Mesa Redonda:
Cuidado e manejo da Coarctação de Aorta ao longo da vida

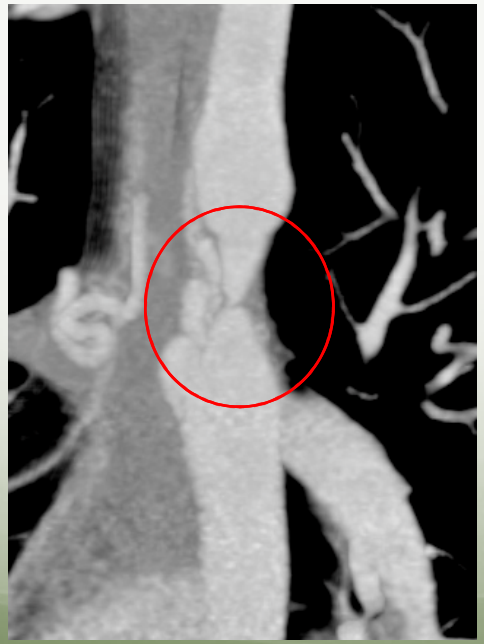
INTERVENÇÃO PERCUTÂNEA

Adriano Dourado

Hospital SANTA IZABEL
SantaCasaBA

Coarctação da Aorta

Coarctação da Aorta



JASN,18 anos; 1,80 m/63 kg

- DM I, evoluindo com HAS.
- Ecocardiograma SD -> Coarctação da Aorta
- Angio TC

ACC/AHA 2008 Guidelines for the Management of Adults With Congenital Heart Disease: Executive Summary

A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Writing Committee to Develop Guidelines for the Management of Adults With Congenital Heart Disease)

Canadian Cardiovascular Society 2009 Consensus Conference on the management of adults with congenital heart disease: Executive summary

ESC Guidelines for the management of grown-up congenital heart disease (new version 2010)

- **Em coarctação nativa, com anatomia favorável, a angioplastia com ou sem stent é o tratamento de escolha para pacientes adultos.**

JACC Vol. 58, No. 25, 2011
December 13/20, 2011:2664–74

Comparison of Surgical, Stent, and Balloon Angioplasty Treatment of Native Coarctation of the Aorta

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	Cirurgia (72 pts)	Balão (61 pts)	Stent (217 pts)	p
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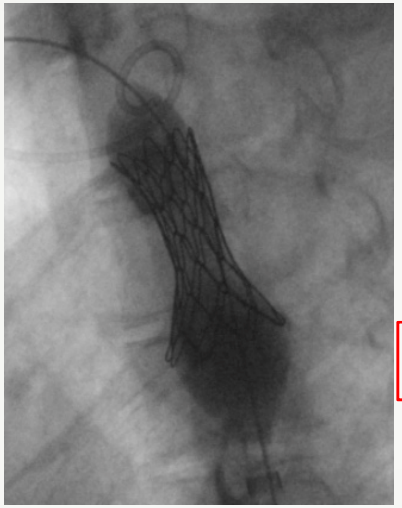
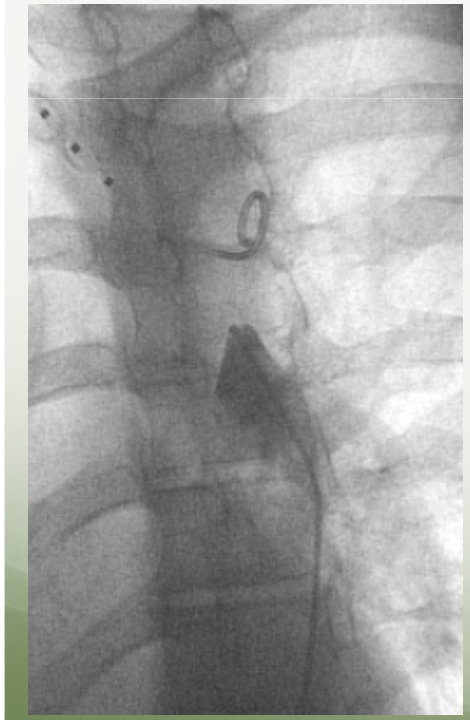
Complicações	18,1%	9,8%	2,3%	<0,001
Internamento (dias)	6,4	3,6	2,4	<0,001

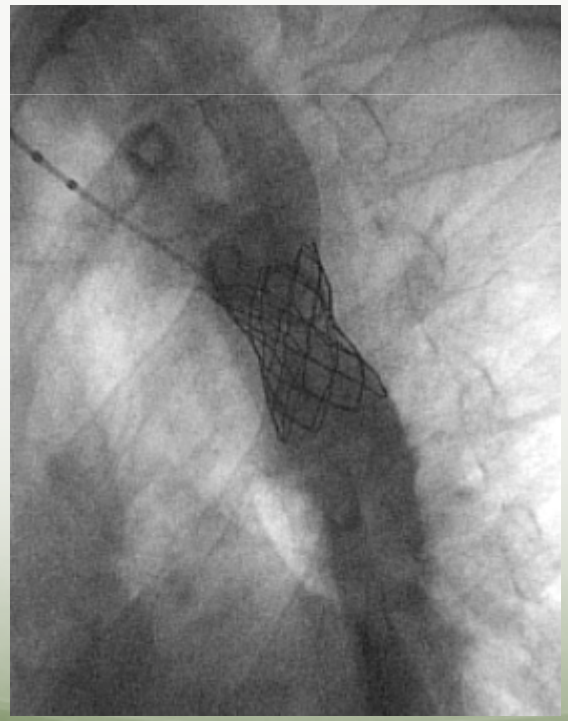
- Seguimento médio > 18 meses
  - "balão" piores resultados hemodinâmicos e angiográficos
  - Stent > necessidade programada de reintervenção

