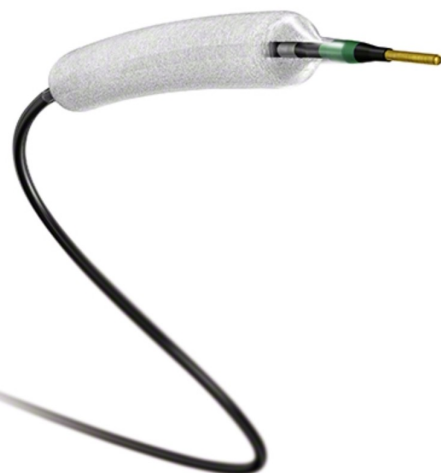




BARAKA



• **Restons actifs !**



M.GODIN

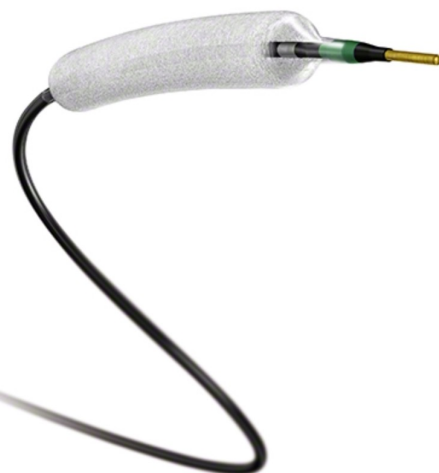
Clinique
Saint-Hilaire 



BARAKA



• **Restons actifs !**



M.GODIN



Clinique
Saint-Hilaire 

Conflits d'intérêts

consultant - recherche clinique:

Abbott, Asahi, Boston, BBraun, Biotronik, Edwards, Medtronic, SMT
Astra-Zeneca, Amgen, MSD

Indications ballon actif

• RIS :

Restenosis		
Repeat PCI is recommended, if technically feasible.	I	C
DES are recommended for the treatment of in-stent re-stenosis (within BMS or DES).	I	A
Drug-coated balloons are recommended for the treatment of in-stent restenosis (within BMS or DES).	I	A
IVUS and/or OCT should be considered to detect stent-related mechanical problems.	IIa	C

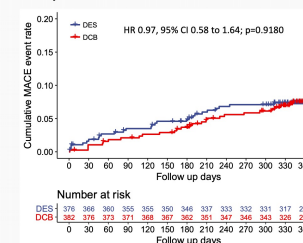
• Petits vaisseaux :

Drug-Coated Balloons for Small Coronary Artery Disease: BASKET-SMALL 2

Raban V. Jeger, Ahmed Farah, Marc-Alexander Ohlow, Norman Mangner, Sven Möbius-Winkler, Gregor Leibundgut, Daniel Wellenmann, Jochen Wöhrle, Stefan Richter, Matthias Schreiber, Felix Mahfoud, Axel Linke, Frank-Peter Stephan, Christian Mueller, Peter Rickenbacher, Michael Coslovsky, Nicole Gilgen, Stefan Osswald, Christoph Kaiser, and Bruno Scheller, for the BASKET-SMALL 2 Investigators

ESC Congress Munich 2018

BASKET-SMALL 2
MACE (12 Months)



5 6 7
JUIN 2019



CH La Rochelle

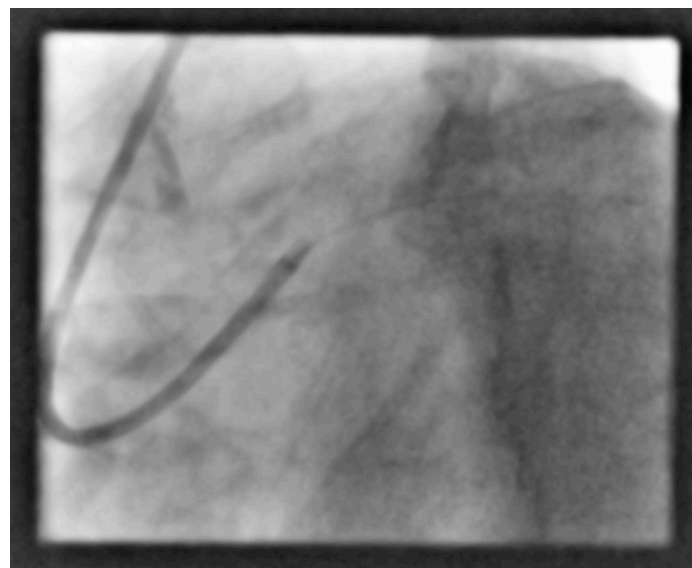
Expérience
monocentrique

L'angioplastie des lésions de novo par le ballon actif en première intention

L. Meunier

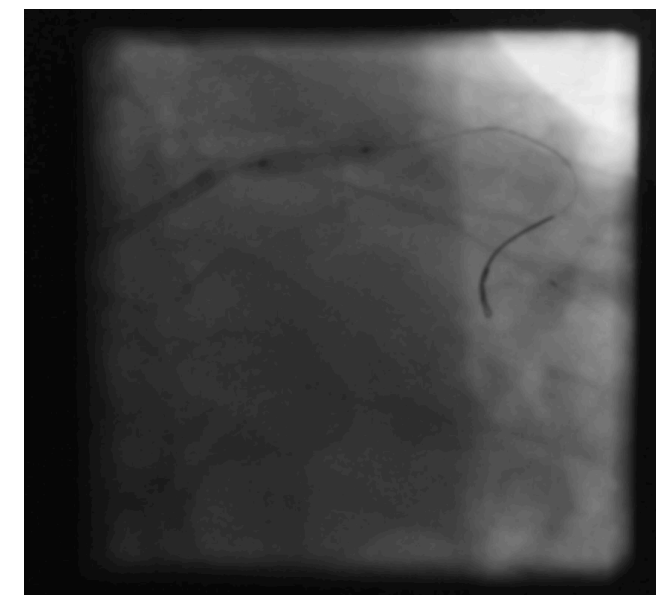
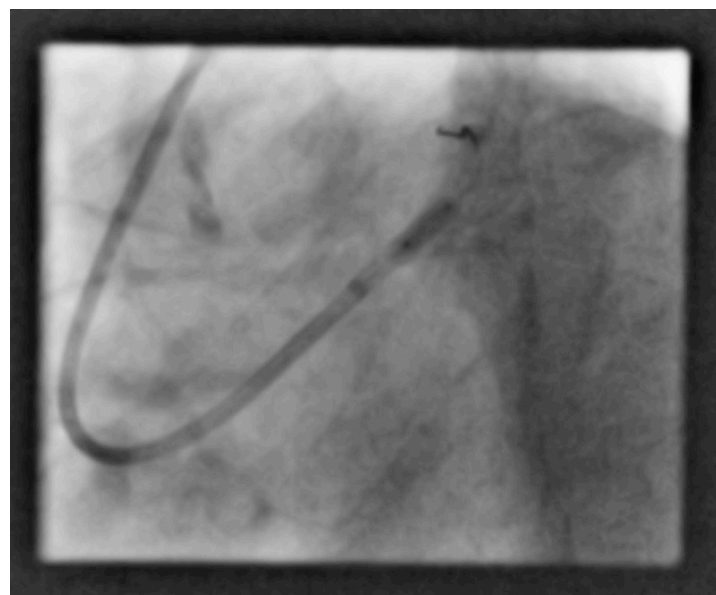
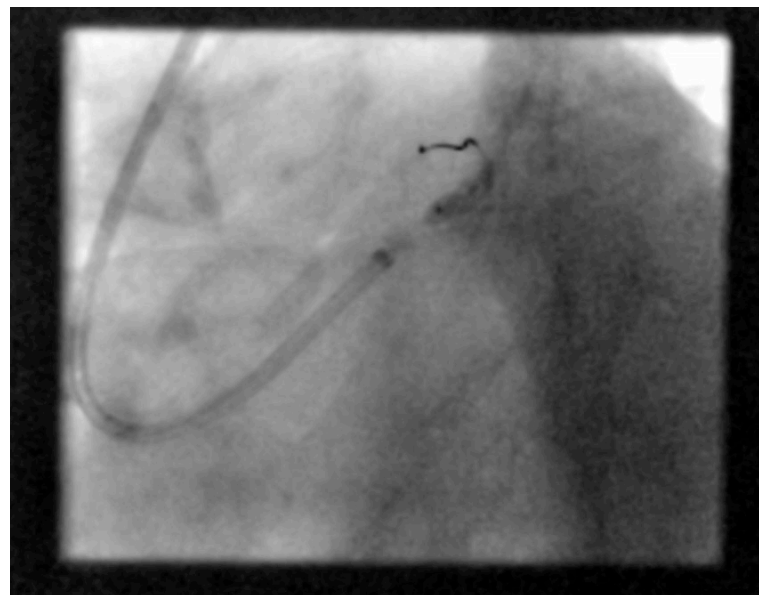
Retour APPAC Juin 2019

