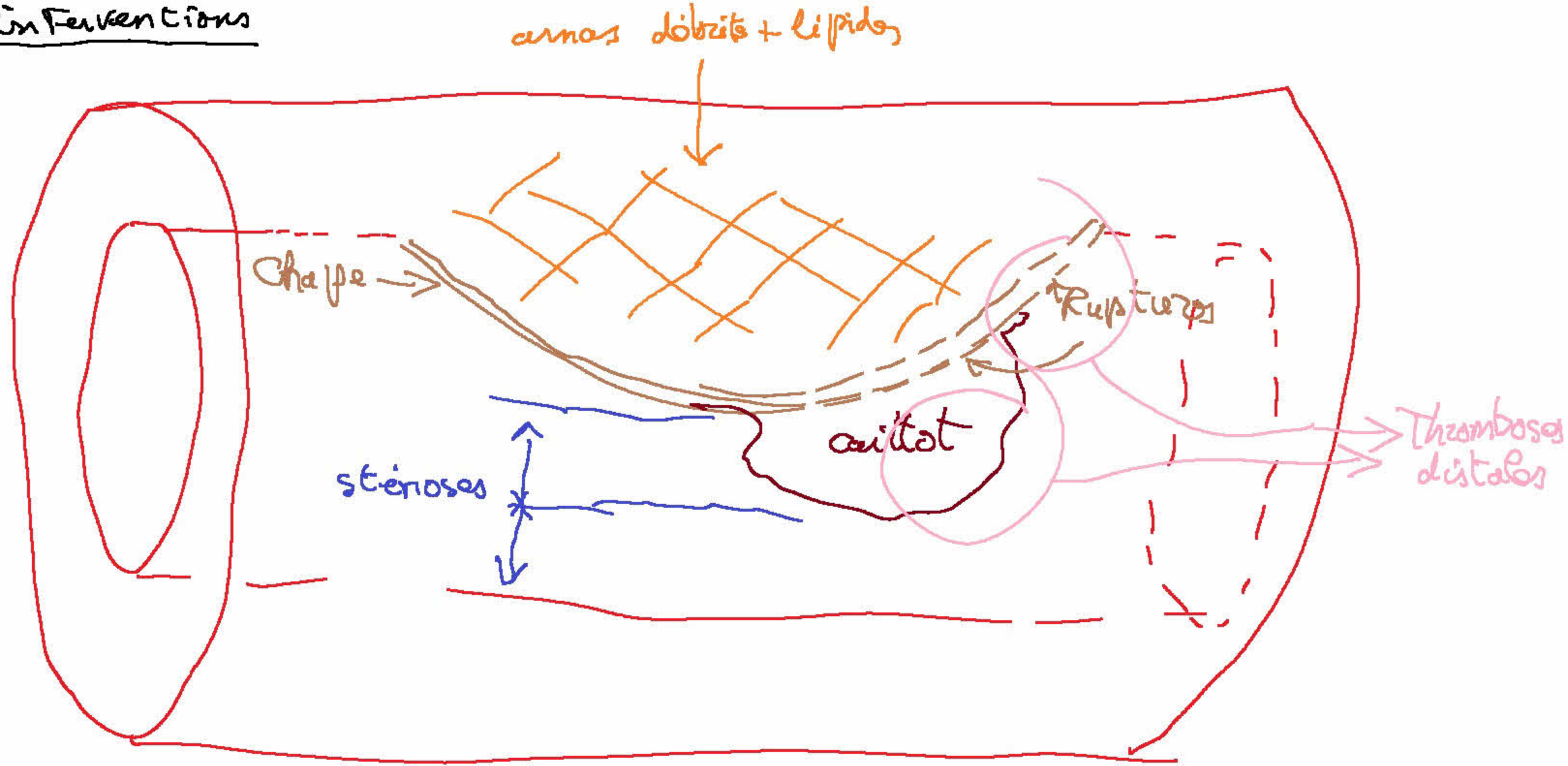


I - Motifs interventions



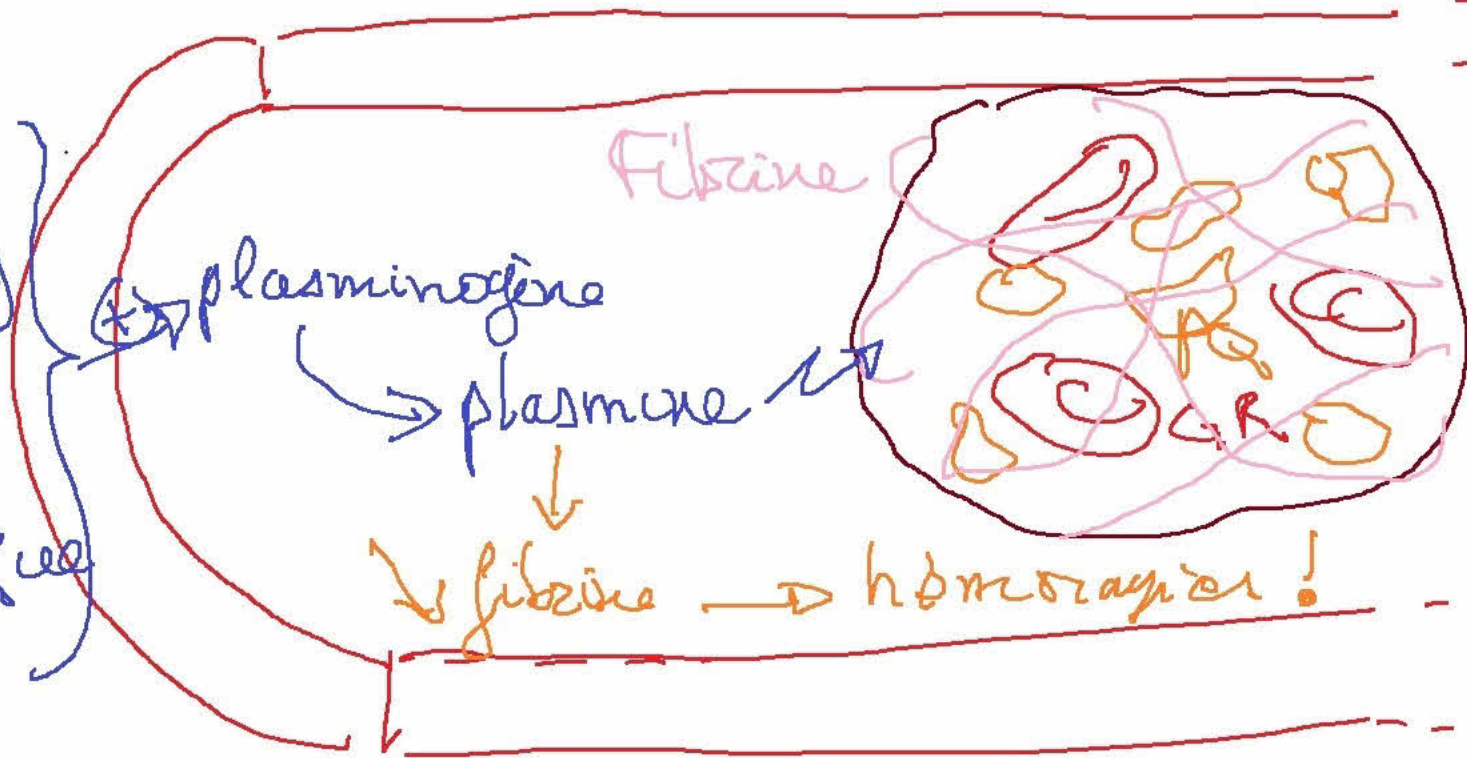
II - Thrombolyse

Caillot (2021)

