



Cas Microcirculation

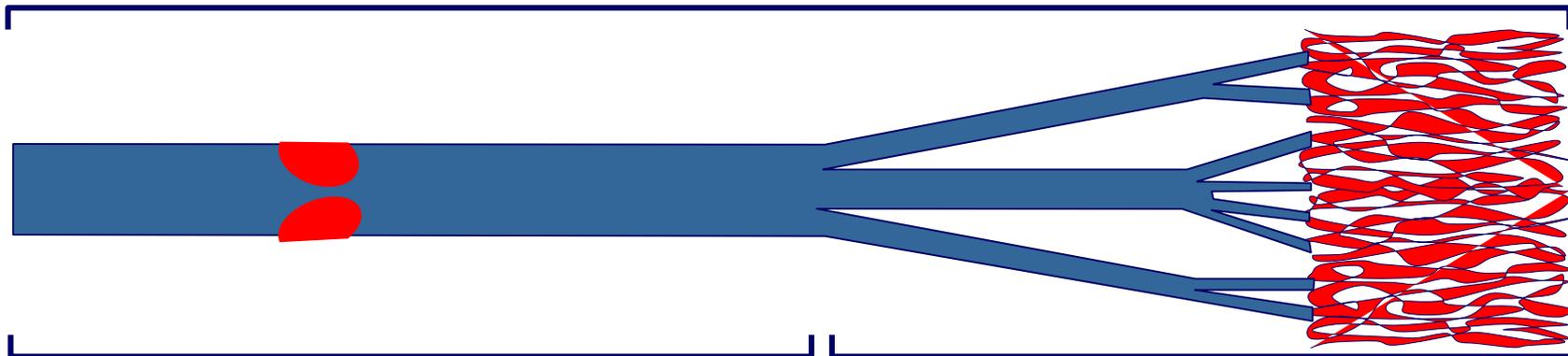
Julien Adjedj

Saint Laurent du Var

Recommendations	Class ^a	Level ^b
<p>Guidewire-based CFR and/or microcirculatory resistance measurements should be considered in patients with persistent symptoms, but coronary arteries that are either angiographically normal or have moderate stenoses with preserved iwFR/FFR.^{412,413}</p>	IIa	B
<p>Intracoronary acetylcholine with ECG monitoring may be considered during angiography, if coronary arteries are either angiographically normal or have moderate stenoses with preserved iwFR/FFR, to assess microvascular vasospasm.^{412,438–440}</p>	IIb	B

