

Egyptian Society of CARDIOLOGY    



45TH
 45th Annual International Congress of the
 EGYPTIAN SOCIETY OF CARDIOLOGY
CardioEgypt 2018

A Real CHIP Challenge

Complex High-Risk and Indicated Patient

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Definition of the CHIP Population



These patients are being undertreated!







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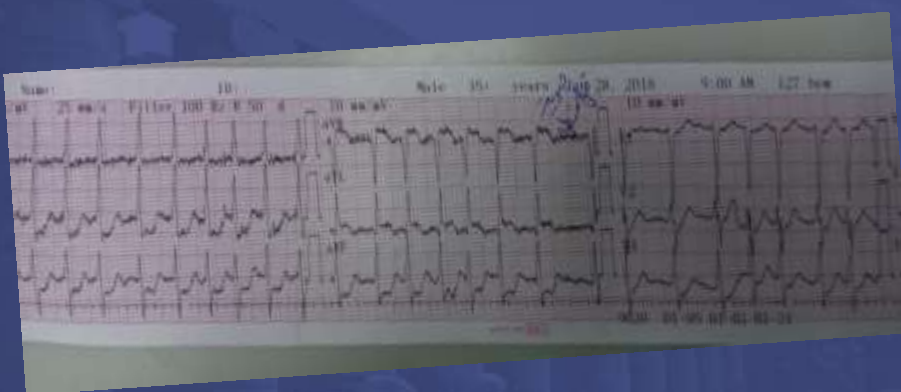
Patient data:

- Female, 58 years old.
- Not known to be diabetic, hypertensive nor ischemic before.
- No relevant FH.
- Asthmatic.
- C/O TCP 4 hrs. duration.
- Killip IV, Cardiogenic shock → BP 85/50 mmHg.



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Baseline ECG



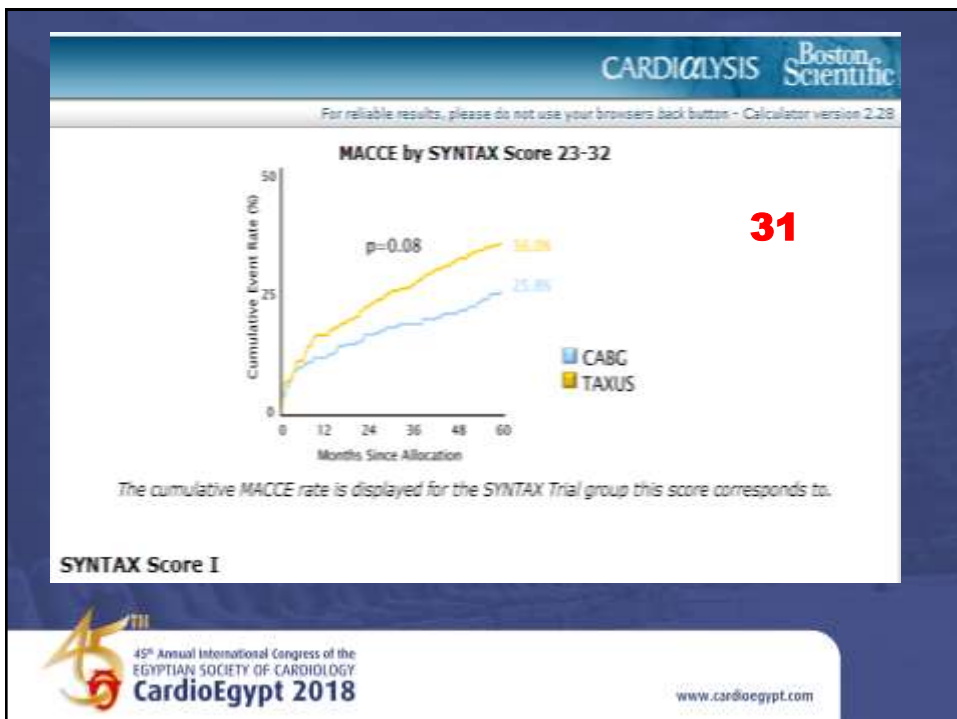
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What would be the Plan??



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For reliable results, please do not use your browser's back button - Calculator version 2.03


SYNTAX Score II

SYNTAX II

Decision making -between CABG and PCI- guided by the SYNTAX Score II to be endorsed by the Heart Team.