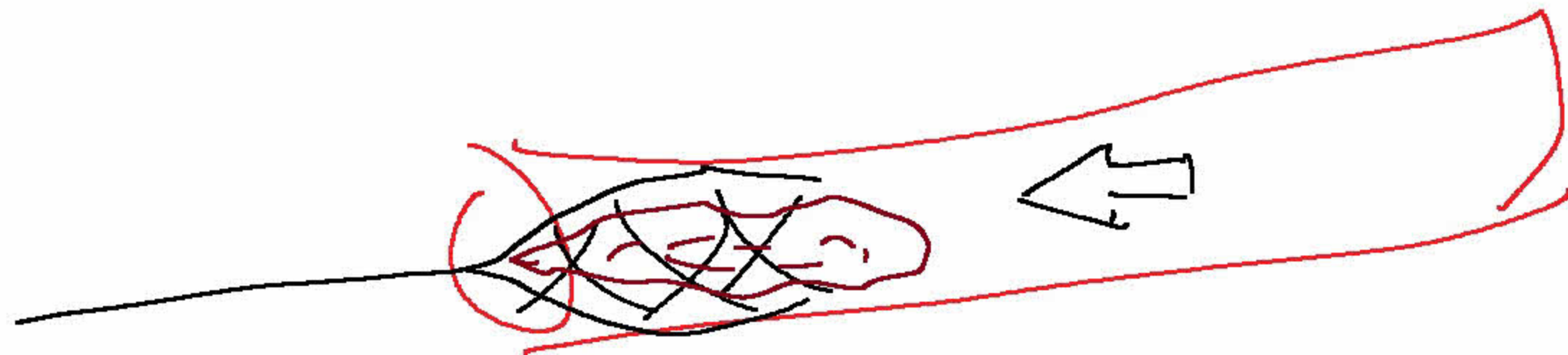
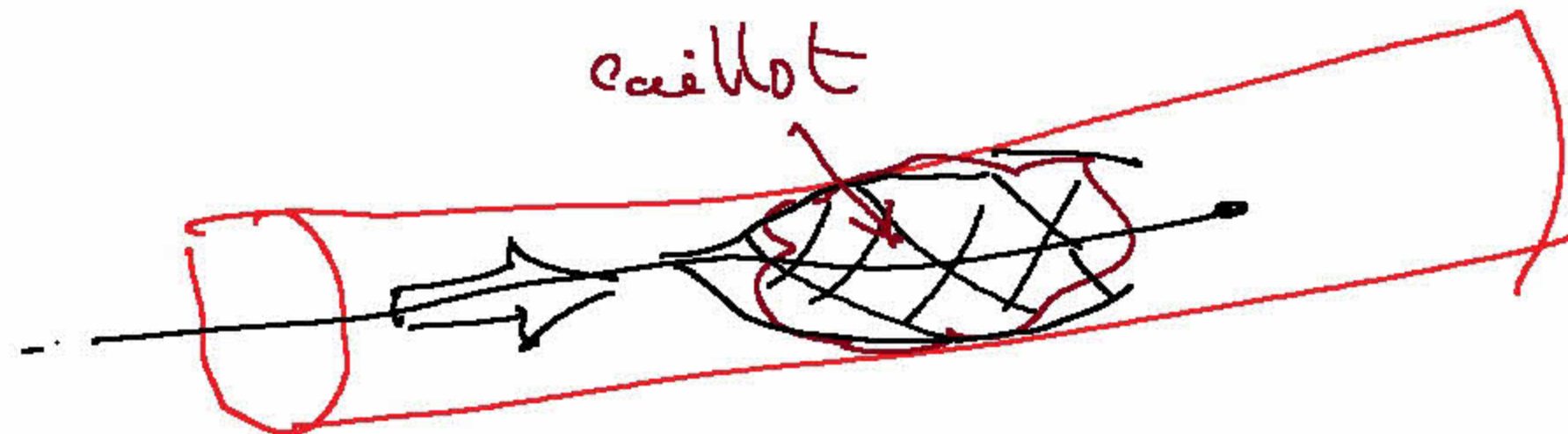
