

La diagnostica strumentale nel cardiopatico congenito adulto

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Cardiologia e Cardiochirurgia Pediatrica

Bologna

MILANO, 16 ottobre 2012



Necessità di integrazione tra le varie metodiche

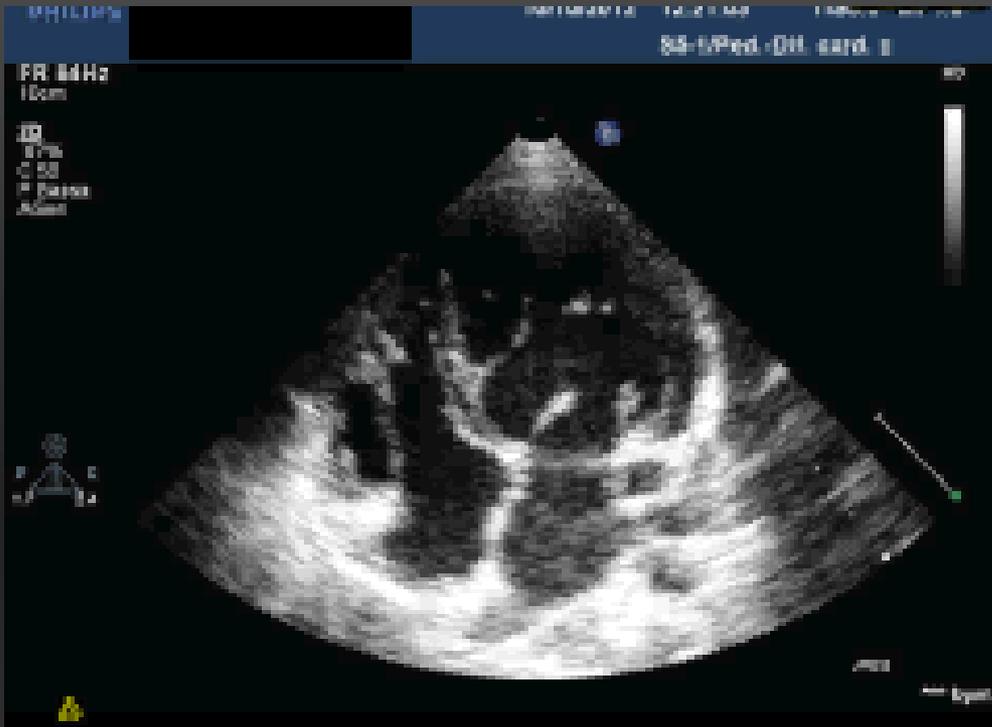
L'Imaging
dei punti critici



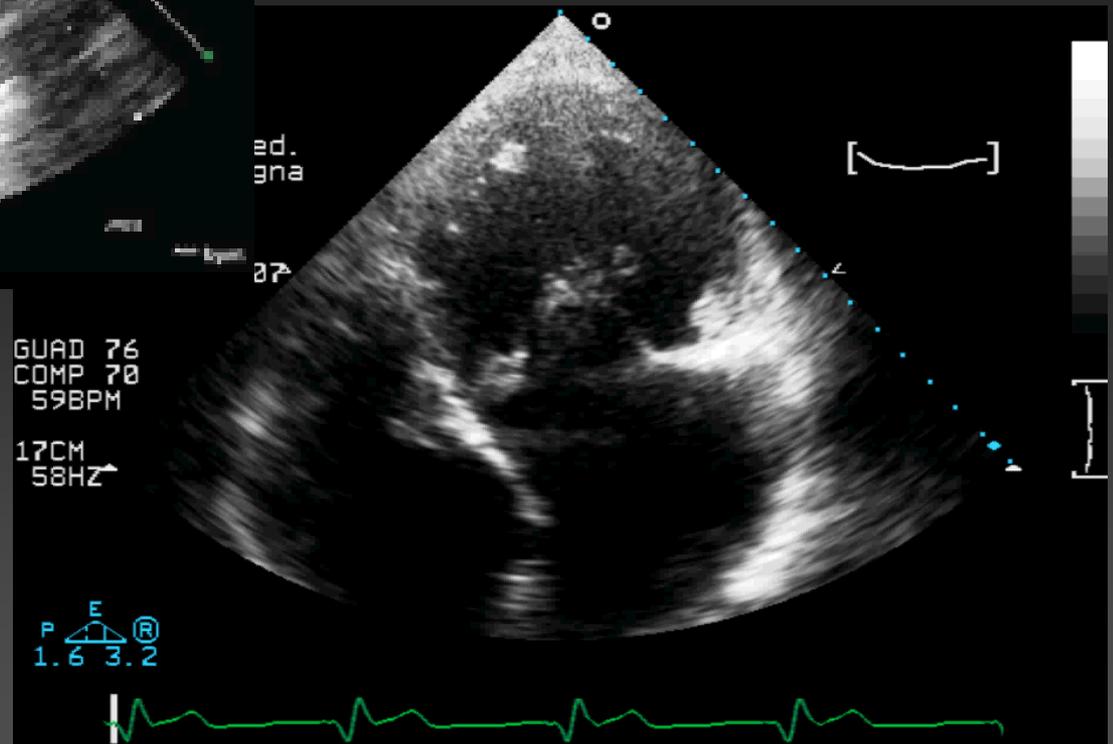
I punti critici
dell' Imaging

Necessità di interpretazione critica

What is what?

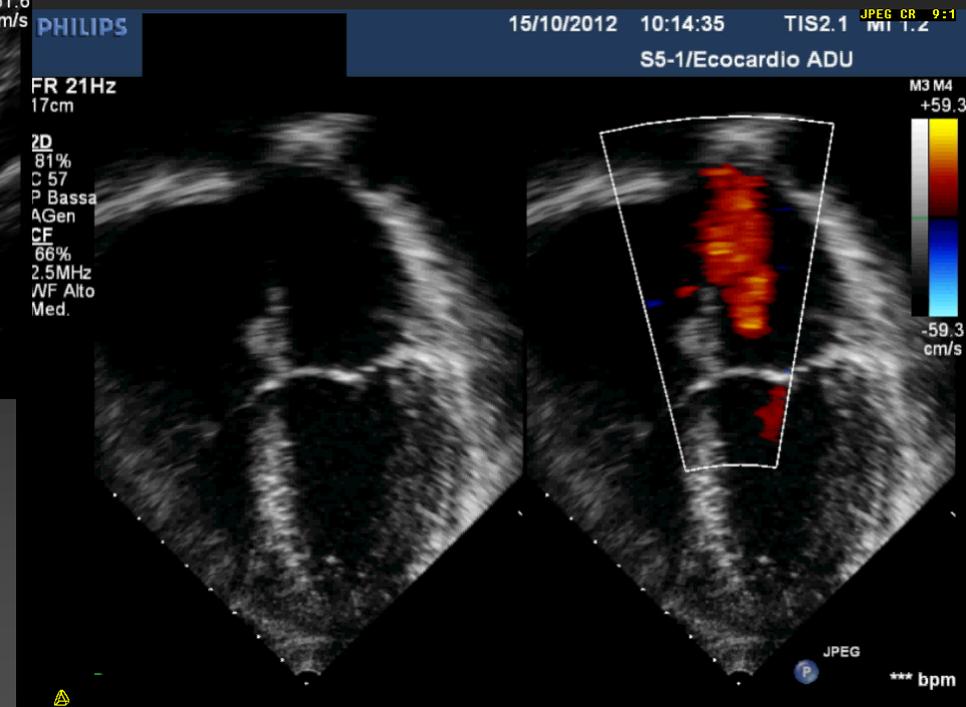
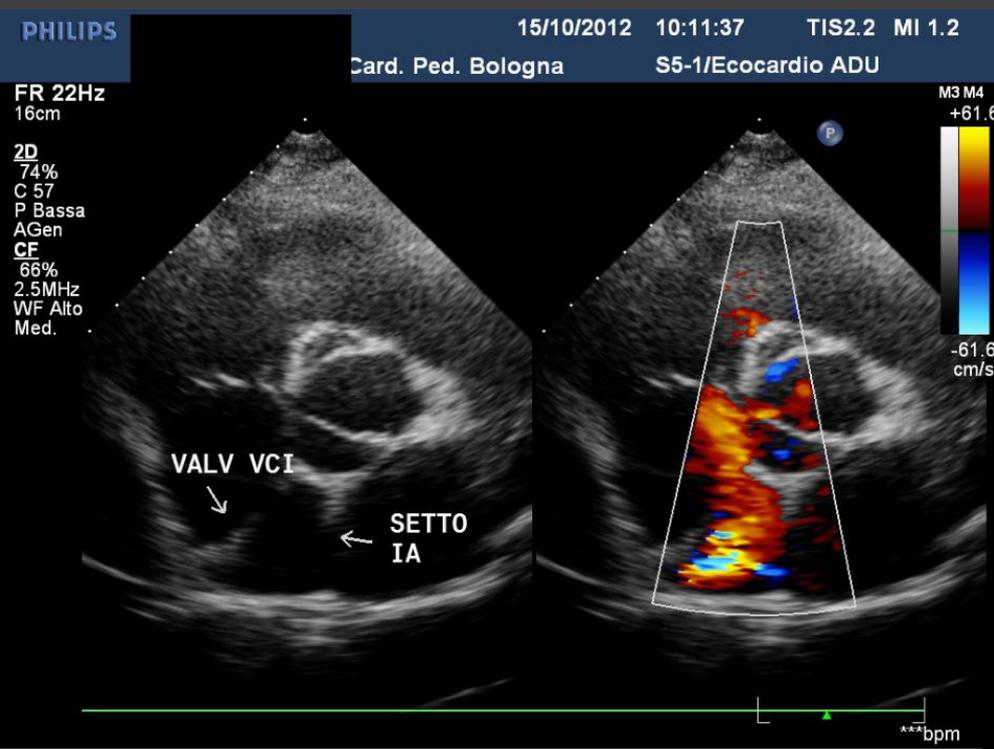


CMP non compaction



TGAc

DIA II...falso!



Imaging diagnostico nell'indicazione alla chirurgia

- Vdx
- Strutture anatomiche difficili
ritorni venosi, anelli vascolari



Ex: 290/5038629
Se: 20
Im: 121+C

SLA

A
I
R

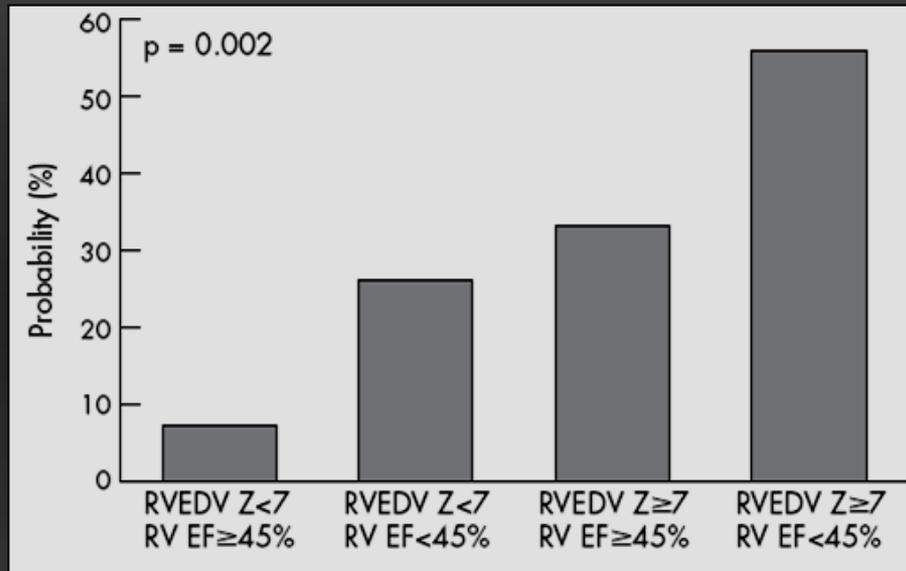
P
S
L

IRP

WW: 1176WL: 529

Ventricular size and function assessed by cardiac MRI predict major adverse clinical outcomes late after tetralogy of Fallot repair

A L Knauth,^{1,2} K Gauvreau,¹ A J Powell,¹ M J Landzberg,^{1,2} E P Walsh,¹ J E Lock,¹ P J del Nido,³ T Geva¹



Multivariate analysis (controlling for time from baseline evaluation to most recent follow-up)

Model 1

LV ejection fraction < 55%	8.05 (2.14 to 30.2)
RV end-diastolic volume $Z \geq 7$	4.55 (1.10 to 18.8)
Area under ROC curve for the model: 0.850	

Model 2

RV ejection fraction < 45%	5.60 (1.47 to 21.2)
RV end-diastolic volume $Z \geq 7$	4.00 (1.10 to 14.6)
Area under ROC curve for the model: 0.807	

Sovraccarico dx ...



DIA seno venoso e RVPAP

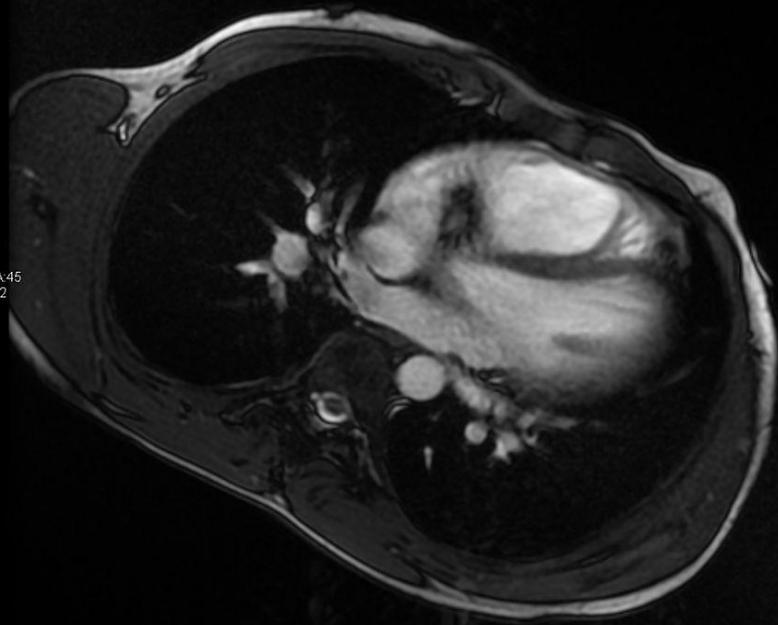
RANDAZZINI LUCA
1-gen-1999,013Y,M,1482522
Scansione: 9-213
SI:213
Pos:73,329
N. rich:7099144
Dbl Obl
Ec: 1
Pos. paziente: FFS

Con perdita

Az Osp S ORSOLA BOLOGNA
BONVICINIMARCO

10-set-2012 14.06.55

Desc. studio: RM Cuore con Studio Flussimetrico e Studio Funzione Ventricola



RPH

4/0/2
Et: 1 TA: 45
512x512
8mm
Enc: >
1nec

10 cm

C 1151
W 2302

Cardio 2011/48CARDIAC

PL

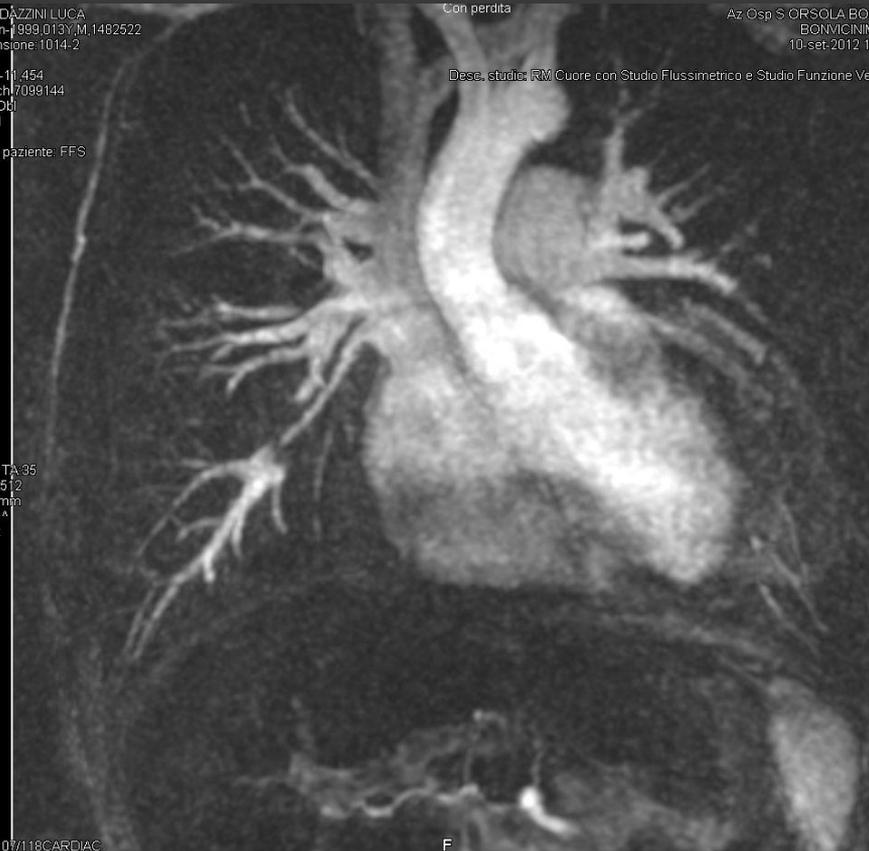
RANDAZZINI LUCA
1-gen-1999,013Y,M,1482522
Scansione: 1014-2
SI:2
Pos:-10,454
N. rich:7099144
Dbl Obl
Ec: 1
Fr:5
Pos. paziente: FFS