- Homme 86 ans avec angor au moindre effort et thrombopénie sévère nécessitant multiples transfusion de plaquettes et chimiothérapie en cours

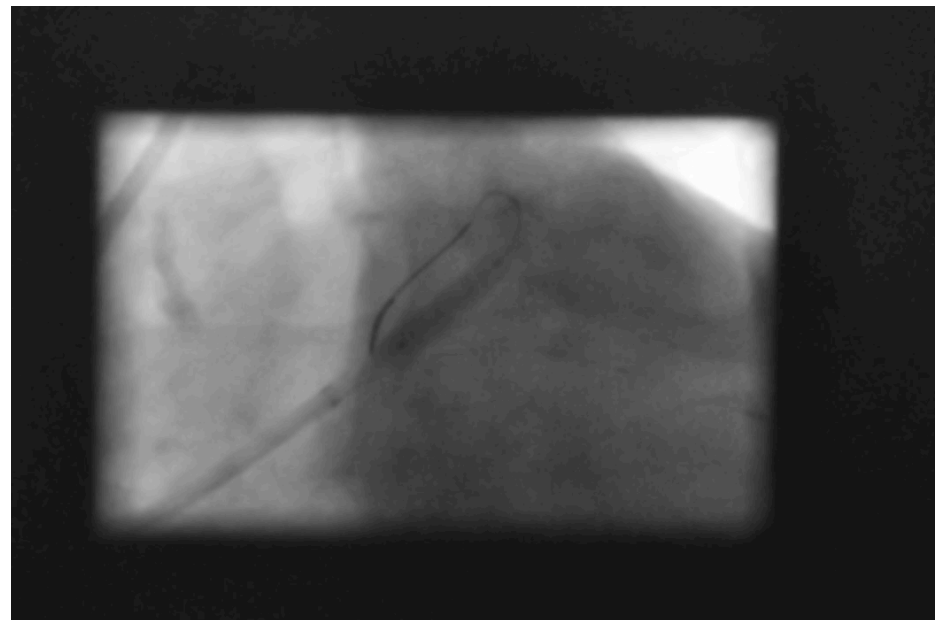
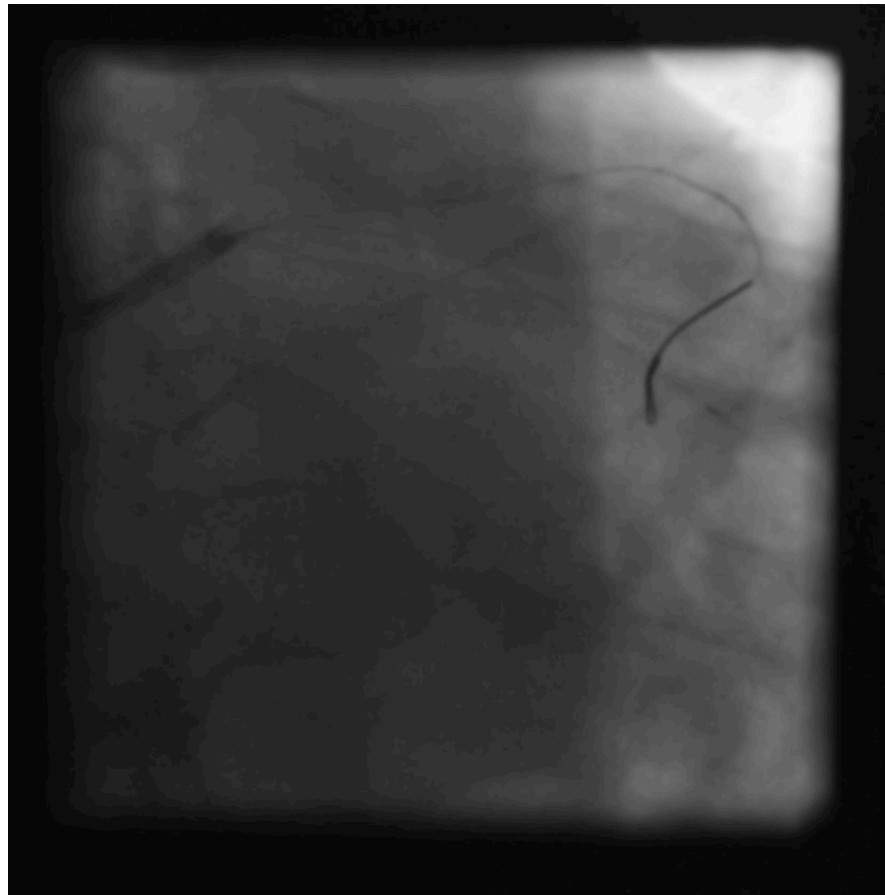


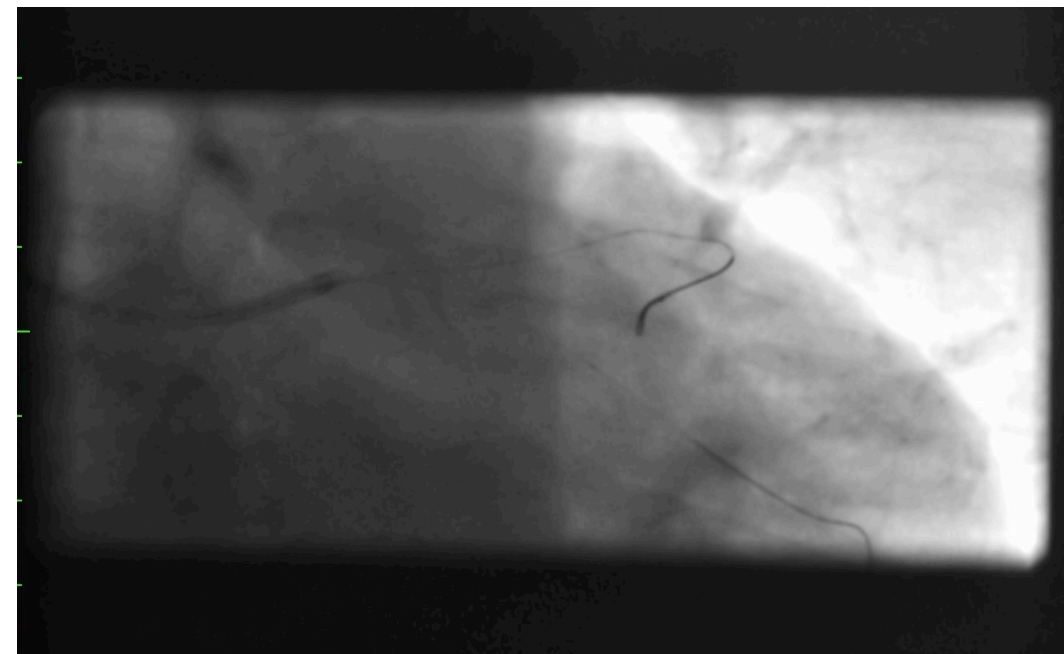
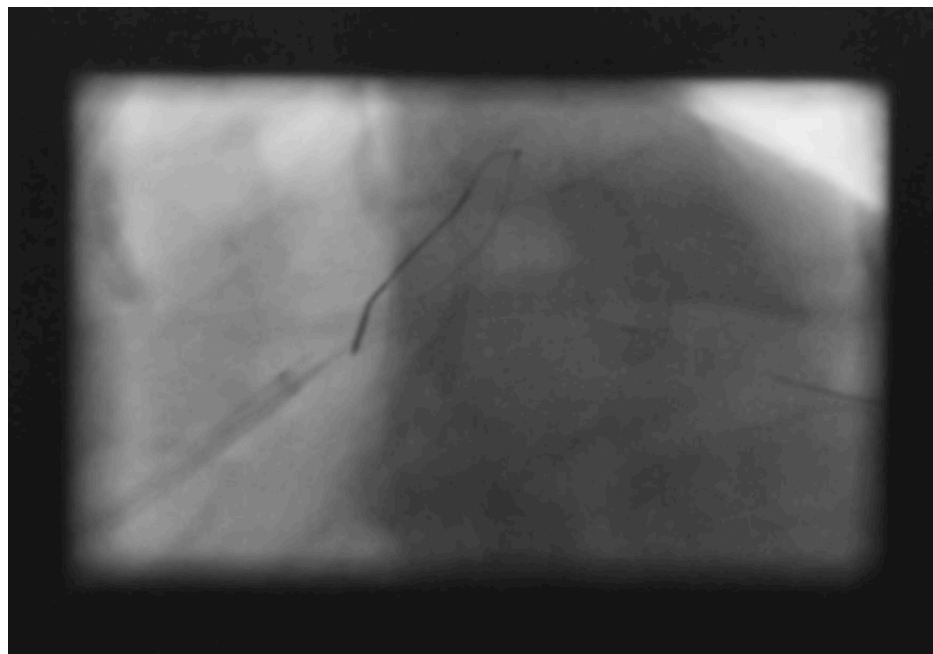
- En accord avec hématologue de Caen : Ok pour APTL sous monothérapie AAP courte

