

Une lesion idéale pour athérectomie rotationnelle !

euro
4C

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Objectifs

Pourquoi utiliser l' athérectomie ?

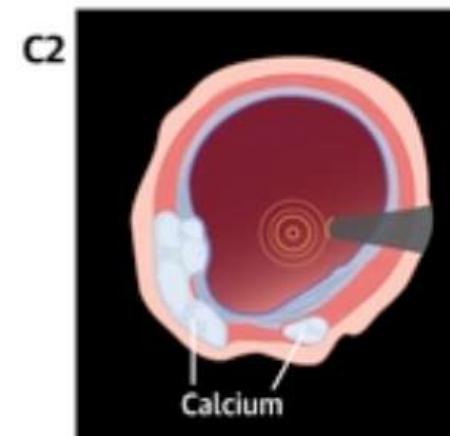
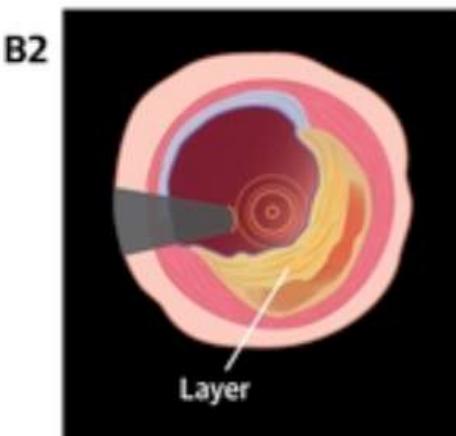
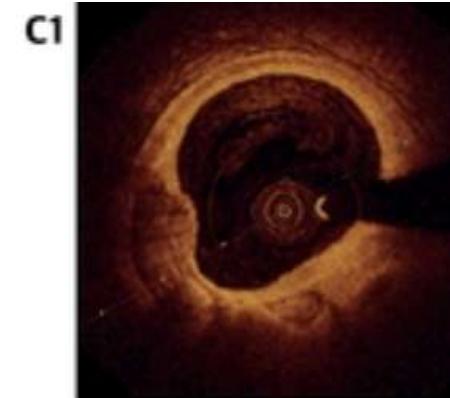
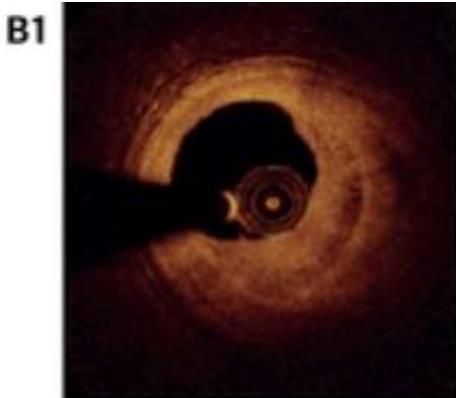
Quand et comment utiliser l' athérectomie rotationnelle pour modifier les lésions coronaires calcifiées ?

Cas clinique

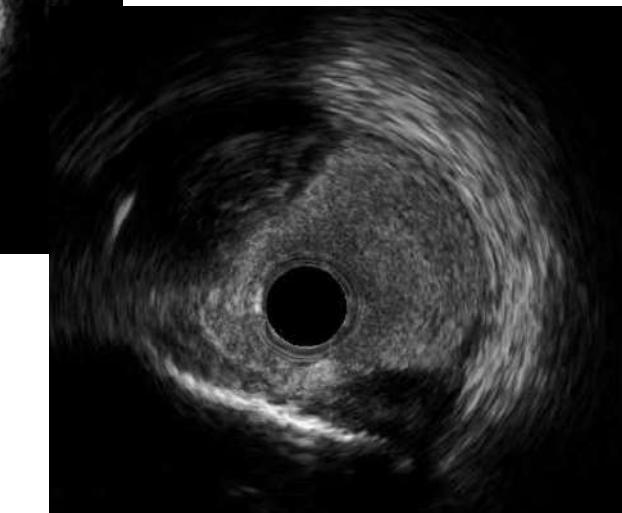
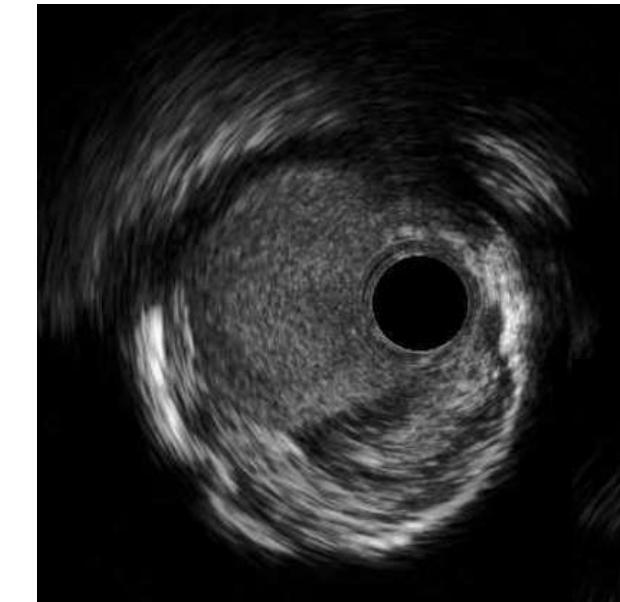
Conclusion

