PLACE 2026
PLATFORM OF LABORATORIES FOR ADVANCES IN CARDIAC EXPERIENCE

CONGRESSO
ROMA, 25 - 27 Giugno 2026

Lesioni Calcifiche

LIVE CLINICAL CASE 1

C.F.

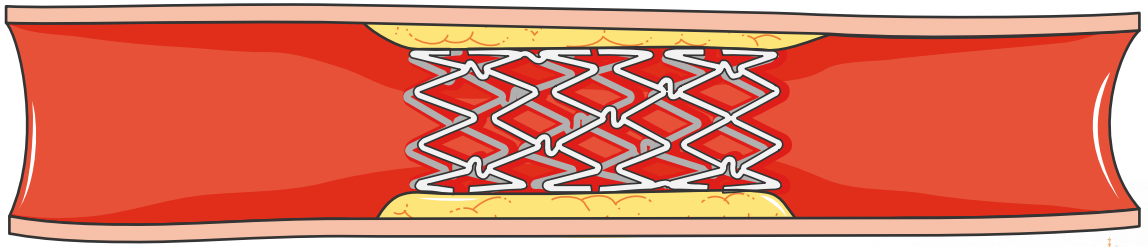
M, 75 anni

APR

- SCC
  - NSTEMI (2010) con pregresso stenting di ADA
- PAD
  - AAA con pregresso posizionamento di endoprotesi
- Ipertensione arteriosa sistemica essenziale
- Dislipidemia

APP

- Sintomatico per angina



CCTA

Circolo a **dominanza destra**

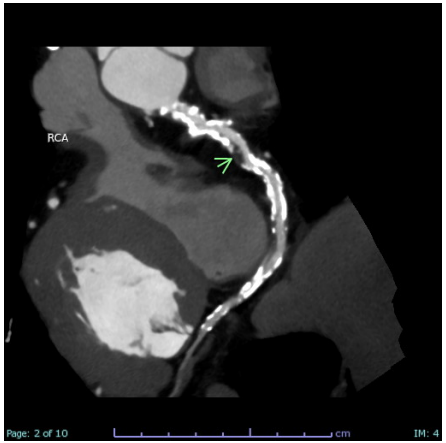
TC: molto breve, pervio

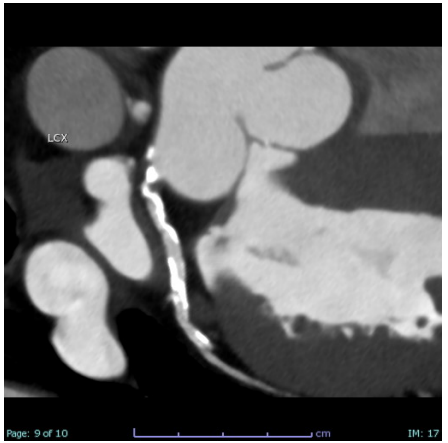
ADA: patologia lipidica lieve-moderata ostiale (circa 55-60%) e patologia **fibrocalcifica moderata** al passaggio medio-prossimale, nel tratto medio e nel tratto distale; **pervio lo stent** in prossimità dell'apice cardiaco; pervio il ramo diagonale

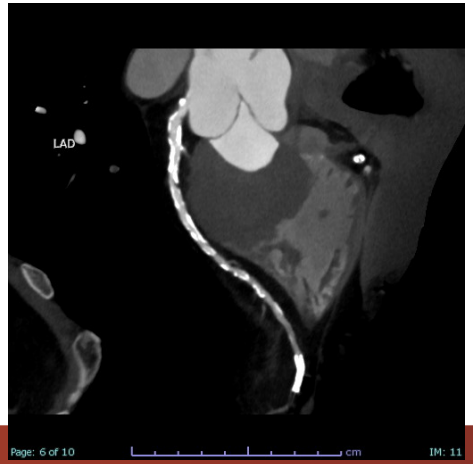
RI: occlusione cronica

CX: patologia **fibrocalcifica non significativa** nel tratto prossimale, pervia e valutabile sino al III distale

CDX: patologia fibrocalcifica lieve nel III prossimale; **patologia lipidica severa**, con ampio remodelling vasale, al tratto medio; patologia mista, con componente lipidica, di grado moderato nel III distale della coronaria di destra; pervio IVP; patologia fibrocalcifica moderata nel III prossimale di postero-laterale

