

12/12/2012



Les outils de l'angioplastie primaire



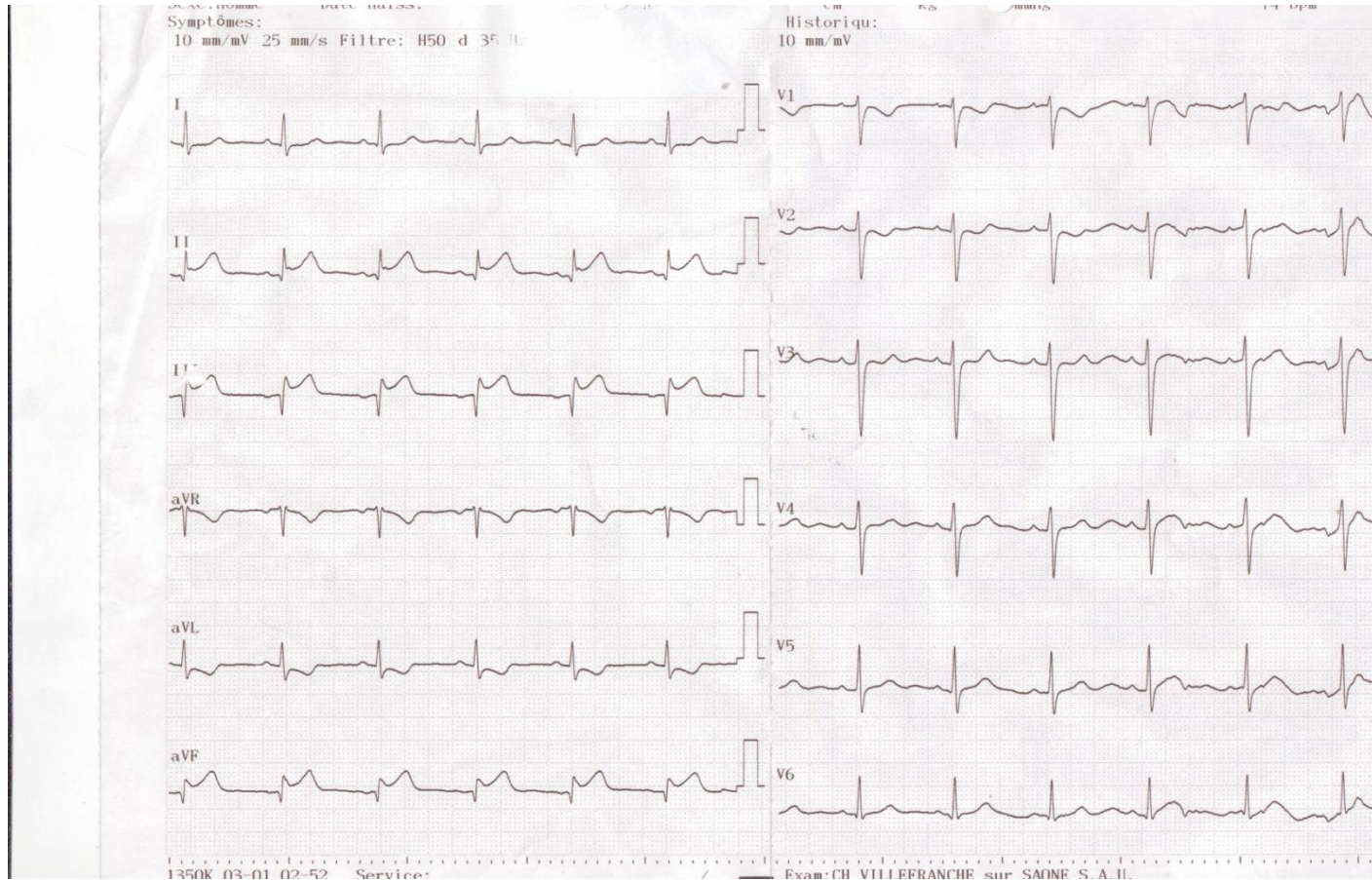
Dr Emmanuel CASSAR
GCS Angioplastie Lyon Nord-Ouest



Hôpitaux de Lyon

l'hôpital
NORD
OUEST

CAS CLINIQUE



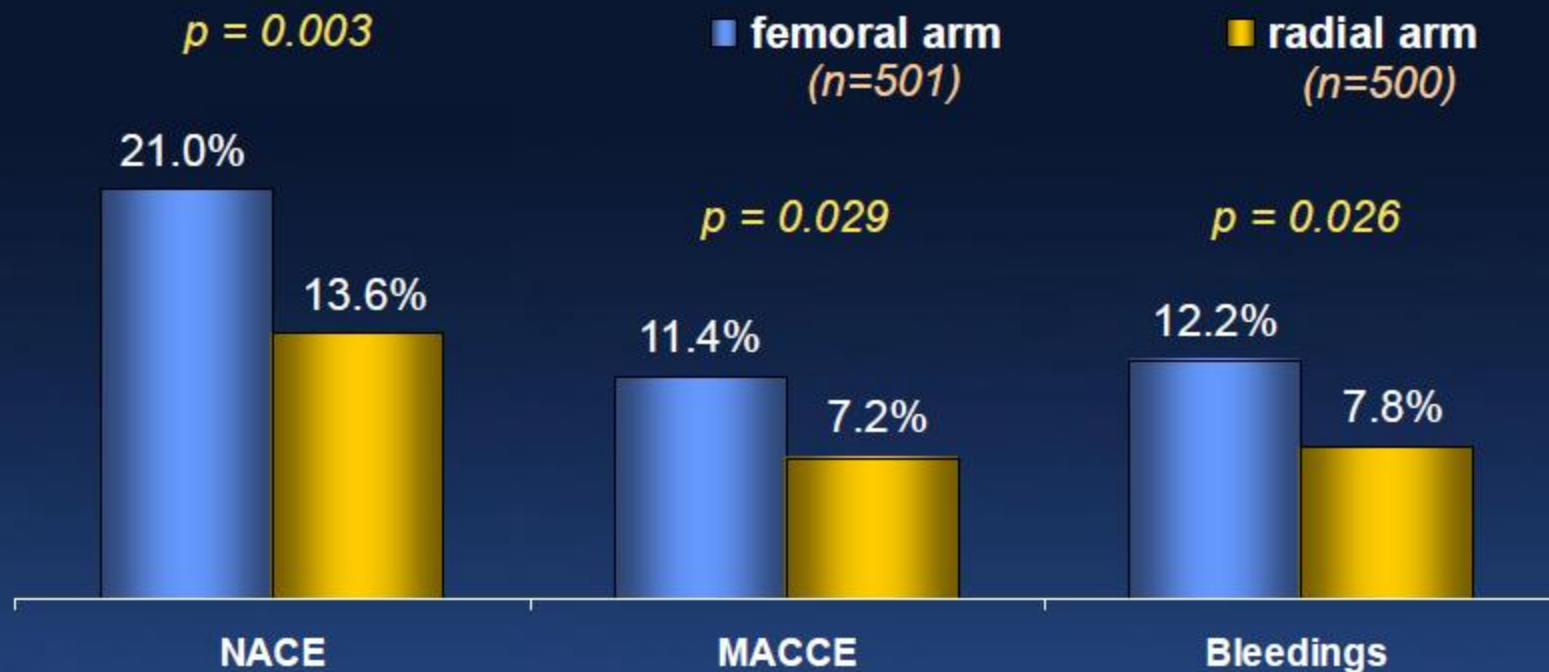
Voie Radiale ou Voie Fémorale?



