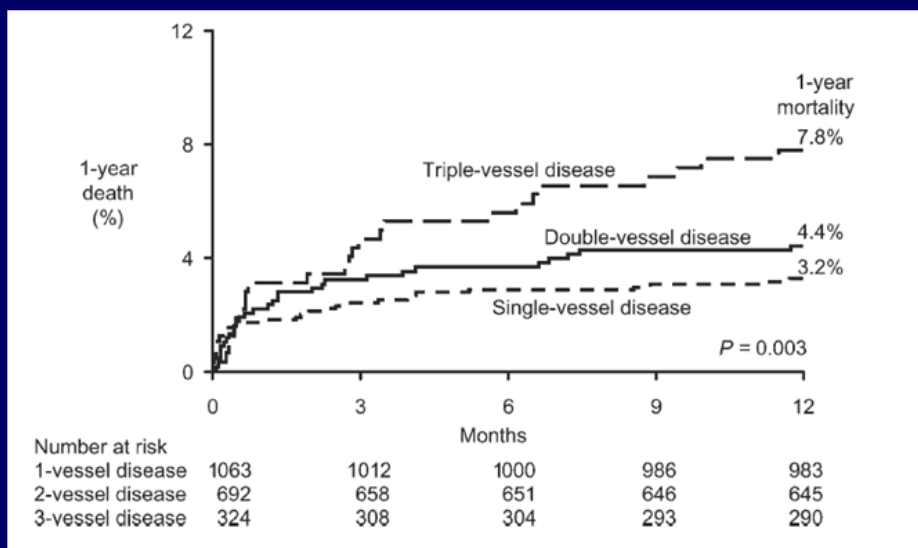


U STEMI revaskularizují nejen culprit lézi

Michael Želízko, IKEM, Praha

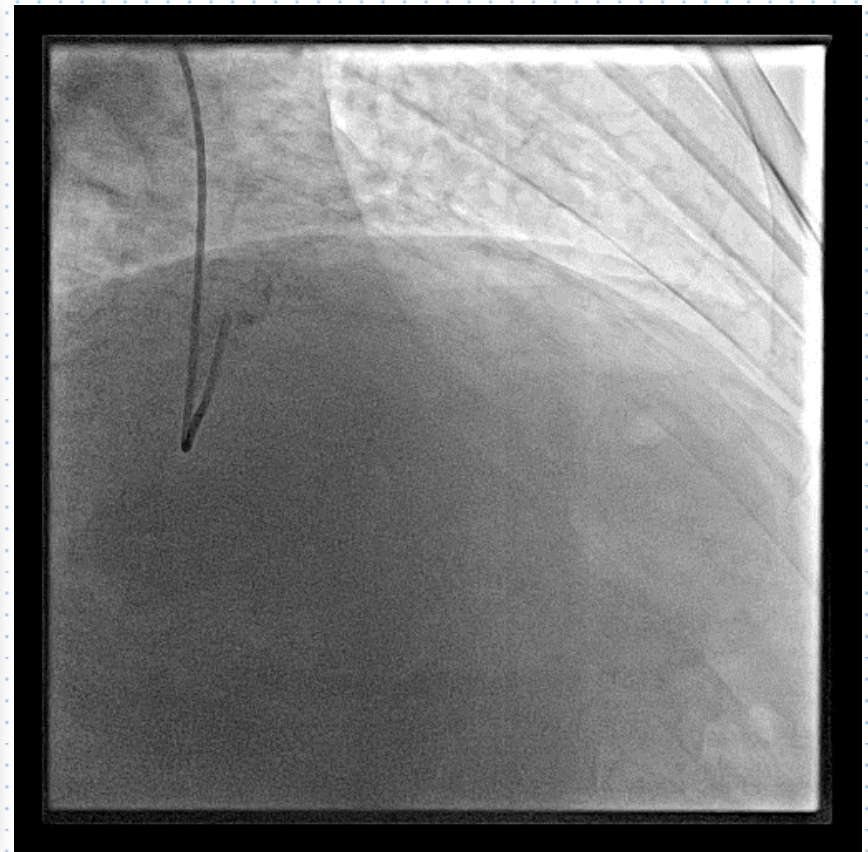