Pré-dilatation prudente jusqu' à taille 1/1



Contrôle puis ballon actif





Suivi à 2 ans : pas angor résiduel

Cardiologue

Ancien Interne des Hôpitaux de Rouen
RPPS : 10001879815
14 bd Pasteur - 27500 Pont Audemer
cardiologie.flouriot@gmail.com
02 32 56 64 24

Monsieur le Docteur LOSI Cabinet Médical 1 rue des
Cordeliers 27500 PONT AUDEMER

Pont Audemer le 25/05/2020

Mon Cher Ami, Je vous remercie de m'avoir adressé Monsieur [redacted] âgé de 87 ans (né le 16/02/1933) pour un contrôle. Le bénéfice de l'angioplastie simple au ballon est [redacted]. A proximale se maintient, Monsieur Pottier se dit en pleine forme, il n'arrête pas de bricoler. Au niveau de la thrombopénie l'évolution semble aussi satisfaisante, Monsieur Pottier serait à plus de 100 000 plaquettes.

Le traitement comporte Ténomine 50 x 2/jour, Lederfoline 5, L-Thyroxine 50 x 1/jour, Kardégic 75, Revolad 50 x 1/jour.

L'examen clinique retrouve un poids de 62 kg pour 1,70 m, une pression artérielle à 140/70 mmHg couché, 135/60 mmHg debout, les bruits du cœur sont réguliers, il n'y a pas de souffle, pas frottement, pas de signe d'insuffisance cardiaque, les pouls sont perçus sans souffle.

L'électrocardiogramme est superposable à celui de l'année dernière en rythme sinusal à 64/min avec un espace PR normal à 0,20 seconde, un axe de QRS à 30°, on retrouve un sus-décalage discret du segment ST en antérieur noté l'année dernière au sujet duquel j'avais eu l'occasion d'échanger avec le Docteur Godin.

AUTOTAL Une évolution qui paraît tout à fait satisfaisante avec un résultat de l'angioplastie simple au ballon qui se maintient. Compte tenu du contexte hématologique je pense que l'on va s'en tenir à une évaluation sur la symptomatologie et puisque le confort est bon, ce qui est l'essentiel à cet âge, je propose à Monsieur Pottier d'en rester là cette année.

En vous remerciant de votre confiance, très amicalement.



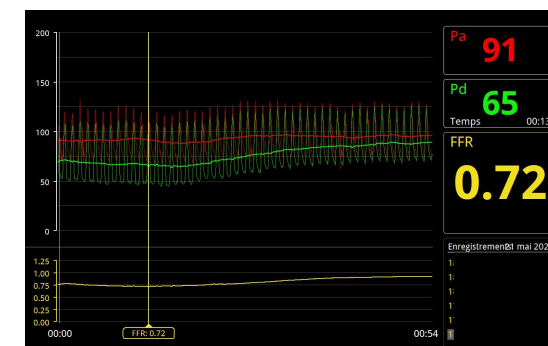
Mr T 65 ans

- HTA – Diabète II –HCT –ICF
- Atcd : Cancer prostate radiothérapé
AVC
- Cardiopathie ischémique avec stent IVA et CX en Nov 2020
- Angor typique crescendo depuis 1 mois

