

5 6 7
JUN 2019



Votations autour du SCA

Je ne traite que la lésion coupable

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Lausanne, Suisse

Clinical Case STEMI

Mister S. 49 years old

Risk factors: Hypercholesterolemia

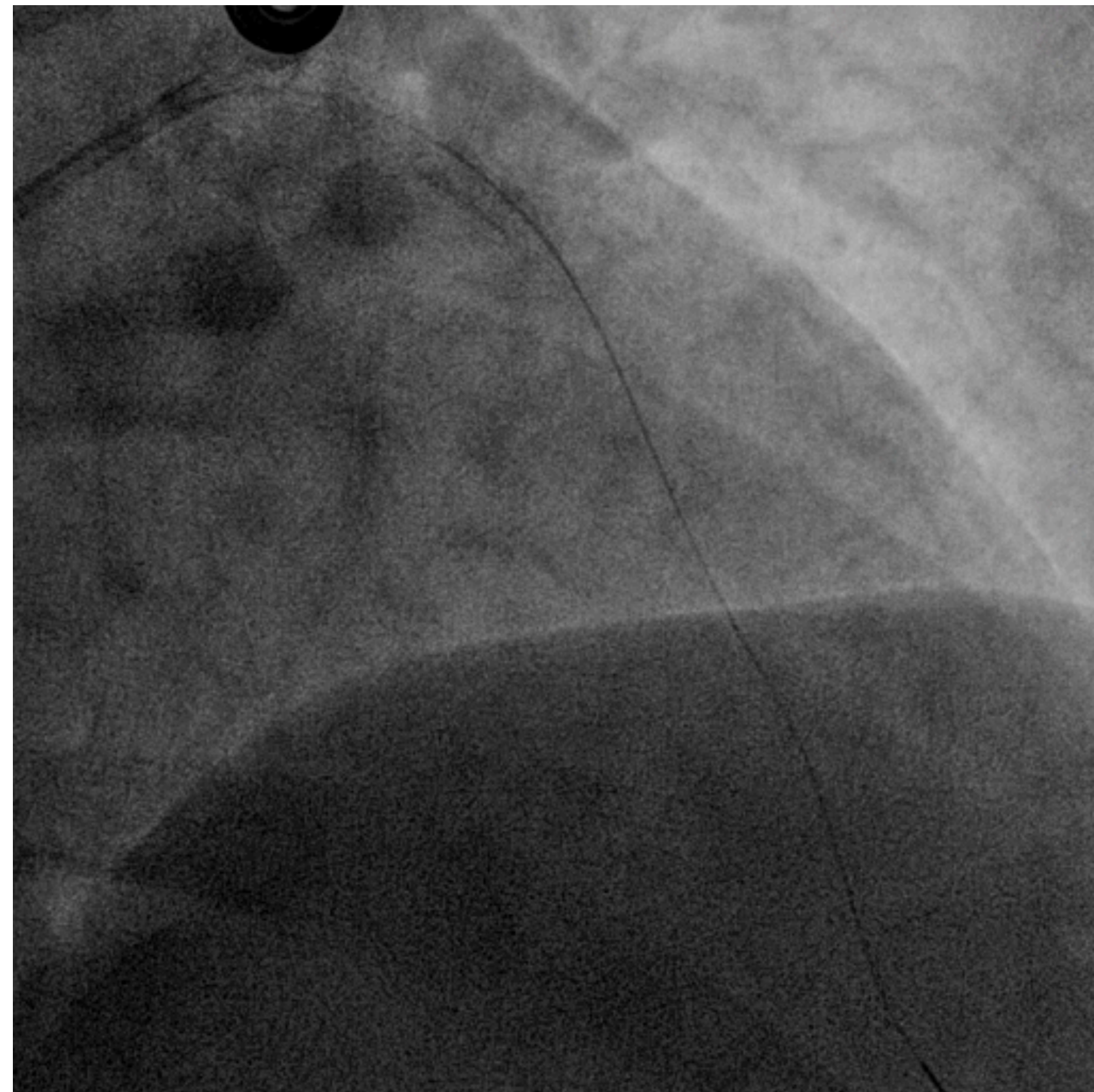
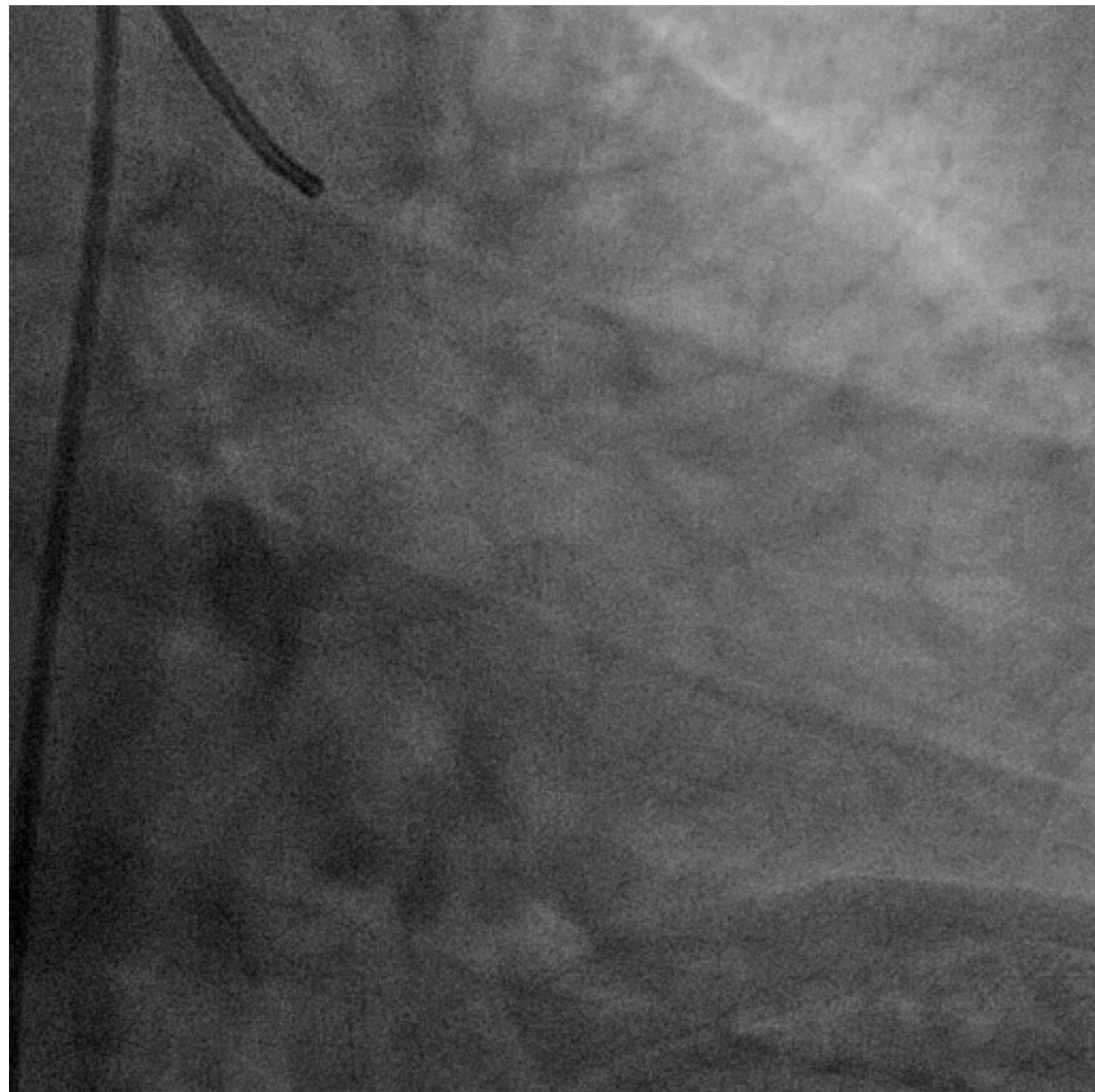
Medical history:

