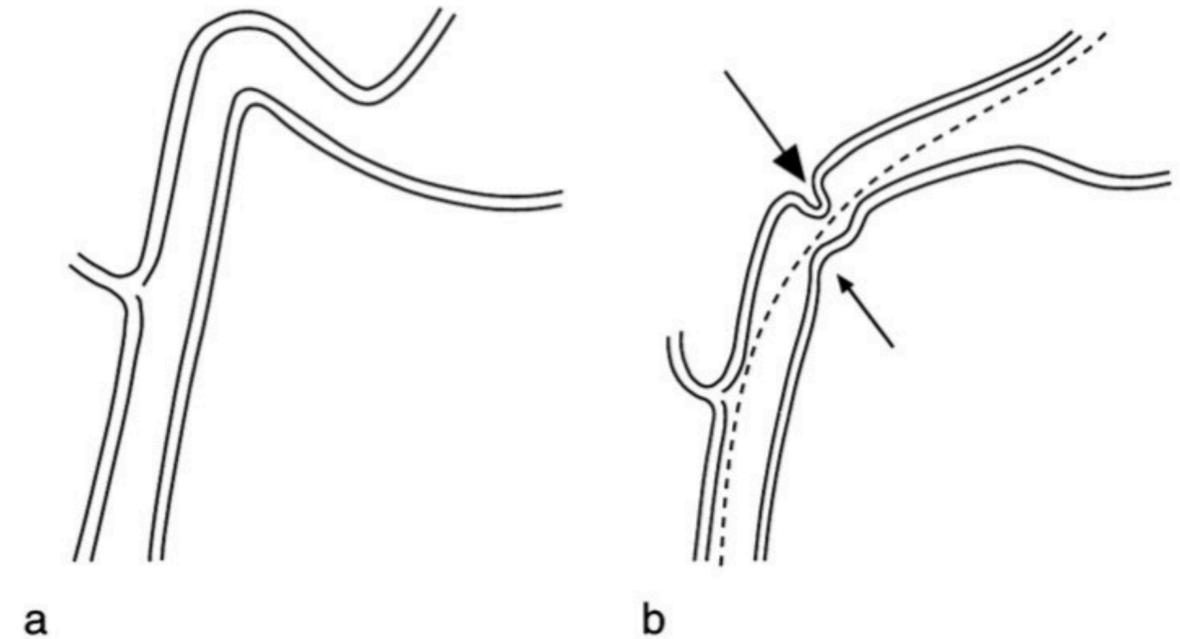
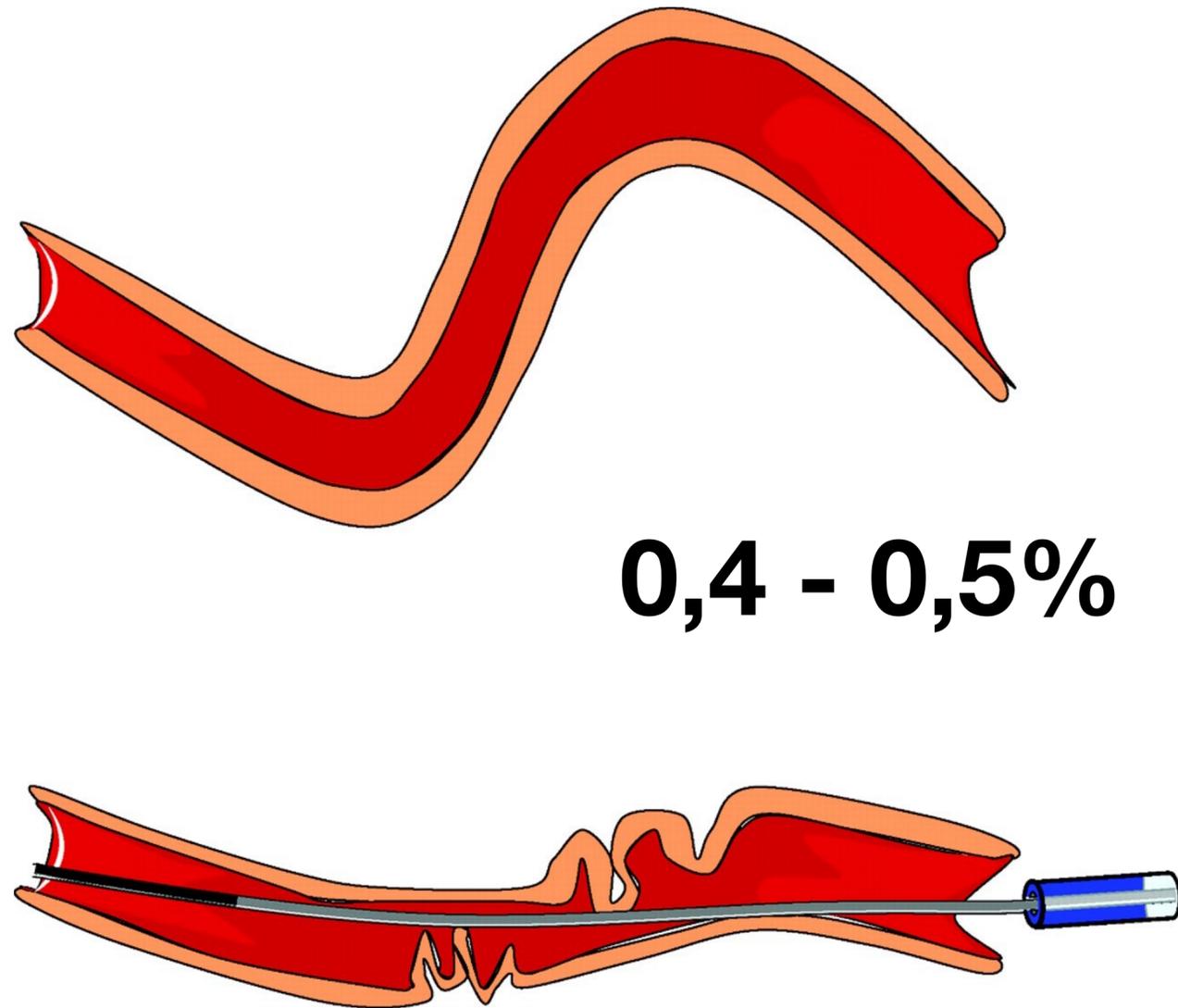
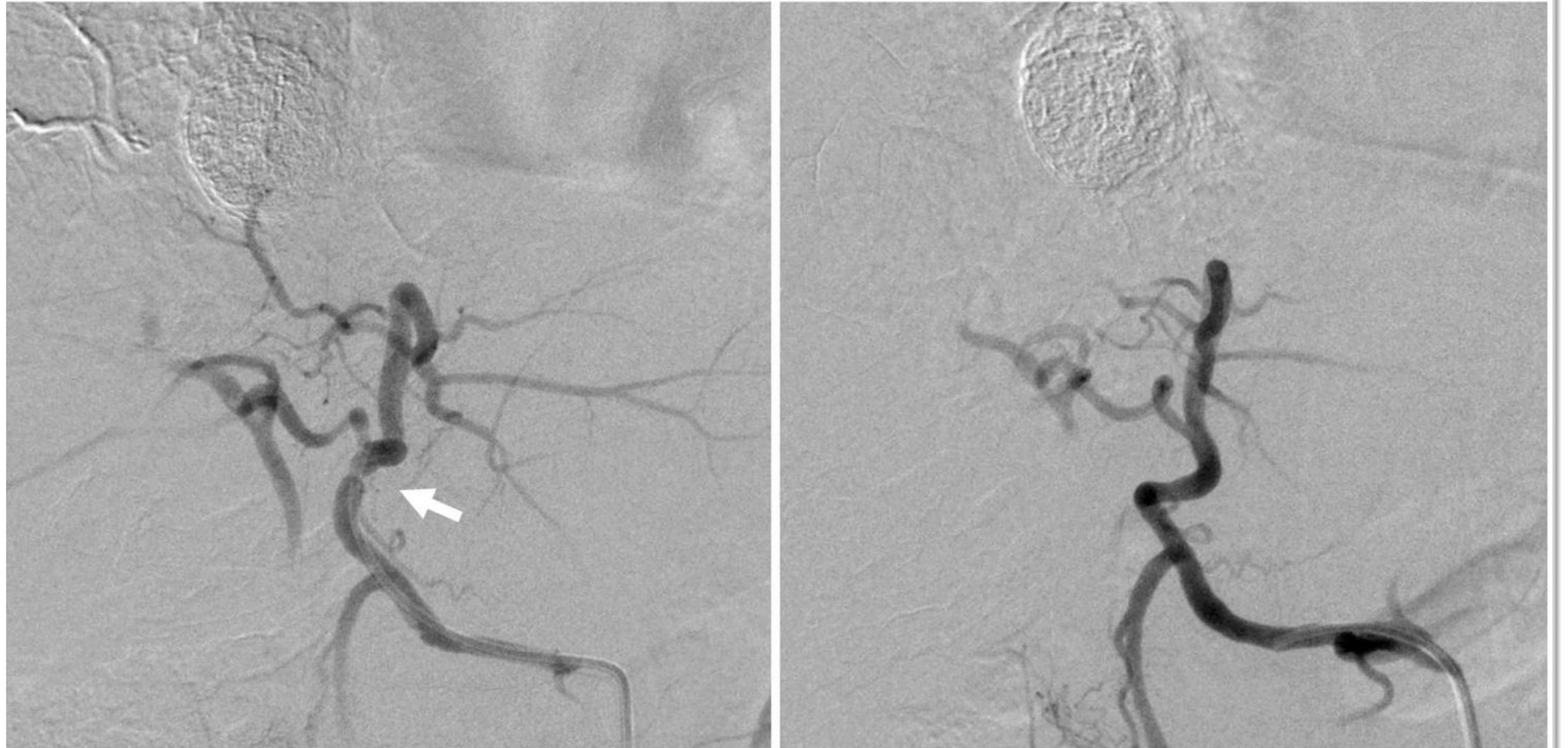


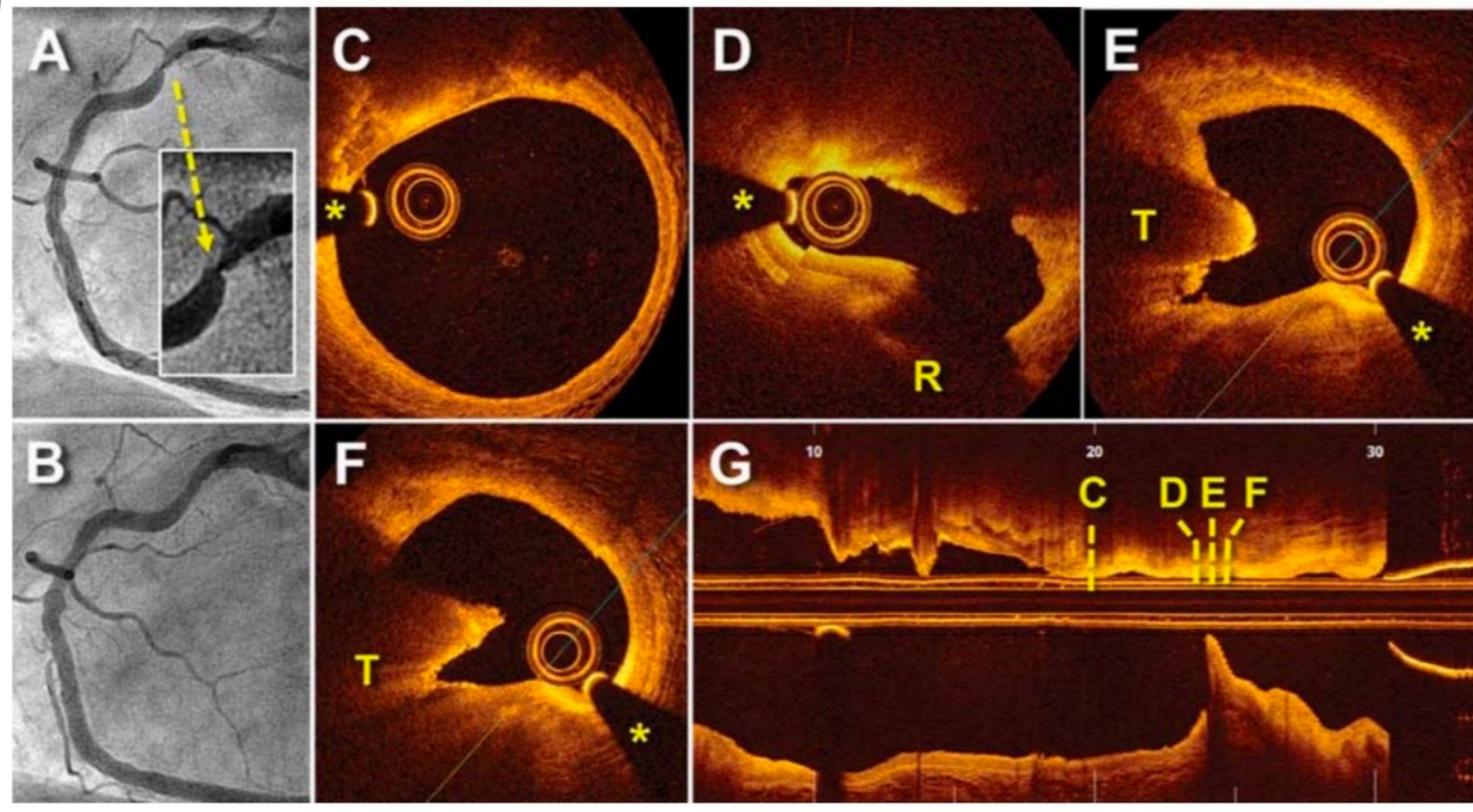
