Traitement endovasculaire des complications d'abords périphériques

GRCI France 2018

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Metz

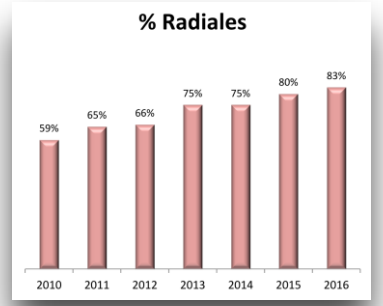
DÉCLARATION DE LIENS D'INTÉRÊT AVEC LA PRÉSENTATION

Intervenant : Charles CHRISTOPHE, Metz

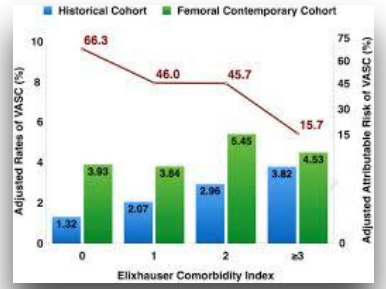
☑ Je n'ai pas de lien d'intérêt à déclarer

BACKGROUND

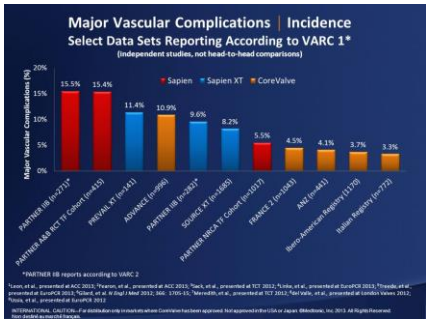
- 1er constat : radial world = sacrifice femoral ?

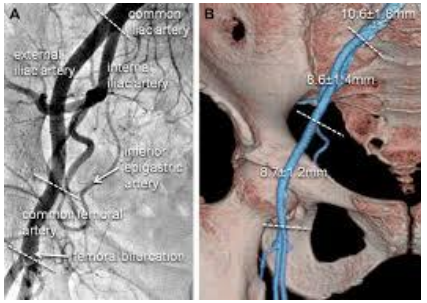


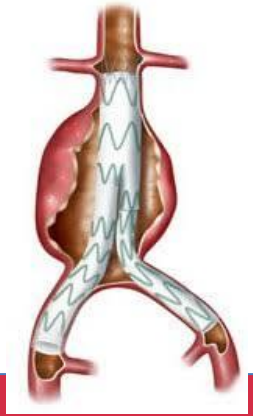
Coronaros	Tous 2017	Tous 2016
% Radiales	86%	83%



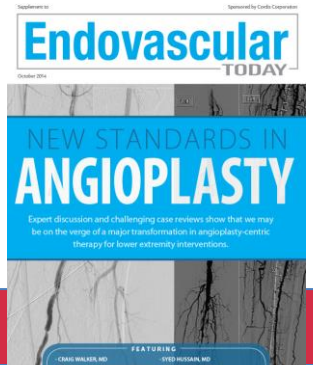
- 2ème constat : structural world

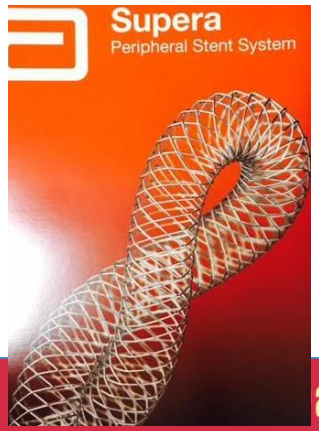






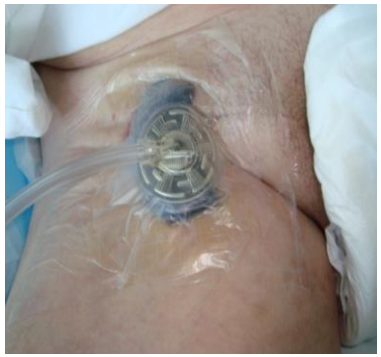
- 3ème constat : Endovascular world



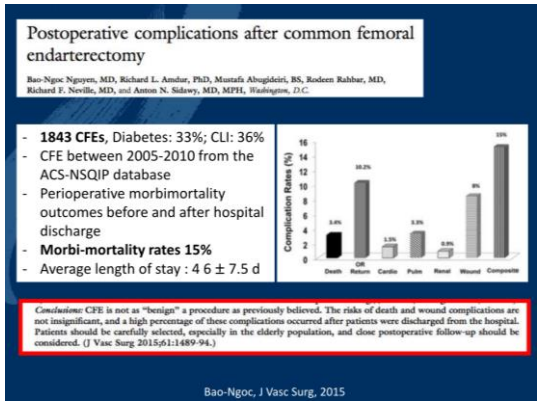


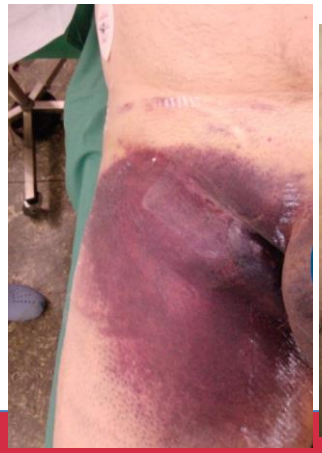
Pourquoi fermer soi-même ?

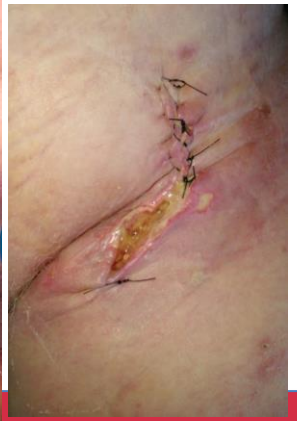
- 1/ AUTONOMIE vis à vis de nos amis chirurgiens = savoir réparer



- 2/ CHIRURGIE DU SCARPA non bénigne







Chirurgie du scarpa

- Complications locales multiples

  Jusqu'à 20%

  Hémorragie (7,4%)
  Neuralgie (5,2%)
  DC 2%

Lumsden Am Surg 1994

- Durée d'hospitalisation ….

Compression (fellowseal)

- Long, succès relatif, douloureux …
- Imparfait jusque 25% d'échec
- Risque d'embolisation ++, necroses cutanées etc…

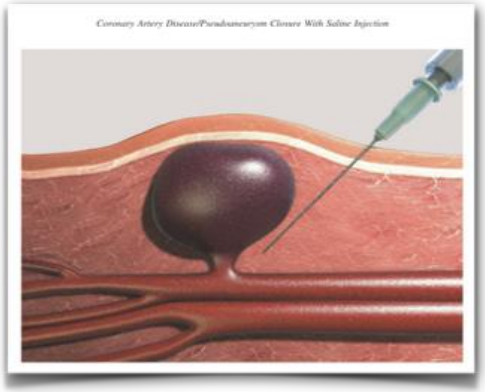
Collet Radiology 1995

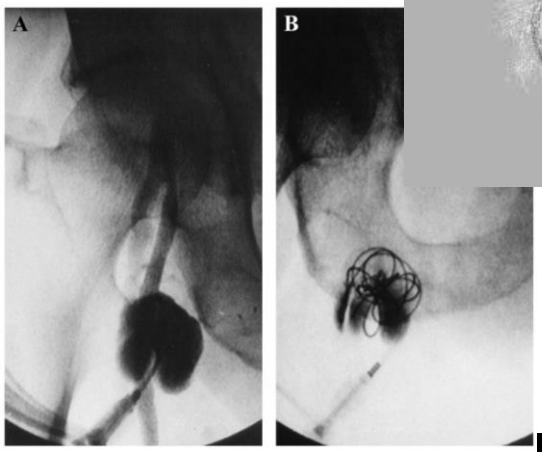
Quelles complications ?

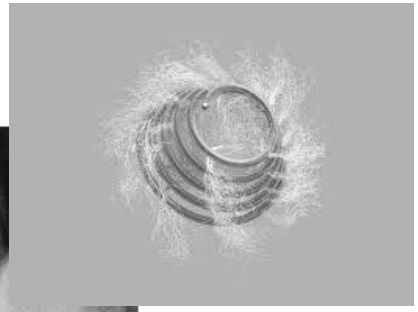
Type of complication	Incidence	Type of treatment
Hematoma or uncontrollable bleeding[a]	<1%	Endovascular Surgery reserved for rare selected cases
Pseudoaneurysm	0.2–0.5% after diagnostic angiography and 2–8% after coronary angioplasty	Percutaneous Surgery reserved for rare selected cases
Arteriovenous fistula	<0.1%	Conservative in asymptomatic patients Endovascular in symptomatic patients
Arterial dissection or thrombosis	<0.5%	Endovascular Surgical treatment reserved for cases of endovascular treatment failure
Distal embolization	<0.5%	Endovascular Surgical treatment reserved for cases of endovascular treatment failure
Nerve damage	Rare	Conservative
Abscess	Rare	Surgical
Lymphocele	Rare	Conservative

TSETIS, Cardiovasc Intervent Radiol (2010)

Quelles solutions endovasculaires ?







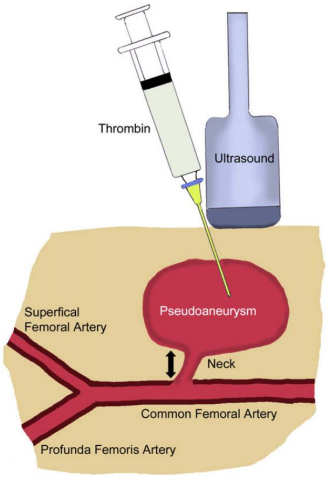
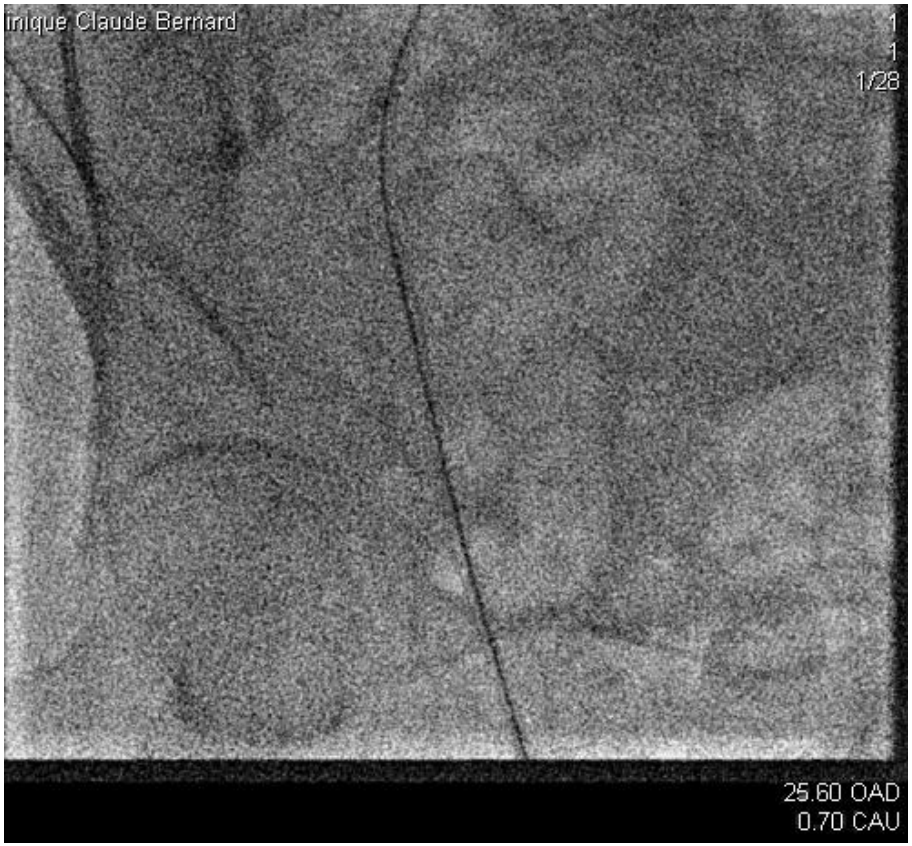


Figure 3 Schematic diagram illustrating the percutaneous treatment of a pseudoaneurysm by injection of thrombin under ultrasound guidance.

