Клиничен случай

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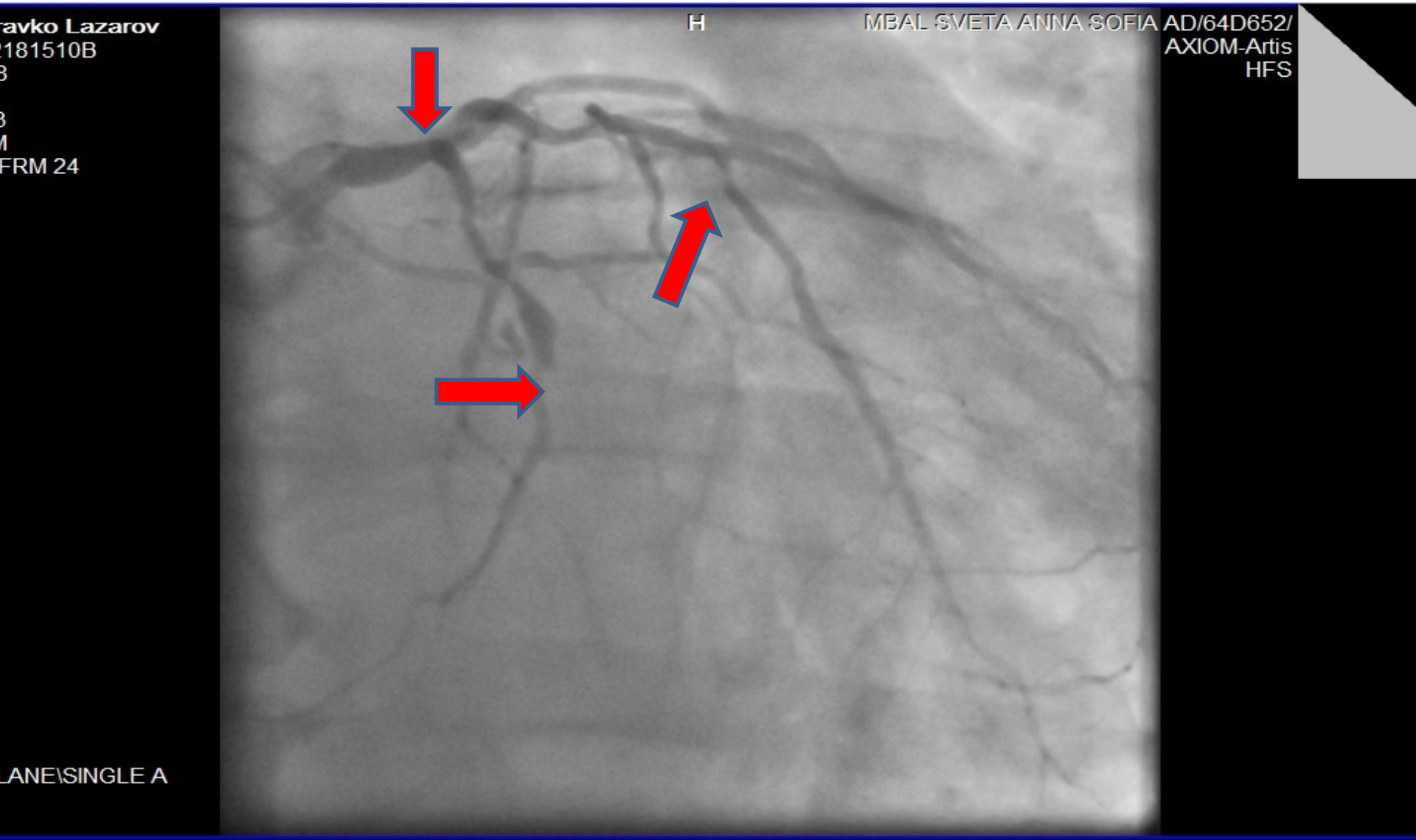
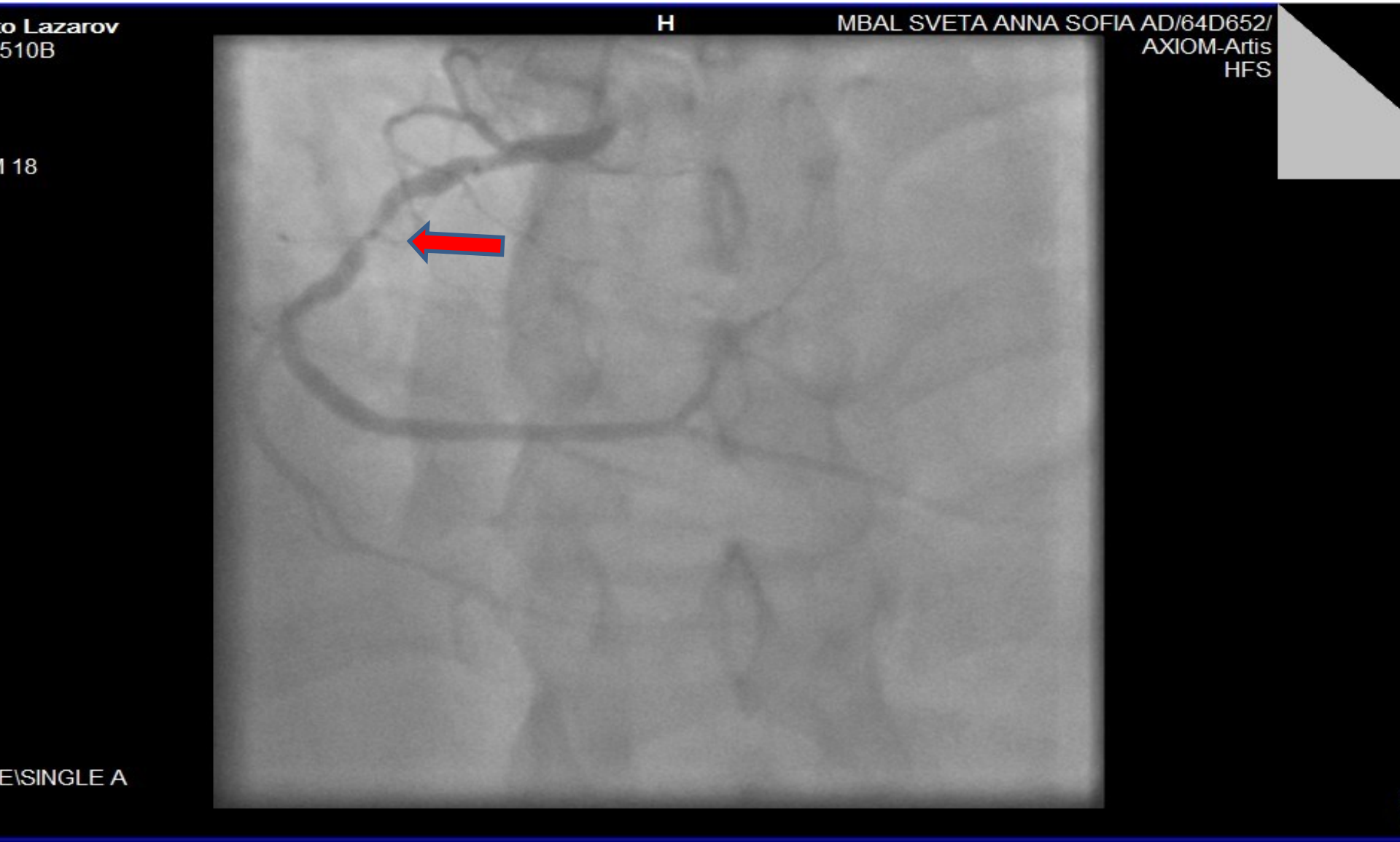
Анамнеза

