



Επαναγγείωση σε περίπτωση σύμπλοκης
πολυαγγειακής στεφανιαίας νόσου με διαδερμική
στεφανιαία παρέμβαση μετά καρδιοχειρουργική
απόρριψη

ΔΙΑΦΟΡΙΚΗ ΔΙΑΓΝΩΣΗ

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ΓΝΑ «Ο Ευαγγελισμός»



2018 ESC/EACTS Guidelines on myocardial revascularization



2018 ESC/EACTS Guidelines on myocardial revascularization – part 1



- Procedural aspects of PCI
- Peri- and post-interventional antithrombotic treatment for PCI
- **Indications for myocardial revascularization**
- Criteria for the choice between PCI and CABG
- Choice between PCI or CABG for stable coronary artery disease

Indications for revascularization in patients with stable angina or silent ischaemia (1)



		Class	Level
For symptoms	Haemodynamically significant coronary stenosis in the presence of limiting angina or angina equivalent, with insufficient response to optimized medical therapy. ^a	I	A

^a In consideration of patient compliance and wishes in relation to intensity of antianginal therapy.

Indications for revascularization in patients with stable angina or silent ischaemia (2)



Extent of CAD (anatomical and/or functional)		Class	Level
For prognosis	Left main disease with stenosis >50%. ^a	I	A
	Proximal LAD stenosis >50%. ^a	I	A
	Two- or three-vessel disease with stenosis >50% with impaired LV function (LVEF ≤35%). ^a	I	A

^a With documented ischaemia or haemodynamically relevant lesion defined by FFR ≤ 0.80 or iwFR ≤ 0.89 or > 90% stenosis in a major coronary vessel.

