Complications vasculaires du TAVI

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• Pas de conflit d'intérêt pour cette présentation





Complications vasculaires majeures

- Perforation artérielle
- Dissection arterielle (aortique ou iliofemorale)
- Complications locales (FAV, occlusion trépied..)
- Choc hémorragique
- Embolie distale
- Infection

Requérant chirurgie ou stenting

Requérant transfusion sanguine ou entrainant le DC

Requérant chirurgie





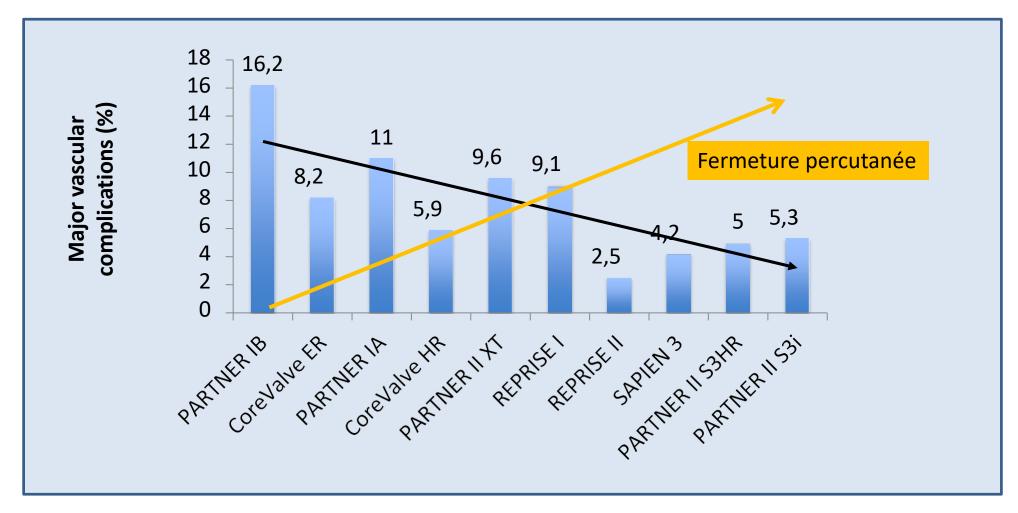
Registres initiaux

	POOLED* (503 pts)	SOURCE (1038 pts)	VANCOUVER (250 pts)	PARIS (75 pts)	CA-Multictr (339 pts)
Vascular (maj)** (%)	18.5	10.6	10.3	11.8	13.1
AR > 2+ (%)	10.9	4.7	5.0	5.3	7.7
Stroke (%)	4.0	2.5	3.0	4.0	2.3
New Pacemaker (%)	4.4	7.0	5.5	5.3	4.9
Renal Failure (%)	5.2	8.7	4.2	na	2.6
Coronary Obstr (%)	0.4	0.6	na	0	0

























Other Unadjusted Clinical Outcomes At 30 Days and 1 Year (AT)

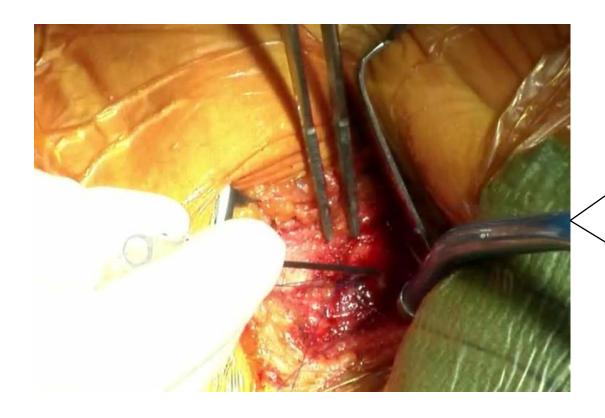


	30 Days		1 Year	
Events (%)	TAVR (n = 1077)	Surgery (n = 944)	TAVR (n = 1077)	Surgery (n = 944)
Re-hospitalization	4.6	6.8	11.4	15.1
MI	0.3	1.9	1.8	3.1
Major Vascular Complication	6.1	5.4		
AKI (Stage III)	0.5	3.3		
Life-Threatening/Disabling Bleeding	4.6	46.7		
New Atrial Fibrillation	5.0	28.3	5.9	29.2
New Permanent Pacemaker	10.2	7.3	12.4	9.4
Re-intervention	0.1	0.0	0.6	0.5
Endocarditis	0.2	0.0	0.8	0.7





En 2017









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Choix du dispositif

	PROSTAR XL TM	PROGLIDE TM	
PROFIL	10 F	6F	
SUTURE	tressée	monofilament	
NOEUD	Par l'opérateur	préformé	
NOMBRE DE DISPOSITIFS	1 (jusqu'à 24F)	2 (jusqu'à 24F)	
SIMPLICITE	+	++	









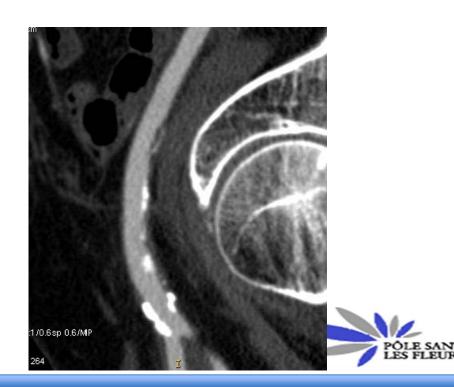
- Bonne tunnelisation autour du cathéter +++
- Libération des adhérences +++
- Bien individualiser fils par des pinces
- Échange sur guide stiff
- Montée de l'introducteur