Dissection iliaque

ATL primaire femme 84 y o



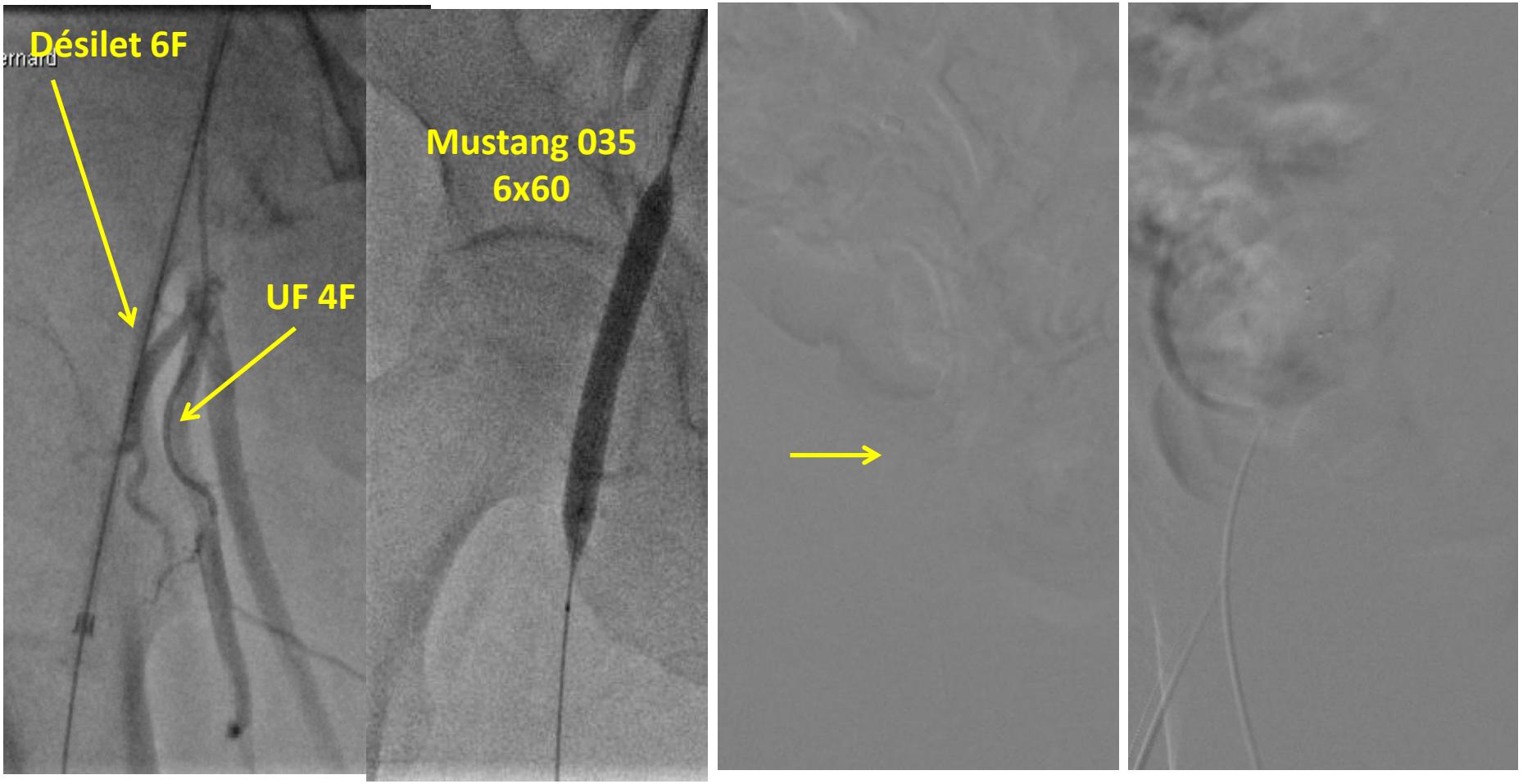
STRATEGIE ?