RIFLE STEACS – results

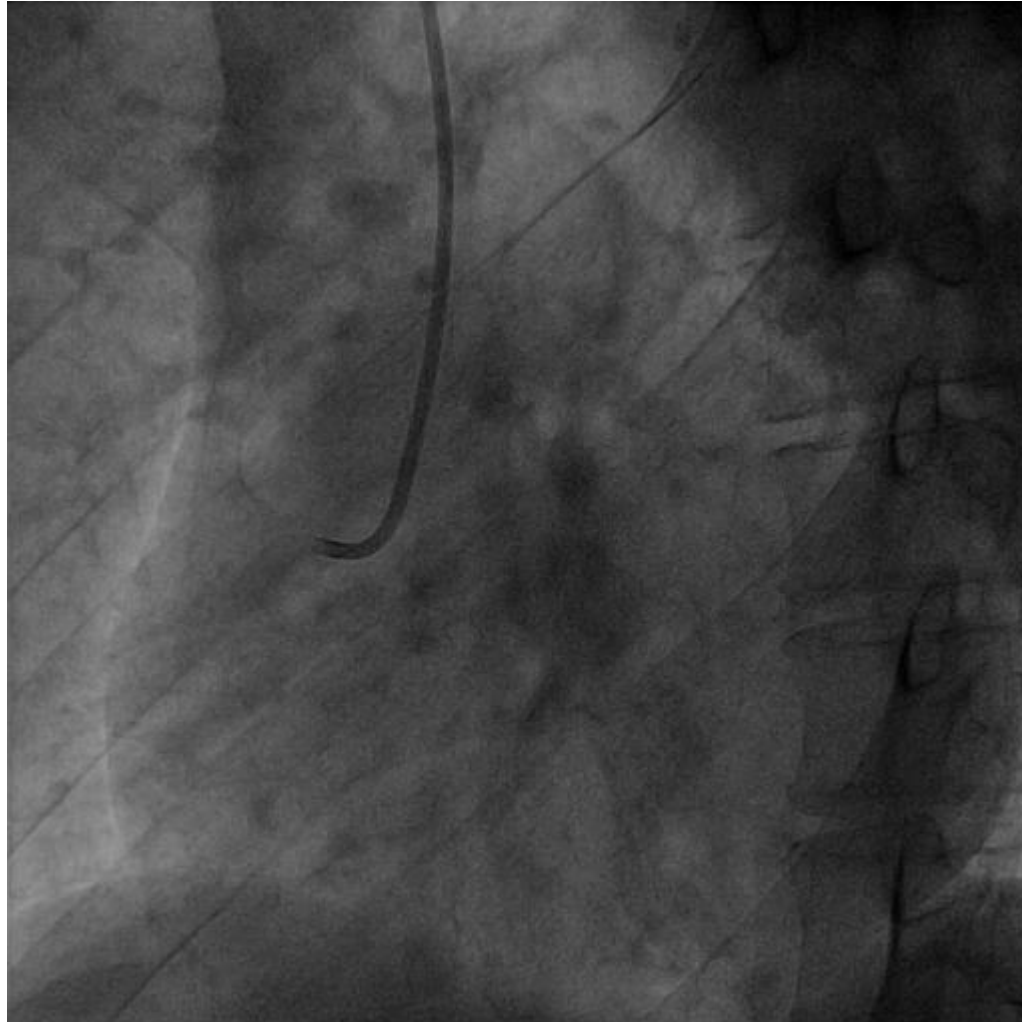


30-day NACE rate



- Net Adverse Clinical Event (NACE) = MACCE + bleeding
- Major Adverse Cardiac and Cerebrovascular event (MACCE) = composite of cardiac death, myocardial infarction, target lesion revascularization, stroke

Coro par voie radiale droite 6F



Comment reperméabiliser en première intention?

