JOURNEE D'ACTUALITES THERAPEUTIQUES

**Samedi 18 SEPTEMBRE 2021**

Novotel Nice Arénas


# QUEL TRAITEMENT ANTITHROMBOTIQUE APRES PROTHESES PERCUTANEES?

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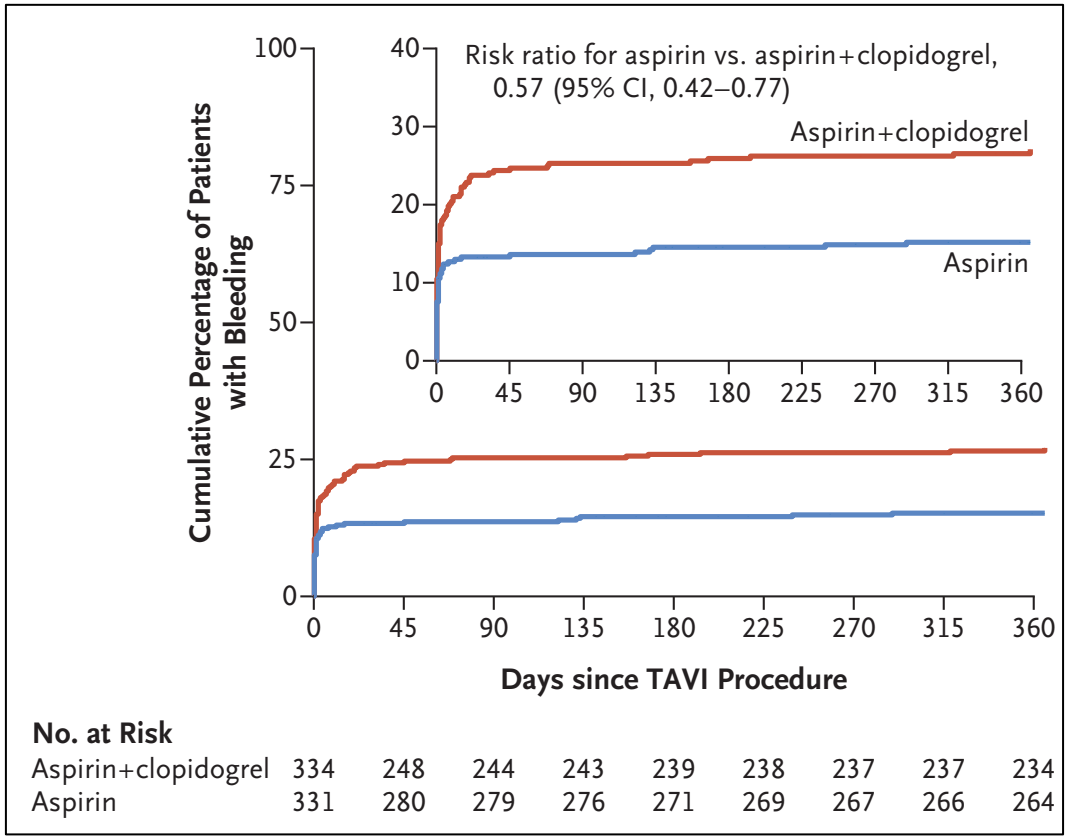
# Après TAVI

