



PALAIS DU PHARO
□ MARSEILLE □

SAVE THE DATE
24 • 25 • 26
JANVIER 2024

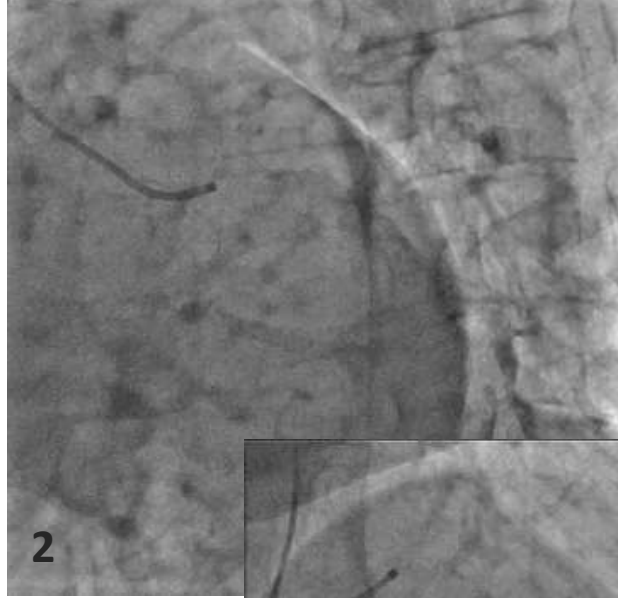
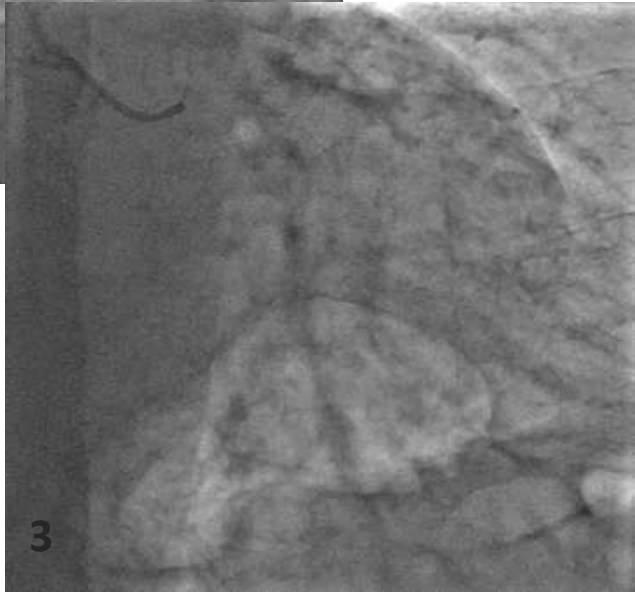
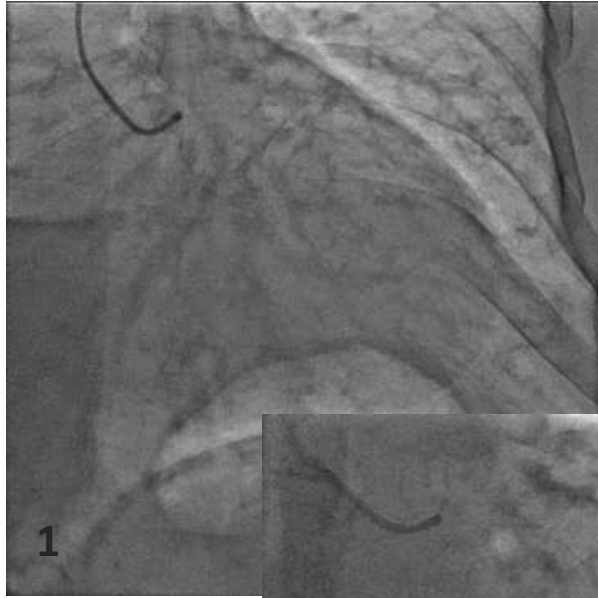