~~• Stenting d'emblée?~~

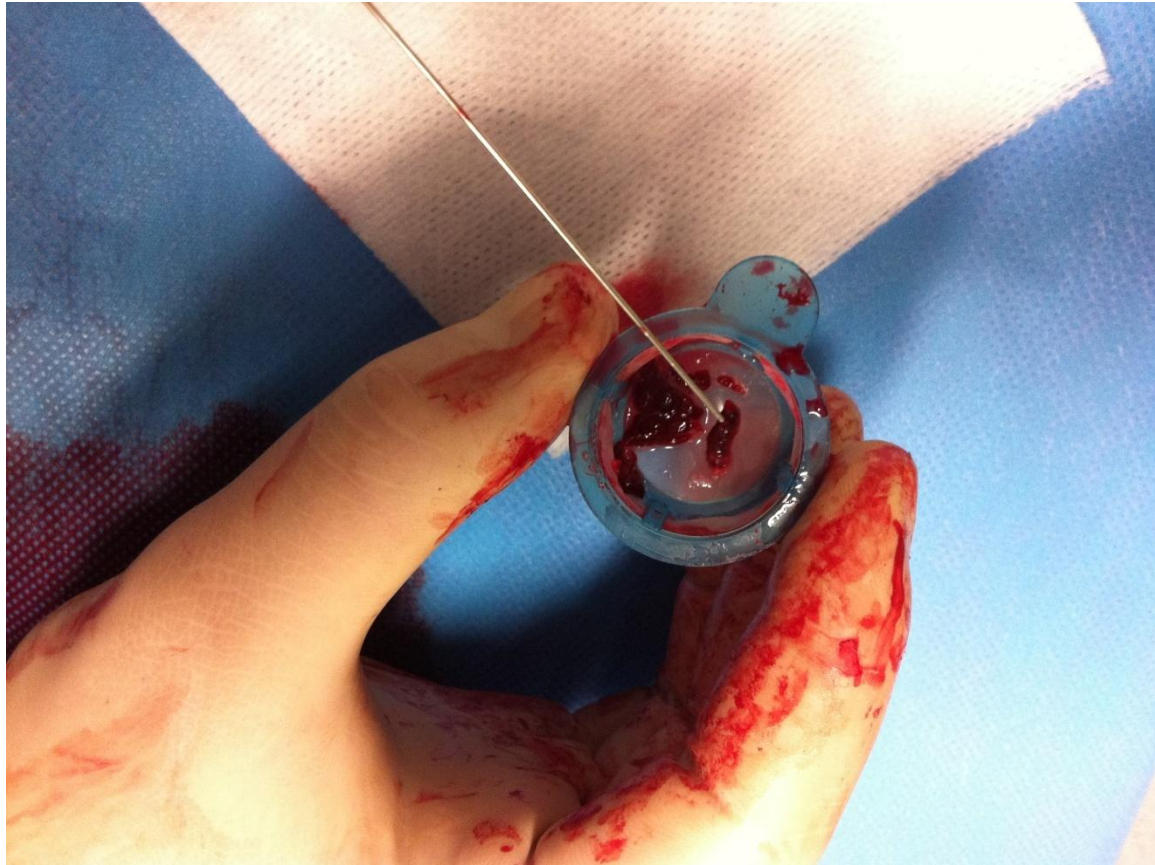
~~• Au ballon?~~

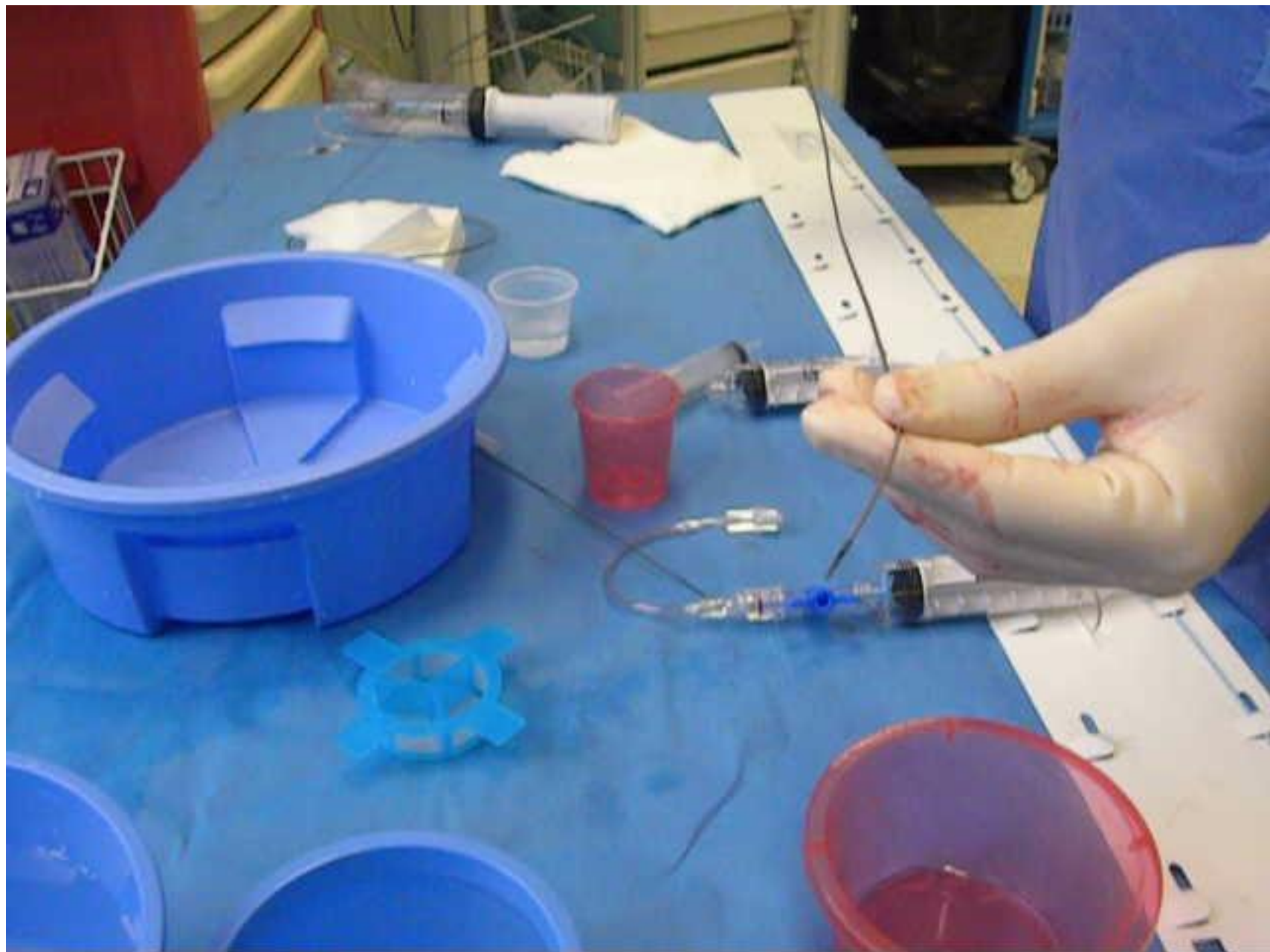
La crainte... emboliser...

