Endartériectomie et Angioplastie carotidiennes
Indications Respectives ?

Claude MIALHE

François BOURLON – Romain GOUIRAND

CCM

CENTRE CARDIO-THORACIQUE DE MONACO

Quelle est, en regard de l’endartériectomie, la meilleure indication d’angioplastie carotidienne dans les conditions suivantes ? :

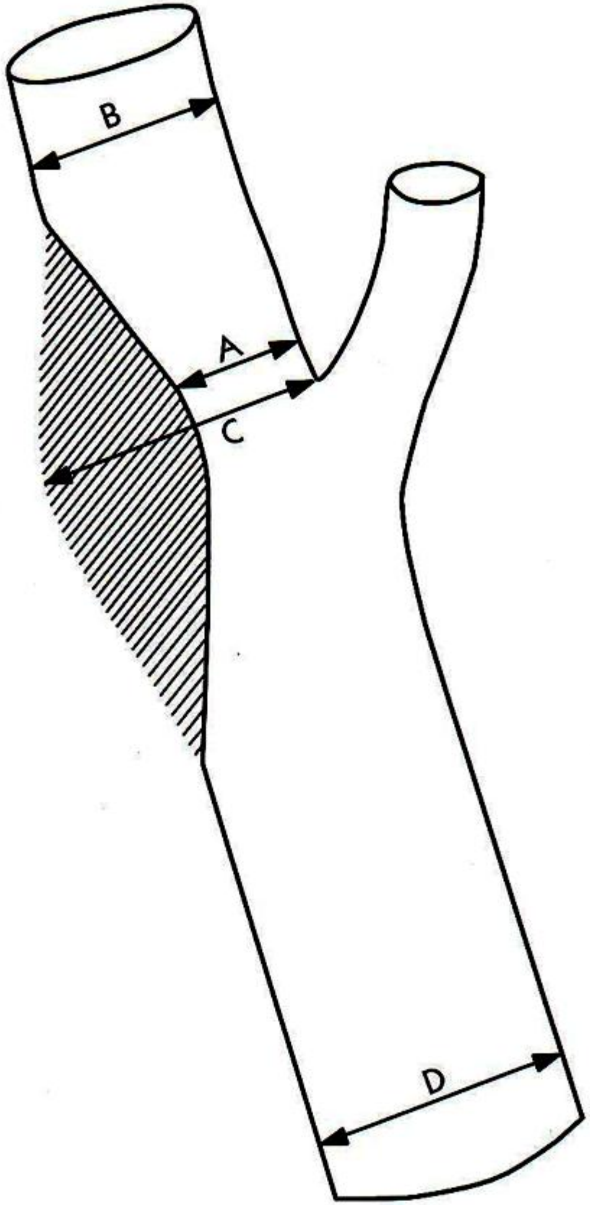
A. boucle carotidienne distale,

B. sténose sur carotide unique,

C. sténose hypercalcifiée,

D. arche aortique bovine,

E. sténose radique.



1 - Méthode *N* (Nord-Américaine) :
évaluation de la sténose par rapport au diamètre de l'ACI distale.

$$\text{Sténose \%} = 100-\left(\frac{A}{B} \times 100\right)$$

ou bien

$$\text{Sténose \%} = \frac{B-A}{B} \times 100$$

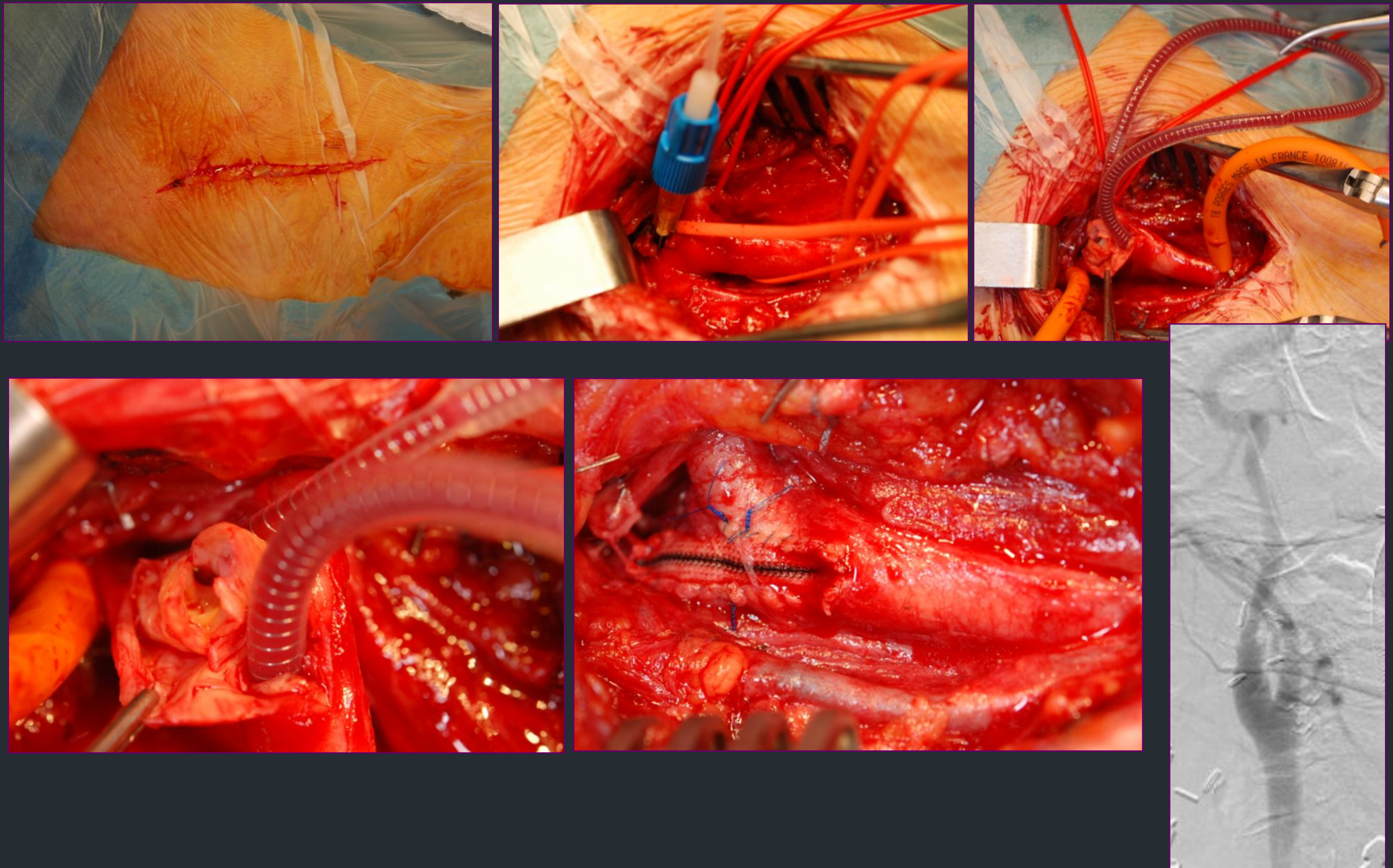
2 - Méthode *E* (Européenne) :
évaluation de la sténose par rapport au diamètre du bulbe carotidien

$$\text{Sténose \%} = 100-\left(\frac{A}{C} \times 100\right)$$

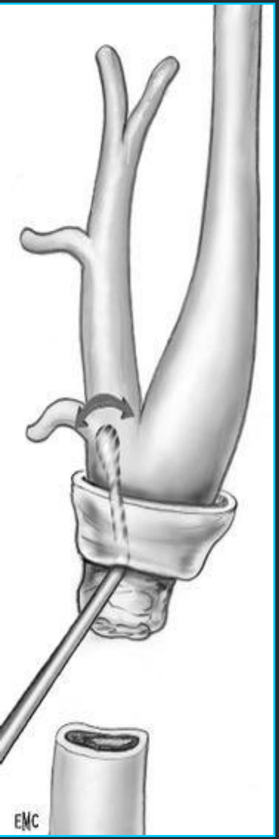
ou bien

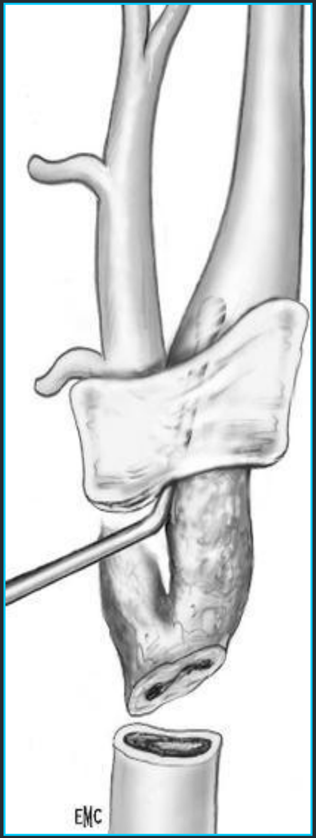
$$\text{Sténose \%} = \frac{C-A}{C} \times 100$$

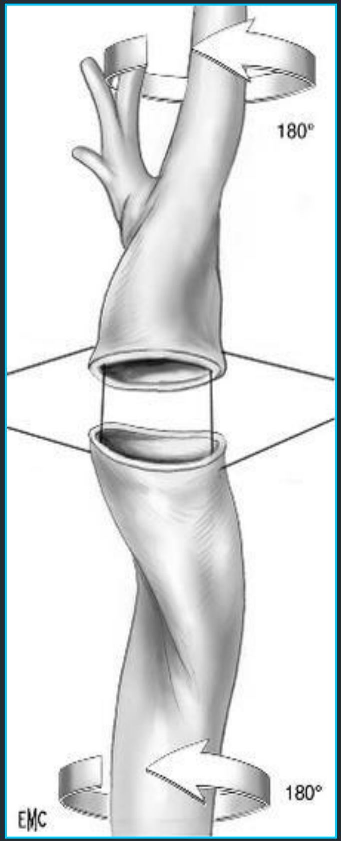
ENDARTERIECTOMY + PATCH ANGIOPLASTY

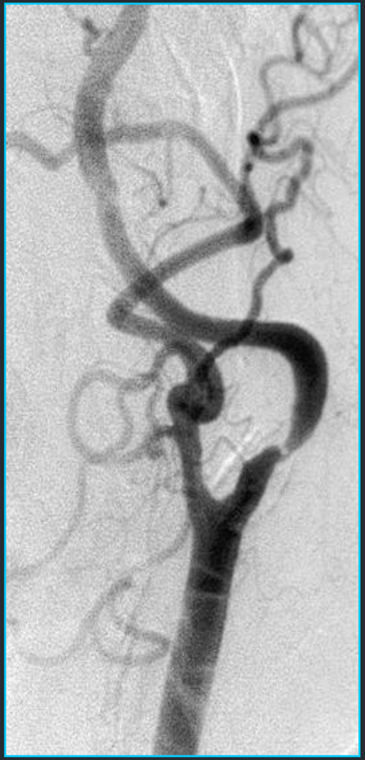

18 PORGES MADE IN FRANCE

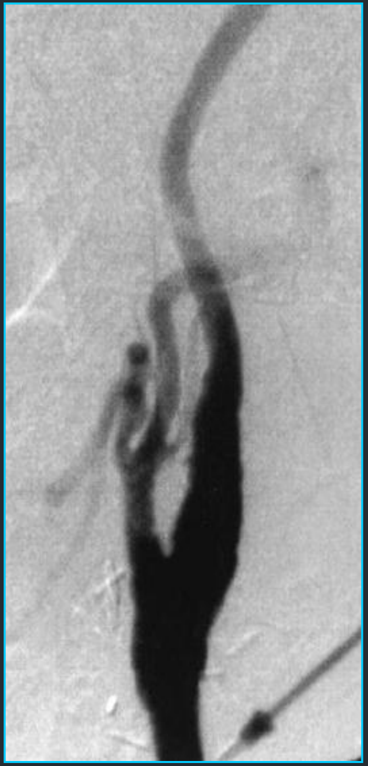
Eversion



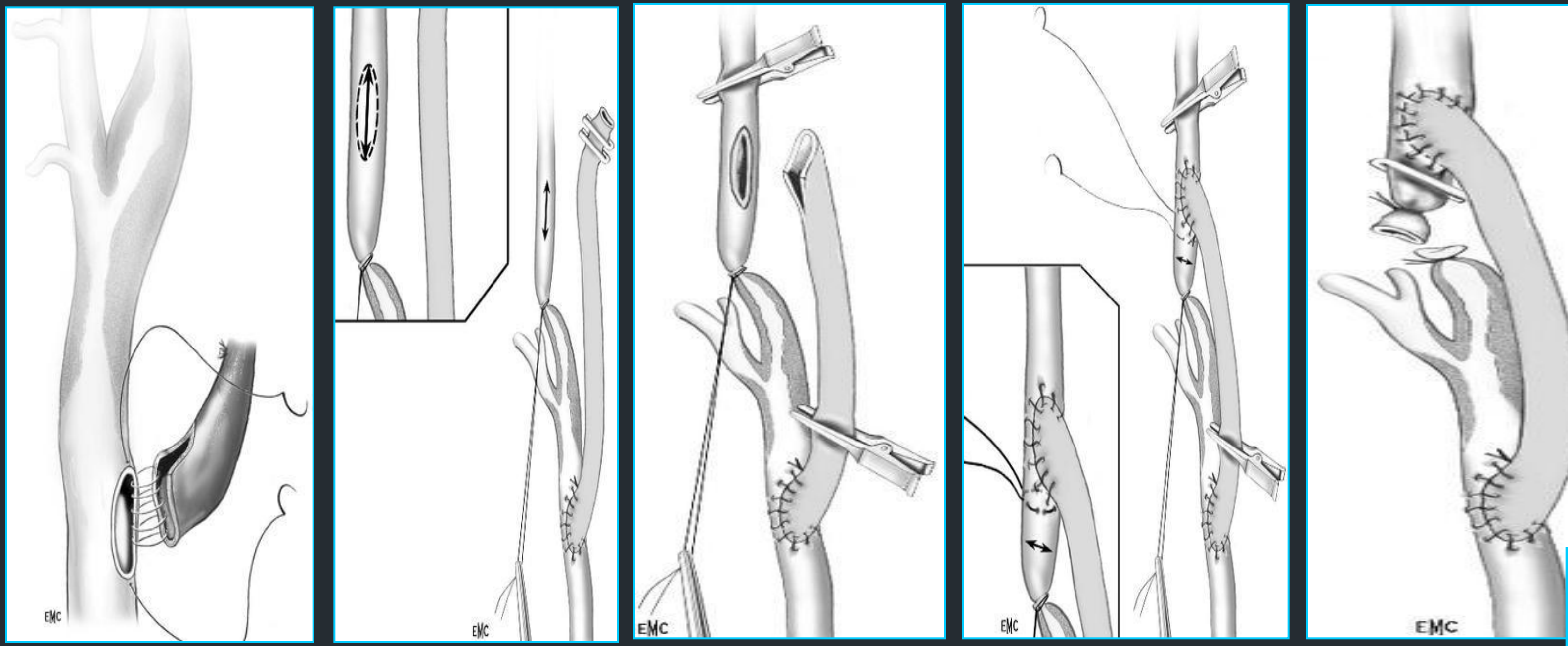








Pontage


EMC
EMC
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EMC

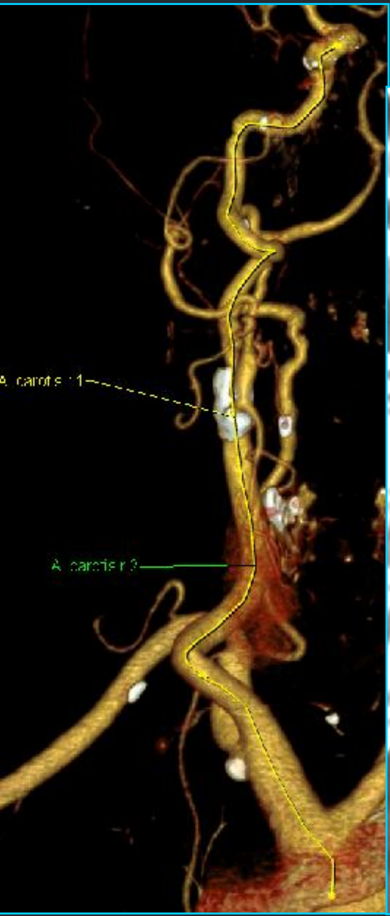
EVA 3S: « stroke + death at day 30 »: CAS 9,6 % vs **CEA 3,9 %**
Odds Ratio = 2,5 (IC 95 % 1,2 – 5,1)

