

Traumatologia cranica
Aneurismi intracranici

NEURO UPDATE TORINO

9-10 marzo 2017

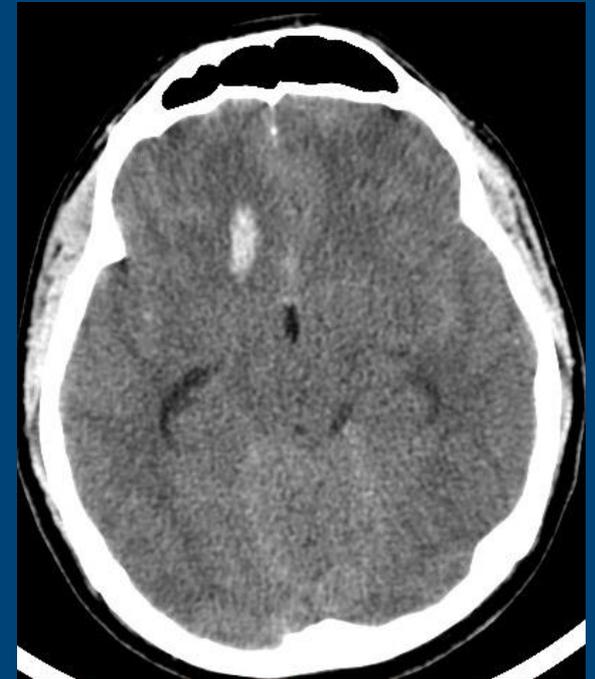
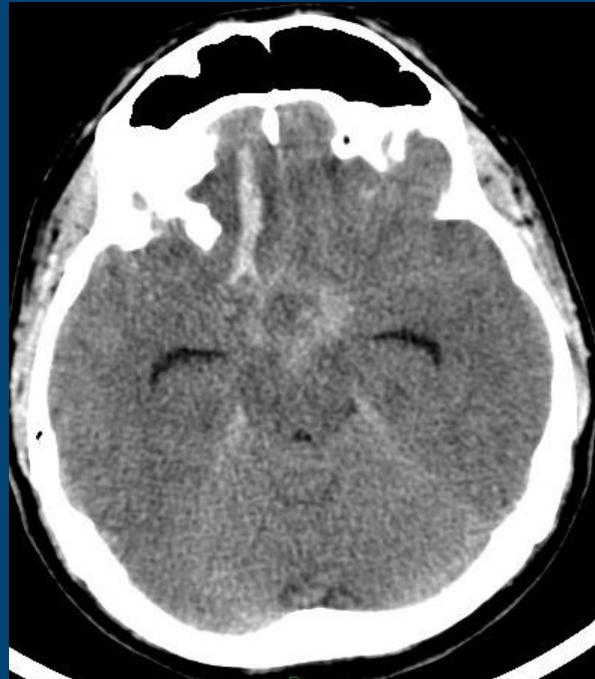
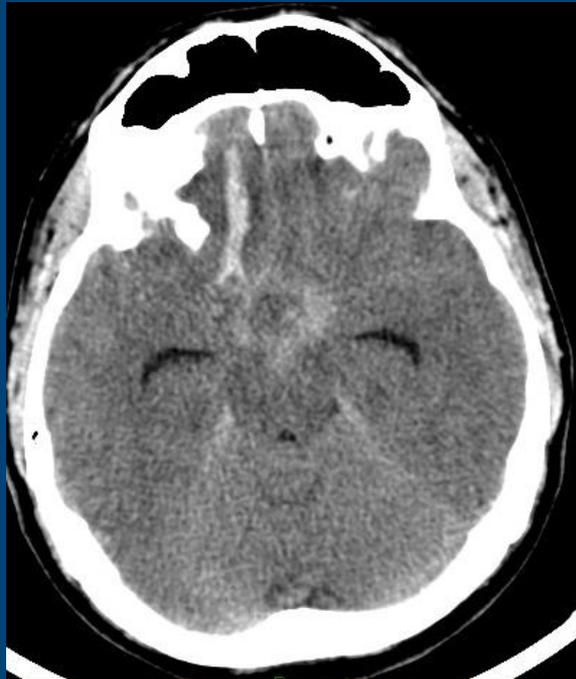


