



## CASO CLINICO

Giorgio Quadri

Unità funzionale interaziendale di Emodinamica

Ospedale degli Infermi, Rivoli  
AOU San Luigi Gonzaga, Orbassano

CONTEXT FOR CHANGE

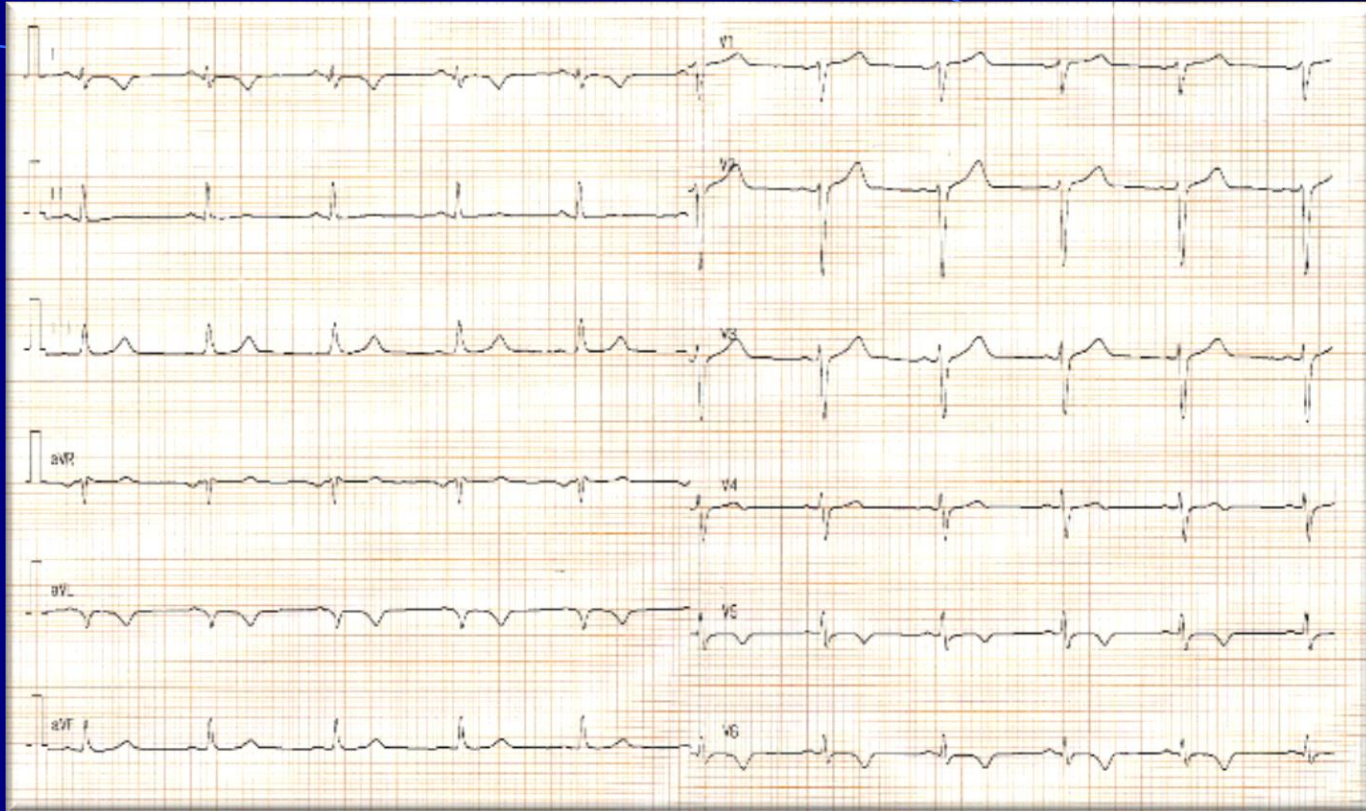
**Clinical forum in  
Complex Coronary  
Intervention**

Torino, mercoledì 5 dicembre 2018

Turin Palace Hotel

Sala Macarlo - Via Sacchi, 8 - Torino

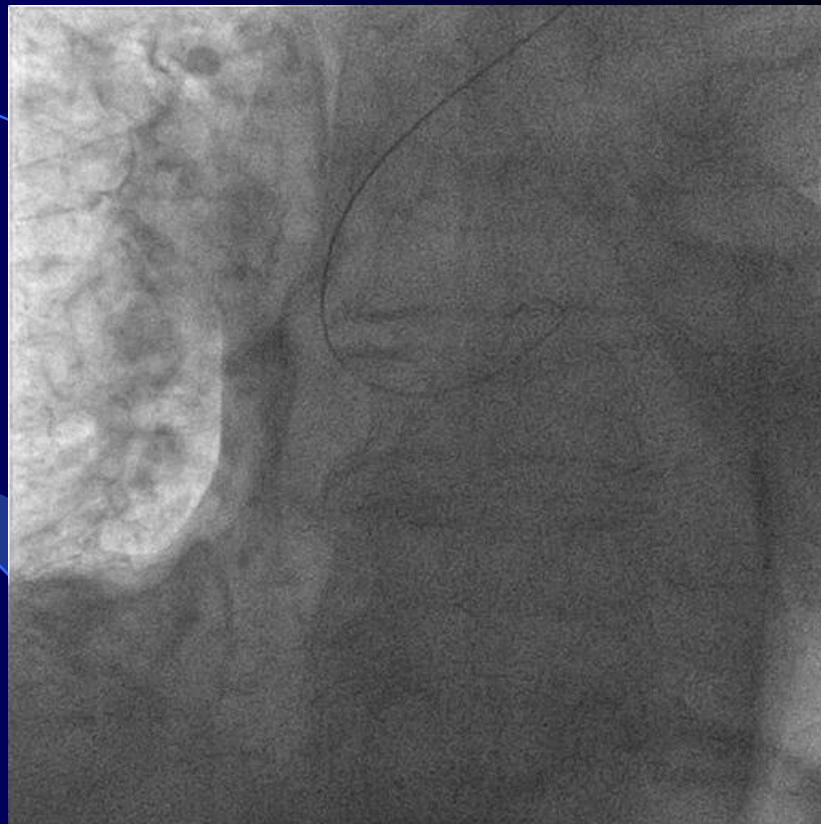
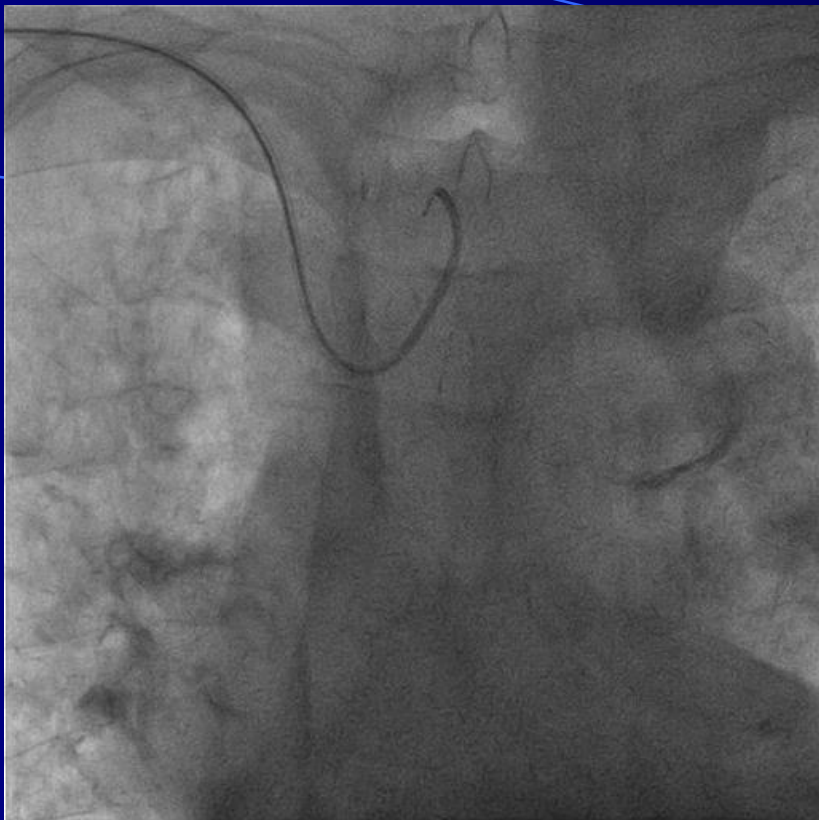
# 80aa Iperteso, diabetico, dolore toracico a riposo