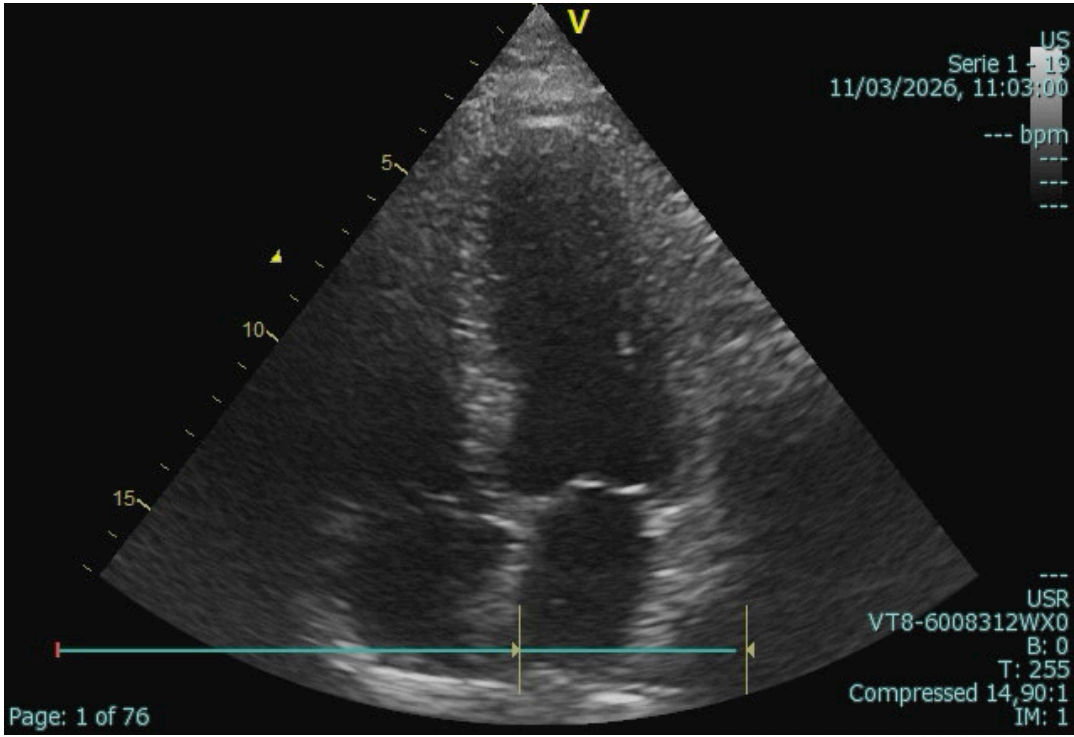




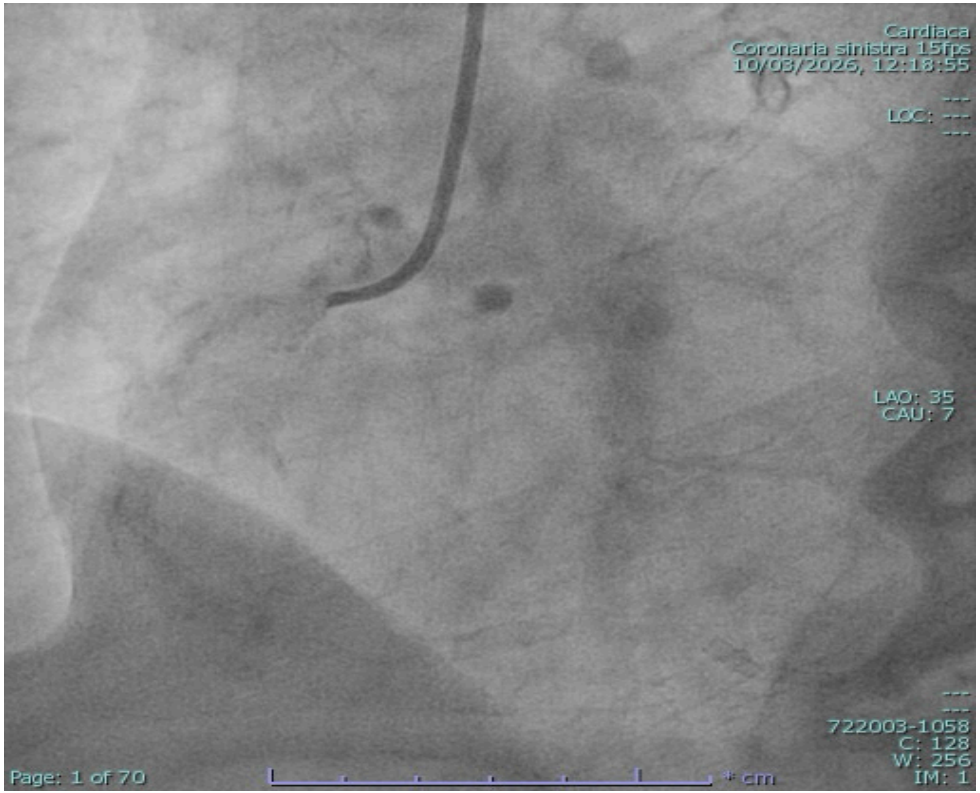


Ecocardiografia Transtoracica

- Ipertrofia ventricolare sinistra concentrica con funzione sistolica conservata e disfunzione diastolica di I grado
- Normale morfologia e funzione ventricolare destra
- Normale morfologia e funzione bi-atriale
- Ectasia della radice aortica e dell'aorta ascendente
- Assenza di malattia valvolare significativa
- VCI normale
- Assenza di versamento pericardico

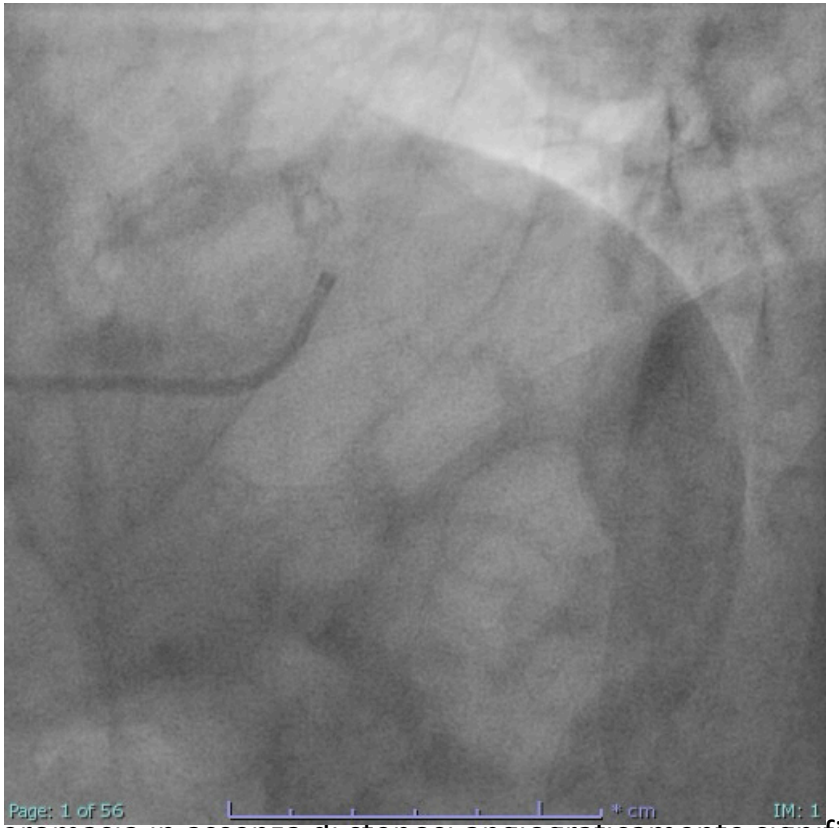


Angiografia Coronarica



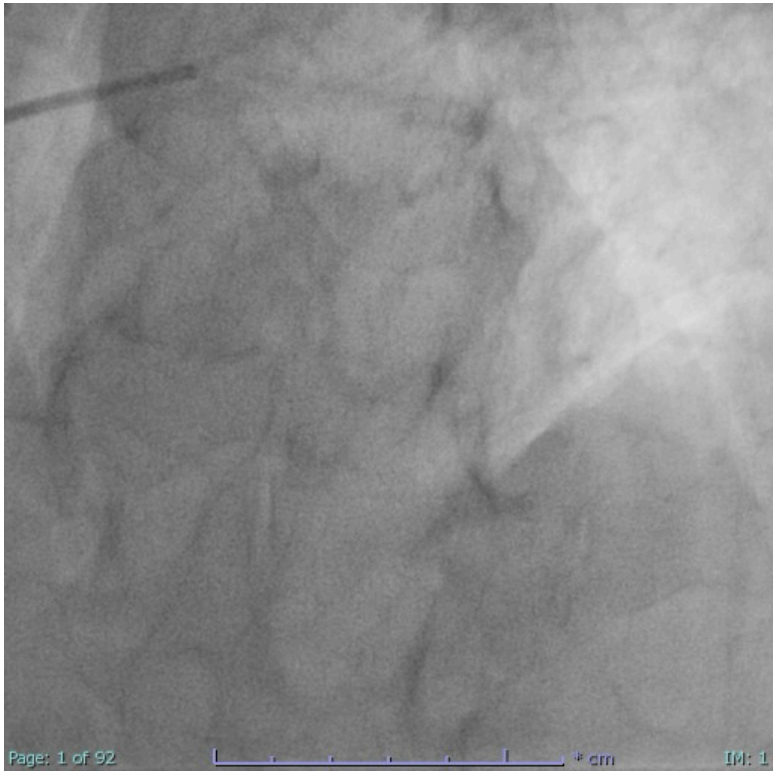
CDX: Diffusa ateromasia calcifica con stenosi intermedia (50%) al tratto medio

