

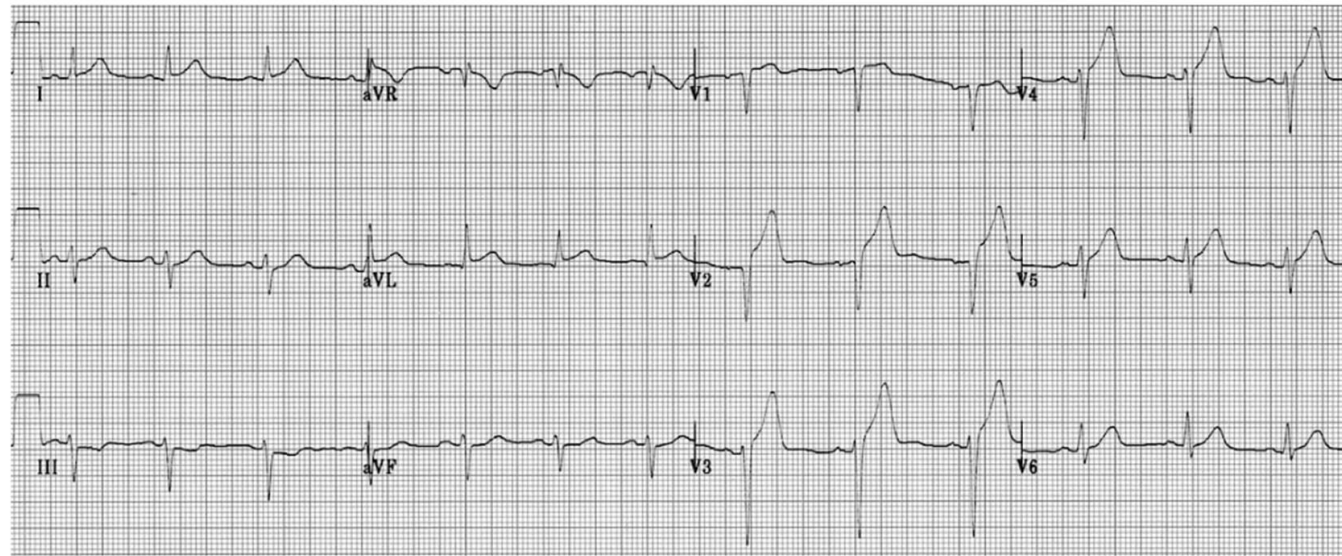
Παρουσίαση Περιστατικού: «Συζήτηση **δύσκολων κλινικών σεναρίων** – Ποια θα ήταν η προτεινόμενη **βέλτιστη διαχείριση;**»



Σωτήρης Αθ. Μητσιάδης
Επεμβατικός Καρδιολόγος
Επικ. Επιμελητής Β'
Γ.Ν.Θ Ιπποκράτειο

Δεν υπάρχει σύγκρουση συμφερόντων

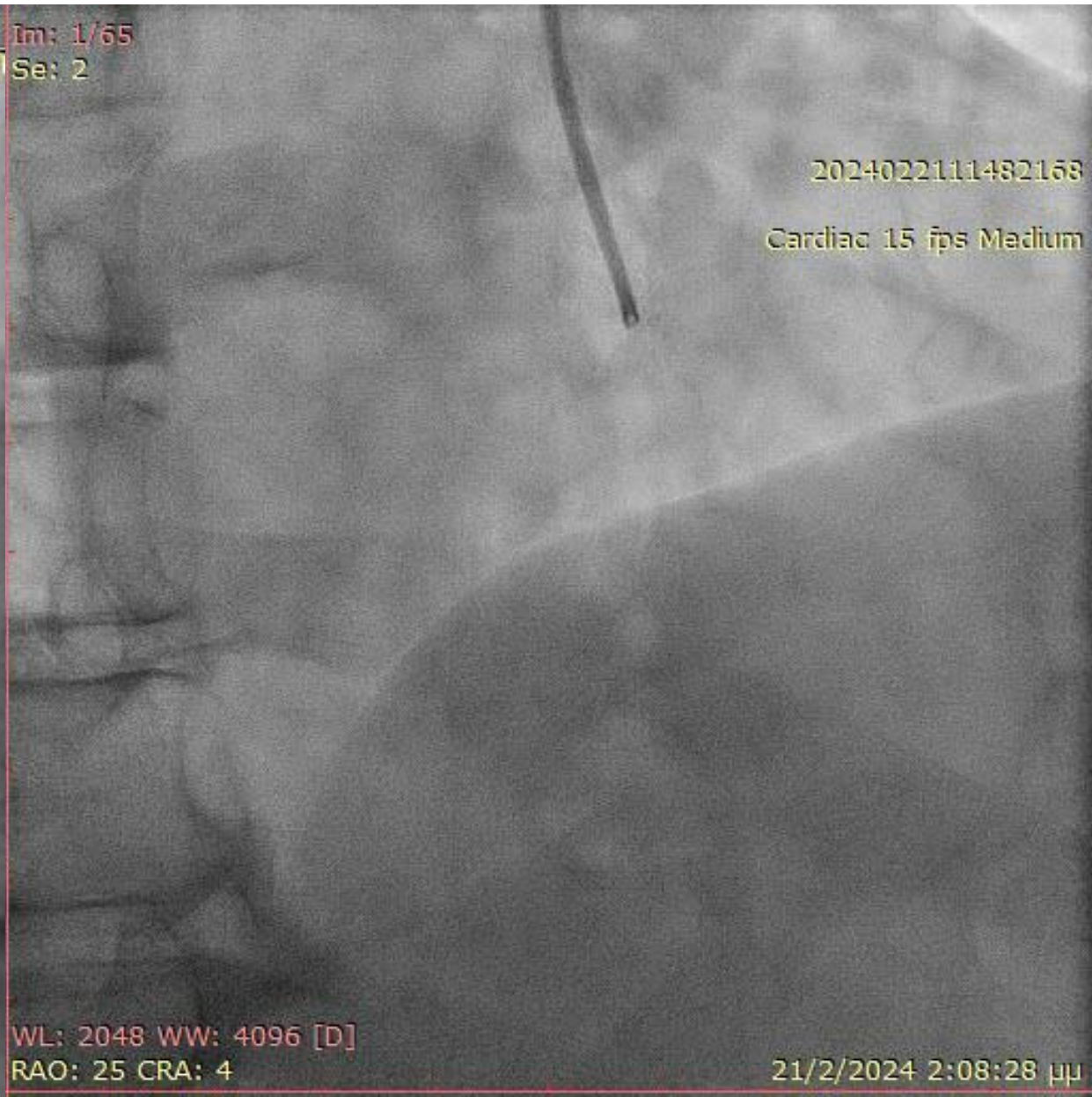
- Άνδρας, 65 ετών
- ΑΑ: ΣΔ, ΑΥ, καπνιστής



- Διακομιδή από επαρχιακό Νοσοκομείο
- **STEMI πρόσθιο** –
«Δεν θρομβολύθηκε λόγω αρρύθμιστης υπέρτασης (ΣΑΠ>210mmHg)»

ΤΕΠ – Ιπποκράτειο

- Ολιγοσυμπτωματικός ασθενής
- ΑΠ 180/100mmHg
- ΗΚΓ – Χωρίς ανόσπαση ST
- Echo – ΚΕ 35-40% - υποκινησία κορυφαίων τμημάτων



Im: 1/67

Se: 5



2024022111482168

Cardiac 15 fps Medium

WL: 2048 WW: 4096 [D]

LAO: 5 CRA: 36

21/2/2024 2:12:27 μμ

Im: 1/71
Se: 3



2024022111482168

Cardiac 15 fps Medium

IWL: 2048 WW: 4096 [D]

RAO: 22 CAU: 28

21/2/2024 2:11:01 μμ

2024022111482168

Cardiac 15 fps Medium



- Ο.Σ.Σ. - **Παροδικές ανασπάσεις ST** προσθίου τοιχώματος

- Ασυμπτωματικός

- ΑΑ: **ΣΔ**, ΑΥ, καπνιστής

Βέλτιστη διαχείριση;

- **(Adhoc) PCI;**
- **CABG;**

WW: 4095 [D]

AU: 36

21/2/2024 2:11:36 μμ

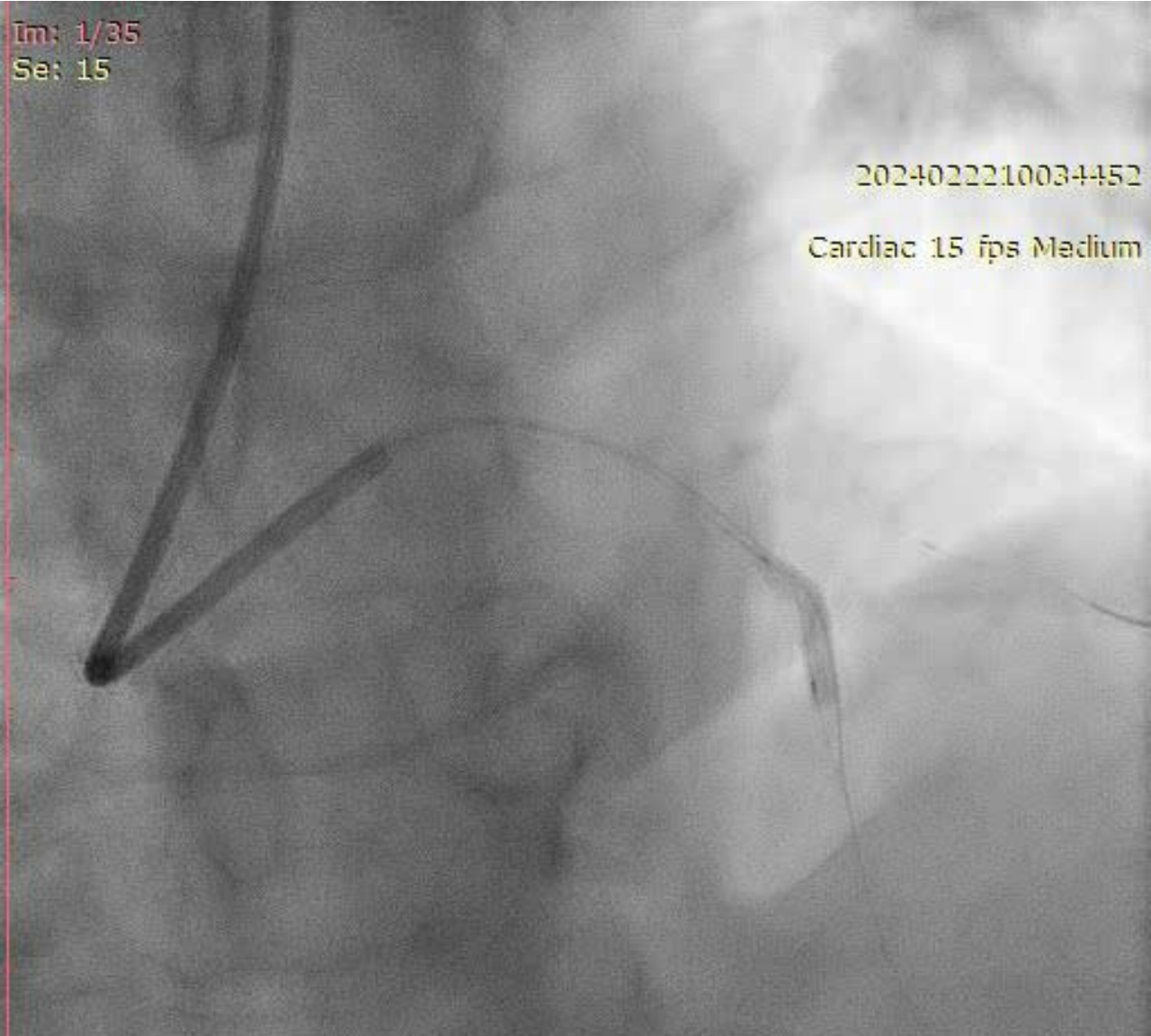
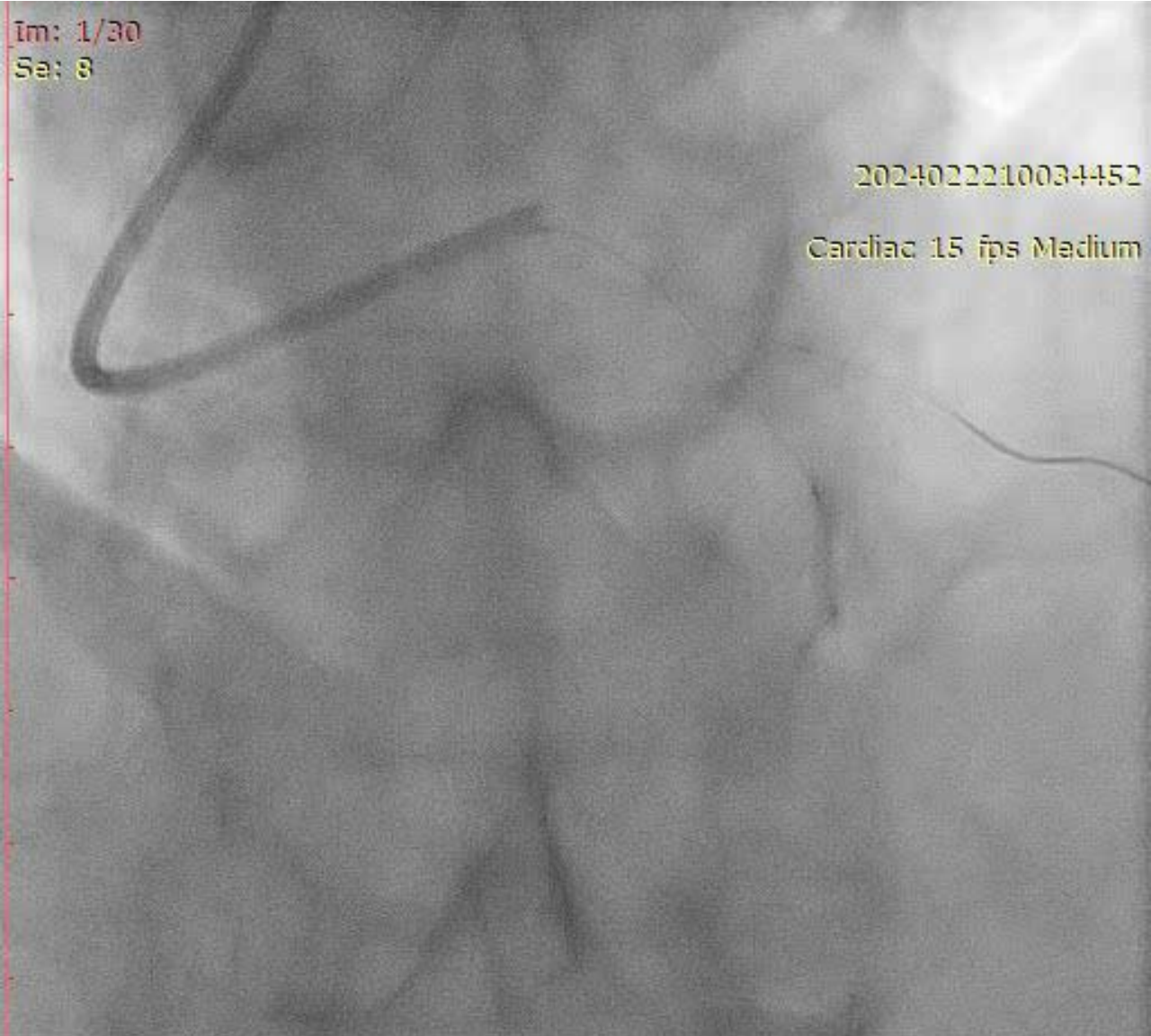
- **Στεφανιαία Μονάδα –επείγουσα ΚΧ εκτίμηση και συζήτηση με τον ασθενή**
- **Αδυναμία μεταφοράς του ασθενή σε Κ/Χ κλινική**
- **Αγγειοπλαστική σε LAD, D1 και D2.**