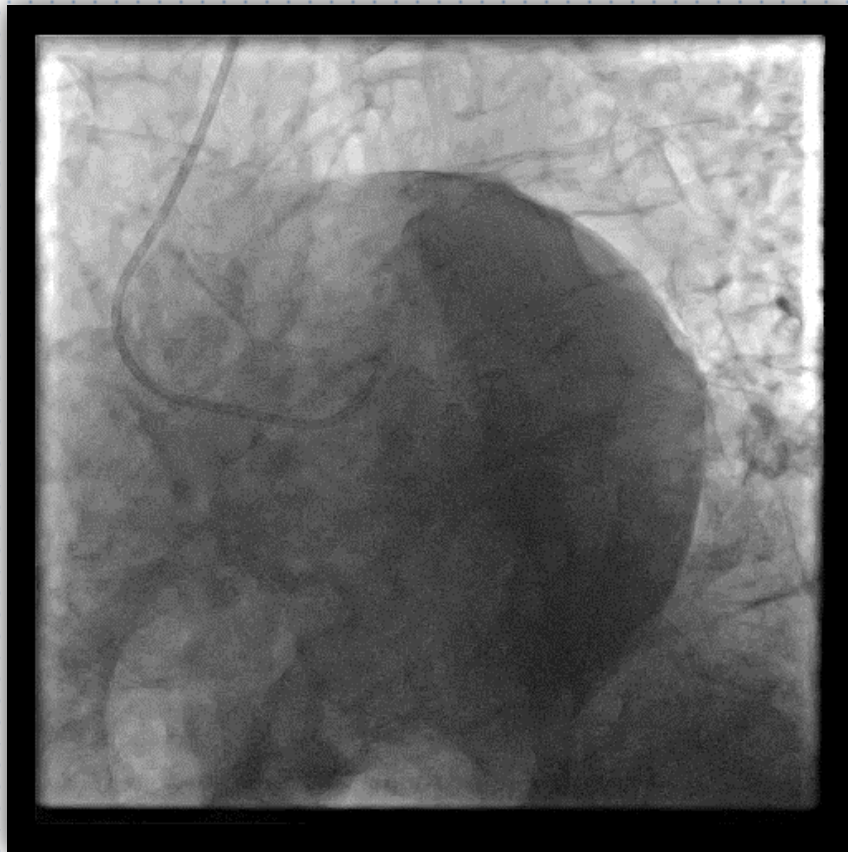
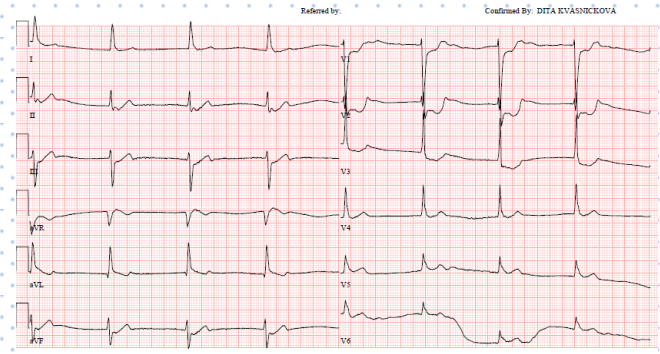
Multivessel disease associated with worse outcomes following P-PCI