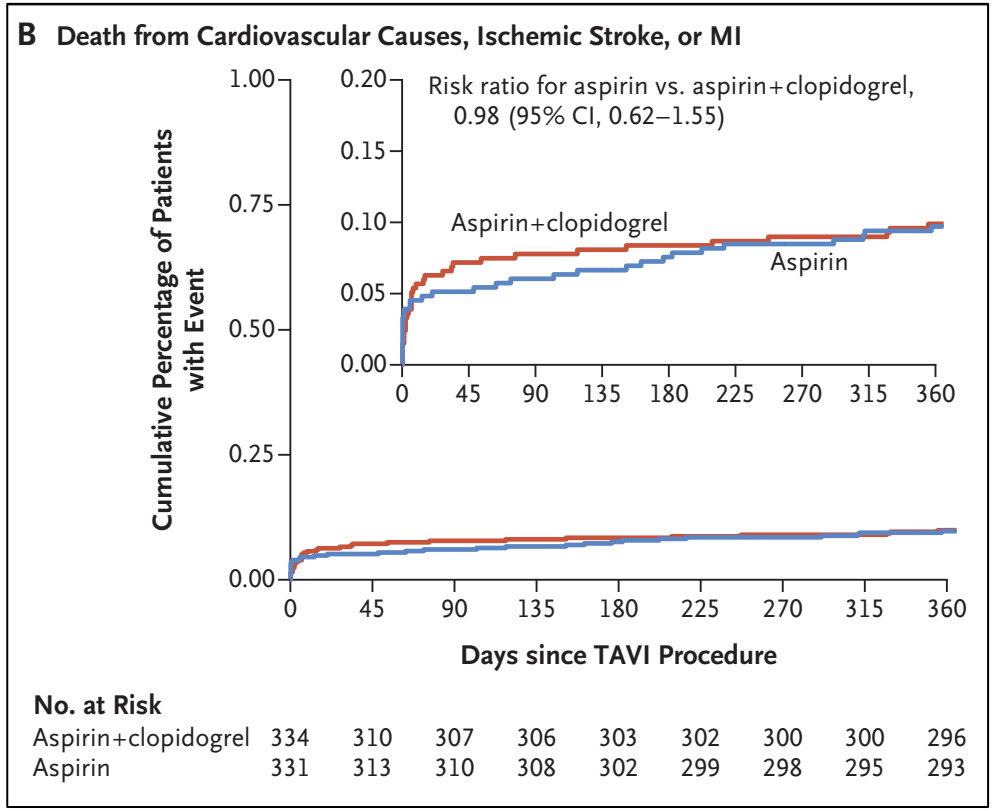
ORIGINAL ARTICLE

# Aspirin with or without Clopidogrel after Transcatheter Aortic-Valve Implantation

Saignements




DC CV , AVC , SCA



ESC European Society of Cardiology
European Heart Journal (2021) **00**, 1–72
doi:10.1093/eurheartj/ehab395



# 2021 ESC/EACTS Guidelines for the management of valvular heart disease

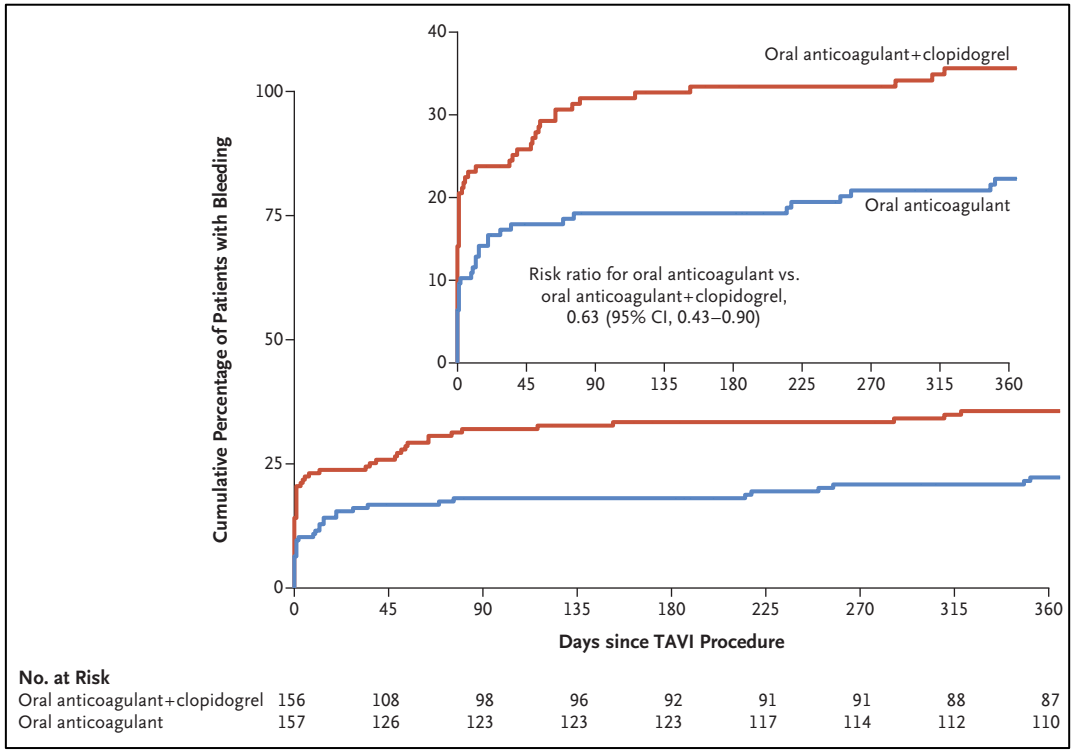
**Developed by the Task Force for the management of valvular heart disease of the European Society of Cardiology (ESC) and the European Association for Cardio-Thoracic Surgery (EACTS)**