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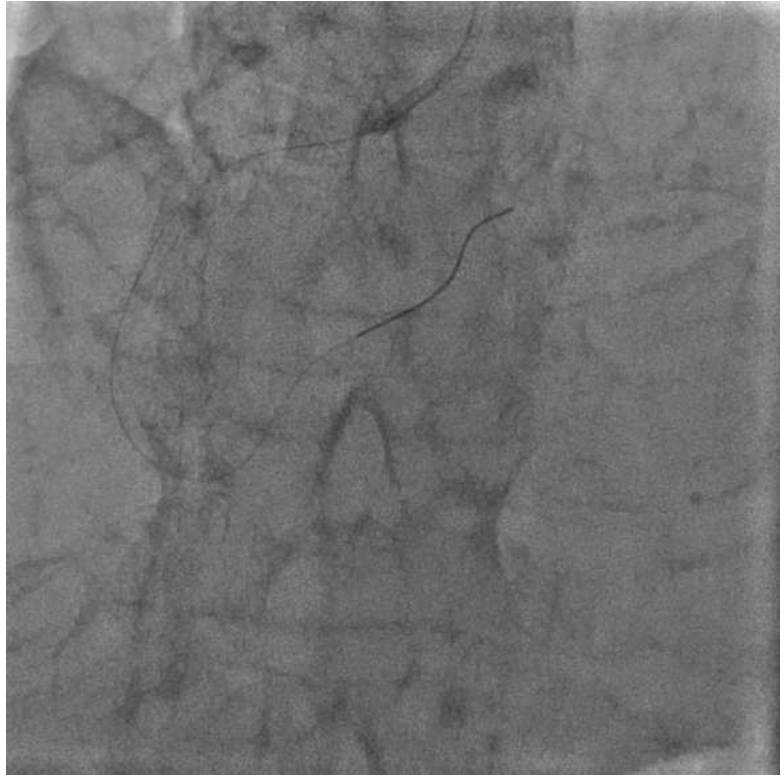
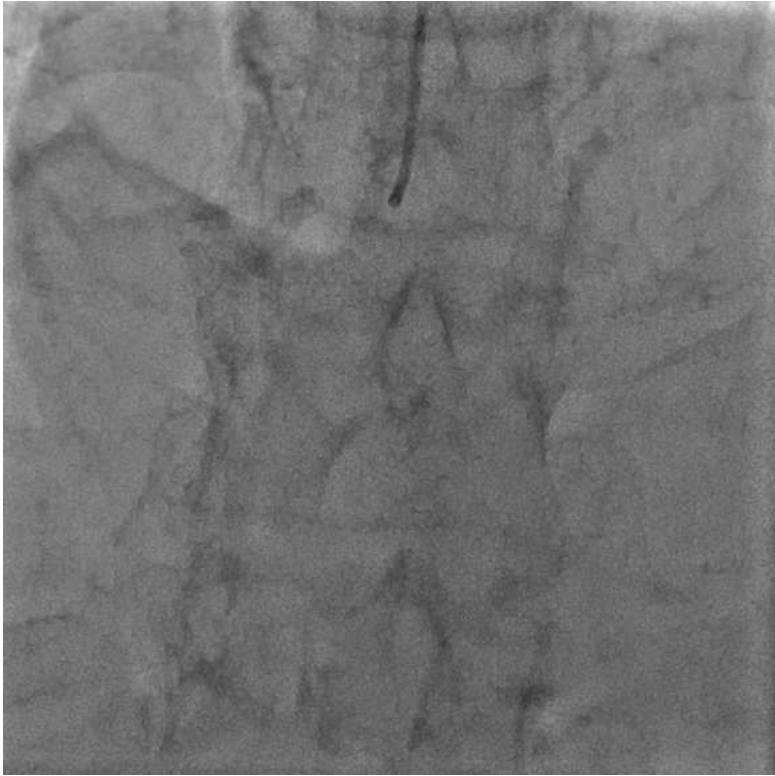
Lésion de Trifurcation: Pas Facile!