Chest pain

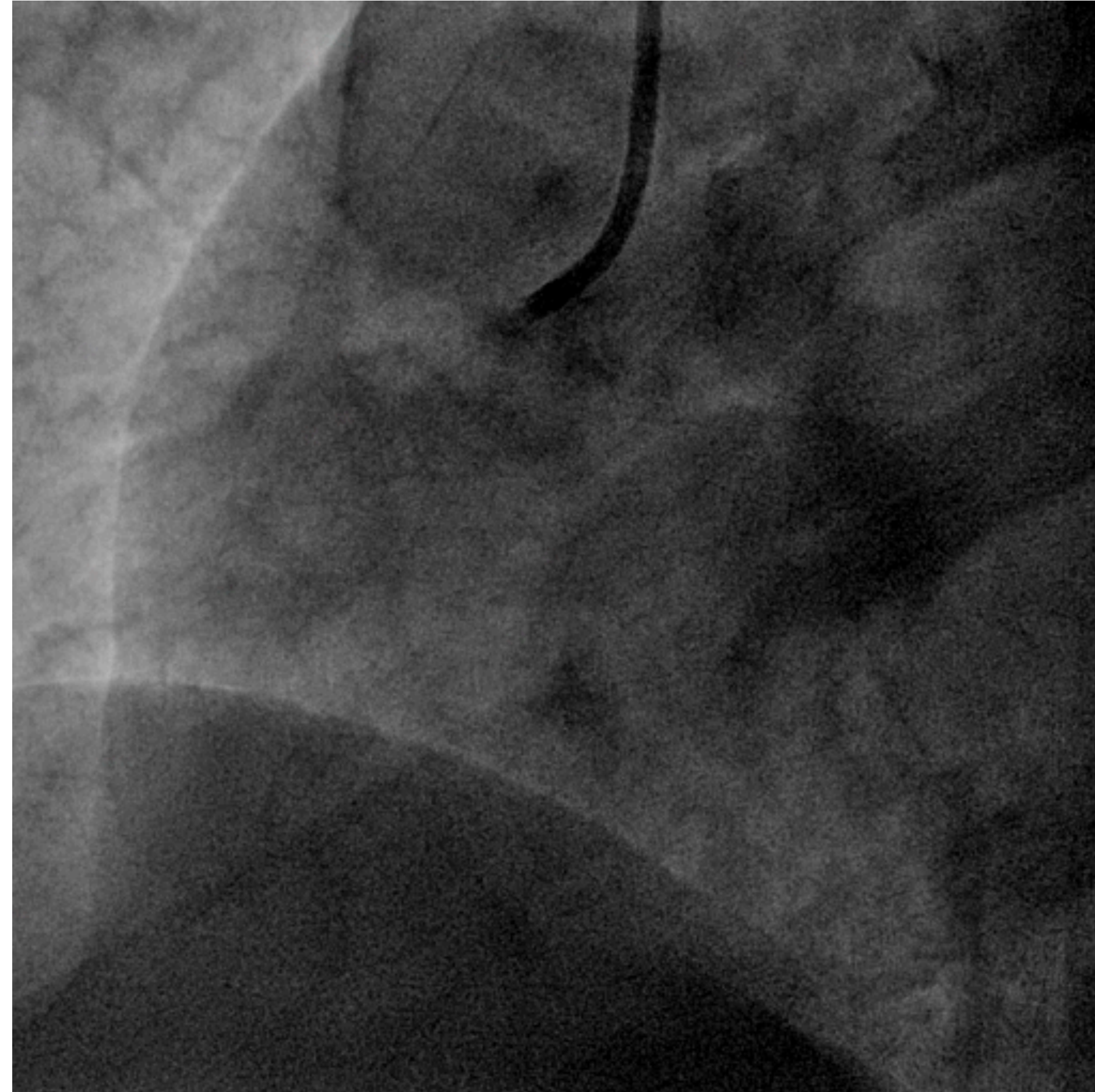
ECG: ST elevation in V1-V3

STEMI on the Left Anterior Descending

Left coronary angiogram



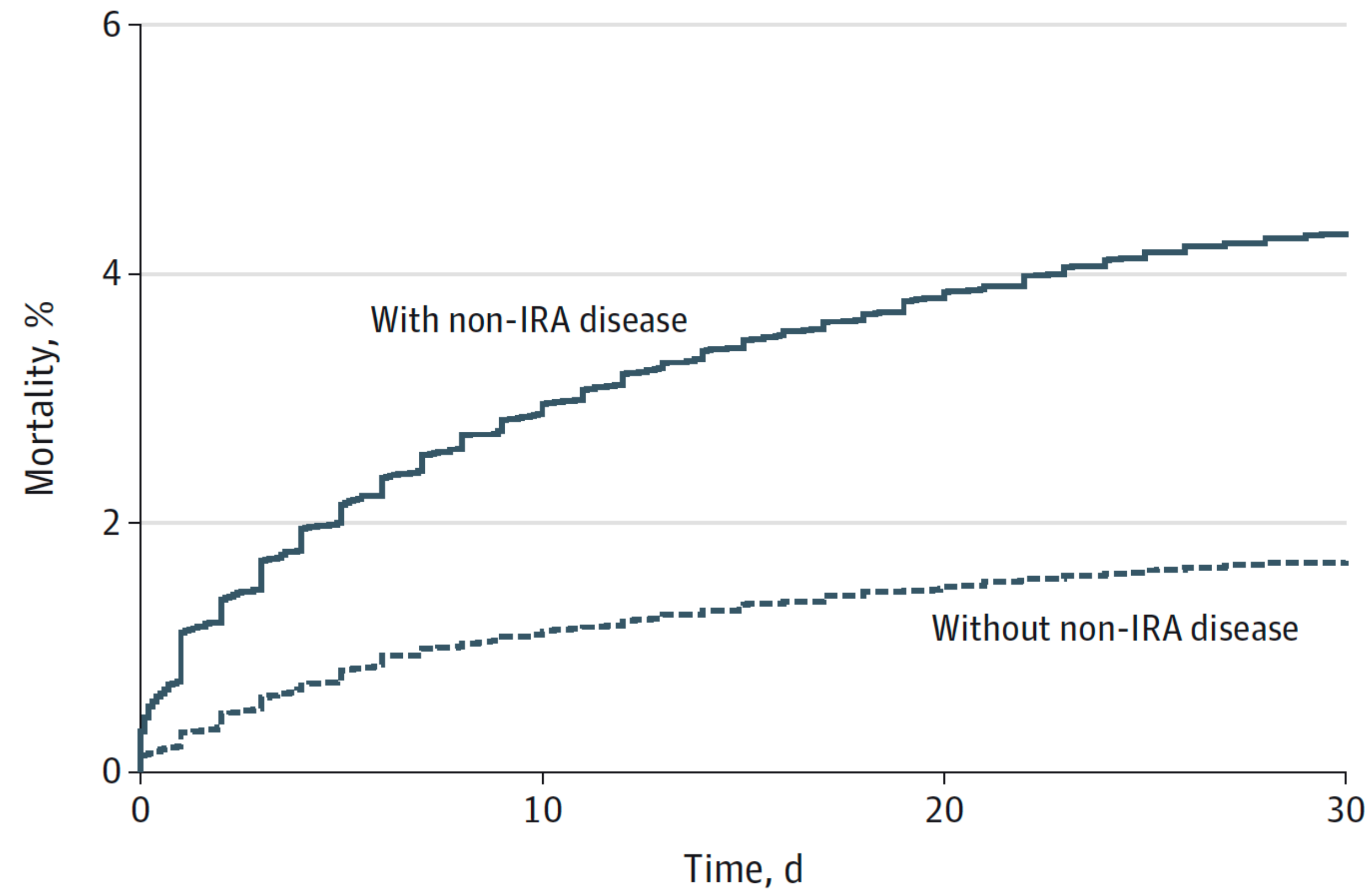
Right coronary angiogram



What is known

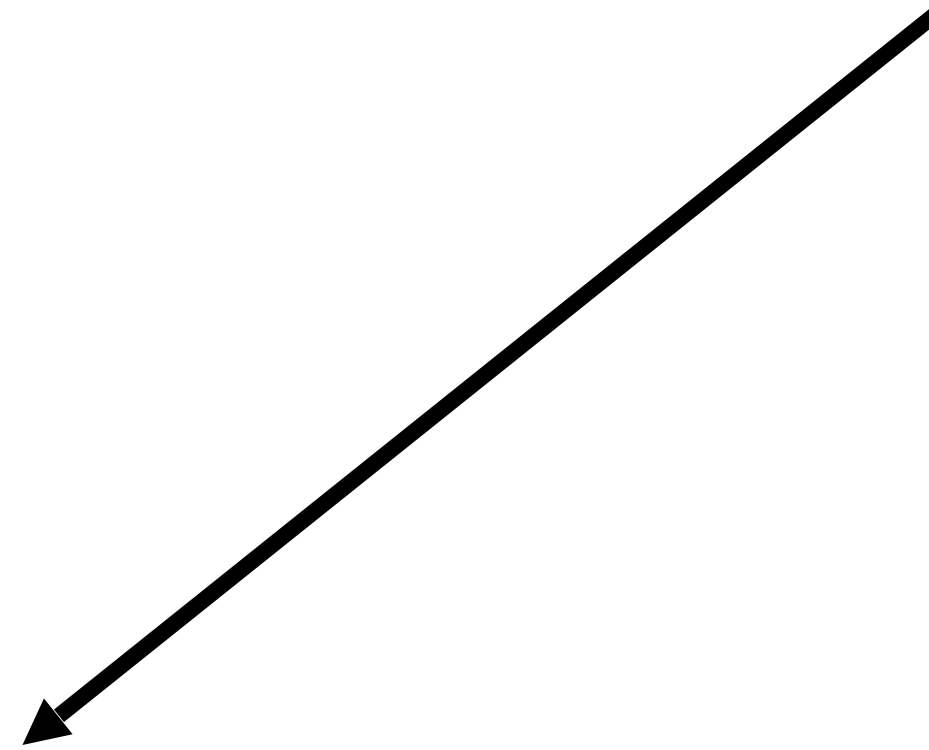
- Primary PCI is the preferred reperfusion strategy in STEMI patients
- $\approx 50\%$ of STEMI patients have at least one additional non-culprit lesion of $>50\%$ diameter stenosis

Mortality related to non-IRA

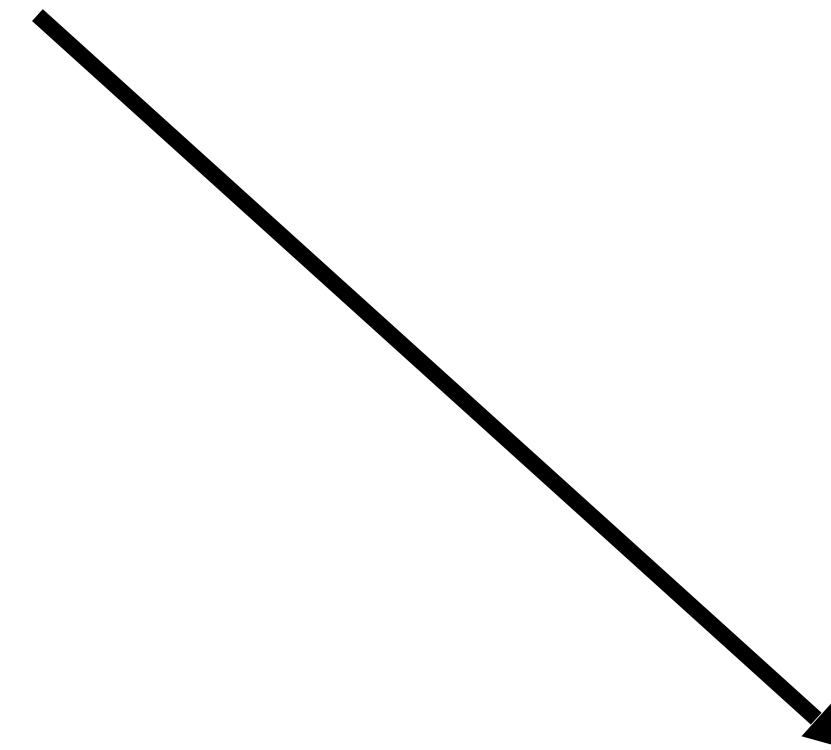


No. at risk	0	10	20	30
With non-IRA disease	14916	14479	14335	14115
Without non-IRA disease	13351	13201	13141	13001