Tn I (V.N <0.030)  
1) 0.046  
2) 3.4

FE NORMALE

Brilique 180 mg  
ASA 100 mg  
UFH 5000 U



Accesso radiale dx 6F

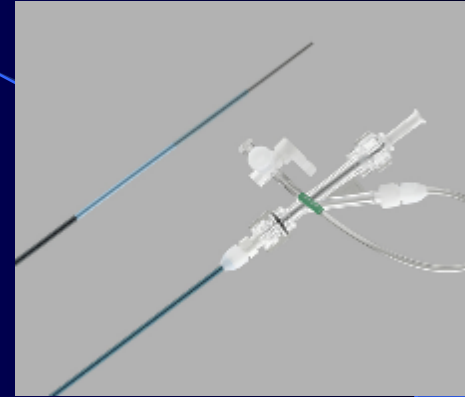
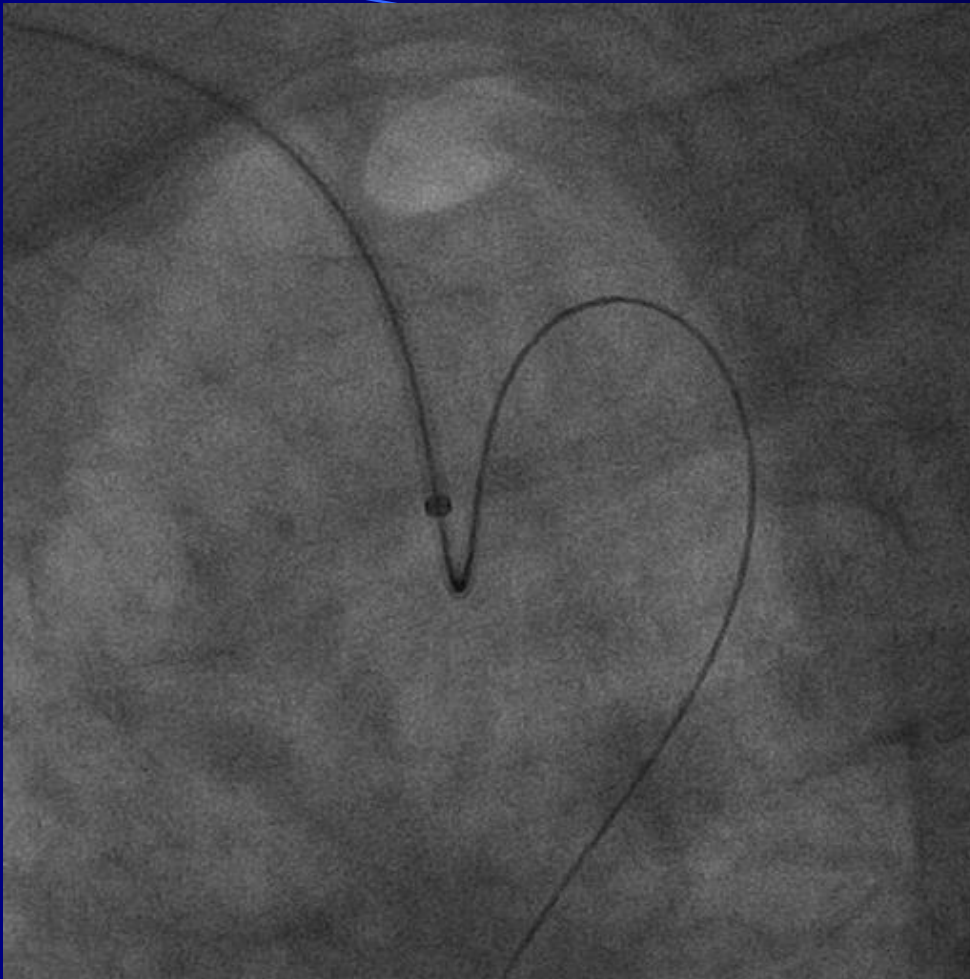
# DIFFICOLTA' AD AVANZARE CATETERE DIAGNOSTICO

1) CAMBIO ACCESSO (RAD SX/FEMORALE)

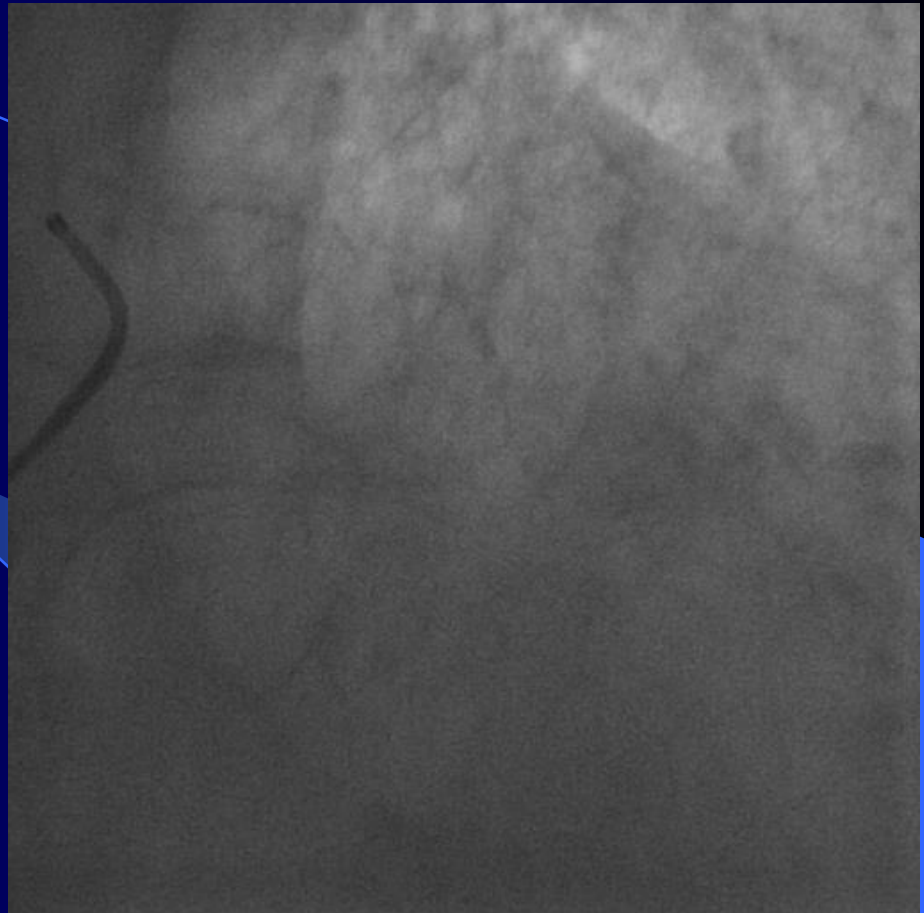
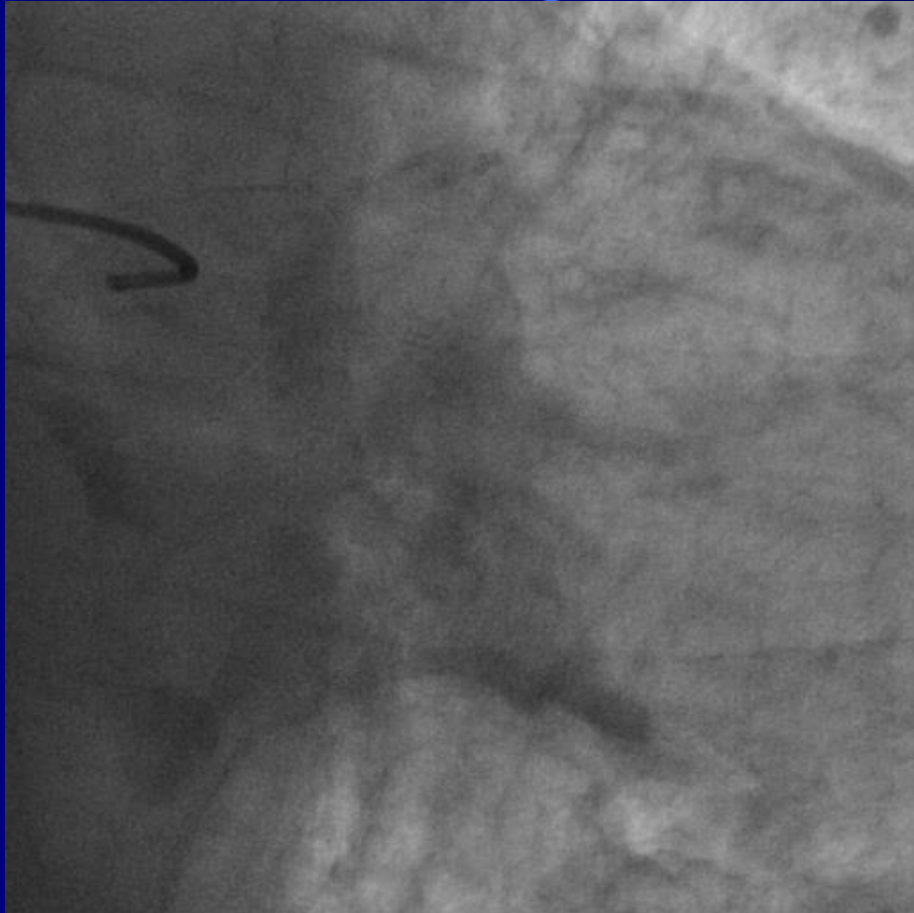
2) UTILIZZO GUIDA PIU' SUPPORTIVA

