



ANOCOR : les challenges de la revascularisation percutanée

Pierre AUBRY pour le groupe ANOCOR

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PARIS NORD VAL DE SEINE
Bichat - Claude-Bernard



Groupement Hospitalier de Territoire

Saint-Denis  Gonesse
Plaine de France



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Liens d'intérêt potentiels : aucun

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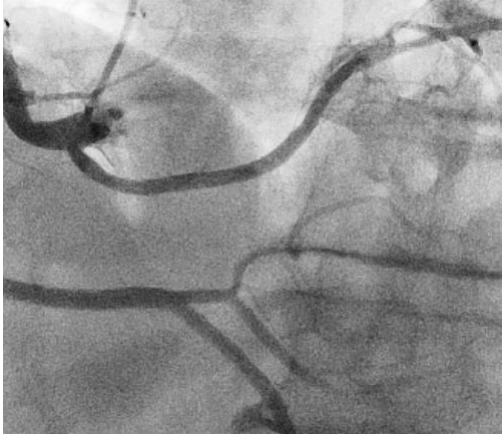
anoCor

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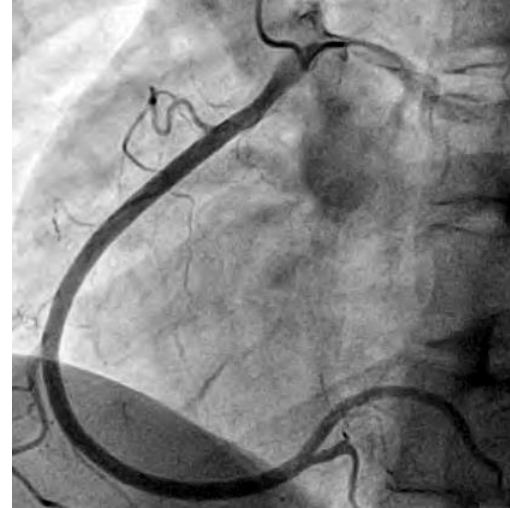


Rationnel



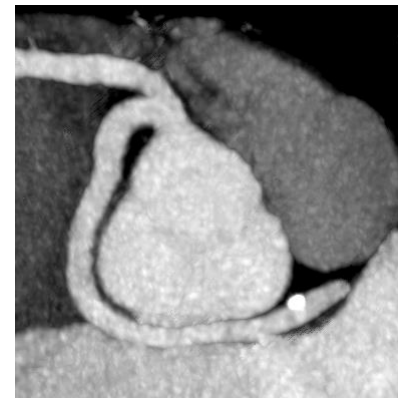
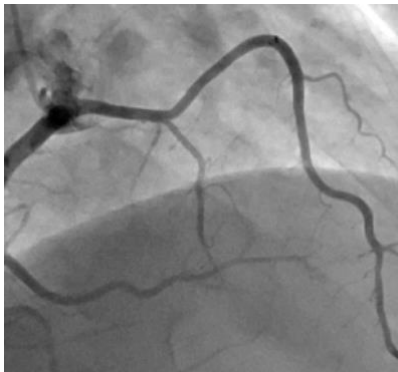
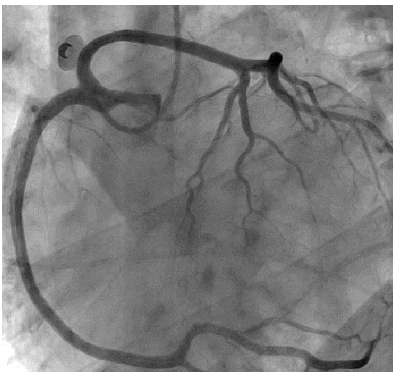
Circonflexe

