



Angioplastie du tronc coronaire gauche: « toujours progresser »

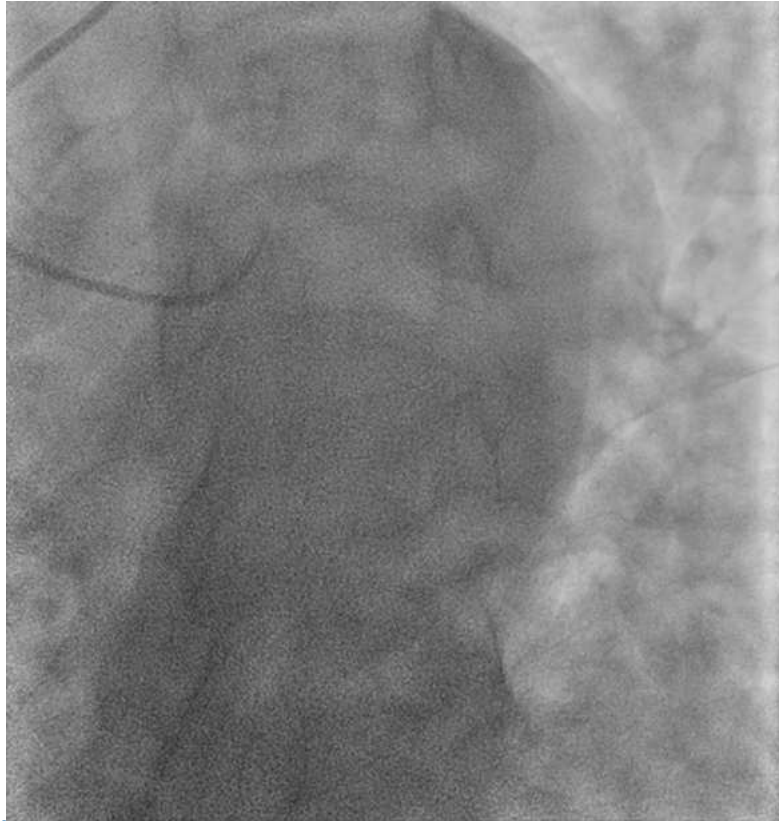
"Quand l'anatomie est hostile"

Myriam Akodad
Cardiologue interventionnel
ICPS Massy
akodadmyriam@gmail.com



INSTITUT
CARDIOVASCULAIRE
PARIS
SUD

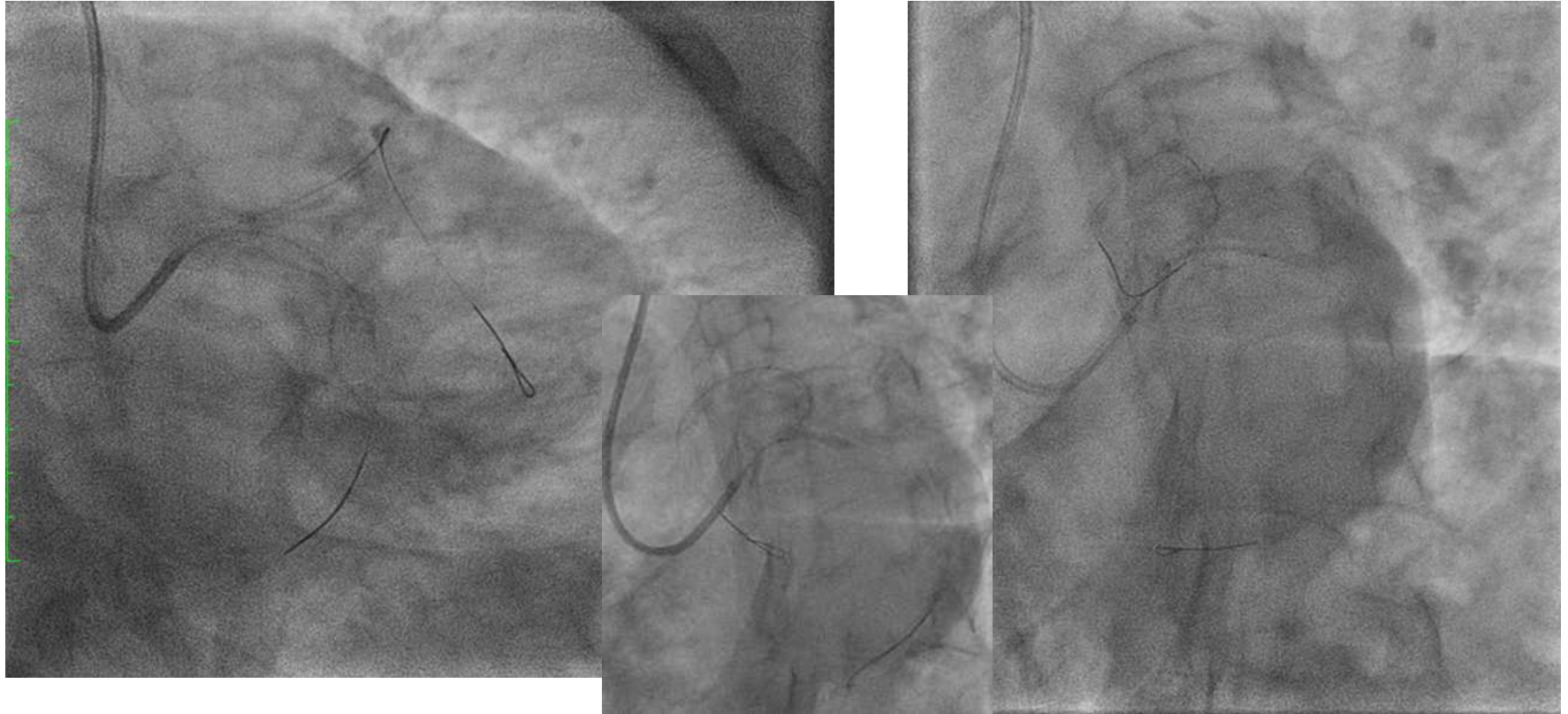
Cas n°1: Mme E 79 ans



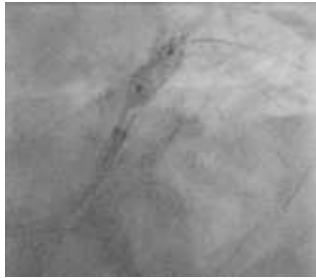
Cas n°1: Stratégie?