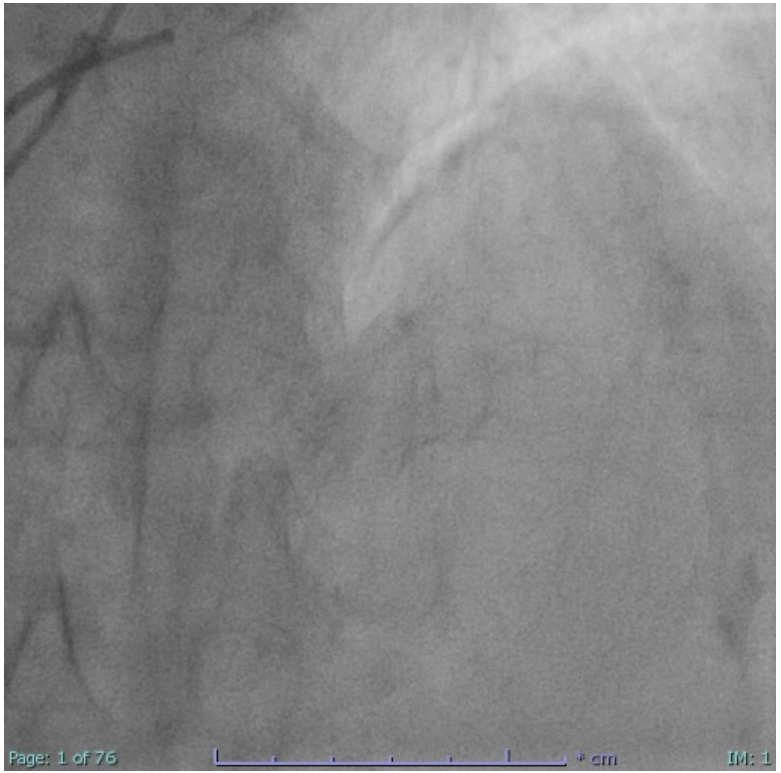
Angiografia Coronarica



TC: Ateromasia in assenza di stenosi angiograficamente significative

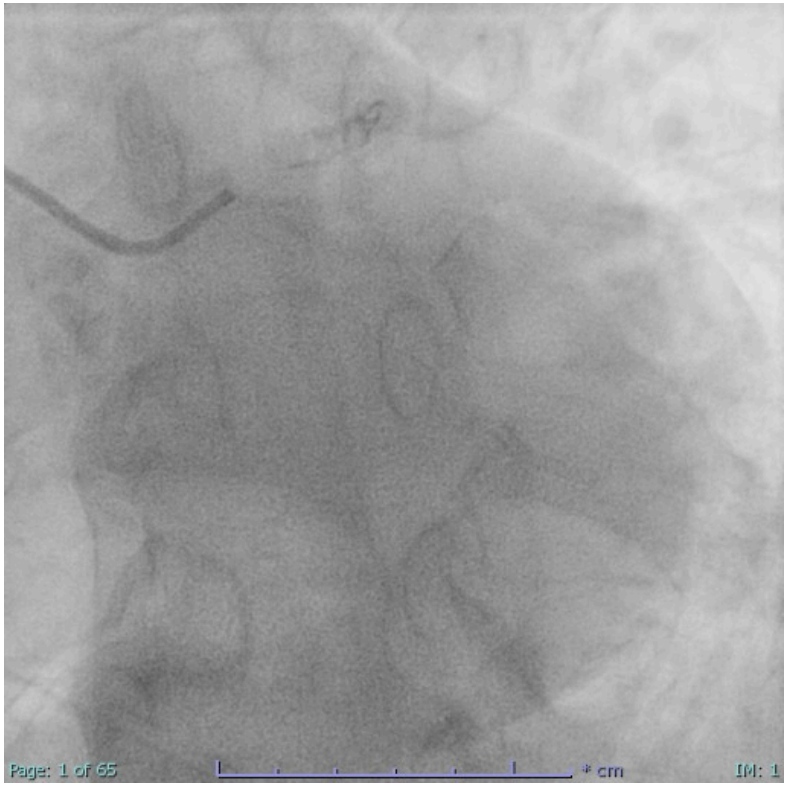
Angiografia Coronarica





ADA: Diffusa ateromasia calcifica con stenosi angiograficamente intermedia (60%) al tratto medio. Pervietà dello stent al tratto distale.

Angiografia Coronarica



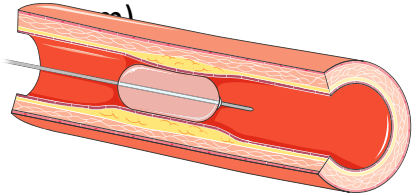
CX: Aterosclerosi con stenosi calcifiche angiograficamente significative (70%) al tratto prossimale e distale

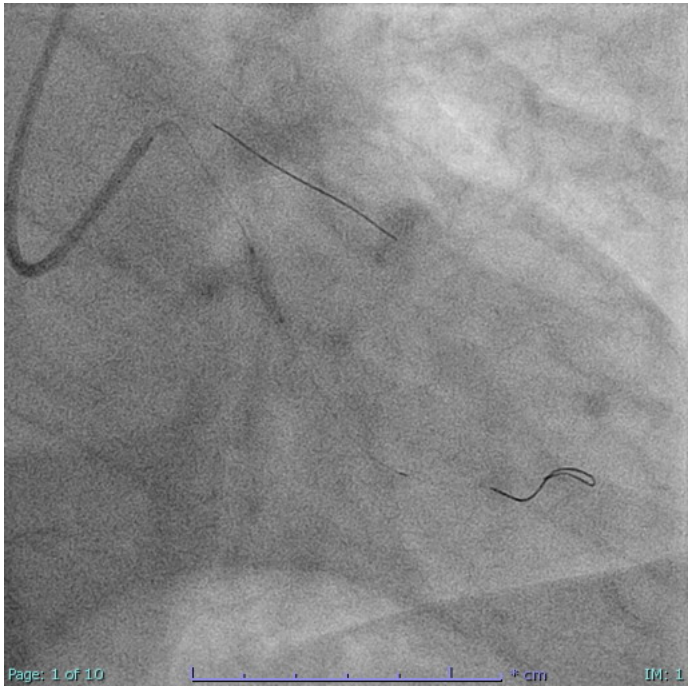
PCI

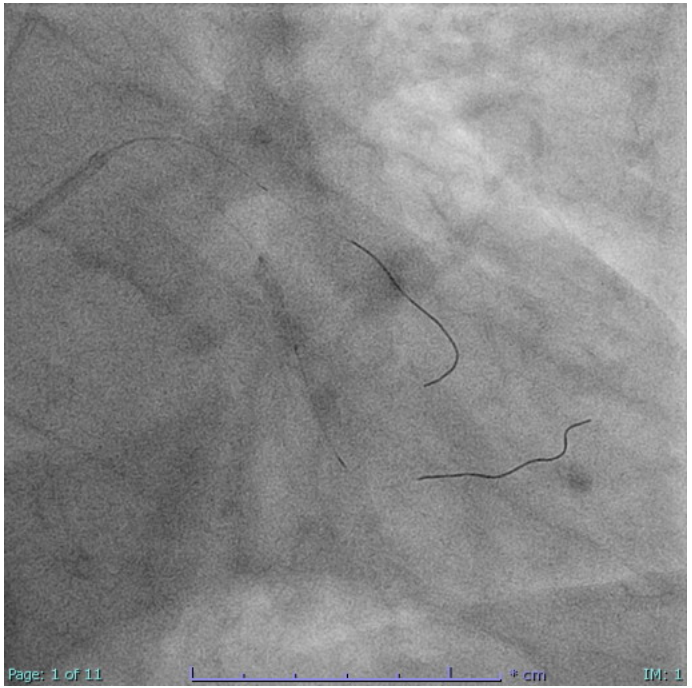
Catetere guida: EBU 4.0 (6F)

Filo guida: BMW Universal and Sion Blue ES

Preparazione della lesione: PTCA con palloni NC di calibro crescente (da 2.25 x 12 mm a 3.0 x







