



## **Dr. Gustavo Pessah**

**Hospital Córdoba – Hospital Militar – Sanatorio Mayo y Clínica Romagosa**



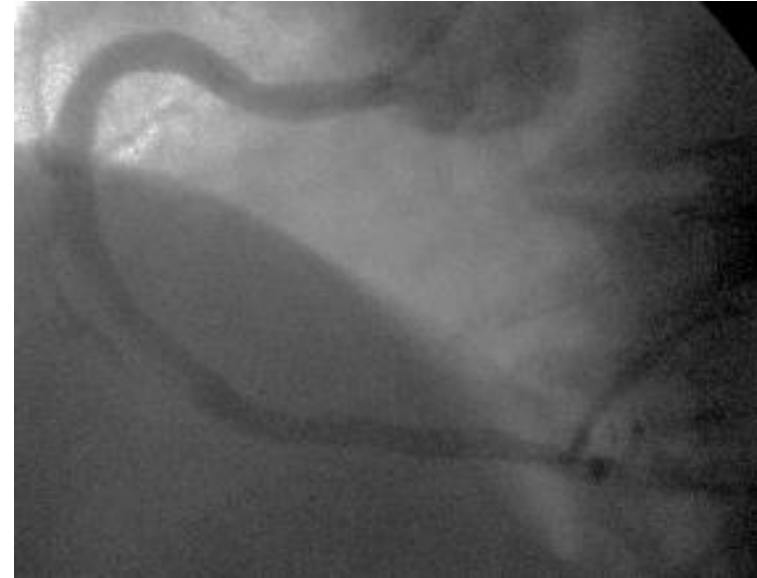
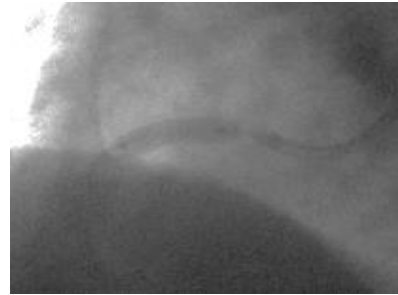
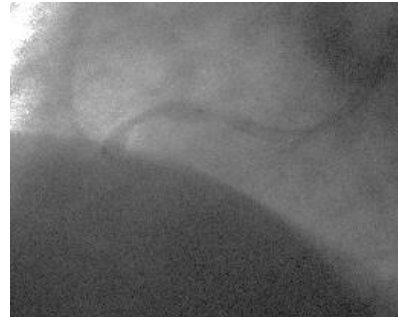
# CASO CLINICO

- **MASCULINO DE 70 AÑOS.**
- **APP: HTA ( LOSACOR D-CARVEDILOL 12.5 X DIA ), DSLP ( HIPERTRIGLICERIDEMIA GEMFIBROZIL 900). HIPERURICEMIA (ALLOPURINOL 100 MG), CARDIOPATIA ISQUEMICA ( ATC A DA Y LV CX 2018).**
- **NEFROANGIOESCLEROSIS ( IRA LEVE ) .**
- **PRESENTA ANGOR CF II .**

