

Bifurcation du tronc Commun

Il faut simplifier au Maximum

Thierry Lefèvre



INSTITUT
CARDIOVASCULAIRE
PARIS
SUD

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Mais pas faire n'importe quoi !

Thierry Lefèvre



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EDITORIALS

Bifurcation Lesions: the Simpler, the Better

Thierry Lefèvre

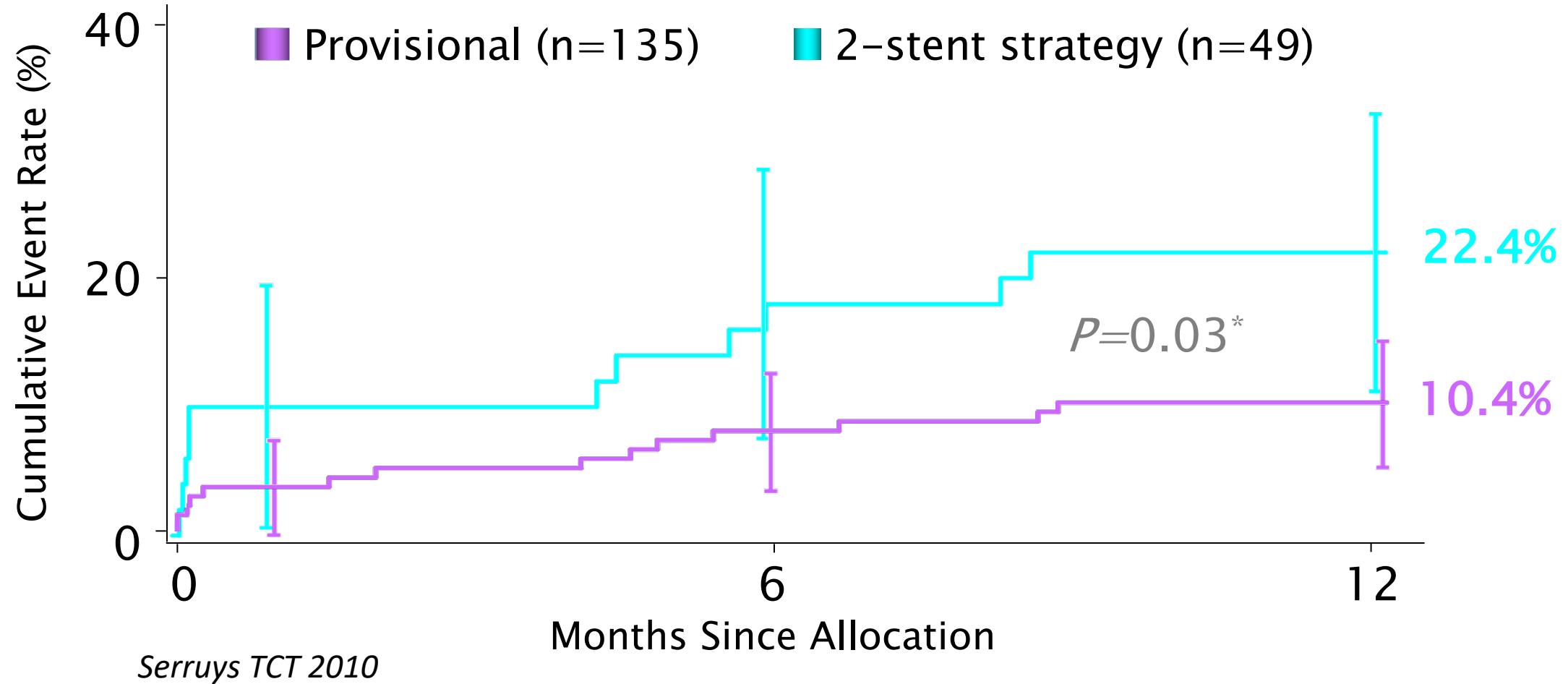
Institut Cardiovasculaire Paris Sud, Massy, France.

Rev Esp Cardiol. 2005;58(11):1261-5

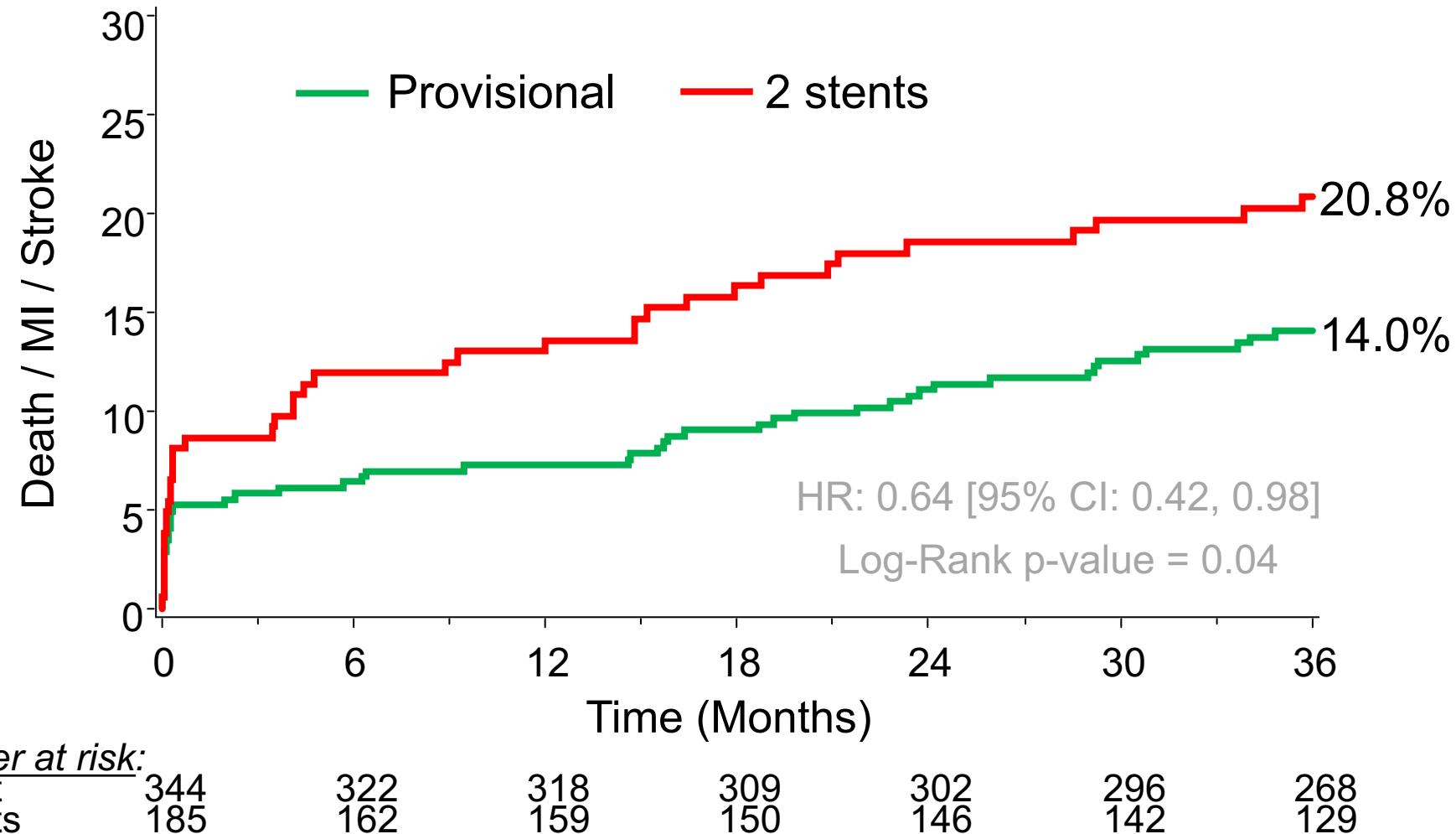
1 stent quand on peut, 2 si il faut

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SYNTAX LM Subset, MACCE @ 12 Months