| | | | | |
|---|---|---|---|---|
| ***Transcatheter Aortic Valve Implantation*** | | | | |
| New | | | OAC is recommended lifelong for TAVI patients who have other indications for OAC. | I |
| Revised | SAPT may be considered after TAVI in the case of high bleeding risk. | IIb | Lifelong SAPT is recommended after TAVI in patients with no baseline indication for OAC. | I |
| New | | | Routine use of OAC is not recommended after TAVI in patients with no baseline indication for OAC. | III |

ORIGINAL ARTICLE

# Anticoagulation with or without Clopidogrel after Transcatheter Aortic-Valve Implantation

Saignements

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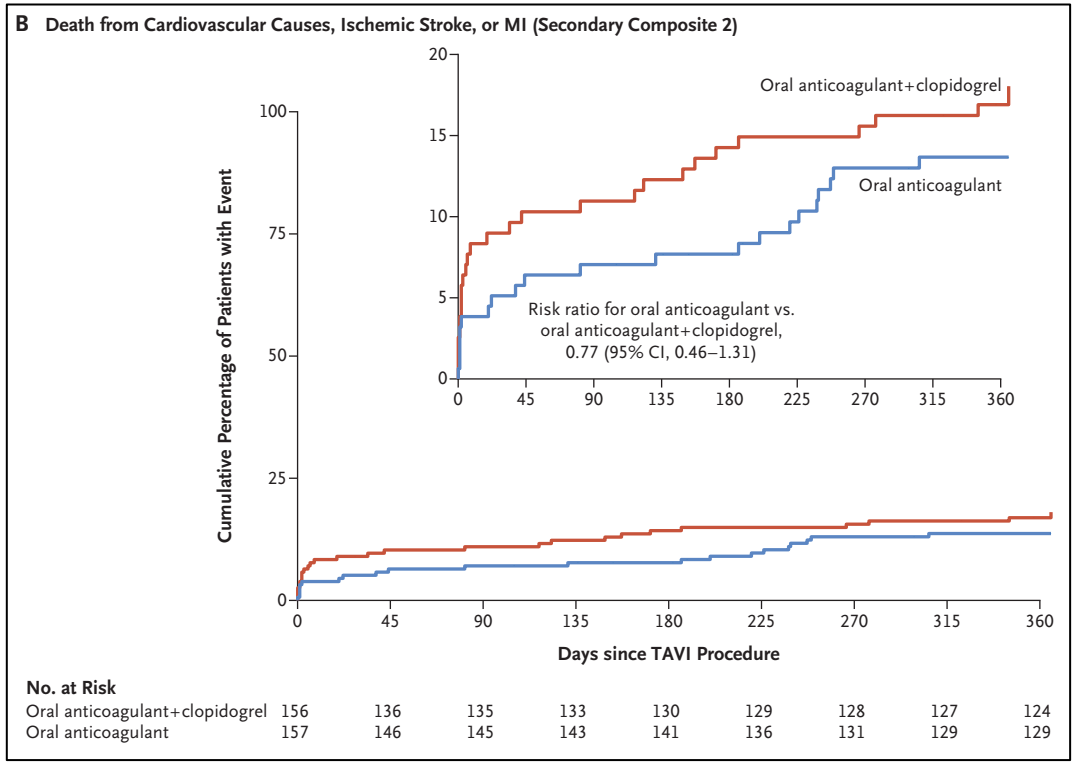