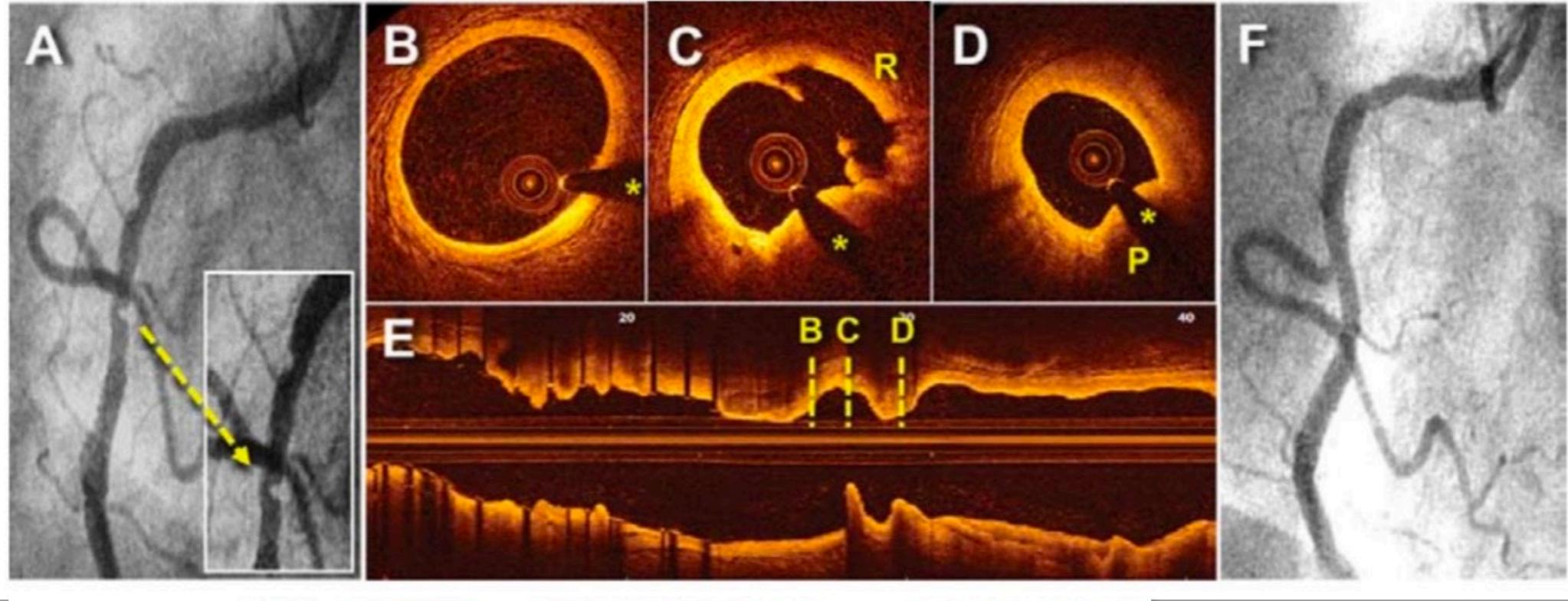
Fig. 4. During straightening of a bend by the angioplasty wire (dotted line) the lumen axis shortens. As the total vessel