recanalisation des occlusions chronique iliaque et fem sup

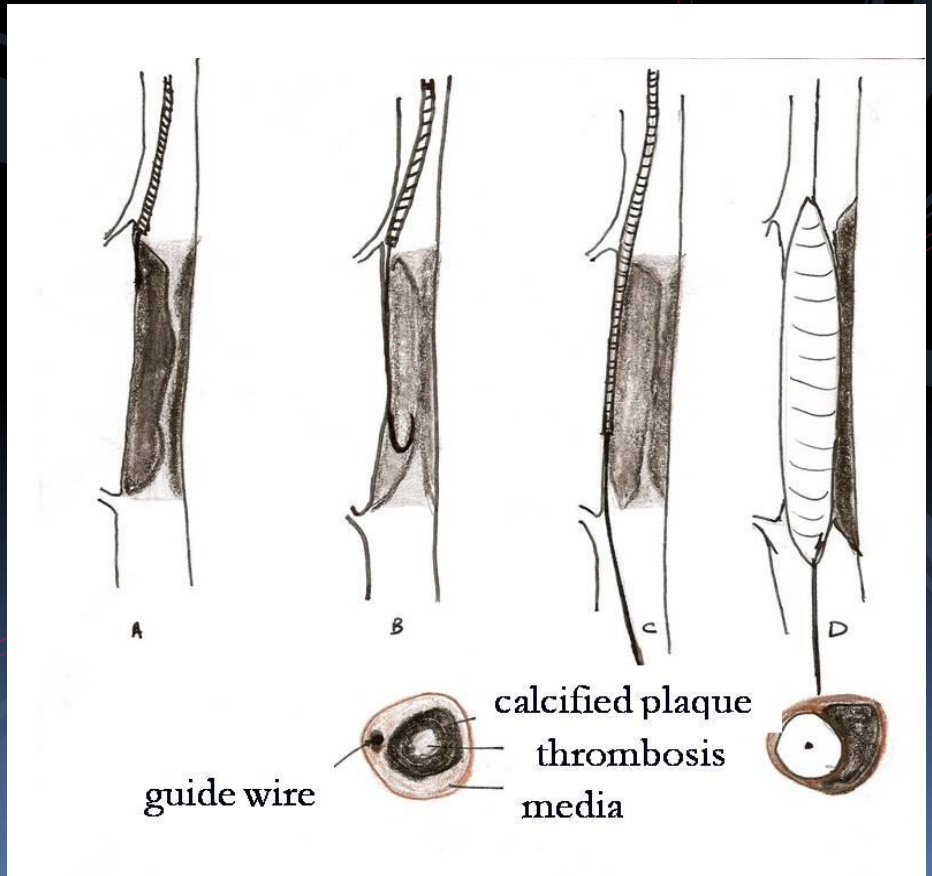
Nouveaux dispositifs BS pour pousser les limites

Jm cardon
Hopital prive les franciscaines
nimes

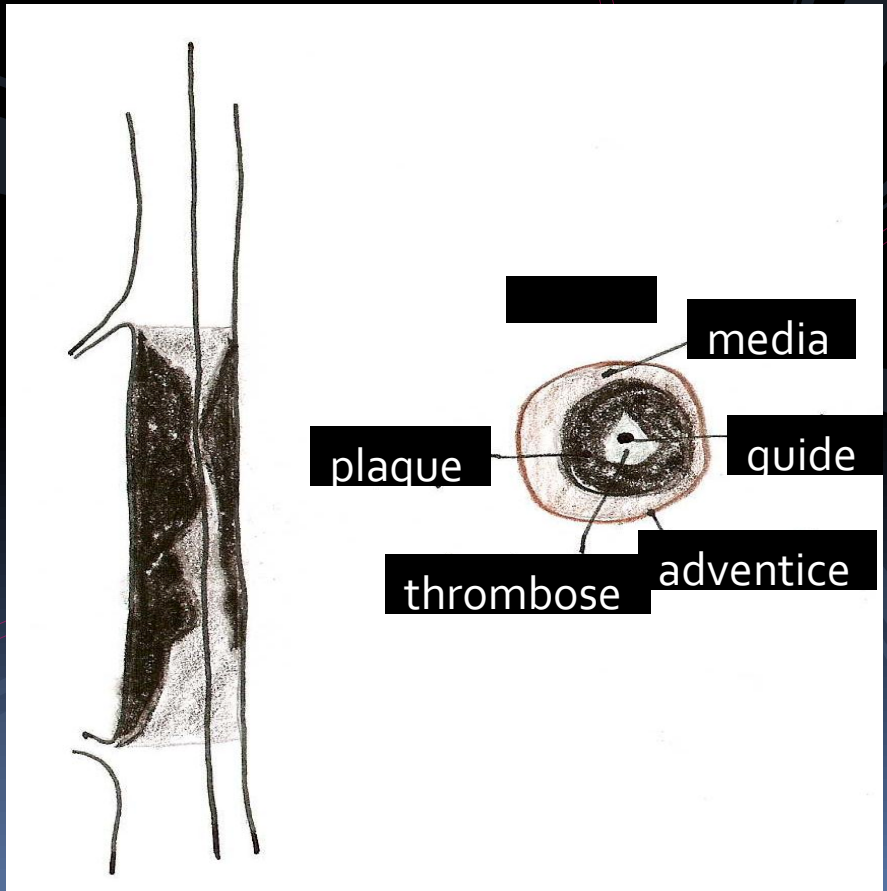
- Deux voies possibles:intraluminale
  sous intimale
- Deux routes possibles:retrograde
  anterograde
- Deux etages:iliaque
  fempop
- Un point commun:commune et profonde bonnes

Voie sous intimale

Dissection volontaire

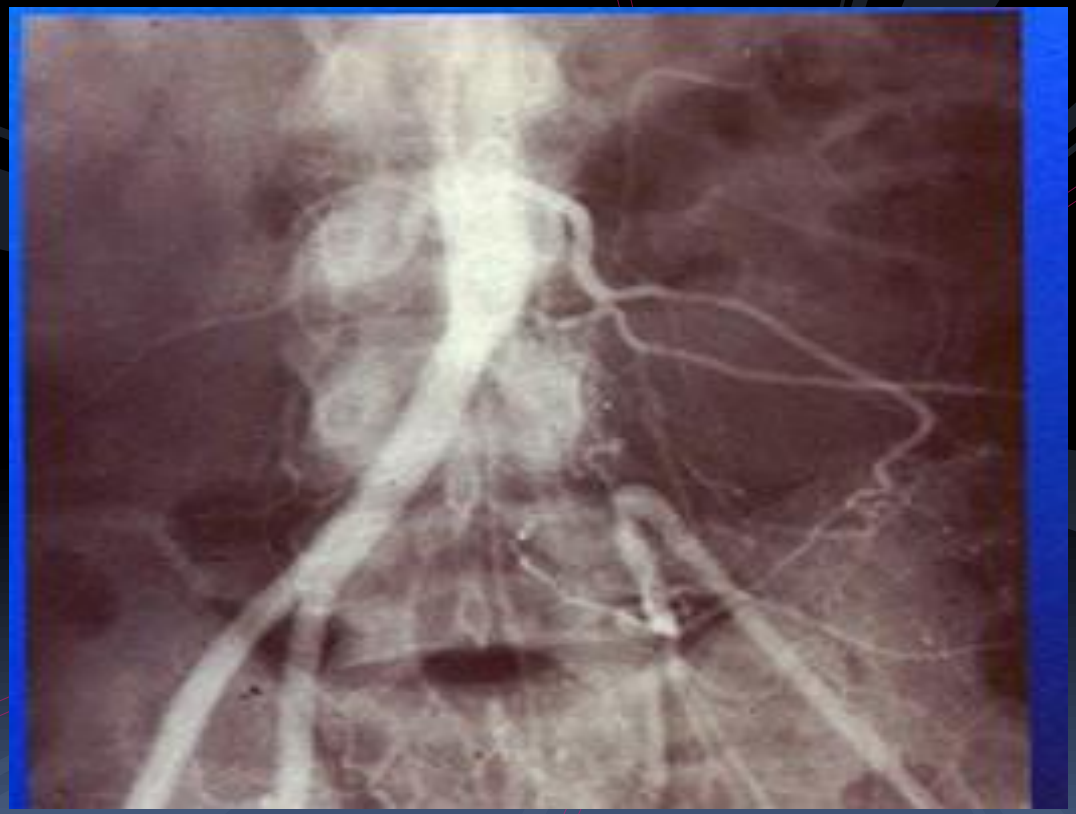


Voie intra luminal

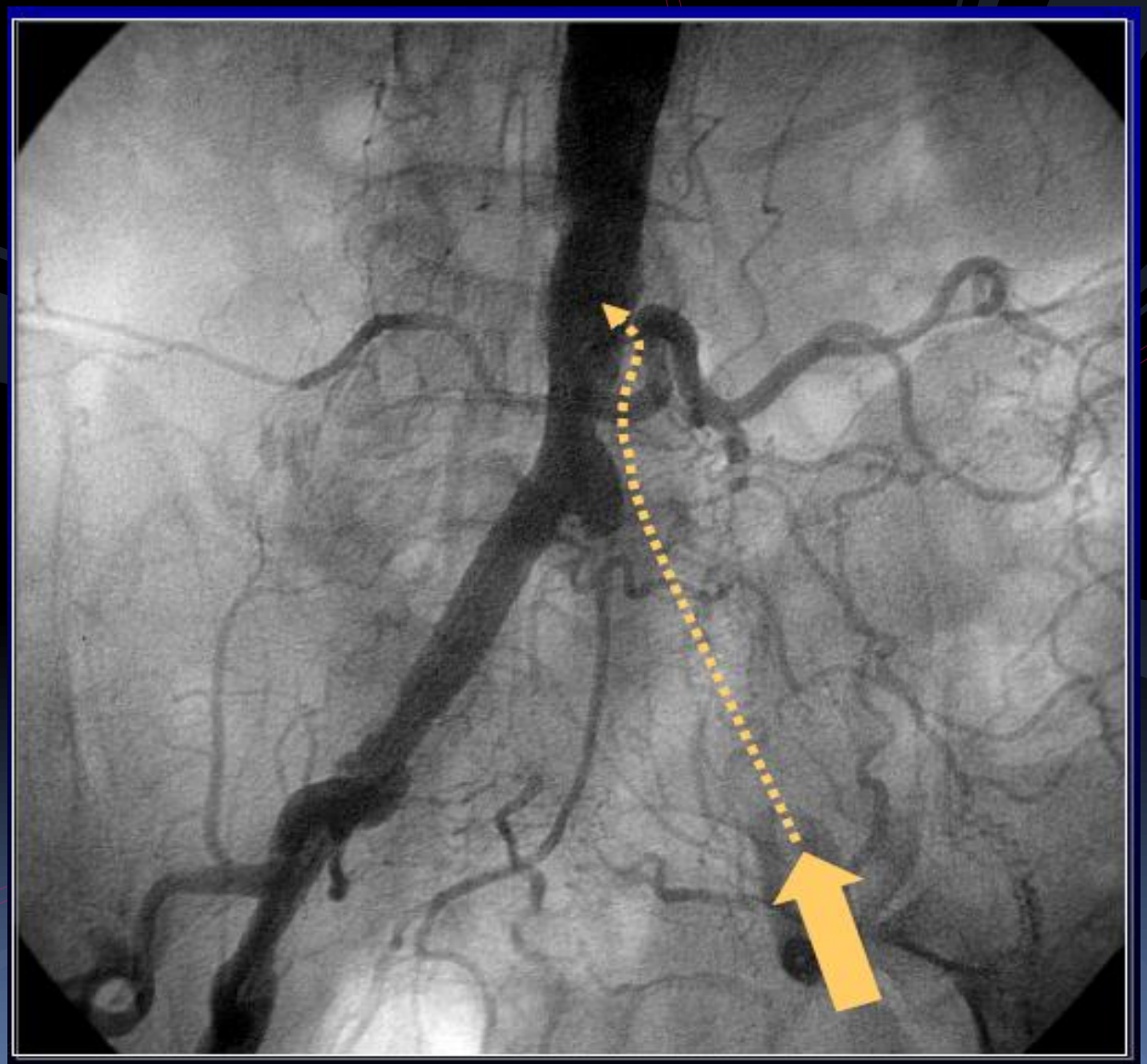


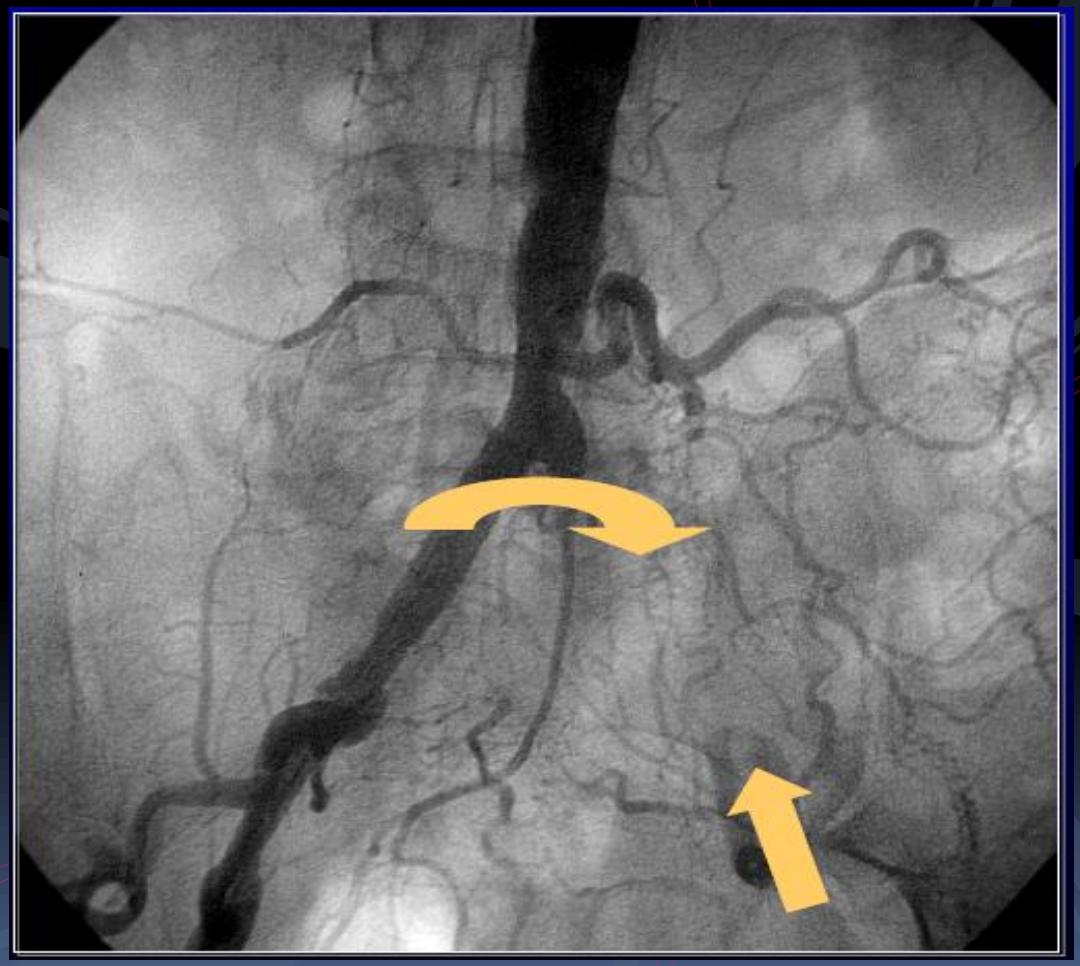
iliaque

Voie retrograde : le risque c est la dissection



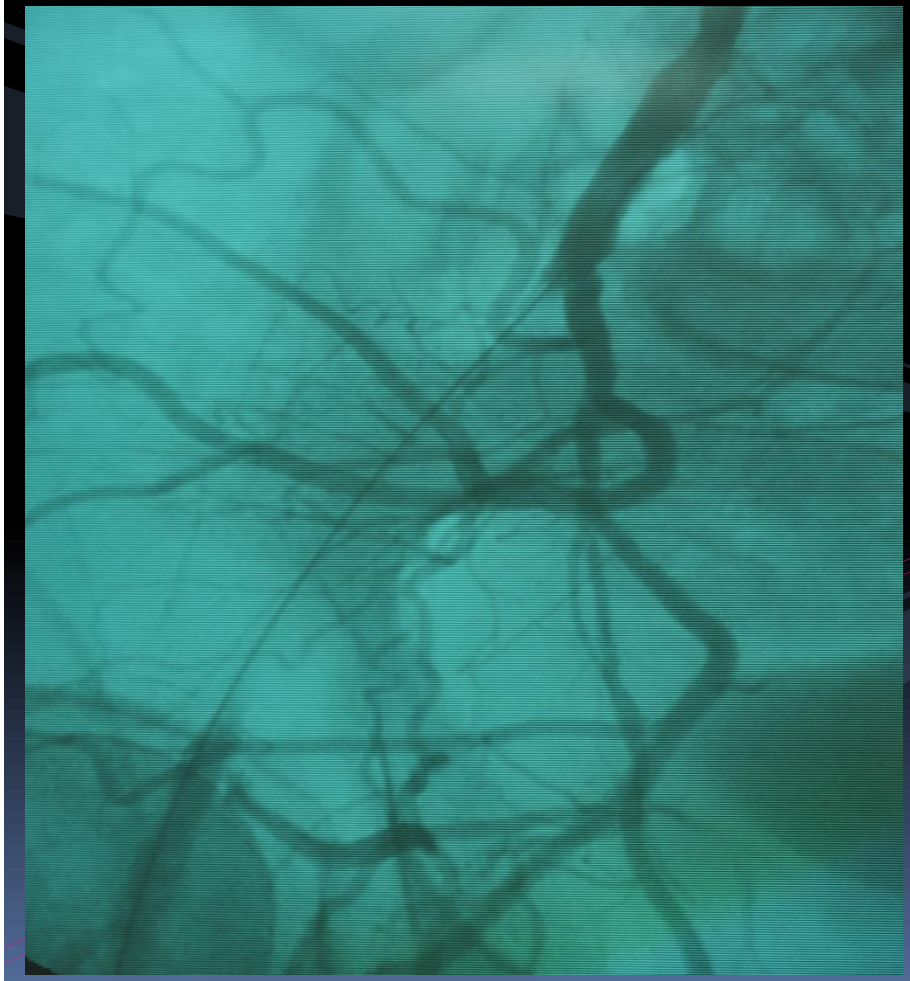
iliaque primitive

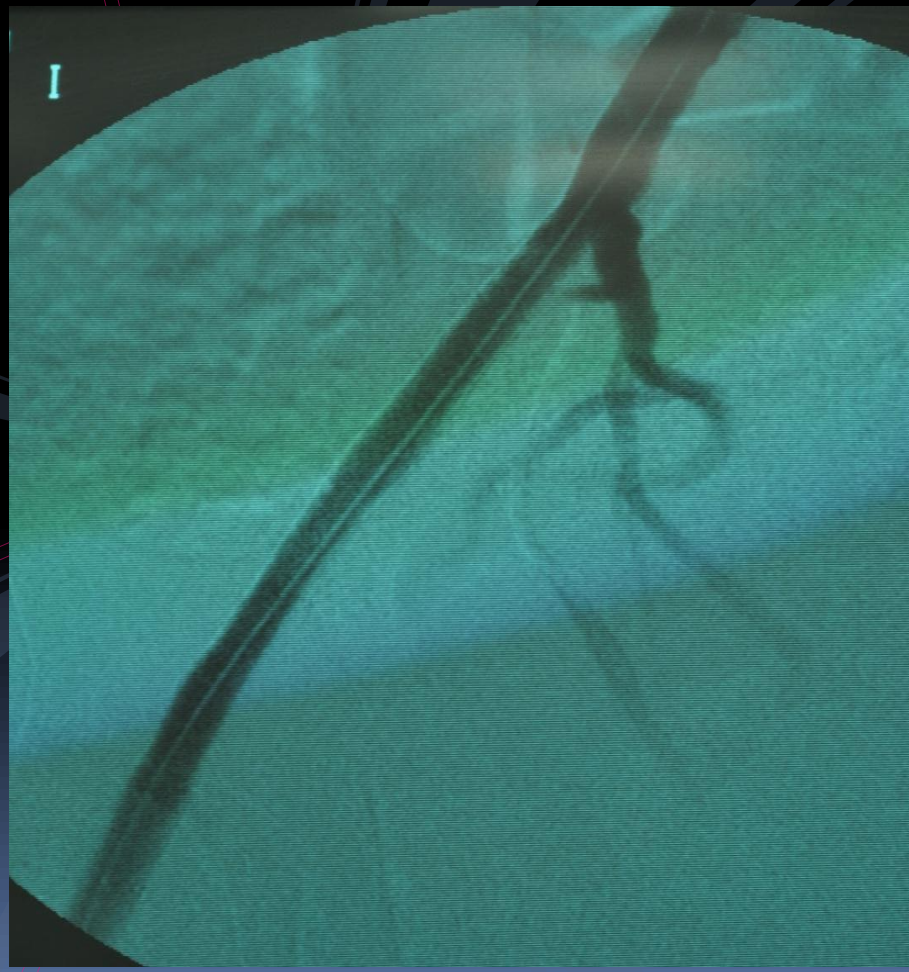




iliaque

Voie anterograde : iliaque externe par cross over





iliaque

Voie unique:80% succes technique

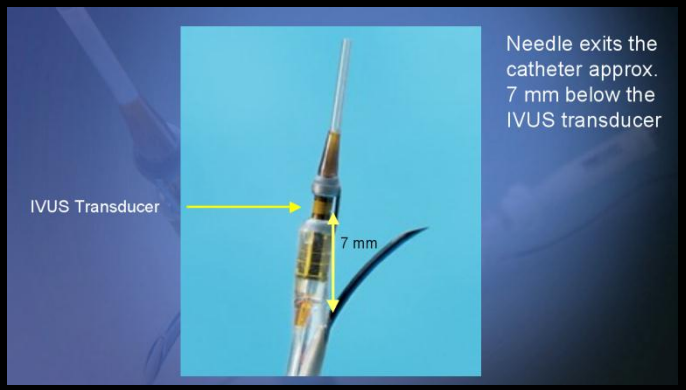
Voie double: echec car dissection recupere 10%

reste 10% :materiel de reentree

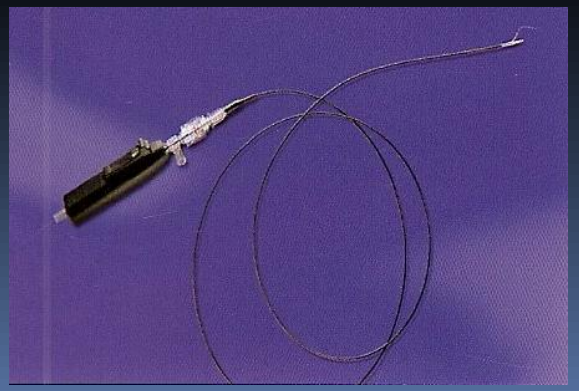
Le choix du matériel

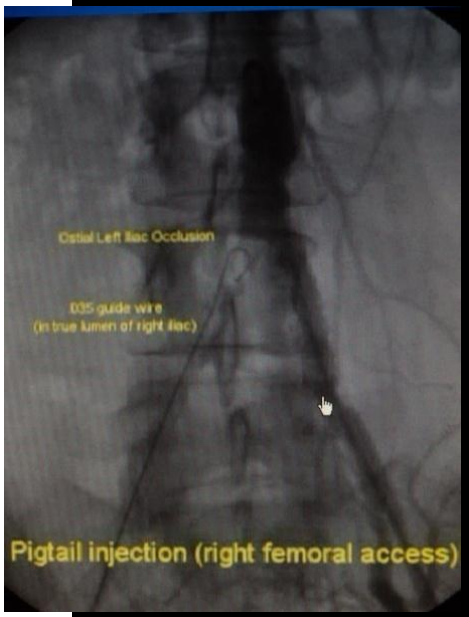
- Le matériel de réentrée en cas de passage dans un plan de dissection : progrès majeur des 2 dernières années

