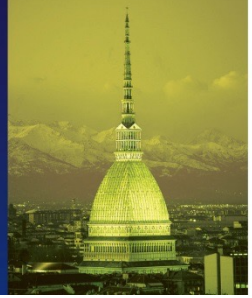
TURIN,
October
25th-27th
2018
Starhotels
Majestic

GIORNATE
CARDIOLOGICHE
TORINESI



UNIVERSITÁ DEGLI STUDI DI TORINO

AZIENDA OSPEDALIERO - UNIVERSITARIA
Città della Salute e della Scienza di Torino

Clinical case: managing multiple comorbidities in old patient

Stefano Pidello

Cardiologia - AOU Città della Salute e della Scienza

Torino

Uomo, 74 anni

Ex fumatore (15 sig/die, stop 2009), iperteso, dislipidemico.

Cardiopatia ischemica:

STEMI inferiore (2001) → 3VD

pPCI-DES su Dx, PCI-DES su IVA I-II e MO

Angina da sforzo (2009) → ISR IVA I e MO; Dx occlusa (modesta estensione)

AMIS-IVA; AMID-MO a Y

Successivamente asintomatico, in buon compenso, FE 50%

TD: ASA, metoprololo, ramipril, atorvastatina, amlodipina, formoterolo

Anamnesi internistica

1996: linfoma non-Hodgkin sottoposto a CT (CHOP) e RT (Y rovesciata).

In remissione completa da 20 anni.

Piastrinopenia e anemia post-CT/RT, stabili negli ultimi 2 anni.

BPCO lieve in terapia inalatoria.

Insufficienza renale cronica III stadio.

Mai sanguinamenti.

Dolore toracico a riposo durato 3 ore.

PA 140/90 mmHg. FC 65 bpm.

Killip 2.

Lab: WBC: 7.500 10^3/ml

Hb 11 g/dl

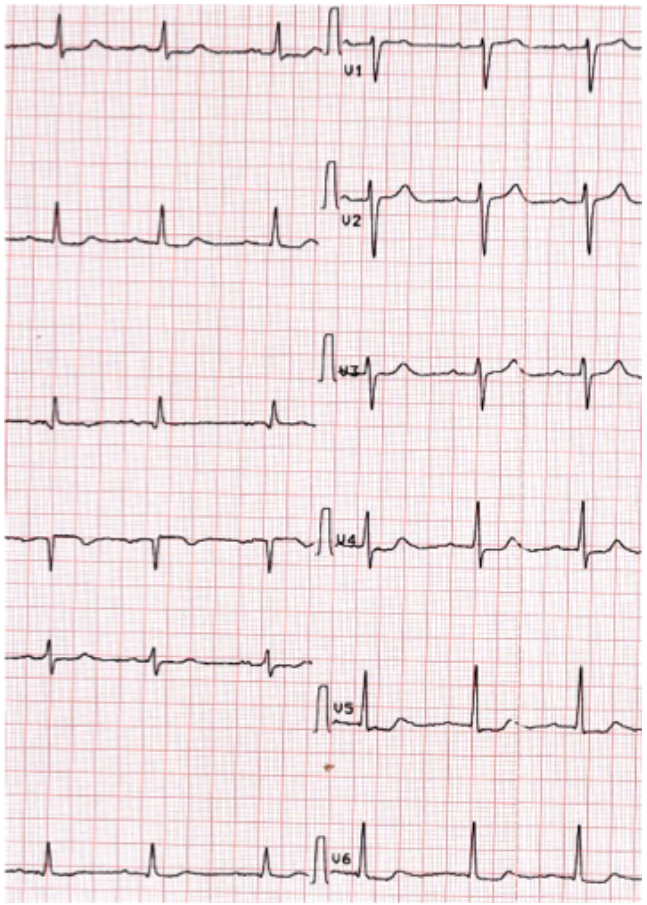
PLT 95.000/mm^3

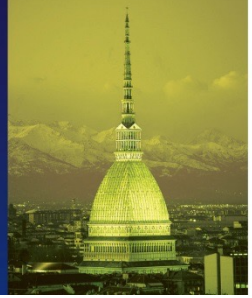
CrS 1.7 mg/dl; eGFR 45 ml/min

TnT 250 > 684> 923 (ng/L)

