



ACTION Study Group
Institute of Cardiology
Pitié-Salpêtrière Hospital
Paris - France



Complications de procédures structurelles

G. Montalescot

CARDIO
RUN
2024

16^{ème} CONGRÈS DE PATHOLOGIE
CARDIO-VASCULAIRE

18-19-20 SEPTEMBRE 2024

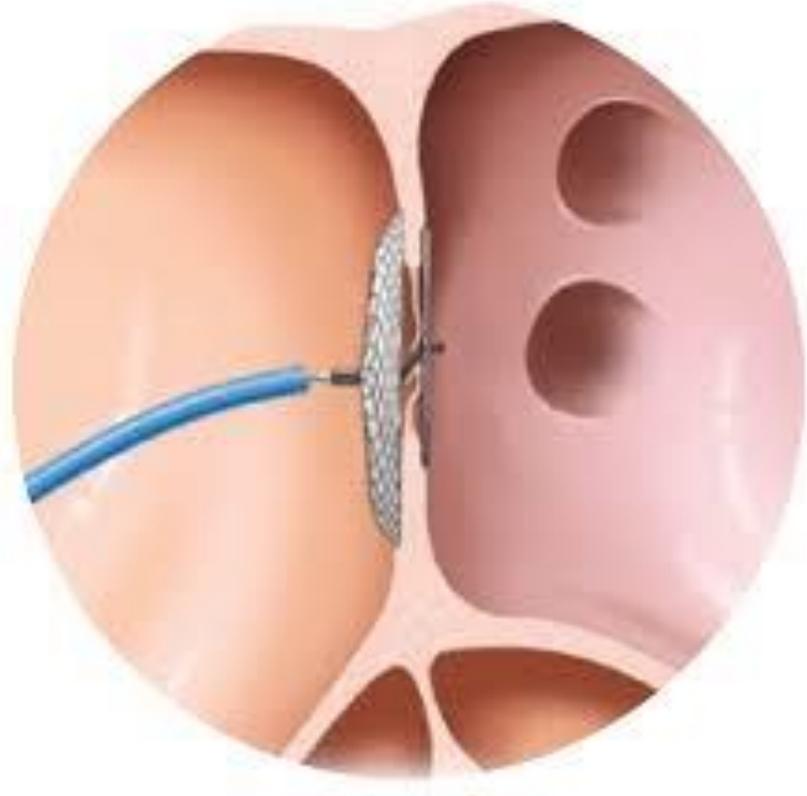
Hôtel Saint Alexis **ILE DE LA RÉUNION** France



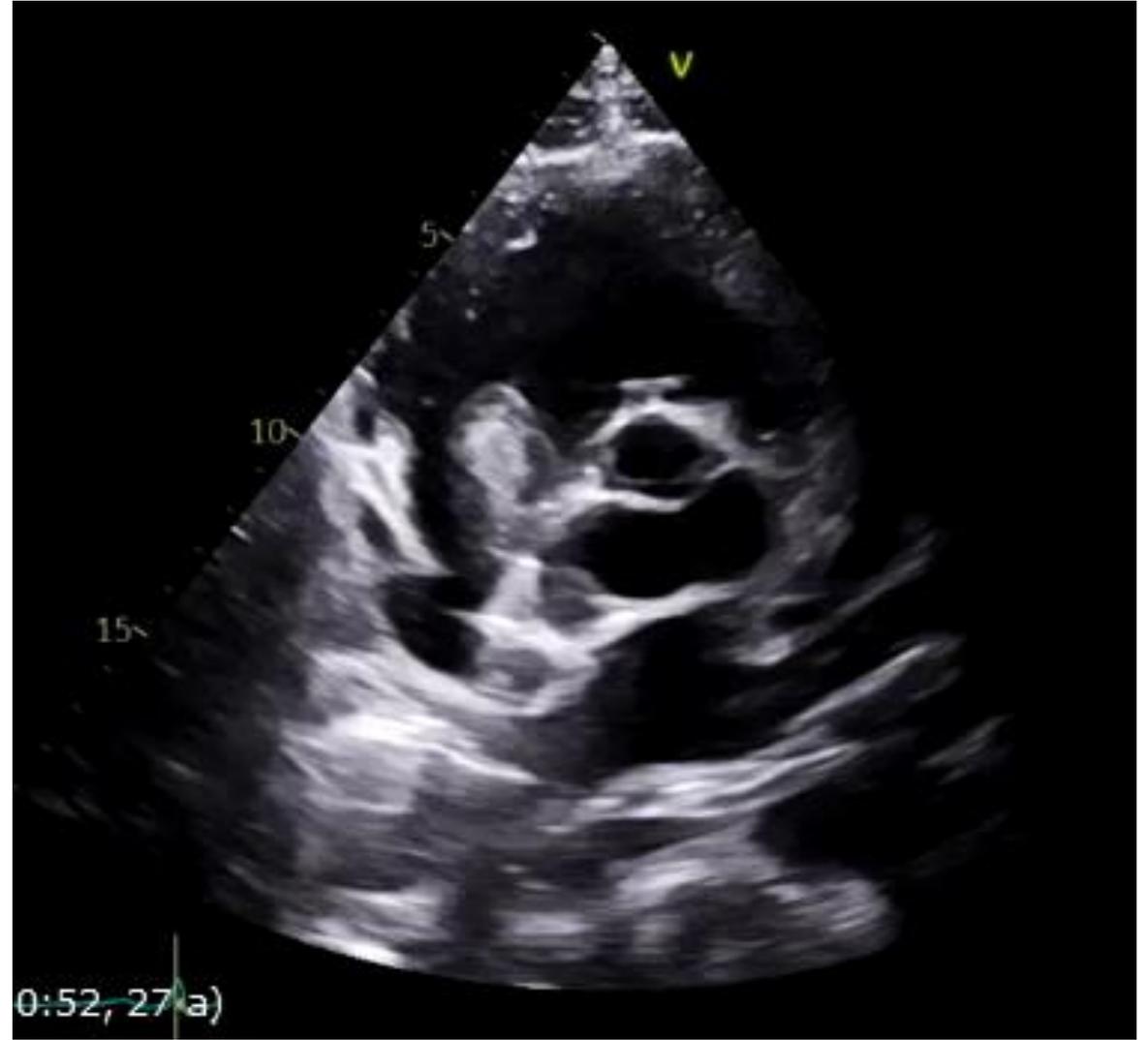
CARDIORUN.ORG

« Une once de prévention vaut une livre
de guérison »

Benjamin Franklin



et après...