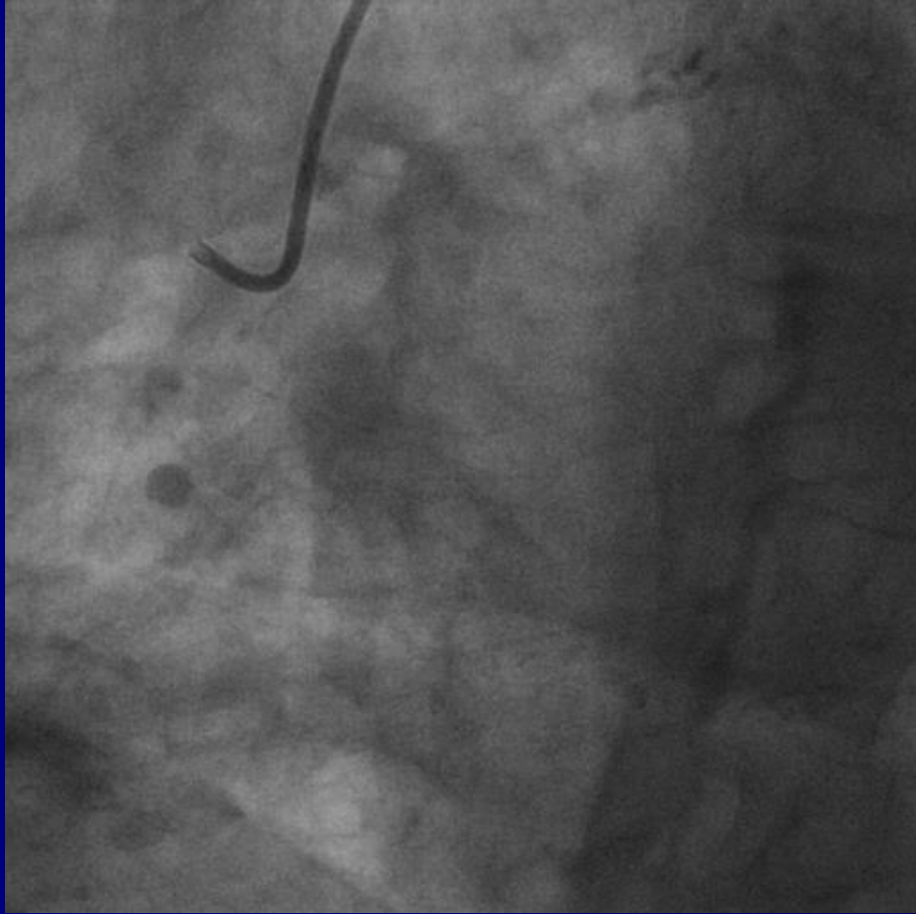
3) TENTATIVO CON CATETERE GUIDA

4) ALTRO



Cook Shuttle Flexor 90 cm 6 F





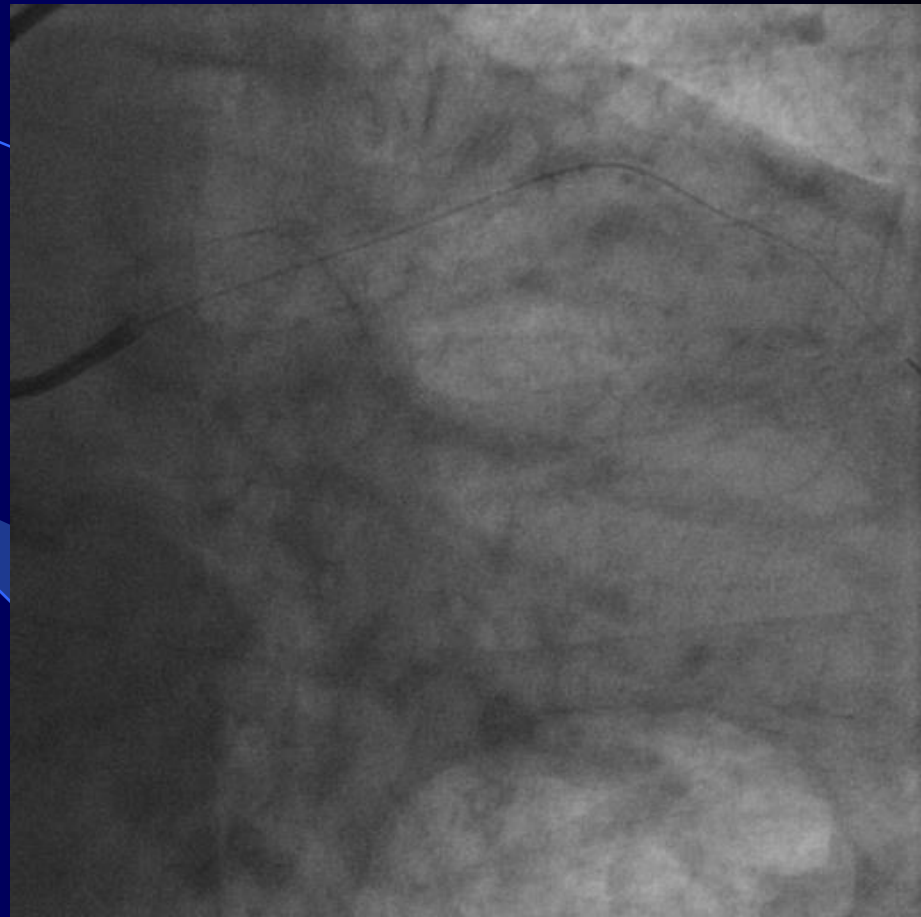
# TRATTAMENTO

1) PCI SU RAMO INTERMEDIO

2) PCI SU DIAGONALE

3) TERAPIA MEDICA.  
IN SALA IL PAZIENTE è ASINTOMATICO  
ECG HA GIA' LE Q





Shuttle 90cm + XB 4.5 6F

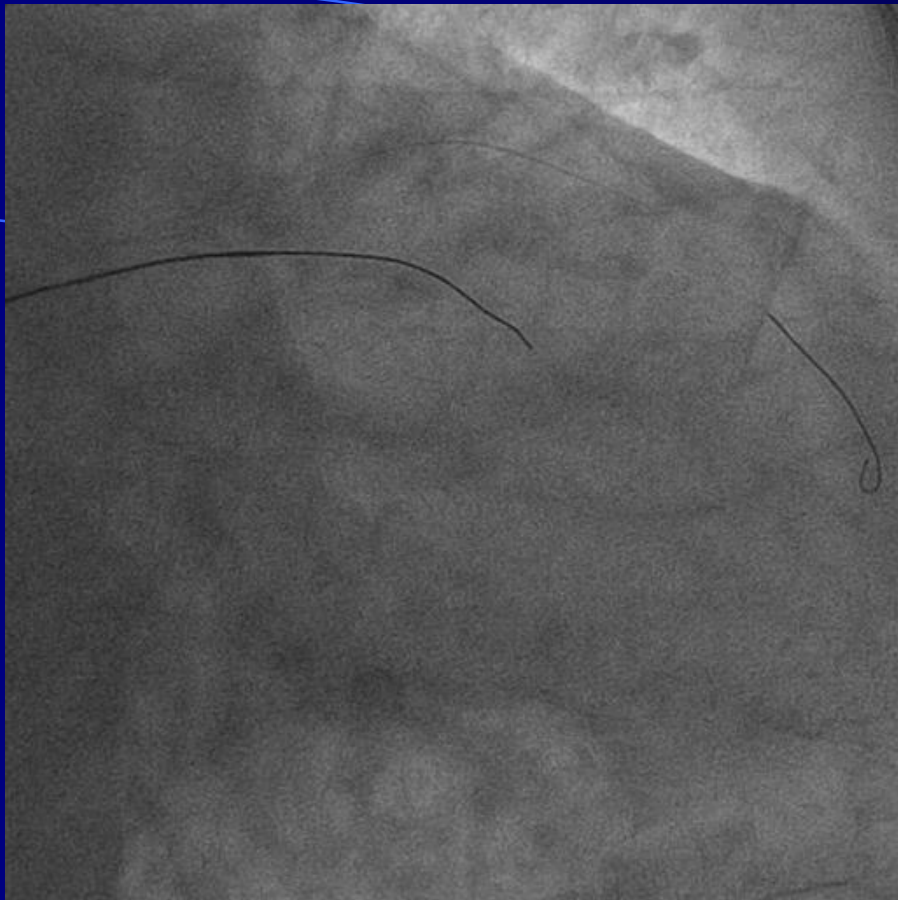


