



Les caprices d'une Marginale

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Déclaration d'intérêts

- Aucun



Le client

- M. F 82 ans
- DNID, HTA, dyslipidémie.
- Cardiopathie ischémique bitronculaires départ IDM 2011 : Cx distale (Stent nu 2011) + IVA moyenne (Stent nu 2012)
- AIT 2011 sur ACFA paroxystique (thrombus intra auriculaire)
- RAC serré Gmoyen 47mmHg

- Adressé en 01/2023 pour bilan pré-TAVI.



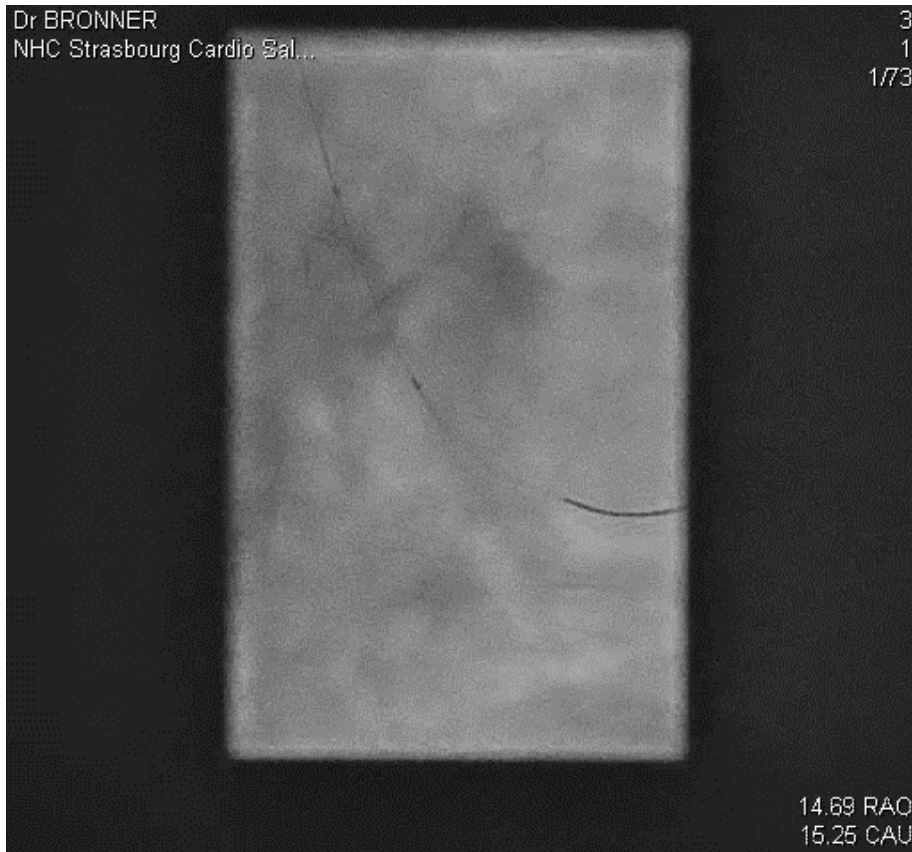
La coro Pré-TAVI



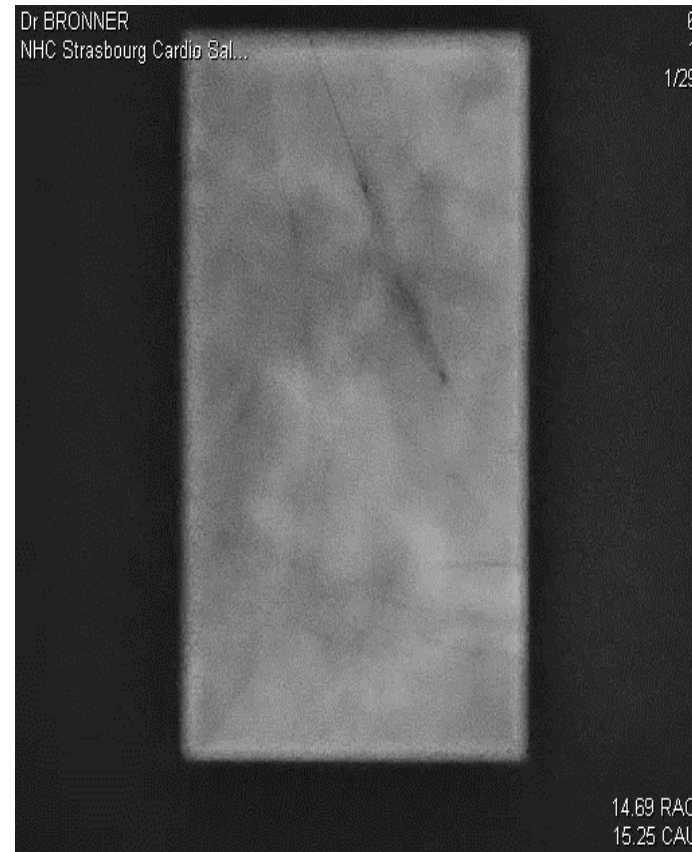
Sténose significative Mg
ACT Programmée après
prépa médicamenteuse à
2 semaines



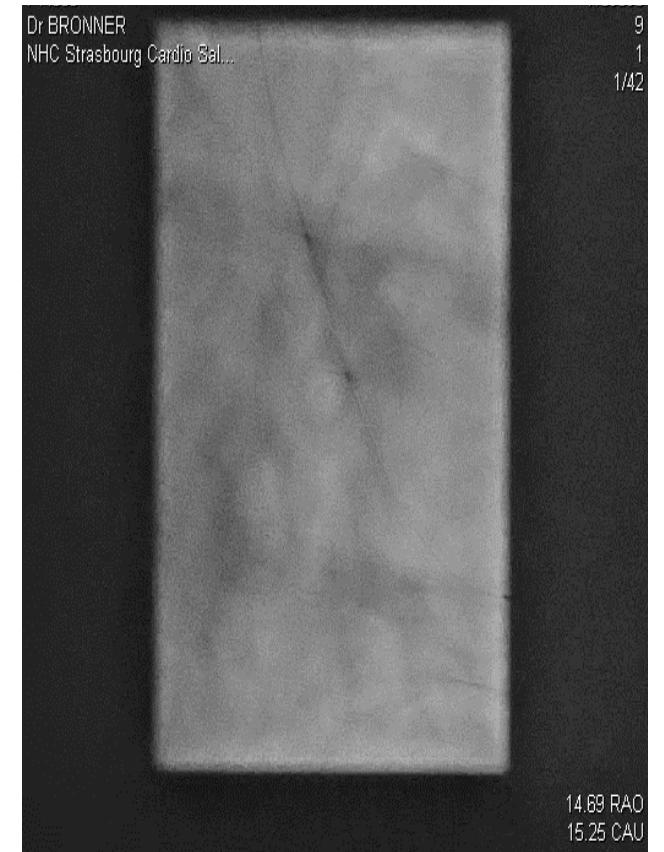
ACT sans difficultés apparentes.....ou presque



