

Refertazione e casistica

Dott. Pietro Caruso
S.C. Diagnostica per Immagini

www.oeige.it



Mezzo di contrasto?

- Non necessario per lo studio del colon
- Si può utilizzare per studiare anche gli organi pieni addominali (prima scansione prona poi supina con diverse fasi contrastografiche)
- Si può aggiungere anche lo studio del polmone e del cranio se richiesto.



Richiesta

- TC addome per colonscopia virtuale
- Specificare se necessario anche il contrasto e perchè.



Referto

COLONSCOPIA VIRTUALE

Quesito diagnostico:

Esame eseguito con scansioni volumetriche a basso milliamperaggio per riduzione della dose radiogena nelle condizioni di base in decubito prono e supino, dopo induzione di pneumocolon mediante insufflazione assistita di anidride carbonica previa ipotonizzazione farmacologica e dopo protocollo di preparazione tipo "fecal tagging".

Le immagini ottenute sul piano assiale sono state processate con software dedicato per colonscopia virtuale con assistenza CAD.

Discreta distensione dei segmenti colici che risultano ben valutabili.

Non si evidenziano lesioni organiche parietali vegetanti con diametro superiore a 6 mm o stenosi del lume colico.



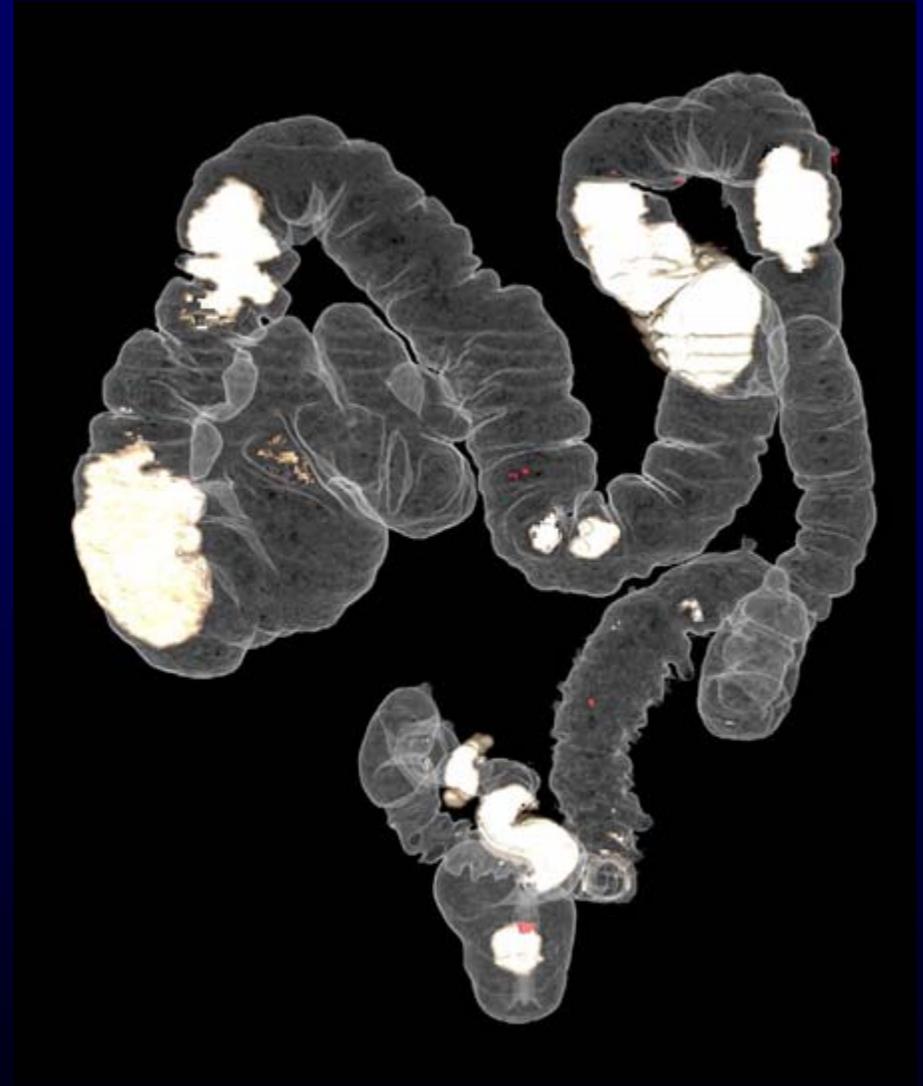
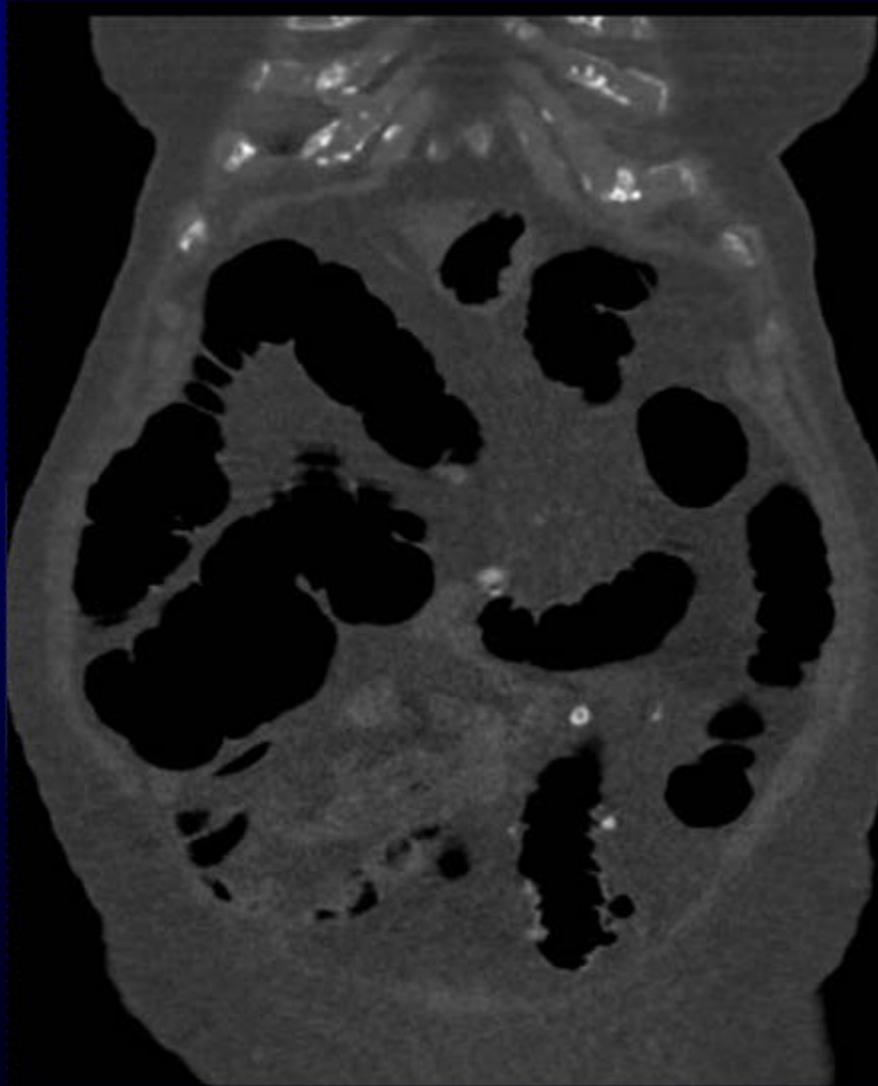
- Lesioni morfologiche (dolicocolon -ceco pelvico)
- Lesioni benigne (diverticolosi)
- Lesioni infiammatorie (ispessimenti parietali)
- Polipi
- Lesioni tumorali
- Lesioni extra-colon
- Lesioni visualizzate col mdc



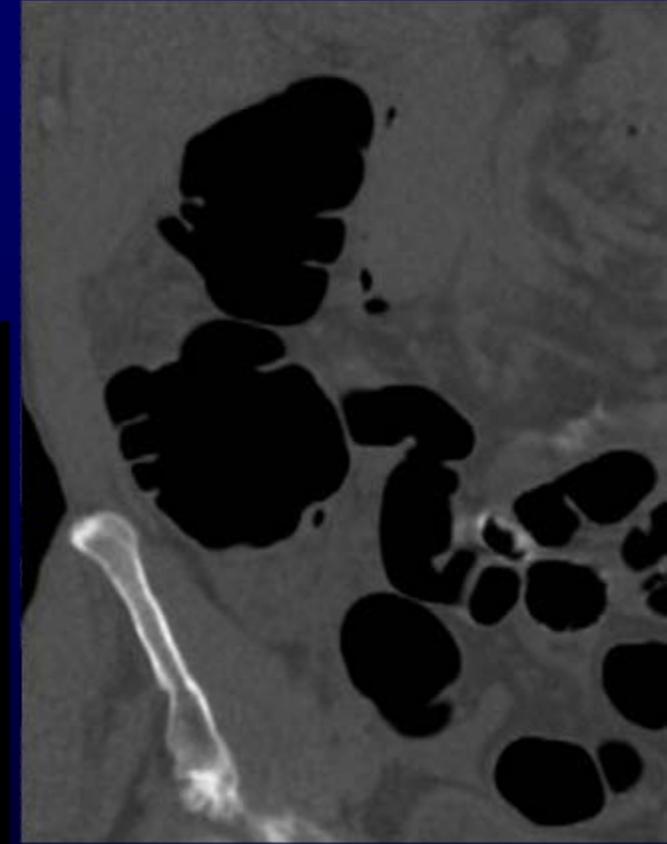
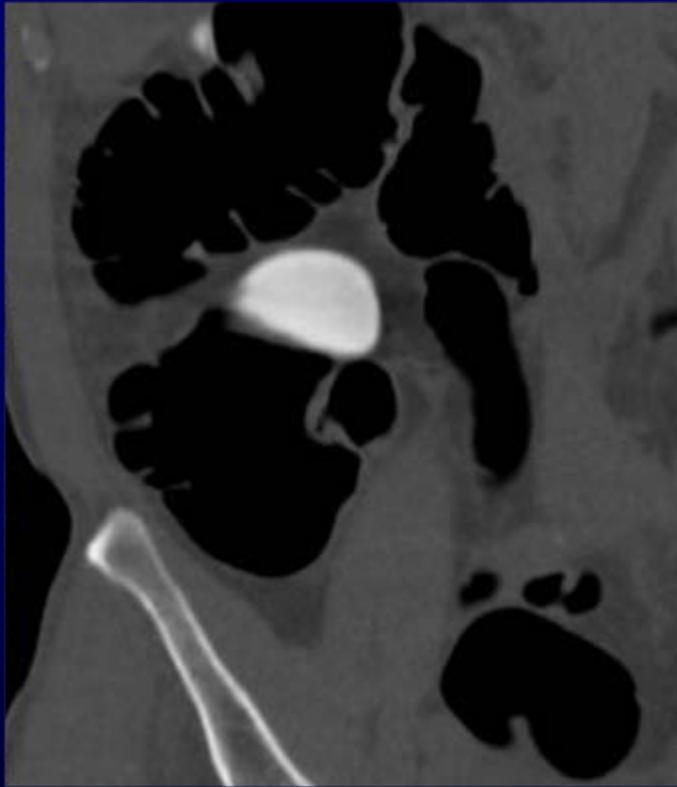
• Dolicotrasverso