Prévalence angiographique
0.5/100



Coronaire droite

Prévalence angiographique
0.3/100



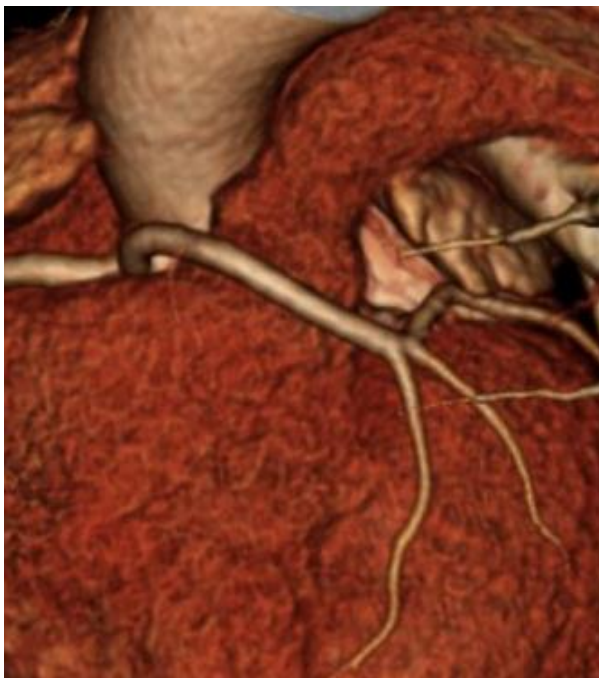
Tronc commun/IVA

Prévalence angiographique
0.1/100



Scanner coronaire

Trajets ectopiques



Prépulmonaire



Rétropulmonaire



Interartériel

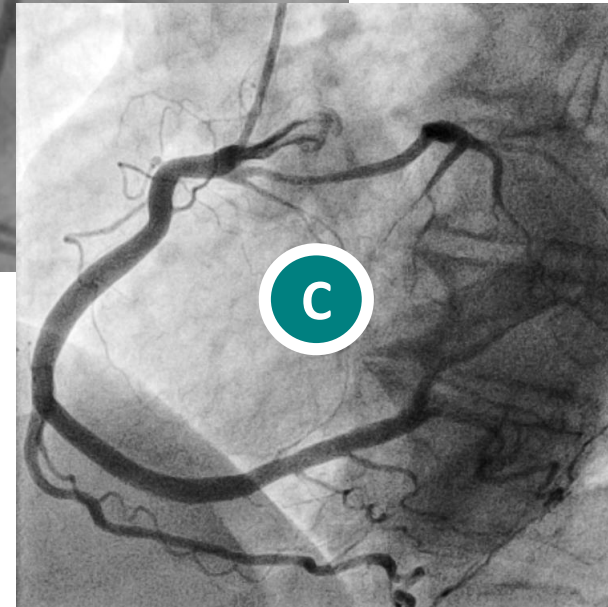
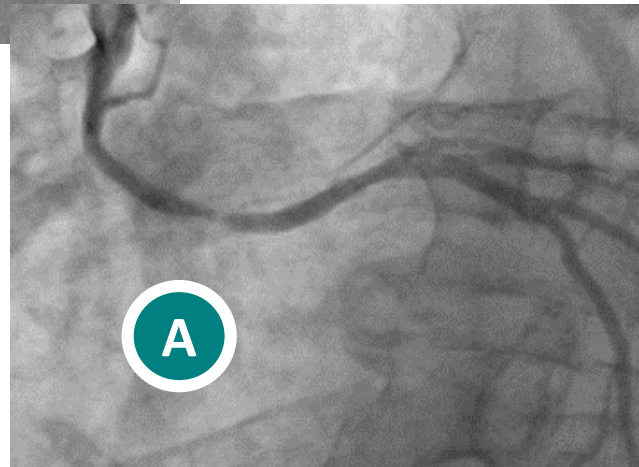
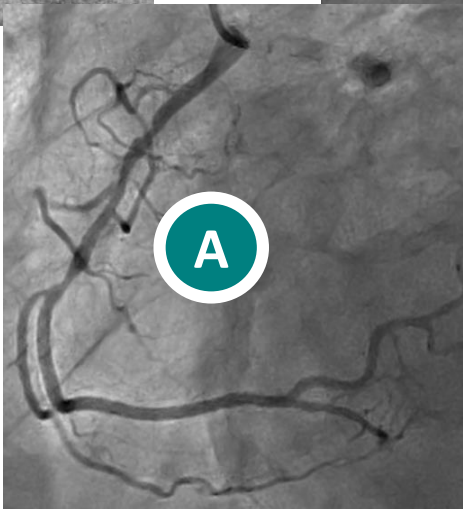
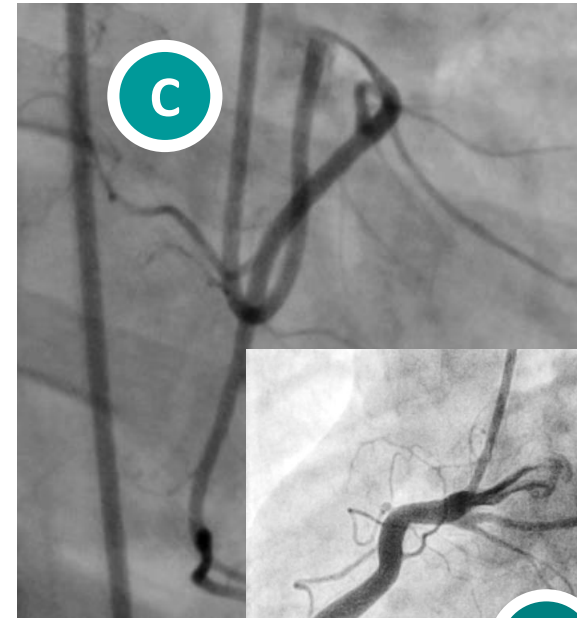
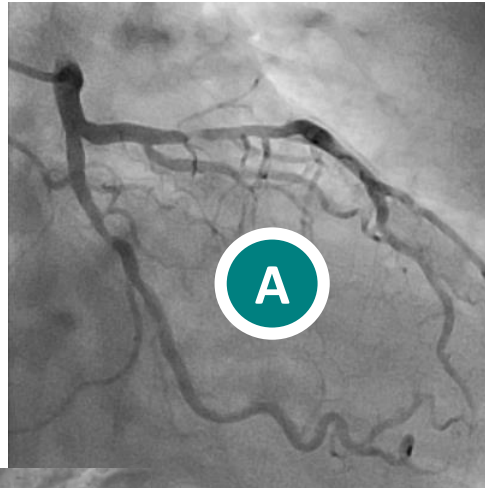
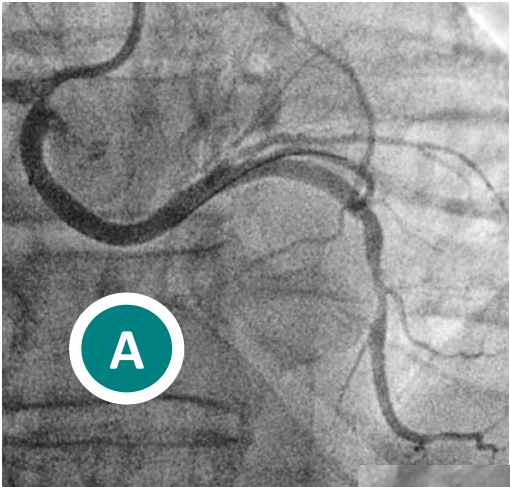


Rétroaortique



Rationnel

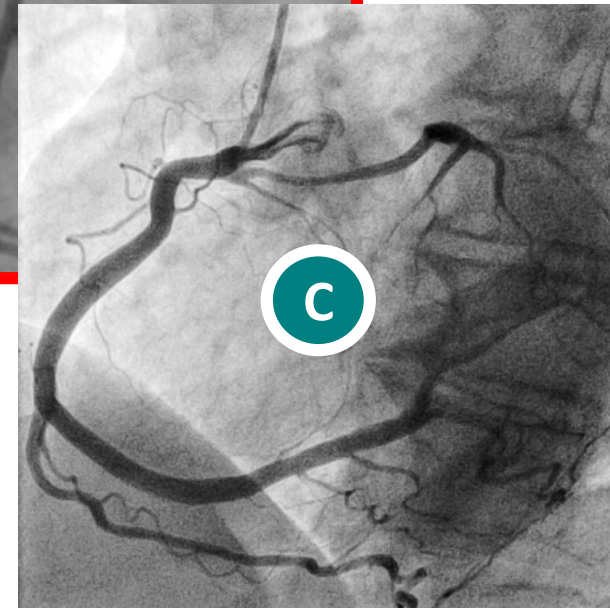
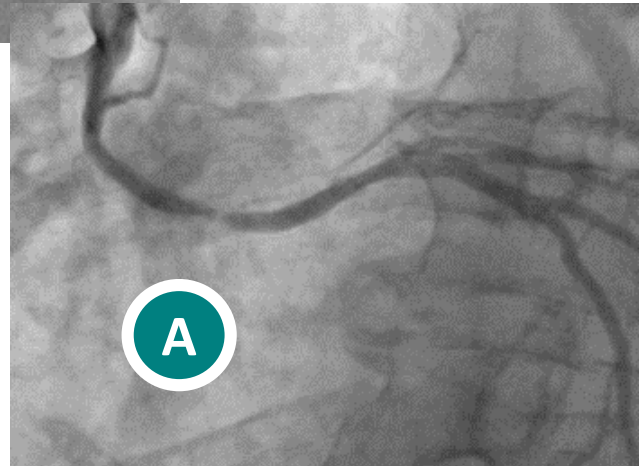
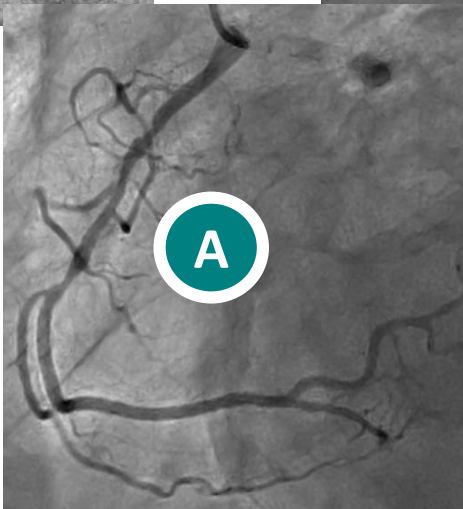
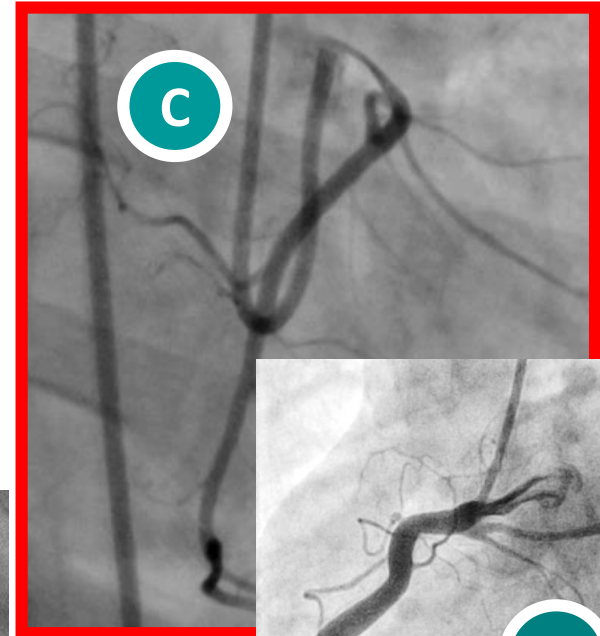
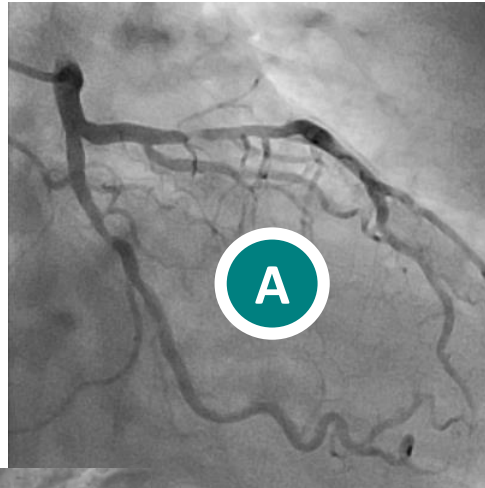
Sténoses athéromateuses/Sténoses congénitales