- Ponction controlat 6F
- Crossover (UF 4F-Terumo)
- Hémostase au Ballon

- ATL + Stent autoexp

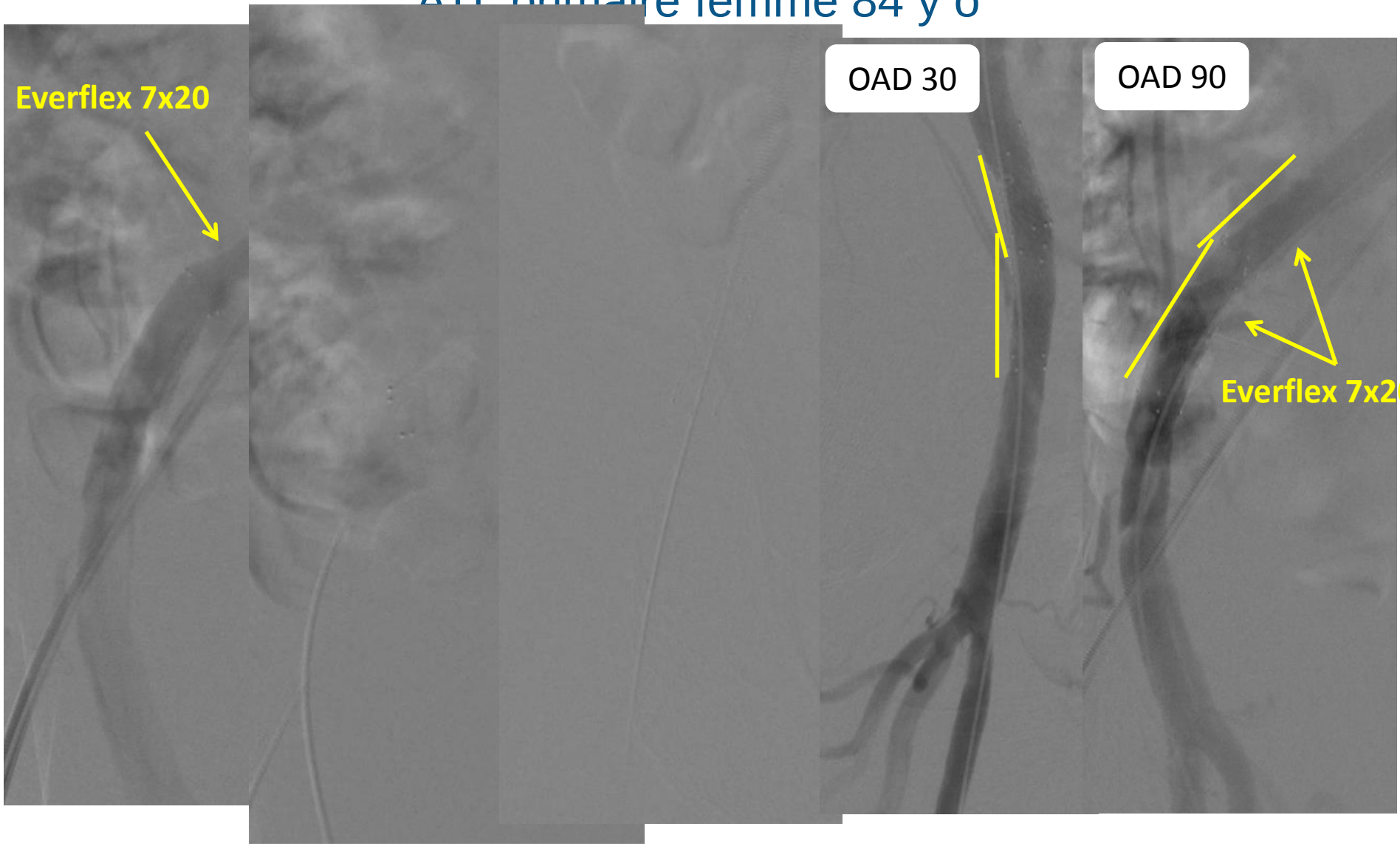
Dissection iliaque

ATL primaire femme 84 y o

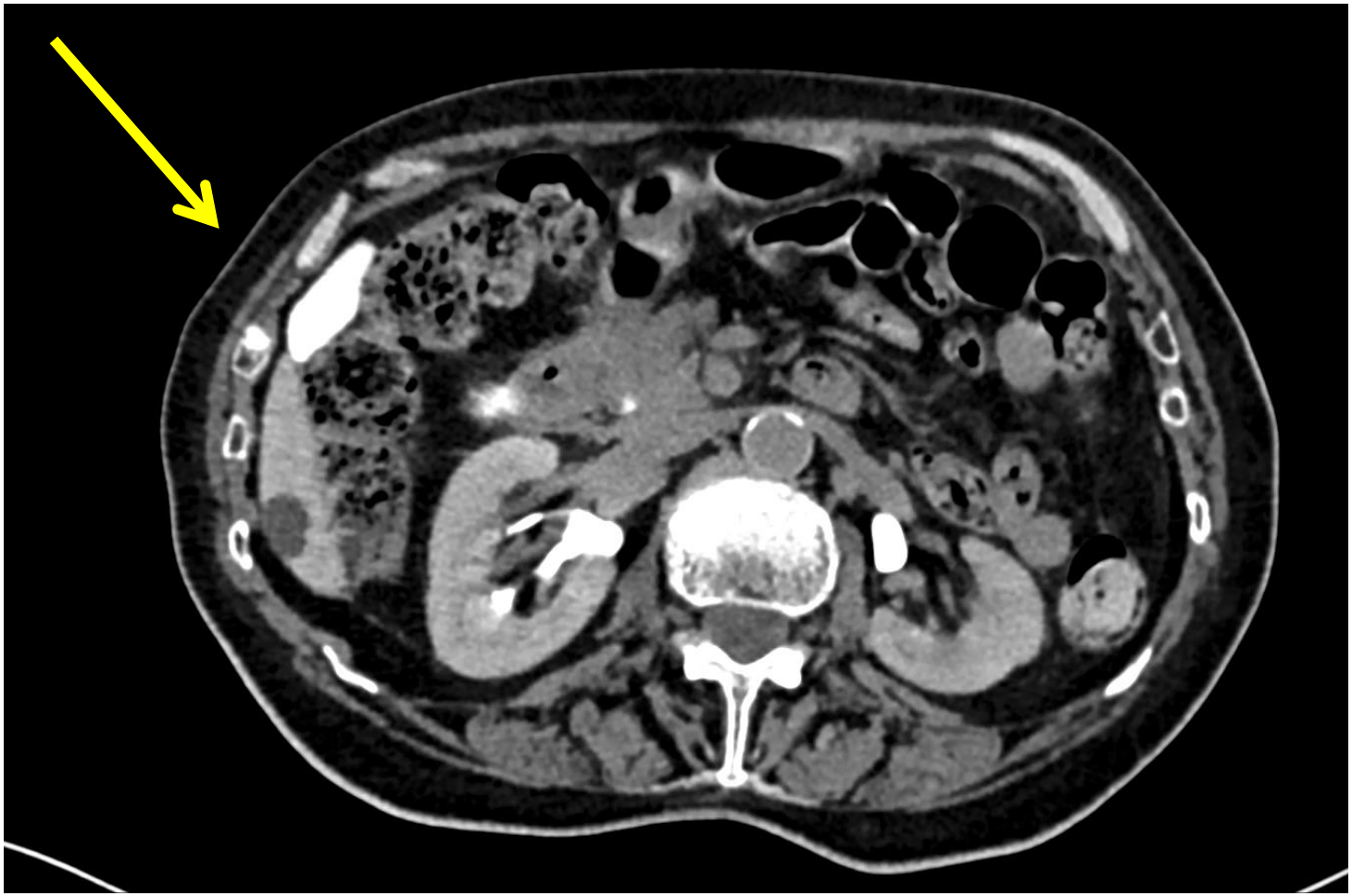


