
STCCCV
Société Tunisienne de Cardiologie & de Chirurgie Cardio-Vasculaire
CoSAC
Le congrès des Sociétés Africaines de Cardiologie
CONGRES NATIONAL
DE LA SOCIETE TUNISIENNE DE CARDIOLOGIE ET DE CHIRURGIE CARDIOVASCULAIRE (STCCCV)
JOINT AU
CONGRES
DES SOCIETES AFRICAINES DE CARDIOLOGIE (CoSAC)
2-5 OCTOBRE 2015
LE ROYAL HAMMAMET -TUNISIE

STCCCV
Société Tunisienne de Cardiologie
& de Chirurgie Cardio-Vasculaire

EUROPEAN
SOCIETY OF
CARDIOLOGY®

Syndromes coronariens aigus sans sus-décalage du ST
Un cas difficile

Service de cardiologie B
Hôpital universitaire F Bourguiba de Monastir

DECLARATION DE CONFLITS D’INTERET

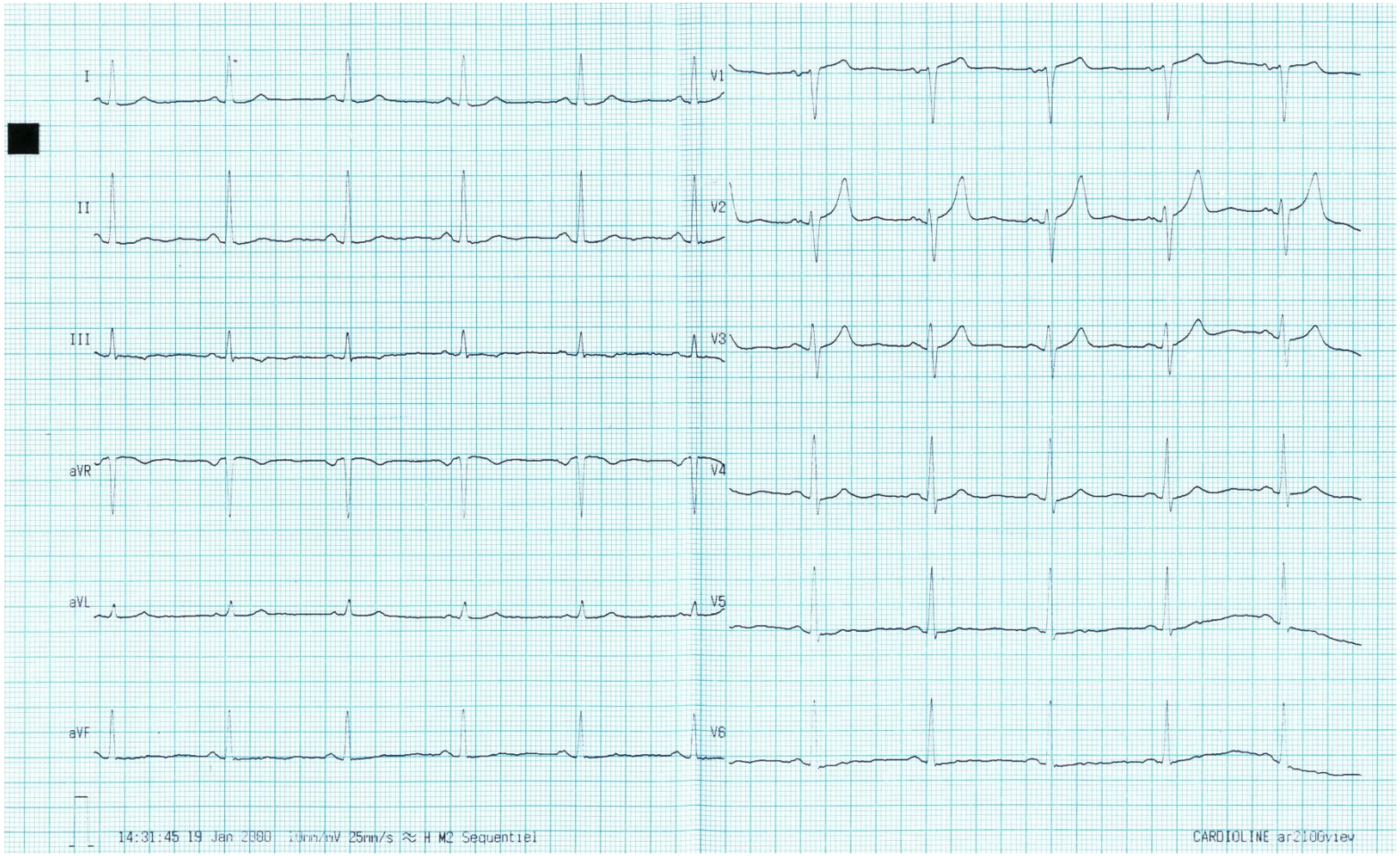
J’ai rien à déclarer.

Présentation du cas

- Femme de 66 ans.
- Les facteurs de risque: l'hypertension artérielle depuis 2 ans, le diabète insulino-dépendant depuis 10 ans et dyslipidémie.
- Angine de poitrine à l'effort depuis 3 mois.
- Deux épisodes de douleur thoracique la semaine dernière.
- Dernier épisode de douleur thoracique au repos le matin de l'admission.
- Pas de dyspnée à l'effort.
- Pas de coronaropathie connue.

- Admission en USIC.
- Pas de douleurs thoraciques.
- ECG 12 dérivations à 10 minutes.

ECG


I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
14:31:45 19 Jan 2000 10mm/mV 25mm/s ≈ H M2 Sequentiel
CARDIOLINE ar2100view

Biologie

- Glycémie: 20.8 mmol/l.
- Créatinine: 88 umol/l.
- CRP: 5 mg/l.
- Troponine I: 0.74 ug/l.
- CK: 93 UI/l.
- Hb: 9.2 g/dl.
- HCT: 29.8 %.

