Novara 13 Settembre 2019

ACS e sanguinamento attivo

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Azienda Sanitaria Locale di Vercelli

ANAMNESI

- Uomo di 76aa
- Forte fumatore (40 sigarette al giorno); Iperteso; NIDDM; Obeso e con OSAS
- Pregresso TIA ed in trattamento con ascriptin (scarsa compliance)

ANAMNESI

- Riferisce la presenza di dolore oppressivo precordiale da sforzi anche moderati in questi anni ma che nell'ultimo periodo si sono accentuati.

- Recente angina da sforzi lievi

- Riferisce inoltre che ha notato da mesi…. La presenza di sangue rosso vivo con le feci

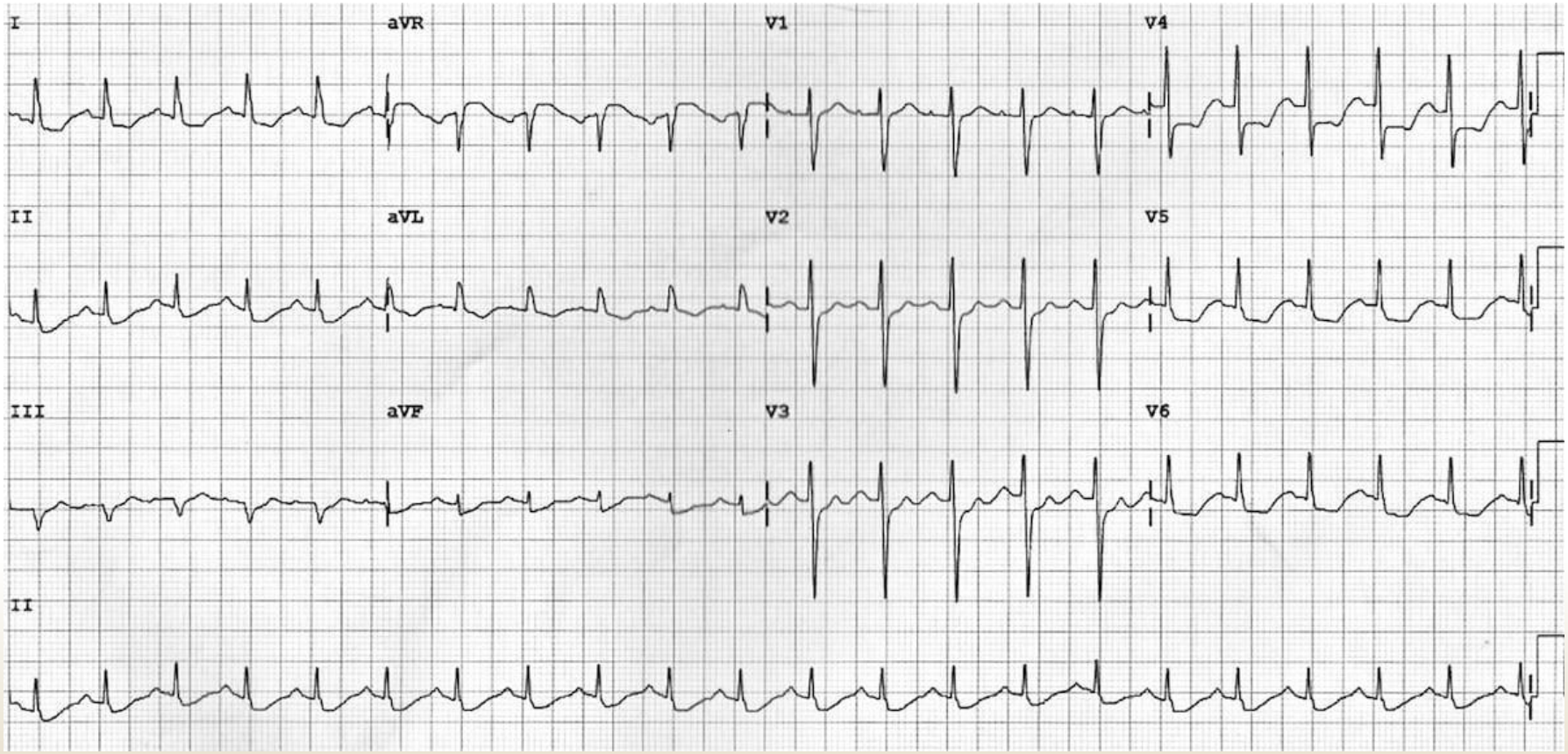
AL DEA

Febbraio 2019 si reca al pronto soccorso del San Giovanni Bosco per:

- l’intensificarsi della rettorragia

- l’ingravescenza della sintomatologia anginosa che dal giorno precedente è anche a riposo e con importante astenia

AL DEA



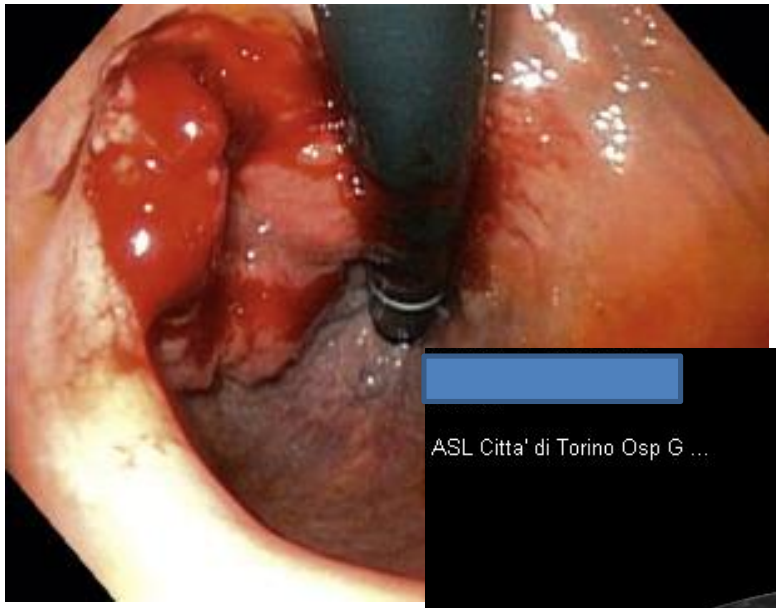
AL DEA

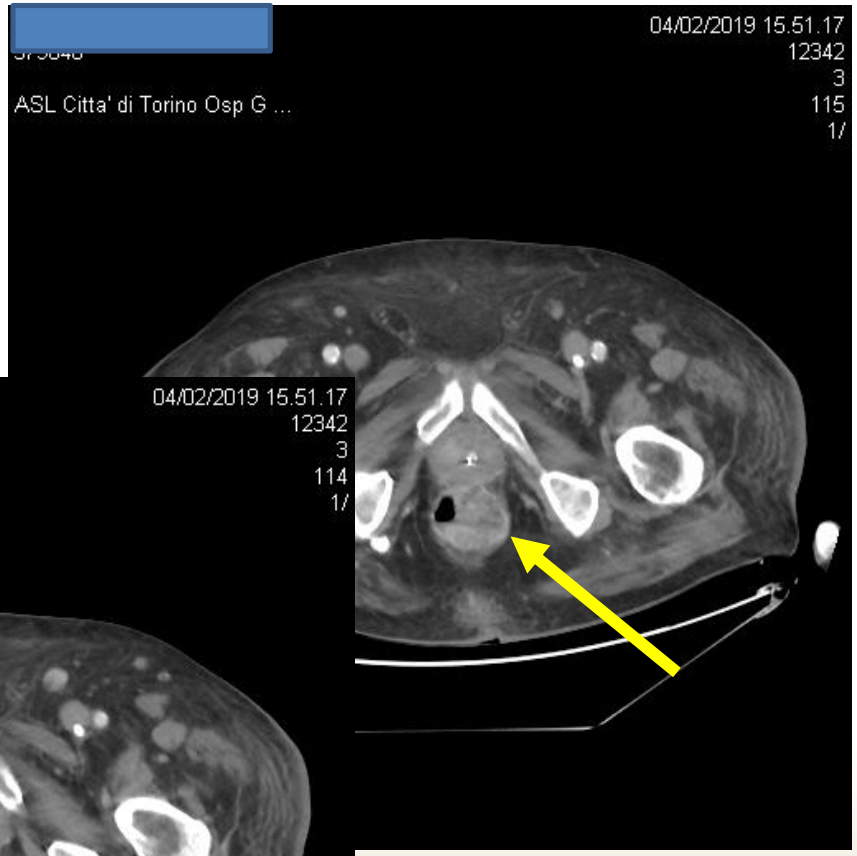
Ematochimici: GB 12800; **HB 7,8 gr/dL**; **Trop I 0,78ng/mL**; eGFR 45ml/min.

Ecocardio fast: Acinesia della parete inferiore ed ipocinesia globale del VSn. FEVS 35%.

Rettorragia evidente

AL DEA

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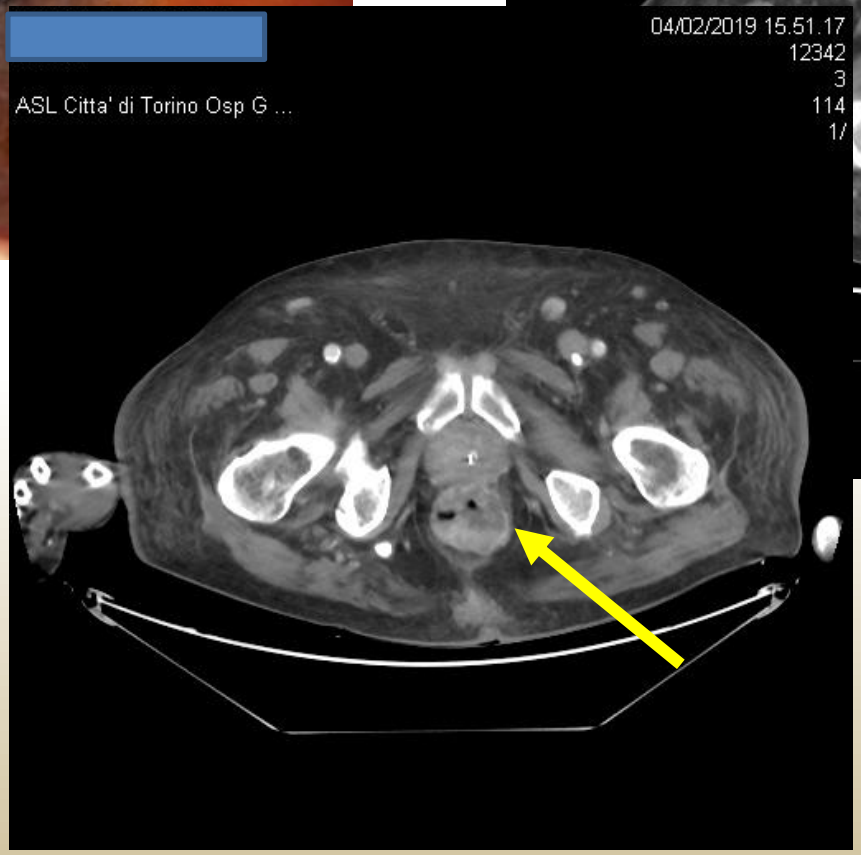
ASL Citta' di Torino Osp G ...


04/02/2019 15.51.17
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ASL Citta' di Torino Osp G ...

CHE FARE?

La coronarografia la facciamo?

