



ACURATE neo dans ma pratique : Pour conserver l'accès aux coronaires



Disclosures

Proctor medical : Abbott, Boston, Biotronik, Asahi

Consulting fees : Edwards, Medtronic

Introduction :

Connaître la structure de la valve

Stabilization Arches

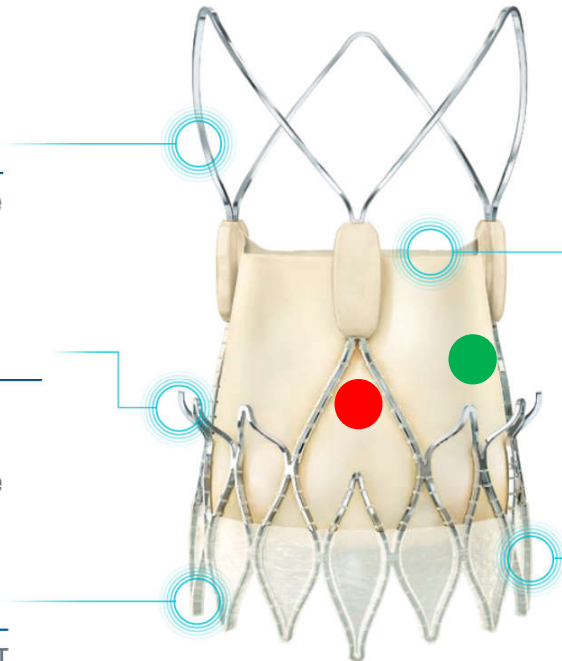
- Axial self-alignment of valve within the native annulus

Upper Crown

- Supra-annular anchoring
- Caps native leaflets and provides coronary clearance

Lower Crown

- Minimal protrusion into LVOT
- Low risk of conduction system interference



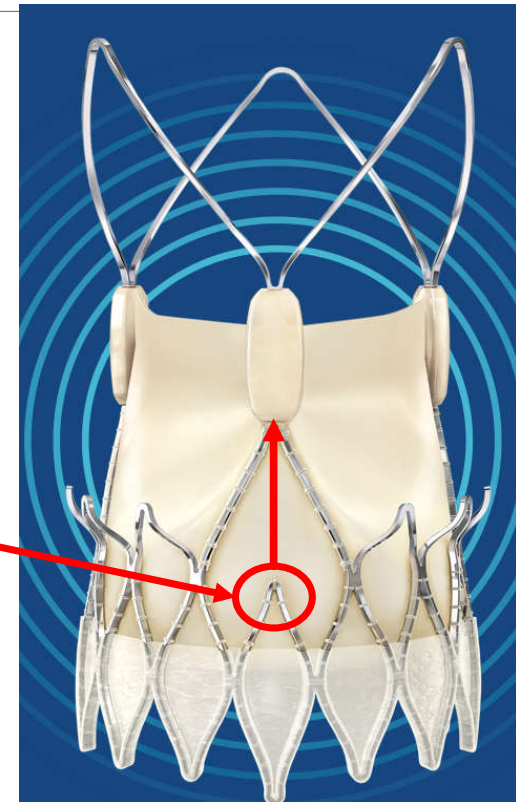
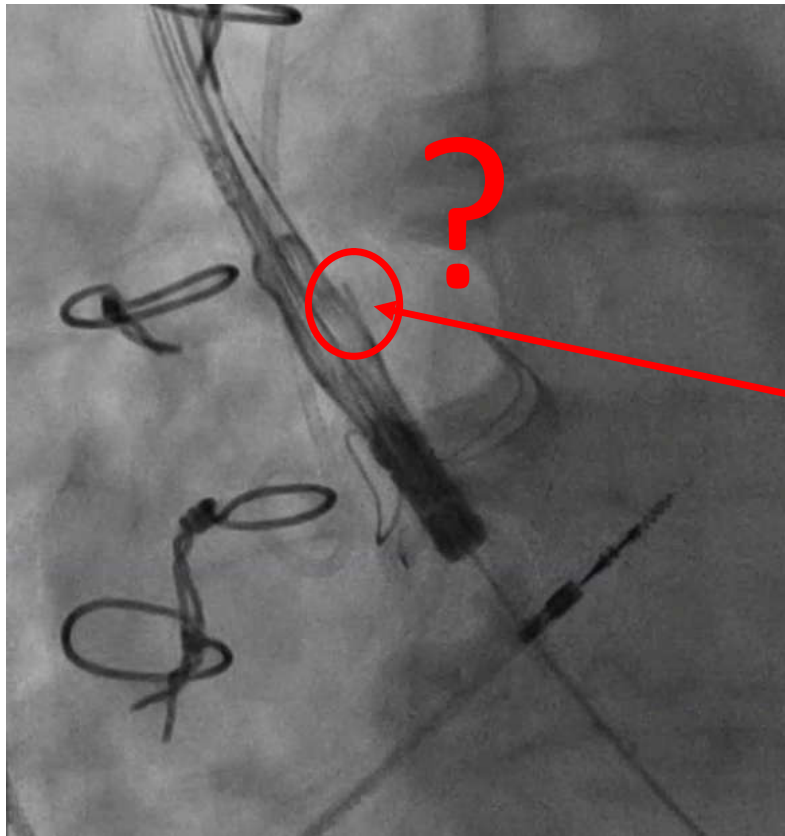
Supra-Annular Valve