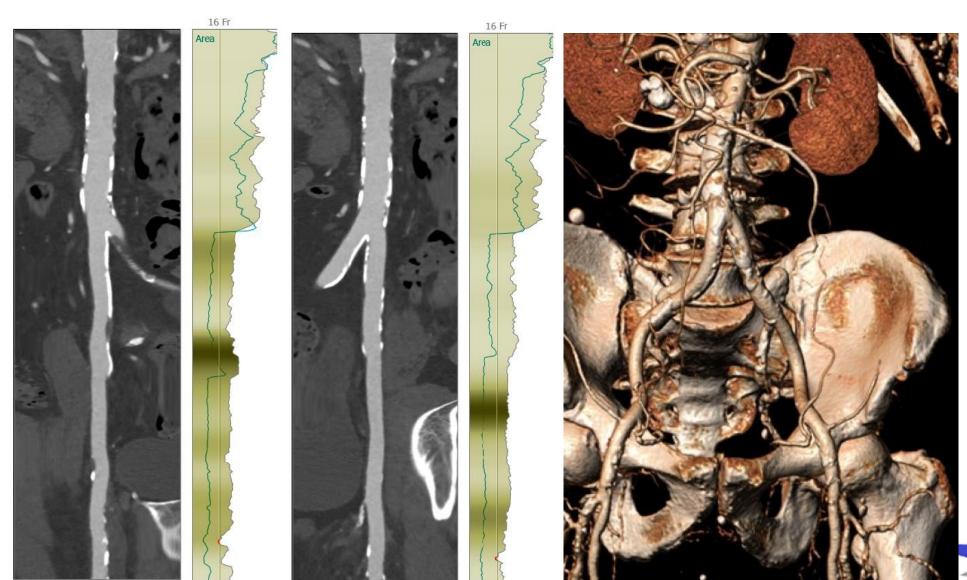


L'important c'est le scanner

- Diamètre de l'axe ilio-fémoral
- Rectitude de l'axe
- Localisation et type des calcifications
- Trépied fémoral