Il consuente gastroenterologo e chirurgo:

Assoluta controindicazione a DAPT

Il chirurgo non opera un paziente con IMA in atto

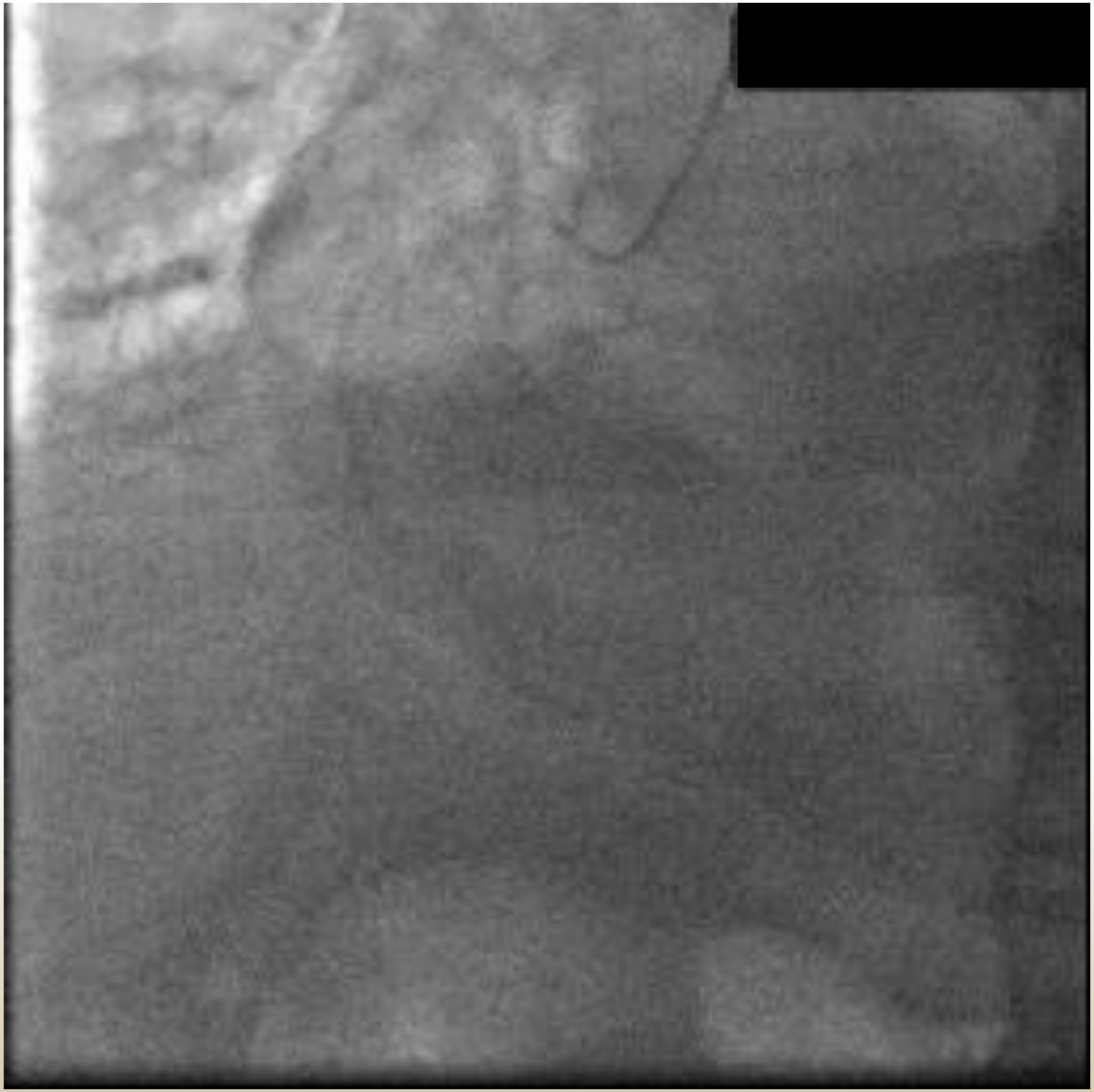
QUELLO CHE ABBIAMO FATTO

Emotrasfusione X

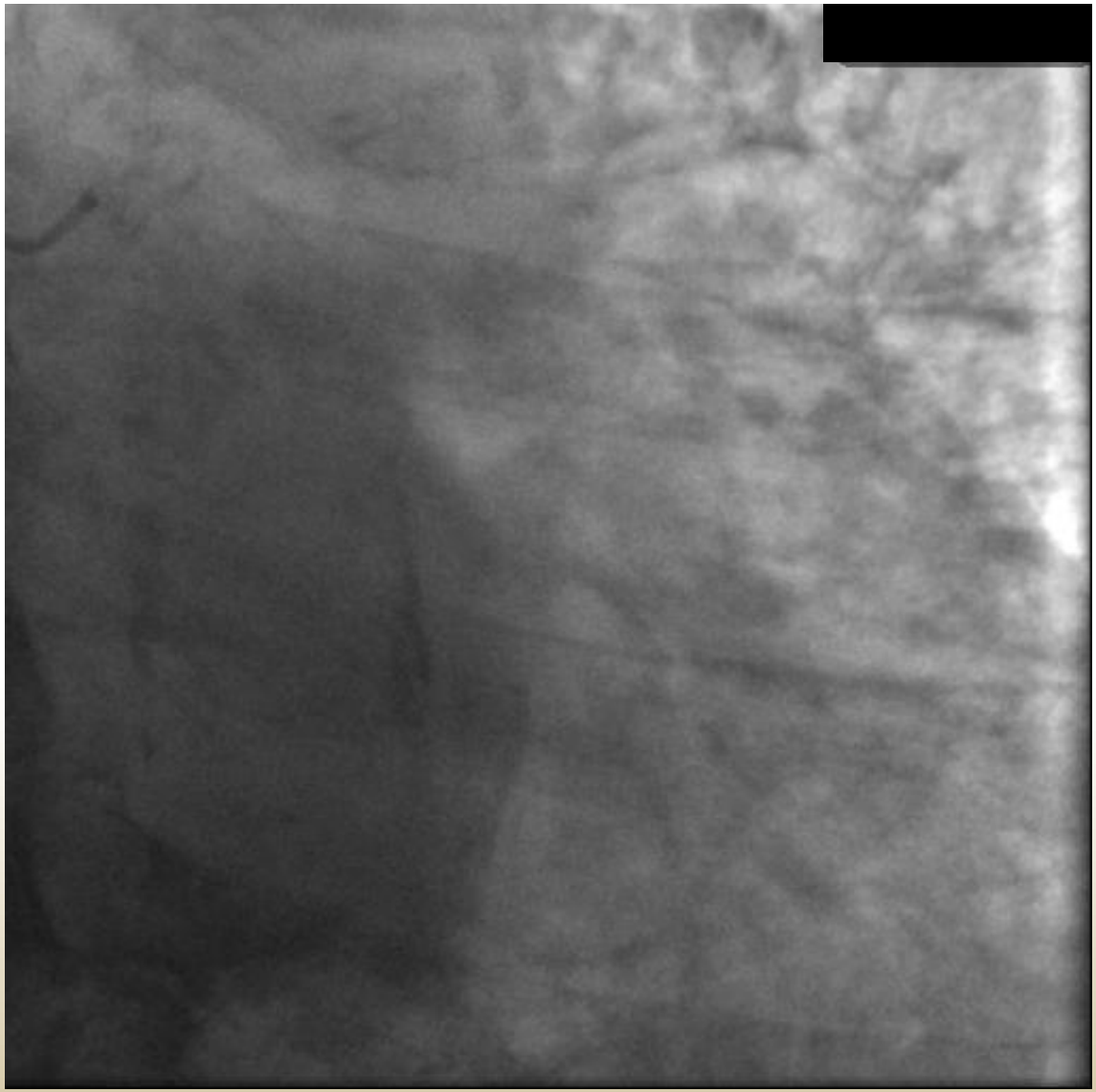
DAPT X

Nitrati ev (PA buona)

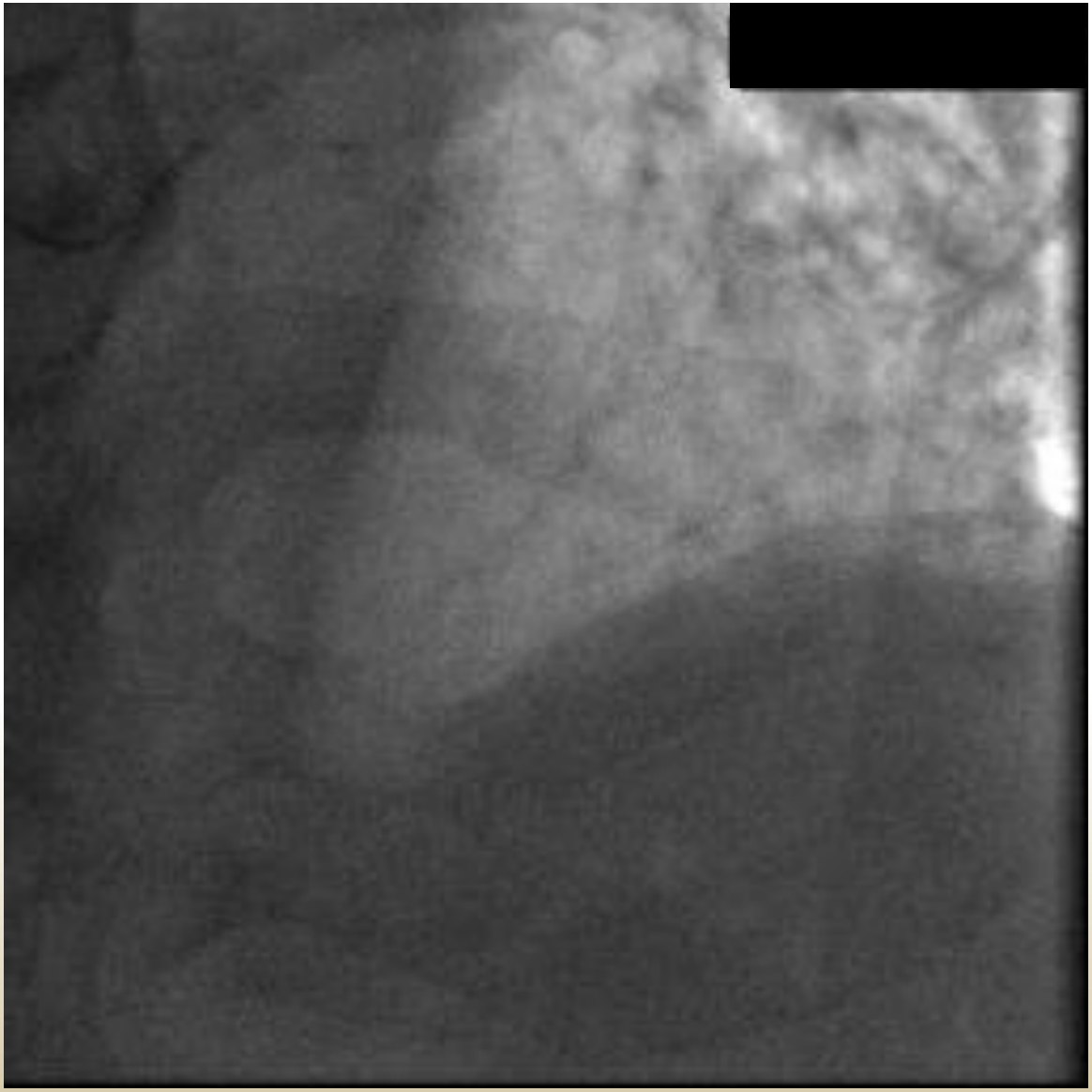
ANGIOGRAFIA CORONARICA



ANGIOGRAFIA CORONARICA



ANGIOGRAFIA CORONARICA



CHE FARE?

PCI?

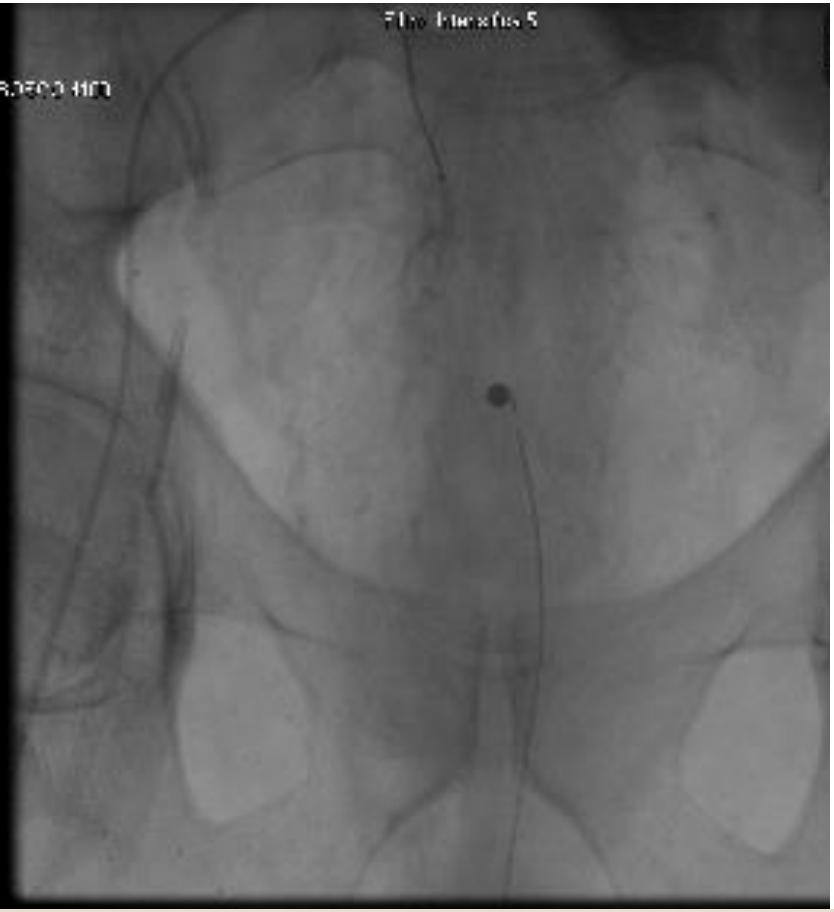
Only POBA?

