

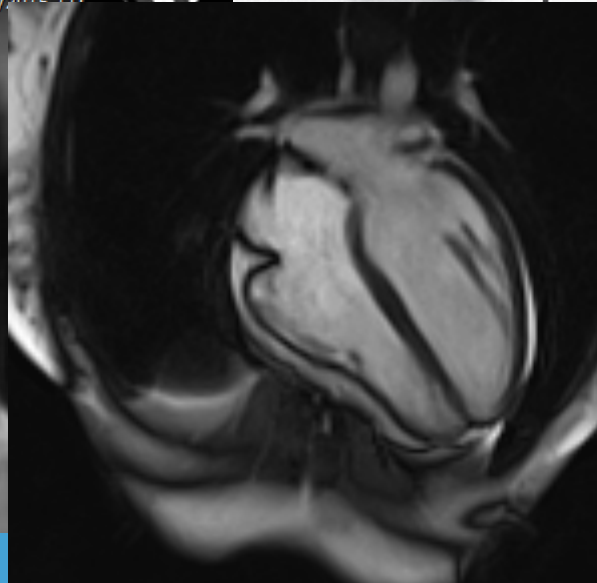
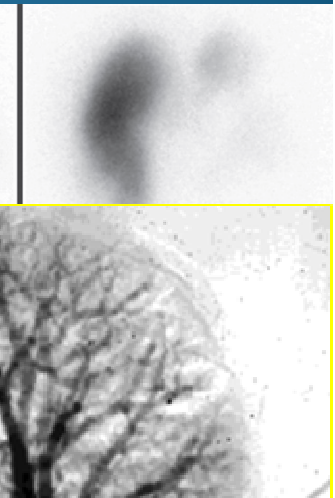
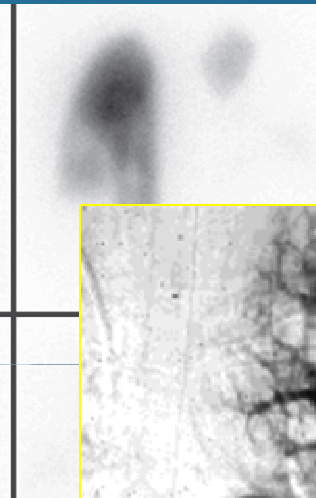
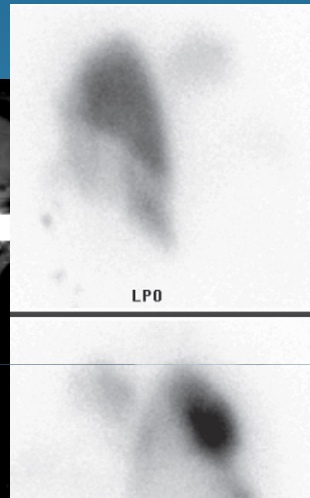
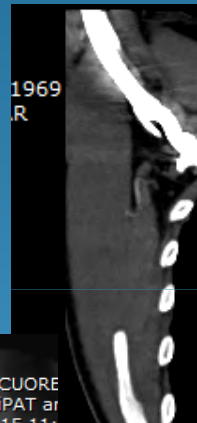


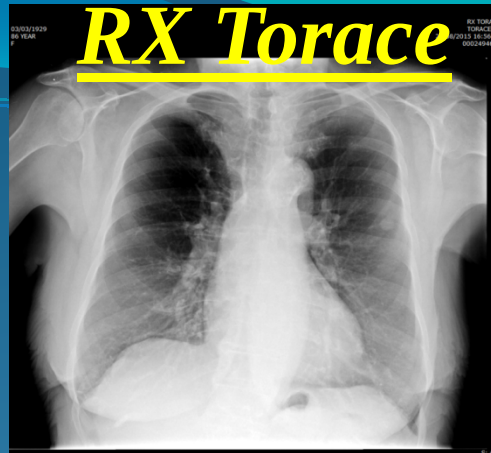
Embolia Polmonare

Quadri Radiologici

Dott. Emiliano Dalla Chiara

Metodiche a disposizione nello studio dell'embolia polmonare



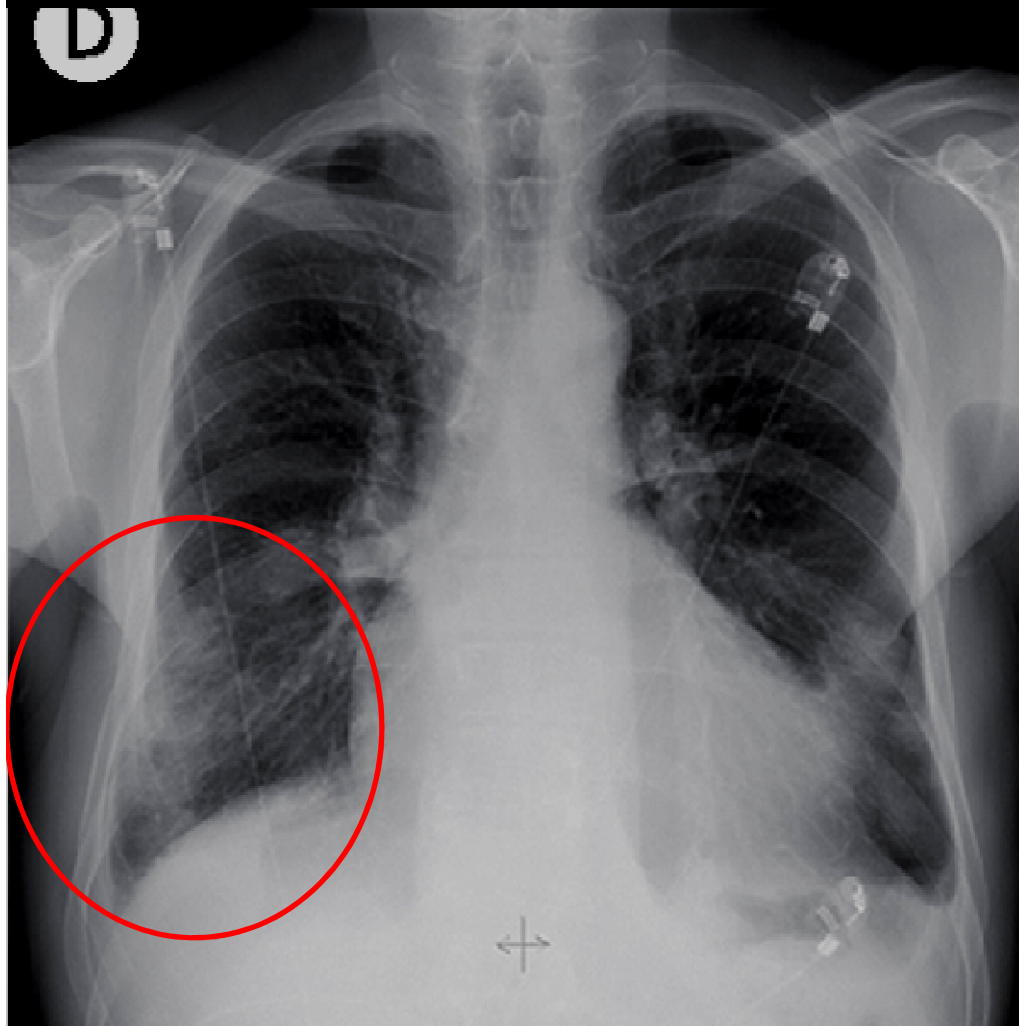


Nel 40% dei casi può essere negativo, o mostrare segni aspecifici anche in caso di embolia massiva