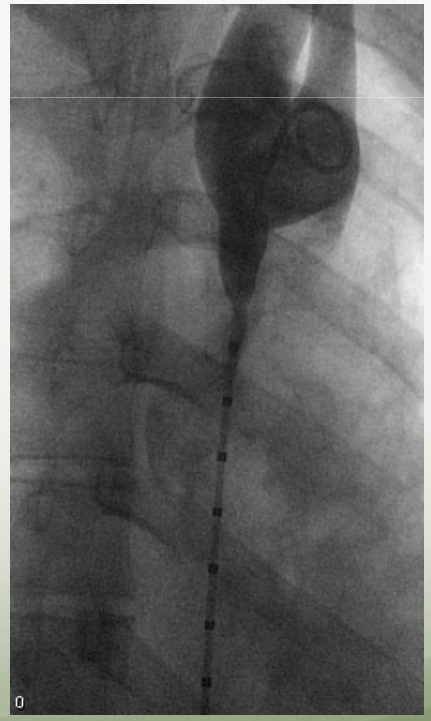


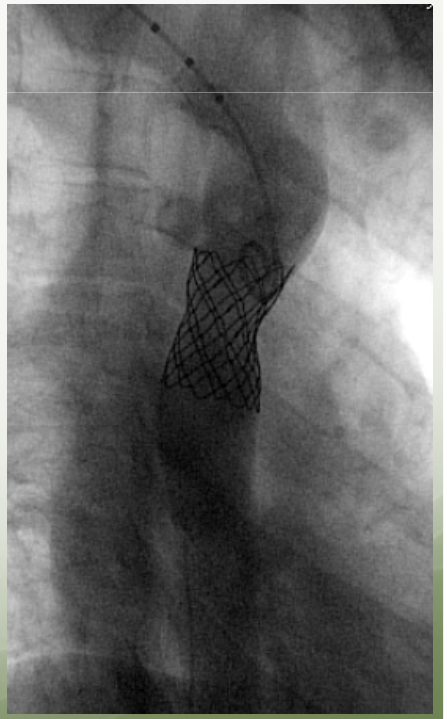
Stent para Coarctação

Stent Forrado montado em balão 22 cm









Stents Forrados

CP Stent

Advanta V12

- Stent forrado é seguro, com resultados semelhantes ao não forrado, entretanto não há evidência de redução de aneurisma
- > perfil
- Indicação aceita:
  - pctes de alto risco para formação de aneurisma: >40 anos; Sínd. Turner; lesões quase atrésicas ou interrupção do arco

Aphrodite Tzifa, MRCPCH,* Peter Ewert, MD,† Grazyna Brzezinska-Rajszys, MD,‡ Bjoern Peters, MD,‡ Maria Zubrzycka, MD,‡ Eric Rosenthal, MRCP,* Felix Berger, MD,† Shakeel A. Qureshi, FRCP*

London, United Kingdom; Berlin, Germany; and Warsaw, Poland

J Am Coll Cardiol 2006;47:1457-63

OBJECTIVES This study sought to evaluate the use of covered Cheatham-platinum (CP) stents in the treatment of aortic coarctation (CoA).

BACKGROUND Aortic aneurysms and stent fractures have been encountered after surgical and transcatheter treatment for CoA. Covered stents have previously been used in the treatment of abdominal and thoracic aneurysms in adults. We implanted covered CP stents as a rescue treatment in patients with CoA aneurysms or previous stent-related complications and in patients at risk of developing complications because of complex CoA anatomy or advanced age.

JACC: CARDIOVASCULAR INTERVENTIONS
VOL. 9, NO. 5, 2016

ISSN 1936-8798/$36.00
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http://dx.doi.org/10.1016/j.jcin.2015.11.038

Immediate Outcomes of Covered Stent Placement for Treatment or Prevention of Aortic Wall Injury Associated With Coarctation of the Aorta (COAST II)

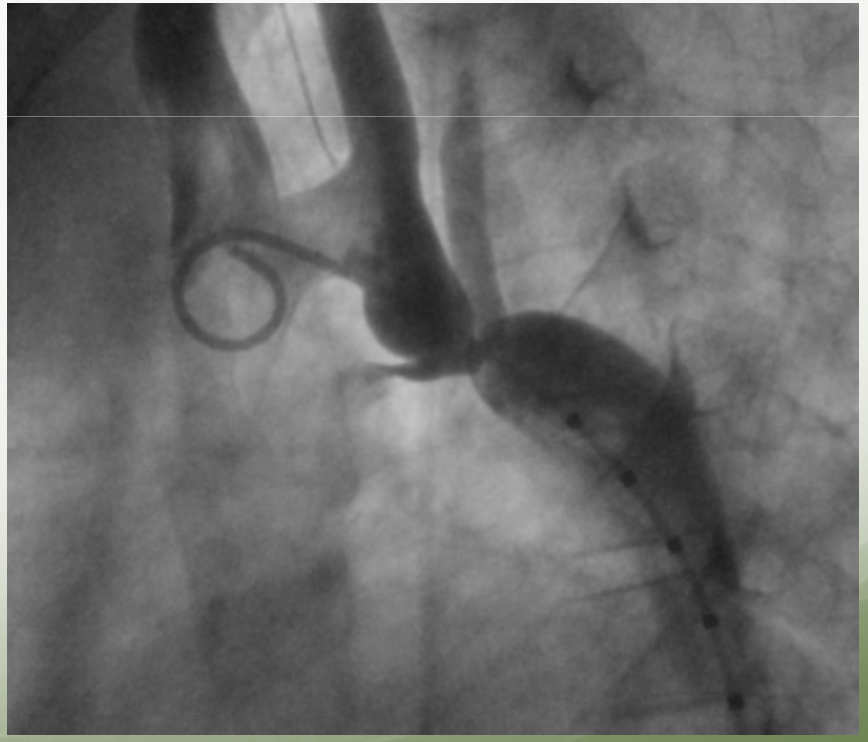
158 pts com CAo alto risco

Coarctação Proximal + PCA (envolvendo ASE)