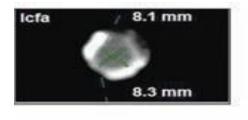


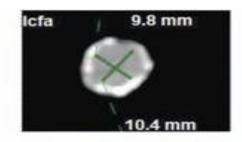


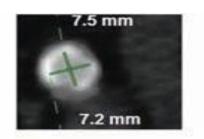






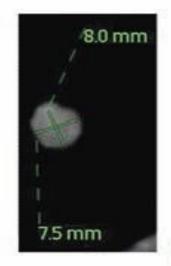


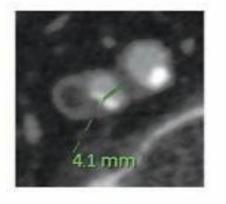


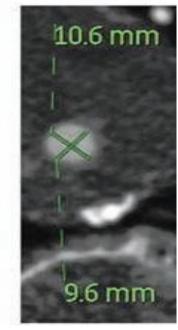


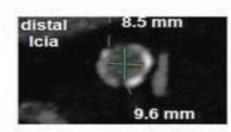


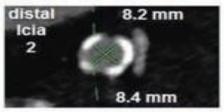






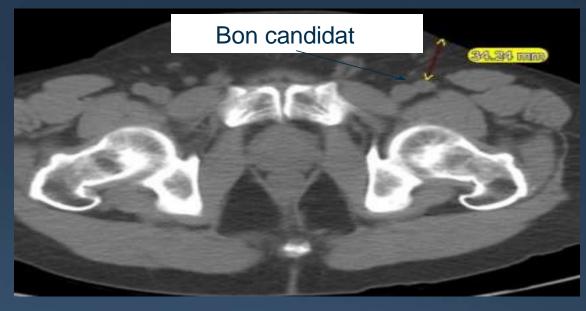




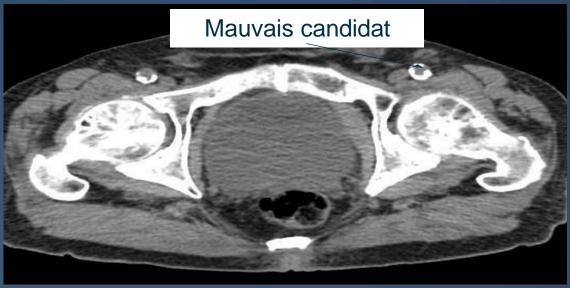


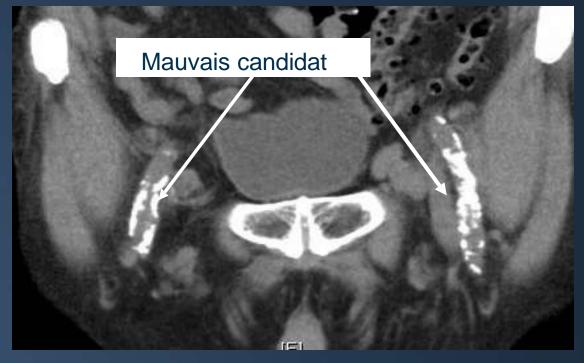






Fuire les artères de petit diamètre et les calcifications circonférentielles +++





Procédure habituelle











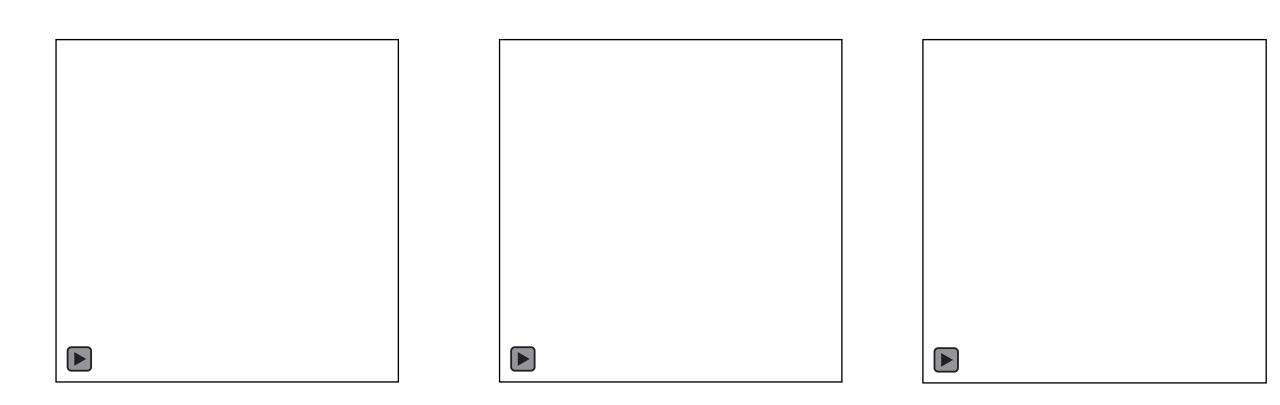






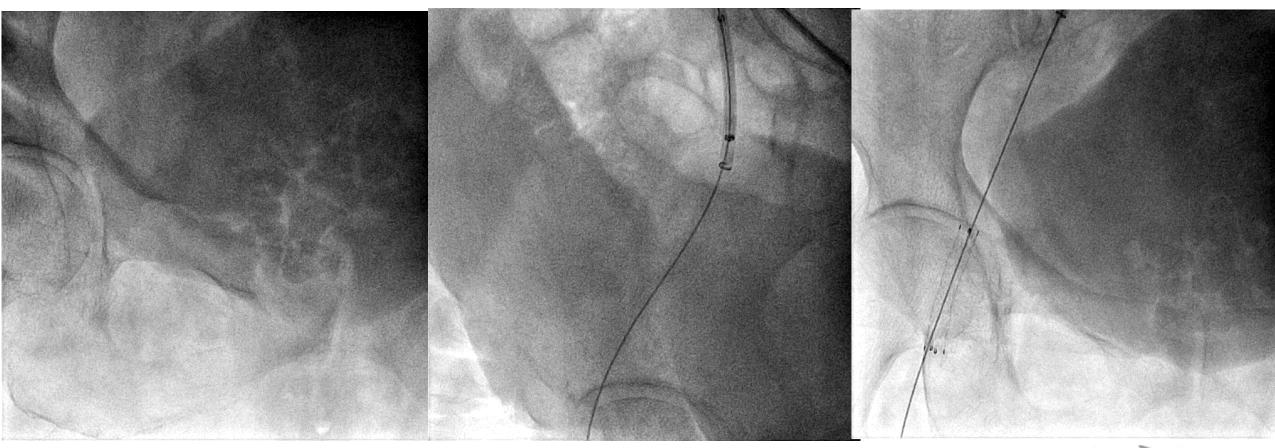


Procédure « inhabituelle »





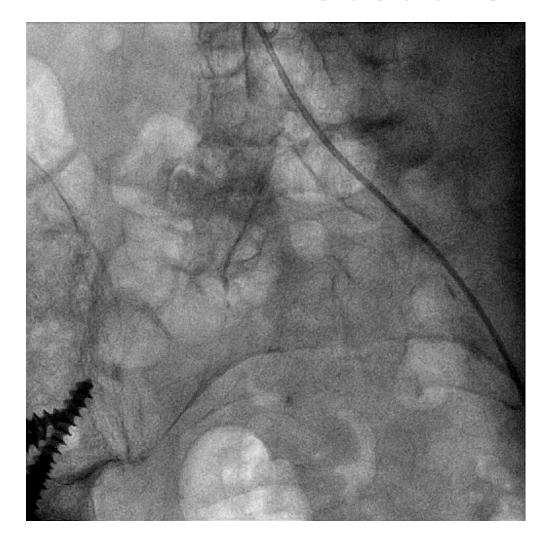


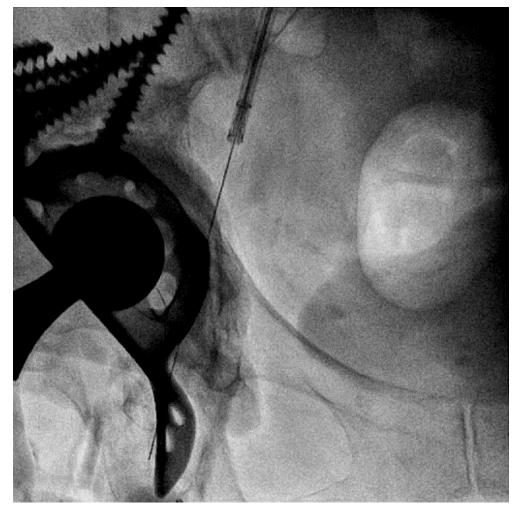






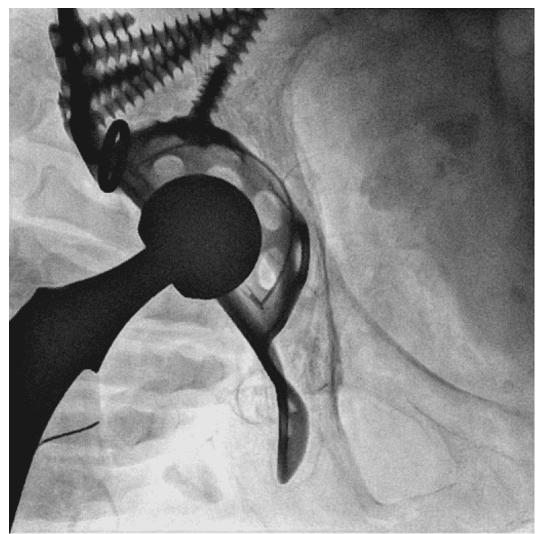
Procédure « inhabituelle »