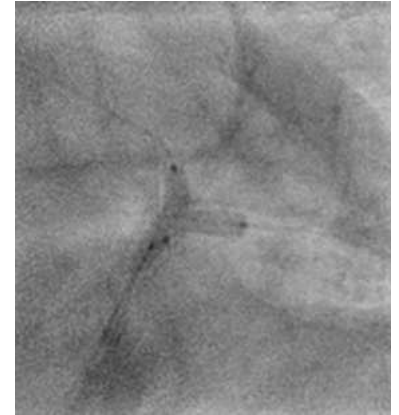
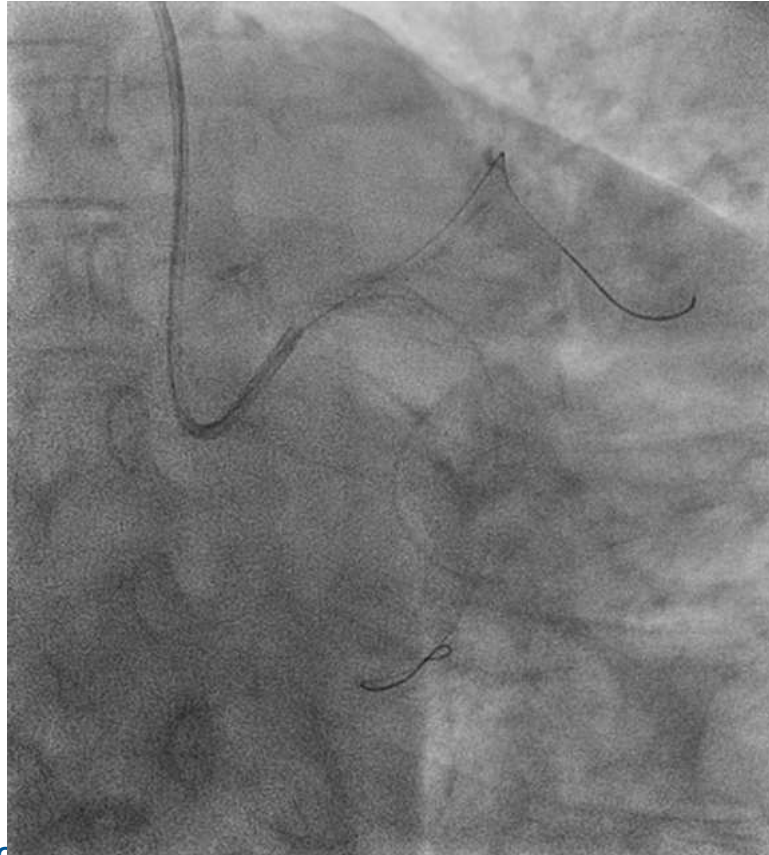
Cas n°1: Ce que nous avons fait