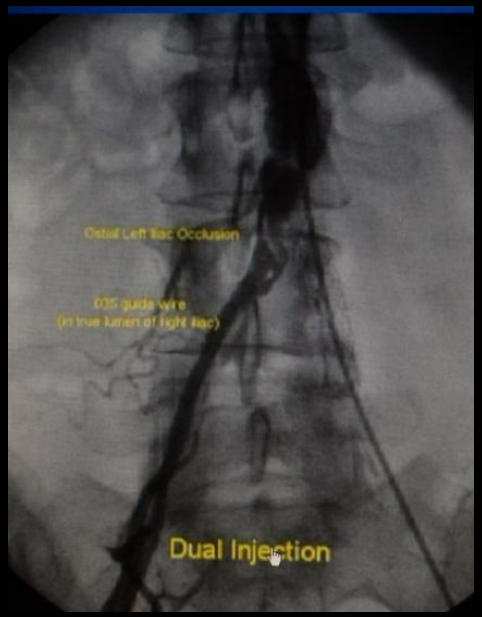
  - Facile mais cher
    - Pioneer

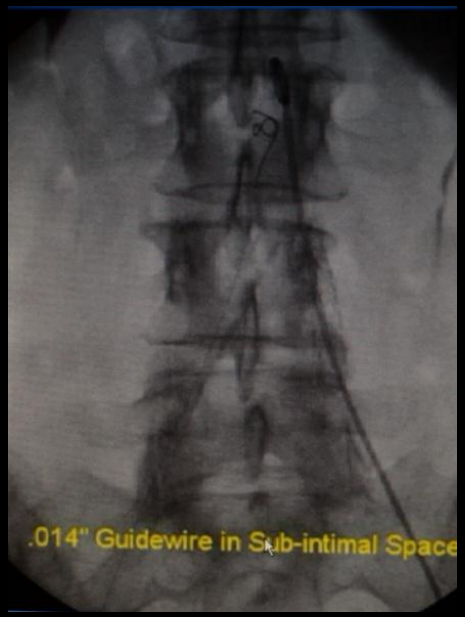


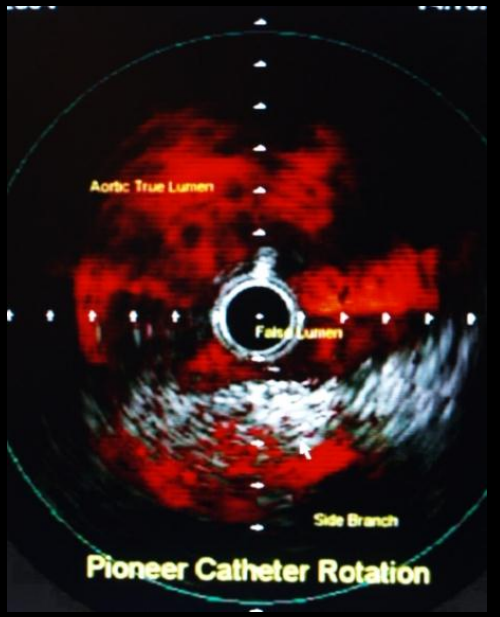
  - Plus difficile moins cher
    - Outback Cordis

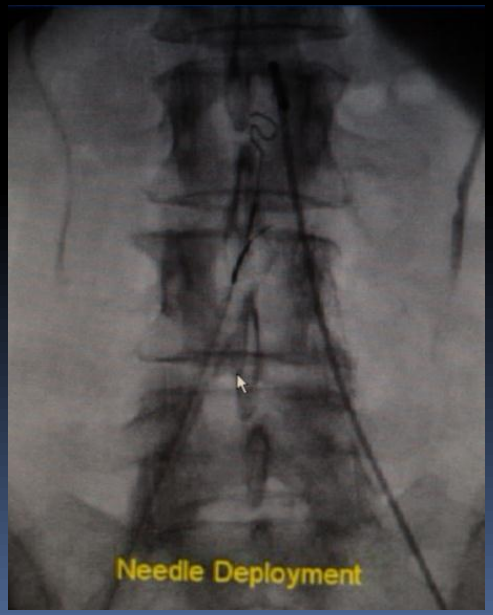


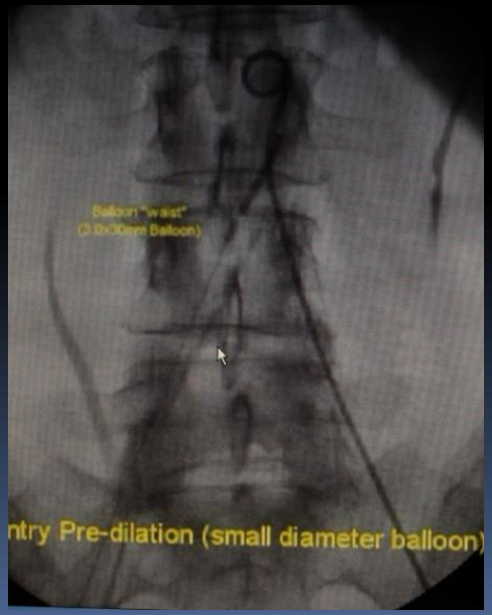

Ostial Left Iliac Occlusion
035 guide wire
(in true lumen of right iliac)
Pigtail injection (right femoral access)

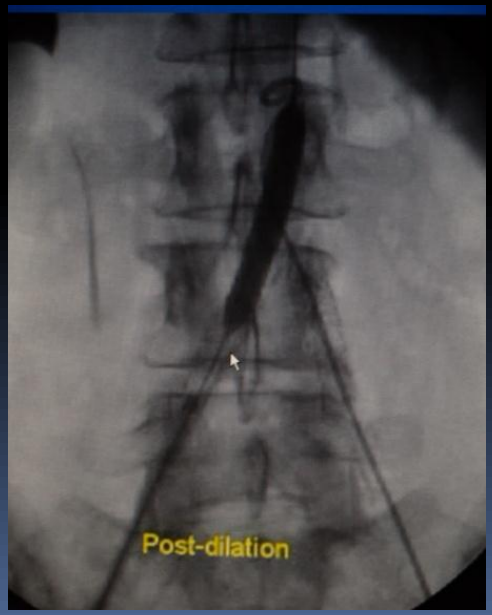

Ostial Left Iliac Occlusion
035 guide wire
(in true lumen of right iliac)
Dual Injection


.014" Guidewire in Sub-intimal Space

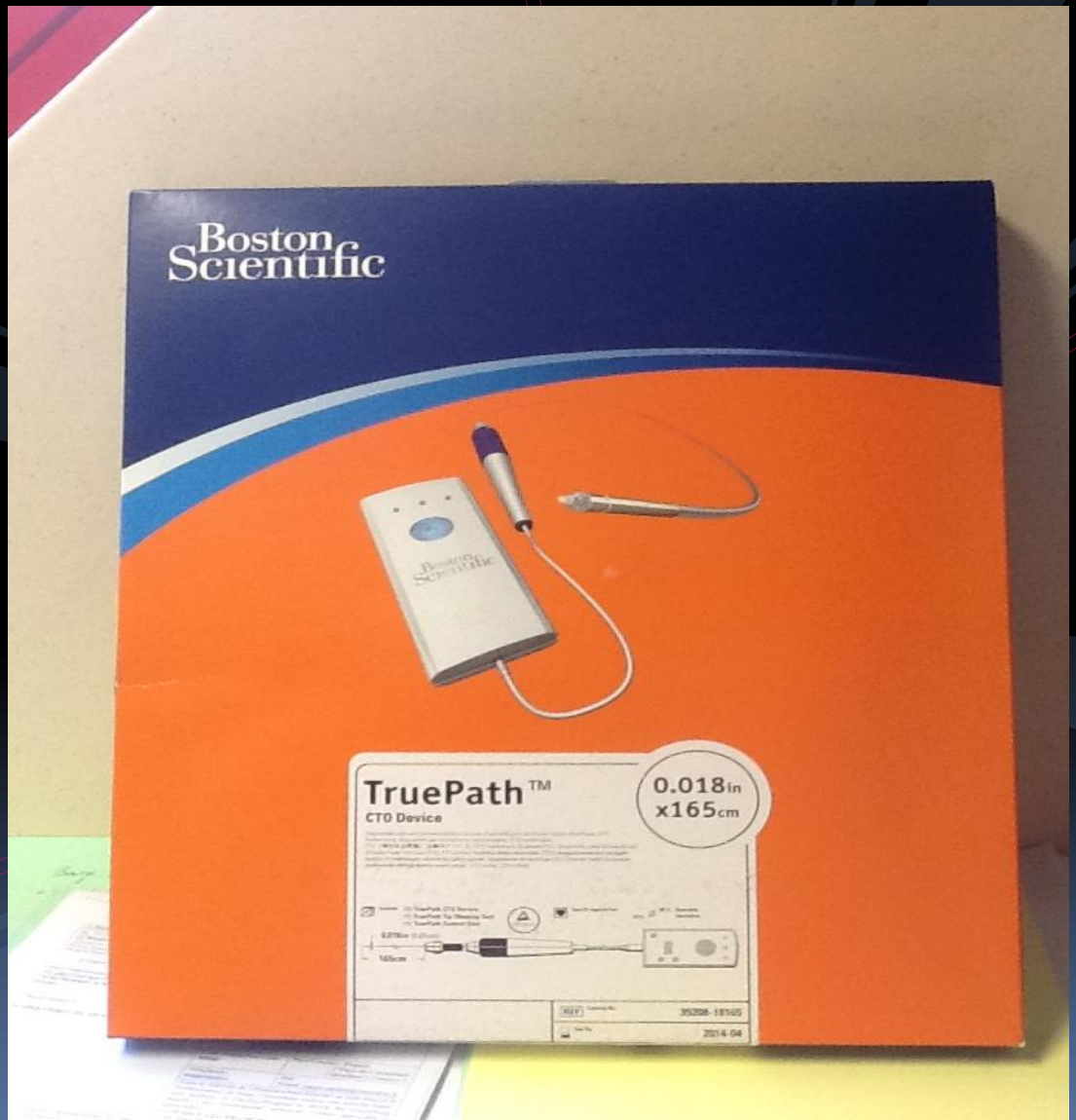

Aortic True Lumen
Side Branch
Pioneer Catheter Rotation

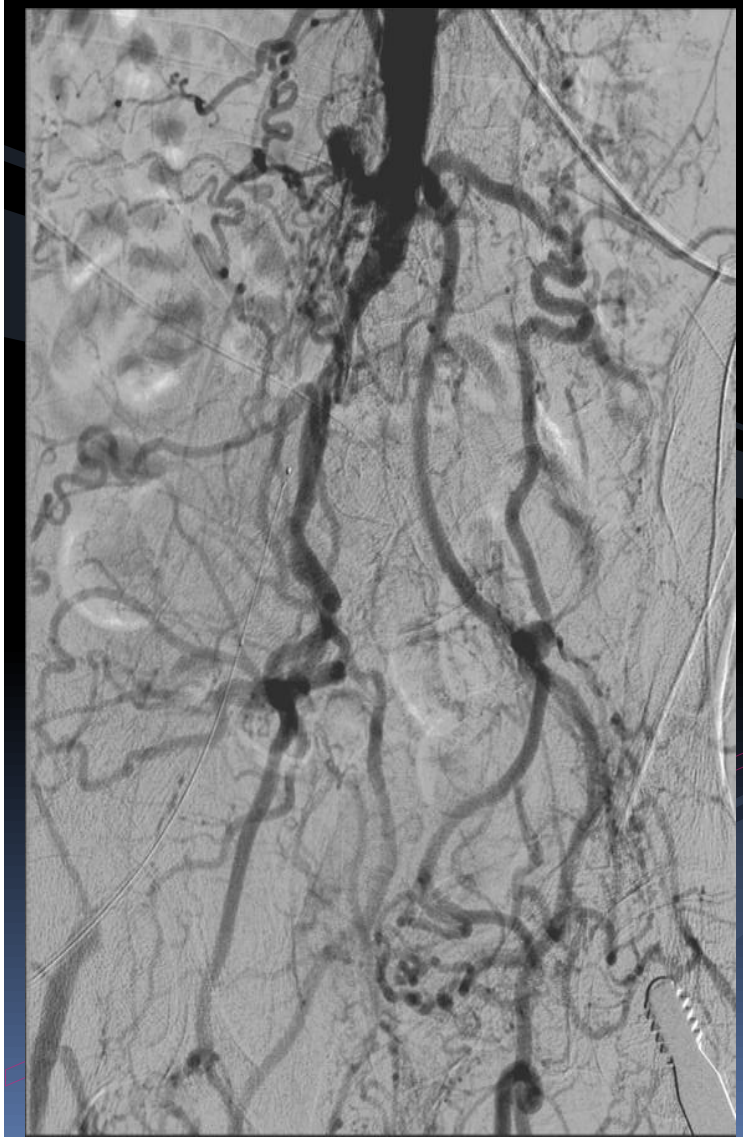

Needle Deployment

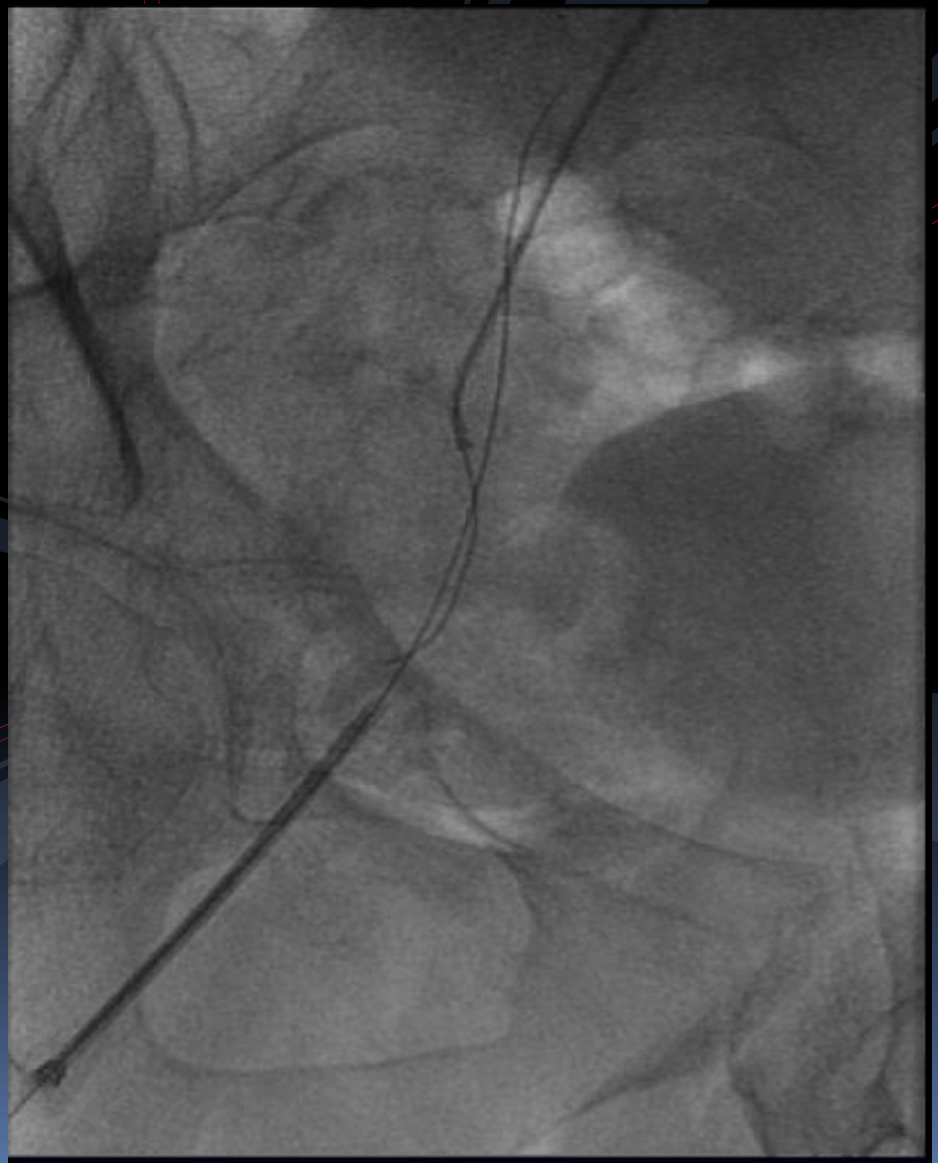

Balloon "waist"
ntry Pre-dilation (small diameter balloon)


