

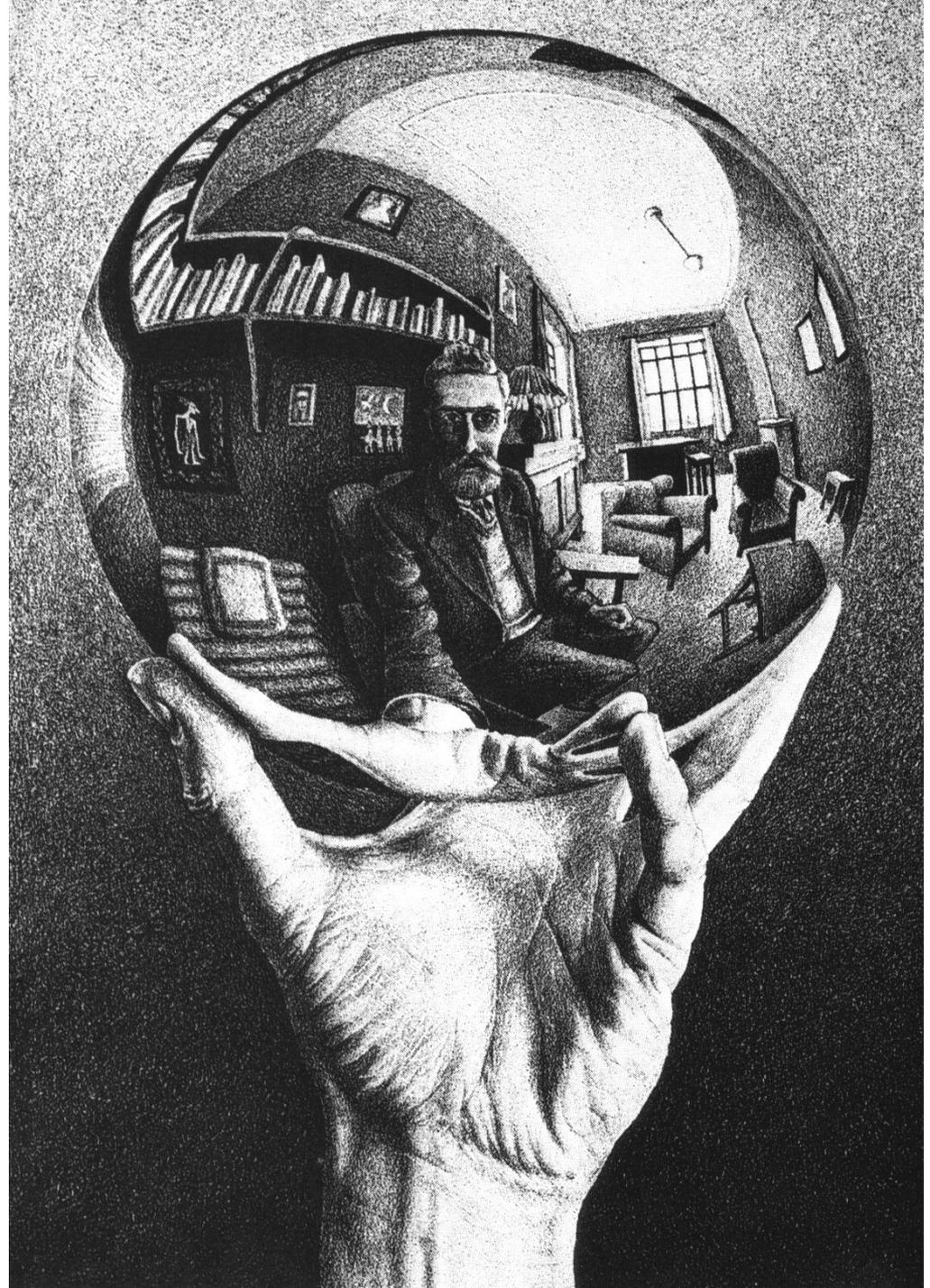
Milano

1 marzo 2013

Seminario di
Ecocardiochirurgia

L'ECG ed RX
torace:

L'onda prima
della sonda



G.Bronzetti- M.Bonvicini
Cardiologia
Cardiochirurgia Pediatrica
Bologna

VIDEO KILLED THE RADIO STARS

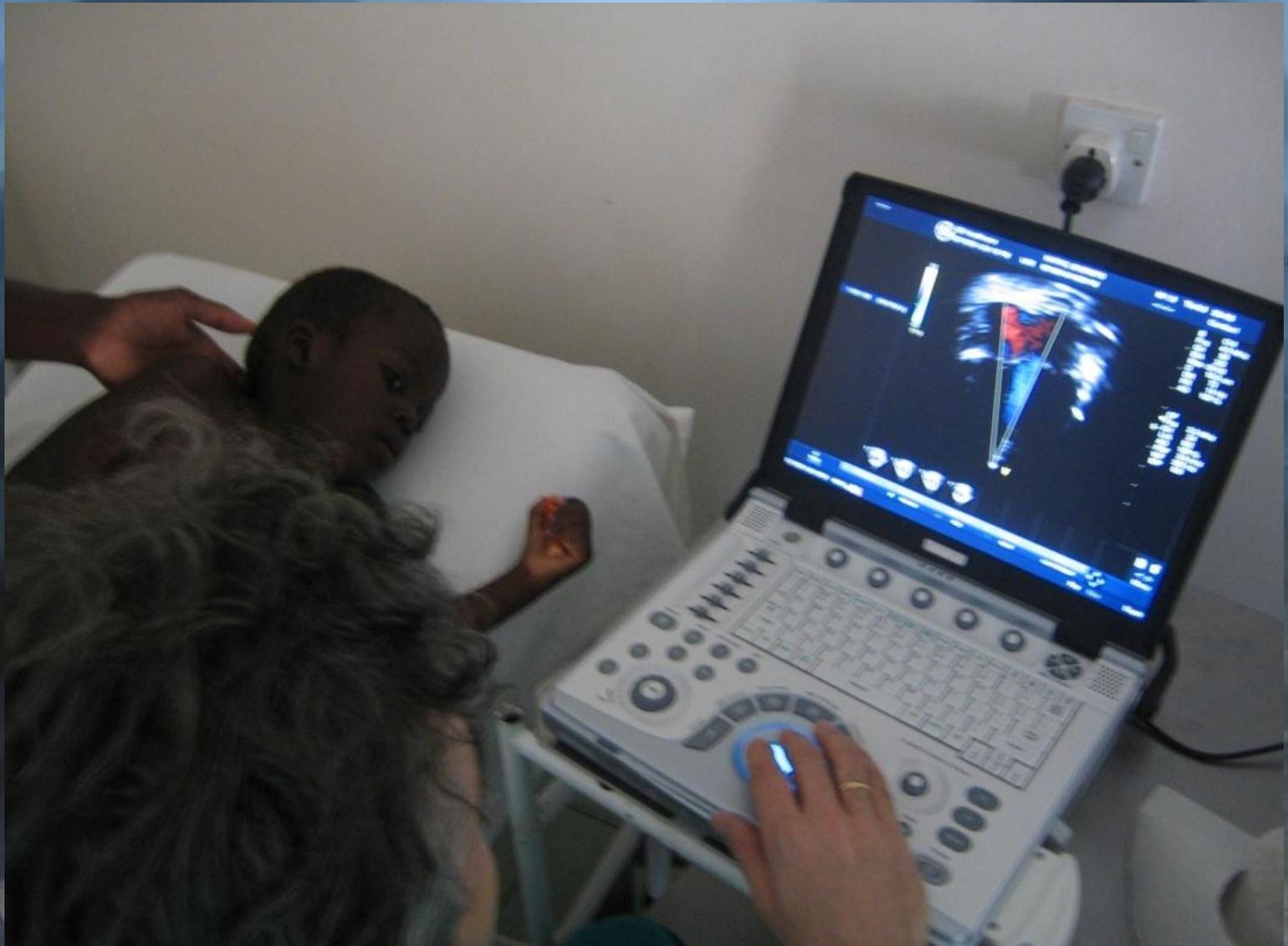
Pictures came and broke your heart...

Video killed the radio star (Buggles 1979)

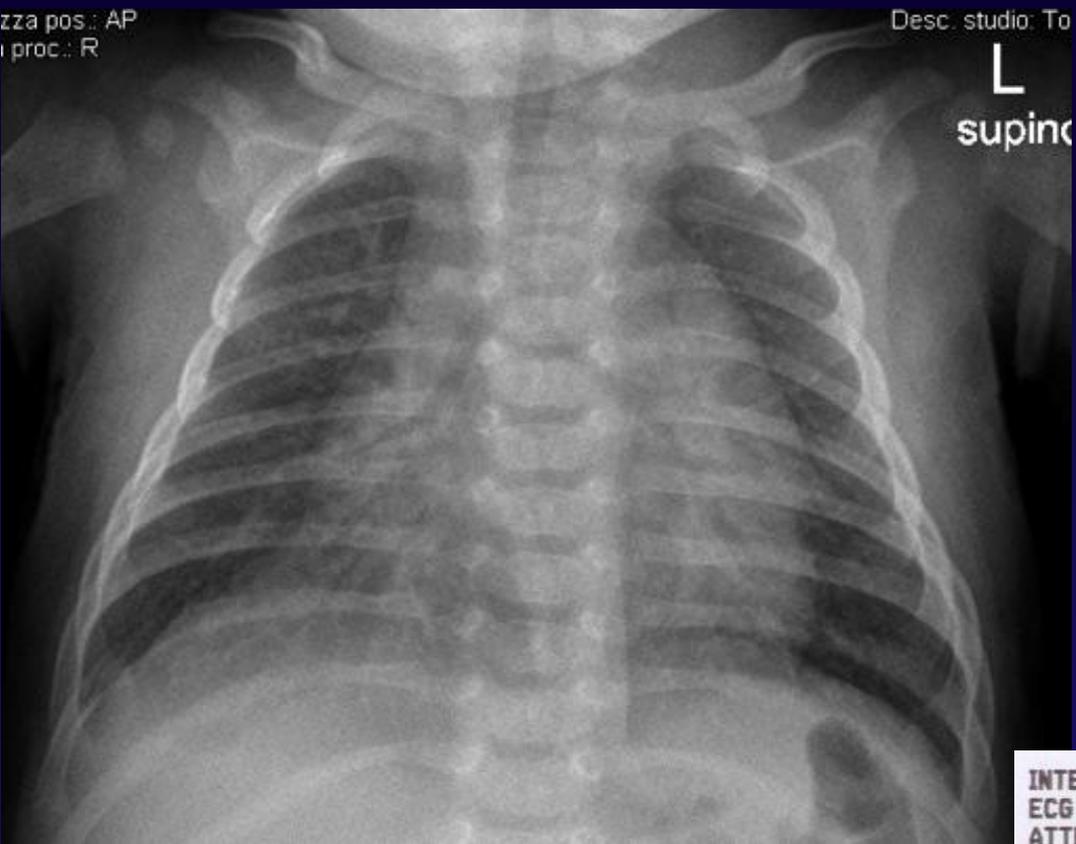


ECO e RMN killed the radio AND ECG stars

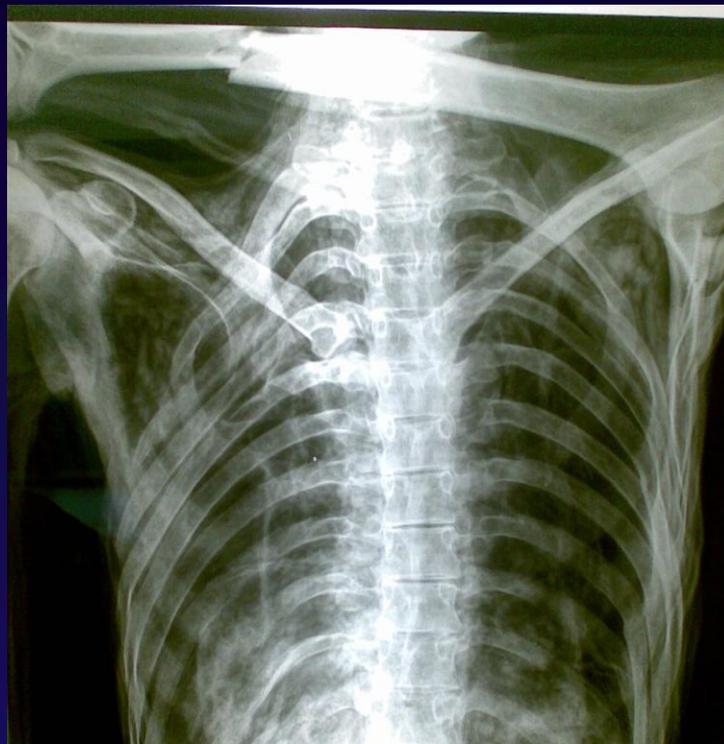
Difficile, impossibile, o inutile ?



1 giorno (PC)



OTZI, 3200 anni (AC)



INTERPRETAZIONE COMPLETA NON POSSIBILE
ECG ATIPICO
ATTENZIONE: LA QUALITA' DEI DATI PUO' INFLUENZARE L'INTERPRETAZIONE
INTERPRETAZIONE BASATA SULL'ETA' DI 40 ANNI

Refertato da _____



INTERPRETAZIONE BASATA SULL'ETA' DI 40 ANNI

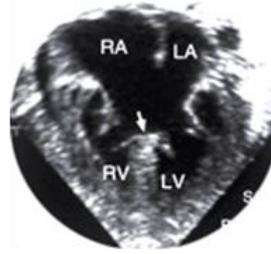
Refertato da _____

Tra immaginazione e imaging

Noonan



Canale AV



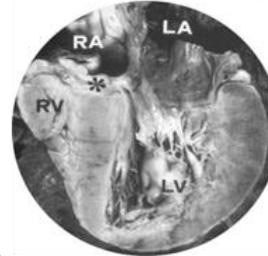
Destrocardia



TCCGV



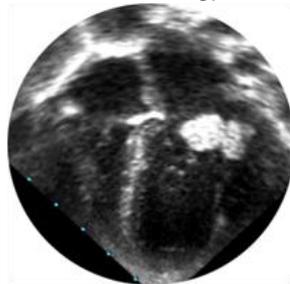
Atresia tricuspide



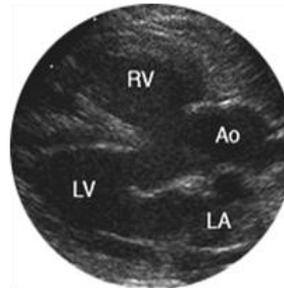
**Ipertrofia
accumulo**



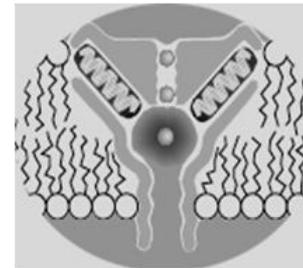
Ebstein



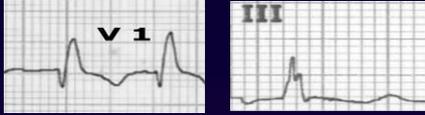
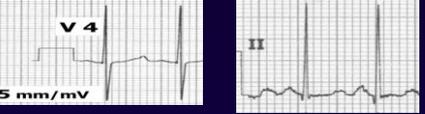
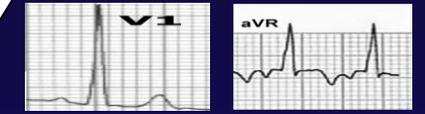
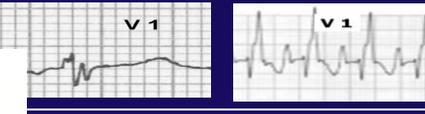
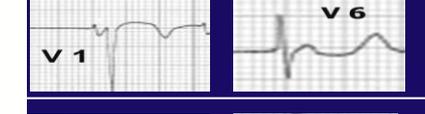
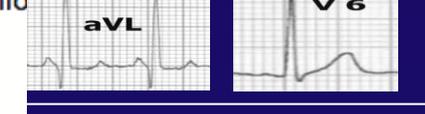
Tumori



Fallot



QT lungo

	Anatomia	ECG CLOU
DIA	Dilatazione VDX	
DIV-PDA	Iperbolici	
CAV	S	
SPO	Iperbolici	
SAo-CoAo	Iperbolici	
Fallot TGV AP-DIV	Iperbolici VDX	
Ebstein	ADx-VDX abnormi- Vie	
TCCGV		
Atresia tricuspidale		
APSI	Ipoplasia VDX, atriomegalia Dx	

**INFINITE
 VARIANTI...
 SPO, DIV,
 CONNESSIONI,
 COLLATERALI...
 E poi il tempo...**

**L'ECG in età pediatrica:
 cosa deve sapere il cardiologo dell'adulto**

Gabriele Bronzetti, Elisabetta Mariucci, Marco Bonvicini, Fernando Maria Picchio
*Cardiologia, Cardiochirurgia Pediatrica e dell'Età Evolutiva, Centro Regionale per la Diagnosi
 e la Cura del Cardiopatico Congenito Adulto, Università degli Studi, Bologna*

- BBDx polifasico
- Delta

- Scarso R precordiali Dx
- Impegno ADx
- Prevalenza Sn

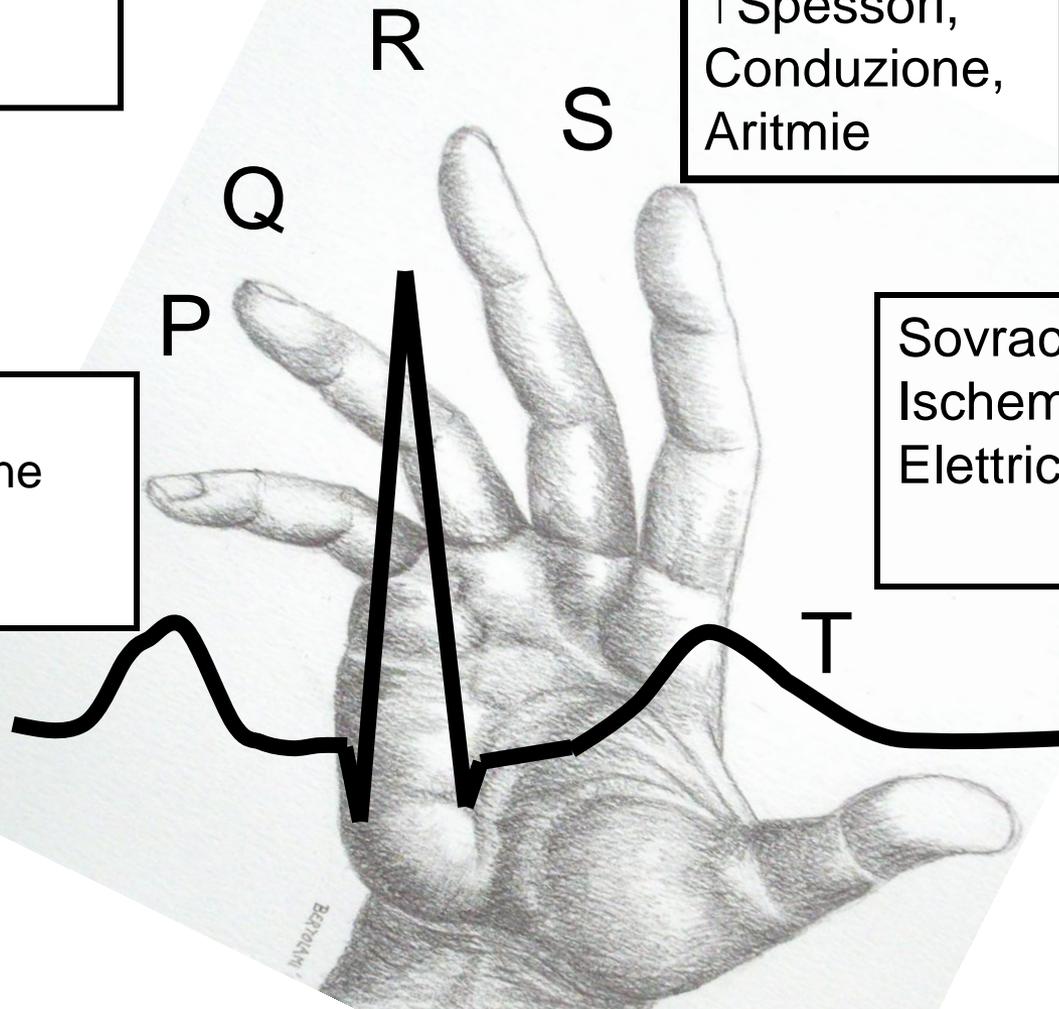
Spessori,
orientamento
SIV, Ischemia,
Preeccitazione,
Distrofia,
Metaboliche