Con perdita

Az Osp S ORSOLA BOLOGNA
BONVICINIMARCO

10-set-2012 14.32.08

Desc. studio: RM Cuore con Studio Flussimetrico e Studio Funzione Ventricola



R

3/1
Et: 1 TA: 35
512x512
24.2mm
Enc: A
1nec

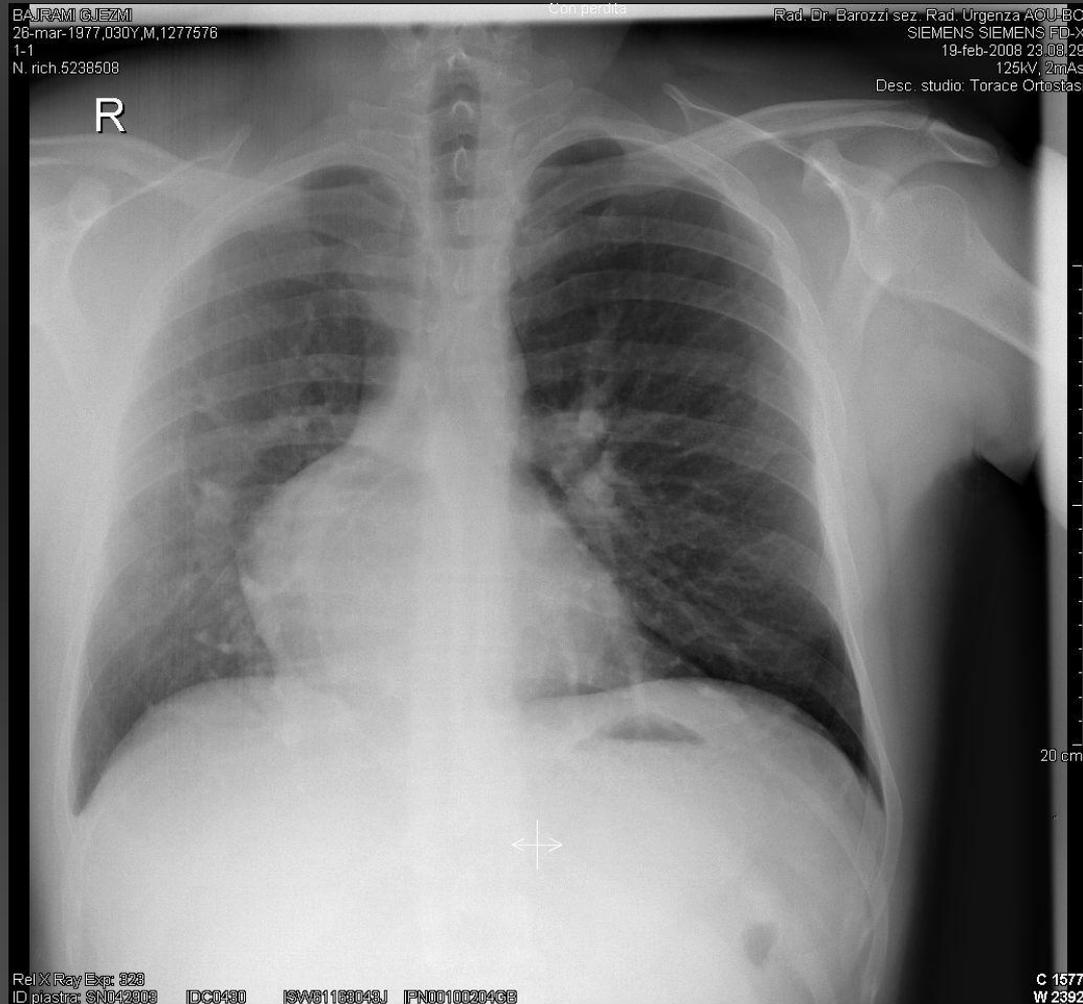
10 cm

TDF 01/118CARDIAC

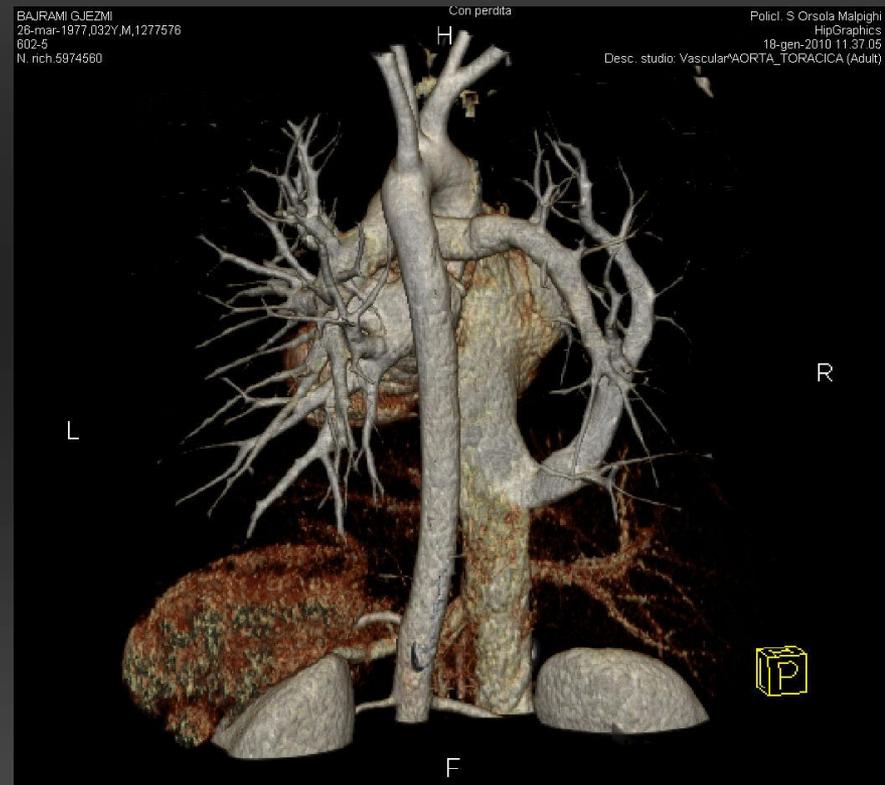
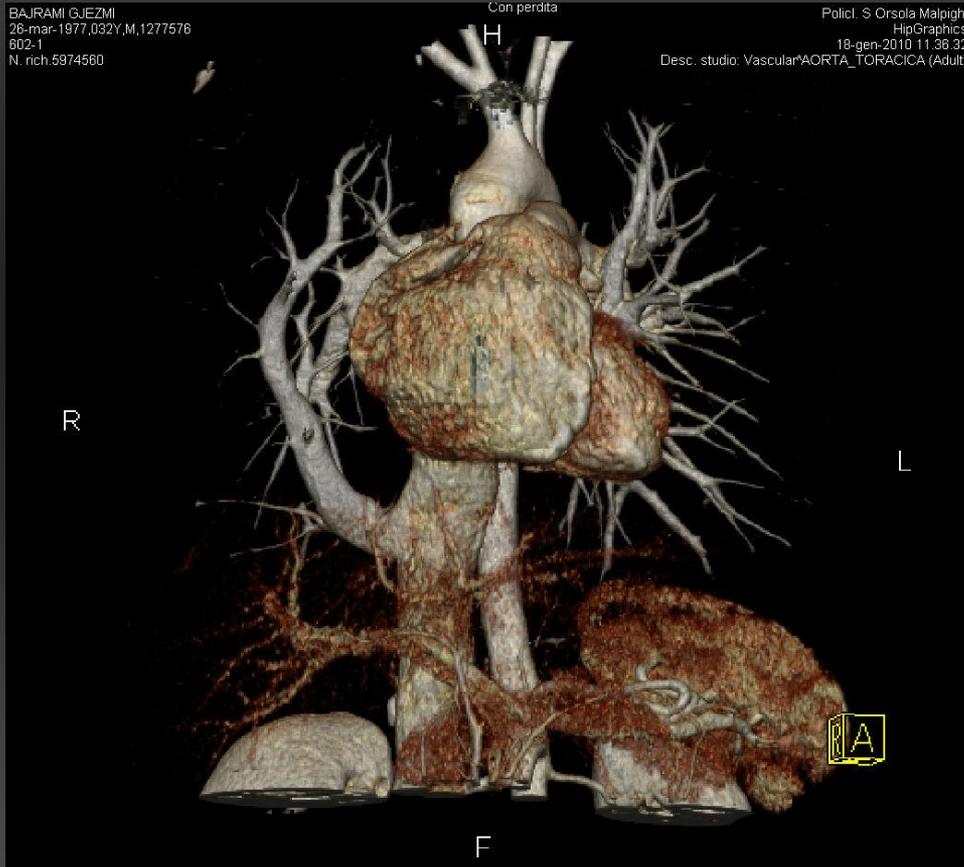
C 279
W 597

F

Sovraccarico destro e...



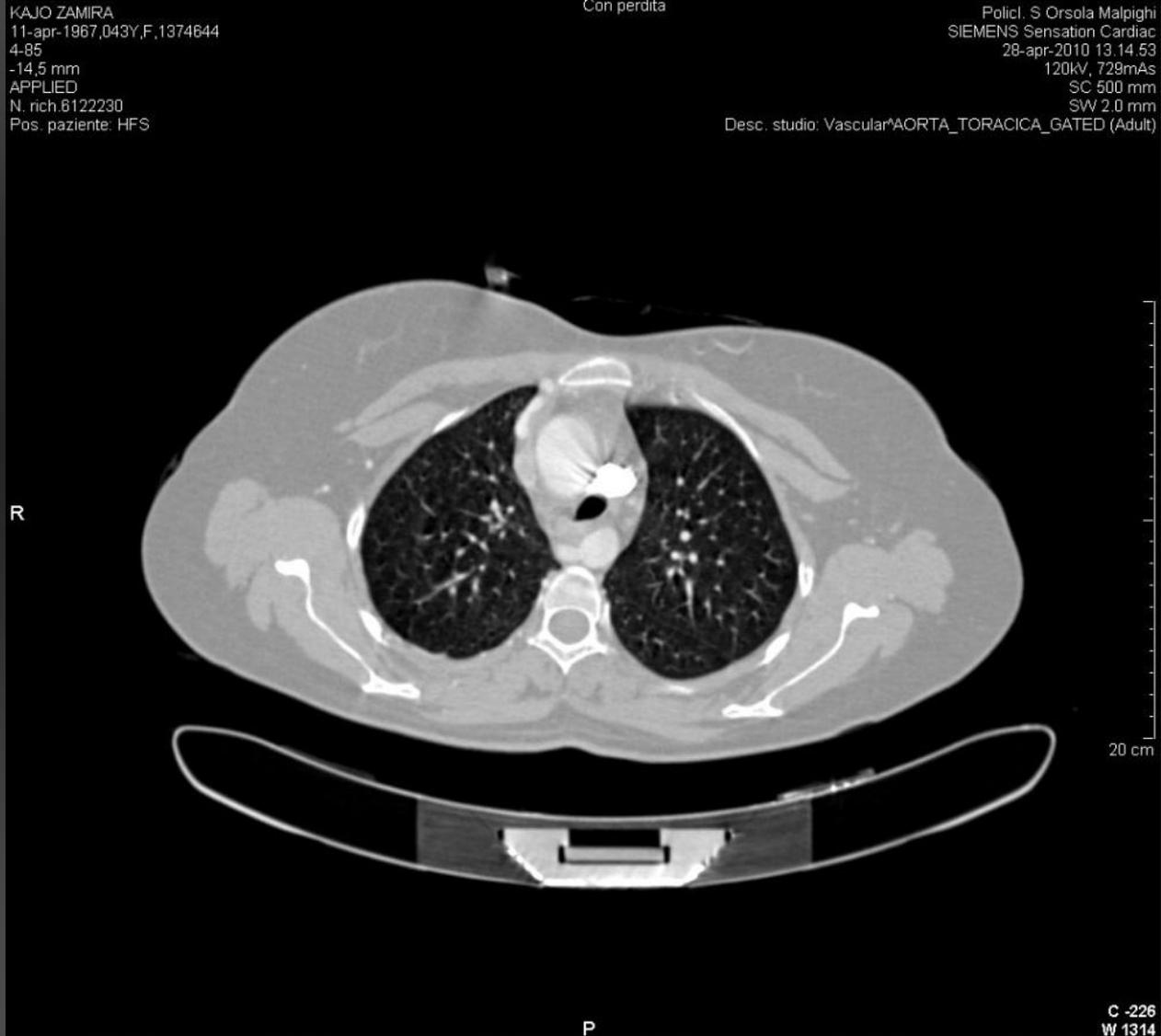
scimitarra



la coartazione ingannatrice



la coartazione ingannatrice



la coartazione ingannatrice



Correzione chirurgica

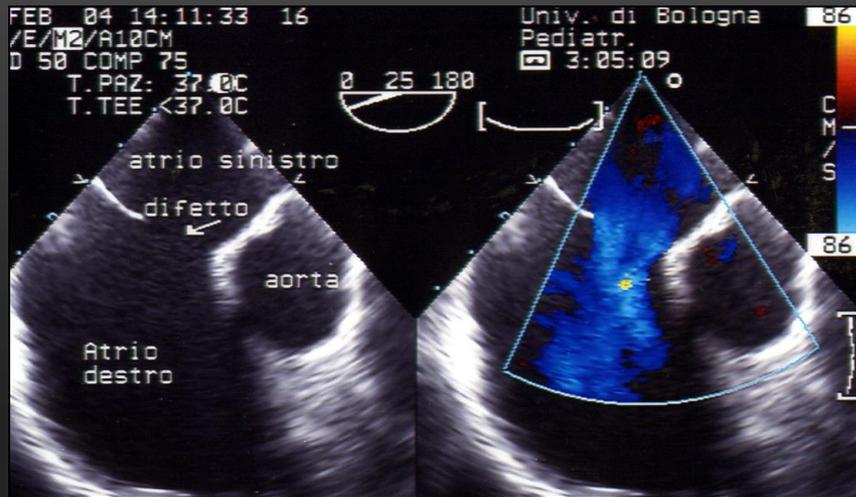
**Condotto
extracardiaco**

Imaging guida procedure interventistiche percutanee

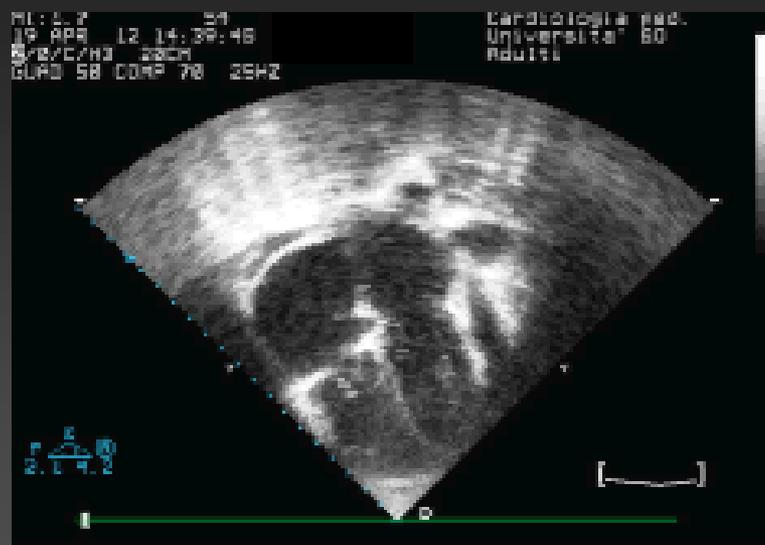
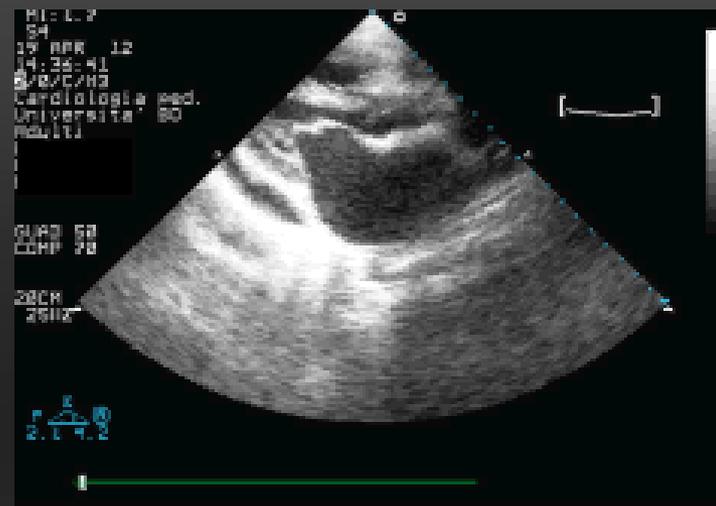
- Setto interatriale
- Rami polmonari / coartazione
- Embolizzazione Fistole, ecc.

