

GEMINI 2008

Dedicato al Prof. Maurizio Miraglia del Giudice



IL BAMBINO CON
PATOLOGIA ORL:
DALL'OTOSCOPIO
ALLA
VIDEOFIBROSCOPIA

Maurizio Capristo

15-17 Giugno 2008, Simeri Crichi



P.O. SANTA MARIA DELLA
PIETA'

U.O. di otorinolaringoiatria
Dir.: Dott. Pasquale Iovine
CASORIA (NA)

PEDIATRA

PATOLOGO

DIAGNOSI

OTORINO

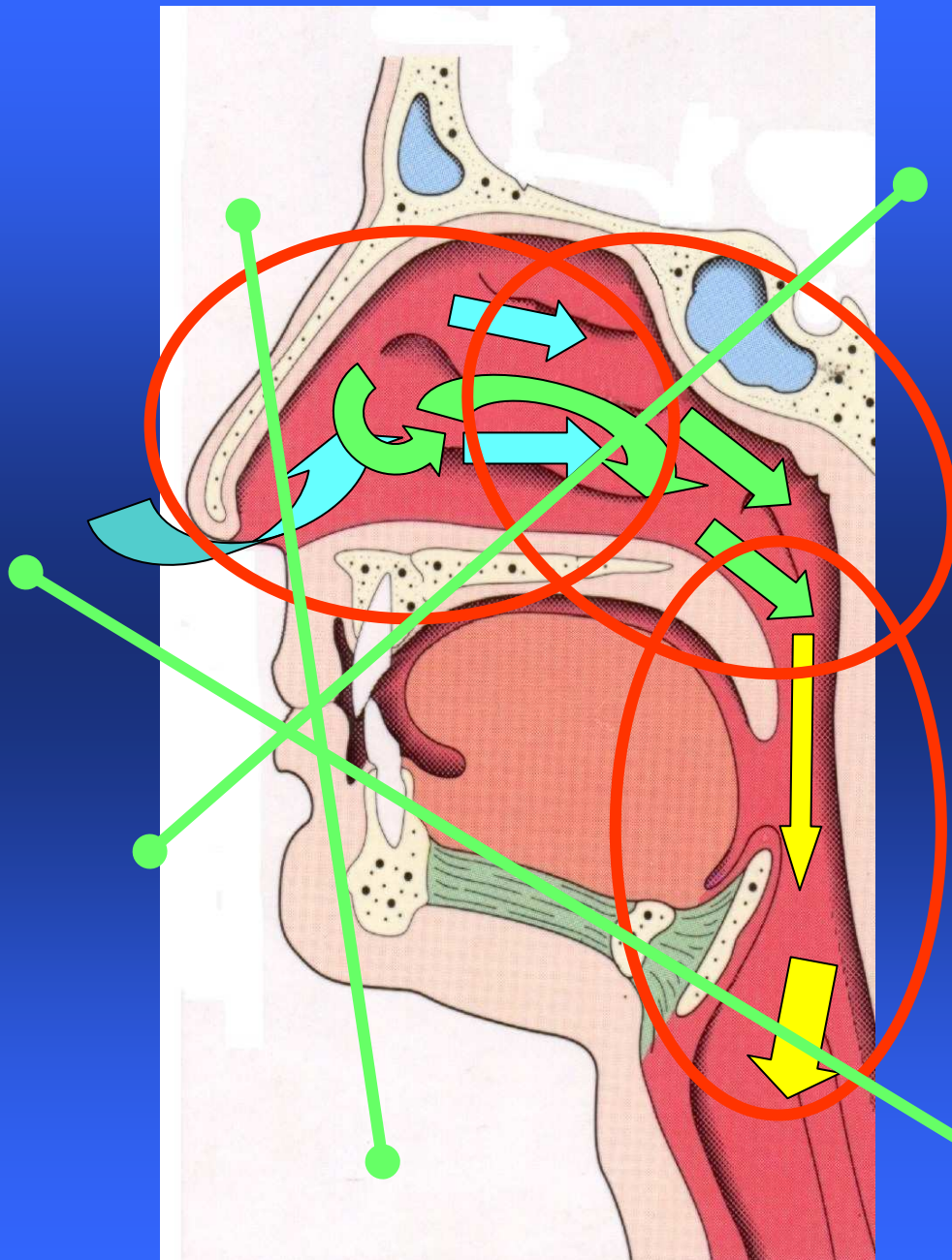
ALLERGOLOGO

RADIOLOGO

TERAPIA

ORTODONZISTA



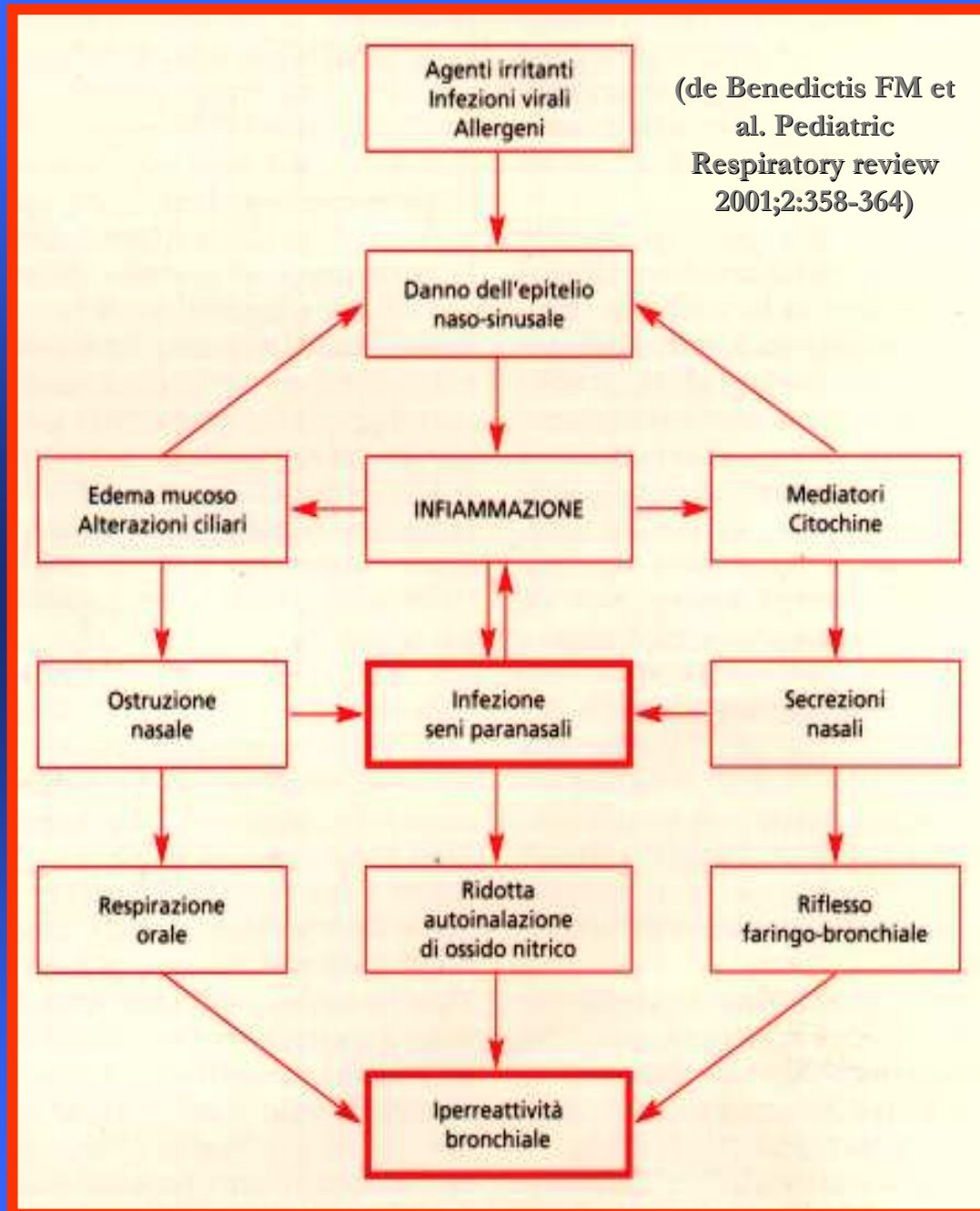


**OSTRUZIONE
COME
OSTACOLO
AL FLUSSO AEREO**

- PERVIETÀ**
- **CAVITÀ NASALI**
 - **NASOFARINGE**
 - **OROFARINGE**
 - **IPOFARINGE**

**CONFORMAZIONE
CRANIO
FACIALE**

(de Benedictis FM et al. Pediatric Respiratory review 2001;2:358-364)



MODERNO PROTOCOLLO DIAGNOSTICO DELLE V.A.S.

- **ANAMNESI**
- **ESAME FIBRO-ENDOSCOPICO**
- **TAMPONE NASALE E/O TAMPONE FARINGEO**
- **PRICK TESTS PER I COMUNI AERO-ALLERGENI**
- **CITOLOGIA NASALE**
- **RINOMANOMETRIA**
- **IMPEDENZOMETRIA**
- **DIAGNOSTICA RADIOLOGICA PER IMMAGINI (TC/RMN)**

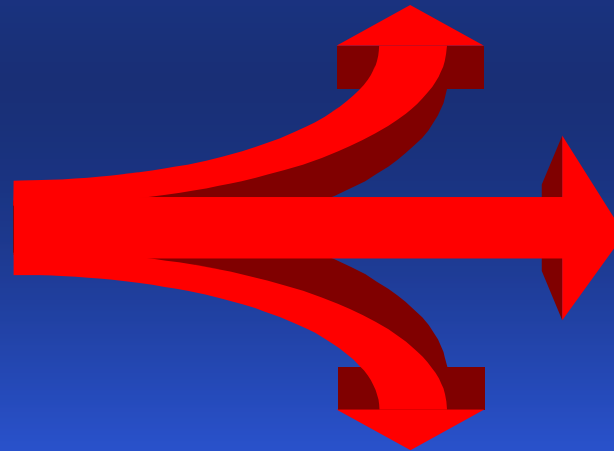
IL BAMBINO CON OSTRUZIONE DELLE ALTE VIE AEREE

ETA'

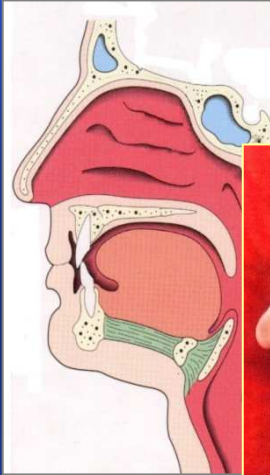
**VALUTAZIONE
INTEGRATA**

CLINICA

**ALTRI SEGNI O SINTOMI
ASSOCIATI**



OSTRUZIONE ALTE VIE AEREE: CAUSE - ETA' DIPENDENTI



- **Anatomiche**
 - **Malformativa**
- **Infiammatorie**
 - **Infettiva**

**OSTRUZIONE ALTE VIE AEREE:
SEGNI-SINTOMI
ETA' DIPENDENTI**



- **Crisi di apnea**
- **Disturbi dell'alimentazione**
- **Opistotono**

**OSTRUZIONE
ALTE VIE AEREE**

TOSSE IRRITATIVA

FARINGODINIA

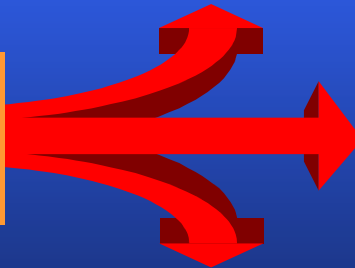
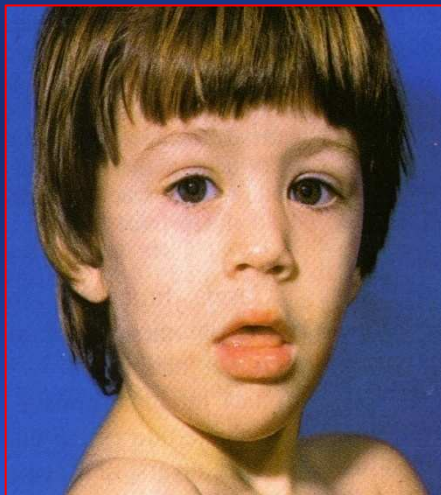
**RIDUZIONE
DELL'APPETITO**

**NAUSEA e RIDUZIONE
DEL GUSTO**

RIDUZIONE DELL'OLFATTO



**OSTRUZIONE
ALTE VIE AEREE**



**FREQUENTI RISVEGLI
NOTTURNI
RUSSAMENTO- APNEE**

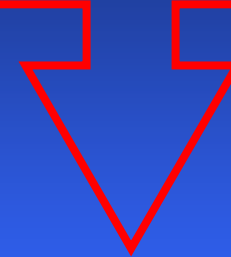
CEFALEA

FACILE STANCABILITA'

IRRITABILITA'

DIFETTI DEL LINGUAGGIO

RIDOTTA CONCENTRAZIONE



**DIMINUIZIONE DEL RENDIMENTO
SCOLASTICO**



- **Faccia allungata**
- **Naso affilato**
- **Labbro superiore retratto**
- **Labbro inferiore cadente**
- **Bocca semiaperta**
- **Mento sfuggente**
- **Espressione attonita**

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ESAME OBIETTIVO

Si esamina:

1°

il padiglione auricolare
(colore della cute, presenza
di eventuali malformazioni)

2°

Condotto uditivo esterno e
membrana timpanica

ESAME OBIETTIVO

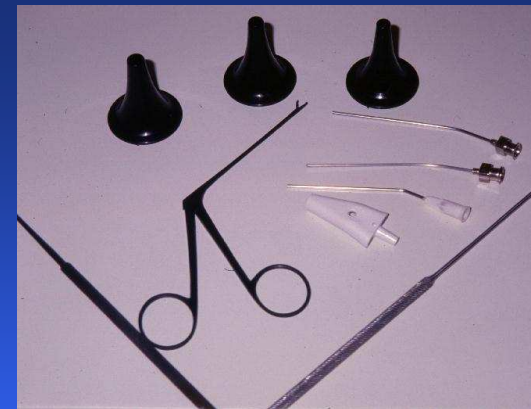
OTOSCOPIA:



Specchio frontale di Clair



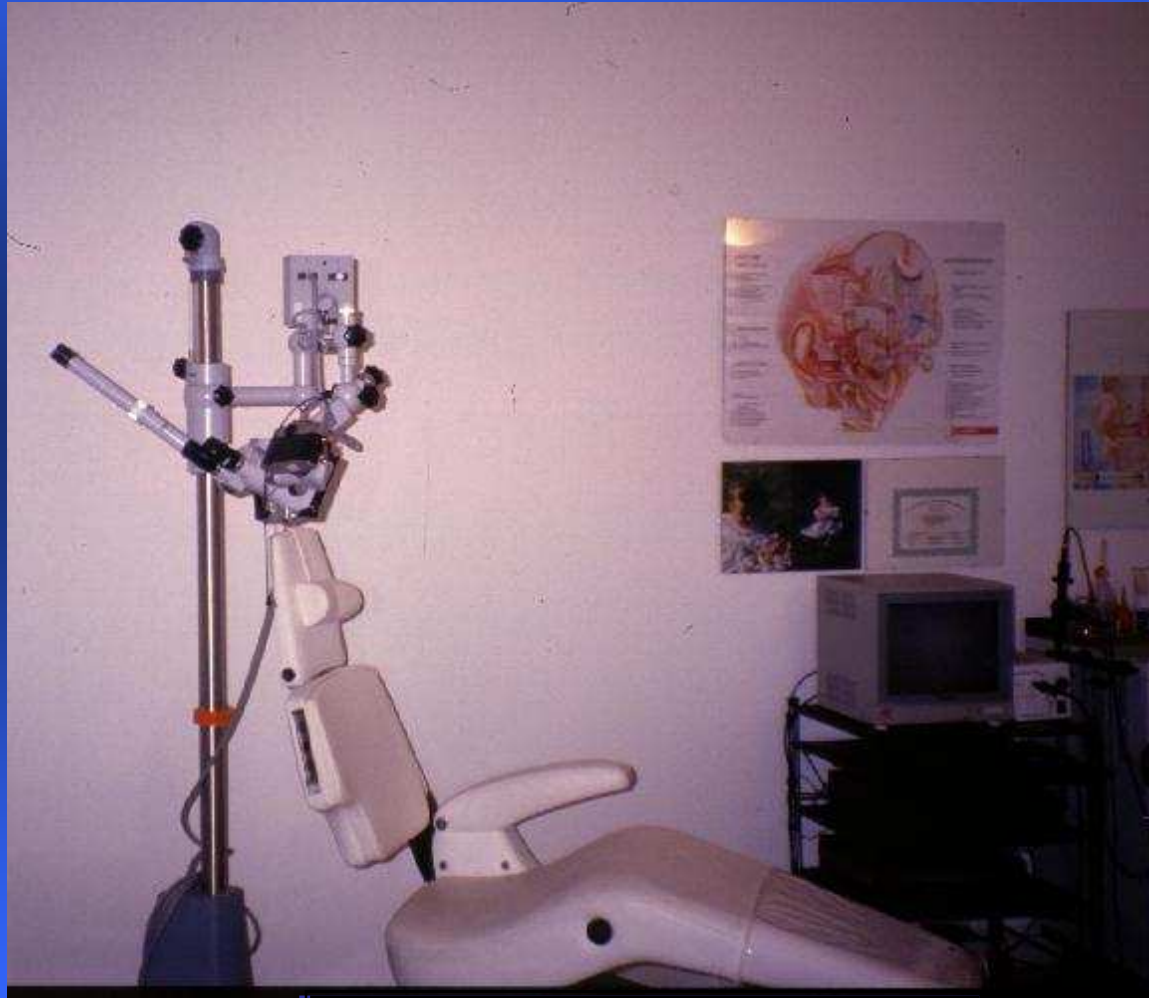
Otoscopio ad ingrandimento a fibre ottiche



Strumentario per l'otoscopia

ESAME OBIETTIVO

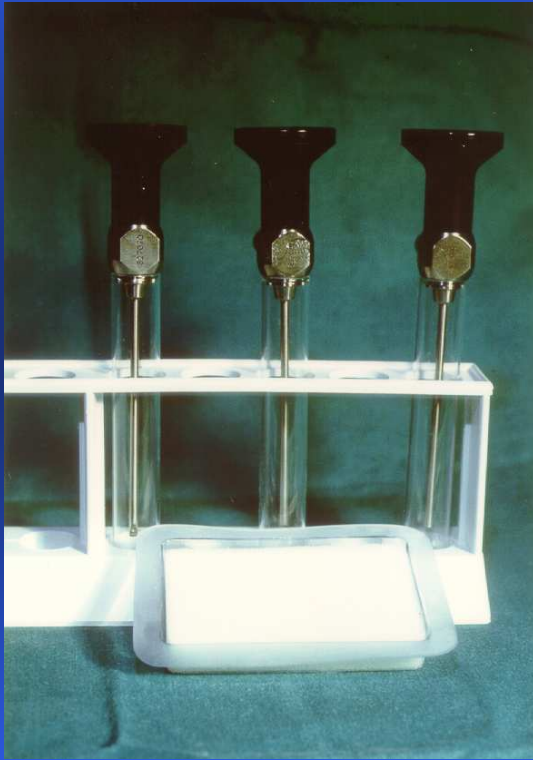
OTOSCOPIA:



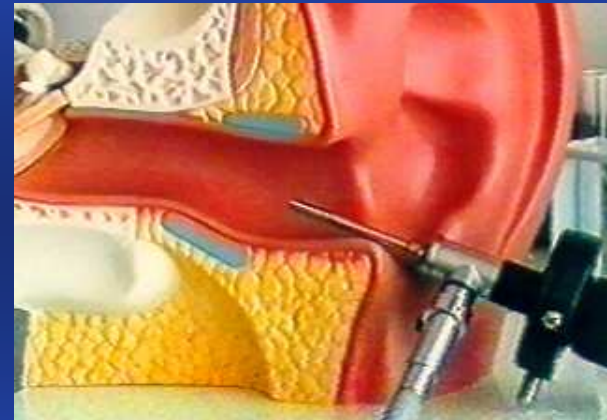
OTOMICROSCOPIO

ESAME OBIETTIVO

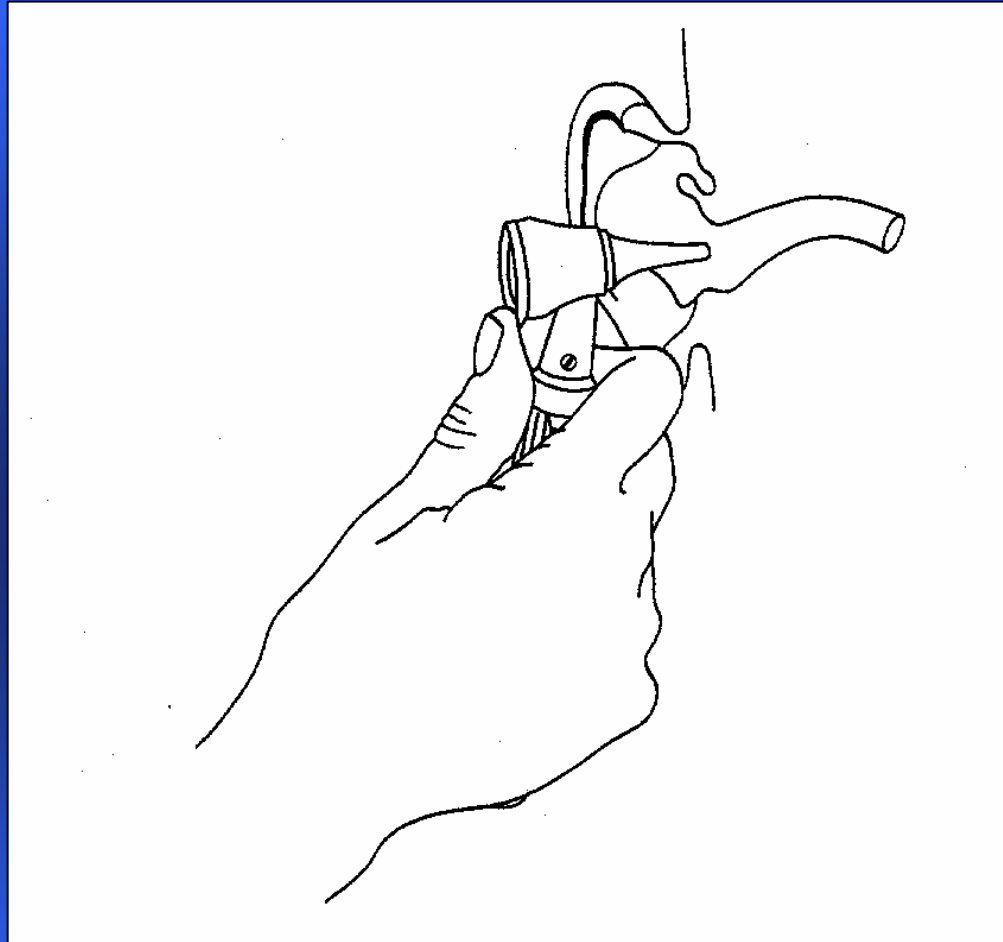
OTOSCOPIA:



Endoscopi rigidi

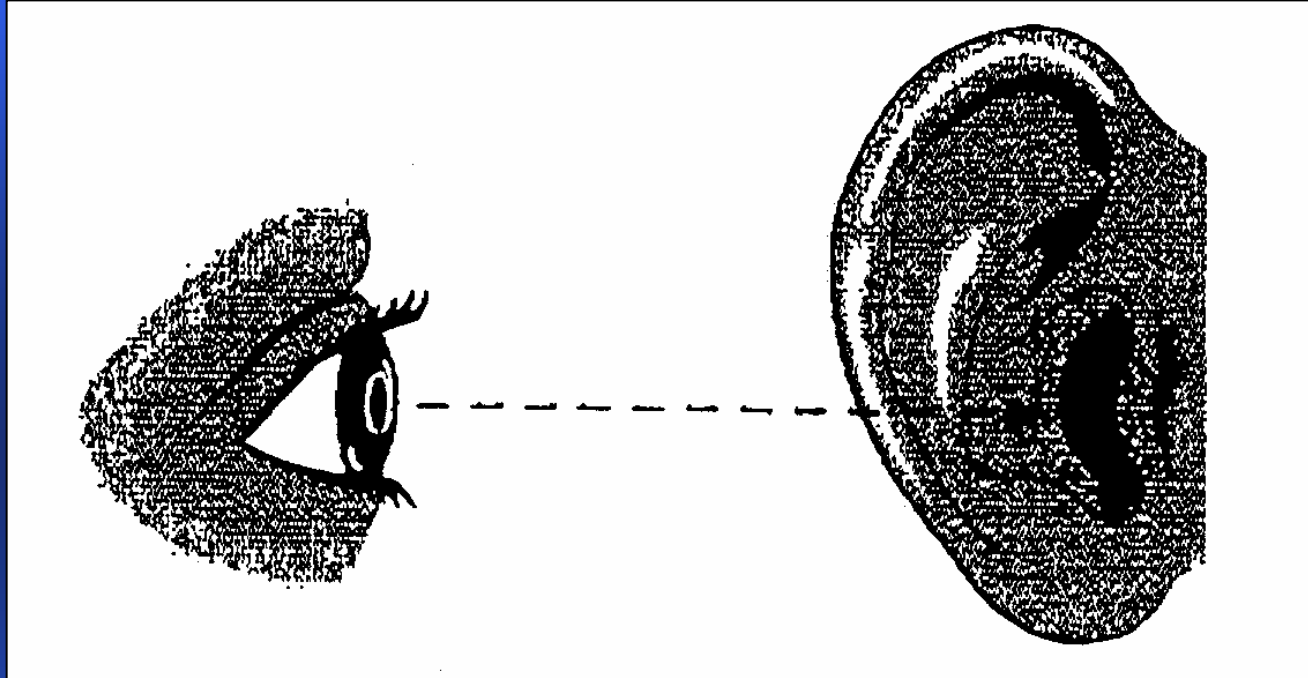


ESAME OBIETTIVO



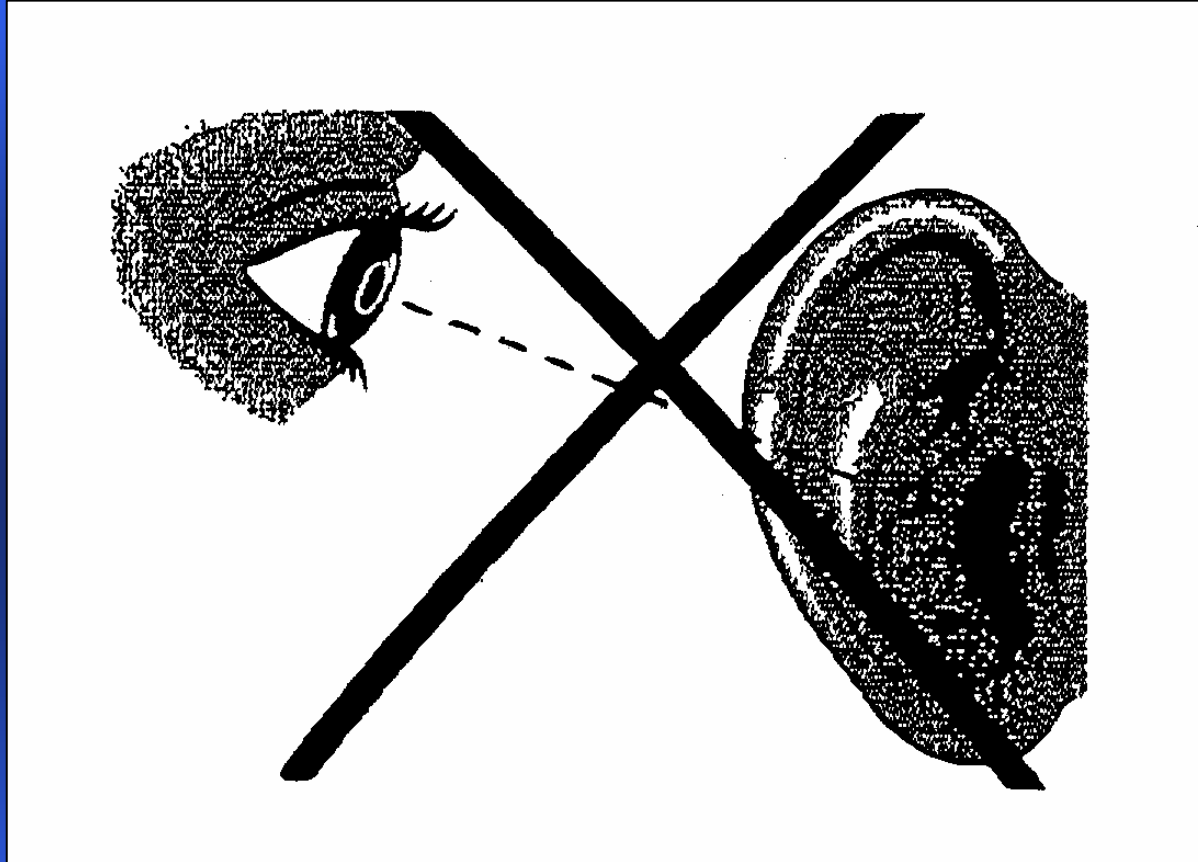
Come mantenere l'otoscopio

ESAME OBIETTIVO



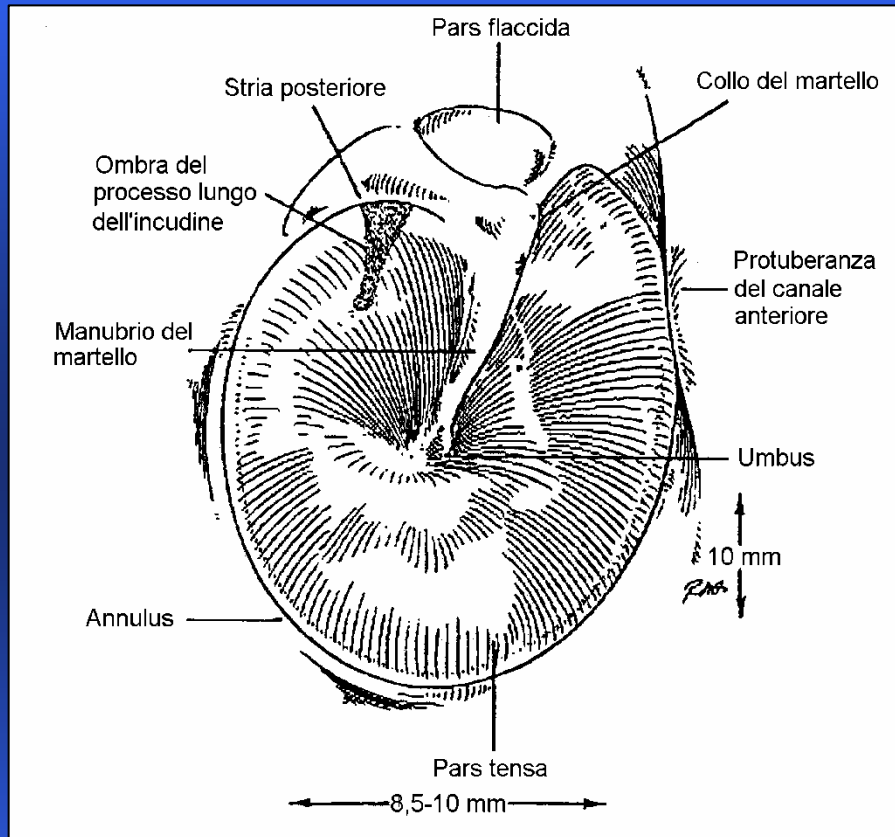
La posizione corretta dell'occhio

ESAME OBIETTIVO



La posizione errata dell'occhio

ESAME OBIETTIVO



Membrana timpanica normale

COME L'ENDOSCOPIA

FIBRE OTTICHE



Strumentazione

COME L'ENDOSCOPIA

Scelta dell'ottica



COME L'ENDOSCOPIA

Mobile a colonna per sistemazione dello strumentario diagnostico e di archiviazione



COME L'ENDOSCOPIA

VIDEO

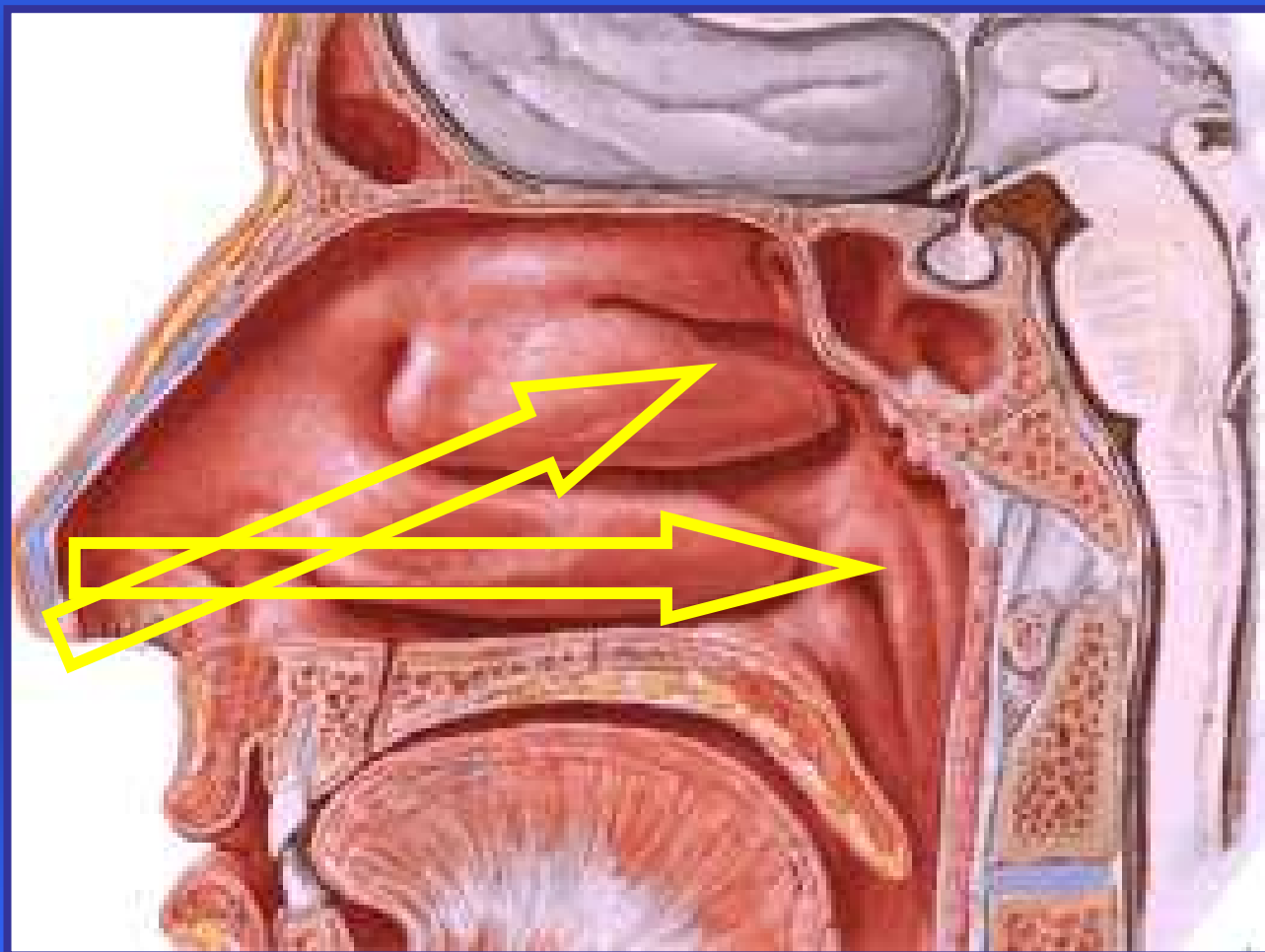
FONTE LUMINOSA
E CAVO A FIBRE OTTICHE

TELECAMERA

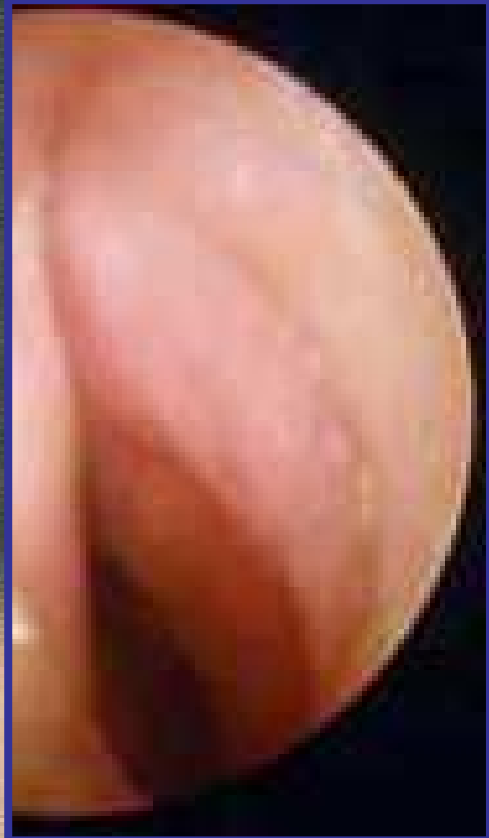
SISTEMI DI VIDEOREGISTRAZIONE



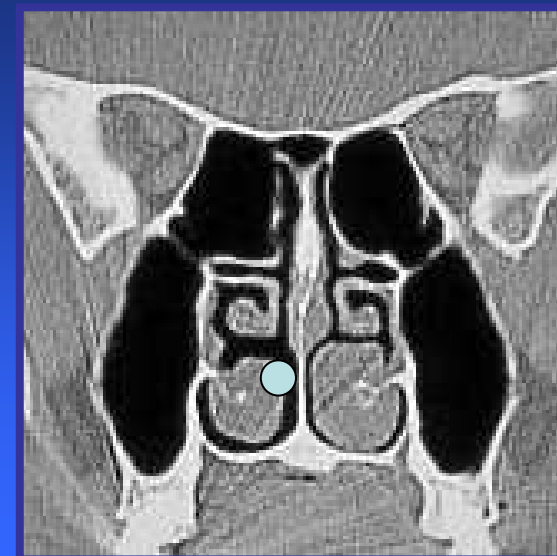
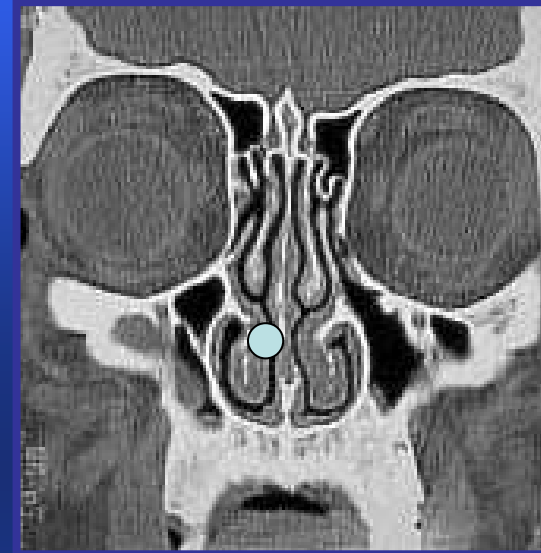
TEMPI DIAGNOSTICI



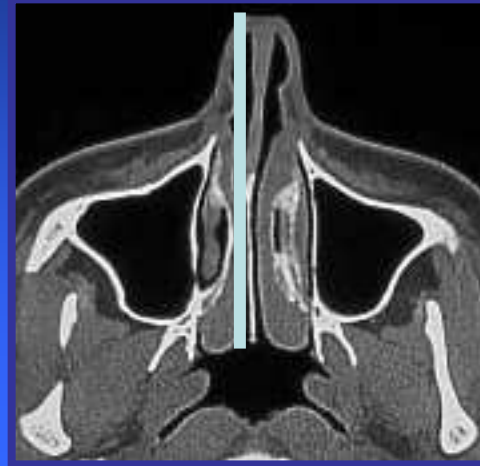
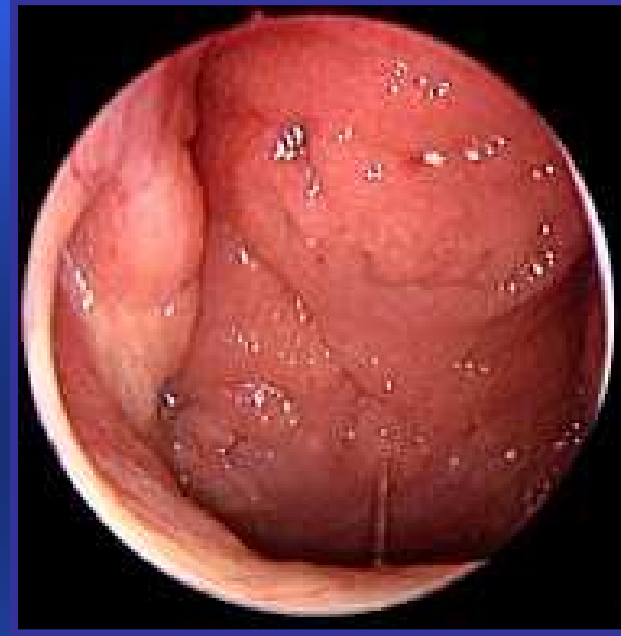
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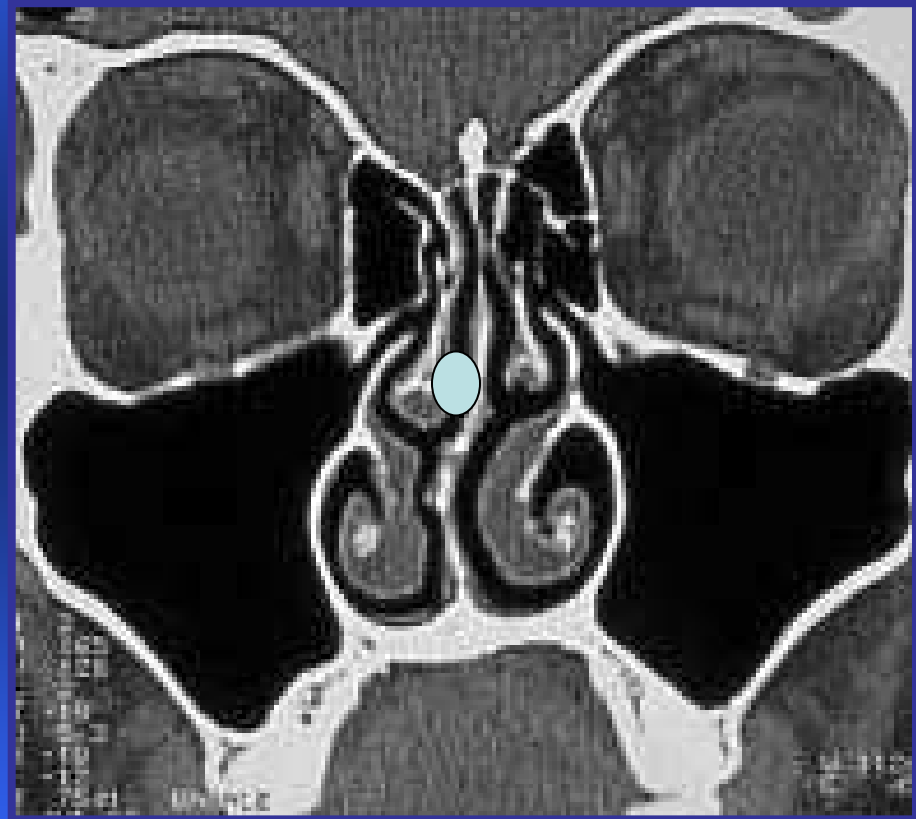
PRIMO TEMPO