- Мъж на 55 години
- Захарен диабет тип 2
- Болка в гърдите с вегетативна симптоматика от 2 часа
- КМ- 2х 360J => Асистолия=> КПР
- ЕКГ: ST-депресии 3 мм II, III, aVF; ST-елевации V7-V9
- ЕхоКГ: инферо- и антеролатерална акинезия; ФИ- 42%

Ангиография



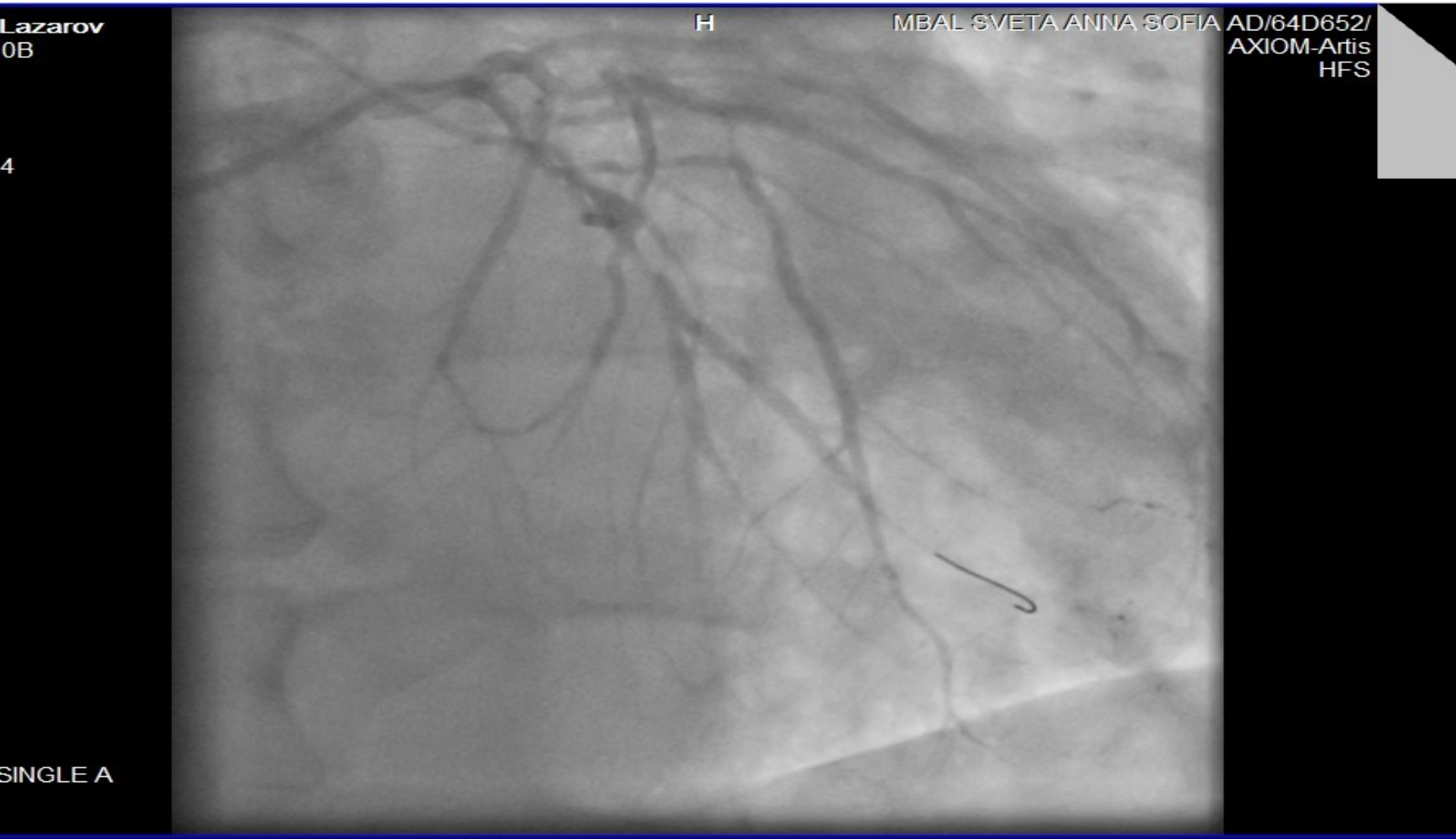
Ангиография



Въпрос

1. Първична ангиопластика
2. Кардиохирургия по спешност

Първична PCI-тромбаспирация



STENT 2,75/20мм

STENT 3,0/24мм

Първична PCI

ИКС

- Хемодинамично стабилен
- Ticagrelor, ASA, BB, ARB, статин, перорална хипогликемична терапия
- Дехоспитализация на 5-ти ден

45 дни по-късно...

Оптимална медикаментозна терапия

CCS II фк

Ехо КГ: лека антеролатерална хипокинезия; ФИ 53%

Контролна ангиография...

Kolev,Zdravko Lazarov
ID: 20140305208B
* 2/14/1958
Study 1
3/5/2014
10:14:37 AM
1 IMA 43 FRM 28