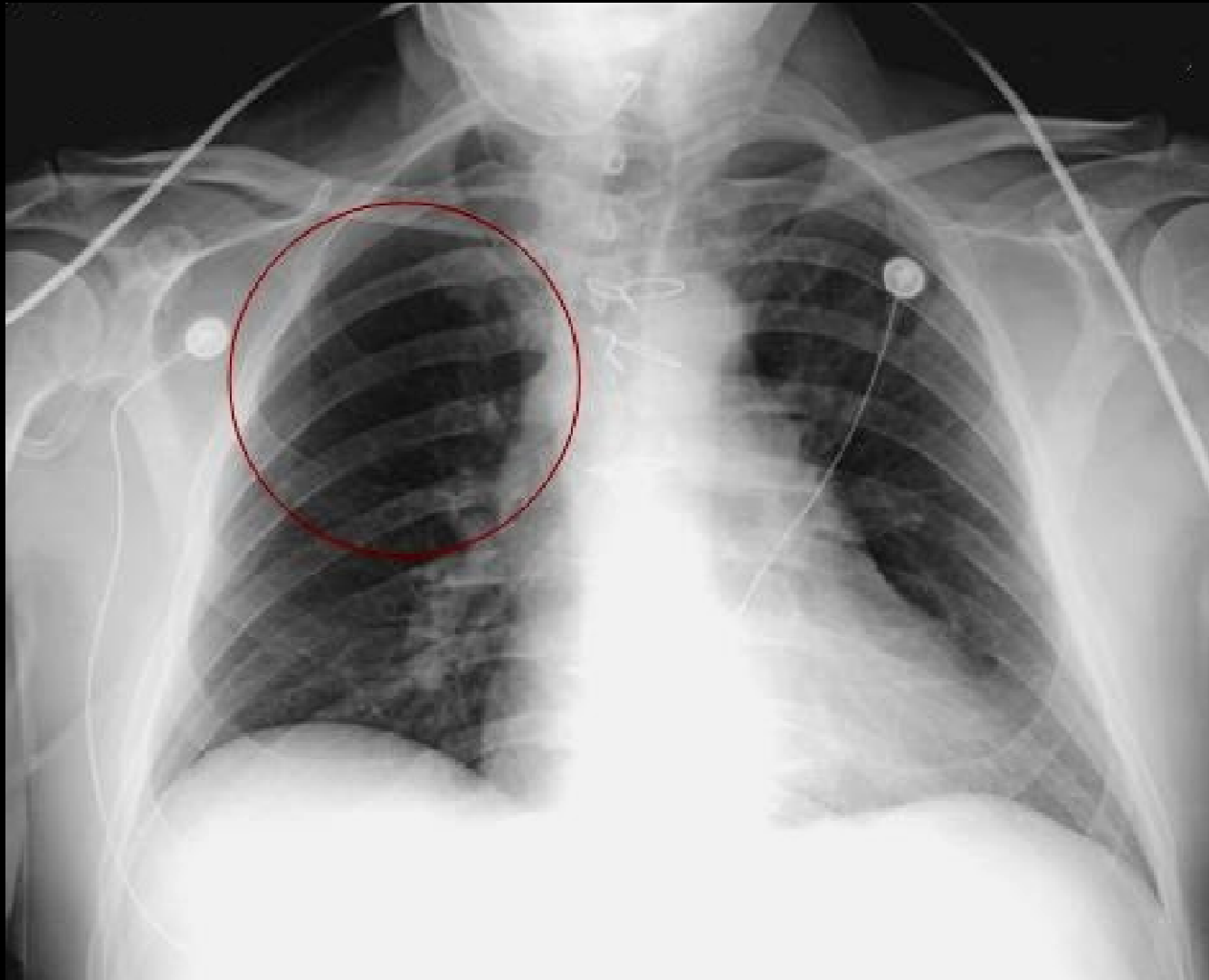
Non serve alla diagnosi di EP, ma ad escludere altre cause determinanti sintomi simili (focolai broncopneumonici, pleuriti, pnx)

Anche se infrequentemente presenti (e non specifici), ci possono essere segni radiografici correlati all'EP.

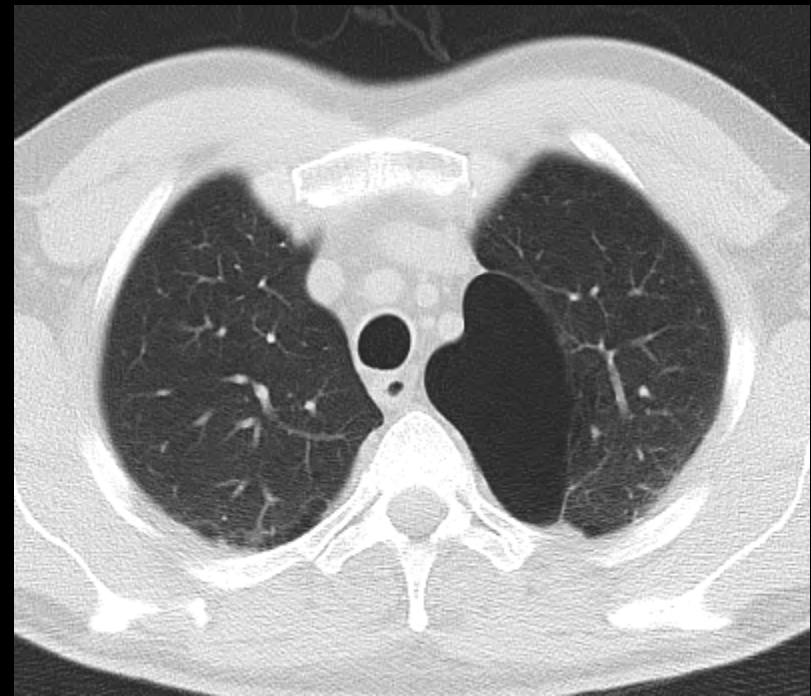
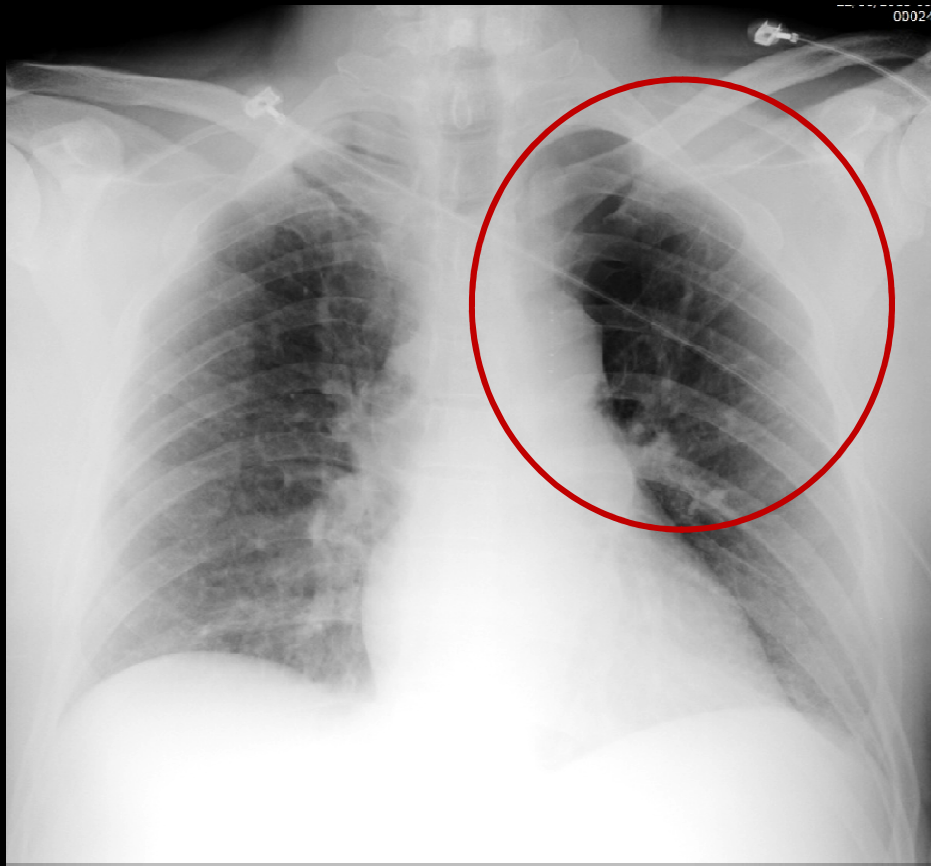
Gobba di Hampton



