HIGH TECH MARSEILLE

1·2·3 FÉVRIER 2023

MARSEILLE·PALAIS DU PHARO

6 minutes pour convaincre

Évaluer l'IMR en routine

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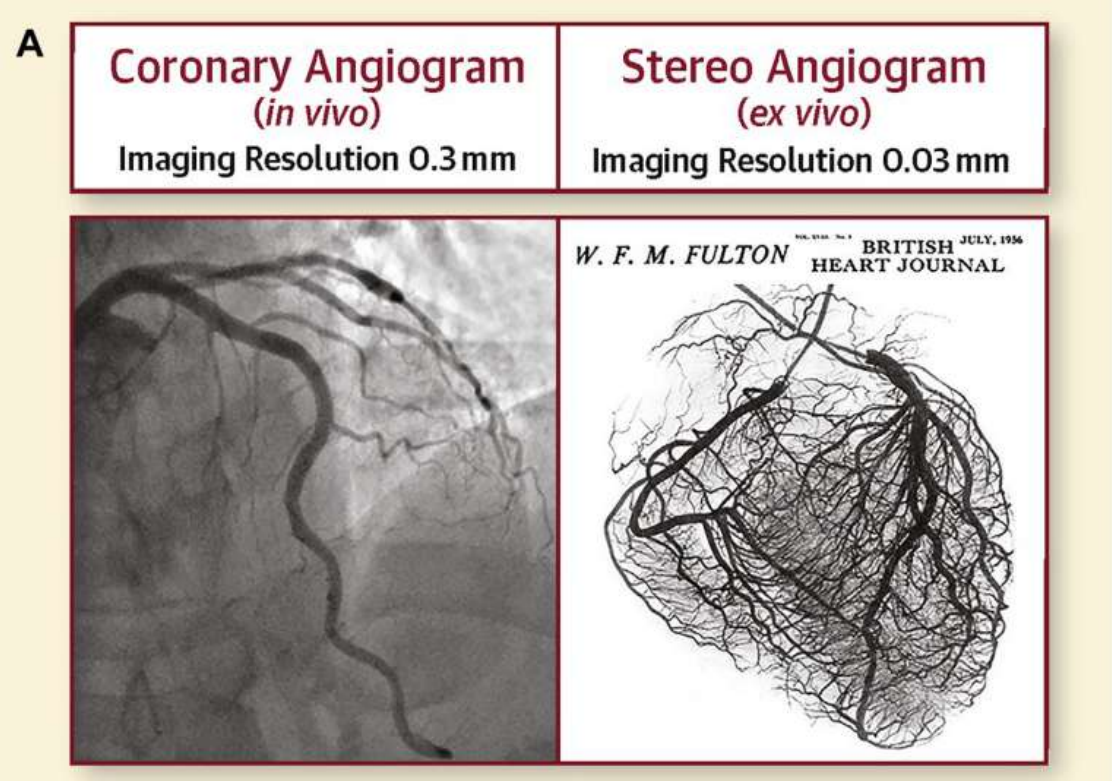
Statement of financial interest

Speaker's name : Frédéric Bouisset

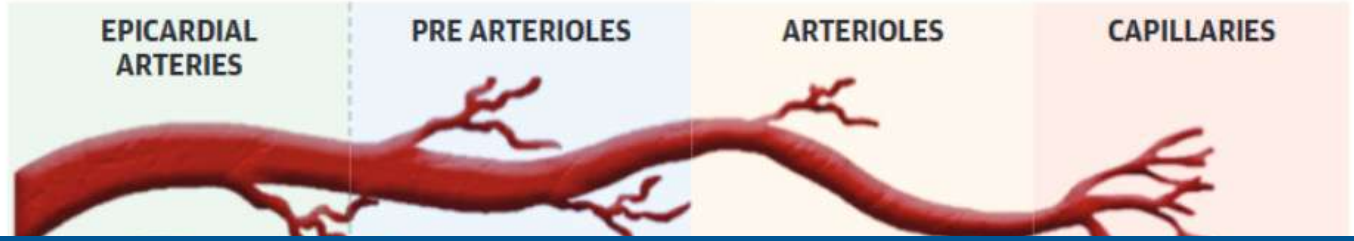
☑ I have the following potential conflicts of interest to report:

Consultant : Amgen, B-Braun, Boston Scientific

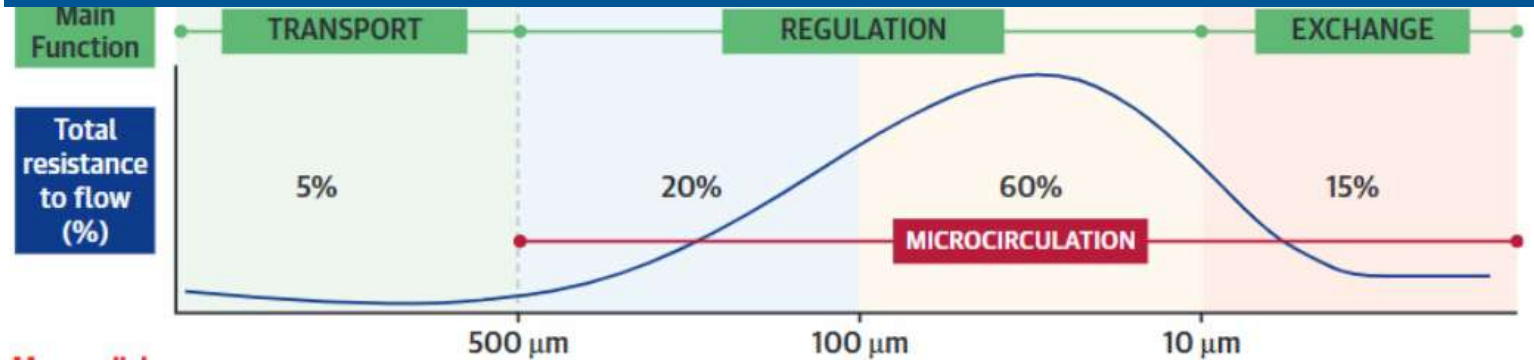
Evaluer ce que l'on ne voit pas



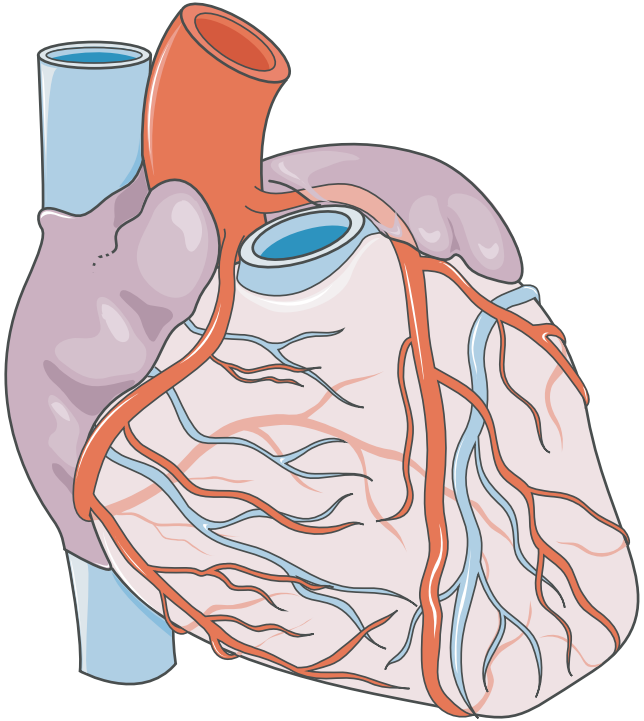