^b Based on FFR < 0.75 indicating a prognostically relevant lesion

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SYNTAX SCORE

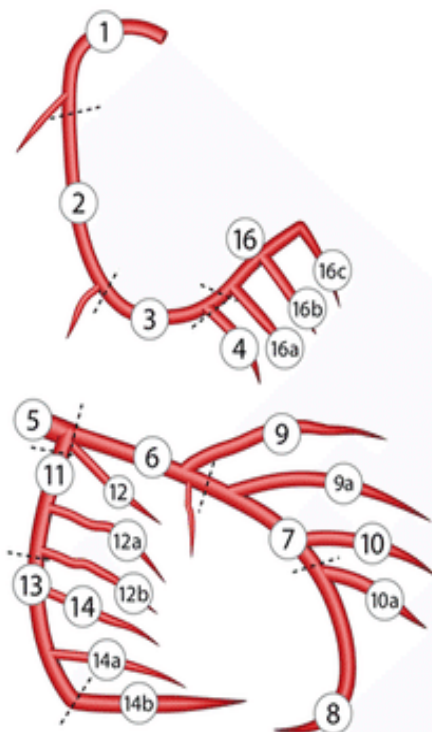
CARDIOLYSIS Boston Scientific

Score: 10

Dominance: right

Current lesion: 2/2

Calculator version 2.02



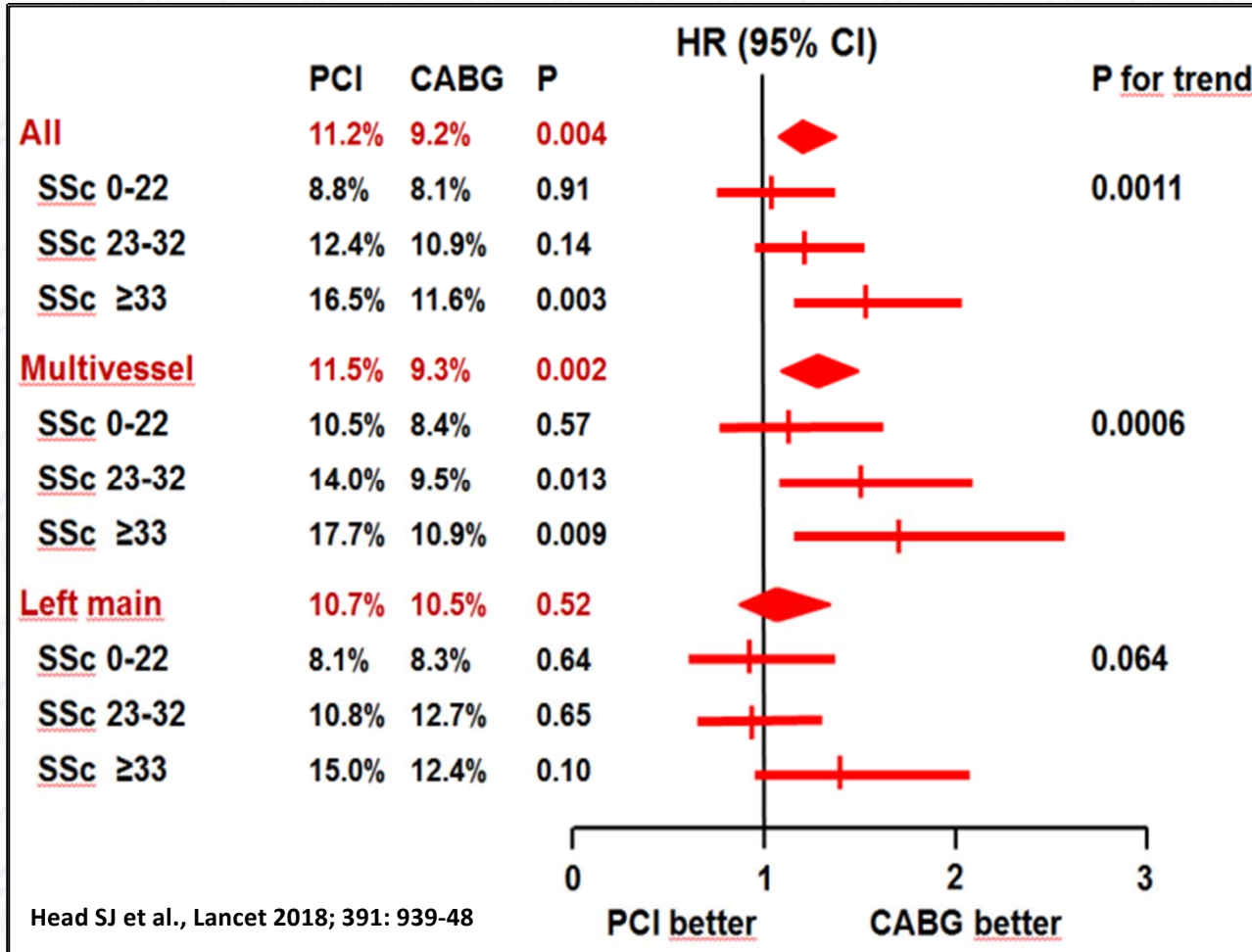
3. Specify which segments are diseased for lesion 2. [i](#)
Click on the coronary tree image to select or unselect segments.

	Lesion:	2
Segments:		
RCA RCA proximal	1	<input type="checkbox"/>
RCA mid	2	<input type="checkbox"/>
RCA distal	3	<input type="checkbox"/>
Posterior descending	4	<input type="checkbox"/>
Posterolateral from RCA	16	<input type="checkbox"/>
Posterolateral from RCA	16a	<input type="checkbox"/>
Posterolateral from RCA	16b	<input type="checkbox"/>
Posterolateral from RCA	16c	<input type="checkbox"/>
LM Left main	5	<input type="checkbox"/>
LAD LAD proximal	6	<input checked="" type="checkbox"/>
LAD mid	7	<input checked="" type="checkbox"/>
LAD apical	8	<input type="checkbox"/>
First diagonal	9	<input type="checkbox"/>
Add. first diagonal	9a	<input type="checkbox"/>
Second diagonal	10	<input type="checkbox"/>
Add. second diagonal	10a	<input type="checkbox"/>
LCX Proximal circumflex	11	<input type="checkbox"/>
Intermediate/anterolateral	12	<input type="checkbox"/>
Obtuse marginal	12a	<input type="checkbox"/>
Obtuse marginal	12b	<input type="checkbox"/>
Distal circumflex	13	<input type="checkbox"/>
Left posterolateral	14	<input type="checkbox"/>
Left posterolateral	14a	<input type="checkbox"/>
Left posterolateral	14b	<input type="checkbox"/>

