

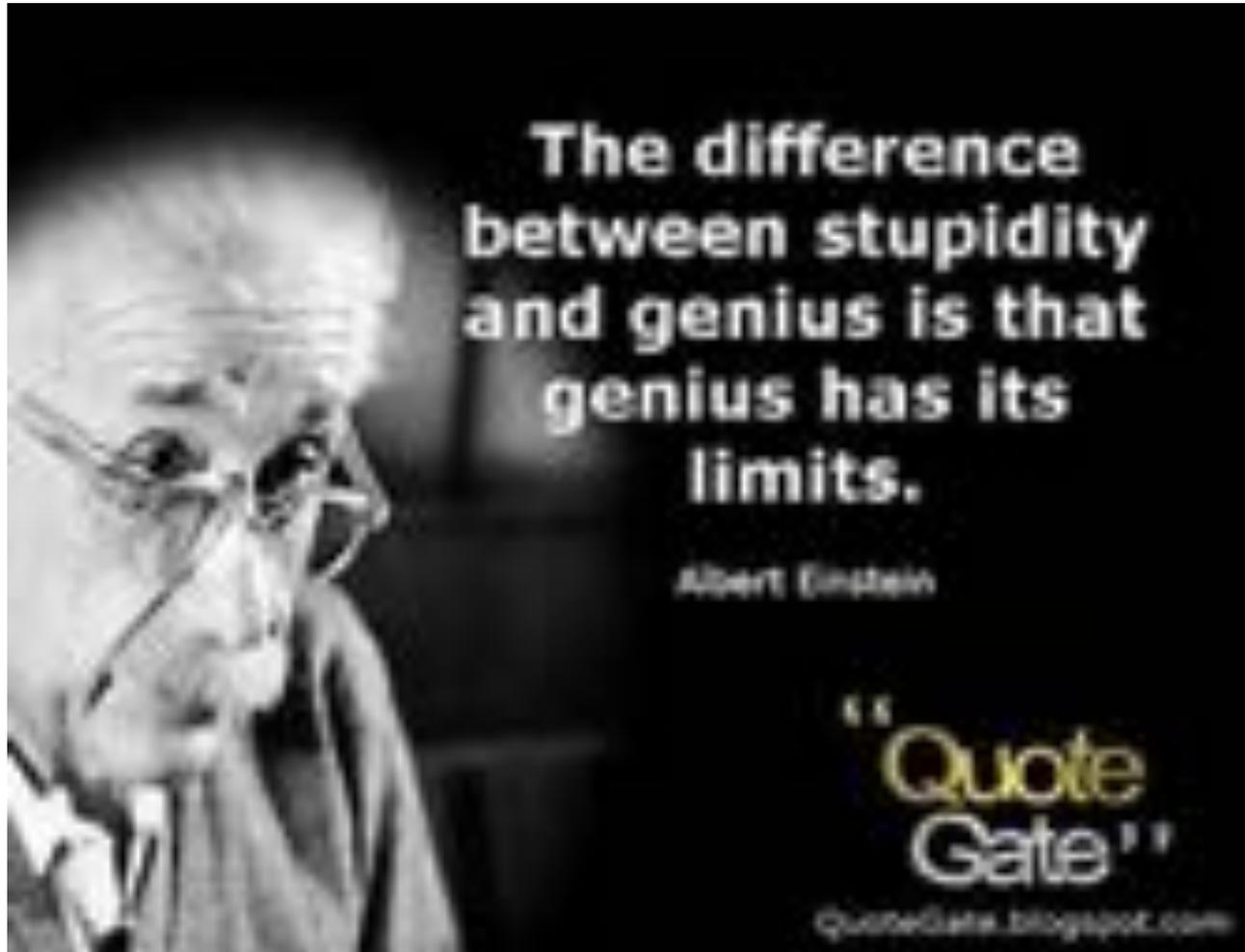


Lésions coronaires complexes: les limites de la chirurgie ?

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NO LIMIT ?



Limites ?

Techniques:

- Occlusions, bifurcations, trifurcations, calcifications: NON
- Artères multisténosées : si nécessaire endartériectomie
- Diamètre < 1 mm, septale, Cx dans le sillon
- Réopérations
- Lésions non serrées

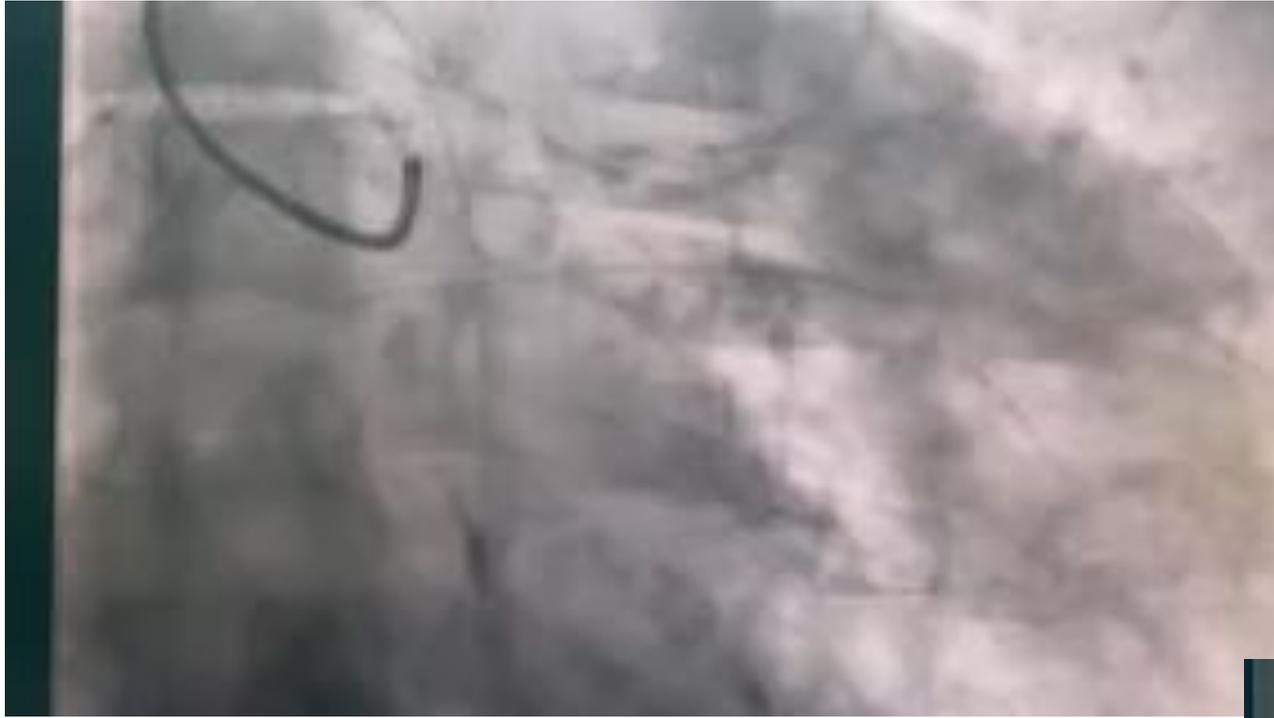
Liées au patient

Radiothérapie thoracique: greffon mammaires, cicatrisation

Dysfonction VG

Fragilité....