Un compartiment qui résiste

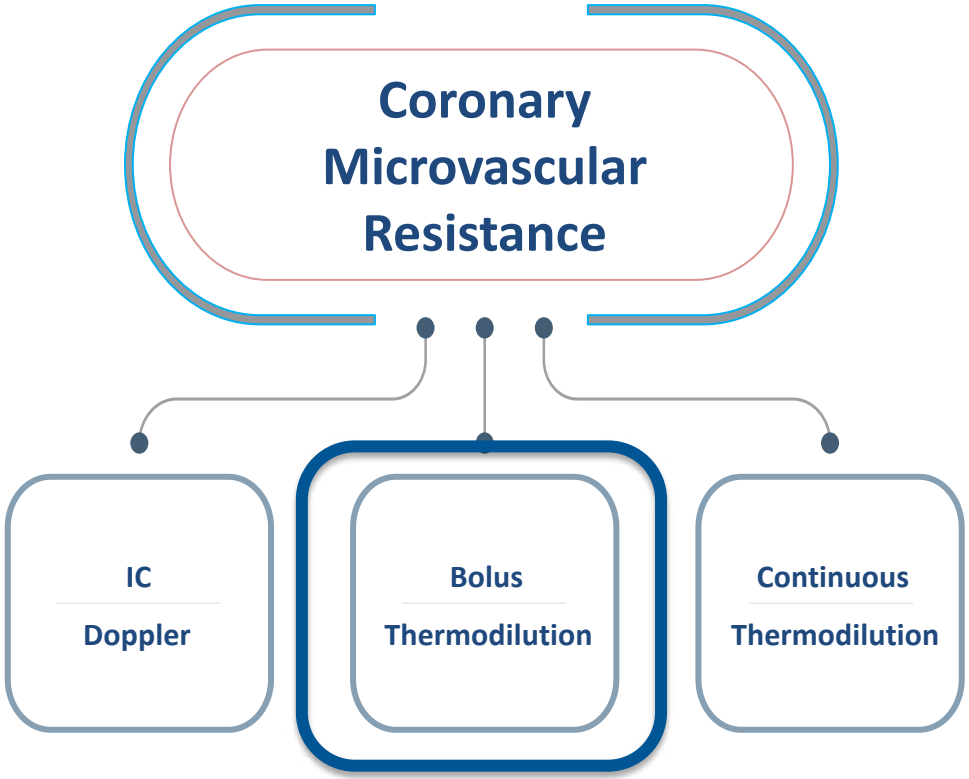


IMR = Index of Microcirculatory Resistance

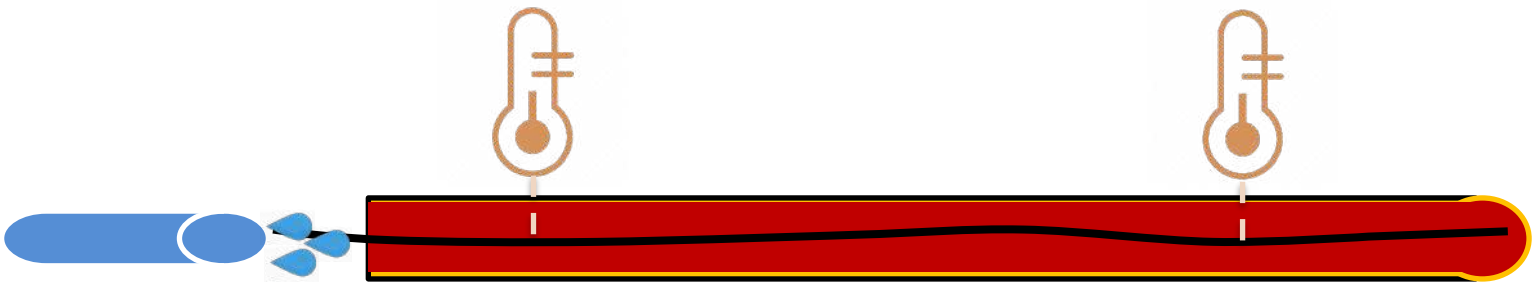


