

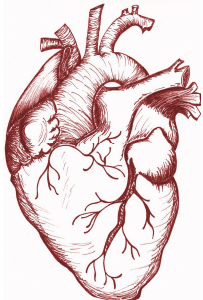
Revascularización Completa en el Infarto Agudo de Miocardio

Sergio García Ortego

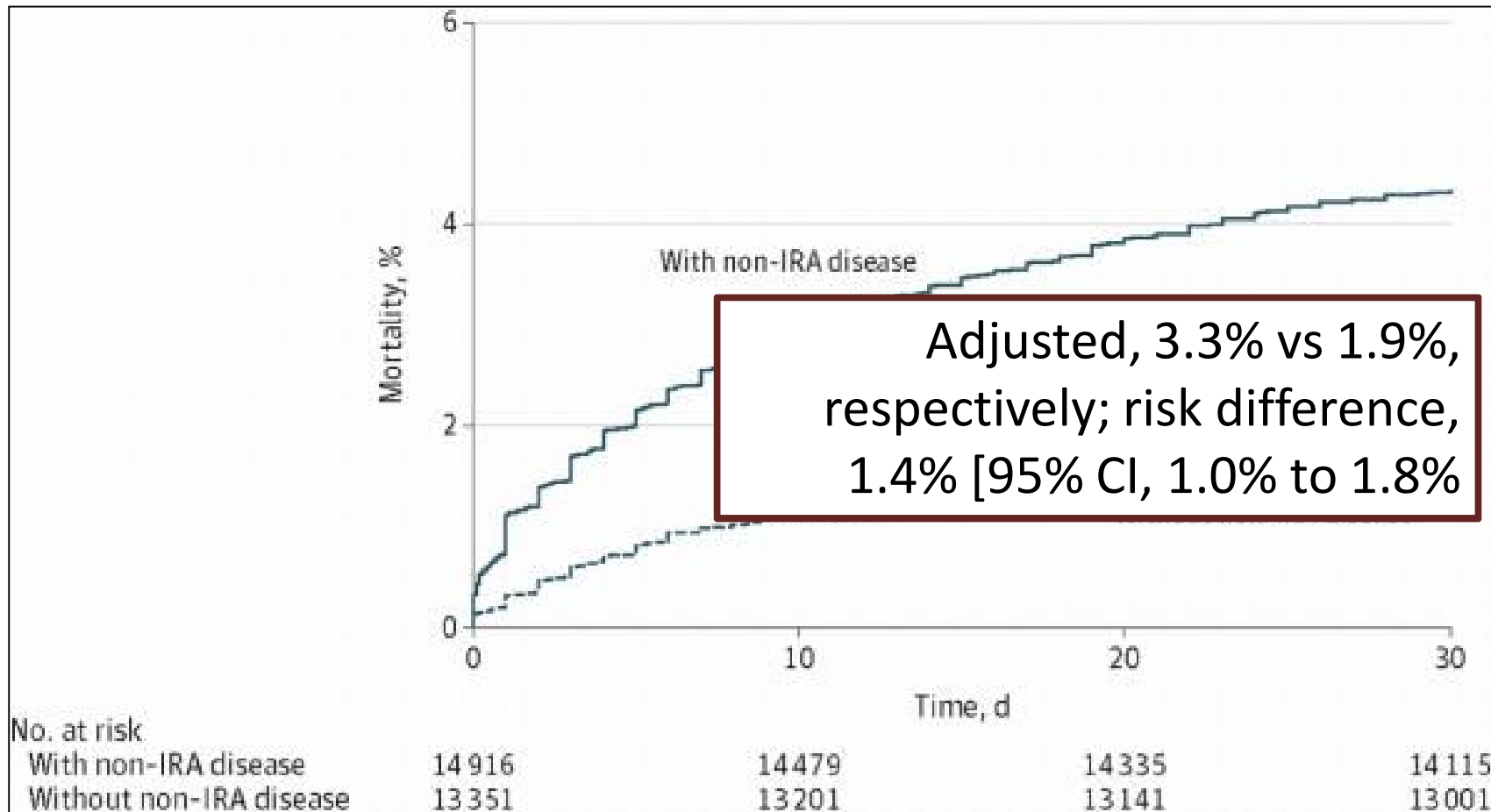
David Martí Sánchez

Cardiólogos Intervencionistas

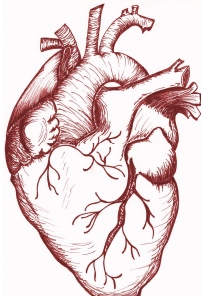
Madrid



Extensión, Localización e Impacto de la Enfermedad Multivaso en IMEST

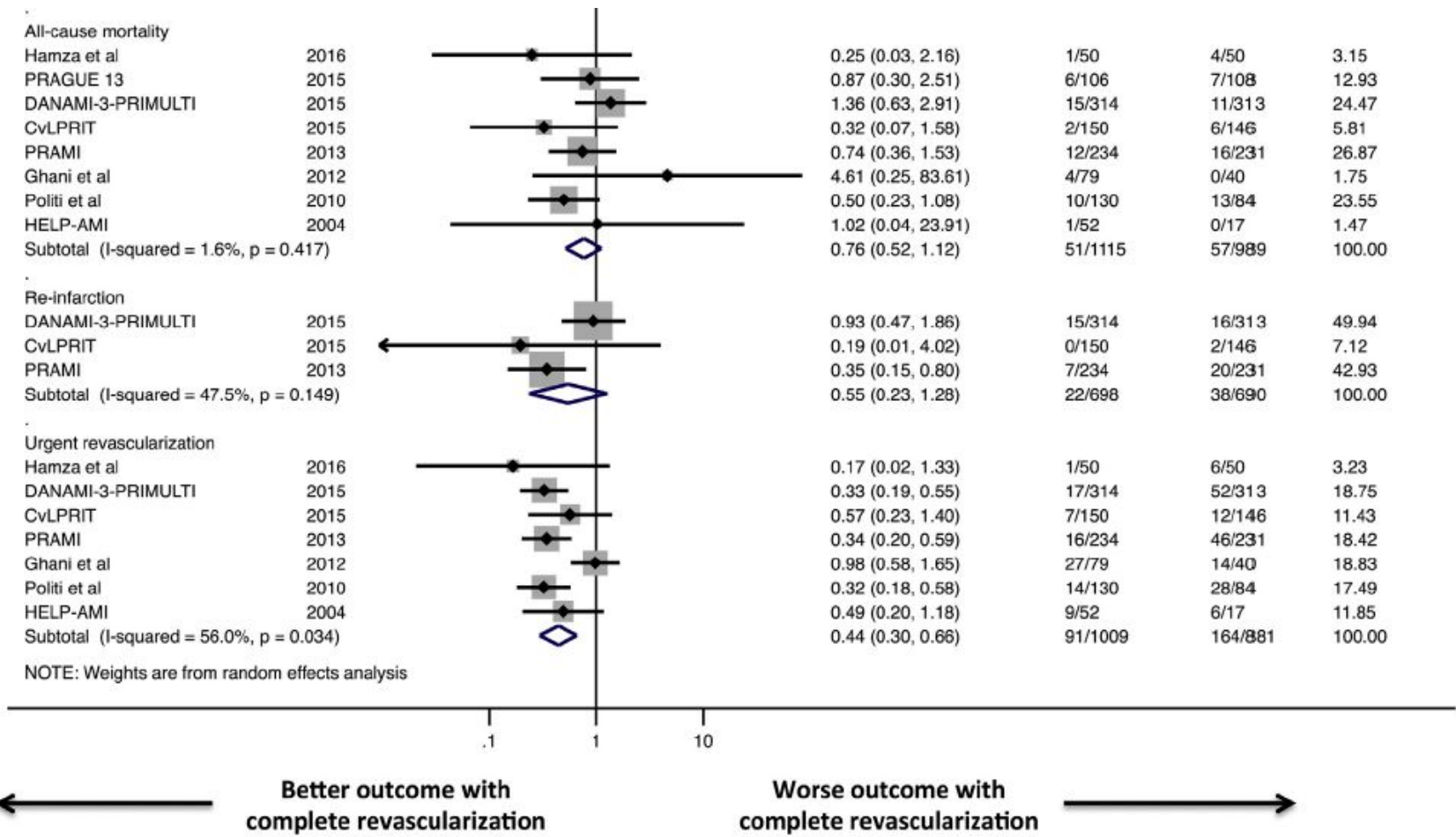


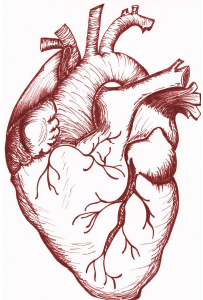
Kaplan-Meier Curve for 30-Day Mortality Between Patients With and Without Obstructive Non-Infarct-Related Artery (Non-IRA) Disease
Among 28 282 patients, 15 patients with missing information on mortality (6 patients were missing any indication of death and 9 did not have data on time to death) were excluded (n = 28 267).