DSS, 12 anos (30kg / 1,47m)

- Dispnéia e palpitações em repouso
- Flutter/FA intermitente
- ECO:
  - IM grave c/ rotura cordoalha
  - CoAo grave envolvendo origem da ASE
  - Aumento AE ; contratilidade preservada ambos ventrículos
  - PSAP 83 mmHg
  - PCA

Coarctação Proximal + PCA (envolvendo ASE)



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VOL. 8, NO. 10, 2015

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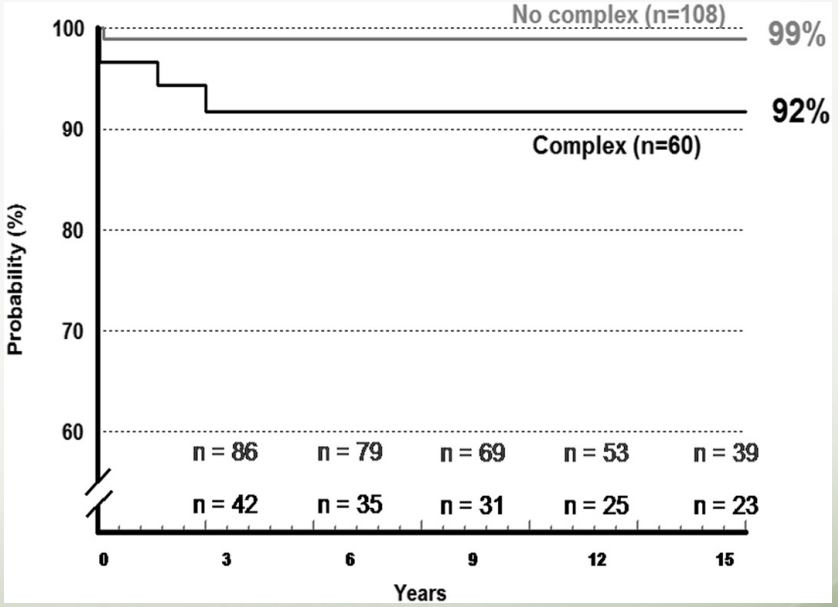
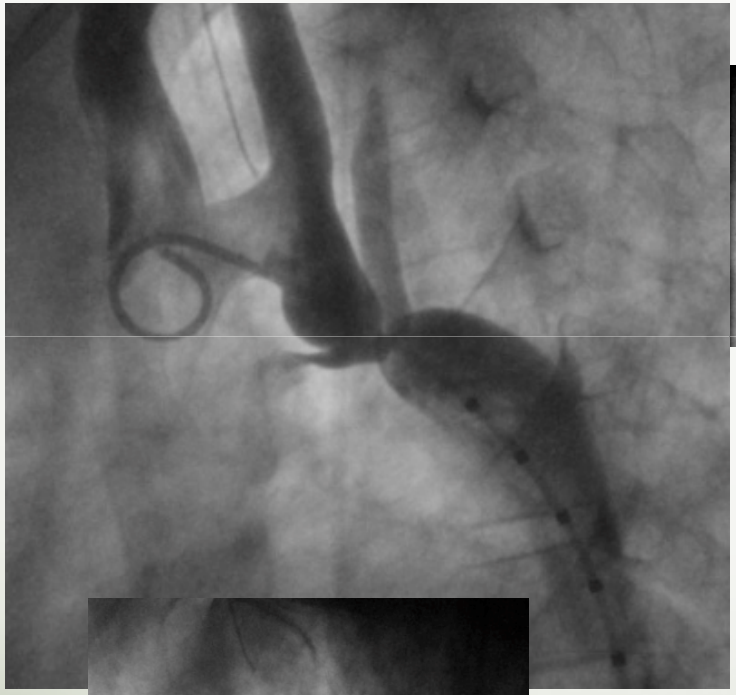
http://dx.doi.org/10.1016/j.jcin.2015.05.018

Stent Repair for Complex Coarctation of Aorta

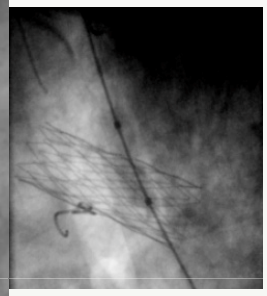
- 60 pacientes com seguimento médio 10 anos
- Casos complexos:
  - interrupção arco aórtico;
  - lesões longas;
  - envolvimento de ramos;
  - aneurismas;