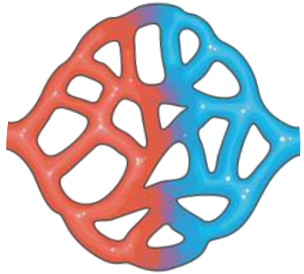
La résistance microvasculaire

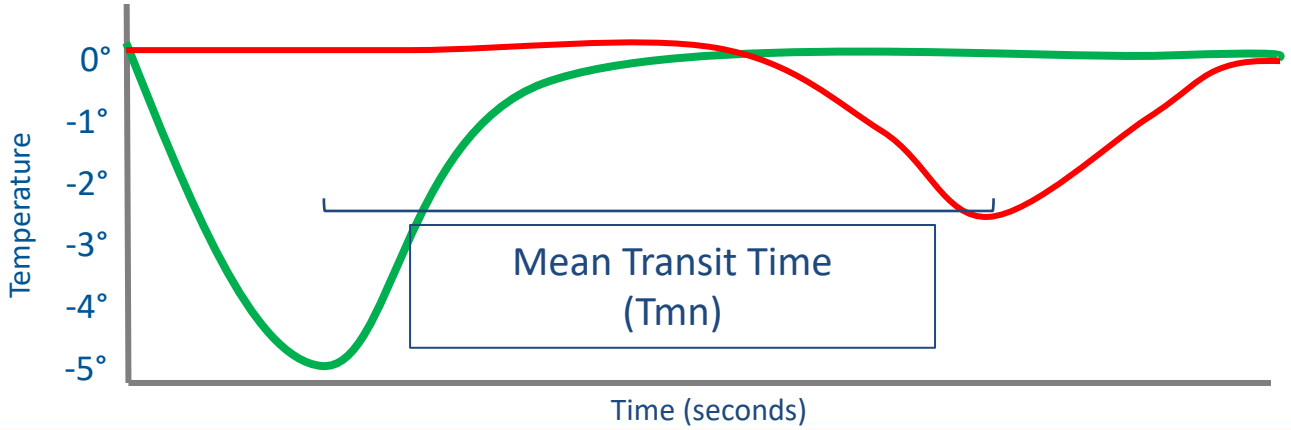




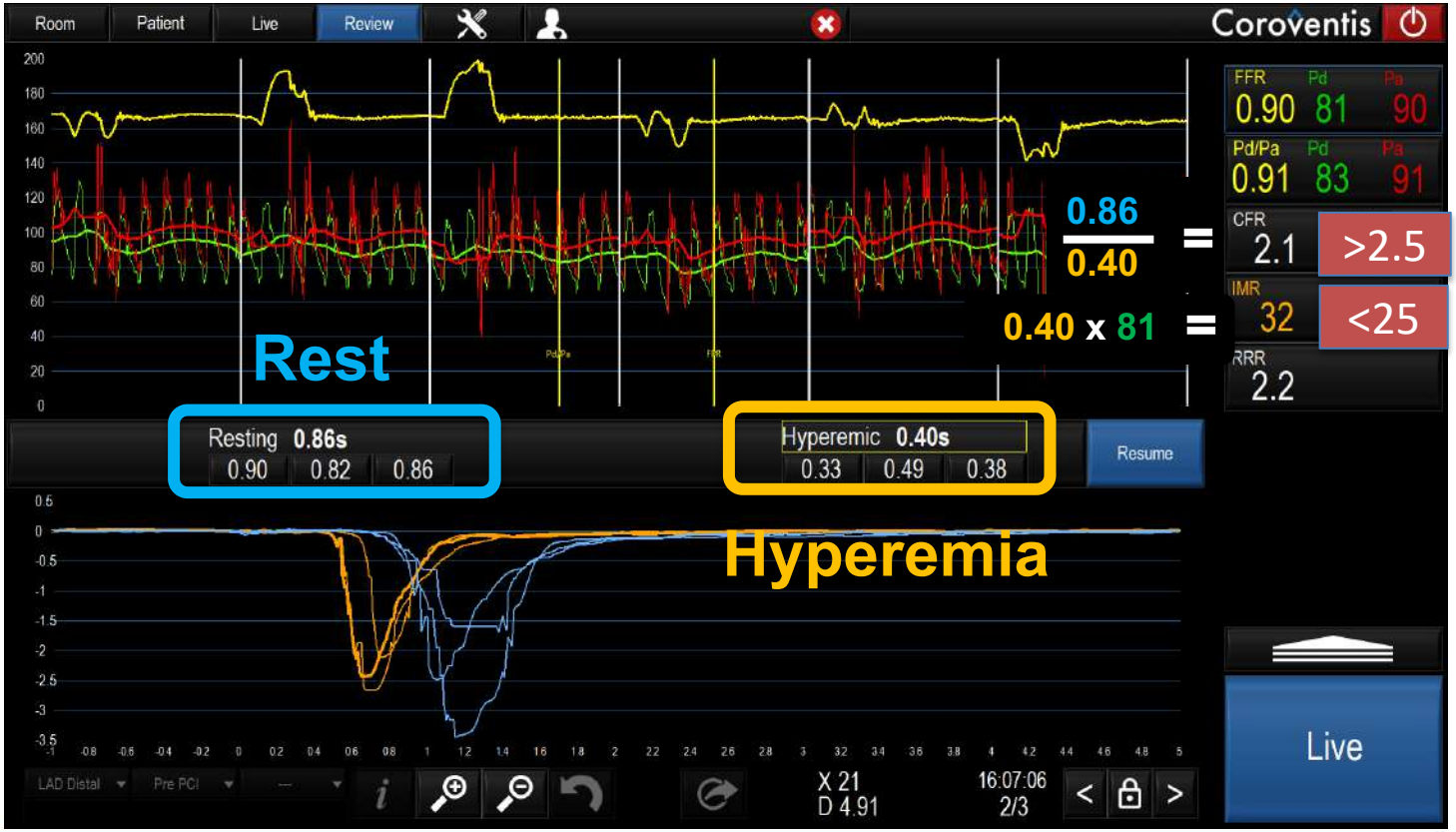
Comment ça marche ?