Segno di Westermarck



Segno di Westermarck



Studio angiografico TC

Angiografia polmonare invasiva

Sensibilità 83-100 %

Specificità 89-97 %

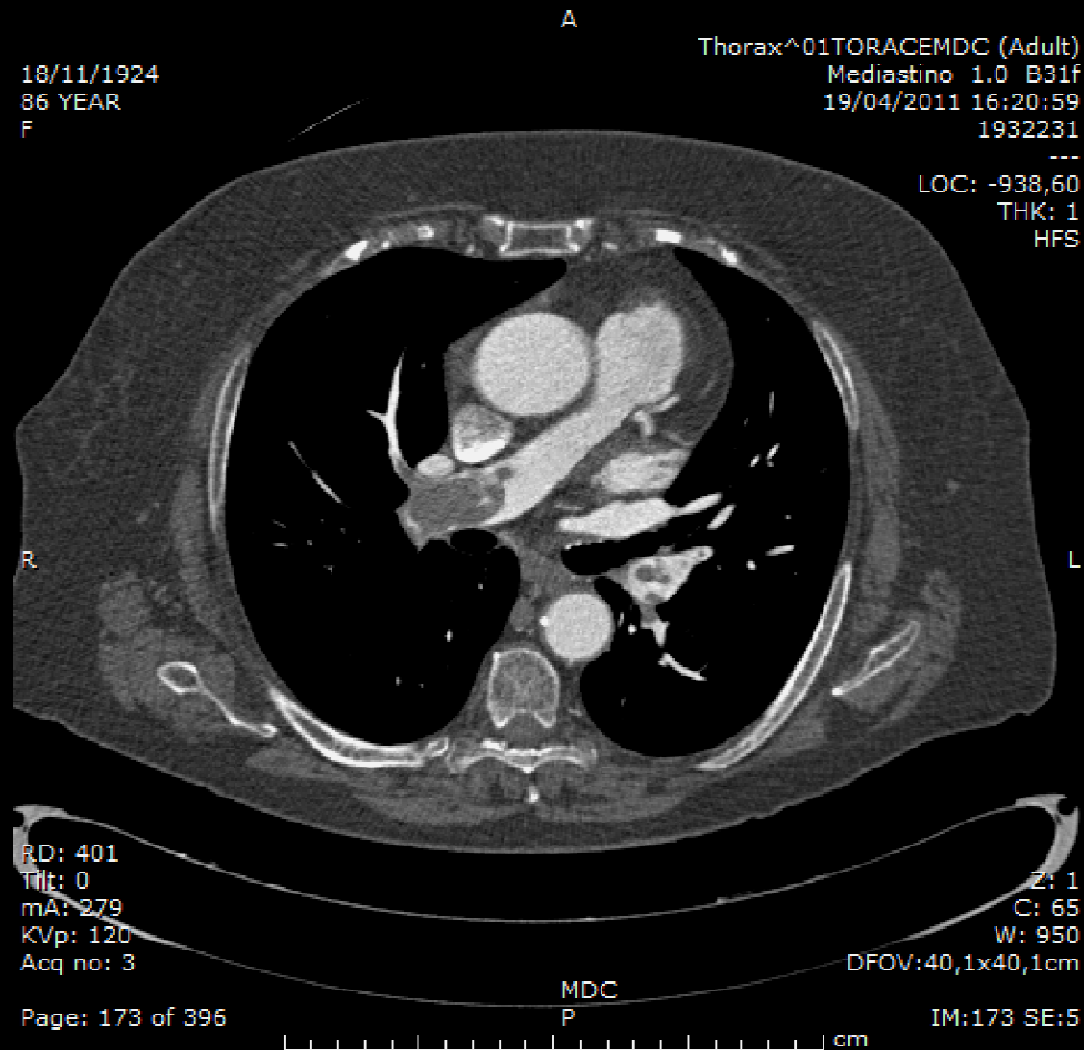
Sensibilità 98 %

Specificità 97 %

Vantaggi: diretta visualizzazione degli emboli.....
ma anche di tutte le strutture contigue , incluso il parenchima
polmonare, il mediastino e la parete toracica

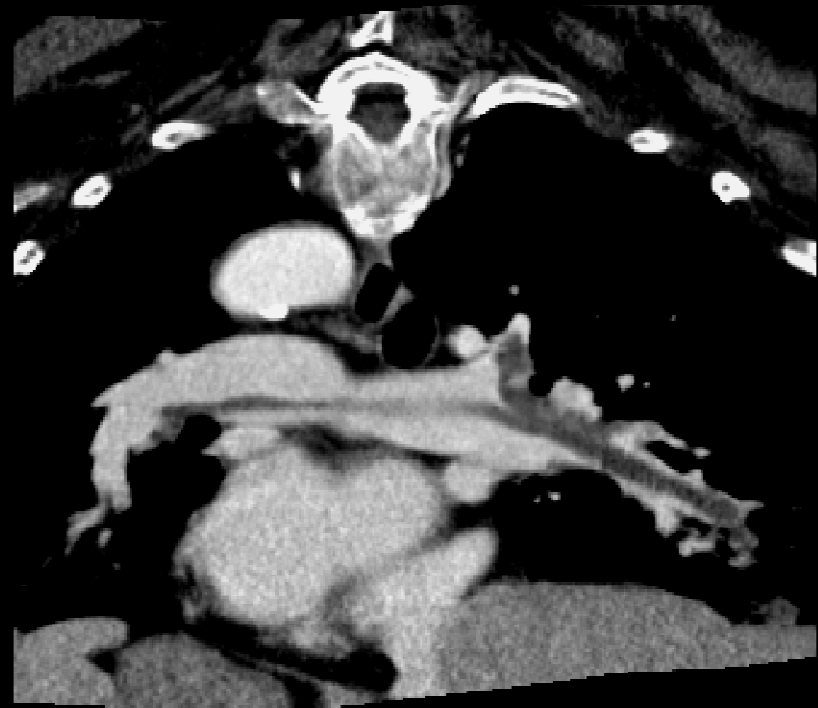
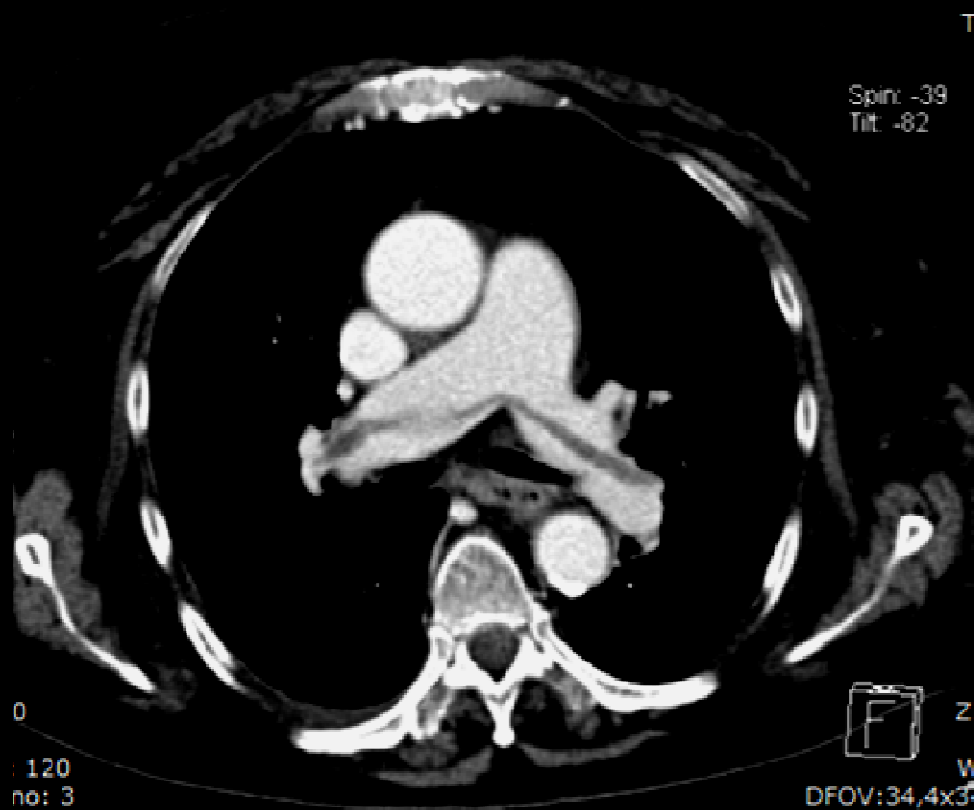
Studio angiografico TC