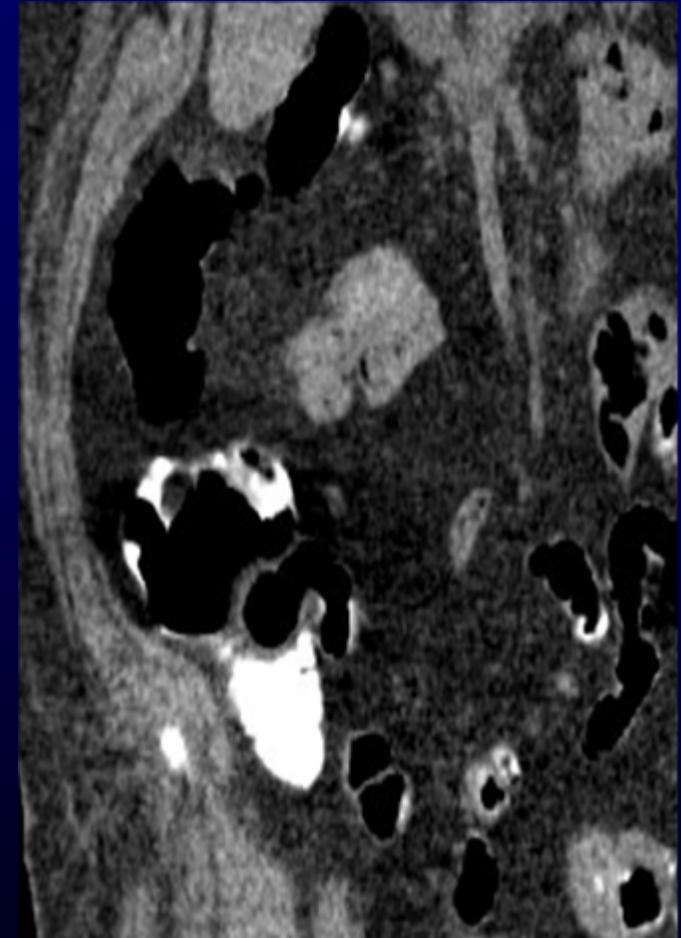
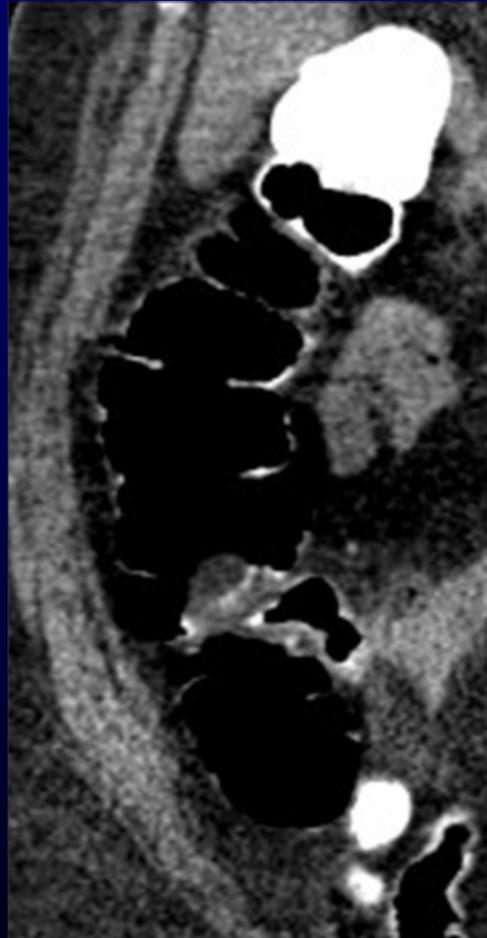
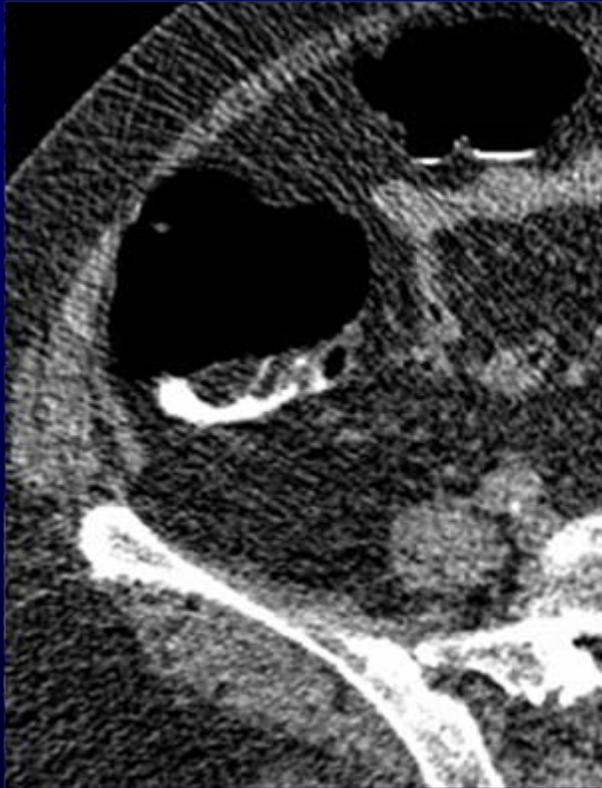
Ceco erectus



