



19 - 21
OCTOBRE | 2022

XXIV^E CONGRÈS FRANCOPHONE
DE CARDIOLOGIE INTERVENTIONNELLE

CFCIPARIS



HÔTEL MÉRIDIEN ÉTOILE

La bifurcation pas à pas

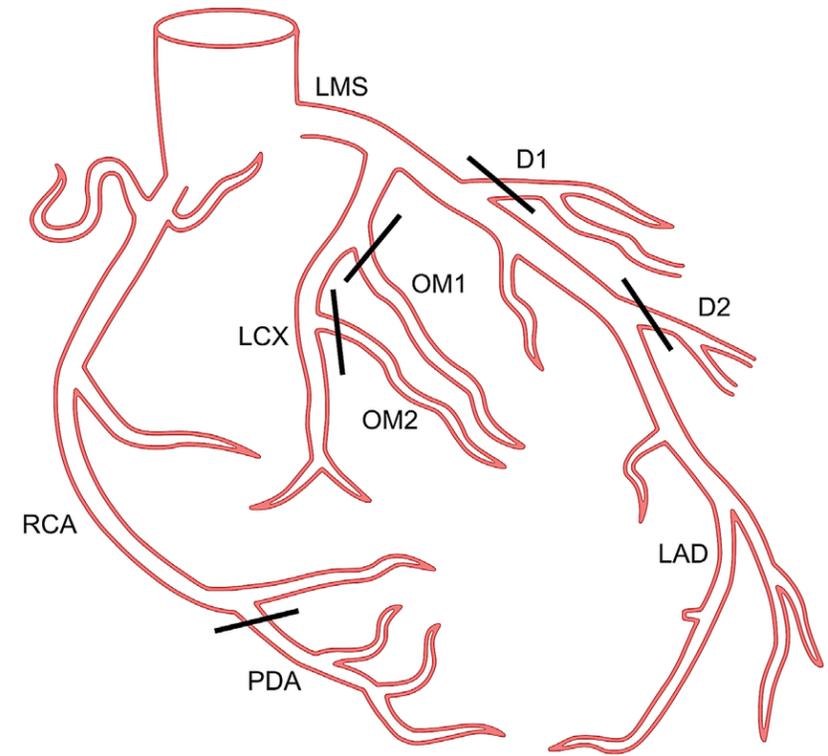
Stenting provisionnel pour tous?

Matthieu PERIER
Suresnes, France

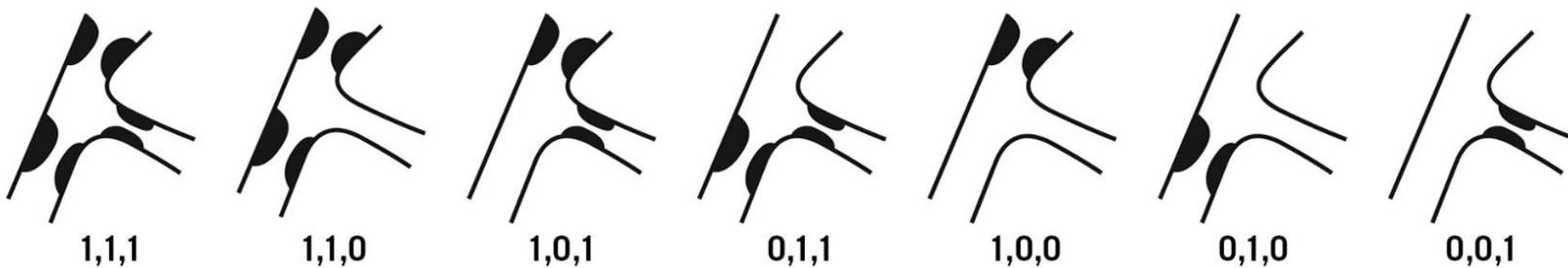
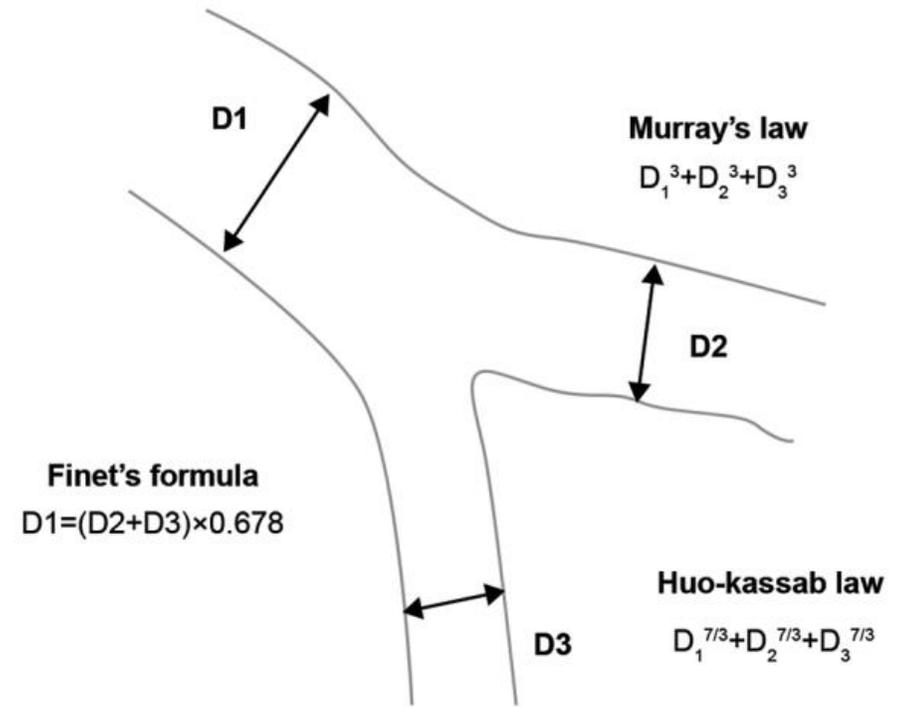
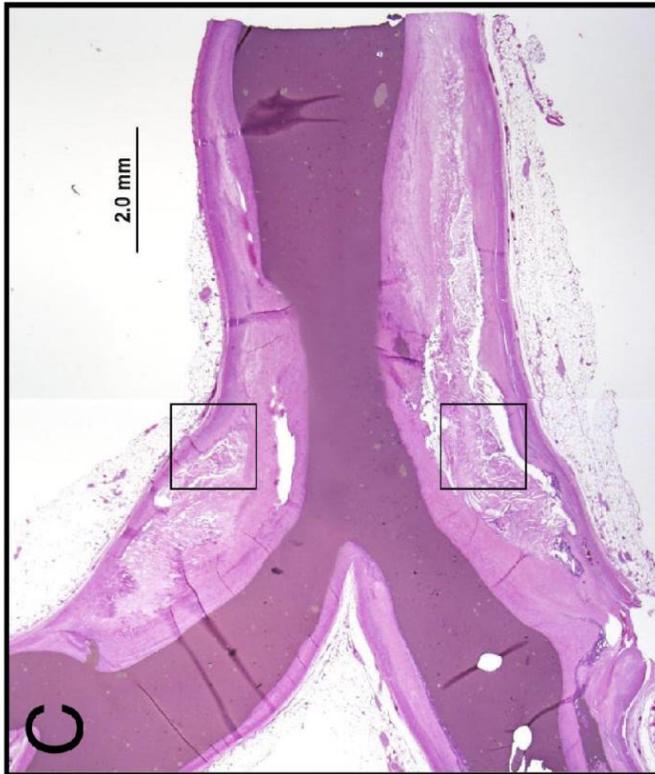
Déclaration de conflits d'intérêts

- Terumo France



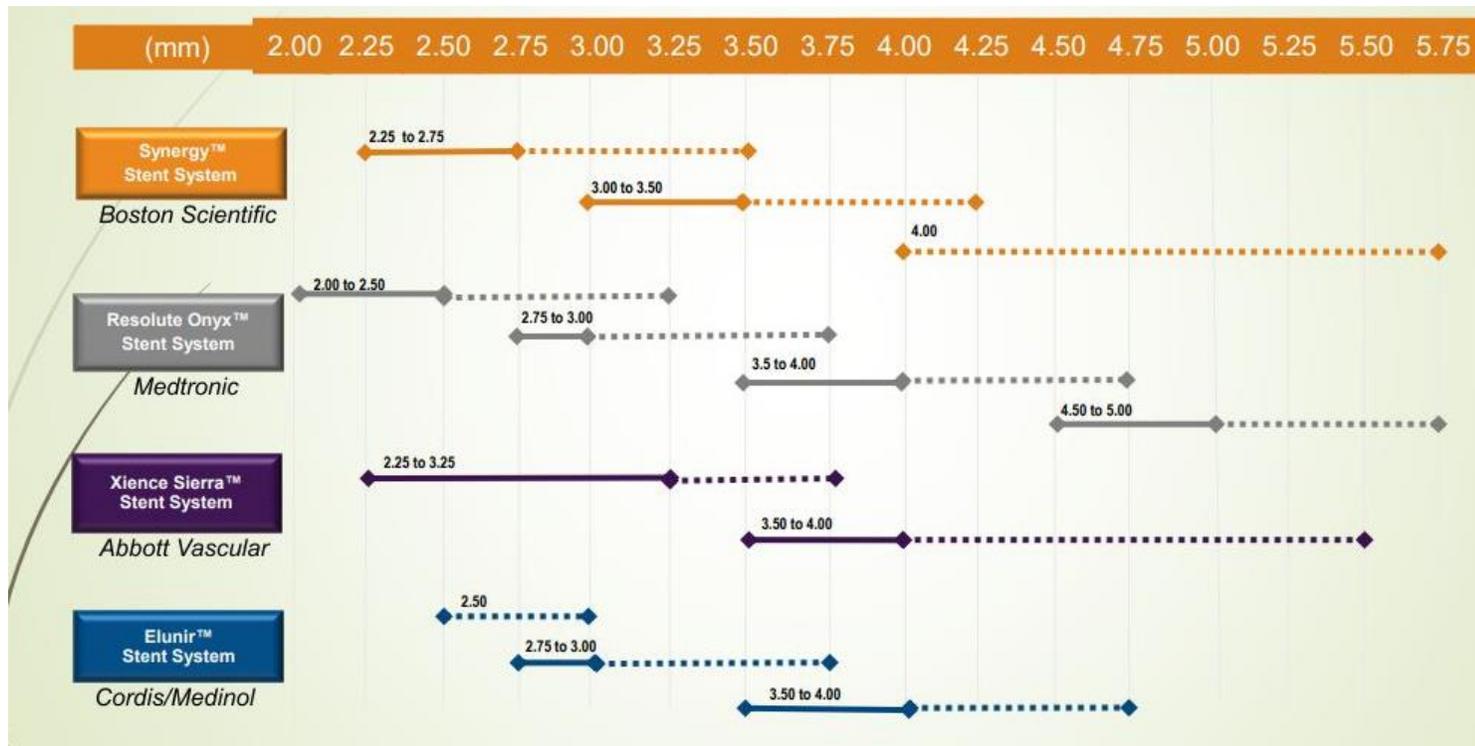


Les problématiques de la bifurcation

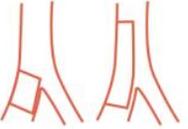
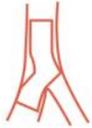
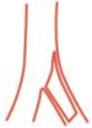
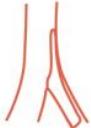
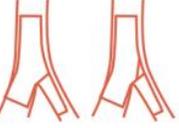
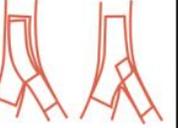
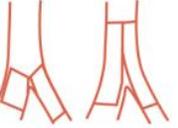
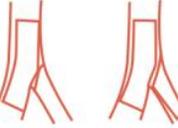
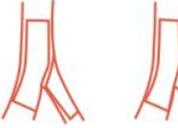
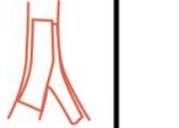


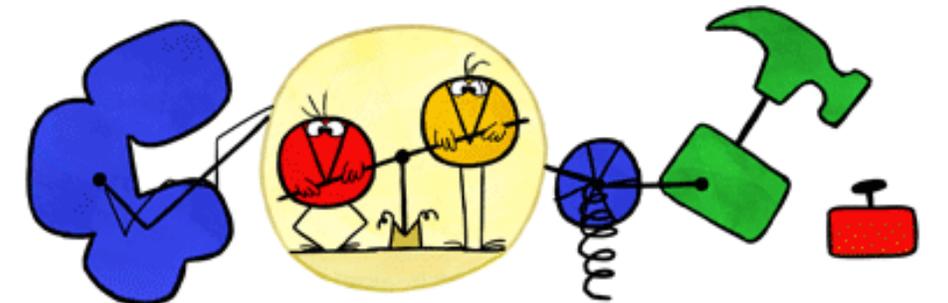
Nakazawa. Journal of the American College of Cardiology. 2010.





Les stratégies de traitement

	M Main prox. first	A Main Across side first	D Double first	S Side branch first			
1 st stent	 PM stenting	 MB stenting across SB	 DM Provisional stenting SKS	 SB ostial stenting			
After balloon	 Skirt	 MB stenting + SB balloon		 SB minicrush	 SB crush		
2 nd stent	 Skirt + DM	 Elective T stenting	 Internal crush	 Culotte	 TAP		
3 rd stent	 Extended V		 V stenting	 SKS	 Syst. T stenting	 Minicrush	 Crush
			 Trouser legs and seat				

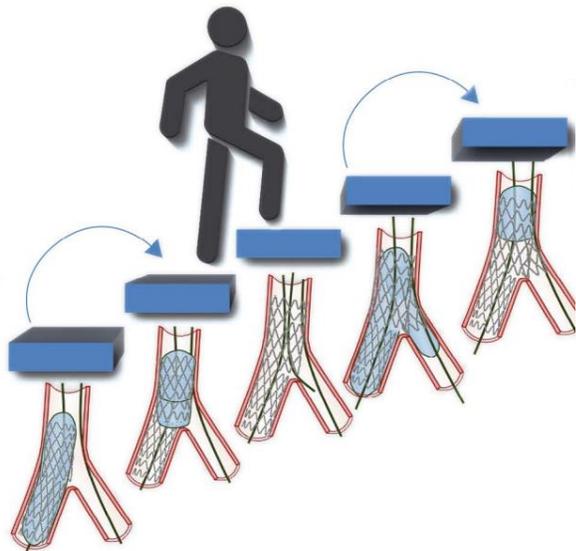


POURQUOI FAIRE SIMPLE QUAND ON PEUT FAIRE COMPLIQUÉ ?!



La philosophie du stenting provisionnel

- Débuter par l'implantation d'un **premier stent dans la branche principale**
- **Techniques d'optimisation** de l'architecture du stent à la morphologie de la bifurcation
- **Evaluer** le résultat obtenu
- ... implantation d'un **second stent dans la branche fille si cela est jugé nécessaire**

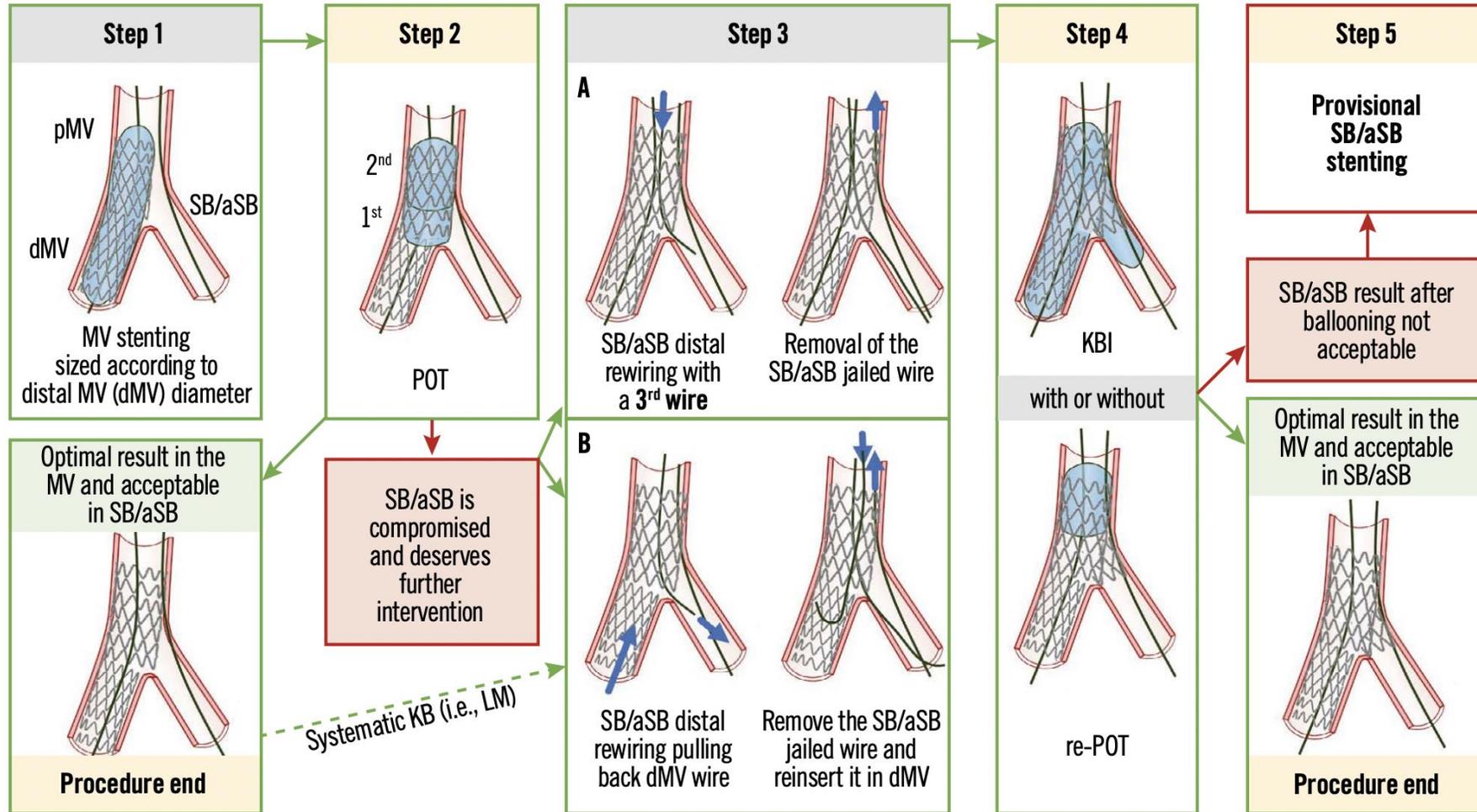


Objectif final :