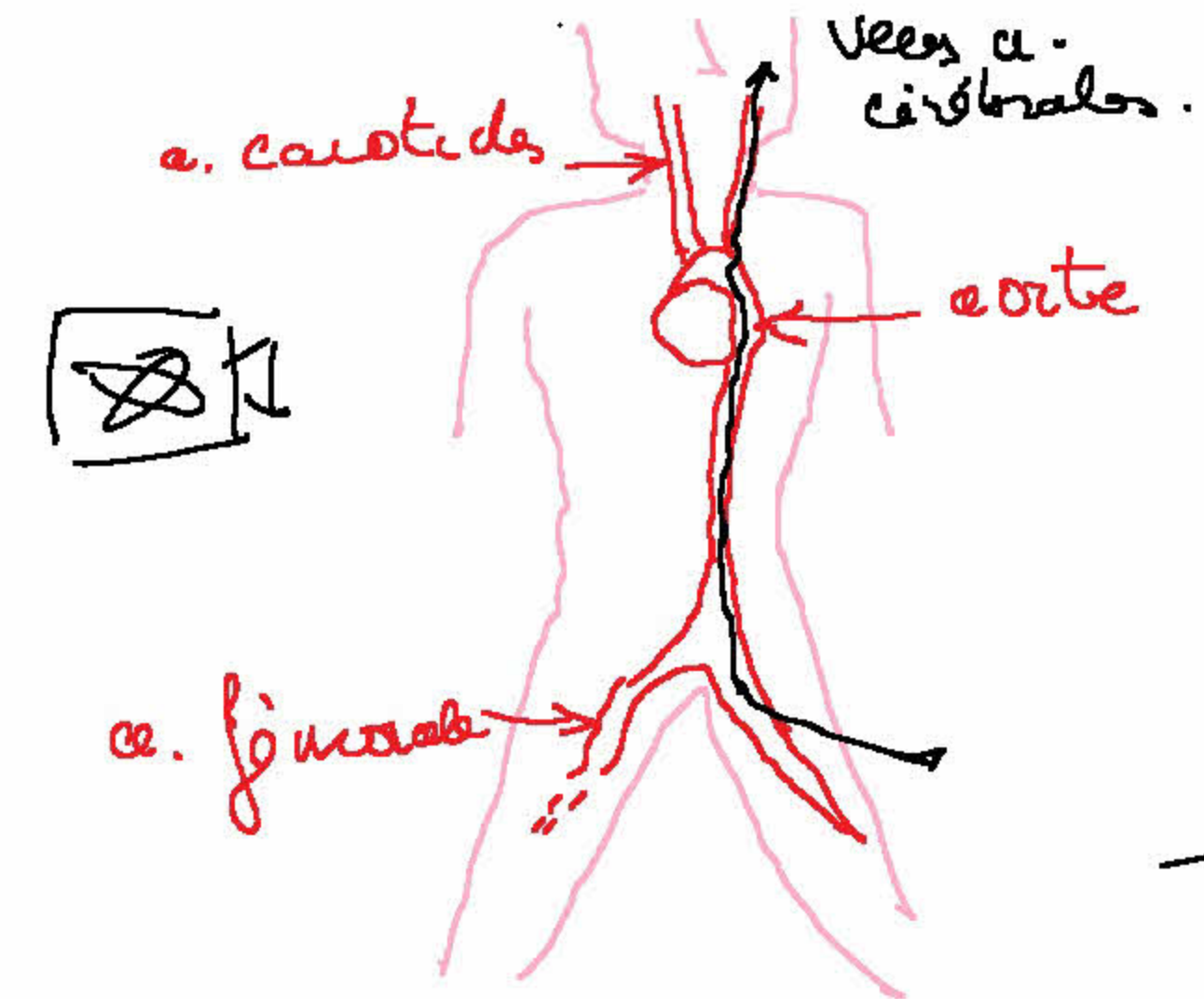
thrombolytiques :