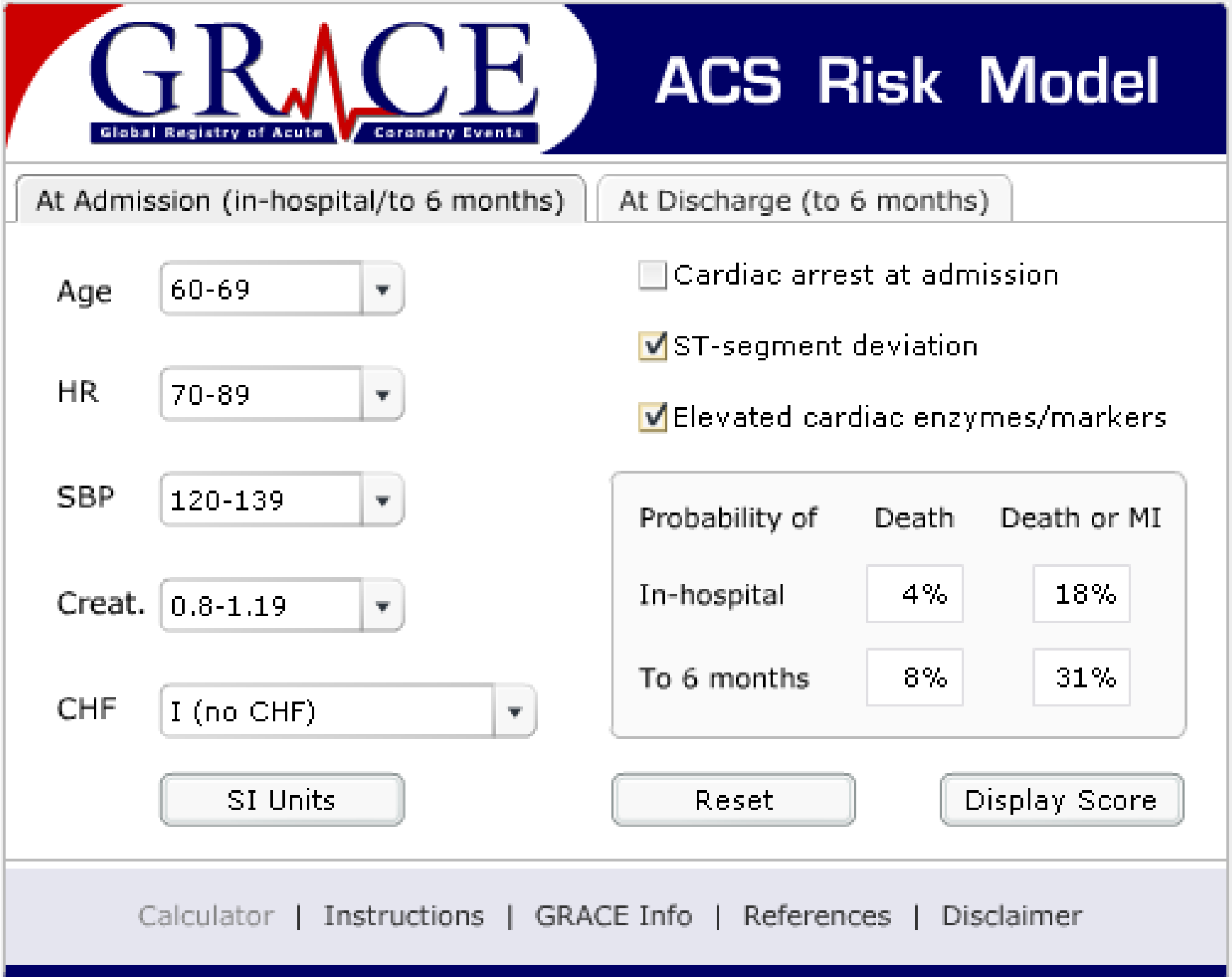
Diagnostic clinique: NSTEMI

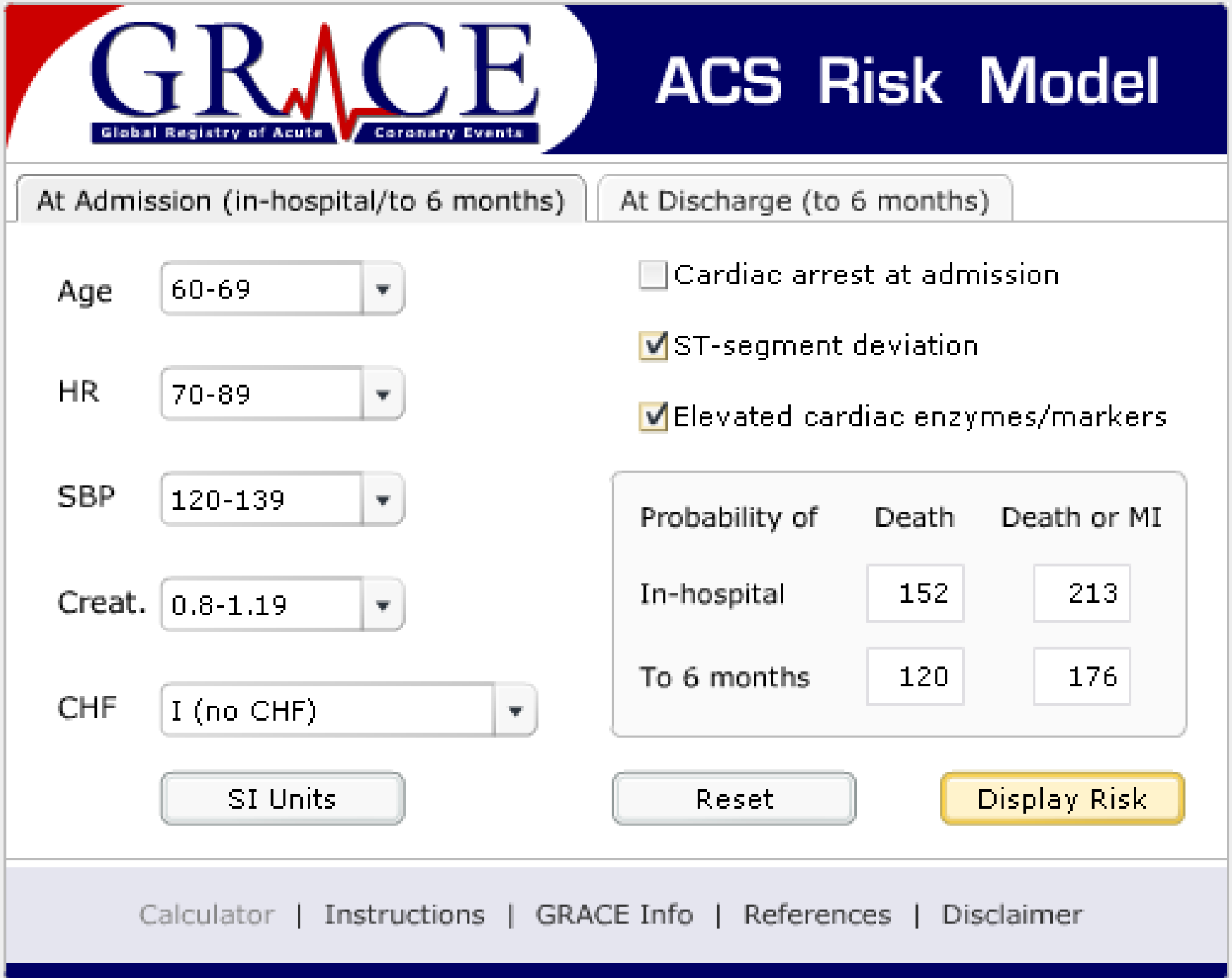
Prise en charge immediate

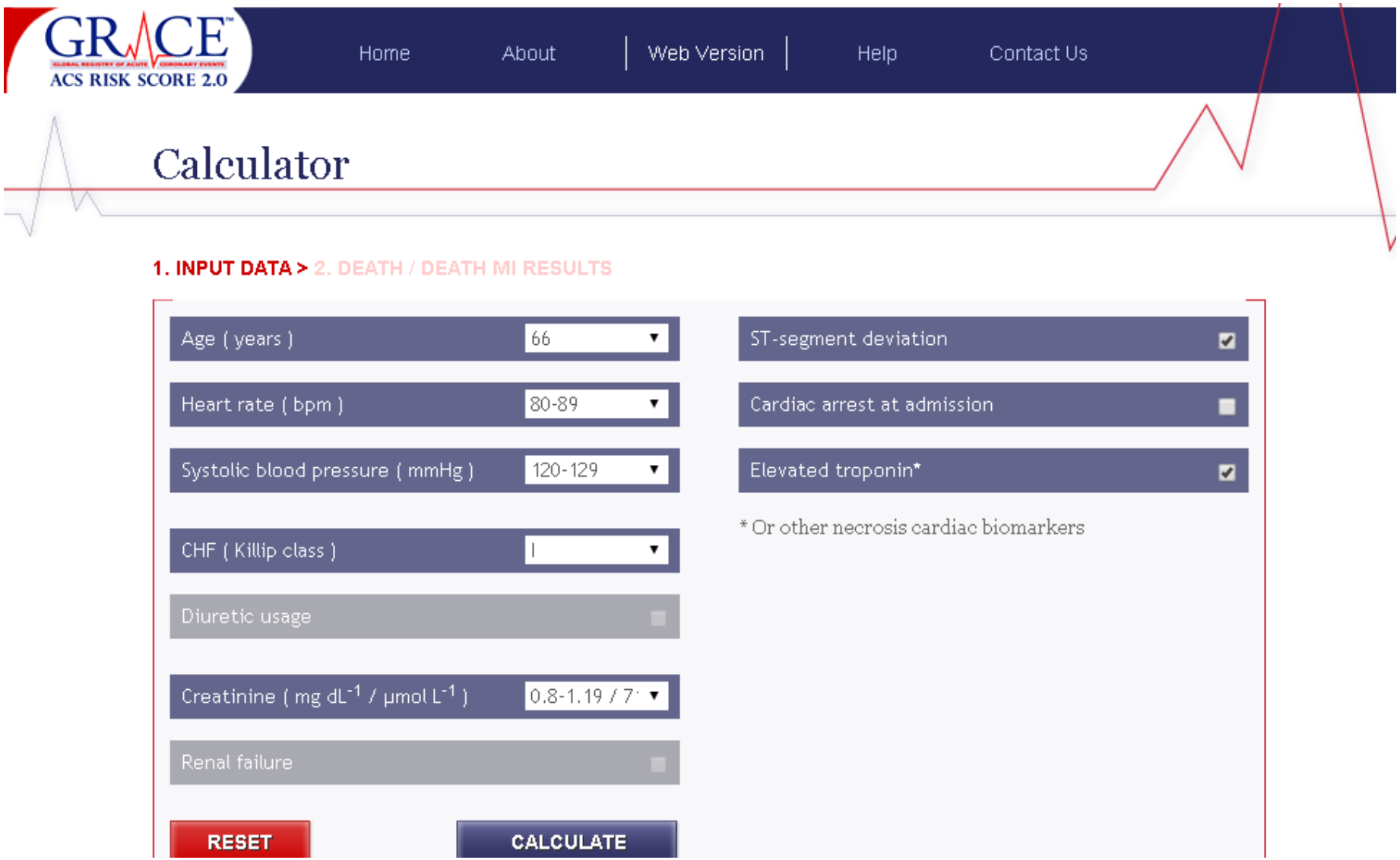
- Aspirine: 300 mg DDC puis 100 mg/j.
- Clopidogrel: 600 mg DDC puis 75 mg/j (le seul anti-P2Y12 disponible en Tunisie).
- Enoxaparine: 80 mg sous-cut deux fois par jour.
- Continuer le reste des médicaments (insuline, perindopril, atorvastatine).