TENTATIVO INFRUTTUOSO  
SUPERAMENTO LESIONE  
CON GUIDA WORKHORSE

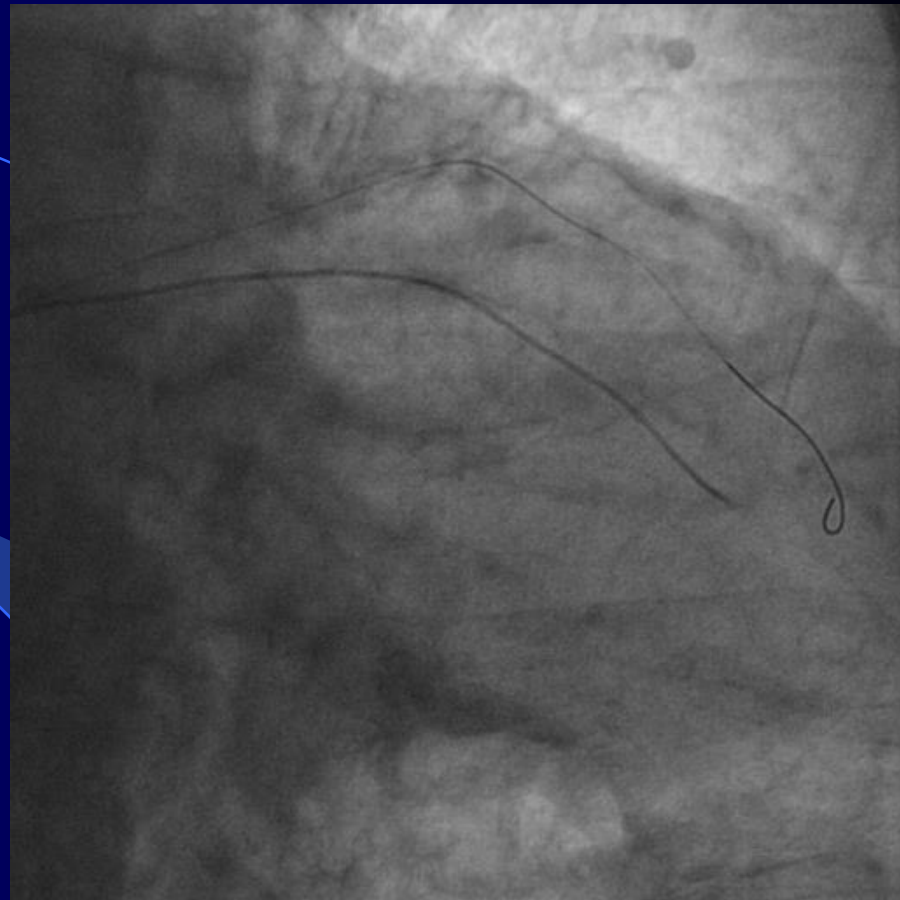
# CULPRIT LESION ?

1) LESIONE DATATA. MEGLIO CONCENTRARSI SUL DIAGONALE

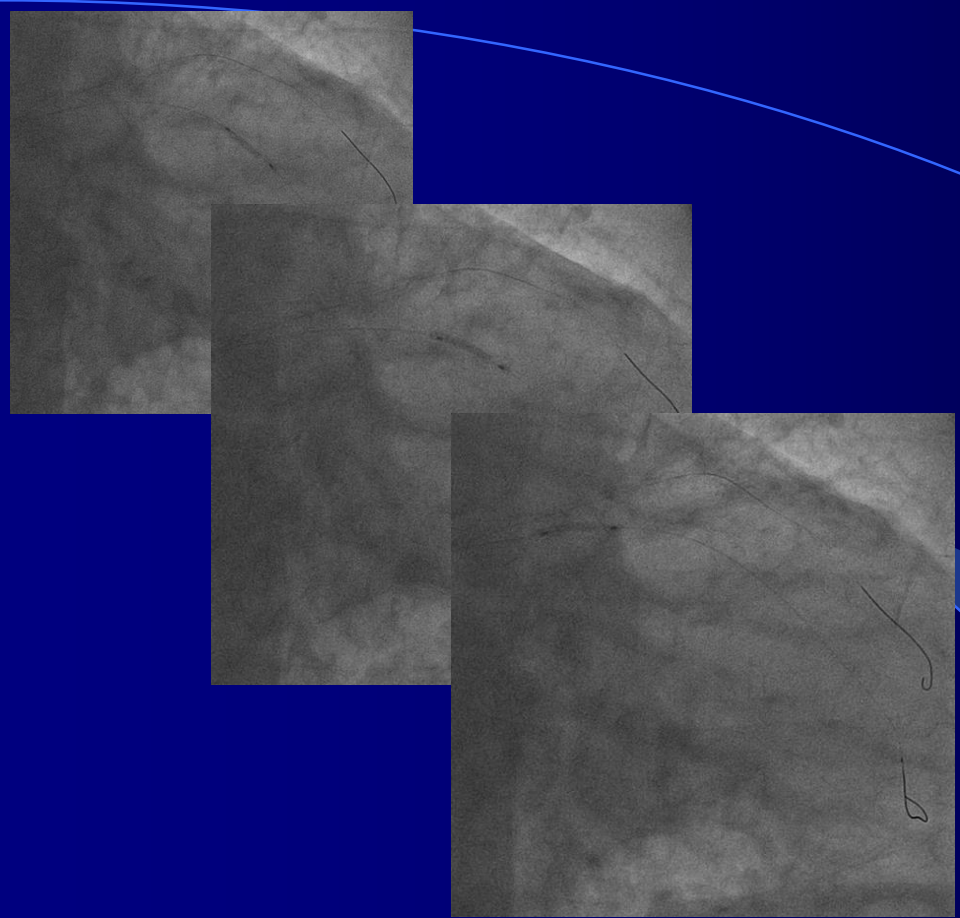
2) TENTATIVO CON GUIDE DEDICATE



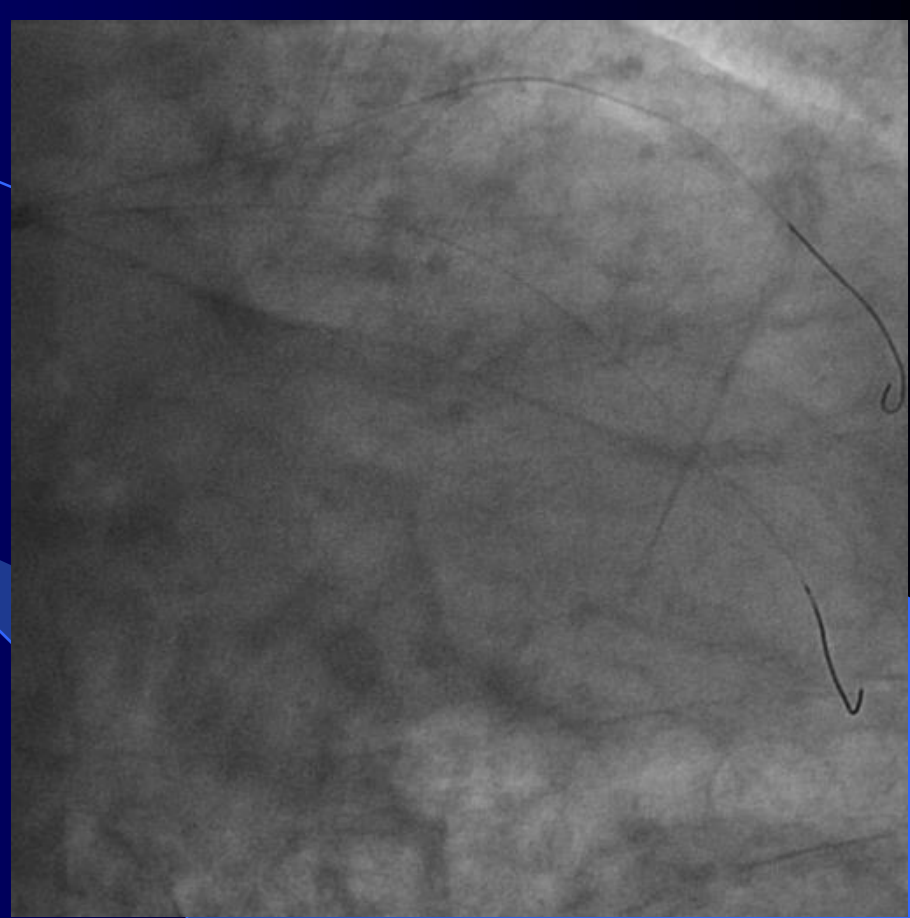
MICROCATERE MONOLUME 135 CM  
GUIDA IDROFILICA TIP LOAD 3G