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Contexte clinique:

- Homme, 74 ans, HTA, dyslipidémie
- ATCD de PCI coronaire droite
- ESV+++ avec indication à une ablation
- FEVG:48%
- Scanner avant ablation d'ESV: lésion calcifiée de la CD II
→ Contrôle coronarographique

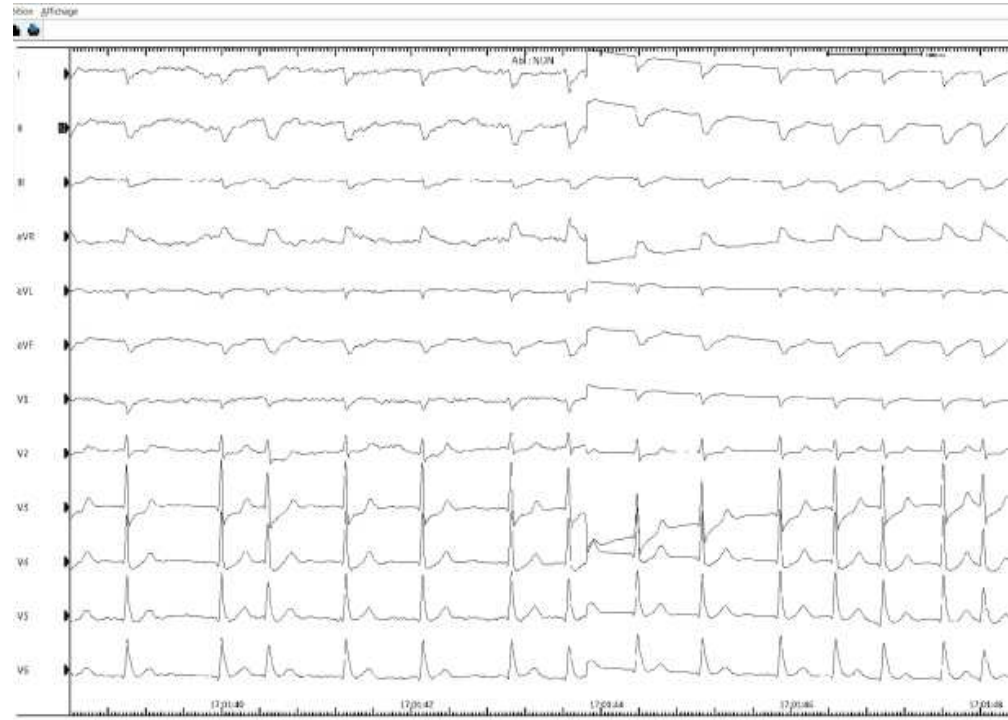
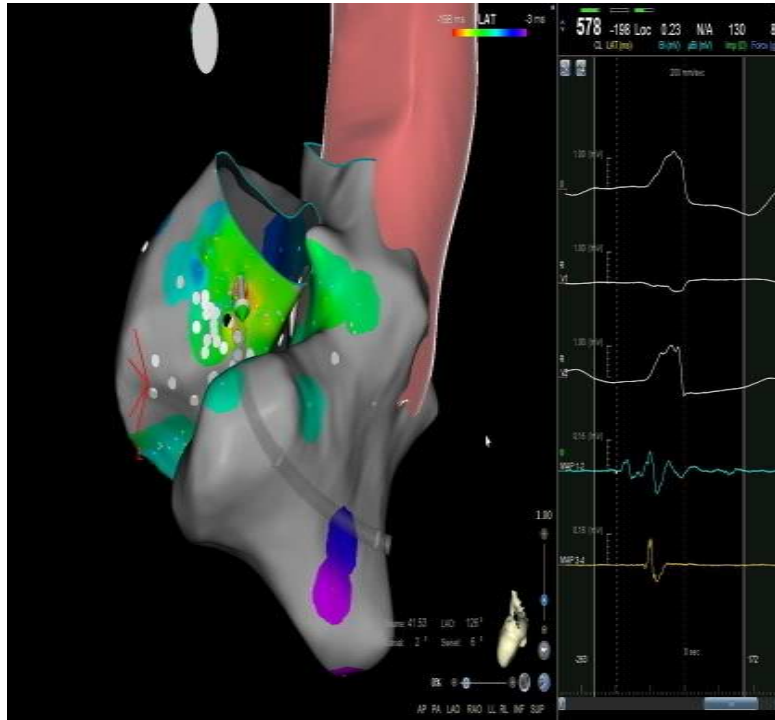




Après 2 semaines: Ablation par radio-fréquence

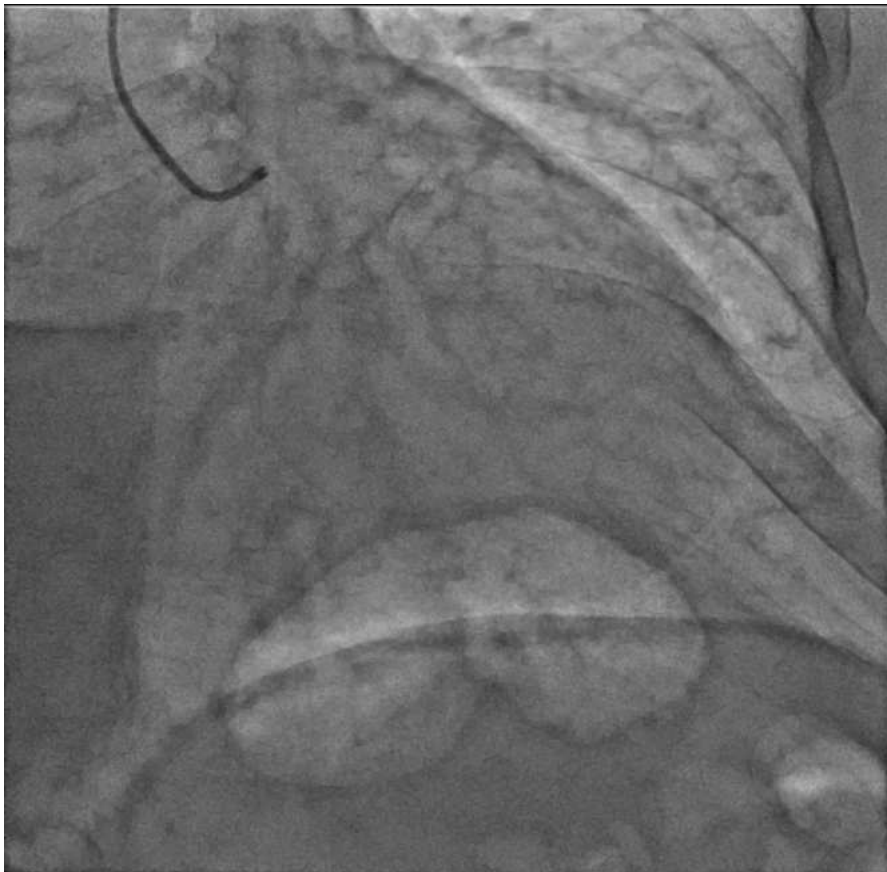
Foyer d'ESV à proximité de la cusp coronaire gauche