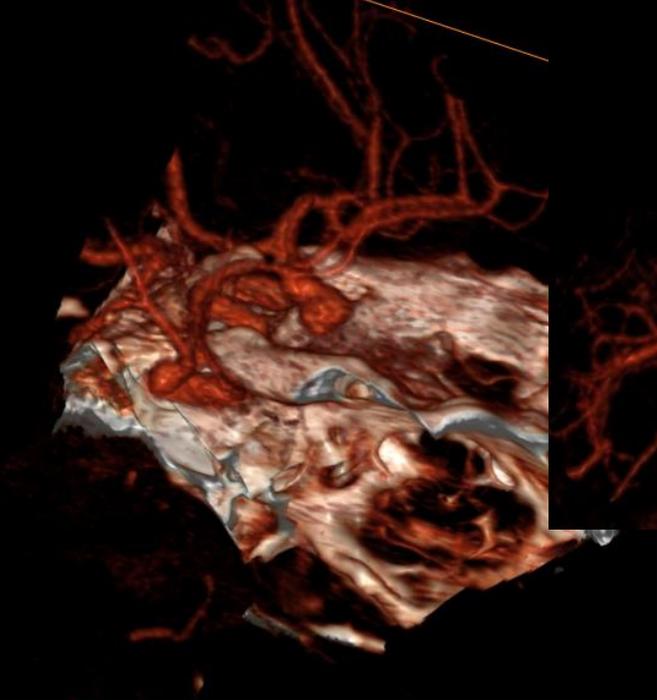
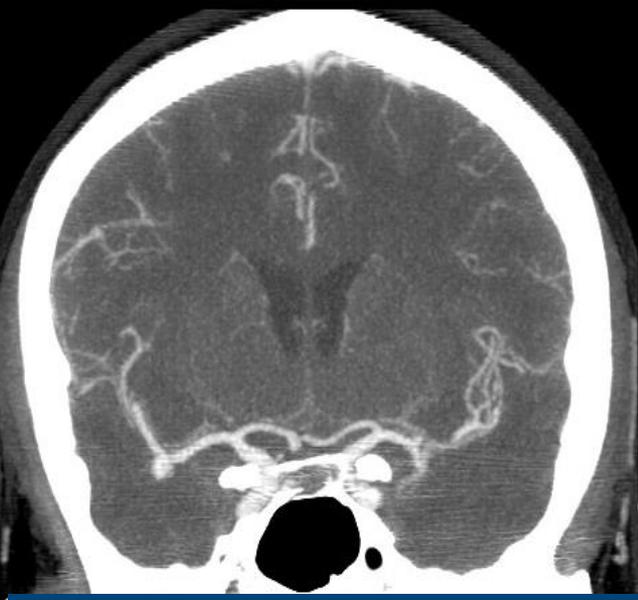
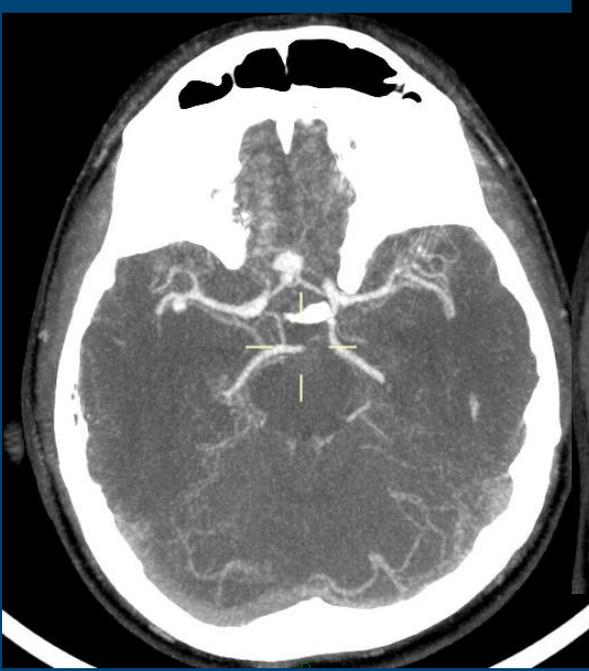
CASO CLINICO

