

ANATOMIA PATOLOGICA "ECOCARDIOGRAFICA"
DELL'APPARATO VALVOLARE AORTICO. COME
INDIVIDUARE LE ALTERAZIONI POTENZIALMENTE
CORREGGIBILI CON TECNICA CONSERVATIVA.
COME RICONOSCRE LE ALTERAZIONI CHE
SCONSIGLIANO L'APPROCCIO CONSERVATIVO.

Dott. Alessandro Cialfi
U.O. Cardiologia
Azienda Osp. "L.Sacco"
MILANO



CASO CLINICO: INSUFFICIENZA AORTICA

Paziente 76 anni, classe NHYA II

Valvola aorta tricuspidale con jet centrale e

Commisura tra lembo dx e sx

	basale	riparazione
Anulus	26 mm	23 mm
Seni Valsalva	44 mm	35 mm
Coptazione	5-6 mm	8-9 mm
Giunzione	44 mm	prot tubulare
Reflusso aortico	3+/4+	1+

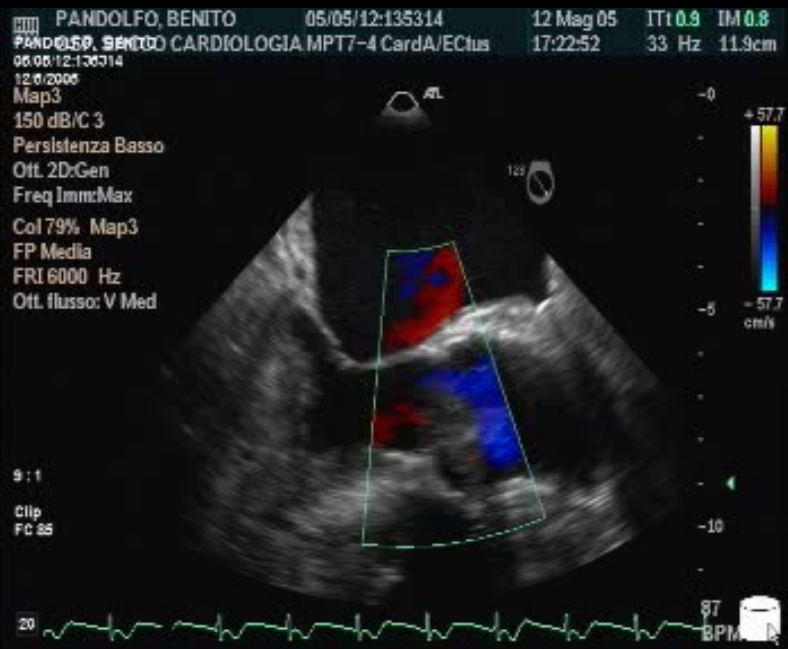


INSUFFICIENZA AORTICA

BASALE



RIPARAZIONE

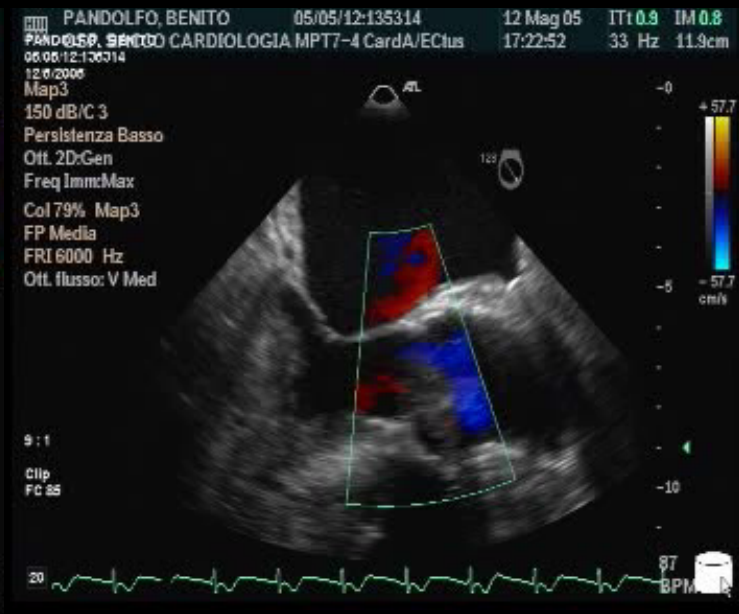


CONFRONTO REFLUSSO AORTICO

basale



riparazione



CASO CLINICO: V BICUSPIDE + IAO

Paziente 52 anni, classe NYHA II