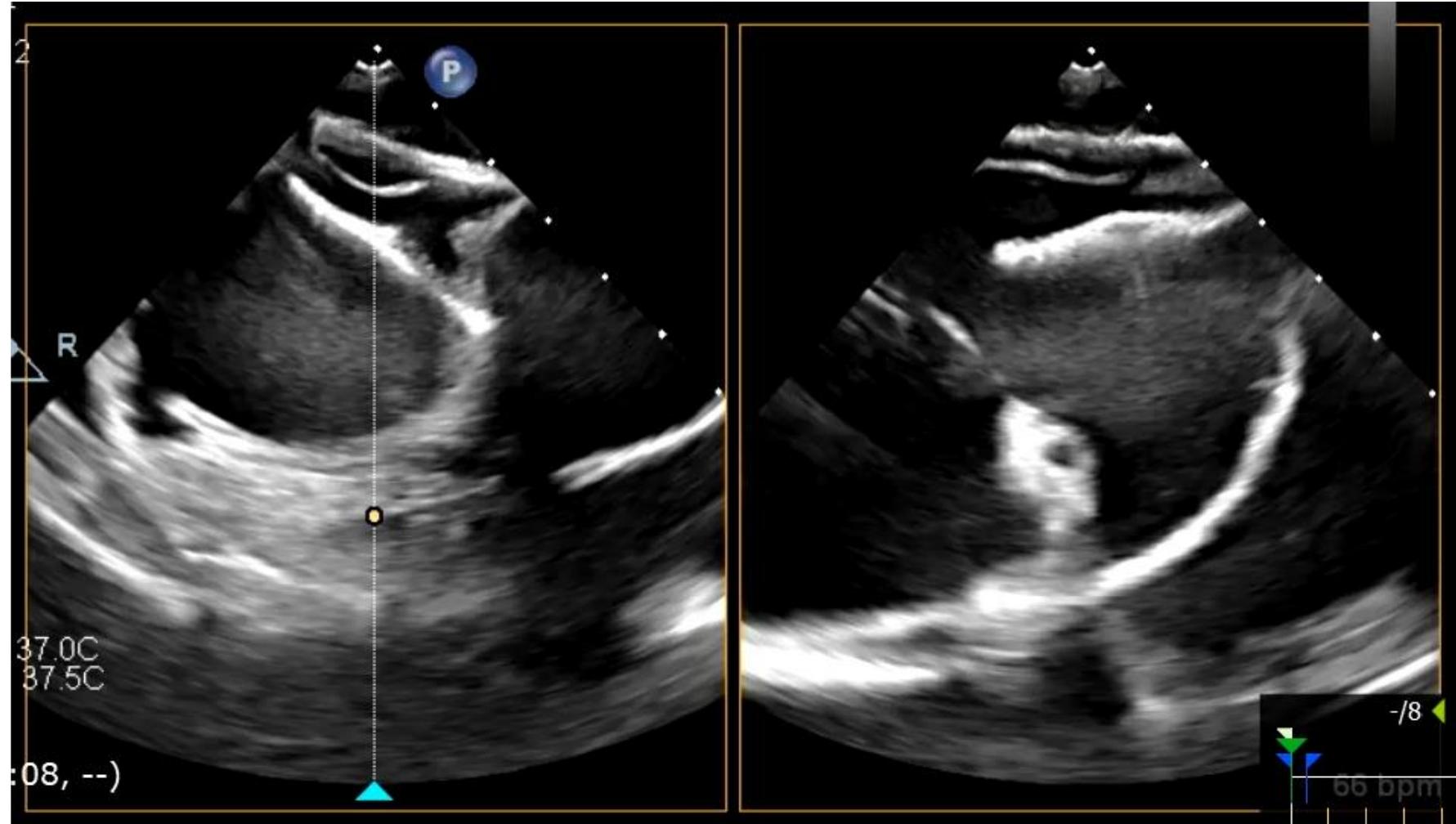


**NE PAS OUBLIER LA PREVENTION DE
L'ENDOCARDITE PENDANT 6 MOIS**

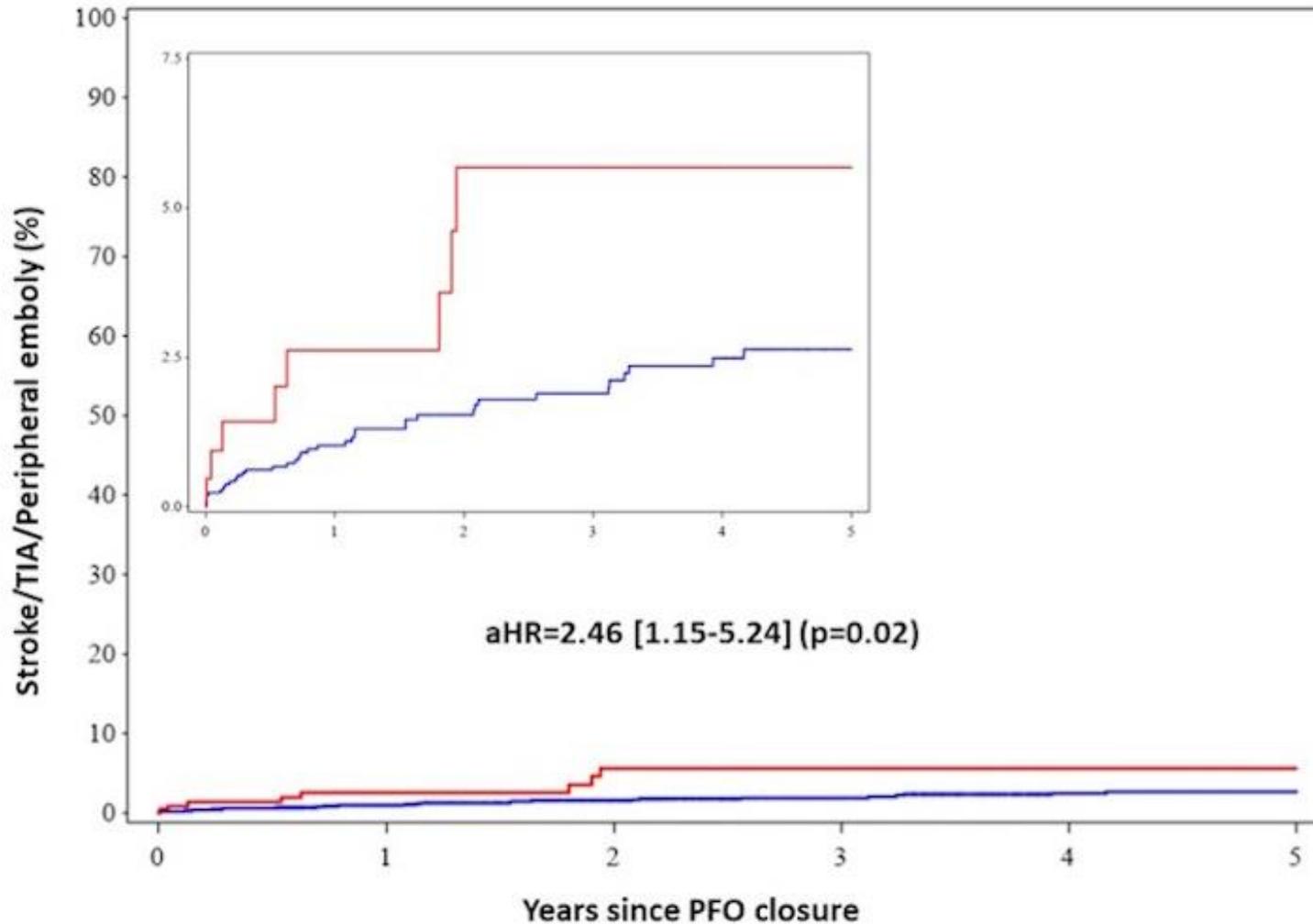
« Un mauvais style, c'est une pensée
imparfaite »

Jules Renard

- Homme de 40 ans
- 3 ans post-procedure
- Récidive d'AVC
- SJM 35/35
- Shunt massif a ETTc



Follow-up of patients with or without residual shunt