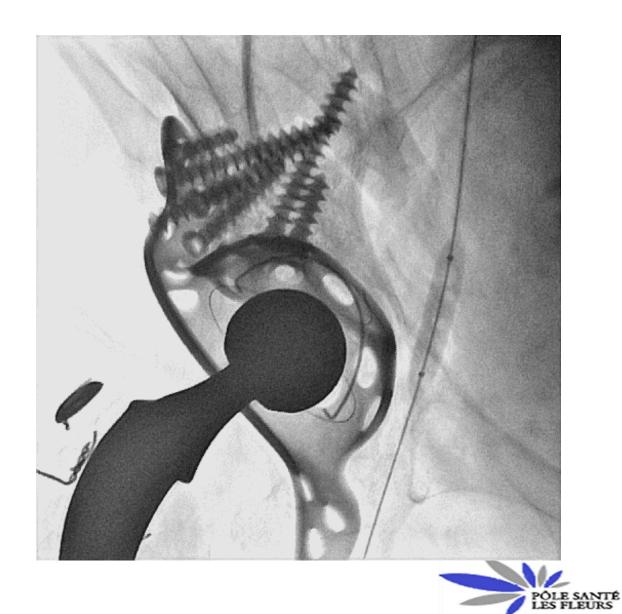




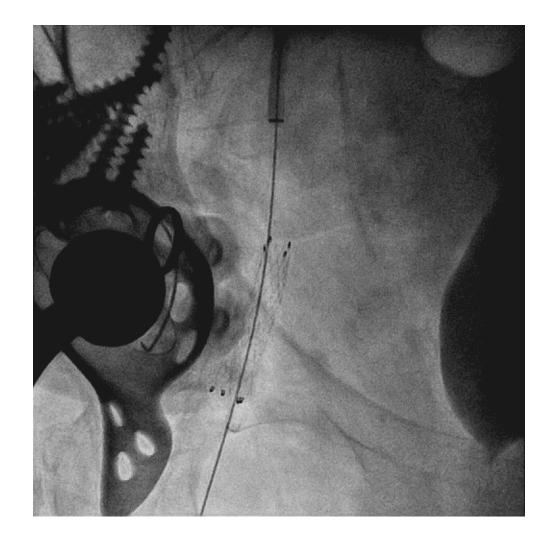


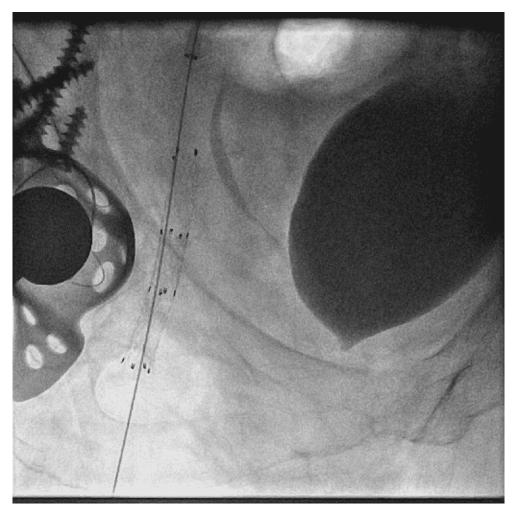








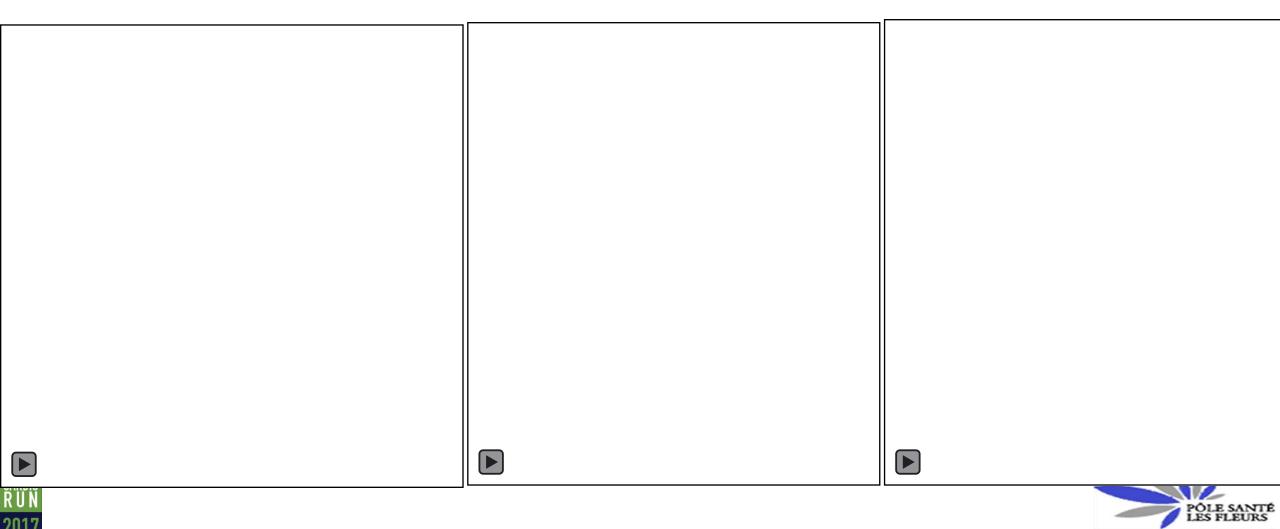




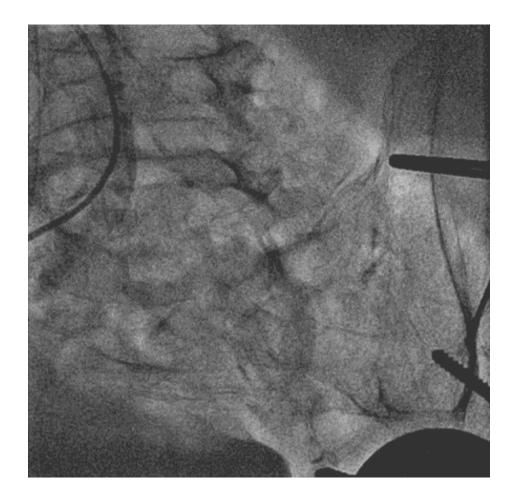




Procédure « très inhabituelle »