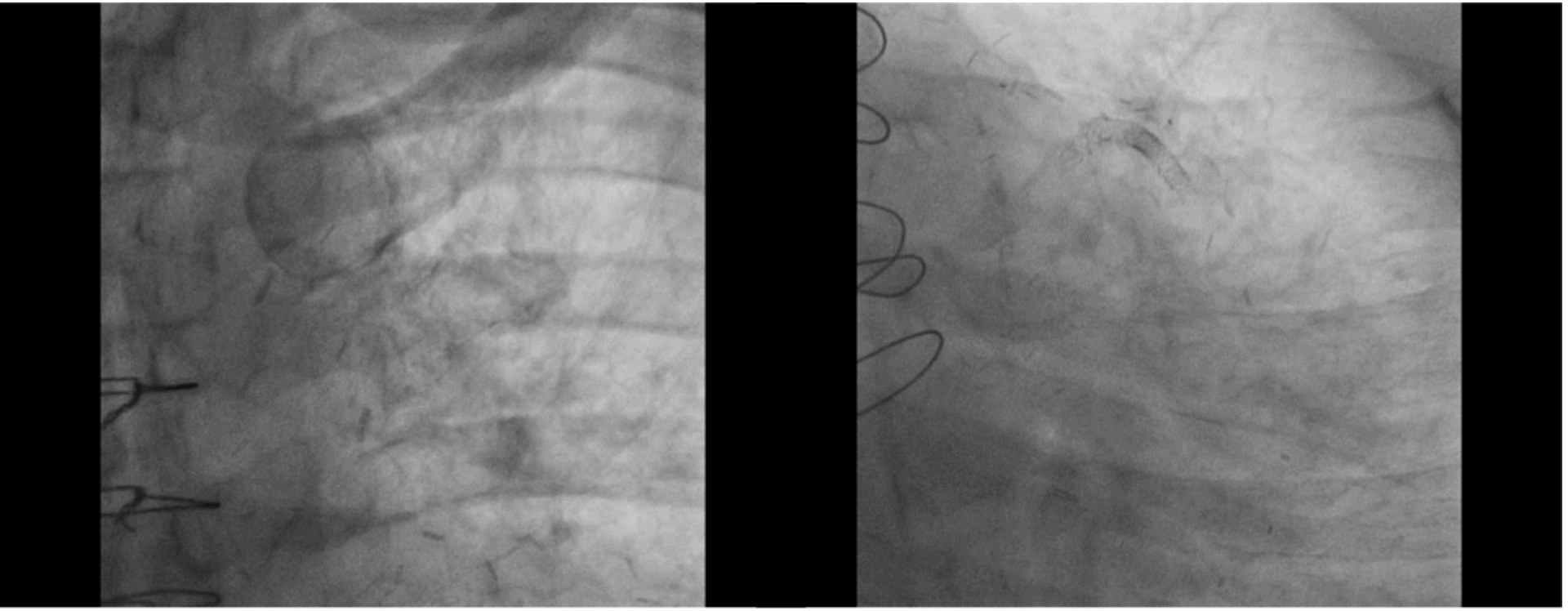
CK-MB picco 90 UI/L

GRACE score 148

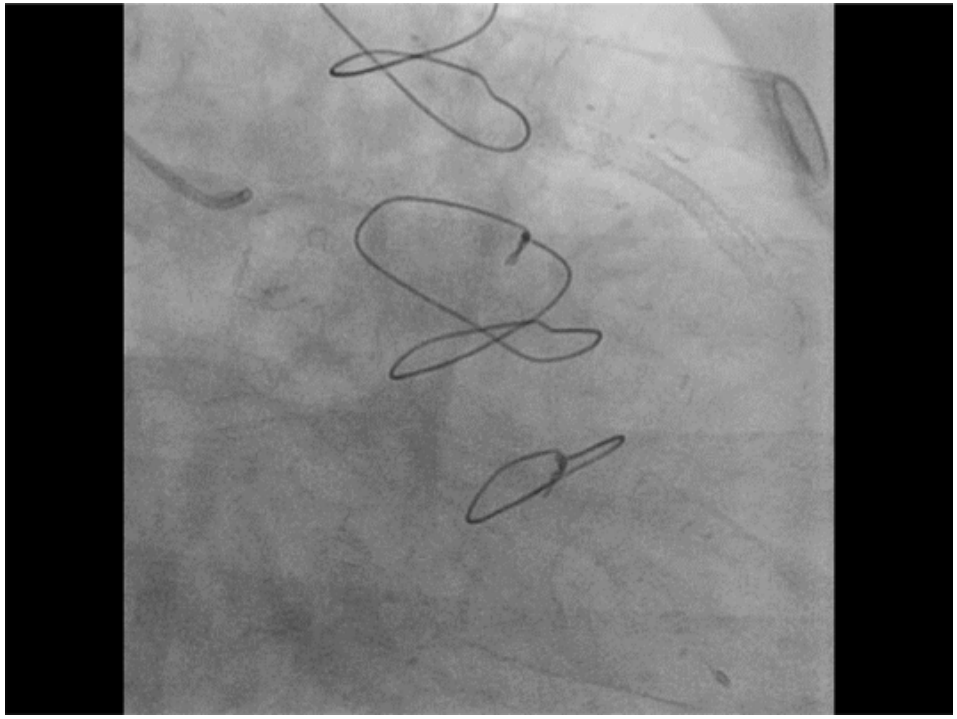


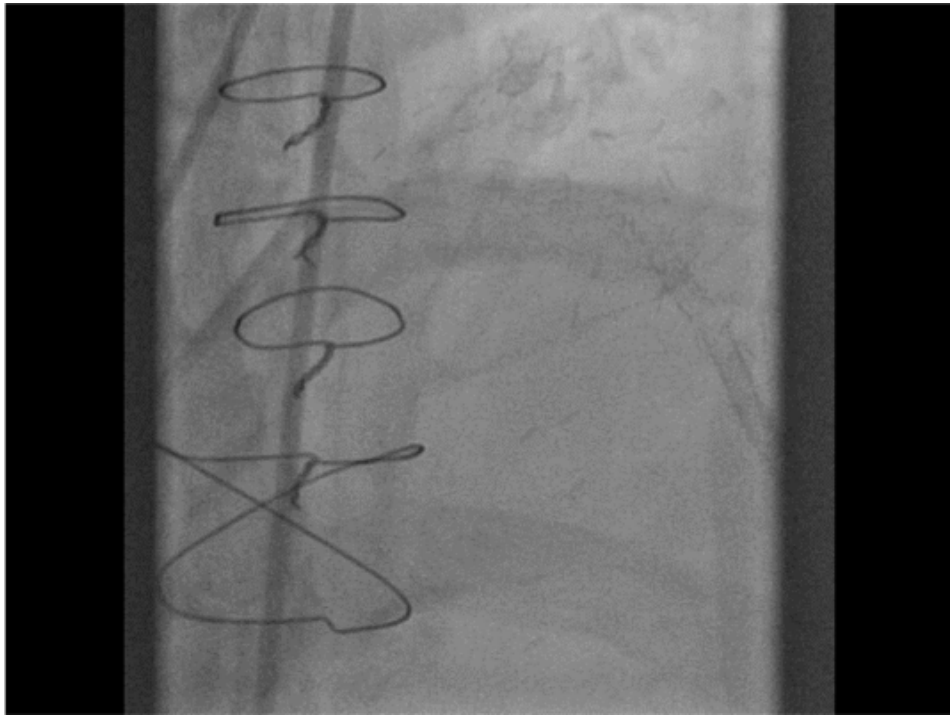


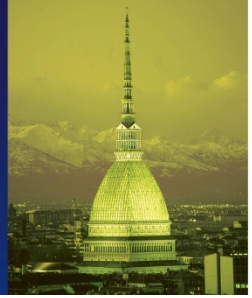
AMIS-AMID



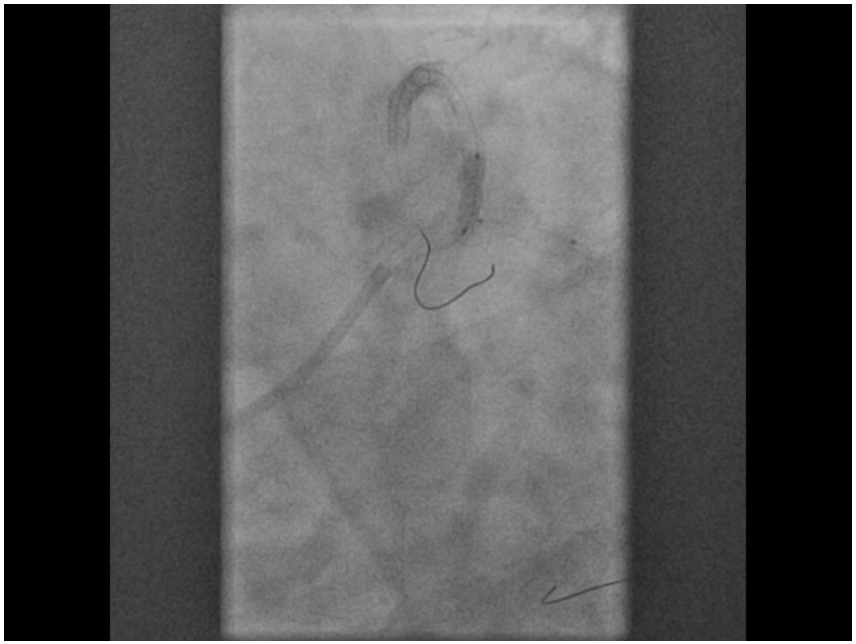
Coro sn

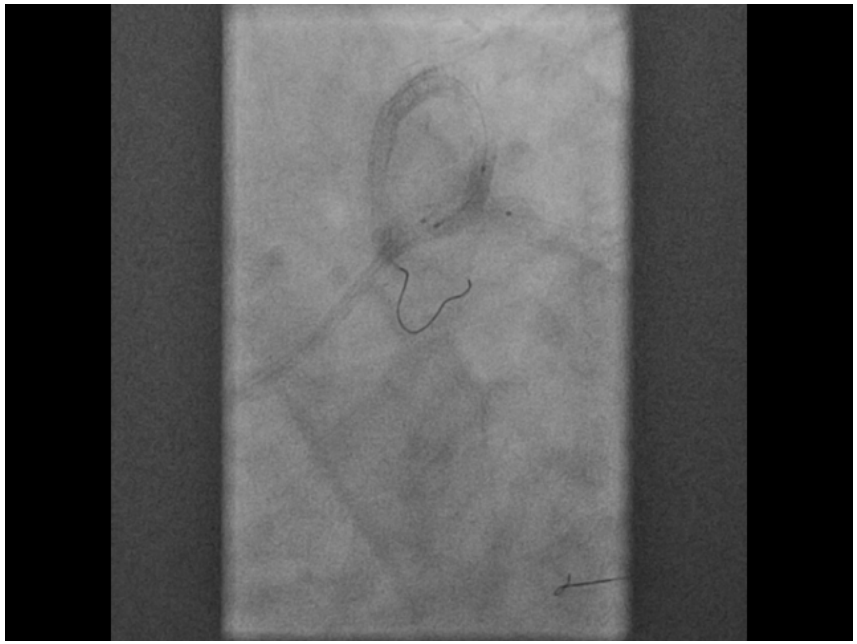




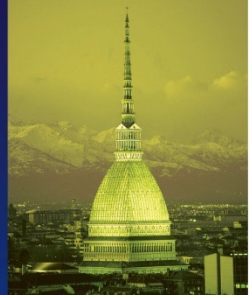


PCI

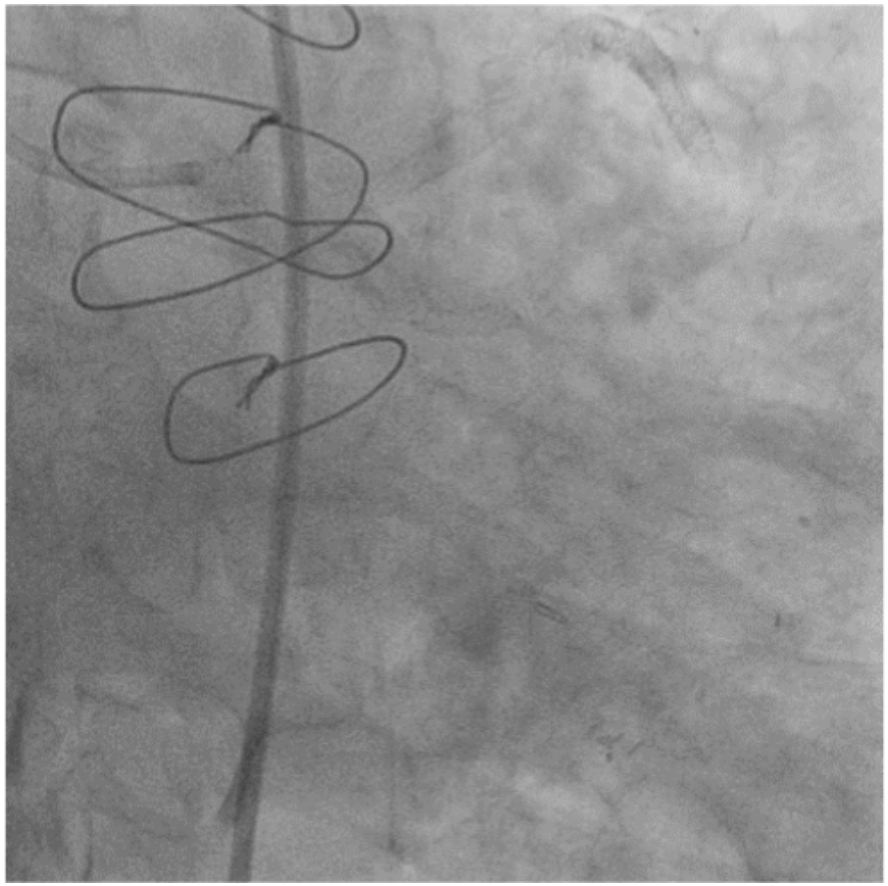




