EUS ACADEMY
I SESSIONE

PERUGIA 2-3 Febbraio 2023
SALA U. MERCATI
OSPEDALE SANTA MARIA DELLA MISERICORDIA

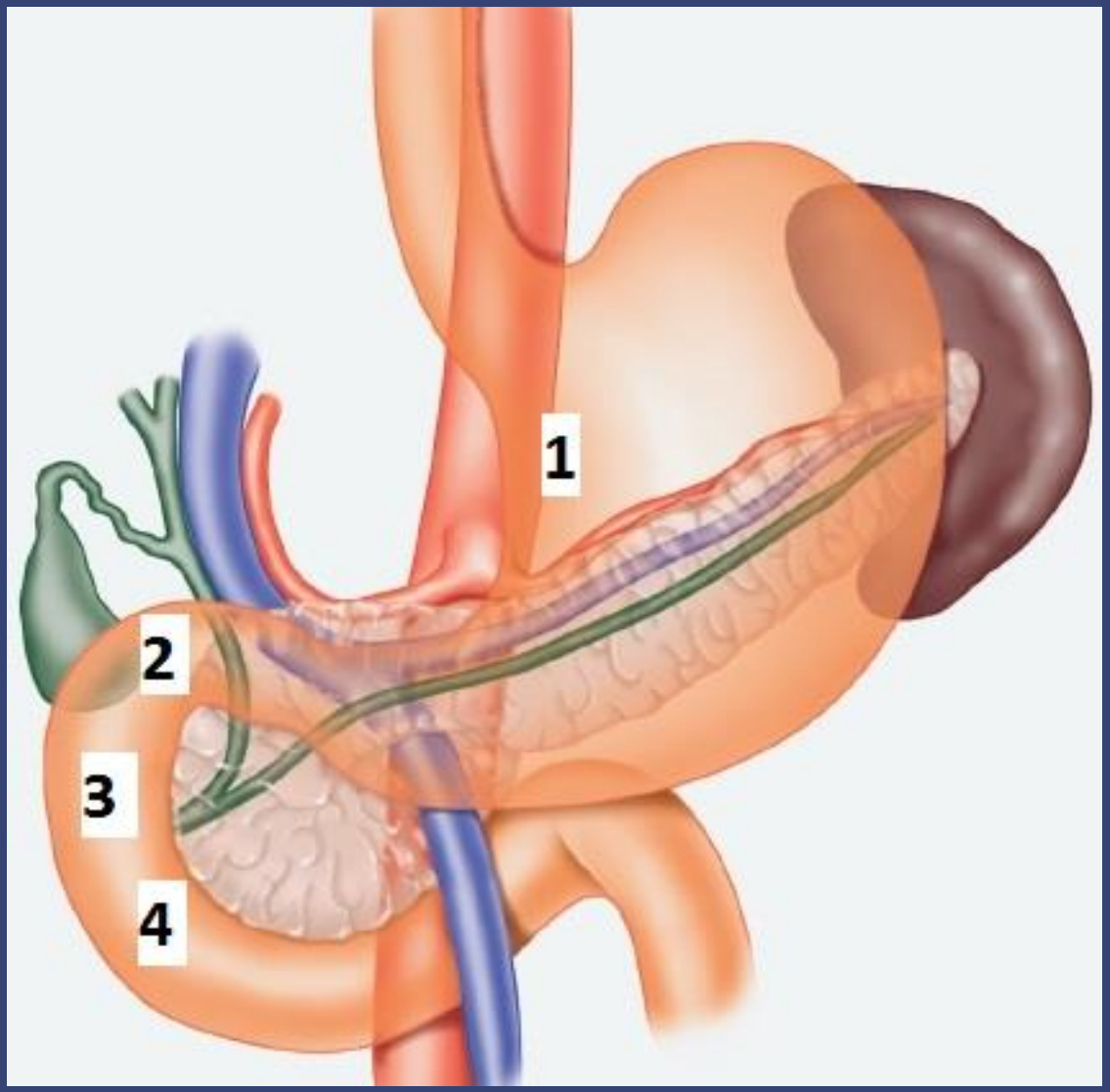
COSA SI VEDE DAL DUODENO: RADIALE

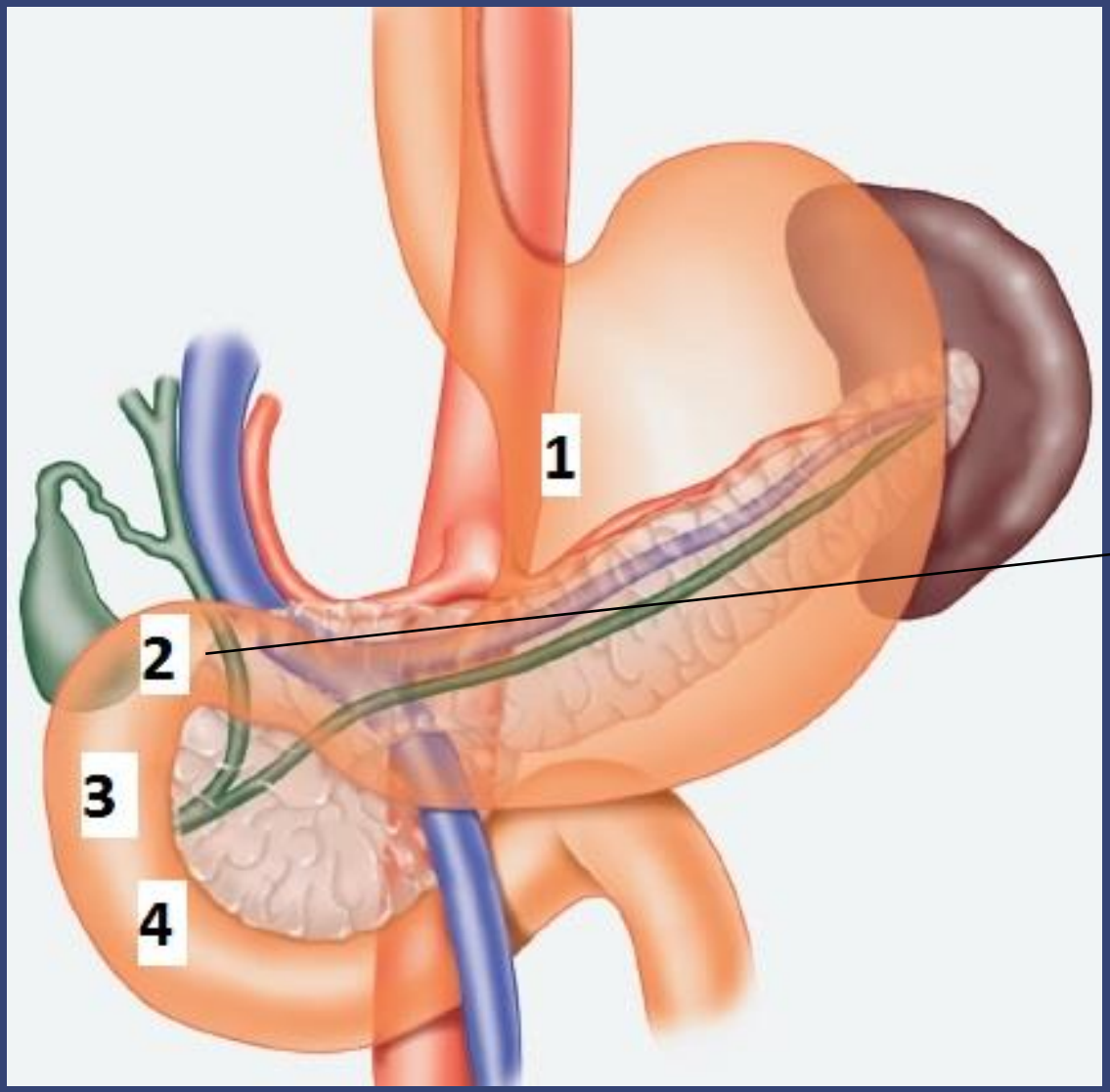
F.Antonini

Gastroenterologia ed Endoscopia Digestiva

AST Ascoli Piceno

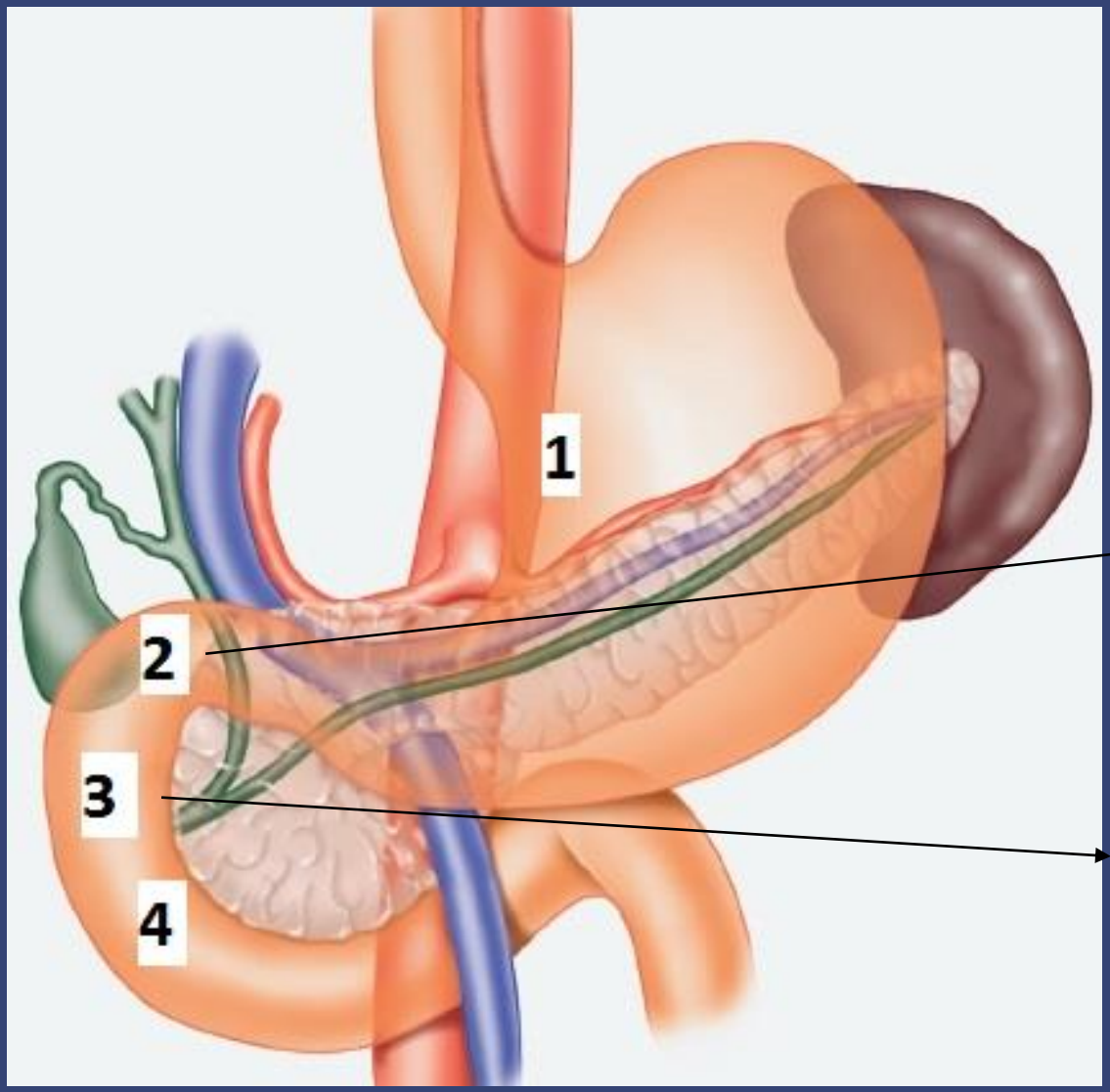
Ospedale C. e G.Mazzoni Ascoli Piceno


1
2
3
4



Portal vein
Superior mesenteric artery/vein
Splenic vein
IVC
Abdominal aorta

Gallbladder
Bile duct
Pancreatic head
Pancreatic body

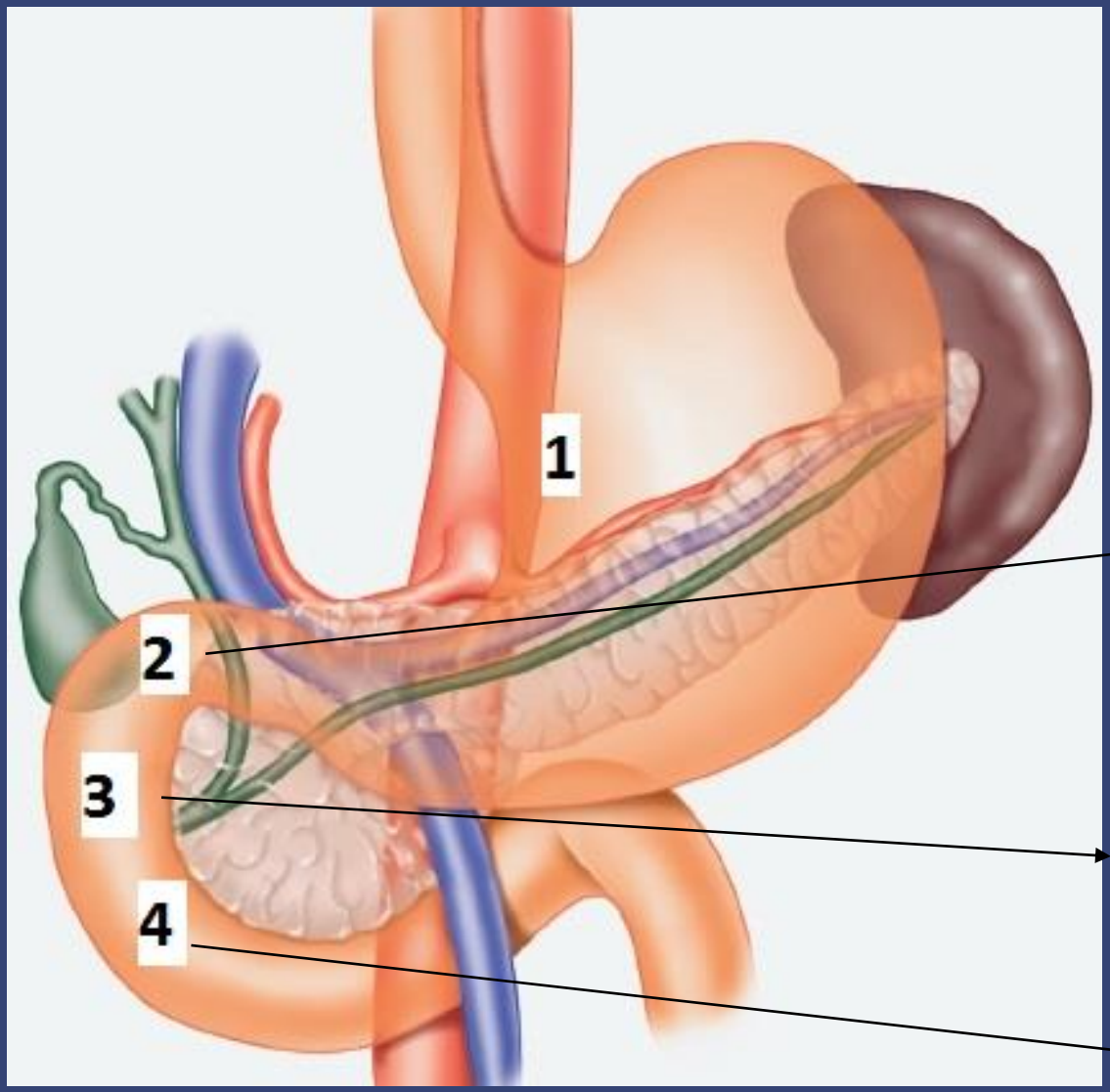


Portal vein