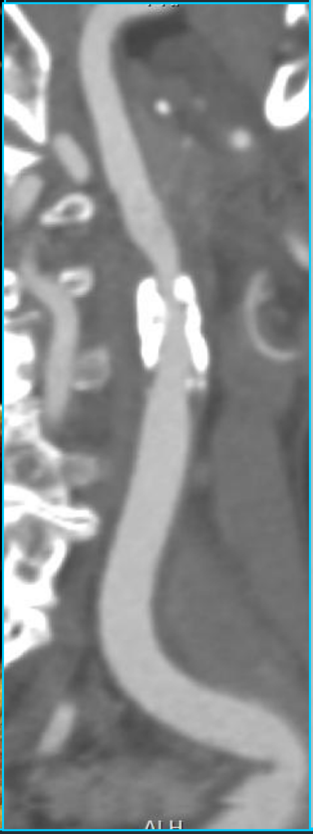
CREST: ***Peri procedural Minor stroke :CAS 4.1%*** *± 0.6 vs* ***CEA 2.3%*** *± 0.4****;***
HR,1.79 [1.14–2.82]; P = .01

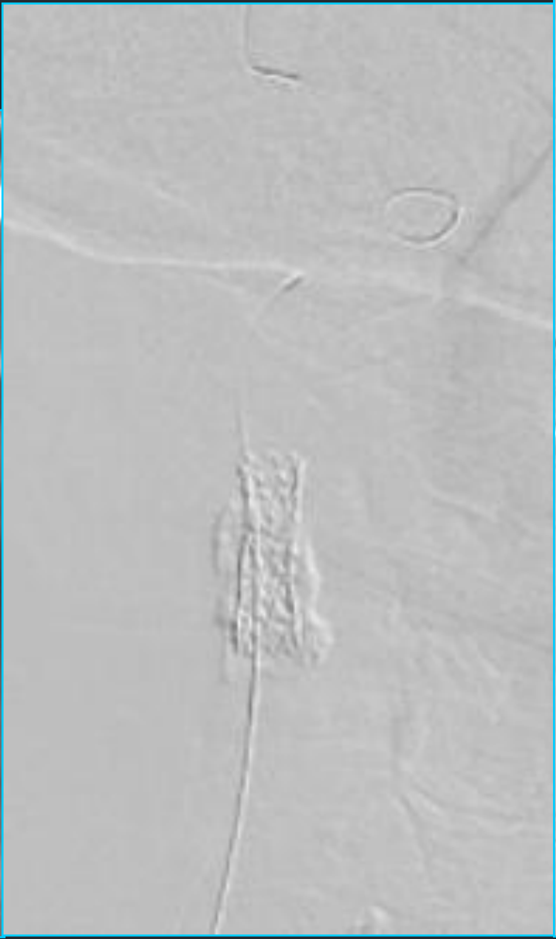
Quelle est la bonne indication?

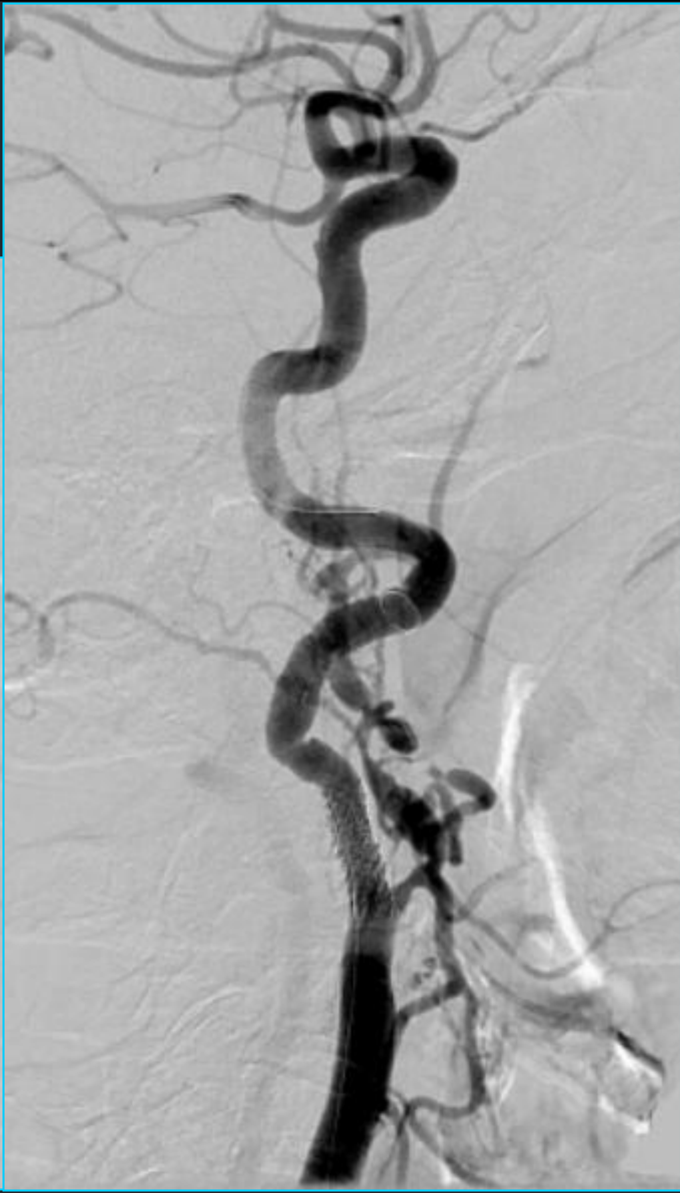
Sténose hypercalcifiée sévère bilatérale

Angioplastie CID première

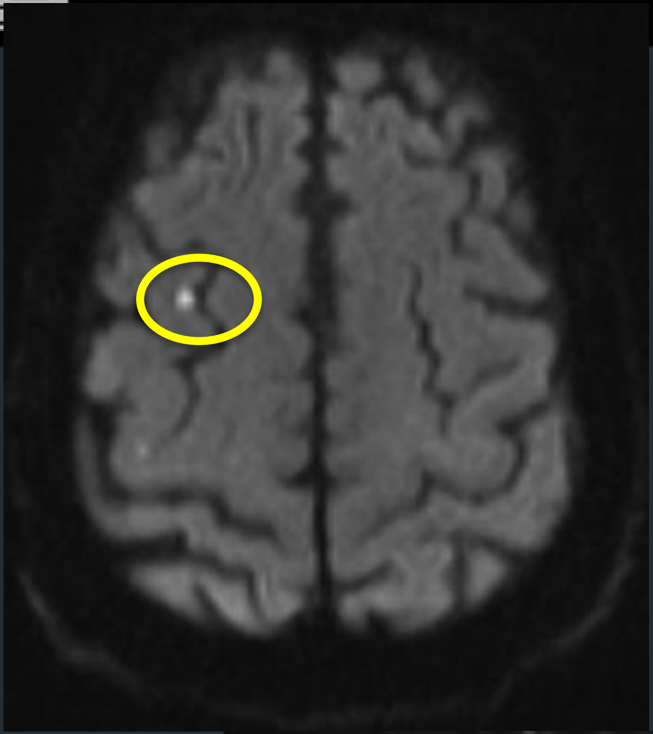

A. carotis 1
A. carotis r 2

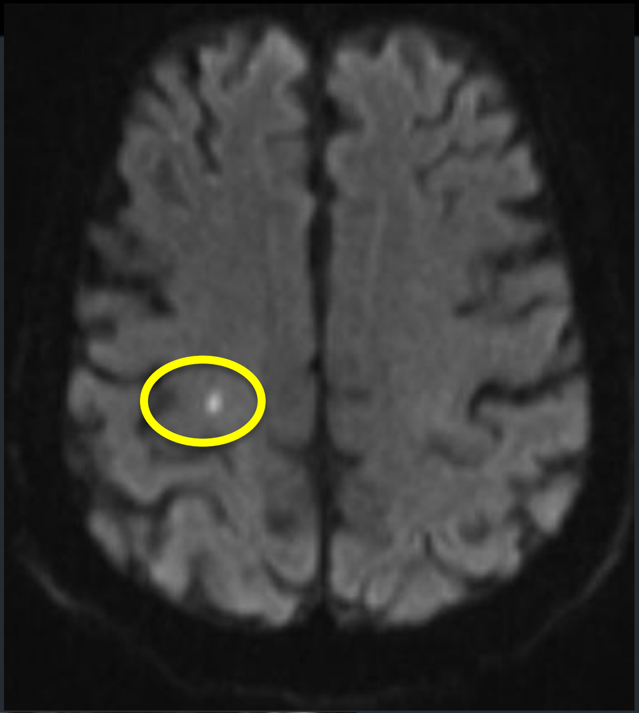


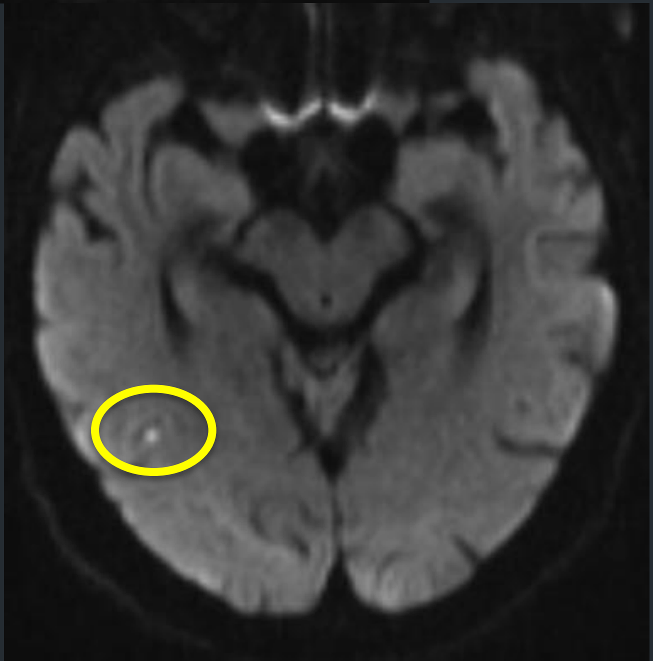


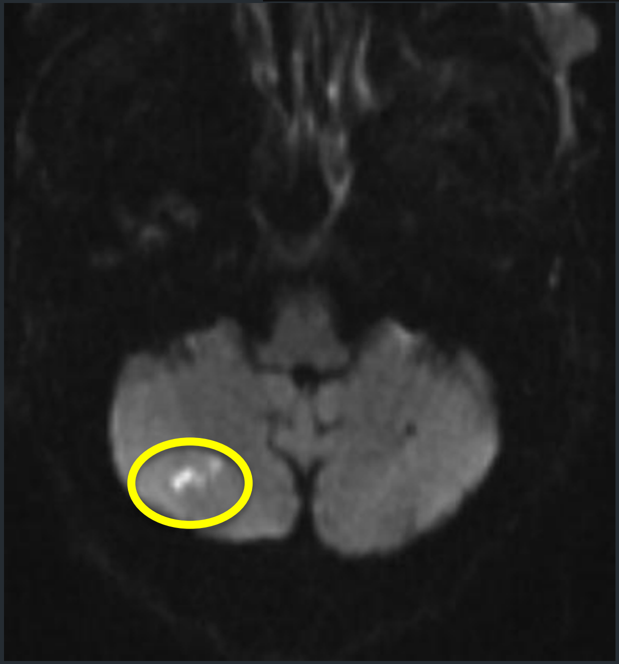


Mais ...