200
Cardia



Card



Προετοιμασία LAD - SC, NC, Scoring balloon

Im: 1/5
Se: 16

2024022210034452
Cardiac 15 fps Medium

WL: 2048 WW: 4096 [D]
LAO: 1 CRA: 30

22/2/2024 12:39:02 μμ

Im: 1/9
Se: 17

2024022210034452
Cardiac 15 fps Medium

WL: 2048 WW: 4096 [D]
LAO: 1 CRA: 30

22/2/2024 12:39:15 μμ



2024022210034452

Cardiac 15 fps Medium

Im: 1/40
Se: 20

2024022210034452
Cardiac 15 fps Medium

Stent 3.0x22mm

WL: 2048 WW: 4096 [D]
LAO: 1 CRA: 30

22/2/2024 12:41:44 μμ

Im: 1/65
Se: 25

2024022210034452
Cardiac 15 fps Medium

WL: 2048 WW: 4096 [D]
LAO: 1 CRA: 30

22/2/2024 12:50:03 μμ



2024022210034452

Cardiac 15 fps Medium

- **DK-Crush?**
- **Stent πρώτα στον LAD;**



20240222100

Cardiac 15 fps M

202402221

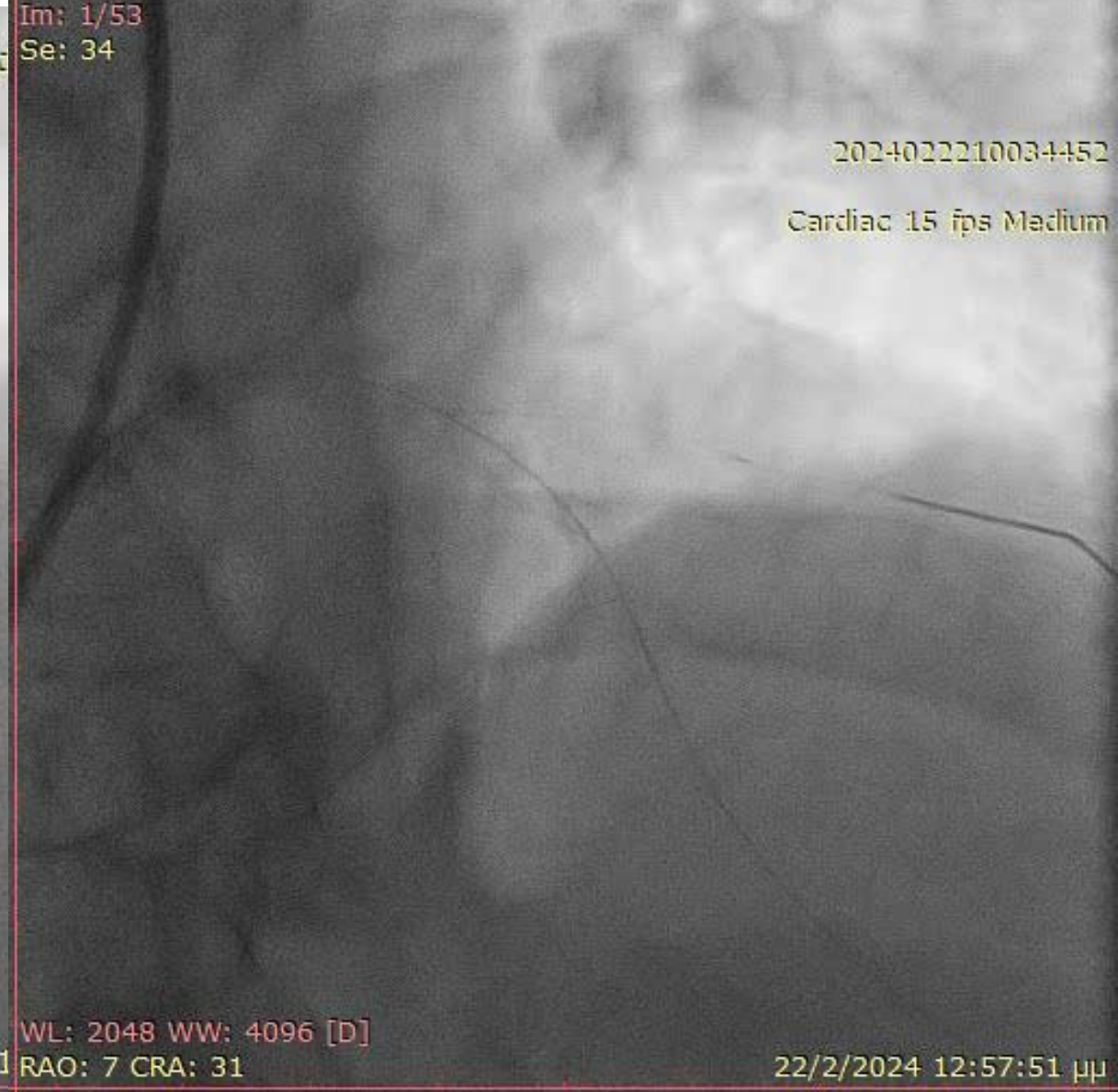
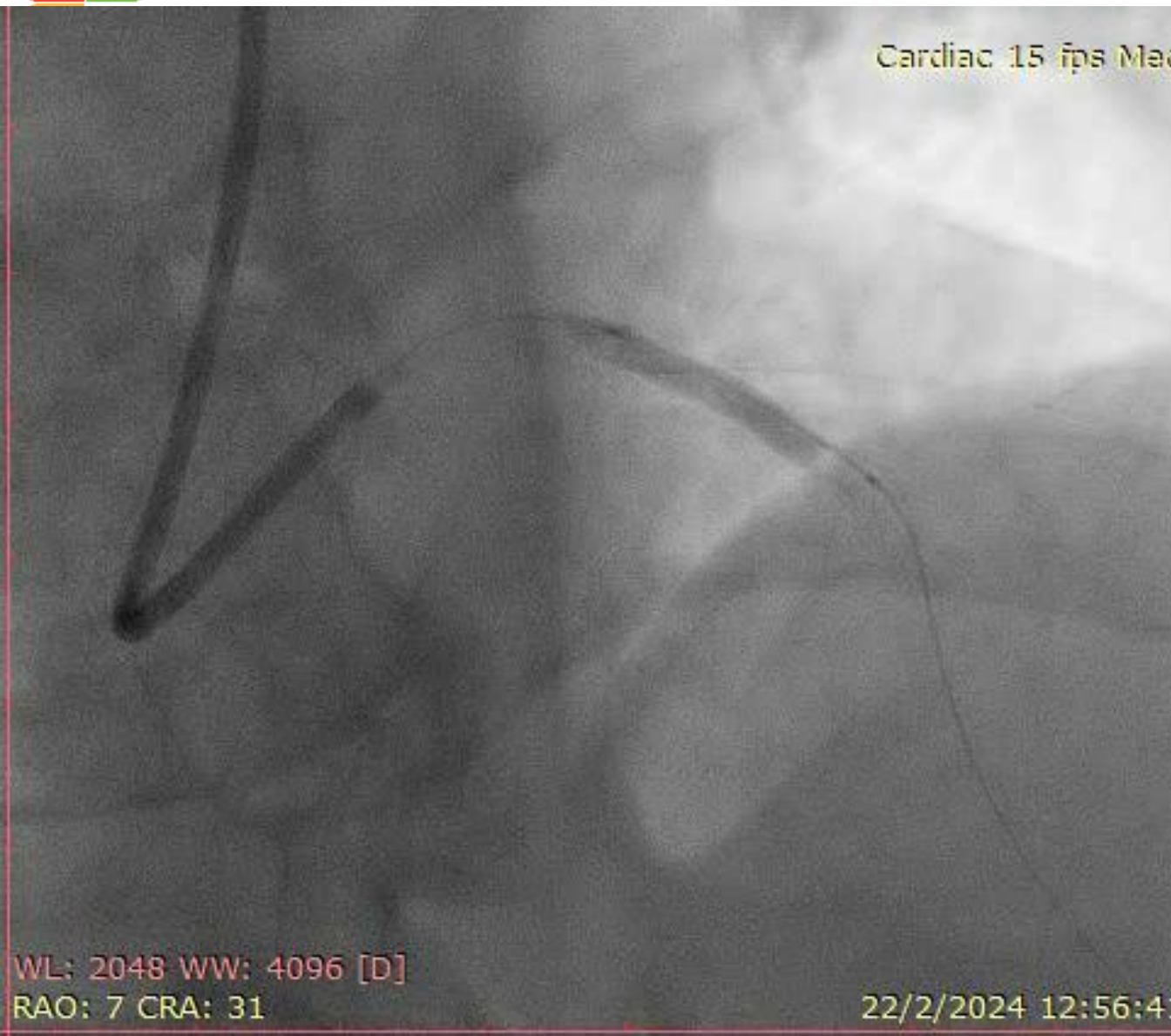
Cardiac 15 fps

96 [D]

22/2/2024 12:48:

4096 [D]

22/2/2024 12:



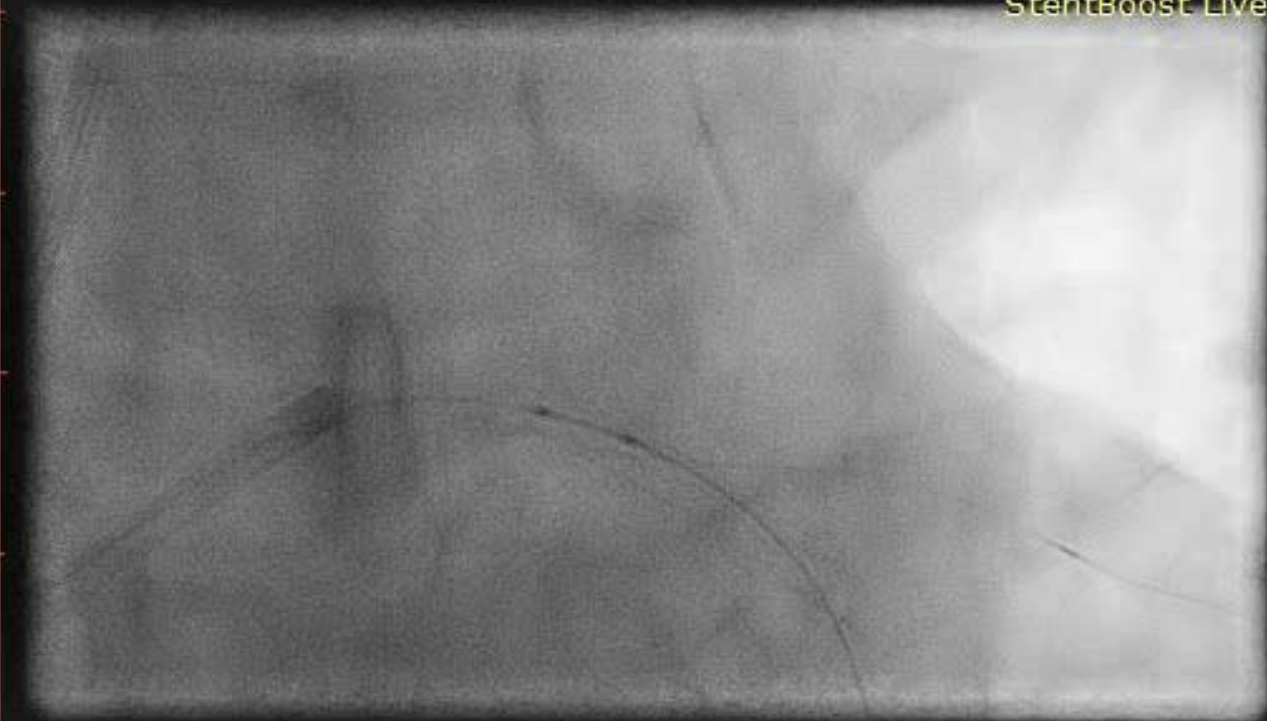
Stent 3.0x26mm → Provisional → TAP



Im: 1/93
Se: 39

2024022210034452

StentBoost Live



WL: 2048 WW: 4096 [D]
LAO: 6 CRA: 23

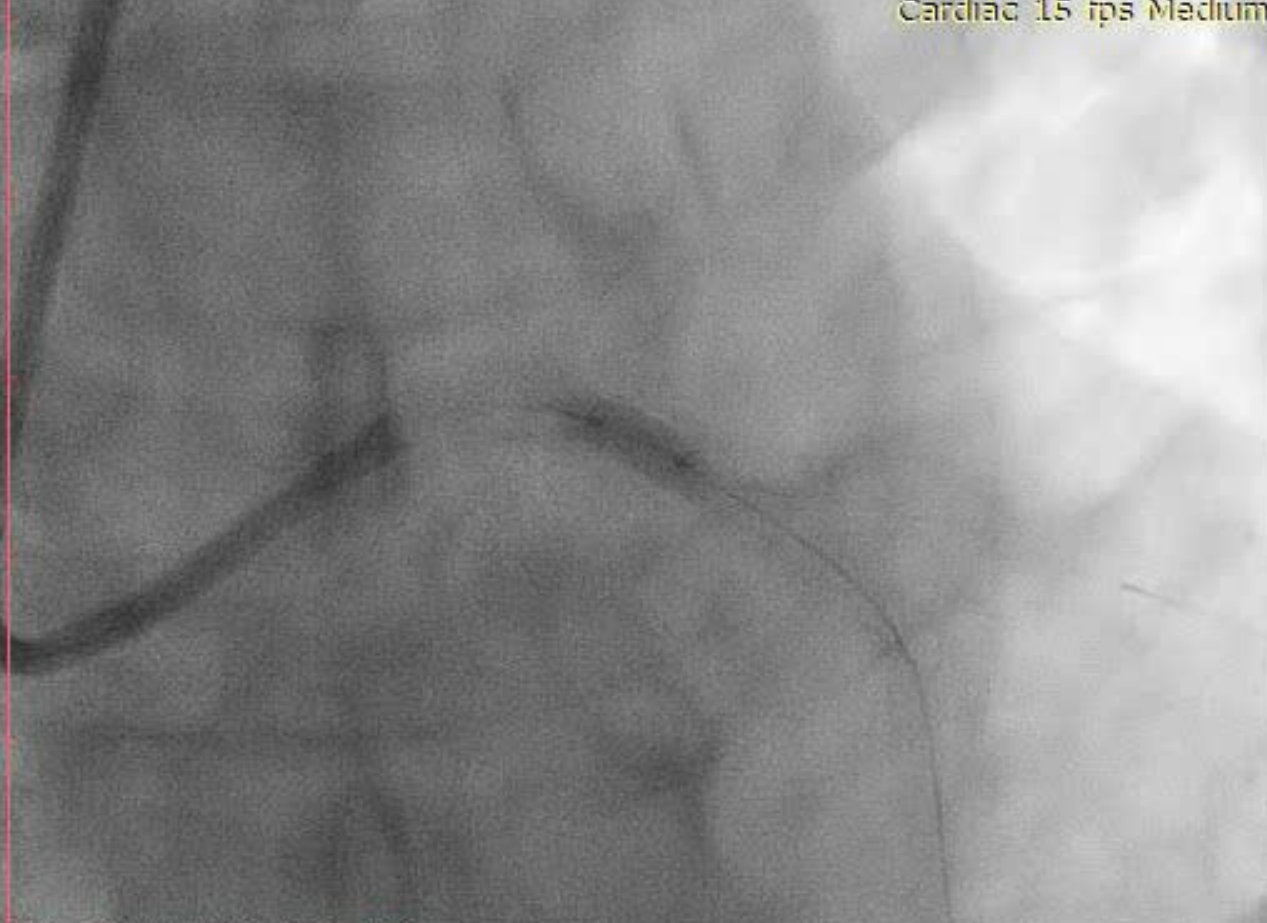
22/2/2024 1:01:55 μμ

Im: 1/31
Se: 41

POT - NC 3.5x8mm

2024022210034452

Cardiac 15 fps Medium



WL: 2048 WW: 4096 [D]
LAO: 6 CRA: 23

22/2/2024 1:02:30 μμ

Im: 1/4
Se: 47

2024022210034452
Cardiac 15 fps Medium

WL: 2048 WW: 4096 [D]
LAO: 12 CRA: 34

22/2/2024 1:20:58 μμ

Im: 1/98
Se: 50

2024022210034452
Cardiac 15 fps Medium

WL: 2048 WW: 4096 [D]
LAO: 42 CRA: 24

22/2/2024 1:25:54 μμ

Im: 1/42
Se: 57



2024022210034452

Cardiac 15 fps Medium

Stent 2.5x30mm

D]