No. at risk

None/small

2199

1559

1152

905

711

557

Moderate/large

214

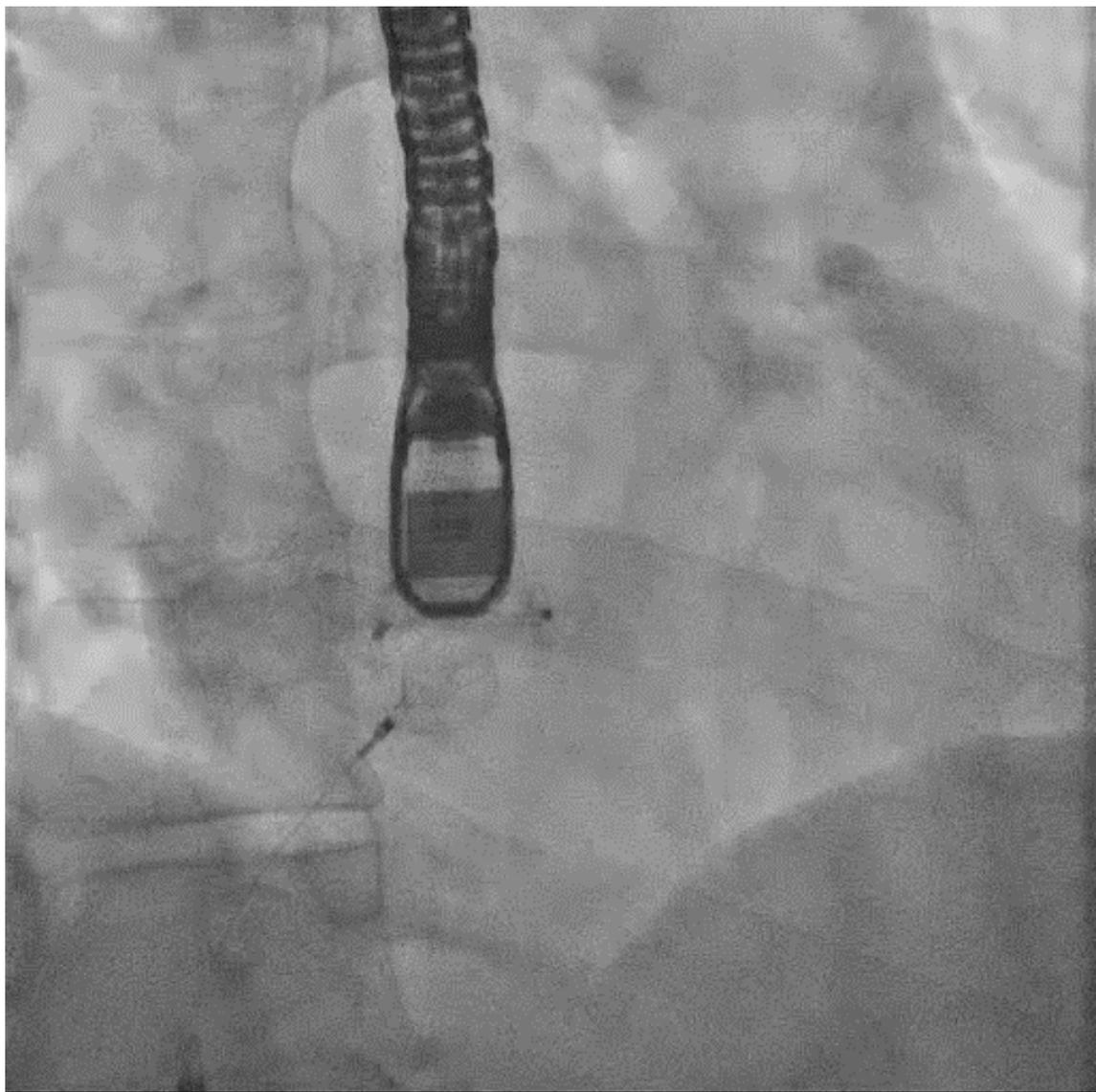
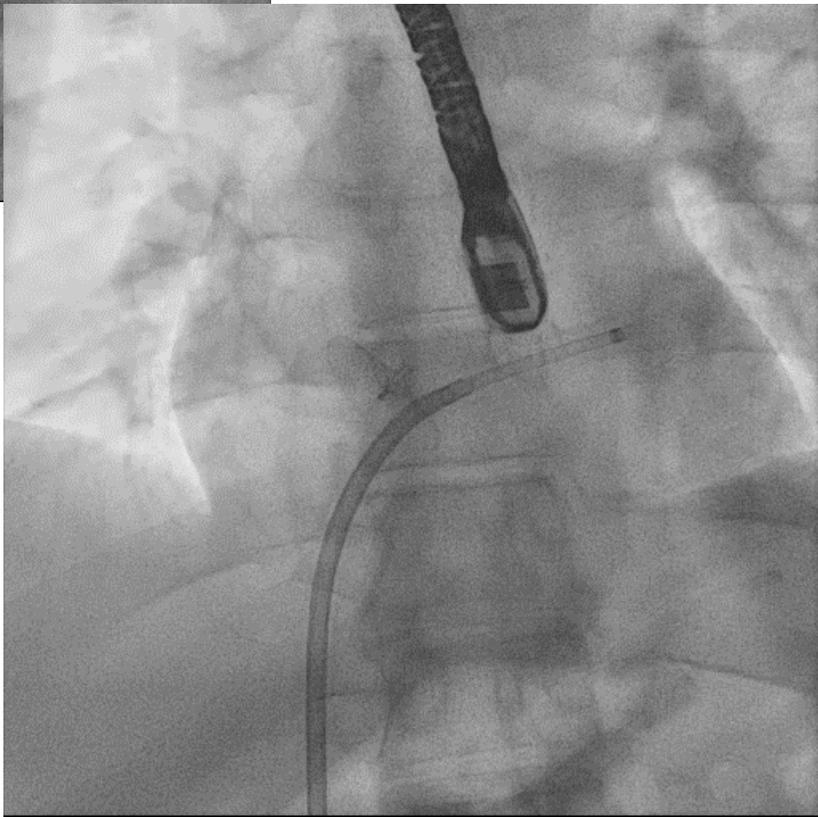
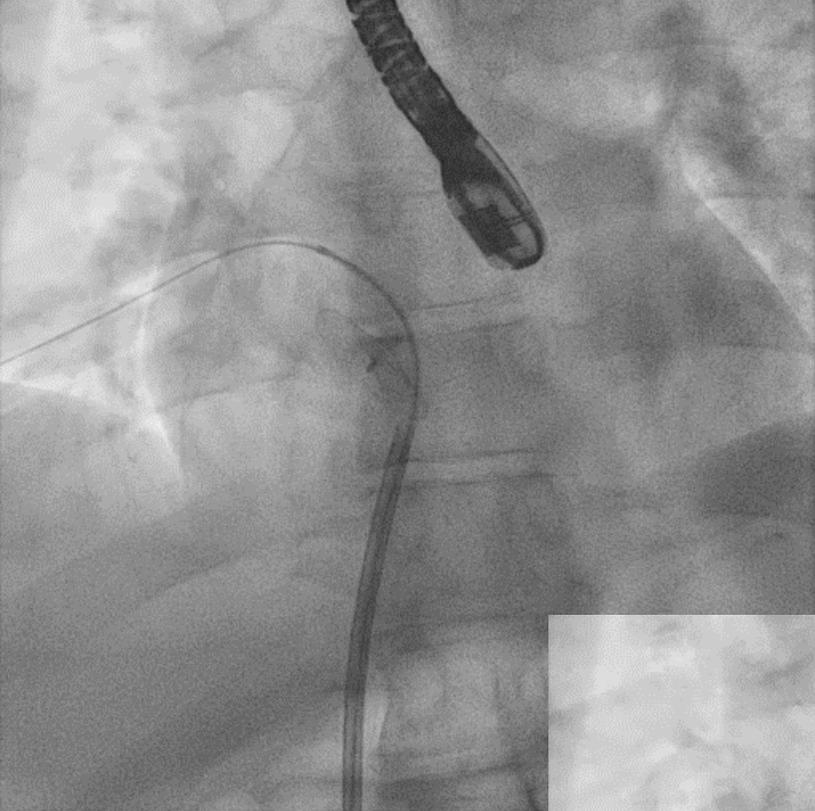
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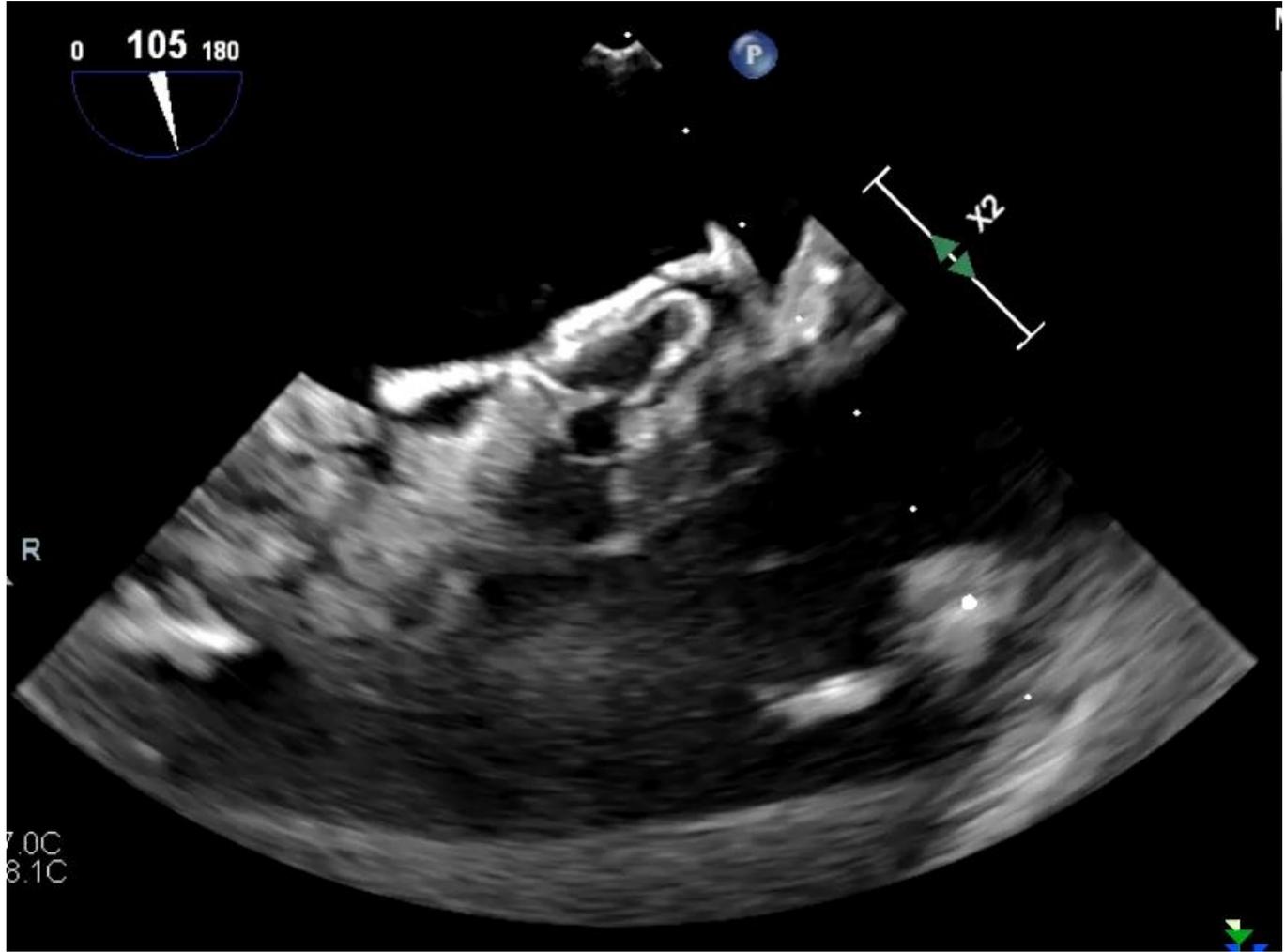
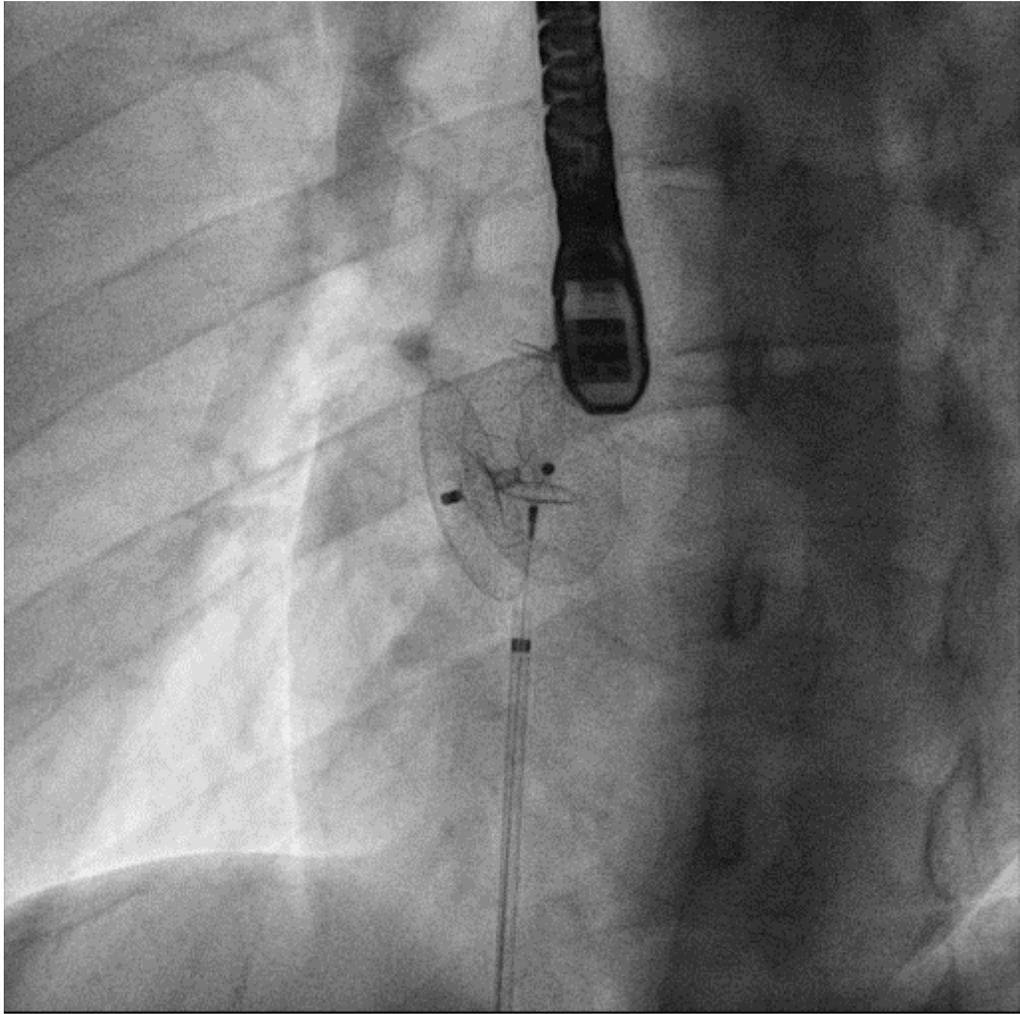
85

