Le Tronc Trifurqué

Thierry Lefèvre et l'équipe de l'ICPS

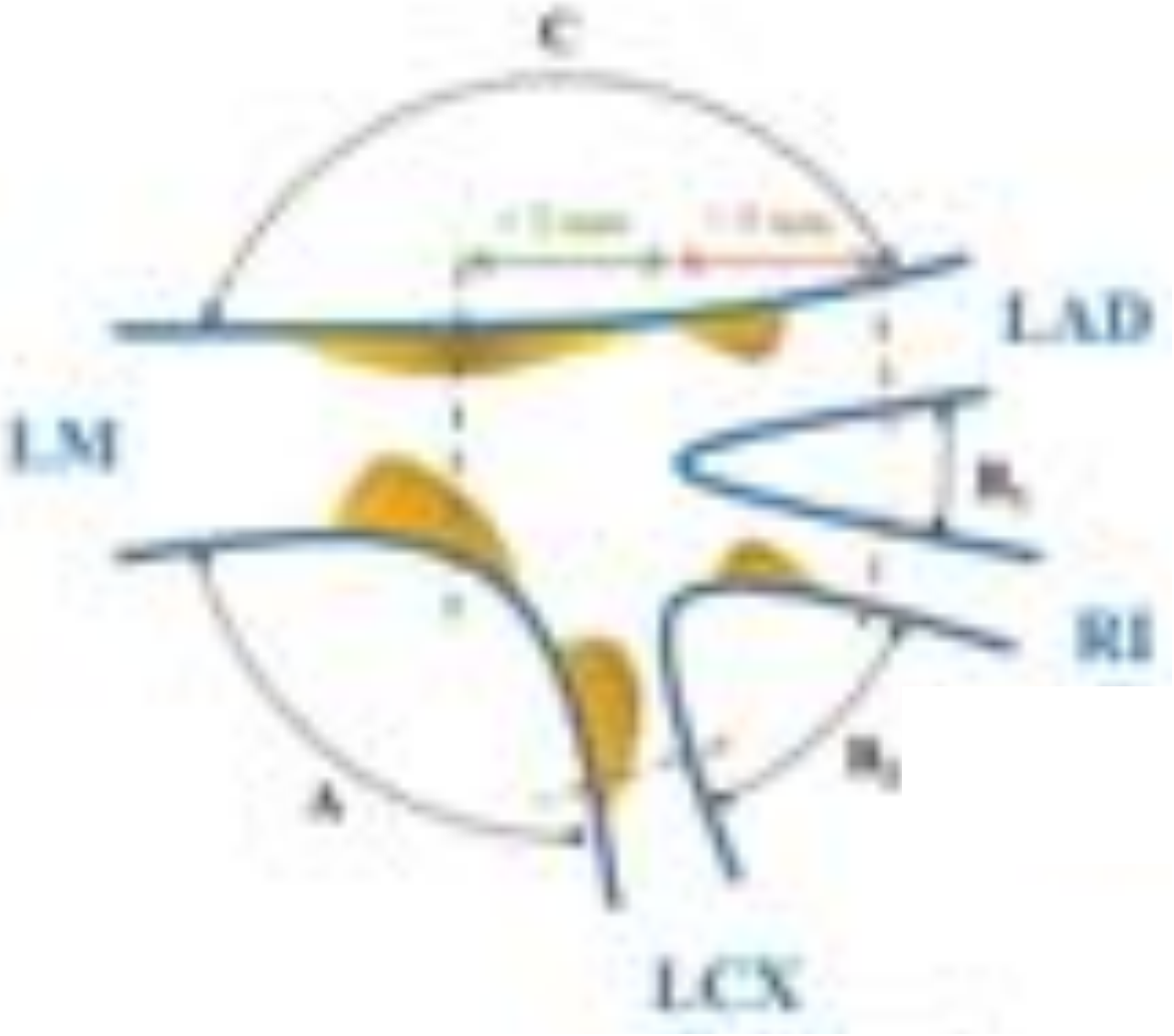
INSTITUT CARDIOVASCULAIRE PARIS SUD

Tronc commun Trifurqué : Anatomie

- 10 a 15% des lésions du tronc commun
- Tronc plus long (9.8± 4.3 vs. 6.4±3.0 mm; P =0.003)
- Angle B plus étroit avec 2 carènes (plus de risque de rhéologie défavorable après stents (Plus haut risque de resténose)

Morphologie. 2019;103:17–23

Tronc commun Trifurqué : Anatomie



Loi de Finet

TC=0.577 (ref IVA+Cx+Ramus)

SYNTAX score

Plus élevé (28 vs. 34)

Kovacevic et al. Circ Cardiovasc Interv. 2021

Données de la littérature

Etudes	Année	N	Suivi (mois)	Décès cardiaque	IDM	TLR
Furichi	2008	15	19	0	0	20
Shammas	2009	52	10	2	15	32
Tamburino	2009	11	32	0	9	27
Sheiban	2009	27	28	15	4	19
Chen	2010	44	28	11	11	18
Lelasi	2014	84	47	1	7	24
Kubo	2014	72	36	9*	0	15
Medistra	2016	92	36	2	3	17
Gil	2019	67	60	2	3	15
EXCEL	2019	61	36	0	5	10

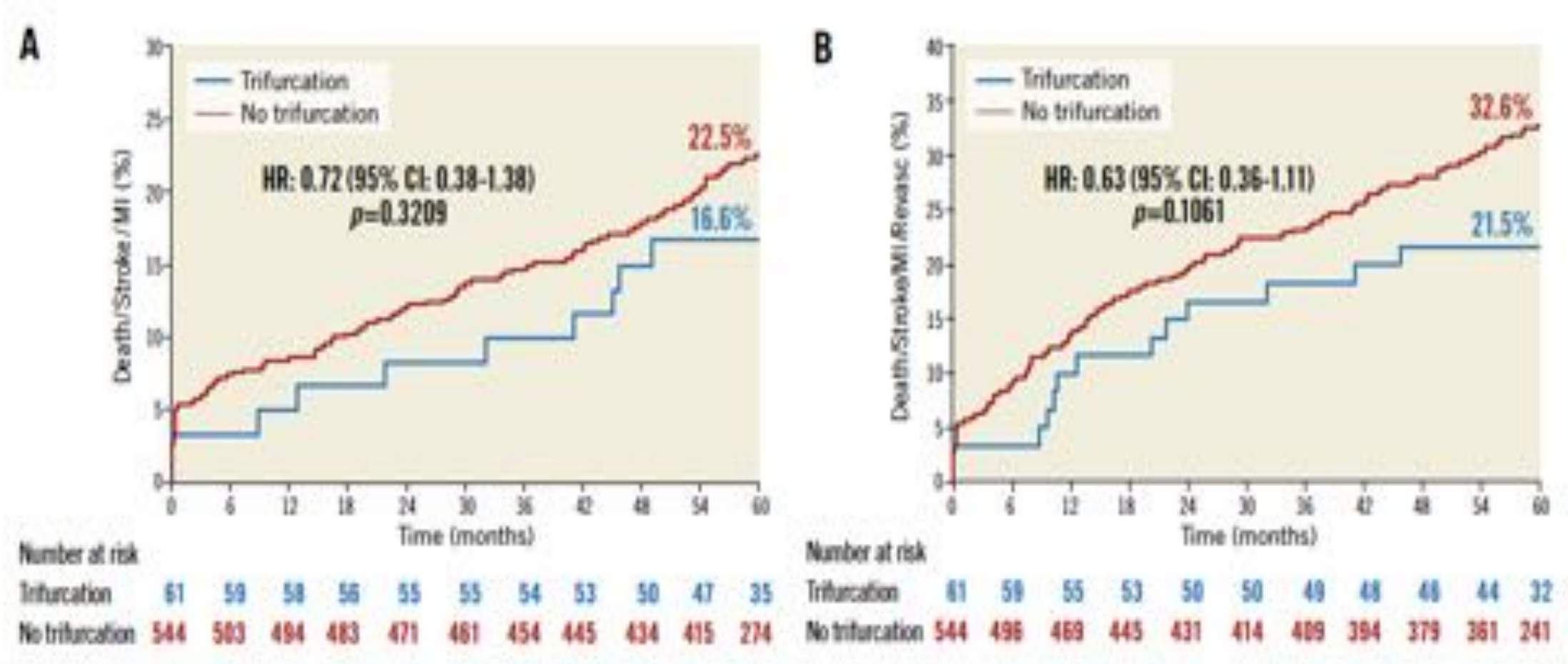
**Décès toutes cause*

Impact de l'anatomie

Plus de MACCE dans les vraies trifurcations (0,111 ou 1111)

MACCE à 28 mois x 4,5 (P=0.029)	Sheiban et al.
MACCE à 36 mois x 3,4 (p=0.03)	Registre Medistra
MACE à 48 mois x 2.8 (P=0.025)	Milan-New Tokyo registry

Excel



Kandzari et al, EuroIntervention 2020;16:e982-e988

Excel: Prédiction des évènements

Endpoint/variable	Adjusted hazard ratio (95% confidence interval)	p-value
Death, myocardial infarction, or stroke		
Trifurcation versus bifurcation only	0.56 (0.25-1.27)	0.17
Age (per year)	1.06 (1.03-1.10)	0.0001
LVEF (%)	0.96 (0.94-0.99)	0.001
Death, myocardial infarction, stroke, or ISR		
Trifurcation versus bifurcation only	0.46 (0.23-0.95)	0.04
Age (per year)	1.04 (1.02-1.07)	0.002
Ostial LCX >50% stenosis	1.01 (1.00-1.01)	0.03
LVEF (%)	0.97 (0.95-0.99)	0.002
Recent MI (<7 days)	0.52 (0.29-0.93)	0.03
Baseline TIMI flow <3 in LCX or LAD	0.51 (0.29-0.88)	0.02

Kandzari et al, EuroIntervention 2020;16:e982-e988

Impact de la stratégie

Plus de MACCE en cas de stratégie a plusieurs stents

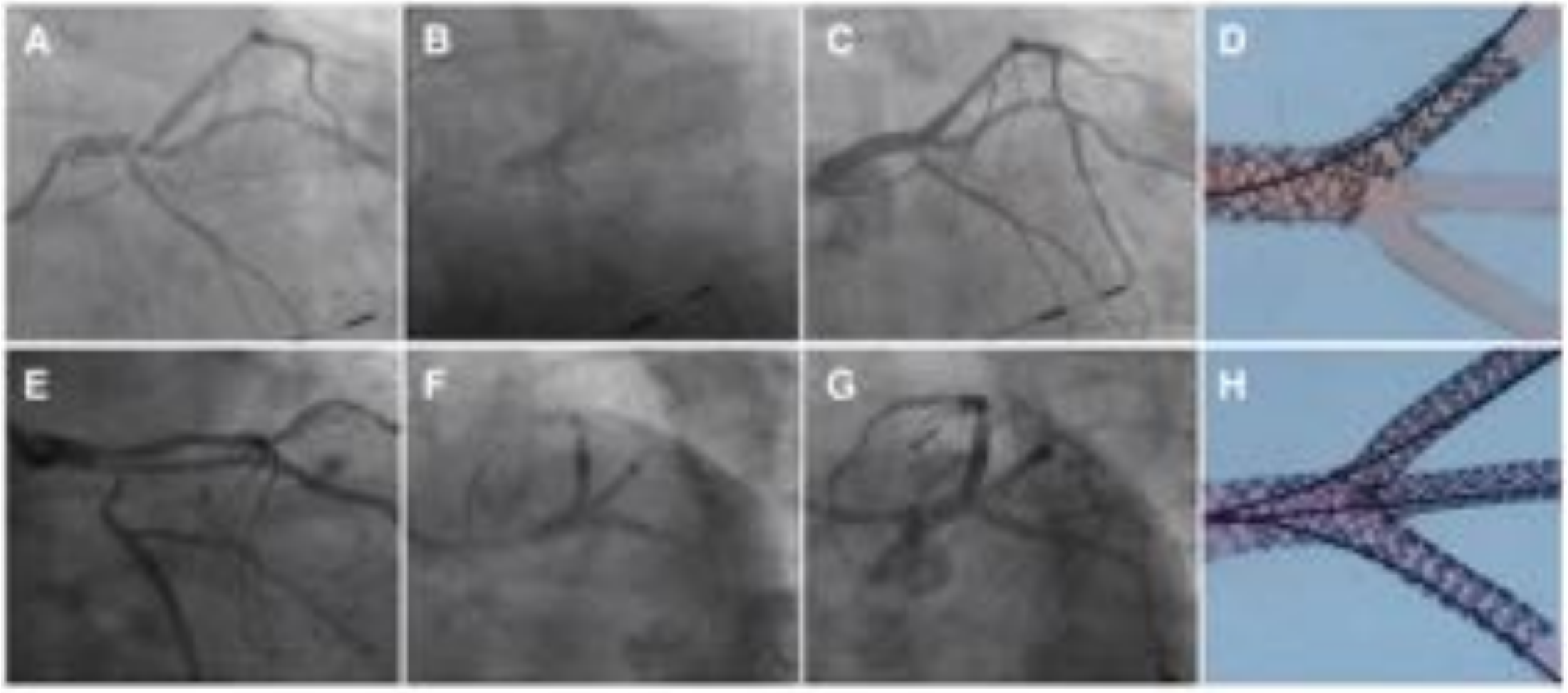
Essentiellement lié au taux de réintervention:

TLR 23.8 vs. 13.0%; P=0.004 (Chen et al)

TLR 31.3 vs. 4.6%; P=0.01 (Kubo et al)

Circulation. 2014;129:2388-2394

Impact de la stratégie



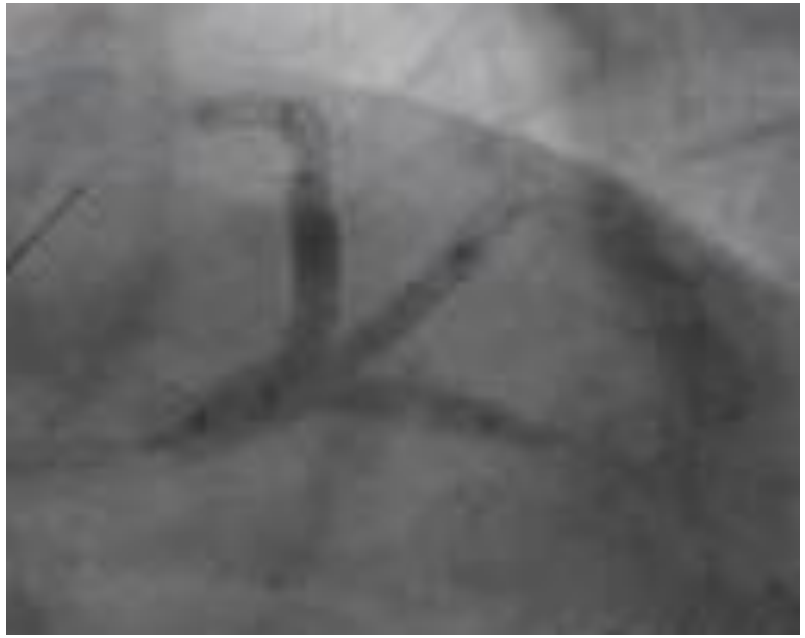
Kovacevic et al. Circ Cardiovasc Interv. 2021

Role du “Trissing"

TLR a 3 ans (Kubo et al.)

1 stent et Trissing 4.6%

Plusieurs stents et Trissing 31.3% (P=0.01).



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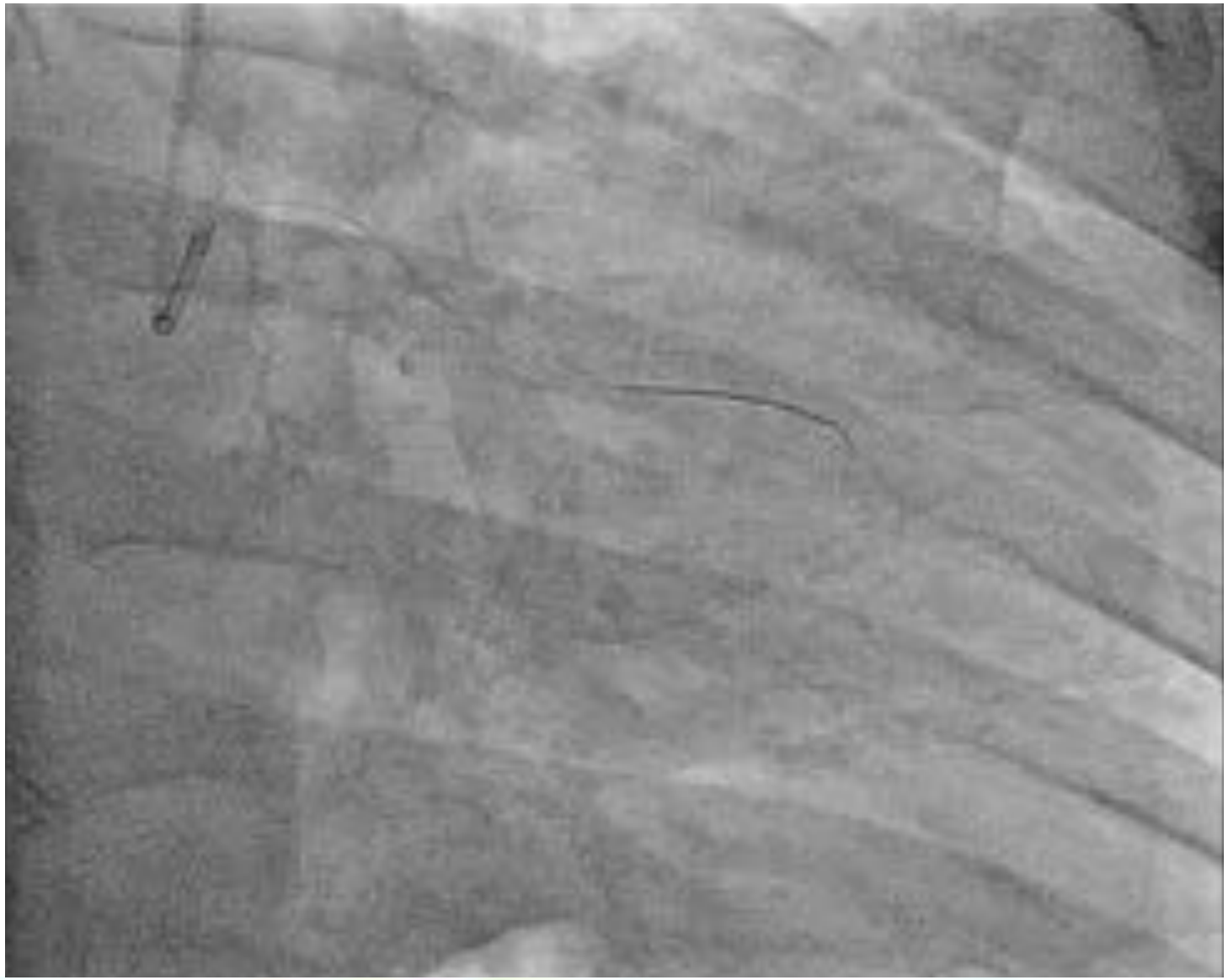

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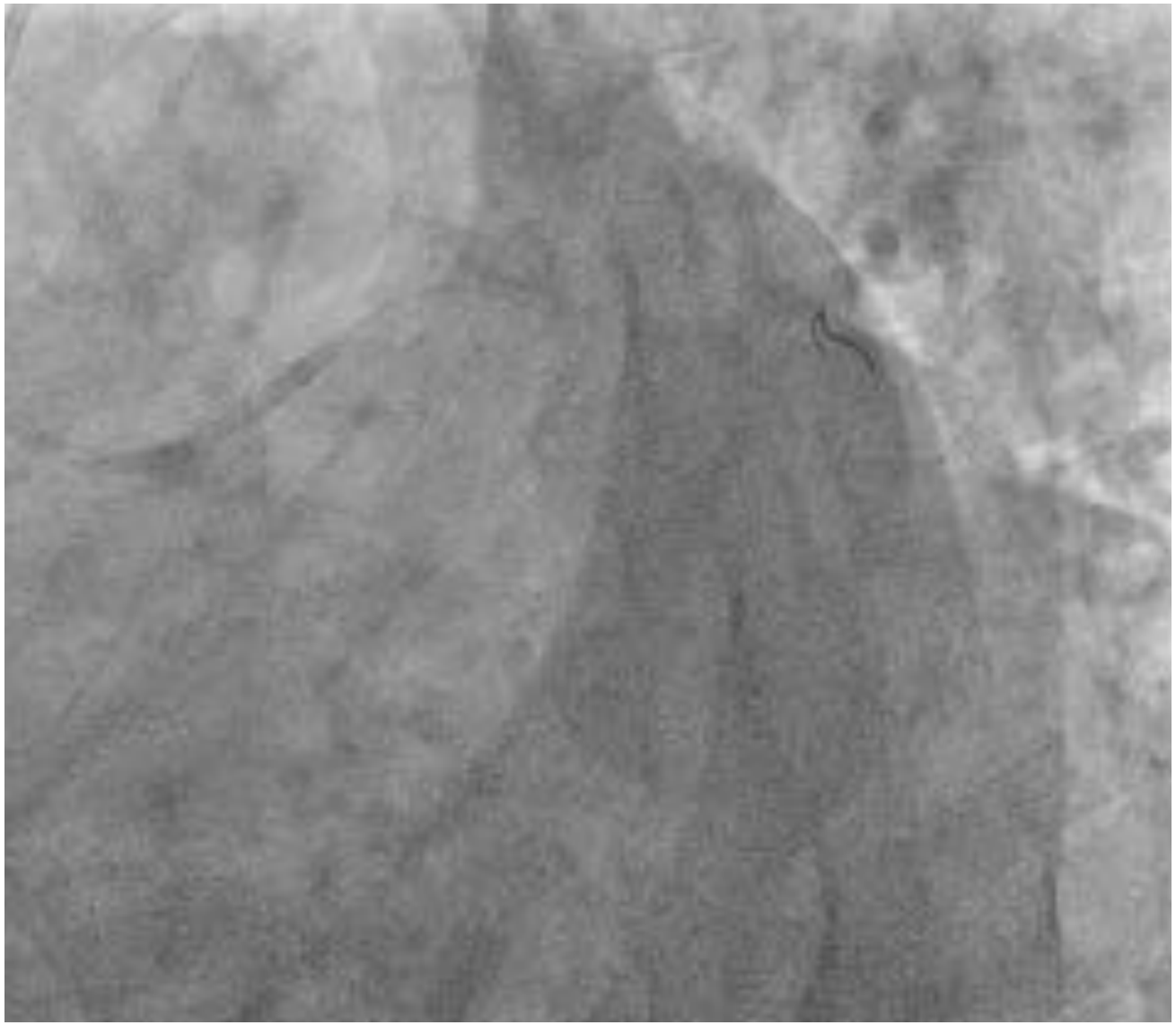