Stratification du risque

- GRACE score et GRACE 2.0.
- Score de risque hémorragique CRUSADE.


GRACE
Global Registry of Acute Coronary Events
ACS Risk Model
At Admission (in-hospital/to 6 months)
At Discharge (to 6 months)
Age
60-69
HR
70-89
SBP
120-139
Creat.
0.8-1.19
CHF
I (no CHF)
Cardiac arrest at admission
ST-segment deviation
Elevated cardiac enzymes/markers
Probability of
Death
Death or MI
In-hospital
4%
18%
To 6 months
8%
31%
SI Units
Reset
Display Score
Calculator | Instructions | GRACE Info | References | Disclaimer


GRACE
Global Registry of Acute Coronary Events
ACS Risk Model
At Admission (in-hospital/to 6 months)
At Discharge (to 6 months)
Age
60-69
HR
70-89
SBP
120-139
Creat.
0.8-1.19
CHF
I (no CHF)
SI Units
Cardiac arrest at admission
ST-segment deviation
Elevated cardiac enzymes/markers
Probability of
Death
Death or MI
In-hospital
152
213
To 6 months
120
176
Reset
Display Risk
Calculator | Instructions | GRACE Info | References | Disclaimer


GRACE
ACS RISK SCORE 2.0
Home
About
Web Version
Help
Contact Us
Calculator
1. INPUT DATA > 2. DEATH / DEATH MI RESULTS
Age (years)
66
Heart rate (bpm)
80-89
Systolic blood pressure (mmHg)
120-129
CHF (Killip class)
I
Diuretic usage
Creatinine (mg dL-1 / µmol L-1)
0.8-1.19 / 7
Renal failure
ST-segment deviation
Cardiac arrest at admission
Elevated troponin*
* Or other necrosis cardiac biomarkers
RESET
CALCULATE

GRACE
ACS RISK SCORE 2.0

Home | About | Web Version | Help | Contact Us

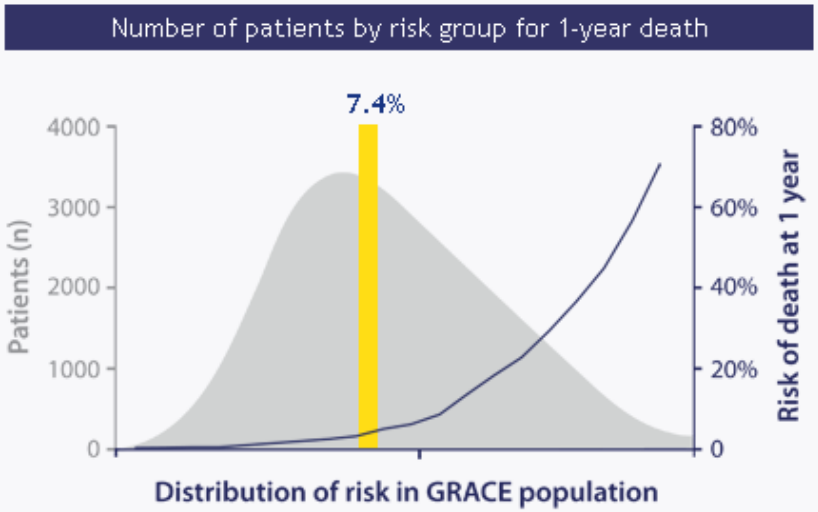
Calculator

1. INPUT DATA > **2. DEATH / DEATH MI RESULTS**

Death		
Time	% Risk (Score)	Histograms
In hospital	3.4	Not available
6 months	6.8-7.9 (122)	Not available
1 year	6.8-7.9	GRAPH
3 years	25	GRAPH

Death/MI		
Time	% Risk	Histograms
1 year	11	GRAPH

EDIT INPUT NEW CALCULATION



Area plot: distribution (log scale) of risk based on the entire GRACE population of 102,341 patients.

Line: risk of death or death/MI

Last Updated:
March 2008

Enter values in drop-down boxes below:

Baseline Hematocrit	< 31	Prior Vascular Disease	No
GFR: Cockcroft-Gault	61 - 90 (Calculate GFR)	Diabetes Mellitus	Yes
Heart rate on admission	71 - 80	Signs of CHF on admission	No
Systolic blood pressure on admission	101 - 120	Sex	Female

Clear Selections

CRUSADE Bleeding Score

46

High Risk

Risk of In-Hospital Major Bleeding

11.1%

Palm OS and Pocket PC versions of this calculator are available on the downloads page.

À ce stade:

- NSTEMI à haut risque: GRACE 152.
- Risque hémorragique élevé aussi: CRUSADE 46.