22/2/2024 1:32:01 μμ

WL: 2048 WW: 4096 [D]
RAO: 7 CRA: 42

22/2/2024 1:31:43 μμ

Im: 1/49
Sa: 55

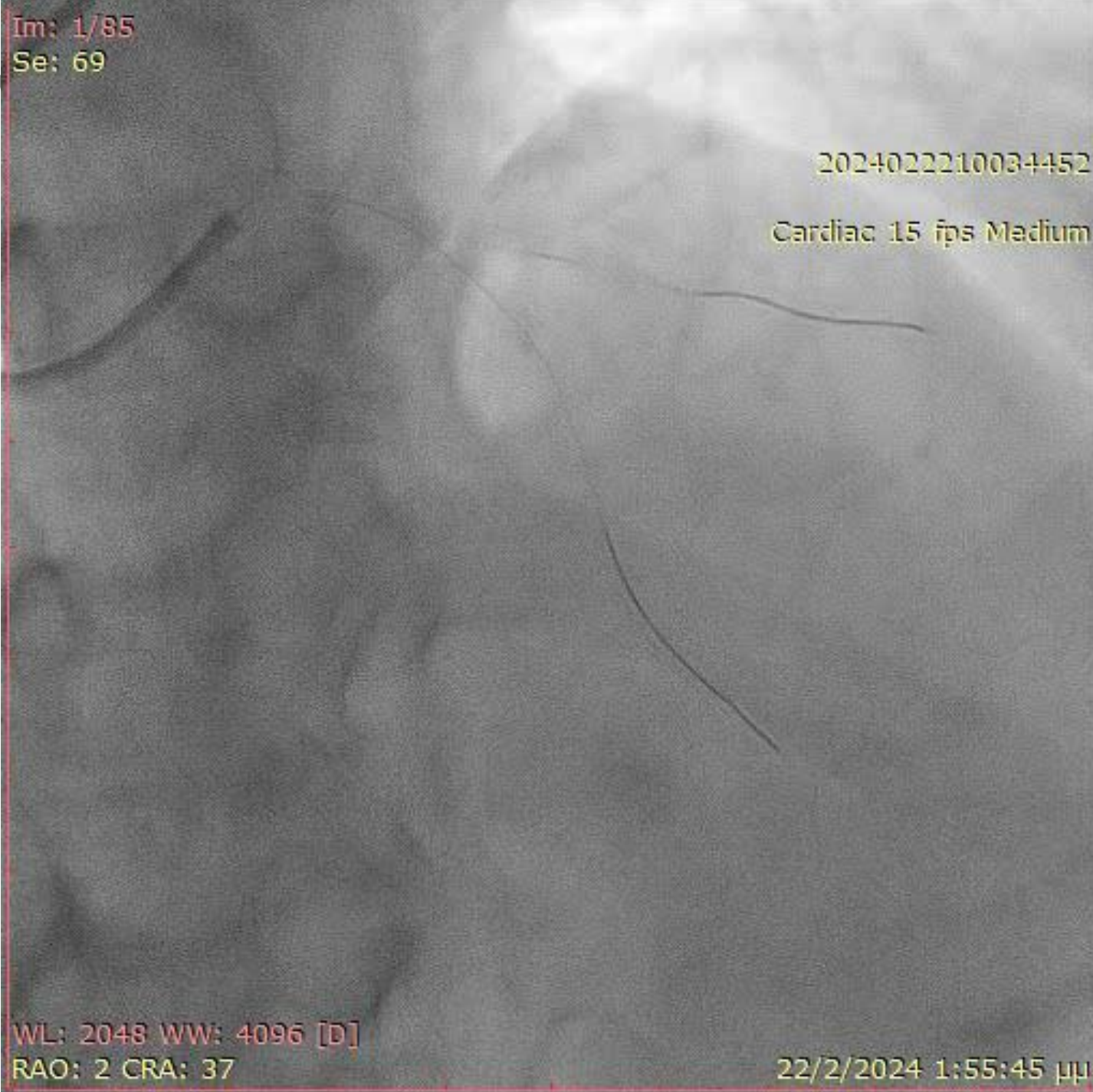


2024022210034452

Cardiac 15 fps Medium

WL: 2048 WW: 4096 [D]
RAO: 36 CRA: 30

22/2/2024 1:50:27 μμ



Im: 1/85
Se: 69

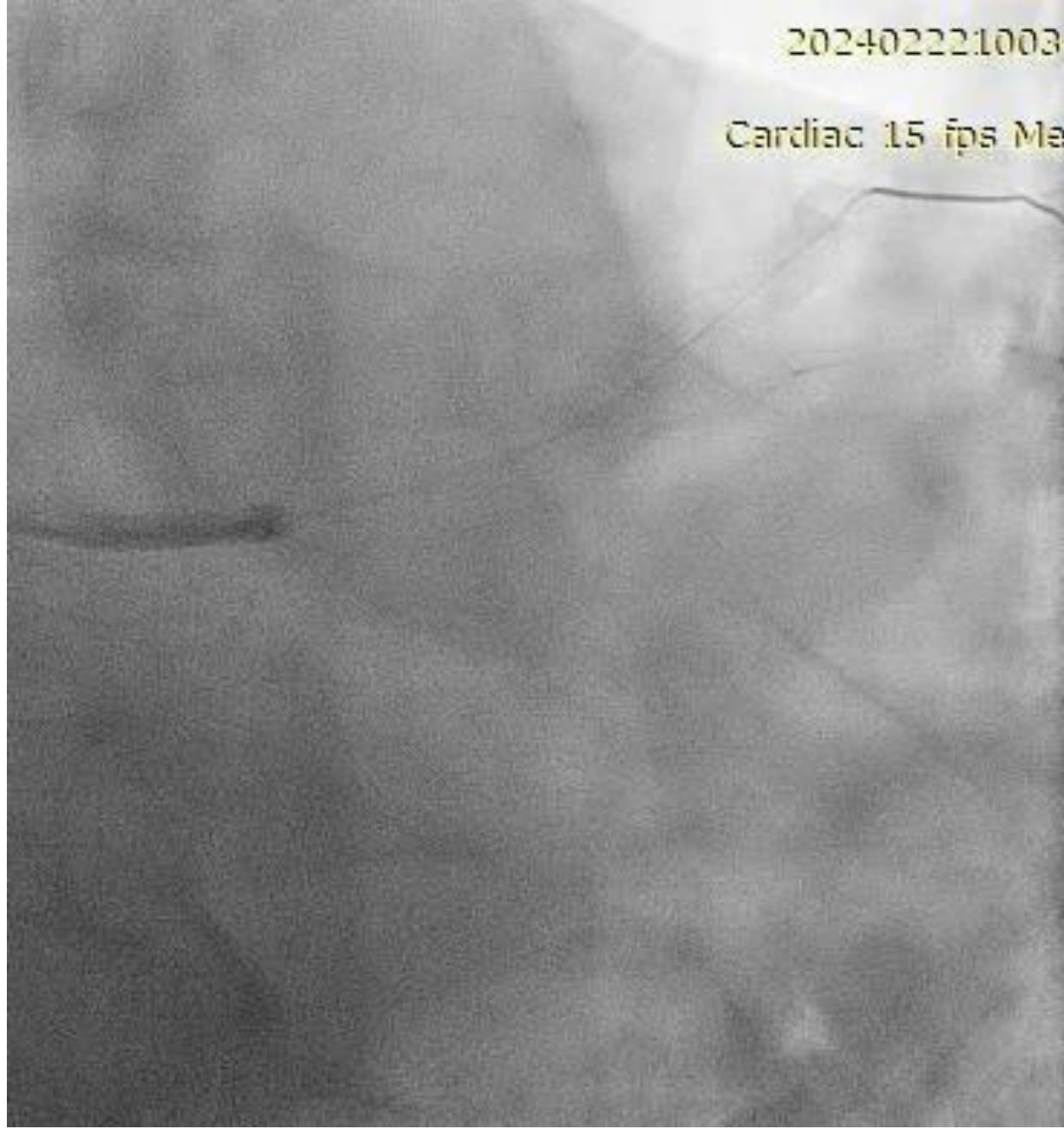
2024022210034452

Cardiac 15 fps Medium

WL: 2048 WW: 4096 [D]
RAO: 2 CRA: 37

22/2/2024 1:55:45 μμ

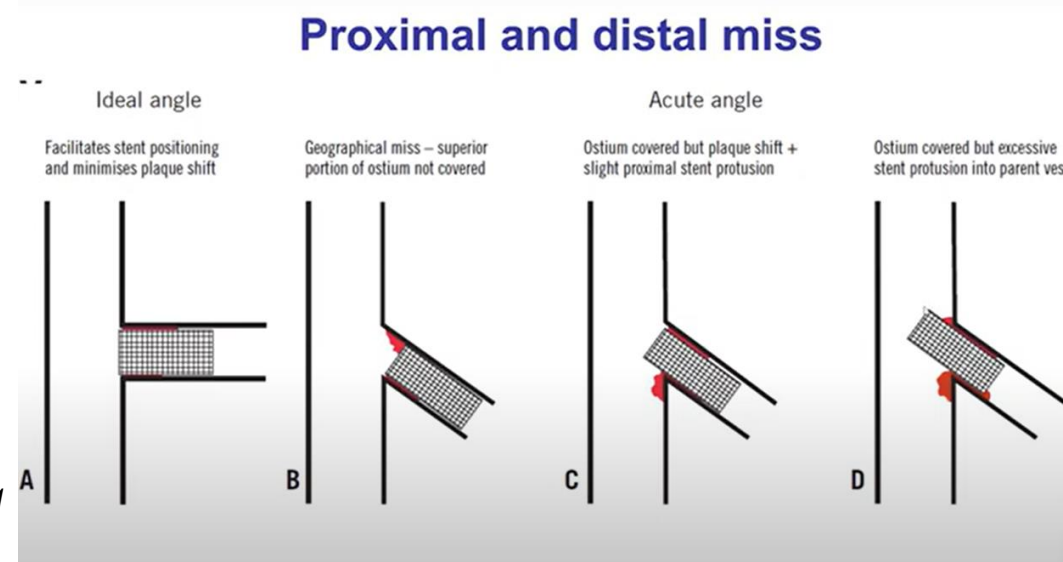




Medina 0-0-1

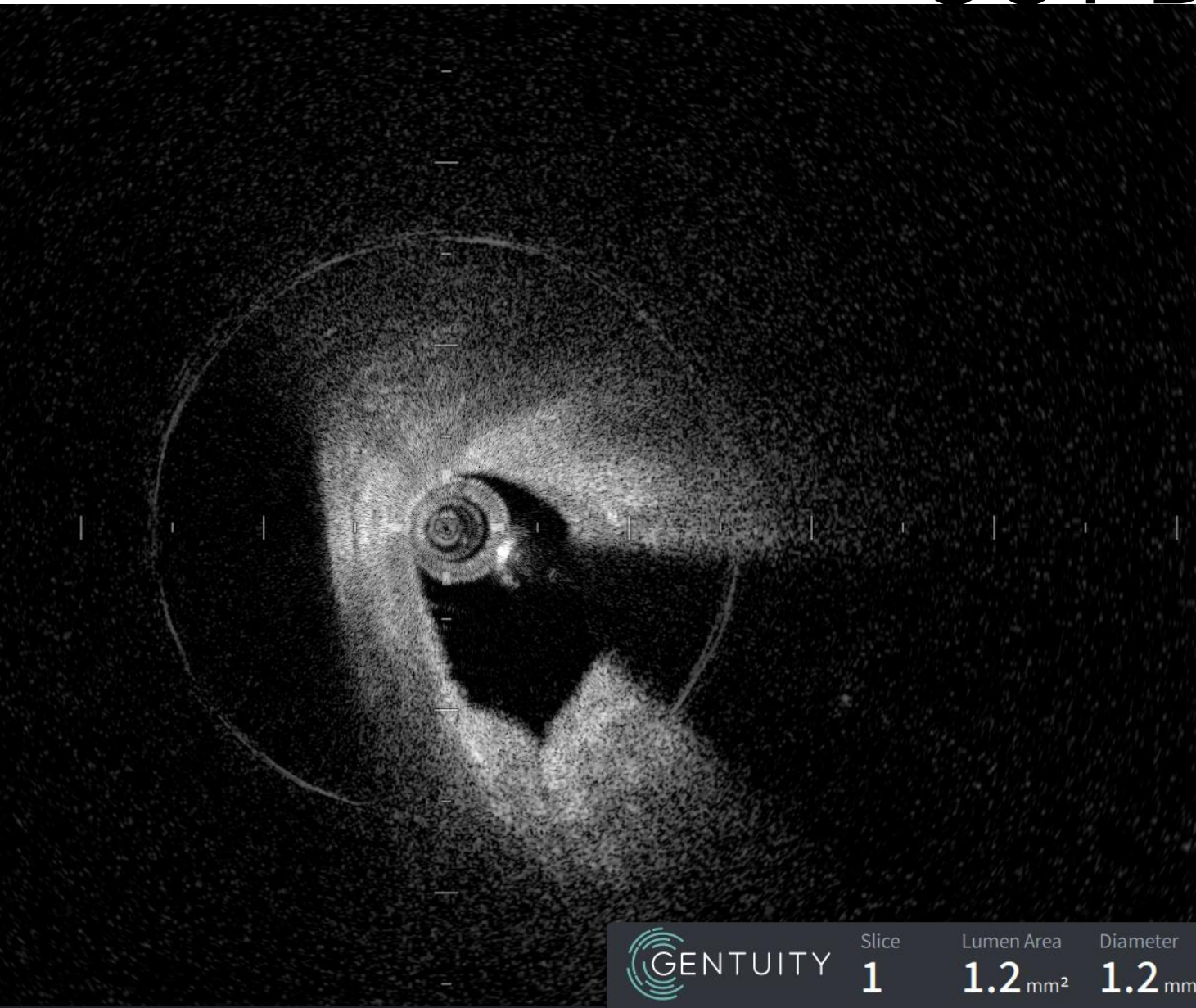


- **Τεχνική;**
- Stent μόνο στο στόμιο του δευτερεύοντος αγγείου
 - Βέλτιστη ΠΡΟΒΟΛΗ
 - Κατάλληλη ανατομία
 - Απουσία νόσου στο κύριο αγγείο (<50%)

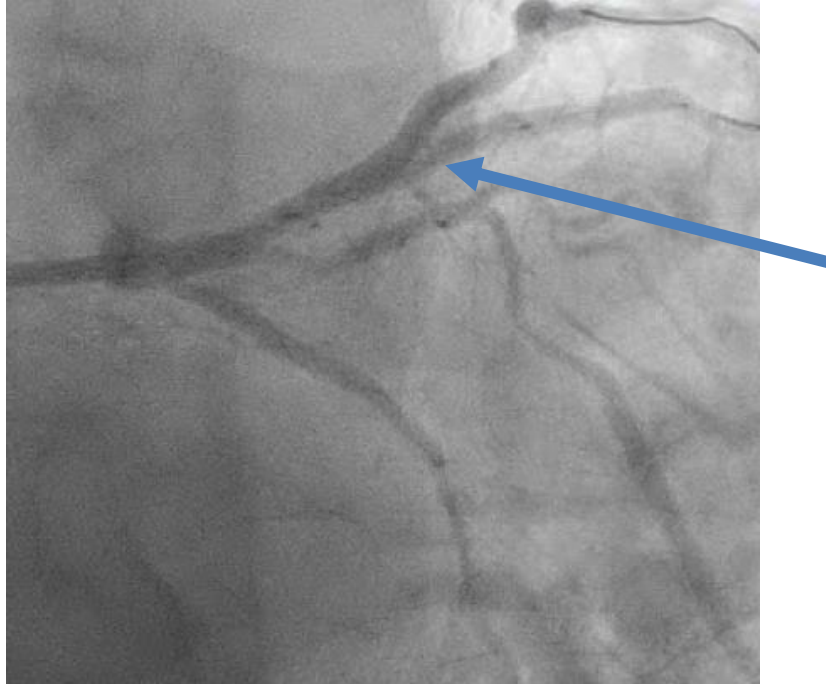


Burzotta et al, the 15th consensus document from the European Bifurcation Club, EuroIntervention. 2021
Jokhi et al, EuroIntervention, 2009