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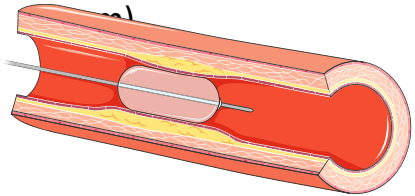
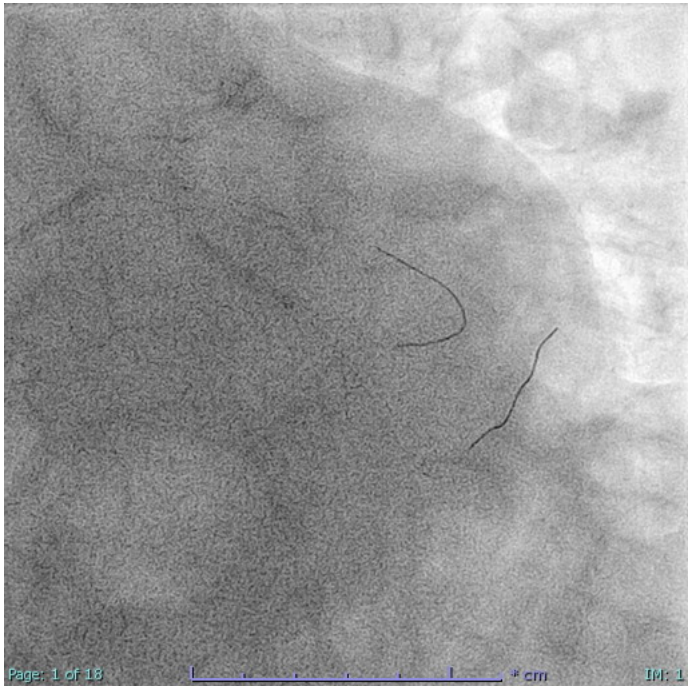
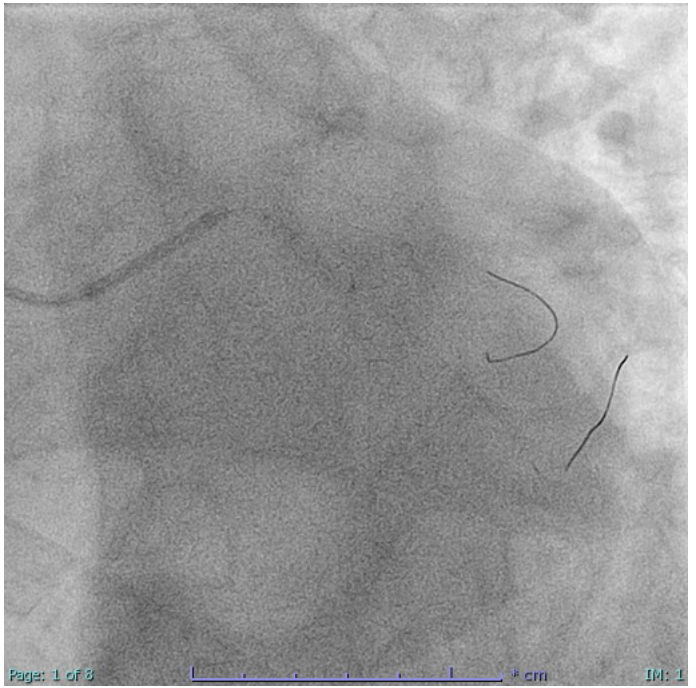
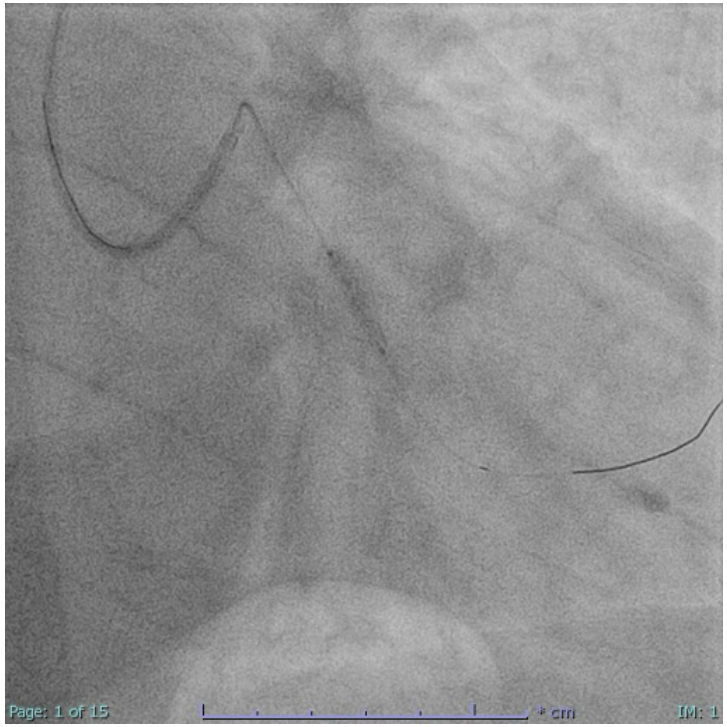


