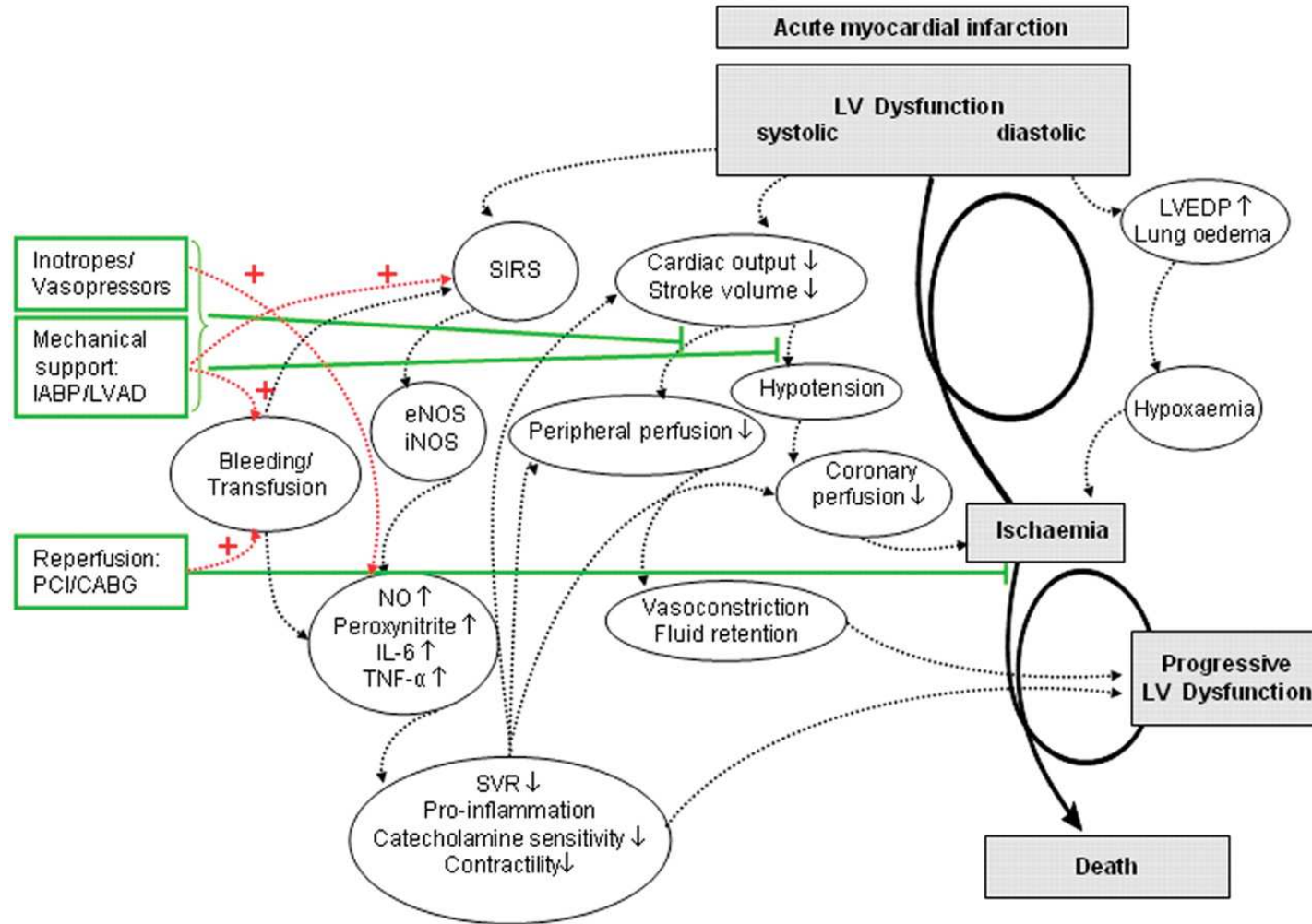


Contre pulsion intra aortique dans le choc cardiogénique

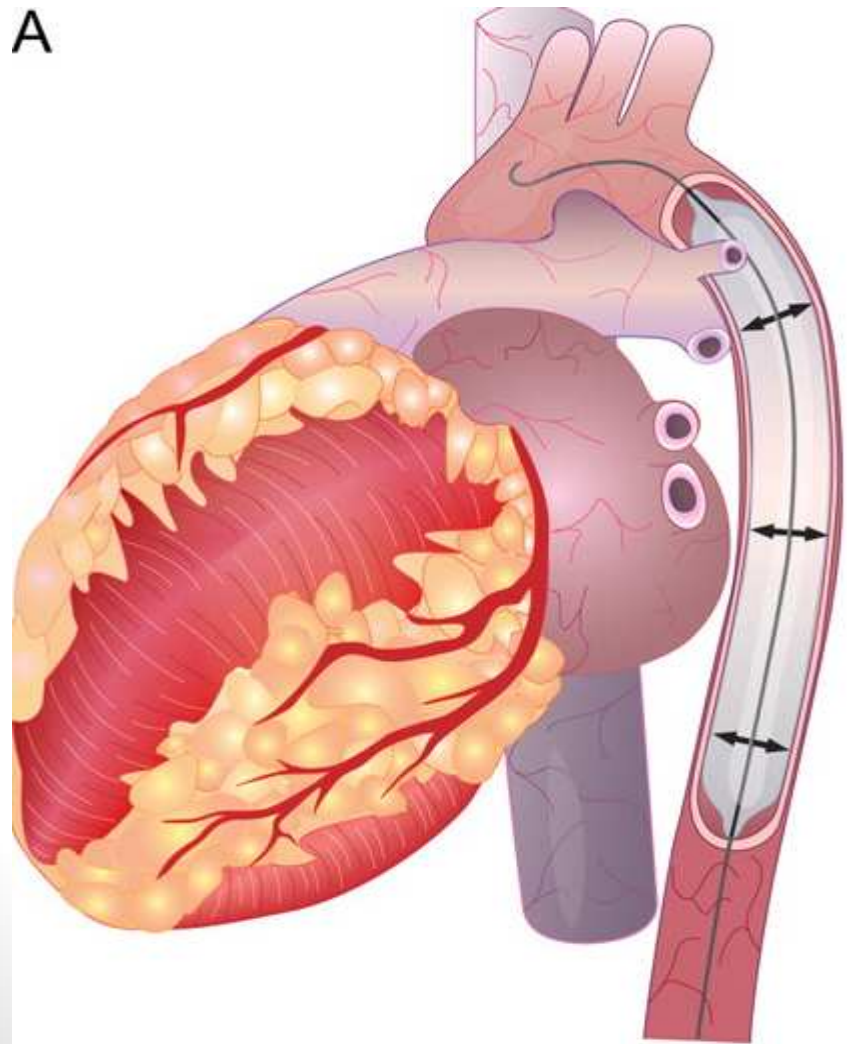
Steven Debieuvre
CHU Tours-CH Bourges

Le choc cardiogénique : mortalité 40-50%



Technique d'assistance la plus utilisée dans le choc cardiogénique et la plus simple