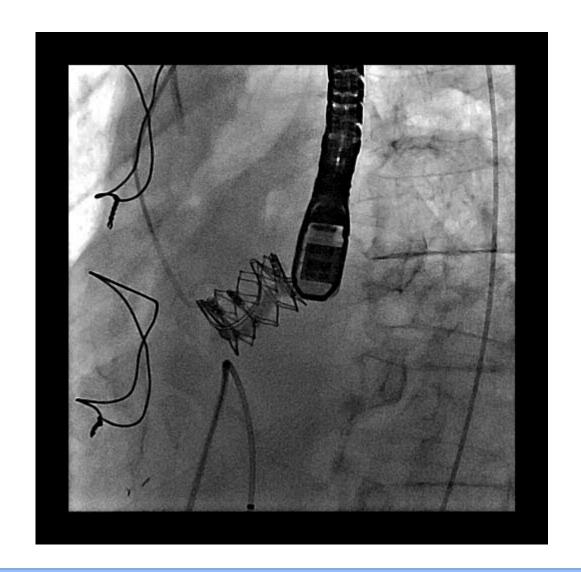






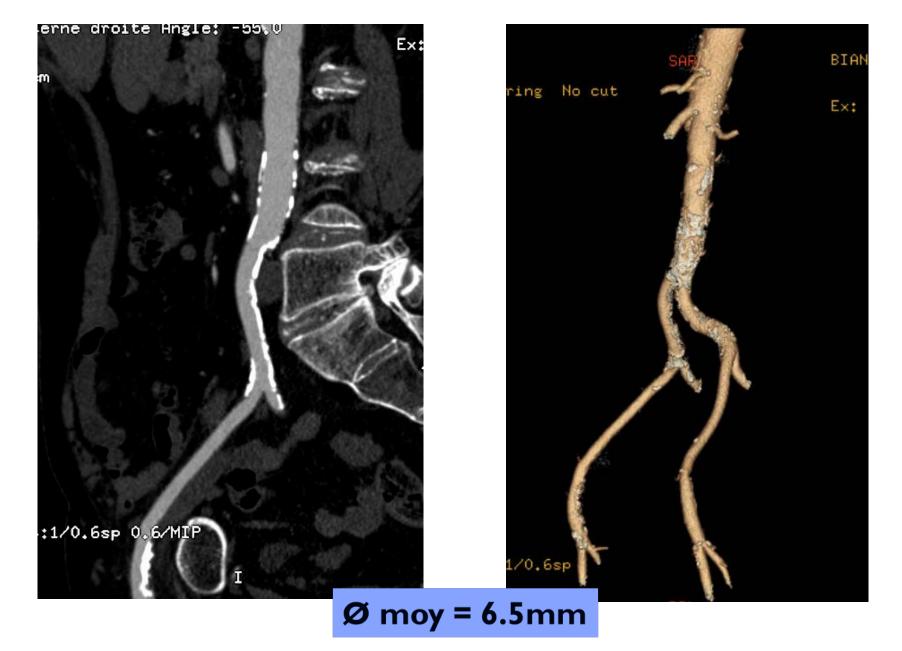


Procédure « très inhabituelle »







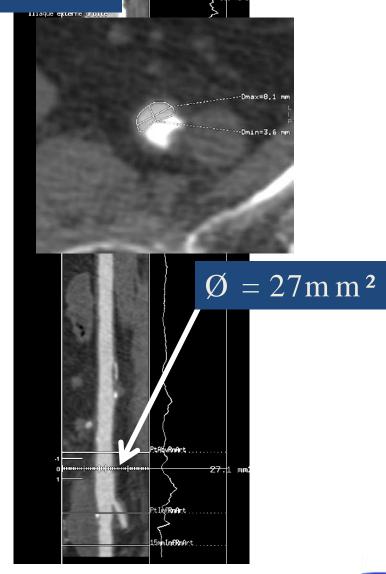






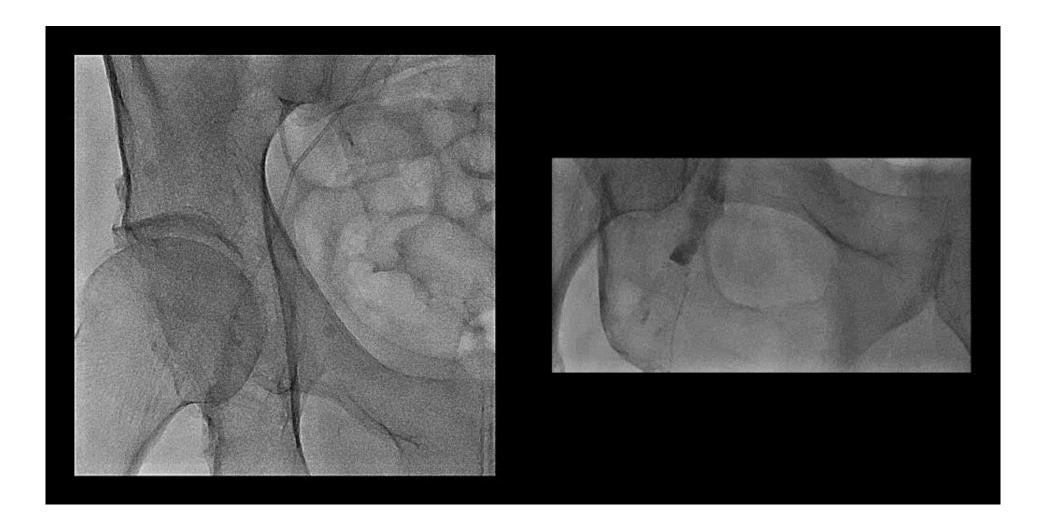
Ø e Sheath $16F \approx 22 \text{m m}^2$