2 types de Ca²⁺ coronaire

1. Intimal / superficiel

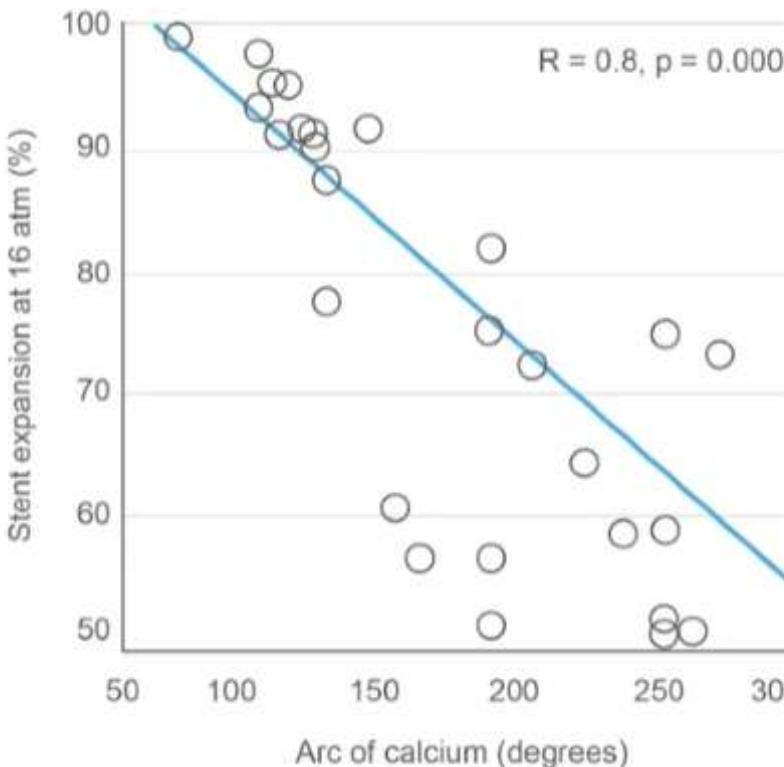


2. Sous intimal / profond

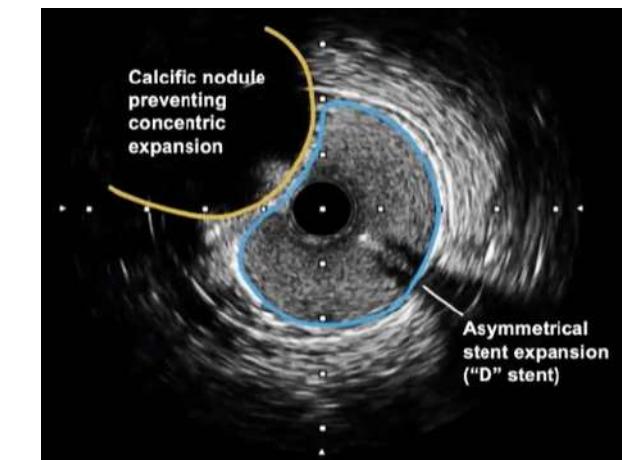


Ca²⁺ coronaire et expansion des stents

L' expansion des stents est corrélée négativement avec l' épaisseur et la longueur du Ca²⁺ coronaire