OCT Diag1



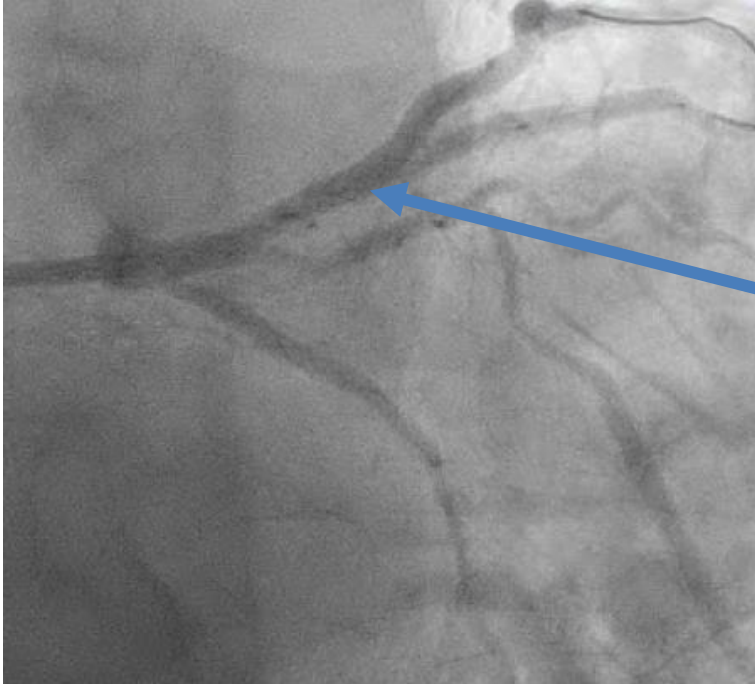
LAD



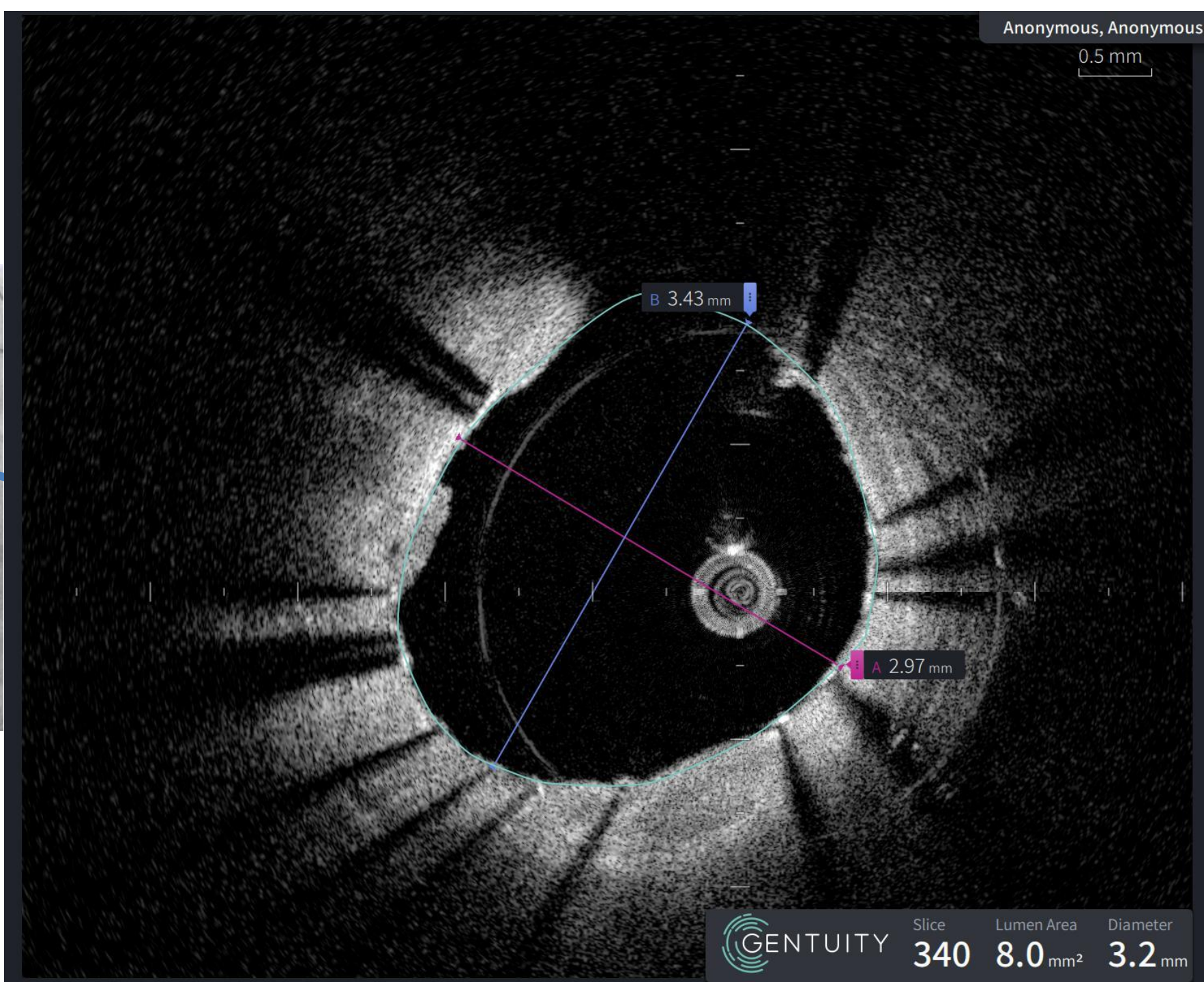
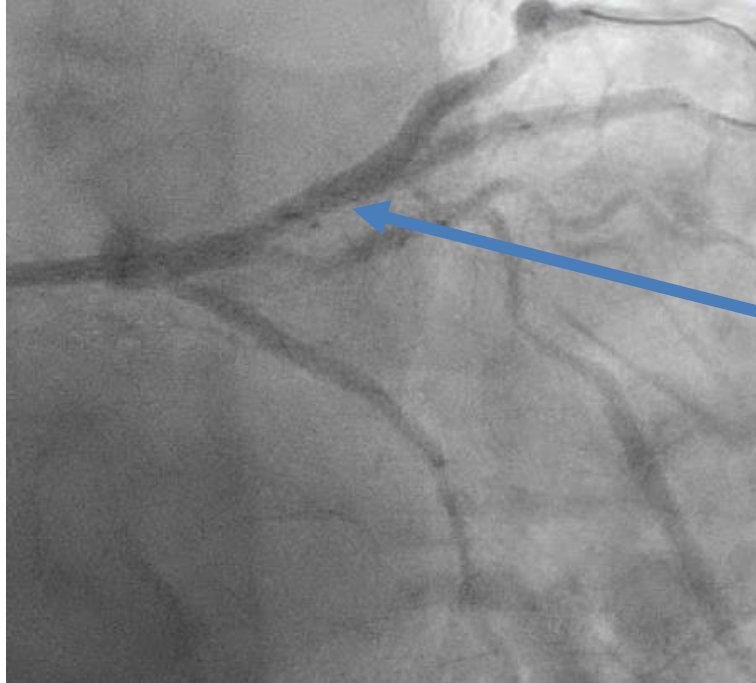
LAD



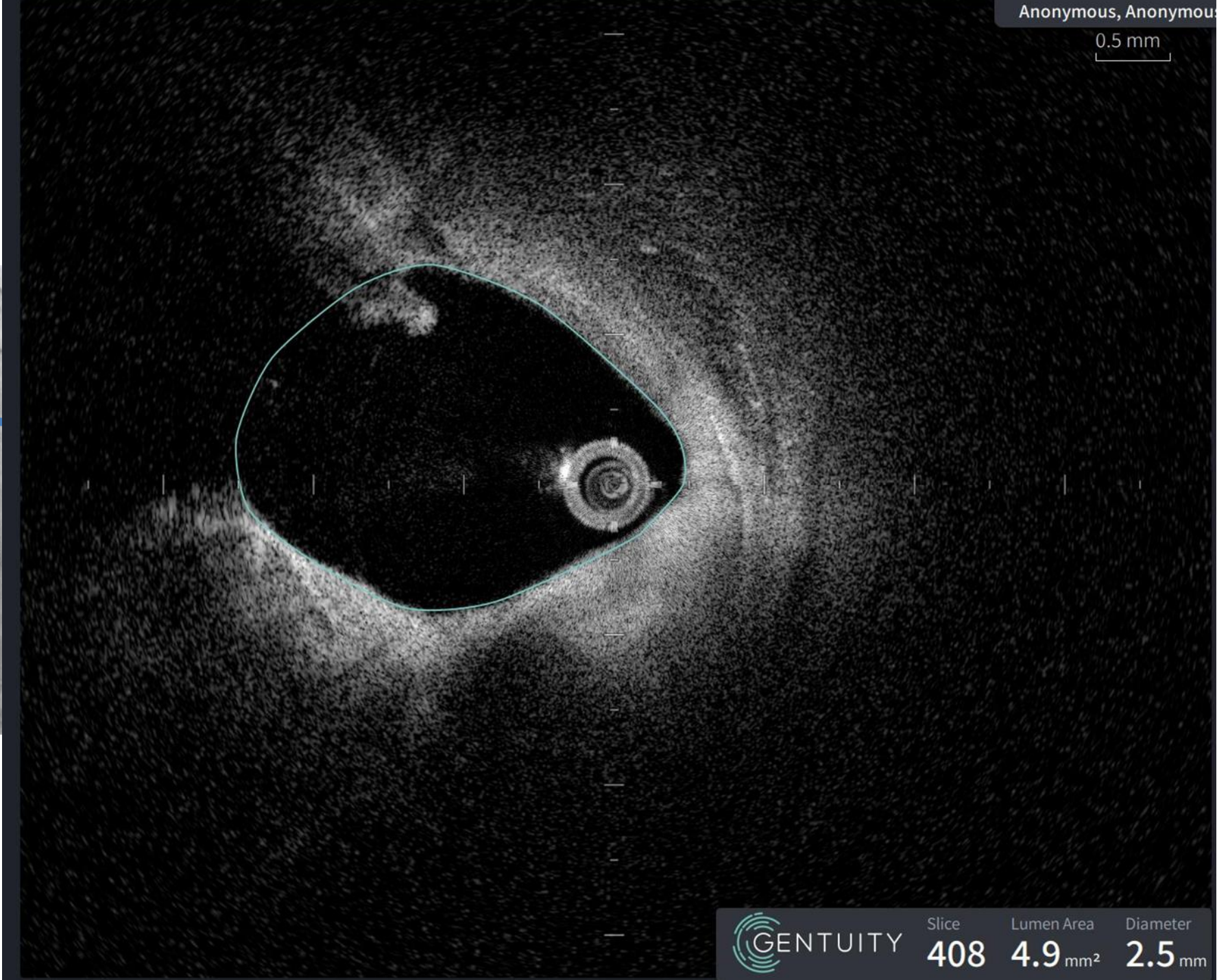
LAD



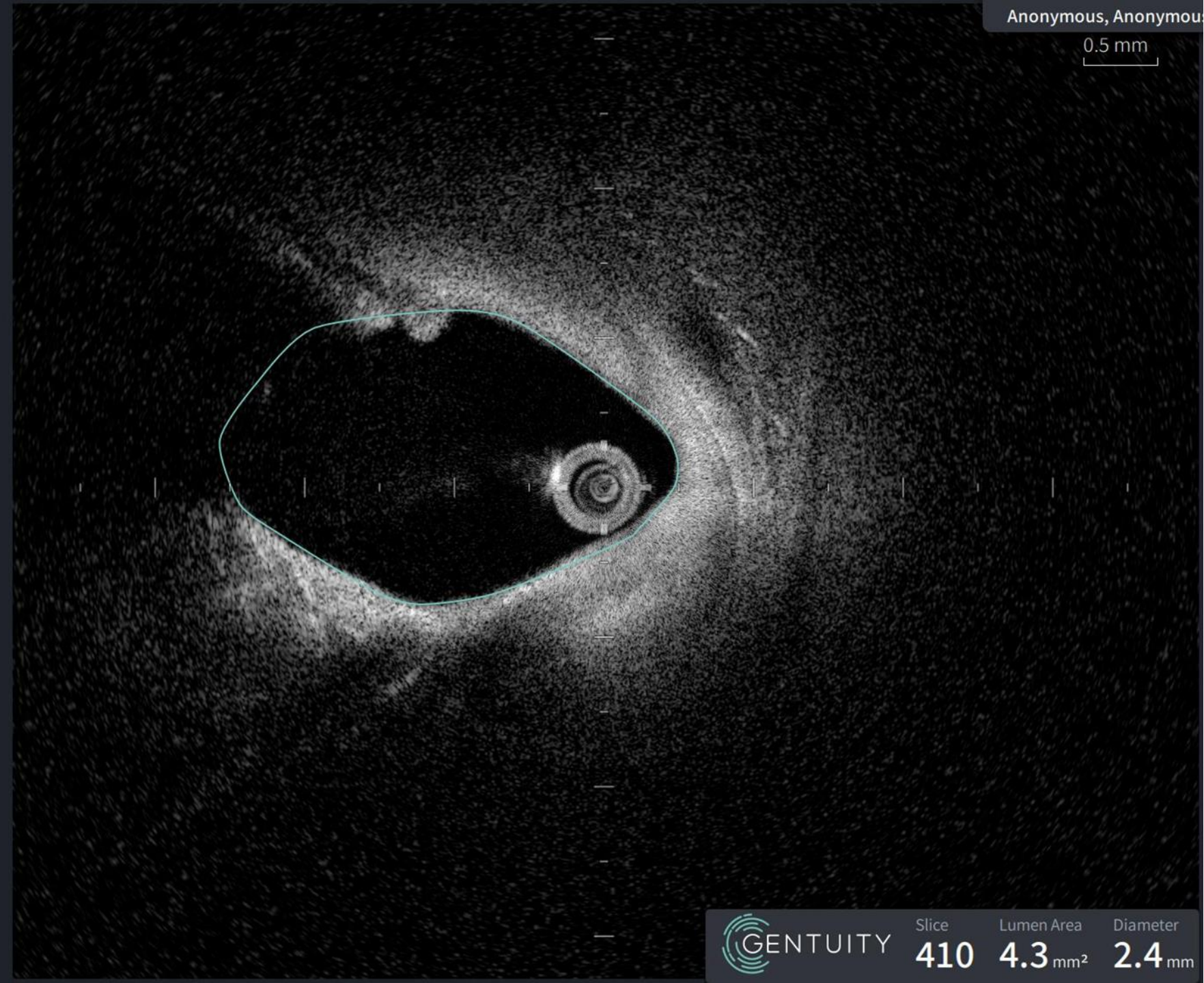
LAD



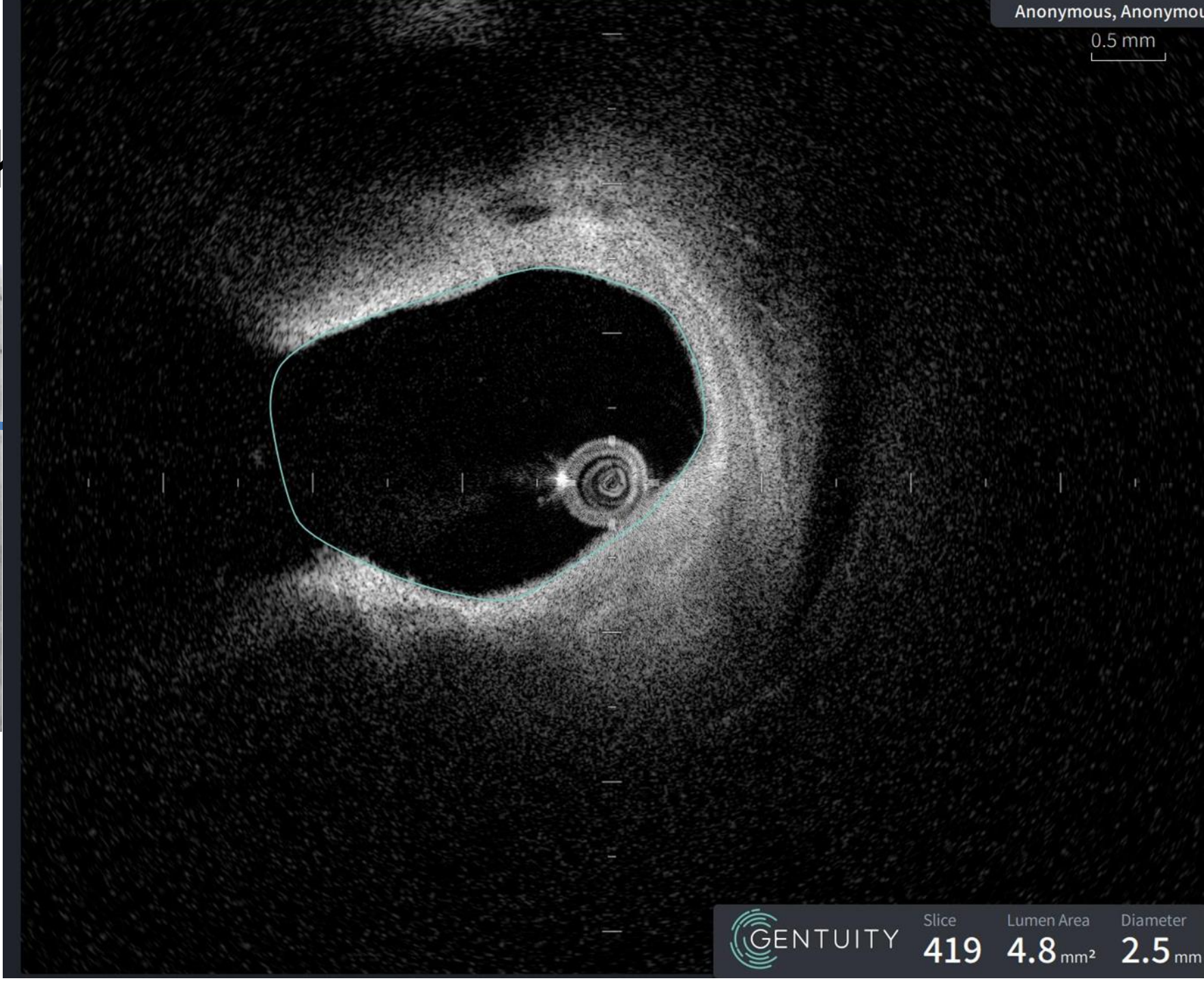
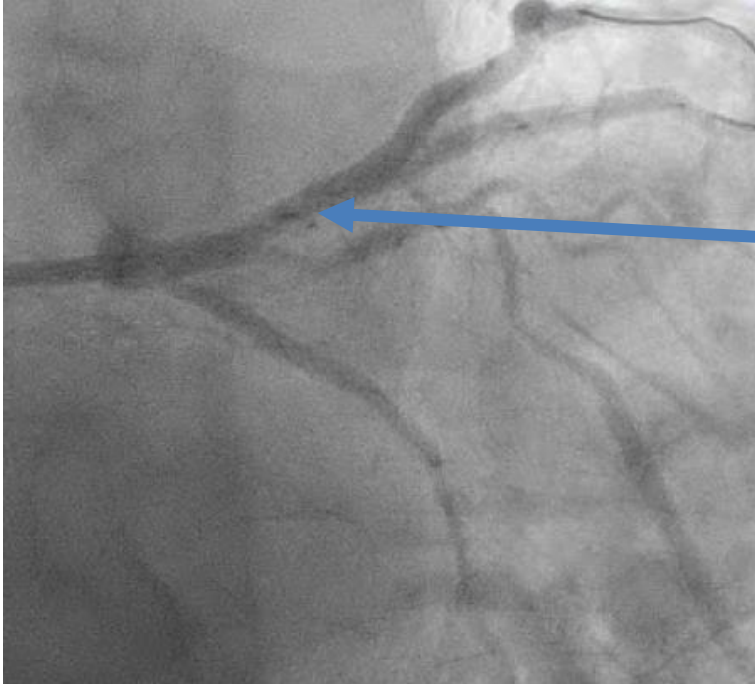
LAD