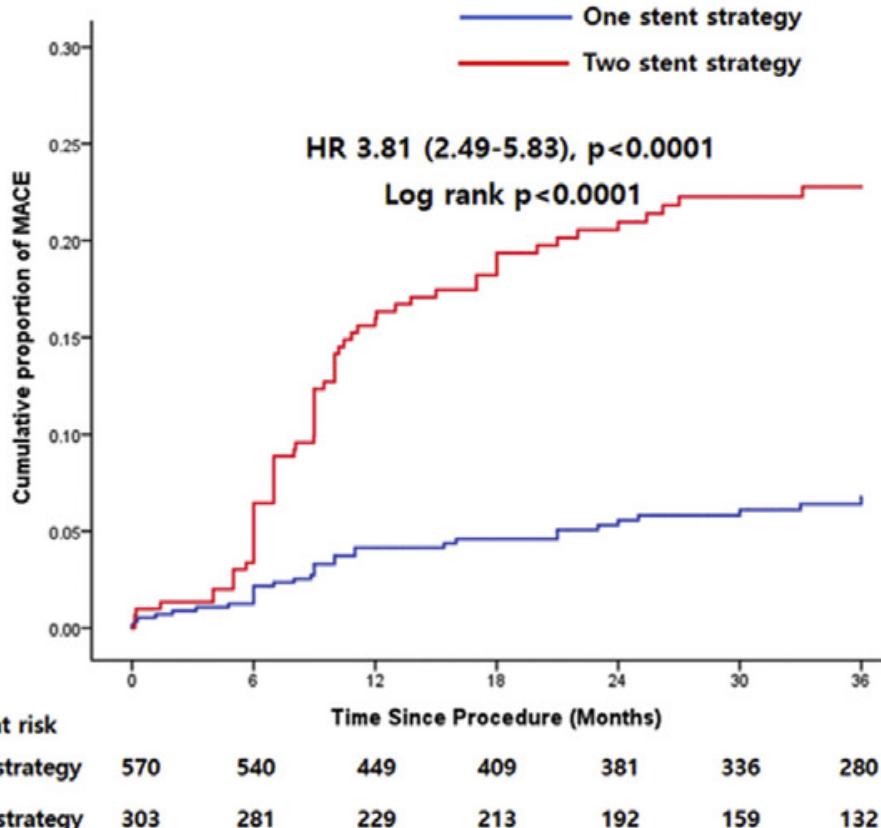


1 stent quand on peut, 2 si il faut



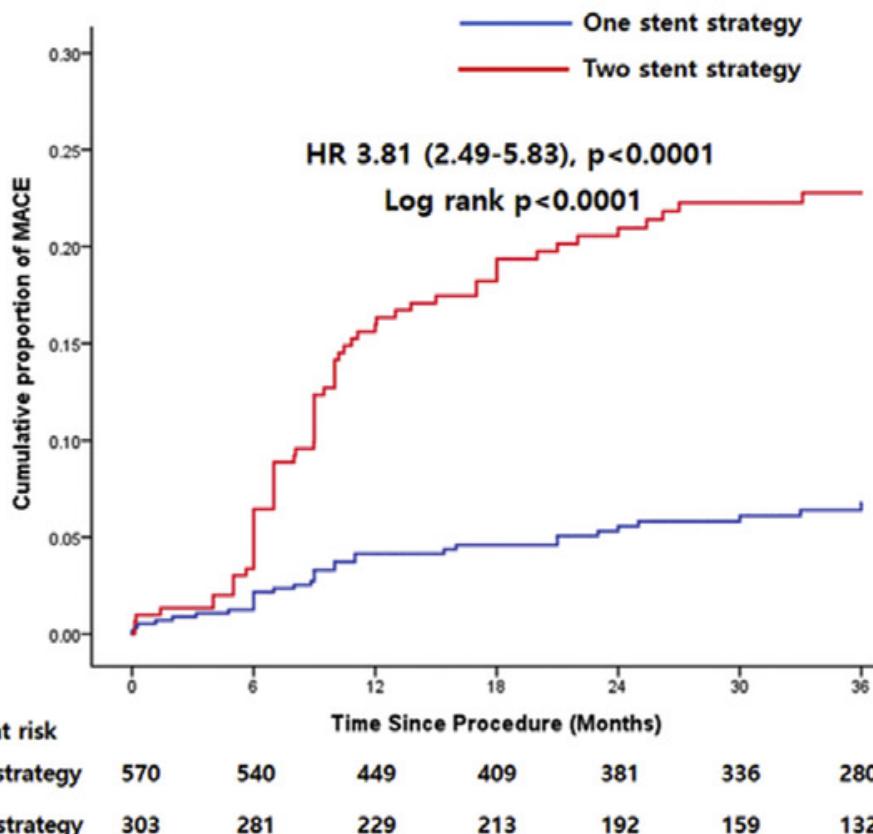
1 stent quand on peut, 2 si il faut

Early DES generation (SES, PES, ZES-S)

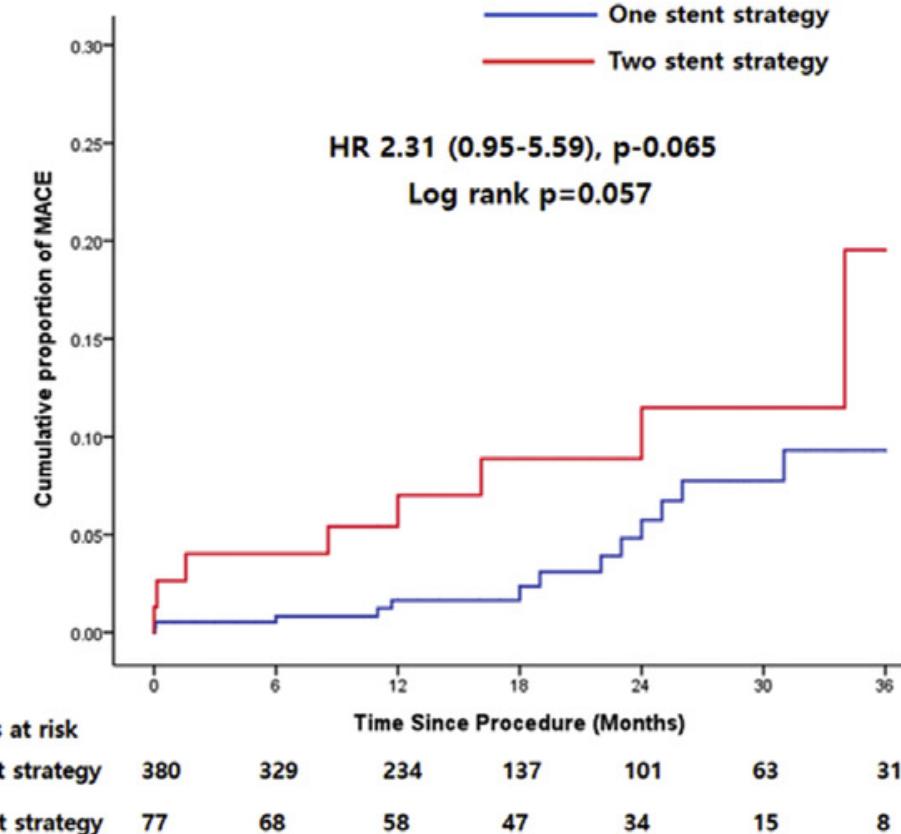


1 stent quand on peut, 2 si il faut

Early DES generation (SES, PES, ZES-S)