Durabilité



Limites

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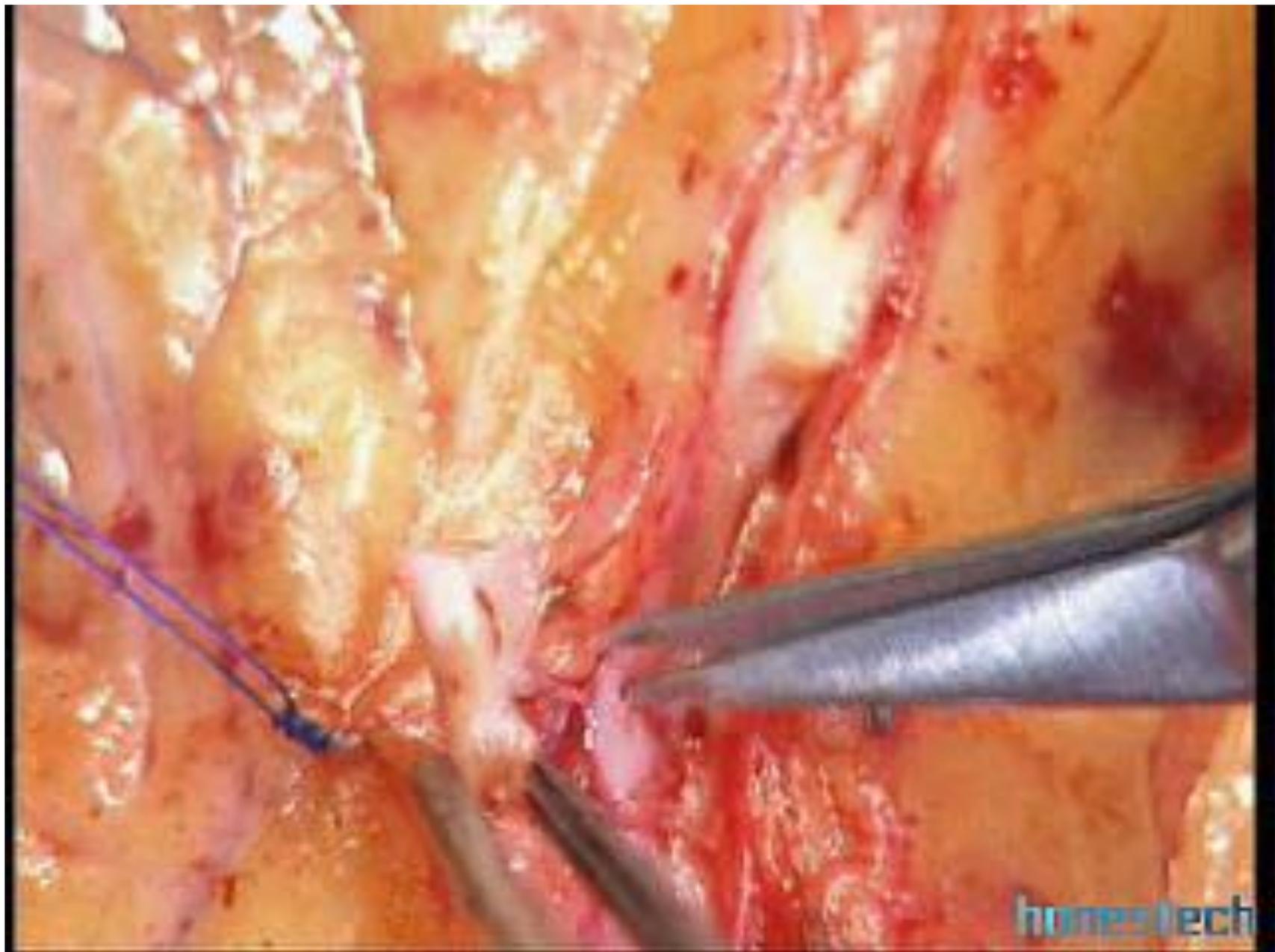
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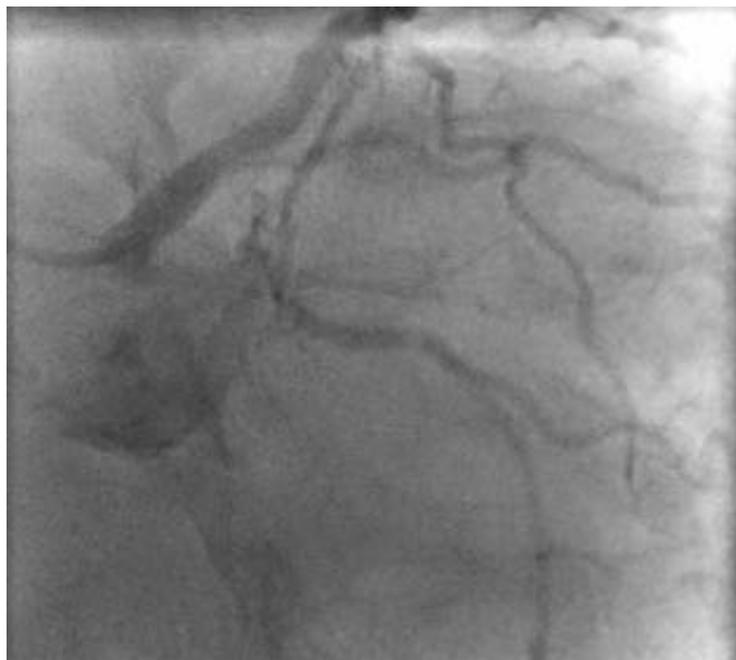
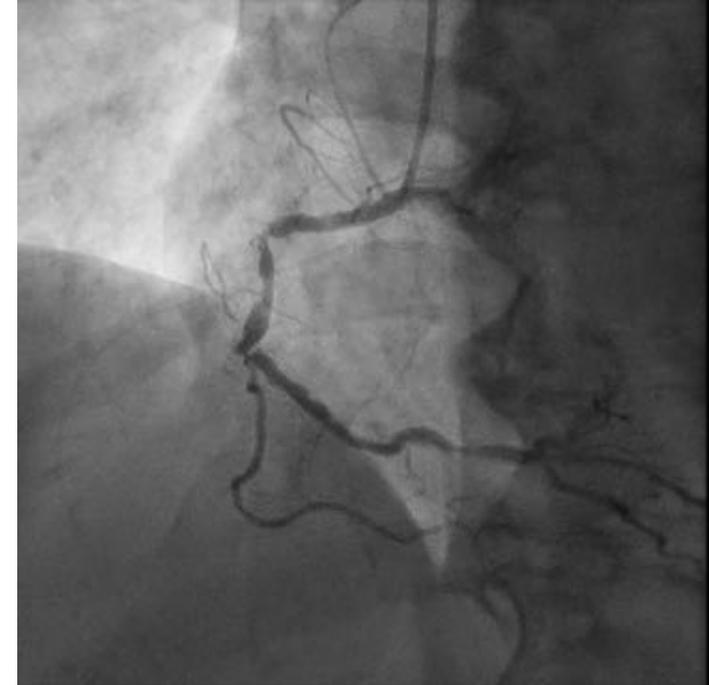
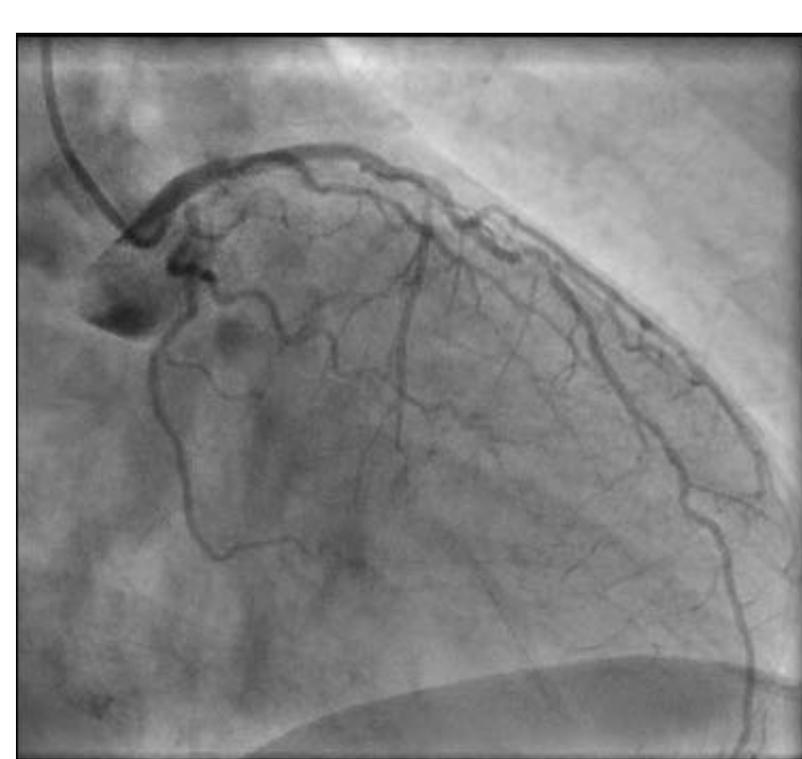
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Récusé?