CCG

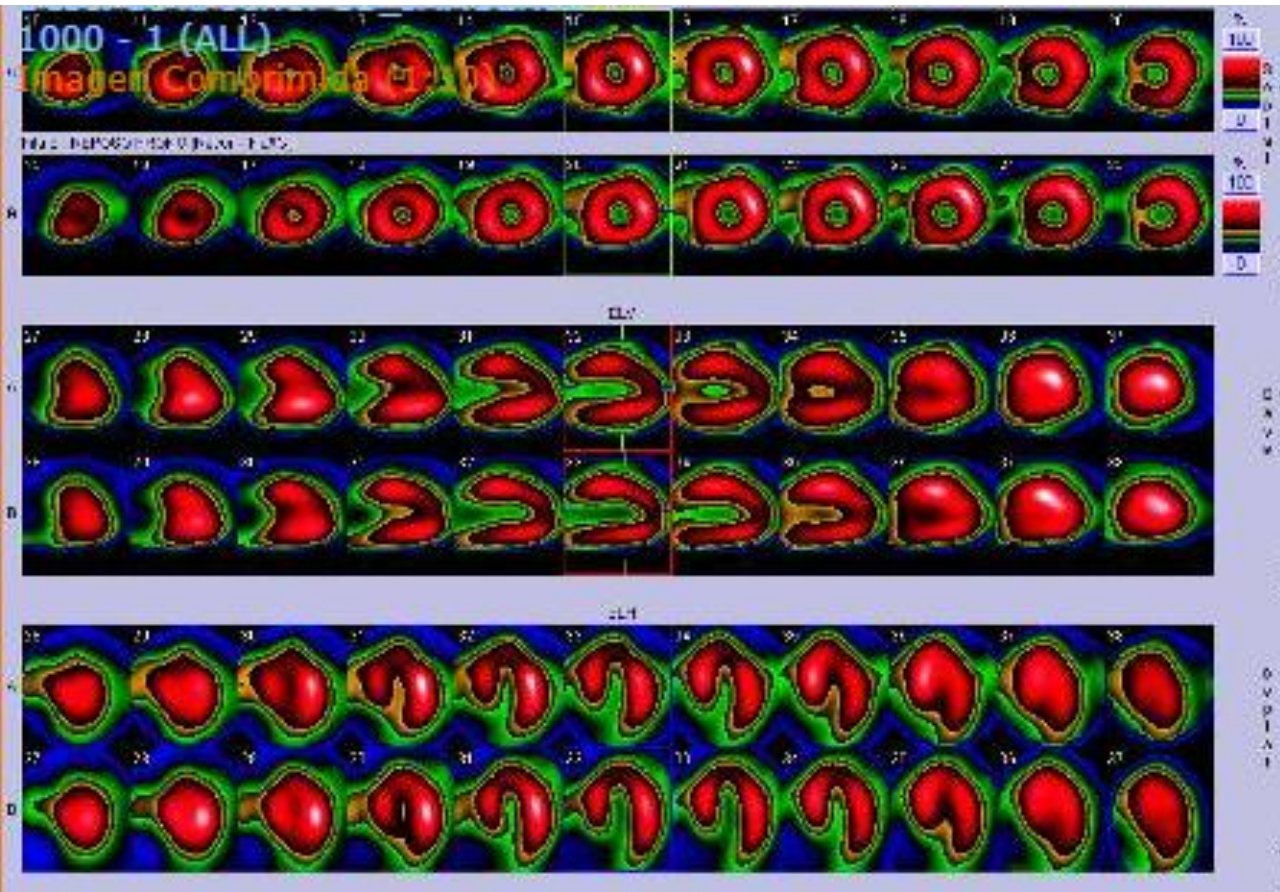


# ATC PROGRAMADA A CD MARZO 23





# SPECT

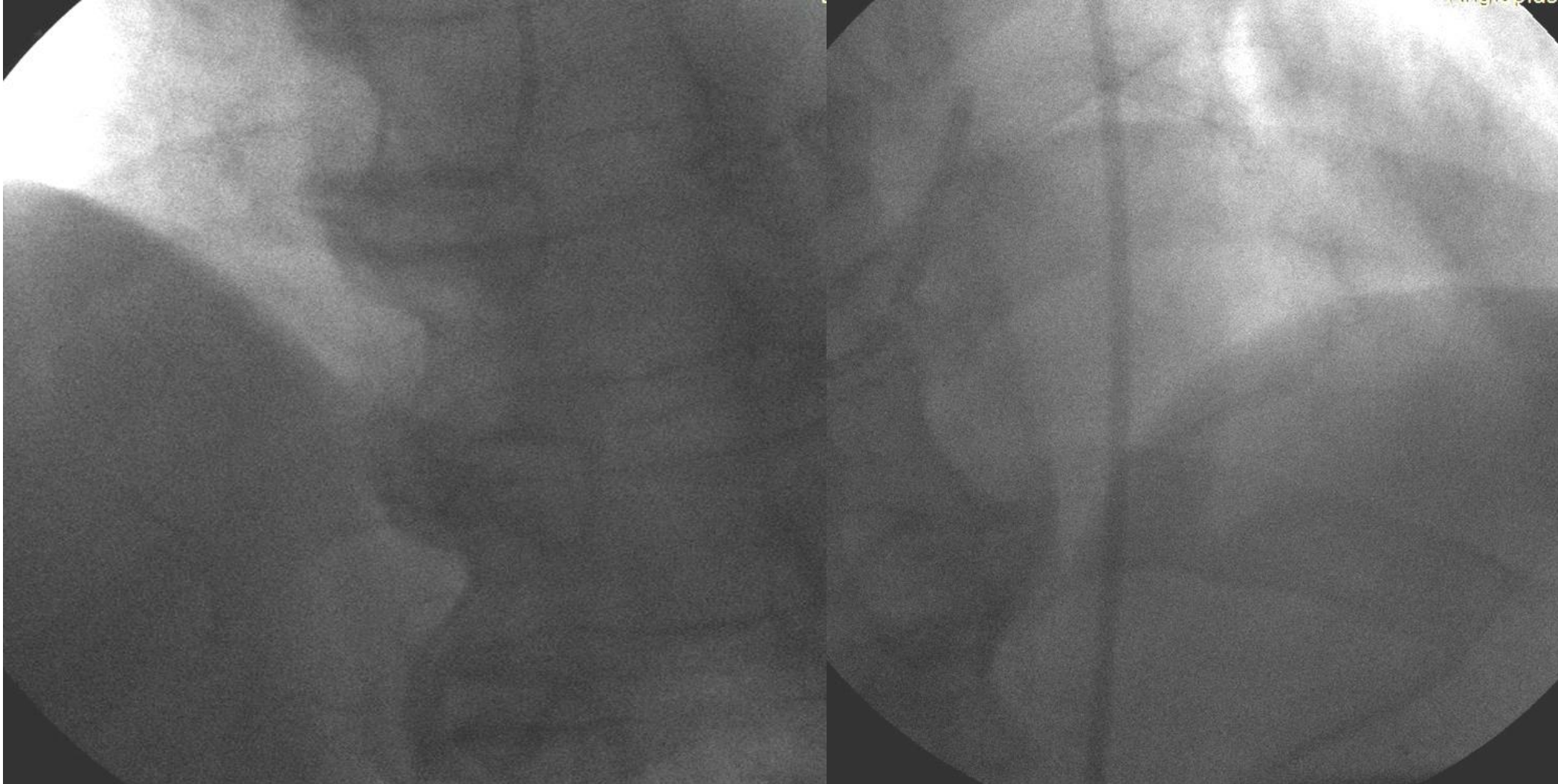


## CONCLUSIÓN:

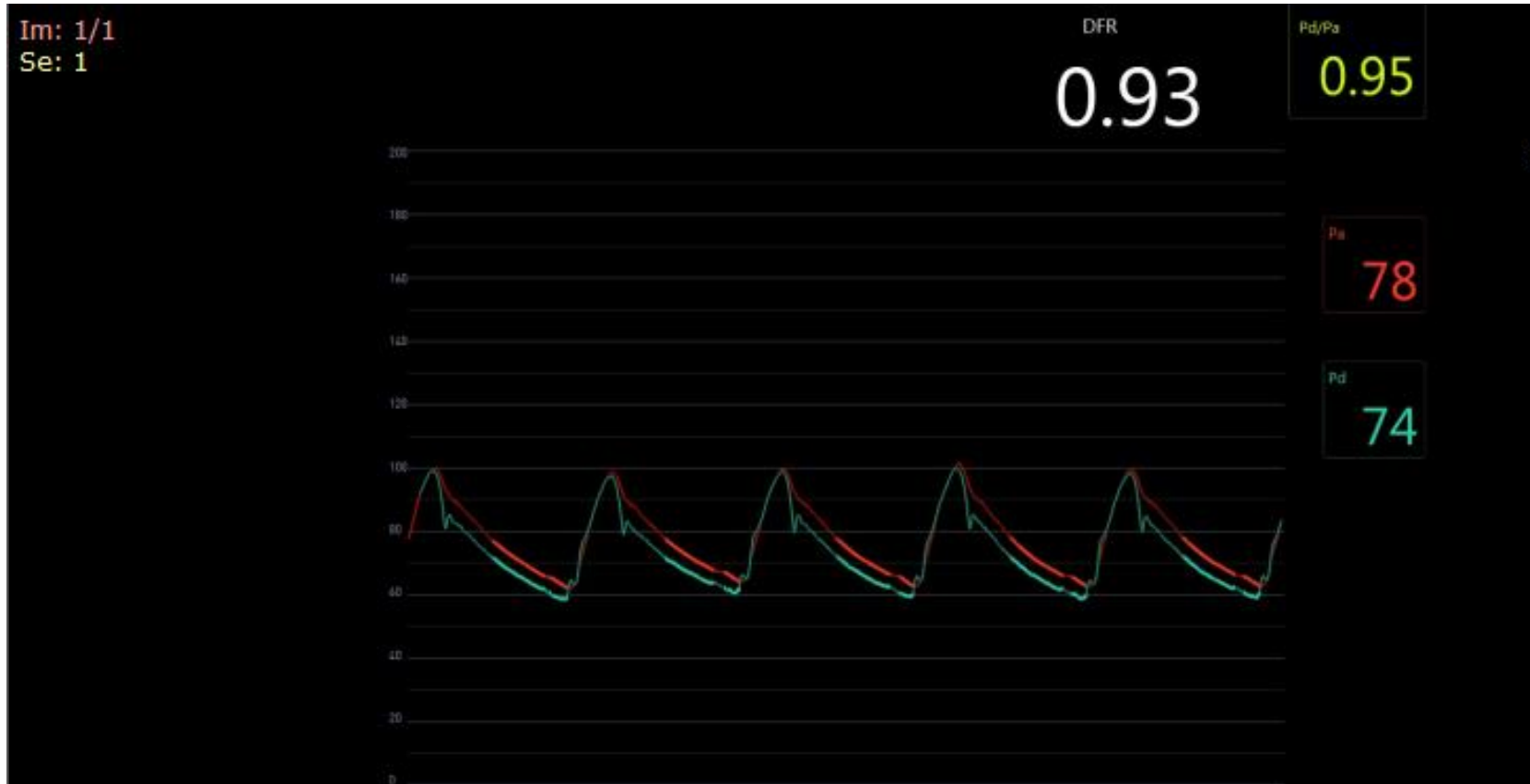
Prueba de esfuerzo submáxima (89% de la FMT), negativa.

SPECT miocárdicos al esfuerzo y de reposo en favor de fibrosis no transmural apical, ántero-apical y anterior medial, de mediana extensión, territorio correspondiente a la arteria descendente anterior, con pequeña isquemia perinecrótica. Perfusión normal del resto de las paredes del ventrículo izquierdo. SPECT miocárdicos gatillados mostrando volúmenes ventriculares normales, fracción de eyección reducida a 47% y una hipoquinesia apical y ántero-apical, cinética conservada del resto de las paredes del ventrículo izquierdo. Monto isquémico diferencial del 3%

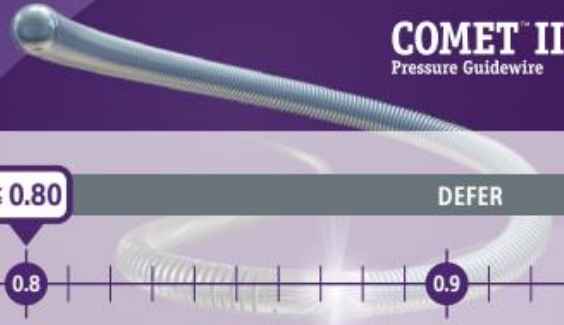
# NUEVA CCG- ATC a DA?







