



Azienda Ospedaliera "Cannizzaro" - Catania
U.O.C. di Neuroradiologia

Coiling non assistito negli aneurismi “difficili”



Campo Base NeuroVascolare

22 - 23 - 24 SETTEMBRE 2021

Roma
Centro Congressi Università La Sapienza
Via Salaria, 113

Concetto Cristaudo

**Cavallaro T.- Conte M. - Corsale G.
Politi M. – Travali M.**

**Azienda Ospedaliera “Cannizzaro” Catania
U.O.C. di Neuroradiologia
Dir.: Prof. C. Cristaudo**



L'aneurisma non rotto



Etna Gen 2013

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Warning leak



Etna Feb 2013

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L'aneurisma esploso



Etna Nov 2013

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Tecniche di trattamento acuto



- Coiling semplice
- Coiling con due microcateteri (due varianti : intra o intra-extra aneurismatico)
- Coiling assistito: a) Palloncino
b) Stent (e varianti)



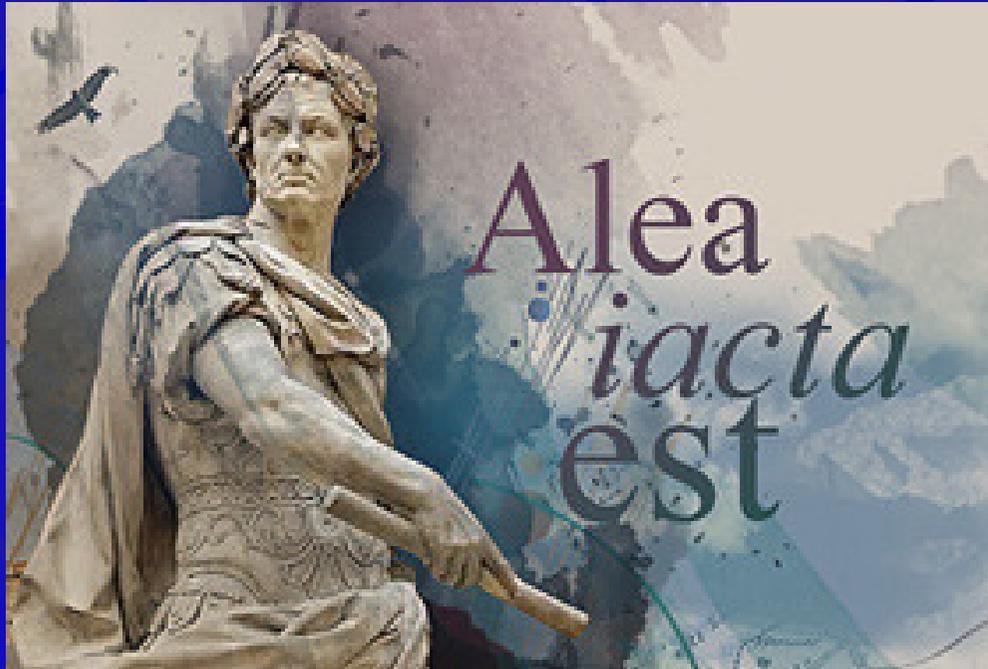
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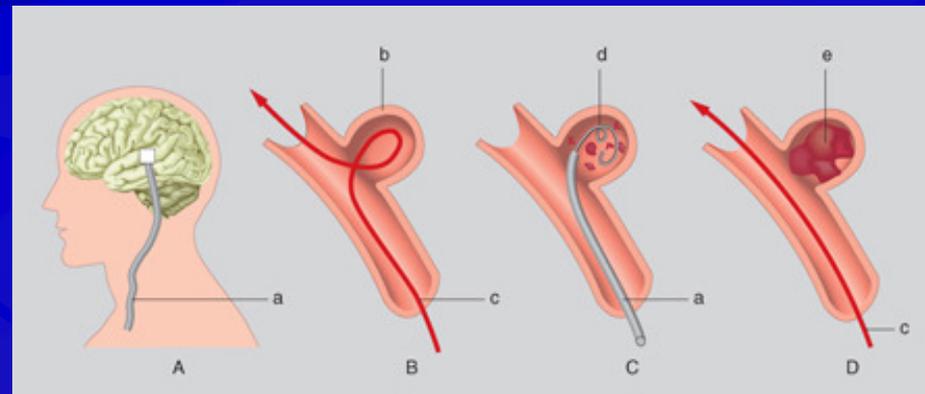
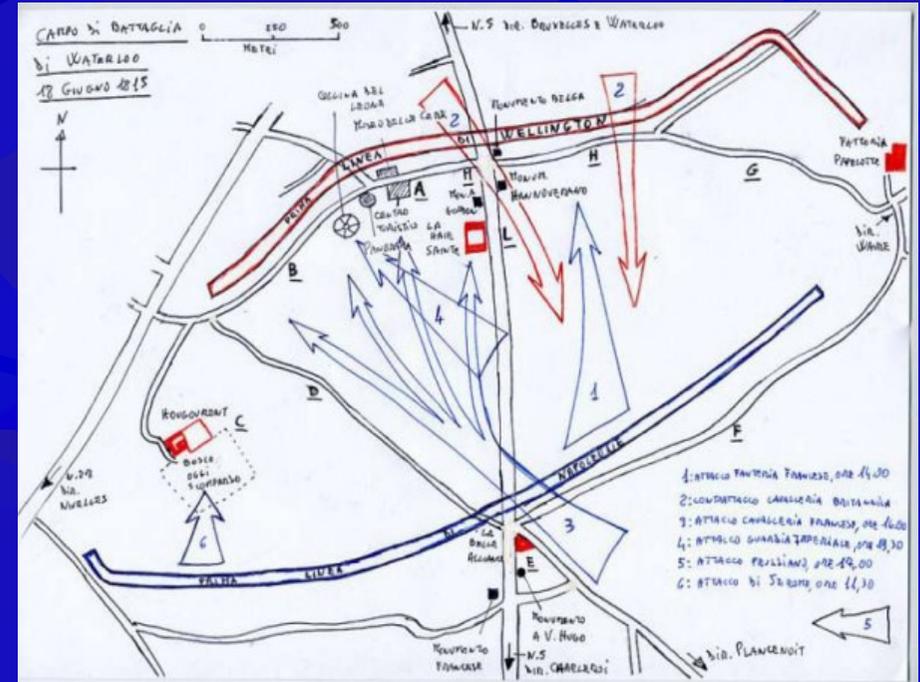
COILING SEMPLICE



L'importanza della scelta di “strategie” adeguate



L'importanza della scelta di “strategie” adeguate





ultramorbide



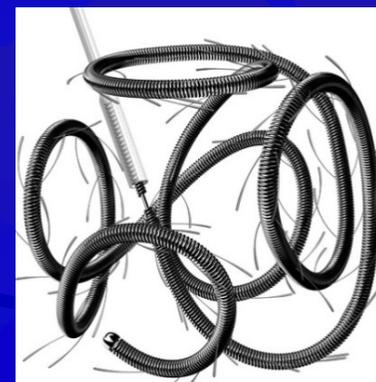
2D-morbide



standard



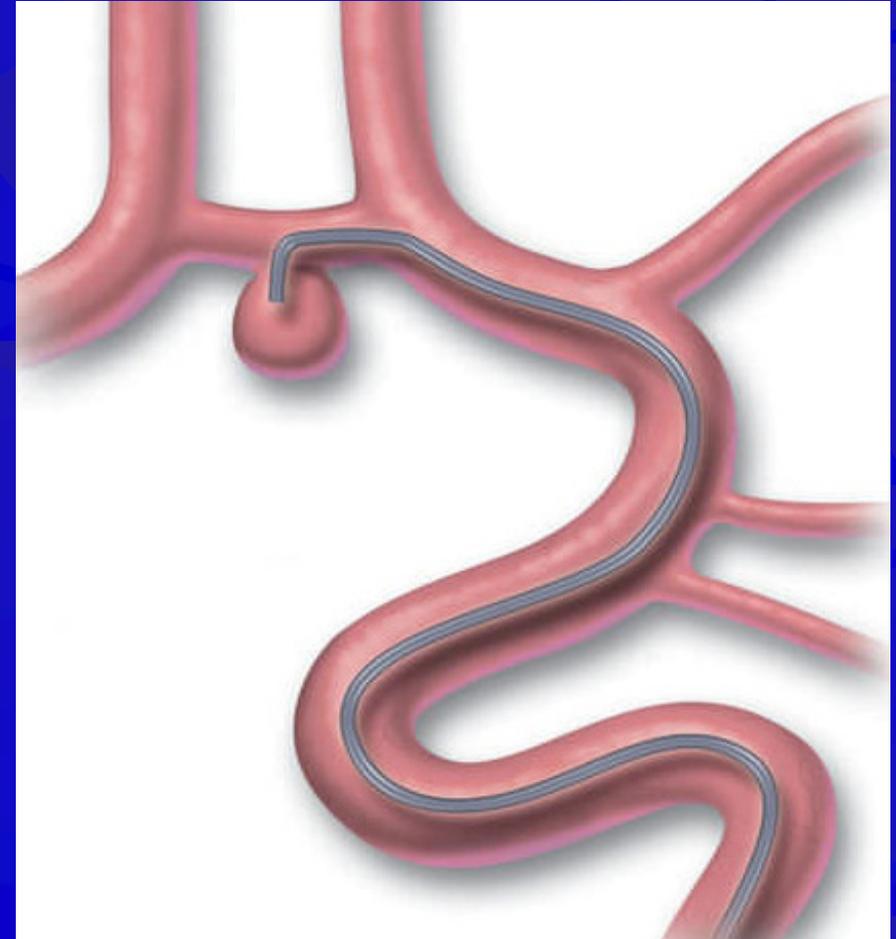
3D



SPIRALI

L'importanza della scelta di "molle" adeguate

COILING SEMPLICE



L'importanza della scelta di “curve” adeguate

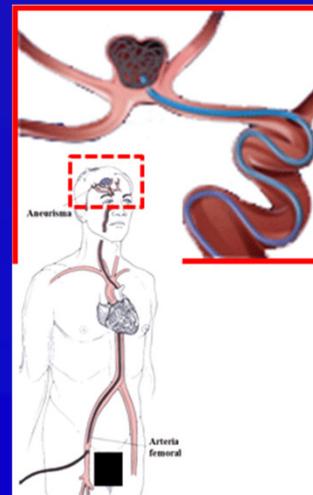
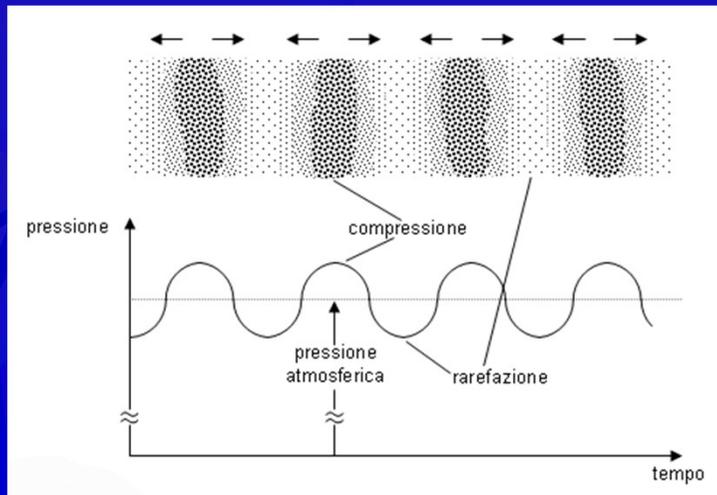
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Principio di Huygens-Fresnel

Compressione-Rarefazione



L'importanza della scelta di "movimenti" adeguati

3D angiografico con algoritmo in trasparenza



Possibilità di progettare i 'devices' e le 'curve' per il coiling

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Curva singola

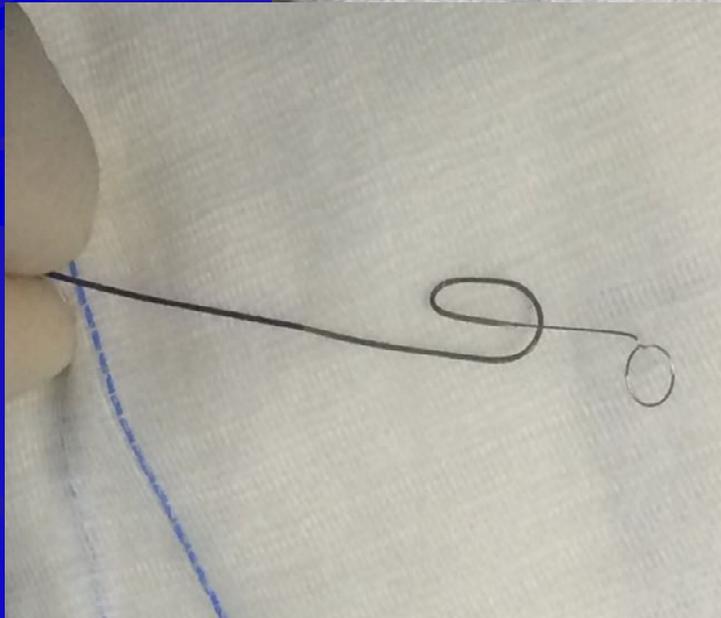




Curva singola

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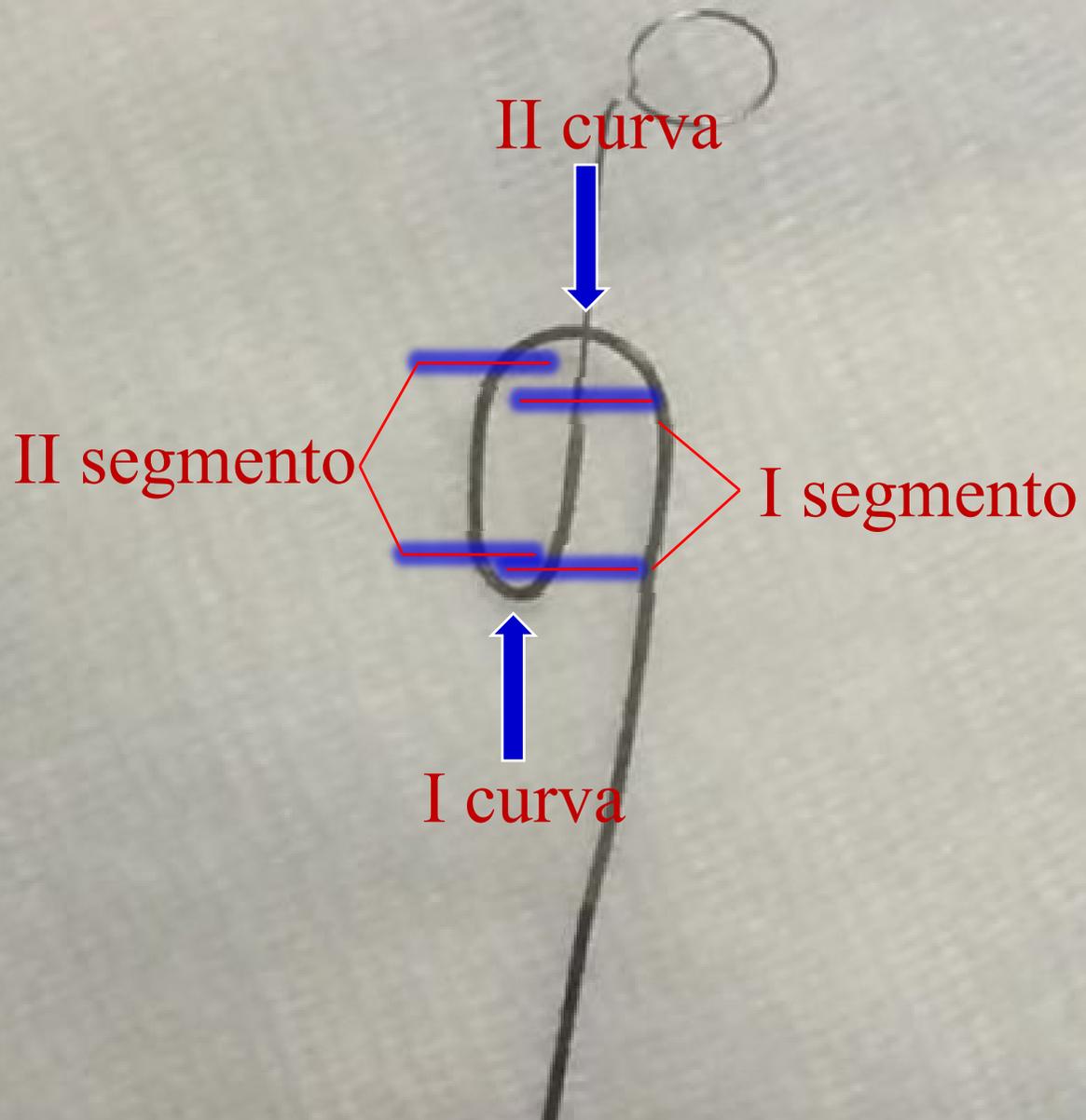


Curva doppia (appoggio)

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U1

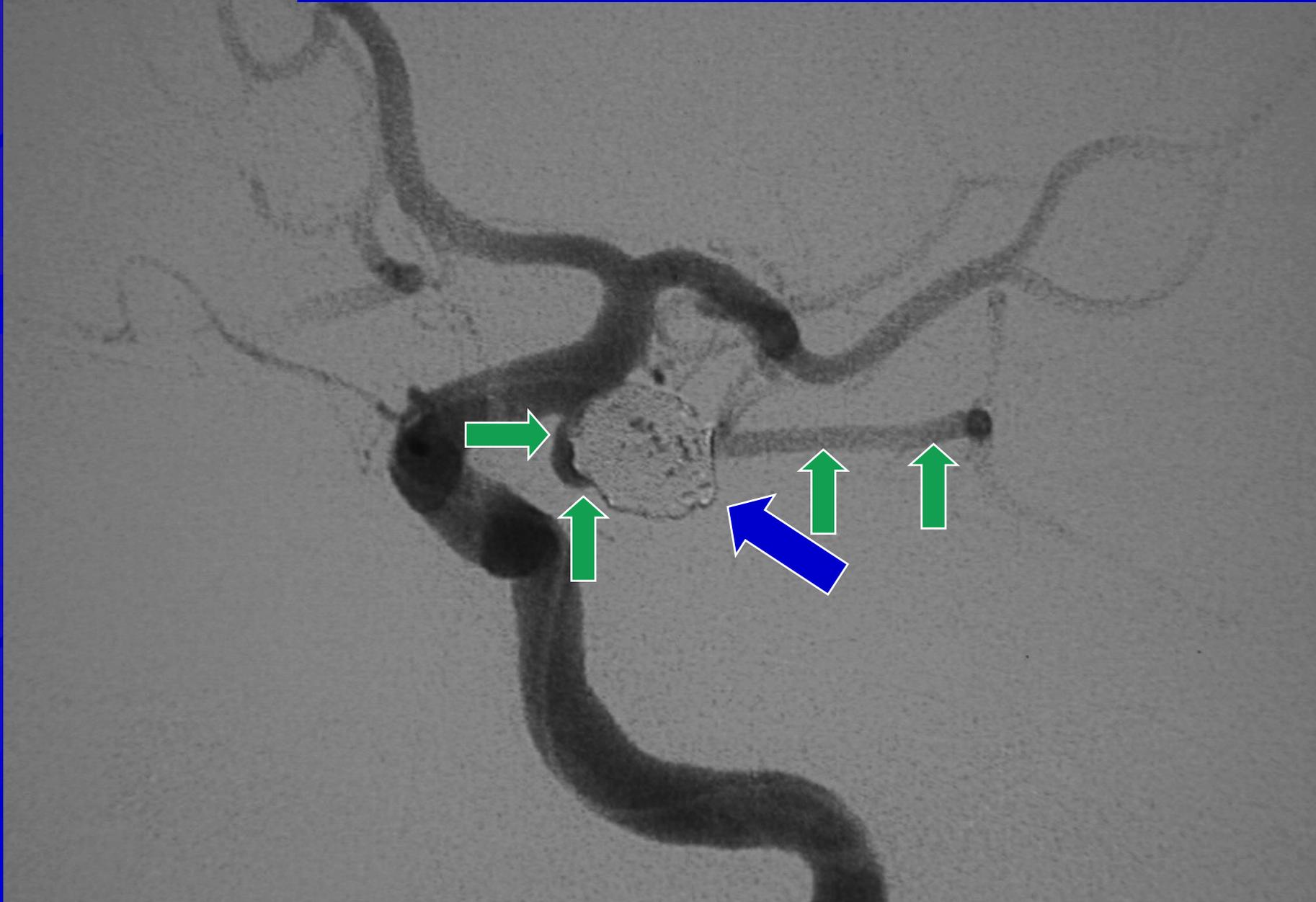


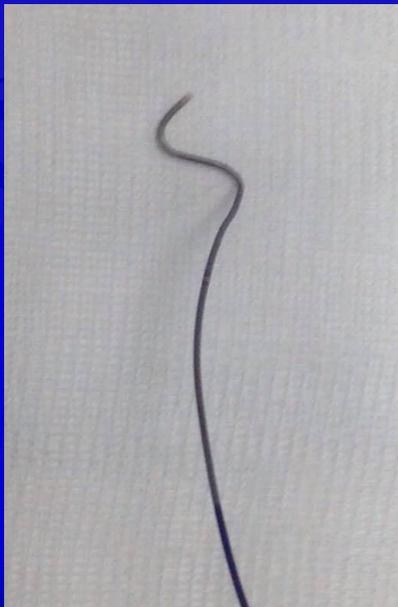
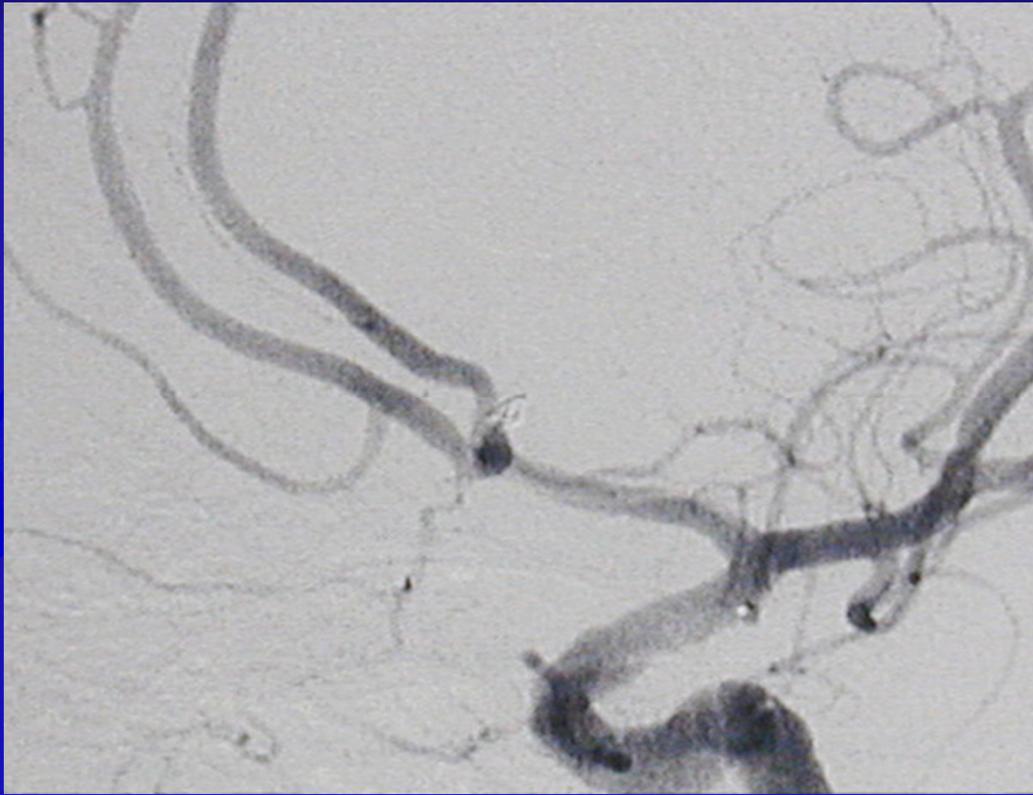
Diapositiva 18

U1

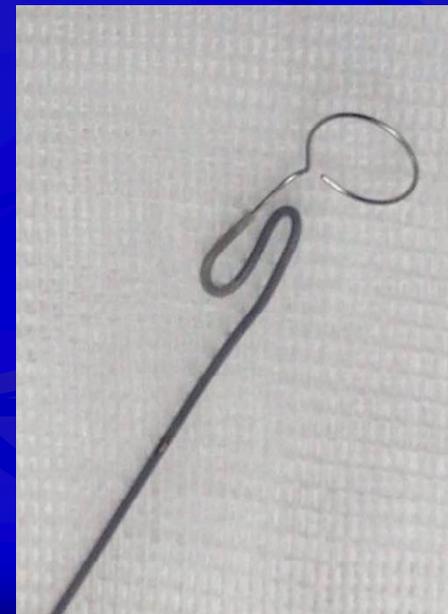
User; 21/11/2019

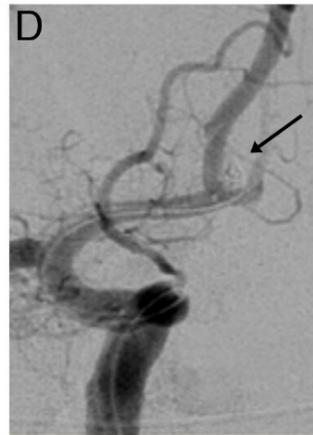
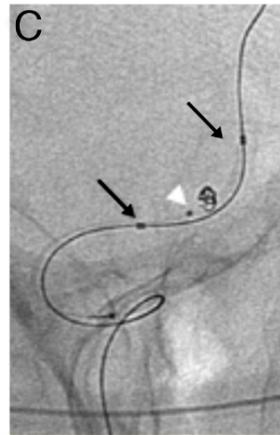
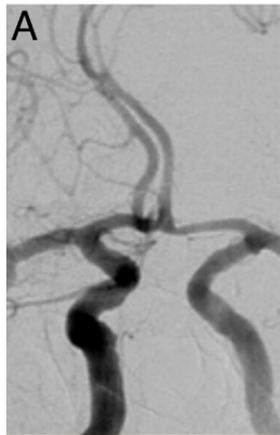
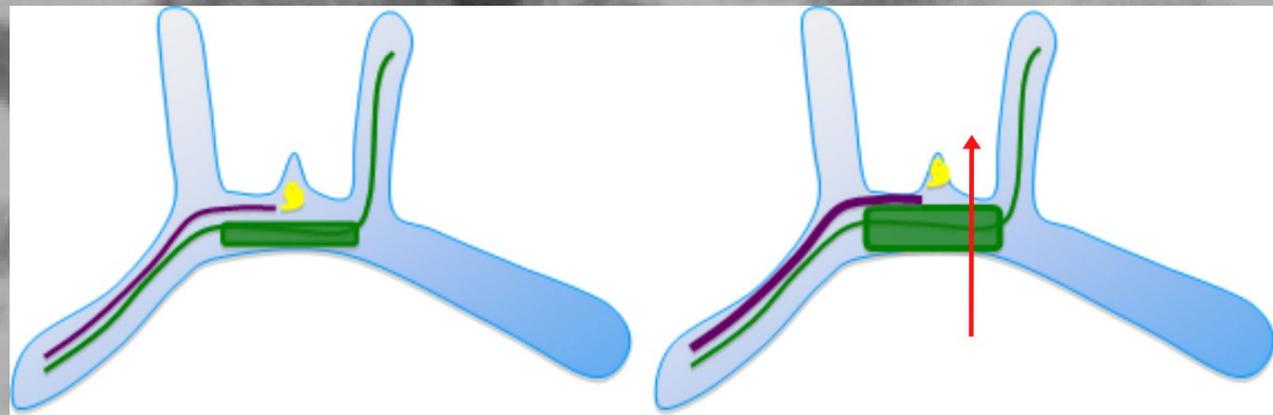
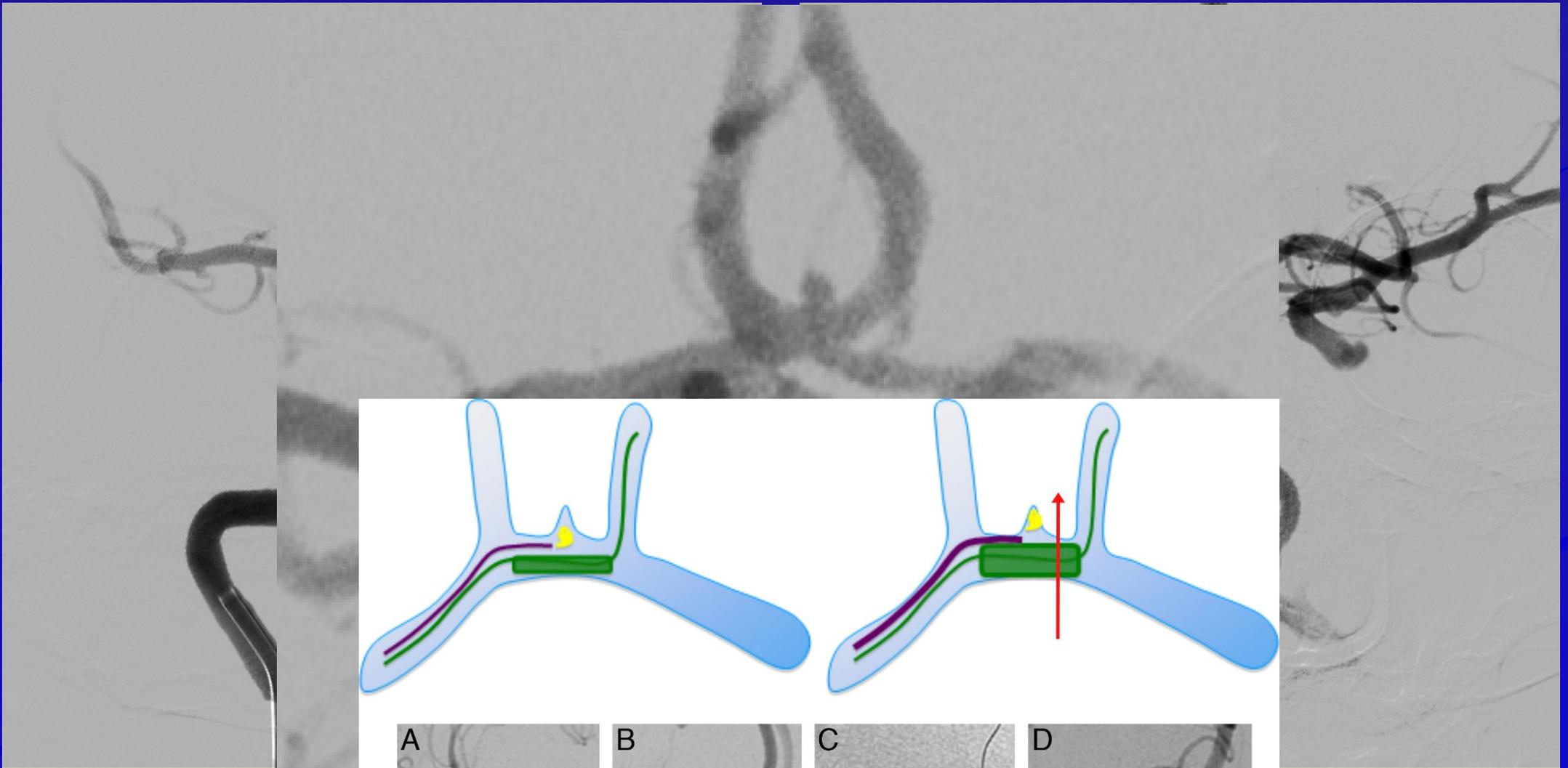
Il risparmio dei vasi prossimi all'aneurisma

