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Instrumente Structurale
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UNIVERSITATEA DE MEDICINĂ ŞI
FARMACIE "CAROL DAVILA"
BUCUREŞTI

AD-COR Program inovativ de formare in domeniul cardiologiei pediatrice
POSDRU/179/3.2/S/152012

Data: **12-10-2015**

MODUL TEORETIC

LE PATOLOGIE DELLA VIA D'USCITA DEL VENTRICOLO SINISTRO: INDICAZIONI E SOLUZIONI CHIRURGICHE

Imputernicit: Prof. Dr. Tammam Youssef

Activitate prestata de I.R.C.C.S. POLICLINICO SAN DONATO – MILANO, ITALIA in baza contractului nr. 18/22144/29.07.2015

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Acest material a fost documentat/ validat/ prezentat la sesiunile de formare în cadrul proiectului *„AD-COR Program inovativ de formare în domeniul cardiologiei pediatrice”* - POSDRU/179/3.2/S/152012, proiect cofinanțat din Fondul Social Operațional Sectorial Dezvoltarea Resurselor Umane 2007-2013.

Beneficiar: Universitatea de Medicină și Farmacie „Carol Davila” București

LE PATOLOGIE DELLA VIA D'USCITA DEL VENTRICOLO SINISTRO: INDICAZIONI E SOLUZIONI CHIRURGICHE

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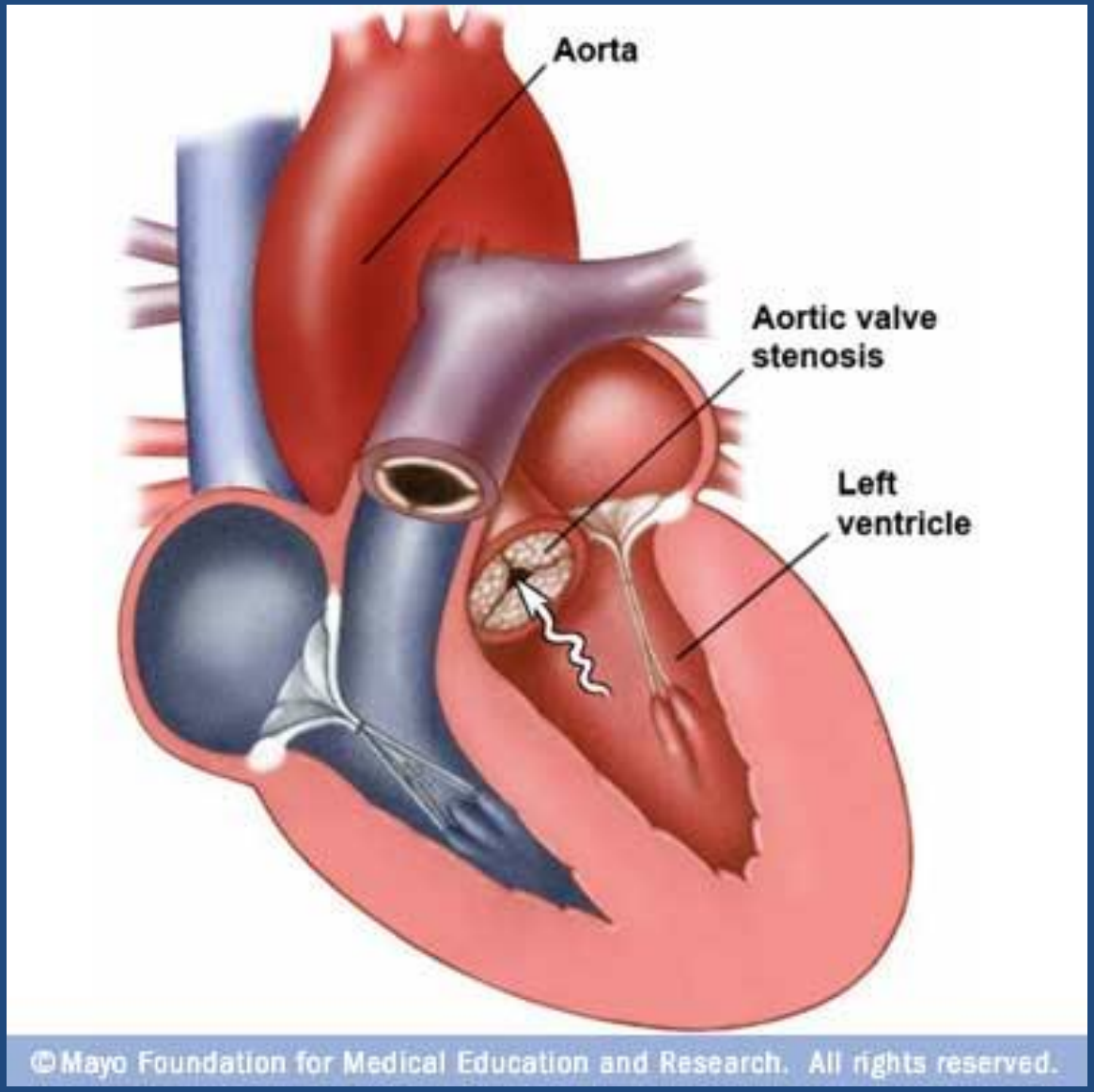
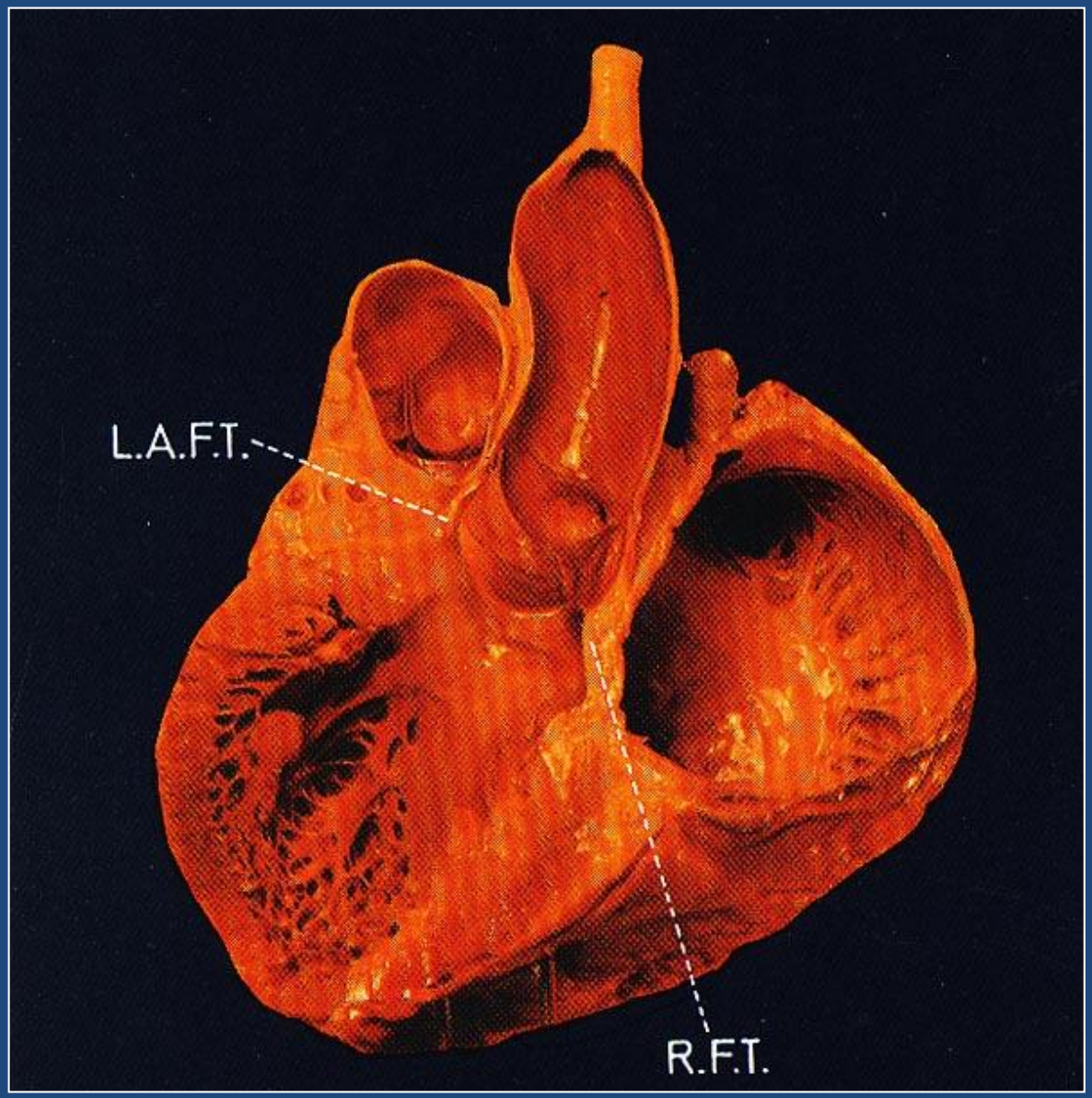
I.R.C.C.S. Policlinico San Donato
Milano - Italia

Cuore normale



Anatomia dell’aorta



Patologia della via d'uscita del cuore sx

Ostruzioni

- ✓ Stenosi sottovalvolare Aortica (incluso tunnel)
- ✓ Miocardiopatia ipertrofica ostruttiva
- ✓ SAM
- ✓ Stenosi Aortica (incluse varie forme con ipoplasia anello)
- ✓ Stenosi sopravalvolare aortica

Patologia della via d'uscita del cuore sx

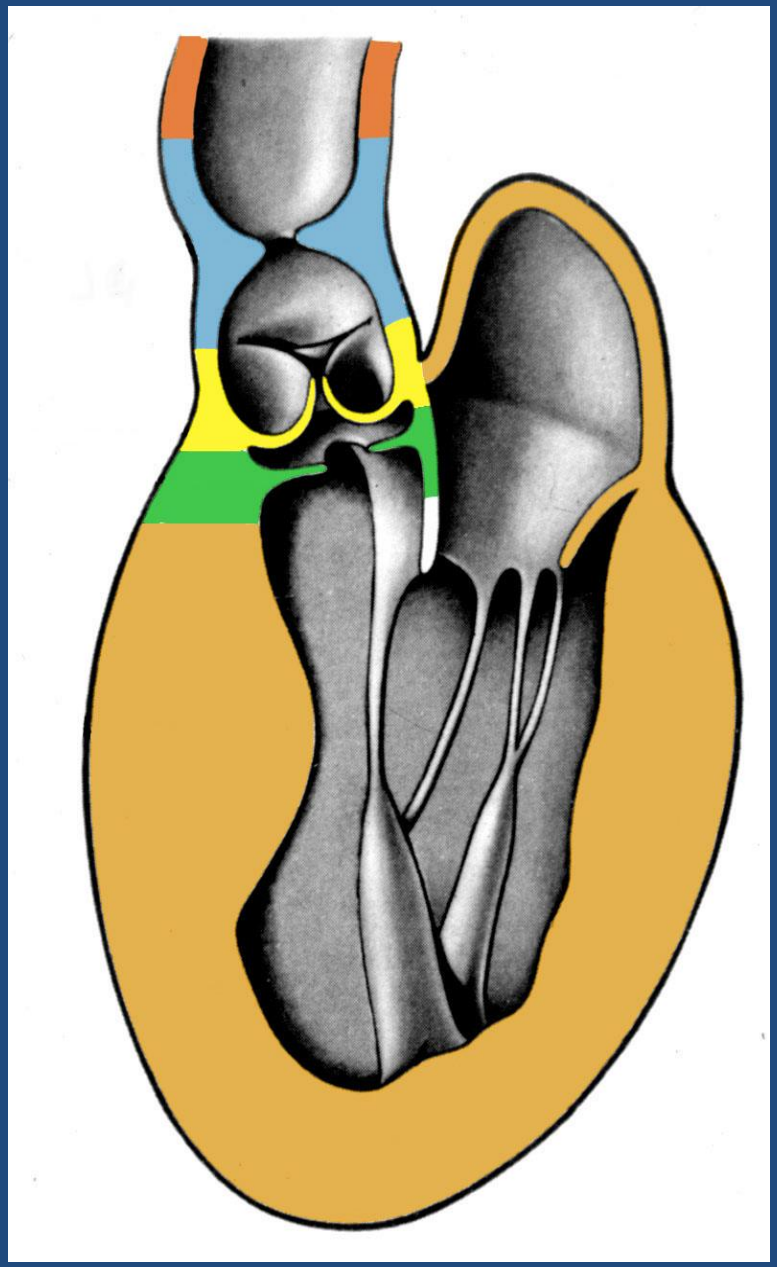
Ostruzioni
(altre cause rare)

- ✓ Tessuto mitralico accessorio TIPO I : fisso, TIPO II: mobile
- ✓ Anomala inserzione mitrale
- ✓ Anomalia muscoli papillari e corde
- ✓ Spostamento ipertrofia setto interventricolare (TGA –Atresia Polm a setto intatto)
- ✓ Amiloidosi
- ✓ Ectopia tiroidea

Patologia della via d'uscita del cuore sx

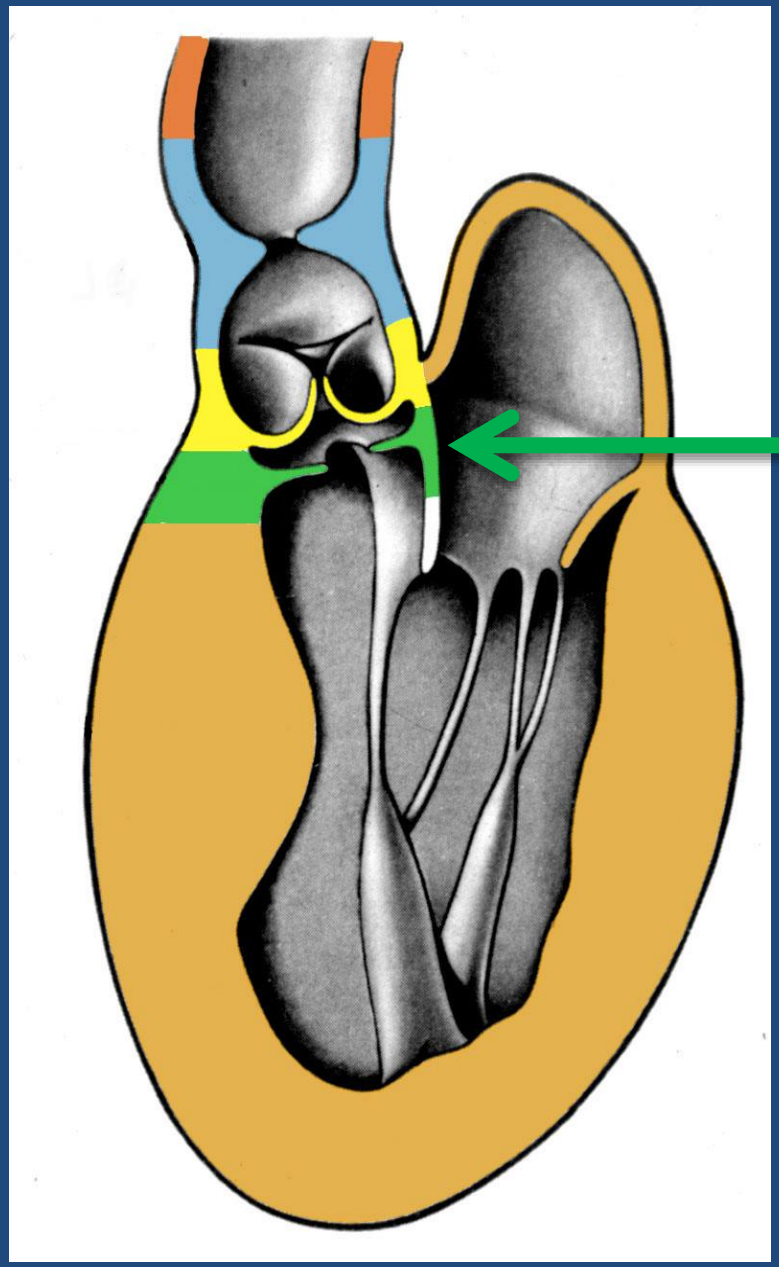
Insufficienze

- ✓ Insufficienza aortica
- ✓ Aneurisma



PATOLOGIE AORTICHE

LIVELLI LESIONE



STENOSI SOTTOVALVOLARE AORTICA

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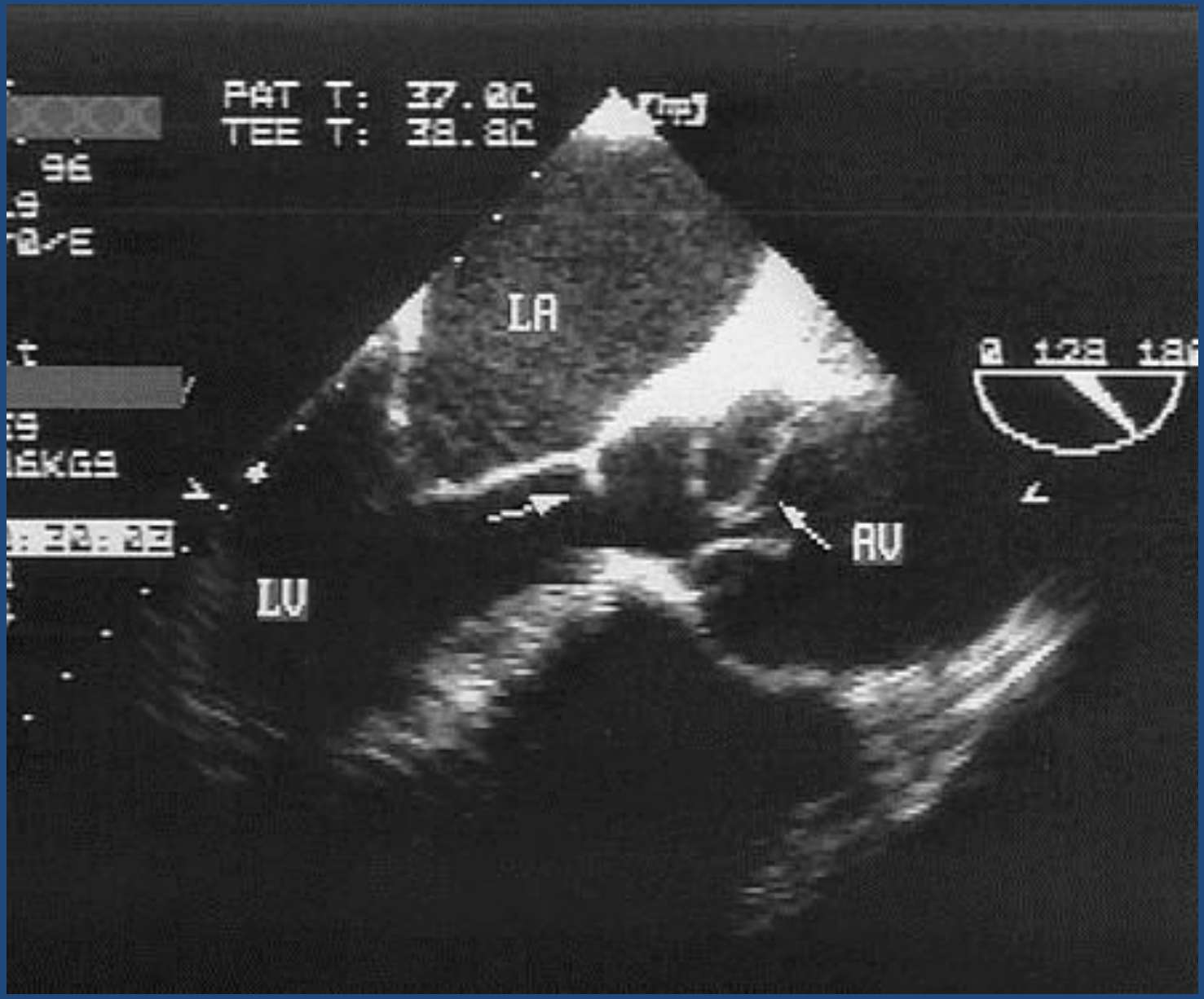


