



Riunione regionale ANEU Toscana

18/11/2022

Caso clinico



Sergio Nappini, F. Capasso
Interventistica Neurovascolare
AOU Careggi - Firenze

A.S. 84 anni



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20:00

ultima volta vista sano.

04:10

Arrivo presso AOU di Careggi :

il paziente vigile, testa deviata verso destra, sguardo preferenziale verso destra, emianopsia laterale omonima sinistra, deficit del facciale sinistro centrale, disartria grave, deficit stenico brachio-crurale sinistro, ipoestesia sinistra NIHSS:15

In anamnesi: ipertensione arteriosa, ipercolesterolemia, DM tipo 2, pregresso IMA nel 2016

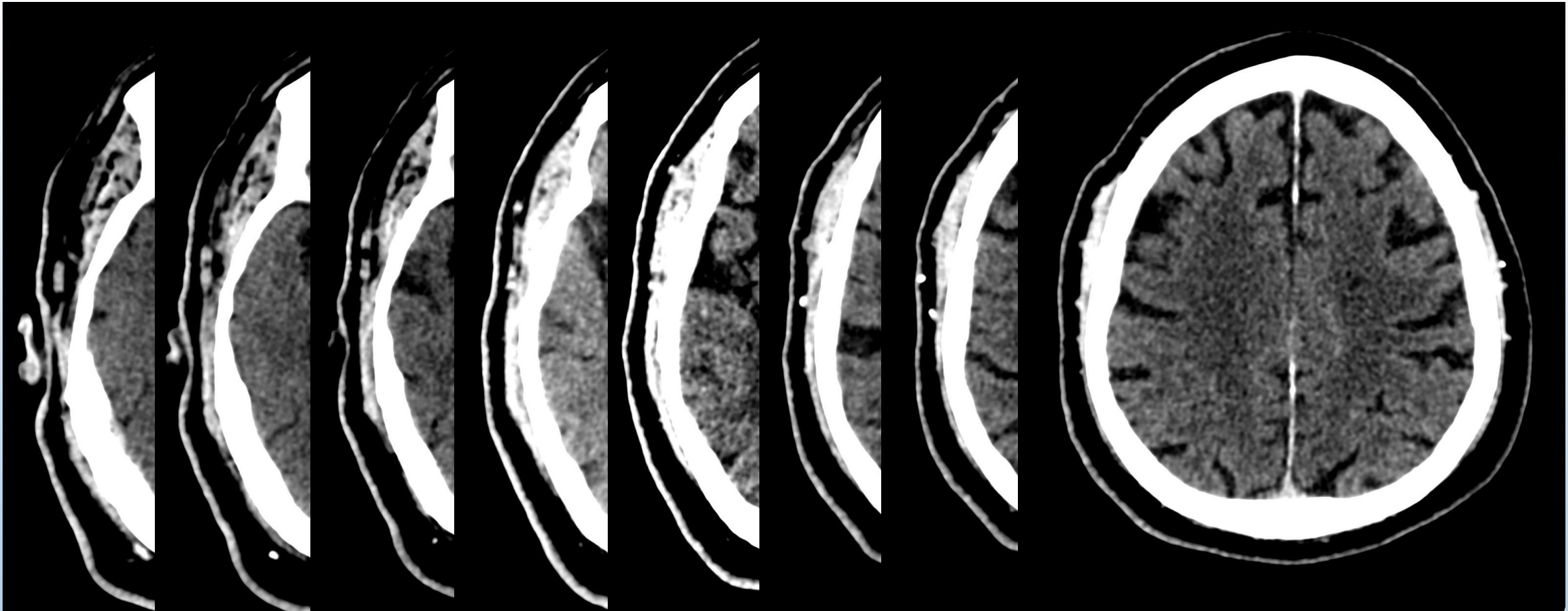
04:20

TC cranio, Angio-TC: e TC Perfusionale;
No trombolisi sistemica.

TC Encefalo



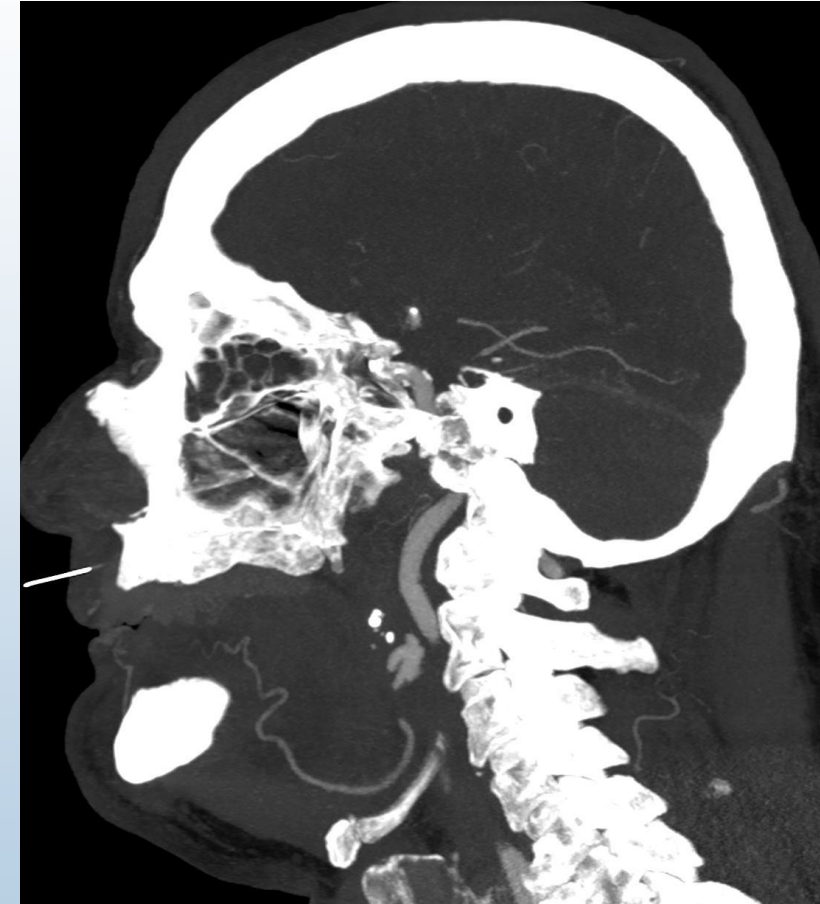
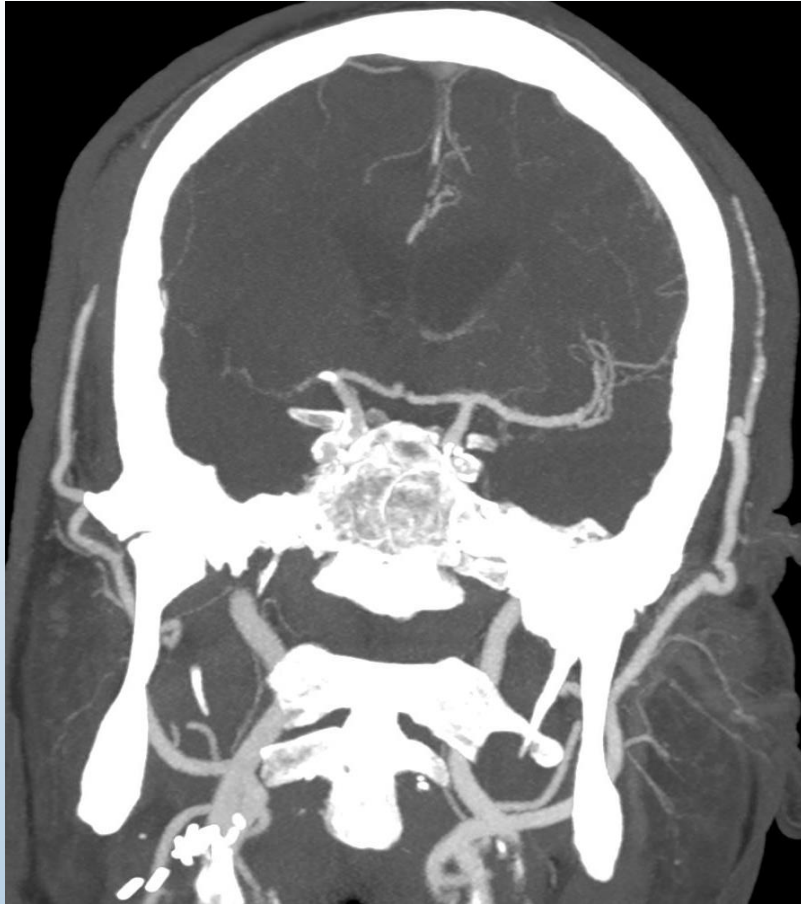
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Angio-TC