• Thrombo-aspiration?

• Anti Gp2b3a?

La thromboaspiration

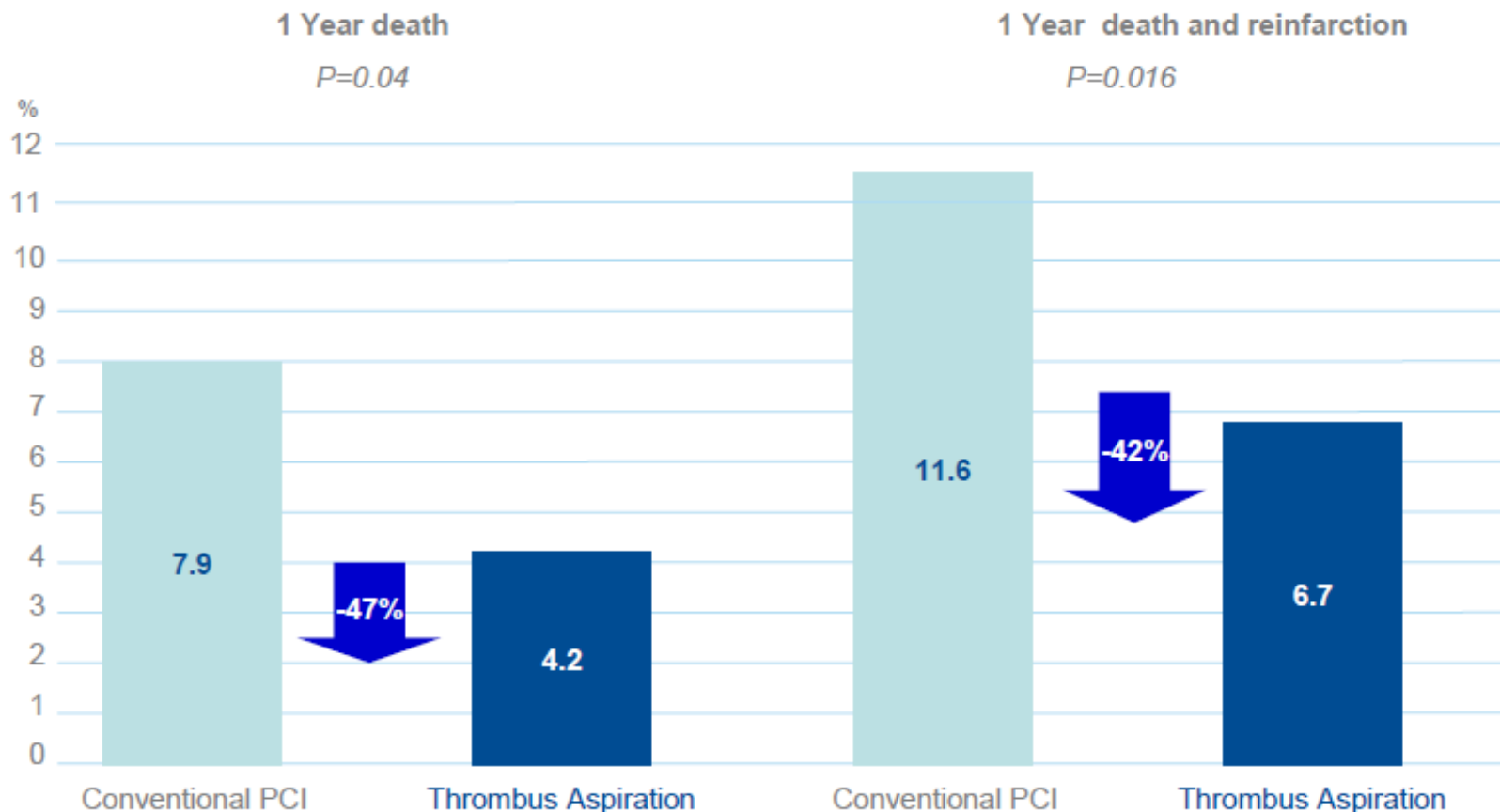






TAPAS Study – 1 Year

Death and MACE at 1 Year



Statistically Significant Reduction in Death and Reinfarction in Favor of the Export Group