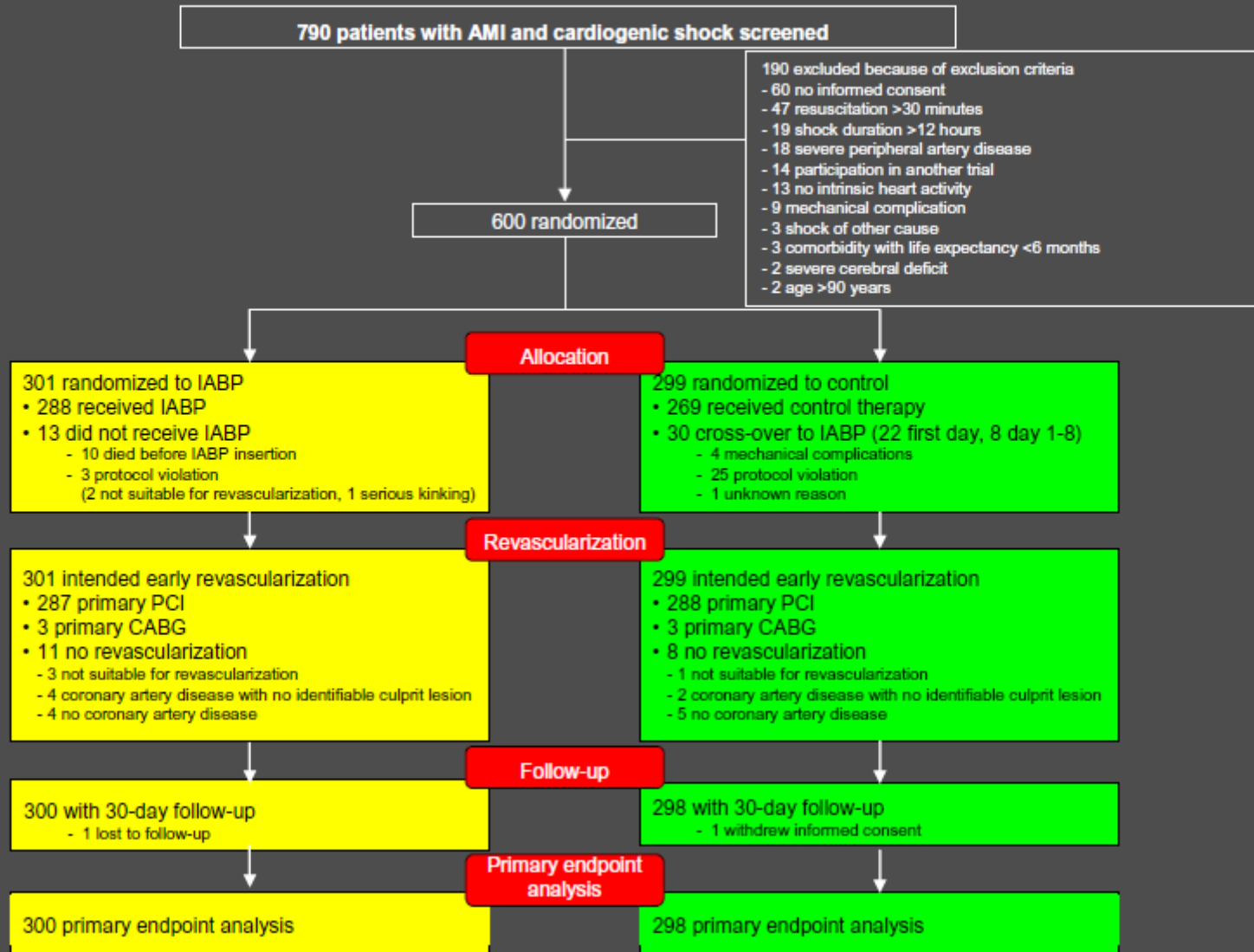
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