

L'ECOGRAFIA INTERVENTISTICA NELLE COMPLICANZE DA PANCREATITE ACUTA



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PANCREATITE ACUTA E COMPLICANZE IMAGING DIAGNOSTICO

- ü **US spesso limitata dall'ileo paralitico**
- ü **TC tecnica di scelta**

TABLE 2: CT Severity Index (CTSI) to Classify the Severity of Acute Pancreatitis

Description of Pancreas	CT Grade	No. of Points Assigned for CT Grade	Percentage of Pancreas With Necrosis	No. of Points Assigned for Percentage Necrosis	CTSI ^a
Normal	A	0	0	0	0
Focal or diffuse enlargement	B	1	0	0	1
Peripancreatic fat abnormalities	C	2	<30	2	4
Single ill-defined fluid collection	D	3	30–50	4	7
Two or more ill-defined fluid collections	E	4	>50	6	10

- ü **RMN ha analoga accuratezza**

Necrosis occurs in 6–20% of patients with acute pancreatitis,

Pancreatic necrosis usually develops within 24–48 hours after symptom onset; thus, early CT within 12 hours of symptom onset may be falsely reassuring [18].

TABLE 1: Complications of Acute Pancreatitis

Location	Complications
	Acute fluid collections, acute pseudocyst, abscess, pancreatic necrosis, disconnected duct, chronic pancreatitis
Remote abdominal	Peritonitis; diabetes; jaundice; cholecystitis; cholangitis; renal, splenic, or portal vein thrombosis; pseudoaneurysm; gastrointestinal bleeding; ileus; splenic complications (pseudocyst, abscess, hemorrhage, infarction, rupture); vascular complications (splenic, gastroduodenal artery); splenic vein thrombosis; and "left-sided portal hypertension," as described by Mallick and Winslet [20]
Systemic	Systemic inflammatory response syndrome, disseminated intravascular coagulopathy, respiratory failure (adult respiratory distress syndrome, pleural effusion, atelectasis), renal failure, cardiovascular shock, cerebrovascular accident, hypocalcemia, hyperglycemia, hyperlipidemia