Cossandi, Crobeddu, Panzarasa
S.C. Neurochirurgia
A.O.U. Maggiore della Carità di Novara

- M, 33 anni
- Cefalea, rigidità nucale, GCS 15
- Accesso al PS
TC encefalo → ESA

TC encefalo all'ingresso

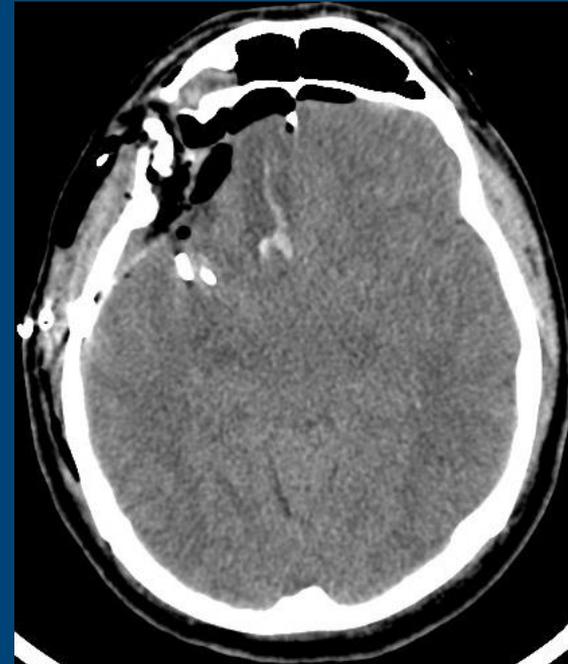
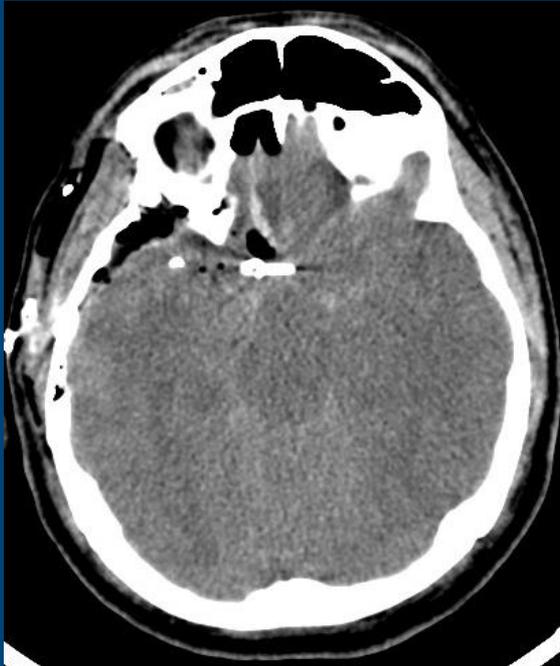