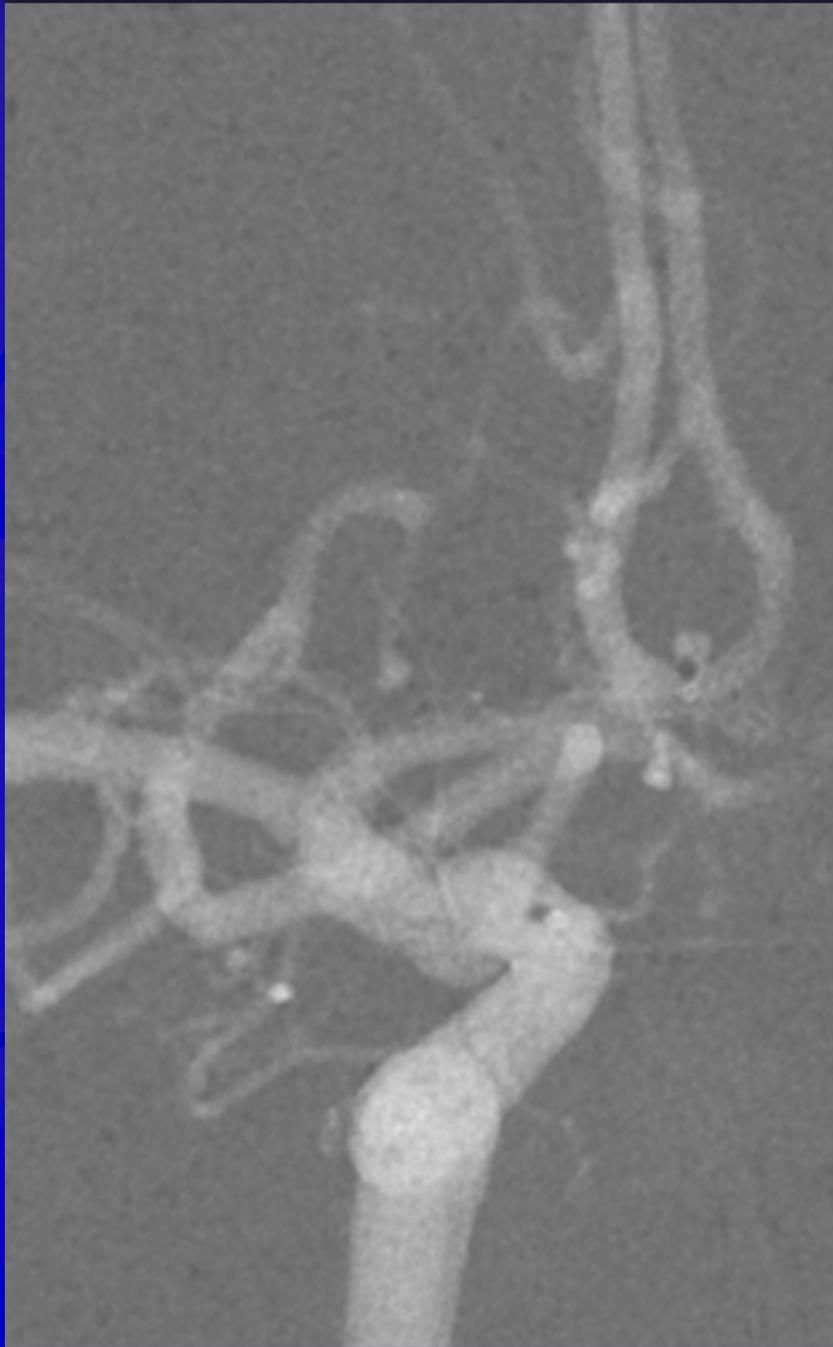


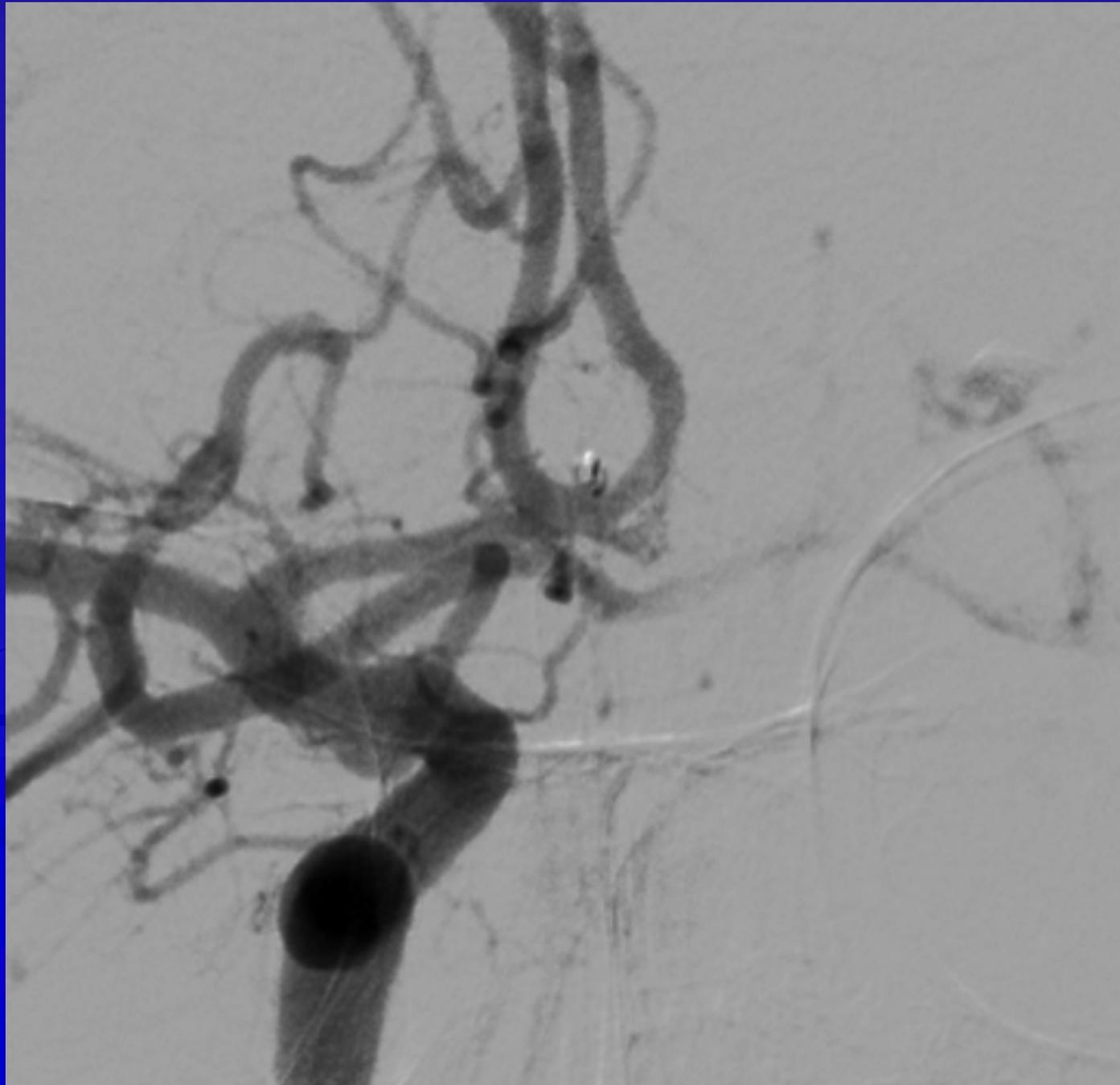


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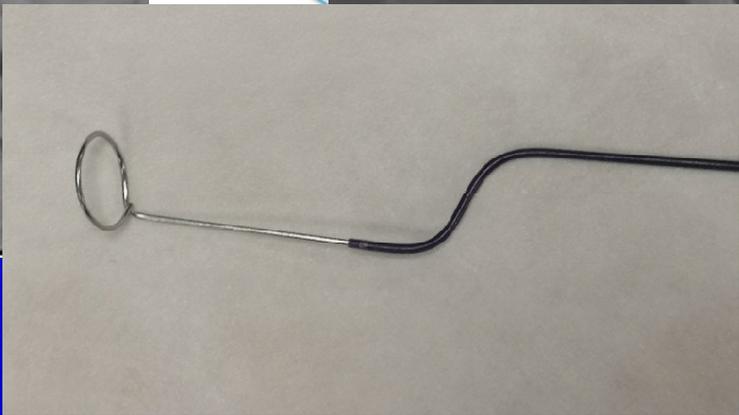
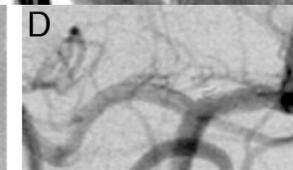
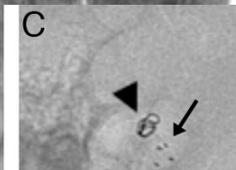
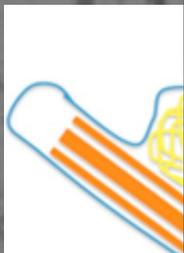
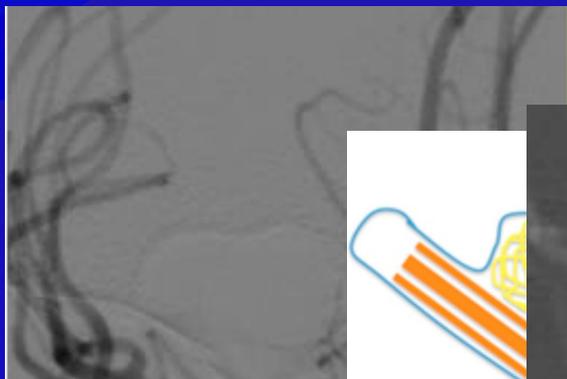
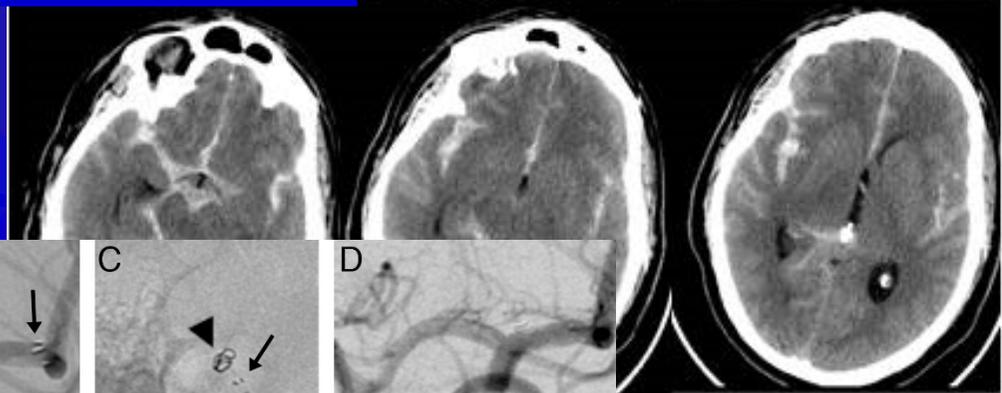
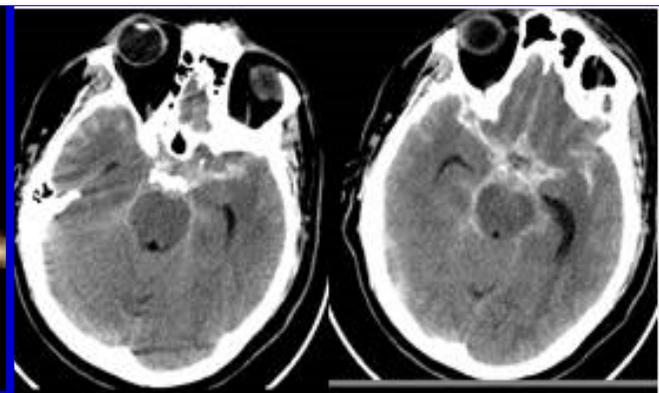




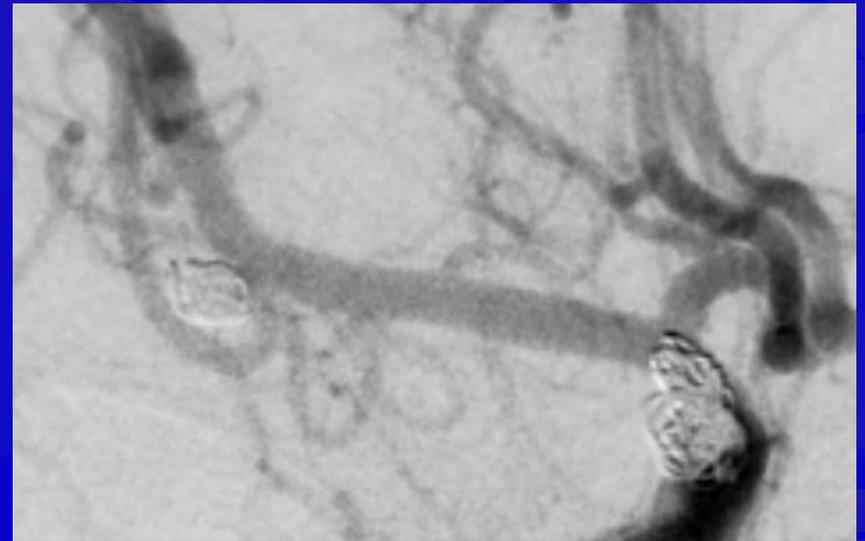
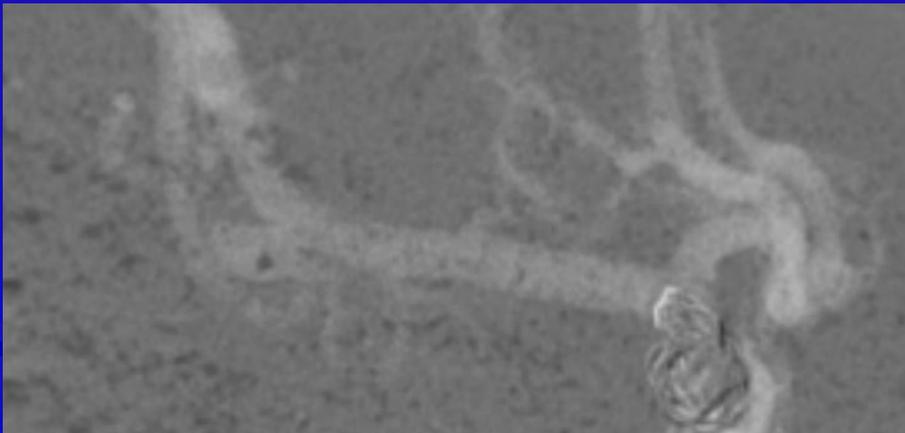
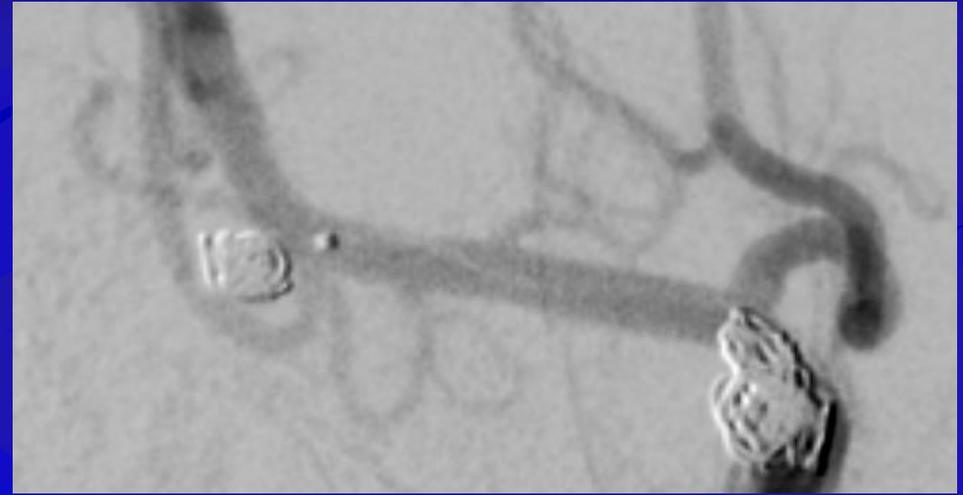
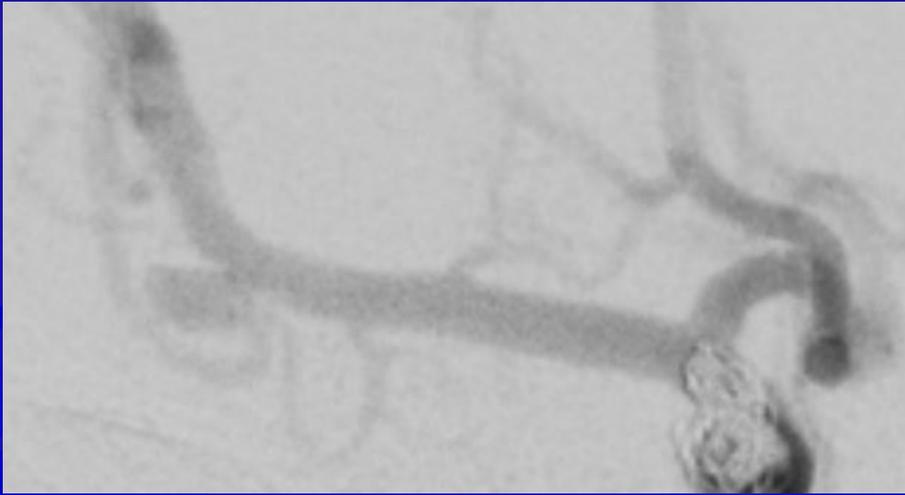




47 anni, uomo,
Familiarità neg. per aneurisma
Non fuma, non è iperteso
Cefalea e rigidità nucale da 10 ore

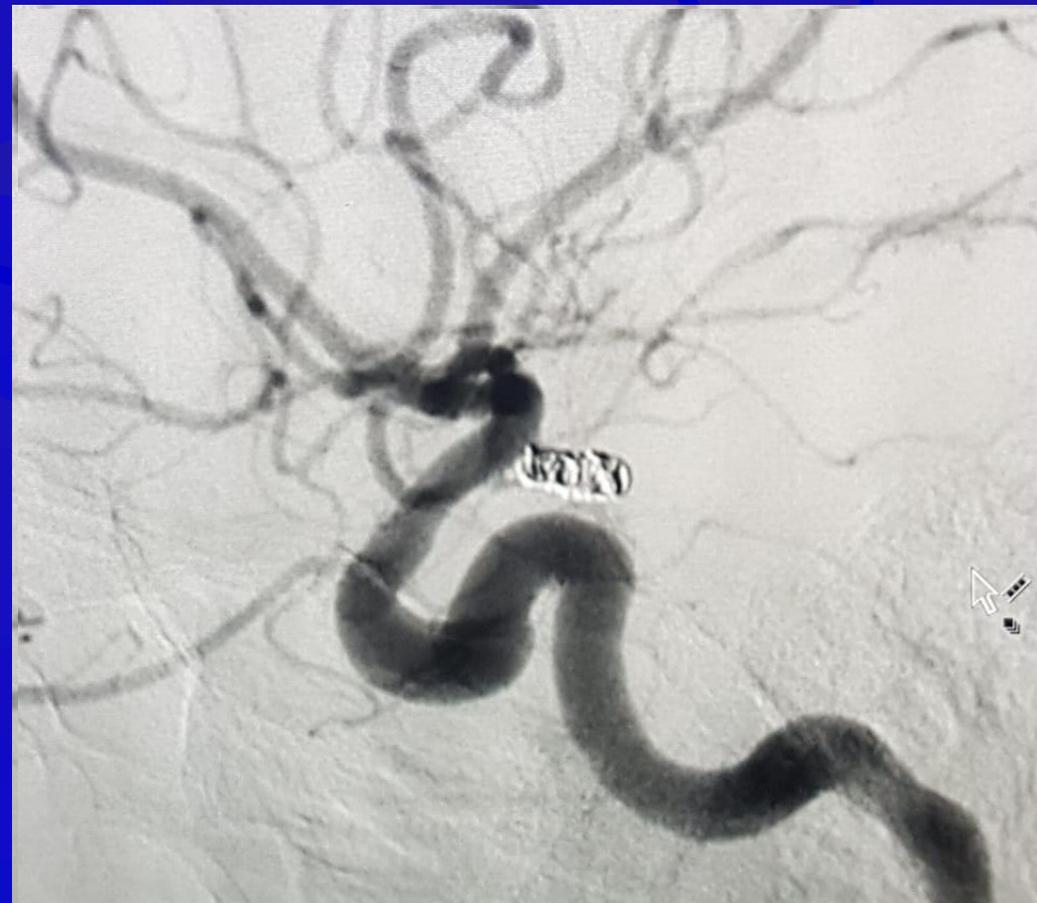


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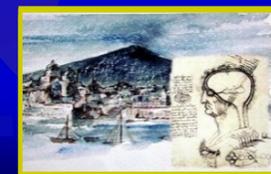


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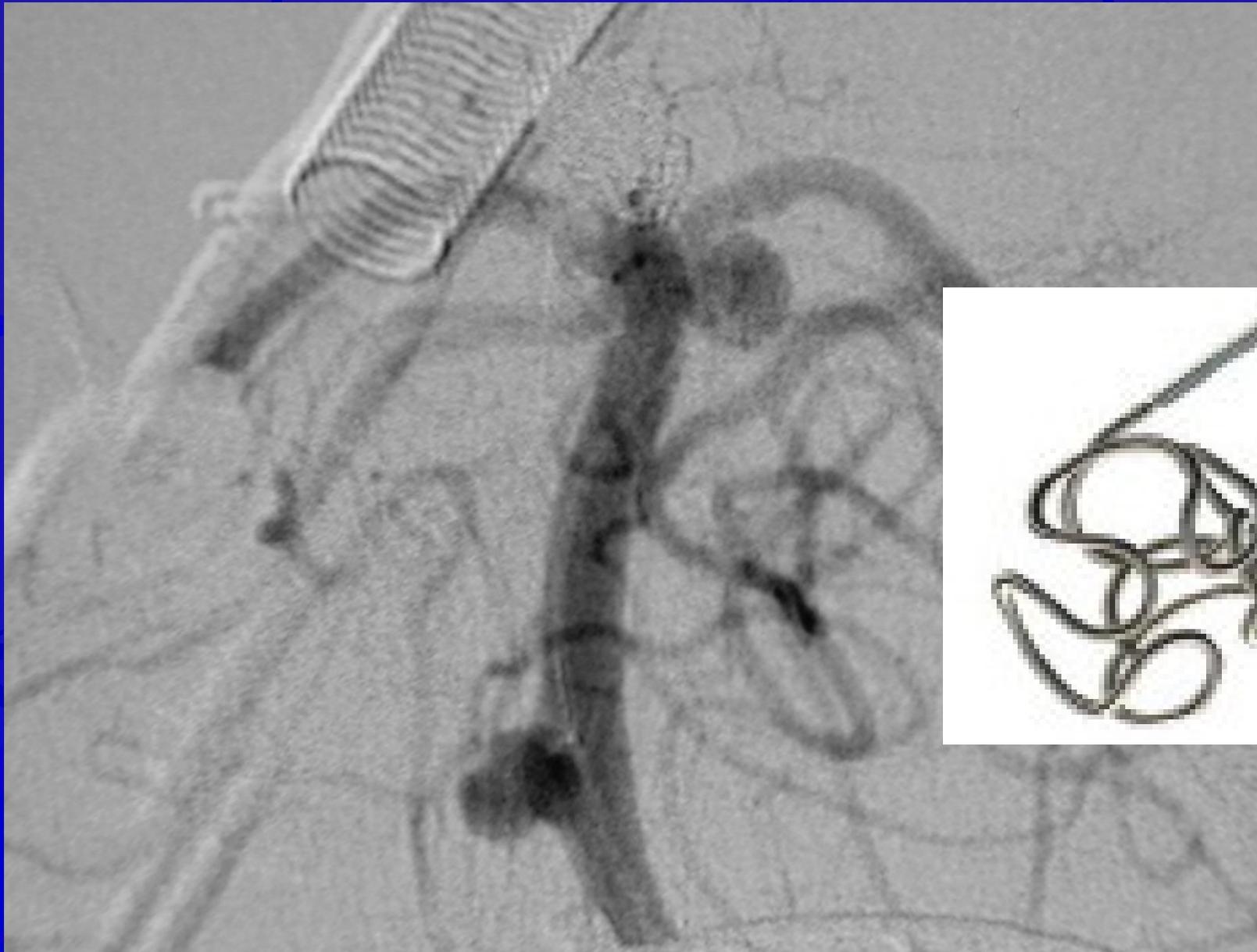




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Kissing aneurysms



Uno o tutti ?

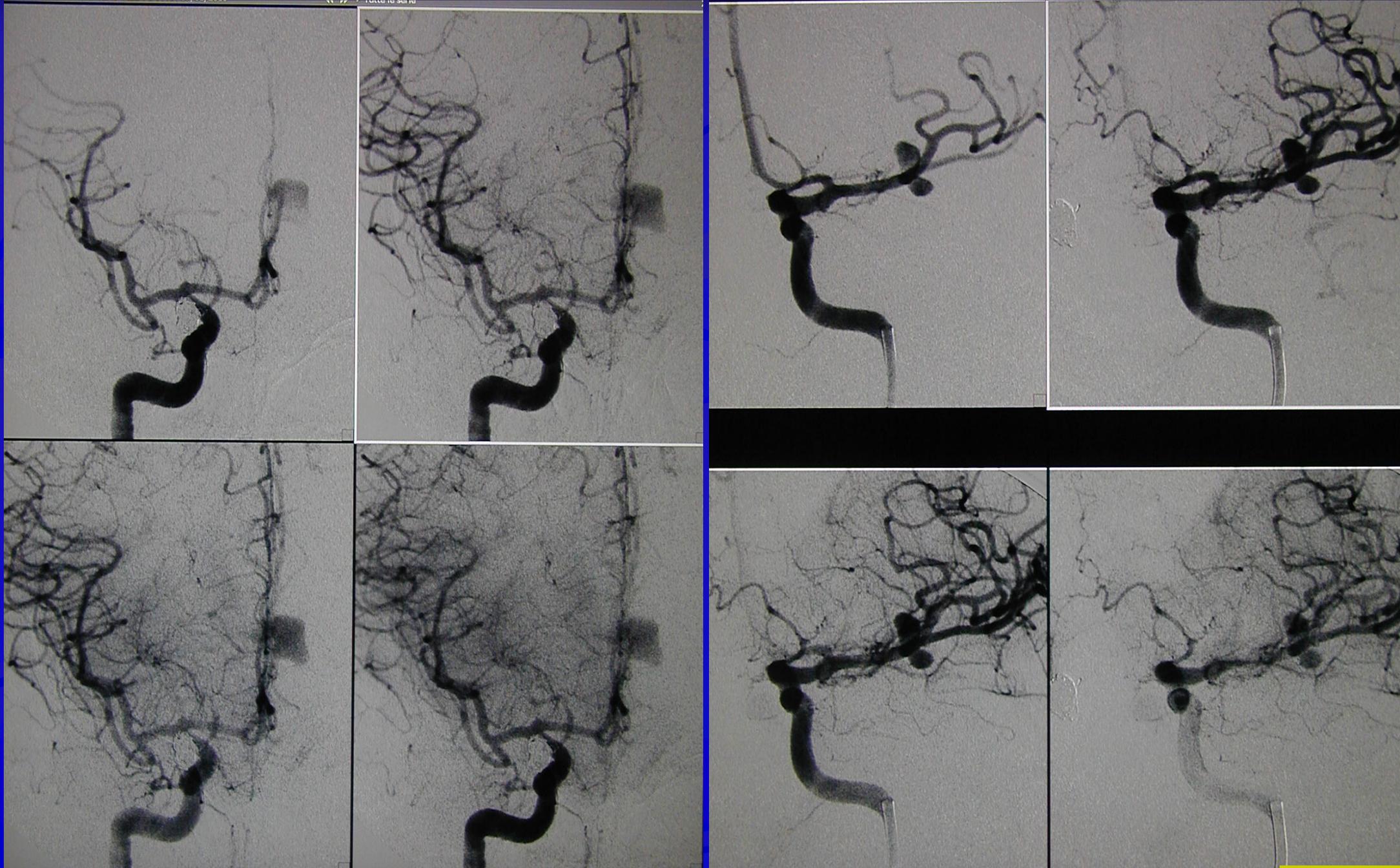




**Trombolisi meccanica e farmacologica
(500.000 U.I. Urochinasi)**

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Kissing aneurysms

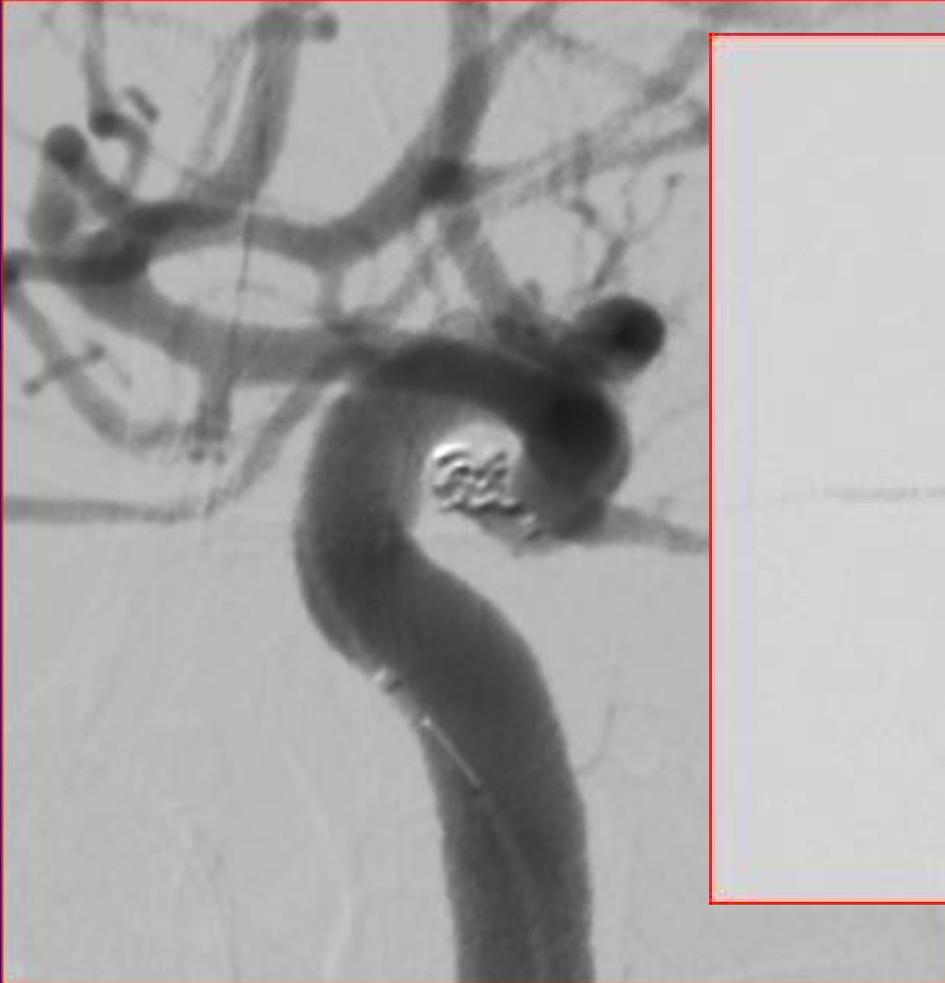


Kissing aneurysms can be defined as two anatomically adjacent aneurysms of different origin arteries, with the walls partially, pressed together.

Yasargil reported the incidence of kissing aneurysms as only 0.2%

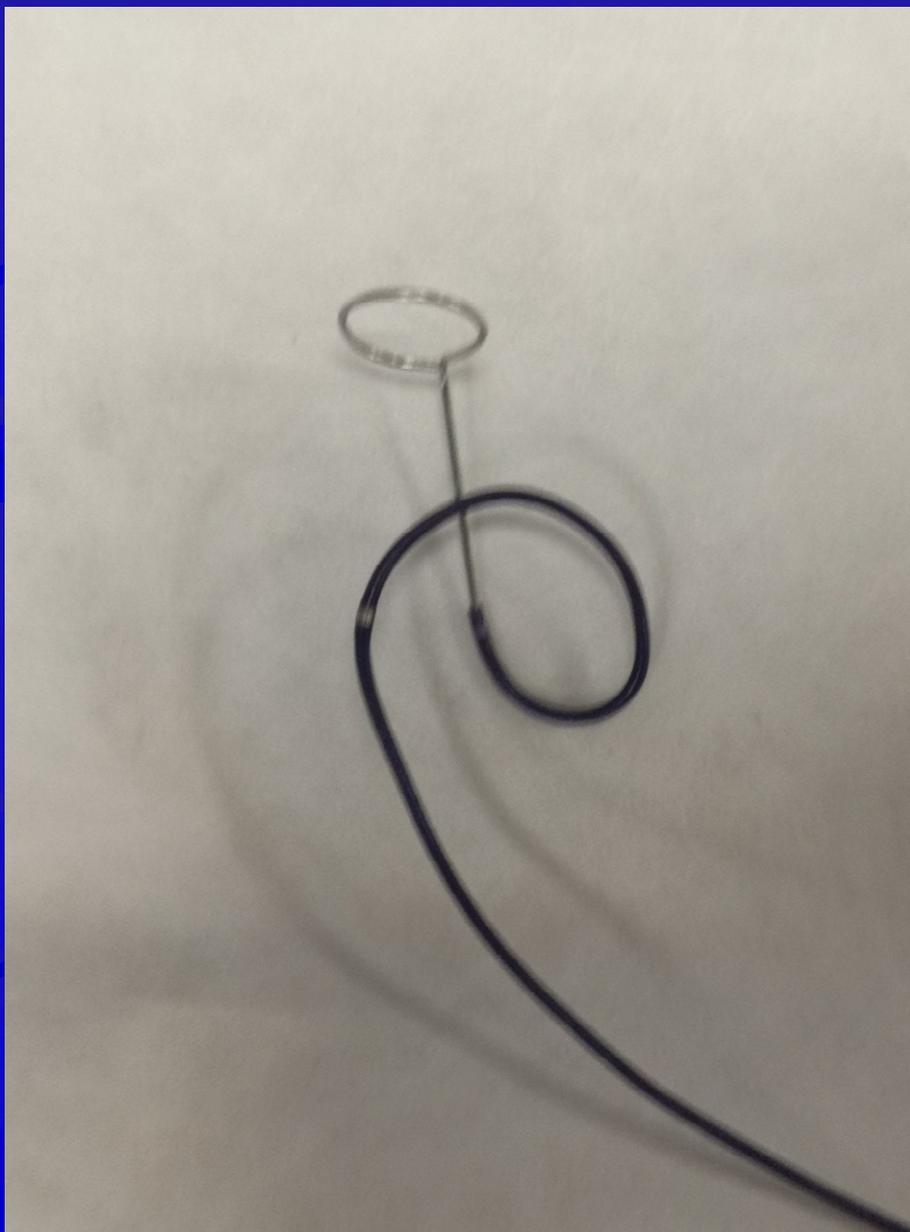
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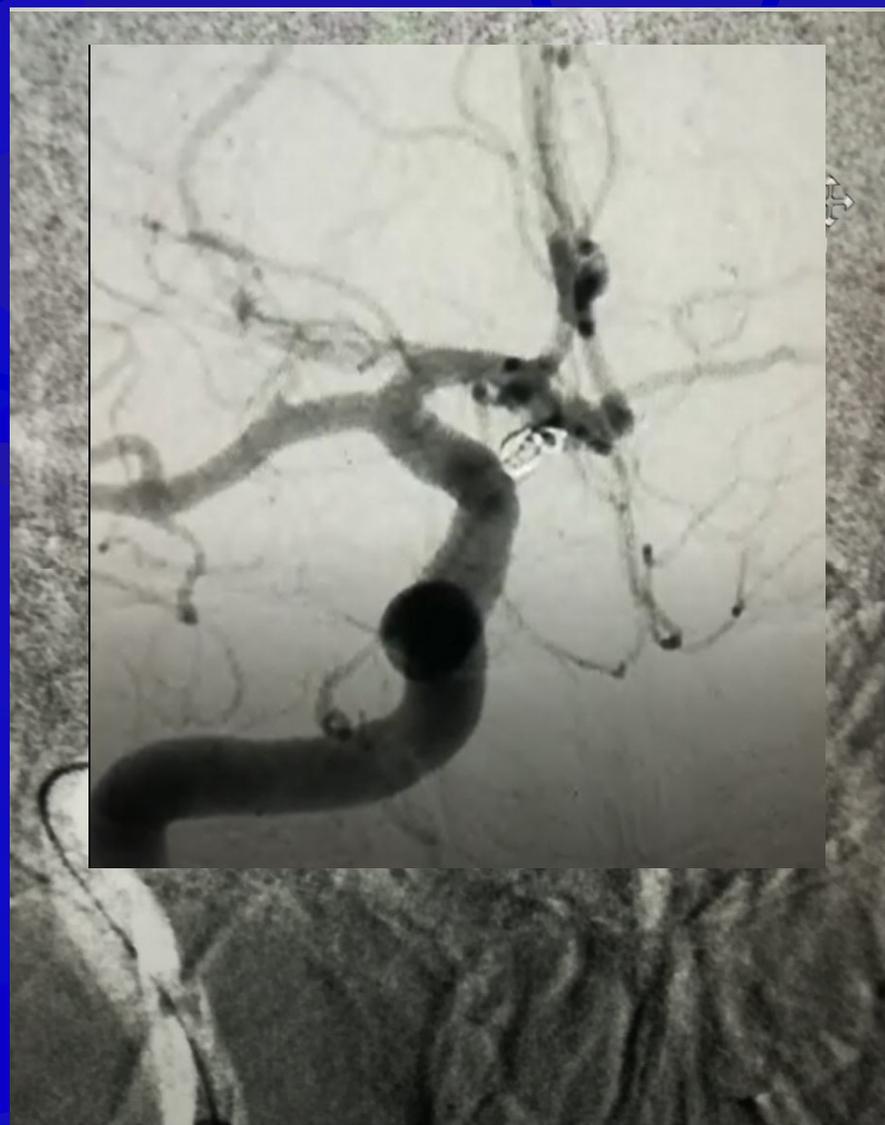
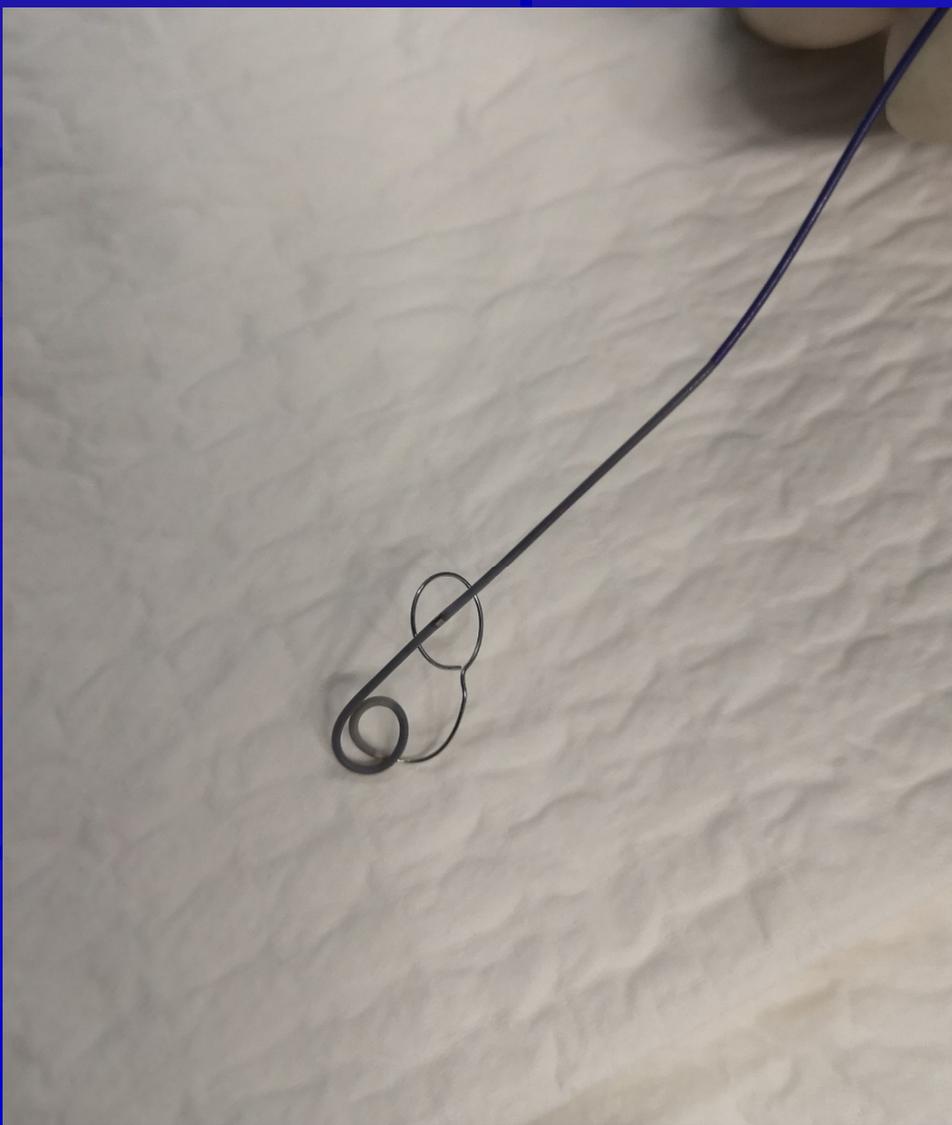
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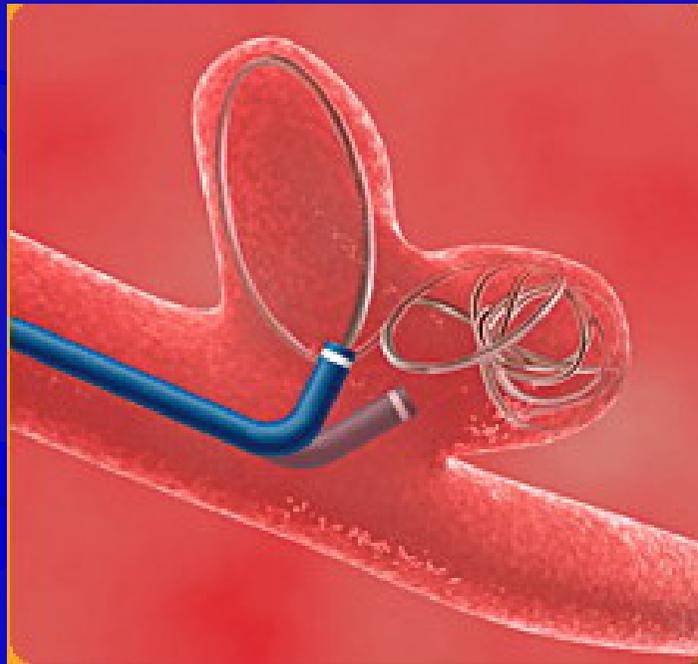