Worse clinical outcomes in patients with multivessel disease is attributable to

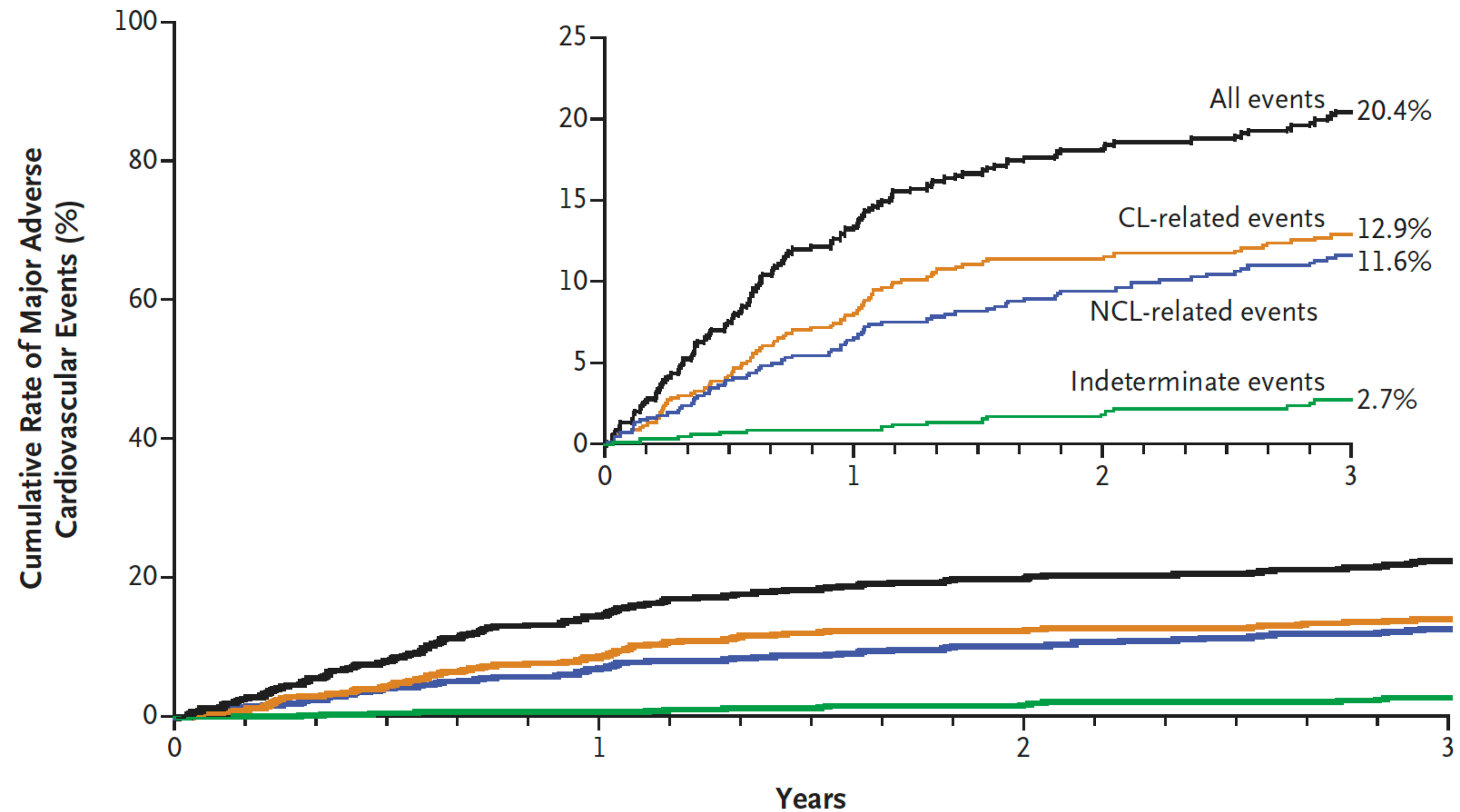


Increased disease burden



Lesions that were left untreated

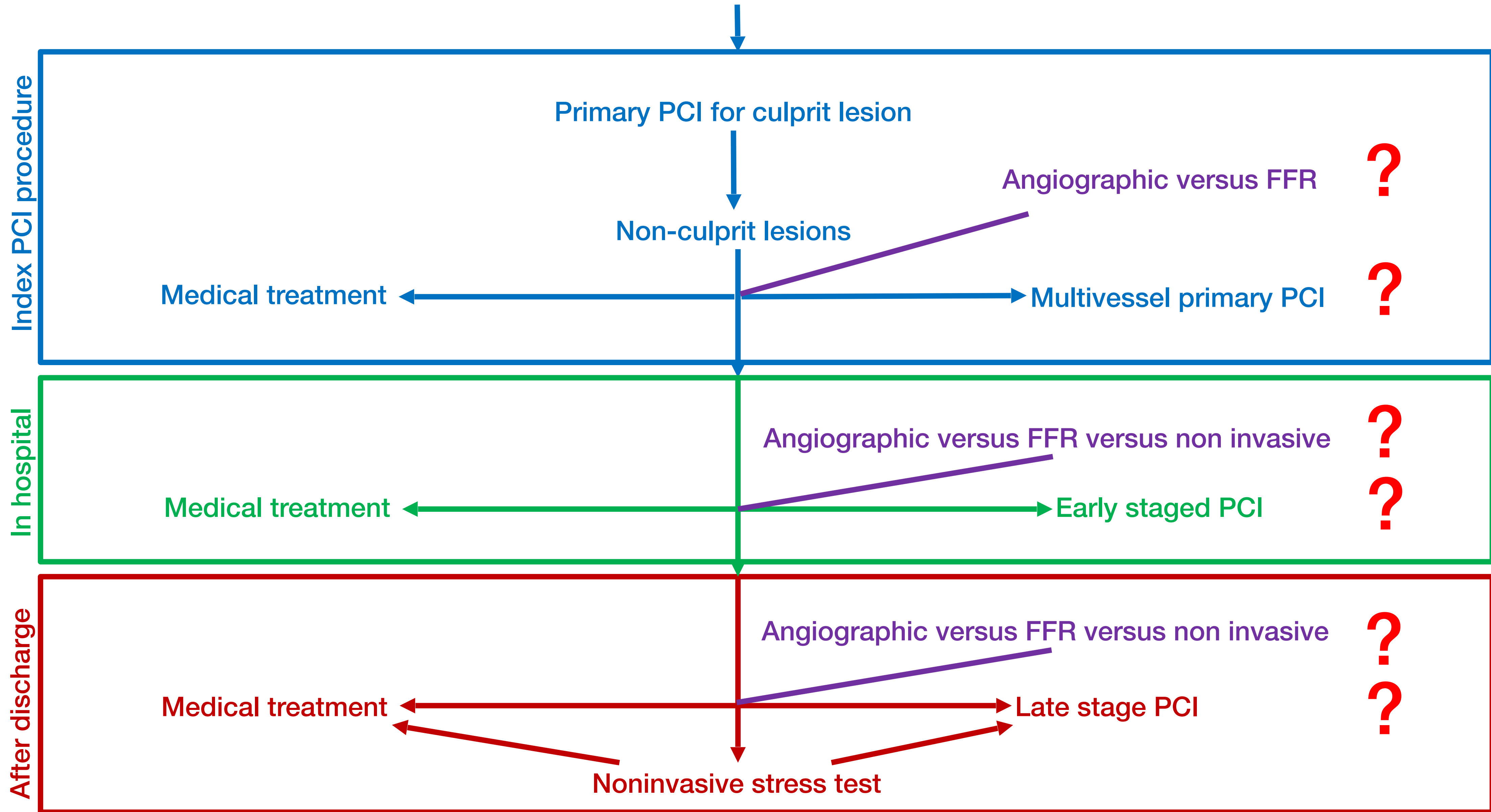
Non-culprit lesions



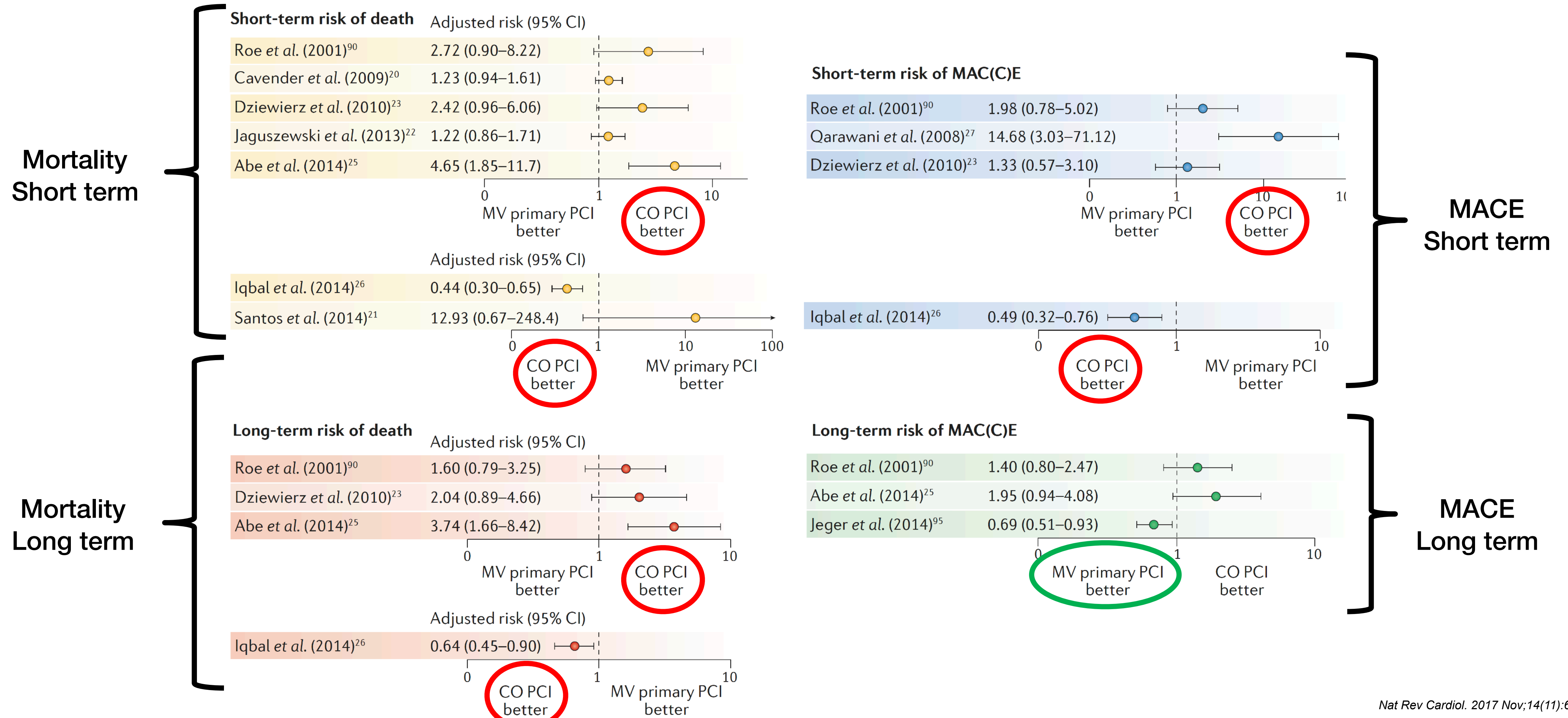
No. at Risk

All patients	697	557	506	480
Patients with CL-related events	697	590	543	518
Patients with NCL-related events	697	595	553	521
Patients with indeterminate events	697	634	604	583

Patients with stable STEMI & multivessel disease

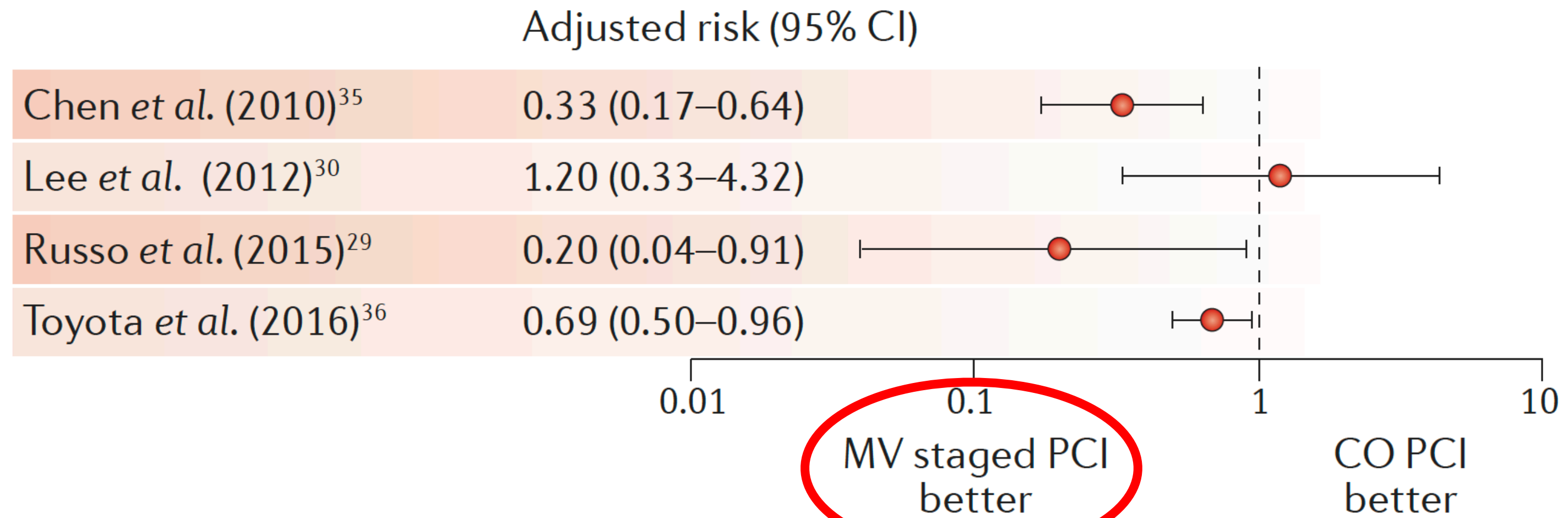