Valvola aorta bicuspidica con jet centrale

basale

riparazione

Anulus 26 mm 23 mm

Seni Valsalva 44 mm 35 mm

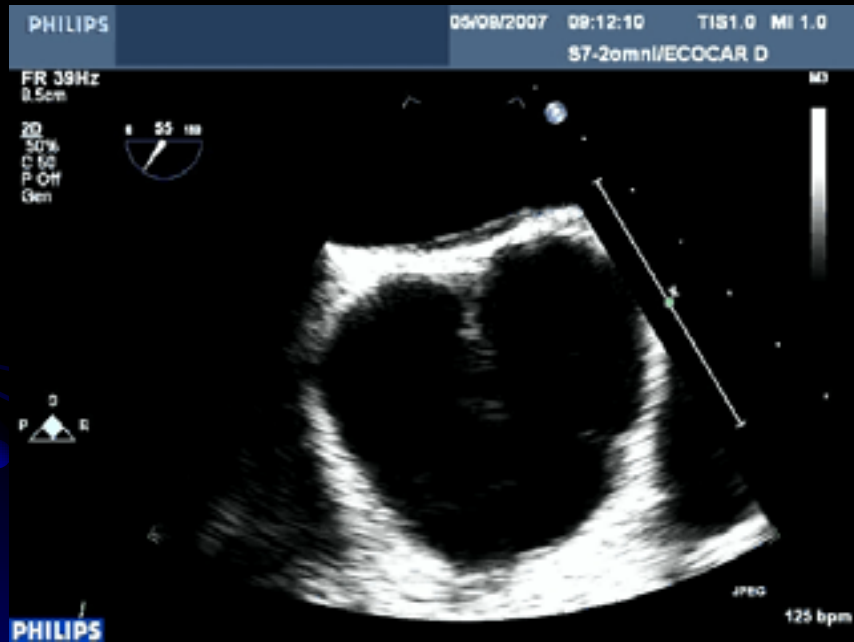
• Coptazione 4 mm 9 mm

Giunzione 50 mm prot tubulare

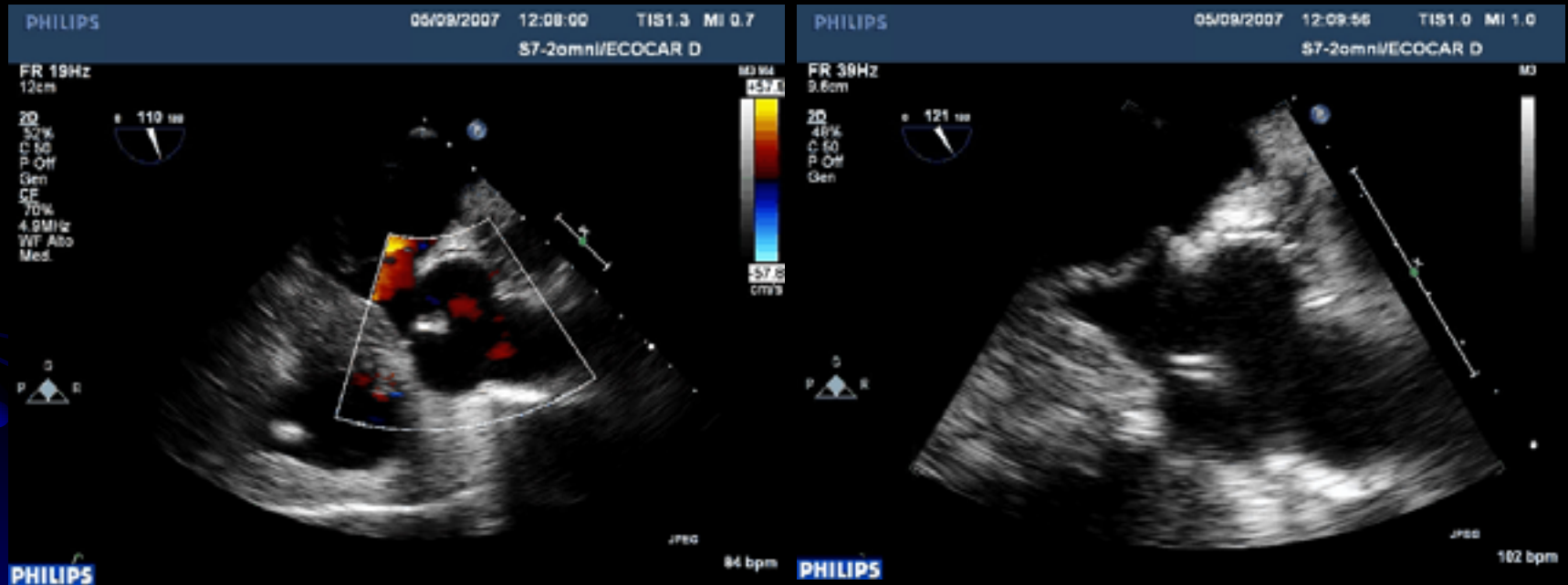
Reflusso aortico 3+/4+ 0



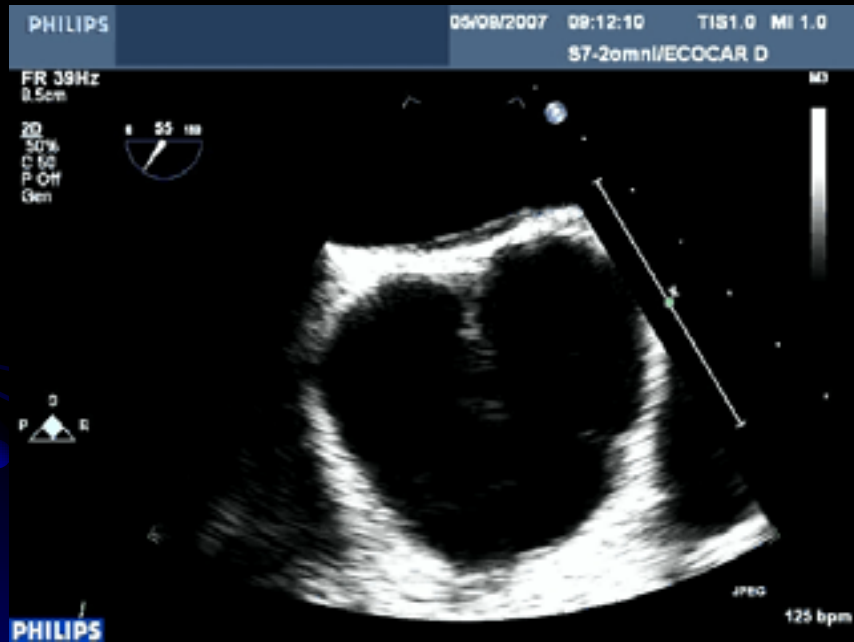
V AO BICUSPIDE + IAO



RIPARAZIONE



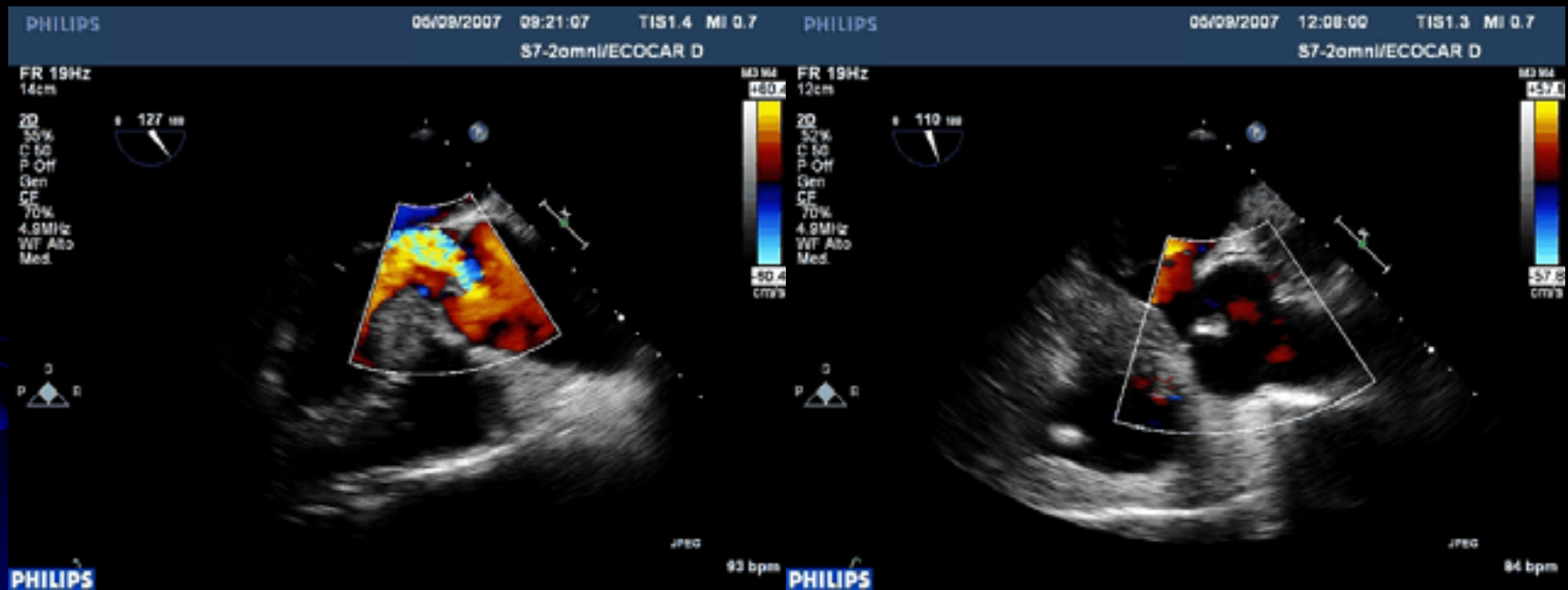
V AO BICUSPIDE + IAO



CONFRONTO REFLUSSO AORTICO

BASALE

RIPARAZIONE



CASO CLINICO: IAO + IM

Paziente 71 anni, classe NYHA II

Valvola aorta tricuspidale con jet centrale

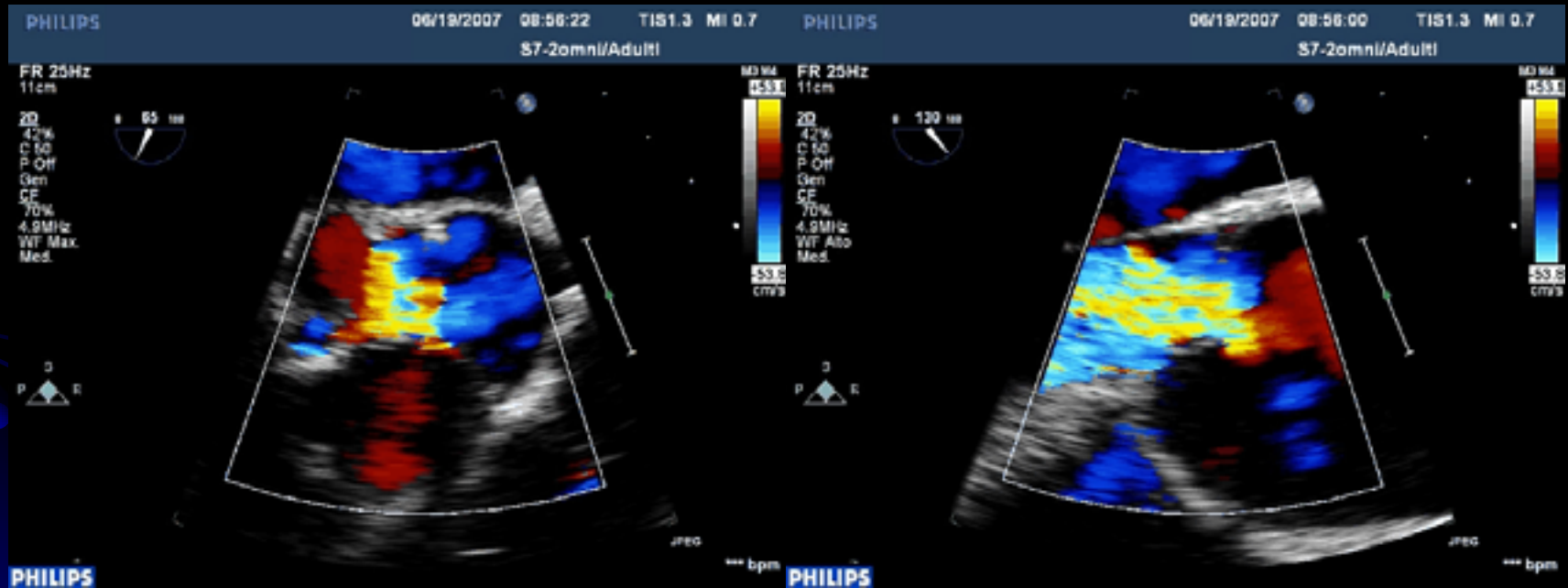
DDVS 72 mm, VTD 210 ml, FE 35%

	basale	riparazione
Anulus	28 mm	23 mm
Seni Valsalva	50 mm	36 mm
Coptazione	5 mm	9 mm
Giunzione	50 mm	prot tubulare
Reflusso aortico	3+/4+	1



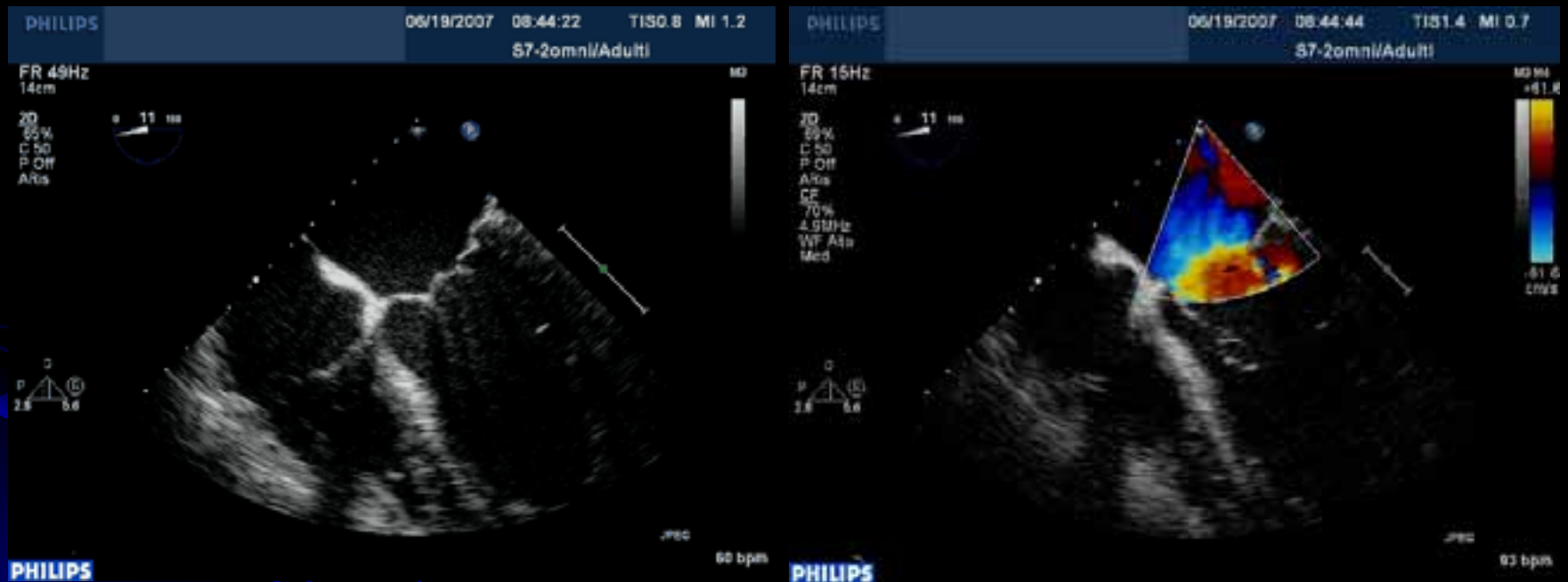
VALVOLA AORTA TRICUSPIDE + REFLUSSO MITRALICO