Superior mesenteric artery/vein
Splenic vein
IVC
Abdominal aorta

Gallbladder
Bile duct
Pancreatic head
Pancreatic body

Abdominal aorta
IVC
Superior mesenteric artery/vein

Pancreatic head
Papilla of Vater
Bile duct
Right kidney



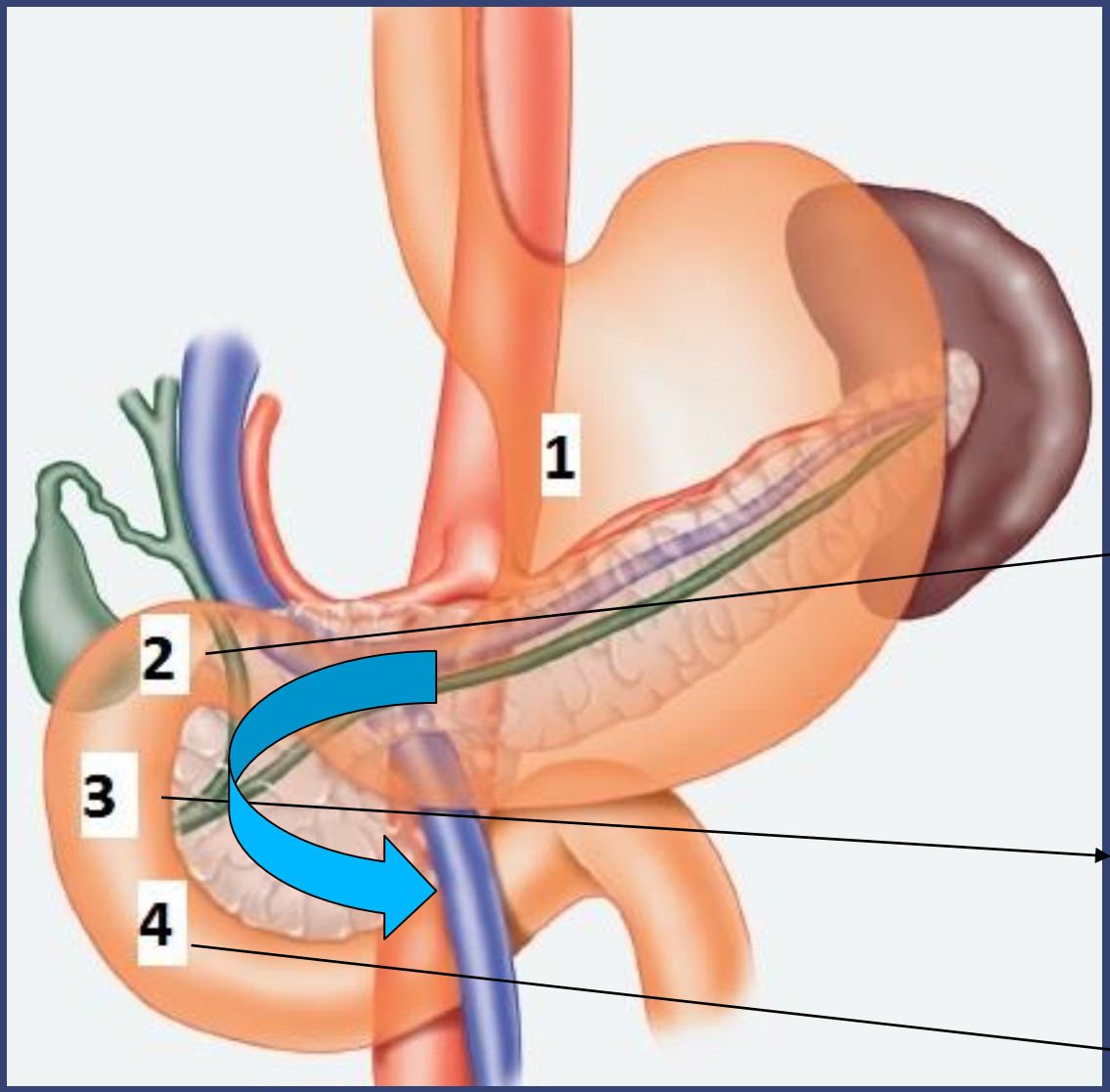
Portal vein
Superior mesenteric artery/vein
Splenic vein
IVC
Abdominal aorta

Gallbladder
Bile duct
Pancreatic head
Pancreatic body

Abdominal aorta
IVC
Superior mesenteric artery/vein

Pancreatic head
Papilla of Vater
Bile duct
Right kidney

Uncinate process
Abdominal aorta
IVC



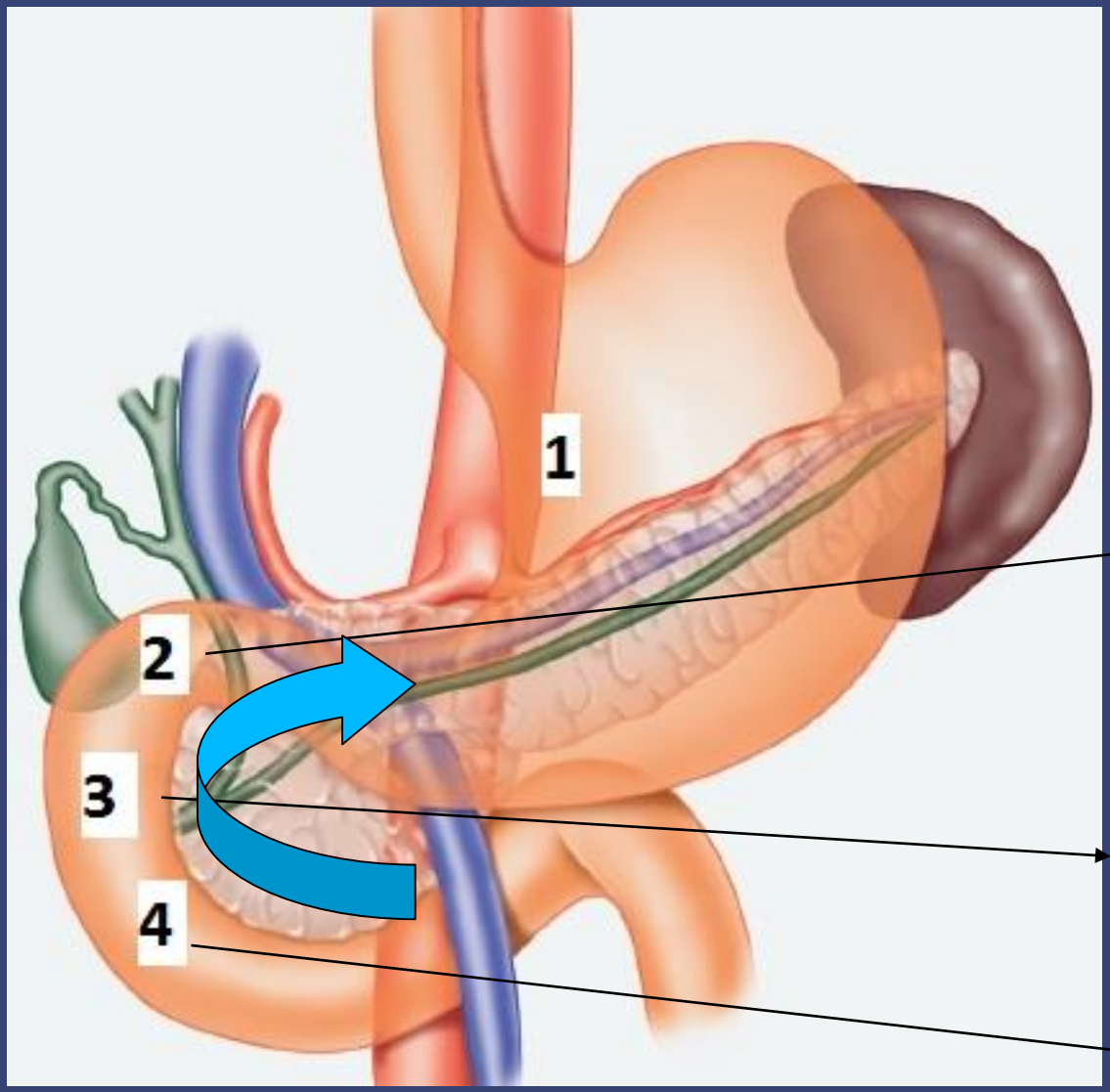
