

# *Ma perspective d'usage de recanalisation à l'aveugle la plus prometteuse.....*

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DURRLEMAN Nicolas, Chirurgien Cardiaque

**Hôpital Privé Les Franciscaines  
Nîmes**



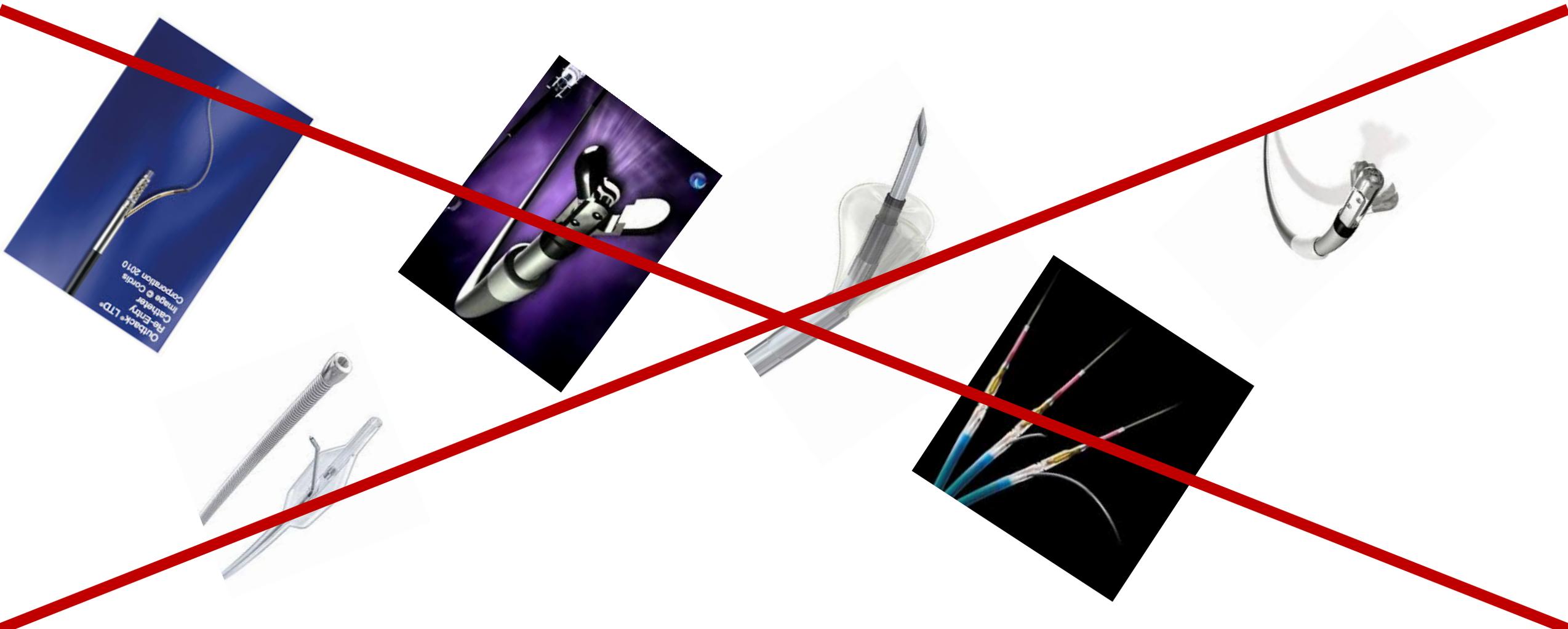
# *Disclosure*

- Cook Medical
- General Electric
- Medtronic
- Biotronik

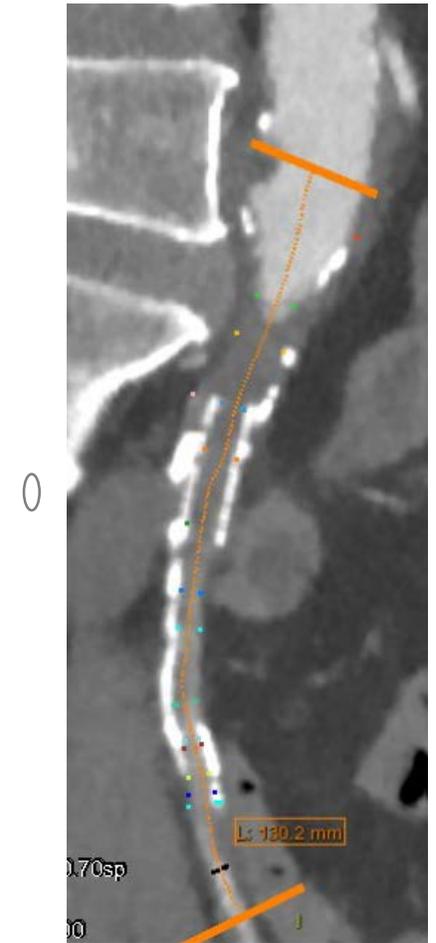
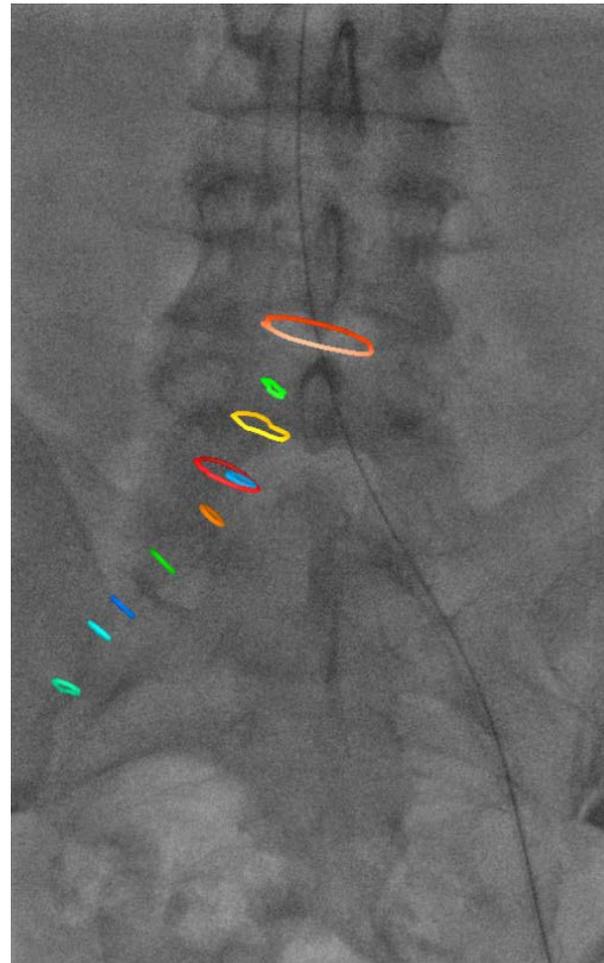
# *Systemes de recanalisation*



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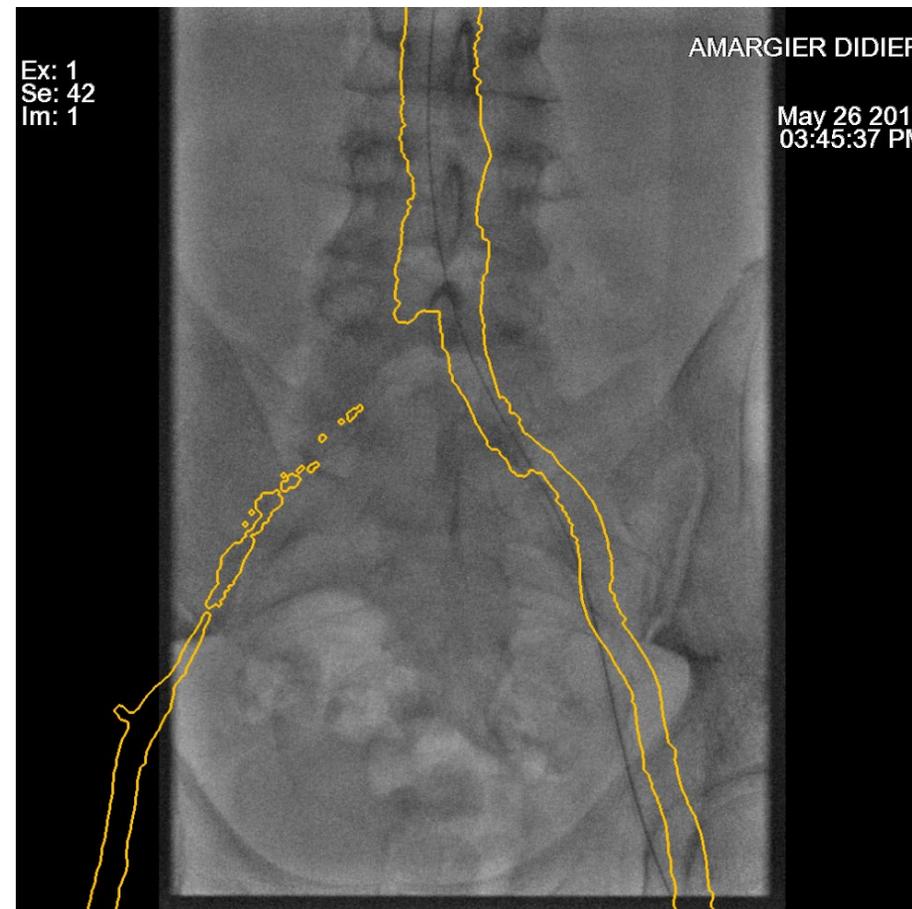
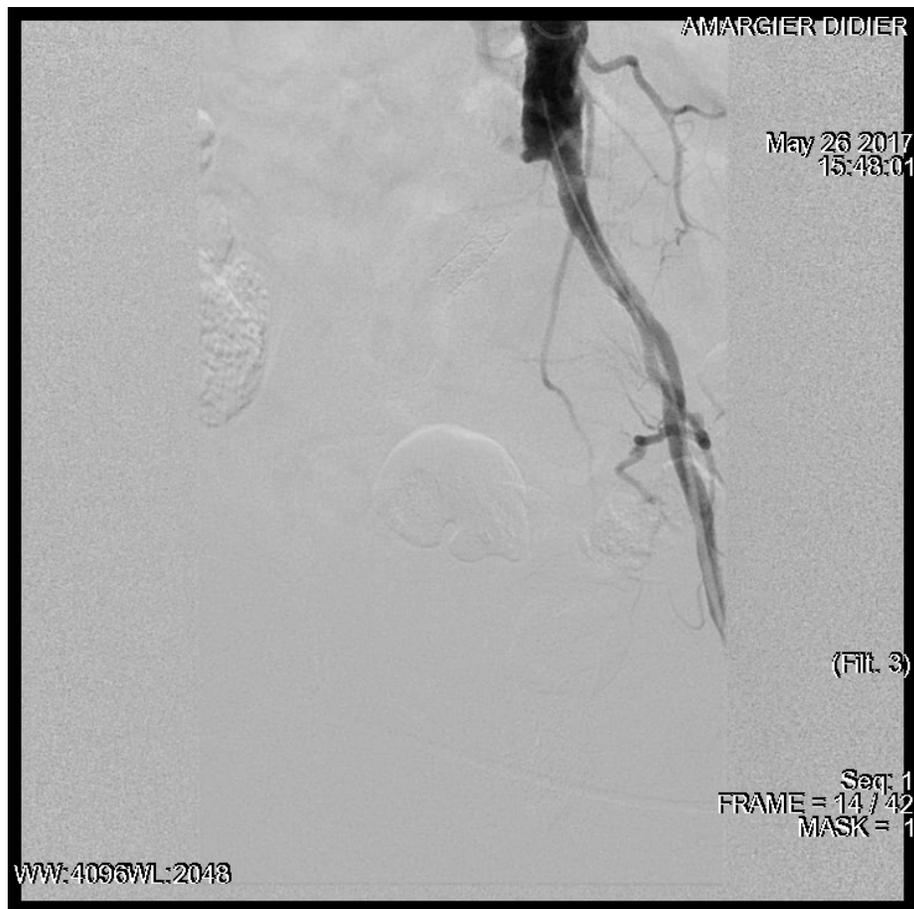
# Technique de fusion en 3D et cercles de planifications



# *Technique de fusion d'images*



# *Occlusion Artérielle et Fusion D'images ?*



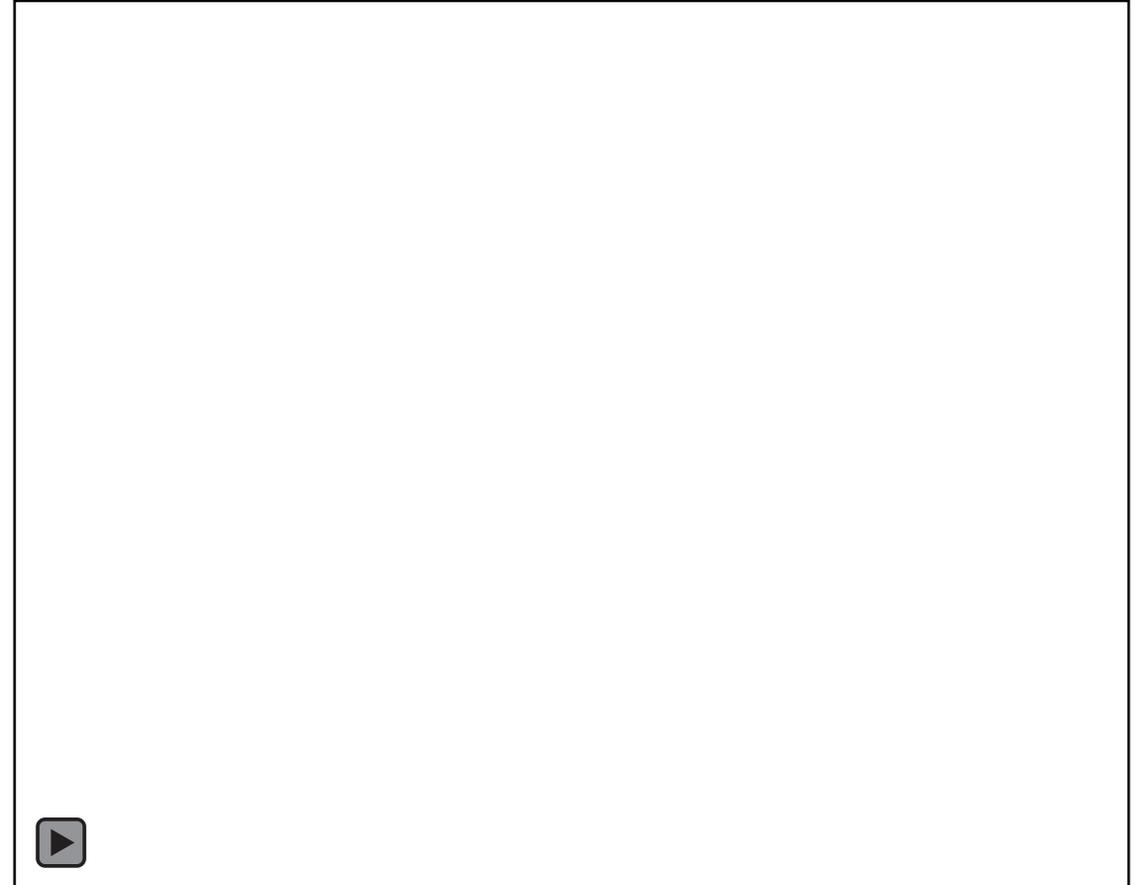
# *Occlusion Artérielle et Fusion D'images ?*