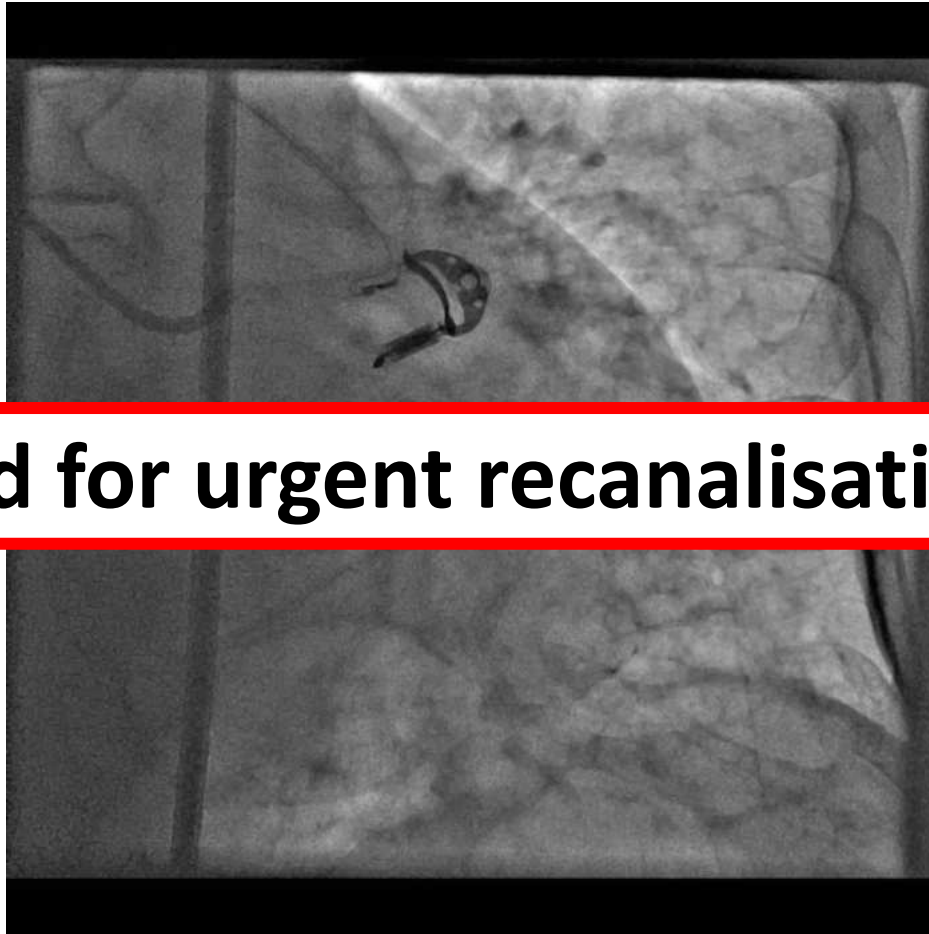
➔ Ablation par RF sous sédation profonde