- Streptokinase
(strepto β hémolytique)
→ 2016
- Urokinase

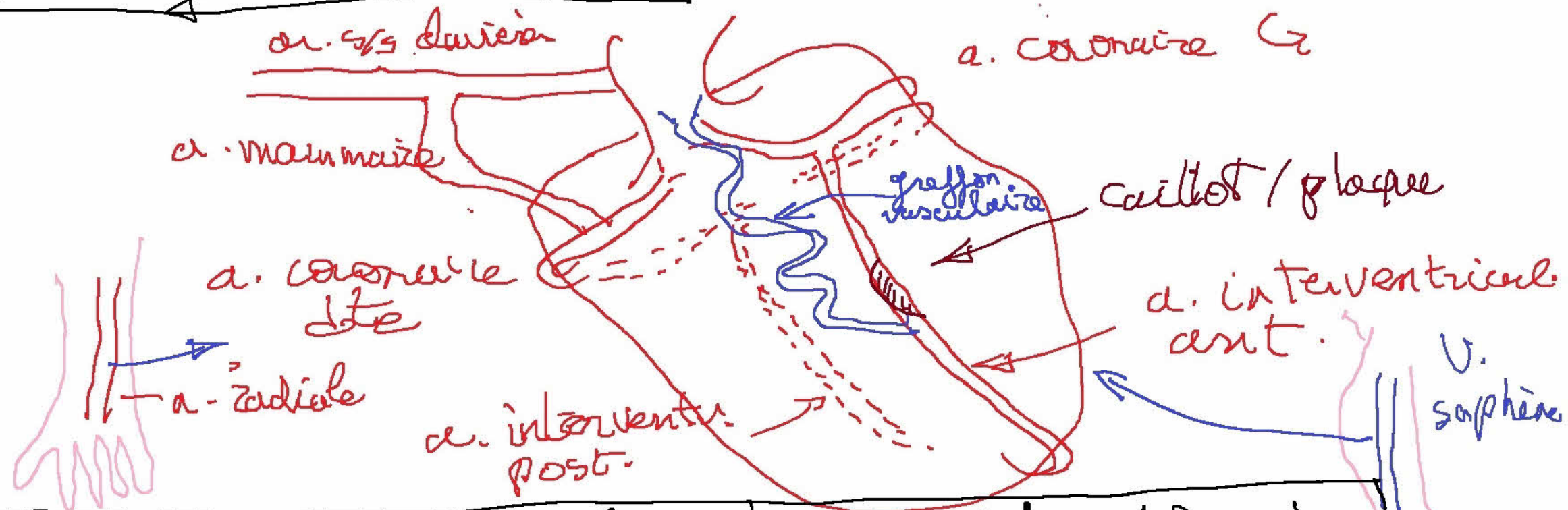
- activ. synthétiques
Actilyse, Metalyse