Outils de mesure de la microcirculation coronaire

CFR < 3



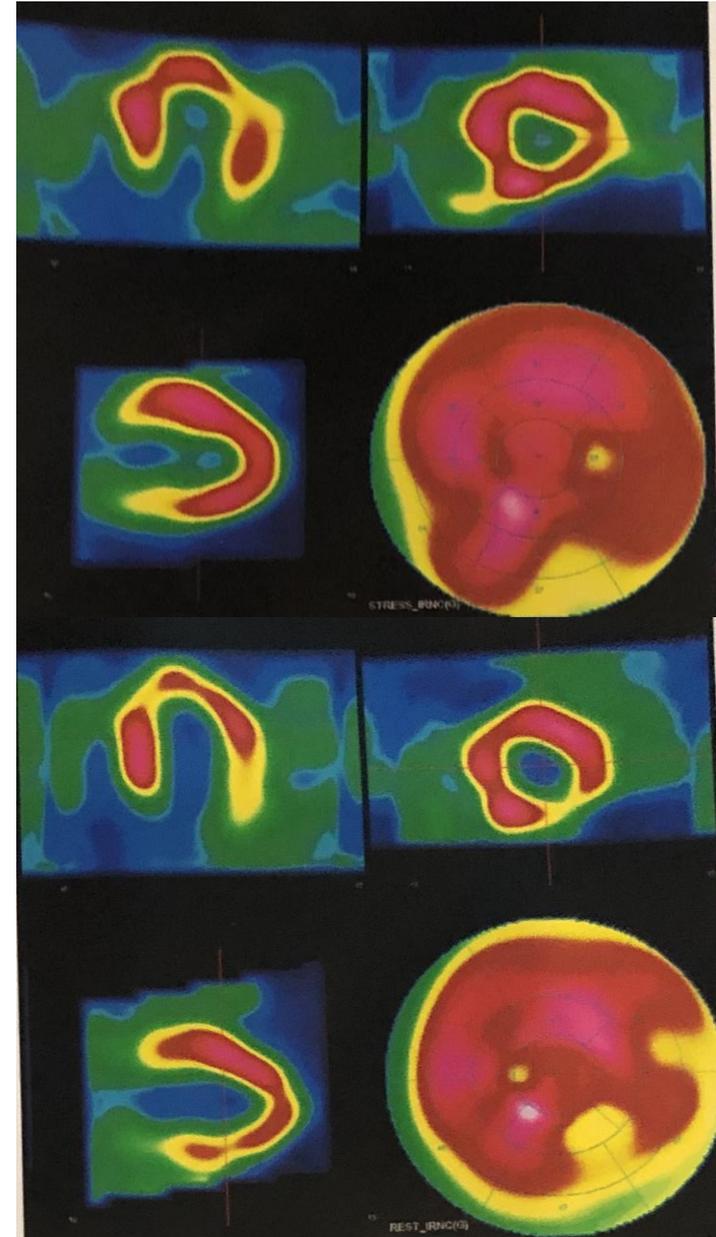
FFR < 0.80

IMR > 18

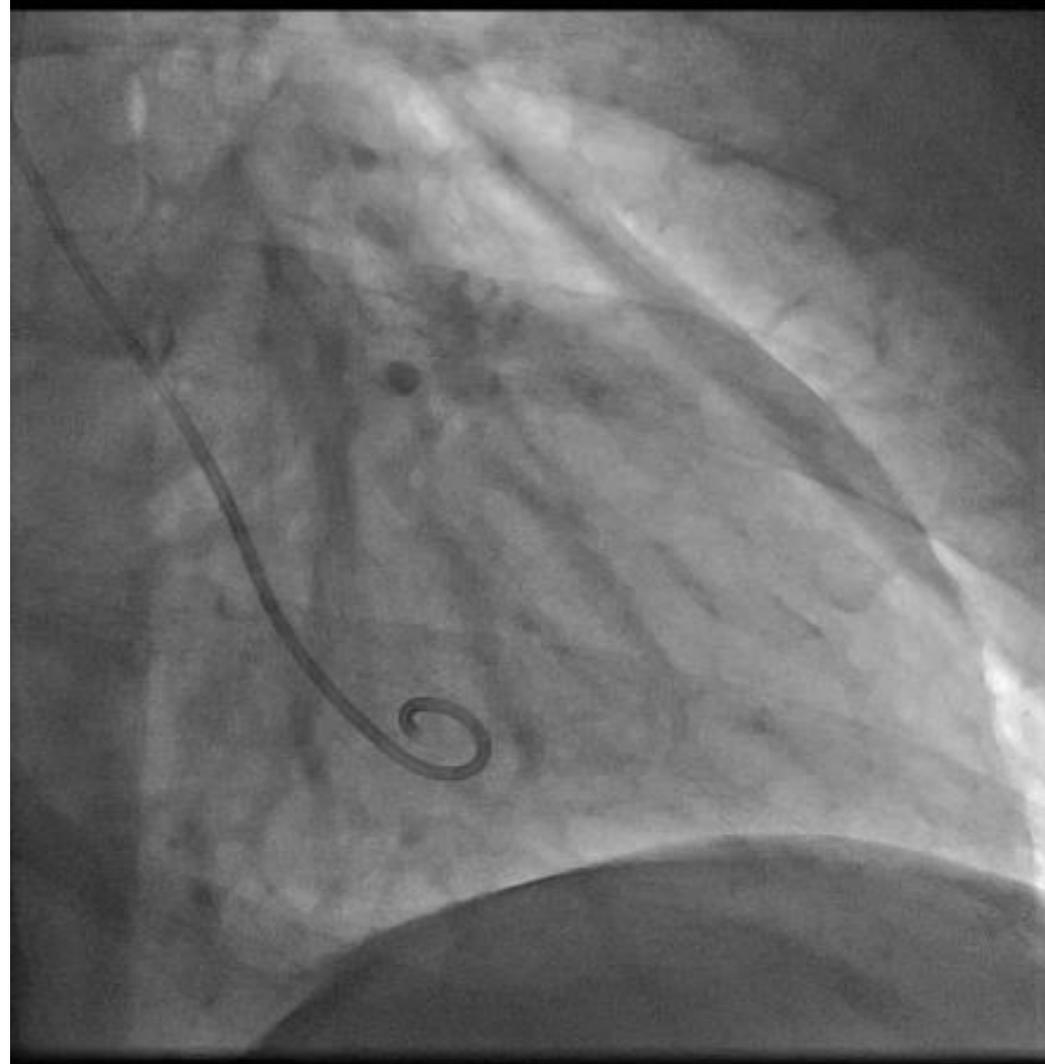


Cas clinique: Patient de 67 ans

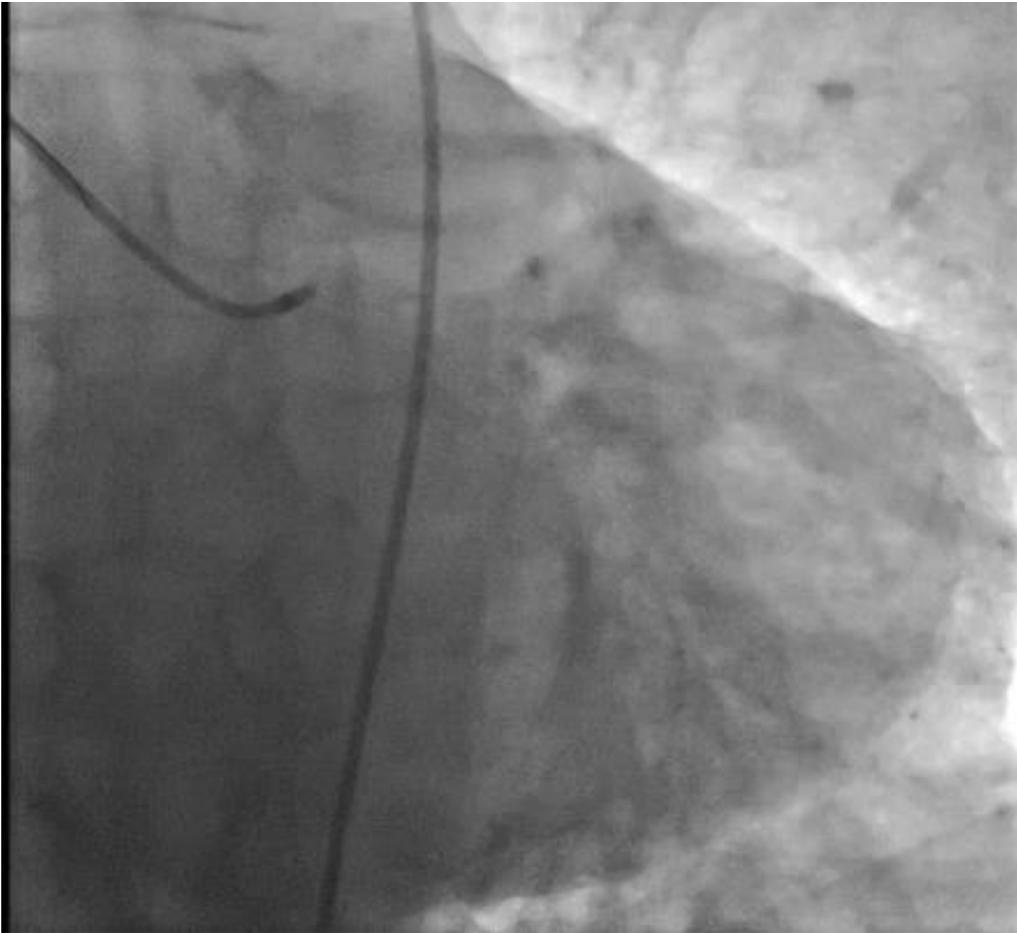
- Angor d'effort
- HTA, Tabac, Diabète sous ADO et dyslipidémie
- Antécédent d'infarctus latéral en 2017 traité par un stent
- Scintigraphie positive en apicolateral