Diretta visualizzazione degli emboli



Studio angiografico TC

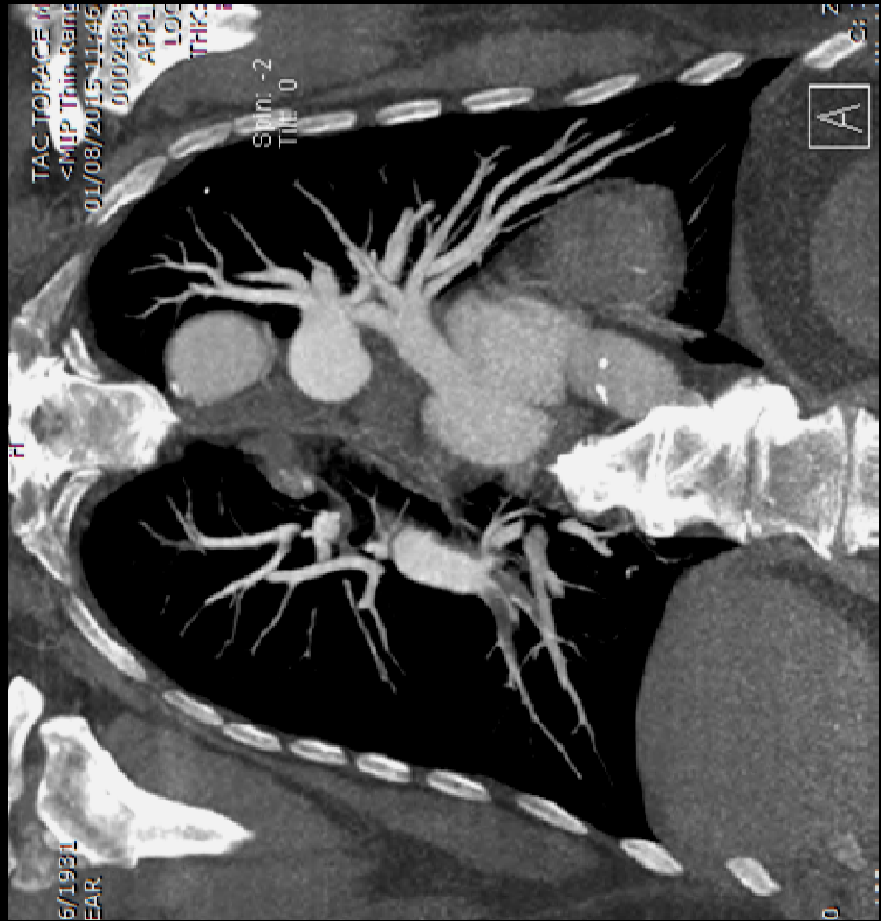
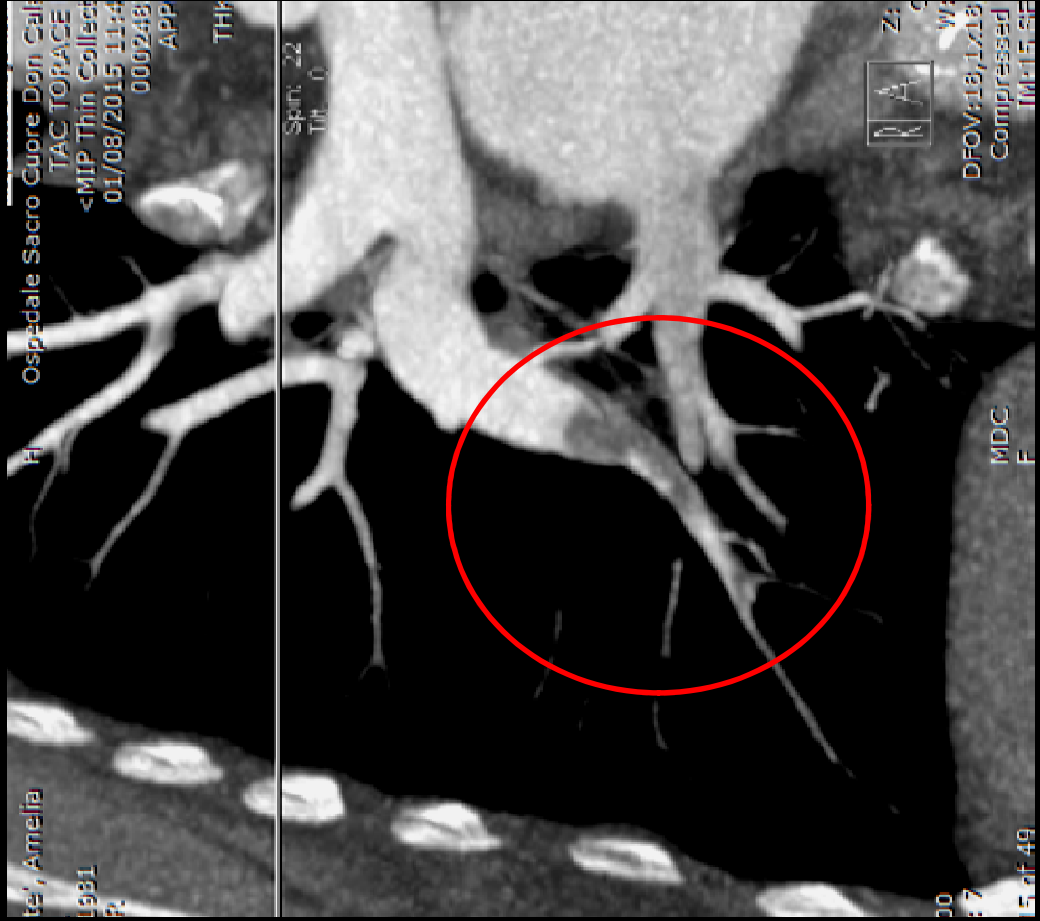
Diretta visualizzazione degli emboli