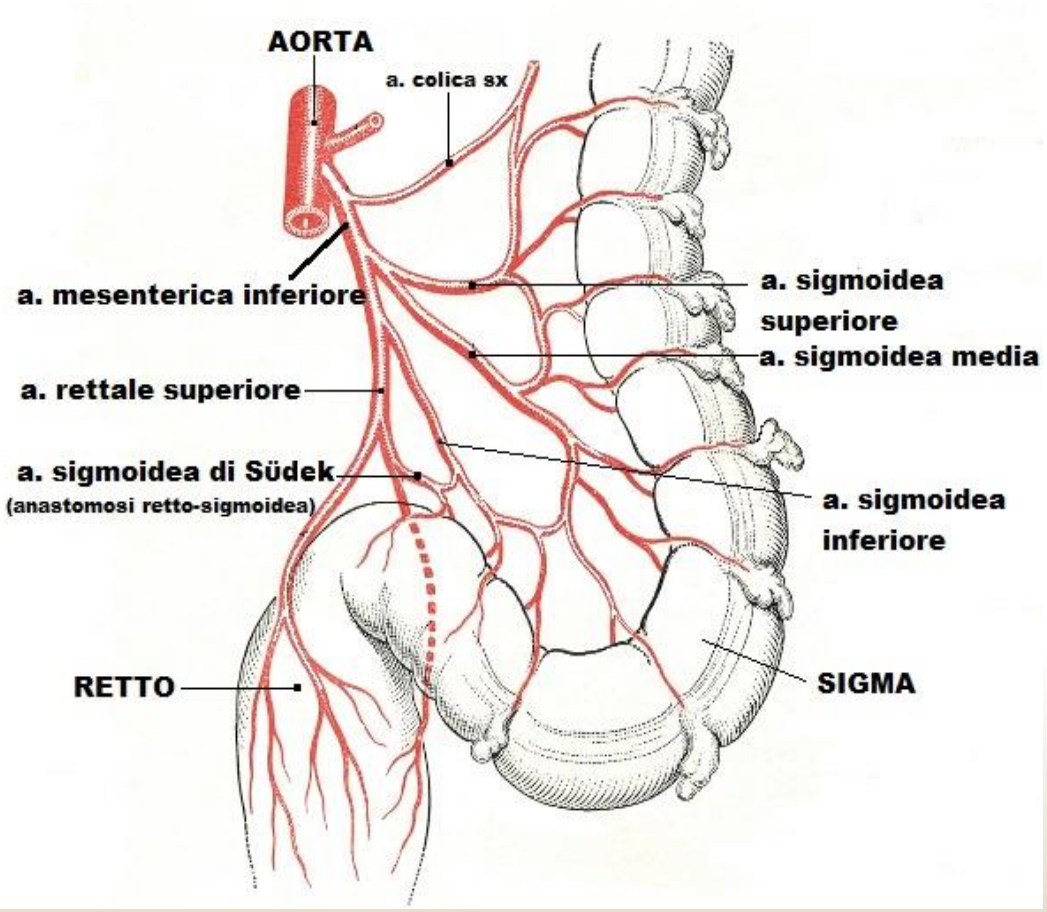
DES? Quale DES?

DAPT?

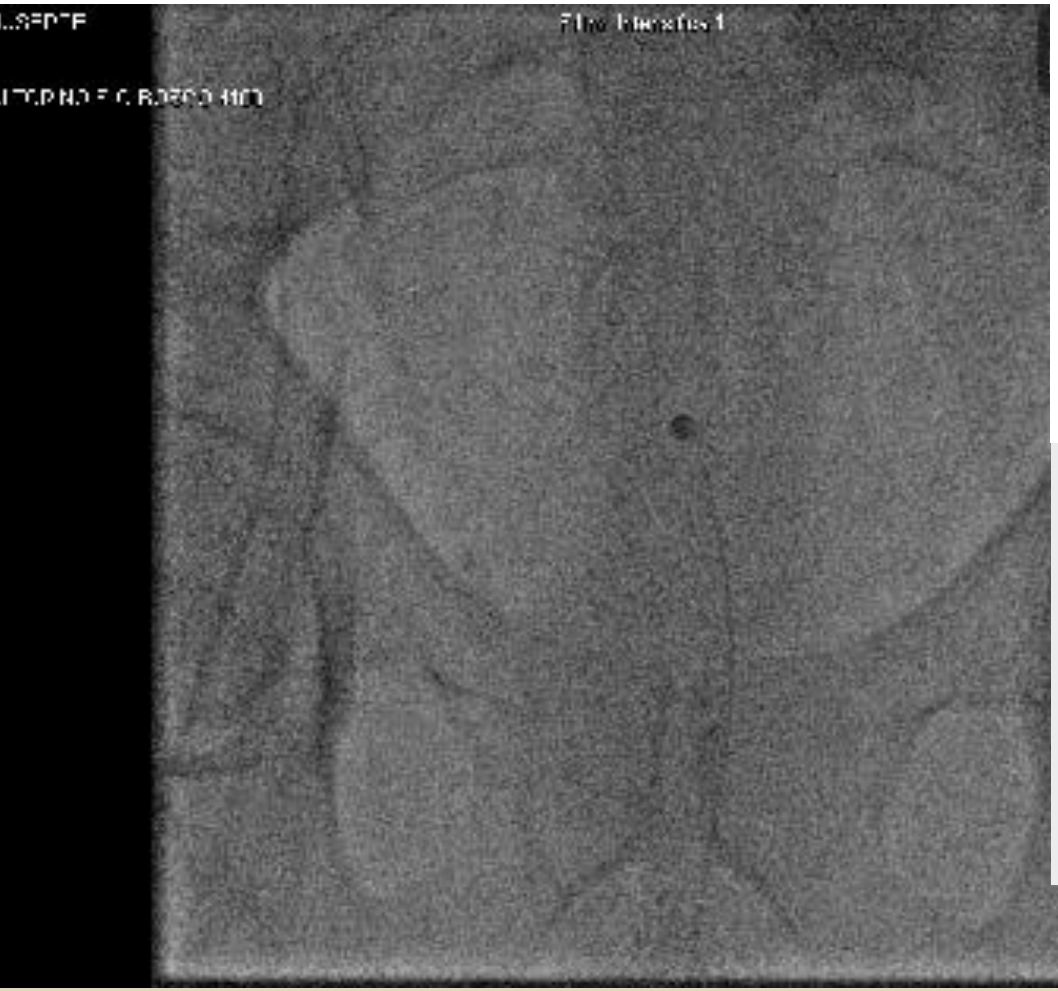
Cangrelor? Ce lo abbiamo tutti in casa?

ANGIOGRAFIA PERIFERICA





EMBOLIZZAZIONE



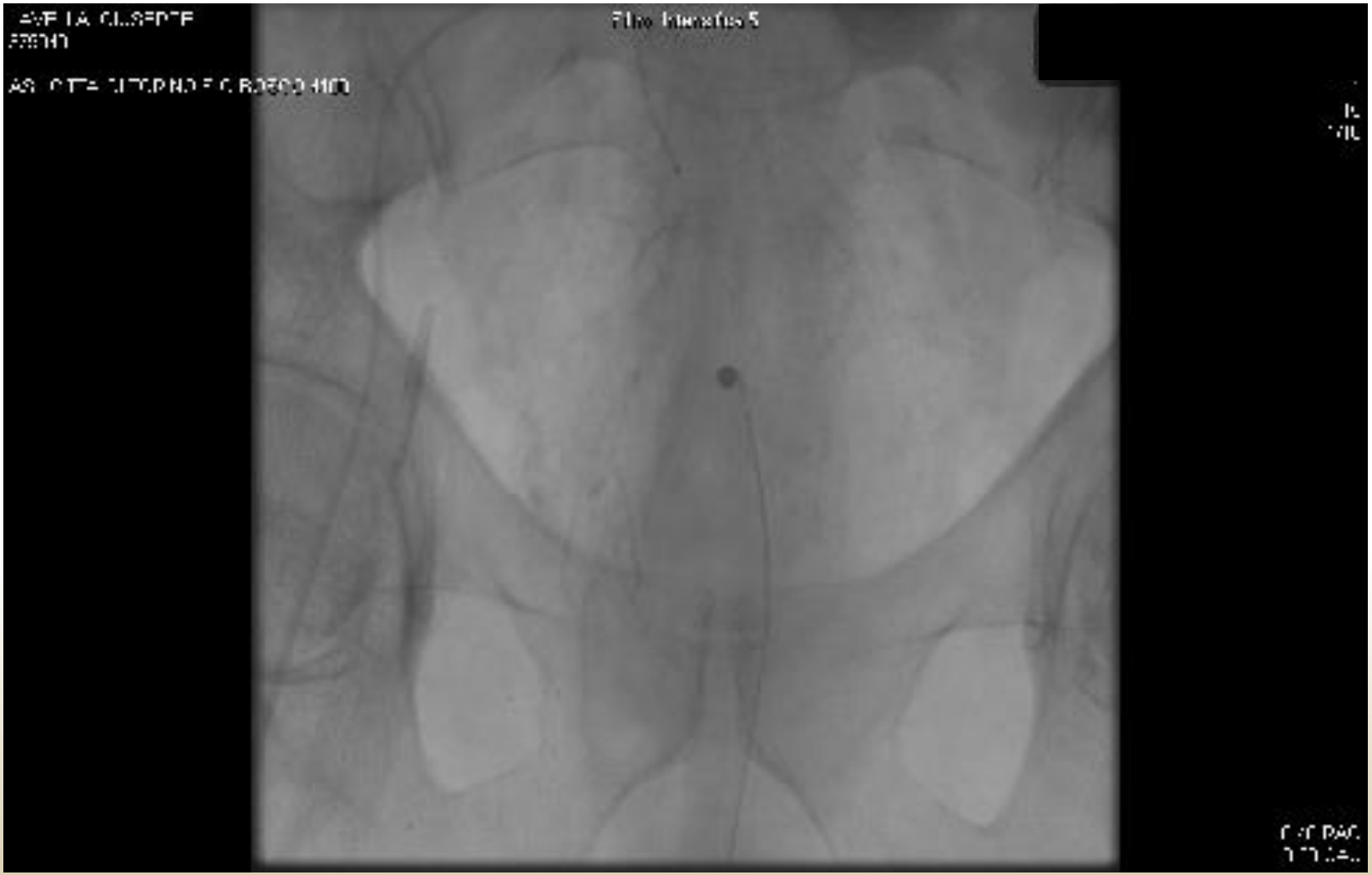
Safety and efficacy of transcatheter embolization with Glubran®2 cyanoacrylate glue for acute arterial bleeding: a single-center experience with 104 patients

Gilles Abdulmalak, Olivier Chevallier, +9 authors Romaric Loffroy · Published in Abdominal Radiology 2017 · DOI: 10.1007/s00261-017-1267-4