- Large effective orifice areas and low gradients*
- Porcine pericardium leaflets with BioFix™ anti-calcification process†

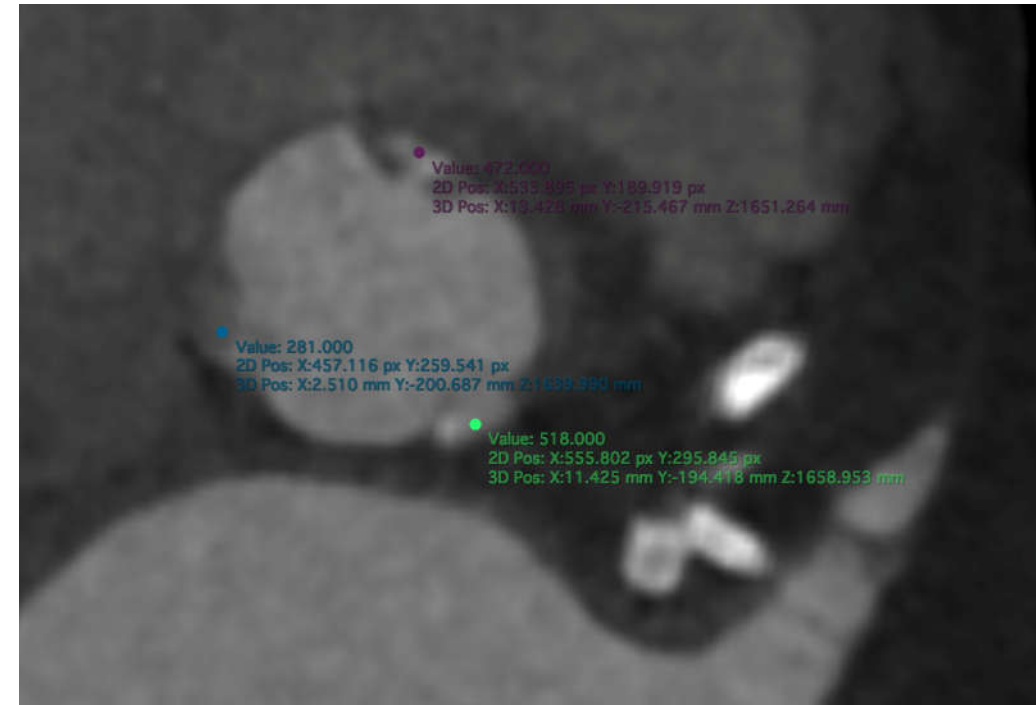
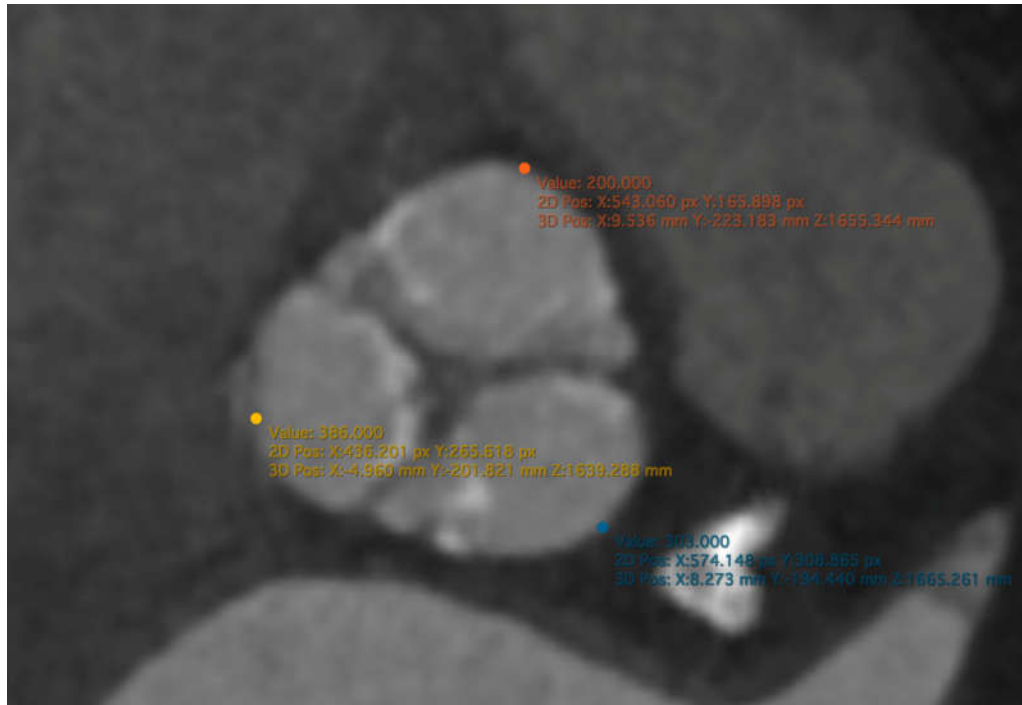
Anti-PVL Skirt