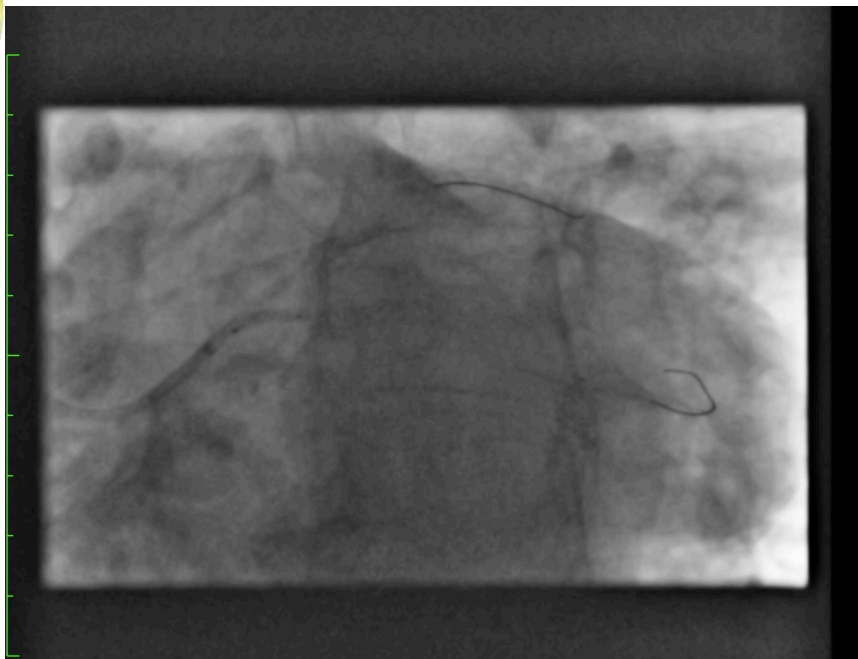
Coro le 20 mai 2021 : lésion 0/0/1



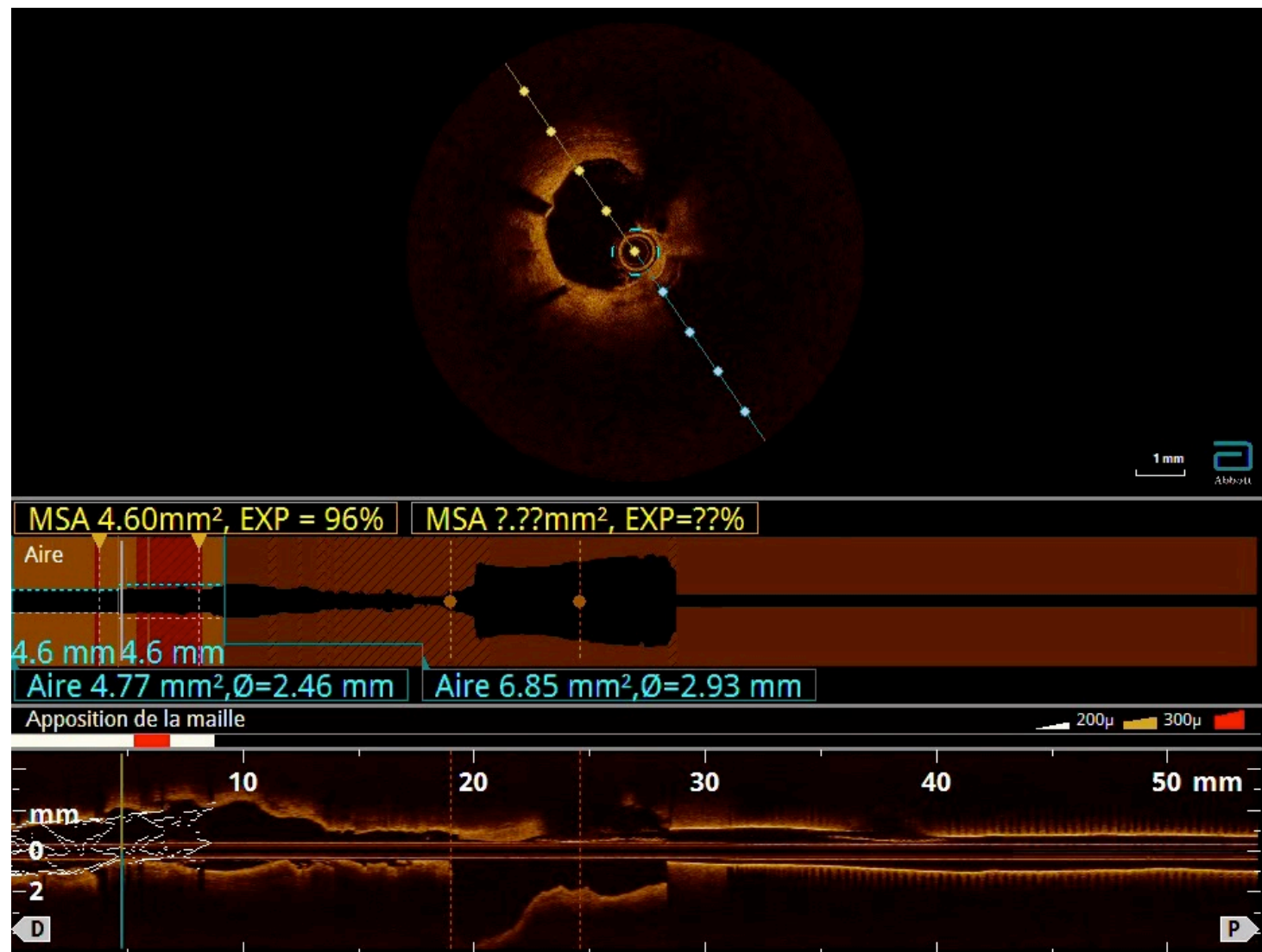
FFR CX = 0,72



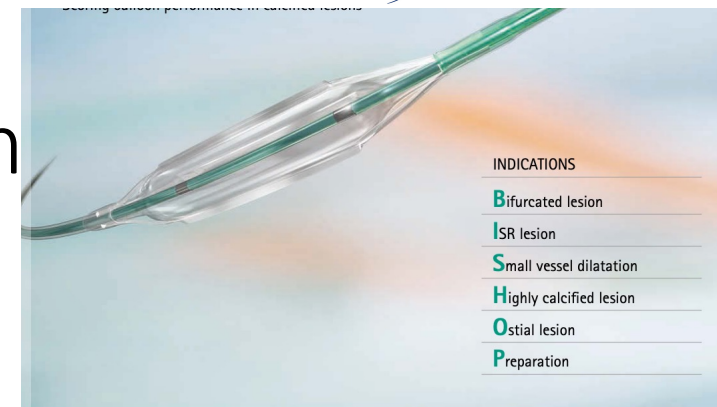
Quelle stratégie ?



Pré-dilatation ballon SC
2,5 x 15mm



Scoring Ballon NSE Alpha 3 x 13 mm 8 atm



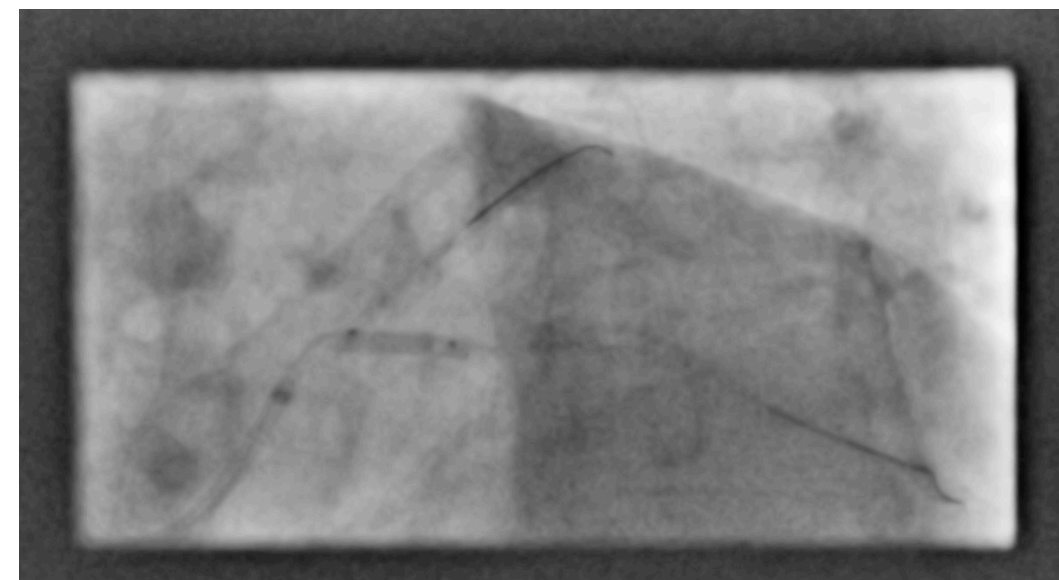
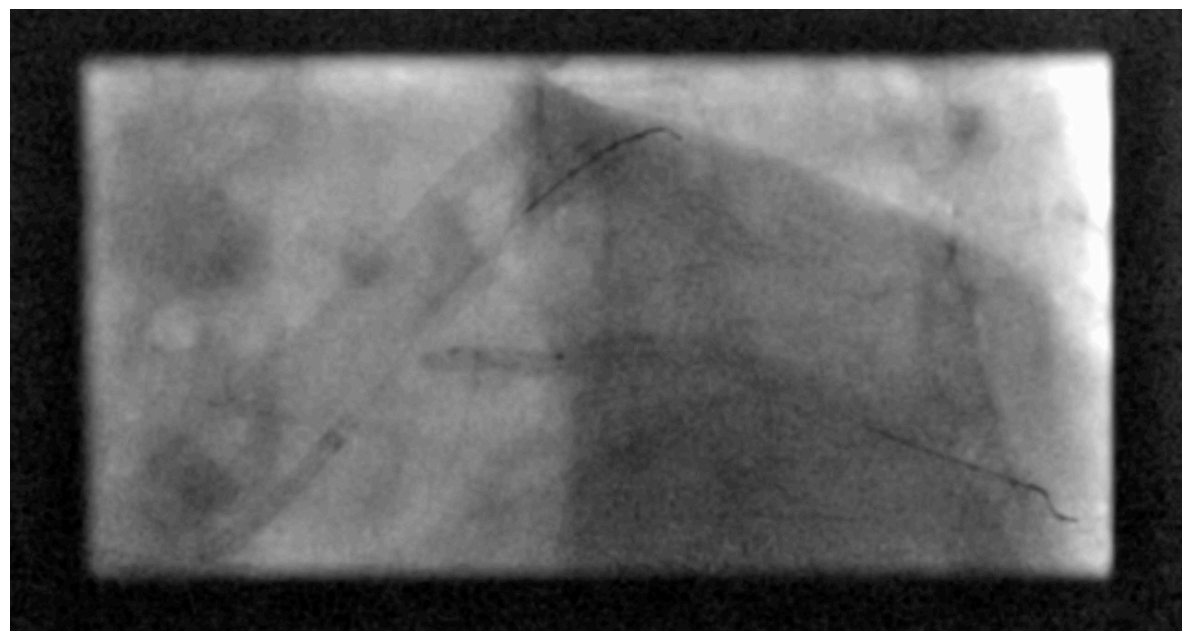
HIGH FLEXIBILITY AND MECHANICAL PERFORMANCE



