

Quels étaient les points forts des eJESFC 2021 concernant la maladie coronaire et la cardiologie interventionnelle ? Dr Amine BAHLOUL

- L'algorithme 0/1h est sur et validé et permet la décharge des patients en toute sécurité (Christophe Meune)

NSTE-ACS

What is new? New key recommendations (1)



Christophe Meune

Diagnosis

As an alternative to the ESC 0 h/1 h algorithm, it is recommended to use the ESC 0 h/2 h algorithm with blood sampling at 0 h and 2 h, if an hs-cTn test with a validated 0 h/2 h algorithm is available.

For diagnostic purposes, it is not recommended to routinely measure additional biomarkers such as CK, CK-MB, h-FABP, or copeptin, in addition to hs-cTn.

0/1h algorithm is not a faked news!

www.escardio.org/guidelines

2020 ESC Guidelines for the management of acute coronary syndromes in patients presenting without persistent ST-segment elevation (European Heart Journal 2020 - doi/10.1093/eurheartj/ehaa575)

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- Game Over pour le pré-traitement: pas de bénéfice ischémique avec un sur-risque de saignement (Giles Montalescot)

NSTE-ACS

G Montalescot



Game over for pretreatment!

DOES PRE-TREATMENT REALLY BENEFIT NSTE-ACS PATIENTS UNDERGOING PCI?

EDITORIAL COMMENT

JOURNAL OF THE AMERICAN COLLEGE OF CARDIOLOGY VOL. 76, NO. 21, 2020

Non-ST-Segment Elevation Acute Coronary Syndrome

The Last Nail in the Coffin of Pre-Treatment*

Gilles Montalescot, MD, PhD

DOES PRE-TREATMENT REALLY HARM NSTE-ACS PATIENTS NOT UNDERGOING PCI?

WHAT IS THE ISCHEMIC RISK OF WAITING WITHOUT PRE-TREATMENT?

WHAT DOES THE DUBIUS STUDY ADD TO THE CURRENT KNOWLEDGE?

ARE REAL-LIFE DATA DIFFERENT?

WHAT DO THE GUIDELINES SAY?

WHAT SHALL WE DO?

ESC Guidelines 2020

Treatment with GP IIb/IIIa antagonists in patients in whom coronary anatomy is not known is not recommended. ^{188,189}	III	A
It is not recommended to administer routine pre-treatment with a P2Y ₁₂ receptor inhibitor in patients in whom coronary anatomy is not known and an early invasive management is planned. ^{174,177,178,190,191}	III	A

- Le Prasugrel est préféré du Ticagrelor dans les SCA ST- (JP Collet)

NSTE-ACS

Recommendations for antithrombotic treatment in non-ST-segment elevation acute coronary syndrome patients undergoing percutaneous coronary intervention (2)



JP Collet

Recommendations	Class	Level
Antiplatelet treatment (continued)		
• Ticagrelor irrespective of the planned treatment strategy (invasive or conservative) (180 mg LD, 90 mg b.i.d.).	I	B
• Clopidogrel (300–600 mg LD, 75 mg daily dose), only when prasugrel or ticagrelor are not available, cannot be tolerated, or are contraindicated.	I	C
Prasugrel should be preferred over ticagrelor for NSTE-ACS patients who proceed to PCI.	IIa	B
GP IIb/IIIa antagonists should be considered for bail-out if there is evidence of no-reflow or a thrombotic complication.	IIa	C

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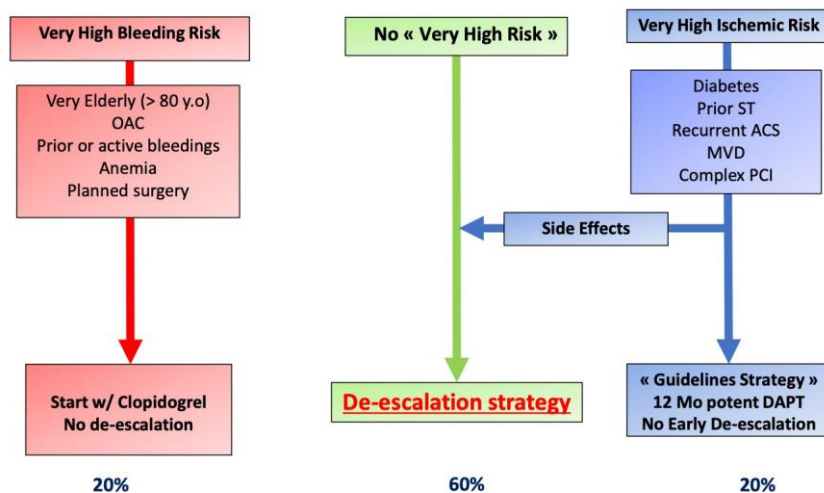
2020 ESC Guidelines for the management of acute coronary syndromes in patients presenting without persistent ST-segment elevation (European Heart Journal 2020 - doi/10.1093/eurheartj/ehaa575)