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TC Perfusion



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Discrepanza: 18,01
Discrepanza relativa: 94,45%

Nome	Serie	Volume (cc)
Volume 1	rBF	7,828
Volume 2	TMAX	140,969

Mismatches # 1/1

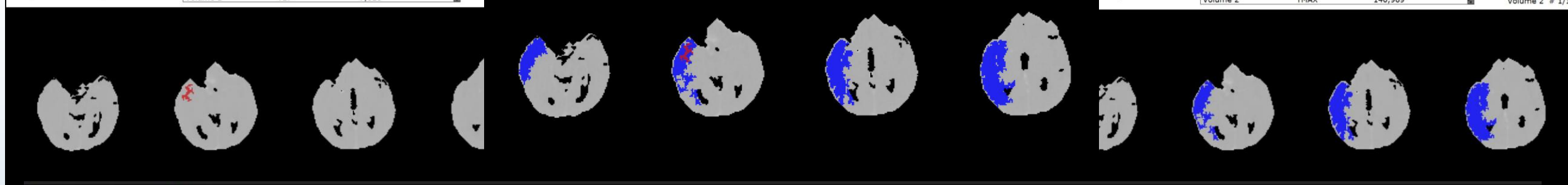
Discrepanza: 18,01
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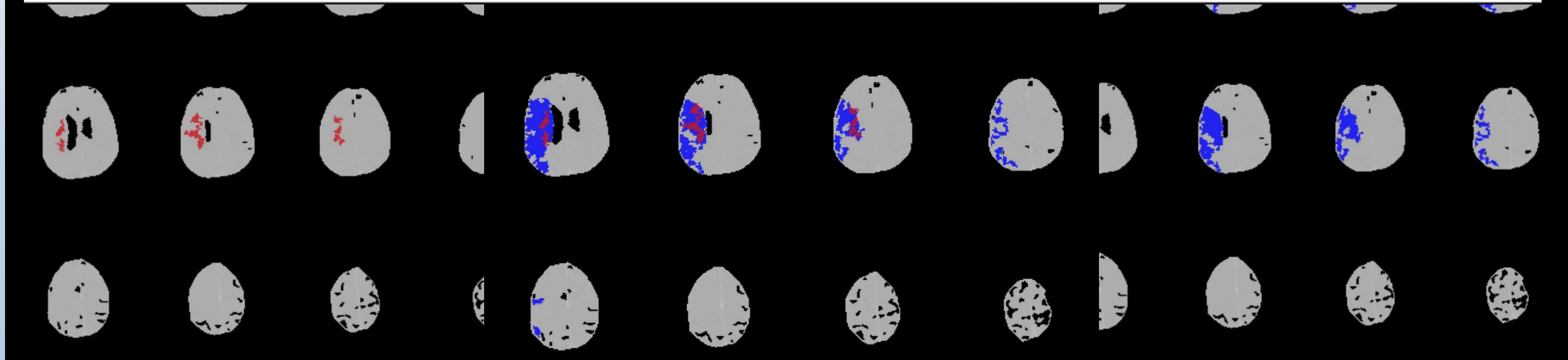
Volume 2 # 1/1



Discrepanza: 18,01
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Nome	Serie	Volume (cc)
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Mismatches # 1/1





04:45

Arrivo in sala angiografica.