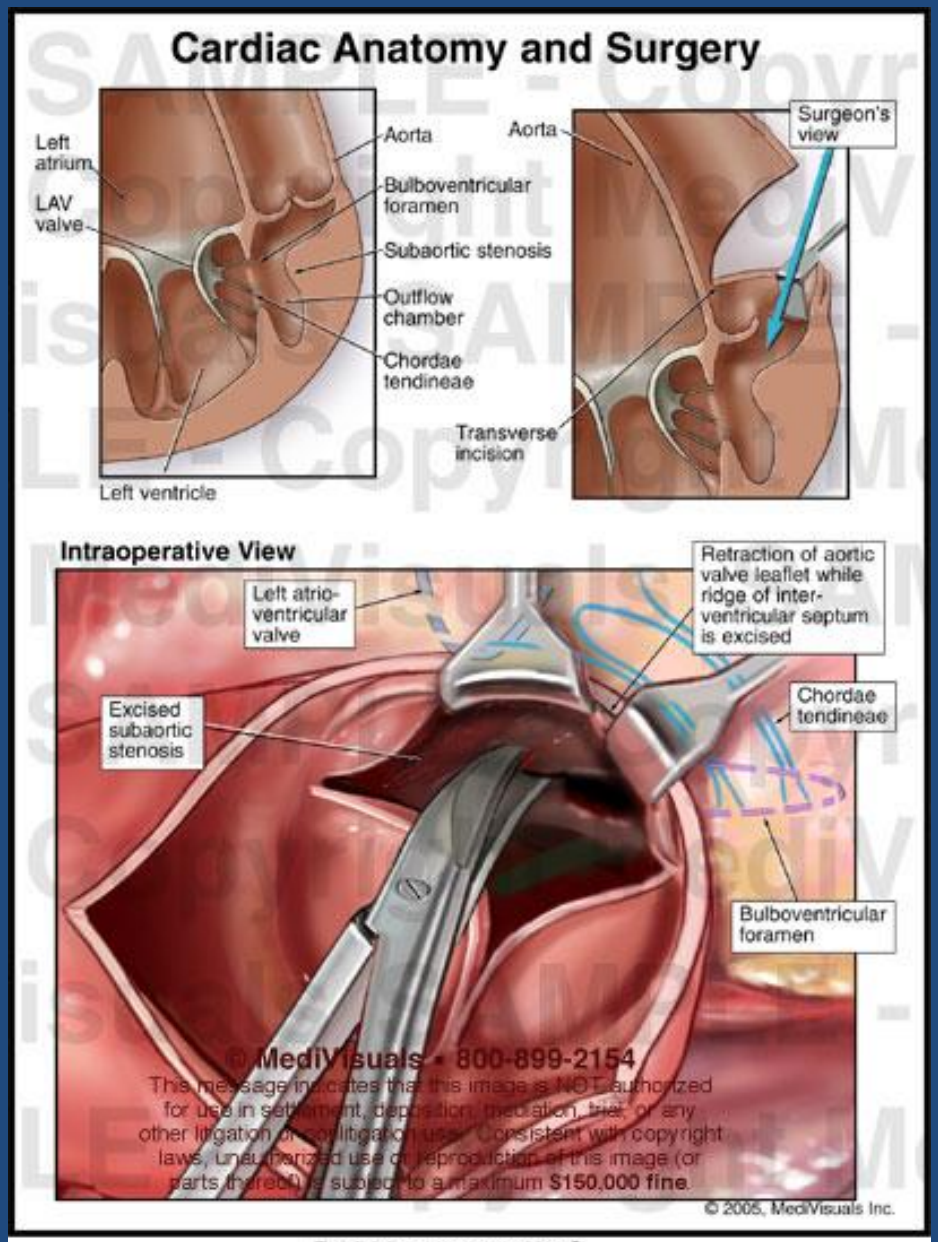
PATOLOGIE VIA D'USCITA VENTRICOLO SINISTRO

Stenosi sottovalvolare aortica
Indicazioni operatorie

- Qualunque gradiente (25-30 mmHG) se presenza IAo

- Gradiente 50 mmHg se non IAo o secondo la morfologia

STENOSI SOTTOVALVOLARE AORTICA



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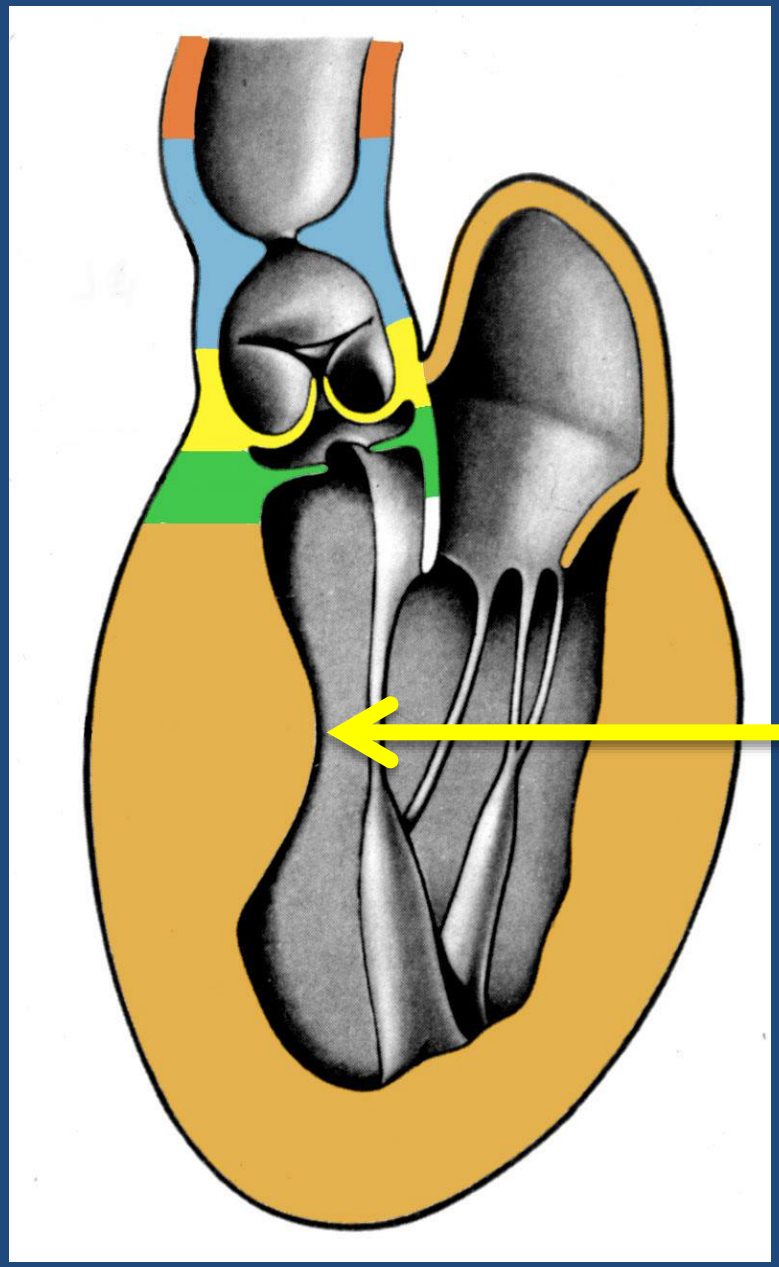
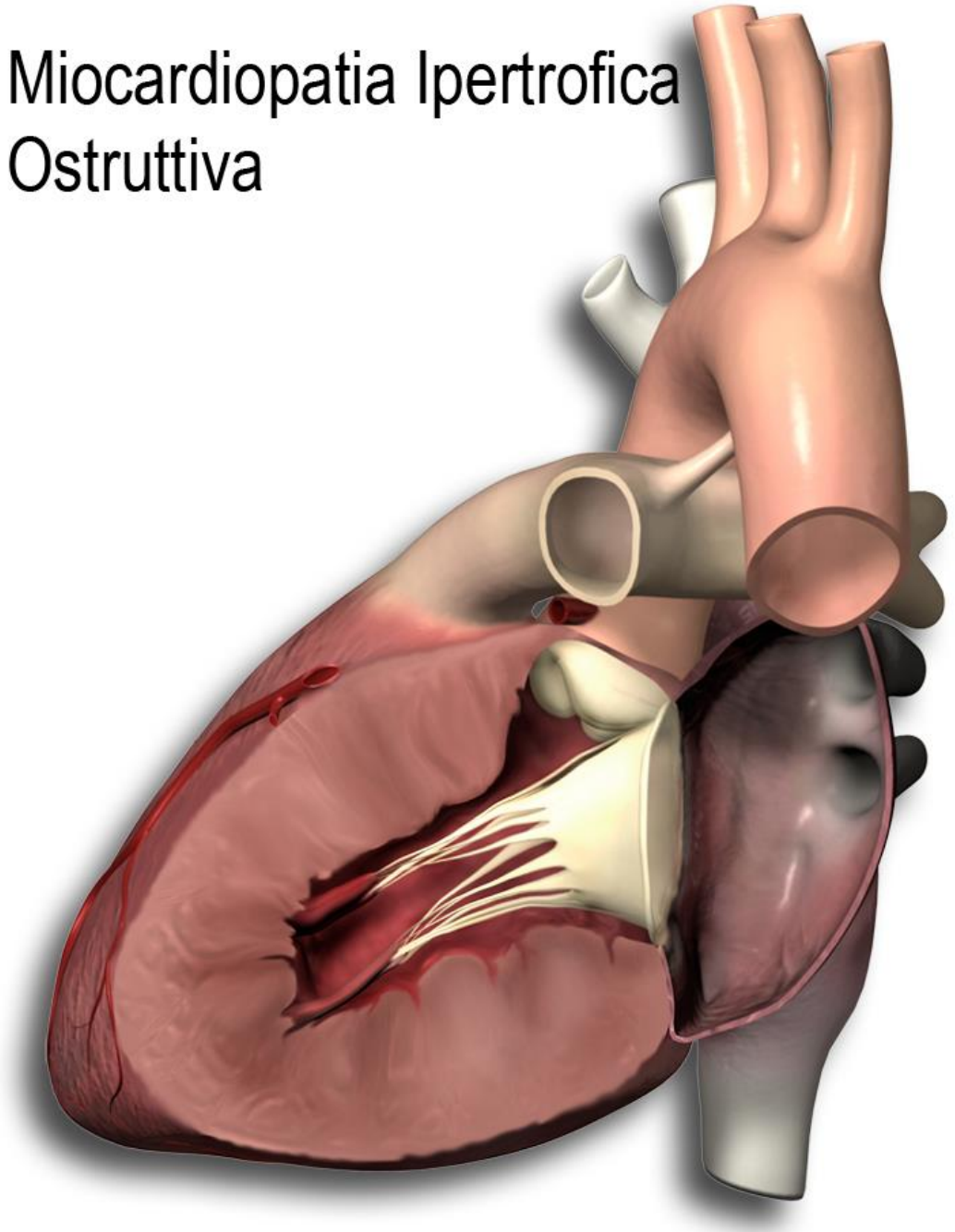
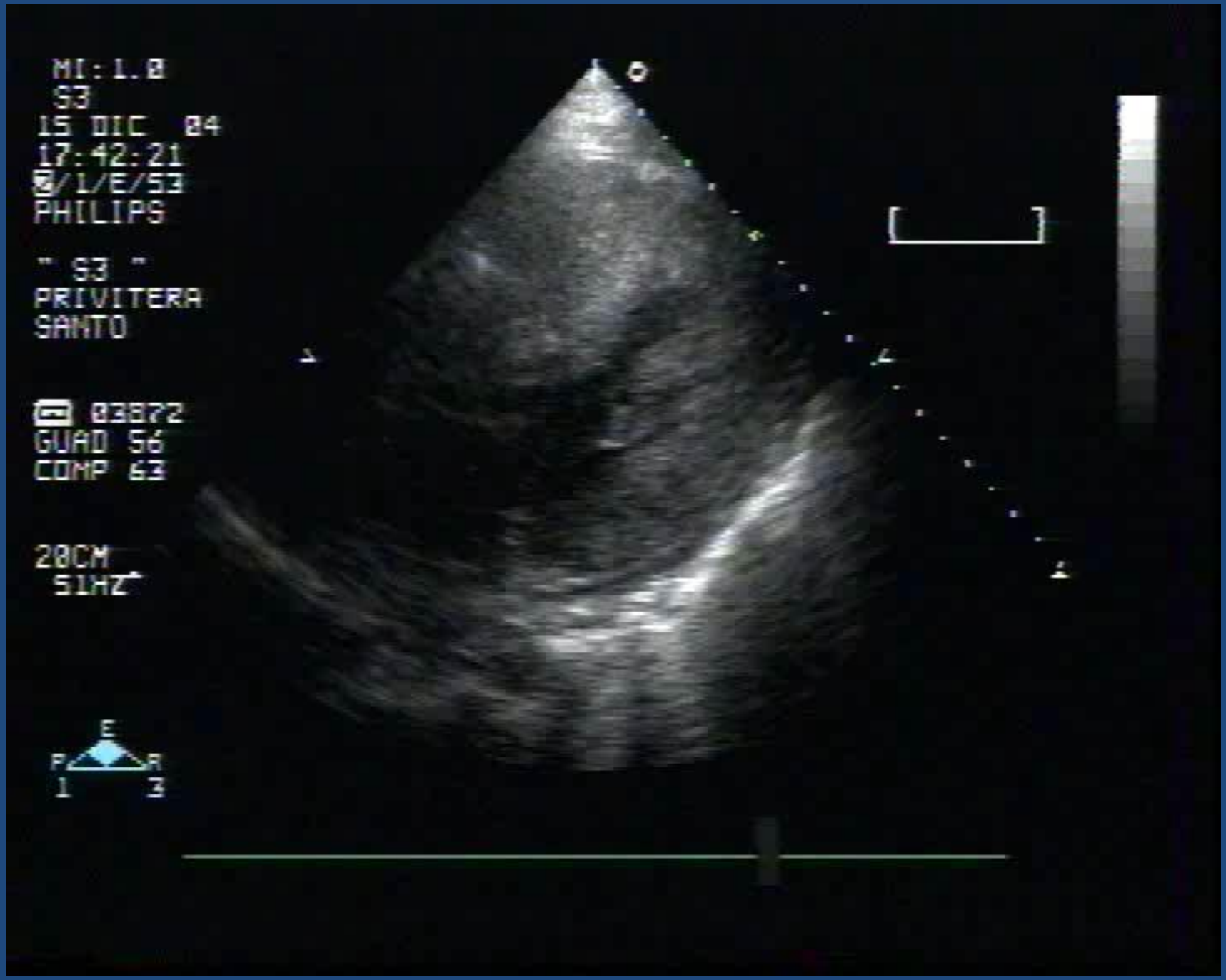


MIOCARDIOPATIA IPERTROFICA OSTRUTTIVA

Miocardiopatia Ipertrofica Ostruttiva

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S3
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17:42:21
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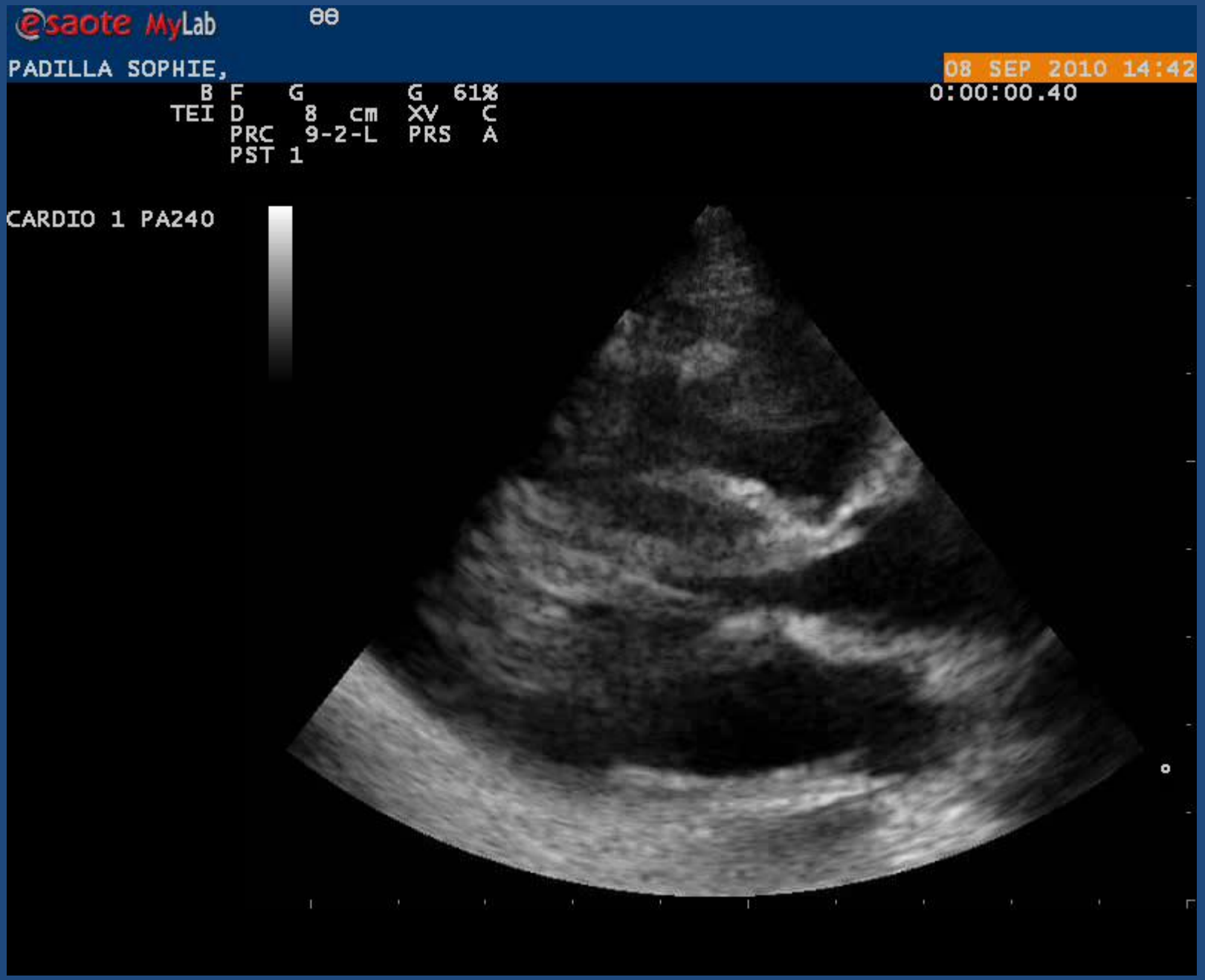
esaote MyLab
PADILLA SOPHIE,
08 SEP 2010 14:42
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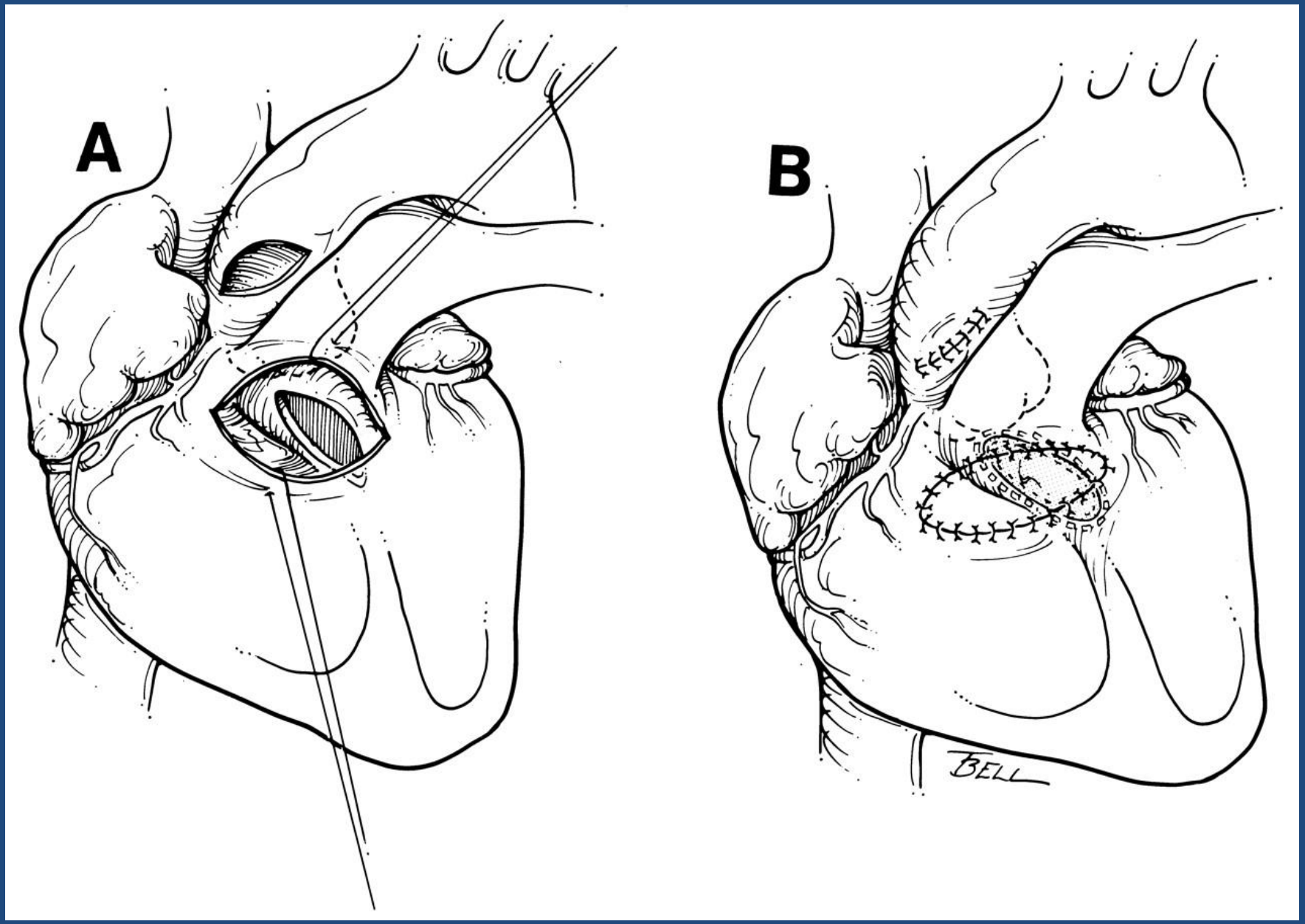
TEI D 8 cm XV C
PRC 9-2-L PRS A
PST 1
0:00:00.40
CARDIO 1 PA240