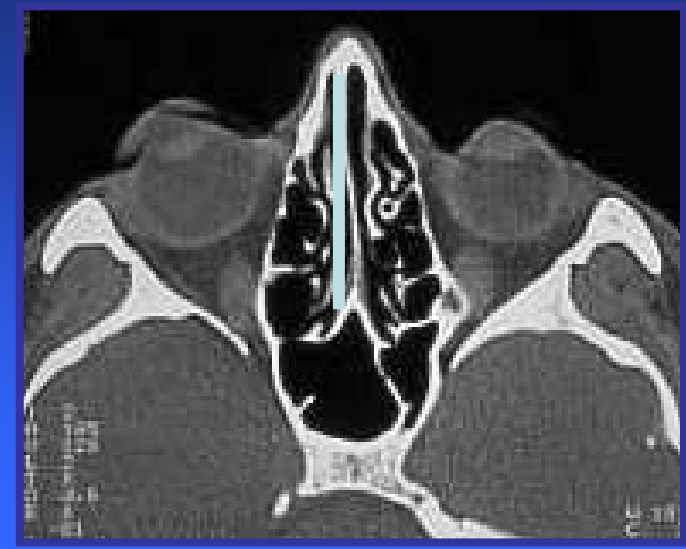
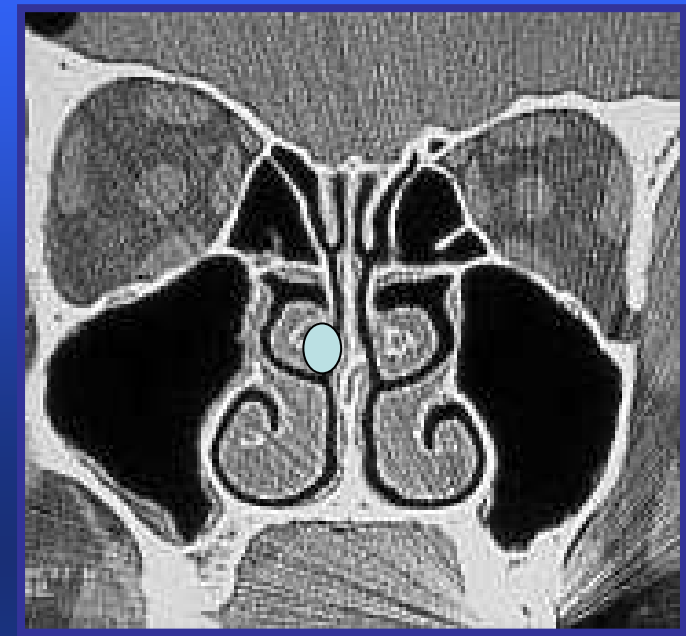
PRIMO TEMPO



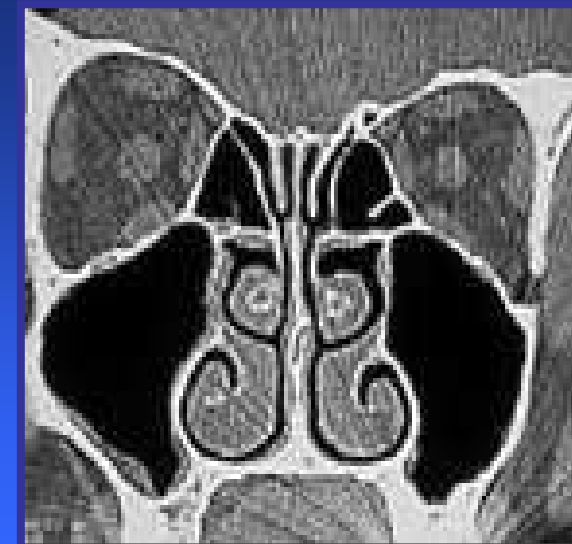
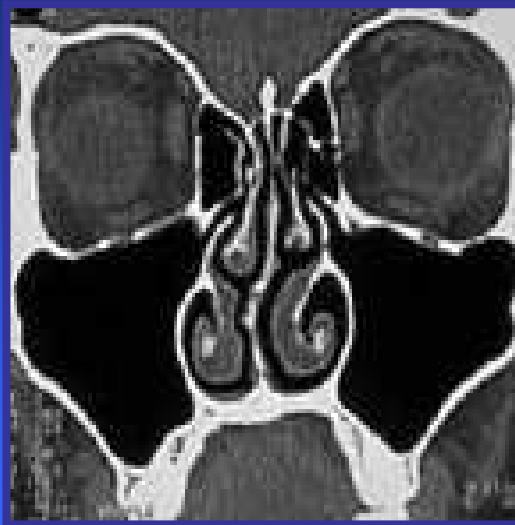
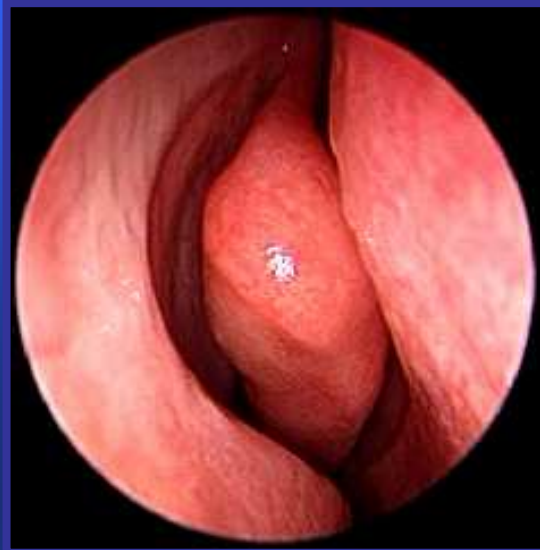
SECONDO TEMPO



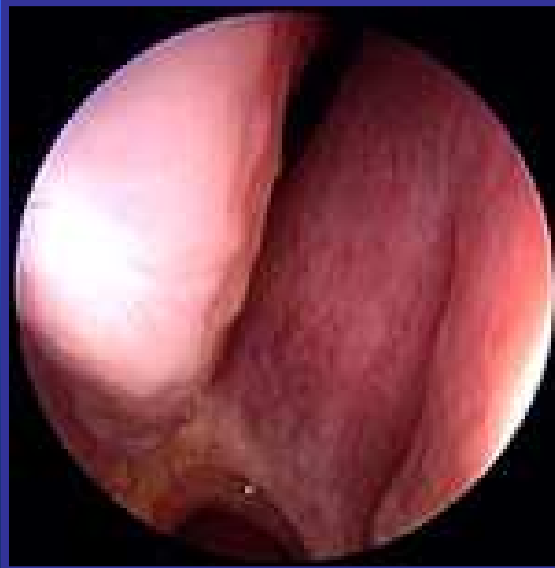
SECONDO TEMPO



COM



RSE



PERCHE' L'ENDOSCOPIA?

**MAGGIOR PRECISIONE
DIAGNOSTICA**

**MAGGIOR PRECISIONE
NELL'INDICAZIONE
CHIRURGICA**

**DIAGNOSI DI PATOLOGIE
CONSIDERATE RARE**



AUSILIO ALLA TERAPIA MEDICA

DIAGNOSI PRECOCE



**MAGGIOR PRECISIONE
DIAGNOSTICA**

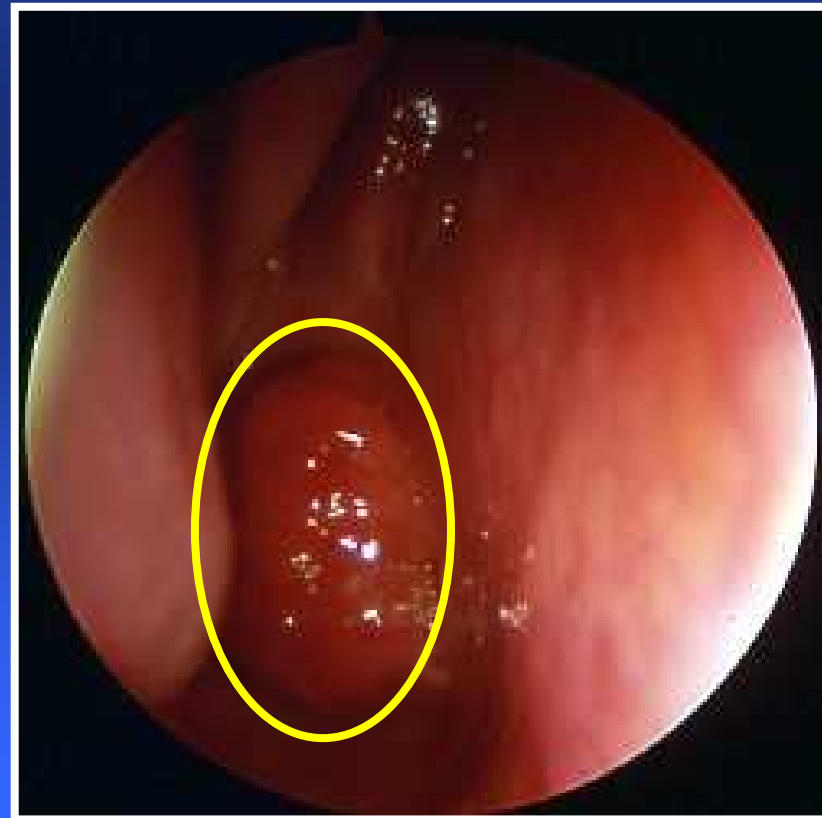
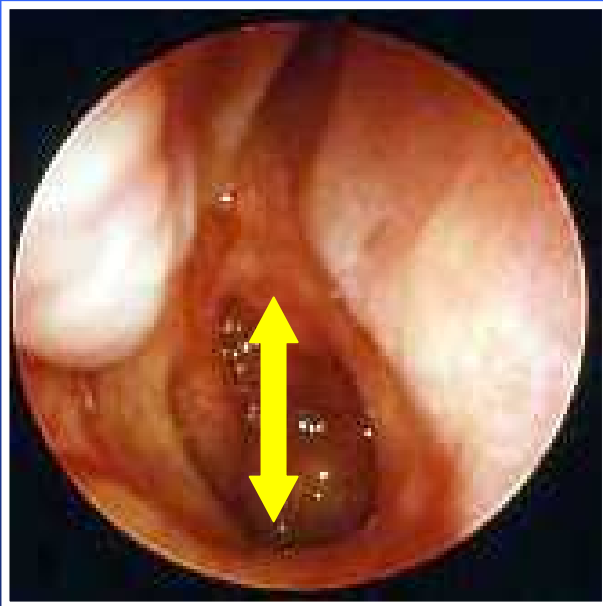
VEGETAZIONI ADENOIDI



Wang DY 1997, Souza BB 2000.

**MAGGIOR PRECISIONE
DIAGNOSTICA**

VEGETAZIONI ADENOIDI



**MAGGIOR PRECISIONE
DIAGNOSTICA**

OSAS



LARINGE

**MAGGIOR PRECISIONE
DIAGNOSTICA**

LARINGOSPASMO



PERCHE' L'ENDOSCOPIA?