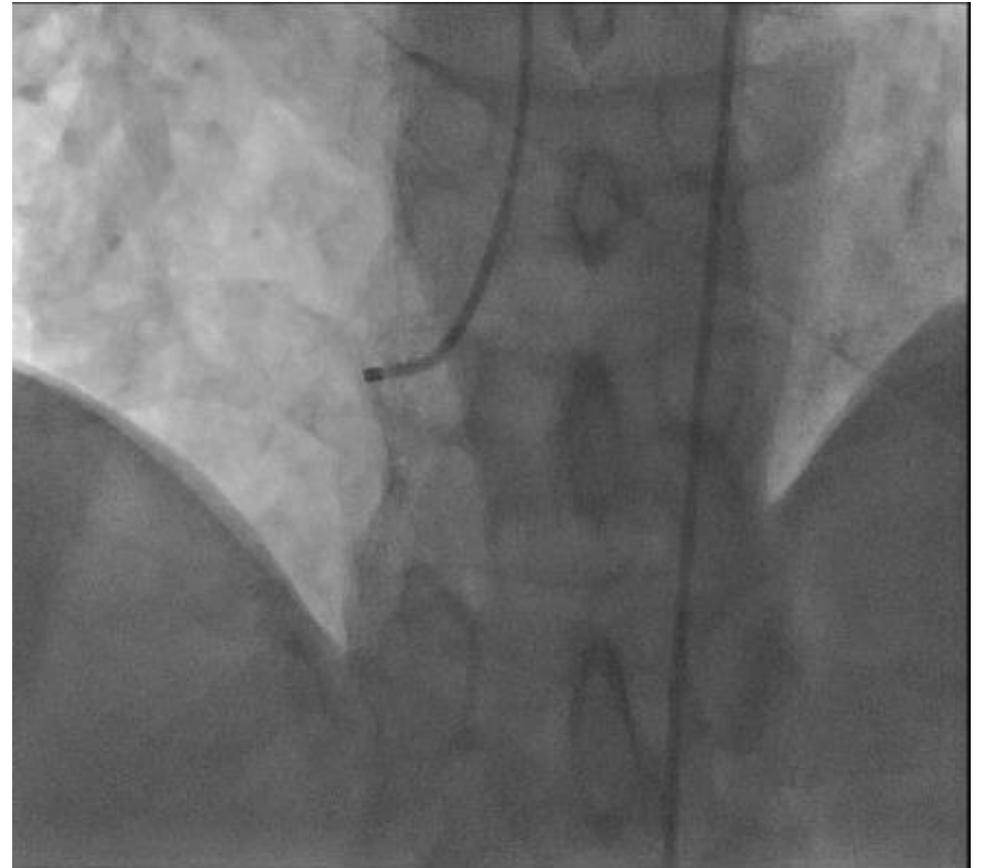
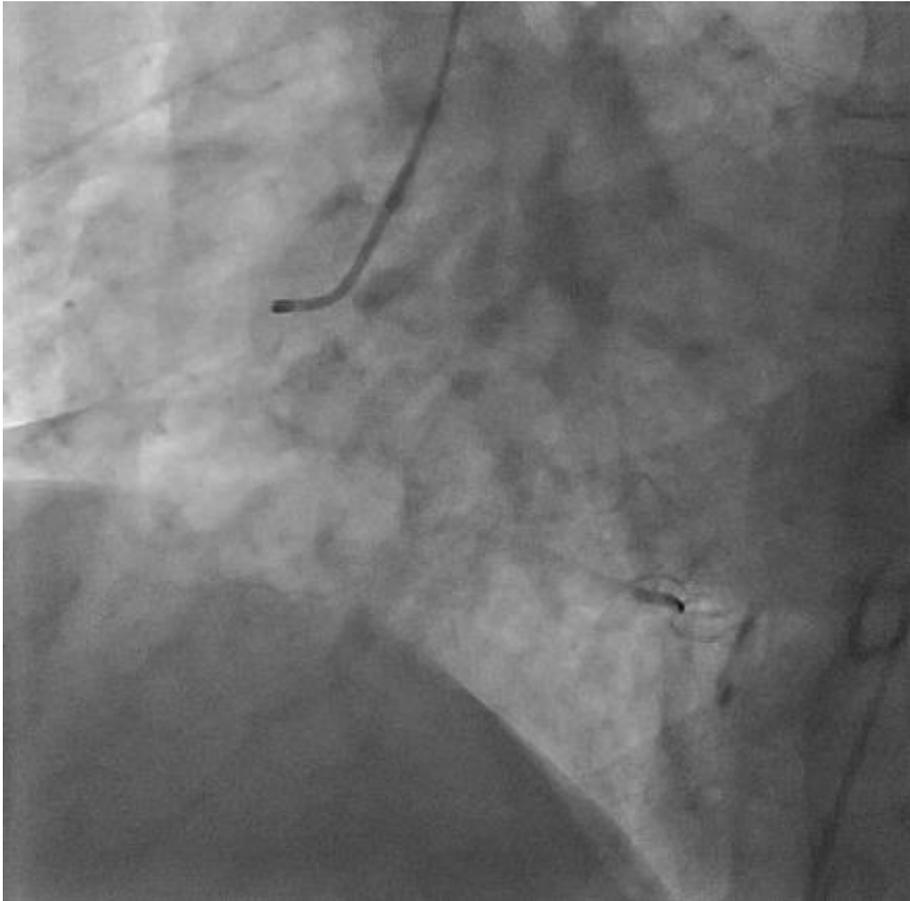
Ventriculographie