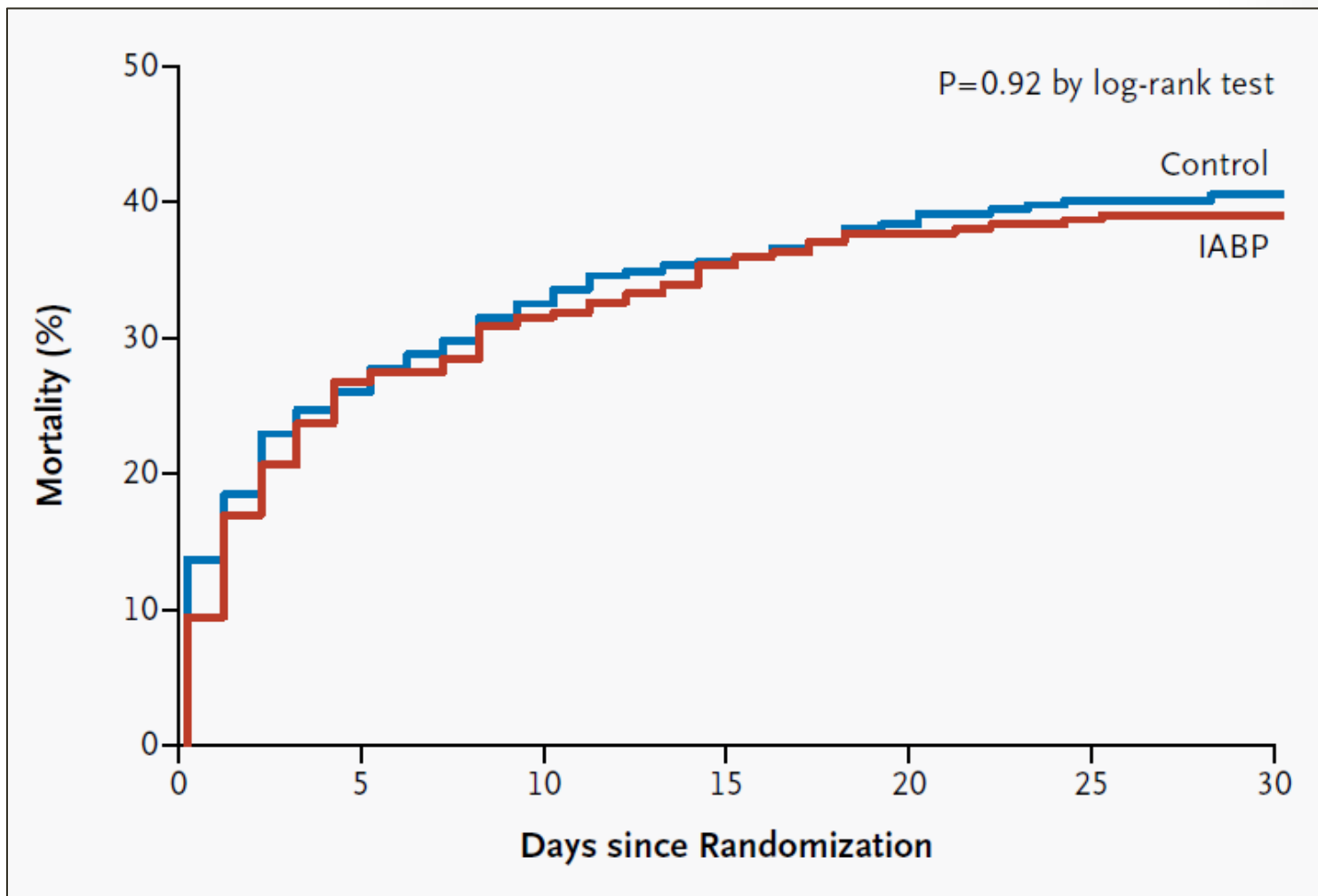