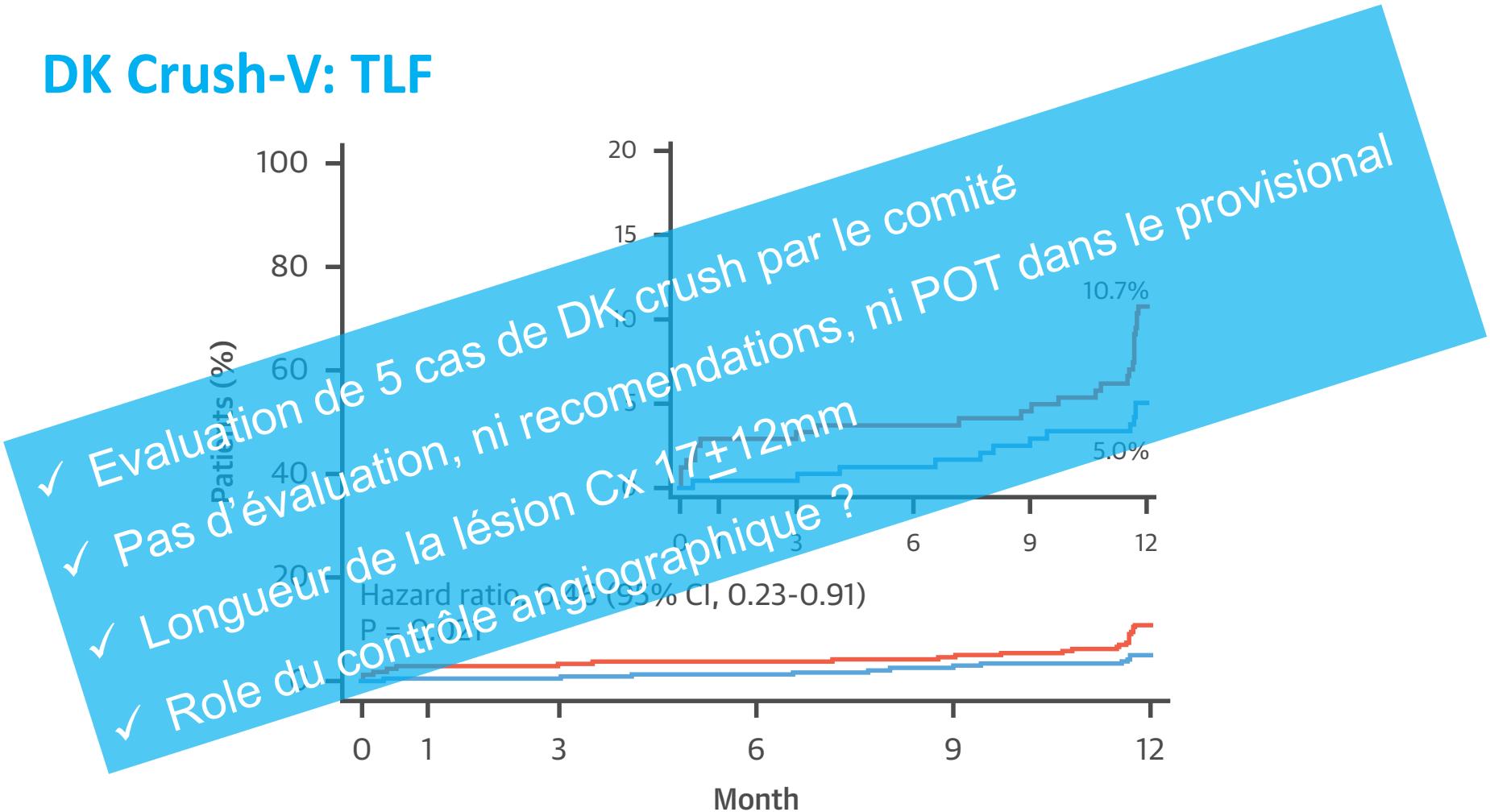


Current DES generation (EES, BES, ZES-R)