- Programme de reconstruction vasculaire ADW 4.6 de GE<sup>®</sup>
- **Créer et ajuster un pont ENTRE 2 ZONES NON OCCLUSES**
- Editer la centerline
- Recalage à l'intérieur de la lumière
- **POSITIONNER LES CERCLES DE PLANNIFICATION A L'INTERIEUR DES CALCIFICATIONS**

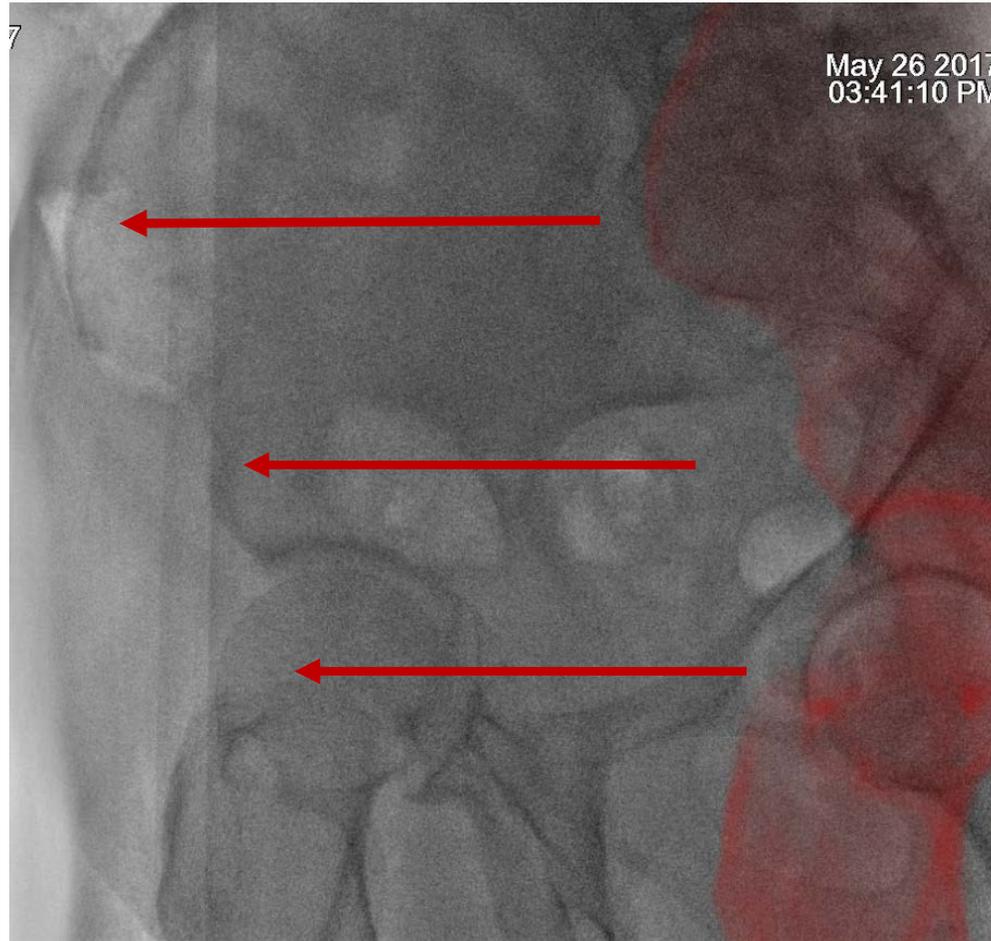


# *Occlusion Artérielle et Fusion D'images ?*

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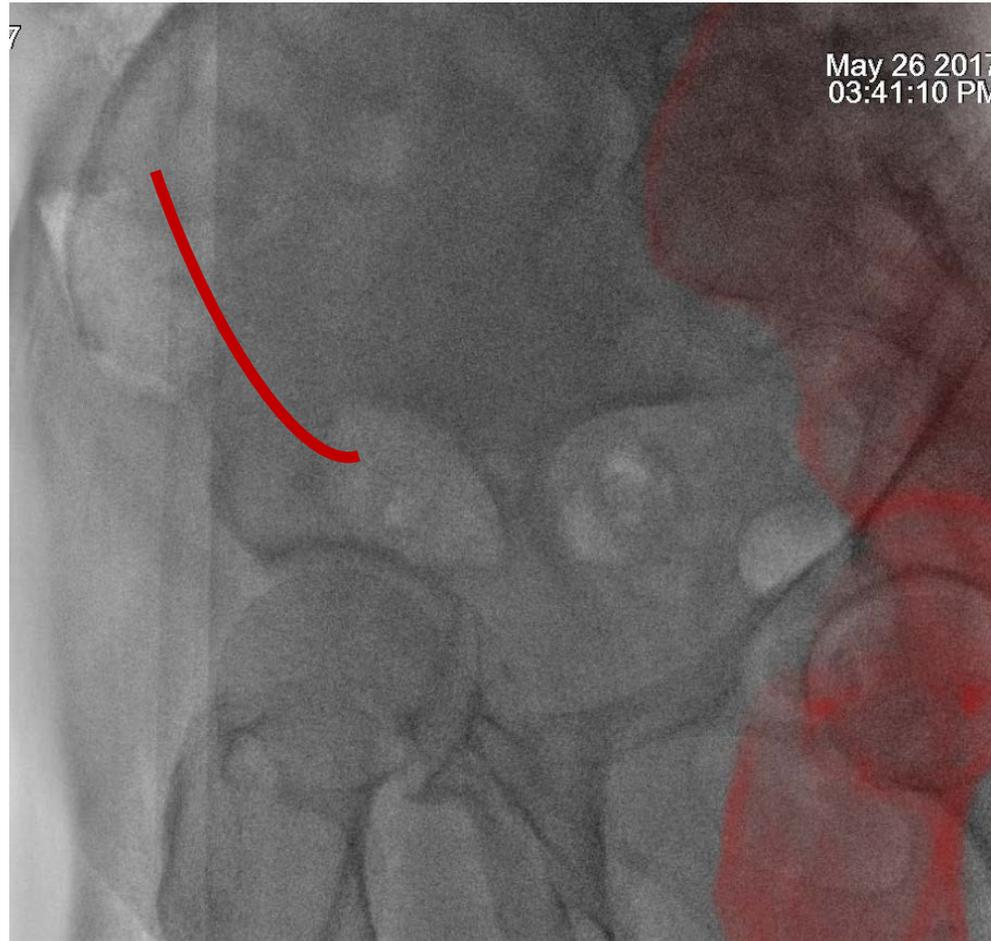


# *Technique de fusion: **TRANSLATION***



*Fluoroscopie  
en 2D  
Recalage osseux*

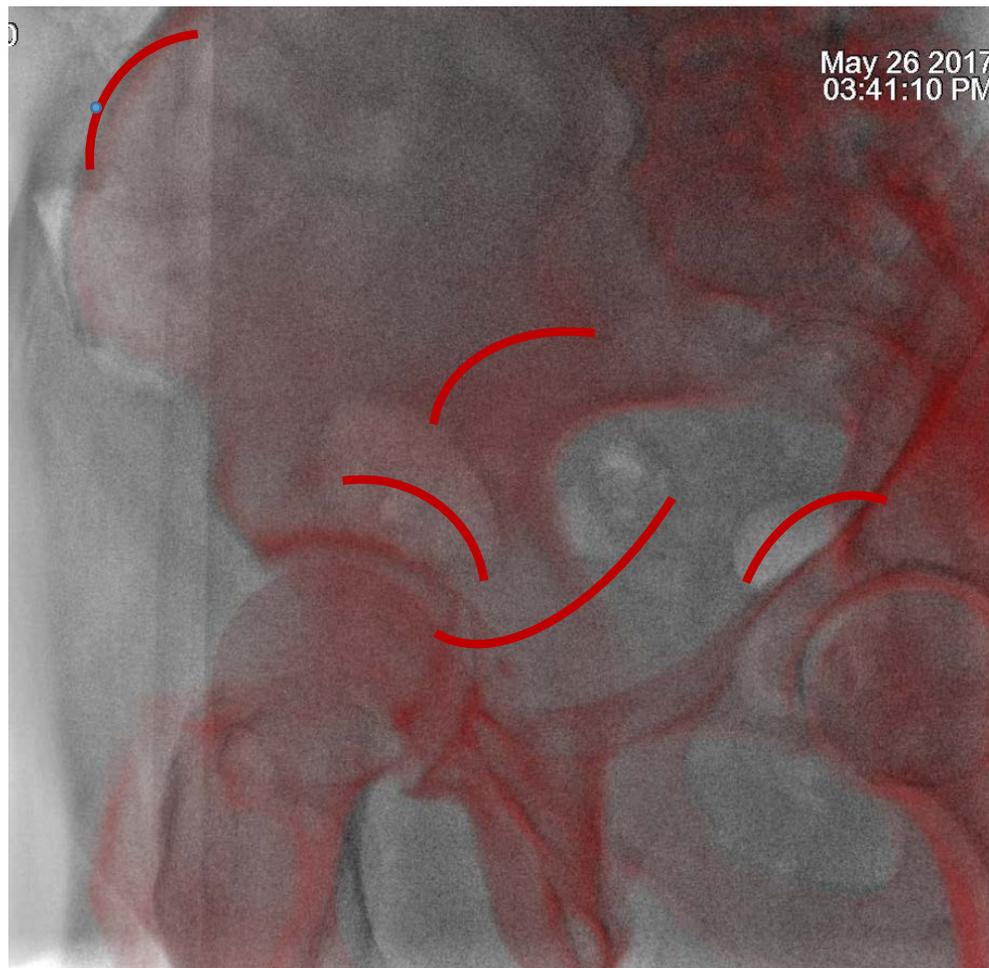
# *Technique de fusion: **ROTATION***



*Fluoroscopie  
en 2D  
Recalage osseux*

*Technique de fusion: **ROTATION DANS  
L'AXE DU VAISSEAU***

*Fluoroscopie  
en 2D  
Recalage osseux*

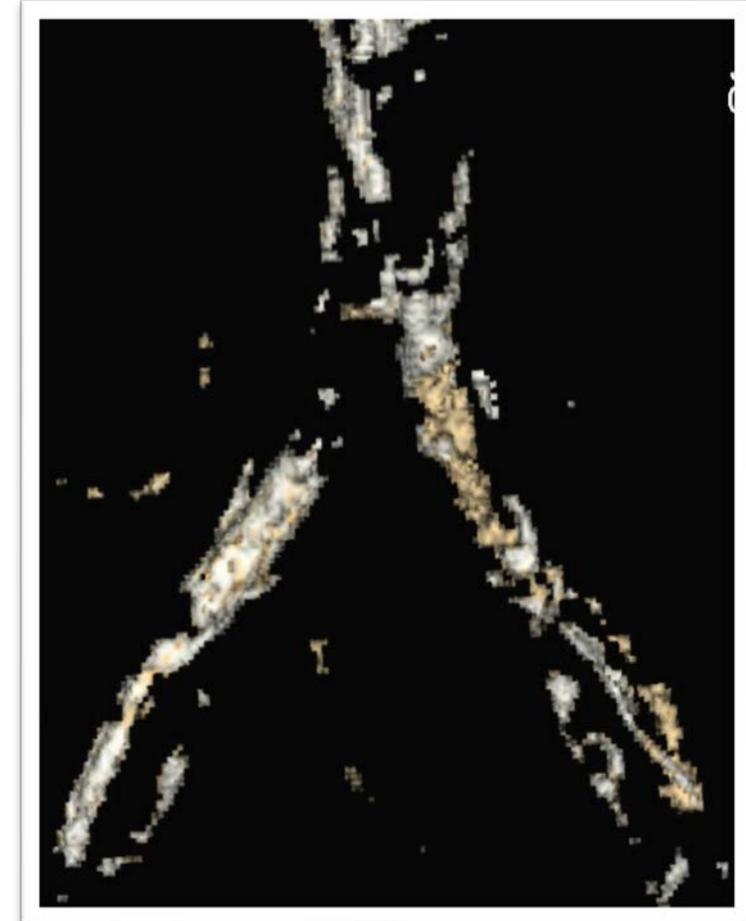
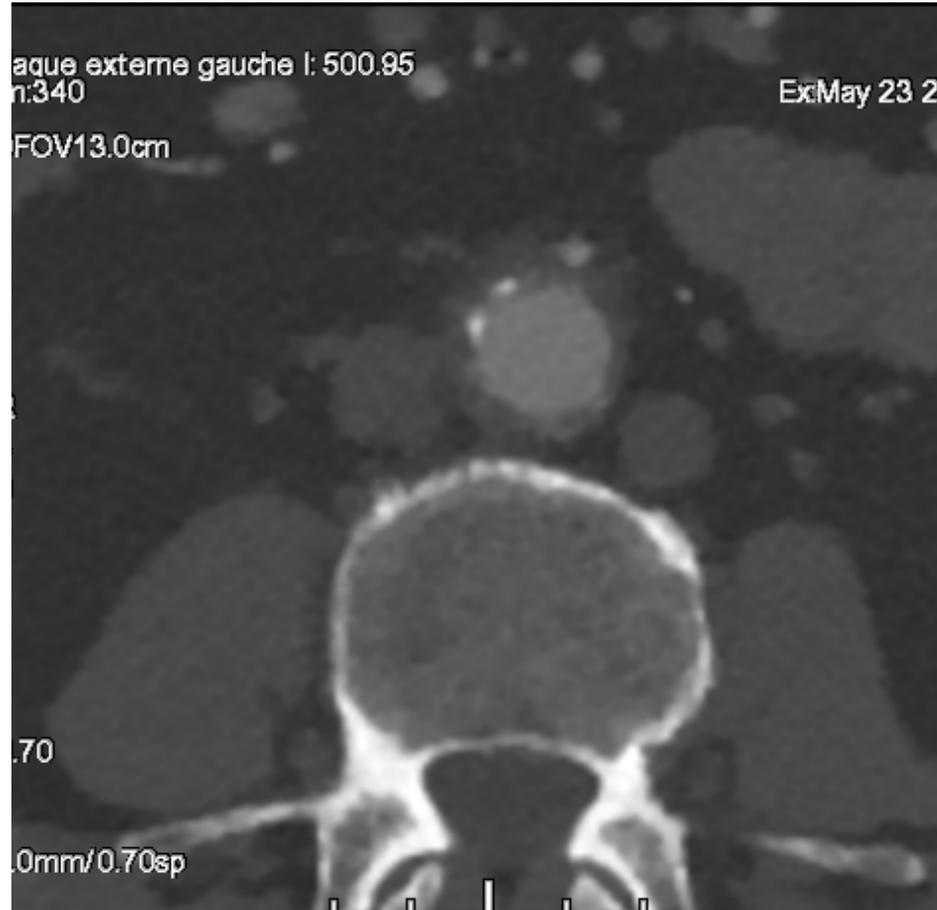
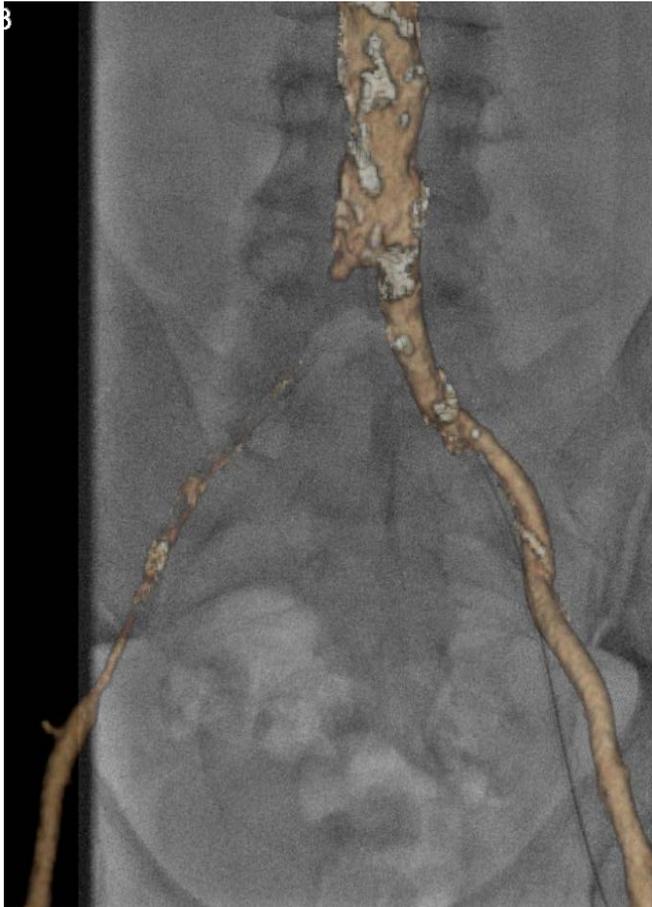