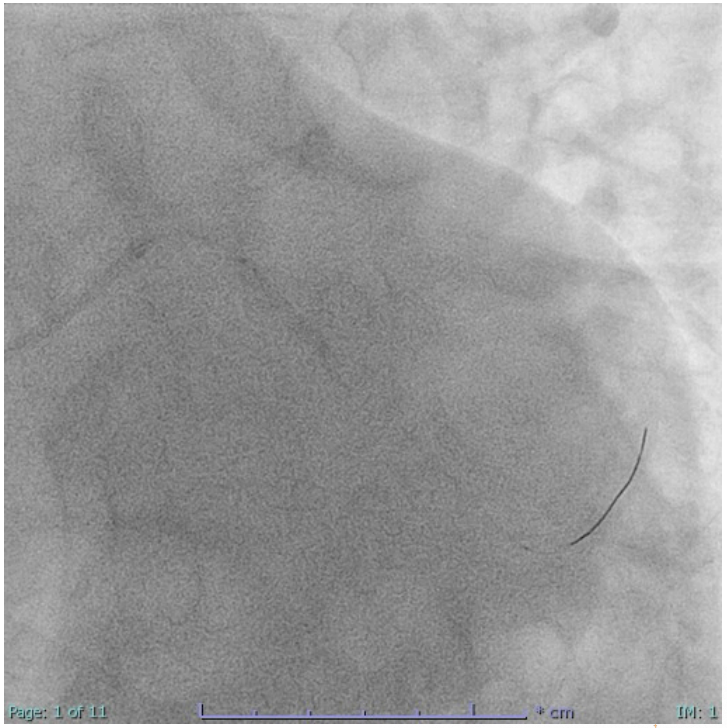




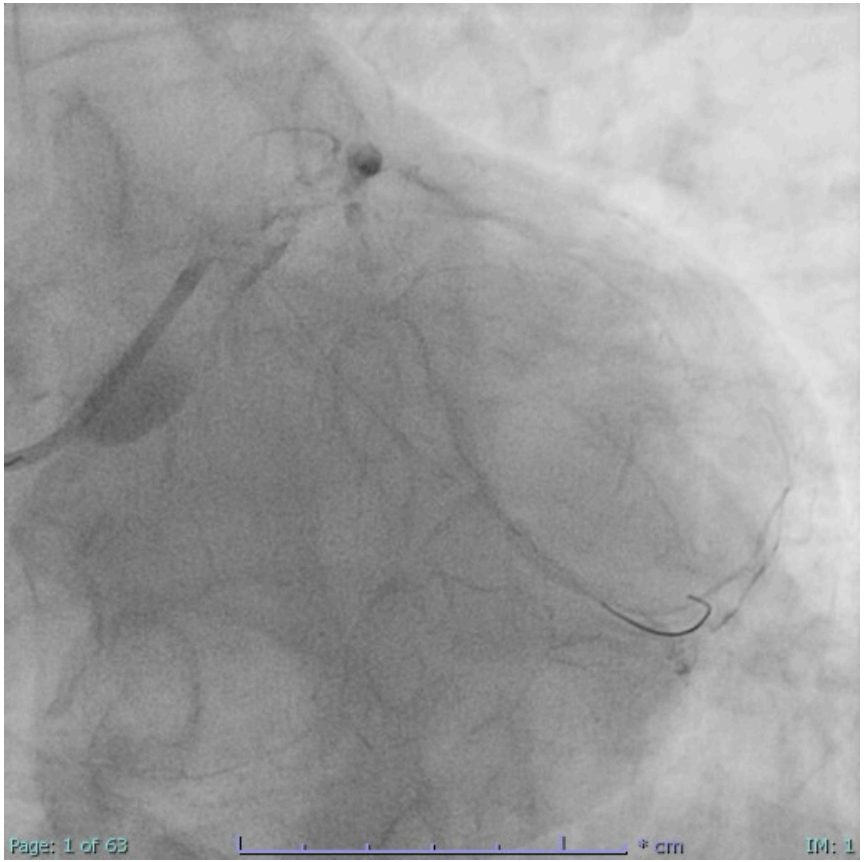
IVL

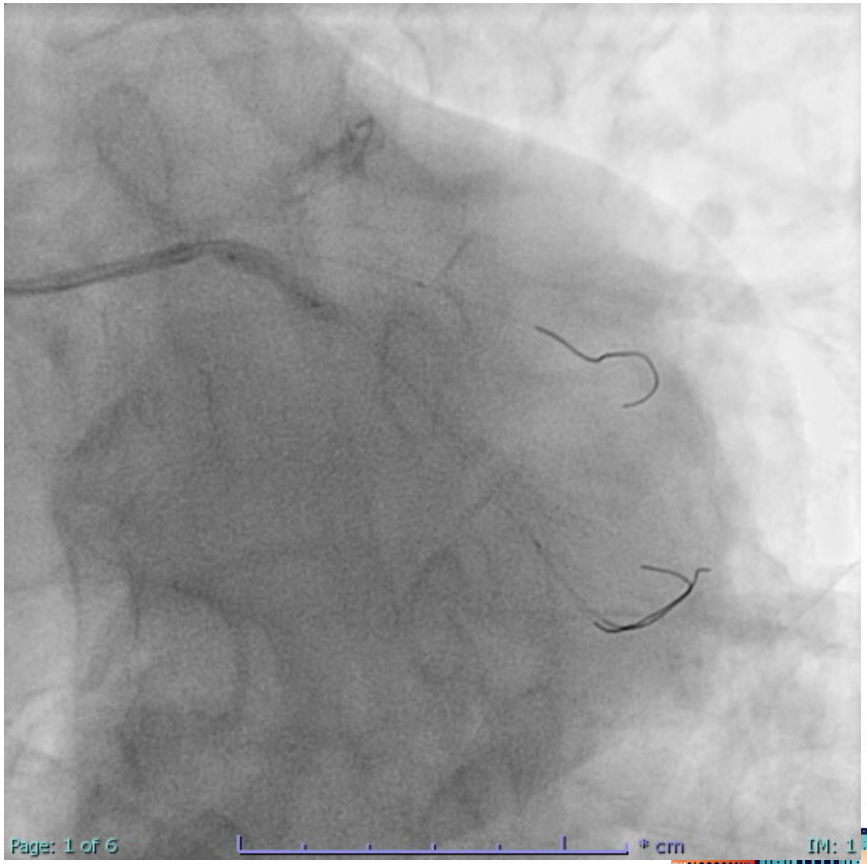
Plaque modification technique: IVL con pallone 2.75 x 15 mm seguita da dilatazione con pallone NC 3.0 x 15 mm