**Table S3. Procedural Characteristics**

| **Characteristics** | **Oral anticoagulation group (N=157)** *no.(%)* | **missing** | **Oral anticoagulation plus clopidogrel group (N=156)** *no (%)* |
|---|---|---|---|
| Approach – no. (%) | | 0 | |
| Transfemoral | 136 (86.6) | | 132 (84.6) |
| Transapical | 15 (9.6) | | 18 (11.5) |
| Direct aortic | 6 (3.8) | | 5 (3.2) |
| Transsubclavia | 0 (0) | | 1 (0.6) |
| Additional access site – no. (%) | | 0 | |
| Transfemoral | 145 (92.4) | | 146 (93.6) |
| Transradial | 12 (7.6) | | 10 (6.4) |

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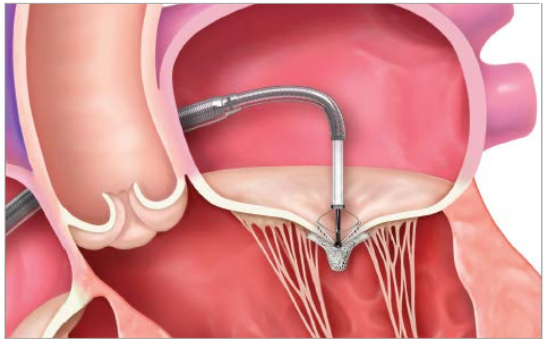
| | | | | |
|---|---|---|---|---|
| Revised | NOACs should be considered as an alternative to VKAs in patients with aortic stenosis, aortic regurgitation and mitral regurgitation presenting with AF. | **IIa** | For stroke prevention in AF patients who are eligible for OAC, NOACs are recommended in preference to VKAs in patients with aortic stenosis, aortic and mitral regurgitation. | **I** |

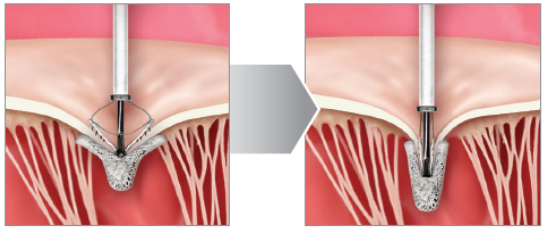
| **Characteristics** | **Oral anticoagulation group (N=157)** *no.(%)* | **missing** | **Oral anticoagulation plus clopidogrel group (N=156)** *no (%)* | **missing** |
|---|---|---|---|---|
| Lowest hemoglobin after TAVI – mmol/l | 6.8±1.2 | 2 | 6.7±1.3 | 2 |
| Highest serum creatinine <72 hours after TAVI – umol/l | 117.7±66.8 | 2 | 111.3±57.2 | 1 |
| Red blood cell transfusion after TAVI – no. (%) | 11 (7.0) | 0 | 13 (8.3) | 0 |
| Number of packed cells – no. | 2.2±1.1 | 0 | 3.1±2.3 | 0 |
| | | | | |
| **Oral anticoagulant therapy** | | 0 | | 0 |
| Vitamin K antagonist – no. (%) | 118 (75.2) | | 110 (70.5) | |
| Acenocoumarol | 97 (61.8) | | 91 (58.3) | |
| Phenprocoumon | 18 (11.5) | | 16 (10.3) | |
| Warfarin | 3 (1.9) | | 3 (1.9) | |
| Direct oral anticoagulant – no. (%) | 37 (23.6) | | 46 (29.5) | |
| Apixaban | 14 (8.9) | | 25 (16.0) | |
| Dabigatran | 7 (4.5) | | 4 (2.6) | |
| Edoxaban | 4 (2.5) | | 4 (2.6) | |
| Rivaroxaban | 12 (7.6) | | 12 (7.6) | |
| Low molecular weight heparin – no (%) | 2 (1.3) | | 0 (0) | |