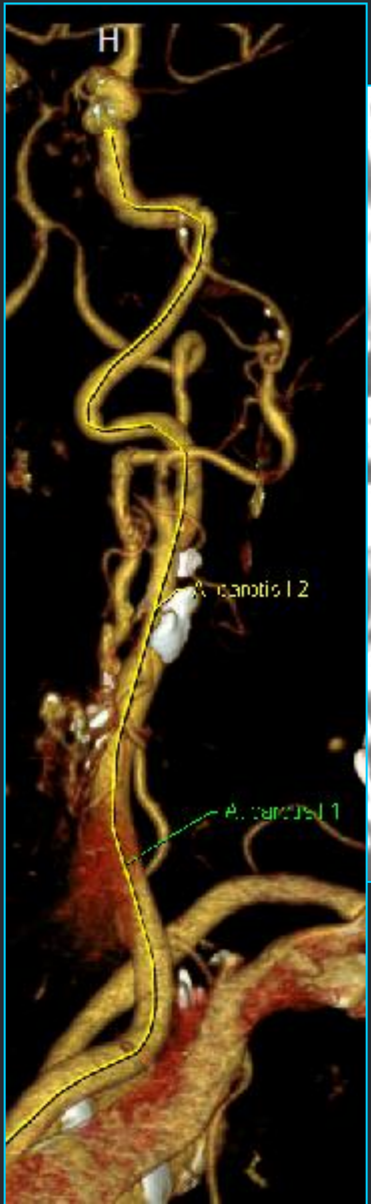


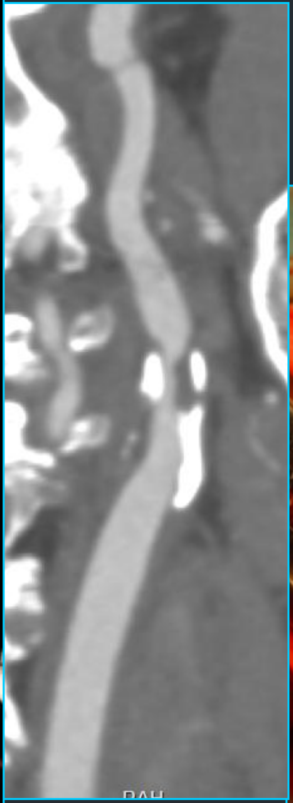




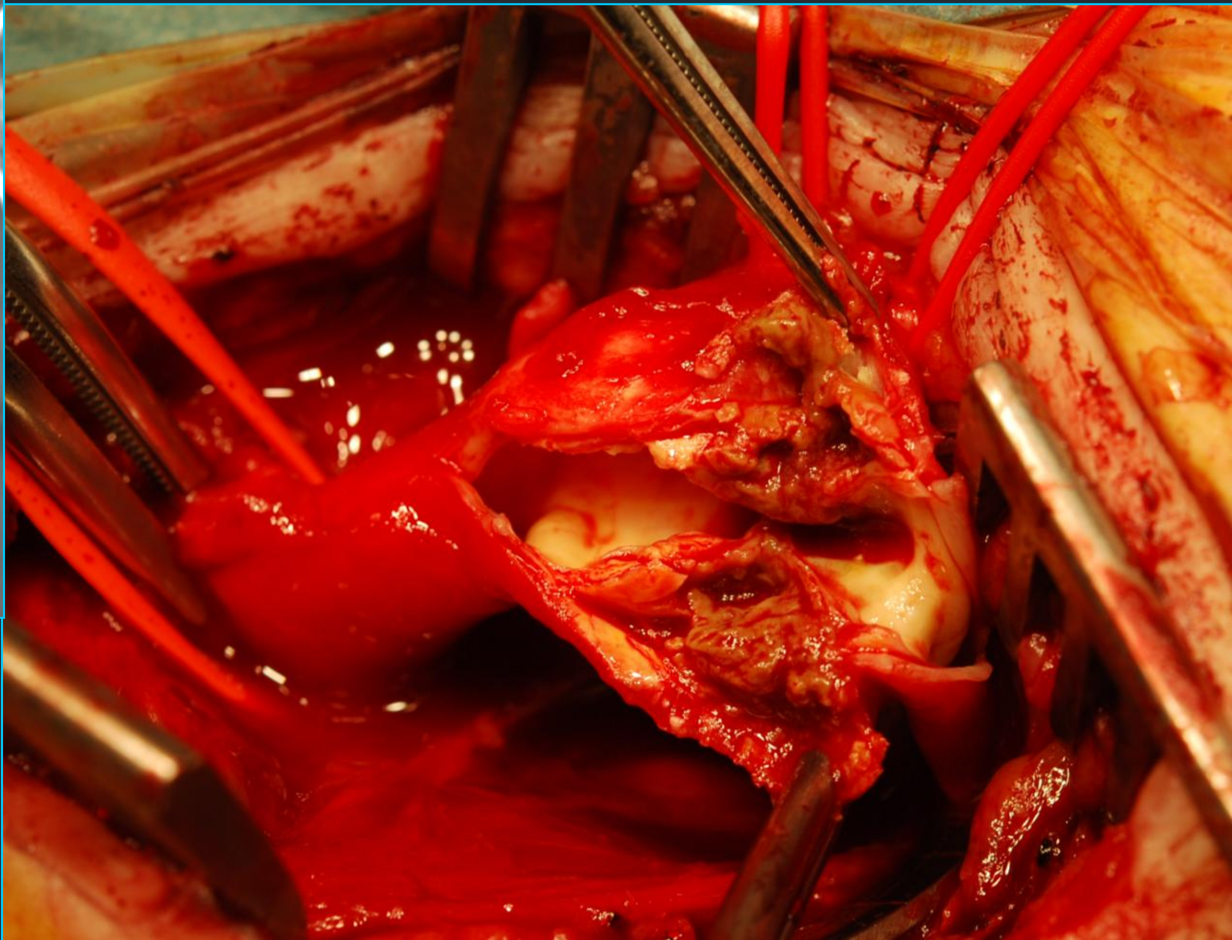
Quelle est la bonne indication?

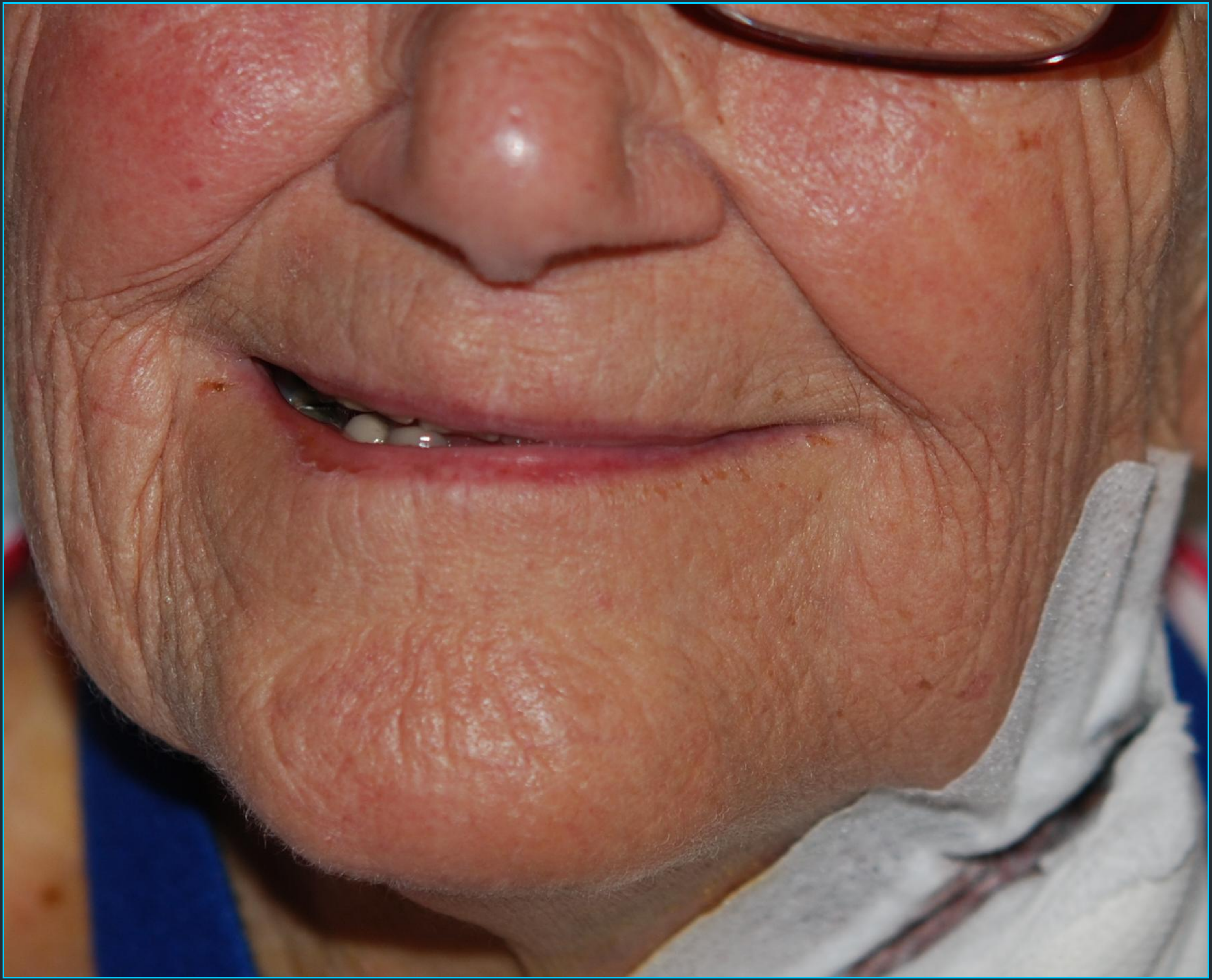
Sténose hypercalcifiée sévère bilatérale


H
A. carotis I 2
A. carotis I 1

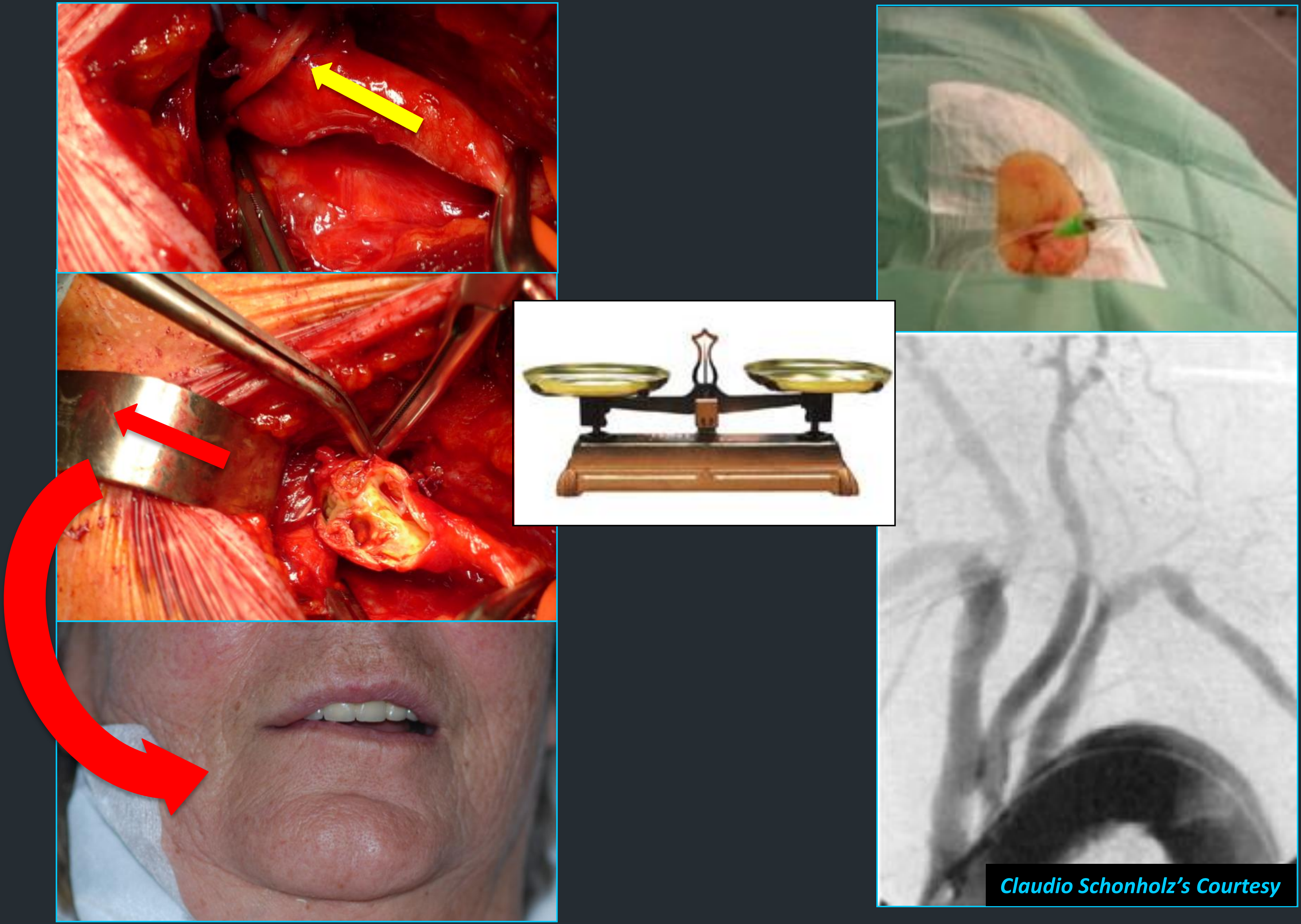


Endartériectomie CIG secondaire



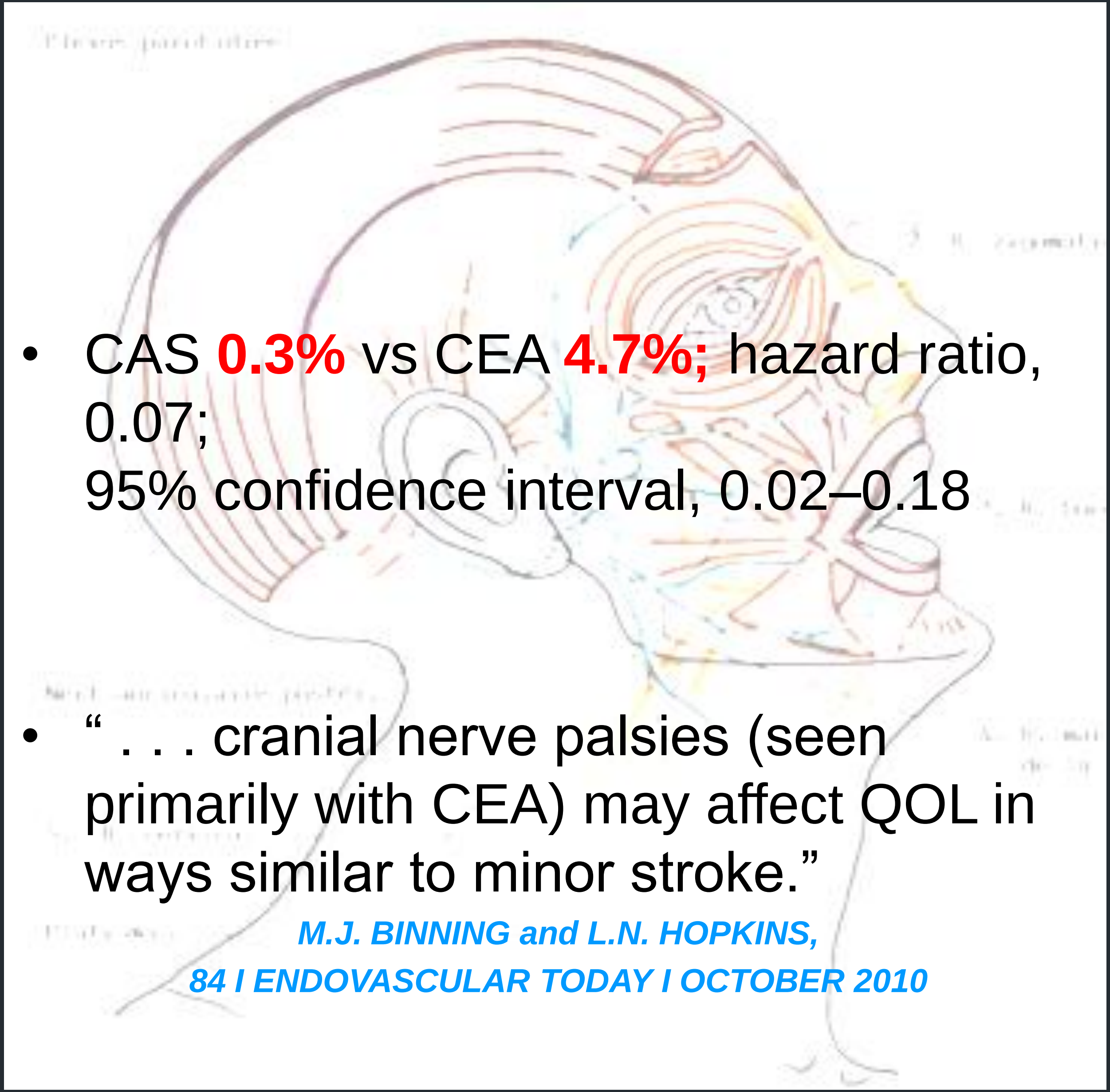


Contraintes d’Accès



Claudio Schonholz’s Courtesy

CRANIAL NERVE PALSIES



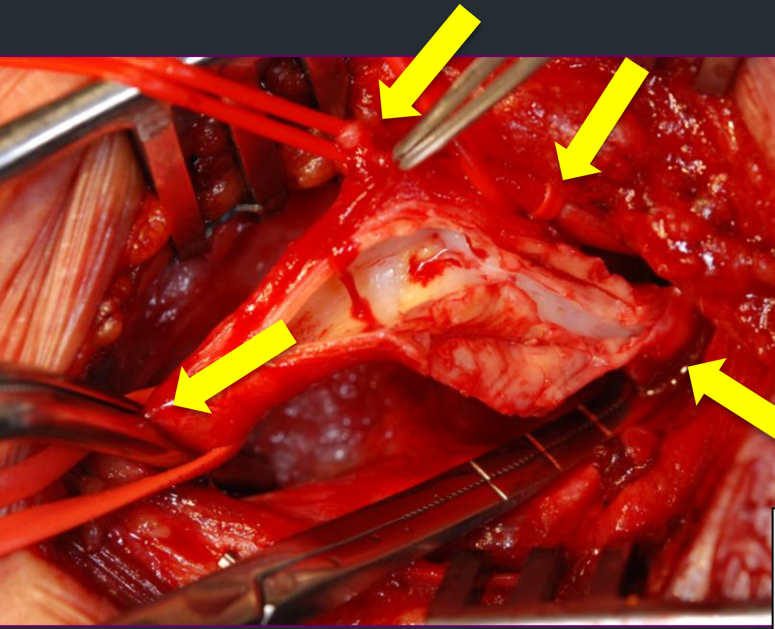
- CAS **0.3%** vs CEA **4.7%;** hazard ratio, 0.07;
  95% confidence interval, 0.02–0.18

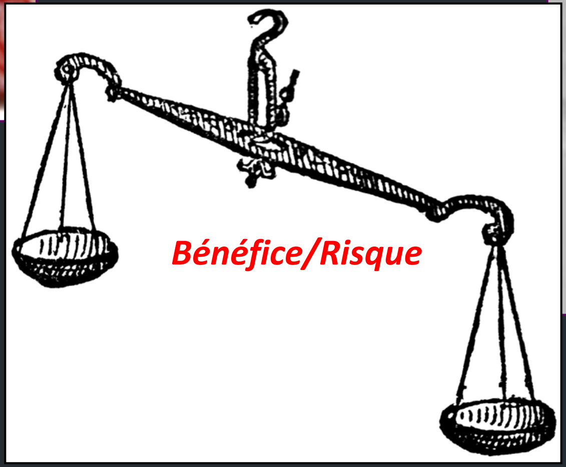
- “ . . . cranial nerve palsies (seen primarily with CEA) may affect QOL in ways similar to minor stroke.”