KONNO RASTAN



Miocardiopatia Ipertrofica Ostruttiva

Indicazioni Operatorie

-Gradiente max > 80/90 mmHg

-Insufficienza mitralica da SAM

-Fallimento terapia medica

Shöne complex

Series of obstructive or potentially obstructive congenital left-sided cardiac lesions:

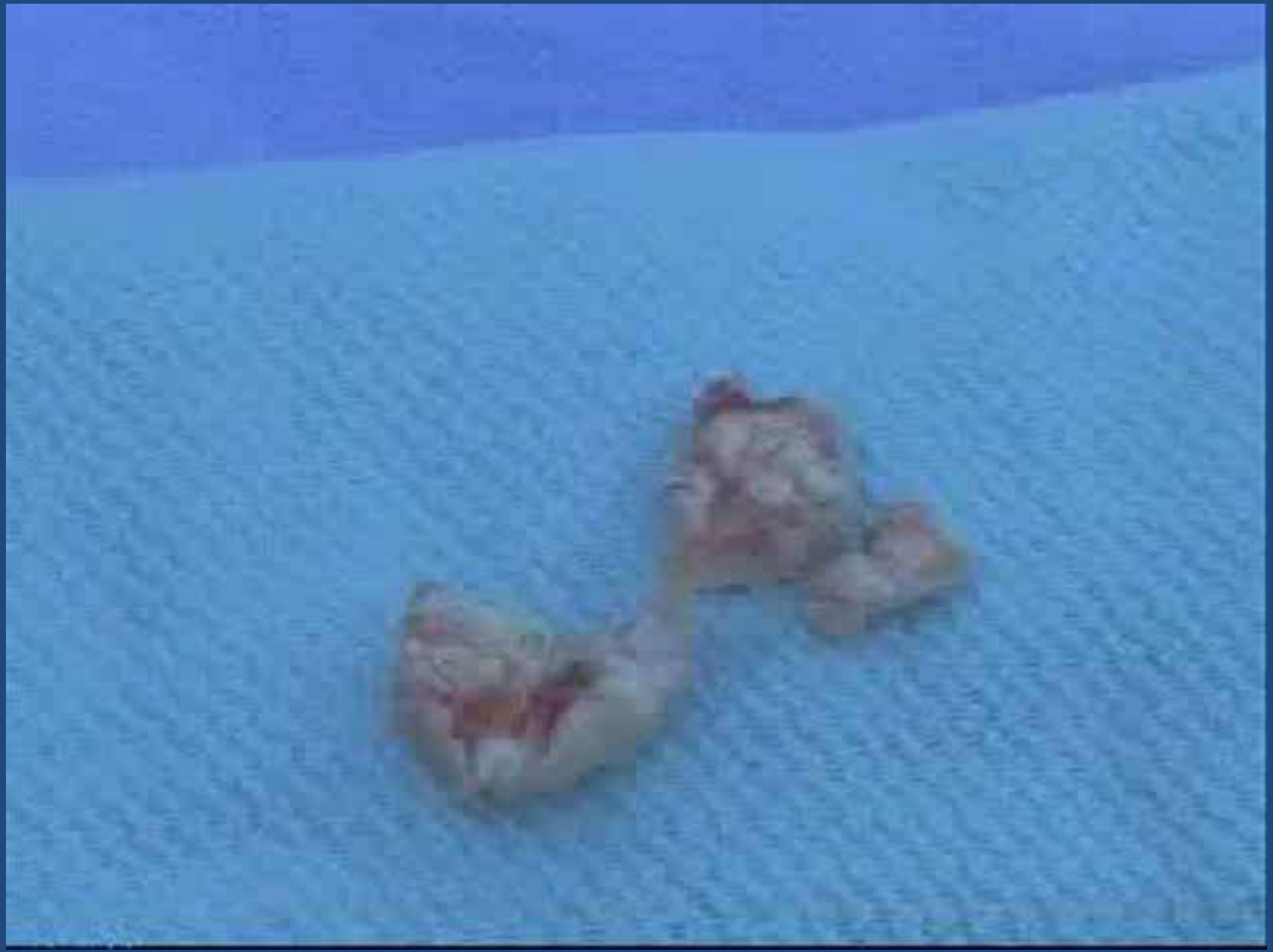
- **Supravalvular mitral ring**

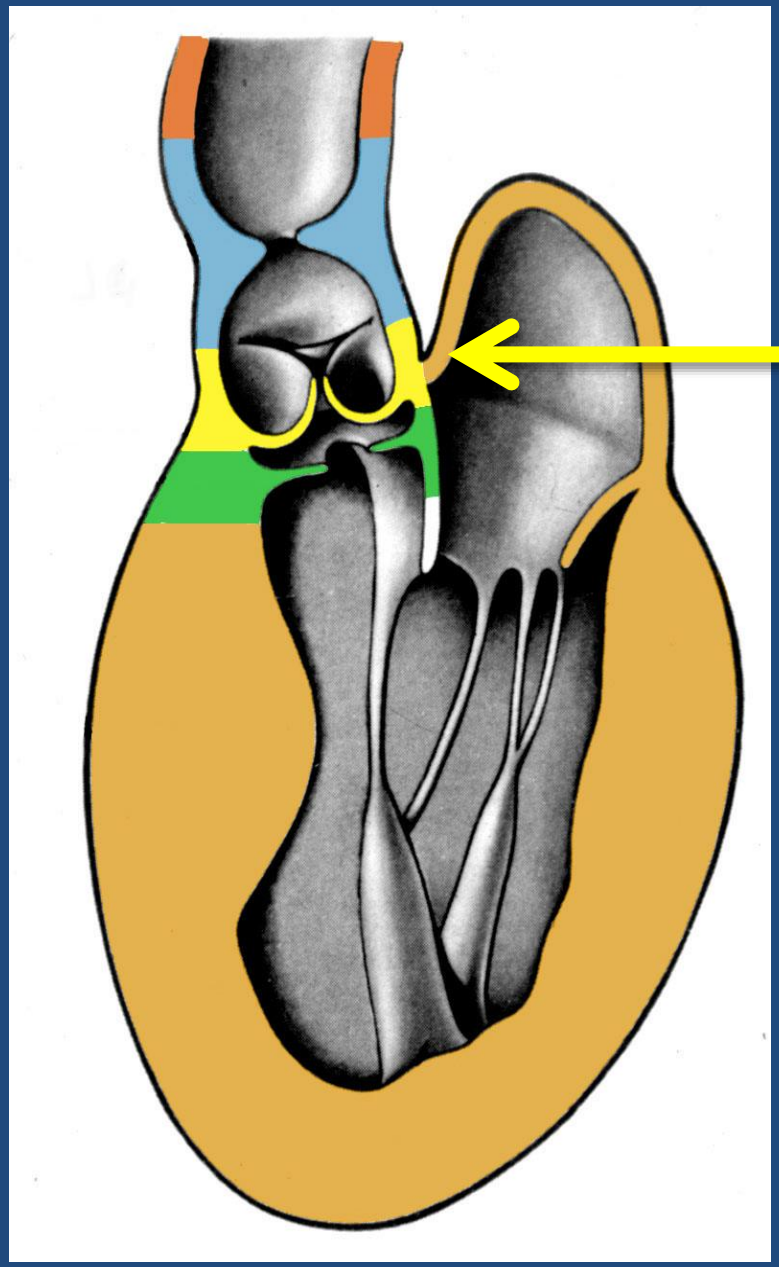
- **Parachute deformity of mitral valve**

- **Subaortic stenosis**

- **Coarctation of the aorta**

STENOSI SOTTOVALVOLARE AORTICA





STENOSI AORTICA

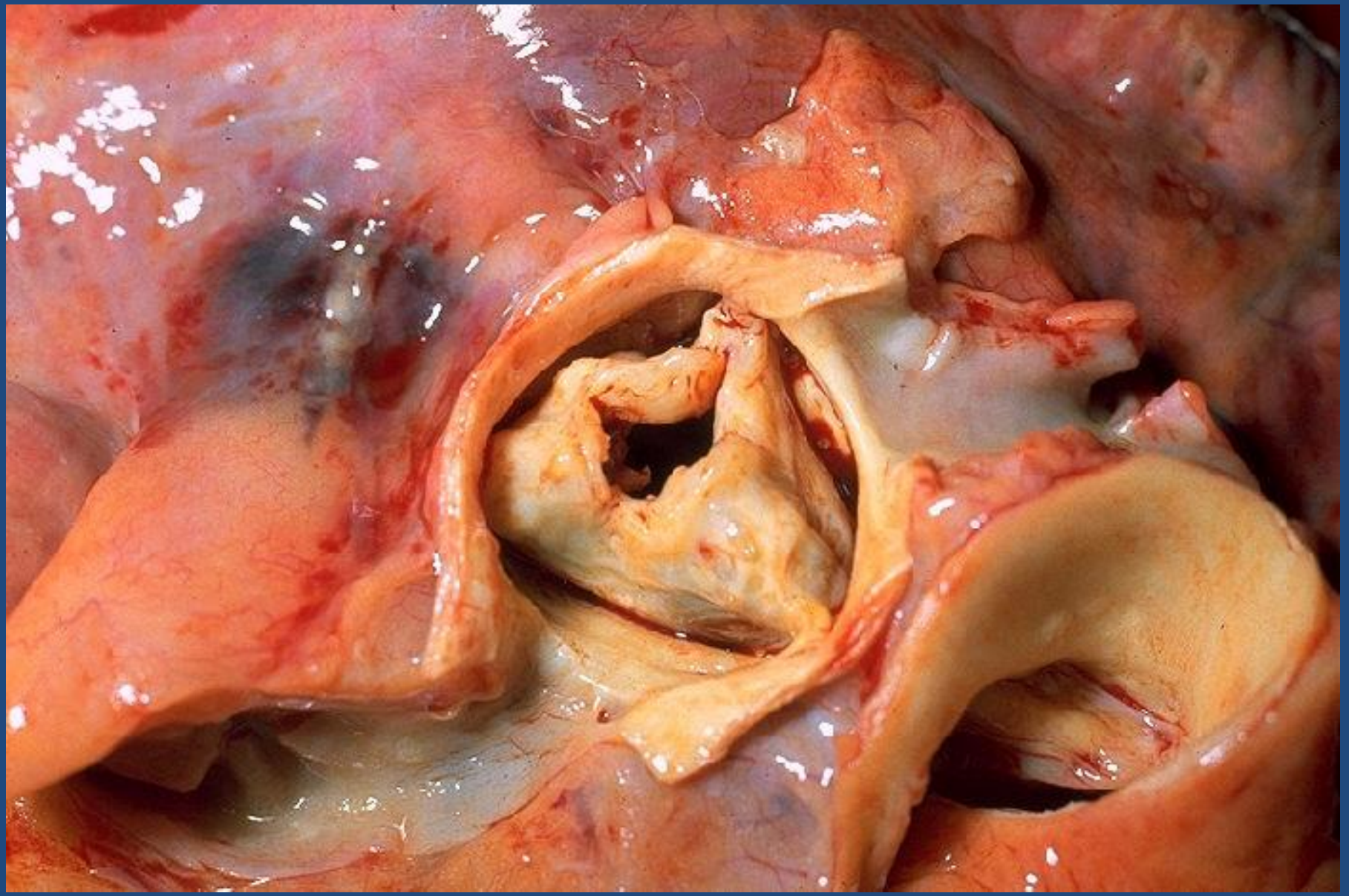
PATOLOGIE VIA D'USCITA VENTRICOLO SINISTRO

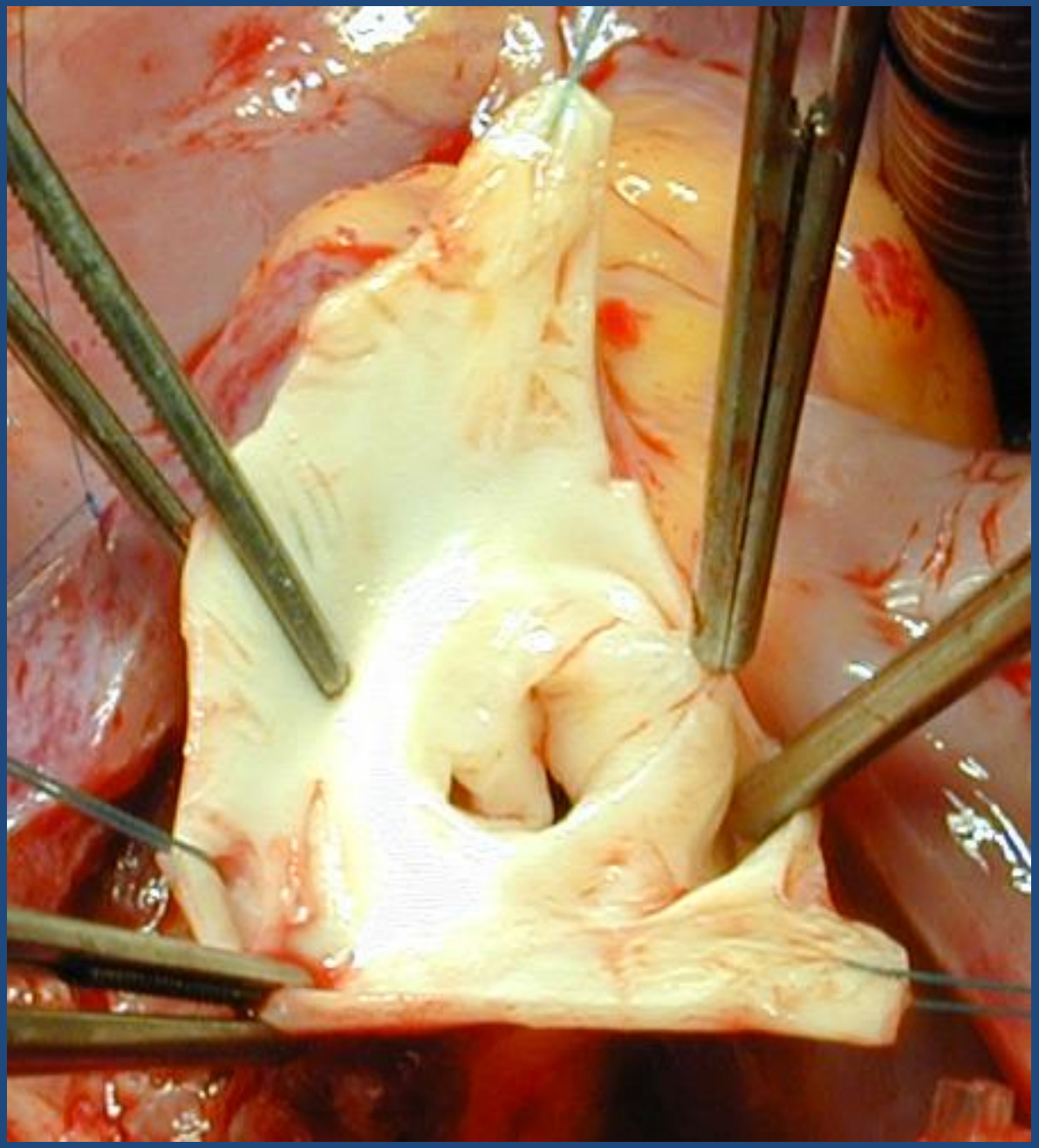
Soluzioni terapeutiche

St. Ao:

- Valvuloplastica percutanea
- Valvulotomia chirurgica
- Sostituzione valvolare
  - Protesi
  - Homograft
  - Ross

