

6 minutes...



Faculté des sciences
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Les bonnes indications pour la CTO

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euro
4C

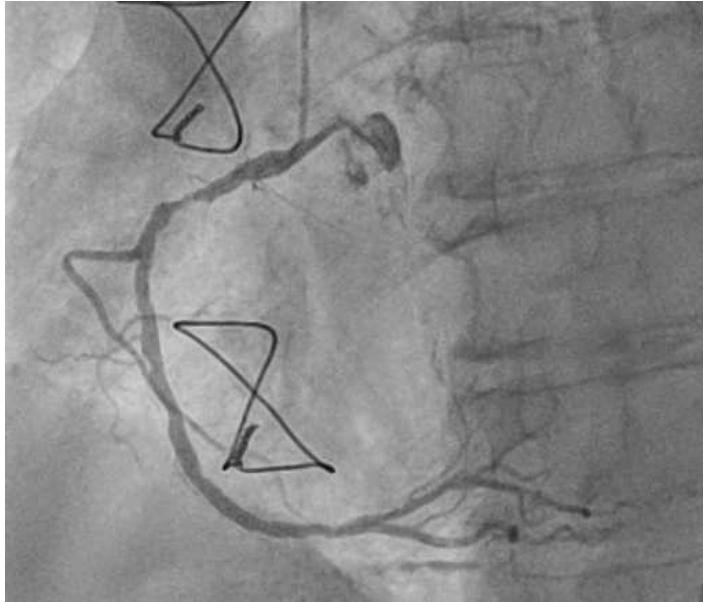


PALAIS DU PHARO
• MARSEILLE •

24 • 25 • 26
JANVIER 2024

WWW.HIGHTECH-CARDIO.ORG

1. PCI & SCC: quelles indications?



1. PCI & SCC: quelles indications?

ORIGINAL ARTICLE

Initial Invasive or Conservative Strategy for Stable Coronary Disease

David J. Maron, M.D., Judith S. Hochman, M.D., Harmony R. Reynolds, M.D., Sripal Bangalore, M.D., M.H.A., Sean M. O'Brien, Ph.D., William E. Boden, M.D., Bernard R. Chaitman, M.D., Roxy Senior, M.D., D.M., Jose López-Sendón, M.D., Karen P. Alexander, M.D., Renato D. Lopes, M.D., Ph.D., Leslee J. Shaw, Ph.D., [et al.](#), for the ISCHEMIA Research Group*

PCI **NON** > OMT
CCS + ischemia

Article Figures/Media

Metrics April 9, 2020

ORIGINAL ARTICLE

Percutaneous Revascularization for Ischemic Left Ventricular Dysfunction

Divaka Perera, M.D., Tim Clayton, M.Sc., Peter D. O'Kane, M.D., John P. Greenwood, Ph.D., Roshan Weerackody, Ph.D., Matthew Ryan, Ph.D., Holly P. Morgan, M.B. B.Ch., Matthew Dodd, M.Sc., Richard Evans, B.A., Ruth Carter, M.Sc., Sophie Arnold, M.Sc., Lana J. Dixon, Ph.D., [et al.](#), for the REVIVED-BCIS2 Investigators*

PCI **NON** > OMT
CCS + low EF + viabilité

Article Figures/Media

Metrics October 13, 2022
N Engl J Med 2022; 387:1351-1360

Actualités & Opinions > Medscape

POINT DE VUE

Déremboursement de la mesure de la FRR : « une situation aussi choquante qu'incompréhensible »

Marine Cygier

AUTEURS ET DÉCLARATIONS | 14 mars 2023

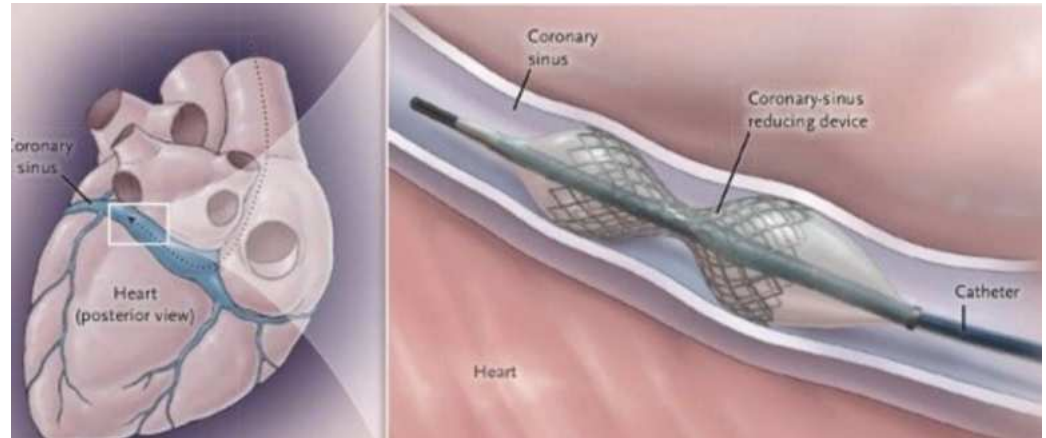
Quelle place reste-t-il à l'angioplastie dans le SCC?