- Seals against paravalvular leak

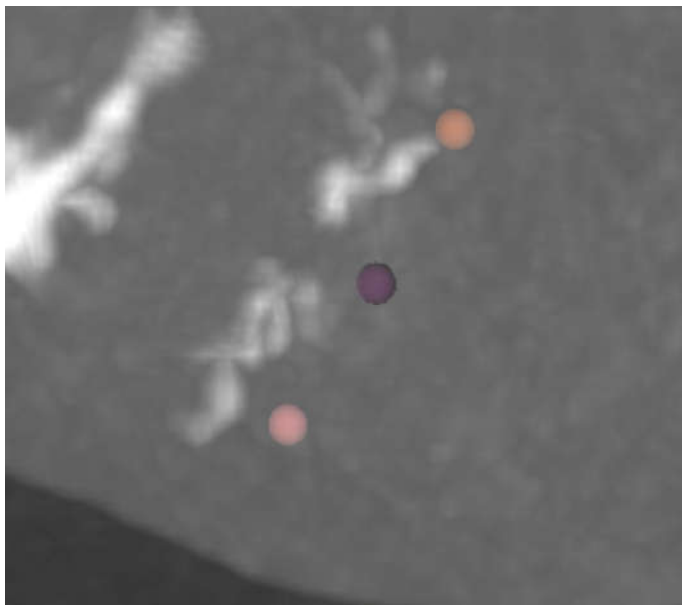
Introduction : Connaître la structure de la valve