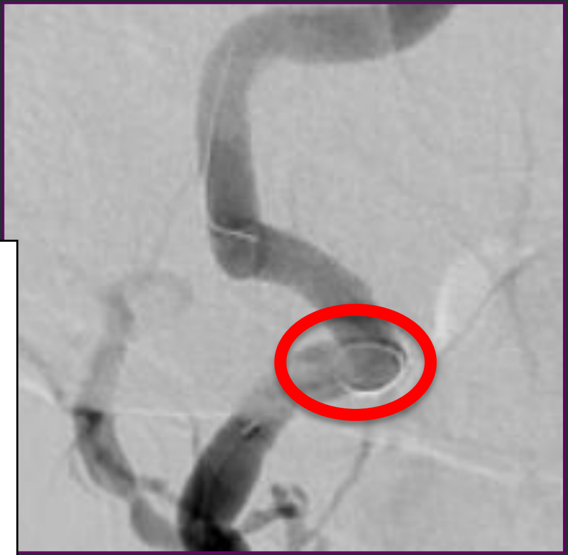
M.J. BINNING and L.N. HOPKINS,

84 I ENDOVASCULAR TODAY I OCTOBER 2010

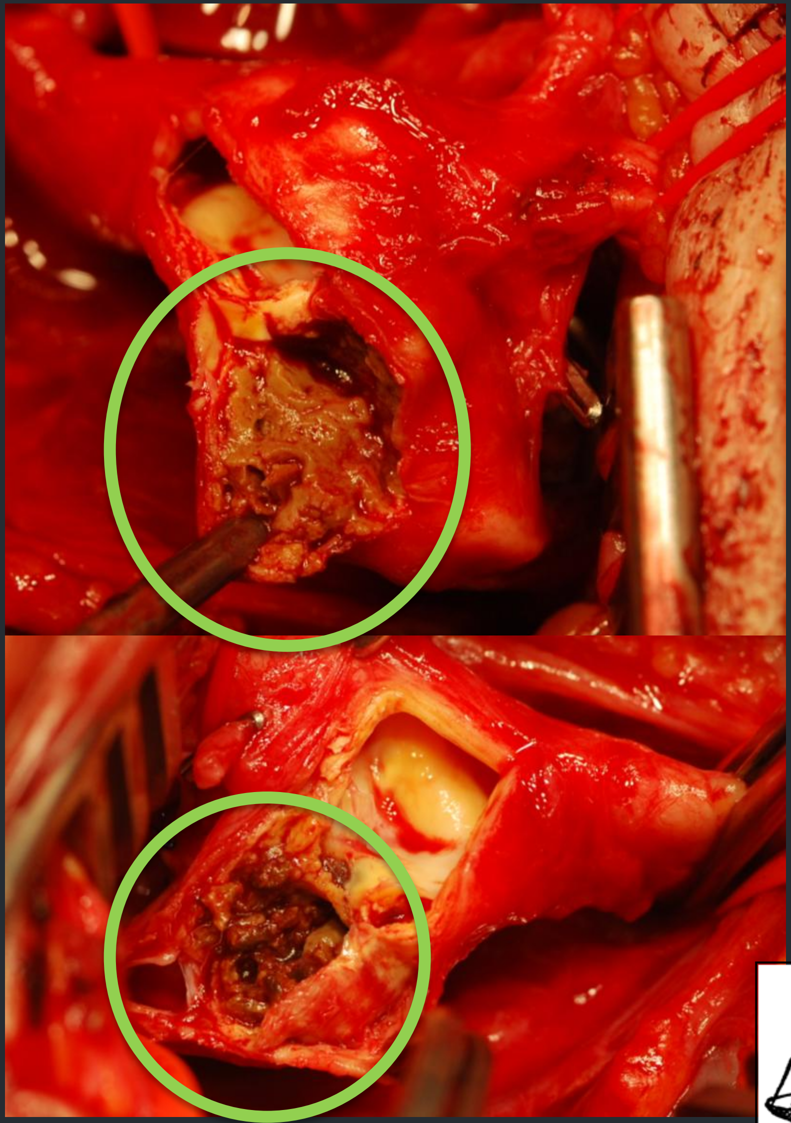
Risque Embolique



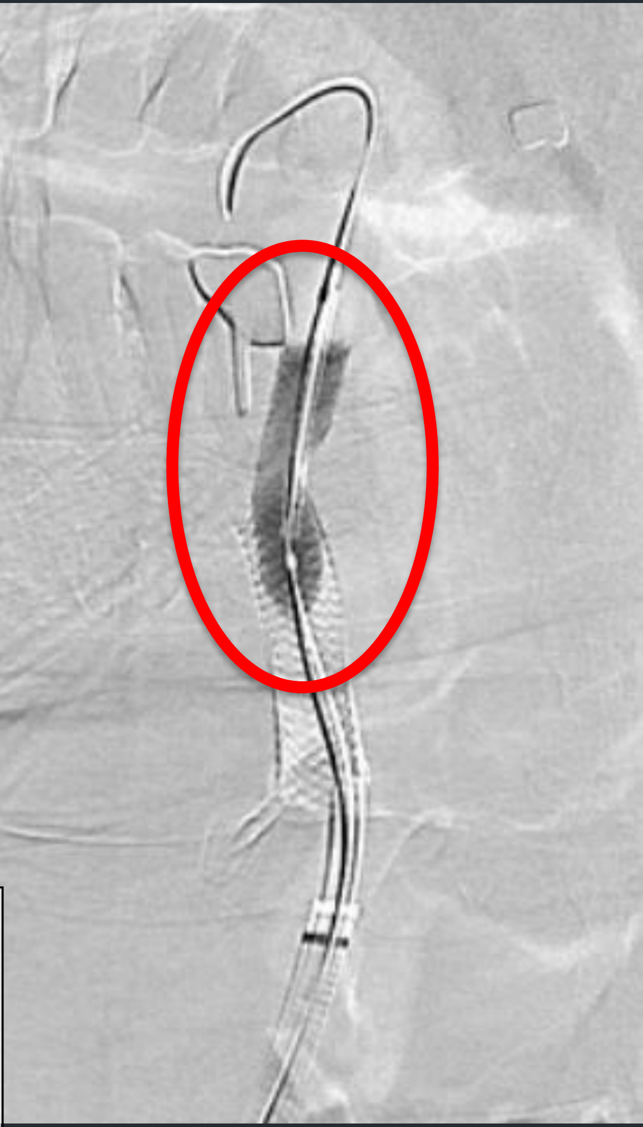

Bénéfice/Risque



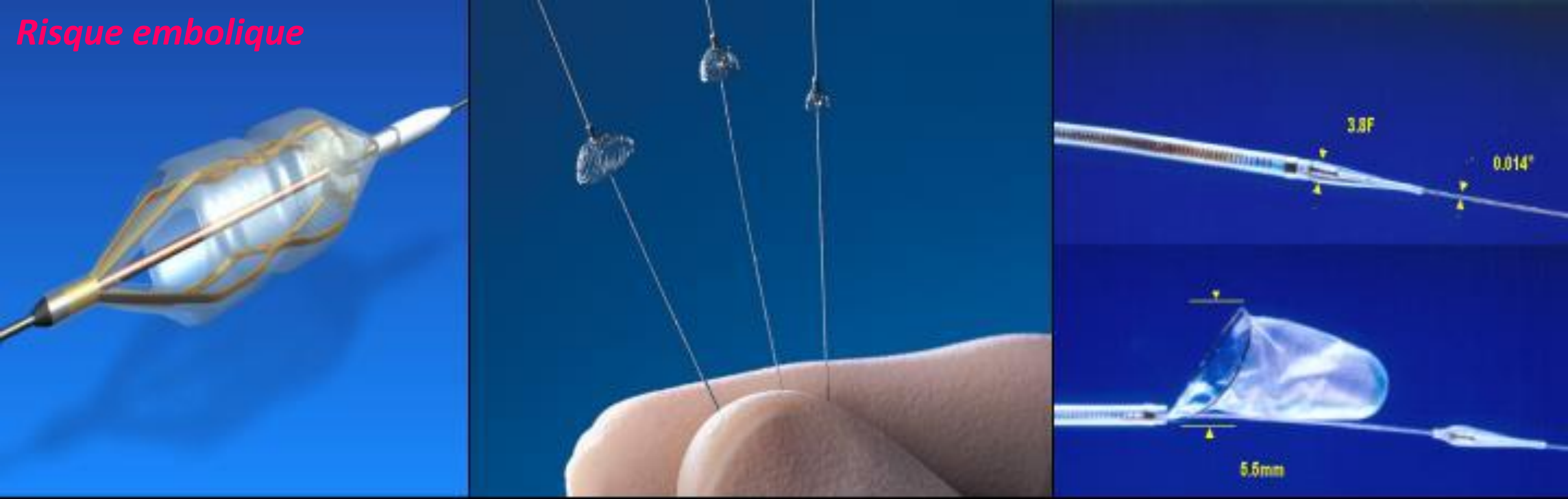
Risque Embolique



Bénéfice/Risque



Risque embolique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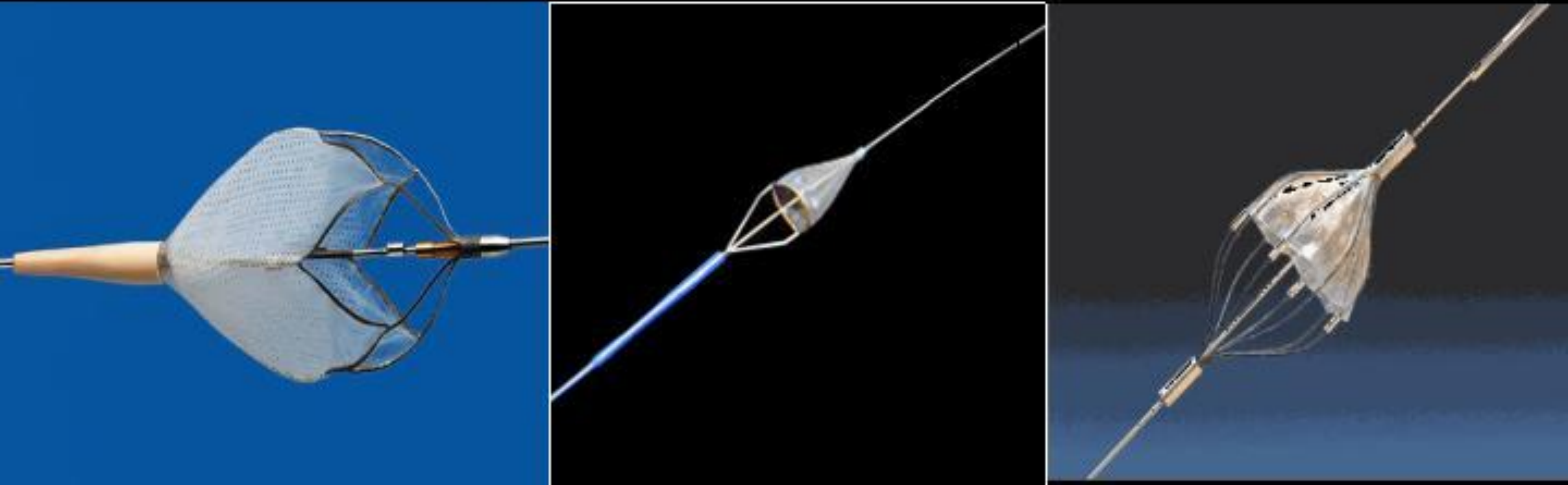
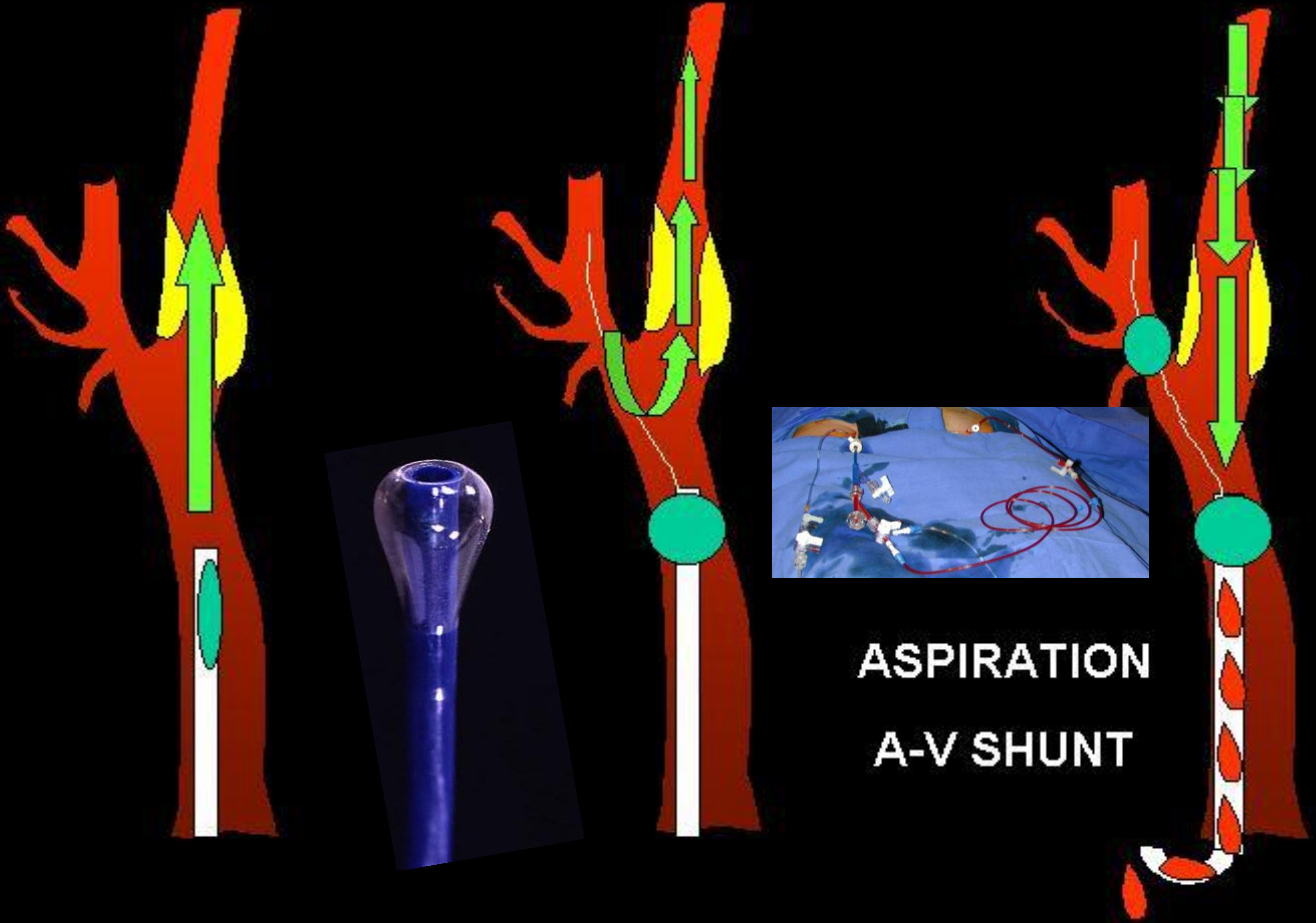
0.014"
5.5mm

FILTERS,FILTERS,FILTERS,FILTERS!!!