Coronarographie

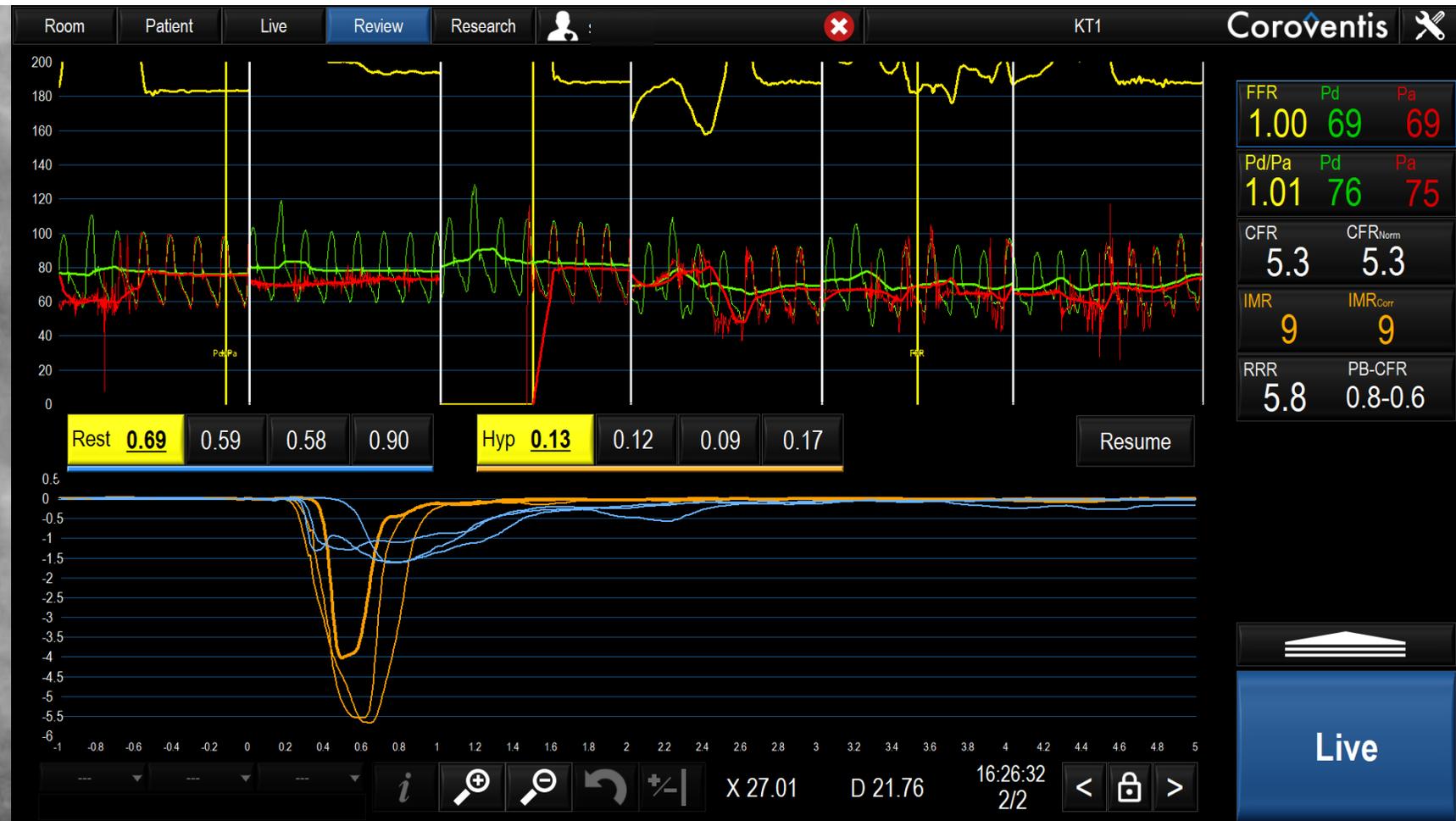


Coronarographie

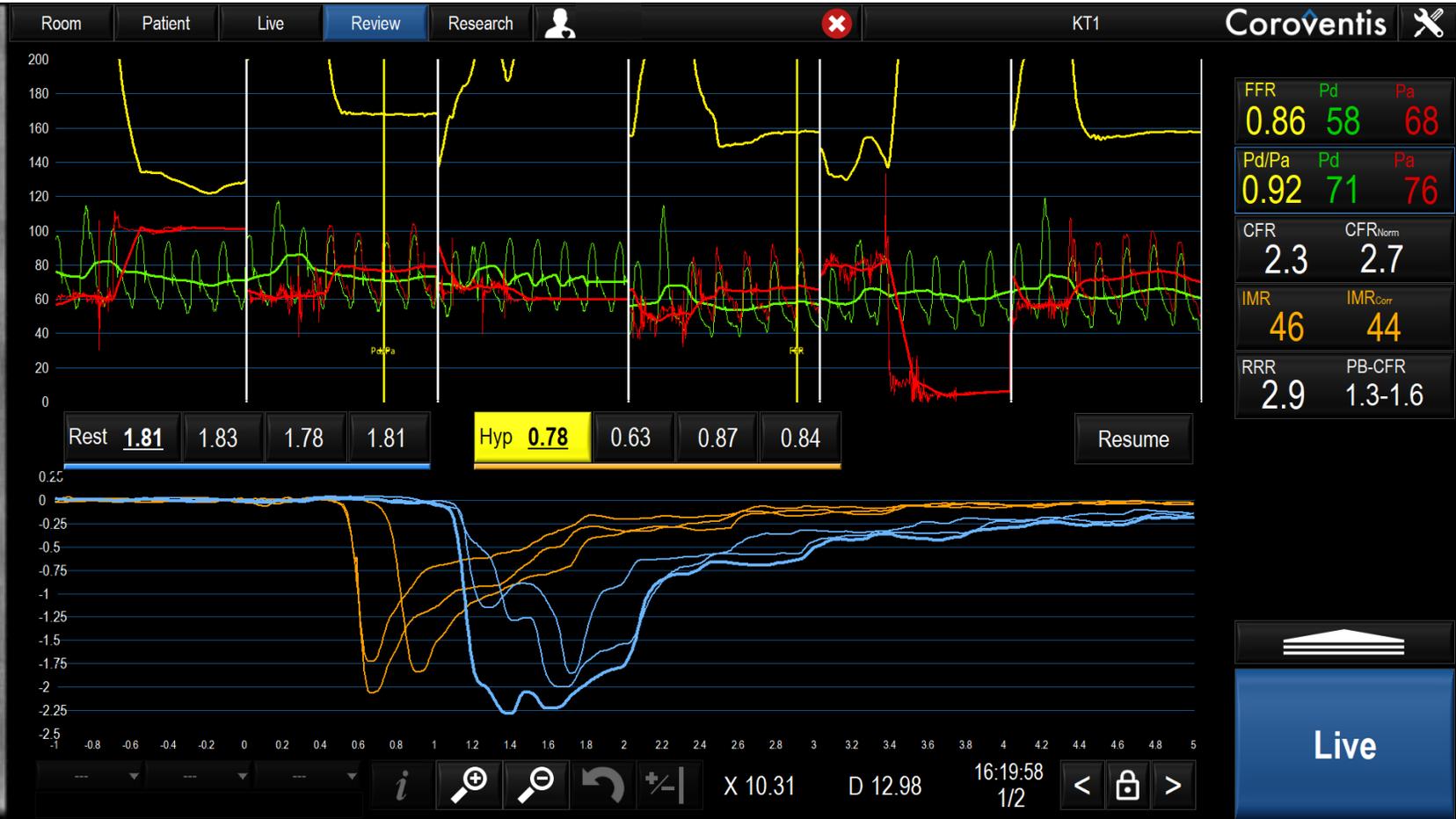




Evaluation physiologique Cx



Evaluation physiologique IVA





Traitement médical

- Remplacer procoralan par beta bloquant
- IEC
- Exercice physique
- Arrêt du tabac