wall length remains constant, folds develop. Greater shortening of the outer curves leads to larger folds of this wall (large arrow) with little or no folding of the inner curve (small arrow).



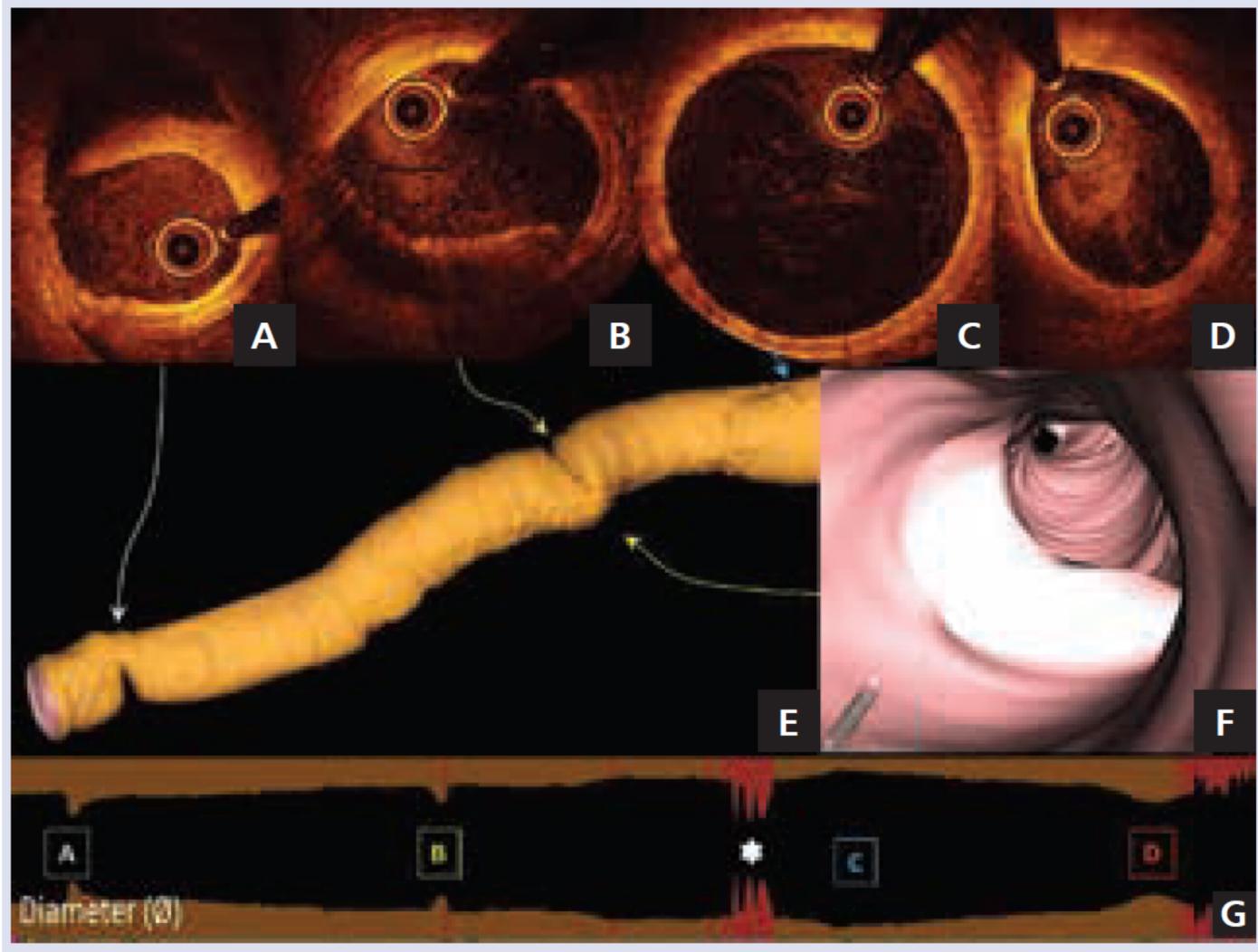
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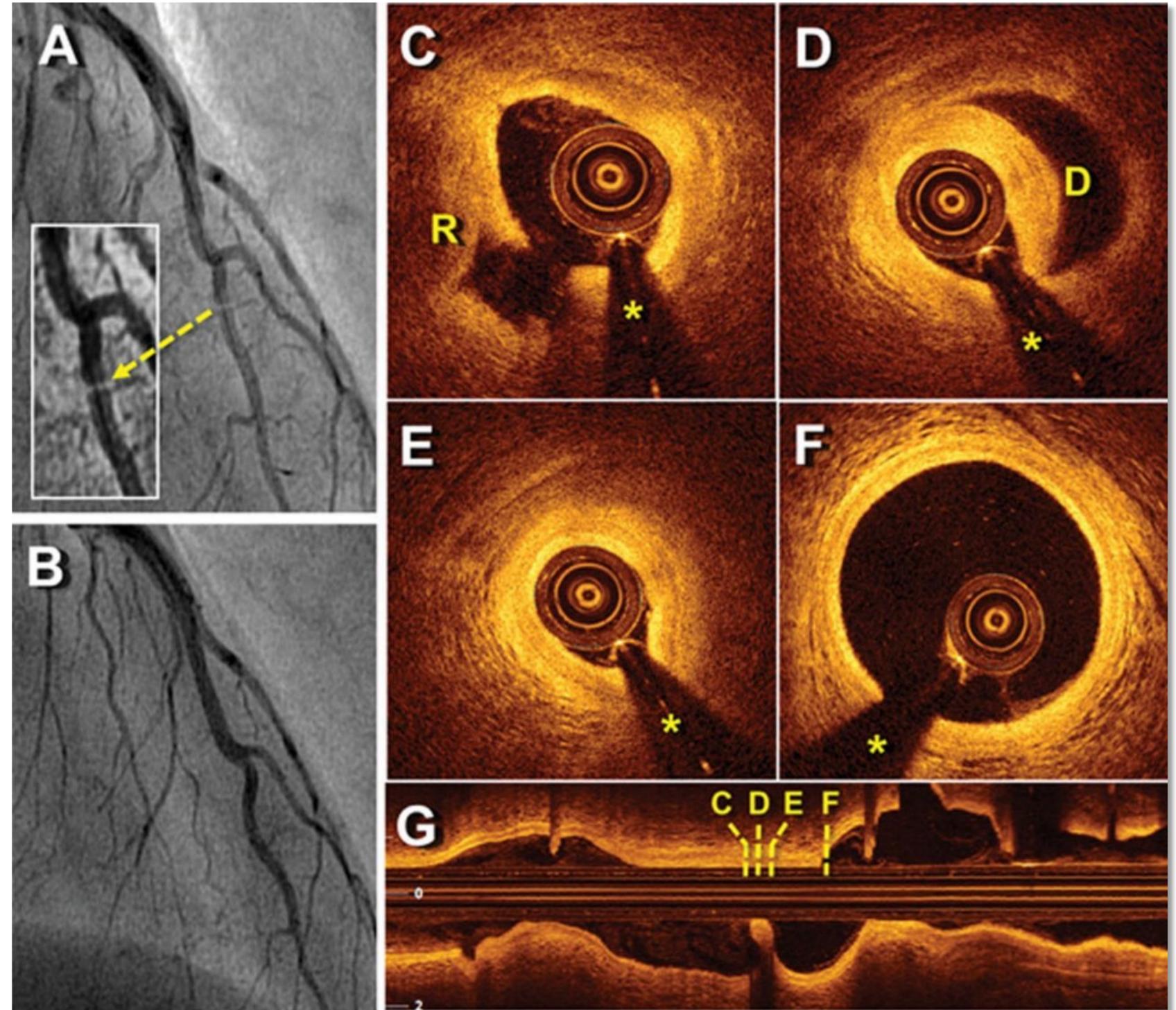