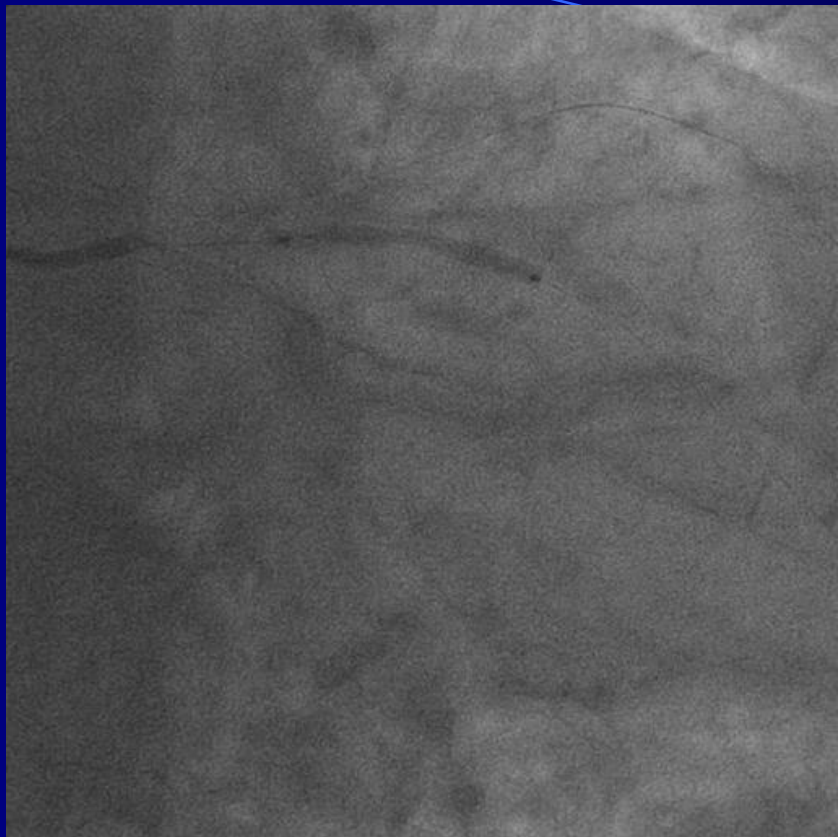
INIEZIONE TIP DISTALE



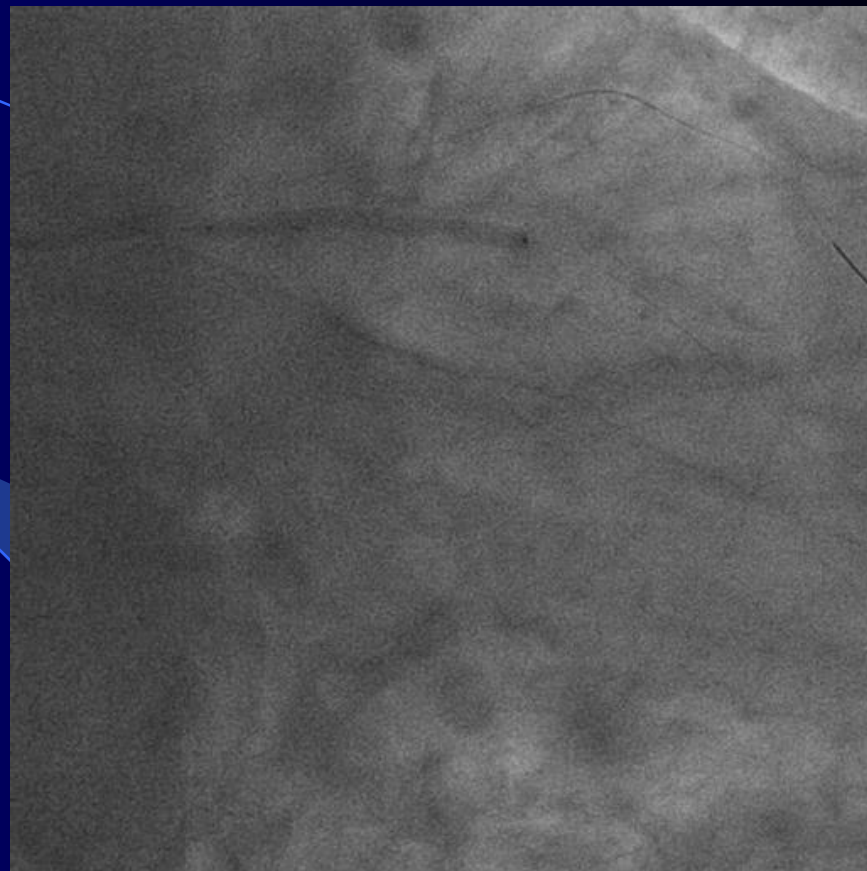
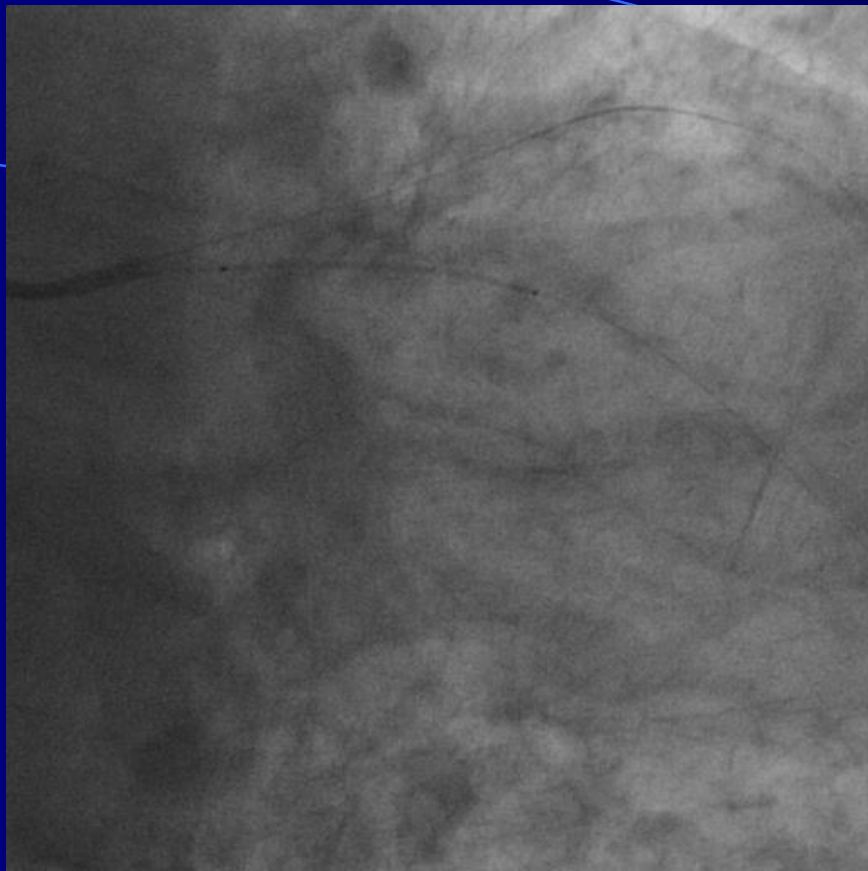
Pallone semicompiante 2.0/15