1 stent quand on peut, 2 si il faut

DK Crush-V: TLF



No. at risk

DK crush

240 239

239

236

230

224

Provisional stenting

242 236

235

234

231

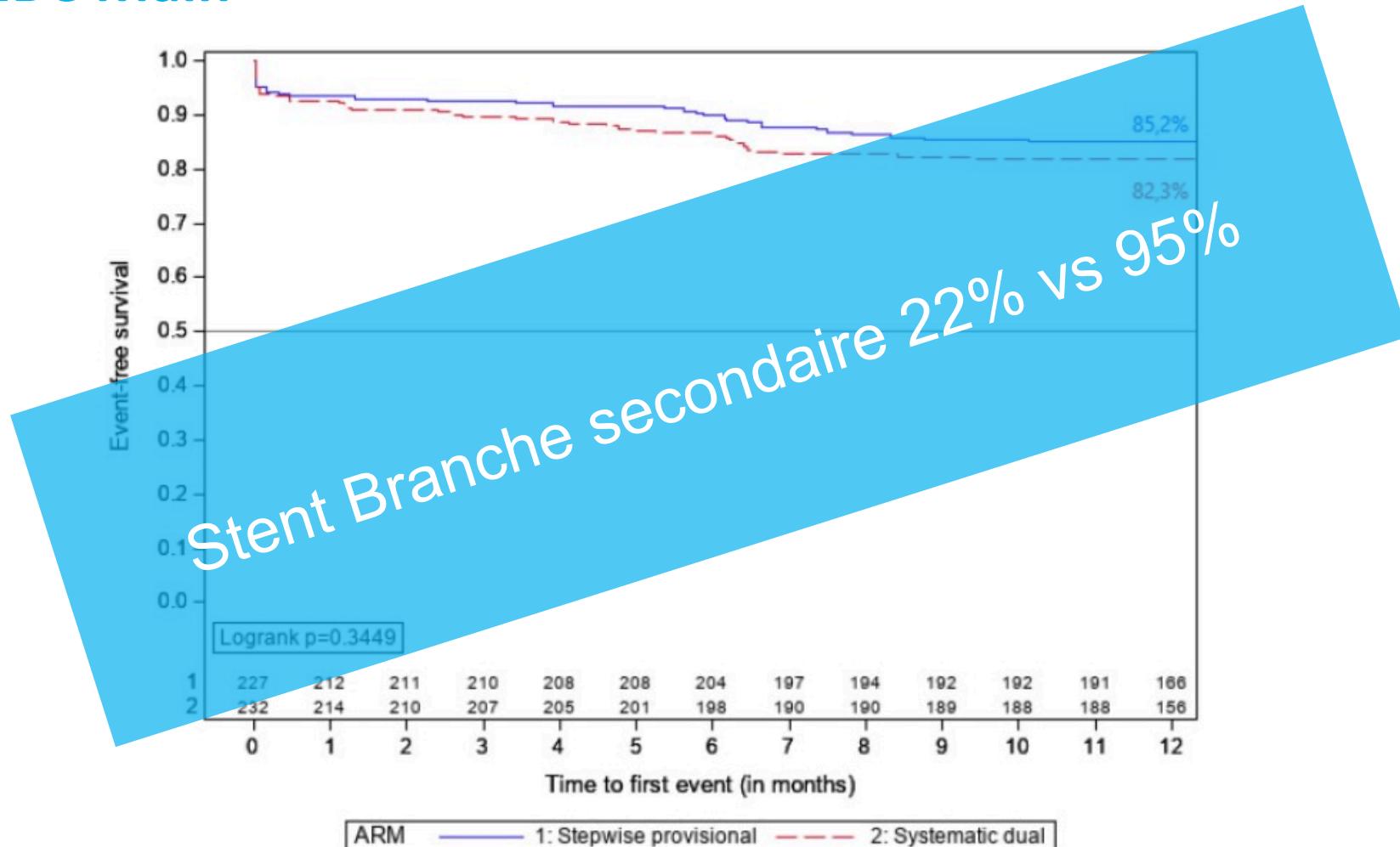
216

1 stent quand on peut, 2 si il faut

EBC Main

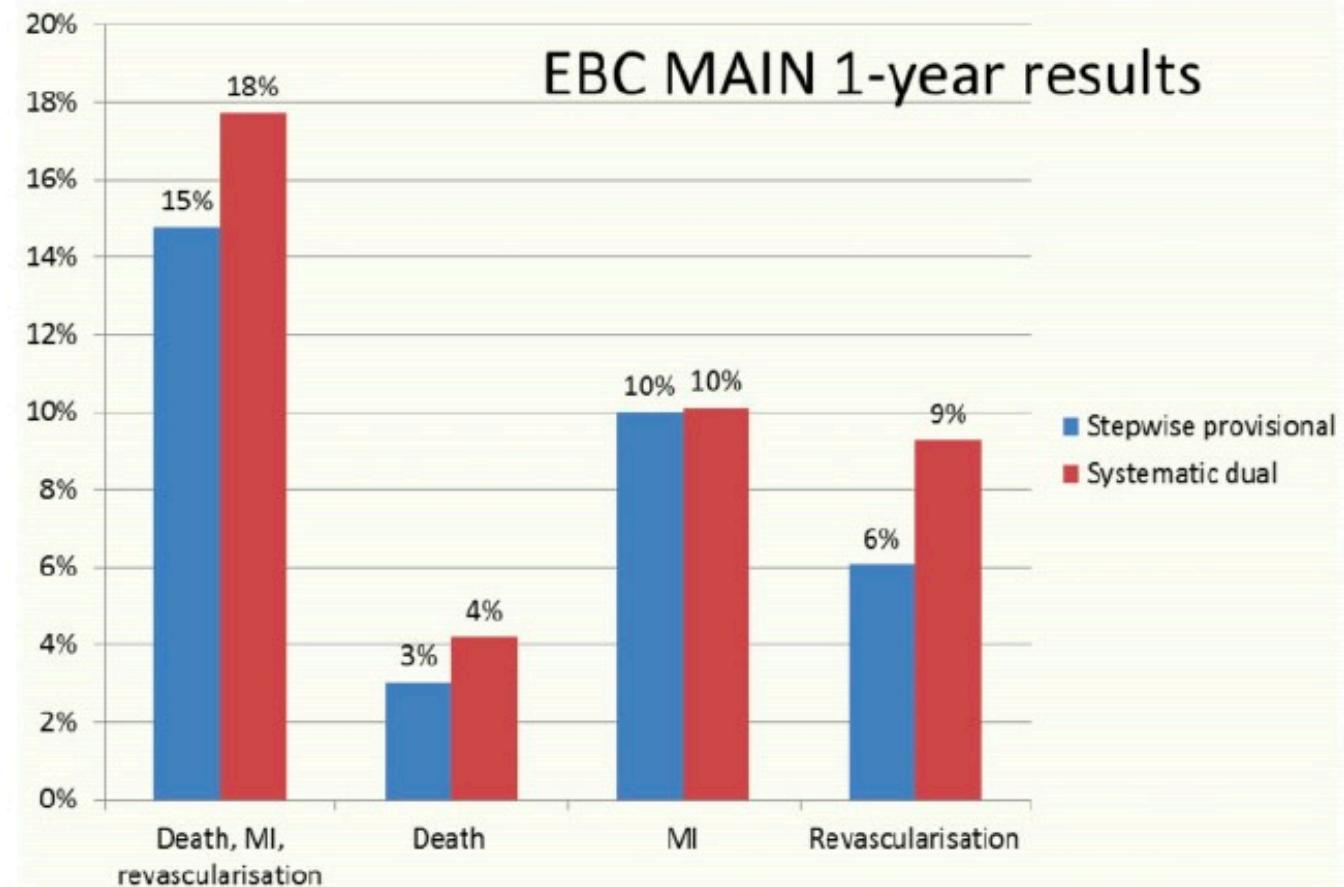
1 stent quand on peut, 2 si il faut

EBC Main



1 stent quand on peut, 2 si il faut

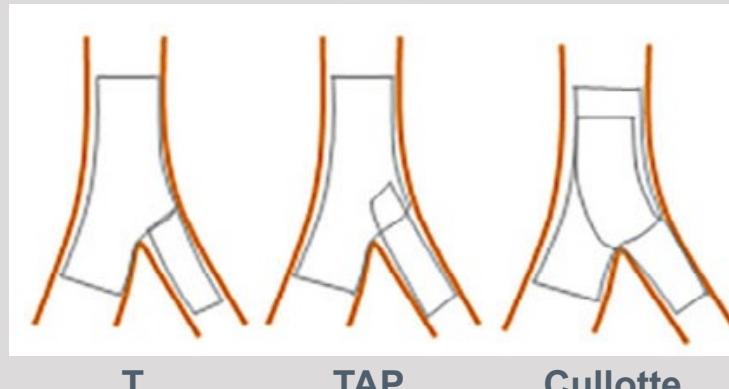
EBC Main



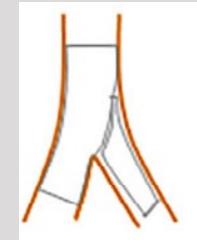
Comment faire ?

Low risk of SB occlusion

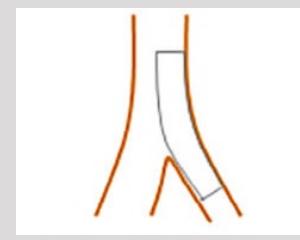
MB stenting with
provisional SB stenting