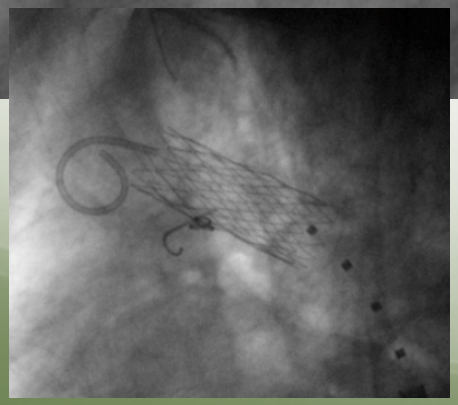


Coarctação + PCA

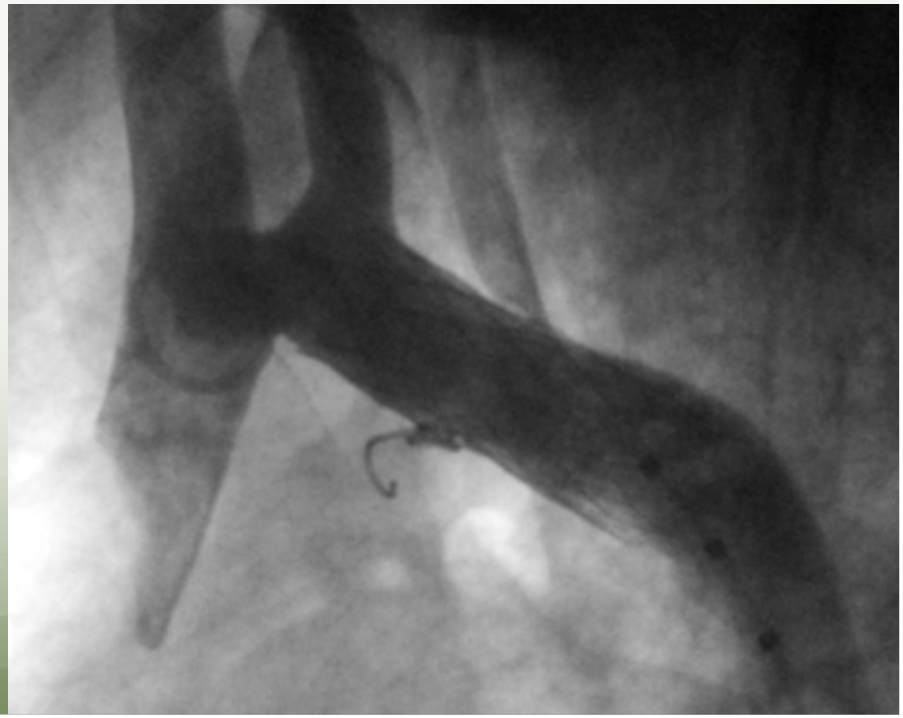


Balão AS E





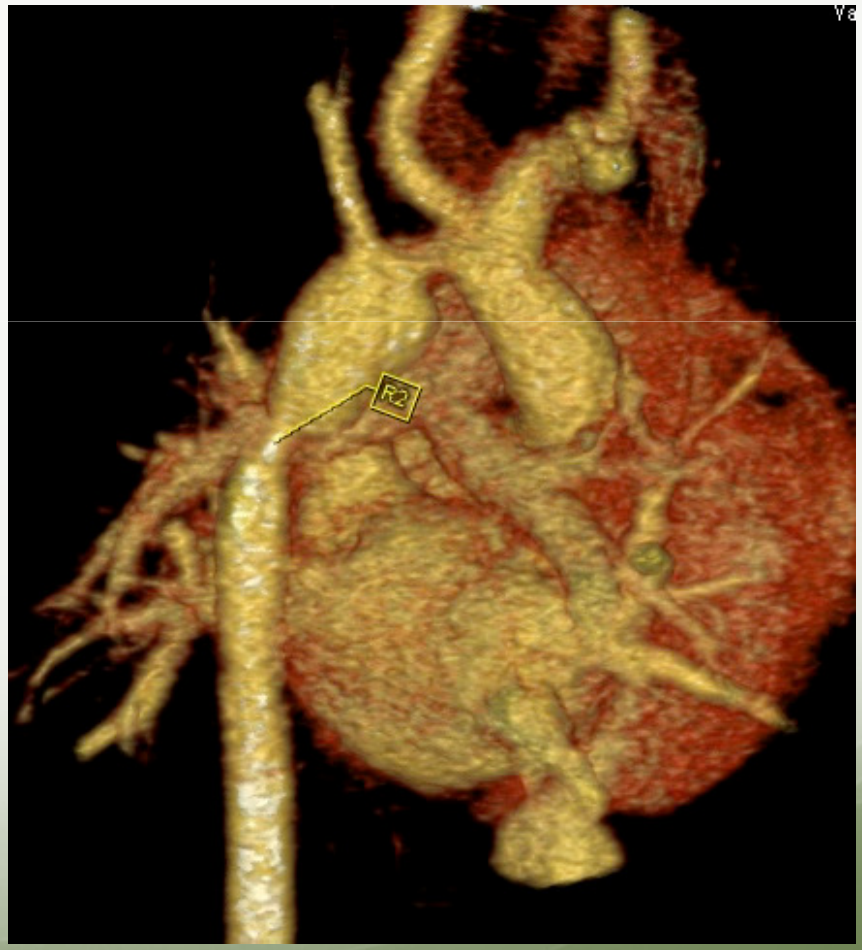
Plastia Mitral mesmo internamento.
Evoluindo bem