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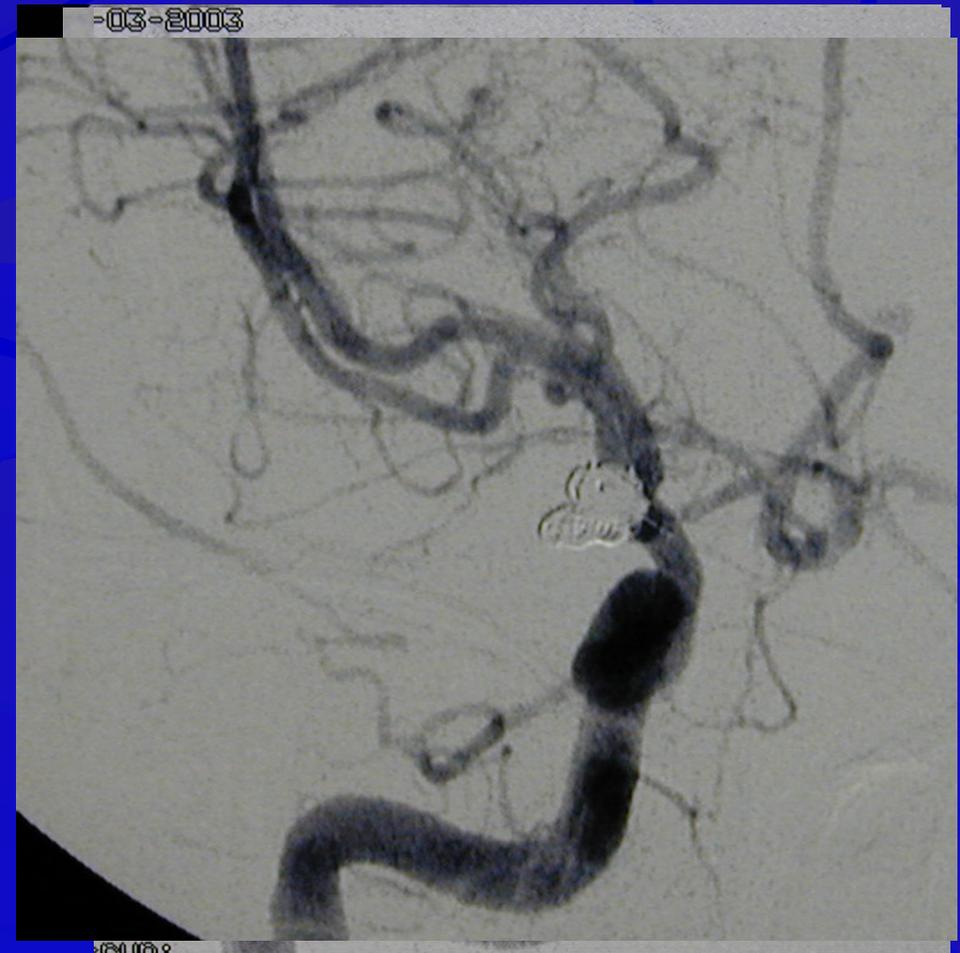
COILING



L'importanza della scelta di “STRATEGIE” adeguate



ANEURISMI A MORFOLOGIA COMPLESSA INTRINSECA



Kissing completo

Trasformiamo gli elementi negativi in positivi: la curva della punta



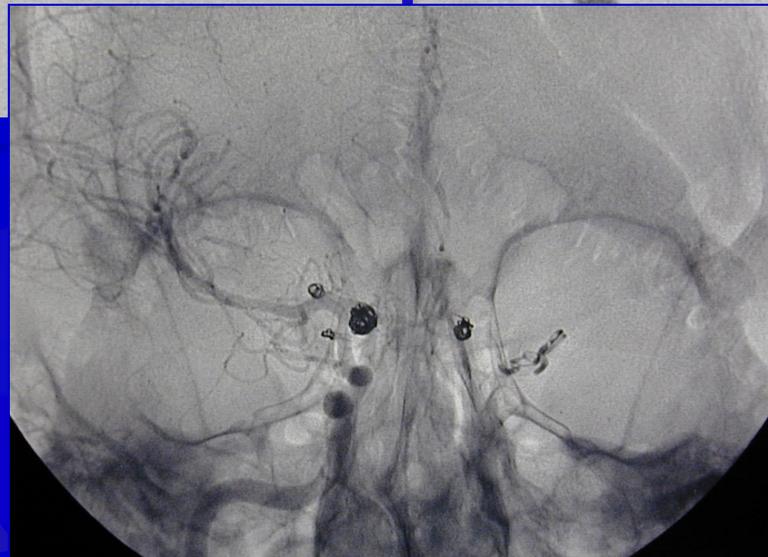


Kiss.....à come interpretarlo

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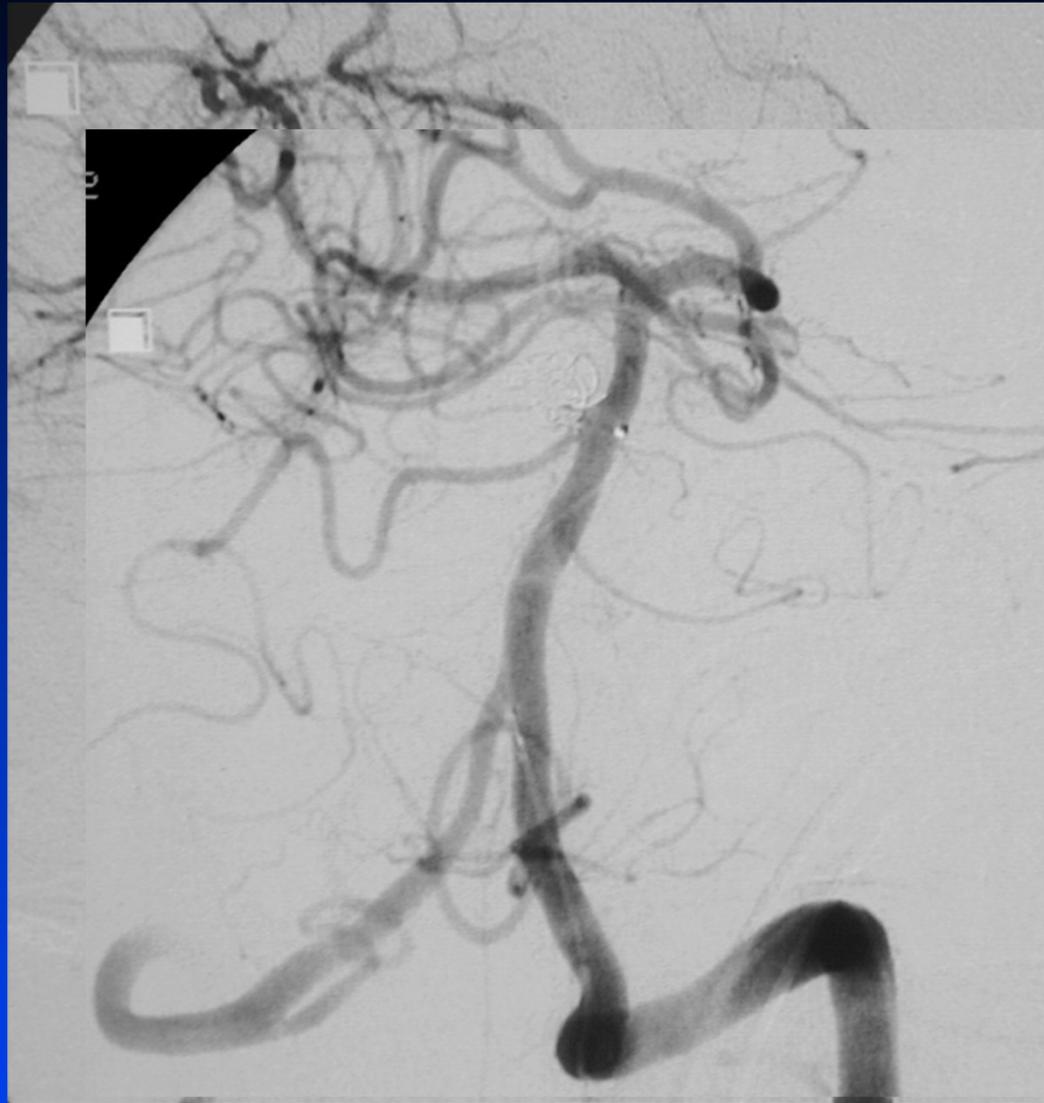


Paghi 1 prendi 4



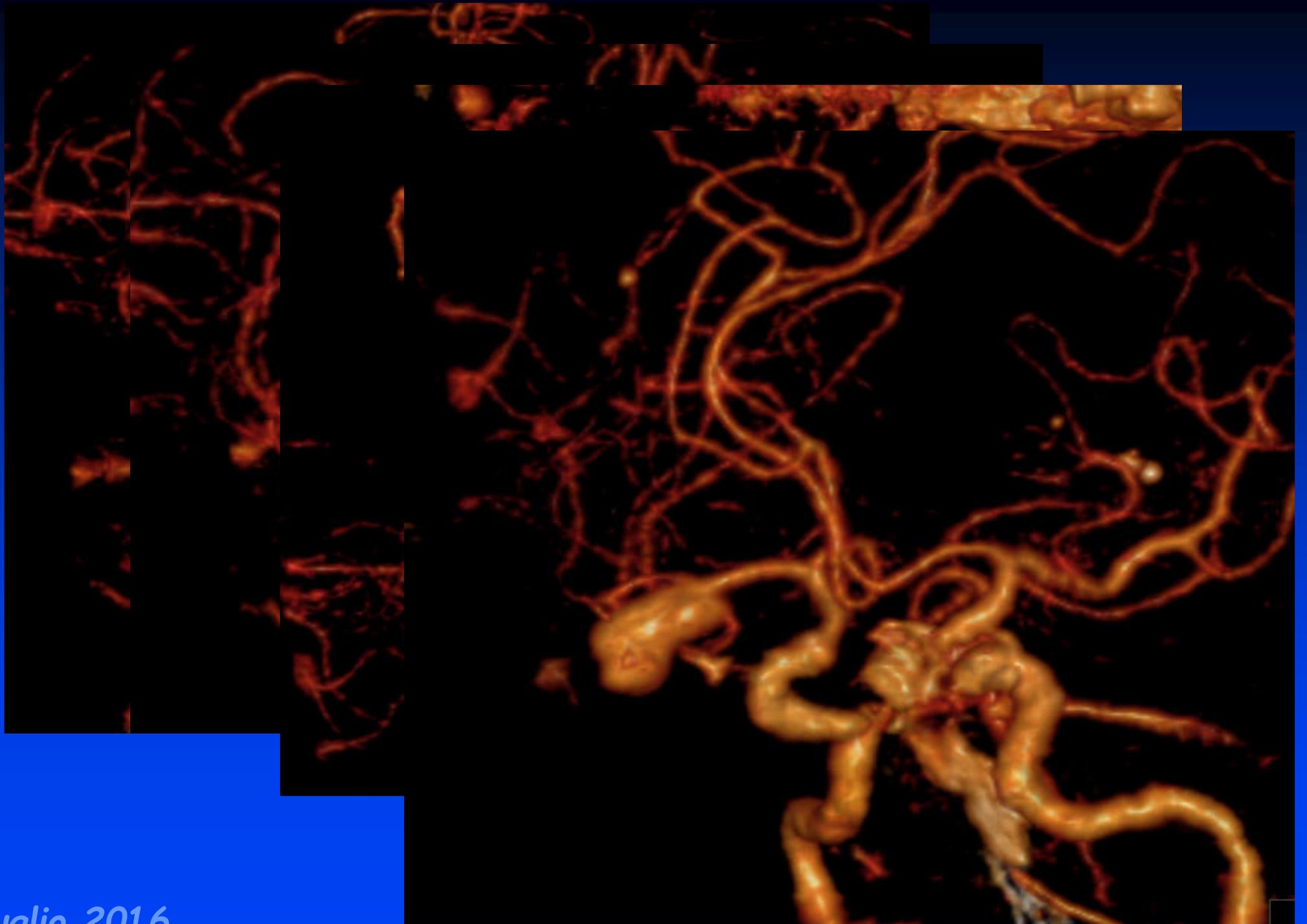
Uno o tutti ?





Caricarema non troppo



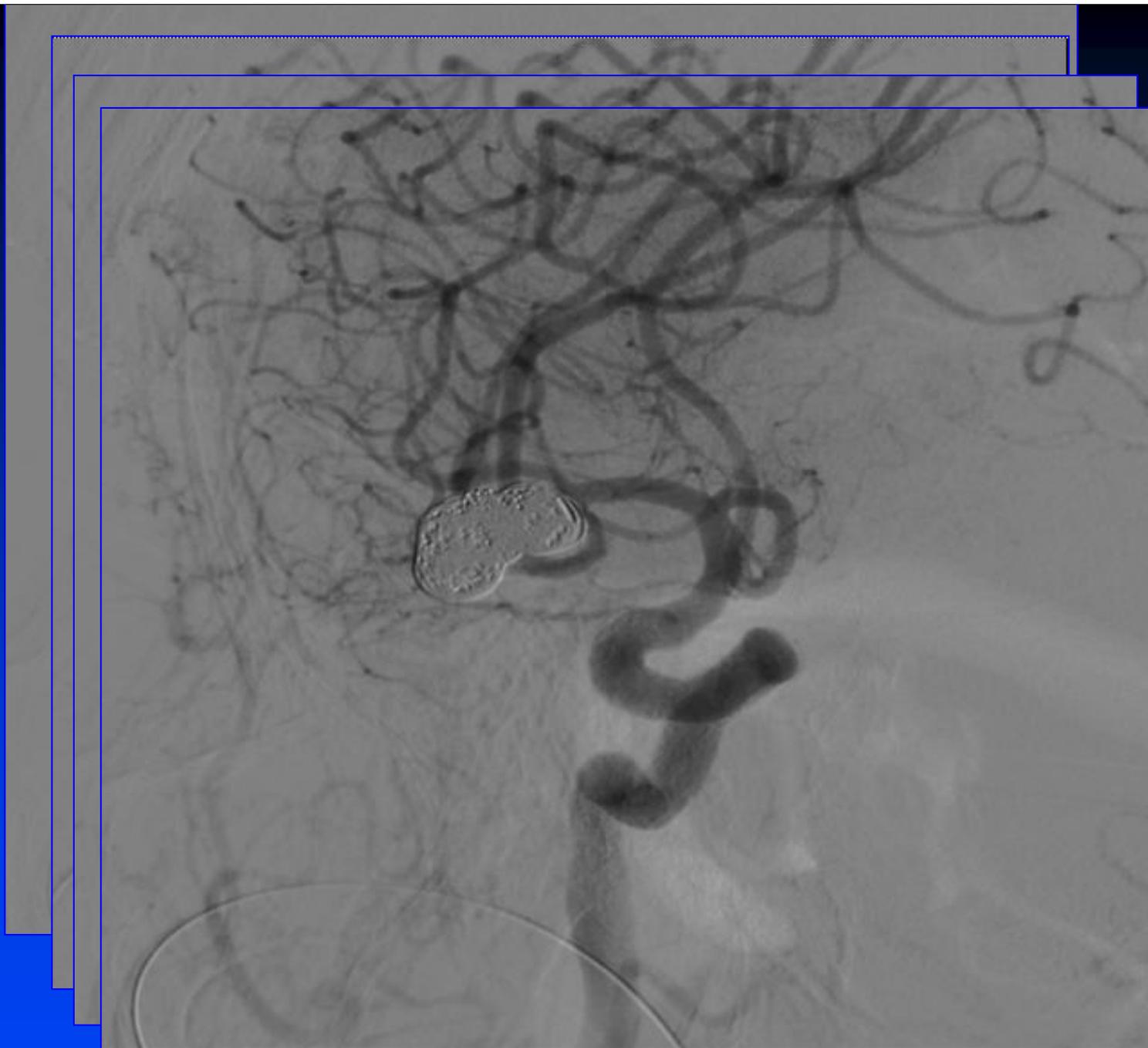


30 luglio 2016



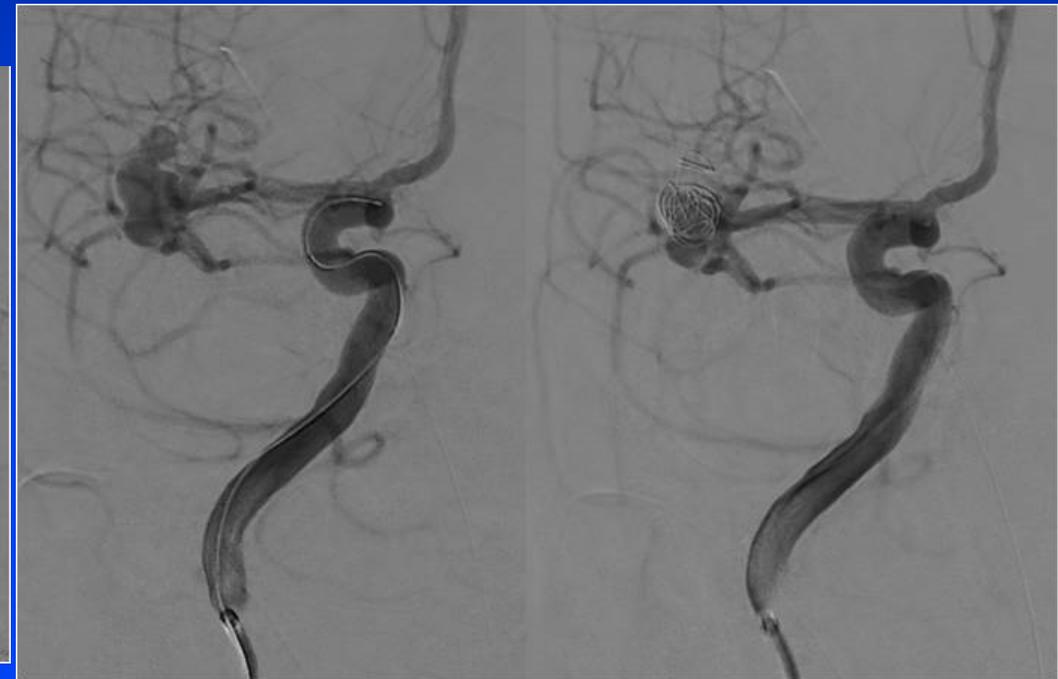
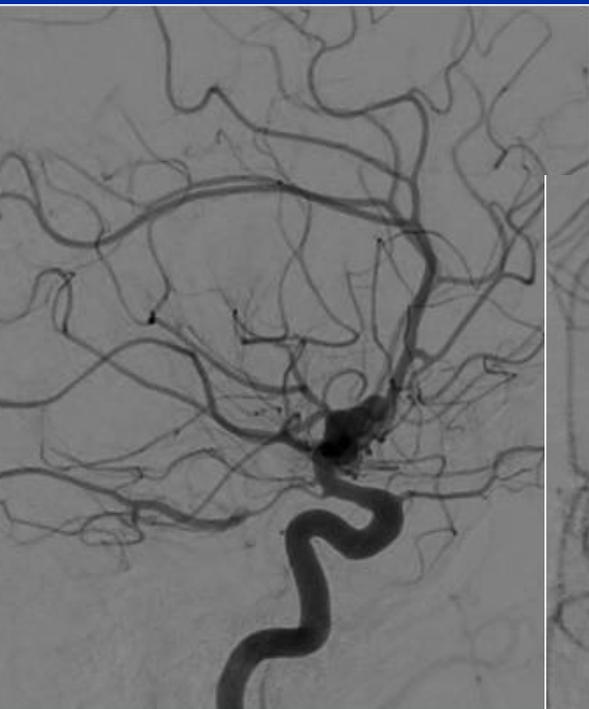
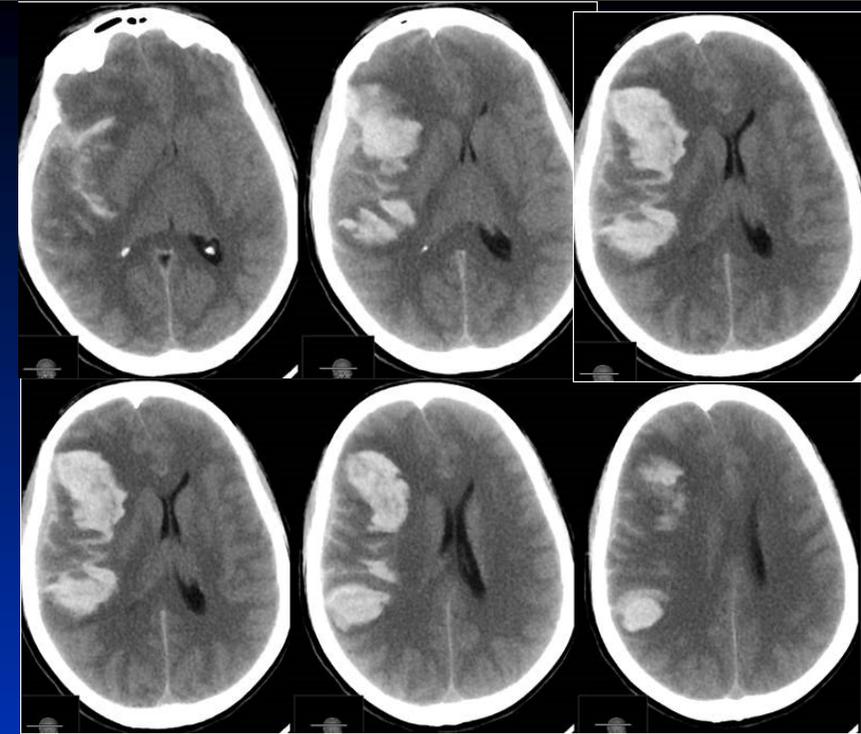
*Arrow 6/45
Neuron 6/53
Excelsior SL10
Transend Ex Platinum .014"*

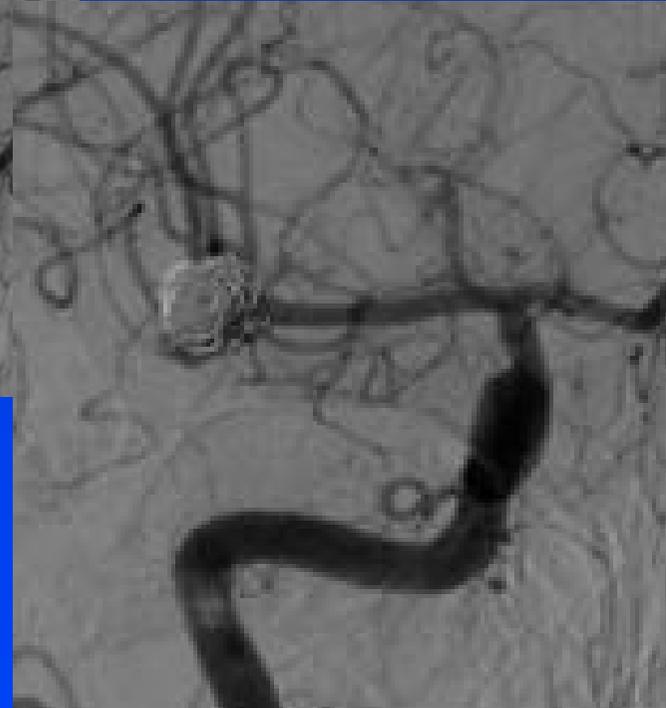
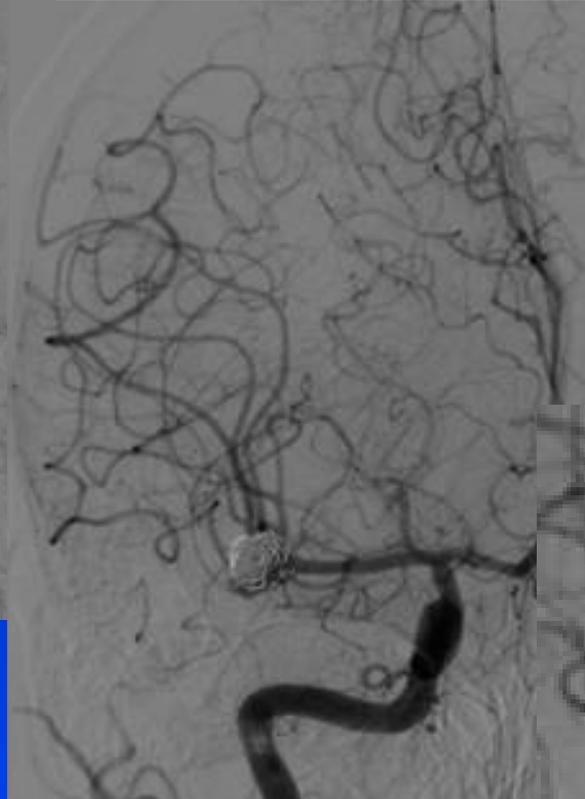
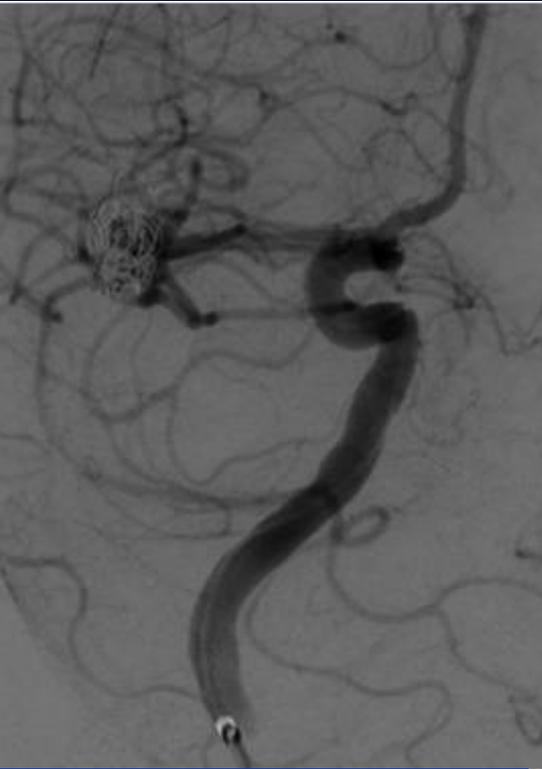
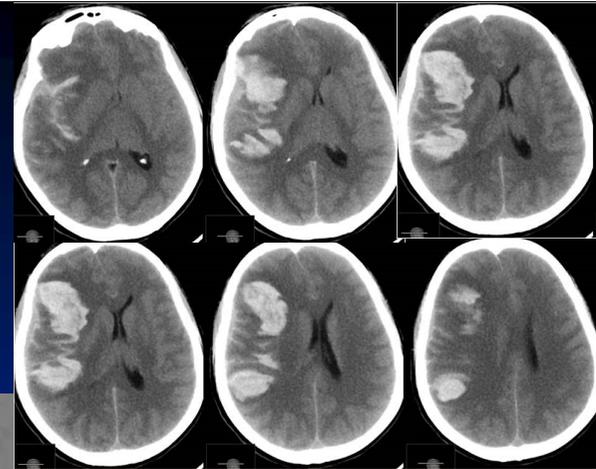
I) GDC 2D 10/30

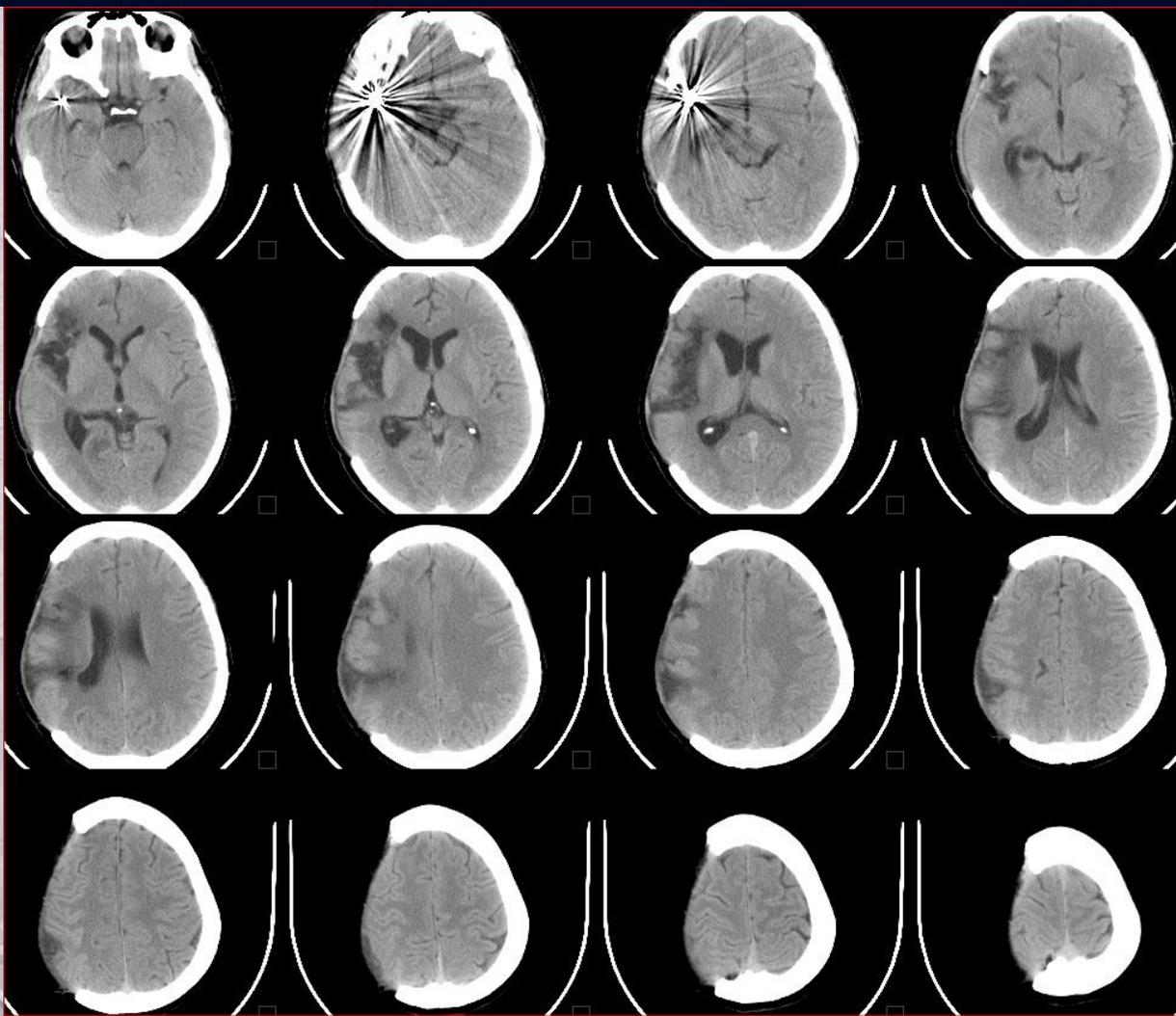


Ctrl 24 ore

33 anni, donna,
Familiarità negativa per aneurisma
Non fuma, non è ipertesa
Cefalea e rigidità nucale 8 ore prima