Franchissement "easy" du ballon 2,0-20mm



Ca lâche pas



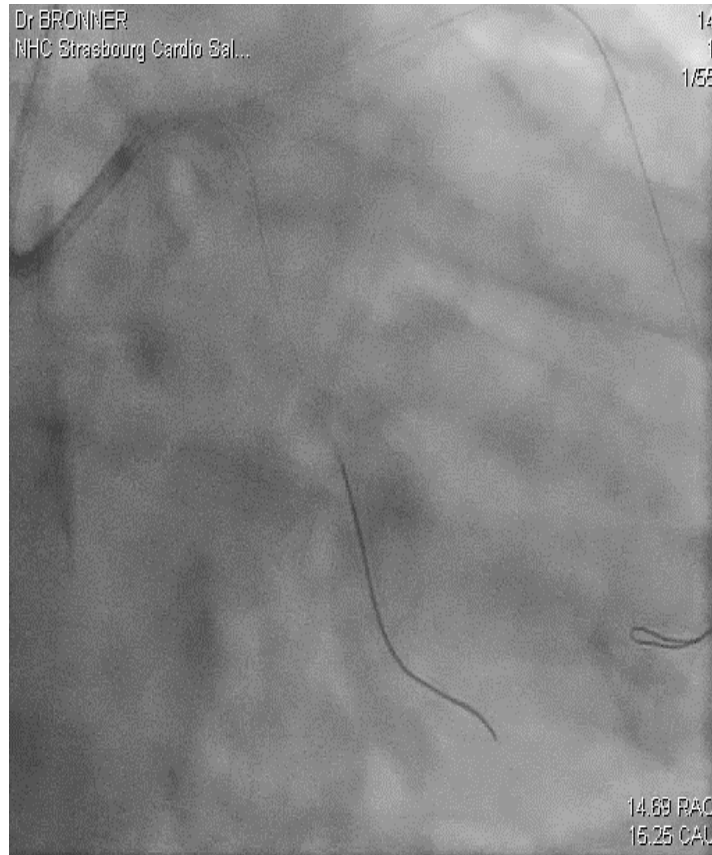
Le 2,0-15mm non plus



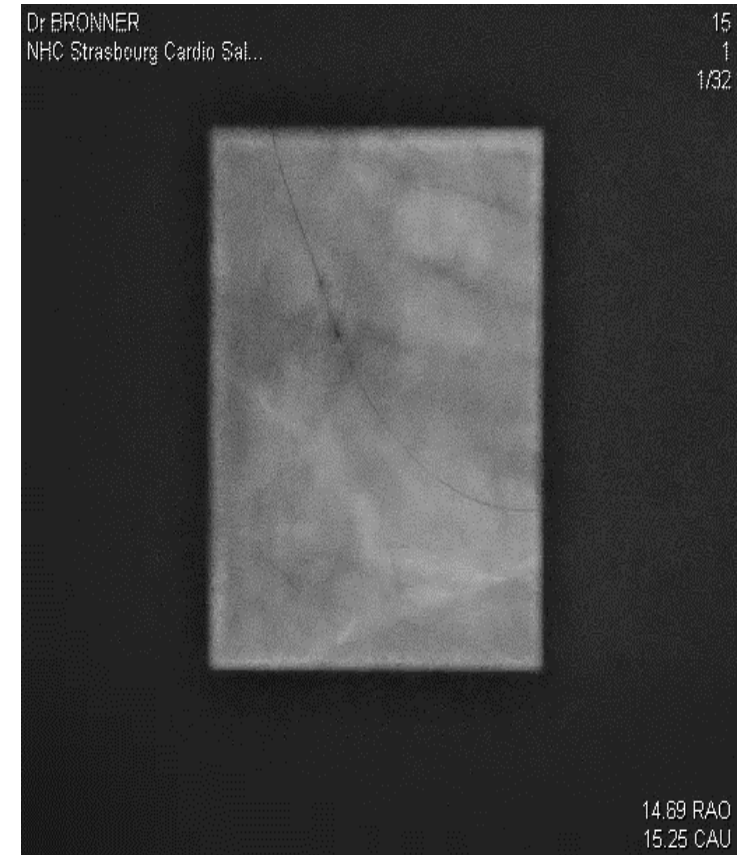
Sus aux non compliants



2,0-15mm NC sans plus de succès



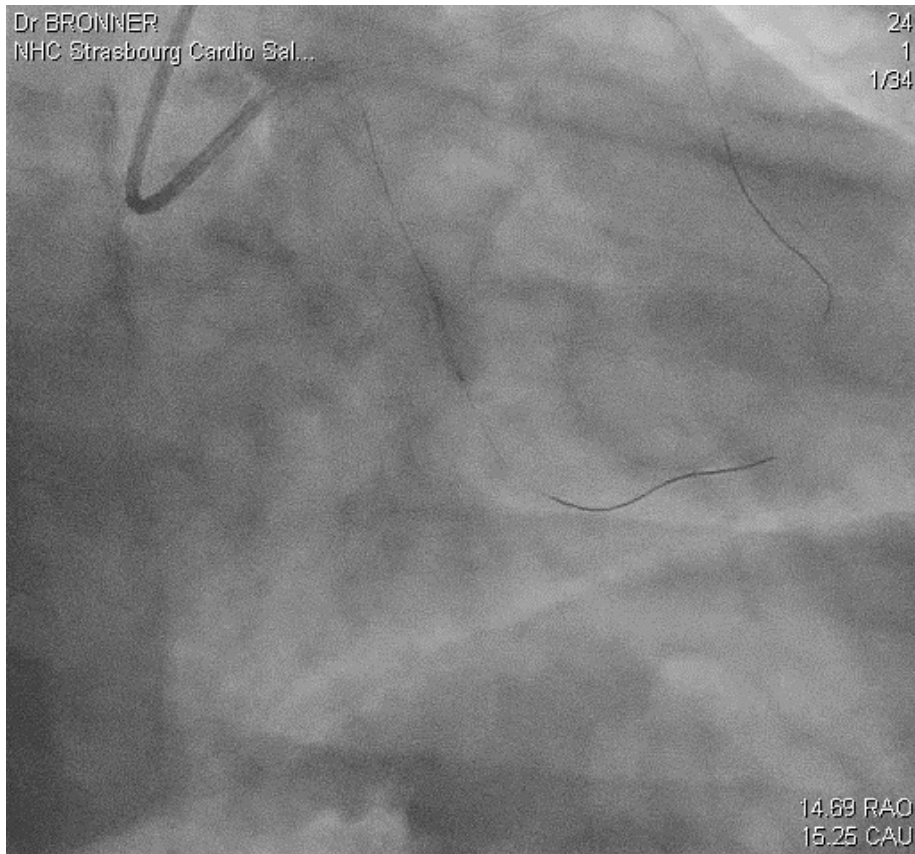
Post 2,0-15mm NC