# Comment ?



*Circulation. 2008;118*  
*Cuesta, Circ Cardiovasc Interv. 2016*



*Kardiologia Polska, 2018; 76*



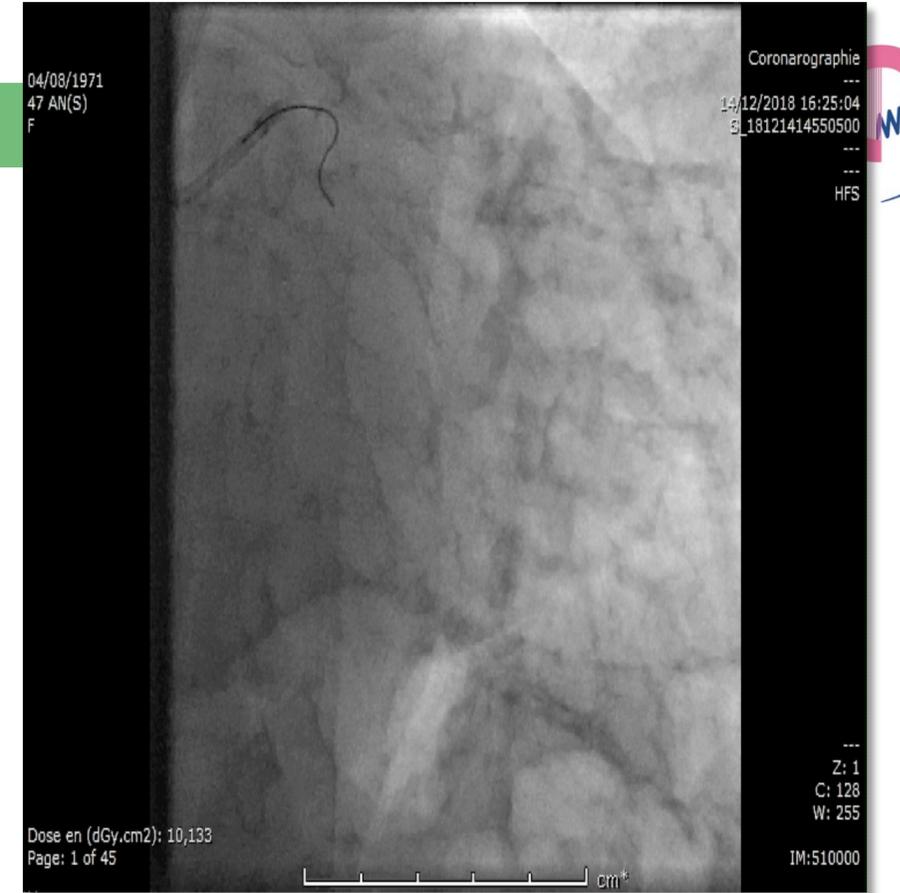
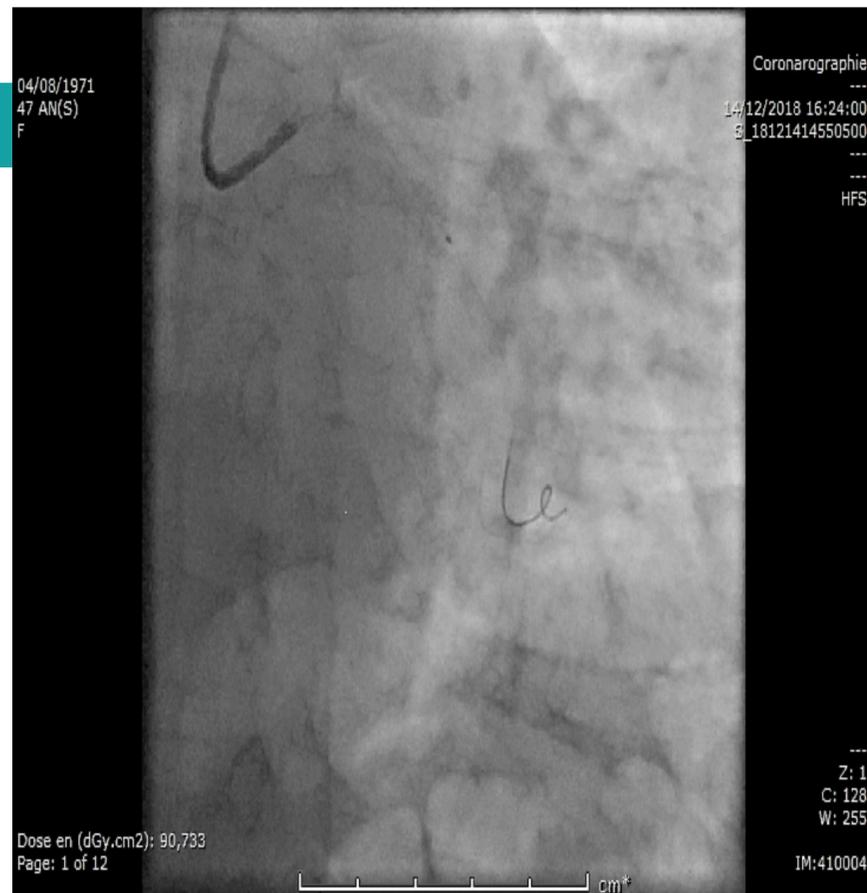