Iniezione dopo nitrati



Pallone semicompiante 2.5/30



DES 2.5x33mm @ 12atm

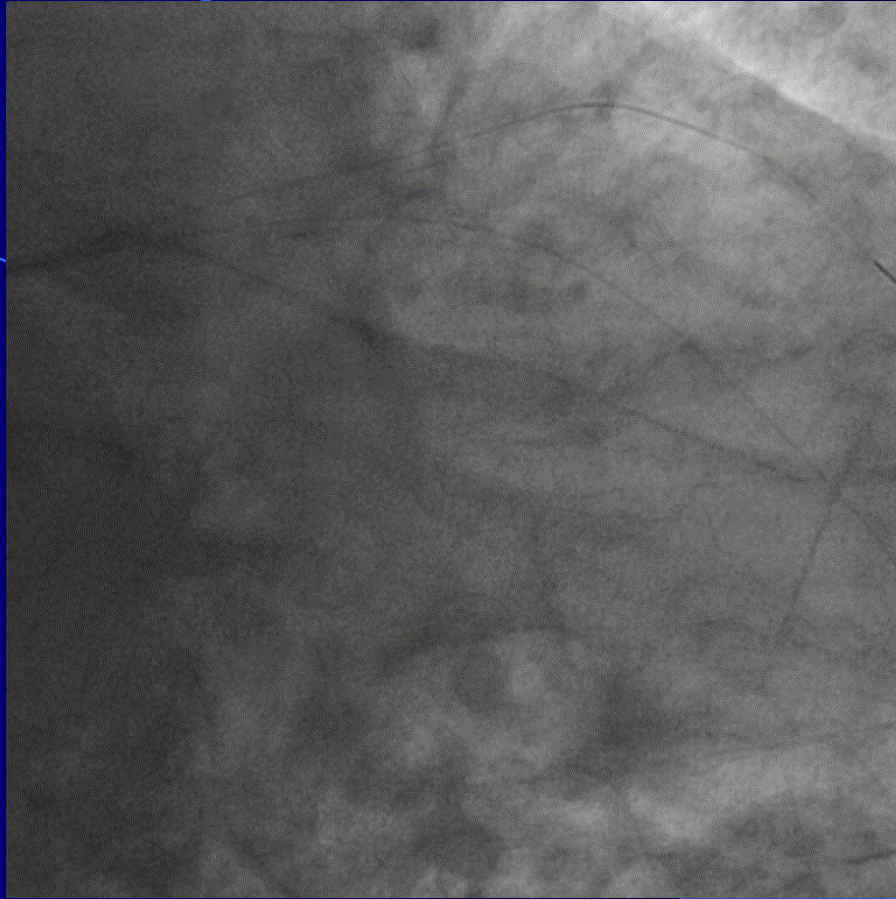
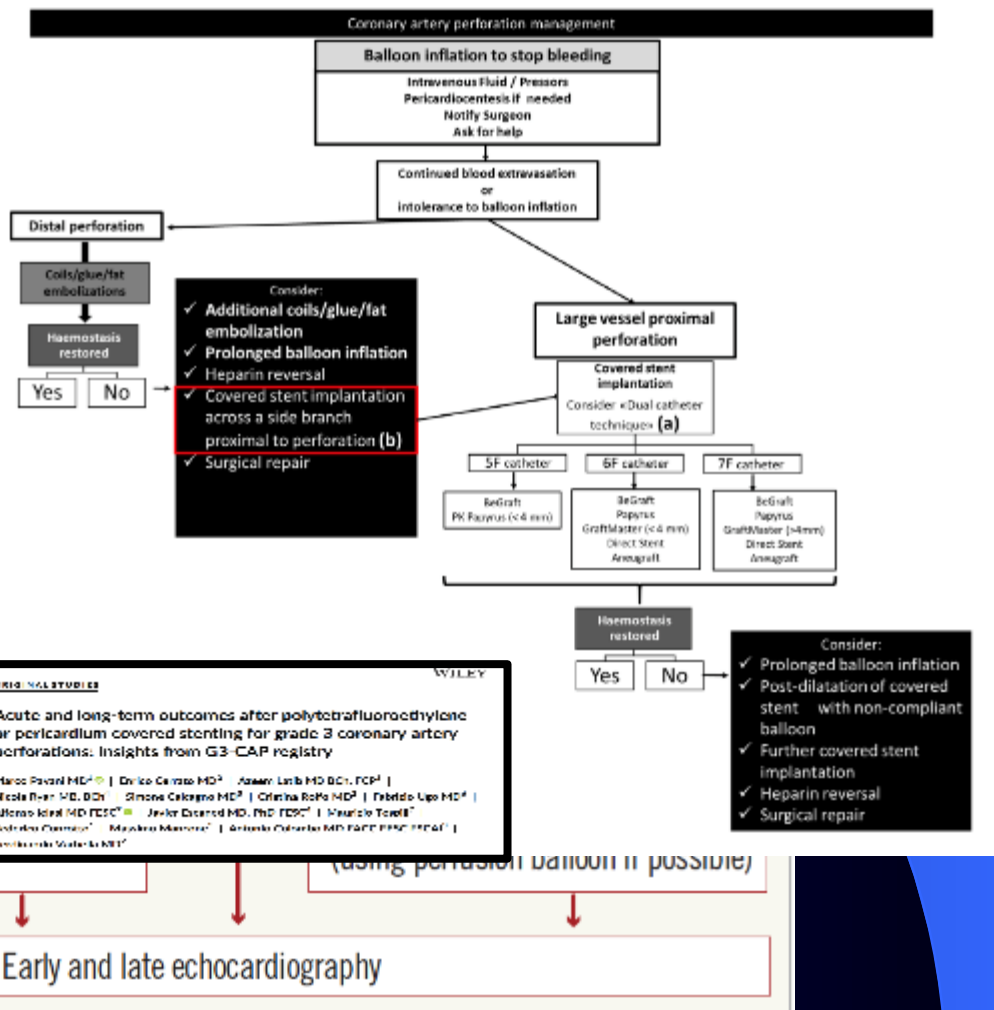
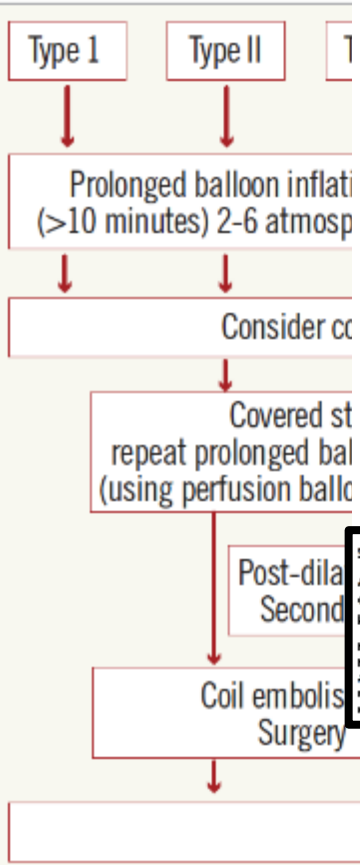
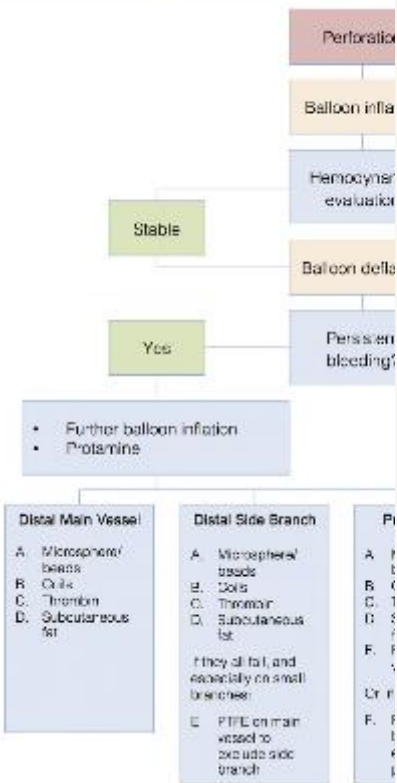




FIGURE 1 Coronary Perforation





**KEEP  
CALM  
AND  
INFLATE  
A  
BALLOON**

# A Practical Approach to the Management of Complications During Percutaneous Coronary Intervention



JACC: CARDIOVASCULAR INTERVENTIONS

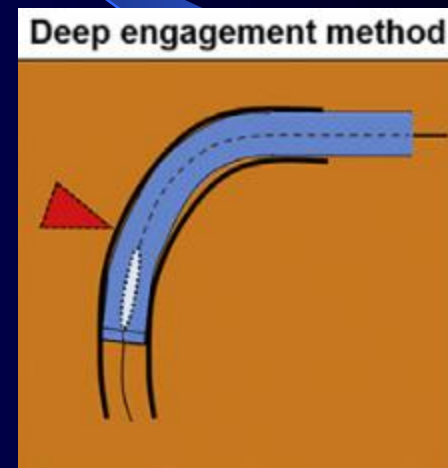
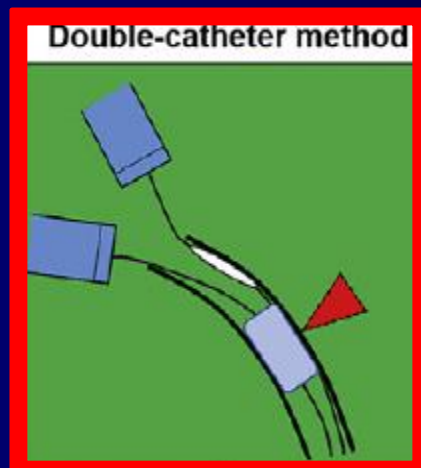
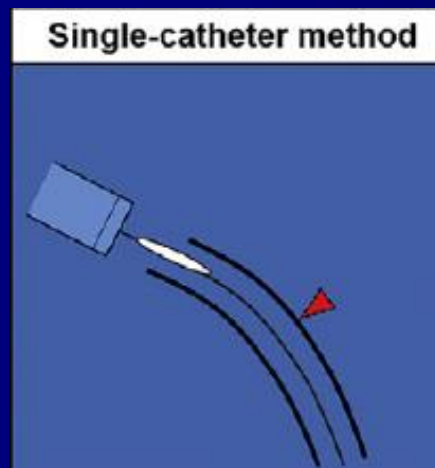
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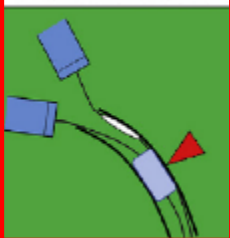
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VOL. 11, NO. 18, 2018

Francesco Giannini, MD,<sup>1,2\*</sup> Luciano Candilio, MD,<sup>2,3,4\*</sup> Satoru Mitomo, MD,<sup>5</sup> Neil Ruparelia, MD,<sup>6</sup> Alaide Chieffo, MD,<sup>4</sup> Luca Baldetti, MD,<sup>4</sup> Francesco Ponticelli, MD,<sup>4</sup> Azeem Latib, MD,<sup>4</sup> Antonio Colombo, MD<sup>4</sup>