Revascularización Completa vs. Arteria Culpable

Metaanálisis de estudios randomizados





Revascularización Completa vs. Arteria Culpable

Guías ESC STEMI 2017

CHANGE IN RECOMMENDATIONS	
2012	2017
Radial access^a	MATRIX ¹⁴³
DES over BMS	EXAMINATION ^{150, 151} COMFORTABLE-AMI ¹⁴⁹ , NORSTENT ¹⁵²
Complete Revascularization^b	PRAMI ¹⁶⁸ , DANAMI-3-PRIMULTI ¹⁷⁰ , CVLPRIT ¹⁶⁹ , Compare-Acute ¹⁷¹
Thrombus Aspiration^c	TOTAL ¹⁵⁹ , TASTE ¹⁵⁷
Bivalirudin	MATRIX ²⁰⁹ , HEAT-PPCI ²⁰⁵
Enoxaparin	ATOLL ^{200,201} , Meta-analysis ²⁰²
Early Hospital Discharge^d	Small trials & observational data ²⁵⁹⁻²⁶²
Oxygen when SaO₂ <95%	AVOID ⁶⁴ , DETO2X ⁶⁶
Oxygen when SaO₂ <90%	
Dose i.V. TNK-tPA same in all patients	STREAM ¹²¹
	Dose i.V. TNK-tPA half in Pts ≥75 years

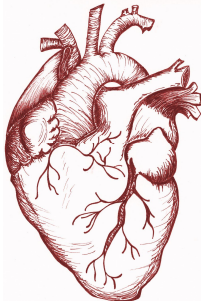
2017 NEW RECOMMENDATIONS
<ul style="list-style-type: none"> Additional lipid lowering therapy if LDL >1.8 mmol/L (70 mg/dL) despite on maximum tolerated statins IMPROVE-IT³⁷⁶, FOURIER³⁸² Complete revascularization during index primary PCI in STEMI patients in shock Expert opinion
<ul style="list-style-type: none"> Cangrelor if P2Y₁₂ inhibitors have not been given CHAMPION¹⁹³ Switch to potent P2Y₁₂ inhibitors 48 hours after fibrinolysis Expert opinion Extend Ticagrelor up to 36 months in high-risk patients PEGASUS-TIMI 54³³³ Use of polypill to increase adherence FOCUS³²³
<ul style="list-style-type: none"> Routine use of deferred stenting DANAMI 3-DEFER¹⁵⁵

I

IIa

IIb

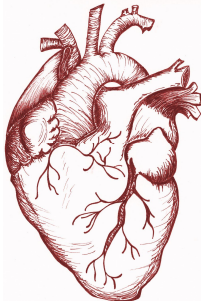
III



Revascularización Completa vs. Arteria Culpable

Ensayos Clínicos Principales

RCT, año	N, estrategia	Eventos completa	Eventos control
PRAMI, 2013	n=465 100% index	23-mo MACE 9% Mort CV 1.7% MI 3% Refr angina 5.1%	23% (p<0.001) 4.3% (ns) 8.6% (p=0.009) 13% (p=0.002)
CvLPRIT, 2015	n=296 30% staged	12-mo MACE 10% Mort total 1.3% MI 1.3% Revasc 4.7%	21% (p=0.009) 4.1% (ns) 2.7% (ns) 8.2% (ns)
DANAMI-3- PRIMULTI, 2015	n=627 100% staged (FFR)	27-mo MACE 13% Mort total 5% MI 5% Revasc 5%	22% (0.004%) 4% (ns) 5% (ns) 17% (<0.0001)
Compare-Acute, 2017	n=885 17% staged (FFR)	12-mo MACCE 7.8% Mort total 1.4% MI 2.4% Revasc 6.1%	20.5% (<0.001) 1.7% (ns) 2.7% (ns) 17.5% (p<0.001)



Revascularización Completa

Misma sesión ó durante ingreso hospitalario

Duda culpable

Lesión crítica en no culpable (TFG < 3)