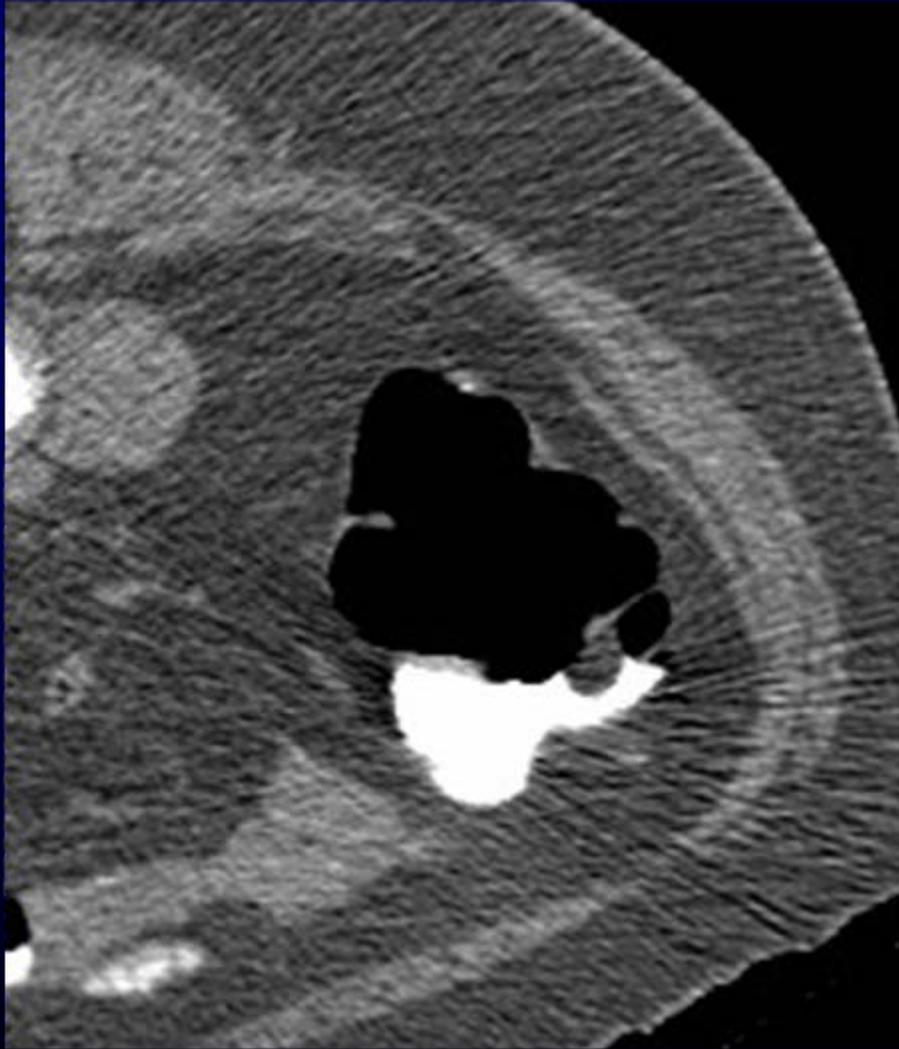
Ultima ansa ileale



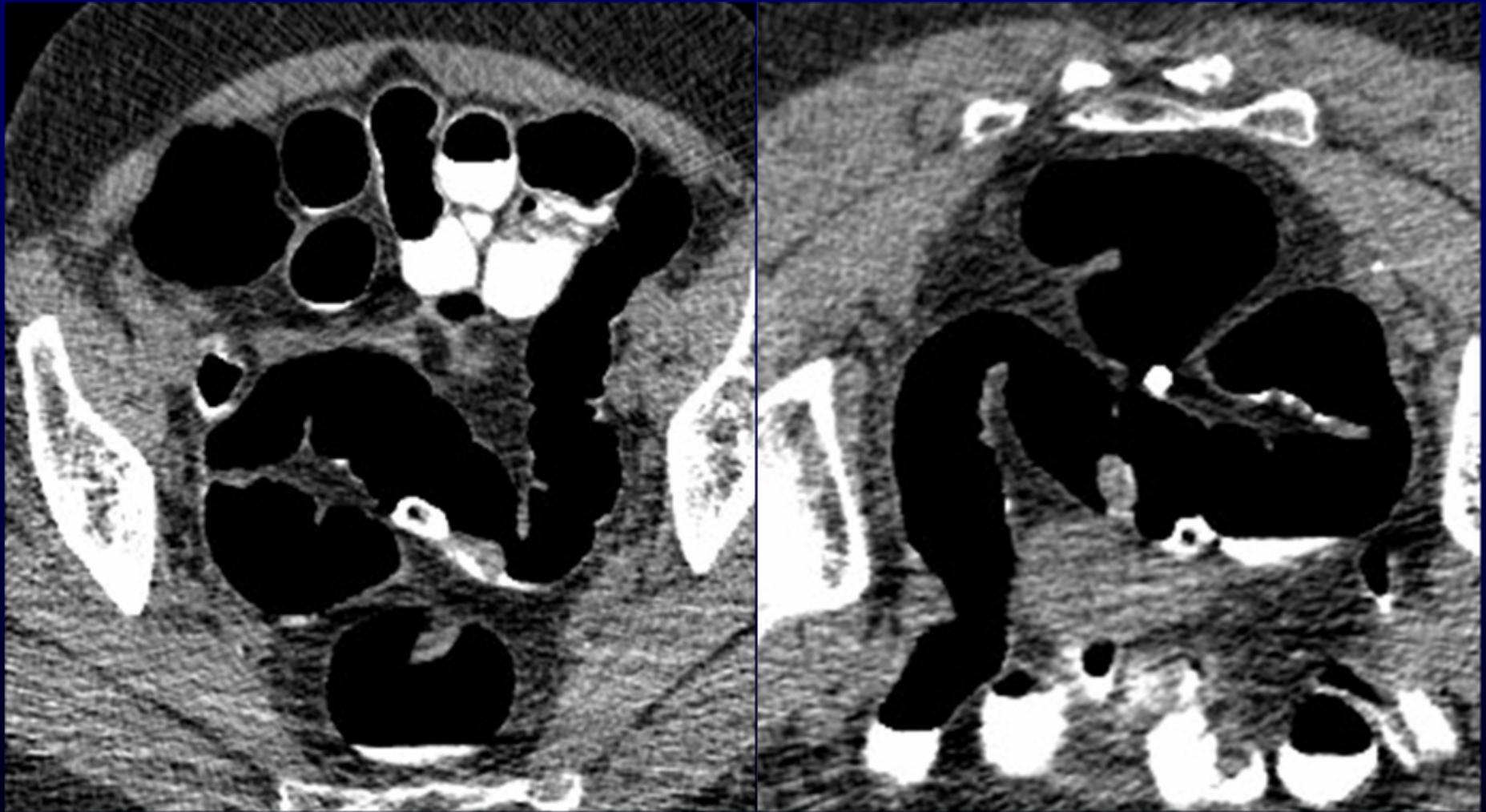
Lipomatosi valvola ileo-cecale



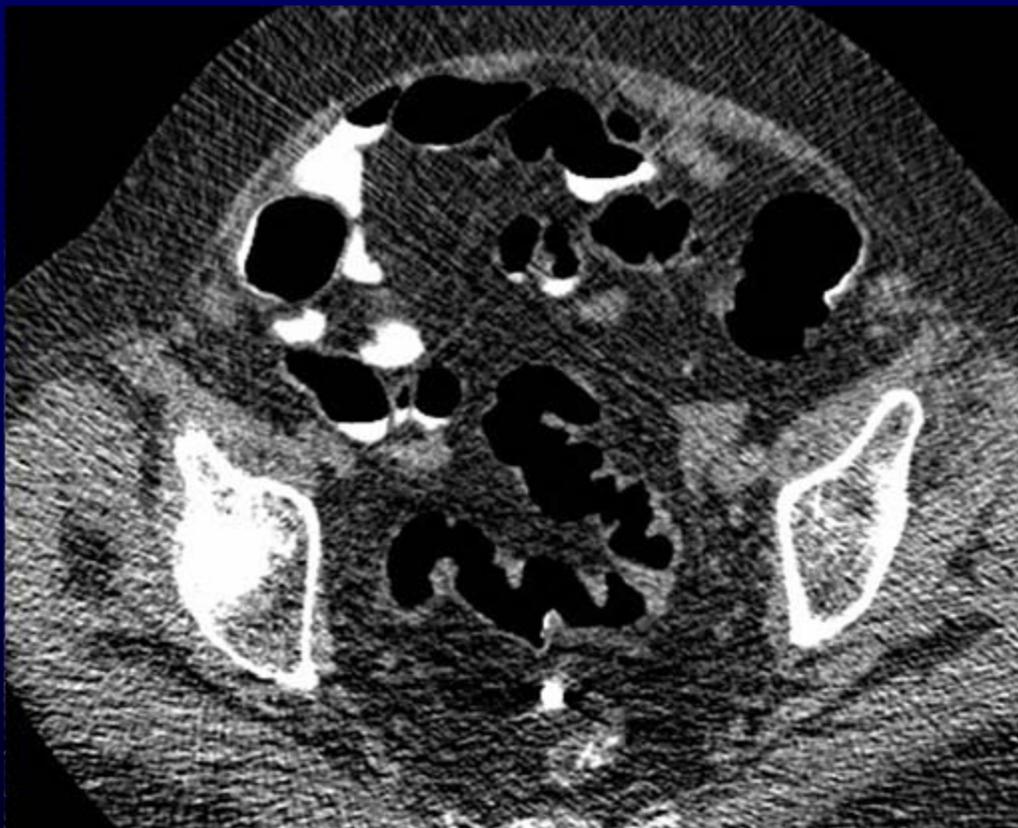
Lipoma



Residuo fecale



Sigmoidite



Diverticolosi



Diverticolite



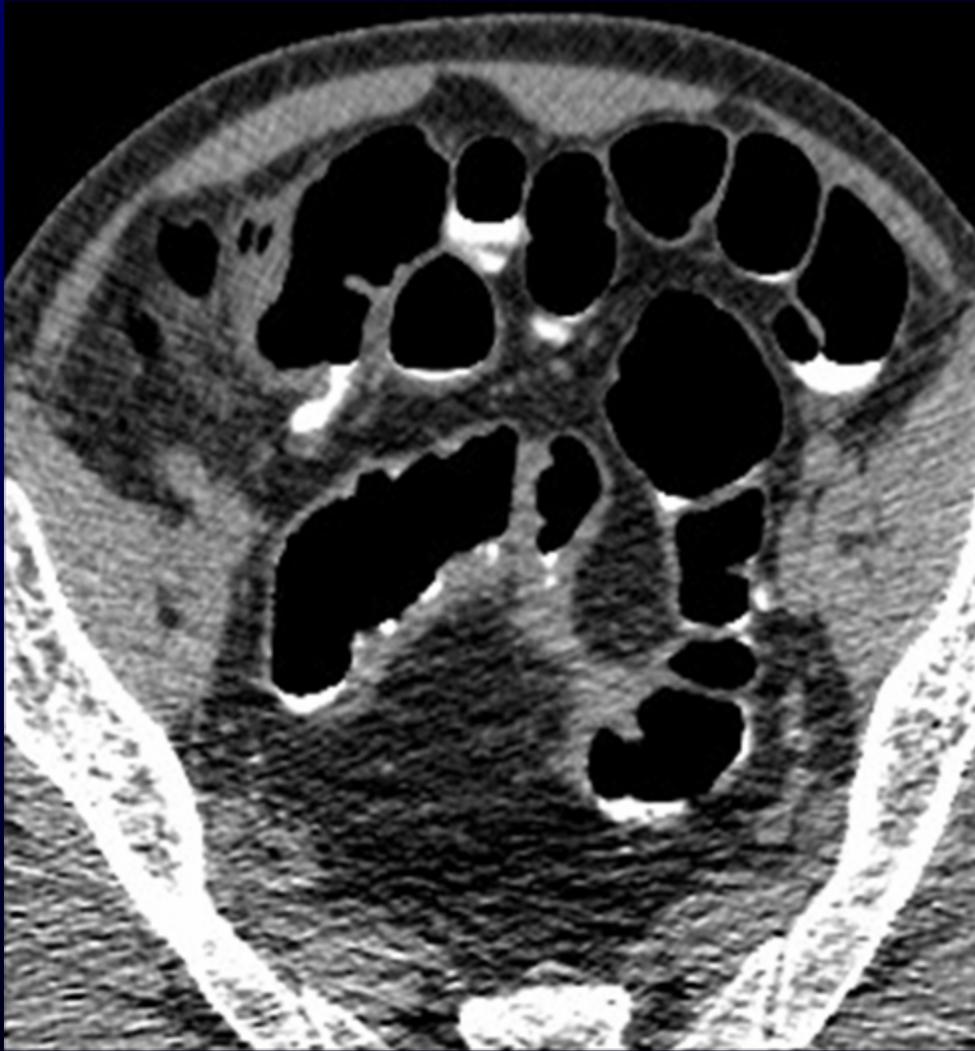
Diverticolite



Esiti perforazione diverticolare