ANOCA (INOCA)

Angina (Ischaemia) with non-obstructive coronary arteries

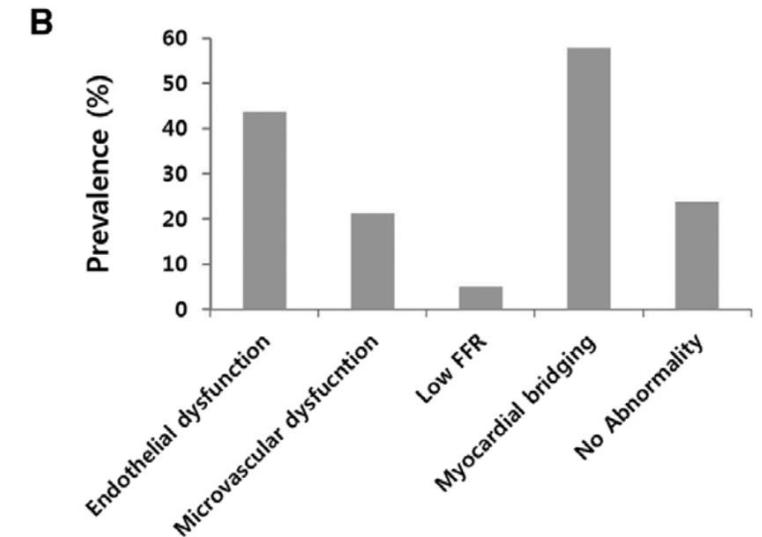
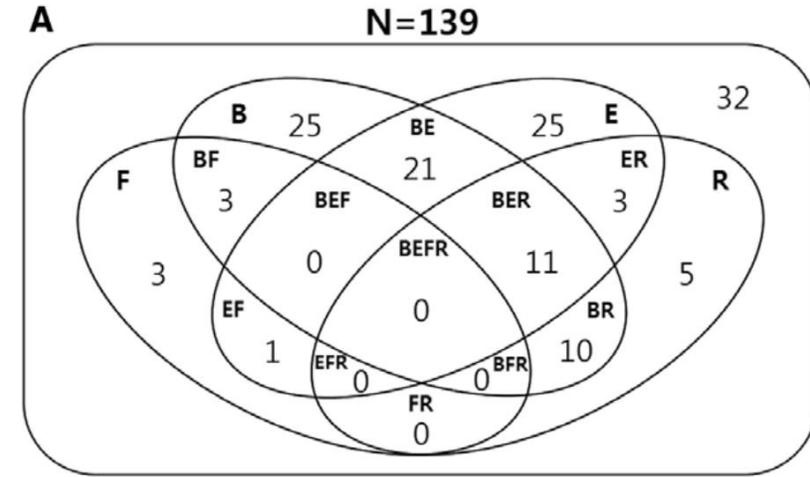
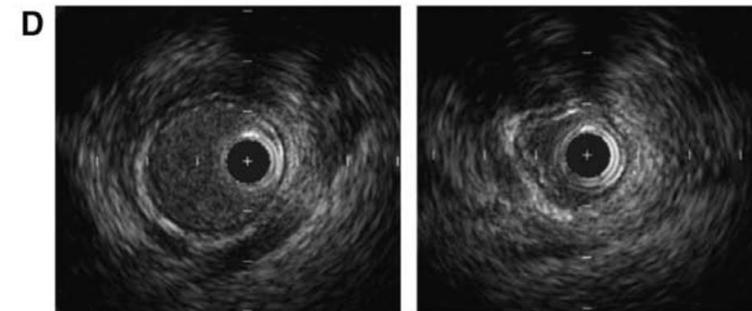
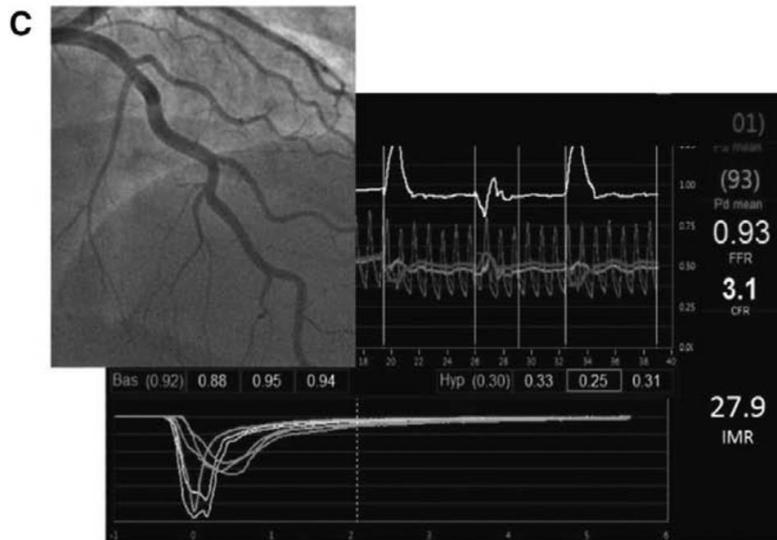
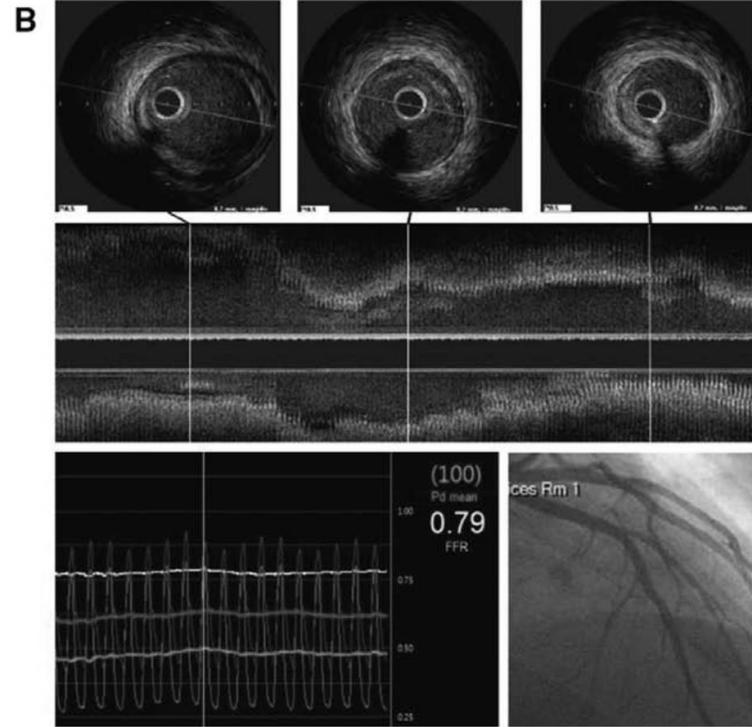
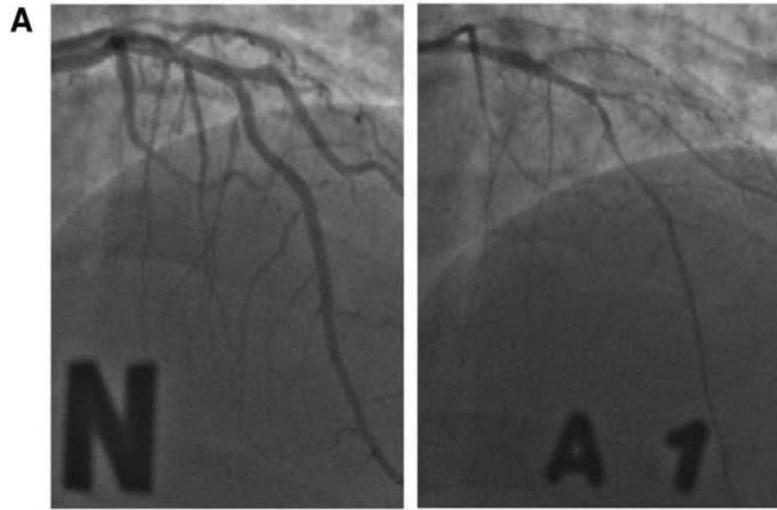
68 year old male – angina, hospitalizations for chest pain, previous MI,