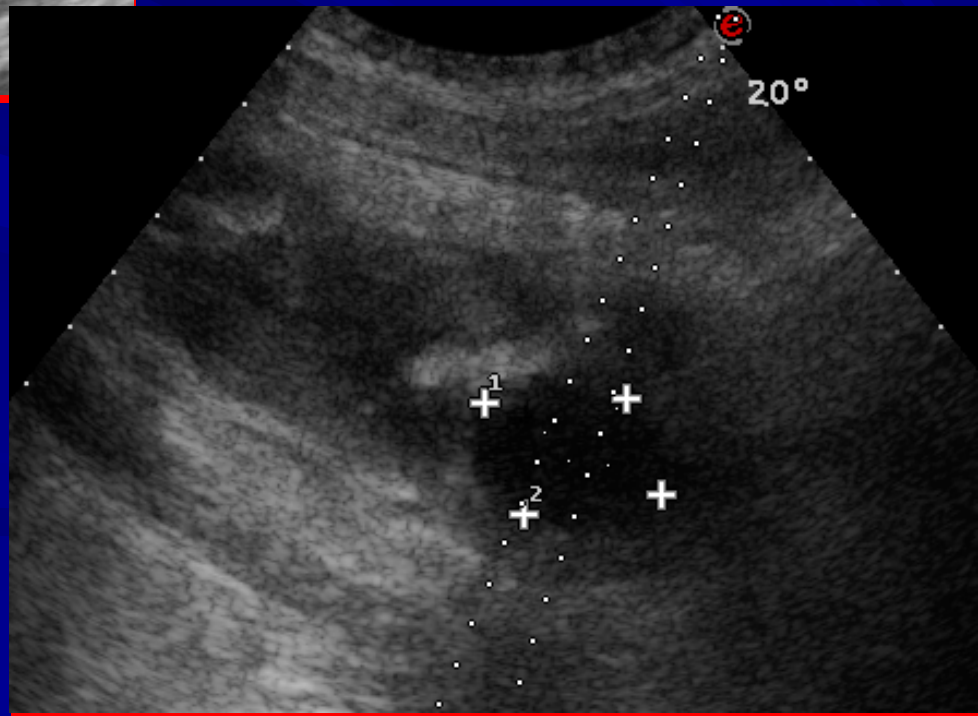
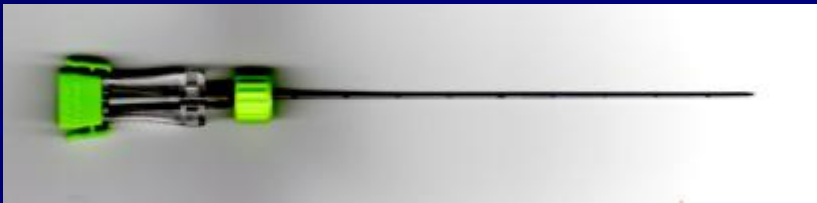
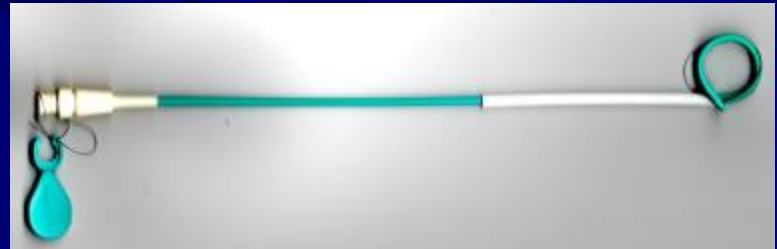
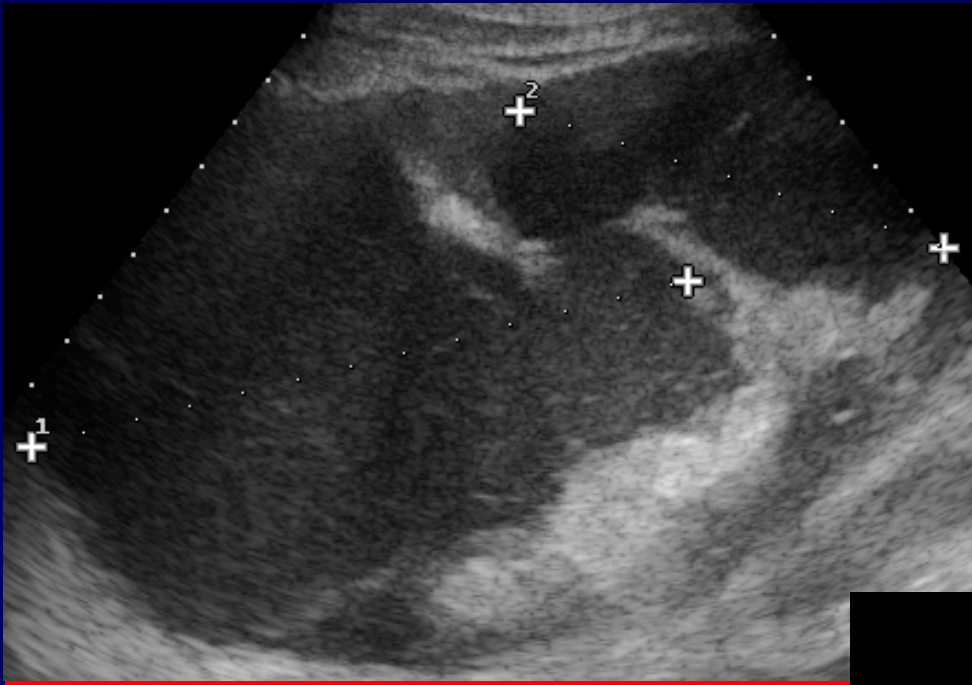
- ***Raccolte fluide libere***
- ***Pseudocisti***
- ***Ascessi***

