

Publications de l'U 849 (Inserm) (2000-2010)

2010

AMAHZOUNE B., SZYMANSKY C., FABIANI J.N., ZEGDI R.

A new endovascular size reducer for large pulmonary outflow tract.

Eur. J. Cardio-Thorac. Surg., 37 (3), 730-732, 2010

(Services cités : U849)

Around 75% of patients with severe pulmonary insufficiency requiring valvular replacement are excluded from percutaneous pulmonary valve implantation (PPVI) due to a large ventricular outflow tract. To extend the indication of PPVI to these patients, a new size reducer has been designed. This 35-mm size reducer was successfully deployed inside the main pulmonary artery through a 21-Fr delivery catheter in six sheep. A 20-mm pericardial valved stent was subsequently deployed inside the size reducer to restore pulmonary valve continence. We successfully verified the efficiency of the delivery catheter by controlling the deployment precisely and reversibly. In all six cases, device positioning was satisfactory. There was no post-procedural residual stenosis in the right ventricular outflow tract in haemodynamic (9.5±3mmHg), echocardiographic and angiographic studies. After 8-12 weeks of follow-up, no prosthetic migration occurred. The transprosthetic systolic gradient remained low (4±2.5mmHg) during follow-up. There was one trivial persistent paraprosthetic leak. This study confirmed the feasibility and the effectiveness of this new size reducer to reduce the size of the pulmonary artery.

REINALD N., FOURNIER B., NAVEAU A., COUTY L., LEMITRE M., SEGUIER S., COULOMB B., GOGLY B., LAFONT A., DURAND E.

Fusiform aneurysm model in rabbit carotid artery.

J. Vasc. Res., 47 (1), 61-68, 2010

(Services cités : U849)

AIMS: To develop a reproducible and accessible model of elastase-induced fusiform aneurysm in carotid rabbit arteries. METHODS: Elastase, at a concentration of 1-30 U, was incubated into the lumen of carotid rabbit arteries. Four weeks later, angiography, histomorphometry, immunohistochemistry and zymography were performed. RESULTS: The optimal concentration of elastase in this model was 3 U according to the balance between mortality and thrombosis rates. Indeed, at 3 U, external carotid diameter increased from 1.9 ± 0.1 to 3.1 ± 0.4 mm (p < 0.0001) associated with degradation of elastic fibers, matrix metalloproteinase-9 secretion, apoptosis and macrophage infiltration. CONCLUSIONS: Our study underlines that abdominal aortic aneurysm can be reliably duplicated in an elastase-induced aneurysm in carotid artery, a much more accessible vessel.

ZEGDI R., BLANCHARD D., ACHOUH P., LAFONT A., BERREBI A., CHOLLEY B., FABIANI J.N.

Deployed Edwards Sapien prosthesis is always deformed.

J. Thorac. Cardiovasc. Surg., 140 (3), e54-e56, 2010

(Services cités : [U849](#))

ZEGDI R., LECUYER L., ACHOUH P., DIDIER B., LAFONT A., LATREMOUILLE C., FABIANI J.N.

Increased Radial Force Improves Stent Deployment in Tricuspid but Not in Bicuspid Stenotic Native Aortic Valves.

Ann. Thorac. Surg., 89 (3), 768-772, 2010

(Services cités : [U849](#))

BACKGROUND: Stent deployment within stenotic native aortic valves has been shown to depend on valve anatomy (presence of bicuspid valve or not). This study investigated the influence of stent stiffness on stent expansion. **METHODS:** The study included 88 patients with severe aortic stenosis, and 36 (41%) had bicuspid aortic valves. Two self-expandable stents with different radial force were deployed intraoperatively inside stenotic aortic valves before surgical aortic valve replacement. Patients in group B received a stent stiffer than that in group A. Effect of stent radial force on stent shape and incidence of paraprosthetic gaps was determined.

RESULTS: Noncircular stent deployment was more frequent in bicuspid (81%) than in tricuspid aortic valves (33%; $p < 0.0001$). Increasing stent radial force significantly improved stent shape in tricuspid valves (circular shape: 60% in group A vs 93% in group B; $p = 0.005$) but had no significant effect in bicuspid valves (12.5% in group A vs 27% in group B; $p = 0.394$). Likewise, incidence of paraprosthetic gaps was significantly reduced with the stiff stent in tricuspid valves (64% in group A vs 30% in group B, $p = 0.025$) but not in bicuspid valves (50% in group A vs 60% in group B; $p = 0.722$). **CONCLUSIONS:** Increased stent radial force had a favorable effect on stent deployment in tricuspid but not in bicuspid valves. In bicuspid valves, stent maldeployment was constant. Leaflet distortion of implanted valved stent might be a concern in this setting.

2009

BODINEAU A., COULOMB B., TEDESCO A.C. et SEGUIER S.