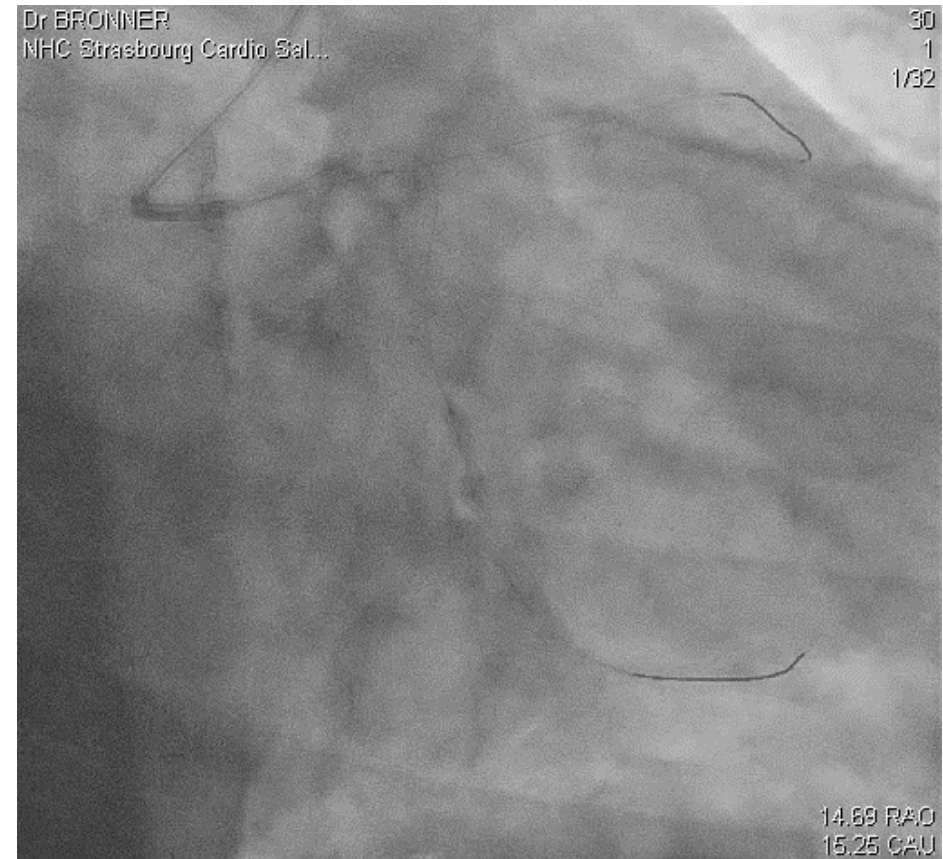
2,5-08mm NC



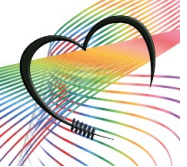
Et pourquoi pas des Cutting-balloons



Wolverine 2,0-10mm

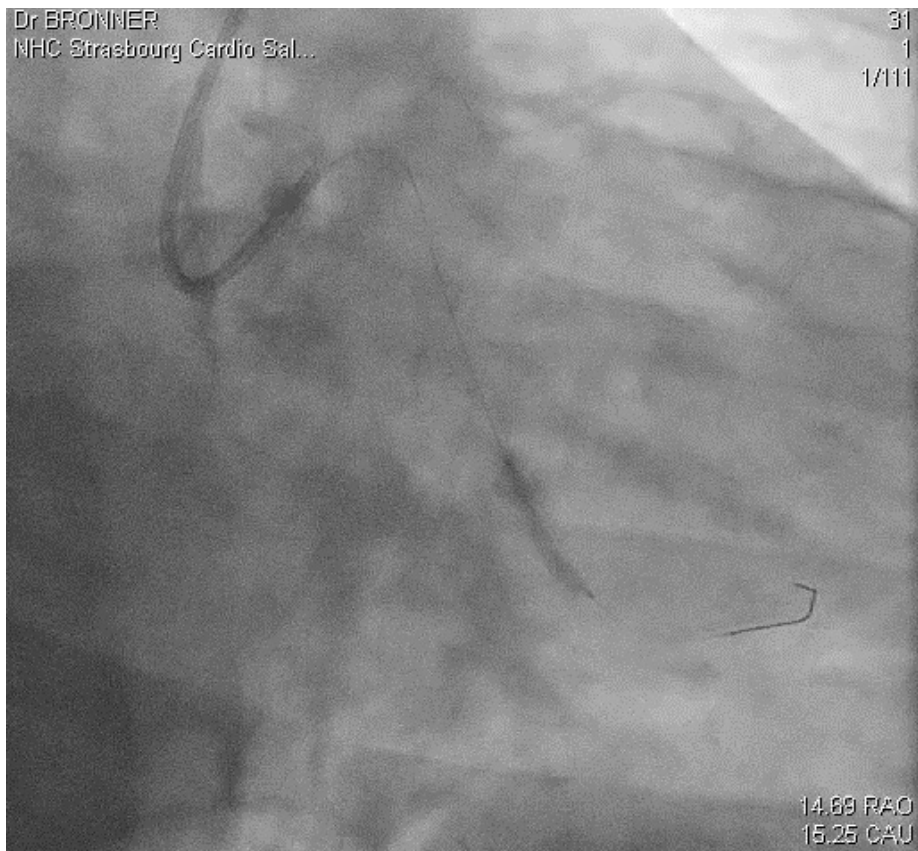


Wolverine 2,5-10mm



Ahhh le cathéter d'extension

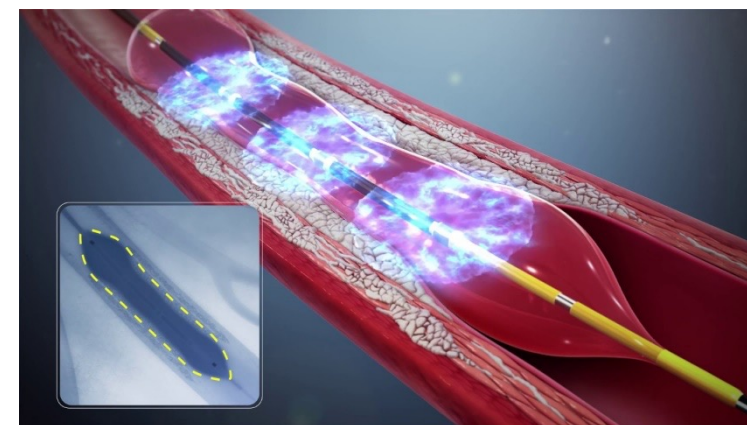
Et maintenant ?