# Technique de fusion d'images: **PROFIL**

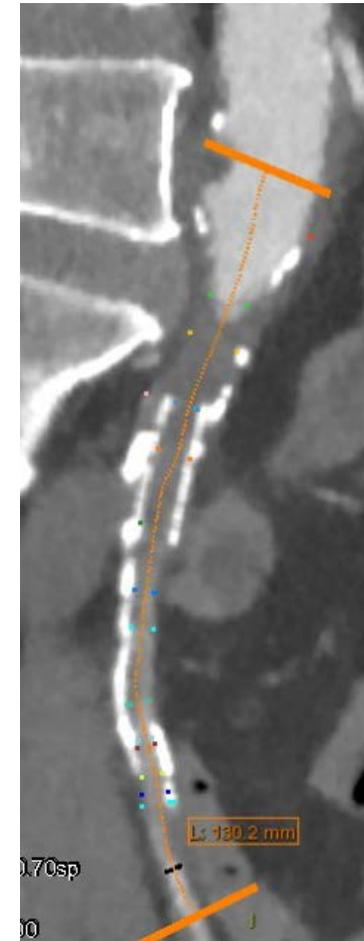
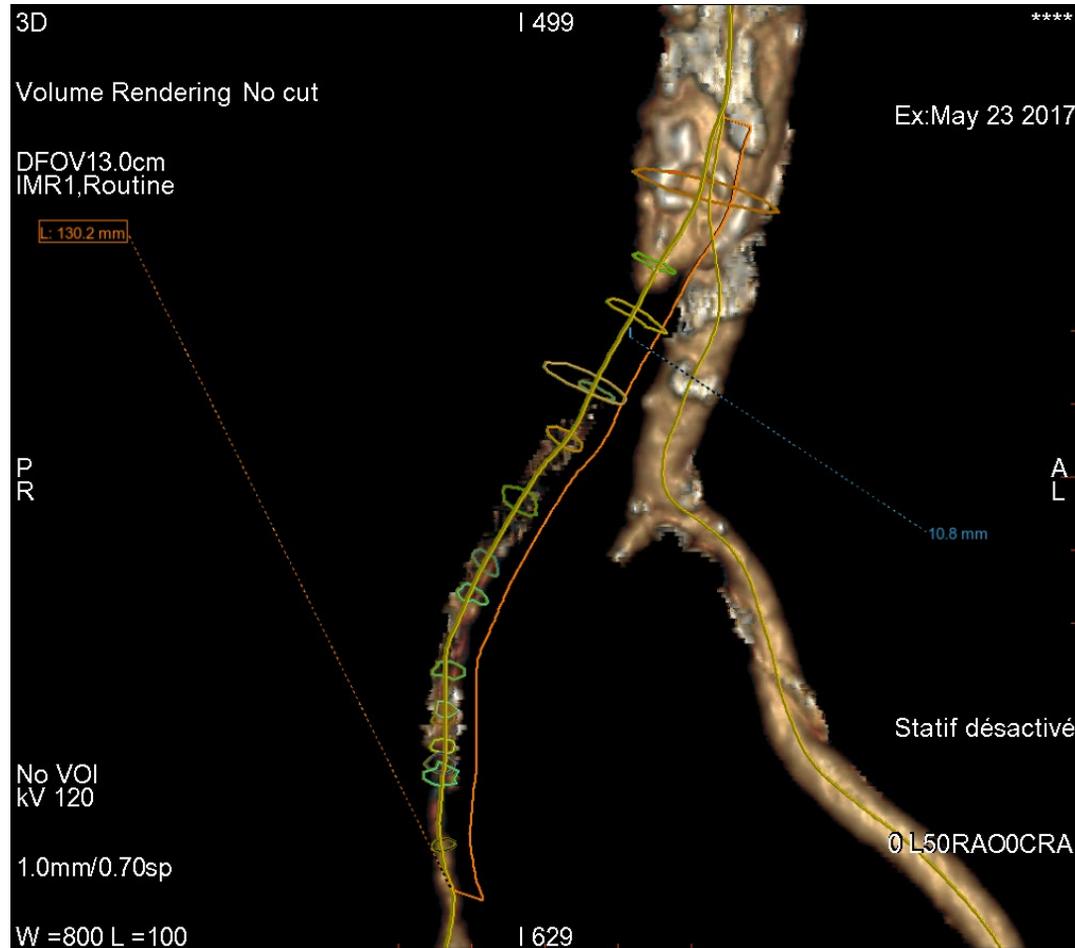
*Fluoroscopie  
en 2D  
Recalage osseux*



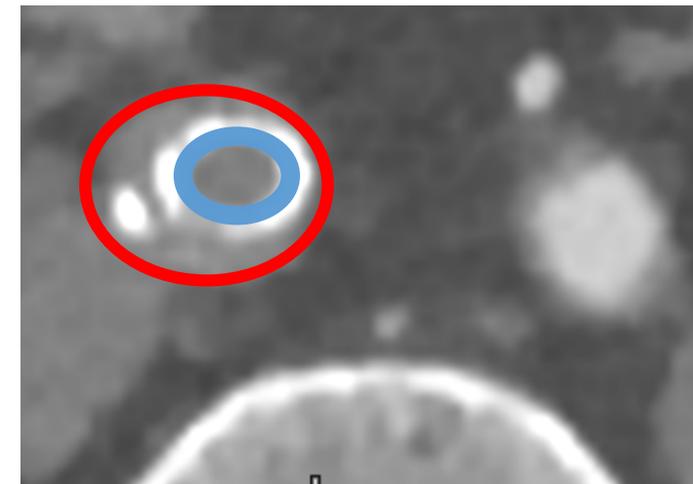
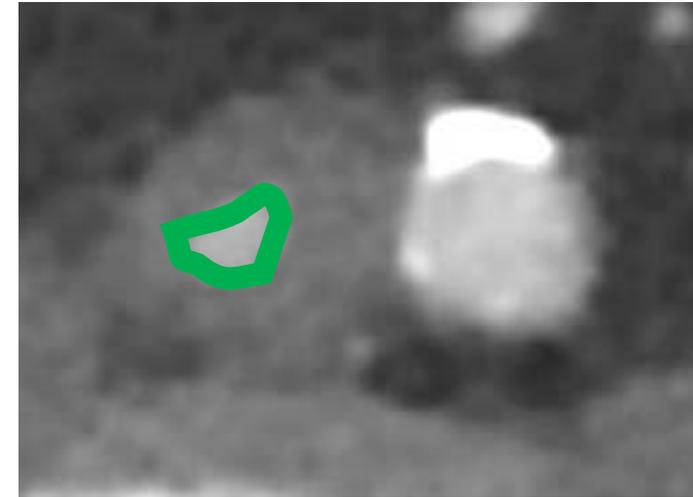
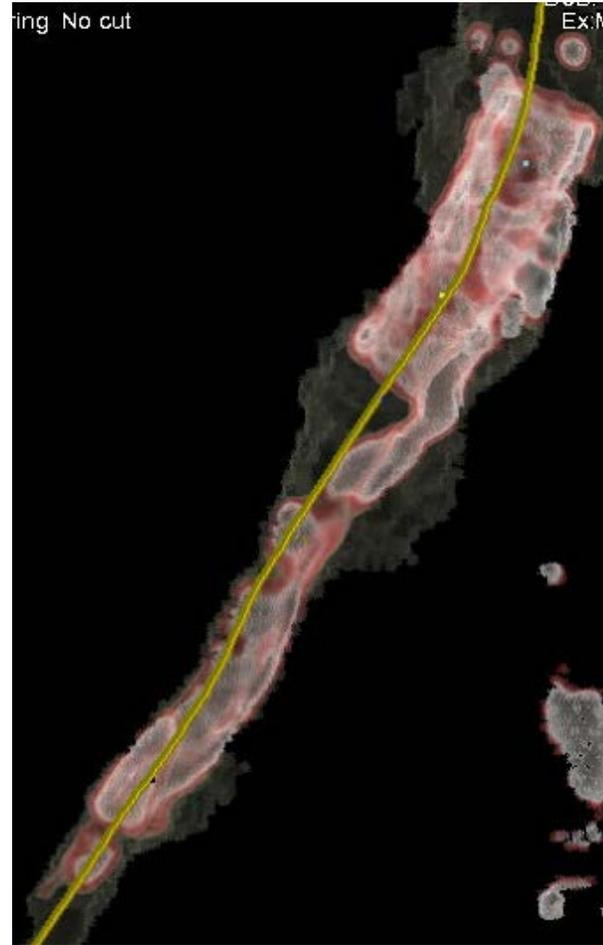
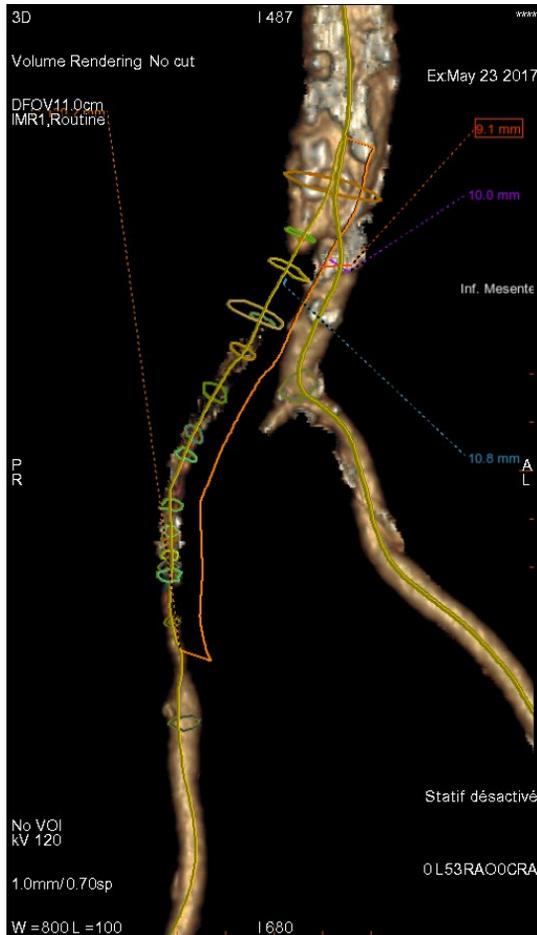
# *Cas n°1: Occlusion Axe Iliaque Droit*



# *Cercles De Planification*



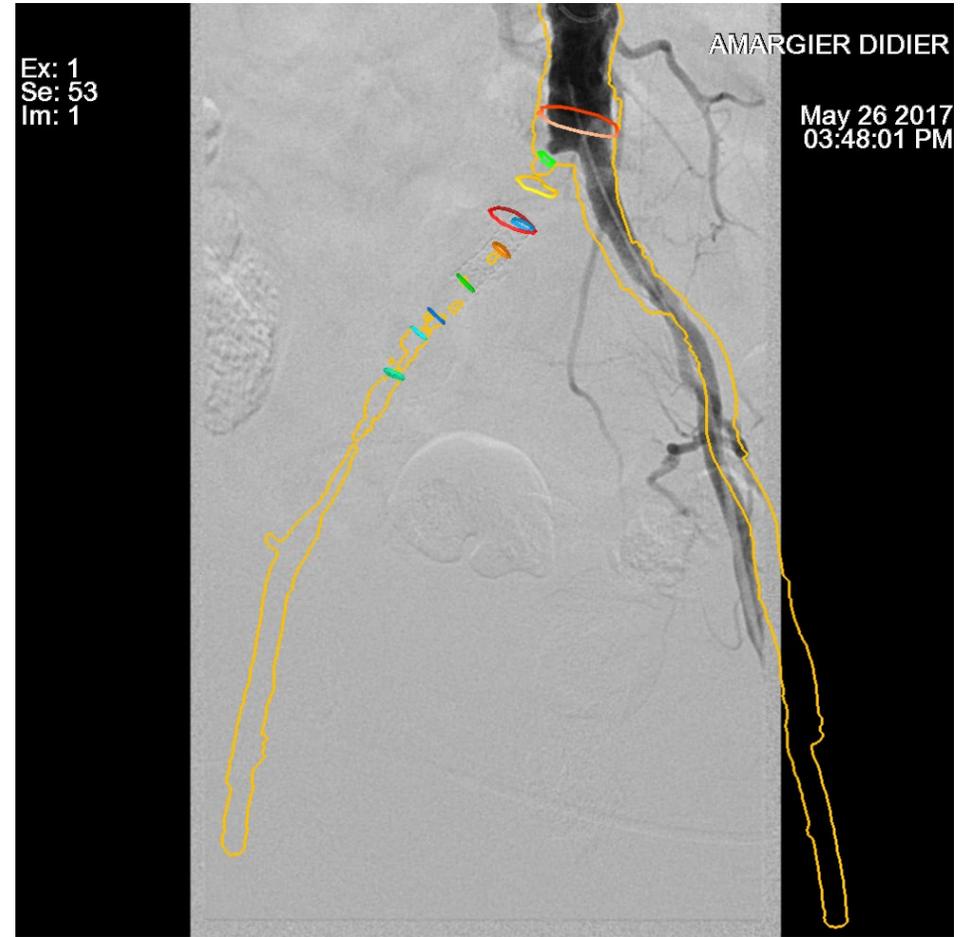
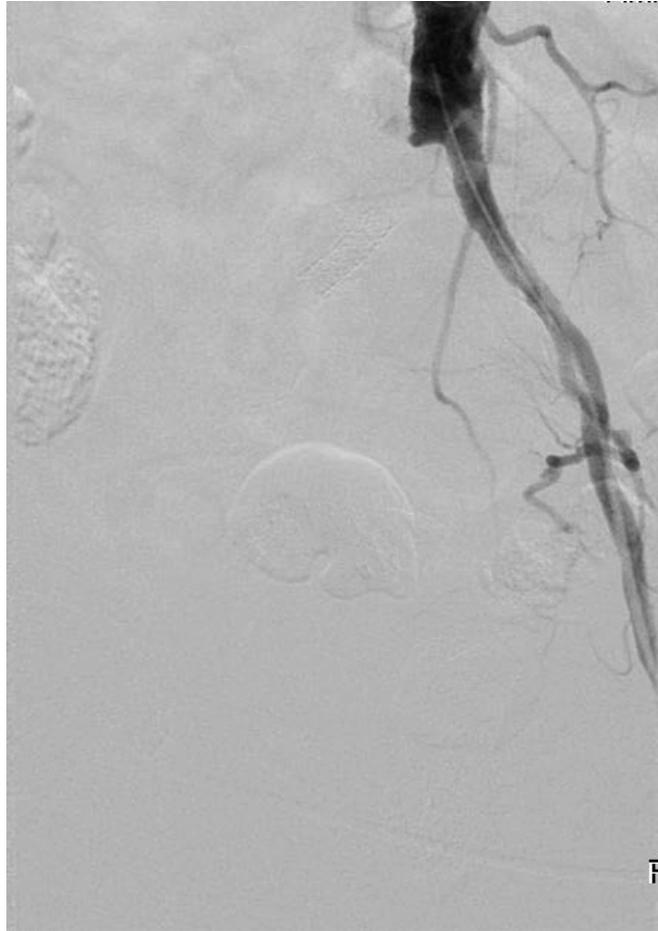
# *Cercles De Planifications*