REFLUSSO AORTICO

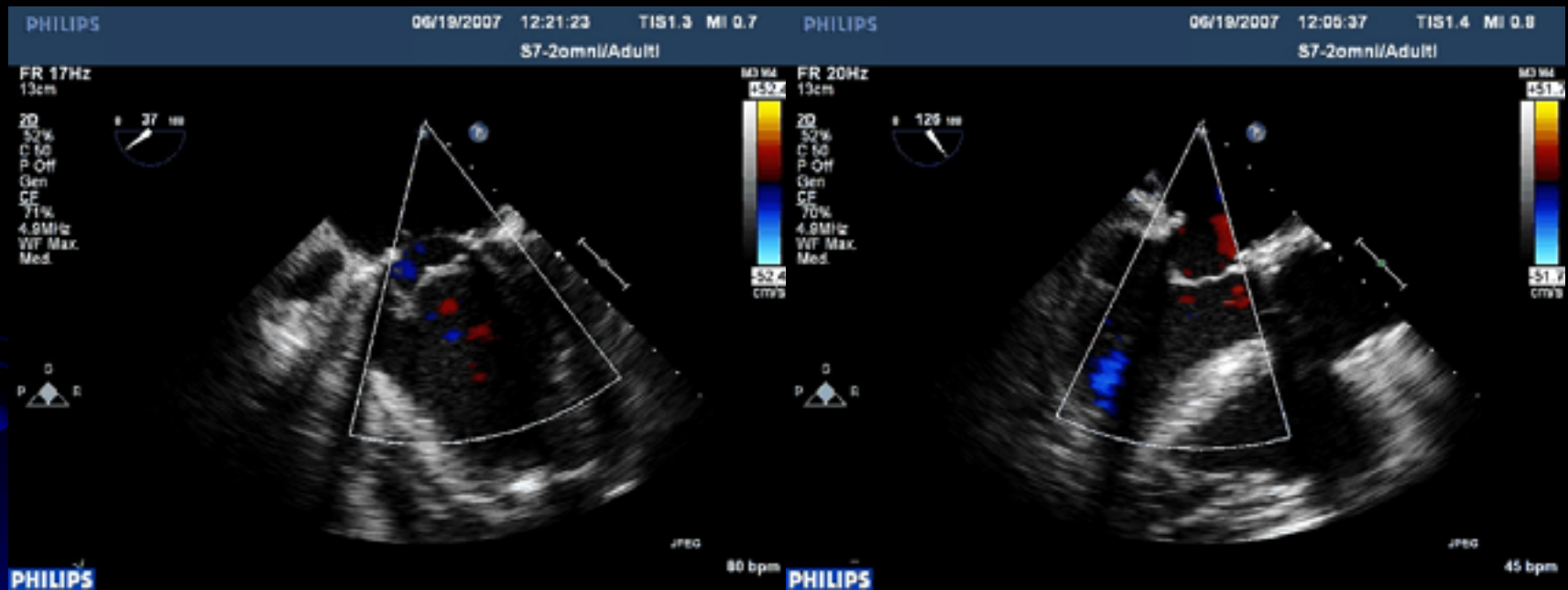


VALVOLA AORTA TRICUSPIDE + REFLUSSO MITRALICO

REFLUSSO MITRALICO



RIPARAZIONE AORTICA E MITRALICA



CASO CLINICO: IAO SECONDARIA A DISSECAZIONE

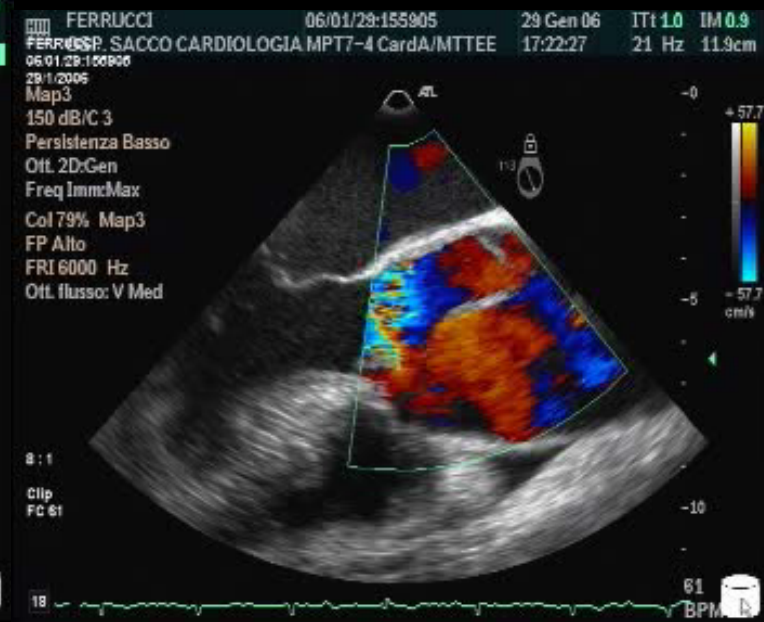
Paz. 42 anni, Valvola aorta tricuspidale con
reflusso secondario alla dissezione

DDVS 60 mm, VTD 145 ml, FE 65%

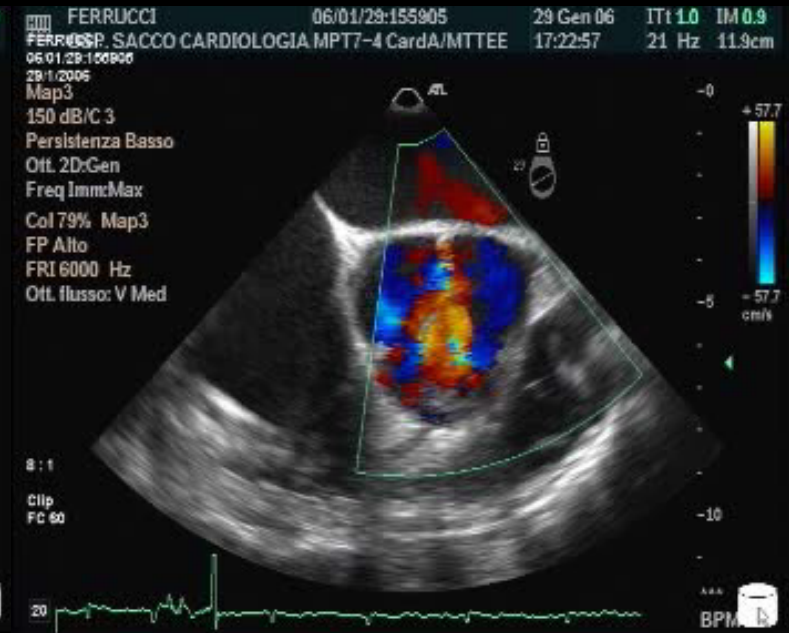
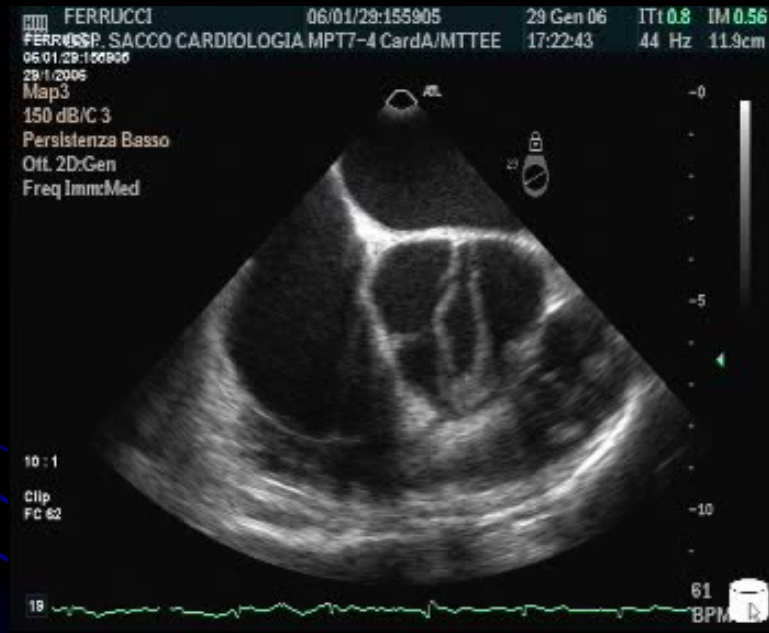
	basale	riparazione
Anulus	28 mm	23 mm
Seni Valsalva	58 mm	36 mm
Coptazione	0 mm	9 mm
Giunzione	60 mm	prot tubulare
Reflusso aortico	4+/4+	1