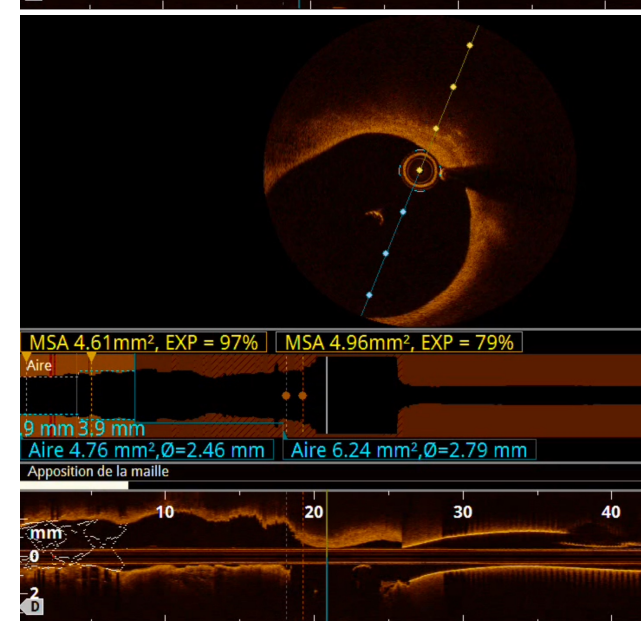
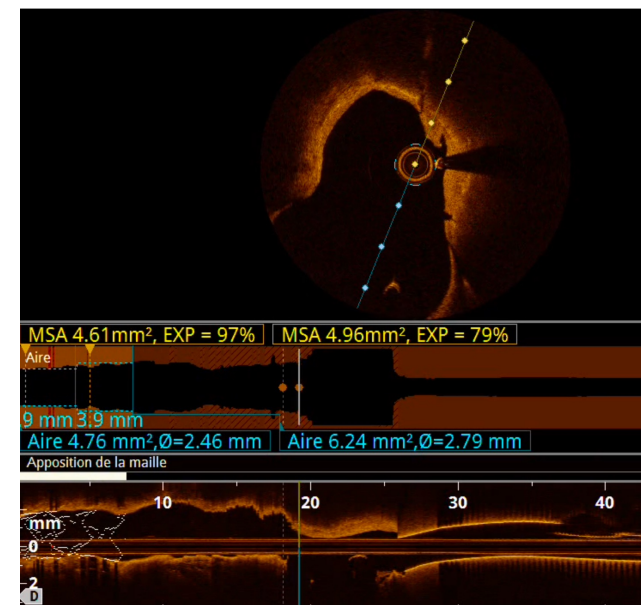
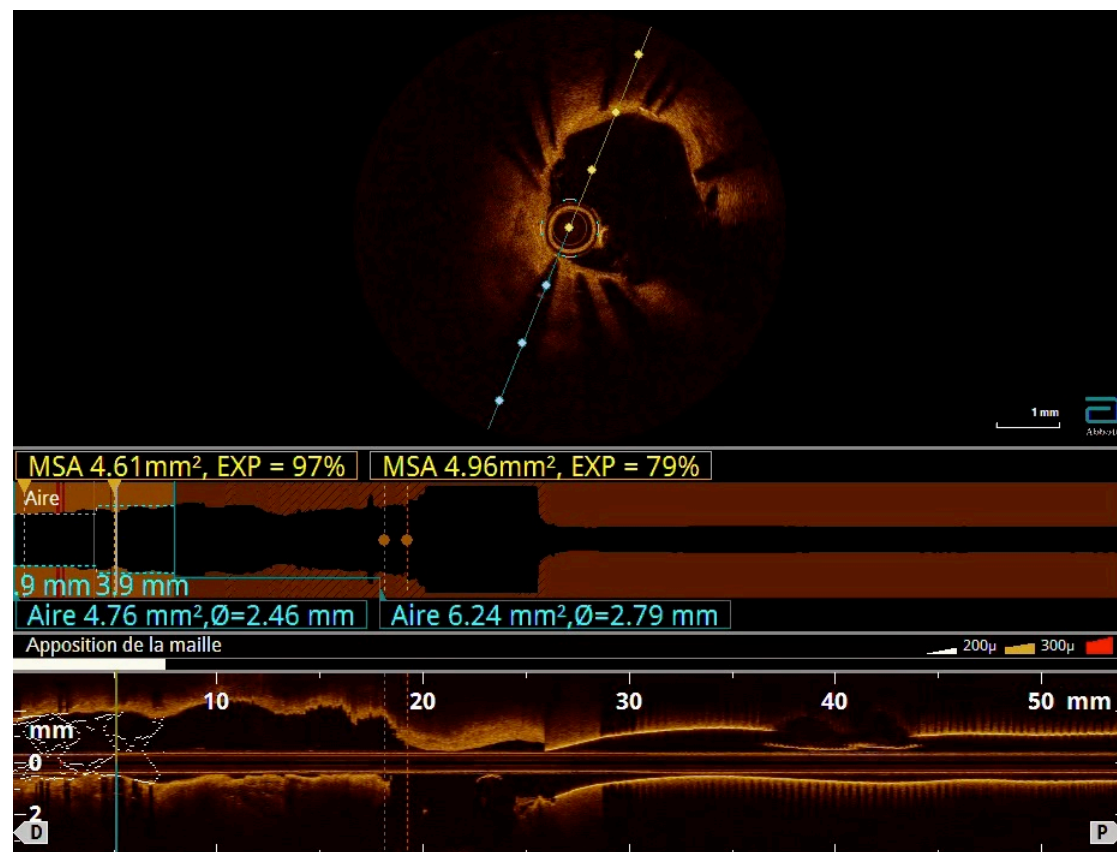
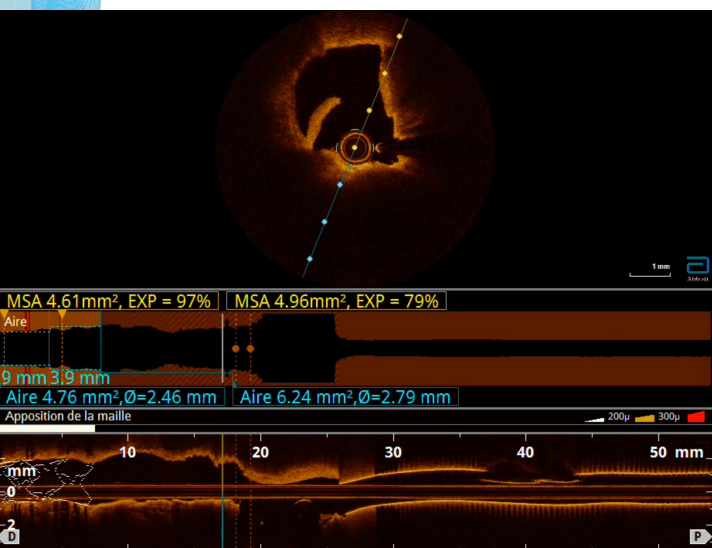
Flexible scoring elements are only attached at the distal and proximal ends and lead to a PTCA balloon-like tracking.



Once the balloons is inflated, the nylon elements find the final position for best mechanical performance.

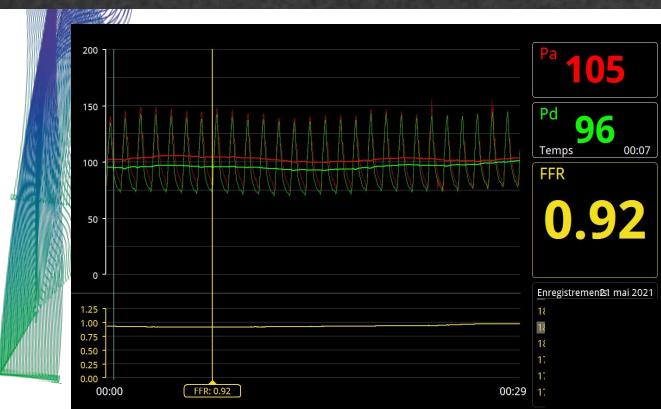
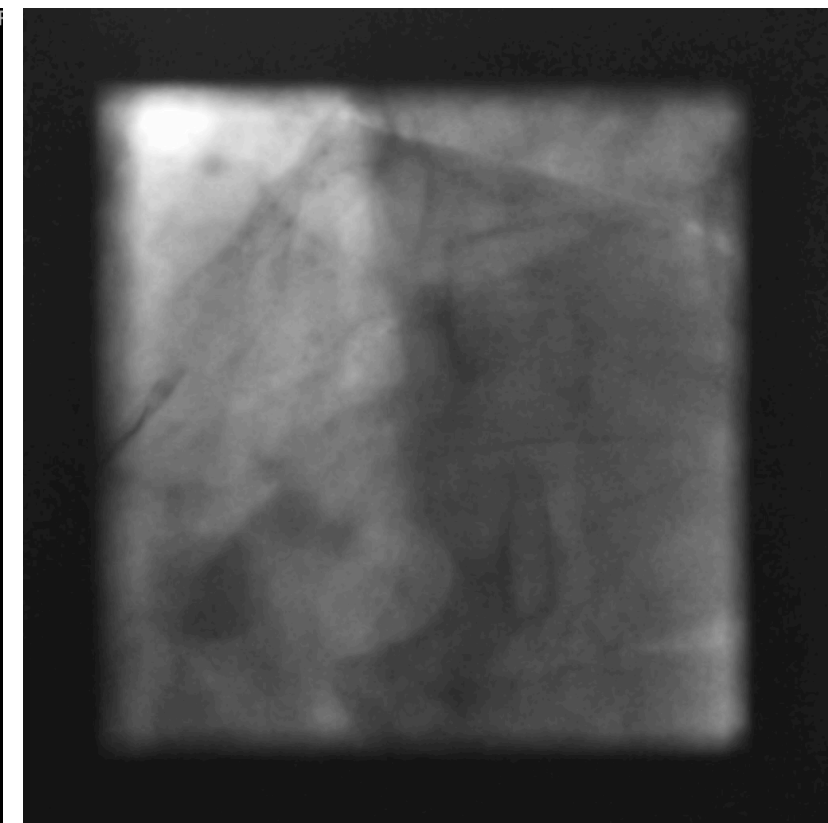
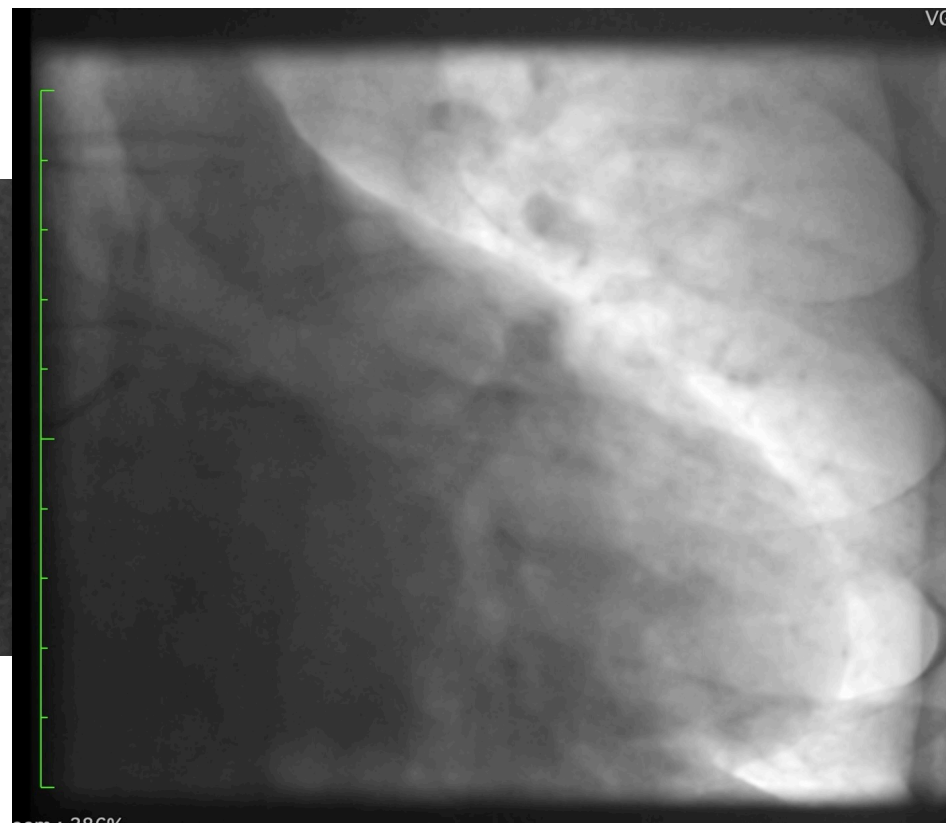
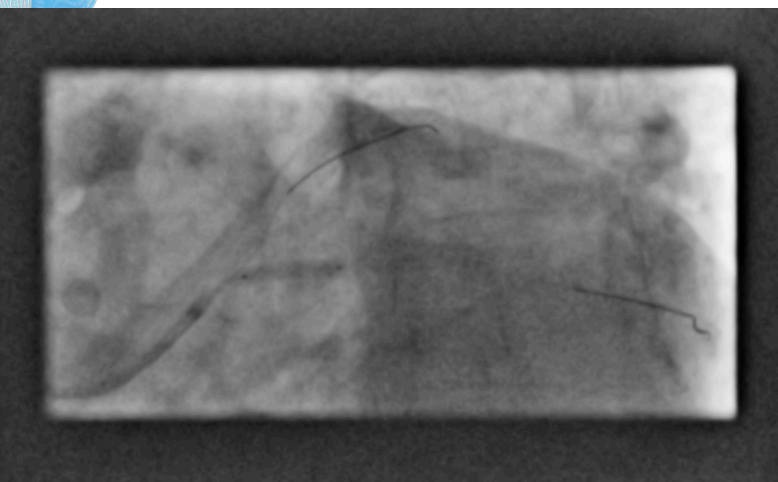