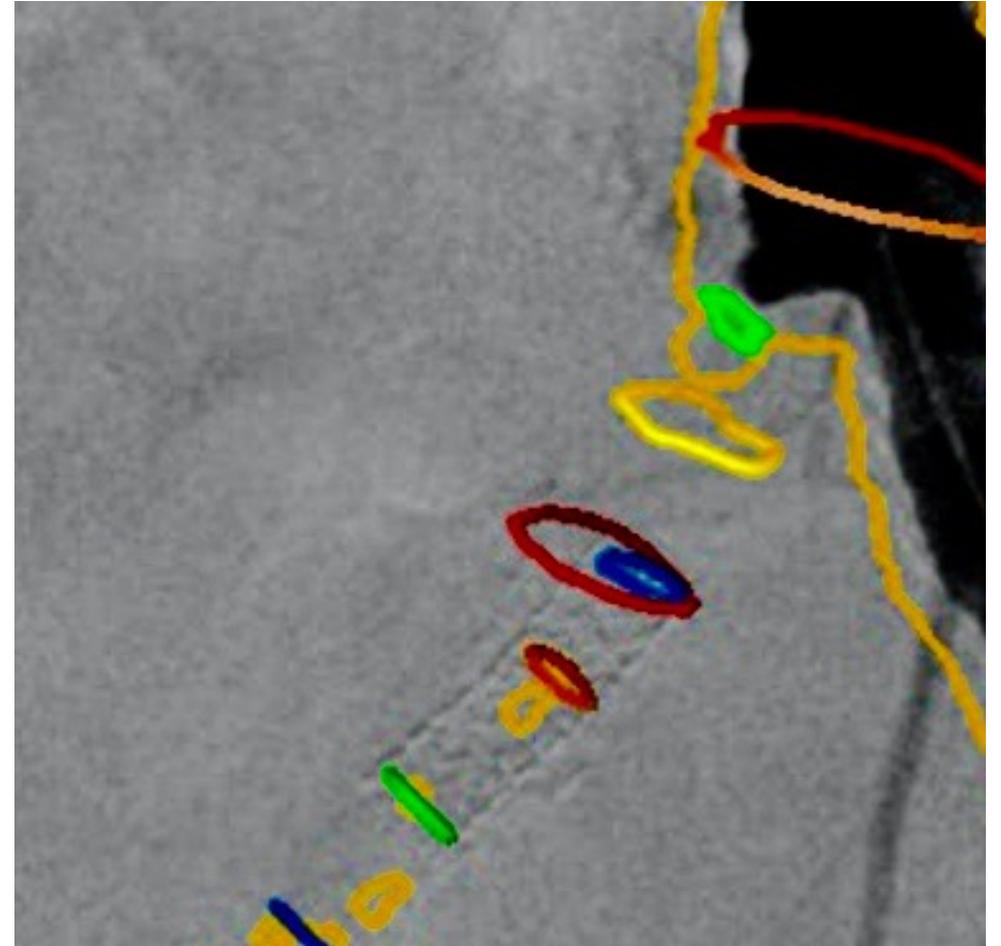
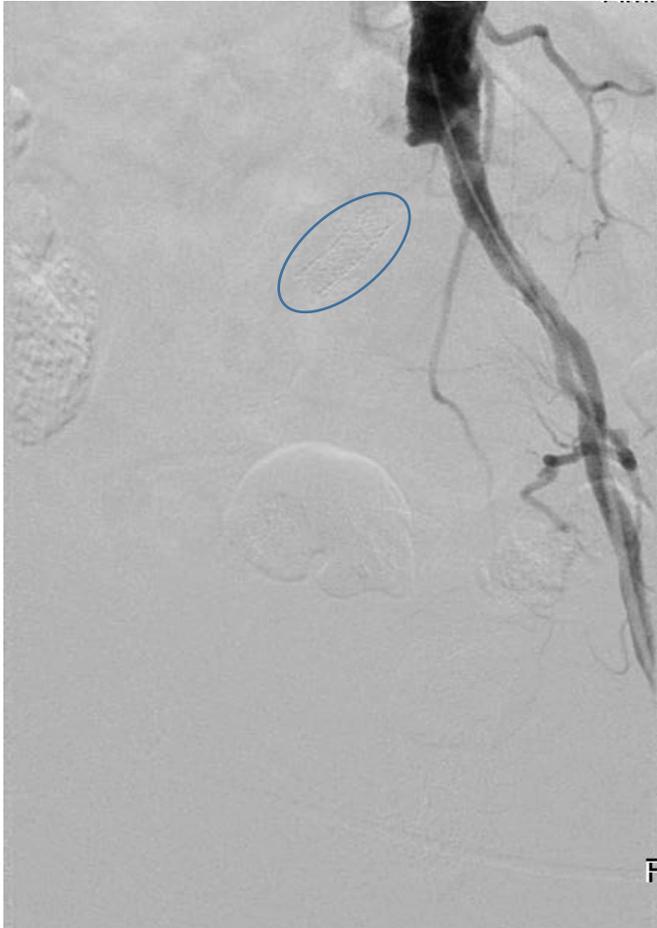
# *Artériographie*



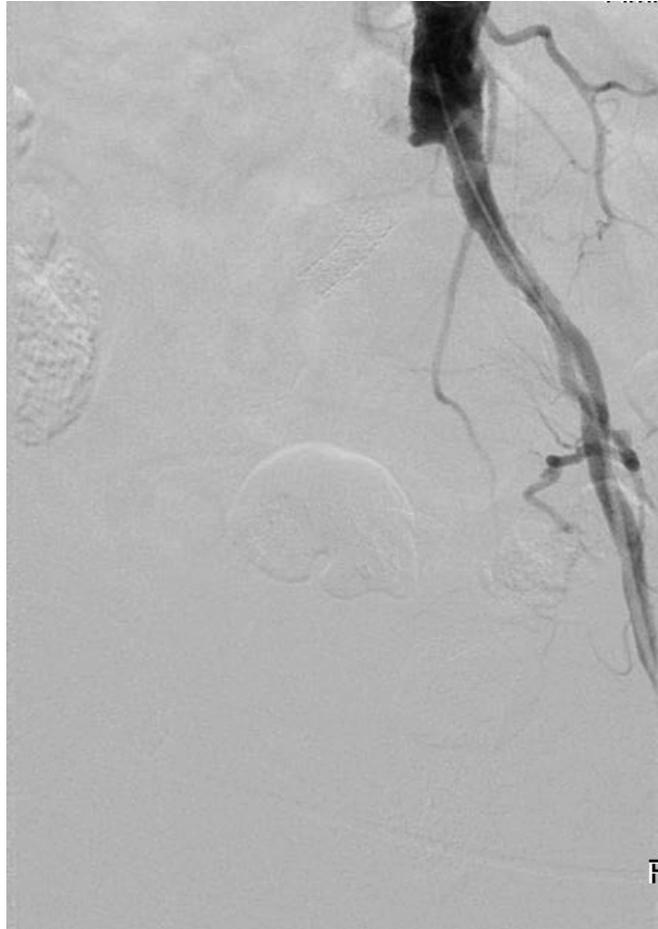
# *Cercles de planification*



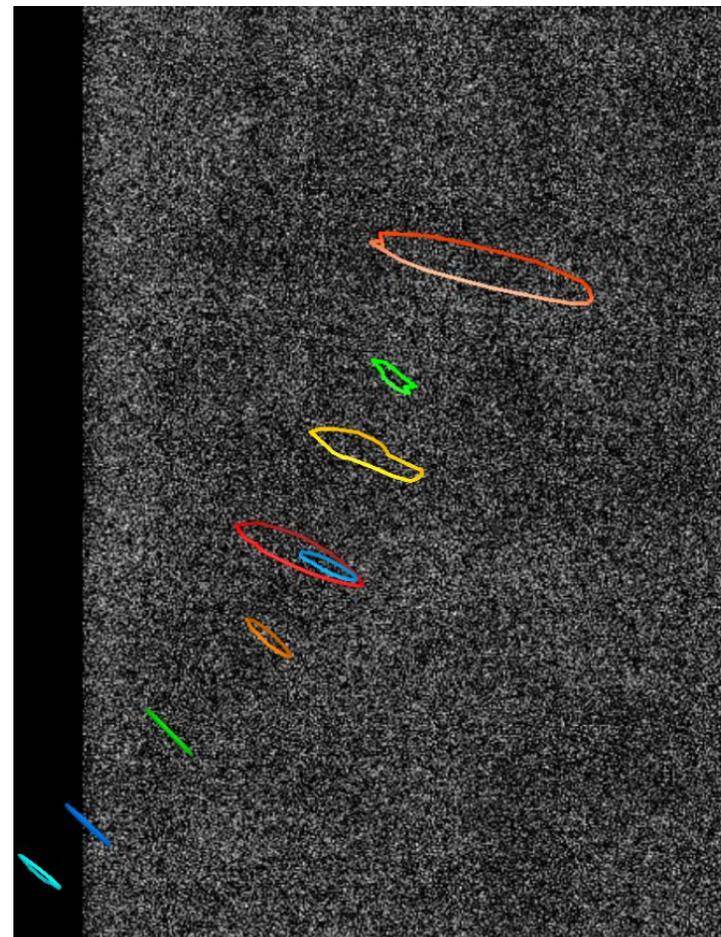
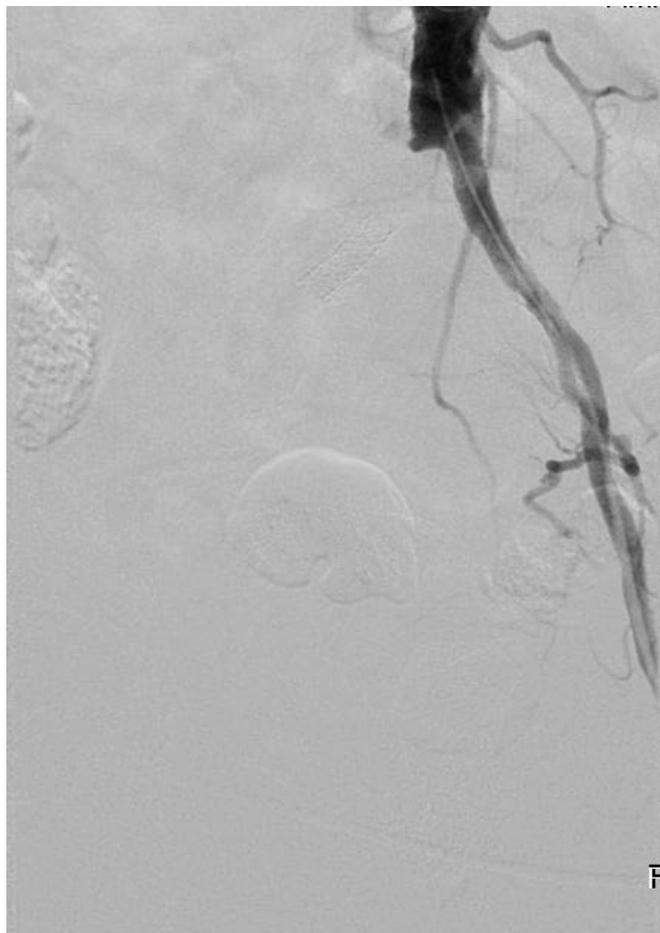
# Précision Des Cercles de planification



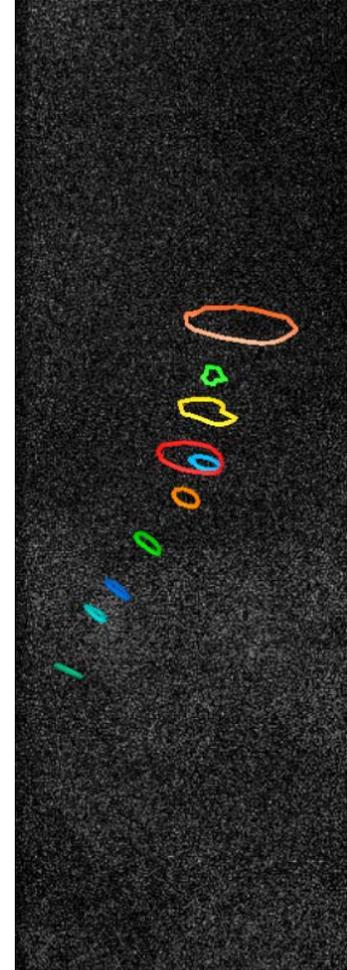
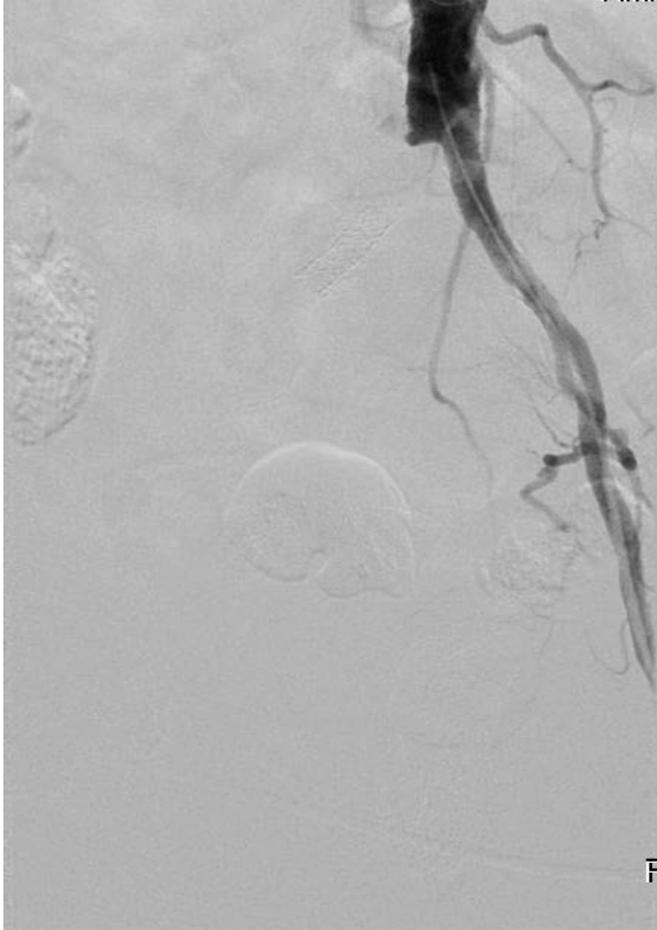
# *Progression en sous intimal*