Observational studies on culprit vessel-only PCI versus multivessel primary PCI



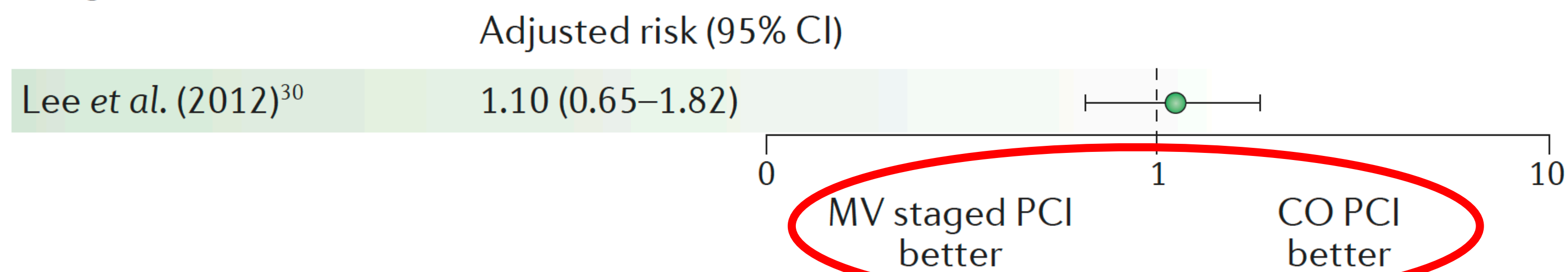
Observational studies on culprit vessel-only PCI versus staged multivessel PCI

Long-term risk of death



Mortality
Long term

Long-term risk of MACE



MACE
Long term

Difference between RCTs

PRAMI, Compare-Acute, DANAMI- 3–PRIMULTI and CVLPRIT

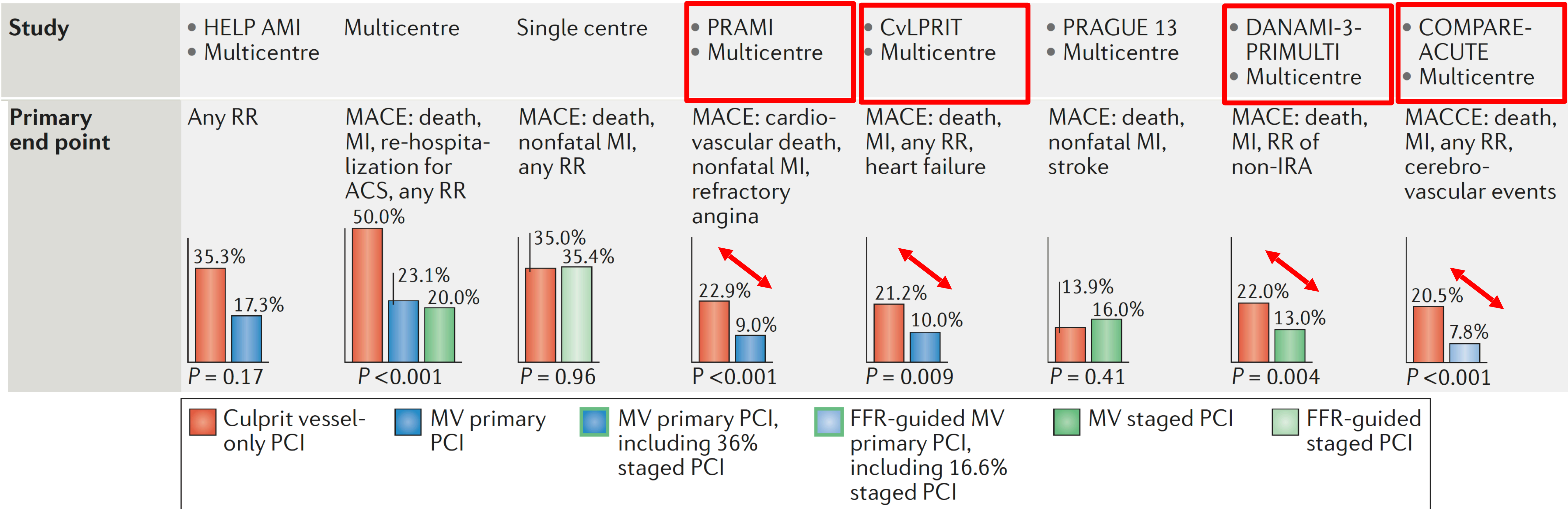
Timing

- during the index procedure (PRAMI and Compare-Acute)
- during hospital admission (DANAMI- 3–PRIMULTI)
- any time before discharge (immediate or staged) (CVLPRIT).