OCT après scoring ballon NSE Alpha 3 x 13 mm

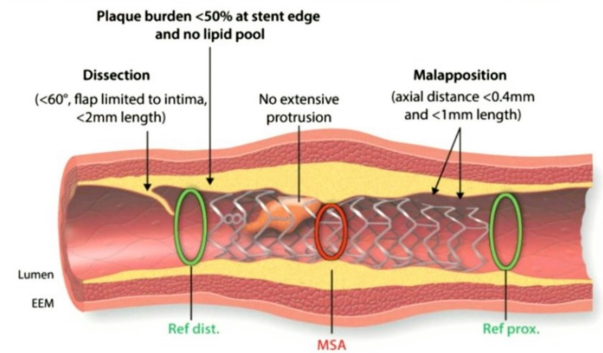


Ballon Actif Sequent Please NEO

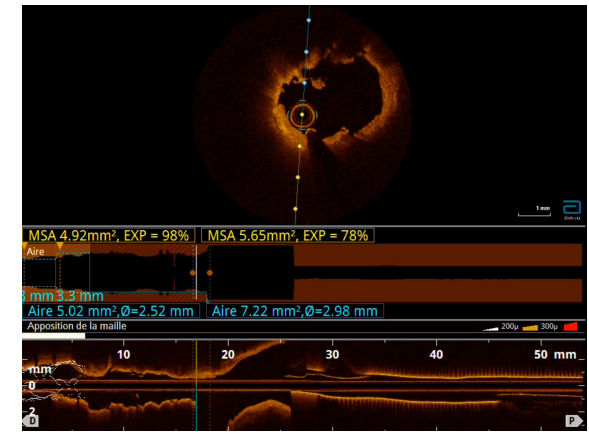
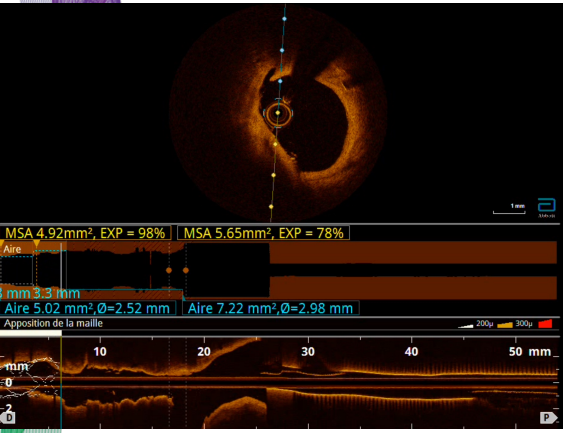
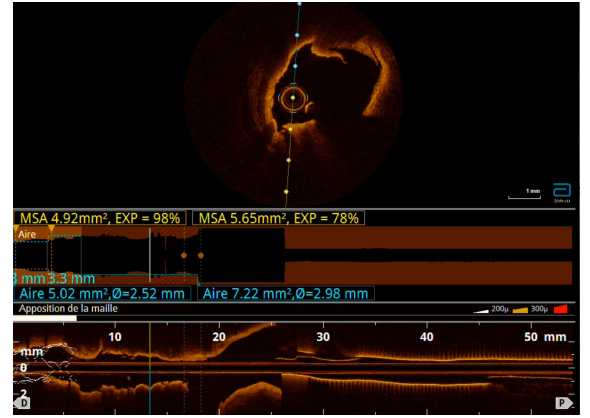
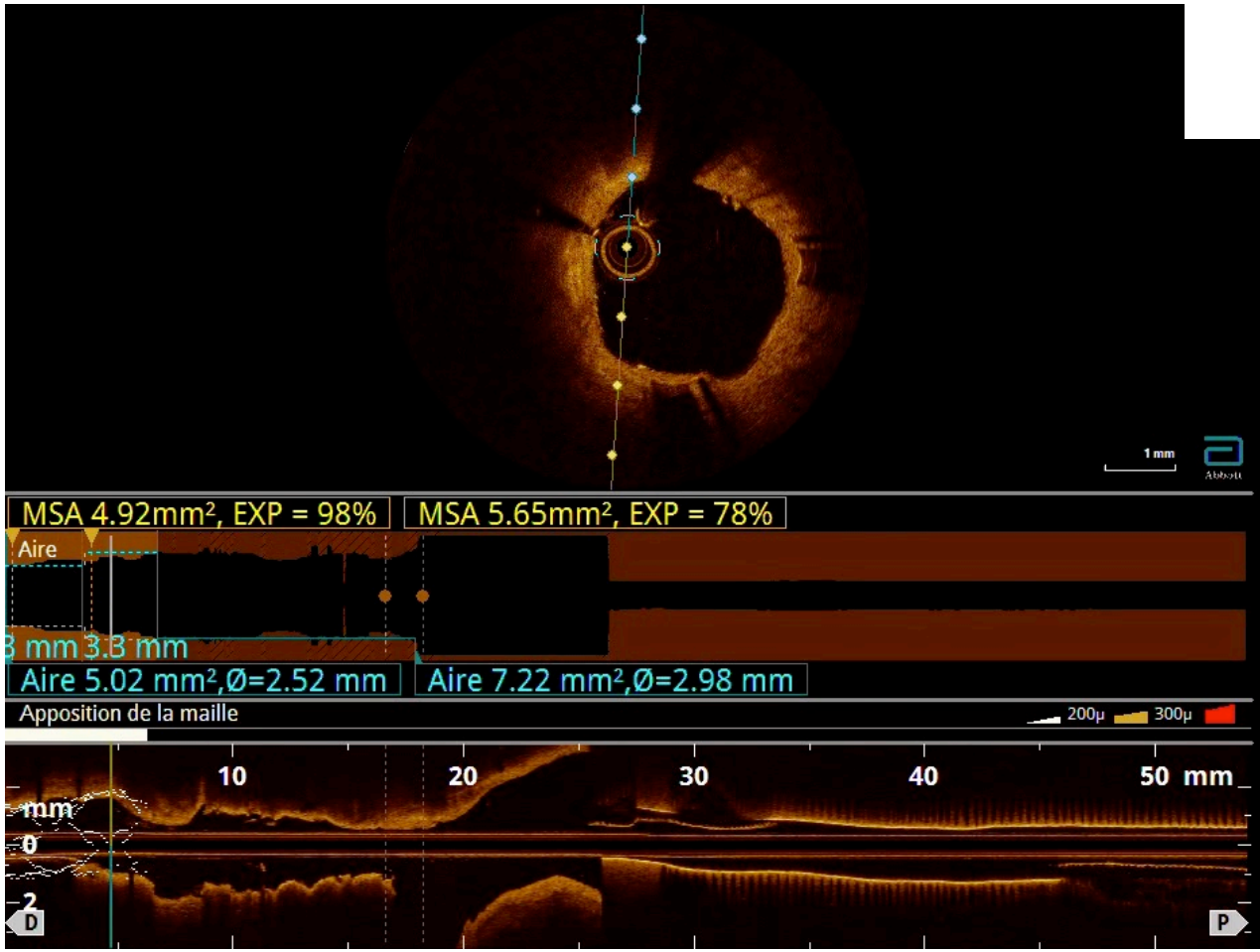
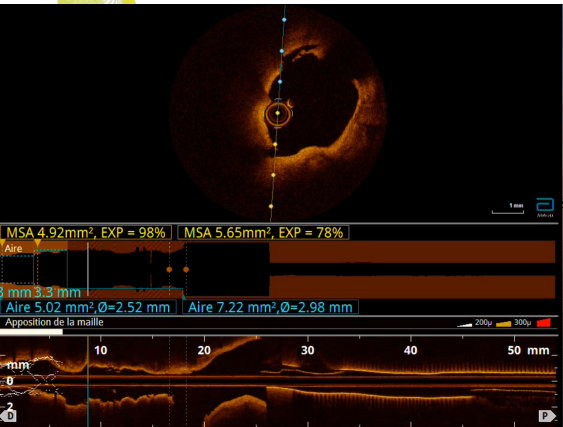
3 x 15 mm 10 atm 1 min