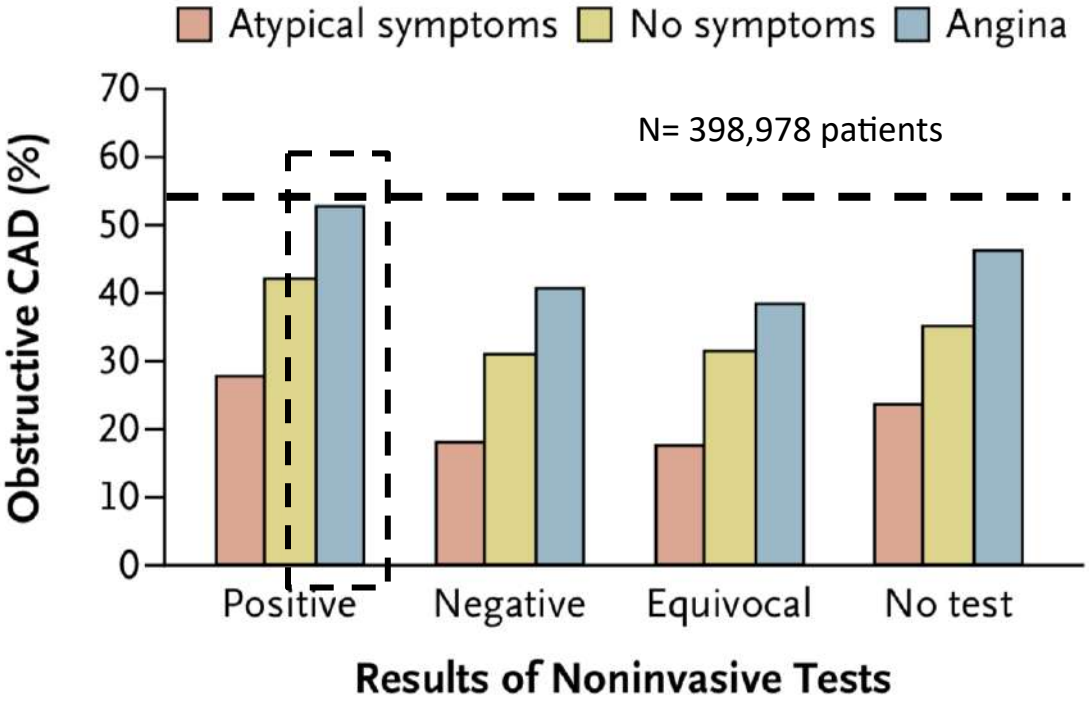




Qu'est-ce que l'on obtient?



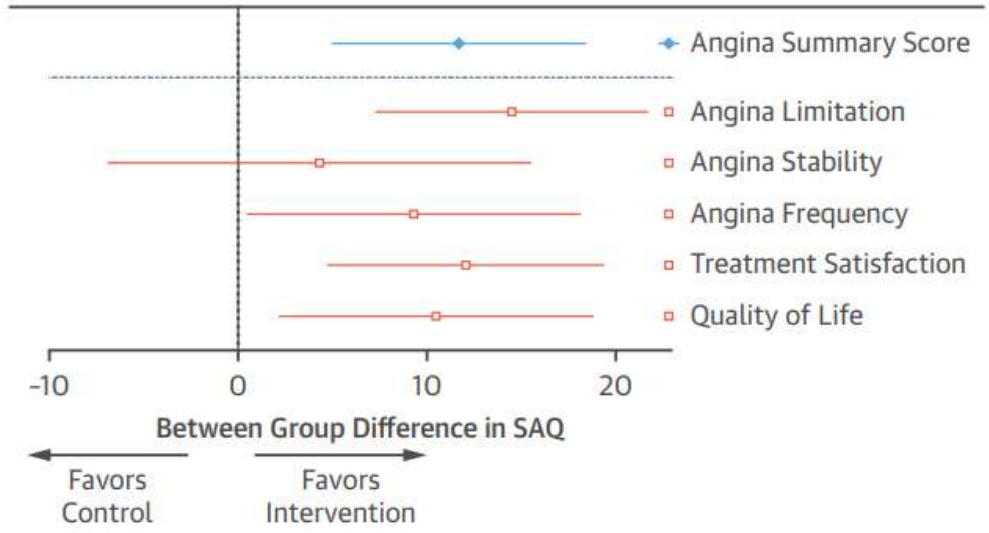
Pourquoi ?