1. PCI & SCC + angor: quelles indications?

Peu de solutions

SCC + angor 20 % dans CLARIFY

3.2% CCS 3/4



1. PCI & SCC + angor: quelles indications?

	EXPLORE	EUROCTO	IMPACTOR-CTO																																													
Location & design	Europe & Canada Multicentre RCT (14 centres)	Europe Multicentre RCT (28 centres)	Russia Single-centre RCT																																													
Success rate	 EXPLORE	 EUROCTO	 IMPACTOR-CTO																																													
Positive/negative RCT	-	+	+																																													
Major findings	<table border="1"> <thead> <tr> <th></th> <th>PCI</th> <th>OMT</th> </tr> </thead> <tbody> <tr> <td>MACE</td> <td>No difference</td> <td>No difference</td> </tr> <tr> <td>QoL</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>Ischaemia reduction</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>LVEF and LVEDV</td> <td>No difference</td> <td>No difference</td> </tr> </tbody> </table>		PCI	OMT	MACE	No difference	No difference	QoL	N/A	N/A	Ischaemia reduction	N/A	N/A	LVEF and LVEDV	No difference	No difference	<table border="1"> <thead> <tr> <th></th> <th>PCI</th> <th>OMT</th> </tr> </thead> <tbody> <tr> <td>MACE</td> <td>No difference</td> <td>No difference</td> </tr> <tr> <td>QoL</td> <td>Better</td> <td>N/A</td> </tr> <tr> <td>Ischaemia reduction</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>LVEF and LVEDV</td> <td>N/A</td> <td>N/A</td> </tr> </tbody> </table>		PCI	OMT	MACE	No difference	No difference	QoL	Better	N/A	Ischaemia reduction	N/A	N/A	LVEF and LVEDV	N/A	N/A	<table border="1"> <thead> <tr> <th></th> <th>PCI</th> <th>OMT</th> </tr> </thead> <tbody> <tr> <td>MACE</td> <td>No difference</td> <td>No difference</td> </tr> <tr> <td>QoL</td> <td>Better</td> <td>N/A</td> </tr> <tr> <td>Ischaemia reduction</td> <td>Better</td> <td>N/A</td> </tr> <tr> <td>LVEF and LVEDV</td> <td>N/A</td> <td>N/A</td> </tr> </tbody> </table>		PCI	OMT	MACE	No difference	No difference	QoL	Better	N/A	Ischaemia reduction	Better	N/A	LVEF and LVEDV	N/A	N/A
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Symptomes !

Amélioration FE ?

Arrythmies ?

Tolérance futur SCA ?

2. Volume is key in CTO-PCI

Hétérogénéité de volume / opérateur

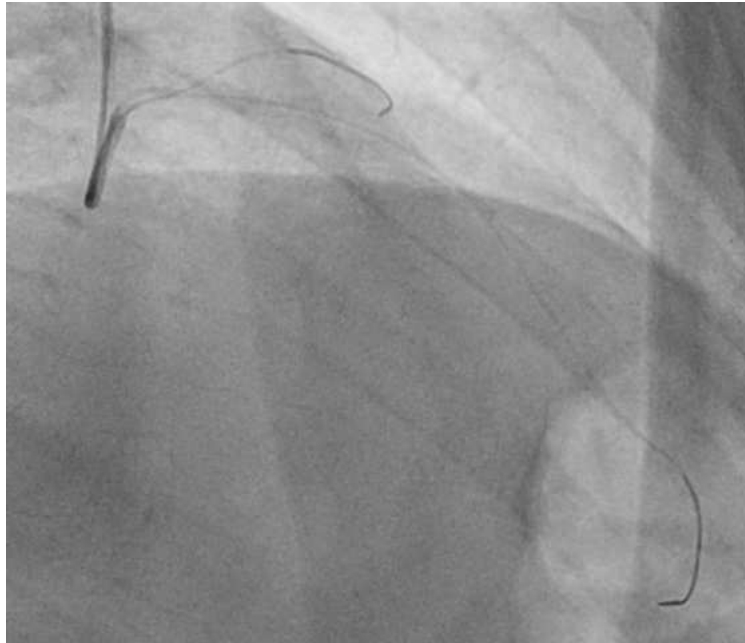
Volume = Succès = Complication

=>

the patient has been previously deemed to have anatomy not suitable for revascularization, consideration should be given to referring either the patient or angiographic images to a centre with dedicated expertise in complex coronary intervention, in particular chronic total occlusions (CTO) intervention.