Cas n°1: Ce que nous avons fait

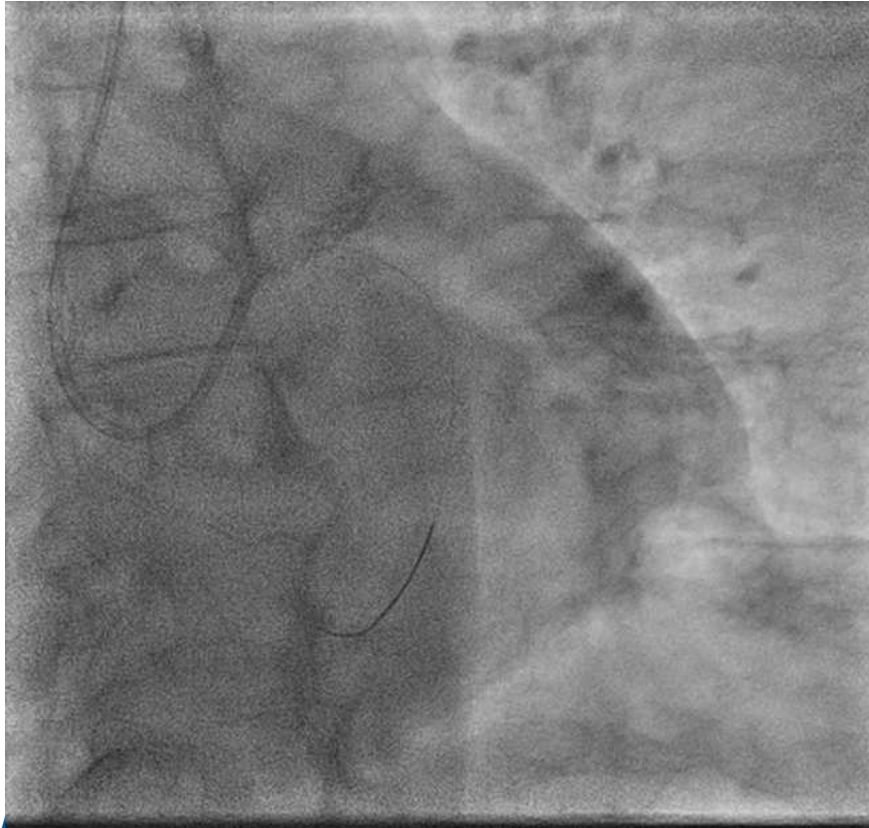


POT 4.5mm NC

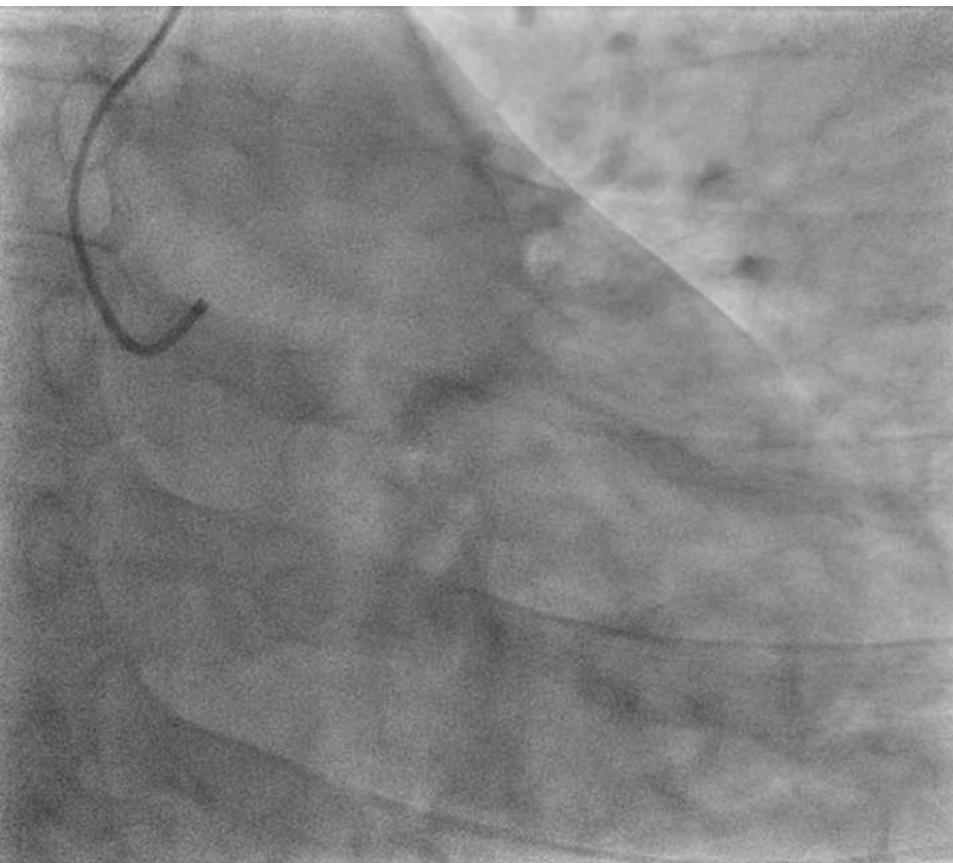


Kissing IVA/CX ballons NC 3mm

Cas n°1: Résultat final



Cas n°2: Mr H 49 ans

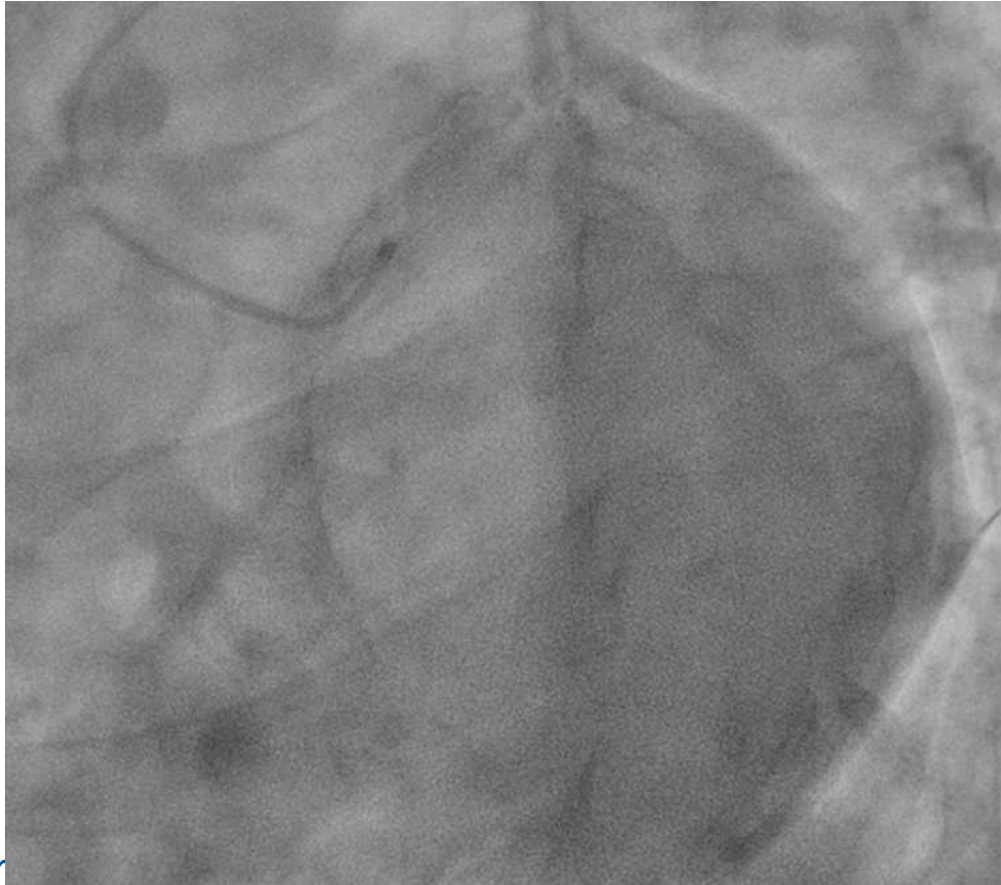


Size: 1328 x 1328
048 WW: 4096

Procedure
Cardio 2 Scopie

259% Angle: 0

Cas n°2: Mr H 49 ans



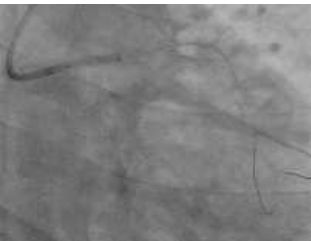
Cas n°2: stratégie?



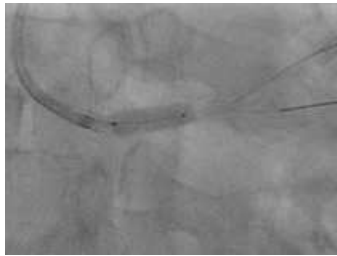
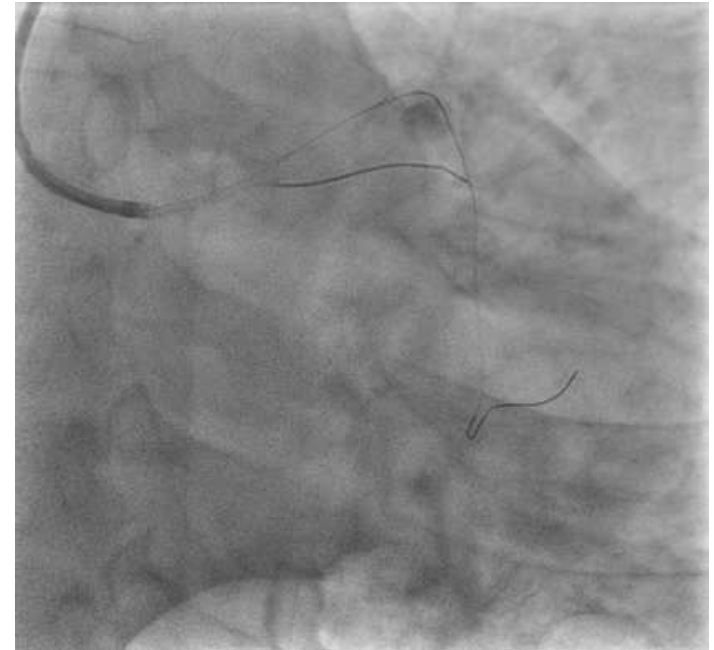
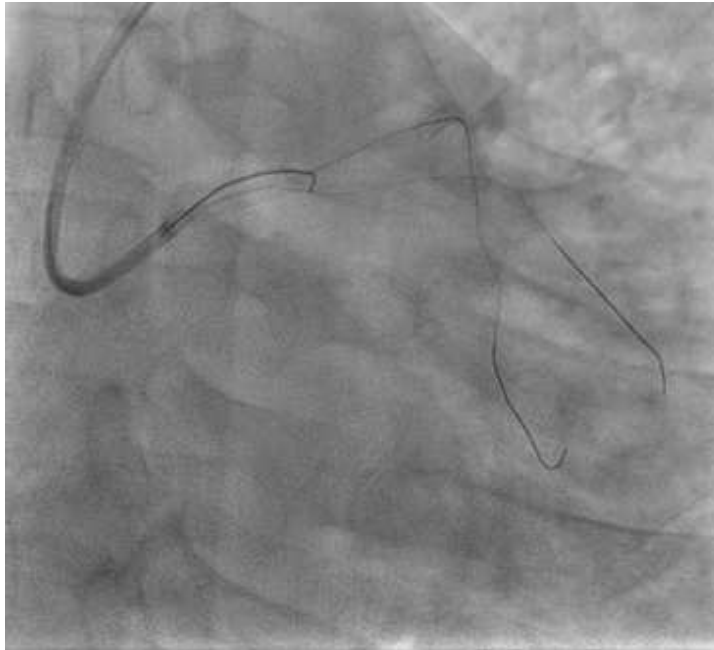
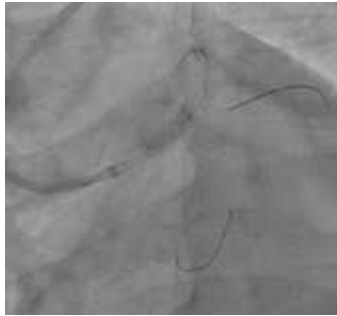
Cas n°2: Ce que nous avons fait