PCI	
SYNTAX Score II:	33.4
PCI 4 Year Mortality:	9.0 %
CABG	
SYNTAX Score II:	19.0
CABG 4 Year Mortality:	2.8 %



Treatment recommendation ⓘ: CABG



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Recommendations for LM Revascularization

	United States	Europe
		
	PCI CABG	PCI CABG
Low SxScore 0-22	IIa B I B	I B I B
Intermediate SxScore 23-32	IIb B I B	IIa B I B
High SxScore >32	III B I B	III B I B

CHIP FLORIDA CHIP: Complex High-Risk and Incomplete Patients - Lexlee G, et al. J Am Coll Cardiol. 2011;56:44-122
Step-by-Step Approach

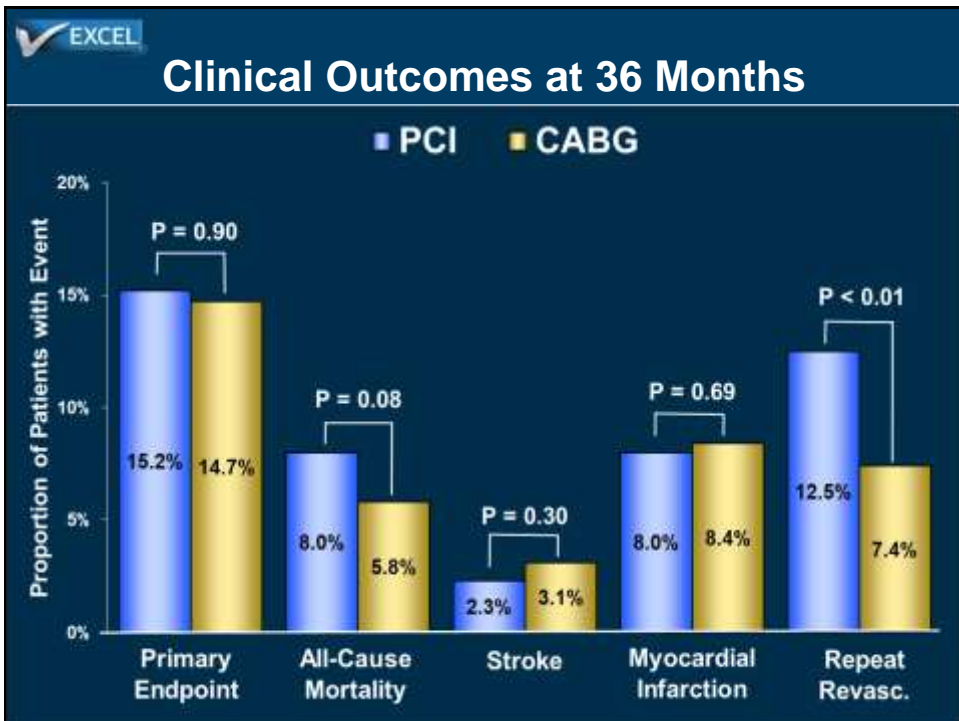
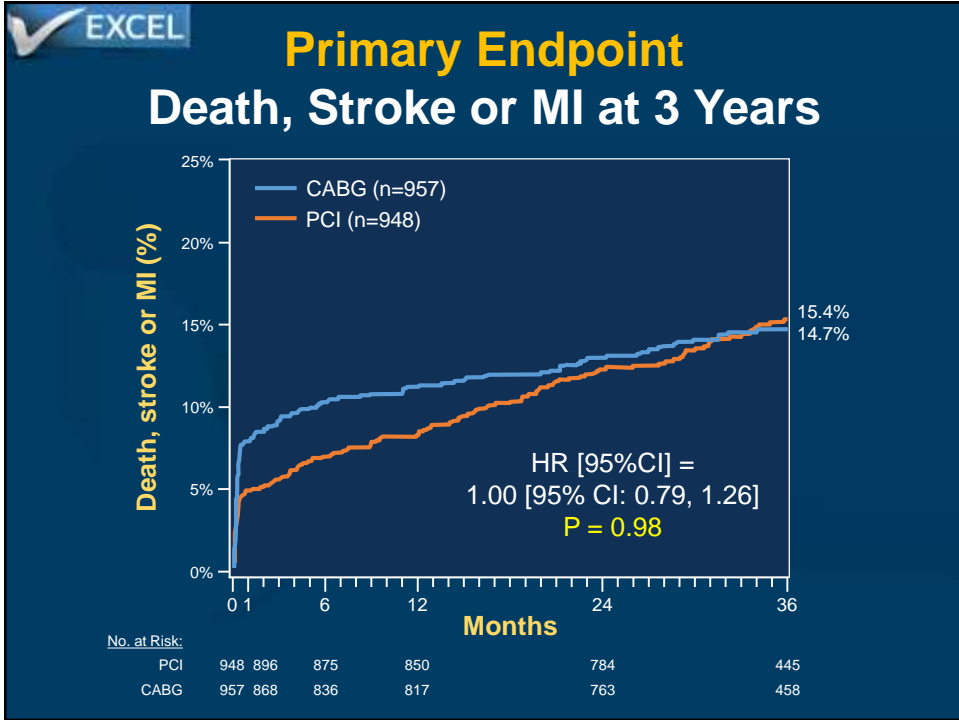
Winkelstein S, et al. Eur Heart J. 2014;35:2541-4519