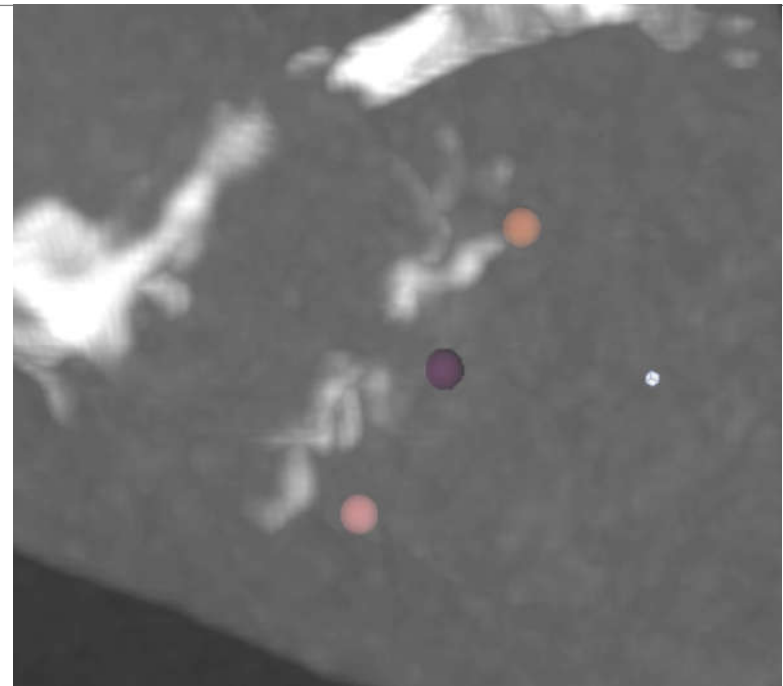
Comment aligner les commissures de la prothèse avec celles de la valve native?