Portal vein
Superior mesenteric artery/vein
Splenic vein
IVC
Abdominal aorta

Gallbladder
Bile duct
Pancreatic head
Pancreatic body

Abdominal aorta
IVC
Superior mesenteric artery/vein

Pancreatic head
Papilla of Vater
Bile duct
Right kidney

Uncinate process
Abdominal aorta
IVC



Portal vein
Superior mesenteric artery/vein
Splenic vein
IVC
Abdominal aorta

Gallbladder
Bile duct
Pancreatic head
Pancreatic body

Abdominal aorta
IVC
Superior mesenteric artery/vein

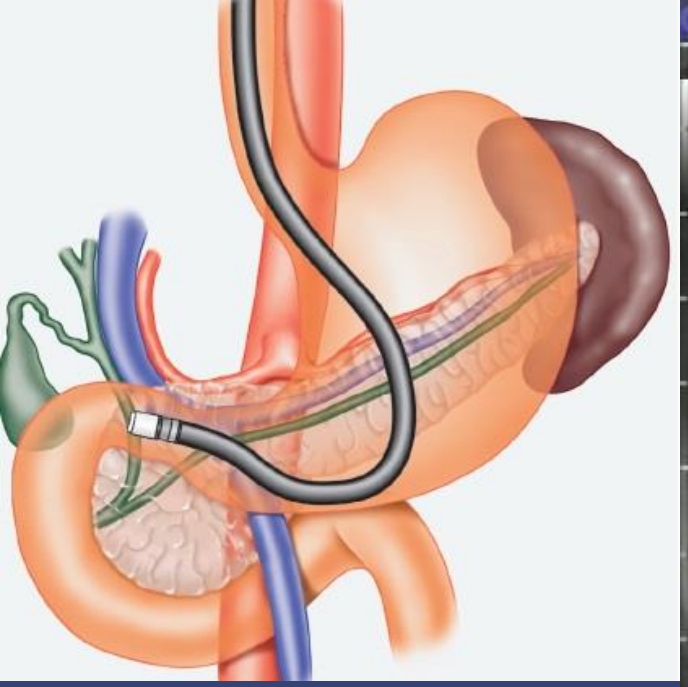
Pancreatic head
Papilla of Vater
Bile duct
Right kidney