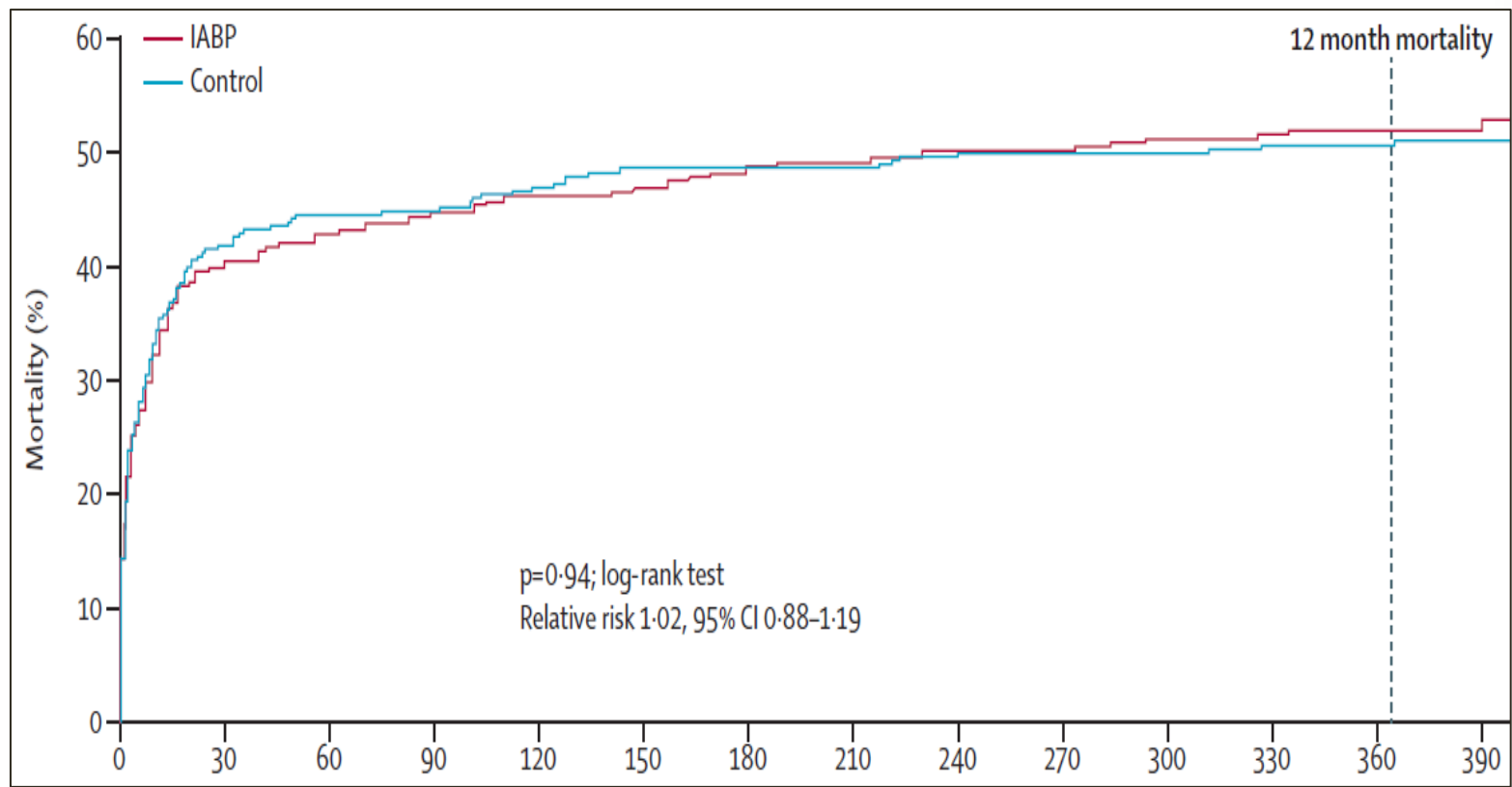
ESC

Treatment of cardiogenic shock (Killip class IV)		
Oxygen/mechanical respiratory support is indicated according to blood gasses.	I	C
Urgent echocardiography/Doppler must be performed to detect mechanical complications, assess systolic function and loading conditions.	I	C
High-risk patients must be transferred early to tertiary centres.	I	C
Emergency revascularization with either PCI or CABG in suitable patients must be considered.	I	B
Fibrinolysis should be considered if revascularization is unavailable.	IIa	C
Intra-aortic balloon pumping may be considered.	IIb	B
LV assist devices may be considered for circulatory support in patients in refractory shock.	IIb	C
Haemodynamic assessment with balloon floating catheter may be considered.	IIb	B
Inotropic/vasopressor agents should be considered: <ul style="list-style-type: none">• Dopamine	IIa	C
<ul style="list-style-type: none">• Dobutamine	IIa	C
<ul style="list-style-type: none">• Norepinephrine (preferred over dopamine when blood pressure is low).	IIb	B

Trial Flow and Treatment







- Etude rétrospective observationnelle

Clinical course

Variable	Population	
Myocardial infarction - no./total no. (%)		
STEMI	77/86 (90)	46%
NSTEMI	9/86 (11)	
Anterior	63/86 (73)	
Resuscitation before coronary angiography		
	3/86 (3)	
3 diseased vessels - no./total no. (%)		
	41/86 (48)	52%
Infarct-related artery - no./total no. (%)		
Left anterior descending	48 (56)	
Left main	15 (17)	
Revascularization - no./total no. (%)		
	77/86 (90)	
PCI	64/77 (83)	
Successful revascularization		
	72/77 (94)	
Complete revascularization		
	37/77 (48)	
Mechanical complications		
	11/86 (13)	
Left ventricular ejection fraction - %		
	29.8 ± 10.3	
Duration of IABP (days)		
	4.9 ± 4.7	3

Résultats

Clinical outcome	
Outcome	Population
Mortality - no./total no. (%)	
Mortality at 7 days	16/86 (19)
Mortality at 30 days	25/83 (30)
Mortality at 1 year	28/81 (35)
ECLS - no./total no. (%)	16/86 (19)
Duration	6.6 ± 4.6
LVAD (Heartware®) - no./total no.	1/86 (1)
Transplant - no./total no. (%)	6/86 (7)
Complications - no./total no. (%)	
Severe bleeding	4/86 (5)
Cerebral stroke	1/86 (1)
Peripheral ischemic complication	7/86 (8)
Sepsis	4/86 (5)