**MAGGIOR PRECISIONE
DIAGNOSTICA**

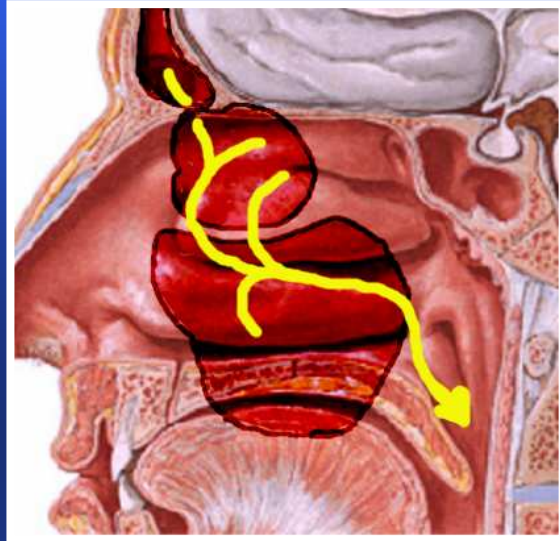
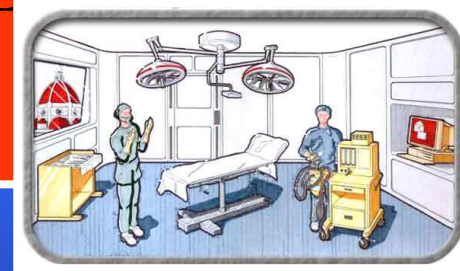
**MAGGIOR PRECISIONE
NELL'INDICAZIONE
CHIRURGICA**

**DIAGNOSI DI PATOLOGIE
CONSIDERATE RARE**

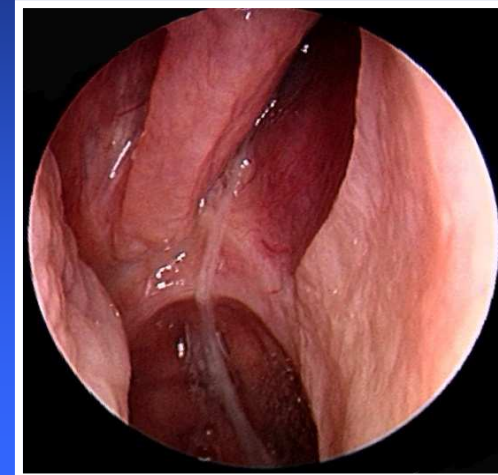
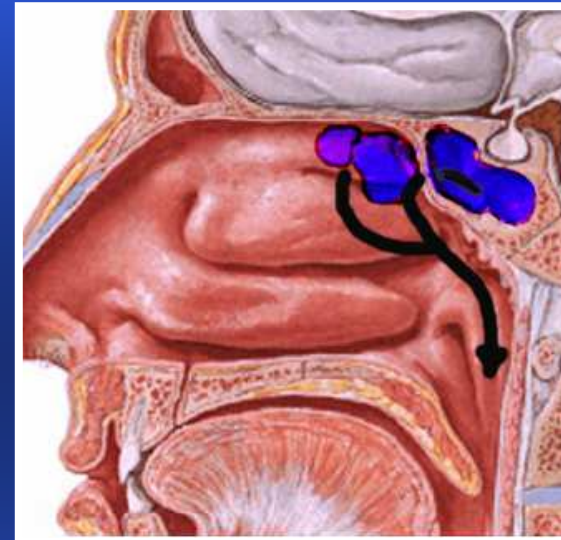
AUSILIO ALLA TERAPIA MEDICA

DIAGNOSI PRECOCE

**MAGGIOR PRECISIONE
NELL'INDICAZIONE
CHIRURGICA**

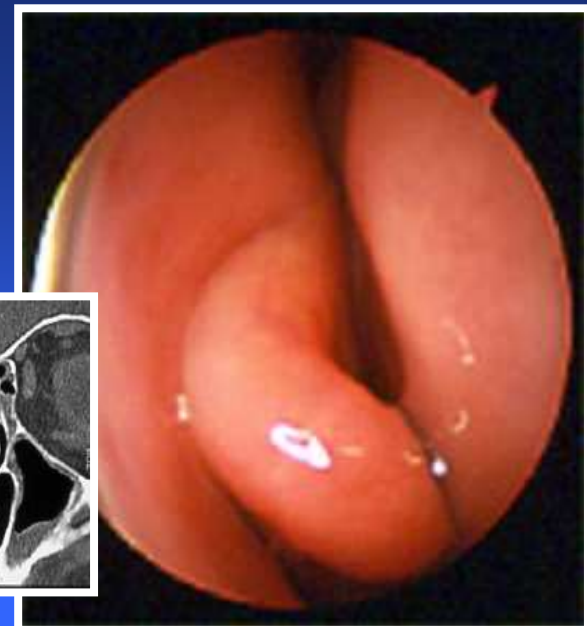
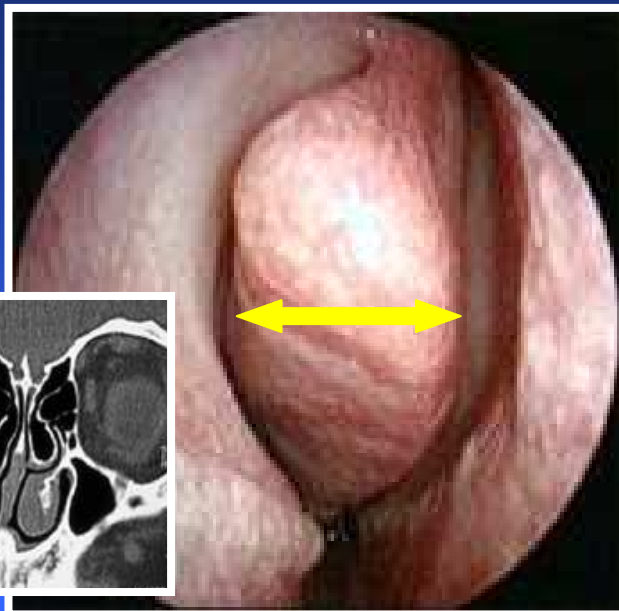


RINOSINUSITE



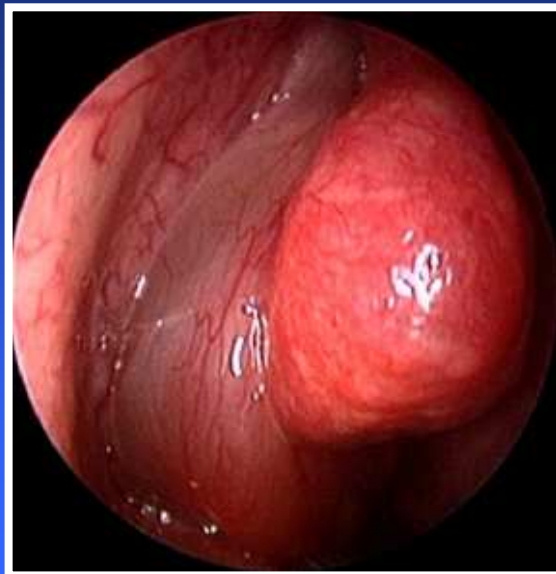
**MAGGIOR PRECISIONE
NELL'INDICAZIONE
CHIRURGICA**

RINOSINUSITE

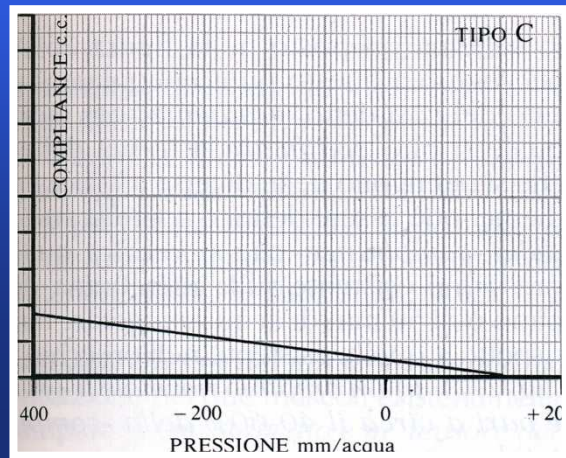


**MAGGIOR PRECISIONE
NELL'INDICAZIONE
CHIRURGICA**

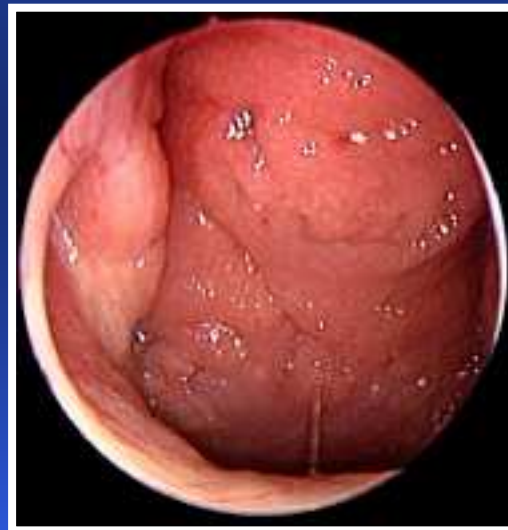
**POLIPOSI ASSOCIATA
A FIBROSI CISTICA**



MAGGIOR PRECISIONE NELL'INDICAZIONE CHIRURGICA



OTITE MEDIA SECRETIVA



PERCHE' L'ENDOSCOPIA?

**MAGGIOR PRECISIONE
DIAGNOSTICA**

**MAGGIOR PRECISIONE
NELL'INDICAZIONE
CHIRURGICA**

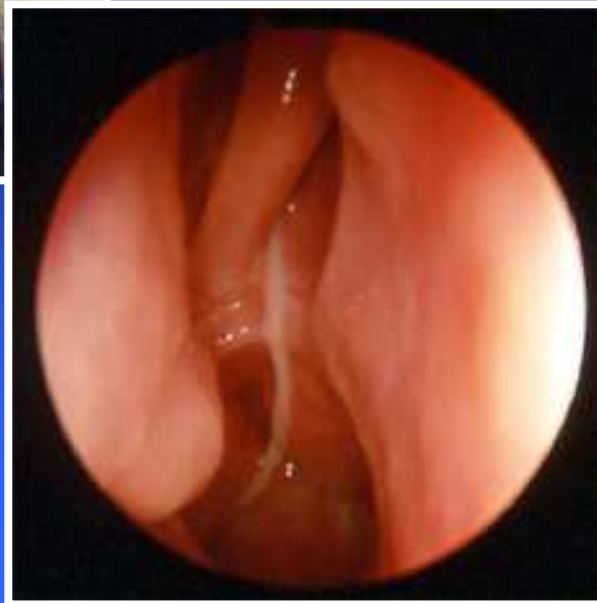
**DIAGNOSI DI PATOLOGIE
CONSIDERATE RARE**



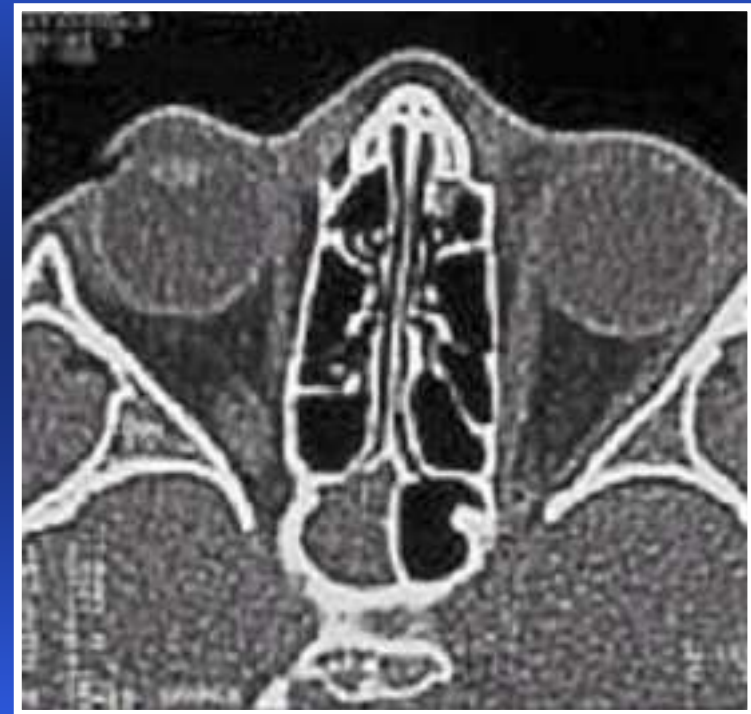
AUSILIO ALLA TERAPIA MEDICA

DIAGNOSI PRECOCE

**DIAGNOSI DI PATOLOGIE
CONSIDERATE RARE**

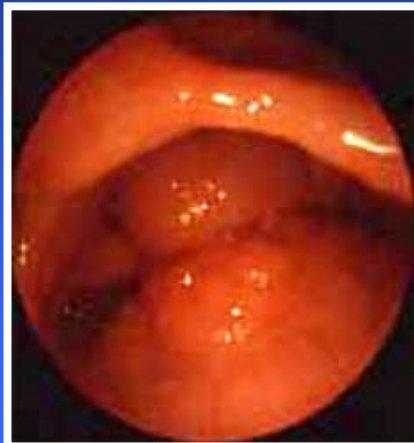


**PATOLOGIA
SFENOIDALE
ISOLATA**



DIAGNOSI DI PATOLOGIE CONSIDERATE RARE

POLIPO ANTROCOANALE



PERCHE' L'ENDOSCOPIA?