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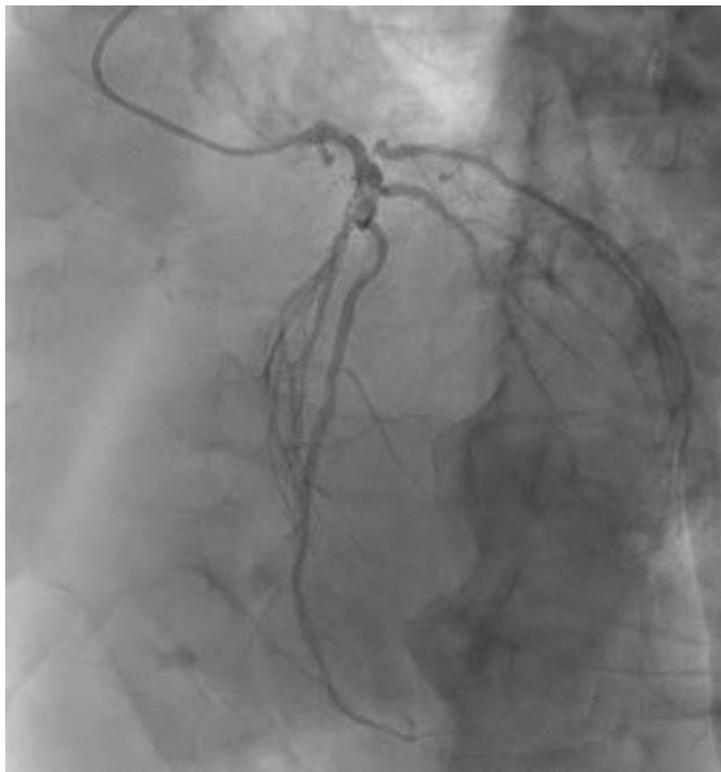
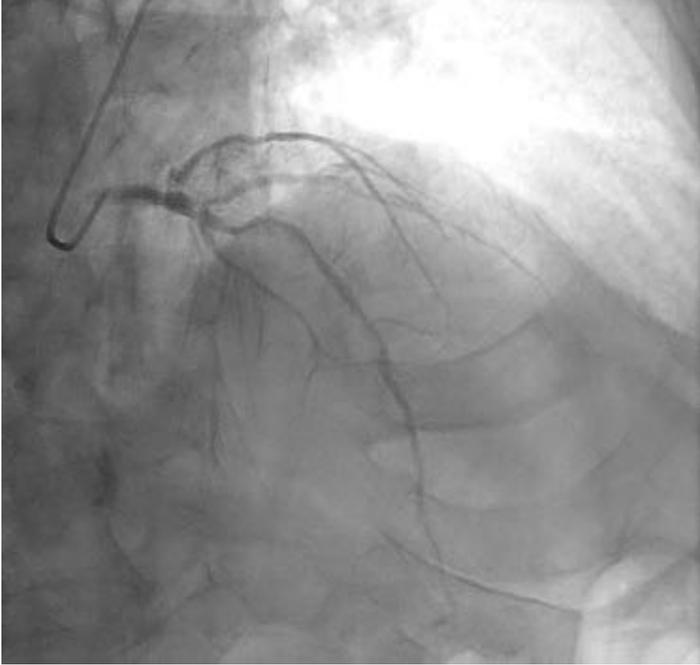
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- **Lésions non serrées**