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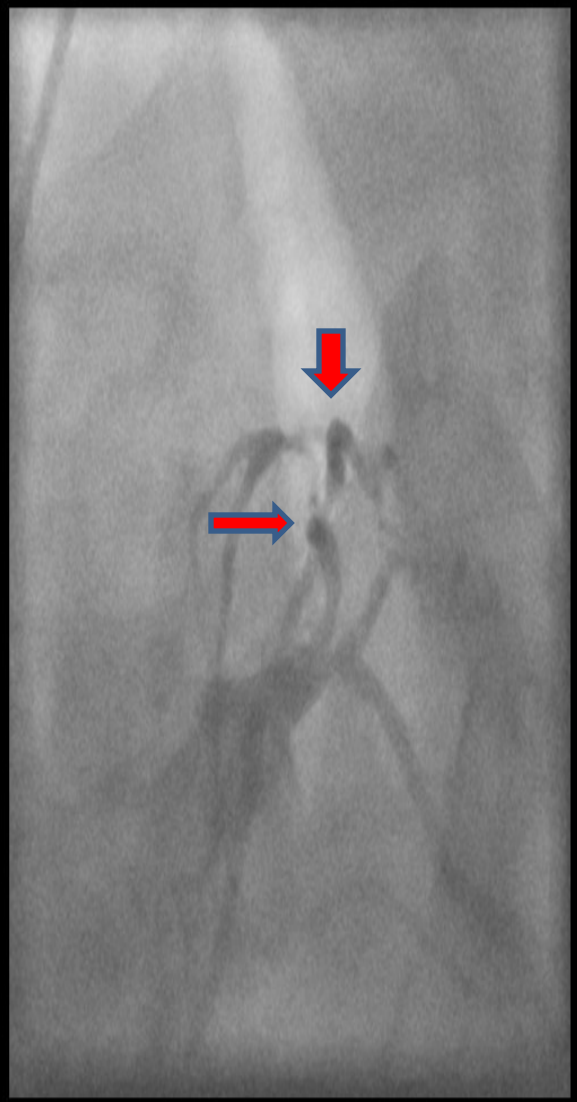
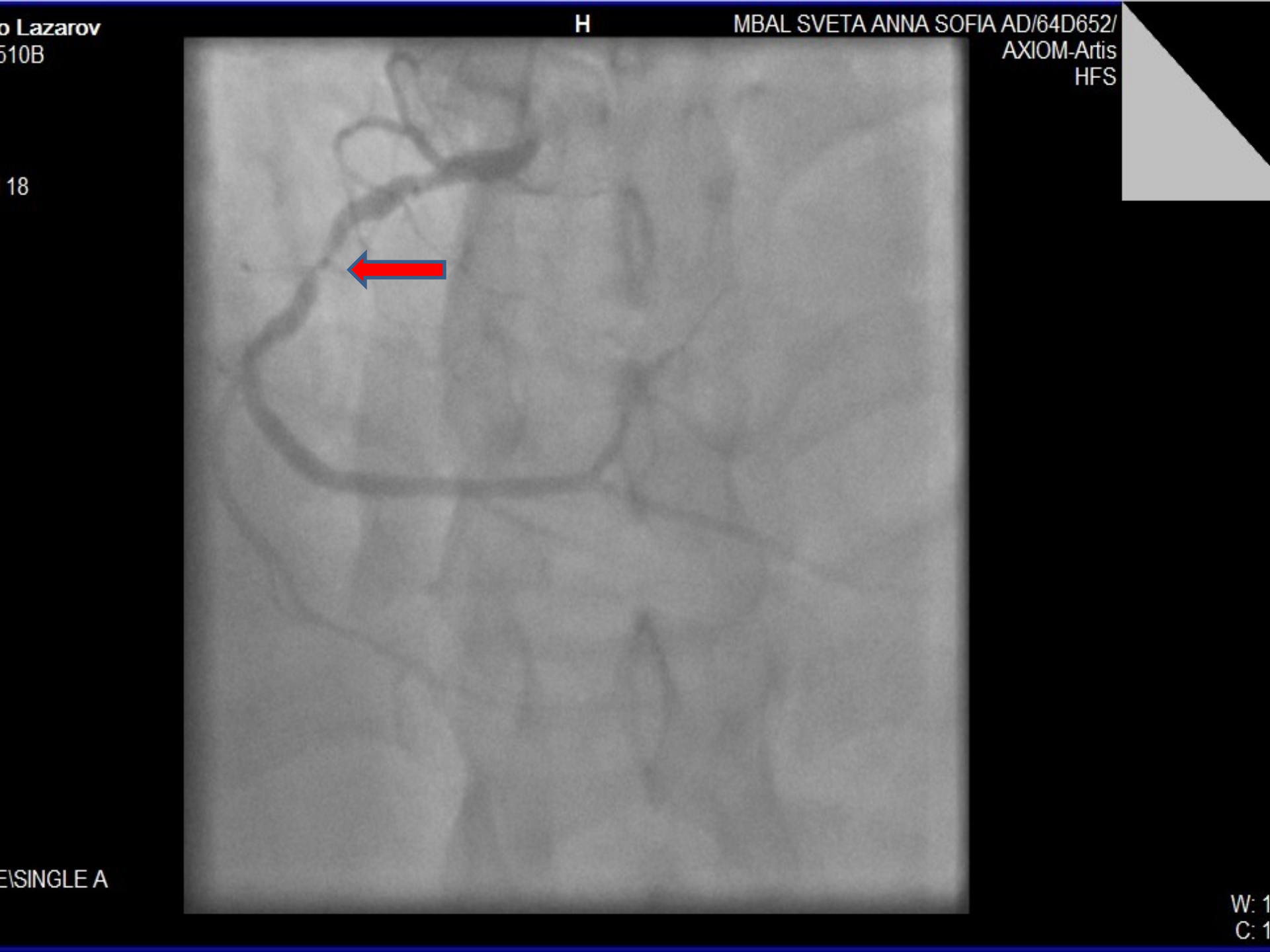
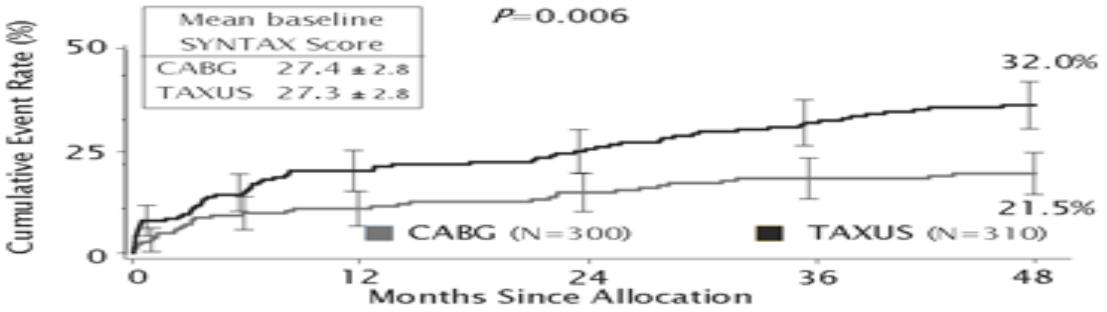
Coro 2020
Coro 2020
SINGLE PLANE\SINGLE A
CAU 26
LAO 43