LAD



LAD Pullback



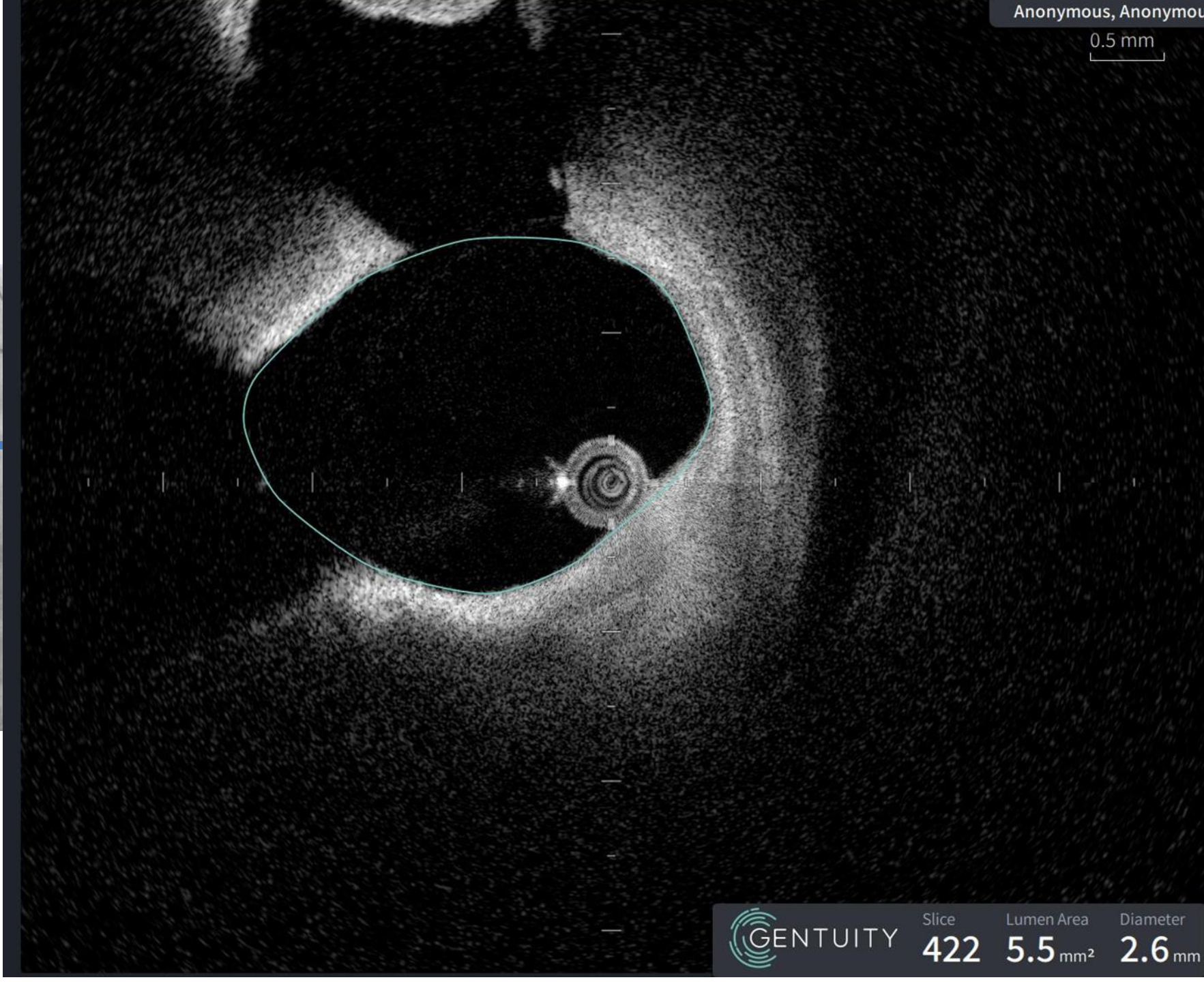
Anonymous, Anonymou

0.5 mm

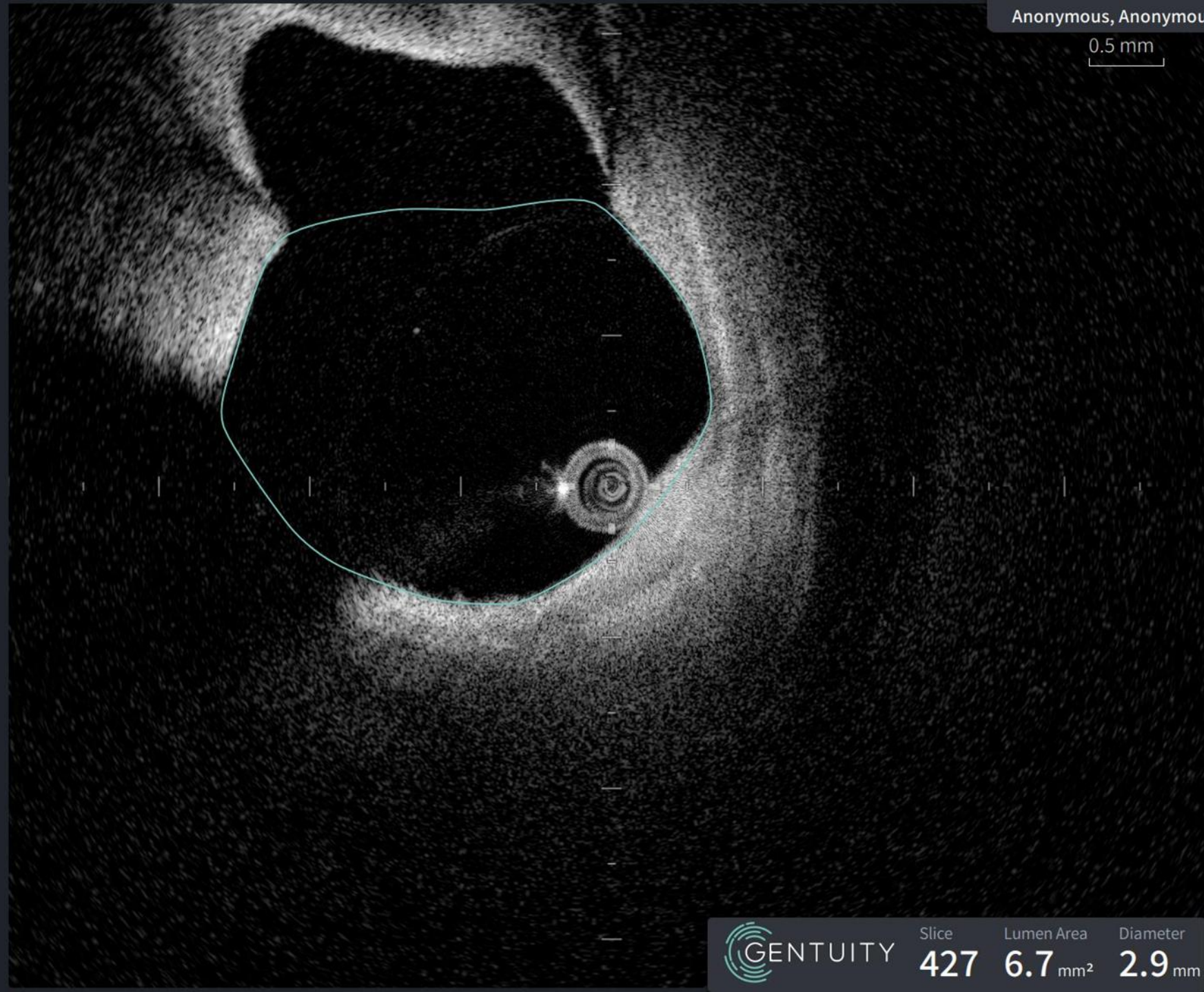
 GENTUITY

Slice	Lumen Area	Diameter
419	4.8 mm ²	2.5 mm

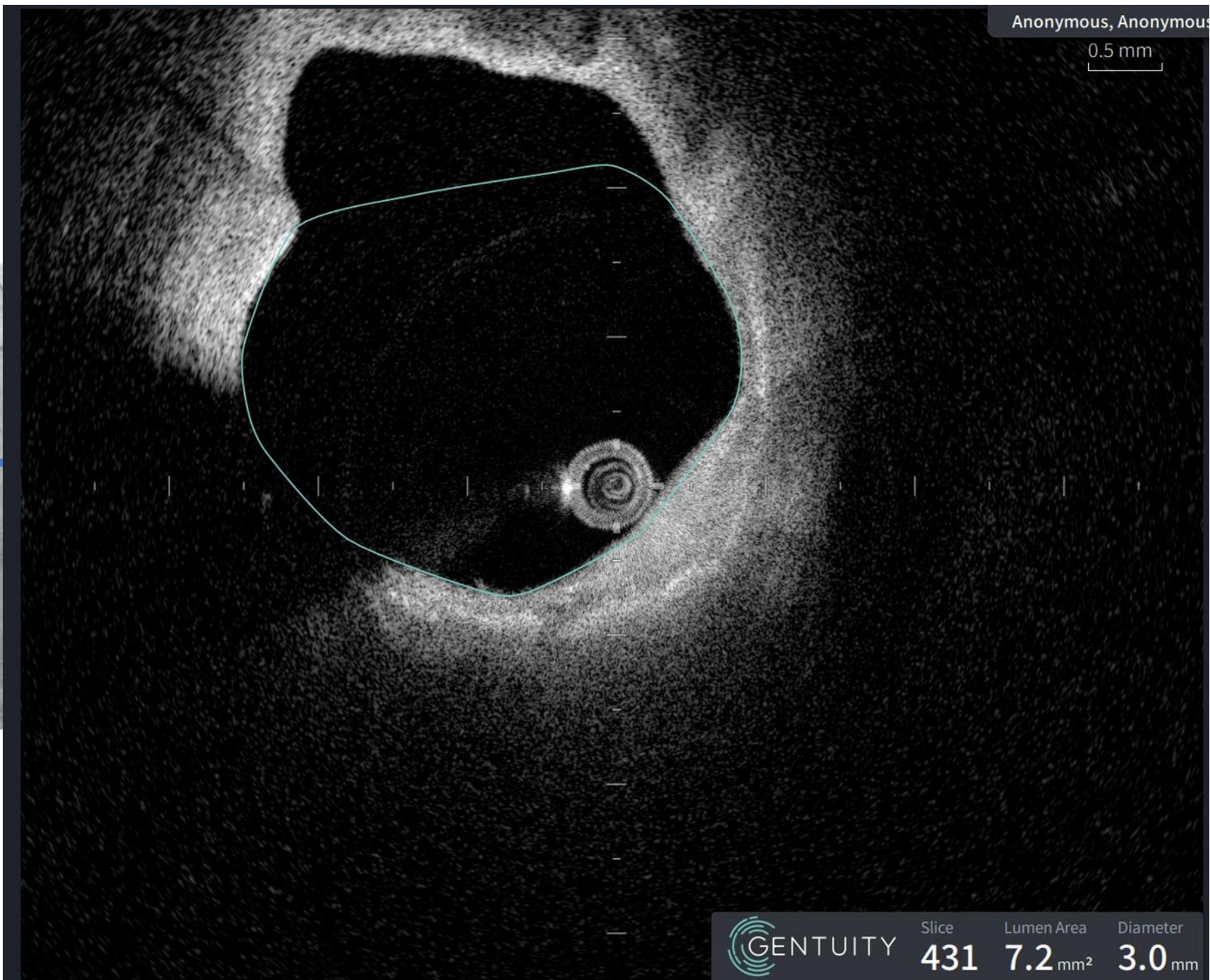
LAD

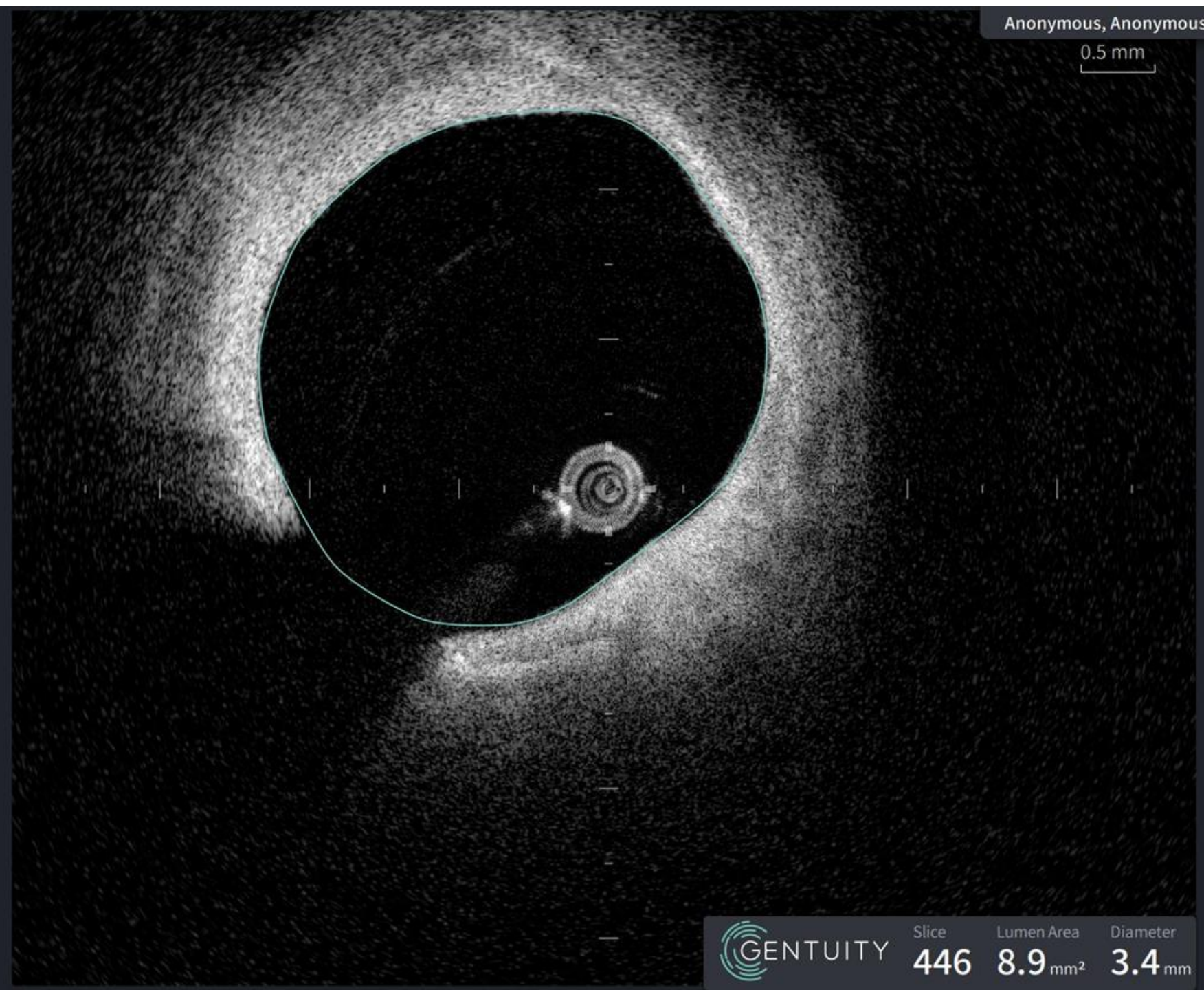


LAD



LAD







Im: 1/35
Se: 15

2024030606362534
Cardiac 15 fps Medium

WL: 2048 WW: 4096 [D]
LAO: 45 CAU: 26

6/3/2024 9:19:05 πμ

Im: 1/35
Se: 16

2024030606362534
Cardiac 15 fps Medium

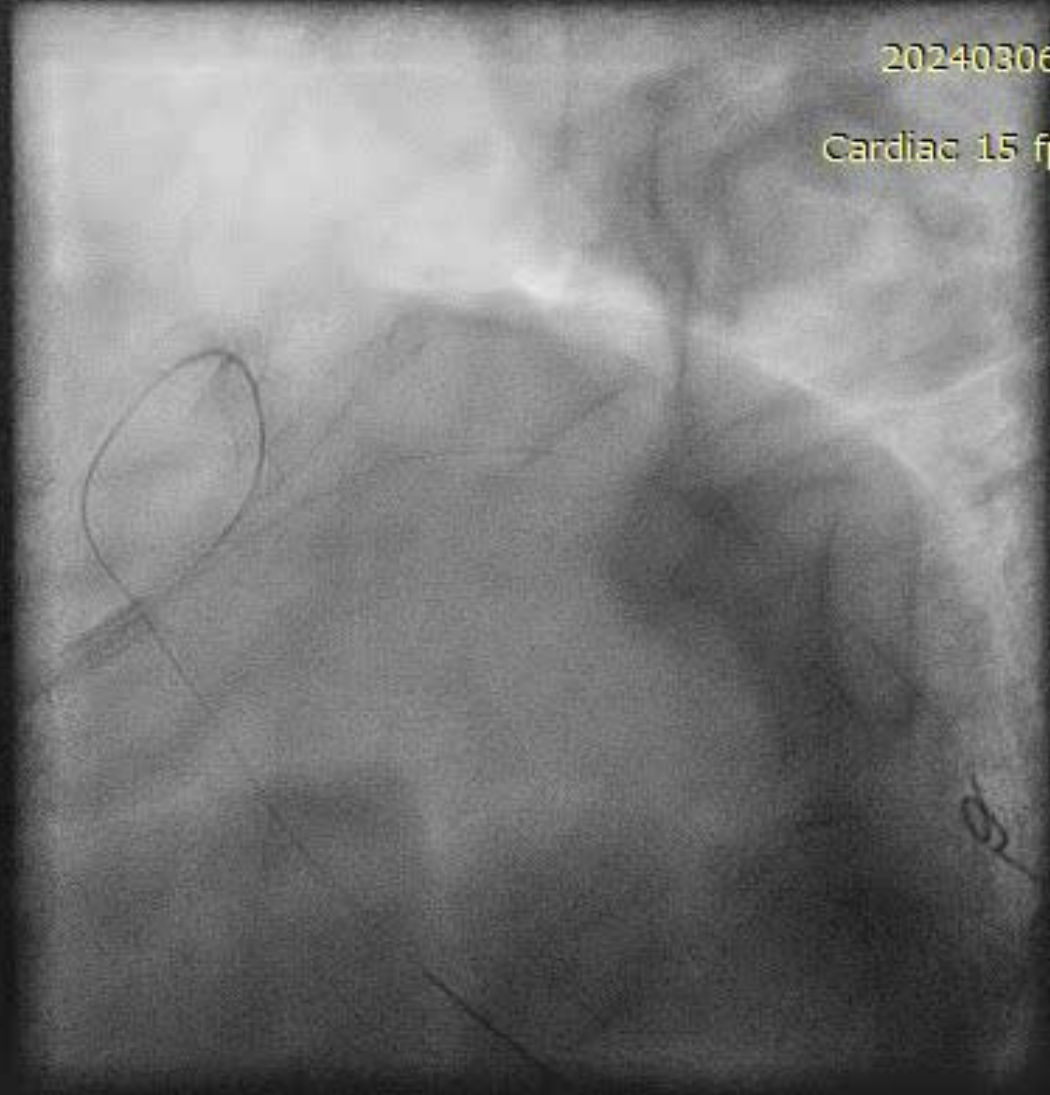
WL: 2048 WW: 4096 [D]
LAO: 45 CAU: 26

6/3/2024 9:19:33 πμ



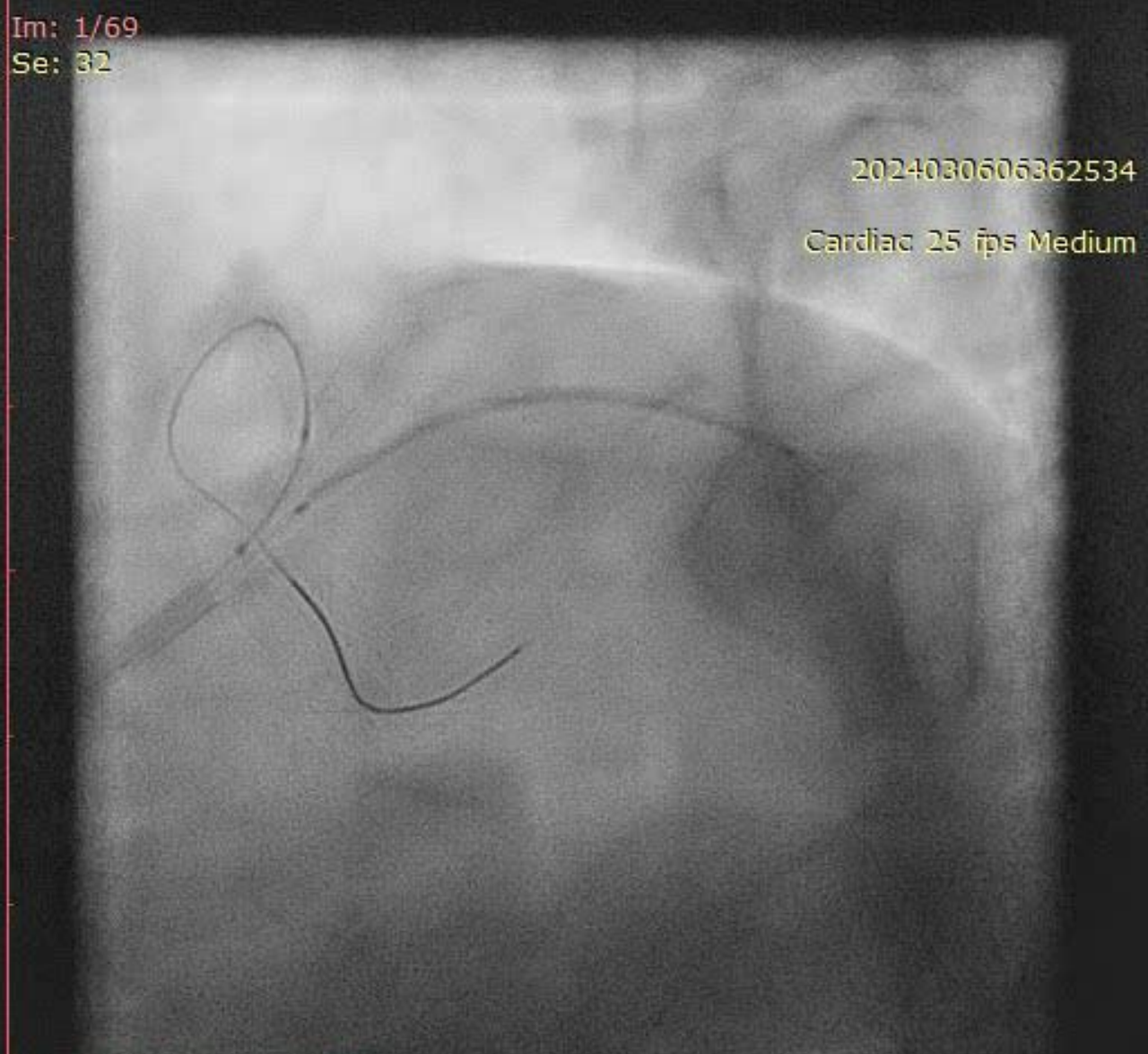
2024030606362534

Cardiac 15 fps Medium



Im: 1/69
Se: 32

2024030606362534
Cardiac 25 fps Medium



WL: 2048 WW: 4096 [D]
LAO: 45 CAU: 26

6/3/2024 9:38:12 πμ

Im: 1/57
Se: 35

2024030606362534
Cardiac 25 fps Medium



WL: 2048 WW: 4096 [D]
LAO: 45 CAU: 26

6/3/2024 9:38:51 πμ

Im: 1/42
Se: 43



2024030606362534

Cardiac 15 fps Medium



WW: 4096 [D]

CAU: 26

V: 4096 [D]

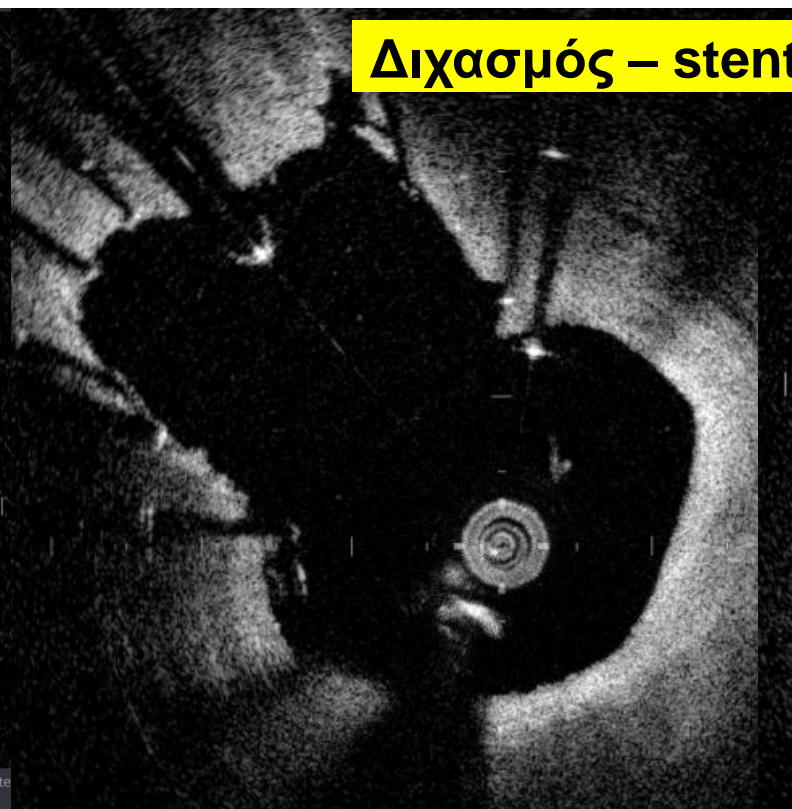
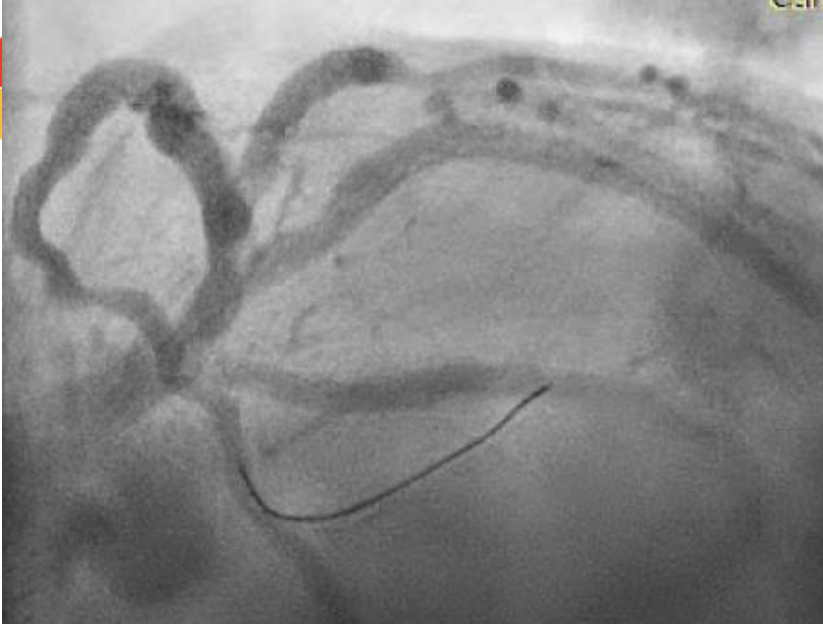
: 26