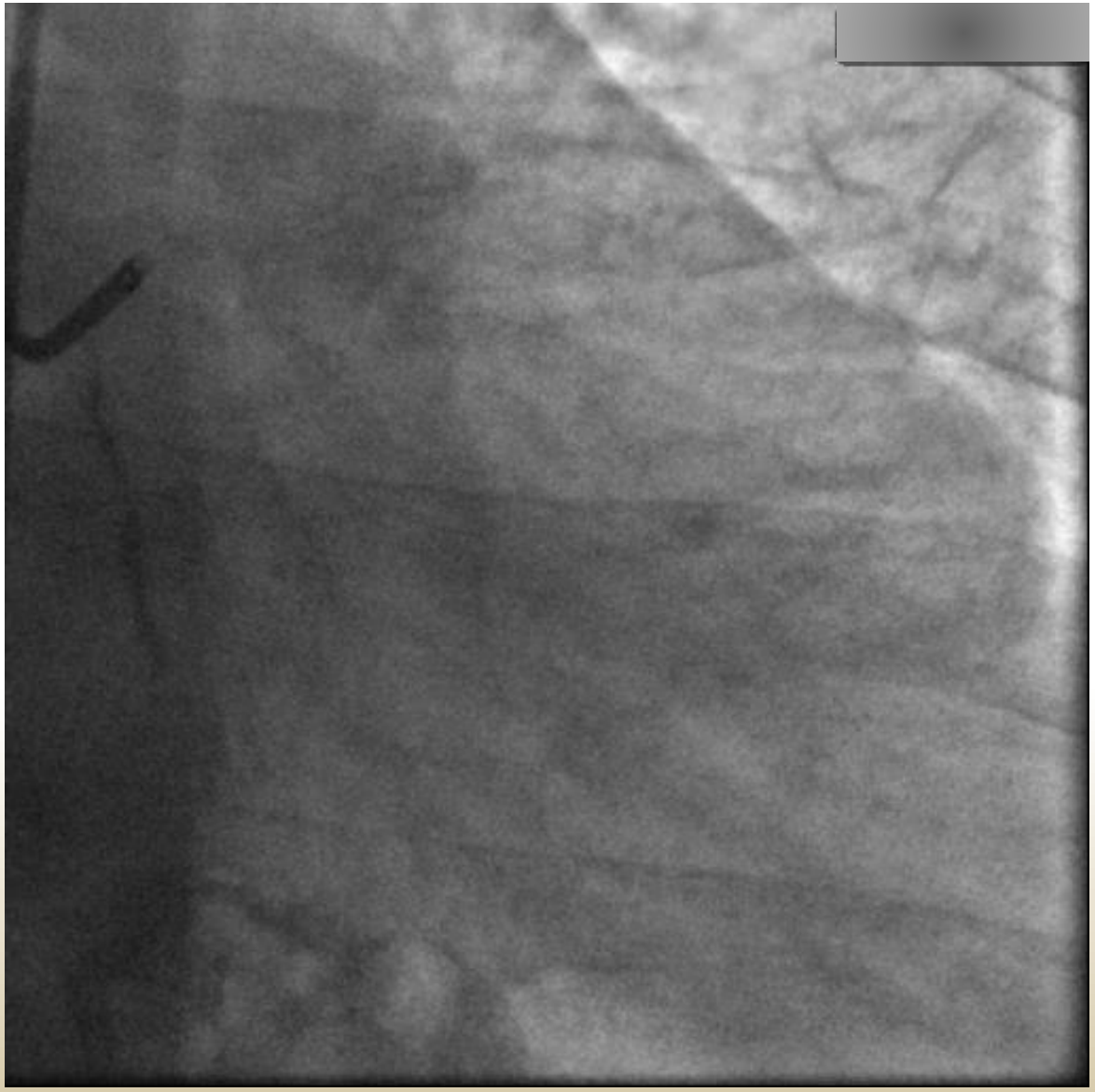
PurposeTo assess the efficacy and the safety of Glubran®2 n-butyl cyanoacrylate metacryloxysulfolane (NBCA-MS) transcatheter arterial embolization (TAE) for acute arterial bleeding from varied anatomic sites and to evaluate the predictive factors associated with clinical success and 30-day mortality.MethodsA retrospective review of consecutive patients who underwent emergent NBCA-MS Glubran®2 TAE between July 2014 and August 2016 was conducted. Variables including age, sex, underlying... CONTINUE READING

VIEW ON SPRINGER · ALTERNATE SOURCES · SAVE TO LIBRARY · CREATE ALERT · CITE

EMBOLIZZAZIONE: RISULTATO FINALE



PCI 48H dopo (DAPT: Cardioaspirin + Clopidogrel 300mg)



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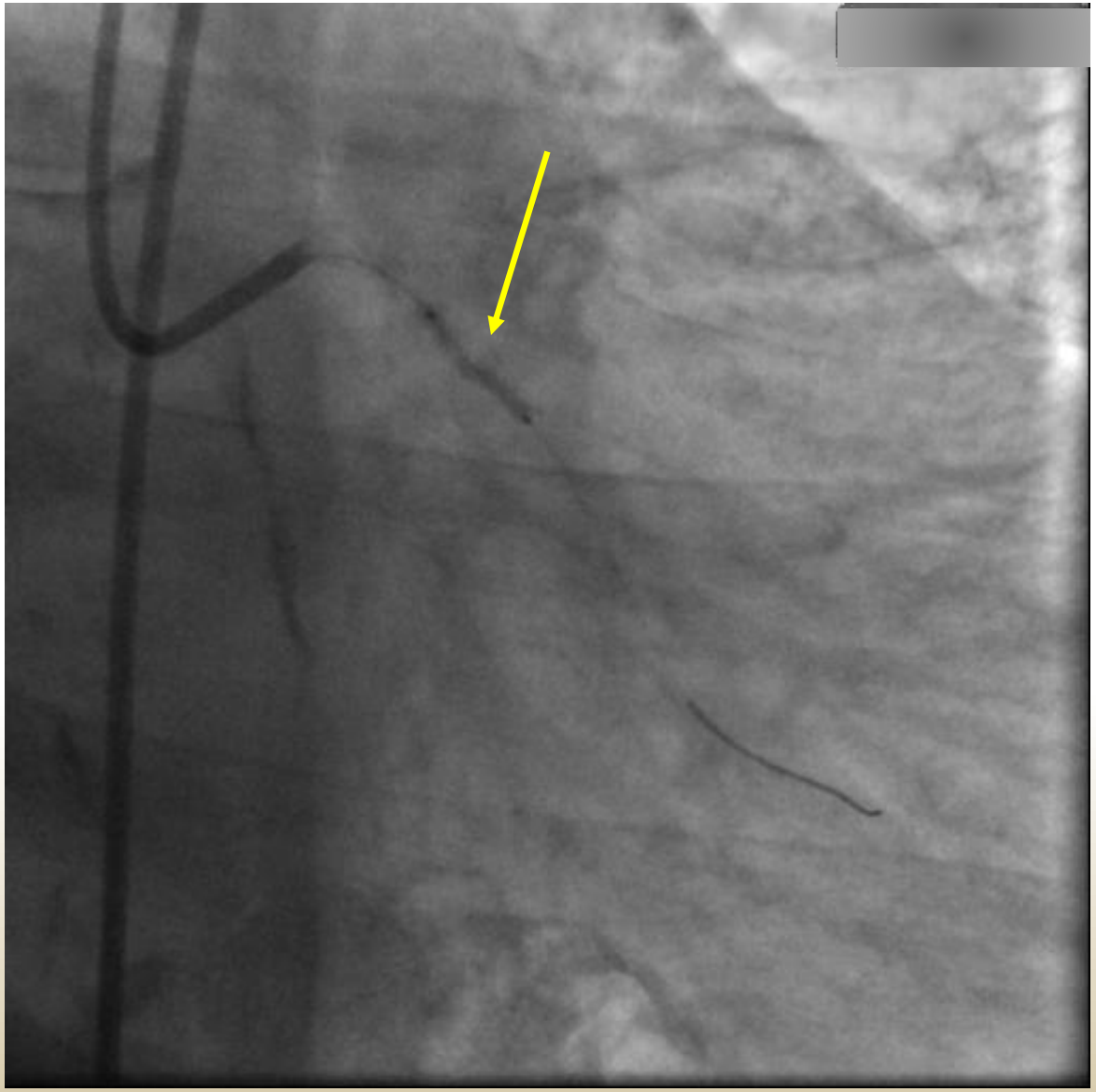

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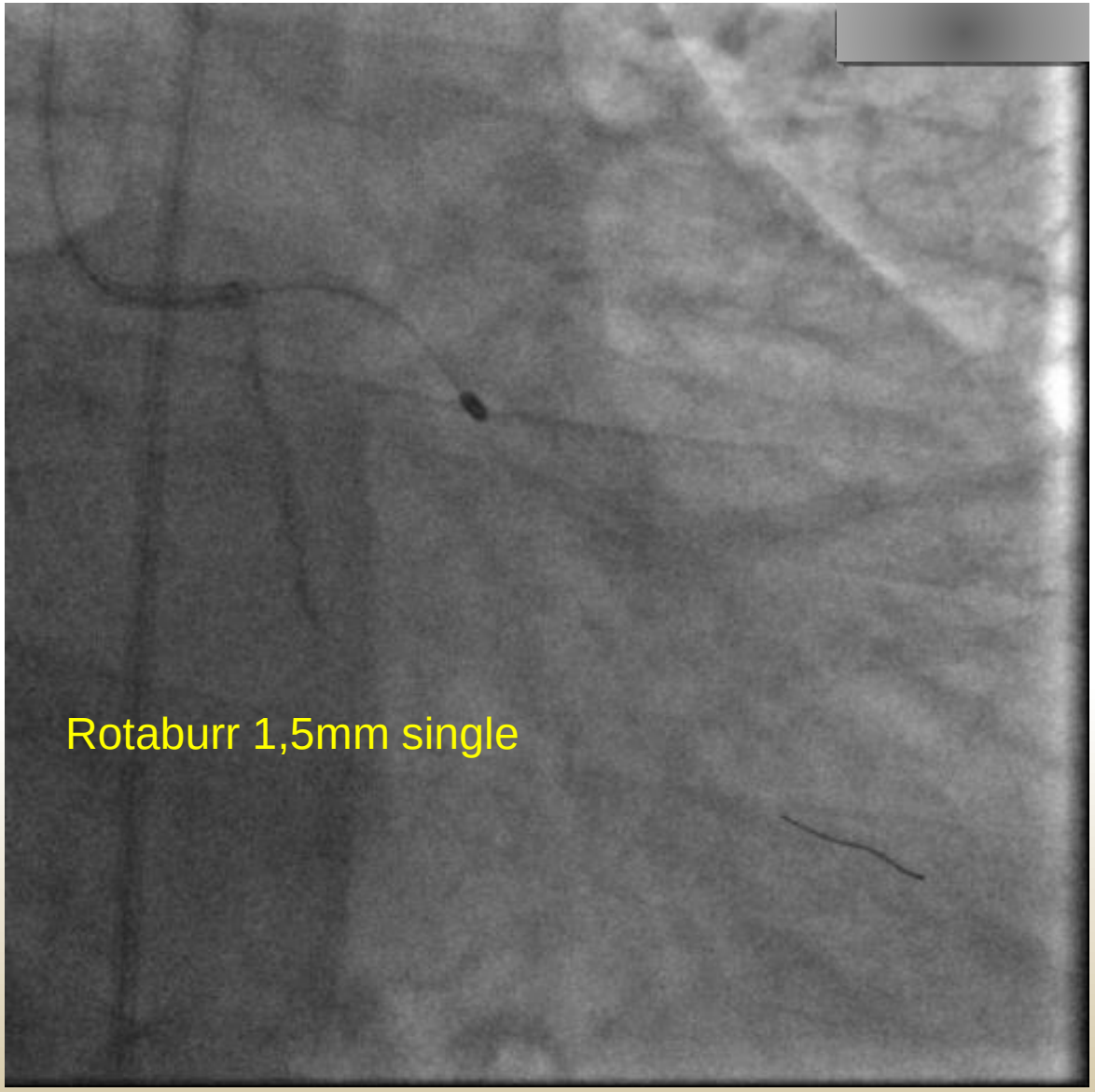