Pour aboutir à un diagnostic (ou à l'absence de diagnostic cardiaque)

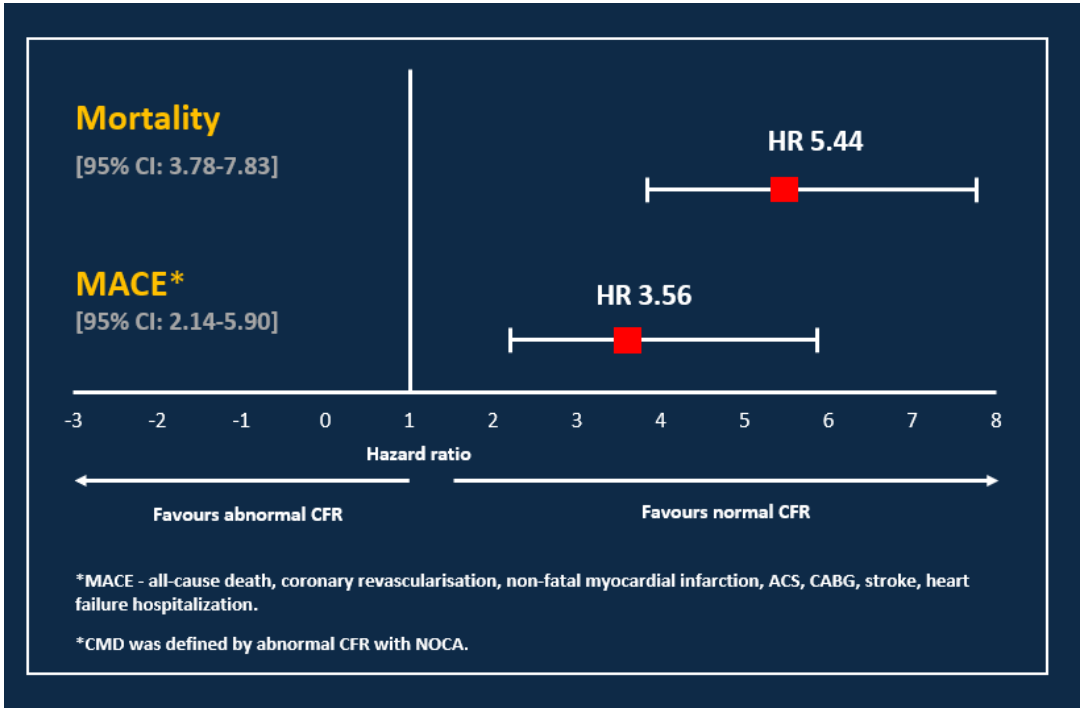
Pourquoi ?

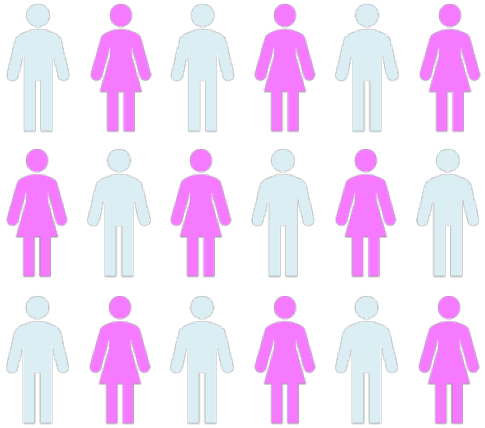
FIGURE 3 Primary Efficacy Outcome: Treatment Difference in the 6-Month SAQ Summary Score



Pour affiner la thérapeutique et améliorer les symptômes

Pourquoi ?