Liées au patient

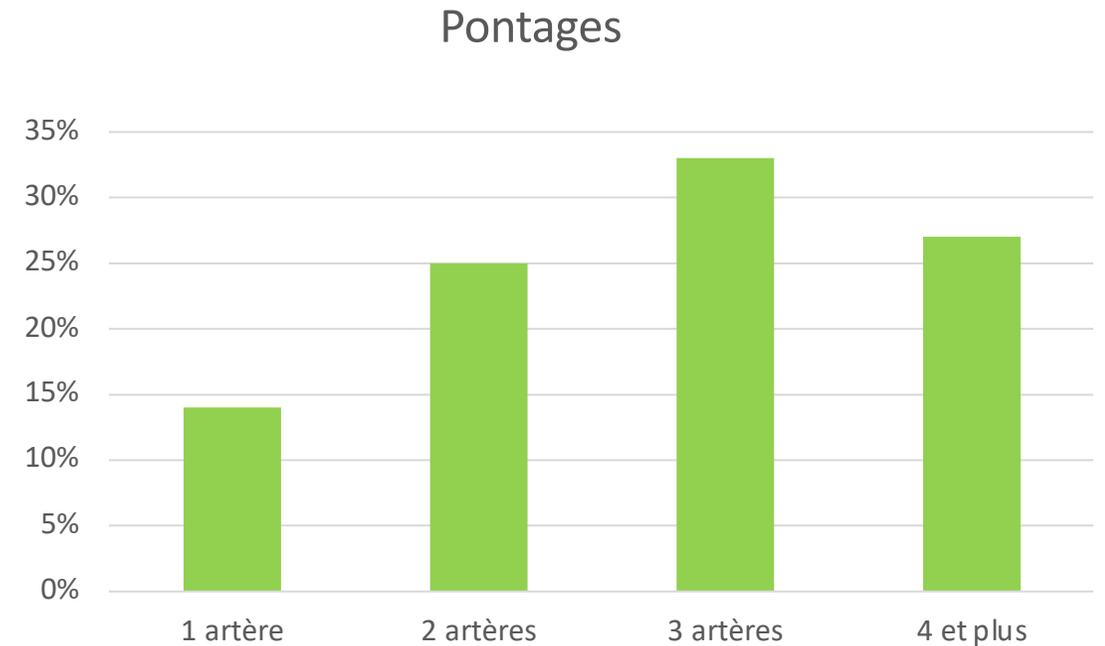
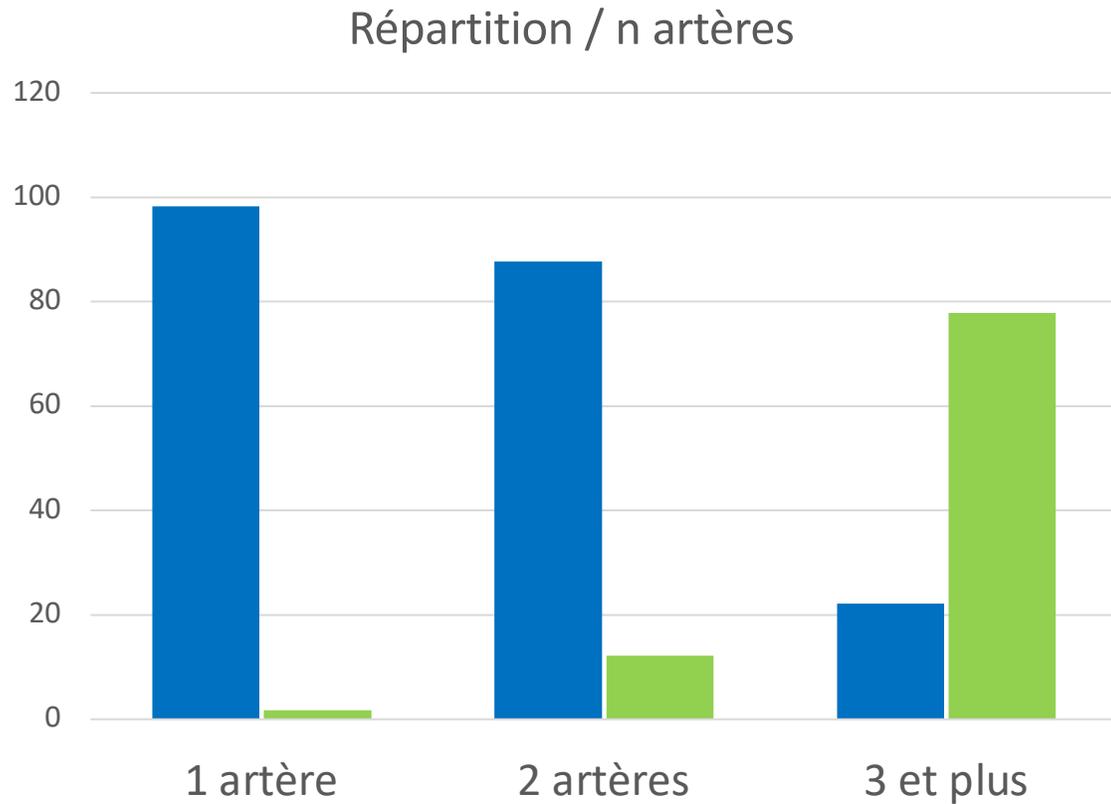
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Durabilité

Récusé?



PTCI (224 666) VS PONTAGES (21 381) (activité 2019)