Ancrage au 2,0-20mm

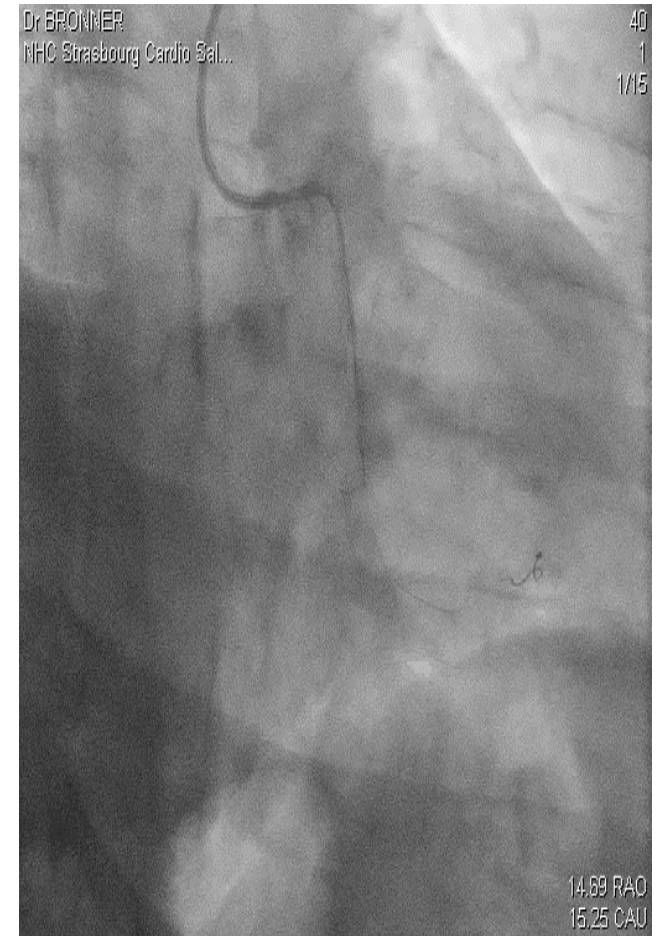
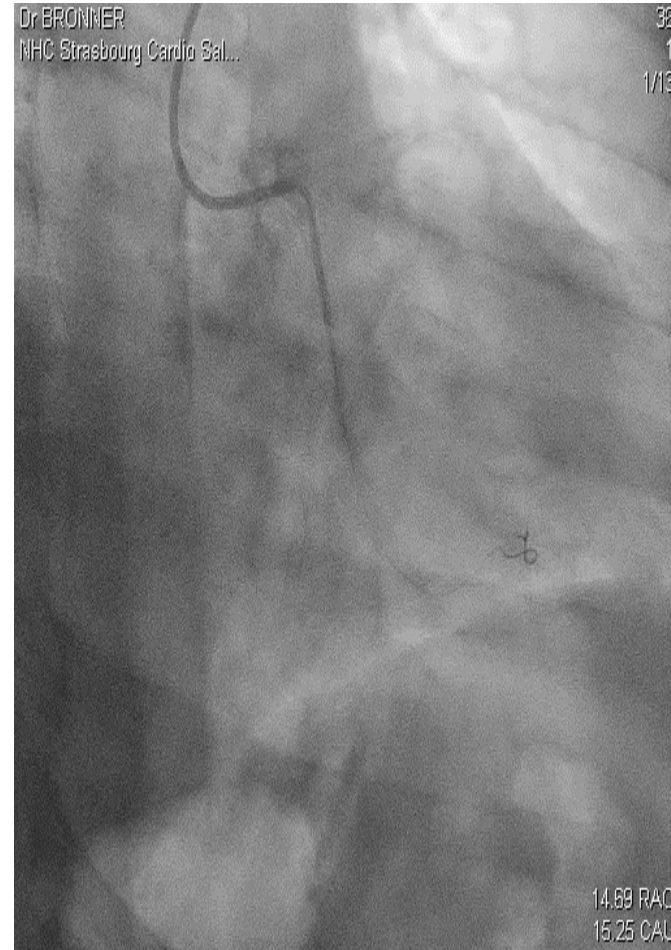
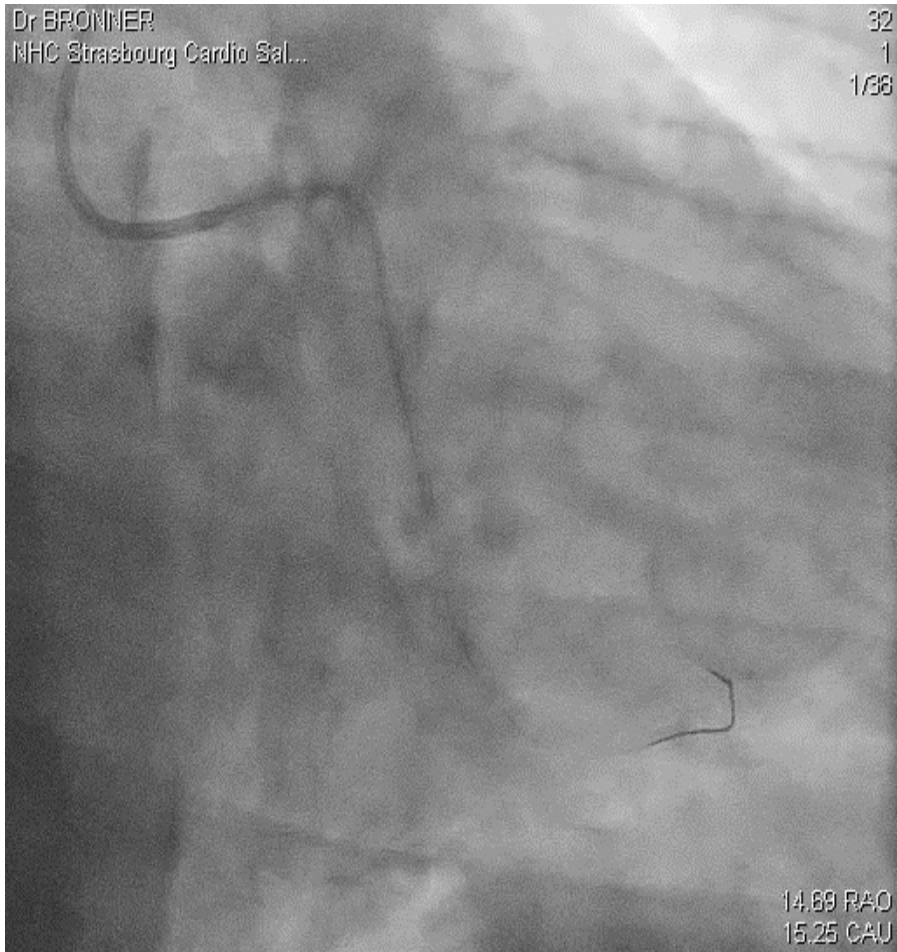