III-Thrombectomie (AVE)



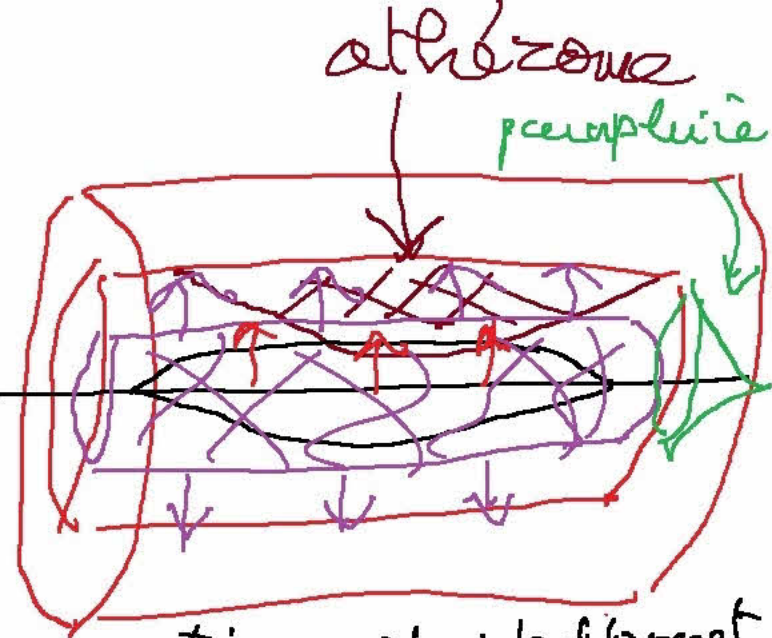
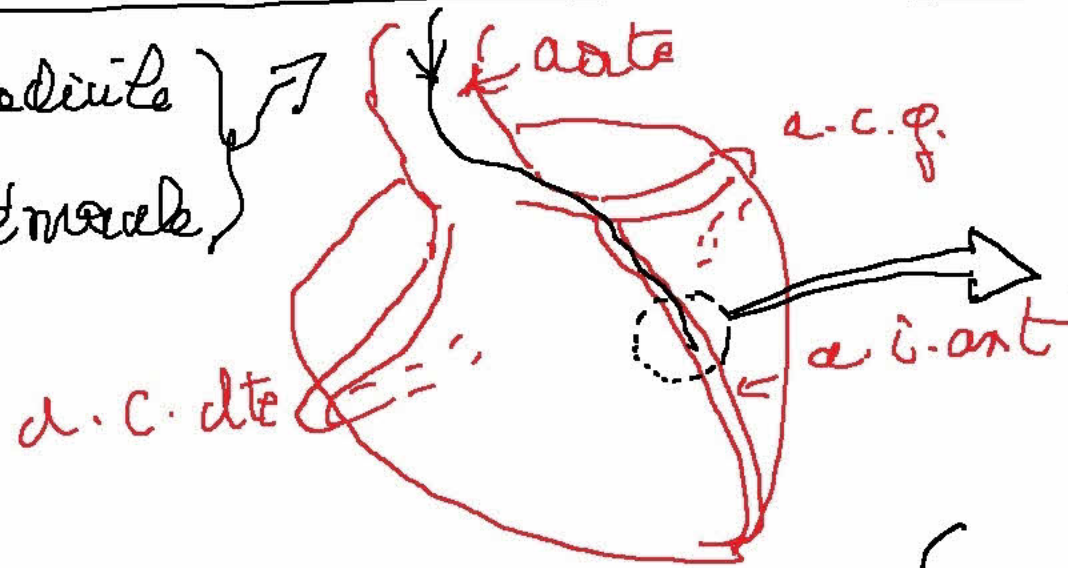
III Pontage aorto-coronaires. (15 000 - 20 000 / an)