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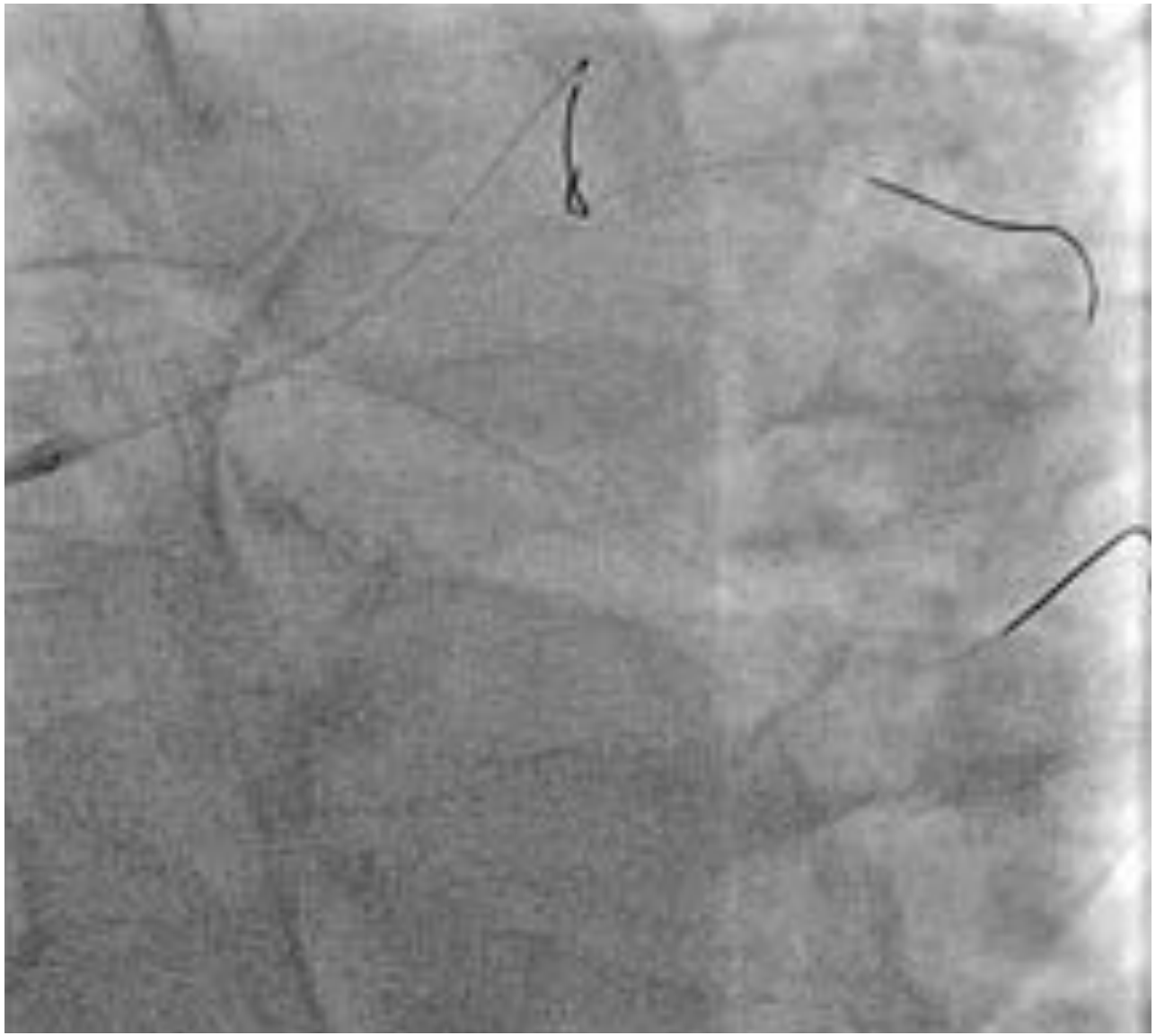

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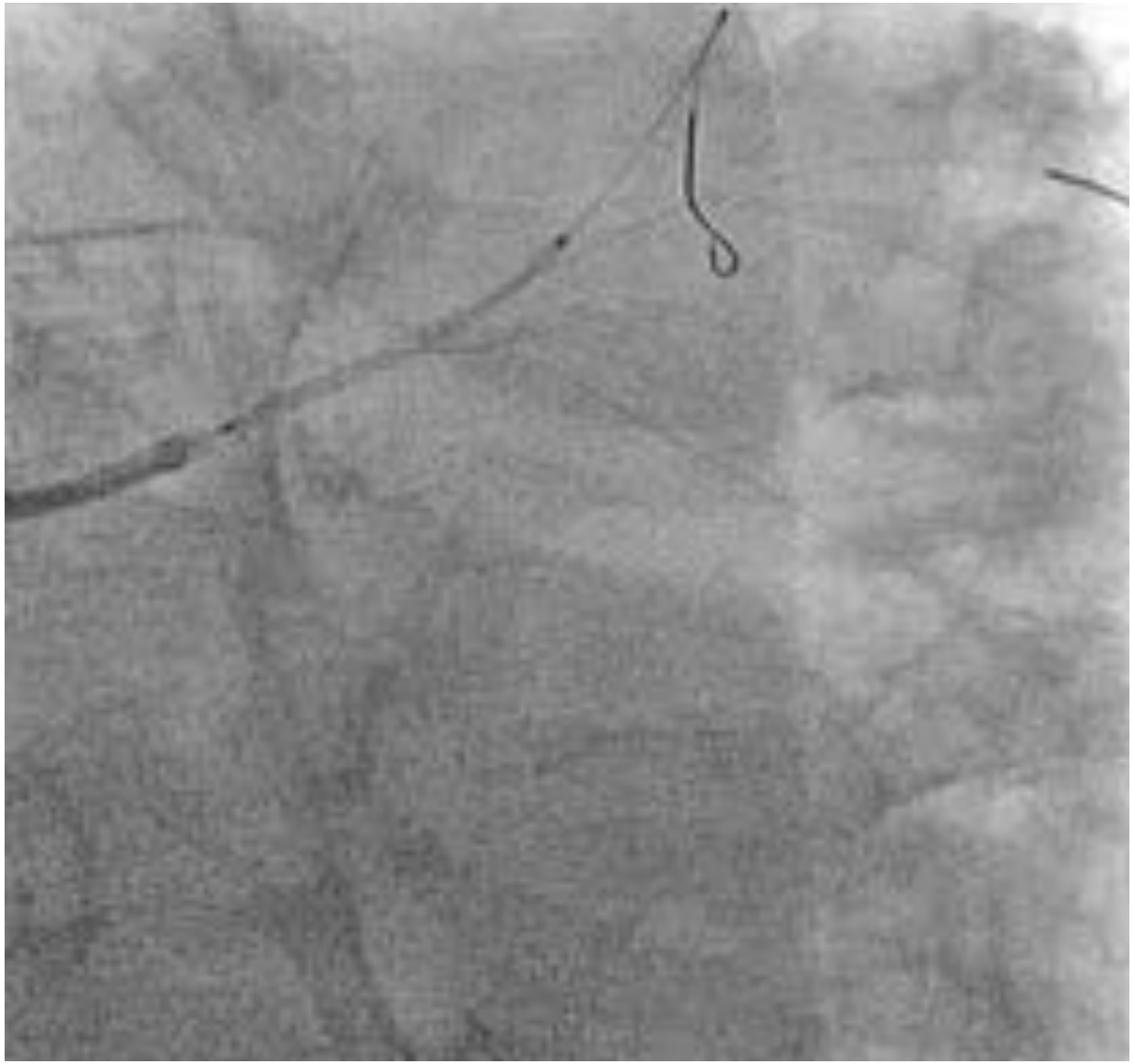

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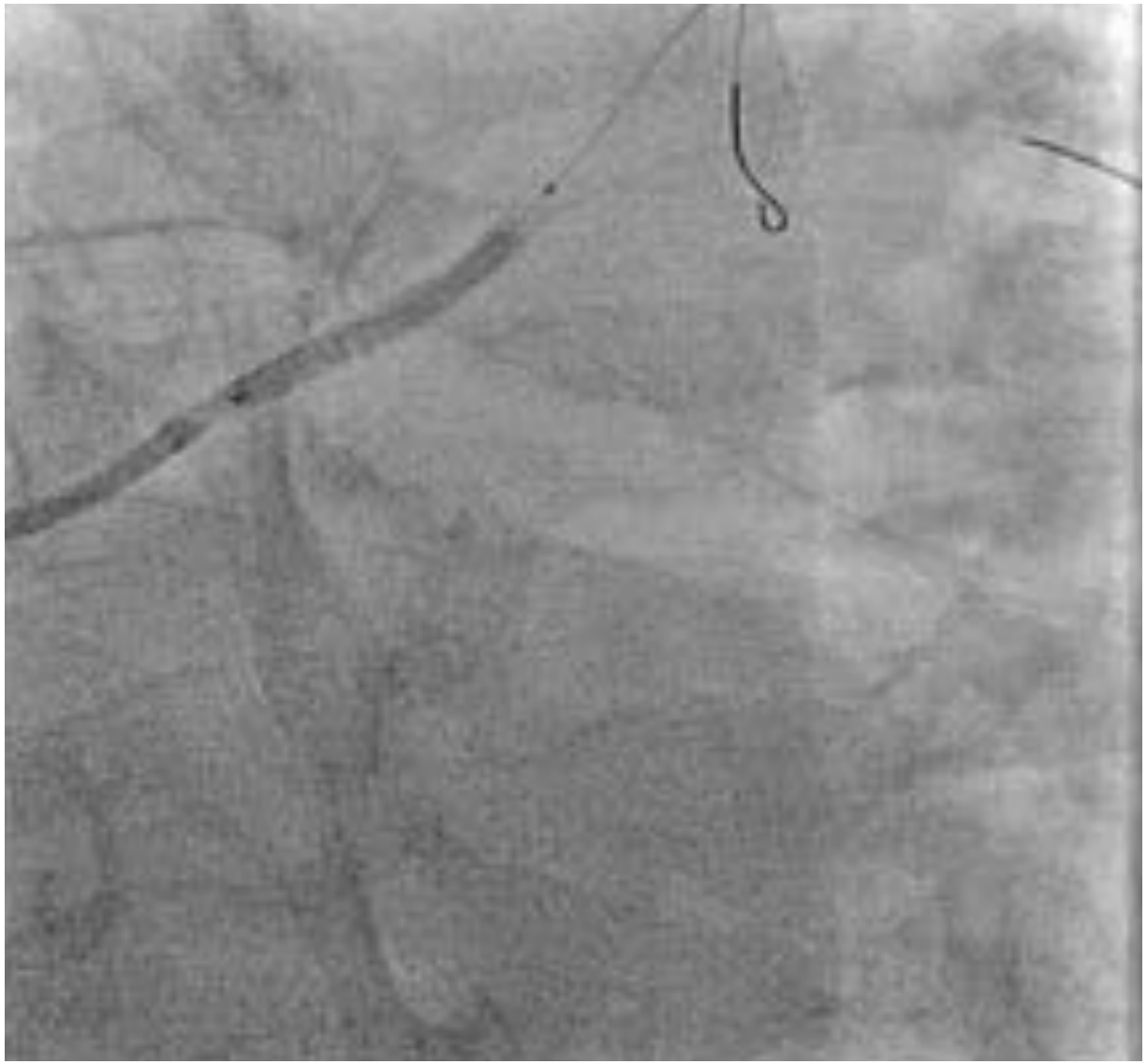

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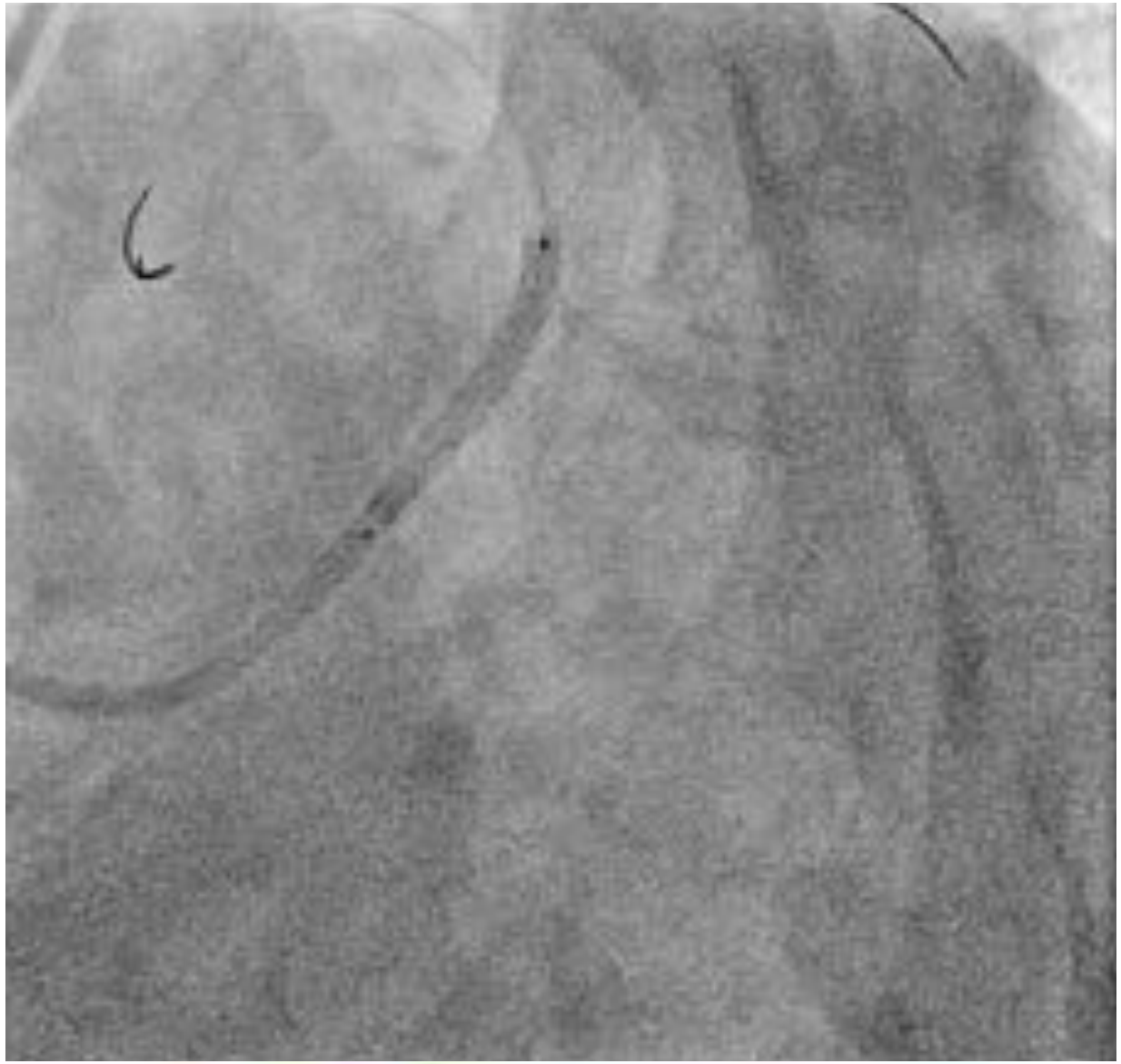