VS





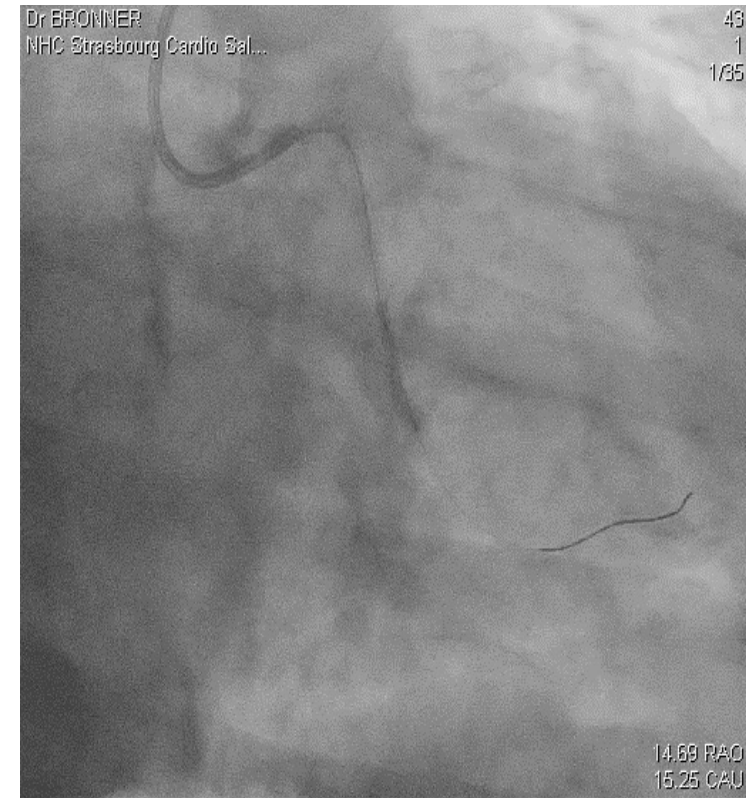
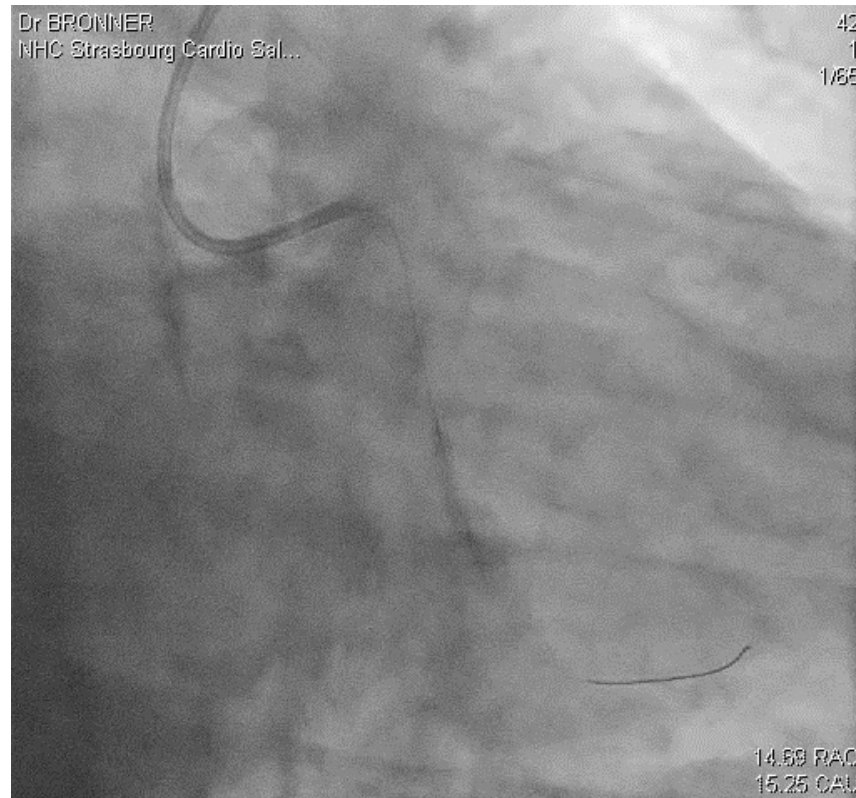
Ondes de choc