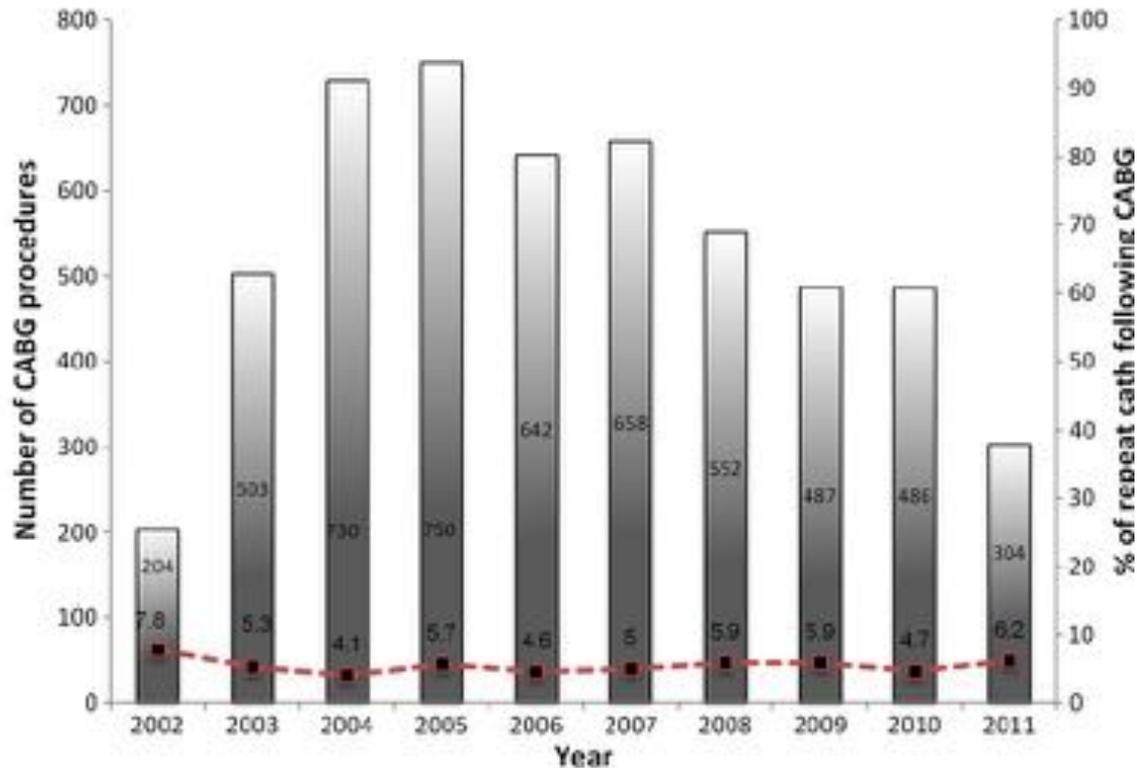
Symptomatic graft failure and impact on clinical outcome after coronary artery bypass grafting surgery: Results from the Alberta Provincial Project for Outcome Assessment in Coronary Heart Disease registry

Am Heart J 2015;169:833-40

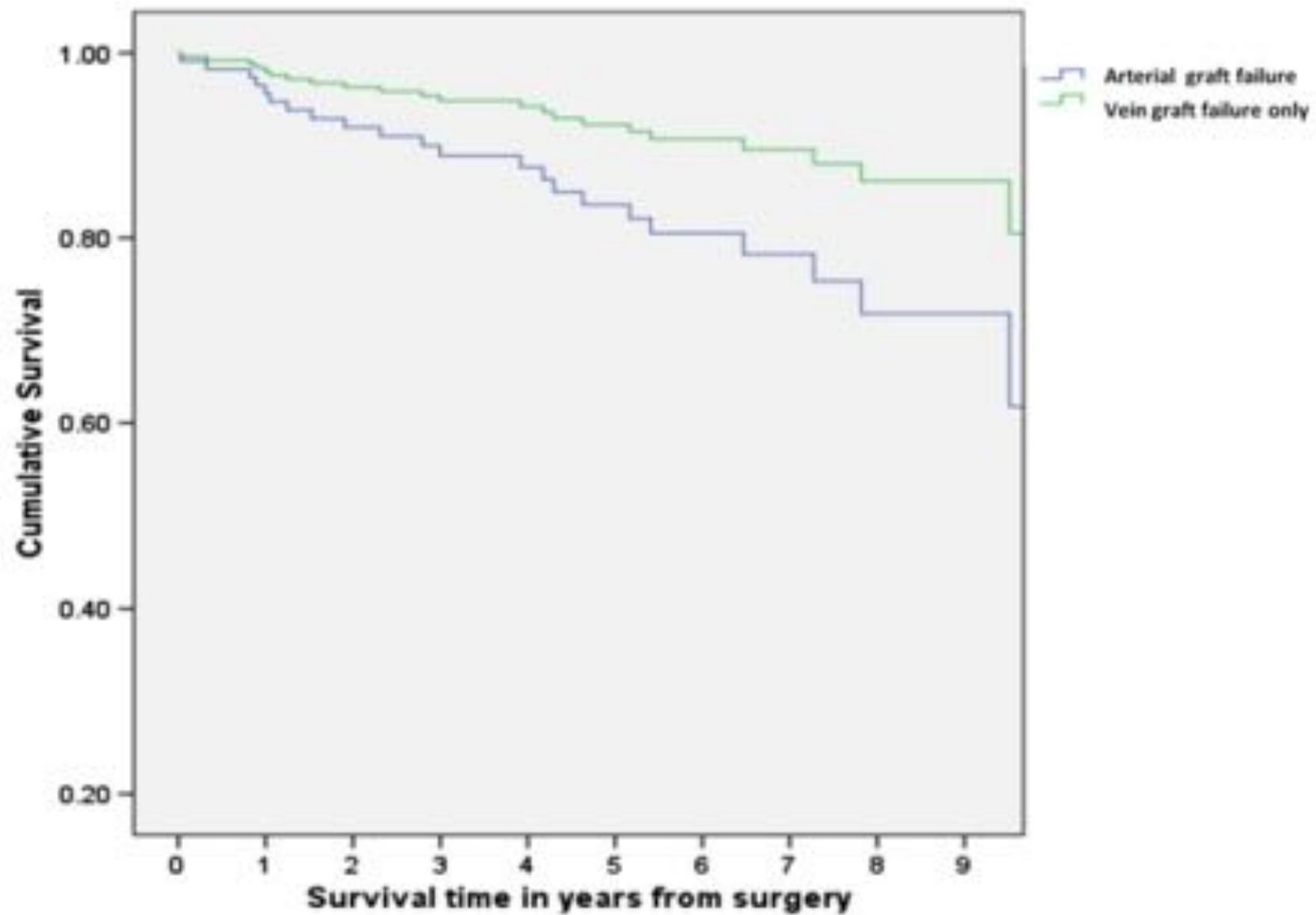
Jay Shavadia, MD,^a Colleen M. Norris, PhD,^a Michelle M. Graham, MD,^a Subodh Verma, MD, PhD,^b

Femme +ATCD RxThérapie?