- *Aneurisma ACoA*
- *Aneurisma MCAbif dx*

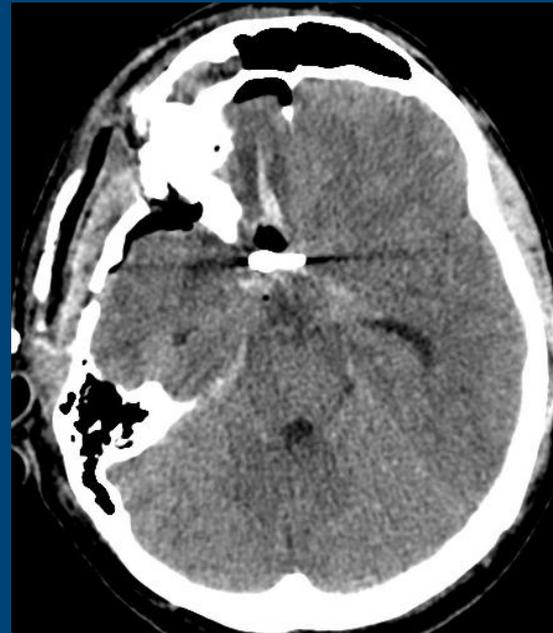
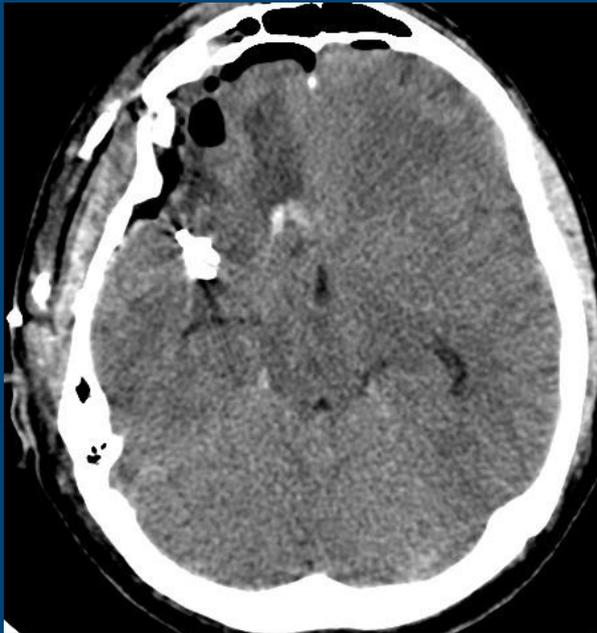
- Intervento chirurgico (ESA day 0)

→ clipping aneurismi



- TC encefalo post-operatoria
- Trasferito in Rianimazione per il risveglio
(Derivazione liquorale spinale esterna posizionata preoperatoriamente, mantenuta chiusa)

I Giornata *(secondo controllo TC)*



- Pz. Vigile, cosciente, non deficit neurologici
- Valori pressione arteriosa normali

II Giornata post-operatoria

- Pz. clinicamente stabile
- DSE mantenuta chiusa.

III Giornata

- Vigile, cosciente, non deficit di nuova insorgenza.
TCD nella norma. Lieve cefalea

IV Giornata

- Vigile, cosciente, non deficit neurologici
 - *Si rimuove la DSE*

V Giornata

- Neurologicamente indenne
- Es. ematici nella norma, Hb 8.5 g/dL
- Elettroliti in ordine
- Programmata AngioTC encefalo per controllo post-clipping (per problemi organizzativi slitta al giorno successivo)