Rationnel

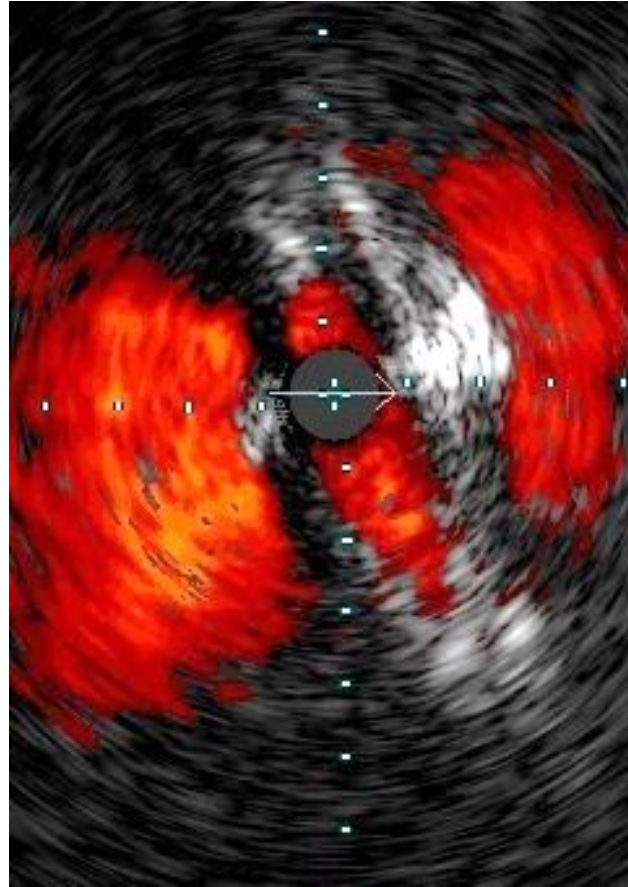
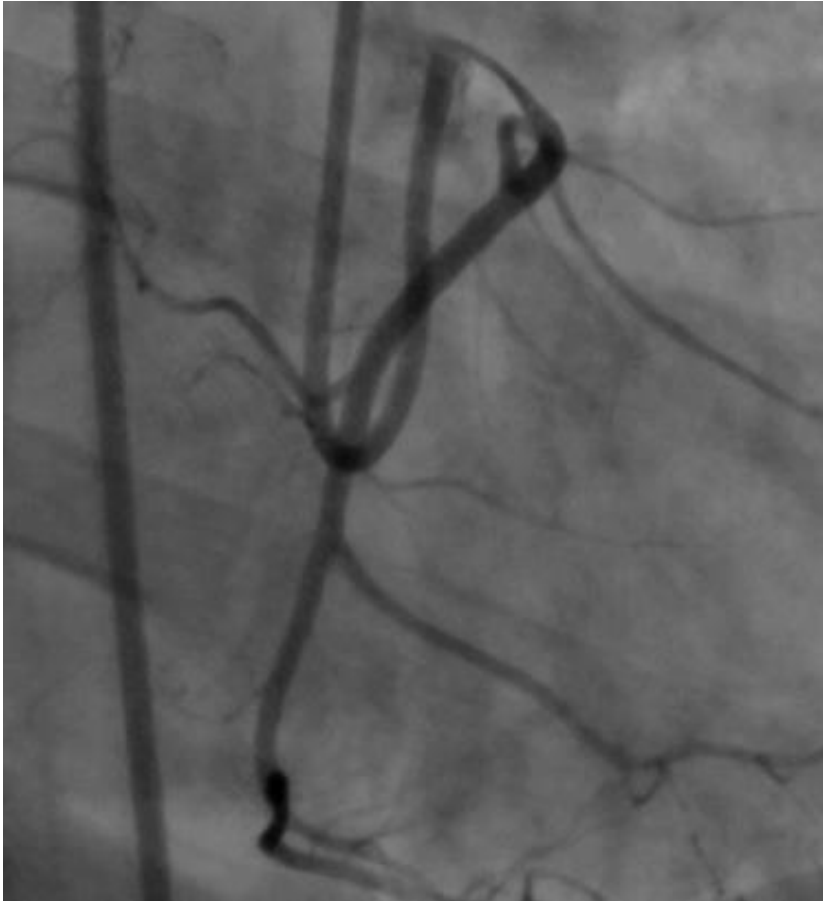
Sténoses athéromateuses/Sténoses congénitales