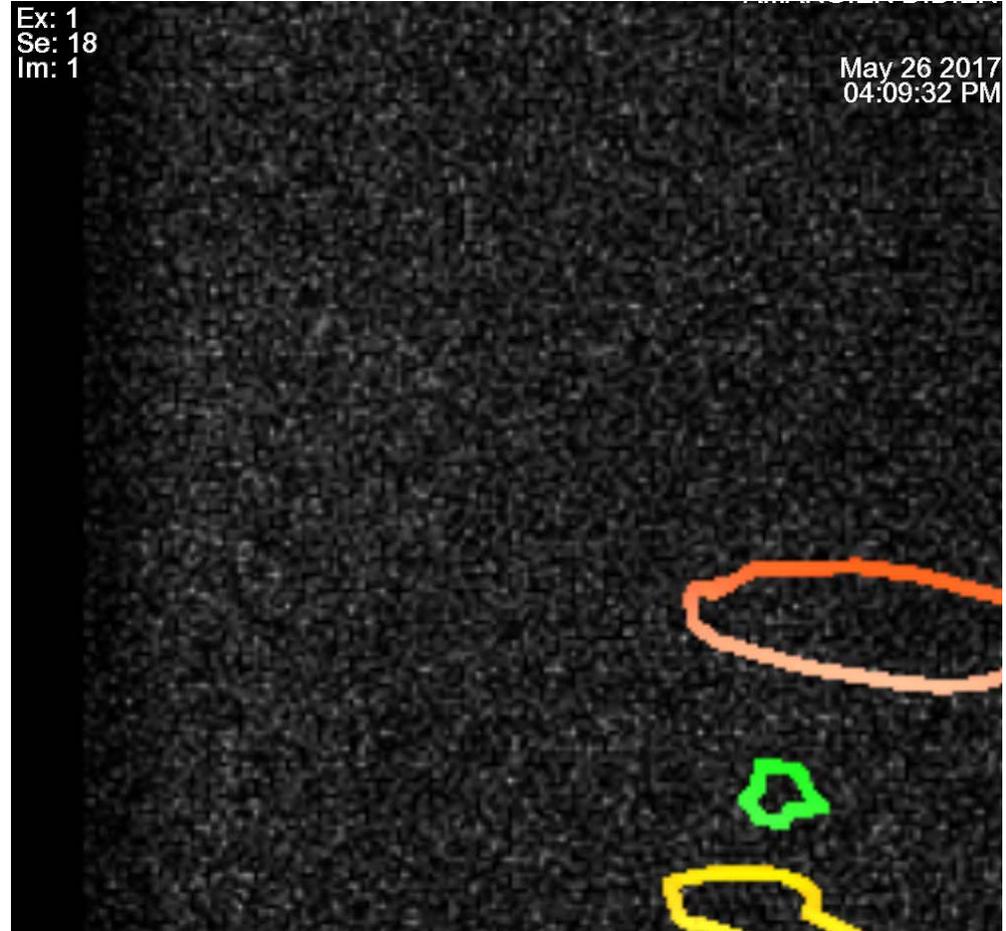
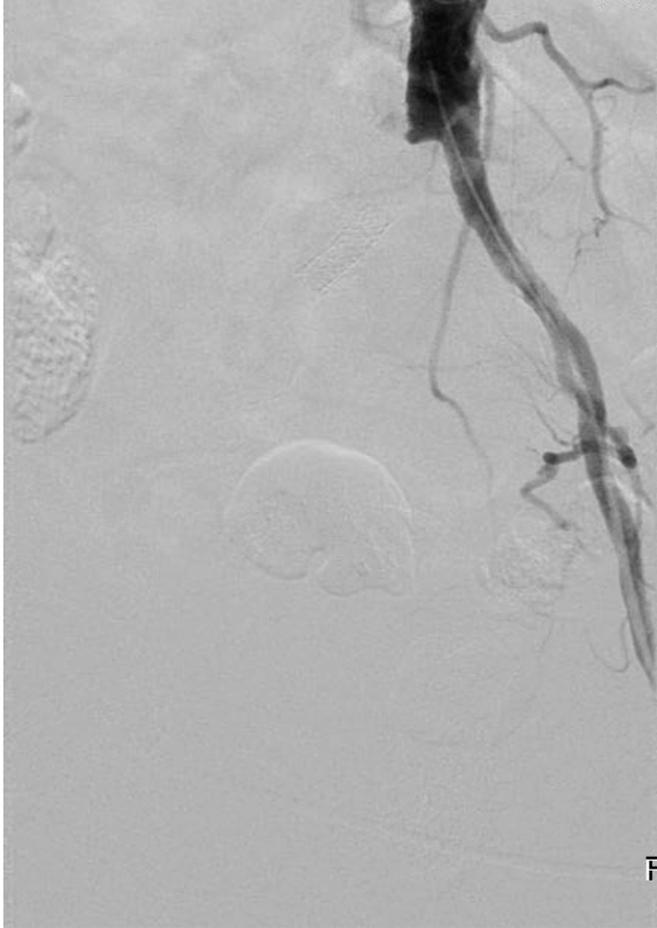
# *Ré-orienter avec un guide de perforation coronaire*



*Progresser sous une* **AUTRE INCIDENCE**



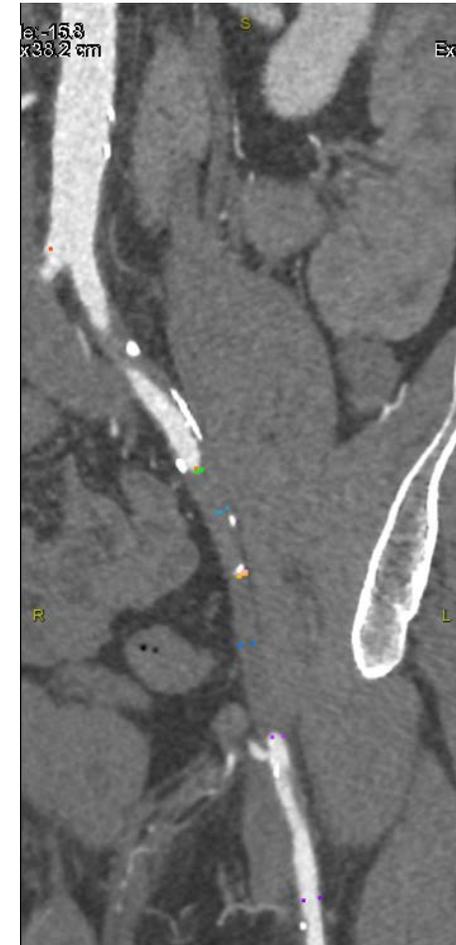
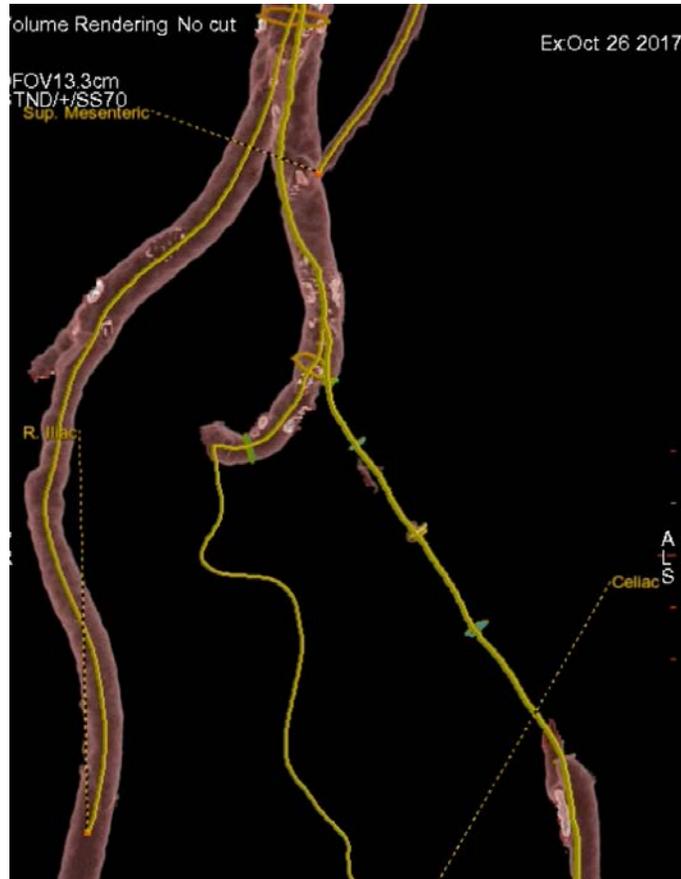
# *Zoom Numérique (sans augmenter la radiation)*



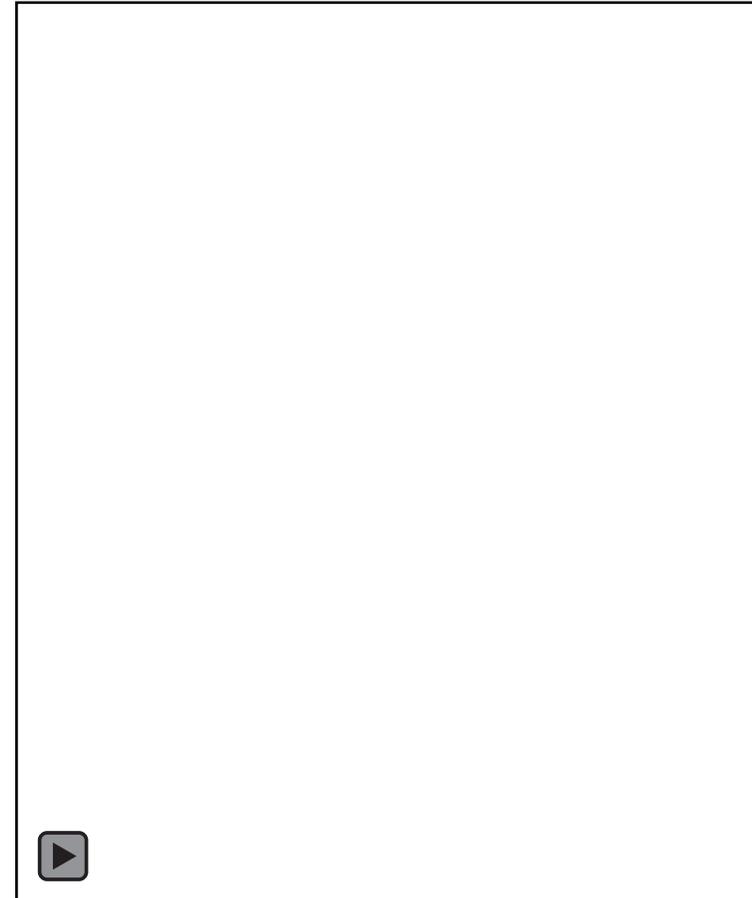
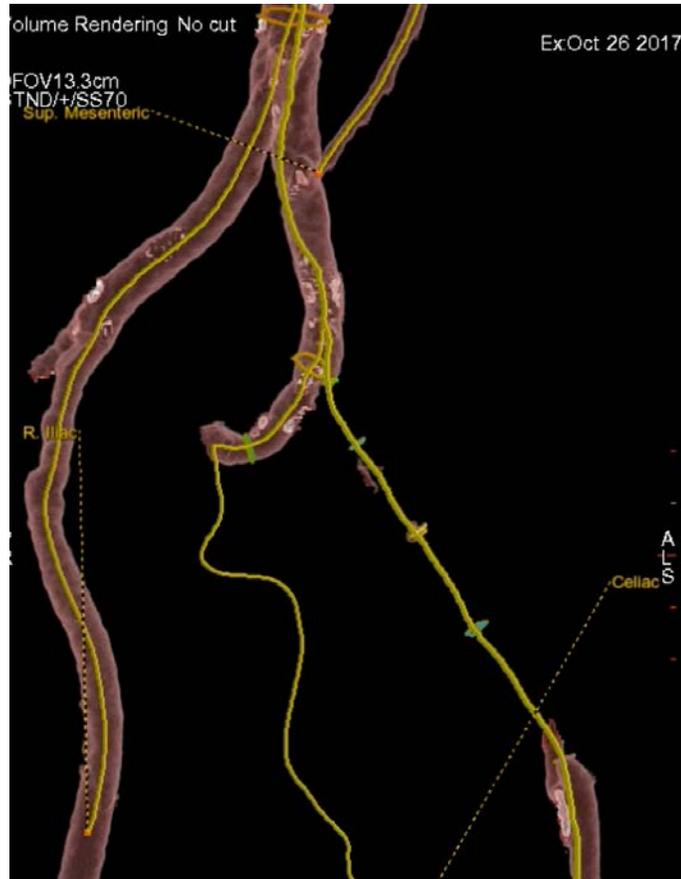
# *Résultat final*



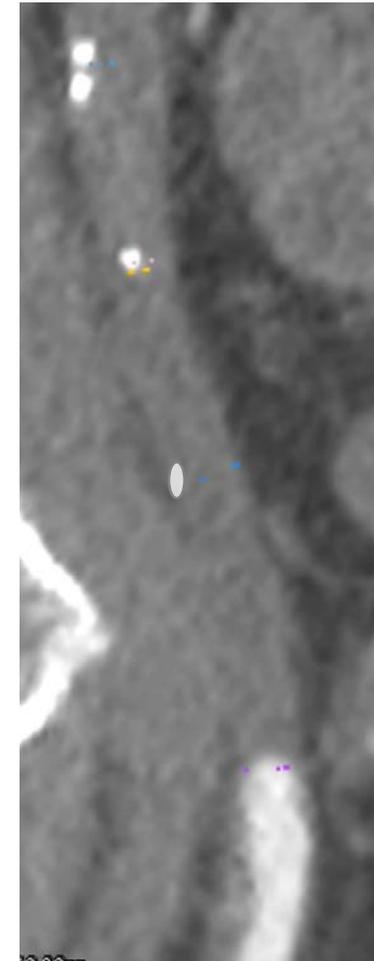
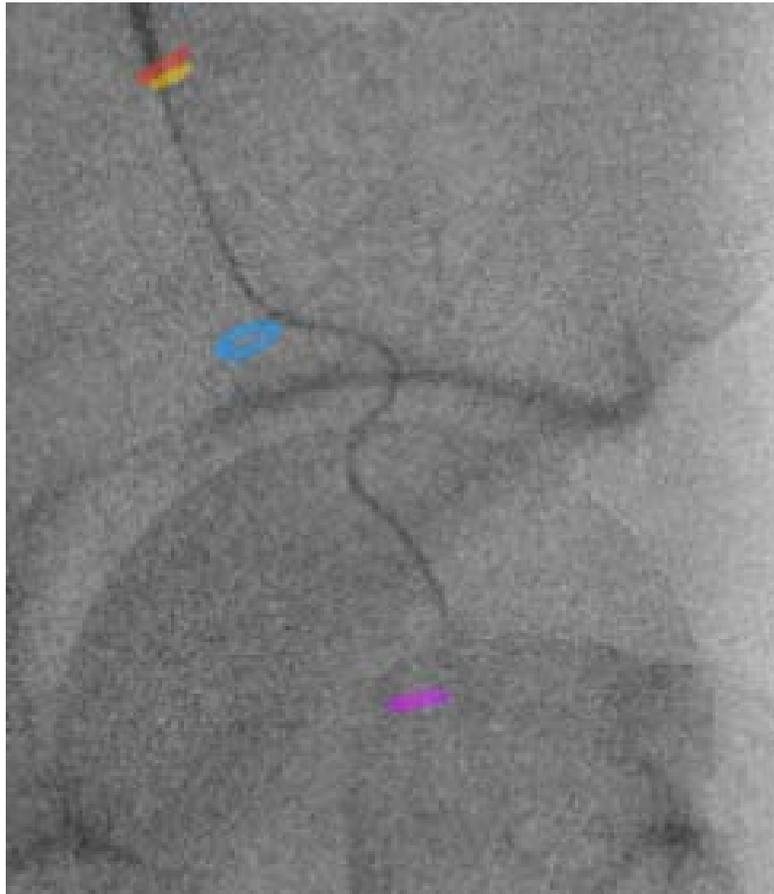
# *Cas n°2: occlusion iliaque externe gauche*