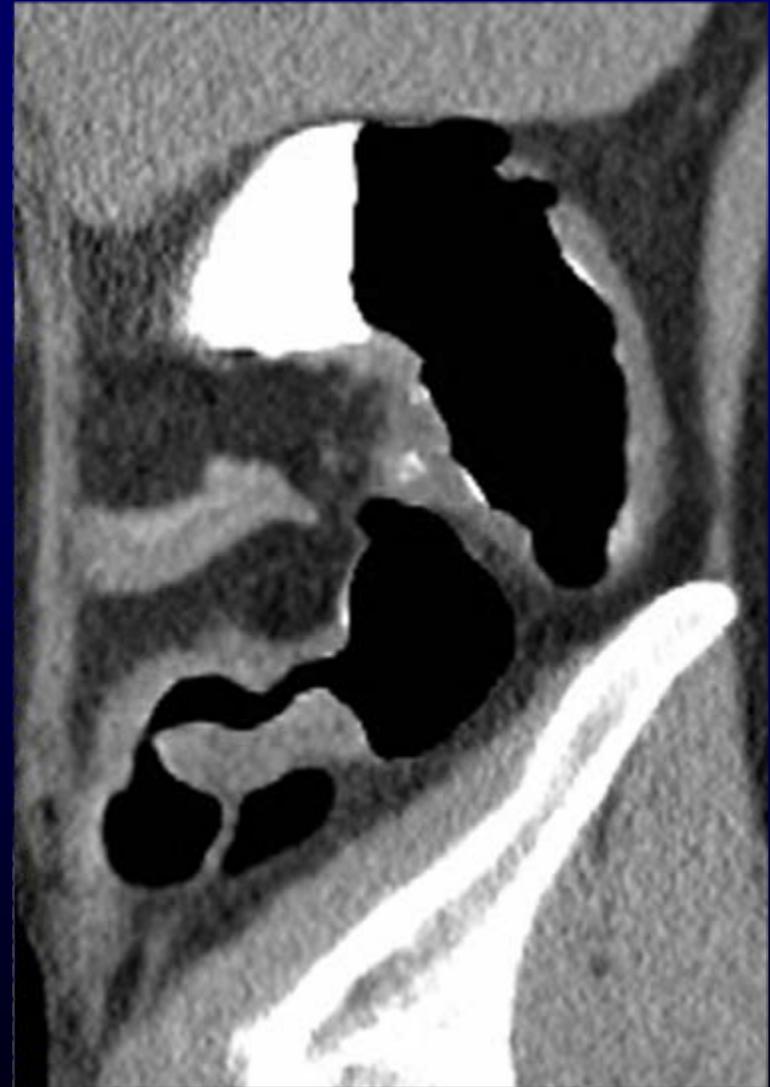
Colite ulcerosa



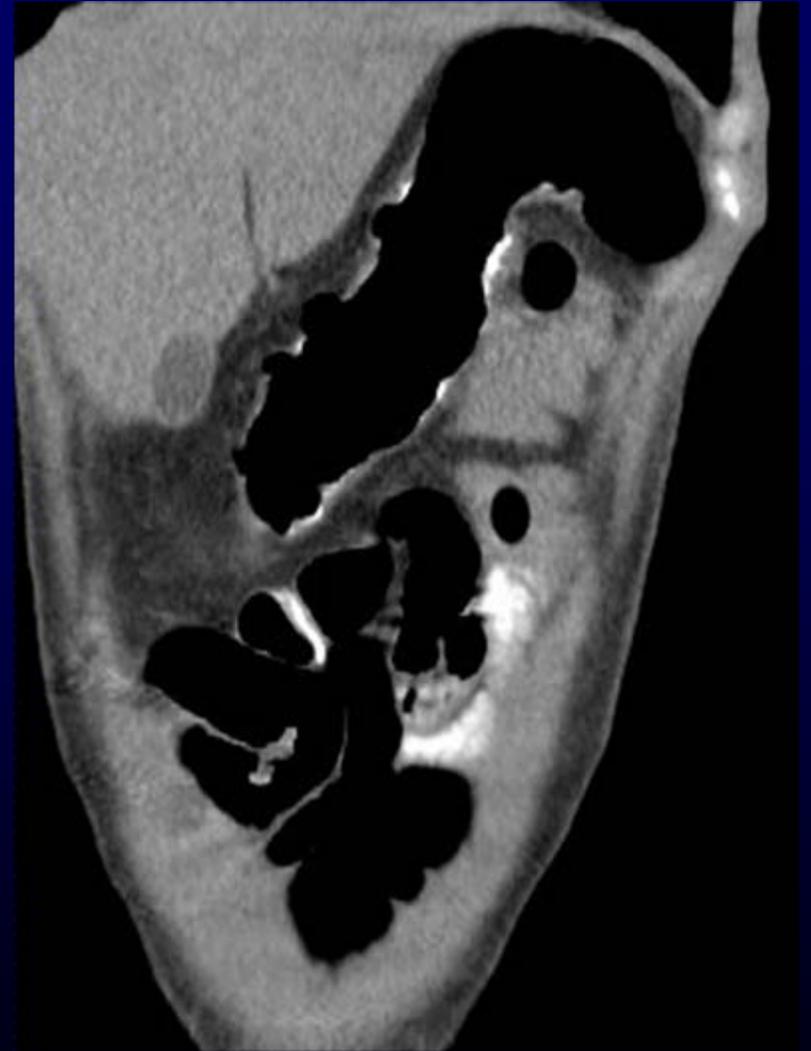
Colite ulcerosa



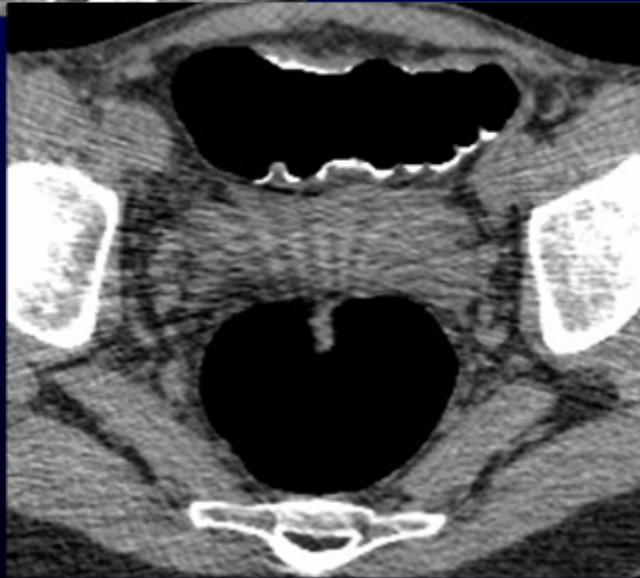
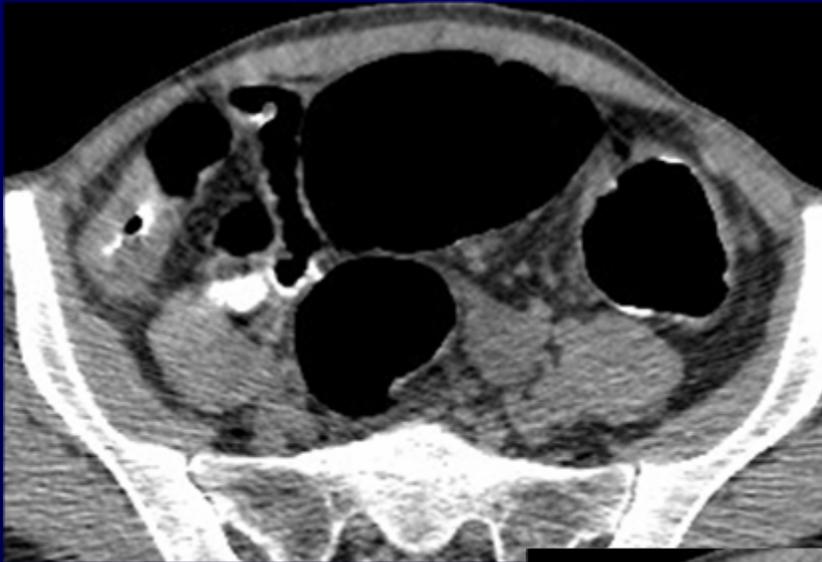
Morbo di Crohn



Morbo di Crohn



Morbo di Crohn



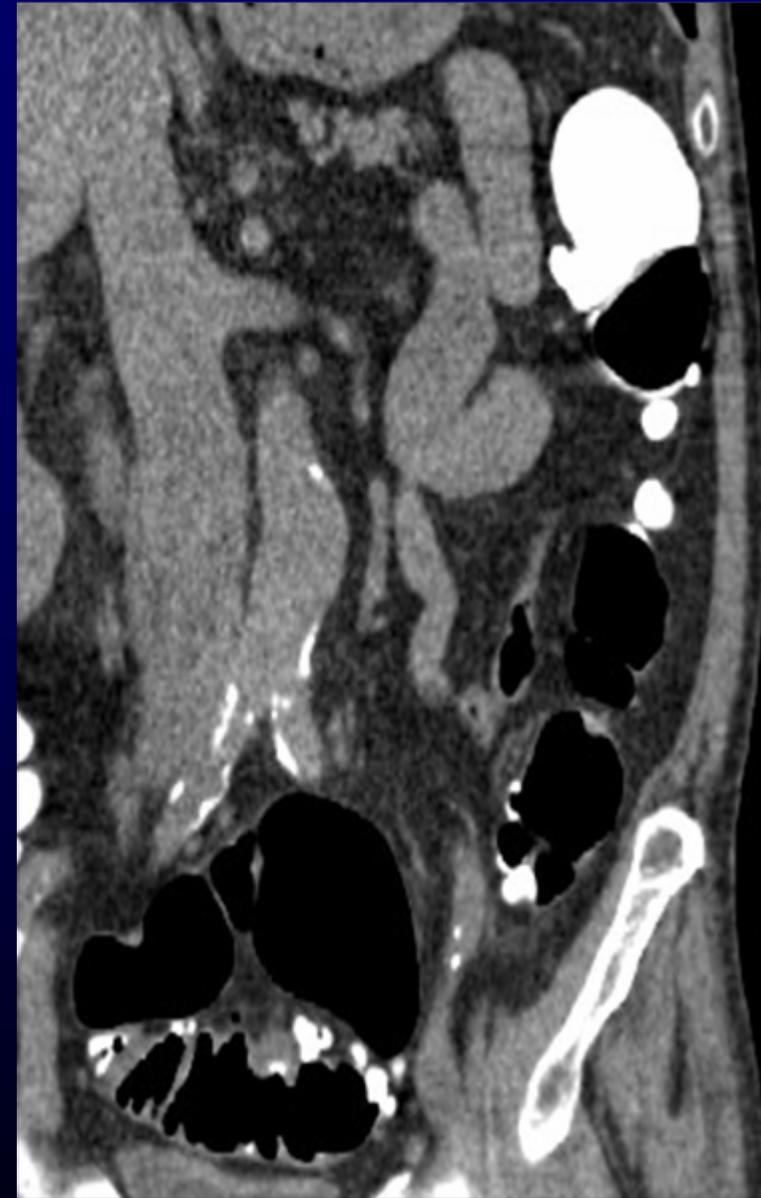
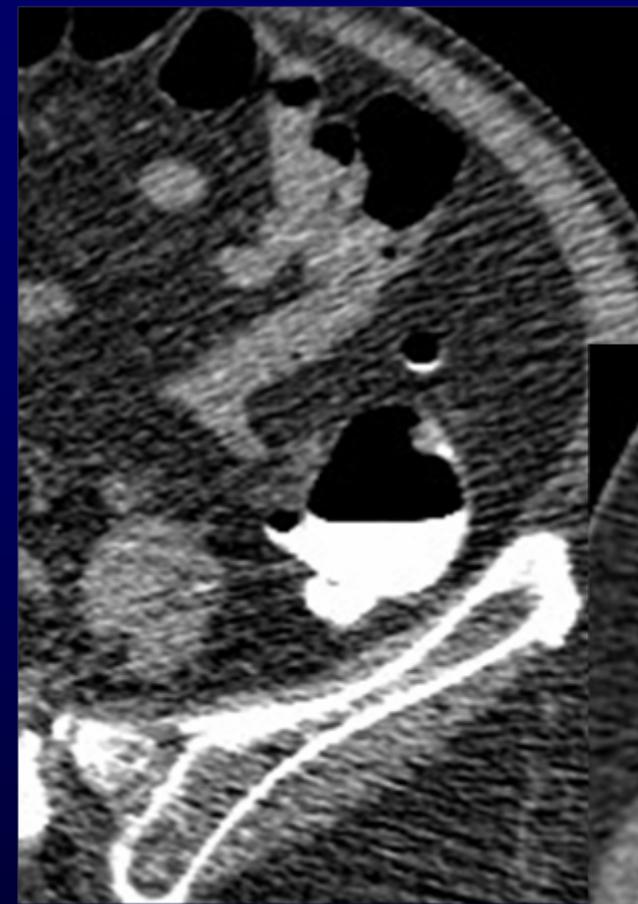
Polipi