Post-dilation

Le système boston

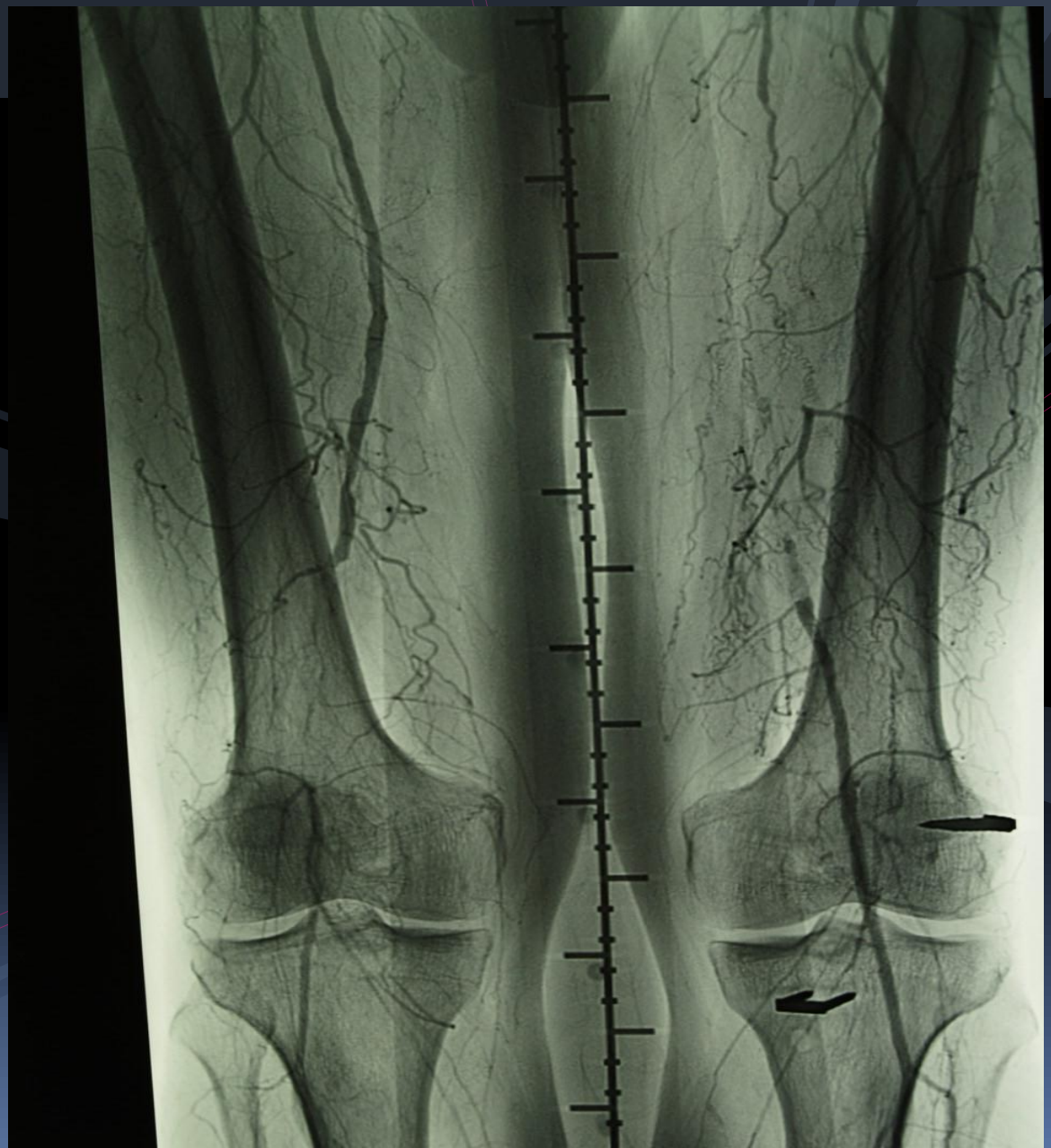


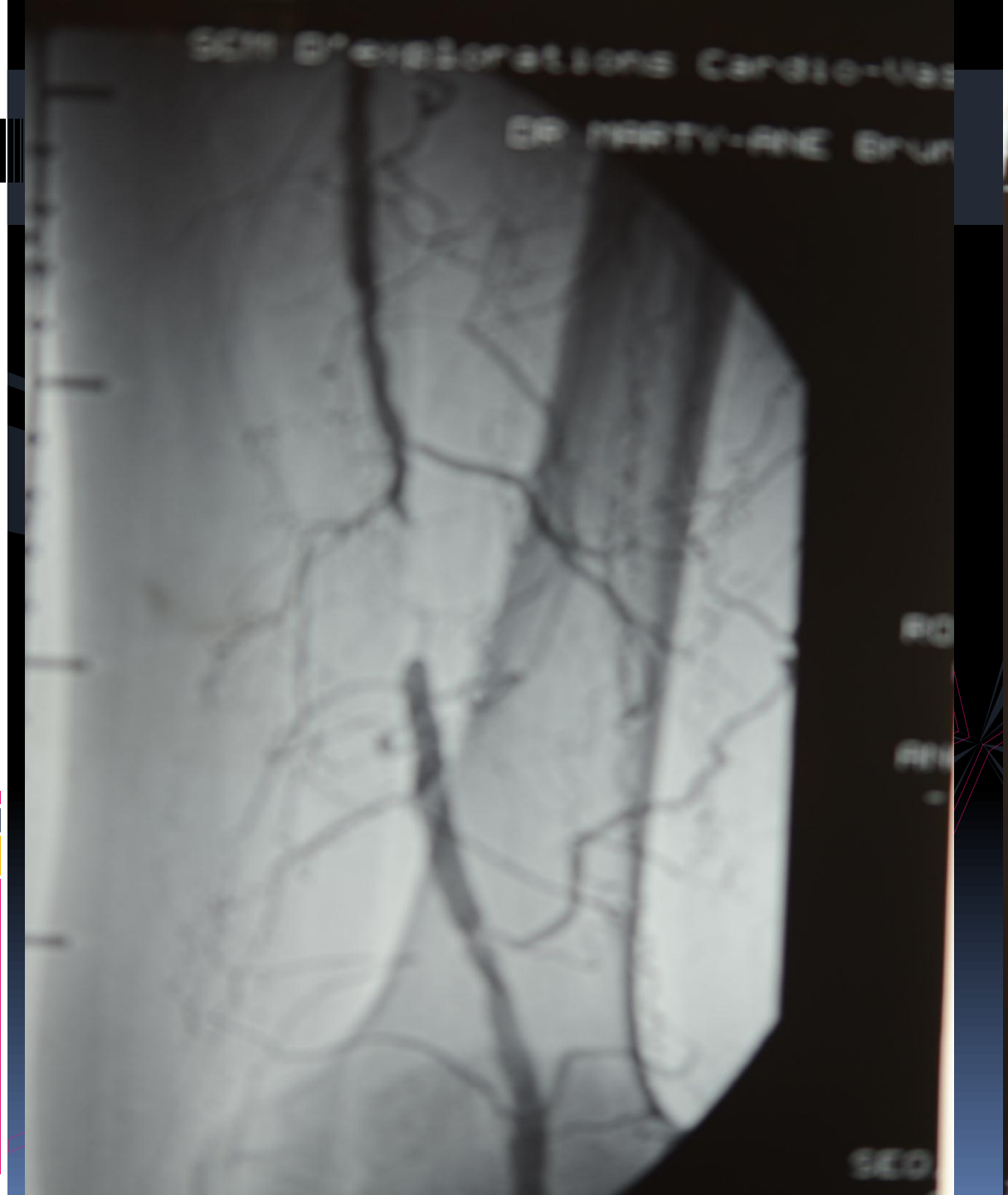


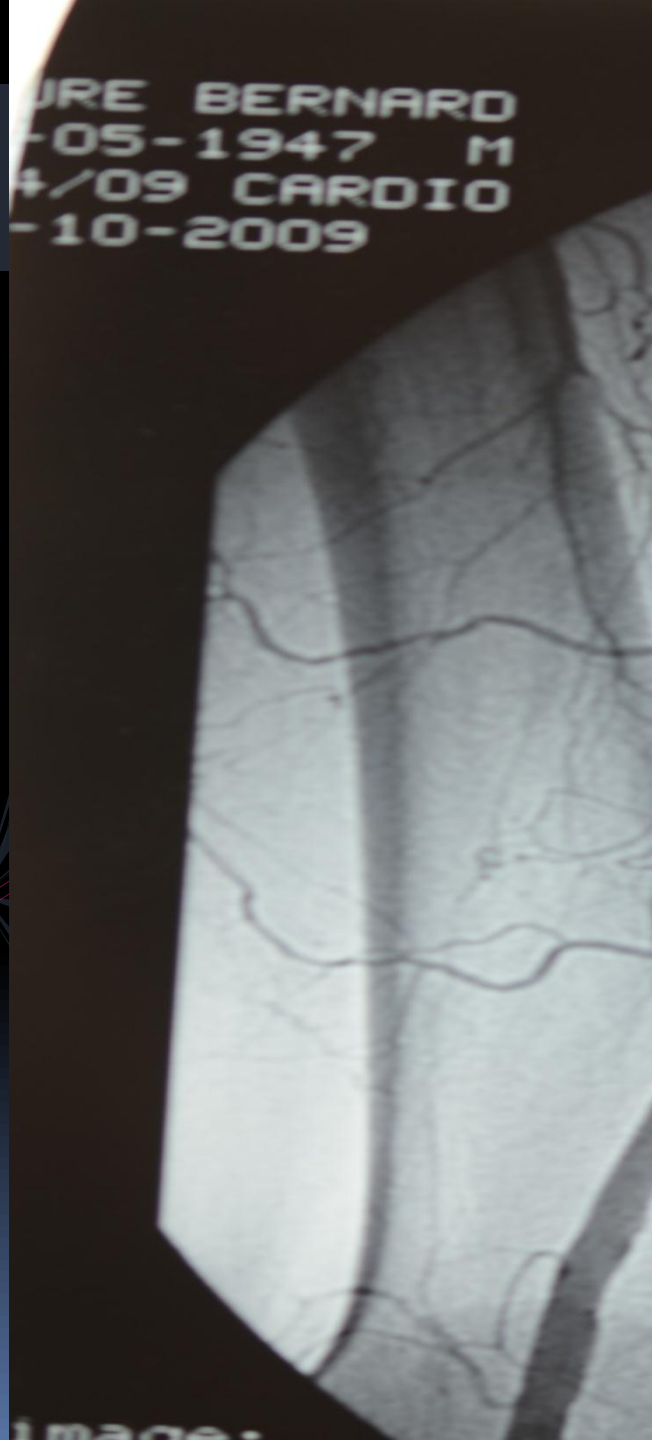


recanalisation Femoral sup et pop

- Voie Anterograde homolaterale
- Le choix de la route intraluminal ou sous intimale se fait a la lecture de l'angioscanner a l'aide d'ENDOSIZE
- Decision faite il faut s'y tenir