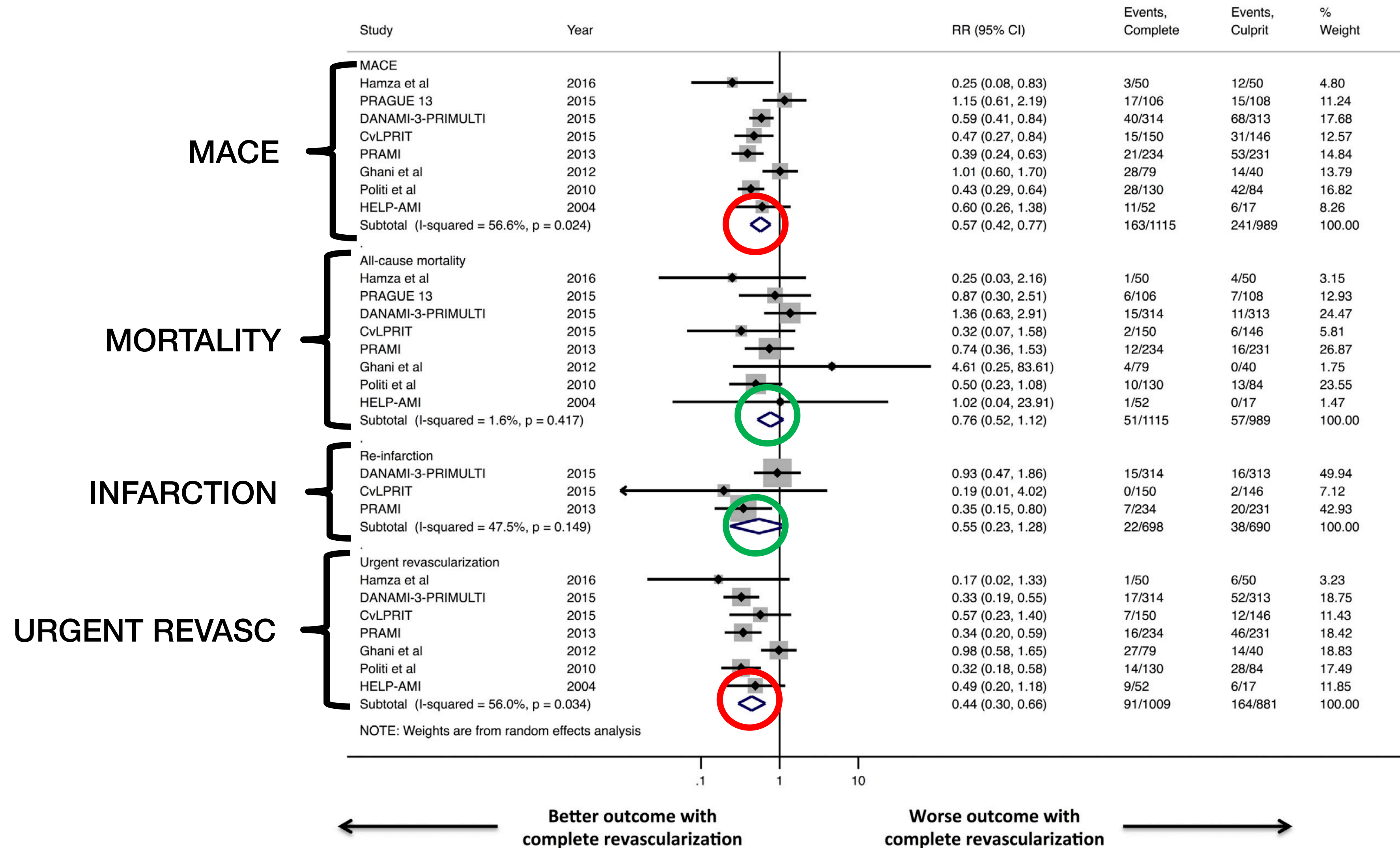
Indication

- angiography-guided in lesions with >50% stenosis (PRAMI)
- angiography-guided in lesions with >70% stenosis (CVLPRIT)
- FFR-guided (DANAMI-3–PRIMULTI and Compare-Acute)

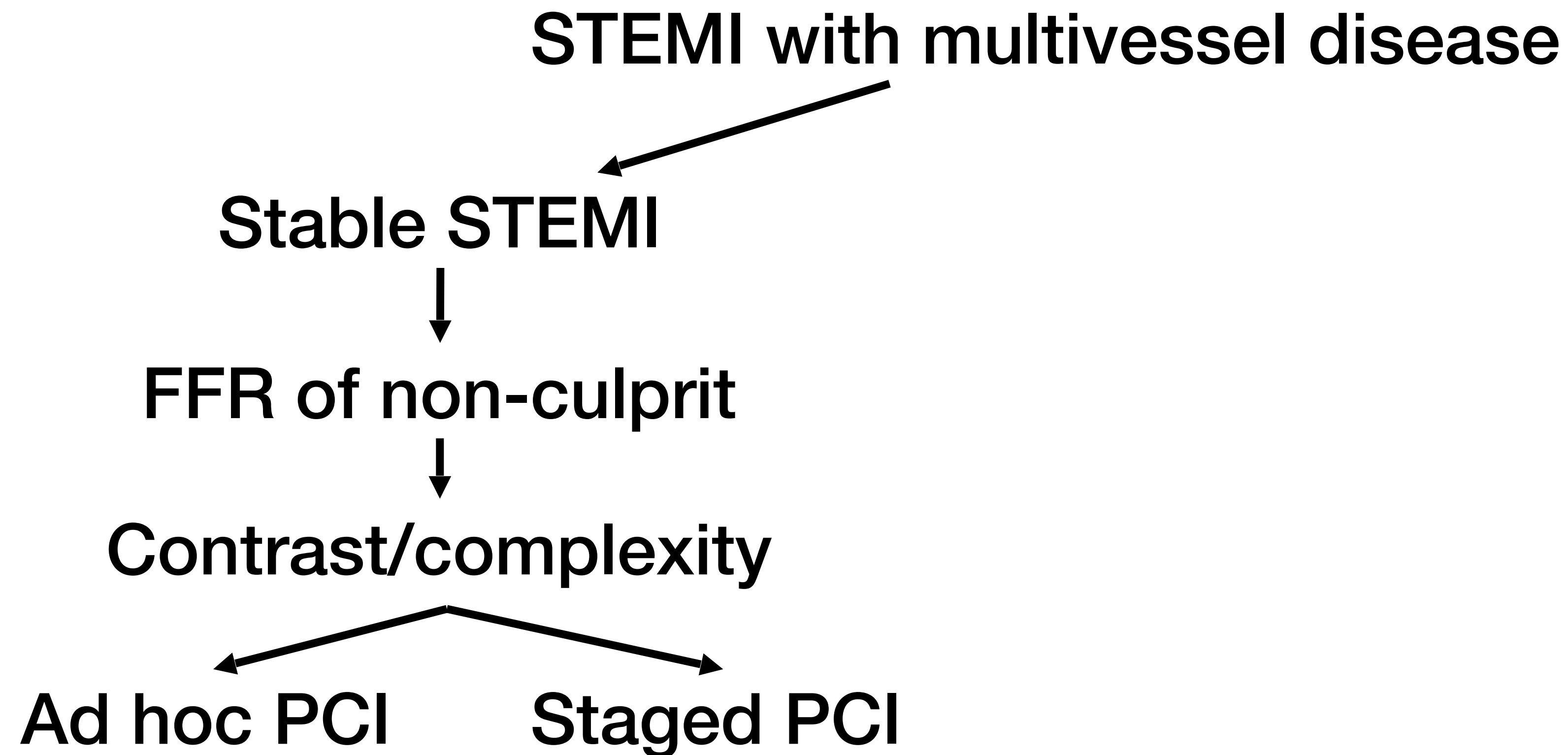
Randomized controlled trials on culprit vessel-only PCI versus multivessel PCI



Pairwise and Network Meta-Analysis of Randomized Trials



Hemodynamic in the cath lab

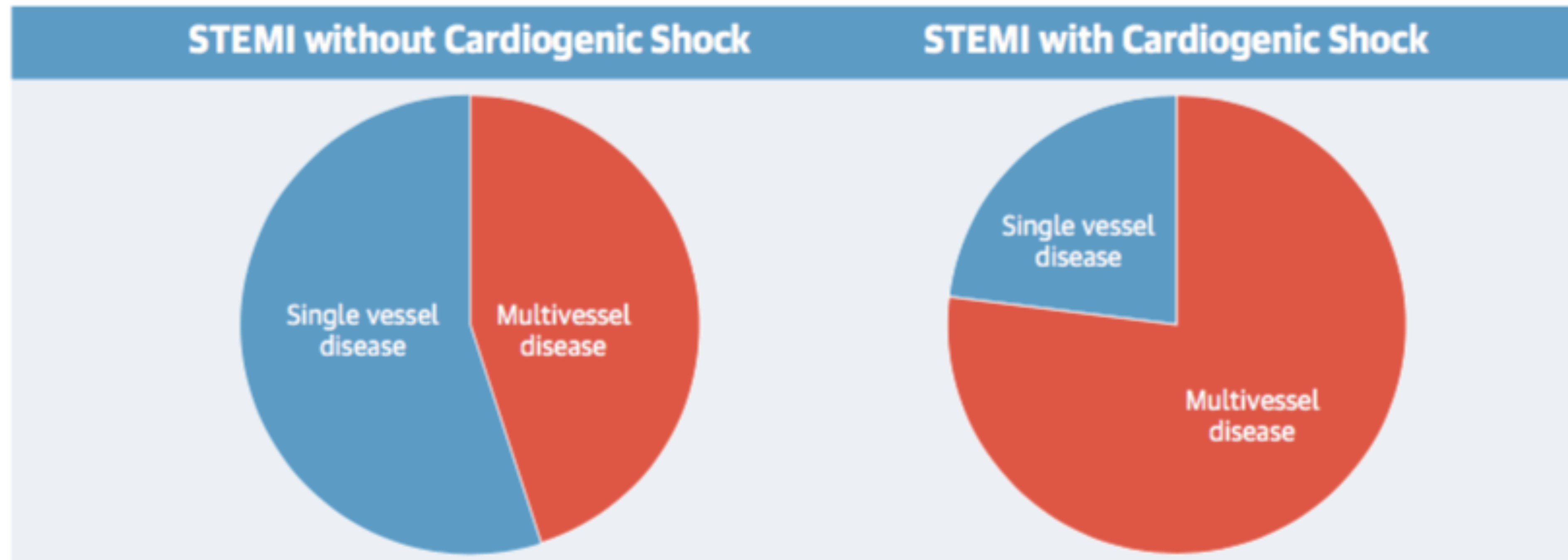


Revascularization of non-culprit IIaA

Background

STEMI with...