Avant Ablation

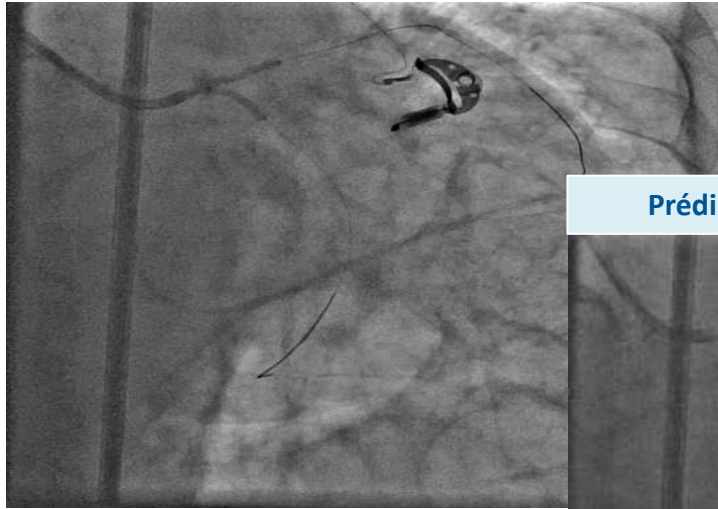
Contrôle en URG





Need for urgent recanalisation !

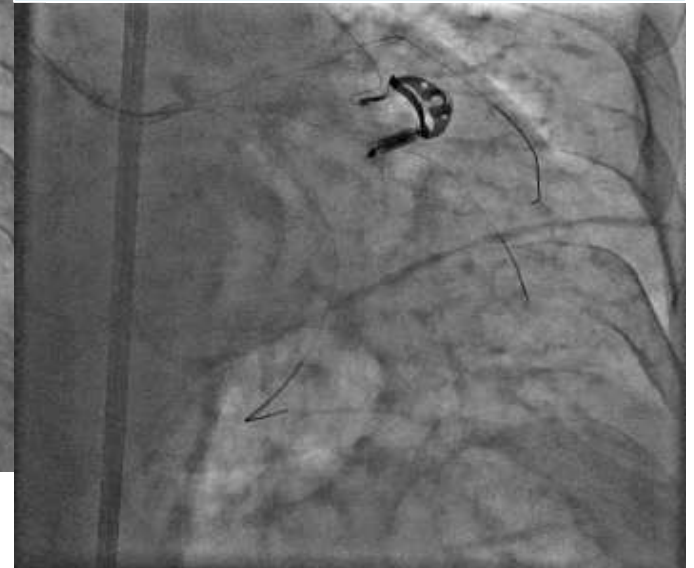
Sion Blue x 2 IVA et CX Kissing
Prédilatation 2 ballons sémi compliants 2,0 x15 mm