Mal et sous expansion de stent => MACE



Mintz g JACC C Imaging 2015
Chamber JW JACC C Int 2014

Techniques de modification du Ca²⁺

Ballon / NC ballon

Cutting balloon

Artérectomie orbitale

Athérectomie rotationnelle

Laser

Lithotripsie

Techniques de modification du Ca²⁺

Ballon / NC ballon

Cutting balloon

Artérectomie orbitale

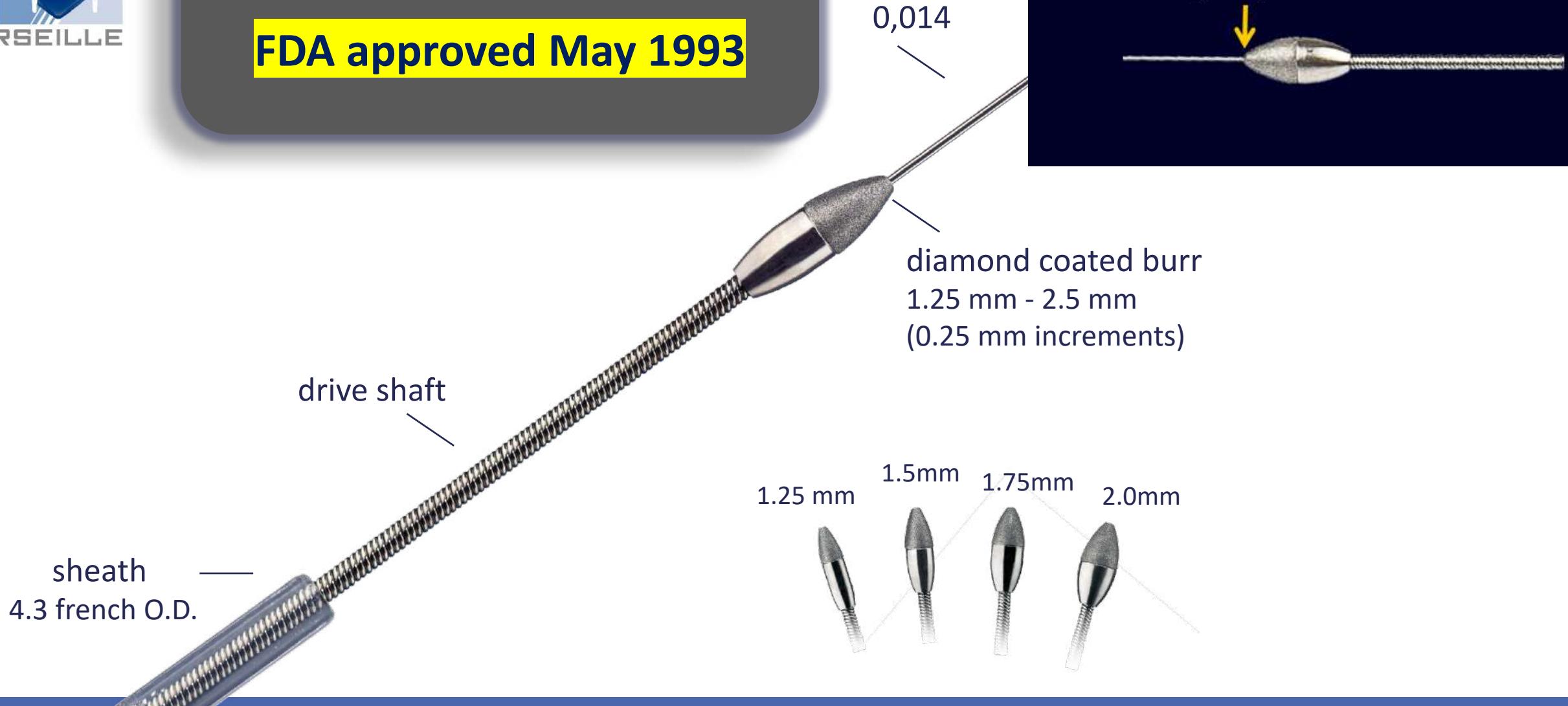
Athérectomie rotationnelle

Laser

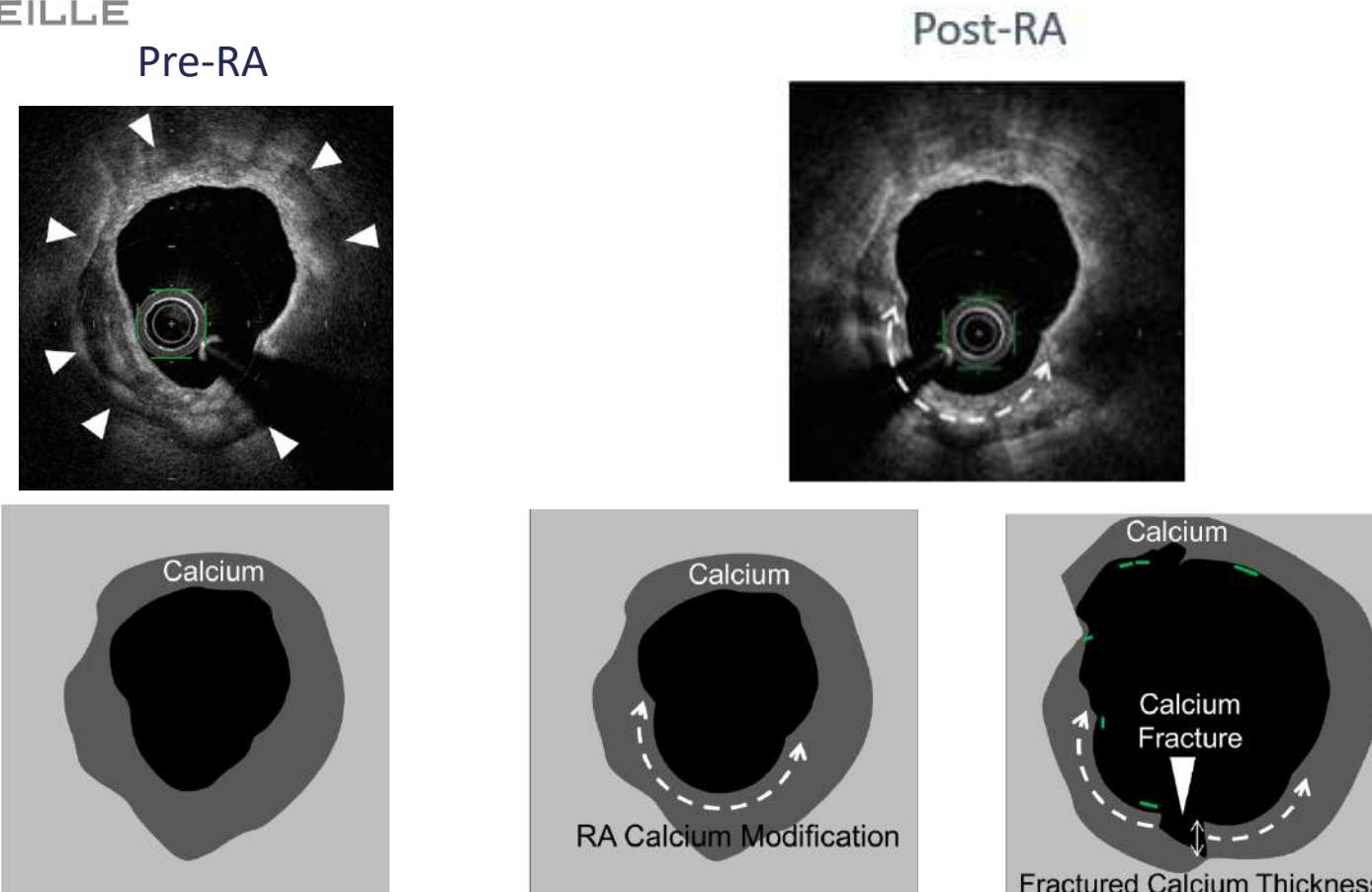
Lithotripsie

Rotablator!

FDA approved May 1993



Pourquoi utiliser l' athérectomie ?



1. ↓ Volume Ca²⁺
2. Fracture Ca²⁺
(expansion)
3. Délivrer ses
devices
(imaging/balloon)

Comment utiliser l' athérectomie rotationnelle ?