- Polipi sessili
- Polipi pedunculati

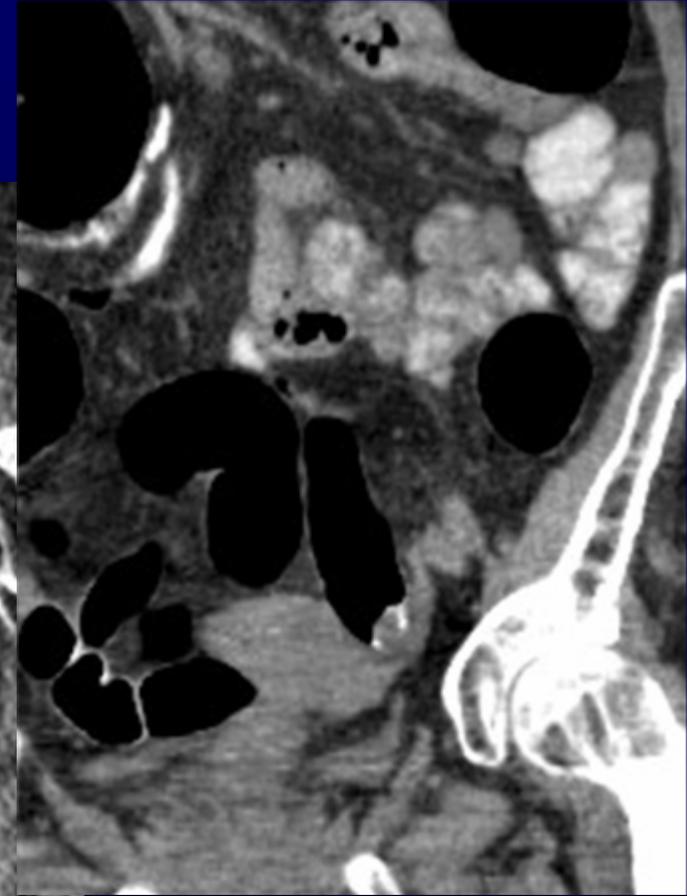
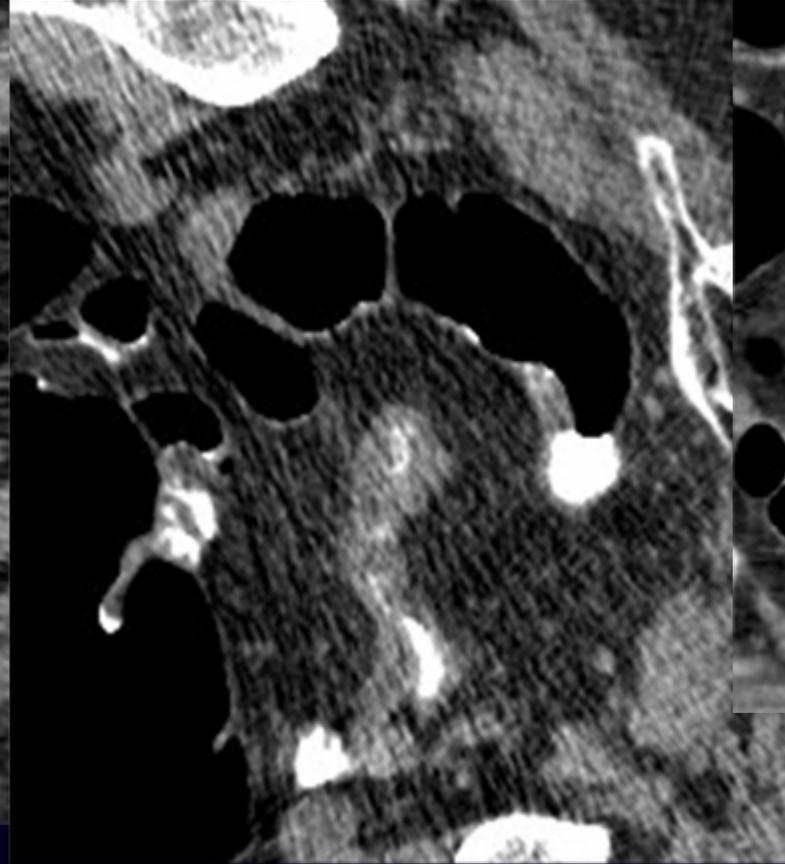
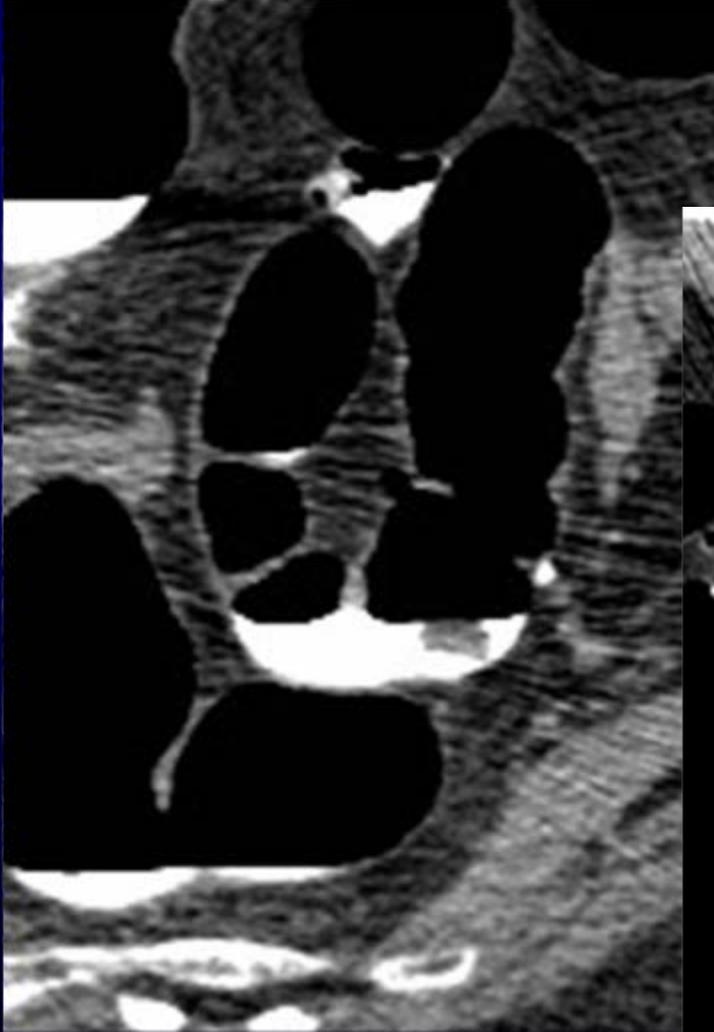
Inferiori a 6 mm	Non significativi clinicamente
Tra 6 e 9 mm	Controllo a due anni
Sopra il cm	Colonscopia ottica



Polipi

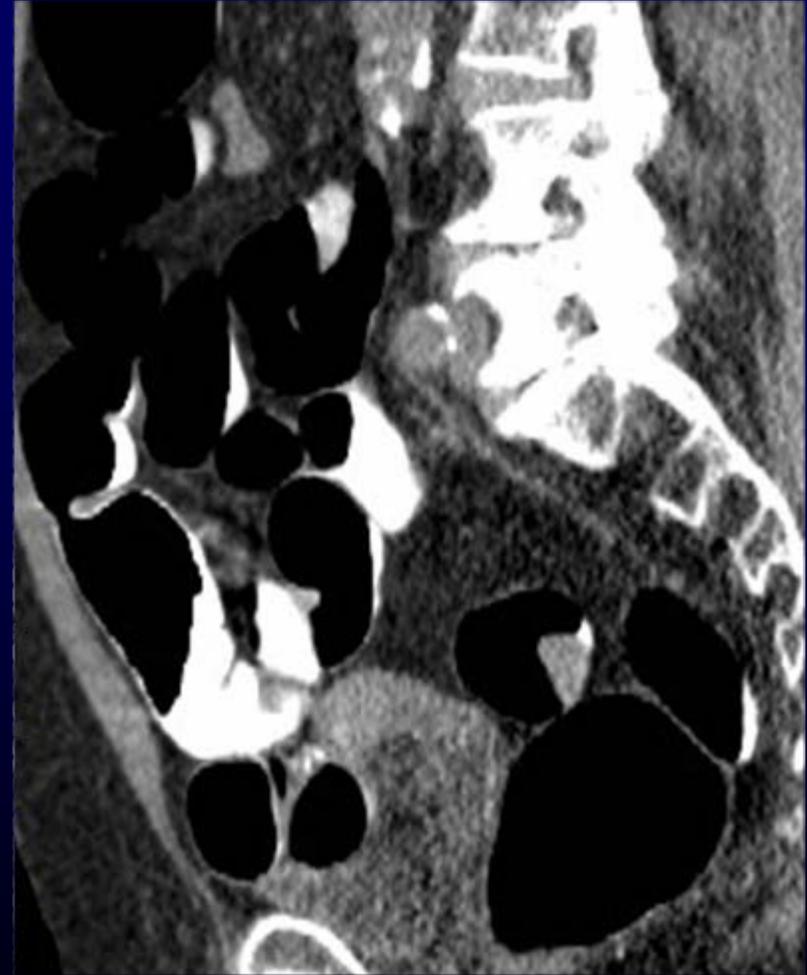
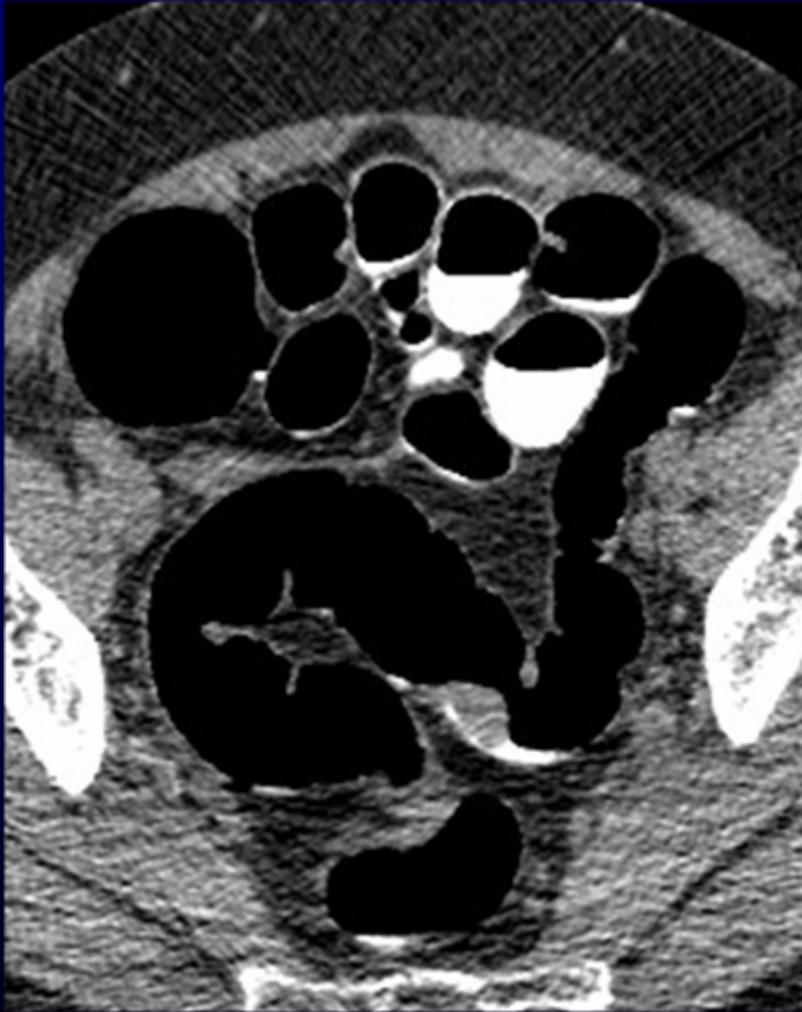