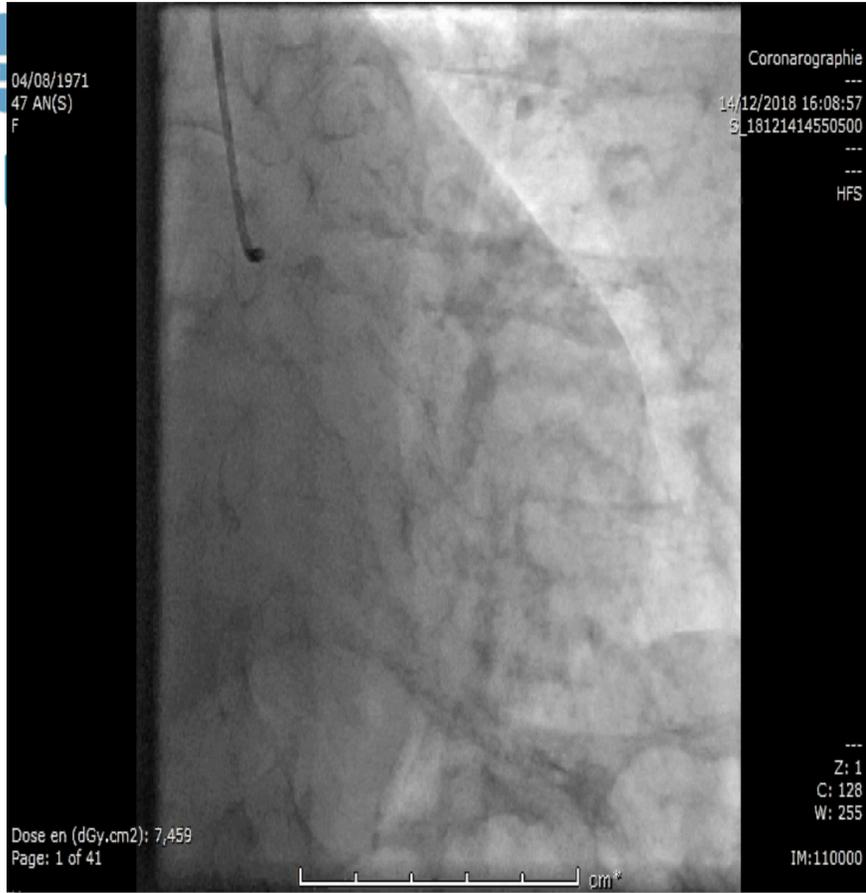
*Circ Cardiovasc Interv. 2016*

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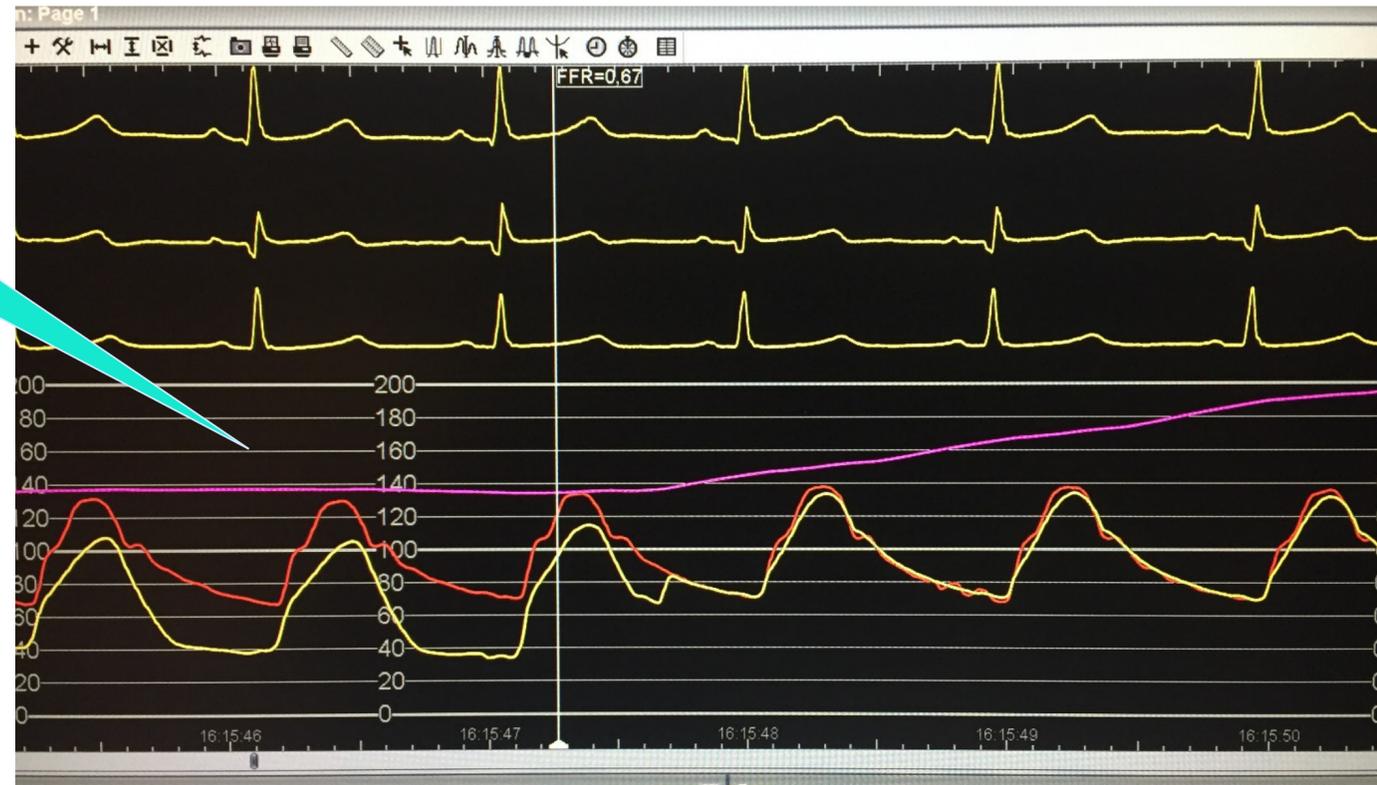