ATC IVA 2

ATC TCG-IVA 3.5*28mm

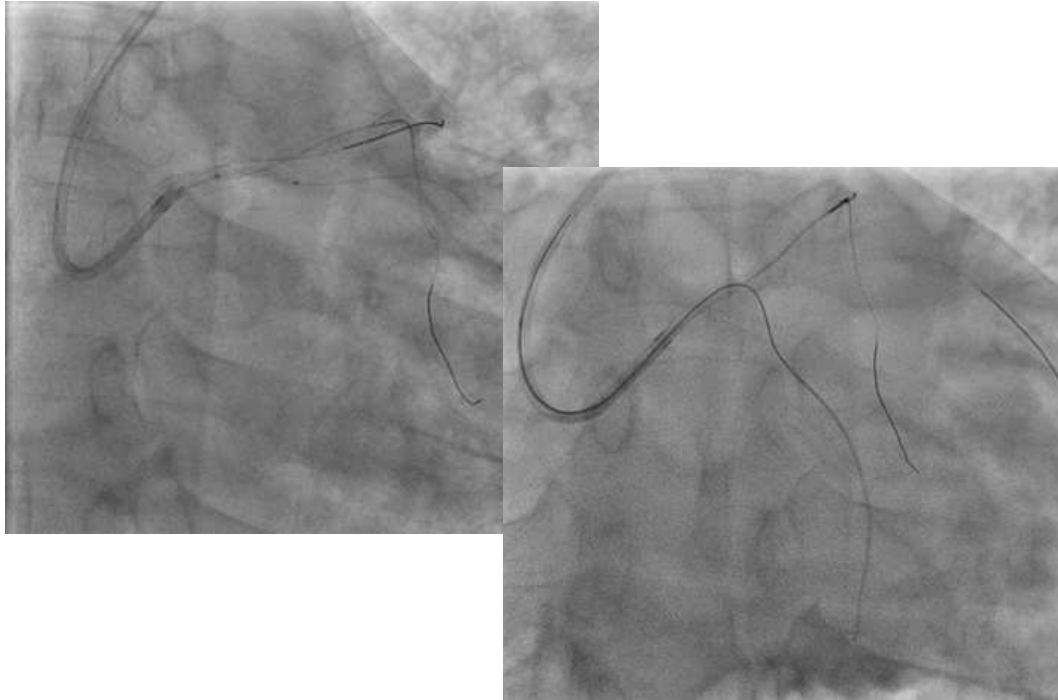


Cas n°2: Ce que nous avons fait

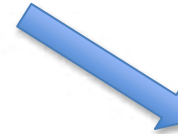
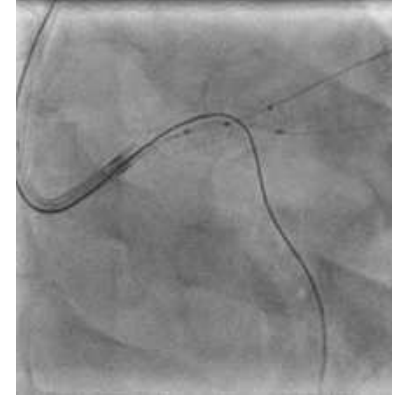