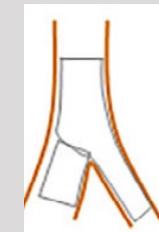
High risk of SB occlusion



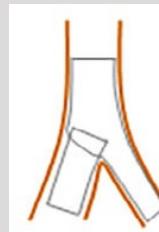
DK crush



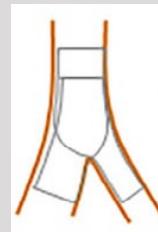
Inverted provisional



Inverted T

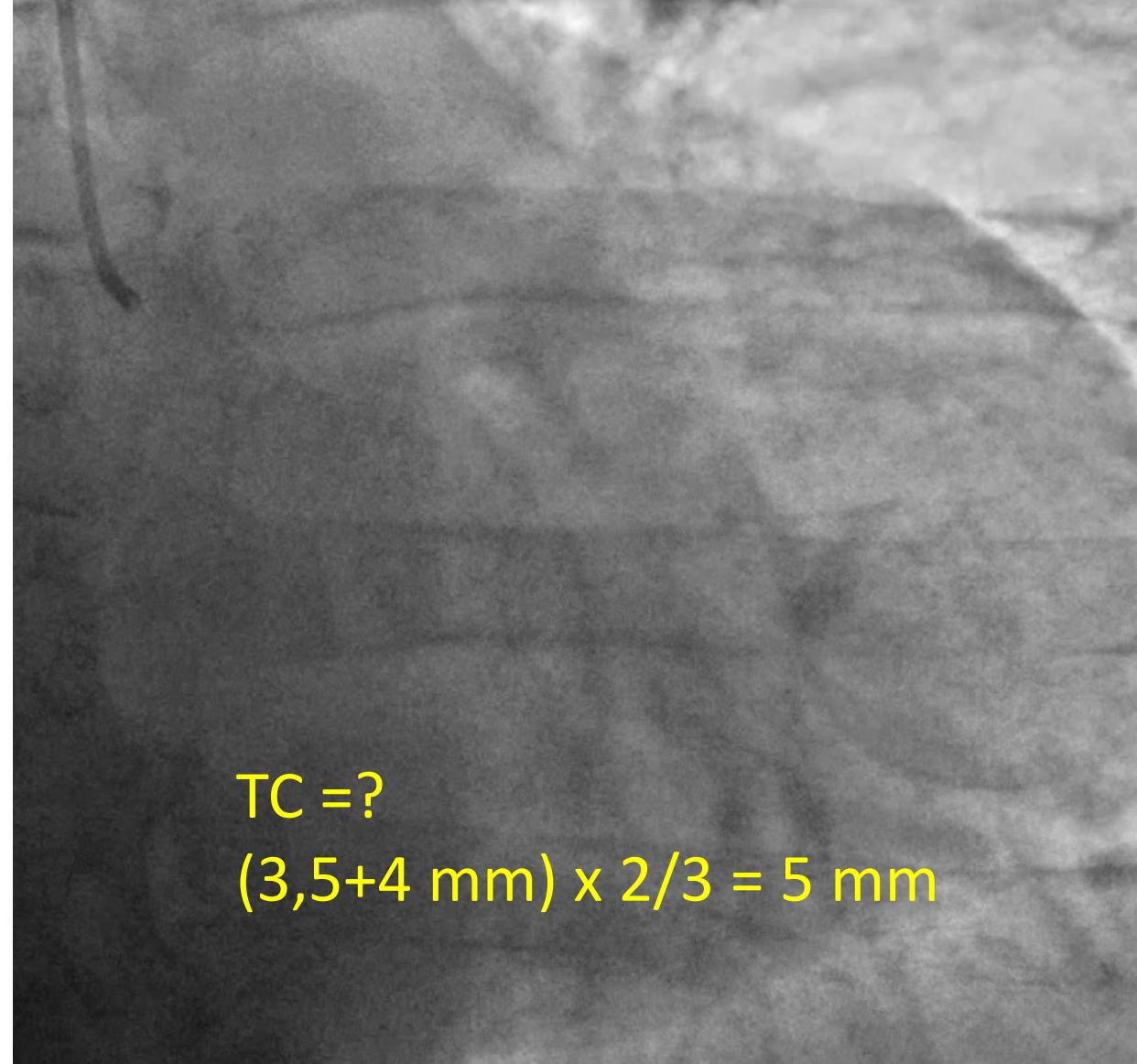


Inverted TAP



Inverted
Culotte

Patient de 56 ans, angor instable



TC =?
 $(3,5+4 \text{ mm}) \times 2/3 = 5 \text{ mm}$

Patient de 56 ans, angor instable



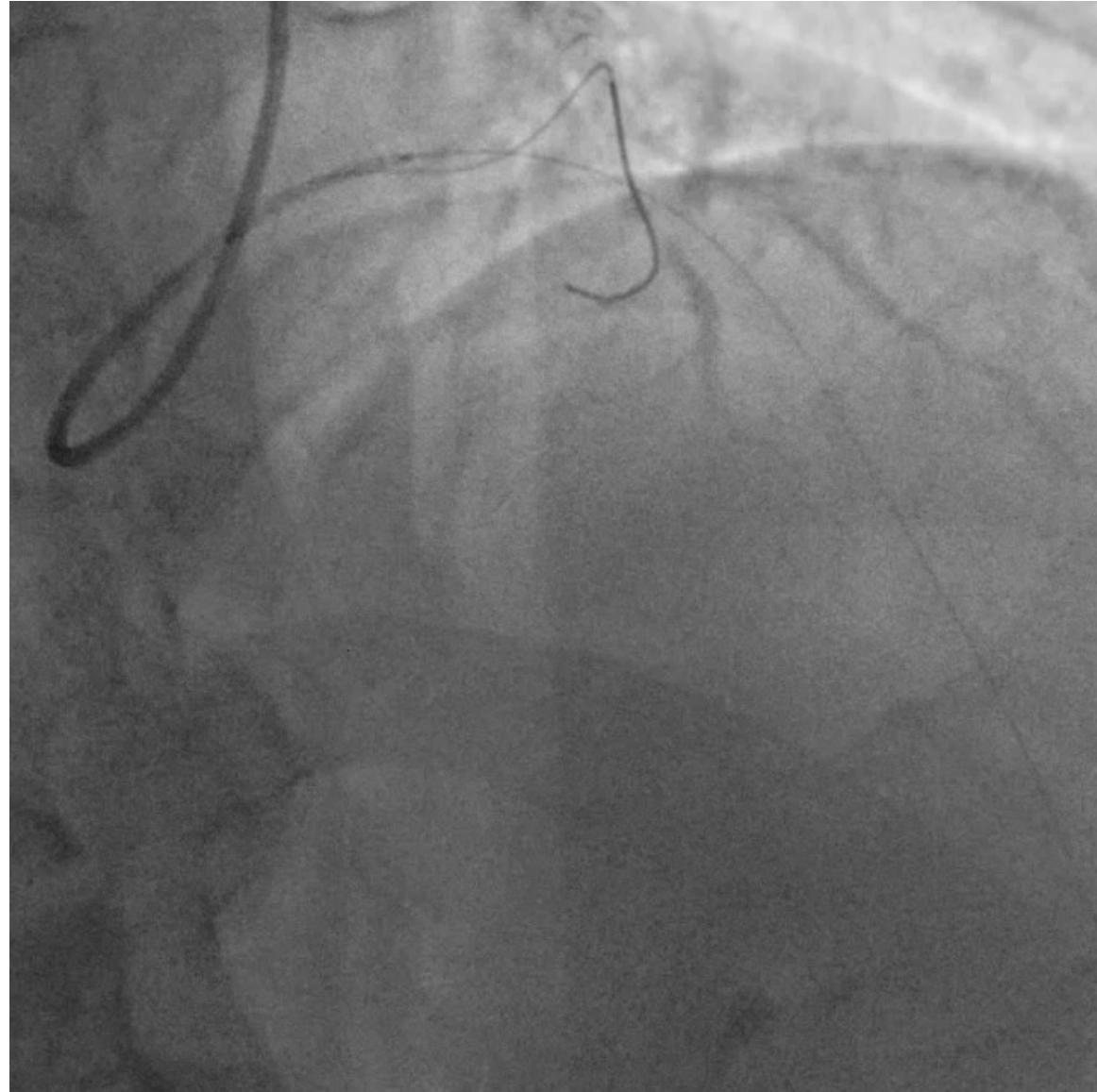
Predictors of Side Branch Failure

Insights from the TULIPE Study (n=186)

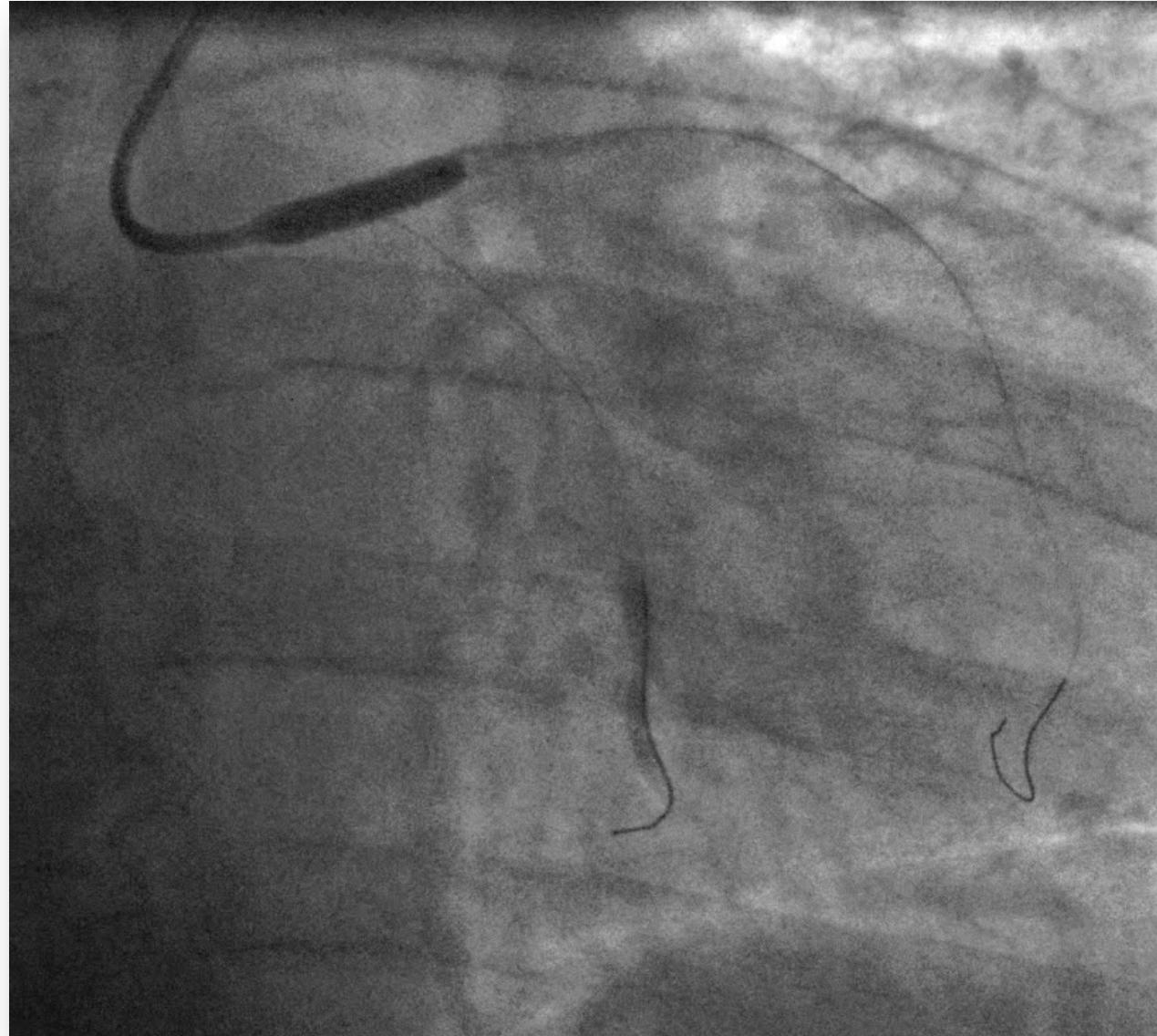
	Success	Failure	P value
Age (years)	66±11	57±8	0.0007
MB Ref. diameter (mm)	3.1±0.4	2.8±0.3	0.0085
SB Ref. diameter (mm)	2.5±0.5	2.2±0.3	0.0413
Final kissing balloon (%)	98.1	76.5	0.0019
Jailed wire technique (%)	92.9	71.4	0.031