STENOSI AORTICA





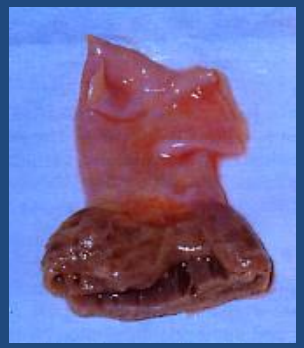
VALVOLA

MONOCUSPIDE

Mechanical

Stentless

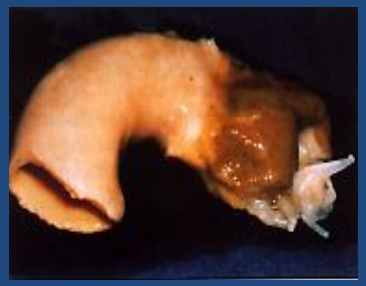
Autograft



Sostituzione Valvolare

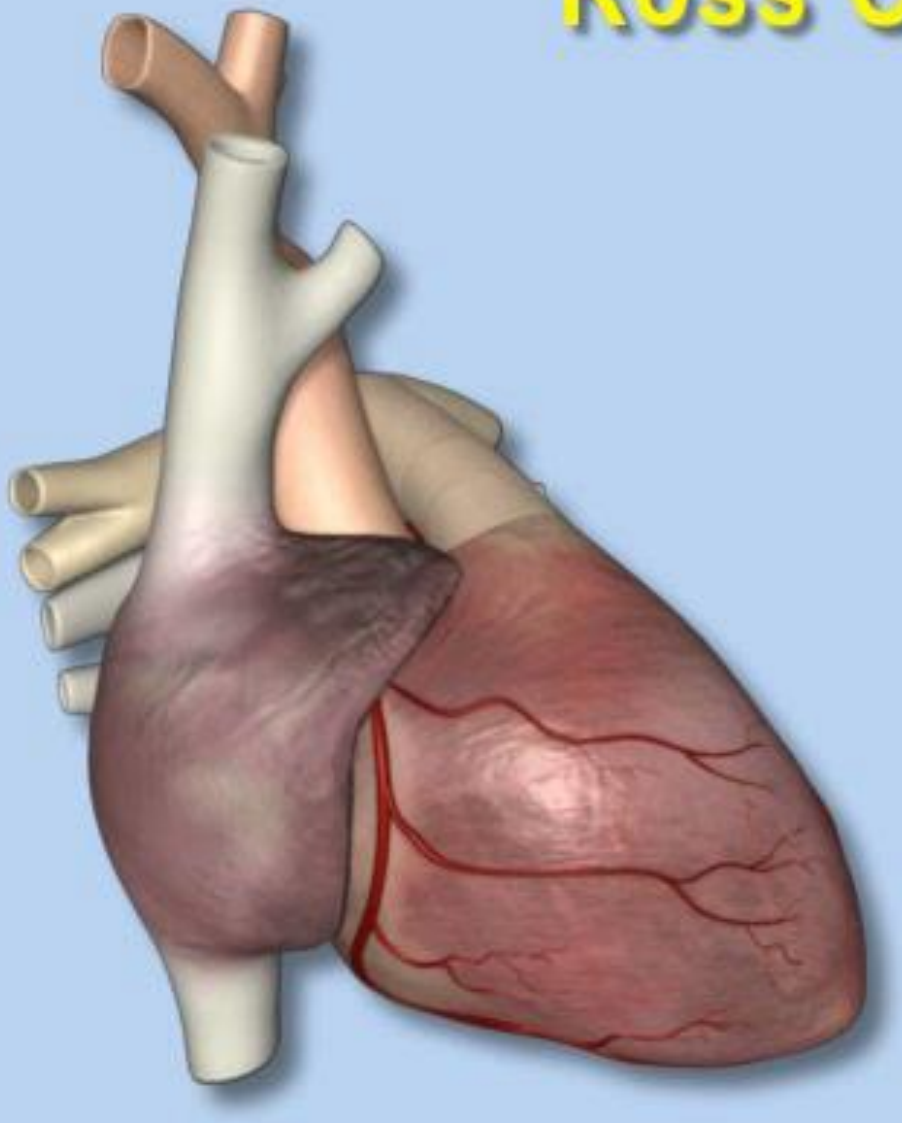
Freestyle

Homograft



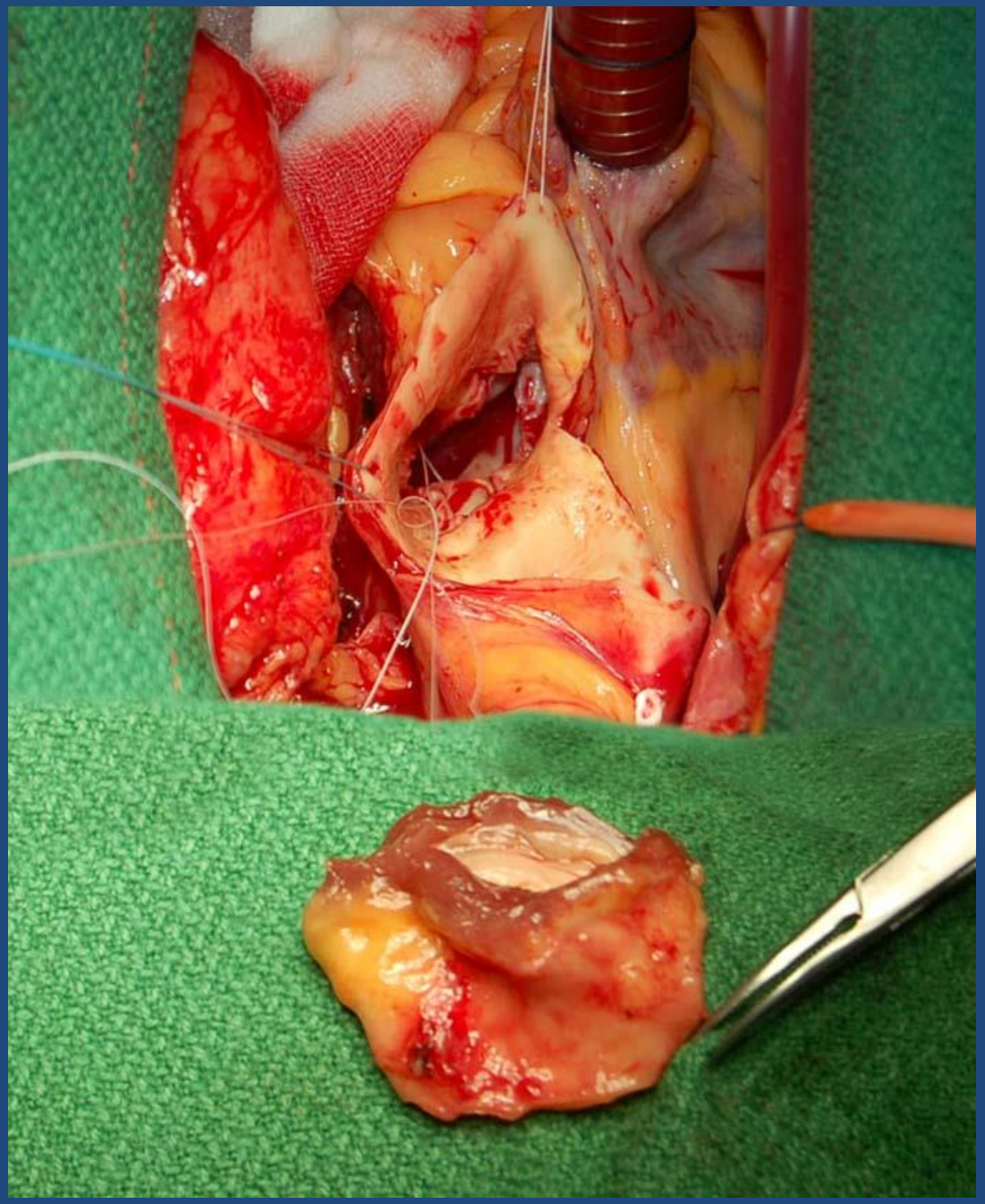
Stented

Ross Operation

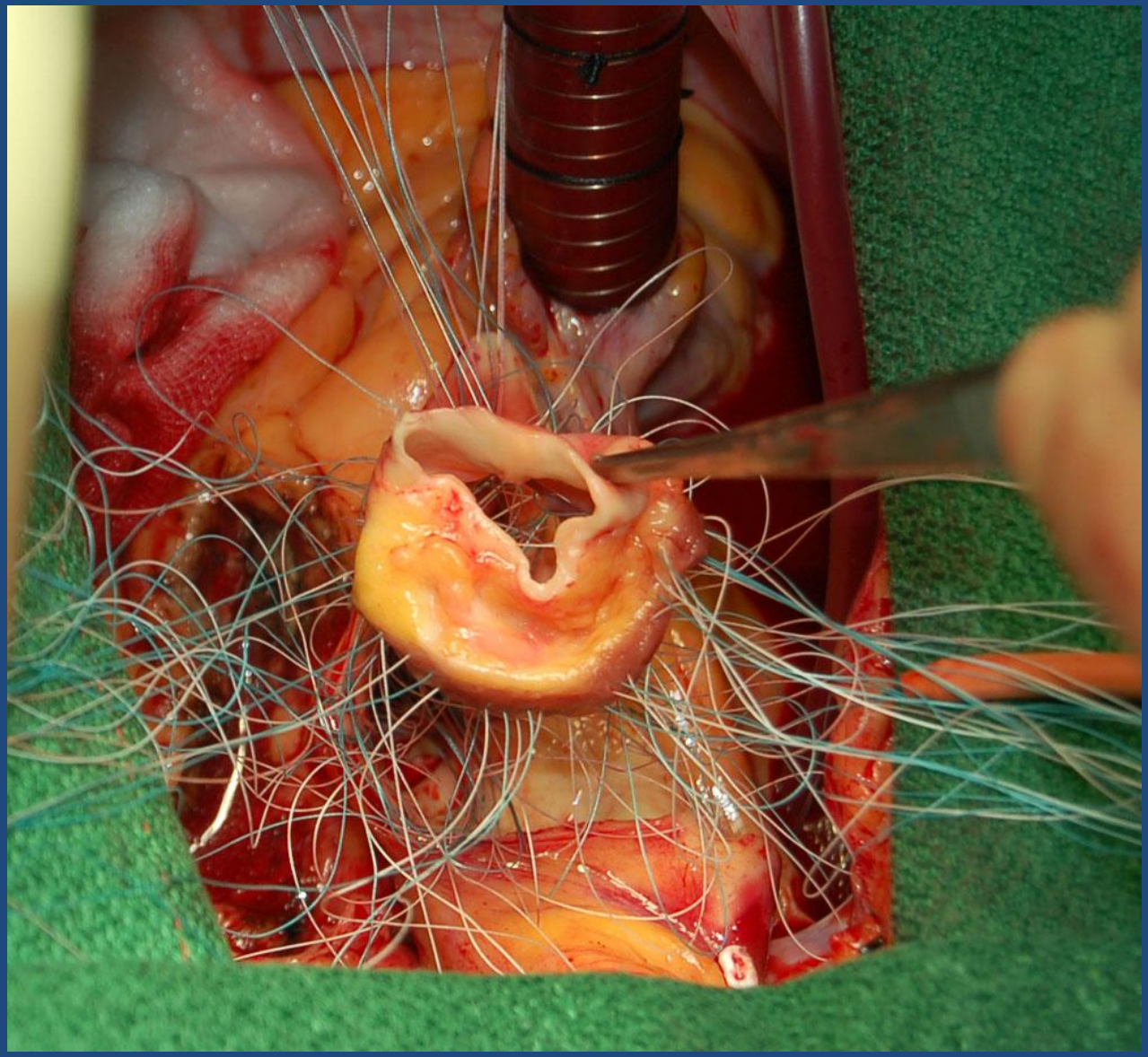


Root Technique

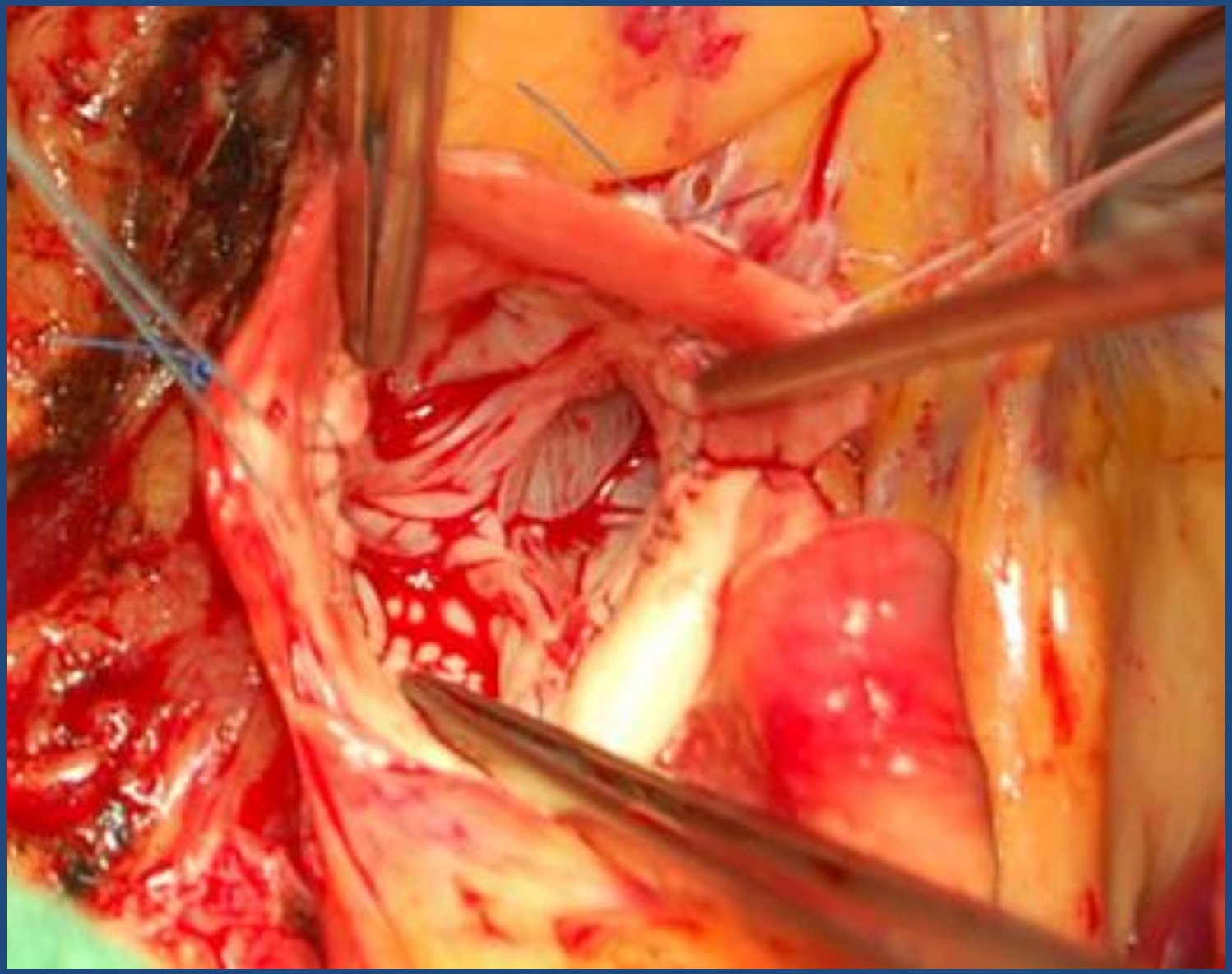
Sub Coronary Technique



Sub Coronary Technique



Sub Coronary Technique



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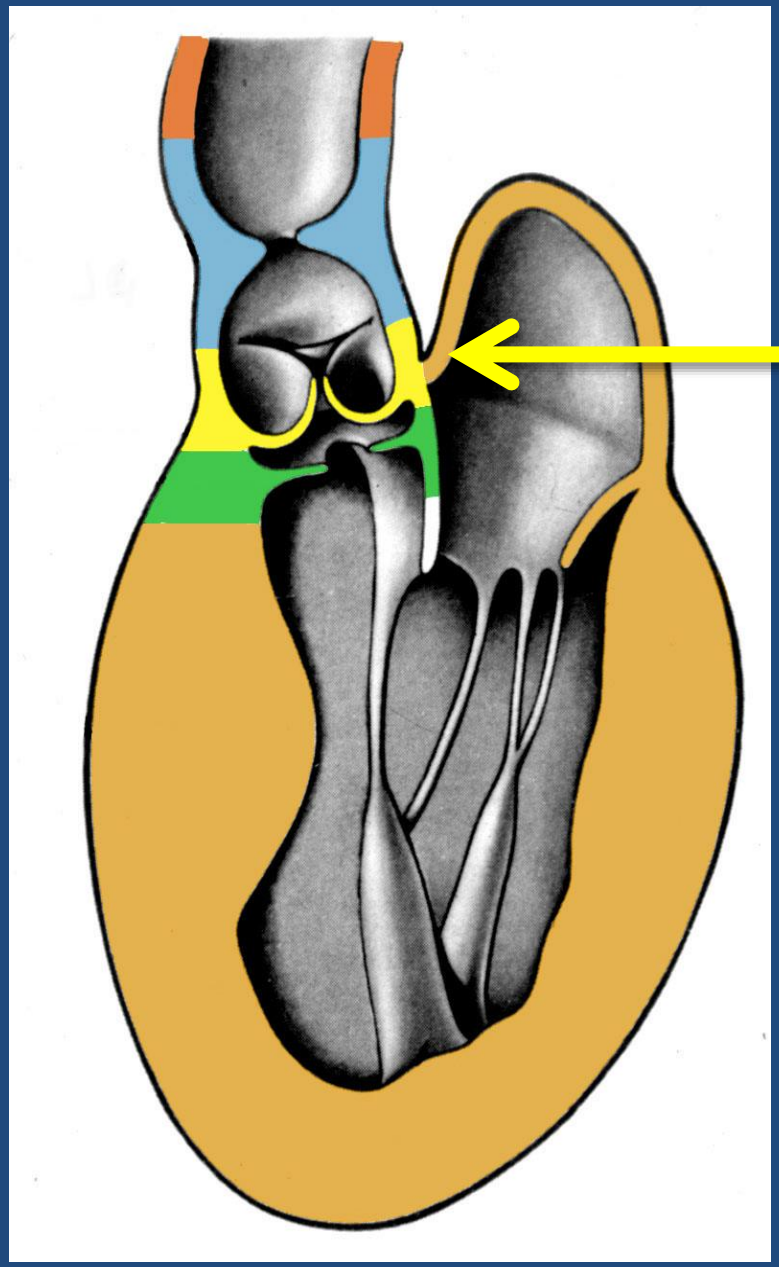
ROSS Operation

San Donato Experience

August 1994 – December 2012

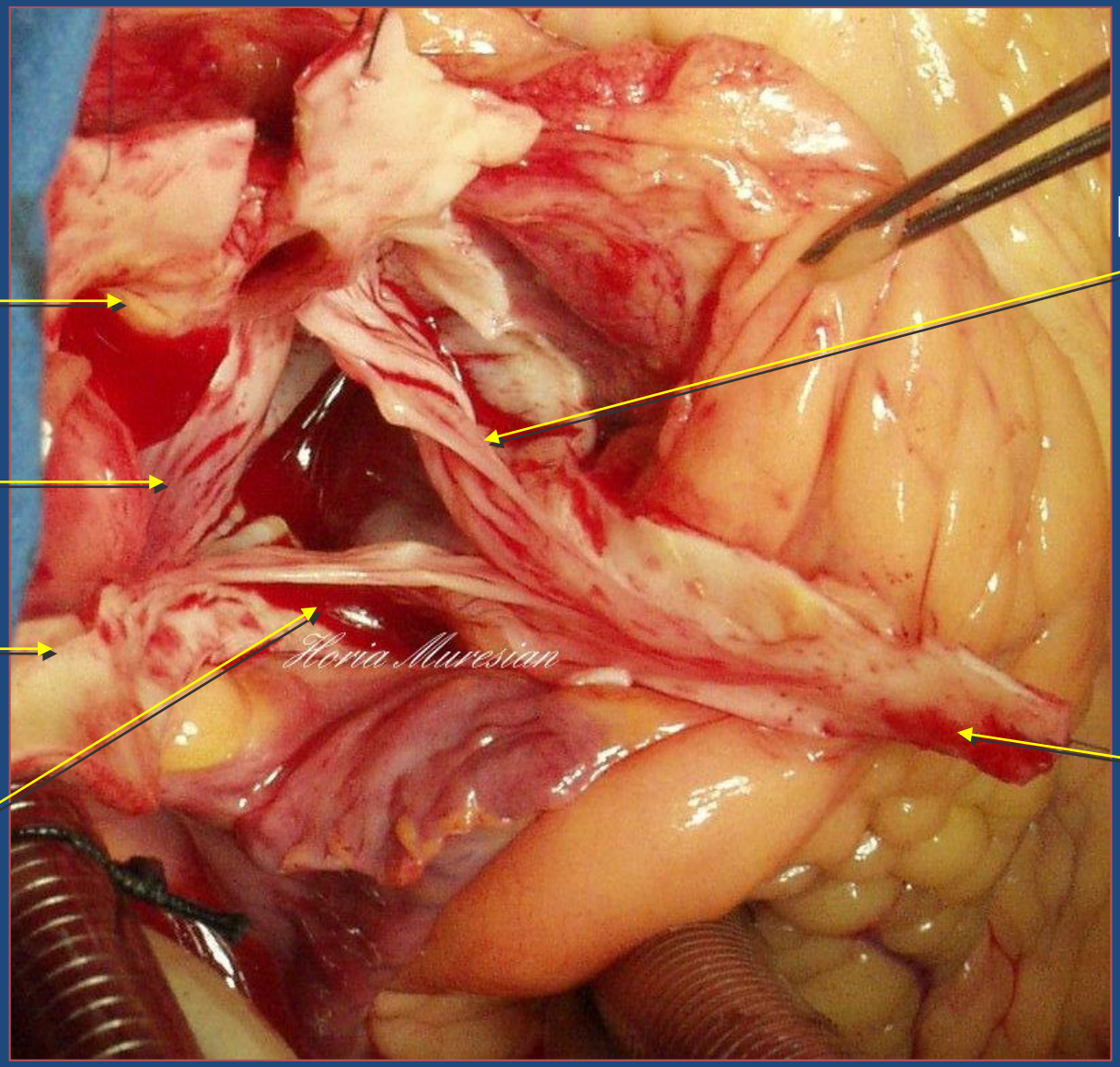
Patients	**271 (1 death 0,36%)**
Age	**21.5 years (1 m - 59 yrs)**
Pediatrics pts	**126 (46.5%) (1m - 17 yrs)**
Ross-Konno	**24 patients**