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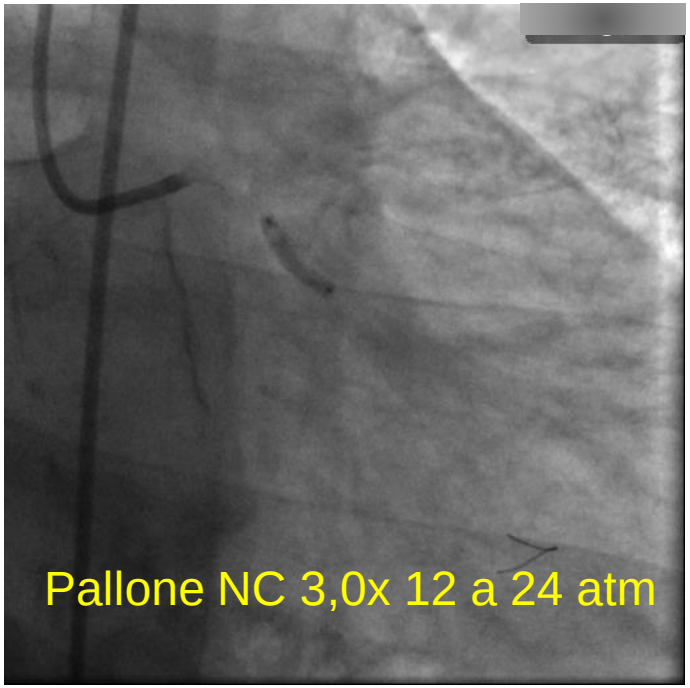

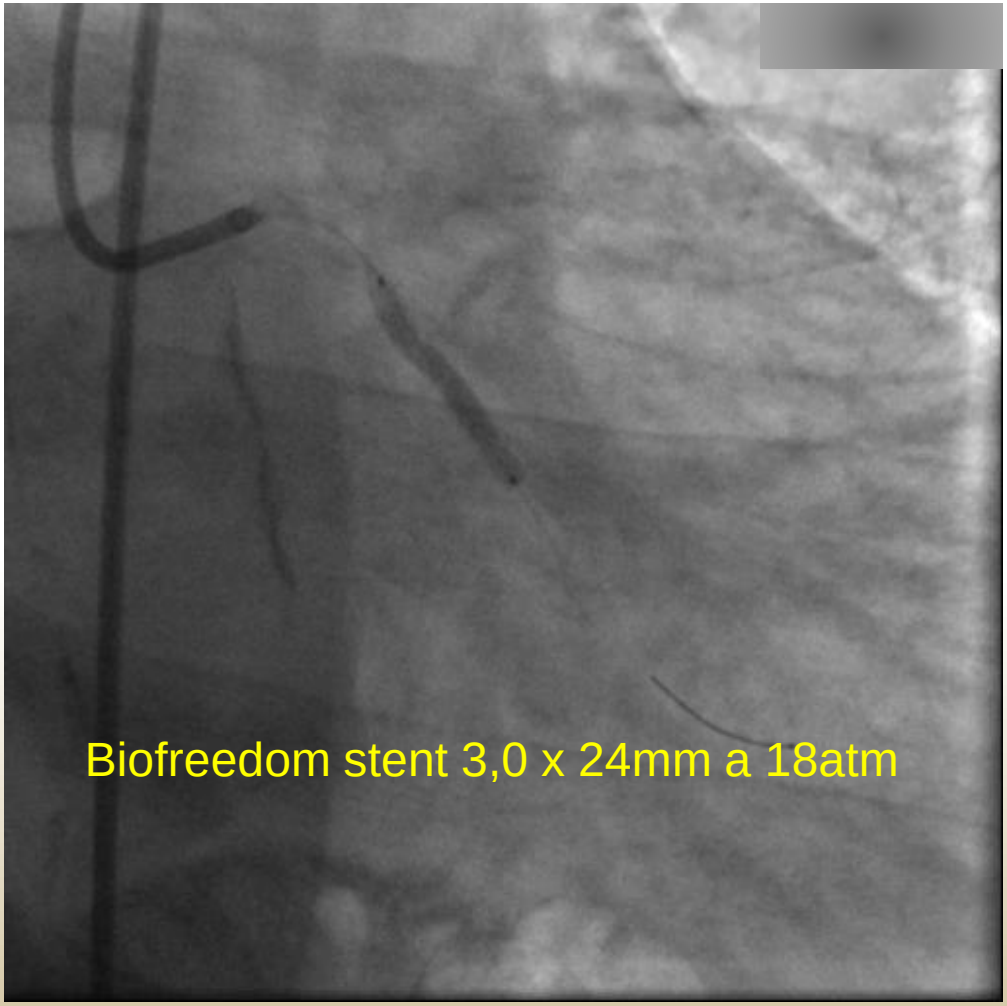

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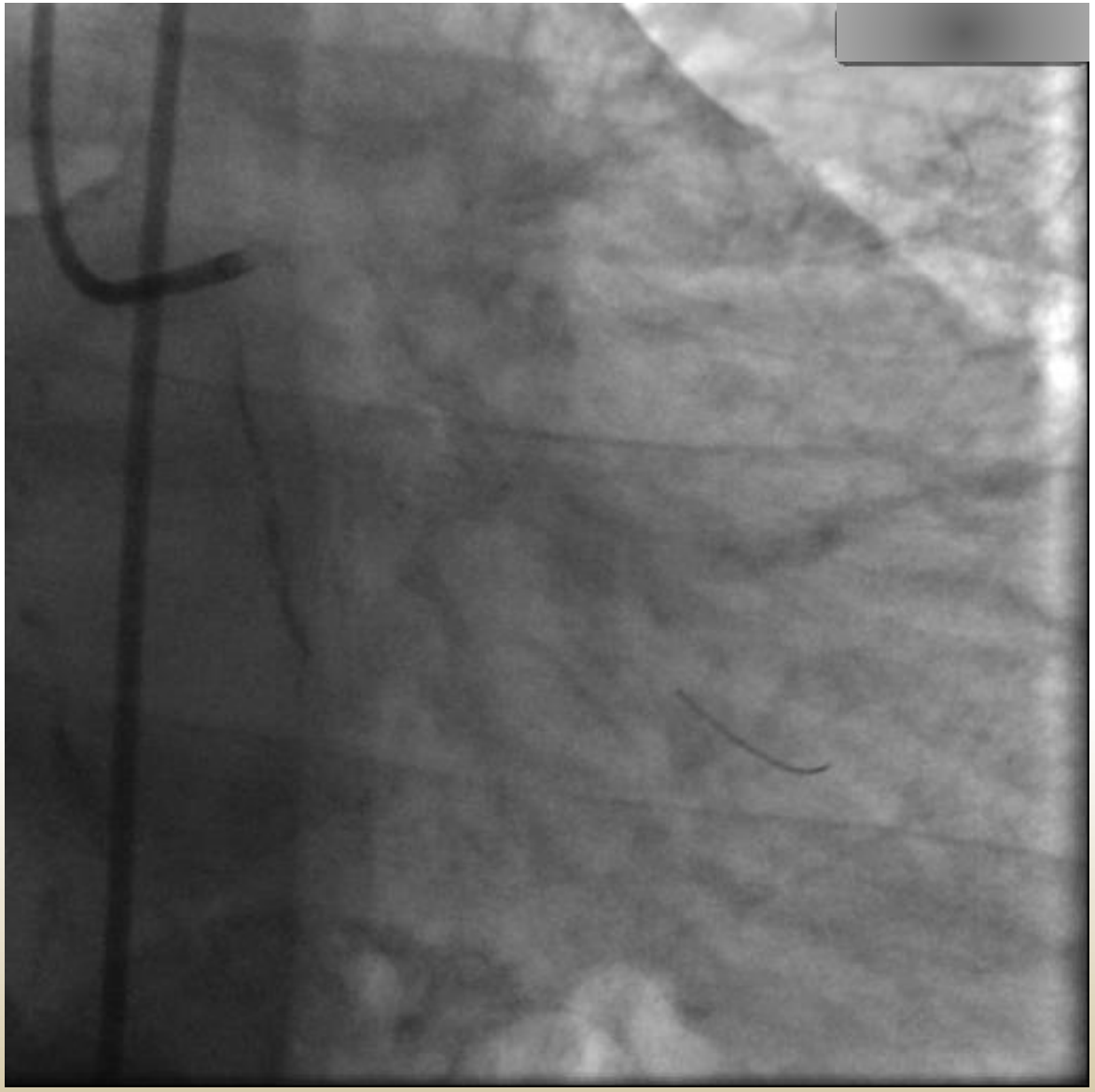

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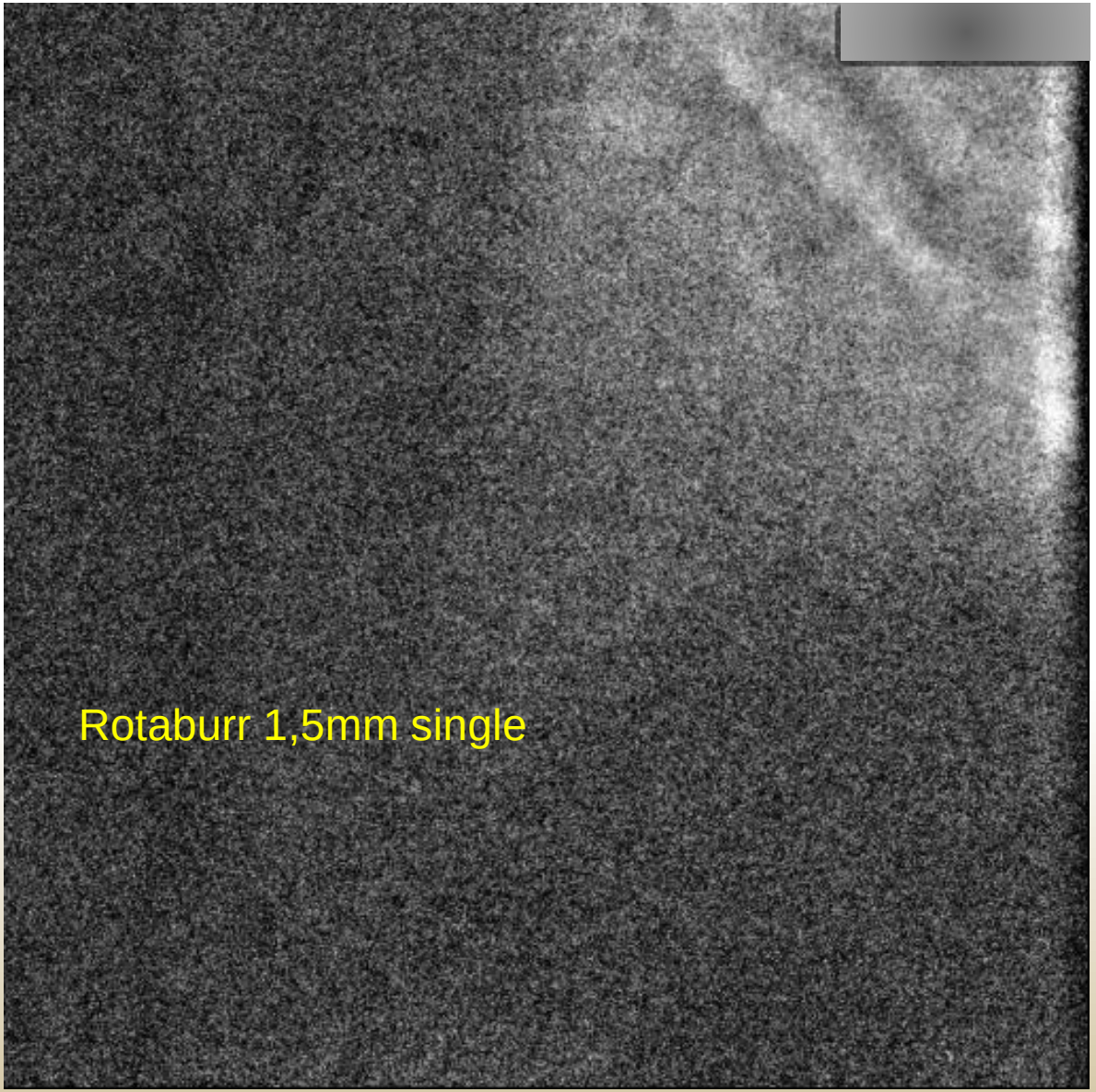