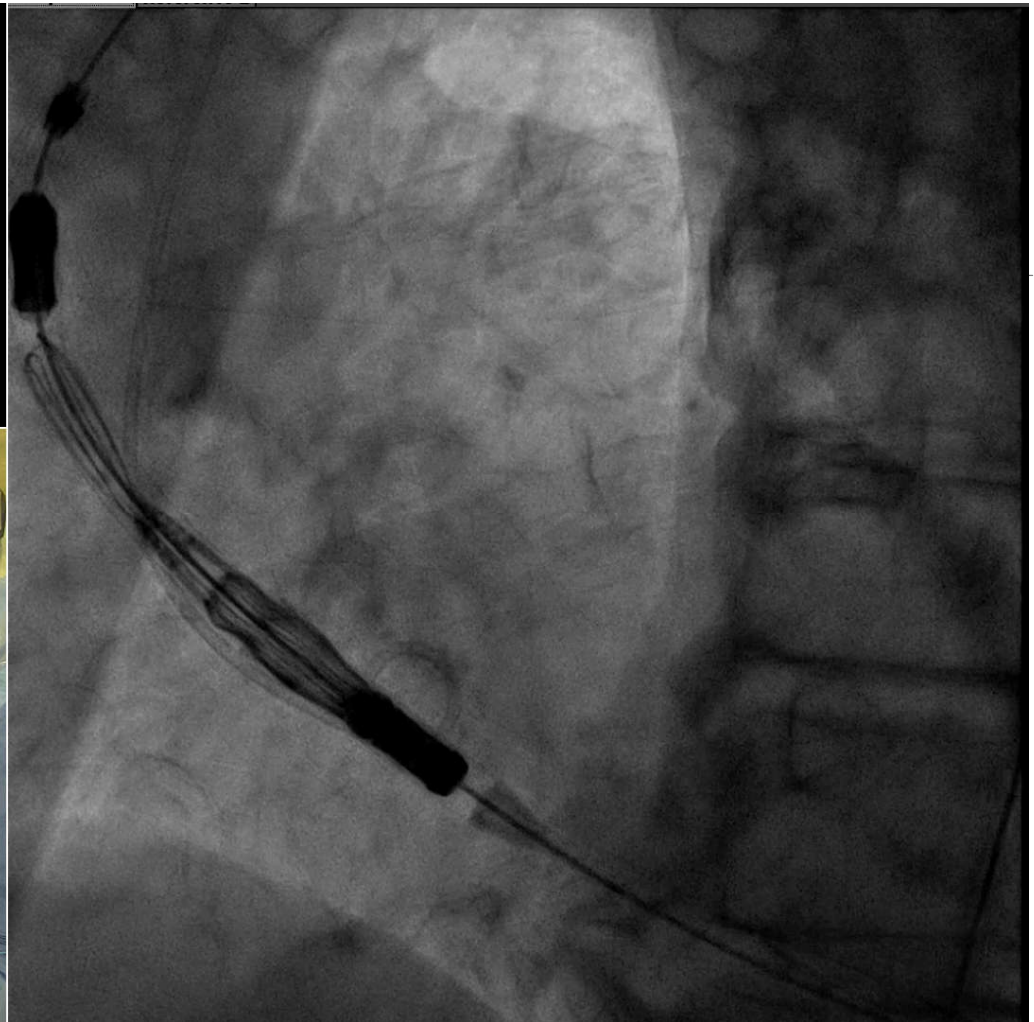
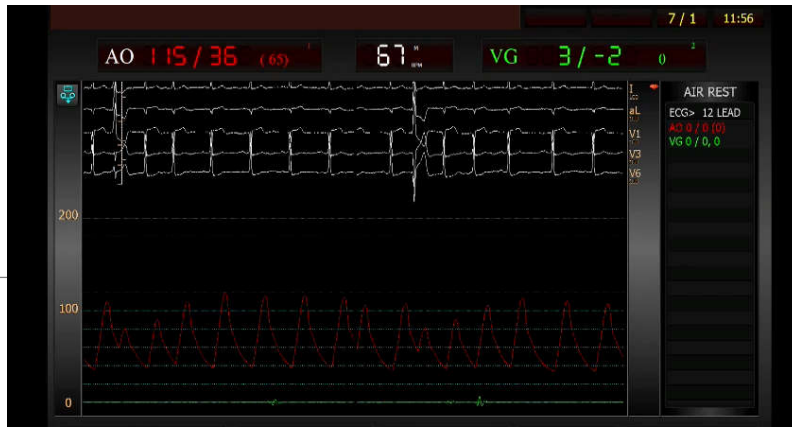
Calcul des incidences de travail