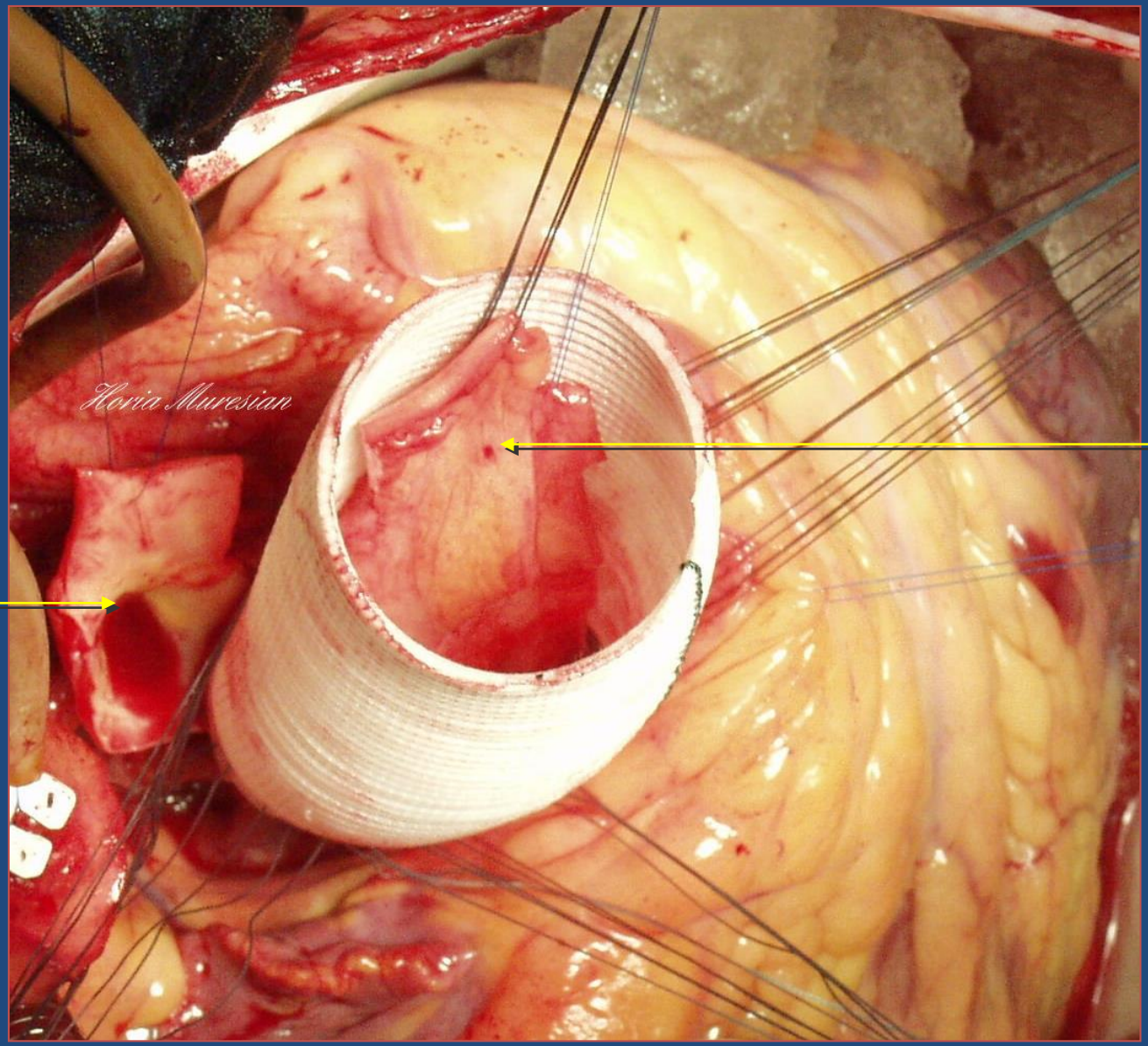
INSUFFICIENZA AORTICA

INSUFFICIENZA AORTICA

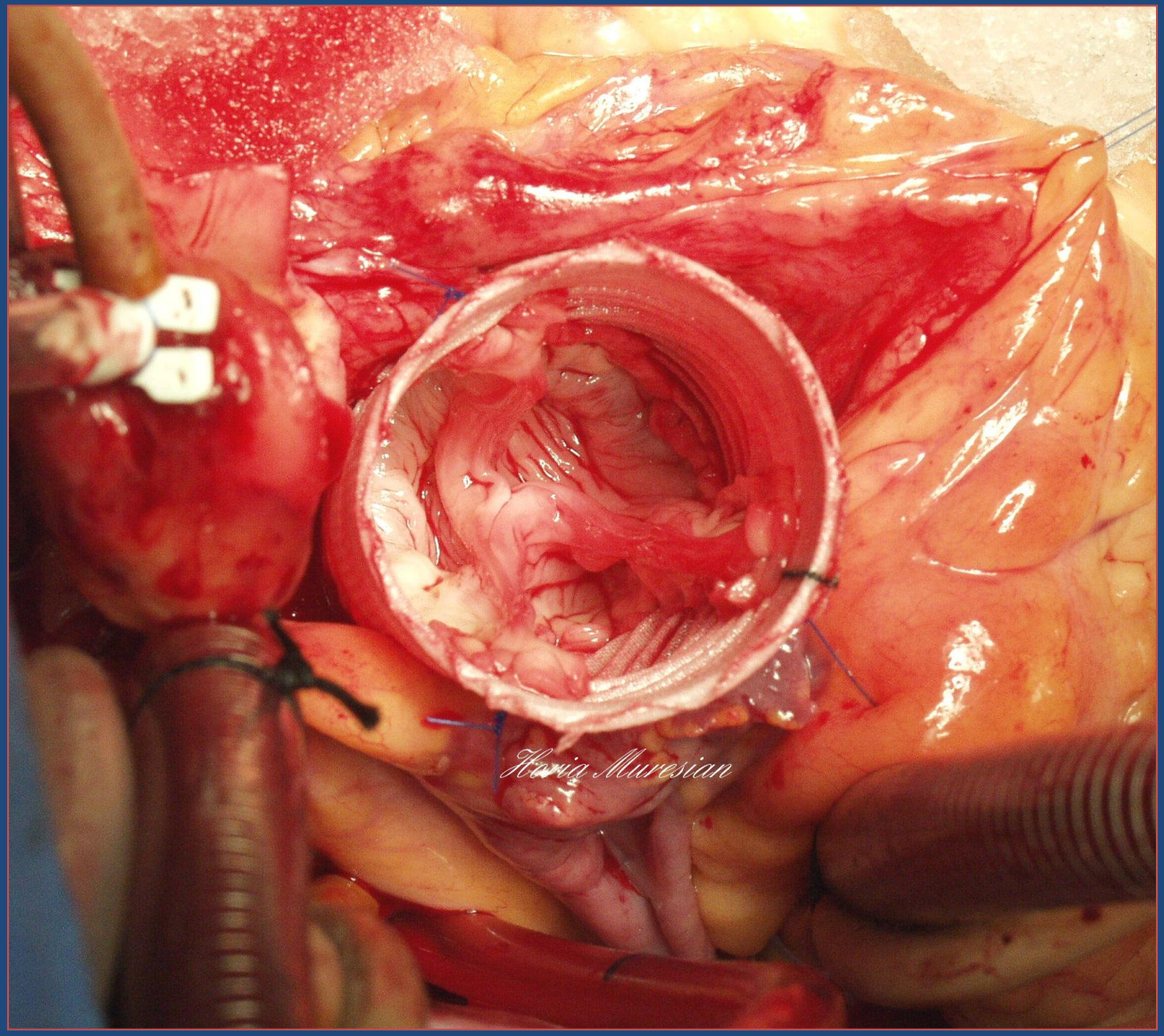
DAVID PROCEDURE
AORTIC ROOT PREPARED



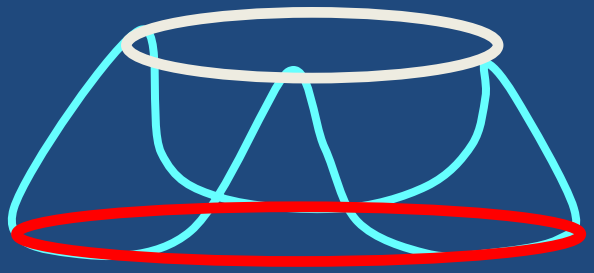
DAVID PROCEDURE
PROSTHESIS DOWN ON THE ANNULUS

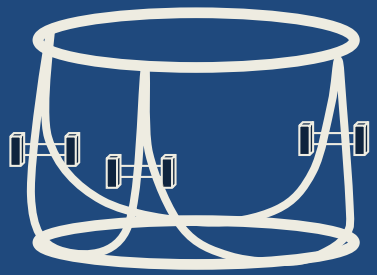


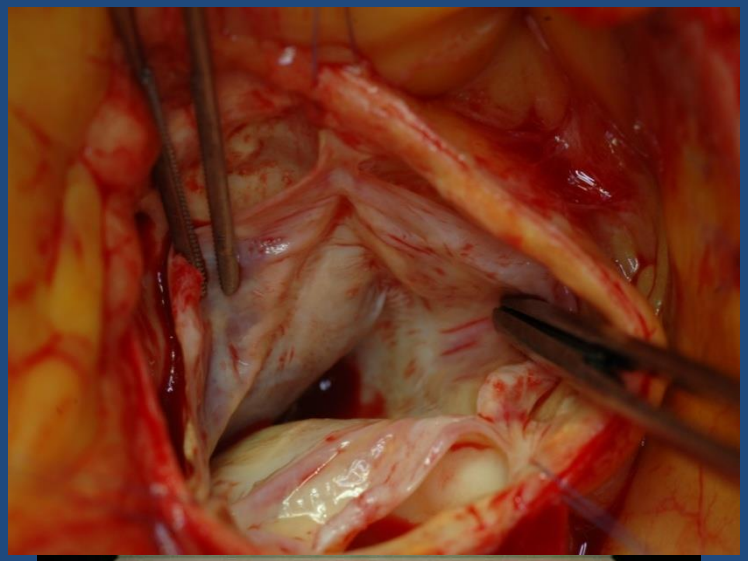
DAVID PROCEDURE
CHECKING FOR AORTIC INSUFFICIENCY