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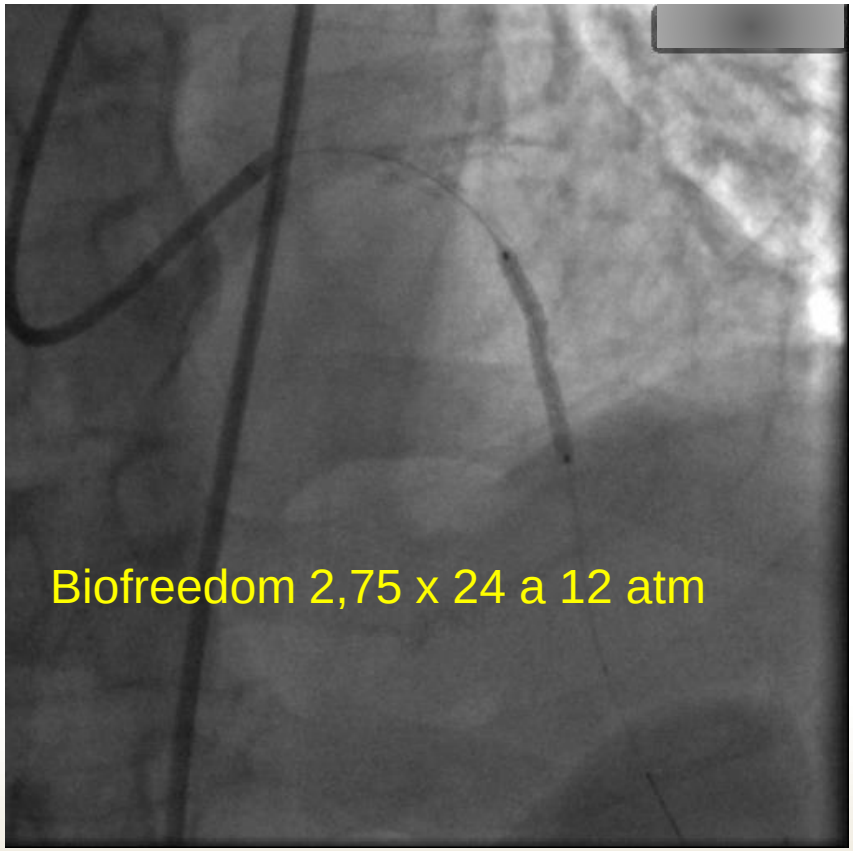

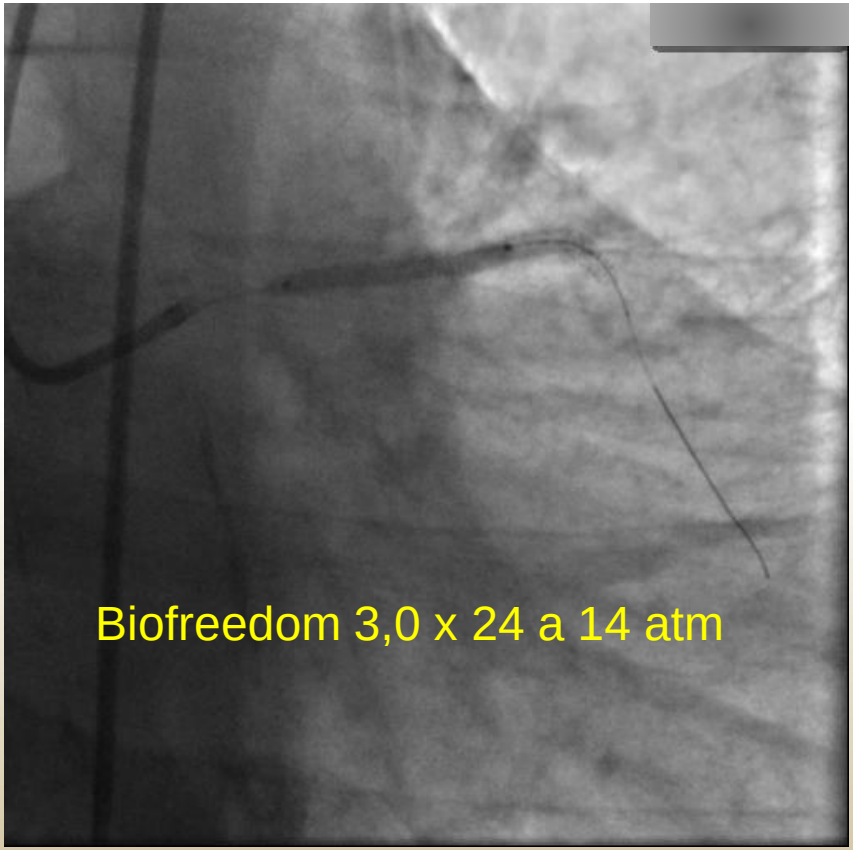

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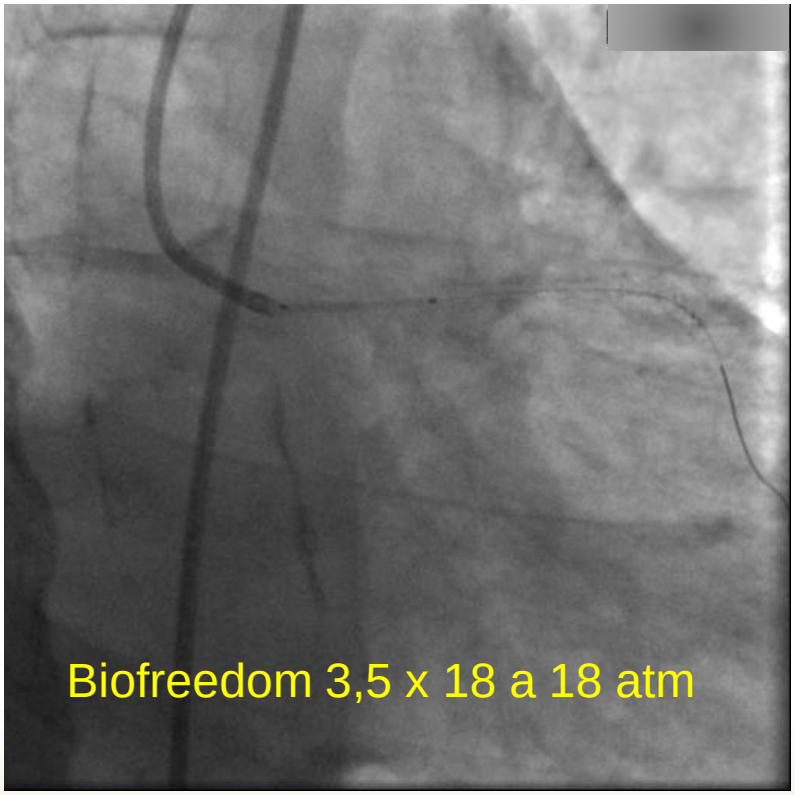