Prédilatation 2 x ballons 3,0 x 12mm



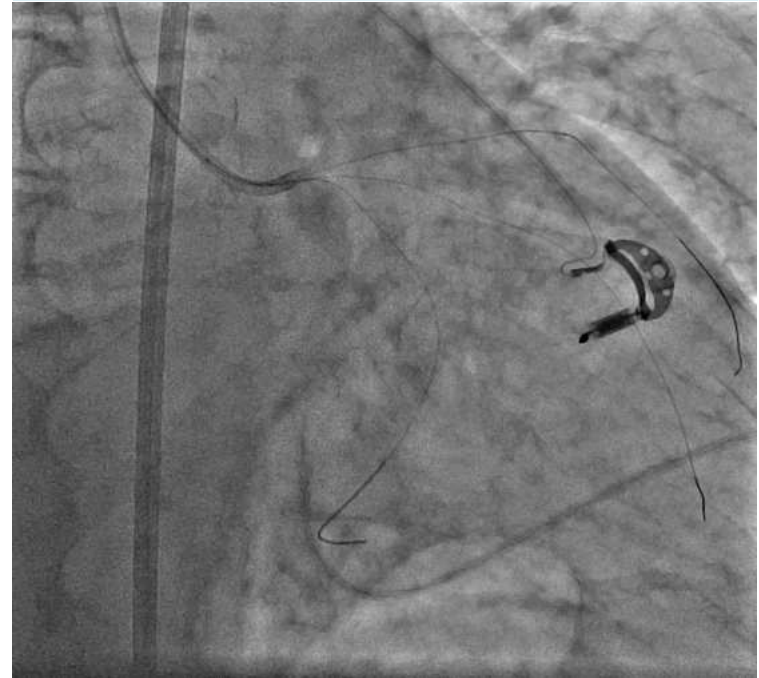
Recanalisation Bissectrice PT2



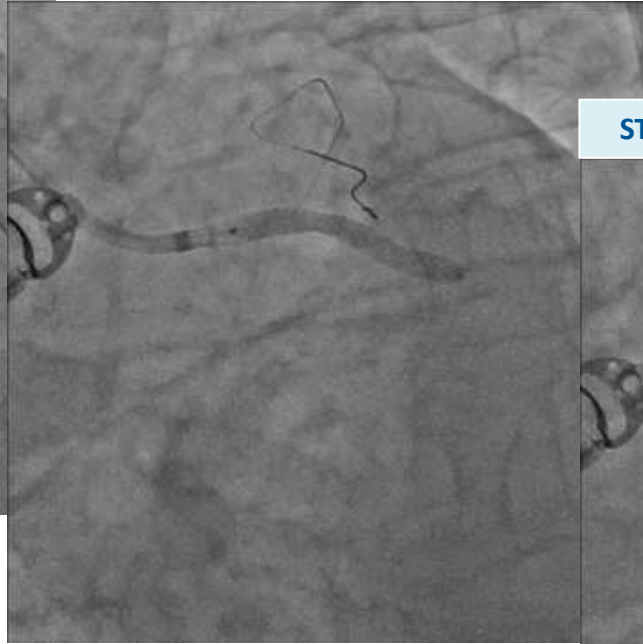
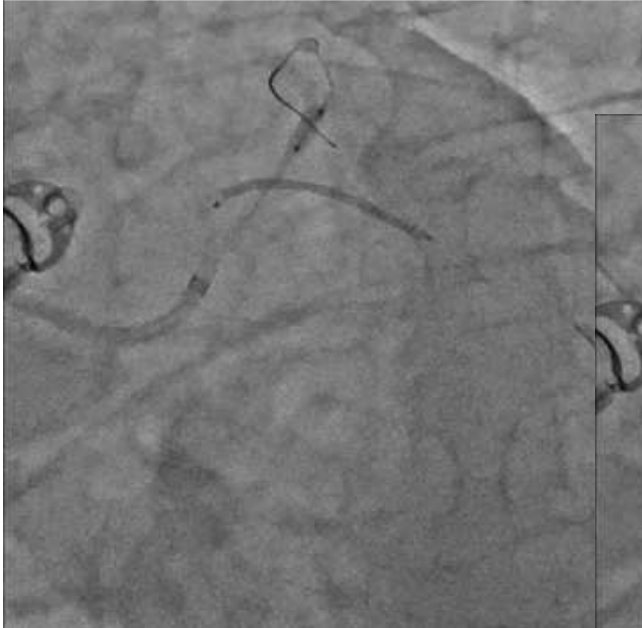
Prédilatation BX ballon SC 2.0 x 15 mm



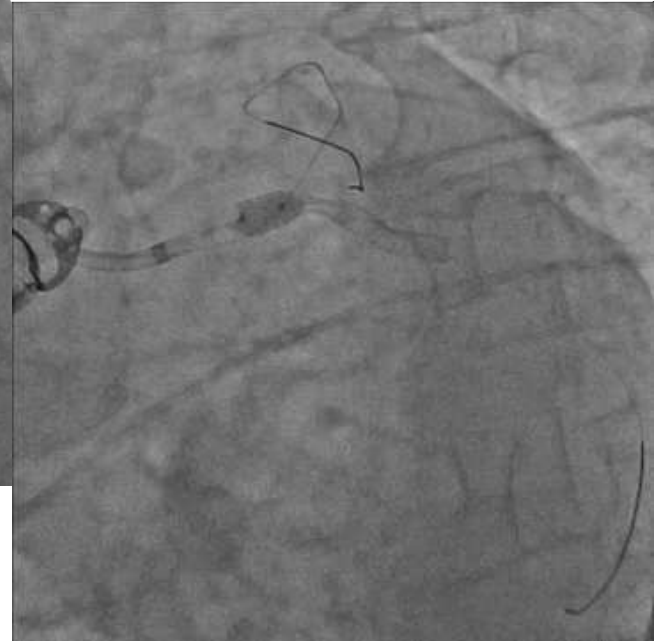
Stop ? Imagerie intra coronaire? Stents?



**STEP1: DES 3,5 x28 mm TCG-CX (Anchoring
IVA)**

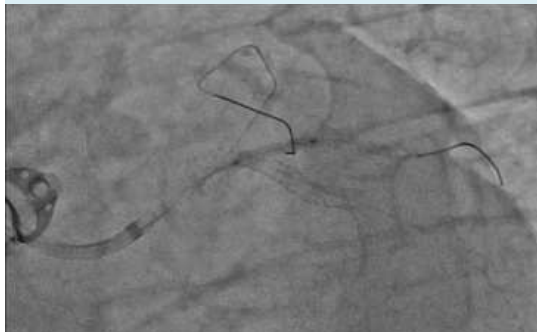


STEP2: POT ballon NC 5,0 x 6mm (18 ATM)