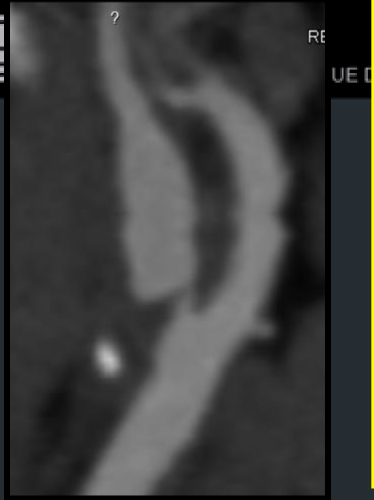
Reverse Flow System

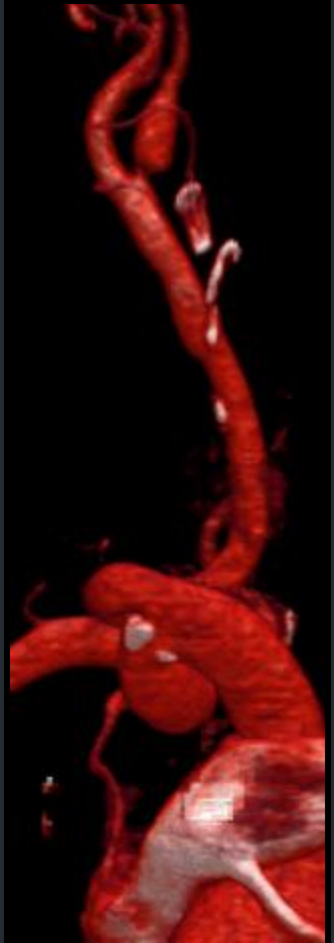


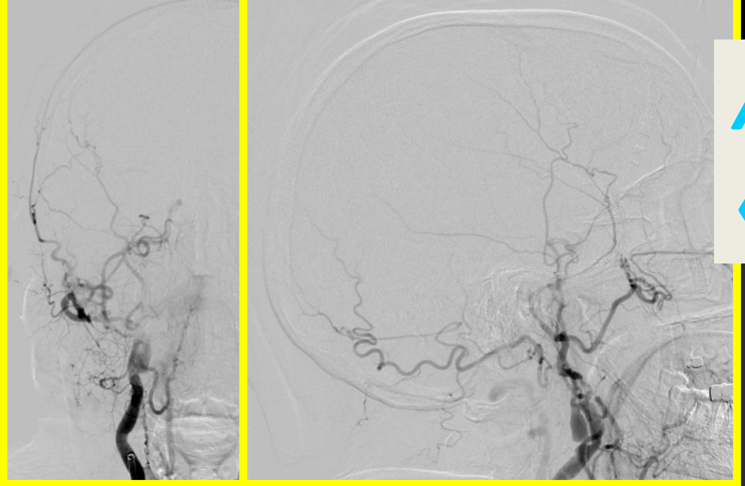
ASPIRATION

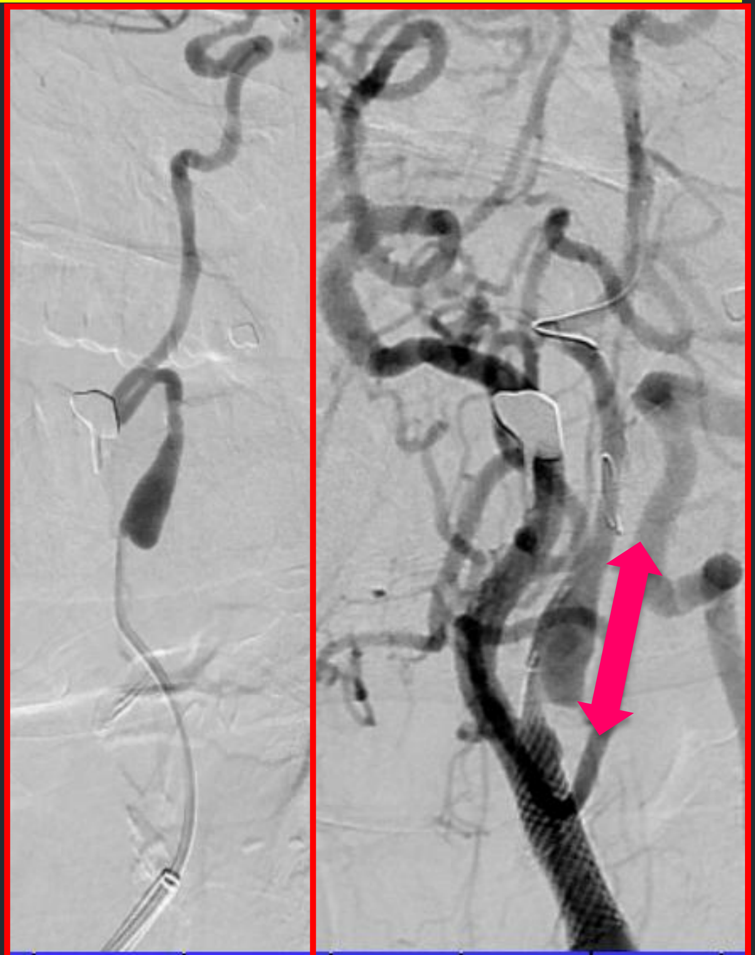
A-V SHUNT

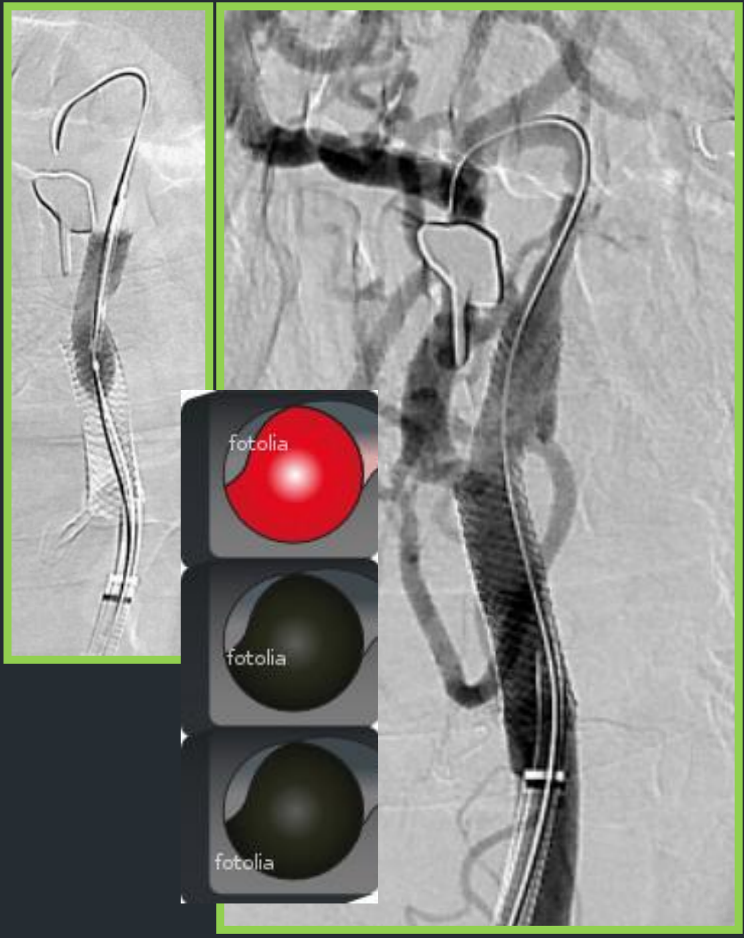
Avantage Chirurgie :
« kink » distal





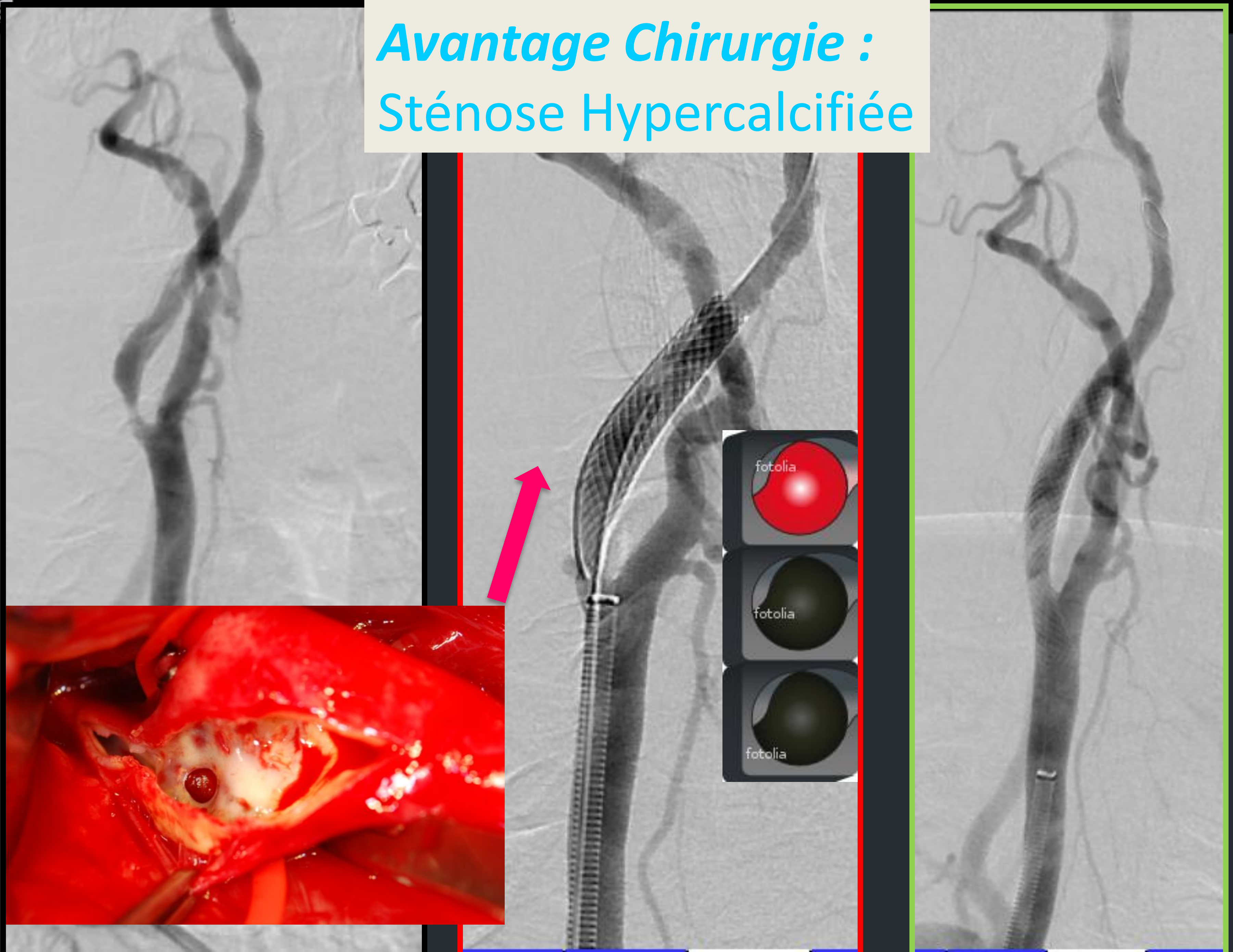






Avantage Chirurgie :

Sténose Hypercalcifiée



fotolia
fotolia
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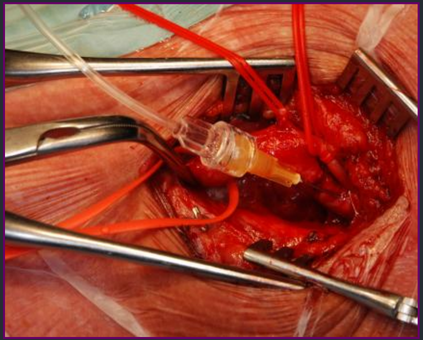
Evaluation du Débit Intracérébral



87
74
61
97
0:01:37

SOMANETICS

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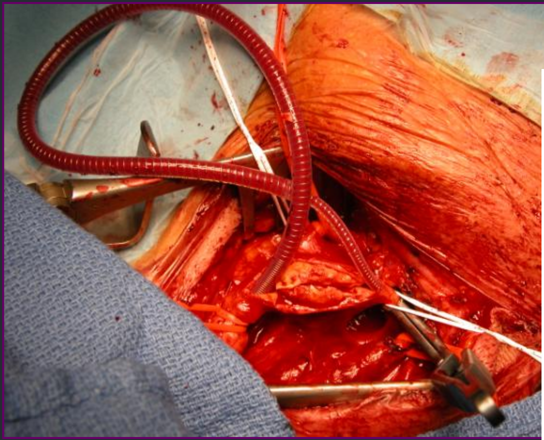
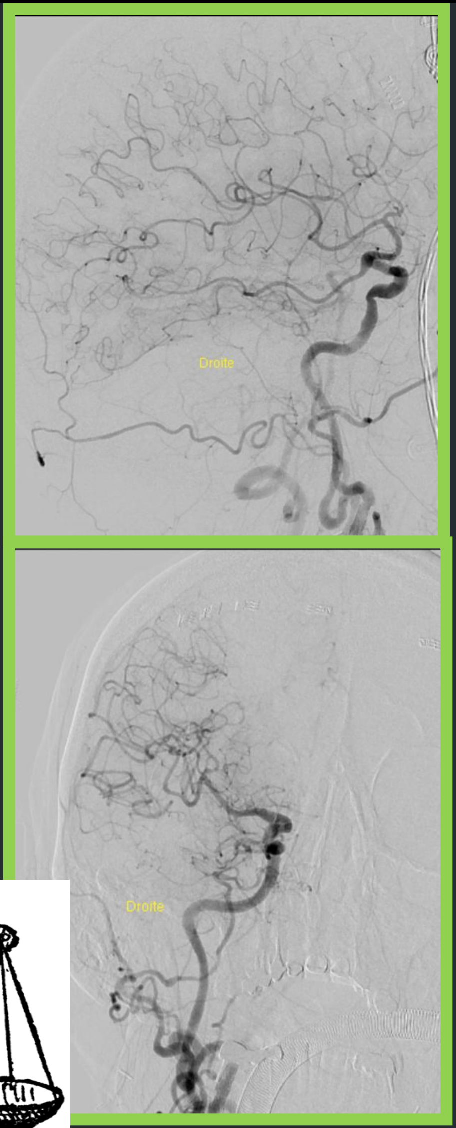
72
SSI
ALARME BASSE AUTO
MENU SUIVANT