Chiusura transcateretere DIA II

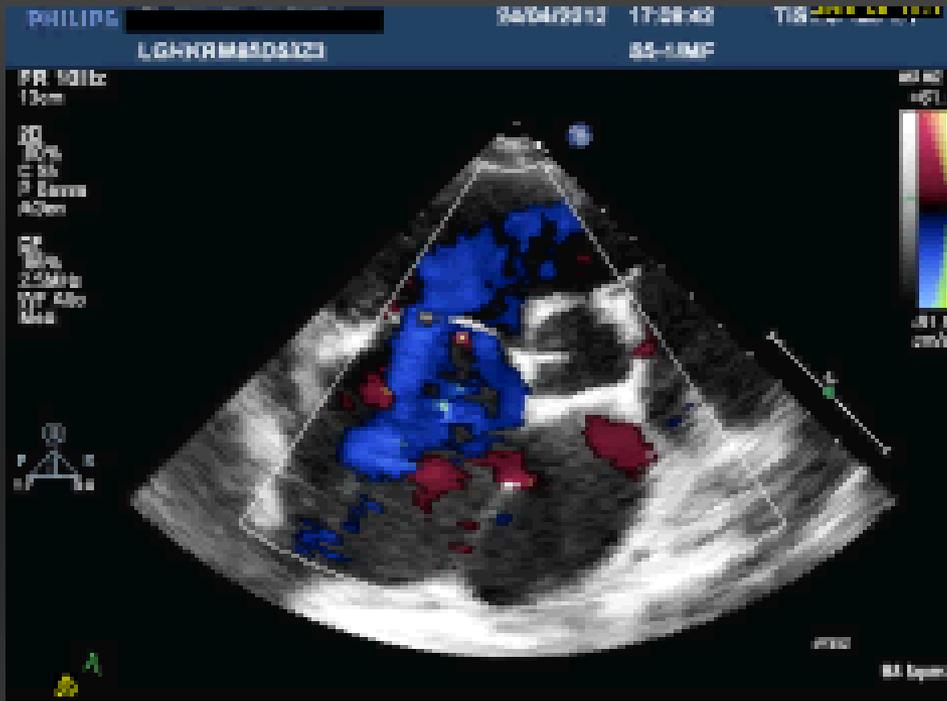
≈70-80% dei DIA II



DIA II e scompenso



DIA II e scompenso



Adx 19 mmHg

VsnTd 18mmHg

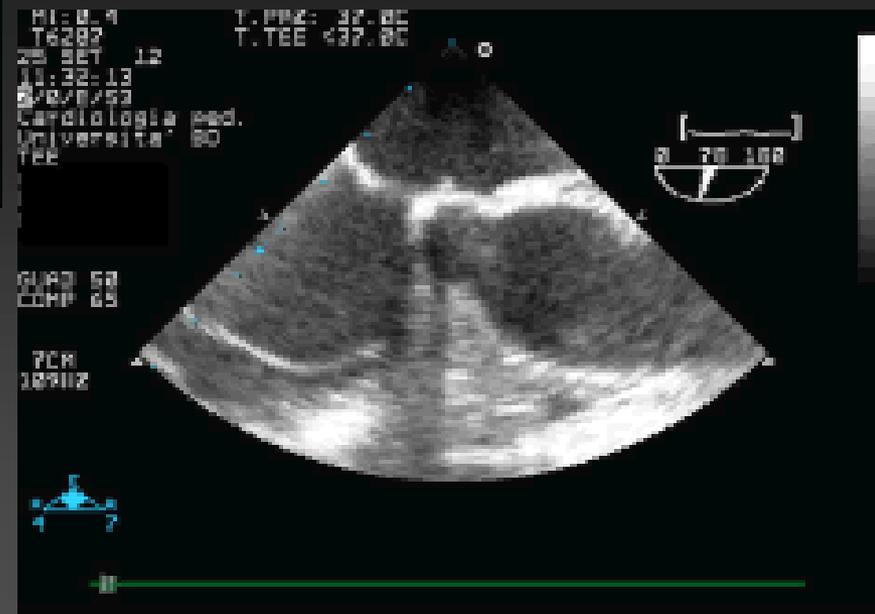
CP 18mmHg

**Pericardite
costrittiva**

PFO? Oppure.....

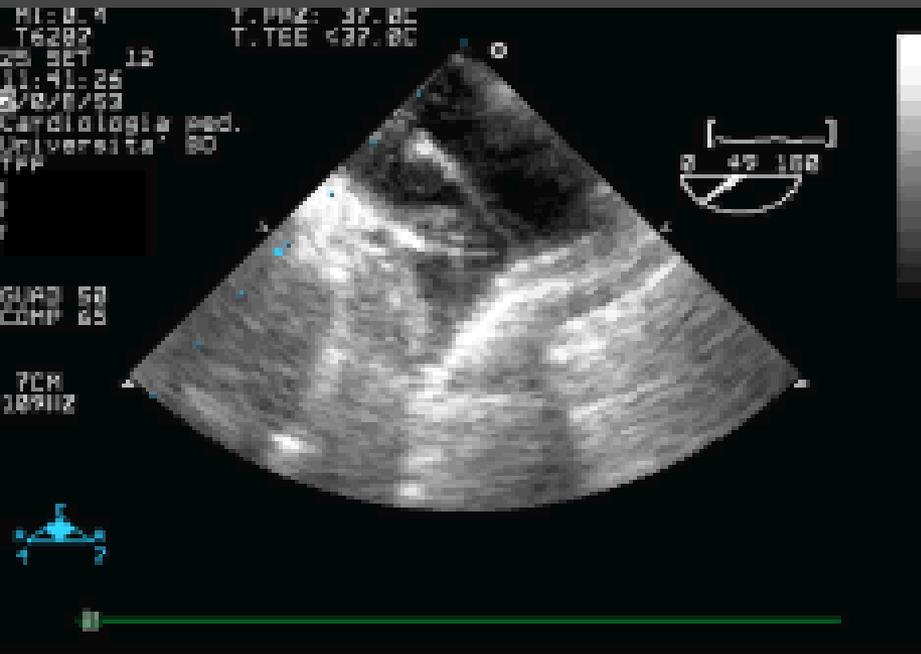


Dubbio PFO

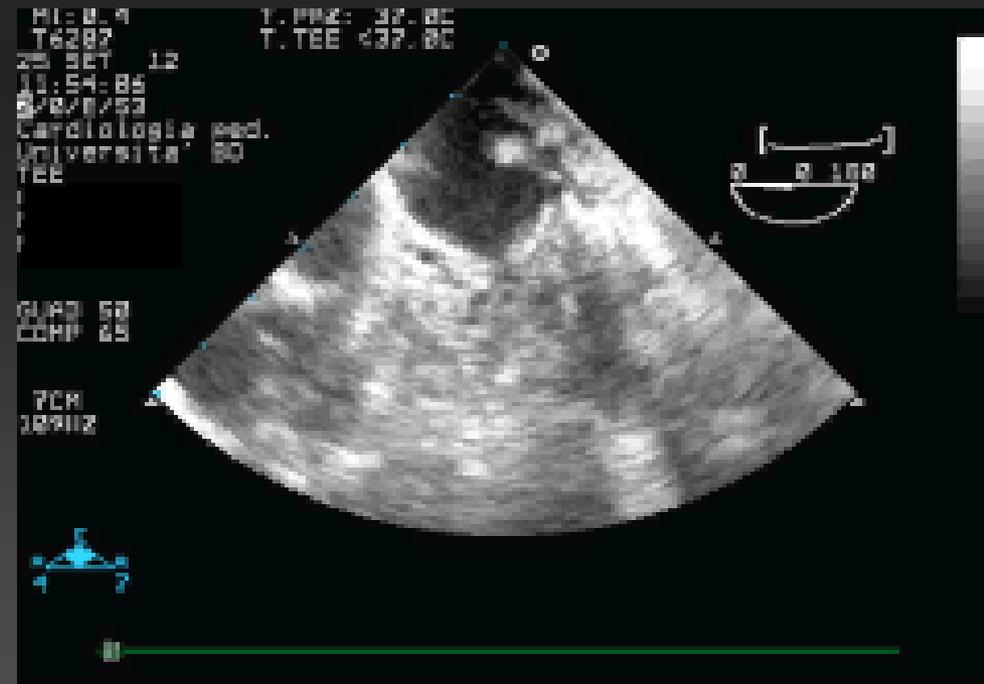


No PFO

PFO? Oppure.....

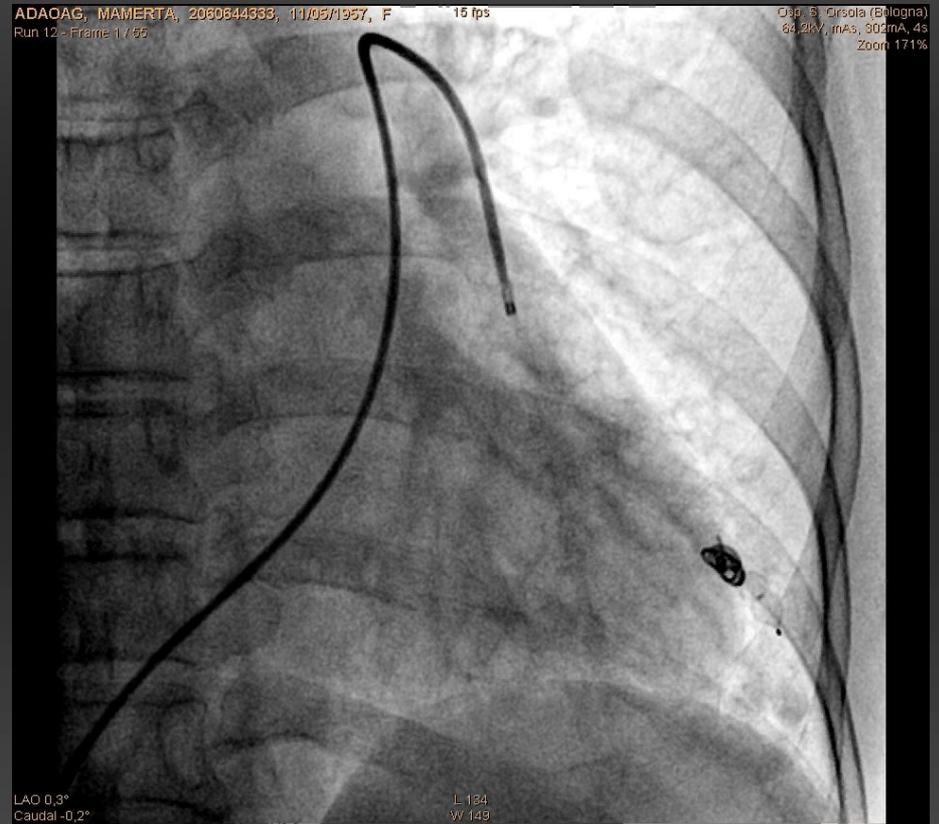
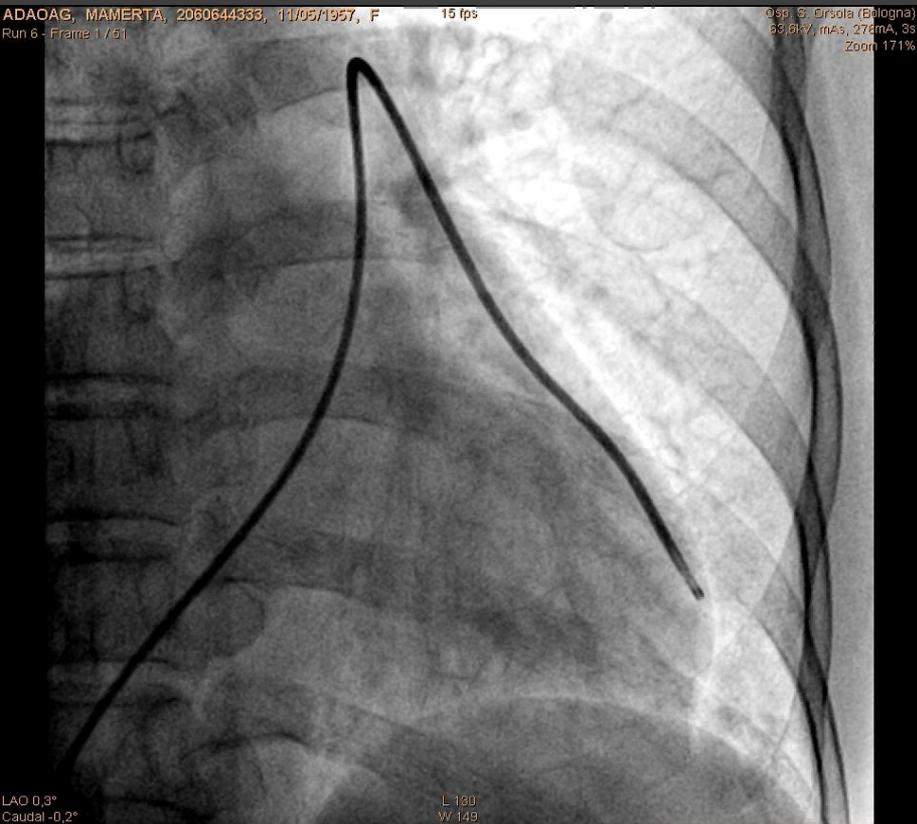