Ballon Shockwave 2,5



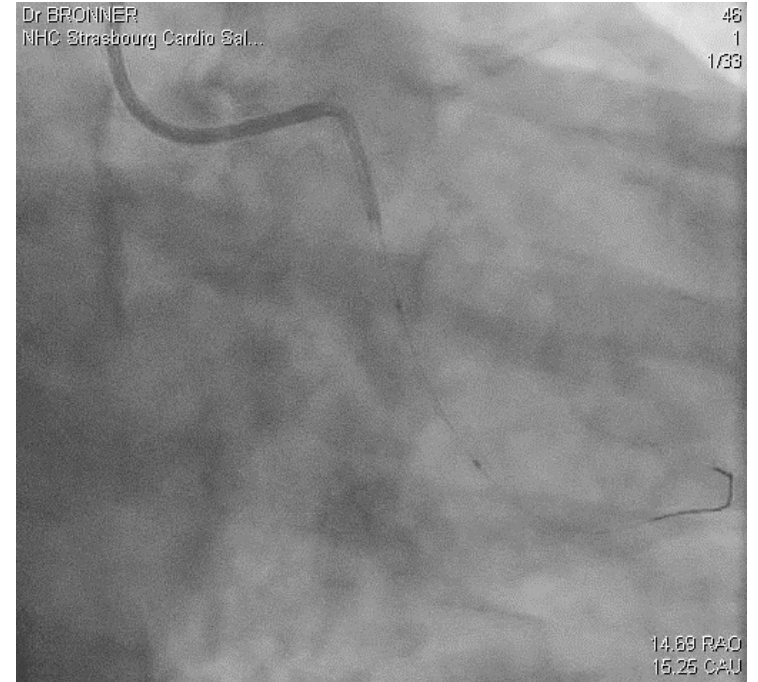
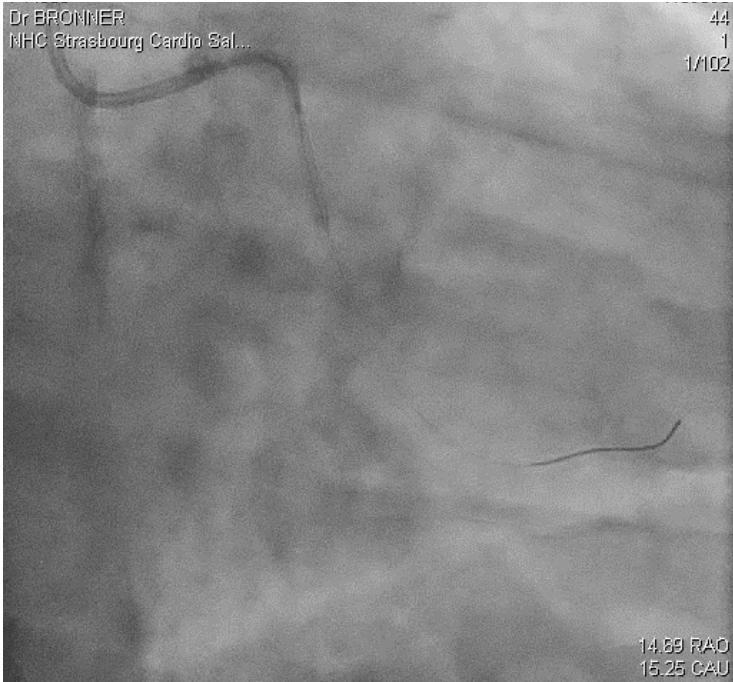
Le chemin est prêt



Pré-dilat NC 2,5-15mm



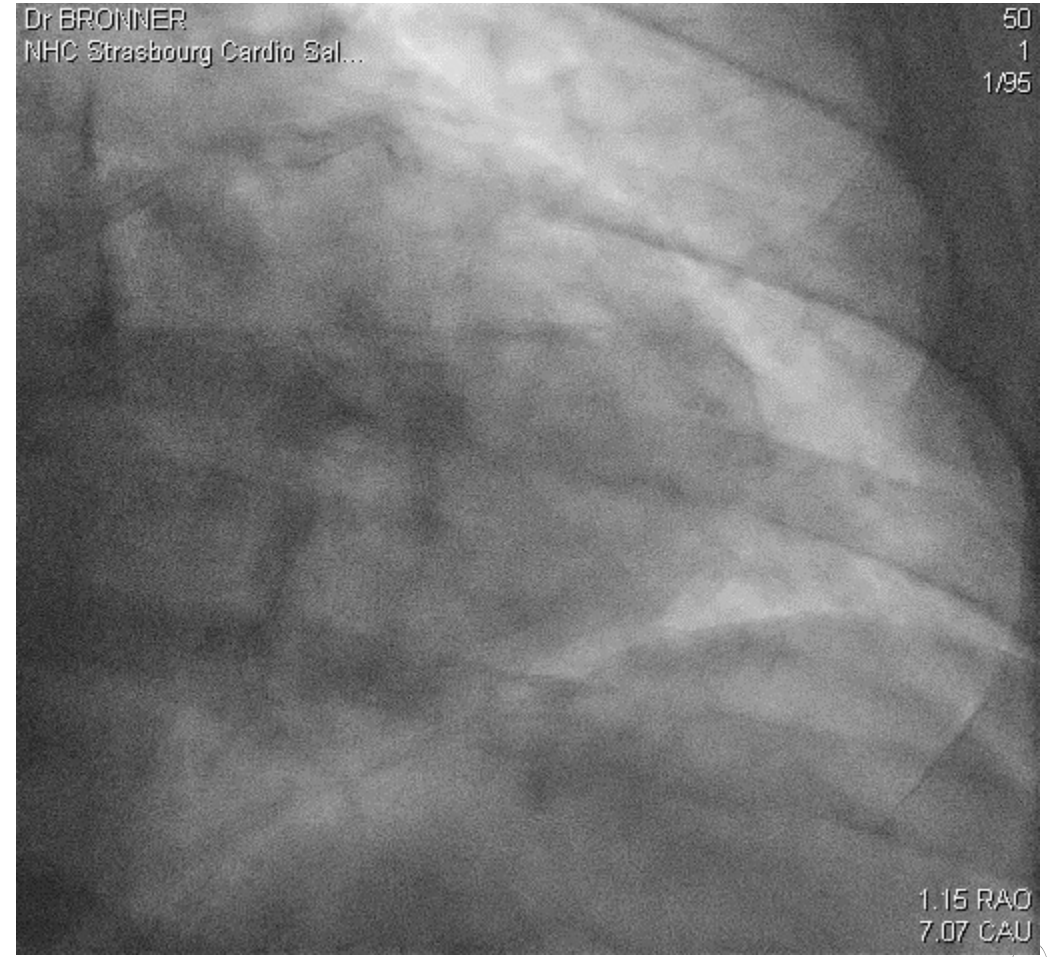
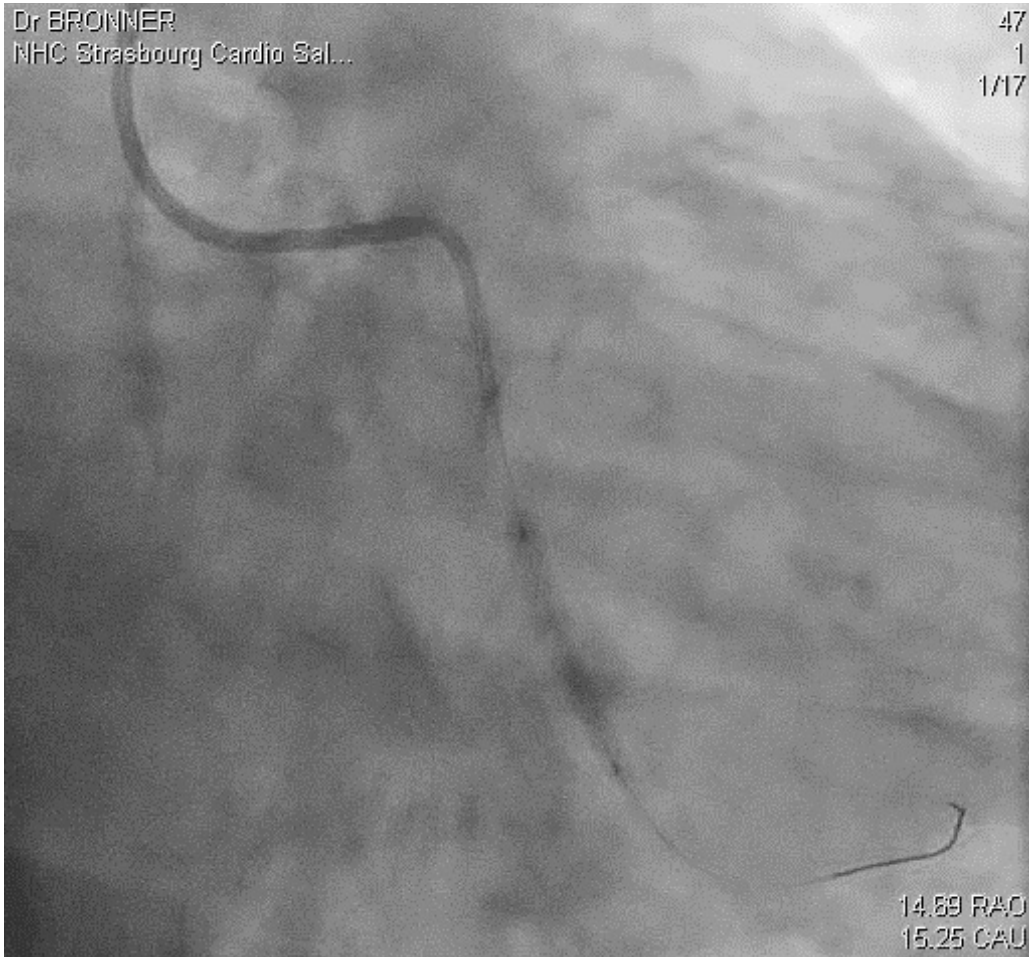
On stente