04:50

Inizio Anestesia Generale

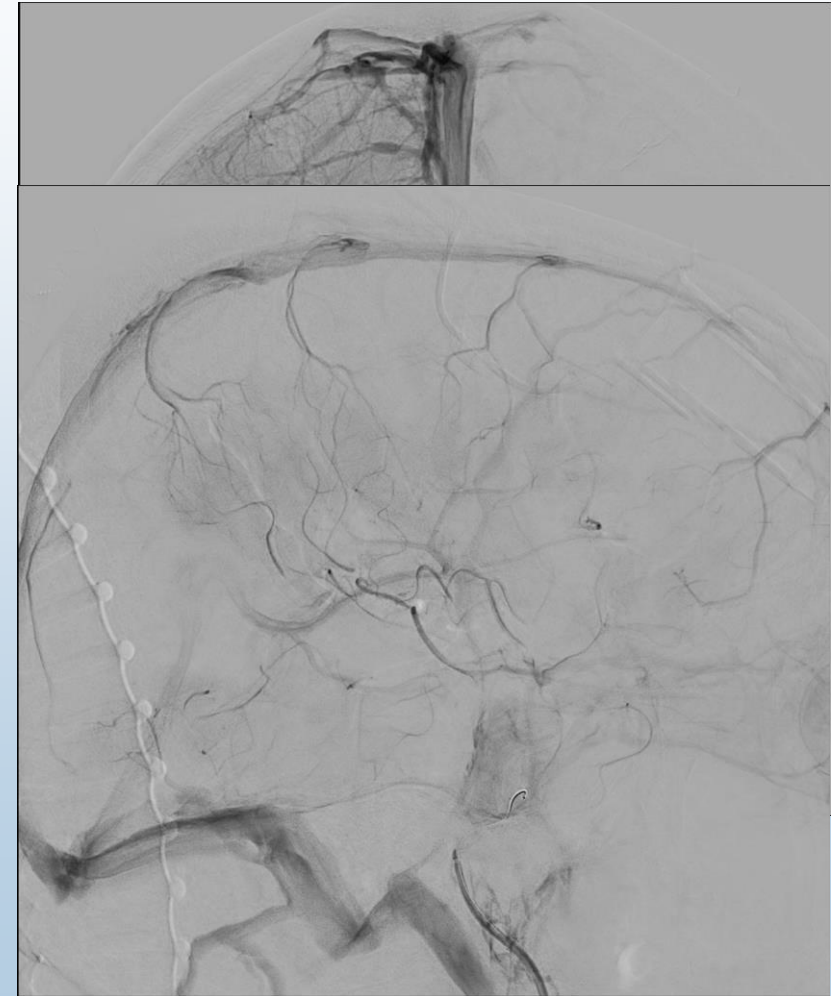
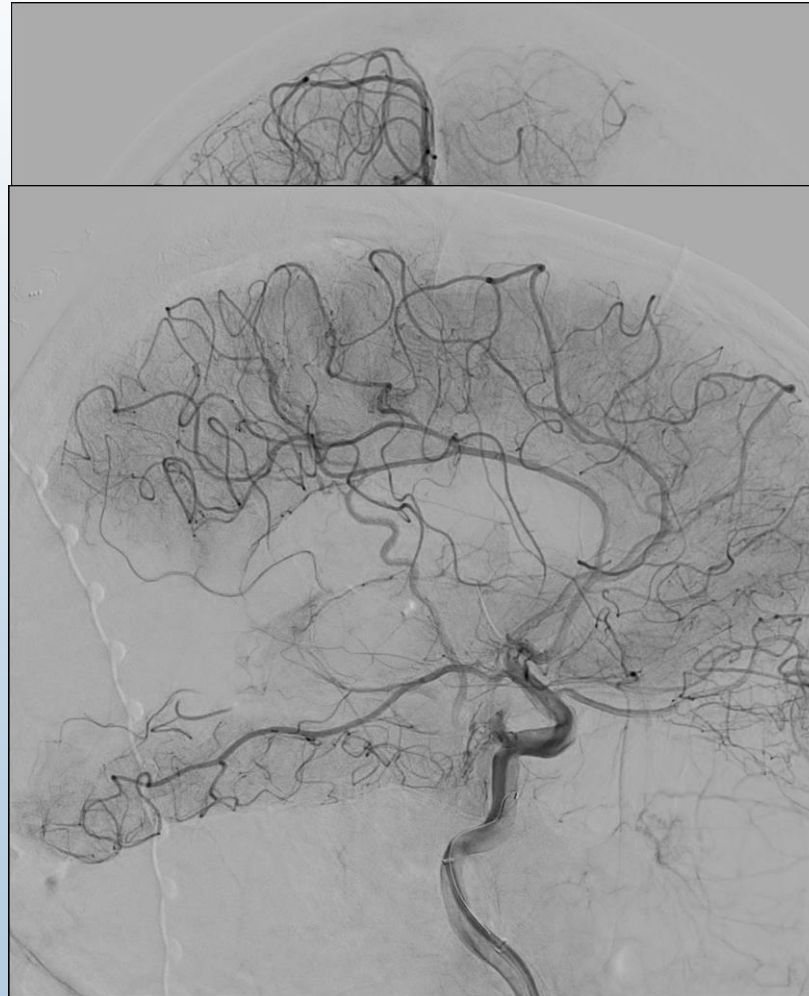
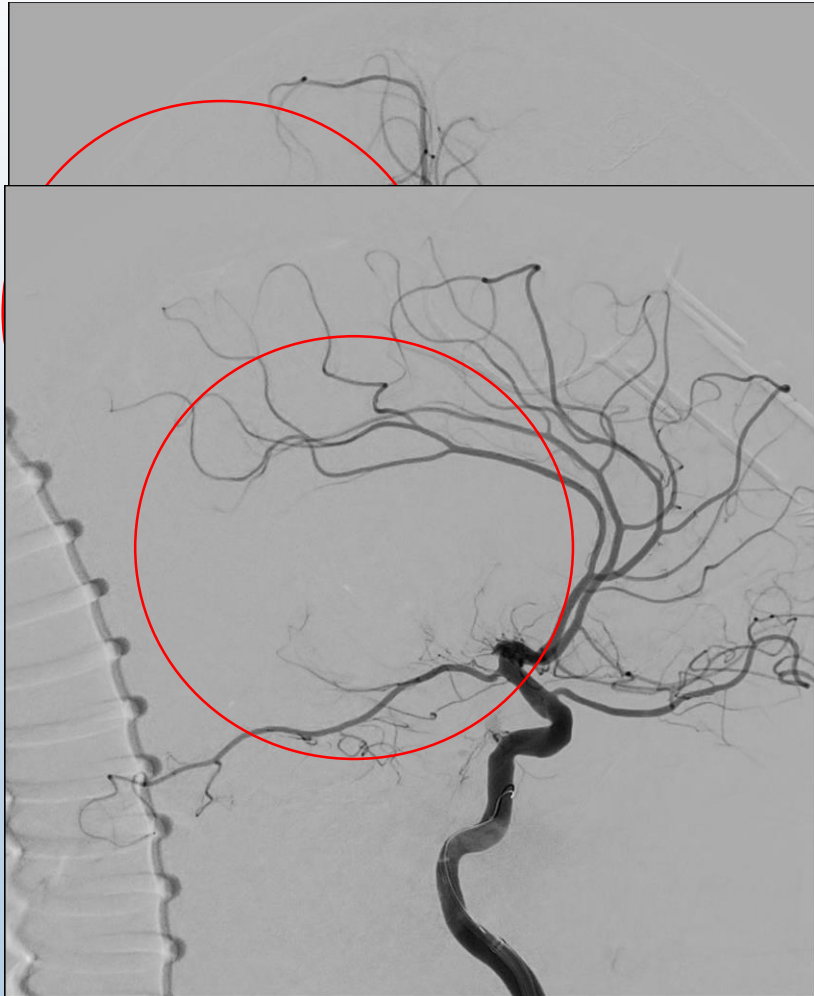
05:15

Inizio procedura endovascolare: Accesso arterioso trans-femorale dx 8F; Catetere Portante: NeuronMax .088' 90 cm, Catetere Neuron Select Berenstein 6F, guida Terumo .035'