Brunel et al. CCVI 2005

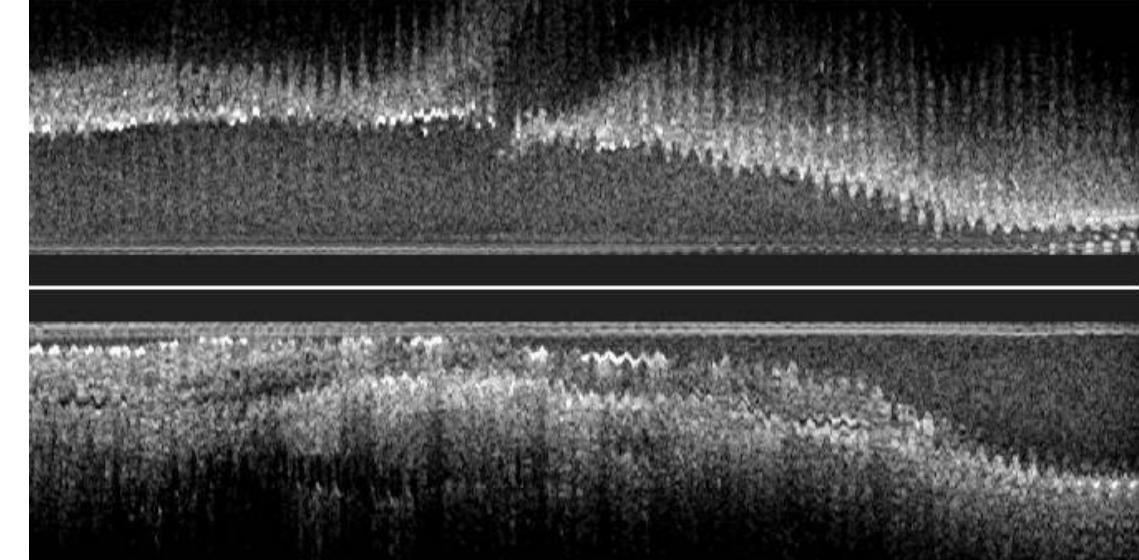
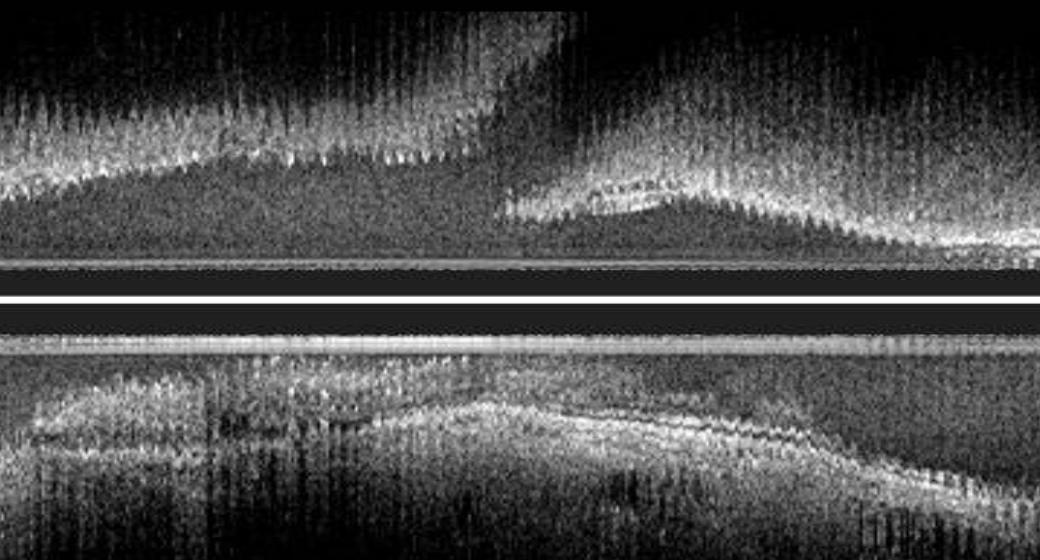
Patient de 56 ans, angor instable



Patient de 56 ans, angor instable



Respect de la loi fractale



Koo et al EBC 2008

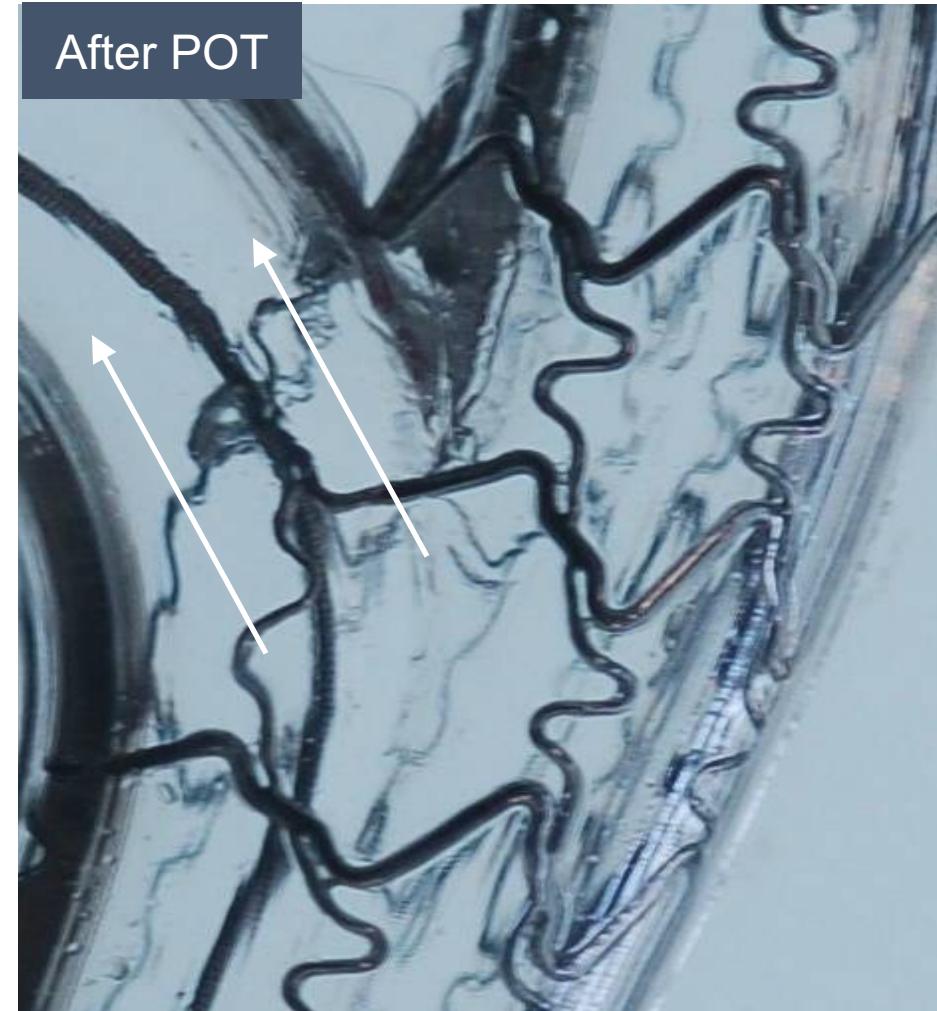
Respect de la loi fractale

- ✓ Préparation de la lésion si besoin.
- ✓ Diamètre du stent selon la référence distale (éviter la bascule de la carène)
- ✓ POT (apposition du stent en amont de la carène, élargissement des mailles facilitant l'accès a la branche secondaire)
- ✓ Accès a la maille distale (bonne couverture de l'ostium par le stent)