POST-IVL

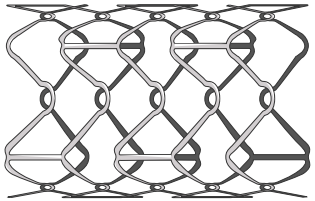


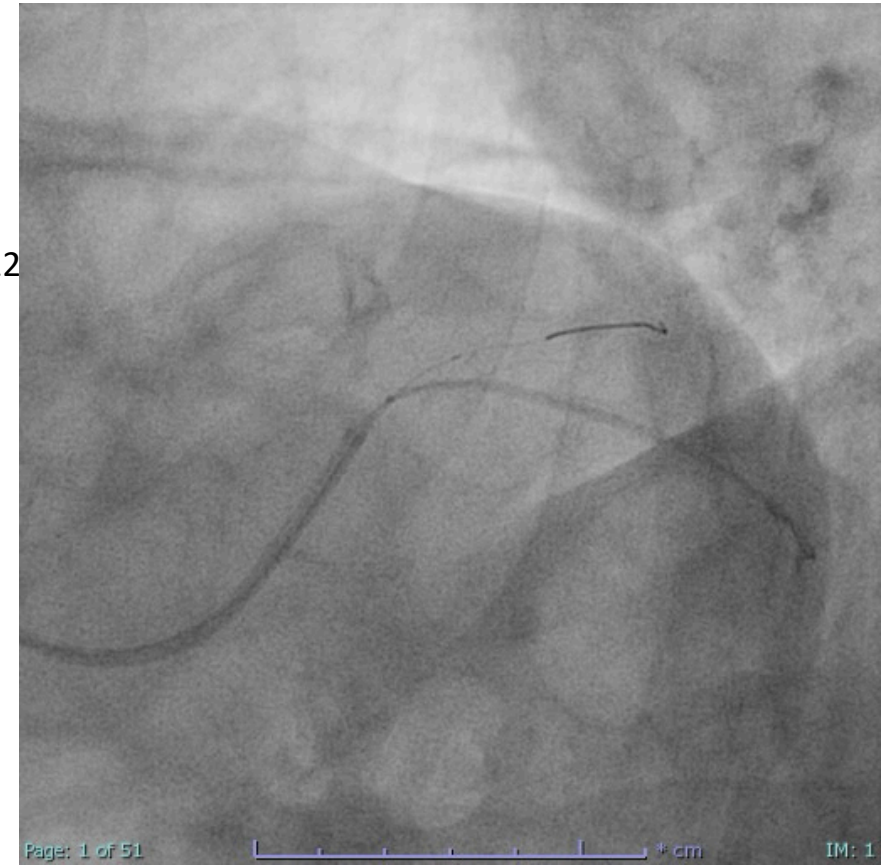


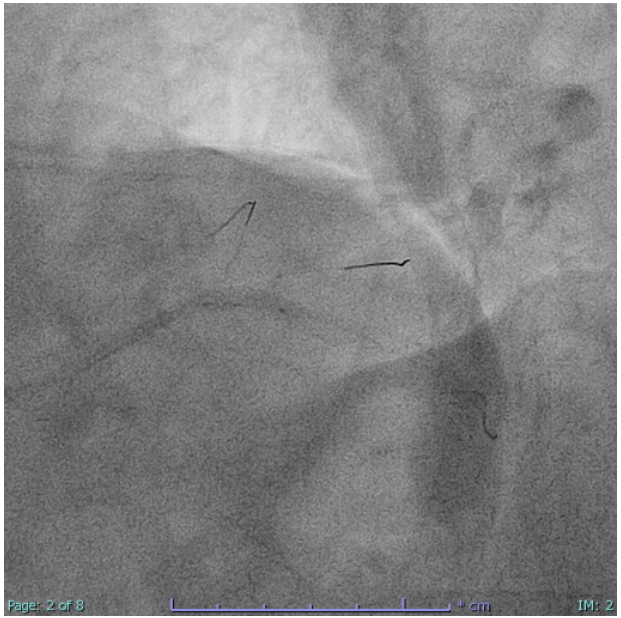
Stenting e Ottimizzazione

Stent: SYNERGY XD 2.5 x 48 mm

Ottimizzazione: pallone NC 3.0 x 15 mm e 3.5 x 12 mm



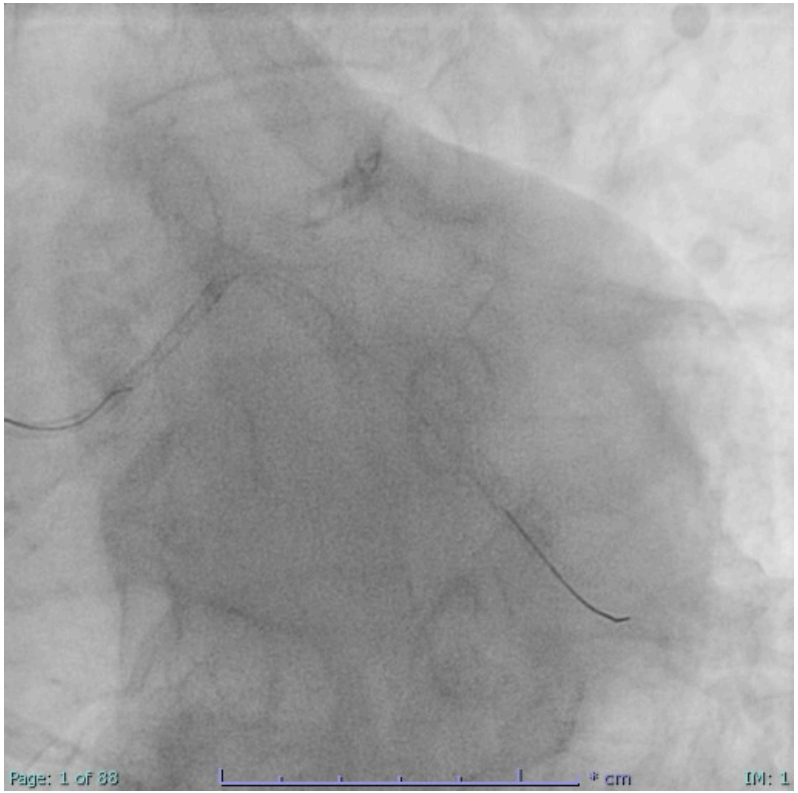


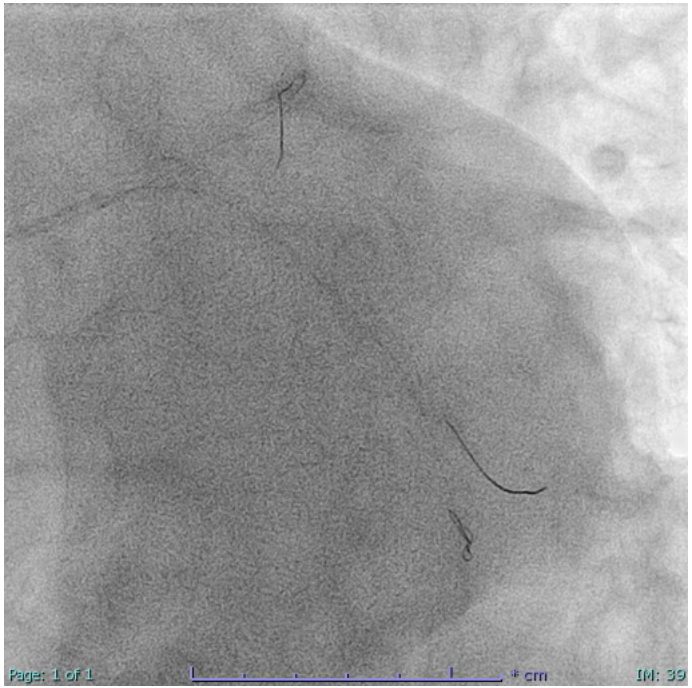


Risultato Angiografico

<u>Ramo collaterale di OM</u>:

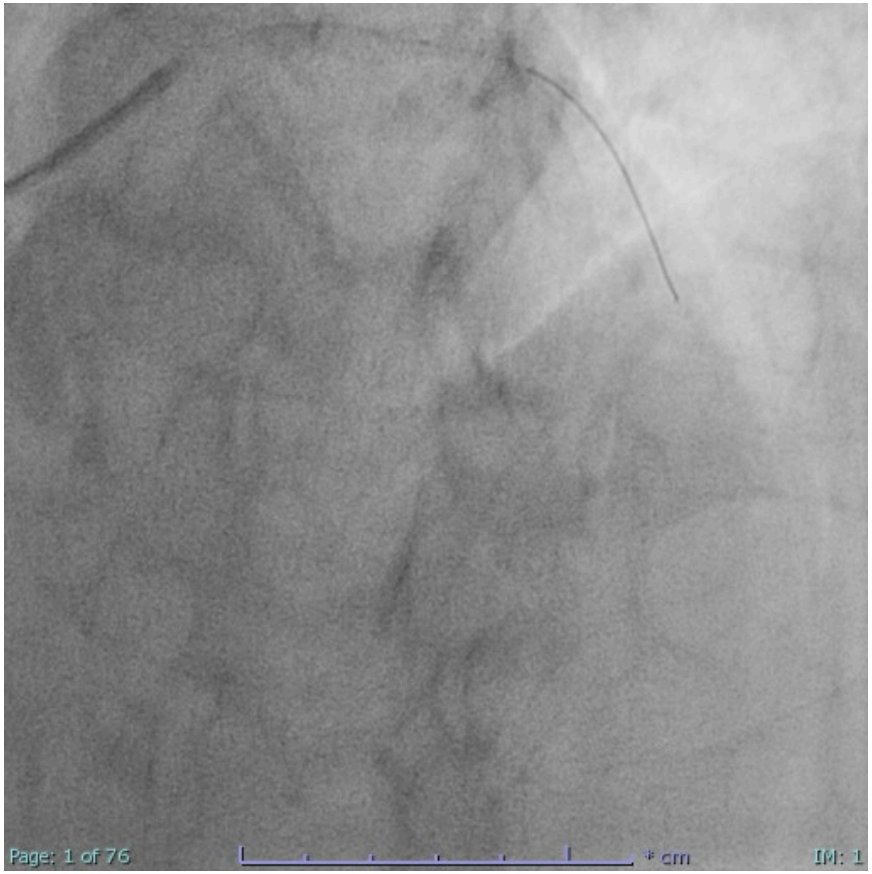
Occlusione acuta → rewiring e dilatazione con pallone Ryurei 1.5 x 10 mm