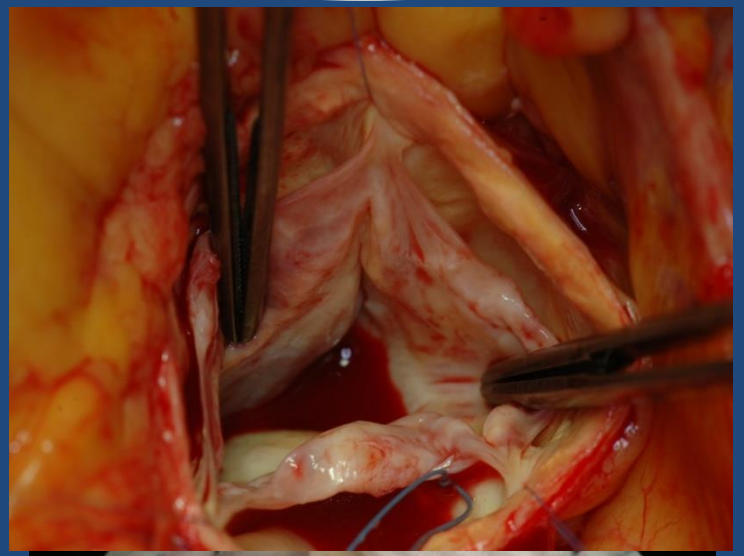


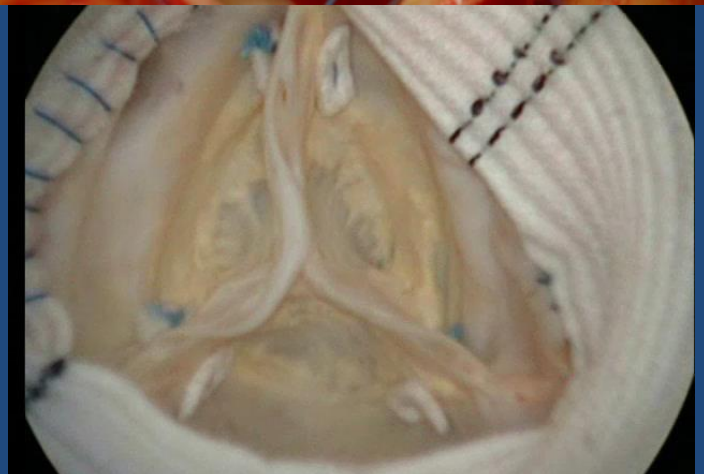
Partial Subcommissural Anuloplasty

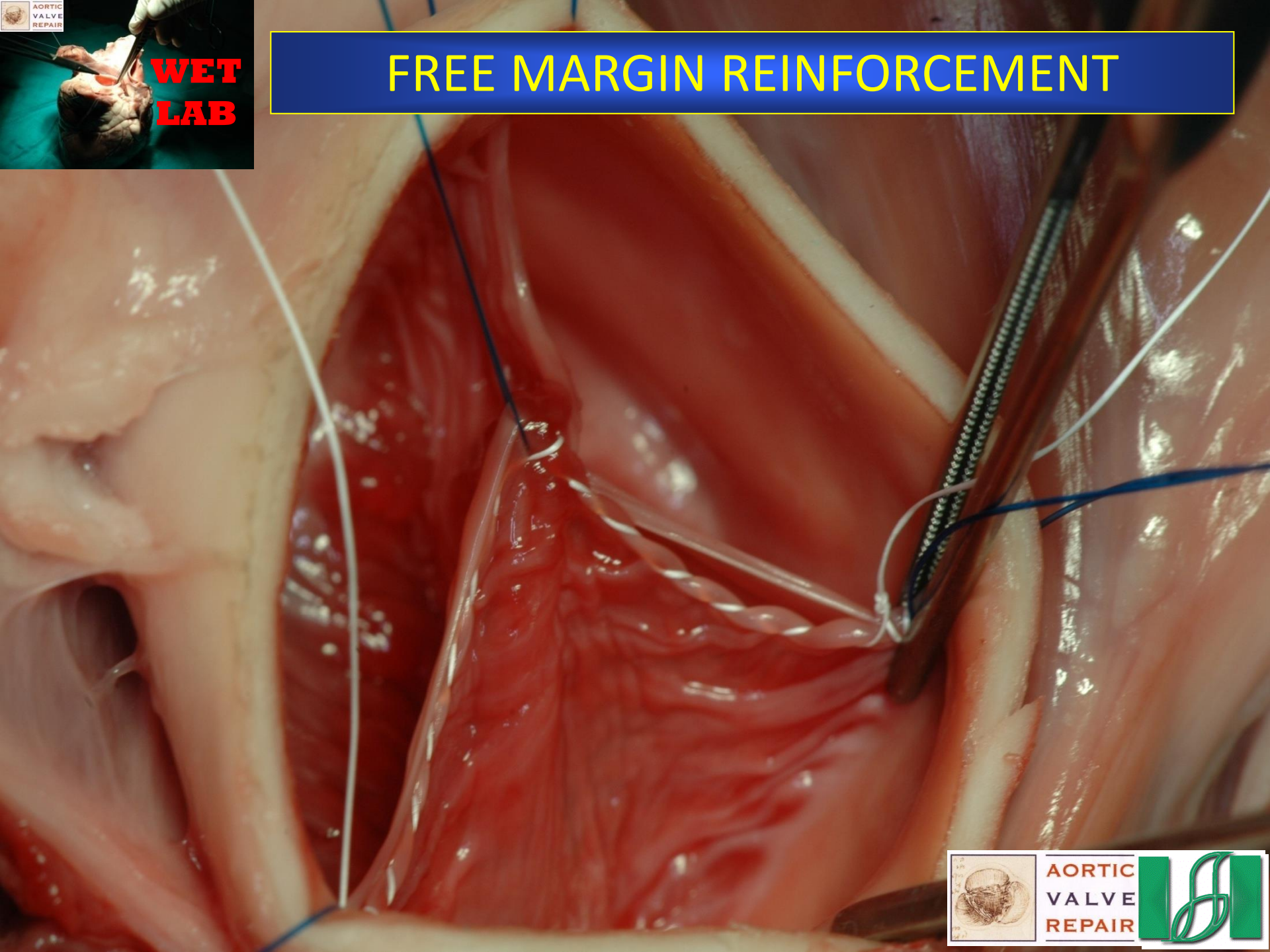


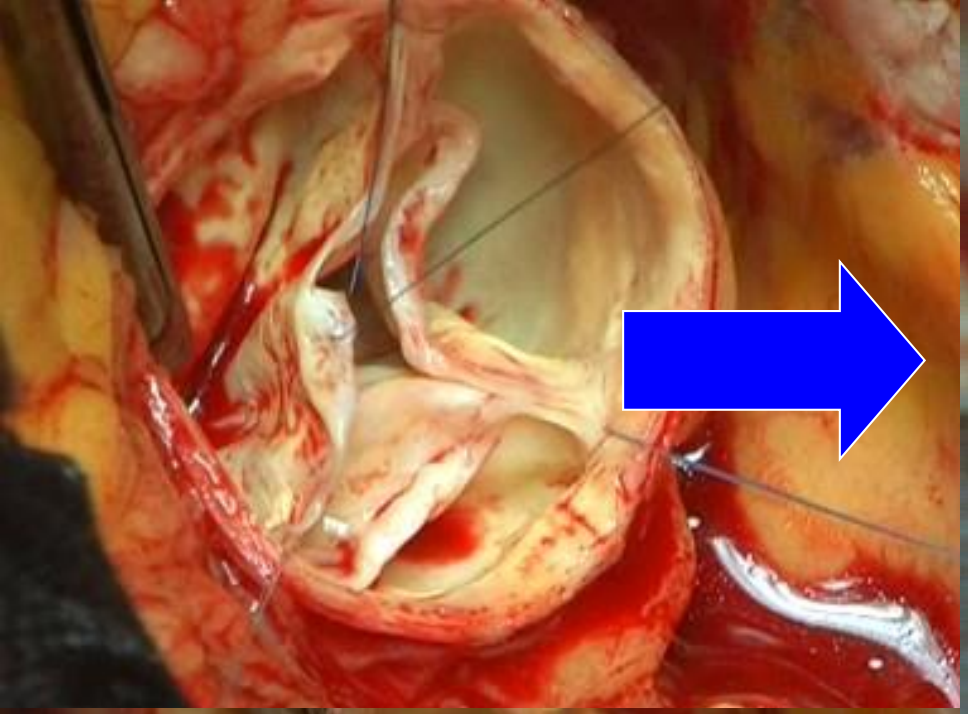


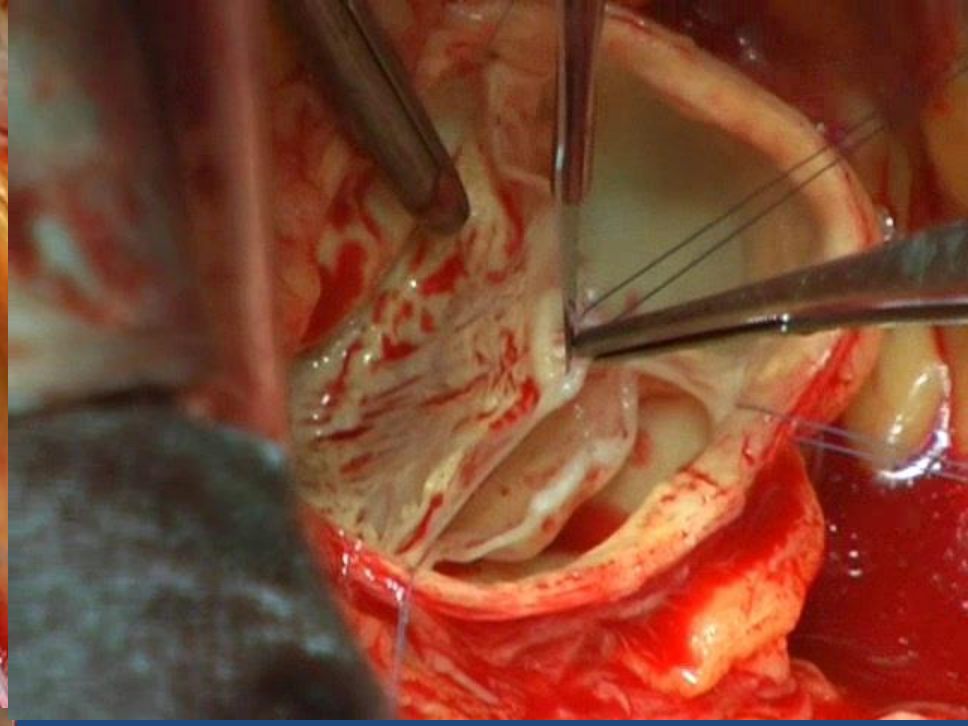


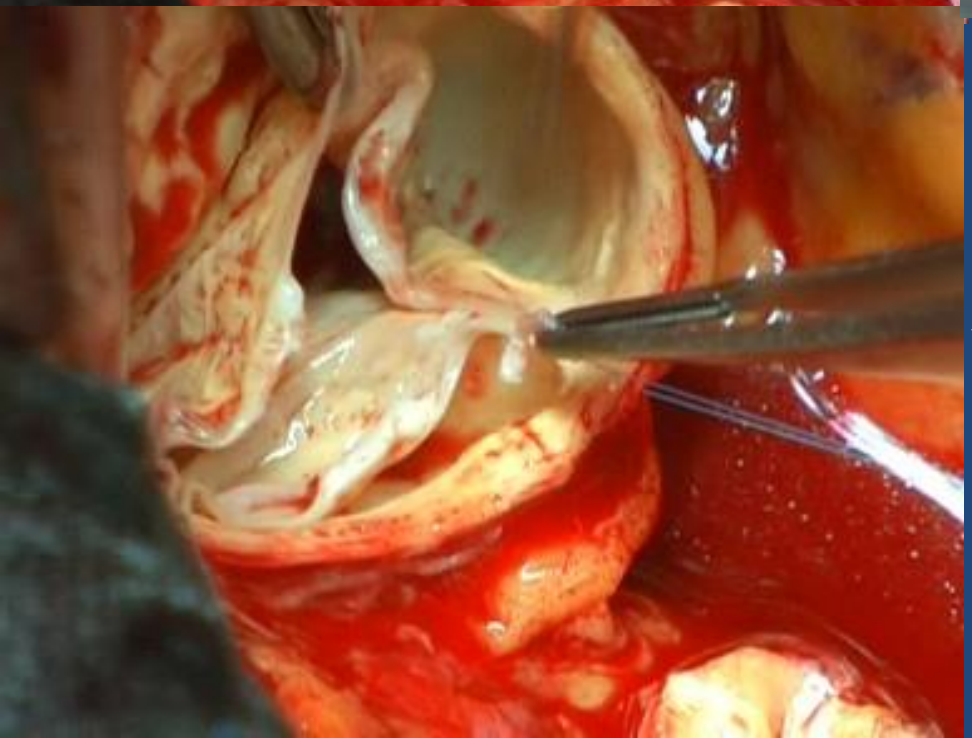





WET
LAB
FREE MARGIN REINFORCEMENT
AORTIC
VALVE
REPAIR



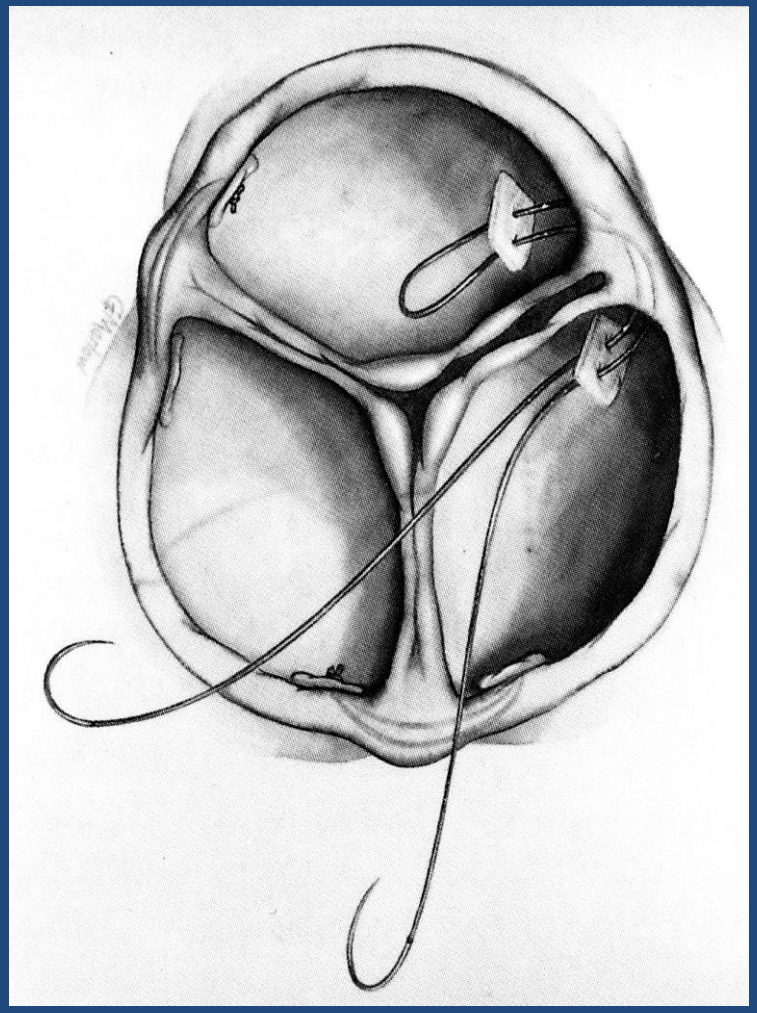


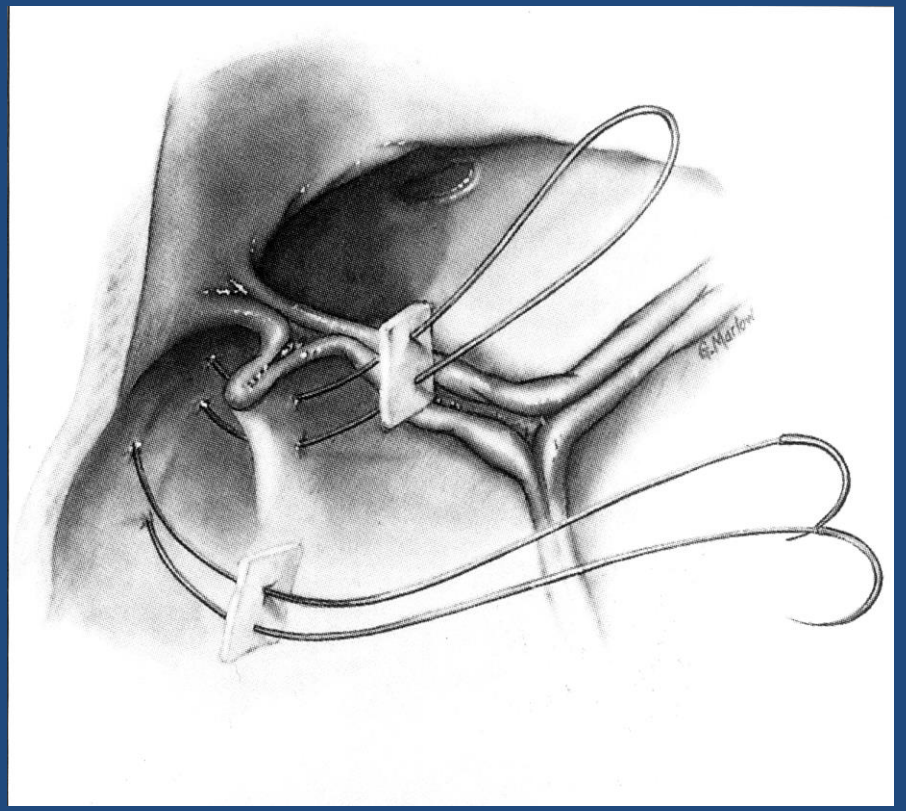


SHAVING

AORTIC VALVE REPAIR

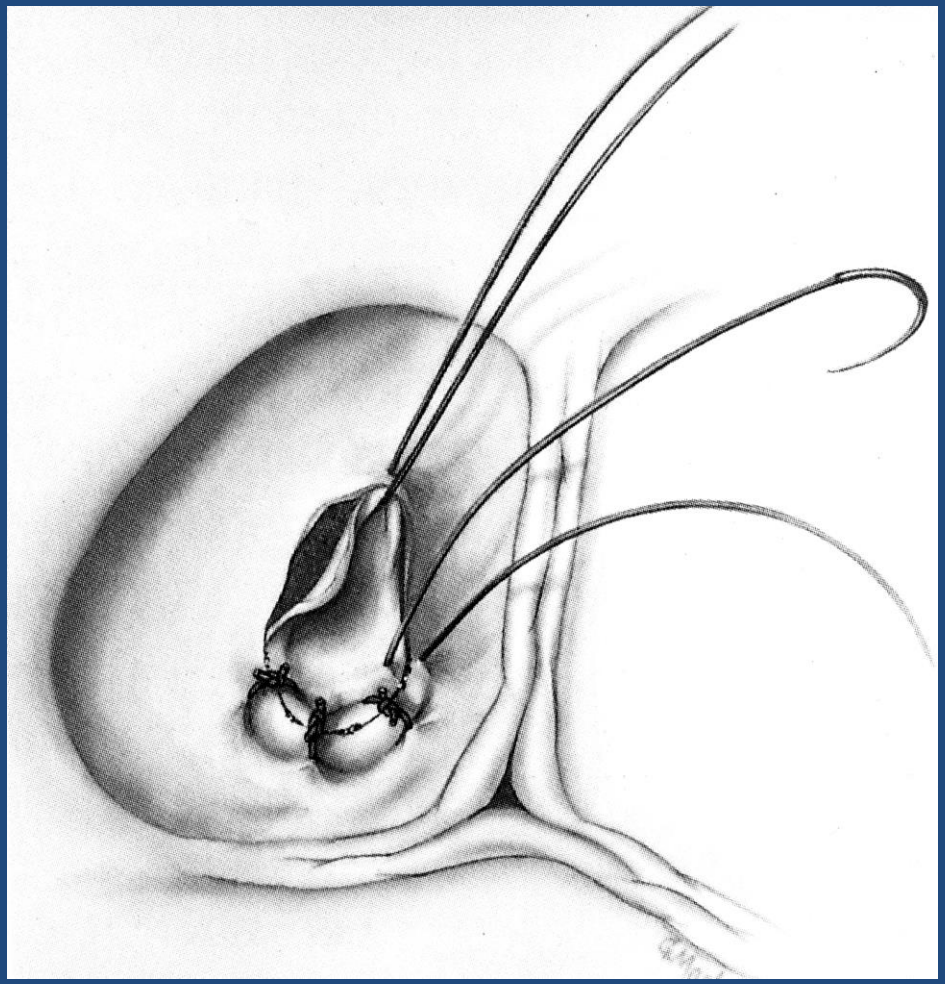
INSUFFICIENZA AORTICA





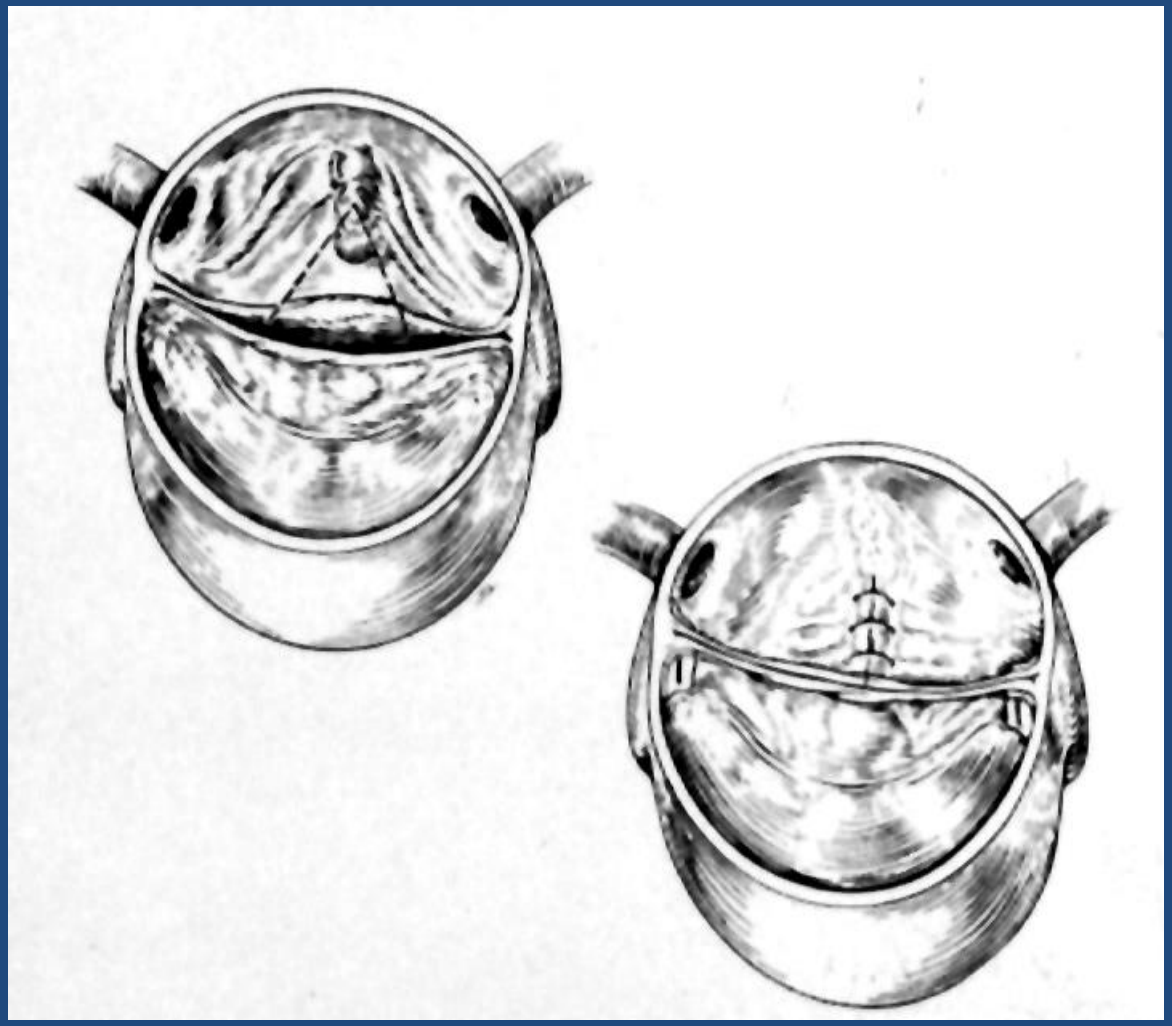
RISOSPENSIONE CUSPIDI - TRUSLER

INSUFFICIENZA AORTICA (PERFORAZIONE CUSPIDE)