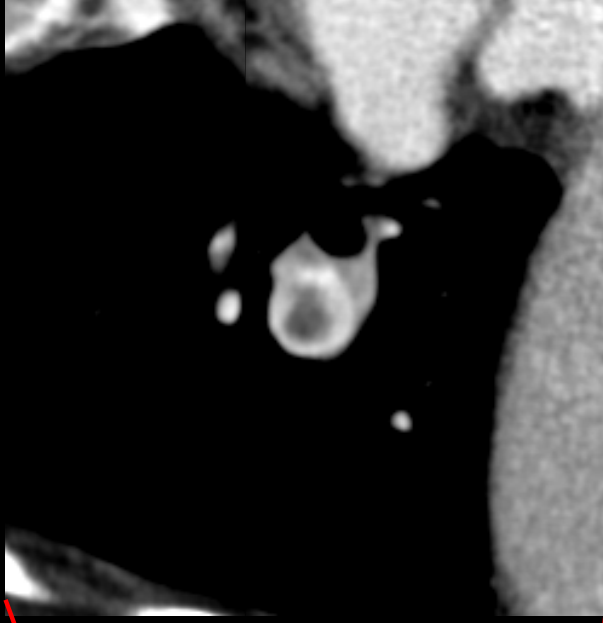


10/06/1931
84 YEAR
F

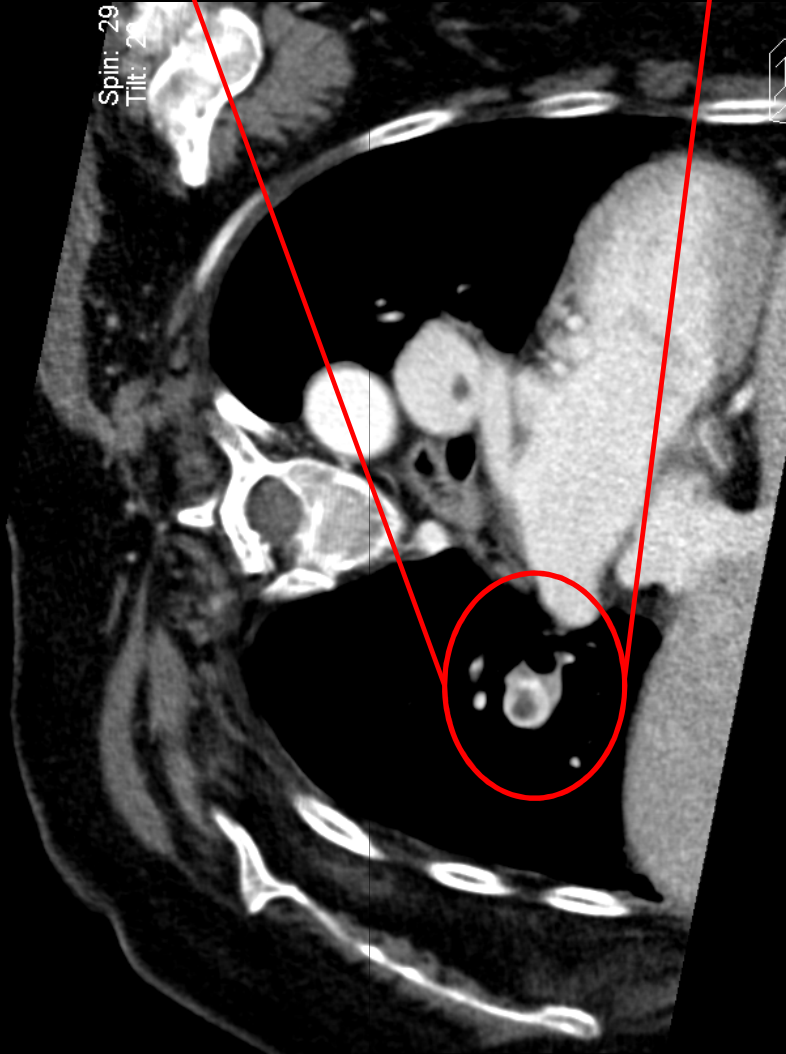


--- Tilt: 0
--- KVp: 100
Acq no: 7
Panel: 3 of 14

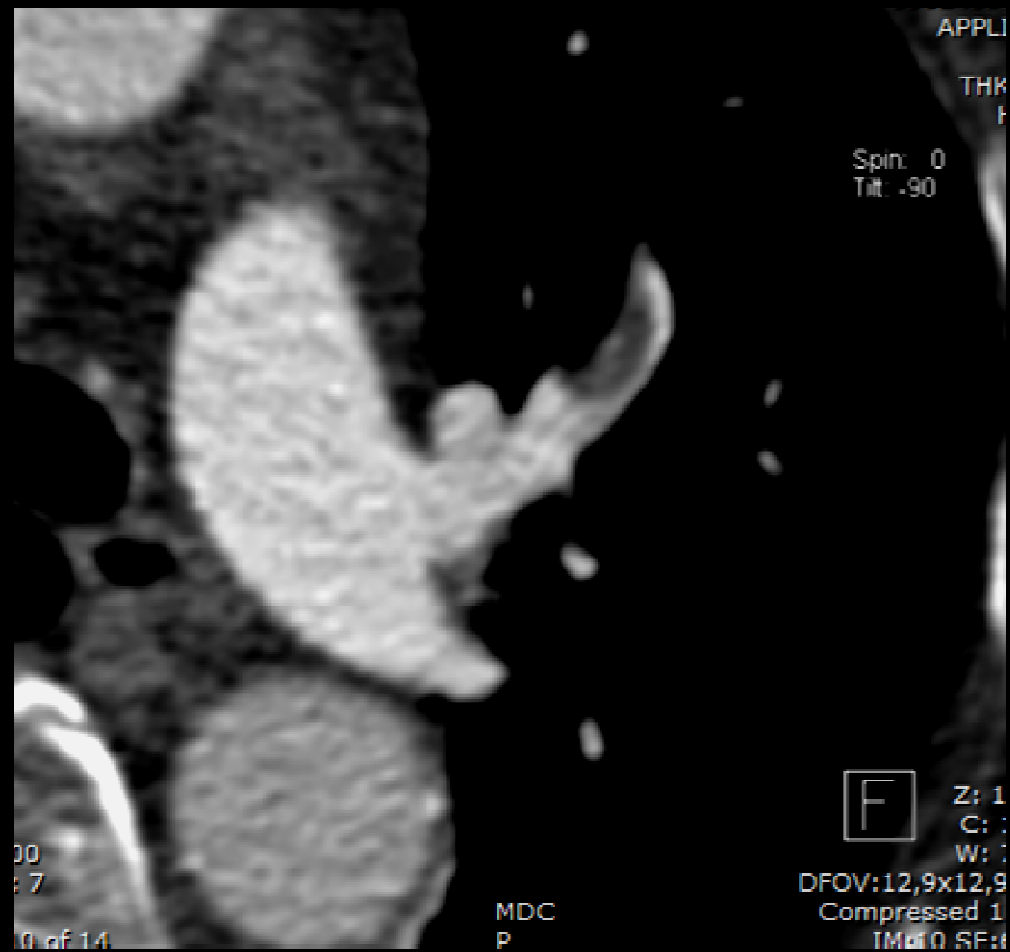




Spin: 29
Tilt: 2



Evoluzione in cronicità



Altri segni indiretti di embolia cronica

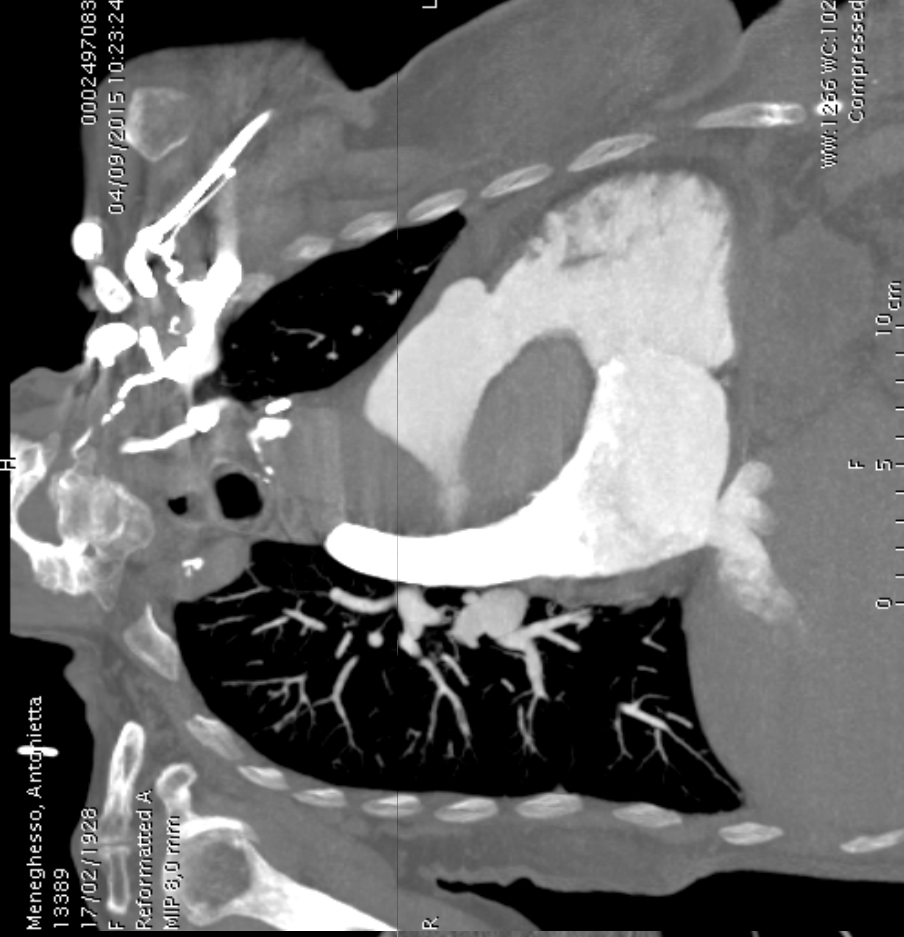
- Dilatazione del tronco comune/arterie polmonari centrali (> 29 mm)
- Presenza di cicatrici parenchimali (esiti di infarti polmonari)
- Dilatazione ventricolare destra (spesso concomitante dilatazione atriale)
- Ipertrofia della parete ventricolare destra (>4 mm)
- Presenza di vasi polmonari a decorso tortuoso
- Ipertrofia dei rami arteriosi bronchiali
- Reflusso del contrasto in vena cava inferiore (incremento della pressione cardiaca destra)