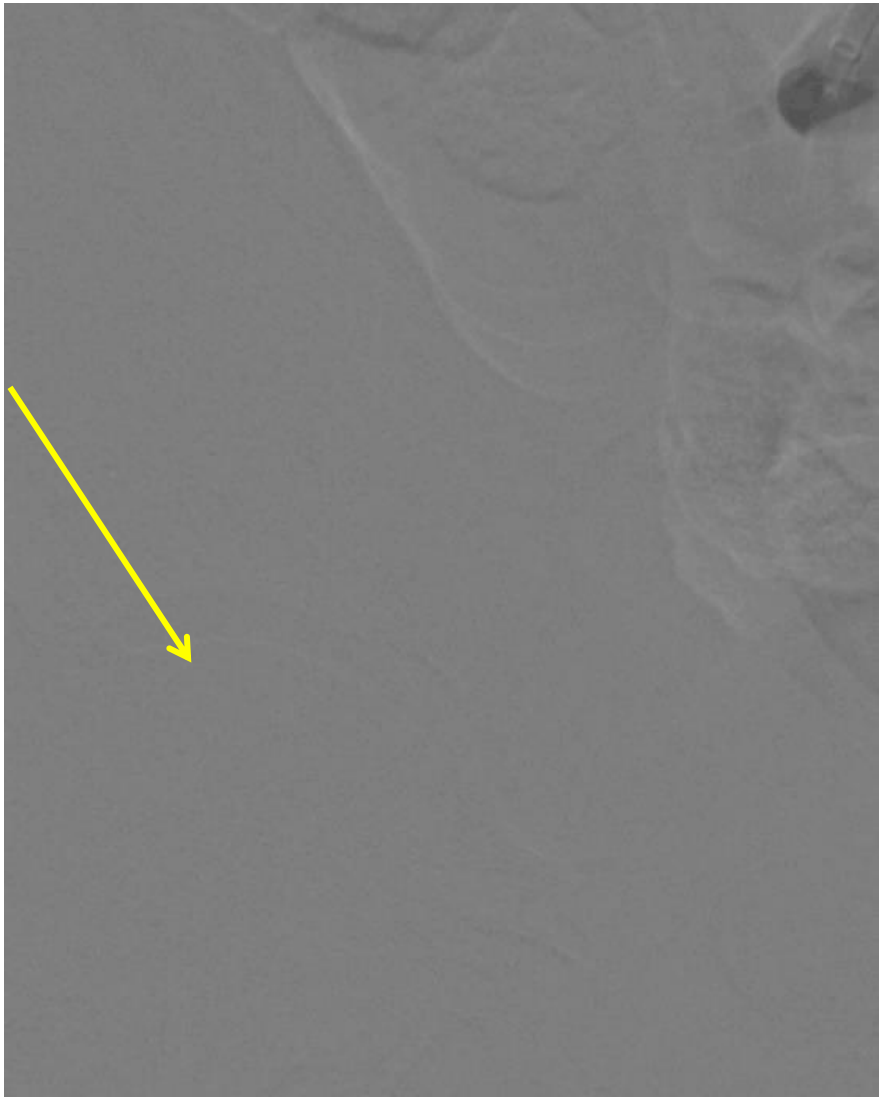
Dissection iliaque

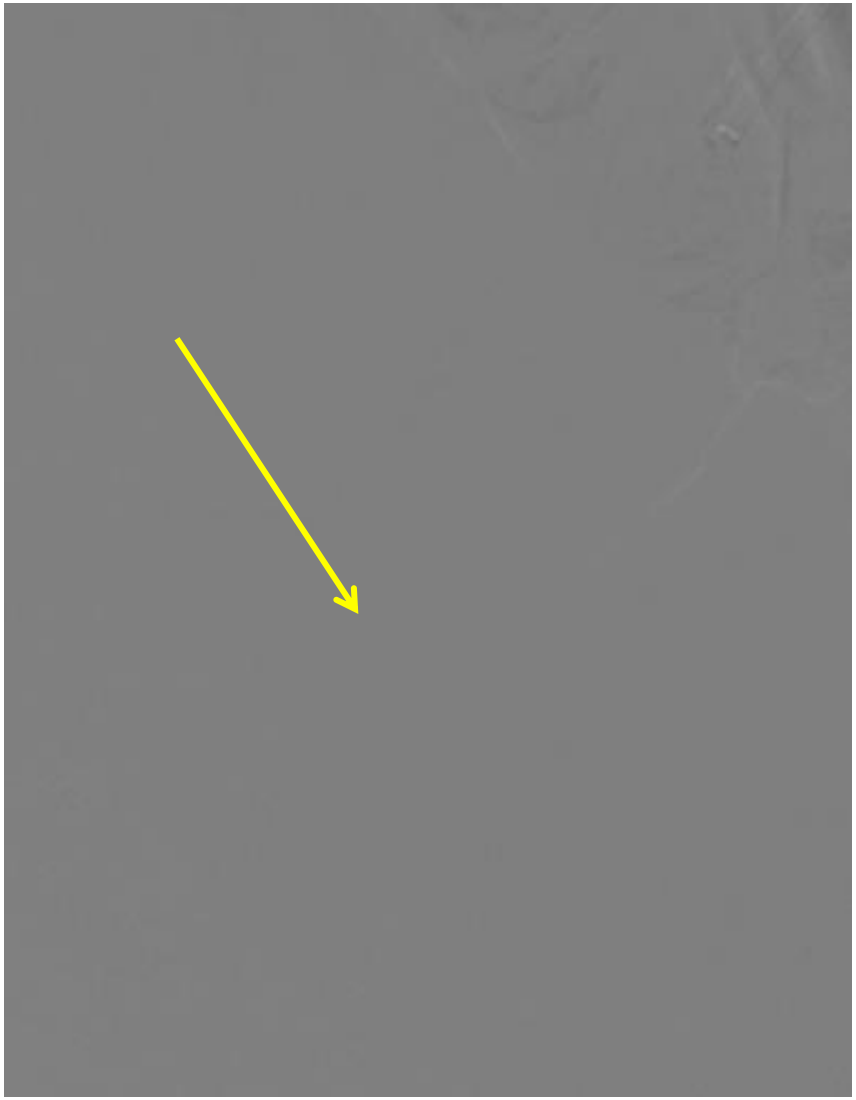
ATL primaire femme 84 y o

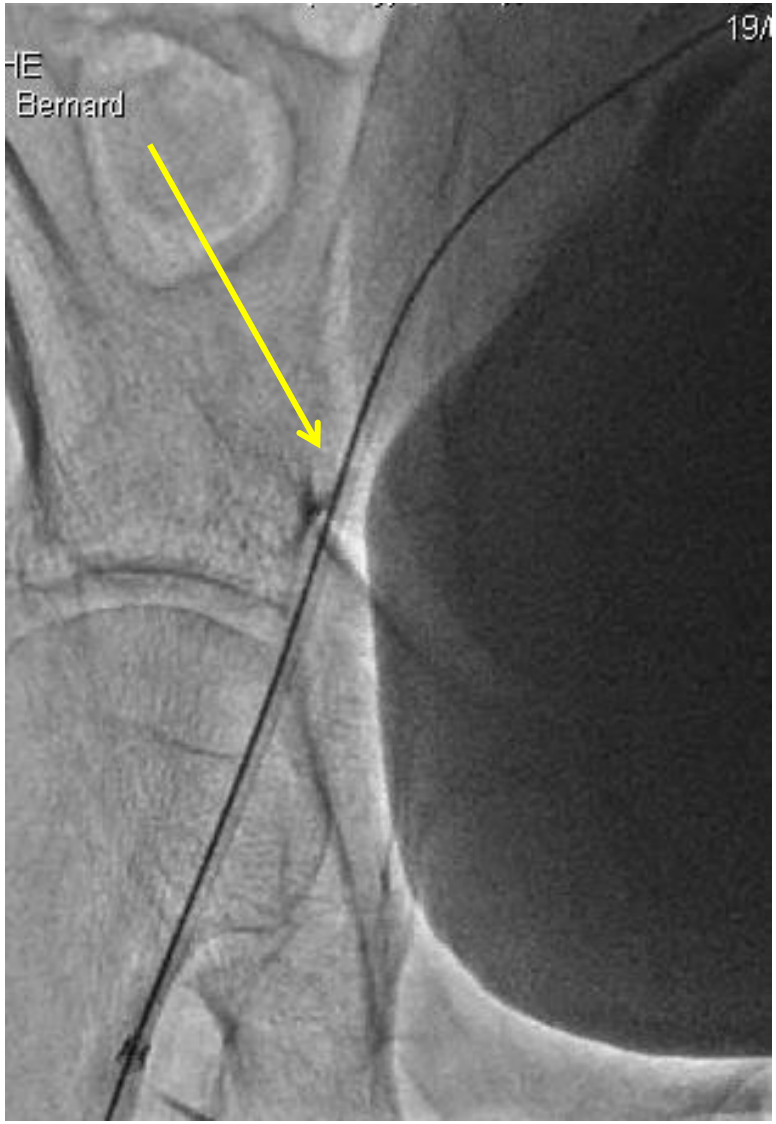


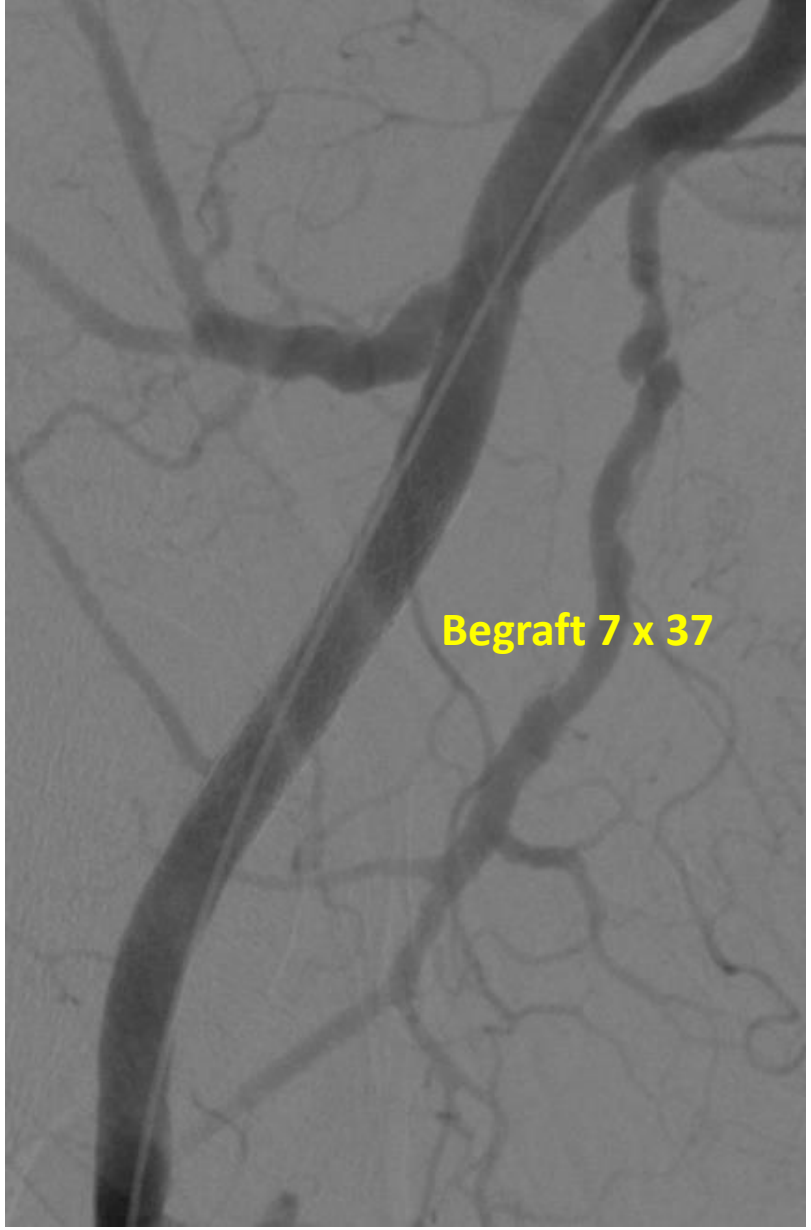
ATL IVA femme 86 cy o
H3, douleur HC Dt hypoTA