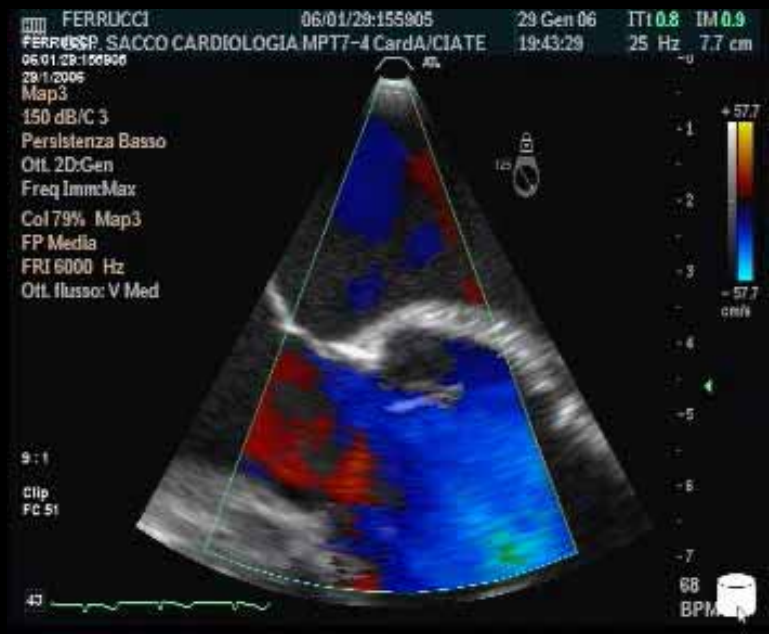
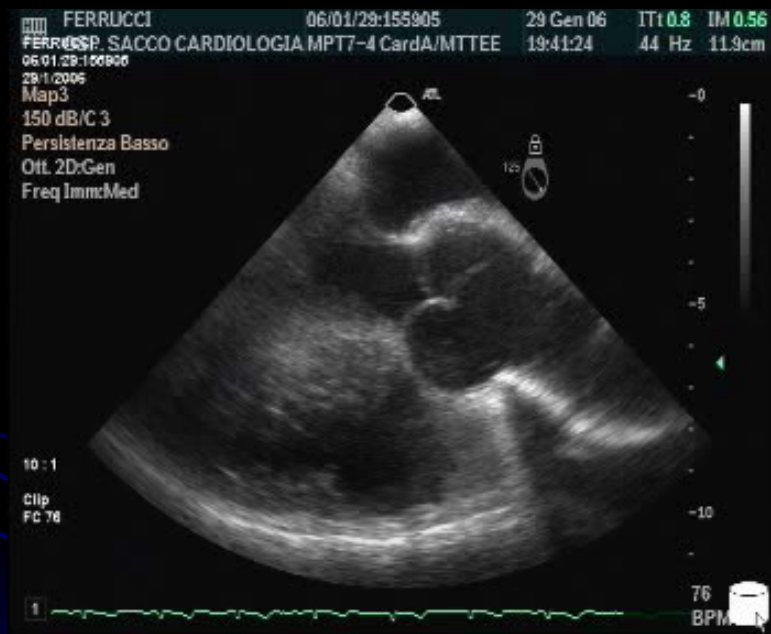
REFLUSSO AORTICO SECONDARIO A DISSEZIONE



REFLUSSO AORTICO SECONDARIO A DISSEZIONE



RISULTATO OPERATORIO



METODO DI STUDIO DELL'APPARATO VALVOLARE

ECOGRAFIA TRANSTORACICA

ECOGRAFIA TRANSESOFOGEEA

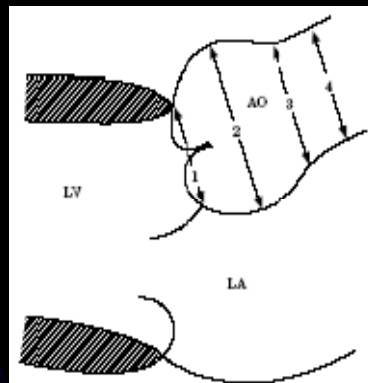
TAC

RNM



ECOGRAFIA TRANSTORACICA

MISURE PRICIPALI



ECOGRAFIA: MISURE PRICIPALI



DIAM ANULUS AOR
DIAM SENI VALSALVA
DIAM GIUNZIONE S.TUB

DIAM MAX AO ASC
(RAPPORTO SUP CORP)
COAPTAZIONE LEMBI



LIMITI DELLO STUDIO ARCO AORTICO MEDIANTE ECO TTE



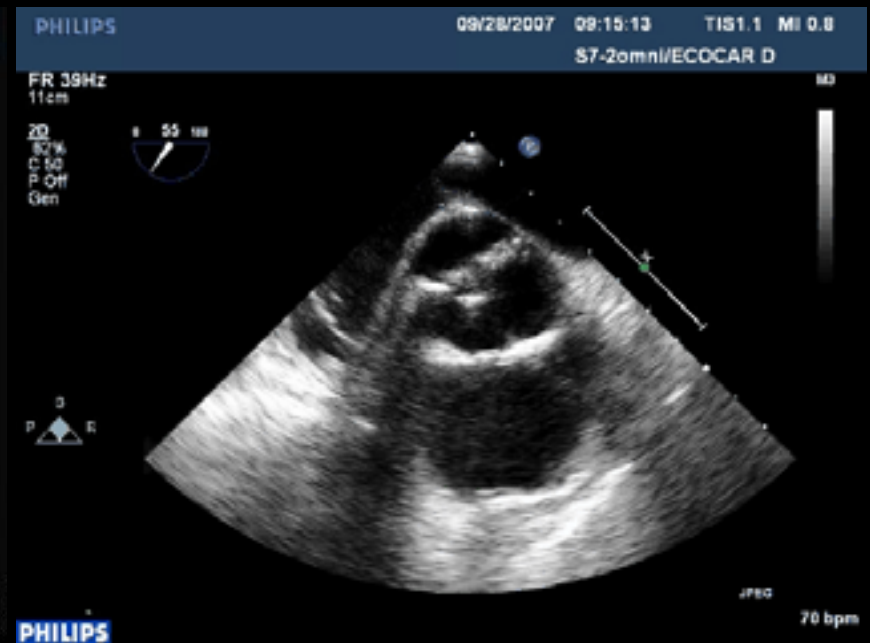
IMPORTANZA DIMENSIONI AORTA ASCENDENTE

Nel corso degli ultimi decenni si è giunti alla conclusione che le dimensioni dell'aorta ascendente, oltre all'entità del reflusso aortico, in alcune patologie (Ao bic e dilatazione della radice aortica nella S. di Marfan) possono essere un elemento rilevante nella storia clinica dei pazienti (rottura, dissezione, morte)

Anche un diametro Ao Asc di 40 mm soprattutto in soggetti con sup corporea ridotta merita attenzione.