Droite
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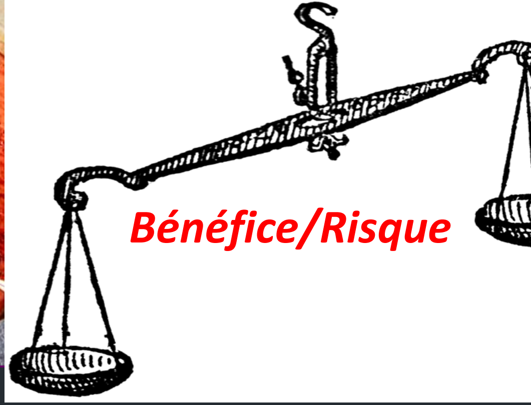
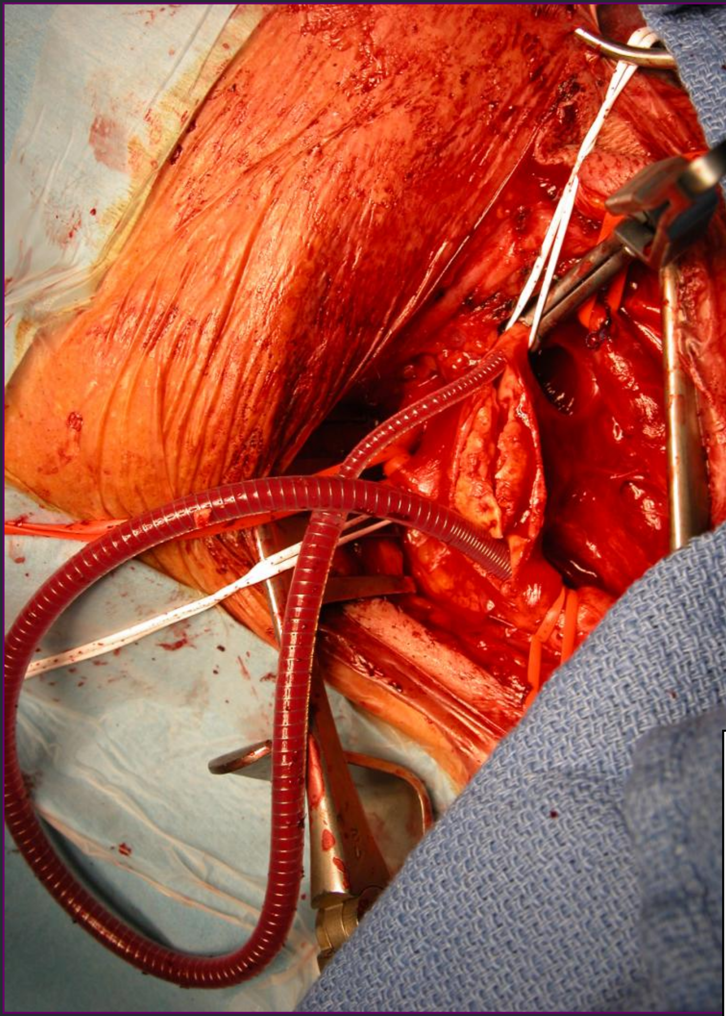
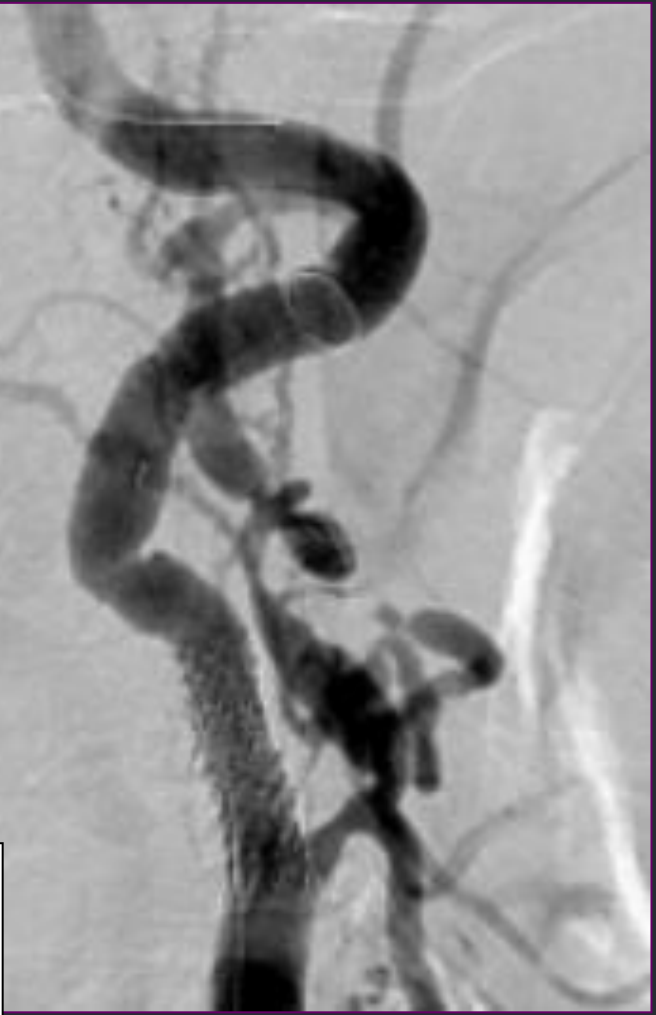
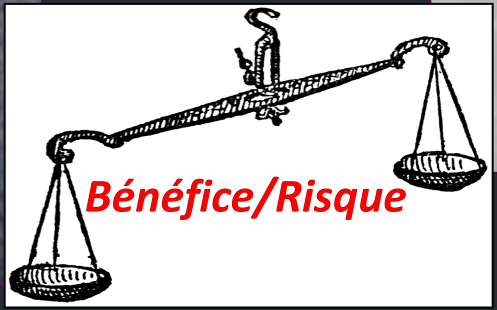

