

ARTERIOGRAFIJA SPODNJIH OKONČIN Z NADALJEVANJEM V PERKUTANO TRANSLUMINALNO ANGIOPLASTIKO V SPLOŠNI BOLNIŠNICI MURSKA SOBOTA

LOWER EXTREMITY ARTERIOGRAPHY WITH CONTINUATION IN PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY AT THE MURSKA SOBOTA GENERAL HOSPITAL

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IZVLEČEK

Uvod in namen: Arteriografija spodnjih okončin je temeljna slikovna metoda, s katero prikažemo mesto in obseg žilne zapore. Ob ugotovljeni žilni zavori se arteriografija lahko nadaljuje v poseg, tj. PTA (perkutana transluminalna angioplastika), kjer zdravnik radiolog z balonom oz. stentom poveča pretok krvi v zoženi žili (Blinc in drugi, 2004).

Namen plakata je predstavitev primera ter protokola slikanja v Splošni bolnišnici Murska Sobota.

Metode: Pregledali smo literaturo, opisali primer iz naše bolnišnice ter predstavili protokol slikanja, ki ga uporabljamo pri arteriografiji in PTA spodnjih okončin v naši bolnišnici.

Rezultati in razprava: Zaradi kratke klavdikacijske razdalje je bil na ultrazvočno preiskavo spodnjih okončin z dopplerjem napoten pacient, star 70 let. Razdalja, ki jo je prehodil, je bila 20 metrov. Po opravljenem dopplerju je bila ugotovljena okluzija arteriae femoralis superficialis (AFS) sinister. Glede na diagnozo je bil pacient predlagan za levostransko arteriografijo in PTA spodnje okončine.

Pred začetkom posega inštrumentarka pripravi material, ki ga bomo uporabljali pri preiskavi. Pripravi pacienta, ga namesti na preiskovalno mizo, sterilno umije vbodno mesto in ga sterilno pokrije.

Na začetku posega zdravnik aplicira lokalni anestetik, s Seldingerjevo tehniko zbode arterio femoralis sinister, preko

žice odstrani iglo in uvede 5fr. žilno uvajalo. Nato radiološki inženir opravi levostransko arteriografijo z naslednjim protokolom: na rentgenskem aparatu izbere protokol DSA low dose spodnjih okončin z ekspozicijskimi pogoji: 4 p/s in 3 f/s. Slika v AP projekciji. Uporabi kontrastno sredstvo Visipaque 320. Na injektorju izbere naslednje parametre: pretok 4 ml/s, količina kontrasta 15 ml, pritisk 600 psi.

Arteriografija prikaže 10 cm dolgo okluzijo AFS v srednjem delu.

Po opravljeni arteriografiji se zdravnik odloči za PTA AFS sin. S Terumo žico in Support katetrom premosti okluzijo in jo dilatira z dilatacijskim balonom dimenzij 5x150 mm. Kontrolna arteriografija pokaže dobro pretočnost brez rezidualne stenoze ali disekcije.

Zaključek: Z arteriografijo spodnjih okončin prikažemo mesto in obseg žilne zapore, ki se lahko nadaljuje v poseg PTA.

Obravnavali smo 70-letnega pacienta s težavami pri hoji. Z arteriografijo smo ugotovili zaporo AFS, ki jo zdravnik dilatira. Kontrolna arteriografija pokaže dobro prehodnost AFS.

Ključne besede: Arteriografija, perkutana transluminalna angioplastika, žilna zavora.

ABSTRACT

Introduction and purpose: Lower extremity arteriography is the basic imaging modality used to visualize the location and extent of vascular occlusion. If vasoconstriction is diagnosed, arteriography can be followed up with a procedure called PTA (percutaneous transluminal angioplasty), in which a radiologist uses a balloon or stents to increase blood flow in a narrowed vessel (Blinc et al., 2004).

The purpose of this poster is to present the case and imaging protocol at the Murska Sobota General Hospital.

Methods: We reviewed the literature, described an example from our hospital and presented the imaging protocol we use in arteriography and PTA of the lower extremities at our hospital.

Results and discussion: A 70-year-old patient was referred for ultrasonography of the lower extremities with Doppler because of the short distance of claudication. The distance he walked was 20 meters. After Doppler, occlusion of the superficial femoral artery (Lat. arteriae femoralis superficialis, AFS) sinister was detected. Depending on the diagnosis, it was recommended that the patient undergo left arteriography and PTA of the lower extremities.

Before starting the procedure, the instrumentalist prepares the material to be used in the examination. They also prepare the patient, place him on the examination table, wash the puncture site sterilely and cover him sterilely.

At the beginning of the procedure, the physician administers a local anaesthetic, punctures the femoral sinister artery

using the Seldinger technique, removes the needle over the wire, and inserts a 5fr. vascular introducer. The radiology technician then performs left-sided arteriography according to the following protocol: on the X-ray machine, he selects the DSA protocol with low dose for the lower extremities, with exposure conditions: 4 p/s and 3 f/s. Image in AP projection. Use Visipaque 320 contrast agent. Select the following parameters on the injector: flow rate 4 ml/s, contrast agent volume 15 ml, pressure 600 psi.

Arteriography shows a 10 cm occlusion of the AFS in the centre.

After performing arteriography, the physician decides to use PTA AFS sin. The occlusion is bridged with Teruma wire and a support catheter, and dilated with a 5x150 mm dilatation balloon. Control arteriography shows good flow without residual stenosis or dissection.

Conclusion: Lower extremity arteriography shows the location and extent of vasoconstriction, which can be continued in PTA surgery.

We treated a 70-year-old patient who had difficulty walking. Arteriography showed AFS blockage, which the physician dilated. Control arteriography showed good AFS transit.

Keywords: Arteriography, percutaneous transluminal angioplasty, vessel occlusion

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