STATE-OF-THE-ART REVIEW





PERFORAZIONE

GONFIAGGIO PALLONCINO IN LOCALITÀ DI STENOSI

E POSTDILATAZIONE

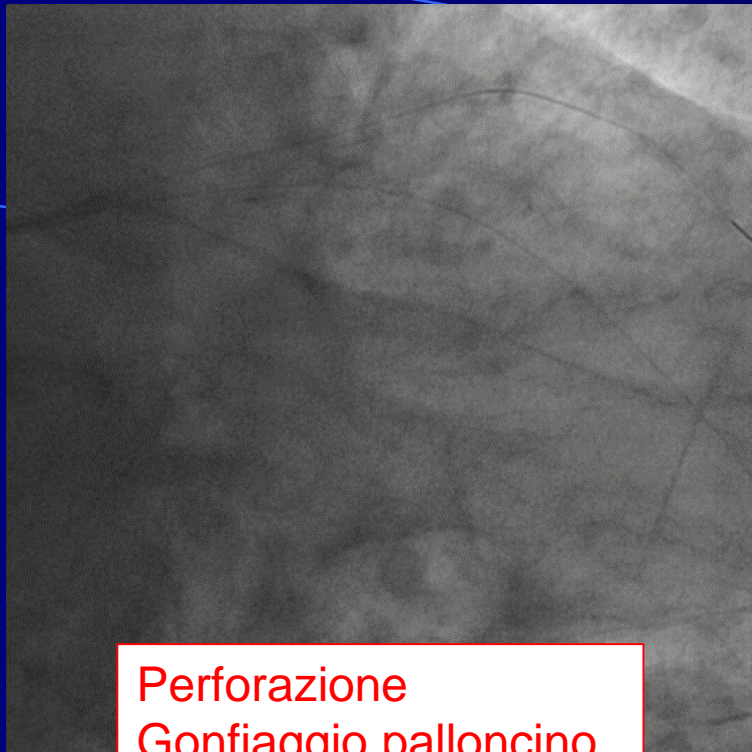
REPERIMENTO SECONDO ACCESSO

POSIZIONALMENTO 2° CAT GUIDA

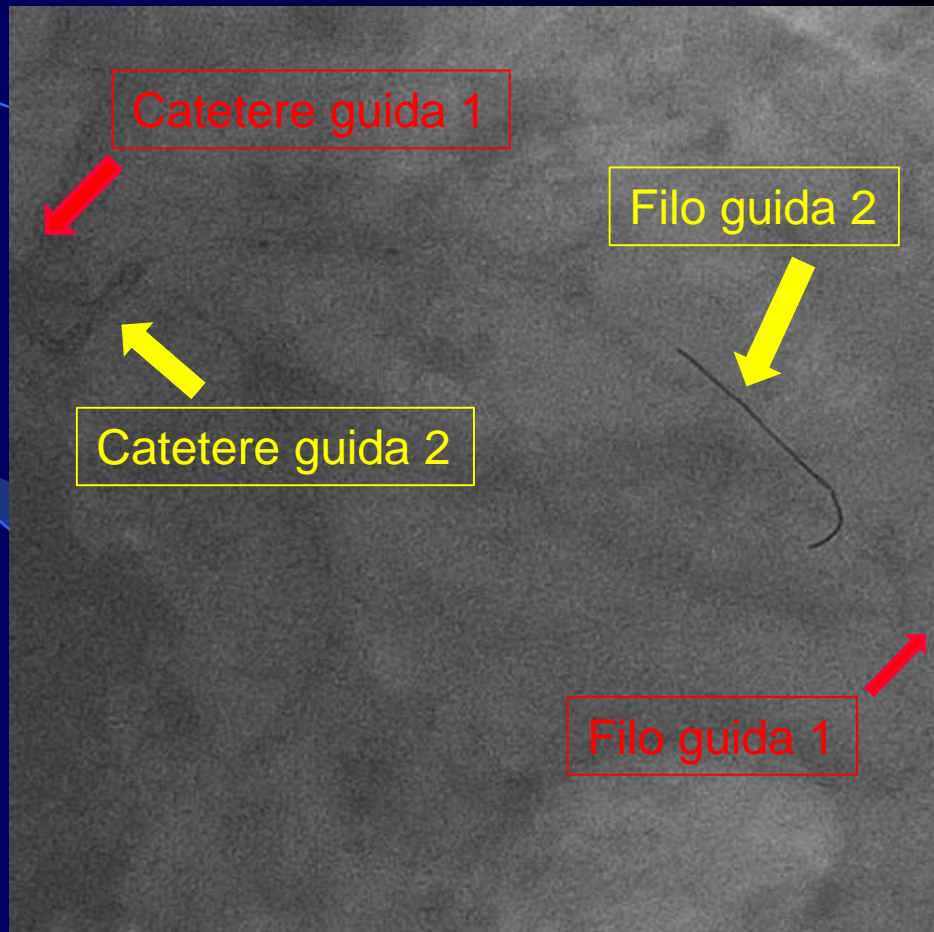
SGONFIAGGIO PALLONCINO

AVANZAMENTO GUIDA

GONFIAGGIO PALLONCINO



Perforazione  
Gonfiaggio palloncino  
A. Femorale dx  
Catetere guida 2  
Sgonfiaggio palloncino  
Filo guida 2



# A Practical Approach to the Management of Complications During Percutaneous Coronary Intervention

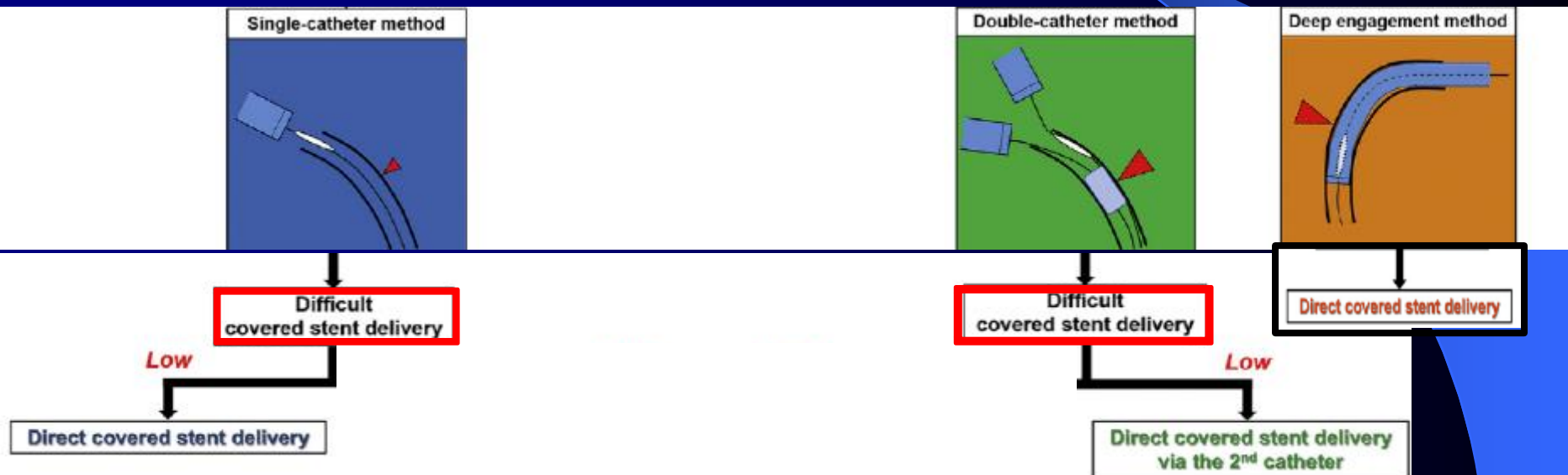


JACC: CARDIOVASCULAR INTERVENTIONS  
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STATE-OF-THE-ART REVIEW



# MANCATO AVANZAMENTO STENT RICOPERTO

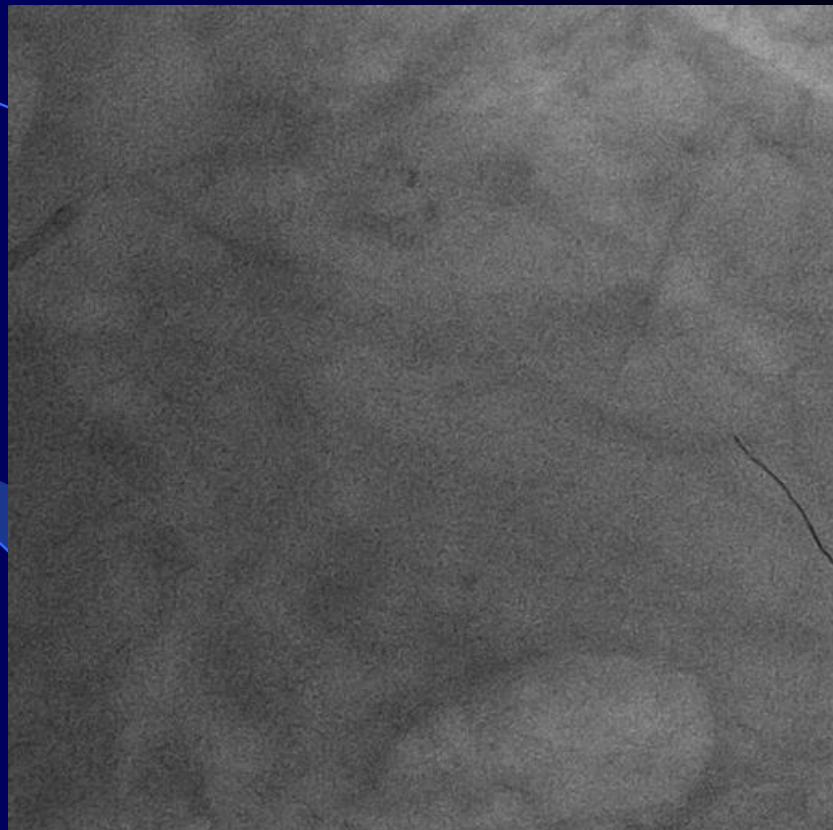
1) BUDDY-WIRE (in secondo catetere guida)