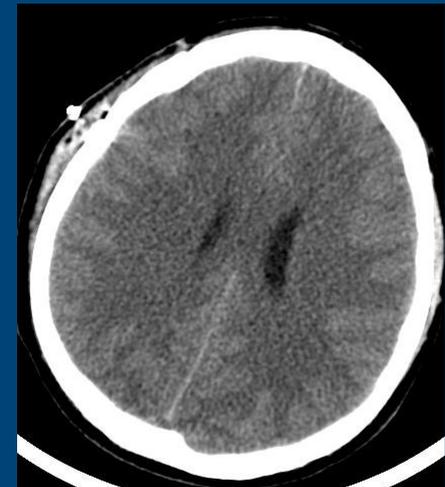
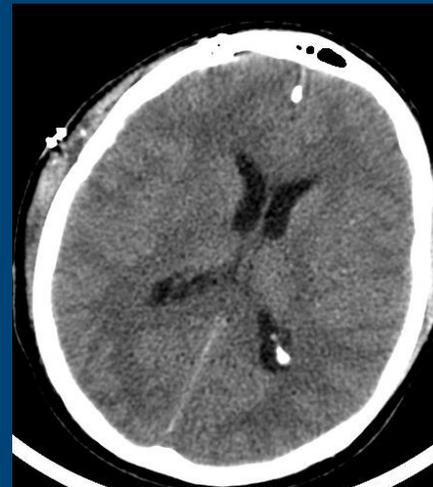
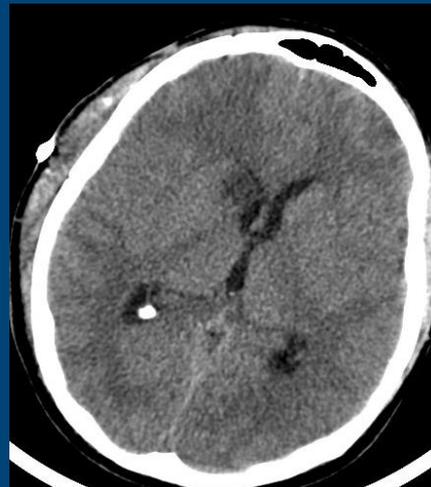
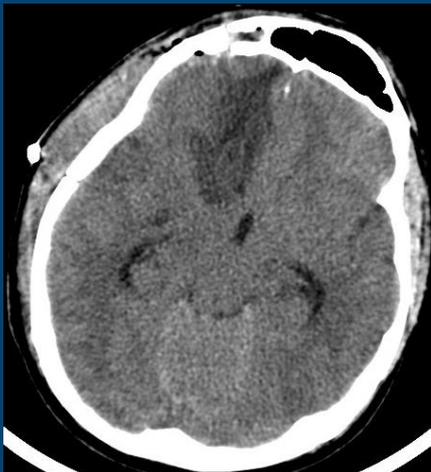
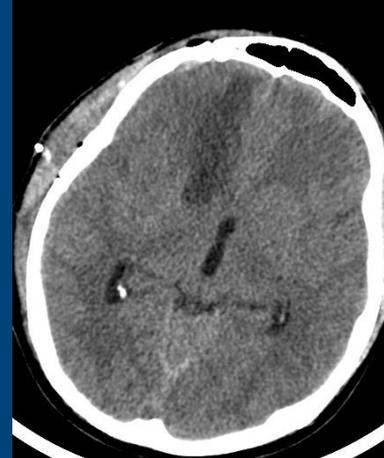
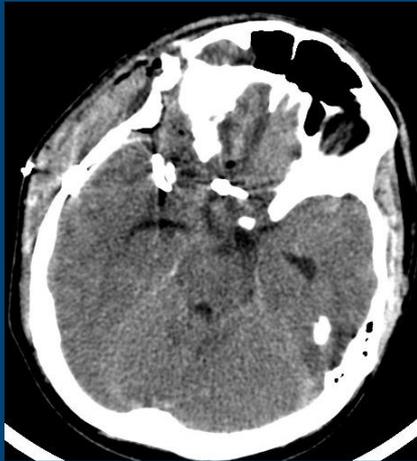
V Giornata

- h 21:45

Paziente molto sofferente, riferisce dolore agli arti inferiori ed in sede sacrale risoltosi entro 1h dopo assunzione di antidolorifico, residua solo lieve cefalea