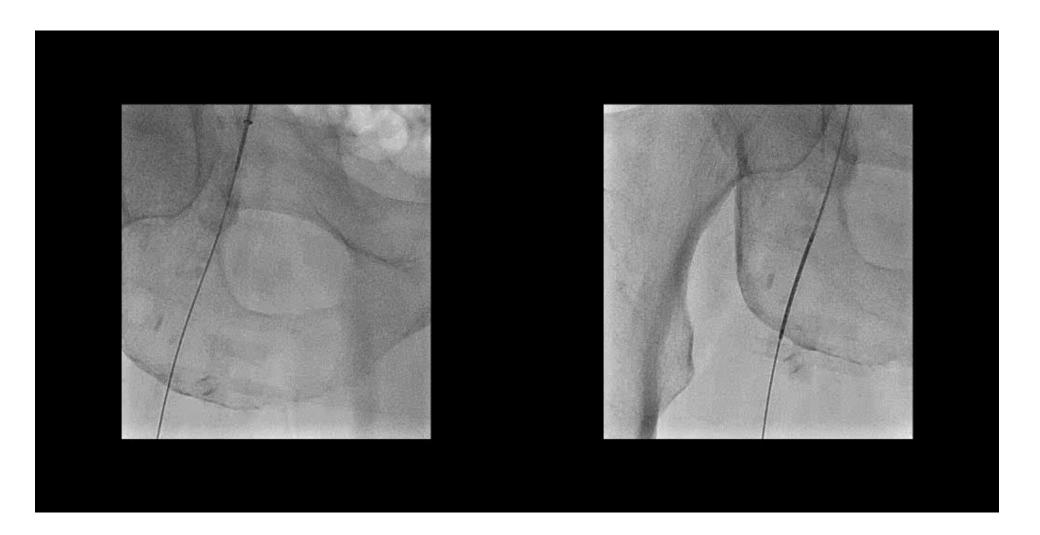






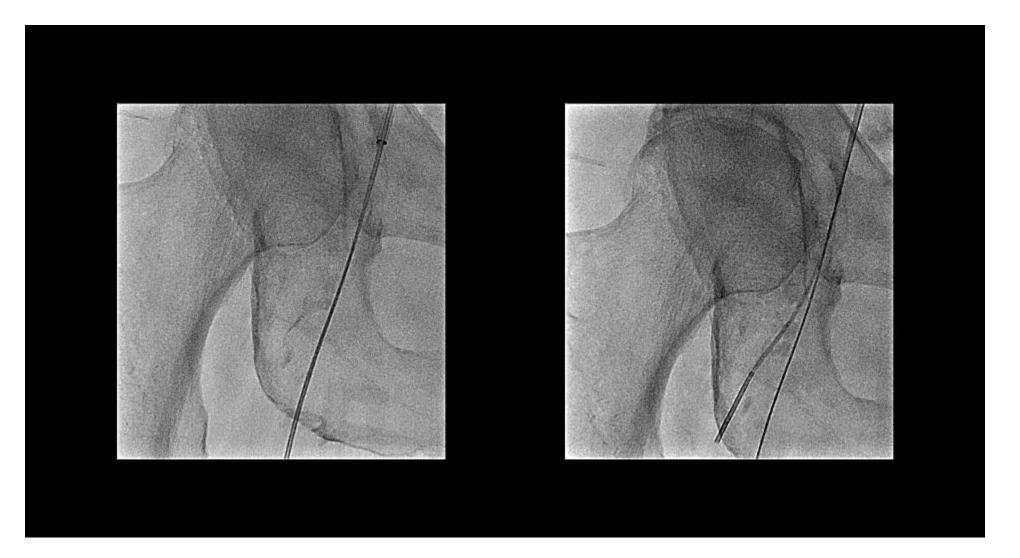






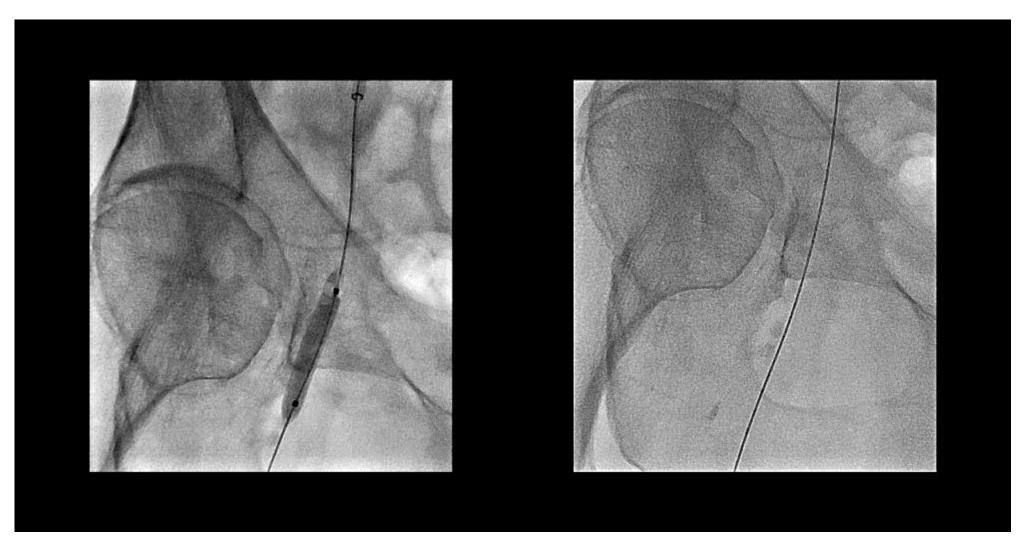






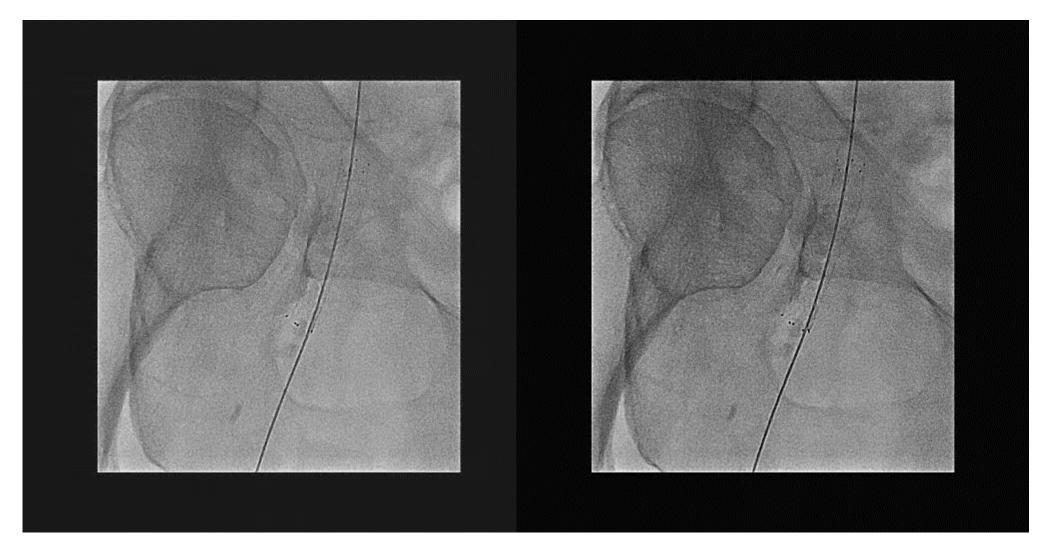












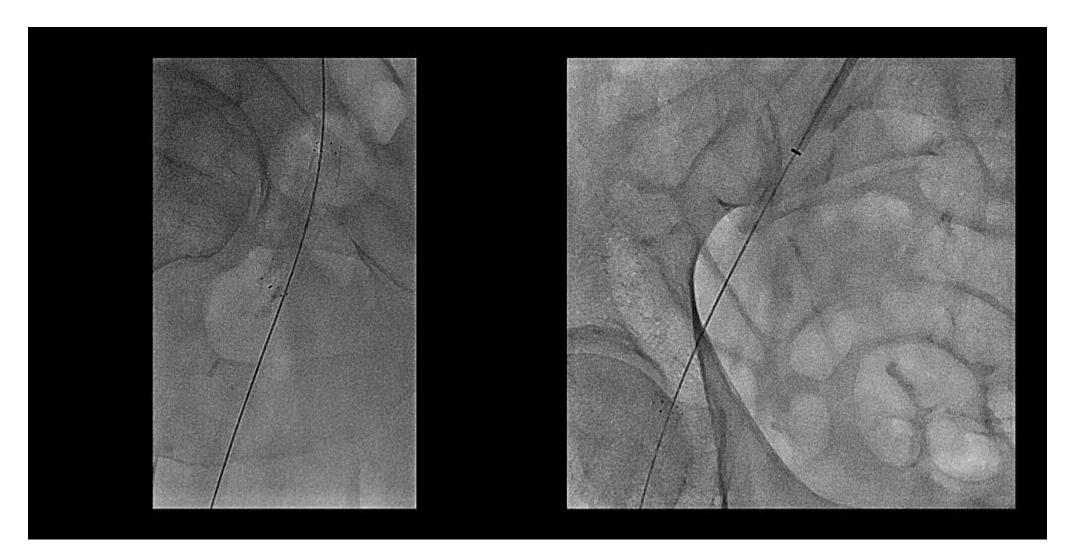




















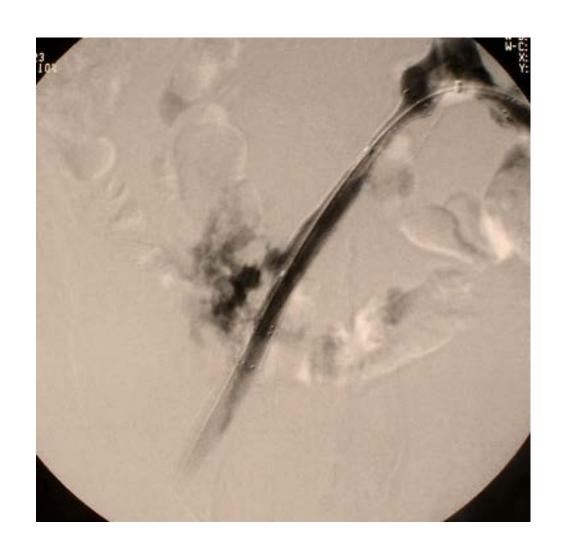


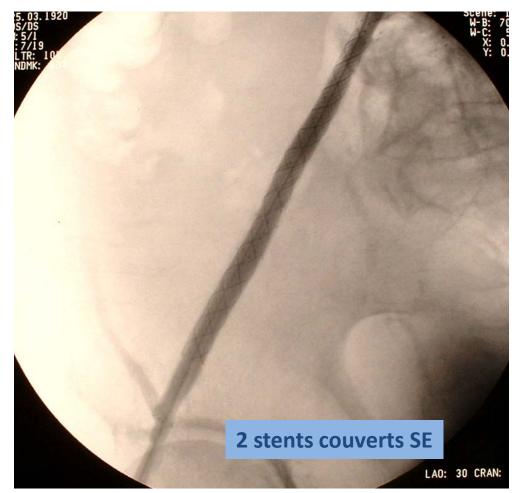
Complications « devenues » exceptionnelles....





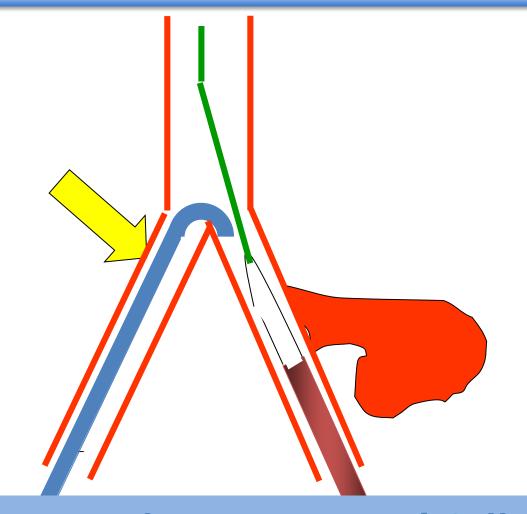
Perforation iliaque

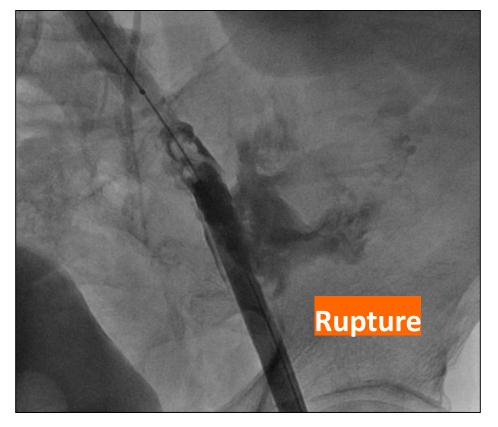