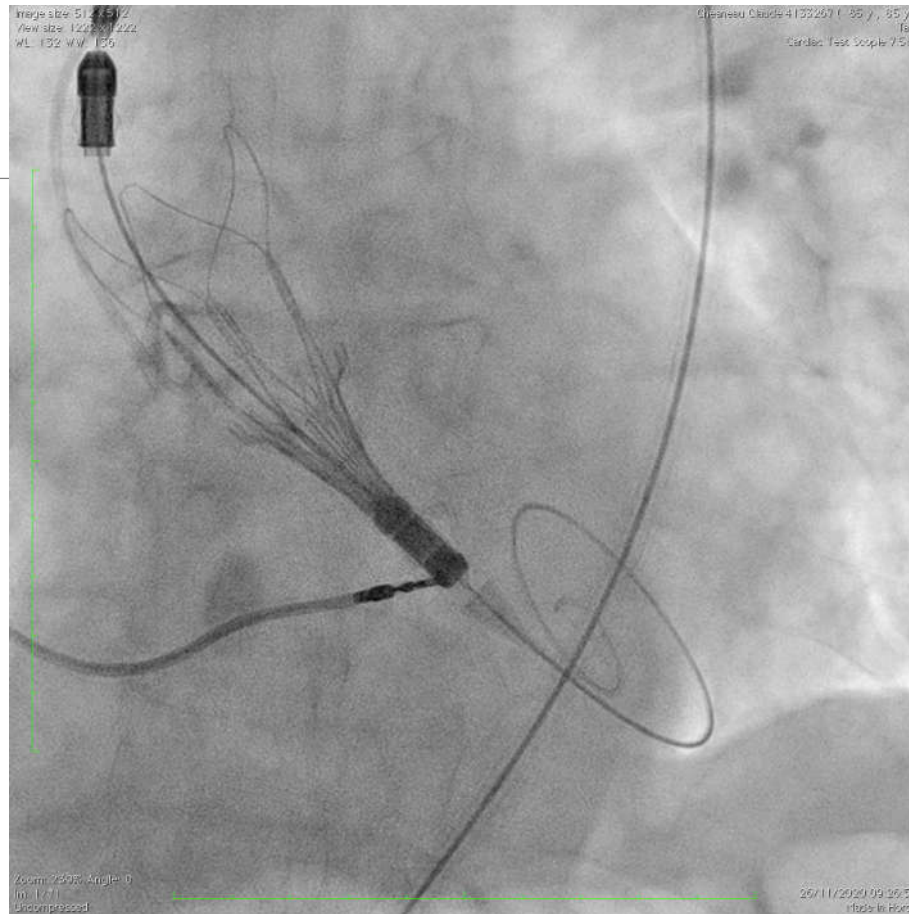
Incidence classique de pose
Ne permet pas de repérer les commissures