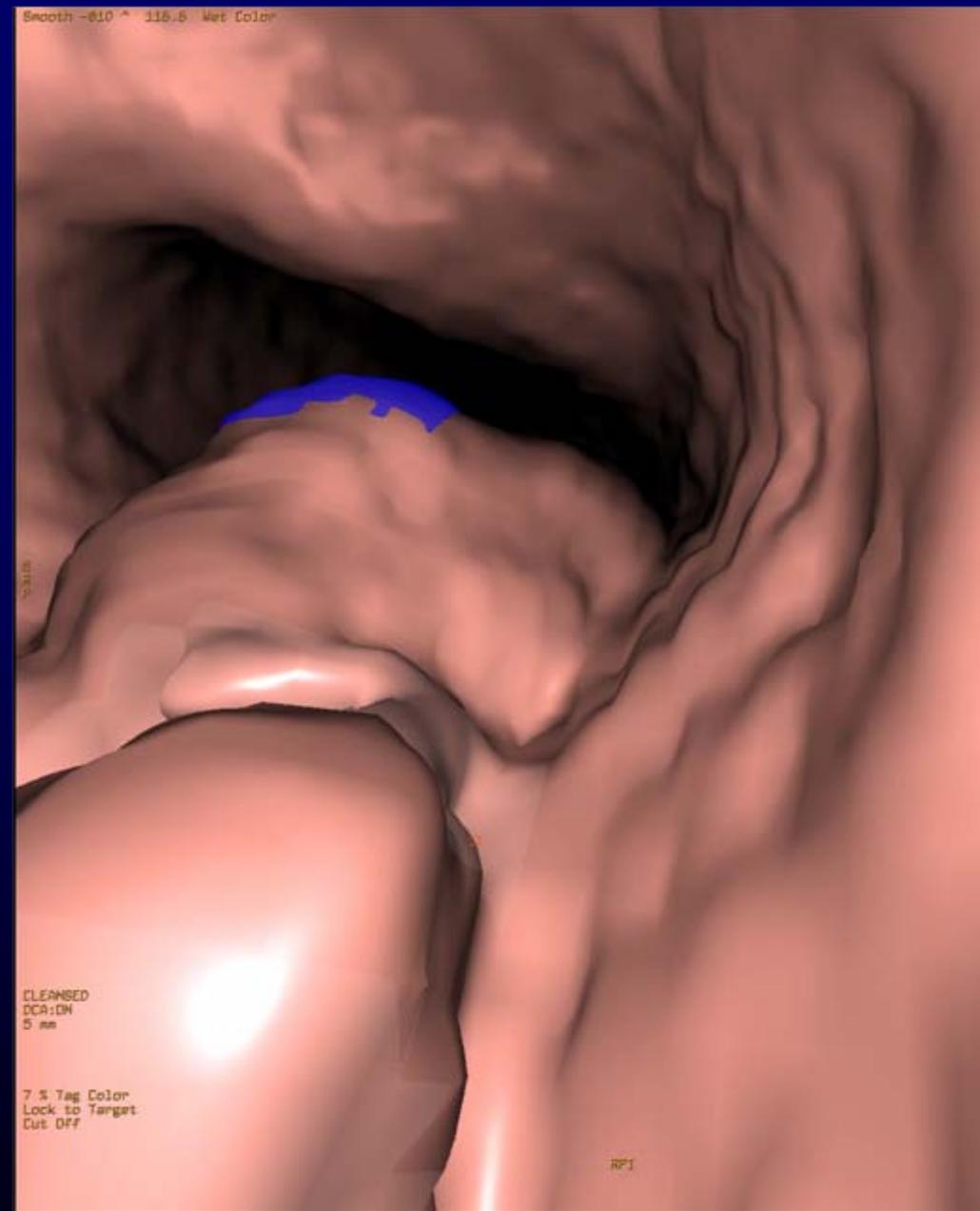
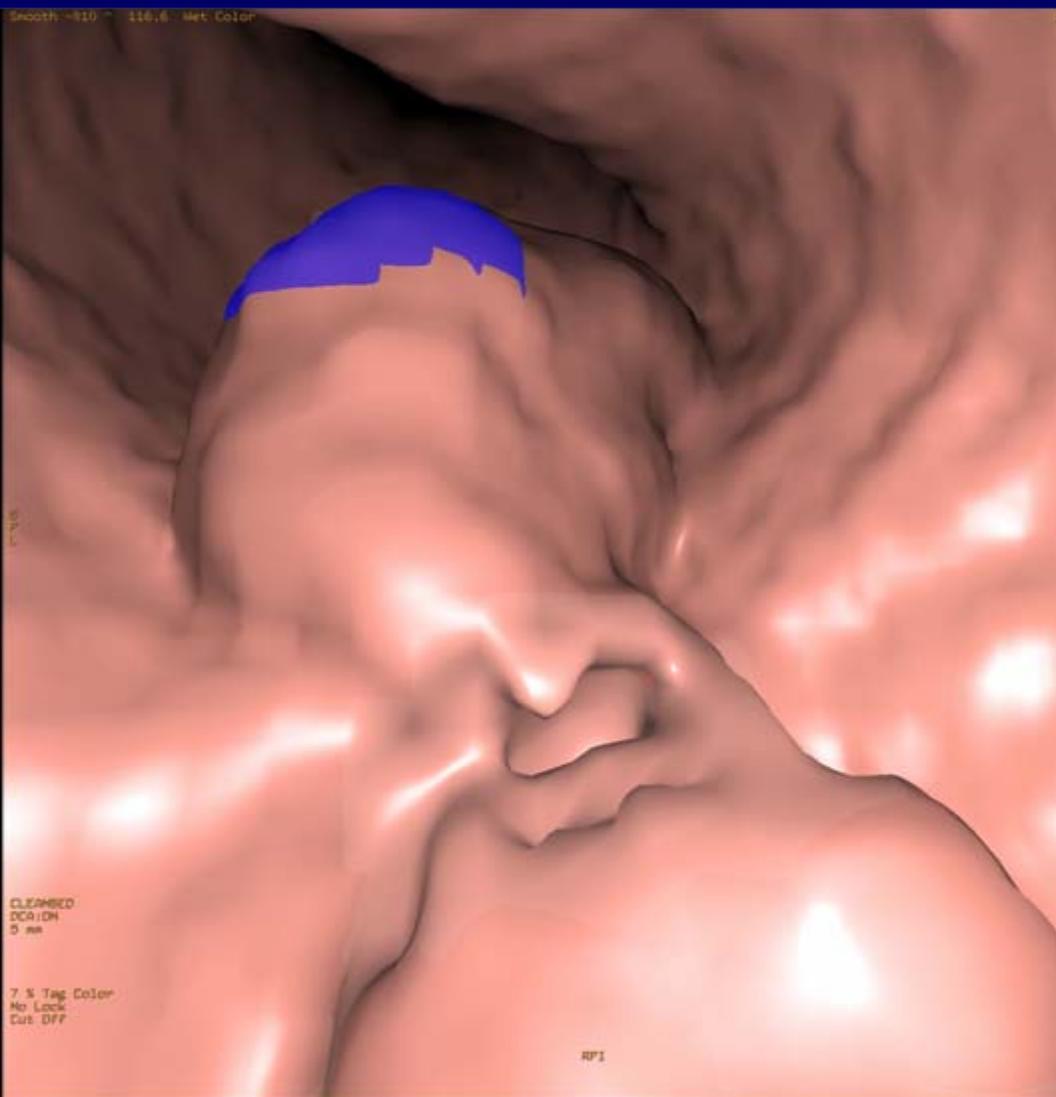
Polipo peduncolato



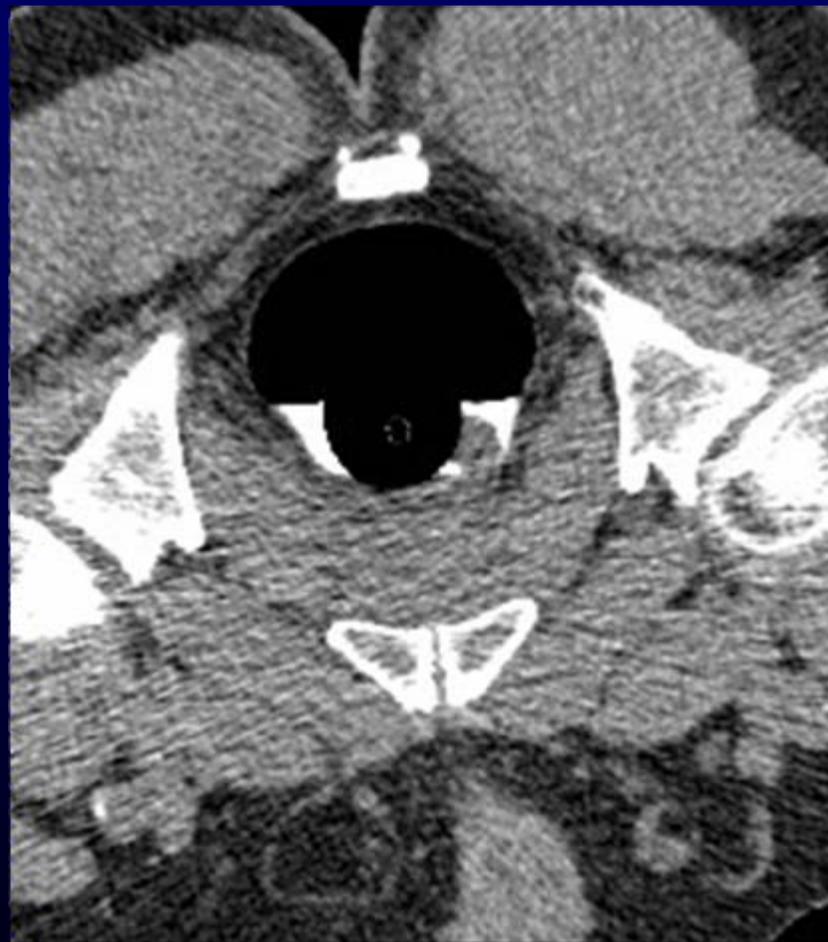
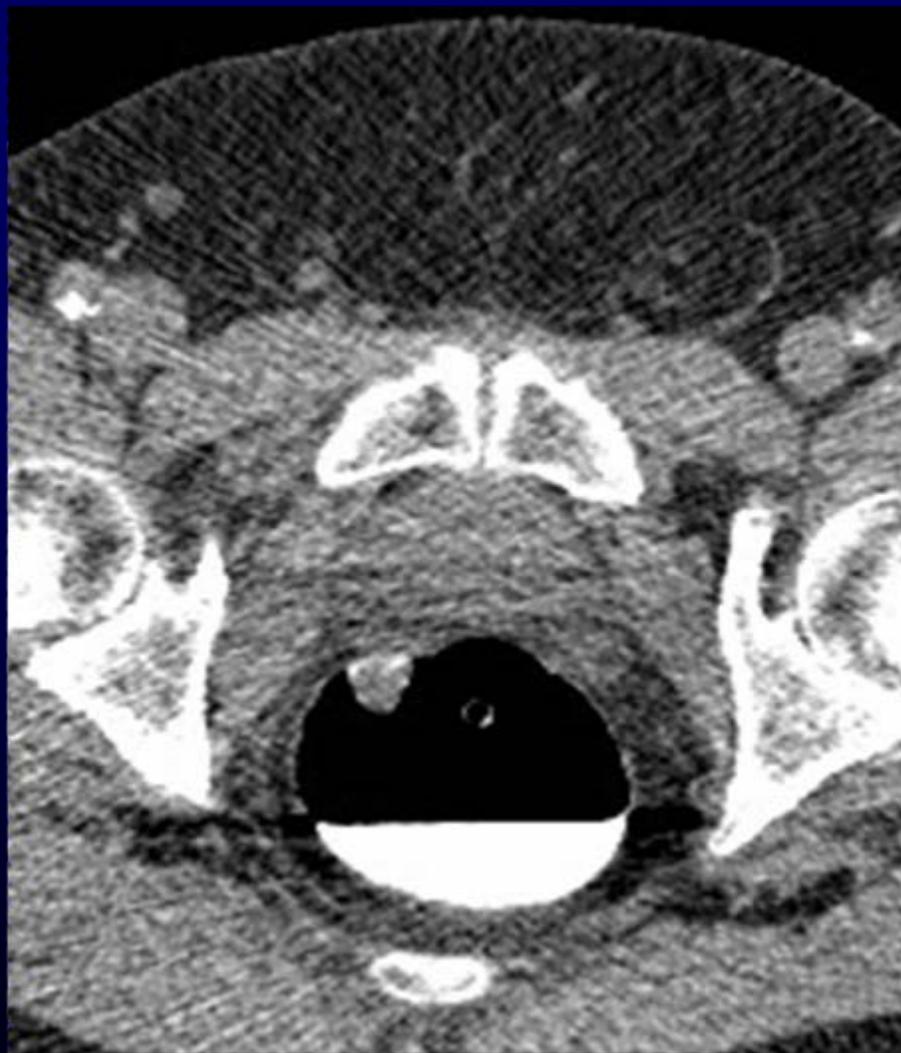