6 mesi

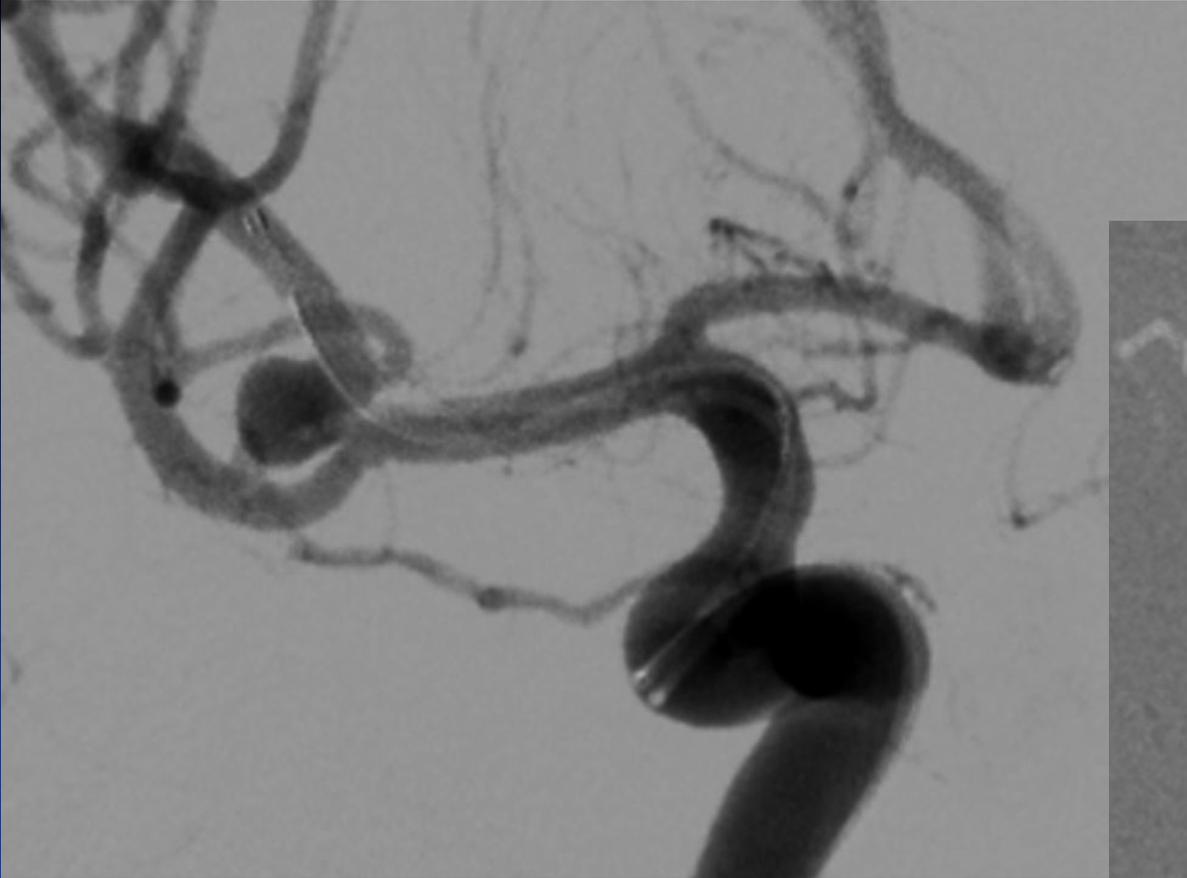


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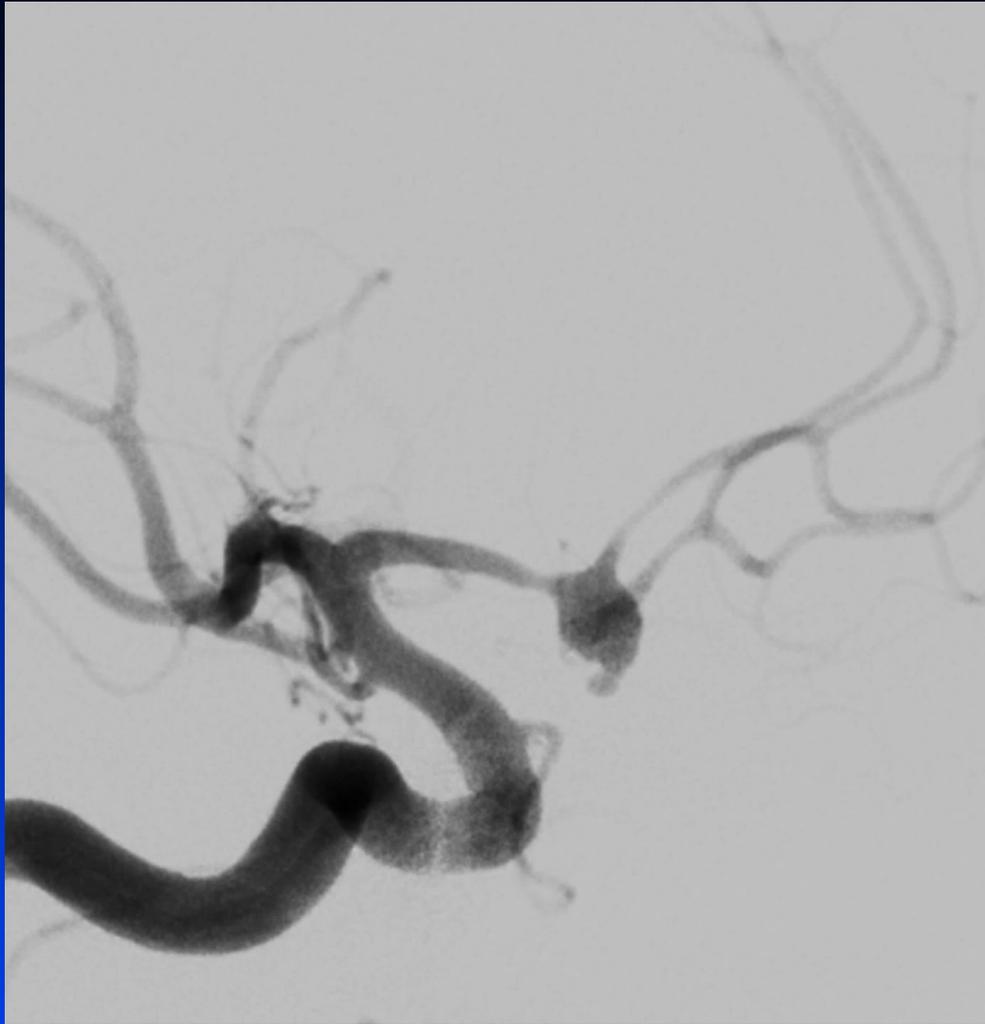
- Coiling con due microcateteri
due varianti : intra o intra-extra aneurismatico



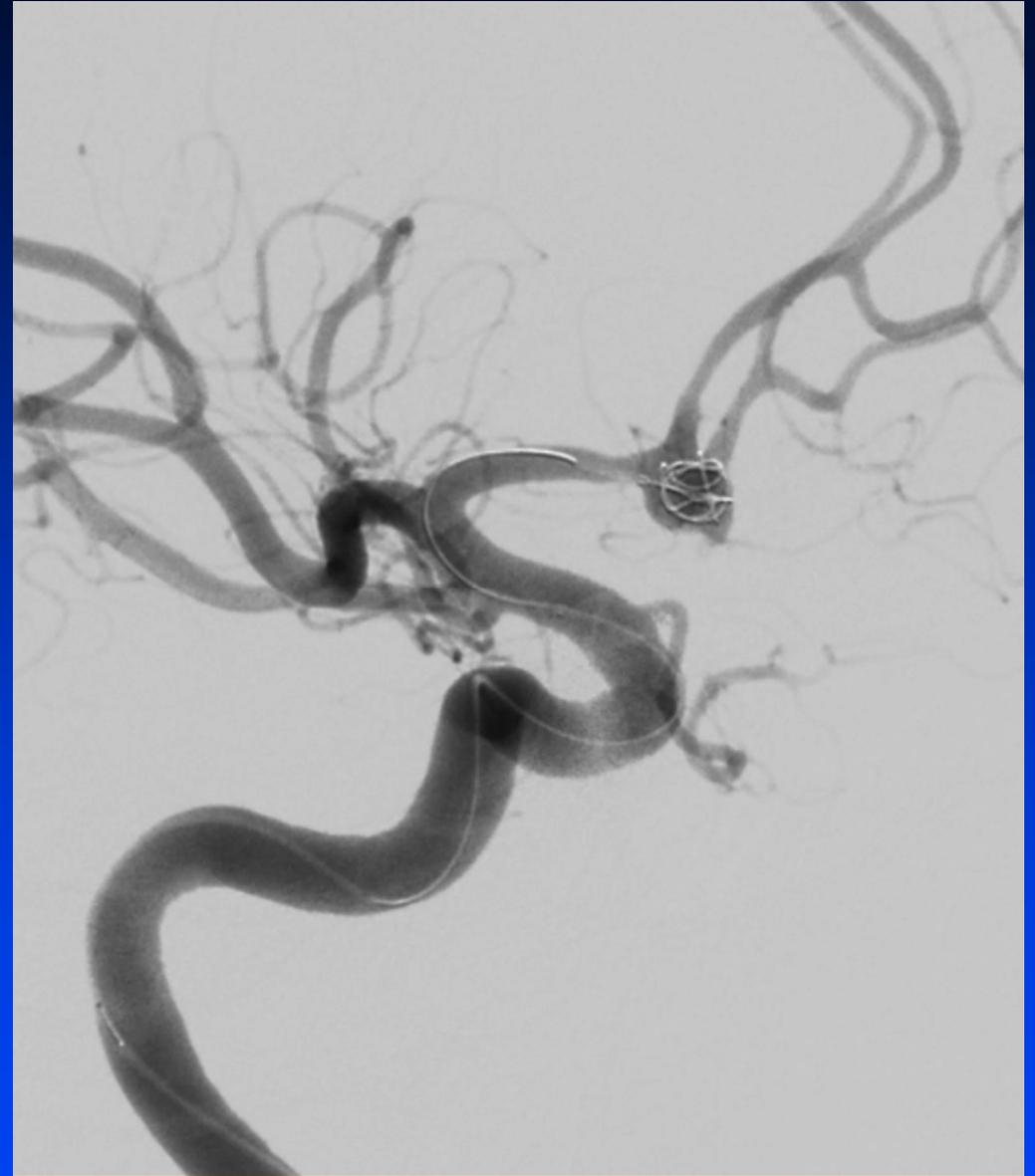


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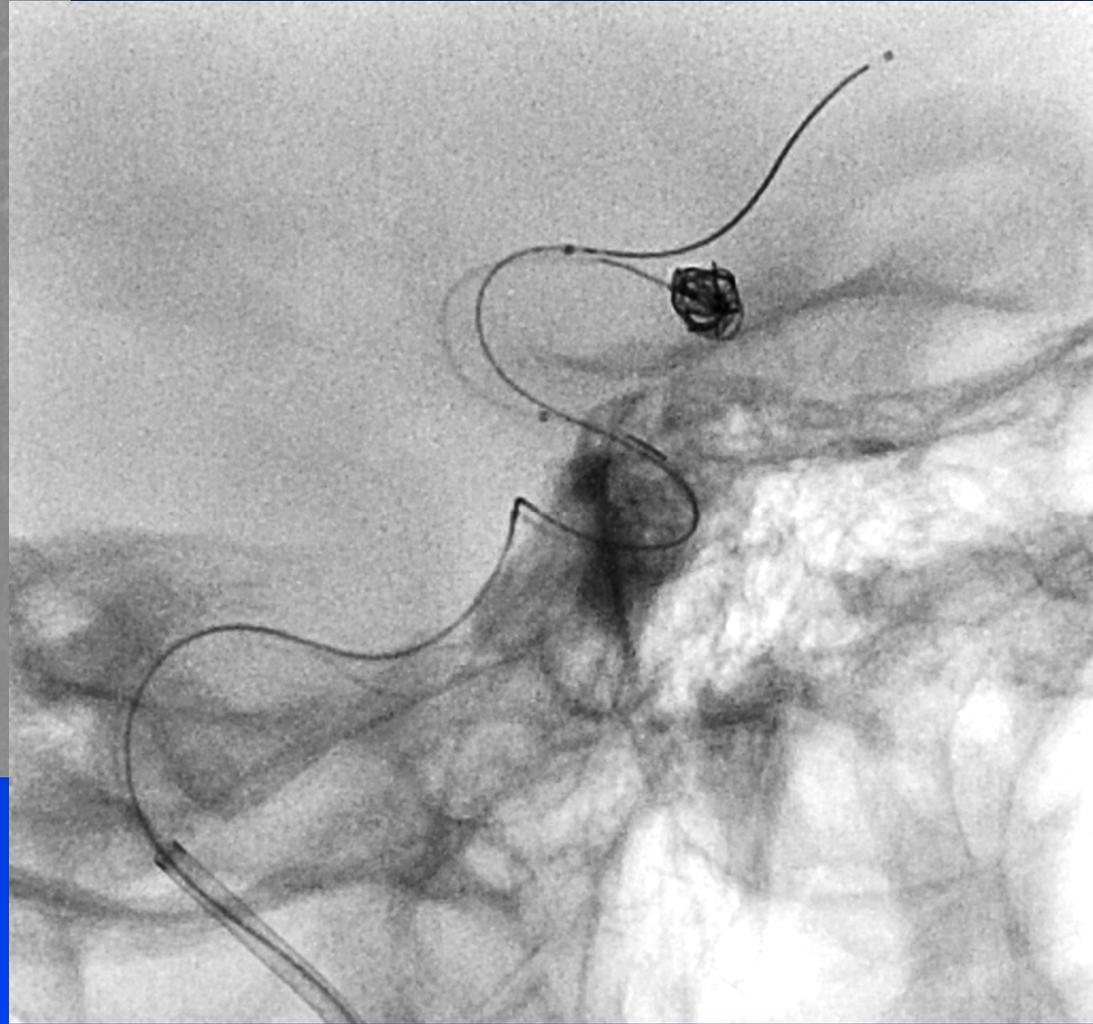


Nimotop



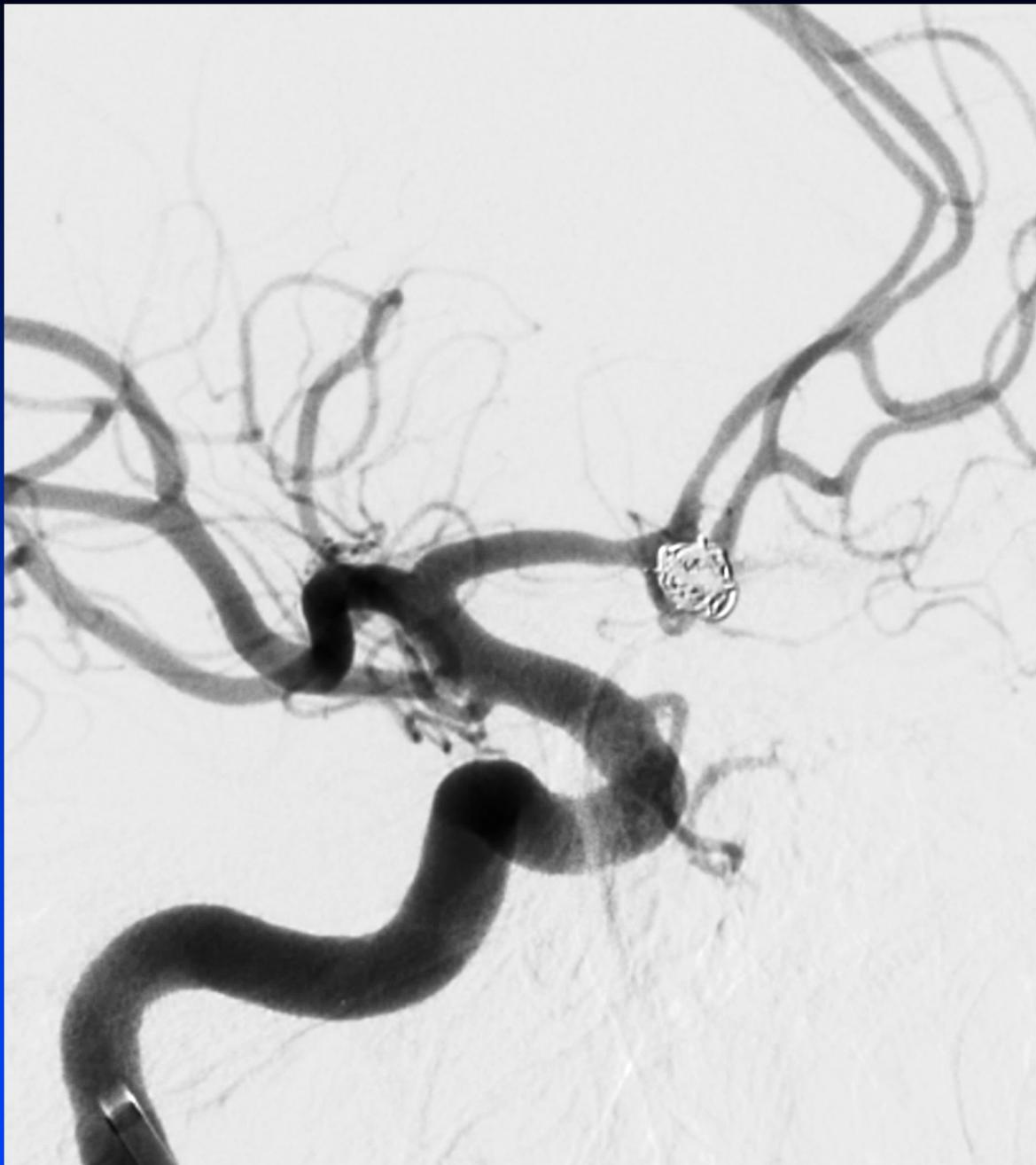
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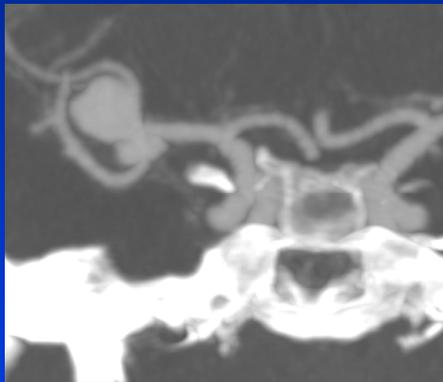
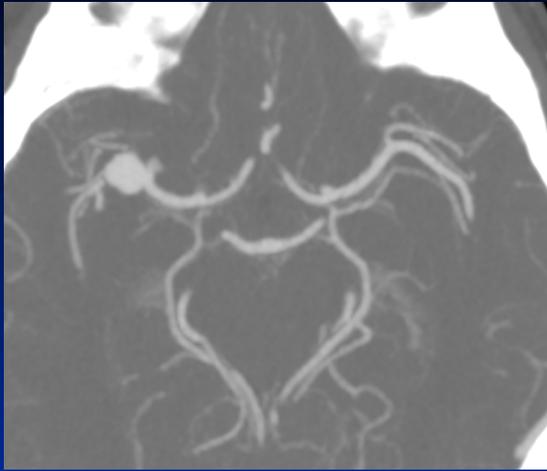
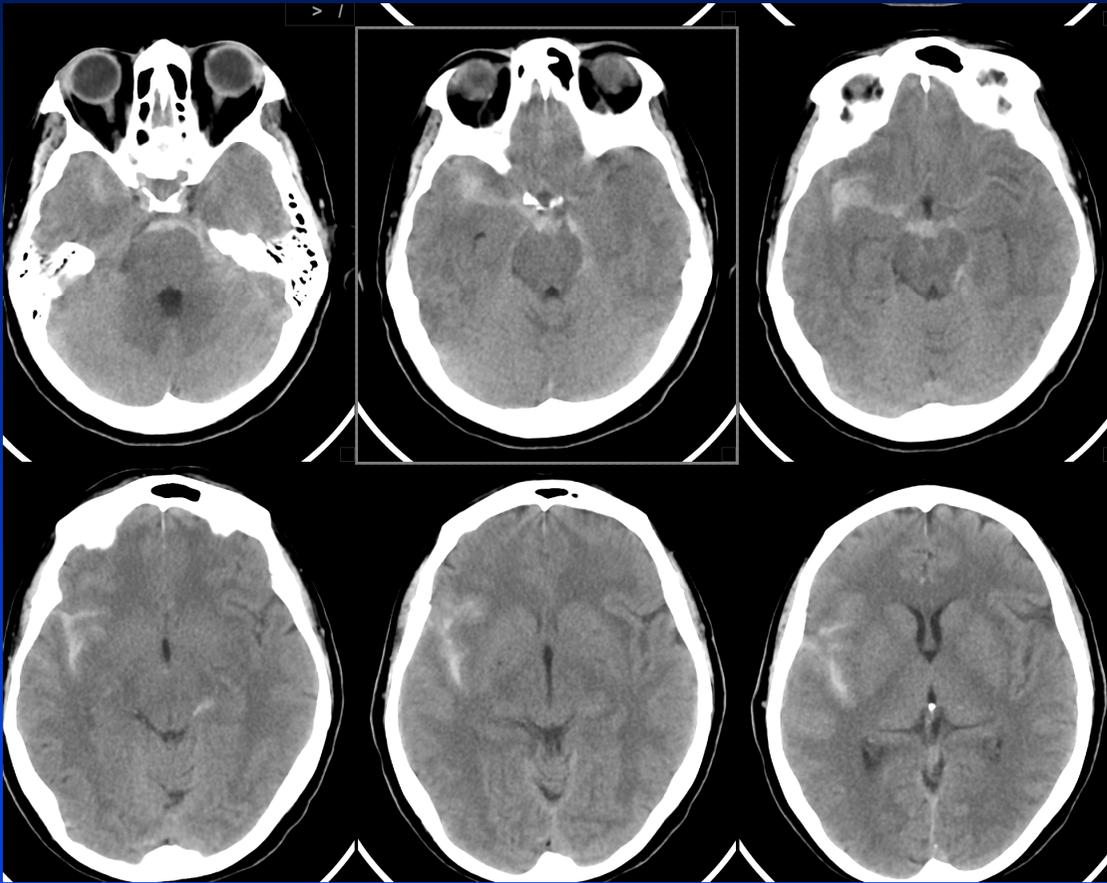
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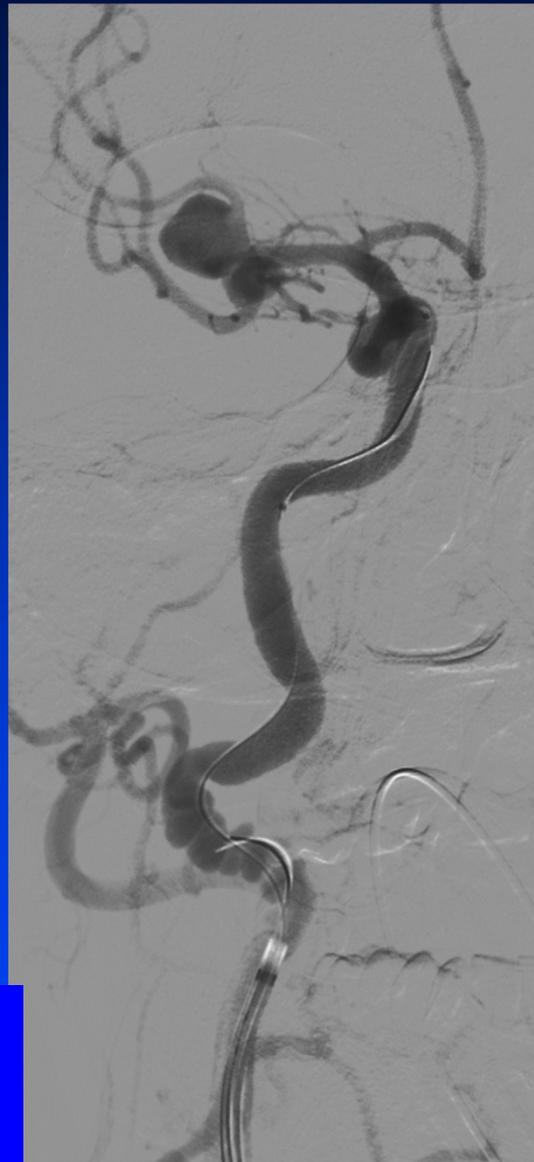


Donna 62 anni

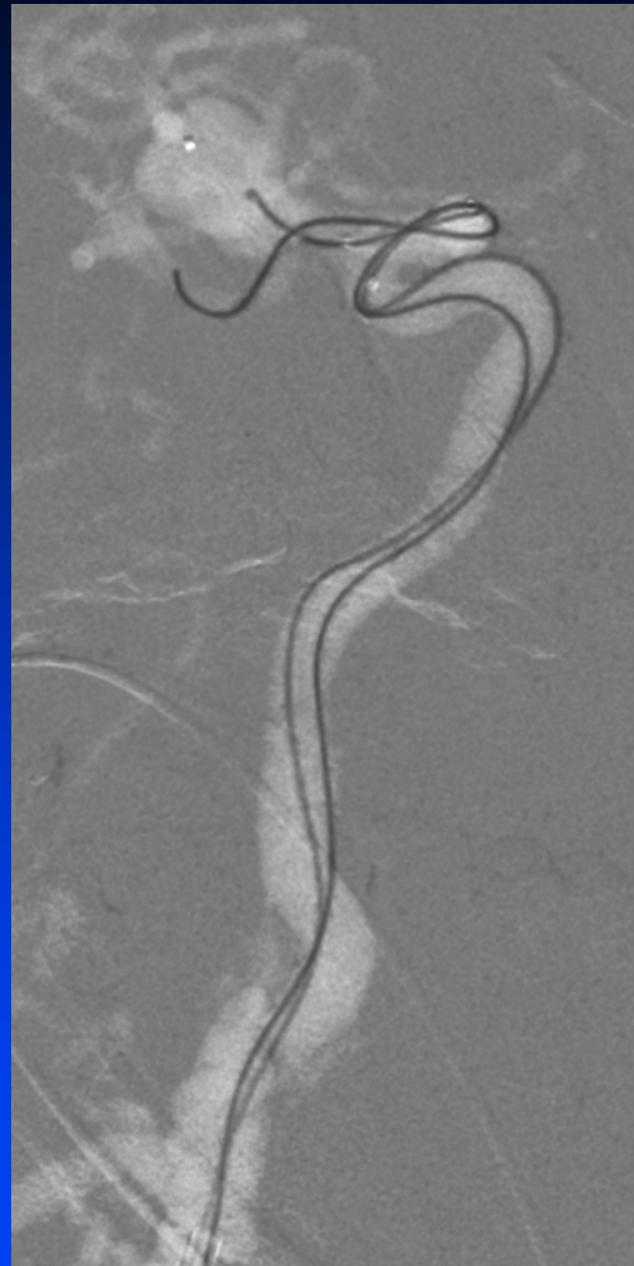
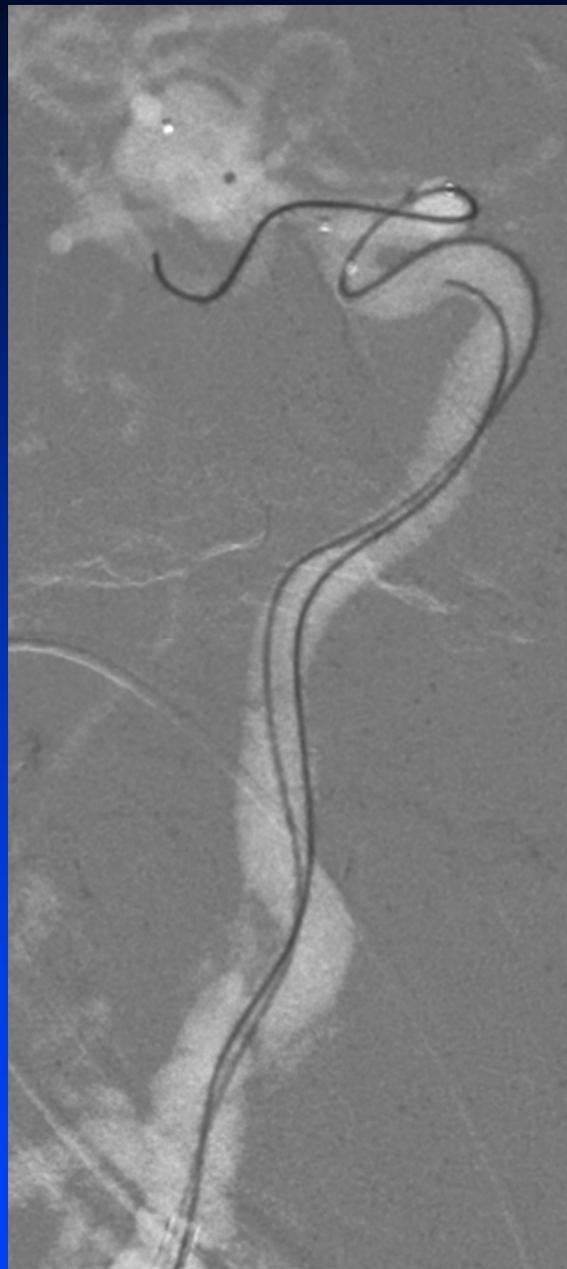
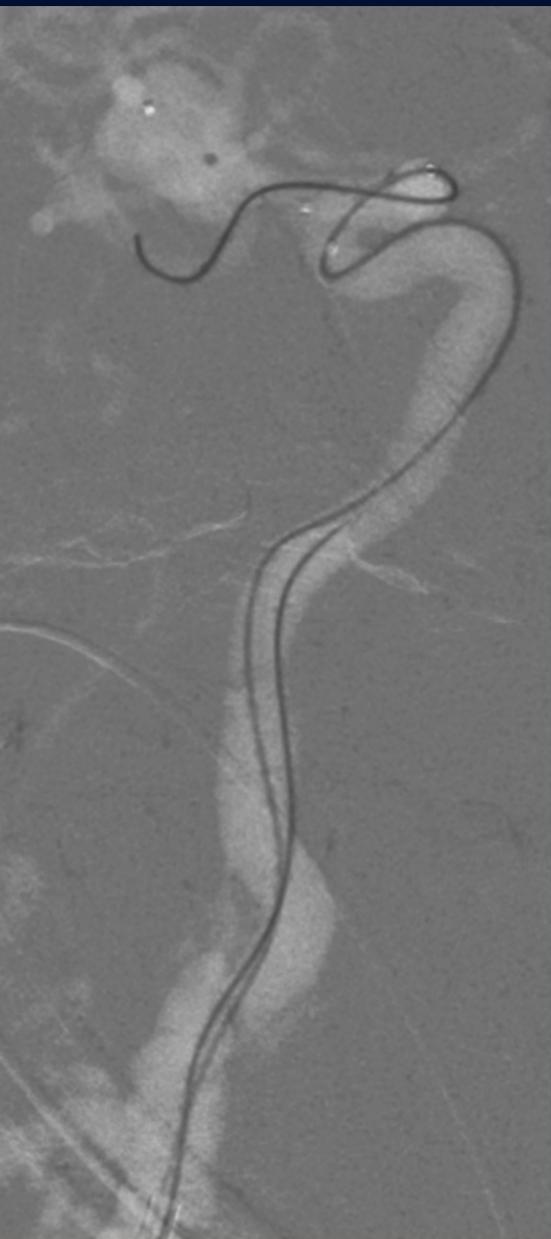
Iperteresa

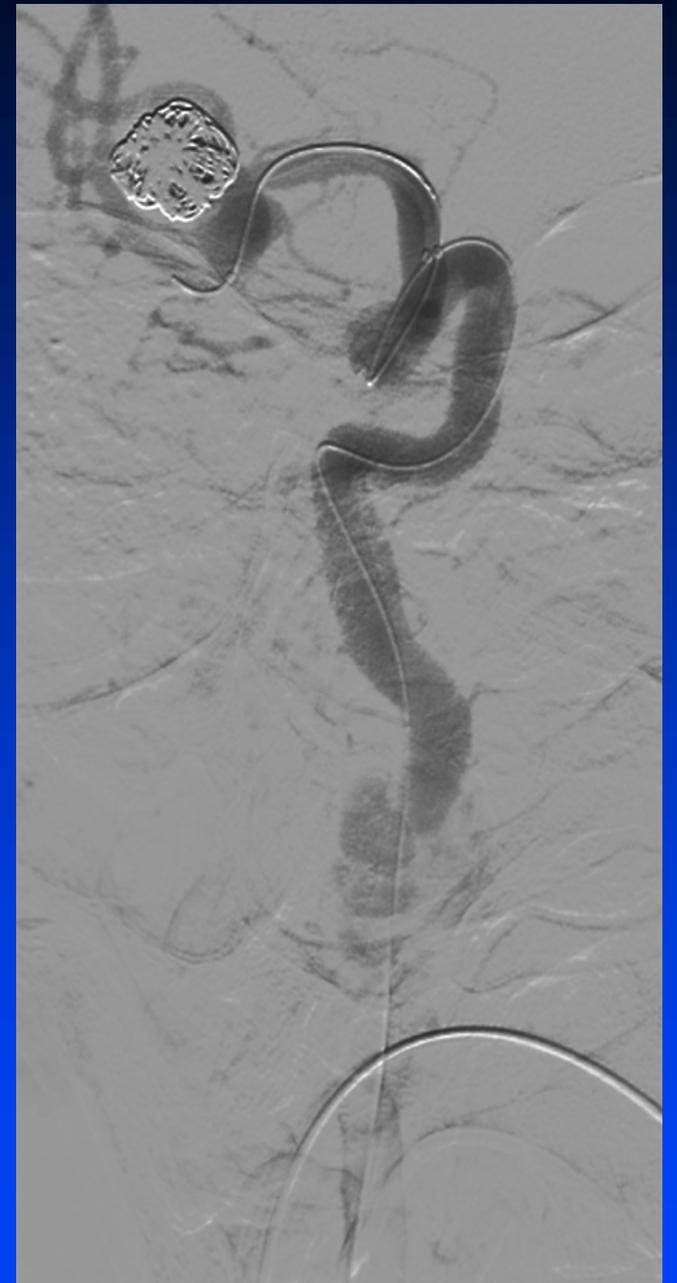
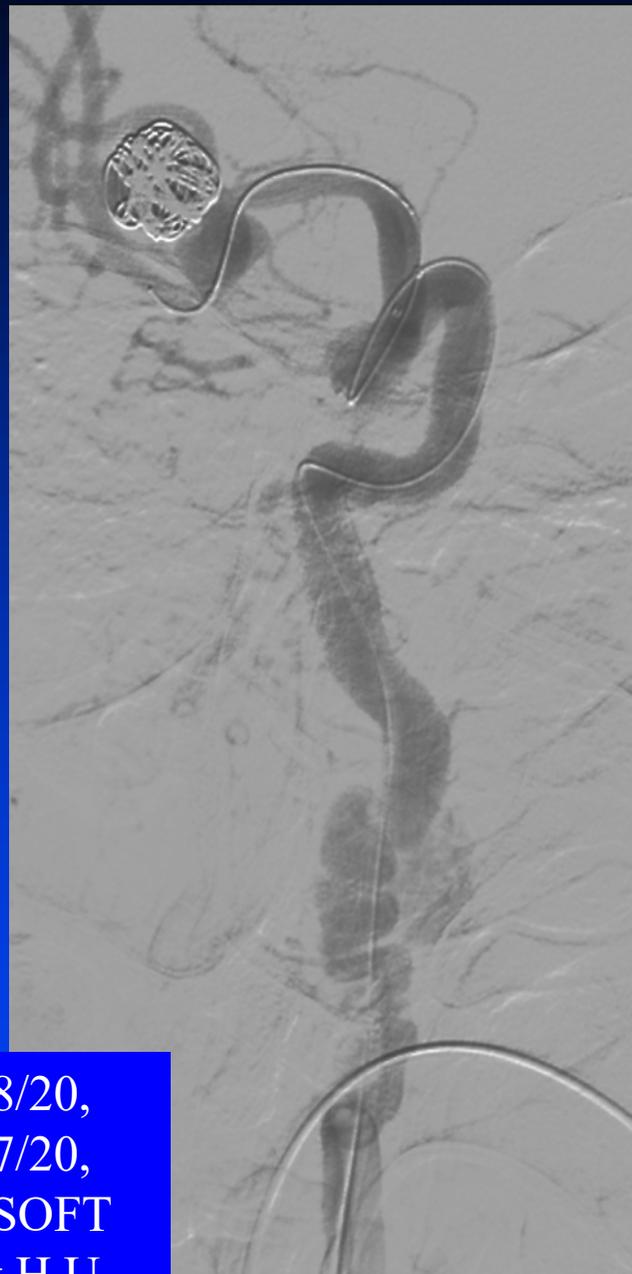
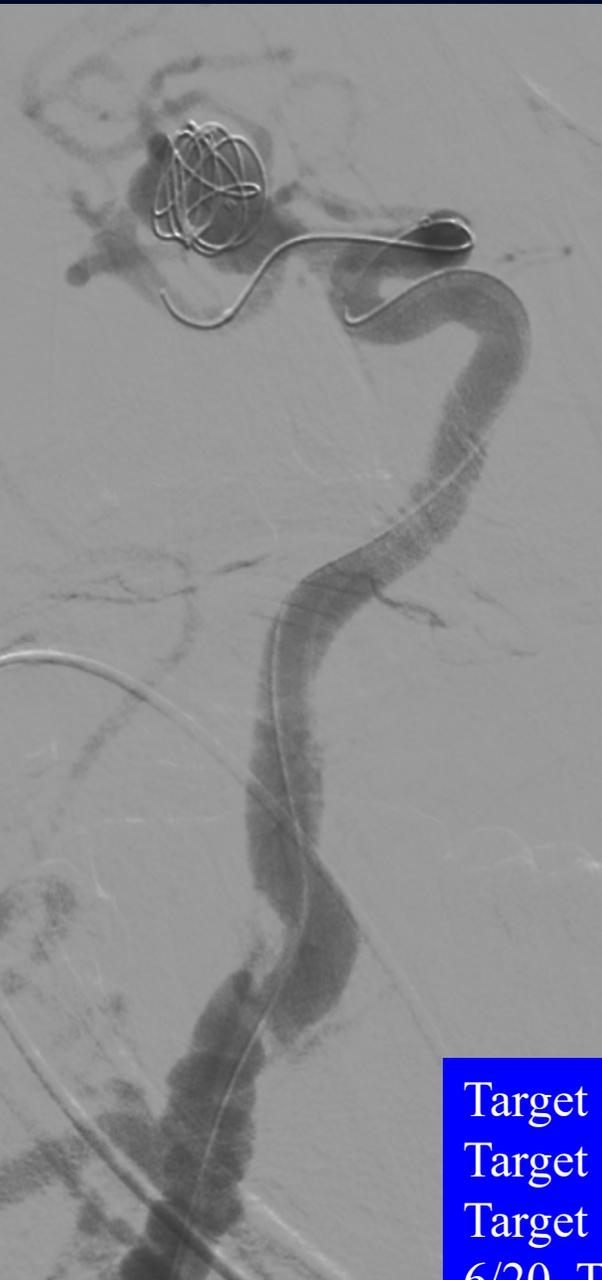
Giunge per ESA da latro nosocomio