Radial GC 6Fr pour la plupart des cas

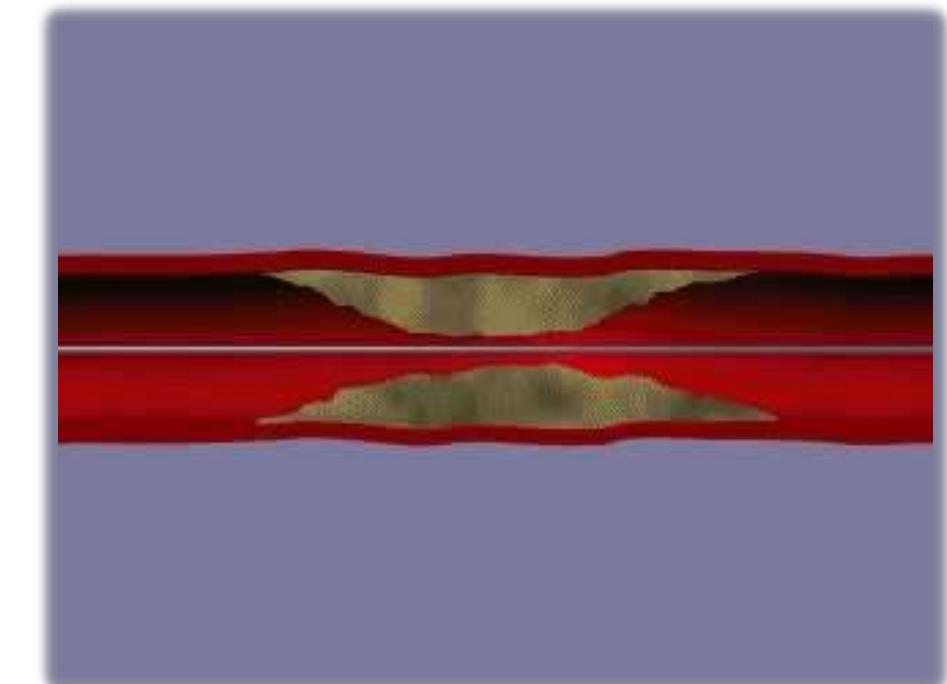
1 fraise/patient

Ratio fraise/artère 0,6

Rotational vitesse ≈ 180,000 rpm

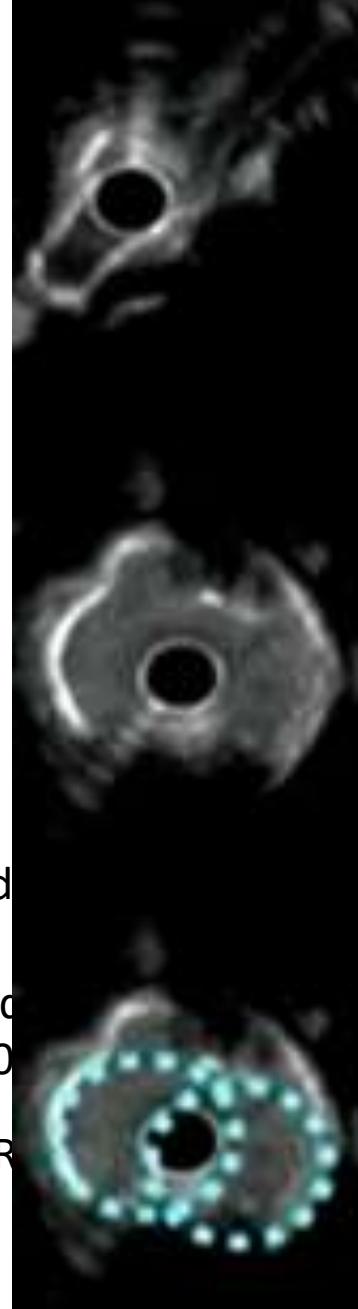