Increase of gingival matured dendritic cells number in elderly patients with chronic periodontitis.

Arch. Oral Biol., 54 (1), 12-16, 2009 ; (Facteur d'Impact : 1,554)

(Services cités : U849)

**GOGLEY B., FOURNIER B., COUTY L., NAVEAU A., BRASSELET C., DURAND E.,
COULOMB B. et LAFONT A.**

Gingival fibroblast inhibits MMP-7: evaluation in an ex vivo aorta model.

J. Mol. Cell. Cardiol., 47 (2), 296-303, 2009 ; (Facteur d'Impact : 5,054)

(Services cités : U849)

2008

COULOMB B.

From tadpole collagenase to human health care, the well-filled life of Charles M. Lapiere, devoted to creativity, expertise, and kindness.

Int. J. Low. Extrem. Wounds, 7 (1), 49-50, 2008 ; (Facteur d'Impact : X)

(Services cités : U849)

**DURAND E., HELLEY D., AL HAJ-ZEN A., DUJOLS C., BRUNEVAL P., COLLIEC-
JOUAULT S., FISCHER A.M. et LAFONT A.**

Effect of low molecular weight fucoidan and low molecular weight heparin in a rabbit model of arterial thrombosis.

J. Vasc. Res., 45 (6), 529-537, 2008 ; (Facteur d'Impact : 2,463)

(Services cités : U849)

DURAND E., MOUSSEAU E., COSTE P., PILLIERE R., DUBOURG O., TRINQUART L., CHATELLIER G., HAGEGE A., DESNOS M. et LAFONT A.

Non-surgical septal myocardial reduction by coil embolization for hypertrophic obstructive cardiomyopathy: early and 6 months follow-up.

Eur. Heart J., 29 (3), 348-355, 2008 ; (Facteur d'Impact : 7,924)

(Services cités : U849)

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Is it reasonable to treat all calcified stenotic aortic valves with a valved stent? Results from a human anatomic study in adults.

J. Amer. Coll. Cardiol., 51 (5), 579-584, 2008 ; (Facteur d'Impact : 11,054)

(Services cités : U849)

ZEGDI R., SLEILATY G., LATREMOUILLE C., BERREBI A., CARPENTIER A., DELOCHE A. et FABIANI J.N.

Reoperation for Failure of Mitral Valve Repair in Degenerative Disease: A Single-Center Experience.

Ann. Thorac. Surg., 86 (5), 1480-1484, 2008 ; (Facteur d'Impact : 2,022)

(Services cités : U849)

2007

DURAND E., RAYNAUD J.S., BRUNEVAL P., BRIGGER I., AL HAJ ZEN A., MANDET C., LANCELOT E. et LAFONT A.

Magnetic resonance imaging of ruptured plaques in the rabbit with ultrasmall superparamagnetic particles of iron oxide.

J. Vasc. Res., 44 (2), 119-128, 2007 ; (Facteur d'Impact : 2,505)

(Services cités : U849)

GOGLY B., NAVEAU A., FOURNIER B., REINALD N., DURAND E., BRASSELET C., COULOMB B. et LAFONT A.

Preservation of rabbit aorta elastin from degradation by gingival fibroblasts in an ex vivo model.

Arterioscler. Thromb. Vasc. Biol., 27 (9), 1984-1990, 2007 ; (Facteur d'Impact : 6,883)

(Services cités : U849)

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Arch. Mal. Coeur Vaisseaux, 100 (5), 386-393, 2007 ; (Facteur d'Impact : 0,519)

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Meal Amino Acids with Varied Levels of Arginine do Not Affect Postprandial Vascular Endothelial Function in Healthy Young Men.

J. Nutr., 137 (6), 1383-1389, 2007 ; (Facteur d'Impact : 4,009)

(Services cités : U849)

NAVEAU A., REINALD N., FOURNIER B., DURAND E., LAFONT A., COULOMB B. et GOGLY B.

Gingival Fibroblasts Inhibit MMP-1 and MMP-3 Activities in an Ex-Vivo Artery Model.

Connect. Tissue Res., 48 (6), 300-308, 2007 ; (Facteur d'Impact : 1,123)

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Vascular remodeling after "successful" repair of coarctation: impact of aortic arch geometry.

J. Amer. Coll. Cardiol., 49 (8), 883-890, 2007 ; (Facteur d'Impact : 9,701)

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J. Pharmaceut. Sci., 96 (11), 2829-2837, 2007 ; (Facteur d'Impact : X)

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Atherosclerosis, 187 (1), 31-39, 2006 ; (Facteur d'Impact : 3,796)

(Services cités : E 0016)

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J. Thorac. Cardiovasc. Surg., 131 (5), 1130-1135, 2006 ; (Facteur d'Impact : 3,263)
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