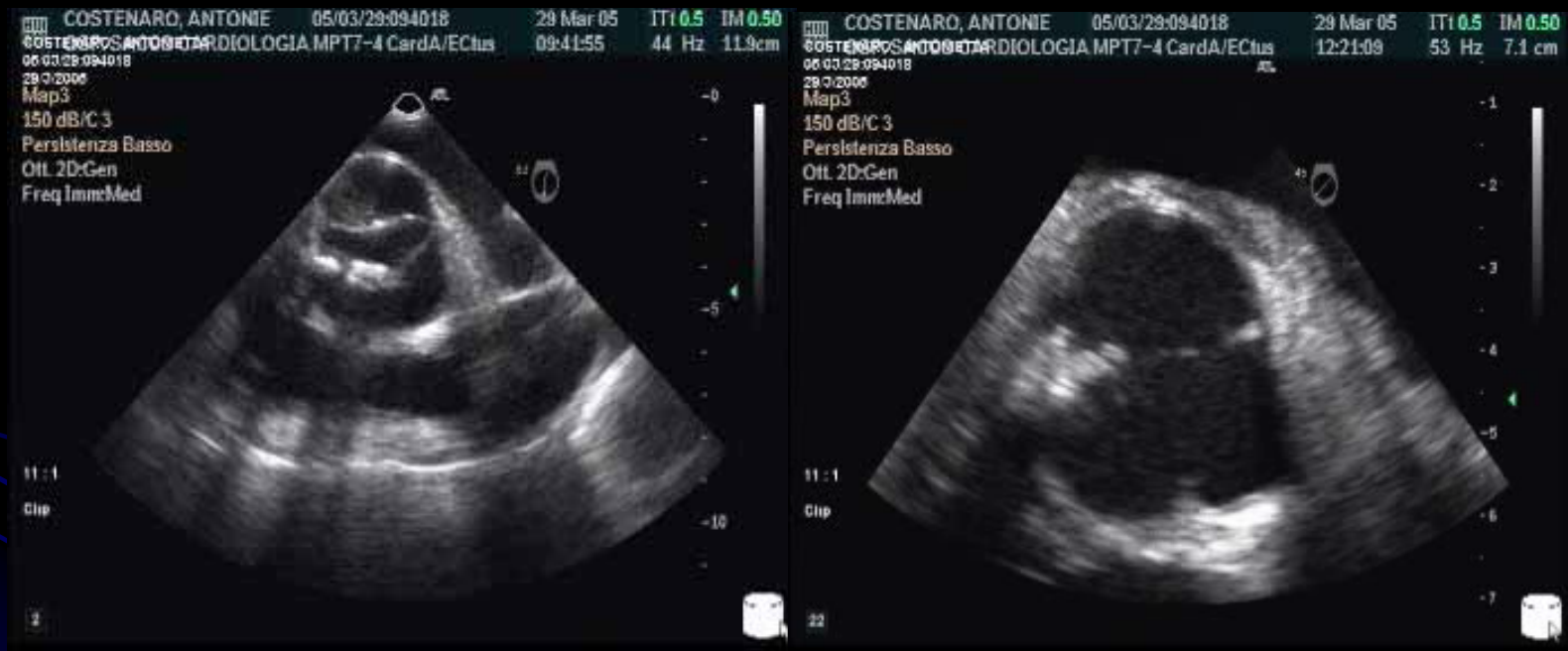
RICONOSCIMENTO V BICUSPIDE



RICONOSCIMENTO V BICUSPIDE



VALVOLA AO BICUSPIDE



VALVOLA AO BIC

RIPARAZIONE



VALVOLA AO BICUSPIDE

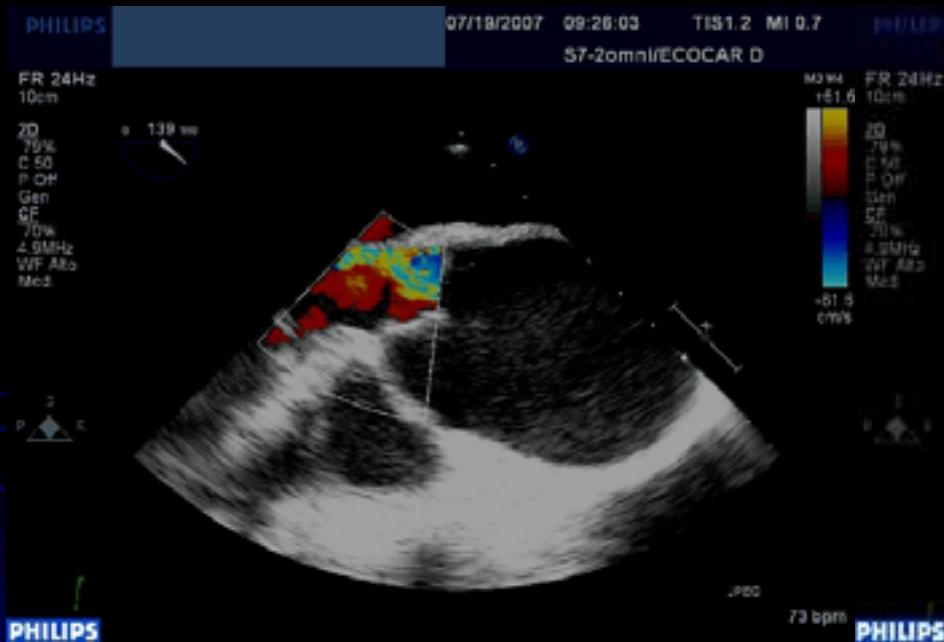


BASALE

RIPARAZIONE



MORFOLOGIA LEMBI, ORIGINE DEL JET

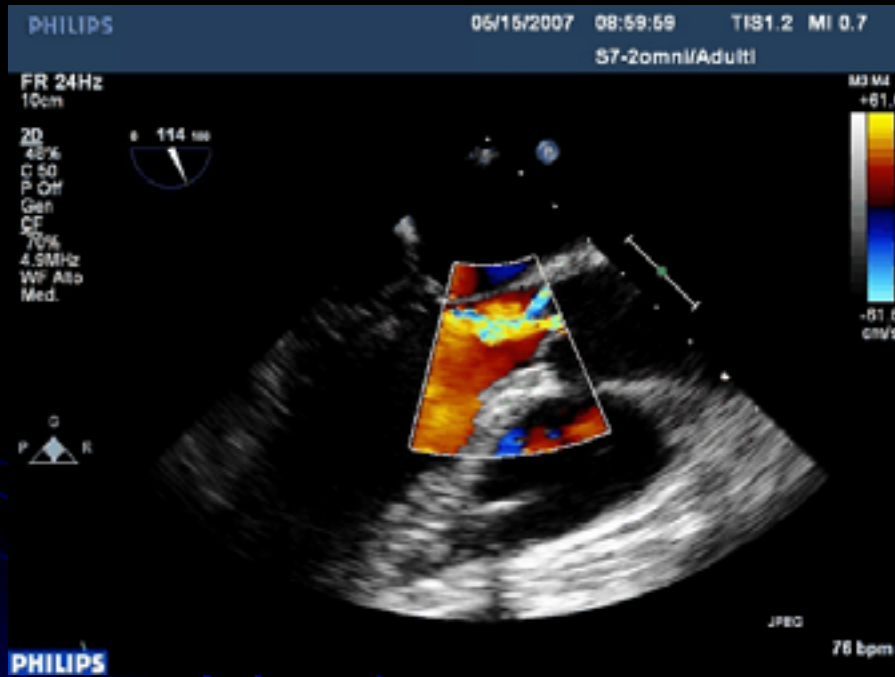


JET ECCENTRICO
DIRETTO VERSO LAM
COAPT 3-4 MM



VALVOLA TRICUSPIDE CON
JET CENTRALE

ORIGINE JET REFLUSSO AORTICO



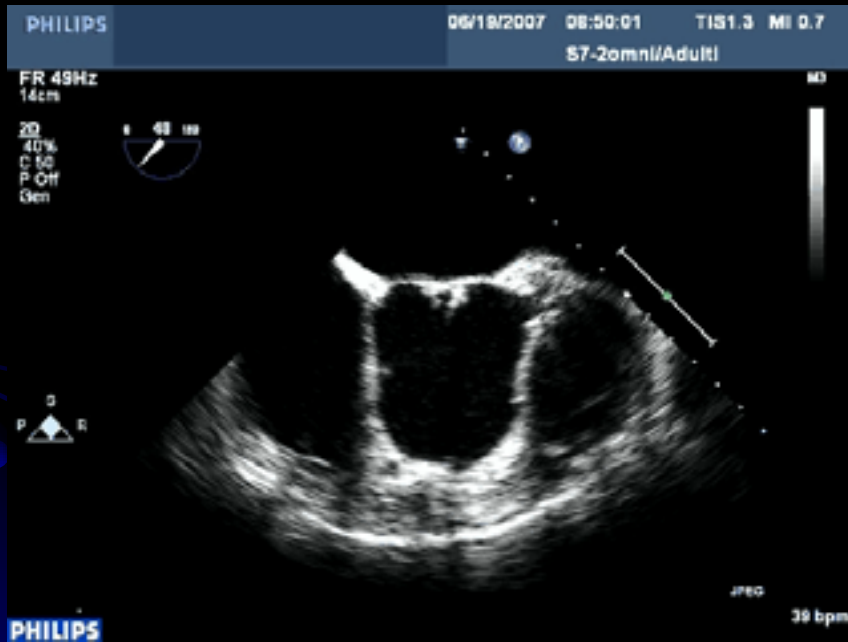
←
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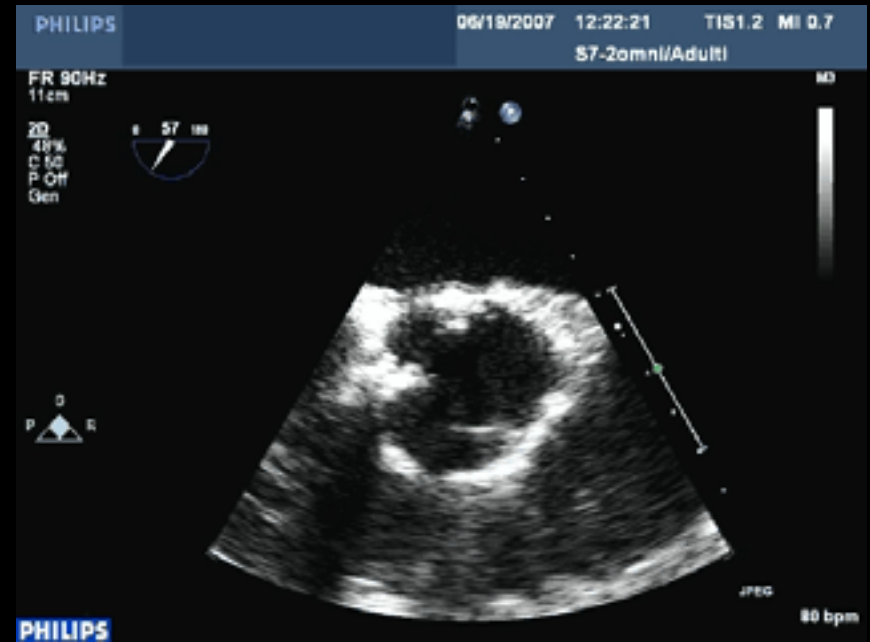
BASALE