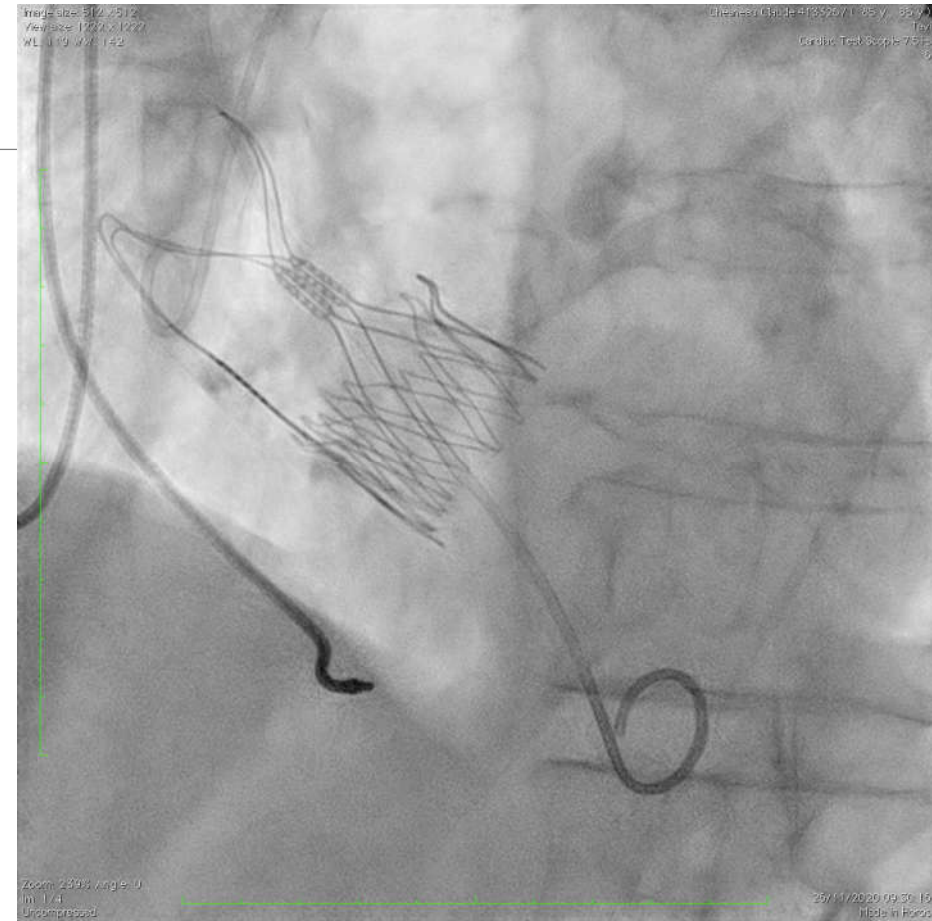
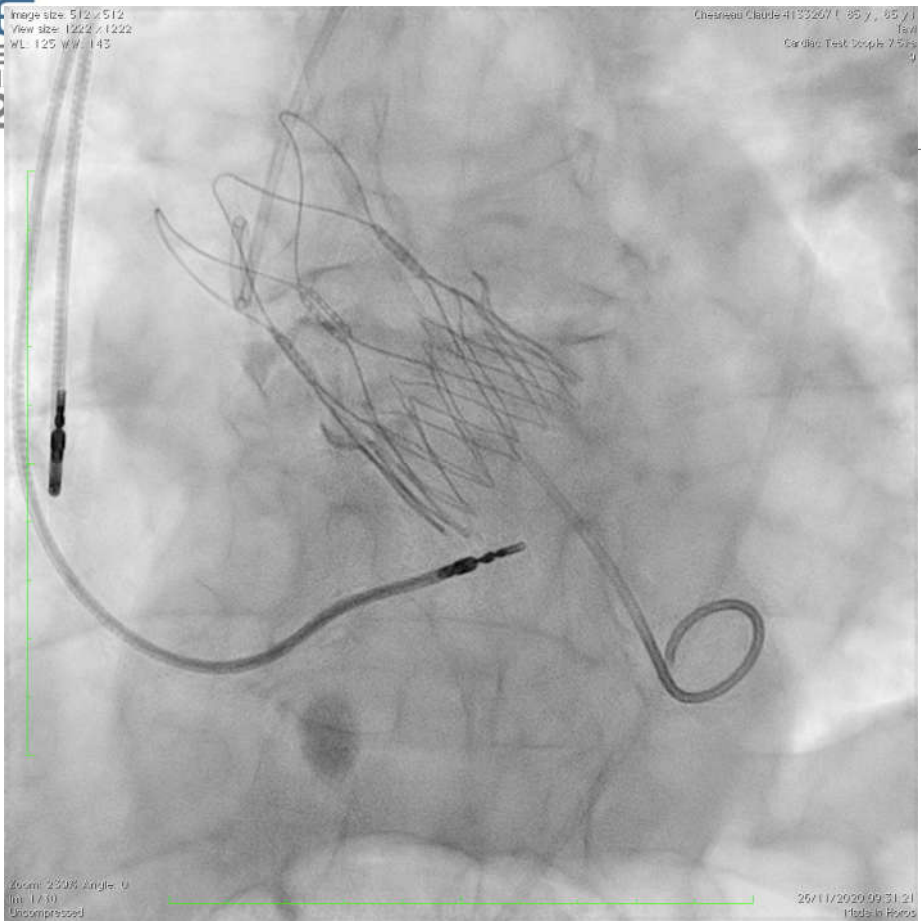
Incidence de cusp overlap NC-CD = souvent OAG-CRAN
Permet de repérer la commissure entre ces 2 cusps