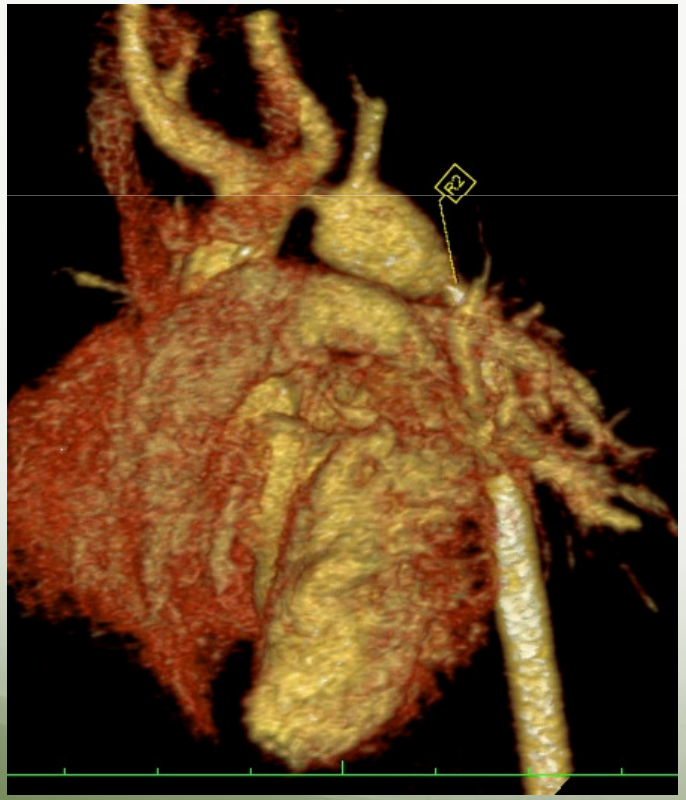
Recoarctação

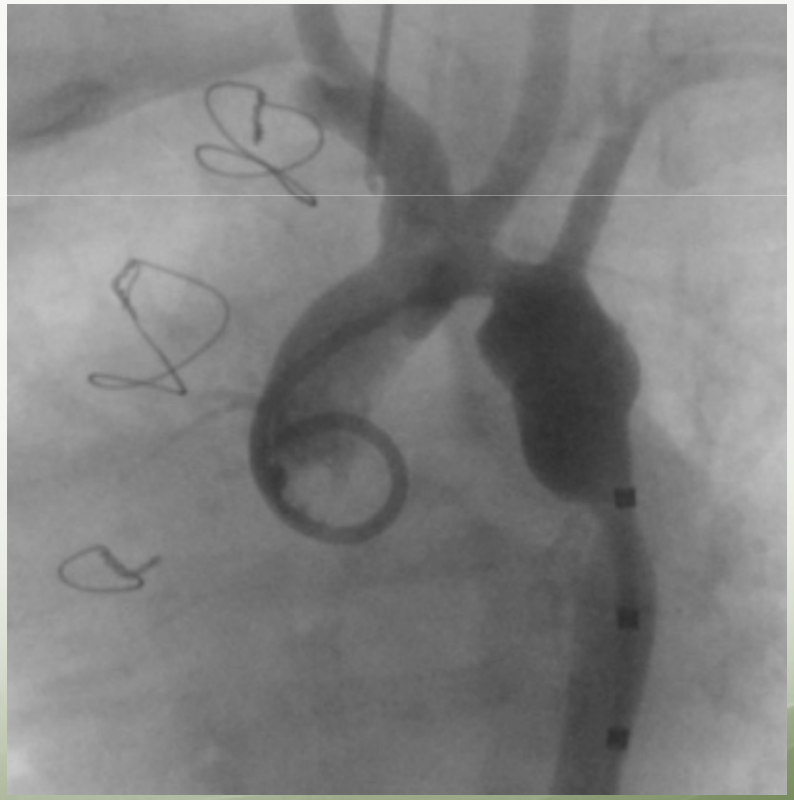
CMS, fem., 11 meses. 9kg

- Coarctação da Aorta + CIV submetida a correção cirúrgica no 1^{0} mês vida (ICC)
- ECO sugere recoarctação em bordos cirúrgicos => Angio TC



Recoarctação





European Heart Journal (2010) 31, 2915–2957
doi:10.1093/eurheartj/ehq249

ESC Guidelines for the management of grown-up congenital heart disease (new version 2010)

RECOARCTAÇÃO

- Angioplastia com ou sem stent é o tratamento preferencial;
- Nova cirurgia apresenta risco elevado, principalmente acima de 30 anos;

AHA Scientific Statement

Indications for Cardiac Catheterization and Intervention in Pediatric Cardiac Disease

A Scientific Statement From the American Heart Association

Endorsed by the American Academy of Pediatrics and Society for Cardiovascular Angiography and Intervention

Circulation. 2011;123:2607-2652.

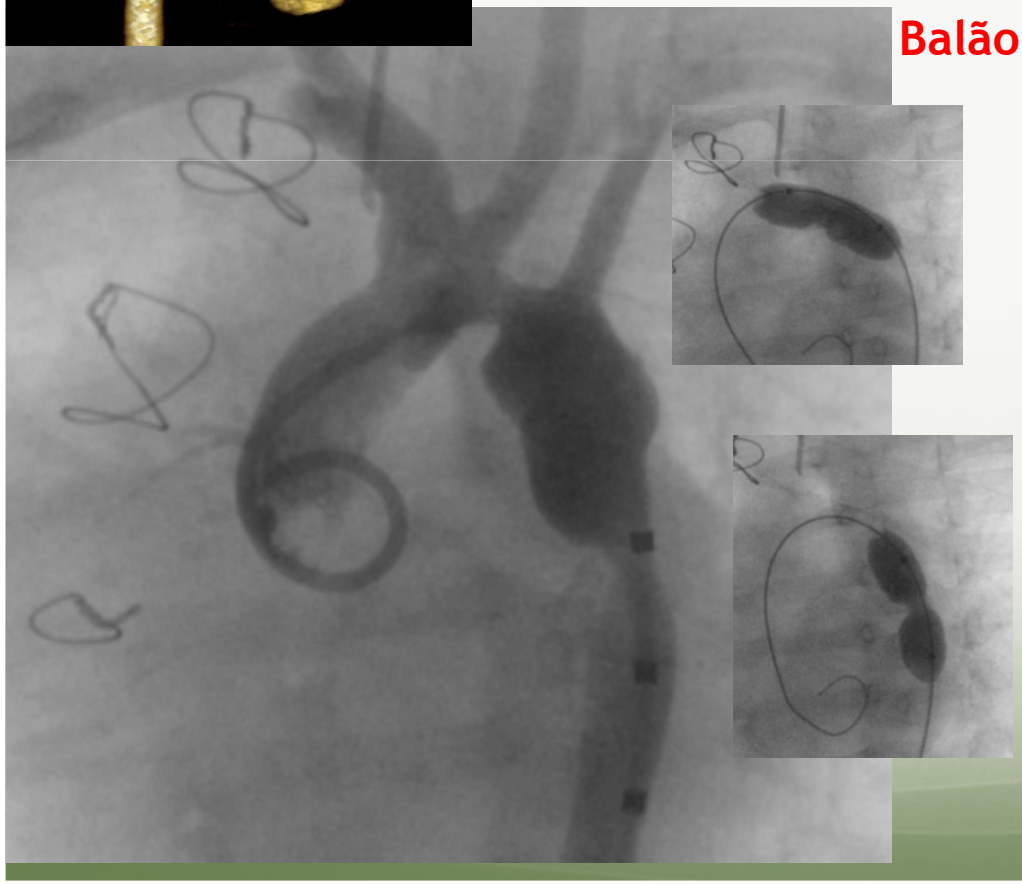
- **Recommendations for Transcatheter Balloon Angioplasty of Coarctation/Recoarctation of the Aorta**