Uncinate process
Abdominal aorta
IVC

Duodeno con radiale - pillole

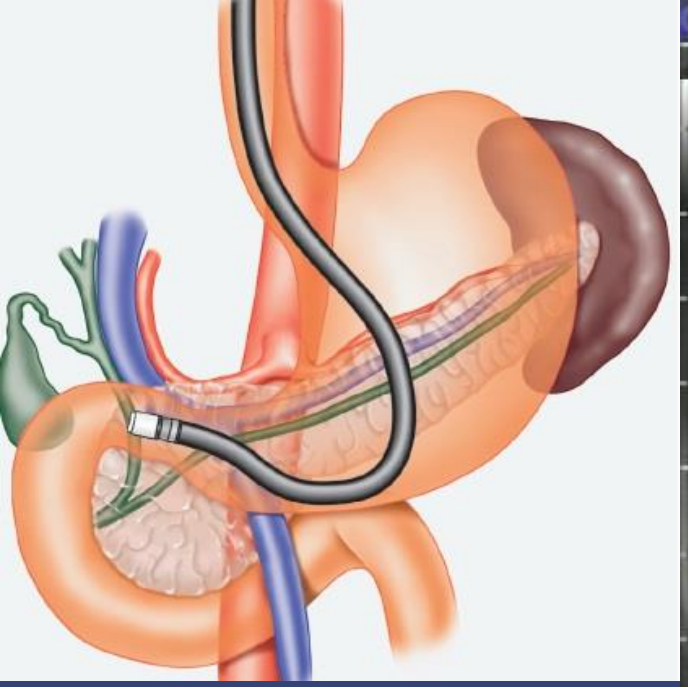


- “le strutture vascolari sono i punti di riferimento”
- “stai spesso in up-position”
- “poca torsione (rispetto a lineare)”
- “ruota manopola senso orario ed antiorario”
- “generalmente posizione lunga. Se passaggio in DII difficoltoso manovra ERCP (posizione corta)”