Stent actif (Everolimus) 2.75 x 23 mm

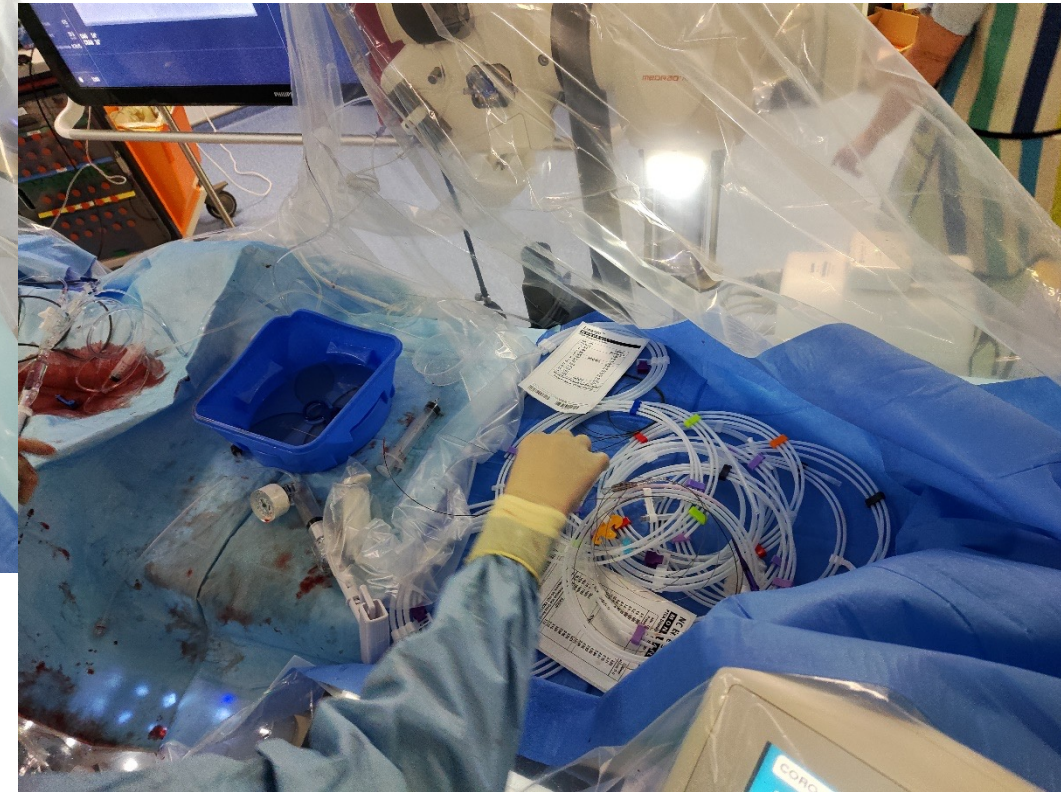
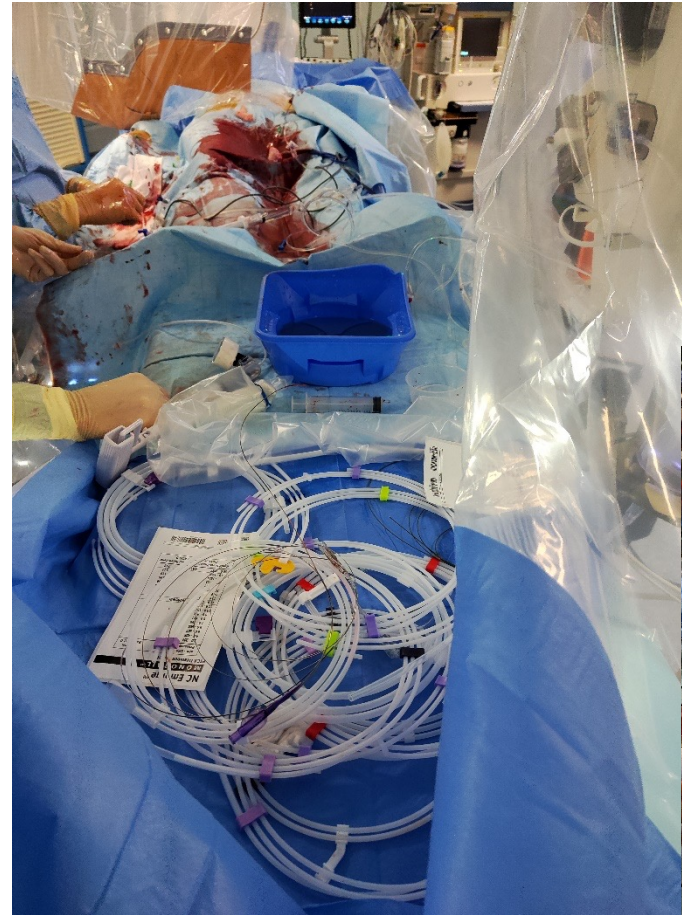