Patient de 56 ans, angor instable

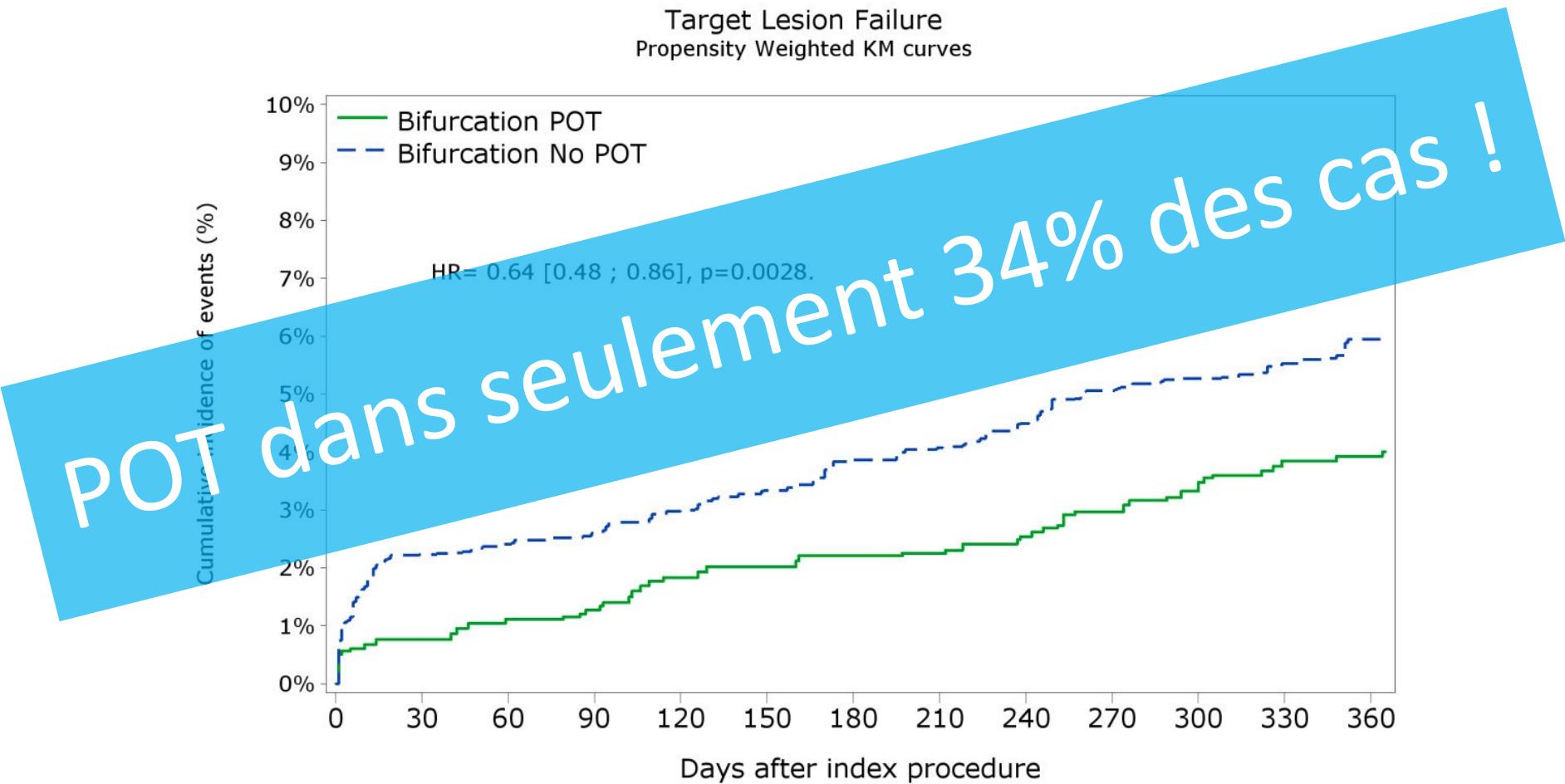


Respect de la loi fractale



Darremont et al. EBC 2007

Registre e-ULTIMASTER

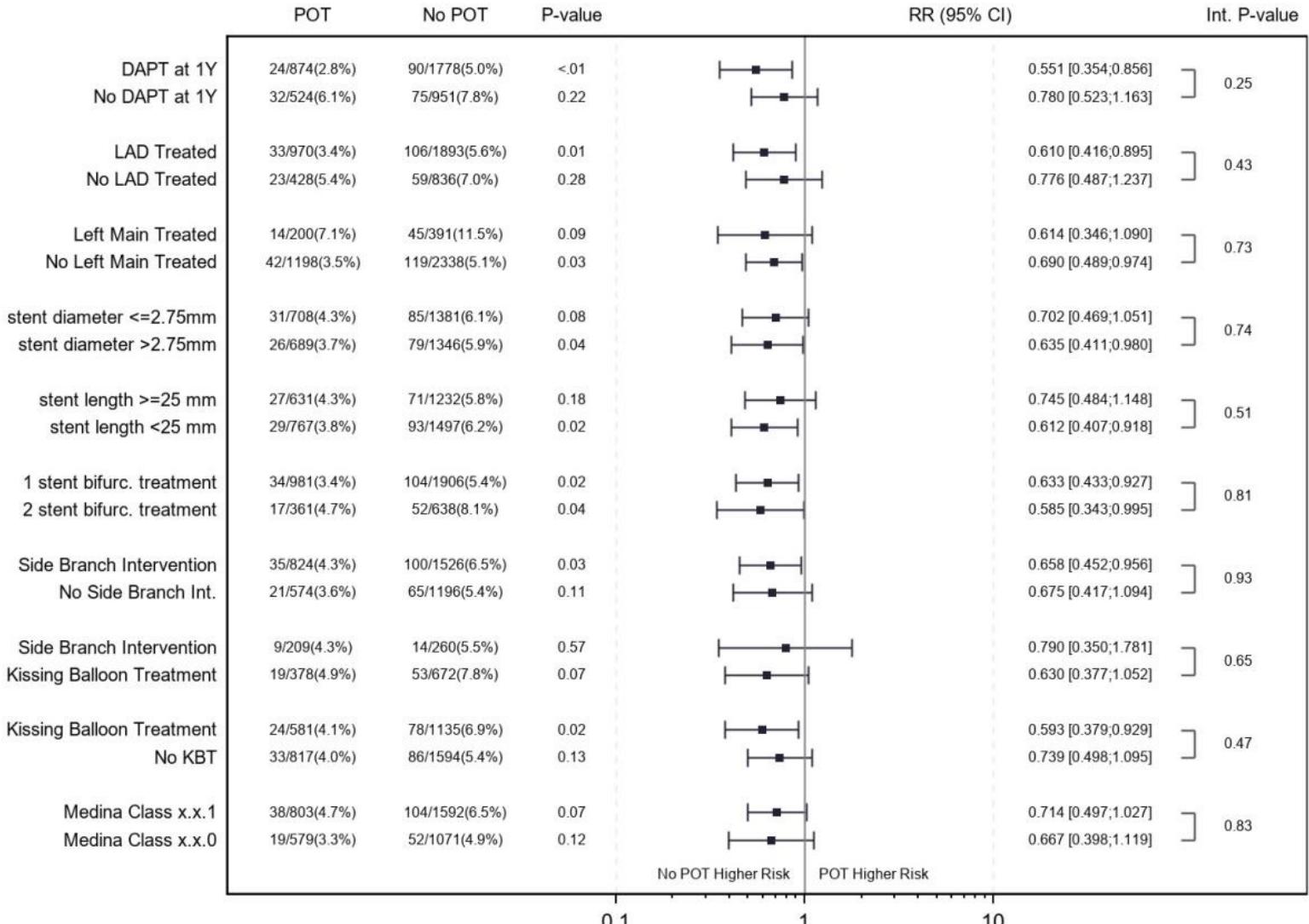


Number at Risk (Unweighted)

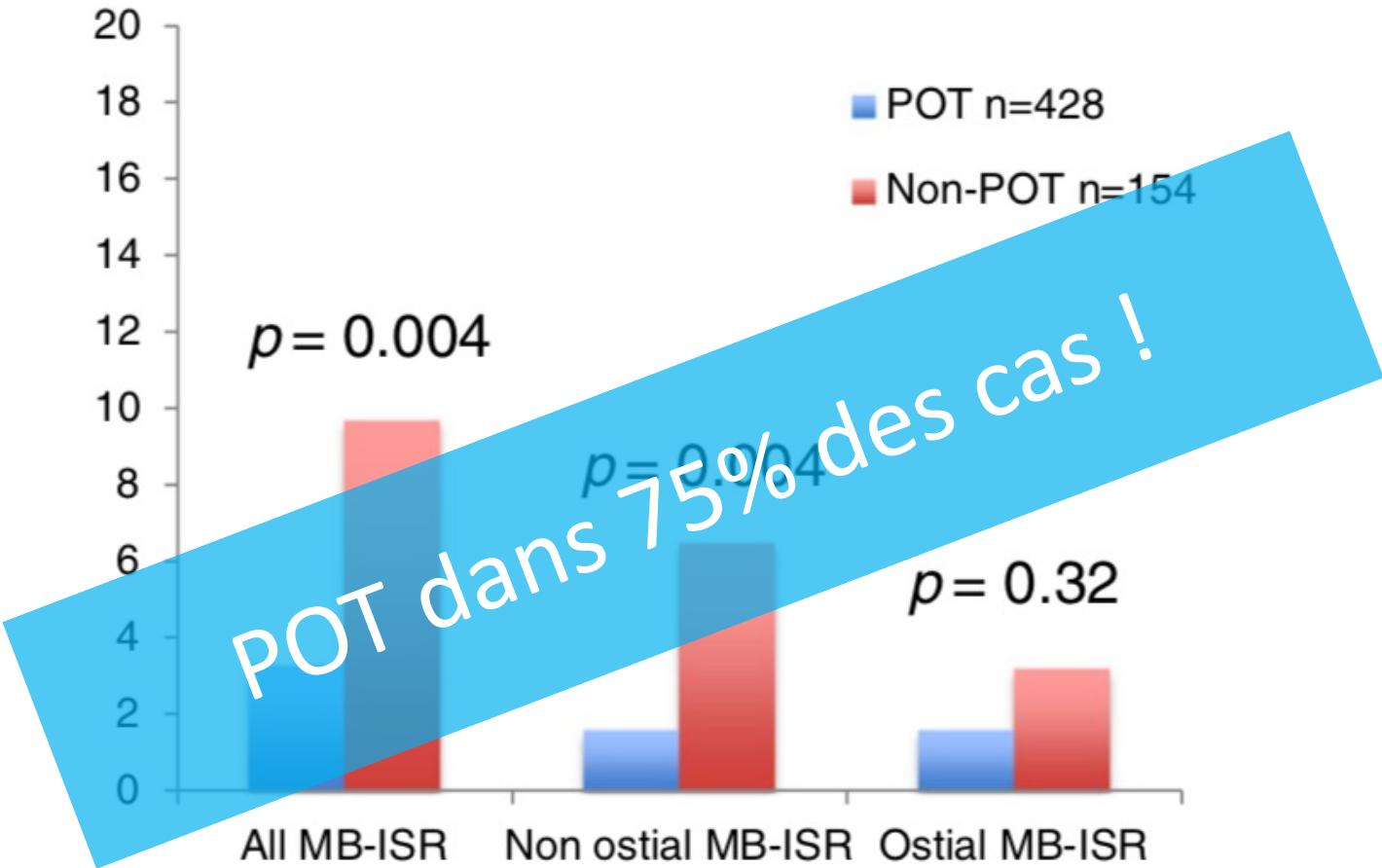
POT	1453	1400	1362	1347	1297
No POT	2828	2716	2621	2576	2482