Polipo sessile





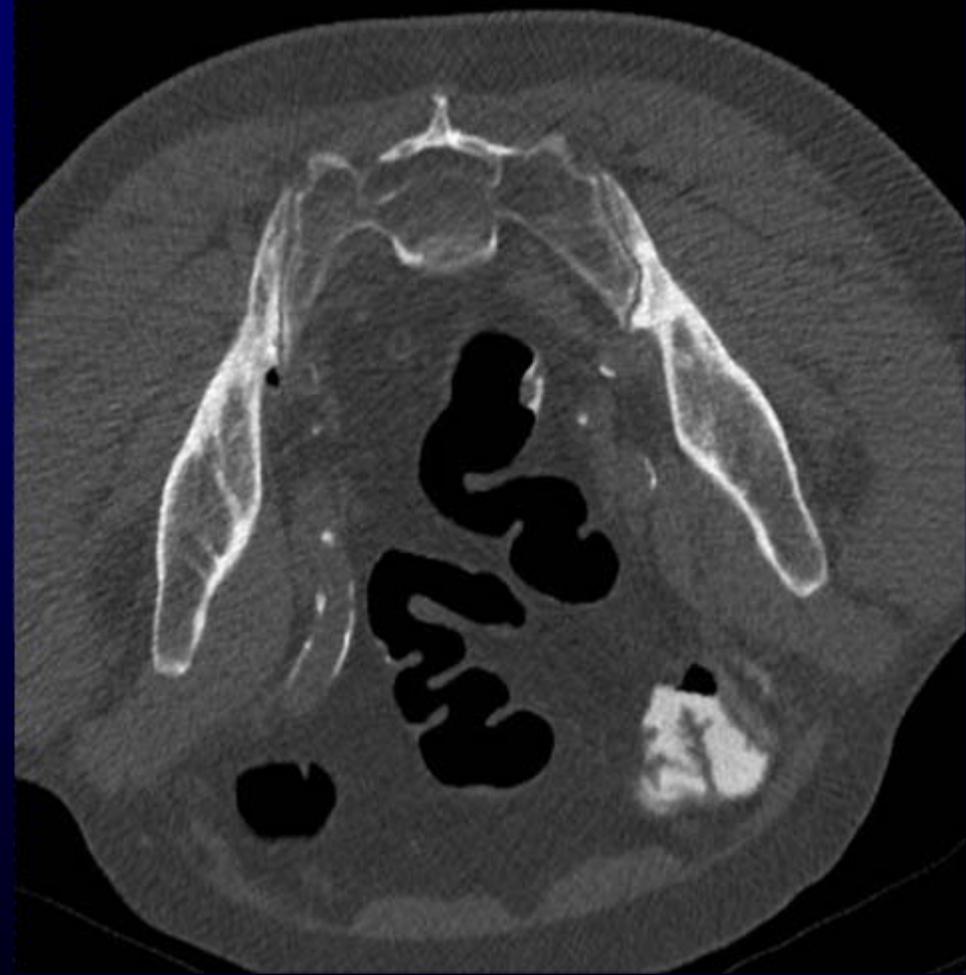
Polipo retto



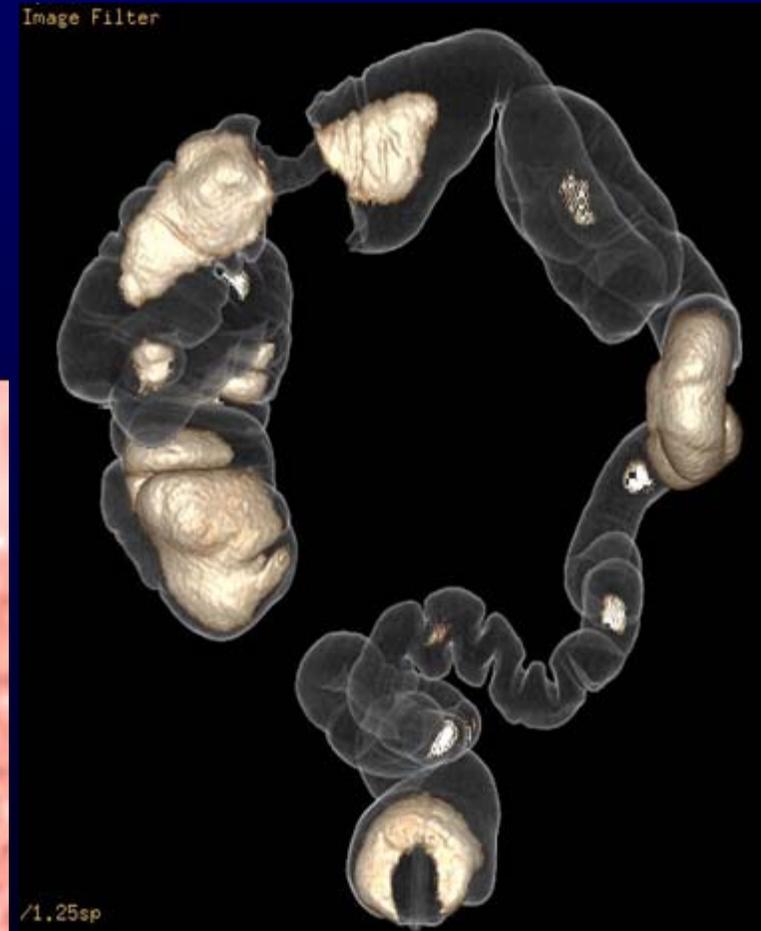
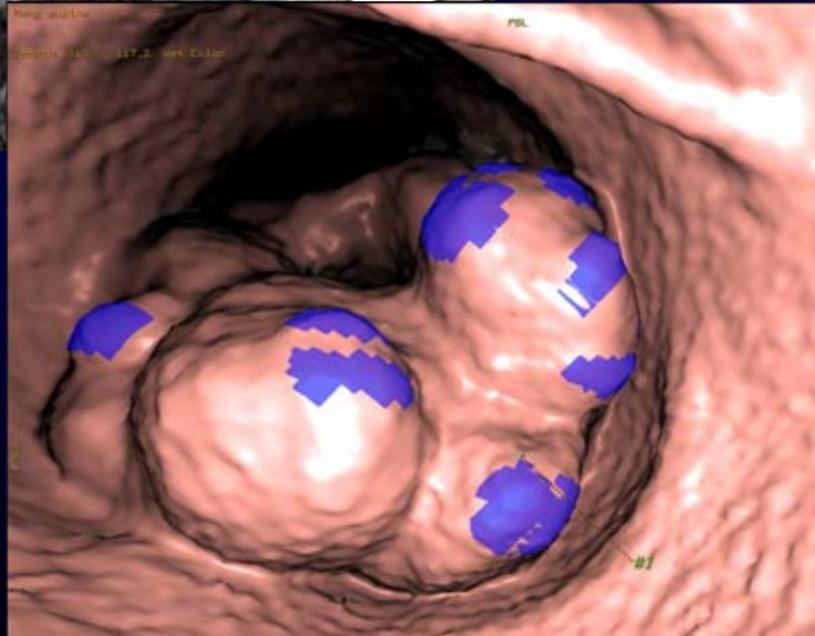
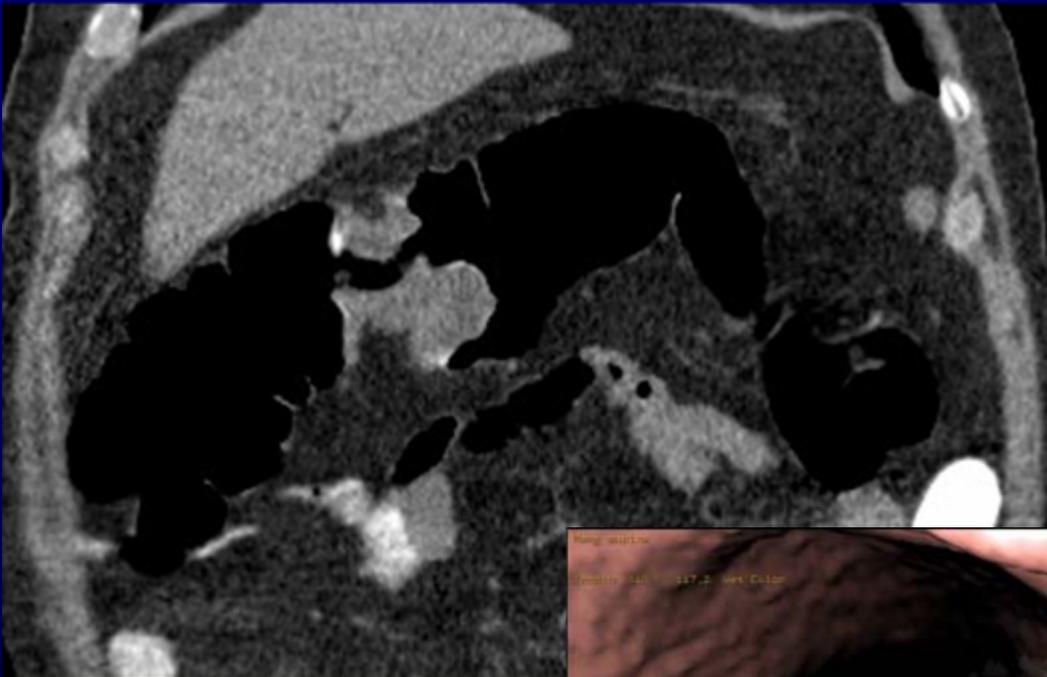
Lesione piatta