17/02/1928
87 YEAR
F

A

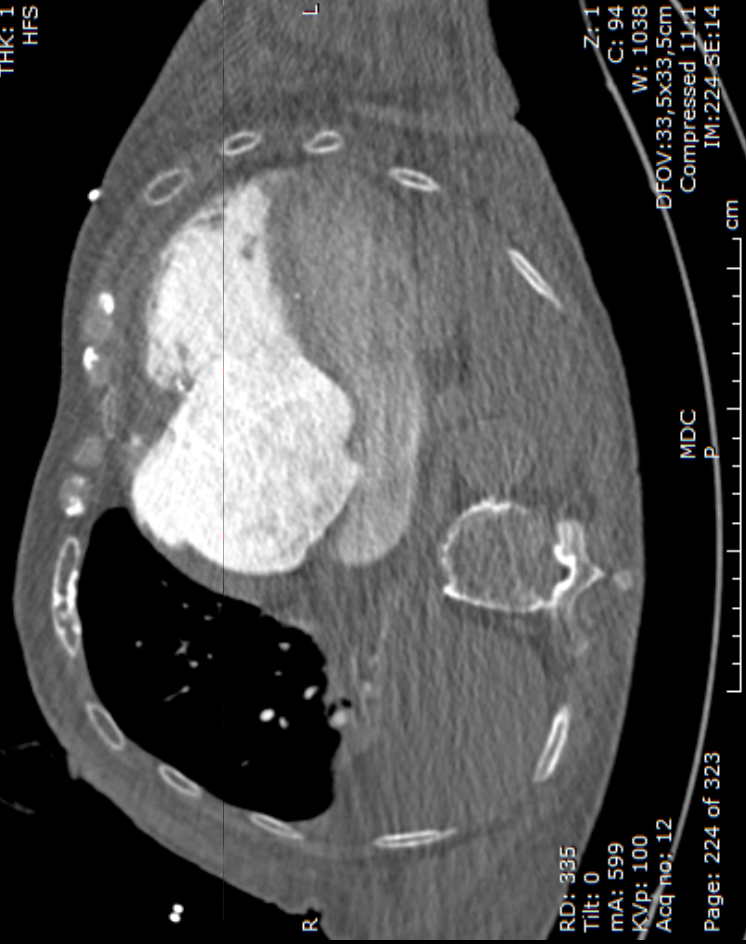
TAC CRANIO Meneghesso, Antohietta
Emb MDC 1.0 B20f 13389
04/09/2015 10:43:37 17/02/1928
0002497083 F
APPLIED Reformatted A
LOC: -624,50 MIP 8,0 mm
THK: 1 HFS

0002497083
04/09/2015 10:23:24



WWW.1255 WC:102
Compressed

10 cm
F 5 0



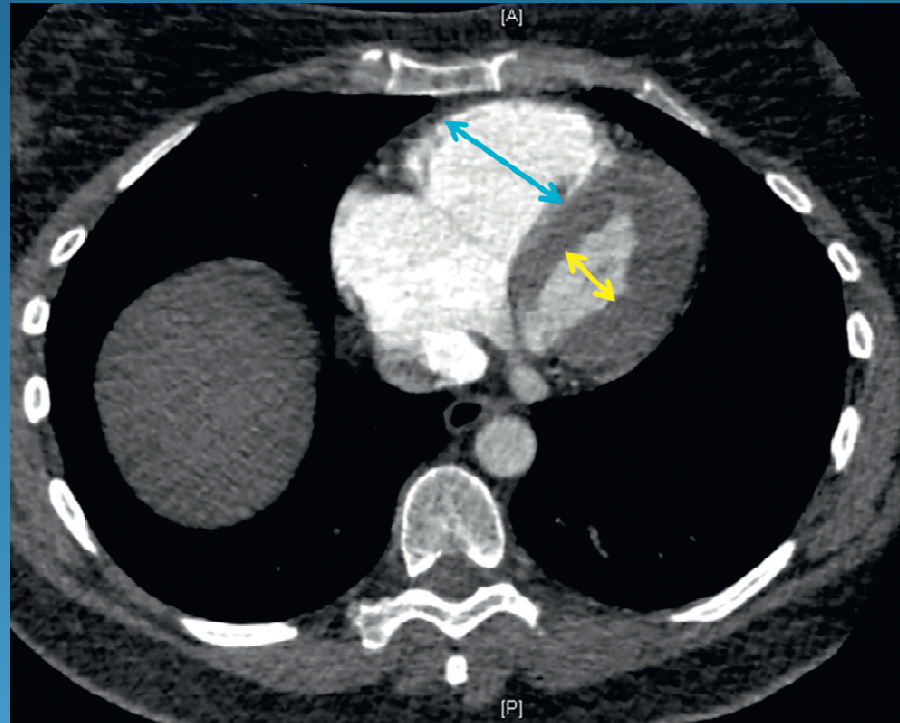
RD: 335
Tilt: 0
mA: 599
KVp: 100
Acq no: 12

Z: 1
C: 94
W: 1038
DFOV: 33.5x33.5cm
Compressed 11x1
IM: 224 SE: 14

10 cm
MDC P

Page: 224 of 323

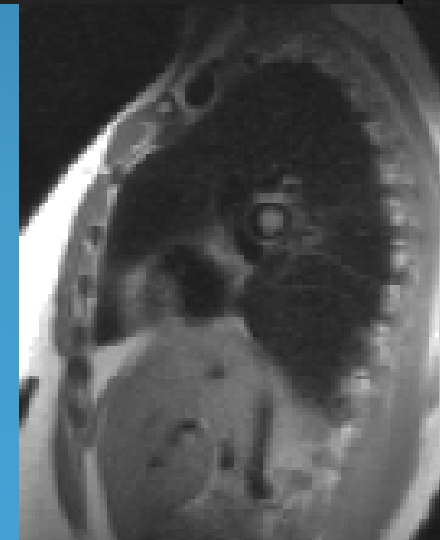
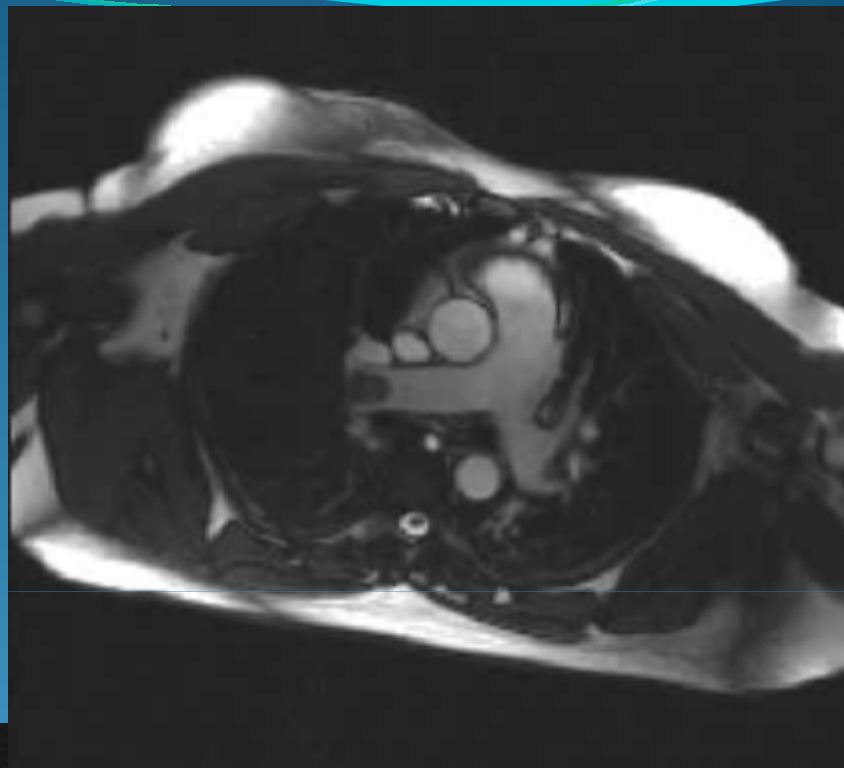
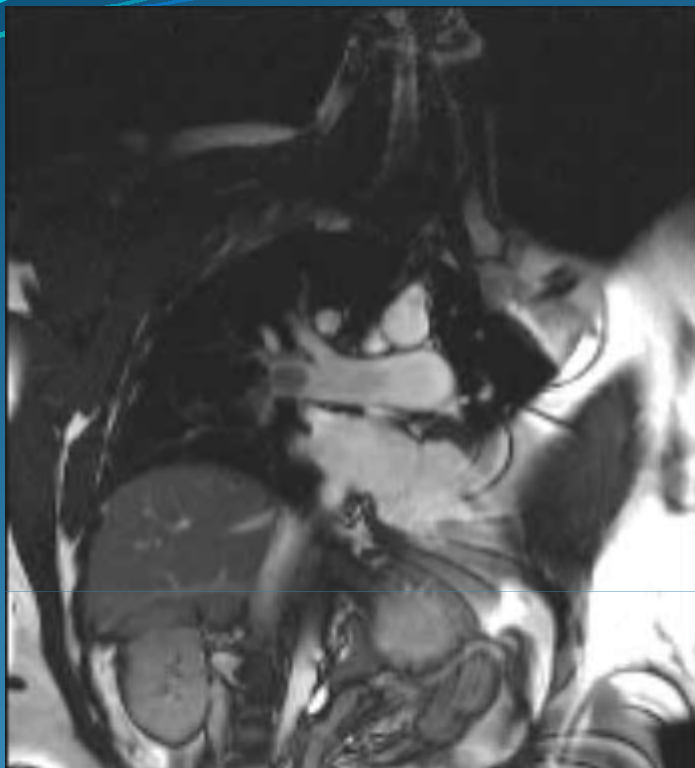
A right ventricular (RV)/left ventricular (LV) diameter ratio ≥ 0.9 –1.5 measured on standard axial views has been shown to be directly correlated with RVD and adverse outcome.