Table 13 Risk criteria mandating invasive strategy in NSTE-ACS

Very-high-risk criteria
• Haemodynamic instability or cardiogenic shock
• Recurrent or ongoing chest pain refractory to medical treatment
• Life-threatening arrhythmias or cardiac arrest
• Mechanical complications of MI
• Acute heart failure
• Recurrent dynamic ST-T wave changes, particularly with intermittent ST-elevation
High-risk criteria
• Rise or fall in cardiac troponin compatible with MI
• Dynamic ST- or T-wave changes (symptomatic or silent)
• GRACE score >140
Intermediate-risk criteria
• Diabetes mellitus
• Renal insufficiency (eGFR <60 mL/min/1.73 m²)
• LVEF <40% or congestive heart failure
• Early post-infarction angina
• Prior PCI
• Prior CABG
• GRACE risk score >109 and <140
Low-risk criteria
• Any characteristics not mentioned above

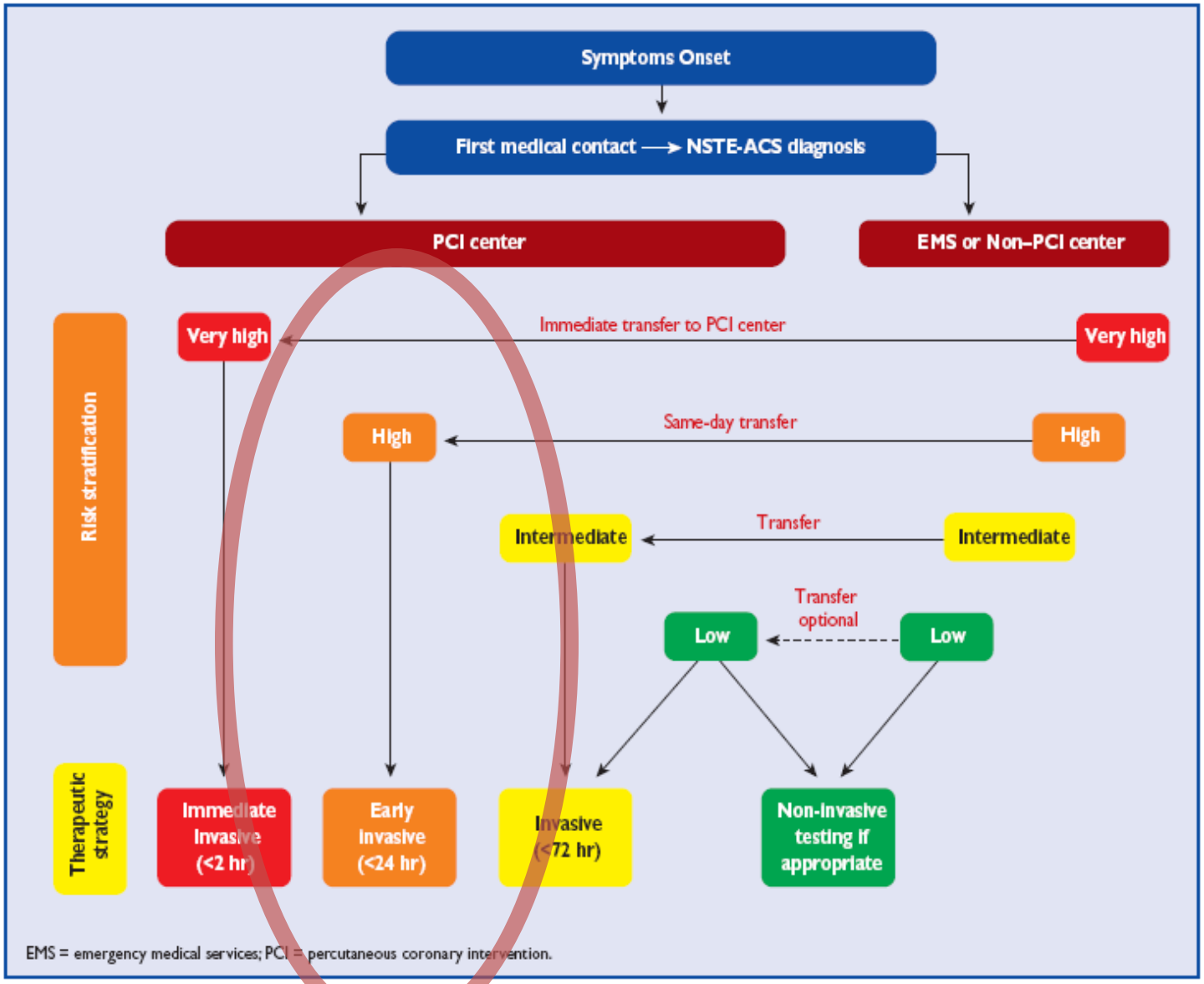
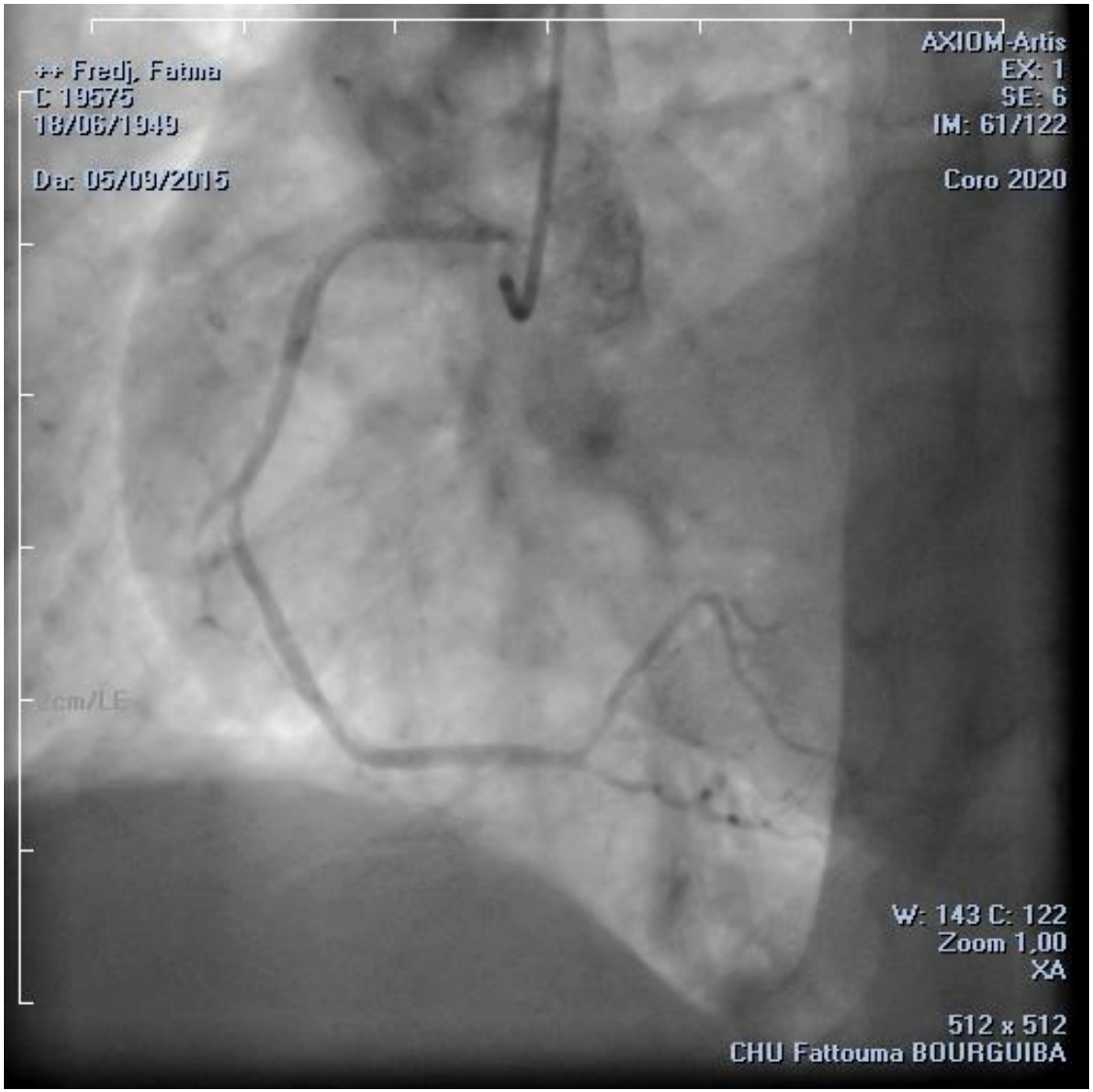
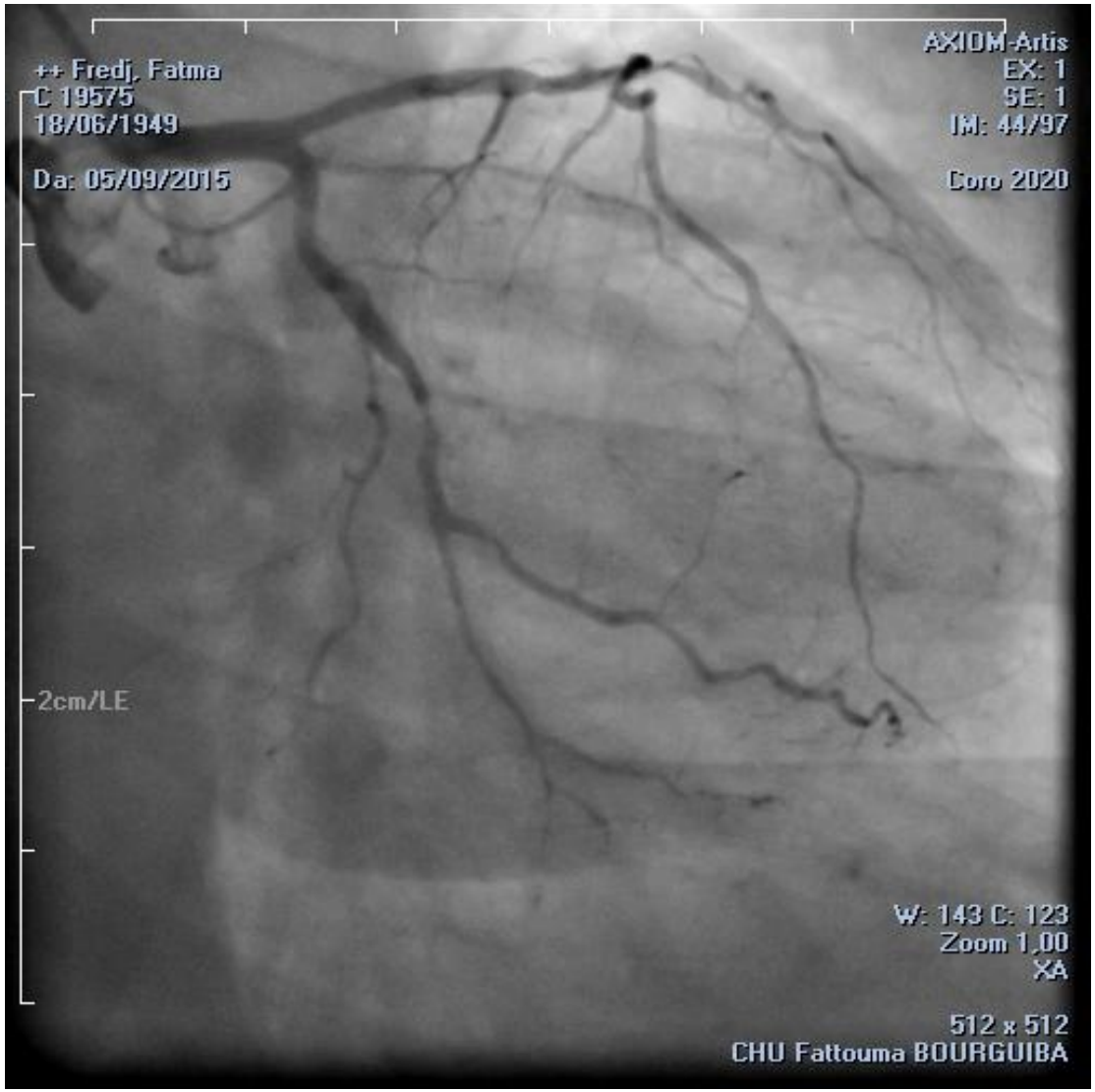


Figure 6 Selection of non-ST-elevation acute coronary syndrome (NSTE-ACS) treatment strategy and timing according to initial risk stratification.