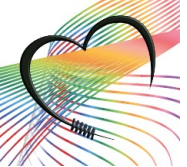
Final



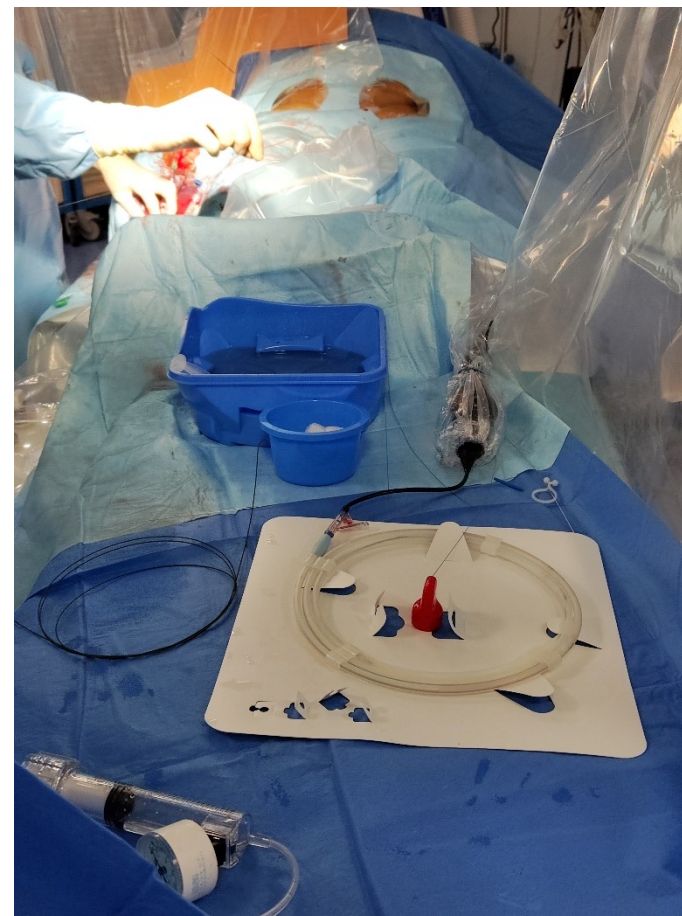
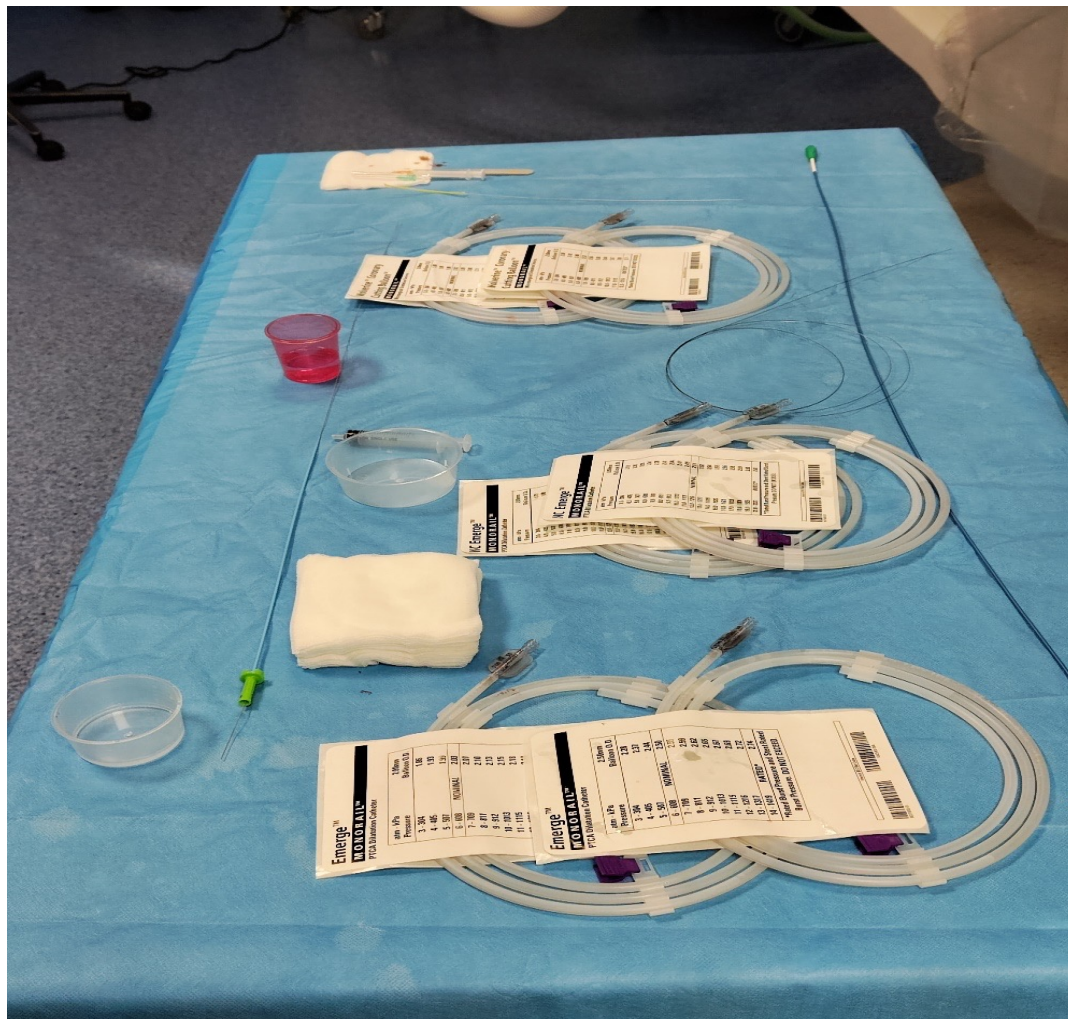


Et nous, paramed dans tout ça !





Bien organiser ses tables





Merci