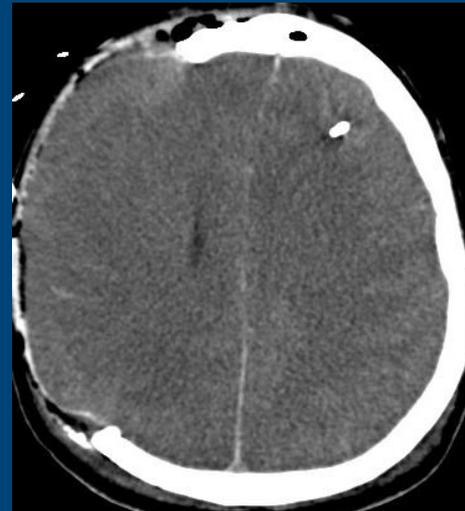
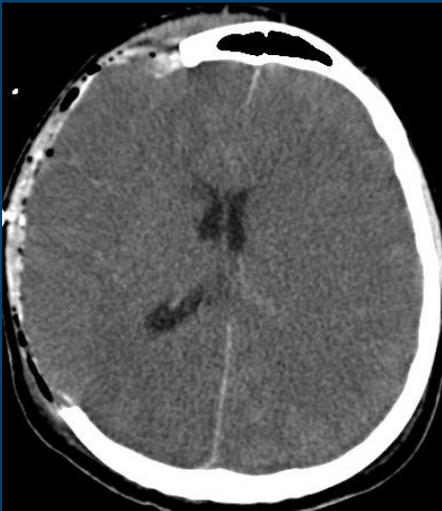
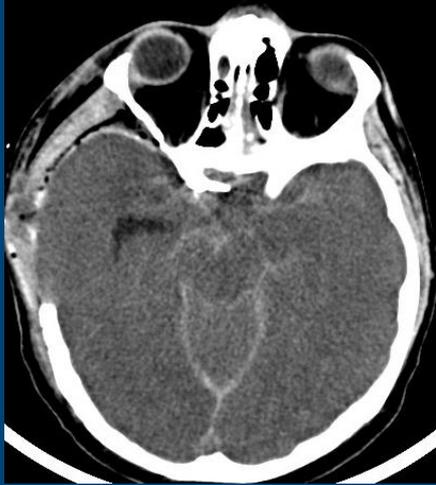
- h 02:33 episodio di vomito e rilascio sfinterico. Paziente confuso, poco collaborante, non deficit ai 4 arti.
- h 02:38 si contatta il Rianimatore per minima sedazione (pz agitato) per eseguire Tc encefalo urgente

TC encefalo



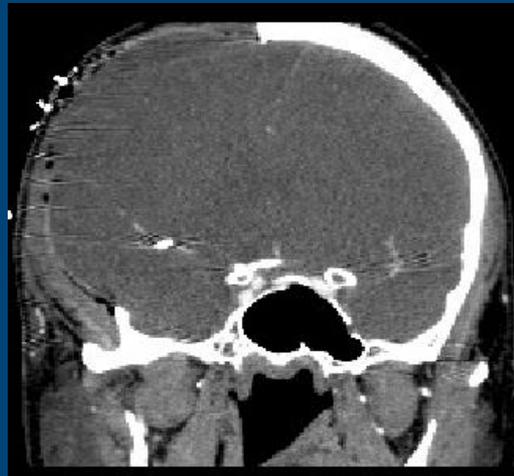
- h 02:50 GCS 11  Rapido peggioramento al rientro dalla TC: pz anisocorico $sx > dx$, non RFM
- Paziente intubato e trasferito in RIA in GCS 4, pupille intermedie non RFM
- TCD : flusso sistolico MCA bilateralmente
- Posizionamento del sensore PIC
- 60-70 mmHg
- Immediata Craniectomia decompressiva

Tc encefalo post-decompressione



- H 7.10 rientro dalla c. o.
- PIC 70-80 mmHg
- TCD: solo picco sistolico
- *Esegue immediata AngioTC encefalo*

AngioTC encefalo



- Pz. Midriatico
- H 11.30

Craniectomia decompressiva controlaterale

- Rientrato dalla c.o.
- TCD: picco sistolico e flusso retrogrado in diastole MCA sx , MCA dx non esplorabile
- IX Giornata Decesso