**MAGGIOR PRECISIONE
DIAGNOSTICA**

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NELL'INDICAZIONE
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CONSIDERATE RARE**



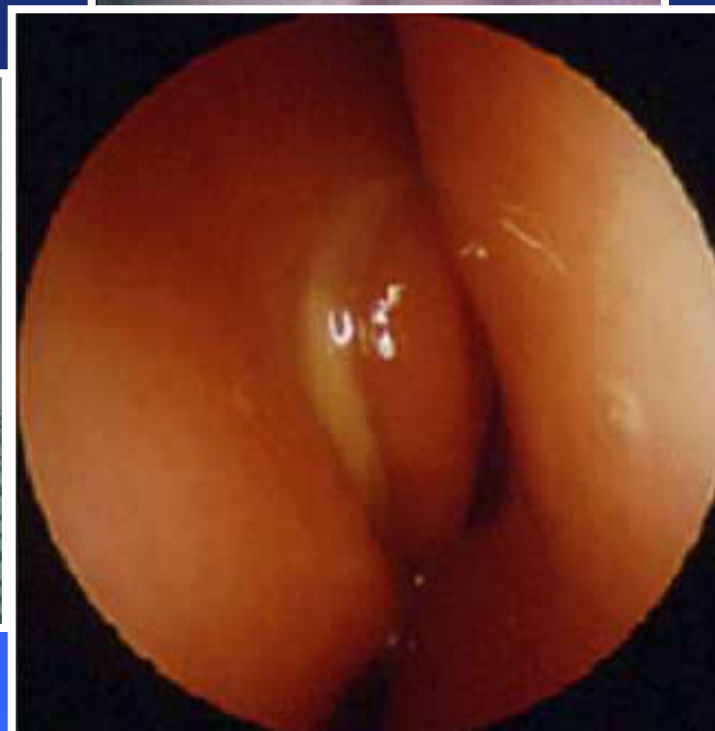
AUSILIO ALLA TERAPIA MEDICA

DIAGNOSI PRECOCE

AUSILIO ALLA TERAPIA MEDICA



ETMOIDITE



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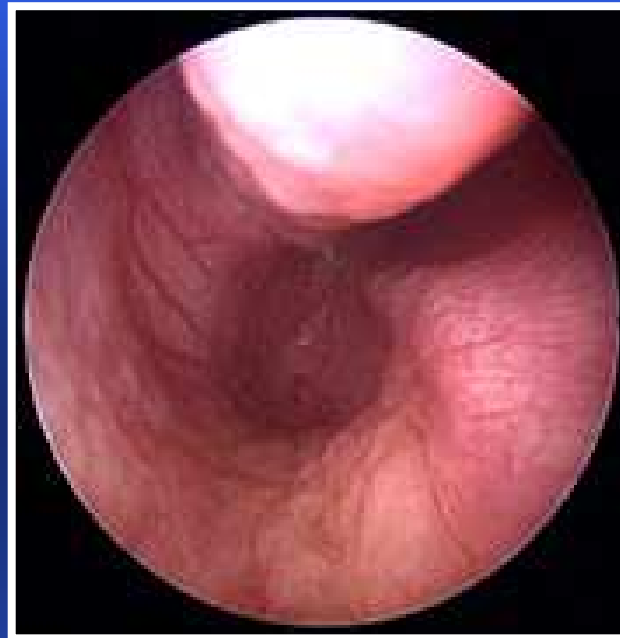


AUSILIO ALLA TERAPIA MEDICA

DIAGNOSI PRECOCE

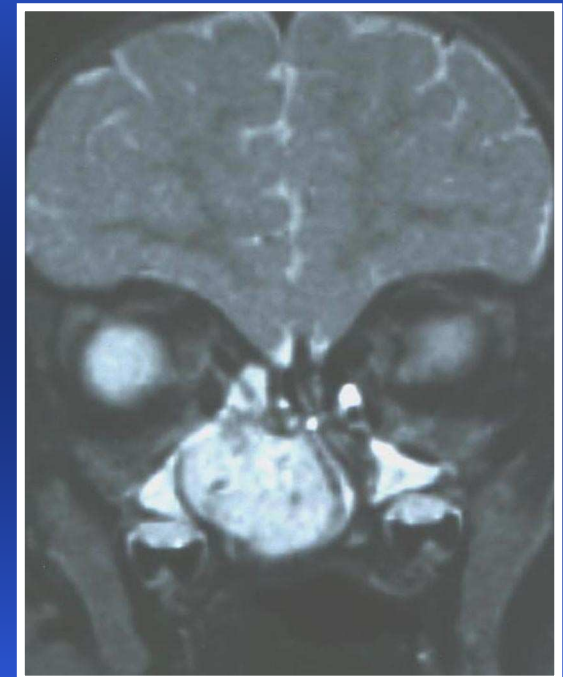
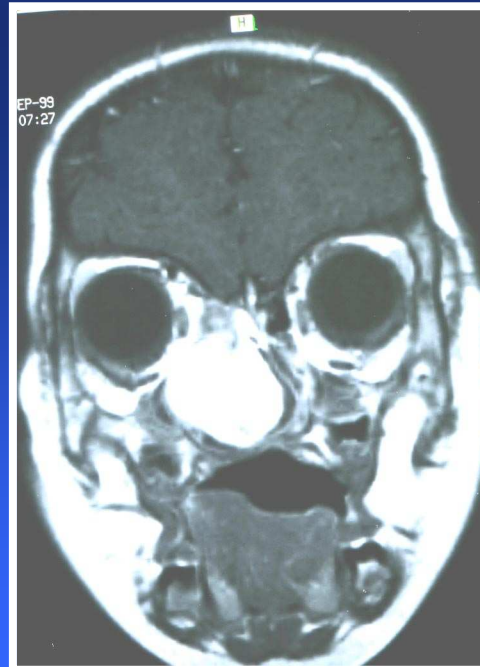
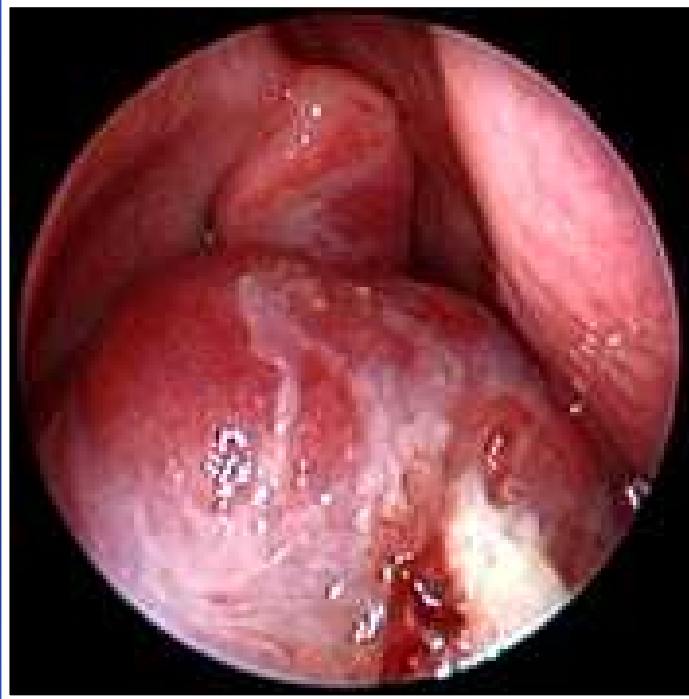
DIAGNOSI PRECOCE

ATRESIA COANALE MONOLATERALE



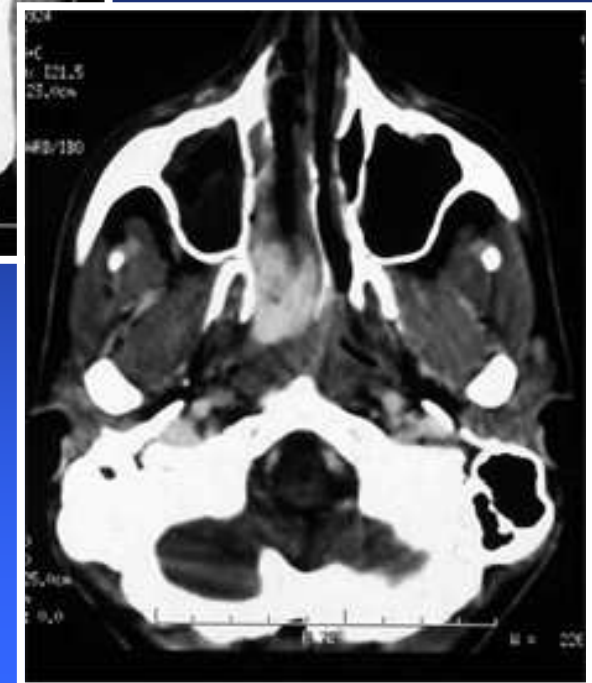
DIAGNOSI PRECOCE

NEOPLASIE



DIAGNOSI PRECOCE

ANGIOFIBROMA



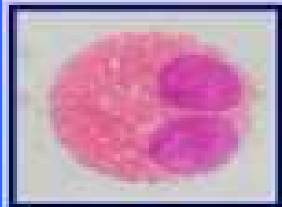
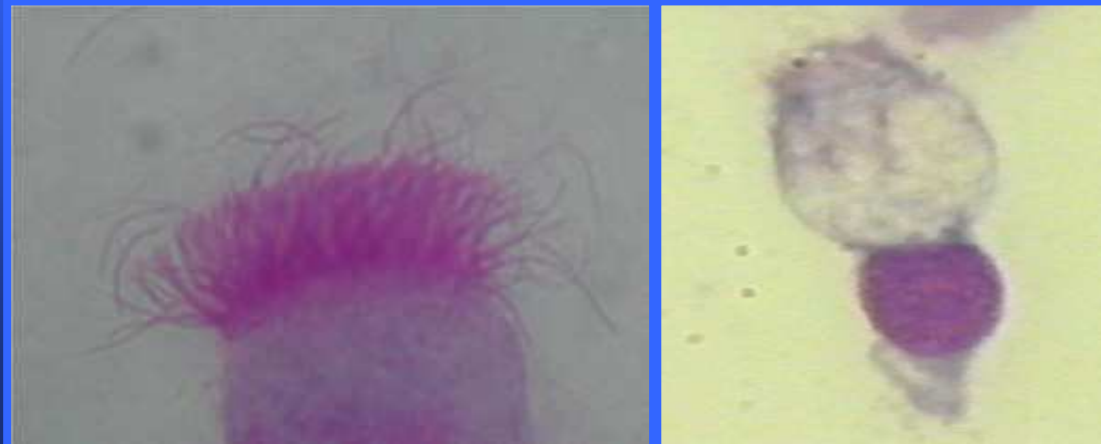
ESAME FIBRO-ENDOSCOPICO

NORMALITÀ ENDOSCOPICA

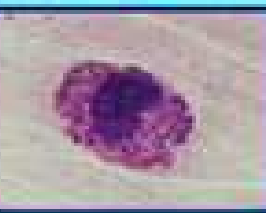
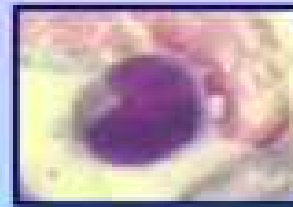
MODERNO PROTOCOLLO DIAGNOSTICO DELLE V.A.S.