<u>A+E</u> <u>Admissions</u>	
30/12/16 - 30/12/16	15/12/17 - 16/12/17
4/4/17 - 4/4/17	25/3/17 - 26/3/17
5/7/17 - 6/7/17	19/3/17 - 20/3/17
2/8/17 - 3/8/17	13/4/17 - 14/4/17
	21/8/17 - 22/8/17
	6/9/17 - 6/9/17
	18/9/17 - 18/9/17
	29/8/17 - 30/8/17
	30/9/17 - 2/10/17

Diagnostic

Lee et al Angina and Nonobstructive Coronary Artery Disease 1057

1058 *Circulation* March 24, 2015

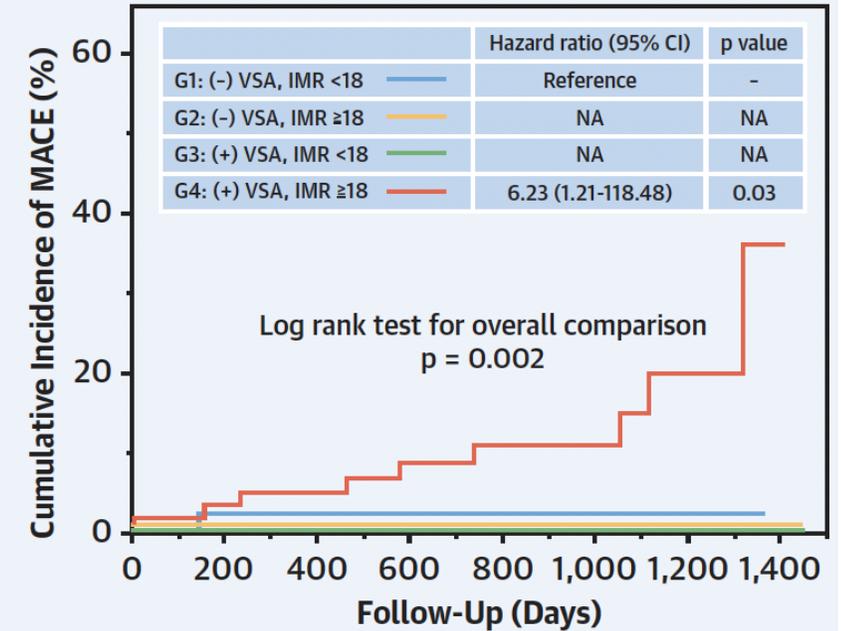
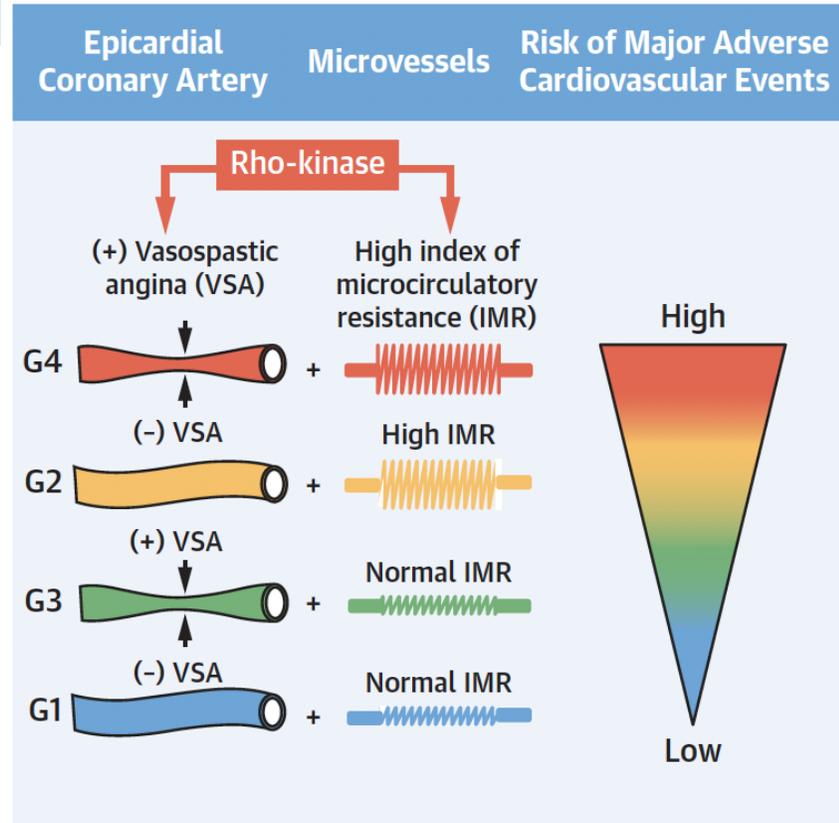
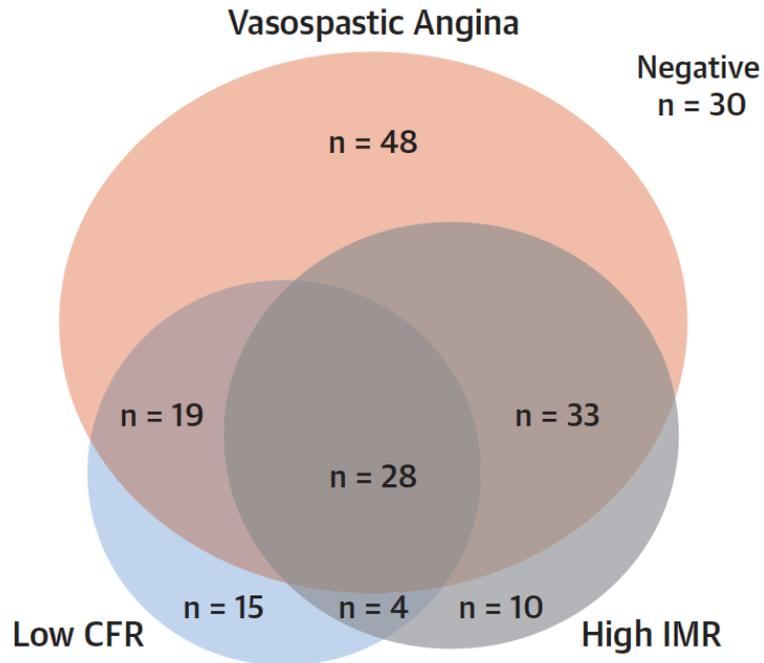