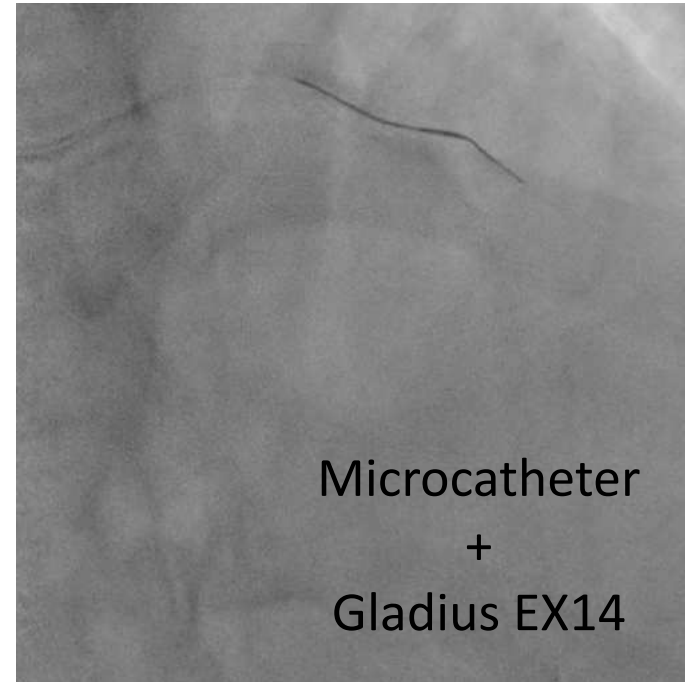
3. Complex PCI / CTO-PCI frontier

“ Complex PCI “ nouveau standard



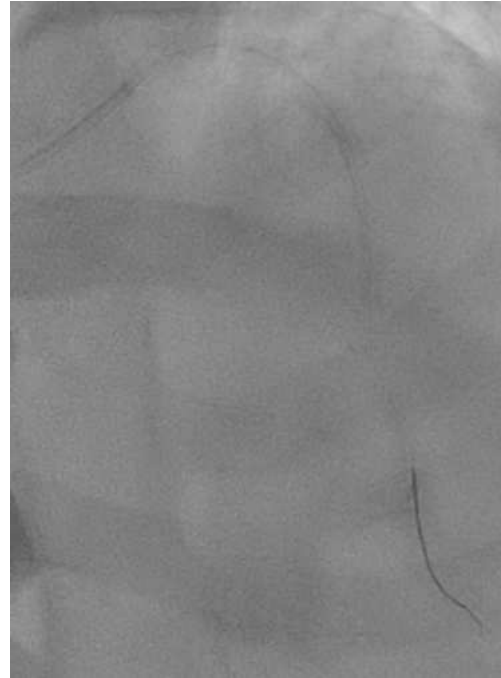
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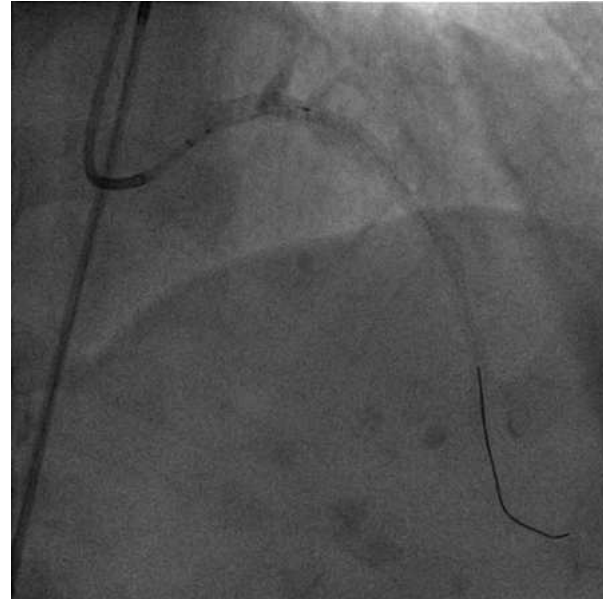
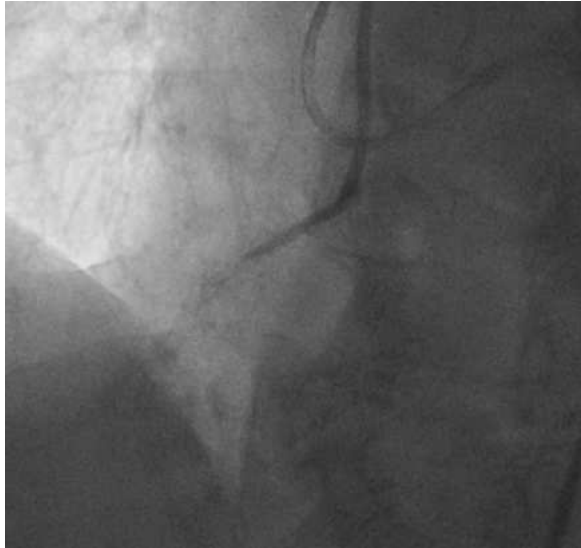
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3. Complex PCI / CTO-PCI frontier

Complications plus fréquentes en CTO => management
=>stent couverts / coils / pericardocintèse



Conclusions

Les bonnes indications pour la CTO

Le bon patient (jeune/non HBR/comorbidité)

La bonne indication (symptôme + ischémie/viabilité)

La bonne anatomie (lit d'aval/épicardique)

Le bon docteur dans le bon centre (volume/expertise/complication)



Merci de votre attention

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