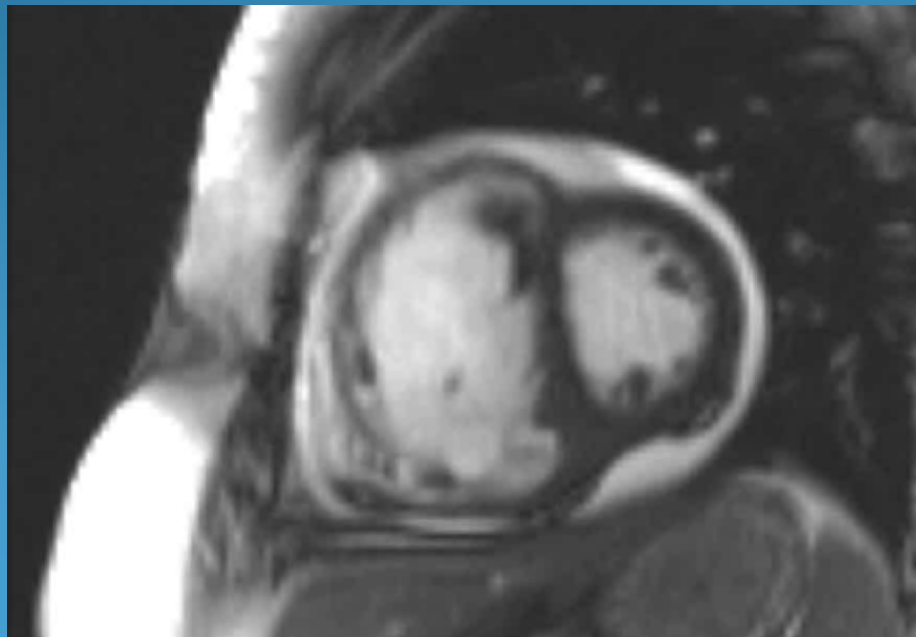
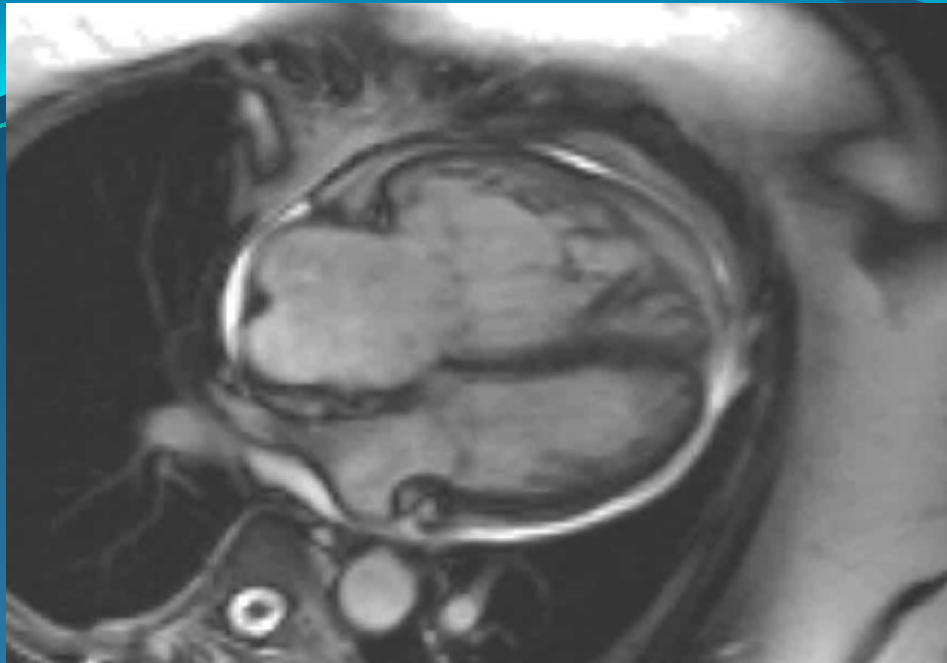


Singanayagam A, Chalmers JD, Scally C, et al. Right ventricular dilation on CT pulmonary angiogram independently predicts mortality in pulmonary embolism. *Respir Med* 2010;104:1057–62.

van der Meer RW, Pattynama PMT, van Strijen MJL, et al. Right ventricular dysfunction and pulmonary obstruction index at helical CT: prediction of clinical outcome during 3-month follow-up in patients with acute pulmonary embolism. *Radiology* 2005;235:798–803.