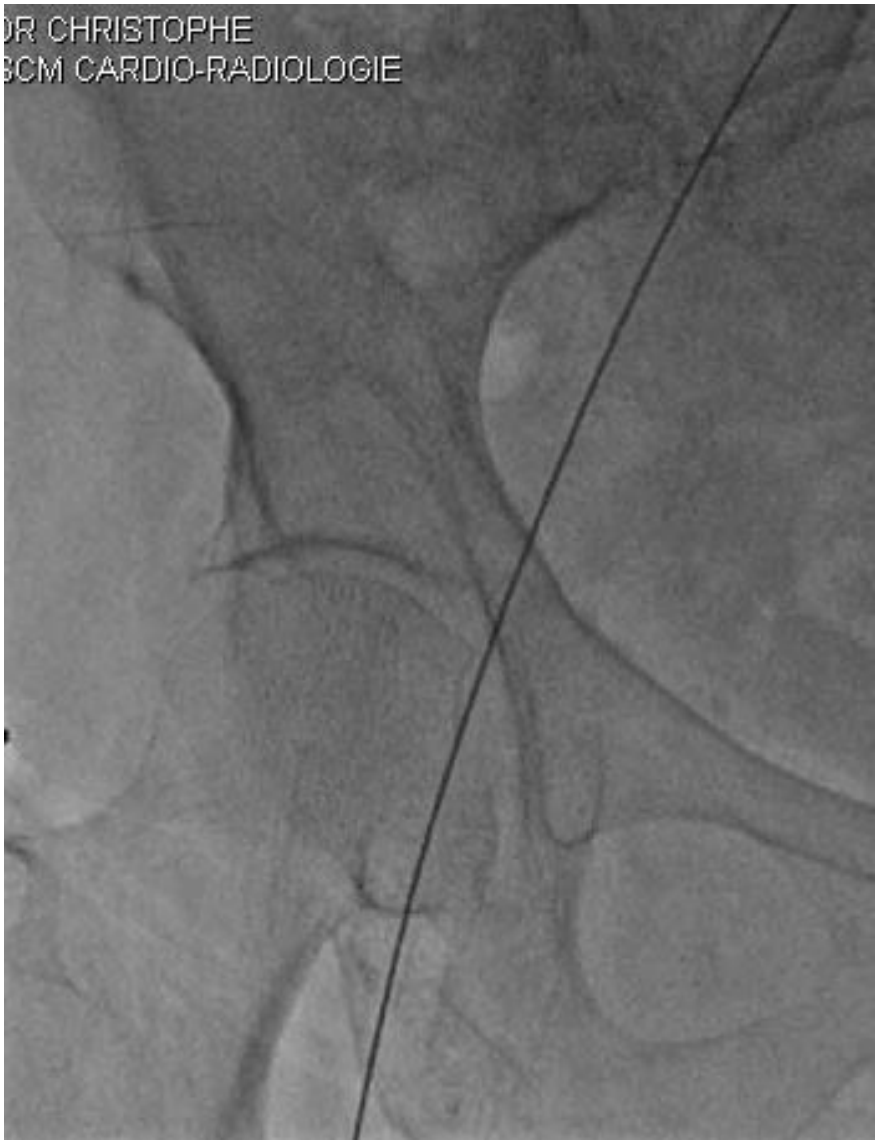





HE
Bernard


Begraft 7 x 37

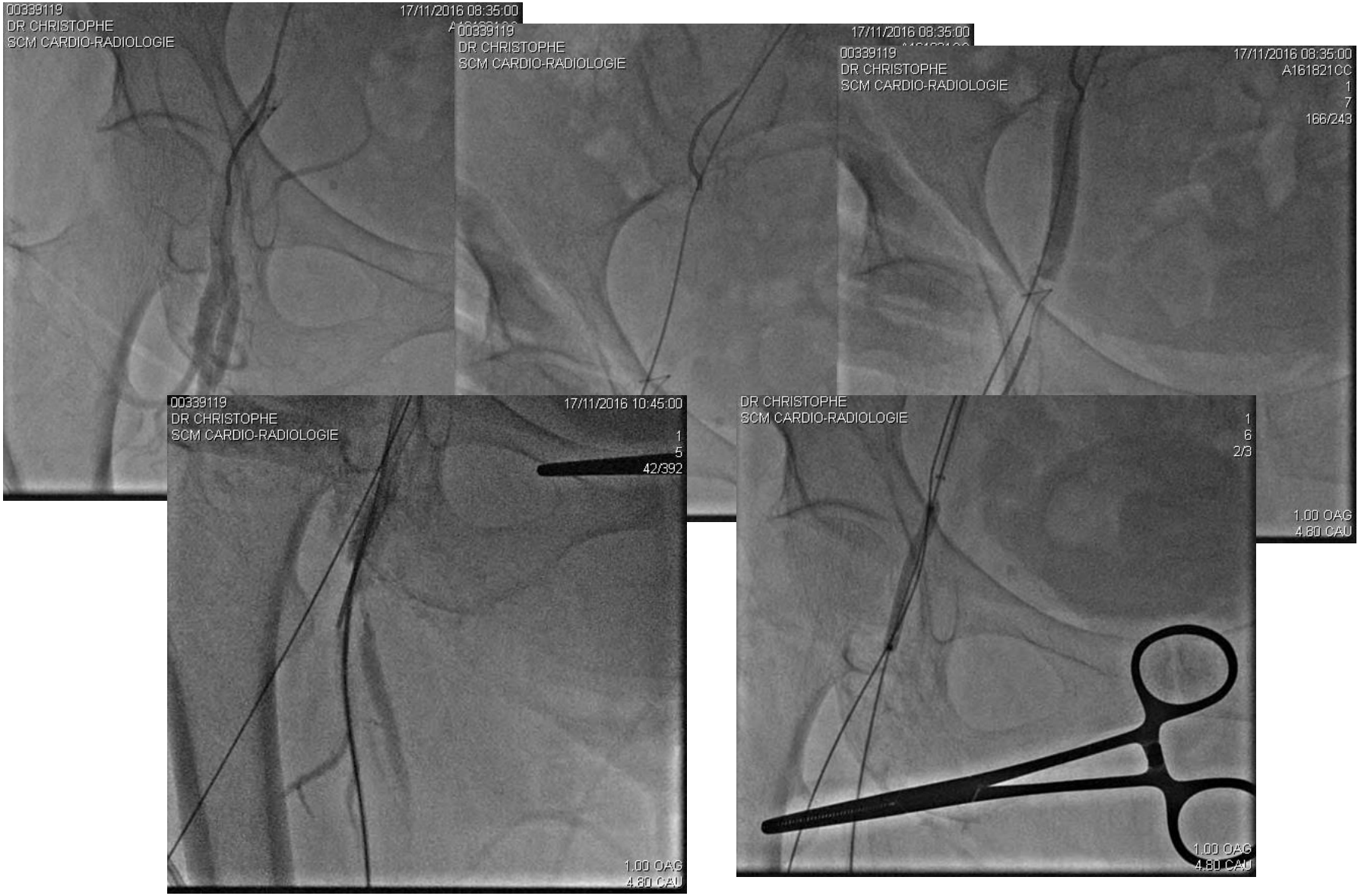
Occlusion post TAVI

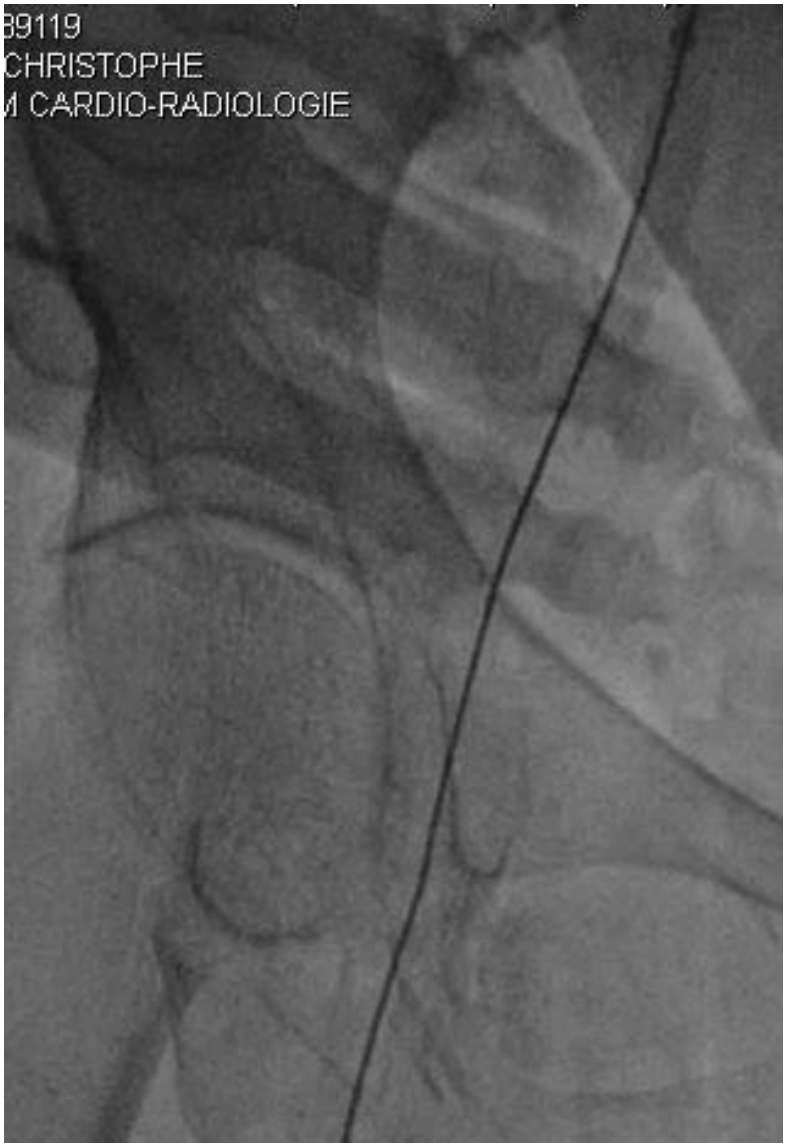


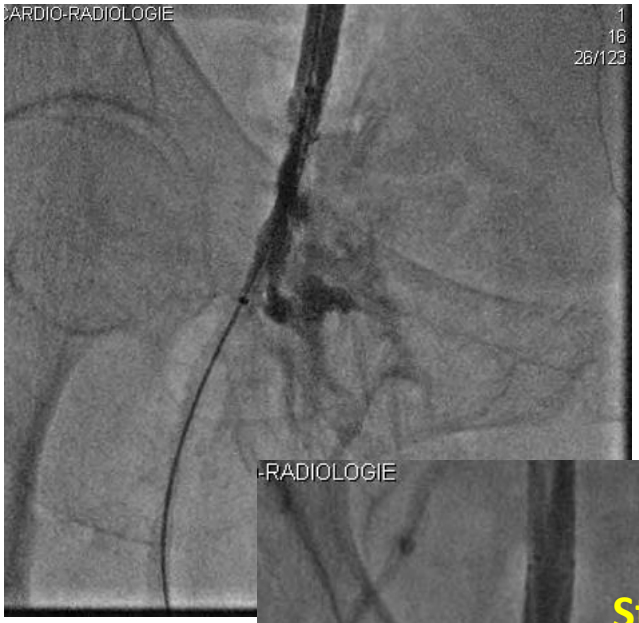
STRATEGIE ?

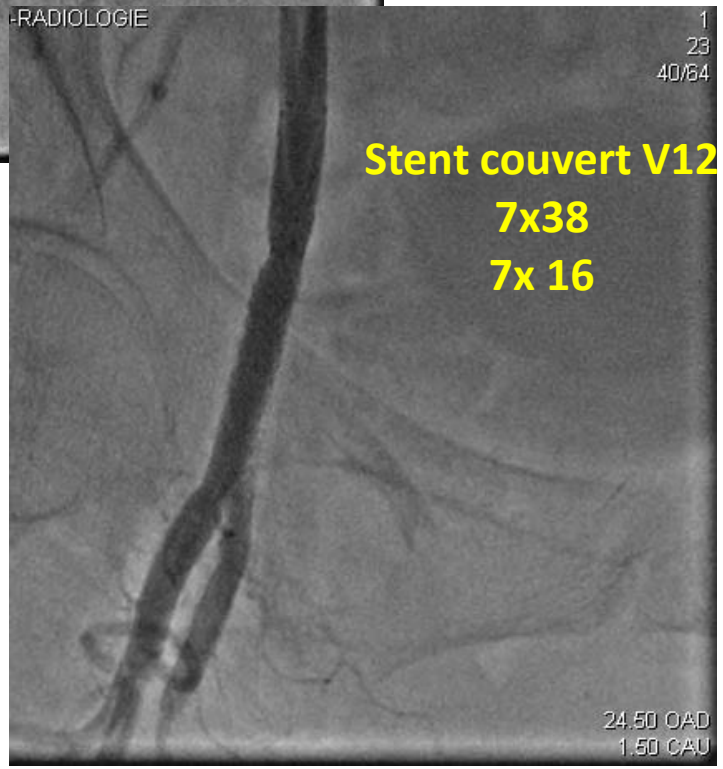
- Abord controlat 7F
- Crossover (UF 4F-Terumo)
- Si echec franchissement, ponction rétro
- Stent couvert sur ballon

Rupture sur abord large TAVI




39119
CHRISTOPHE
M CARDIO-RADIOLOGIE

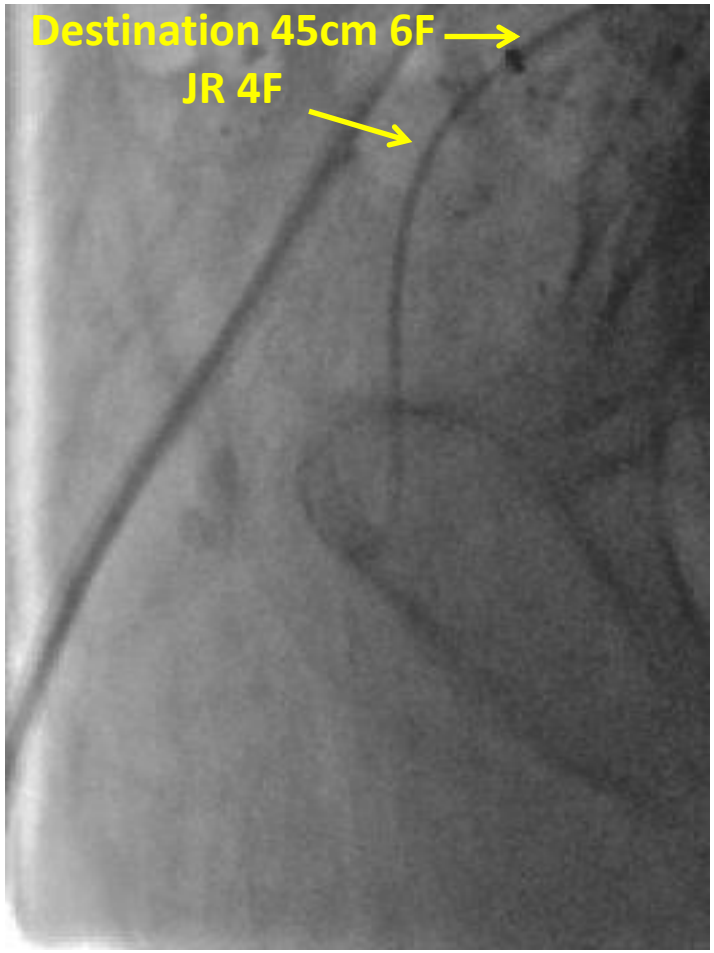

CARDIO-RADIOLOGIE
1
16
26/123


-RADIOLOGIE
1
23
40/64
Stent couvert V12
7x38
7x 16
24.50 OAD
1.50 CAU

Faux anévrisme AFC G au doppler

Homme 73 yo, Dialysé, AVK

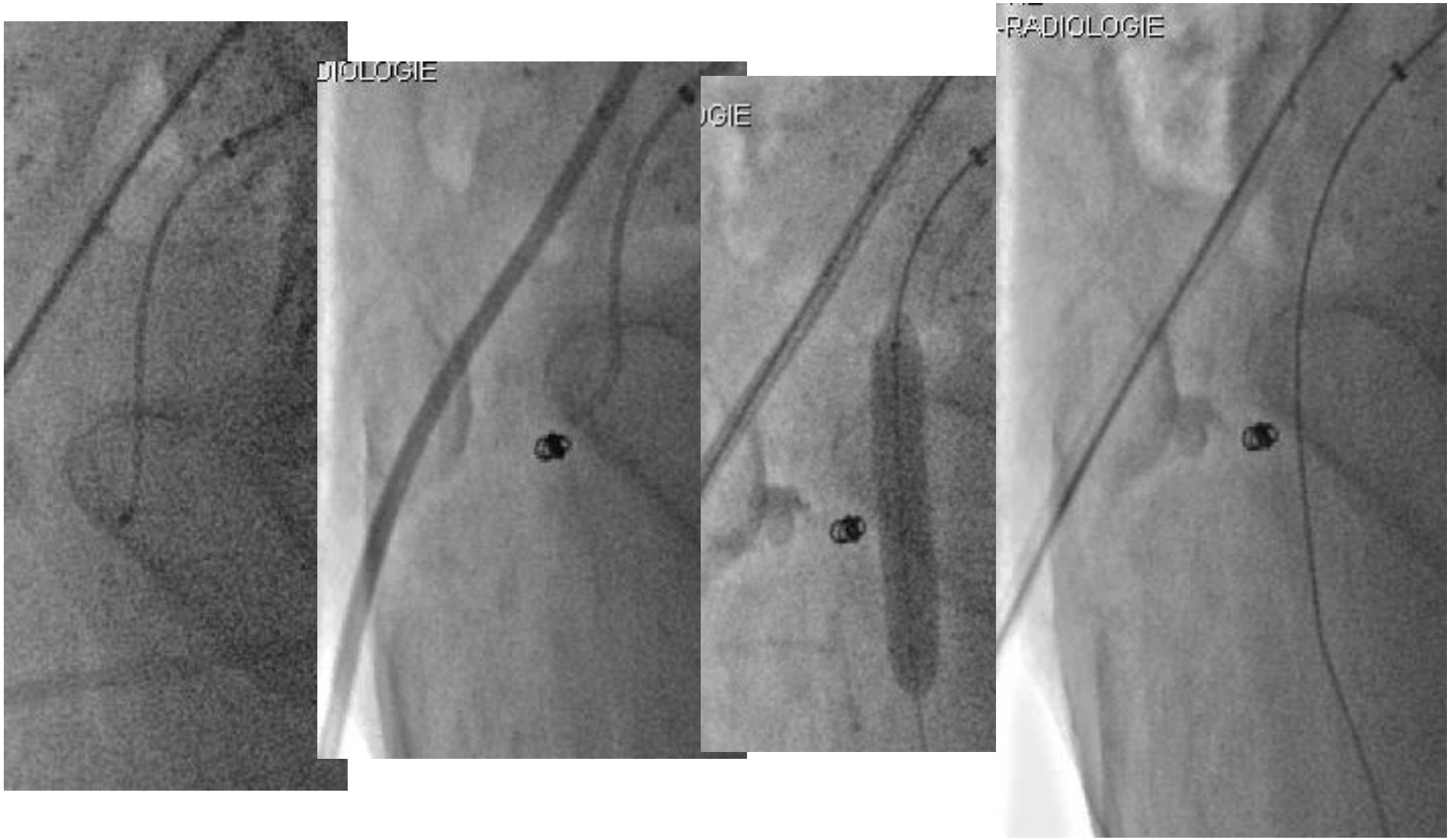
ATL iliaque interne par crossover sur claudication fessière négligée depuis 10ans par chir vasc