52

35

19





NE PAS ACCEPTER UN MAUVAIS RESULTAT

« Il faut oser ou se résigner à tout »

Tite Live

1997: RVM valve mécanique

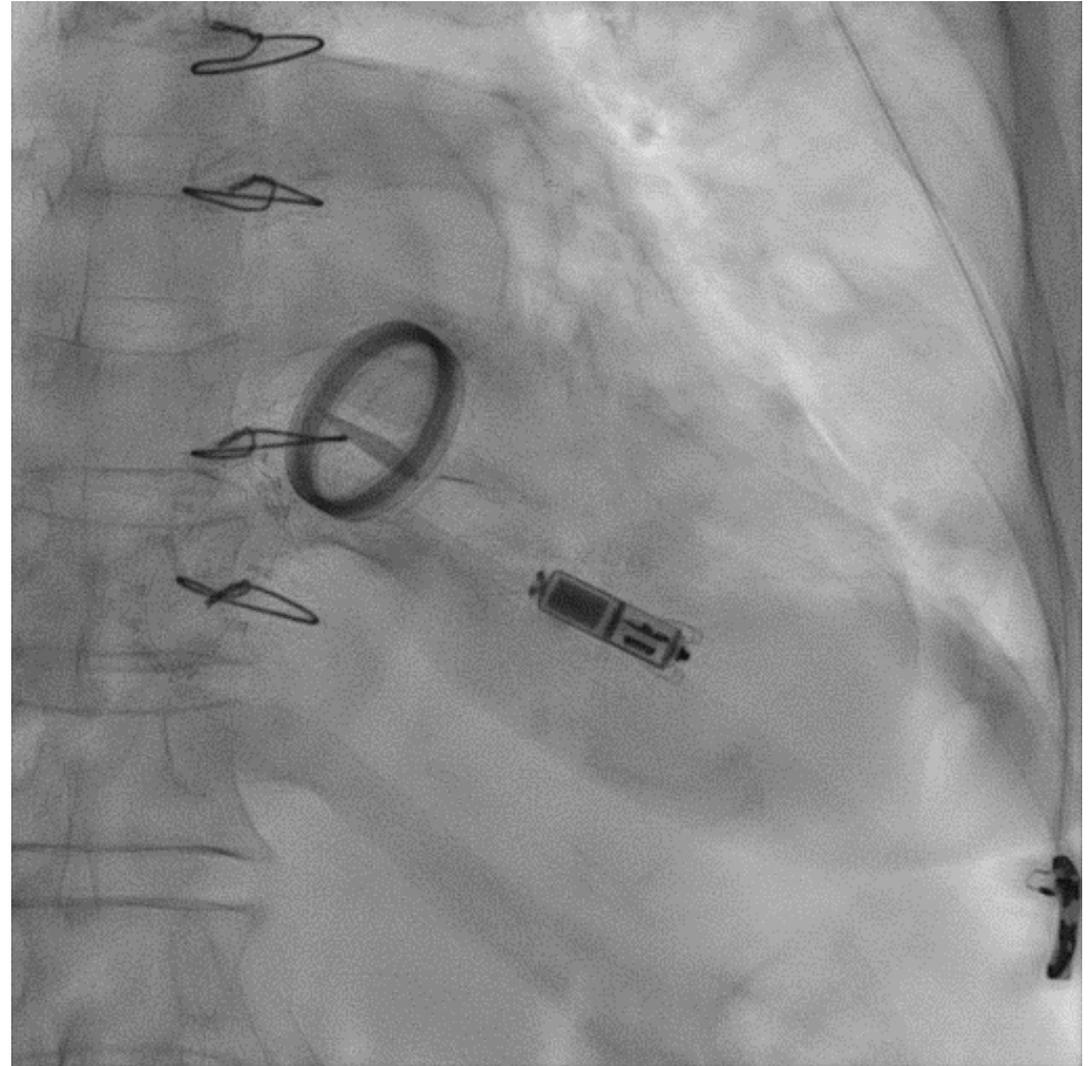
2024: IT massive et stenose IVA

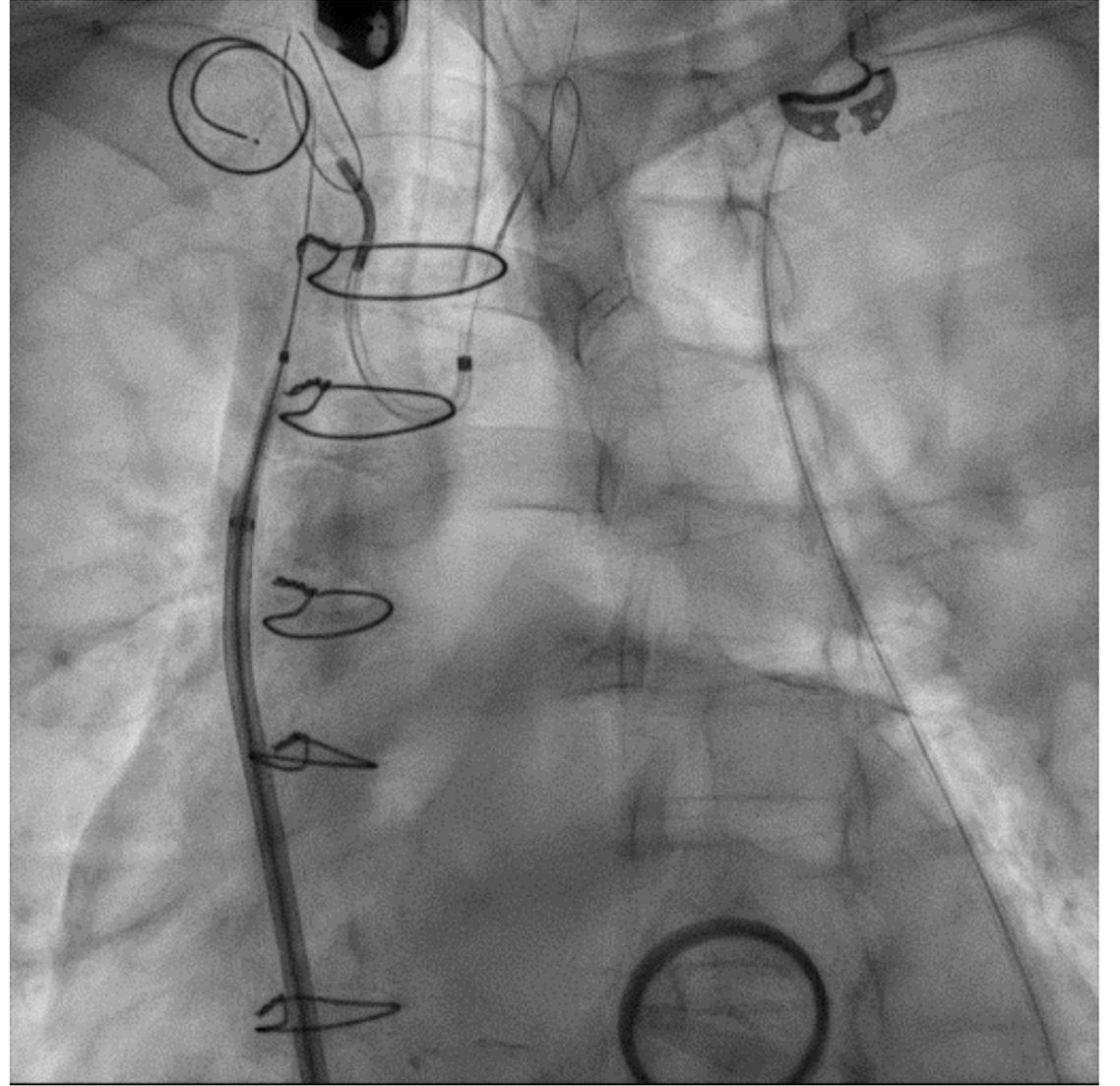
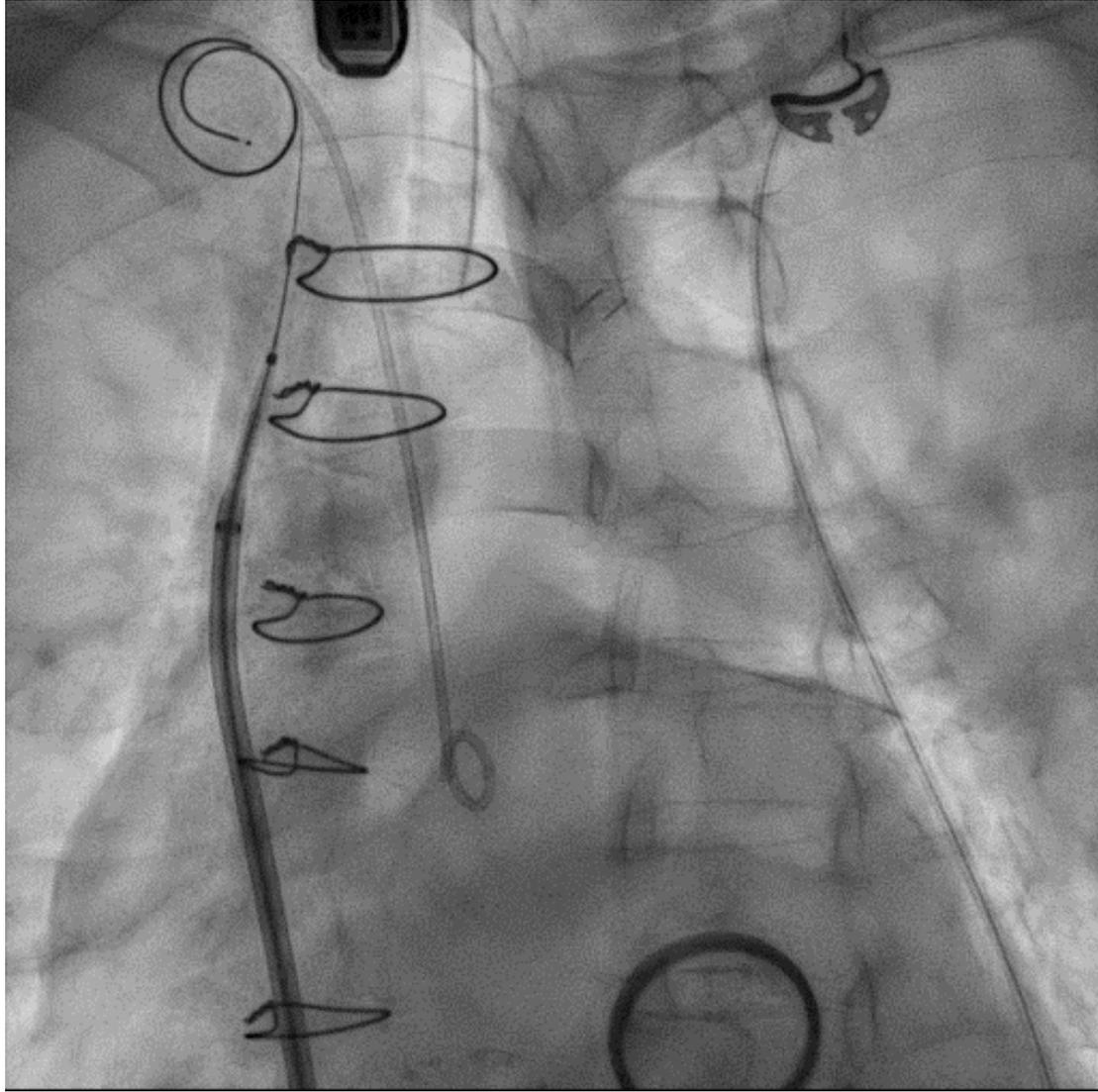
- Remplacement valvulaire tricuspide par bioprothèse Epic + PAC MIG
- Mécanique mitrale fonctionne bien (gradient a 6mmHg préop)

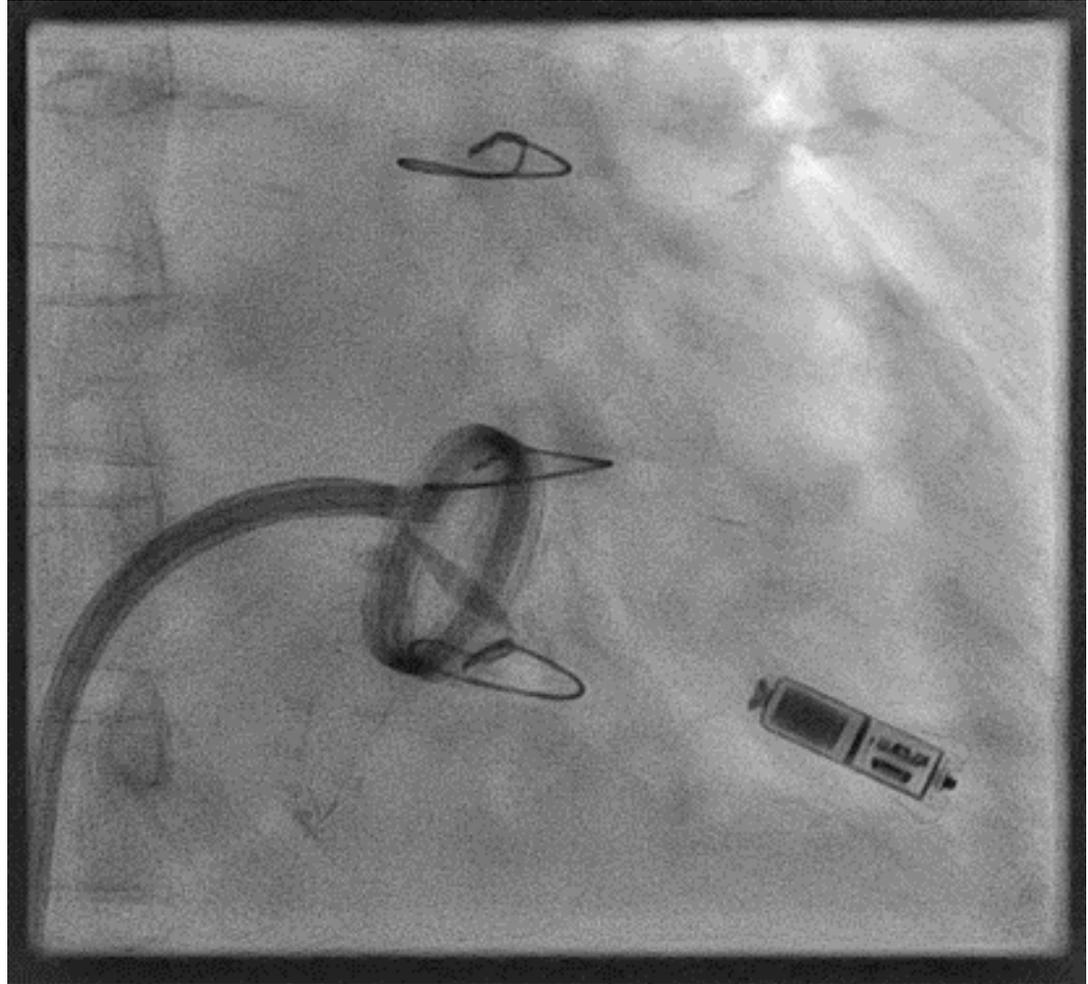
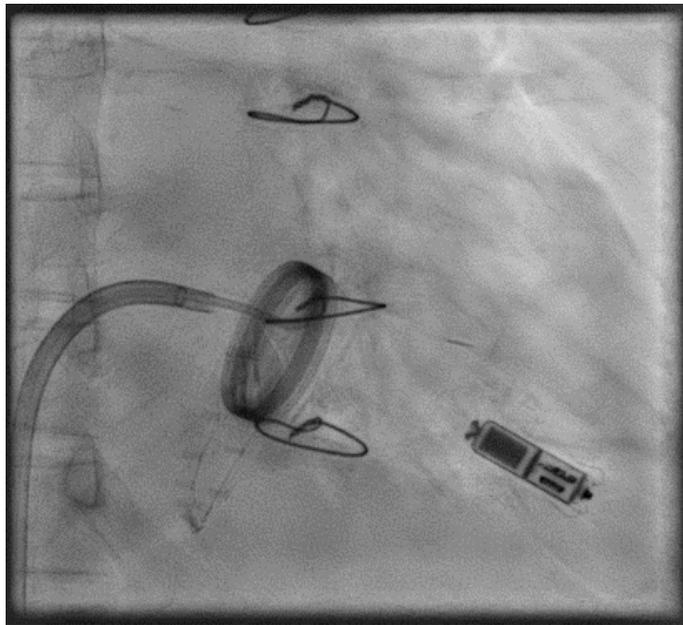
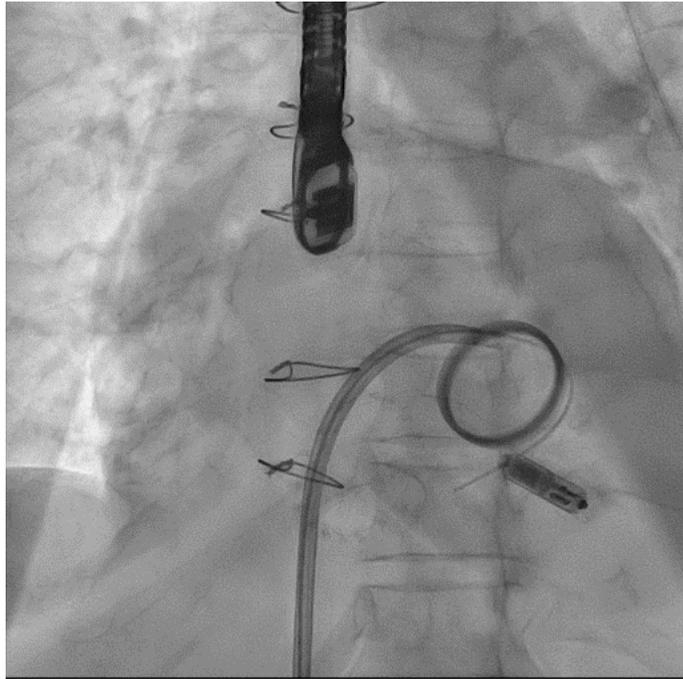
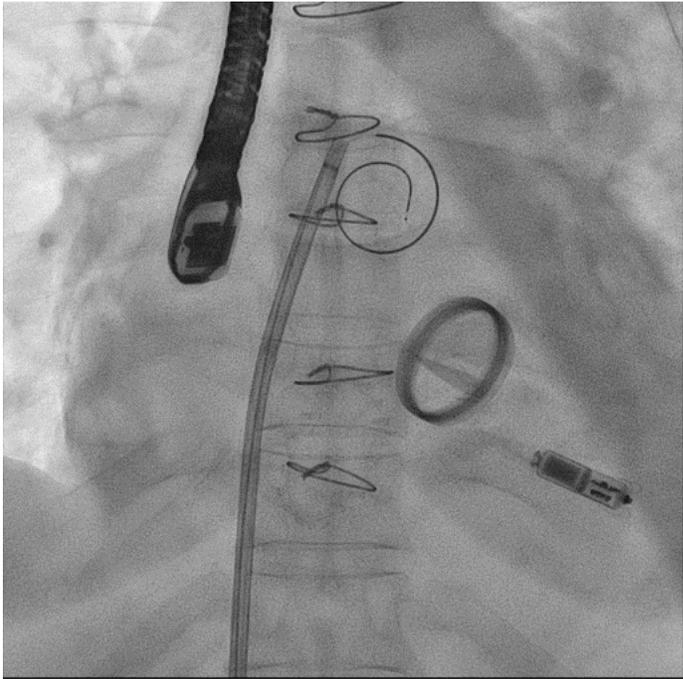
Choc cardiogénique post-opératoire