↑Volume e
spessori,asse,
Ischemia,
Miocardite

↑Spessori,
Conduzione,
Aritmie

Ritmo, Situs,
, volume - pressione
atriale,
conduzione

Sovraccarico,
Ischemia, Malattie
Elettriche, disionie



↑↓Flusso polm
↑ Pressioni polm

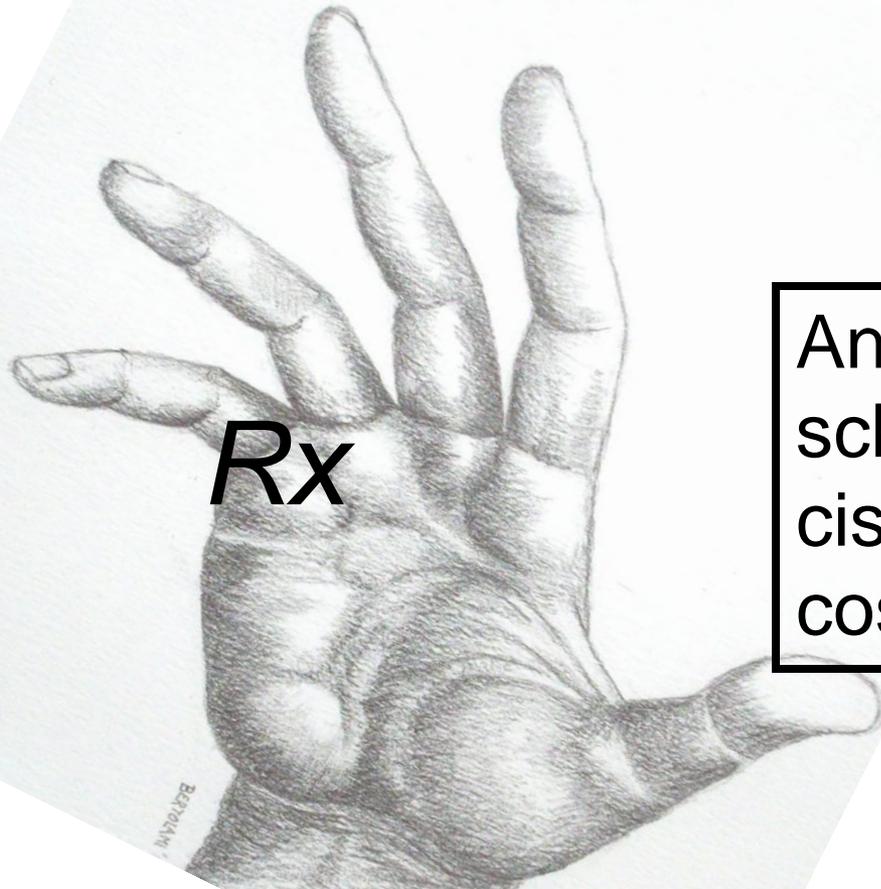
↑ADx
↑A Sin

↑ICT

↑Ao, Pos Ao
↑↓AP, AP pos
Situs

Rx

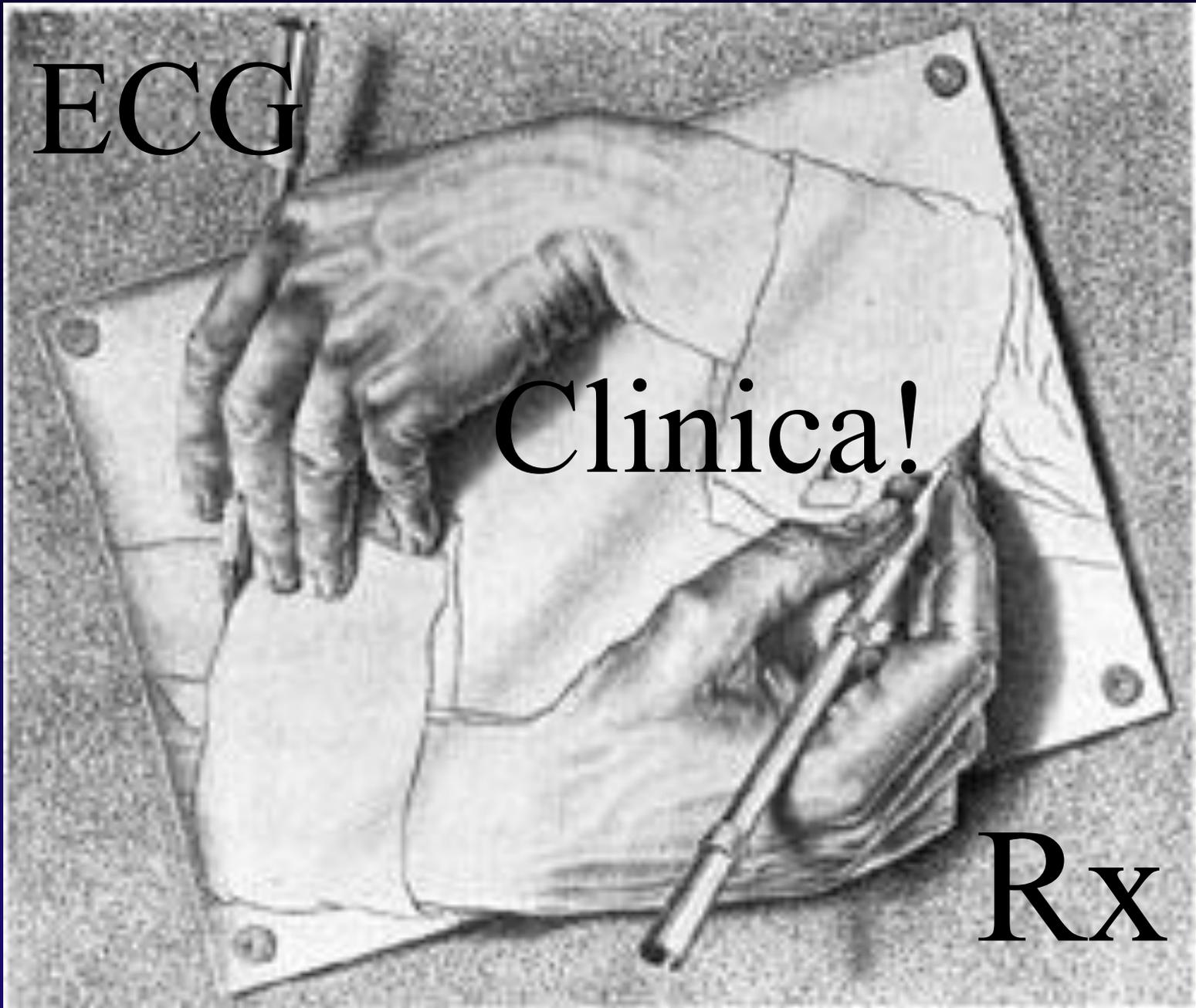
Anomalia
scheletroIn
cisure
costali



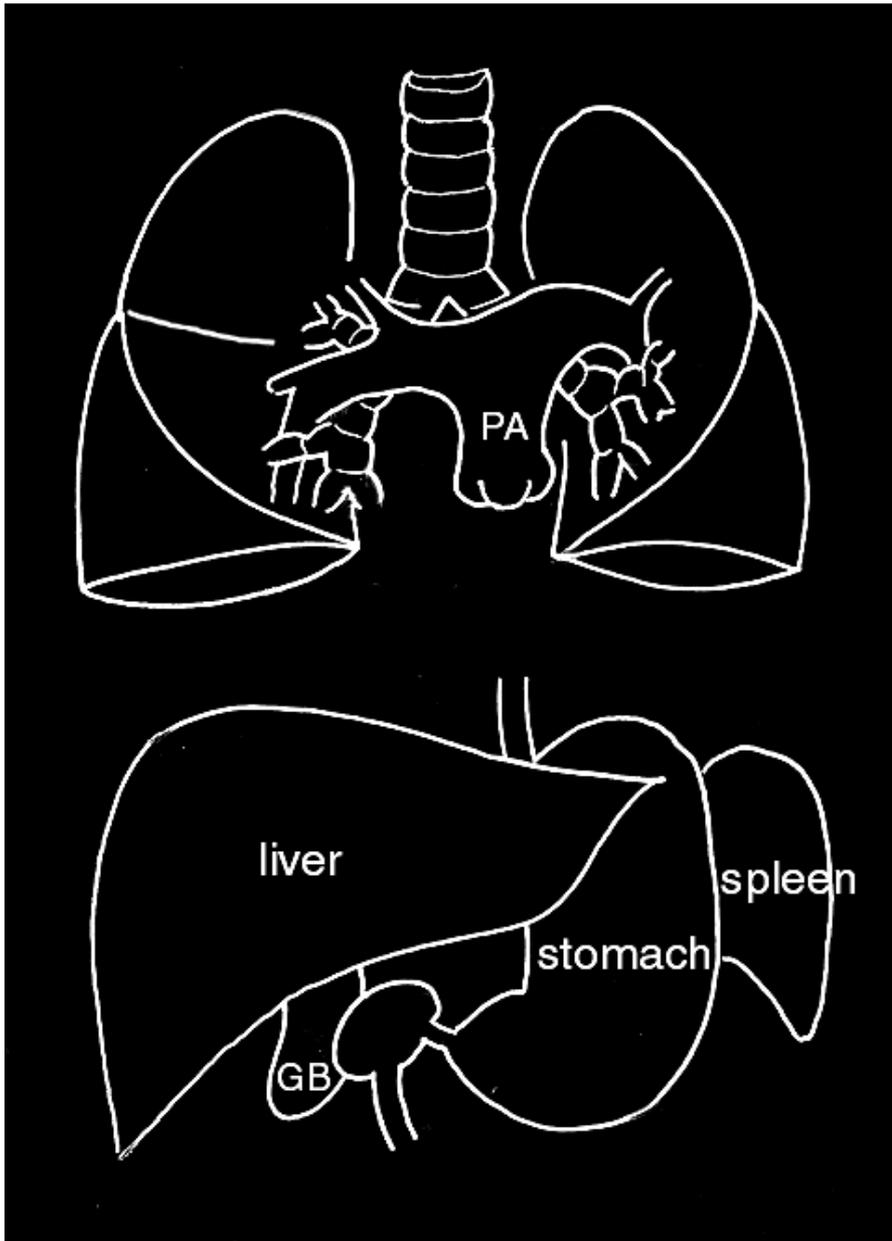
ECG

Clinica!

Rx

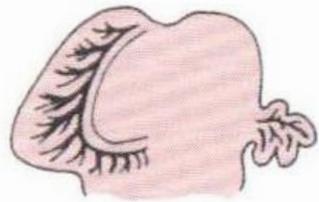


SITUS

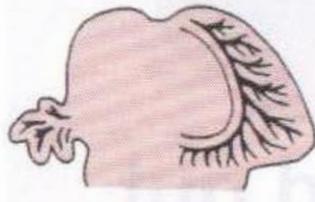


- Disposizione degli organi rispetto alla linea mediana
- Indifferente alla posizione del cuore

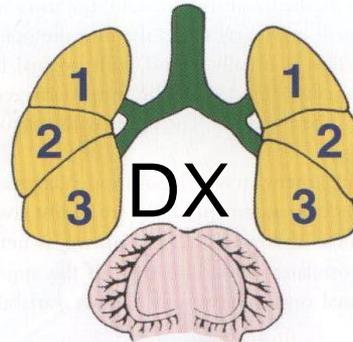
SITUS



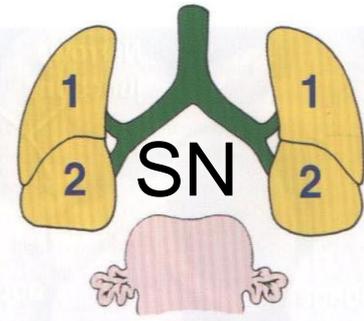
Usual



Mirror-imaged Is



Malrotated gut



Malrotated gut

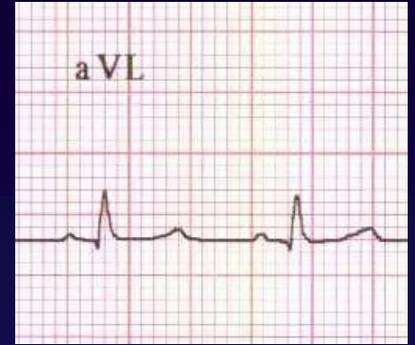
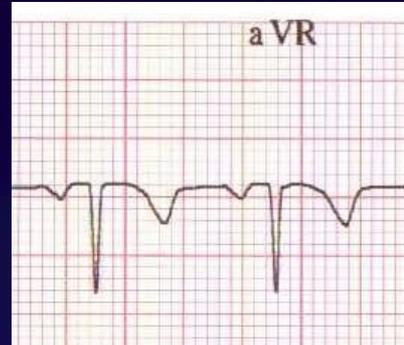
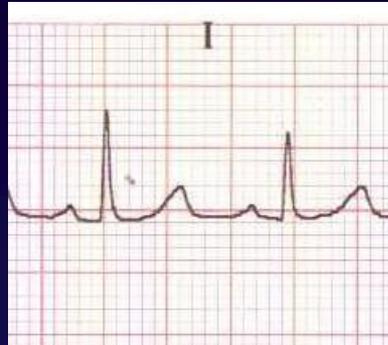
E' meglio essere rossi o neri ? A Milano rossoneri....

- Asplenia
- Isomerismo dx toracico
- Isomerismo destro atriale
- Cardiopatia nel 100%

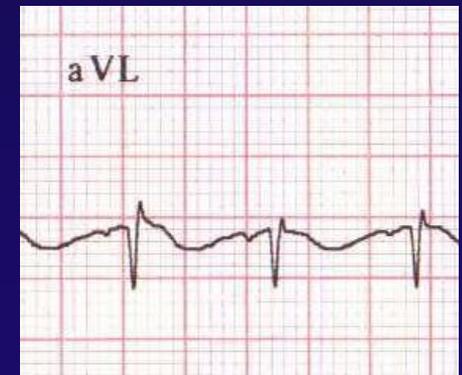
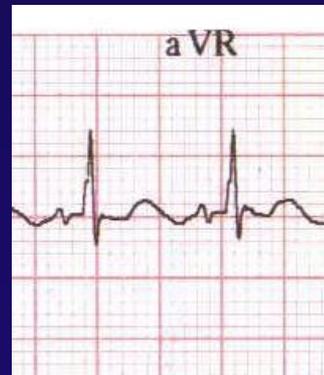
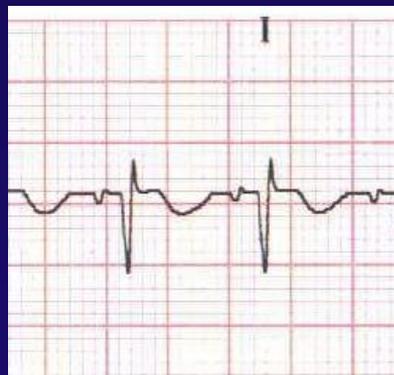
- Polisplenia
- Isomerismo sin toracico
- Isomerismo sin atriale
- Cardiopatie frequenti



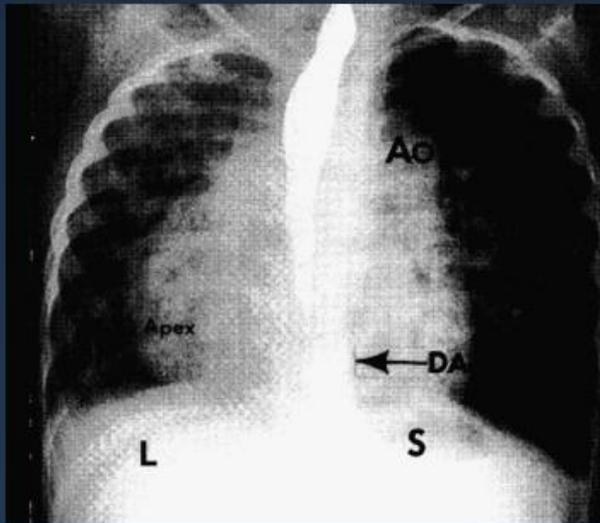
Normale



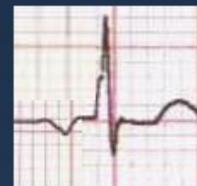
Dx cardia mirror



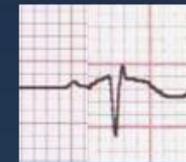
DISCORDANZE SITUS/APICE CARDIACO



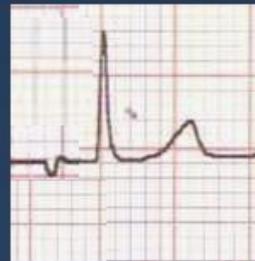
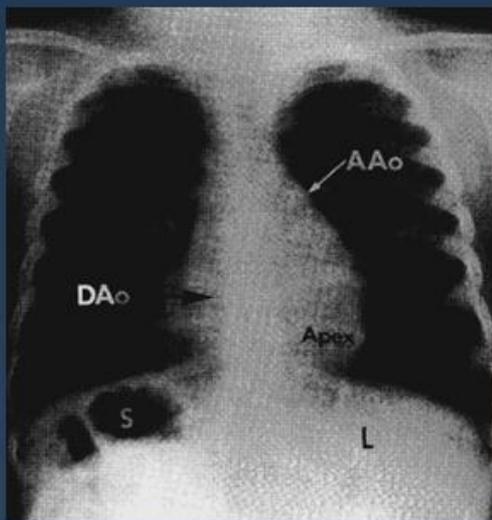
I