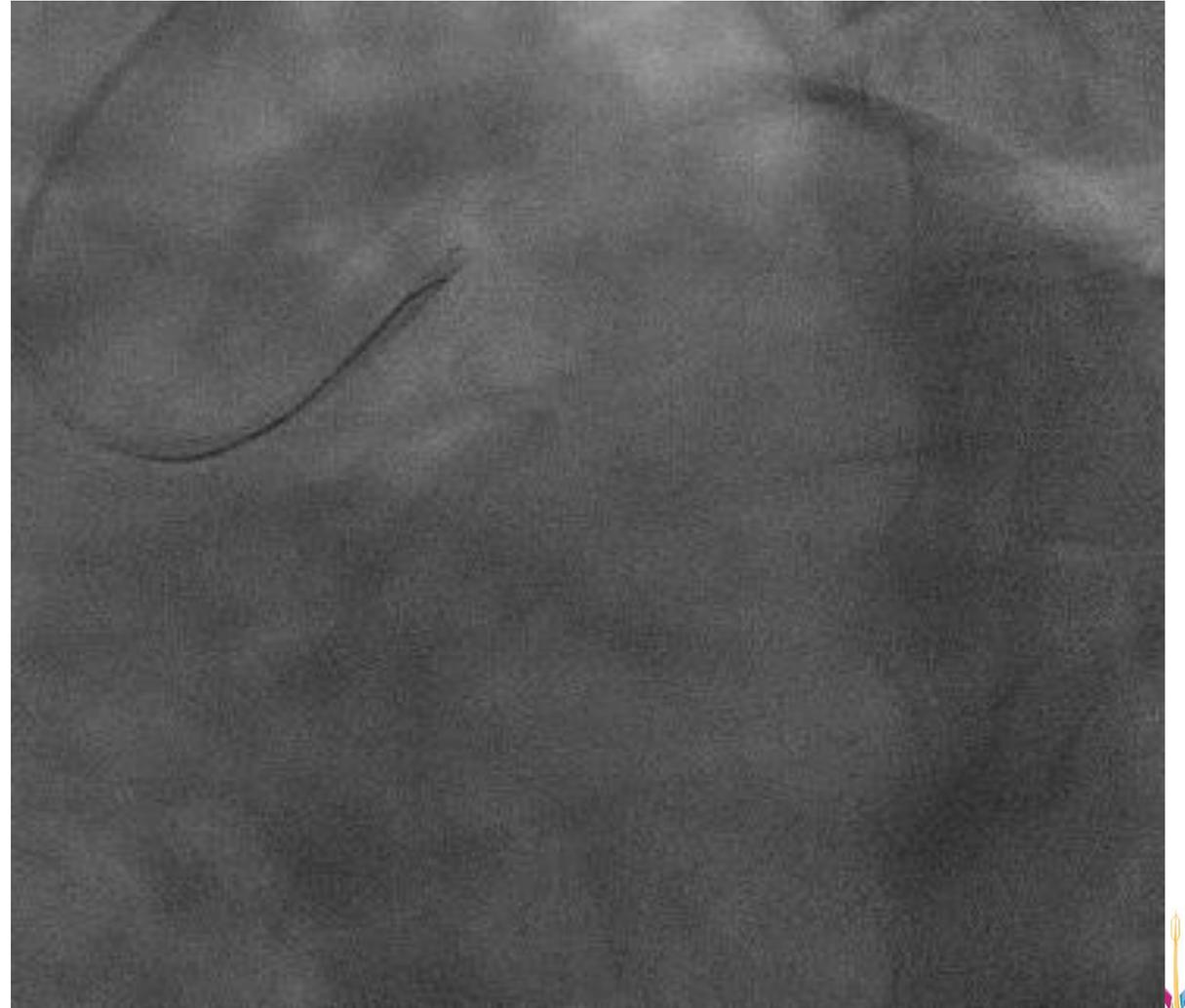
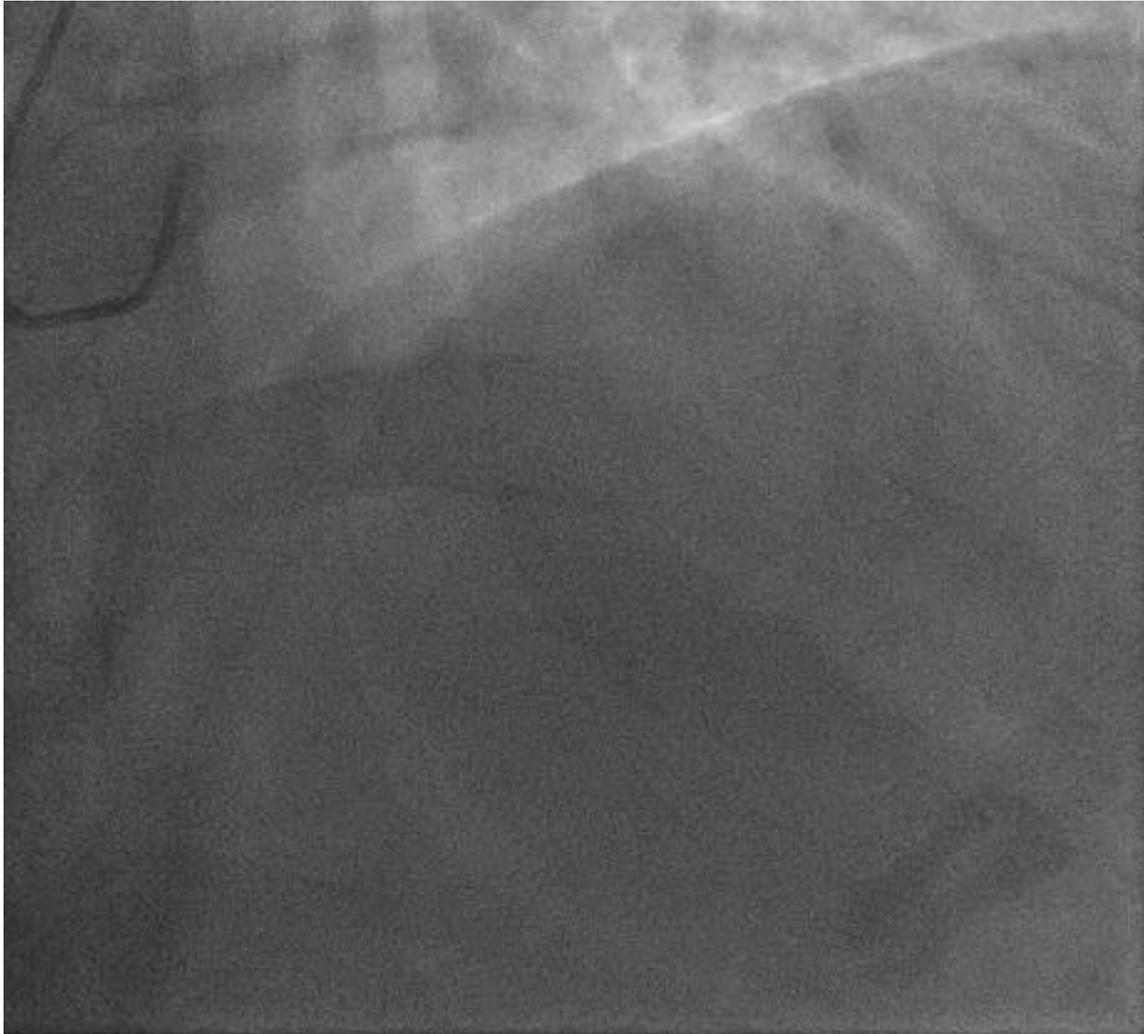
- **Résultat optimal sur la branche principale**
- **Résultat adéquat sur la branche fille**

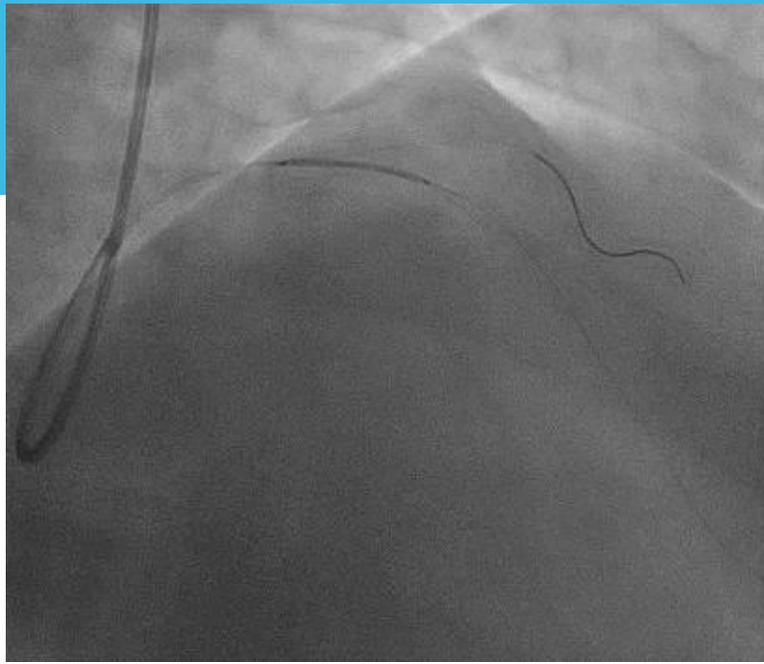
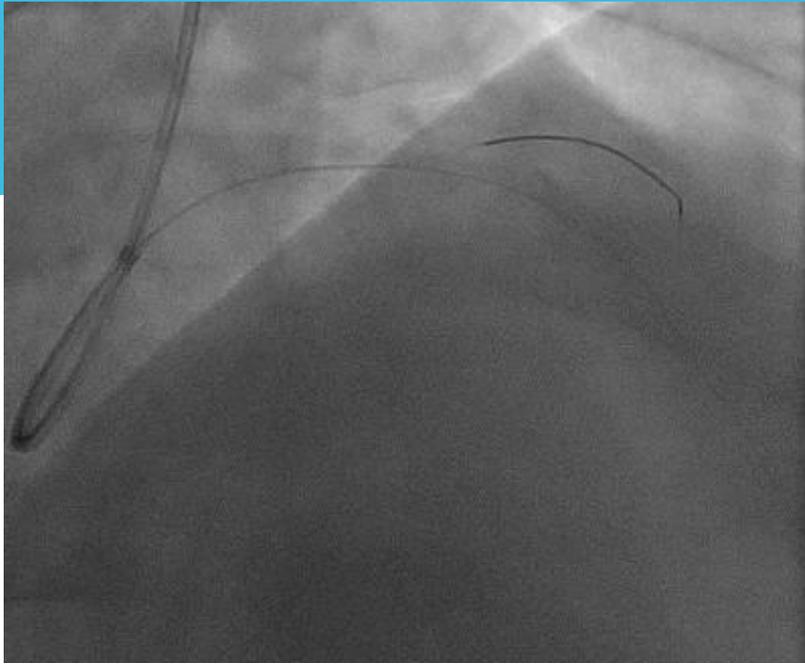


Les 5 étapes du stenting provisionnel



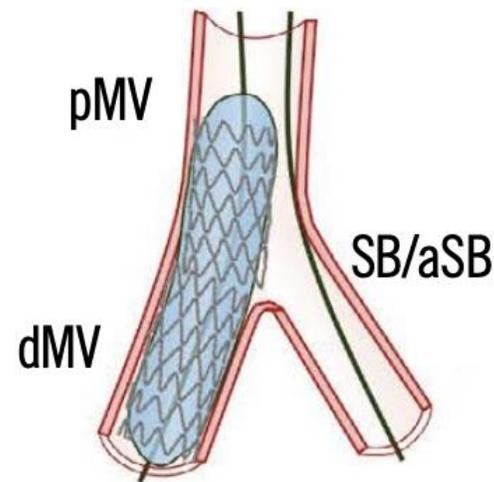
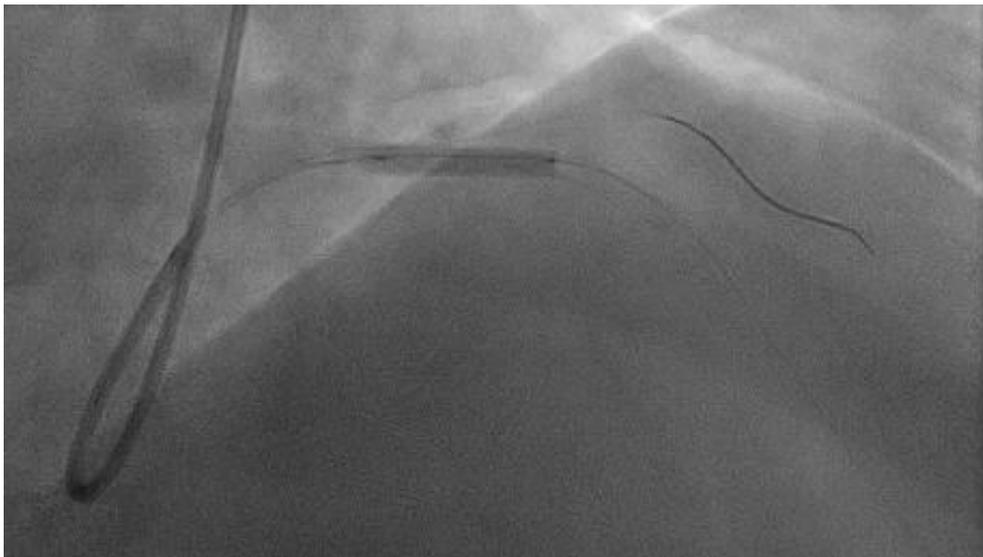
Cas clinique 1





Stenting de la branche principale

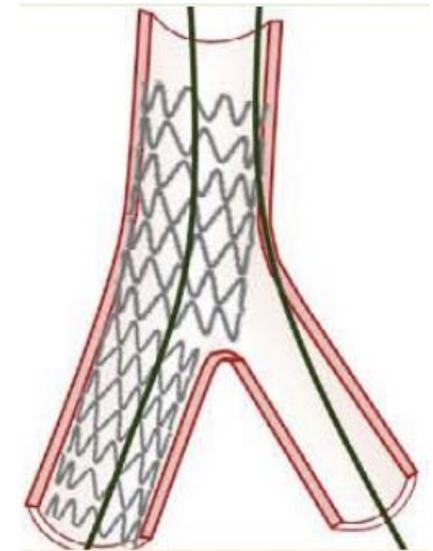
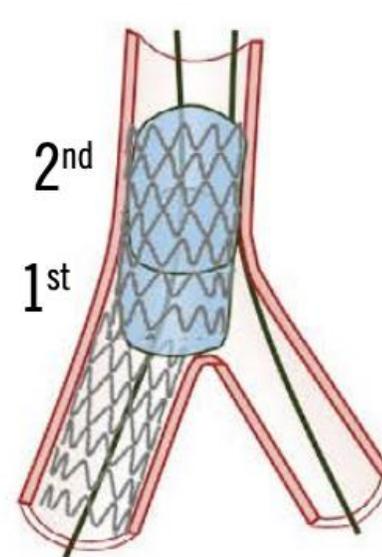
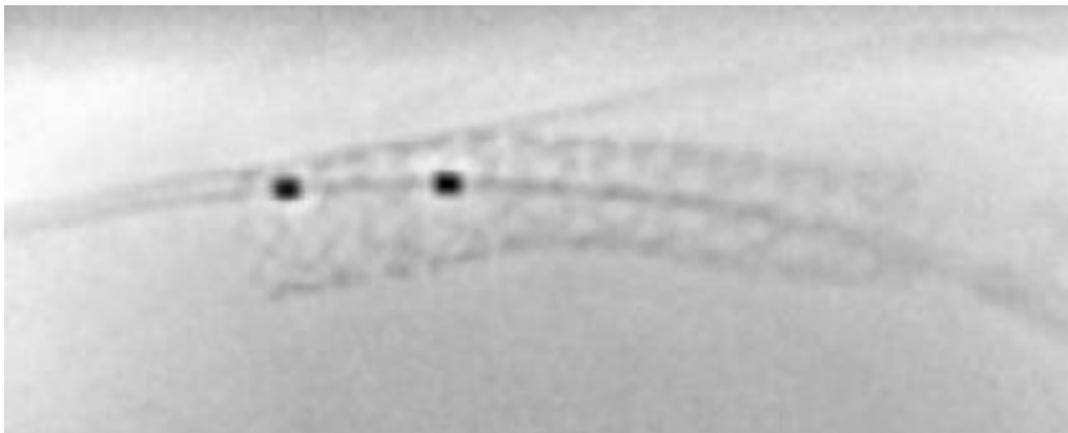
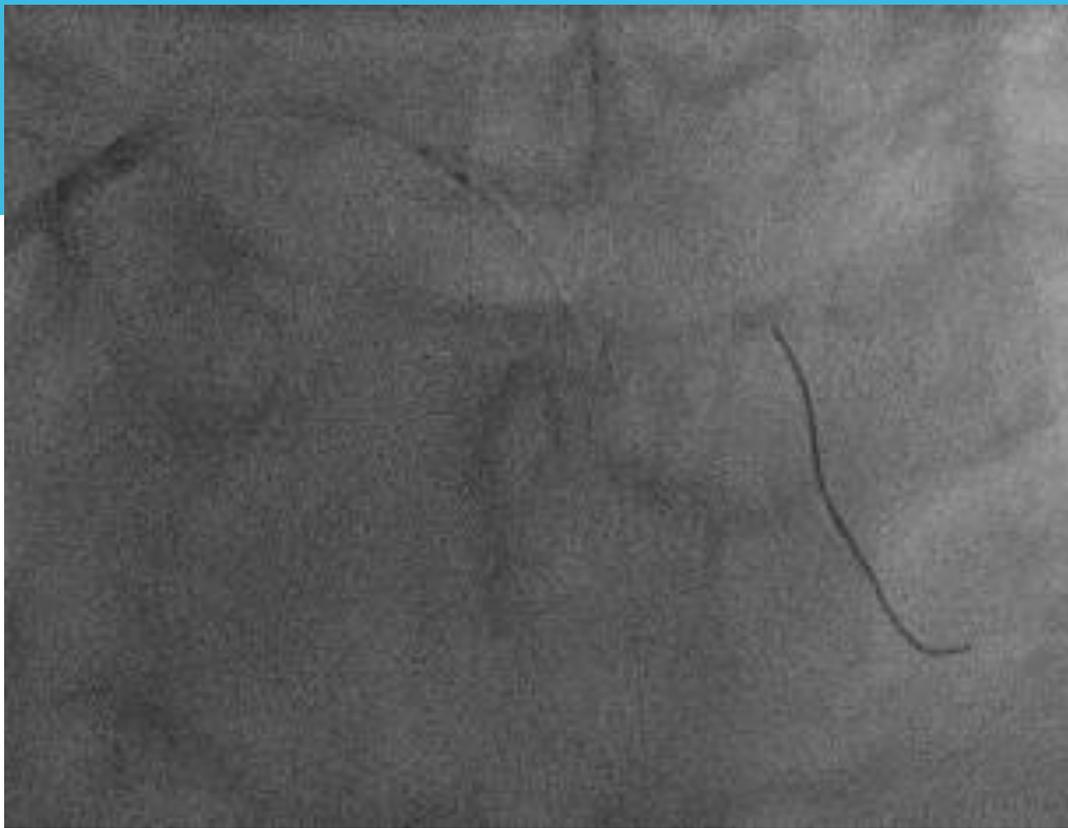
- Diamètre défini par la distalité (risque de surestimation)
- Laisser de la place pour le POT en amont de la carène
- Bien connaître les capacités mécaniques d'extension des plateforme des stents

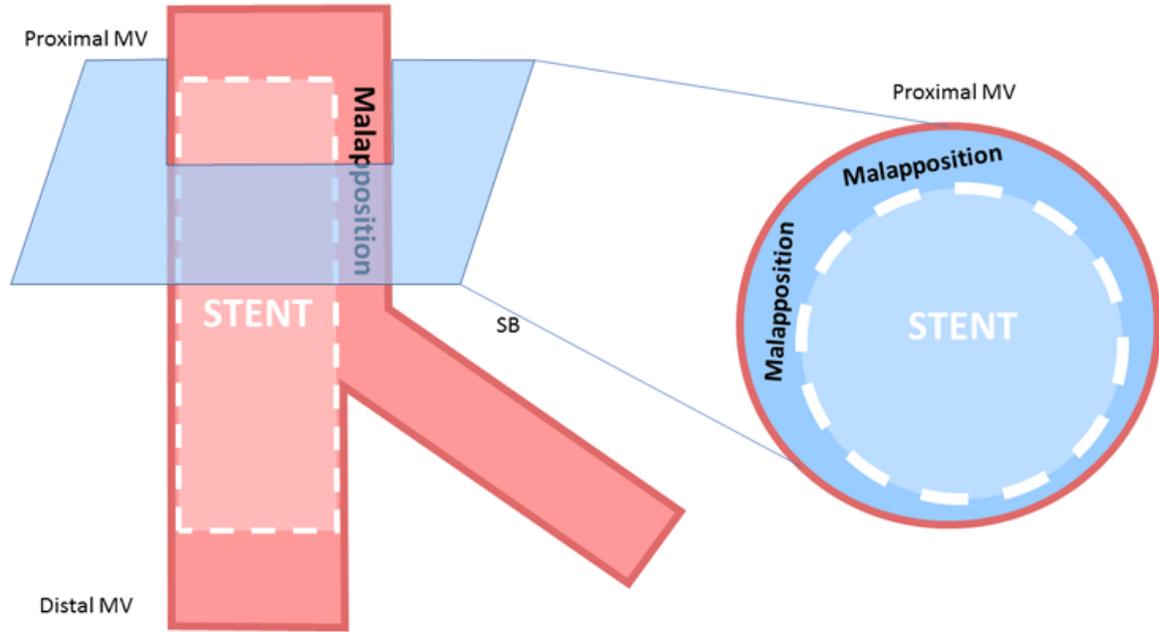


Risque de surdimensionnement du stent:

- Dissection d'aval
- Déplacement de la carène



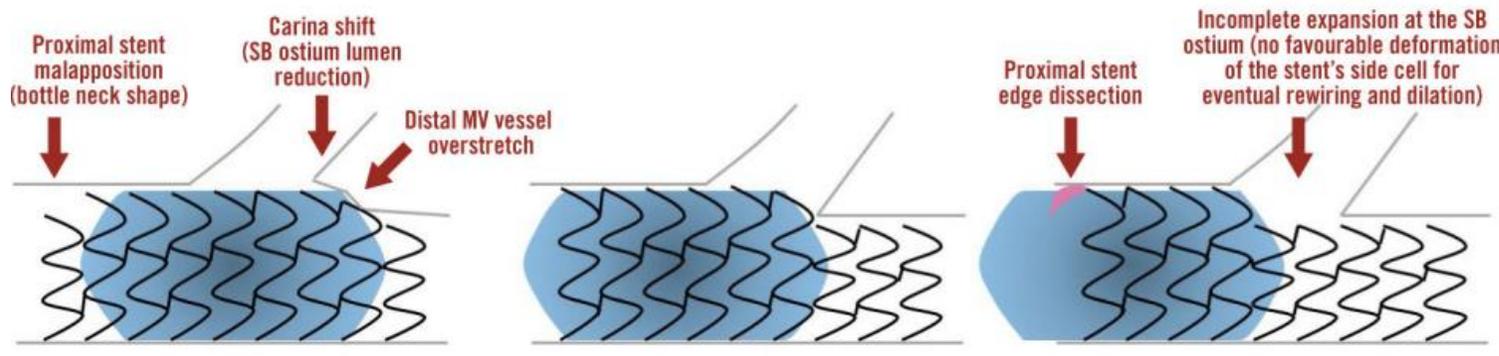




Proximal Optimisation Technique (POT)

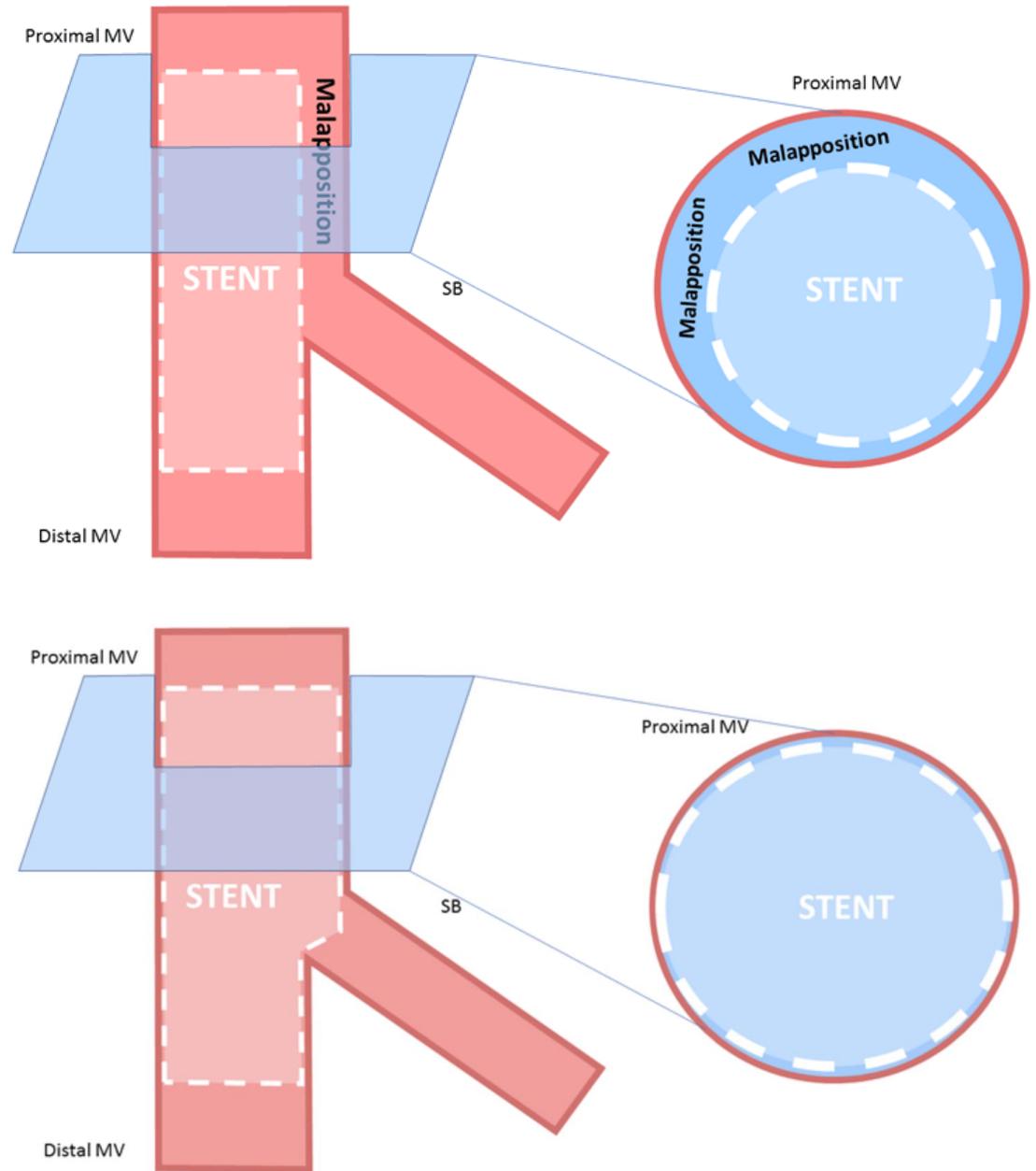
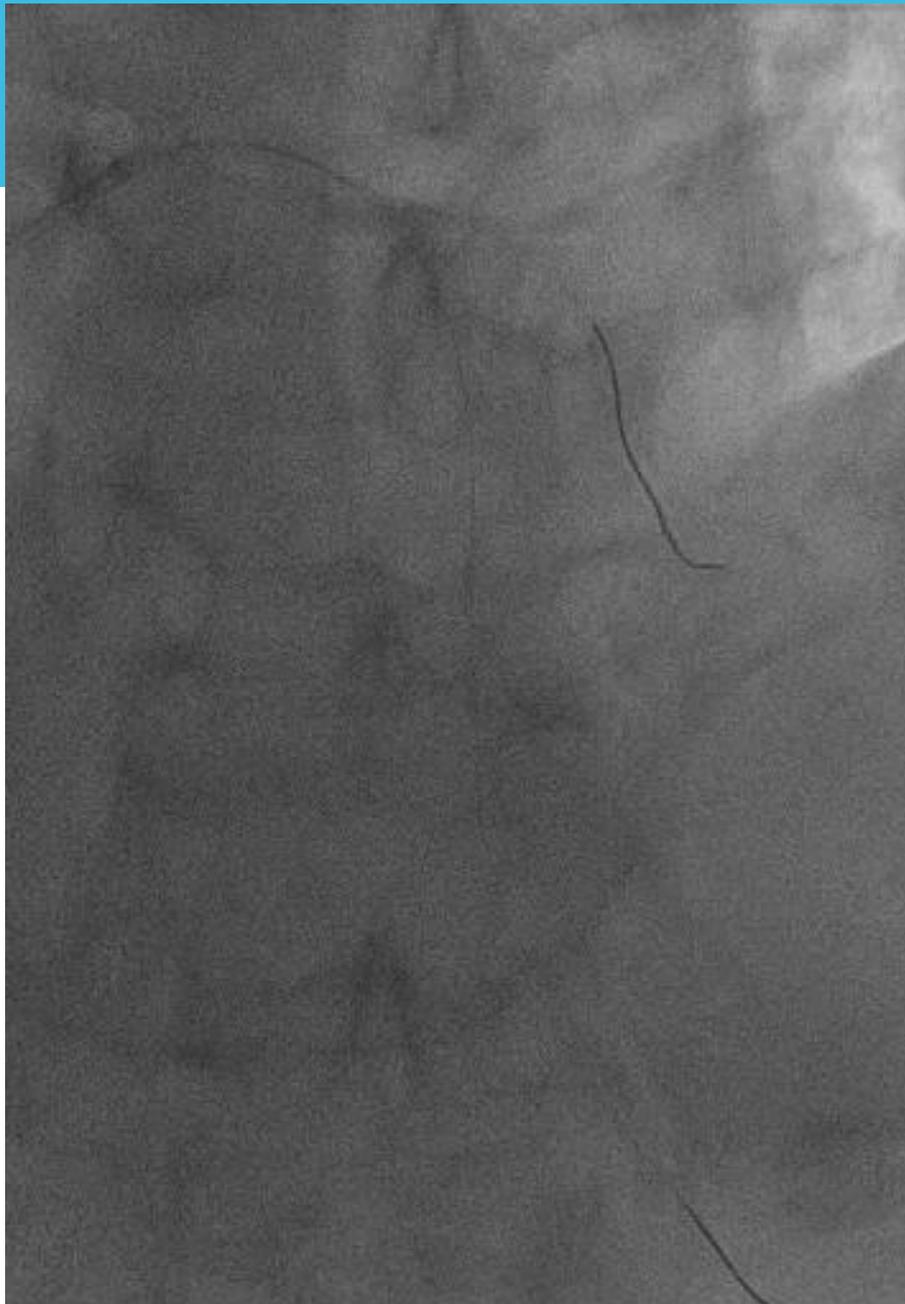
- Etape indispensable
- Utilité des ballons courts de 6 ou 8 mm
- Au diamètre de la branche principale
- Correction de la malapposition proximale
- Ouverture des mailles en regard de la branche fille
- Prévention du passage des guides sous les mailles

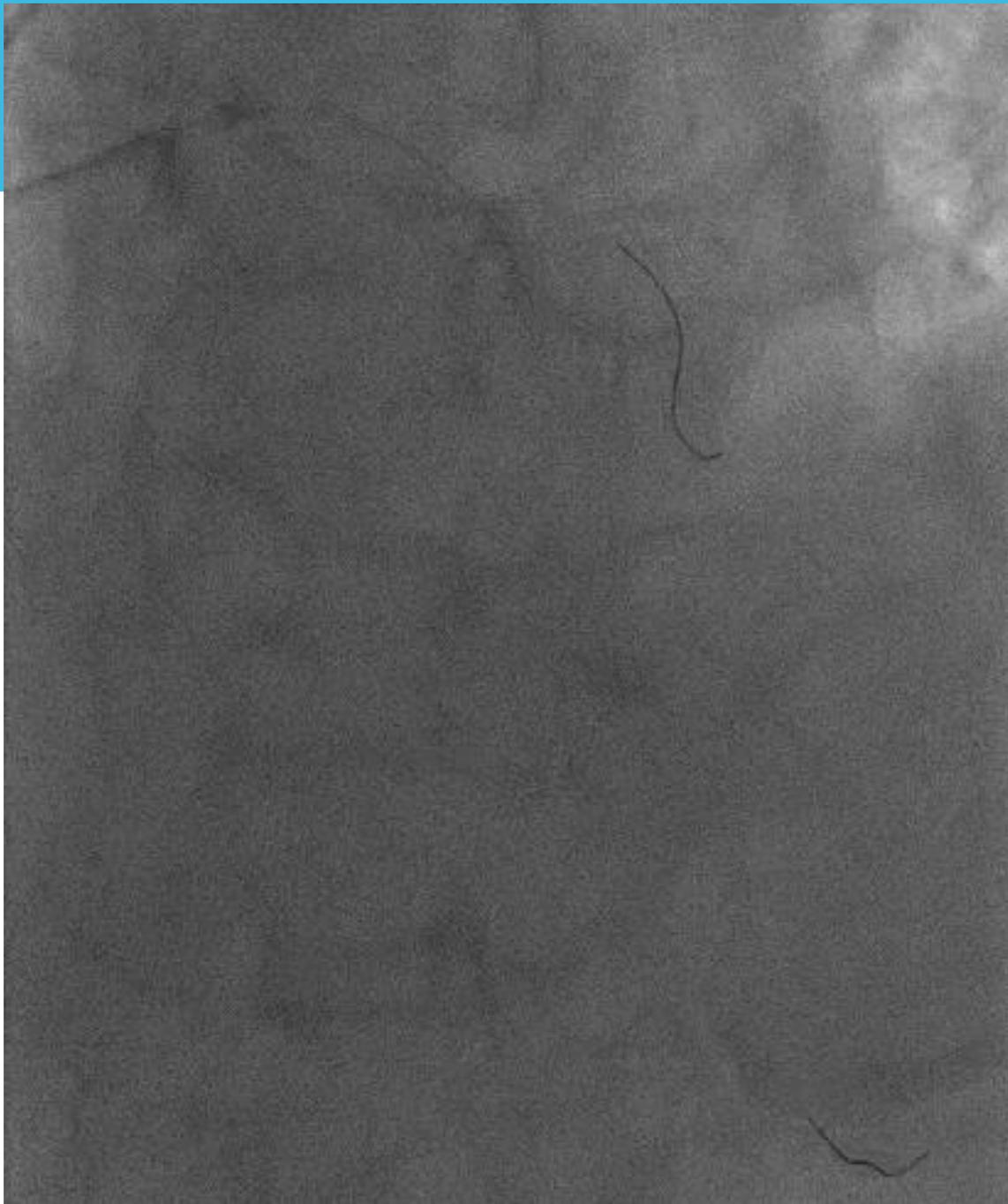
Zlatko Mehmedbegovic and coll. PCR online, 2020.



Burzotta. EuroIntervention. mars 2021.



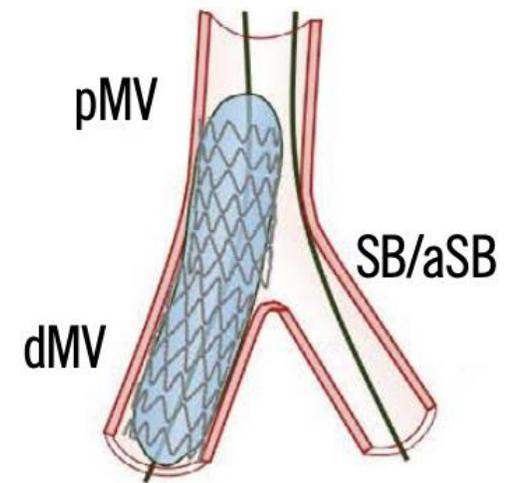
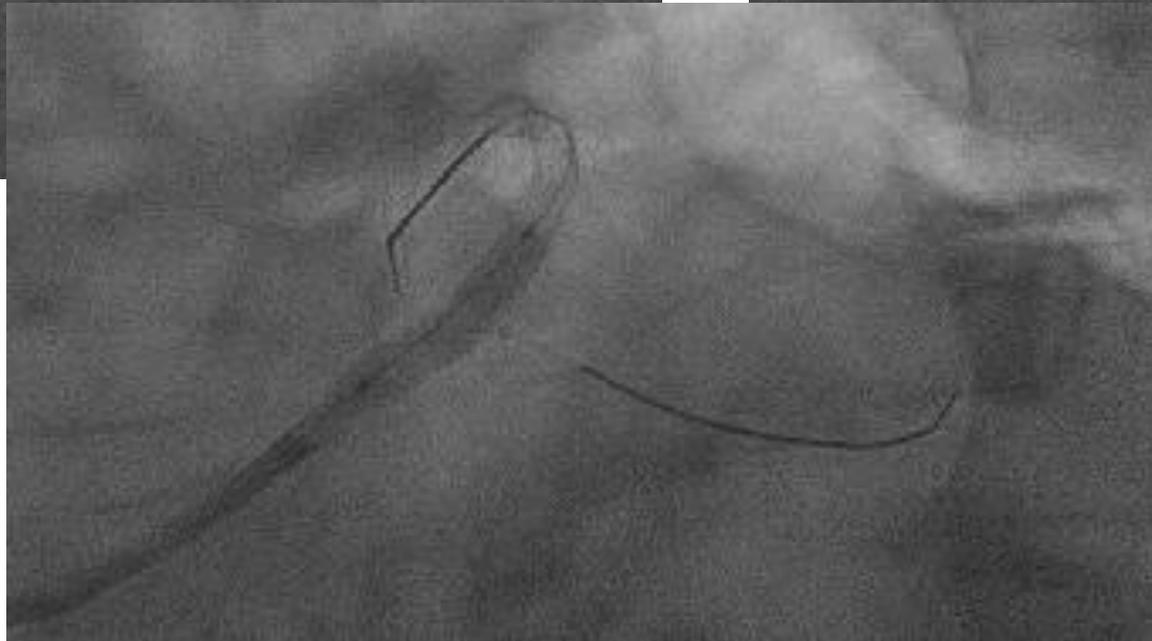
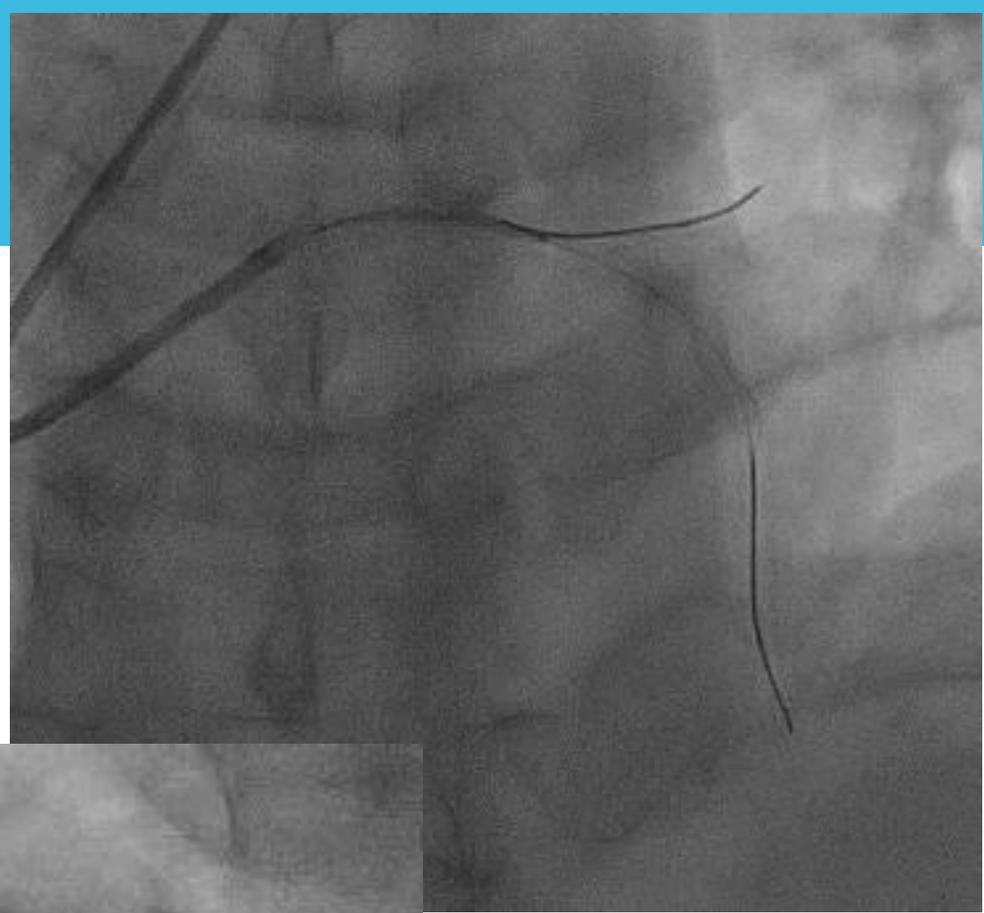
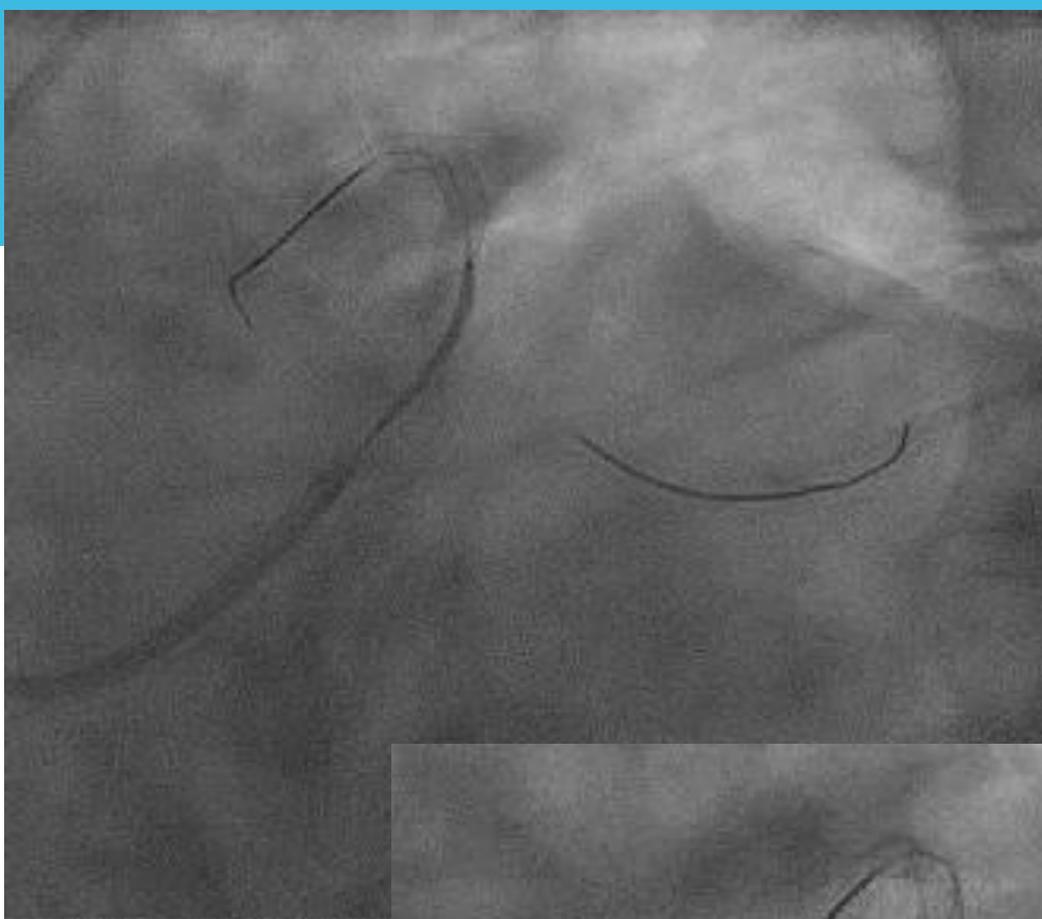