The Expira Study

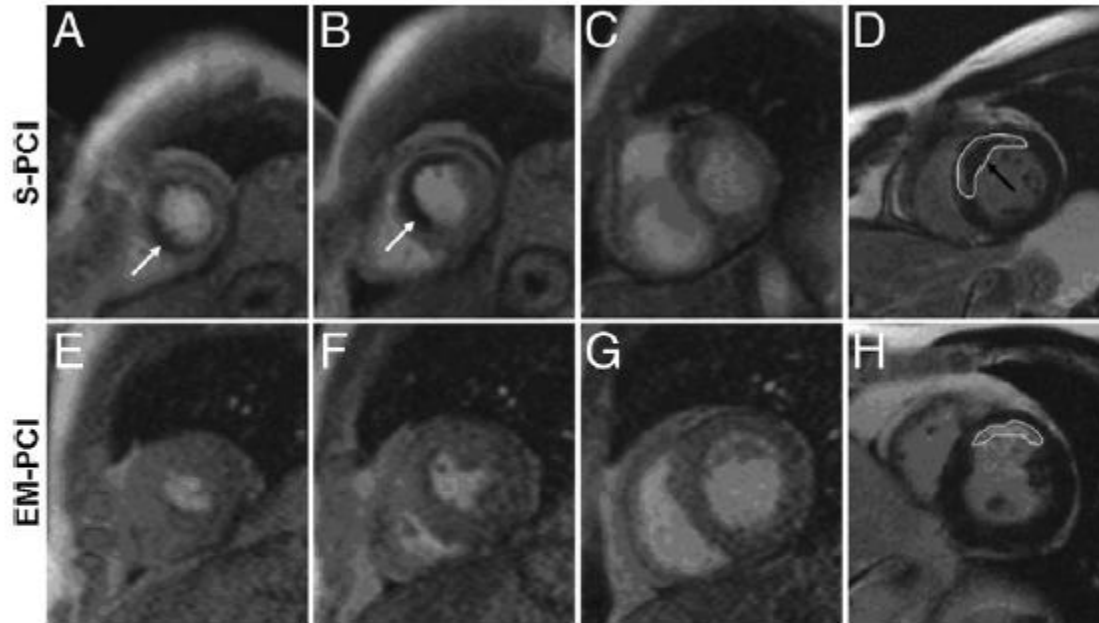


Figure 4 Cardiovascular MRI

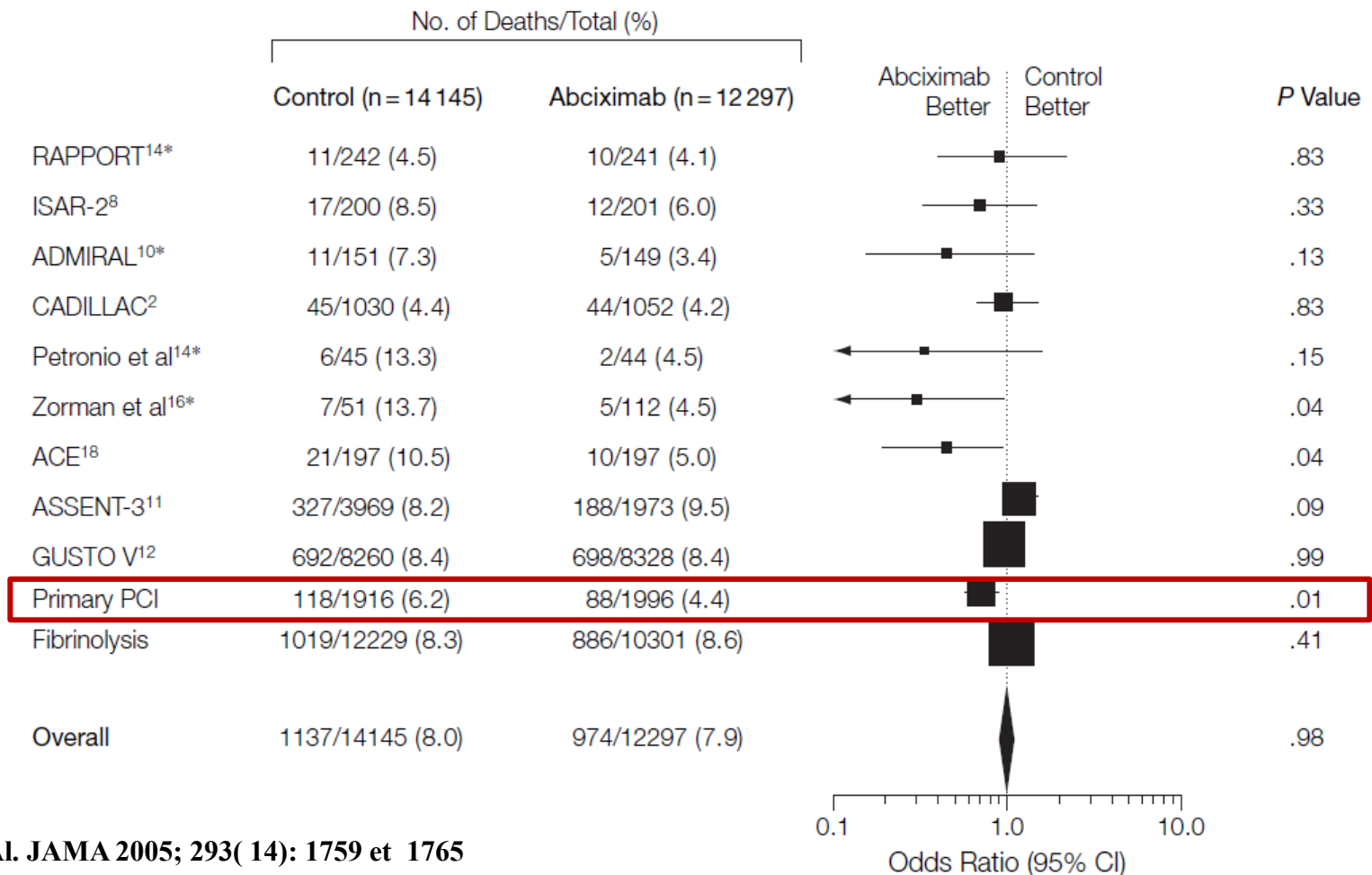
(A to C, E to G) Short-axis rest perfusion images acquired at the apical, mid-cavity, and basal level. **(D, H)** Short-axis contrast-enhanced magnetic resonance imaging (CE-MRI) scans with infarct planimetry. The patient in the standard percutaneous coronary intervention (S-PCI) group shows microvascular obstruction (MVO) in the apical and mid-cavity slices **(A and B, white arrows)** that persists in the CE-MRI images **(D, black arrow)** within the septal and anterior infarction (planimetered area). The patient in the Export Medtronic percutaneous coronary intervention (EM-PCI) group has no MVO in the rest perfusion images **(E to G)**. The CE-MRI image **(H)** shows an anterior infarction (planimetered area).

Utilisation des anti Gp2b3a?