Angioplastie artère coronaire droite ectopique

Sténose congénitale



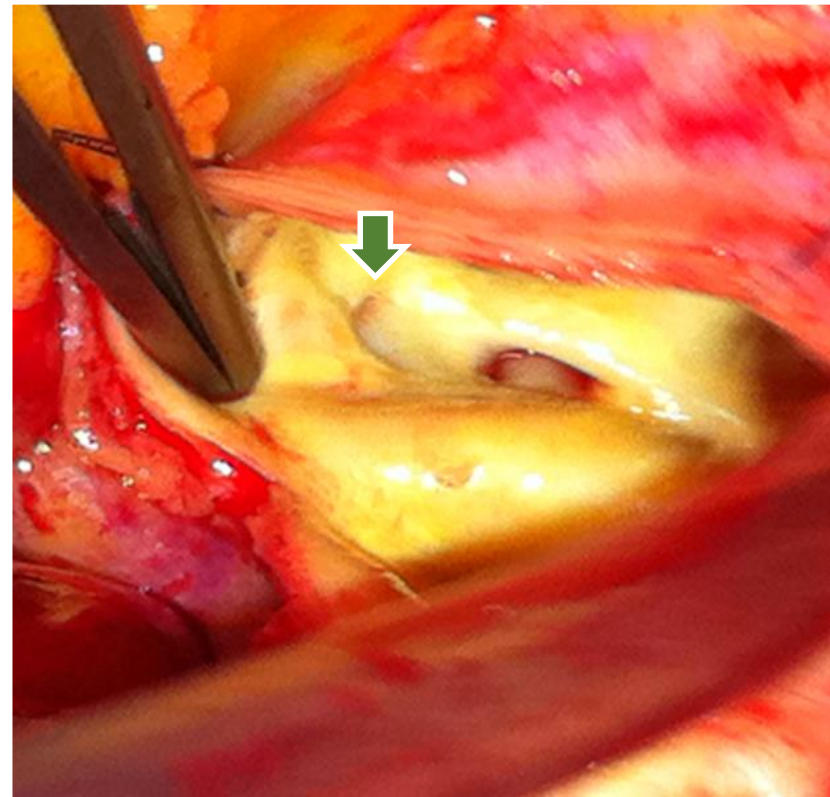
Artère coronaire droite





Technique de cathétérisme

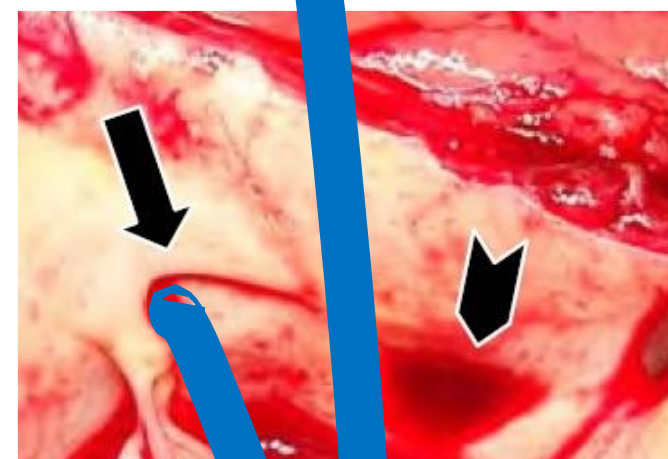
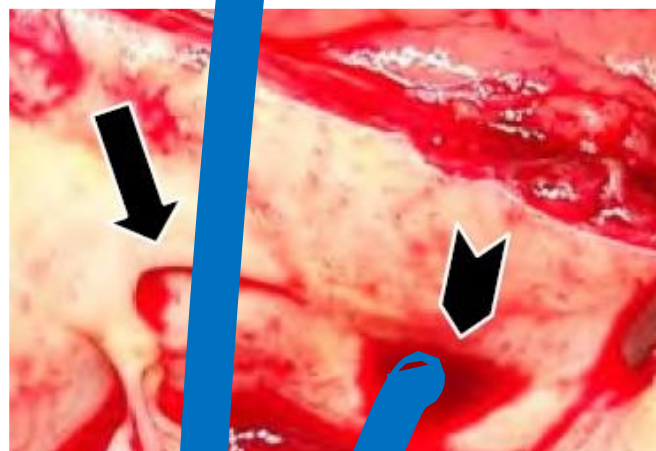
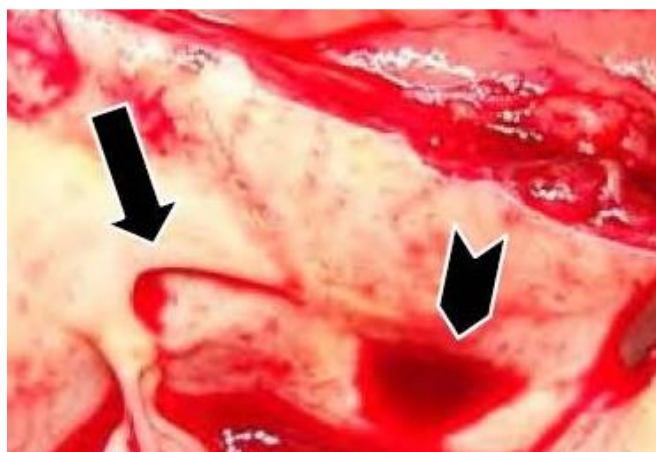
Coronaire droite connectée dans sinus gauche





Technique de cathétérisme

Coronaire droite connectée dans sinus gauche



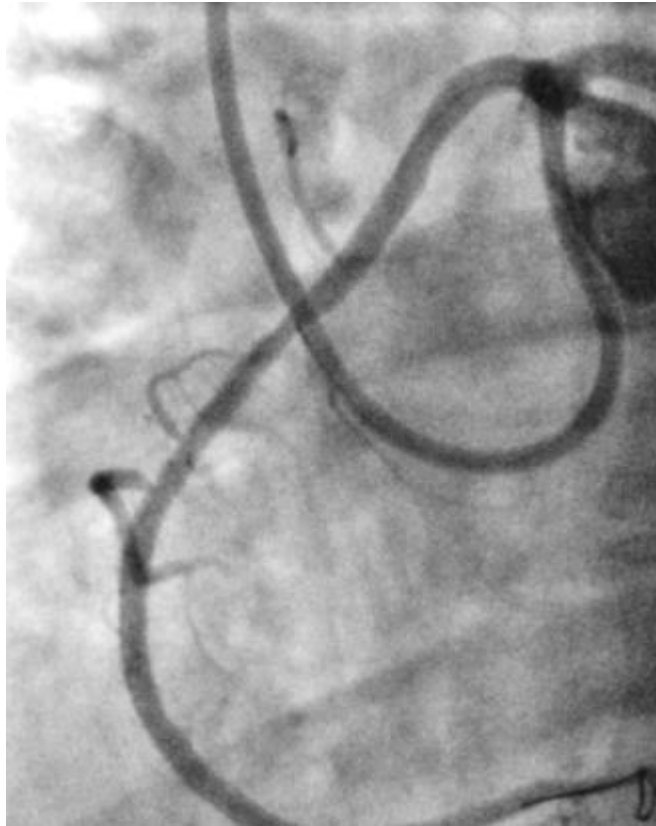
Horaire



Technique de cathétérisme

Coronaire droite connectée dans sinus gauche

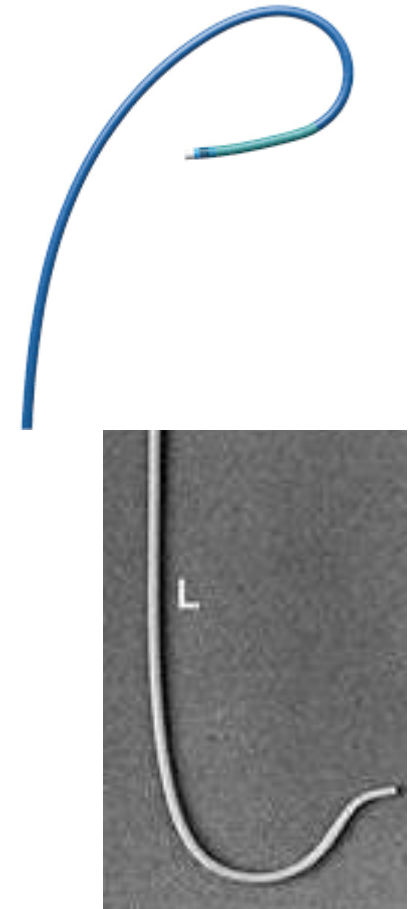
- EBU/XB
- AL



Coronaire droite



Coronaire droite





Correction des anomalies de connexion des artères coronaires

2018 AHA/ACC Guideline for the Management of Adults With Congenital Heart Disease: Executive Summary

COR	LOE	Recommendations
Therapeutic		
I	B-NR	1. <u>Surgery</u> is recommended for AAOCA from the left sinus or AAOCA from the right sinus for symptoms or diagnostic evidence consistent with coronary ischemia attributable to the anomalous coronary artery. ^{S4.4.5.2-1-S4.4.5.2-3}
Ila	C-LD	2. <u>Surgery</u> is reasonable for anomalous aortic origin of the left coronary artery from the right sinus in the absence of symptoms or ischemia. ^{S4.4.5.2-4-S4.4.5.2-6}
Ila	C-EO	3. <u>Surgery</u> for AAOCA is reasonable in the setting of ventricular arrhythmias.
Ilb	B-NR	4. <u>Surgery</u> or continued observation may be reasonable for asymptomatic patients with an anomalous left coronary artery arising from the right sinus or right coronary artery arising from the left sinus without ischemia or anatomic or physiological evaluation suggesting potential for compromise of coronary perfusion (eg, intramural course, fish-mouth-shaped orifice, acute angle). ^{S4.4.5.2-4-S4.4.5.2-6}

Guidelines

2020 ESC Guidelines for the management of adult congenital heart disease

Anomalous aortic origin of the coronary artery		
<u>Surgery</u> is recommended for AAOCA in patients with typical angina symptoms who present with evidence of stress-induced myocardial ischaemia in a matching territory or high-risk anatomy. ^c	I	C
<u>Surgery</u> should be considered in <i>asymptomatic</i> patients with AAOCA (right or left) and evidence of myocardial ischaemia.	Ila	C
<u>Surgery</u> should be considered in <i>asymptomatic</i> patients with AAOLCA and no evidence of myocardial ischaemia but a high-risk anatomy. ^c	Ila	C
<u>Surgery</u> may be considered for symptomatic patients with AAOCA even if there is no evidence of myocardial ischaemia or high-risk anatomy. ^c	Ilb	C
<u>Surgery</u> may be considered for <i>asymptomatic</i> patients with AAOLCA without myocardial ischaemia and without high-risk anatomy ^c when they present at young age (<35 years).	Ilb	C
<u>Surgery</u> is not recommended for AAORCA in asymptomatic patients without myocardial ischaemia and without high-risk anatomy. ^c	III	C