# FFR Cutoff

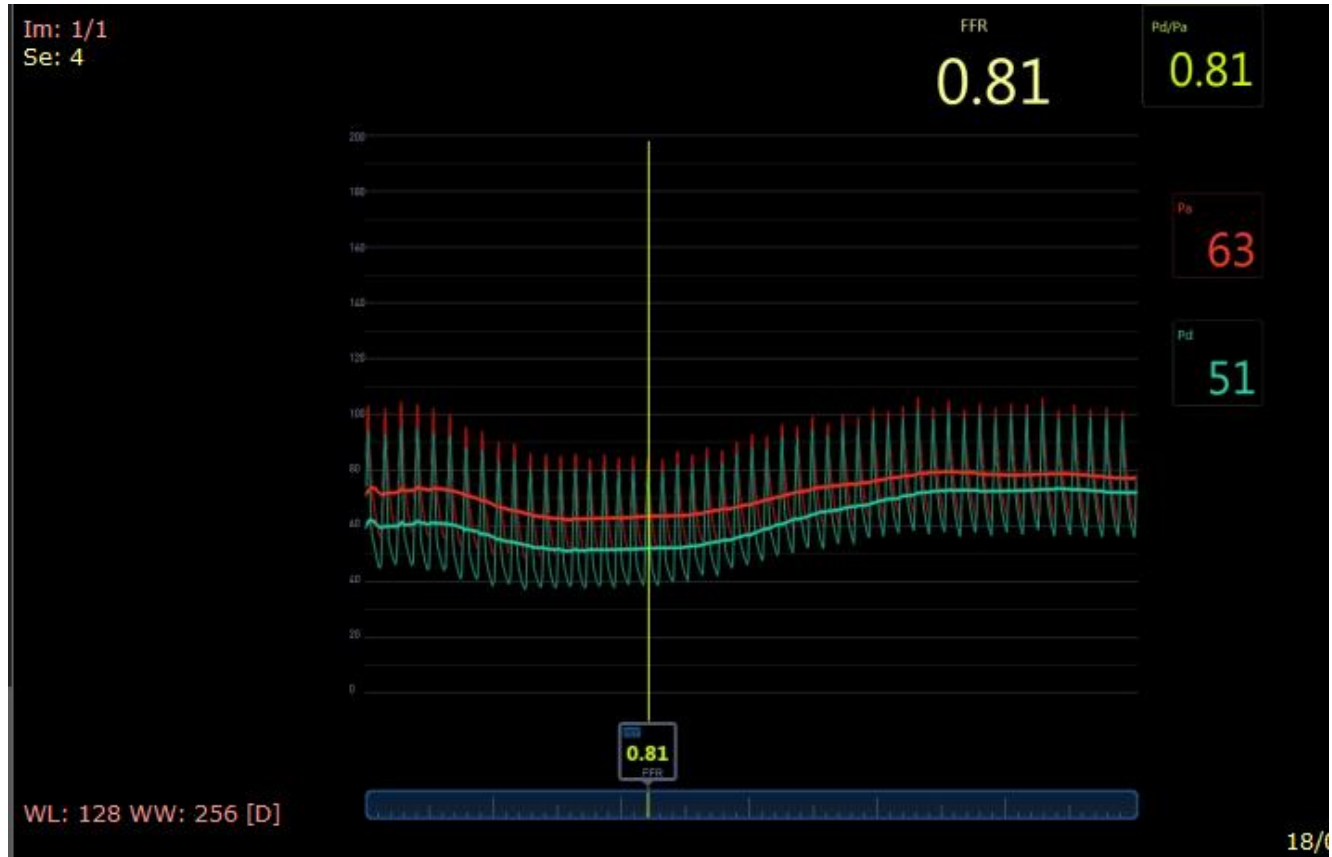


## Hyperemic agents

**TABLE 1** Hyperemic Stimuli

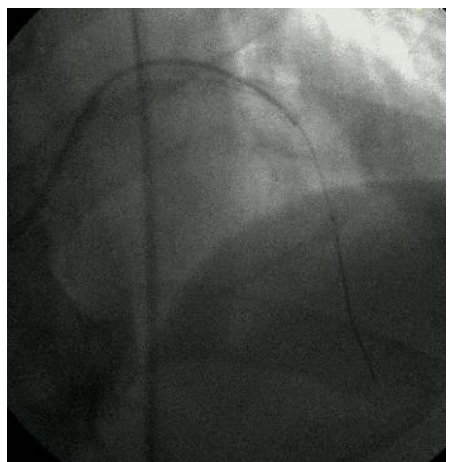
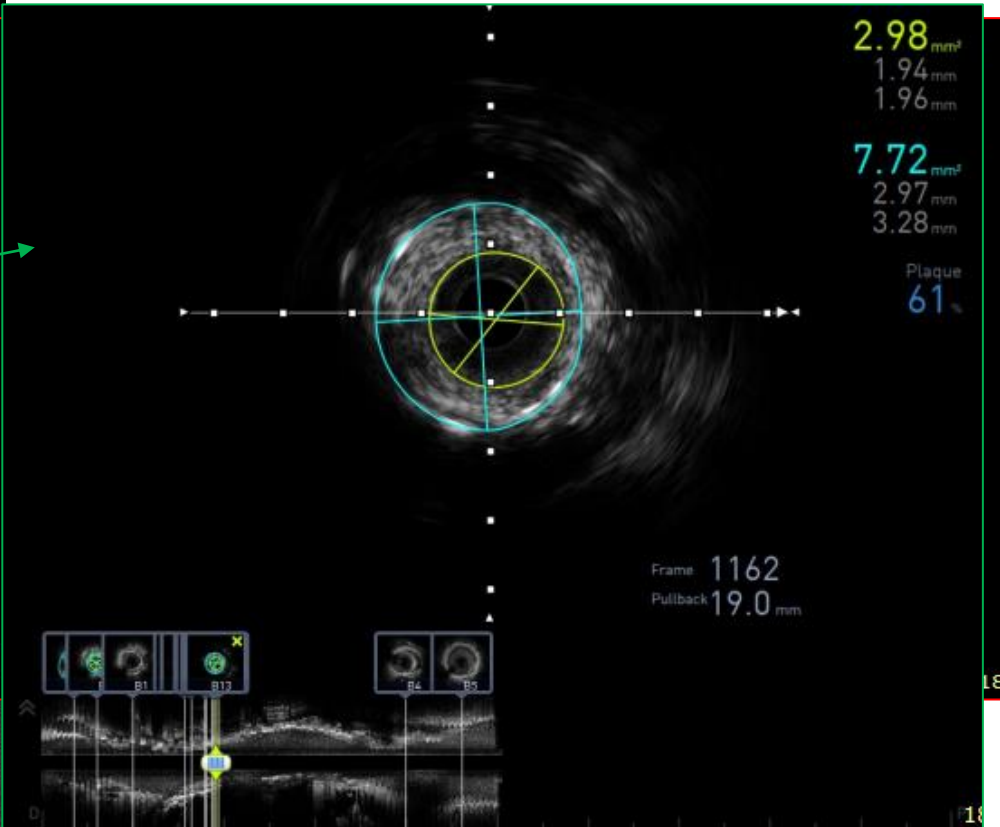