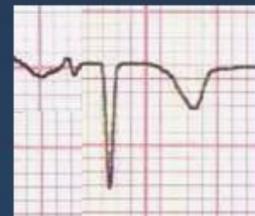
aVR



aVL



I

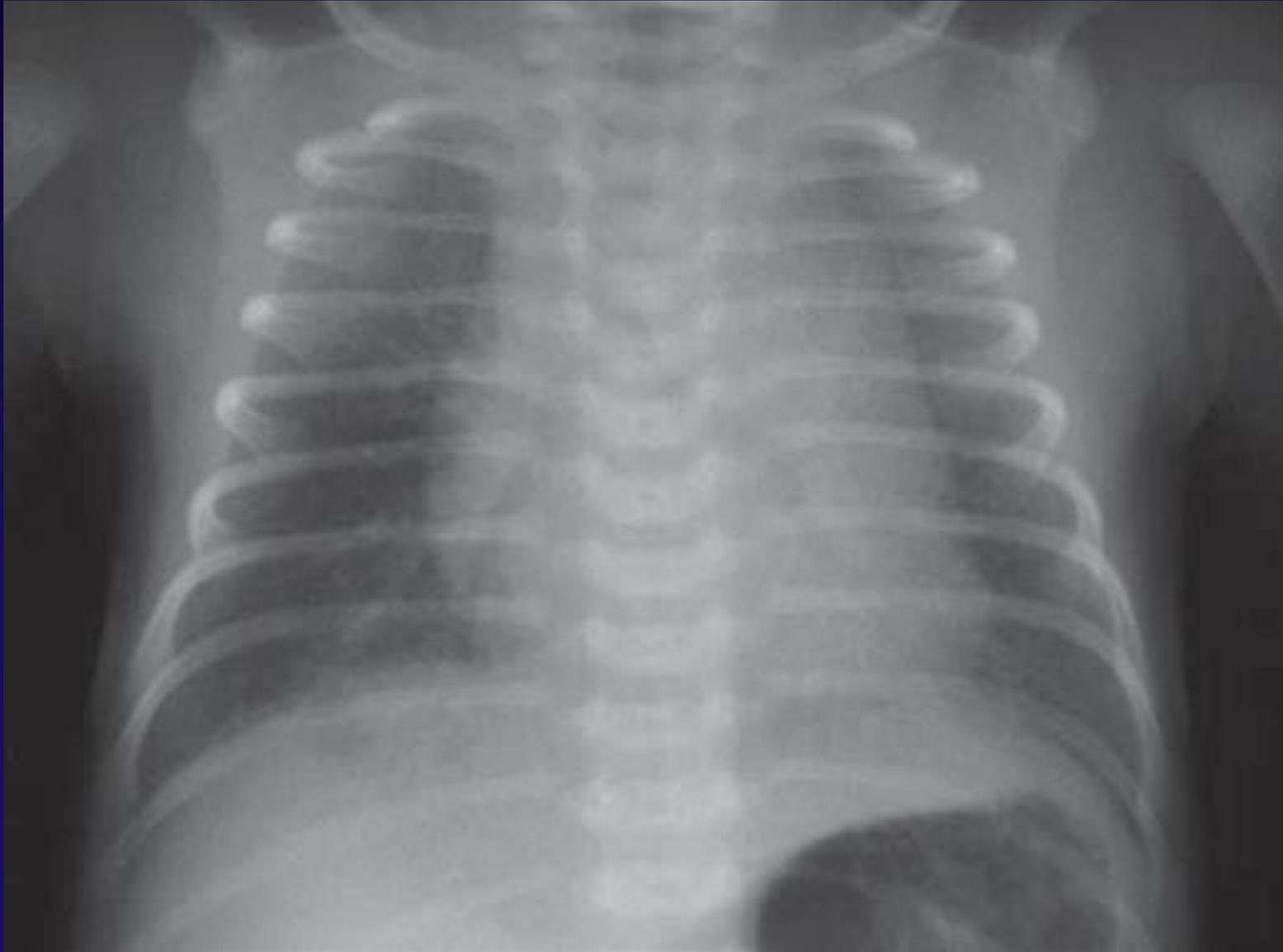


aVR

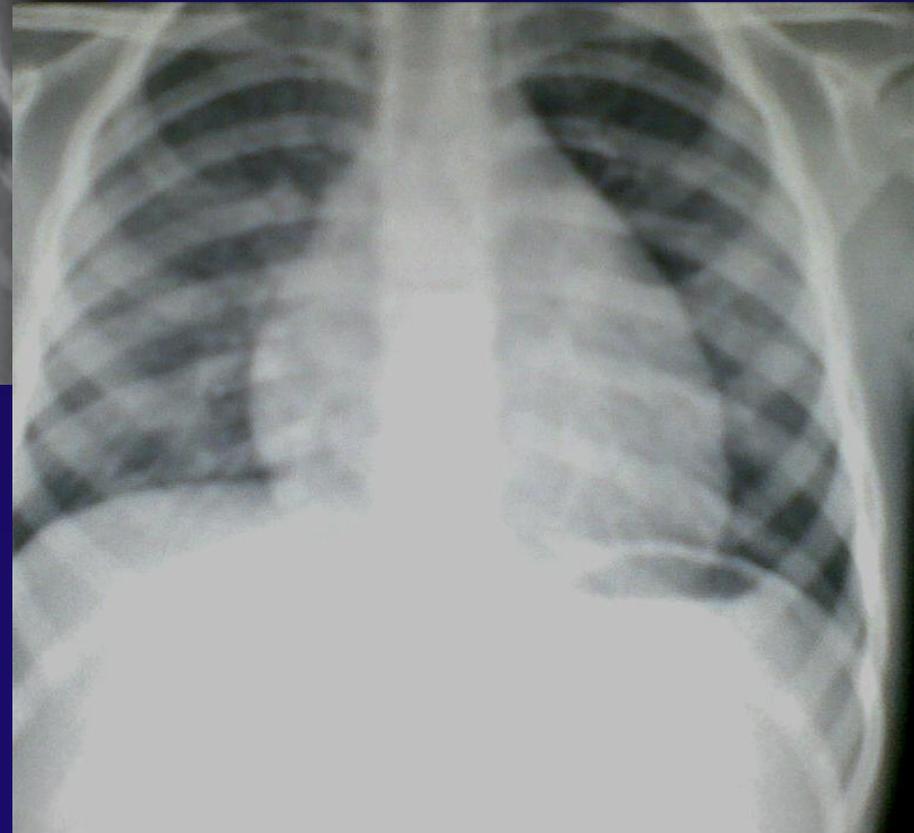
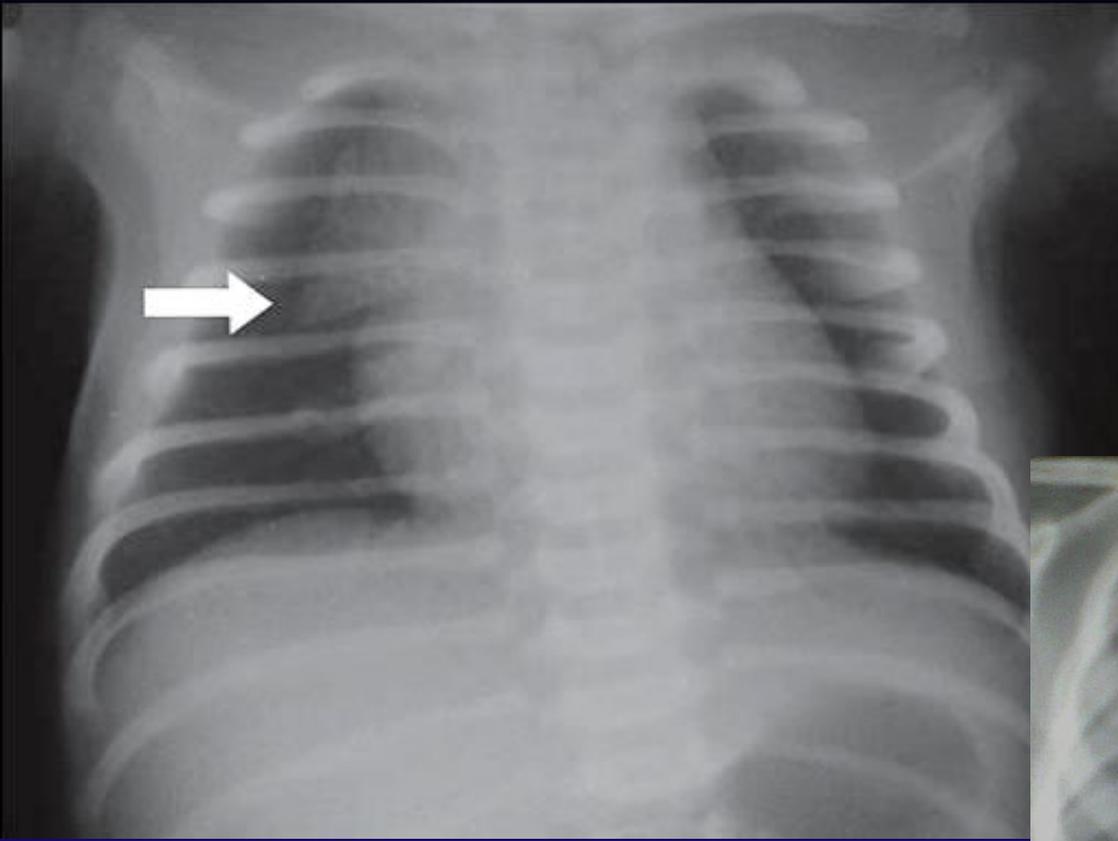


aVL

Neonato normale



Timone...e vele

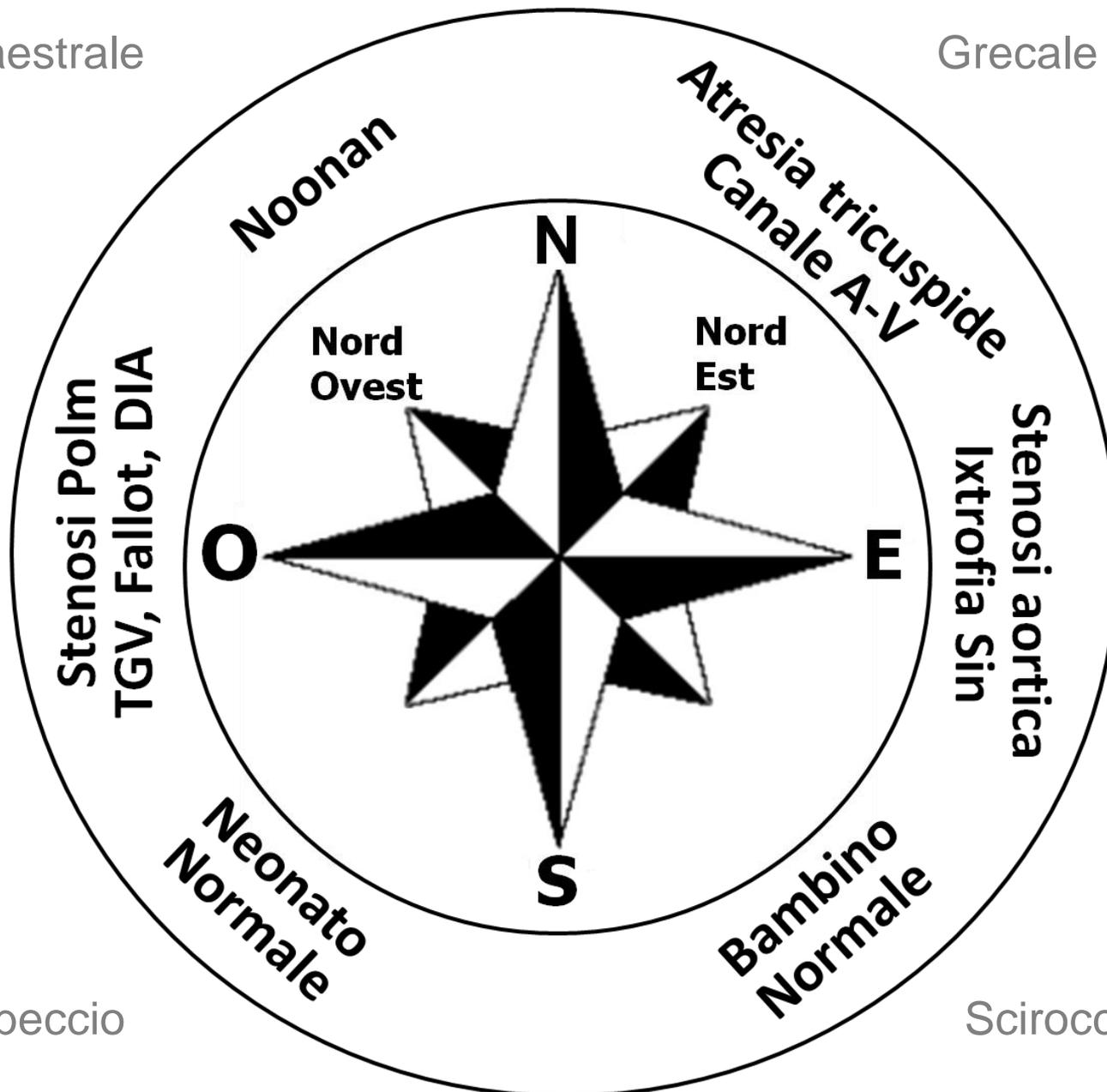


*Questo bel mare di Lombardia...
I. Fossati*

Rosa dei vent...ricoli

Maestrale

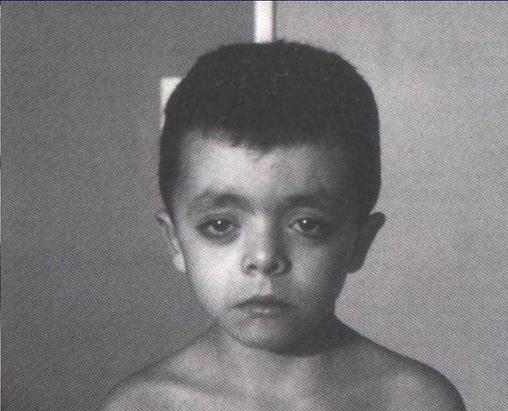
Grecale



Libeccio

Scirocco

Asse a Nord-Ovest



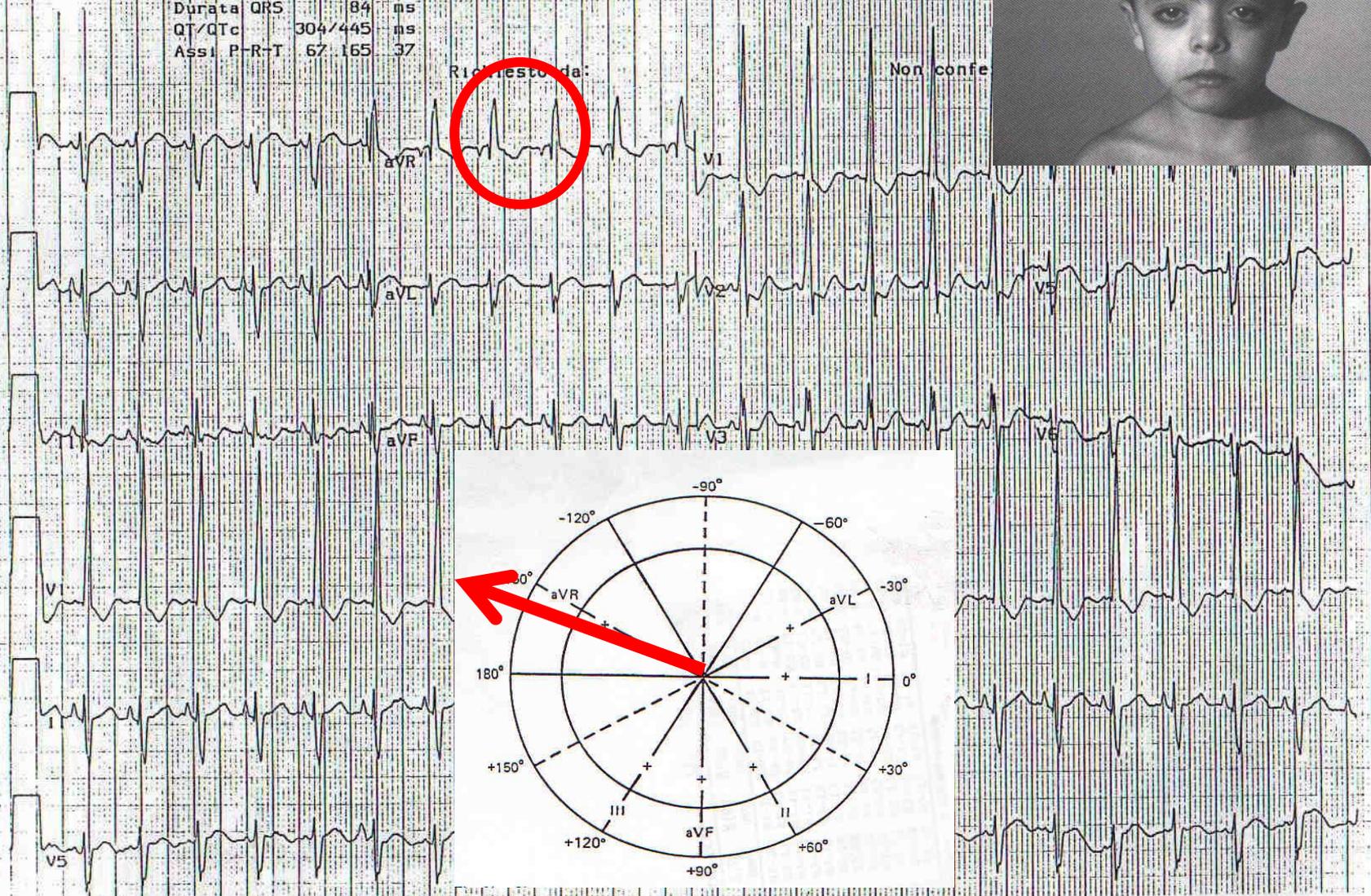
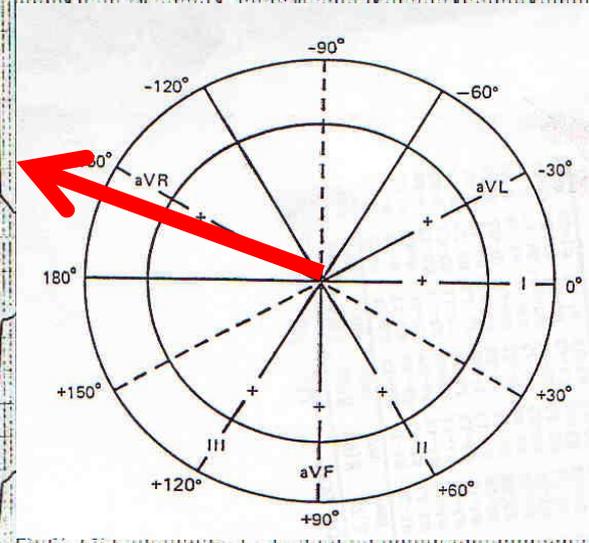
25mm/s
10mm/mV
40Hz
Pgm 005AA
v206

Farm:
Età:
Sesso:
Loc:
Cam:

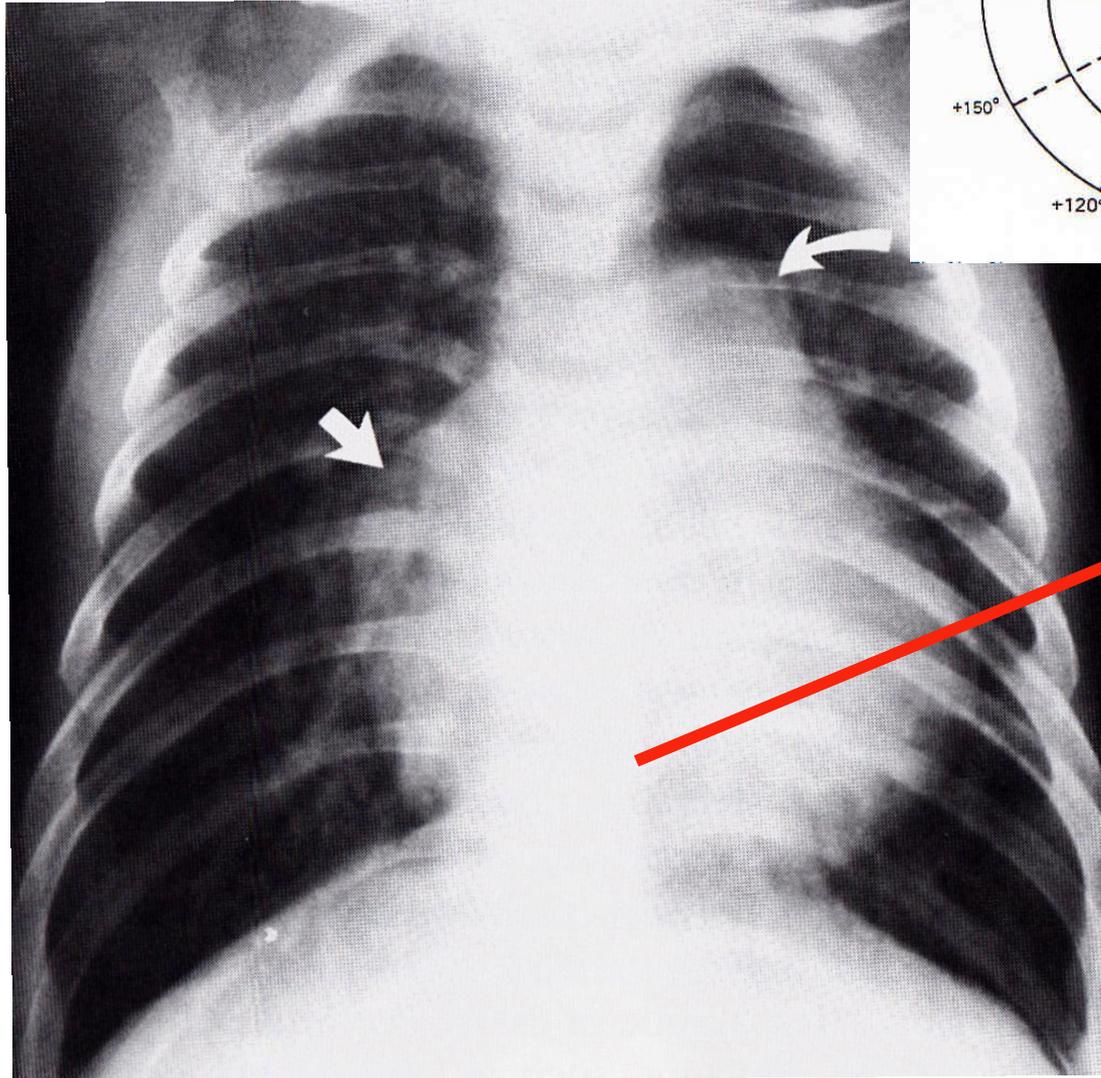
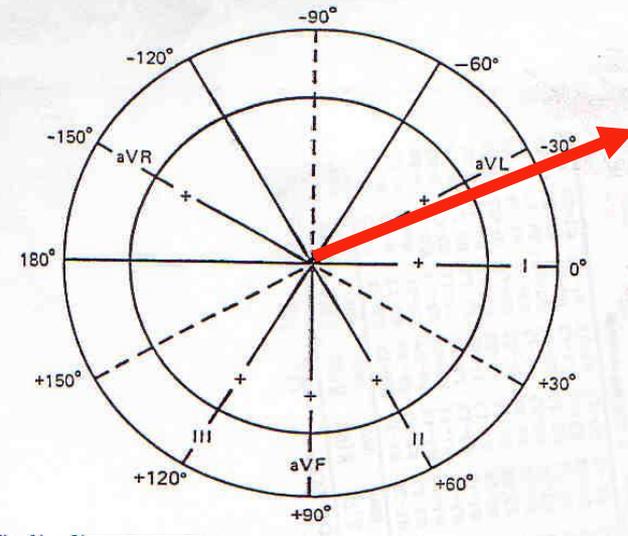
Alt:
Razza:

Frequenza 130 BPM
Intervallo PR 132 ms
Durata QRS 84 ms
QT/QTc 304/445 ms
Assi P-R-T 67 165 37

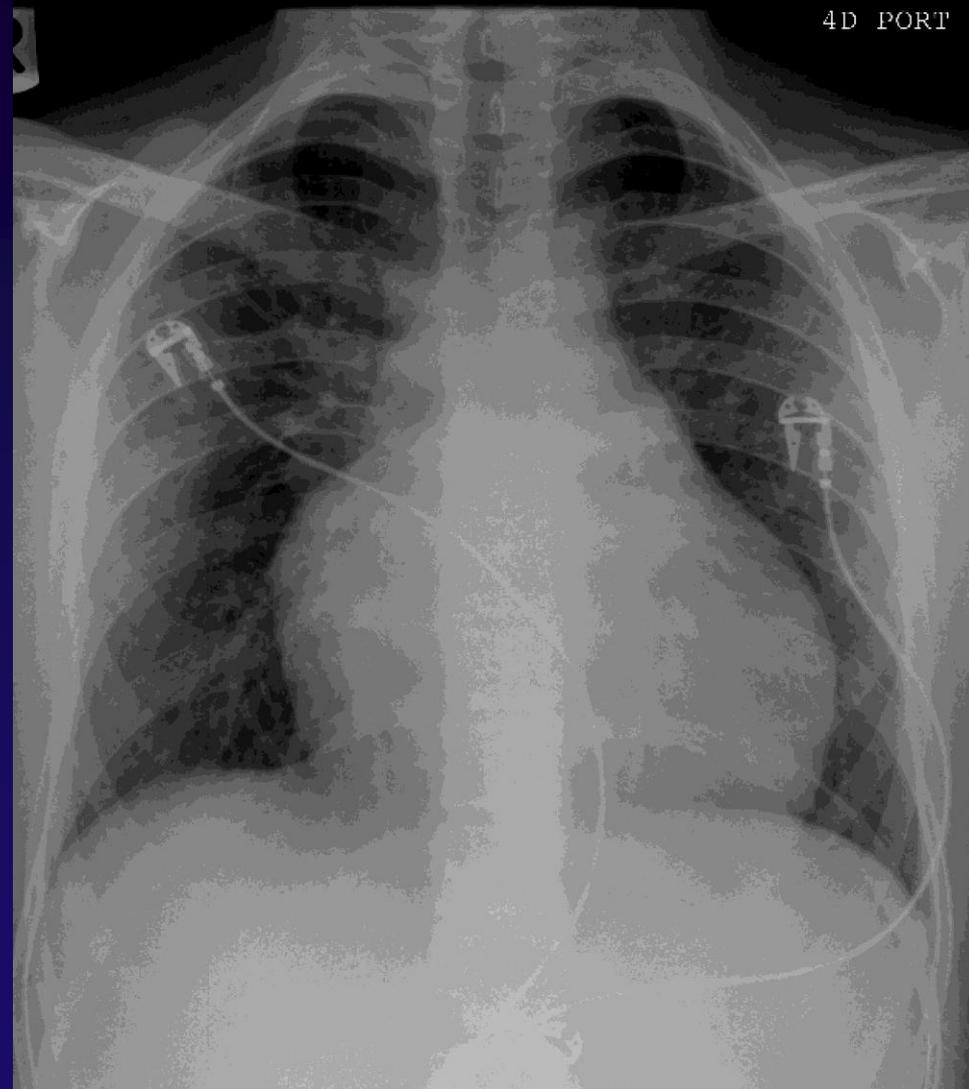
TRACCIATO DA CUORE POLMONARE
IPERTROFIA VENTRICOLARE DESTRA CON ANORMALITÀ
ECG ANORMALE



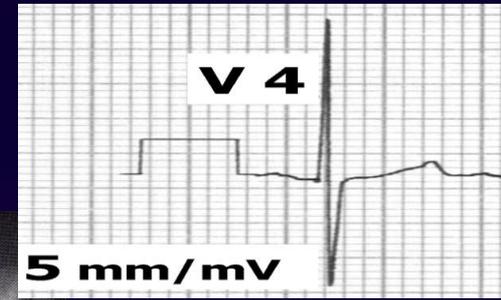
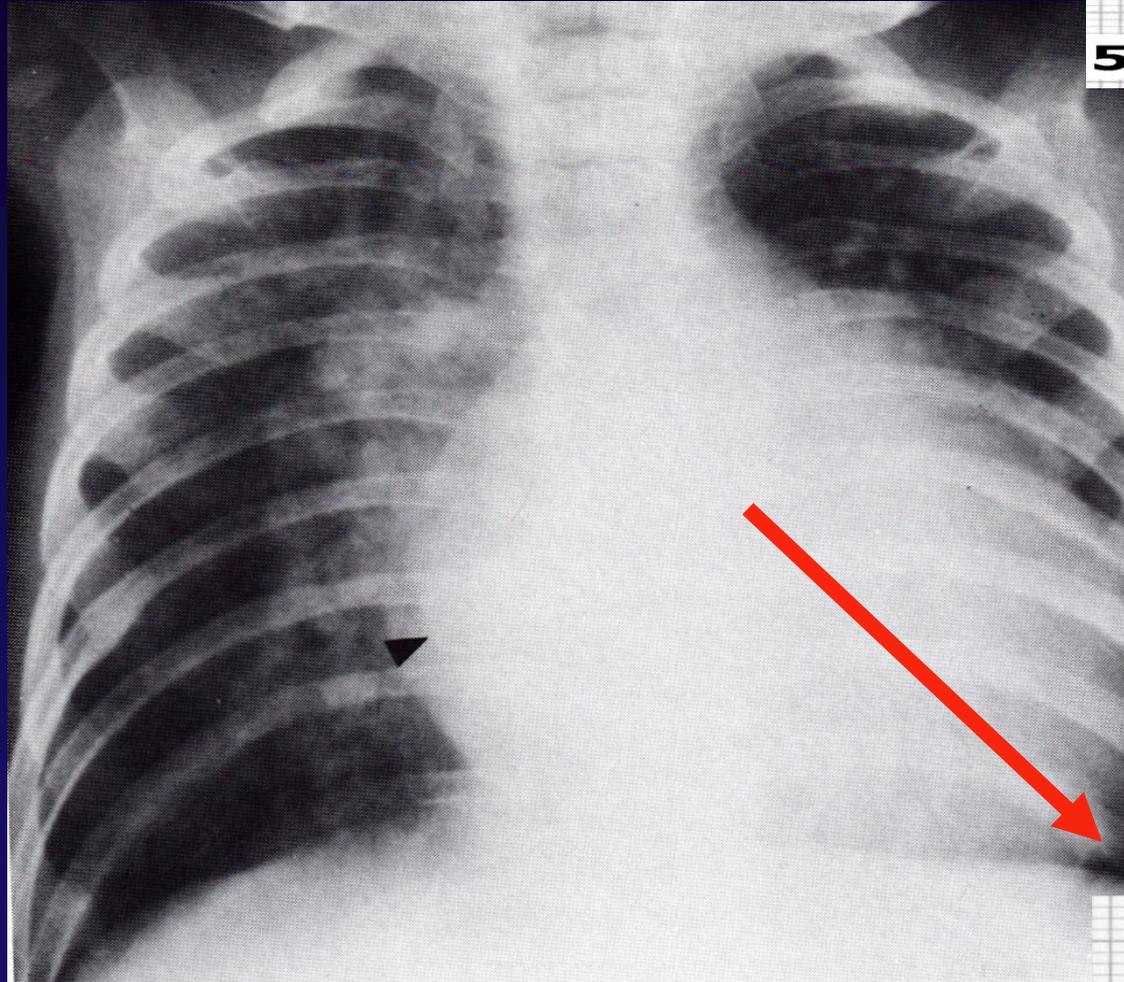
DIA CANALE



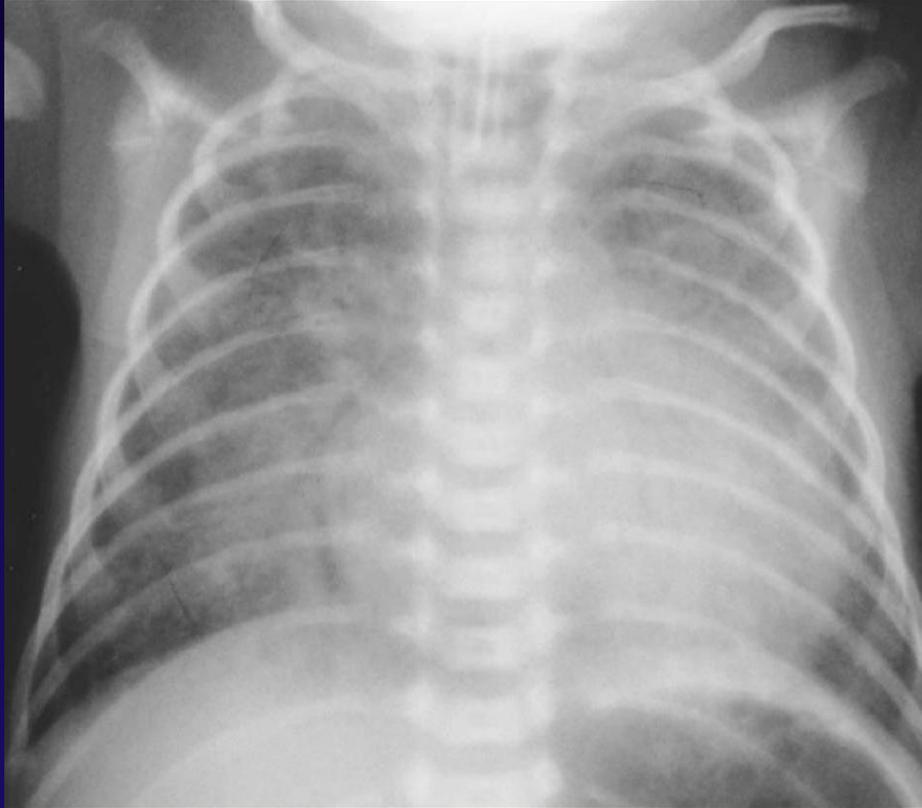
HEART-HAND SYNDROME (HOLT- ORAM, FA, CMPD)



DIV

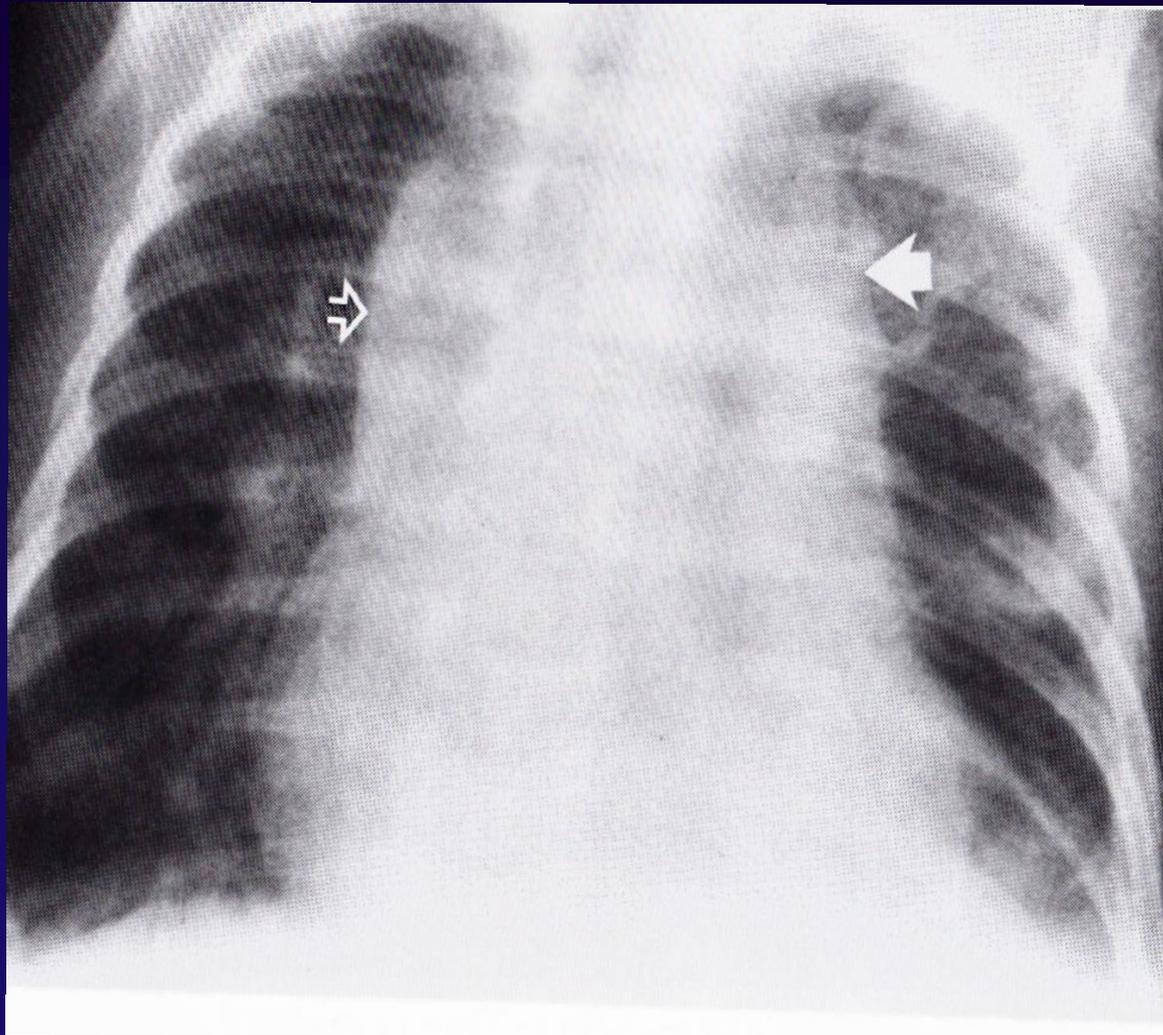


Botallo



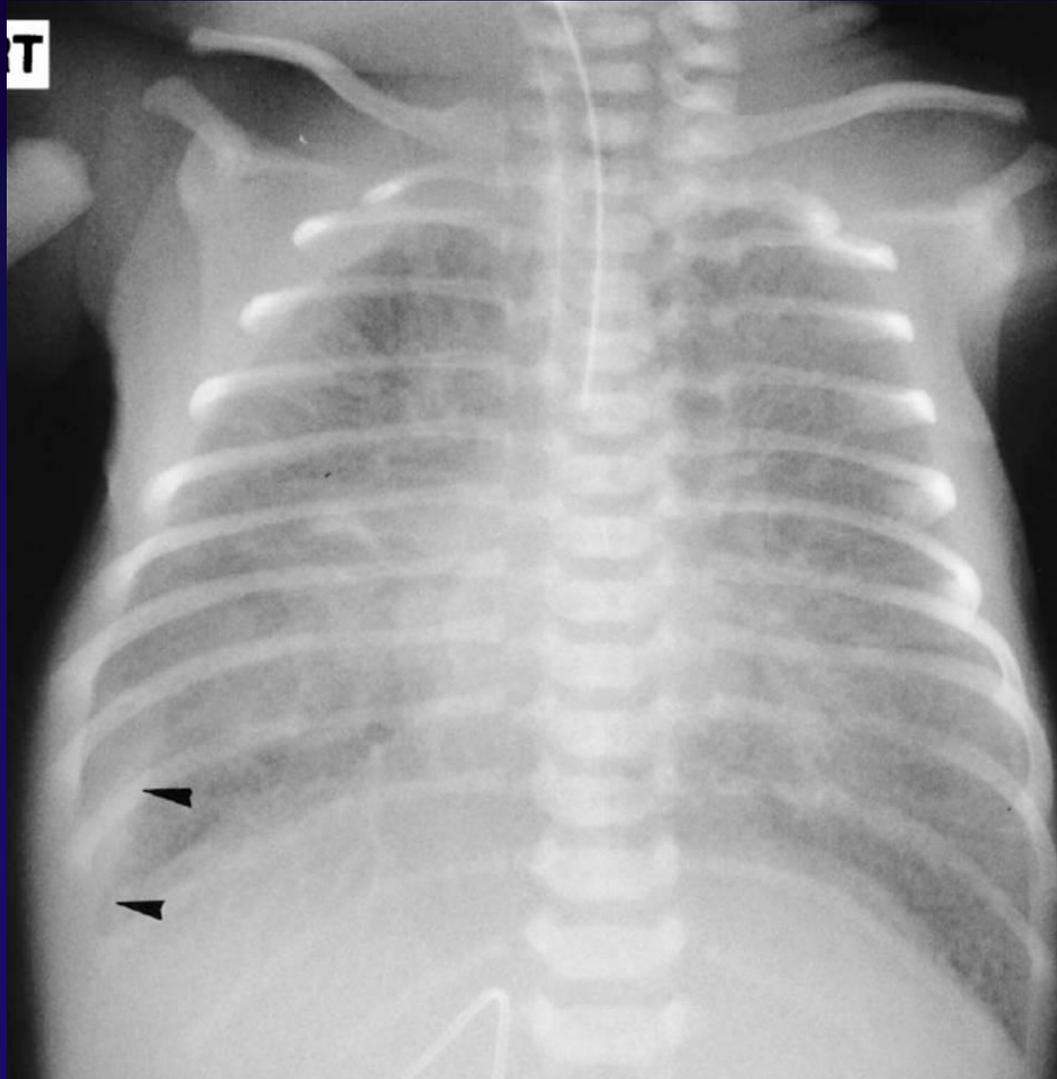
Arco posteriore
Doppia densità atriale
Vsn vettore
Iperafflusso