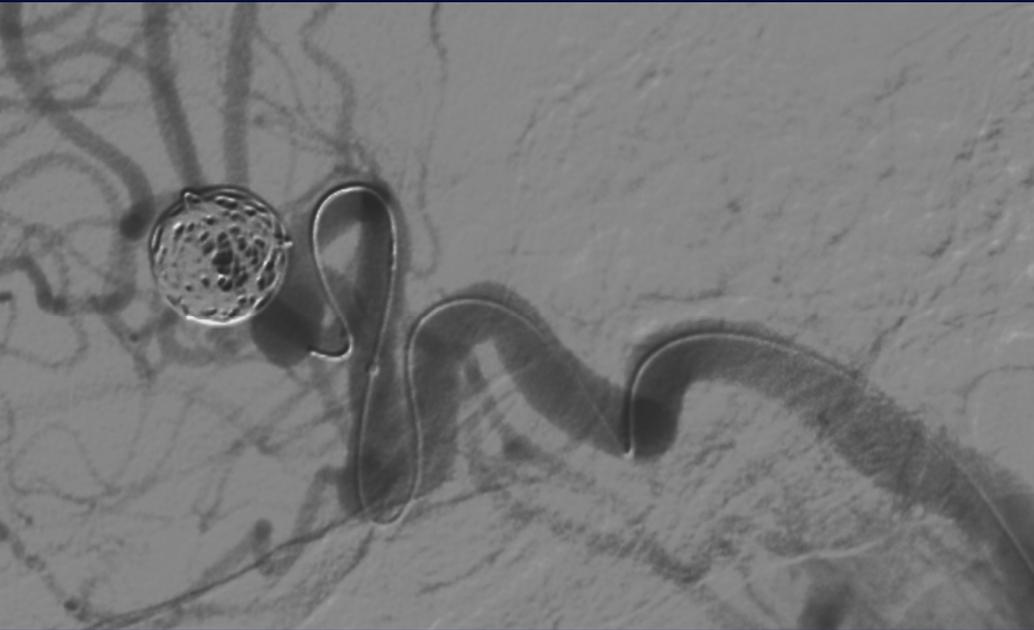


aneurisma della
biforcazione dell'arteria
cerebrale media dx bilobato

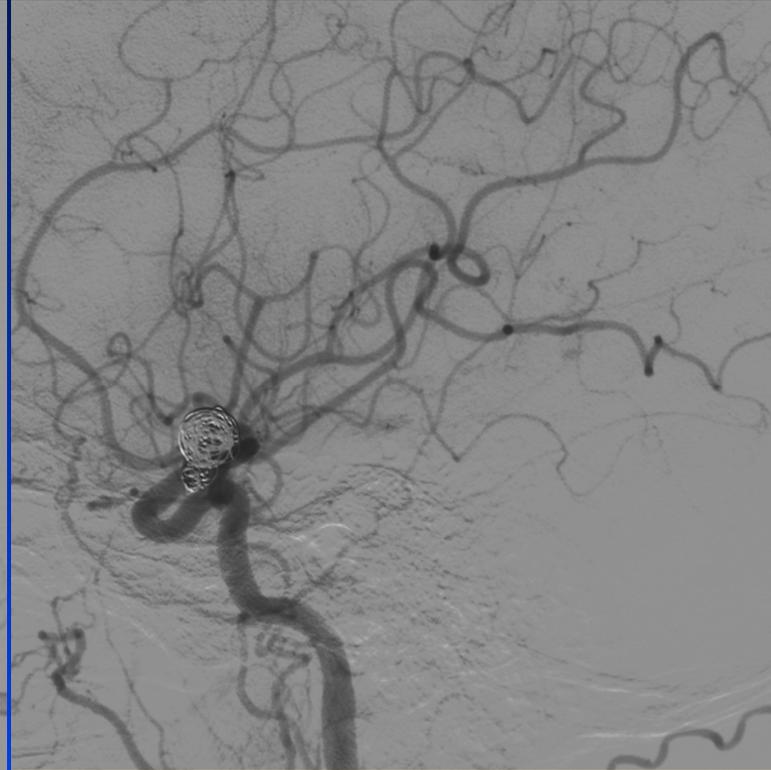
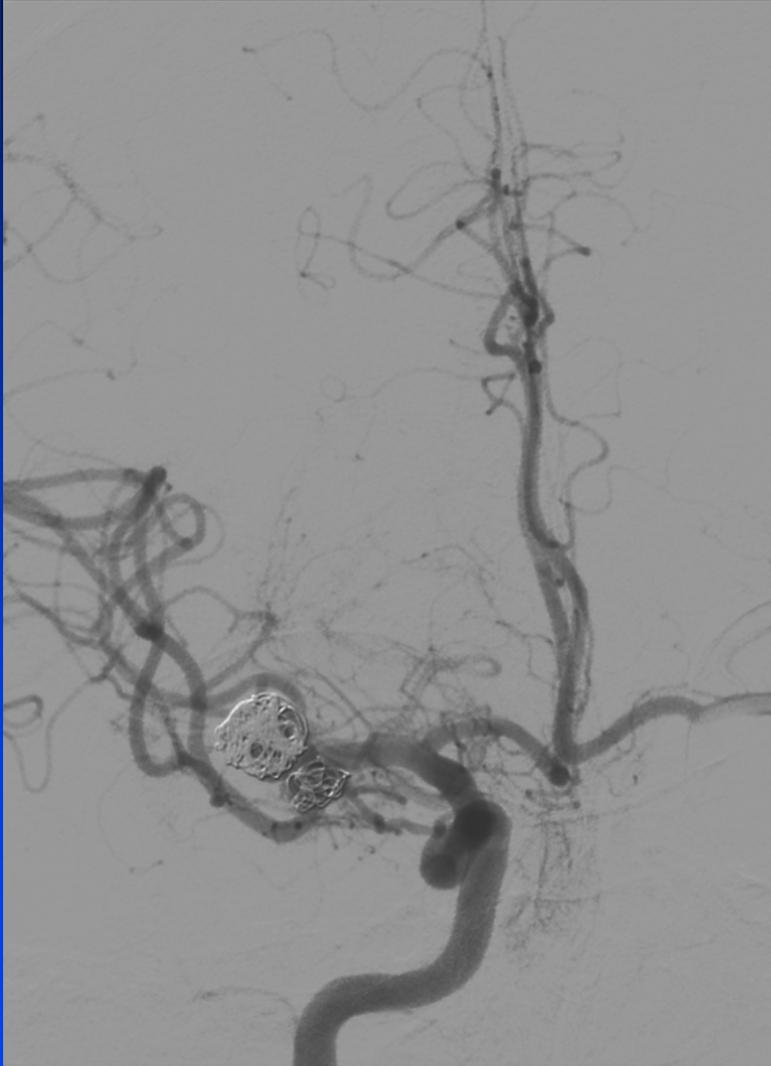
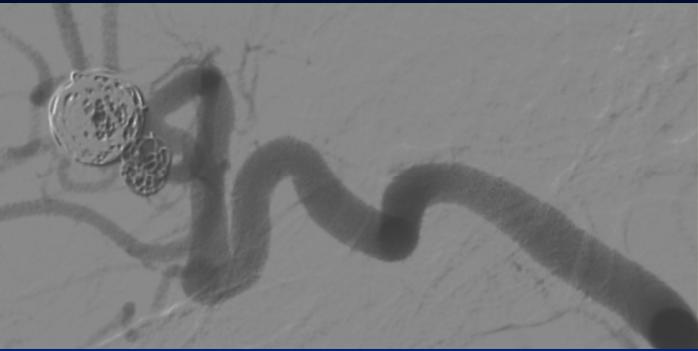




Target 360 8/20,
Target 360 7/20,
Target 360 SOFT
6/20, Target H U
4/15



Target 3D 4/8
Target H U
2/8.



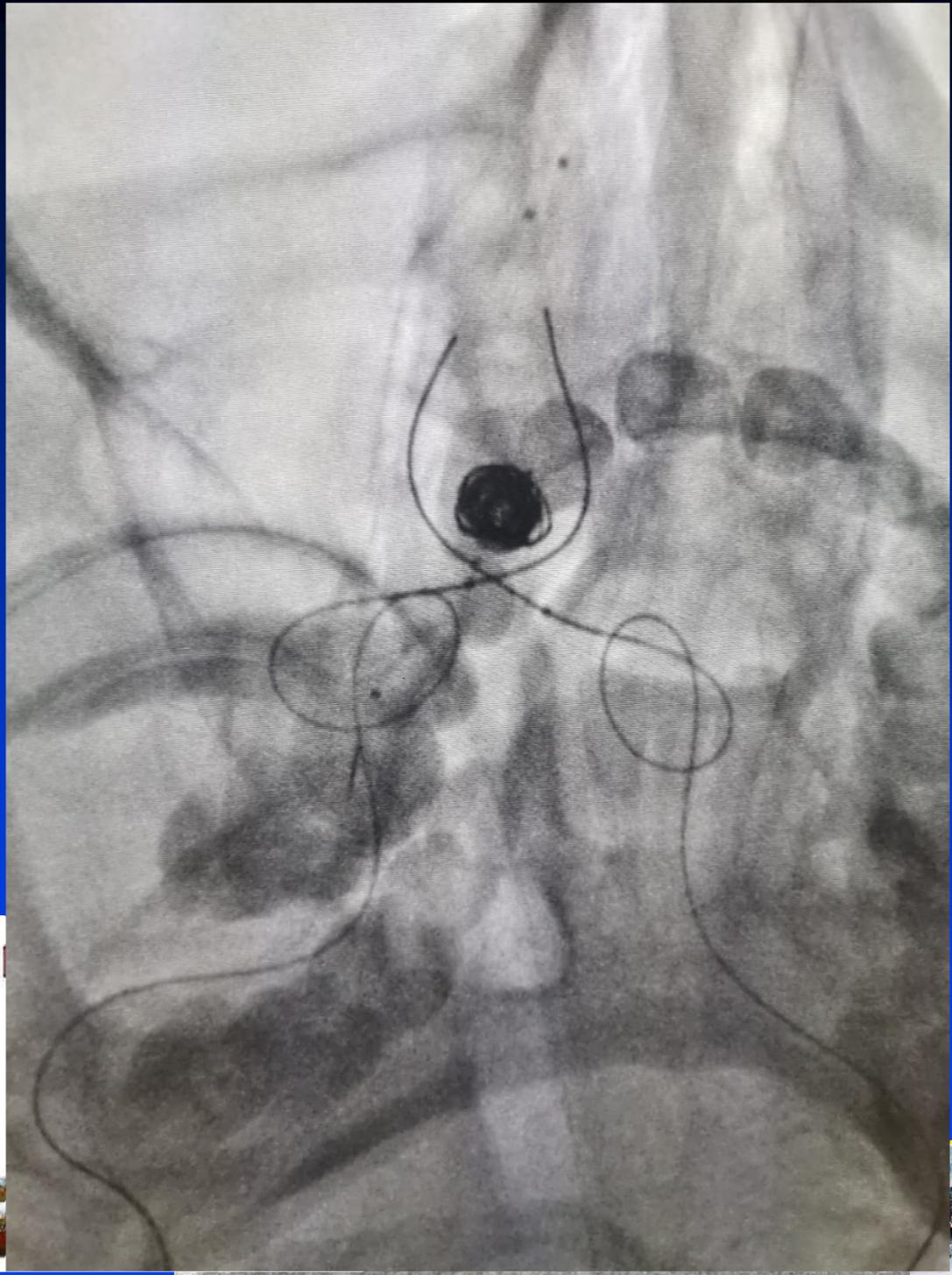
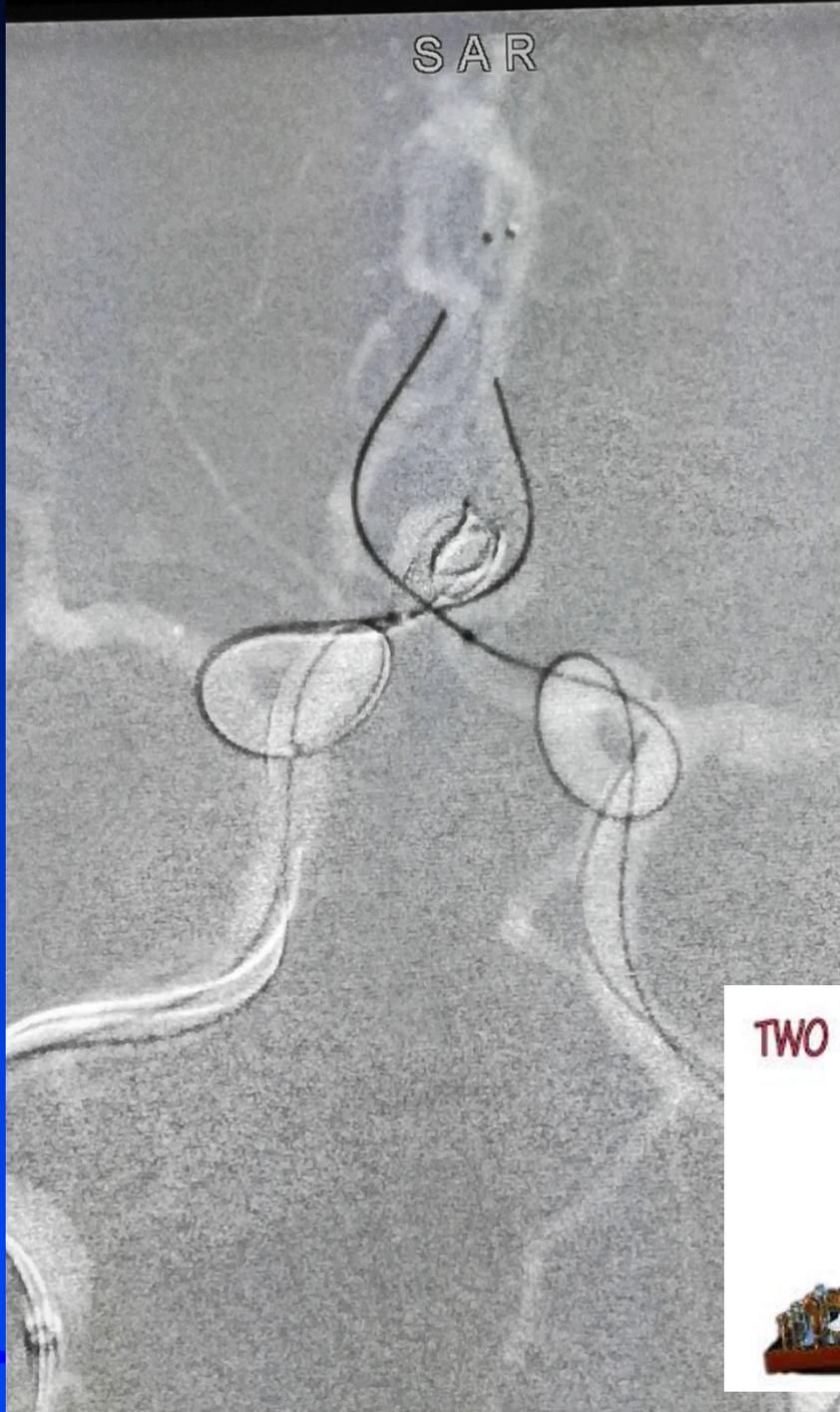
Controllo a 9 mesi..





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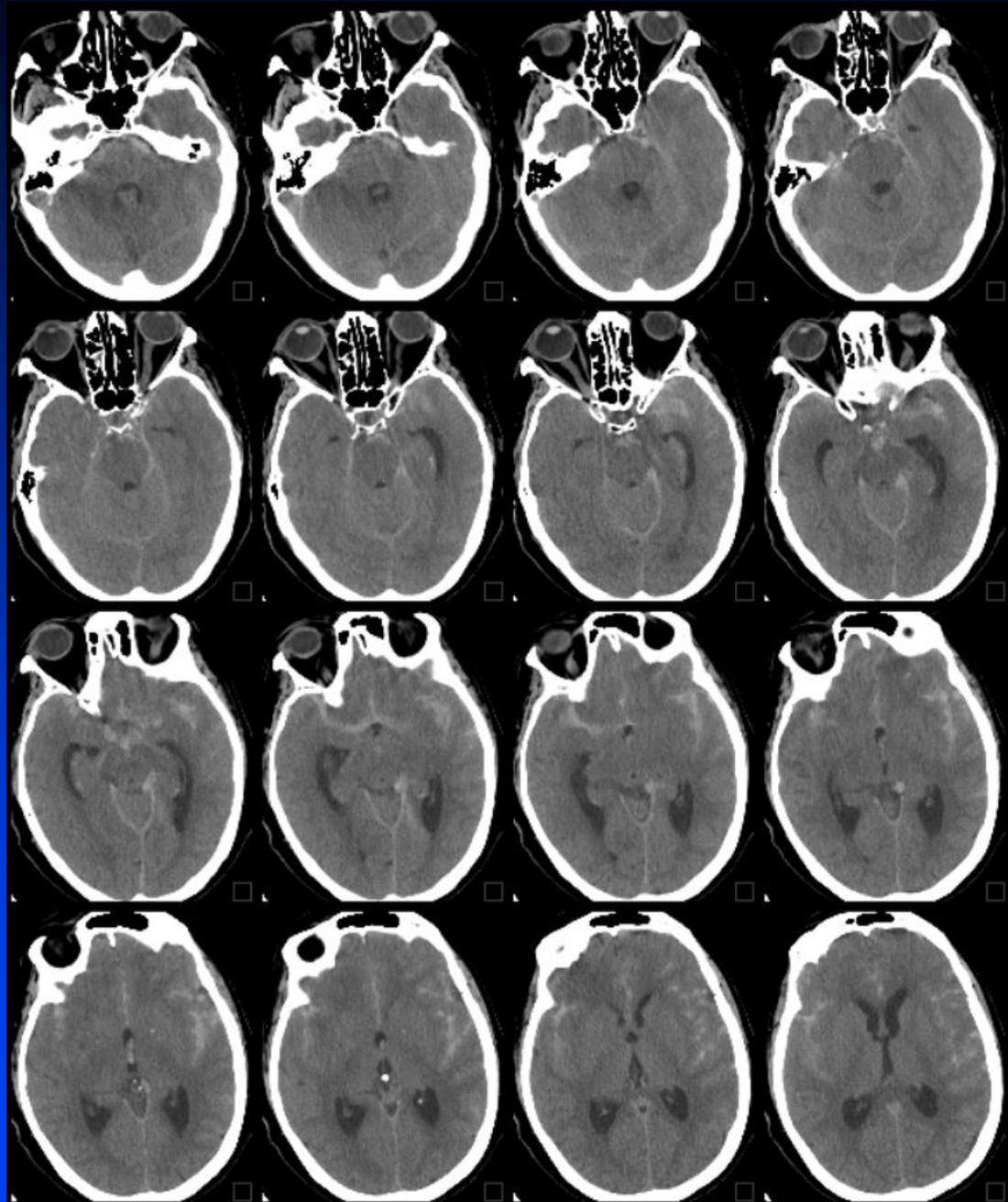




TWO

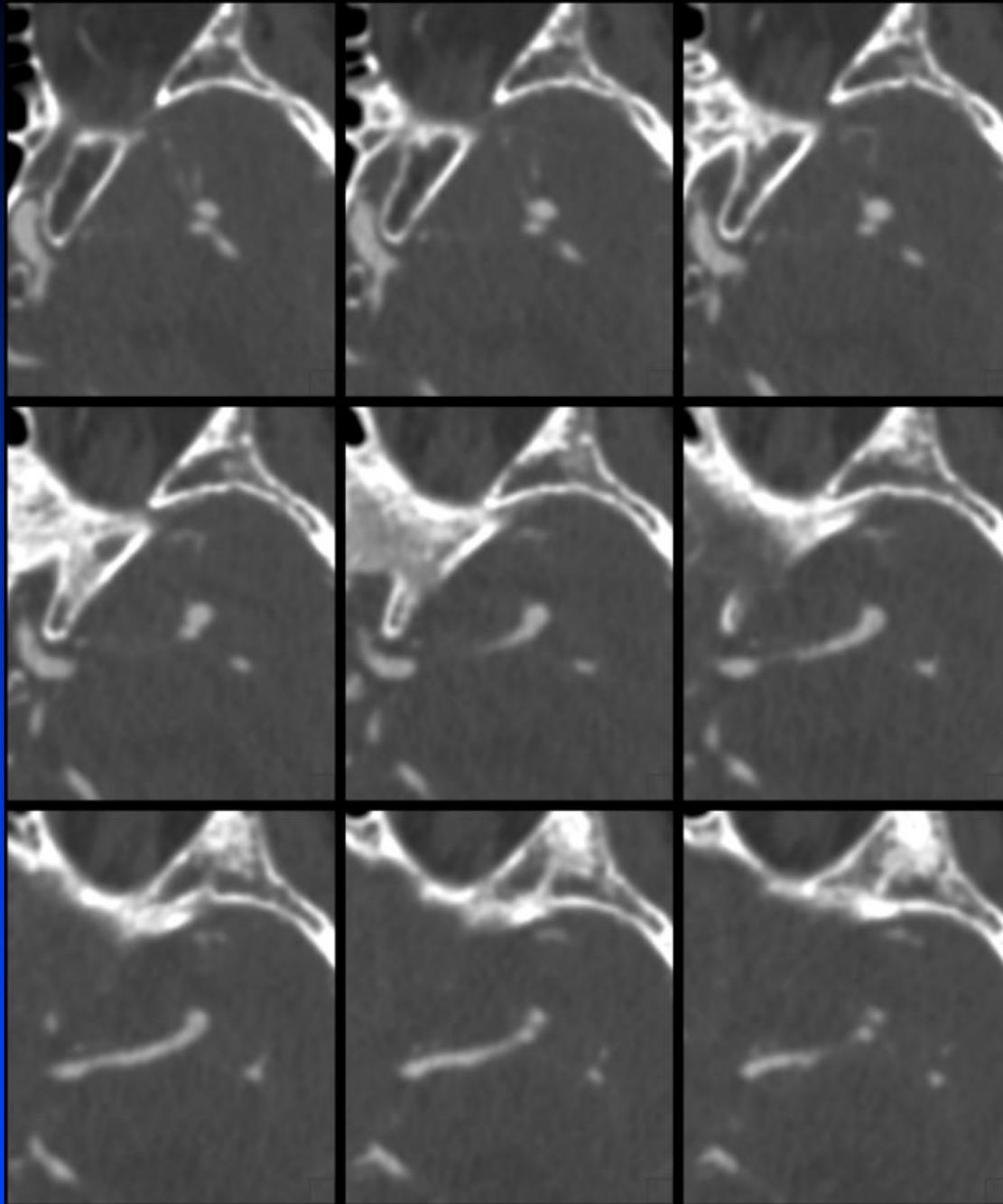


Donna 65 anni



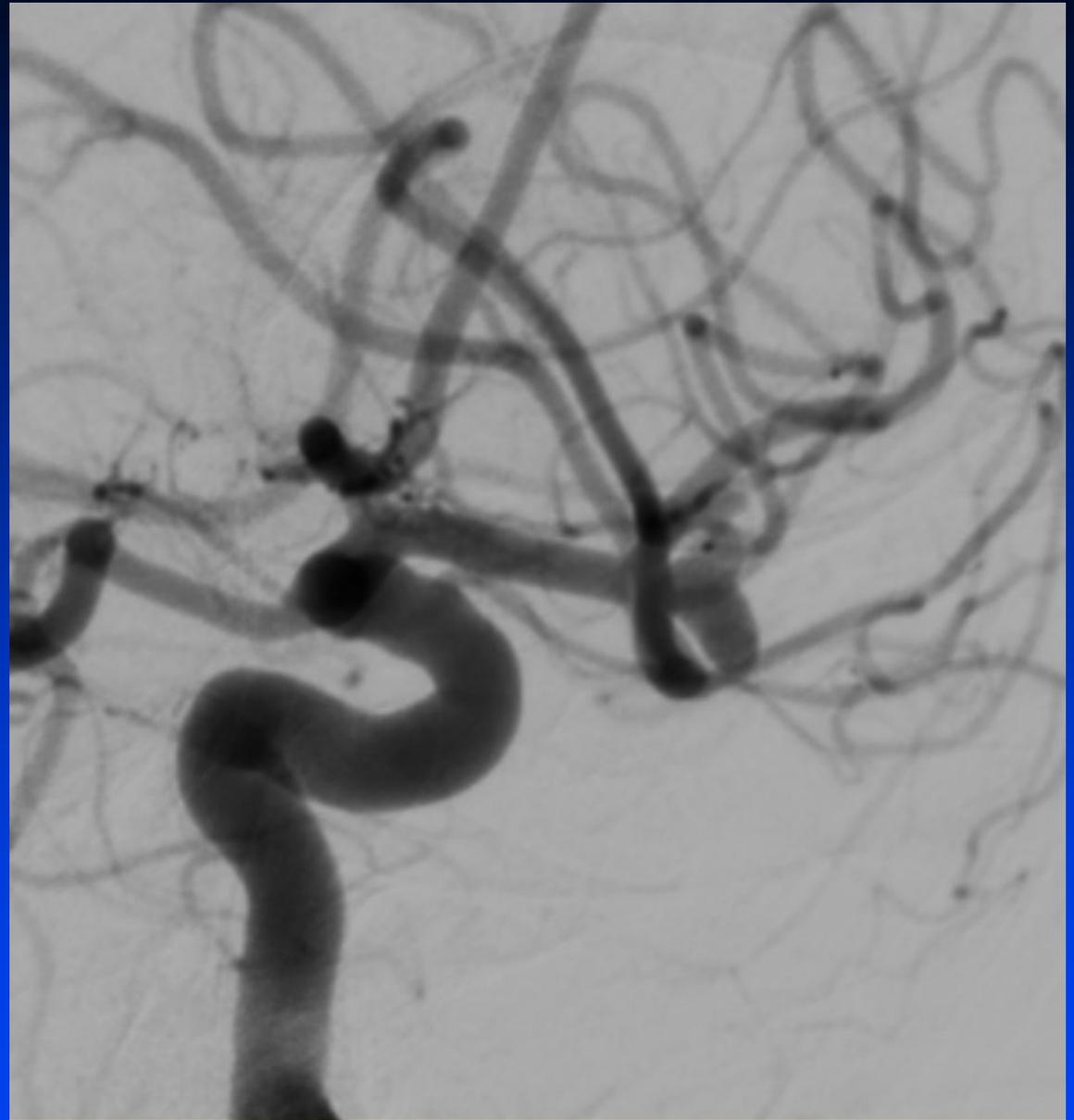
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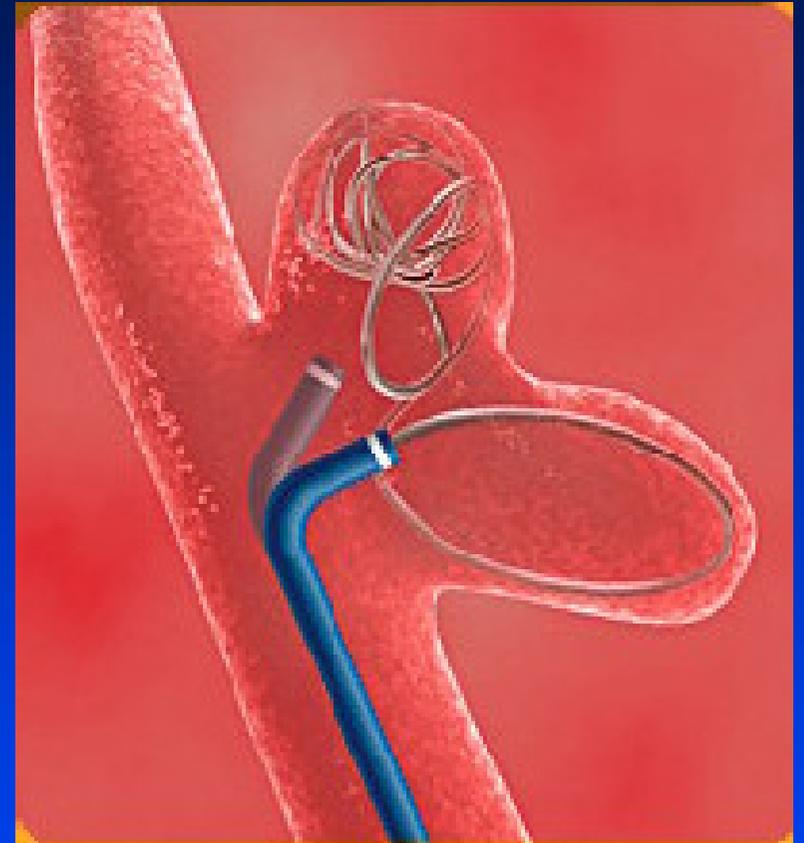
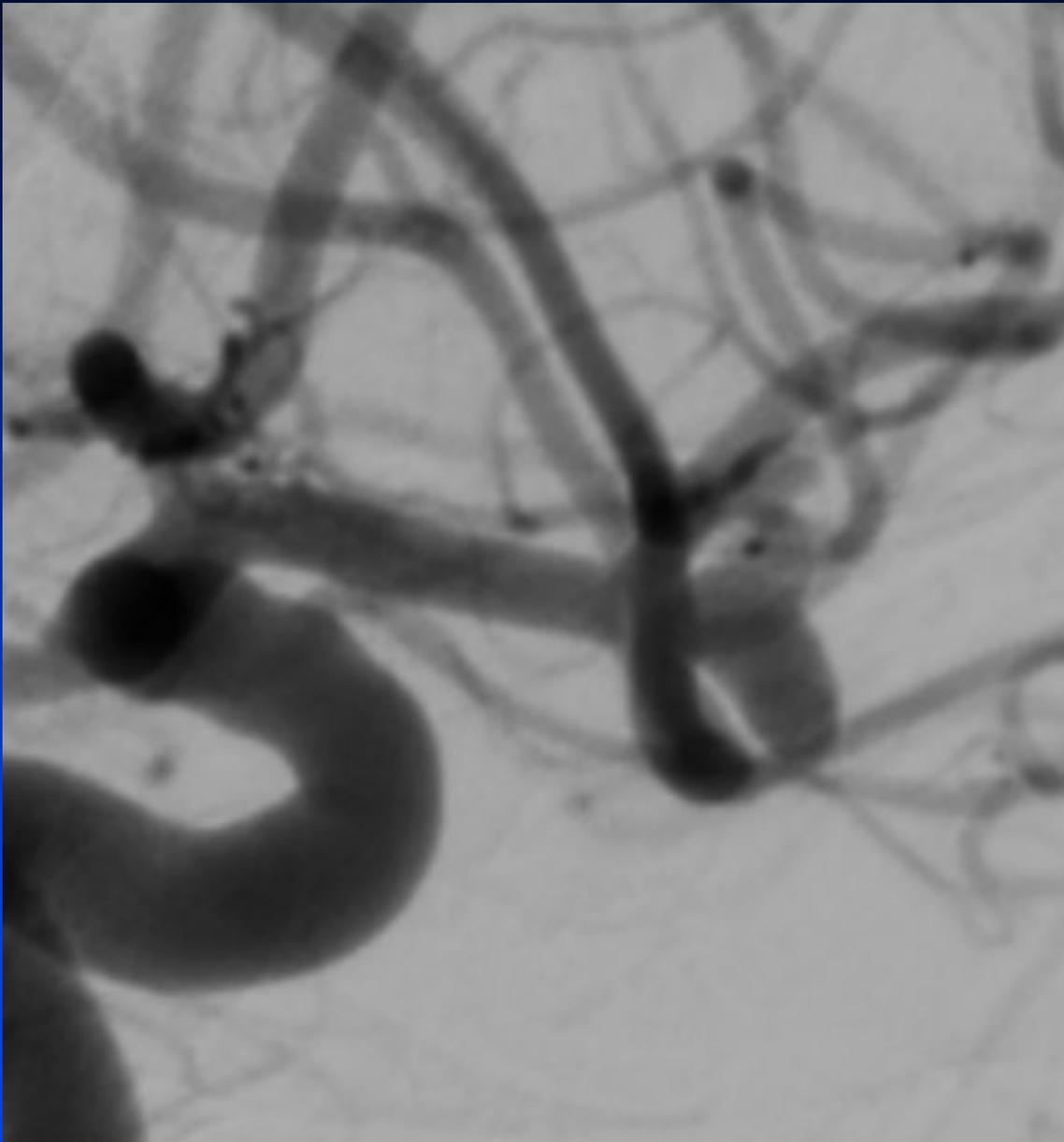