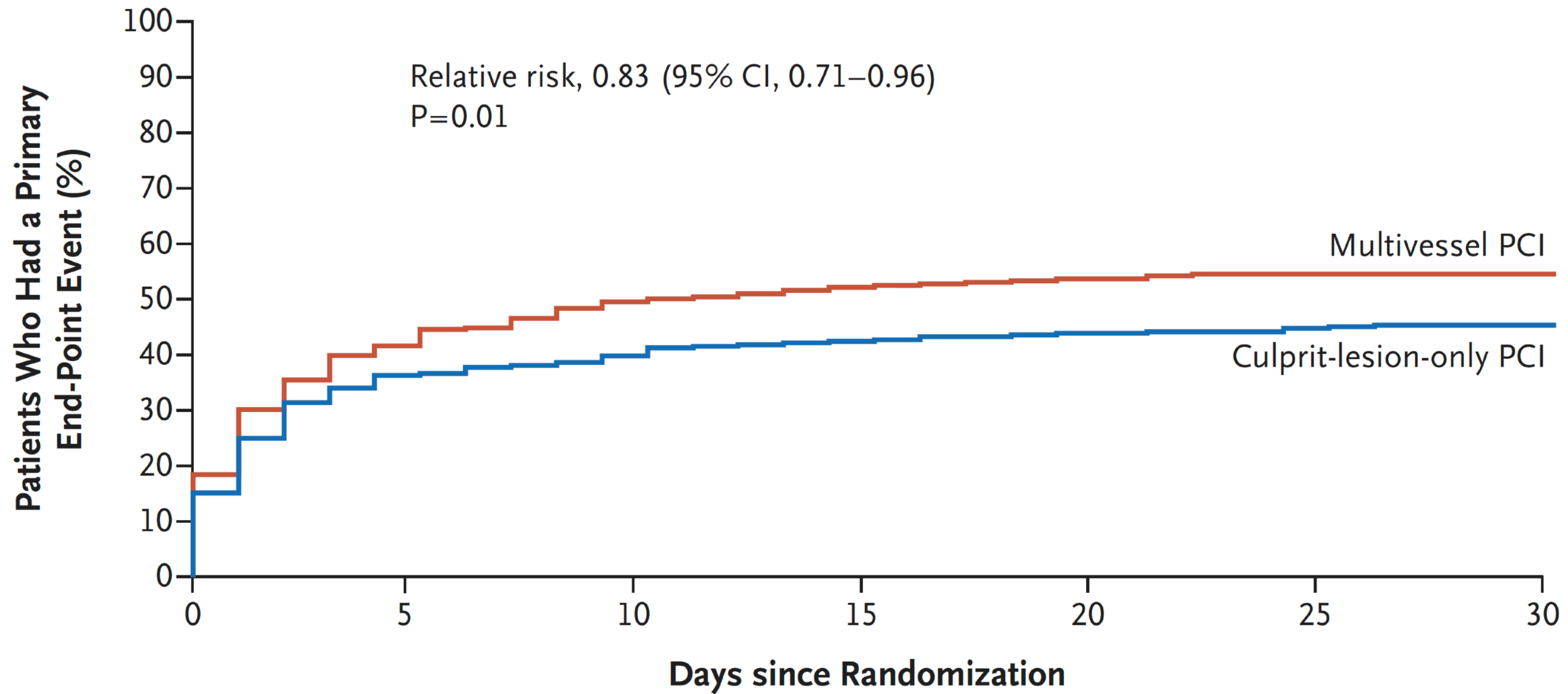
- Non culprit significant stenosis : 50%
- Cardiogenic shock : 5-10%
- But....



Results of Culprit -Shock



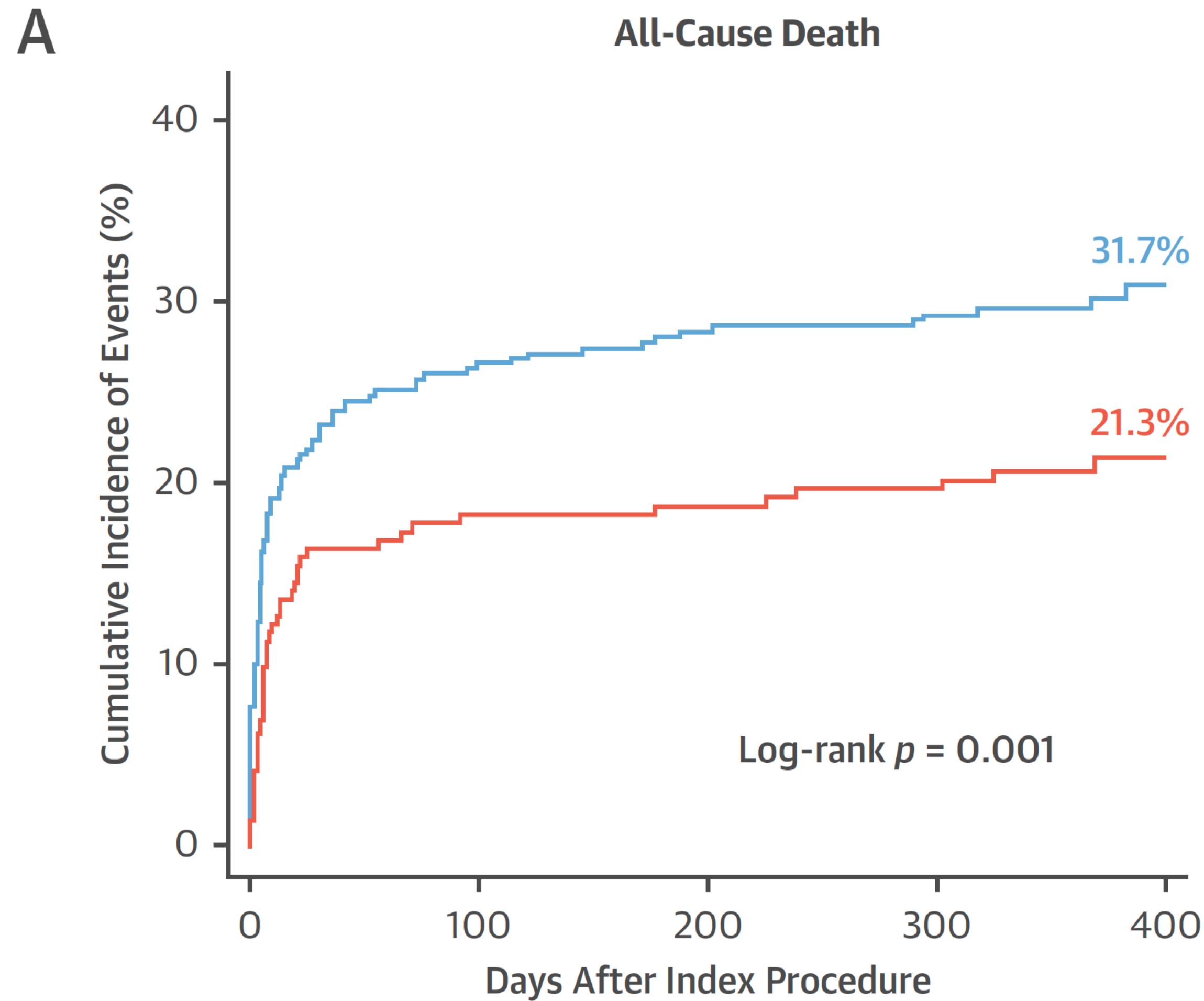
A Composite Primary End Point



No. at Risk

Multivessel PCI	341	199	172	162	156	153	152
Culprit-lesion-only PCI	344	219	207	198	192	189	184