Ritorno venoso superiore

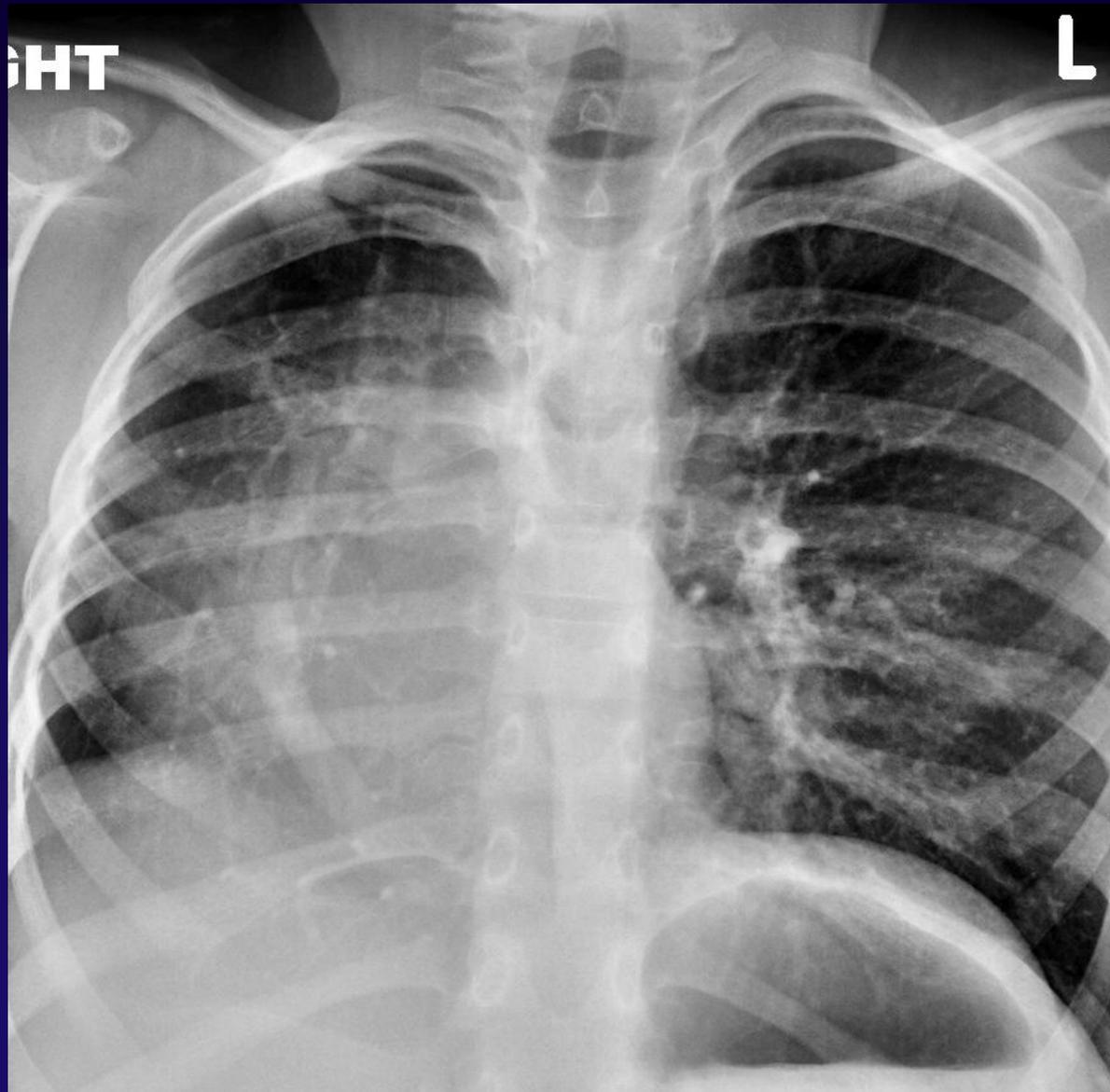


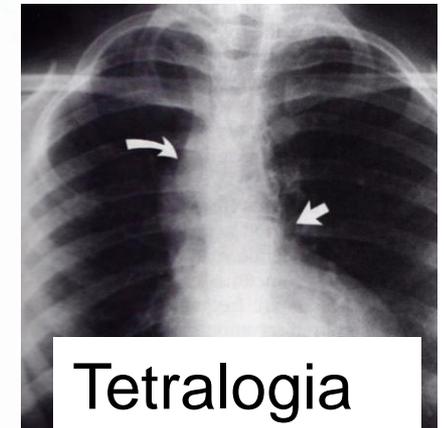
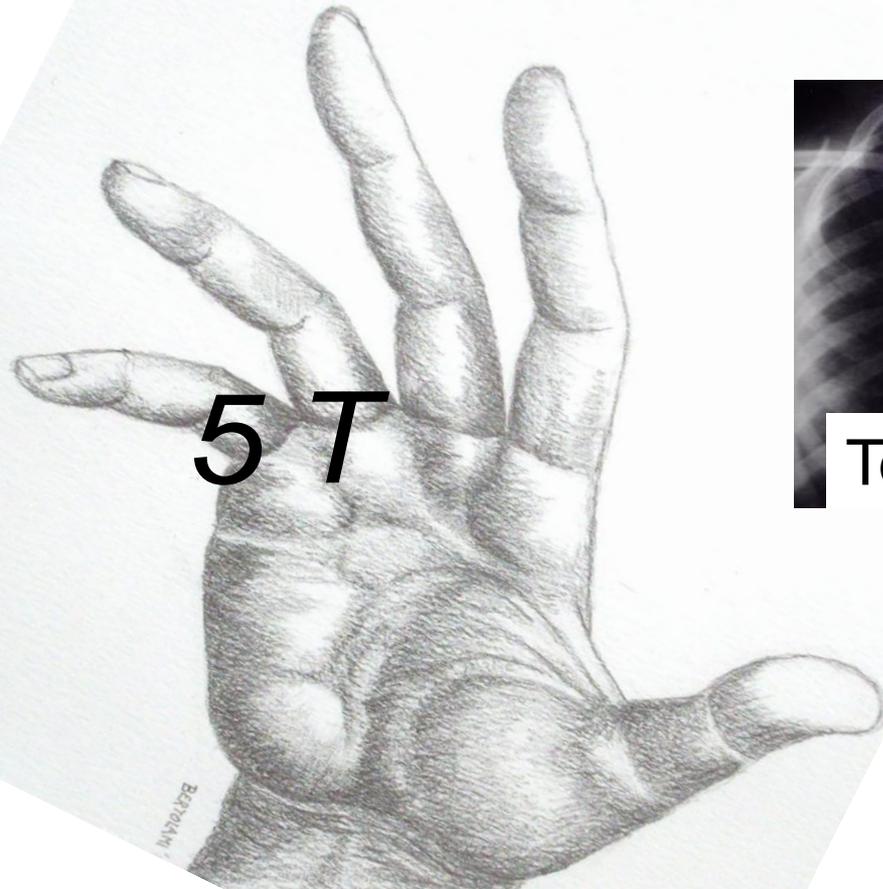
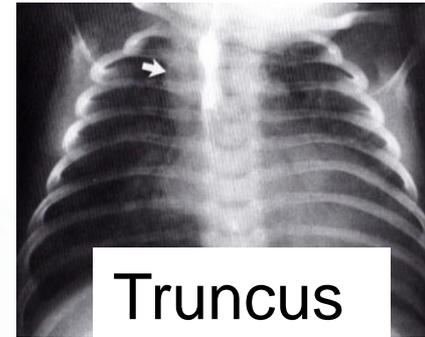
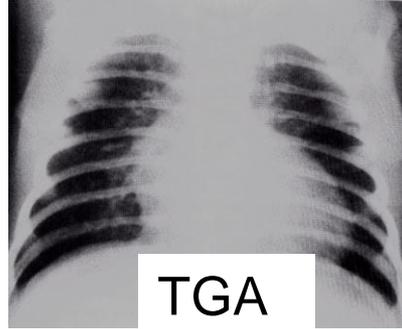
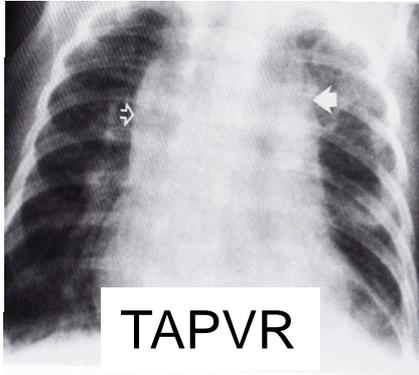
Snow man

Ritorno venoso ostruito

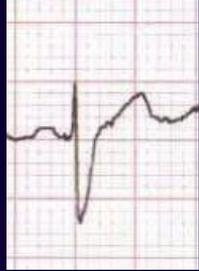
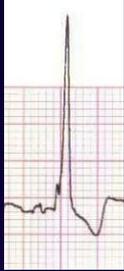


Scimitarra





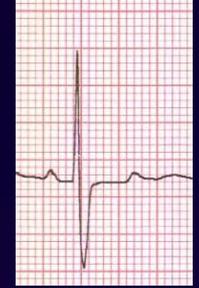
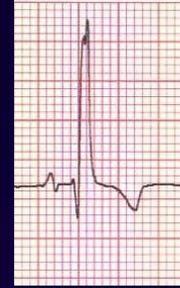
V1



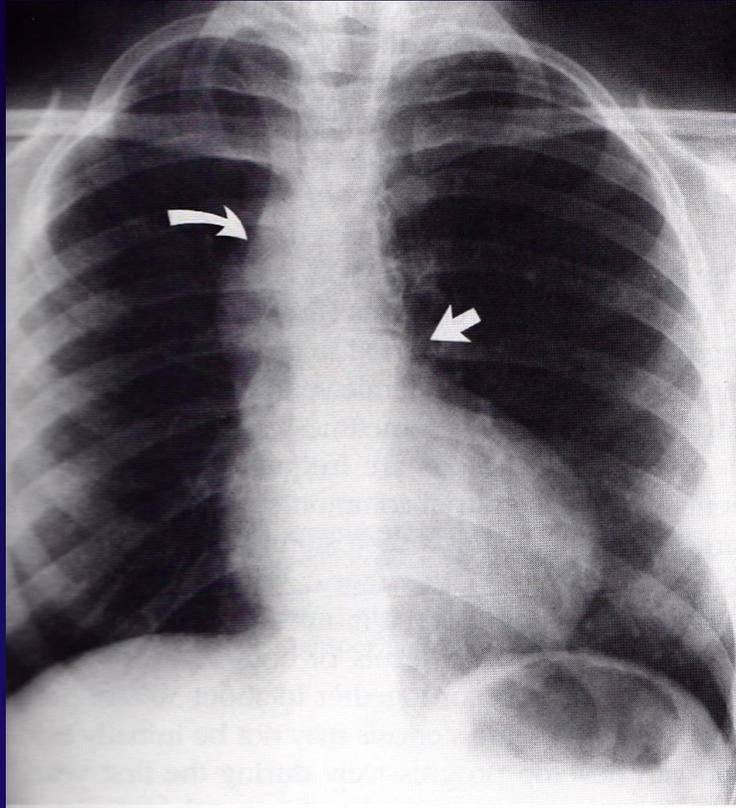
V6

Fallot

V1

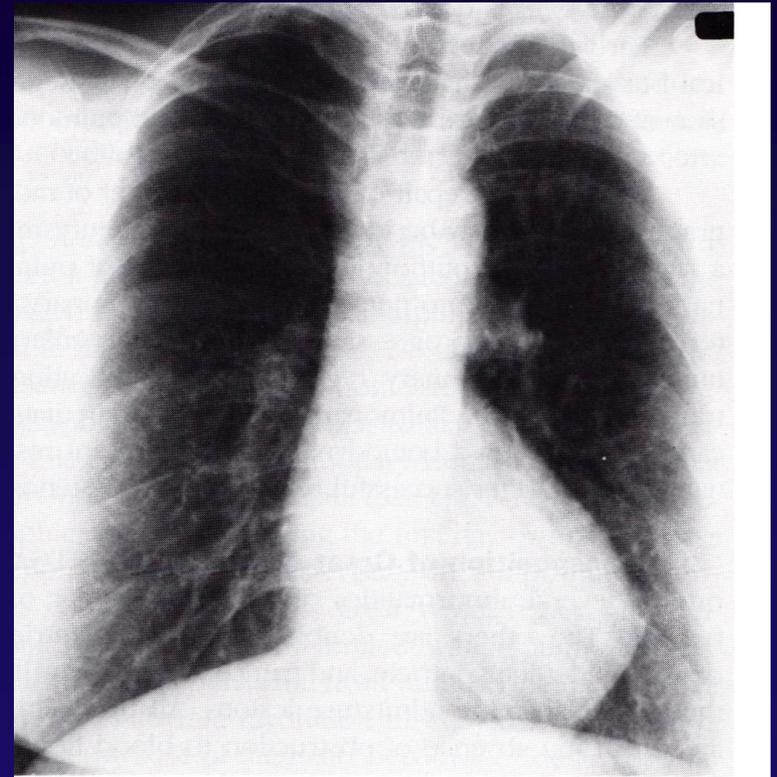


V6



BLU

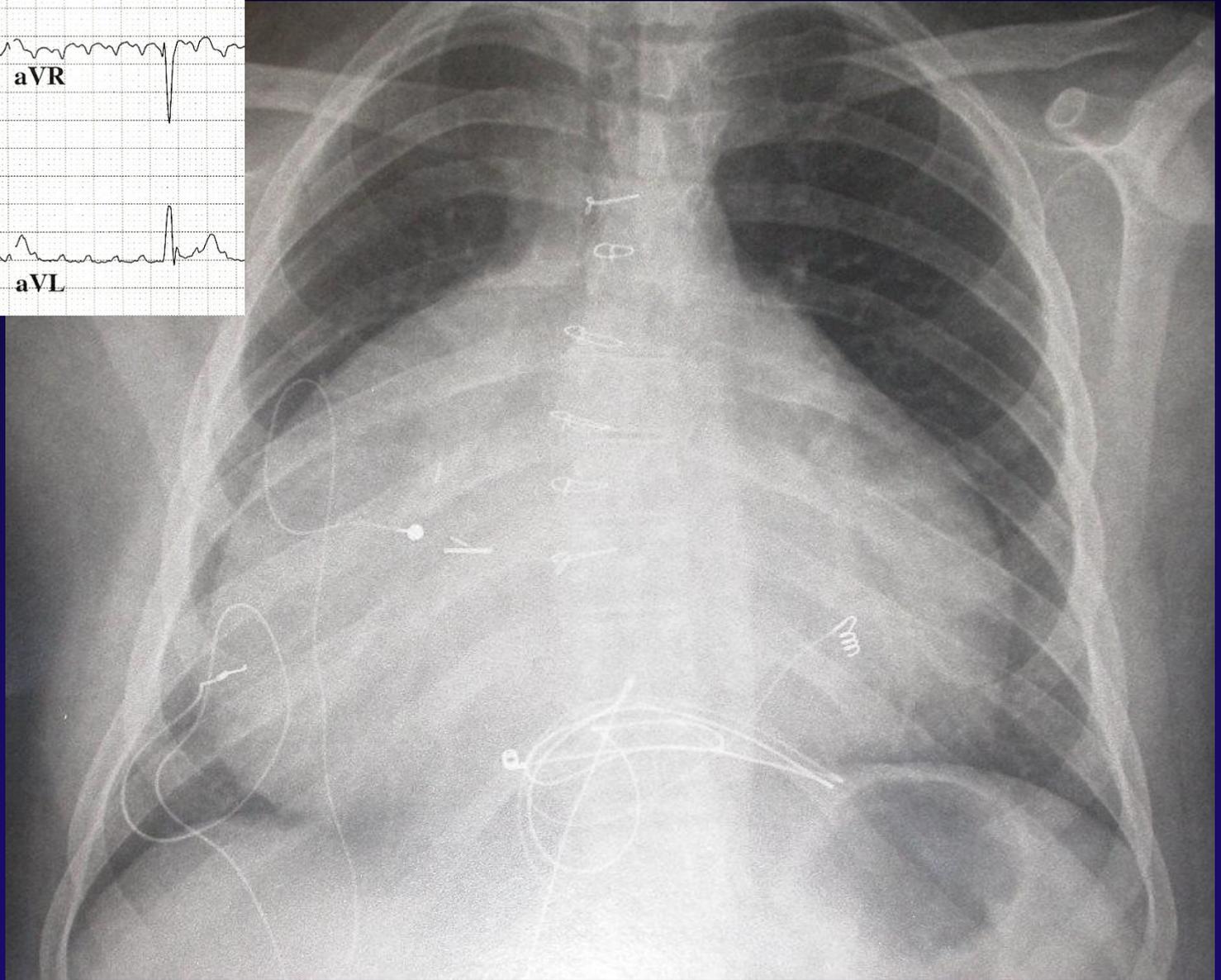
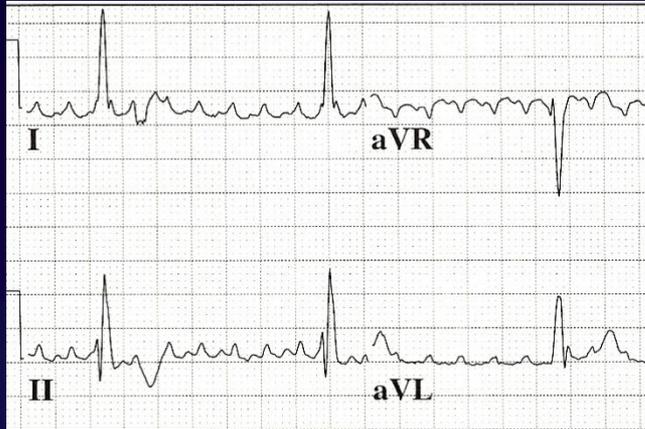
Arco destro
 Concavità AP
 Ipoafflusso