CLASSE I C

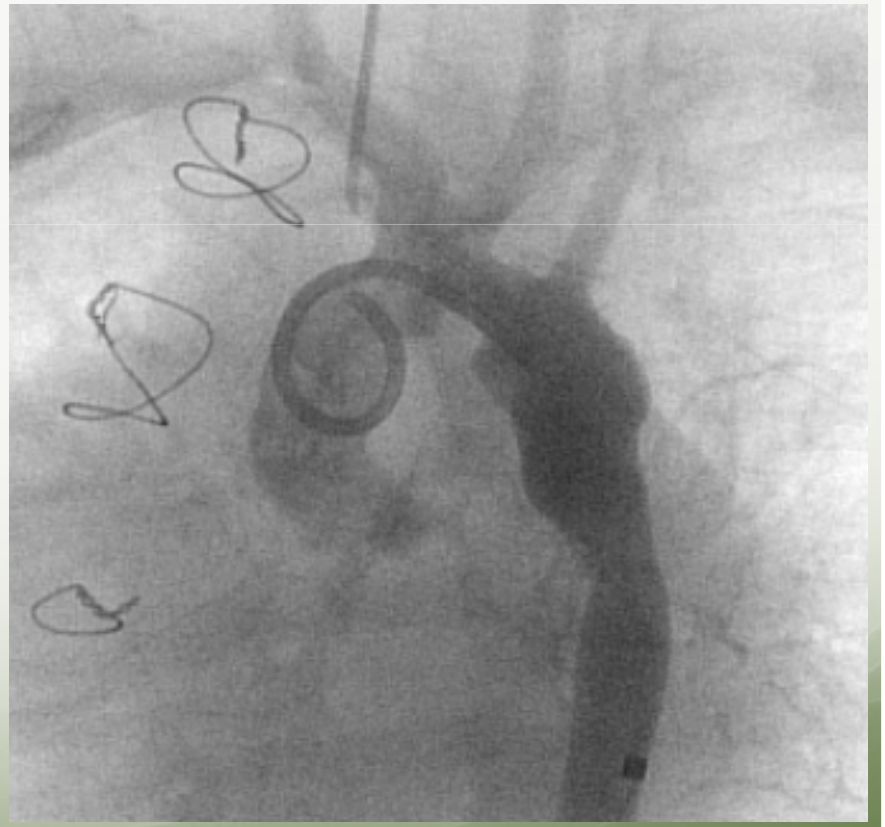
- **Recommendations for Stent Placement in Native Coarctation and Recoarctation of the Aorta**

CLASSE I B

Recoarctação



Balão



Coarctação– RN / Lactente

LGPS, 23 dias, 2º DPO cir. CoAo e oclusão PCA

- Instabilidade hemodinâmica
- ECO TT mostra Re-CoAo grave

Congenital Heart Disease

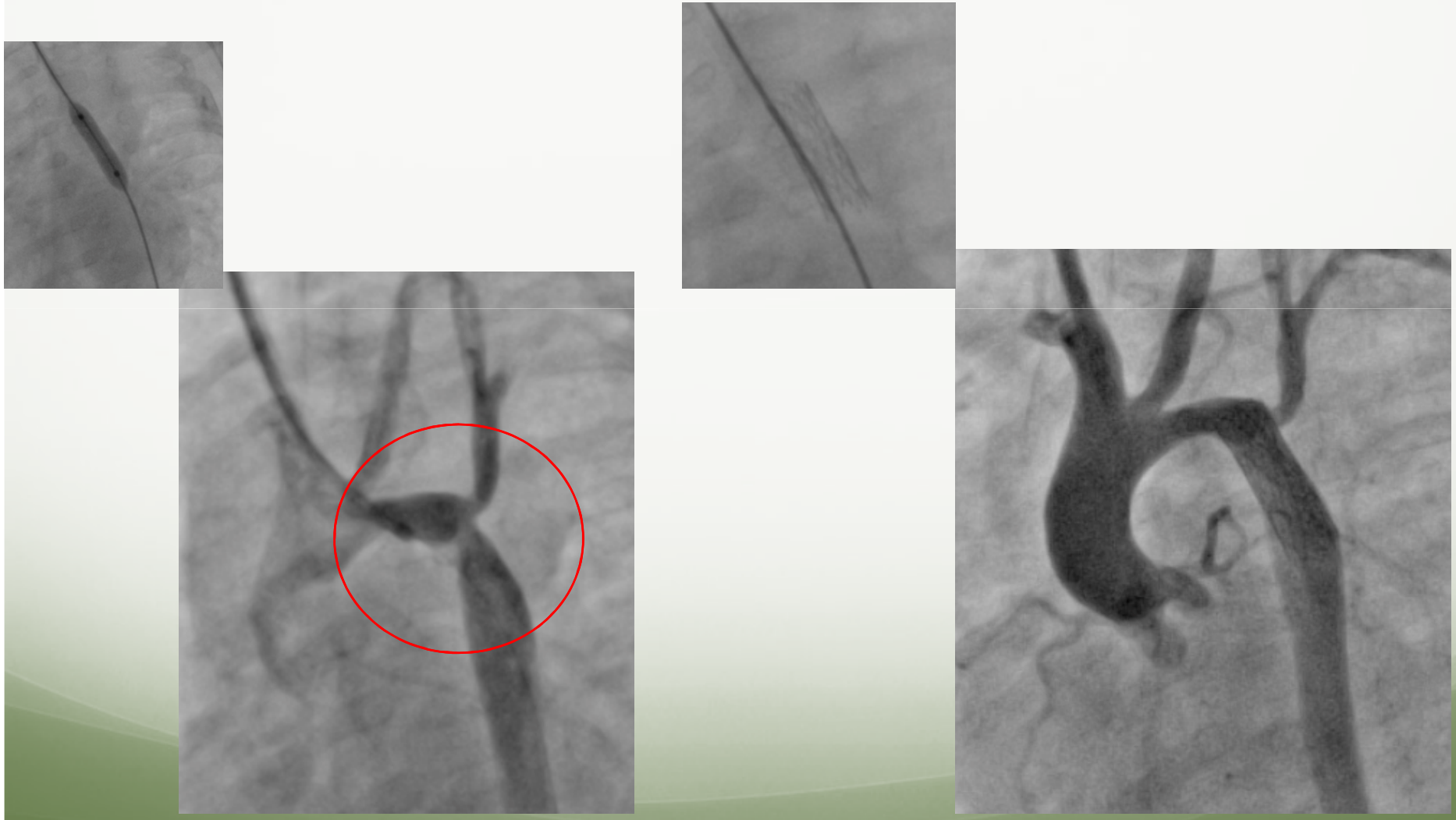
Percutaneous Common Carotid Artery Access for Pediatric Interventional Cardiac Catheterization