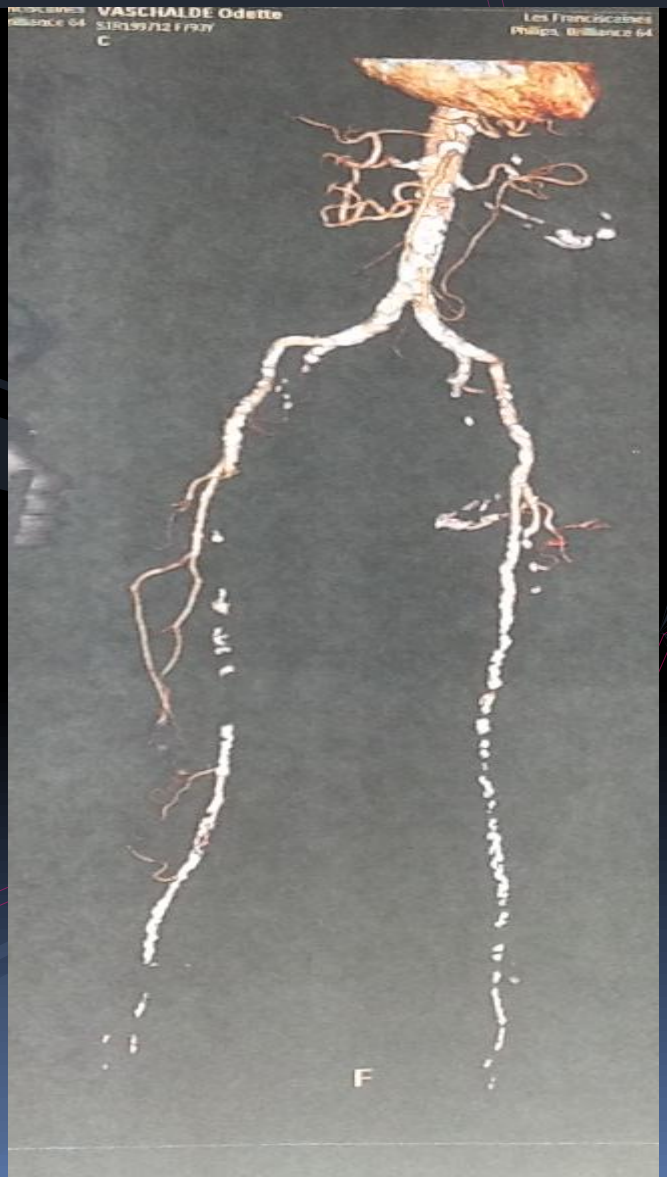


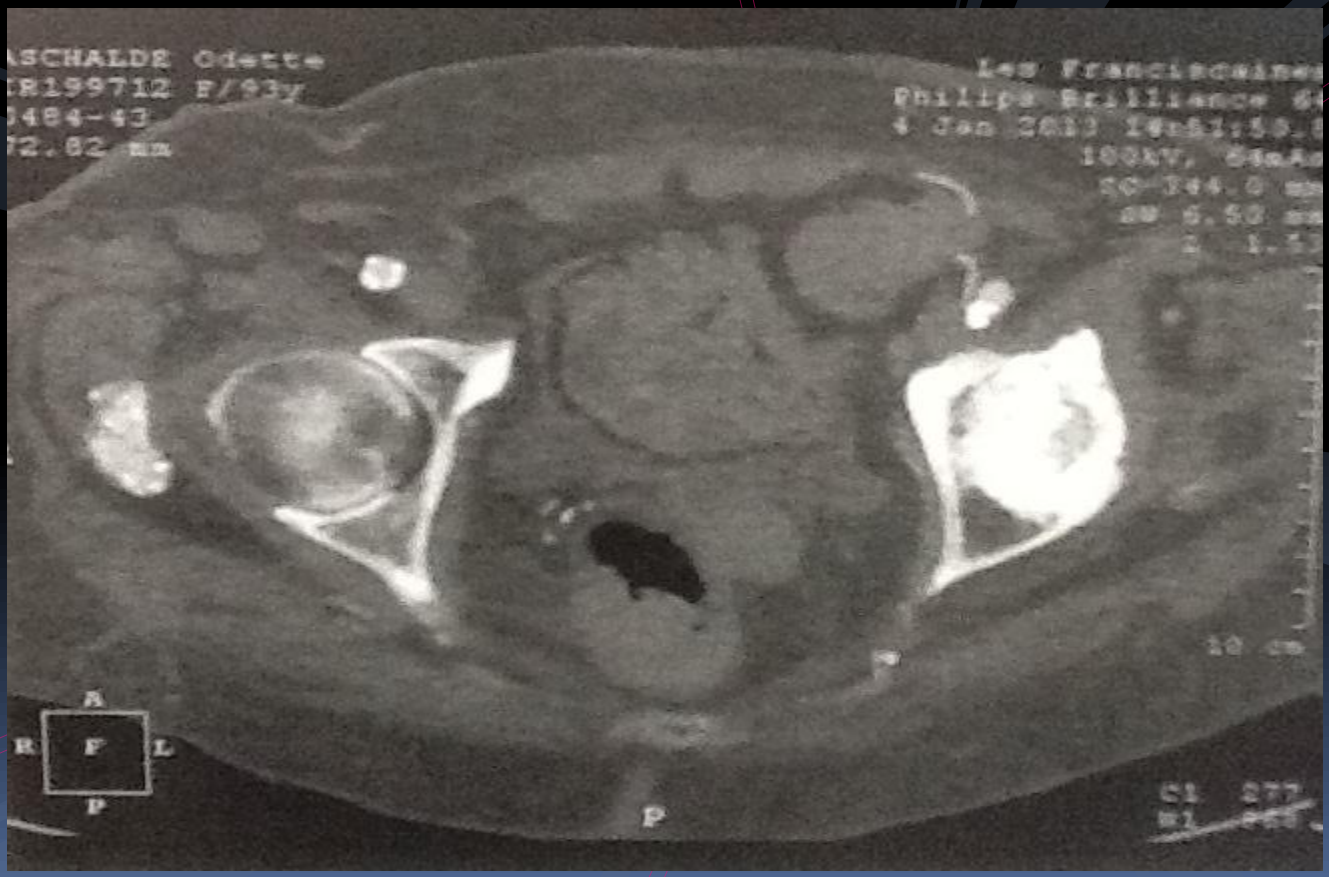


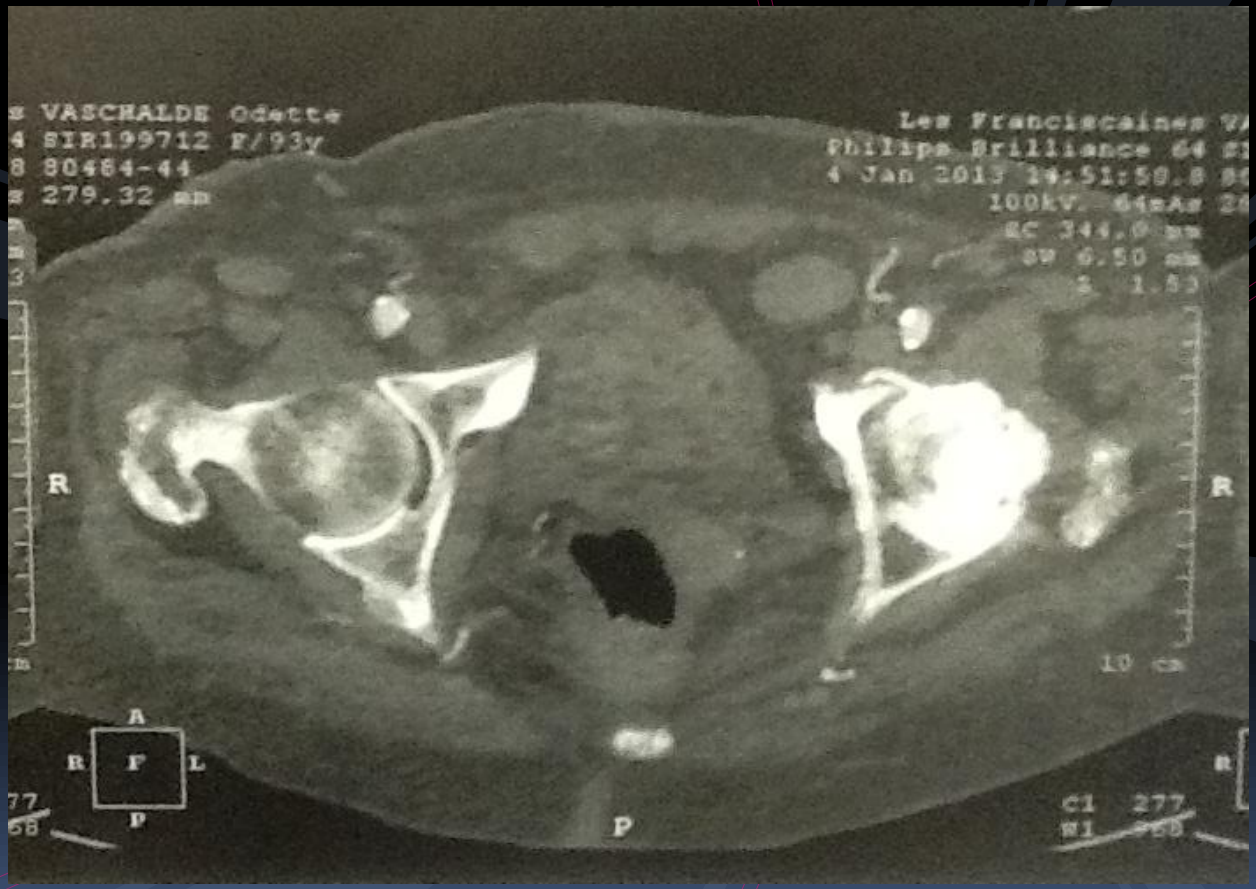

URE BERNARD
-05-1947 M
4/09 CARDIO
-10-2009

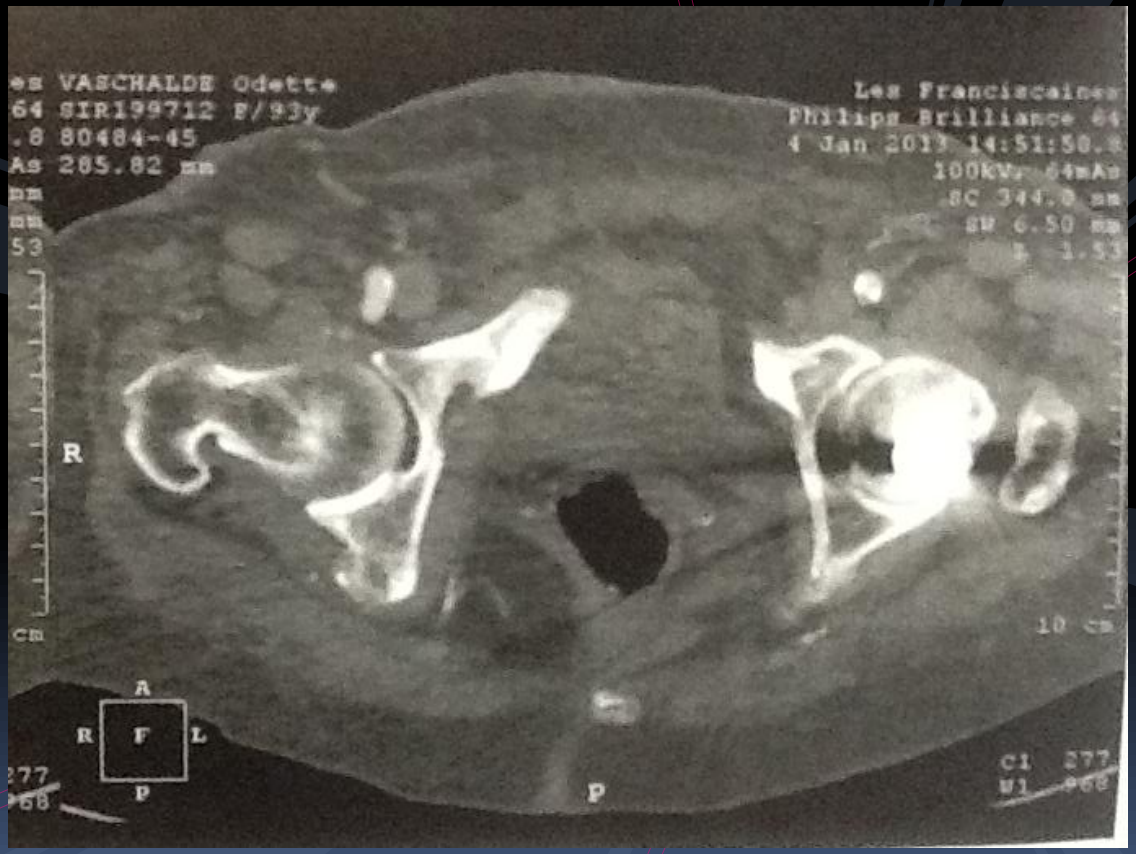
Lecture du scanner sur images natives

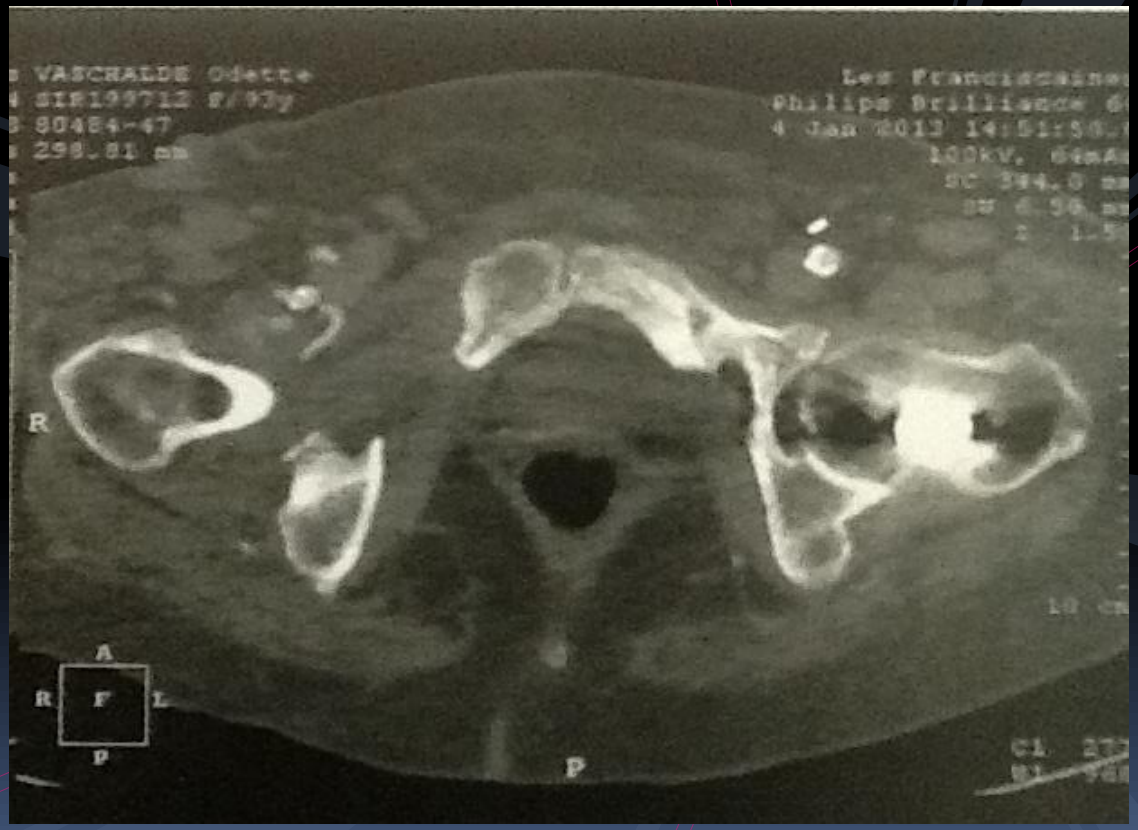
endosize

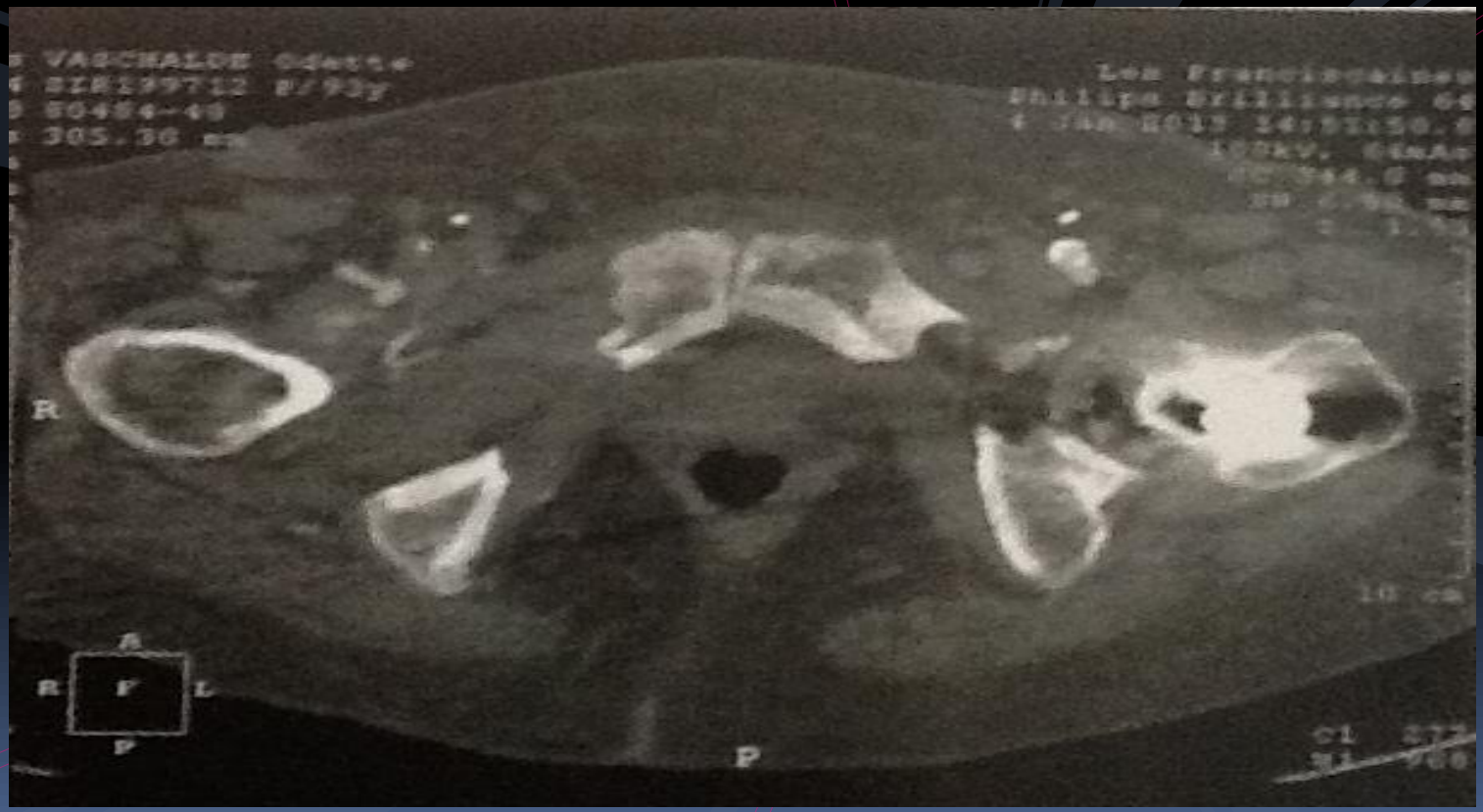

VASCHALDE Odette
C
F

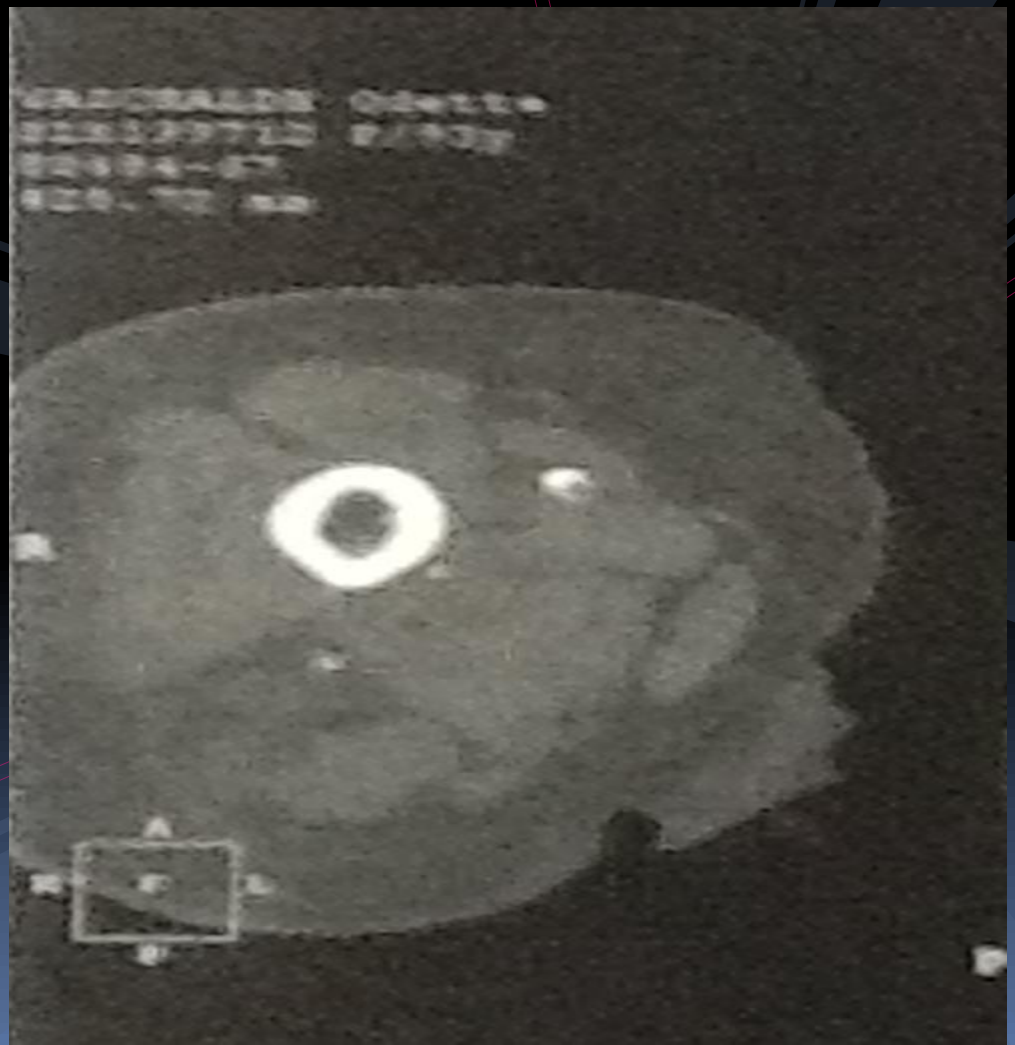

A
R
F
L
P
P

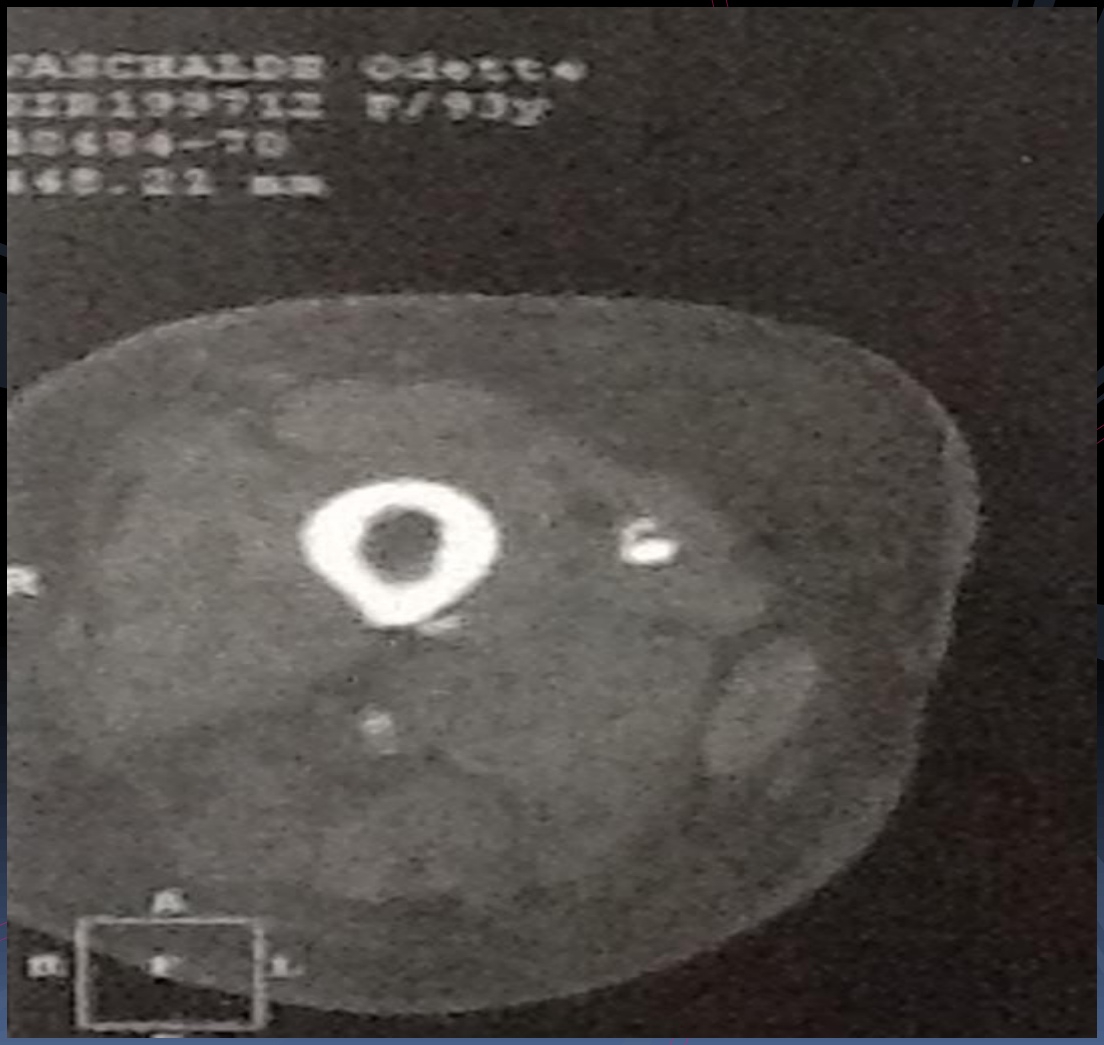

VASCHALDE Odette
SIR199712 F/93y
80464-44
279.32 mm
Philips Brilliance 64
100kV
R
R
A
R
F
L
P
P
C1 277

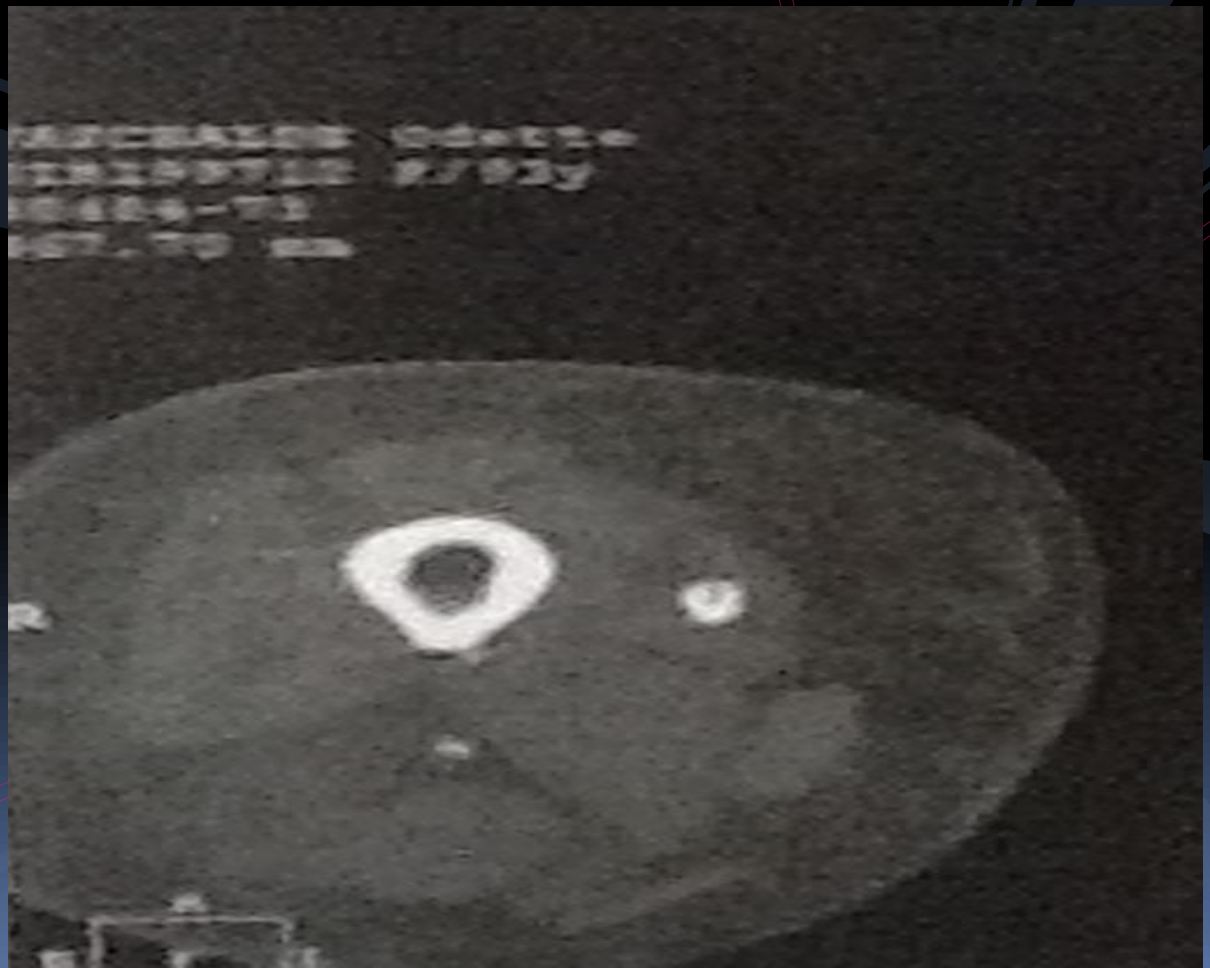

VASCHALDE Odett
SIR199712 F/93y
80484-45
285.82 mm
Les Franciscaines
Philips Brilliance 64
4 Jan 2013 14:51:50
R
A
R
F
L
P
P
10 cm