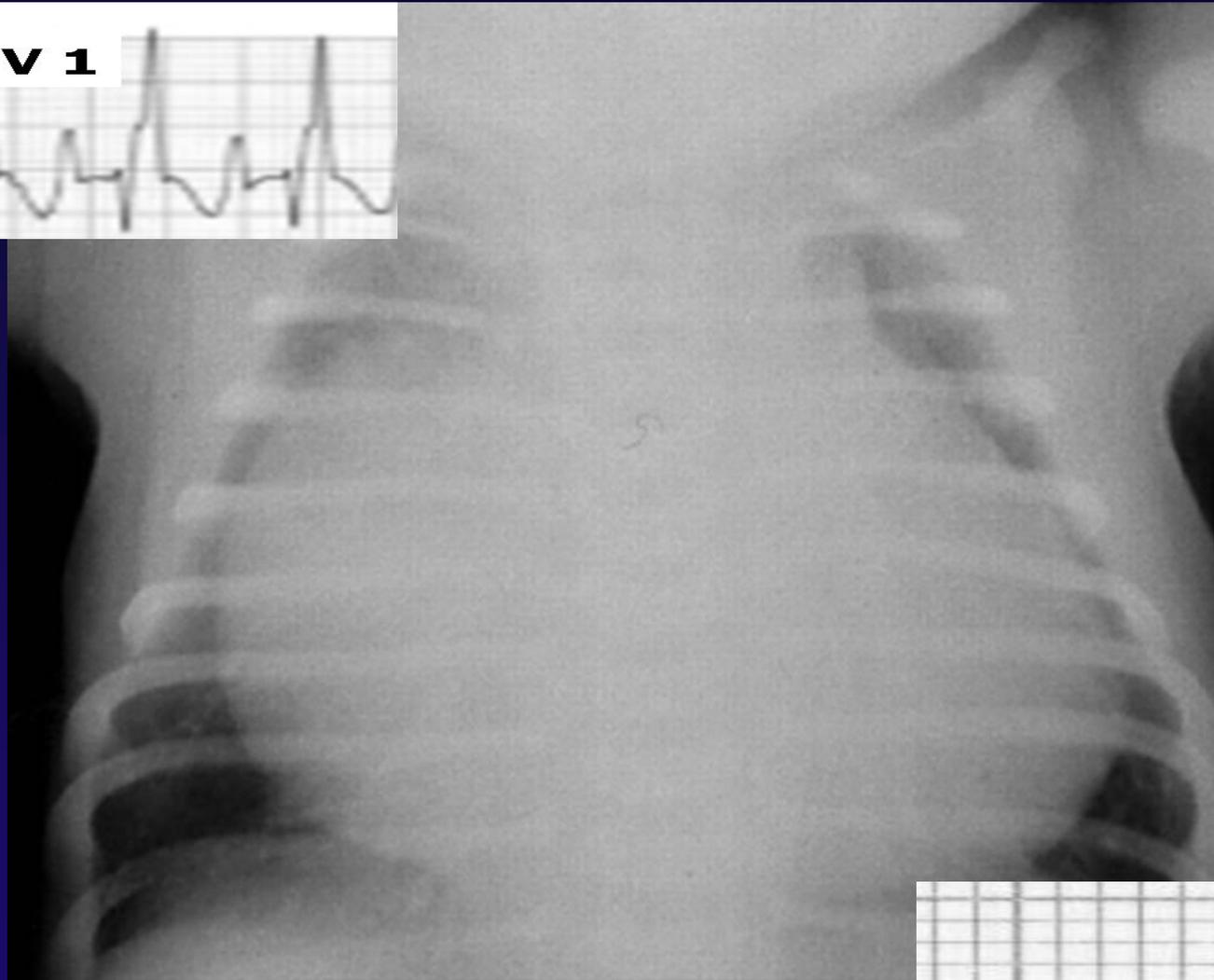
ROSA

Concavità polmonare
 Normoafflusso

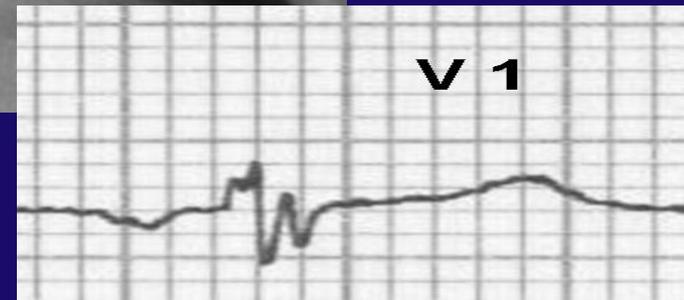
15 ANNI , riparazione tipo Fontan



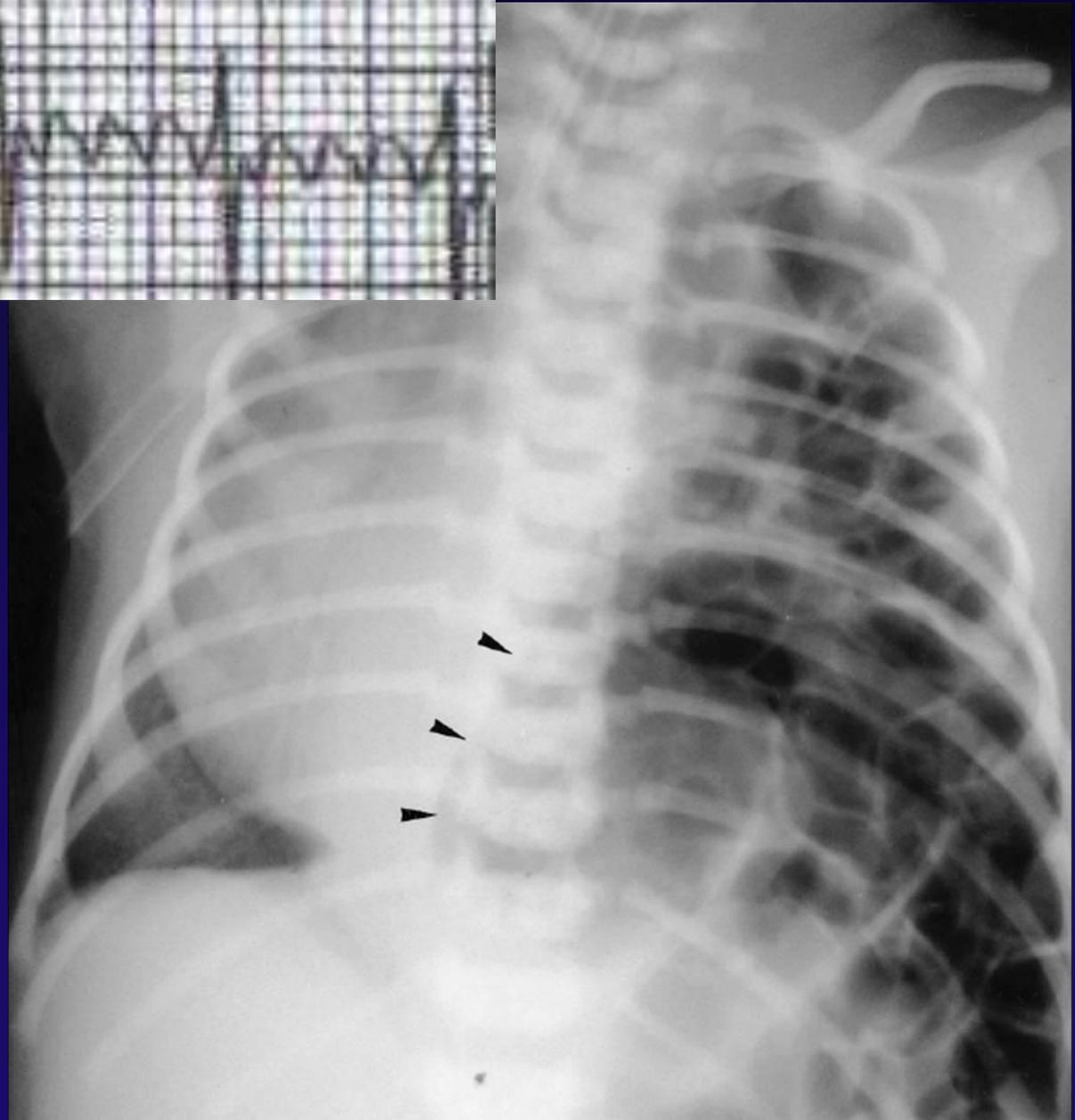
Anomalia di Ebstein



Neonato



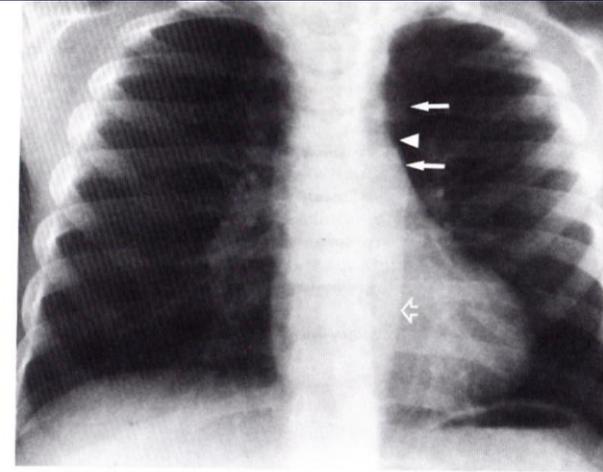
ERNIA DIAFRAMMATICA



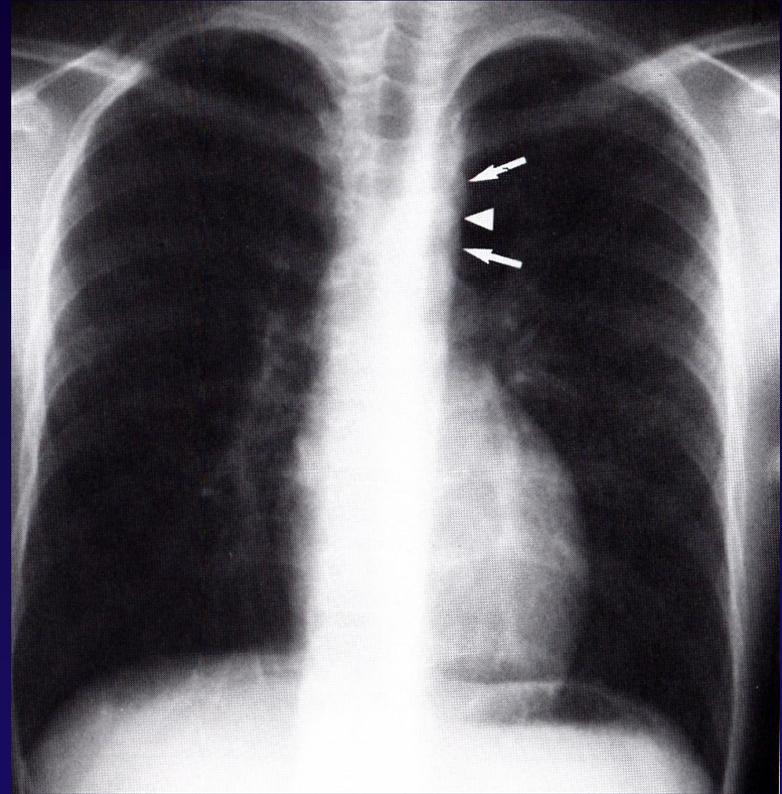
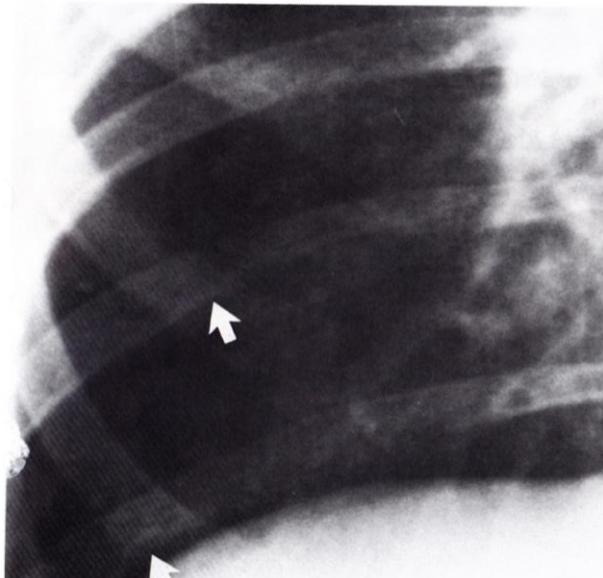
Il dito di Di...agnosi



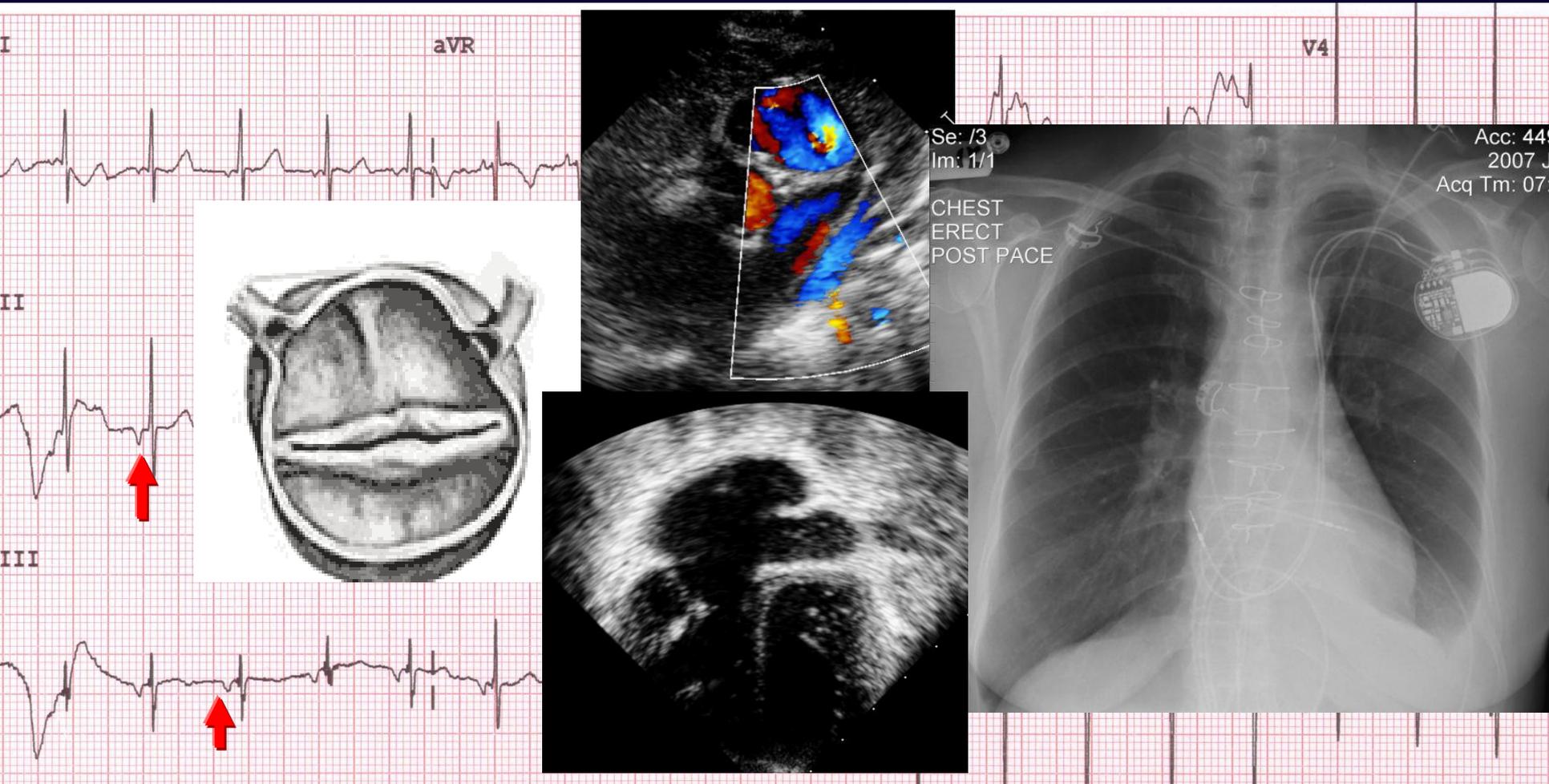
Coartazione



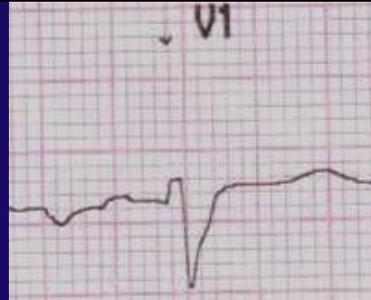
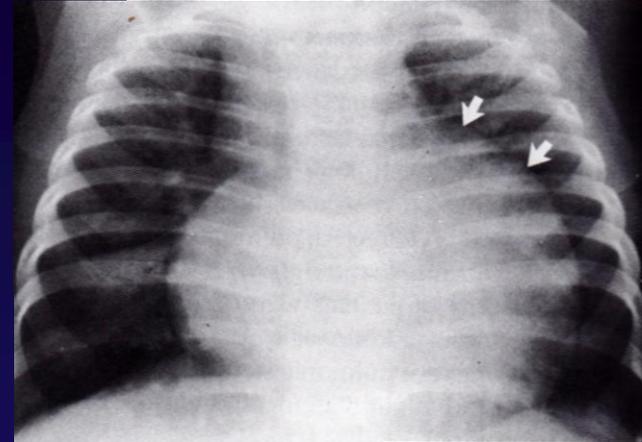
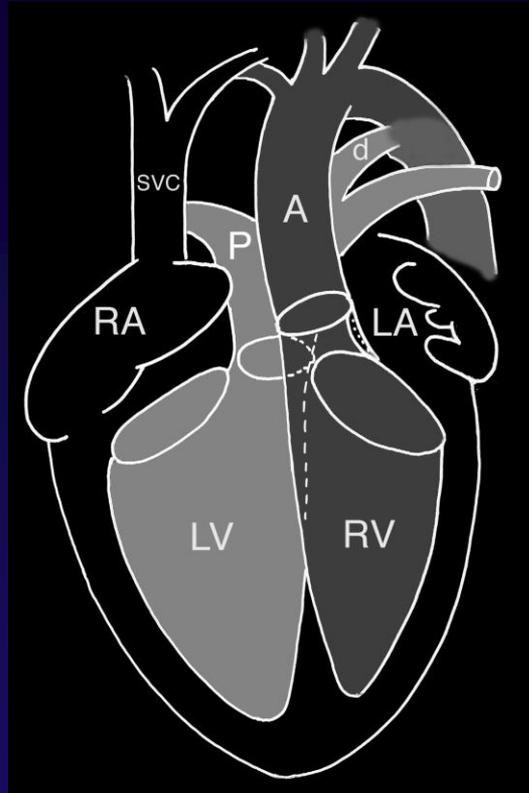
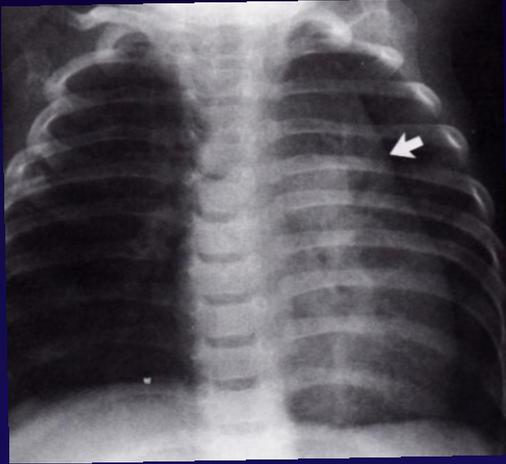
A

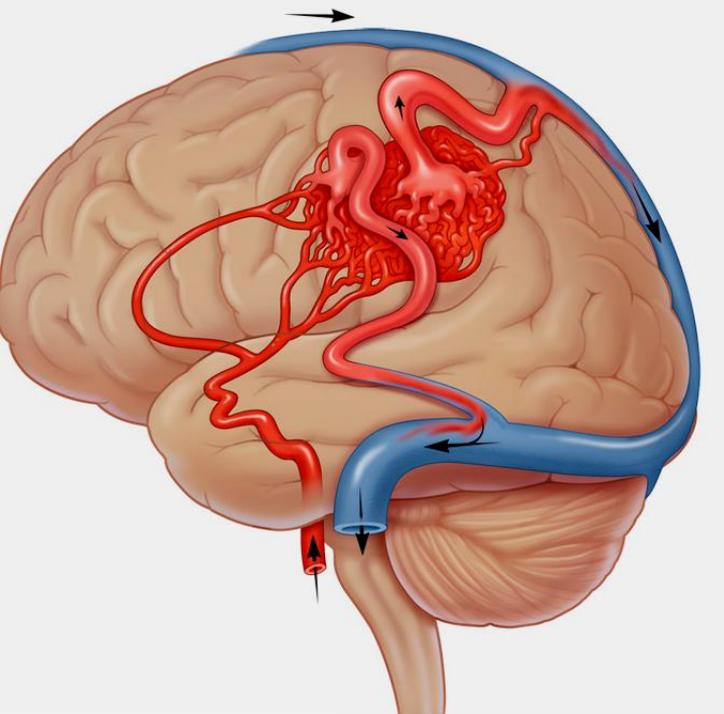


Ritmo atriale basso

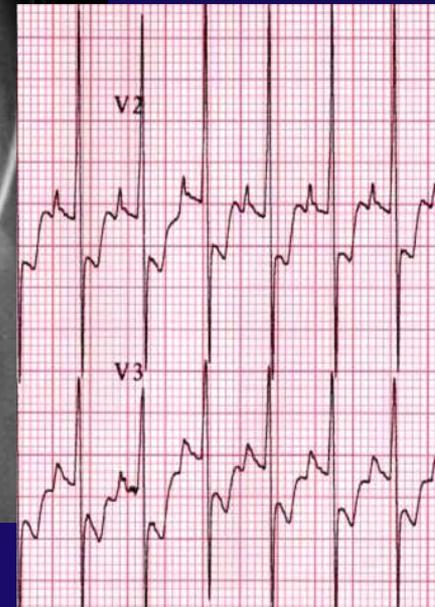
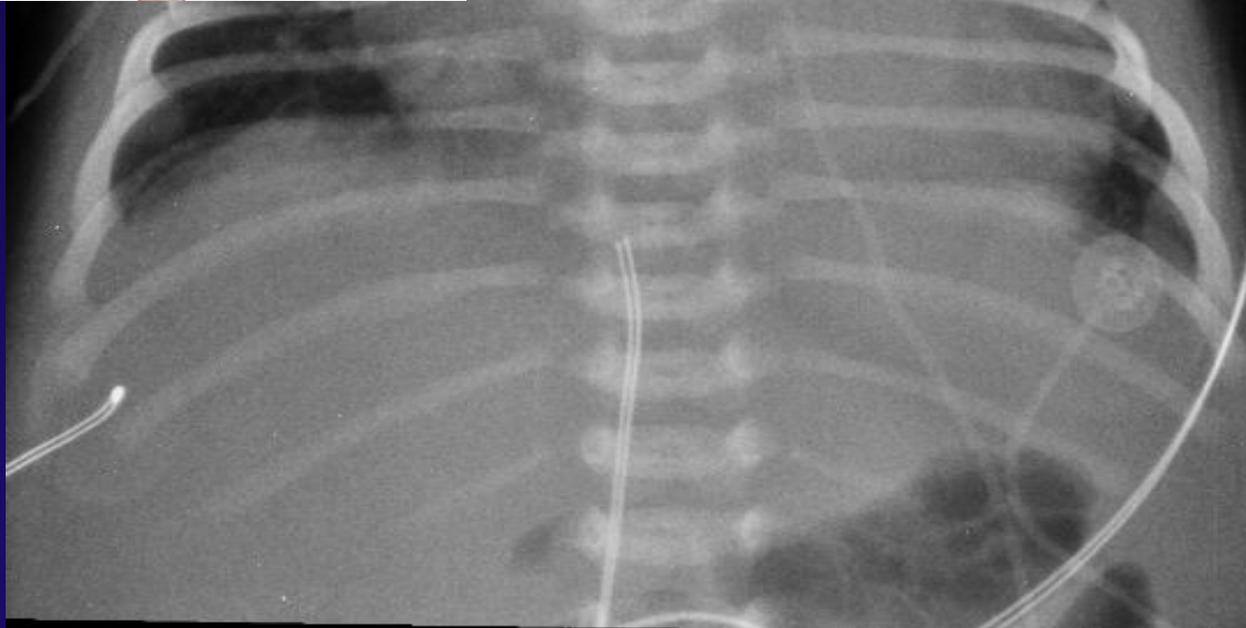