WL: 2048 WW: 4096 [D]
LAO: 46 CAU: 24

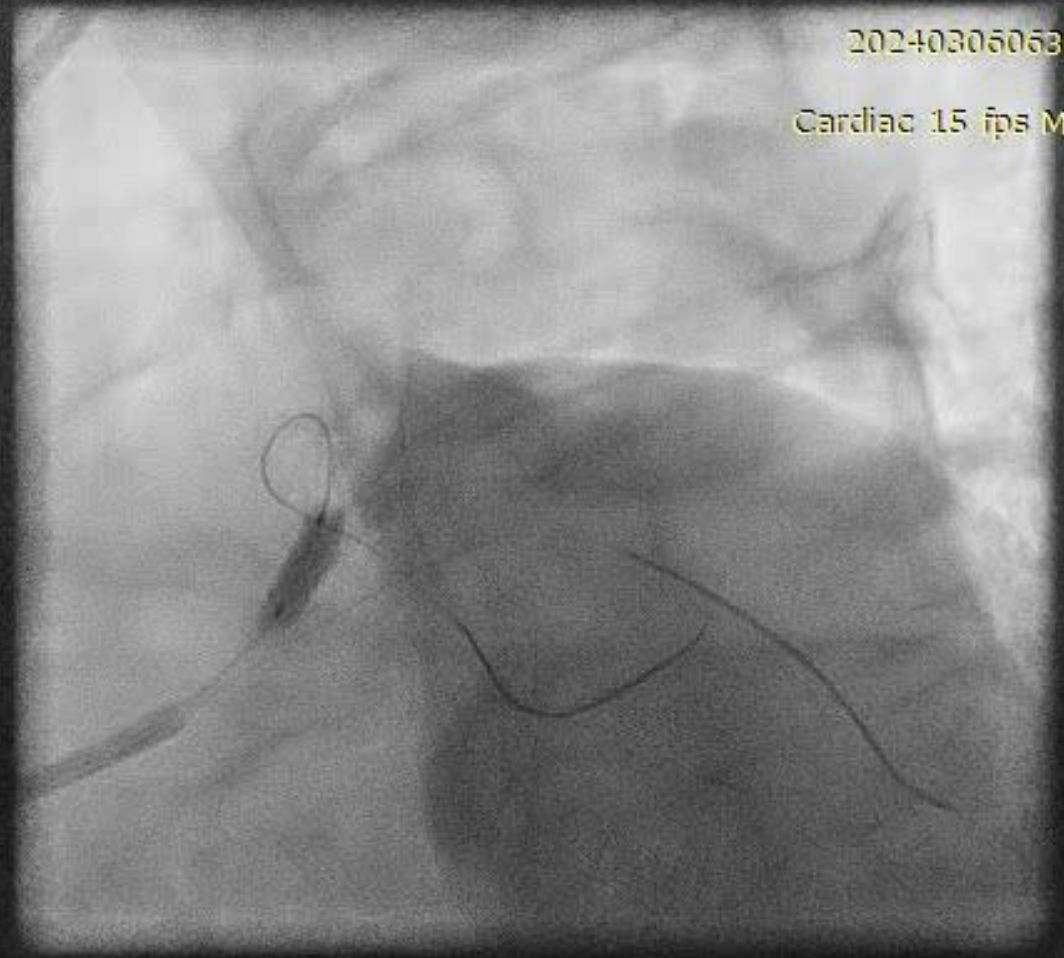
6/3/2024 9:44:48 pm



Επανάληψη OCT στον LAD



Im: 1/13
Se: 47

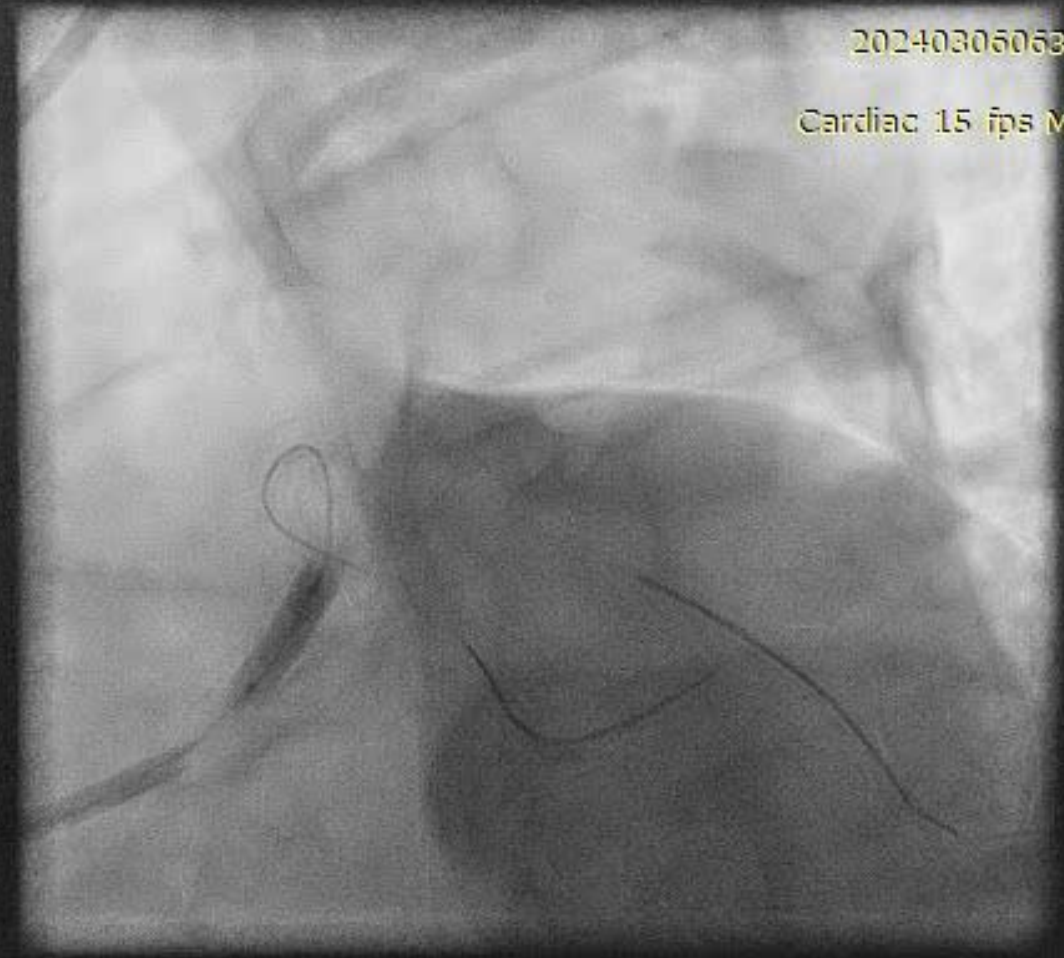


2024030506362534
Cardiac 15 fps Medium

WL: 2048 WW: 4096 [D]
LAO: 34 CAU: 31

6/3/2024 10:09:18 ημ

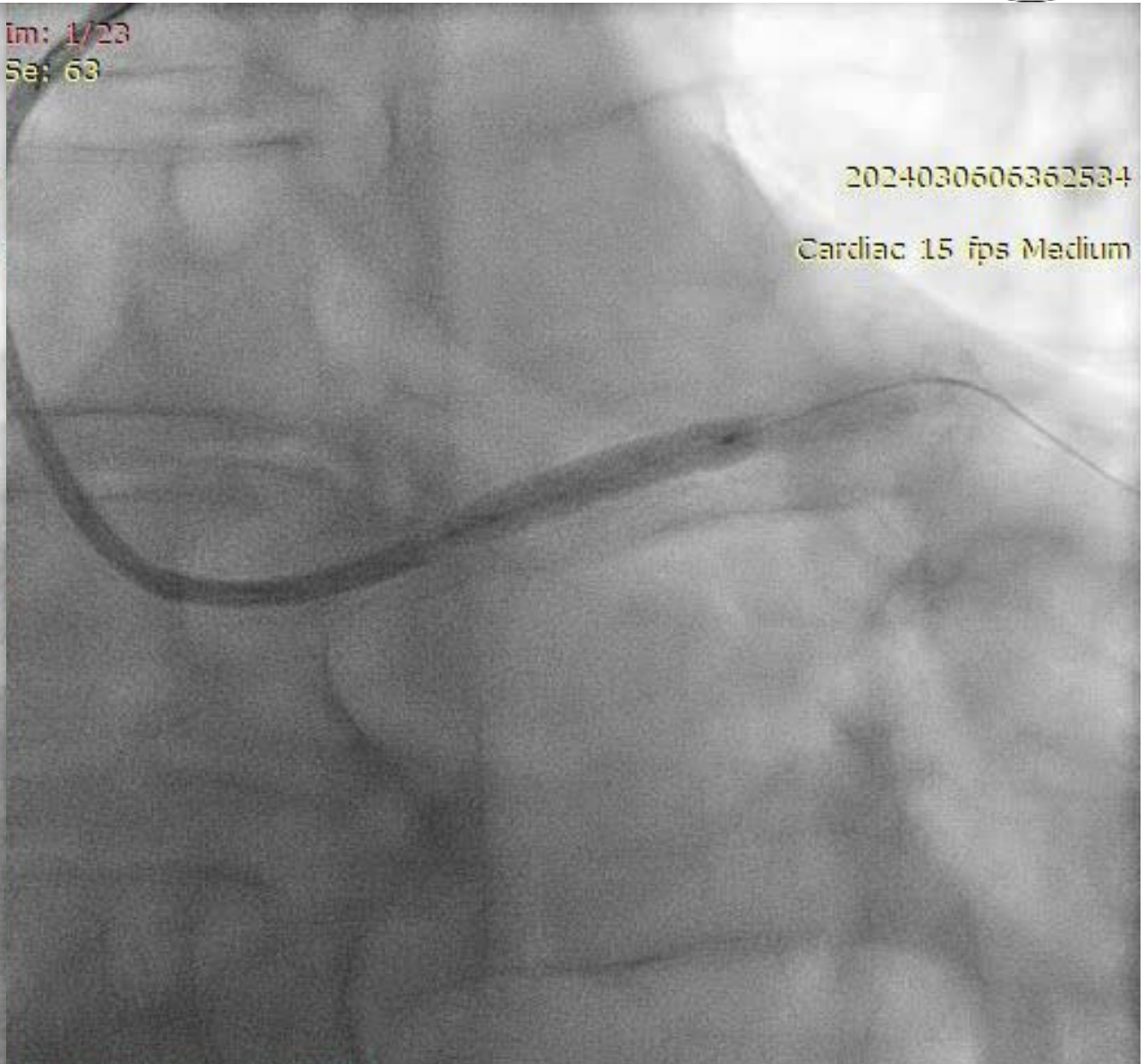
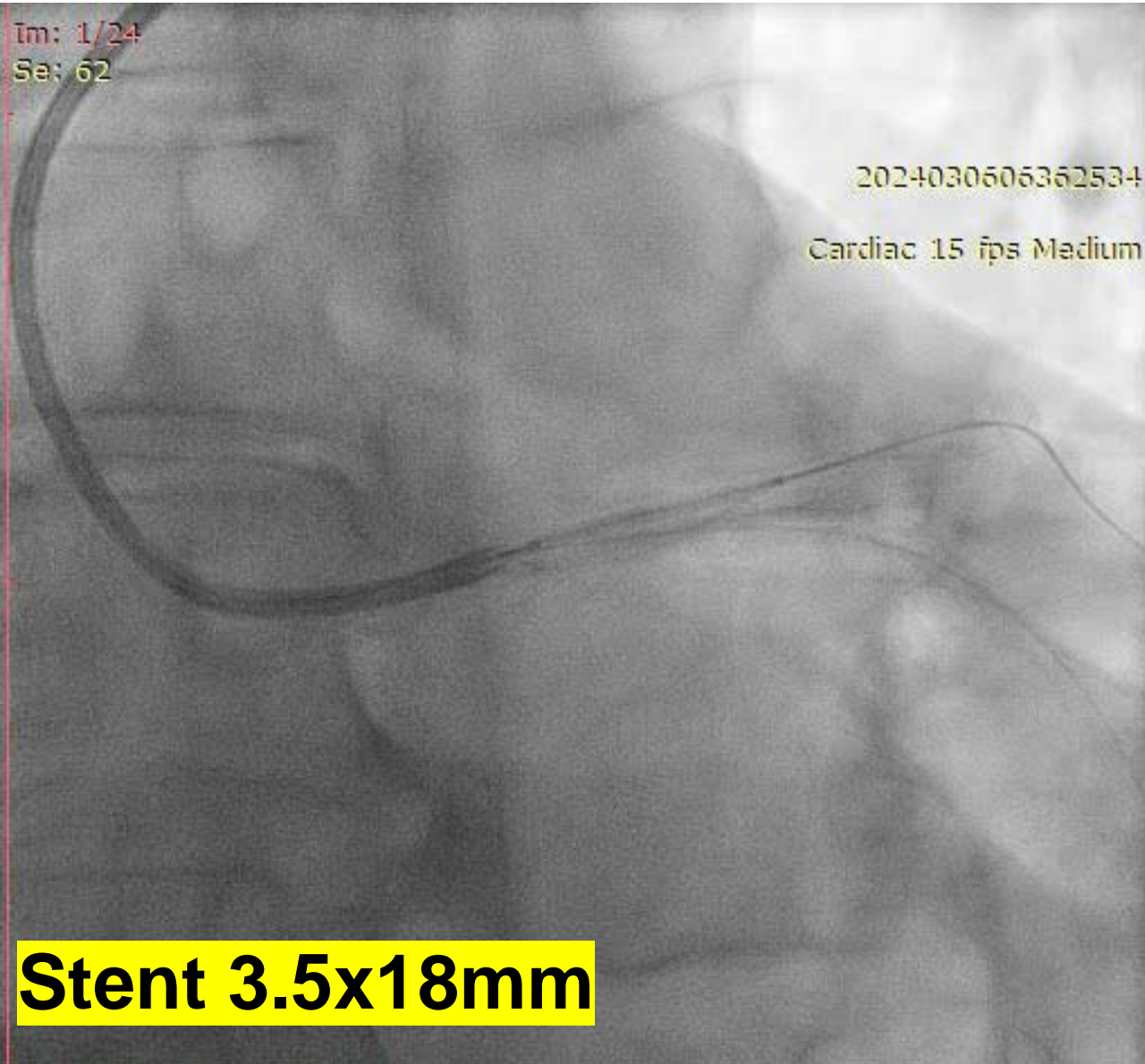
Im: 1/12
Se: 48



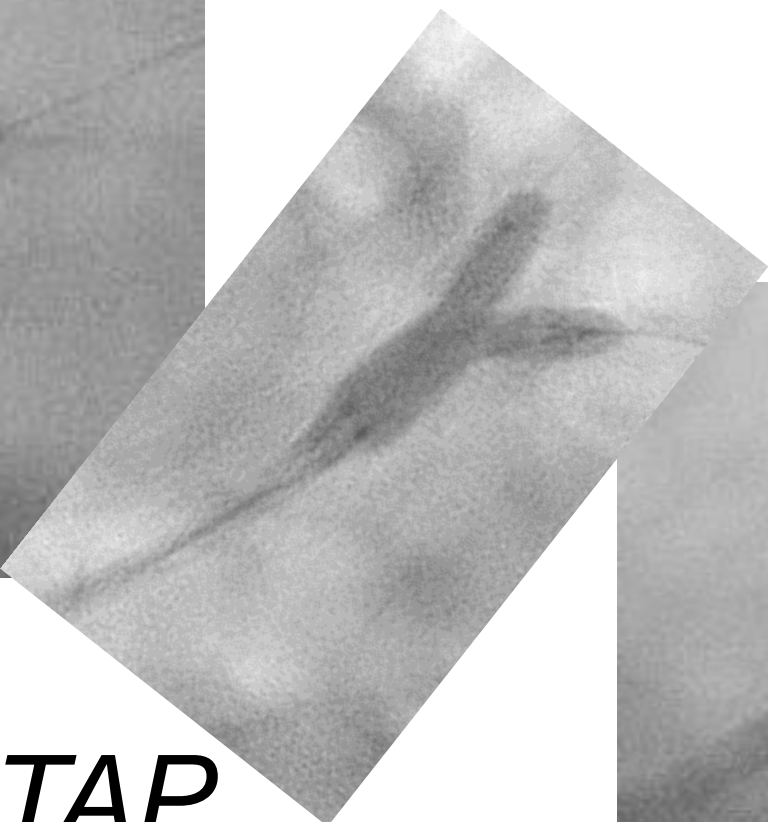
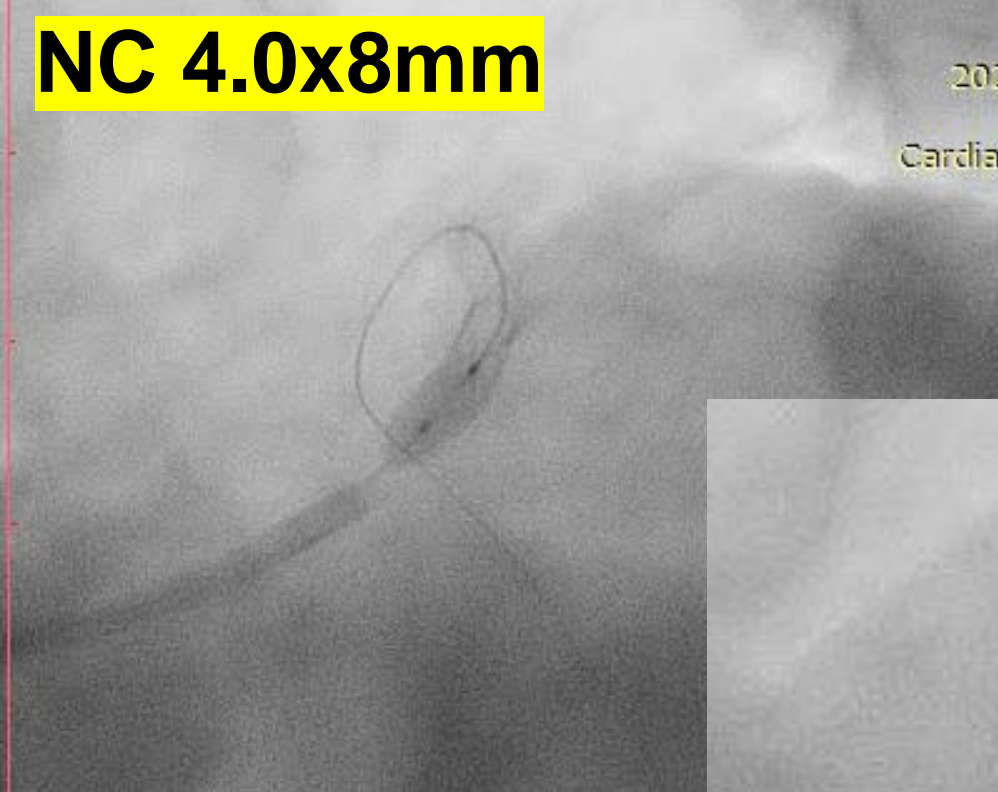
2024030506362534
Cardiac 15 fps Medium

WL: 2048 WW: 4096 [D]
LAO: 34 CAU: 31

6/3/2024 10:09:40 ημ



NC 4.0x8mm



Reverse TAP

Im: 1/54
Se: 76



2024030606362534

Cardiac 15 fps Medium

WL: 2048 WW: 4096 [D]
LAO: 43 CAU: 28

6/3/2024 10:55:06 ημ