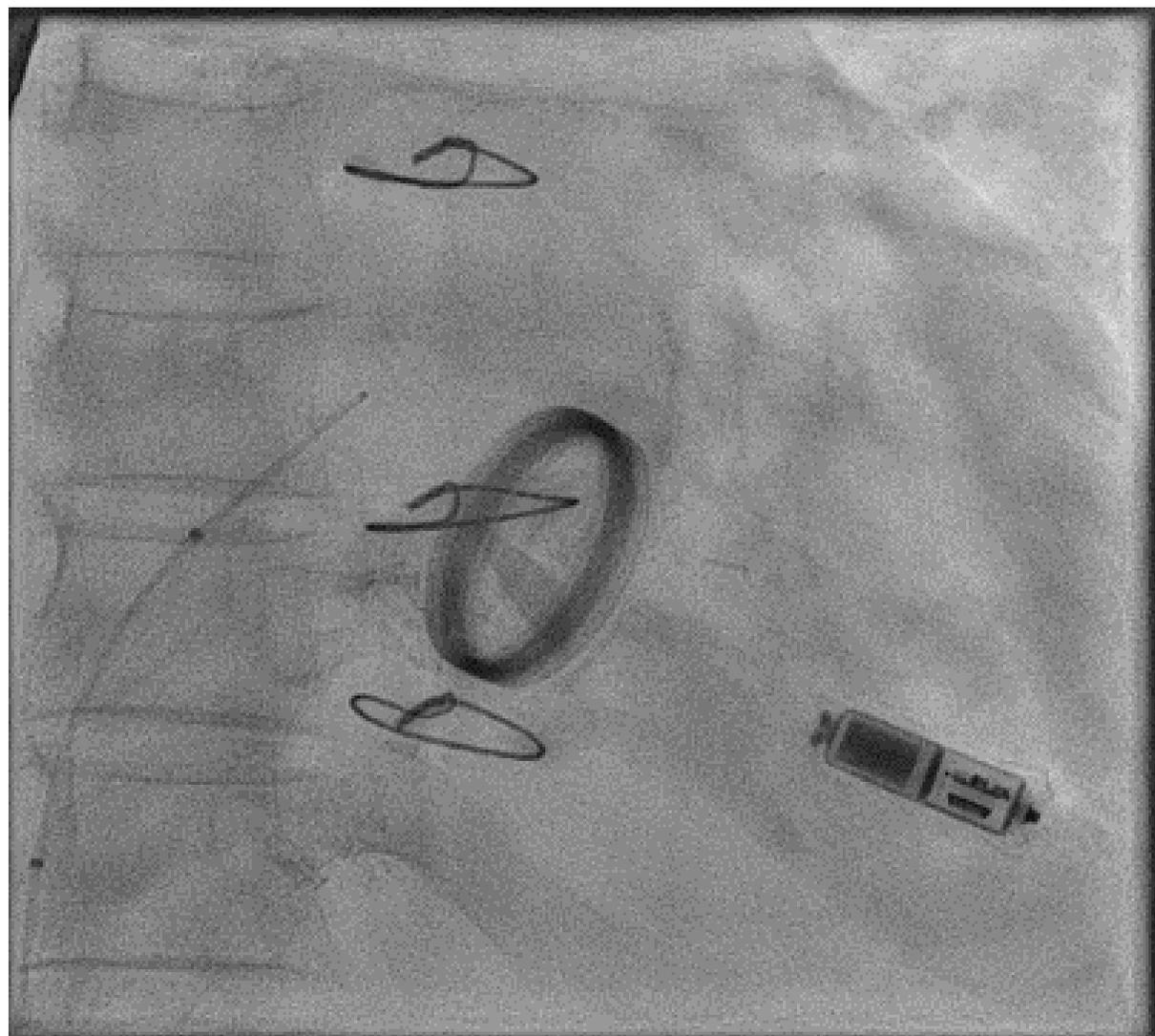
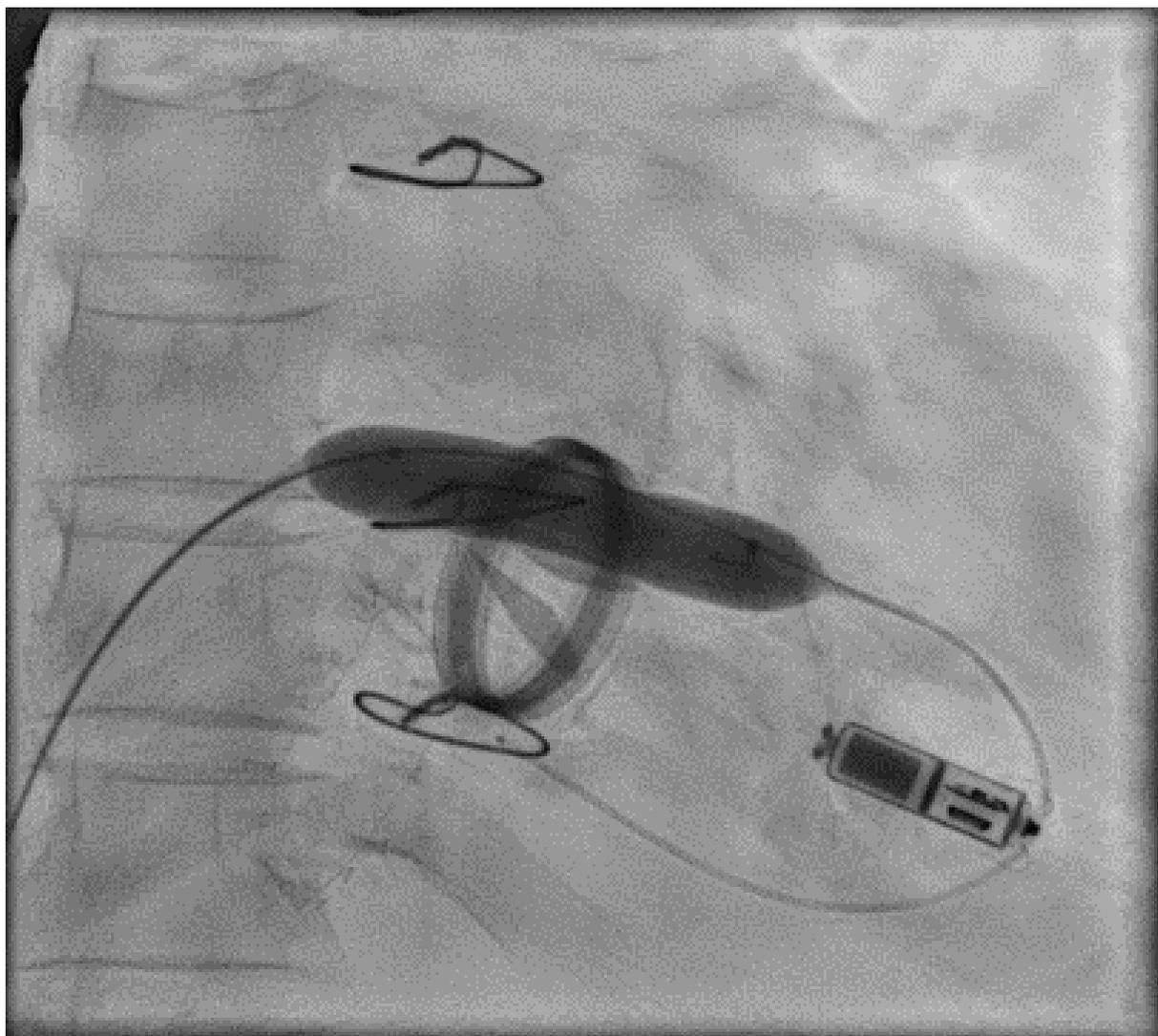
Hématurie/hémorragie fémorale/T°

CI à reprise chir. / traitement « médical »









SAUVER OU LAISSER MOURIR

«Il y a deux façons de se tromper: l'une est de croire ce qui n'est pas, l'autre de ne pas croire ce qui est »