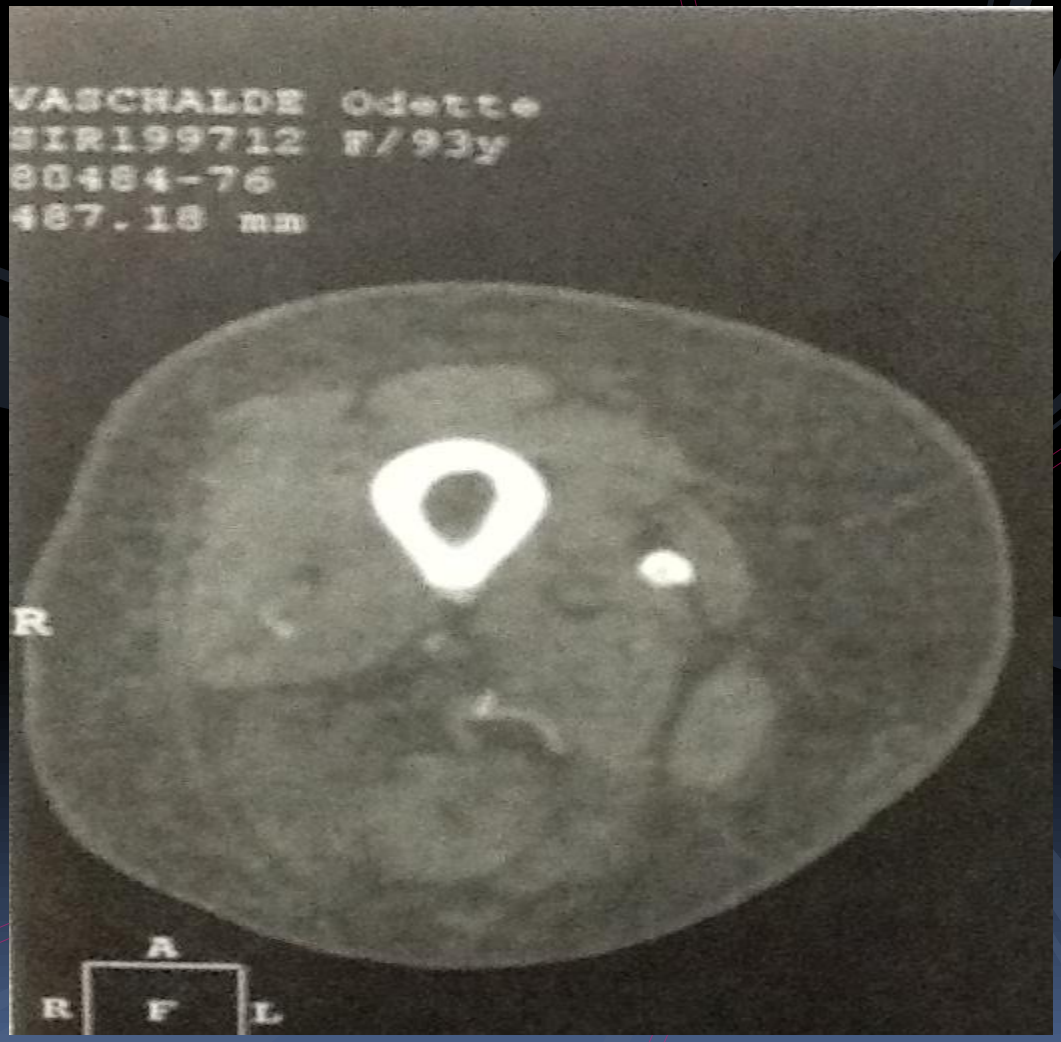

VASCHALDE Odette
80484-47
298.81 mm
R
A
R
F
L
P
P

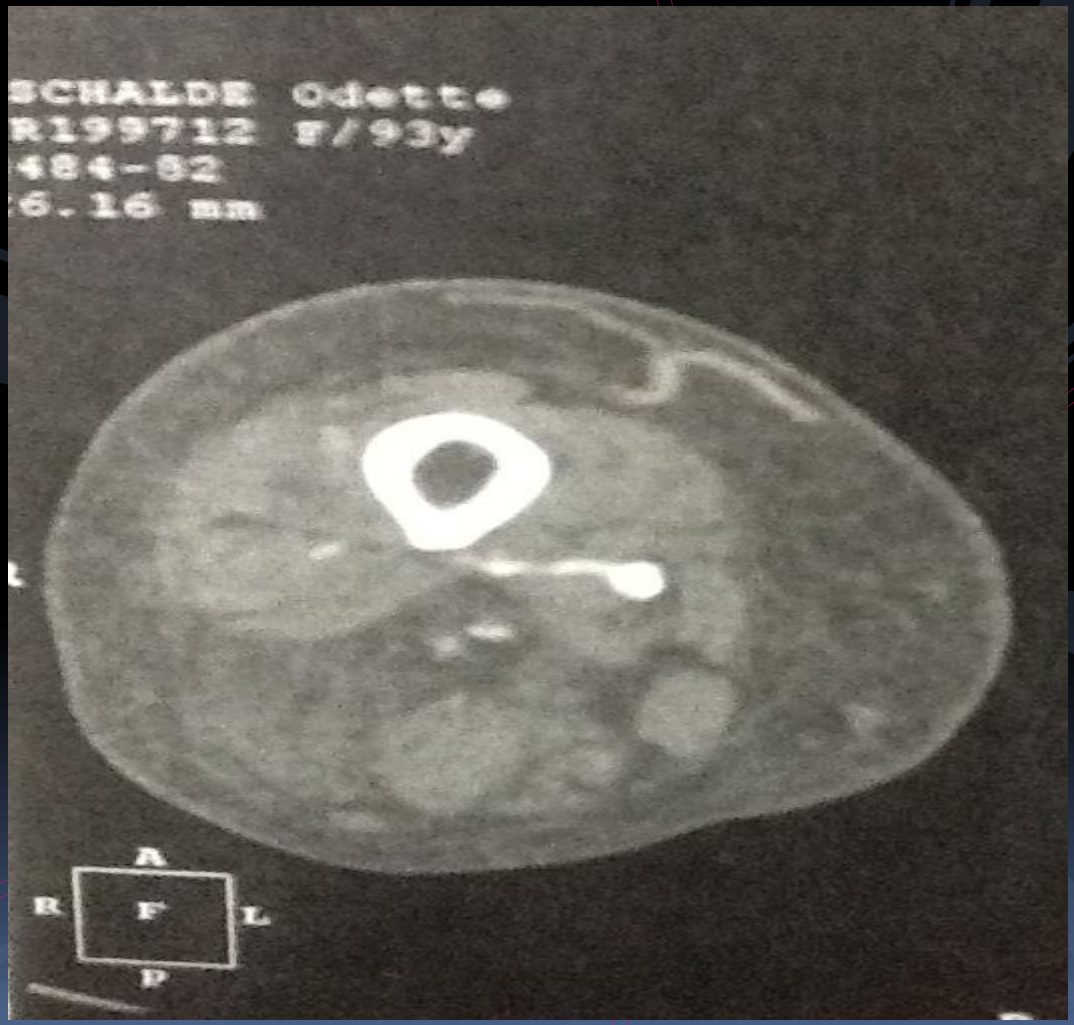

R
A
R
F
L
P
P

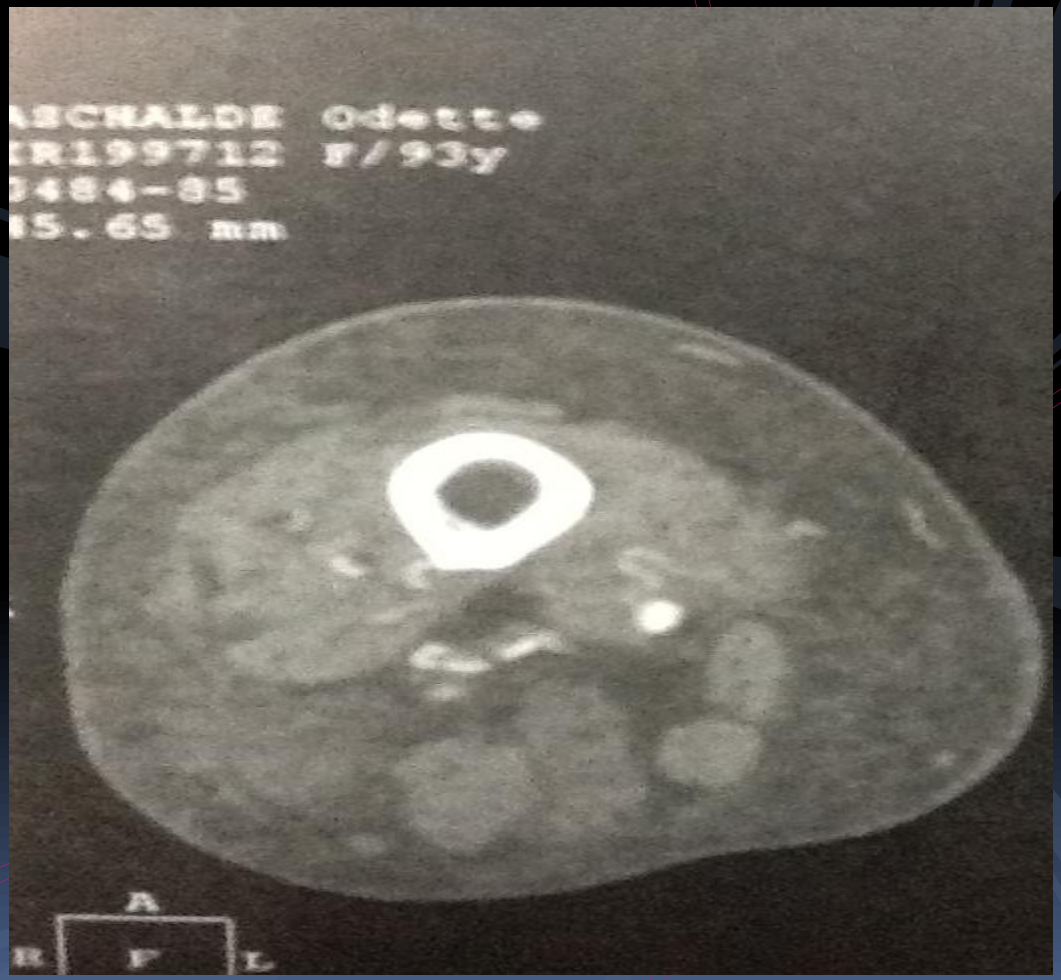







VASCHALDE Odette
SIR199712 F/93y
80484-76
467.18 mm
R
A
R
F
L


SCHALDE Odette
R199712 F/93y
484-02
6.16 mm
A
R
F
L
P


ASCHALDE Odette
IR199712 F/93y
3484-85
35.65 mm
A
R
F
L

Voie intraluminale

- Lesions courtes< 10 cm

- Mauvaise indication voie sous intimale :

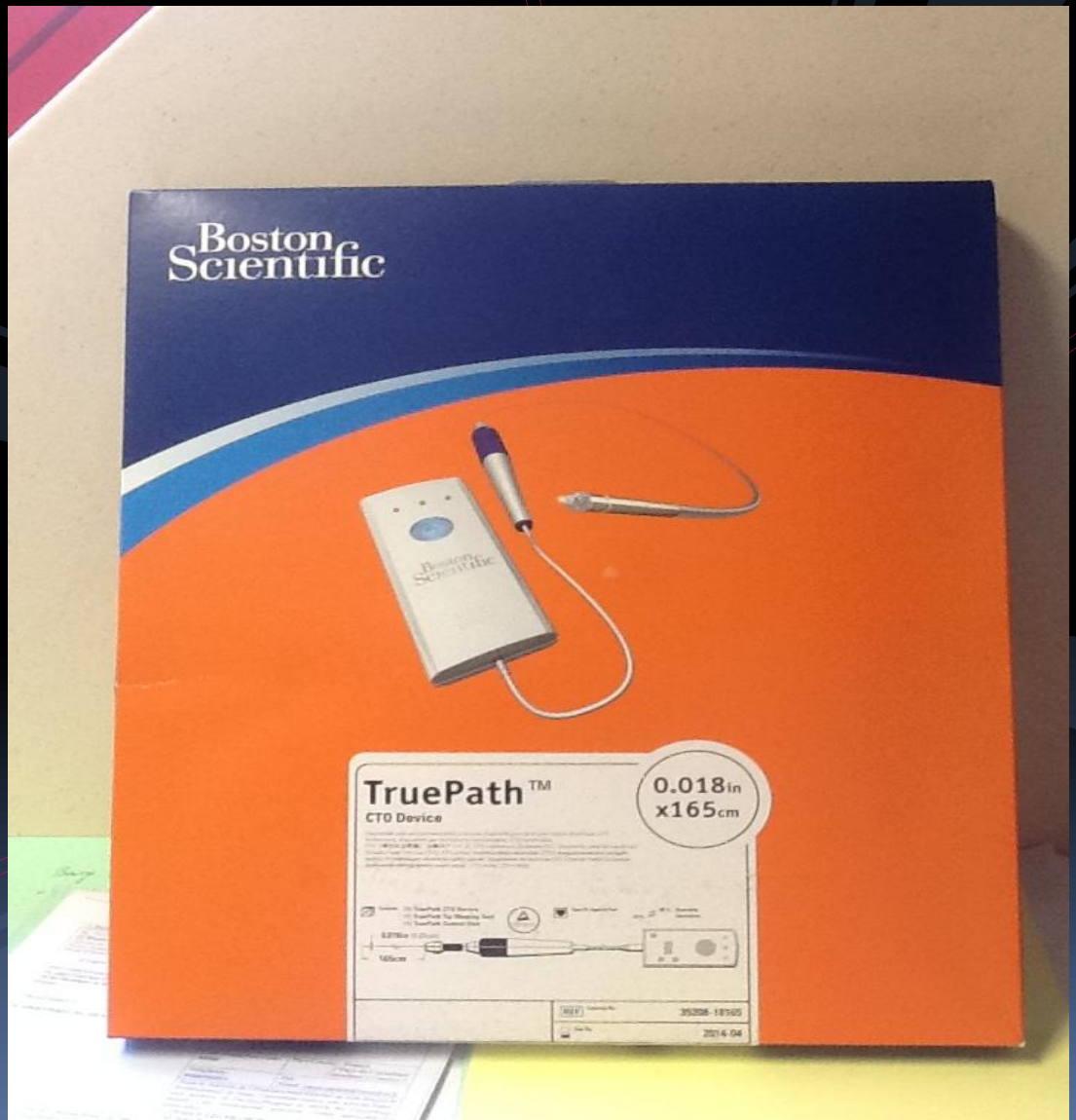
  perte potentielle collaterales

  pas de rentree possible:calcifications

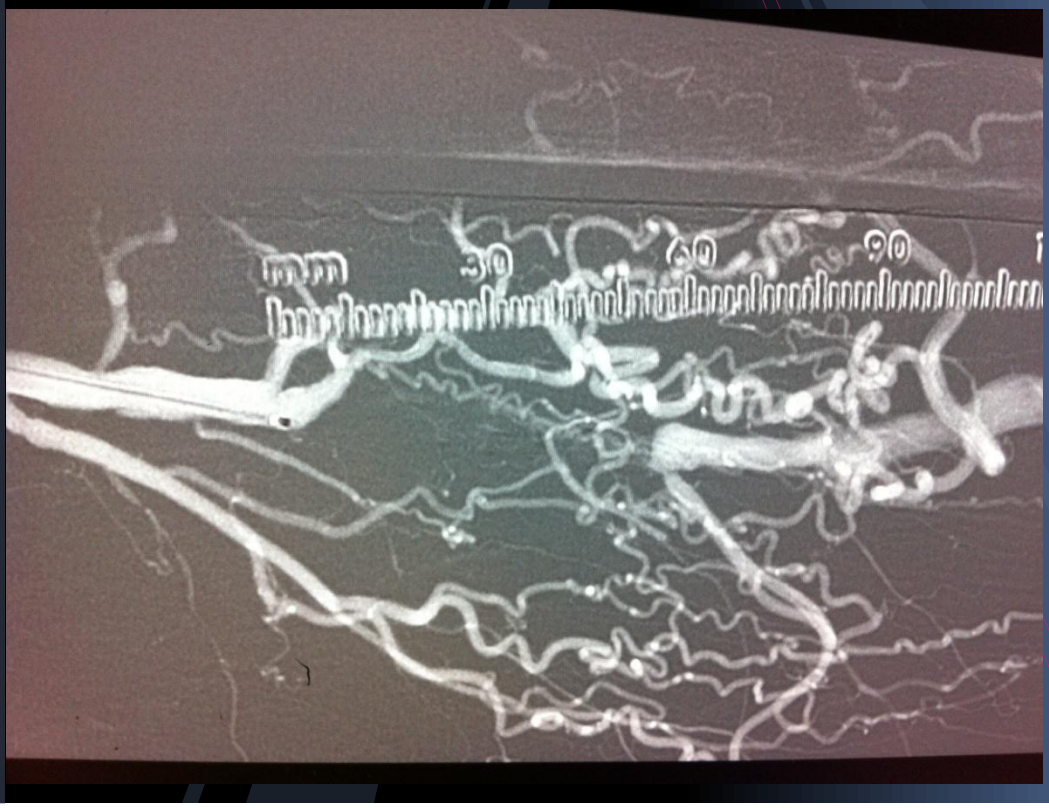
MATERIEL VOIE INTRALUMINAL

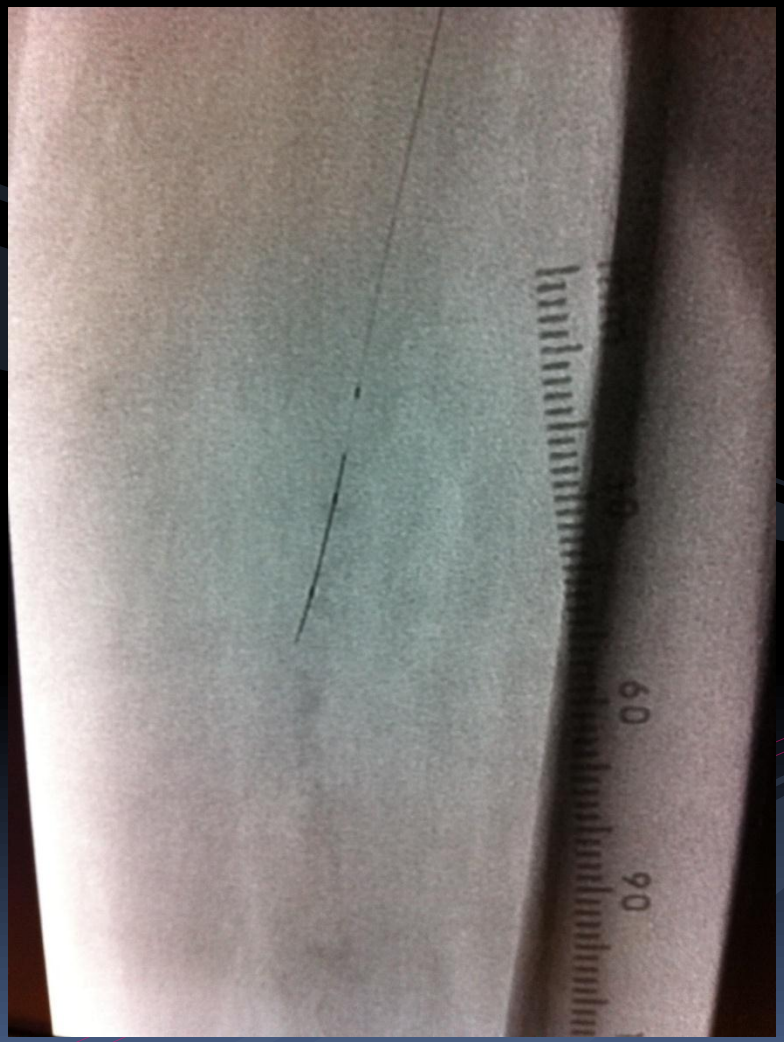
- INTRO 6 FR
- GUIDE HYDROPHILE 0,35 DROIT
- SONDE VERTEBRALE D'APPUI
- SI BOUCLE DU GUIDE=SOUS INTRIMAL:RECHERCHE AUTRE PLAN
- SI ECHEC NE PAS INSISTER/ :TRUE PAT
- Stenting primaire de principe