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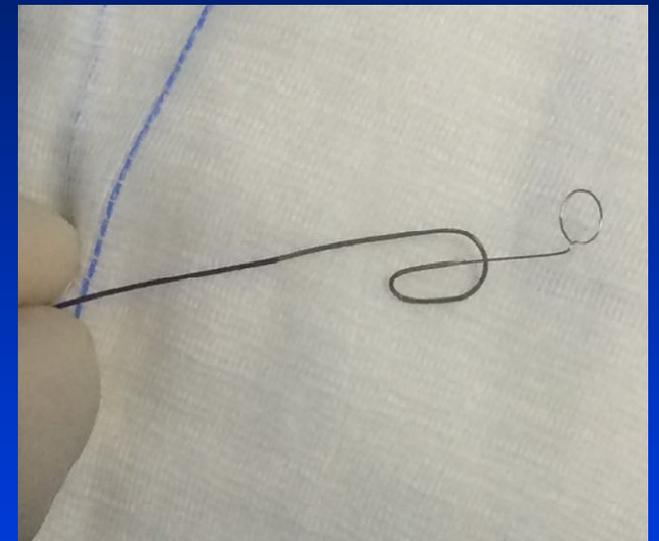
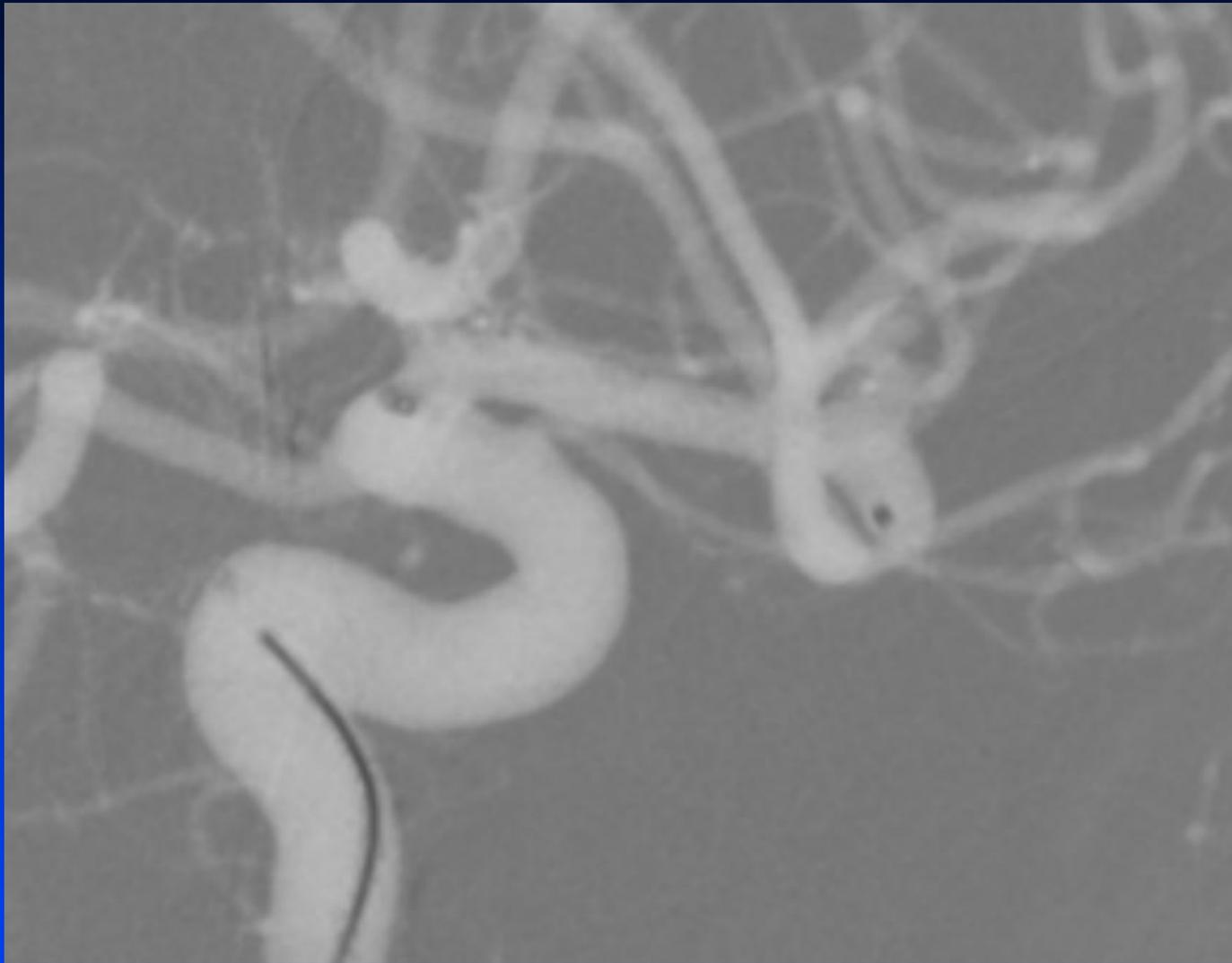


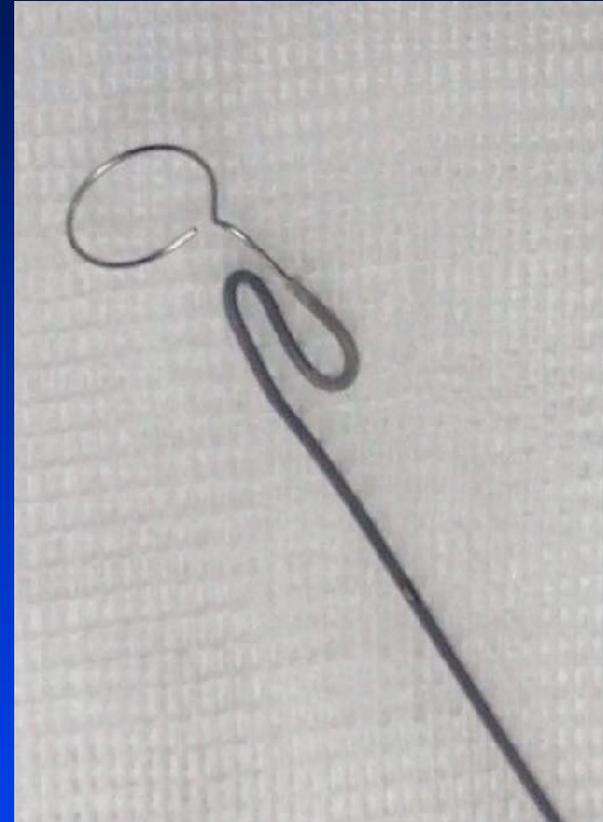
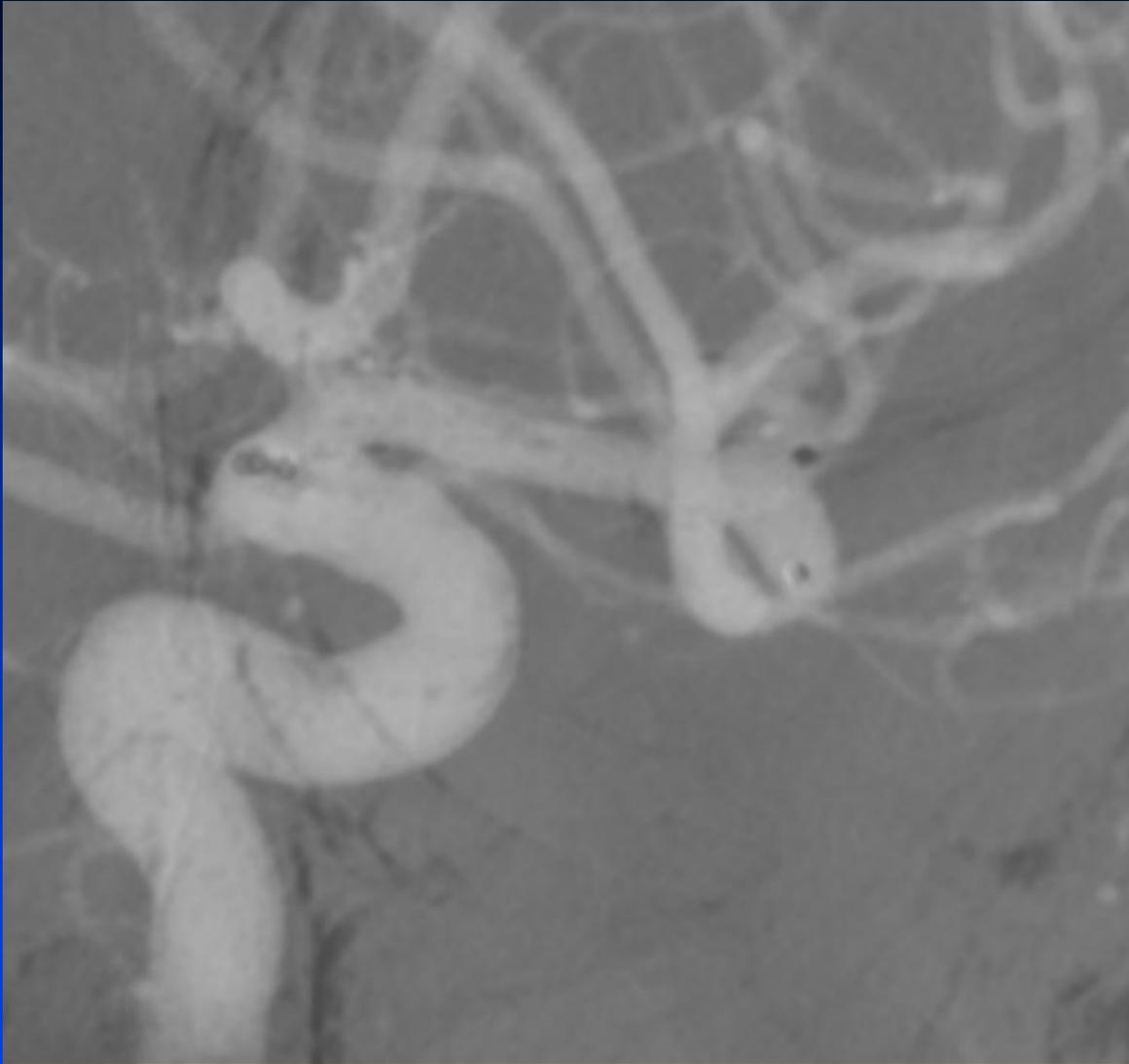




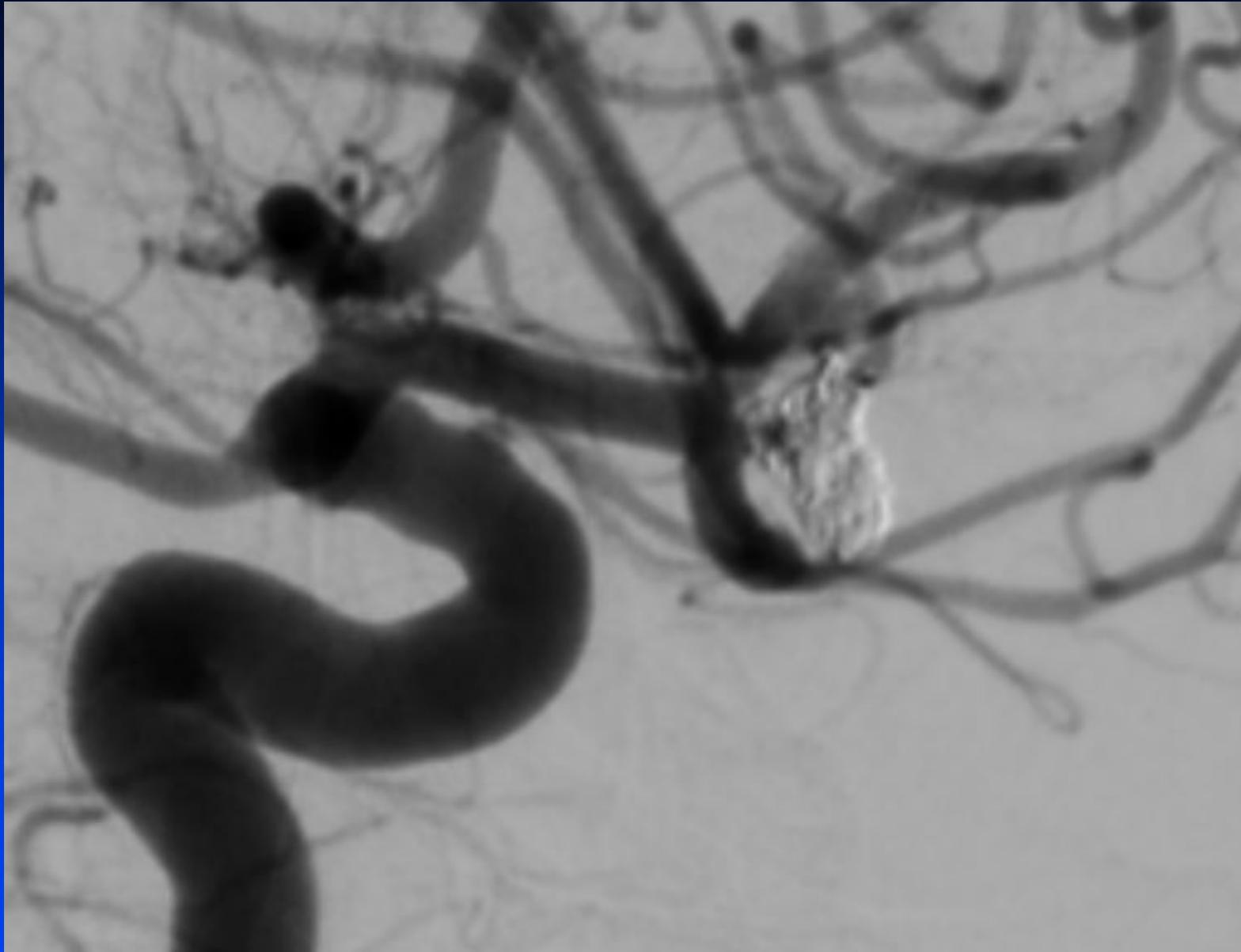
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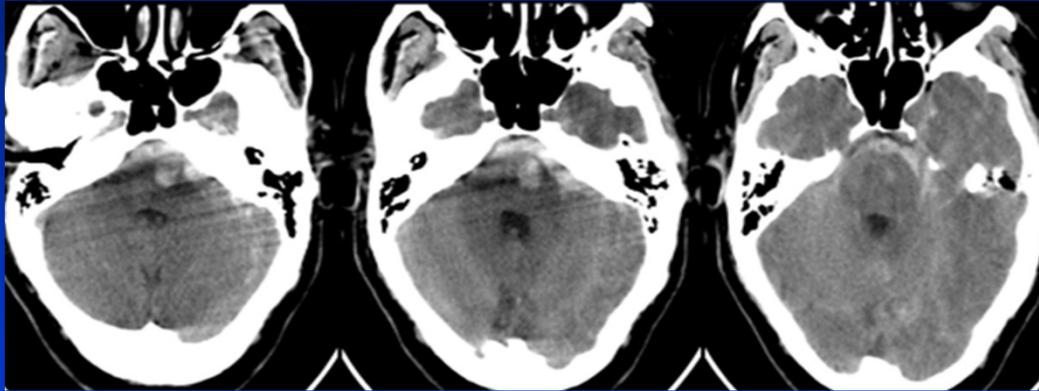




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Uomo 62 anni



SINDROMI ALTERNE:

B. Sindromi PONTINE

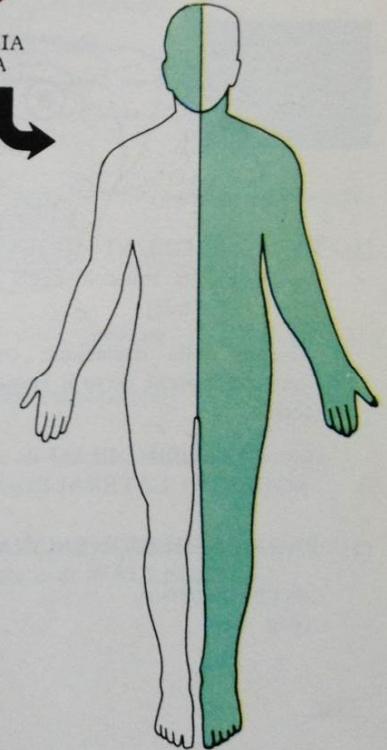
(1) SINDROME DI MILLARD-GUBLER (EMIPLEGIA ALTERNA FACCIALE)

sede della lesione: ponte (porzione caudale) (pag. 845)

SEGNI OMOLATERALI



SEGNI CONTROLATERALI



PARALISI DEL VII (FACCIALE)

di tipo *periferico* e del VI (abducente)

= interessamento del *facciale superiore*:

— incapacità a corrugare la fronte

— *lagoftalmo*: incapacità a chiudere l'occhio

— fenomeno di BELL

occhio ruotato in alto e all'esterno (fenomeno che si osserva invitando il paziente a chiudere gli occhi) per l'innervazione associata del retto superiore

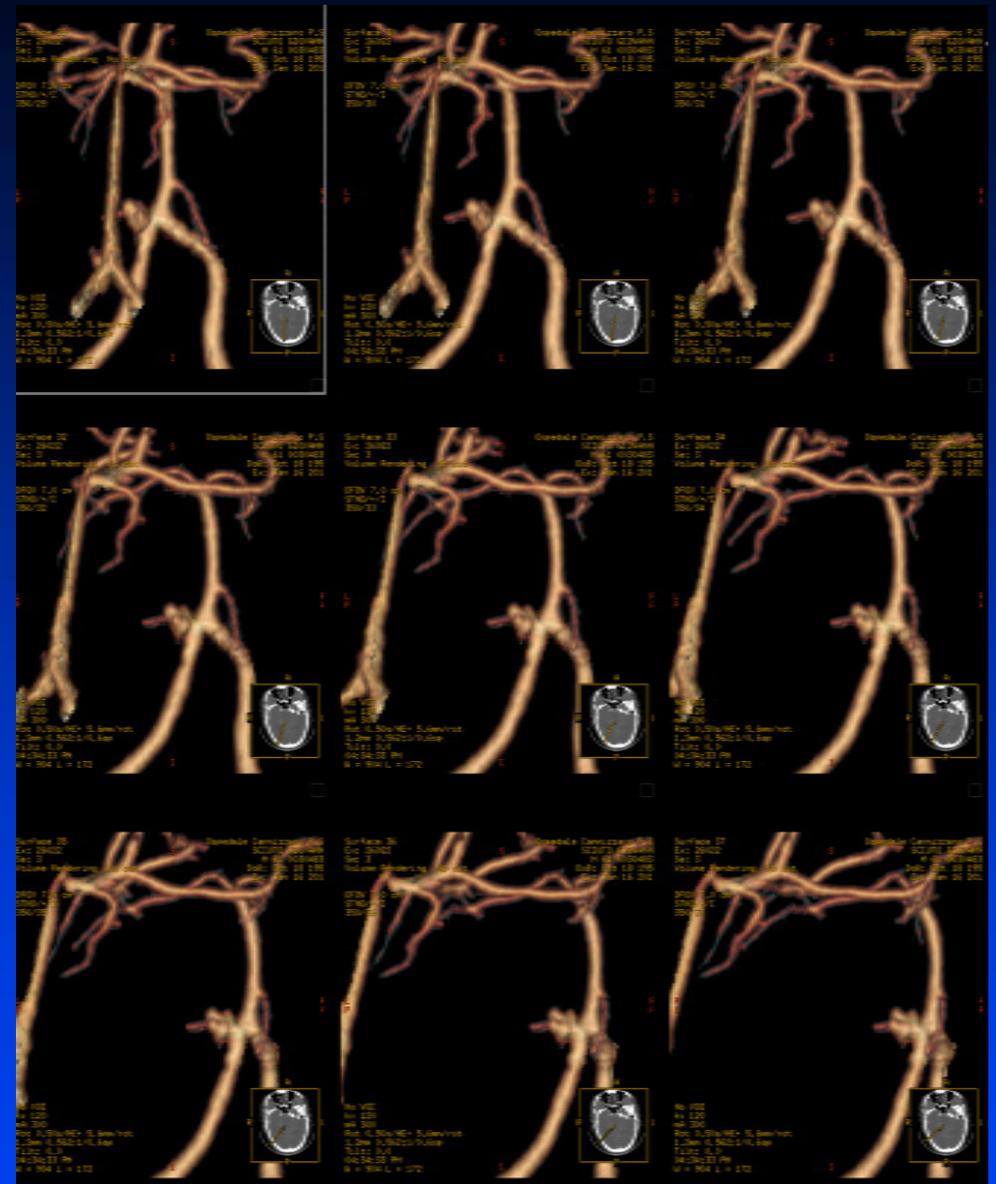
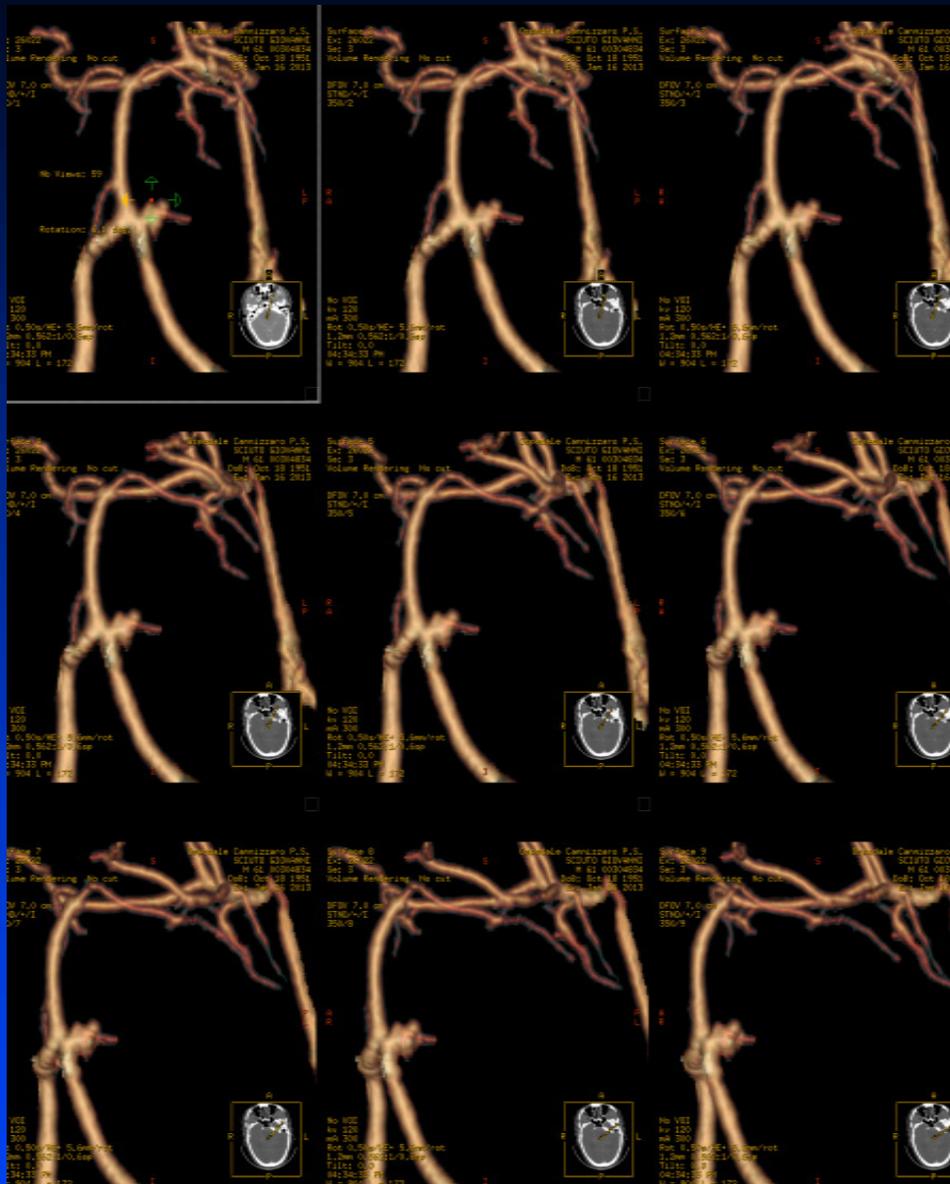
= interessamento del *facciale inferiore*:

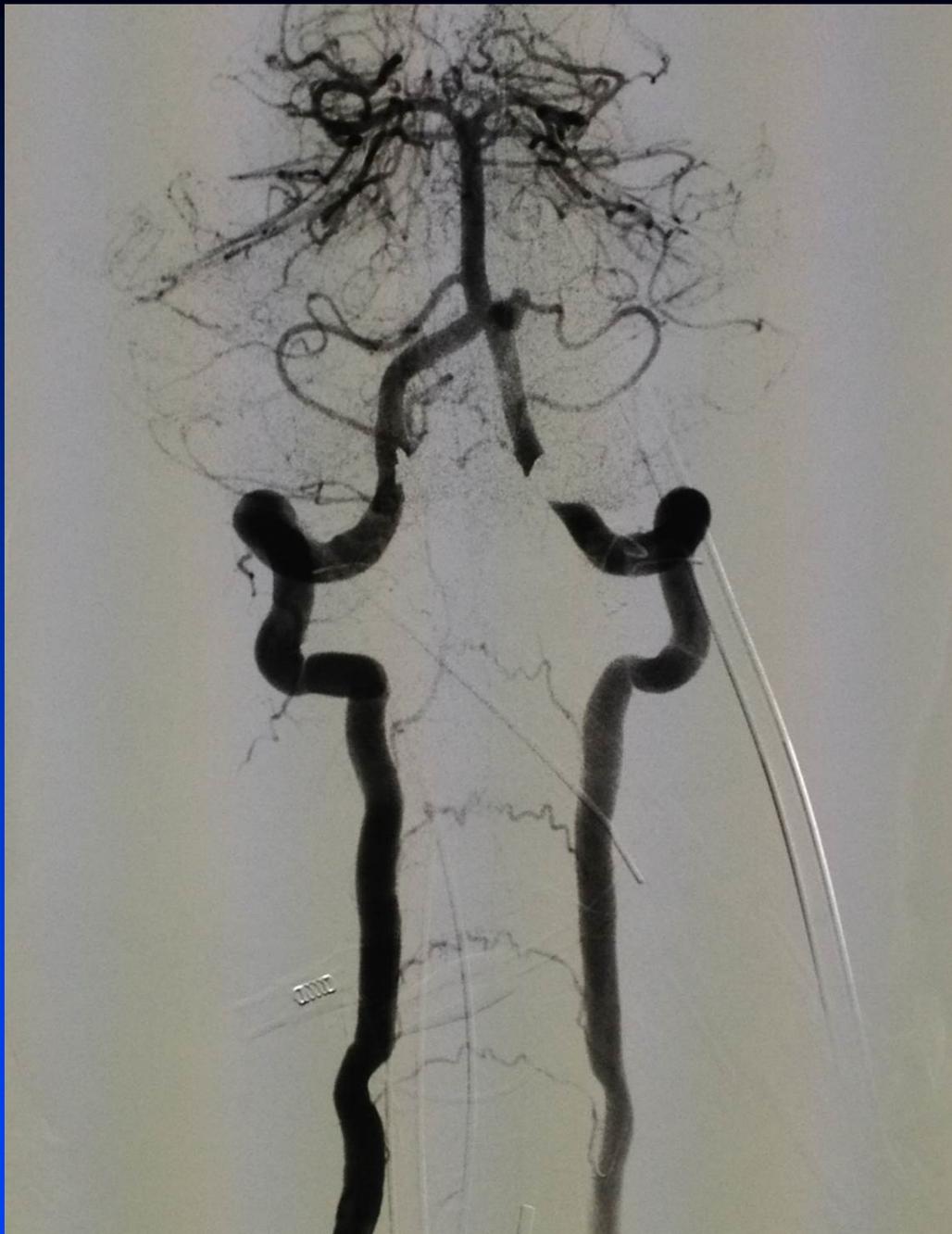
— incapacità a gonfiare le gote, a soffiare, a fischiare

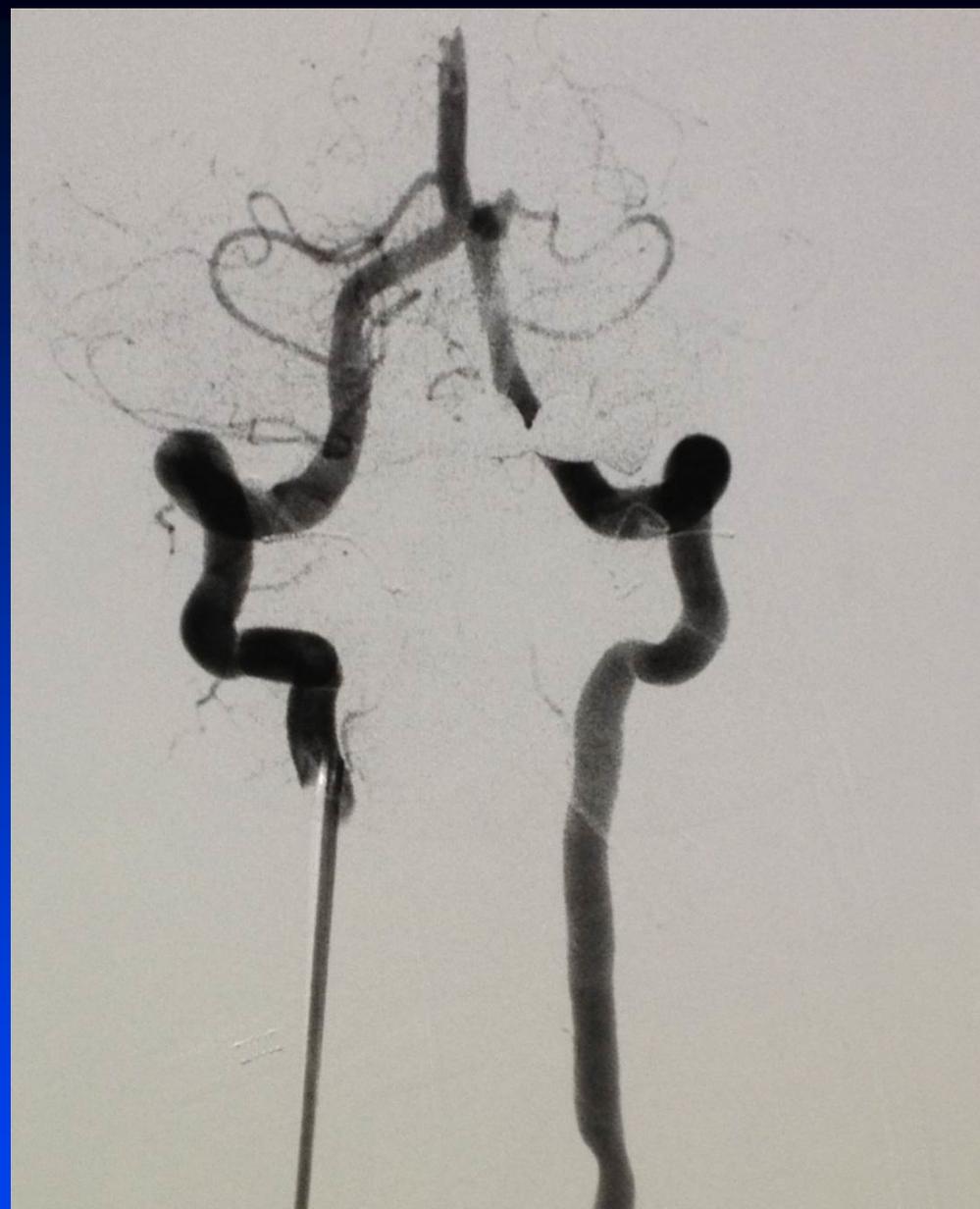
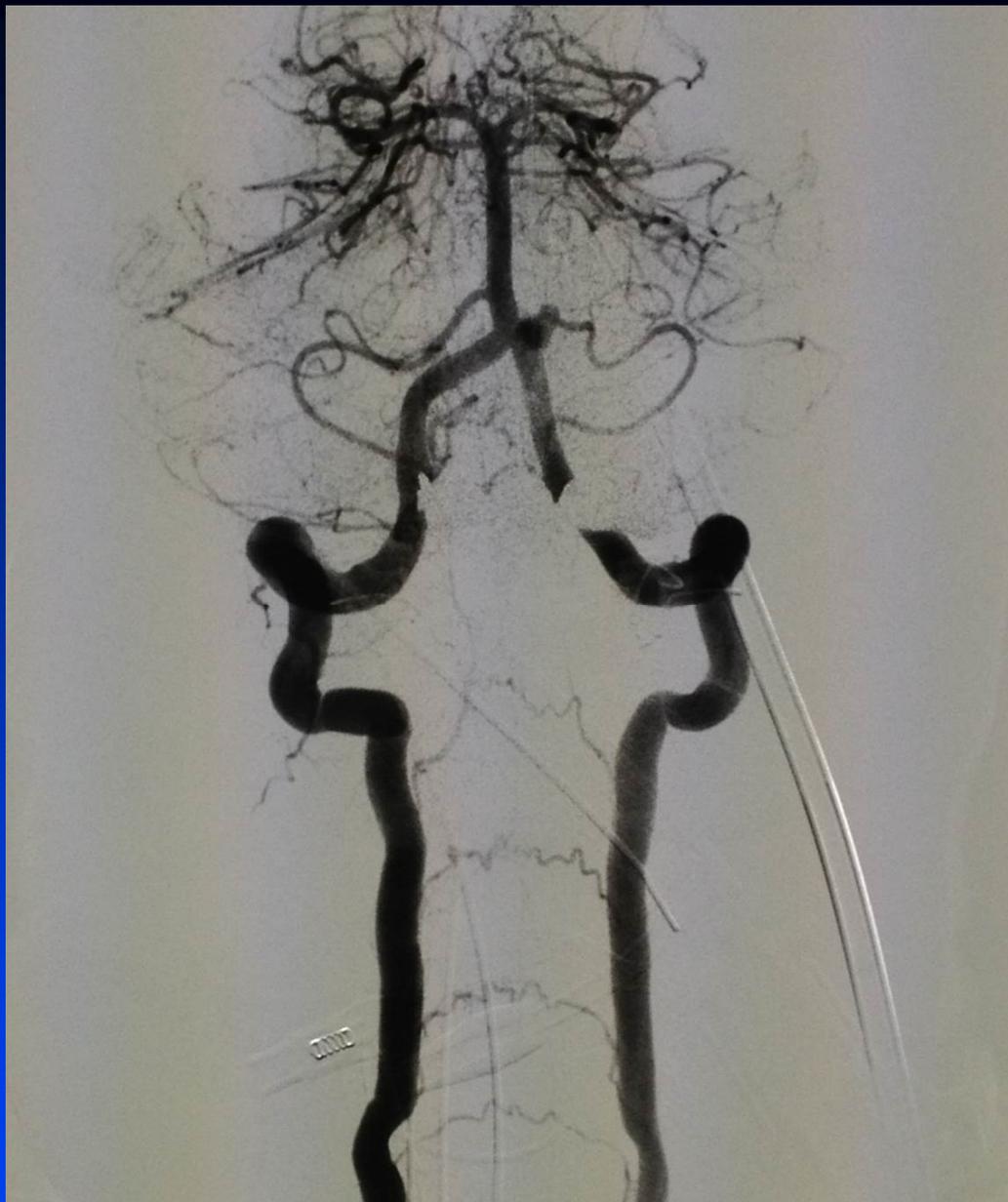
— plica nasolabiale spianata