Studio angiografico RM



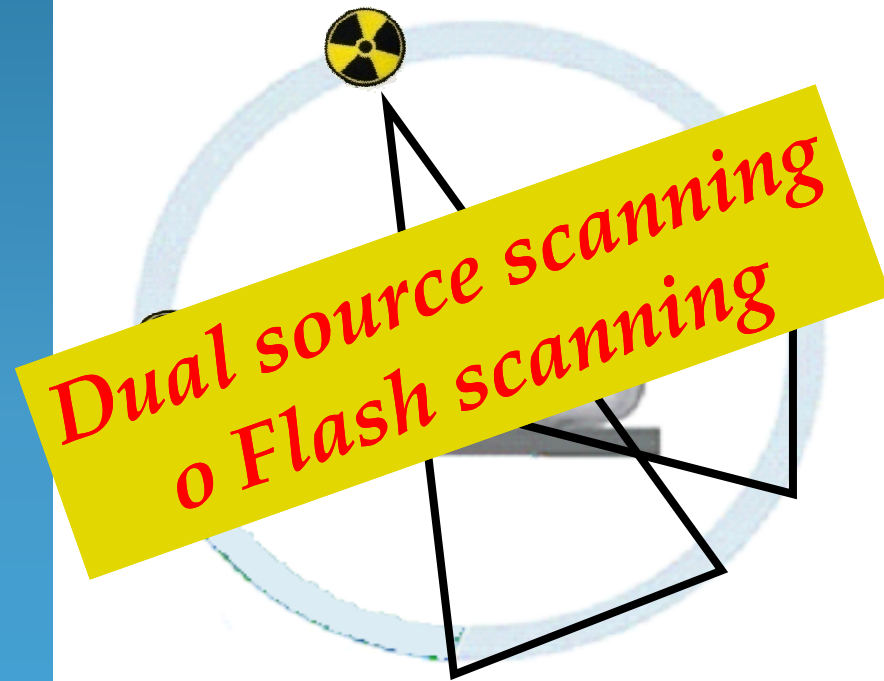
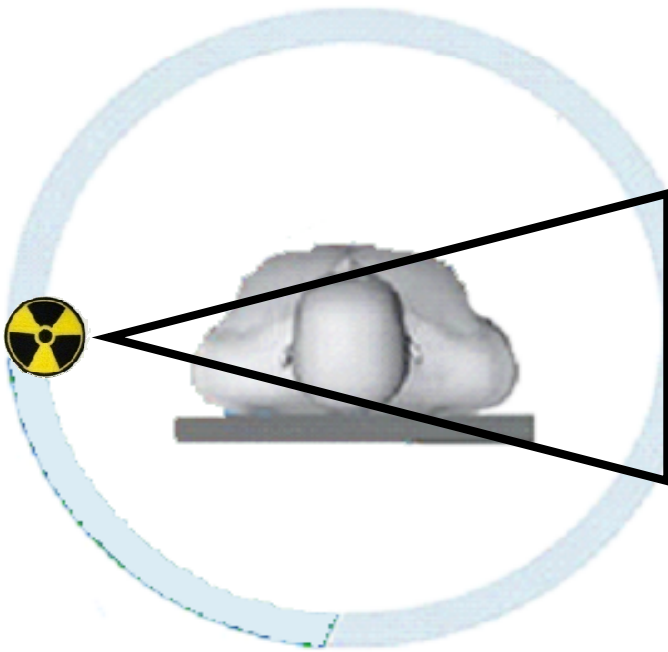
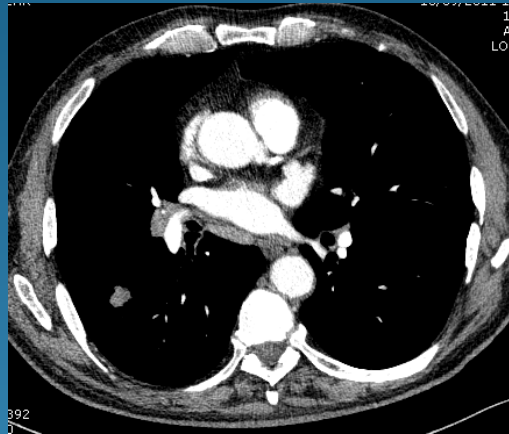


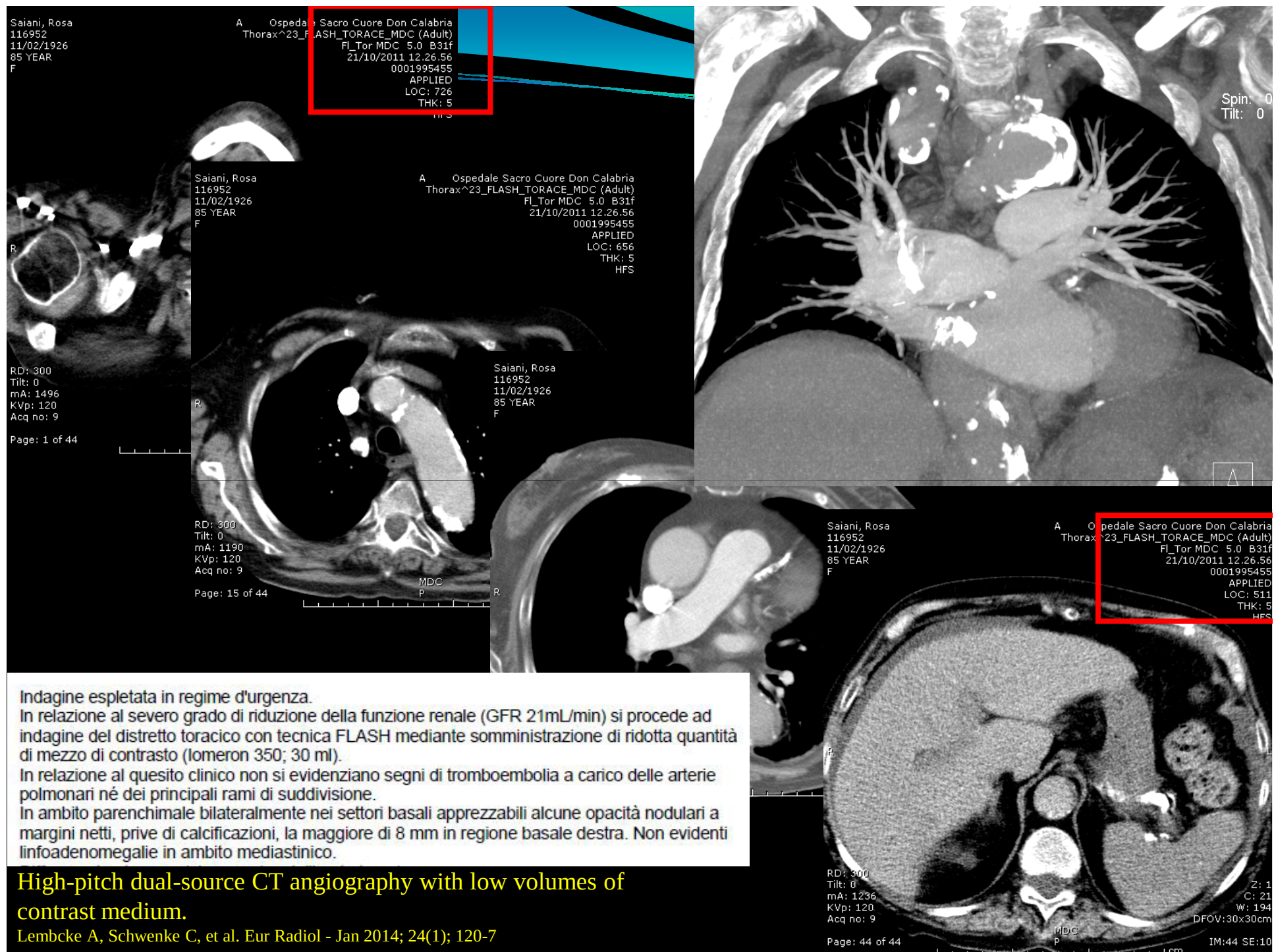
Studio angiografico TC *con apparecchiature di ultima generazione*

Vantaggi?



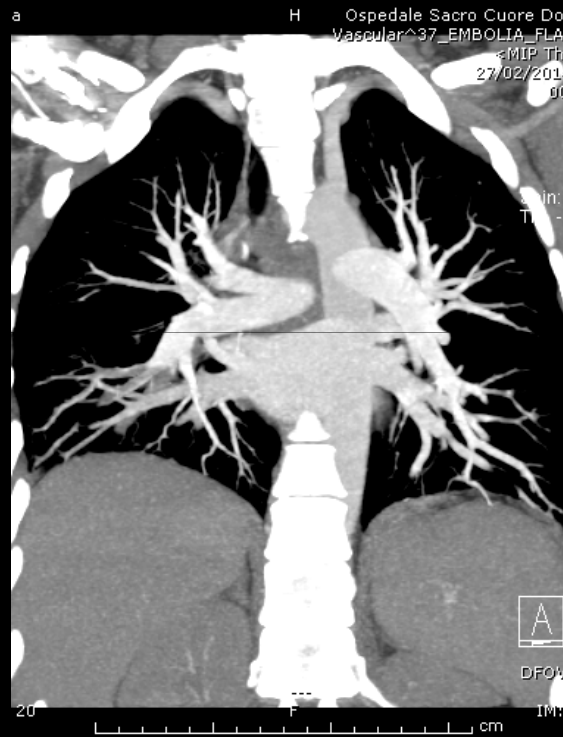
Dual source Scanning





Flash Triple Rule Out

Esclusione di tromboembolia, dissecazione aortica e/o malattia coronarica acuta



Grazie