ASIMMETRIA SENI VALSALVA



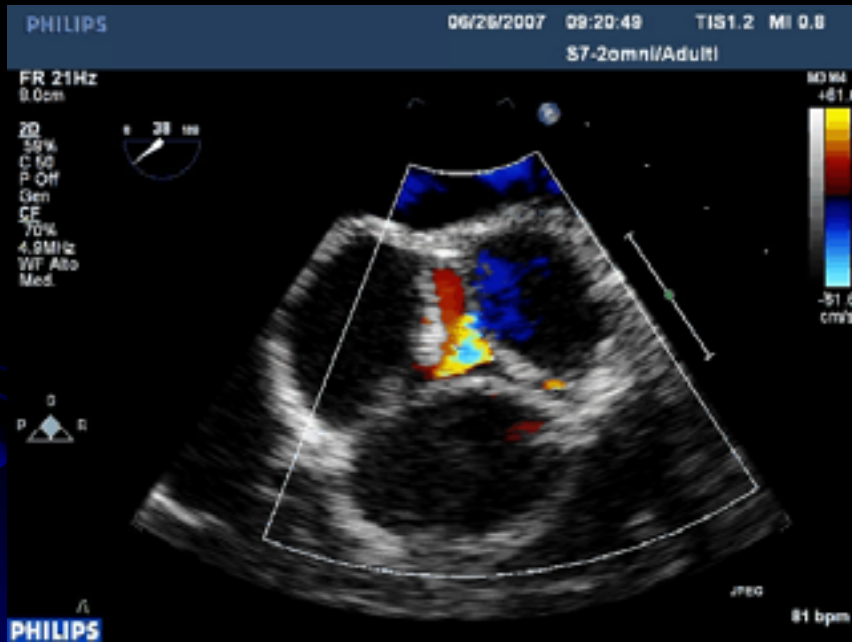
PRE RIP



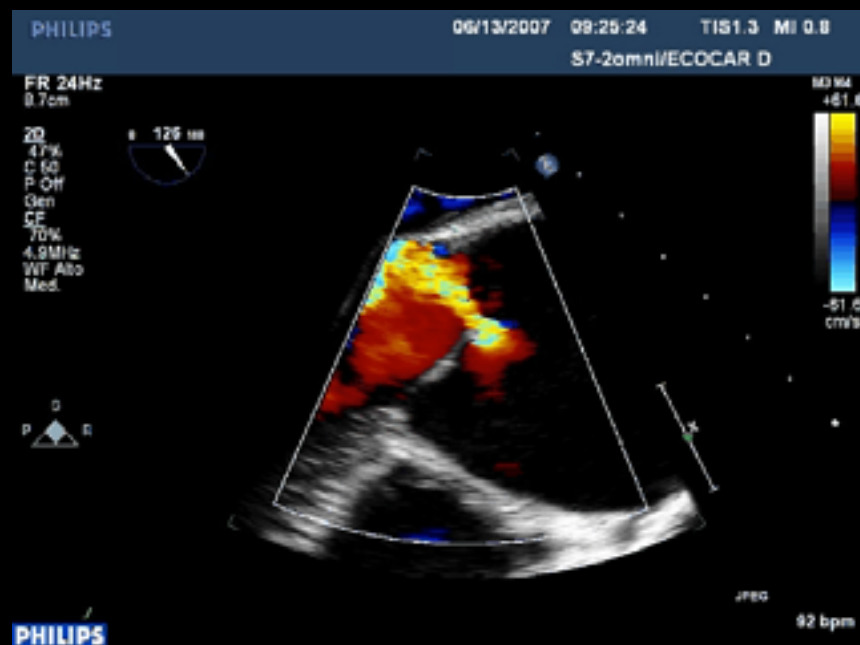
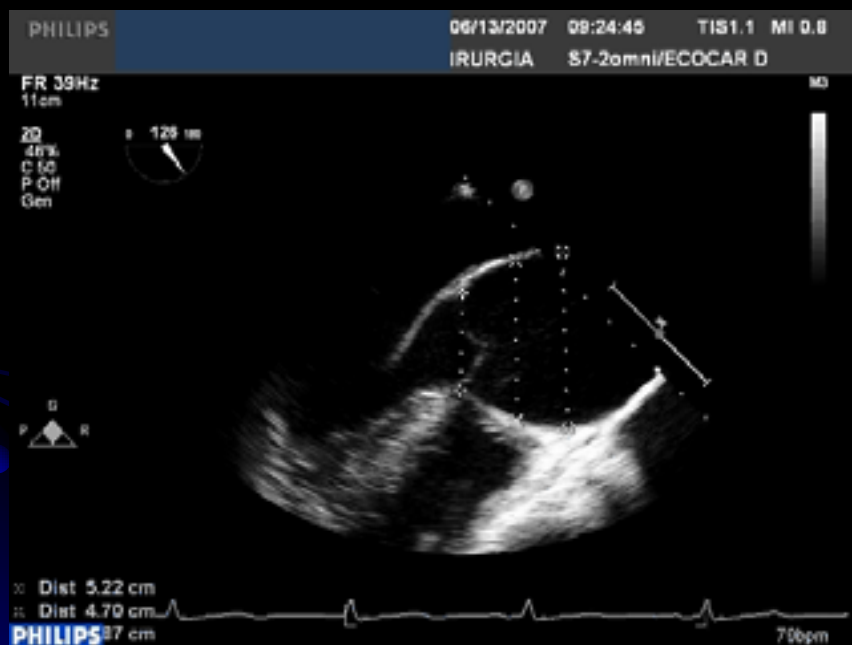
RIPARAZIONE



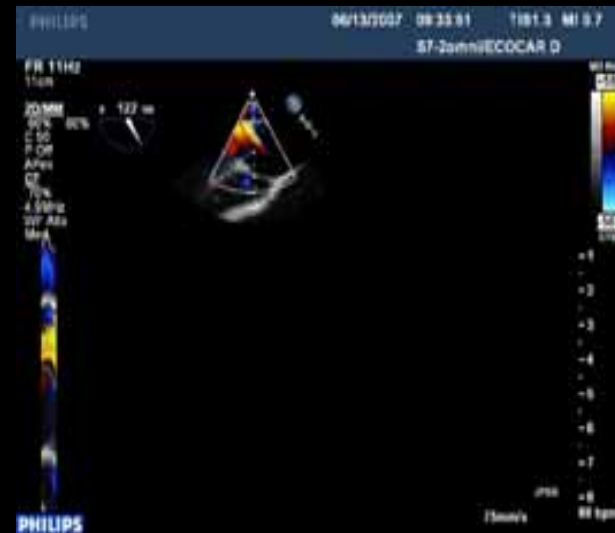
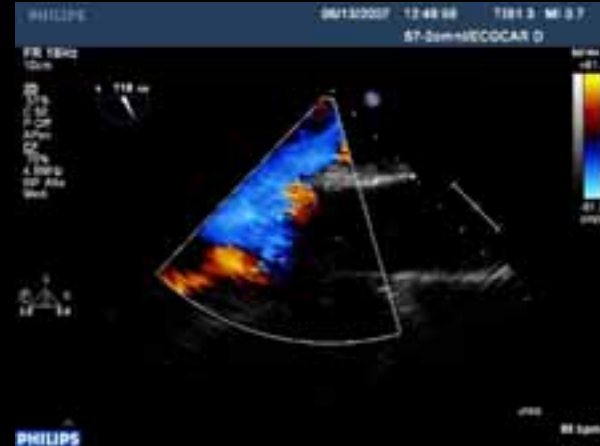
ASIMMETRIA SENI VALSALVA



DILATAZIONE BULBO AORTICO



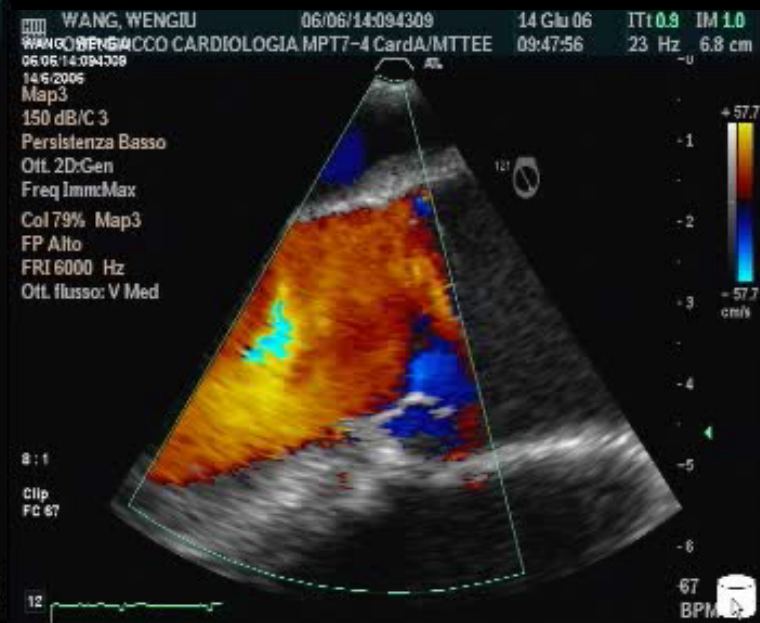
RICOSTRUZIONE



B
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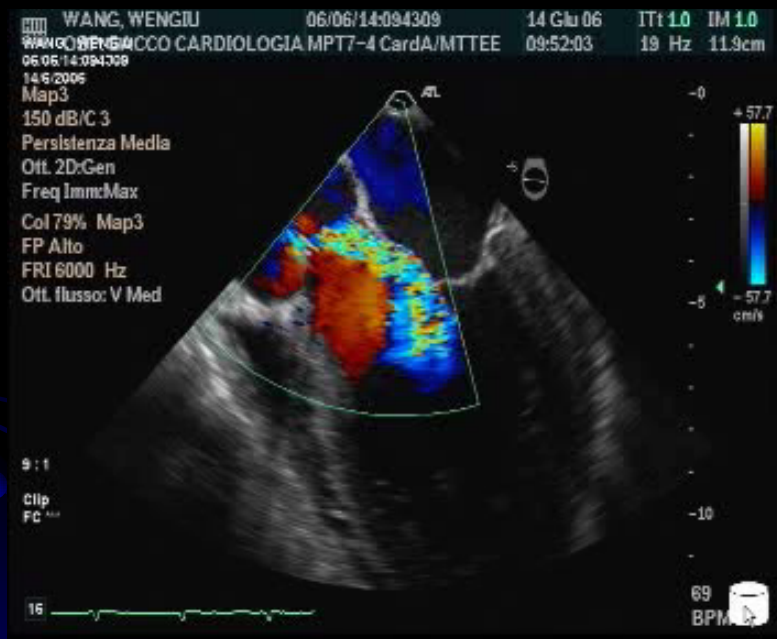
PROLASSO LEMBO V AORTA