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CITOLOGIA NASALE



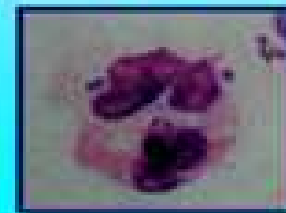
EOSINOFILO



MASTCELLULA



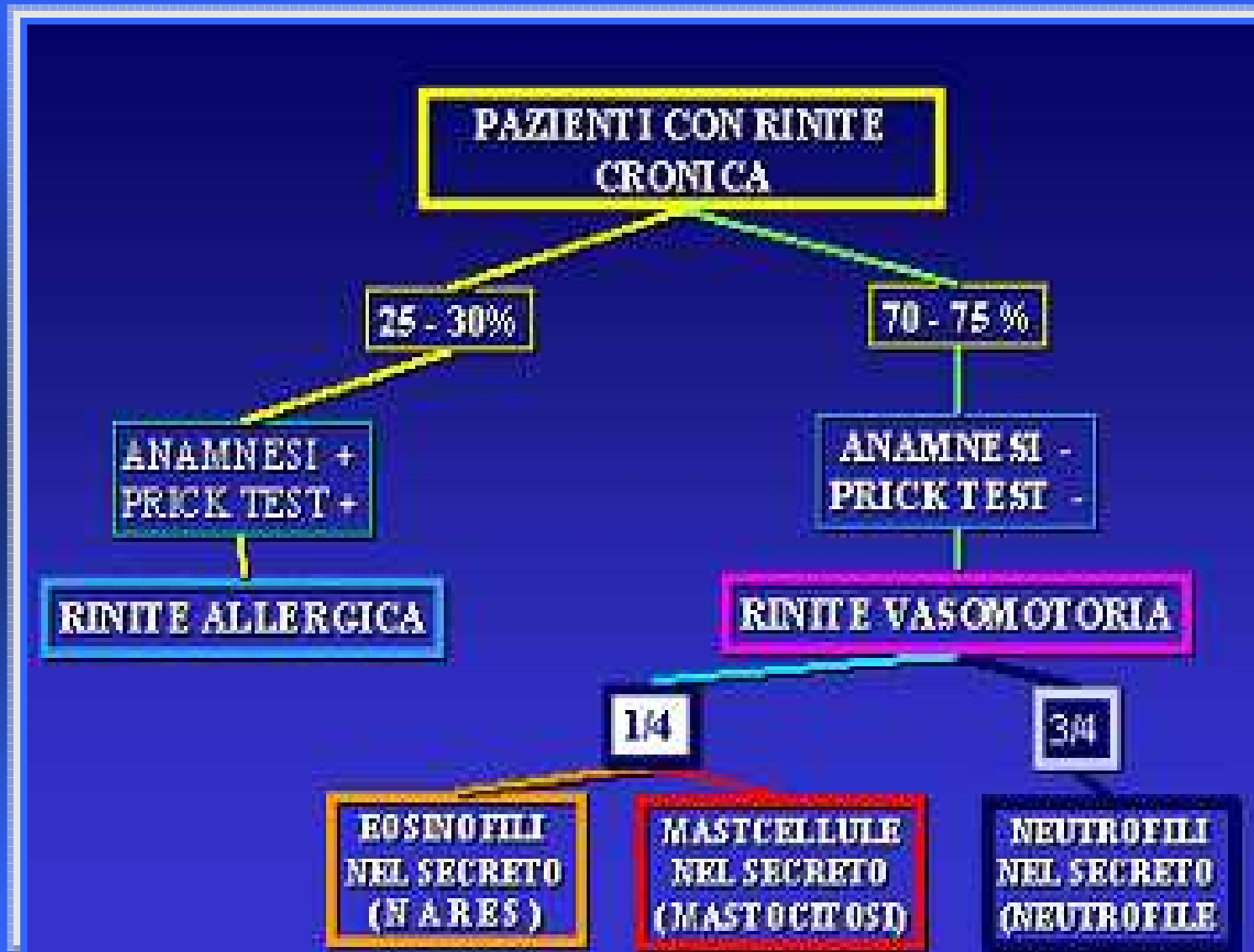
LINFOCITA



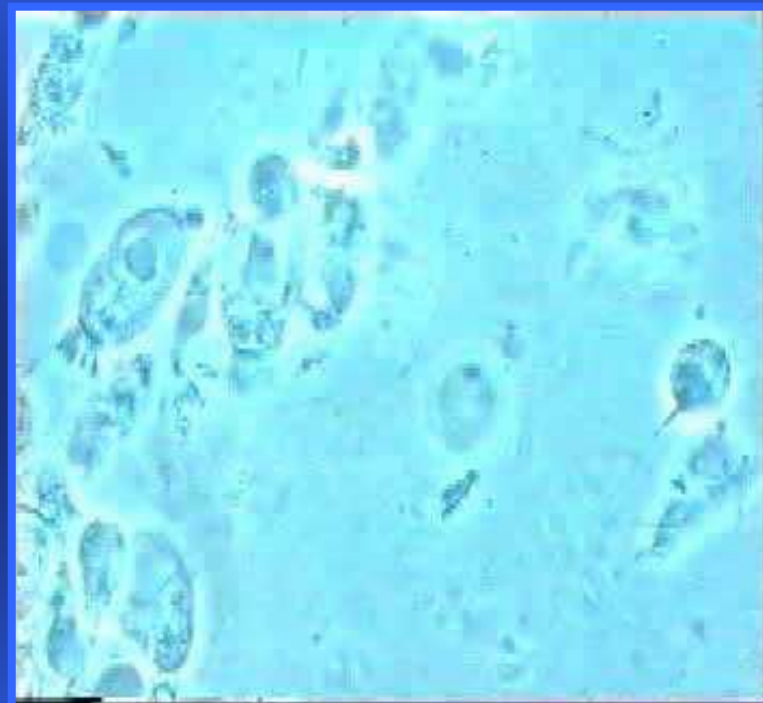
NEUTROFILO



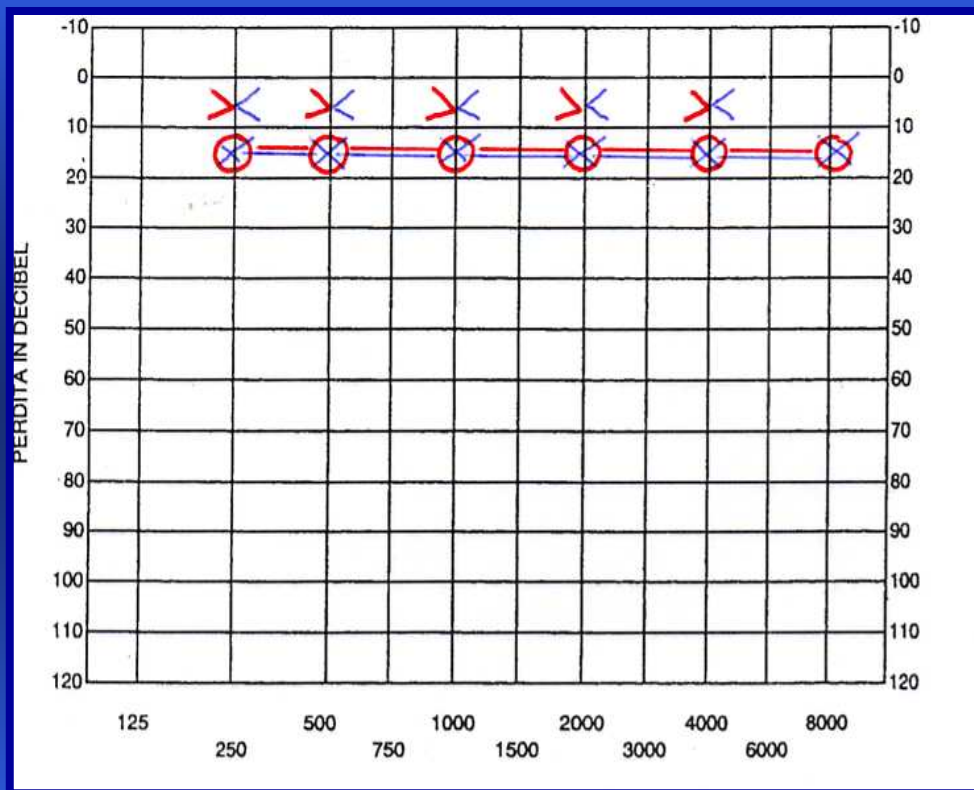
CITOLOGIA NASALE



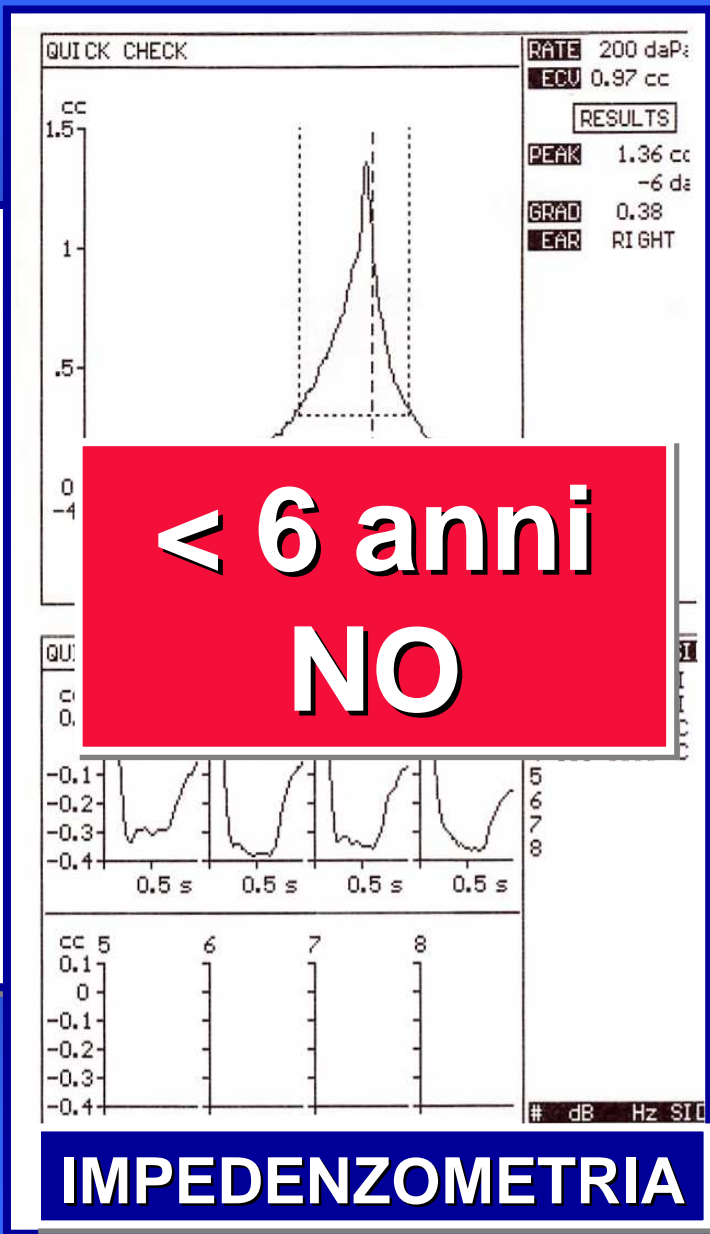
CITOLOGIA NASALE



TESTS AUDIOLOGICI



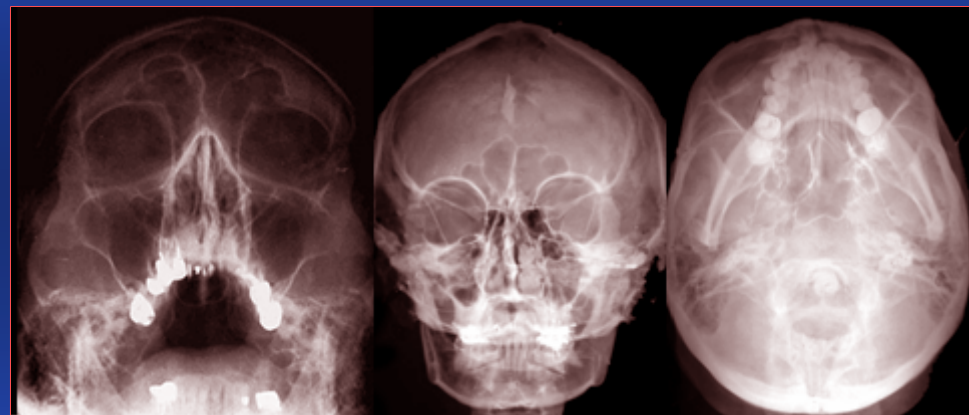
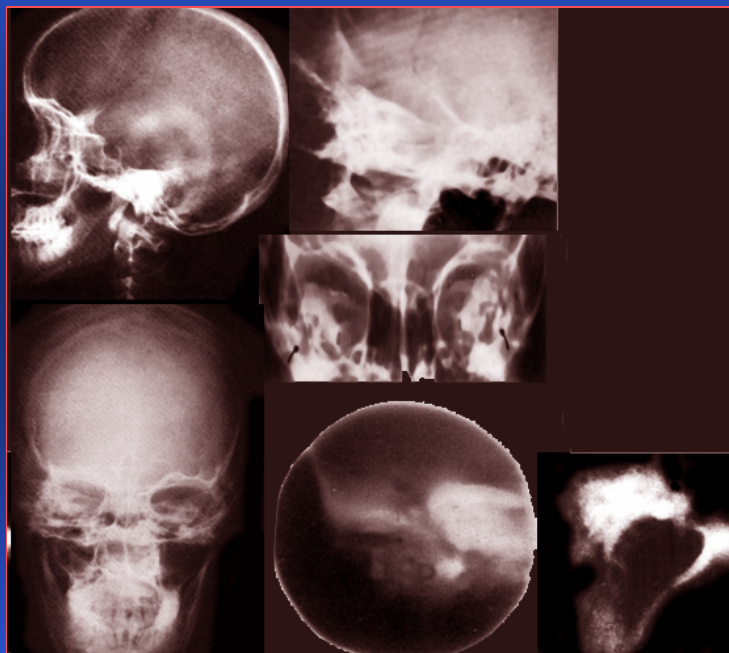
AUDIOMETRIA



IMPEDENZOMETRIA



Xgrafia



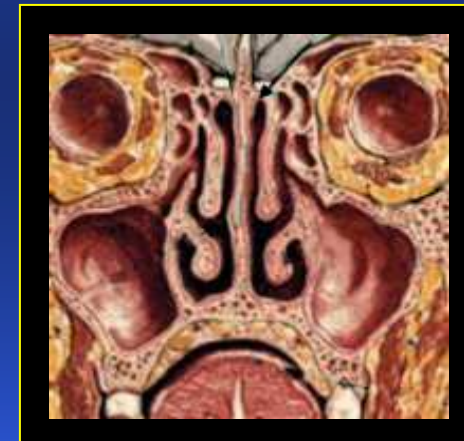


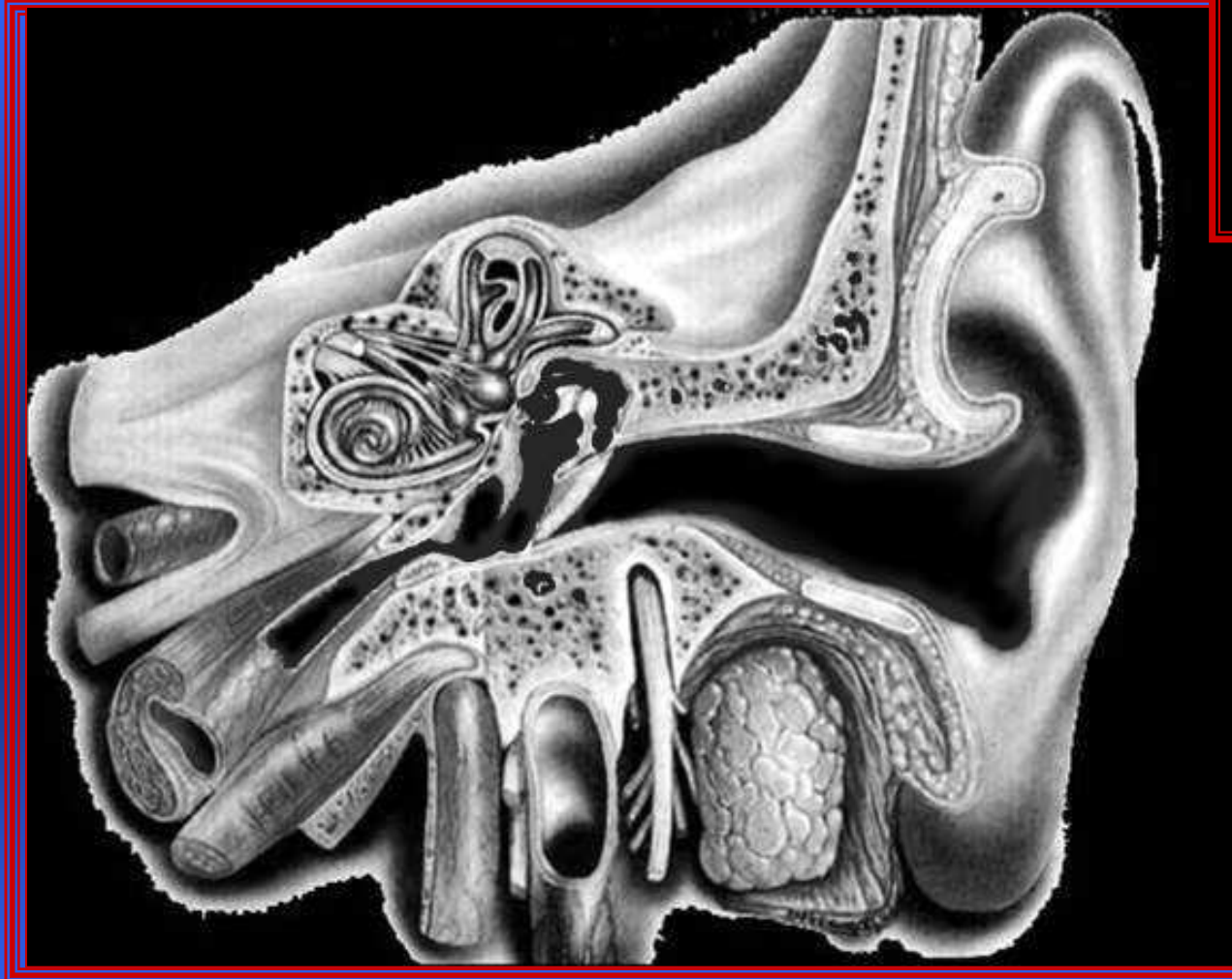
Esplorazione neuroradiologica del distretto oto- rino- faringeo