07:10

Fine procedura

AGF ICA dx



I manovra: tromboaspirazione

Sofia 6F



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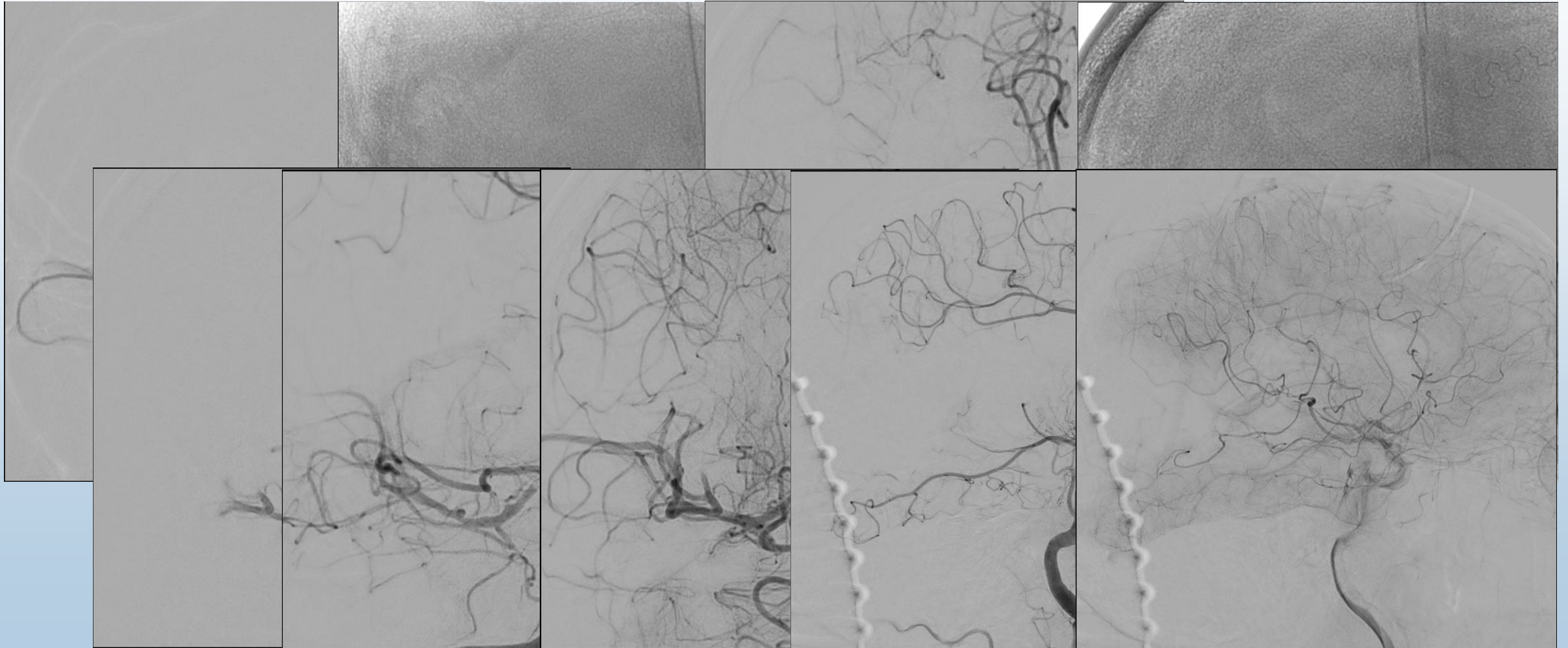


II manovra: combinata

Solitaire X 6x40 + Sofia 6F



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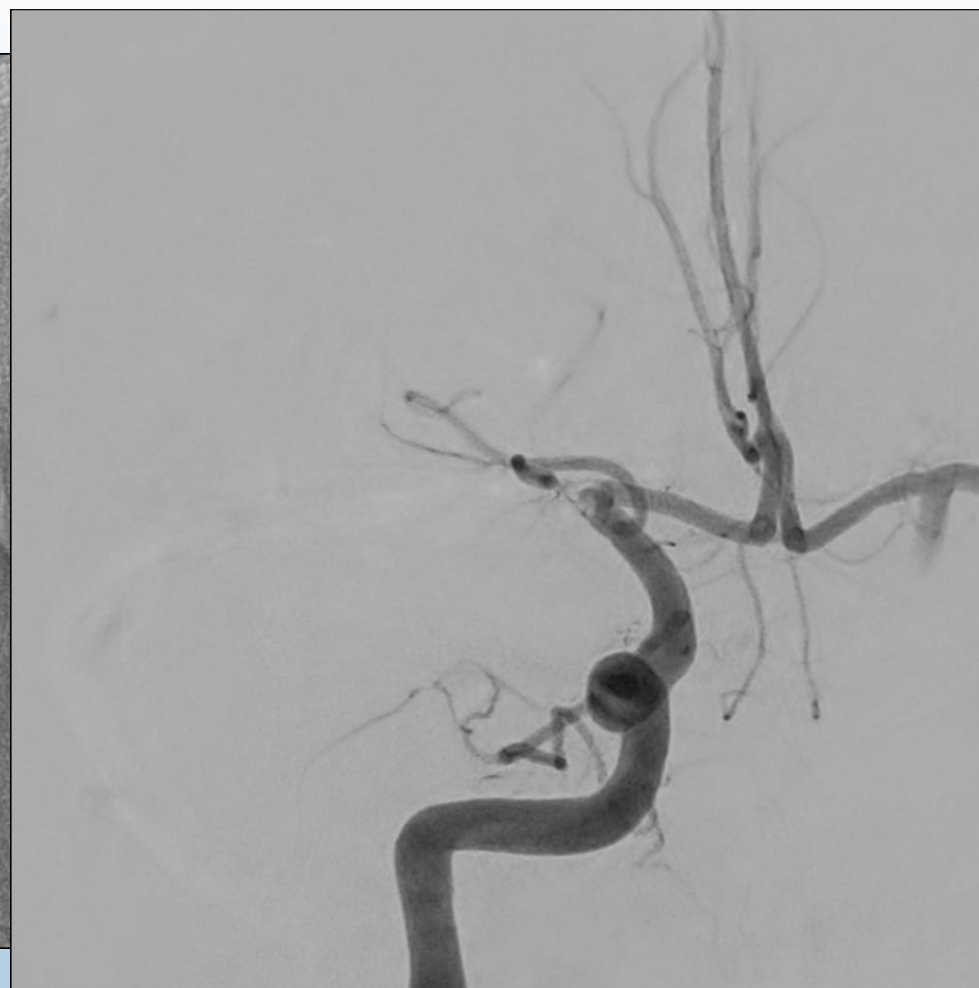