281 coro dans l'année pour symptômes # 5%



Variable	Arterial graft failure (n = 76)		Vein graft failure (n = 225)	
	Odds	P	Odds	P
Age (y)				
<60	1.0		1.0	
60-65	0.47 (0.21, 1.07)	.07	1.04 (0.48, 2.22)	.93
66-71	0.79 (0.37, 1.69)	.55	0.94 (0.45, 1.97)	.87
72-78	0.30 (0.11, 0.77)	.01	0.82 (0.38, 1.75)	.60
>79	0.54 (0.22, 1.29)	.16	0.82 (0.38, 1.79)	.62
Female	2.25 (1.20, 4.25)	.01	0.74 (0.42, 1.34)	.33
BMI	0.95 (0.89, 1.01)	.07	1.00 (0.98, 1.02)	.93
Smoking (current vs former)	1.38 (0.75, 2.52)	.30	1.53 (0.87, 2.68)	.14
Diabetes	0.74 (0.41, 1.33)	.31	0.71 (0.44, 1.15)	.17
PVD	1.00 (0.42, 2.44)	.99	1.18 (0.55, 2.54)	.68
Cross-clamp time	1.00 (0.99, 1.01)	.48	1.01 (1.00, 1.02)	.30
Native artery ≤1.5 mm	-	-	2.41 (1.40, 4.14)	.001
No. of SVG grafts (every 1 vein graft increase)	-	-	0.98 (0.77, 1.25)	.86



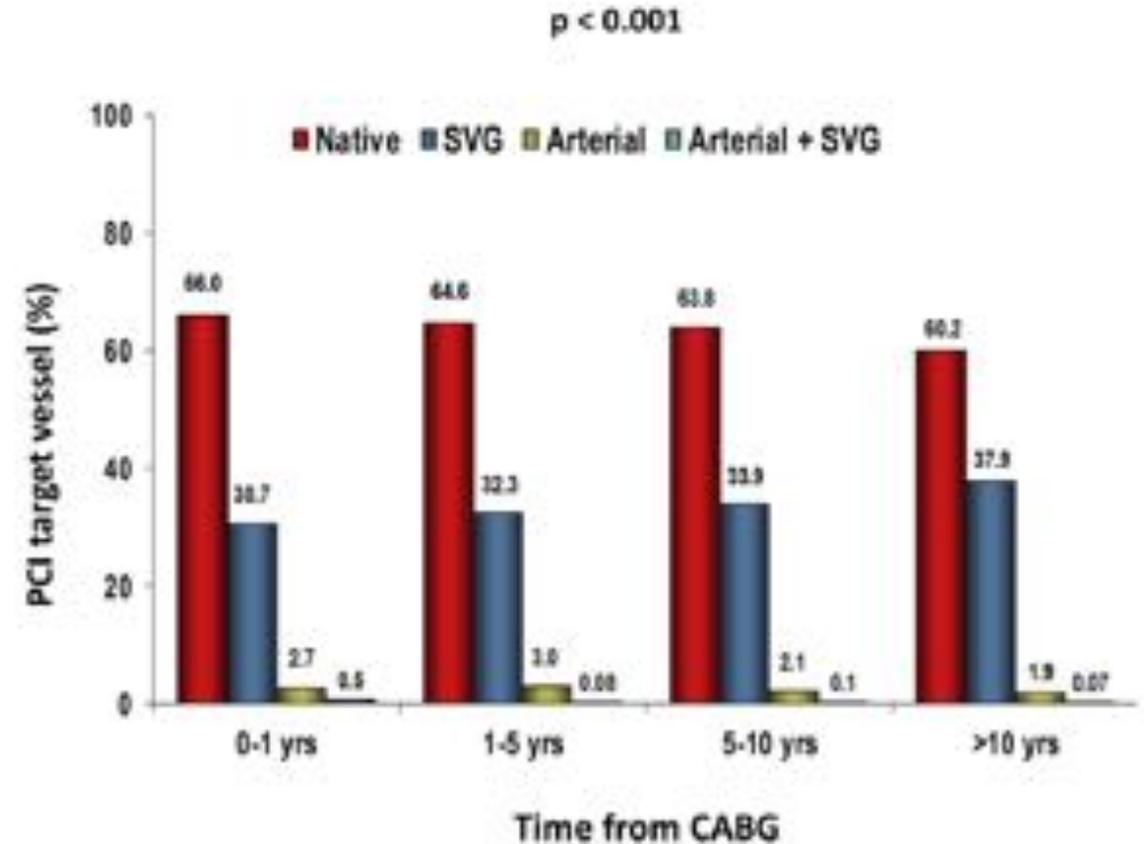
Percutaneous Coronary Intervention in Native Coronary Arteries Versus Bypass Grafts in Patients With Prior Coronary Artery Bypass Graft Surgery

J Am Coll Cardiol Intv 2016;9:884-93

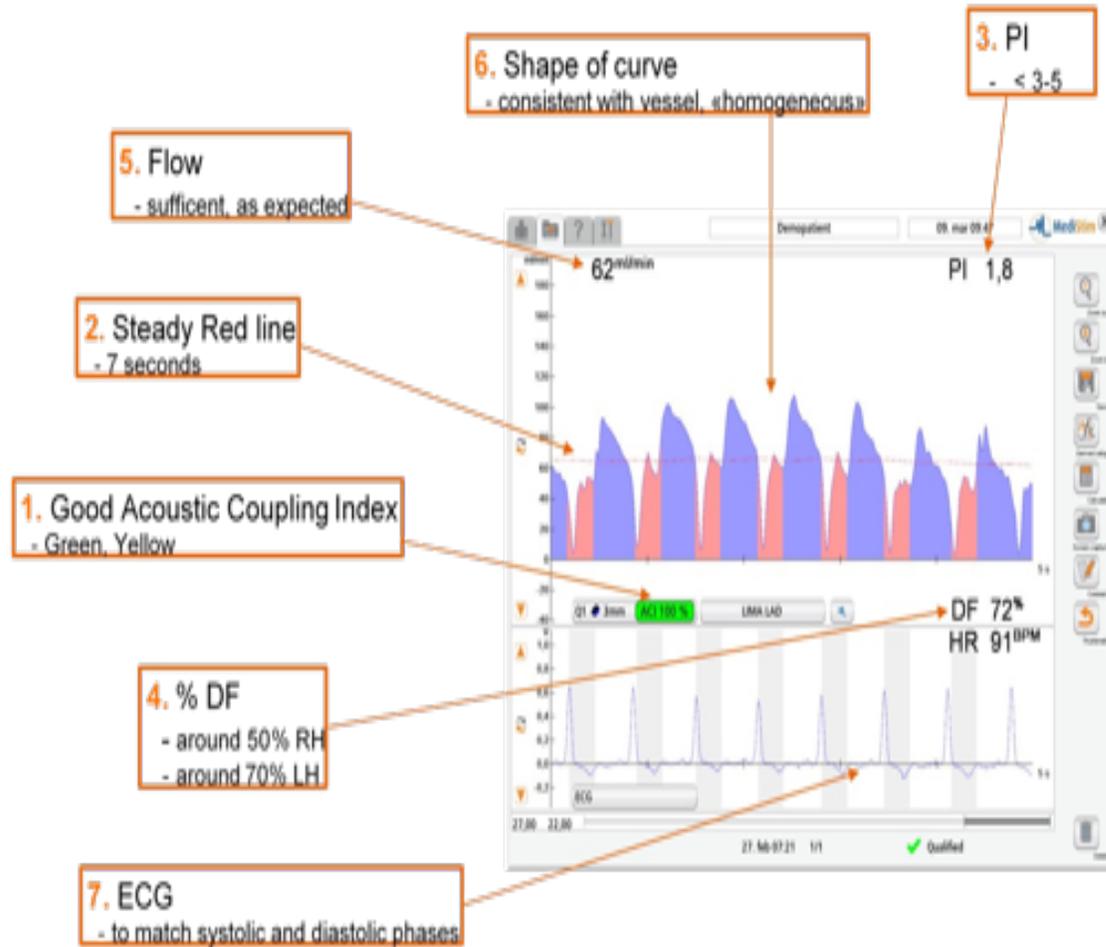
Emmanouil S. Brilakis, MD, PhD,^a Colin I. O'Donnell, MS,^{b,c,d} William Penny, MD,^e Ehrin J. Armstrong, MD, PhD,