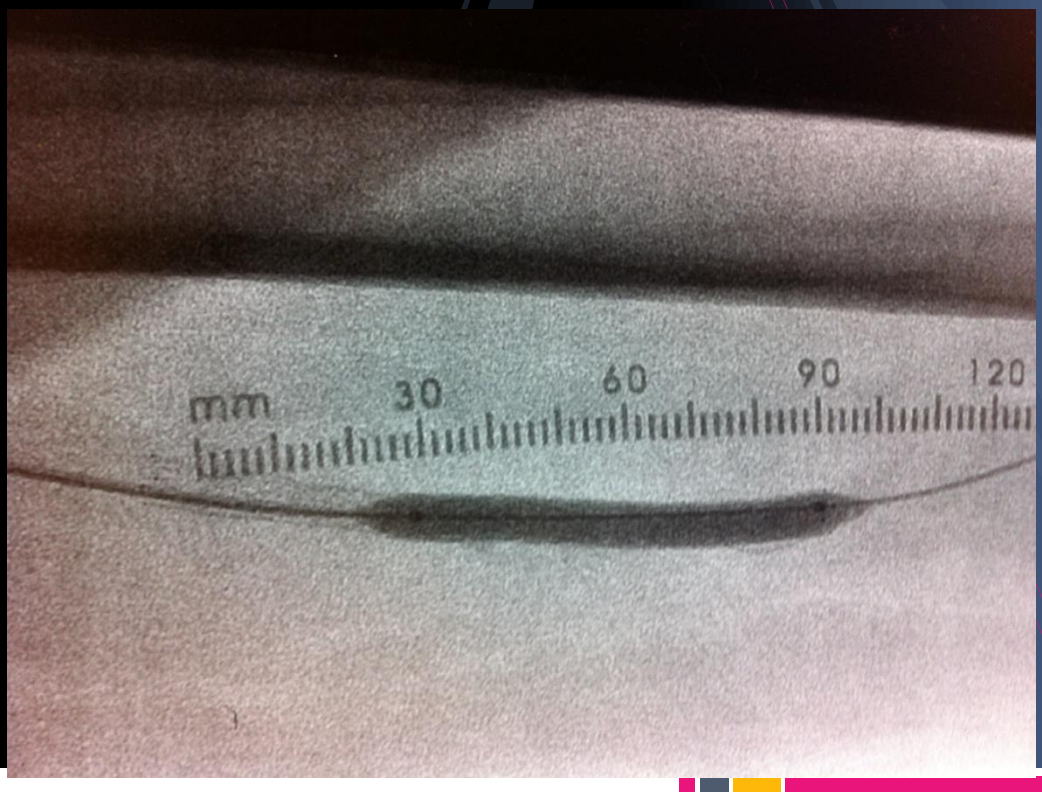
True path

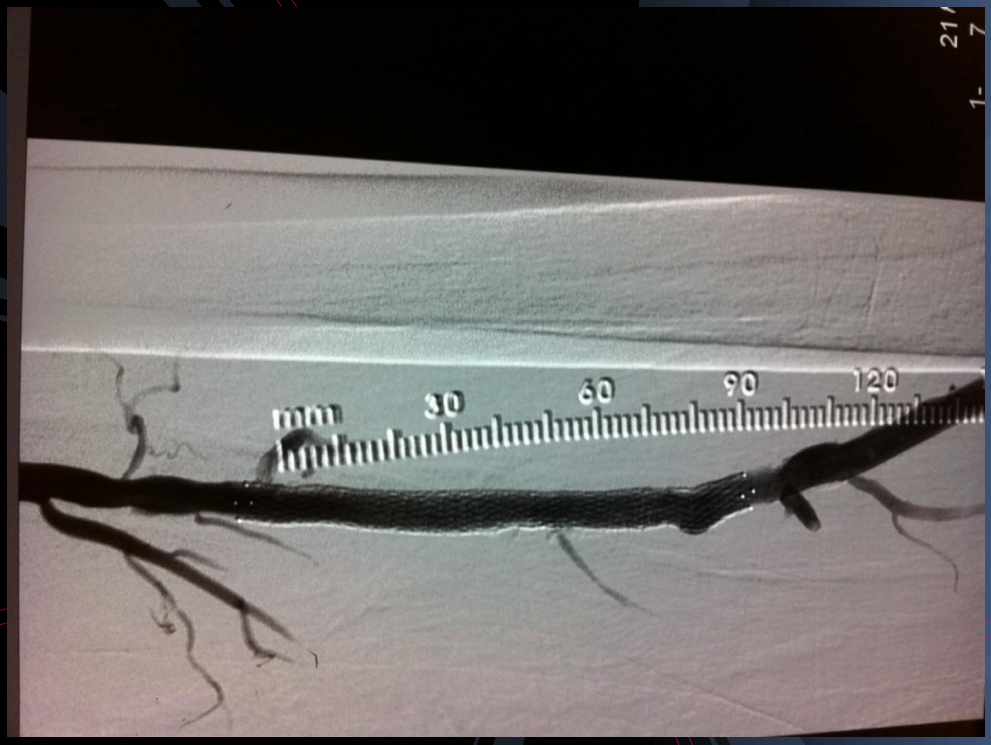


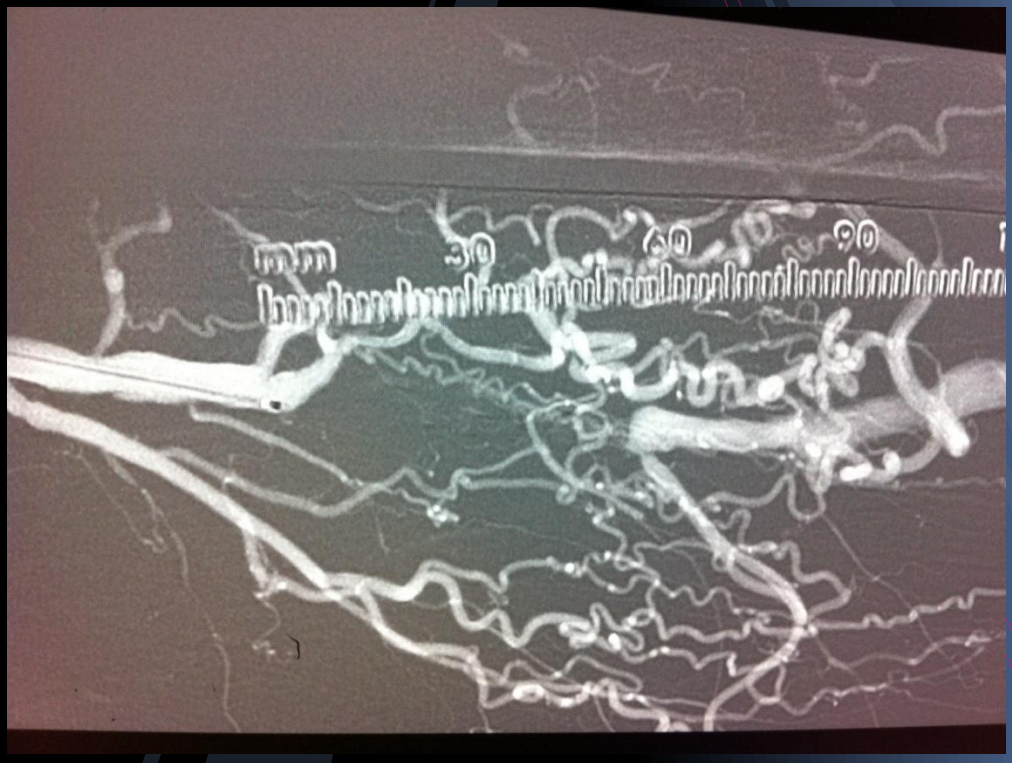

Boston
Scientific
+
-


30
60
90


60
90


mm
30
60
90
120


30
60
90
120


30
60
90

Voie sous intimale

Lesions longues>a 10 cm

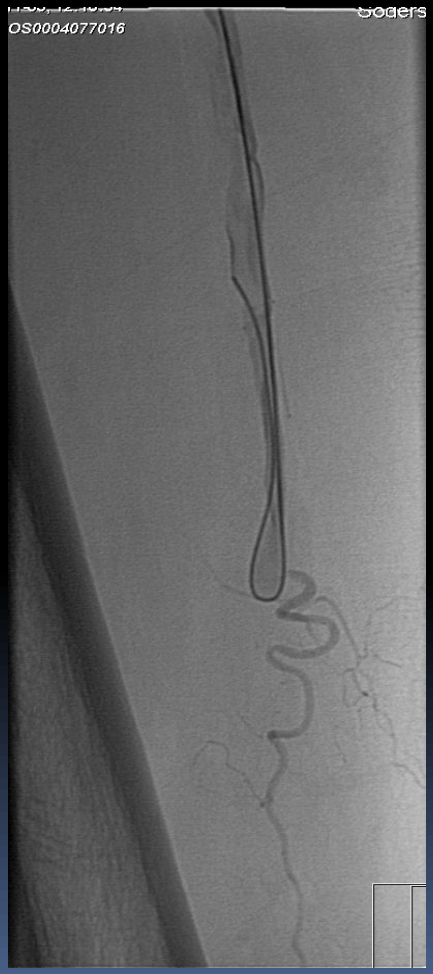
Ideal F3-P1

Pas de calcifications trop importantes a la reentree prevue

Pas de perte de collaterrales majeures

En sous intimal

- Entree
- Progression
- Reentree
- Ballon
- Pas ou peu de stent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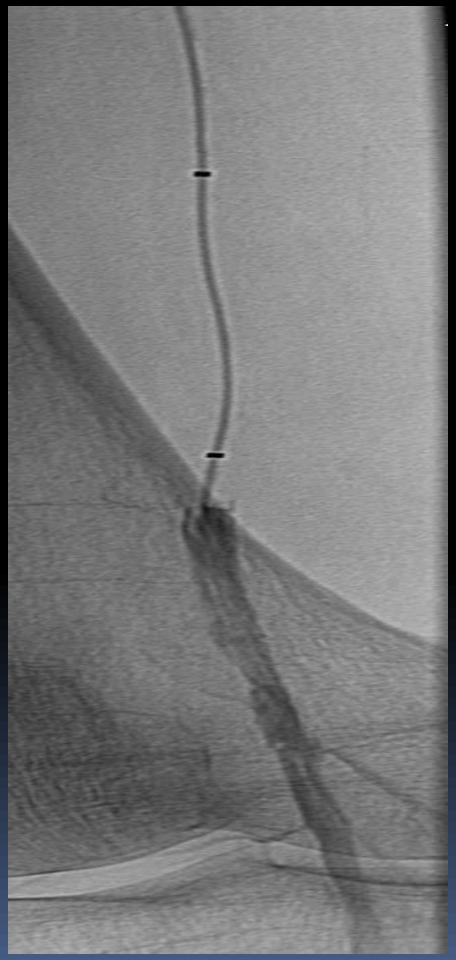
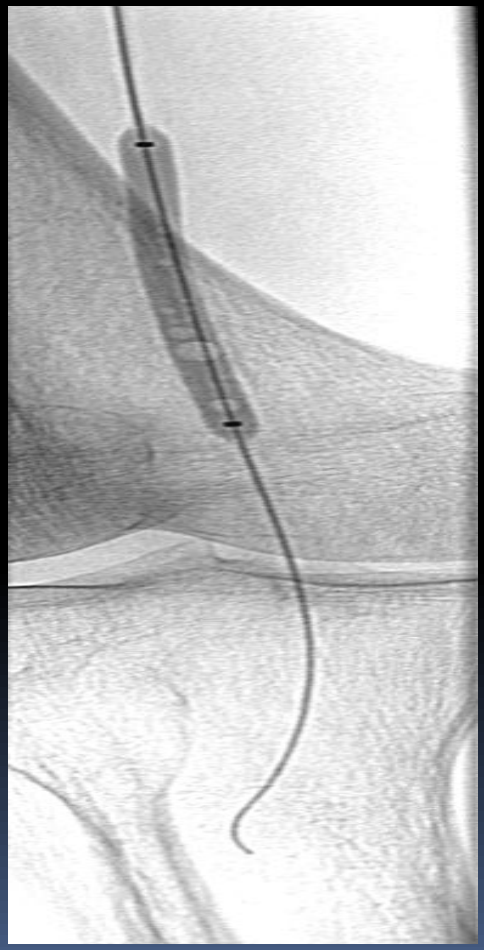
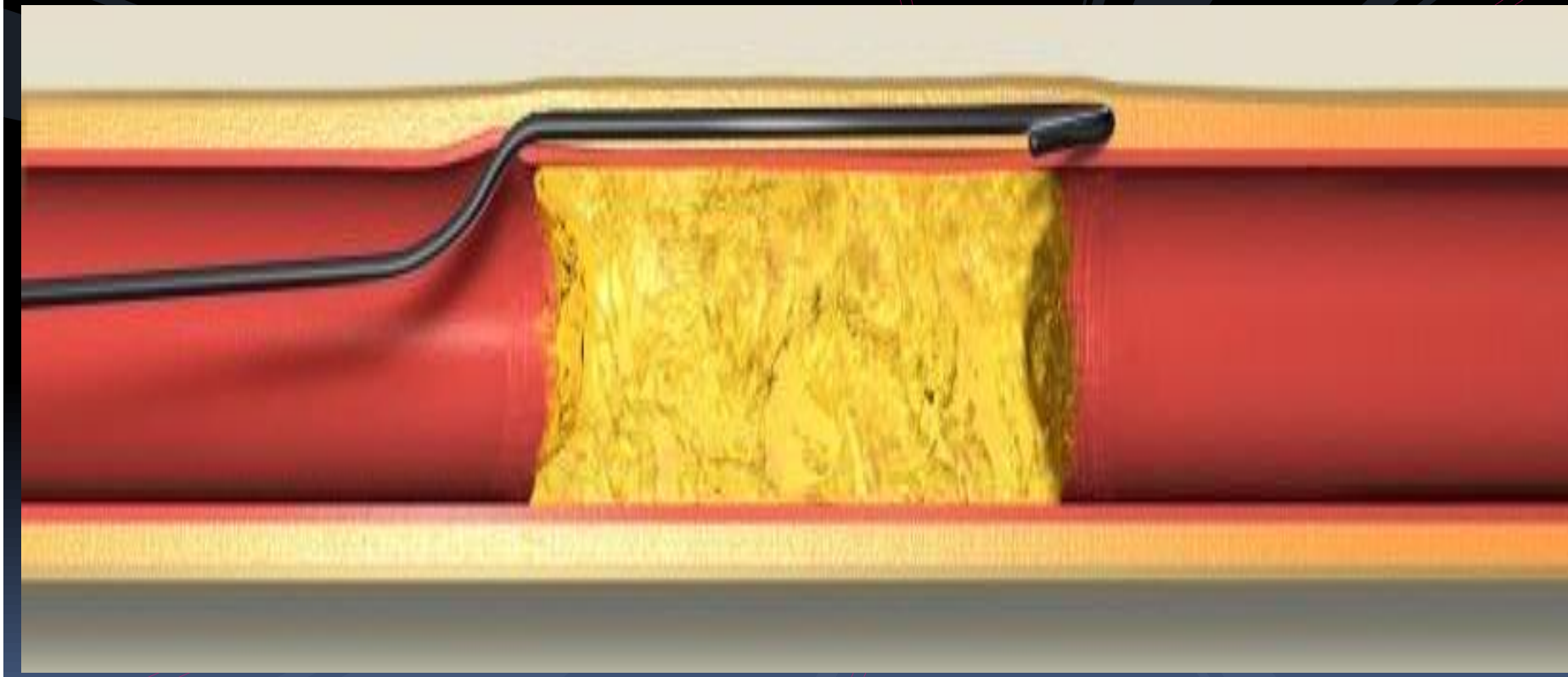
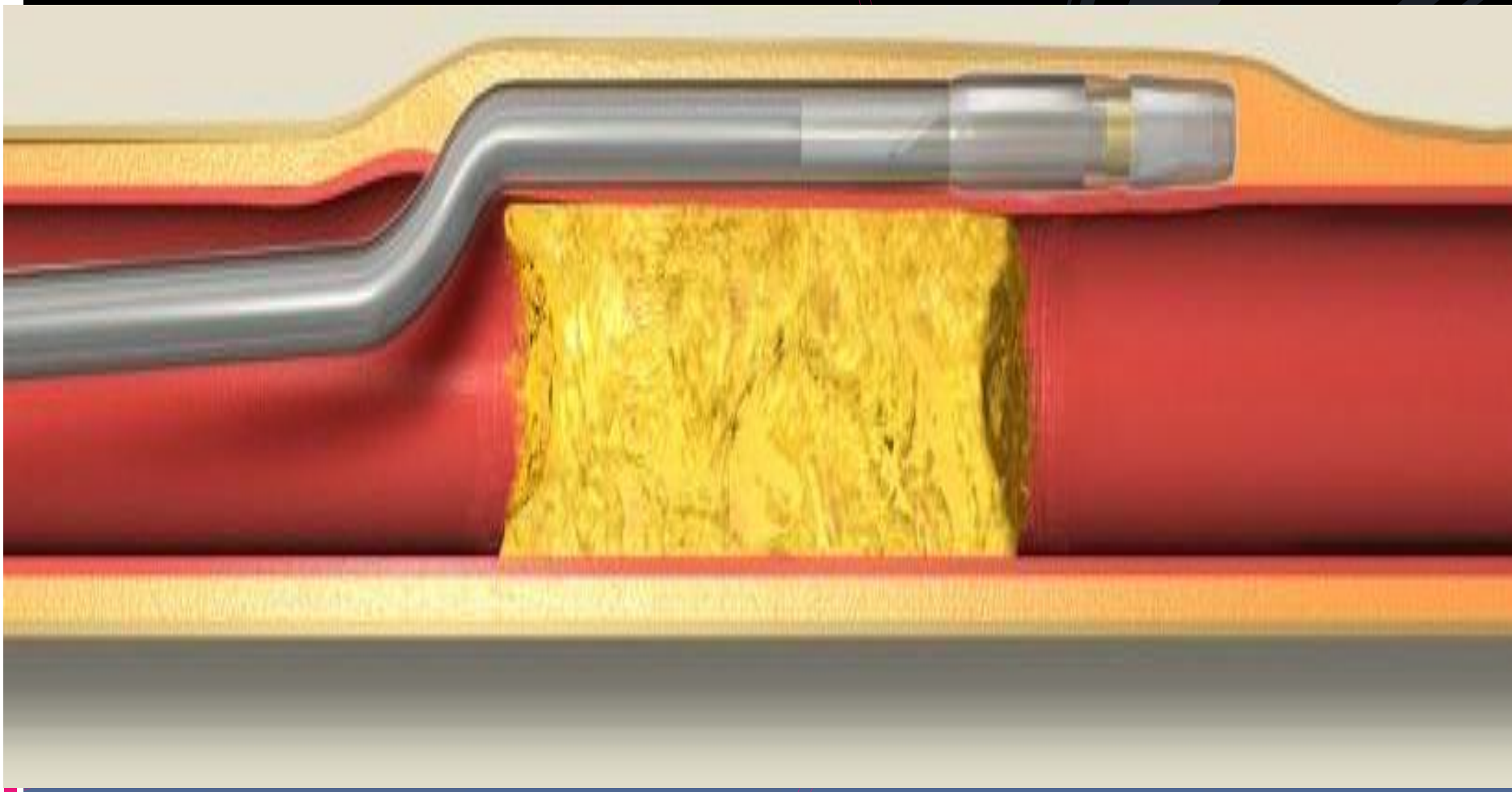
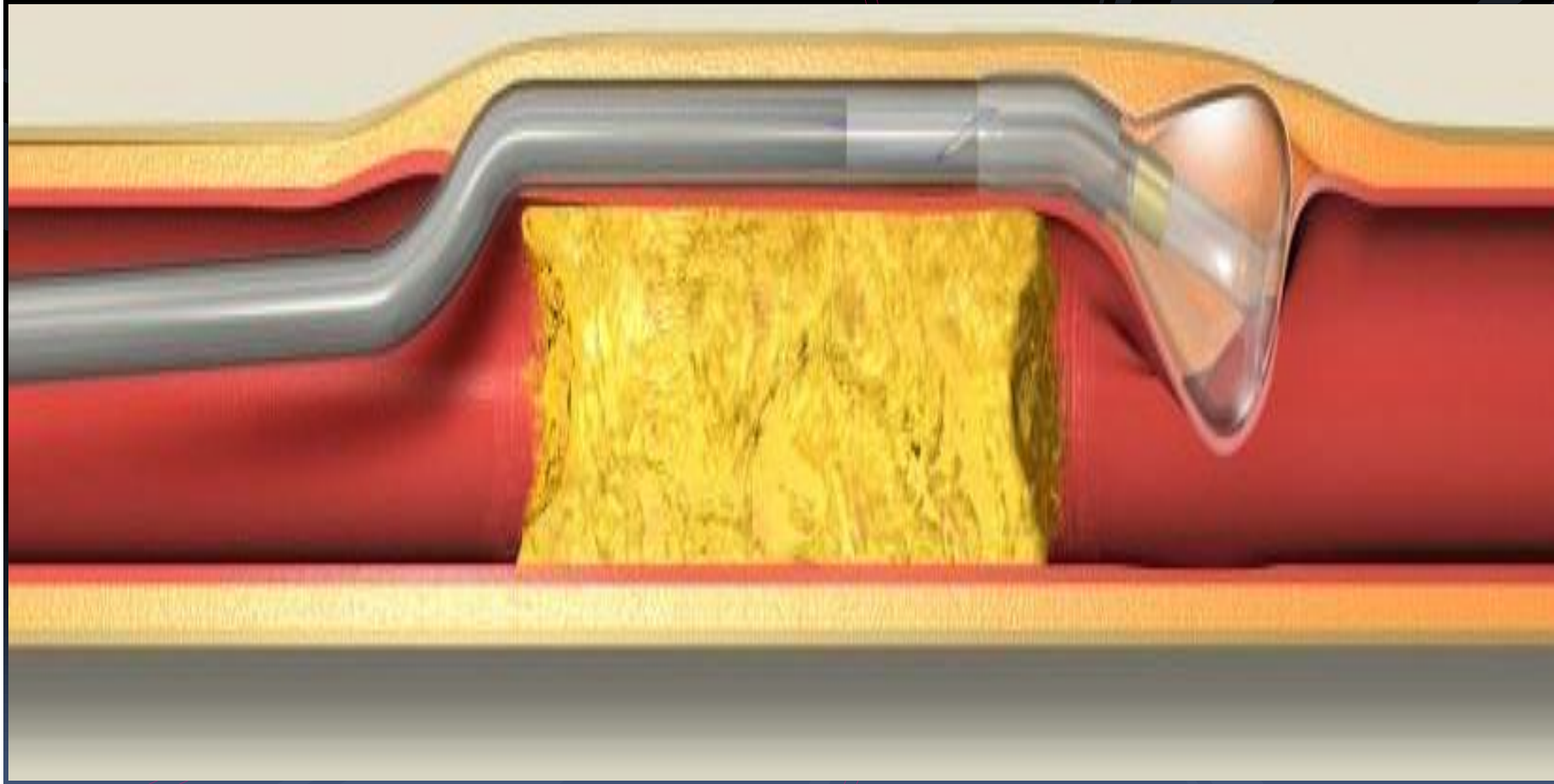