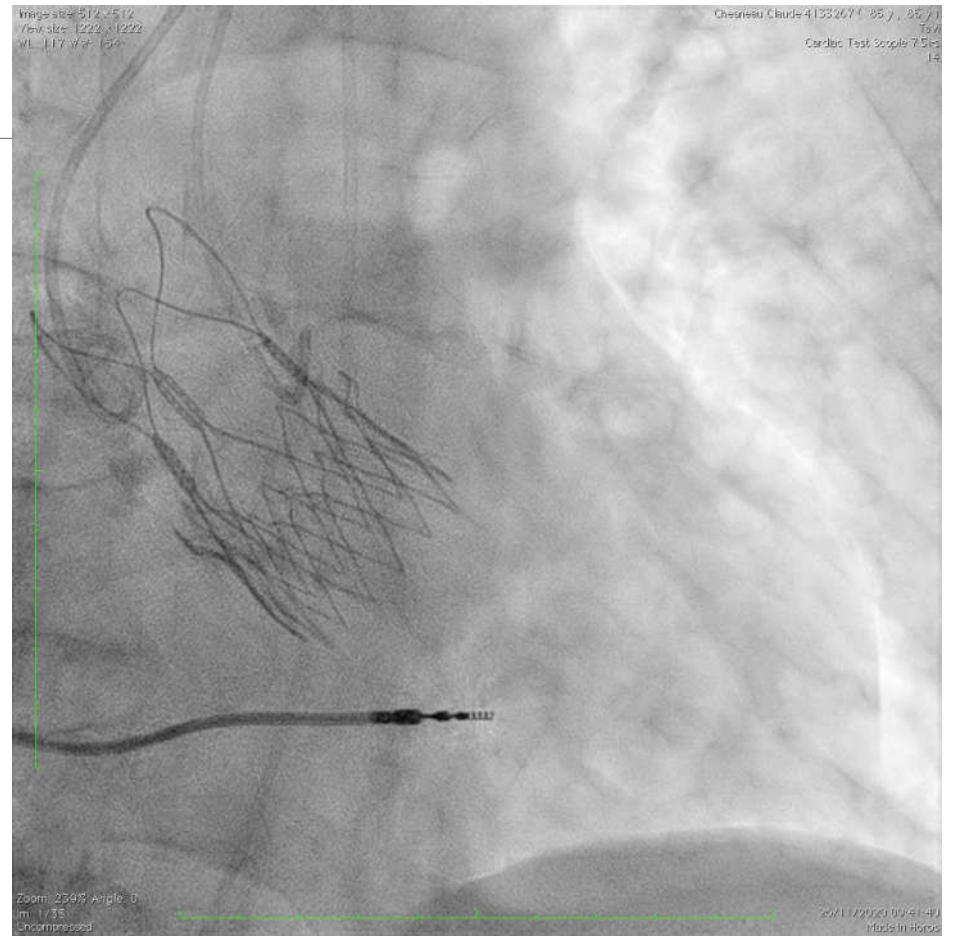
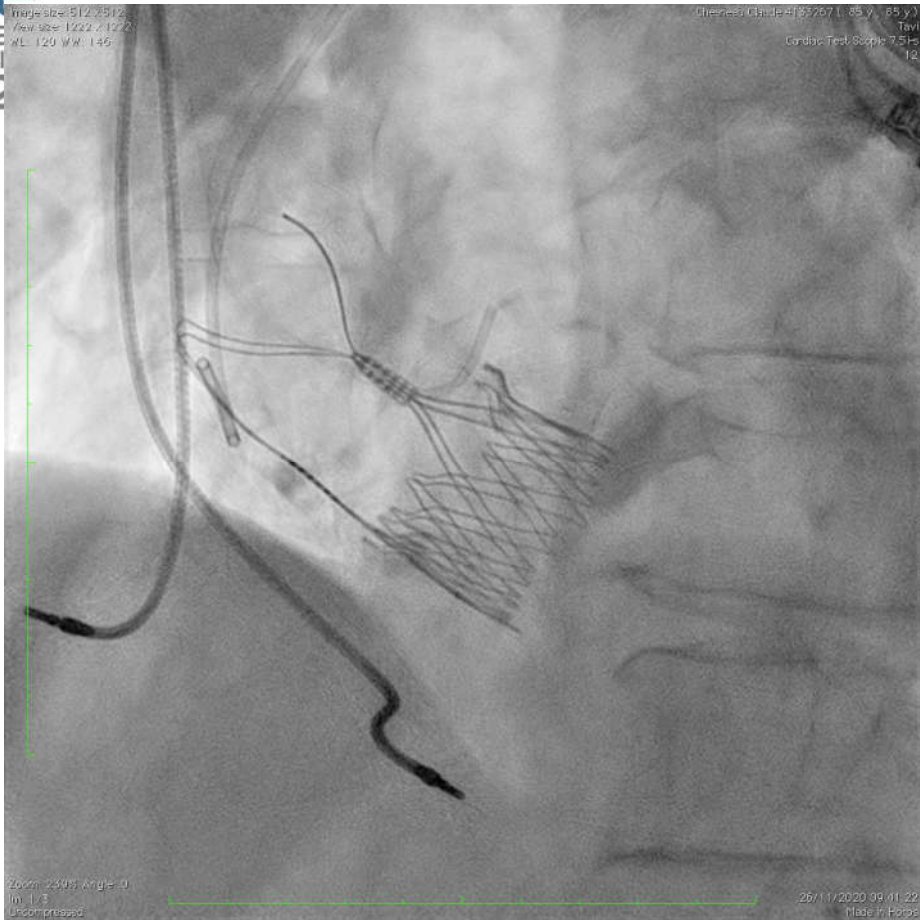
Tourner la bioprothèse au dessus du plan de la valve aortique dans l'incidence overlap



Deploiement dans l'incidence alignement des 3 cusps



Contrôle dans l'incidence Cusp overlap



Conclusion

- Incidence coronaropathie/Rao est élevée. 40 à 75% selon les registres
- L'accès au coronaire = problème croissant
- Le positionnement des montants commissuraux à distance des coronaires est pratiqué par les chirurgiens depuis le début du SARV
- Nécessiter de développer les prochaines prothèses en prenant en compte l'accès coronaires