Escasa repercusión de infarto inicial

Dosis contraste

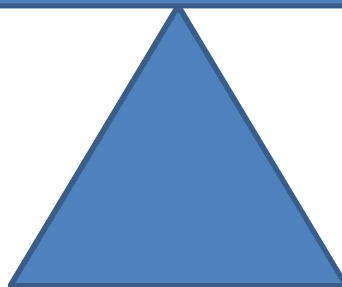
TFG < 3 en culpable

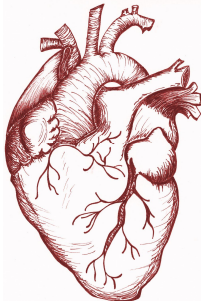
Probabilidad cirugía

Lesiones complejas

Lesiones límite

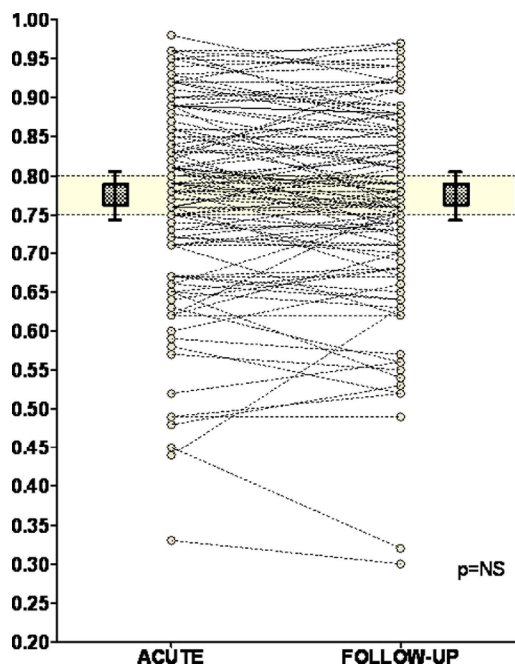
Fatiga paciente o equipo



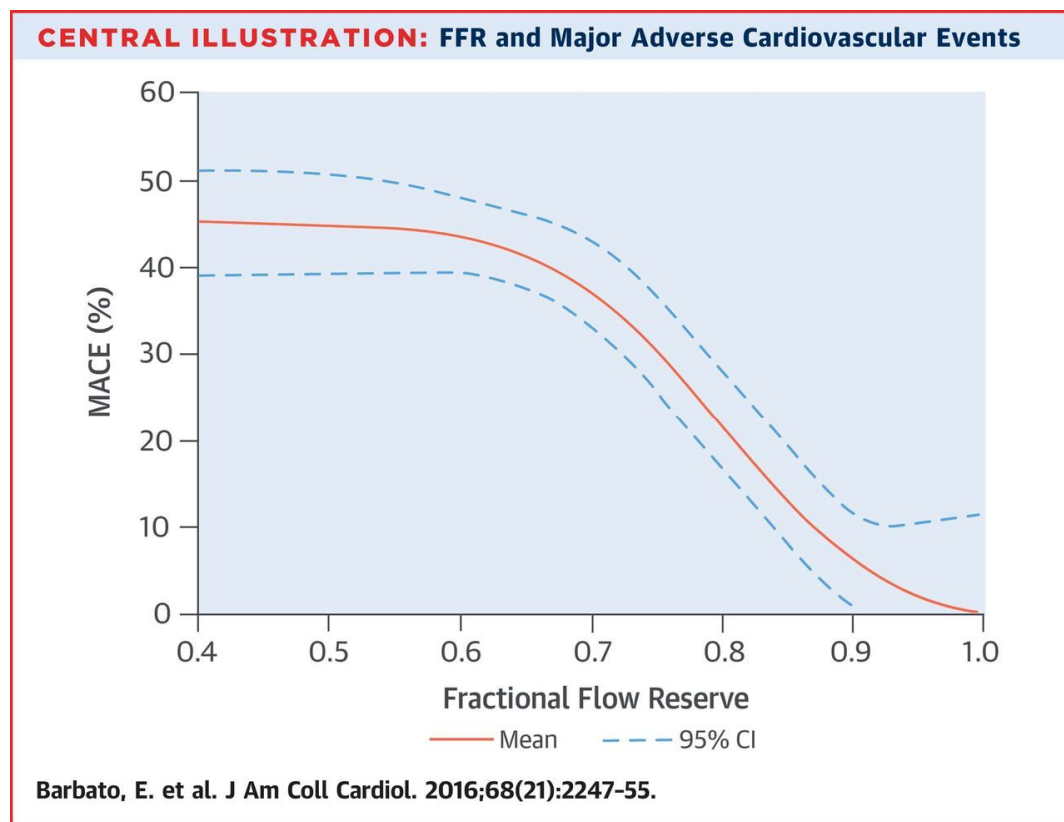


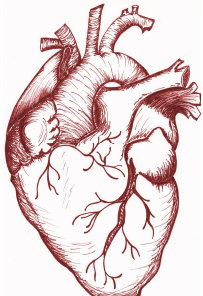
Fiabilidad de FFR

- Infravalora severidad (FFR más alto) en casos de **obstrucción microvascular severa** (arteria culpable)
- En principio **fiable en no culpables** (Ntalianis, DANAMI-3)