III manovra: by-pass temporaneo

Solitaire X 6x40 + Flectadol 500 mg



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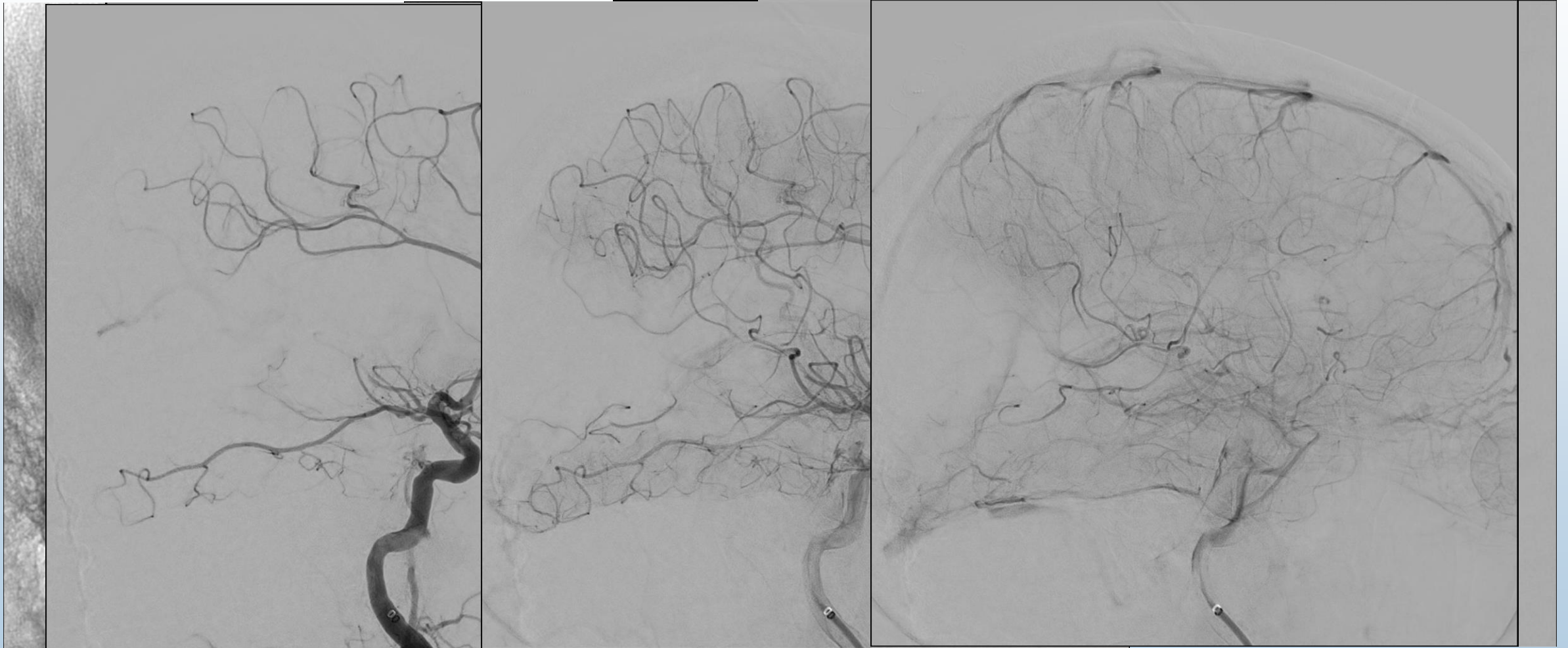


IV manovra: PTA

PTA con NeuroSpeed 3x8



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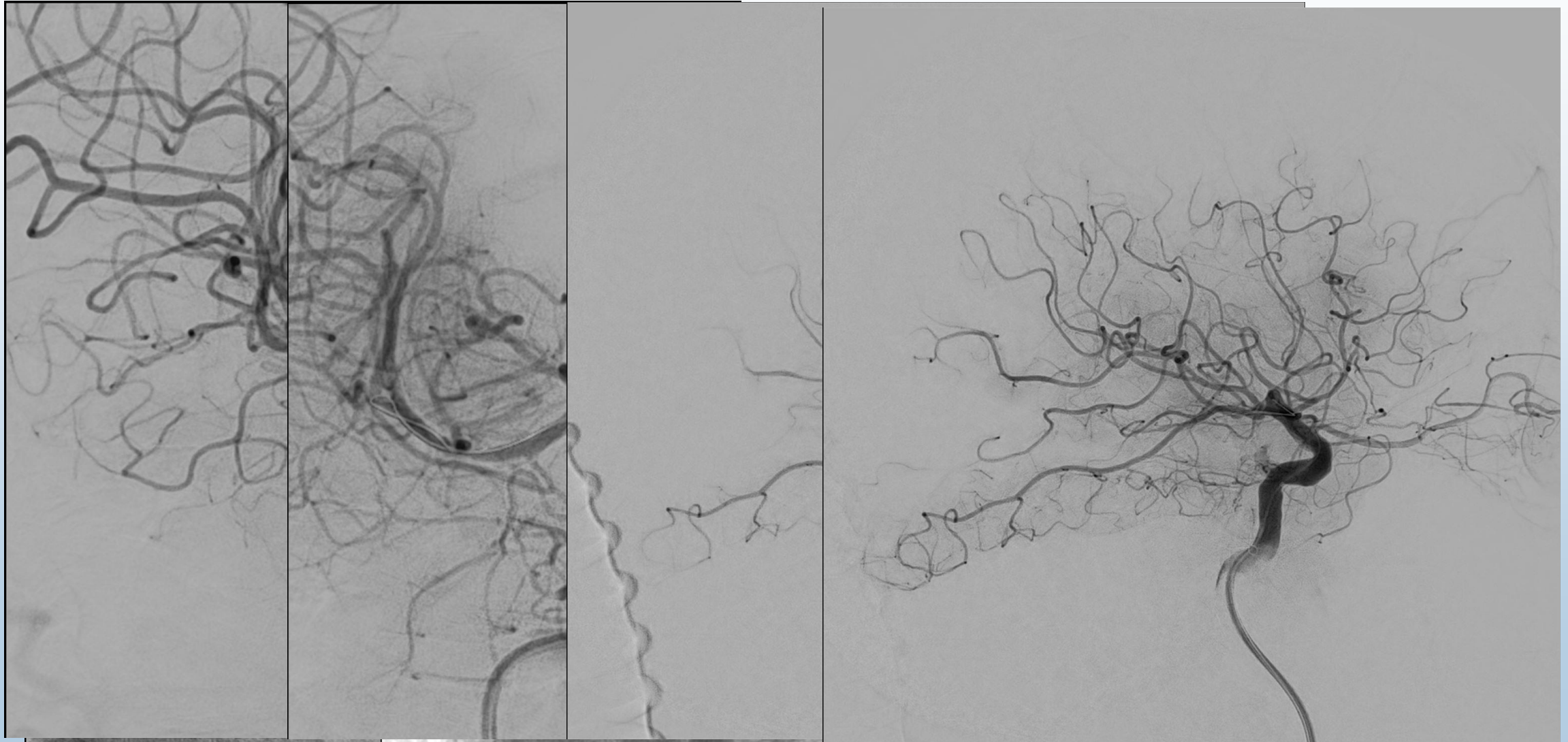
IV manovra: PTA