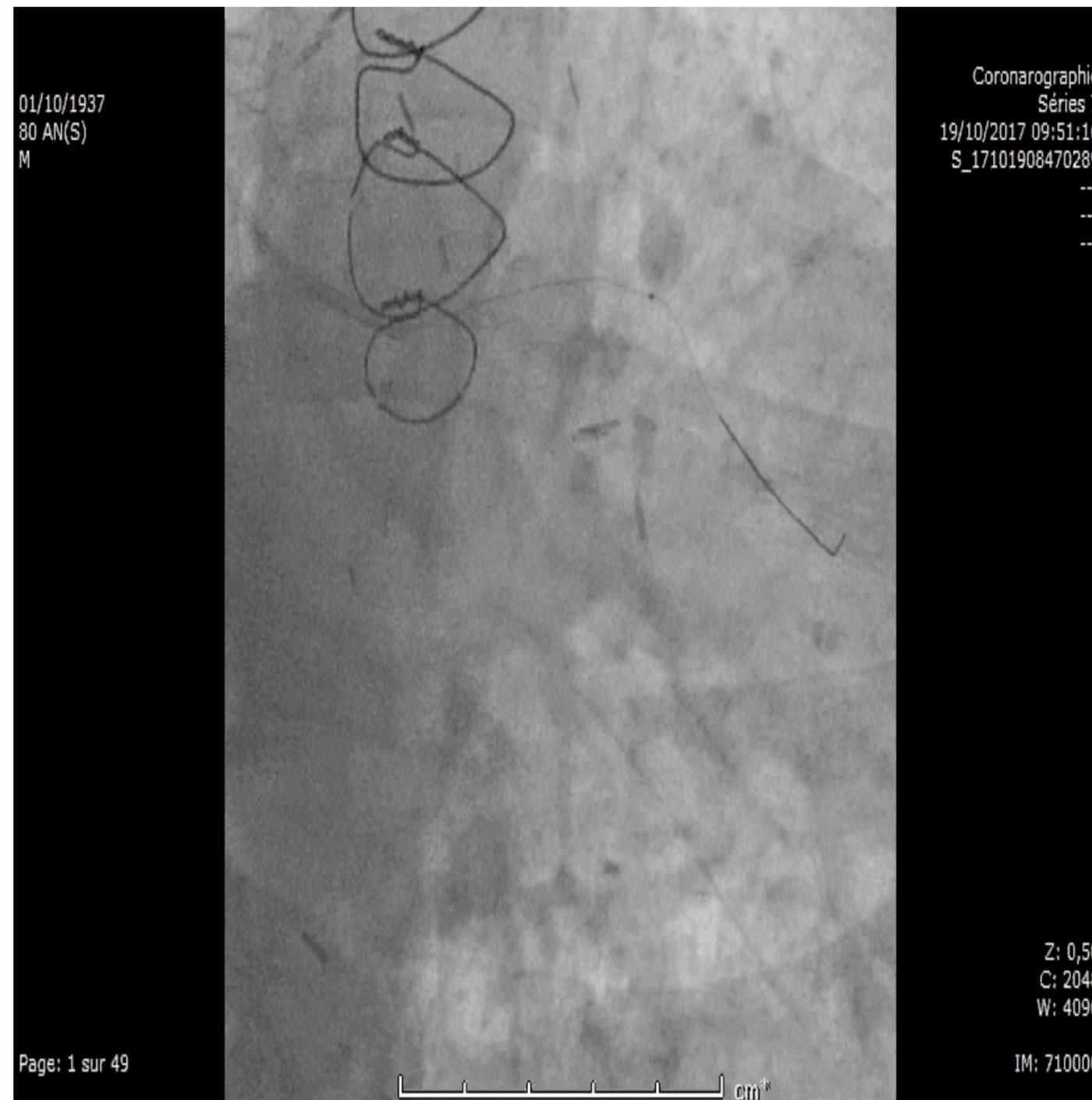
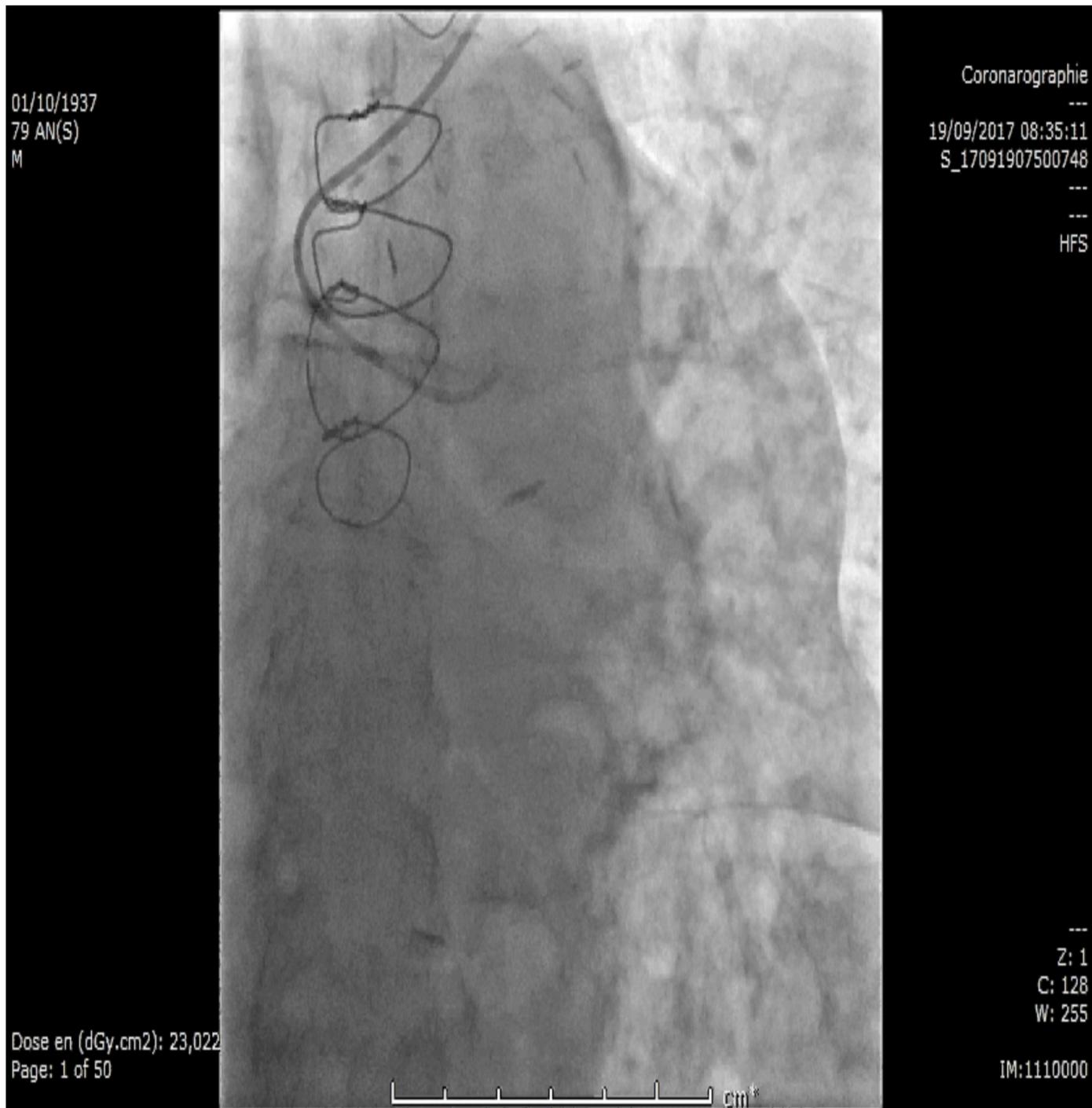
# Bénin ?

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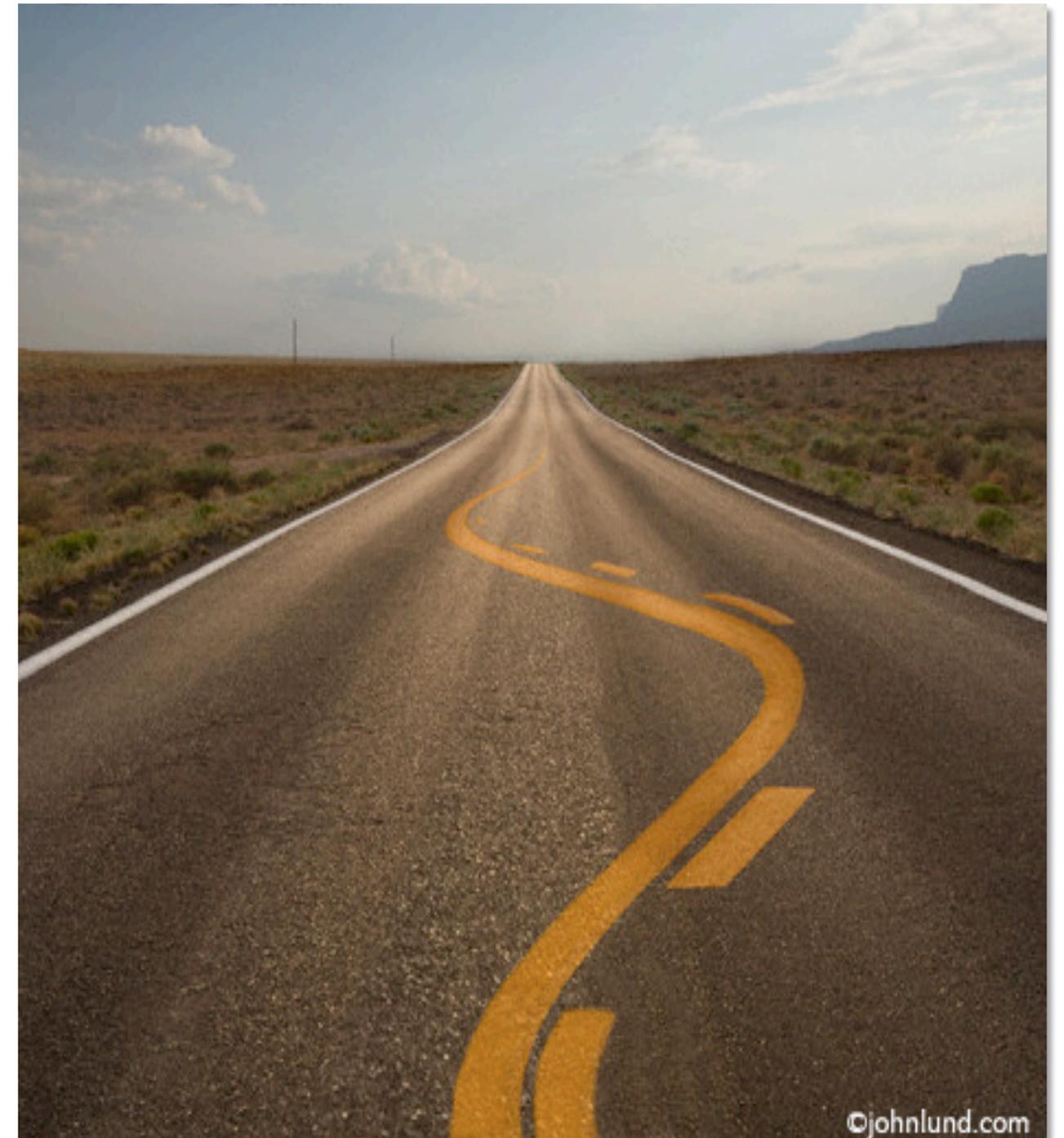
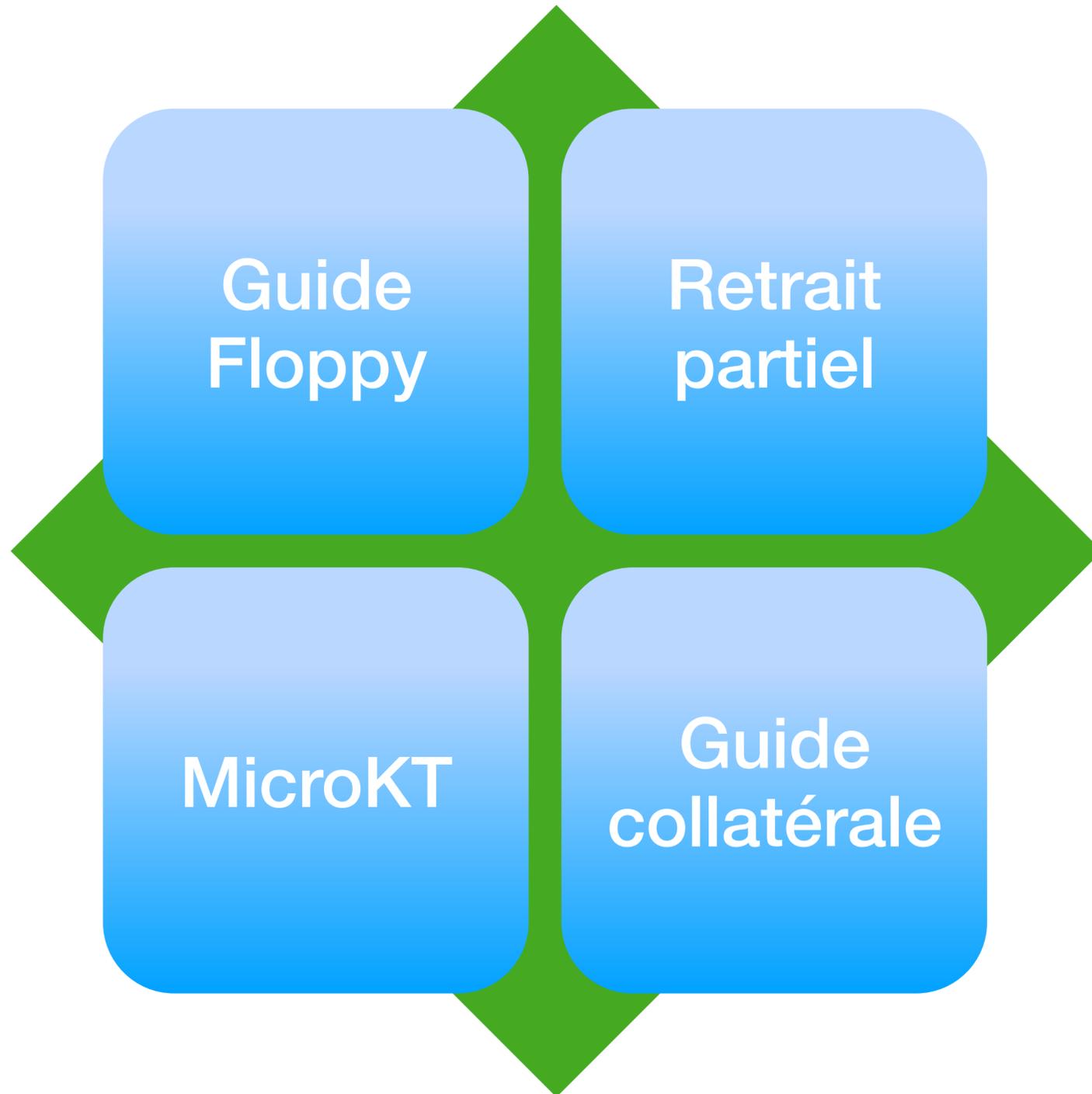


FFR 0,67









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**Fin de l'histoire...**

- Les invaginations artérielles sur guide sont fréquentes et le plus souvent bénignes,
- Elles touchent l'ensemble du réseau vasculaire, non exclusivement coronaire,
- Elles peuvent rendre la procédure complexe (faux-aspects de dissections, ralentissement de flux), voire la compliquer (ischémie, gradients, spasme),
- Utiliser des guides souples/ballon OTW/microcathéter,
- Retirer partiellement le guide en fin de procédure reste le plus classique.