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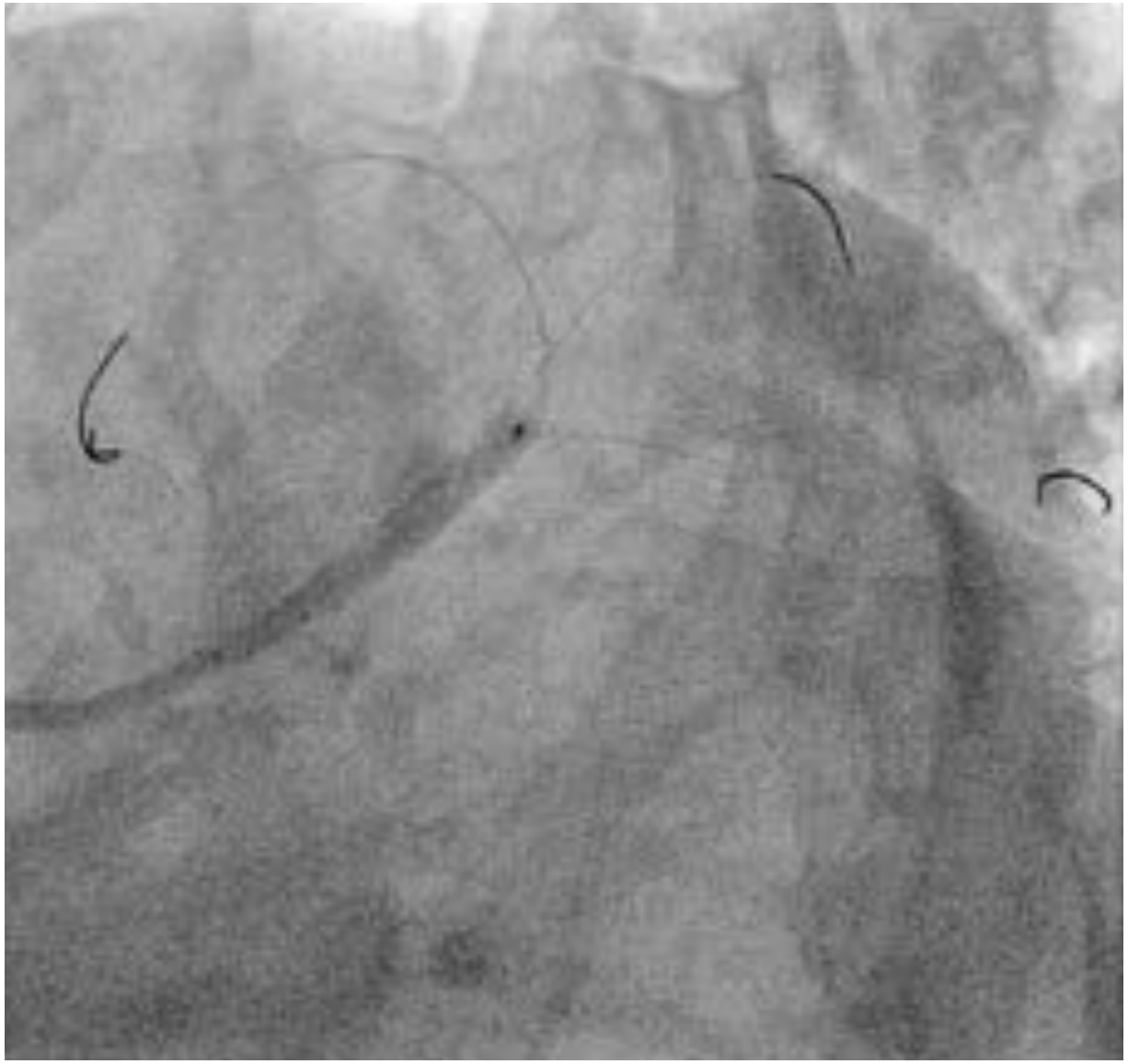

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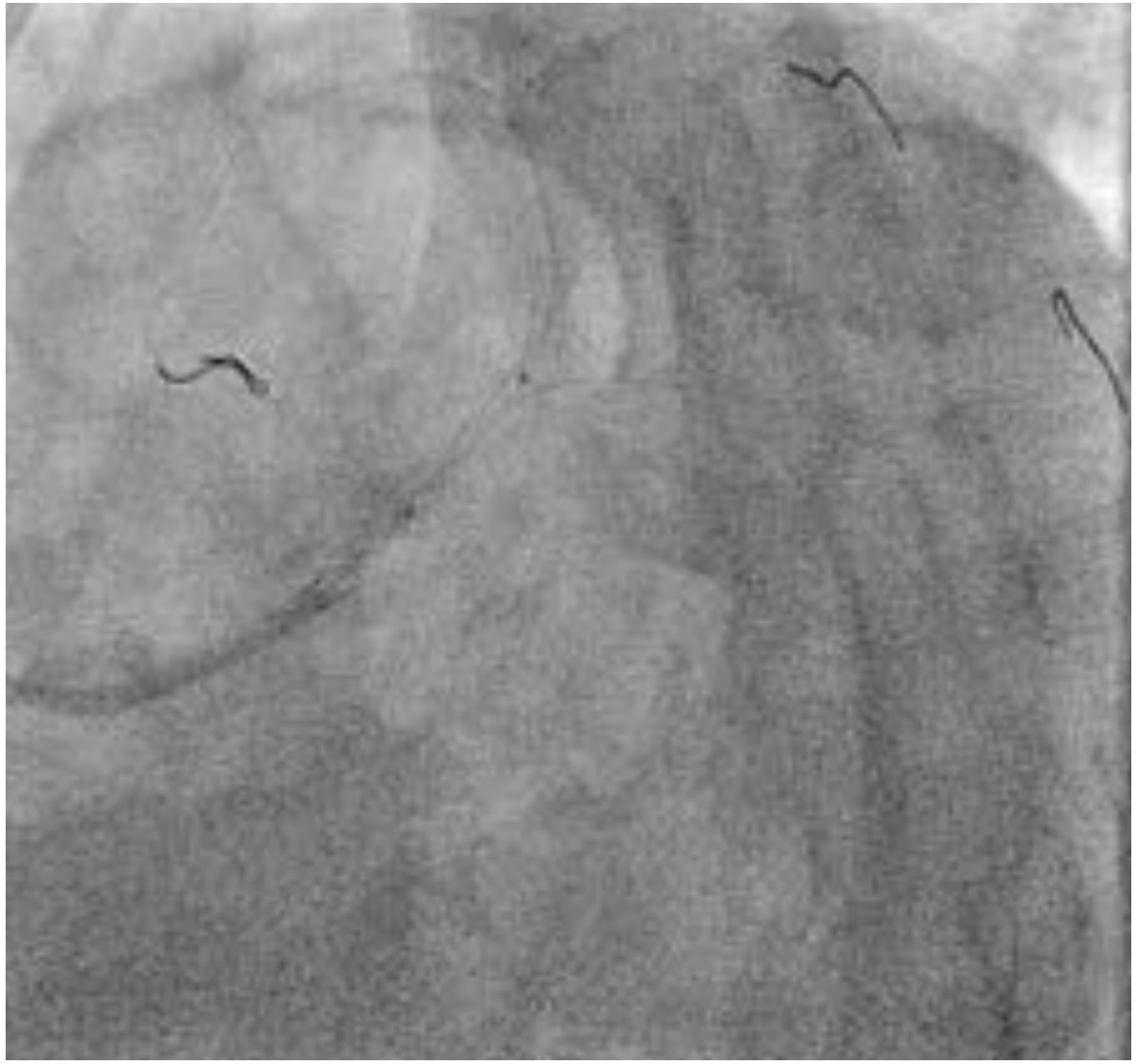

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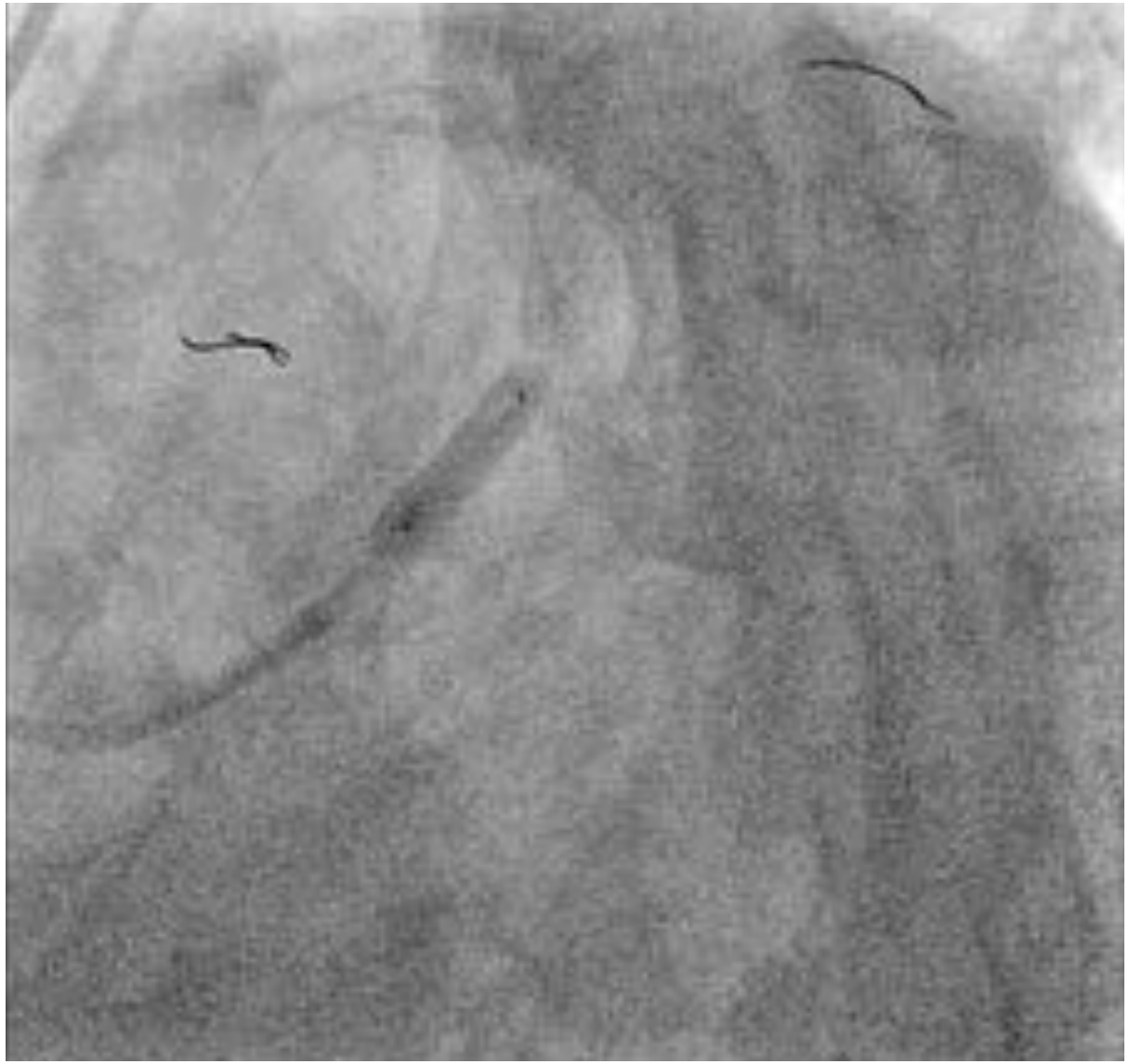