Vena polm sup. sn

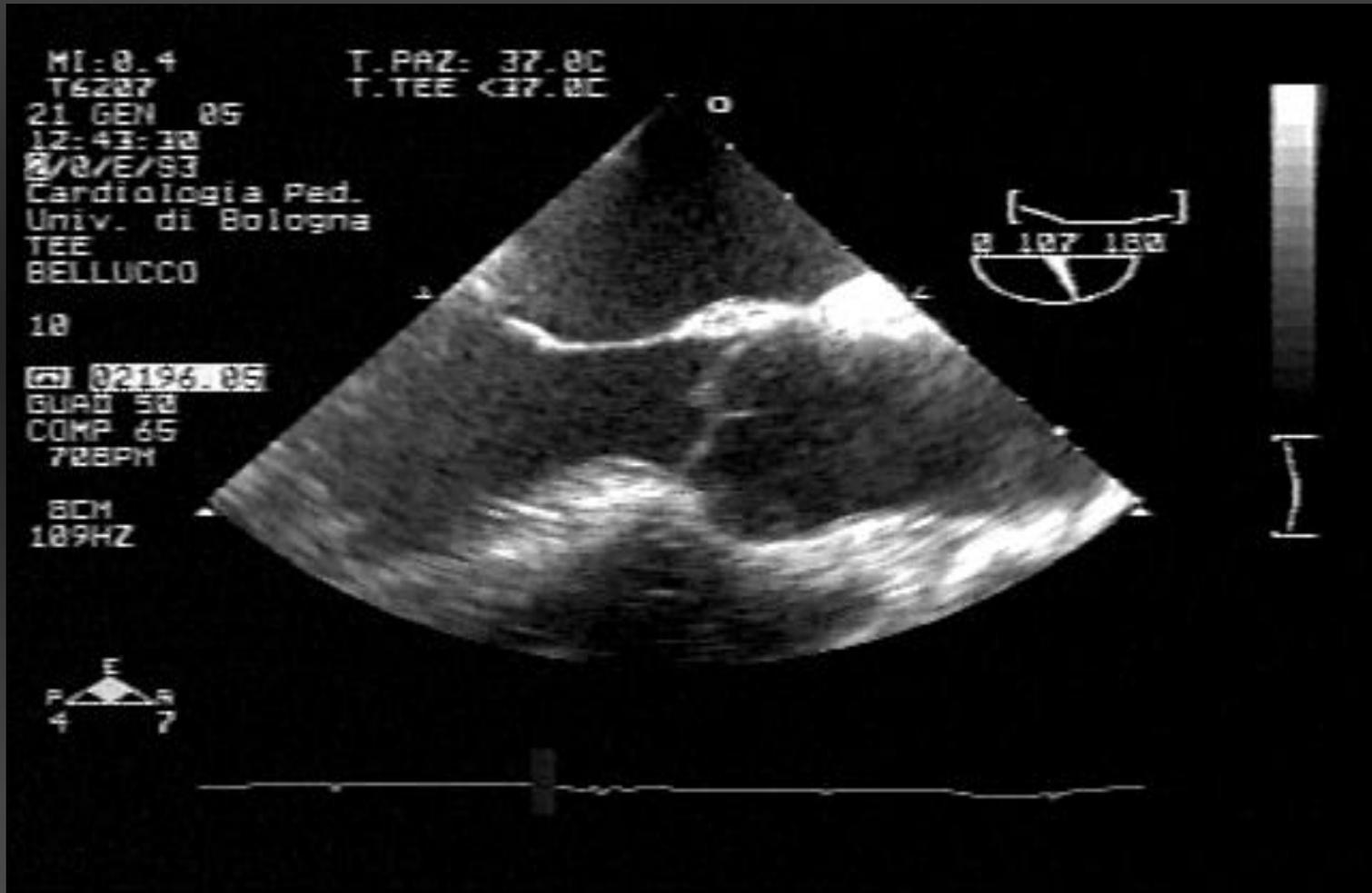


Vena polm inf. sn

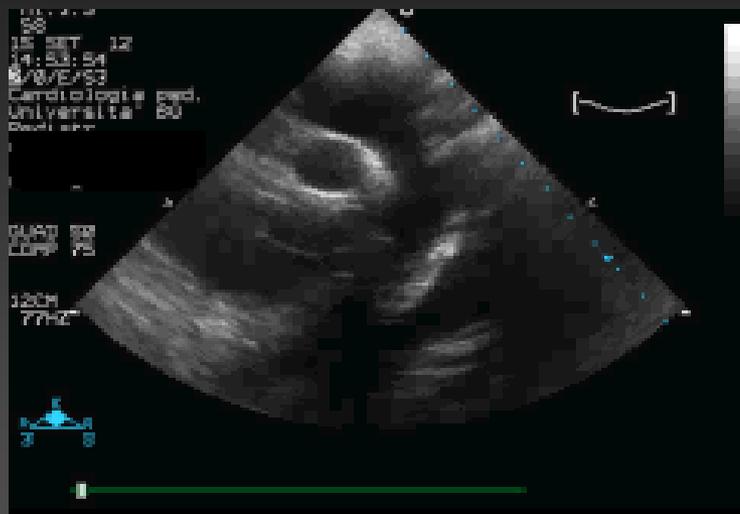
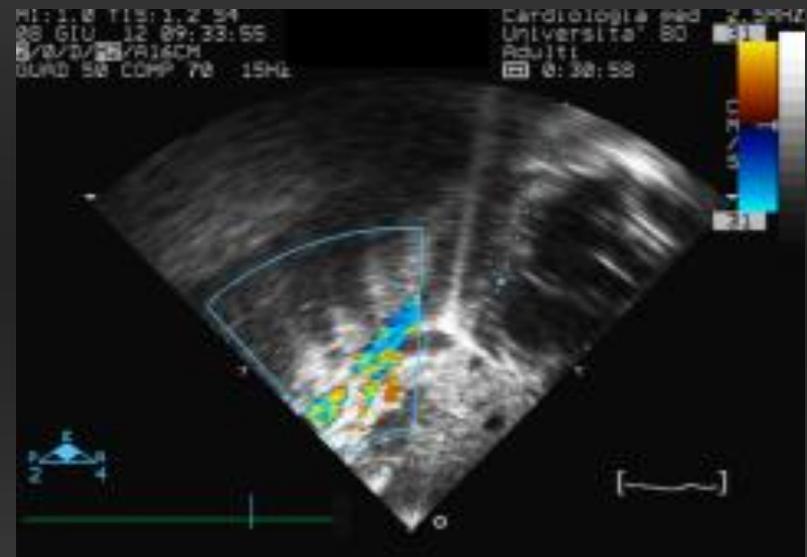
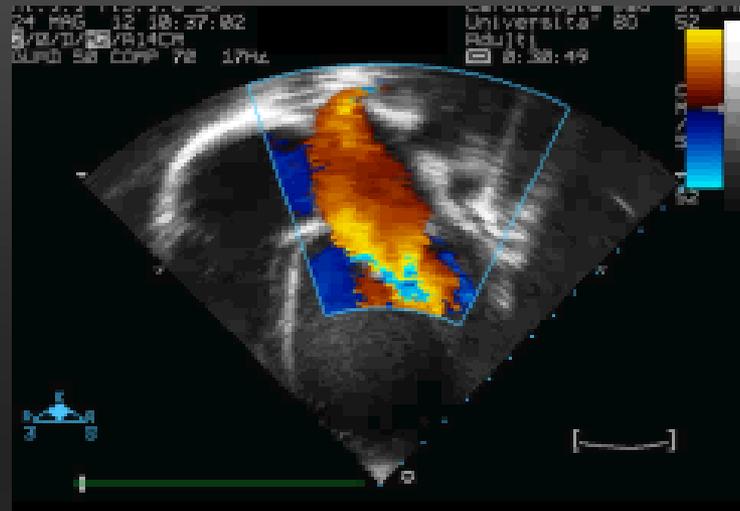
...Fistole A-V polmonari



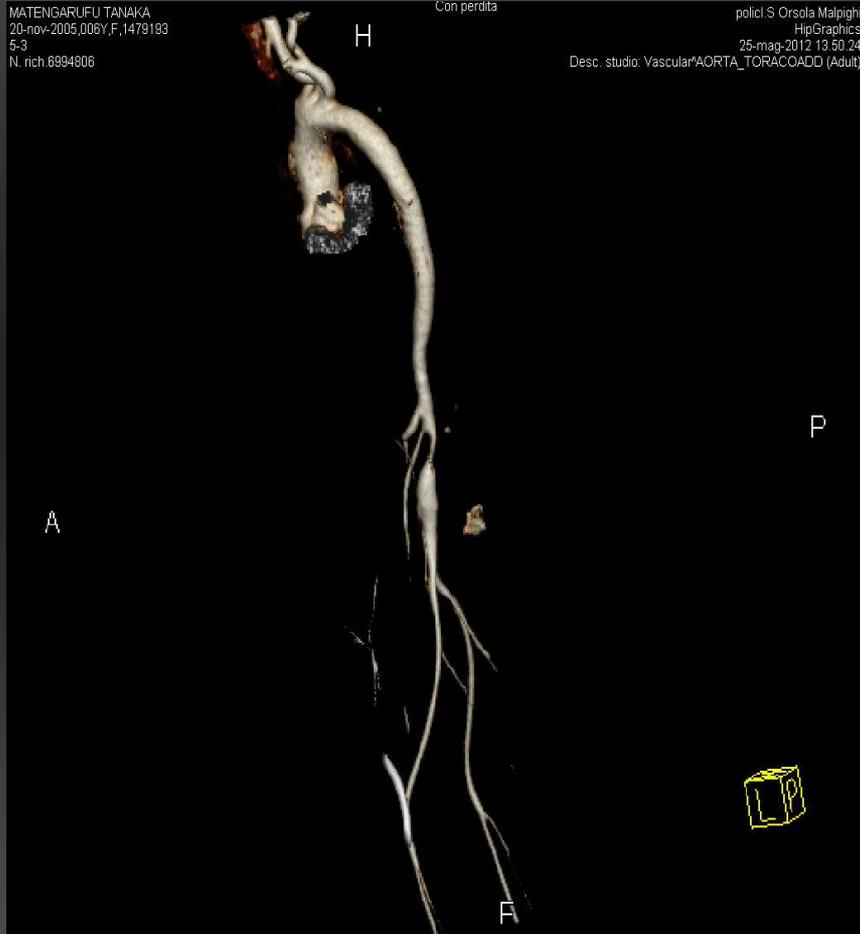
...Fibroelastoma aortico



la coartazione ingannatrice



la coartazione ingannatrice



la coartazione ingannatrice

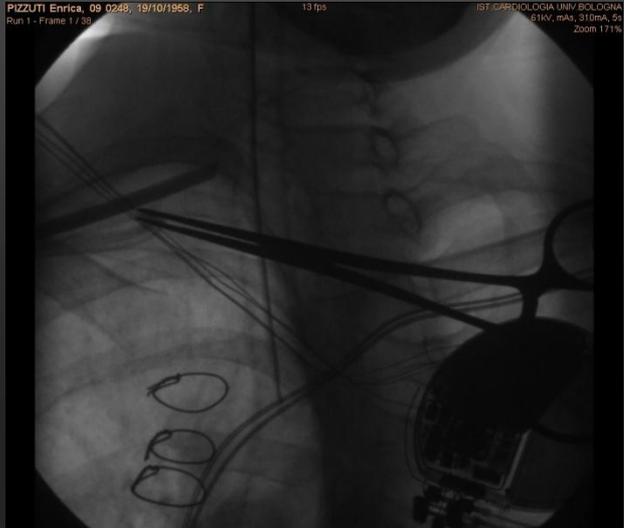


la coartazione “normale”



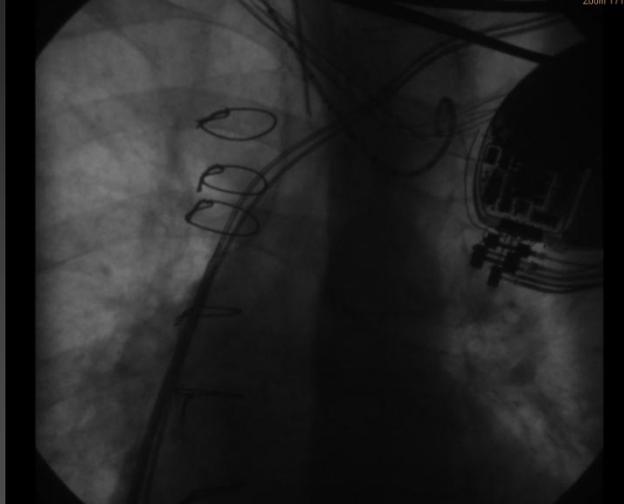
la coartazione “normale”

PIZZUTI Enrica, 09 0248, 19/10/1958, F
Run 1 - Frame 1 / 38
13 fps
IST. CARDIOLOGIA UNIV. BOLOGNA
61kV, mA, 310mA, 5s
Zoom 171%



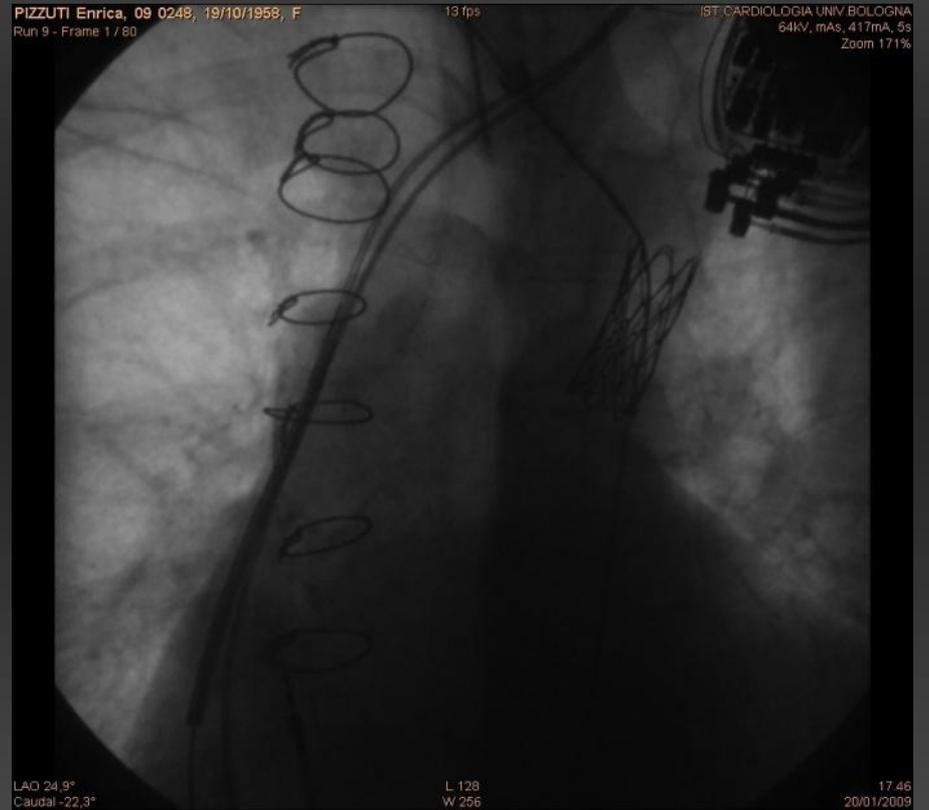
LAO 31.2°
Caudal -0.7°
L 128
W 256
16.22
20/01/2009

PIZZUTI Enrica, 09 0248, 19/10/1958, F
Run 4 - Frame 1 / 47
13 fps
IST. CARDIOLOGIA UNIV. BOLOGNA
63kV, mA, 369mA, 4s
Zoom 171%