RUOLO DELL'ECOGRAFIA INTERVENTISTICA

***ü Agoaspirato Diagnostico (dd
necrosi/ascesso)***

The distinction between [redacted] and [redacted] is important because an abscess has a better prognosis and can be treated with percutaneous drainage, whereas interventional radiology has a limited role or no role in the management of necrosis,

ü Drenaggio terapeutico



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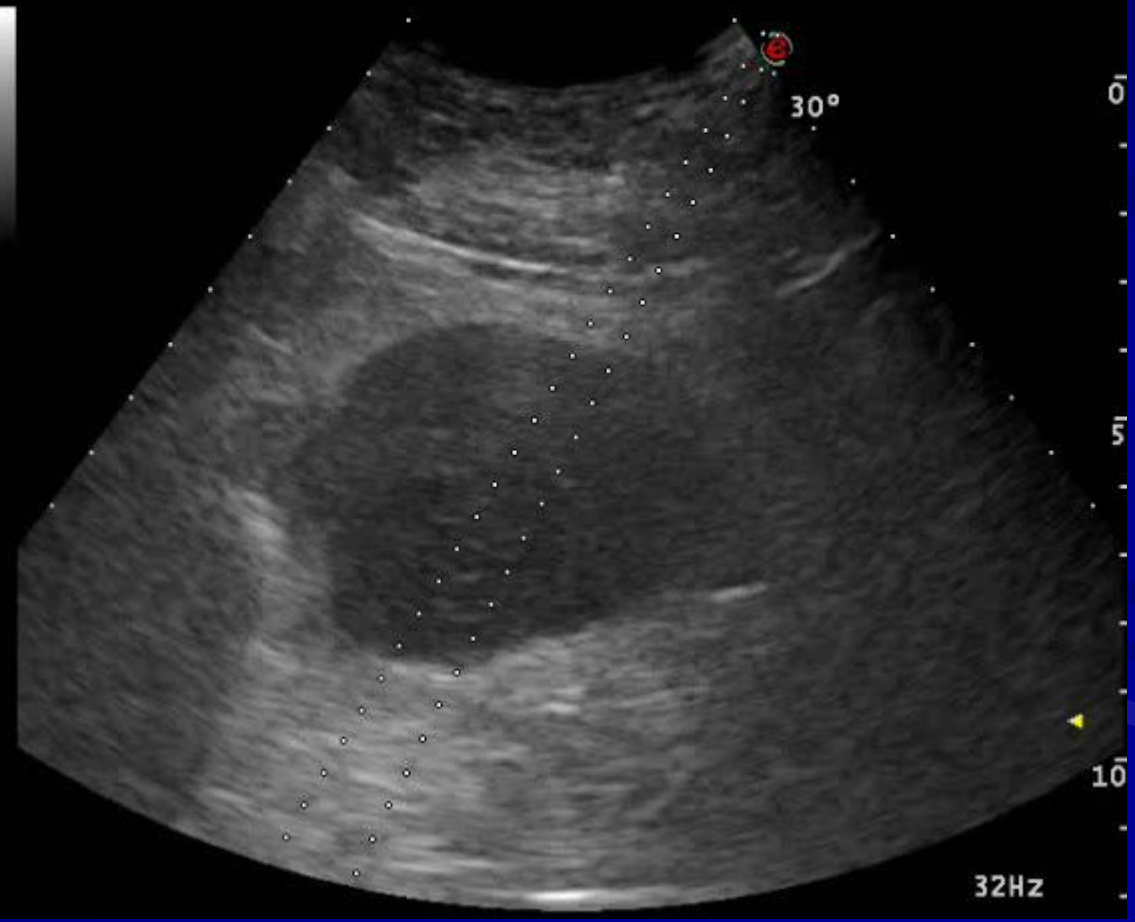
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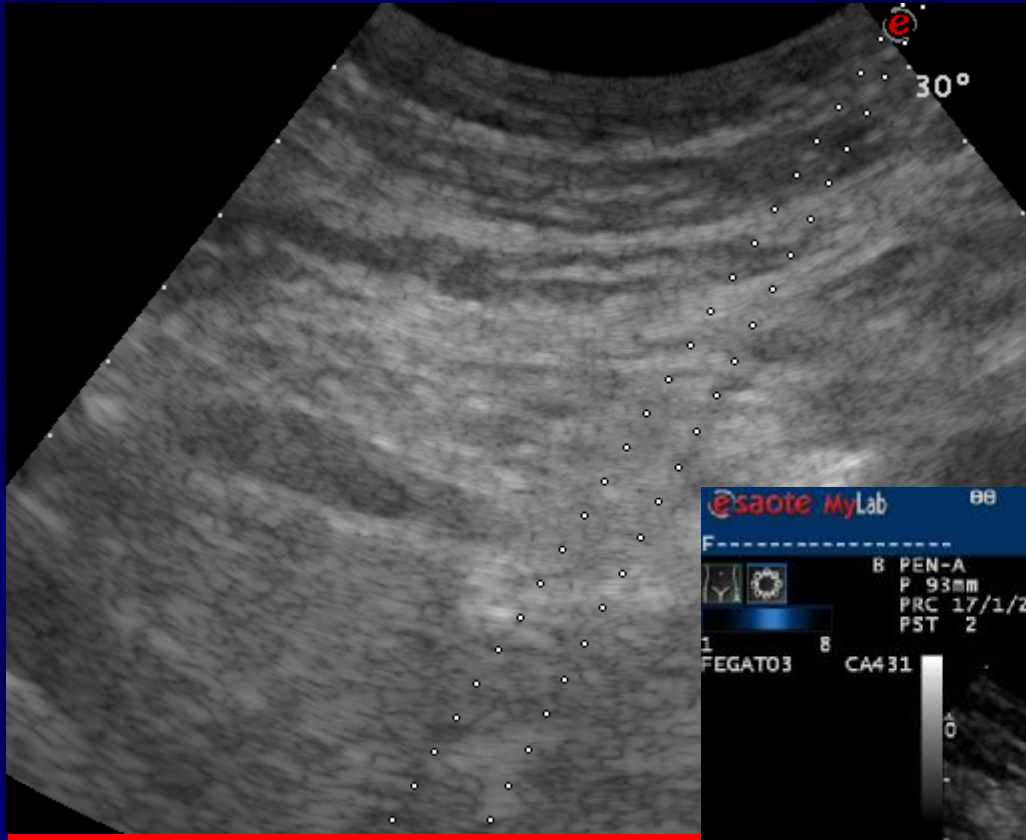