o Lazarov
510B
18
H
MBAL SVETA ANNA SOFIA AD/64D652/
AXIOM-Artis
HFS
E\SINGLE A
W: 1
C: 1

MACCE by SYNTAX Score 23-32



The cumulative MACCE rate is displayed for the SYNTAX Trial group this score corresponds to.

Summary

Lesion 1

(segment 2): 1x2=	2
(segment 5): 5x2=	10
(segment 6): 3.5x2=	7
(segment 7): 2.5x2=	5
Bifurcation Type: Medina 1,1,1:	2
Length >20 mm	1
Sub total lesion 1	*27*
TOTAL:	*27*

Patient related factors			Cardiac related factors		
Age [1] (years)	55	0.03	NYHA	I	0
Gender	male	0	CCS class 4 angina [8]	no	0
Renal impairment [2] *See calculator below for creatinine clearance*	normal (CC >85ml/min)	0	LV function	good (LVEF > 50%)	0
Extracardiac arteriopathy [3]	no	0	Recent MI [9]	yes	.1528943
Poor mobility [4]	no	0	Pulmonary hypertension [10]	no	0
Previous cardiac surgery	no	0	**Operation related factors**		
Chronic lung disease [5]	no	0	Urgency [11]	elective	0
Active endocarditis [6]	no	0	Weight of the intervention [12]	isolated CABG	0
Critical preoperative state [7]	no	0	Surgery on thoracic aorta	no	0
Diabetes on insulin	no	0			

EuroSCORE II — ***Euro*SCORE II**: 0.58 %

Note: This is the 2011 EuroSCORE II

Calculate | Clear

Въпрос

- Кардиохирургична реваскуларизация
- Multi PCI
- Оптимална медикаментозна терапия
- FFR на стенозите за доказване на хемодинамична значимост???

European Heart Journal (2013) 34, 2949–3003
doi:10.1093/eurheartj/eht296

2013 ESC guidelines on the management of stable coronary artery disease

The Task Force on the management of stable coronary artery disease of the European Society of Cardiology

Table 31 Use of fractional flow reserve, intravascular ultrasound, and optical coherence tomography in SCAD

Recommendations	Class[a]	Level[b]	Ref.[c]
FFR is recommended to identify hemodynamically relevant coronary lesion(s) when evidence of ischaemia is not available.	I	A	399, 401, 405
Revascularization of stenoses with FFR <0.80 is recommended in patients with angina symptoms or a positive stress test.	I	B	400

" FFR measurement may change the strategy of revascularization (PCI vs CABG) and the extent of revascularization according to the functional assessment of stenosis in critical coronary locations."

Long-term clinical outcome after fractional flow reserve-guided treatment in patients with angiographically equivocal left main coronary artery stenosis.

Hamilos M[1], Muller O, Cuisset T, Ntalianis A, Chlouverakis G, Sarno G, Nelis O, Bartunek J, Vanderheyden M, Wyffels E, Barbato E, Heyndrickx GR, Wijns W,De Bruyne B.

BACKGROUND:

Significant left main coronary artery stenosis is an accepted indication for surgical revascularization. The potential of angiography to evaluate the hemodynamic severity of a stenosis is limited. The aims of the present study were to assess the long-term clinical outcome of patients with an angiographically equivocal left main coronary artery stenosis in whom the revascularization strategy was based on fractional flow reserve (FFR) and to determine the relationship between quantitative coronary angiography and FFR.