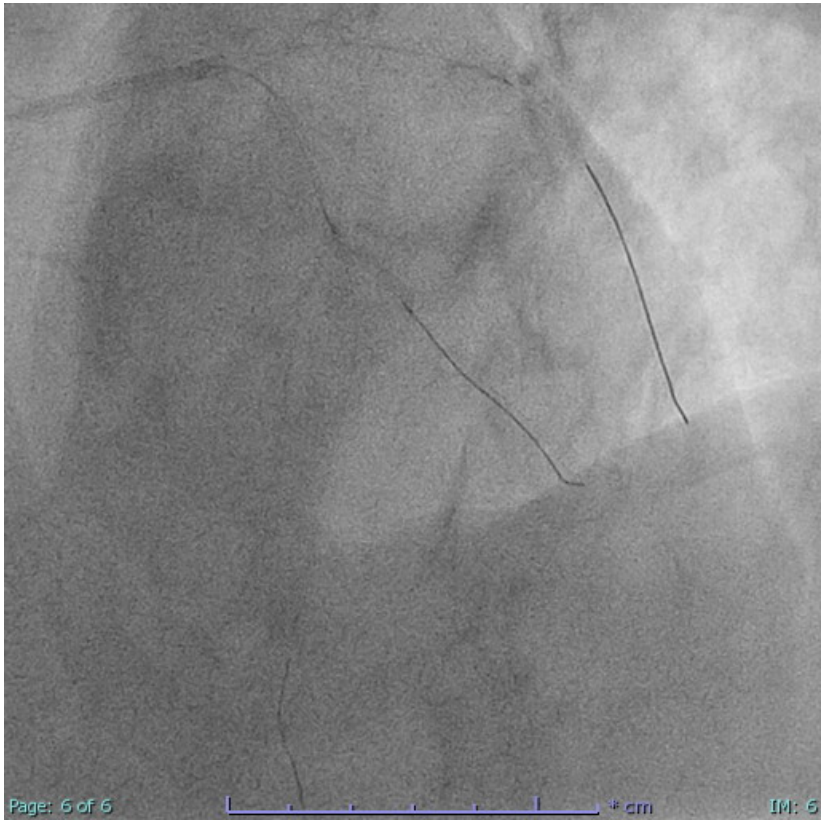




Risultato Angiografico

D1: Occlusione acuta → wiring con filo guida Pilot 50 e dilatazione con pallone SC 2.0 x 15 mm