- Une DAPT personnalisée selon le risque ischémique et hémorragique: Chez les patients à haut risque hémorragique et haut risque ischémique, la déescalade se fait vers le Clopidogrel (associé à l'aspirine) ou vers le ticagrelor en monothérapie (Thomas Cuisset)

NSTE-ACS

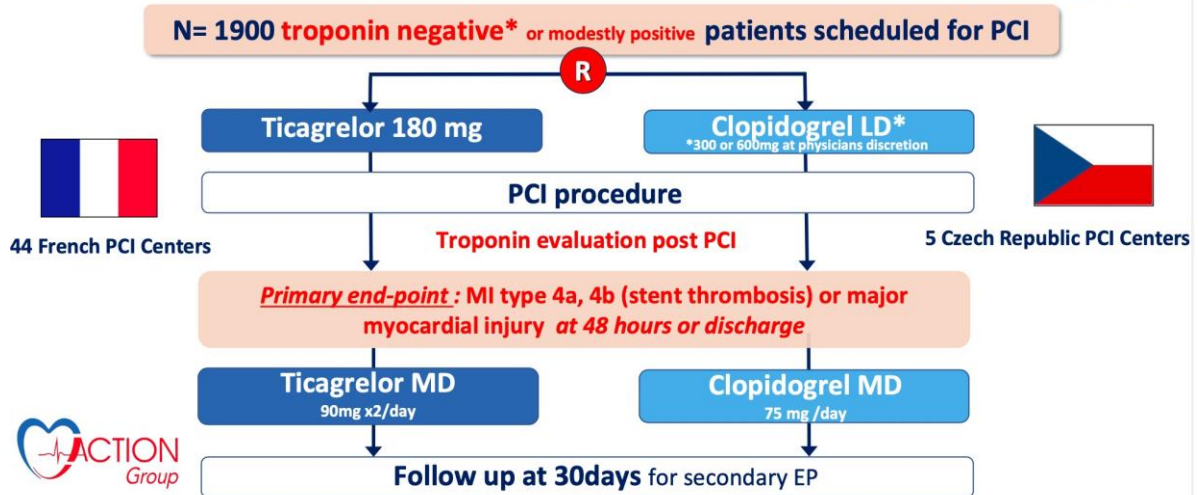
DAPT strategy after ACS

T Cuisset



- Clopidogrel versus Ticagrelor dans la maladie coronaire stable : L'essai Bio-ALPHEUS : Pas de différence entre les 2 bras en terme de critères primaire

Maladie coronaire stable

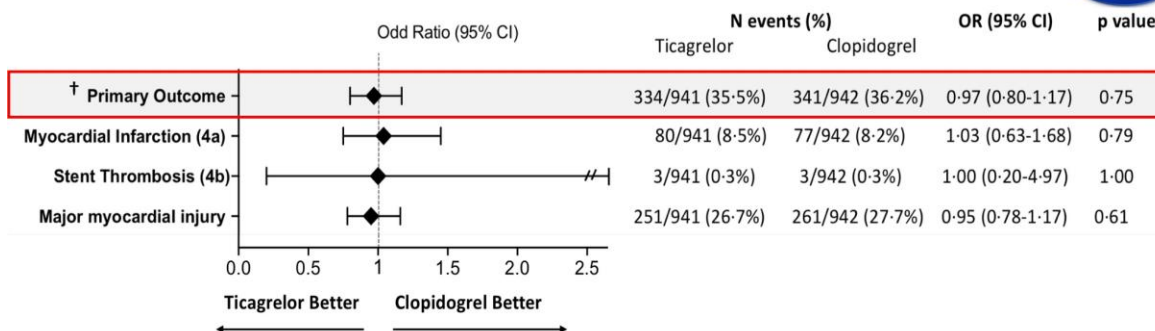


Maladie coronaire stable



Primary Outcome

J Silvain



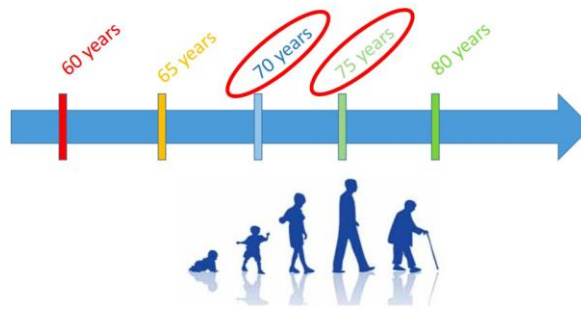
- Le TAVI est n'est pas inférieur à la chirurgie chez les patients à bas risque.. C'est à quel âge faut-il intervenir (70? 75?) ? la question qui devrait être répondue dans les prochaines recommandations

TAVI Low risk

H LE BRETON

TAVI not inferior, even superior to surgery in low risk-patients

From which age should TAVI become the standard treatment for aortic Valve replacement ?



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ESC/EACTS GUIDELINES

Prise en charge chez patients à bas risque ?

2^{ème} ou 3^{ème} trimestre 2021 ?

2021 ESC/EACTS Guidelines for the management of valvular heart disease