2024030606362534

Cardiac 15 fps Medium

Im: 1/55
Se: 74



2024030506362534

Cardiac 15 fps Medium

WL: 2048 WW: 4096 [D]
LAO: 17 CRA: 41

6/3/2024 10:54:03 ημ

Τα μηνύματα

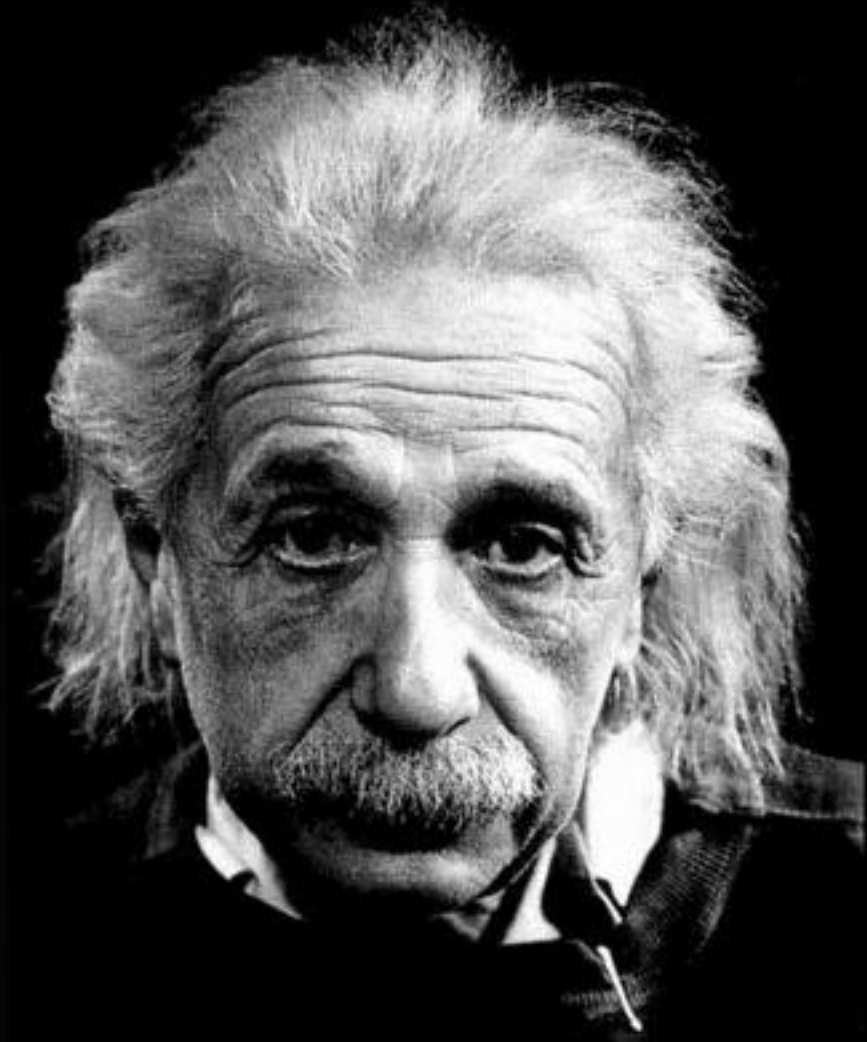
- Σύμπλοκη πολυαγγειακή στεφανιαία νόσος - Κ/Χ αξιολόγηση-εξατομικευμένη προσέγγιση
- Σε βλάβες διχασμού → κατανόηση της γωνίας του διχασμού – εύρεση της κατάλληλης προβολής εργασίας
- Η ενδαγγειακή απεικόνιση → **σχεδιασμός** και **έλεγχος αποτελέσματος** της αγγειοπλαστικής
- Medina 0-0-1 - **ΠΡΟΣΟΧΗ** στο κύριο αγγείο (πρόγνωση!)



“Keep it Simple, keep it open”

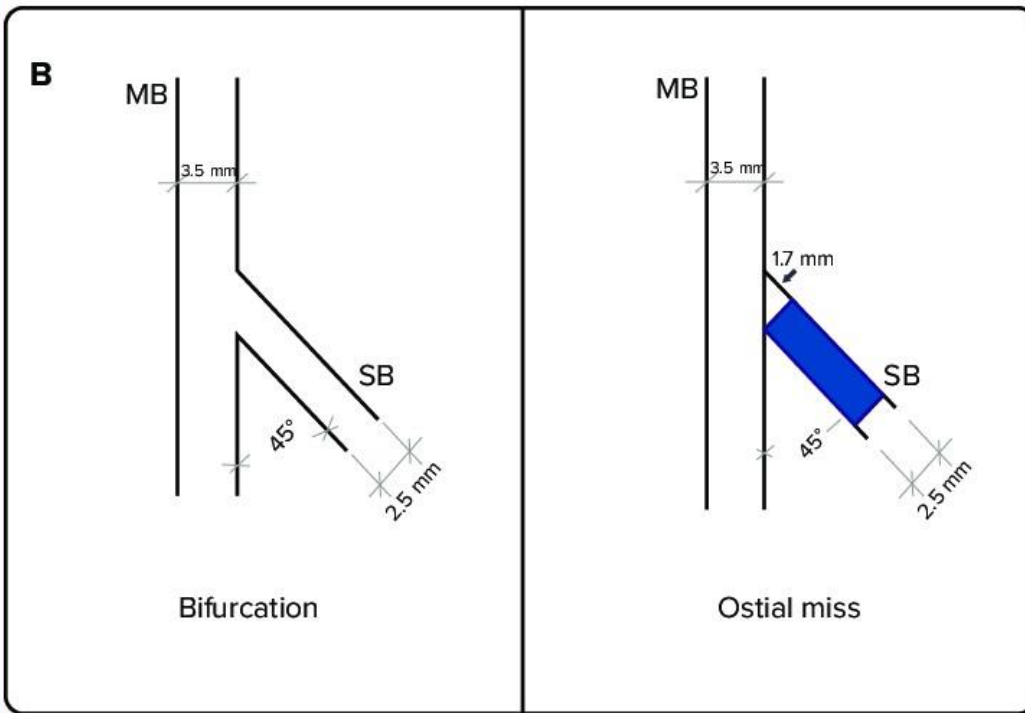
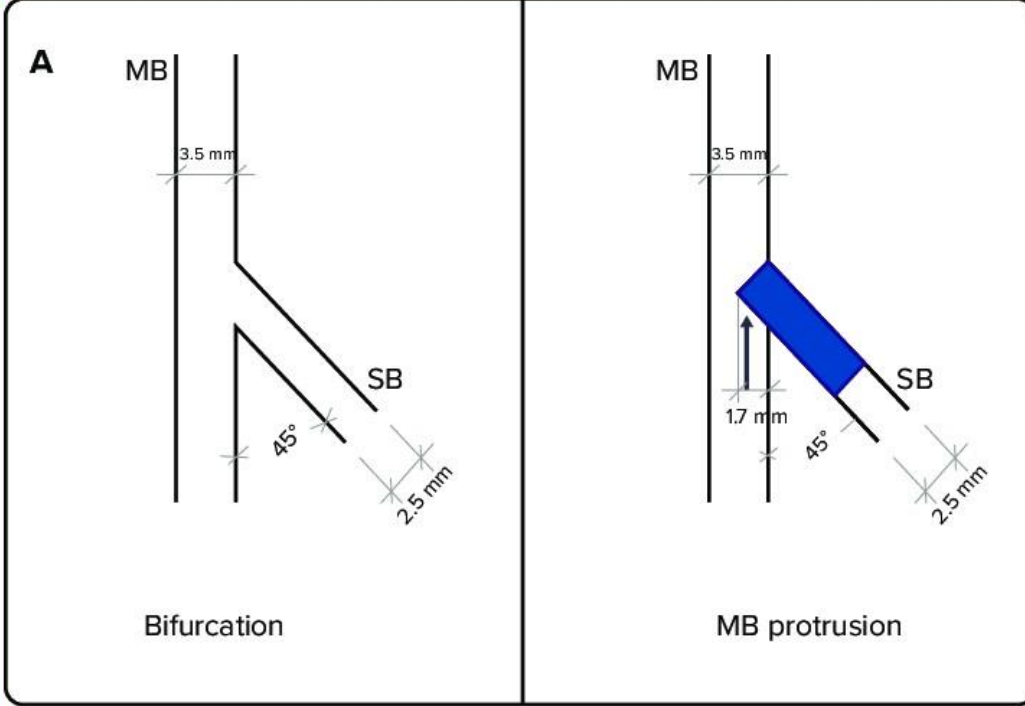
“Everything should be made
as simple as possible,
but not simpler.”