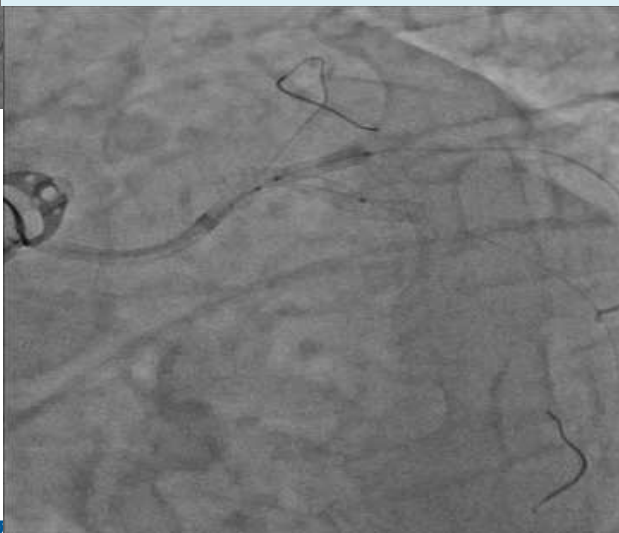


STEP 3: Rewiring de la BX et ouverture des mailles

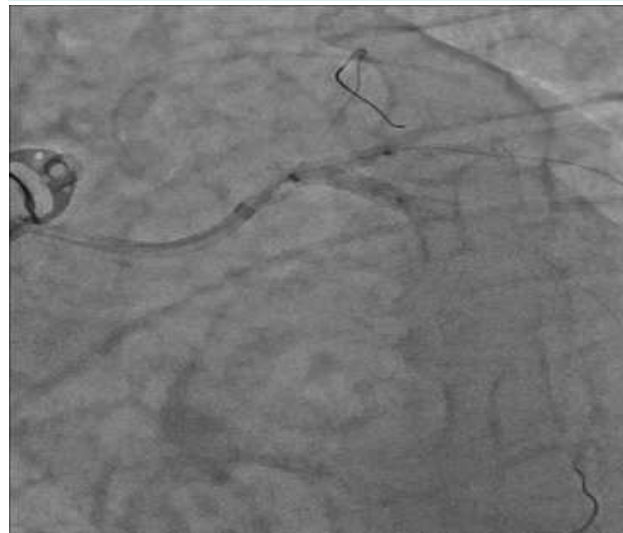
STEP 4: Cx stent post dilation avec 3.5 x 15 mm NC ballon



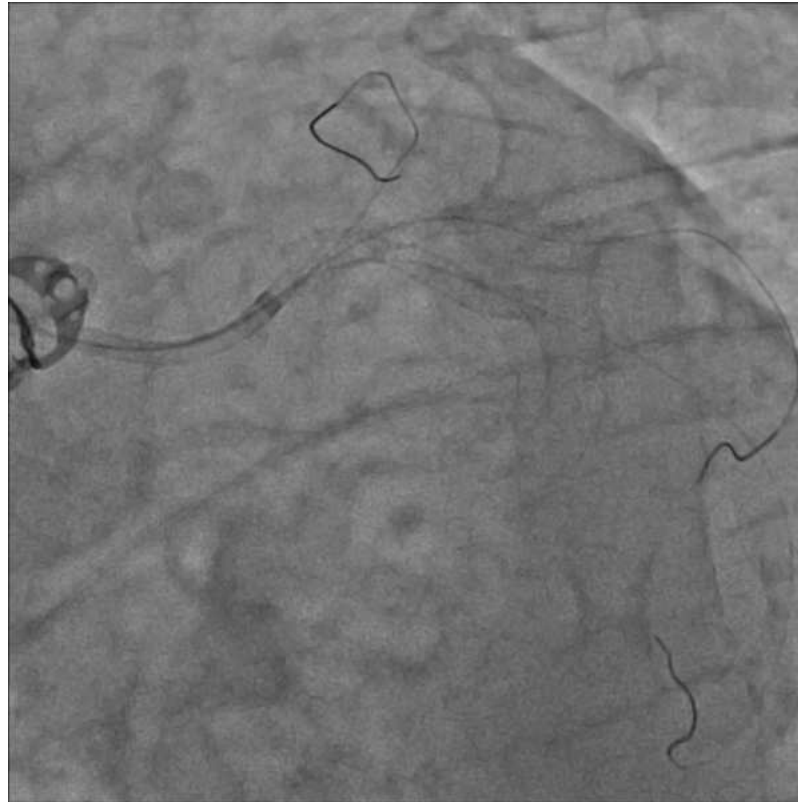
STEP 5: Bx stenting par DES 2.75 x 16 mm, TAP position