TGA CC

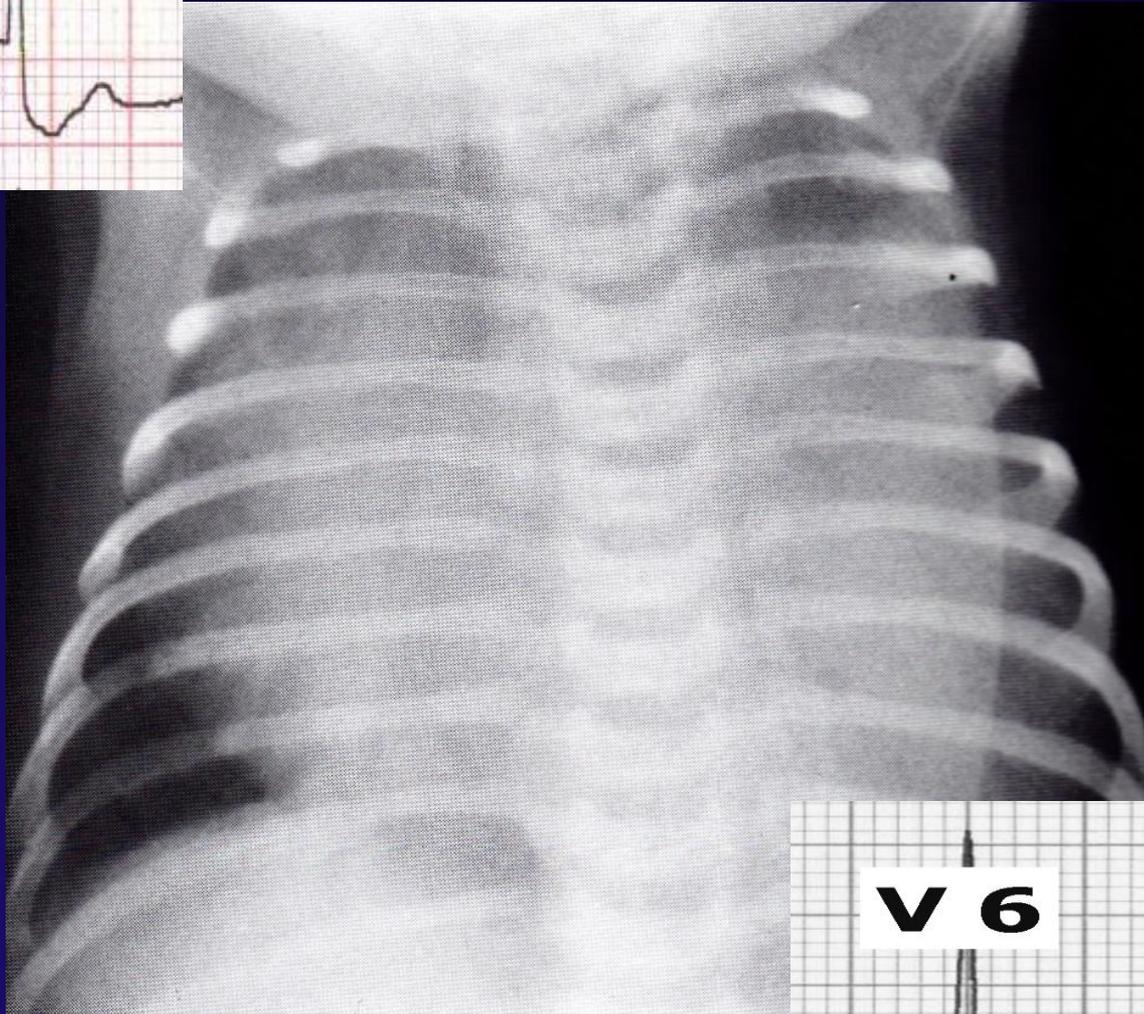
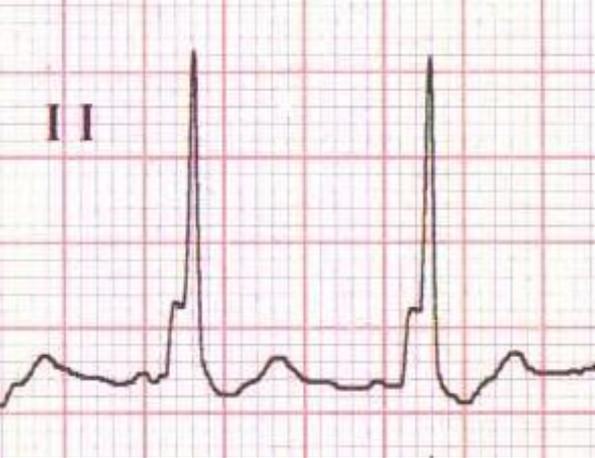




J.T. 2 gg Clinica !!!
SUI

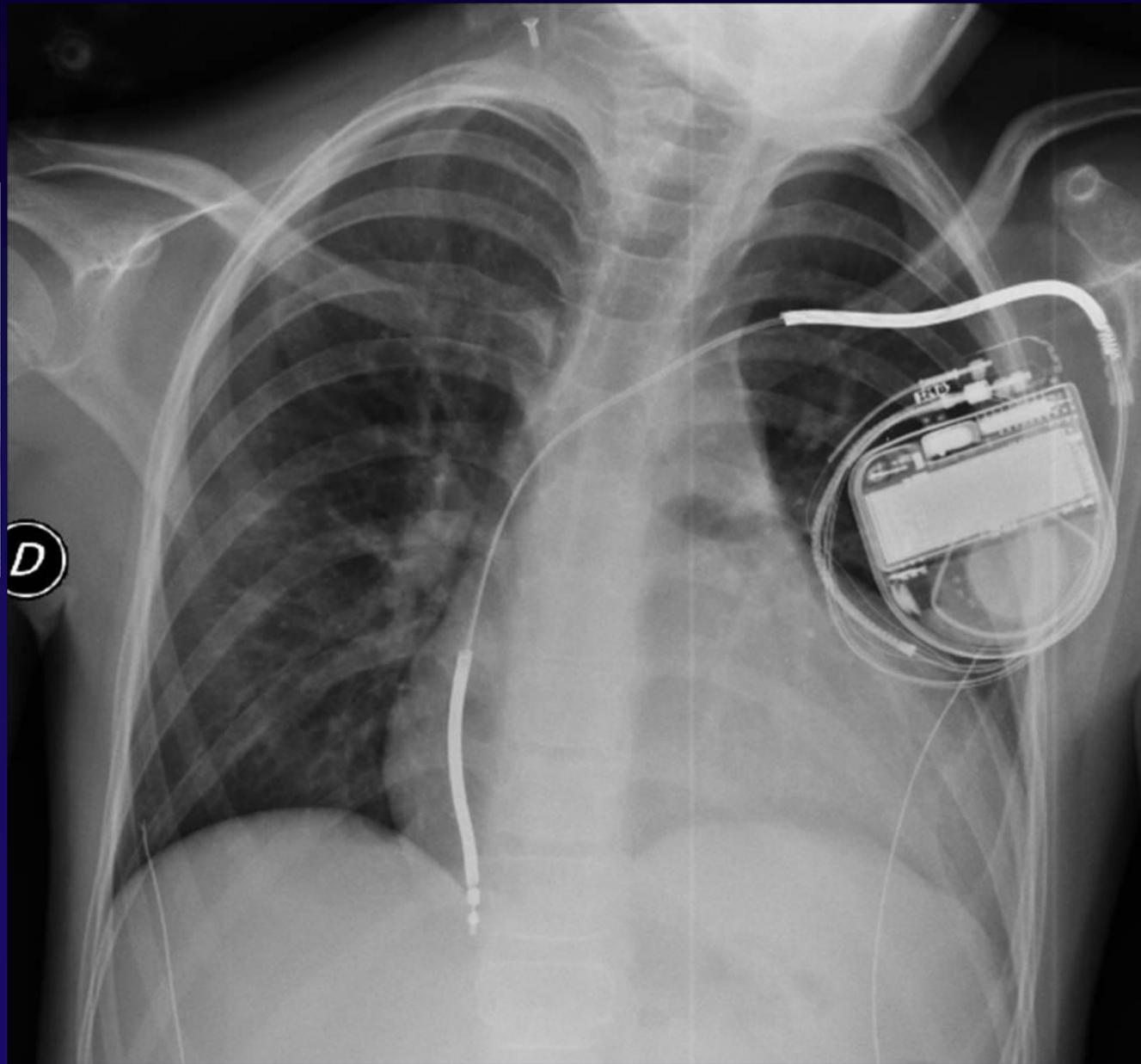


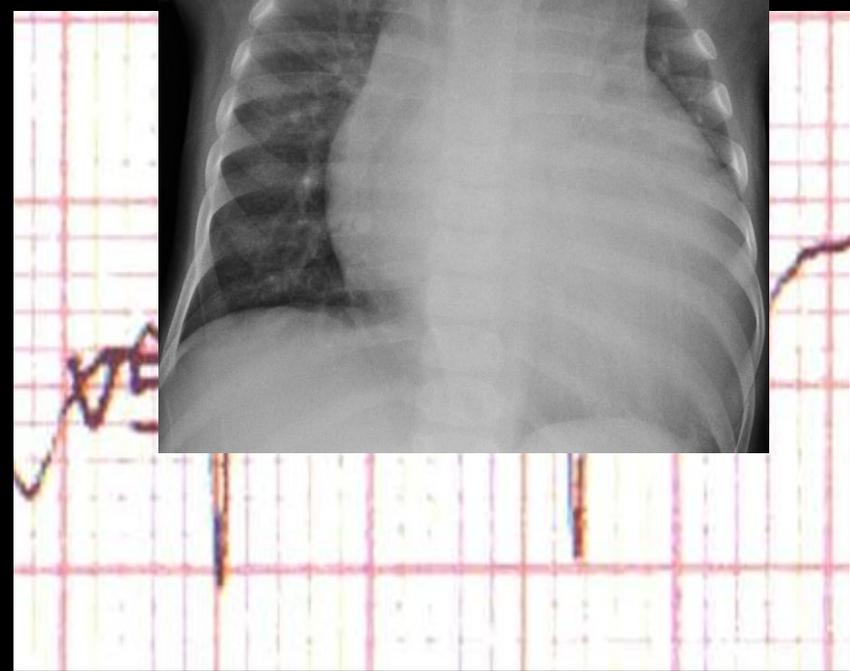
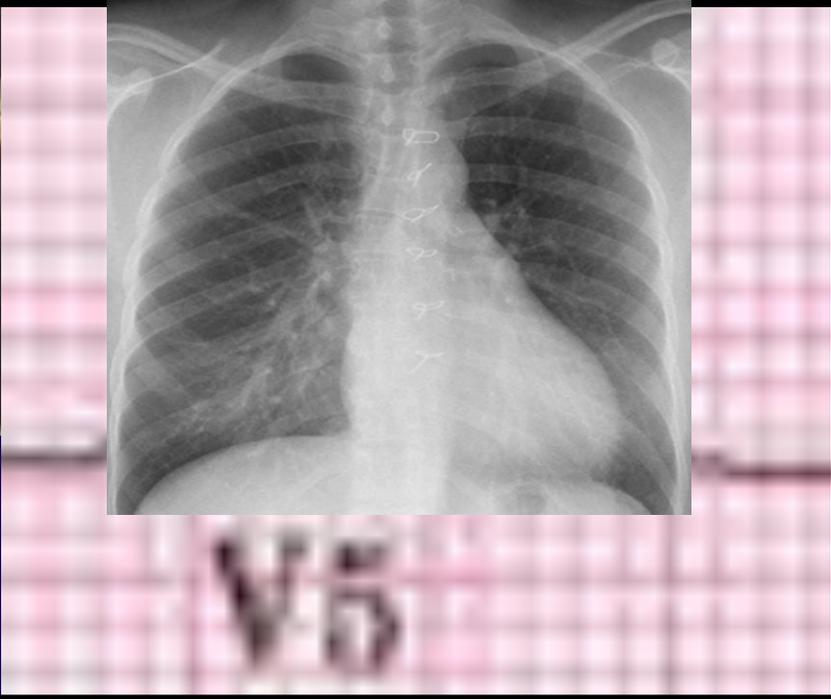
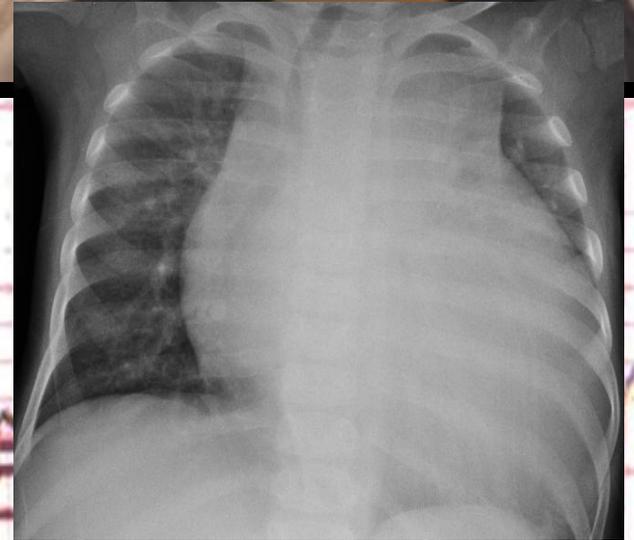
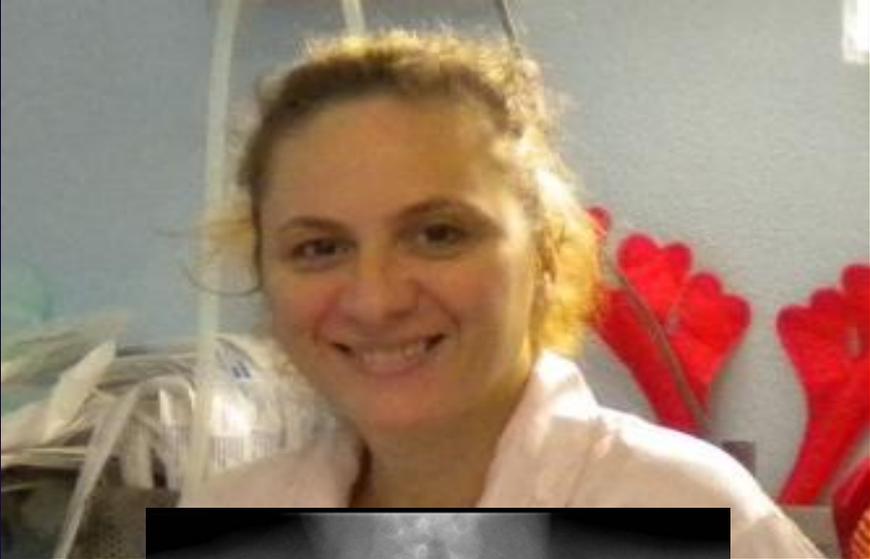
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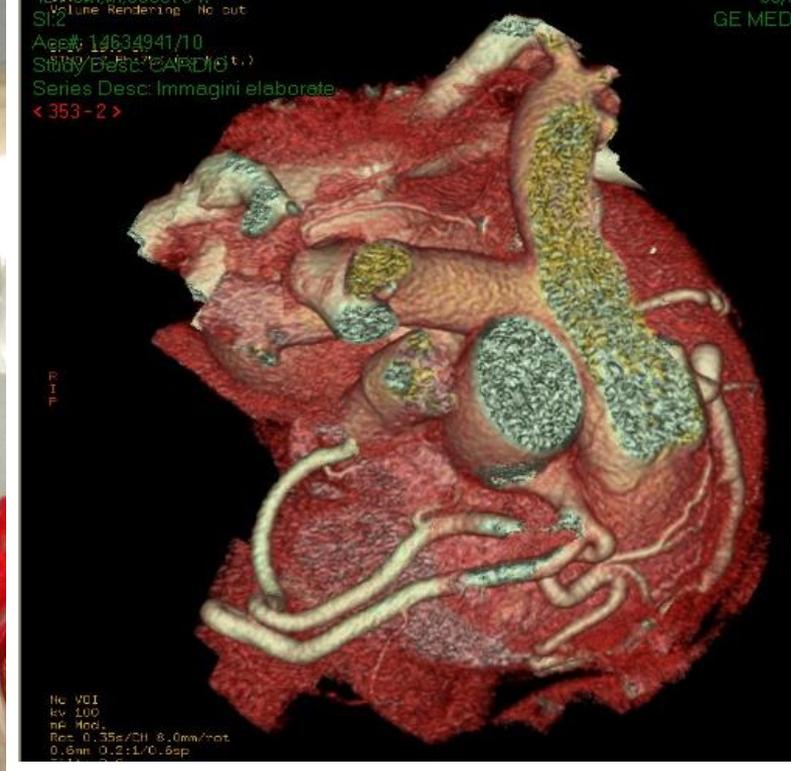
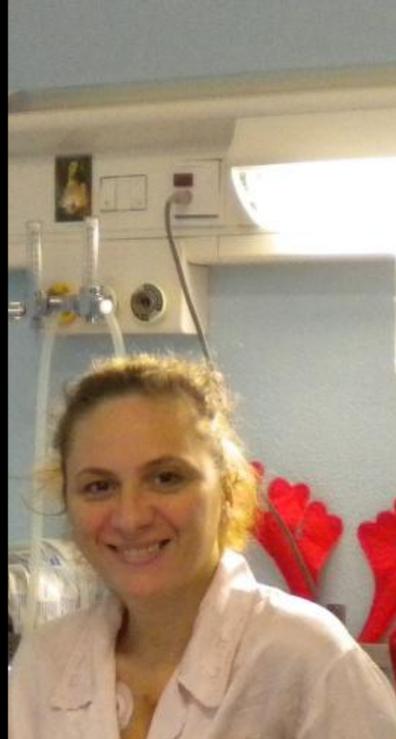


Danon

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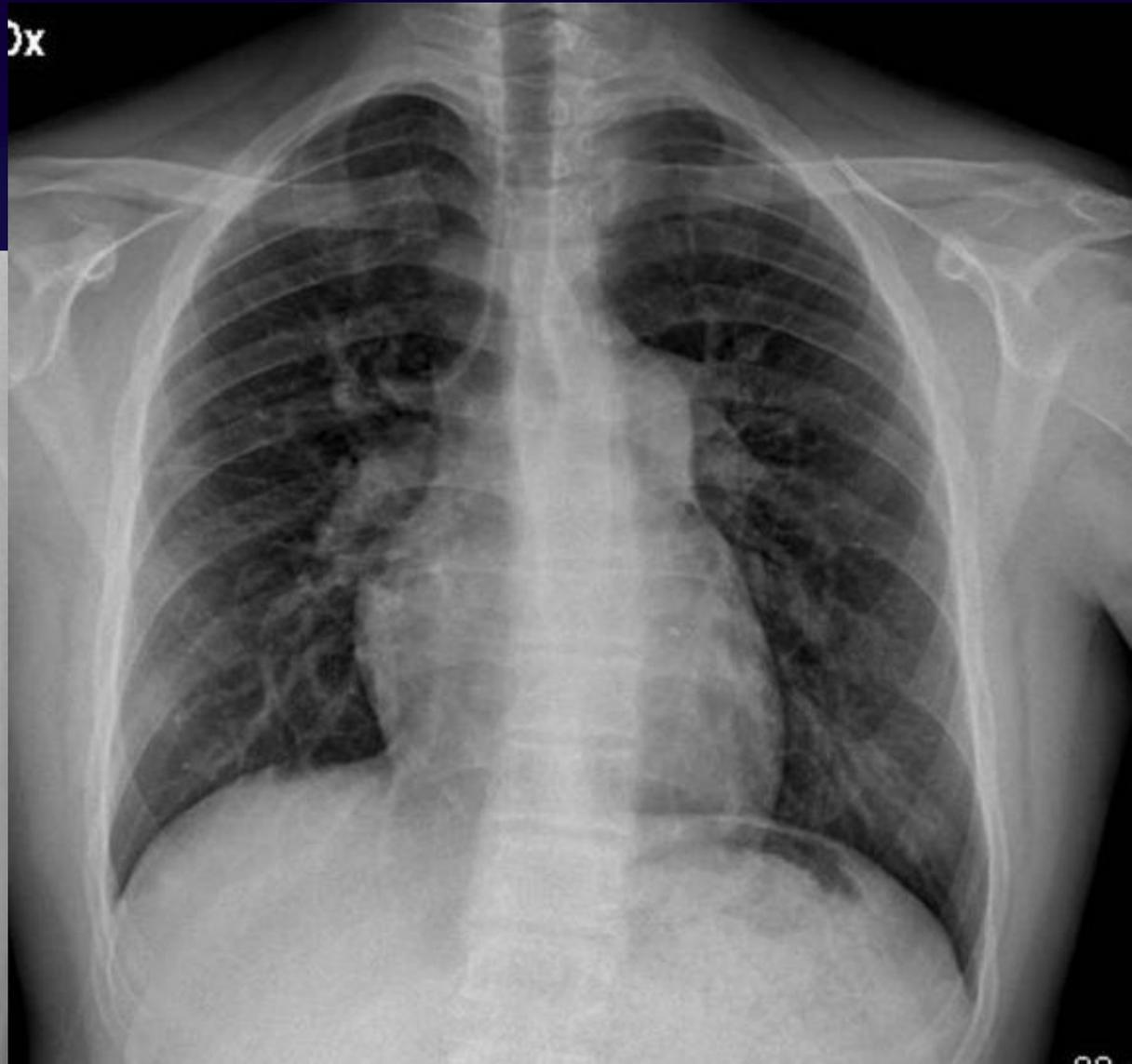
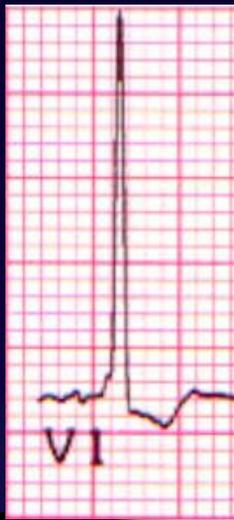