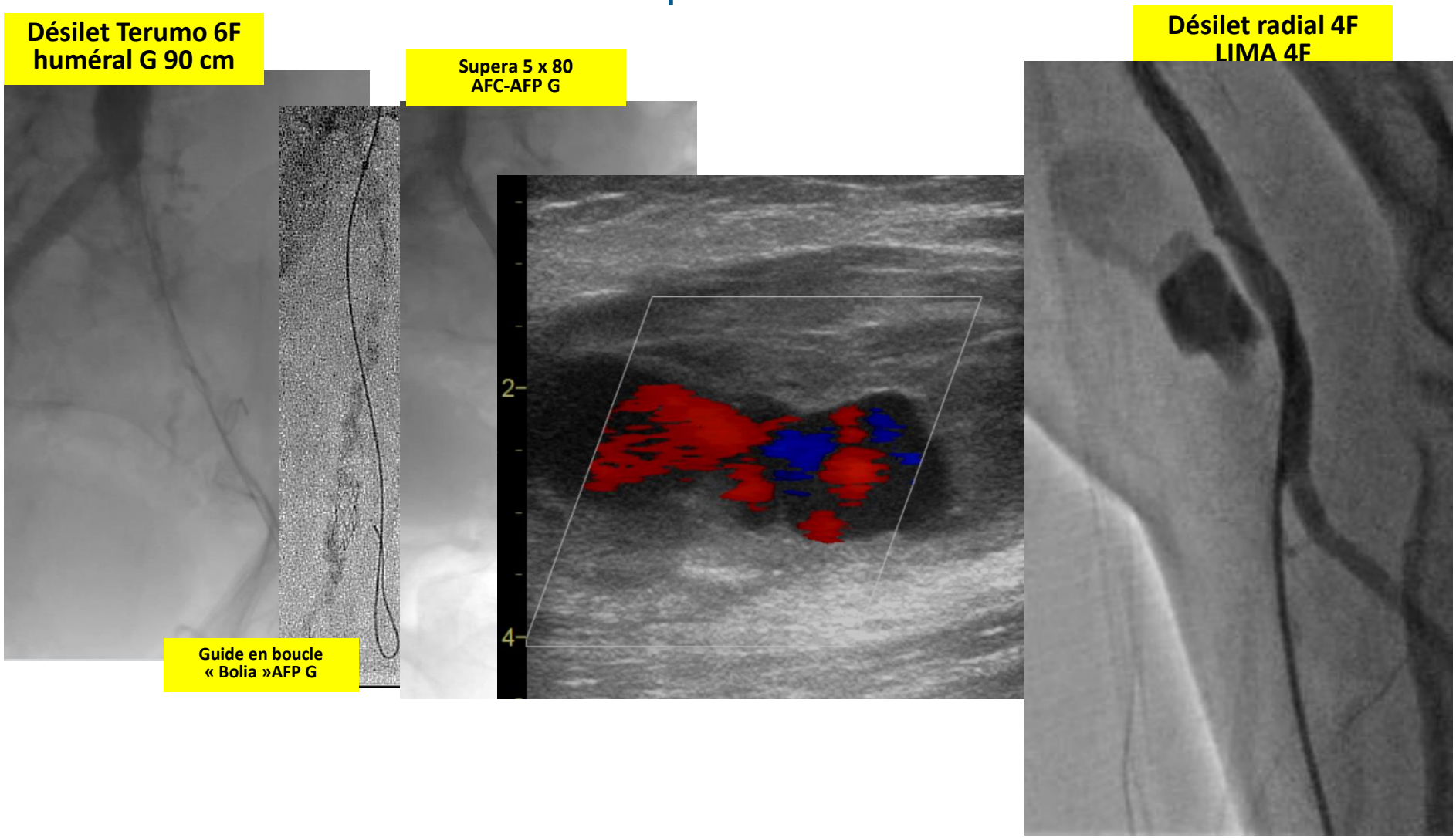
STRATEGIE ?

- Ponction controlat 6F
  - recherche collet = Profil G, retrait lent, injection douce
- Embolisation par coïl

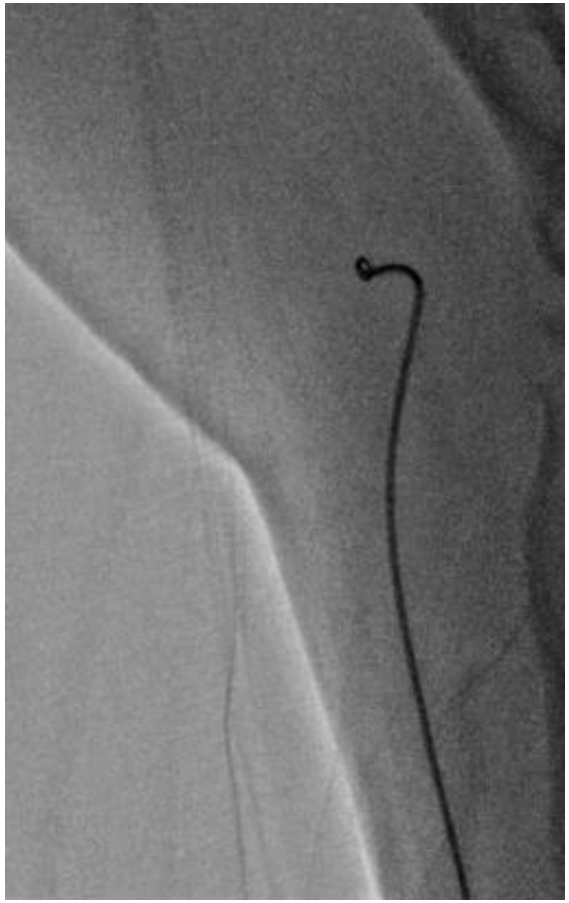
Faux anévrisme AFC G



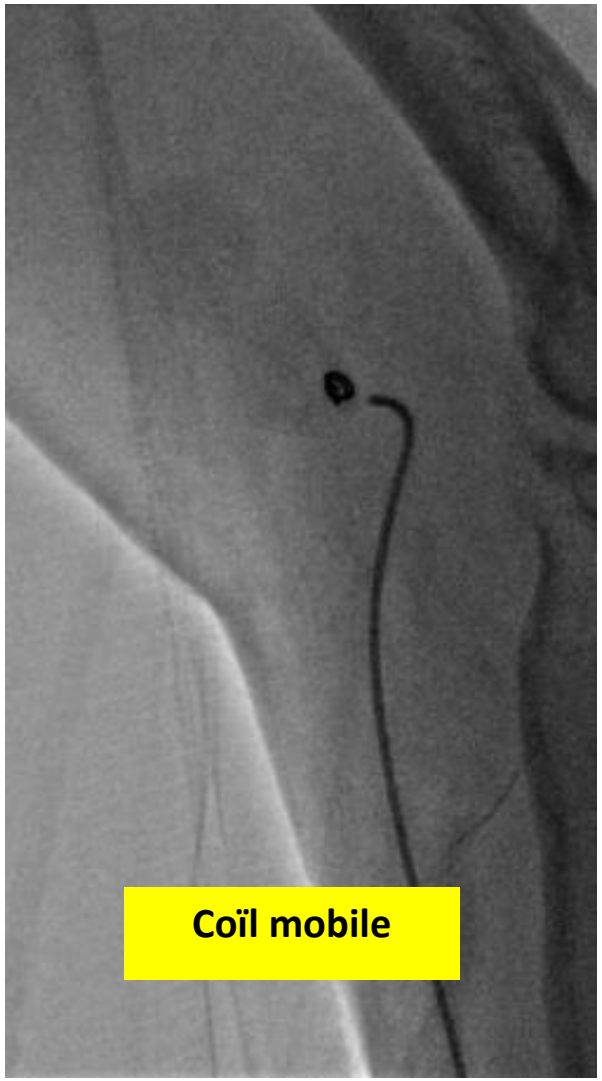
Faux anévrisme Humérale G doppler après ATL complexe