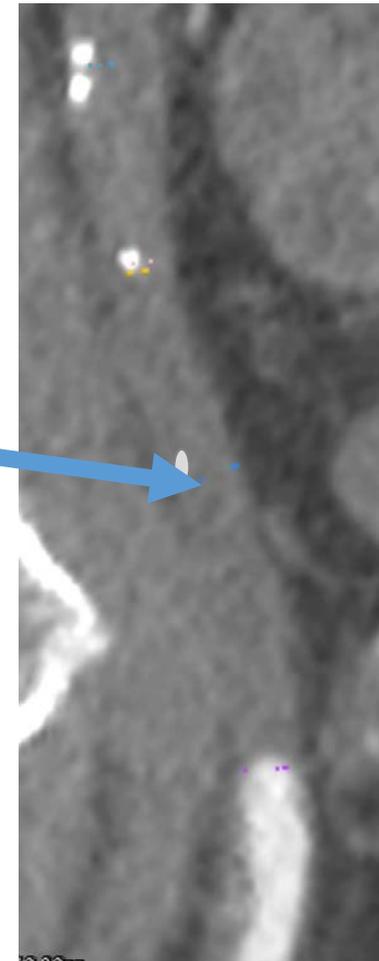
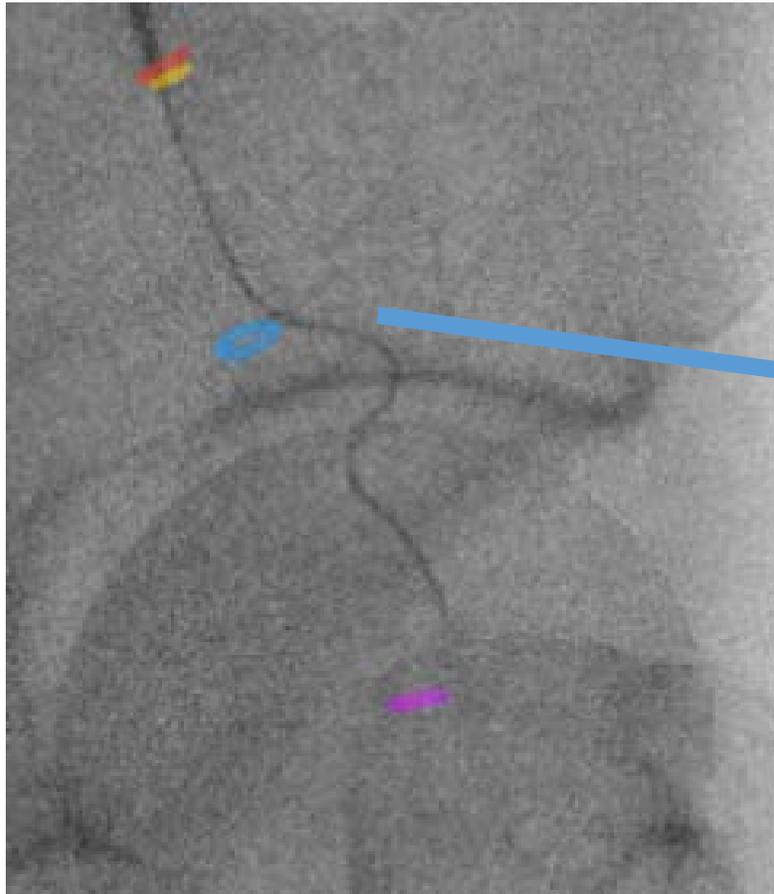
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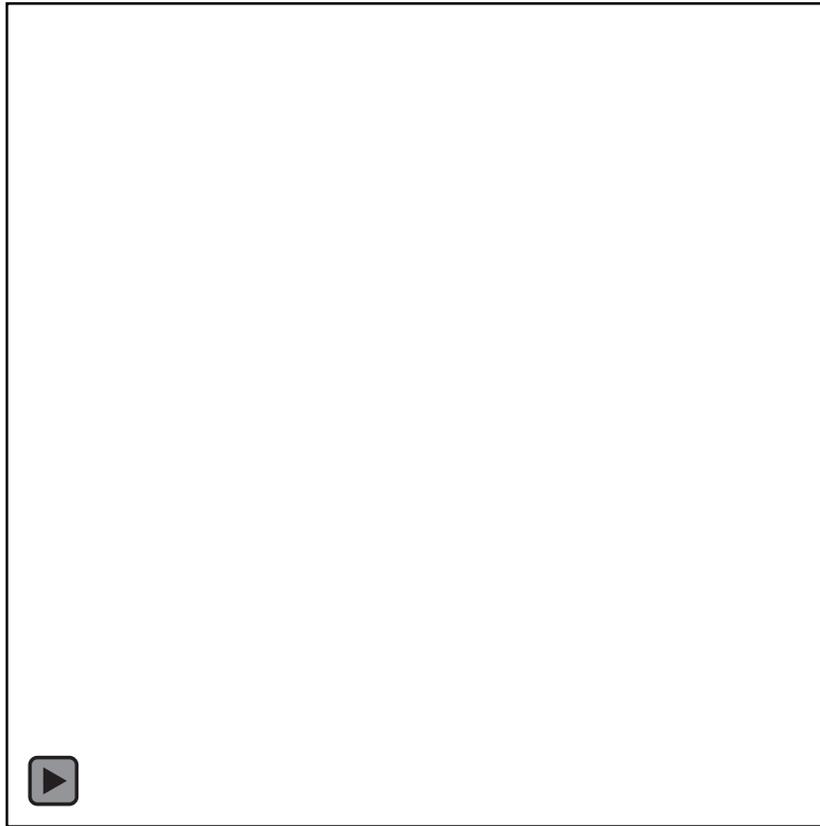
# *Technique de fusion et cercles de planifications*



# Technique de fusion d'images et cercles de planifications



# *Technique de fusion et cercles de planifications*

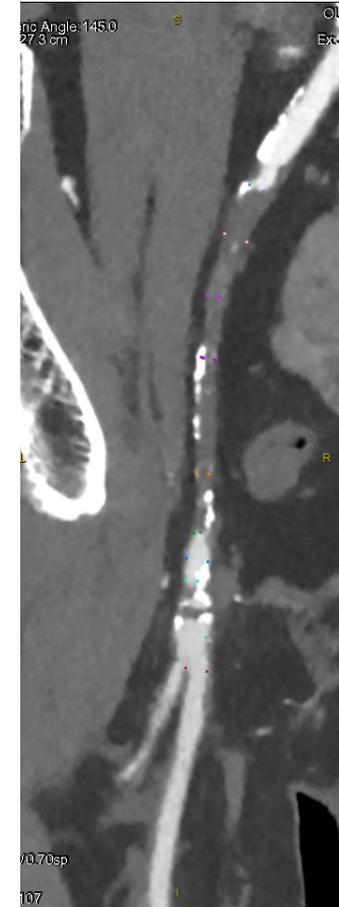
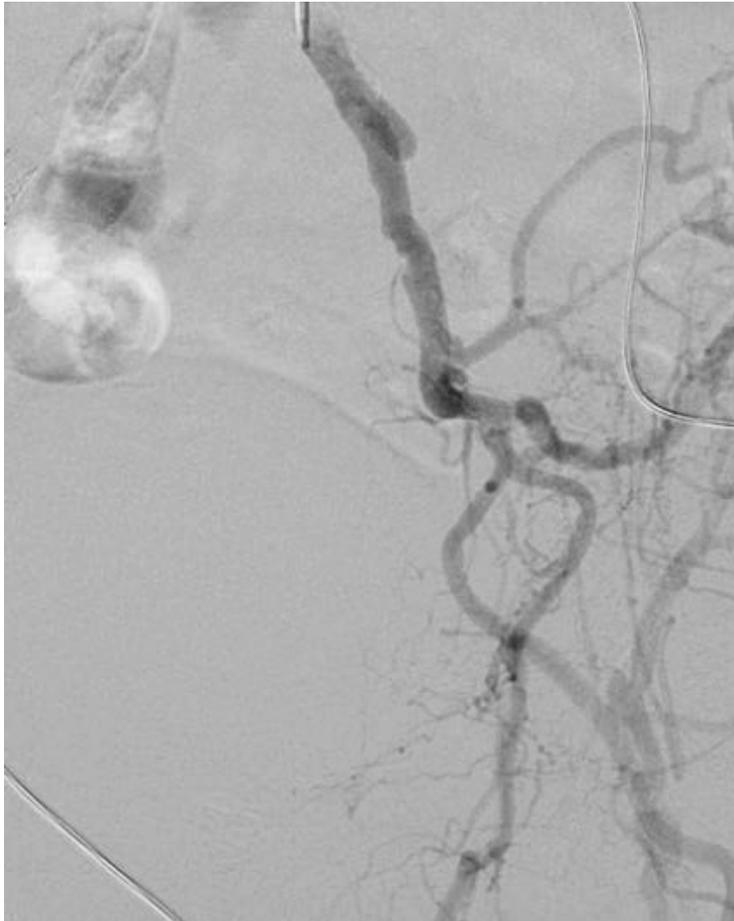


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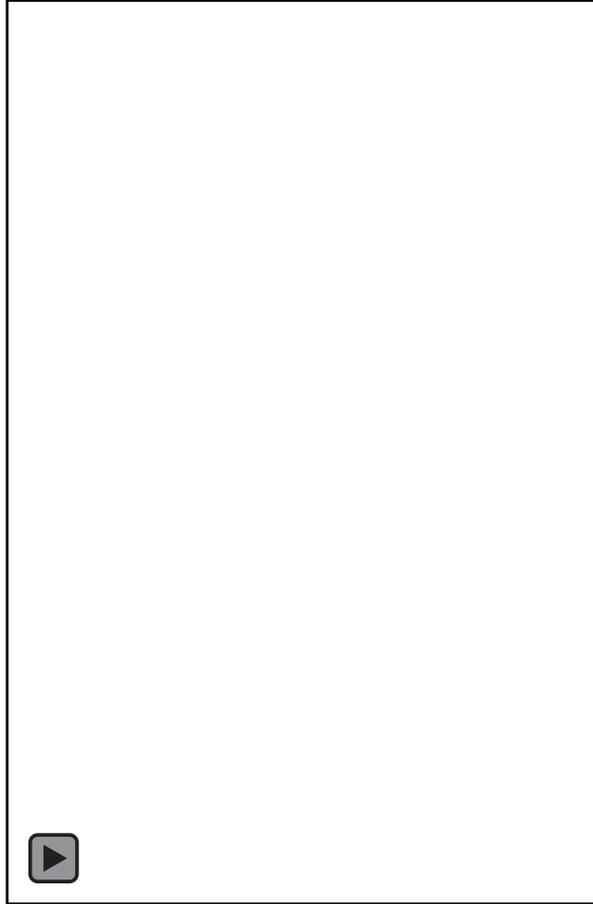
# *Résultat final*



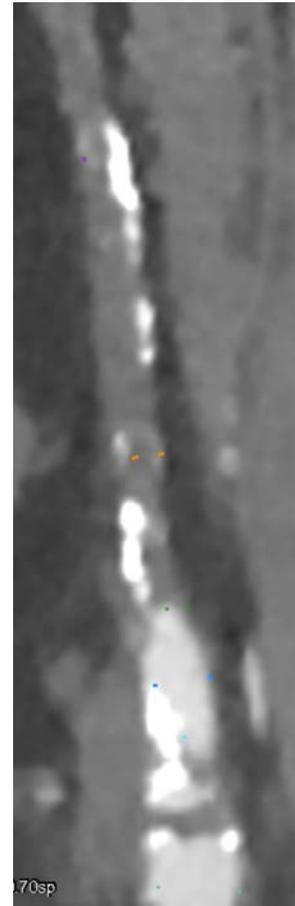
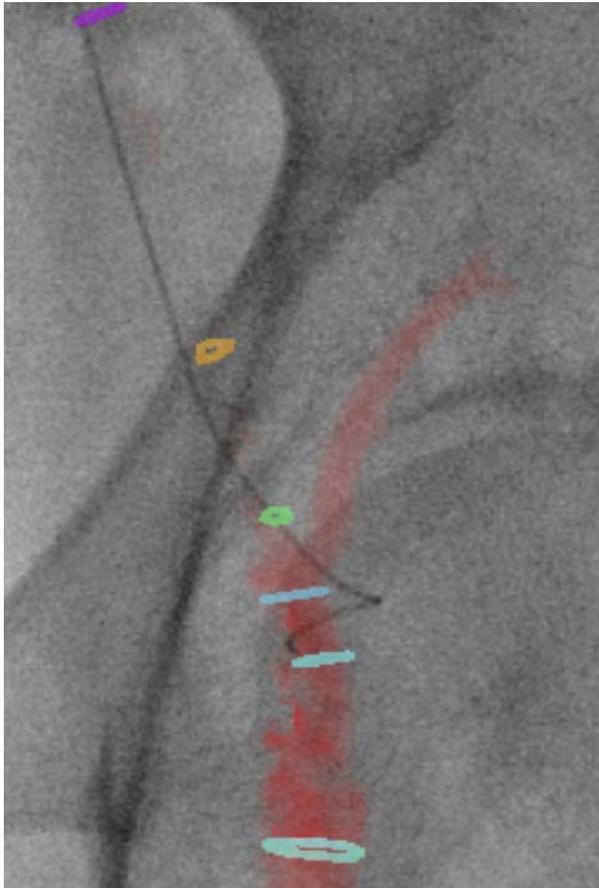
# *Cas n°3: Occlusion Iliaque externe et fémorale commune gauche*