Lésions ostiales



MSA > 5.5mm² (IVUS) and > 4.5mm² OCT
 MSA/average reference lumen > 80%



Ballon actif lésions De novo



EuroIntervention

ISSUES

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AUTHOR CENTRE



CORONARY INTERVENTIONS

Bare metal or drug-eluting stent versus drug-coated balloon in non-ST-elevation myocardial infarction: the randomised PEPCAD NSTEMI trial

EuroIntervention 2020;15:1527-1533. DOI: 10.4244/EIJ-D-19-00723



Bruno Scheller¹, MD; Marc-Alexander Ohlow², MD; Sebastian Ewen¹, MD; Stephan Kische³, MD; Tanja K. Rudolph⁴, MD; Yvonne P. Clever¹, MD; Andreas Wagner², MD; Stefan Richter², MD; Mohammad El-Garhy², MD; Michael Böhm¹, MD; Ralf Degenhardt⁵, PhD; Felix Mahfoud¹, MD; Bernward Lauer⁶, MD



RELATED ISSUE

Volume 15

Ballon actif lésions De novo

Trending in EuroIntervention - May 2021

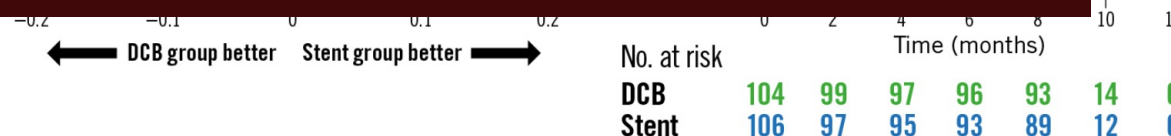
EuroIntervention

PUBLISHED IN 2020 AND RANKED BY NUMBER OF CITATIONS IN 2021 (Source: Web of Science)

- 1. **Ueki Y, et al. [Aug 2020]** Validation of the Academic Research Consortium for High Bleeding Risk (ARC-HBR) Criteria in Patients Undergoing Percutaneous Coronary Intervention and Comparison With Contemporary Bleeding Risk Scores
- 2. **Glikson M, et al. [Jan 2020]** EHRA/EAPCI Expert Consensus Statement on Catheter-Based Left Atrial Appendage Occlusion - An Update
- 3. **Estevez-Loureiro R, et al. [Feb 2020]** Transcatheter Mitral Valve Repair in Patients With Acute Myocardial Infarction: Insights From The European Registry of Mitraclip in Acute Mitral Regurgitation Following an Acute Myocardial Infarction (EREMMI)
- 4. **Masdjedi K, et al. [Sep 2020]** Validation of a Three-dimensional Quantitative Coronary Angiography-based Software to Calculate Fractional Flow Reserve: the FAST Study
- 5. **Scheller B, et al. [Apr 2020]** Bare Metal or Drug-Eluting Stent versus Drug-Coated Balloon in Non-ST-Elevation Myocardial Infarction: the Randomised PEPCAD NSTEMI Trial
- 6. **Lauri FM, et al. [Apr 2020]** Angiography-Derived Functional Assessment or Non-Culprit Coronary Stenoses in Primary Percutaneous Coronary Intervention
- New** 7. **Tarantini G, et al. [Jun 2020]** TAVR-in-TAVR and Coronary Access: Importance of Preprocedural Planning
- 8. **Behnes M, et al. [Feb 2020]** Coronary Chronic Total Occlusions and Mortality in Patients with Ventricular Tachyarrhythmias
- 9. **Chieffo A, et al. [Feb 2020]** Observational Multicentre Registry of Patients Treated with IMPella Mechanical Circulatory Support Device in Italy: the IMP-IT Registry
- New** 10. **Ladwiniec A, et al. [Jun 2020]** Intravascular Ultrasound to Guide Left Main Stem Intervention: a NOBLE Trial Substudy

death, myocardial reinfarction, or target lesion revascularisation)	11 (5.2)	4 (3.8)	7 (6.6)	0.53
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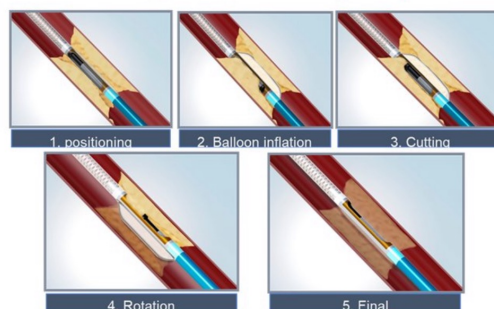
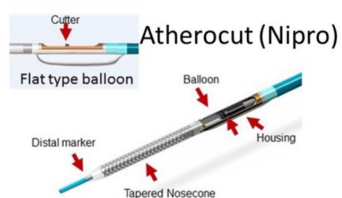
Intention-to-treat analysis. Data are presented as n (%). * Unknown death 8 days post DES implantation.



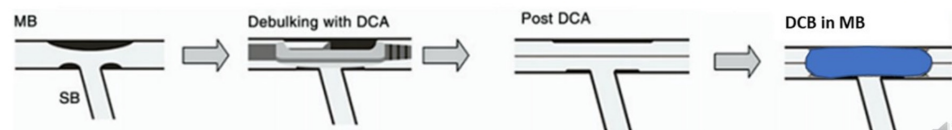
DEBUT



Stent-less treatment in LM bifurcation: Directional Coronary Atherectomy (DCA) + DCB



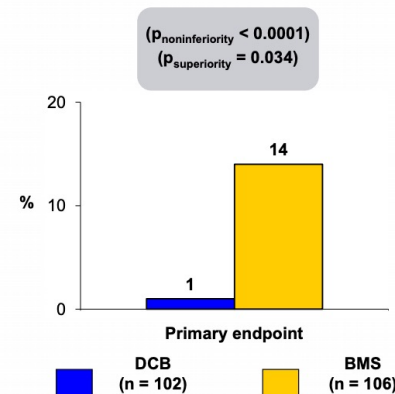
Complex stenting in LM should be avoided in a pre-operative patient. DCA+DCB is a good option for stent-less treatment in LM bifurcation.