POT ballon NC 5*8mm

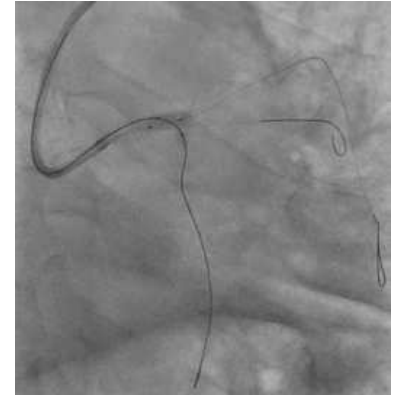
Cas n°2: Ce que nous avons fait



Kissing IVA/Mg

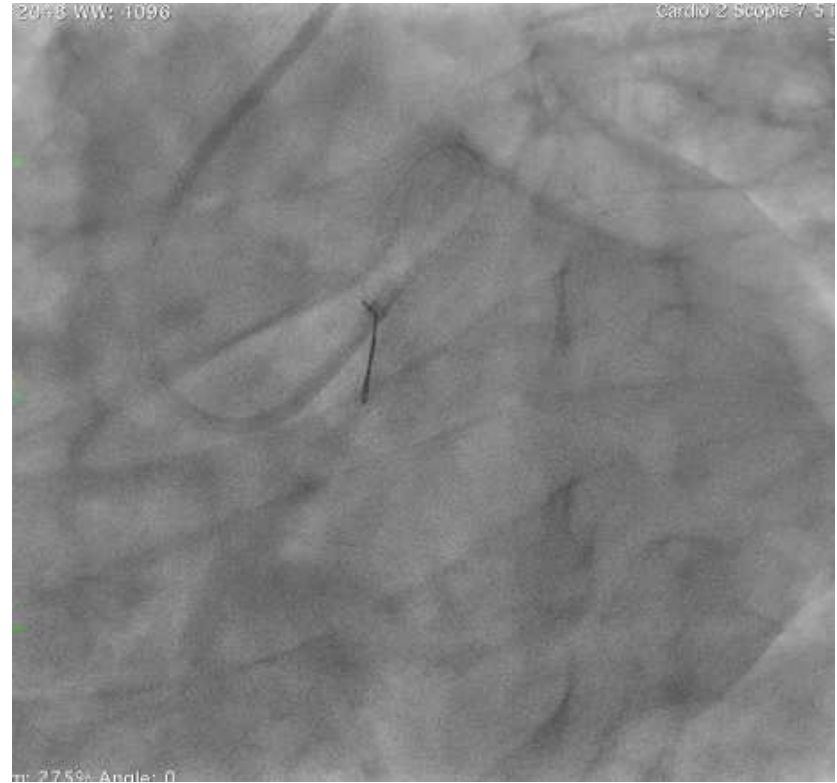


Kissing IVA/CX



Ouverture de mailles Mg puis Fielder XT CX

Cas n°2: Ce que nous avons fait

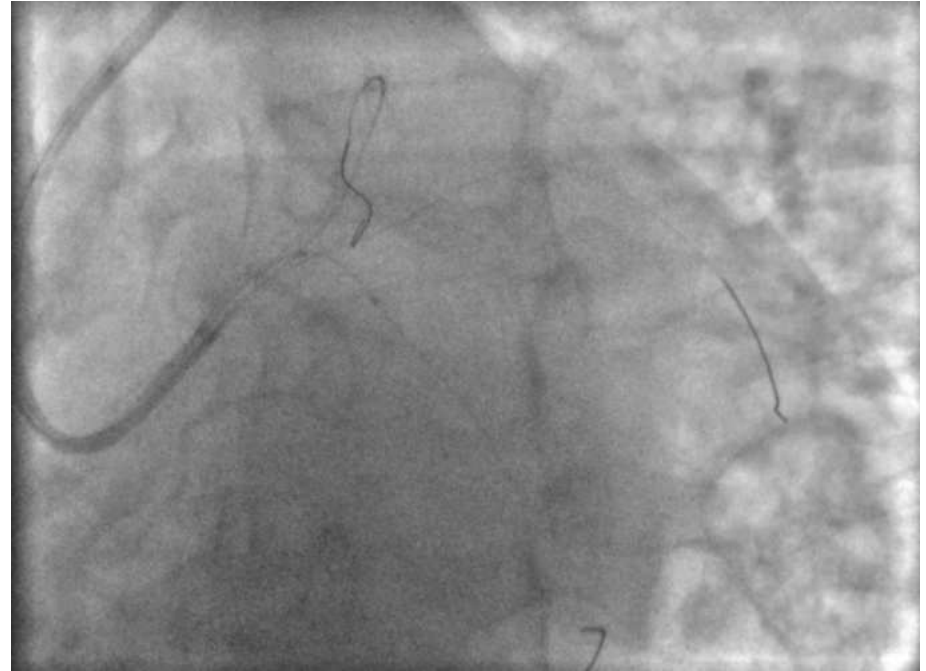
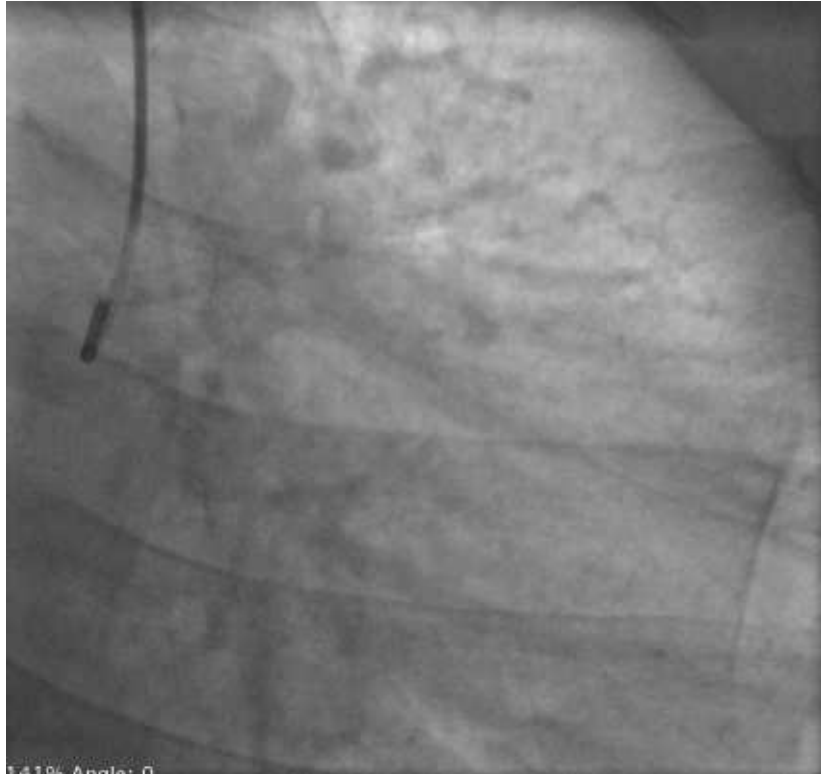


Cas n°2: stratégie?

Vendredi soir...21H30, quasiment 2 heures de procédure... 200 cc d'iode

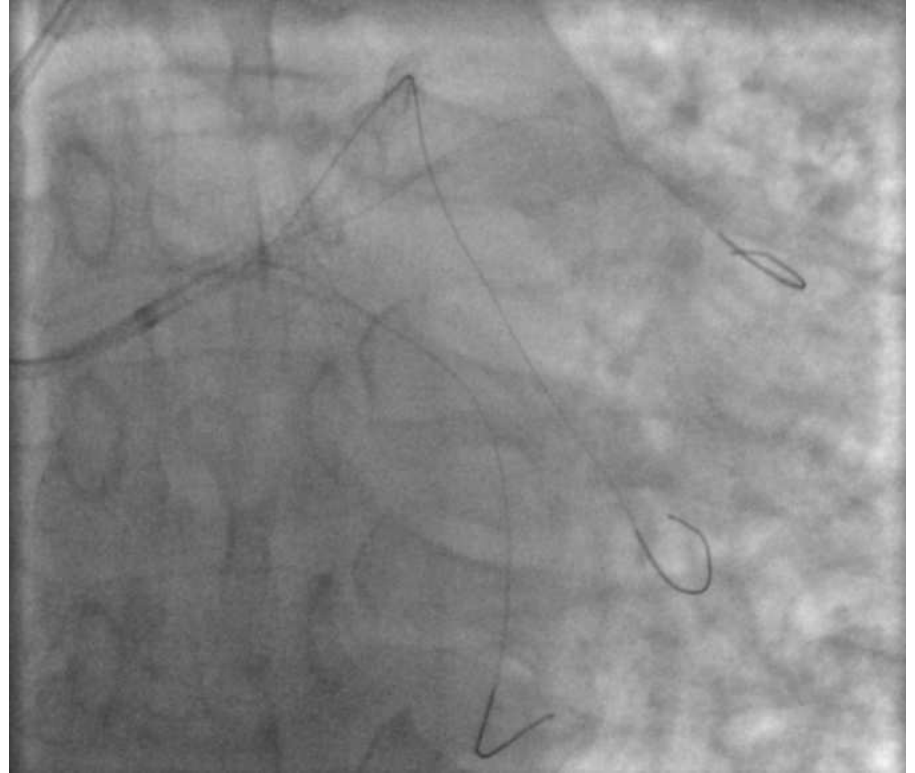
Cas n°2: Ce que nous avons fait-round 2

Reprise à 48H



Prédilatation

Cas n°2: Ce que nous avons fait-round 2



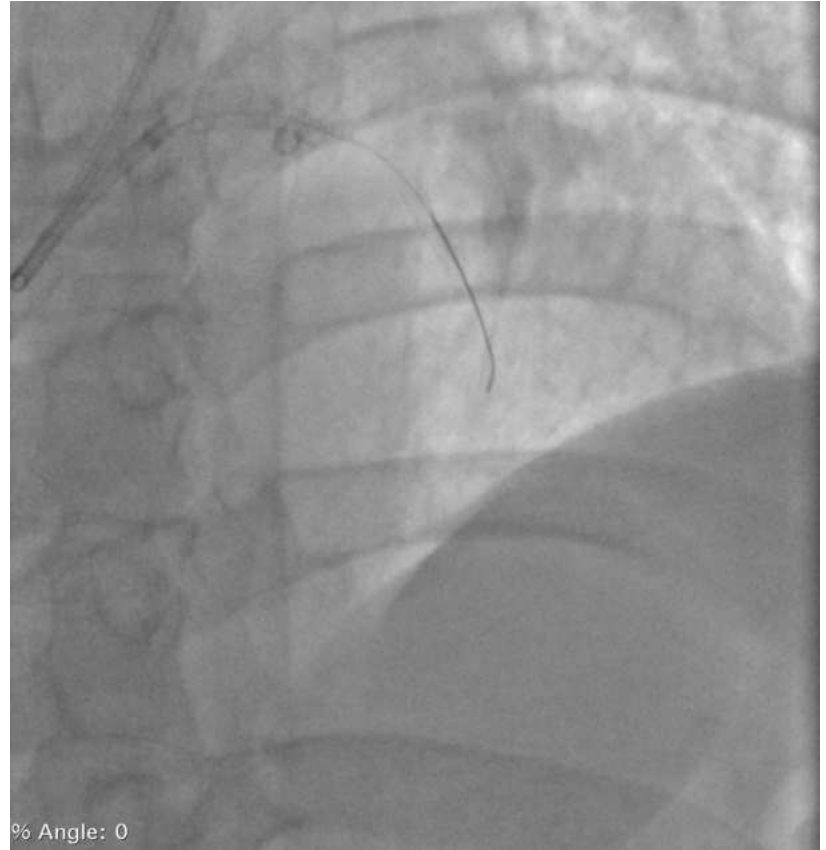
TAP-stenting CX 3,5*18mm

Cas n°2: Ce que nous avons fait-round 2



POT/Trissing/POT

Cas n°2: Résultat final



Trifurcation: Tips and Tricks

- 7 French +++
- Provisional stenting
- Kissing/Trissing: résultats comparables
- Respecter la loi fractale
- Contexte d'urgence: le plus simple possible +/- complément dans un deuxième temps