- 3 **Resolute Onyx** (TC/Cx 5 x 26 mm e IVA O-II 3 x 15 mm)
- T-stenting + FKB + POT + controllo IVUS



PCI



ESC European Society of Cardiology
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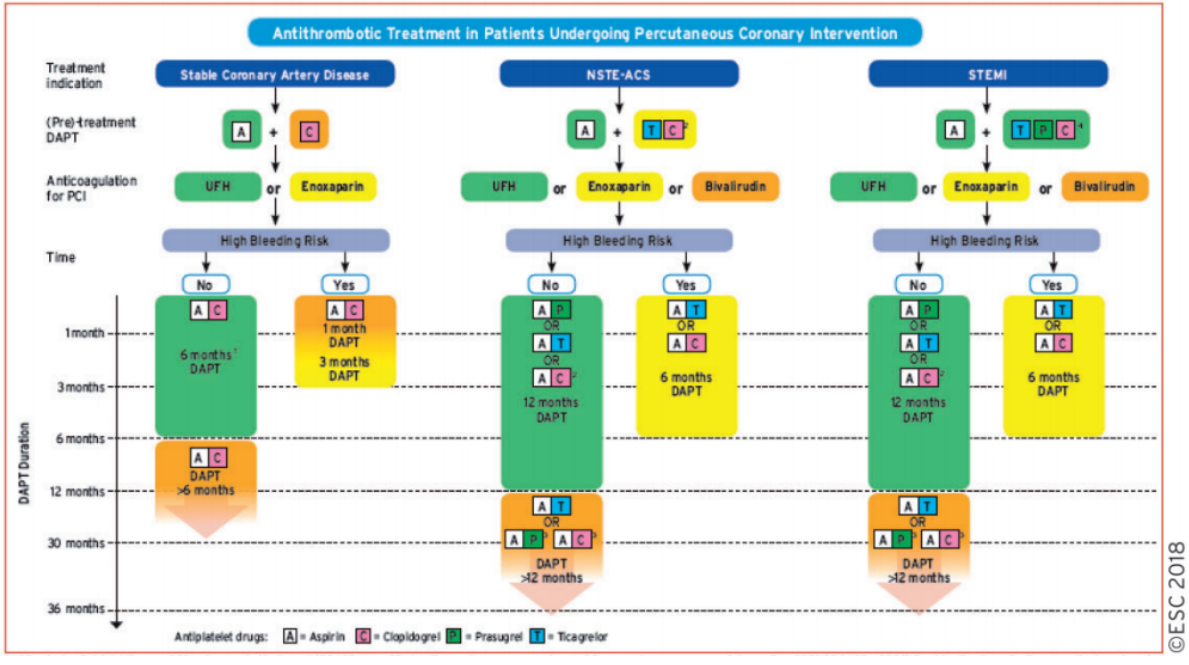
2018 ESC/EACTS Guidelines on myocardial revascularization

Quale terapia antiaggregante?



Recommendations for post-interventional and maintenance treatment in patients with non-ST-elevation acute coronary syndromes and ST-elevation myocardial infarction undergoing percutaneous coronary intervention

Recommendations	Class[a]	Level[b]
In patients with ACS treated with coronary stent implantation, DAPT with a $P2Y_{12}$ inhibitor on top of aspirin is recommended for 12 months unless there are contraindications such as an excessive risk of bleeding (e.g. PRECISE-DAPT ≥25).[701,702,722,723]	I	A
In patients with ACS and stent implantation who are at high risk of bleeding (e.g. PRECISE-DAPT ≥25), discontinuation of $P2Y_{12}$ inhibitor therapy after 6 months should be considered.[729,730]	IIa	B

Quale terapia antiaggregante?

- In dimissione:

  ASA + ticagrelor 180 mg die per almeno 6 mesi

- Rivalutazione clinica a 3 e 6 mesi:

  piastrinopenia stabile, nessun sanguinamento

→ prosegue ASA + ticagrelor 180 mg die fino a 12 mesi.

- Dopo 12 mesi: solo ASA