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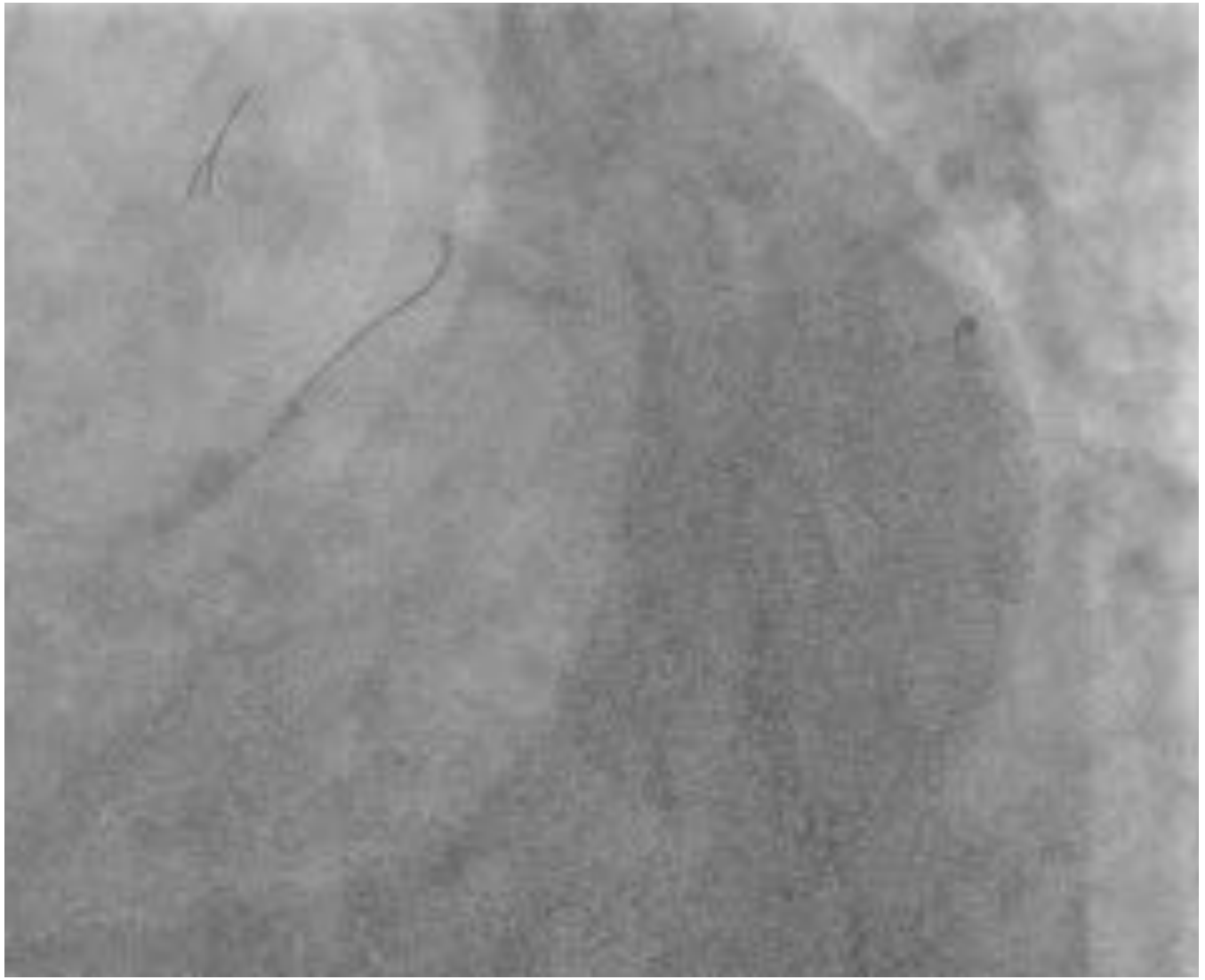

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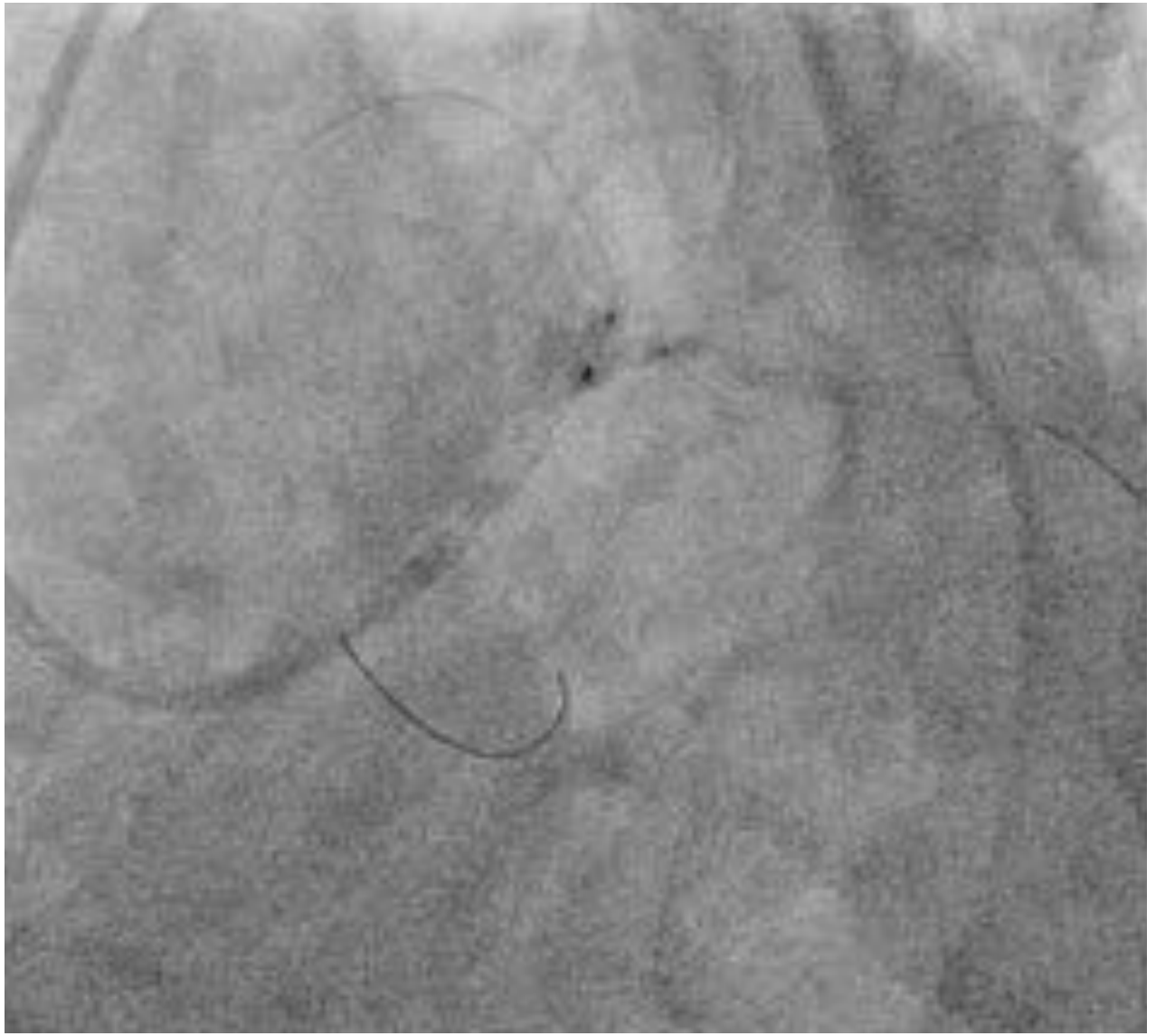

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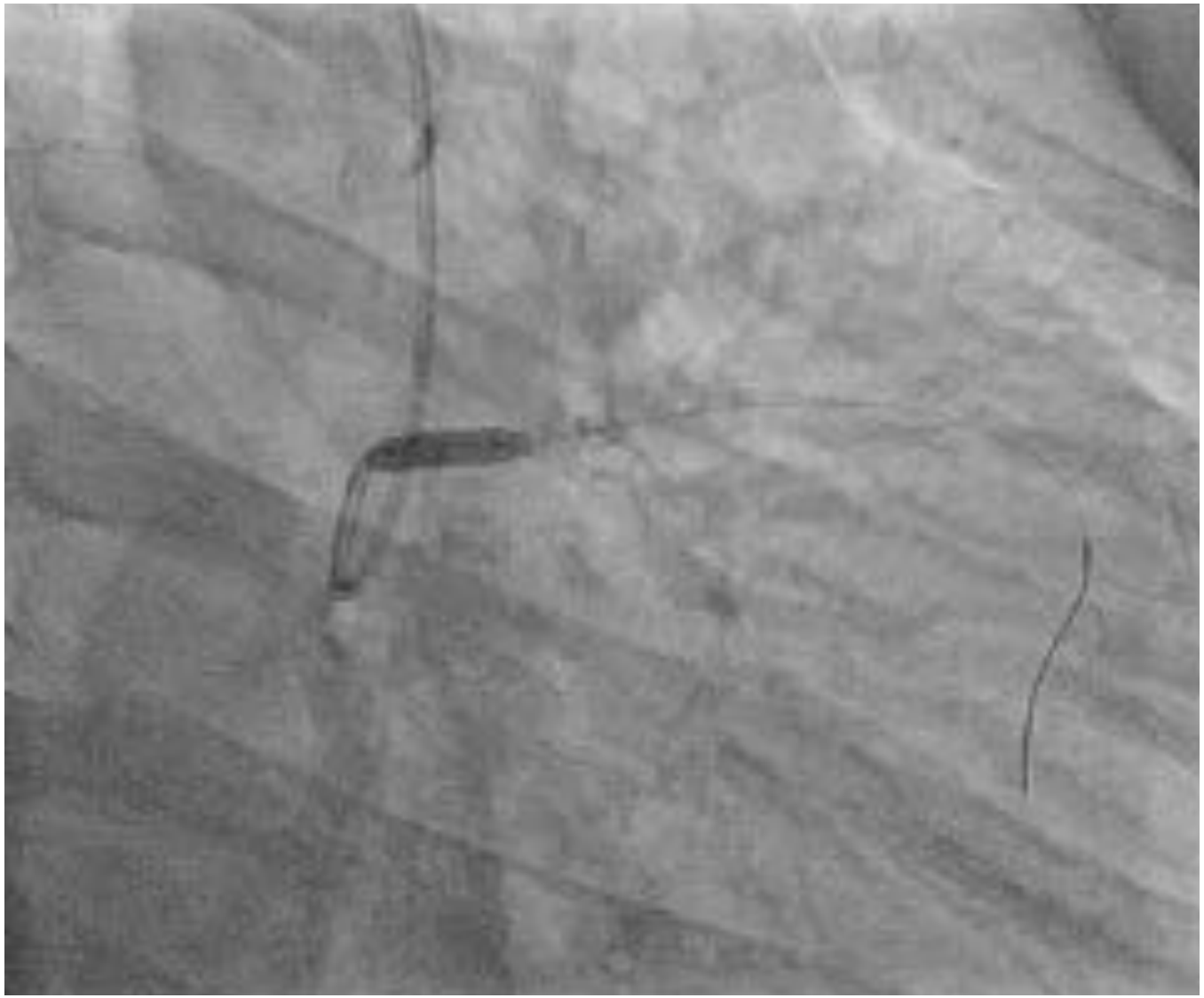