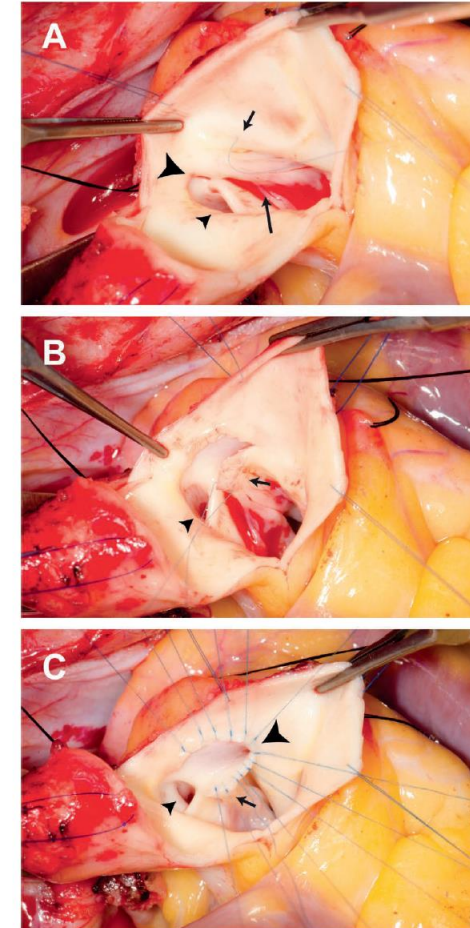


Anomalies de connexion coronaire et chirurgie

- Recommandations : souvent ciblées sur une population jeune.
- Décisions thérapeutiques : indiquées sans tenir compte de l'âge.
- Etudes randomisées contrôlées : aucune.
- Histoire naturelle et corrigée : mal connue à long terme.
- Effet sur le risque de mort subite : ?
- Correction chirurgicale : techniques spécialisées.
- Echecs : thrombose précoce, sténose cicatricielle, anévrisme.



Vouhé P. Bull. Acad. Natle Méd. 2014.



Molossi et al. MD Cardiovasc J. 2019.



Est-ce possible?





Anomalous connections of coronary artery and PCI

Six-Month Success of Intracoronary Stenting for Anomalous Coronary Arteries Associated With Myocardial Ischemia

Doorey AJ et al. Am J Cardiol 2000

N=14

Origin of the Right Coronary Artery from the Opposite Sinus of Valsalva in Adults: Characterization by Intravascular Ultrasonography at Baseline and After Stent Angioplasty

Angelini P et al. Cathet Cardio Interv 2015

N=42

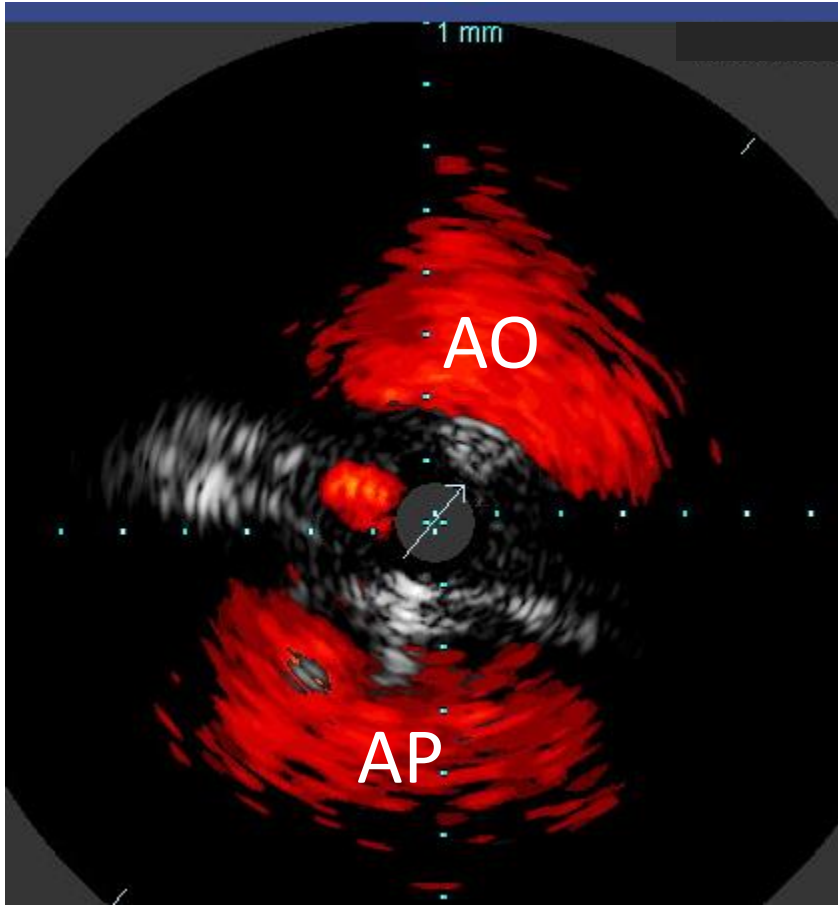
Place of Angioplasty for Coronary Artery Anomalies With Interarterial Course