— rima orale obliqua, con angolo labiale più basso

EMIPLEGIA
EMIANESTESIA



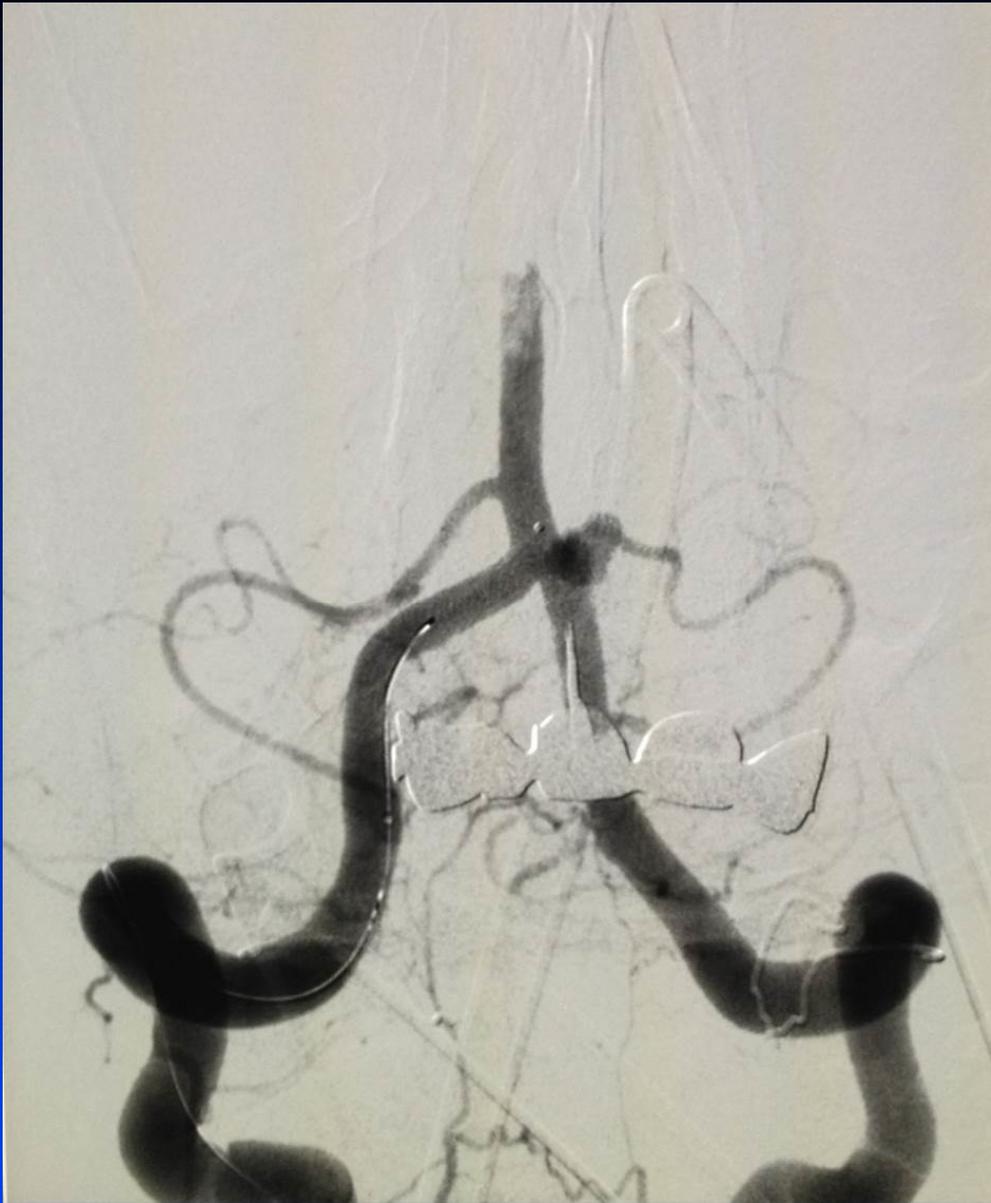




SCAMBIO

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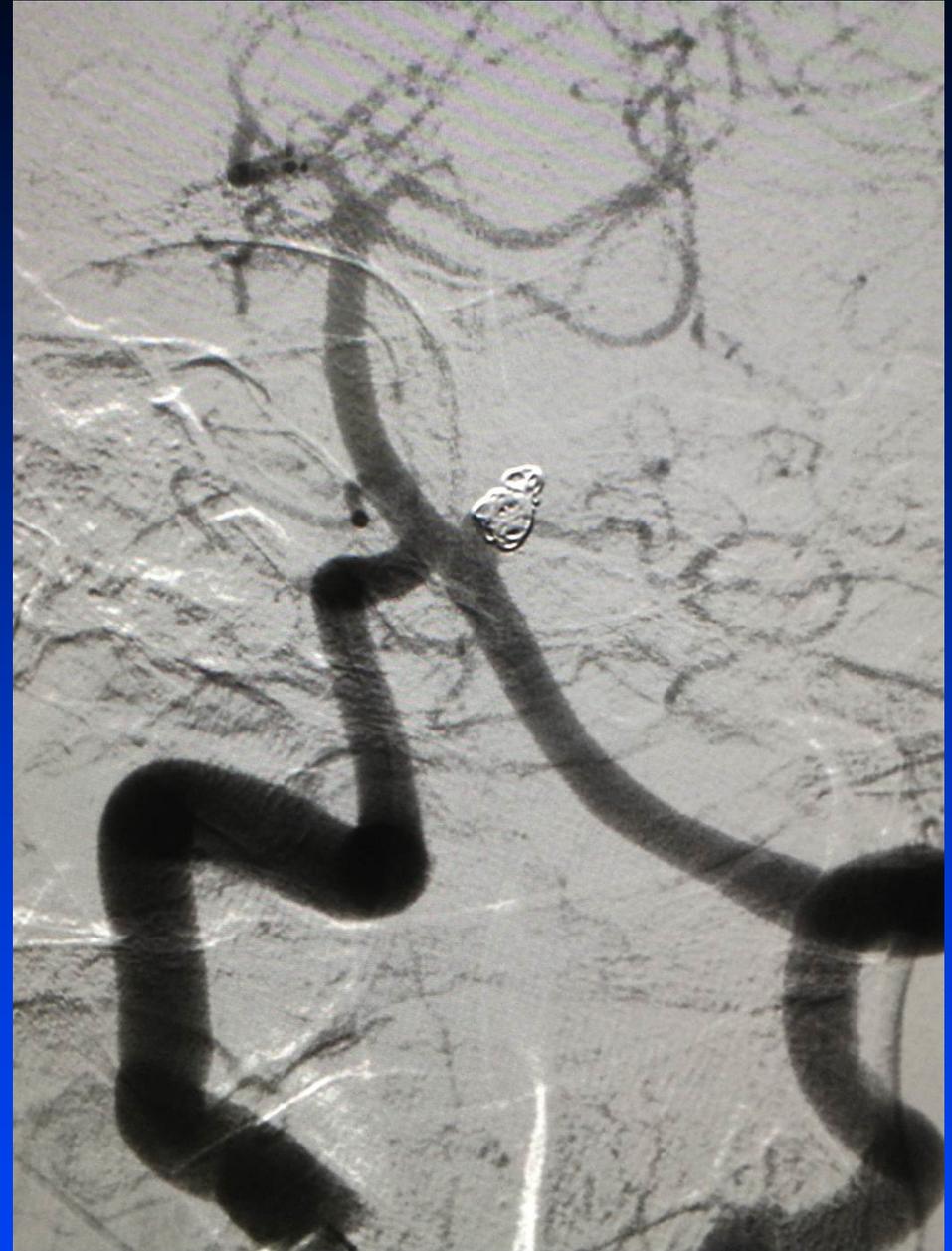




La scelta adeguata facilita il compito
Spirali ultra morbide

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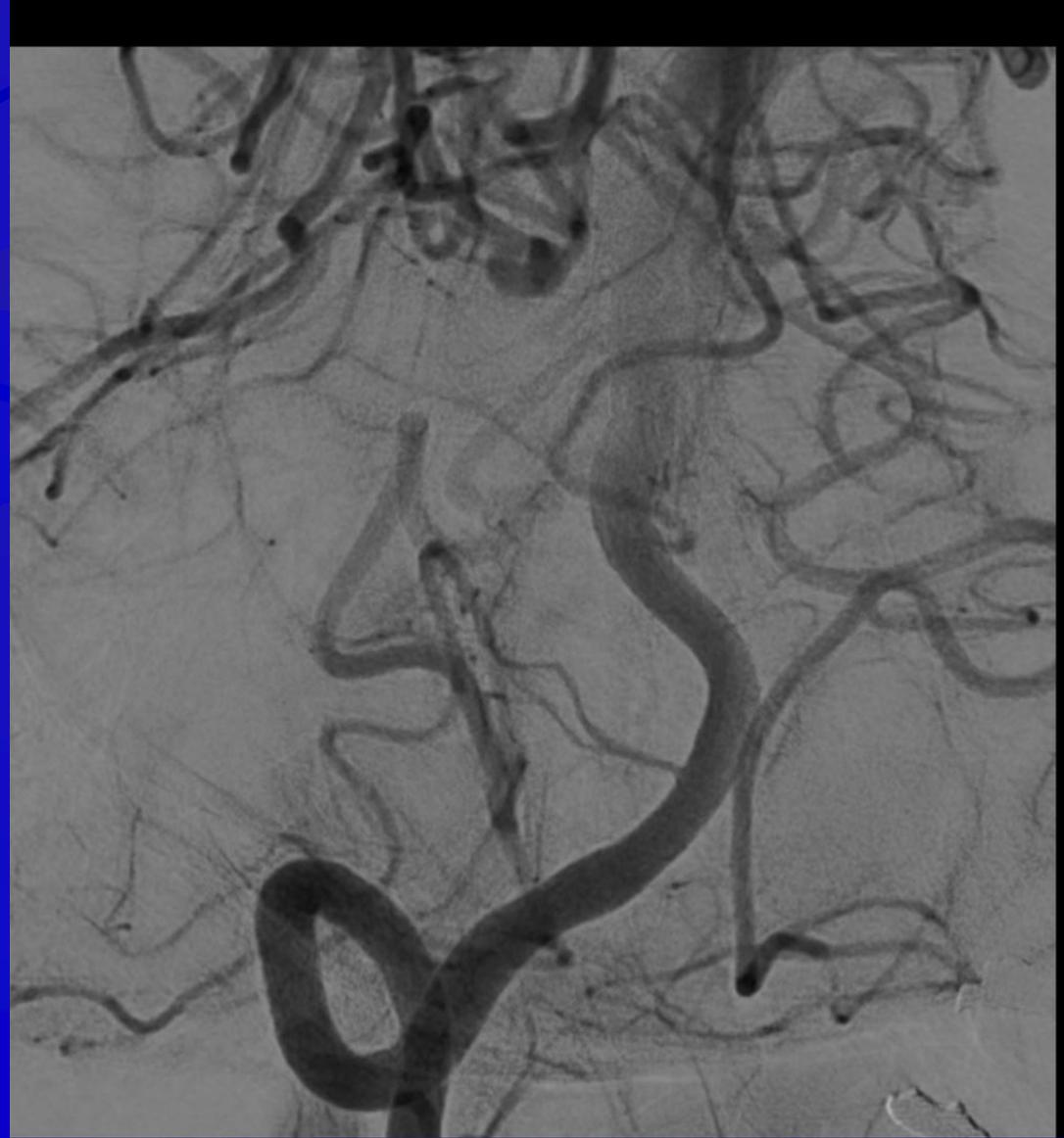
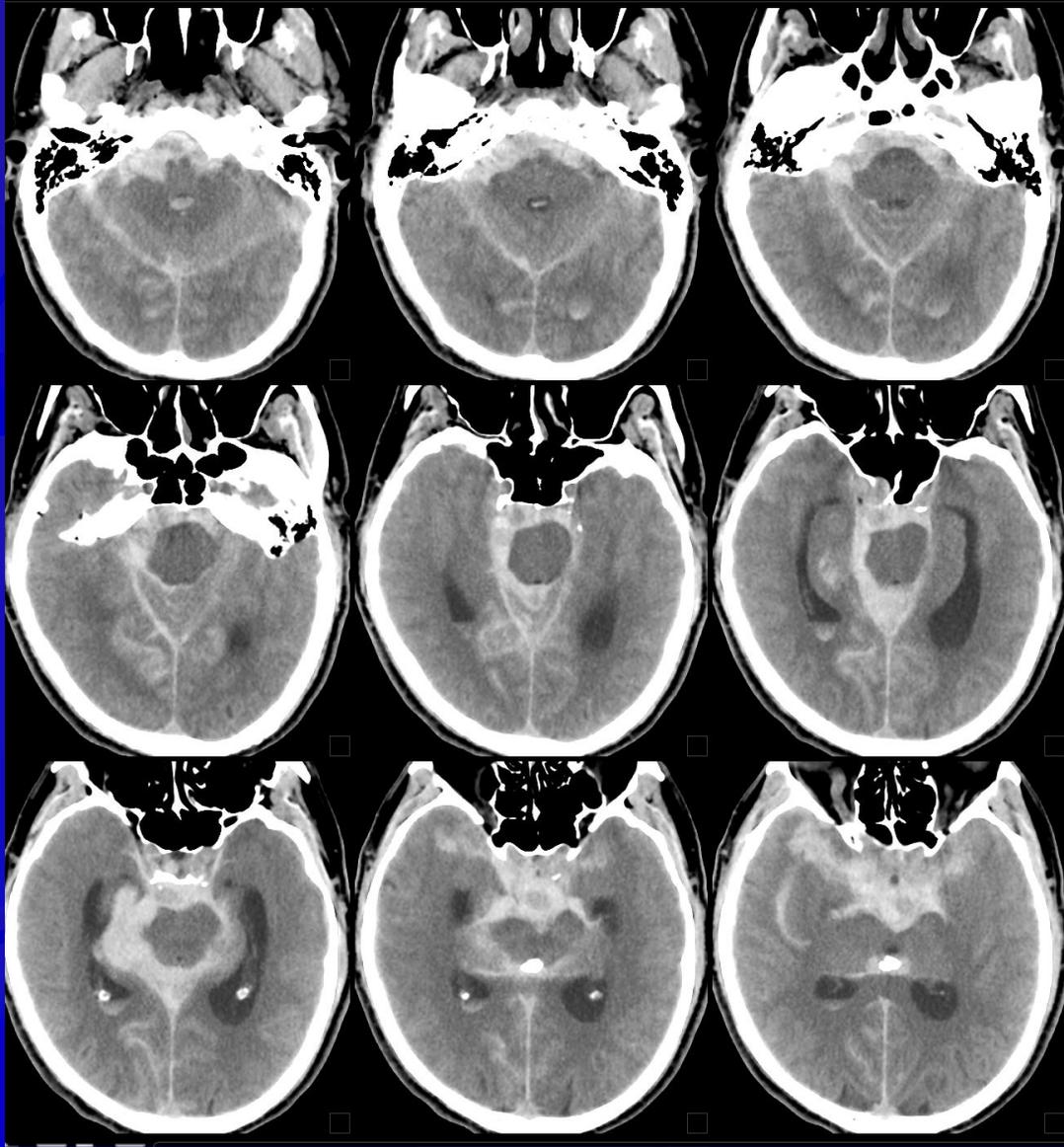




A UN MESE CIRCA

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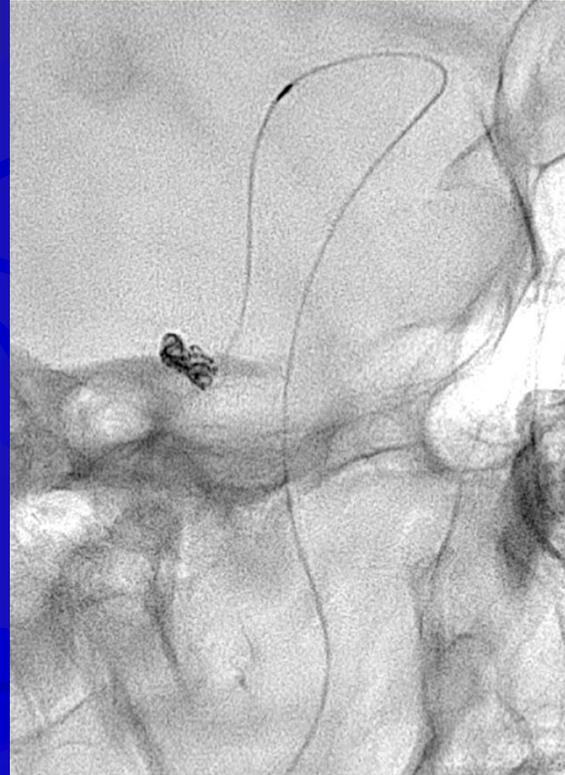
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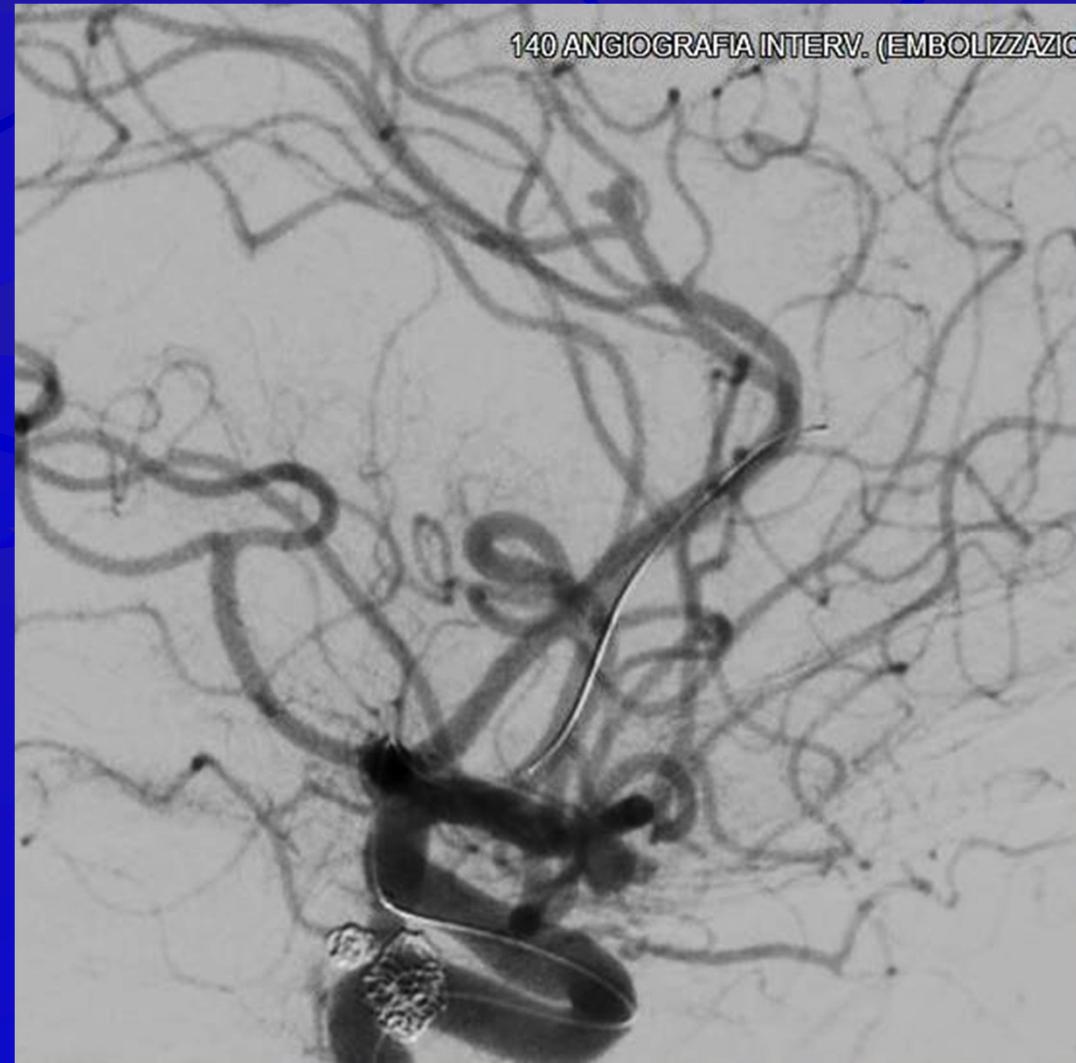
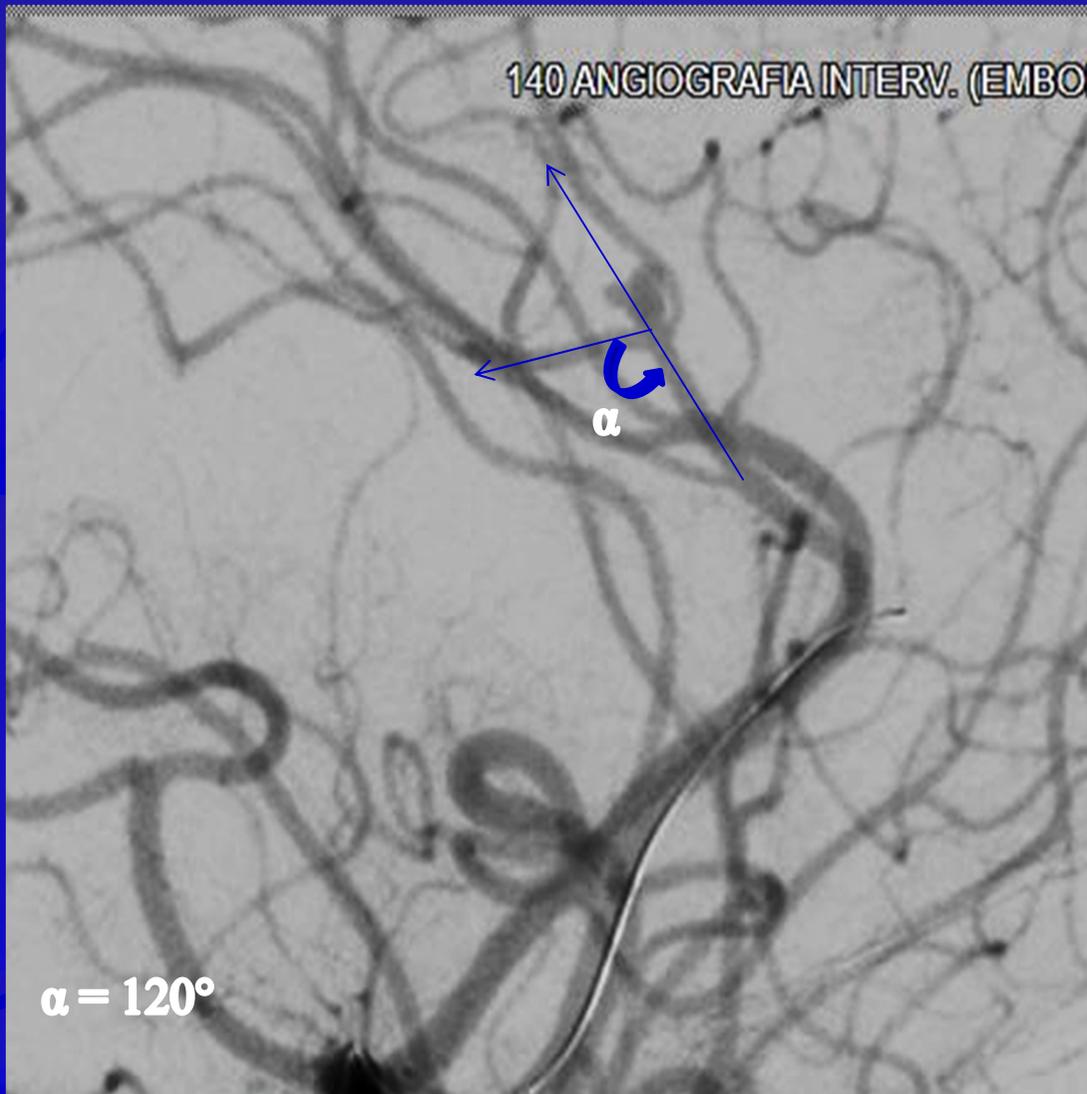


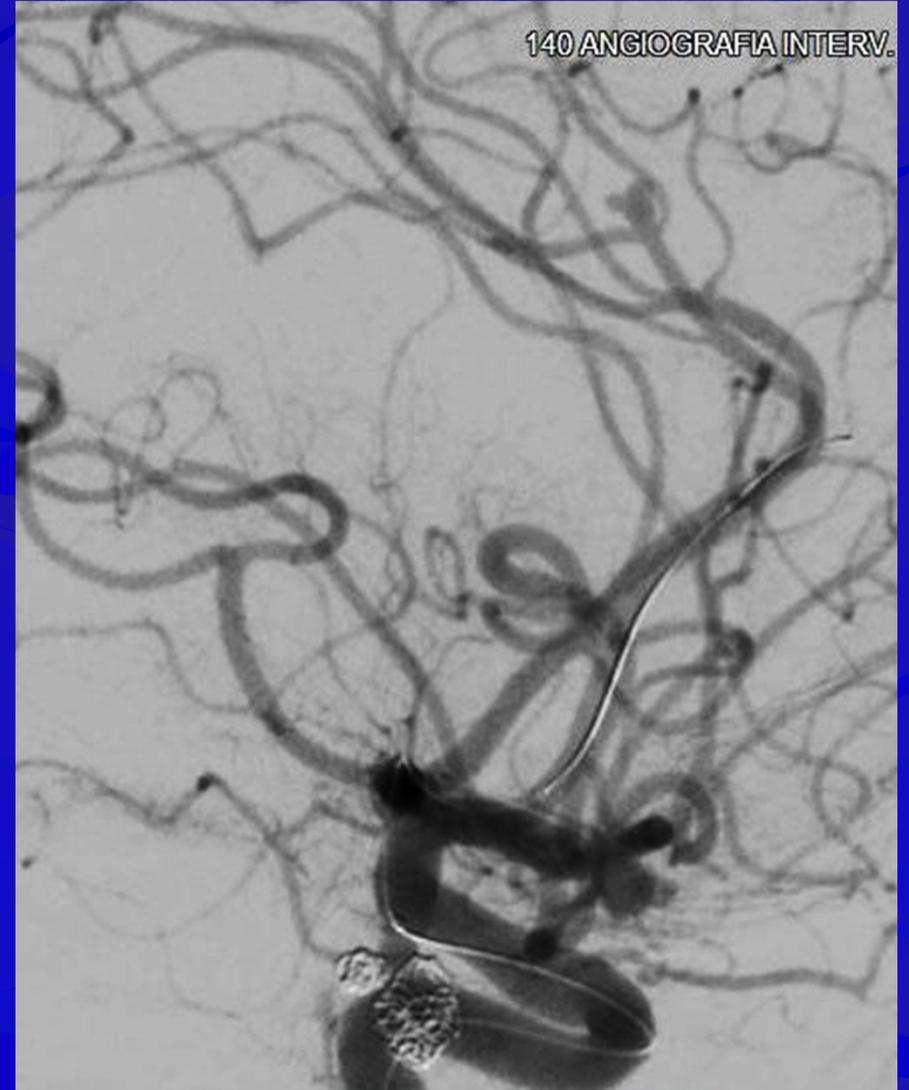
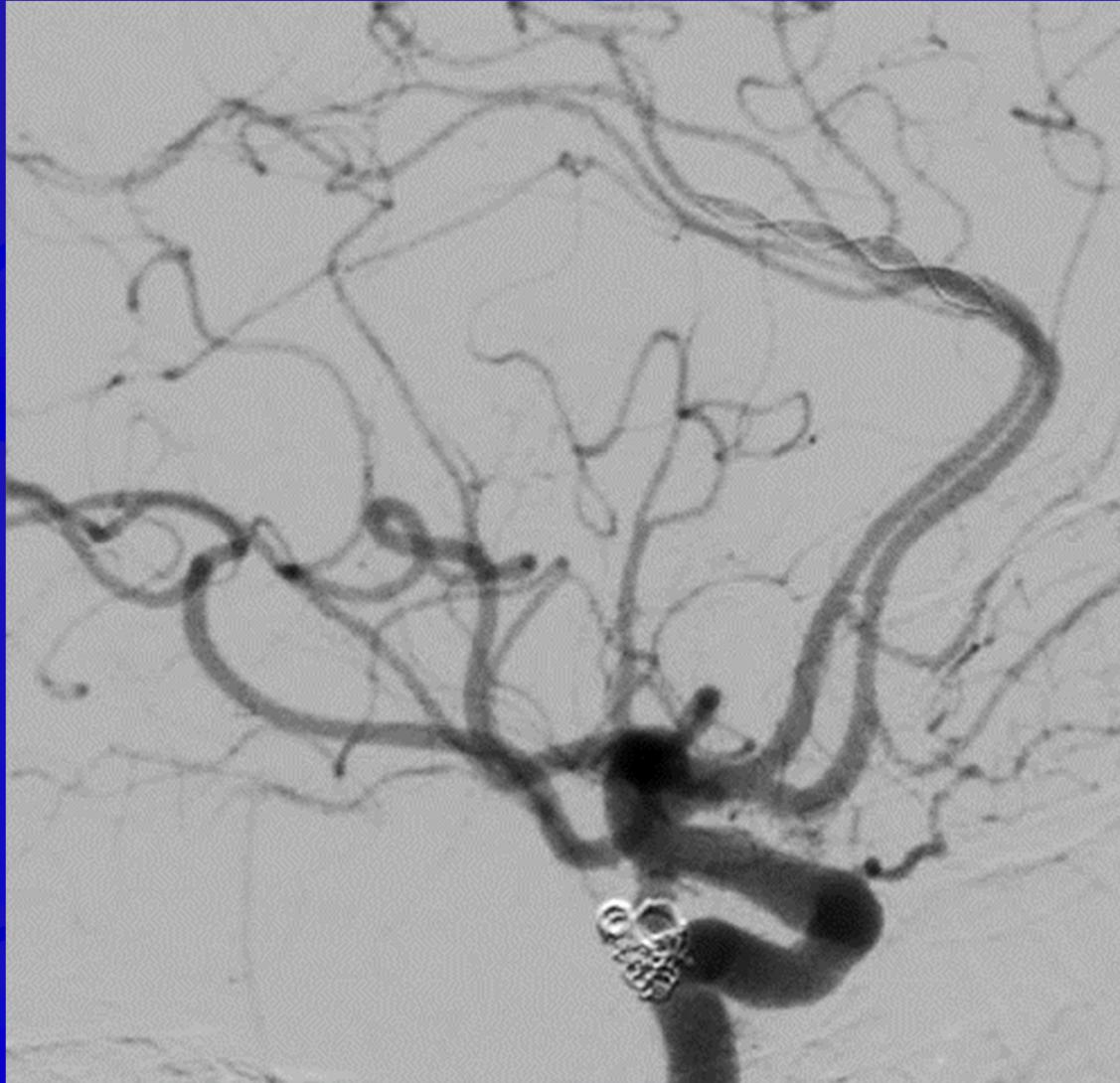


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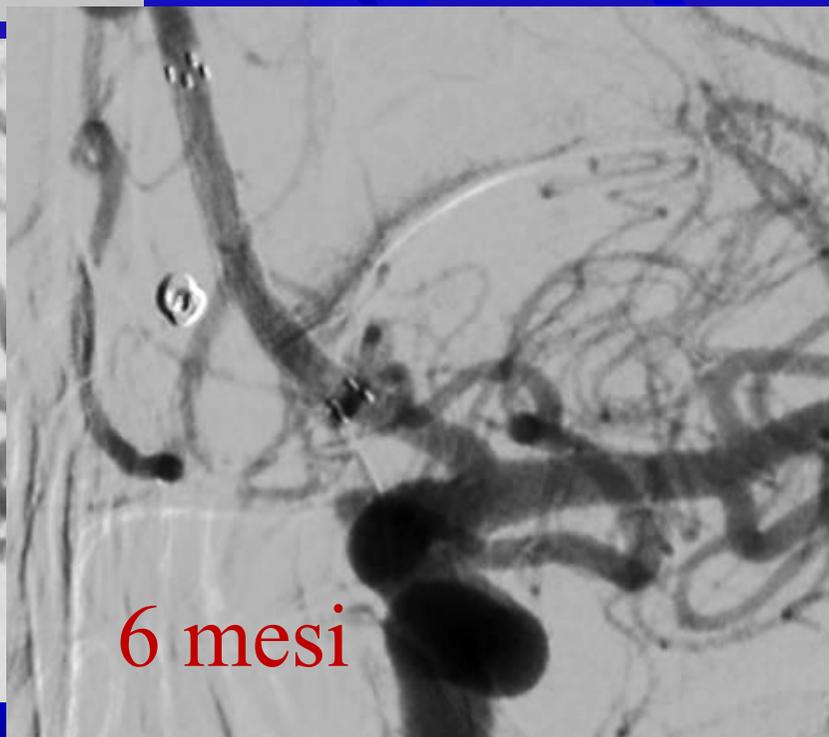
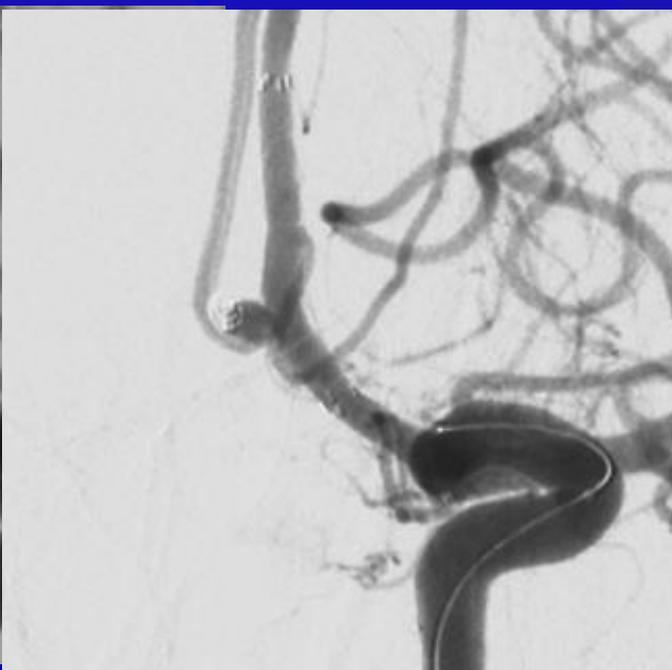
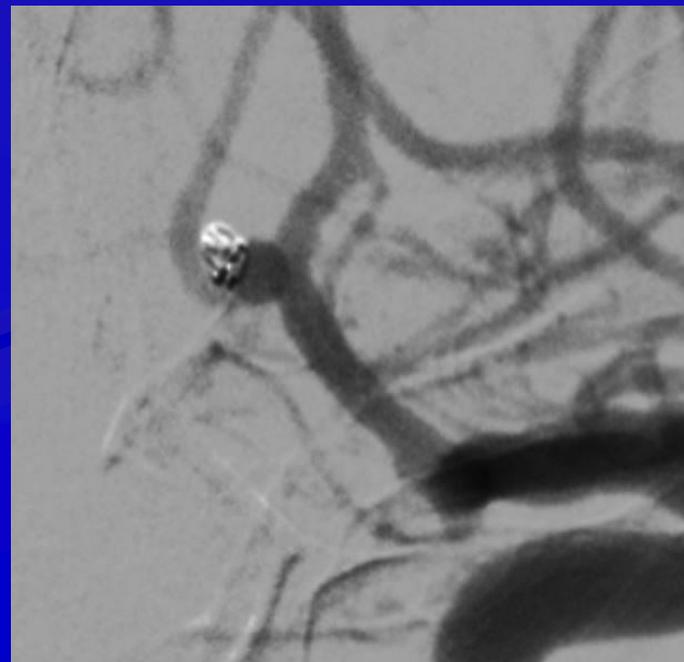
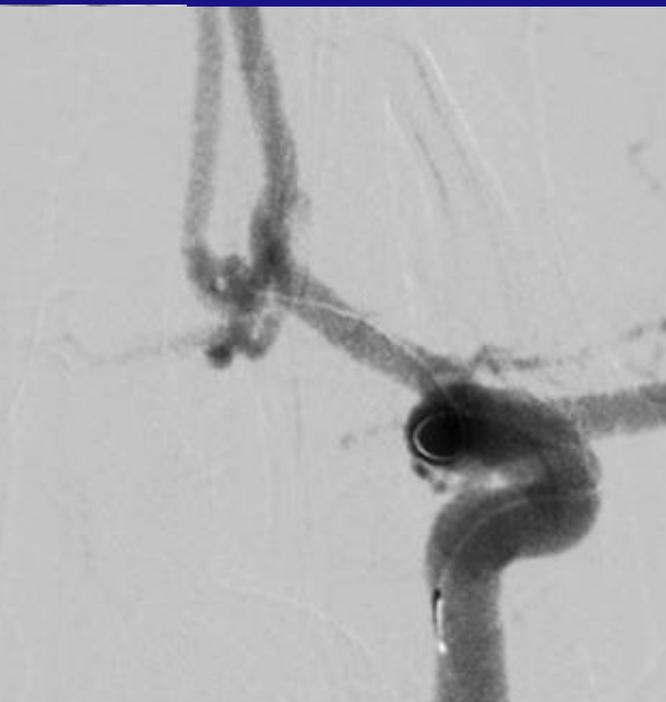
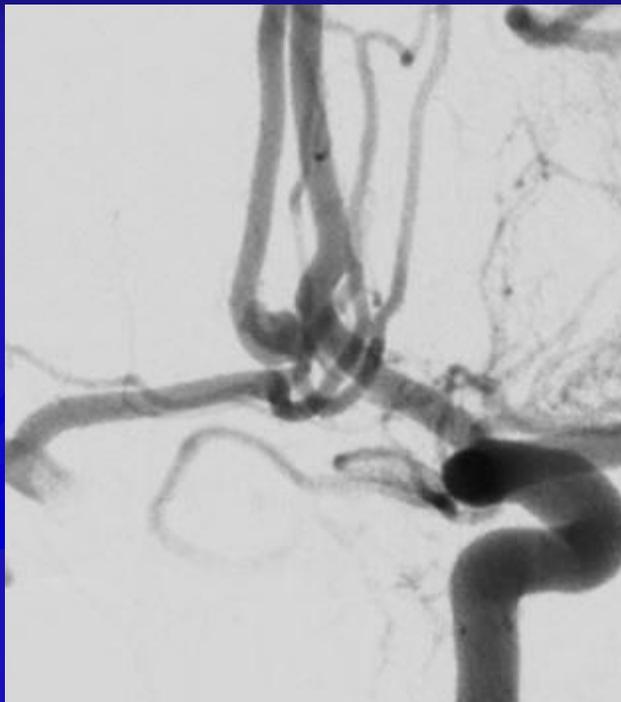