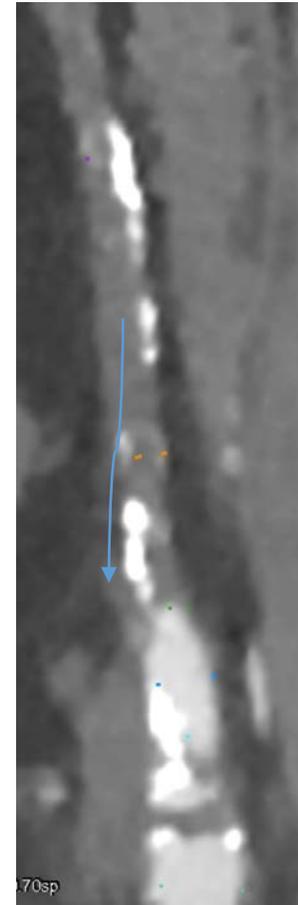
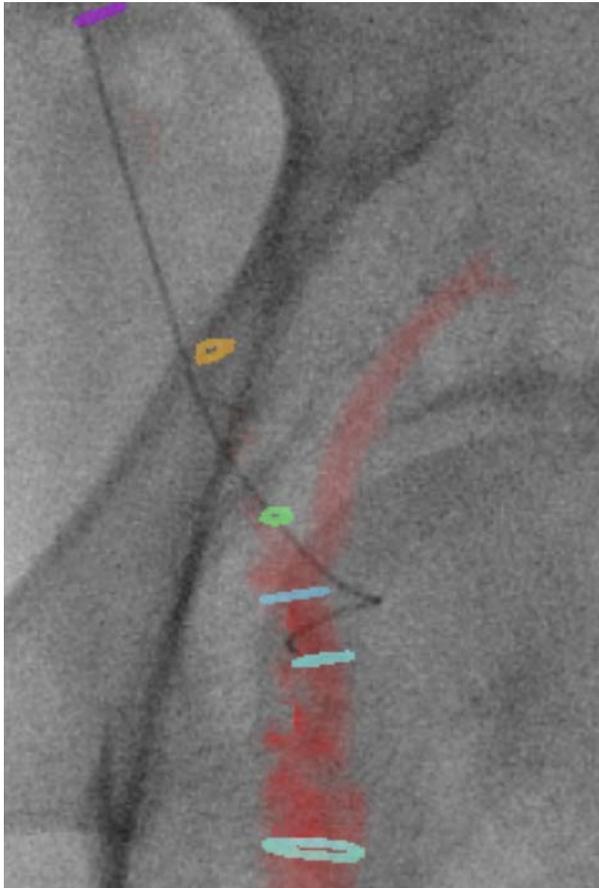
*Cas n°3: Occlusion iliaque externe et fémorale commune gauche*



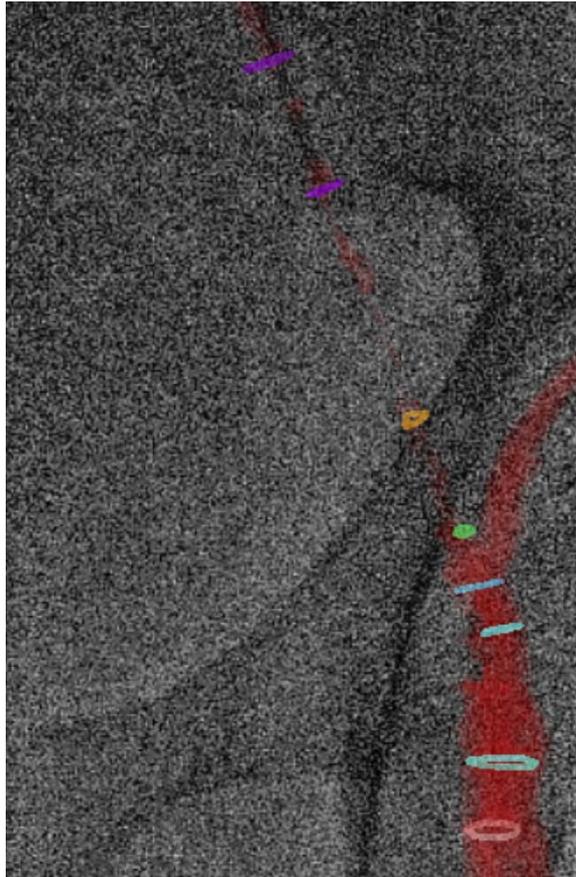
# *Cas n°3: Occlusion Iliaque externe et fémorale commune gauche*



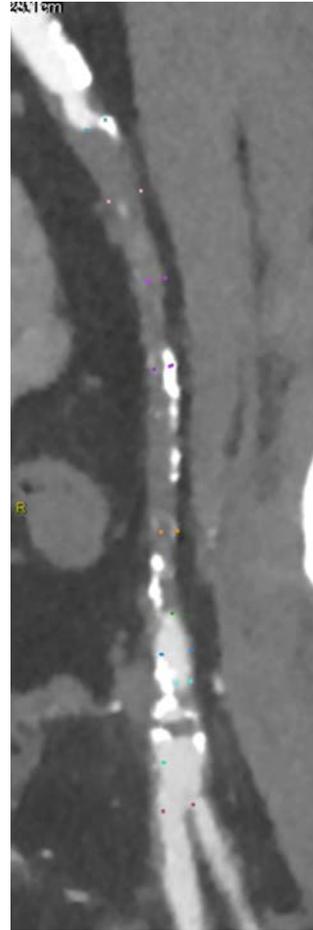
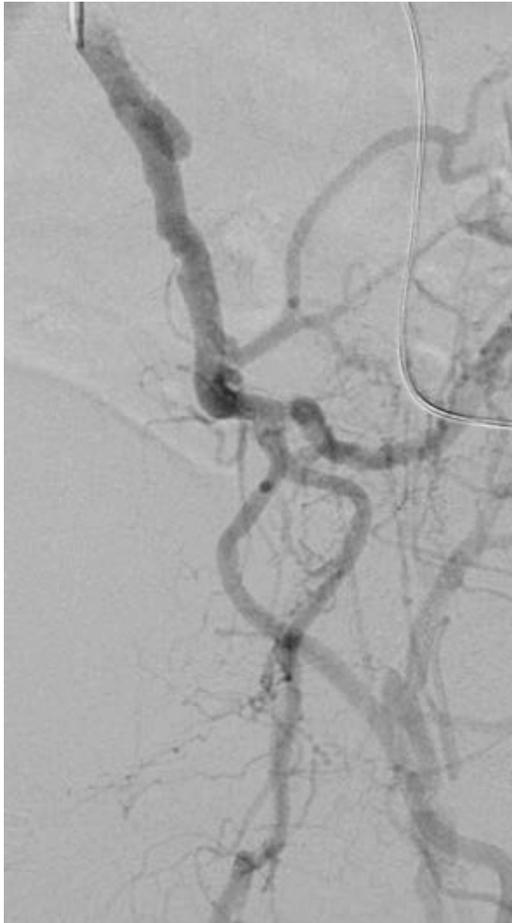
# *Cas n°3: Occlusion Iliaque externe et fémorale commune gauche*



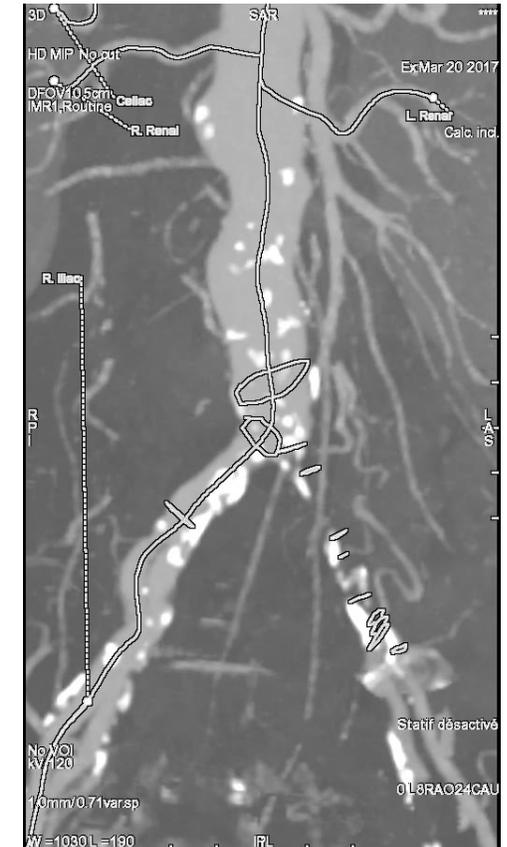
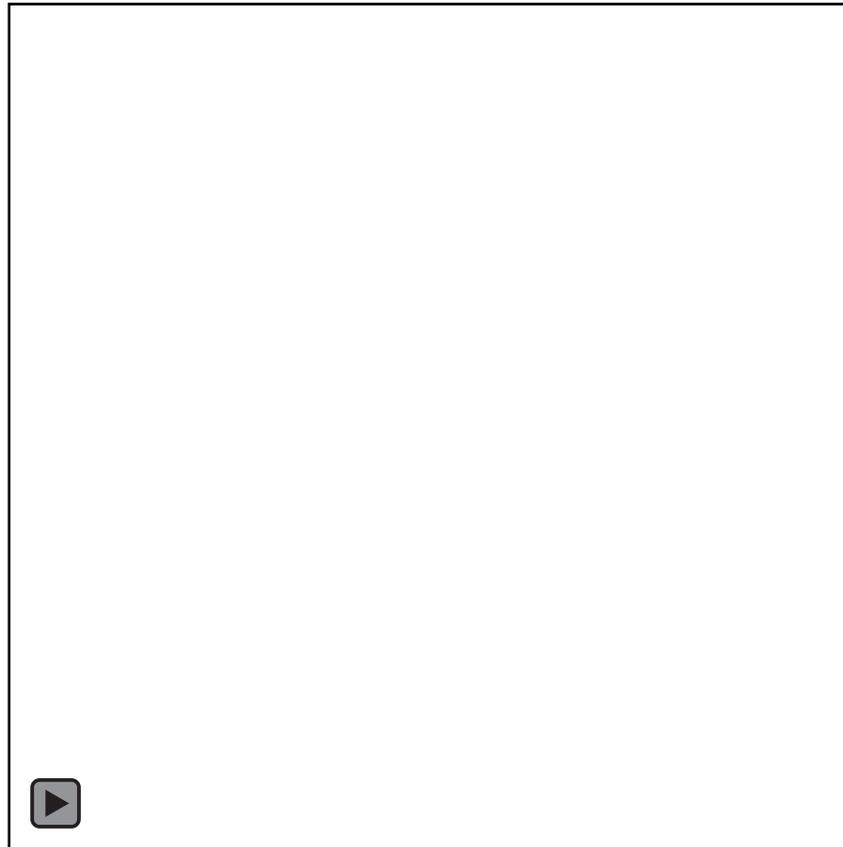
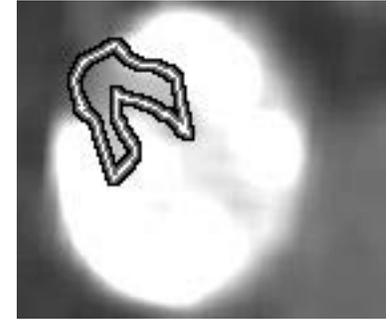
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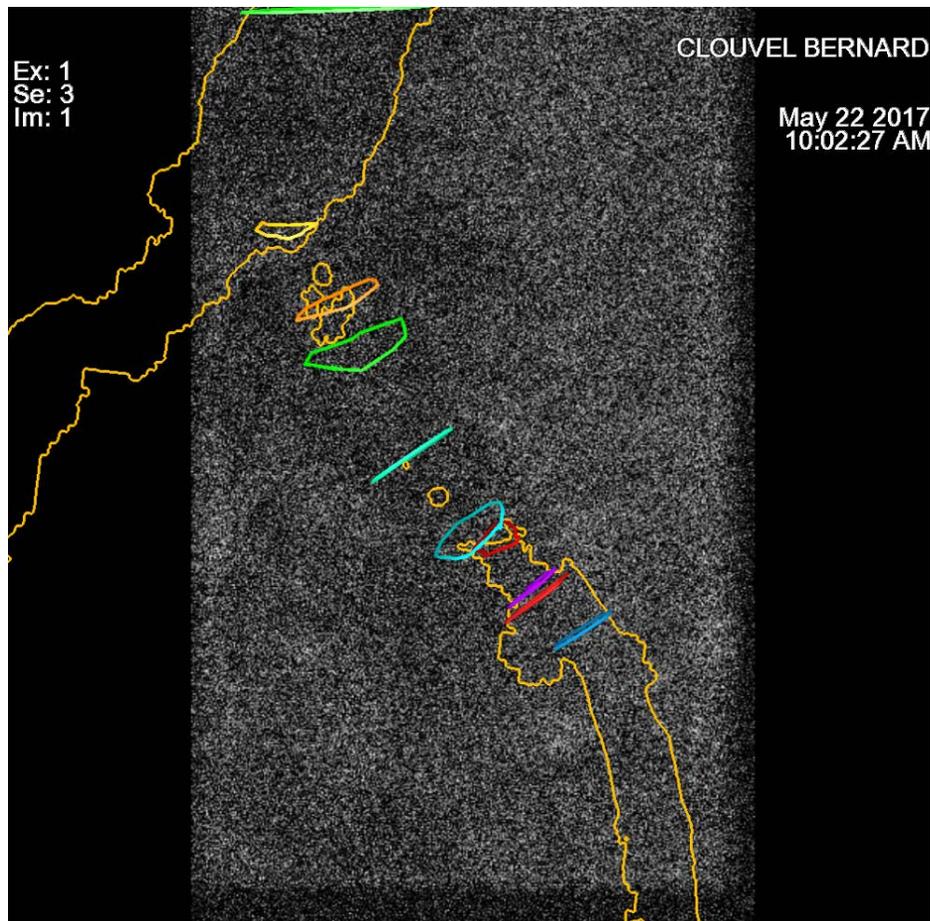
# *Résultat final*



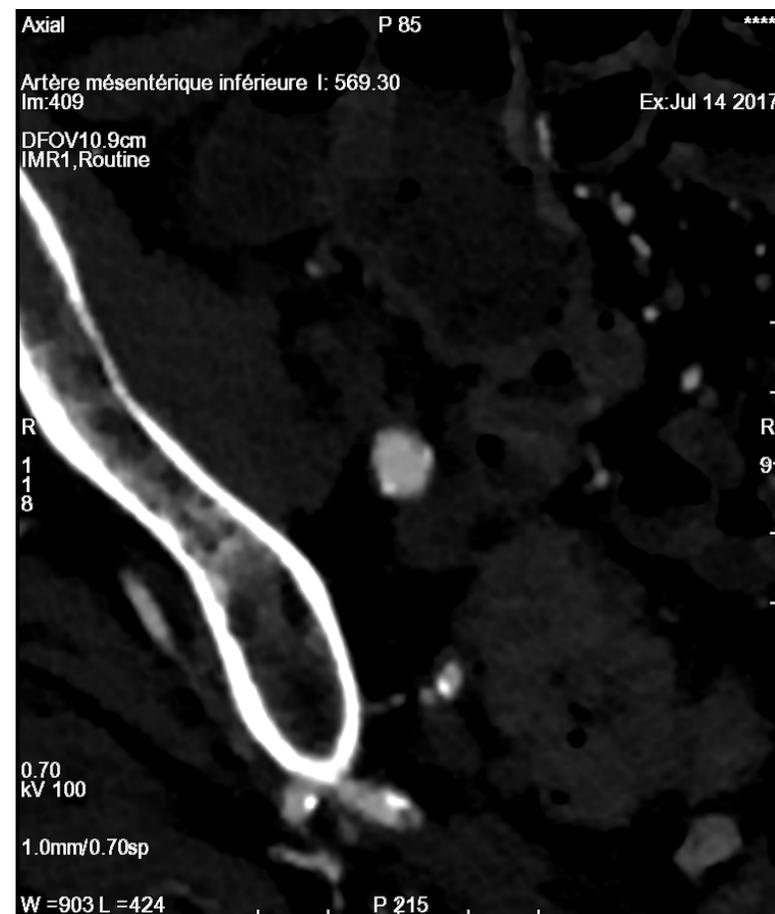
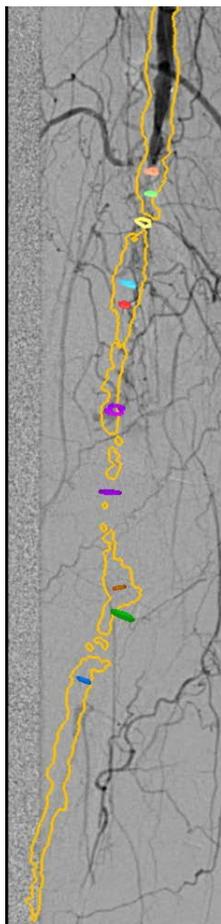
# Cas n°4: Occlusion Iliaque Primitive Gauche