B PEN-A G ---
P 122mm XV C3
PRC 19/1/2 PRS 7
PST 2 C 8

1 FEGATO3

8 CA431





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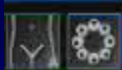
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B PEN-A	G ---	B GEN-M	G ---
P 93mm	XV C3	CnTI	XV C3
PRC 17/1/2	PRS 6	PRC 13/1/2	PRS 4
PST 2	C 8	PST 1	C 4

1 FEGAT03 8 CA431

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PR 40 kPa

13Hz

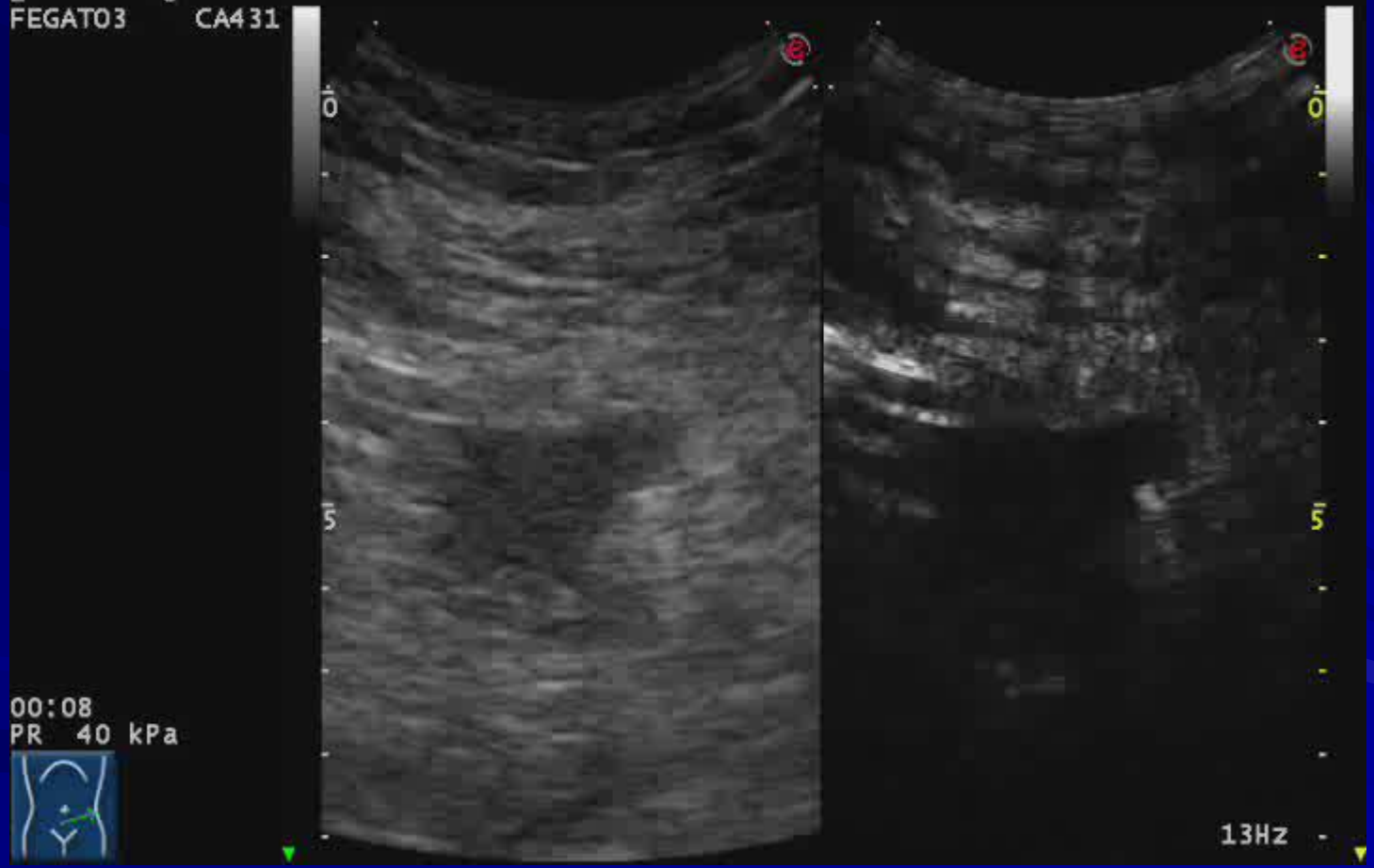


B PEN-A G ---
P 93mm XV C3
PRC 17/1/2 PRS 6
PST 2 C 8

B GEN-M G ---
CnTI XV C3
PRC 13/1/2 PRS 4
PST 1 C 4

1 FEGATO3

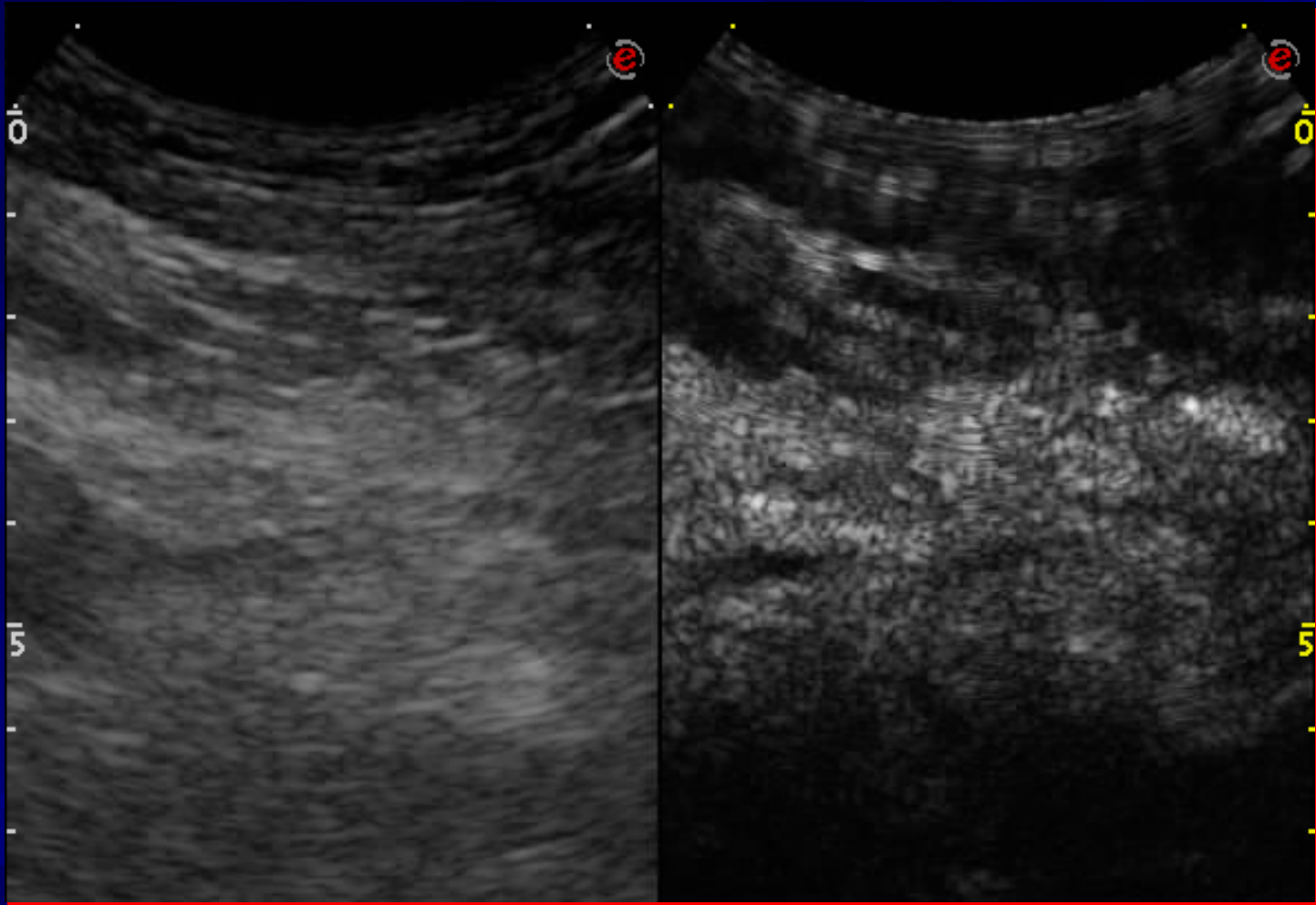
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13Hz