Anti GP2b3a per précocédure

Figure 2. Abciximab and Long-Term (6- and 12-Month) Mortality From Fixed-Effects Model



INFUSE MI

Table 3. Thirty-Day Cardiac Magnetic Resonance Imaging Results for the Pooled Randomized Groups

	Intracoronary Abciximab ^a (n = 188)	No Intracoronary Abciximab ^a (n = 184)	P Value	Aspiration Thrombectomy ^b (n = 186)	No Aspiration Thrombectomy ^b (n = 186)	P Value
Infarct size, median [IQR], % of total LV mass ^c	15.1 [6.8-22.7] (n = 181)	17.9 [10.3-25.4] (n = 172)	.03	17.0 [9.0-22.8] (n = 174)	17.3 [7.1-25.5] (n = 179)	.51
Total LV myocardial mass, median [IQR], g	128.6 [106.6-152.4] (n = 181)	130.4 [109.9-155.9] (n = 172)	.55	128.3 [108.9-149.8] (n = 174)	132.0 [107.6-156.1] (n = 179)	.50
Infarct mass, median [IQR], g	18.7 [7.4-31.3] (n = 184)	24.0 [12.1-34.2] (n = 175)	.03	20.3 [9.7-31.7] (n = 178)	21.0 [9.1-34.1] (n = 181)	.36
Total abnormal wall motion score, median [IQR]	7.0 [2.0-10.0] (n = 188)	8.0 [3.0-10.0] (n = 184)	.08	7.5 [2.0-10.0] (n = 186)	7.5 [2.0-10.0] (n = 186)	.89
Left ventricular ejection fraction, median [IQR], %	50.2 [44.2-57.9] (n = 182)	48.9 [42.3-56.7] (n = 179)	.22	49.6 [43.3-56.8] (n = 181)	49.5 [41.8-57.6] (n = 180)	.66

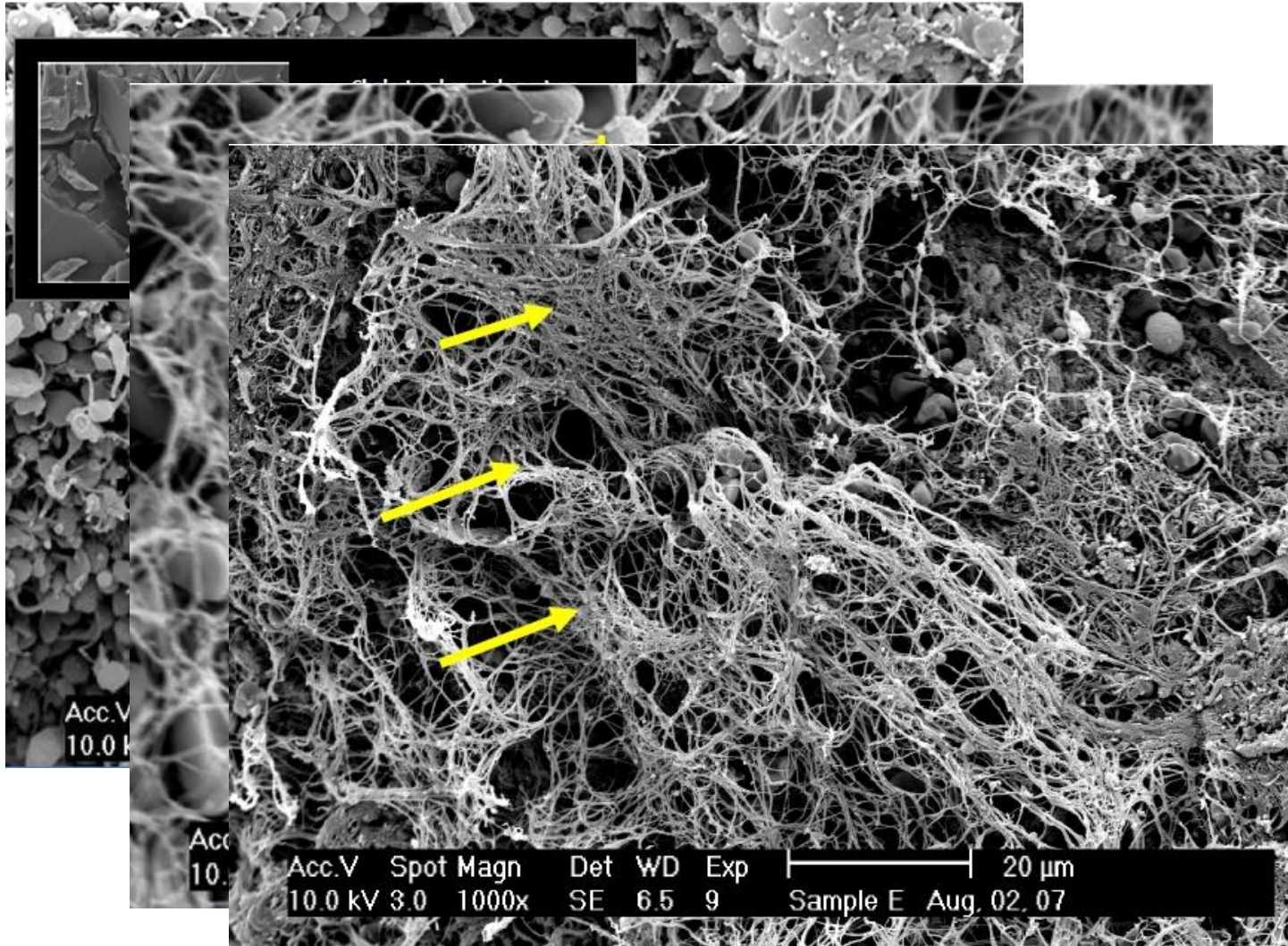
Abbreviations: cMRI, cardiac magnetic resonance imaging; LV, left ventricular.