Cas n°3



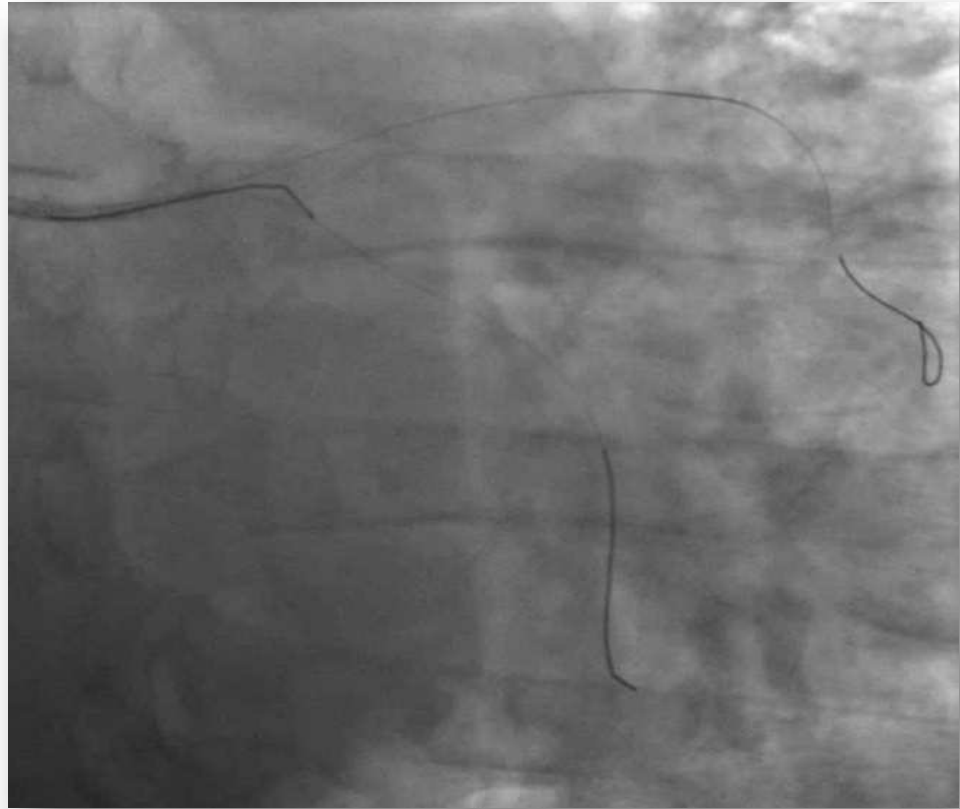
- ✓ Stabilité et sécurité
- ✓ 2 guides
- ✓ Référence proximale ?
- ✓ Stent vers IVA ou Cx ?
- ✓ Couverture de l'ostium