Bénéfice/Risque

Protection Hémodynamique

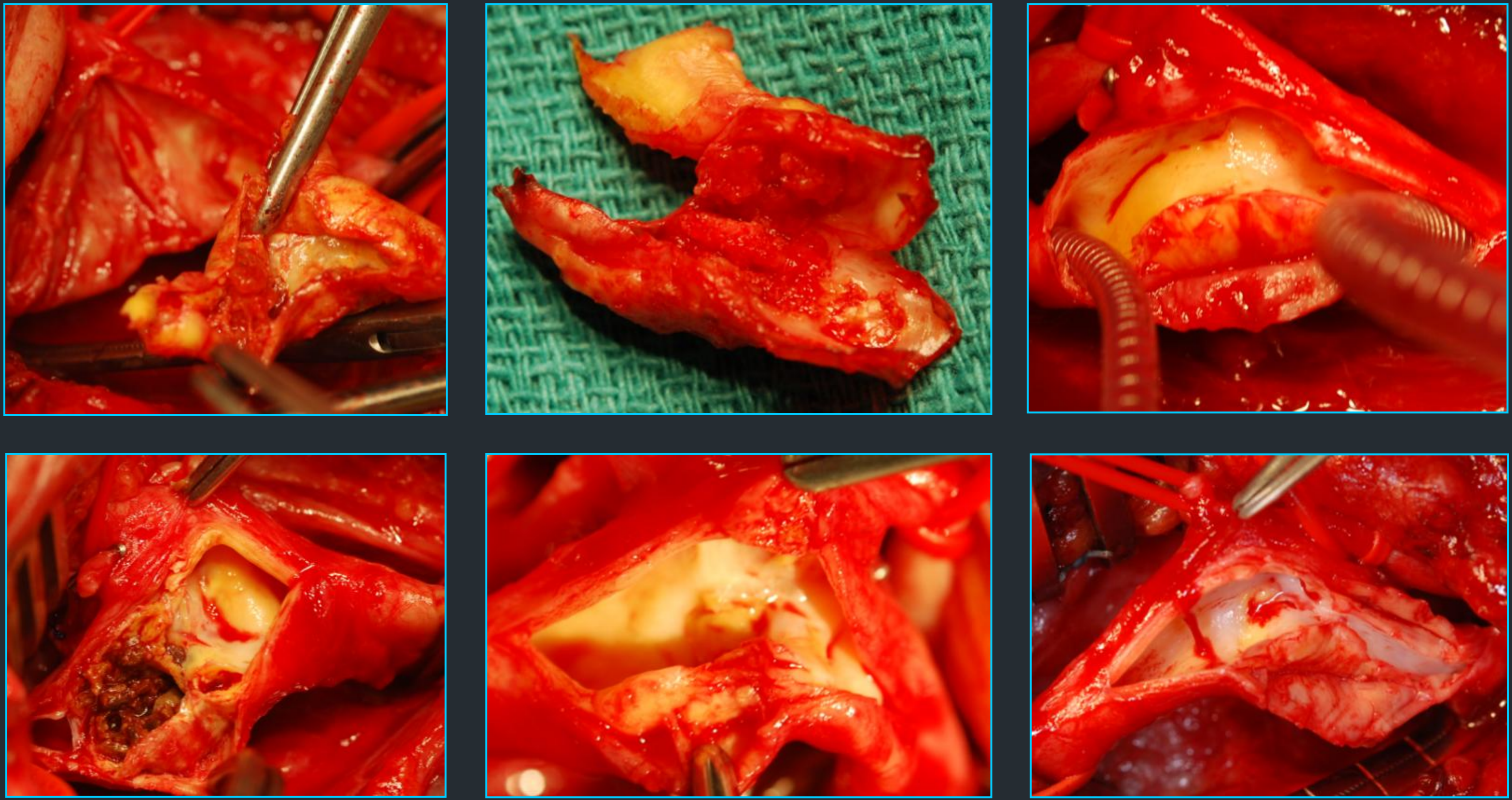





Bénéfice/Risque

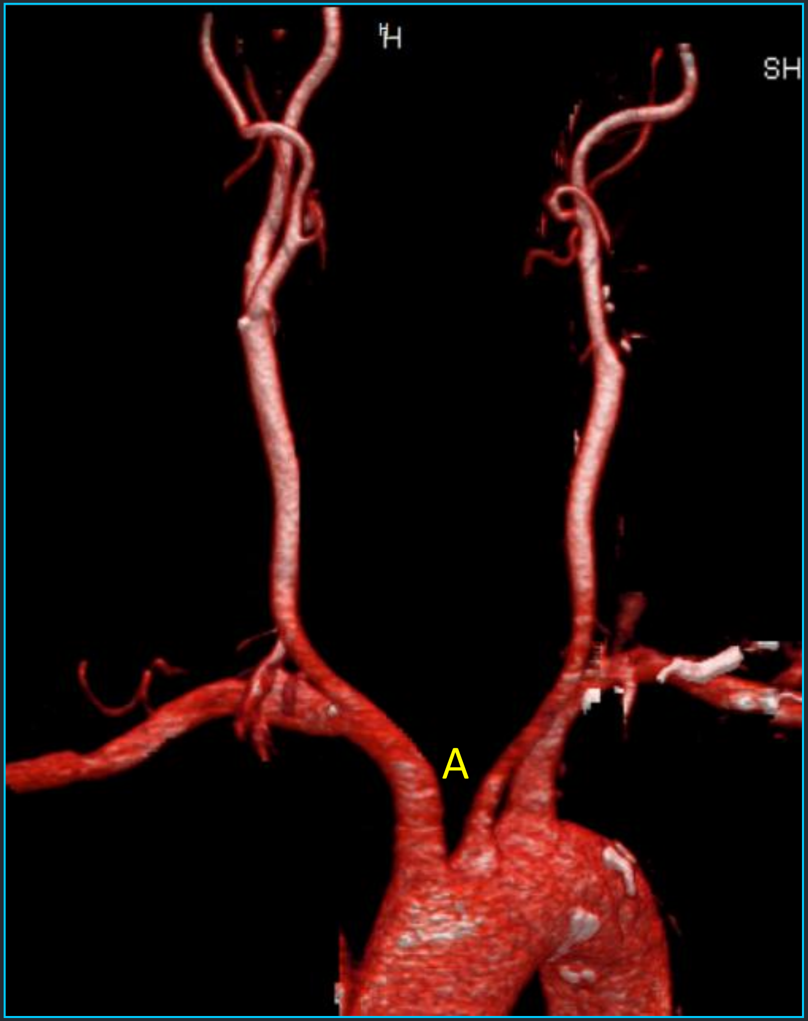
Caractéristiques de la Plaque

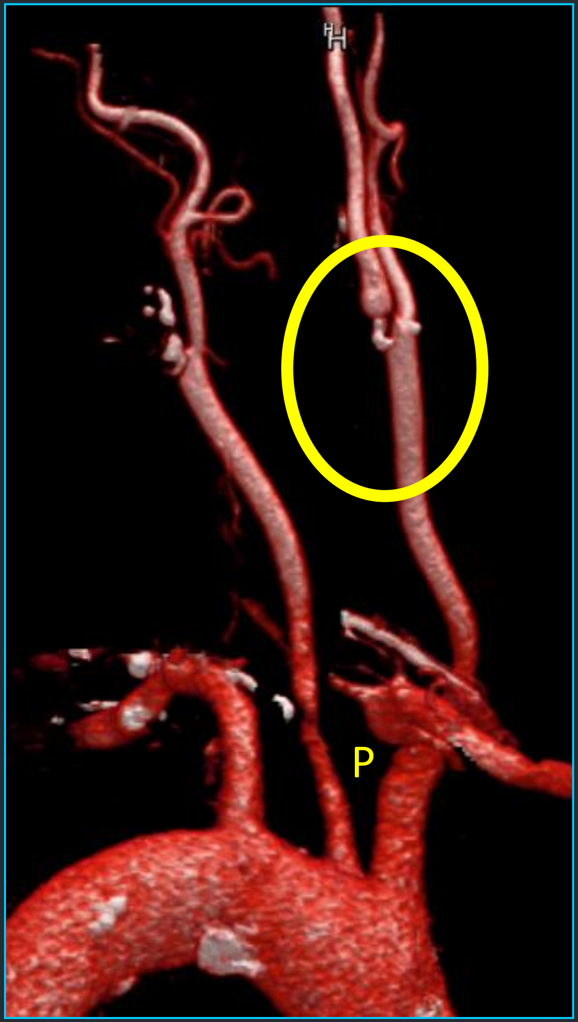
CEA *Analyse échographique* **CAS**

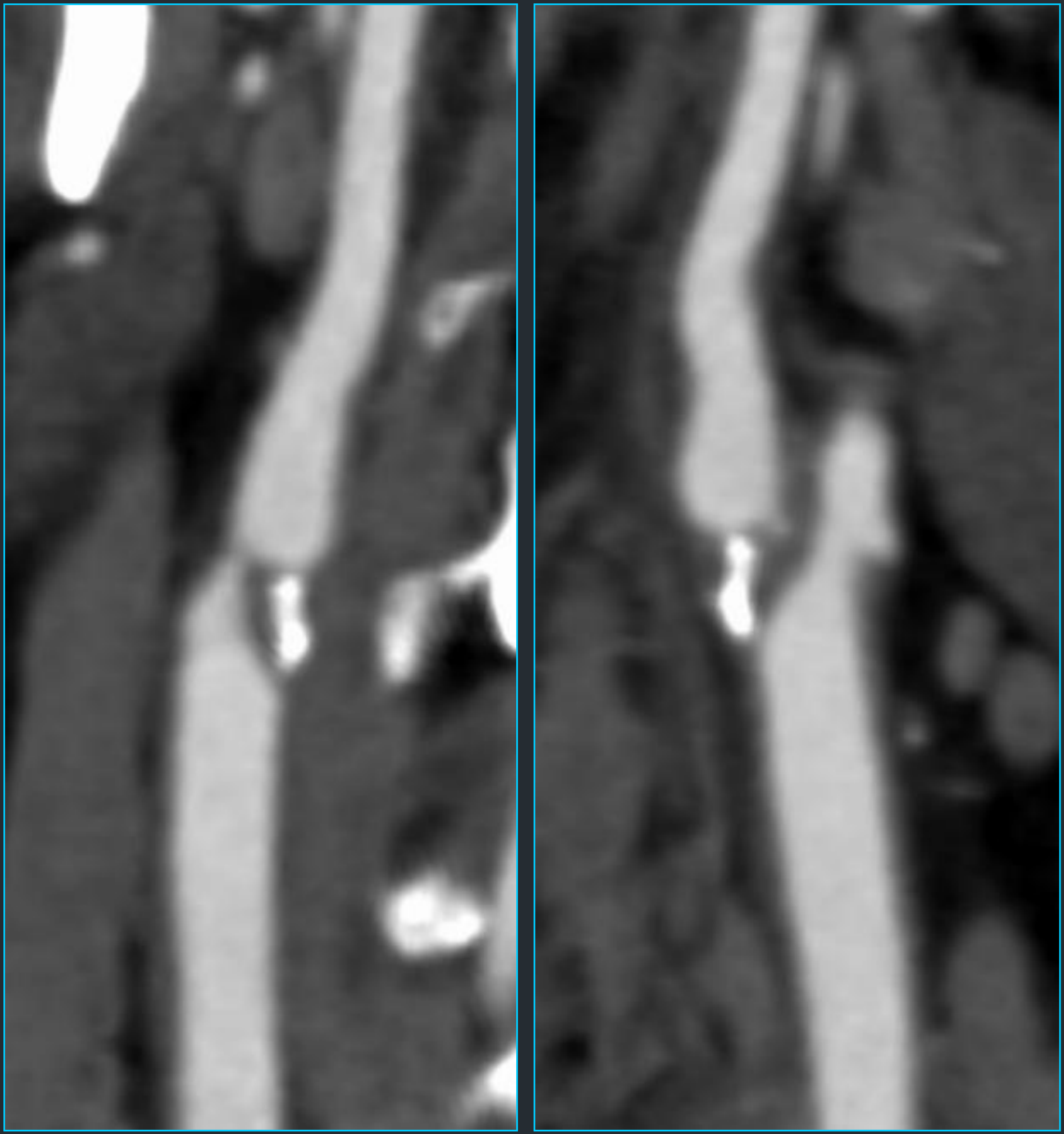


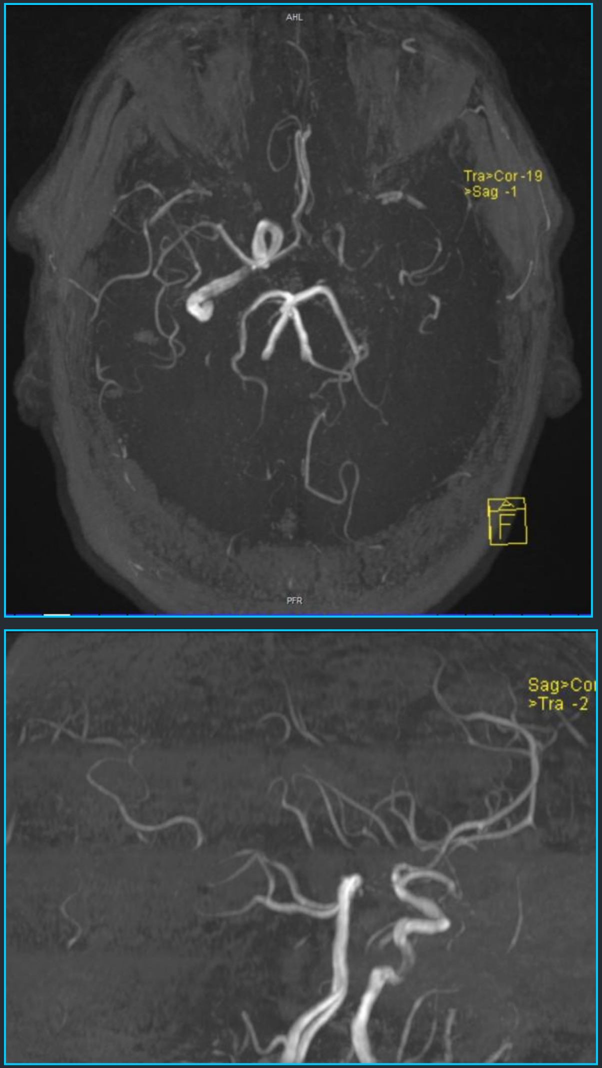
Limite Chirurgicale :