METHODS AND RESULTS:

In **213 patients** with an angiographically equivocal left main coronary artery stenosis, FFR measurements and quantitative coronary angiography were performed. When FFR was > or =0.80, patients were treated medically or another stenosis was treated by coronary angioplasty (nonsurgical group; n=138). When FFR was <0.80, coronary artery bypass grafting was performed (surgical group; n=75). **The 5-year survival estimates were 89.8% in the nonsurgical group and 85.4% in the surgical group (P=0.48). The 5-year event-free survival estimates were 74.2% and 82.8% in the nonsurgical and surgical groups, respectively (P=0.50).** Percent diameter stenosis at quantitative coronary angiography correlated significantly with FFR (r=-0.38, P<0.001), but a very large scatter was observed**. In 23% of patients with a diameter stenosis <50%, the left main coronary artery stenosis was hemodynamically significant by FFR.**

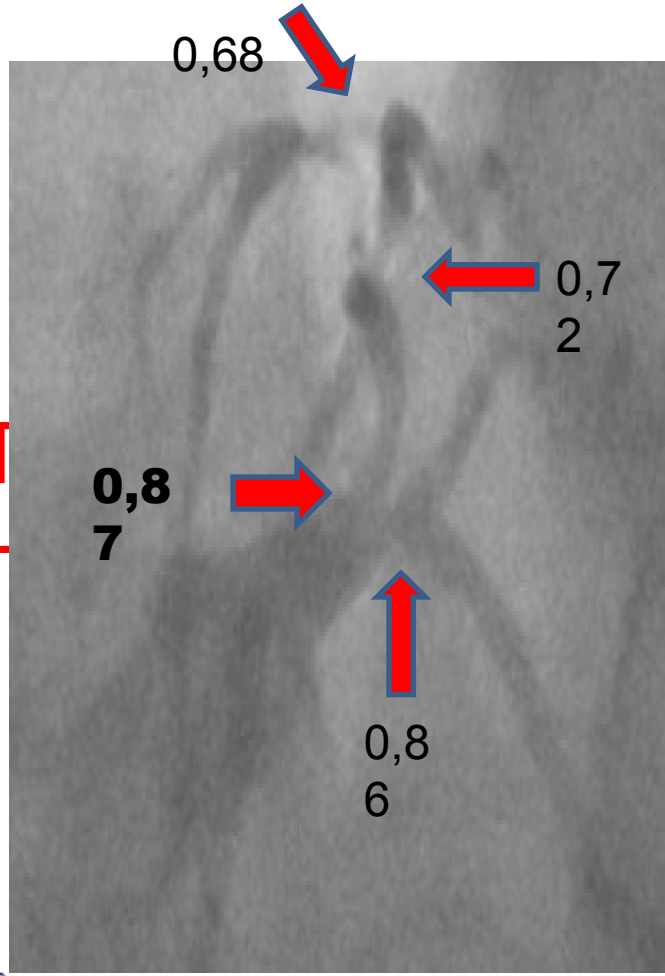
CONCLUSIONS:

In patients with equivocal stenosis of the left main coronary artery, angiography alone does not allow appropriate individual decision making about the need for revascularization and often underestimates the functional significance of the stenosis. **The favorable outcome of an FFR-guided strategy suggests that FFR should be assessed in such patients before a decision**