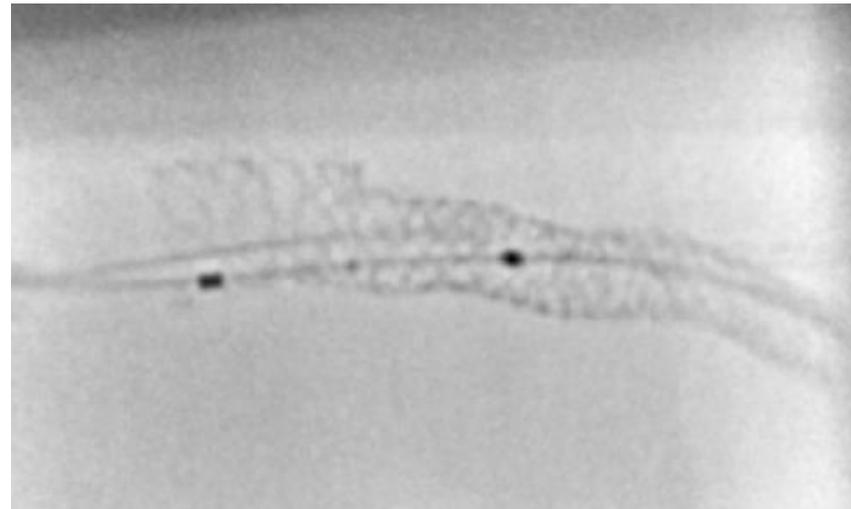
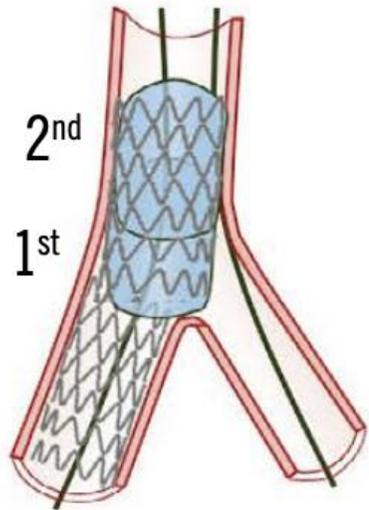
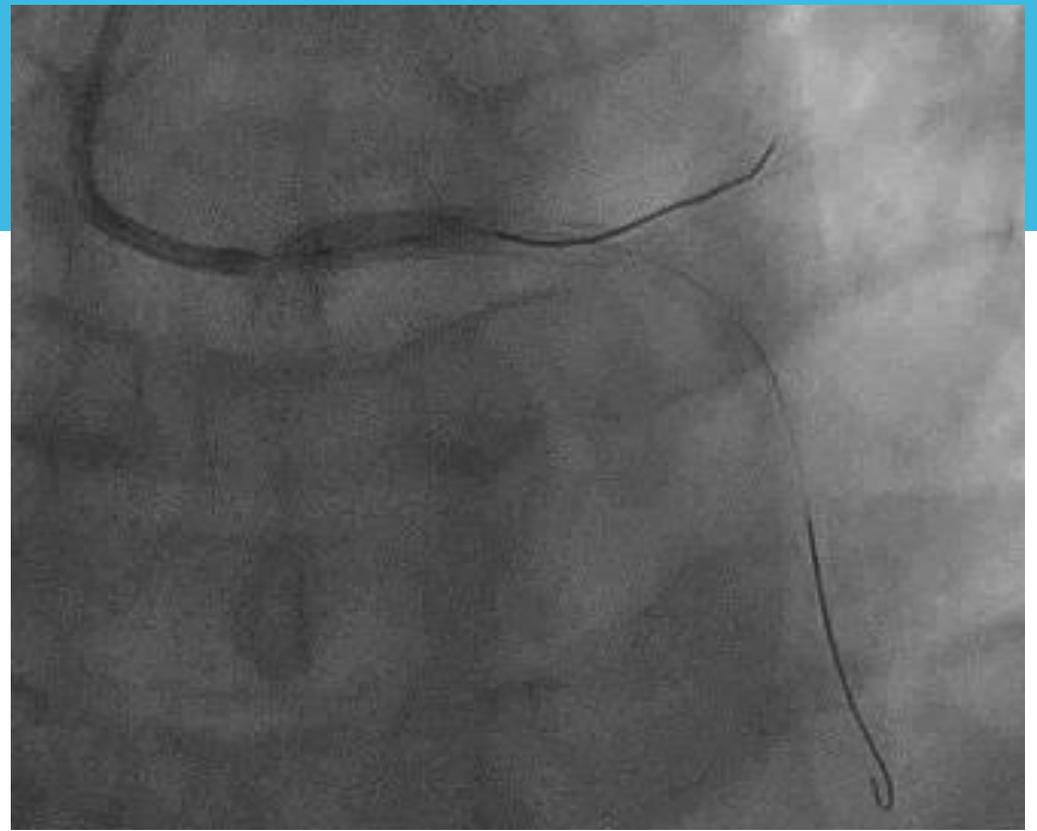
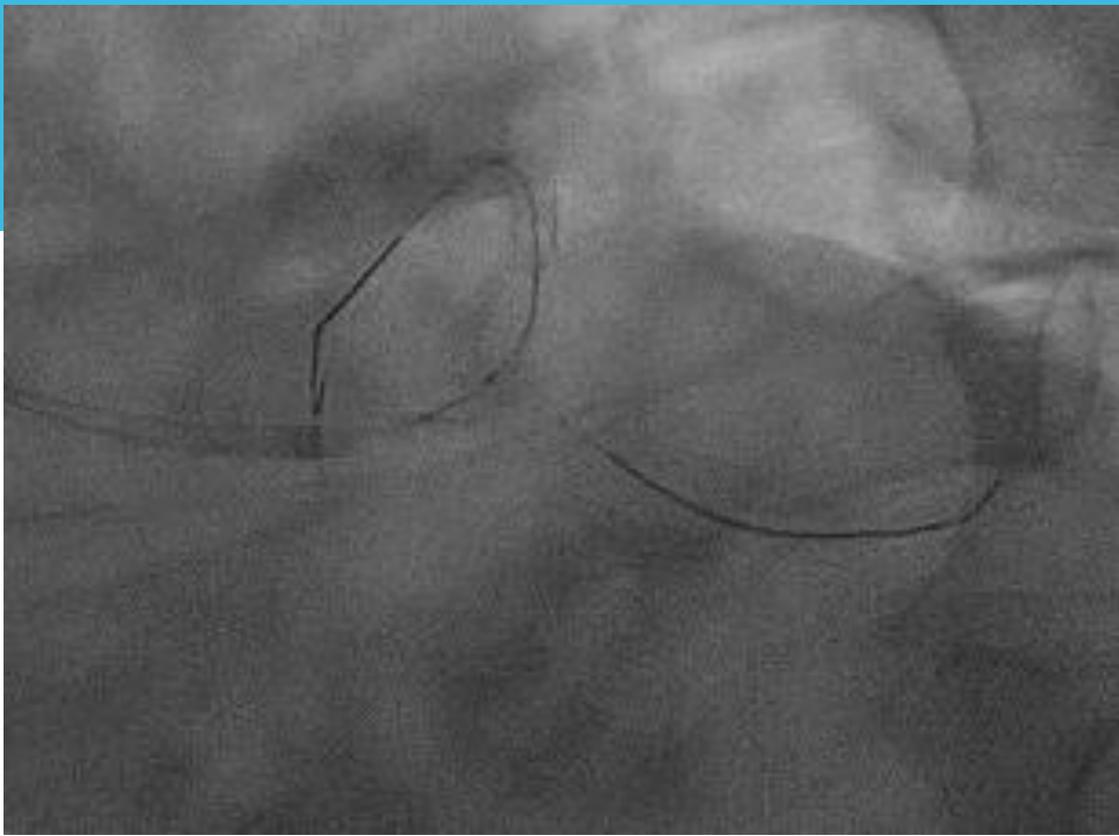


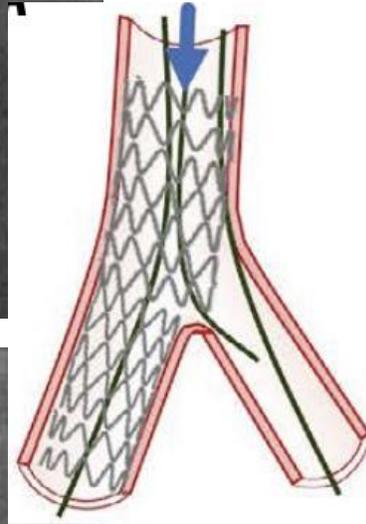
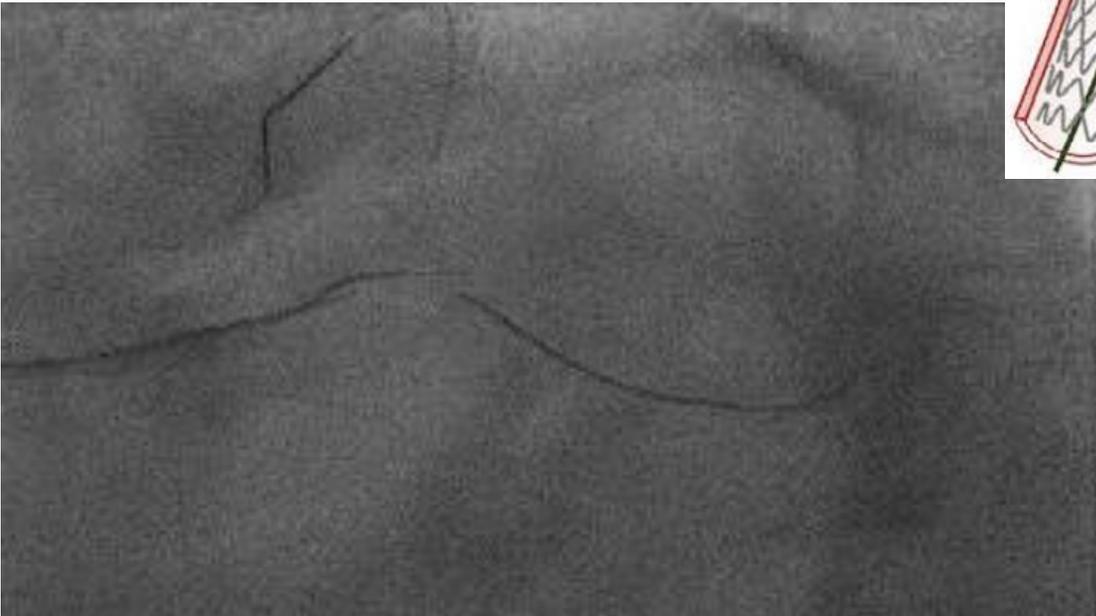
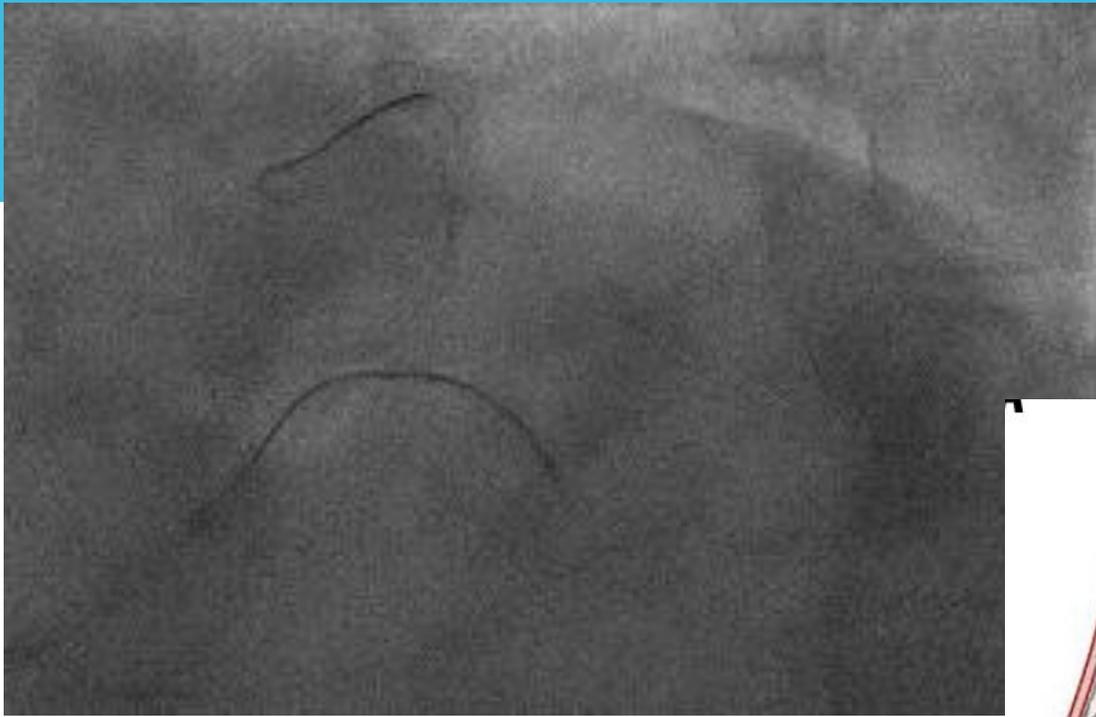
Retrait du guide piégé

- **Traction continue, progressive**
- **Sous contrôle scopique**
- **Ne pas forcer (risque de fracture)**
- **Extuber et contrôler le cathéter-guide**









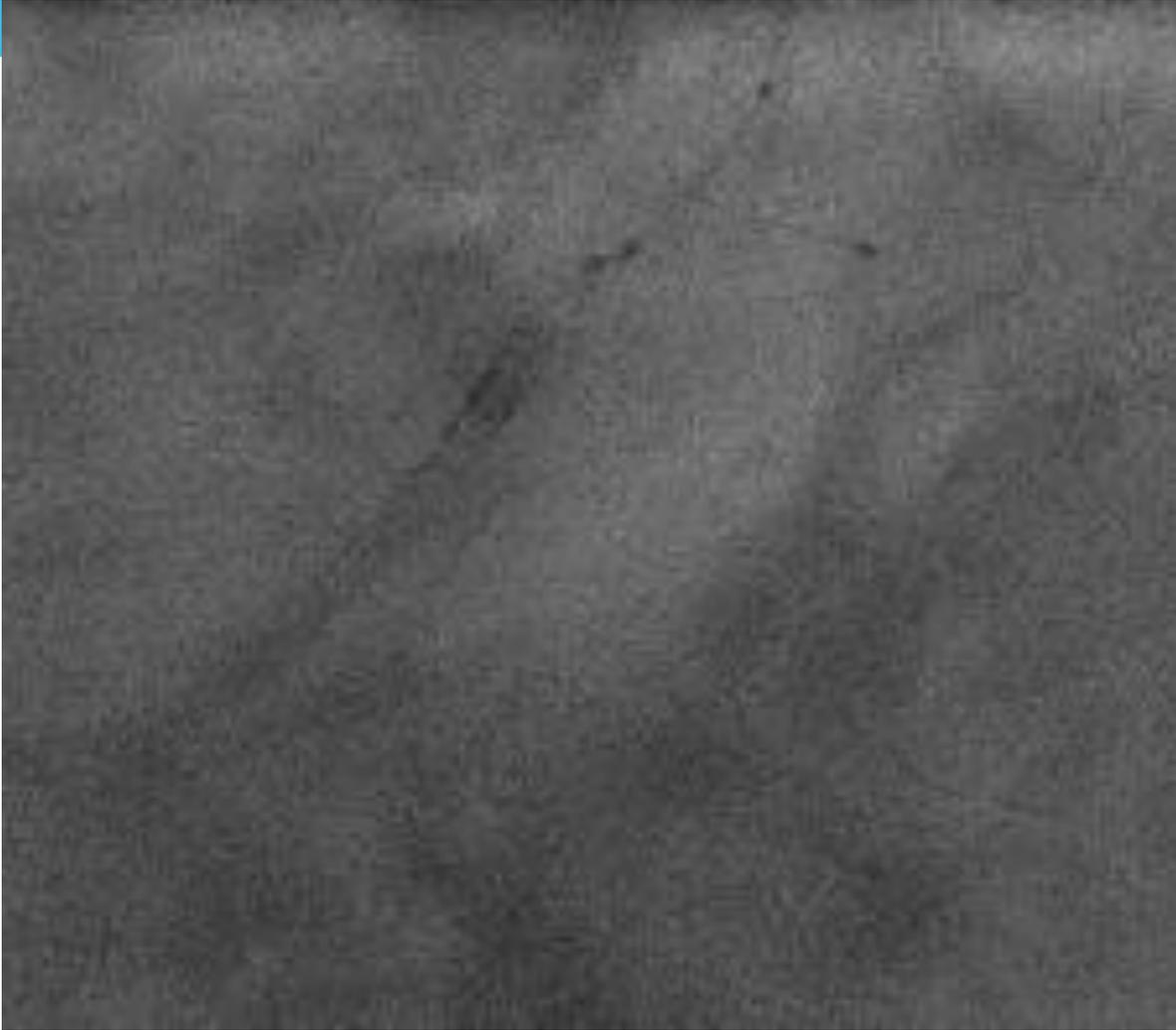
Franchissement des mailles vers la branche fille :

- Maille distale
- Technique du pull-back

Intérêt d'utiliser un troisième guide :

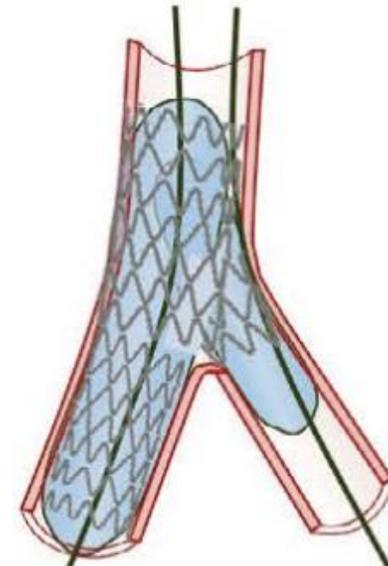
- Aide visuelle
- Ancrage pour faciliter le franchissement du ballon dans la branche fille
- Sécurité en cas de nécessité de techniques de sauvetage