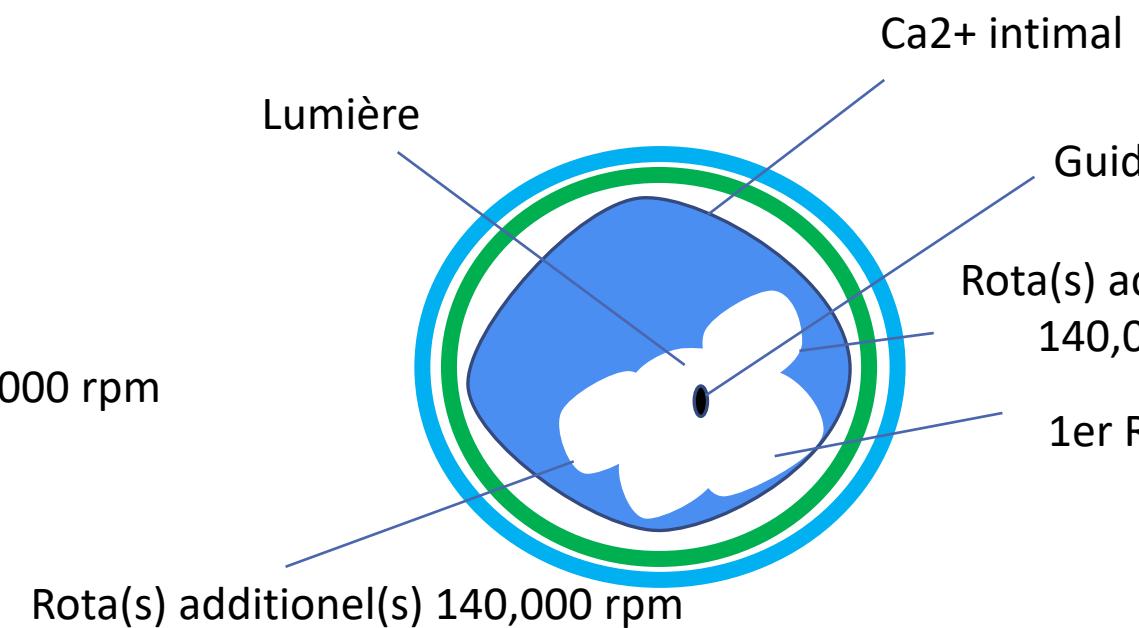
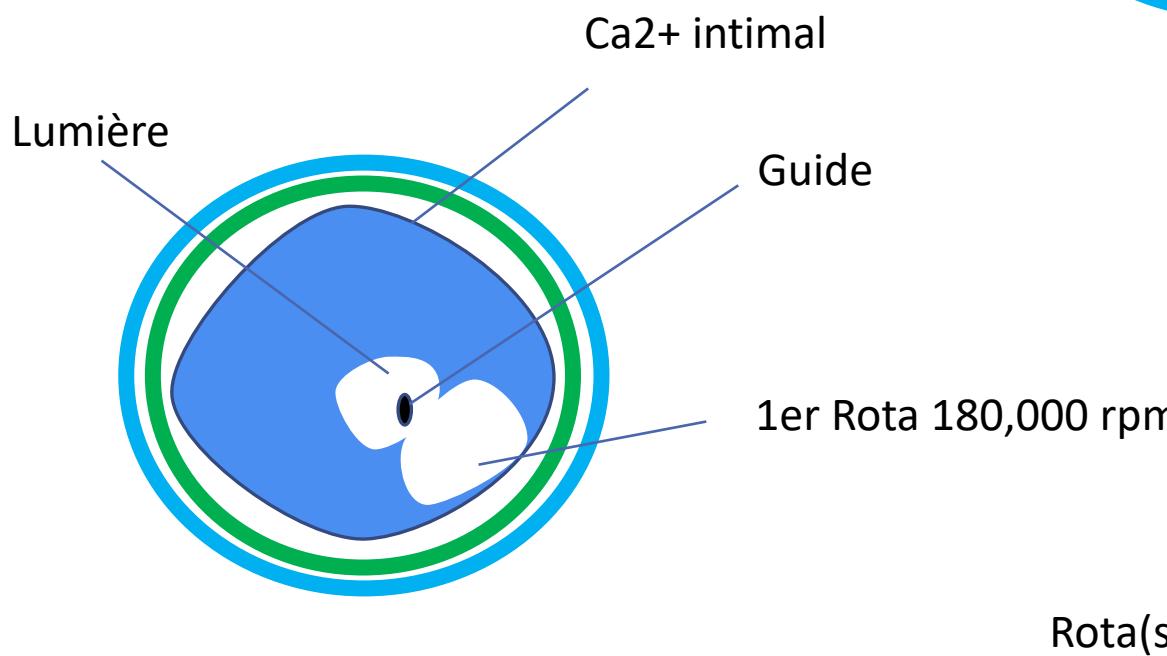
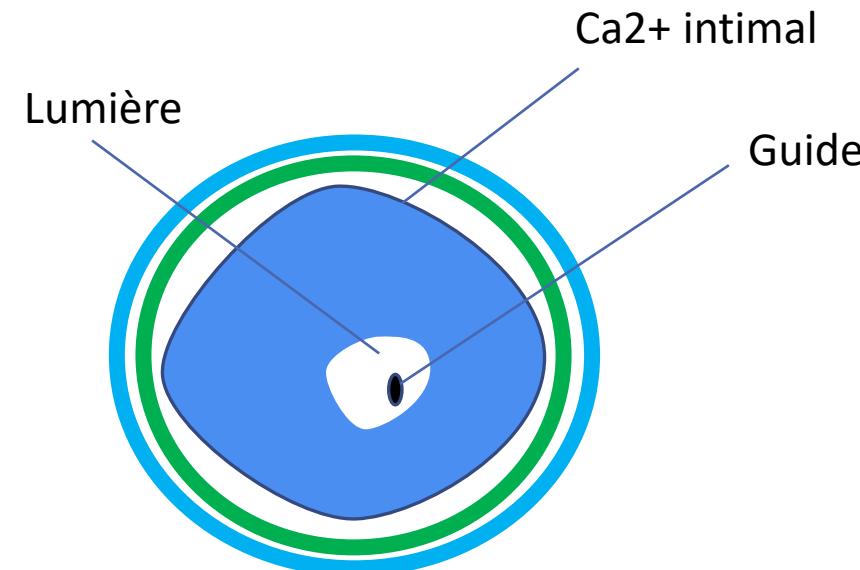
« Pecking motion ou picorage »

Runs courts (<10sec)