Pronostic

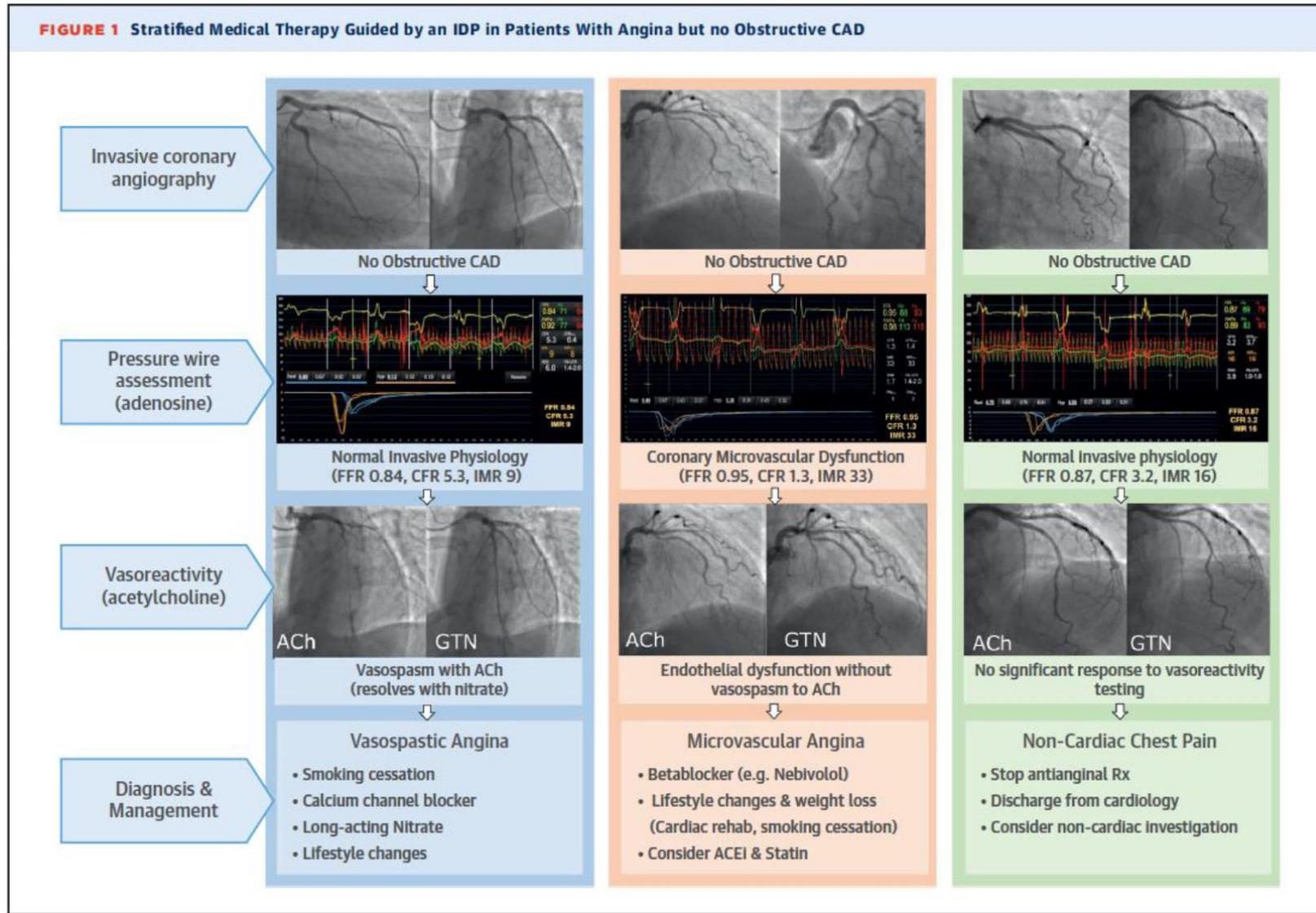
CENTRAL ILLUSTRATION Vasospastic Angina and High Index of Microcirculatory Resistance: Prognostic Impact of Coexistence