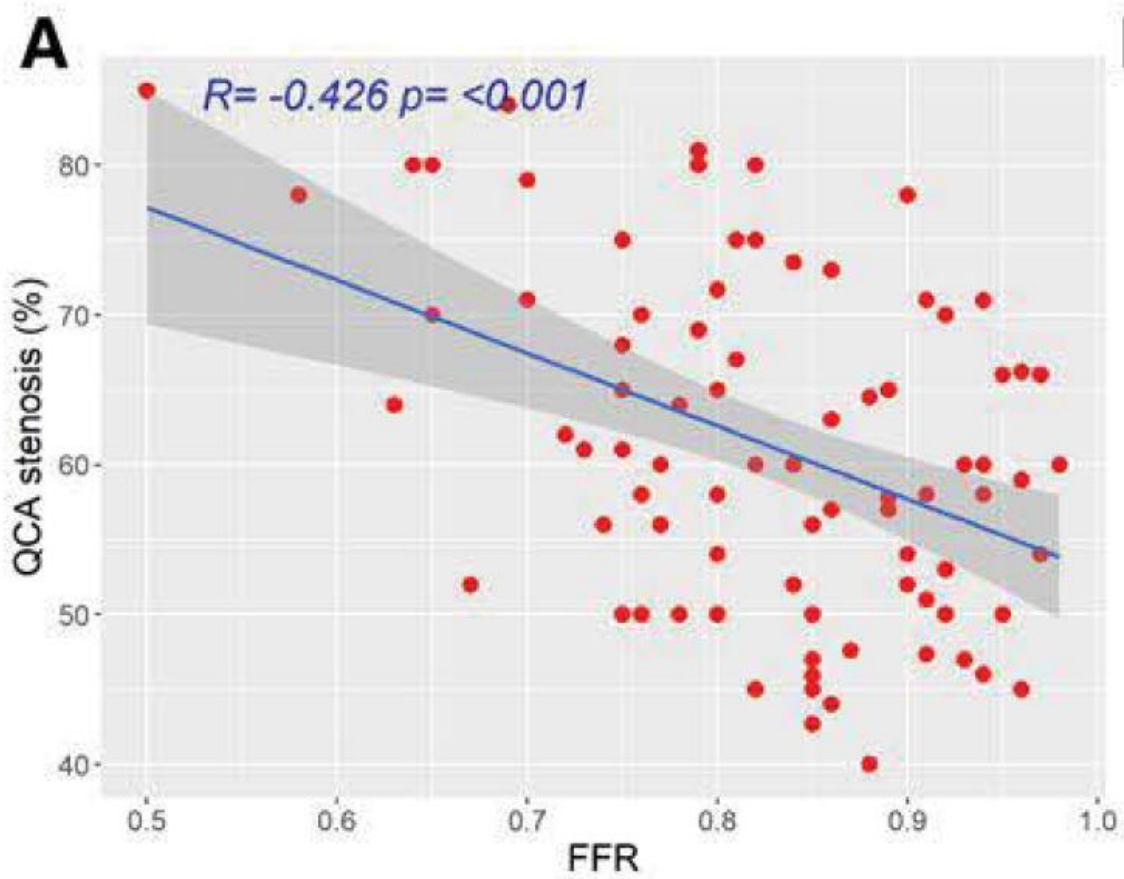
Ntalianis, JACC Intv 2010



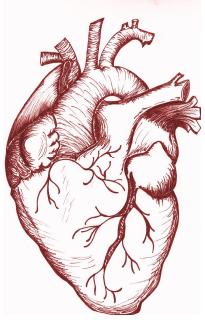


Prevalencia de Disfunción Microvascular y Endotelial en Territorio No Culpable

Estudio FISIOIAM



N=84
QCA (%) 61.5±11.5
34% FFR≤0.8
37% CFR<2
28% IMR>25
60% Test Ach (+)



Take-Home Messages

- La enfermedad multivaso es **altamente prevalente e impacta en la mortalidad precoz** tras un IAM
- La **revascularización completa se ha posicionado como el estándar de tratamiento** en la mayoría de los centros experimentados
- La **revascularización en un 2T durante el mismo ingreso hospitalario** facilita el empleo de técnicas diagnósticas adicionales y optimizar los resultados del intervencionismo