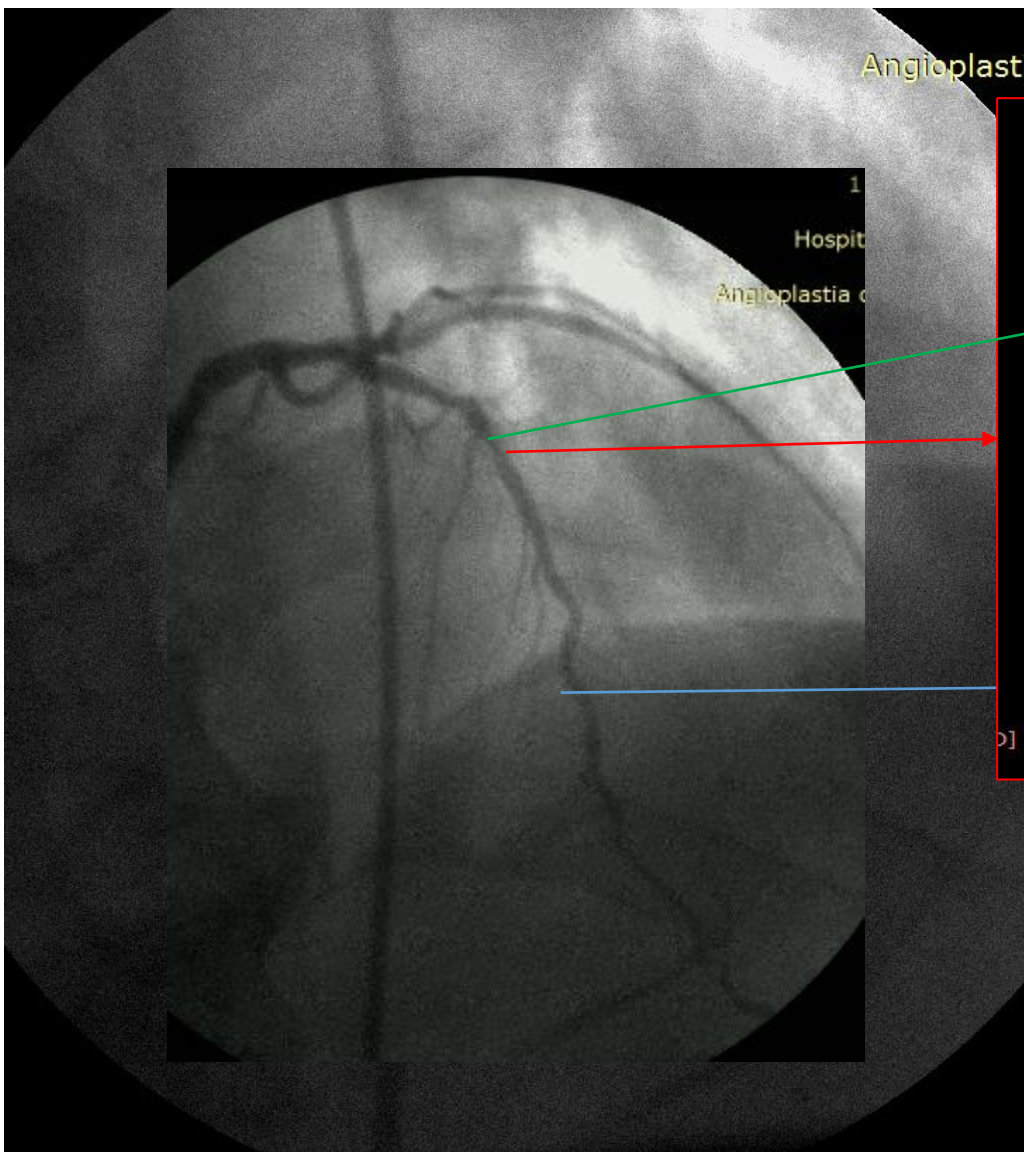
Drug	Dosage
Adenosine	100 $\mu$ g in RCA/200 $\mu$ g in LCA as intracoronary bolus
Nitroprusside	140 $\mu$ g/kg/min as intravenous infusion 0.6 $\mu$ g/kg as intracoronary bolus
Nicorandil	2 mg as intracoronary bolus
Regadenoson	400 $\mu$ g as intravenous slow bolus over 10 s
Papaverine	8 mg in RCA/12 mg in LCA as intracoronary bolus