2009 Oct 13;120(15):1505-12. doi: 10.1161/CIRCULATIONAHA.109.850073. Epub 2009

FFR

- LM-LAD prox. : 0.87
- LM-LCx : 0.86
- LAD: 0.69 - СИГНИФИКАНТ
- RCA: 0.77 - СИГНИФИКАНТ

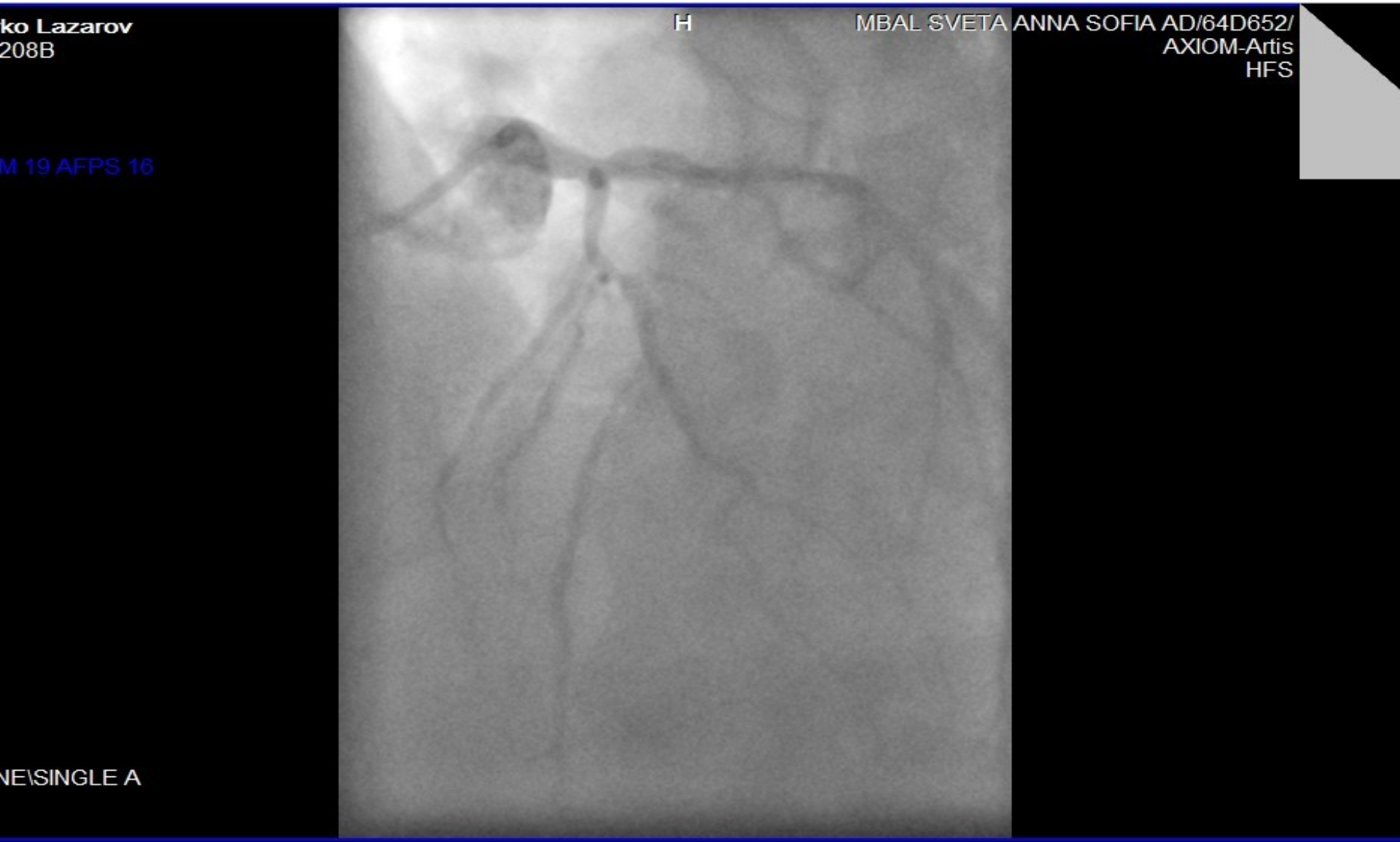


SYNTAX SCORE

Summary

Lesion 1	
(segment 2): 1x2=	2
(segment 6): 3.5x2=	7
(segment 7): 2.5x2=	5
Bifurcation Type: Medina 1,1,1:	2
Length >20 mm	1
Sub total lesion 1	*17*
TOTAL:	*17*

PCI- LAD


ko Lazarov
208B
M 19 AFPS 16
NE\SINGLE A
H
MBAL SVETA ANNA SOFIA AD/64D652/
AXIOM-Artis
HFS