>10.000 patients
16 studies

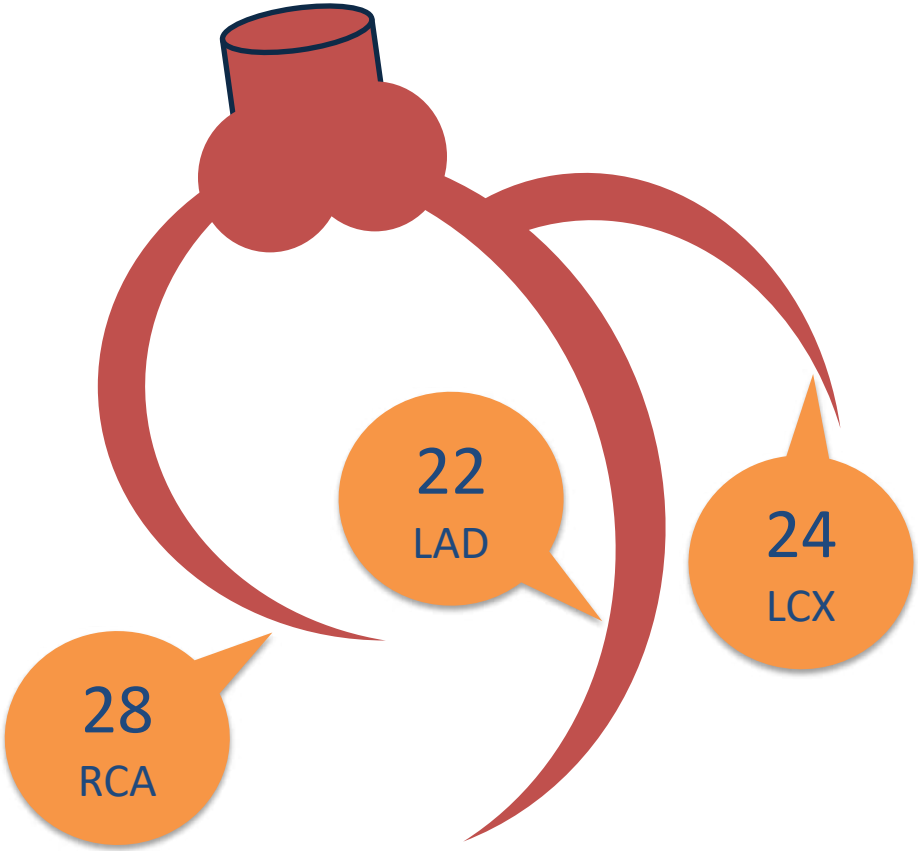
Pour recueillir une information pronostique

Conclusion : l'IMR en routine

La maladie épicardique (n')est (qu')un phénotype de maladie coronaire conduisant à l'ischémie myocardique

Back-up slides

Valeurs normales



Where to place the wire?

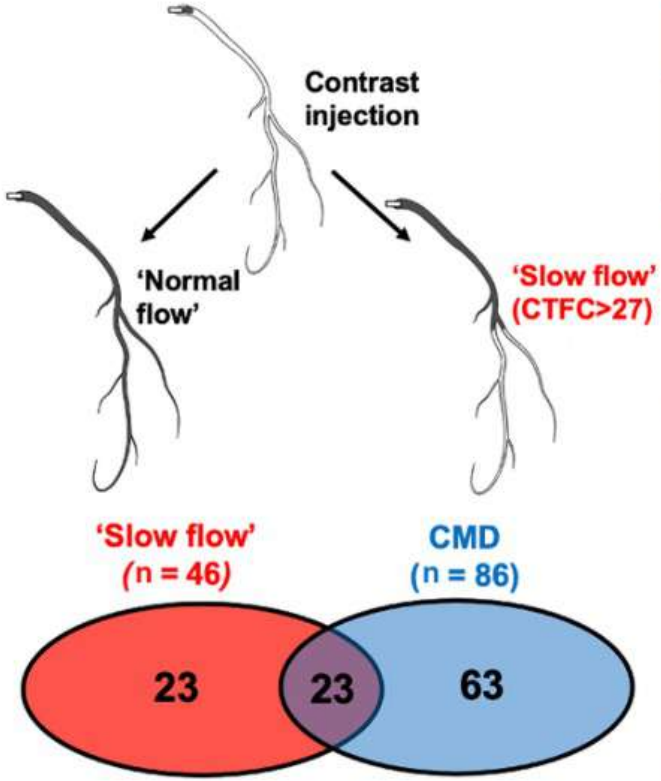
LAD: The distal 2/3 of the LAD

RCA: before the posterior descending branch

LCX: 8 to 10 cm down in the main obtuse marginal branch, or in the true circumflex, if it is a dominant vessel