Cas n°3



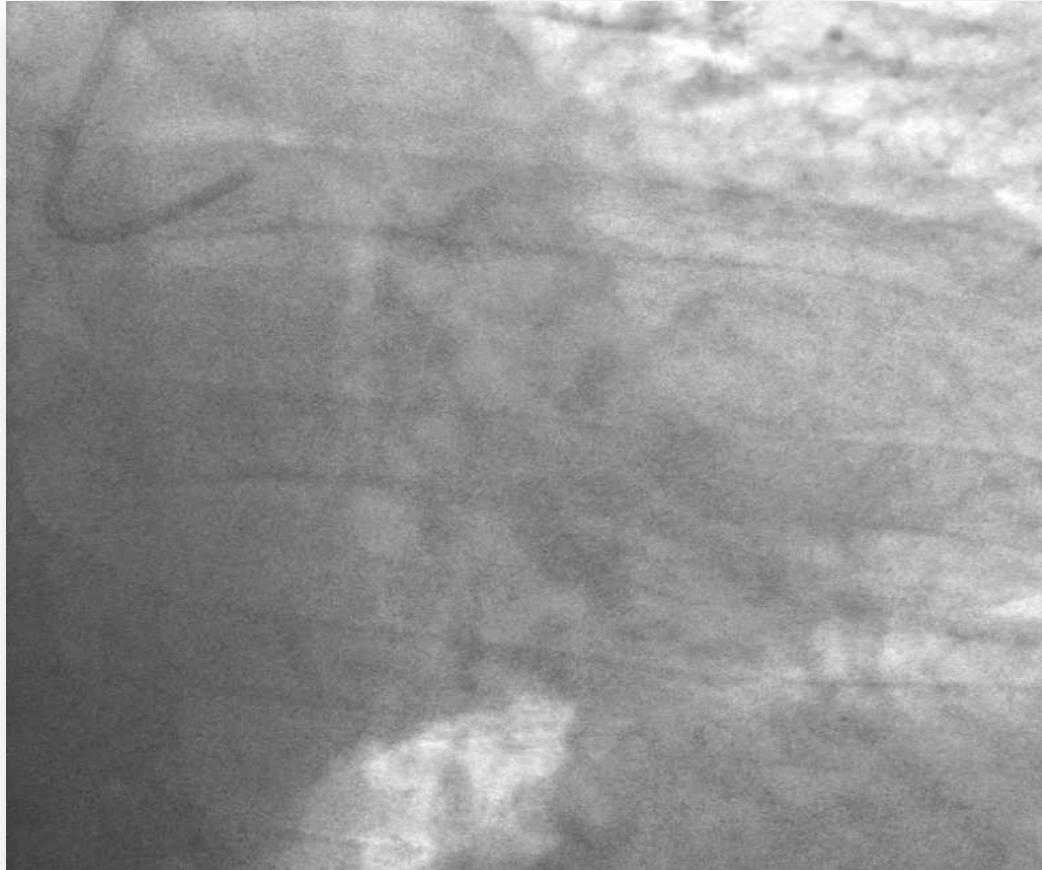
✓ POT 4.5 mm

Cas n°3



www.hightech-cardio.org ✓ Maille distale

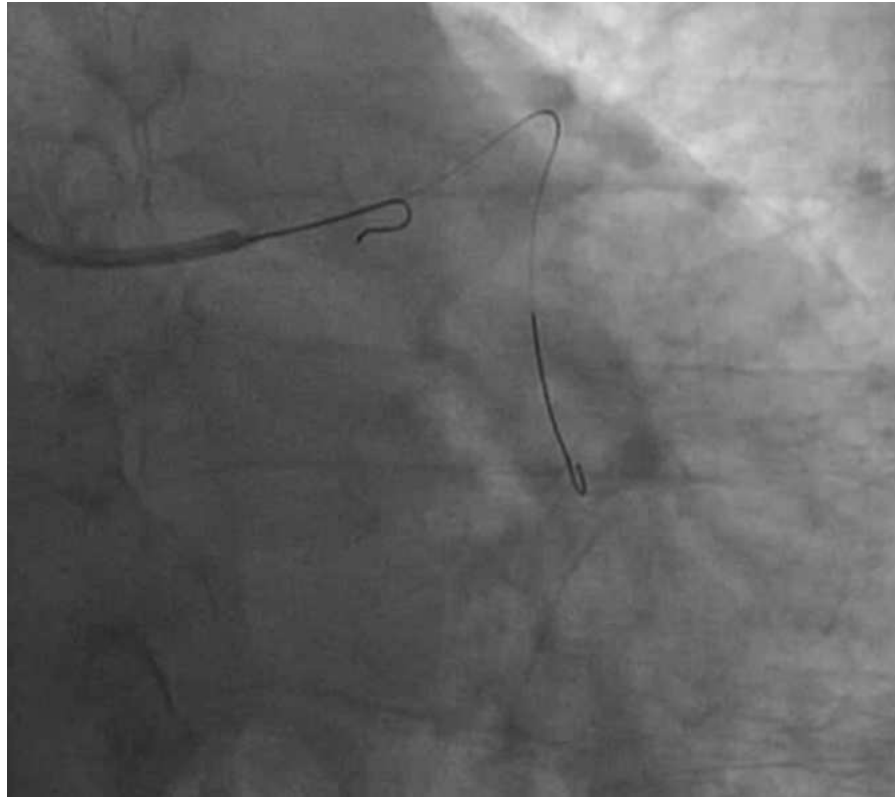
Cas n°3



Cas n°4



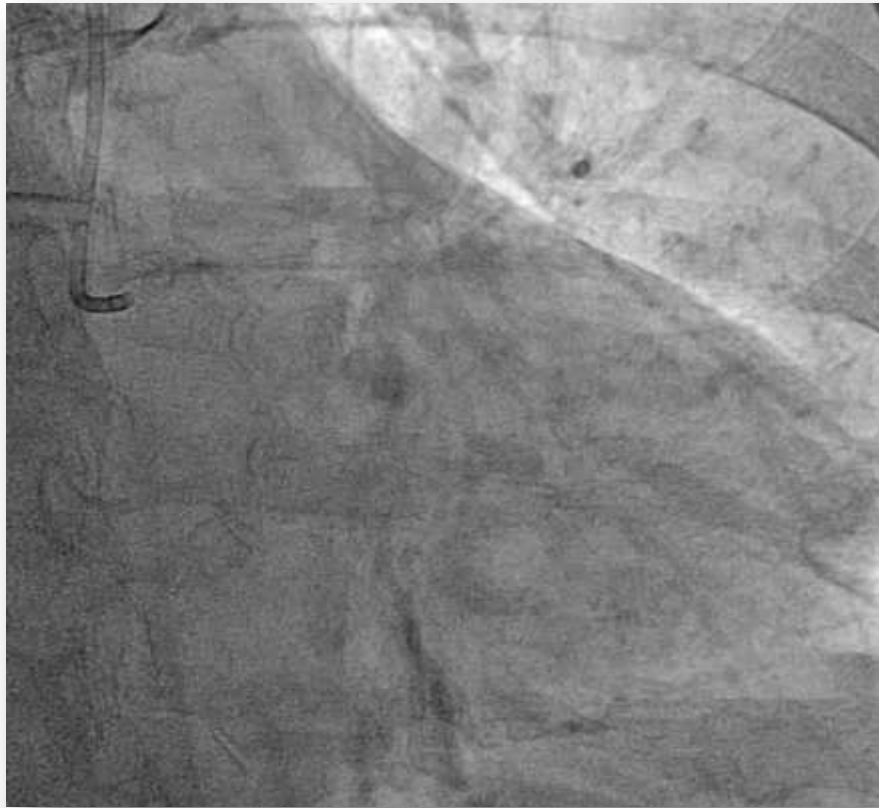
Cas n°4



Accès difficile à la branche: Tips and Tricks

- **Guide dans la plus difficile d'accès en premier**
- Long-U shape reverse wire
- Cathéter double lumière, microcathéter angulé
- Rotablator
- Considérer le stenting de la branche fille en premier