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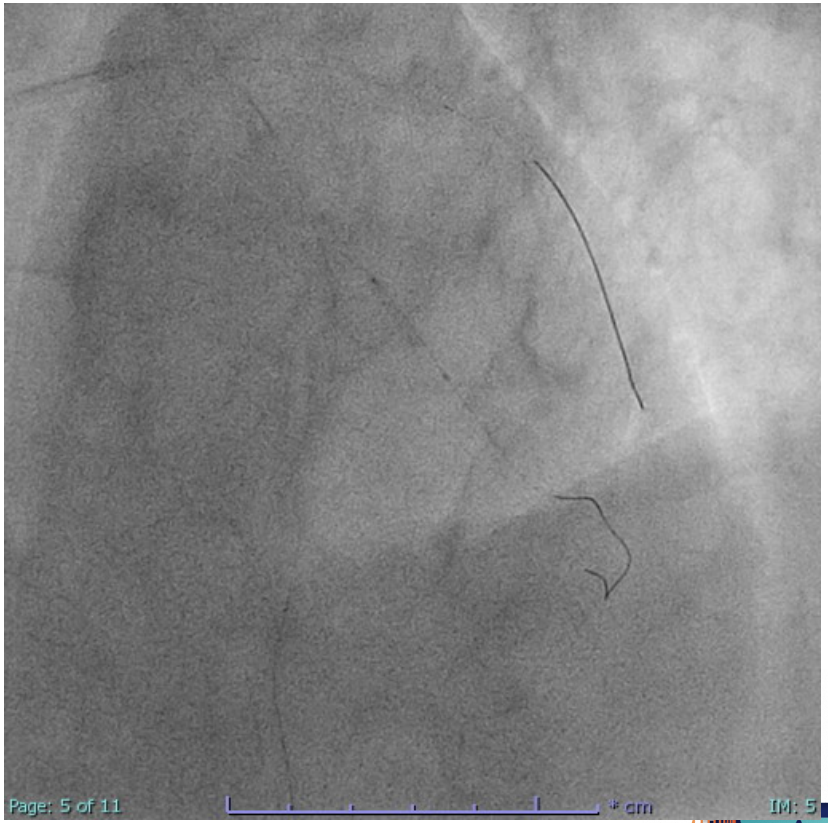
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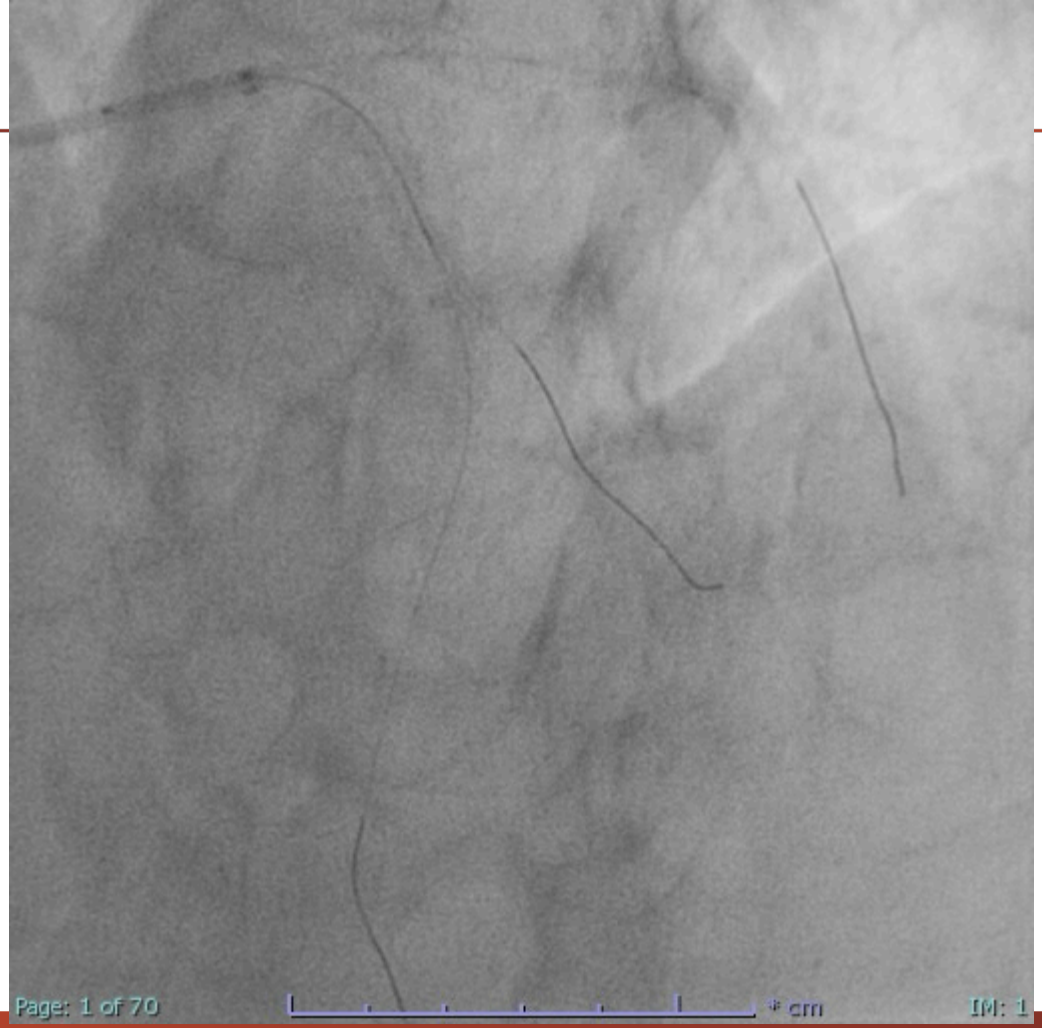
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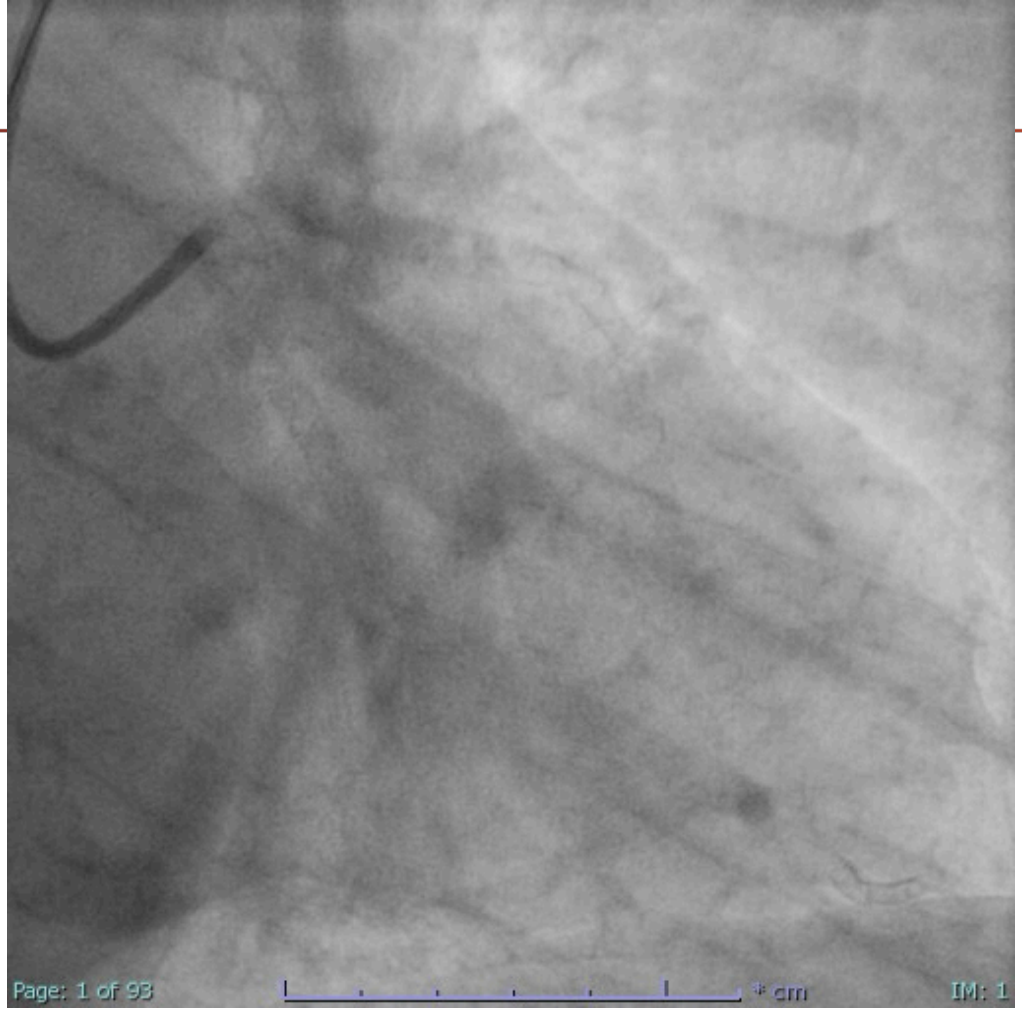
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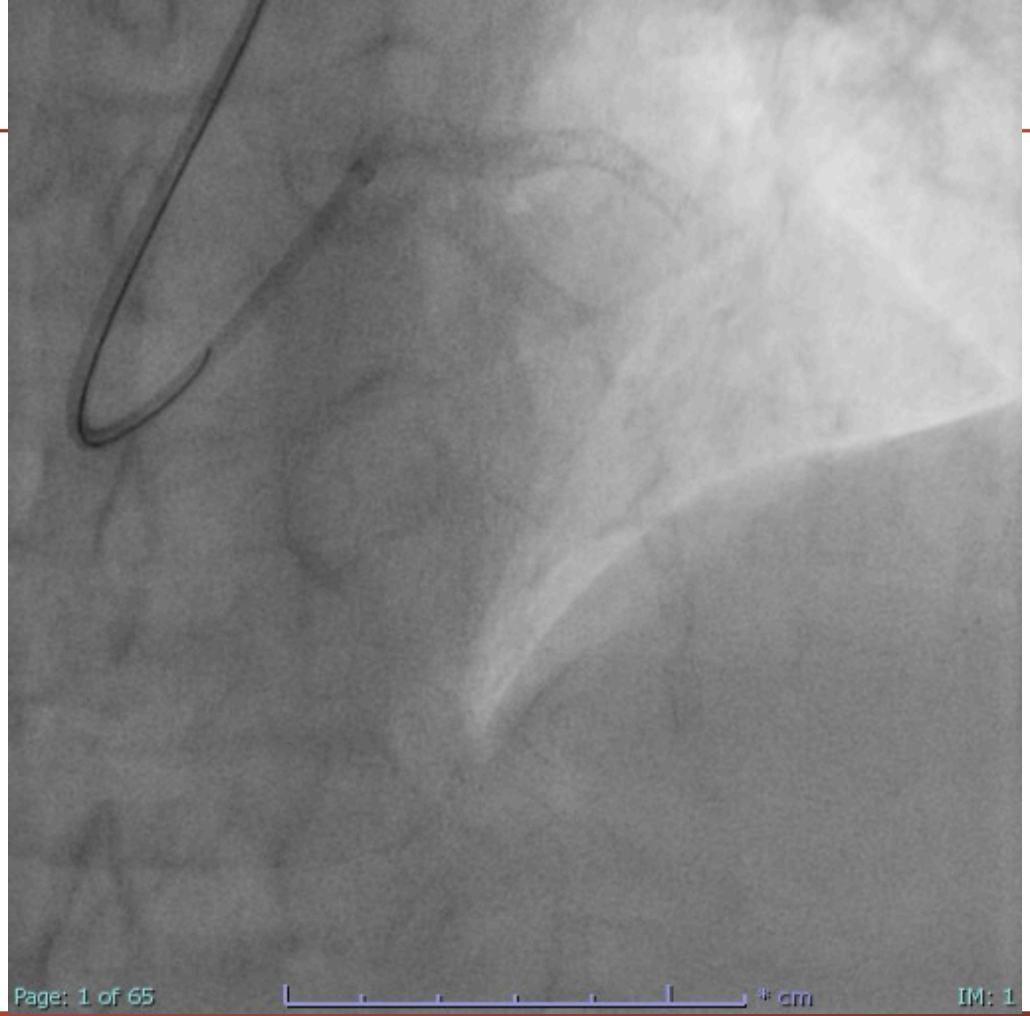
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Rivalutazione Staged

Rivalutazione:

- RCA
- LAD