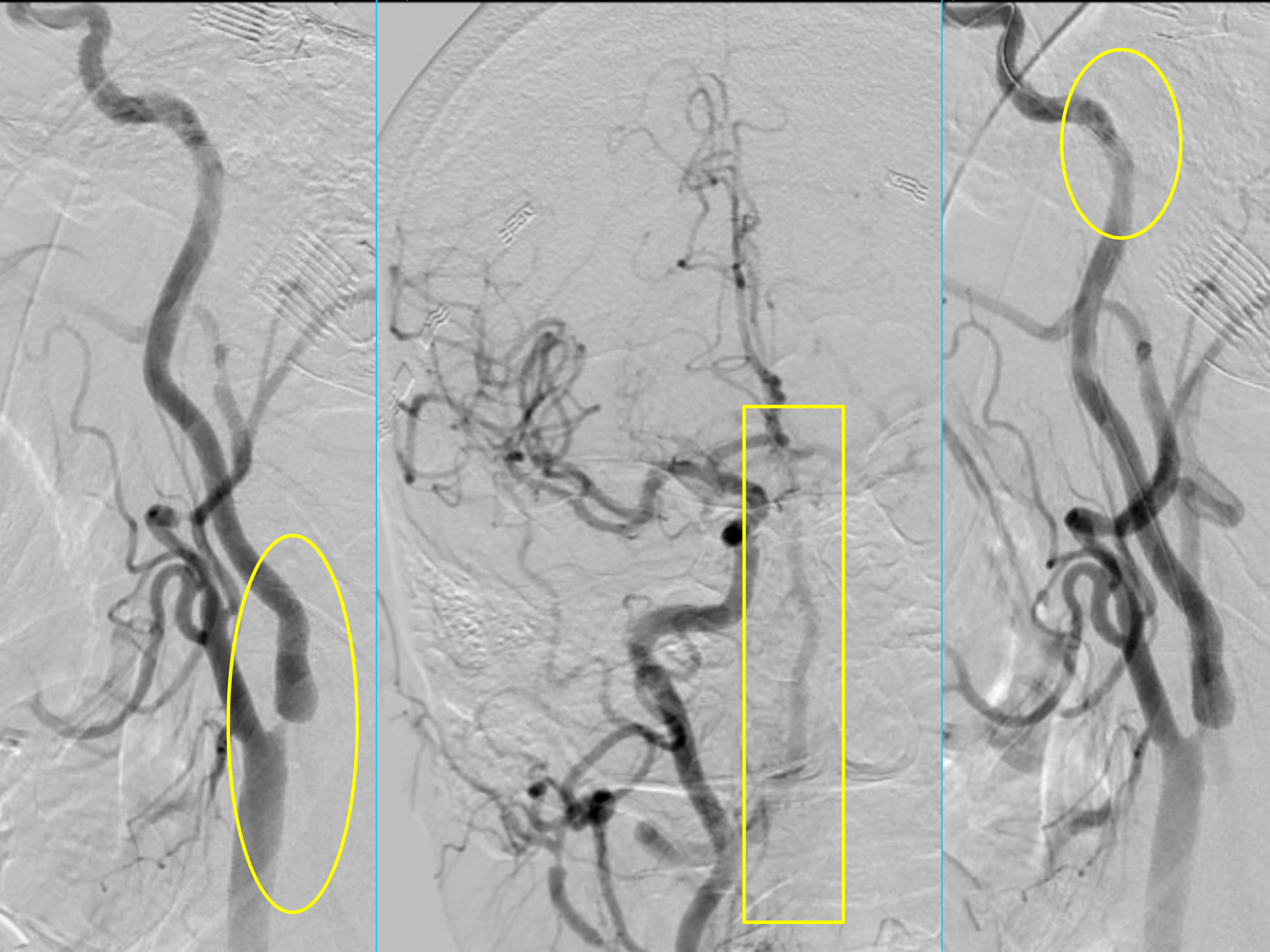
Stenose / Carotide interne Unique

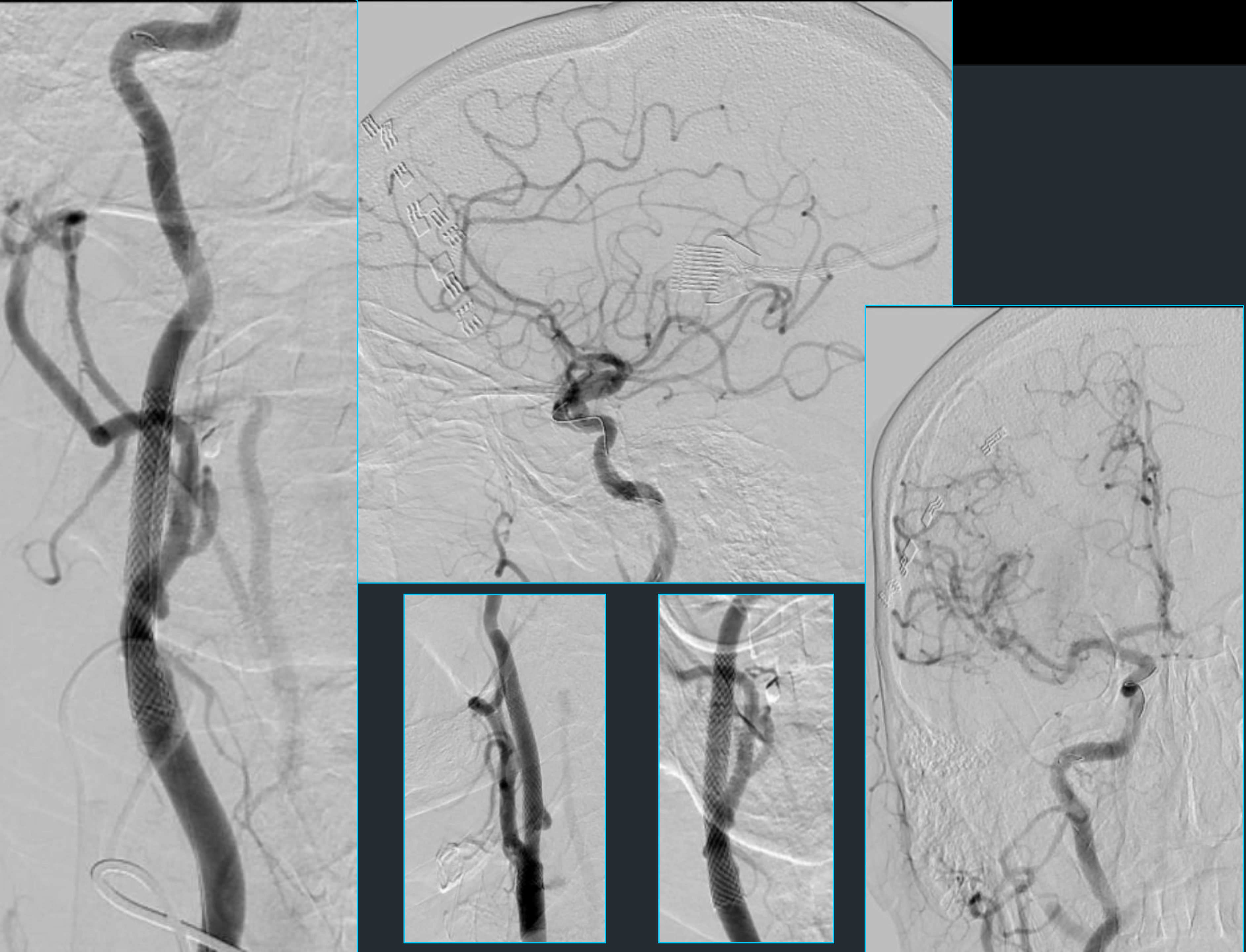






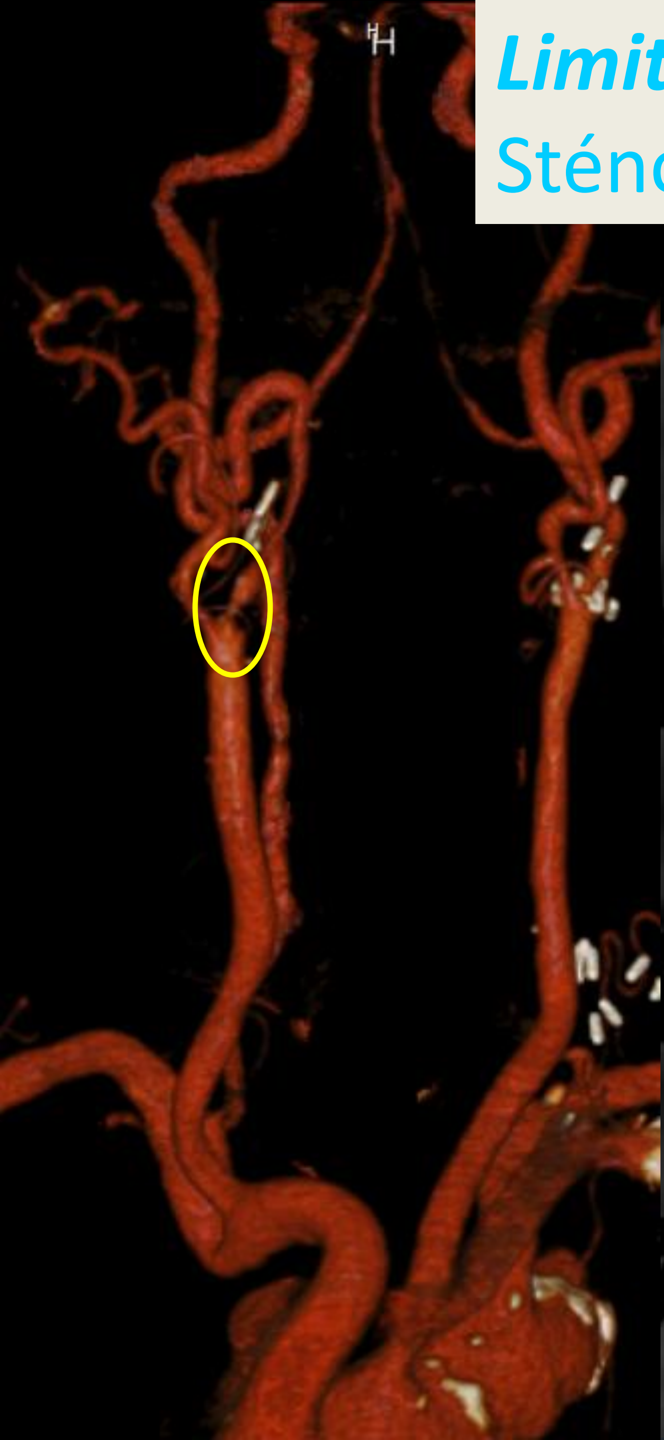

AHL
Tra>Cor -19
>Sag -1
PFR
Sag>Co
>Tra -2

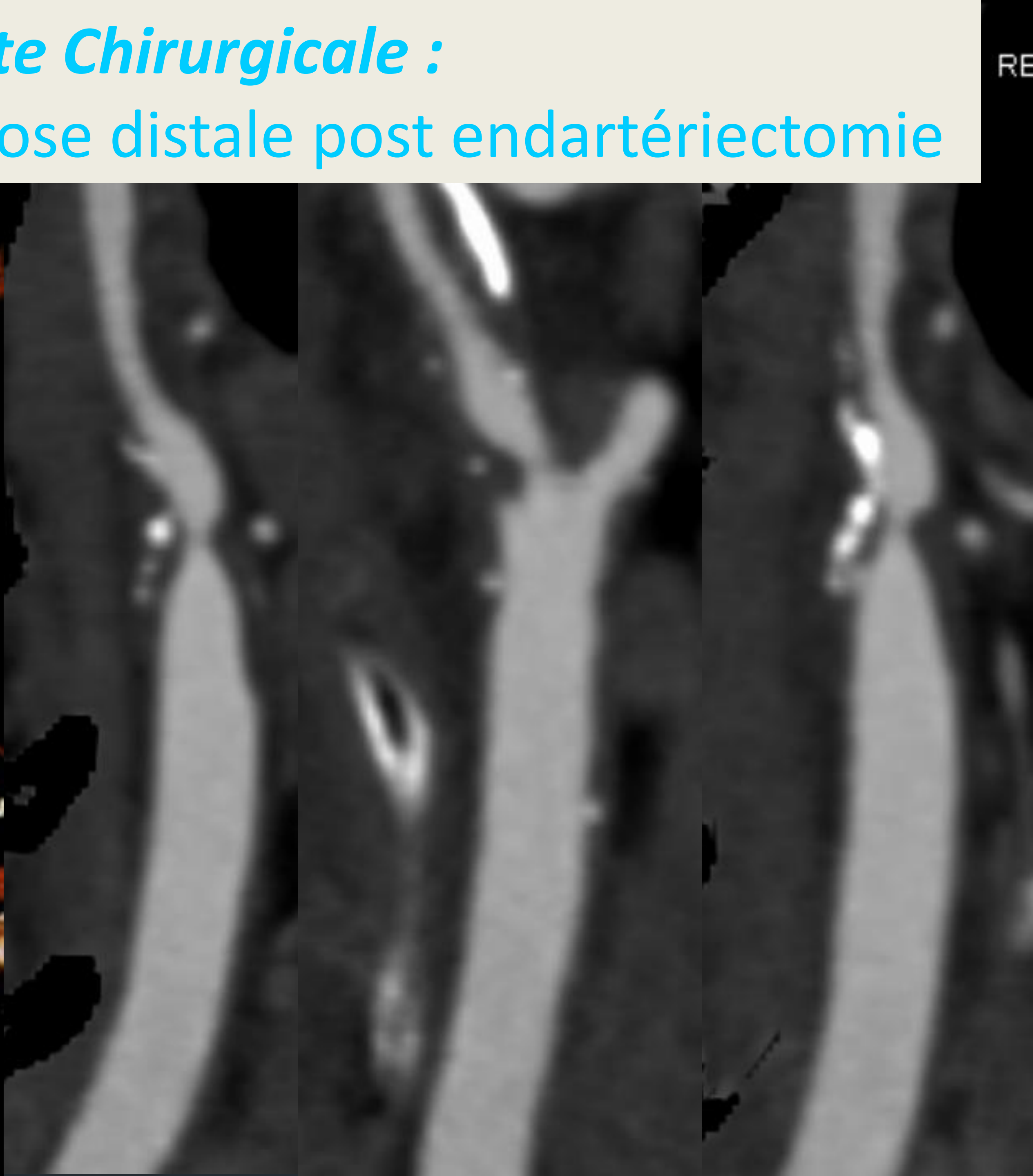


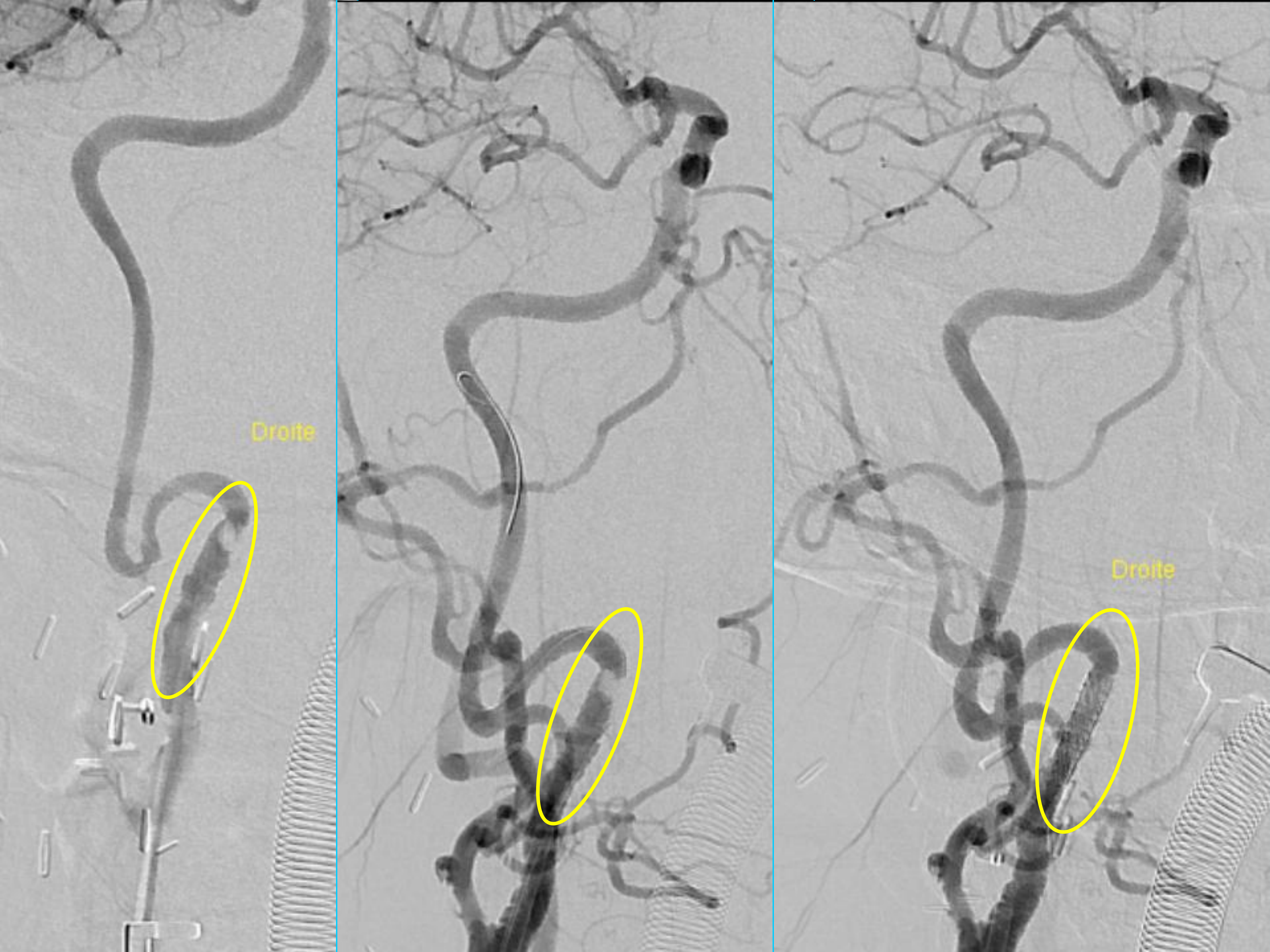


Limite Chirurgicale :

Sténose distale post endartériectomie



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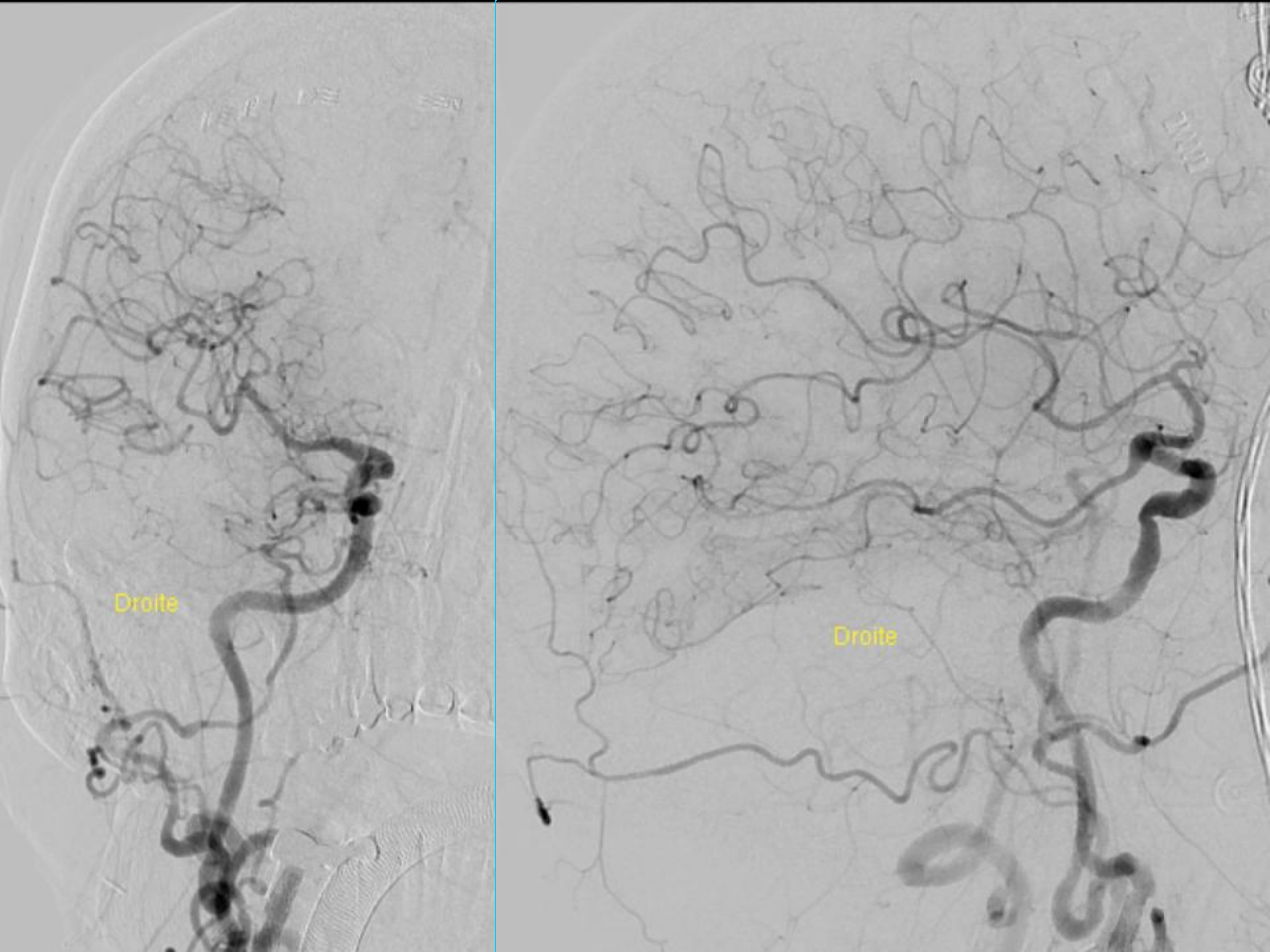
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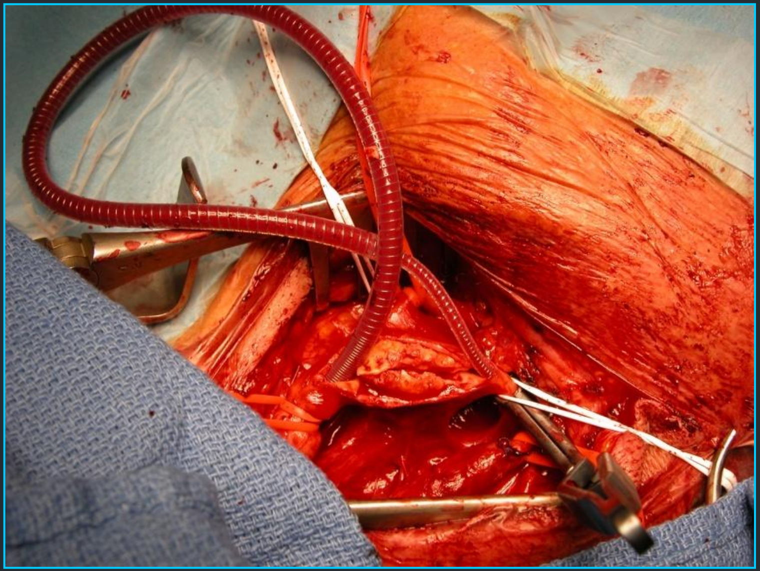
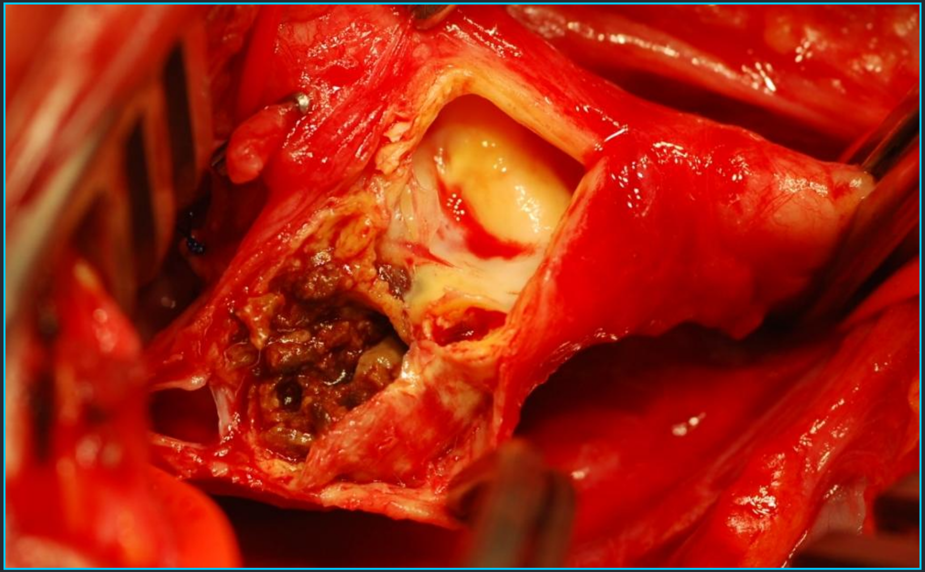
LIMITES TECHNIQUES

ENDARTERIECTOMIE

- Aveugle / Hémisphère
- Evaluation/ Clampage
- Accès distal
- Lésions périphériques

ANGIOPLASTIE

- Caractéristiques / Plaque
- Anatomie artérielle
- Evaluation / Embolies
- Taux de resténose (?)