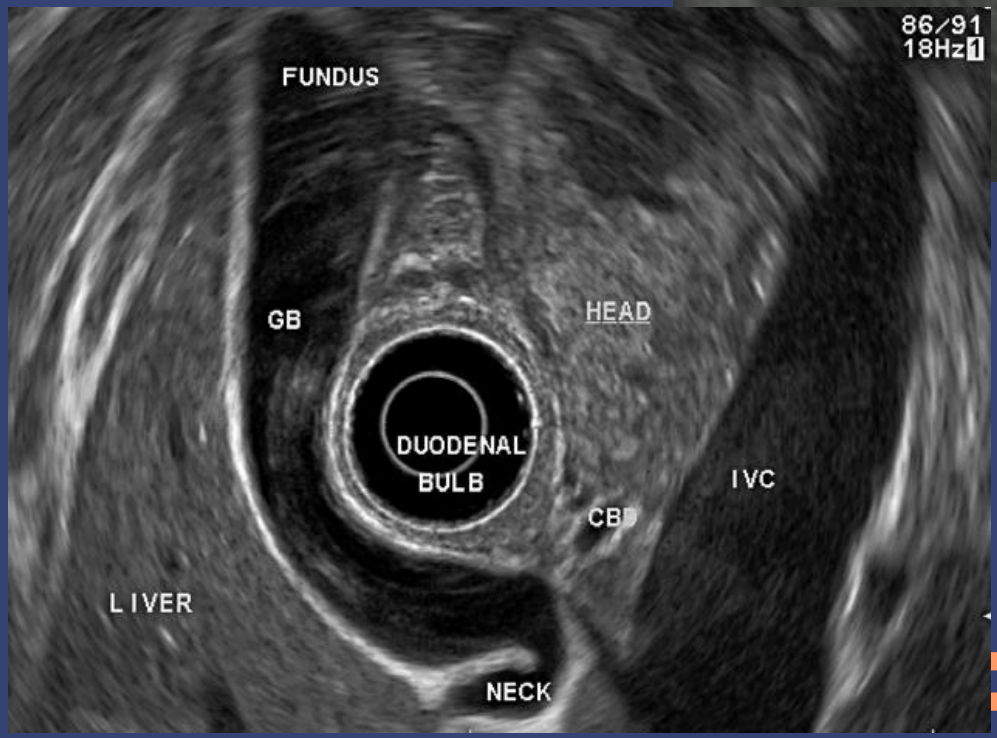



GASTROENTEROLOGIA
OSP. MURRI - FERMO
15:17:49
5/13
16Hz
LIVER
GALLBLADDER

Stazione 1




GASTROENTEROLOGIA
OSP. MURRI - FERMO
15:17:49
5/13
16Hz
LIVER
GALLBLADDER


86/91
18Hz
FUNDUS
GB
HEAD
DUODENAL
BULB
IVC
CBD
LIVER
NECK

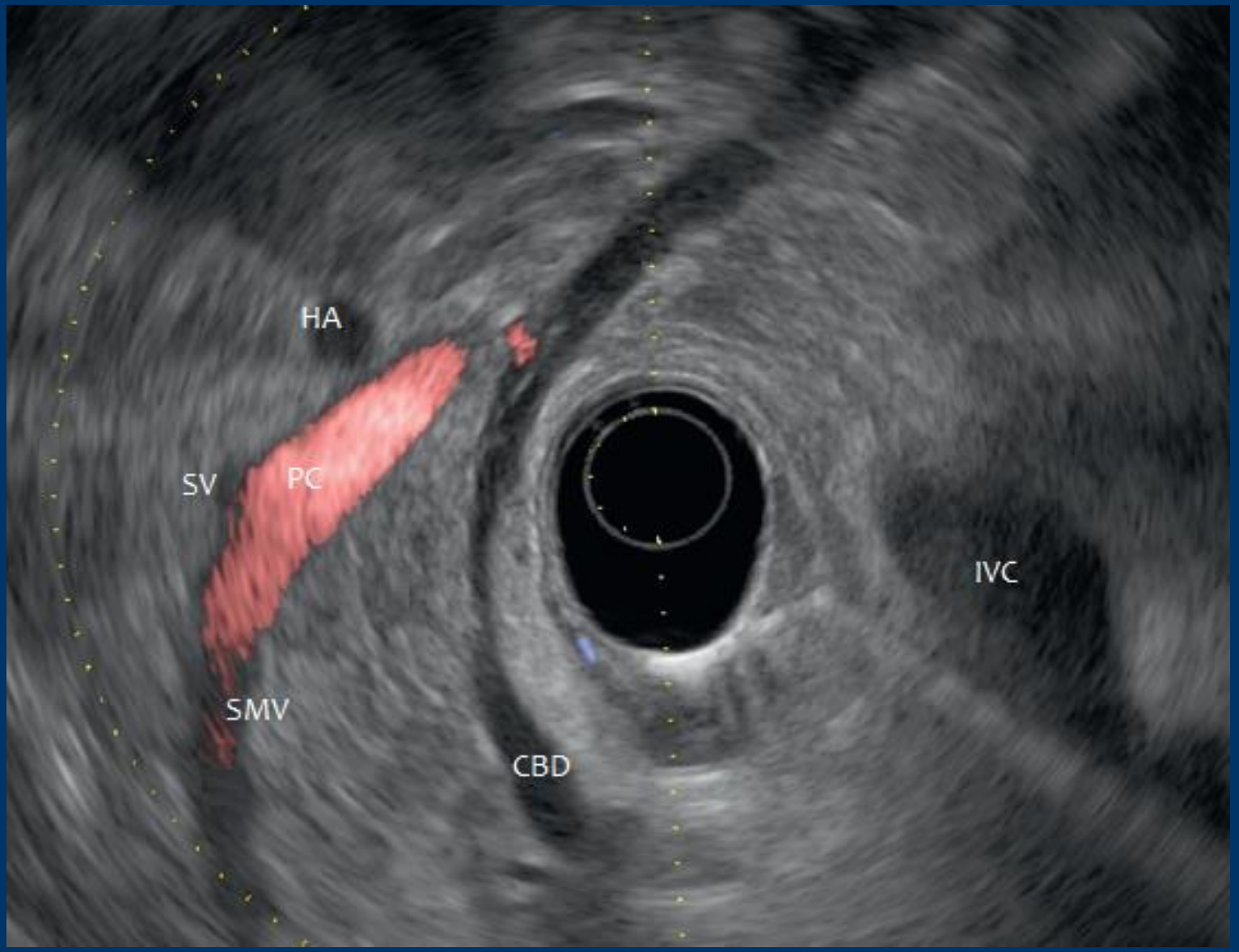
Vie biliari - pillole

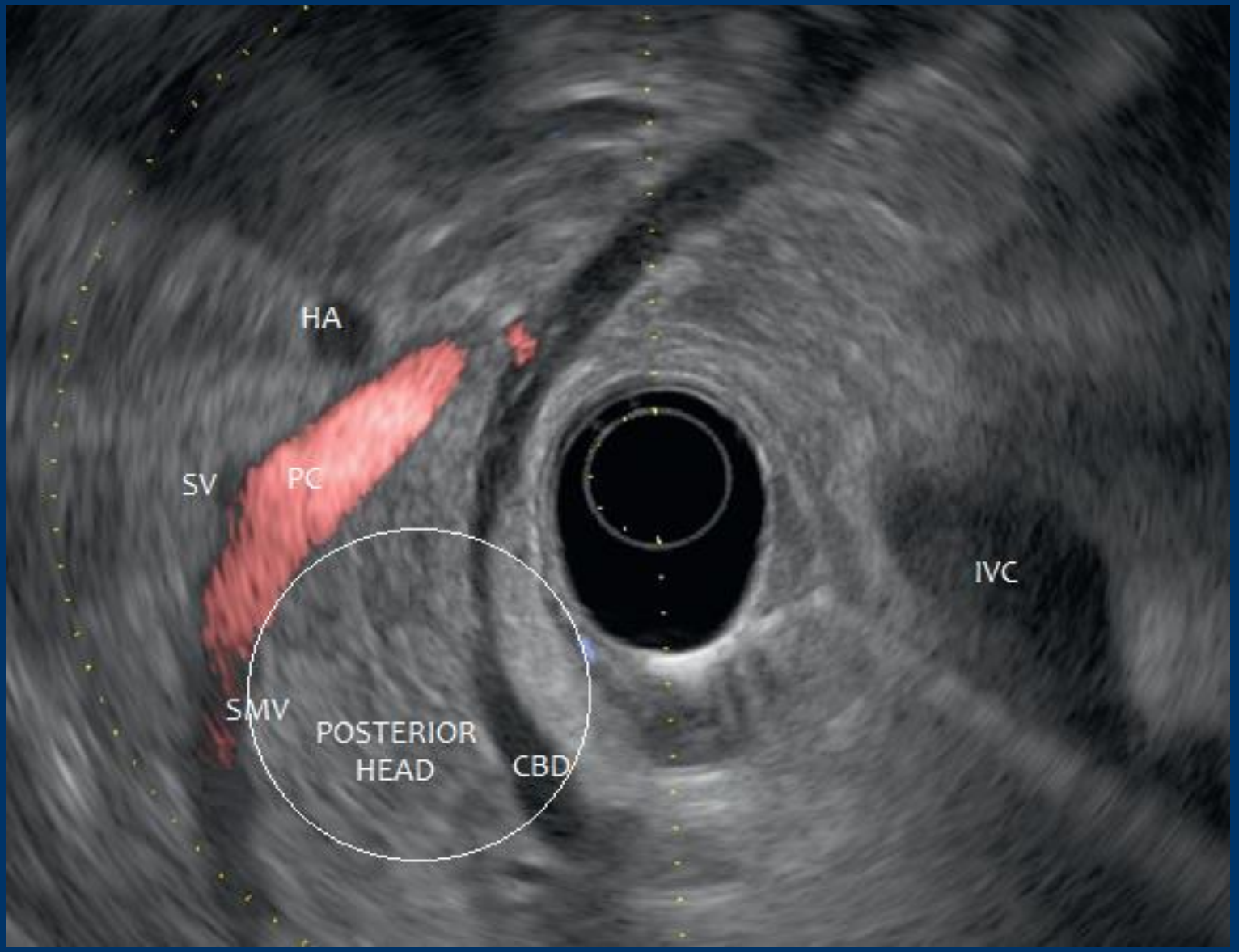


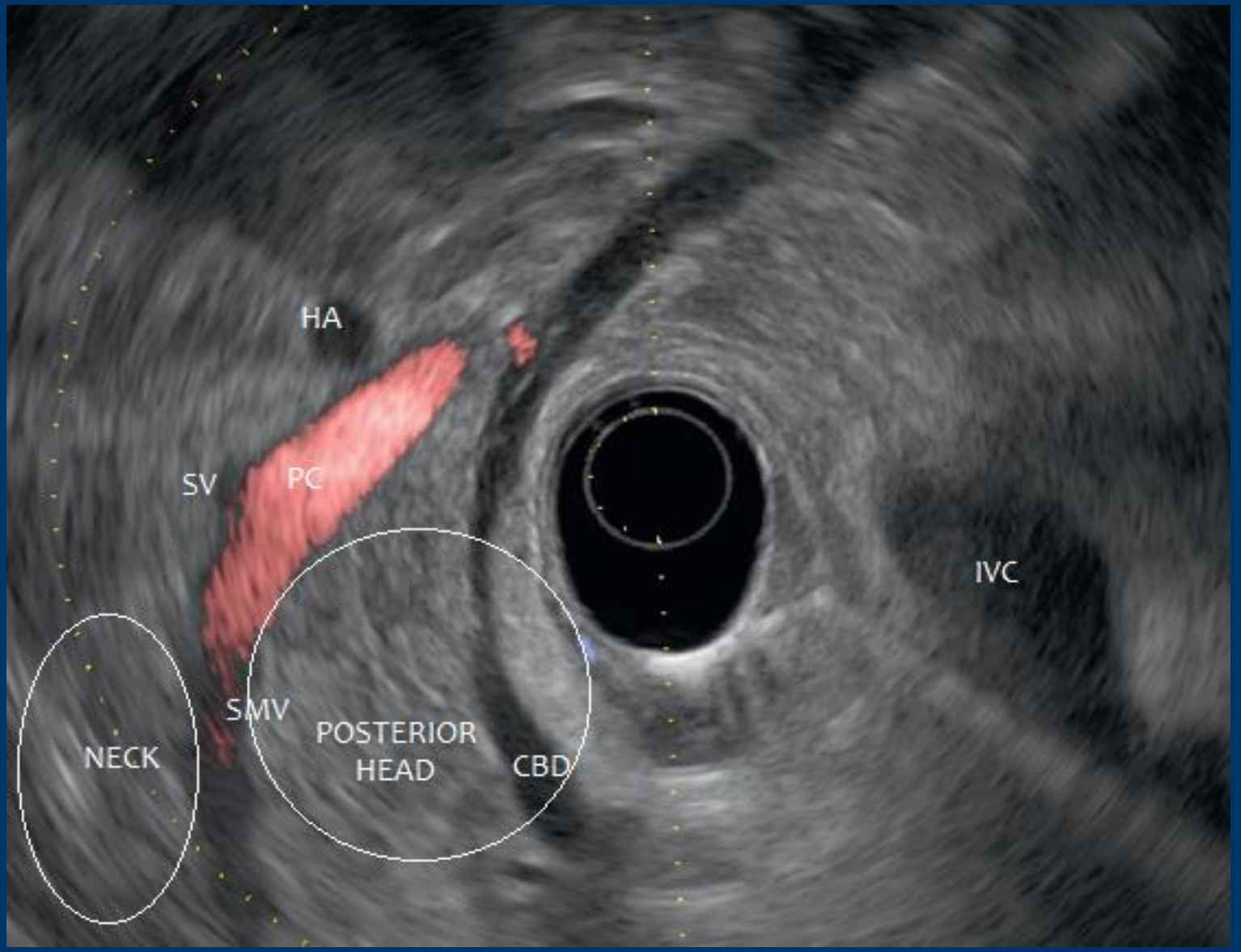
- “nel bulbo trova arteria gastro-duodenale (nel segmento anteriore della testa pancreas) e poi ruota senso orario e trovi il coledoco!”