Trial Description: Patients with *de novo* lesions and high bleeding risk were randomized in a 1:1 fashion to PCI with a paclitaxel-based drug-coated balloon (DCB) or BMS after successful predilation. They were followed for 9 months.

RESULTS

- Primary endpoint, MACE (CV death, MI, TLR) at 9 months: DCB vs. BMS: 1% vs. 14% ($p_{\text{noninferiority}} < 0.0001$, $p_{\text{superiority}} = 0.00034$)
- CV death: 1% vs. 6% ($p = 0.061$); MI: 0% vs. 6% ($p = 0.015$), TLR: 0% vs. 6% ($p = 0.15$)
- Vessel closures/stent thrombosis: 0% vs. 1.9%
- MACE at 12 months: 4% vs. 14% ($p = 0.015$)

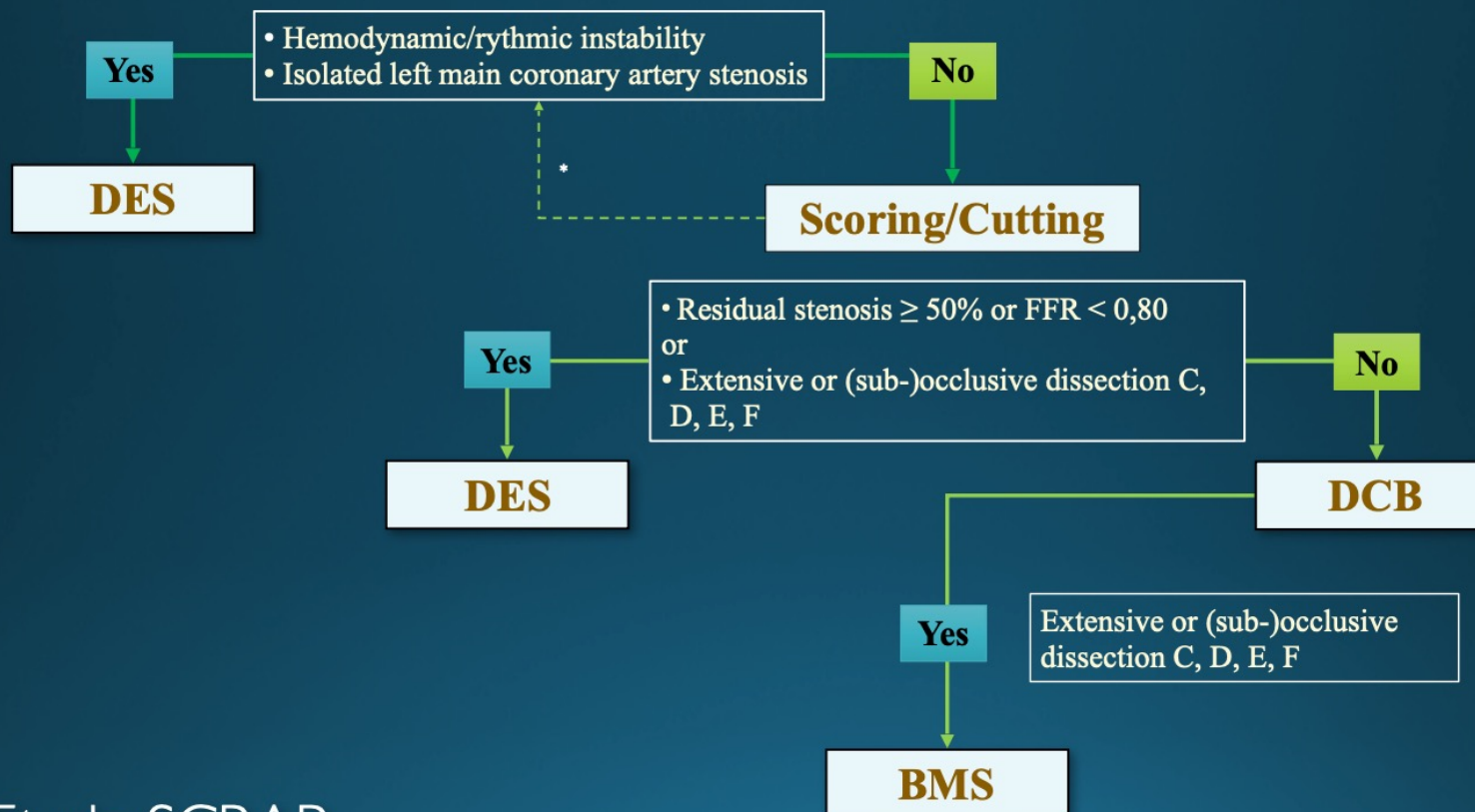


CONCLUSIONS

- Use of a paclitaxel-based coronary DCB was superior to BMS implantation among patients undergoing *de novo* PCI and high bleeding risk
- DCBs are approved for coronary PCI in Europe, but not FDA approved in the US
- Optimal control for comparison for DCBs may be DES with shorter durations or BPS-DES

Rissanen TT, Lancet 2019; Jun 13:[Epub]

Interventional revascularization of a coronary lesion



Etude SCRAP

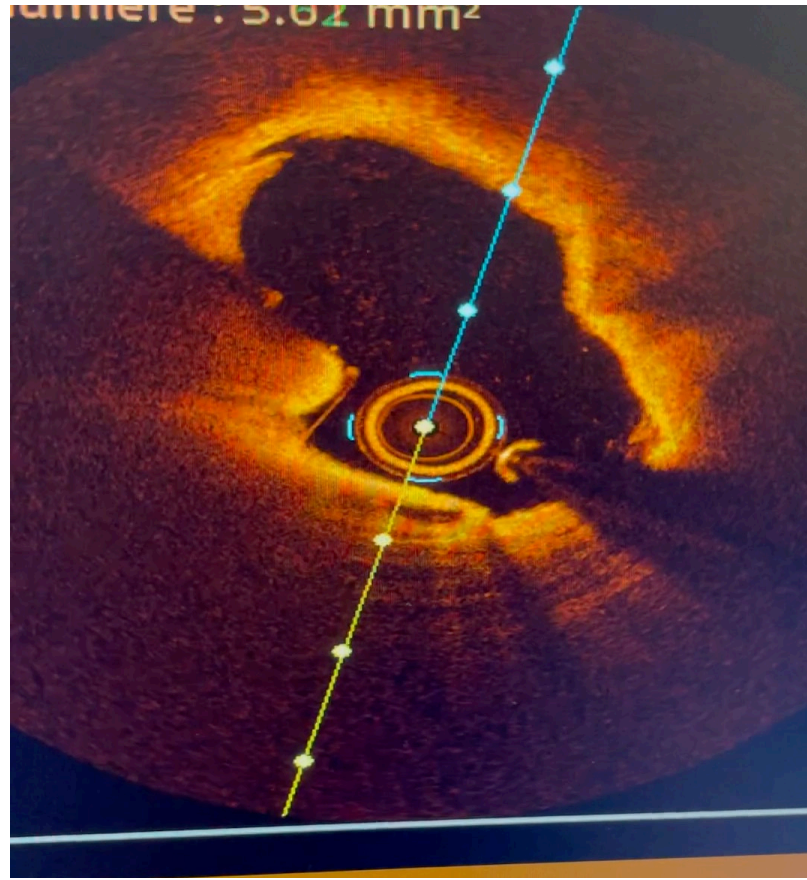
Evaluation de la SéCuRité des interventions d'AngioPlastie

* If hemodynamic/rythmic instability

Conclusions

- BARAKA : Que de la chance ?
- Un changement de paradigme ?
- Stratégie sélectionnée : méthodologie bien précise : scoring- DEB non agressive
 - En pratique occlusion aigue limitant flux sont rares
 - Place DAPT ?
 - Rien laisser dans artère
 - Remodelage positif
- Etudes en cours : L.MEUNIER SCRAPS





4^E ÉDITION



23
—
24

SEPTEMBRE 2021 - POITIERS
CENTRE HOSPITALIER UNIVERSITAIRE



SAVE THE DATE

COMPLEX CORONARY CASES COURSE

Un atelier pratique et interactif, avec pour objectifs :

- anticiper les complications pour les éviter
- établir une stratégie de revascularisation efficace

COMITÉ D'ORGANISATION :

Dr Erwan Bressollette (Nantes), Dr Matthieu Godin (Rouen),
Dr Sébastien Levesque (Poitiers) & Dr Ashok Tirouvanziam (Nantes)

ORGANISATION LOCALE : Pr Luc-Philippe Christiaens, Dr Jean Mergy,
Dr Sébastien Levesque, Dr Élixa Larrieu-Ardilouze & Dr Alexandre Gamet