en cas de rupture artérielle:

- 1. Re-introduire l'introducteur afin d'occlure la brèche
- 2. Inflater un ballon de gros diamètre (10mm) pour suspendre le flux
- 3. Implanter un stent couvert





Il n'y a pas que la fémorale....

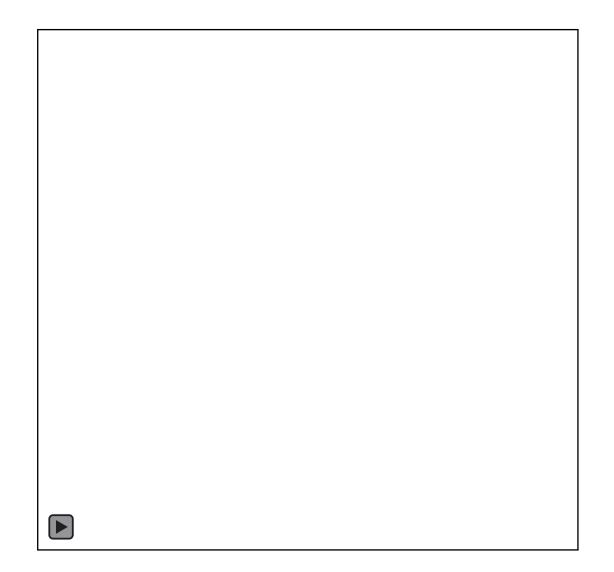




- Post procédure immédiate :
 - TAVI en place
 - à l'écho: pas d'épanchement péricardique et FEVG normale,
 - pas de saignement au points de ponction.....
- Choc hypovolémique
- Contrôle artériographique