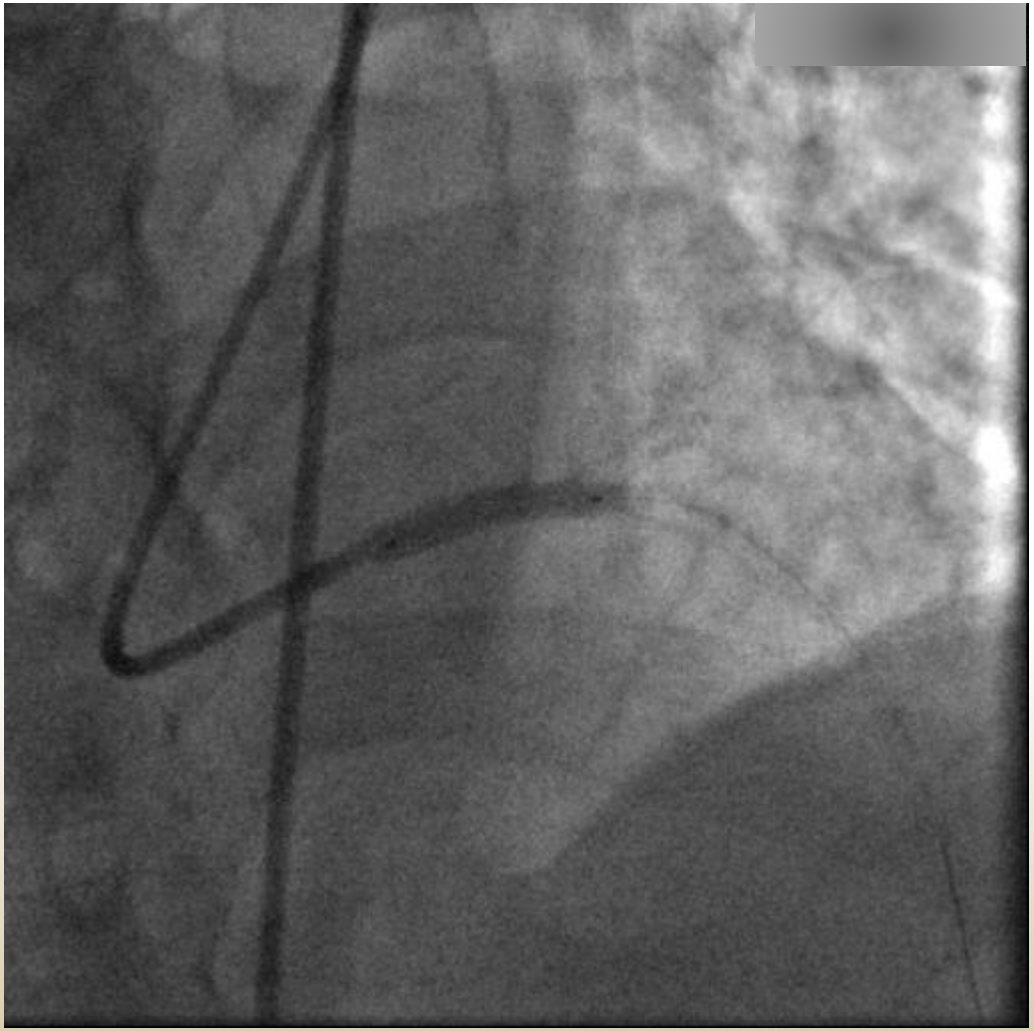

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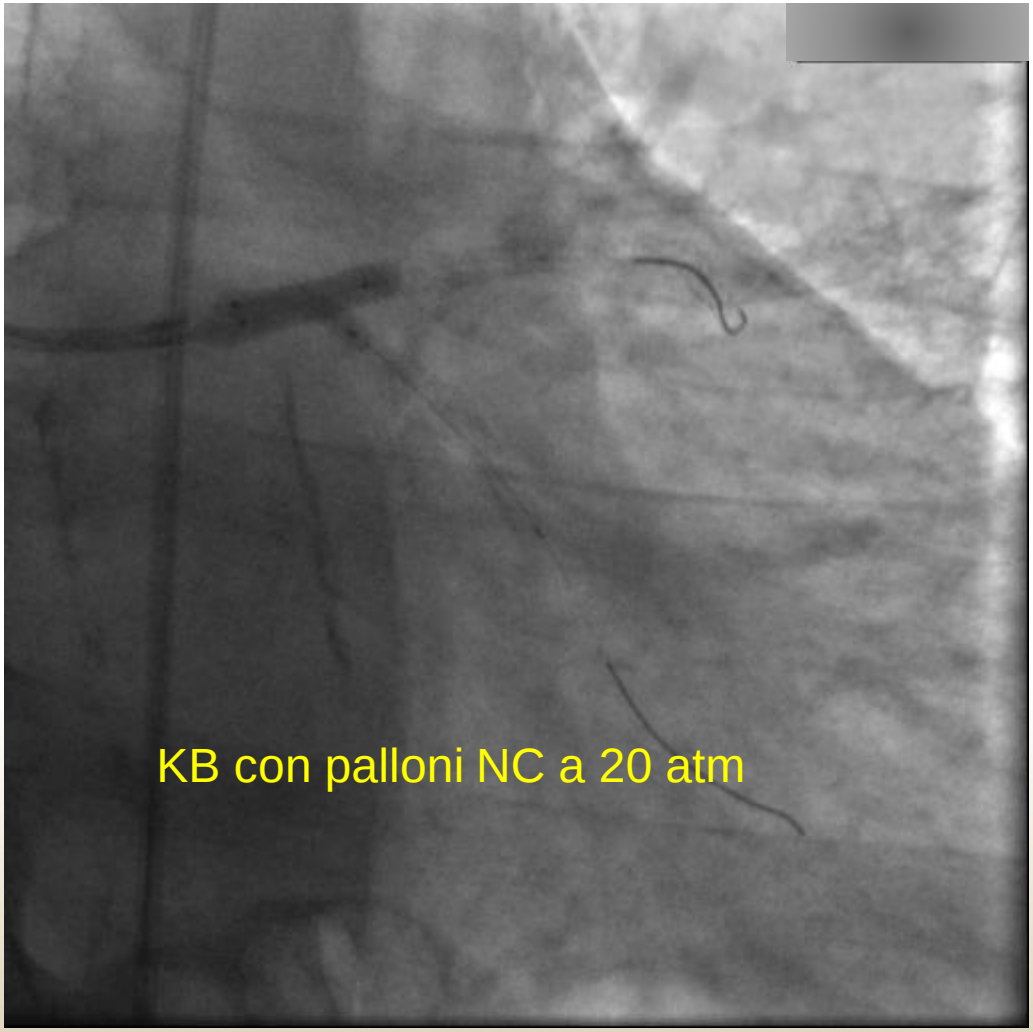
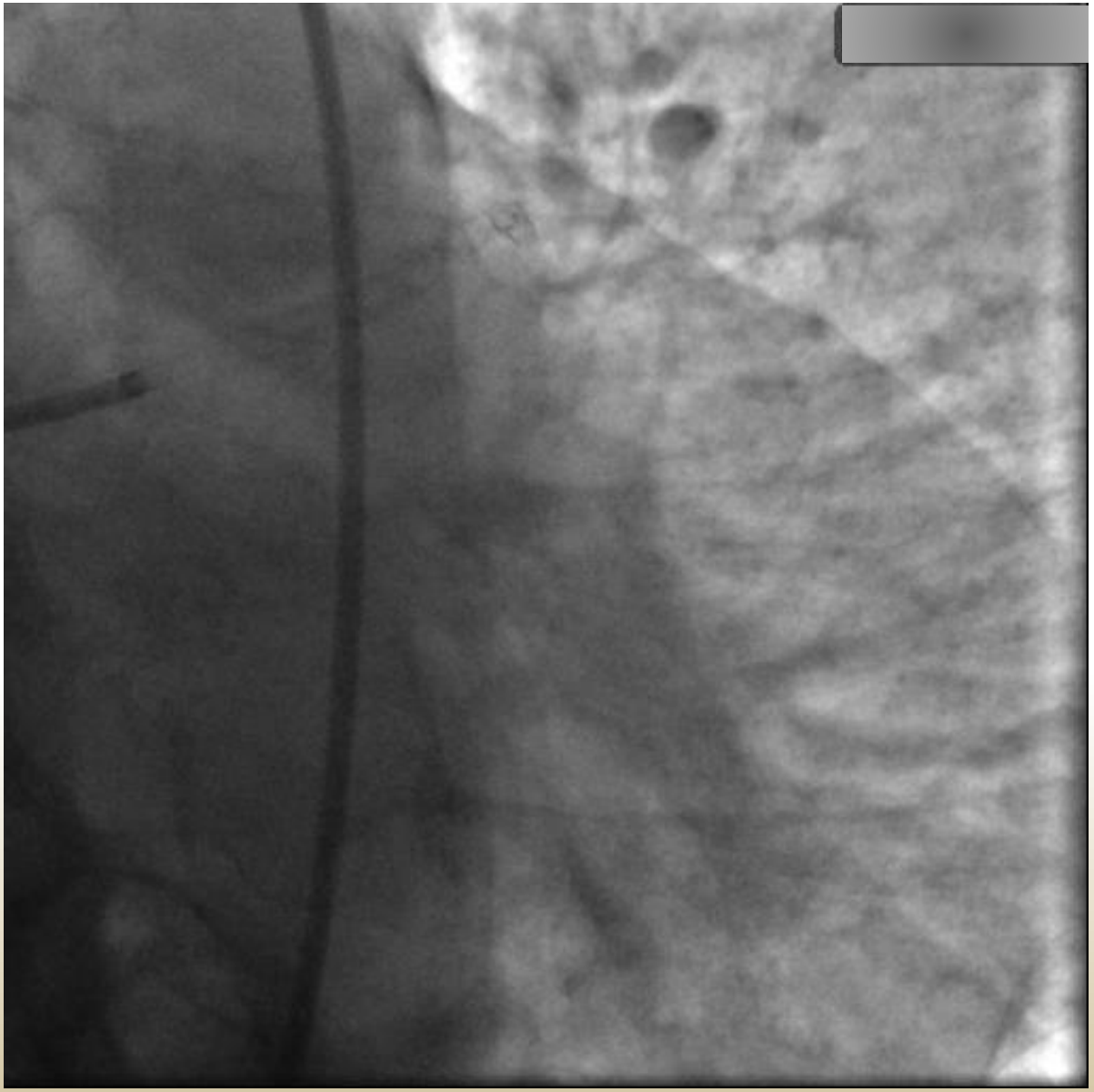


PCI: RISULTATO FINALE



CONCLUSIONI DEL CASO

Non più rettorragia

20gg dopo in singola antiaggregazione (cardioaspirin) è stato sottoposto ad intervento demolitivo di asportazione k rettale

Non SAE al follow-up

ESC European Society of Cardiology

European Heart Journal (2019) **40**, 87–165
doi:10.1093/eurheartj/ehy394

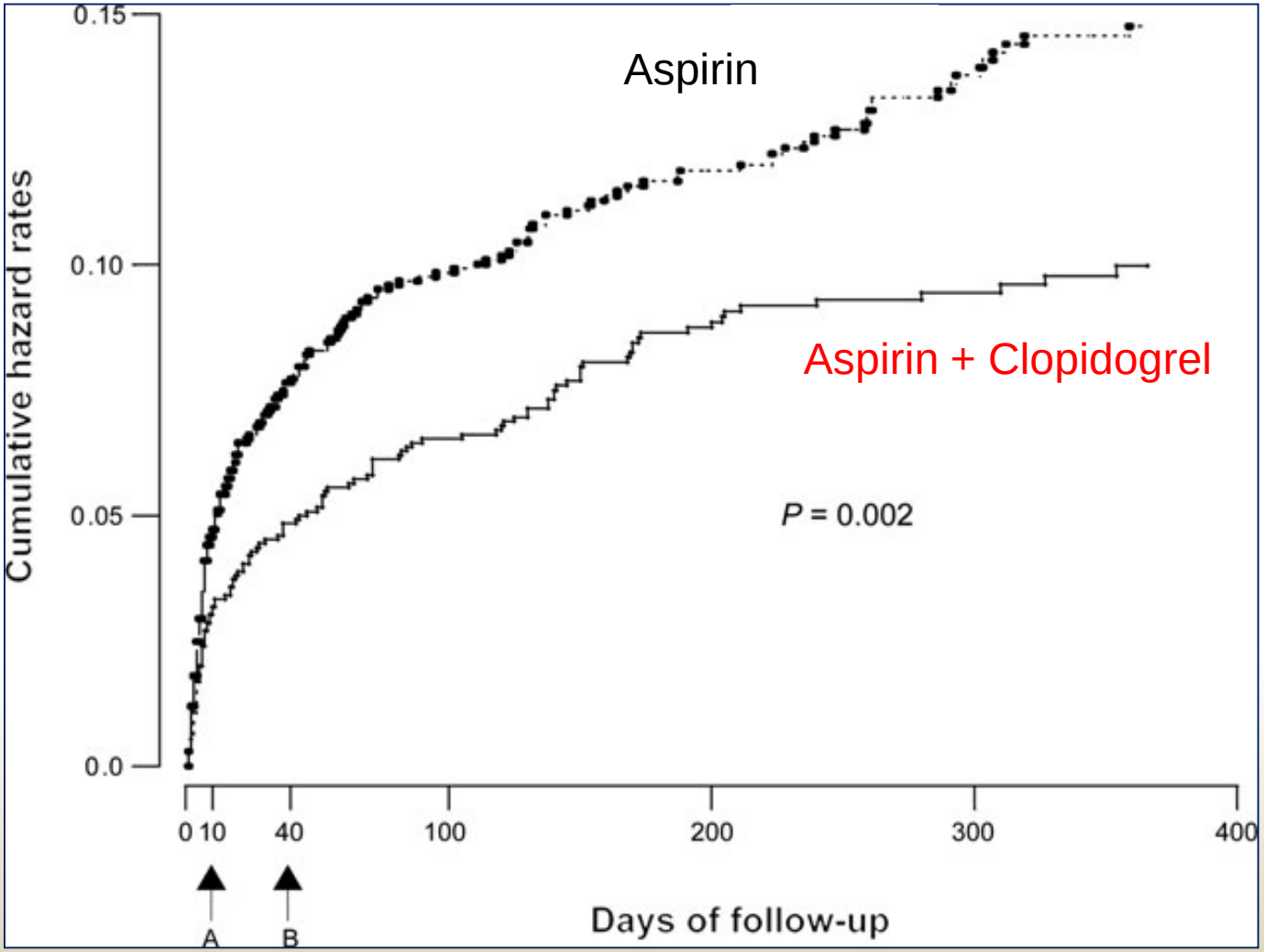
ESC/EACTS GUIDELINES

2018 ESC/EAC[illegible]uidelin[illegible]n myocardial revascularization

The Task Force on myocard[illegible]arization of the European Society of Cardiology (ESC) a[illegible]opean Association for Cardio-Thoracic Surgery (E[illegible]

Developed with the speci[illegible]of the European Association for Percuta[illegible]Cardi[illegible]lar Interventions (EAPCI)

PCI-CURE

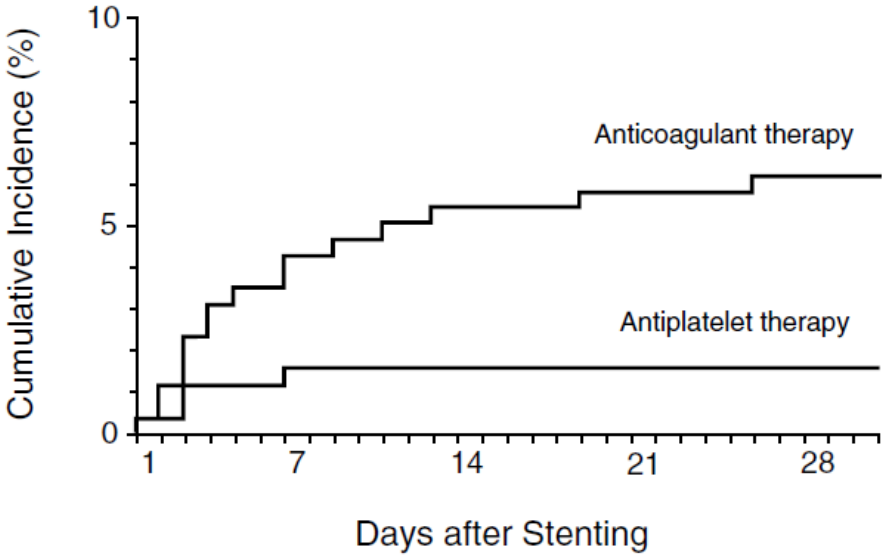


Mehta SR et al. Lancet 2001;358:527–533.