Albert Einstein



Σας ευχαριστώ πολύ!

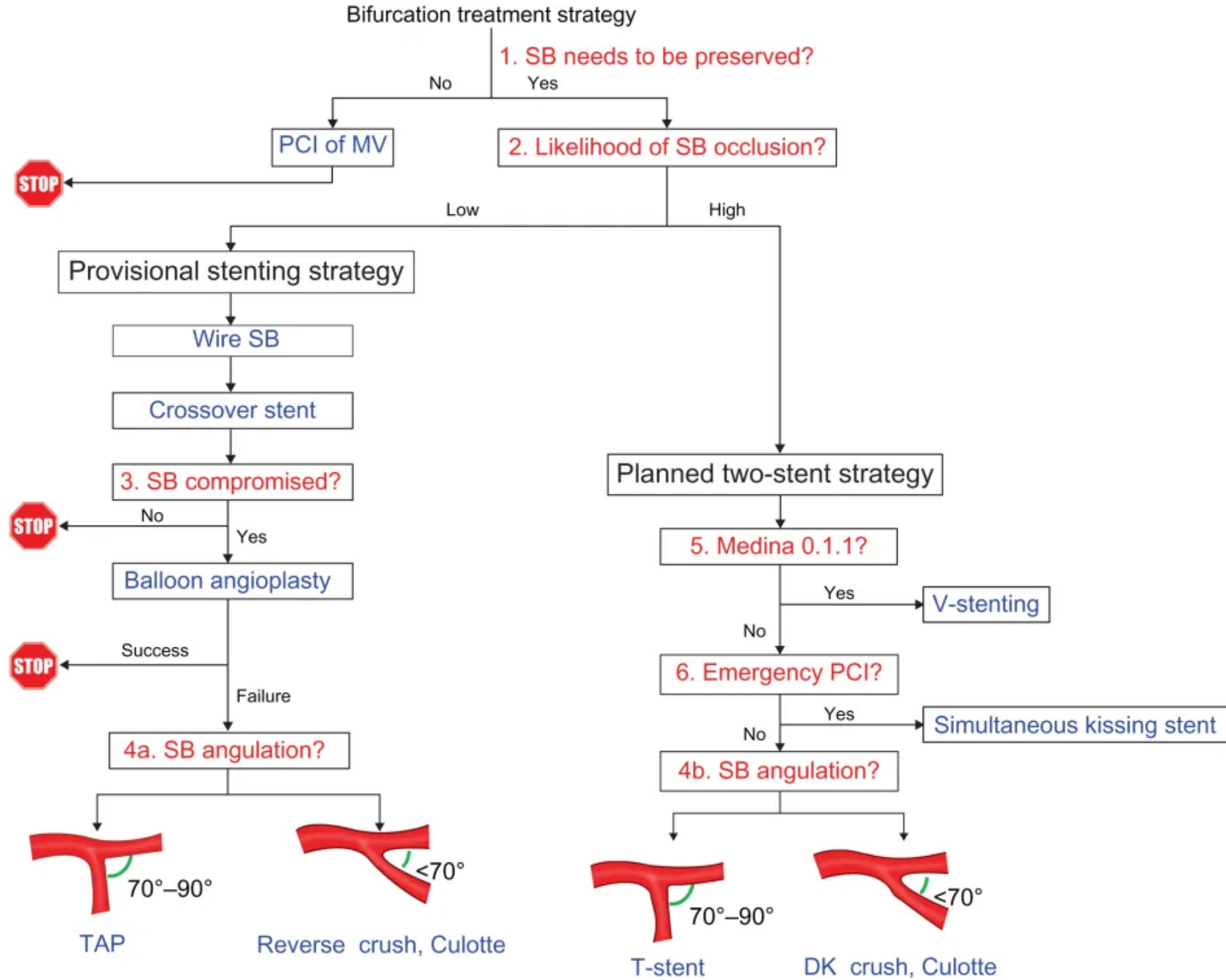




C

Projected minimum combined ostial miss and main branch protrusion length for various Medina 0,0,1 lesions

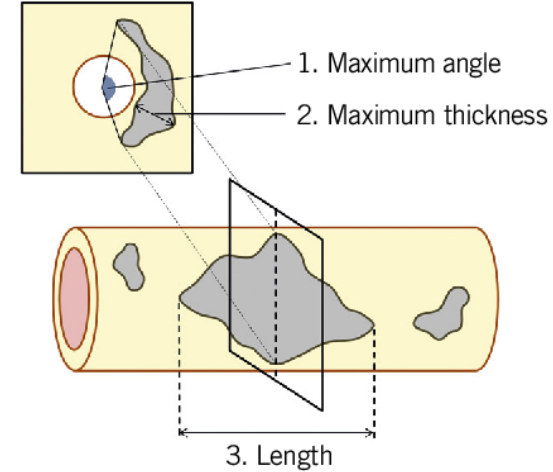
	Side branch size		
	2.0 mm	2.5 mm	3.0 mm
Bifurcation angle	Minimal combined ostial miss and main vessel protrusion length (mm)		
90°	0 mm	0 mm	0 mm
70°	0.68 mm	0.86 mm	1 mm
45°	1.41 mm	1.77 mm	2.1 mm
30°	1.73 mm	2.16 mm	2.59 mm



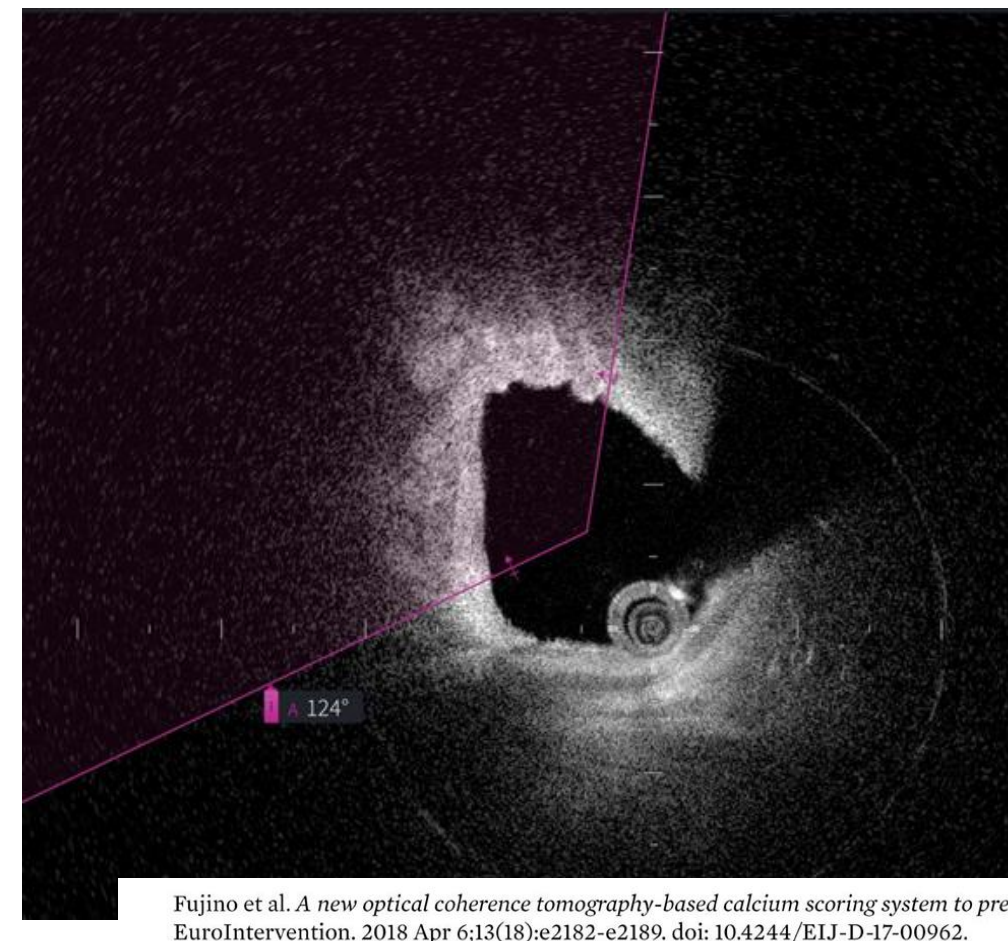
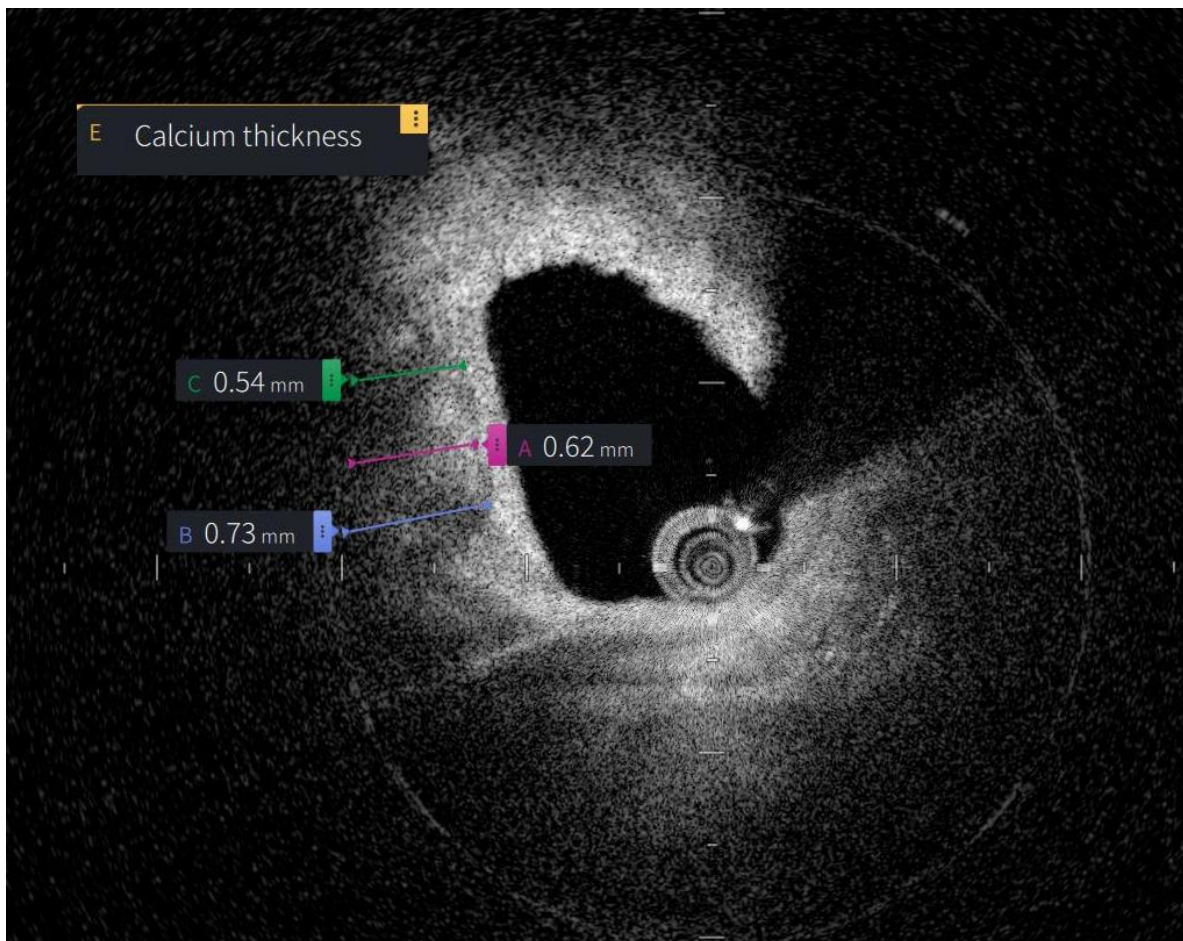
Box 3 Consensus recommendation on the role of imaging to assess lesion significance

- Pressure-derived haemodynamic assessment is the gold standard for deferring revascularization in patients with non-LMCA stable coronary artery disease.
- LMCA sizing demonstrates less variability than other major epicardial vessels and cut-off values of MLA $<6 \text{ mm}^2$ and $<4.5 \text{ mm}^2$ to predict functional impact have been validated with IVUS, in Western and Asian populations, respectively.
- LMCA IVUS-derived MLA $>6 \text{ mm}^2$ can be considered non-ischaemic.
- LMCA IVUS-derived MLA $\leq 4.5 \text{ mm}^2$ can be considered ischaemia generating.
- LMCA IVUS-derived MLA $4.5\text{--}6 \text{ mm}^2$ suggests that additional invasive or non-invasive assessments of ischaemia are advisable.
- MLA measurement of non-LMCA lesions is not recommended for the assessment of lesion significance due to variations according to vessel calibre and subtended myocardium.

Ειδική προετοιμασία της βλάβης;



OCT-based calcium score	
1. Maximum calcium angle (°)	$\leq 180^\circ$ → 0 point $> 180^\circ$ → 2 points
2. Maximum calcium thickness (mm)	≤ 0.5 mm → 0 point > 0.5 mm → 1 point
3. Calcium length (mm)	≤ 5.0 mm → 0 point > 5.0 mm → 1 point
Total score	0 to 4 points



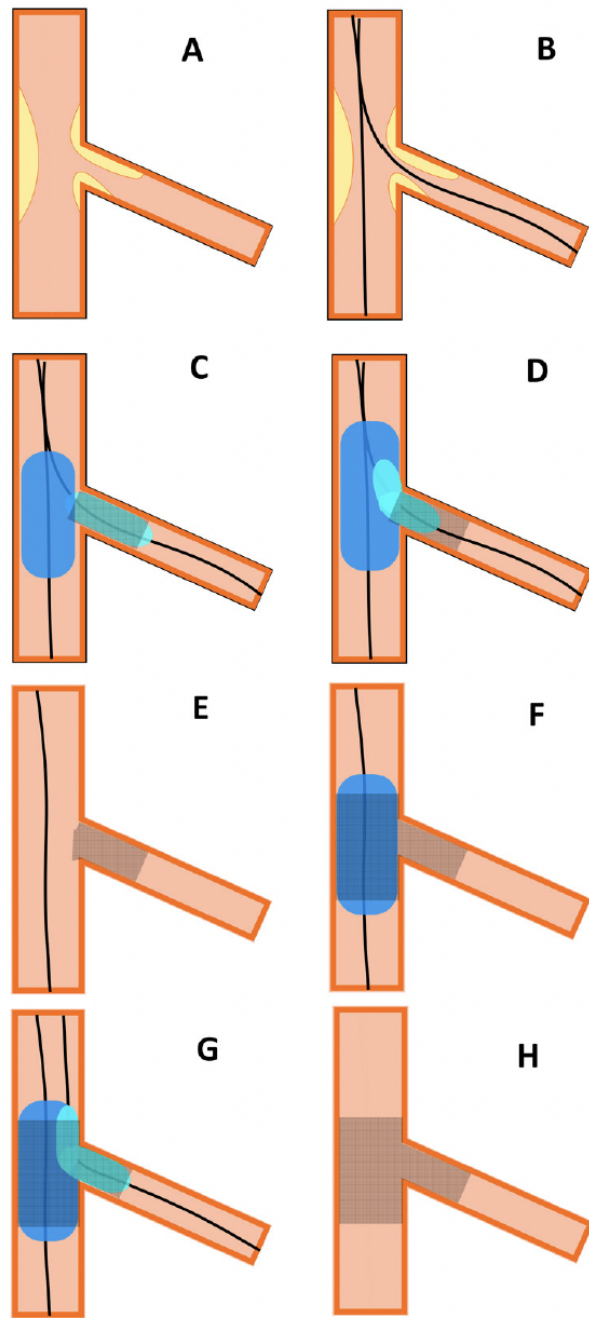


FIGURE 2. Graphic representation of the reverse TAP technique. [A] A 1.1.1 bifurcation lesion according to the Medina classification. [B] Wiring of the main vessel (MV) and the side branch (SB) and predilation of MV and/or SB according to operator preference. [C] Stenting of the SB with small protrusion of the stent in the MV and simultaneous balloon inflation in the MV. [D] Second kissing-balloon inflation in the MV and SB with the SB balloon partially retracted. [E] Removal of the SB wire, with the SB stent in place and its proximal part dilated and minimally protruding in the MV. [F] Stent delivery in the MV. [G] Rewiring of the SB and final kissing-balloon inflation. [H] Final result with the SB stent completely covering the ostium and a minimal overlap area.