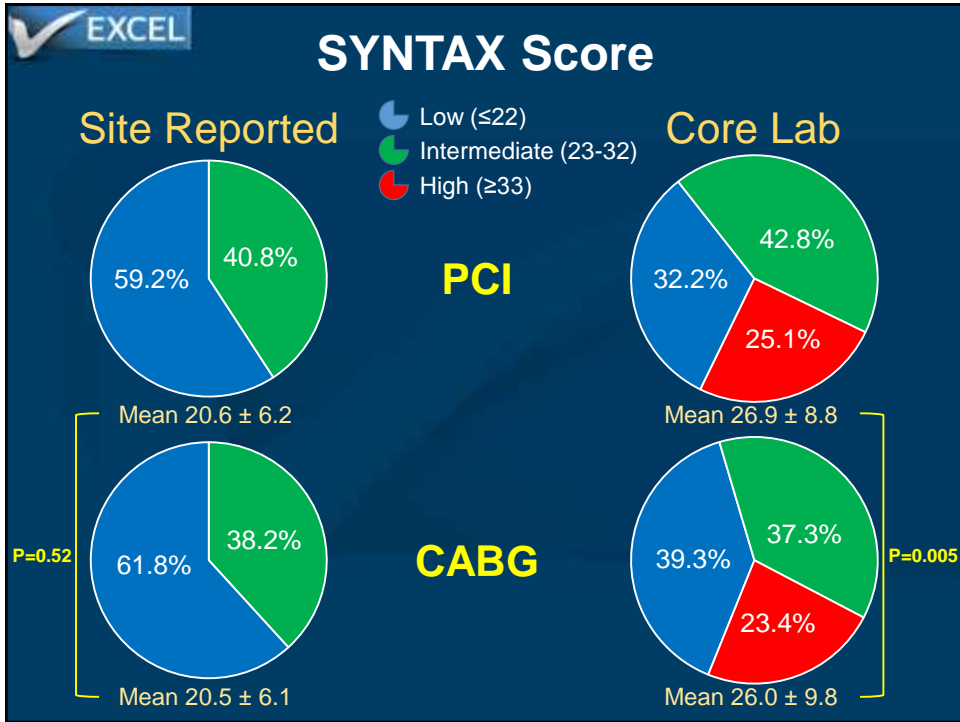




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Randomized Trial of Stents versus Bypass Surgery for Left Main Coronary Artery Disease:

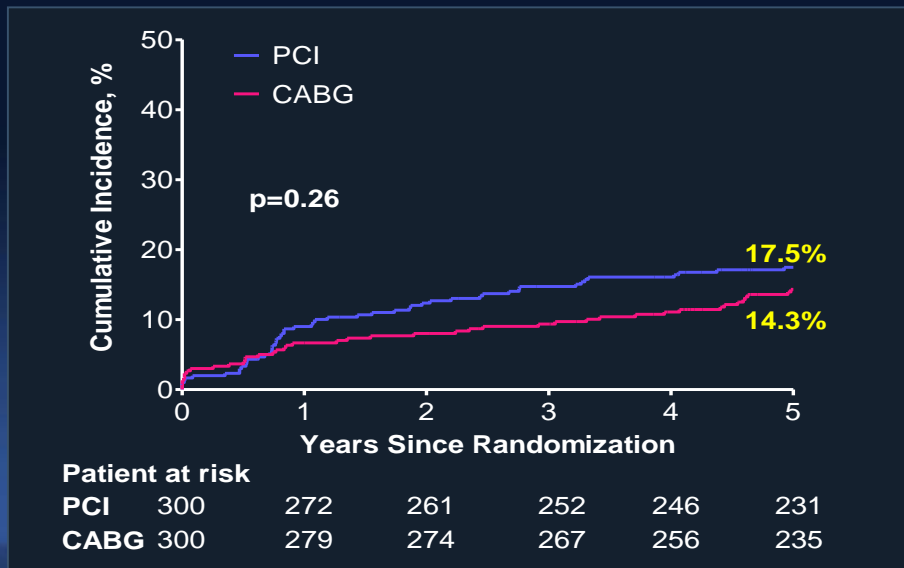
Five-Year Outcomes of the PRECOMBAT Study

Jung-Min Ahn, MD.