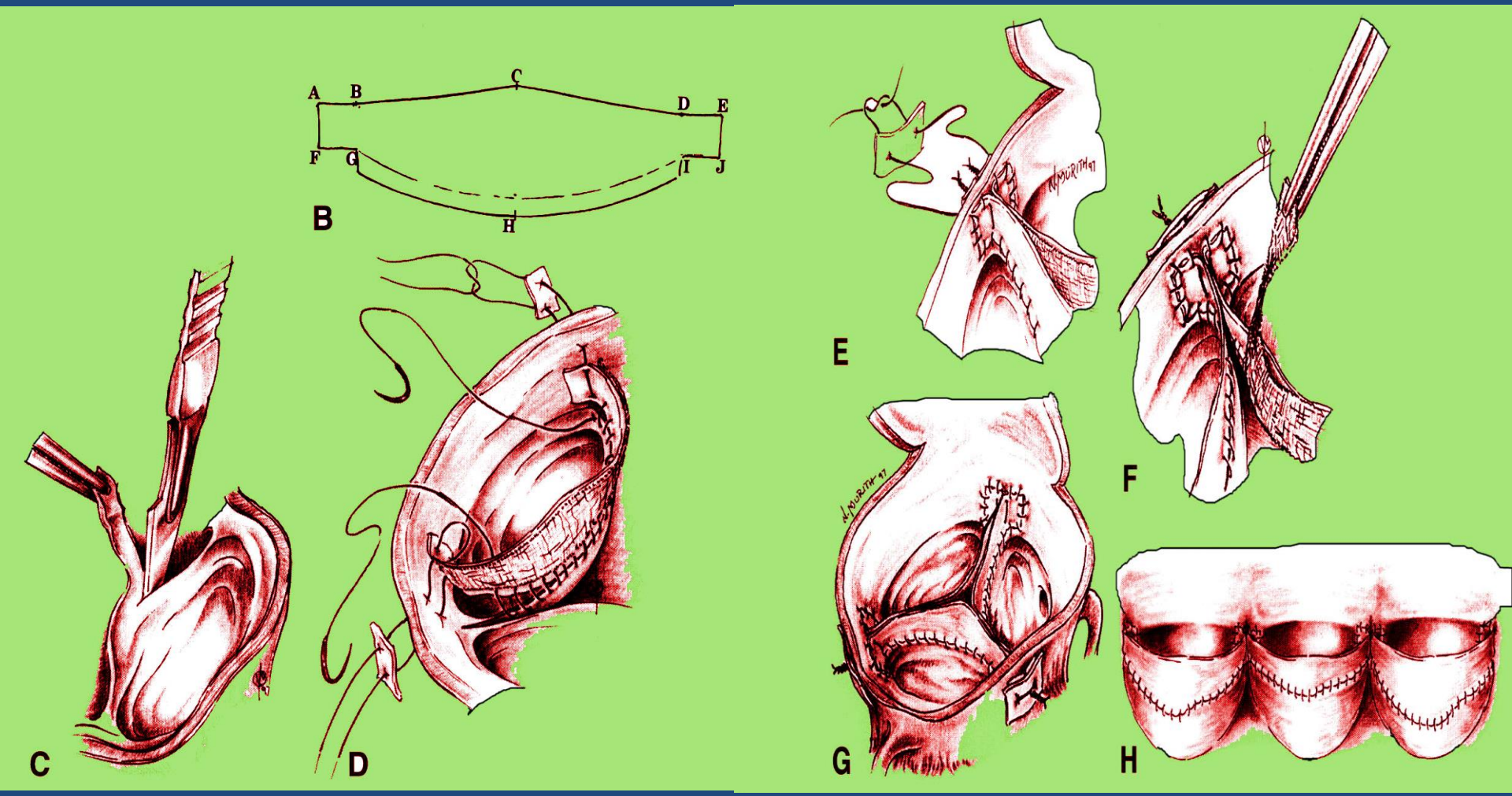
RICOSTRUZIONE CUSPIDE CON PATCH

INSUFFICIENZA AORTICA

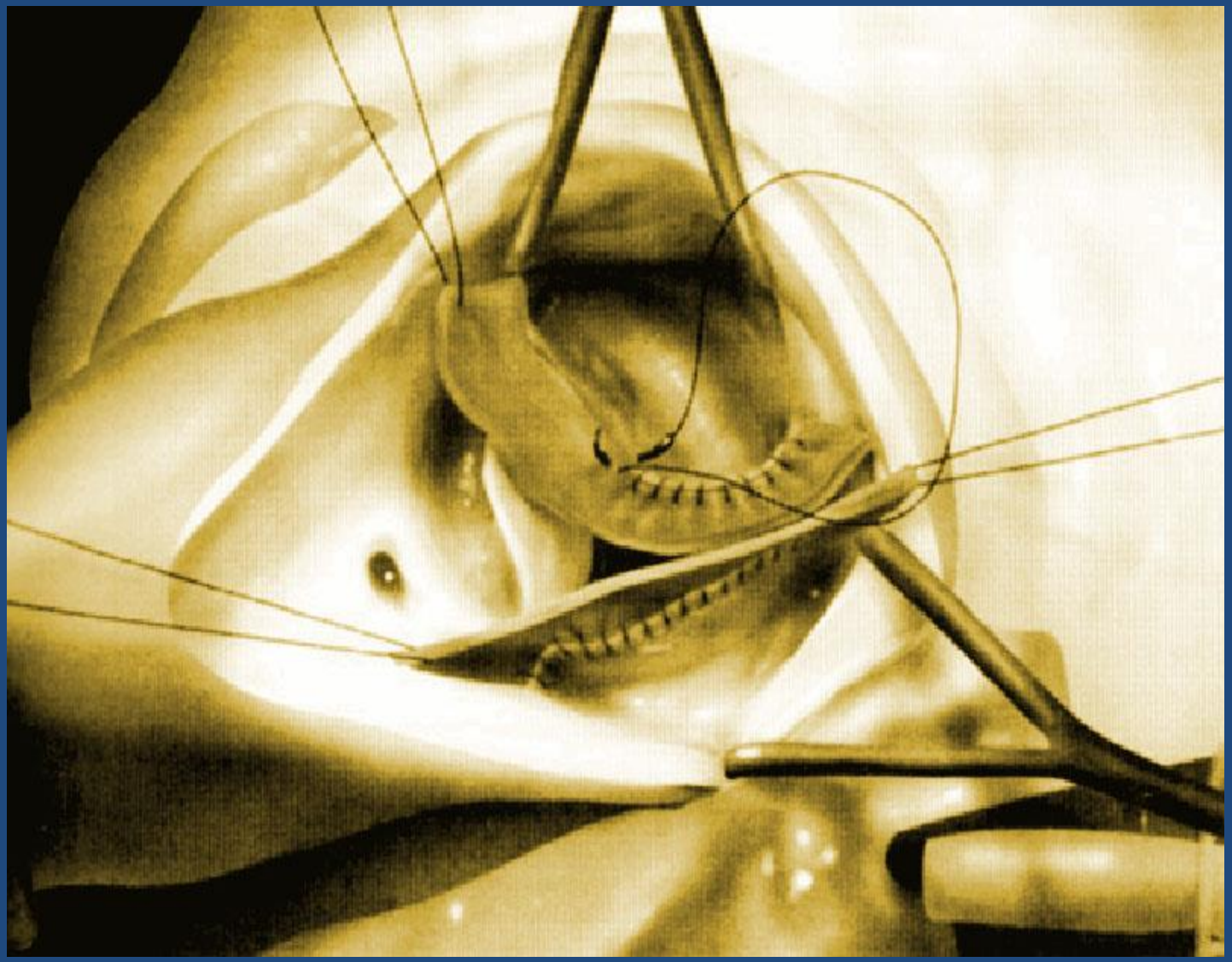


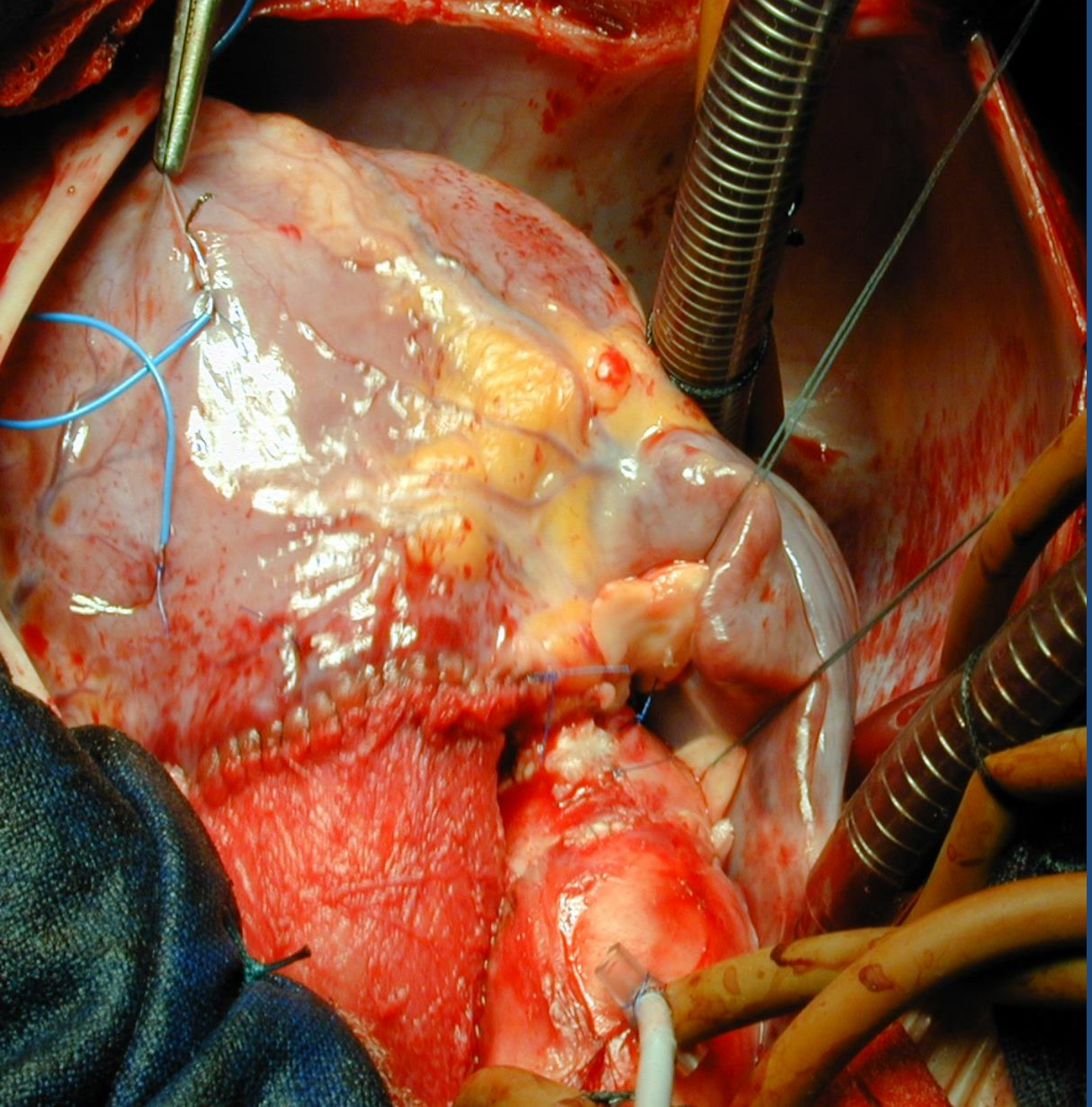
RESEZIONE TRIANGOLARE

Plastica aortica con cuspidi di pericardio

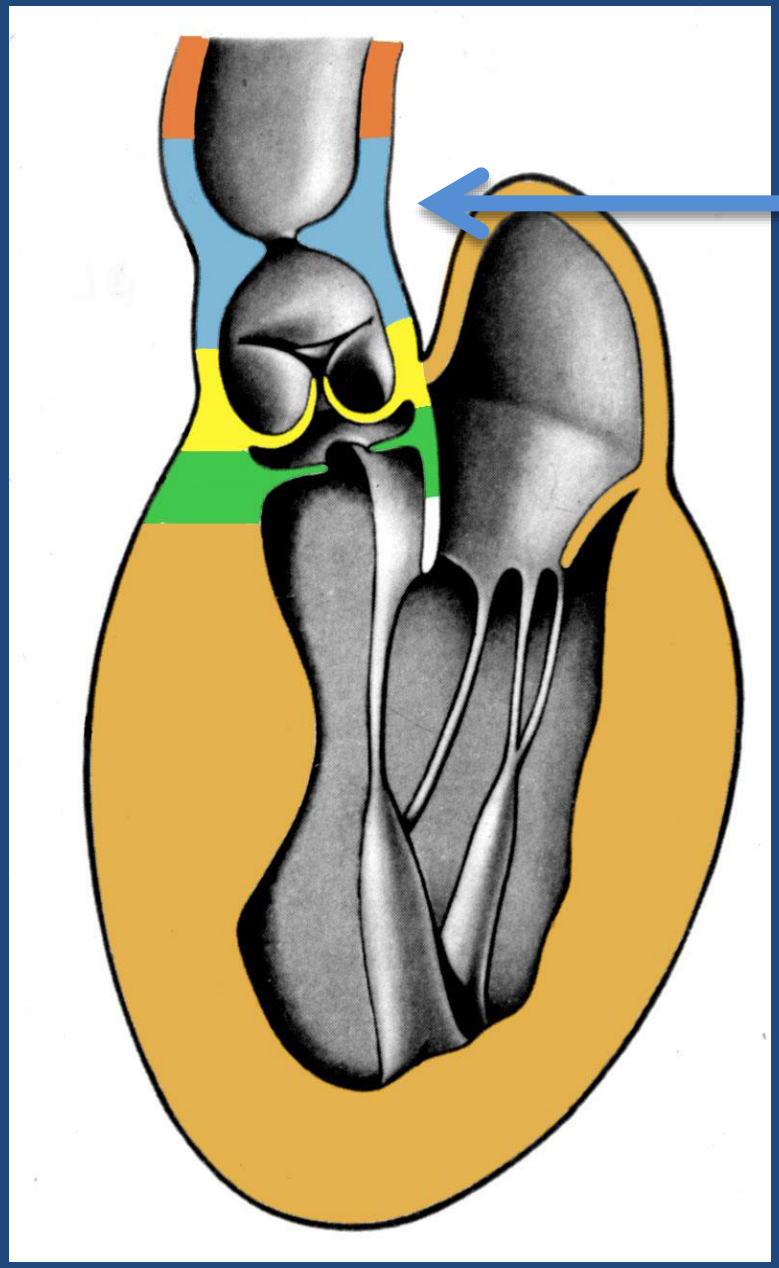


Ricostruzione Cuspidi con Pericardio



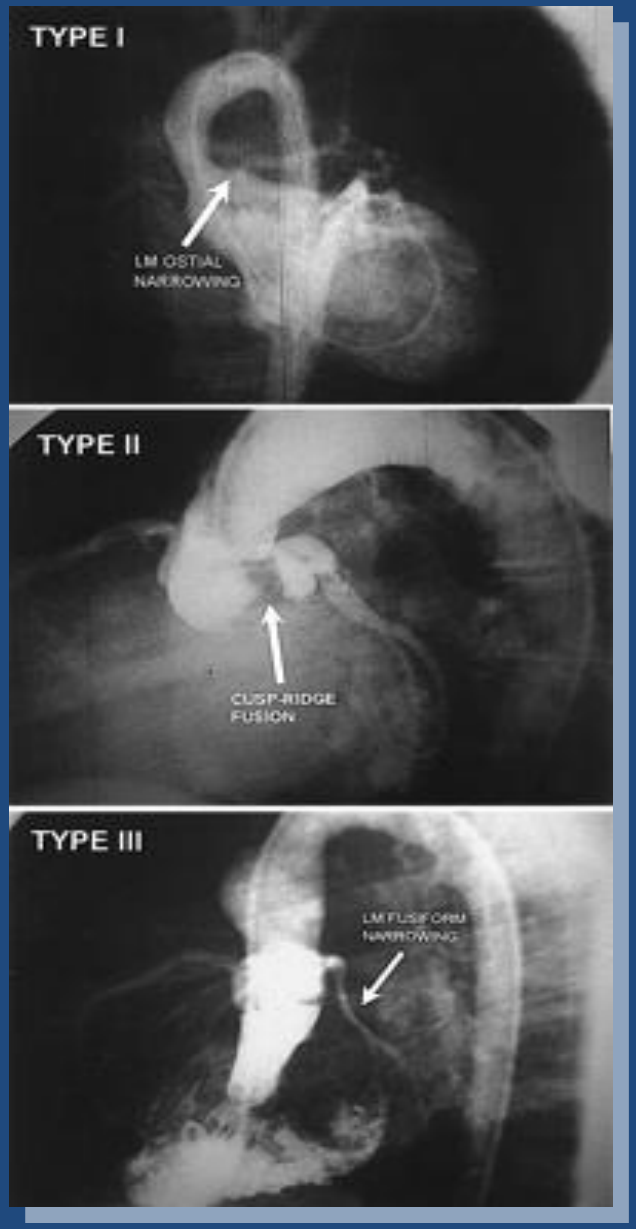


Intervento di ROSS



STENOSI SOPRAVALVOLARE AORTICA

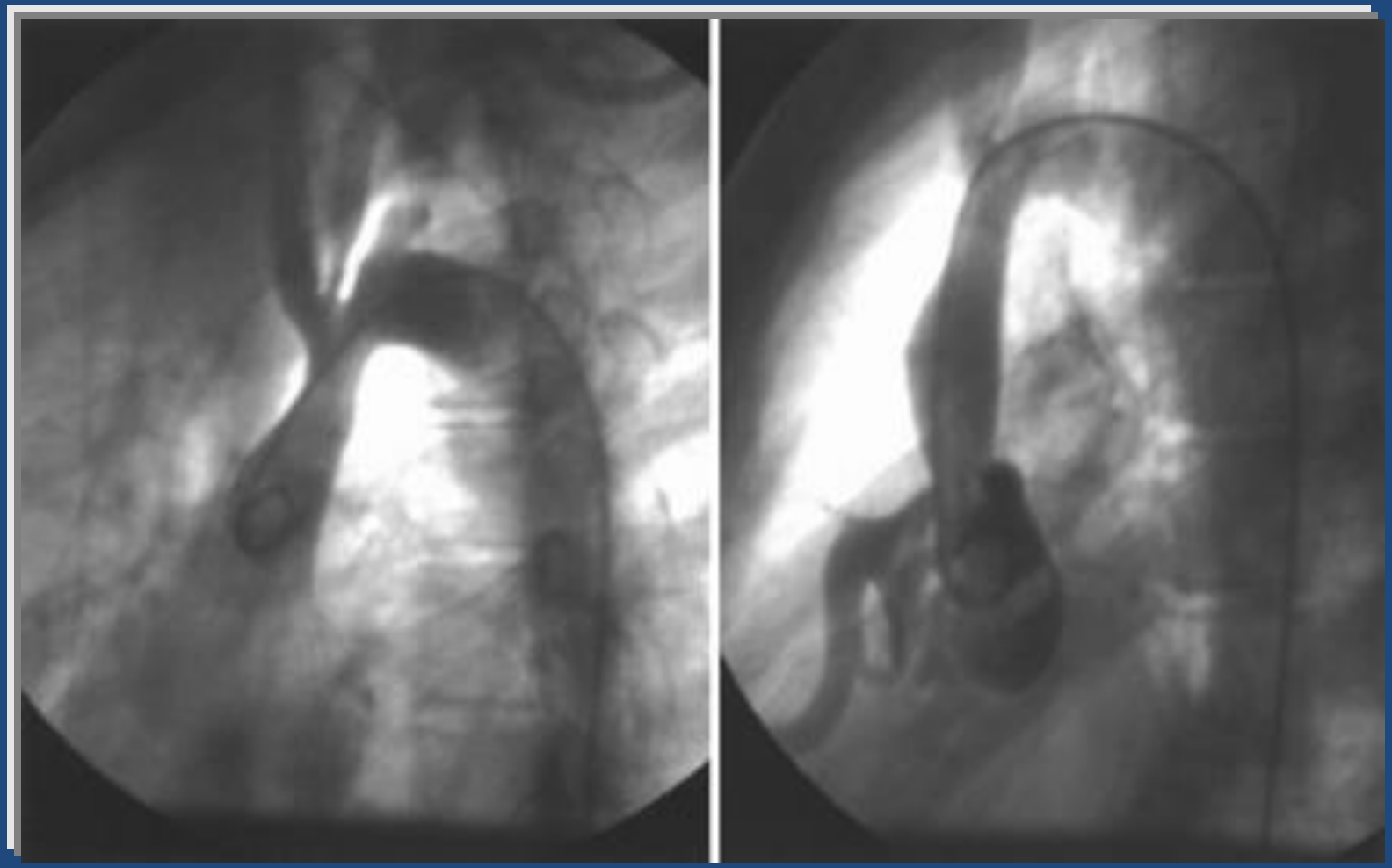
STÉNOSE SUPRA VALVULAIRE AORTIQUE



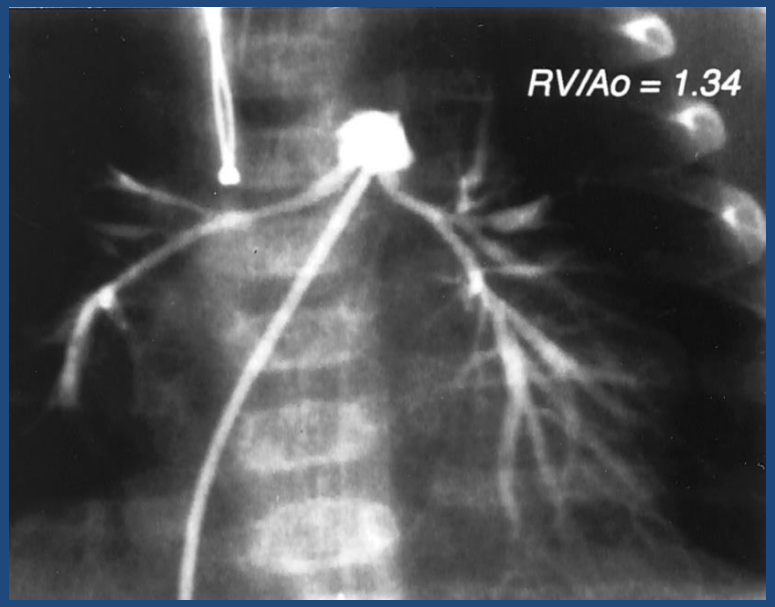
Obstruction congénitale de l’artère coronaire gauche

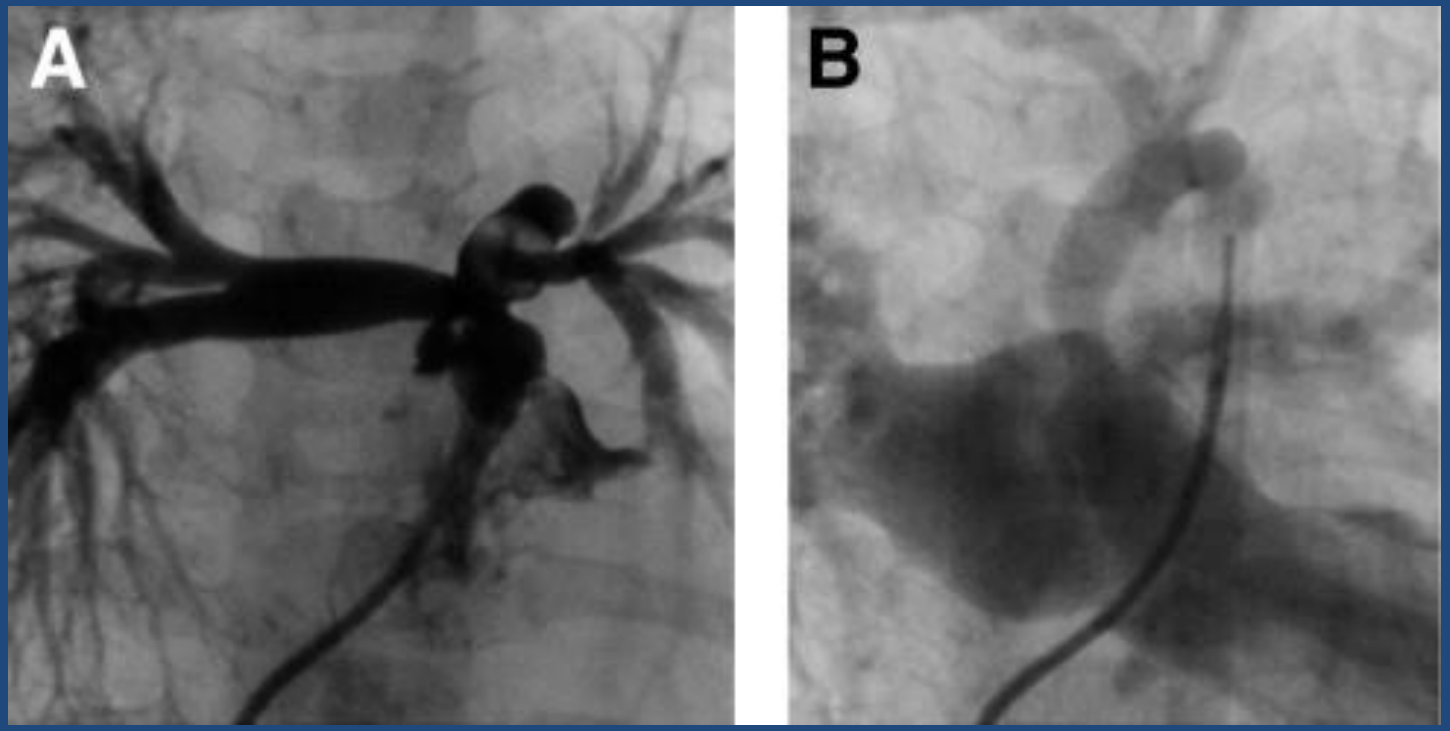
STÉNOSE SUPRA VALVULAIRE AORTIQUE

Stenose supra – valvulaire diffuse avec rétrecissement de l'origine du tronc brachiocéphalique et de la carotide commune gauche



