

# Un patient à haut risque hémorragique, mais pas que... !

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# Mr B., 81-year-old man

#### **Past medical history**

- Paroxysmal Atrial Fibrillation
- Moderate aortic stenosis
- COPD
- 2016 Trepanation for subdural hematoma on oral anticoagulation (VKA)

#### **Cardiovascular risk factor**

- Hypertension
- Former smoker



# Mr B., 81-year-old man

### **Medication**

- Aspirin 75mg /day
- Amlodipine 5mg /day
- Telmisartan 80mg /day
- Propafenone 300mg /day



# Mr B., 81-year-old man

### **Clinical presentation**

# NSTEMI Troponin+ in August 2018



# Baseline angiography



Multiple and long stenoses of the LAD. Long stenosis of the proximal and mid-circumflex including the bifurcation with the 1<sup>st</sup> marginal branch



# Baseline angiography



Multiple and long stenoses of the LAD. Long stenosis of the proximal and mid-circumflex including the bifurcation with the 1<sup>st</sup> marginal branch



# Baseline angiography





# Key clinical data & angiographic reference

- 81-year-old male
- Paroxysmal atrial fibrillation without anticoagulation after subdural hematoma
- NSTEMI with 2 coronary vessels disease
- Requires a PCI and stenting of the middle LAD and the bifurcation circumflex/first marginal branch



Patient at high bleeding risk with need for at least a dual antiplatelet therapy after PCI



# **Ischemic risk vs Bleeding risk**

	PRECISE-DAPT score
Sme of use	At the time of commany stanting
DAPT donation strategies assessed	Short DAPT (3–6 worths) vs. Standard/long DAPT (13–34 months)
Score calculation	HB 2 11.6 11 10.5 st0   WBC s5 8 10 2 14 16 13 200   Age st0 60 75 60 40 20 9   CrCl > 100 60 40 20 9   Prior No No No No   Score 0 2 4 6 10121415182022342820
Score cargo	E to 500 points
Decision making out-off suggested	Score 225 Short DAPT Score +25 Stenderd/Tung DAPT
Calculator	www.precisedeptscom.com







# **Ischemic risk vs Bleeding risk**



P Urban, MC Morice et al Circulation. July 2019



Predicted 1-y risk of BARC type 3 to 5 bleeding, %

#### Criteria assessed

 $\geq$  65 years old

COPD

NSTEMI or STEMI presentation

Complex procedure

#### Without OAC









**CbCr-BioFreedom 2.5/29mm** implantation @8atm over 30sec in the middle-distal LAD





Post-dilatation of the stent-overlapping zone with the stent-balloon @12 atm







# Final result LAD







### PCI of circumflex/marginal branch





**CbCr-BioFreedom 3.0/36mm** implantation @12atm over 30 sec in the proximal-mid-circumflex



# PCI of circumflex/marginal branch



Kissing circumflex-1st marginal with Trek 2.5/15mm and 2.75/15mm



# PCI of circumflex/marginal branch



#### **Final result circumflex**



### Follow up

- **Retroperitoneal hematoma** after the PCI through right femoral access, conservative management.
- DAPT for 1 month at discharge : Aspirin 75mg+ Clopidogrel 75mg



# 10 months later...

### **Progression of the aortic stenosis severity**

TTE : Surface 0.8cm2 - Vmax 4.2m/s - Gm 43mmHg



#### Control angiography after 10 months (before TAVI) 06/2019



Good result after stenting of the LAD and circumflex. Long stenosis of the 1<sup>st</sup> diagonal branch of small calibre  $\rightarrow$  conservative treatment



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# Follow up



- 06/2019 : TAVI with implantation of an Evolut R 34 mm valve,
- 06/2019 : Implantation of a dual chamber pacemaker because of complete AV bloc post-TAVI
- 09/2019 : Upgraded to a **CRT** because of decrease of the left ventricular systolic function with permanent right ventricular pacing and pulmonary oedema
- 11/2019 : **LAA closure** with Amulet 25mm because of paroxysmal AF and contraindication for OAC (CHA<sub>2</sub>DS<sub>2</sub>VASc score 6 / HAS-BLED score 4)
- 01/06/2021 : asymptomatic patient, no bleeding or ischemic event, on Aspirine 75mg.