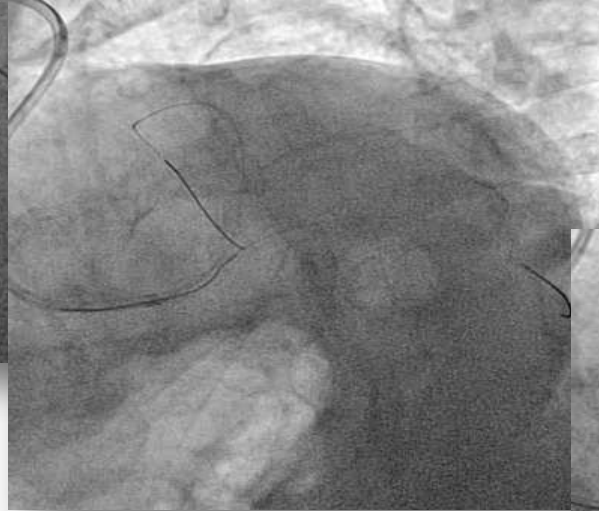
Cas n°5



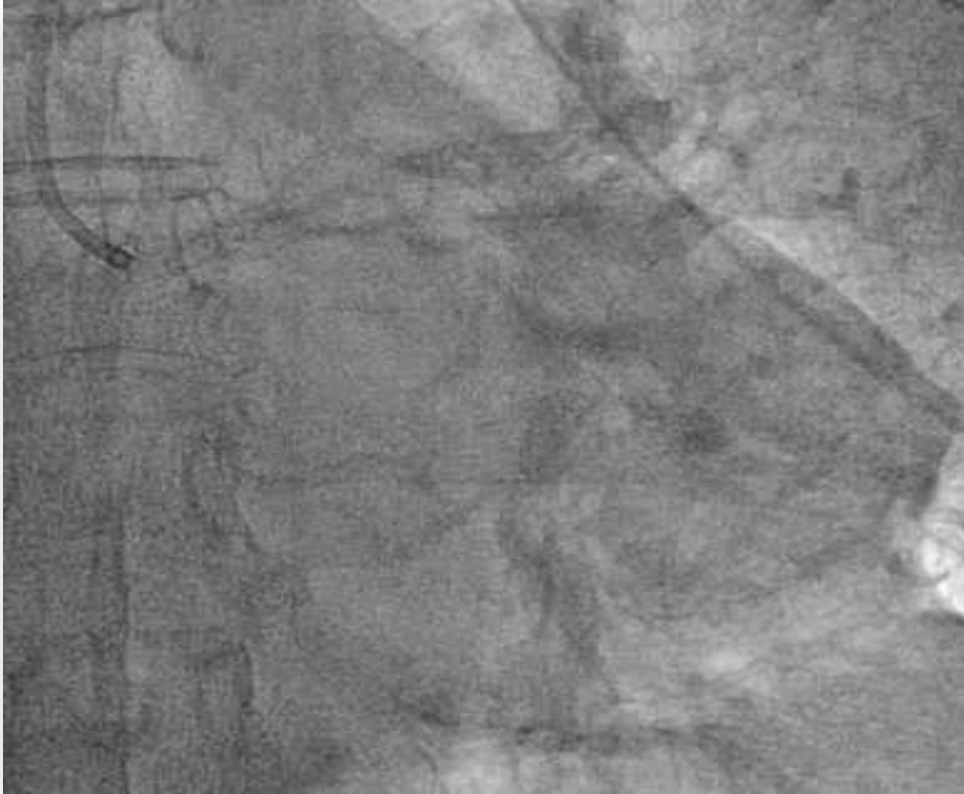
Cas n°5



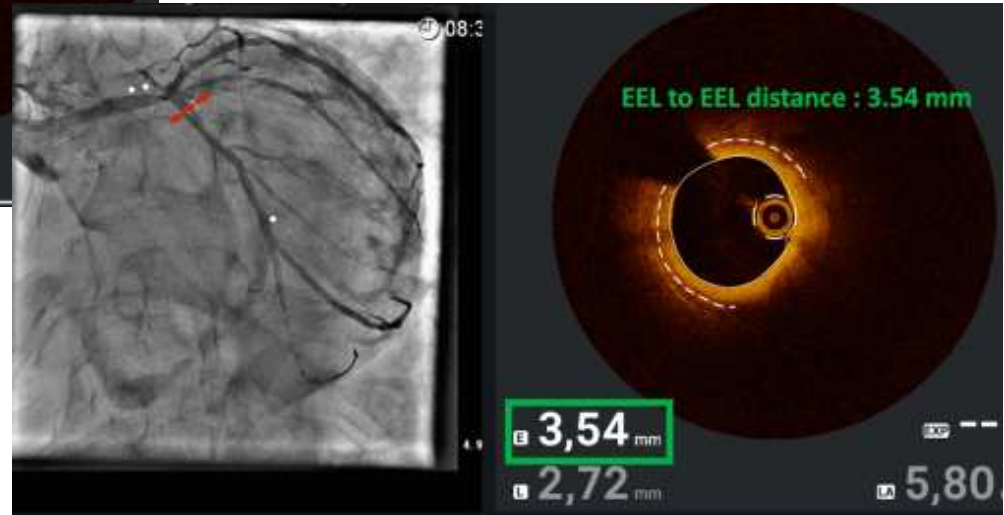
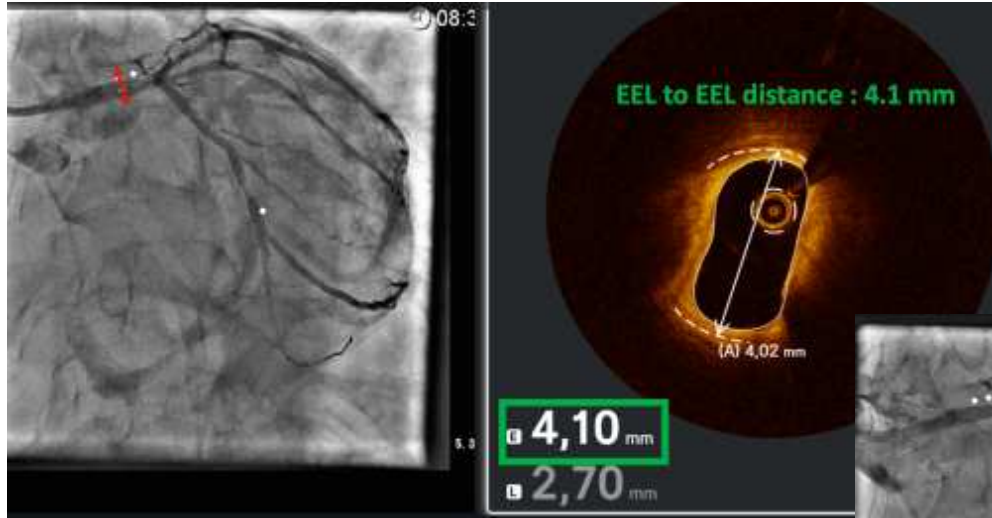
Cas n°5



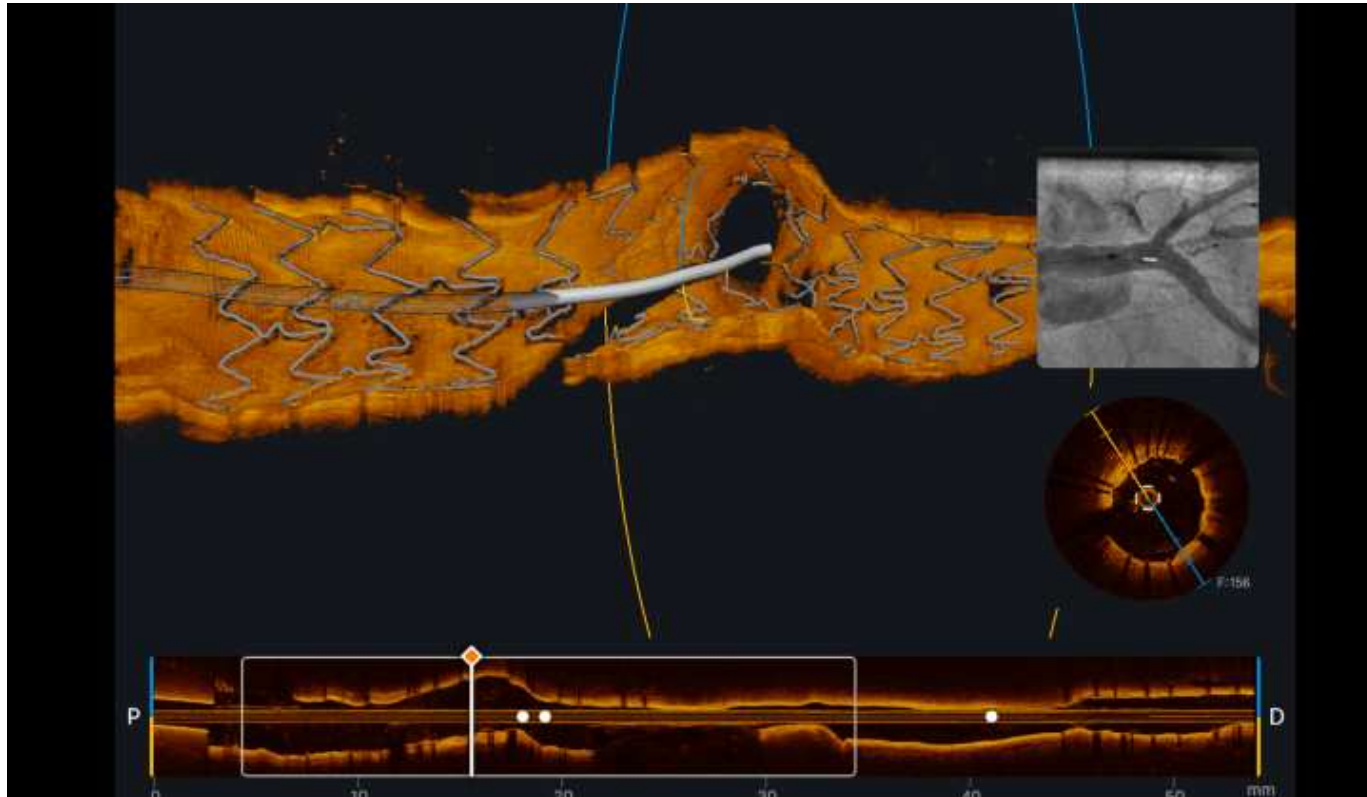
Cas n°5



Anatomie hostile: intérêt de l'imagerie



Anatomie hostile: intérêt de l'imagerie



Take-home message



- **Bien planifier** sa stratégie avec plan B/C/D...
- Bon support +/- 7F (V-stenting, trifurcation)
- Choix des guides en fonction de la complexité
- Technique **la plus simple possible surtout quand anatomie complexe**
- « **Provisional** » **stenting** et choix du stent selon la loi fractale
- **Optimisation du résultat : POT/kiss/POT- Imagerie endocoronaire**