FIGURE 4 Coexistence of Coronary Functional Abnormalities

Overall n = 187



Thérapeutique



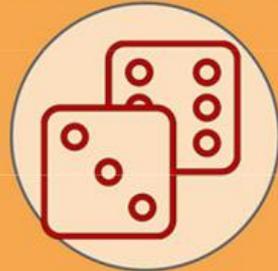
Thérapeutique

**Randomized
151 Patients**



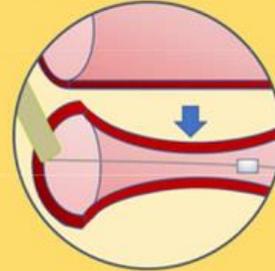
**Angina & No
Obstructive CAD**

Intervention
Invasive Coronary
Function Guided
Care (n=75)



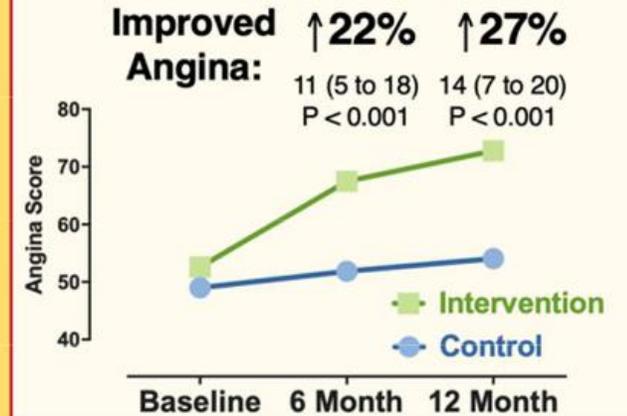
Control
Angiography guided
Care (n=76)

Linked Diagnosis:
Microvascular angina
Vasospastic angina
Non-cardiac



Therapy:
Stratify Antianginals
Non-pharmacological

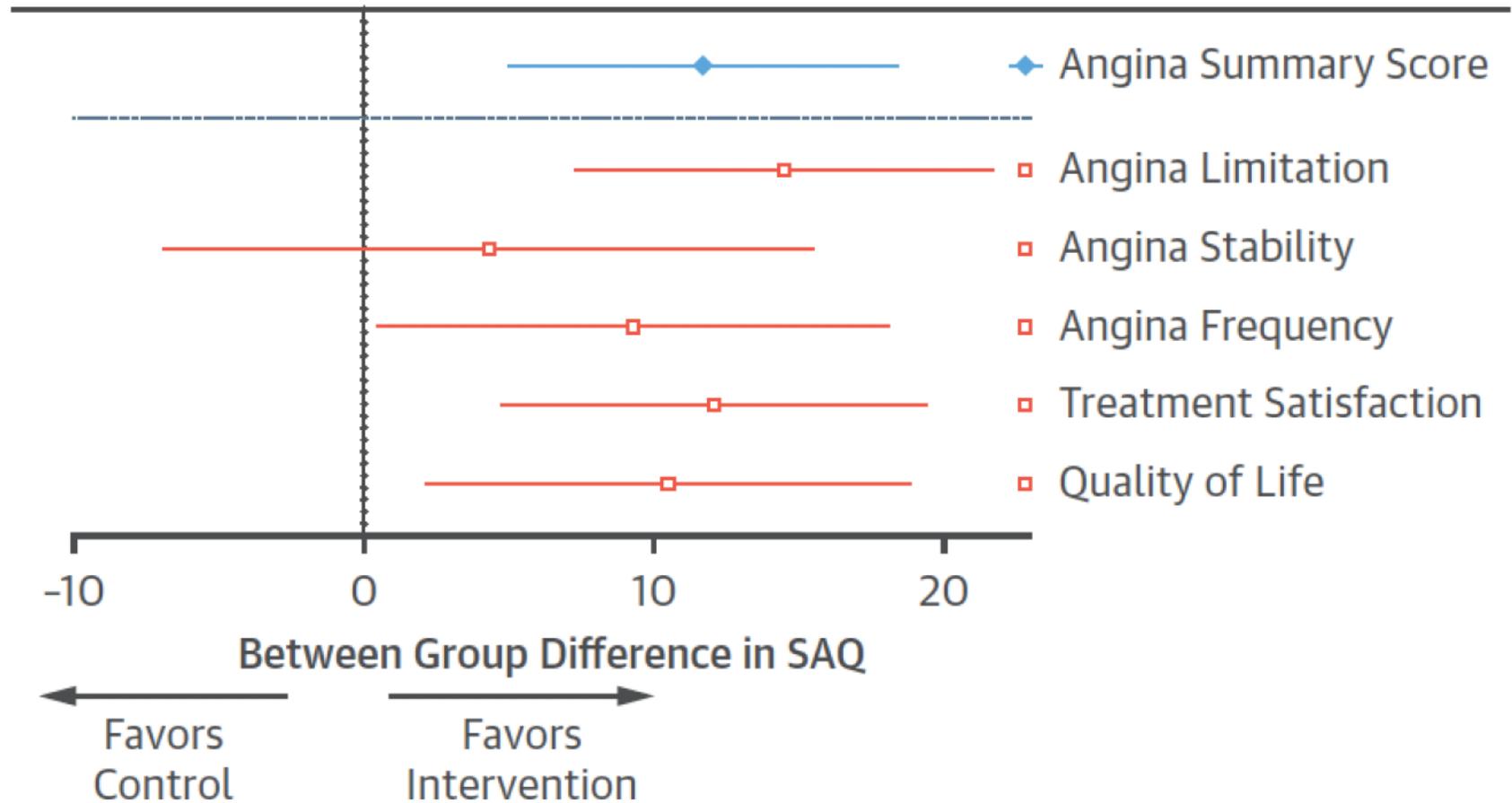
Main Results:



**Sustained Benefits:
Improved Angina and
Quality of Life**

Thérapeutique

FIGURE 3 Primary Efficacy Outcome: Treatment Difference in the 6-Month SAQ Summary Score



Evaluation clinique des symptômes