Bolo ev di 52 mL di Tirofiban in 3 minuti

PTA con NeuroSpeed 3x8 e stenting: Acclino HRF 3x20



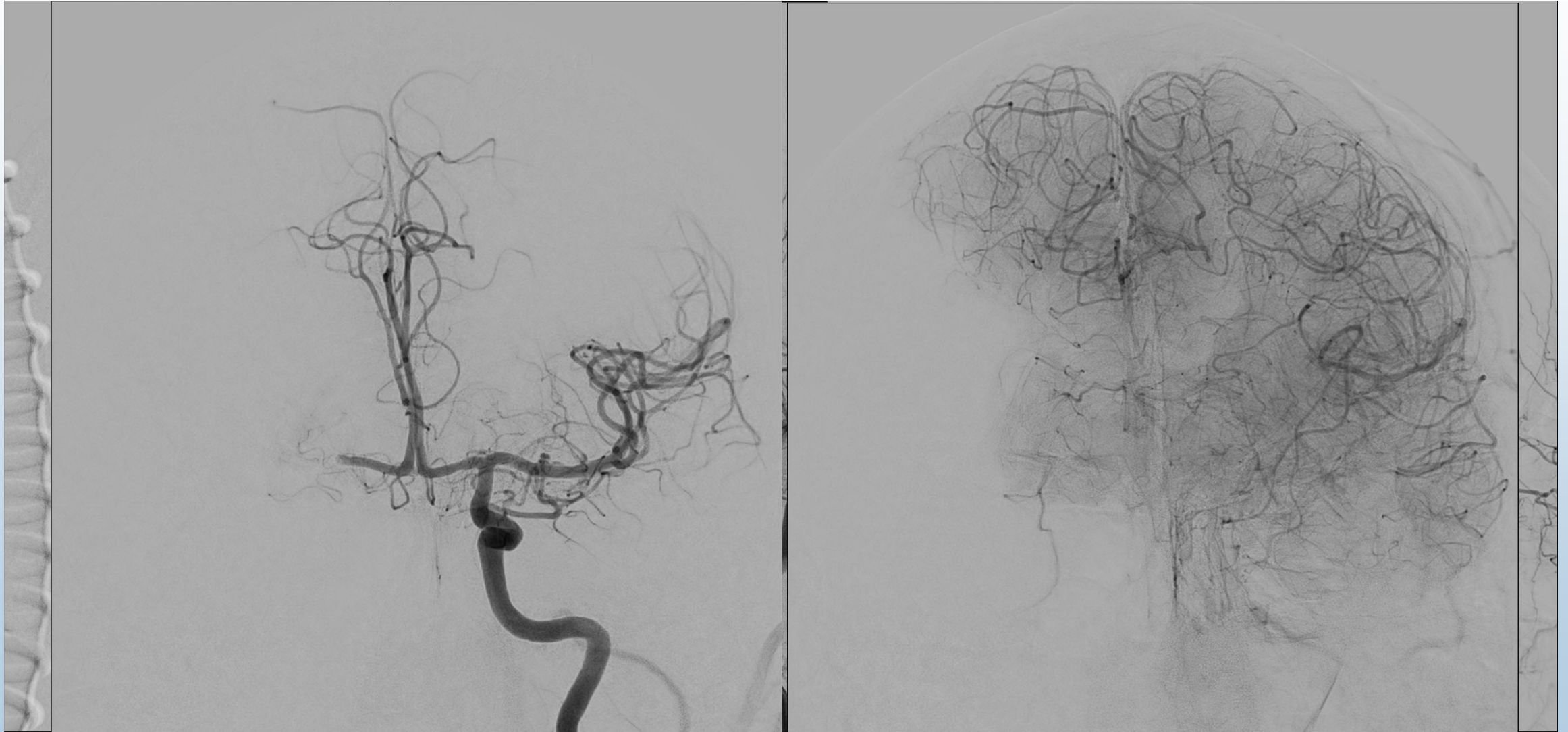
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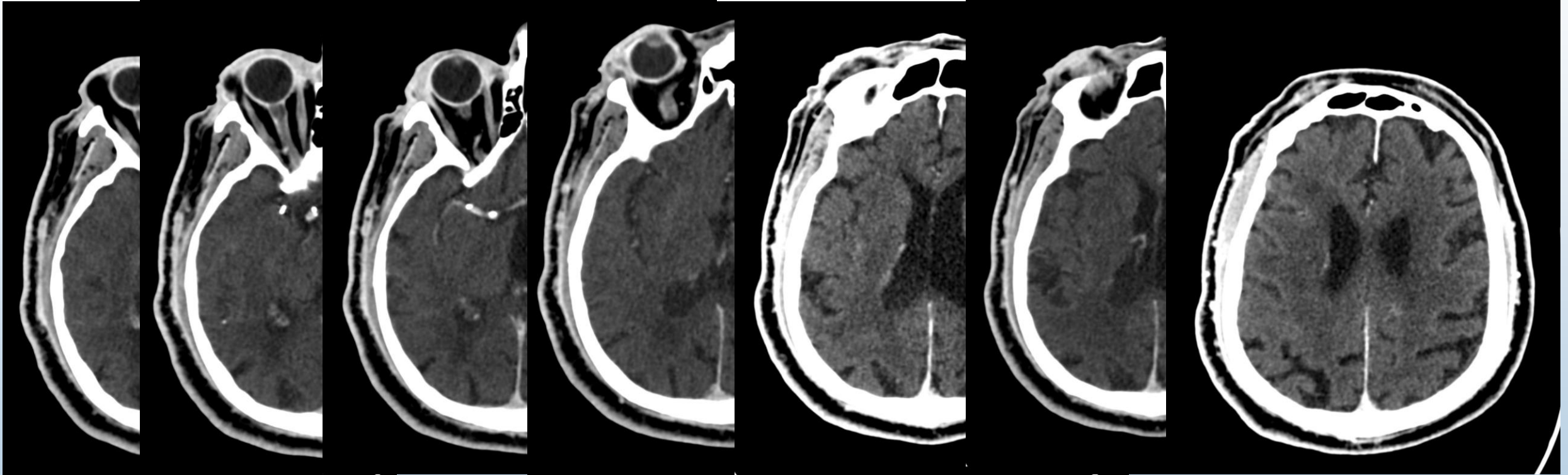
Finali lavoro