LCA = left coronary artery; RCA = right coronary artery.











RECALCULANDO



## RESEARCH SUMMARY

## Fractional Flow Reserve or Intravascular Ultrasonography to Guide PCI

Koo B-K et al. DOI: 10.1056/NEJMoa2201546 for the FLAVOUR Investigators

## CLINICAL PROBLEM

Fractional flow reserve (FFR) and intravascular ultrasonography (IVUS) are the two most common tools used as adjuncts to coronary angiography for guiding decision making regarding percutaneous coronary intervention (PCI). A head-to-head comparison of the two approaches with respect to clinical outcomes is needed.

## CLINICAL TRIAL

**Design:** A multinational, prospective, randomized, open-label trial examined whether FFR guidance would be noninferior to IVUS guidance in patients with intermediate coronary stenosis.

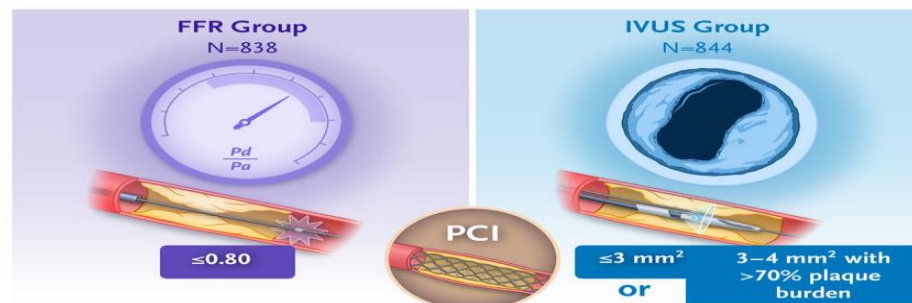
**Intervention:** 1682 adults with intermediate stenosis (40–70%) in a target vessel  $\geq 2.5$  mm by visual estimation on coronary angiography were assigned to FFR guidance or IVUS guidance. In the FFR group, PCI was performed if the FFR was  $\leq 0.80$ ; in the IVUS group, PCI was performed if the minimal lumen area was  $\leq 3$  mm<sup>2</sup> or  $\leq 4$  mm<sup>2</sup> with a plaque burden of  $>70\%$ . The primary outcome was a composite of death from any cause, myocardial infarction, or any revascularization at 24 months.

## RESULTS

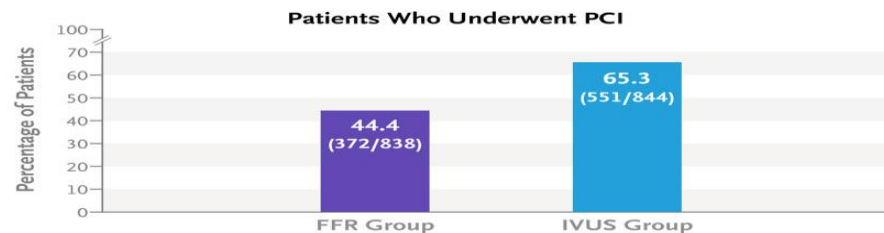
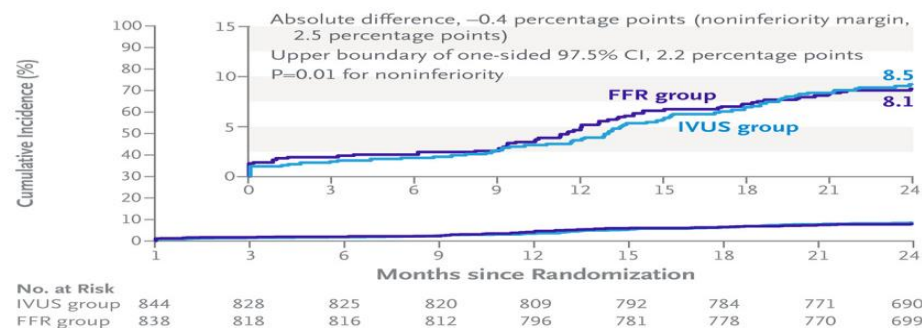
FFR guidance was found to be noninferior to IVUS guidance with respect to the primary composite outcome. The FFR group had a lower incidence of target-vessel PCI during the index procedure.

## LIMITATIONS AND REMAINING QUESTIONS

- The study included low-risk patients with a mean SYNTAX score of  $<10$ , indicating low anatomical complexity of the coronary lesions, so the findings may not apply to higher-risk patients.
- Operating physicians were aware of the assigned treatment; this could have influenced the frequency of revascularization during follow-up.



## Death from Any Cause, MI, or Revascularization at 24 Mo



## CONCLUSIONS

Among patients with intermediate coronary stenosis, FFR guidance was noninferior to IVUS guidance with respect to a composite of death, myocardial infarction, or revascularization at 24 months, with a lower frequency of stent