ZOOM TRATTO EFFLUSSO
E VALVOLA



RIPARAZIONE PROLASSO AORTICA



BASALE



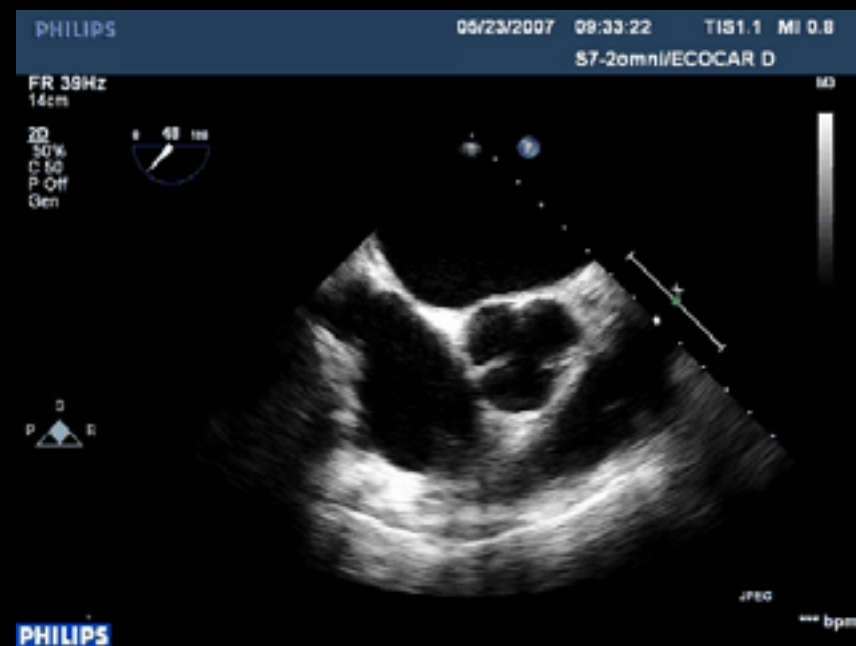
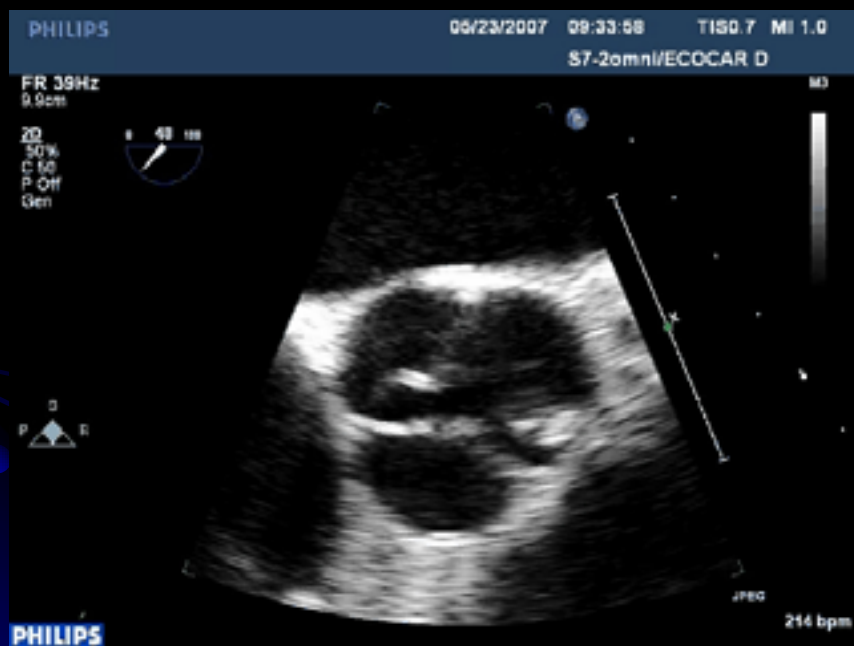
RIPARAZIONE



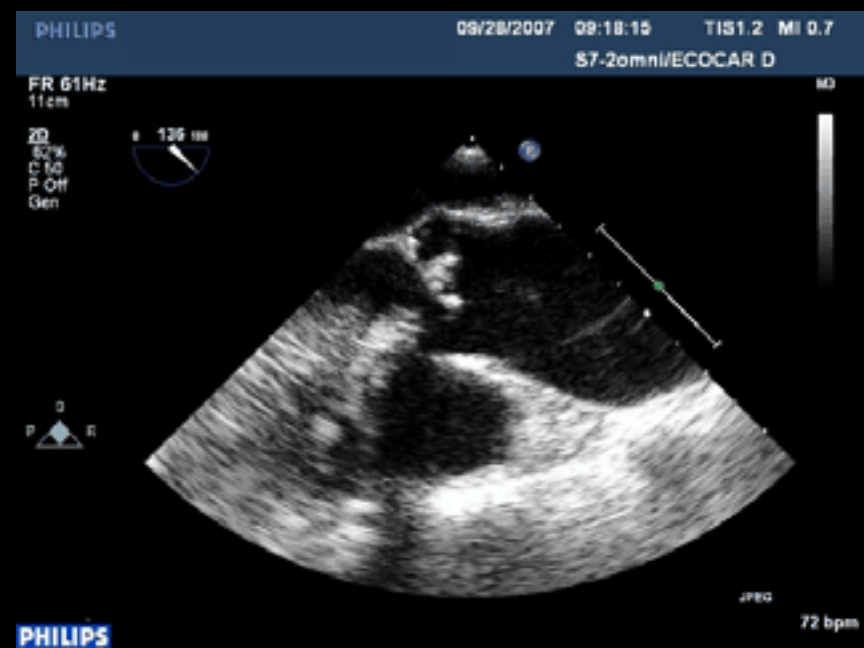
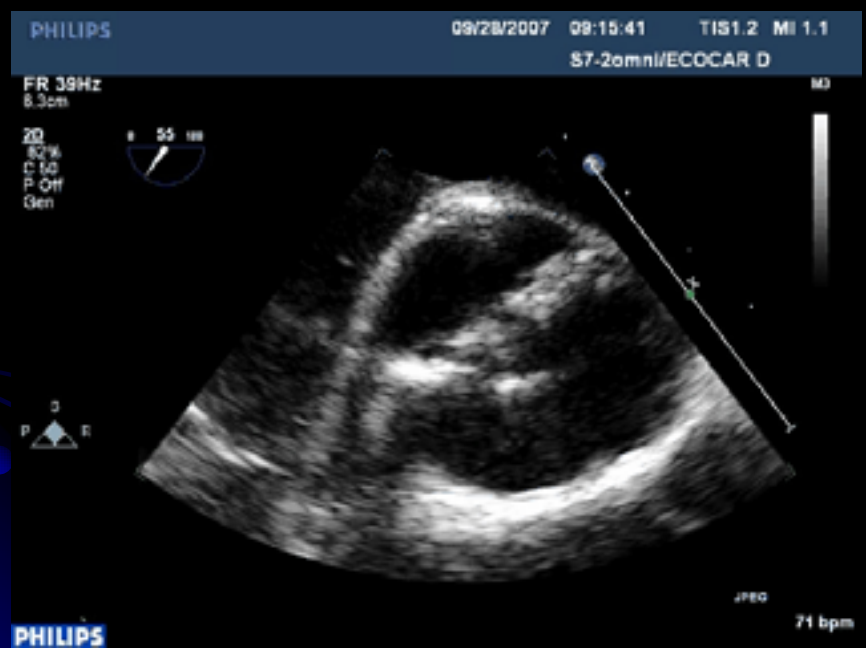
PROLASSO LEMBO V AORTA



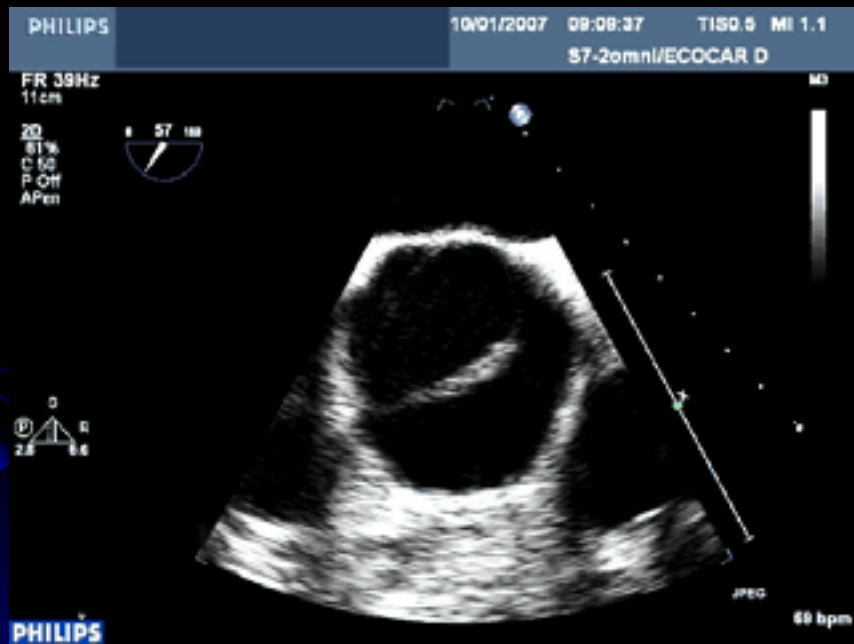
CALCIFICAZIONE V TRICUSPIDE NON RIPARABILE