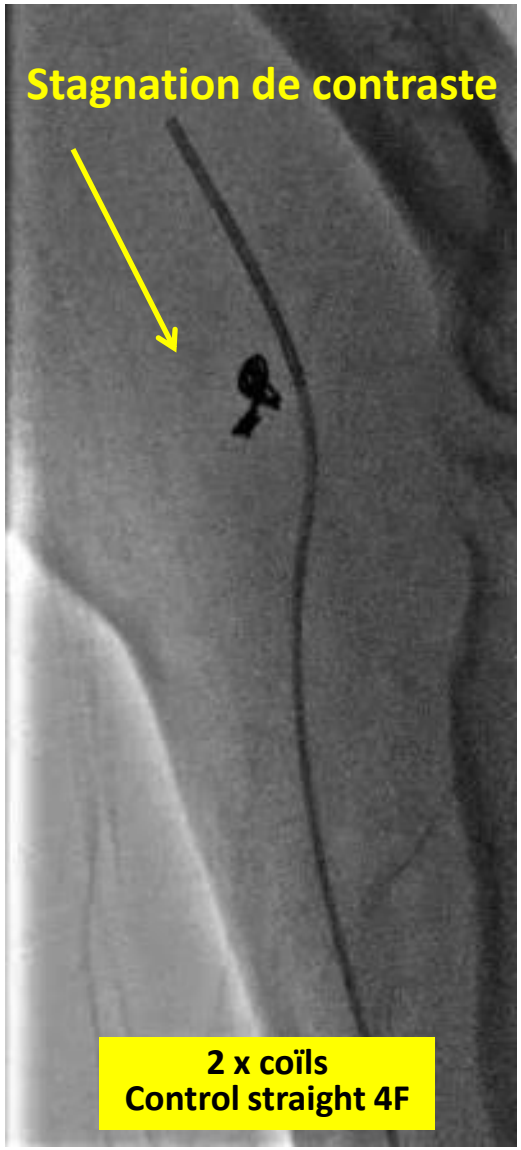


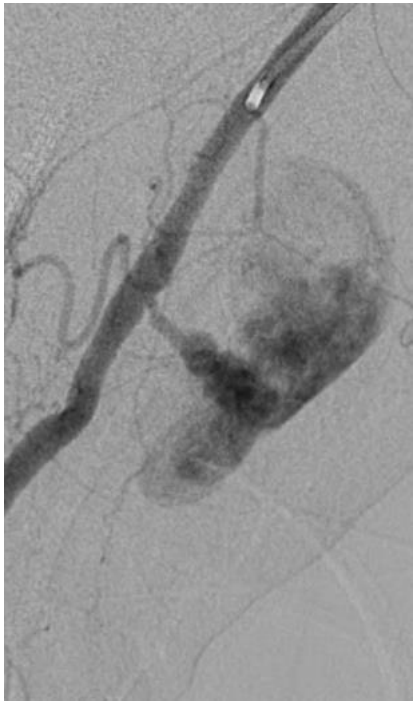
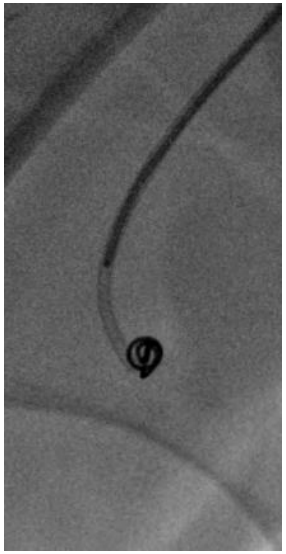
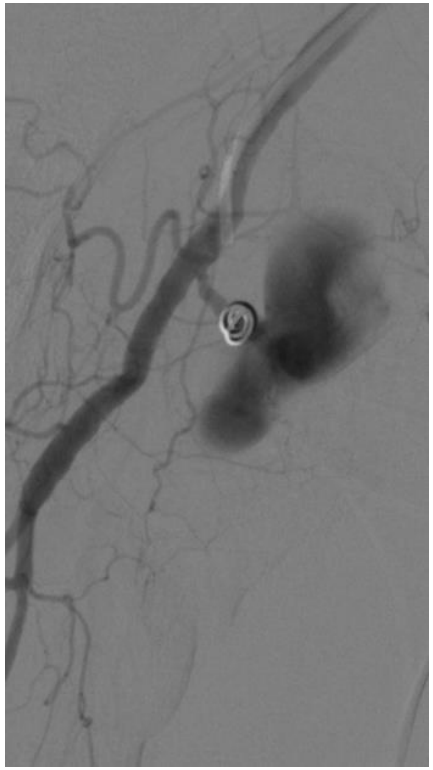
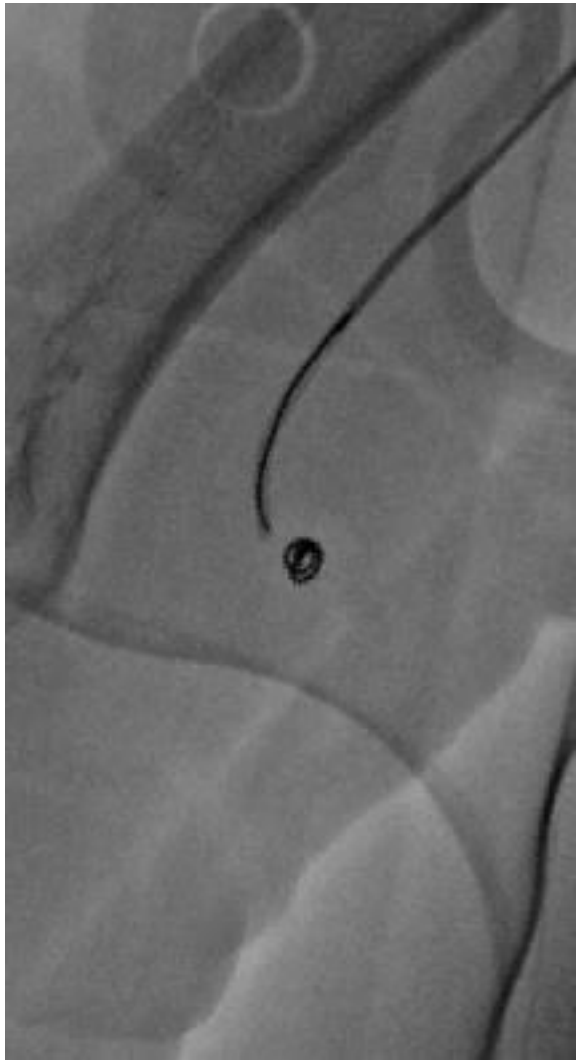
Faux anévrisme Humérale G



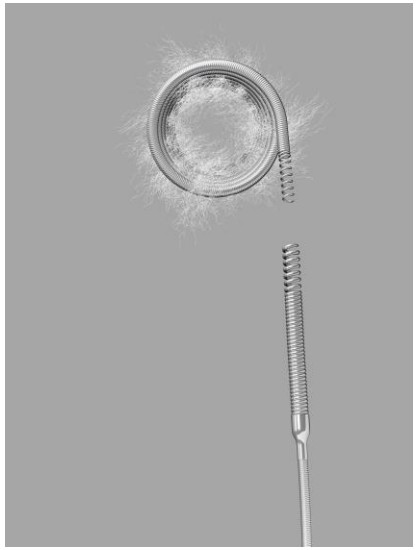
LIMA 4F + Coïl






Tornado® Embolization Coil
REF MWCE-35-10/5-TORNADO
REF G10413
.035"
10mm
5mm
12.8cm
Rx only
STERILE EO
2020-11-10
LOT 6272154
2015-11-10
COOK®
REF MWCE-35-10/5-TORNADO



Messages Coils

- Passer du temps à trouver l'origine (pas simple)
- Injection selective avec sonde adaptée (axe collet & support ++)
- Injection douce
- Plutôt coils de petite taille
- Si support limite ou petit collet ou petit FA :
    - Penser aux microcoils (avec microcath de largage)
- 1 seul coil dedans = mieux qu'un 2eme en dehors
- Si coil dépasse : stent au contact (couvert ou pas)
- Image de stagnation iode = suffisant (compression legere + poche glace)

Injection Thrombine Echoguidée

Hughes, Clin. Rad. 2000

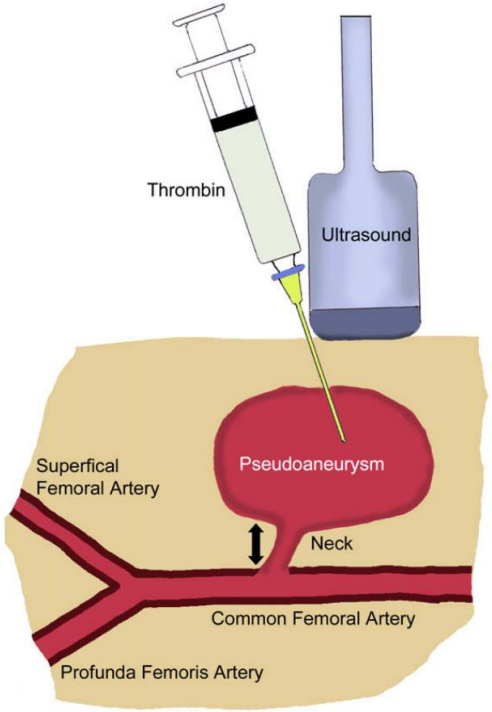
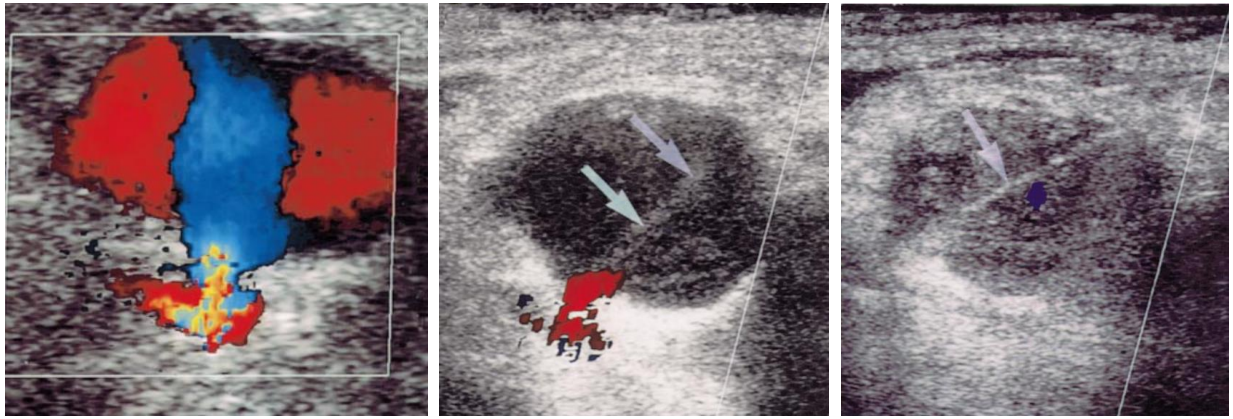


Figure 3 Schematic diagram illustrating the percutaneous treatment of a pseudoaneurysm by injection of thrombin under ultrasound guidance.

- Thrombine Bovine activée 2000UI/mL
- 0,5-1,5 mL (3-4000UI)
- Occlusion en < 120s



Injection Thrombine Echoguidée

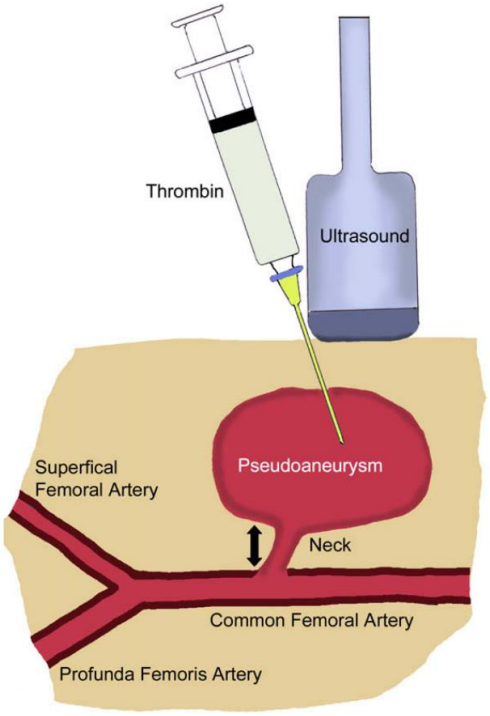


Figure 3 Schematic diagram illustrating the percutaneous treatment of a pseudoaneurysm by injection of thrombin under ultrasound guidance.

- Succès 95%, récurrence 6%

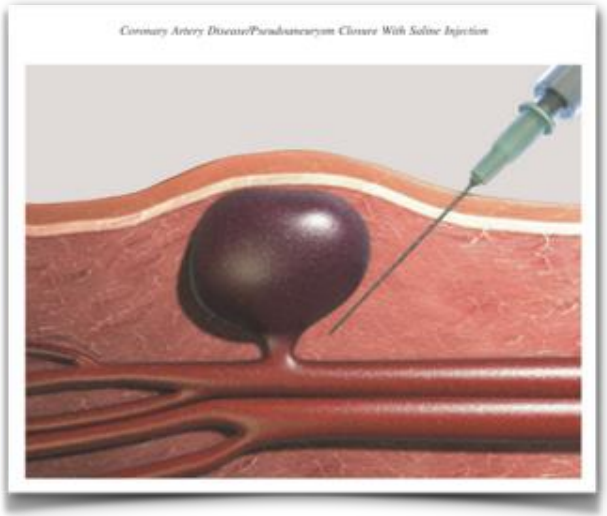
- Risque thrombotique (A ou V)
- Thrombose incomplète (collet ++)
- Allergie ?