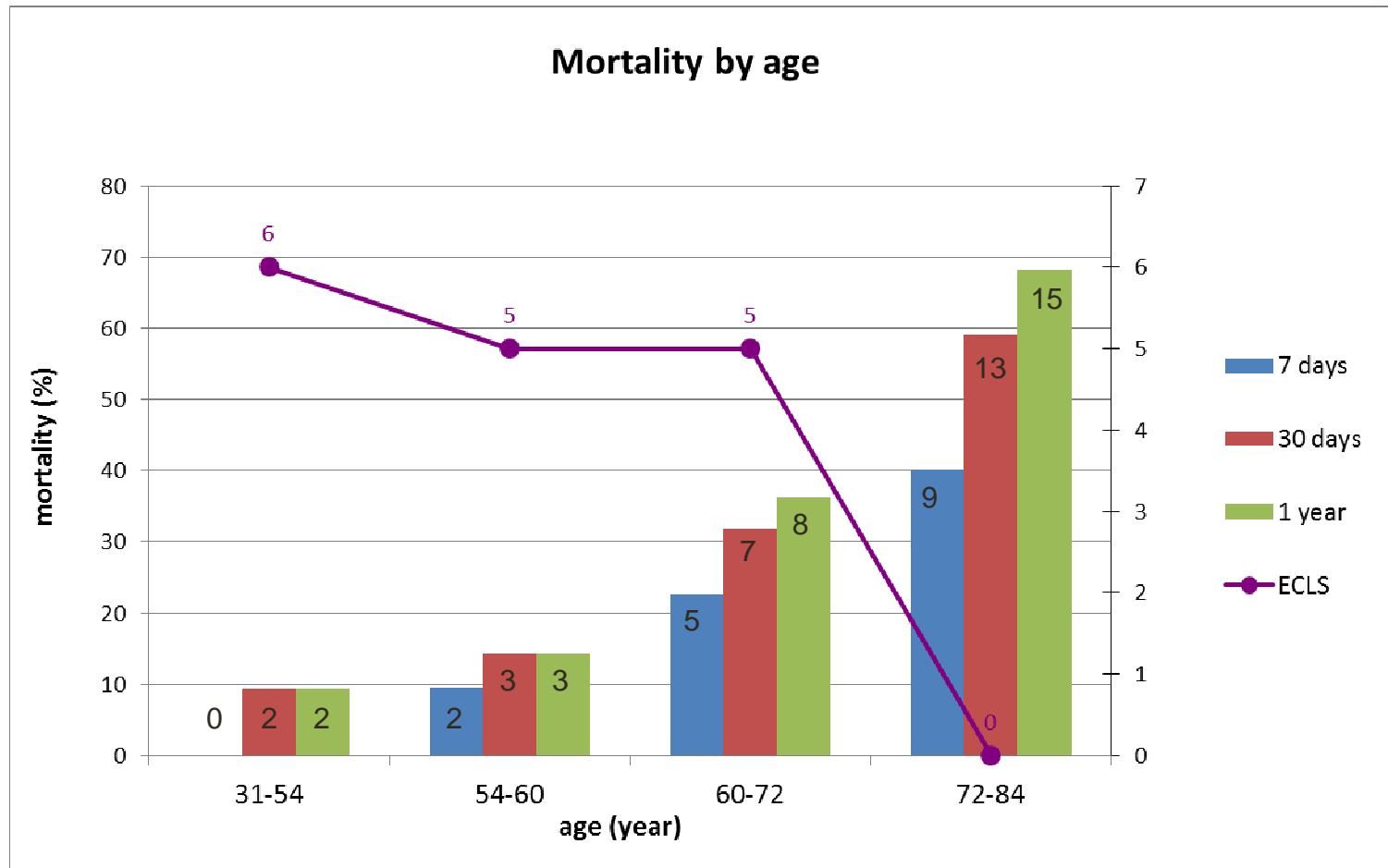
40%

5%

3,3%

4%

Mortalité selon l'âge



Conclusion

- Technique ancienne, simple, de mise en place rapide, DISPONIBLE dans tout les cathlabs
- Peu de complications
- Pas de bénéfice sur la mortalité (SHOCK 2)
- Encadre une éventuelle phase critique per procédure en phase aigue
- En cas d'échec de l'angioplastie primaire
- Complications mécaniques avant chirurgie (rupture pilier, CIV)

- LE traitement du choc réfractaire au traitement médical :
ECLS, Tandem heart, Impella

- Support hémodynamique lourd et invasif, bien que...
- Cout important
- Complications
- Unité de réanimation (pompe externe)
- **Disponibilité** de la technique
- Toujours en cours d'évaluation