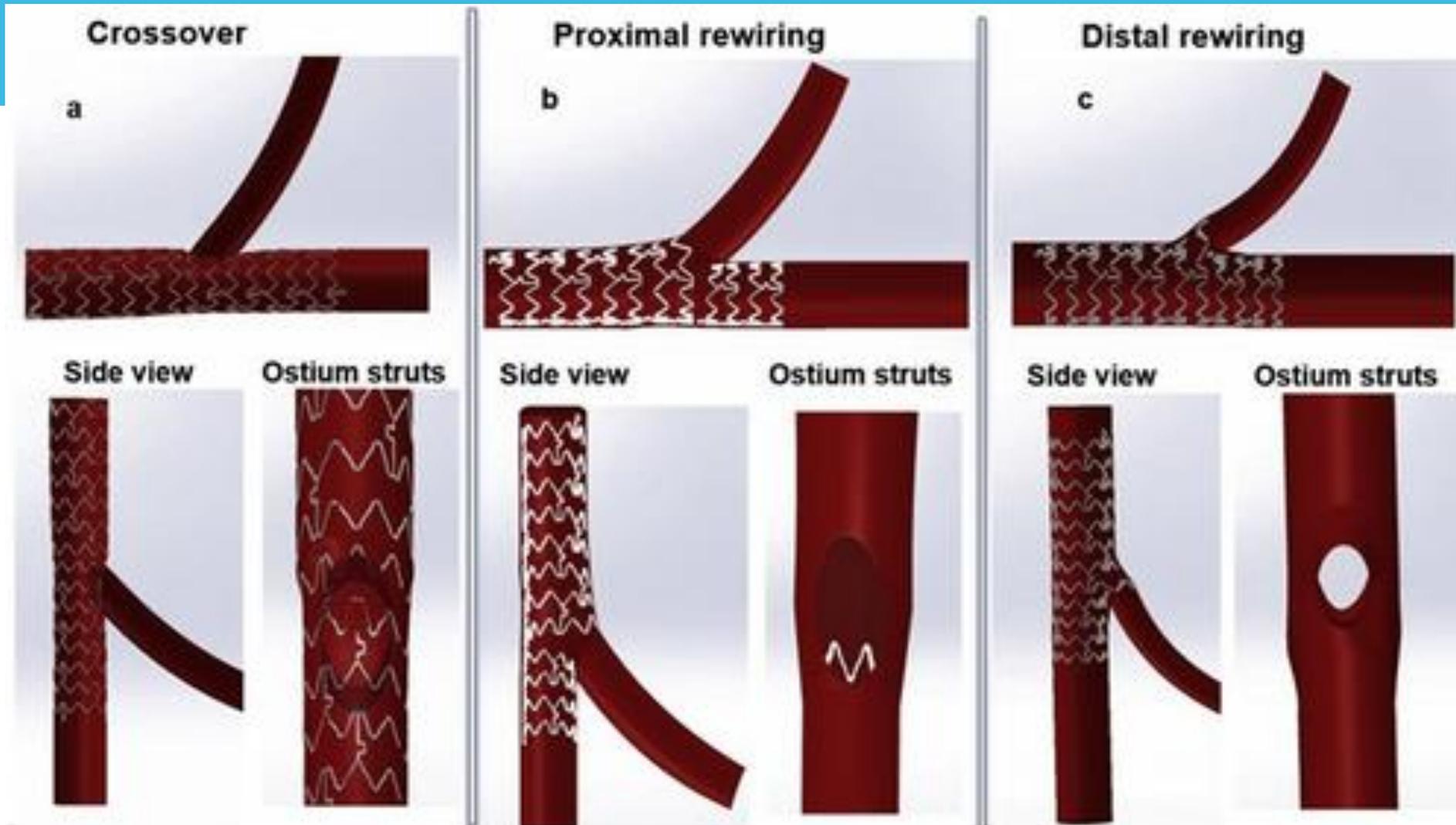




Kissing Balloon Inflation (KBI)

- Inflations séquentielles prolongées
- Déflation synchrone
- Ouverture des mailles vers la branche fille
- Repositionnement de la carène
- Ballons courts pour limiter la longueur de l'overlap



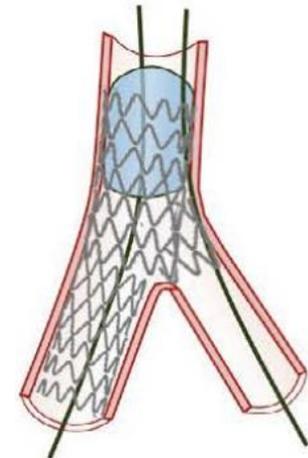


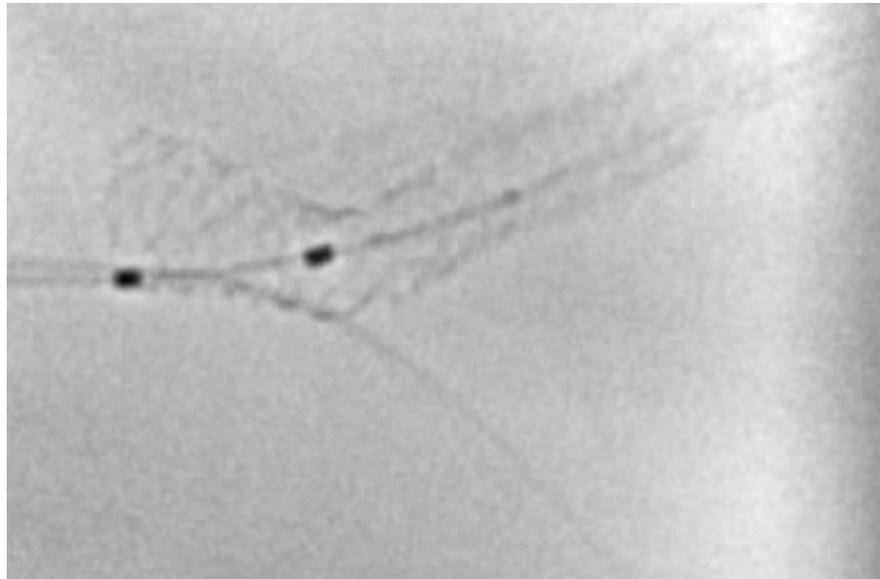
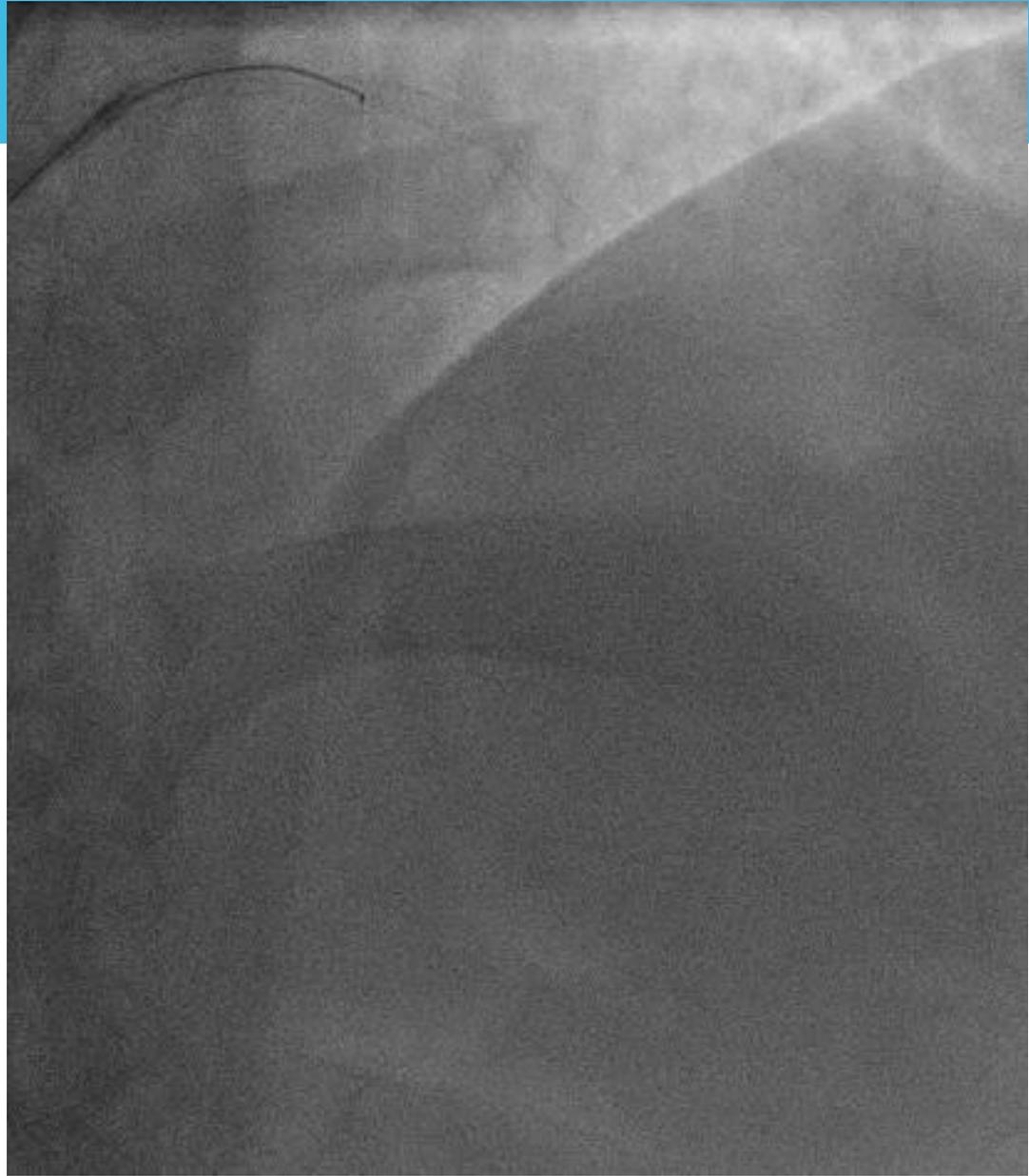
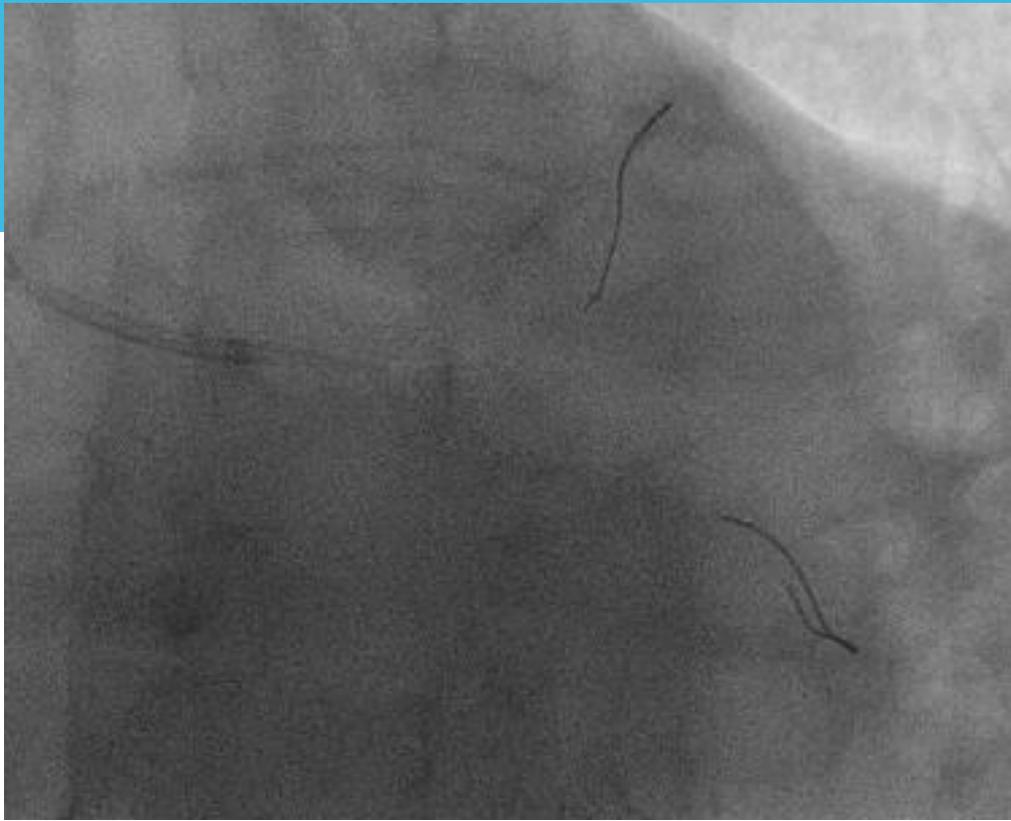
Elzayat M, Journal of the American College of Cardiology. 9 nov 2021.



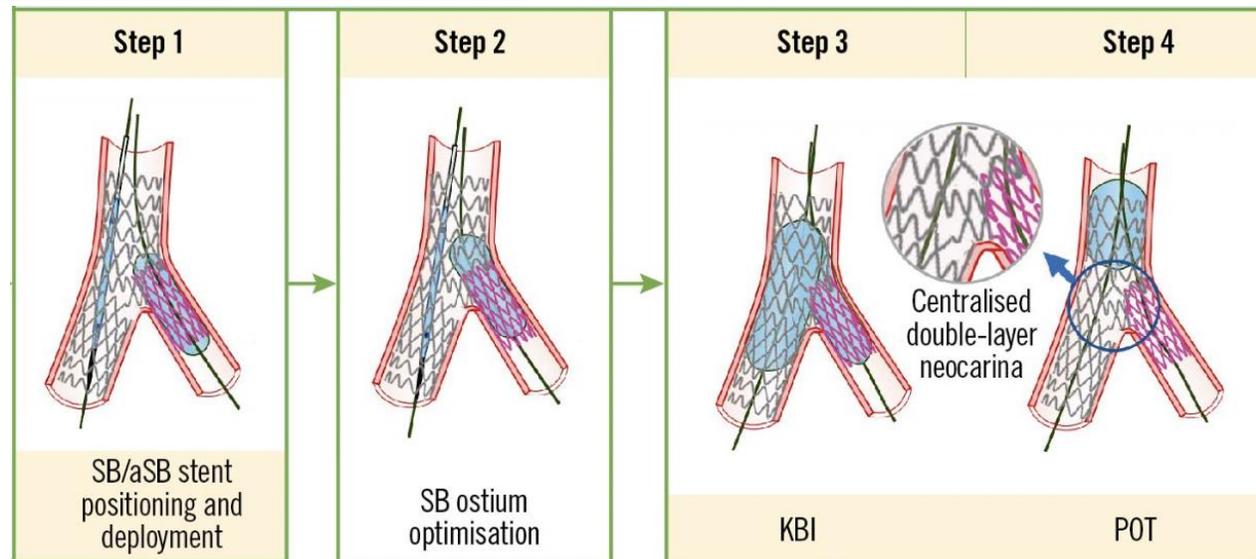
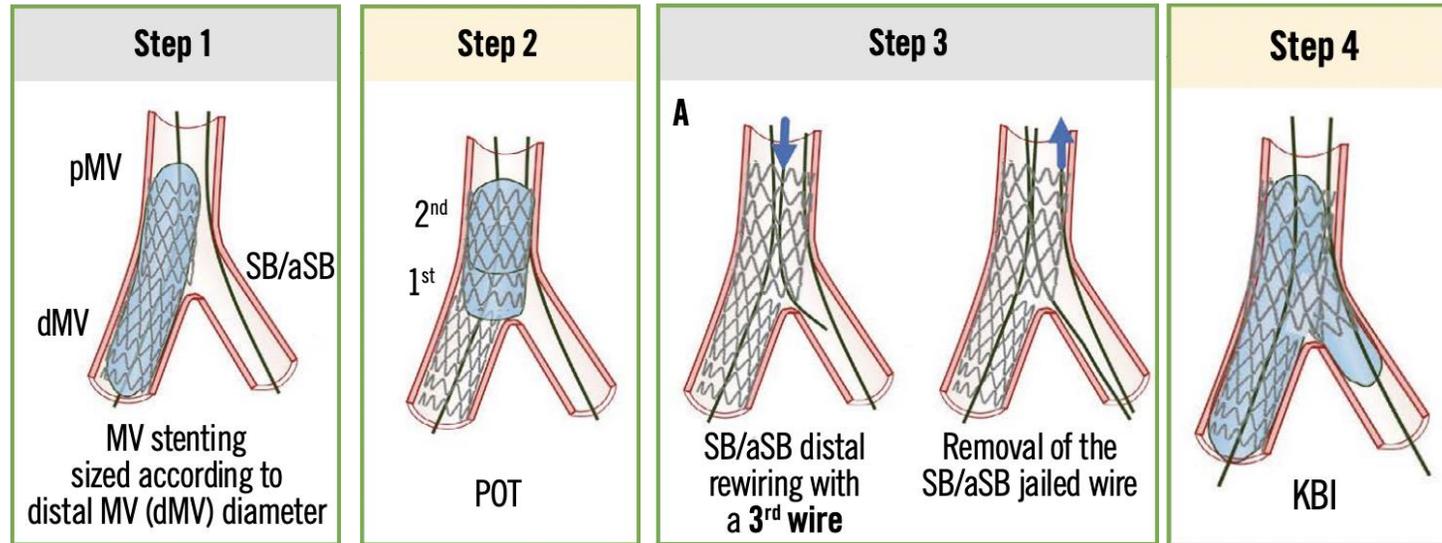
POT Final :

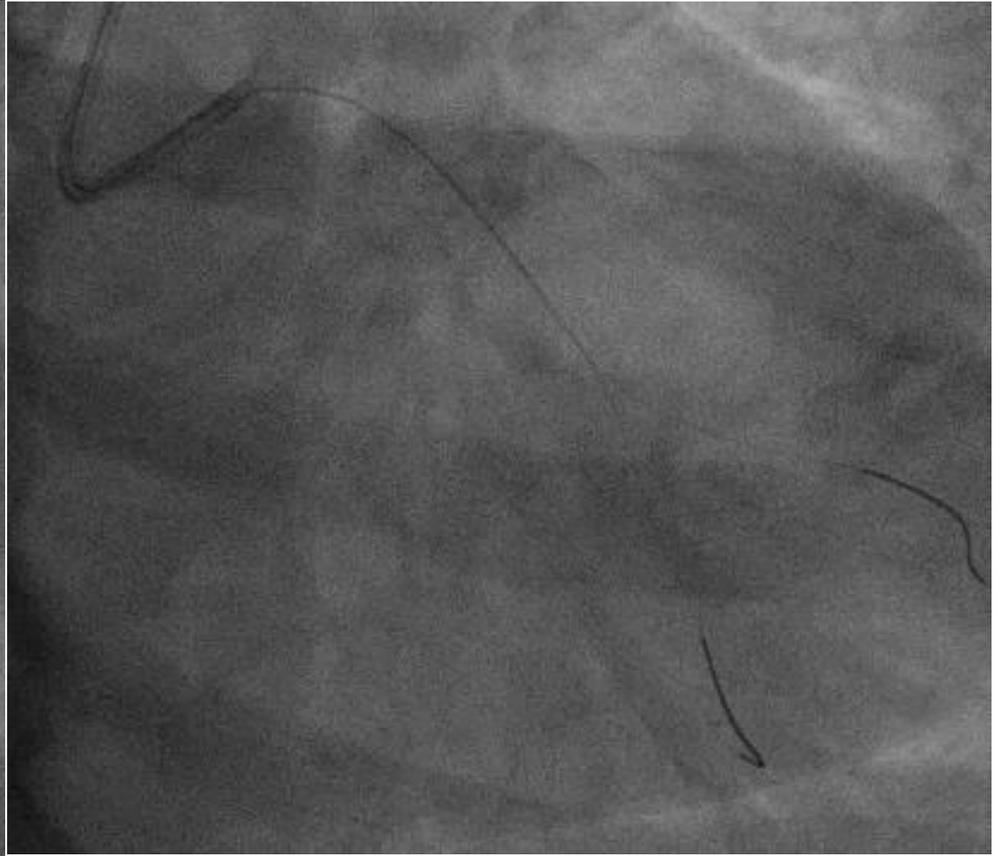
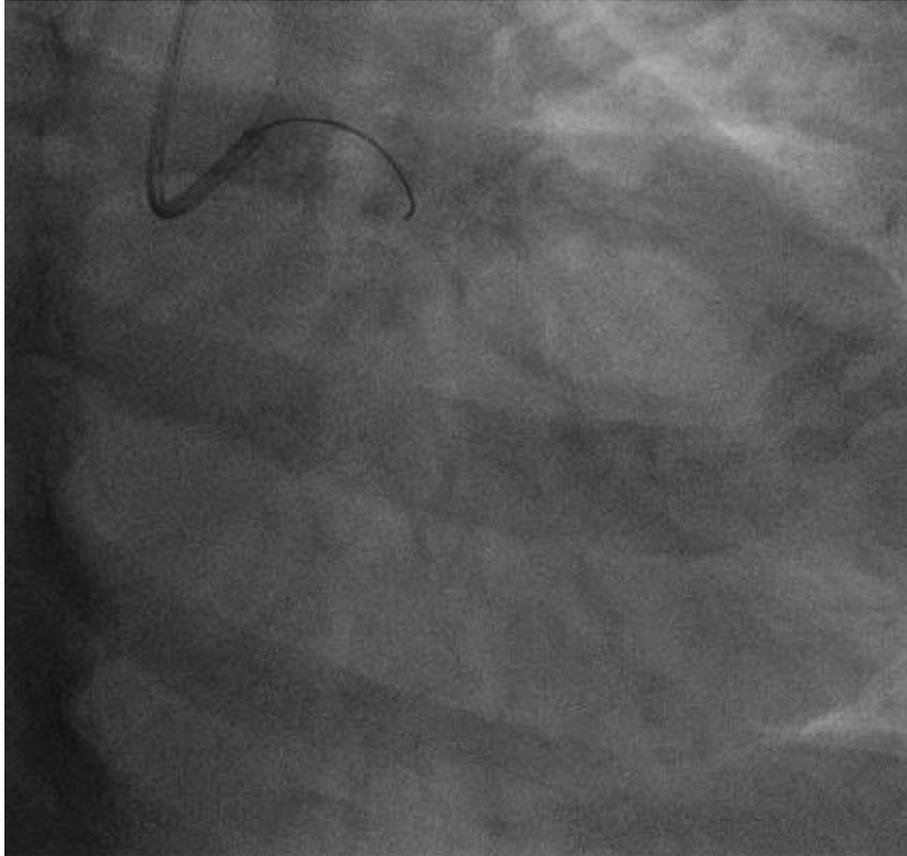
- **Correction de la déformation elliptoïde du stent liée au kissing**
- **Correction de la déformation lié à la dilatation de la**
- **POT proximal pour ne pas déformer la carène**