- Repos 24h au lit minimum

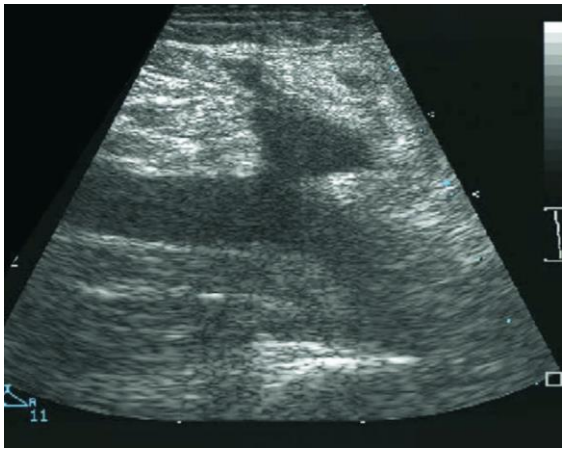
- COUT ++ Tisseel (hccb) = 600€
- (coil cook tornado : 90€)

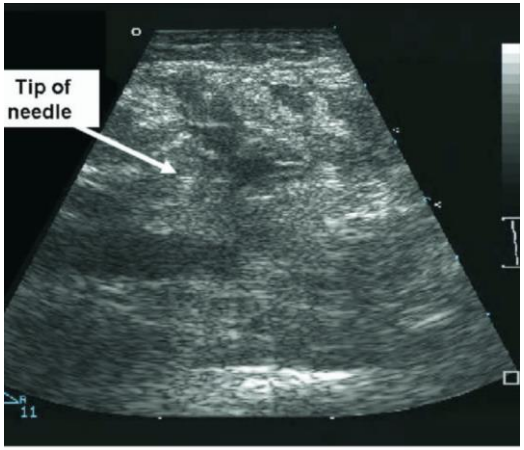
Injection saline

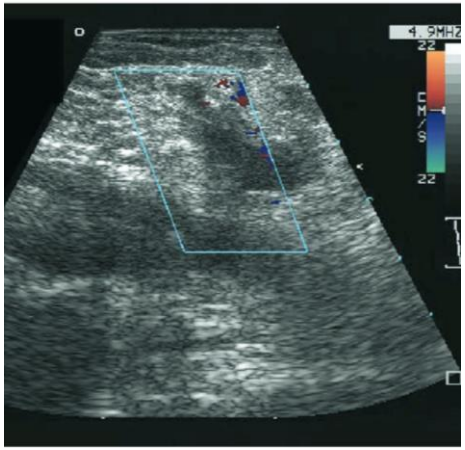
Finkelstein Am J Card 2008



- Echoguidée, aiguille 018
- NaCl 0,9% (52mL) > occlusion du collet
- Compression 5min
- tps moyen 35min







- n=64 ; 5 échecs (1 tardif ; tous sous DAPT)

Angioseal-Assisted Closure of Iatrogenic Refractory Femoral Arterial Pseudoaneurysm

A Novel Technique

Adnan Hadziomerovic, MD,[a] Prasad Jetty, MD,[b] Ashish Gupta, MBBS, MD[a]

JACC: CARDIOVASCULAR INTERVENTIONS VOL. 9, NO. 6, 2016

MARCH 28, 2016:e55–7

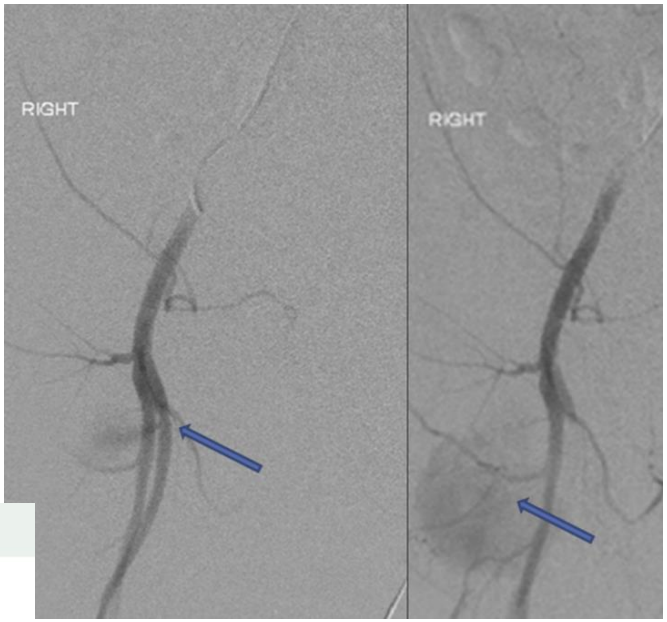
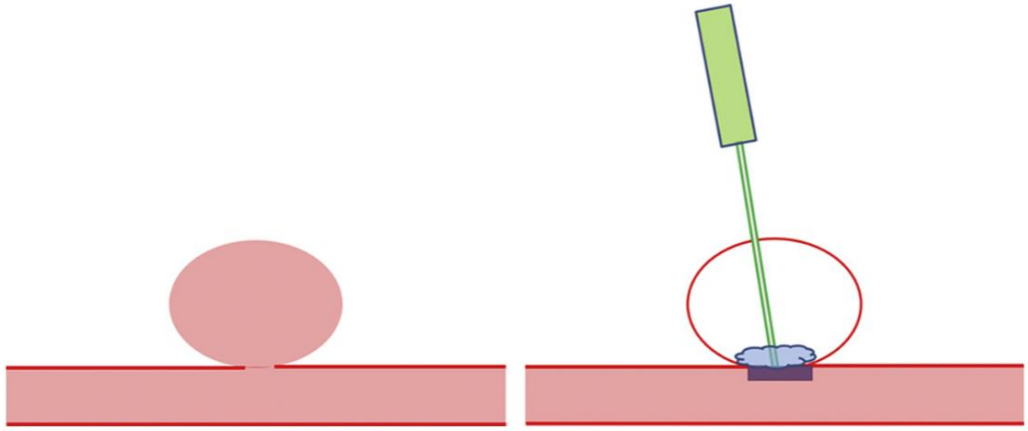


FIGURE 4 Diagram of the Angioseal Deployment



Demonstrates the concept of deployment of the Angioseal across the neck of the pseudoaneurysm.

Compression assisted by removable coils as a new treatment for iatrogenic femoral pseudoaneurysms

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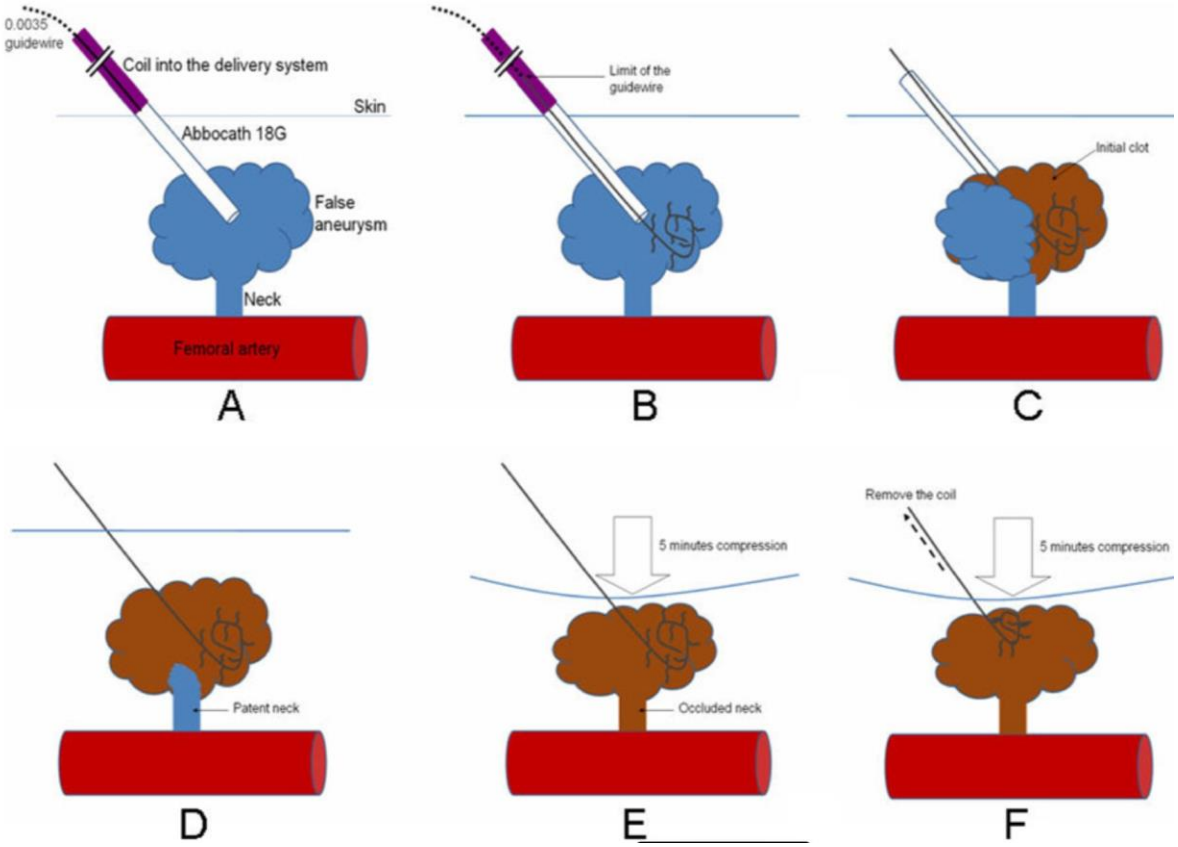
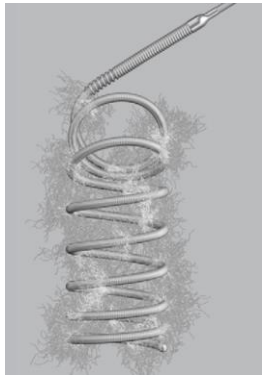
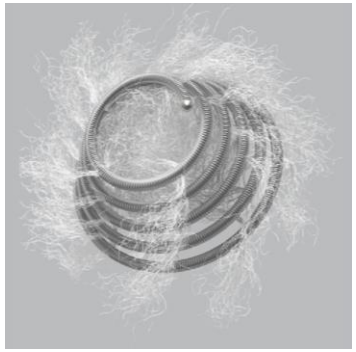
J Vasc Surg 2011







Coïls cook ® Retracta / Tornado

Tool box de base

DESILET « crossover » 45cm	**Fortress (biotronik) 6F / Destination (terumo) 6-7F 45cm**
Sondes 4F	JR4 - LIMA – MP / JR4 125cm
Coils	Tornado 035 4/3 (2,6cm) ou 6/3 (5,8)
Stents couverts Ballons	Begraft (Bentley) 6F / V12 (Maquet) 7F
Stents couverts autoexp.	Covera (bard) 8F / Viabahn (gore) 8F
Système de fermeture	Angioseal - Femoseal ?
Snare ?	

conclusions

- On peut tout réparer : Il est important de rester autonome

- % croissant (radiale, structurel, periph)
- Supériorité Endo vs chir :
  - Rapide & efficace
  - Moins de complications ++
  - RAD rapide
- Techniques simples avec peu de matériel


CAV