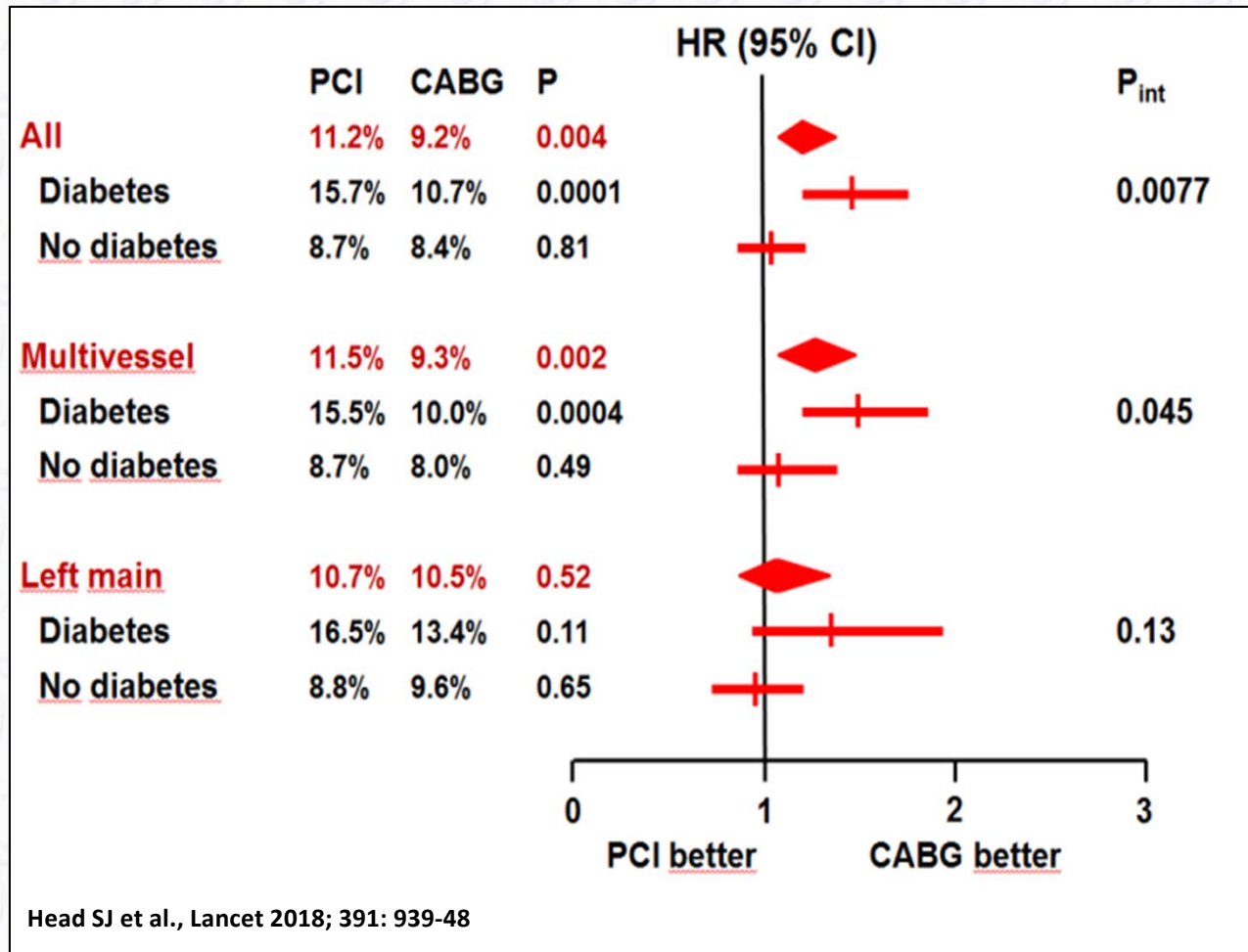
[next](#)

[Click here for segment definitions](#)

5-Year all-cause mortality after PCI versus CABG according to disease type and strata of SYNTAX score



5-Year all-cause mortality after PCI versus CABG according to disease type and diabetes mellitus



Recommendations	Class	Level
Assessment of surgical risk		
It is recommended that the STS score is calculated to assess in-hospital or 30 day mortality, and in-hospital morbidity after CABG.	I	B
Calculation of the EuroSCORE II score may be considered to assess in-hospital mortality after CABG.	IIb	B
Assessment of CAD complexity		
In patients with LM or multivessel disease, it is recommended that the SYNTAX score is calculated to assess the anatomical complexity of CAD and the long-term risk of mortality and morbidity after PCI.	I	B
When considering the decision between CABG and PCI, completeness of revascularization should be prioritized.	IIa	B

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Type of revascularization in patients with stable coronary artery disease with suitable coronary anatomy for both procedures and low predicted surgical mortality (1)

Recommendations according to extent of CAD	CABG		PCI	
	Class	Level	Class	Level
One-vessel CAD				
Without proximal LAD stenosis.	IIb	C	I	C
With proximal LAD stenosis.	I	A	I	A
Two-vessel CAD				
Without proximal LAD stenosis.	IIb	C	I	C
With proximal LAD stenosis.	I	B	I	C

Type of revascularization in patients with stable coronary artery disease with suitable coronary anatomy for both procedures and low predicted surgical mortality (2)



Recommendations according to extent of CAD	CABG		PCI	
	Class	Level	Class	Level
Left main CAD				
Left main disease with low SYNTAX score (0-22).	I	A	I	A
Left main disease with intermediate SYNTAX score (23-32).	I	A	IIa	A
Left main disease with high SYNTAX score (≥33). ^a	I	A	III	B

^a PCI should be considered, if the patient refuses CABG after adequate counselling by the Heart Team.



ΣΥΜΠΕΡΑΣΜΑΤΑ

- 1. Η χειρουργική θεραπεία είναι η θεραπεία εκλογής
- 2. Η απόρριψη από την ΚΡΧ ομάδα επιβάλλει την διαδερμική staged αντιμετώπιση
- 3. Η ανατομία, η δυσχέρεια προώθησης οδηγού σύρματος στον LAD χαρακτηρίζουν την αντιμετώπιση προκλητική.



ΣΑΣ ΕΥΧΑΡΙΣΤΩ ΓΙΑ ΤΗΝ ΠΡΟΣΟΧΗ ΣΑΣ