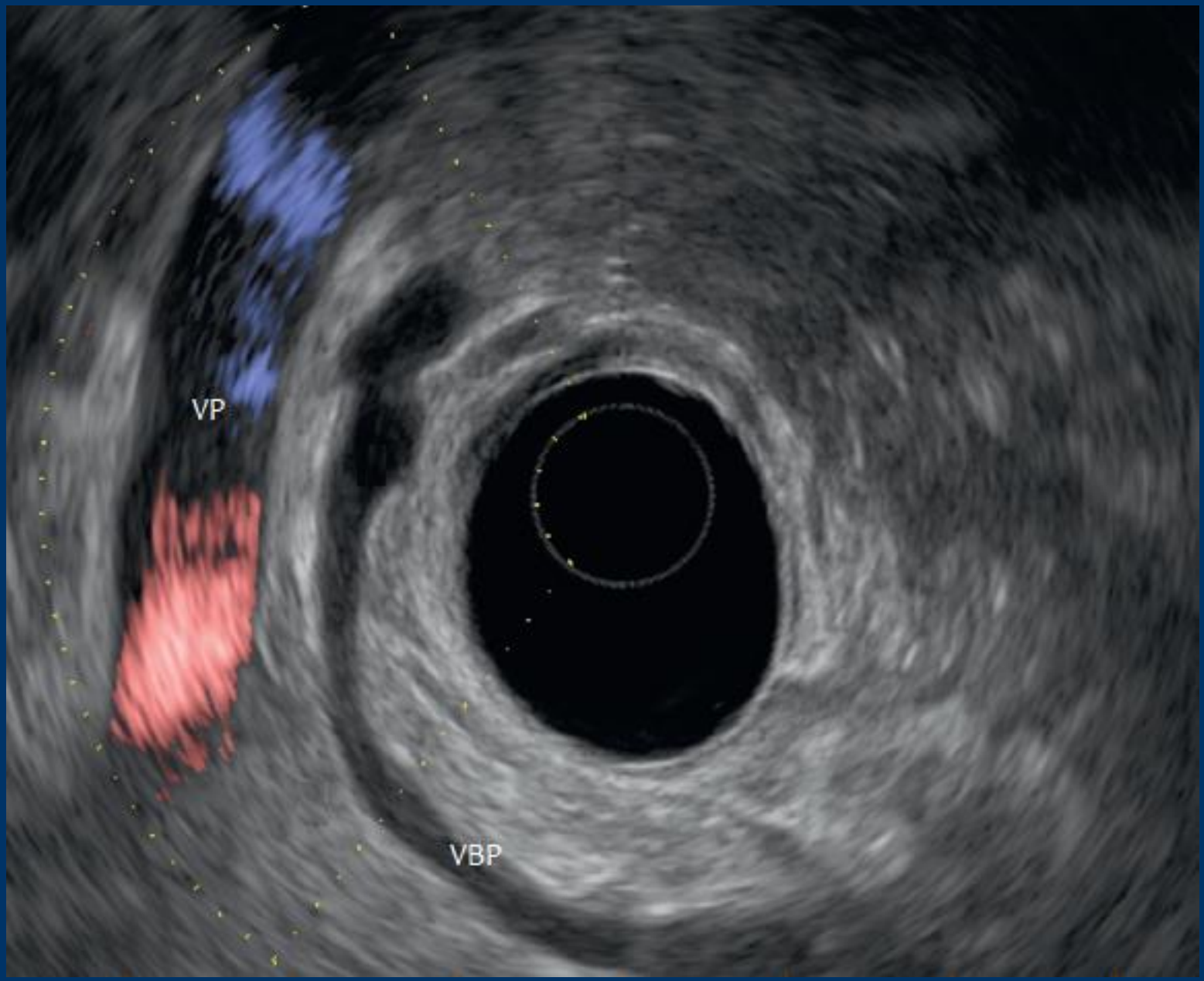
- “il coledoco è per definizione nella parte ventrale della testa pancreatica!”

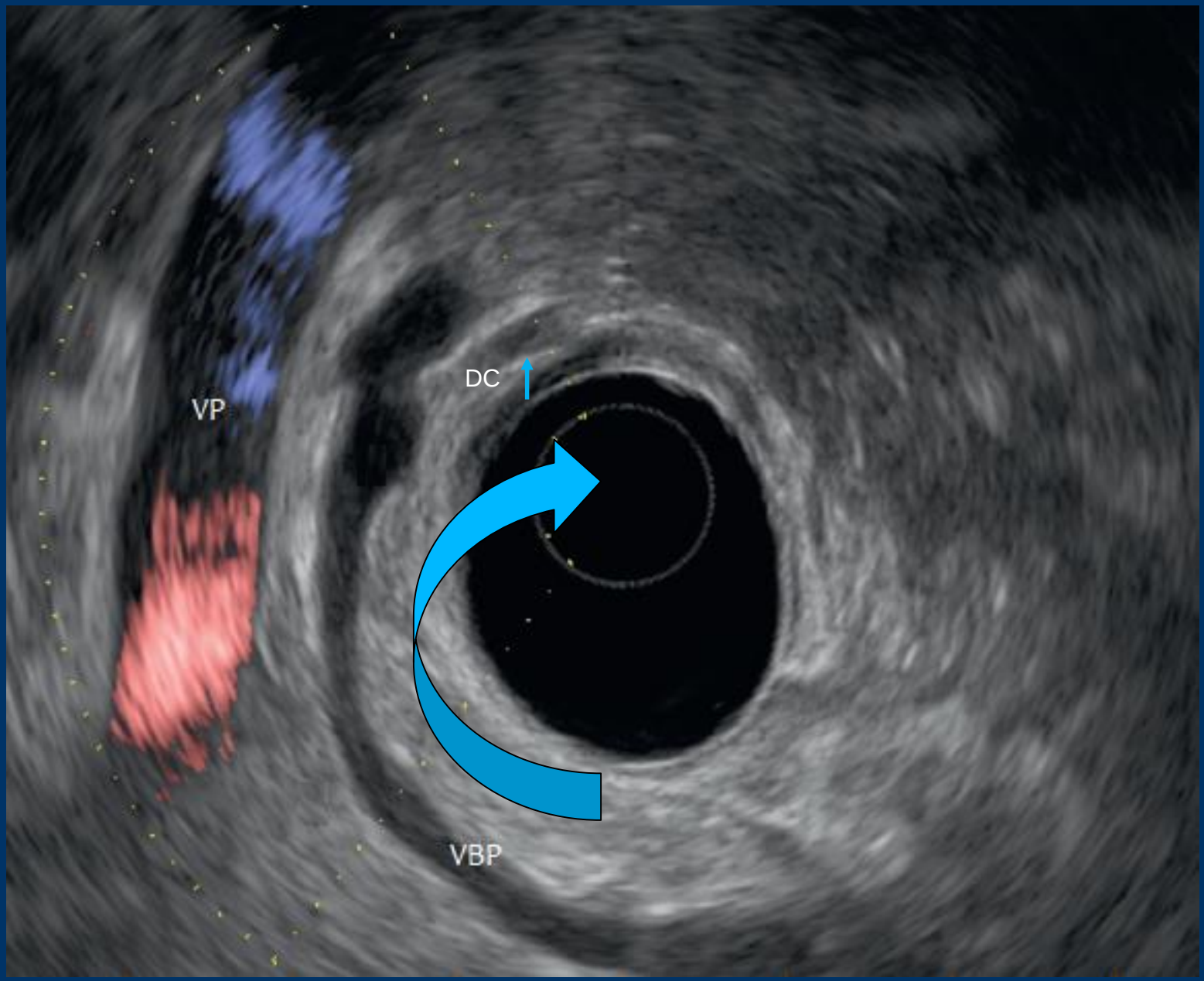
- “trova coledoco poi: ruota orario per dotto cistico, ruota antiorario per epatico comune”