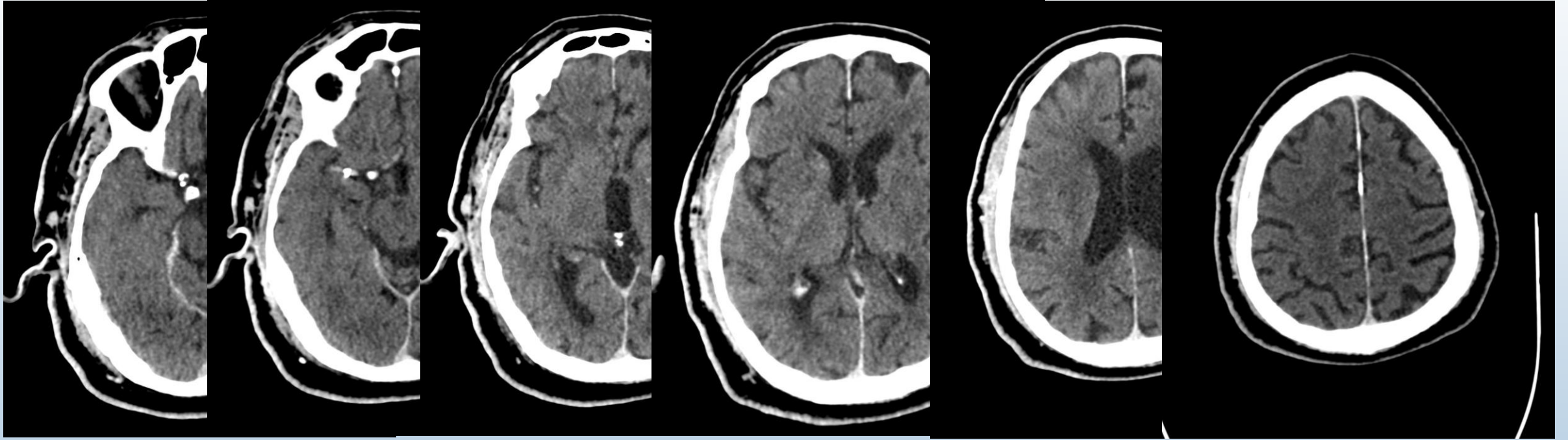
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TC Encefalo post-procedurale



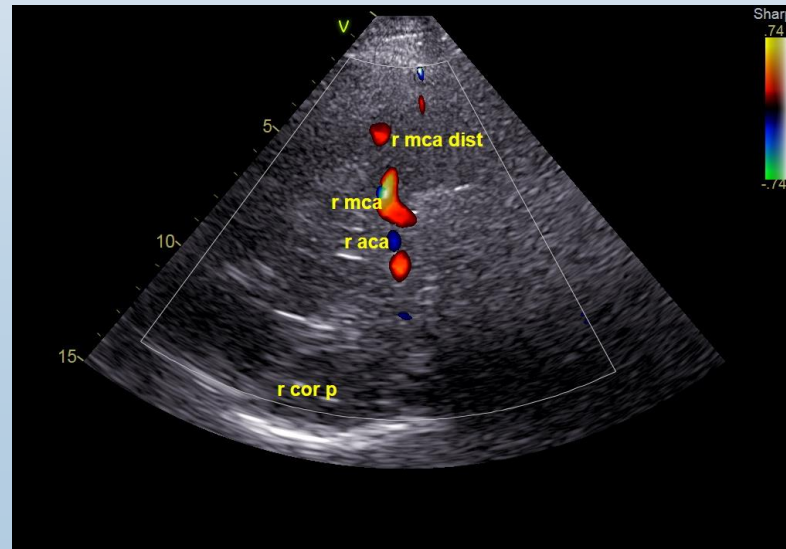
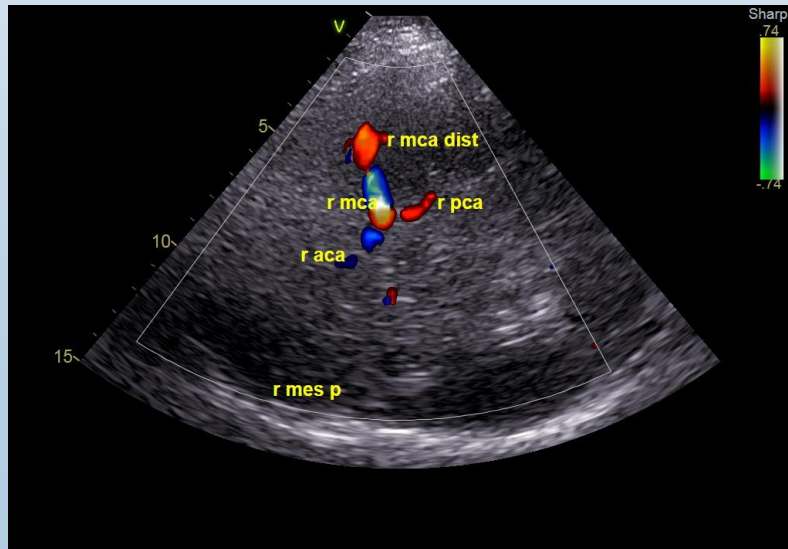
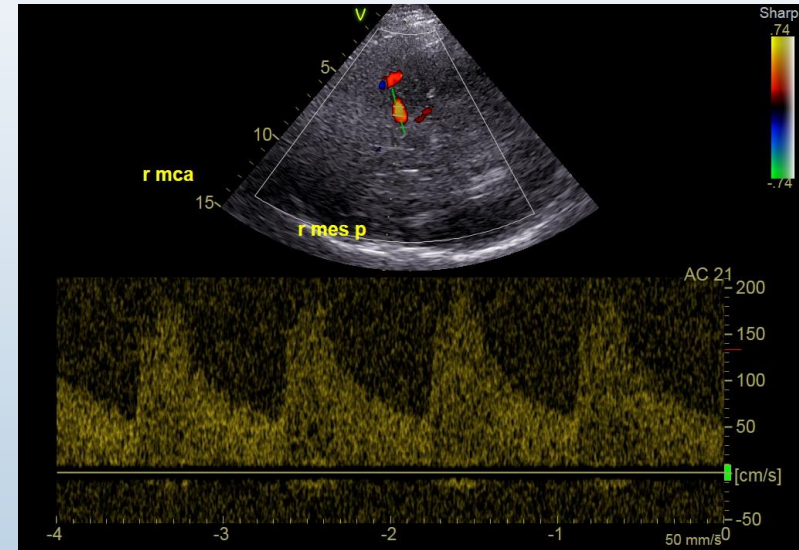
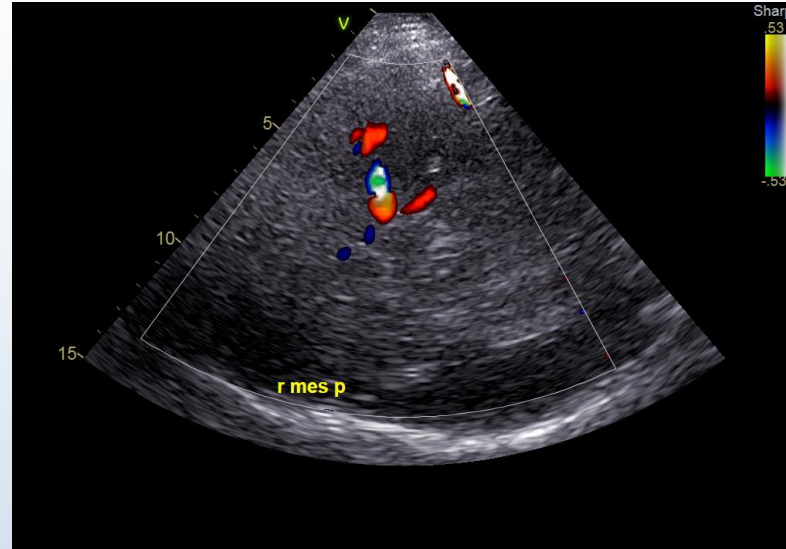
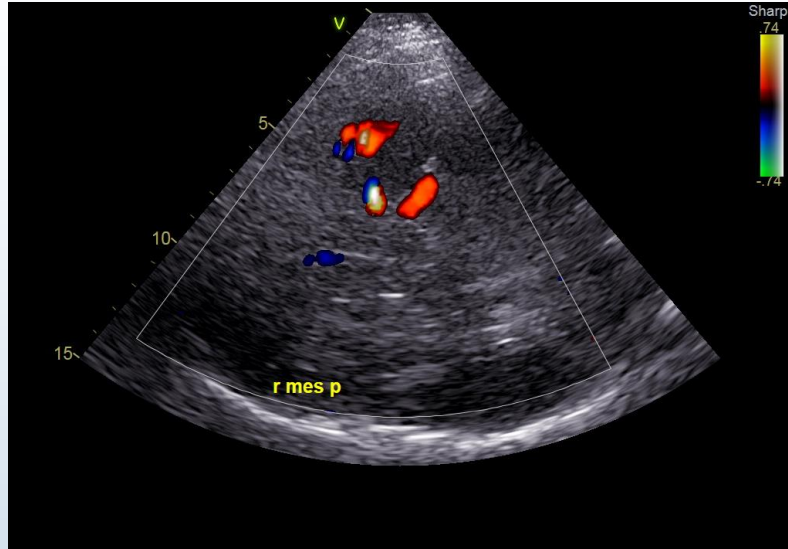
TC Encefalo a 6h