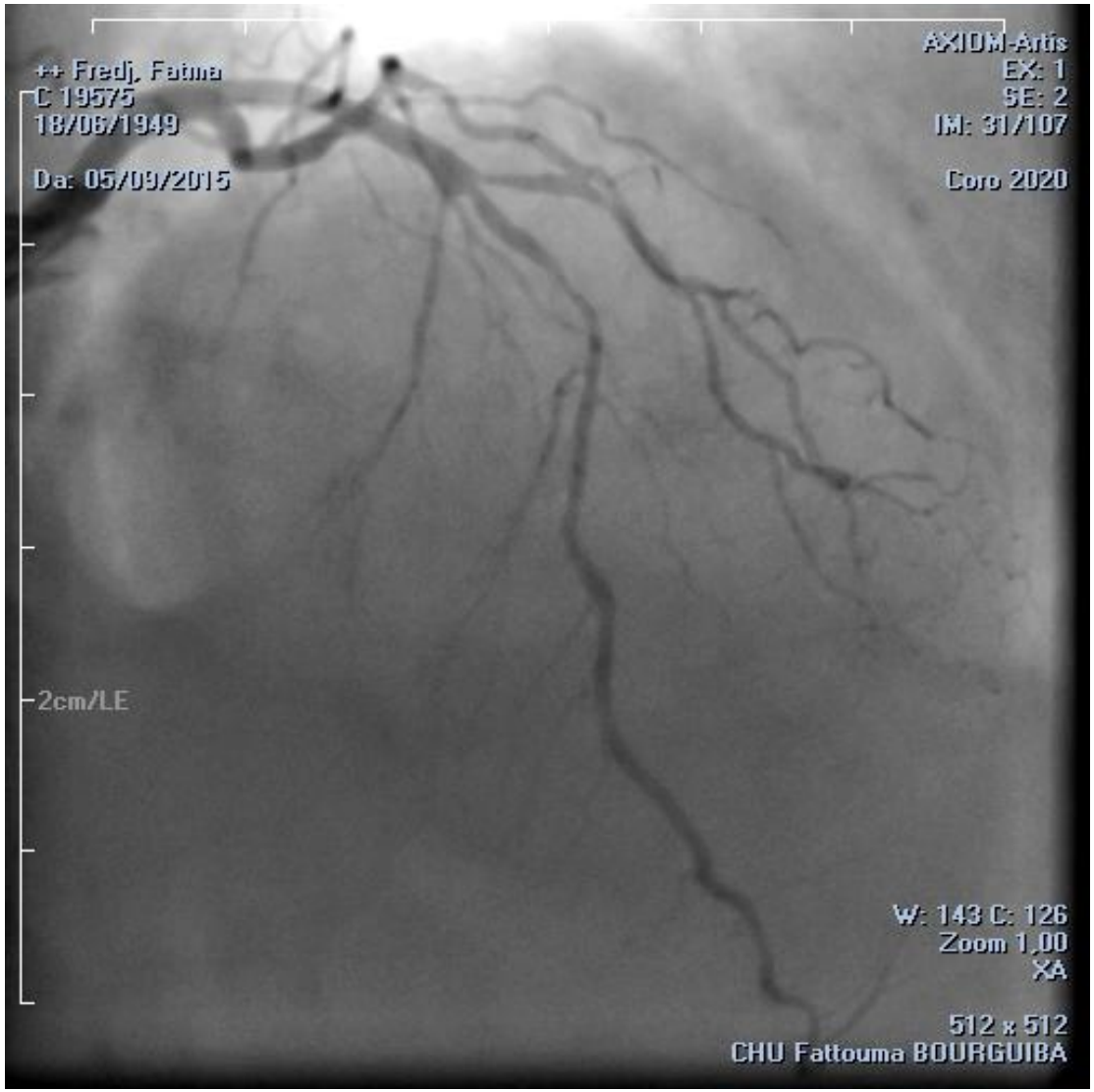
Angiographie de la coronaire droite



Angiographie de la coronaire gauche

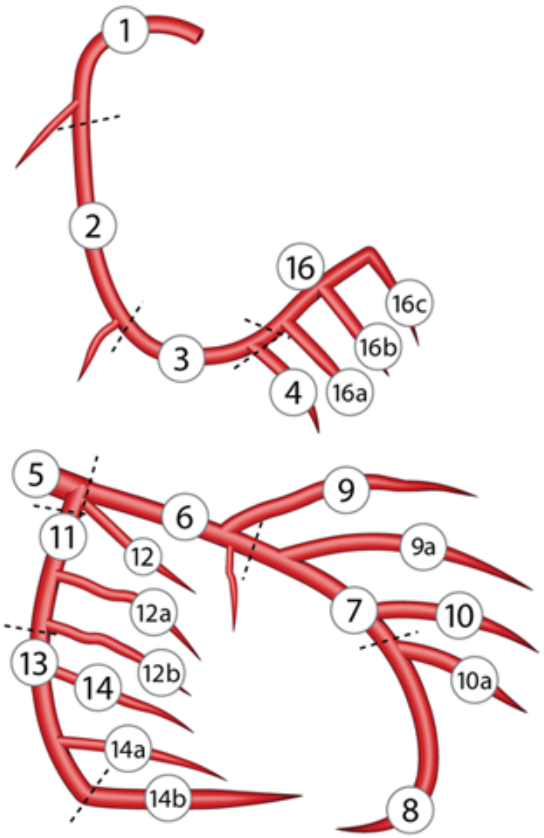


Angiographie de la coronaire gauche



SYNTAX SCORE CARDIALYSIS Boston Scientific

Dominance: right Current lesion: 1/1 Calculator version 2.11

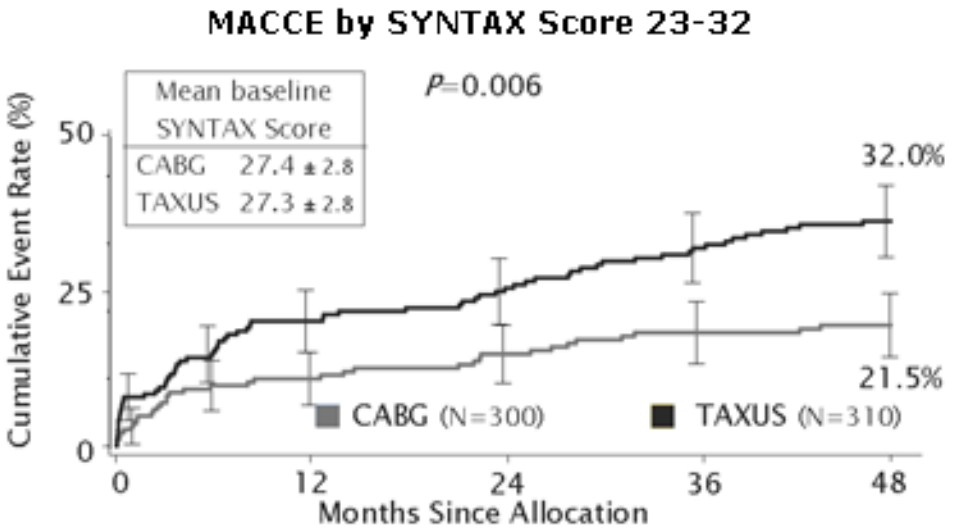


3. Specify which segments are diseased for lesion 1.

Click on the coronary tree image to select or unselect segments.

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

next



The cumulative MACCE rate is displayed for the SYNTAX Trial group this score corresponds to.

Summary

Lesion 1	
(segment 2): 1x2=	2
Sub total lesion 1	*2*
Lesion 2	
(segment 4): 1x2=	2
Bifurcation Type: Medina 0,1,0:	1
Heavy calcification	2
Sub total lesion 2	*5*
Lesion 3	
(segment 7): 2.5x2=	5
Bifurcation Type: Medina 1,1,1:	2
Angulation <70º	1
Length >20 mm	1
Heavy calcification	2
Sub total lesion 3	*11*
Lesion 4	
(segment 9): 1x2=	2
Bifurcation Type: Medina 1,1,1:	2
Angulation <70º	1
Length >20 mm	1
Sub total lesion 4	*6*
Lesion 5	
(segment 12a): 1x2=	2
Heavy calcification	2
Sub total lesion 5	*4*
Diffuse disease/Small vessels	
Segment 7	1
Sub total diffuse disease/small vessels	*1*
TOTAL:	*29*

Important: The previous additive [1] and logistic [2] EuroSCORE models are out of date. A new model has been prepared from fresh data and is launched at the 2011 EACTS meeting in Lisbon. The model is called EuroSCORE II [3] - this online calculator has been updated to use this new model. If you need to calculate the older "additive" or "logistic" EuroSCORE please visit the old calculator by clicking here.

Patient related factors			Cardiac related factors		
Age [1] (years)	66	0.20	**NYHA**	II	.1070545