Results of KAMIR Registry



■ Number at risk

IRA-only	399	286	277	267	47
Multivessel	260	213	207	203	37

— IRA-Only PCI — Multivessel PCI

Different population

Age : 70 y

Resuscitation before randomization : 50%

Anterior MI : 53 %

3 VD : 63 %

70% stenoses



Age : 66 y

Resuscitation before randomization : 35%

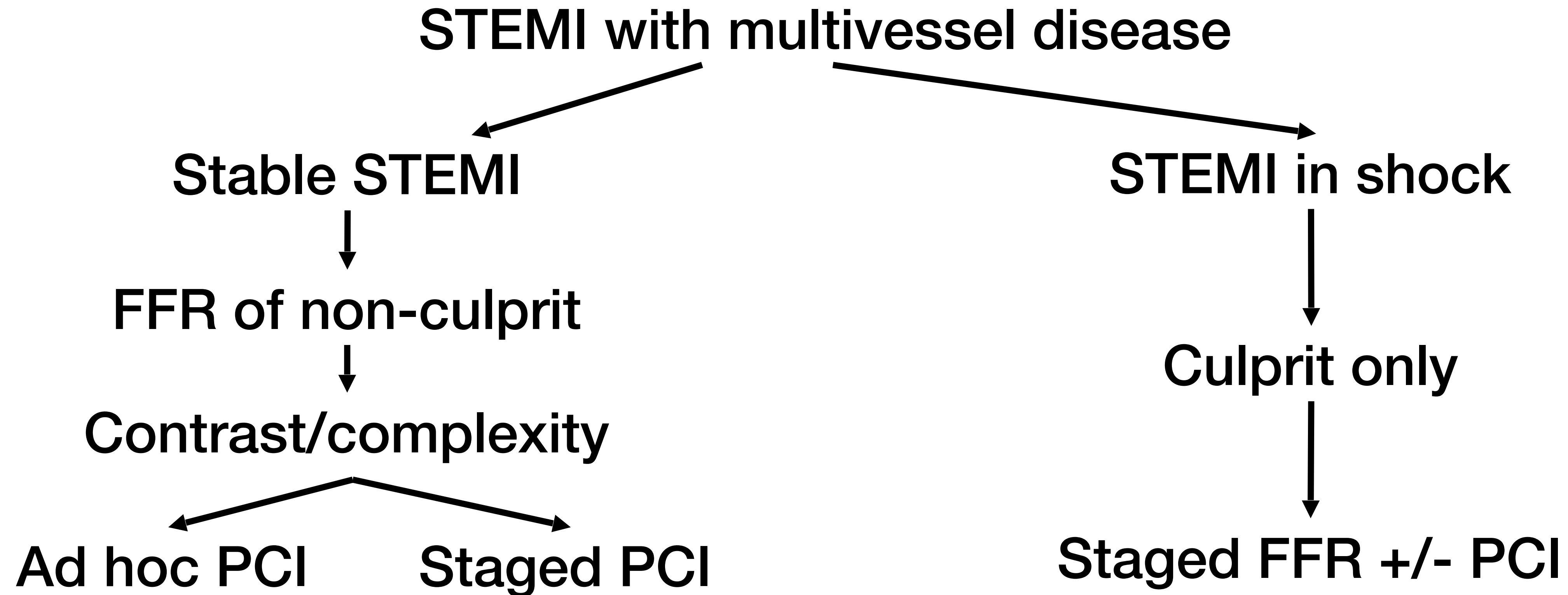
Anterior MI : 35 %

3 VD : 33%

50 % stenoses



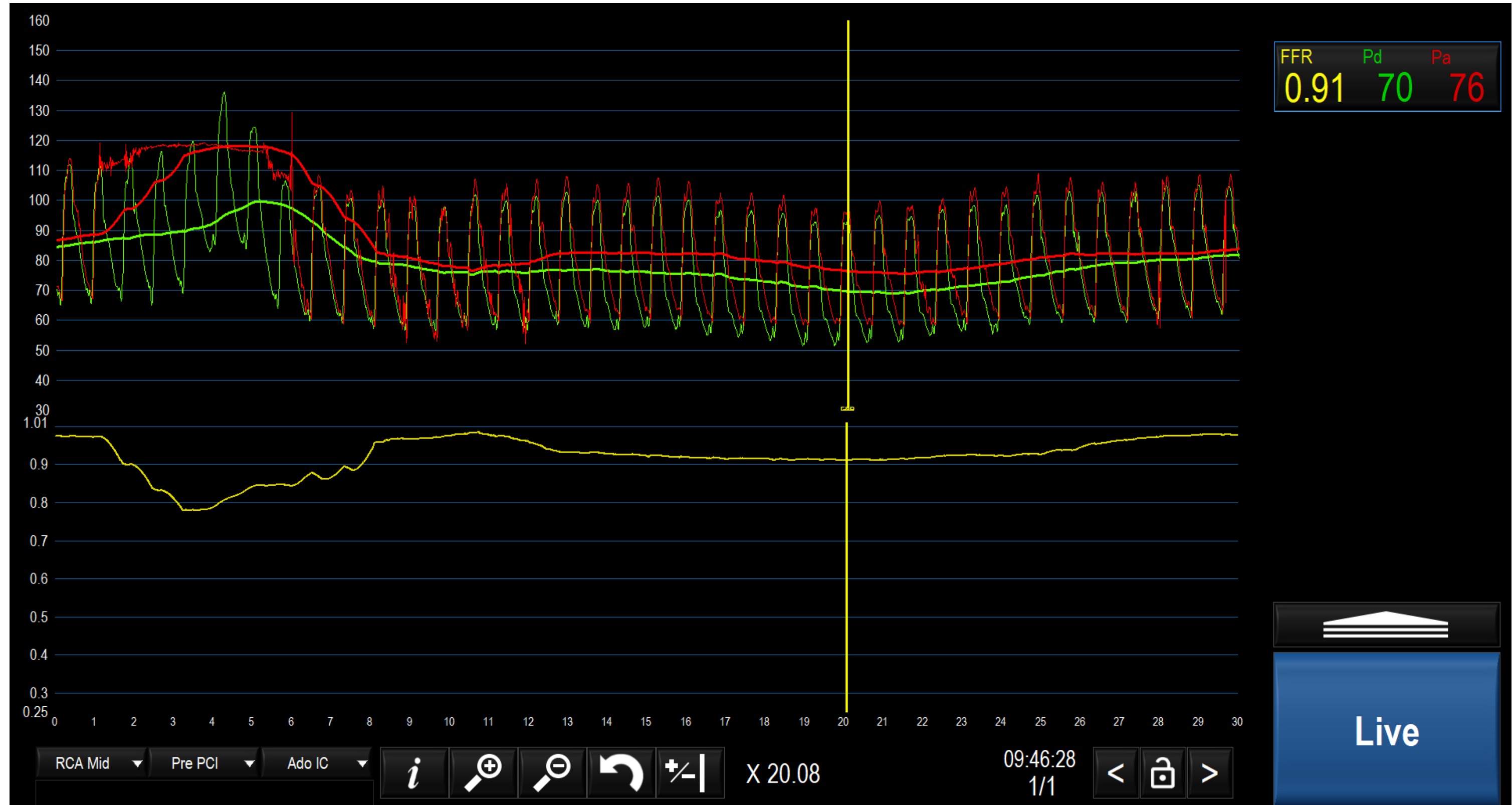
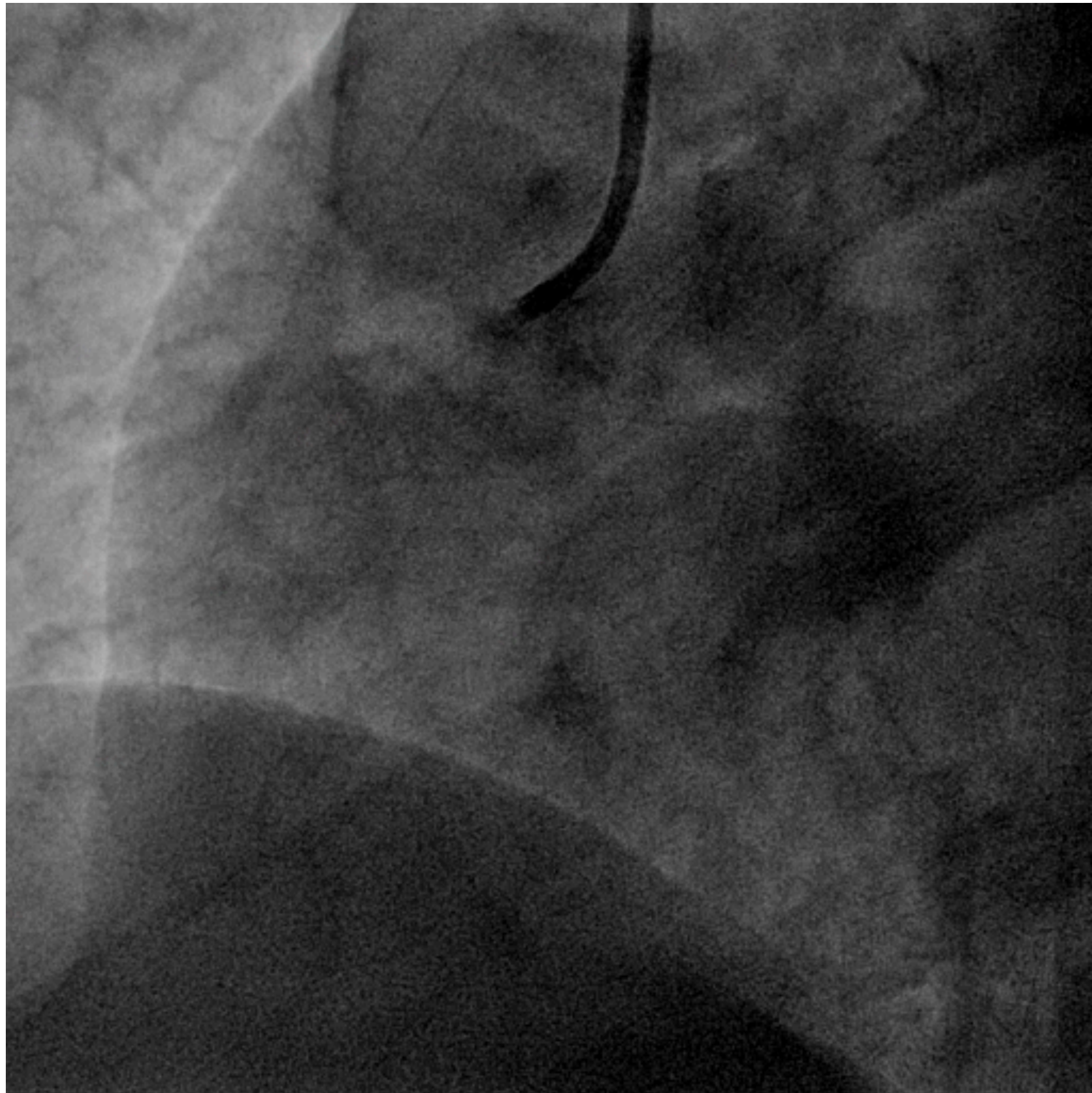
Hemodynamic in the cath lab