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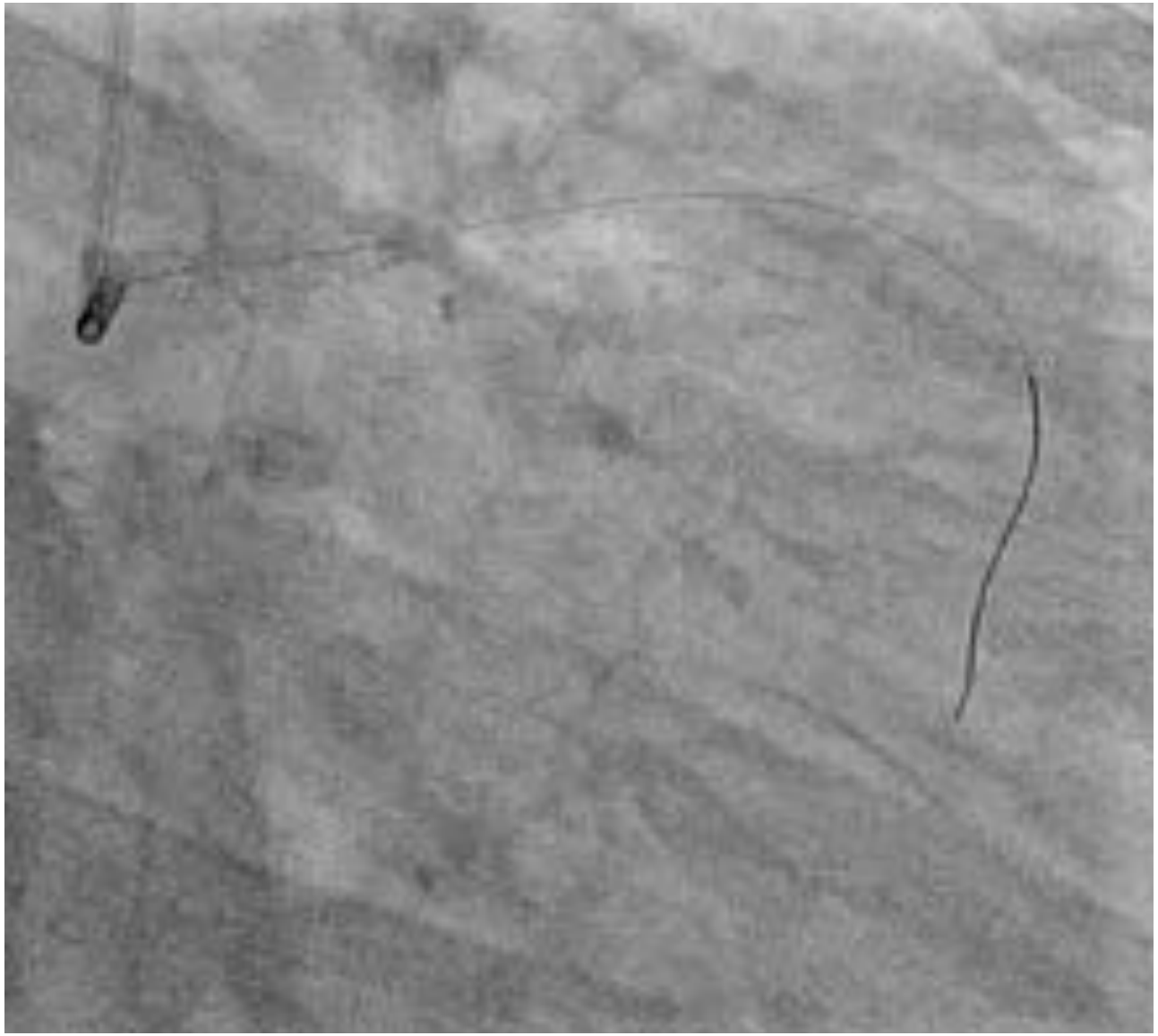

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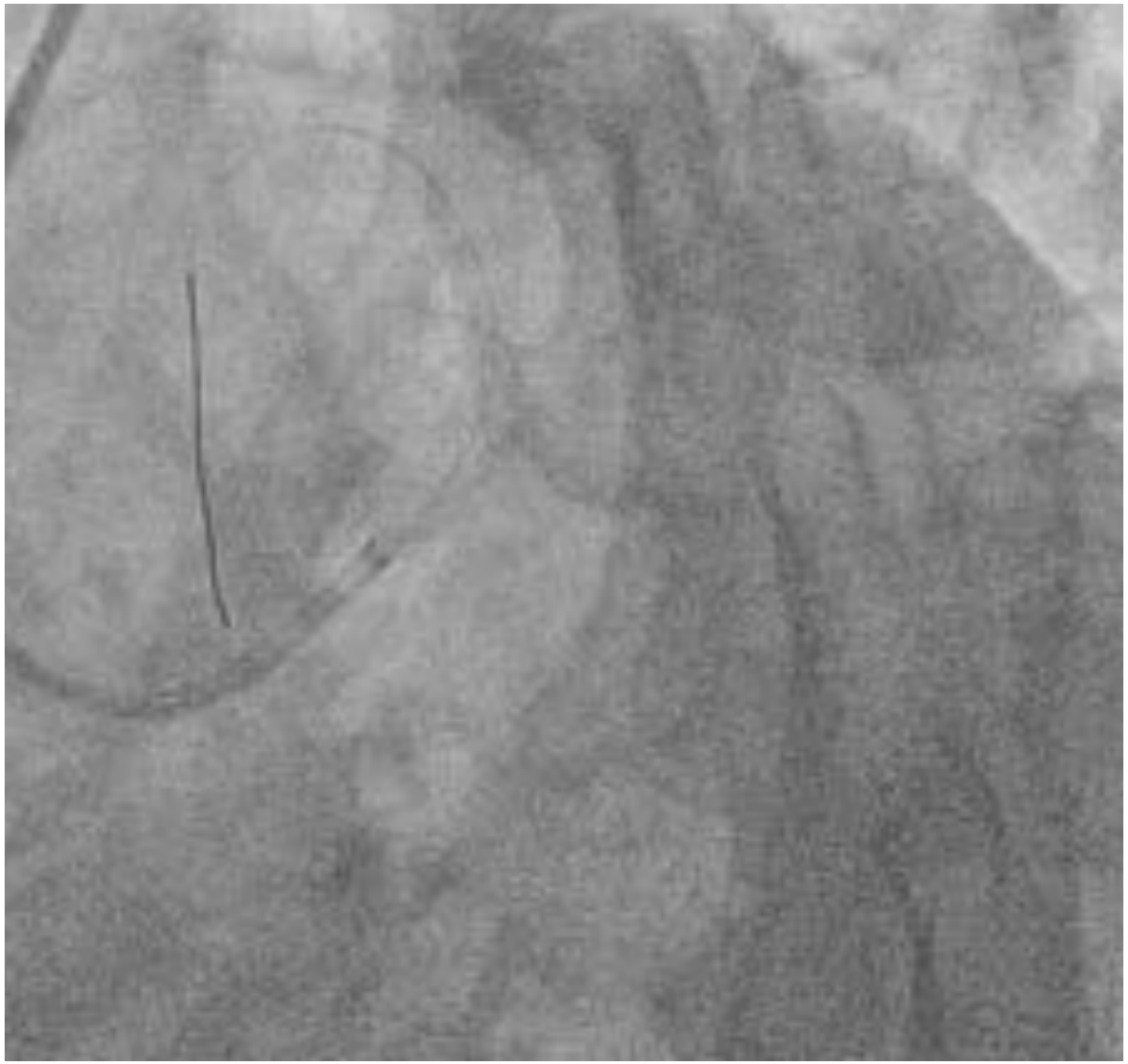

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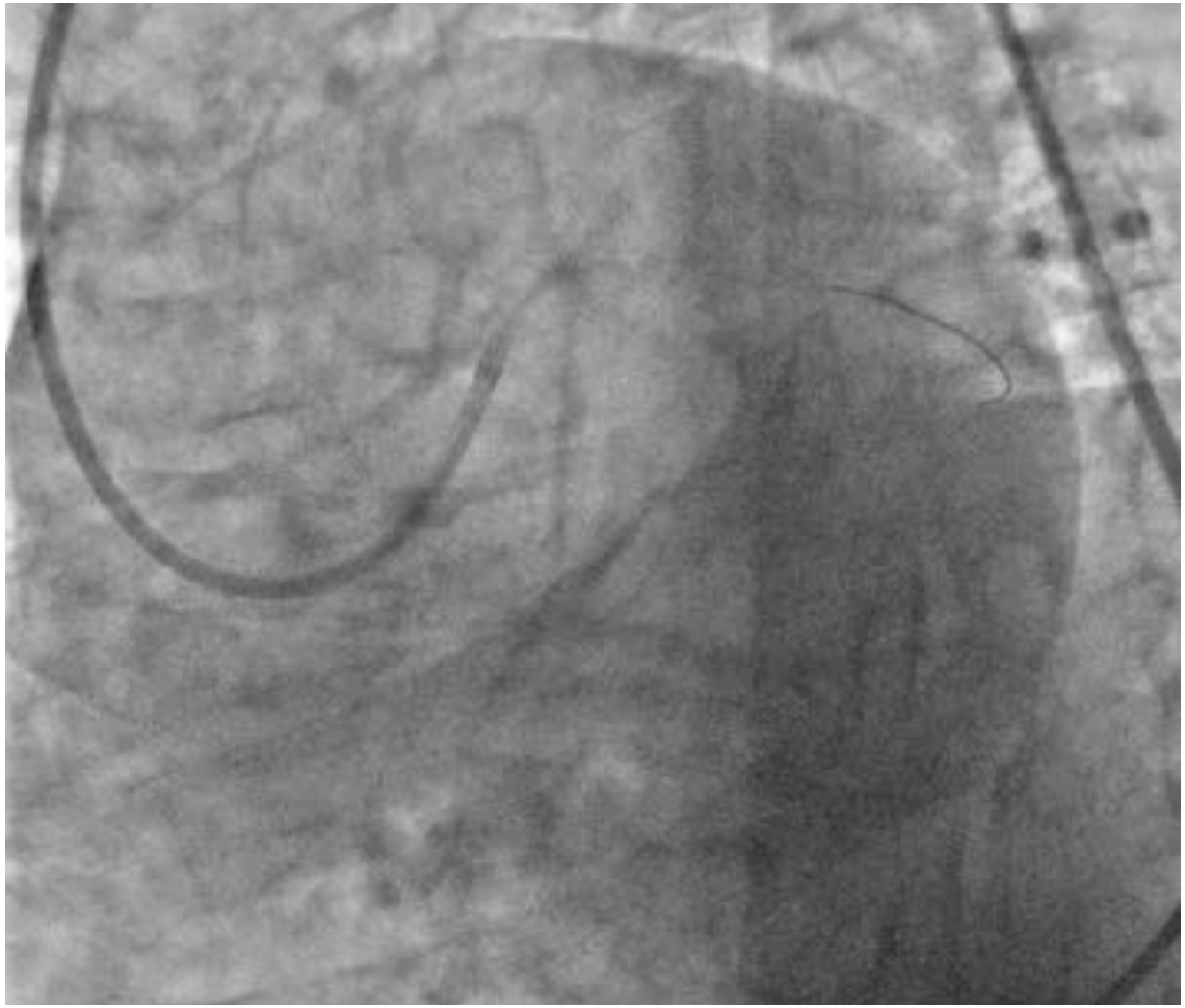

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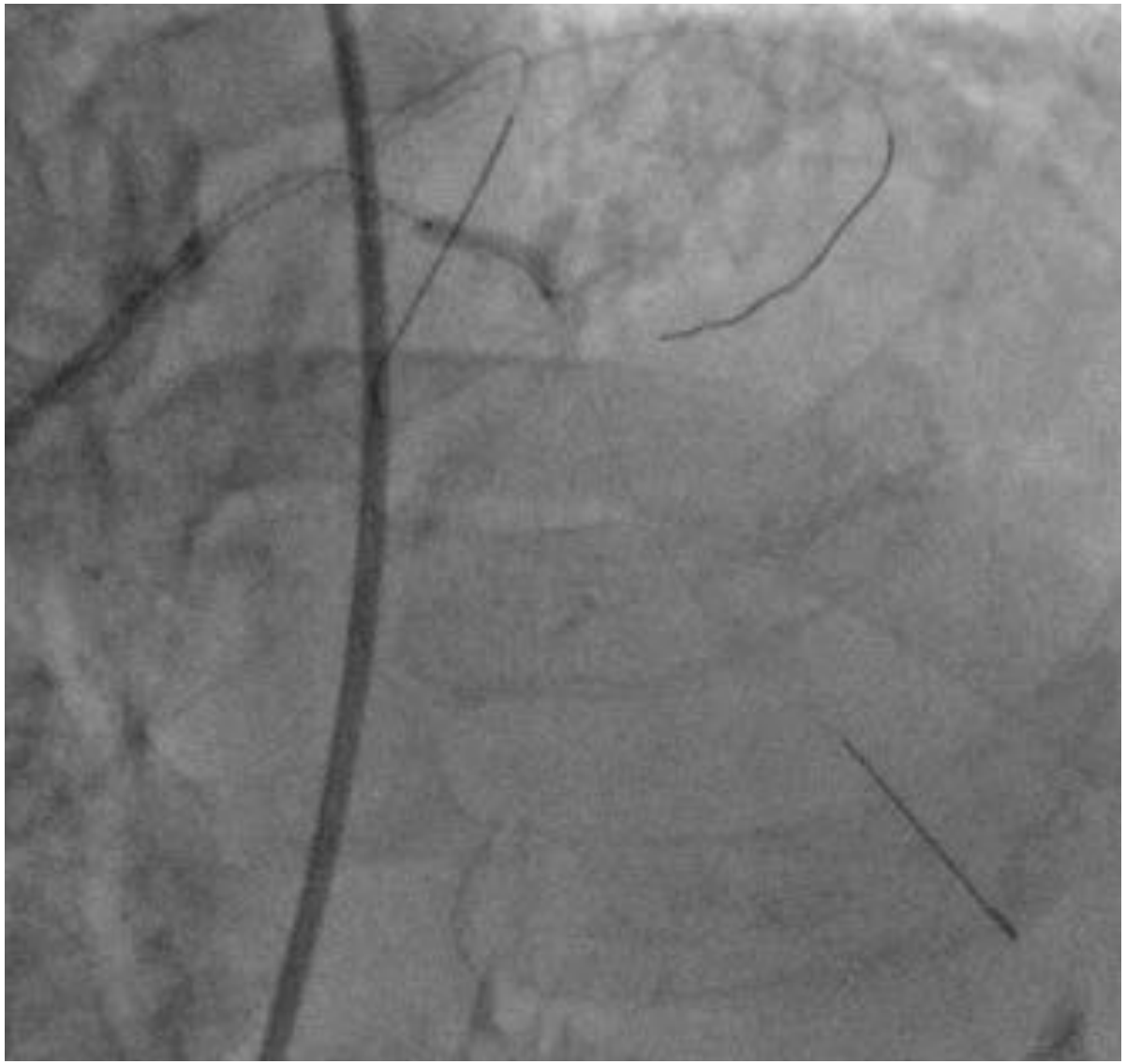