Registre e-ULTIMASTER

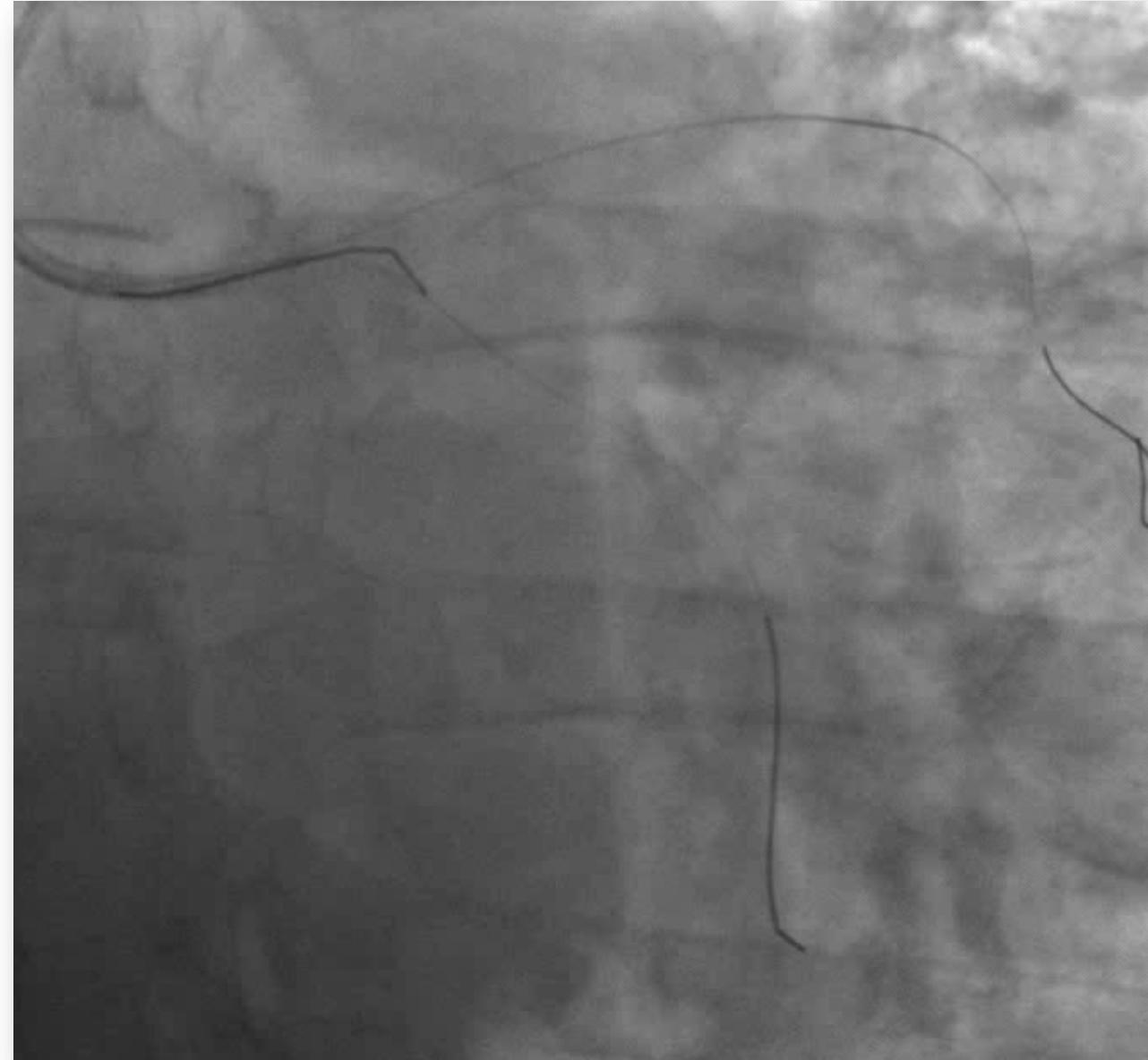
Predictors of TLF



POT et stenting du tronc commun



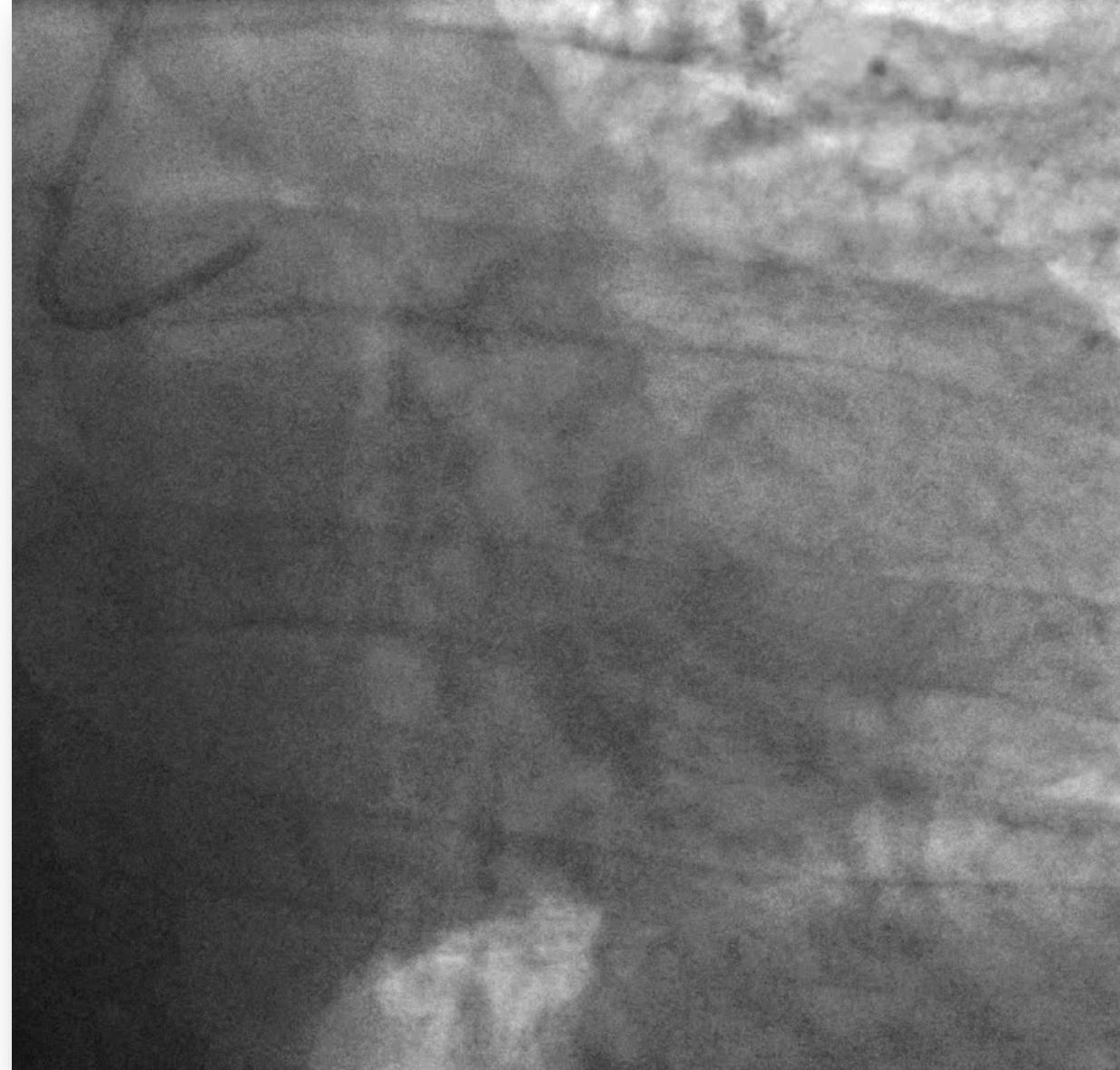
Patient de 56 ans, angor instable



Patient de 56 ans, angor instable



Patient de 56 ans, angor instable





Faire simple mais pas simpliste !

- ✓ Bon support, bonne vue de travail
- ✓ 1 guide dans chaque branche
- ✓ Prédilatation de la branche d'accès difficile
- ✓ Stent vers la branche d'accès difficile et POT
- ✓ Maille distale
- ✓ Kissing \pm RePOT
- ✓ Si besoin, 2^{ème} stent en T, TAP ou culotte