Slow flow ≠ Microvascular dysfunction

152 patients with ANOCA underwent Doppler-based intracoronary physiology assessment



Key findings

On average, patients with **slow flow** have

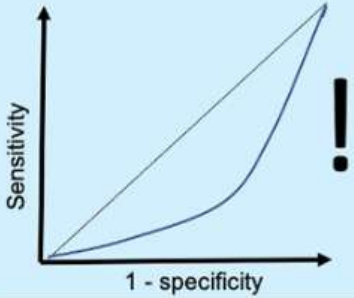
↓ Flow velocity **and** ↑Microvascular resistance **at rest**

However, as a test for **CMD**, slow flow has poor accuracy

Sensitivity = 26.7% (17.8%–37.4%)

Specificity = 65.2% (52.4% –76.5%)

CTFC cannot predict any invasive standards of **CMD**



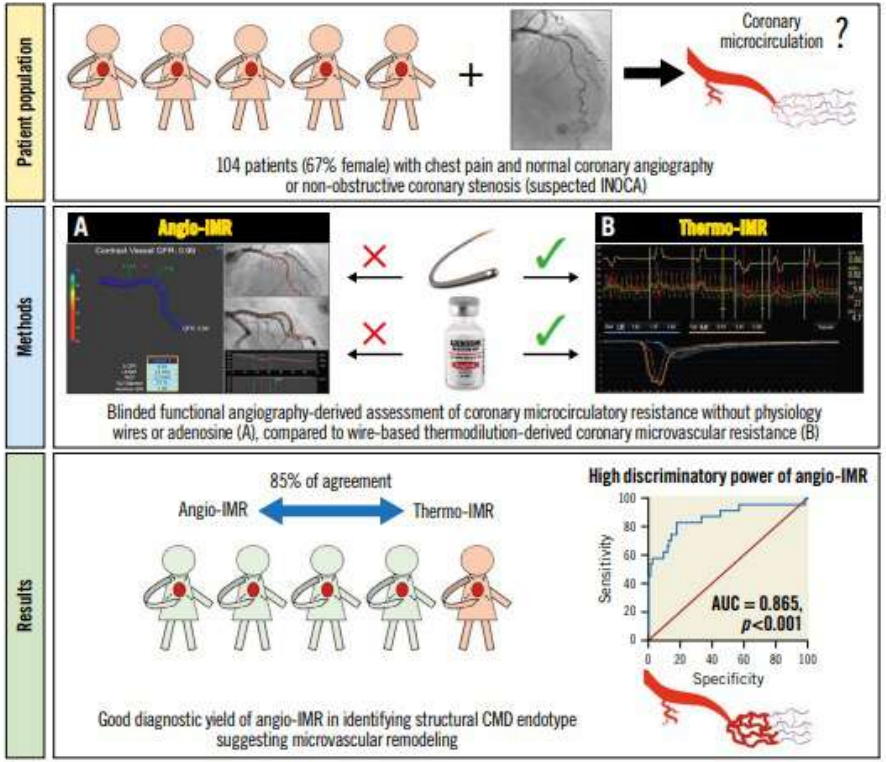
X CFR < 2 or 2.5

X hMR > 2.5 mmHg/cm/s

X AChFR ≤ 1.5

EuroIntervention

CENTRAL **ILLUSTRATION** Diagnostic yield of angiography-derived assessment of coronary microcirculatory resistance in patients with suspected myocardial ischaemia and non-obstructive coronary arteries (INOCA): study design and summary results.



angio-IMR: angiography-derived index of coronary microcirculatory resistance; AUC: area under the curve; CMD: coronary microvascular dysfunction; thermo-IMR: thermodilution-derived index of coronary microvascular resistance