Dirk Kierkegaard

CARDIO

X8-2t
53Hz
7.1cm

TIS0.0 MI 0.3

M5

2D
51%
C 46
P Arrêt
Gén

0 2 180

G
P R

PAT: 37.0C
TEE T< 37.0C

-/2 <> >>
2/99
36/53 fps
63 bpm

CARDIO

X8-2t
53Hz
7.1cm

ITm0.0 IM 0.3

M5

2D
51%
C 46
P Arrêt
Gén

0 2 180

G
P R

T PAT: 37.0C
T ETO< 37.0C

Dist 3.35 mm

64bpm

CARDIO

X8-2t
53Hz
7.1cm

ITm0.0 IM 0.3

M5

2D
51%
C 46
P Arrêt
Gén

0 36 180

G
P R

T PAT: 37.0C

Dist 2.44 mm
Dist 3.84 mm

58bpm

CARDIO

X8-2t
17Hz
7.1cm

TIS0.5 MI 0.8

M5 M4

2D
53%
C 46
P Arrêt
Gén

0 0 180

G
P R

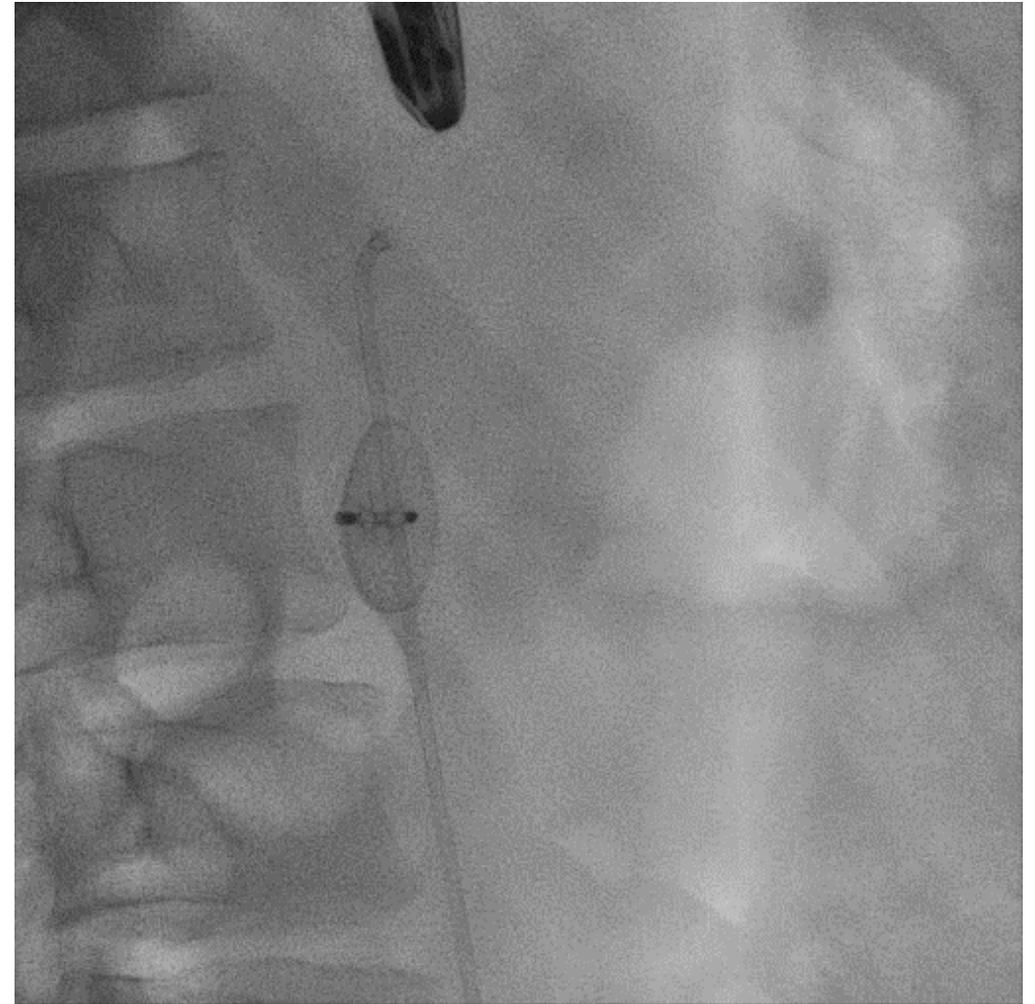
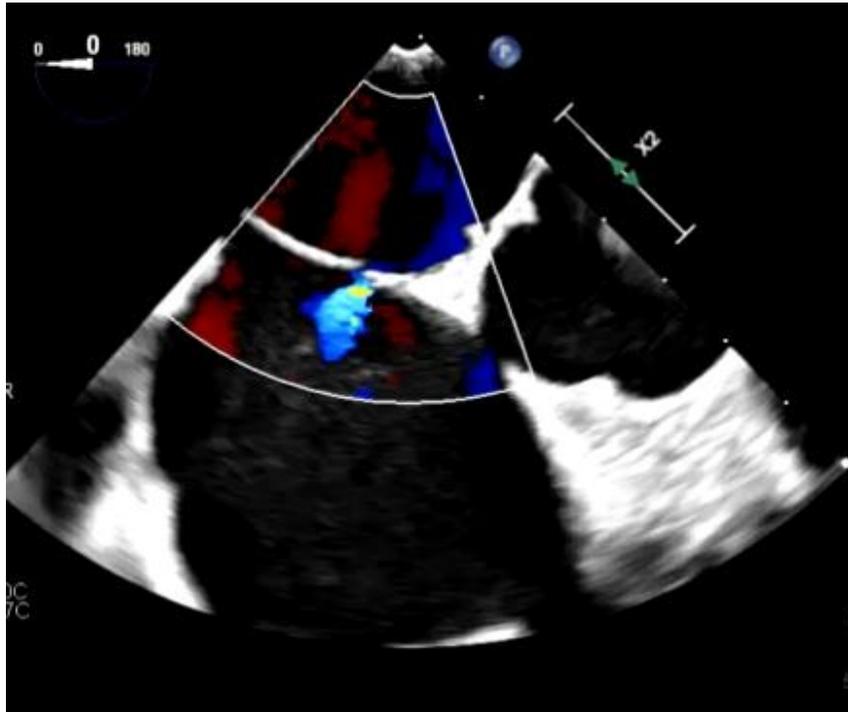
PAT: 37.0C
TEE T: 37.7C

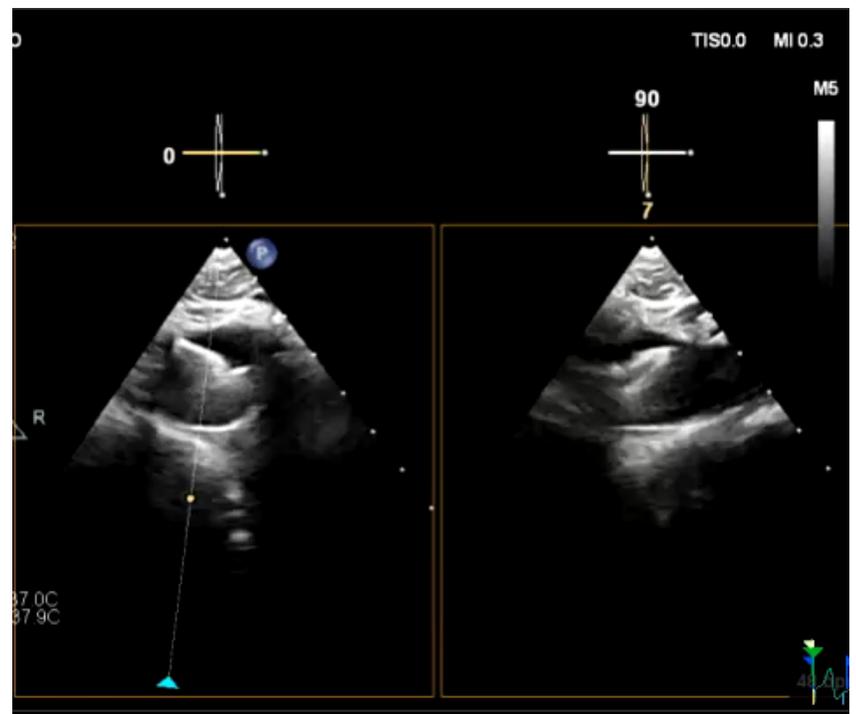
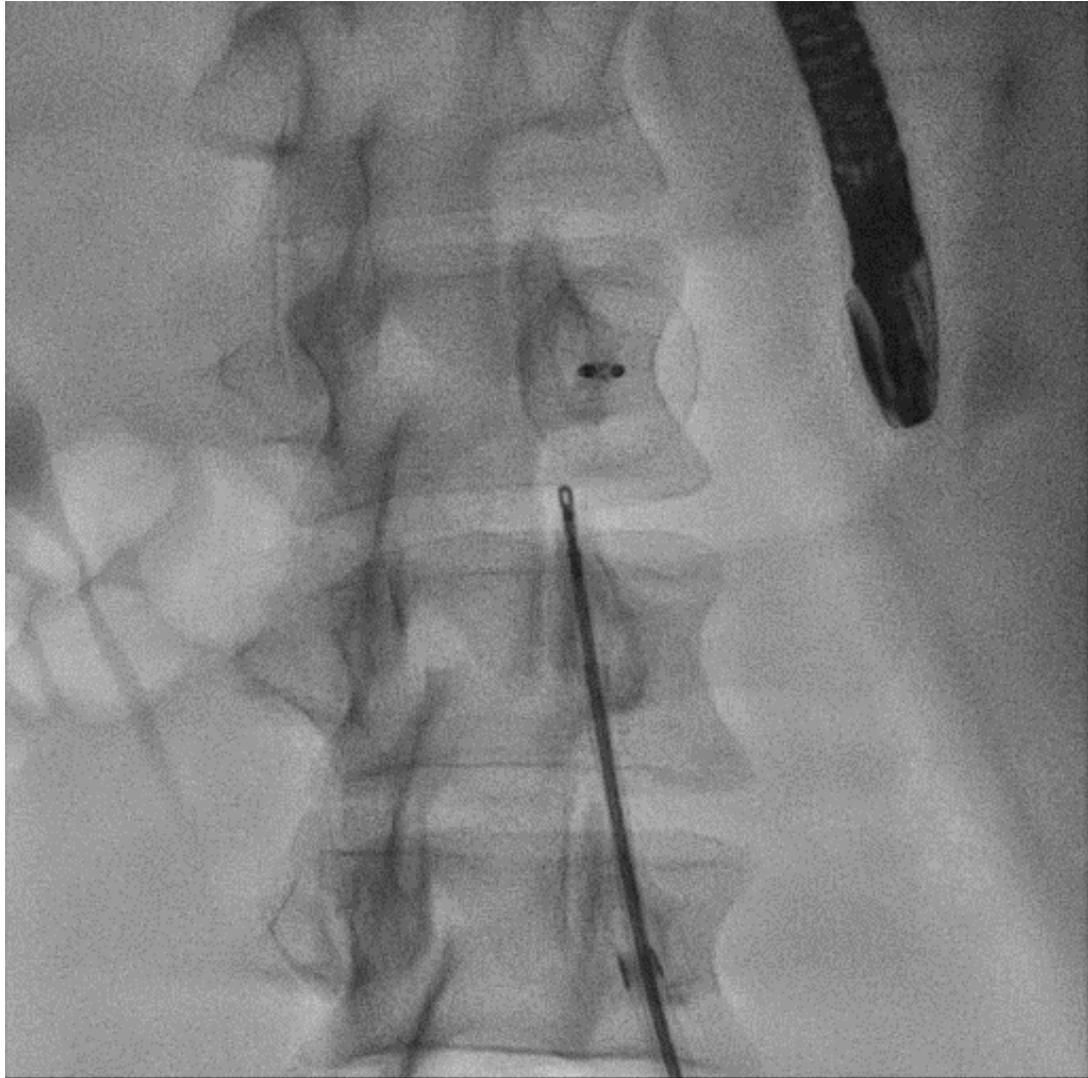
+61.6
-61.6
cm/s

1/30
15/17 fps
55 bpm

FOP déjà fermé avec
cribriforme 25/25

6 mois plus tard au contrôle
ETT de contraste





CARDIO
XB-2t
53Hz
7.1cm
2D
51%
C 46
P Arrêt
Gén

Guide Amplatz

0 101 180

G
P R

PAT T: 37.0C
TEE T: 37.6C



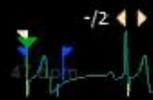
CARDIO
XB-2t
53Hz
7.1cm
2D
50%
C 46
P Arrêt
Gén