NCDR 2004-2009

17.5% des angioplasties



Intérêt du doppler per-opératoire



No TTFM Group (n=480)

TTFM Group (n=430)

	No TTFM	TTFM	p
In-Hospital mortality	15 (3.1%)	14 (1.6%)	0.14
MACE	33 (6.9%)	14 (3.3%)	0.014
Cardiac related mortality	9 (1.9%)	3 (0.7%)	0.12

Heart Team/Guidelines Discordance Is Associated With Increased Mortality

Guy Witberg, MD^{ID}; Amit Segev, MD; Yaron D. Barac, MD, PhD; Ehud Raanani, MD; Abid Assali, MD;
Circ Cardiovasc Interv. 2021;

979 patients consécutifs / 20 centres publics (9 avec chir card.)

Exclusion des urgences

Revue des coro par Core Lab \Rightarrow Actes concordants vs discordants:

≥ 3 Vx: SS>22

< 3 Vx + TC: SS>33

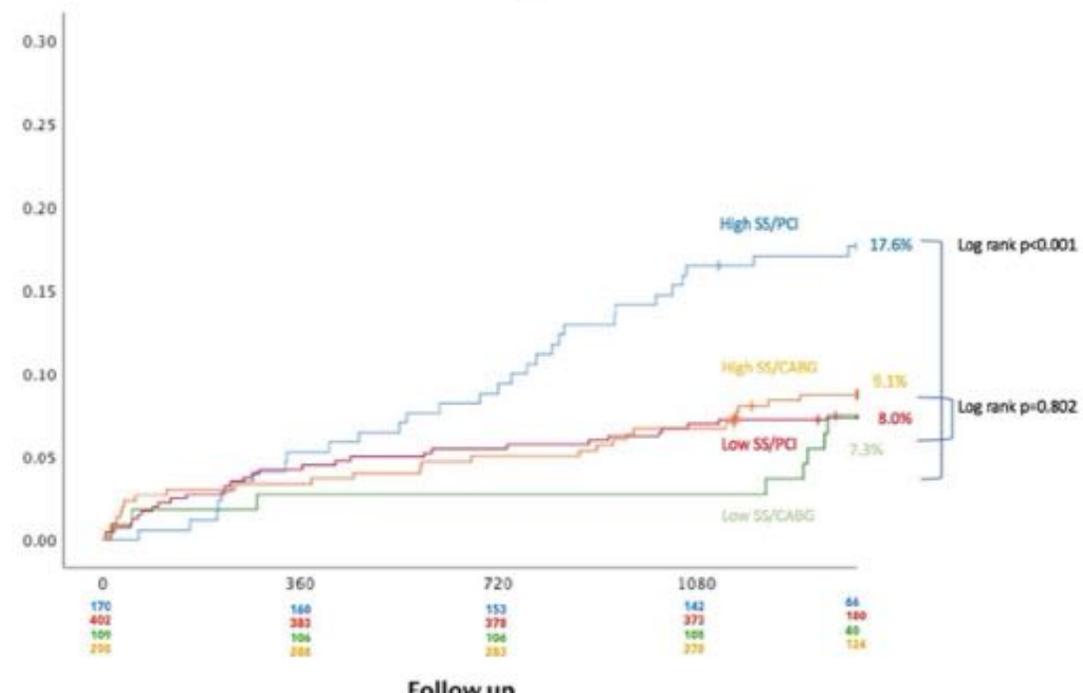
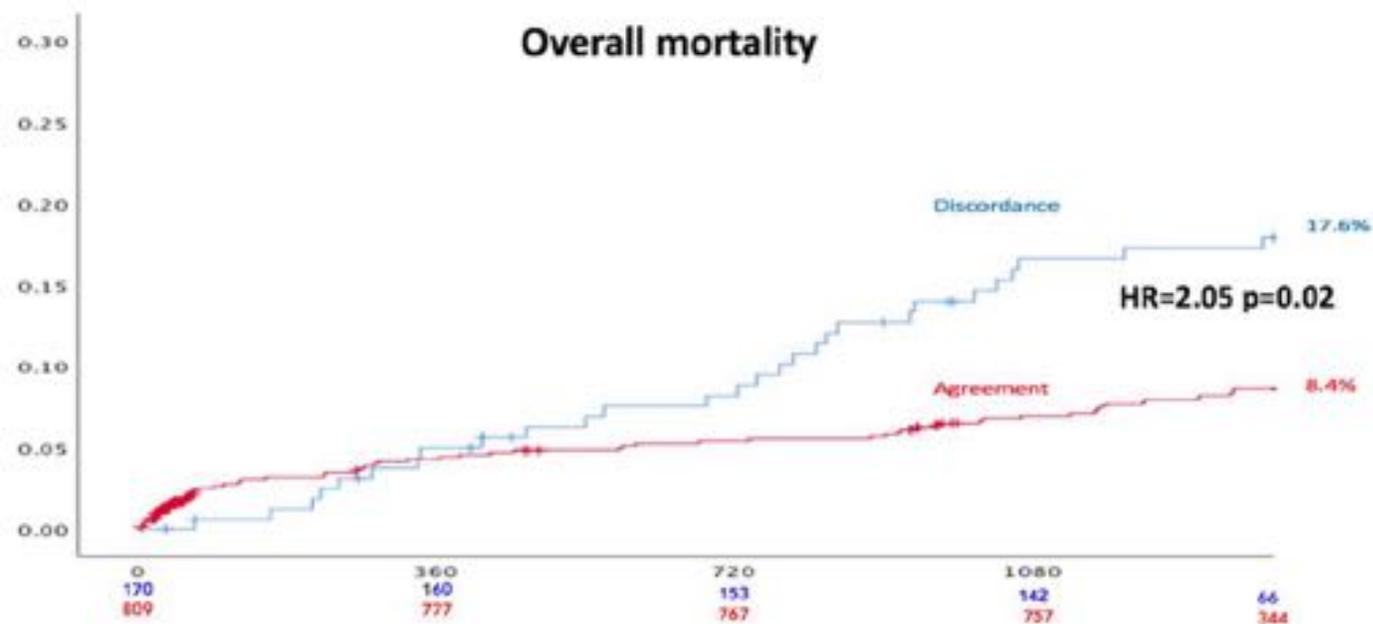
} 17,3%