Aubry P et al. FCVM 2021

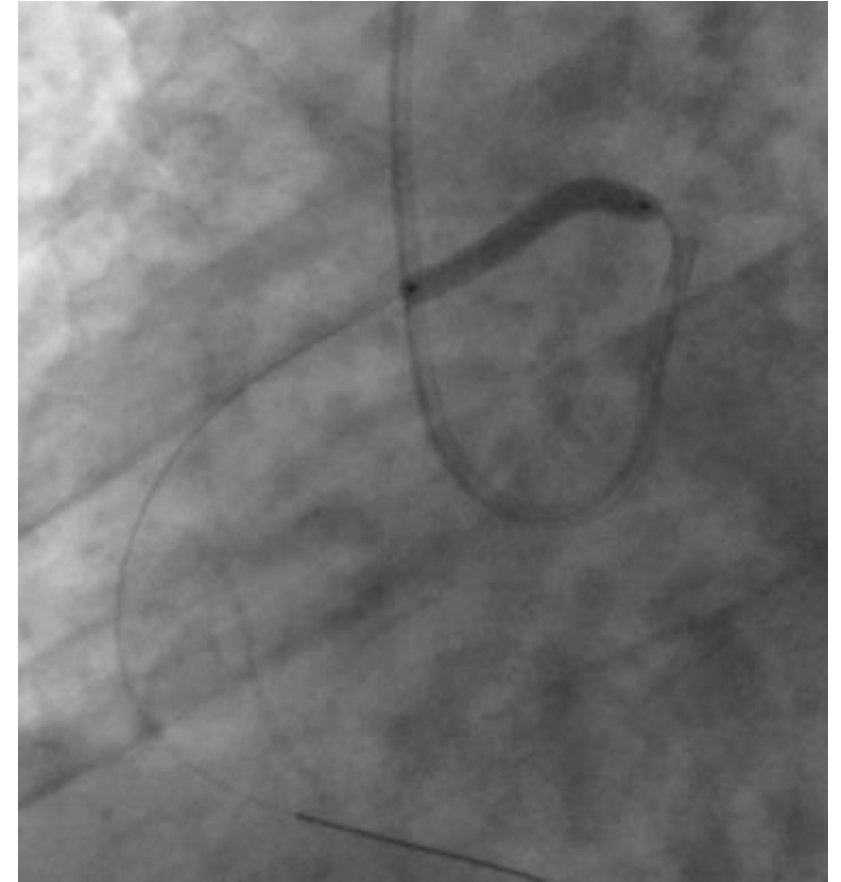
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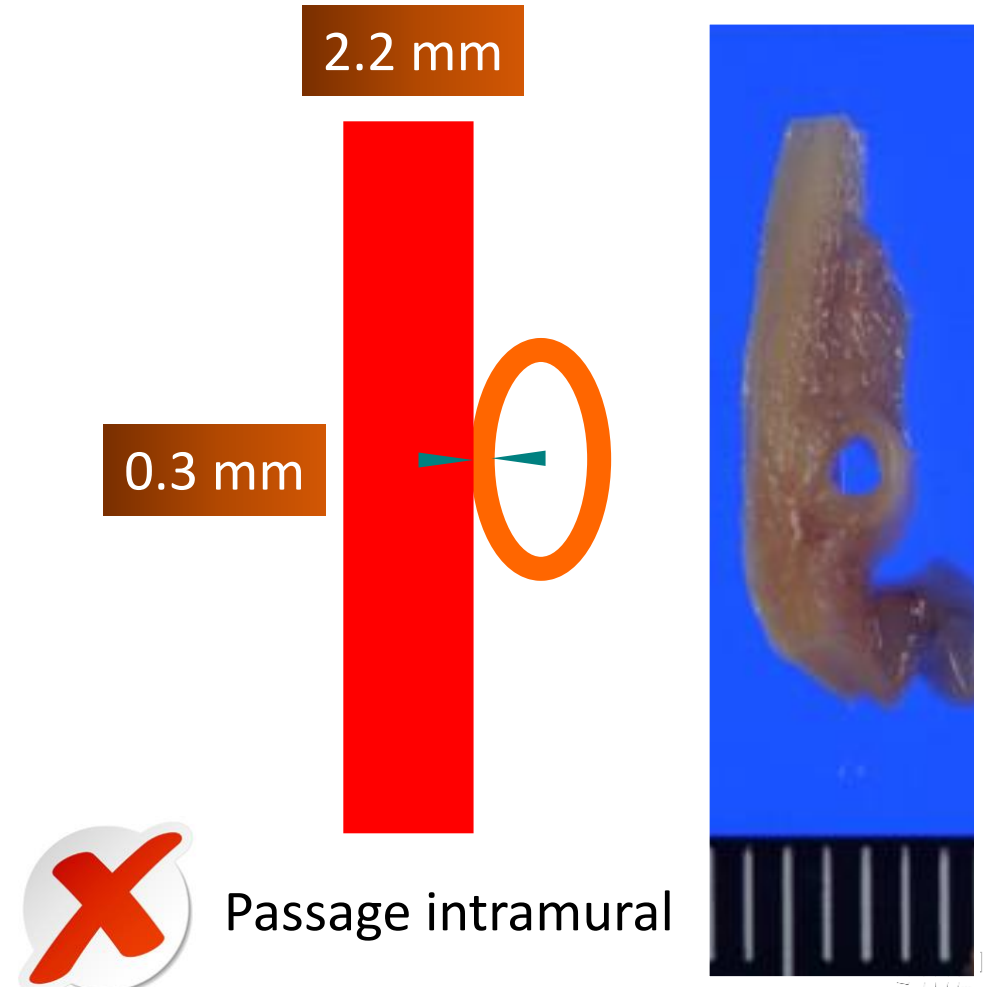
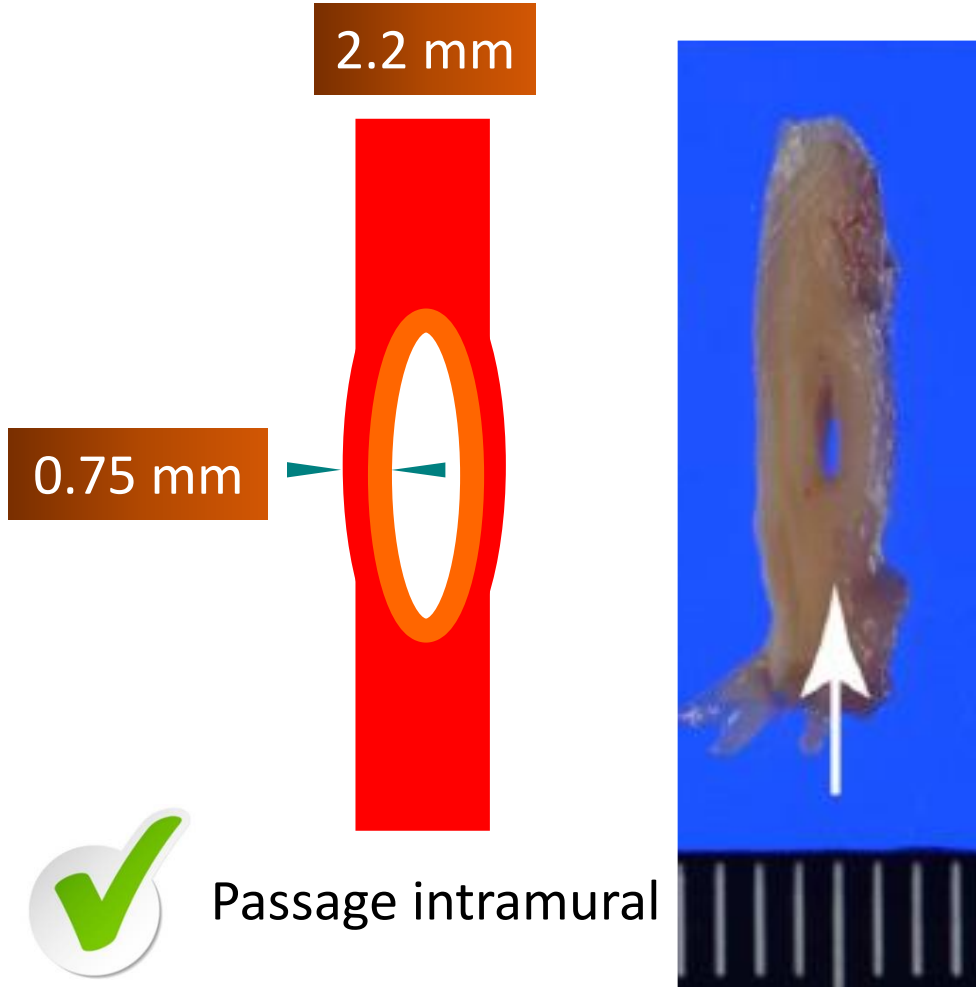
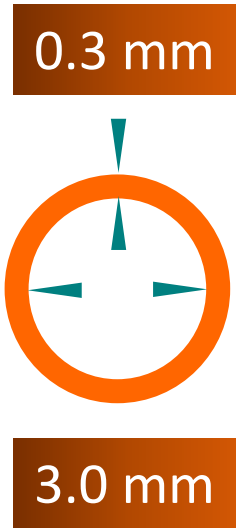


Est-ce risqué ?