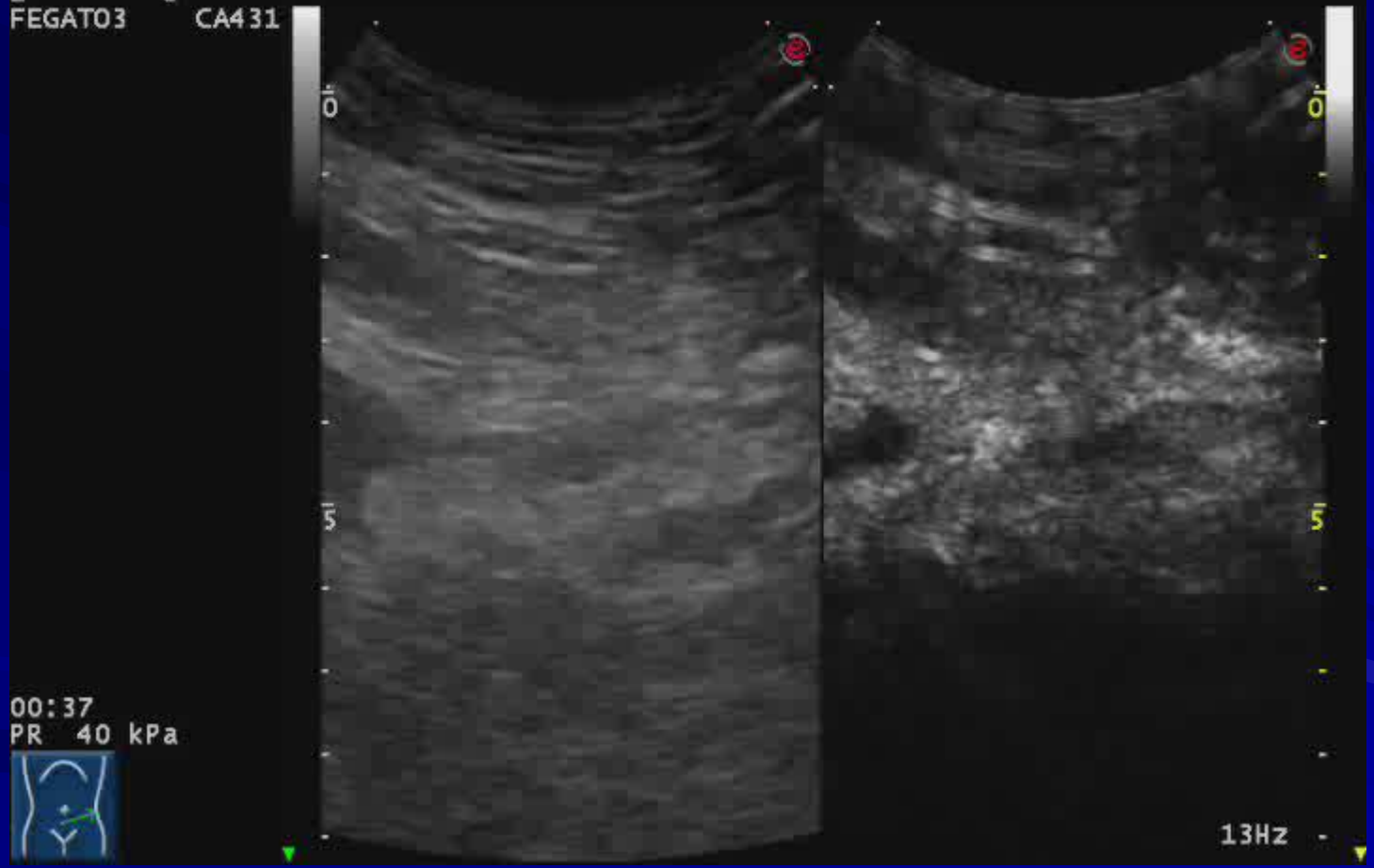


B PEN-A G ---
P 93mm XV C3
PRC 17/1/2 PRS 6
PST 2 C 8

B GEN-M G ---
CnTI XV C3
PRC 13/1/2 PRS 4
PST 1 C 4

1 FEGATO3

8 CA431



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13Hz