Polipo sigma (sentinella)



Lesione stenosante



Smooth -805 ^ 117,2 Wet Color

Ex: Sep 25 2013

I
L
A

S
O
D

CLEANSED
DCA: OFF

7 % Tag Color
XSection
Cut OFF

Cecum



FRI



Tumori





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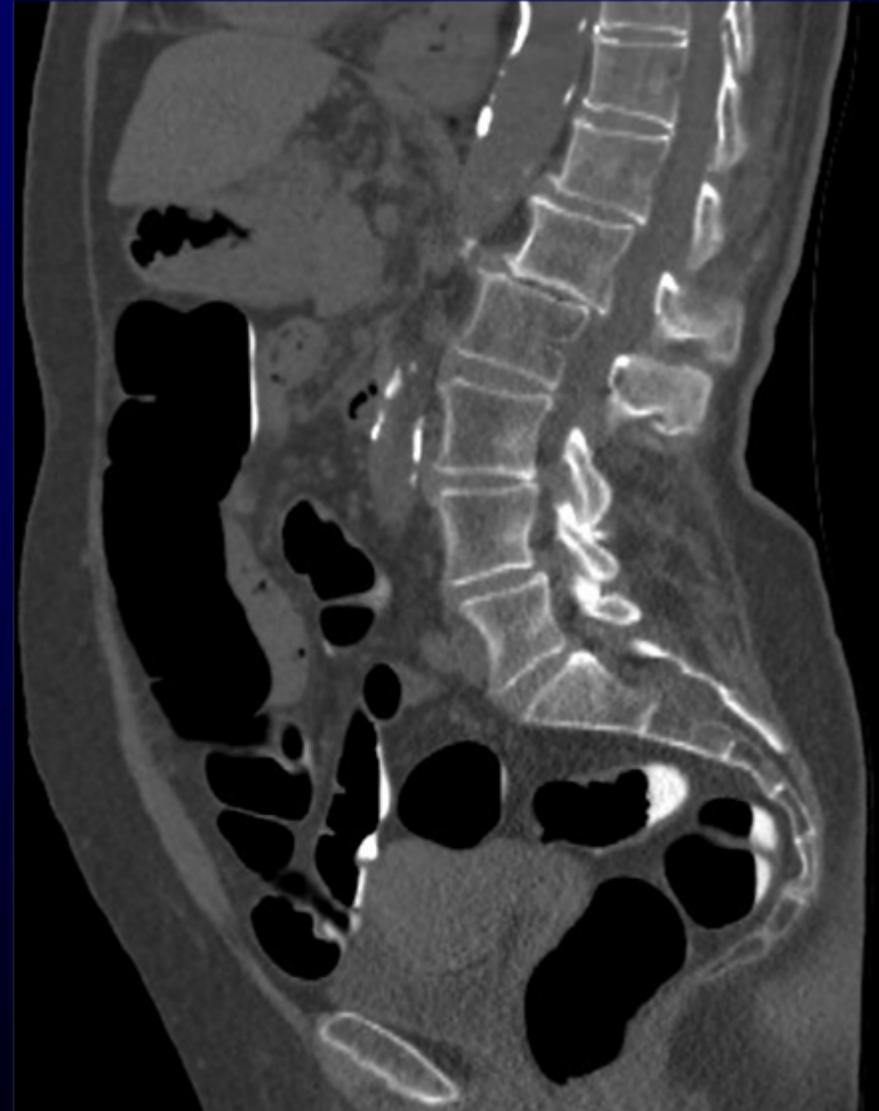
Lesioni extracoliche

- **Ernia transjatale**



Lesioni extracoliche

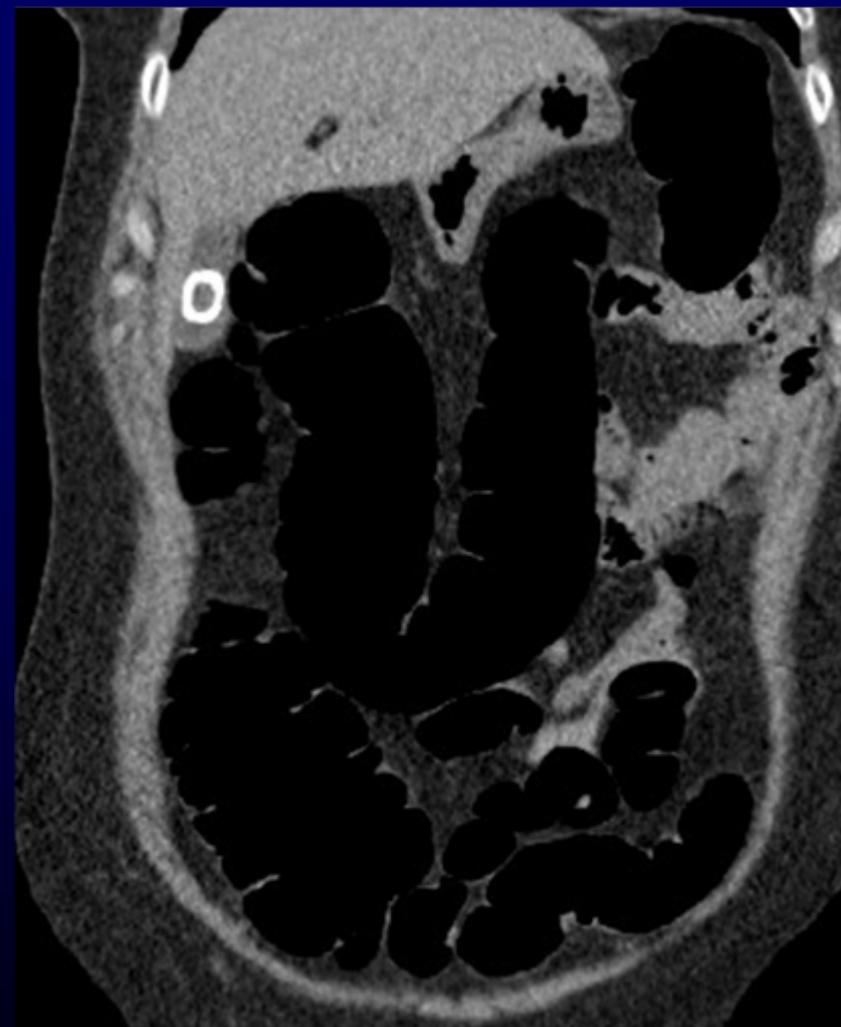
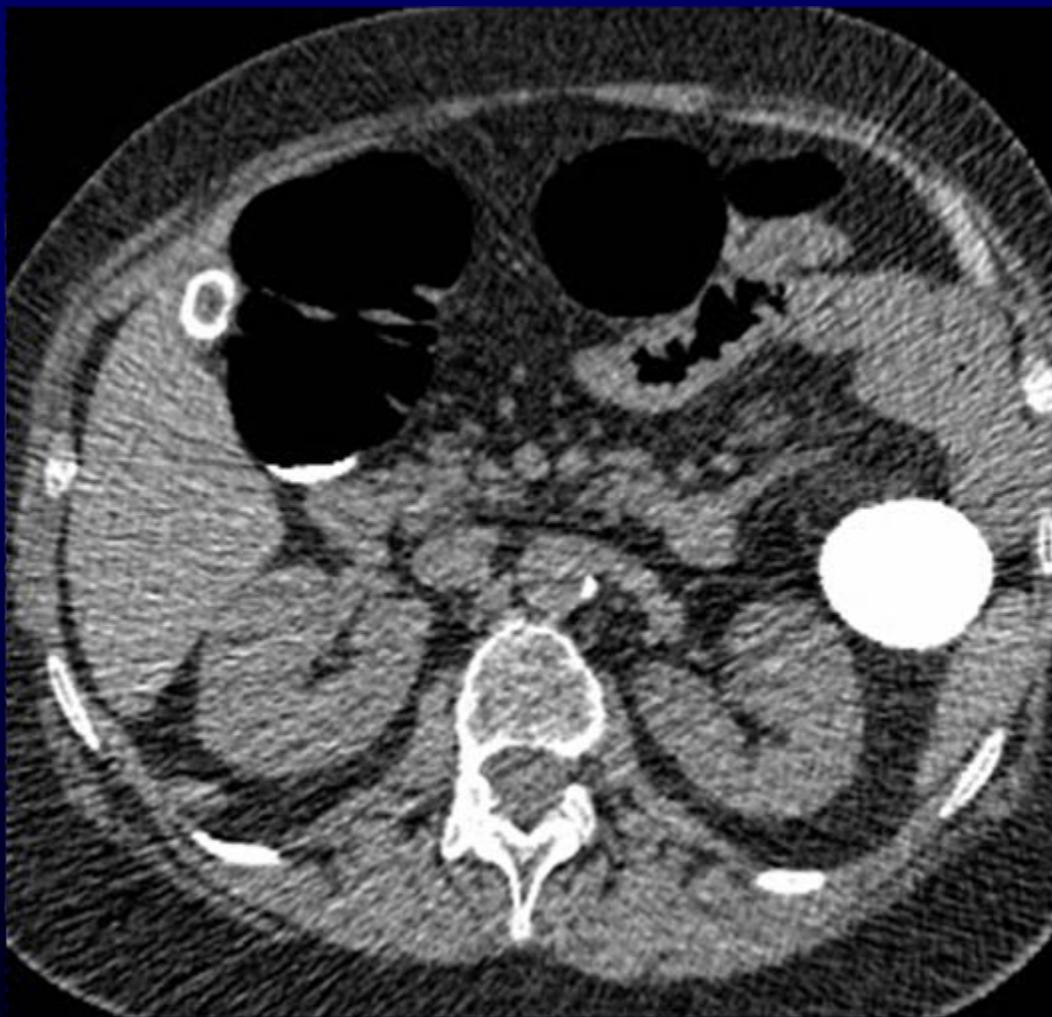
- Anterolistesi somatica



Versamento ascitico



Colelitiasi



Grazie



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