

11° CONGRESSO NAZIONALE



*Quello che le Linee
Guida Non Dicono*

Napoli
5-6 aprile 2024

HOW TO SESSION 2
CARDIOLOGIA INTERVENTISTICA CORONARICA E VALVOLARE

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INDICAZIONI ALLA DENERVAZIONE RENALE: STATO ATTUALE E PROSPETTIVE FUTURE

- Renal denervation is an established (and underused) treatment for **Resistant Hypertension**, which remains its principal indication
- The effects of Renal Denervation on sympathetic renal activity are **durable** and provide **additional benefits** in addition to BP reduction
- Renal Denervation is a **promising** therapeutic strategy for the treatment of **a variety of disorders** linked to **adrenergic activation**

ALWAYS HAVE AN ACE UP YOUR SLEEVE



TRATTAMENTO OTTIMALE DELLE STENOSI CORONARICHE IN BIFORCAZIONE: UPDATE 2024

- Each operator must be able to perform **both** the one-stent technique and the two-stent technique
- The decision about which technique to chose should be tailored on the lesion characteristics, SB involvement, and its extension and based on the operator skills and experience
- Stepwise provisional stenting is the preferred and most suitable technique for most of bifurcation lesions
- Upfront **two-stent strategies** may be considered for **major SB** with **extensive stenoses**, and high **risk of SB compromise**.
- **DK-Crush** should be the preferred technique, however others (**DK-Culotte; T-stenting; TAP**) could be used based on operators experience and lesion characteristics and SB angulation
- **Intracoronary imaging** is critical to **optimize** the outcome of the procedure and ensure better outcomes

KEEP IT SIMPLE AND SAFE!



TECNICHE APPROPRIATE NEL TRATTAMENTO DELLE LESIONI CALCIFICHE

- With **the population aging**, the presence of coronary calcified lesions is meant to increase.
- Several effective **tools and techniques** have been developed to address this issue.
- The use of **intracoronary imaging** represents an important procedural step to accurately **analyze plaque composition** and **distribution**.
- This allows the selection of the most **appropriate strategy** and **device** in order to treat such lesions and achieve **better** procedural and clinical **outcomes**.

USE ANY TOOL YOU NEED !



TRATTAMENTO DELL'INSUFFICIENZA TRICUSPIDALICA PER VIA PERCUTANEA: IDENTIFICAZIONE DEL FENOTIPO CLINICO IDEALE

- To date, we have **different options** for percutaneous treatment of the tricuspid valve, however, precise screening is necessary to choose the **best device** for each patient
- It is crucial to determine the **optimal timing** for intervention in order to achieve the **best possible outcome** in terms of survival and frequency of acute decompensation
- Centers in which to perform these types of procedures must be **specialized heart failure centers** with **experience in percutaneous heart valve treatment**, have high **expertise in transthoracic and transesophageal imaging** with a cardiac surgery unit on-site.

DON'T MISS THE PATIENT! 

GESTIONE DELLA CORONAROPATIA NEL PAZIENTE CANDIDATO A TAVI:

TIMING DEL TRATTAMENTO

The presence of **CAD** should be **carefully considered** in all patients undergoing TAVI

Coronary angiography should be performed in patients with **high suspect of CAD**;

coronary-CT should be enough in patients with **low pre-trest probability of CAD**

PCI should be performed only in case of **ACS or disabling angina** (not related to AS), possibly only for **proximal lesions**

Timing of PCI should be assessed based on **clinical presentation, anatomical characteristics** of the lesion and **complexity of the procedures**

The choice for the device must be driven considering a future easy re-access to coronary ostium

PCI IS NOT ALWAYS THE ANSWER!