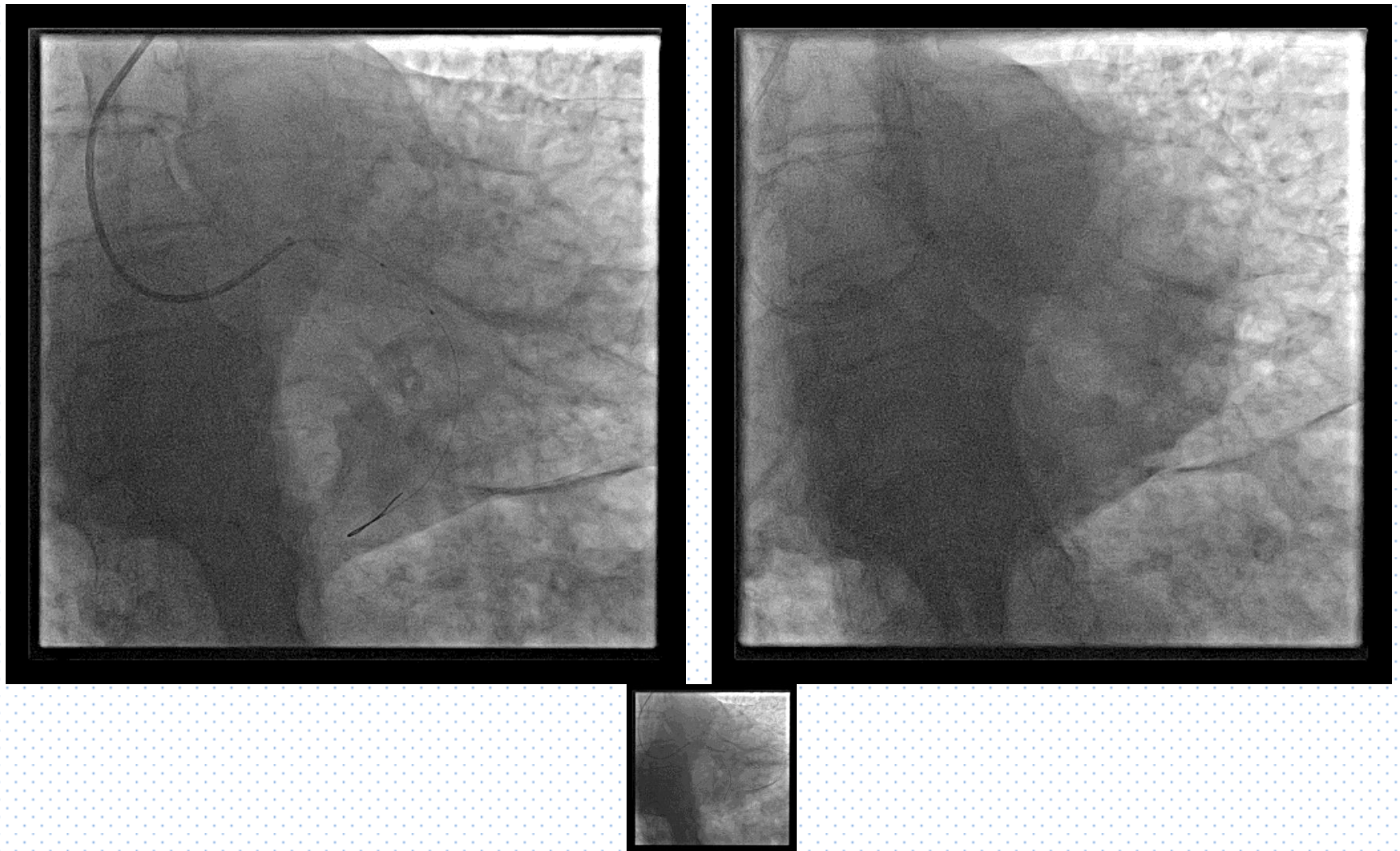
- Triple-vessel disease is an independent predictor of 1-year mortality
- Triple-vessel disease is an independent predictor of 1-year Death/MI
- Double-vessel and triple-vessel disease are independent predictors of 1-year MACE

From the CADILLAC trial, presence of 3-vessel disease associated with higher 1-year mortality in patients undergoing P-PCI of culprit vessel for STEMI

STEMI zadní stěny
Killip II, TK 95/60 mmHg



Primární PCI, **TRA**



Complete vs Culprit-Only Revascularization in STEMI With Multivessel Disease

2,633 patients from 9 RCTs who were prospectively treated with complete (n = 1,381) or culprit-only (n = 1,252) PCI, 2004-2015.

Complete vs Culprit-Only	RR	95% CI
Long-term CV Mortality	0.50	0.32-0.79
Long-term MI	0.62	0.44-0.89
Long-term Repeat Revascularization	0.47	0.39-0.57

Nonculprit PCI done during the index procedure—but not as staged procedures—lowered long-term nonfatal MI risk (RR 0.37; 95% CI 0.19-0.71).

Conclusion: Complete revascularization improves outcomes, but only reduces nonfatal MI risk when done during the index procedure.

Bravo CA, et al. *Heart*.
2018;Epub ahead of print.

Komplexní řešení stenózy kmene ACS + RIA/RD

6F, TFA, Impella CP

PCI RIA/RD



DES RIA, kissing RIA/RD



+ PCI kmen-RC/RIA (2xDES/culotte, 2x kissing)

3VD: kompletní revaskularizace do 3 dnů