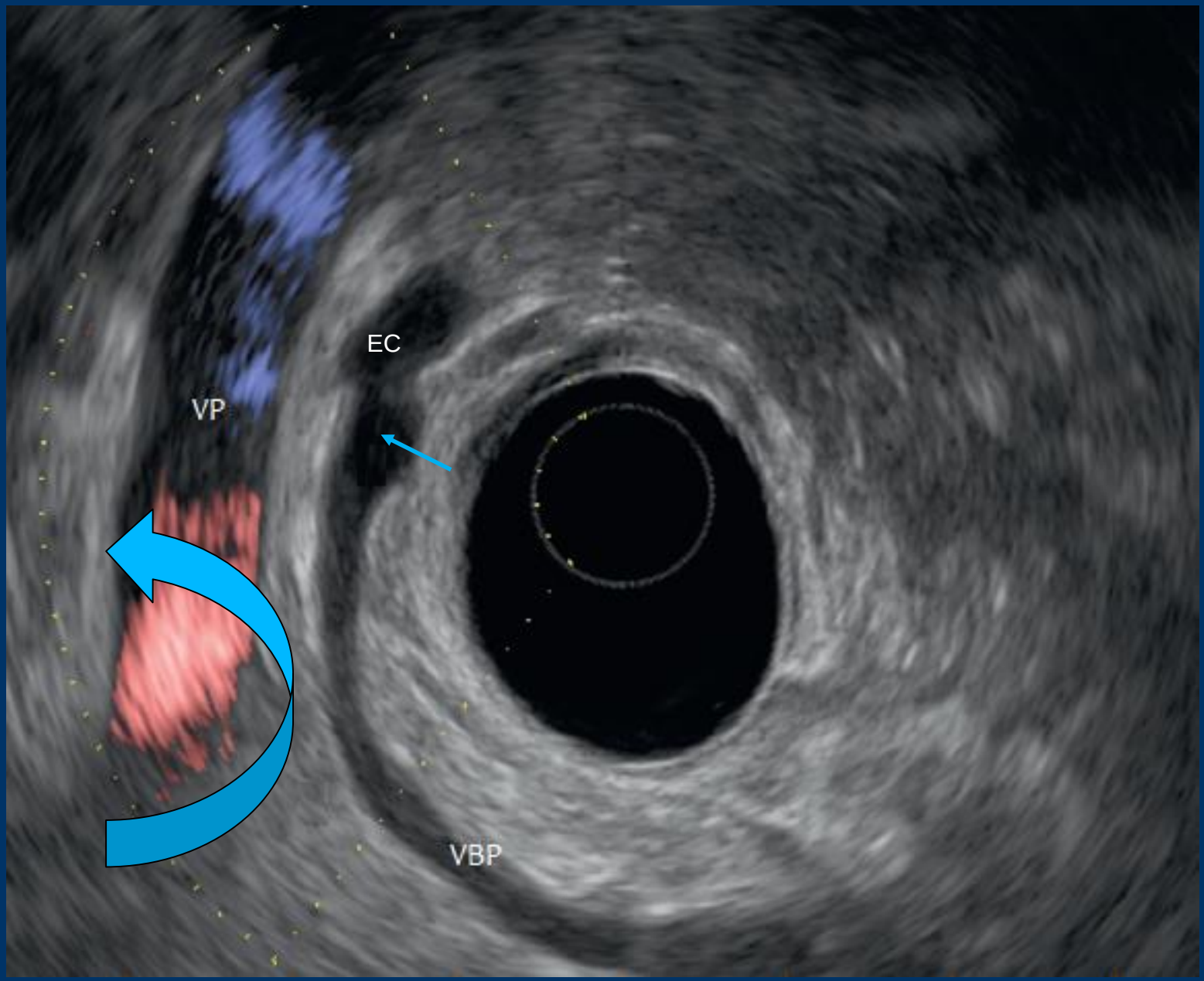

HA
SV
PC
IVC
SMV
CBD

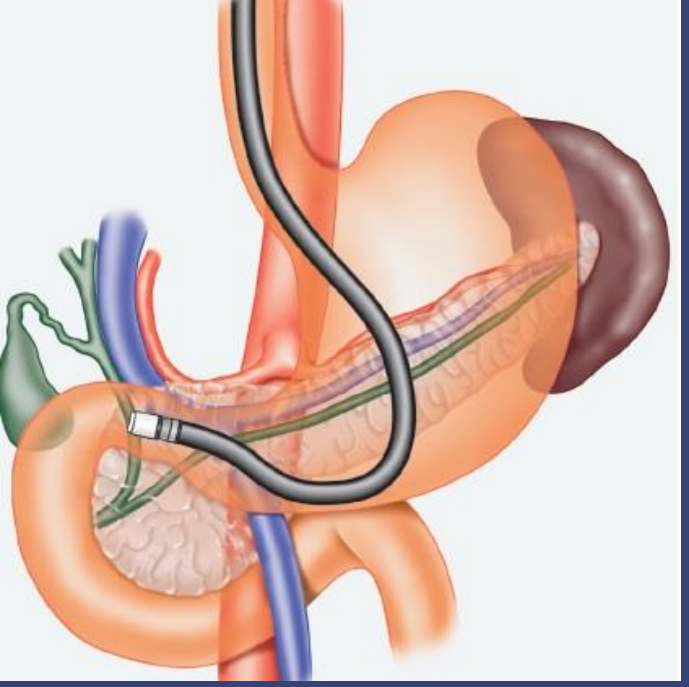

HA
SV
PC
IVC
SMV
POSTERIOR
HEAD
CBD


HA
SV
PC
IVC
SMV
NECK
POSTERIOR
HEAD
CBD

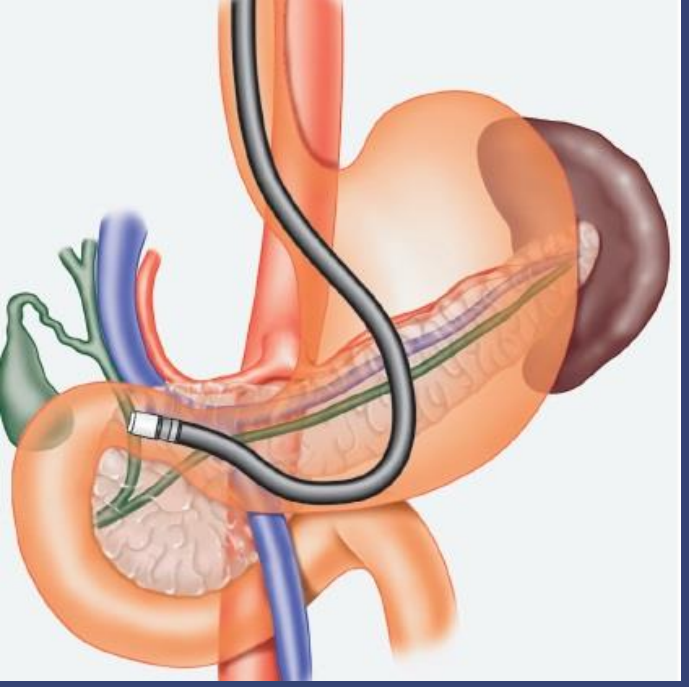

VP
VBP


VP
DC
VBP


EC
VP
VBP




GASTROENTEROLOGIA
OSP. MURRI - FERMO
84/85
16Hz
VBP
VP
W
7.5M 10.0R05 G64 C2
OLYMPUS UE-160
DVA: 81%





“SEGNO DELLA STACCIONATA (STACK SIGN)”:

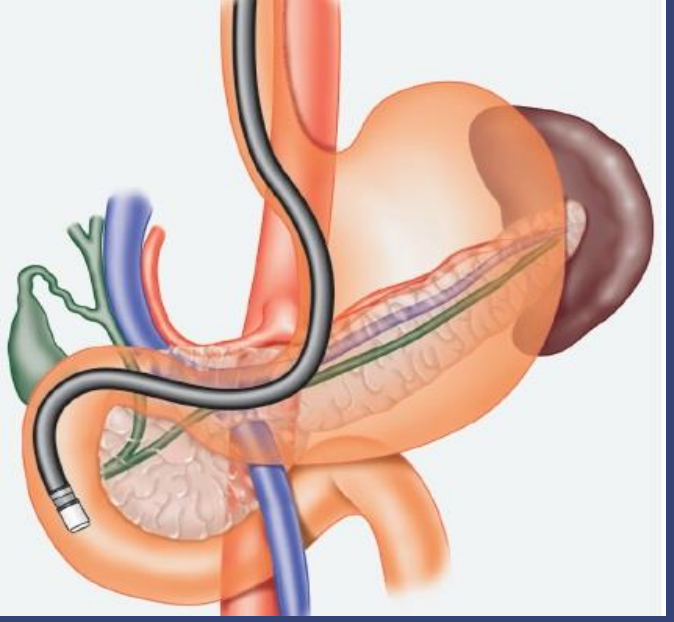
- contemporaneamente ed uno sull'altro: coledoco, wirsung, vena porta
- assenza: segno indiretto pancreas divisum

Bhutani et al. Diagnosis of pancreas divisum by endoscopic ultrasonography. Endoscopy 1999

Ampolla di Vater - pillole

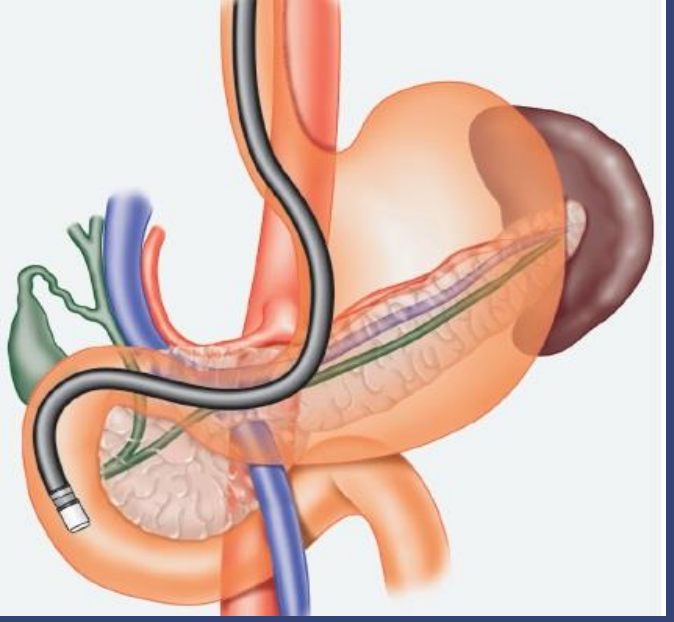


- “una papilla normale non si vede sempre bene!”
- “è nella parte ventrale della testa pancreas, tra dorsale e duodeno!”
- “trova il Wirsung, seguilo finchè non scompare dove la sottomucosa si interrompe!”
- “finchè vedrai il coledoco non vedrai bene la papilla!”
- “se vedi la parte terminale del coledoco e del Wirsung, è difficile che ci sia una lesione della papilla!”
- “se non vedi posizione lunga, prova in corta (ERCP manovra”