BICUSPIDE NON RIPARABILE



POSSIBILE RUOLO 3D

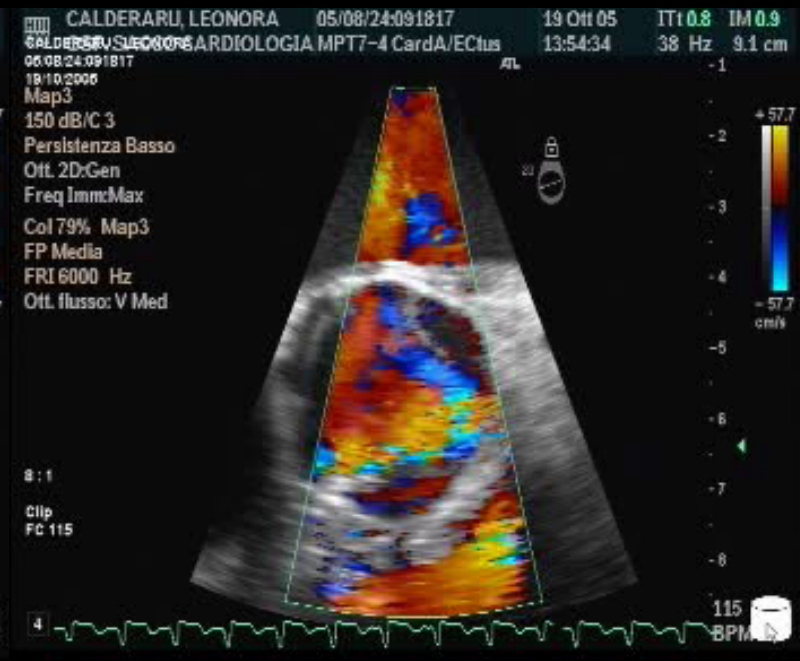


3 D
EPIC



TEE INTRAOP

RISULTATO NON OTTIMALE



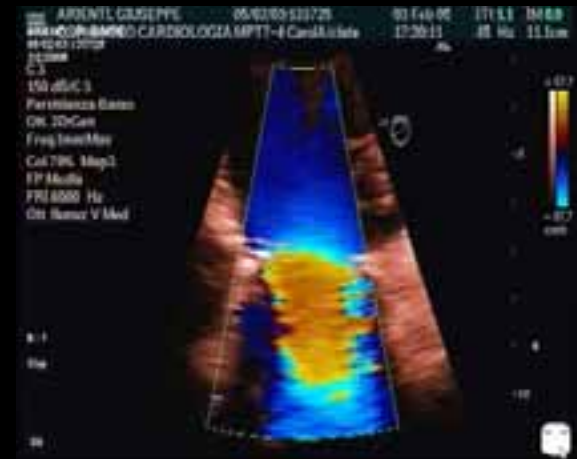
ECO TEE INTRAOP E' METODICA
FONDAMENTALE PER CHIR RIP
AORTICA: REFLUSSO AORTICO
RESIDUO 2+ NON ACCETTABILE



SEZIONI TRANSGASTRICHE PROFONDE



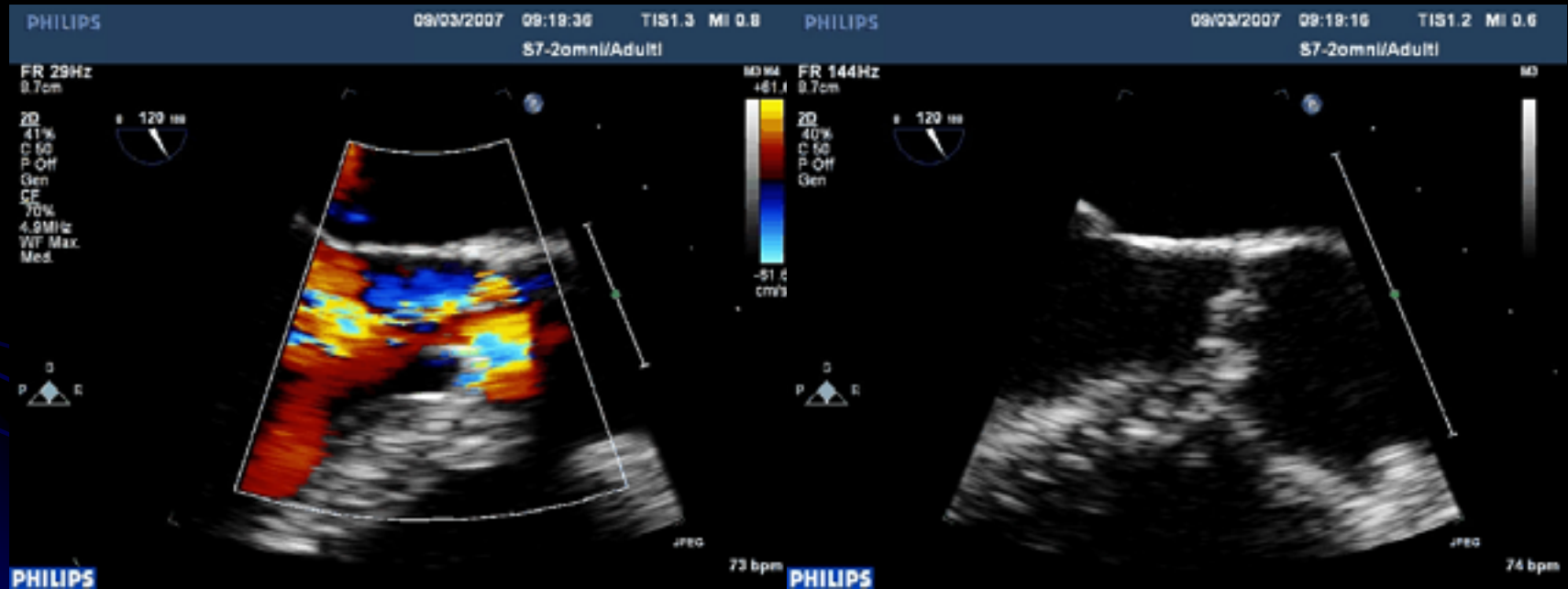
BASALE



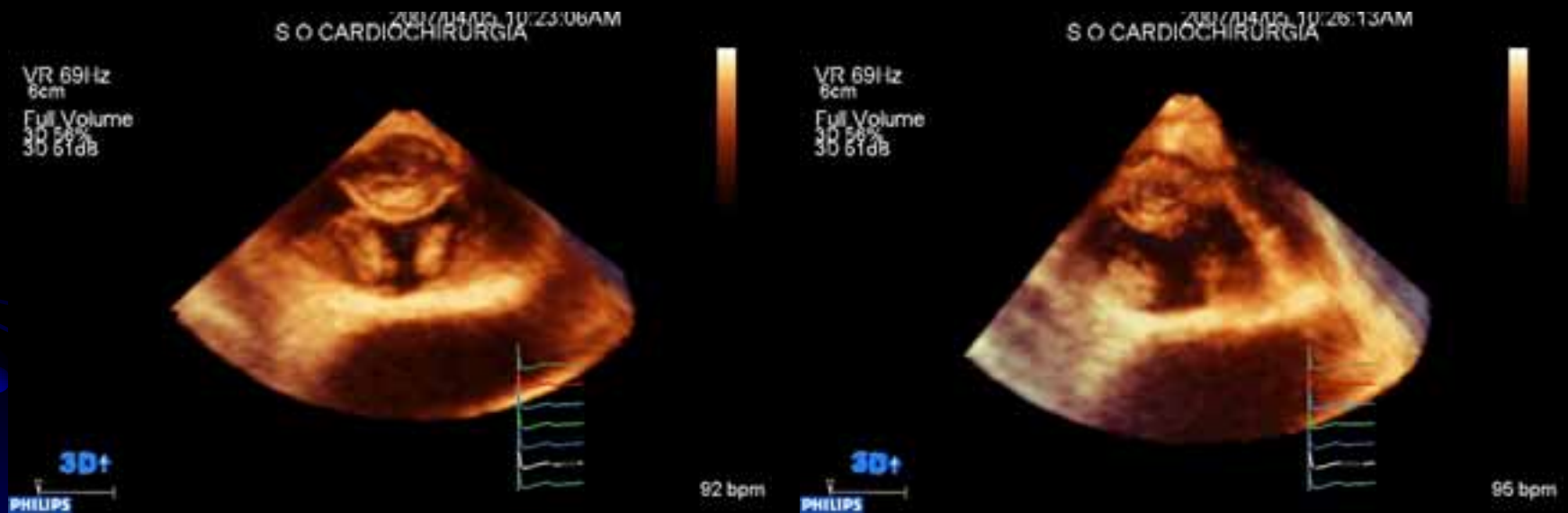
R
I
P



ENDOCARDITE SU PLASTICA AORTICA



POSSIBILE RUOLO 3D

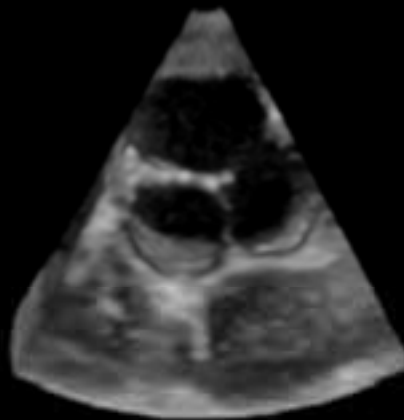


3D EPICARDICO



ECOGRAFIA EPICARDICA TRIDIMENSIONALE

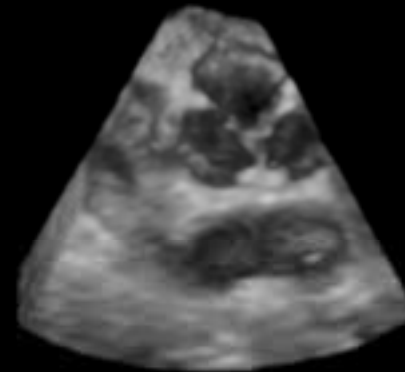
2005/04/27 09:31:38AM
Philips Medical S.



VR 24Hz
9cm
Live 3D
3D 50%
3D 50dB

71 bpm

2005/04/27 11:23:29AM
Philips Medical S.



VR 24Hz
10cm
Live 3D
3D 50%
3D 50dB

56 bpm

View Crossing Color MPR Setup

VR Mode	Gain 20%	3D Compression 70%	Water	Color	VR S
Auto Crop	Reset Crop	Alignment (R/L)	Coloring (I)	+	OK
VR	Reset VR	Mapping (1/2)	Interpolate	VR	Cancel

1/2 0.80x0.80x (1.4, 1.1, 0.800x)

View Crossing Color MPR Setup

VR Mode	Gain 20%	3D Compression 70%	Water	Color	VR S
Auto Crop	Reset Crop	Alignment (R/L)	Coloring (I)	+	OK
VR	Reset VR	Mapping (1/2)	Interpolate	VR	Cancel

1/2 0.80x1.17x (1.4, 1.1, 0.800x)