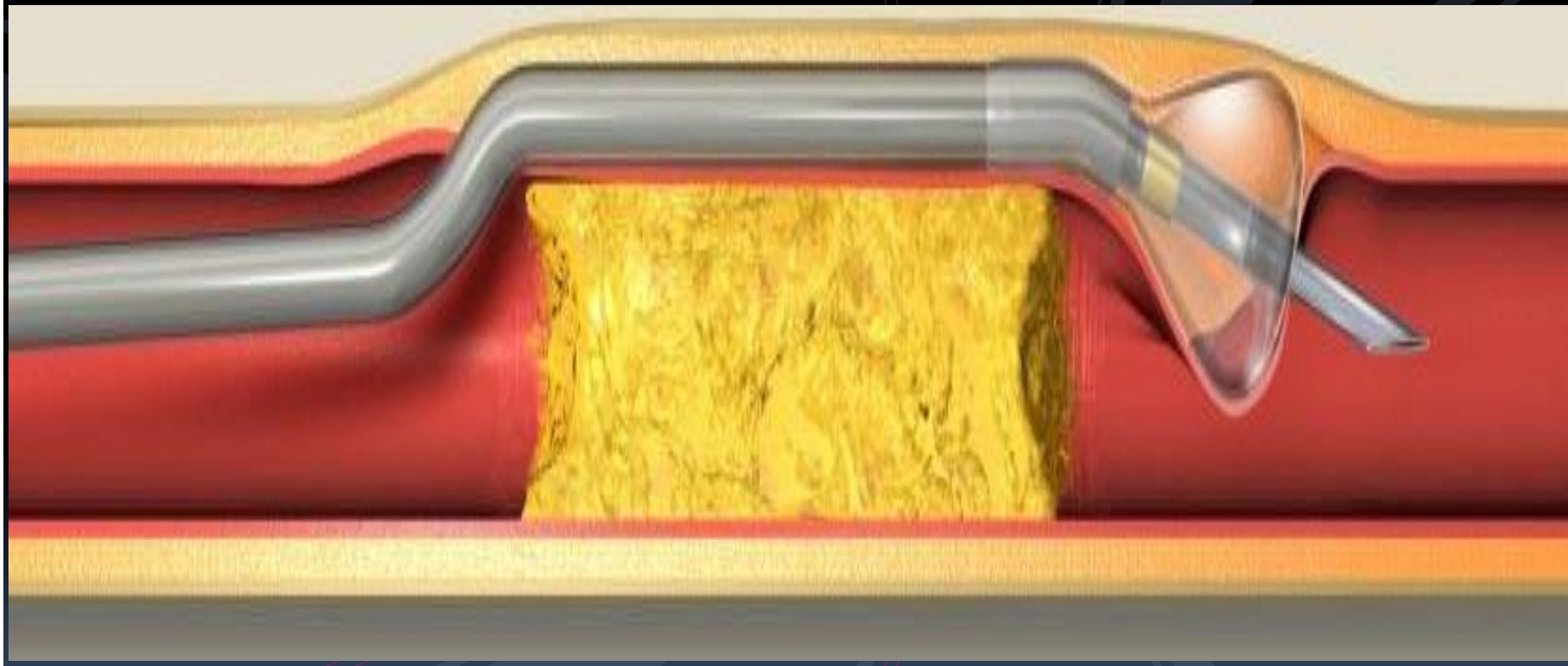


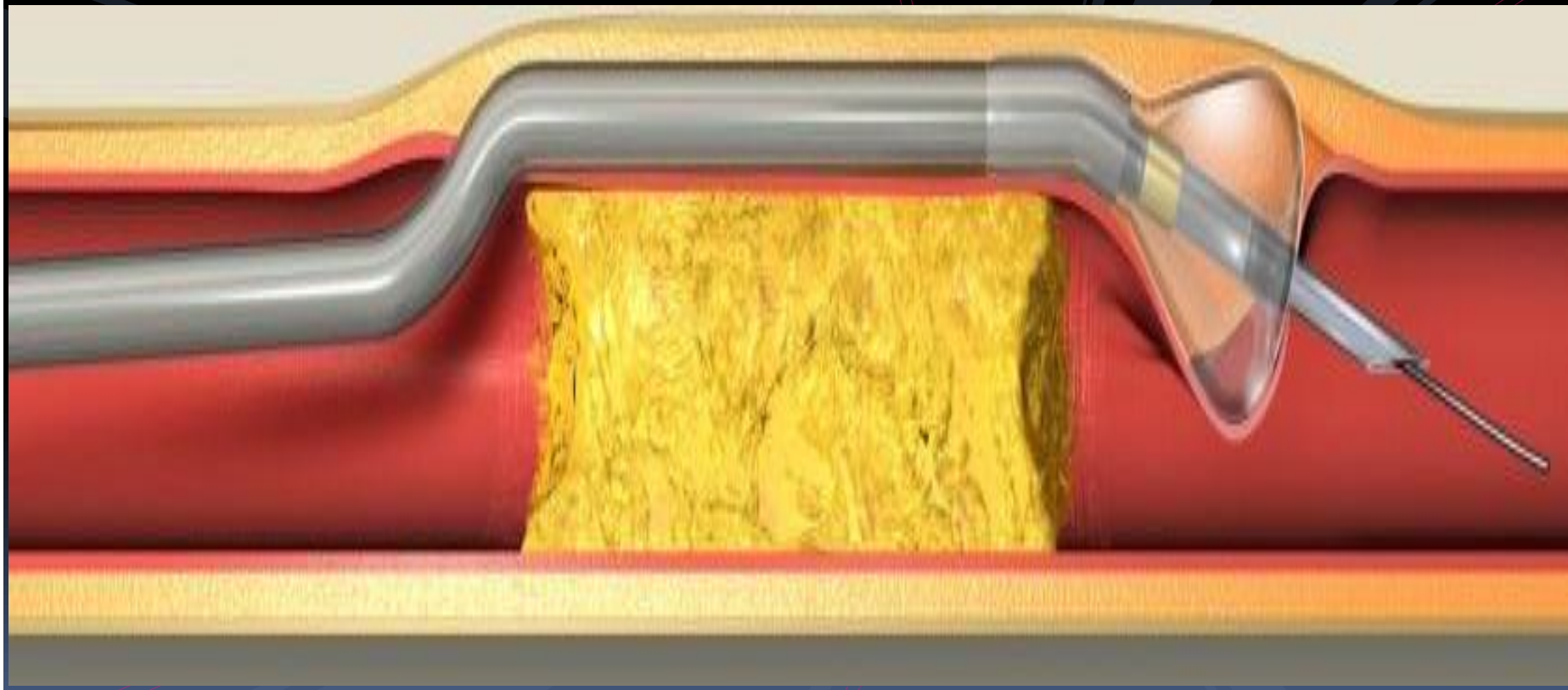
Si pas de reentree facile offroad

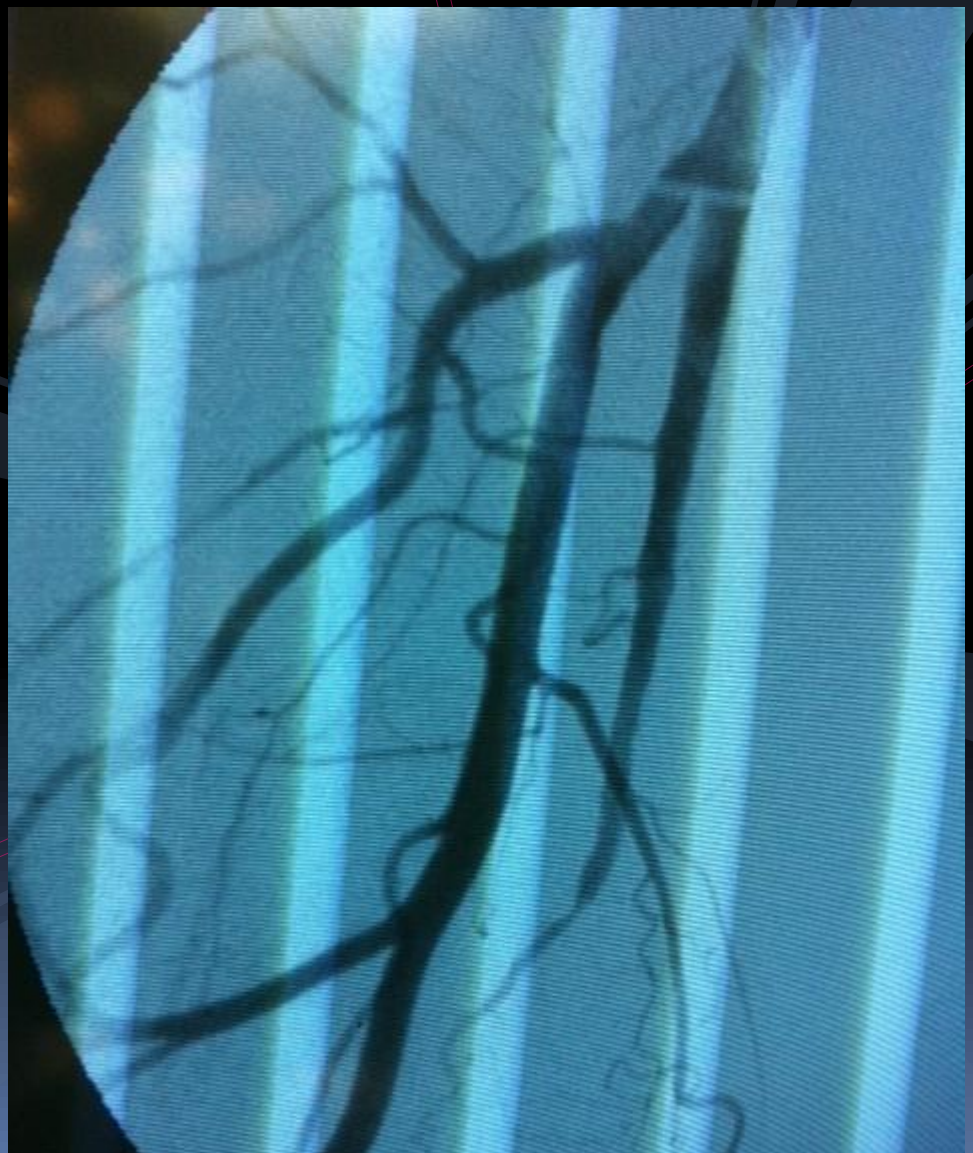


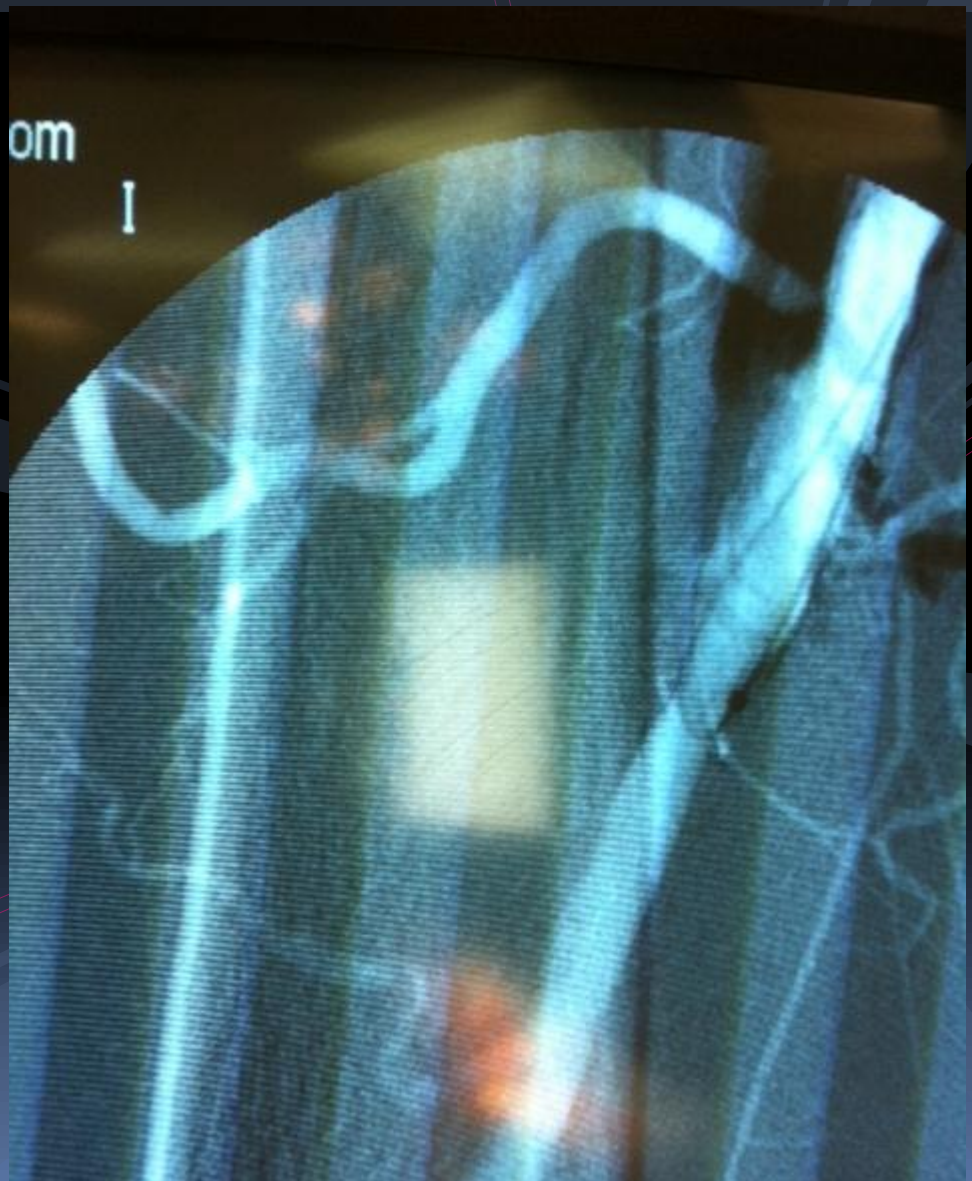


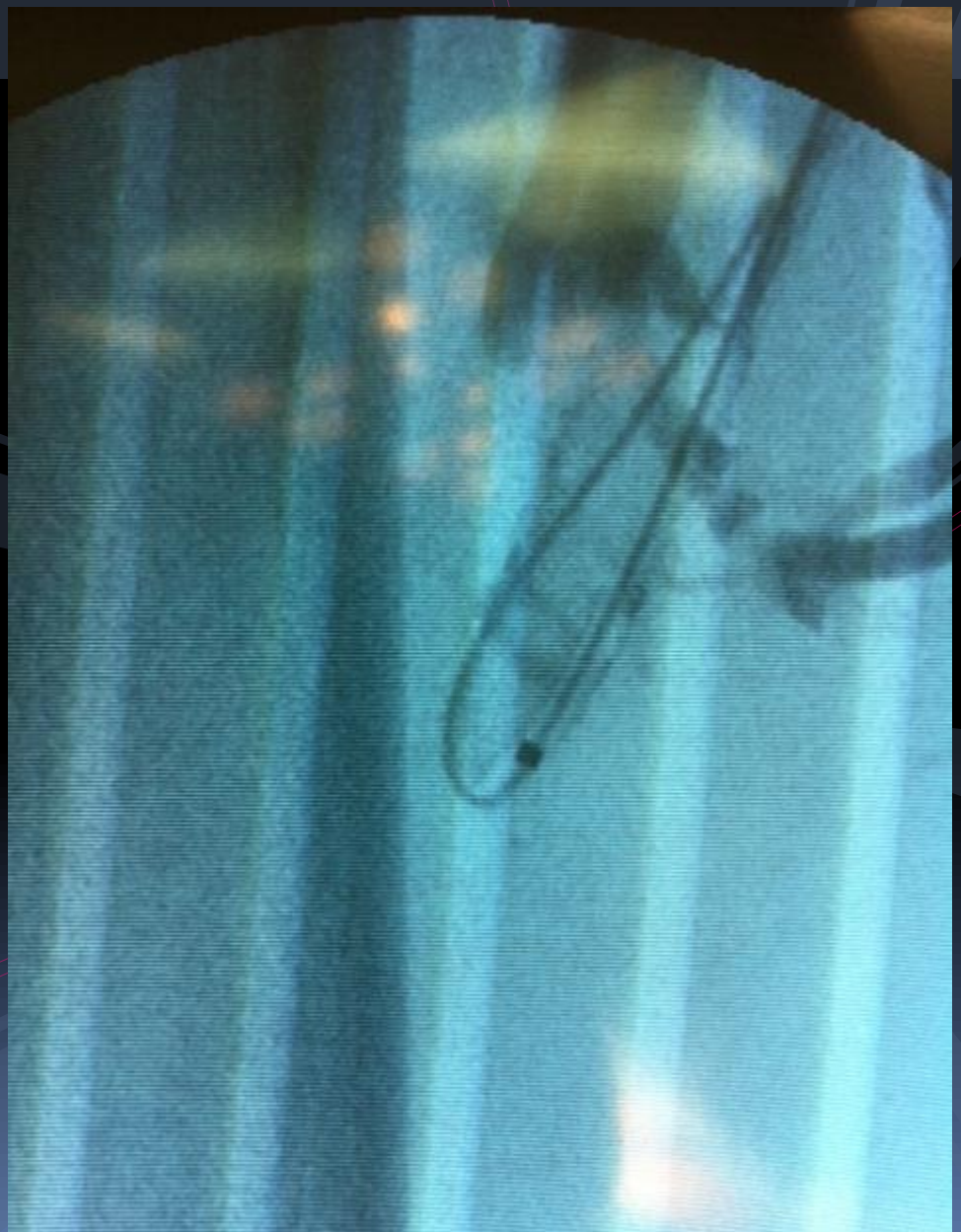


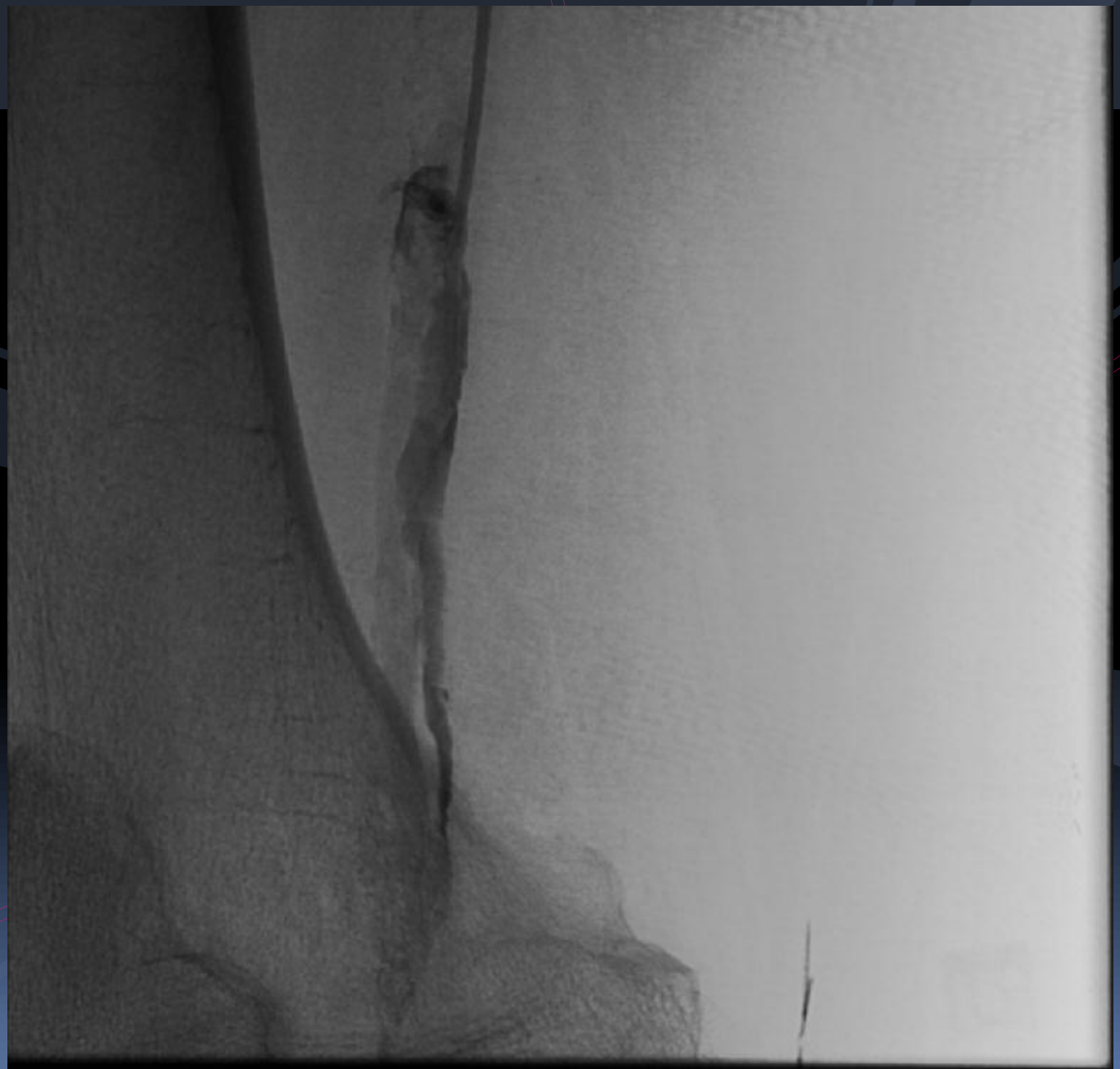


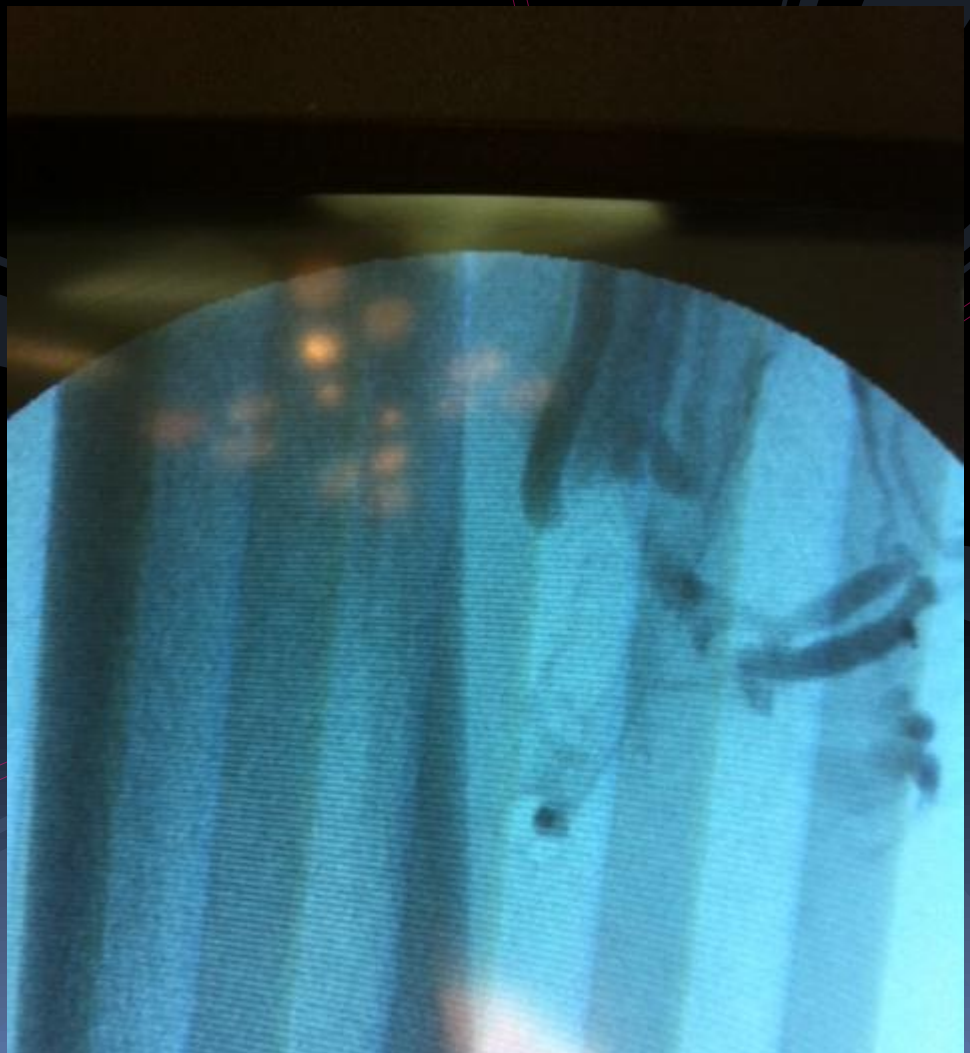


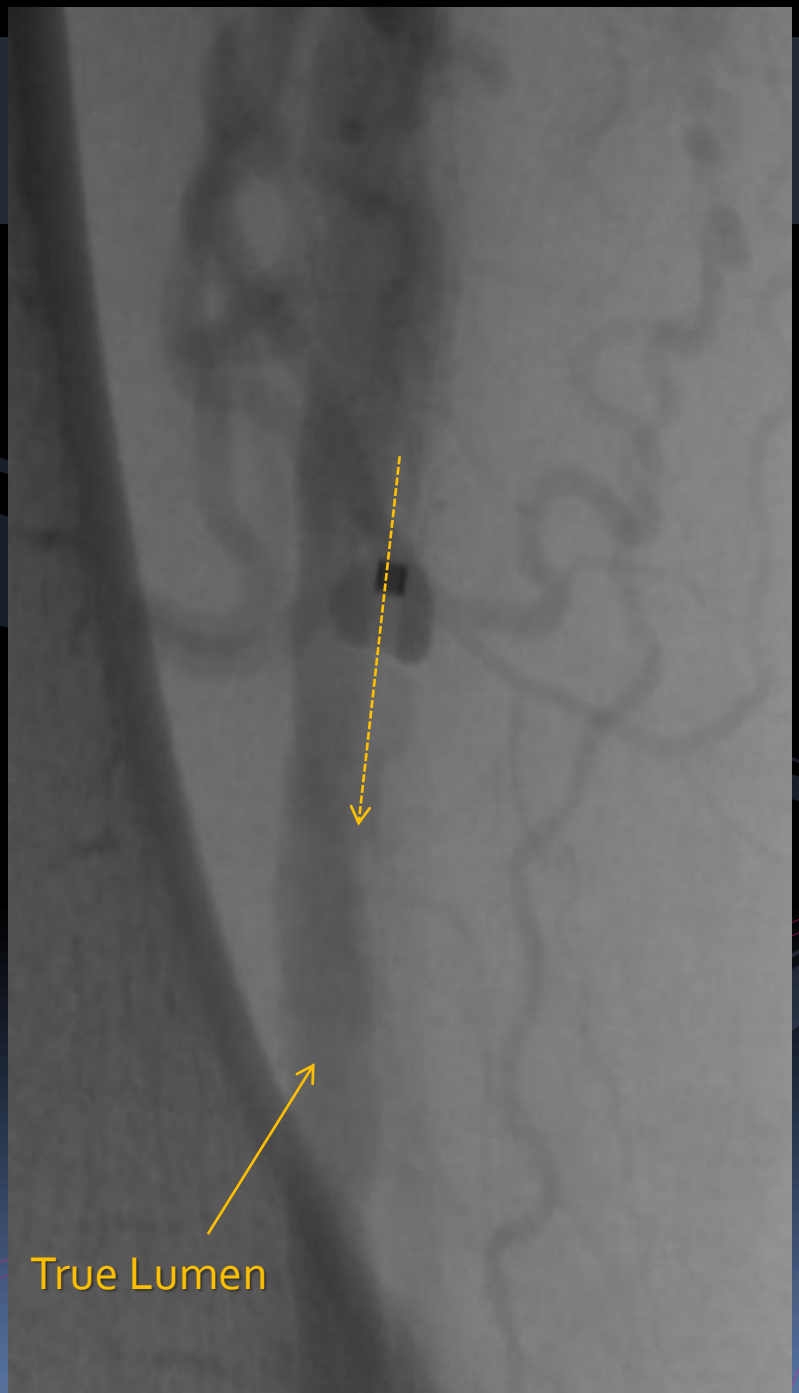


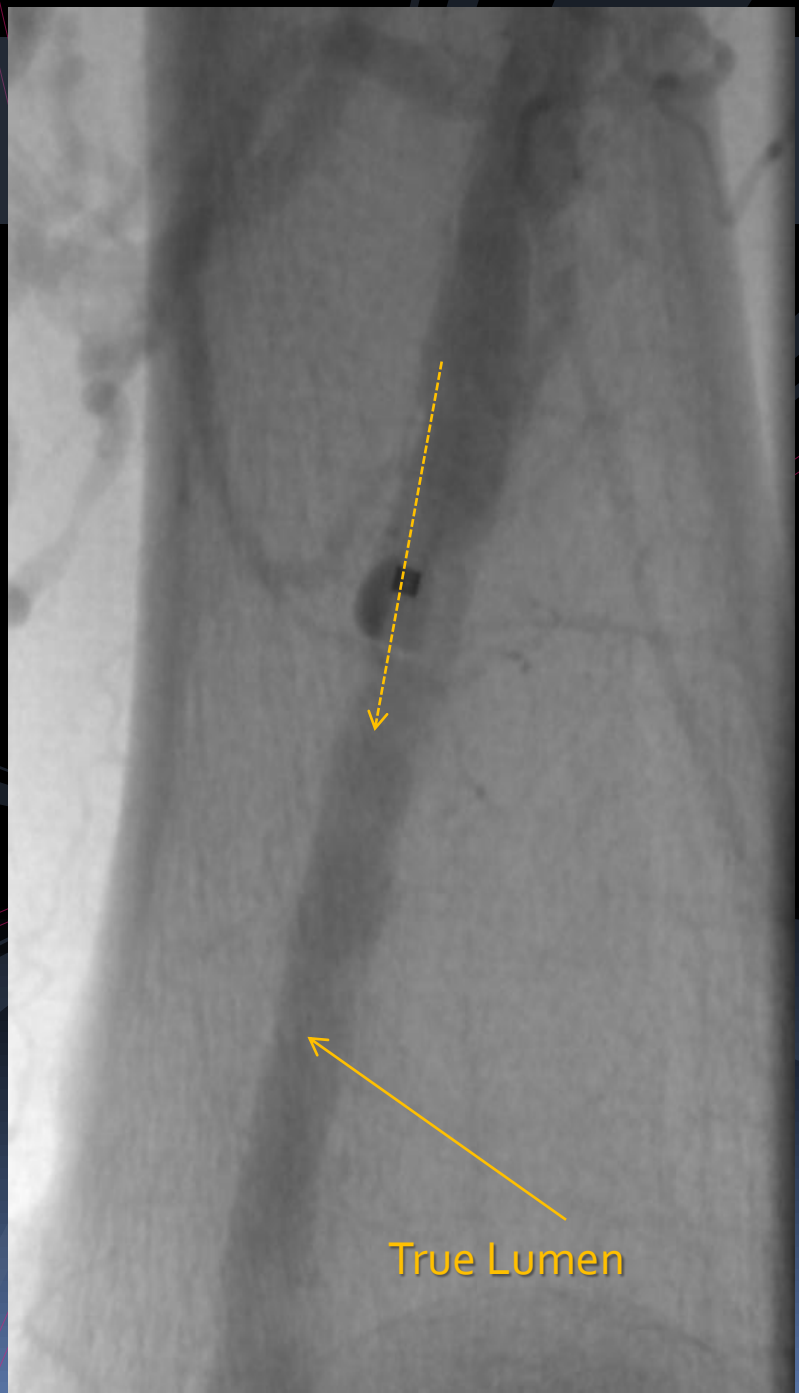

om
I