Gender	female	.2196434	**CCS class 4 angina [8]**	yes	.2226147
Renal impairment [2] *See calculator below for creatinine clearance*	moderate (CC >50 & <85)	.303553	**LV function**	good (LVEF > 50%)	0
Extracardiac arteriopathy [3]	no	0	**Recent MI [9]**	yes	.1528943
Poor mobility [4]	no	0	**Pulmonary hypertension [10]**	no	0
Previous cardiac surgery	no	0	**Operation related factors**		
Chronic lung disease [5]	no	0	**Urgency [11]**	elective	0
Active endocarditis [6]	no	0	**Weight of the intervention [12]**	isolated CABG	0
Critical preoperative state [7]	no	0	**Surgery on thoracic aorta**	no	0
Diabetes on insulin	yes	.3542749			
EuroSCORE II	2.26 %				

EuroSCORE II

Note: This is

Recommendation for the type of revascularization (CABG or PCI) in patients with SCAD with suitable coronary anatomy for both procedures and low predicted surgical mortality

Recommendations according to extent of CAD	CABG		PCI		
	Class[a]	Level[b]	Class[a]	Level[b]	Ref[c]
One or two-vessel disease without proximal LAD stenosis.	IIb	C	I	C	
One-vessel disease with proximal LAD stenosis.	I	A	I	A	107,108,160, 161,178,179
Two-vessel disease with proximal LAD stenosis.	I	B	I	C	108,135,137
Left main disease with a SYNTAX score ≤ 22.	I	B	I	B	17,134,170
Left main disease with a SYNTAX score 23–32.	I	B	IIa	B	17
Left main disease with a SYNTAX score >32.	I	B	III	B	17
Three-vessel disease with a SYNTAX score ≤ 22.	I	A	I	B	17,157,175,176
Three-vessel disease with a SYNTAX score 23–32.	I	A	III	B	17,157,175,176
Three-vessel disease with a SYNTAX score >32.	I	A	III	B	17,157,175,176

CABG = coronary artery bypass grafting; LAD = left anterior descending coronary artery; PCI = percutaneous coronary intervention; SCAD = stable coronary artery disease.

[a]Class of recommendation.

[b]Level of evidence.

[c]References.