Henri Justino, MD; Christopher J. Petit, MD

- 42 pctes: mediana da idade 20 dias (0 a 2,9 anos) e do peso 3,2 kg
- 45 punções de artéria carótida (47 tentativas)
- 44 procedimentos realizados com sucesso
- Complicações:
  - 03 tromboses de artéria carótida revertidas
  - 01 pseudoaneurisma tratado cirurgicamente
- **Nenhuma sequela neurológica !**

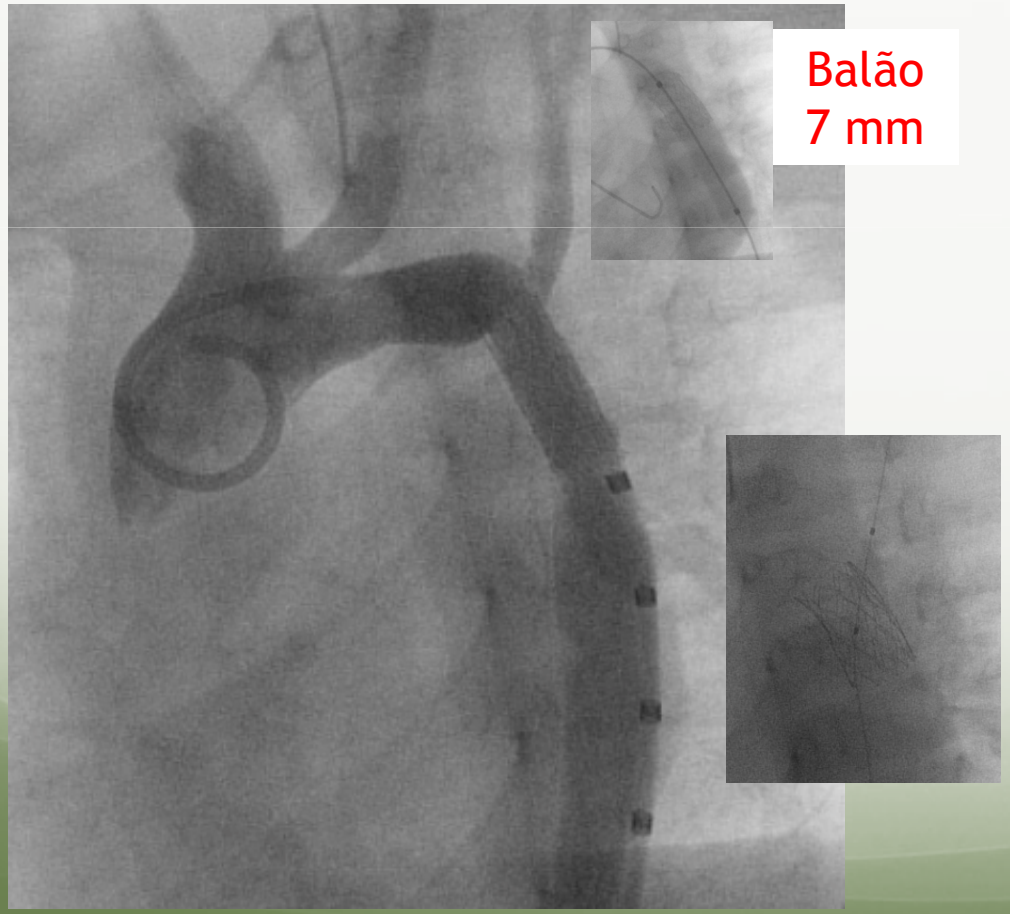
Circ Cardiovasc Interv. 2016;9:e003003.