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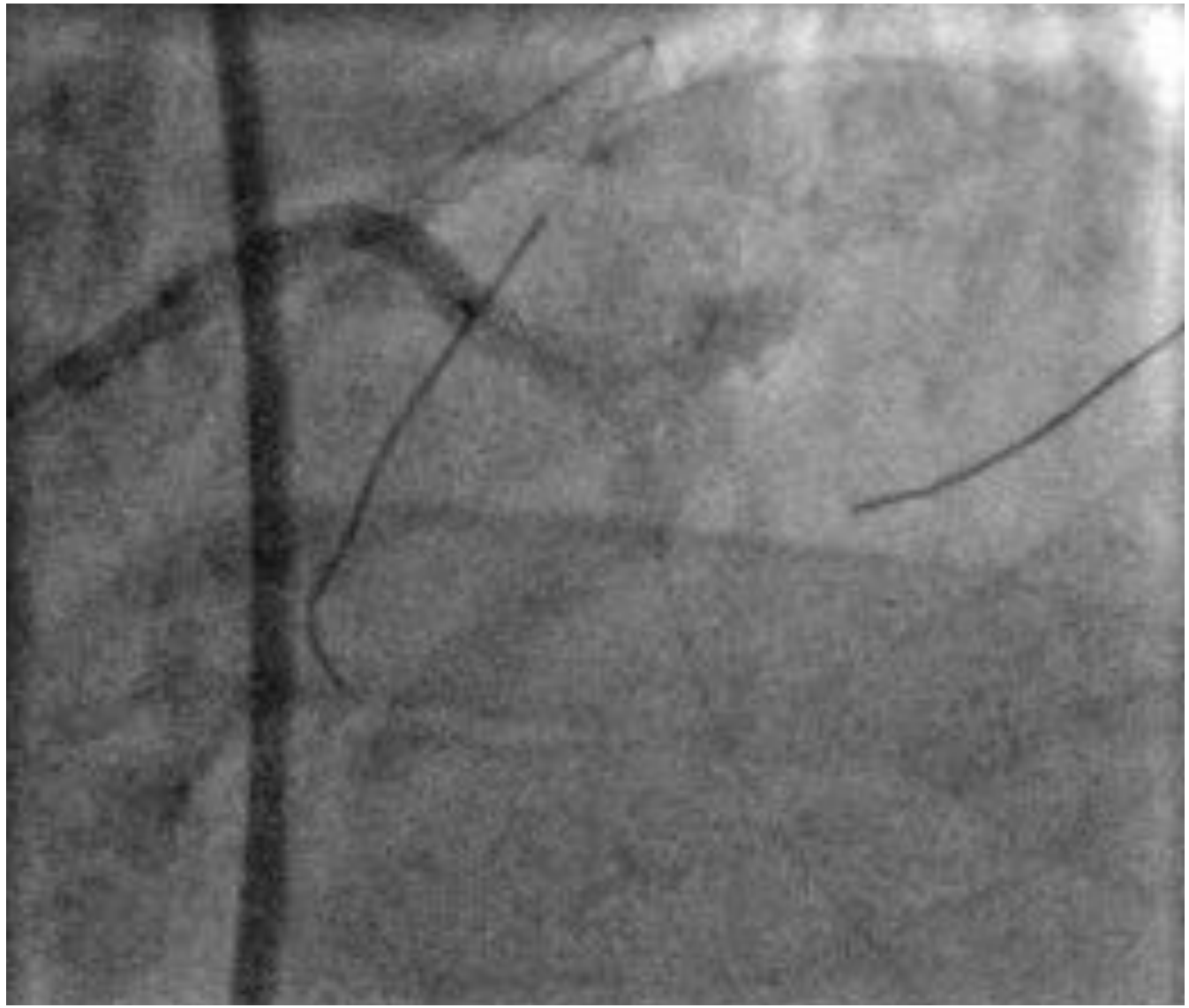

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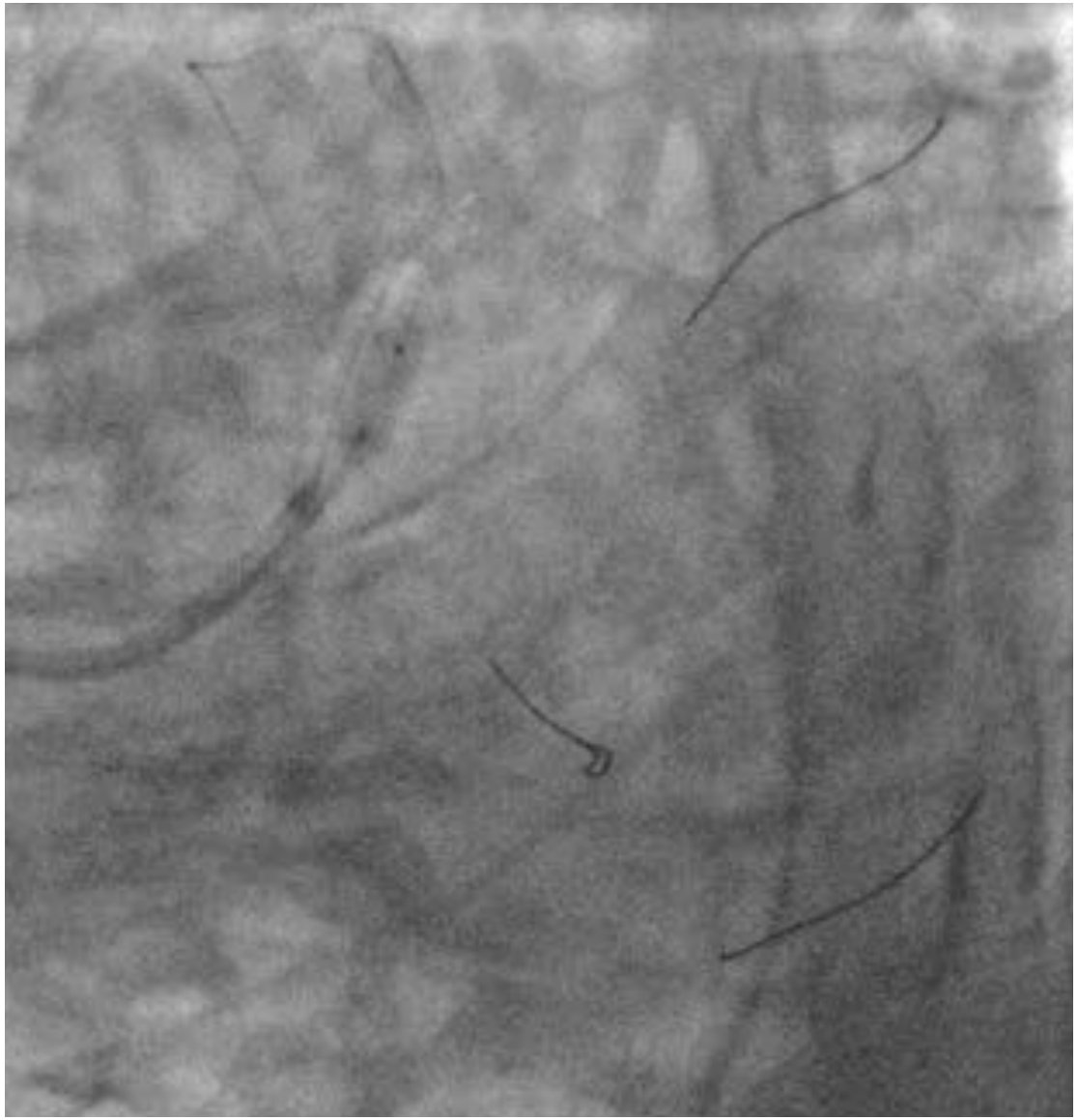

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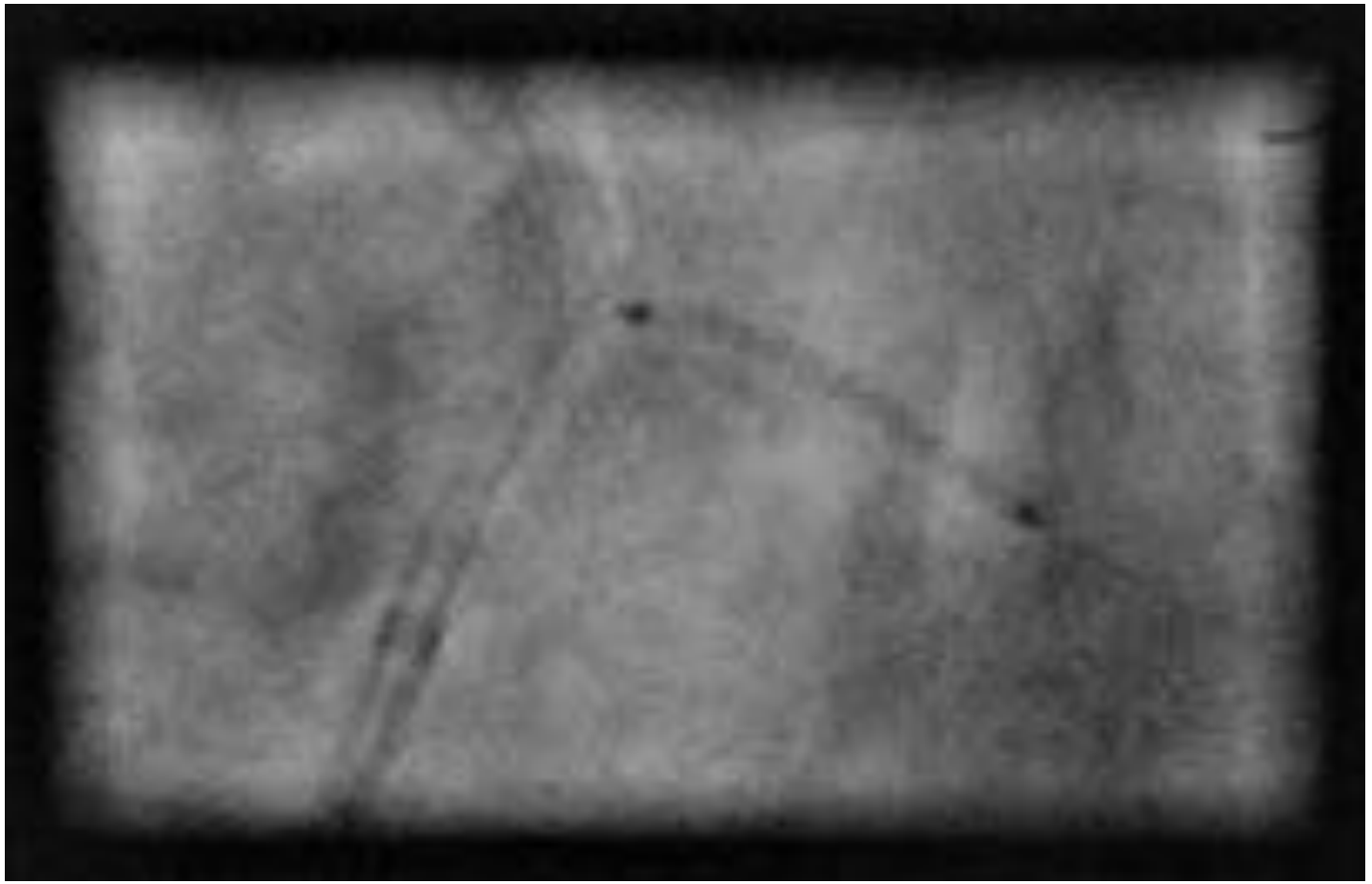