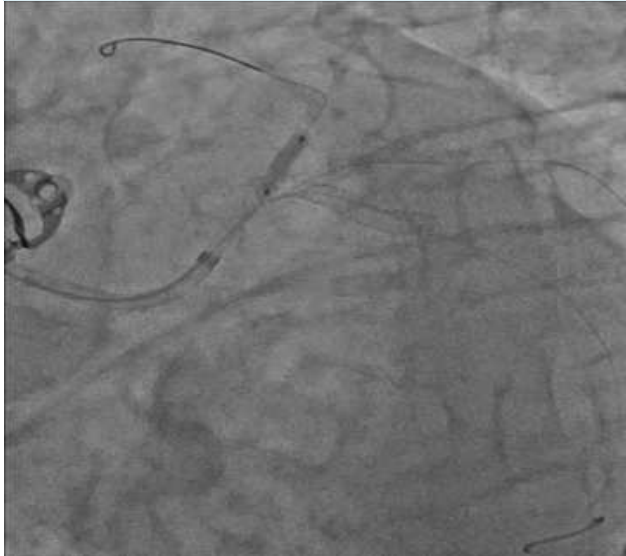
STEP 6: Bx /Cx kissing x 2 par 3.5 x 15 mm NCB et 2.75x16 mm EES balloon



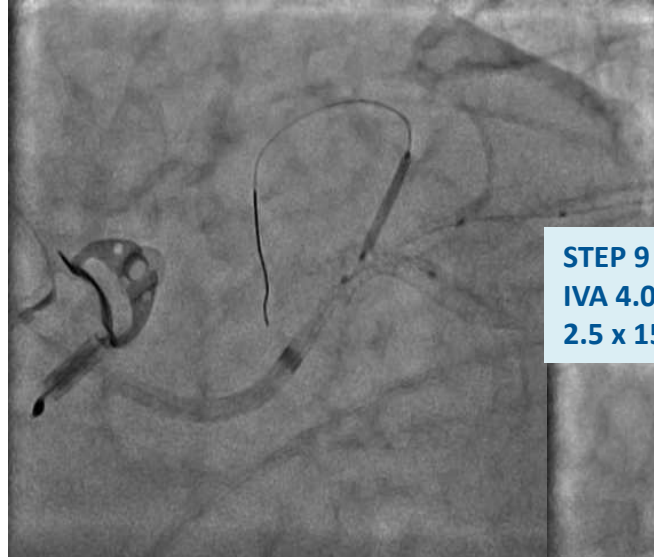
1^{er} TAP: TCG-CX-BX



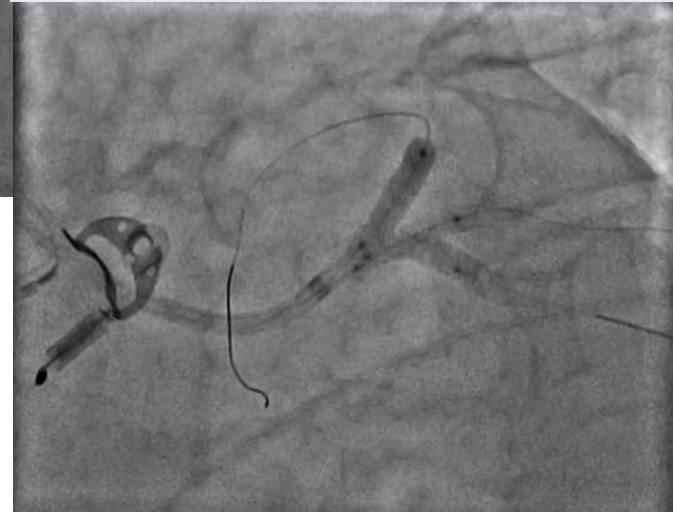
**STEP 7: IVA rewiring avec Sion Blue
Cell reopening 3.0 x 12 mm compliant
ballon**



**STEP 8: IVA stenting DES 4.0 x16mm
(Anchoring in CX)**



**STEP 9 : Final Triple Kissing/ Trissing :
IVA 4.0x 16 mm / Cx : 3.5 x 15 mm NCB / Bx :
2.5 x 15 mm SCB**



RESULTAT FINAL



Evolution:

- Arrêt précoce de NORADRENALINE
- Passage en FA
- Trithérapie (AOD+DAPT) pour un mois
- FEVG de sortie à 50%

Lésion trifurcation TCG:

- Peu fréquentes, plus complexes
- Pas de stratégie optimale, Provisionnal stenting +
- 2 bifurcations ++

Lésion coronaire compliquant les procédures d'ablation:

- Rares (0,1%)
- Mécanisme: spasme, rupture de plaque, dissection, lésion directe de la paroi, embolie gazeuse
- Facteur prédictif++: proximité des structures à ablater
- Fréquence: AVRT, flutter typique, TV/ESV
- Artère: coronaire droite (RVG)+++, circonflexe ++, TCG/IVA +

MERCI pour votre attention