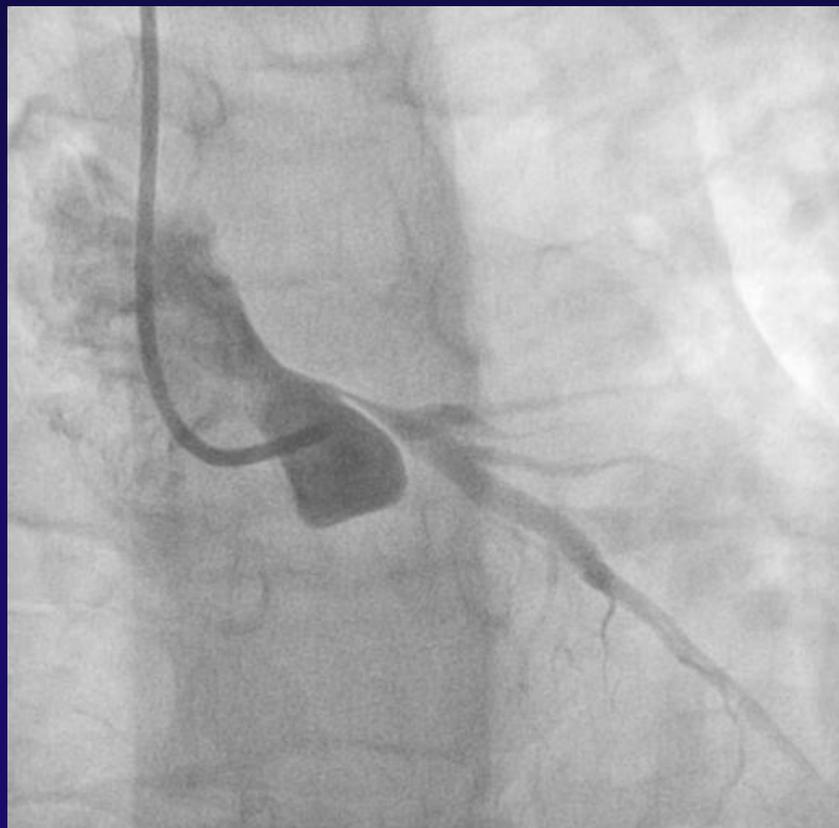
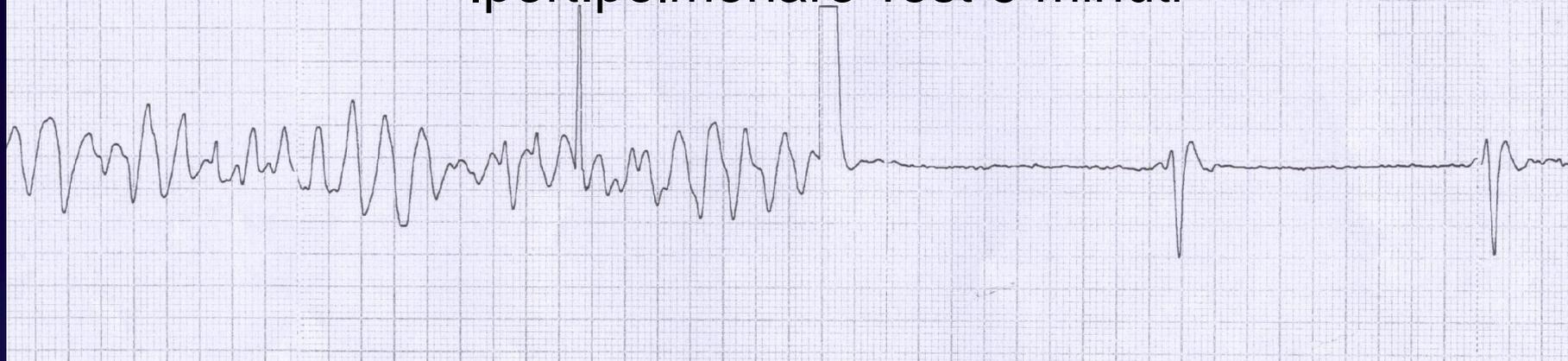


ALCAPA

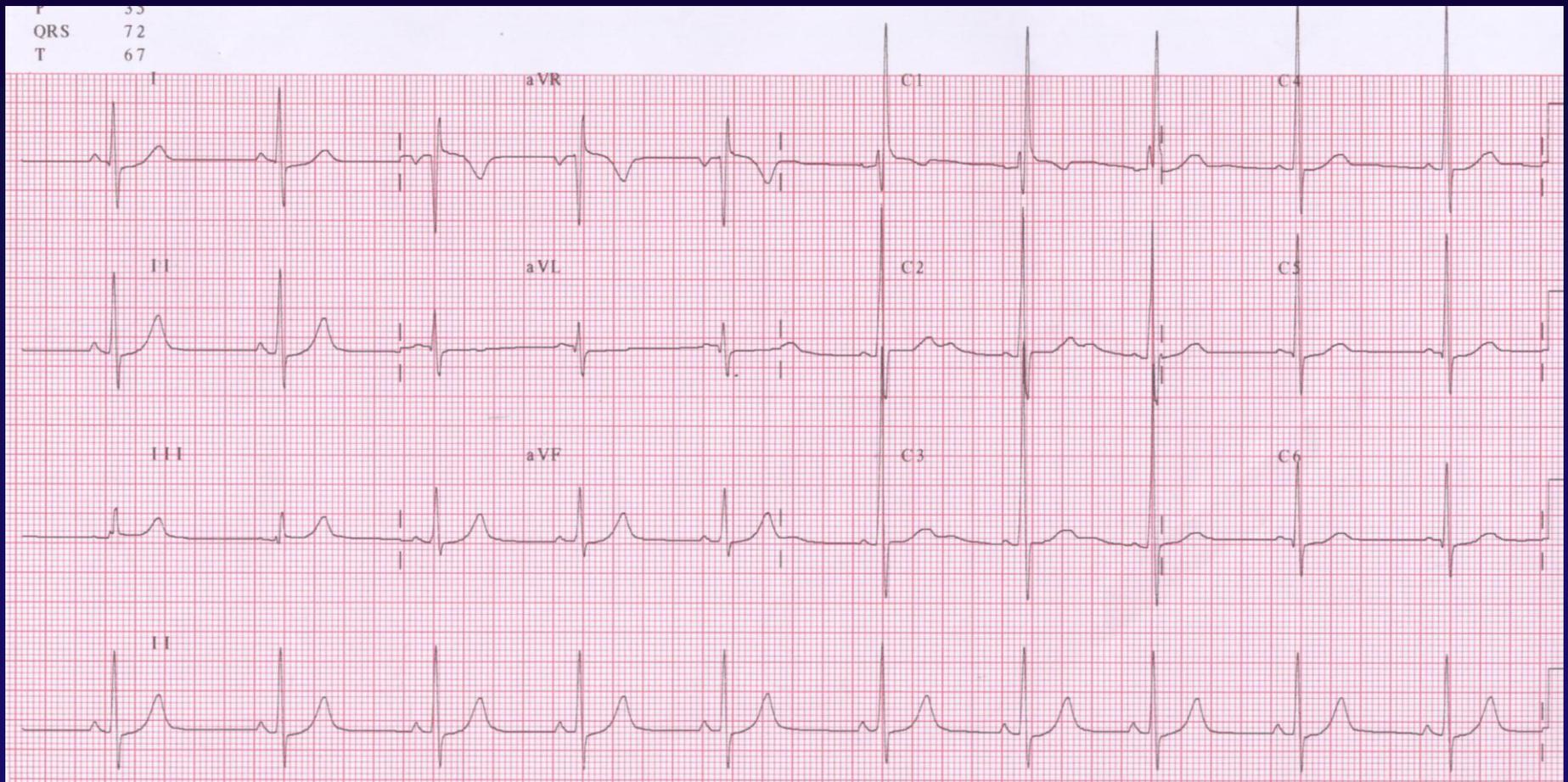
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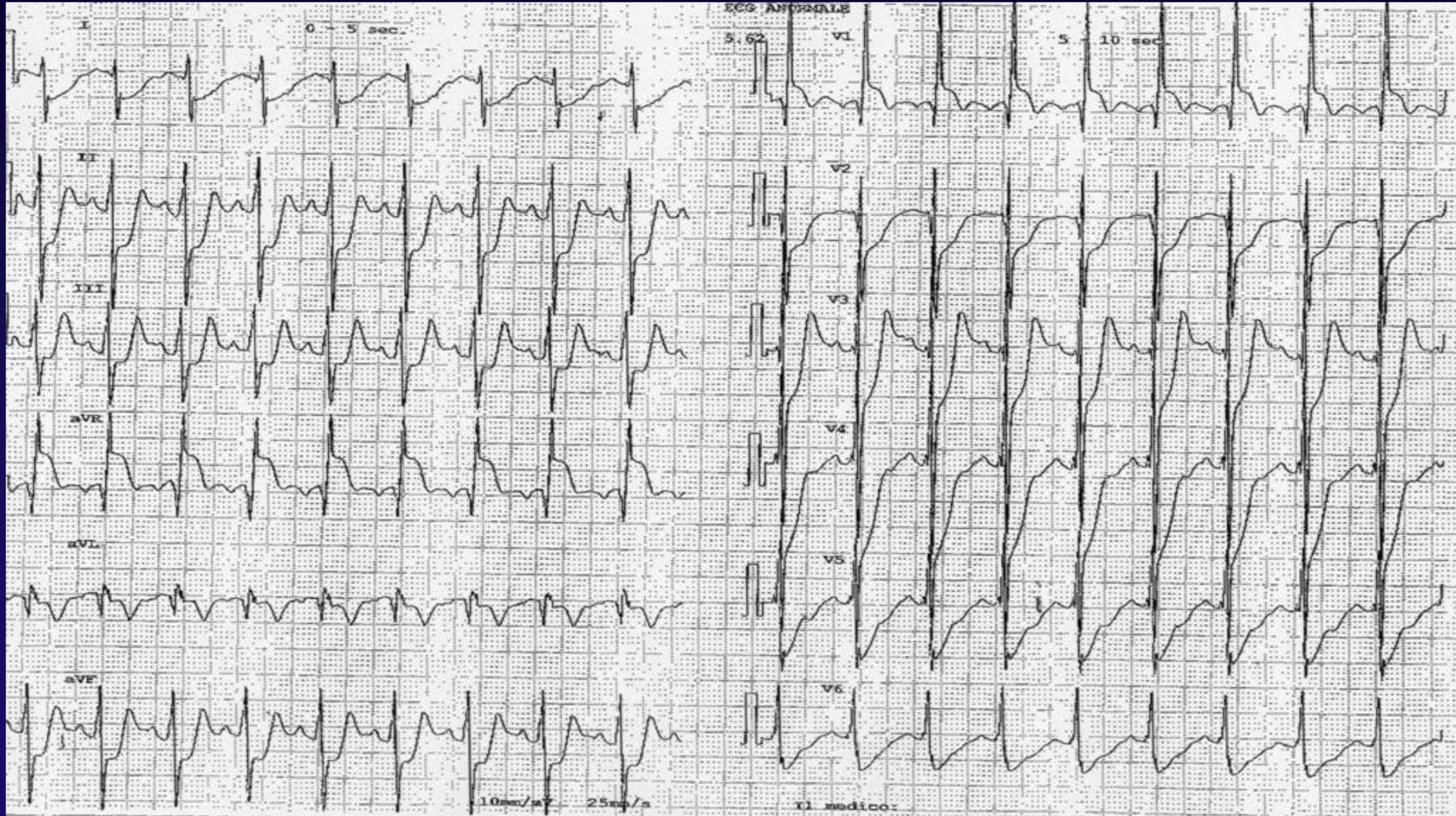
Ipert.polmonare Test 6 minuti



S. Marco



S. Marco p.s.



7-104

13-nov-2012 15.0

-128 mm

120kV, 355r

APPLIED

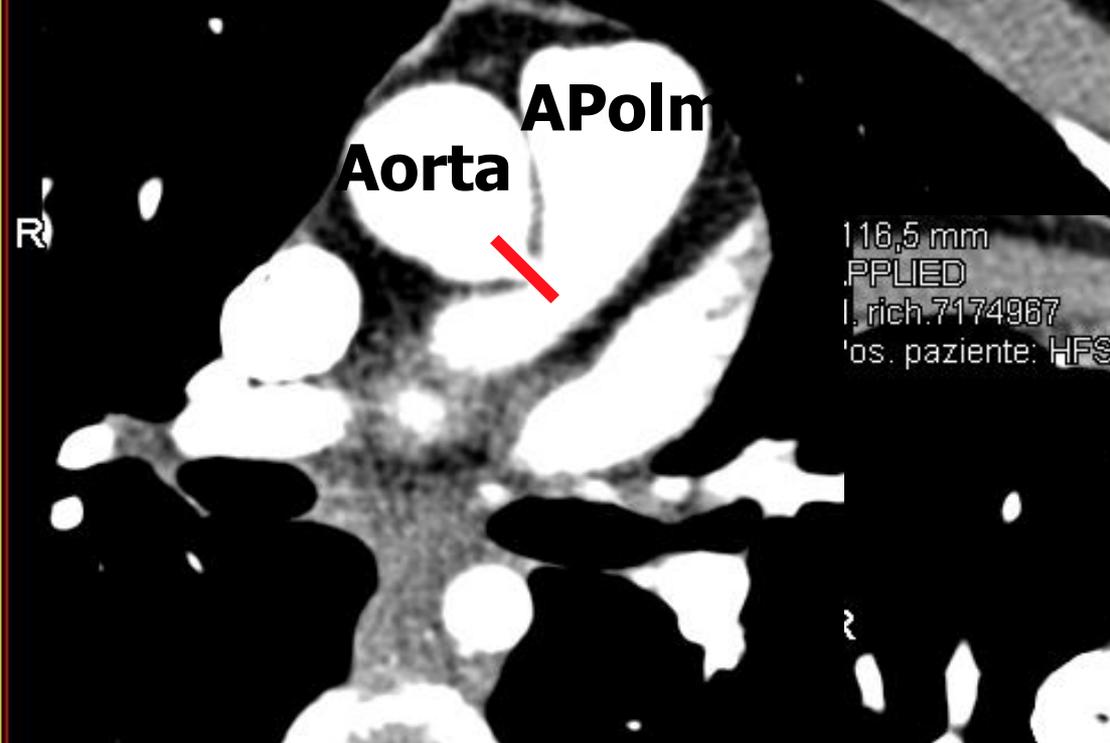
SC 500

N. rich.7174967

SW 1.0

Pos. paziente: HFS

Desc. studio: Vascolar^AORTA_T



116,5 mm

APPLIED

N. rich.7174967

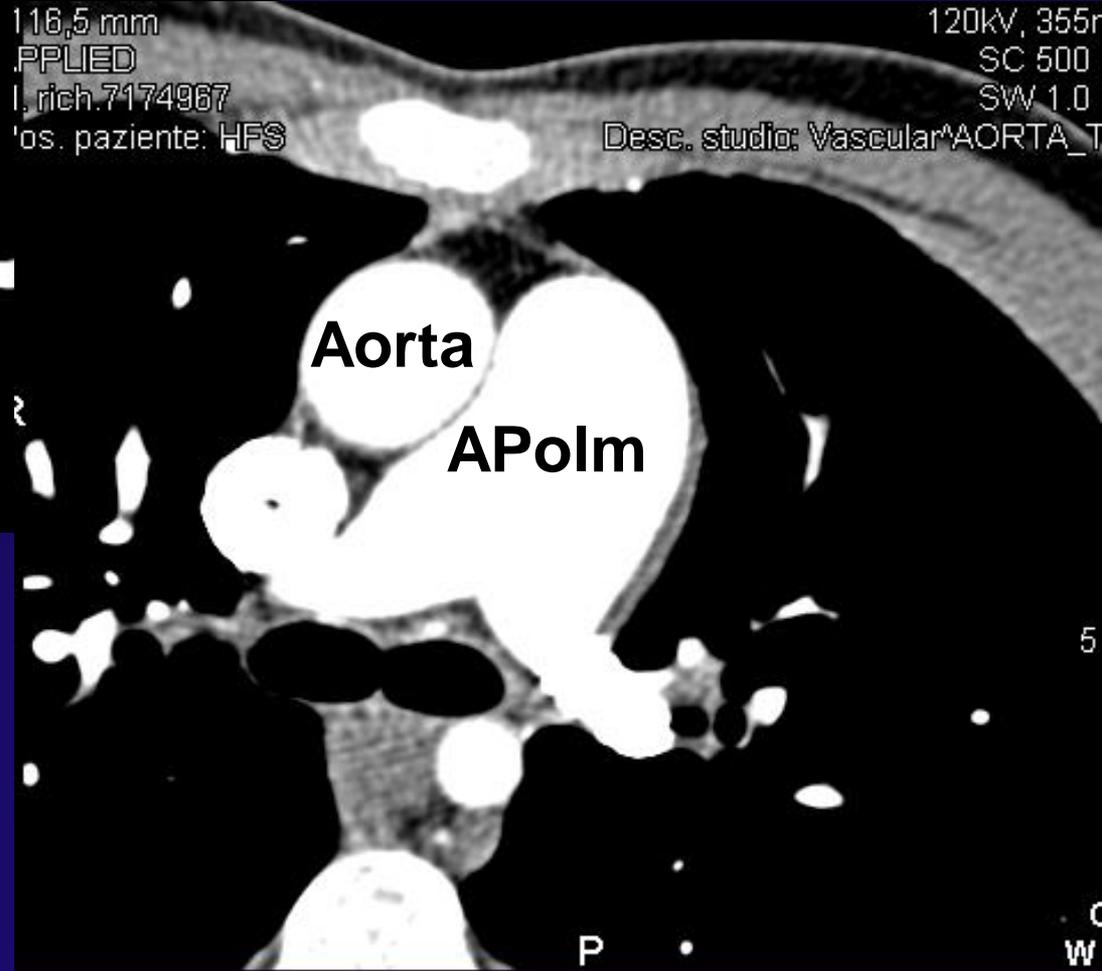
Pos. paziente: HFS

120kV, 355r

SC 500

SW 1.0

Desc. studio: Vascolar^AORTA_T



5

C

W

CONCLUSIONI

Si trova quel che
si conosce,
se stessi e la
cultura respirata