TC

RM





TC

Osso

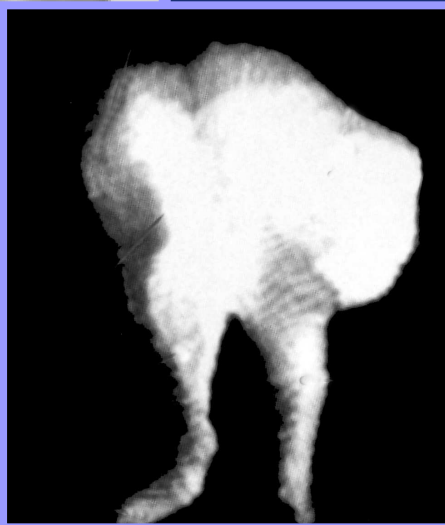
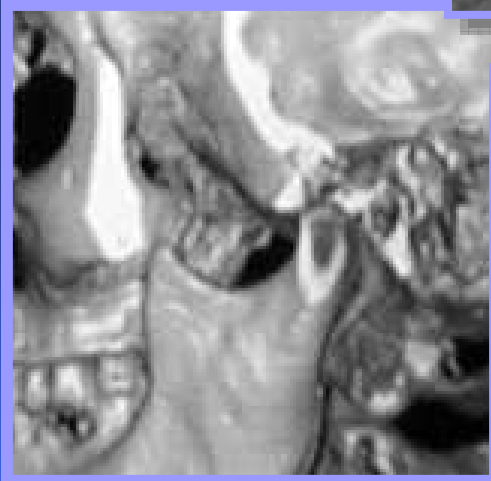
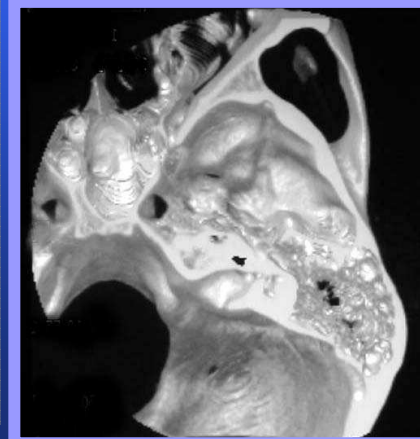
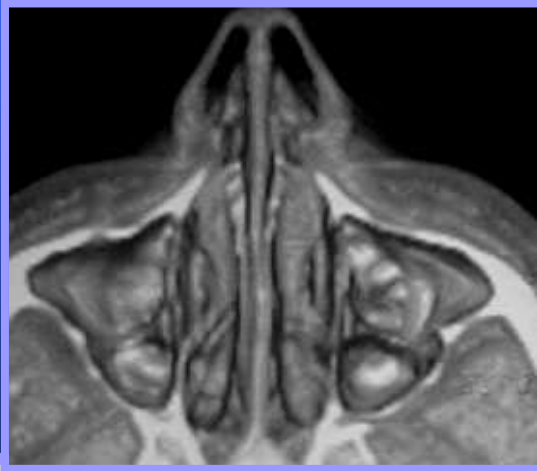
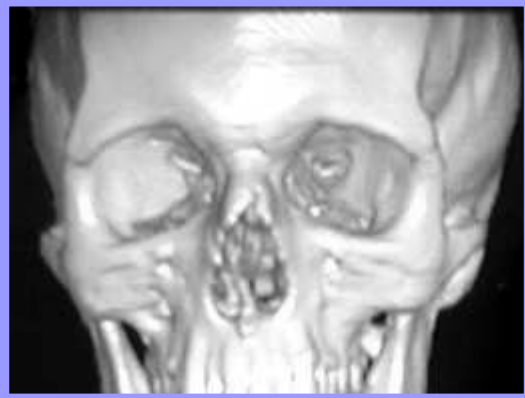
Interfaccia aria/osso



Semplicità

Rapidità

Costo = OK
Beneficio



TC

Controindicazioni "limitate"

Primo trimestre di gravidanza



Buon controllo del rischio

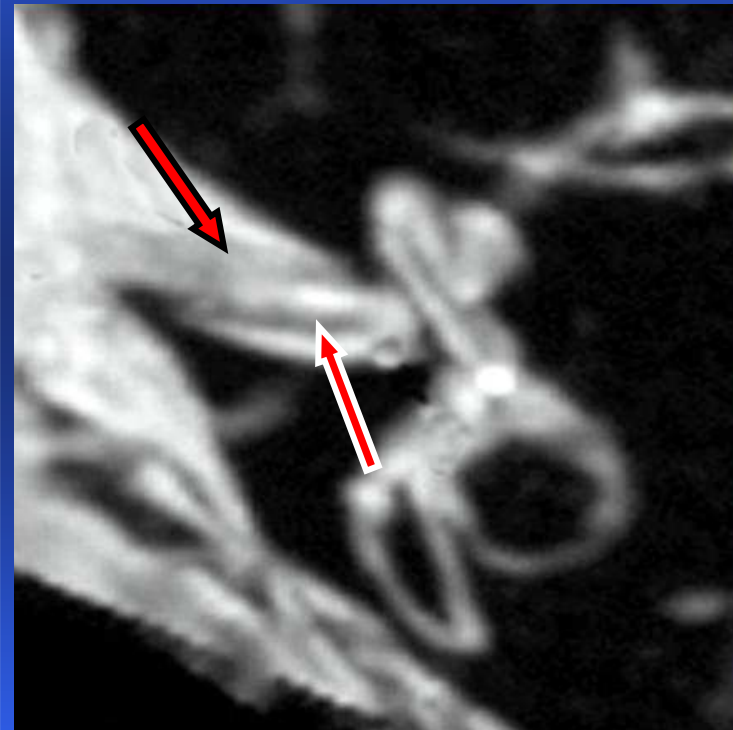
e

della suscettibilità al danno

Razionale percorso diagnostico

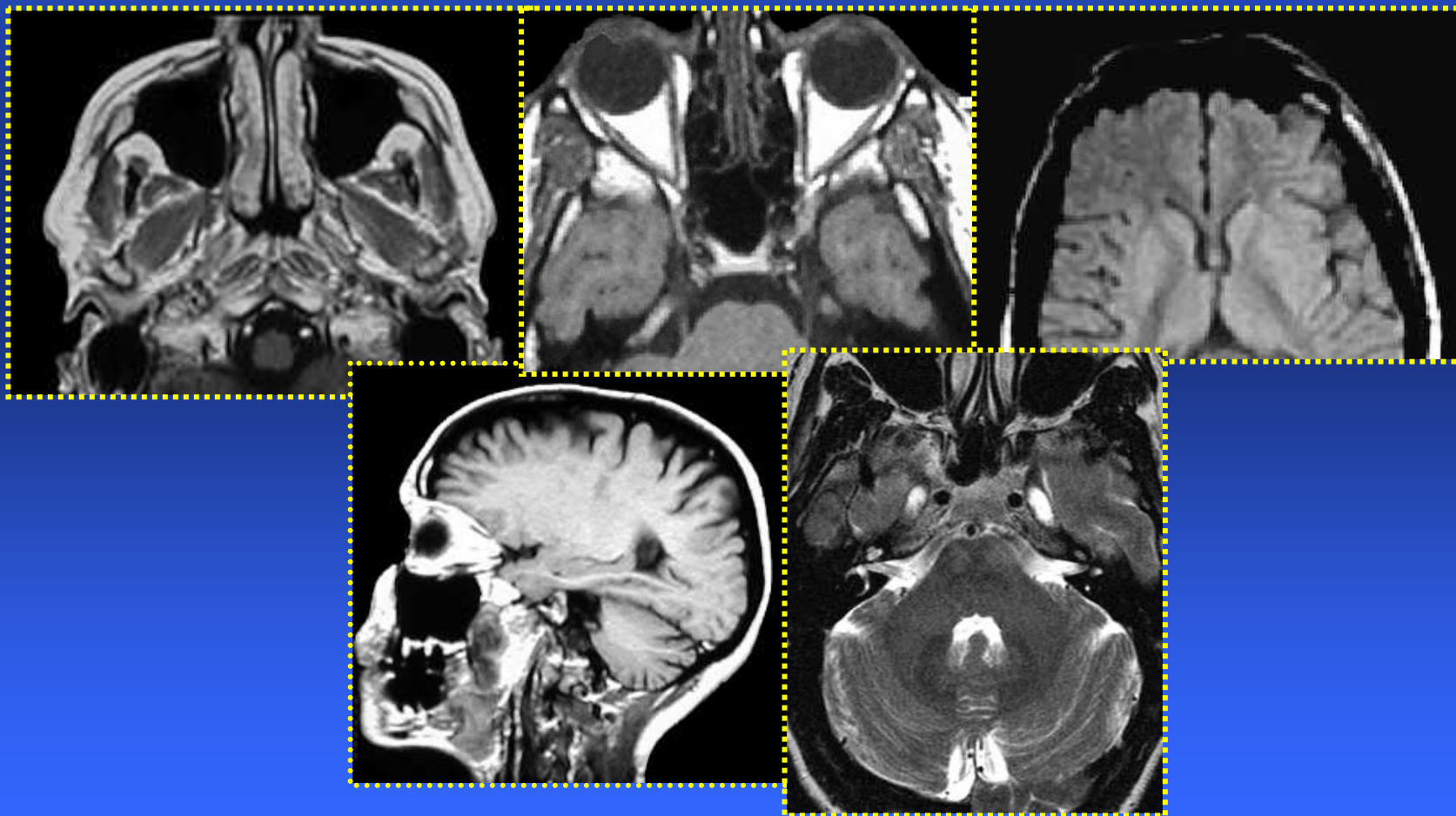
RM

Discriminazione tissutale
Pacchetto acustico- facciale



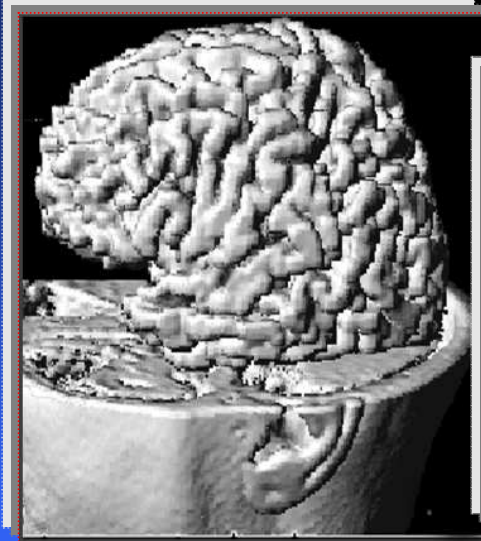
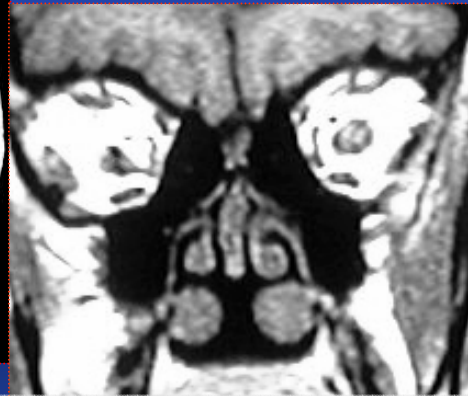
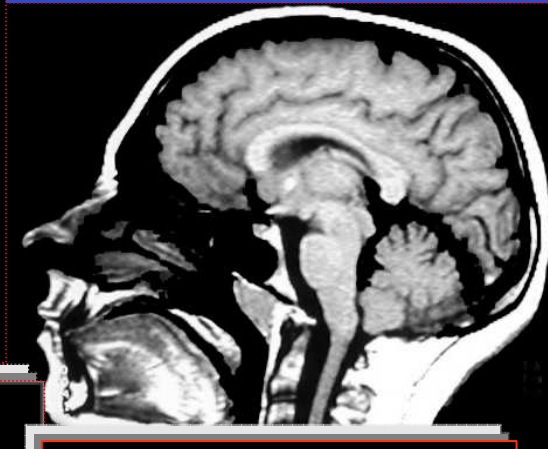
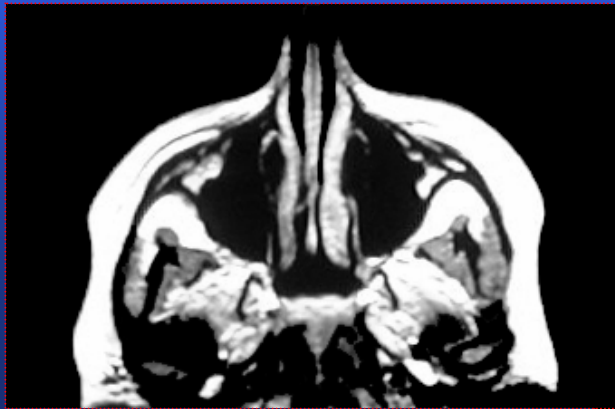
RM

Discriminazione tissutale
Basicranio- endocranio
-Estensione di patologia-



RM

Multiplanarietà diretta



RM

Tessuti molli

Relazioni Topografiche

Radiazioni ~~X~~ Ionizzanti

No agevole

No rapida

RM

Controindicazioni "severe"

Claustrofobia

Obesità- Stato avanzato di gravidanza

Pace-maker

Protesi non compatibili

No rapida

Ridotta collaborazione
sedazione - narcosi



Elementi anatomici essenziali

- contenuto aereo
- pareti ossee
- tessuti molli
- strutture limitrofe

TC
+
RM

Identificazione di patologia



**GIORNATE DI
PEDIATRIA PREVENTIVA
E SOCIALE**

fimp
Federazione Italiana
Medici Pediatrici

SIMERI 2008



**18 - 20 Giugno 2008
Centro Congressi Simeri (CZ)**

Le Flogosi del Distretto Otologico

- 1) Anatomia Funzionale del Distretto.**
- 2) Anatomia Funzionale dei Siti.**
- 3) Classificazione e Semeiotica Clinica.**
- 4) Semeiotica Strumentale.**
- 5) Opzioni Terapeutiche.**