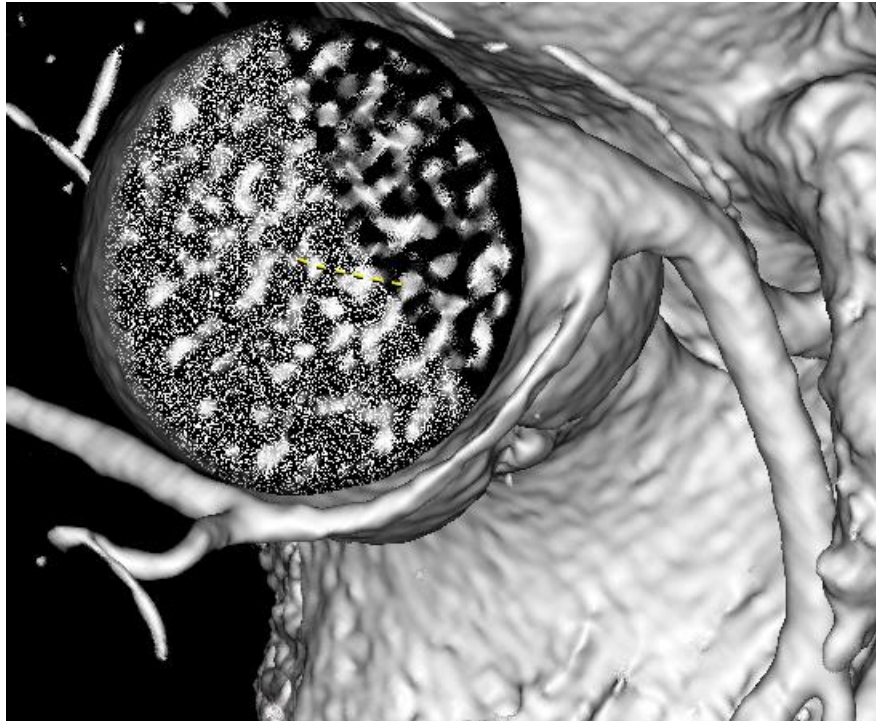
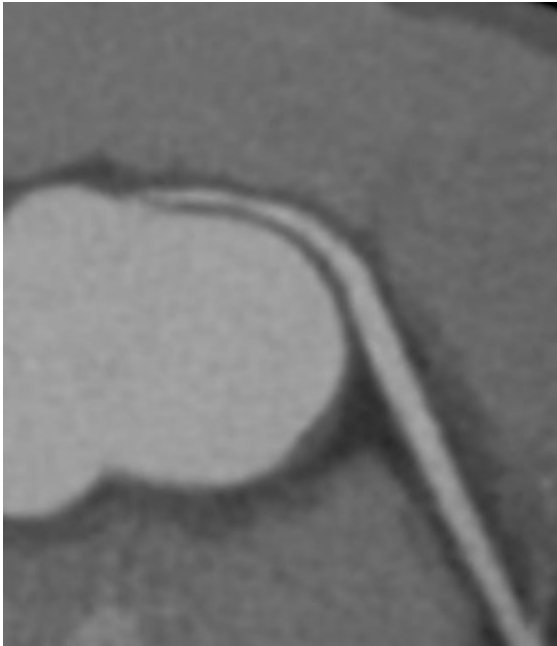
ANOCOR droite et angioplastie





Angioplastie coronaire droite ectopique

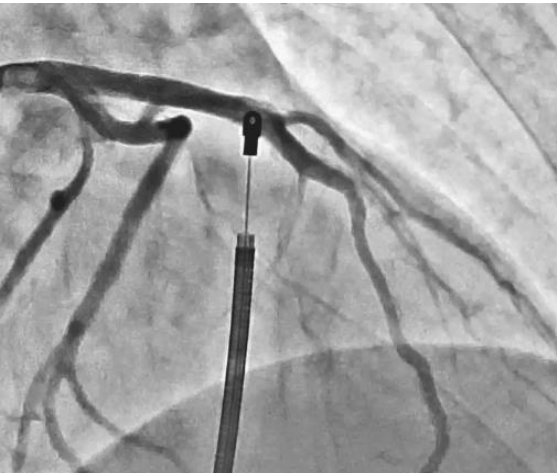
Sténose congénitale





ANOCOR : les challenges de la revascularisation percutanée

Angioplastie coronaire droite ectopique Sténose congénitale



EBU/cathétérisme G



Incidence OAG



Guide IVA/rotation AH



Guide coronaire droite



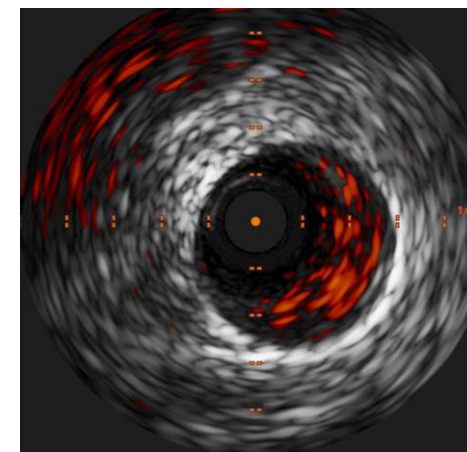
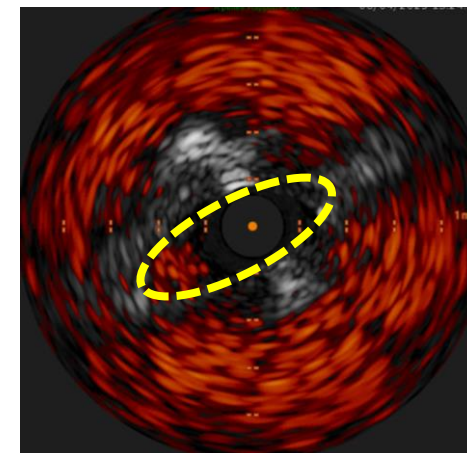
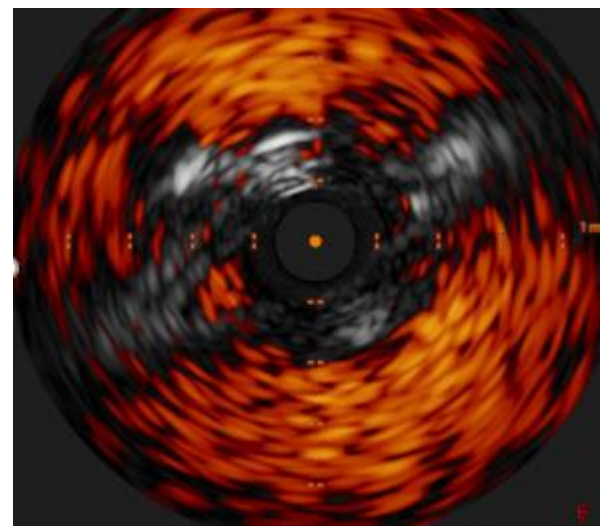
ANOCOR : les challenges de la revascularisation percutanée



Angiographie droite



Echo endocoronaire

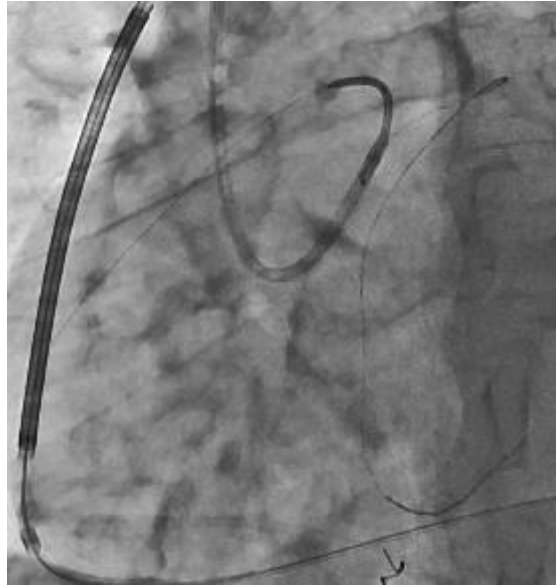




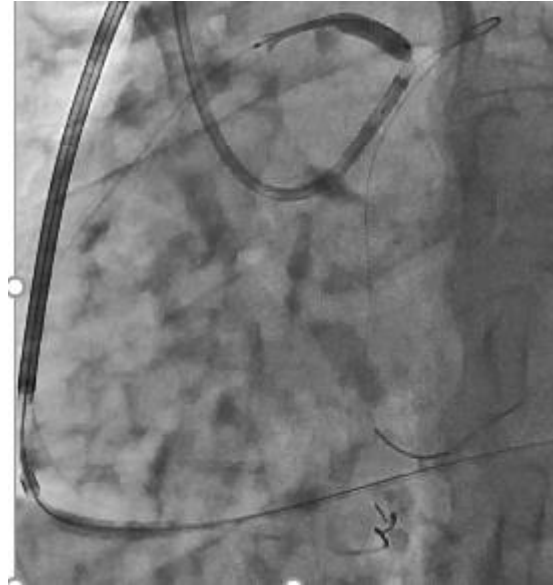
ANOCOR : les challenges de la revascularisation percutanée