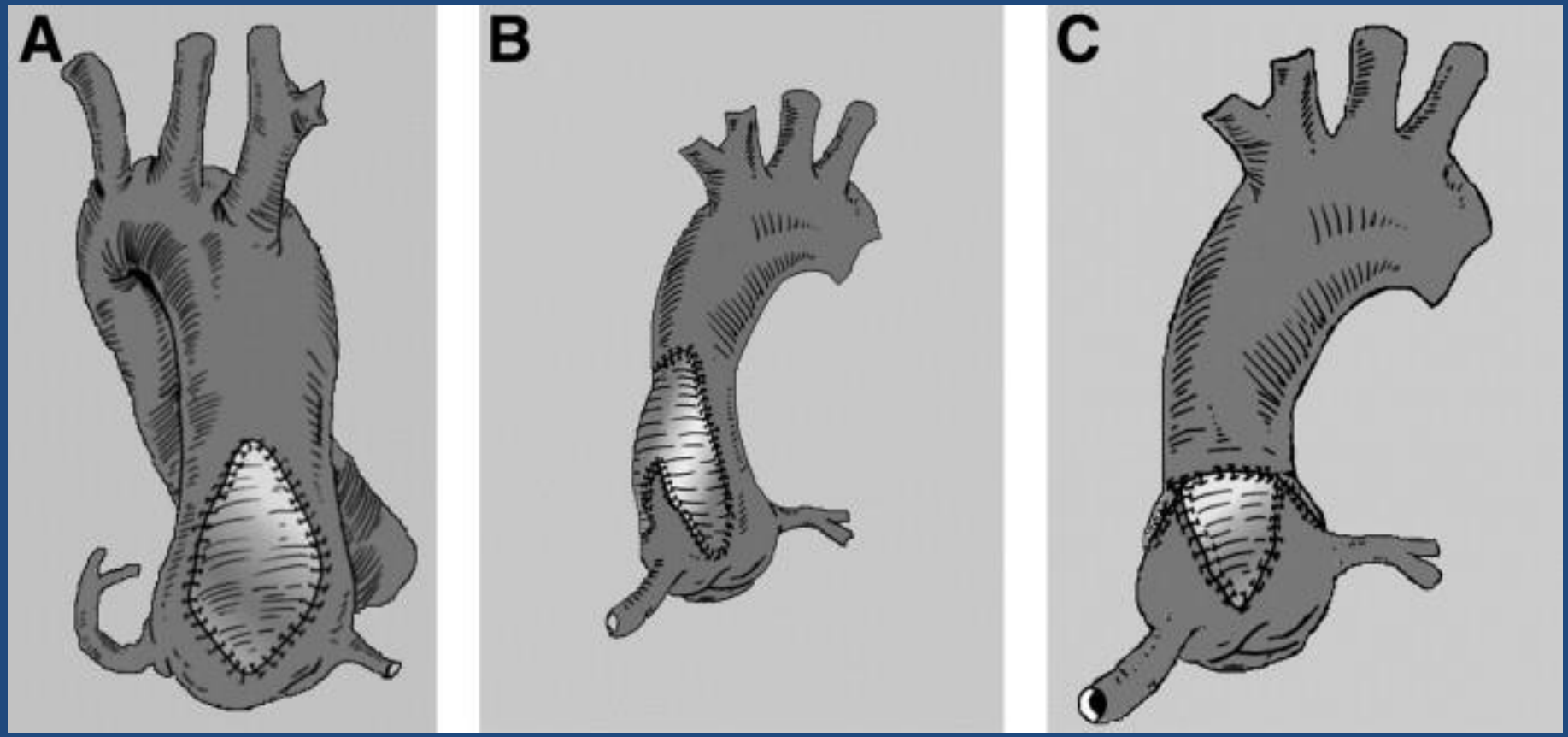
STENOSI SOPRAVALVOLARE AORTICA E SINDROME DI WILLIAMS





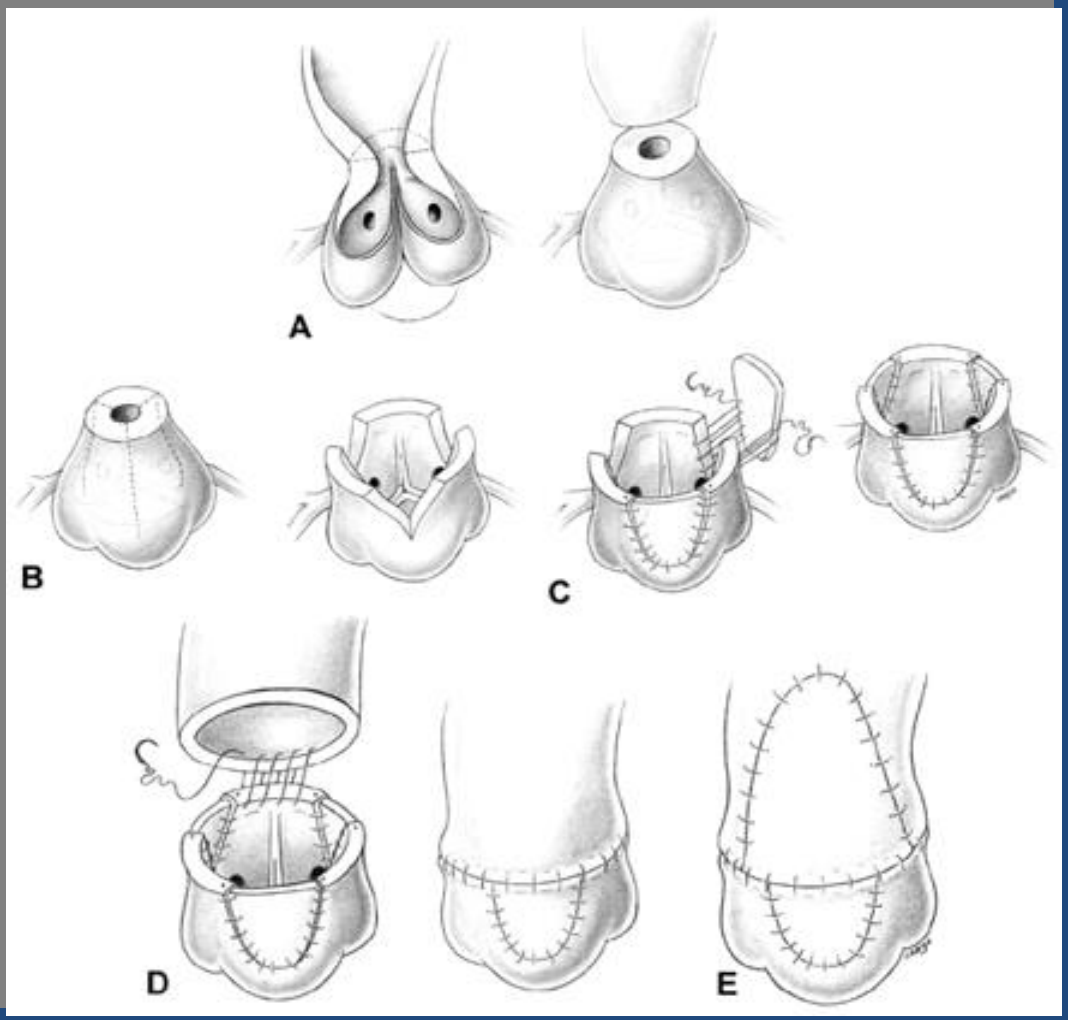
STENOSI SOPRAVALVOLARE AORTICA

Tecniche chirurgiche



STÉNOSE SUPRA VALVULAIRE AORTIQUE

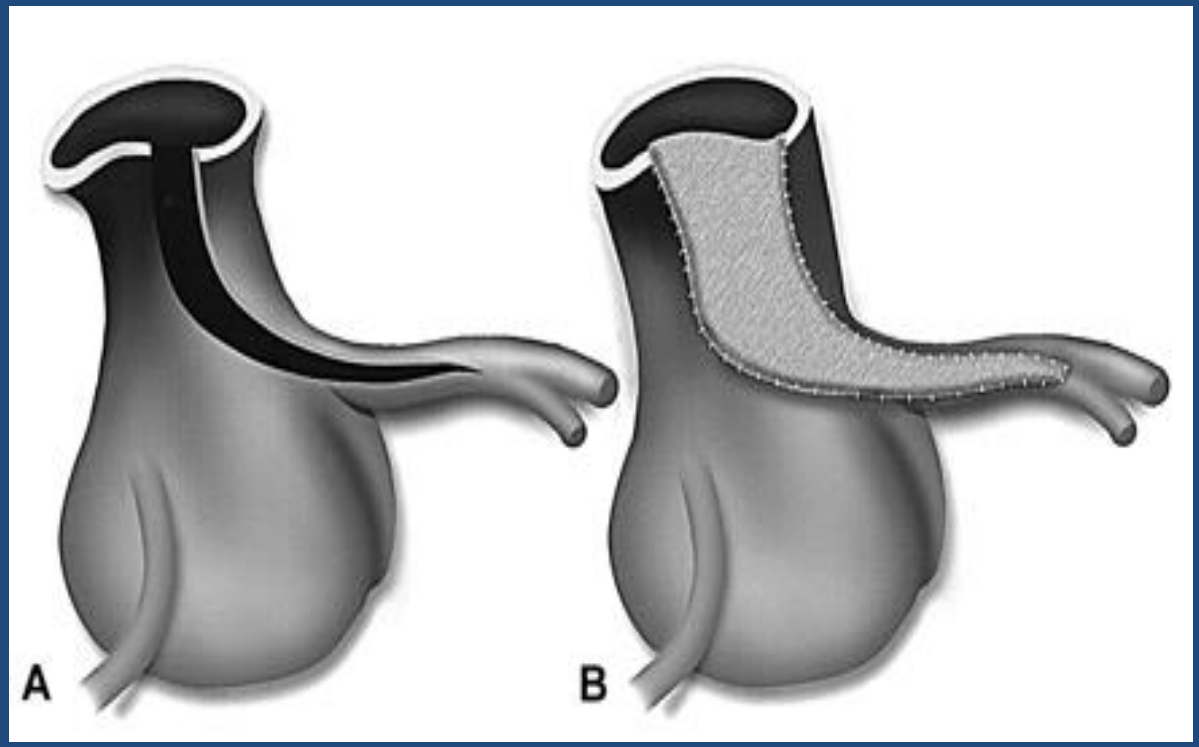
TECHNIQUE DE BROM (DE 3 PATCH)



Reconstruction de la géometrie normale de la racine aortique

STÉNOSE SUPRA VALVULAIRE AORTIQUE

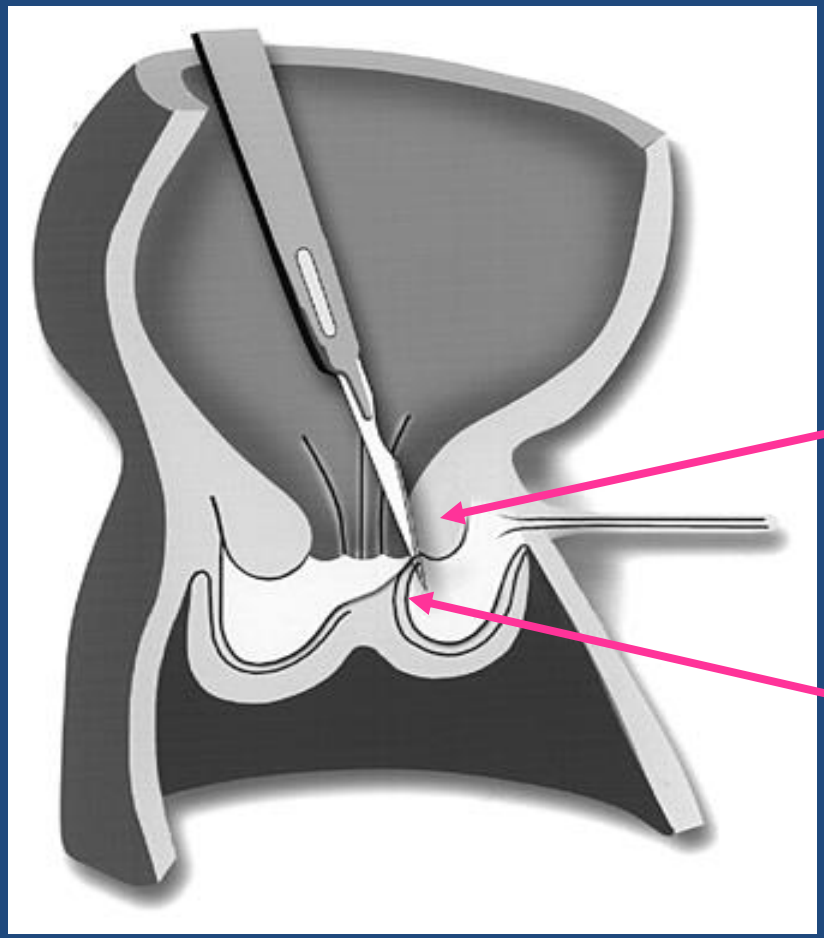
Plastie d'elargissement de l'aorte ascendente et de la coronaire gauche



Obstruction de la coronaire gauche du premier type/classe

STÉNOSE SUPRA VALVULAIRE AORTIQUE

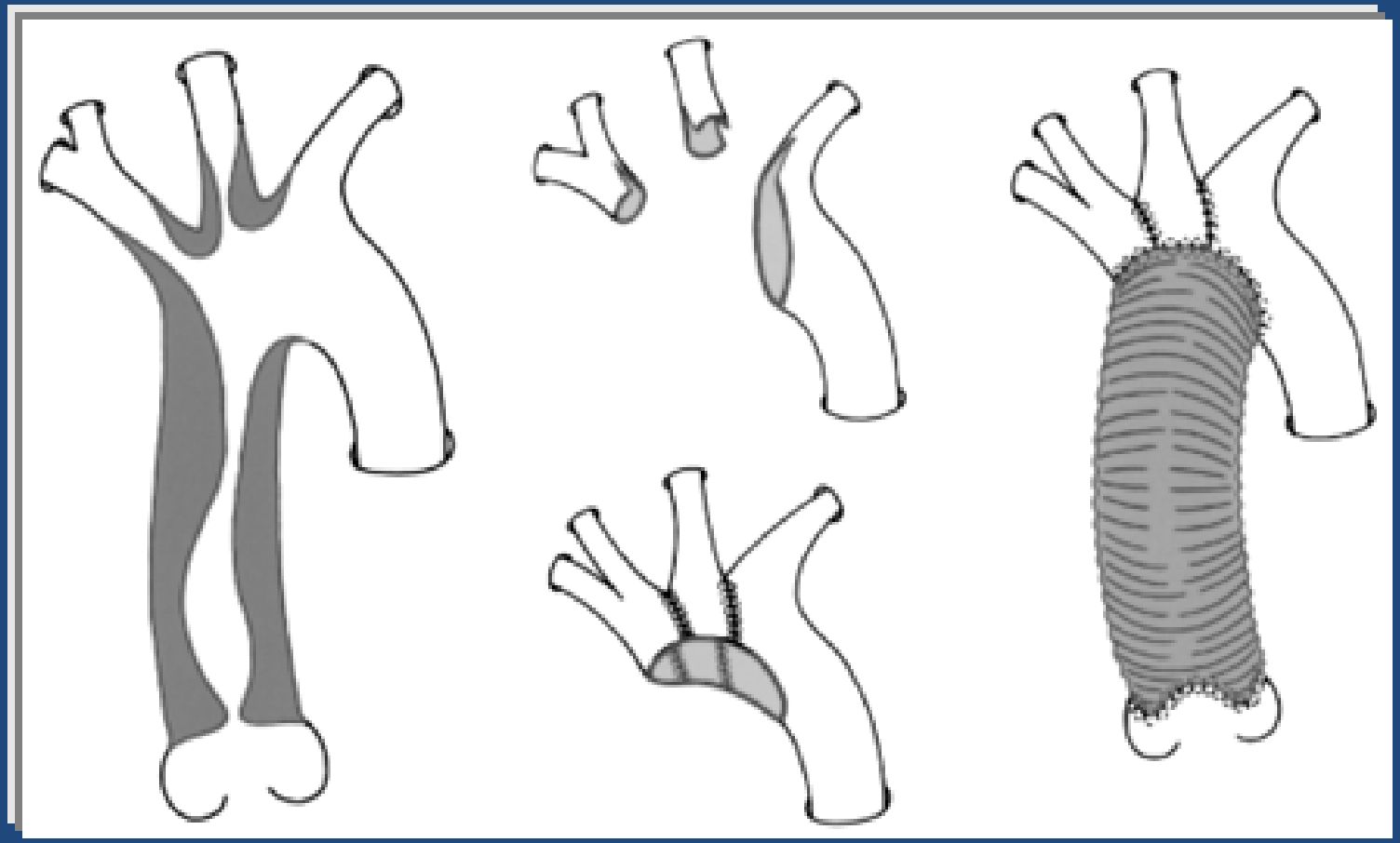
TECHNIQUE OPÉRATIOIRE



Obstruction de la coronaire gauche du deuxième type/ classe

STÉNOSE SUPRA VALVULAIRE AORTIQUE

Unifocalisation des vaisseaux du cou et remplacement de l'aorte avec un tube prothèsique droit



PATOLOGIE VIA D'USCITA VENTRICOLO SINISTRO

STENOSI SOPRA VALVOLARE AORTICA

Indicazioni operatorie

- Pazienti sintomatici per dispnea o angina : tutti

- Pazienti asintomatici : se gradiente max. >60-70

Chirurgia via d'uscita V SX
Esperienza San Donato 1989-2012

Patologie	1-31 gg	1-12 m	1-18 aa	TOT
Sten. Sottov. Ao	1 (†0)	10 (†0)	206(†0)	217 (†0)
Sten. Ao	9 (†2)	20 (†2)	314 (†1)	343 (†5 –1.4%)
Insuff. Ao	4 (†1)	17 (†0)	276 (†7)	297 (†8 2.6%)
Sten. Soprav. Ao	0 (†0)	3 (†0)	40(†0)	217(†0)
Miocard. Iper. Ostrut.	-	1 (†0)	10 (†0)	11(†0)
	14	51	870	935 (†13 1,4%)

Conclusioni

Le patologie della via d'uscita del ventricolo sinistro , rappresentano un capitolo importante della cardiologia e della cardiochirurgia.

Esse si presentano sotto varie forme a volte molto gravi ma che oggi possono essere trattate con buoni risultati soprattutto nei centri ad alto volume di attività.

La diagnosi precoce è fondamentale per un buon esito dell'intervento e per il timing chirurgico.

Grazie dell’attenzione