• Sternotomie • CEC (2-5 h) • 1-5 SI • 1-3 mois convalescence

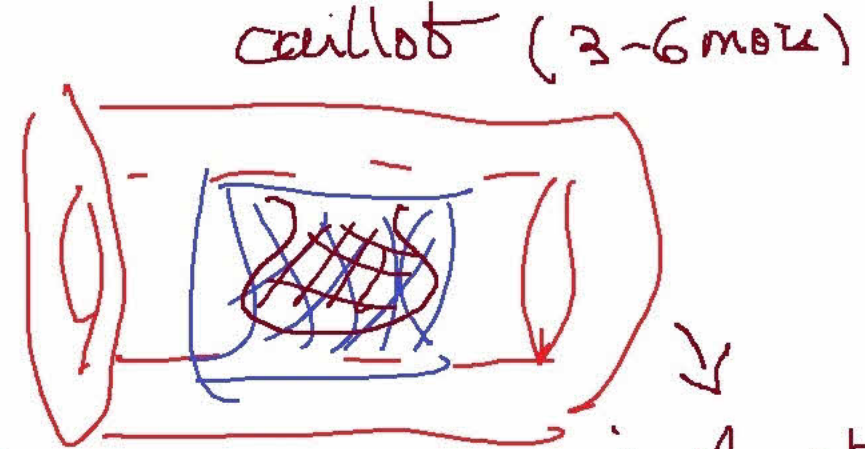
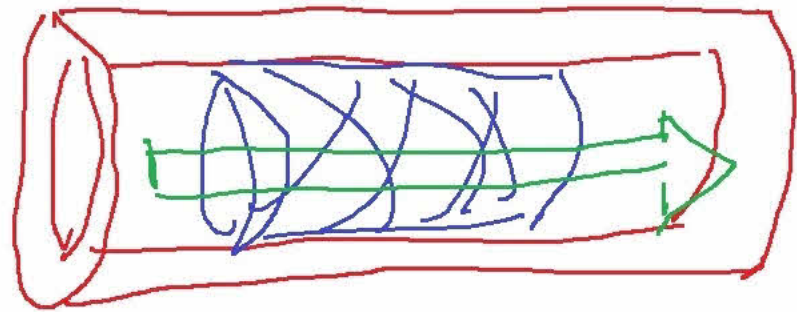
Prothèse endovasculaire (Stents)

- voie radiale
- voie fémorale

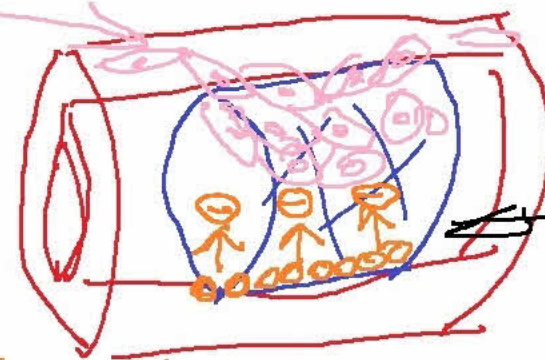


- ① - introduction guide + ballonnet et stent rétractés
- ② gonflement ballonnet = angioplastie
- ③ expansion Stent
- ④ rétract guide + ballonnet

VI - Evolutions des stents



Prolifération
CML



- infarct.
- AVC

Stent
résorbable
< 3 ans
Thrombose
(→ 2017)

stent à libération
(actif.) (stimulus)

... mais coût > efficacité !

CML: cellule musculaires lisses

VII - Résumé interventions

①

Fibrates
1970



Statins
~1990



anti-PCSK9?
2020

②

Thrombolyse
1990

→ thrombectomie
2014

③

Percutaneous Coronaries
1964



Angioplasties
1977



Stents
1985



Stents
Active
2000

(Stethoscope: 1817 - Vaccin Rage: 1885 - Radiographie: 1895, Penicilline: 1941 ...)