Sonde MP

0 40 180

G
P R

PAT T: 37.0C
TEE T: 37.6C



CARDIO
XB-2t
16Hz
7.1cm
2D
54%
C 46
P Arrêt
Gén

Gaine 9F

TISO.6 MI 0.8

0 69 180

Coul
46%
7.104Hz
FP 639Hz
4.4MHz

G
P R

PAT T: 37.0C
TEE T: 37.6C



CARDIO
XB-2t
53Hz
7.1cm
2D
52%
C 46
P Arrêt
Gén

ITm0.0 IM 0.3

0 69 180

G
P R

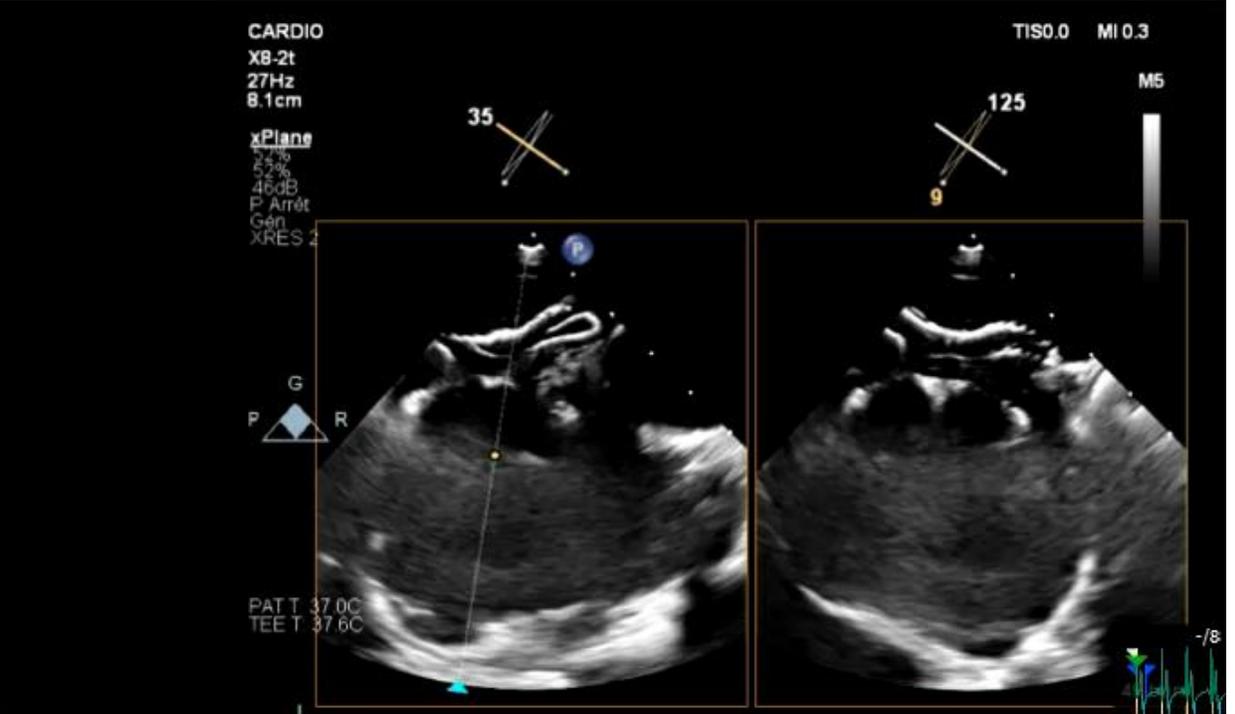
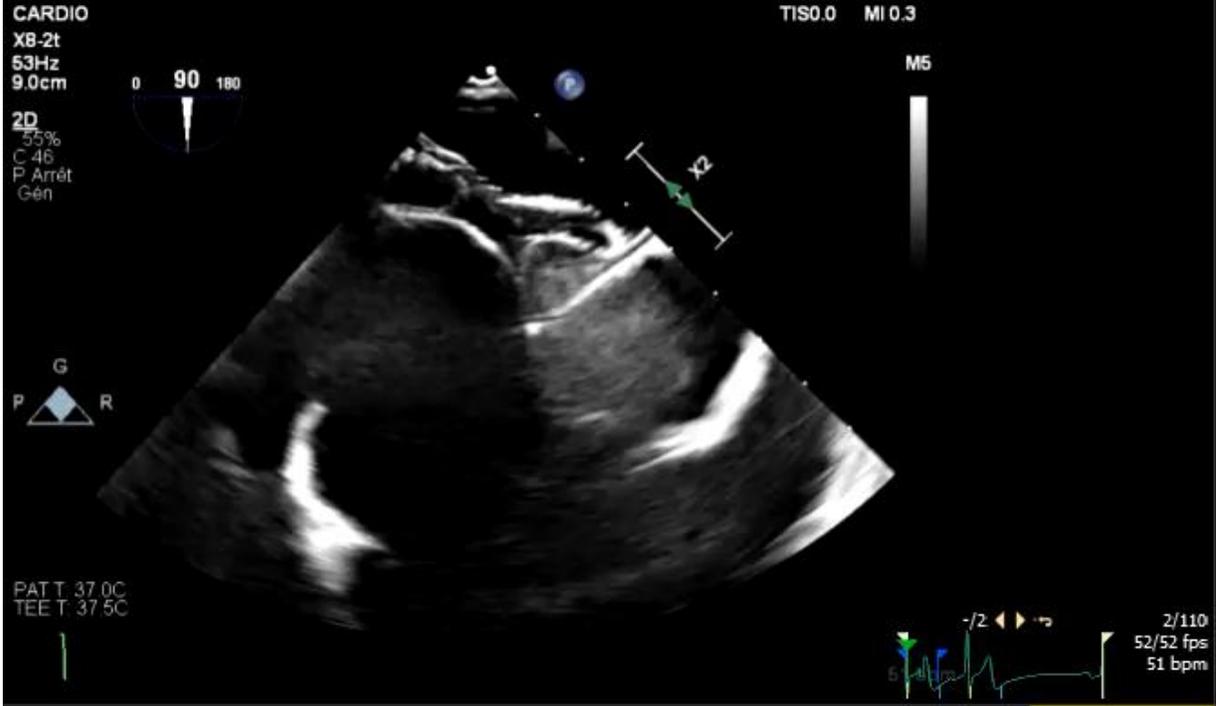
T PAT: 37.0C
T ETO: 37.5C

Dist 11.8 mm



49bpm



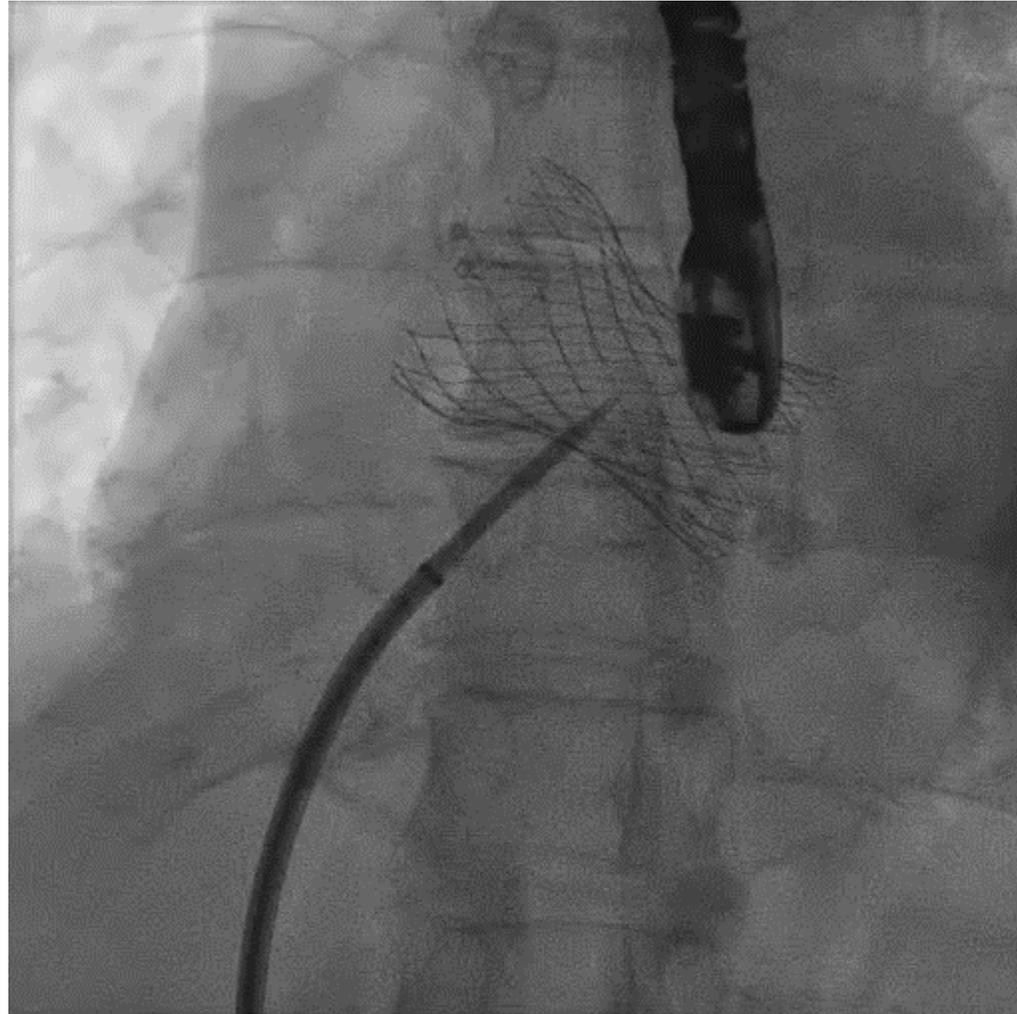


EVITER LES PIEGES DE L'IMAGERIE

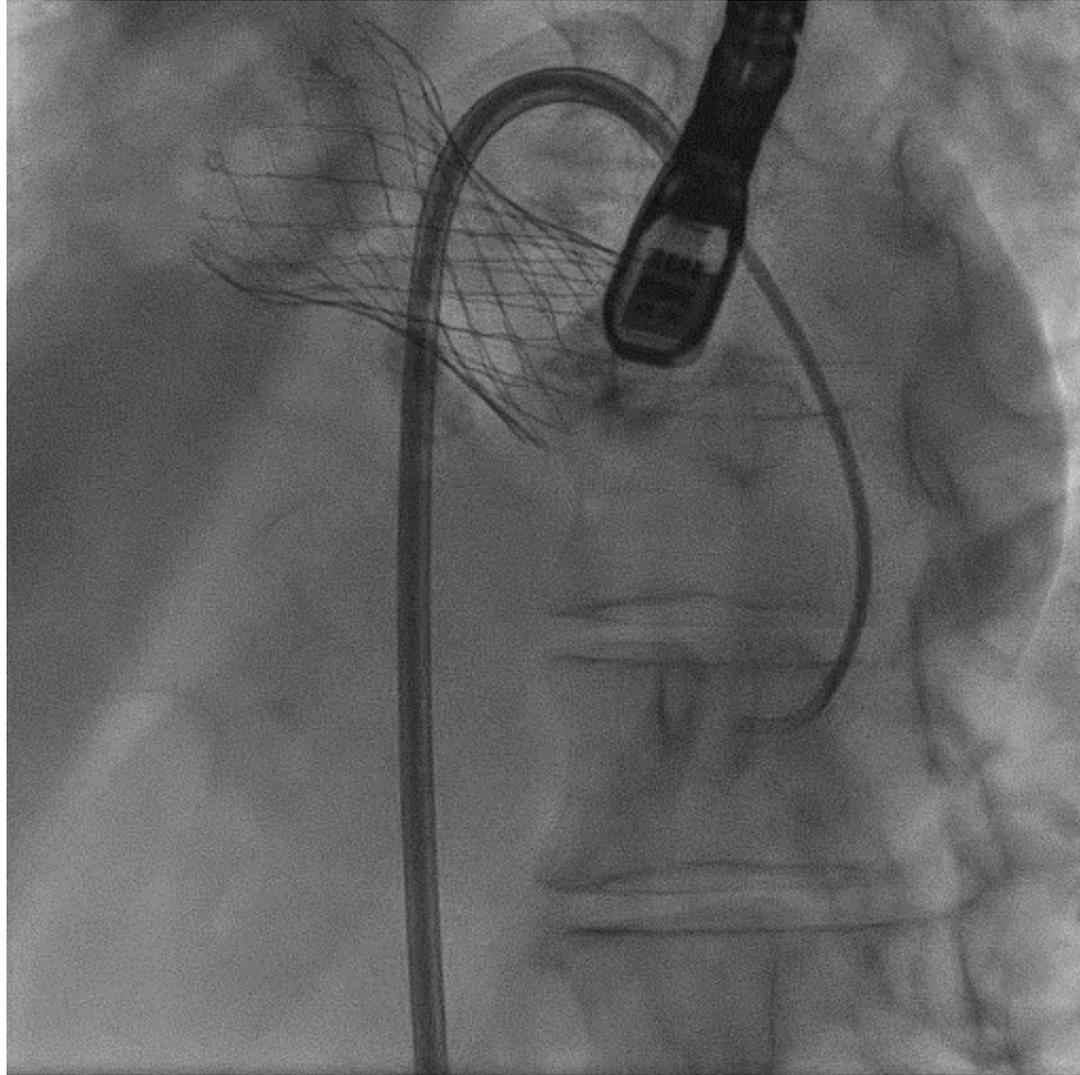
«Le progrès technique est comme une
hache qu'on aurait mis dans les mains
d'un psychopathe»