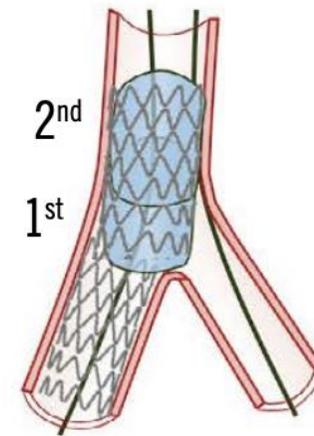
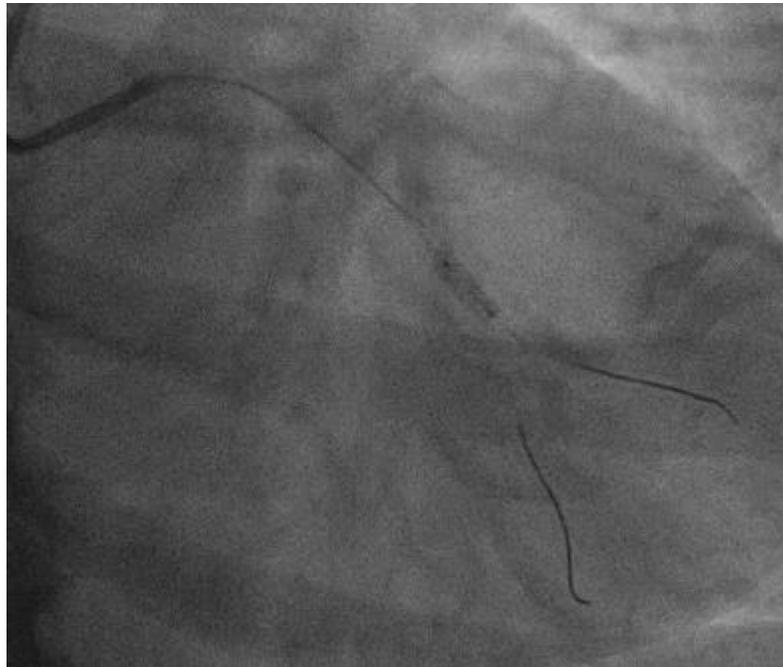
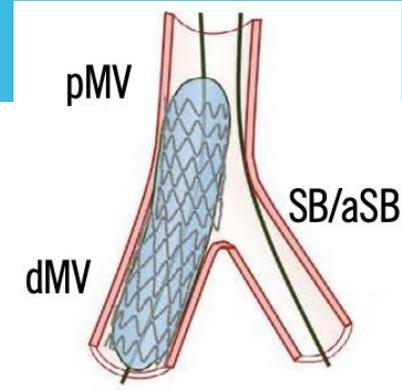


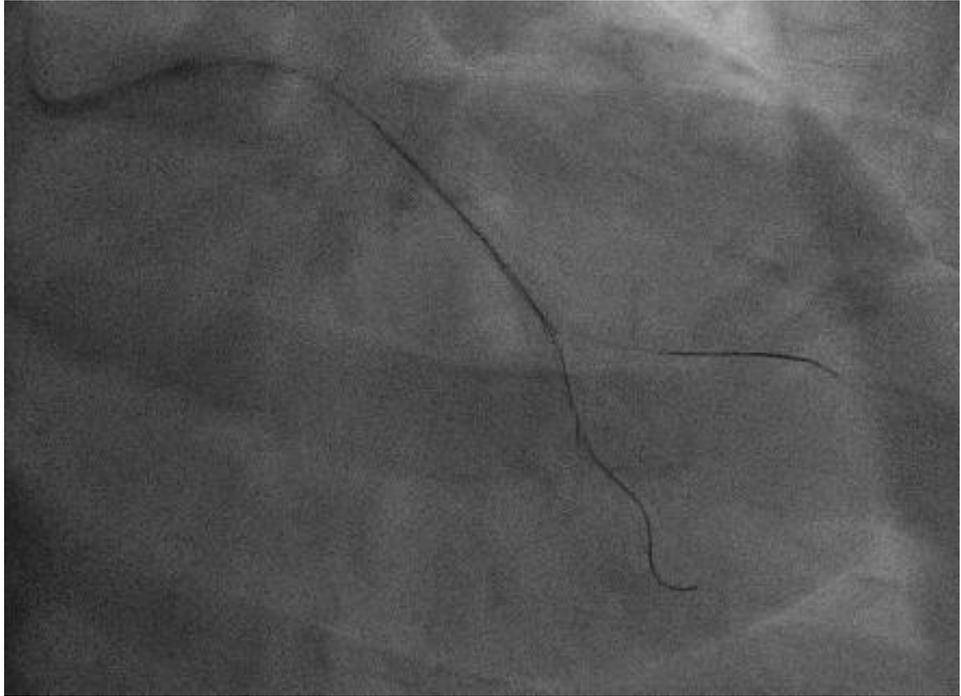
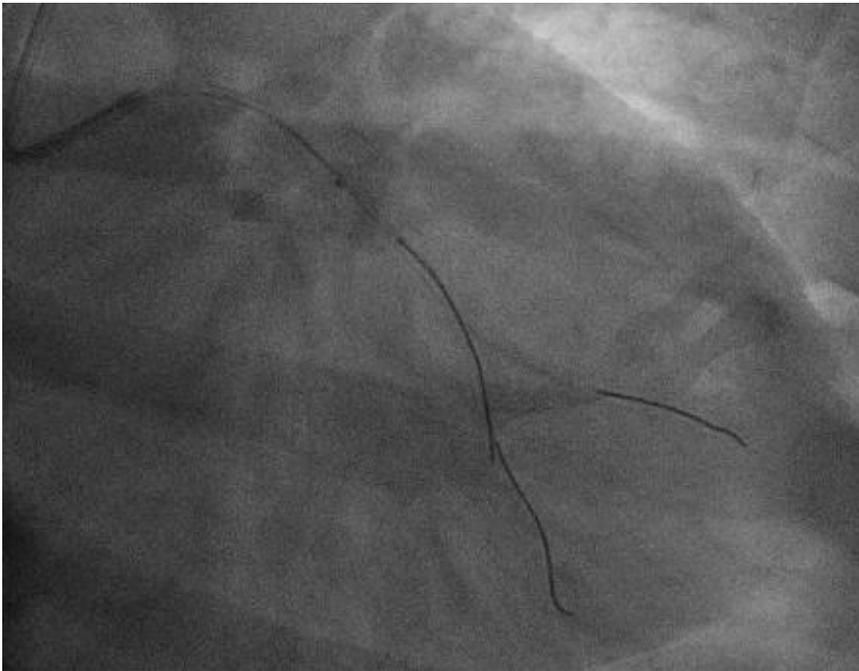
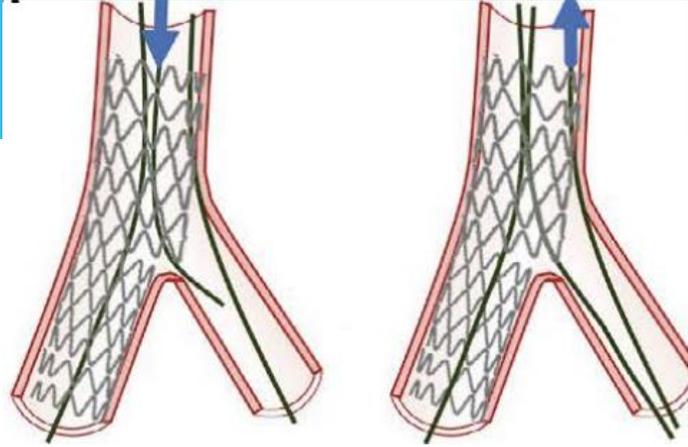


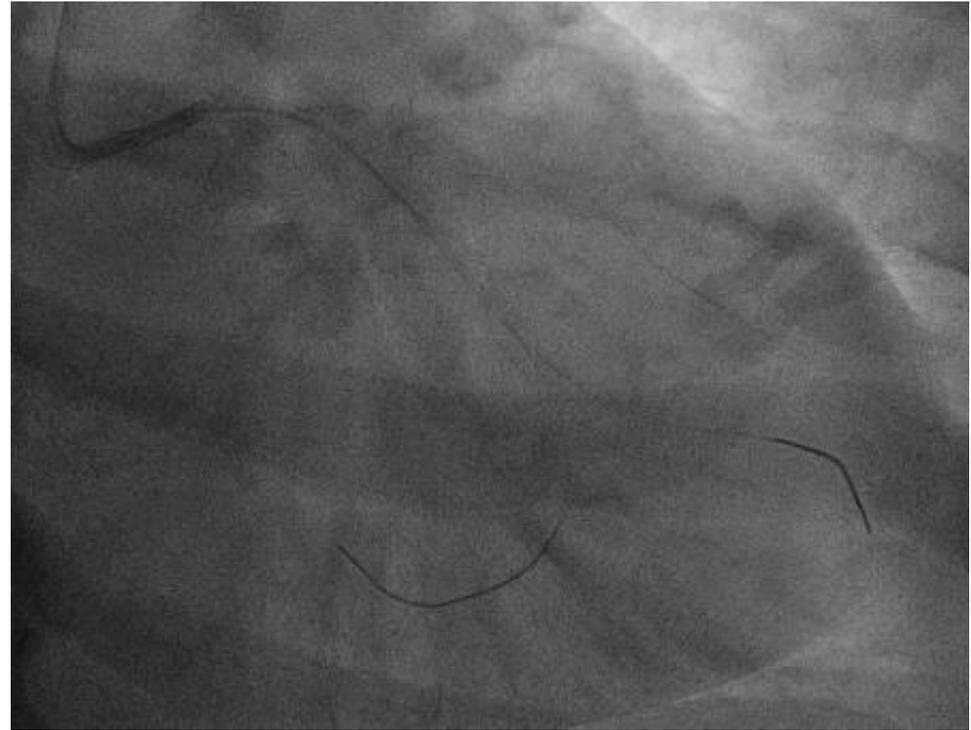
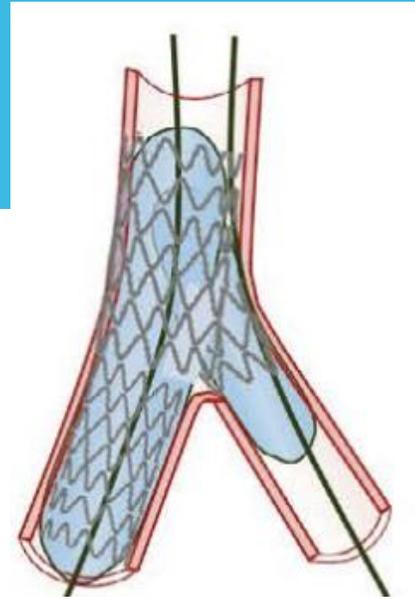
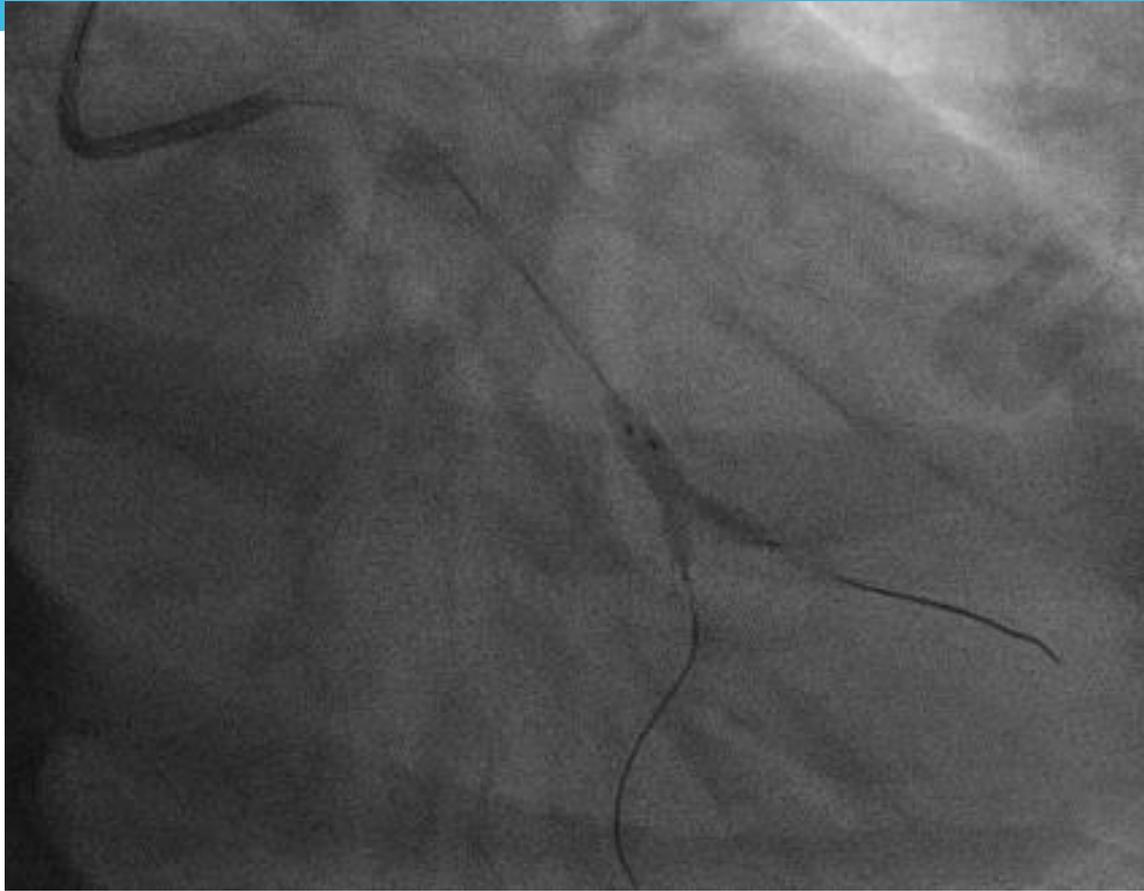
Cas clinique 2

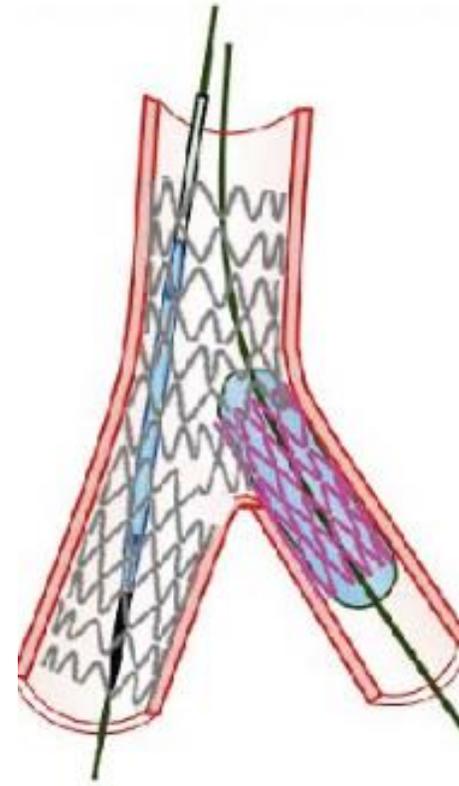
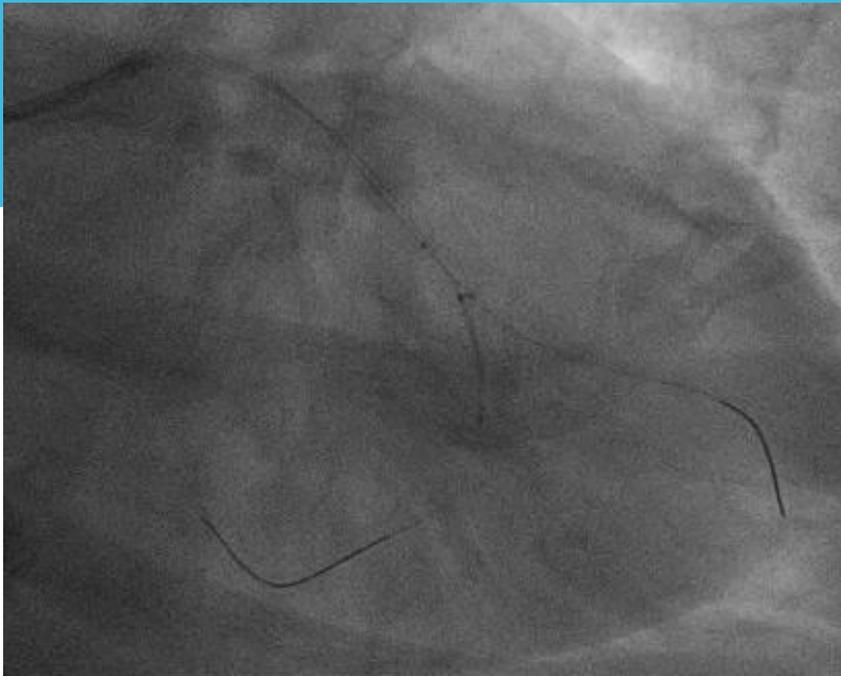


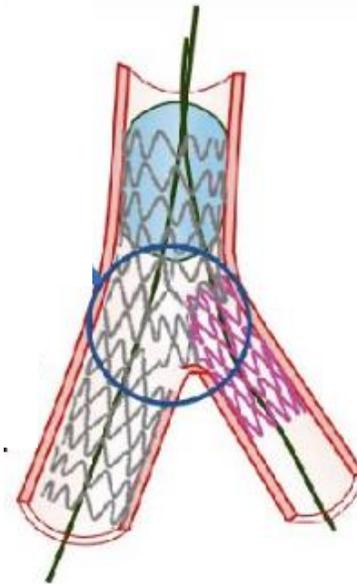
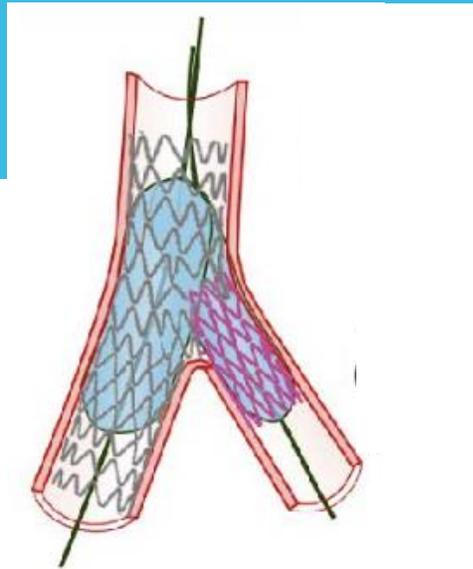