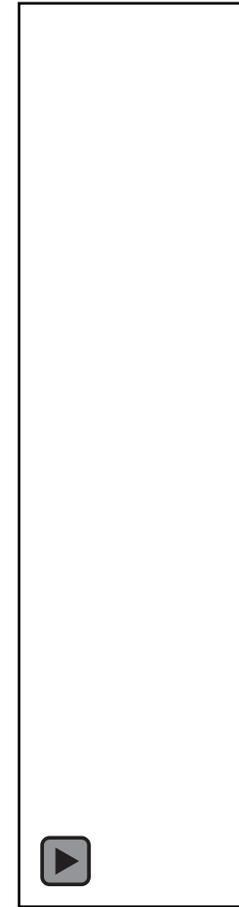
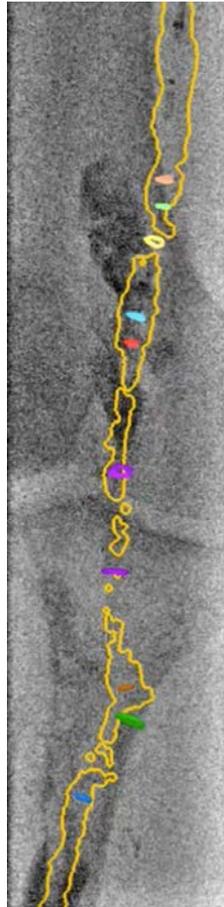
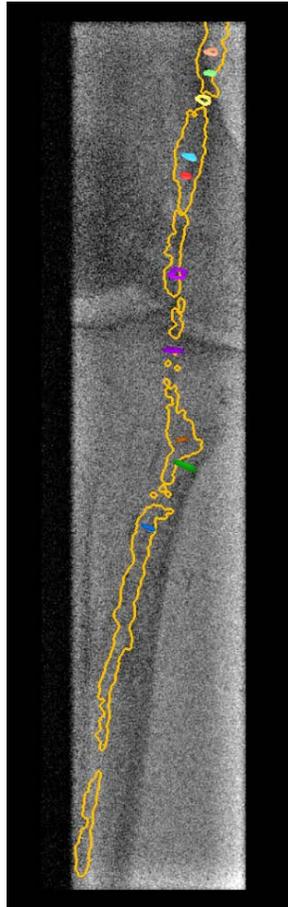
# *Cas n°4*: Occlusion Iliaque Primitive Gauche



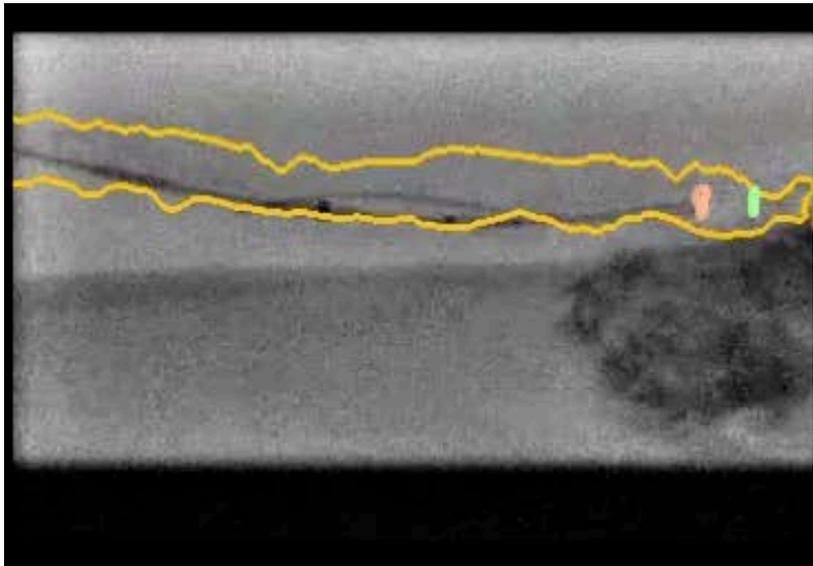
# *Cas n°4: Occlusion poplitée droite*



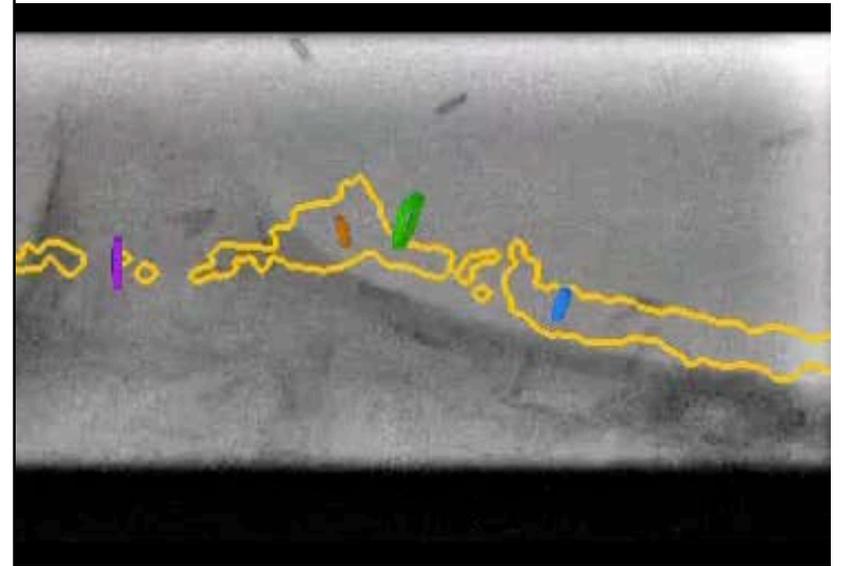
# *Occlusion fémorale et poplitée droite*



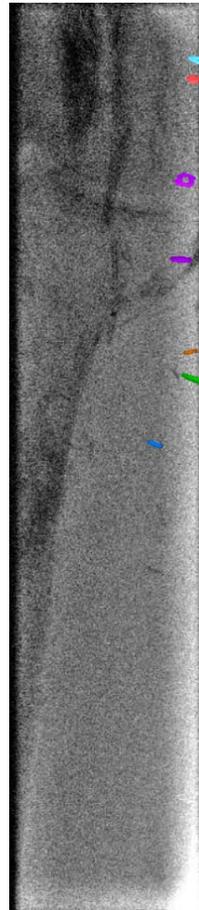
*Occlusion fé*



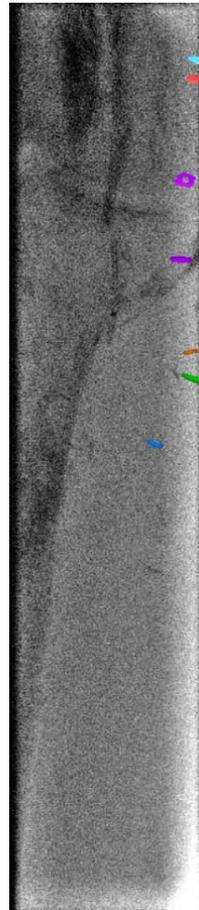
*oplité droite*



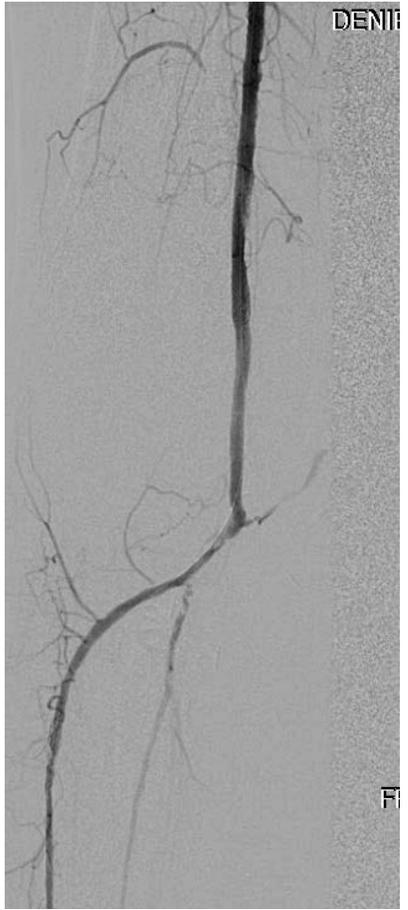
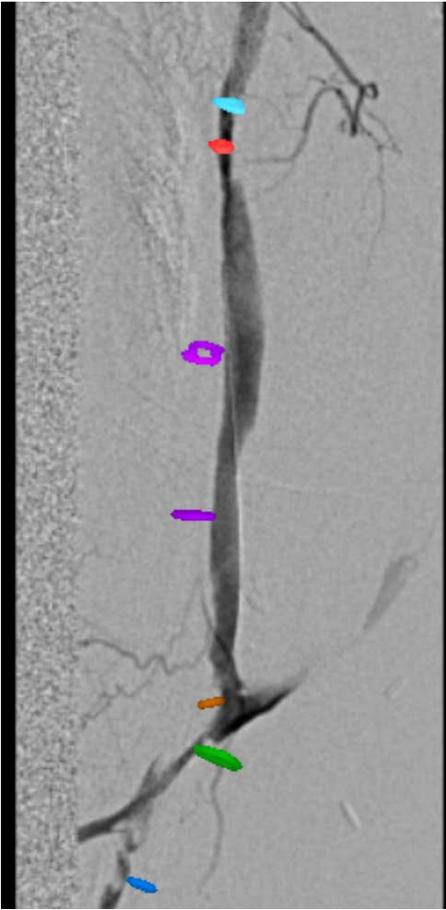
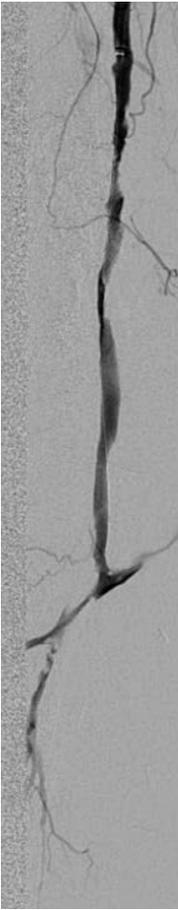
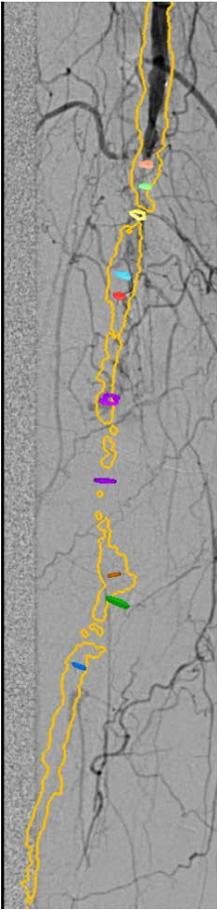
# *Occlusion fémorale et poplitée droite*



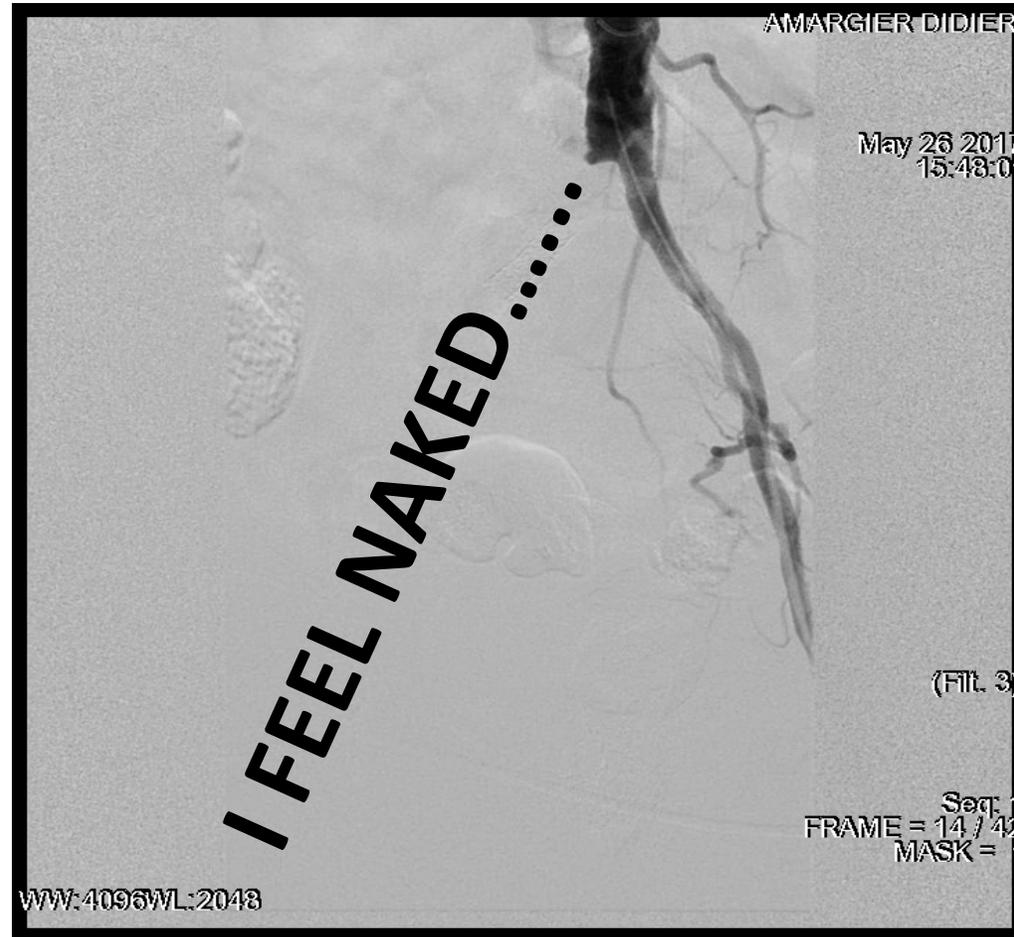
# *Occlusion fémorale et poplitée droite*



# Résultat Final



# Conclusion



## *conclusion*

. La recanalisation artérielle sous fusion d'images et cercles de planifications et tout sauf une recanalisation à l'aveugle

# *conclusion*

- . La recanalisation artérielle sous fusion d'images et cercles de planifications et tout sauf une recanalisation à l'aveugle
- . ET NON ERIC JE NE SUIS PAS LE GILBERT MONTAGNE de l'endovasculaire....



## *conclusion*

- . La recanalisation artérielle sous fusion d'images et cercles de planification et tout sauf une recanalisation à l'aveugle
- . Rester préférentiellement en transluminale
- . Temps de recanalisation court (diminuer la radiation)
- . Diminuer l'utilisation de système de ré-entrée
- . Simplifier les cas complexes

# Conclusion

- Une imagerie de pointe en pré et per procedure est aujourd'hui nécessaire pour pousser les limites de l'endovasculaire
- Sinon.....

# Conclusion

*Sinon les aveugles  
vondraient pour vous...*



# Sonic technique