Work in progress : procedura semplice

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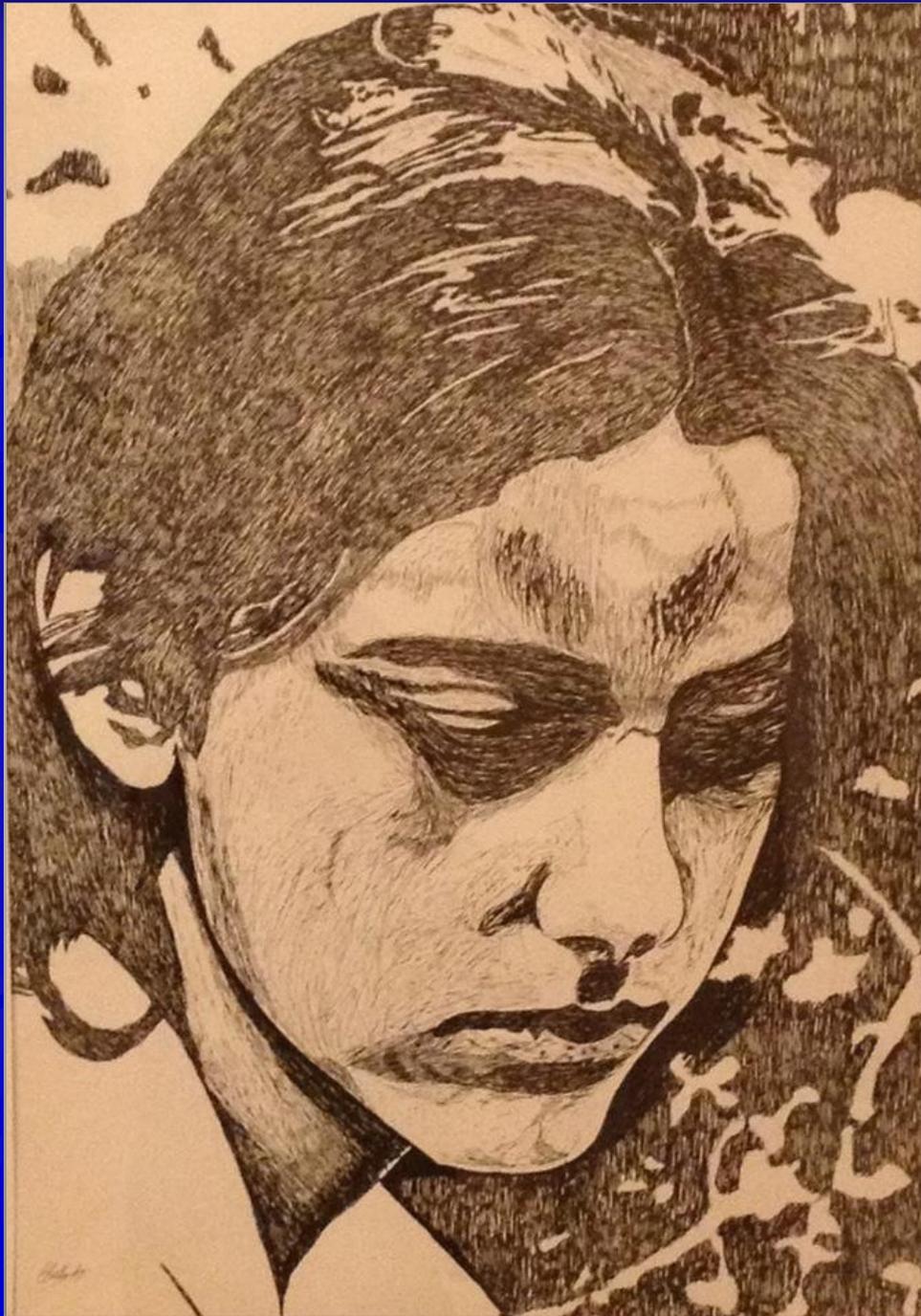


considerazioni

- Ogni tecnica ha le sue complicanze
- Non esiste una tecnica superiore all'altra
- Ogni operatore dovrebbe conoscere tutte le tecniche endovascolari e scegliere volta volta quella che ritiene più adatta al singolo caso
- Ogni operatore deve scegliere la tecnica che conosce di più
- *In interventistica neurovascolare si sbaglia sempre e vince chi sbaglia di meno*

GRAZIE DI CUORE



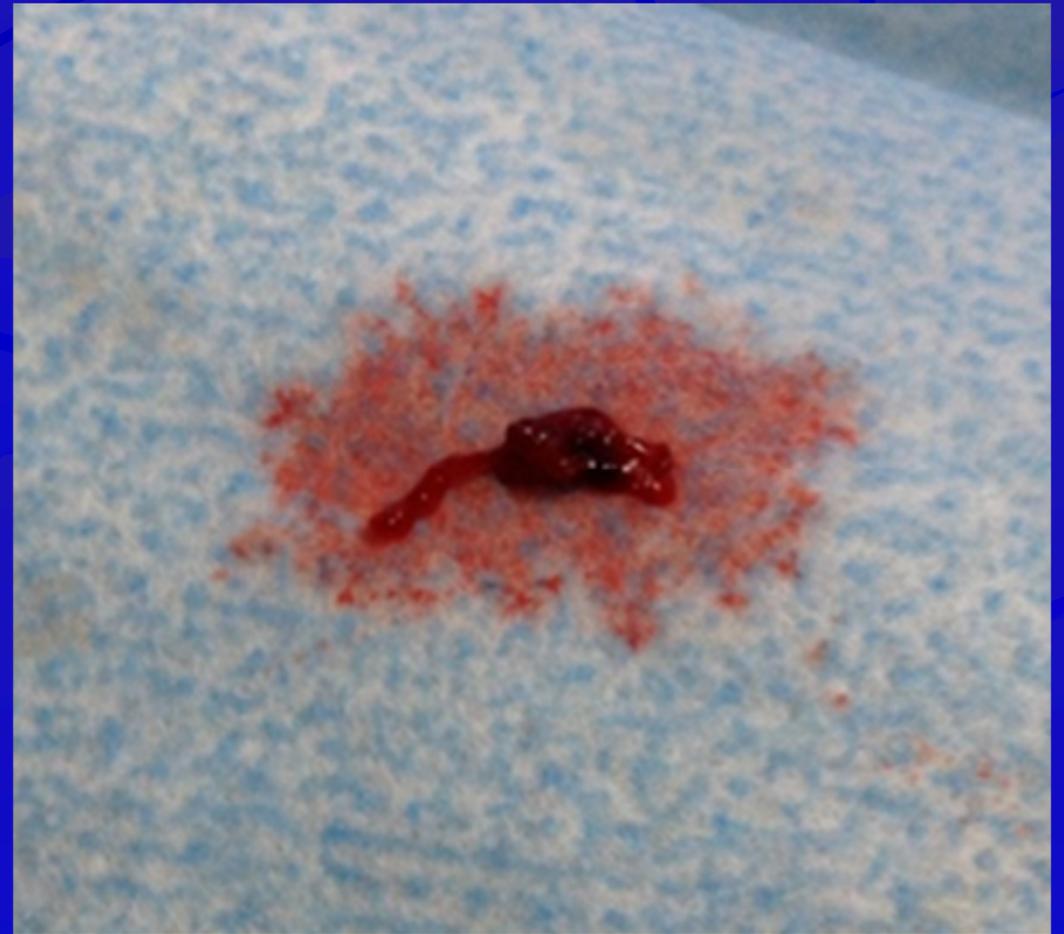


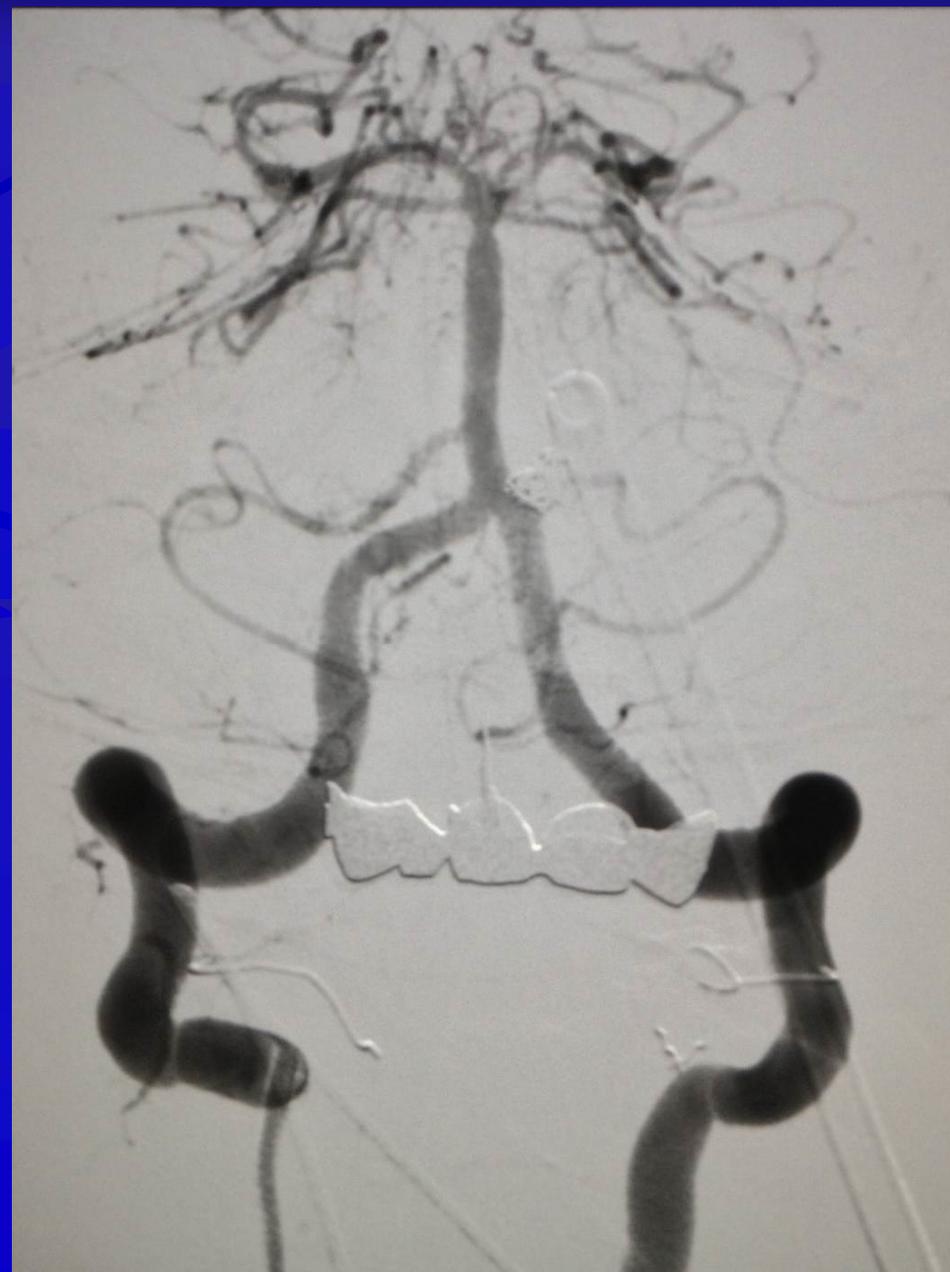
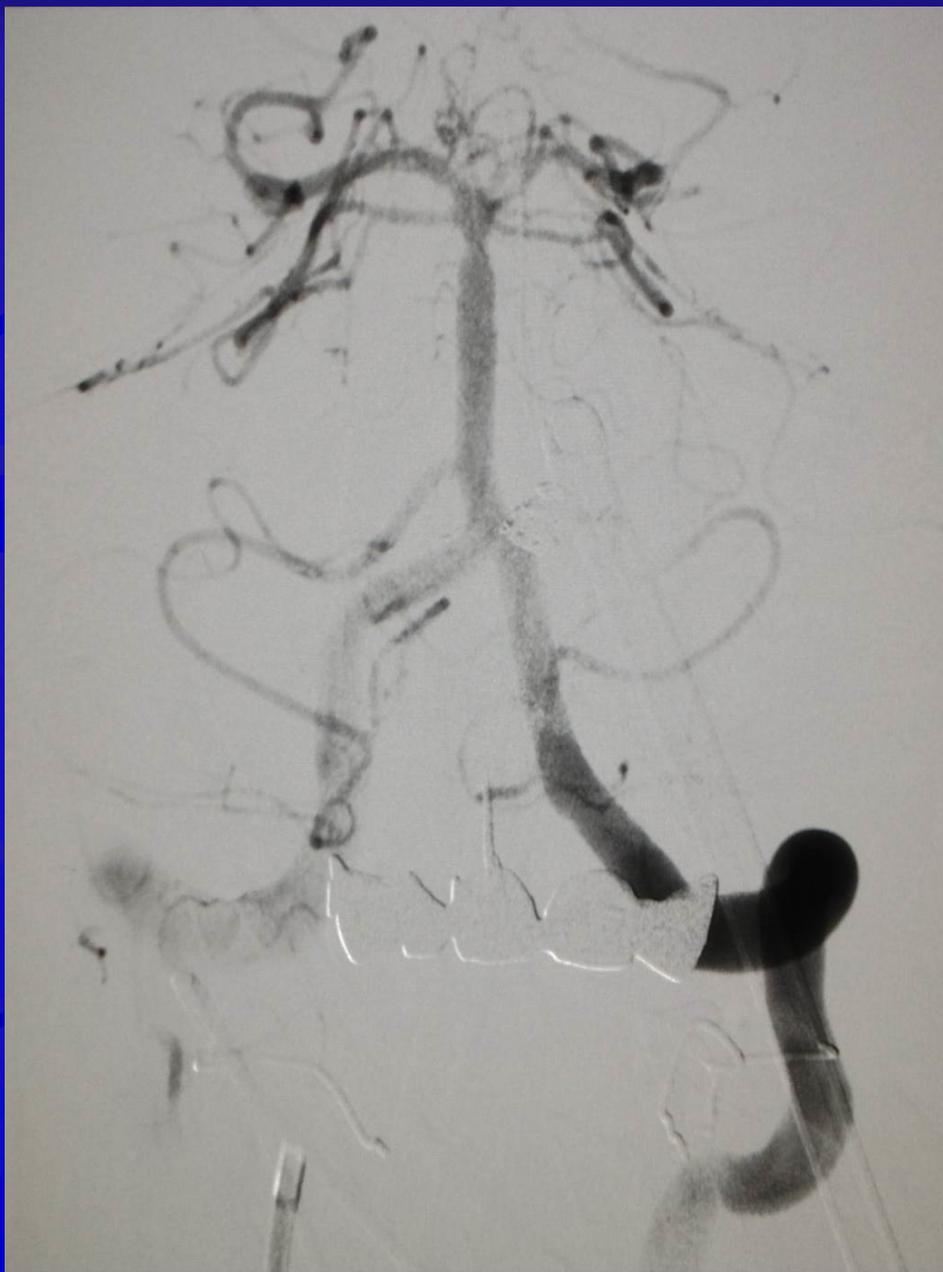


SECONDO PASSAGGIO

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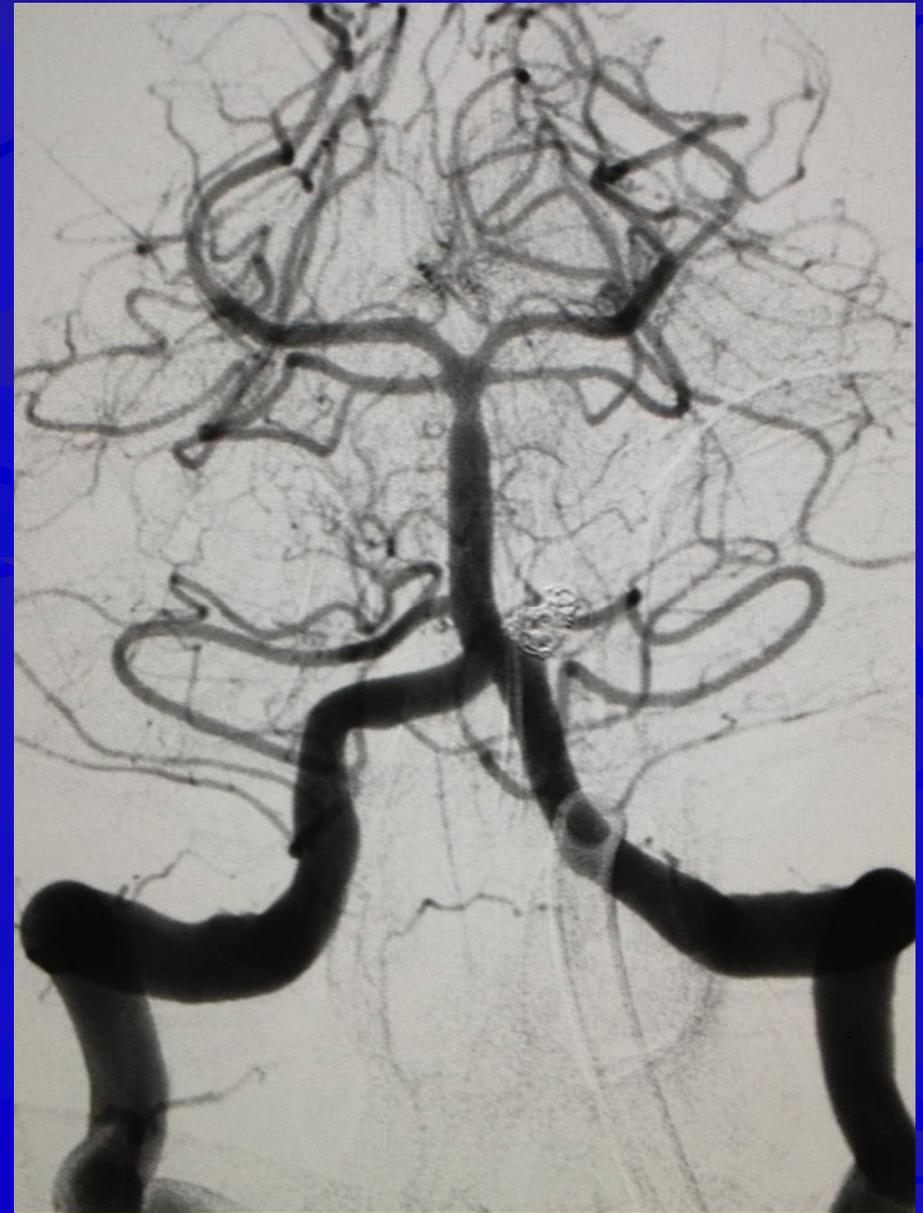
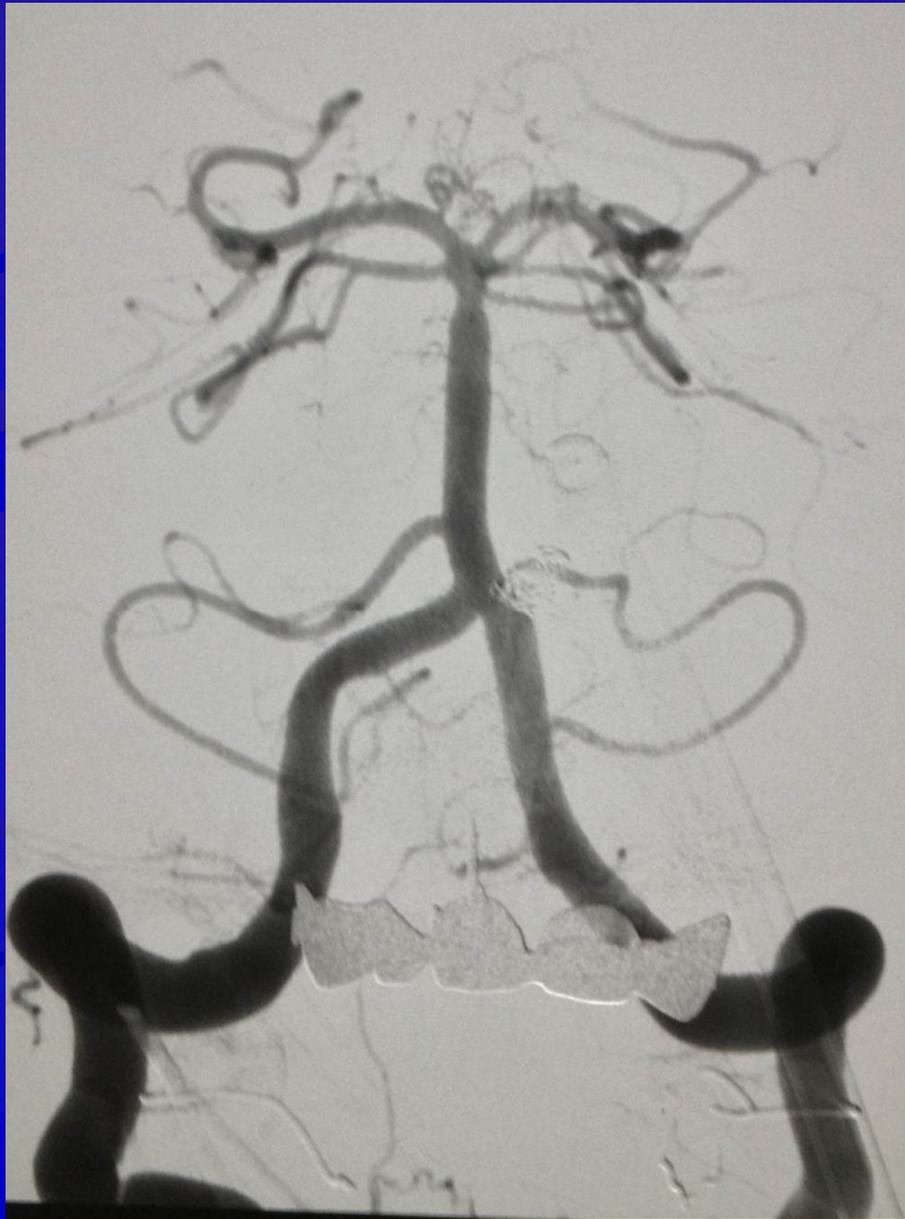




PRIMO PASSAGGIO

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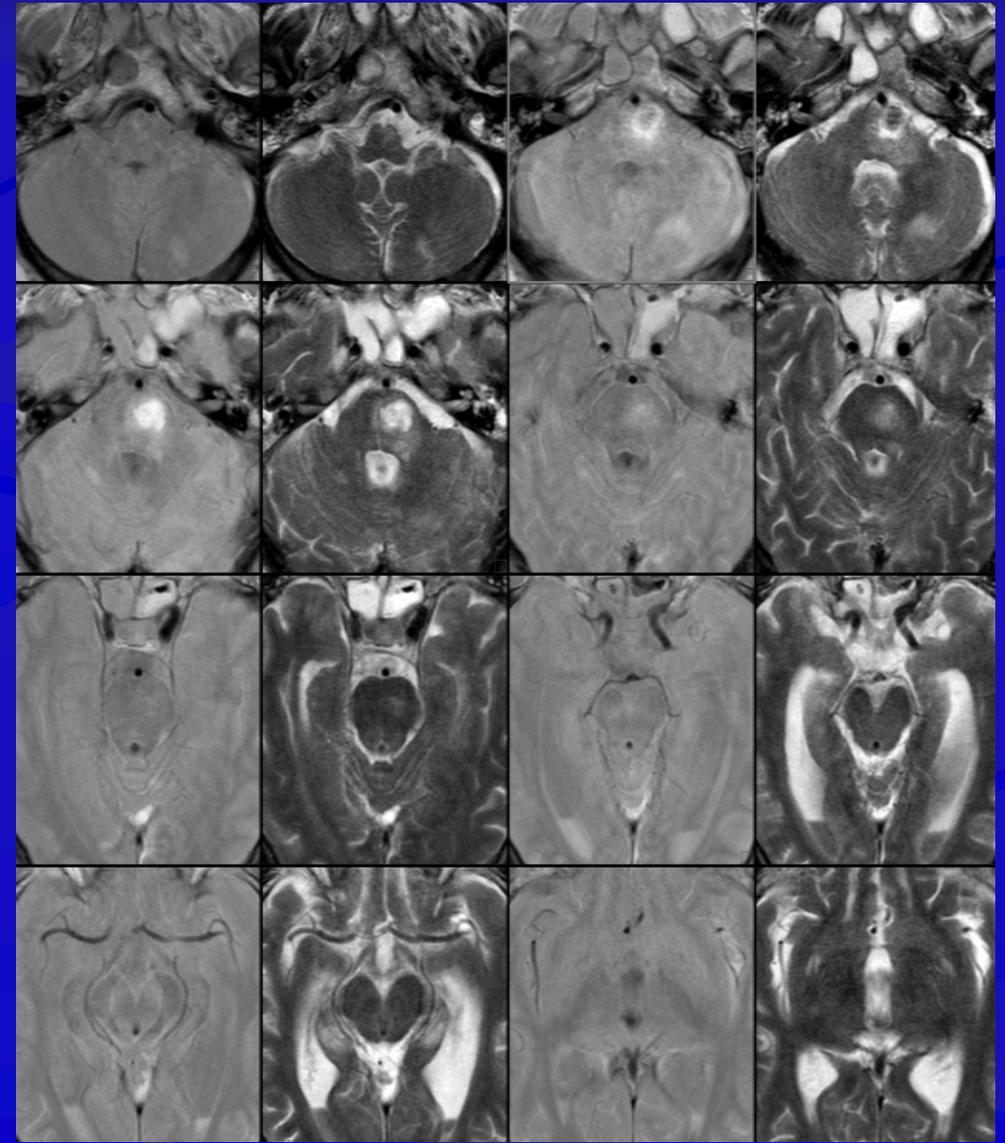
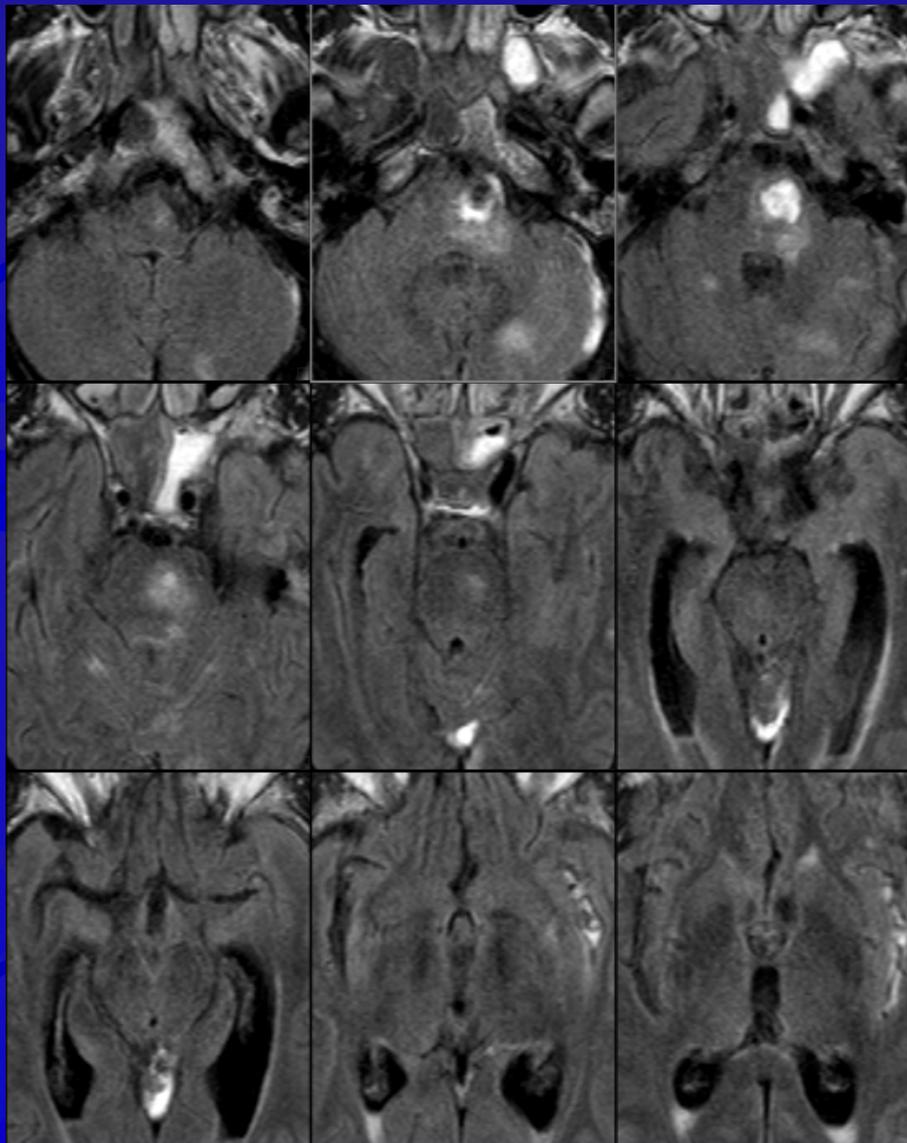




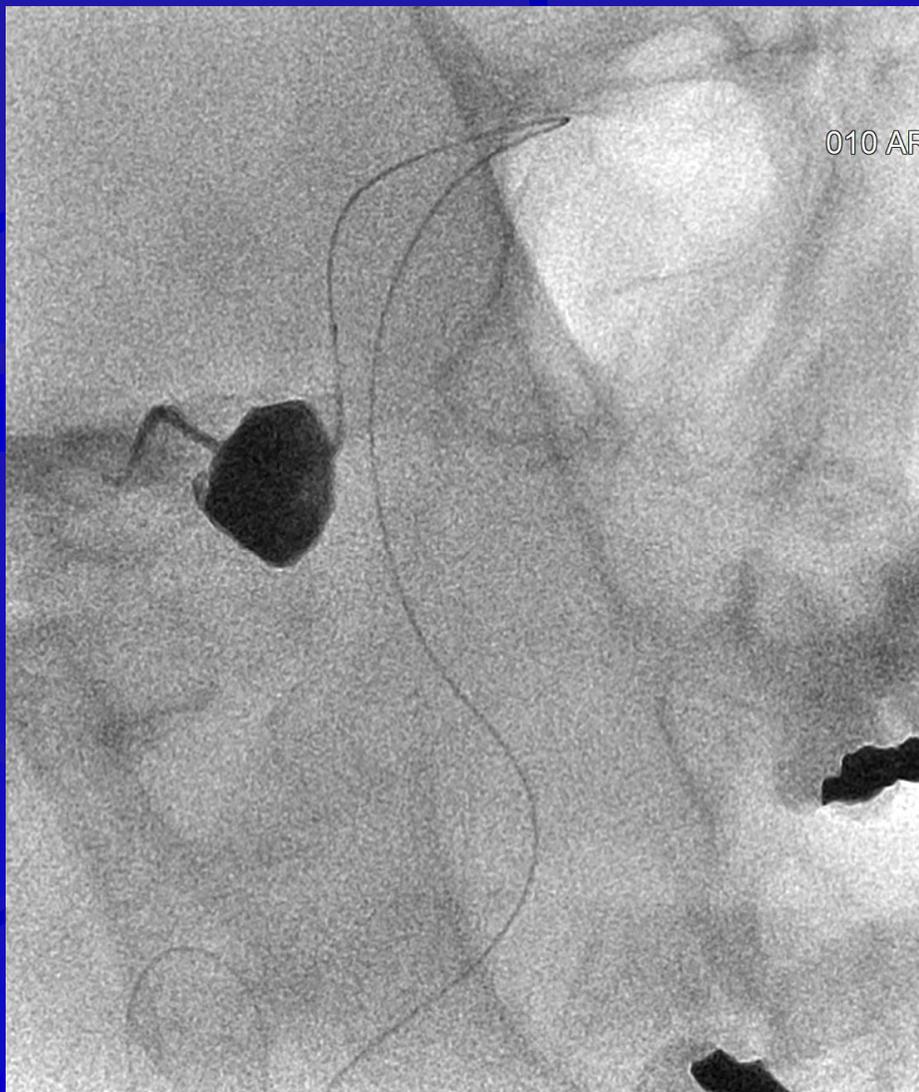
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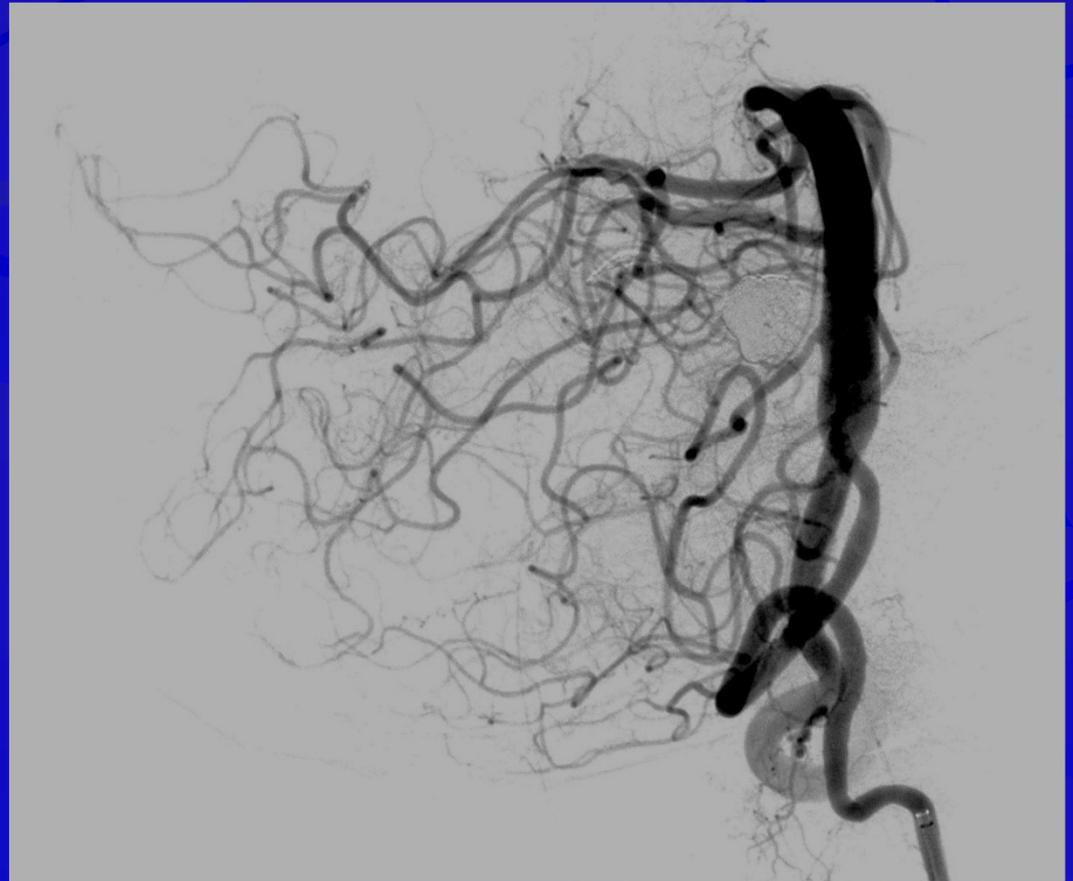
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