Mesure longueur



Passage stent



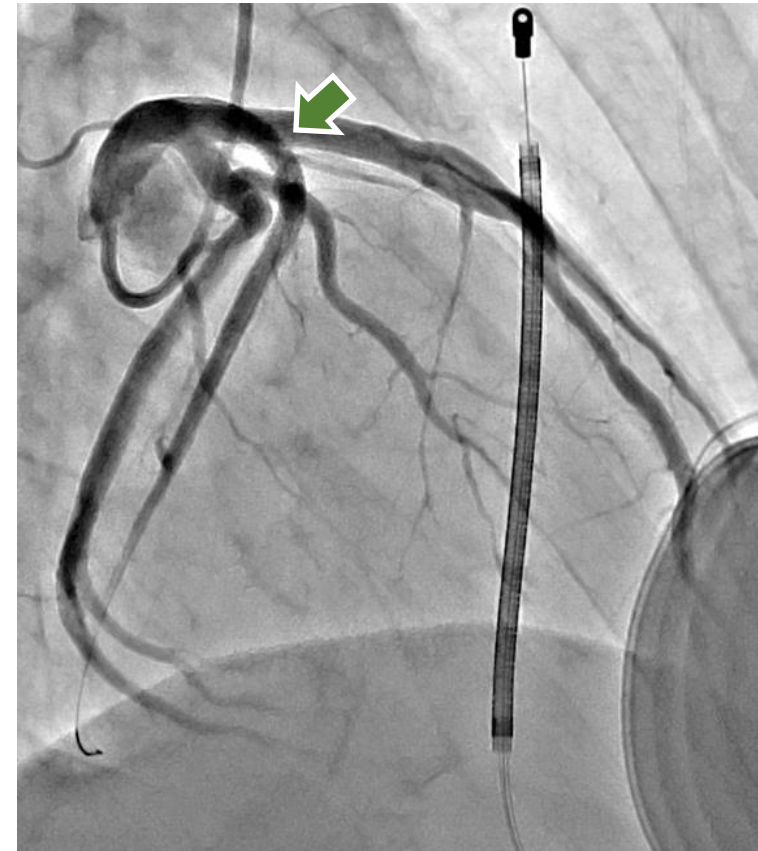
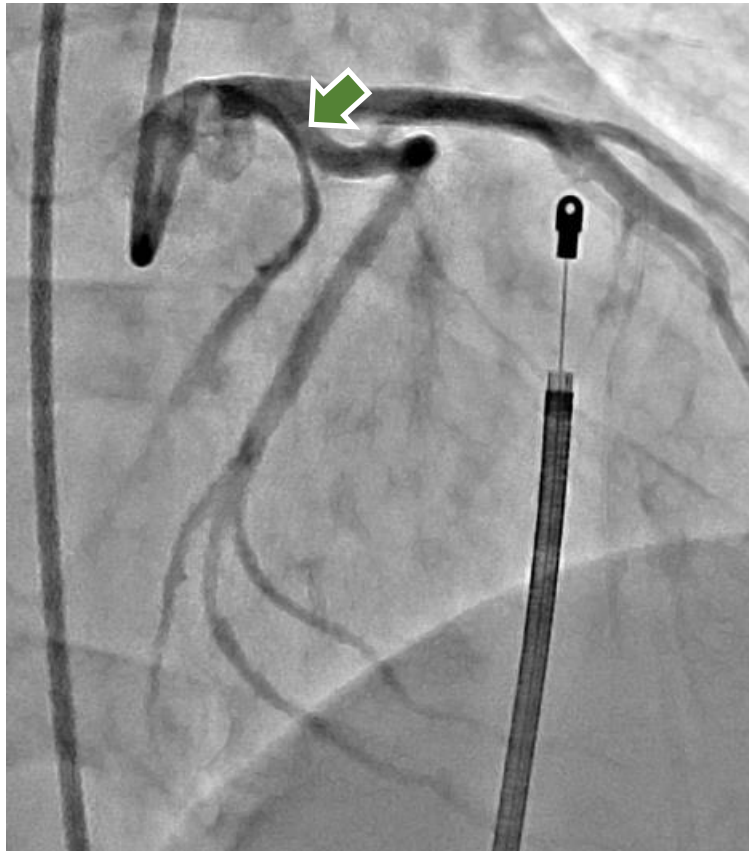
Inflation



Angiographie



Angioplastie coronaire droite ectopique Sténose congénitale





Angioplastie coronaire droite ectopique Sténose congénitale

Est-ce utile ?

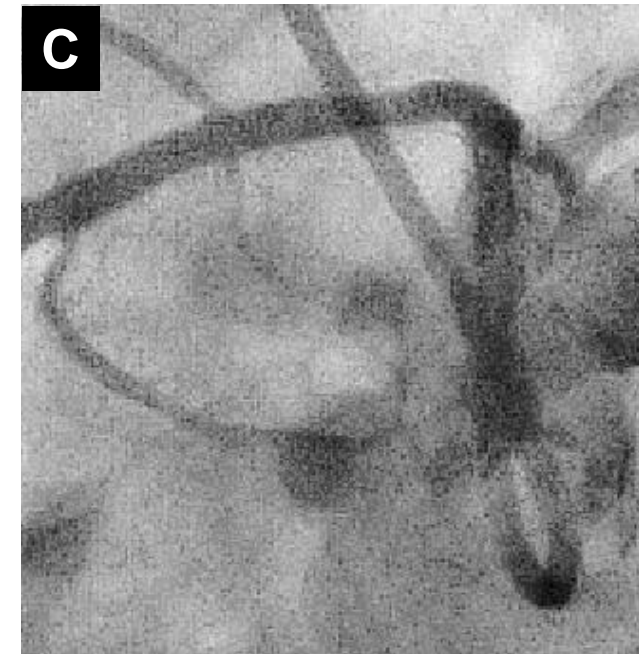
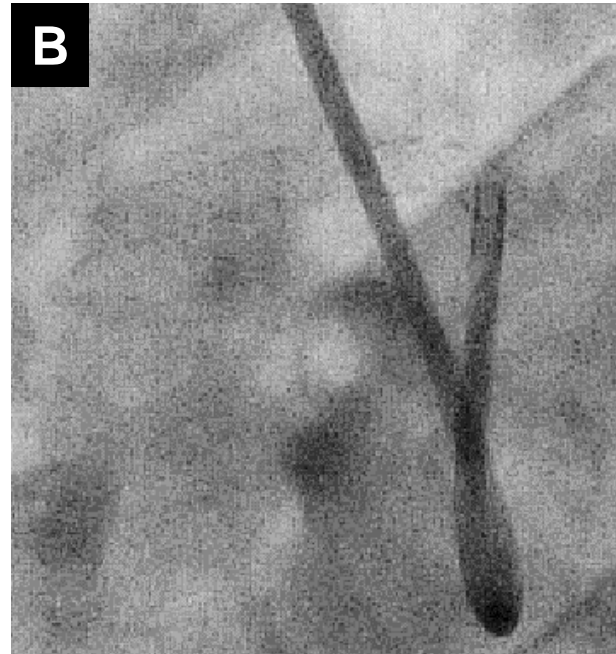
Effets	Angioplastie
Symptômes d'allure ischémique	✓
Ischémie myocardique	✓
Diminution risque de mort subite	?
Resténose intrastent	✓
Dissection aortique	✗
Déformation structure du stent	✗





ANOCOR stenting registry n = 36 (2014-2023)

RCA at 24-month follow up





MERCI

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