^aPooled, either with or without aspiration thrombectomy

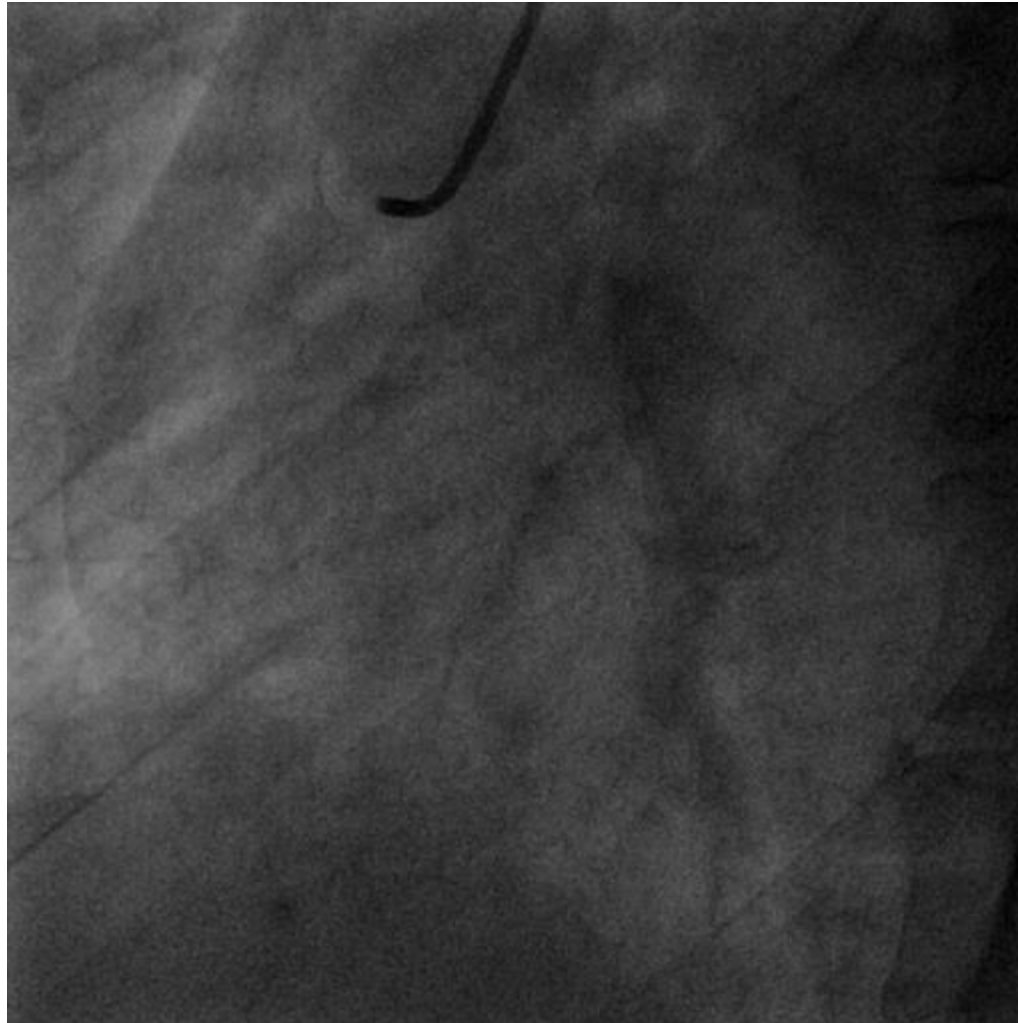
^bPooled, either with or without intracoronary abciximab.

^cPrimary end point.

AntiGP2b3a : une question de temps?



Résultat. Que faire?