ECD trans-cranico a 24h



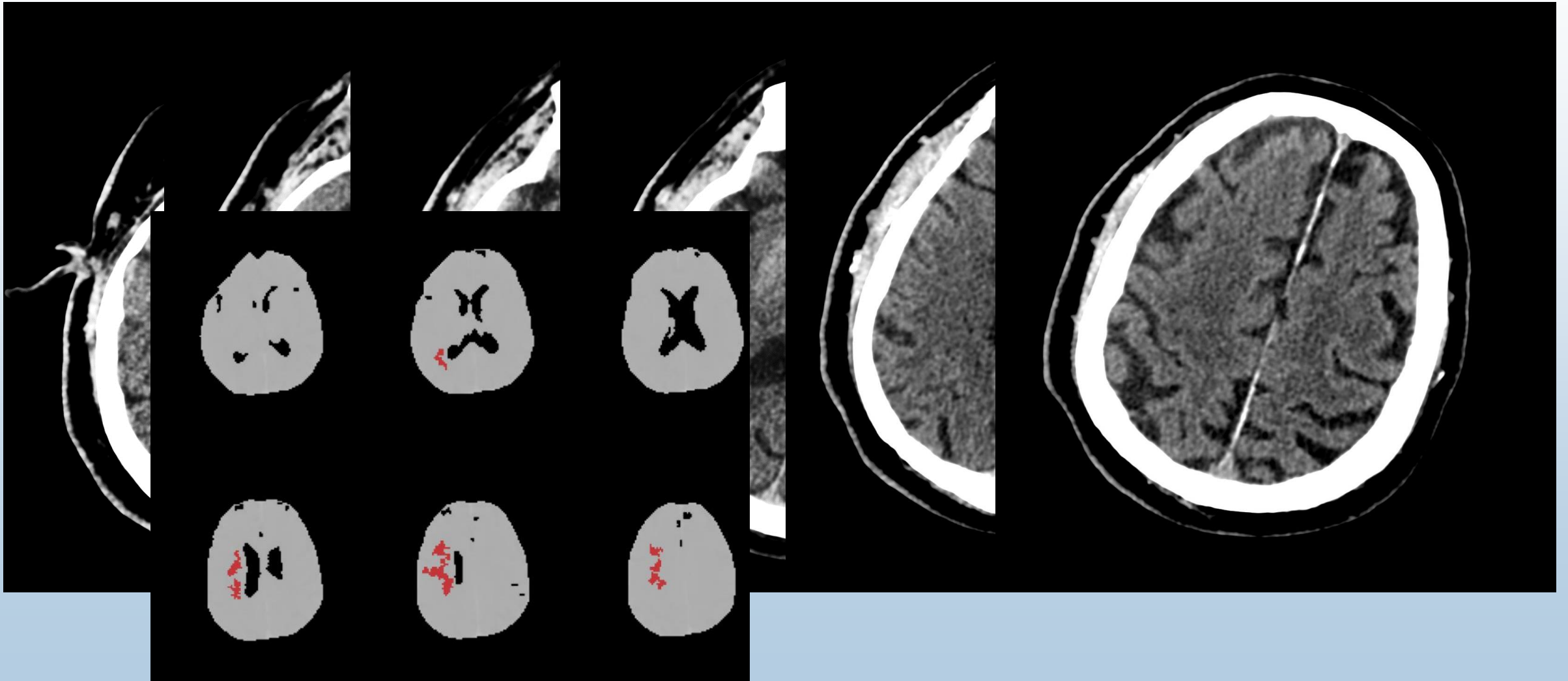
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TC Encefalo a 24h



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- ▶ **Alla dimissione:** paziente vigile, tranquillo e collaborante. Persiste linguaggio povero, esegue compiti semplici su stimolo verbale. Motricità oculare apparentemente conservata, estingue al doppio stimolo visivo. Deficit del VII nc a sinistra a tipo centrale, lieve ipostenia dell'arto superiore di sinistra. Apparentemente non deficit sensitivi e non fenomeni di estinzione al doppio stimolo tattile.
NIHSS 6

TC Encefalo a 7 giorni



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