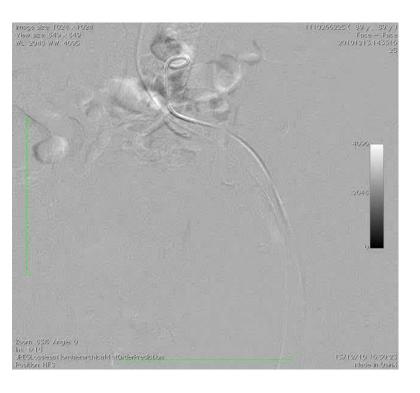


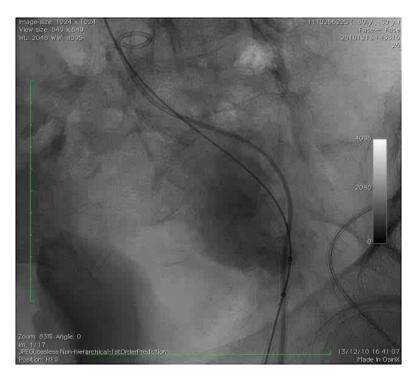


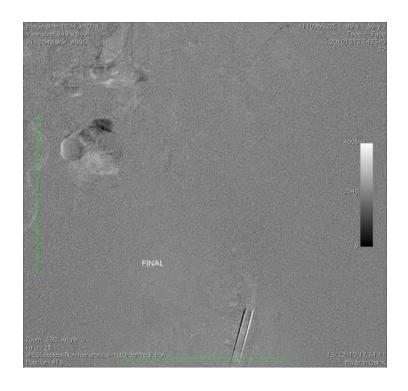




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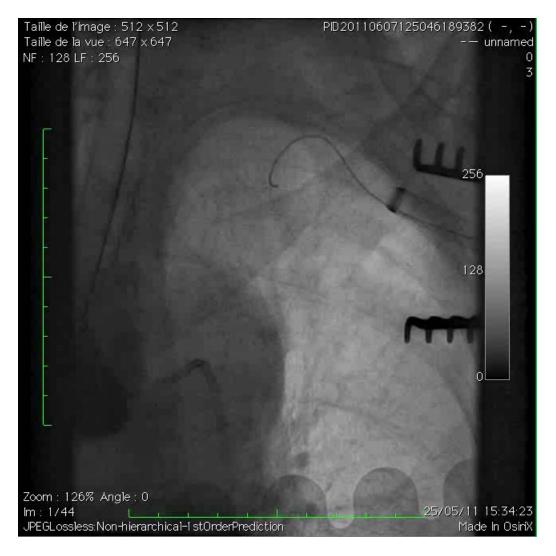


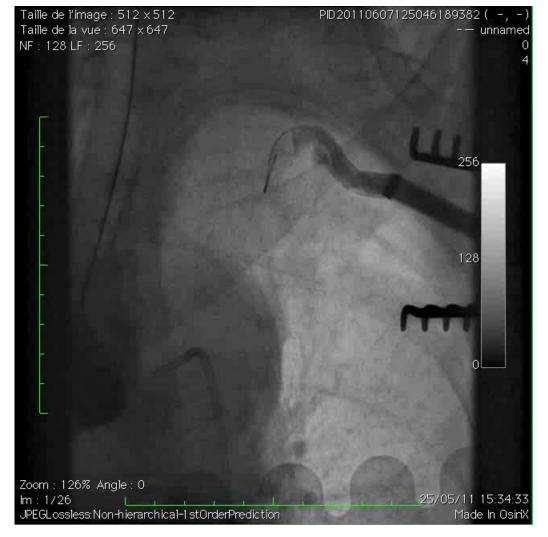






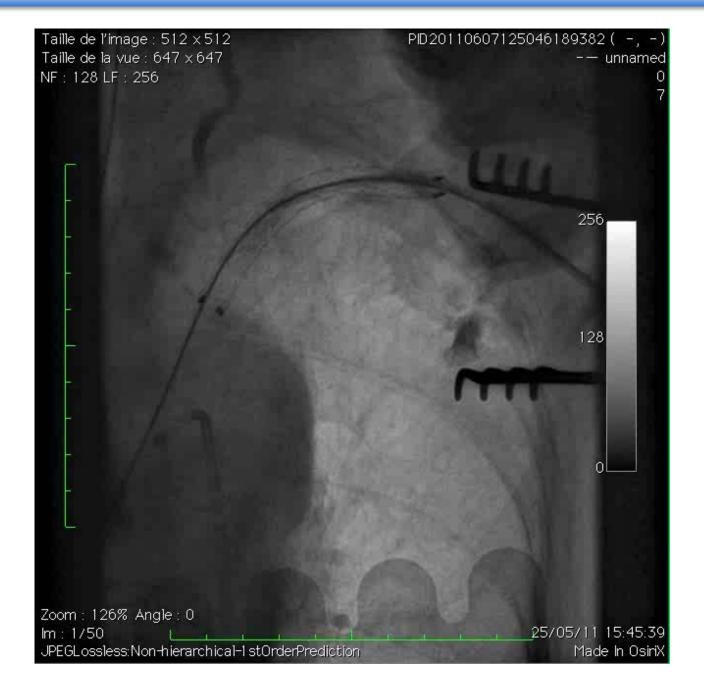










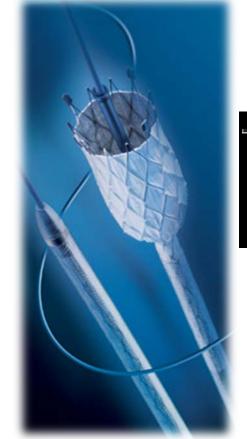


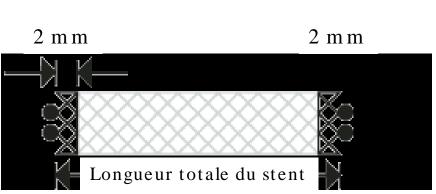




■ Auto-expandable : Fluency Bard











■ Ballon expandable : Advanta V12 Atrium











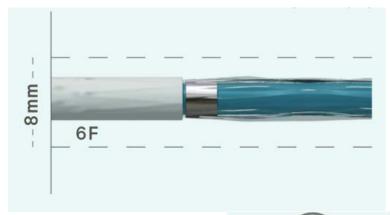
■ Ballon expandable : LifeStream Bard



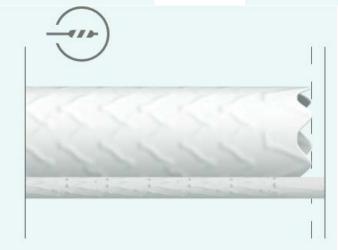




■ Ballon expandable : Be Graft Bentley Innomed











Conclusions

- Malgré une diminution drastique des complications vasculaires grâce à l'expérience des opérateurs, elles restent redoutables (patients fragiles, transfusion abondante avec les risques biologiques, hospitalisation prolongée..)
- La survenue de ces complications nécessite une prise en charge immédiate et donc d'avoir une bonne formation en interventionnel périphérique (technique de cross over, matériel, imagerie soustraite...)
- Connaissance du matériel en particulier le stent couvert (compatibilité avec l'introducteur+++)