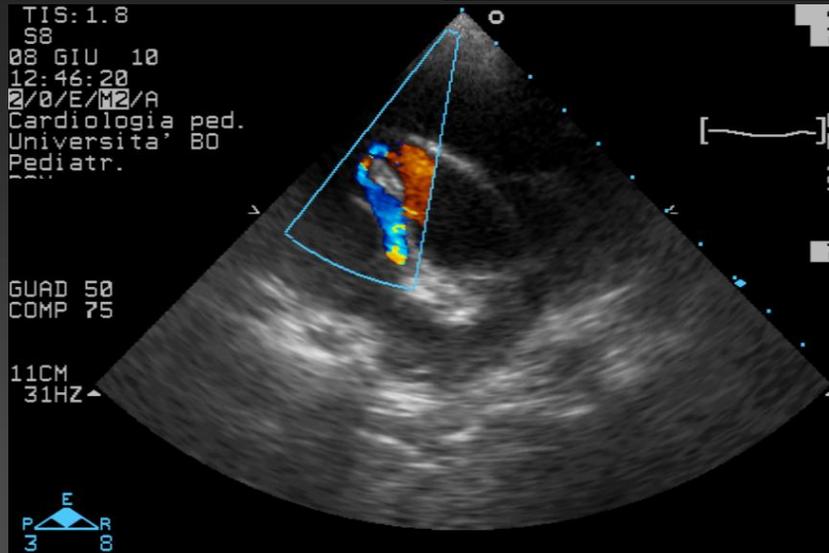
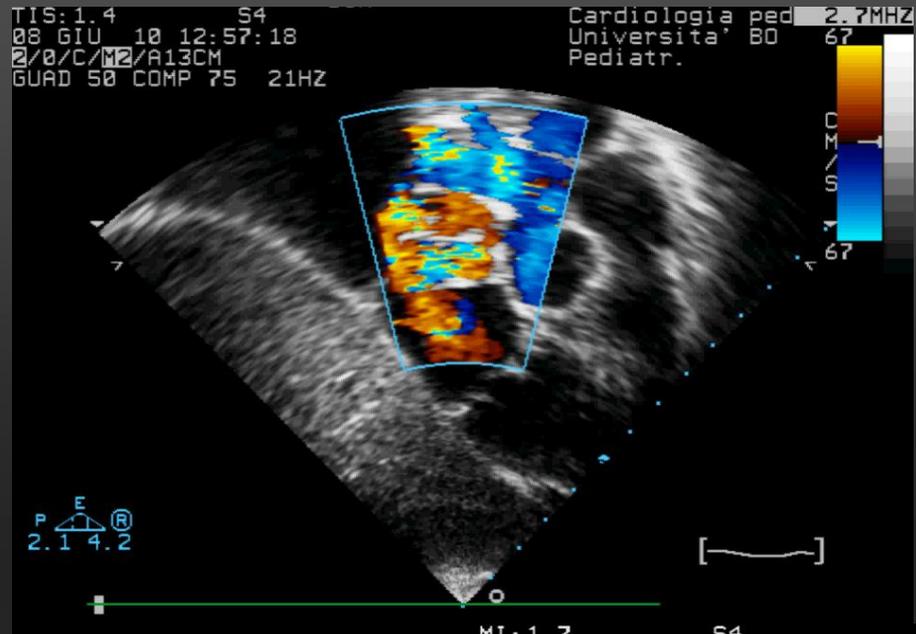
LAO 24.9°
Cranial 0.6°
L 128
W 256
16.37
20/01/2009

PIZZUTI Enrica, 09 0248, 19/10/1958, F
Run 9 - Frame 1 / 80
13 fps
IST. CARDIOLOGIA UNIV. BOLOGNA
64kV, mA, 417mA, 5s
Zoom 171%



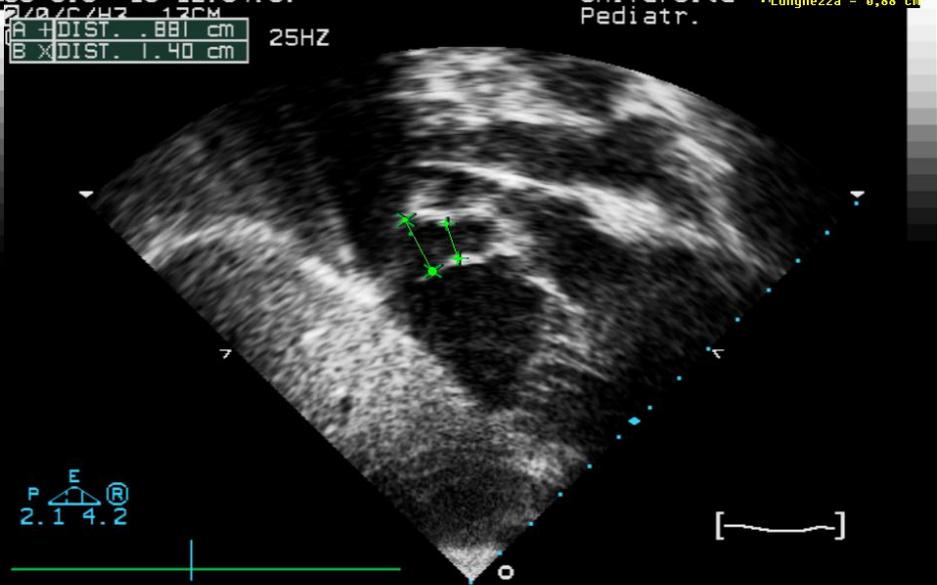
LAO 24.9°
Caudal -22.3°
L 128
W 256
17.46
20/01/2009

DIA o...



MI: 1.7 S4
08 GIU 10 12:54:37
2/0/C/M/A 17CM
25HZ

A DIST. .881 cm
B DIST. 1.40 cm

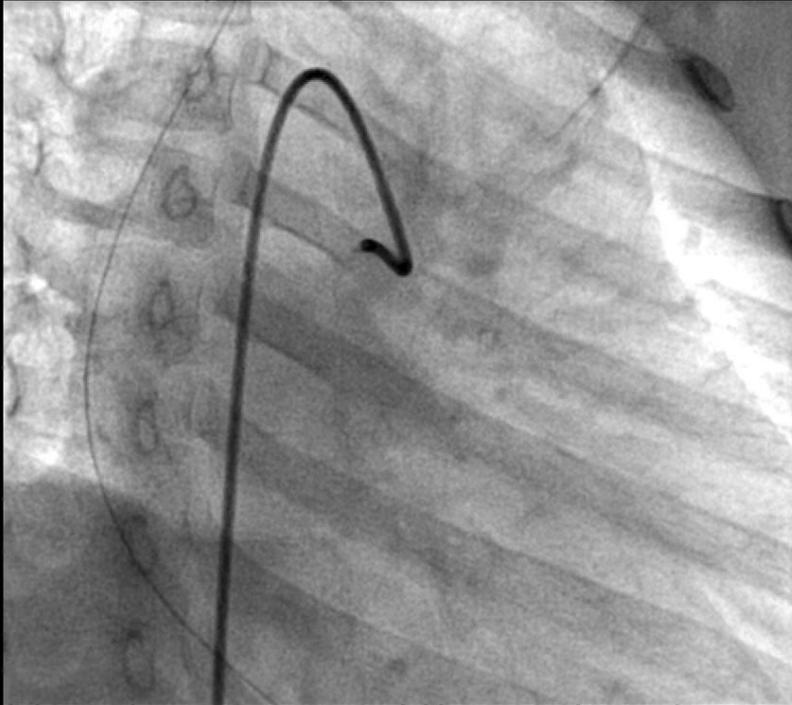


Fistola coronarica

BON, CHIARA, 2060637409, 27/05/2006, F
Run 4 - Frame 1 / 49

15 fps

Osp. S. Orsola (Bologna)
67,4kV, mAs, 459mA, 4s
Zoom 170%



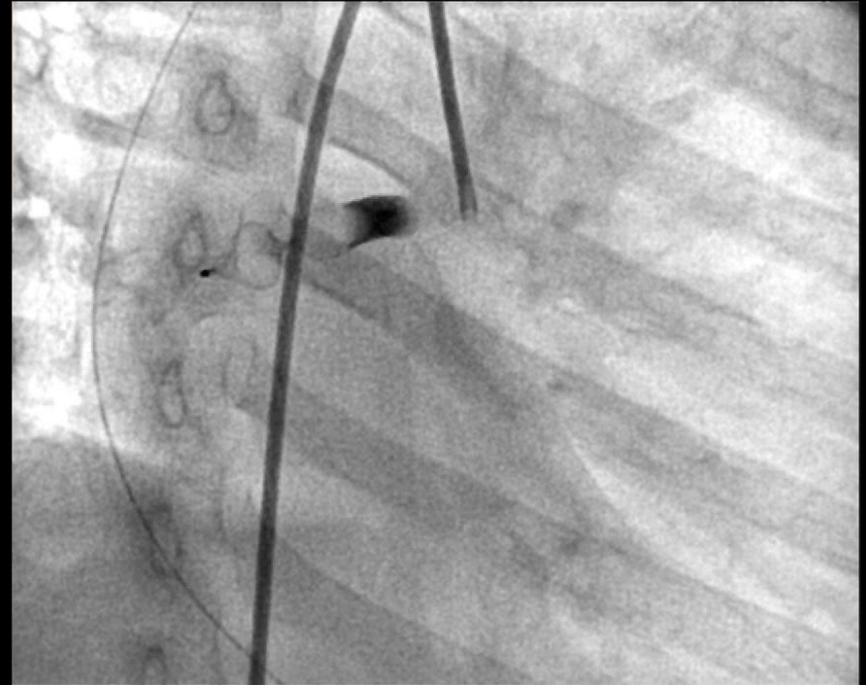
RAO -23,4°
Caudal -20,0°

L 87
W 156

BON, CHIARA, 2060637409, 27/05/2006, F
Run 10 - Frame 1 / 57

15 fps

Osp. S. Orsola (Bologna)
68,5kV, mAs, 512mA, 4s
Zoom 170%



RAO -23,5°
Caudal -19,4°

L 77
W 140

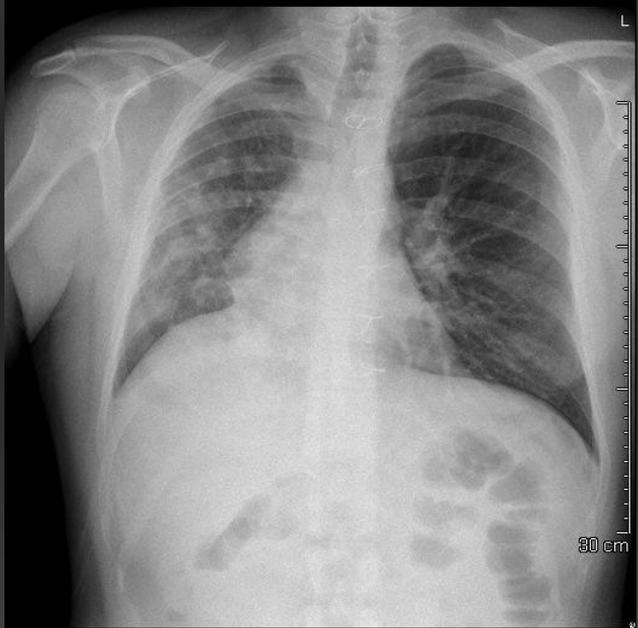
Imaging nel follow up post chirurgico e interventistico

- Vdx post homograft/valvole percutanee
- Angio TAC post stent
- Post occlusione DIA/DIV/Fistole
- ecc.

Scimitarra post op: 2 mesi dopo...

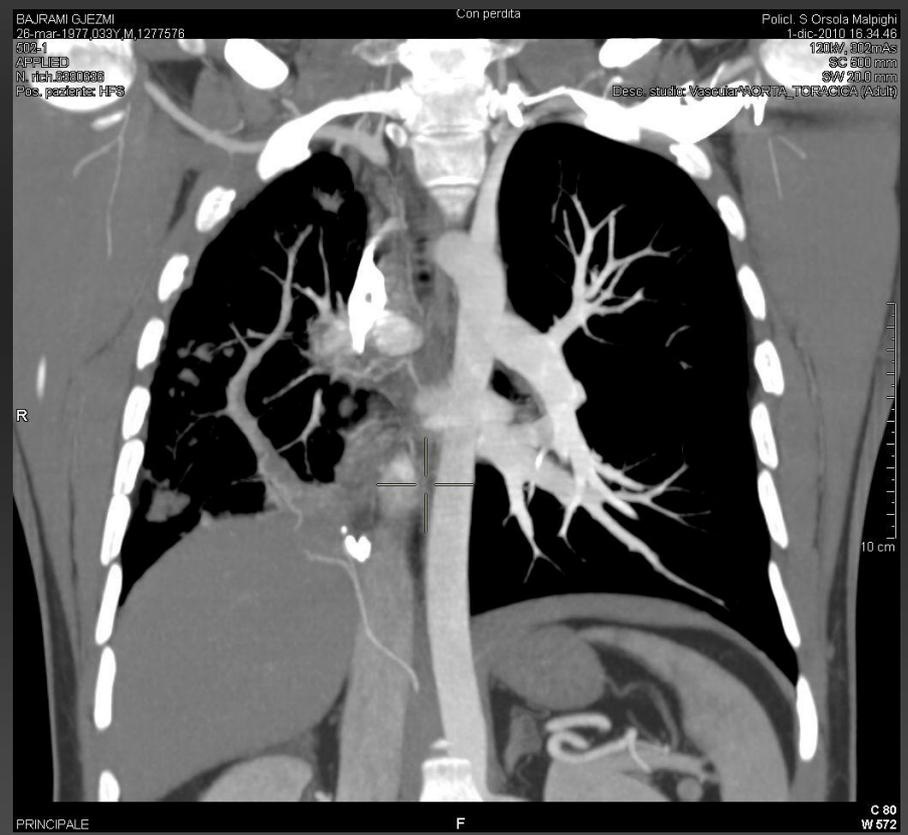
BAJRAMI GJEZMI
26-mar-1977, M, 1277576
1-2
N. rich 6375916
Visualizza pos.: PA
Priorità proc.: R

ASL SPED S.ORSOLA MALPIGHI
Philips Medical Systems DigitalDiagno
27-nov-2010 5.33.42
125kV, 1mAs
Desc. studio: Torace