True Lumen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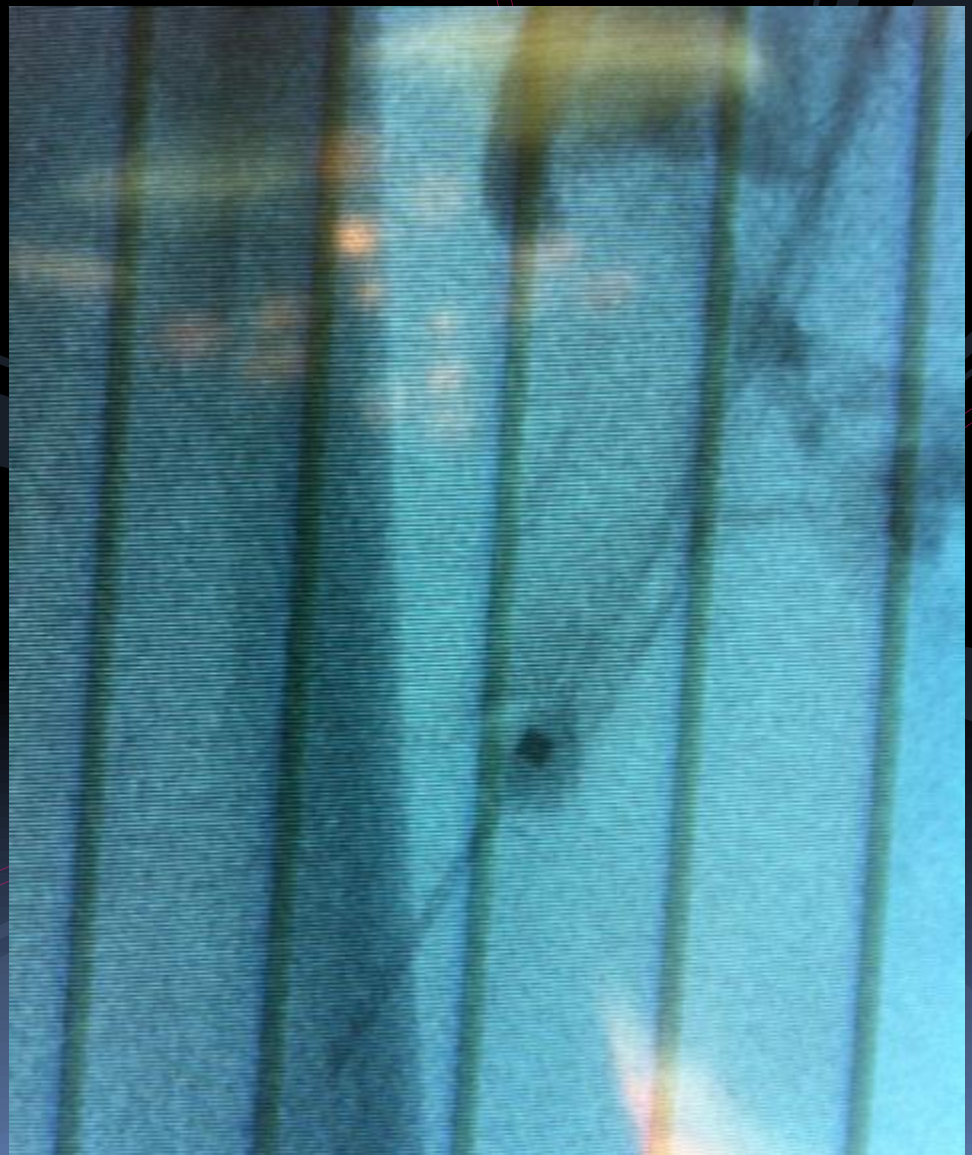

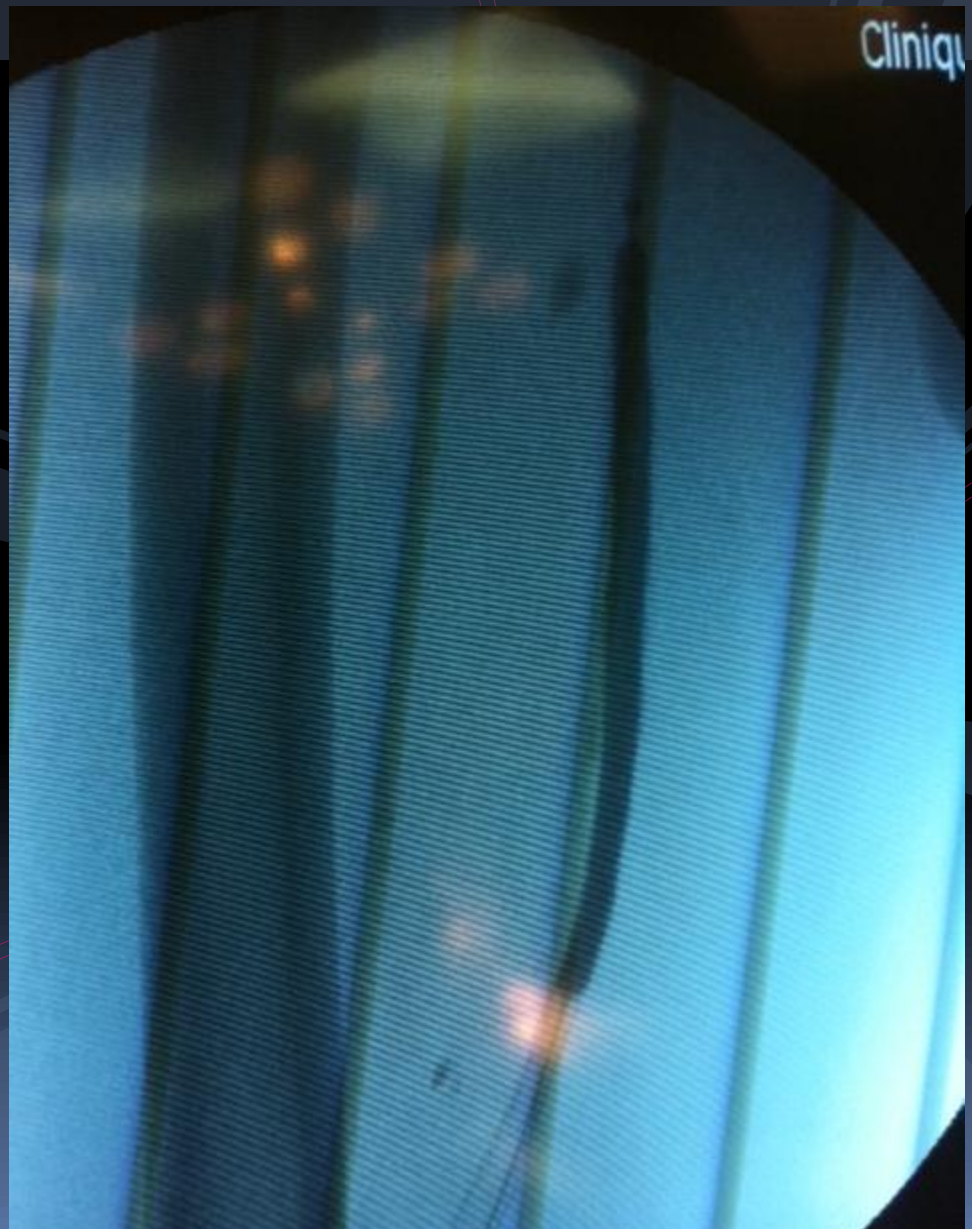
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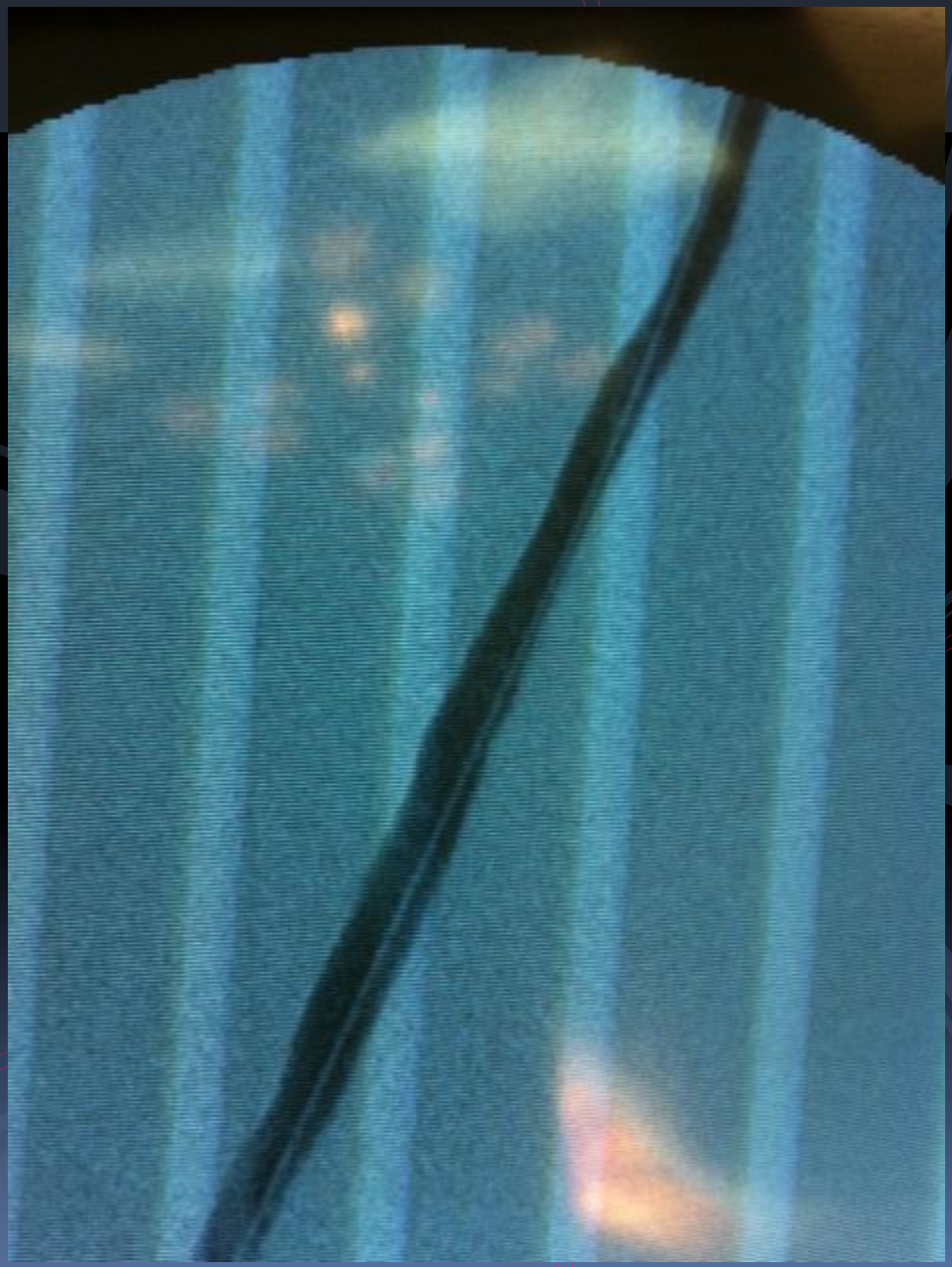

En conclusion

- Lecture par l'operateur de l'angioscanner sur endosize permet de choisir endo ou chirurgie
- Endosize fait choisir voie intra luminal ou sous intimal
- En cas d'echec guide simple recours a true path si intra luminal,offroad si sous intimal