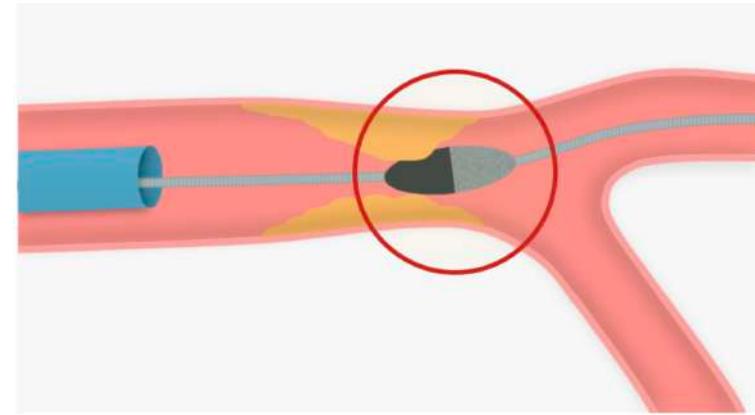


Comment *optimiser* son utilisation ?

Variation de la vitesse



Quelques pièges à éviter



Utilisation en bail out



Dissection

Trop sous sizer sa fraise et ne pas picorer assez



Fraise bloquée

Lésions très tortueuses



Perforation

Ne pas fraiser sur la partie radio opaque du guide



Fracture

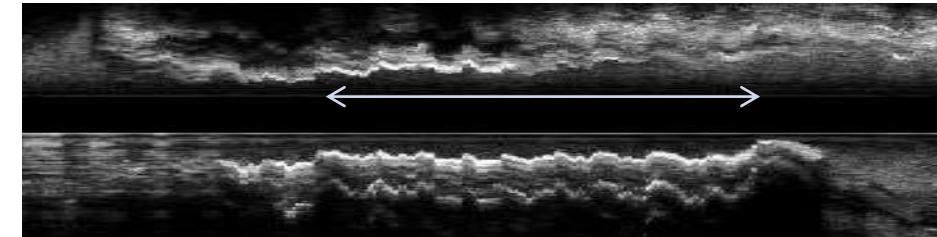
« Pré traiter »
(5000 HNF, 5mg isoptine, 5 mg RSD)



No reflow

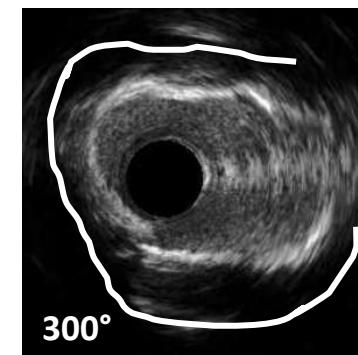
Quelle lésion Ca²⁺ pour l' athérectomie rotationnelle ?