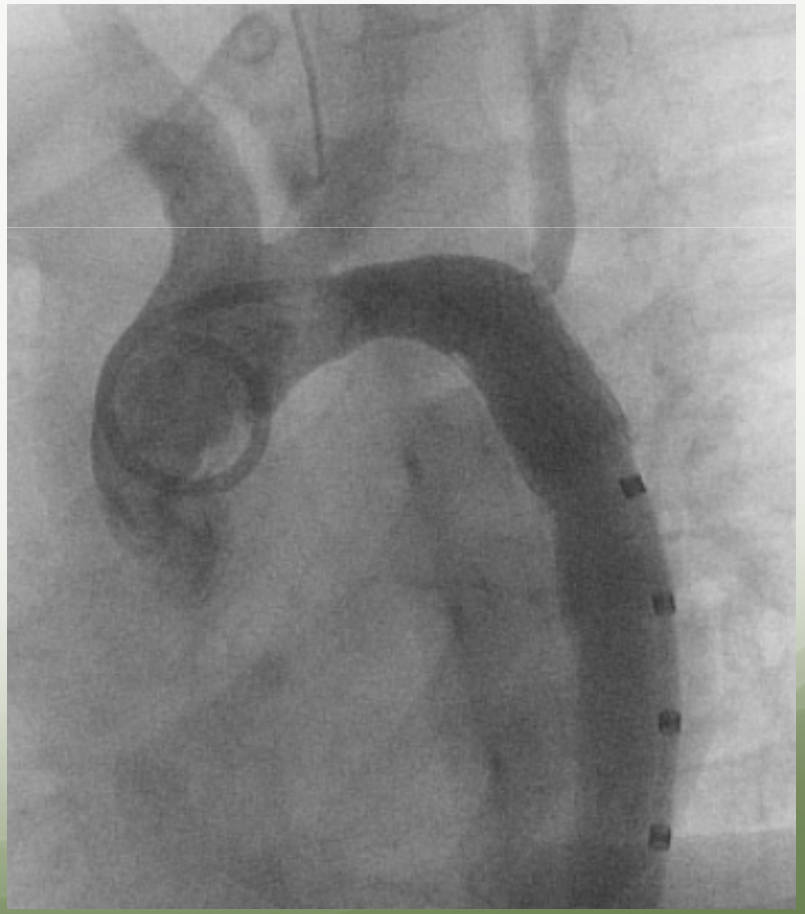
Coarctação Nativa – RN / Lactente



Coarctação– RN / Lactente

4 anos com nova recoarctação





Aneurisma pós correção

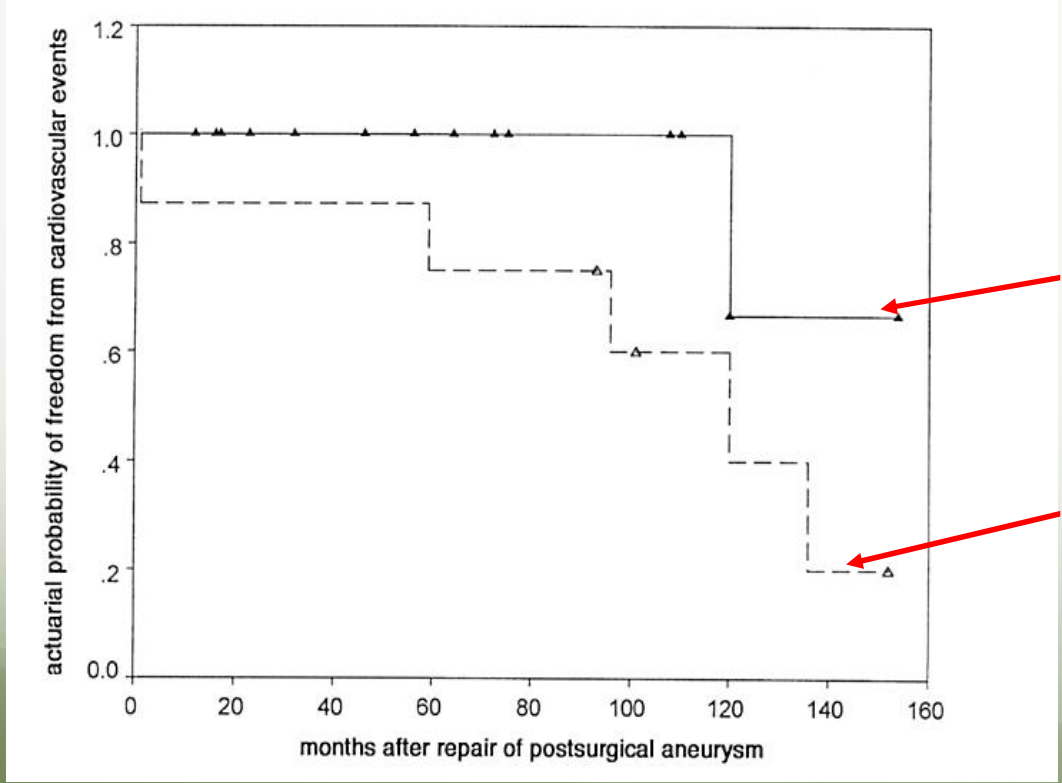
Cirurgia x Intervenção Percutânea

Predictors of Aneurysmal Formation After Surgical Correction of Aortic Coarctation

Yskert von Kodolitsch, MD,* Muhammet A. Aydin, MD,* Dietmar H. Koschyk, MD,* Roger Loose, MD,§ Ilka Schalwat, MD,* Matthias Karck, MD,‡ Jochen Cremer, MD,§ Axel Haverich, MD,‡ Jürgen Berger, PHD,† Thomas Meinertz, MD,* Christoph A. Nienaber, MD, FACC*

Hamburg, Hannover and Kiel, Germany

Meta-análise => 9% de aneurismas



Local do Aneurisma

coarctação

Aneu. tipo A

Kodolitsch, Y, et al. JACC;39(4):2002

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j y				‡
Dissection/intimal tear	0.0%	7.1%	0.0%	0.062
Aneurysm	11.5%	14.3%	3.1%	0.040‡
Coarct:Dao ratio, mean	0.91	0.73	0.82	0.003‡
Coarct:Dao ≥0.6	87.0%	79.0%	90.0%	0.247
Any reobstruction	19.2%	32.1%	15.4%	0.057
Mild†	7.7%	17.9%	11.3%	
Moderate	7.7%	3.6%	4.1%	
Severe	3.9%	10.7%	0%	

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