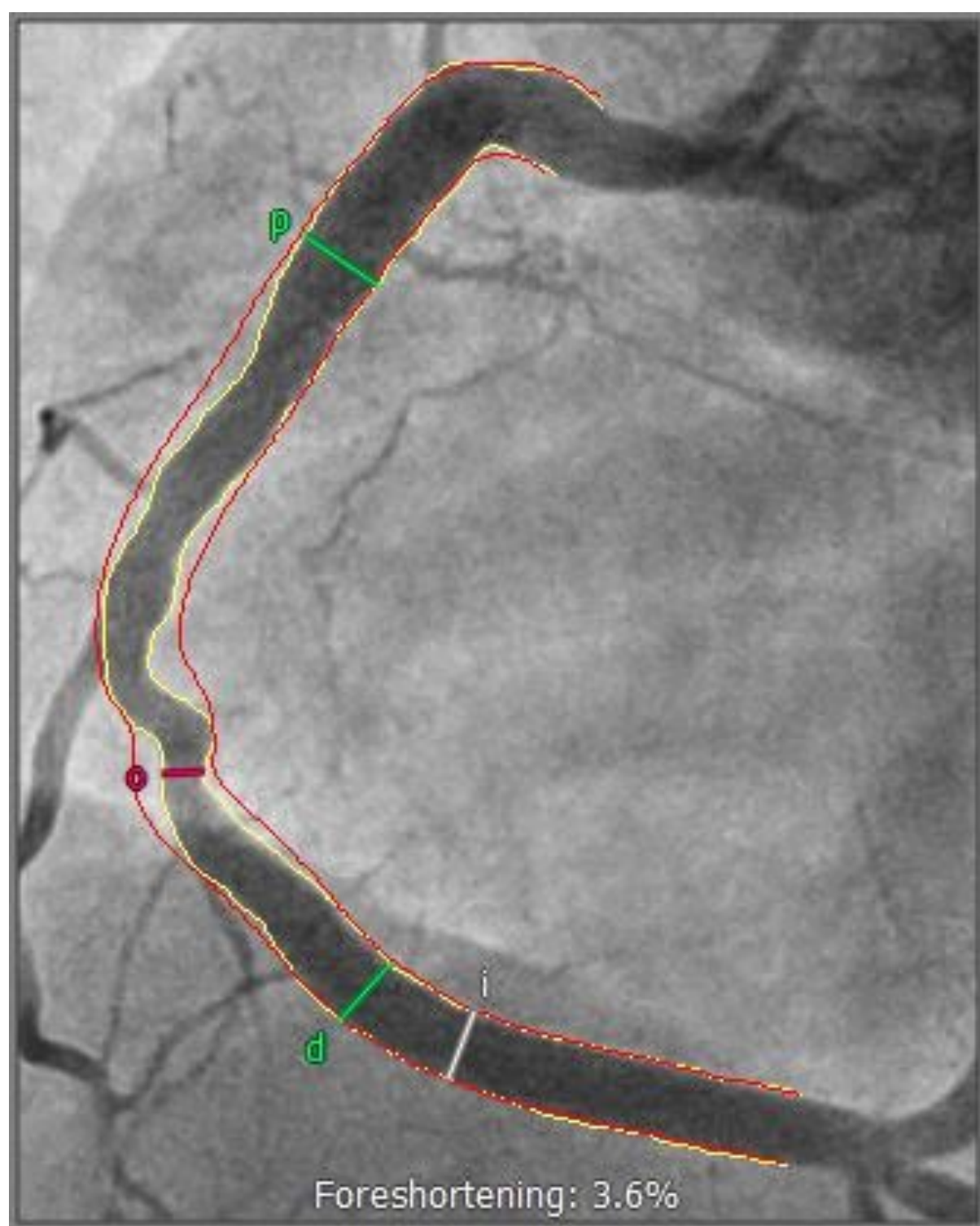
Revascularization of non-culprit IIaA

Revascularization of non-culprit IIb

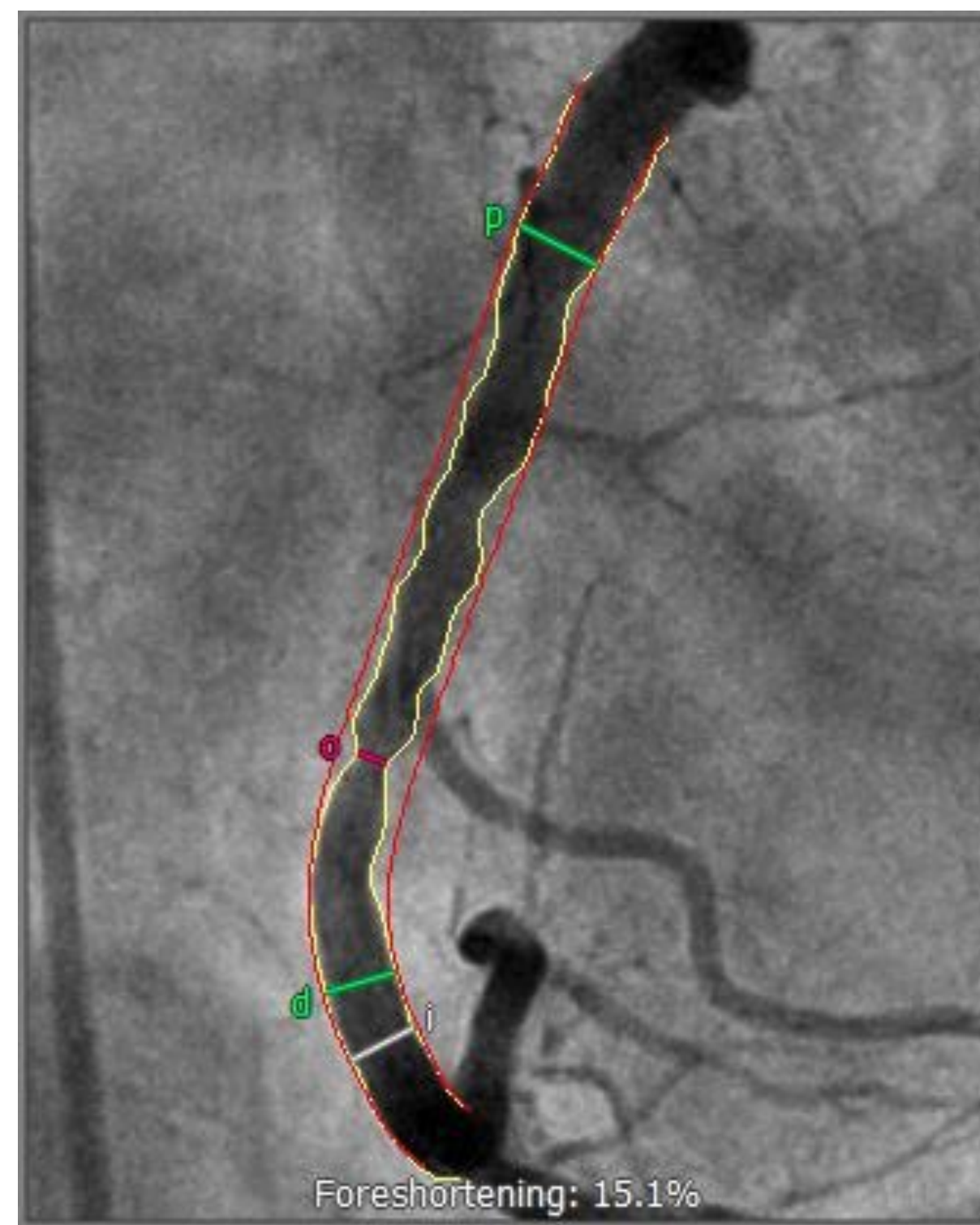
Non-culprit FFR assessment



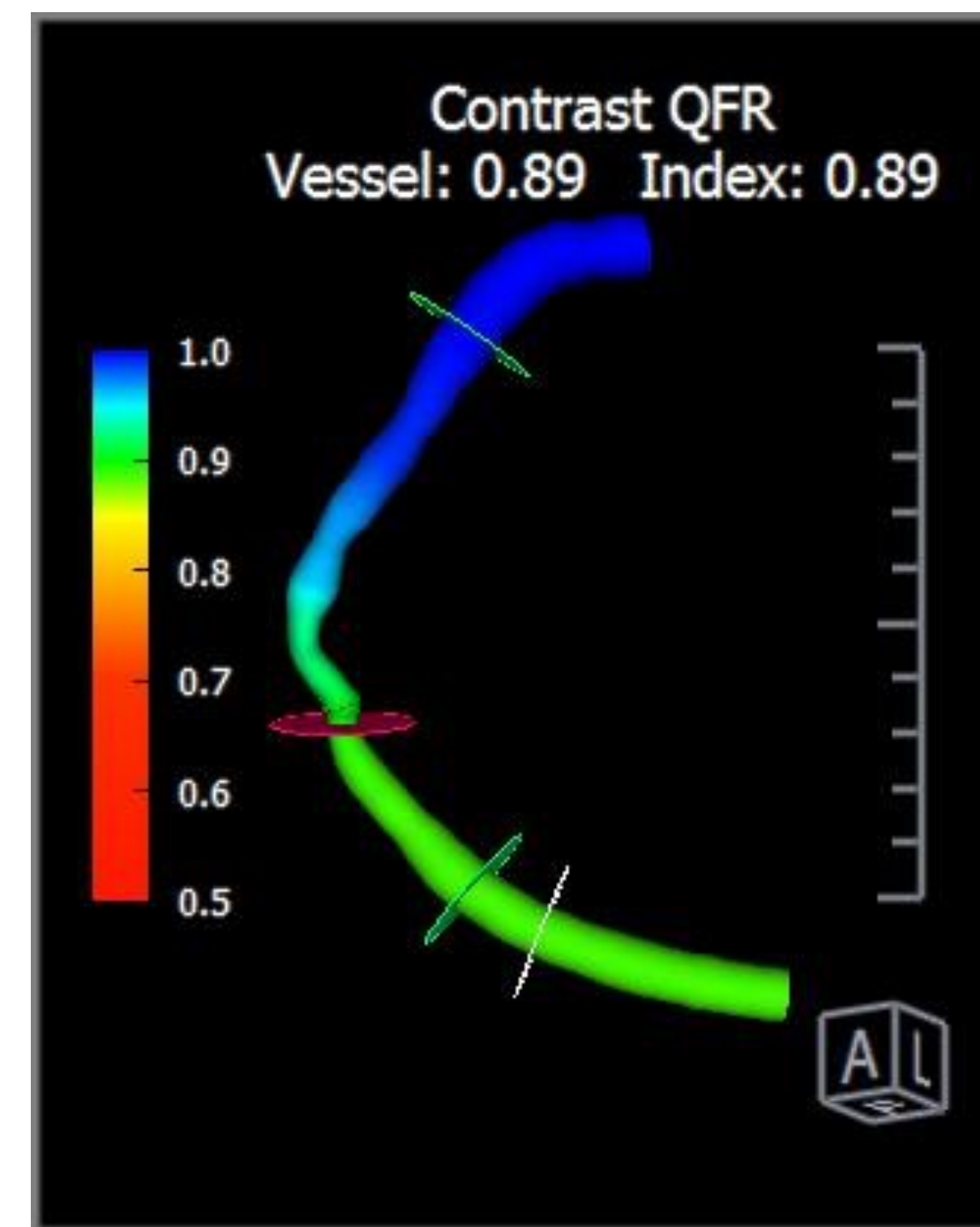
Non-culprit QFR assessment



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Votations SCA

Je ne traite que la lesion coupable (choc ++)

Et la non-coupable quand j'ai envie