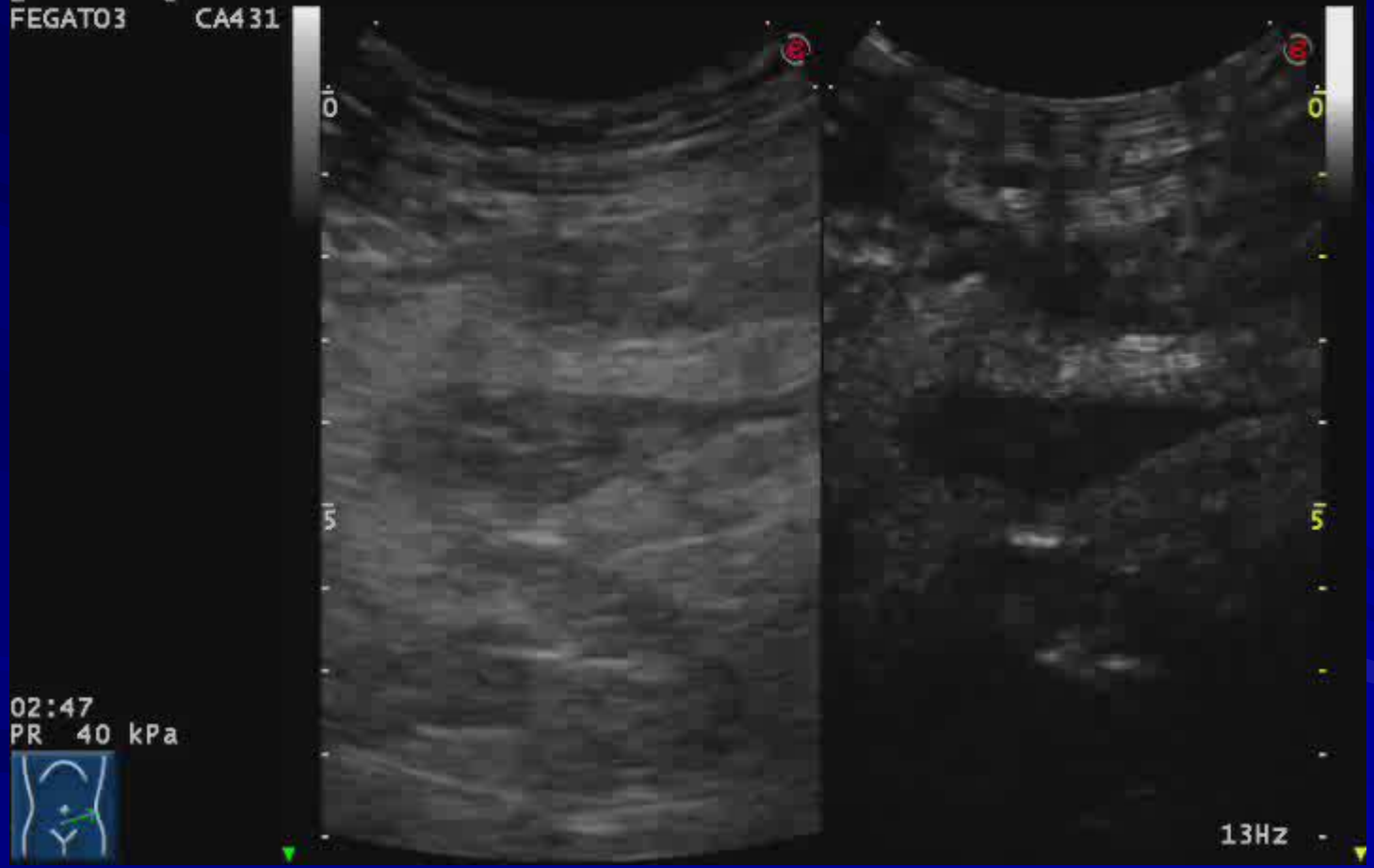


B PEN-A G ---
P 93mm XV C3
PRC 17/1/2 PRS 6
PST 2 C 8

B GEN-M G ---
CnTI XV C3
PRC 13/1/2 PRS 4
PST 1 C 4

1 FEGATO3

8 CA431



02:47
PR 40 kPa



13Hz

The Plumbers



Team!!