2) ANCHORING (in secondo catetere guida)

3) MOTHER AND CHILD CATHETER



Guidezilla

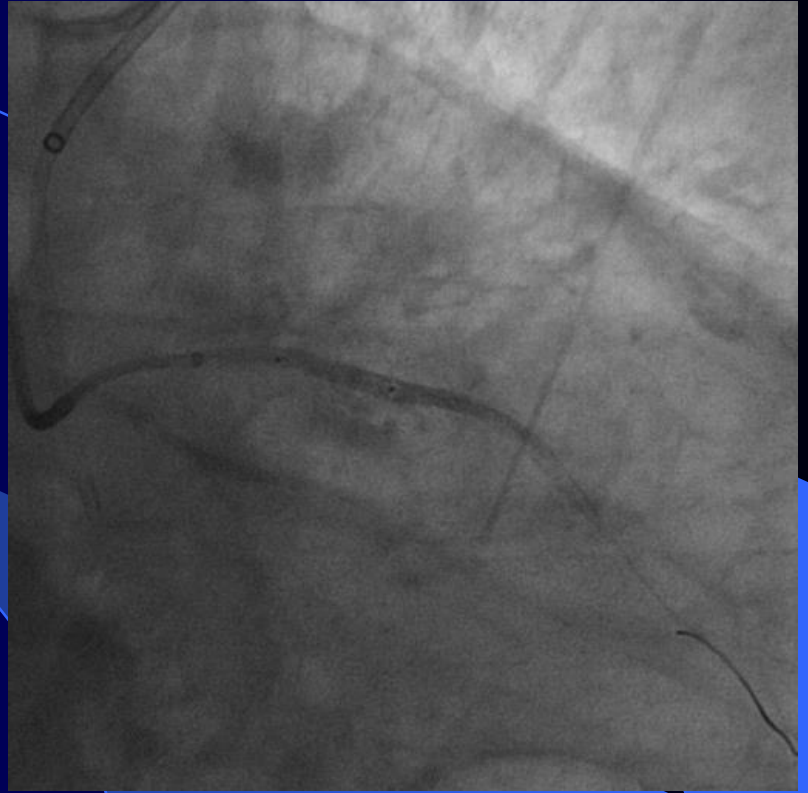


Avanzamento Covered stent  
BeGraft 2.5x18mm

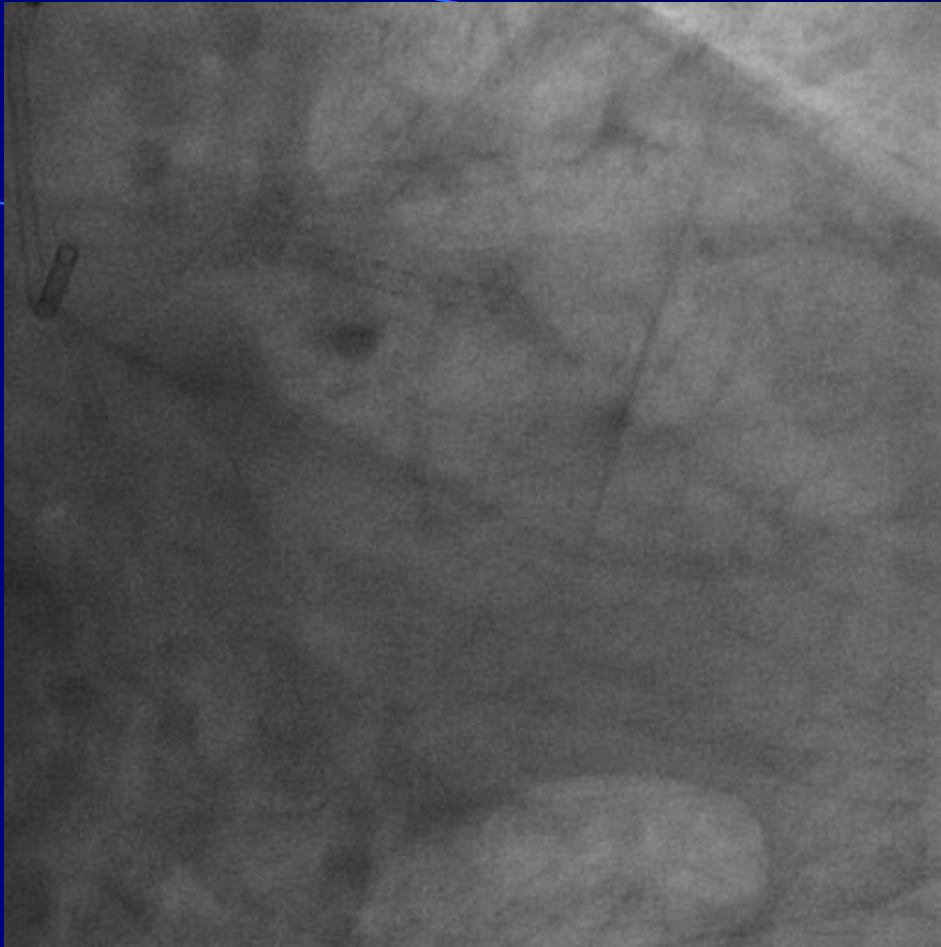




Gonfiaggio stent ricoperto



Postdilatazione pallone NC 2.5



## DURATA DAPT

1) 1 ANNO

2) LIFELONG

ORIGINAL STUDIES

## Acute and long-term outcomes after polytetrafluoroethylene or pericardium covered stenting for grade 3 coronary artery perforations: Insights from G3-CAP registry

Marco Pavani MD<sup>1</sup> | Enrico Cerrato MD<sup>2</sup> | Azeem Latif MB BCH, FCP<sup>3</sup> | Nicola Ryan MB, BCH<sup>4</sup> | Simone Calcagno MD<sup>5</sup> | Cristina Rolfo MD<sup>2</sup> | Fabrizio Ugo MD<sup>6</sup> | Alfonso Ielasi MD FESC<sup>7</sup> | Javier Escaned MD, PhD FESC<sup>4</sup> | Maurizio Tespili<sup>7</sup> | Federico Conrotto<sup>1</sup> | Massimo Mancone<sup>3</sup> | Antonio Colombo MD FACC FESC FSCAI<sup>2</sup> | Ferdinando Varbella MD<sup>2</sup>

202 PZ GRADE 3 CORONARY PERFORATION

102 PZ COVERED STENT

6 month DAPT 22.5%  
12 months DAPT 57.5%  
Lifelong DAPT 20.0%

### Concomitant treatment

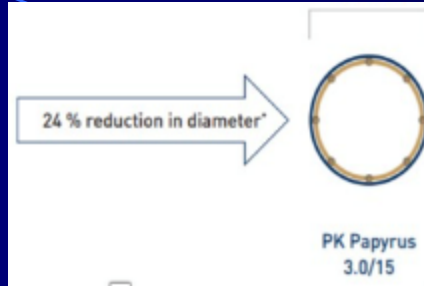
Prolonged balloon inflation	74 (72.5)
Coils embolization	5 (4.9)
Coils successful in sealing the perforation	3 (60)
Pericardiocentesis	28 (27.5)
Emergency IABP	15 (14.7)
Heparin reversal	36 (35.3)
Ping pong technique	5 (4.9)
CABG /surgical repair of perforation	7 (6.9)
CABG /surgical repair successful	0

### In-hospital complications

Cardiopulmonary resuscitation	19 (18.6)
Acute ST	4 (3.9)
Intraprocedural Death	9 (8.9)
Pericardial drainage	10 (9.8)
PMI	36 (35.3)
TLR	3 (2.9)
In-hospital Death	15 (14.7)
In-hospital DOCE	17 (16.6)

Long-term DOCE	16 (19.7)
Mean follow-up	42 ± 38 months
Death	6 (7.4)
TLR	9 (11)
ST (subacute/late/very late)	5 (6.2)

# Graftmaster Rx



# PK Papyrus



**5 French compatible!**

2.8 - 4.0 mm stents: 6 French compatible  
4.5 and 4.8 mm stents: 7 French compatible

Covered Stent Surface Area	100% (for all sizes)
Guide Catheter Compatibility	5F (for all sizes)
Guide Wire	0.014"
Shaft Size	2.7F distal / 1.9F proximal



**GRAZIE DELL'ATTENZIONE!!!**