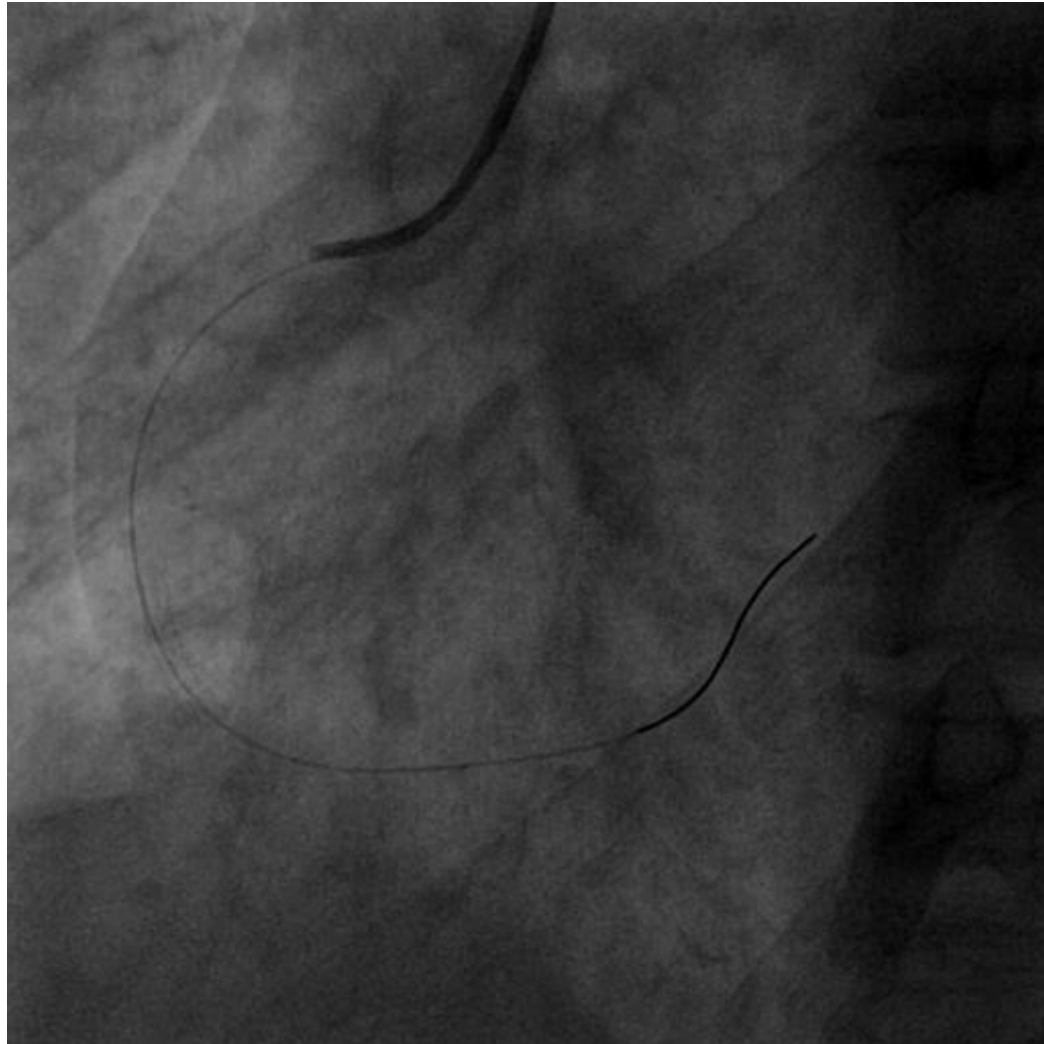




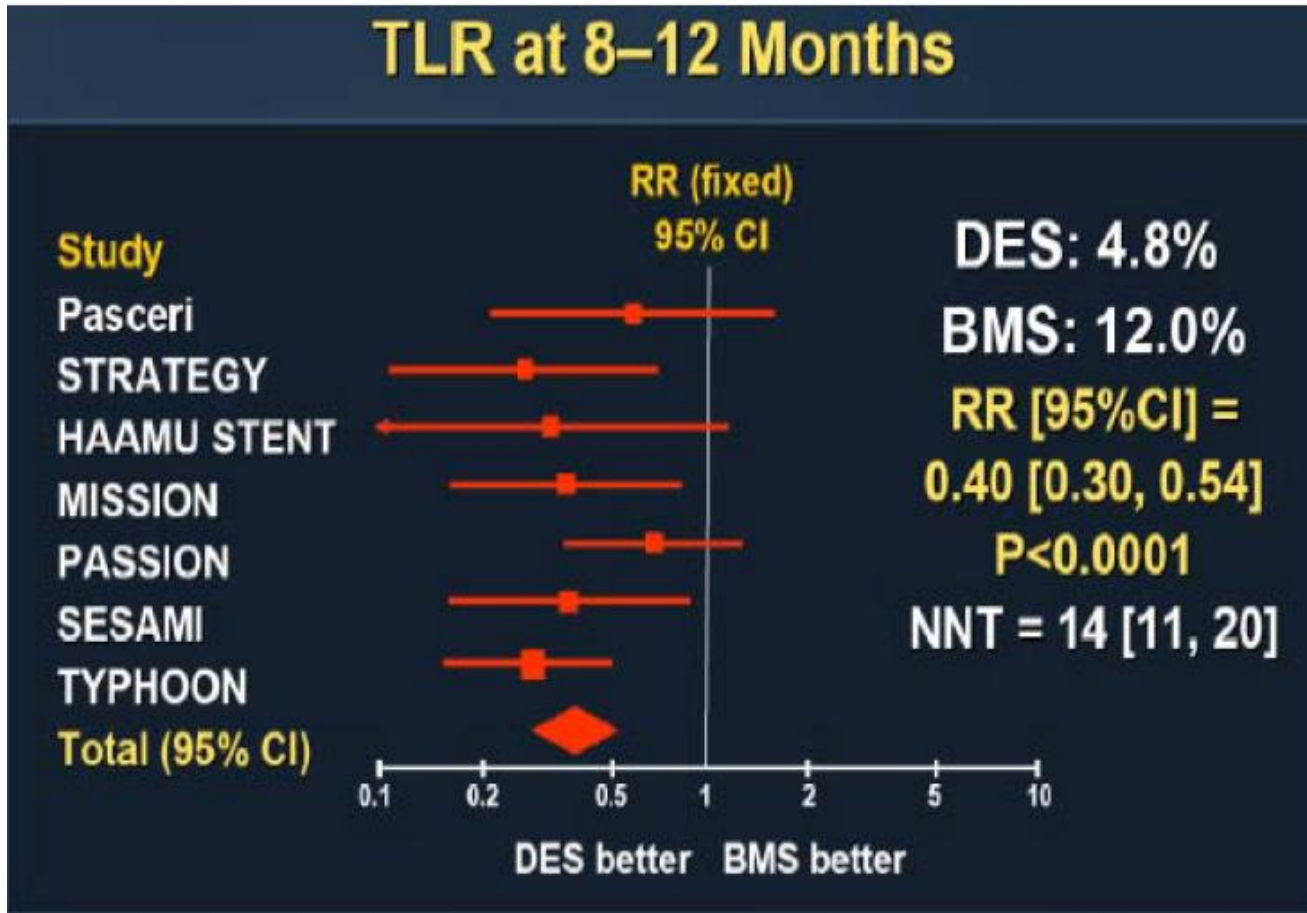
La stratégie MIMI

- But : Minimiser les phénomènes emboliques en évitant le stenting en phase aigue.
- Stratégie de stenting différé si thromboaspiration suffisante.
- Etude en cours.

Stenting? Nu ou actif?



Actif ou nu?



Recommendations ESC

Procedural aspects of primary PCI

Stenting is recommended (over balloon angioplasty alone) for primary PCI.	I	A
Primary PCI should be limited to the culprit vessel with the exception of cardiogenic shock and persistent ischaemia after PCI of the supposed culprit lesion.	IIa	B
If performed by an experienced radial operator, radial access should be preferred over femoral access.	IIa	B
If the patient has no contraindications to prolonged DAPT (indication for oral anticoagulation, or estimated high long-term bleeding risk) and is likely to be compliant, DES should be preferred over BMS.	IIa	A
Routine thrombus aspiration should be considered.	IIa	B
Routine use of distal protection devices is not recommended.	III	C
Routine use of IABP (in patients without shock) is not recommended.	III	A
GP IIb/IIIa inhibitors should be considered for bailout therapy if there is angiographic evidence of massive thrombus, slow or no-reflow or a thrombotic complication.	IIa	C
Routine use of a GP IIb/IIIa inhibitor as an adjunct to primary PCI performed with unfractionated heparin may be considered in patients without contraindications.	IIb	B
Upstream use of a GP IIb/IIIa inhibitor (vs. in-lab use) may be considered in high-risk patients undergoing transfer for primary PCI.	IIb	B