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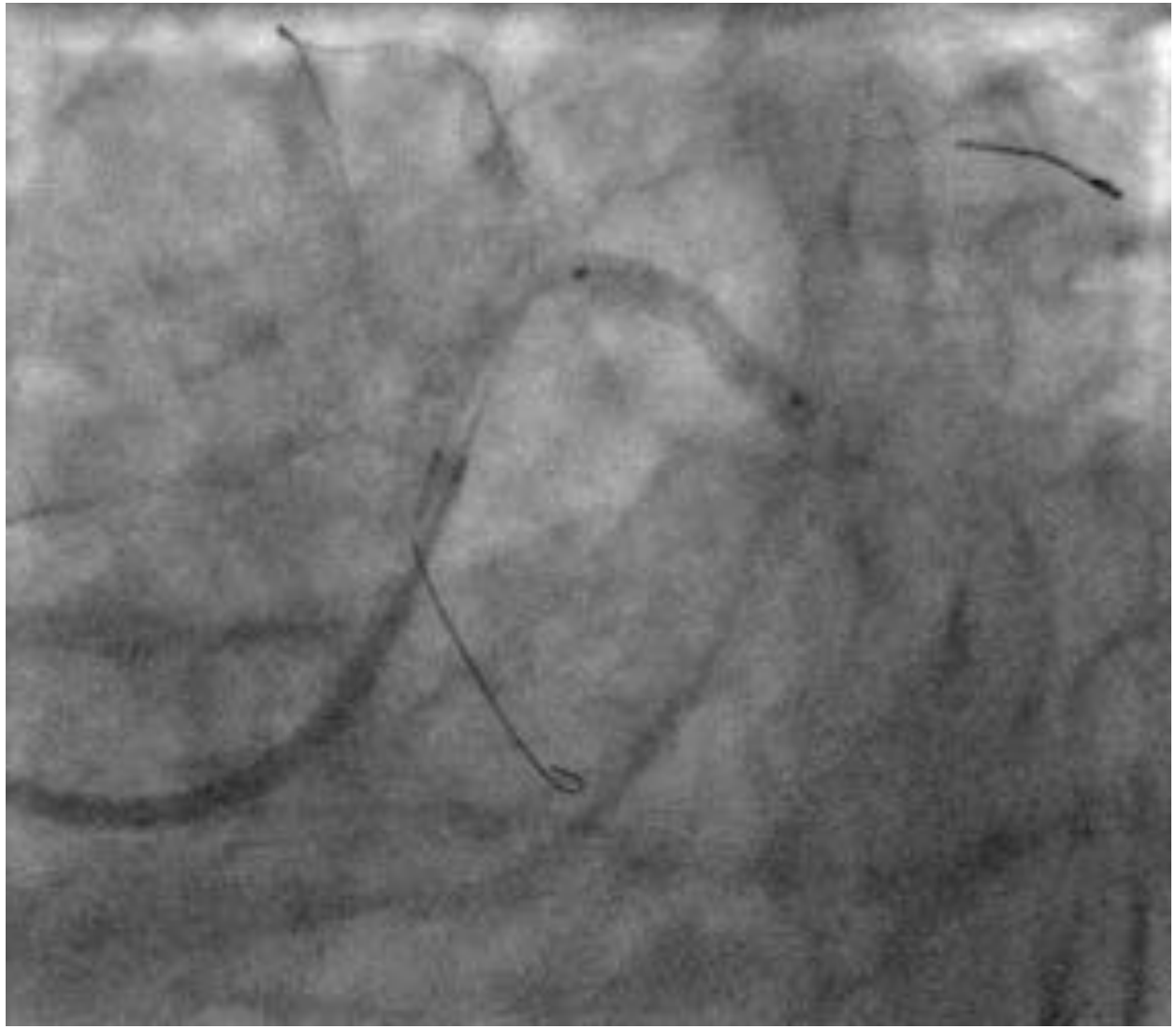

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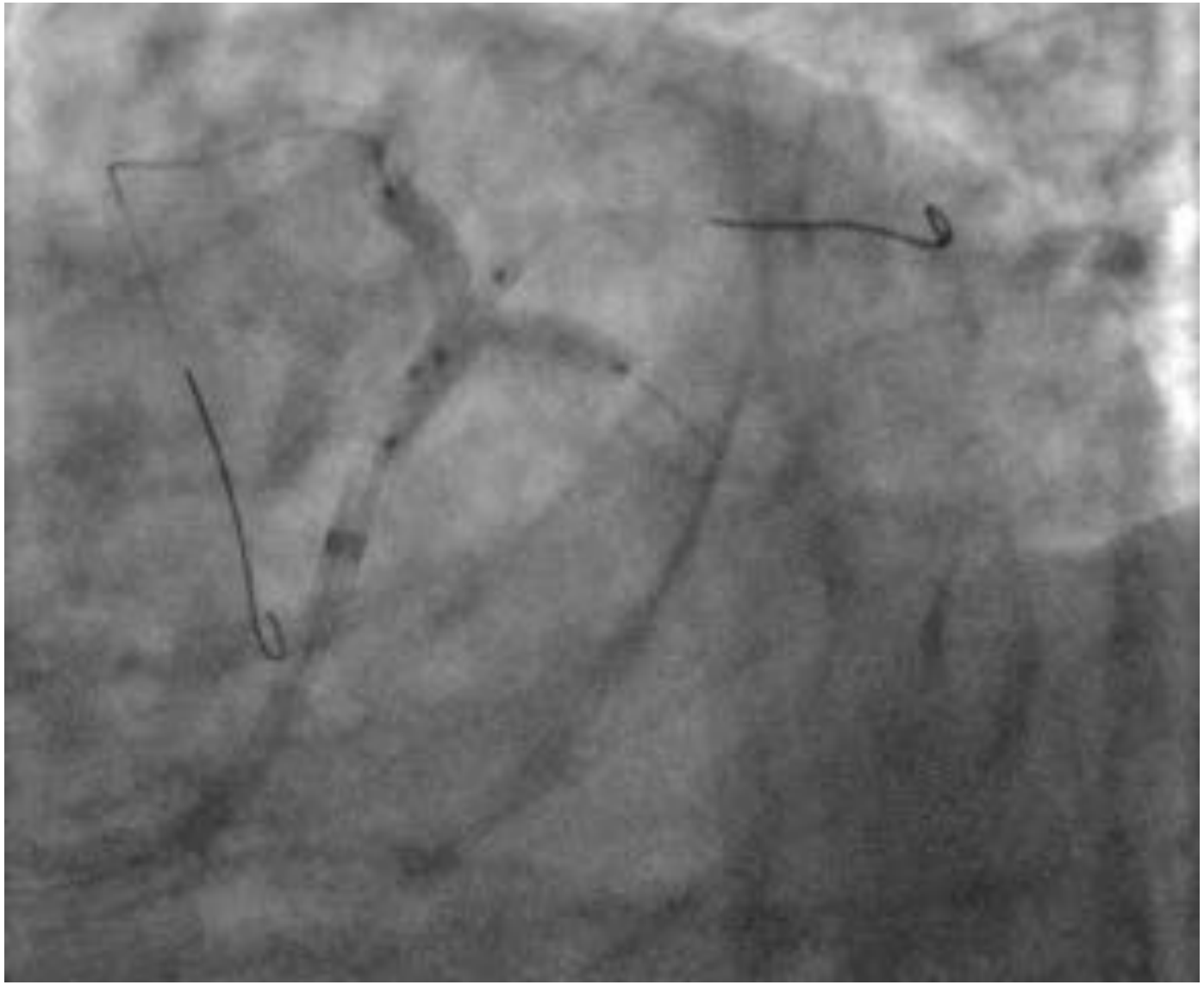

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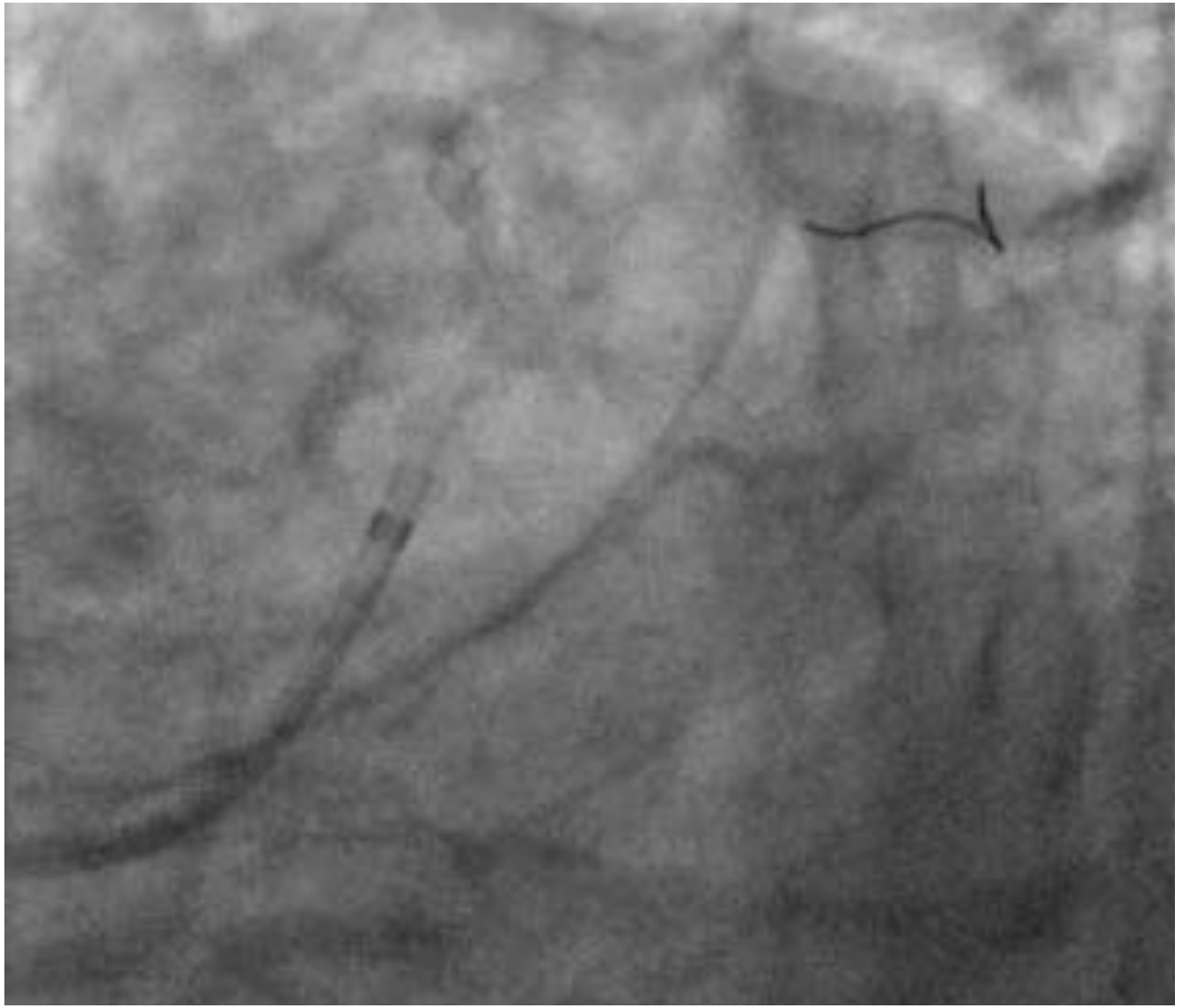

Conclusion Trifurcations TC

Plus complexe

Mais pas très fréquent

Pensez provisional (« Less is more »)

Le POT est encore plus important

Les deux carènes au centre en fin de procédure

Finalement, c’est juste une bifurcation avec une branche