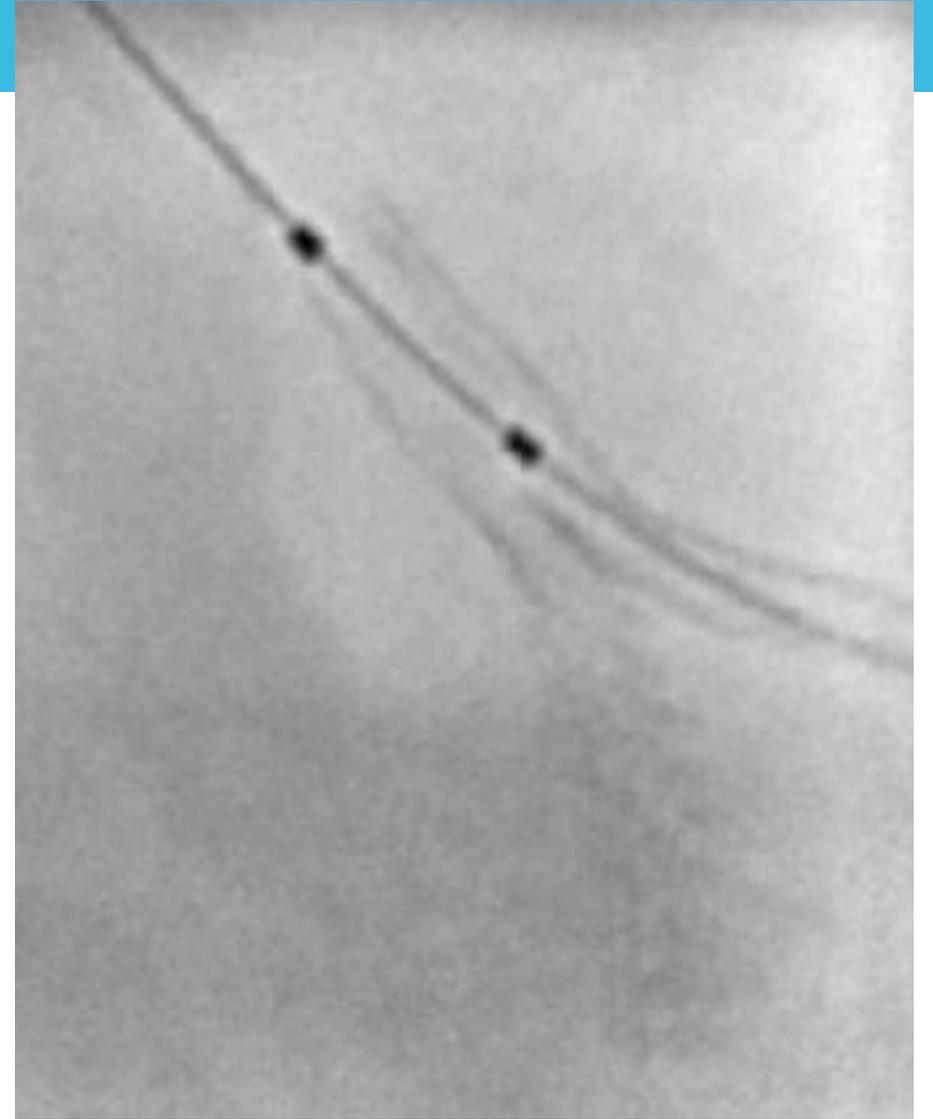
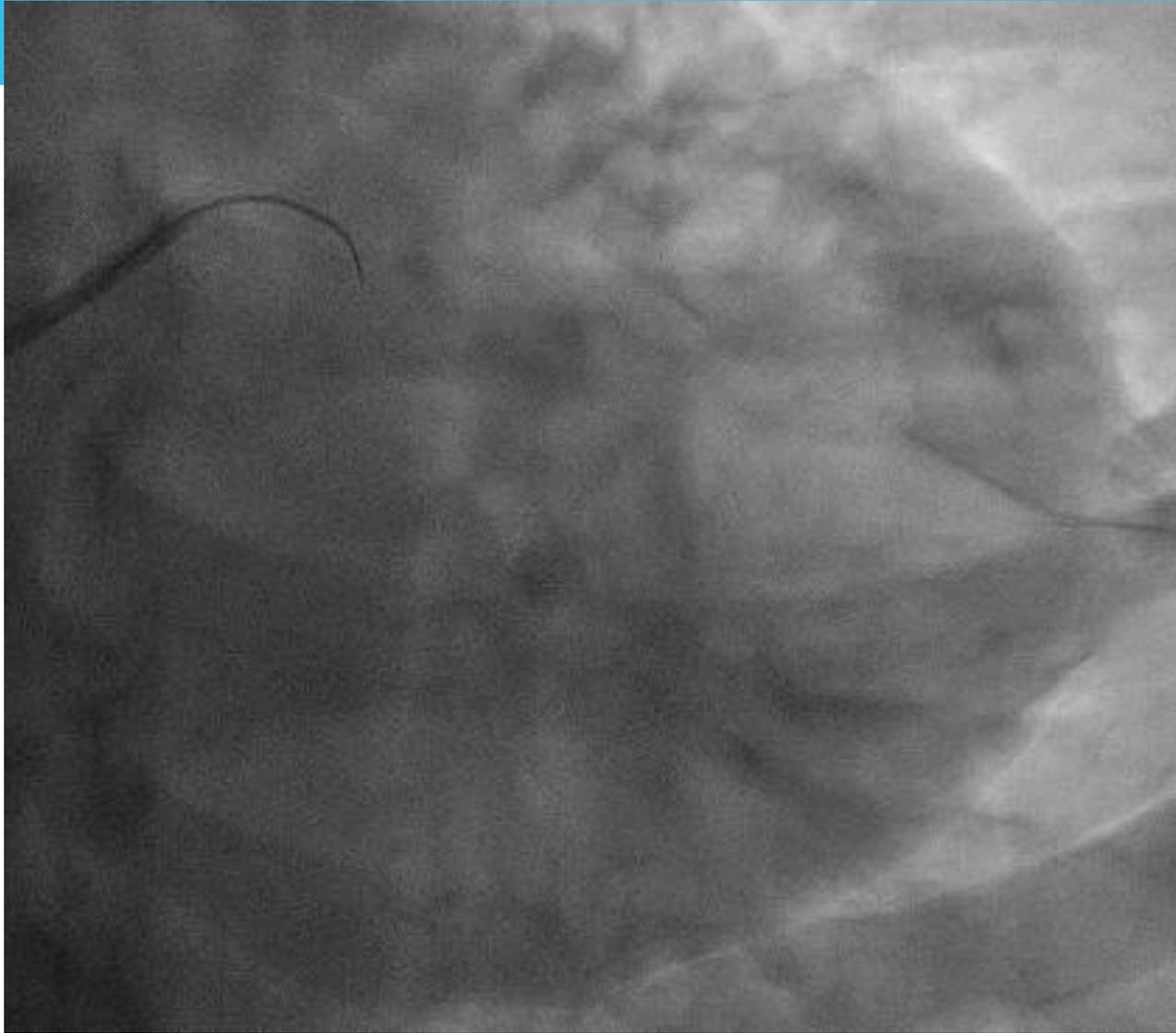


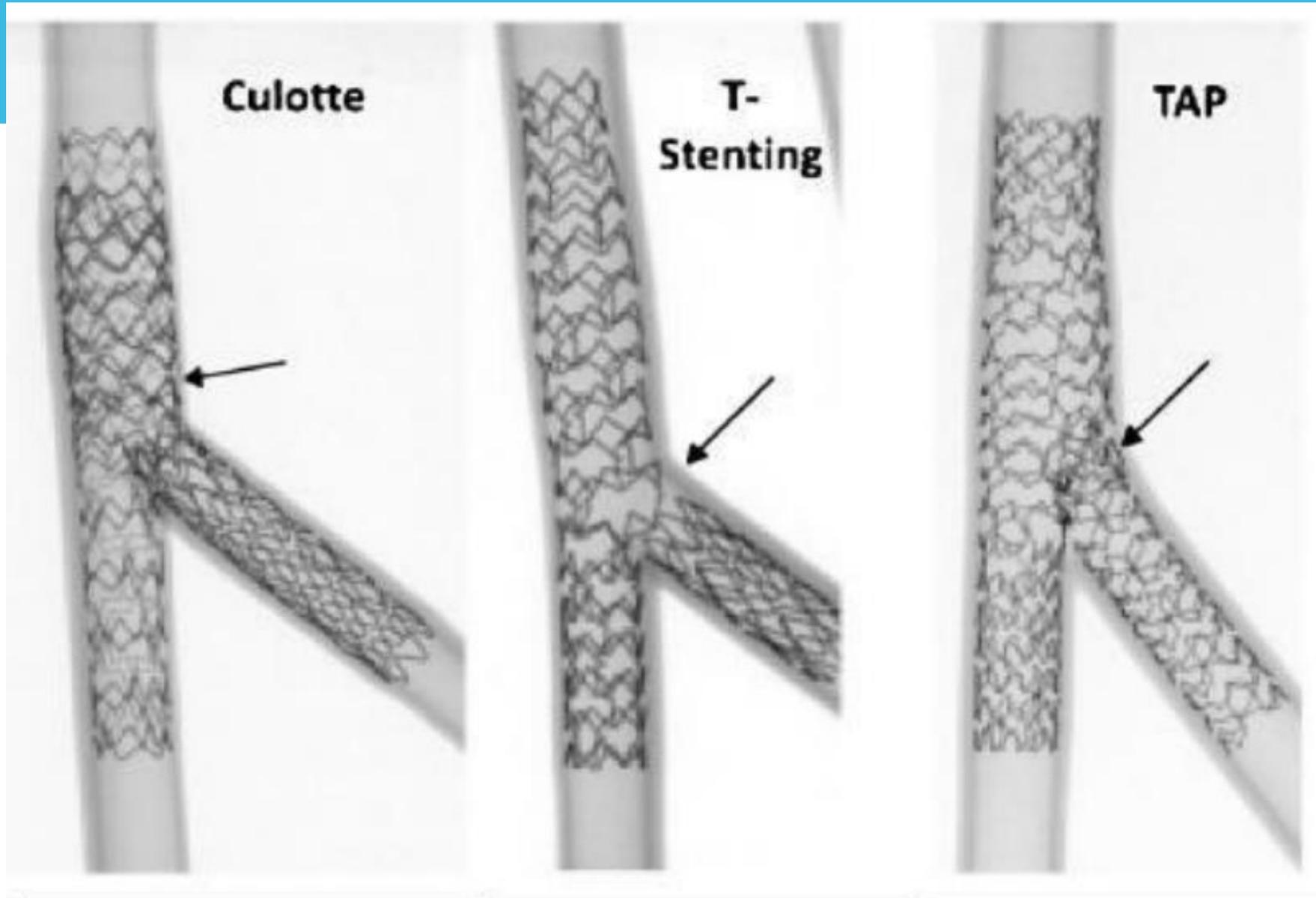








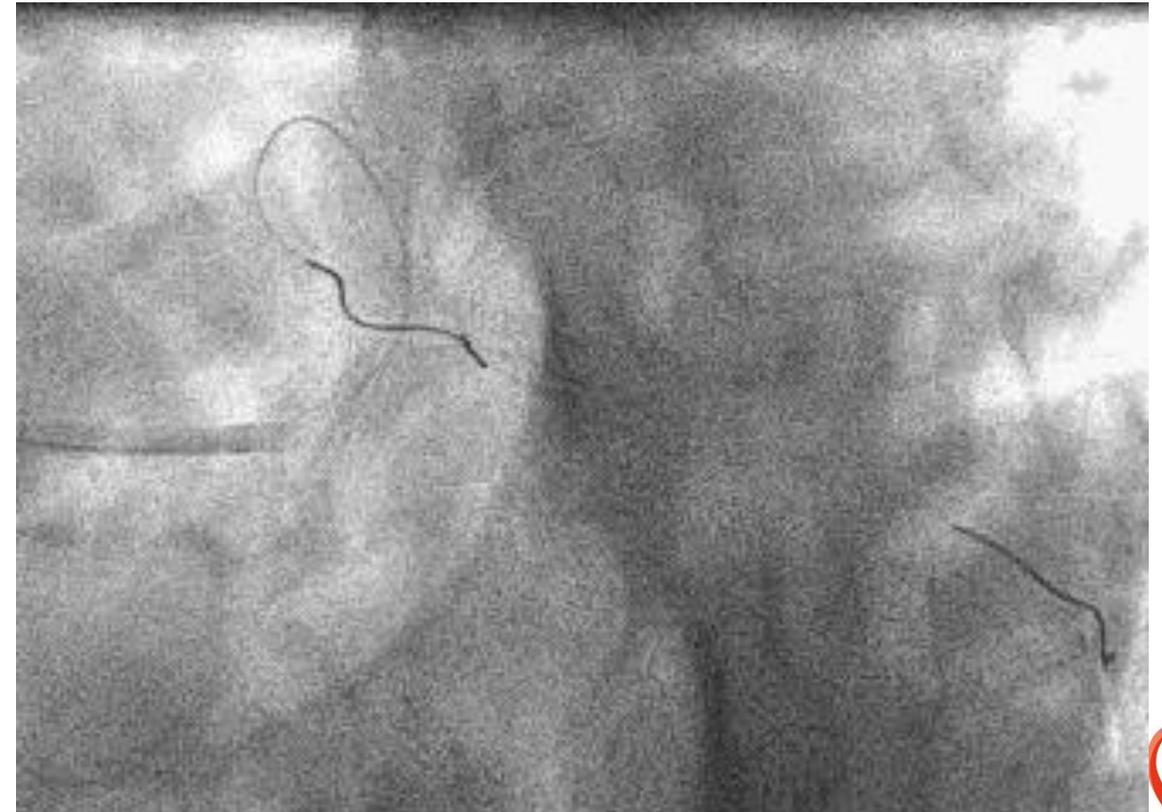
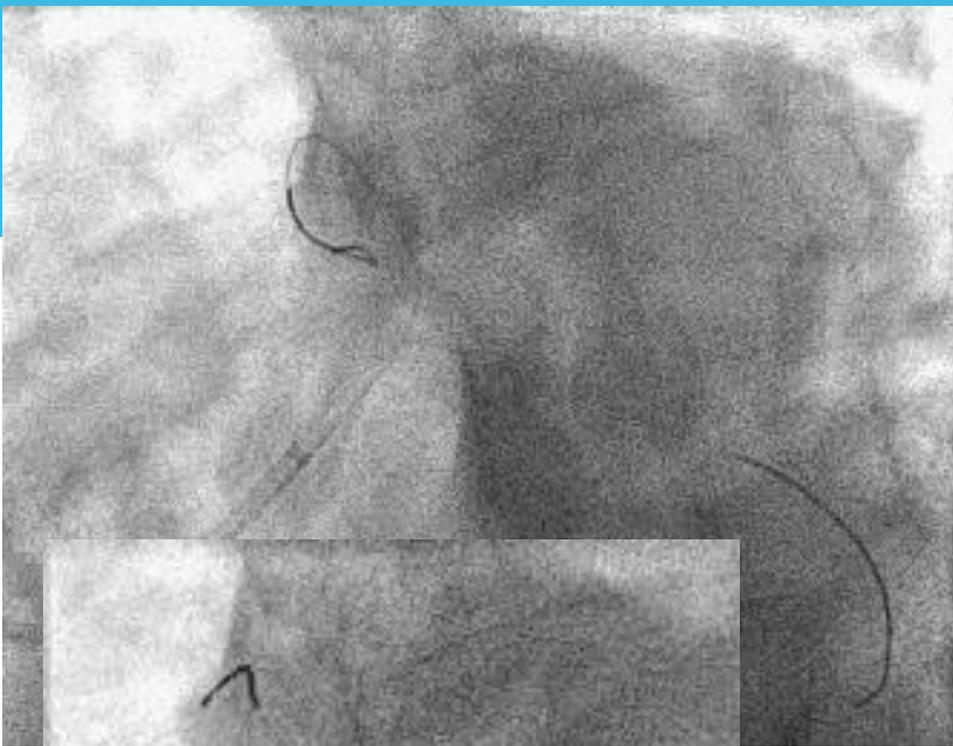