Rel X Ray Exp: 221

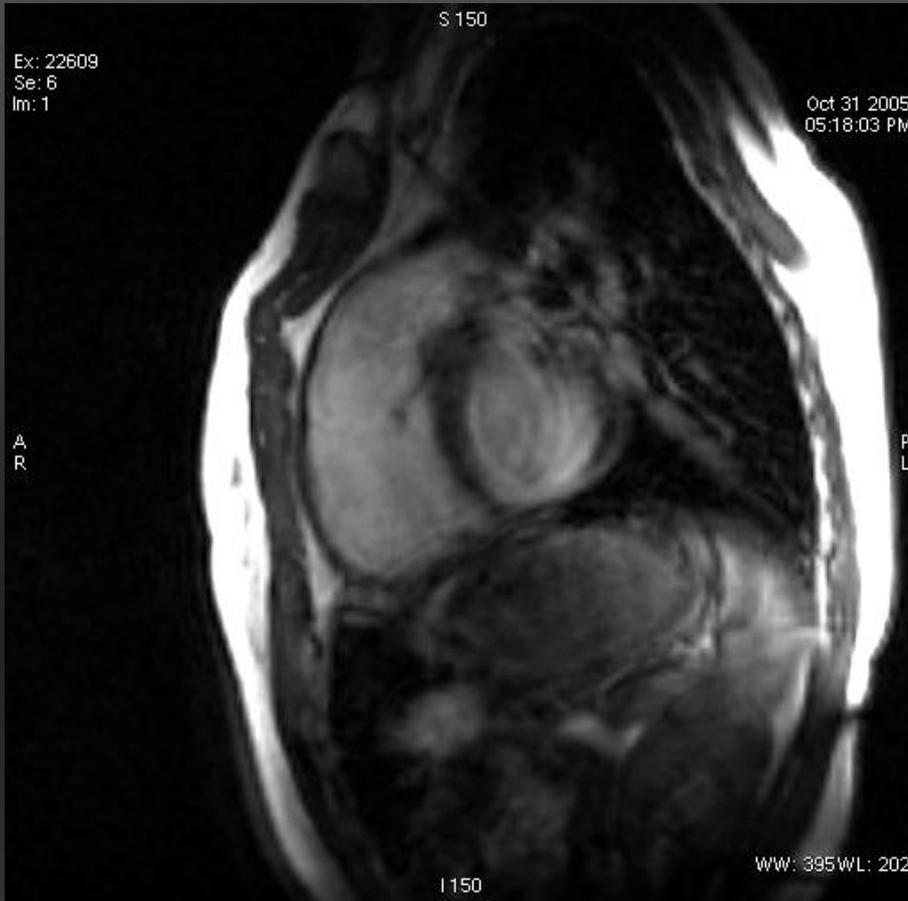
C 2047
W 4095



PRINCIPALE

F

C 80
W 572

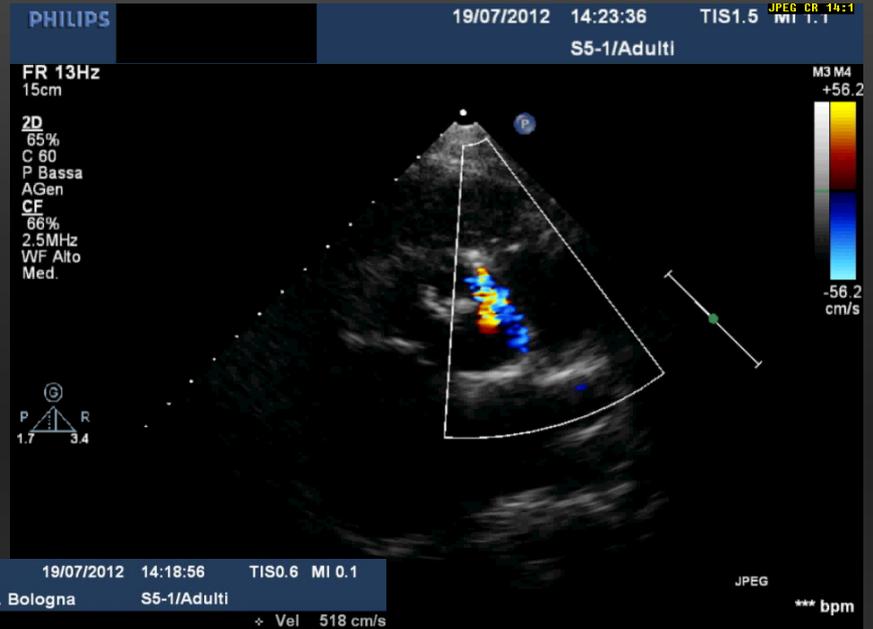
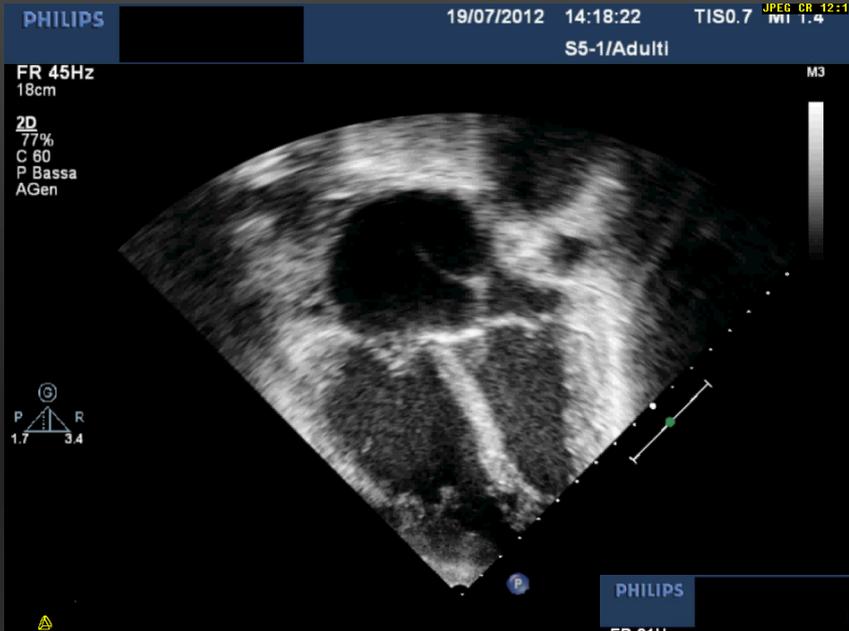


Fallot : dopo homograft

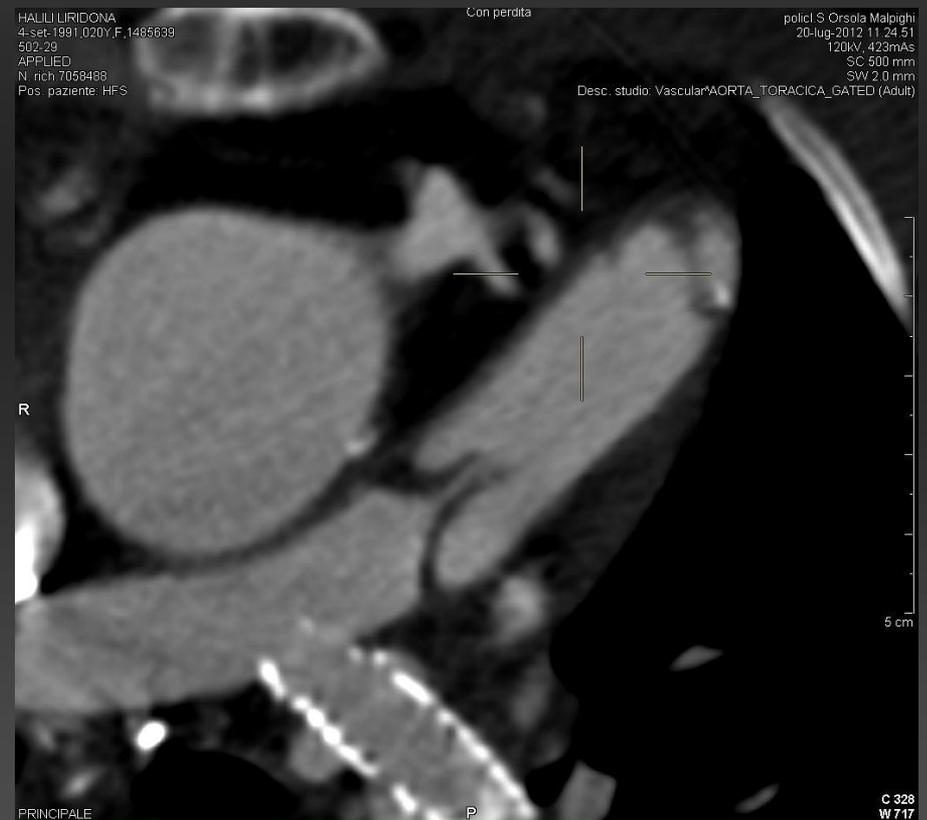


Fallot : patch transannulare

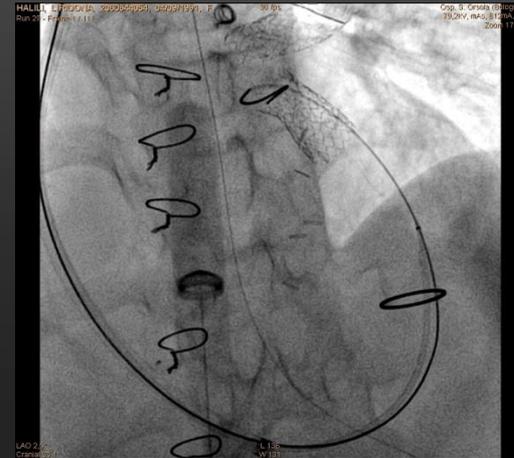
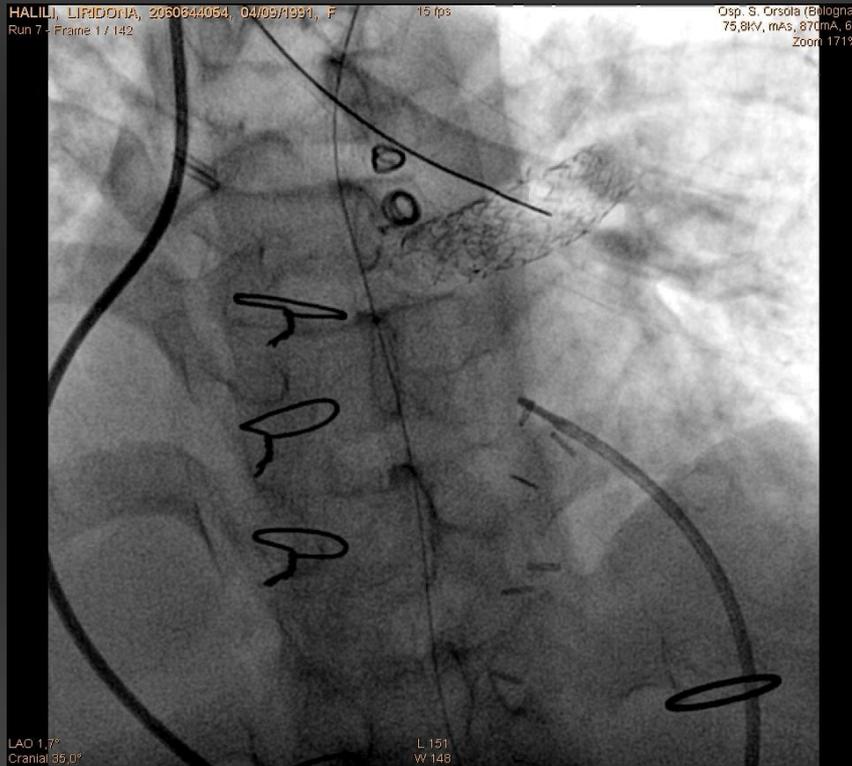
l'imaging del Vdx



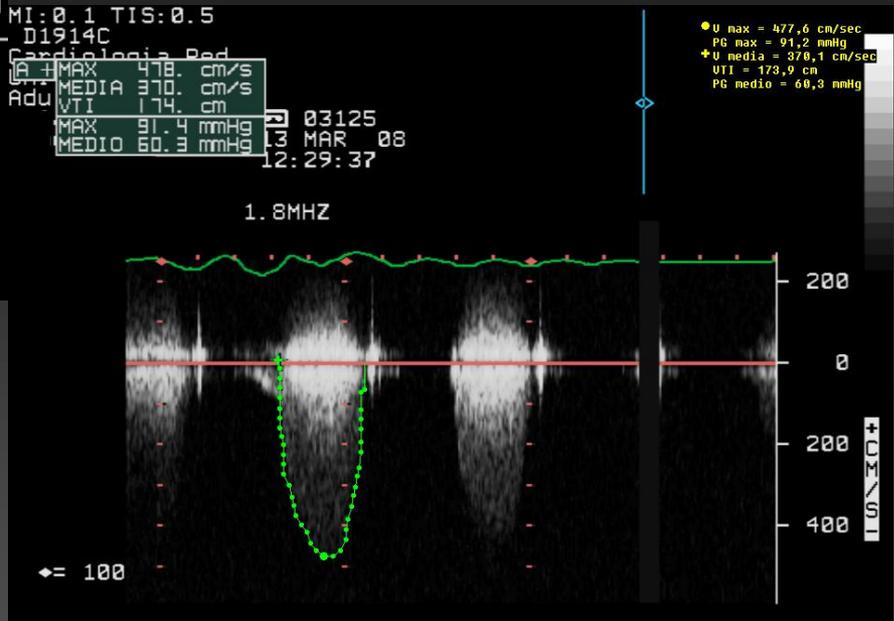
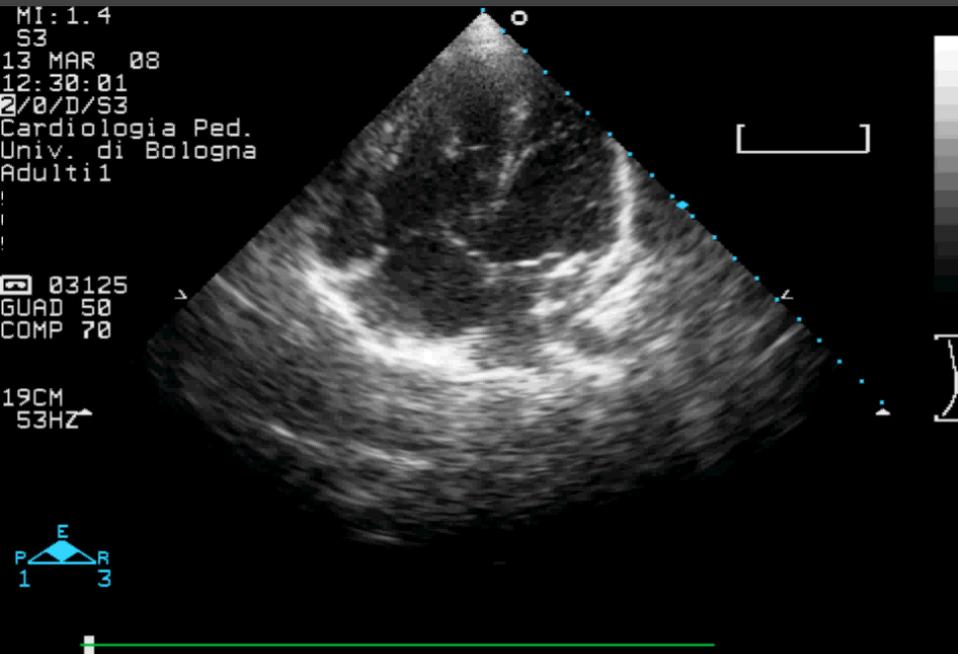
l'imaging del Vdx