PCI- LAD

STENT 2,75/24

STENT 3,5/20

PCI-LAD

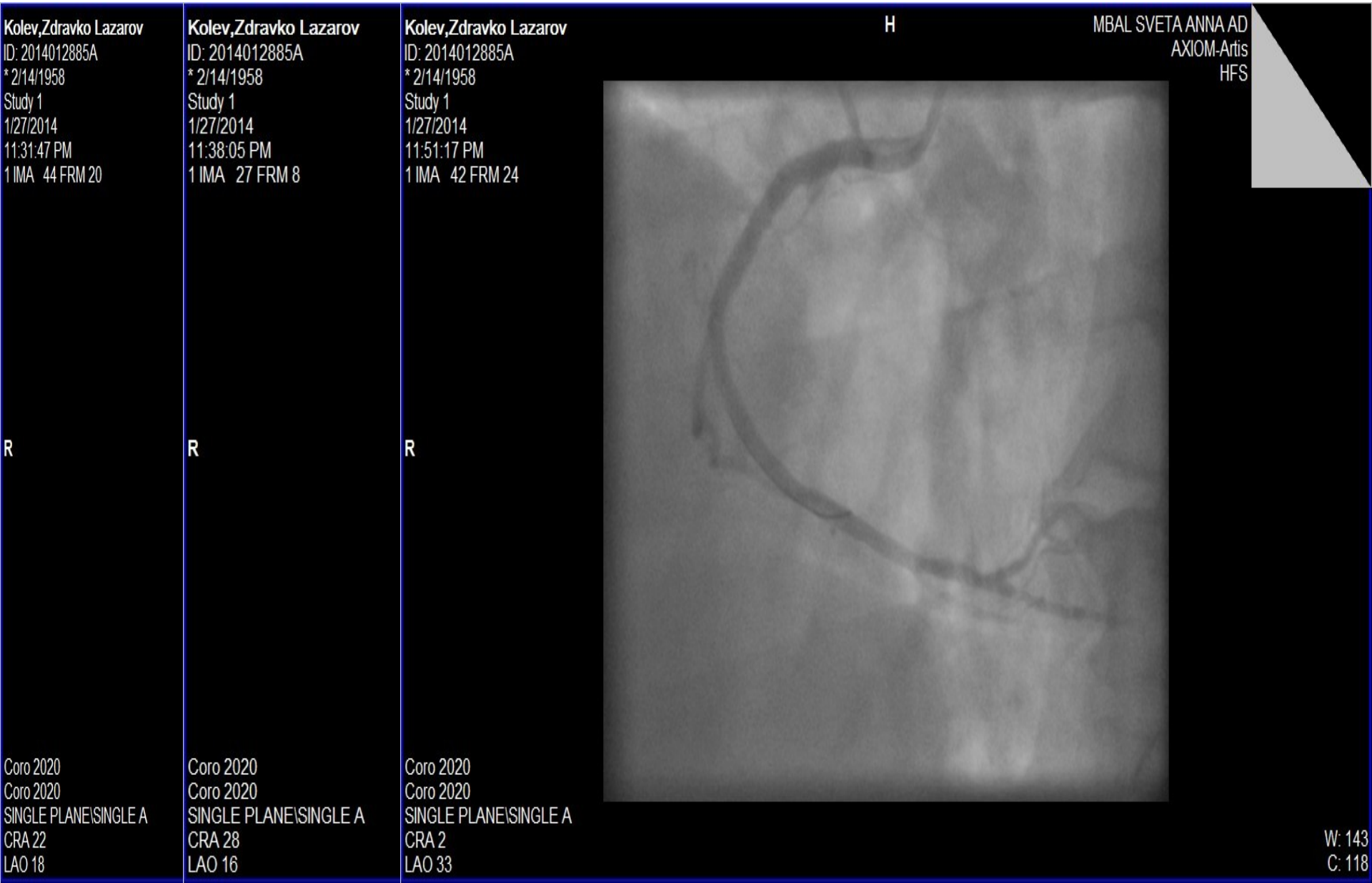

avko Lazarov
05208B
3
M
FRM 15
H
MBAL SVETA ANNA SOFIA AD/64D652/
AXIOM-Artis
HFS
LANE\SINGLE A


Kolev,Zdravko Lazarov
ID: 20140305208B
* 2/14/1958
Study 1
3/5/2014
10:51:39 AM
1 IMA 44 FRM 21
H
MBAL SVETA ANNA SOFIA AD/64D6
AXIOM-A
H
R
Coro 2020
Coro 2020
SINGLE PLANE\SINGLE A
CRA 23
LAO 40

FFR след PCI

- LAD:0.86
- LM-LCx: 0.87

PCI-RCA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* 2/14/1958
Study 1
1/27/2014
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1 IMA 44 FRM 20
R
Coro 2020
Coro 2020
SINGLE PLANE\SINGLE A
CRA 22
LAO 18
Kolev,Zdravko Lazarov
ID: 2014012885A
* 2/14/1958
Study 1
1/27/2014
11:38:05 PM
1 IMA 27 FRM 8
R
Coro 2020
Coro 2020
SINGLE PLANE\SINGLE A
CRA 28
LAO 16
Kolev,Zdravko Lazarov
ID: 2014012885A
* 2/14/1958
Study 1
1/27/2014
11:51:17 PM
1 IMA 42 FRM 24
R
Coro 2020
Coro 2020
SINGLE PLANE\SINGLE A
CRA 2
LAO 33
H
MBAL SVETA ANNA AD
AXIOM-Artis
HFS
W: 143
C: 118

FFR на RCA

0.92

1 месец проследяване

- Без стенокардна симптоматика
- Без данни за кървене
- Оптимална медикаментозна терапия

Въпрос

Кой от вас би използвал FFR при решаването типа на реваскуларизация при следващия си многоклонов пациент?