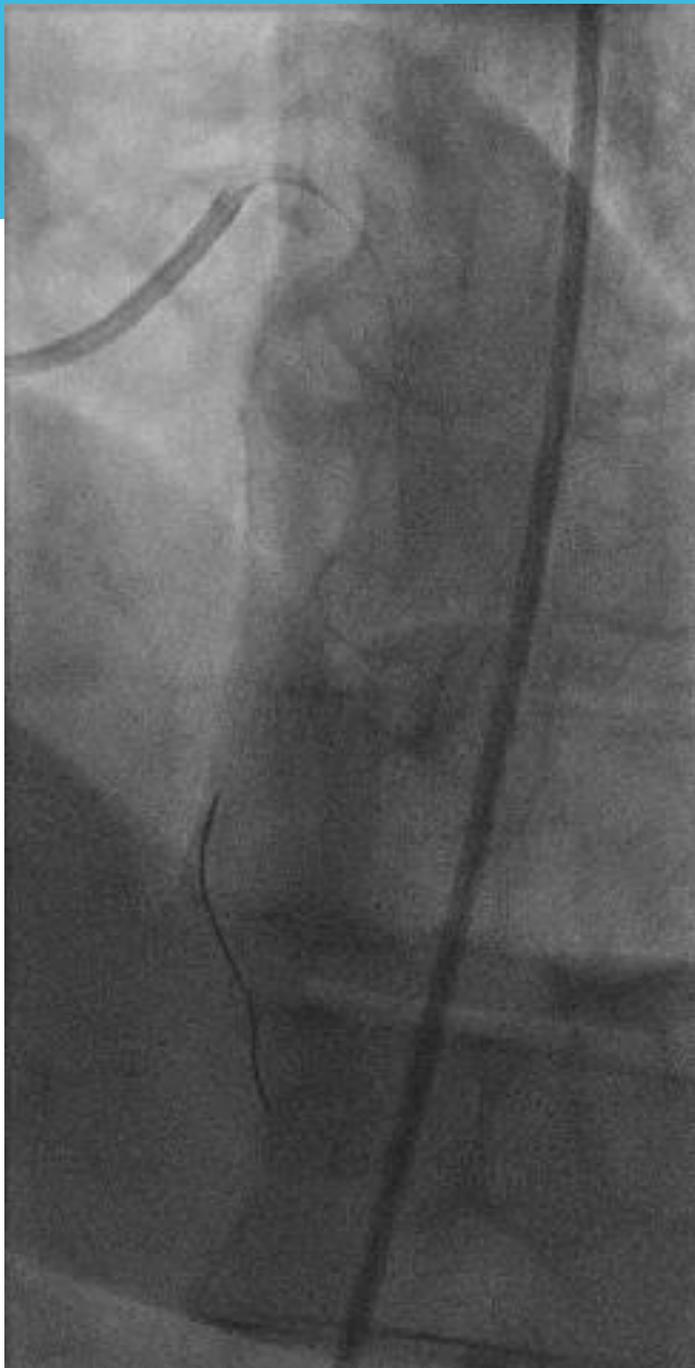


Variation

-

Stenting en T

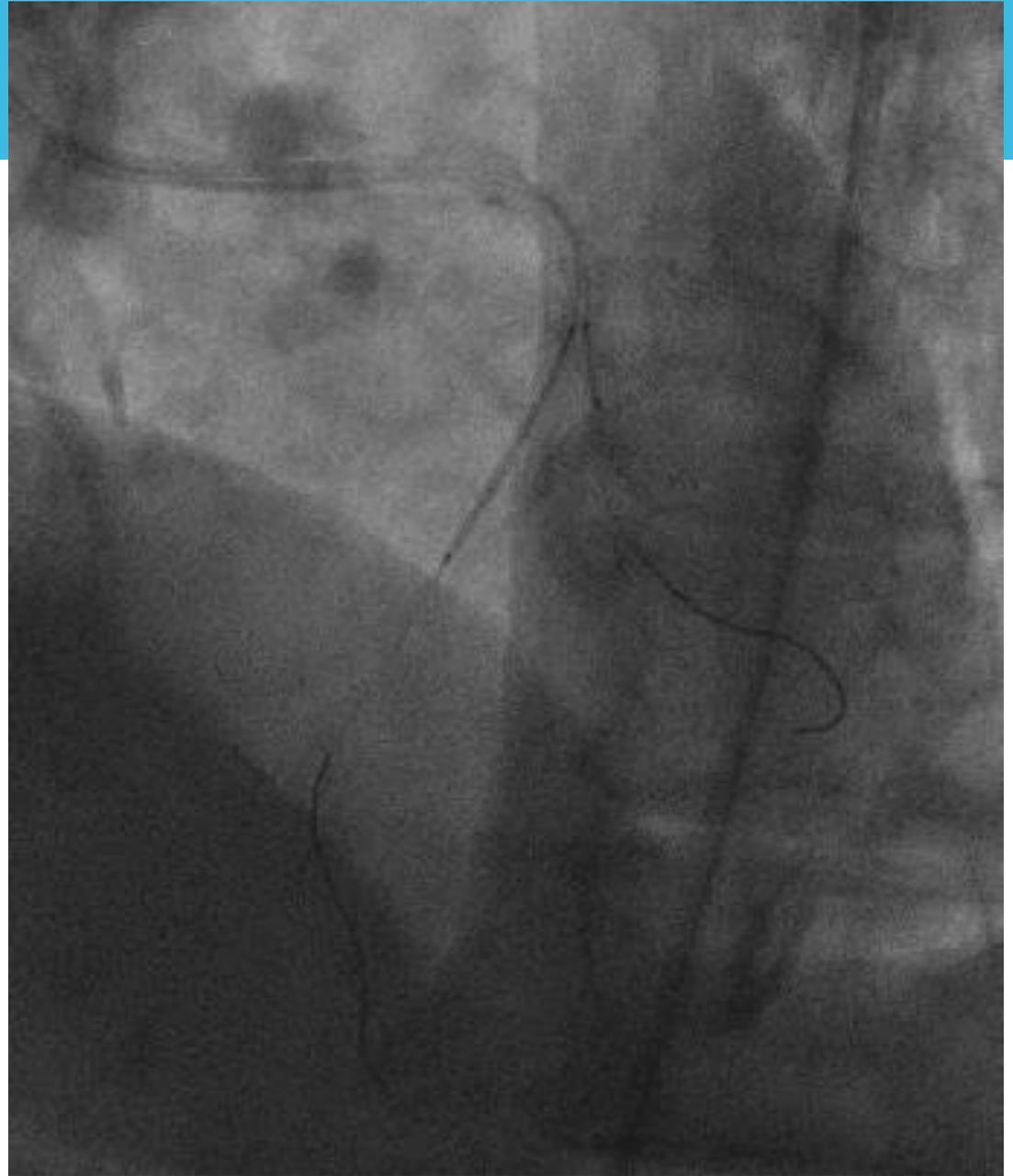
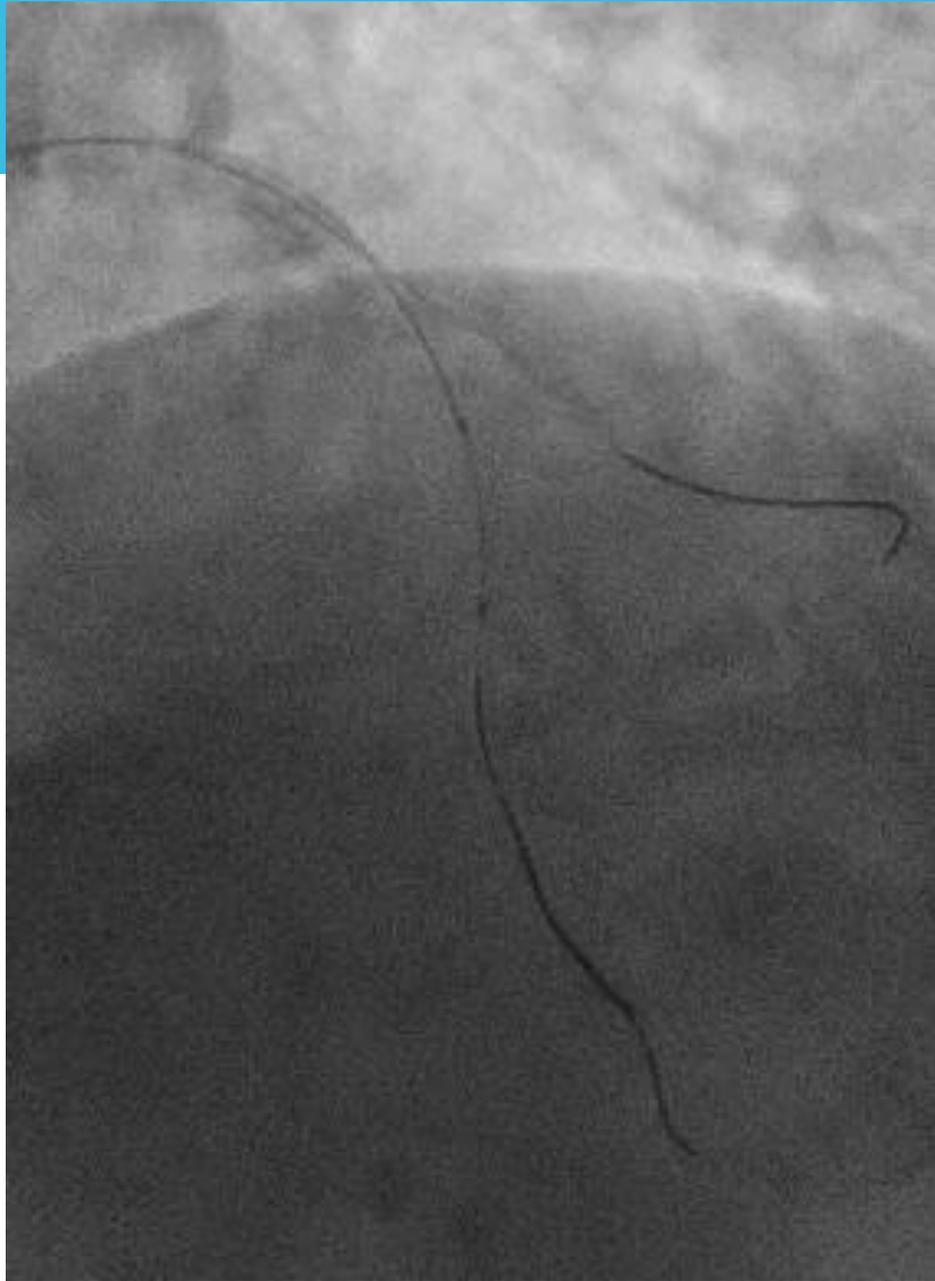


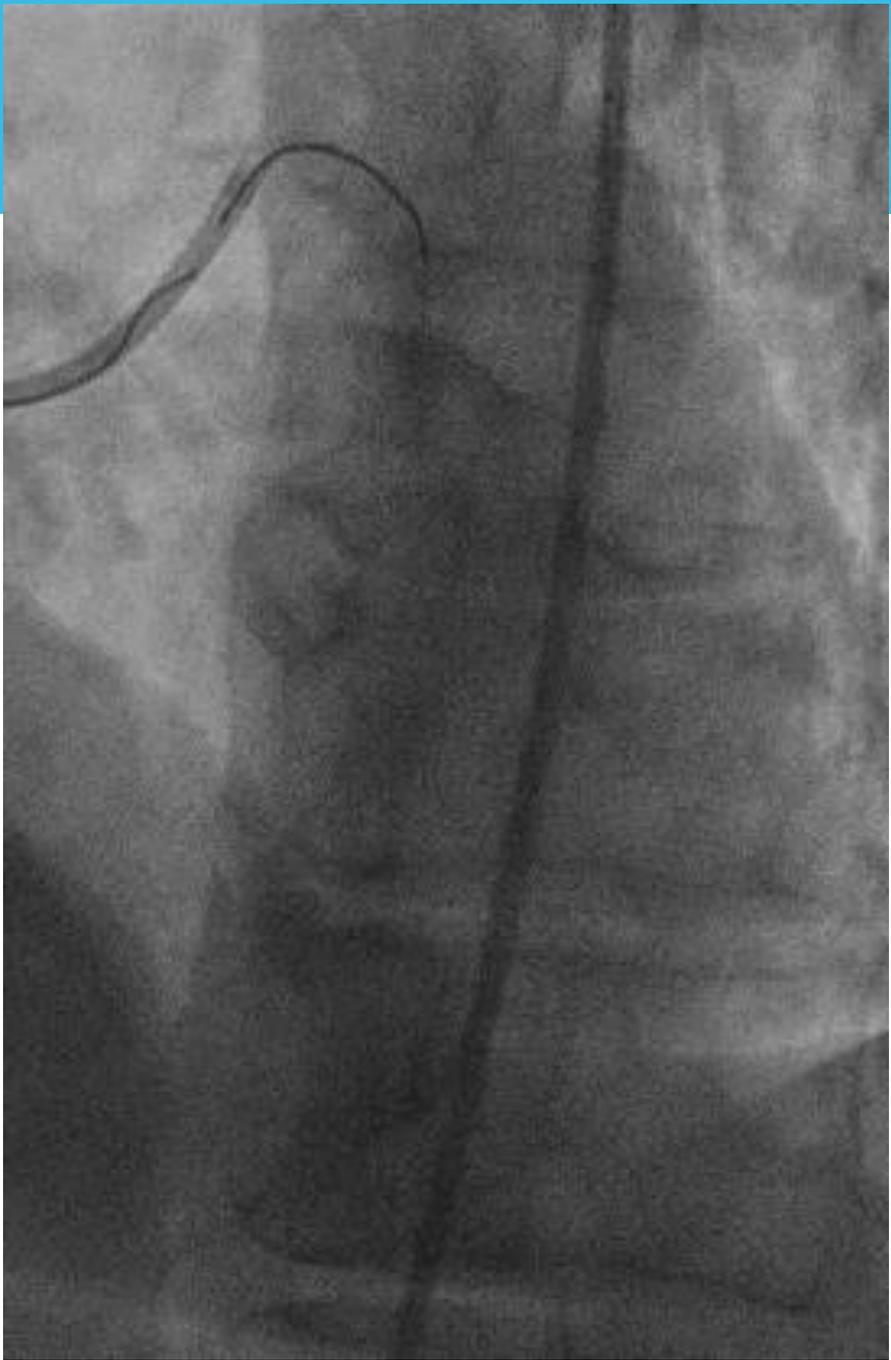


Variation - Stenting provisionnel inversé

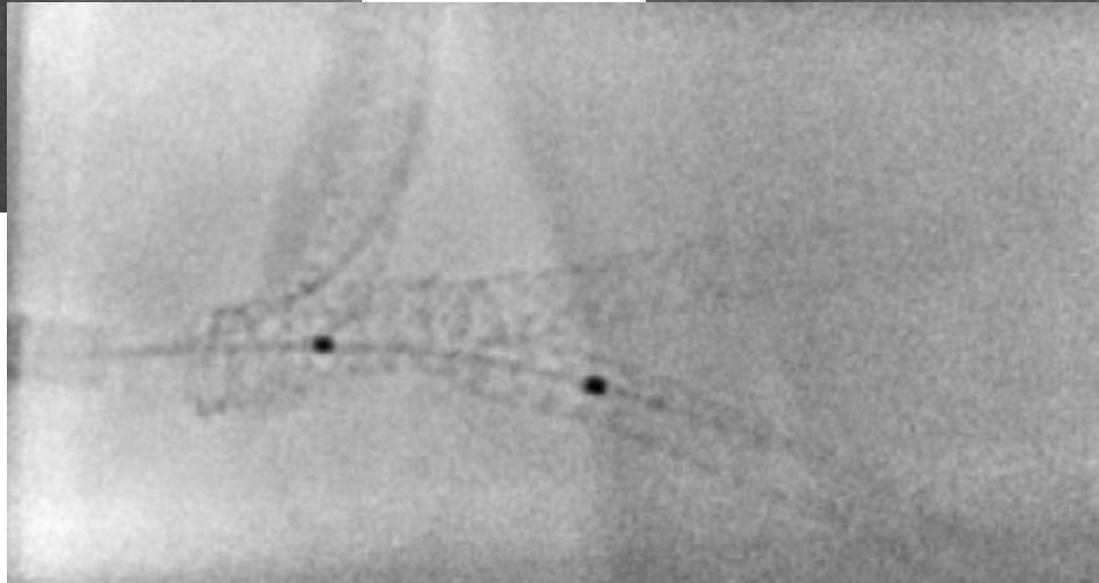
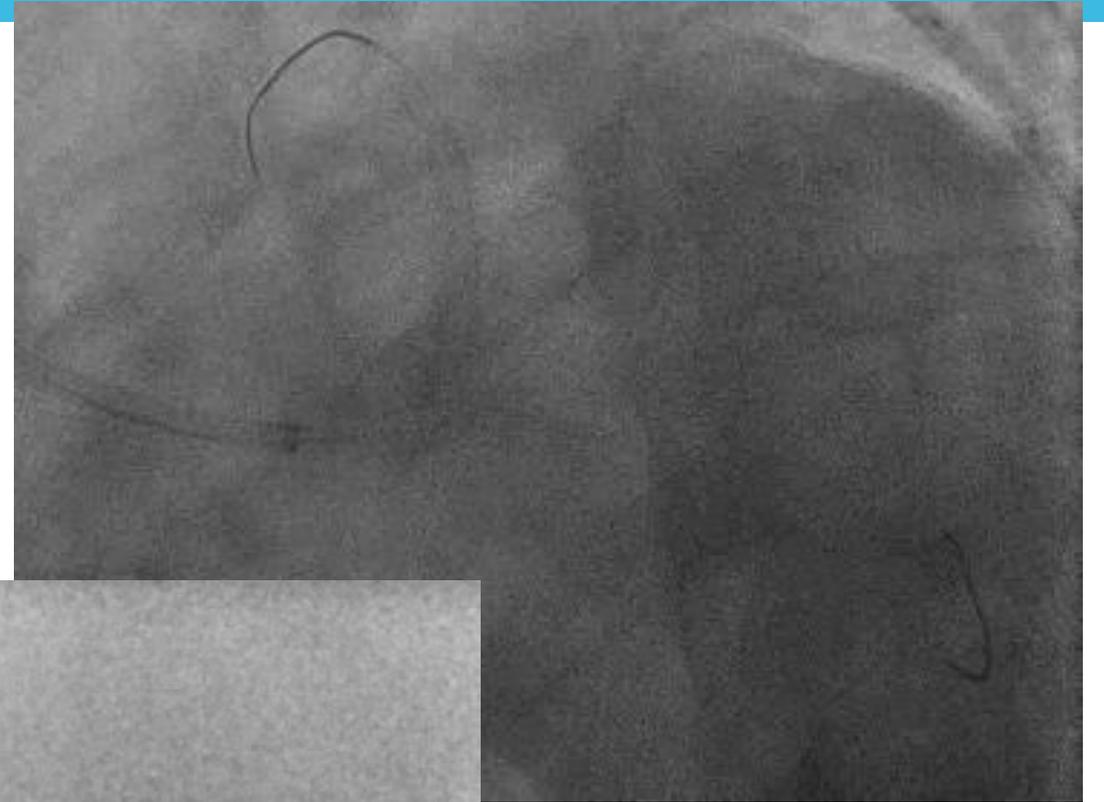
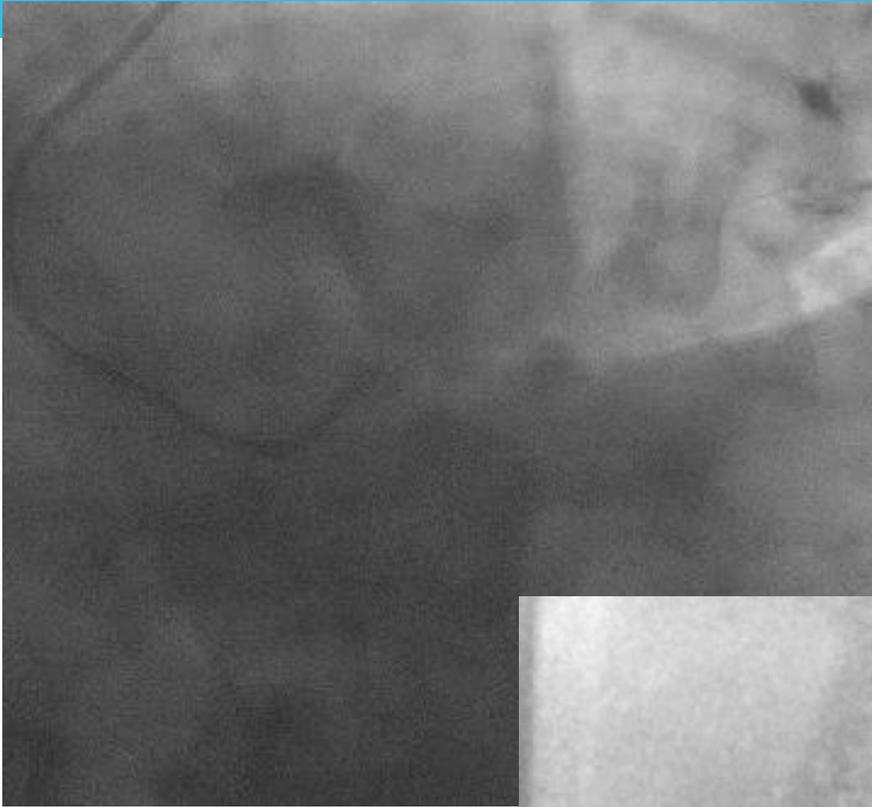
- **Prédilatation de la branche fille**
- **Accès complexe à la branche fille**
- **Absence de discongruence de calibre**
- **Atteinte courte de la branche fille**
- **Medina 0.0.1**



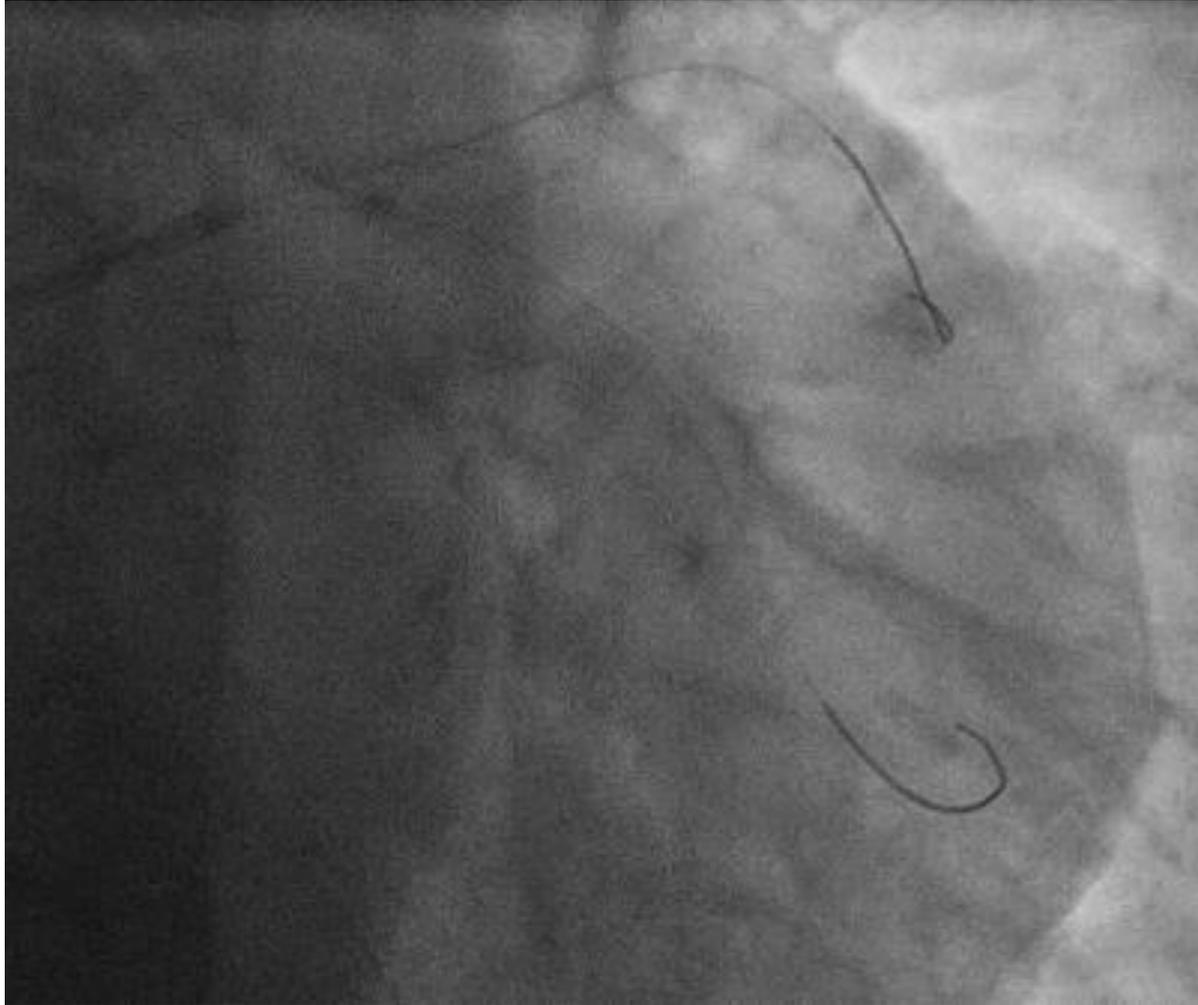




Bifurcation successives



Trifurcation



Les messages clés

- **Le stenting provisionnel représente la stratégie à privilégier pour traiter la grande majorité des lésions de bifurcation**
- **Elle reste une stratégie viable dans les cas de bifurcation « complexe »**
- **Points forts : polyvalence, flexibilité, simplicité, courbe d'apprentissage rapide, limite le nombre de stents, coût**
- **Points faibles : risque de perte de la branche fille, difficultés d'accès à la branche fille, prédilatation de la branche fille**
- **Plébiscité par l'European Bifurcation Club**
- **Principe KISS : Keep It Simple and Safe**



Merci pour votre attention