Antithrombotic Therapy in PCI/stent

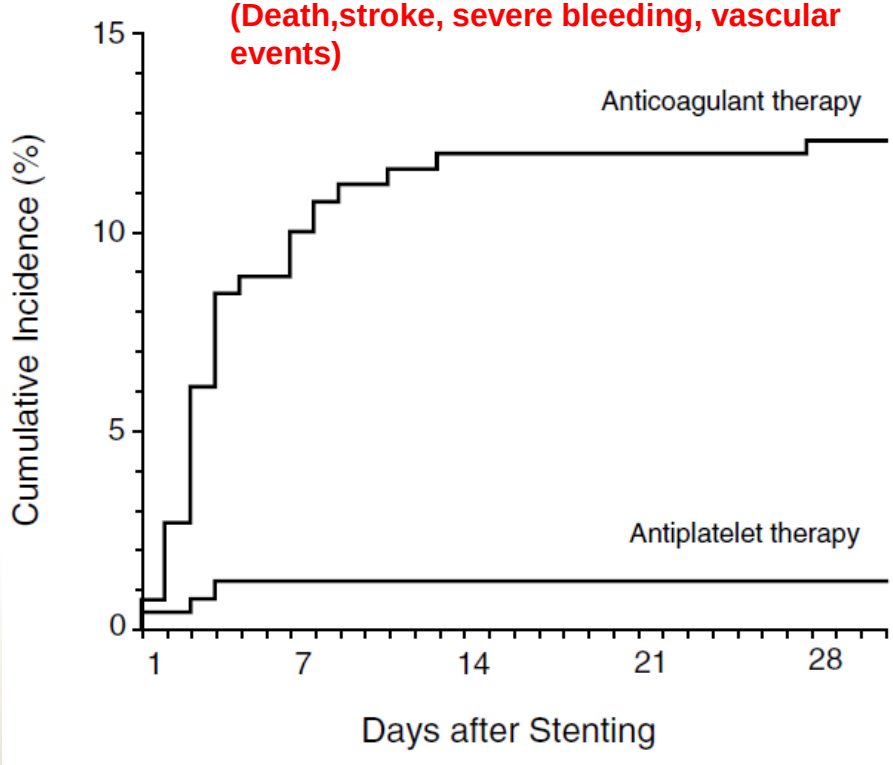
Cardiac Events

(CV Death,MI, CABG,re-PCI)



Noncardiac Events

(Death,stroke, severe bleeding, vascular events)



Schomig A. Et al. NEJM 1996; 334; 1084-9

Antithrombotic Therapy in PCI/stent

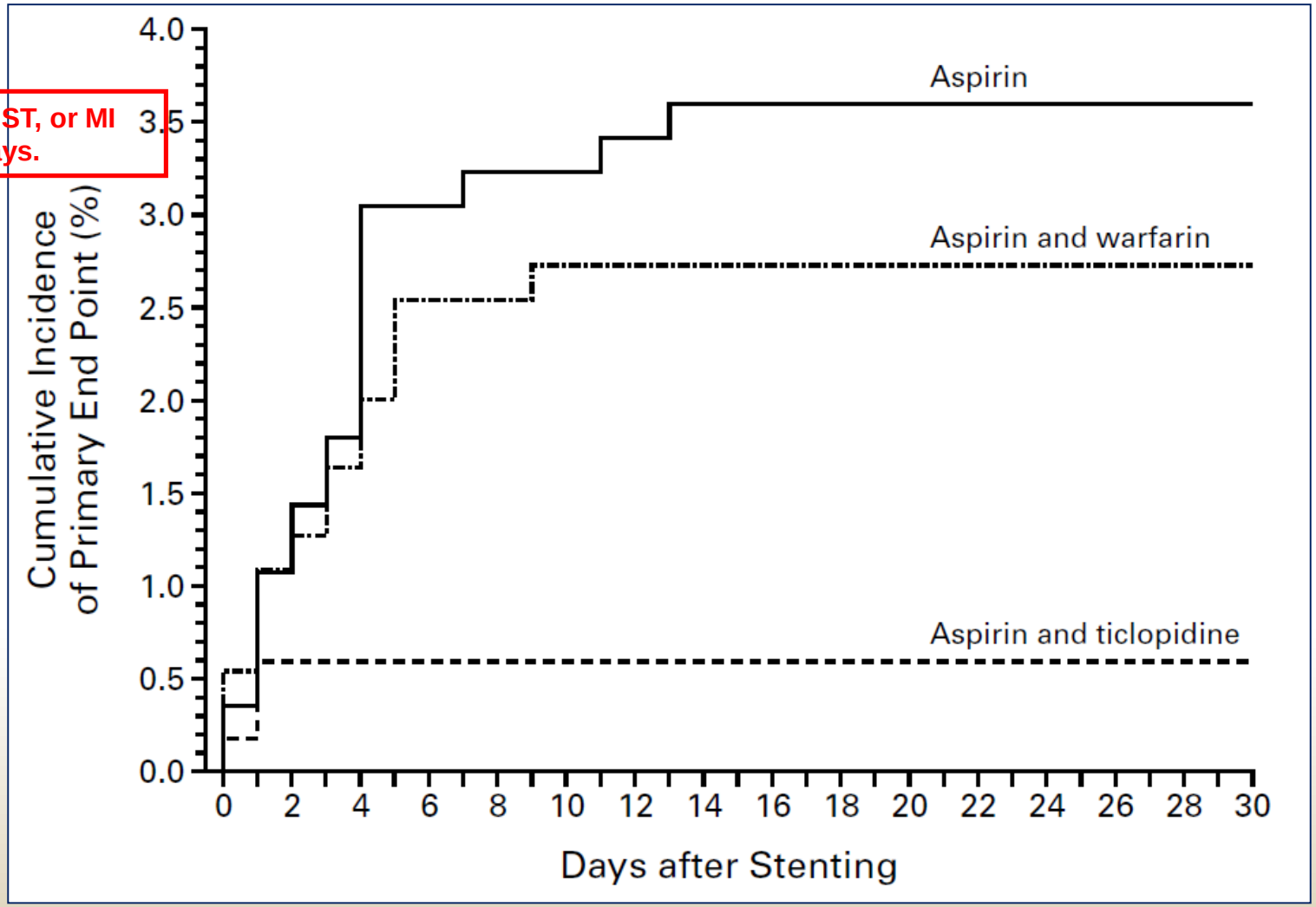
Event	Antiplatelet Therapy (N = 257)	Anticoagulant Therapy (N = 260)	P Value	Relative Risk (95% CI)
	no. (%)			
Primary cardiac end point	4 (1.6)	16 (6.2)	0.01	0.25 (0.06–0.77)
Death	1 (0.4)	2 (0.8)	1.0	0.50 (0.01–9.66)
Myocardial infarction	2 (0.8)	11 (4.2)	0.02	0.18 (0.02–0.83)
Fatal	0	2 (0.8)	0.50	0.00 (0.00–3.51)
Nonfatal	2 (0.8)	9 (3.5)	0.06	0.22 (0.02–1.07)
Reintervention	3 (1.2)	14 (5.4)	0.01	0.22 (0.04–0.77)
CABG	0	1 (0.4)	1.0	
Repeated PTCA	3 (1.2)	13 (5.0)	0.02	0.23 (0.04–0.84)
Primary noncardiac end point	3 (1.2)	32 (12.3)	<0.001	0.09 (0.02–0.31)
Death	0	0		
Cerebrovascular accident	1 (0.4)	0	1.0	
Hemorrhagic event	0	17 (6.5)	<0.001	0.00 (0.00–0.19)
Surgical correction	0	1 (0.4)	1.0	
Transfusion	0	12 (4.6)	0.001	0.00 (0.00–0.29)
Organ dysfunction	0	7 (2.7)	0.02	0.00 (0.00–0.53)
Peripheral vascular event	2 (0.8)	16 (6.2)	0.001	0.13 (0.01–0.53)
Surgical correction	0	1 (0.4)	1.0	
Ultrasound-guided compression	2 (0.8)	15 (5.8)	0.002	0.14 (0.02–0.57)
Combined clinical end point	7 (2.7)	43 (16.5)	<0.001	0.16 (0.06–0.36)
Occlusion of stented vessel	2 (0.8)	14 (5.4)	0.004	0.14 (0.02–0.62)
Thrombosis	0	13 (5.0)	<0.001	0.00 (0.00–0.26)
Dissection	2 (0.8)	1 (0.4)	1.0	2.03 (0.11–120)

Schomig A. Et al. NEJM 1996; 334; 1084-9

Antithrombotic Therapy in PCI/stent.

The STARS Trial

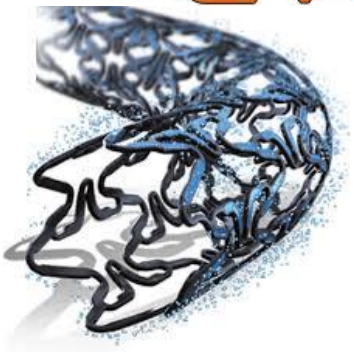
death, TLR, ST, or MI within 30 days.



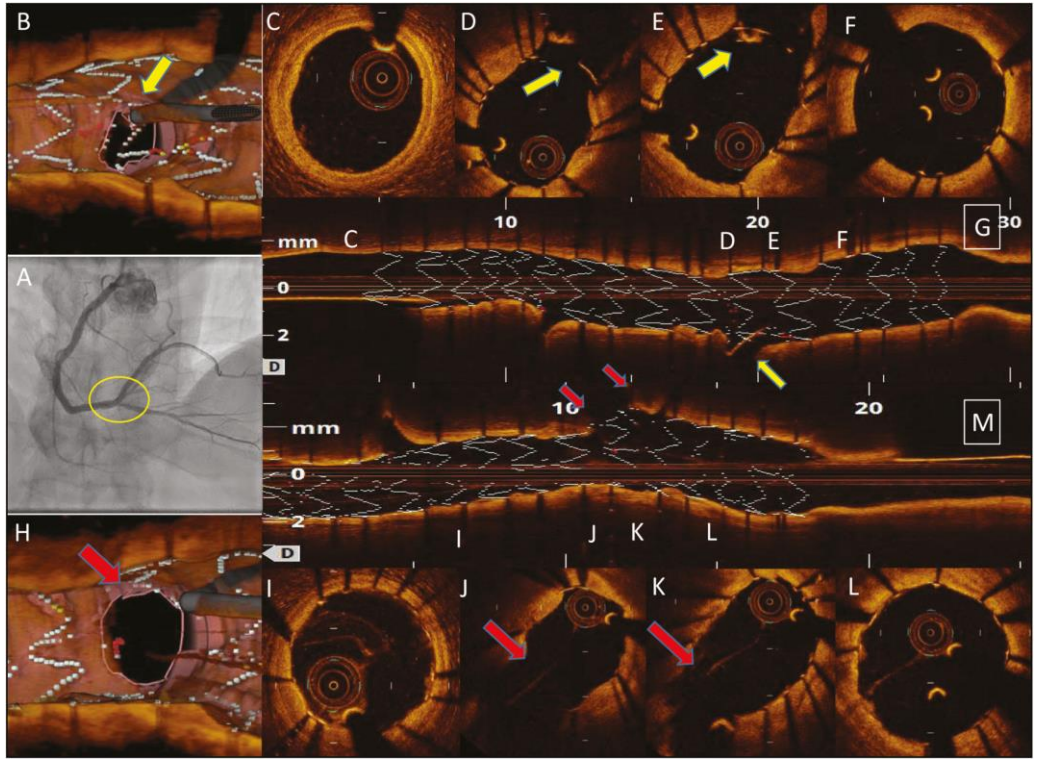
Leon M et al. NEJM 1998; 339: 1665 - 71

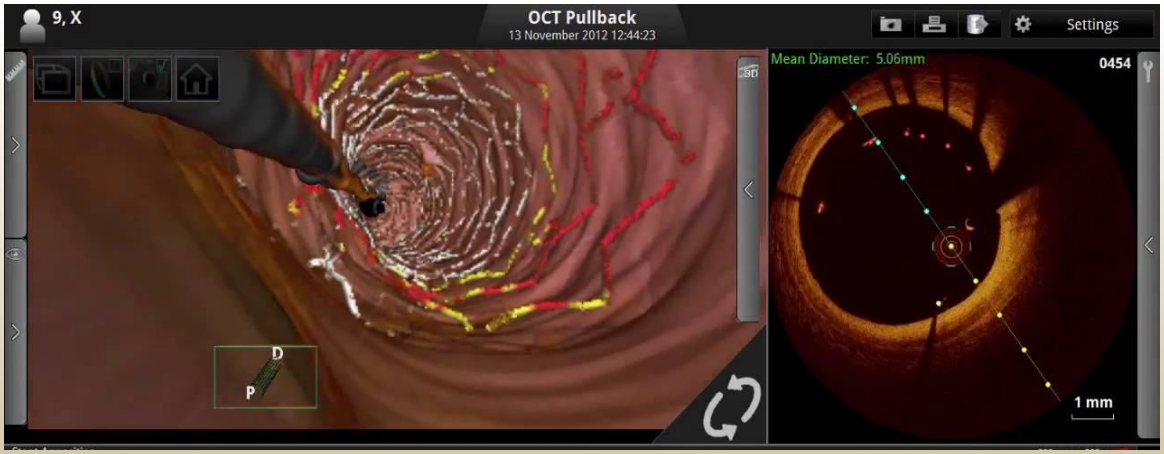
Nuovi Devices

CRE8 EVO



Nuove Tecnologie





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Centro di Eccellenza Federale per la Ricerca in Medicina dello Sport

ASL CITTÀ DI TORINO

IL CUORE "NELLO SPORT"

TORINO

Venerdì 11 e Sabato 12 Ottobre 2019

HOTEL NH TORINO CENTRO
C.so Vittorio Emanuele II, 104

Thank you for the attention