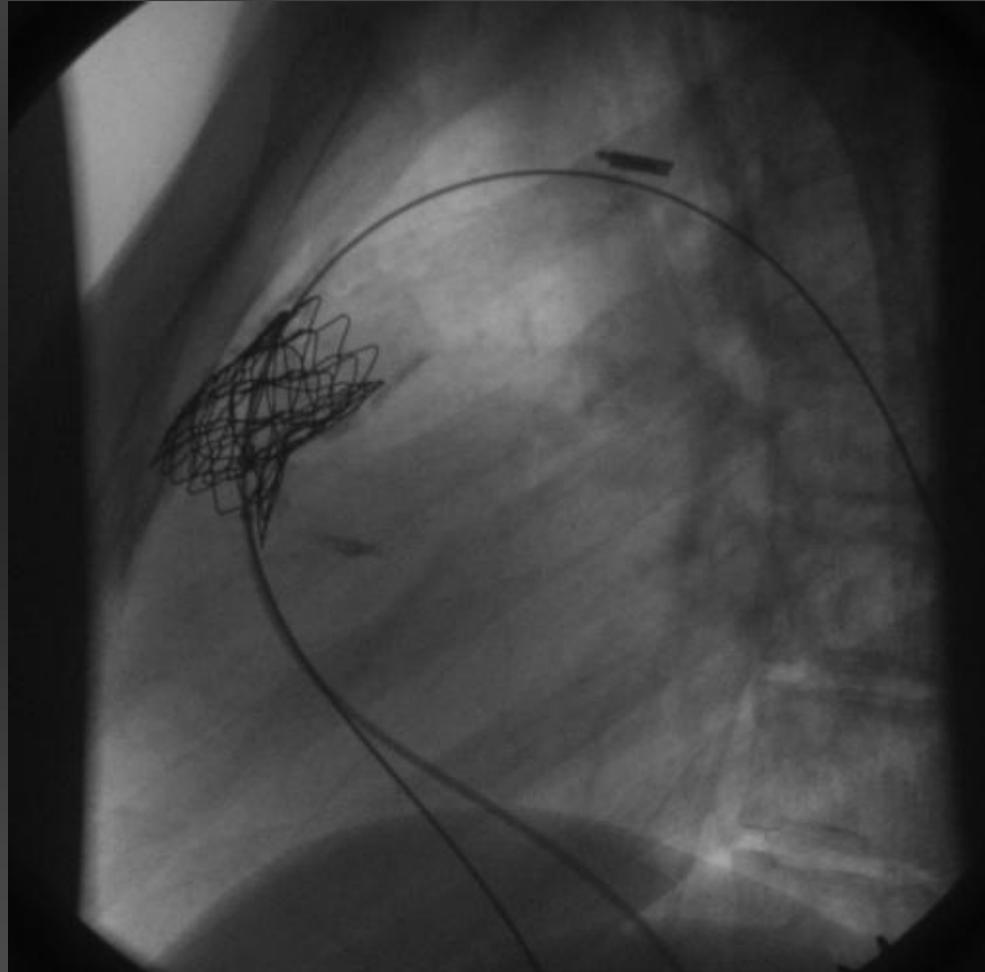
l'imaging del Vdx



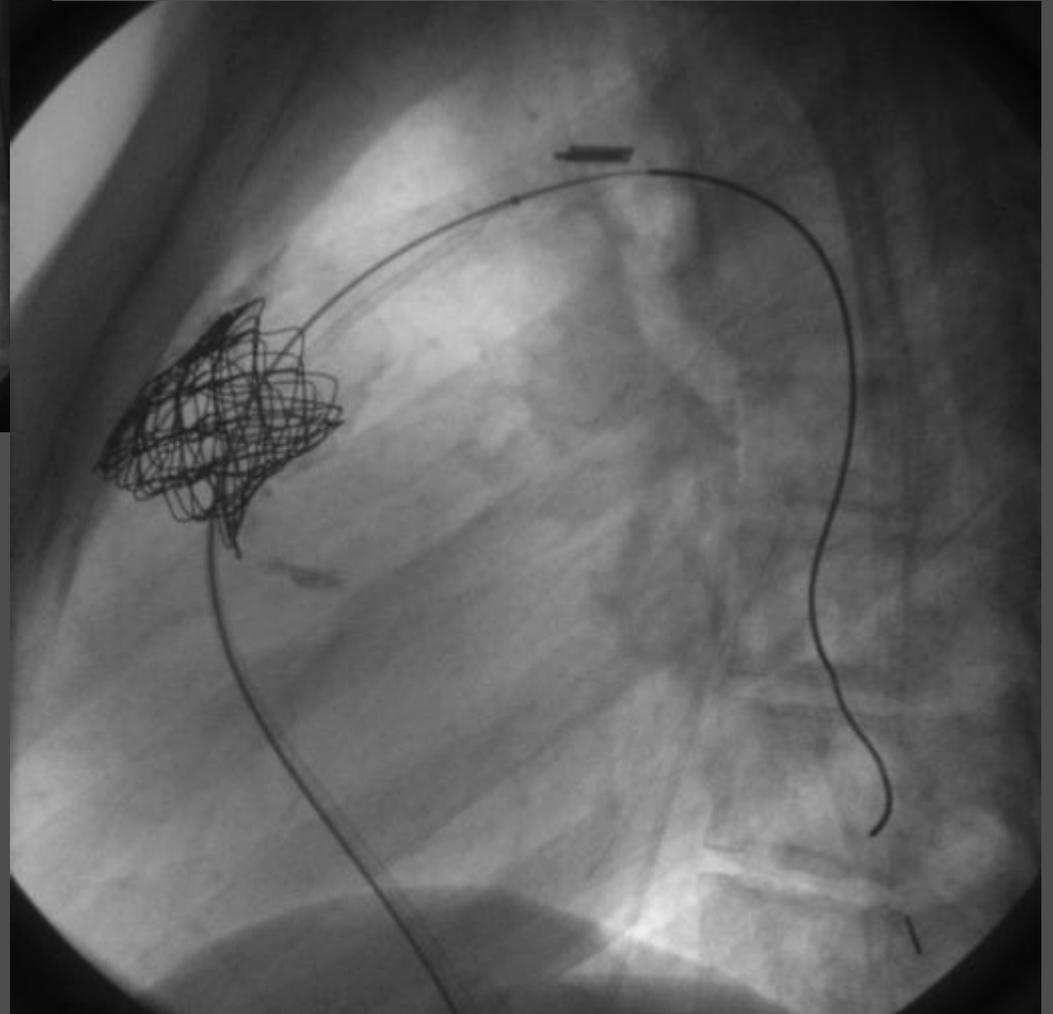
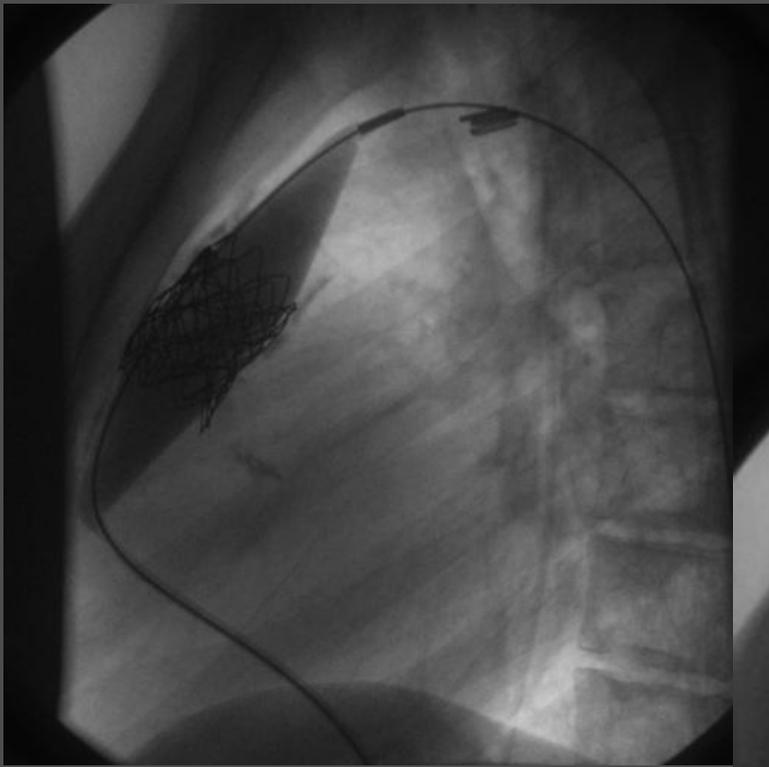
Malfunzione di valvola polmonare *MELODY*



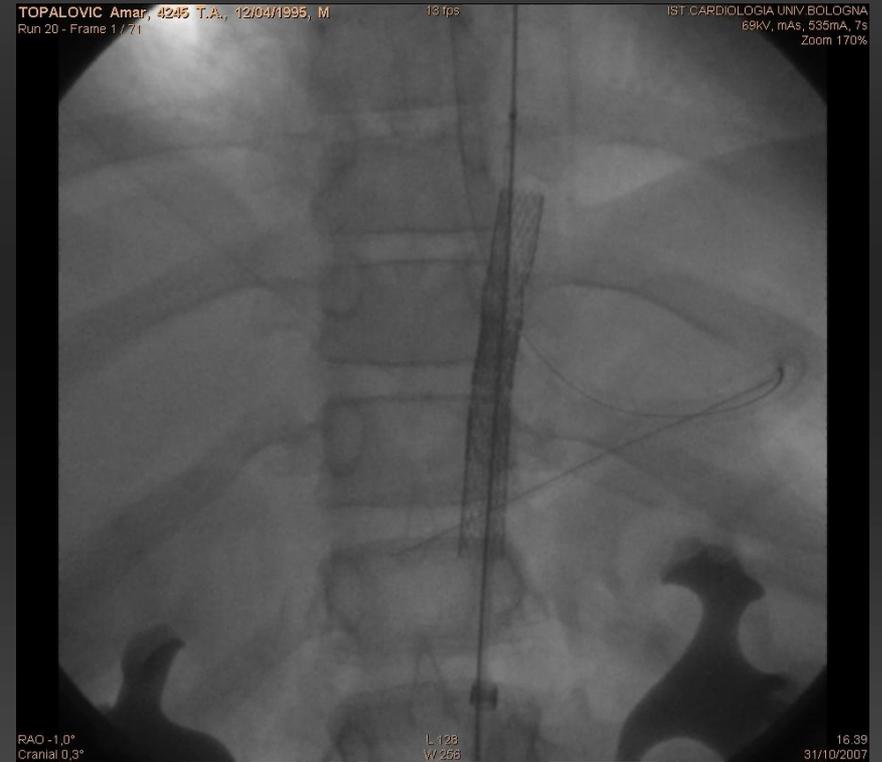
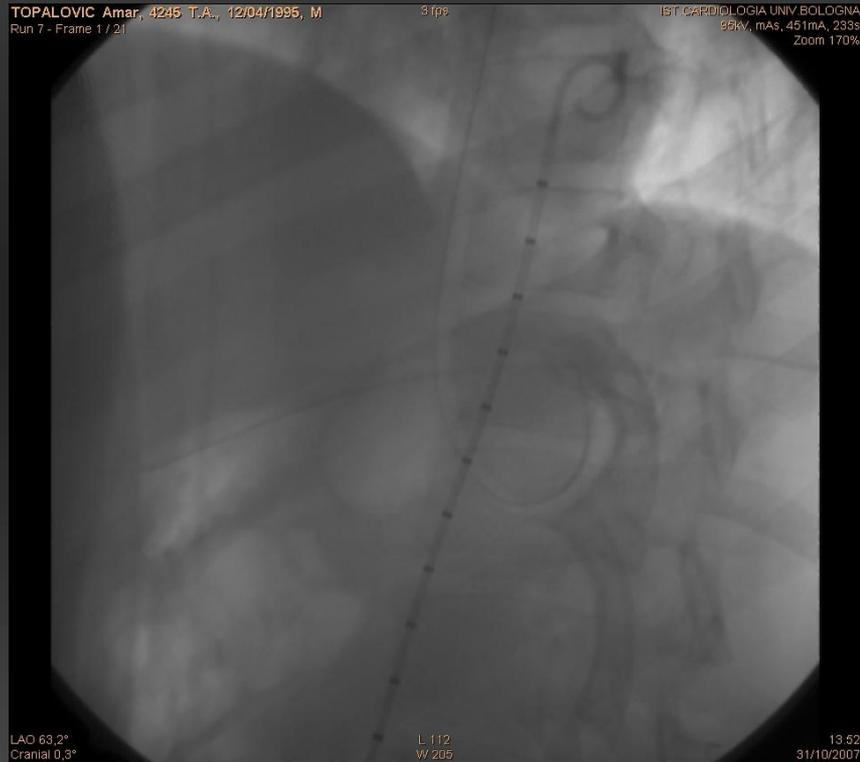
Malfunzione di valvola polmonare
MELODY



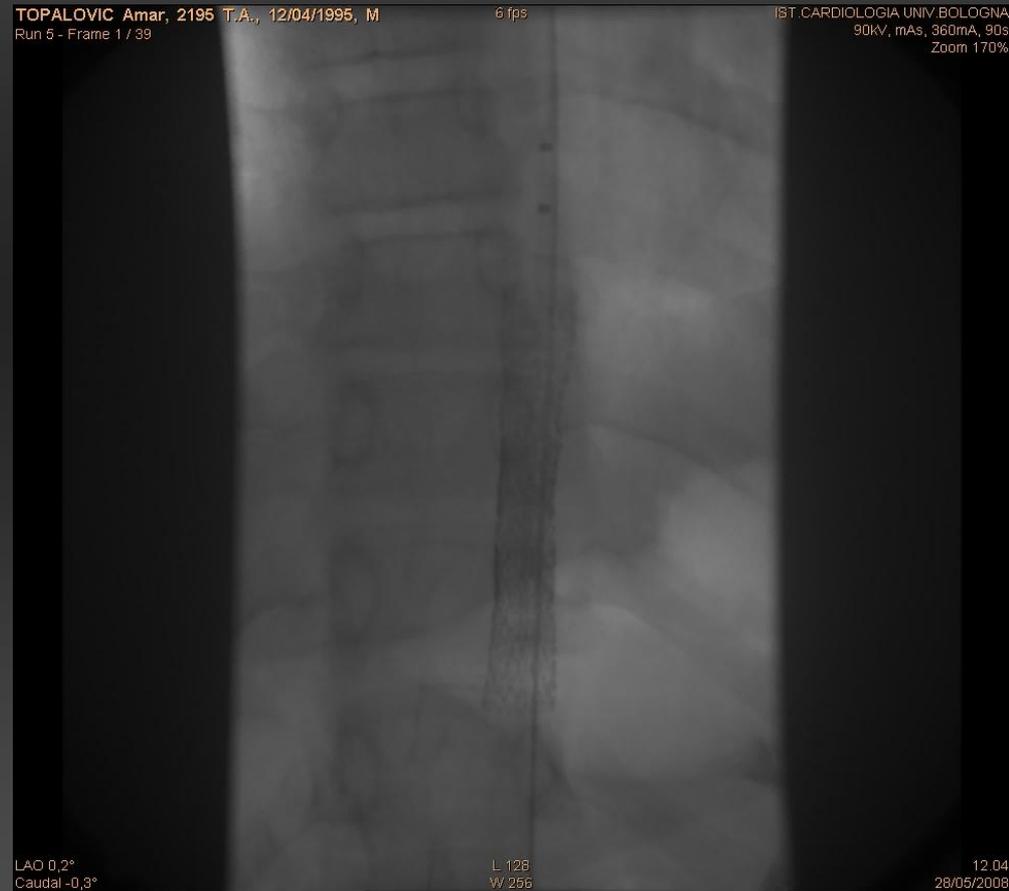
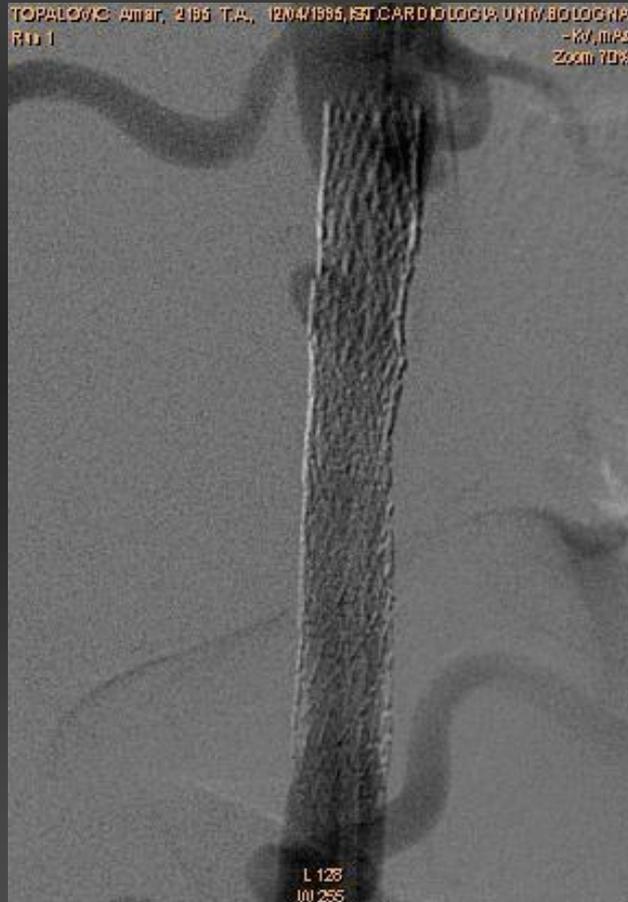
**Posizionamento di seconda
valvola polmonare MELODY**



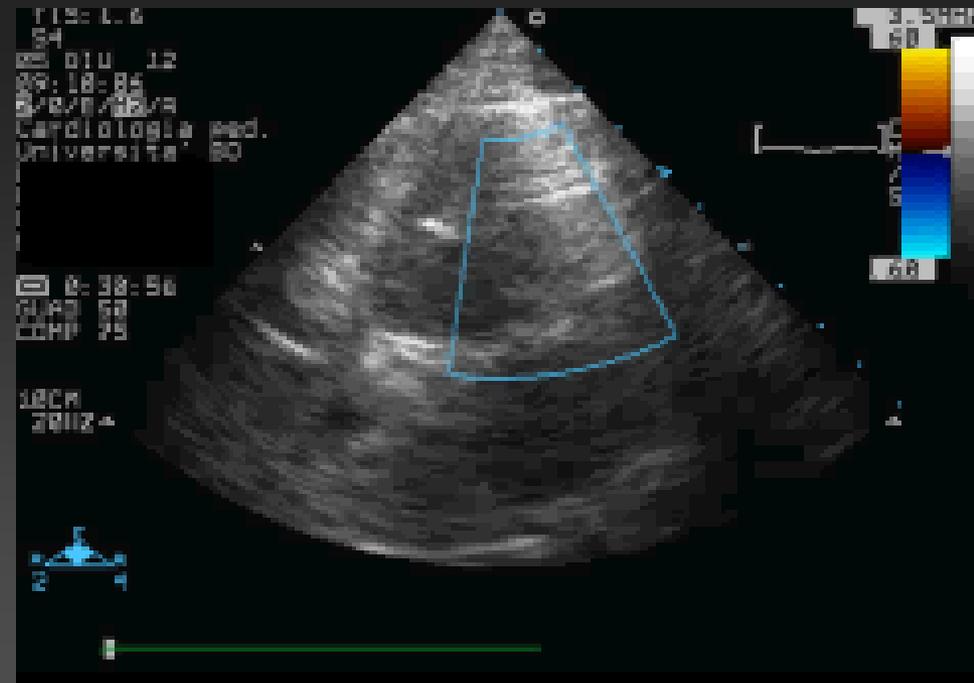
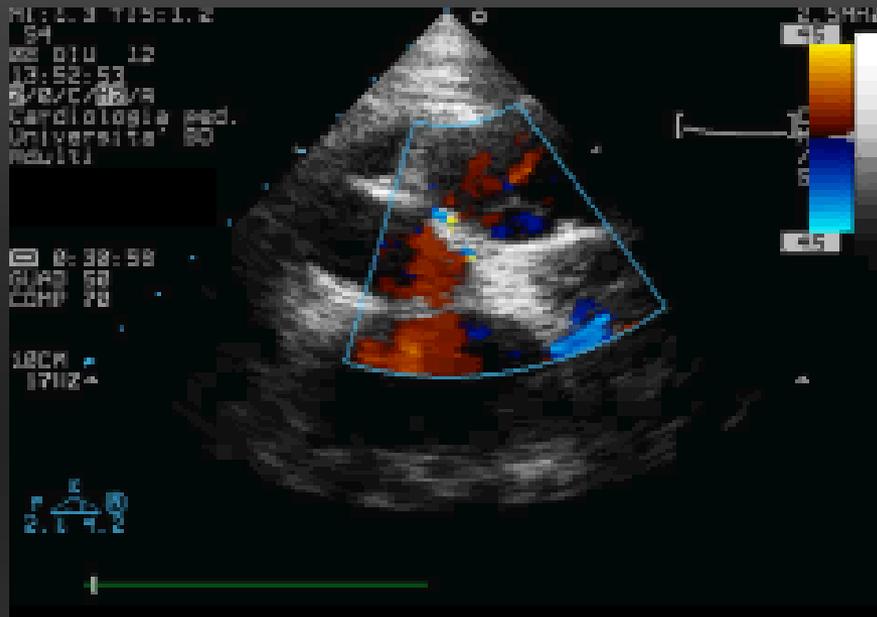
CoAo complessa 1