	Discordance (n=170)	Agreement (n=809)	P value
Age, y	66.8 \pm 11.7	64.6 \pm 10.6	<0.001
Procedure			<0.001
PCI	170 (100%)	401 (49.6%)	
CABG	0 (0.0%)	408 (50.4%)	

Multivariate associations*

Surgical center	2.00	1.12	3.59	0.019
Age >75	2.30	1.30	4.10	0.004
SYNTAX score >28	3.74	2.15	6.49	<0.001
Previous MI/PCI	1.84	1.08	3.17	0.026

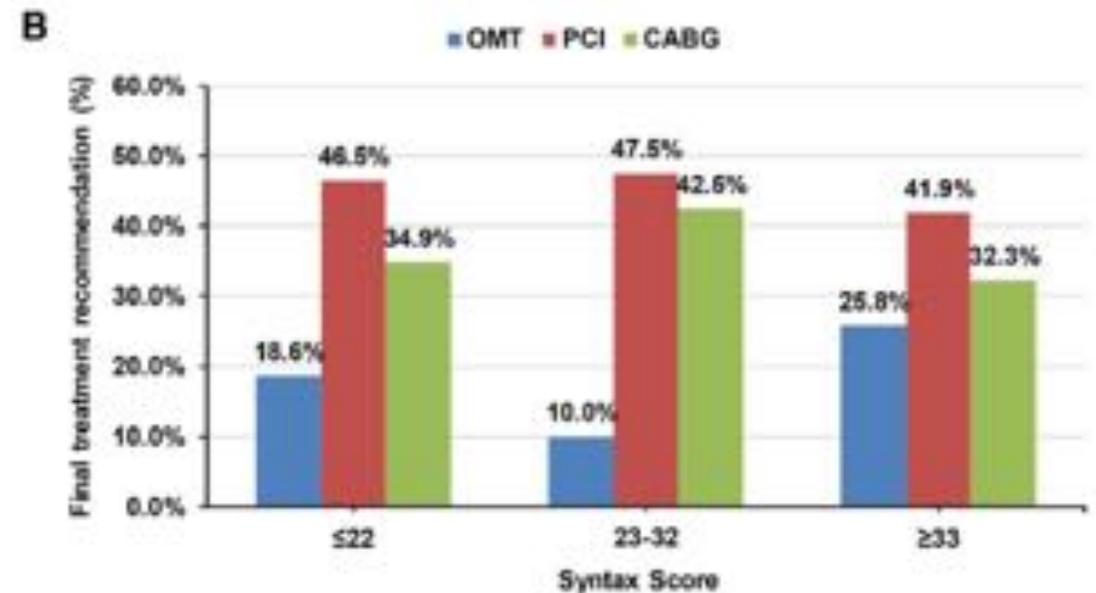
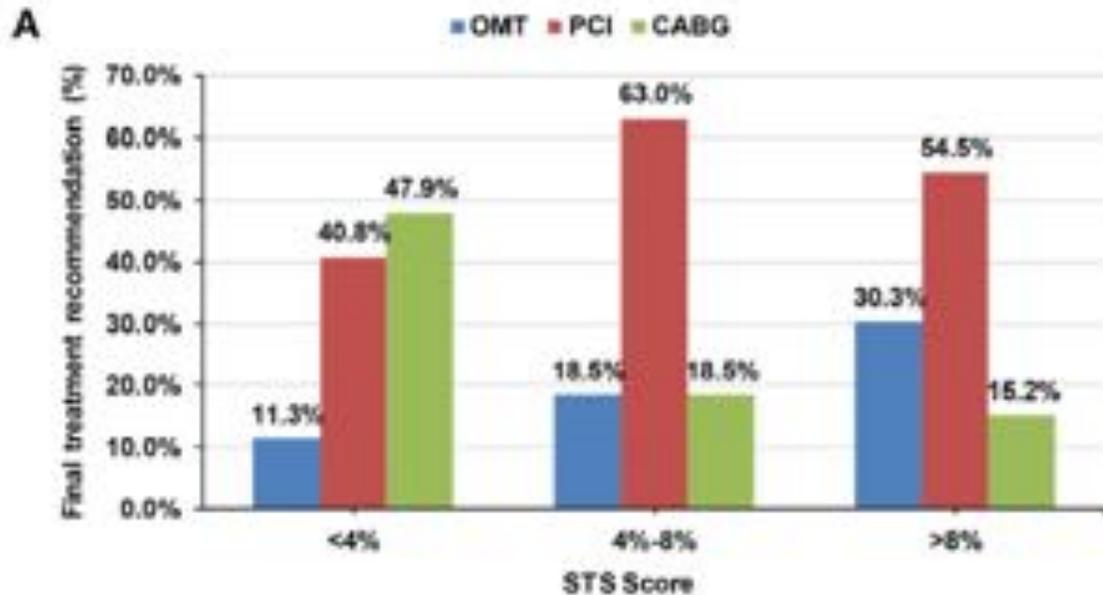
Overall mortality



Multidisciplinary Heart Team Approach for Complex Coronary Artery Disease: Single Center Clinical Presentation *J Am Heart Assoc. 2020;*

Michael N. Young, MD*; Dhaval Kolte, MD, PhD*; Mary E. Cadigan, RN, MSN; Elizabeth Laikhter, BA;

2015-2018 : 4331 PCI 1789 Pontages
2,7% Ht risque \Rightarrow RCP



Conclusion

- Limites techniques sont rares
- La difficulté technique doit être discutée en fonction du contexte clinique
- Evaluation systématique de la qualité des pontages