On behalf of the PRECOMBAT Investigators

Professor of Medicine, University of Ulsan College of Medicine,
 Heart Institute, Asan Medical Center, Seoul, Korea

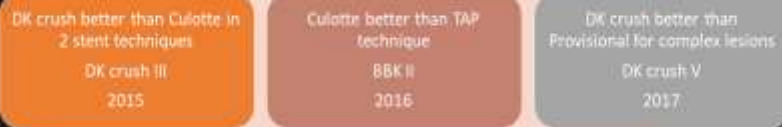
Primary End Point of MACCE



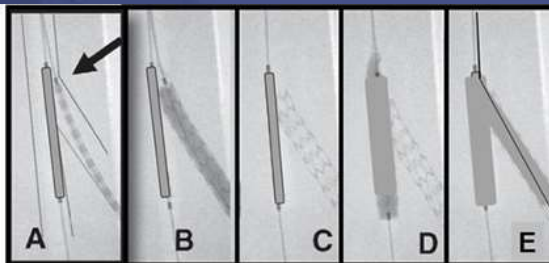
Stenting Strategy

Favouring provisional	Favouring two stents
No SB lesion	1,1,1 Medina
SB diameter < 2.0 mm	SB diameter > 2.0mm
SB lesion length < 5.0mm	SB lesion length > 5.0mm
Easy SB access	Difficult SB access
SB supplying a small burden of the myocardium	SB supplying a large burden of the myocardium

Evolution of LMB stenting techniques

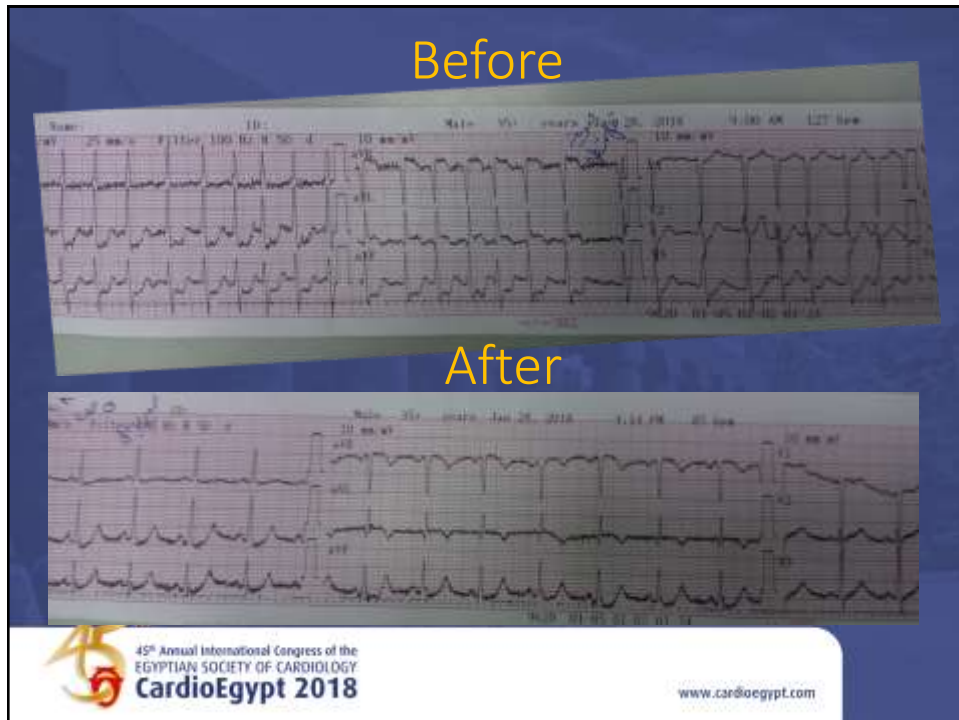


Step-Crush technique



- 1 to 2 mm of SB stent positioned in MV (proximal SB stent marker on MB wire or SB just covers proximal edge of ostium)
 - The SB stent is deployed and stent balloon withdrawn slightly with high RBP inflation (flares proximal stent) then angiogram to make sure no distal dissection
 - The SB is crushed by an MV balloon then rewire and kiss (extra kiss)

Ormiston JA, et al. *JACC Cardiovasc Interv.* 2008;1:351-357.^[3]



The Basic CHIP Premise

- **There is a large underserved patient population that can benefit from revascularization**
 - Rather than focusing on low-risk patients who may be "easy to treat", we need to focus upon higher-risk patients who have the *most to gain*
 - These patients will be more commonly seen as our field / the healthcare system evolves
 - The development of comprehensive specialists trained with advanced technical and cognitive skills to assess and treat these patients is clearly needed

CRP

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