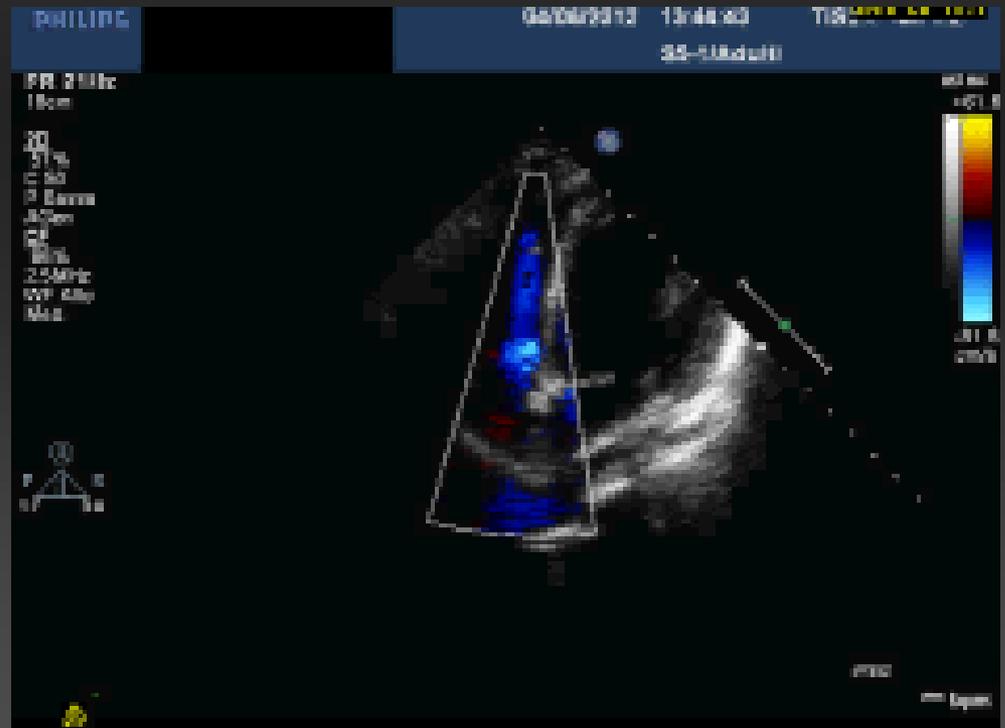
CoAo complessa 2



Anomalia coronarica di decorso



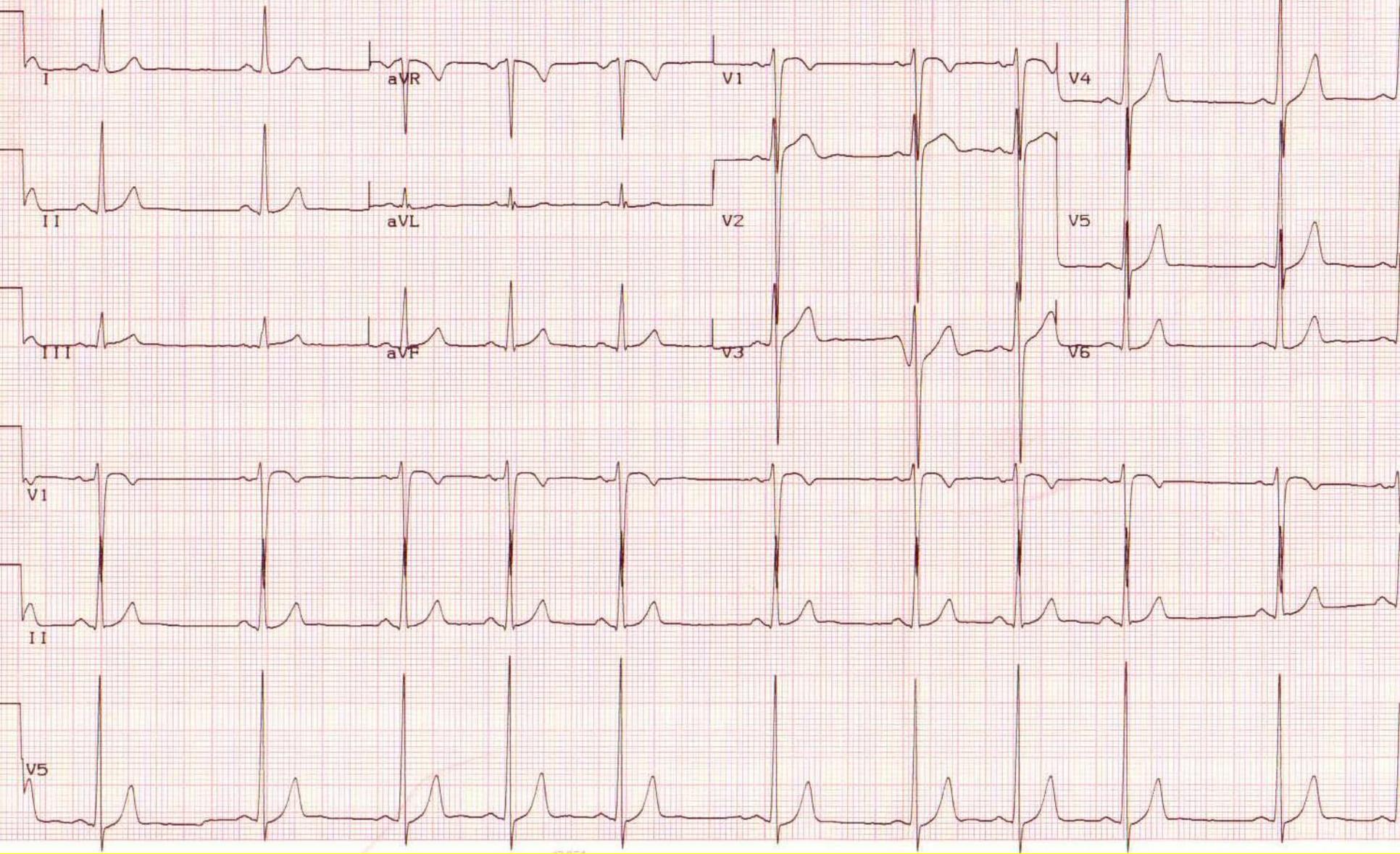
Anomalia coronarica di decorso



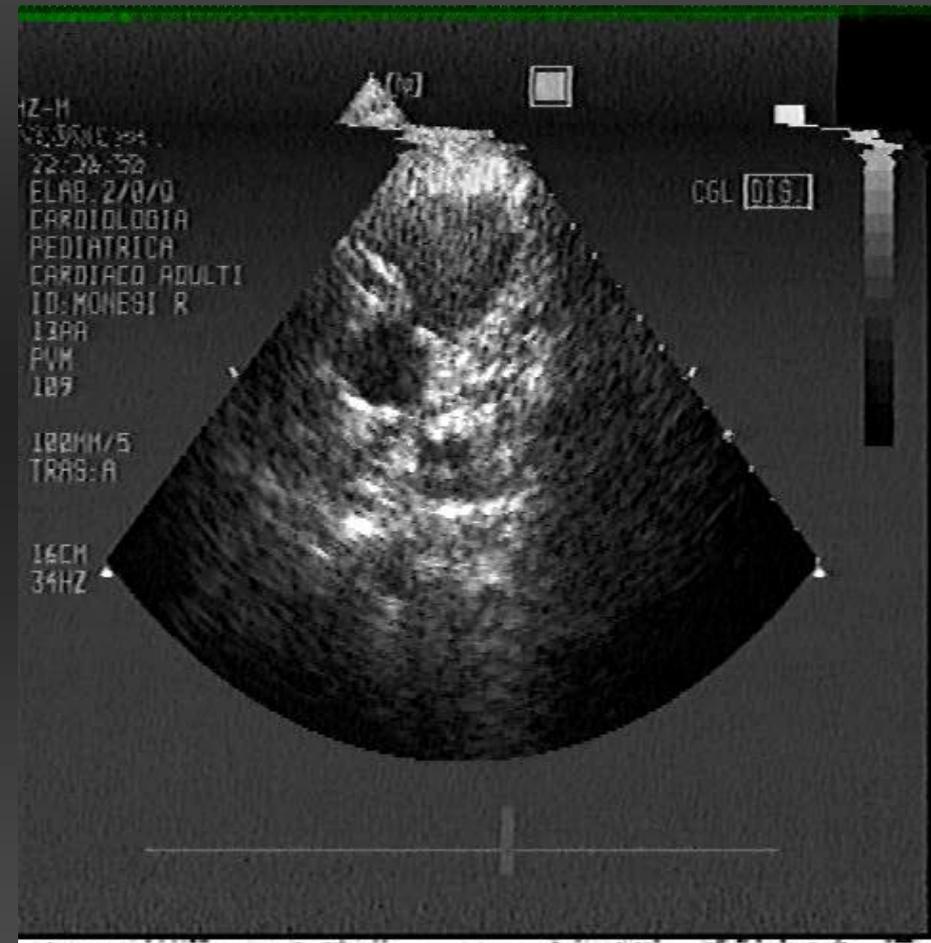
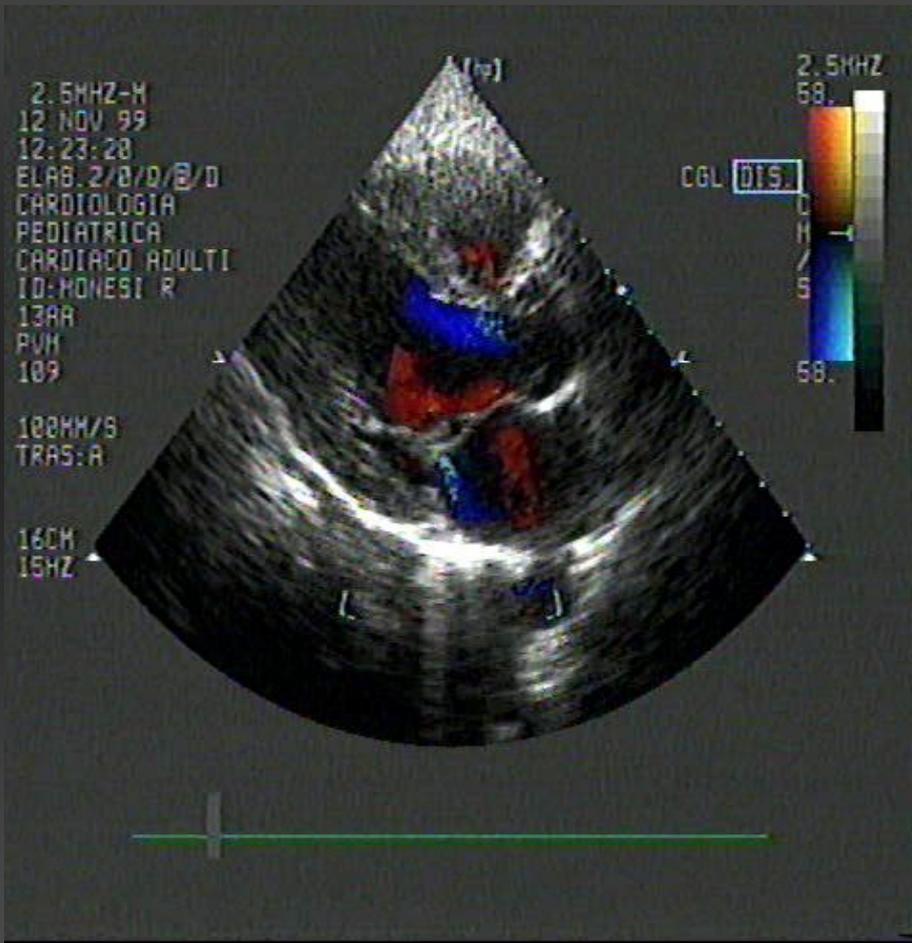
Assi P-R-T 40 49 55

Richiesto da:

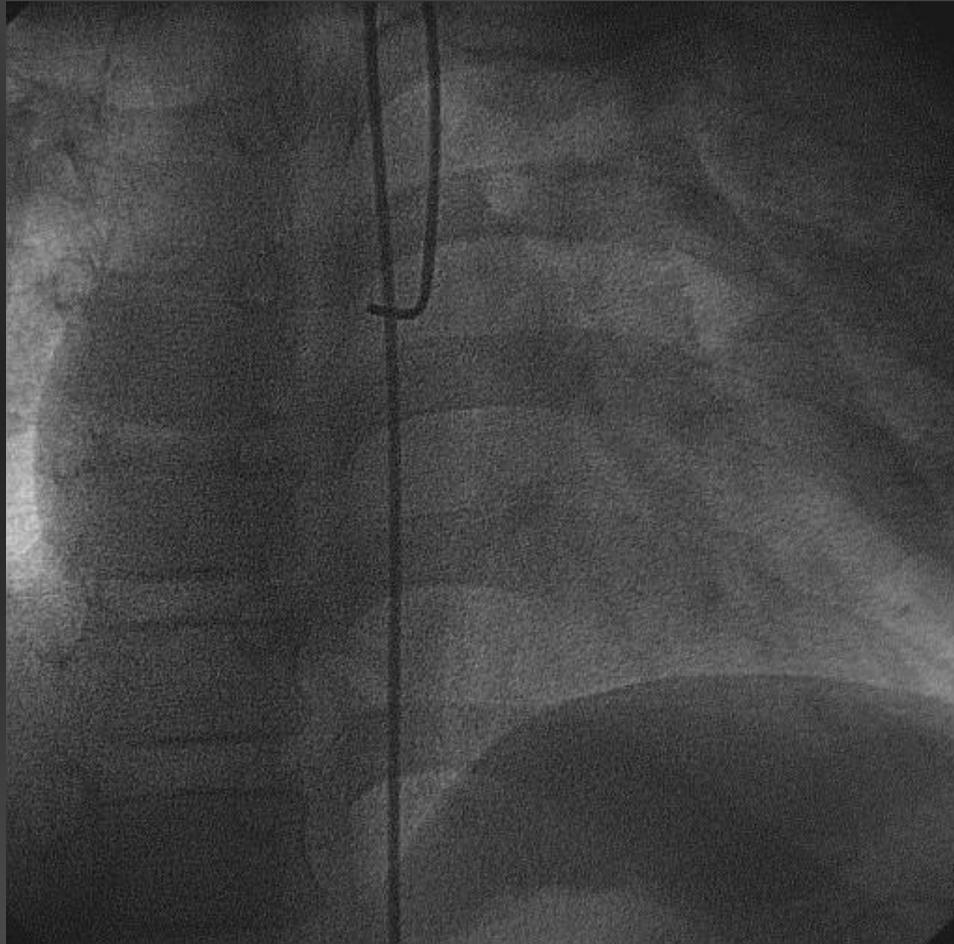
Non confermato



Anomalia coronarica di origine



Anomalia coronarica di origine



grazie