Longue lésion Ca²⁺

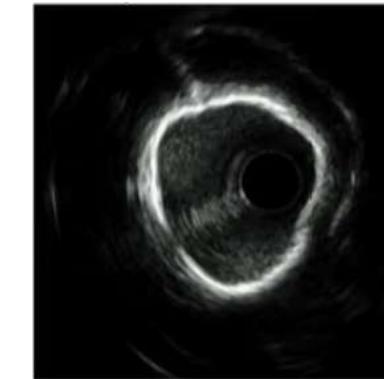


Ca²⁺ **intimal/superficiel**

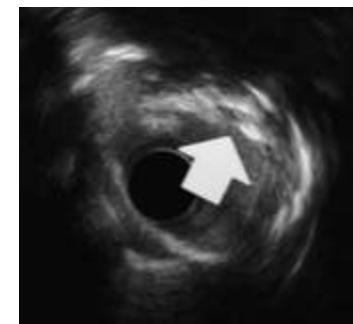
Ca²⁺ circonférentiel ou arc > 270 °



Nodule



Vaisseau <3,5mm



Infranchissable +++

Dissection

Fraise bloquée

Perforation

Fracture

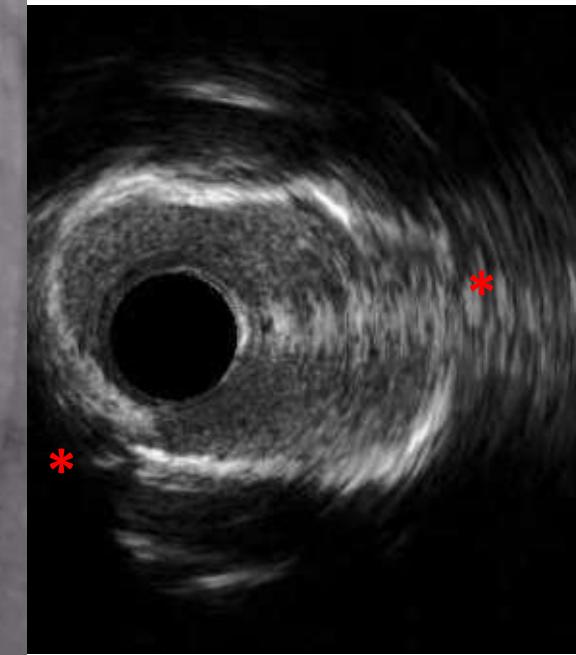
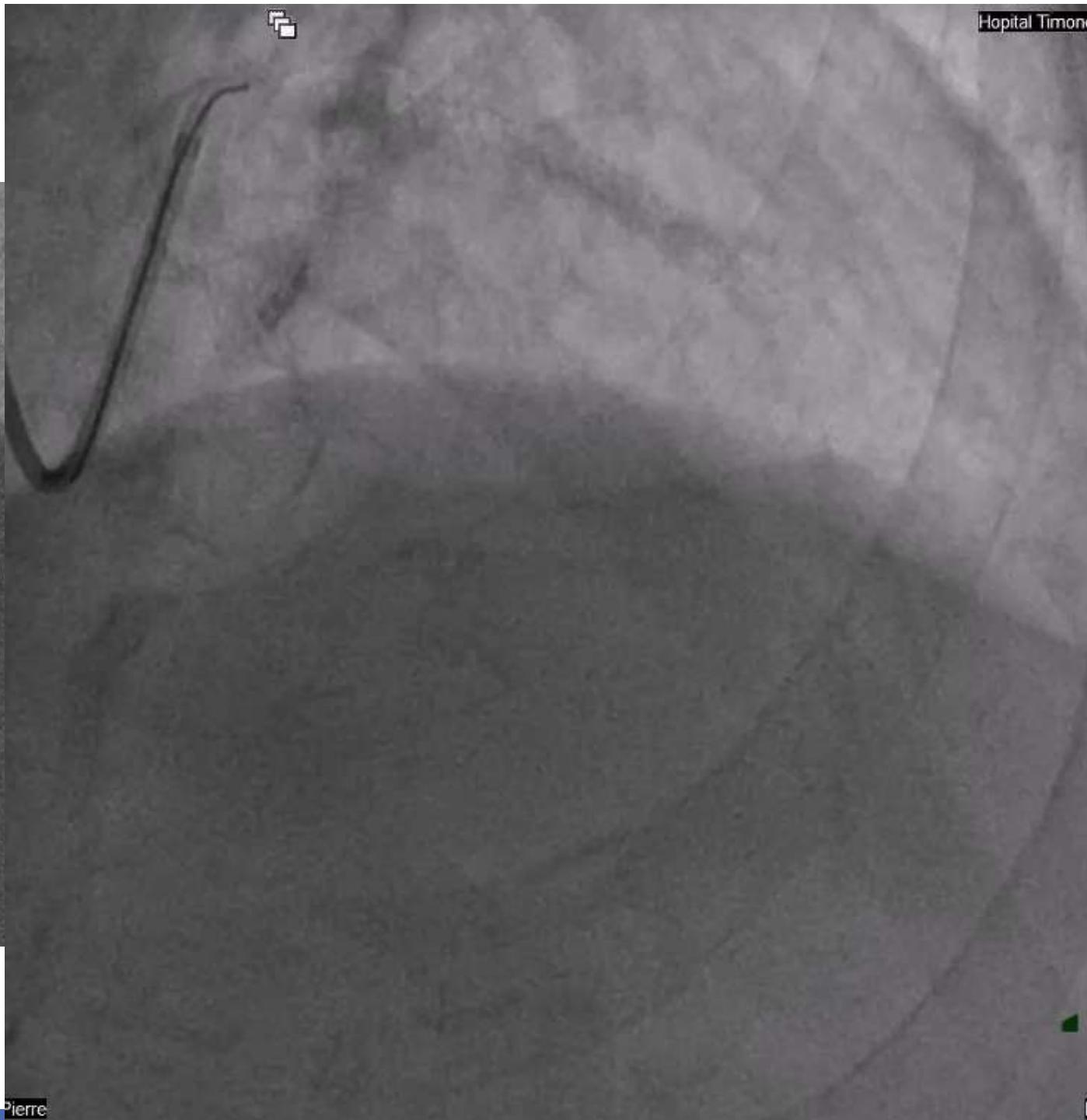
No reflow



88 ans homme – pré TAVI (NYHA III – angor)

26-27-28
JANVIER
2022
HTECH

Hopital Timone A



Conclusion

Depuis 1990 l' athérectomie rotationnelle reste un outil essentiel au quotidien

↑ utilisation récente (10 % des angioplasties depuis 01/2021)

Longue lesion Ca2+ – Ca2+ superficiel – Infranchissable – Nodule

Utilisation d' imagerie endocoronaire utile/essentielle (?)