Albert Einstein

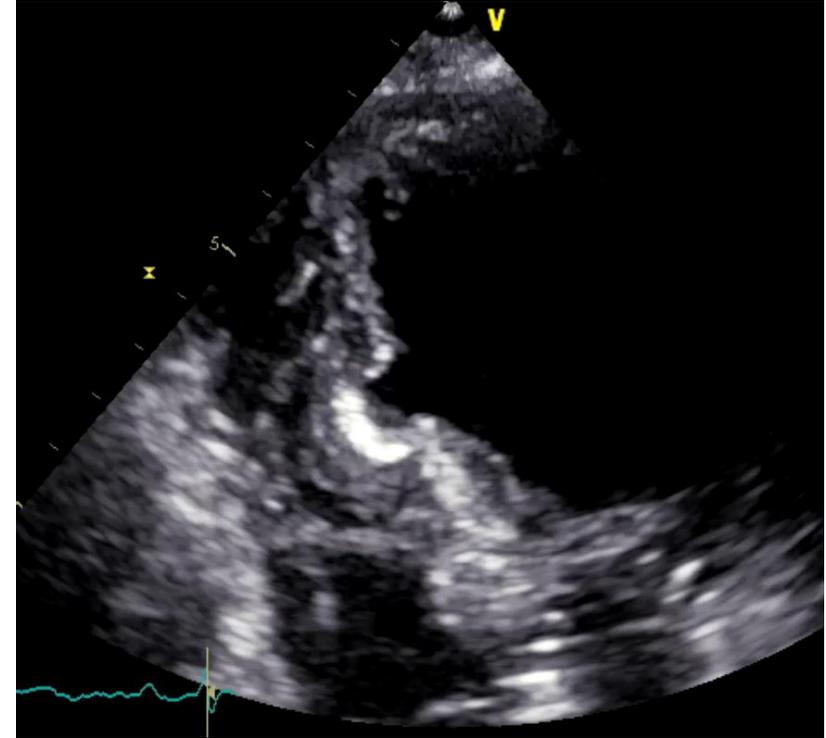
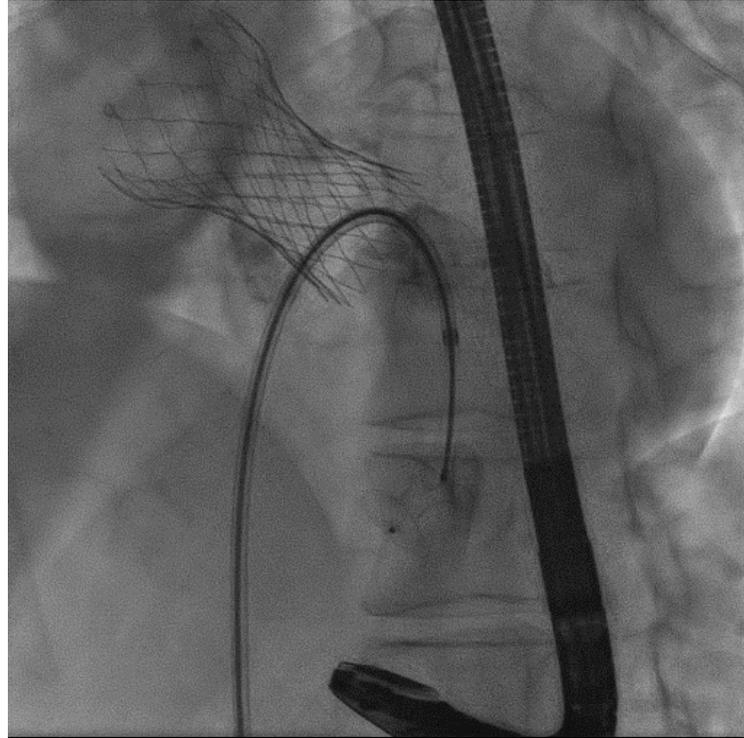
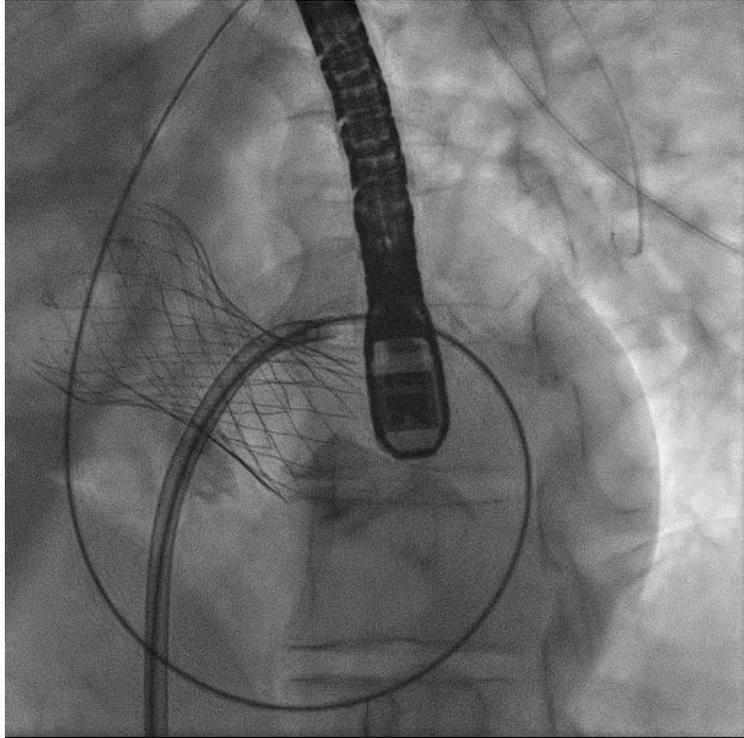
Mais pourquoi donc?



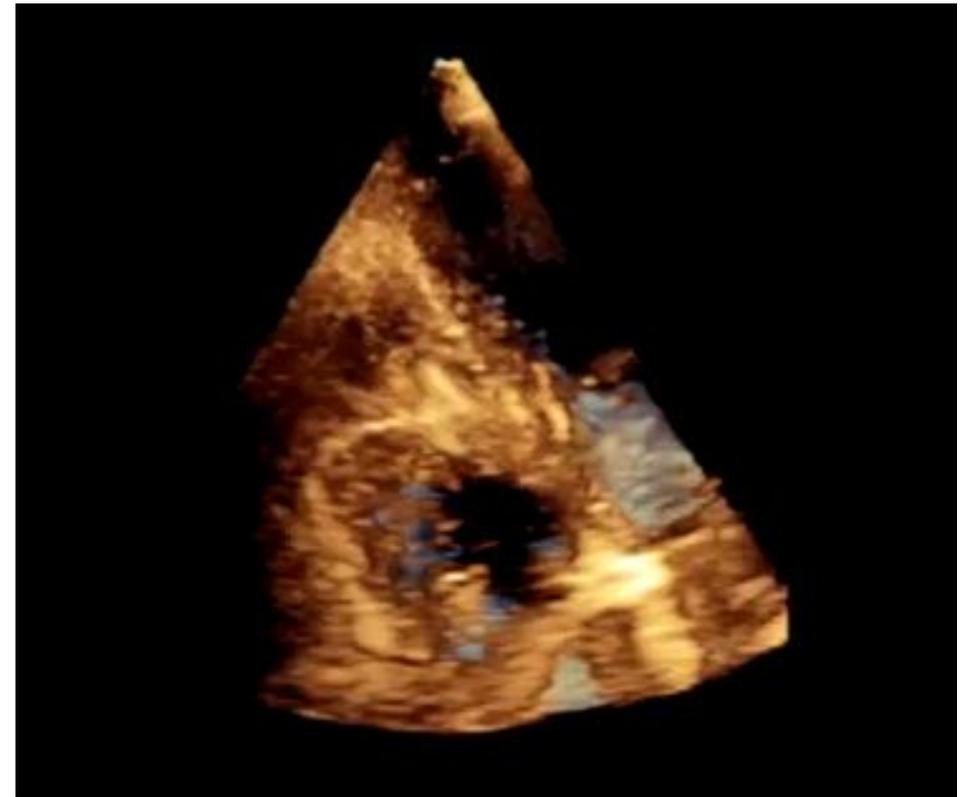
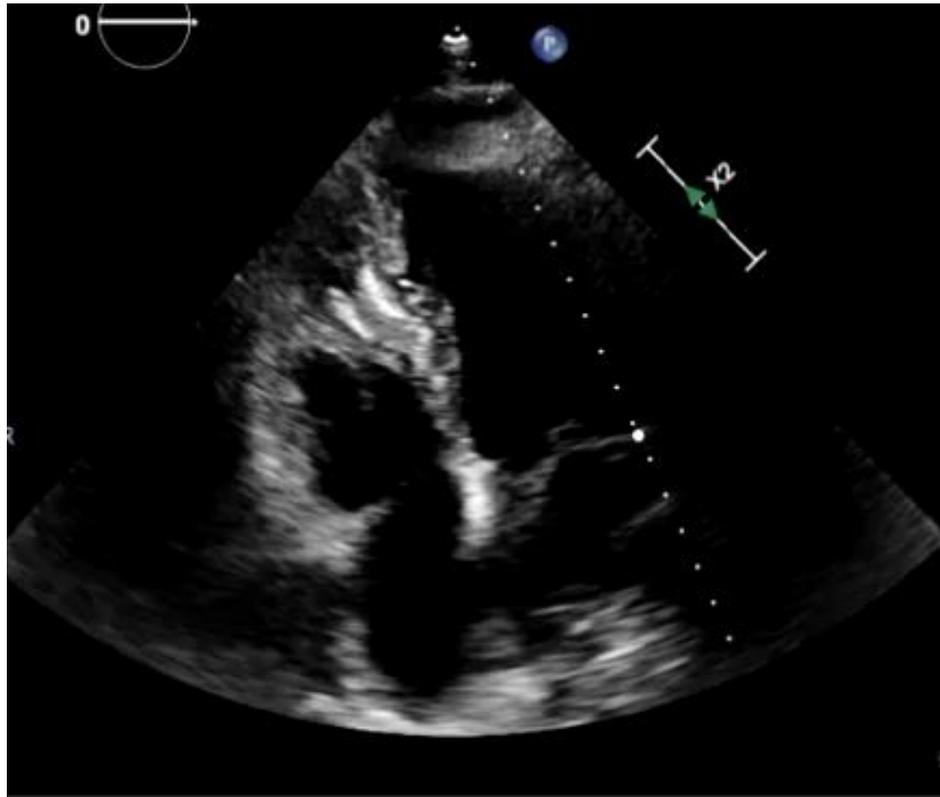
Parce que...



Antérograde technique

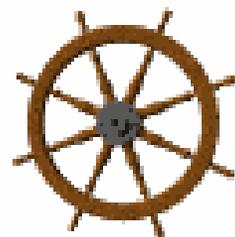


1 an plus tard en consultation



PAS DE HONTE A DEMANDER DE L'AIDE

Merci!



action-groupe.org