# MITRACLIP

## Advancing into Left Ventricle and Leaflet Grasping



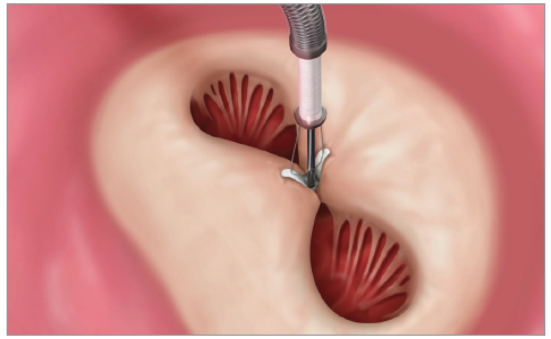
After the Clip is aligned over the regurgitant jet in the left atrium, the System is then advanced into the left ventricle to begin the grasping procedure. Leaflet grasping is done by slowly retracting the System back towards the left atrium to allow the leaflets to come to rest on the Clip Arms and then dropping the Grippers.



Clip Arms closed to 120º

Clip Arms closed to 20º

## Leaflet Insertion Assessment and Hemodynamic Measurements



Prior to Clip closure and deployment, a leaflet insertion and hemodynamic assessment must be performed. The leaflet insertion assessment ensures both leaflets are fully inserted and secure into the Clip. In addition, the MR reduction and pressure gradients are assessed to ensure regurgitation reduction without stenosis.

# Randomized Comparison of Percutaneous Repair and Surgery for Mitral Regurgitation

## 5-Year Results of EVEREST II

aspirine 325 mg /j 6 mois à 1 an
+
clopidogrel 75 mg /j pendant 1 mois

**40% FA : AVK / NACO seuls**

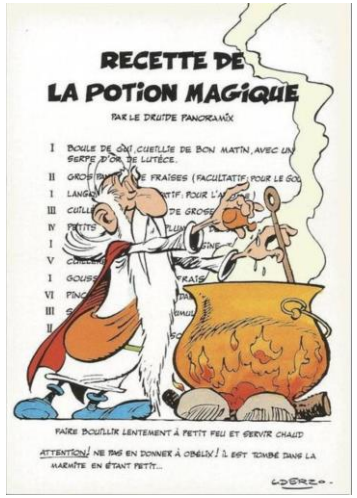
ESC European Society of Cardiology
European Heart Journal (2018) **00**, 1–14
doi:10.1093/eurheartj/ehy649

# European position paper on the management of patients with patent foramen ovale. General approach and left circulation thromboembolism

Traitement après les fermetures de FOP

| Position statements | Strength of the statement | Level of evidence |
|---|---|---|
| **Drug therapy and follow up after percutaneous closure** | | |
| It is reasonable to propose dual antiplatelet therapy for 1 to 6 months after PFO closure | Conditional | A |
| We suggest a single antiplatelet therapy be continued for at least 5 years | Conditional | C |
| The extension of the therapy with single antiplatelet beyond 5 years should be based on the balance between patient's overall risk of stroke for other causes and haemorrhagic risk | Strong | C |
| The choice of the type of antiplatelet drug in the follow-up is currently empiric | Strong | A |
| The value of residual shunt after percutaneous closure cannot be deduced from available studies | Strong | C |
| Systematic, high-quality data on follow-up are needed | Strong | C |
| To obtain comparable data we propose to perform:<br>a. a TTE prior to hospital discharge<br>b. c-TCD at least once beyond six months to assess effective PFO closure and thereafter, if residual shunt persists, annually until closure<br>c. c-TOE or c-TTE in case of severe residual shunt at c-TCD, or recurrent events, or symptoms during follow-up | Conditional | C |
| Patients should undergo antibiotic prophylaxis for any invasive procedure performed in the first six months from PFO closure | Conditional | C |

# Quel traitement médical après fermeture de l’auricule gauche ?




***Conclusion***

## Quel traitement médical après fermeture de l'auricule gauche ?

- ✓ Recommandations : 1 à 6 mois aspirine + clopidogrel si CI formelle anticoagulation orale.
- ✓ Le traitement est instauré sur un consensus clinique.
- ✓ L'absence de traitement par ACO ne semble pas augmenter le taux de thrombus sur prothèse.
- ✓ Utilisation croissante des NOACs.
- ✓ Chez le coronarien stenté : trithérapie aspirine + clopidogrel + fermeture de l'auricule ?
- ✓ Fermeture de l'auricule pour saignements intracrâniens : efficace et place à au moins 1 AAP.

Merci pour votre attention