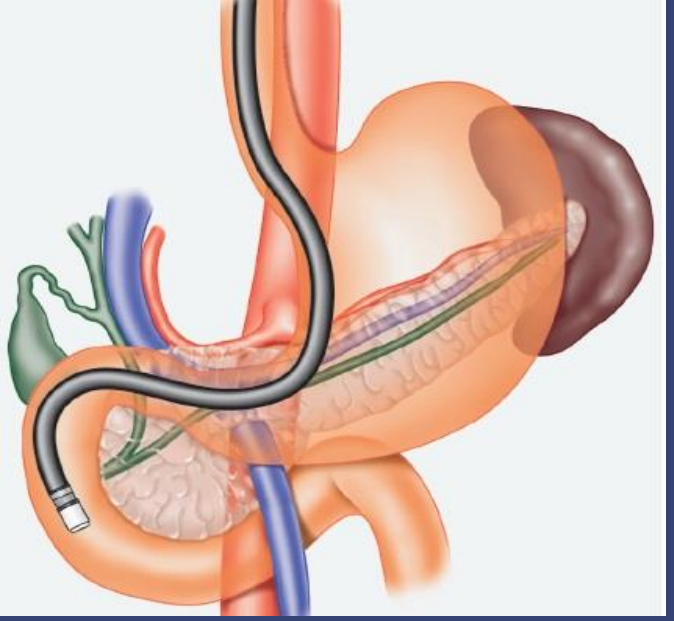
Stazione 2



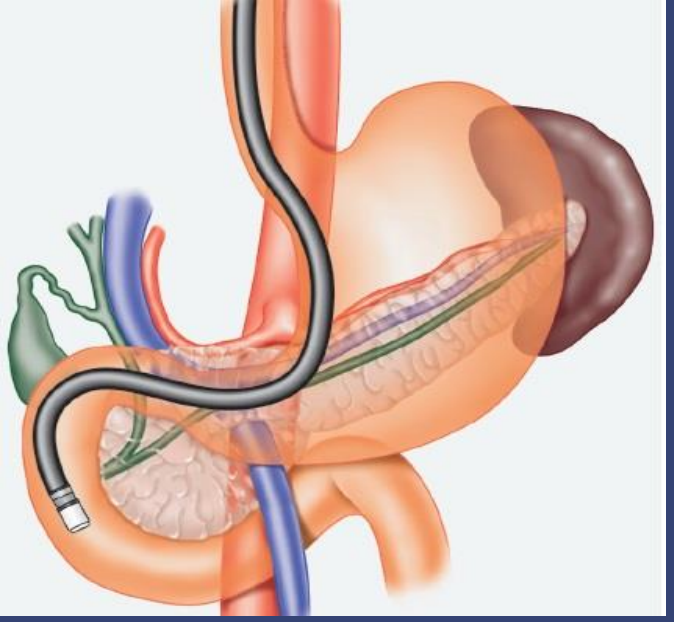



GASTROENTEROLOGIA
OSP. MURRI - FERMO
MPD
A





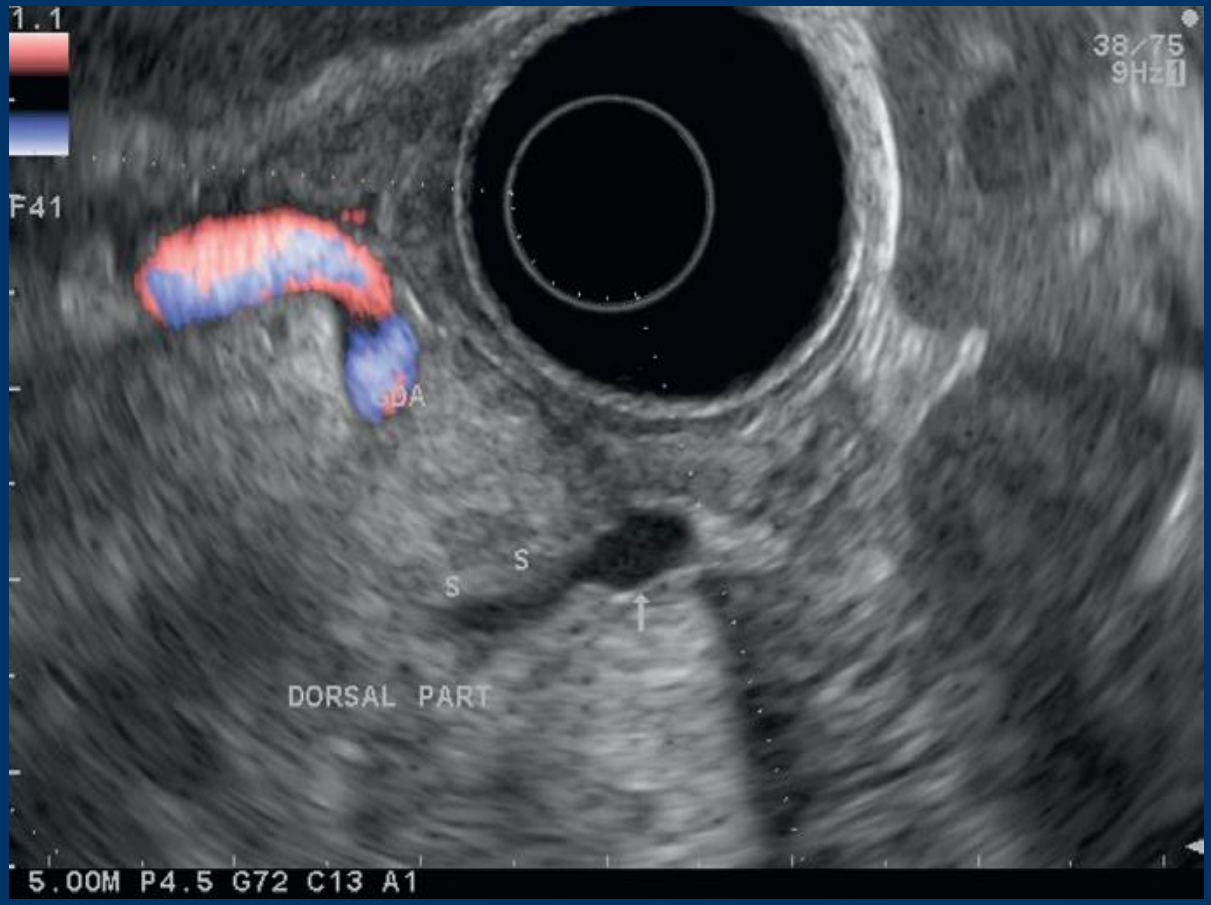

GASTROENTEROLOGIA
OSP. MURRI - FERMO
28-10-'15
10:31:23
57/58
16Hz
VENTRAL
DORSAL





“VENTRAL ENLAGE”:

- la porzione ventrale è ipoecogena
- la dorsale più iperecogena (più adipociti)



SANTORINICELE: dilatazione tratto distale di Santorini (pancreas dorsale) in pancreas divisum

(*courtesy by Dr. Palazzo*)

Santorini e papilla minor - pillole



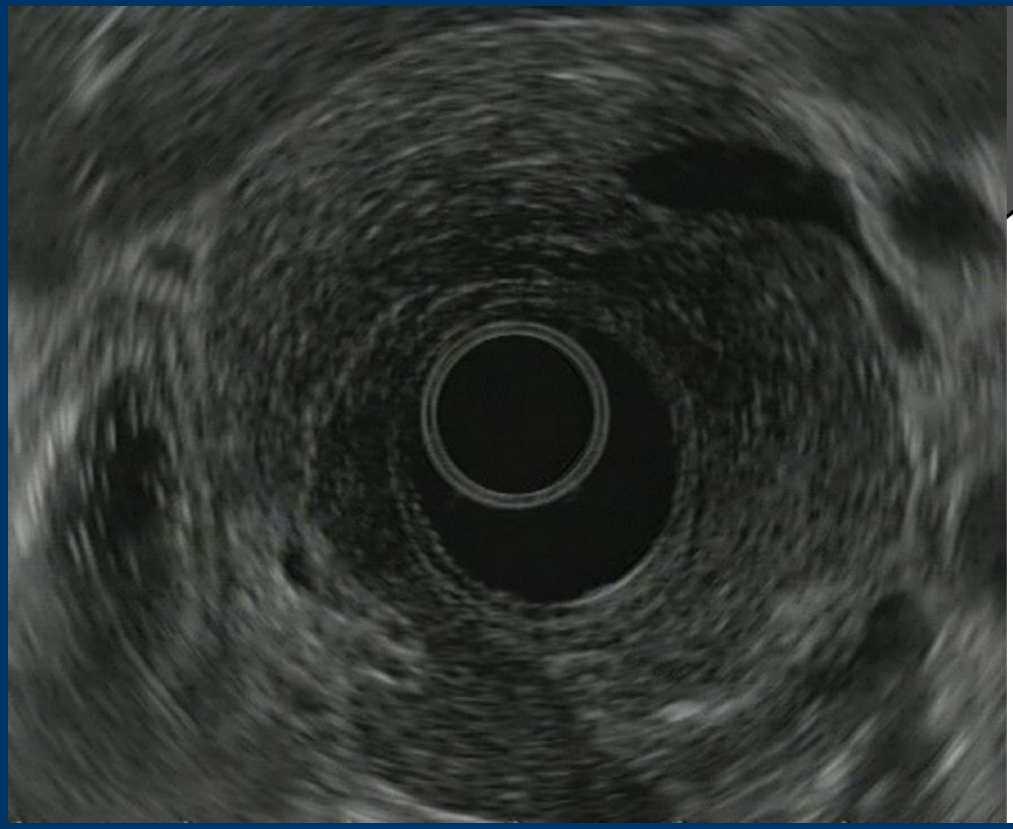
- “la papilla minor è nella porzione dorsale (iperecogena) prossimale rispetto alla major”

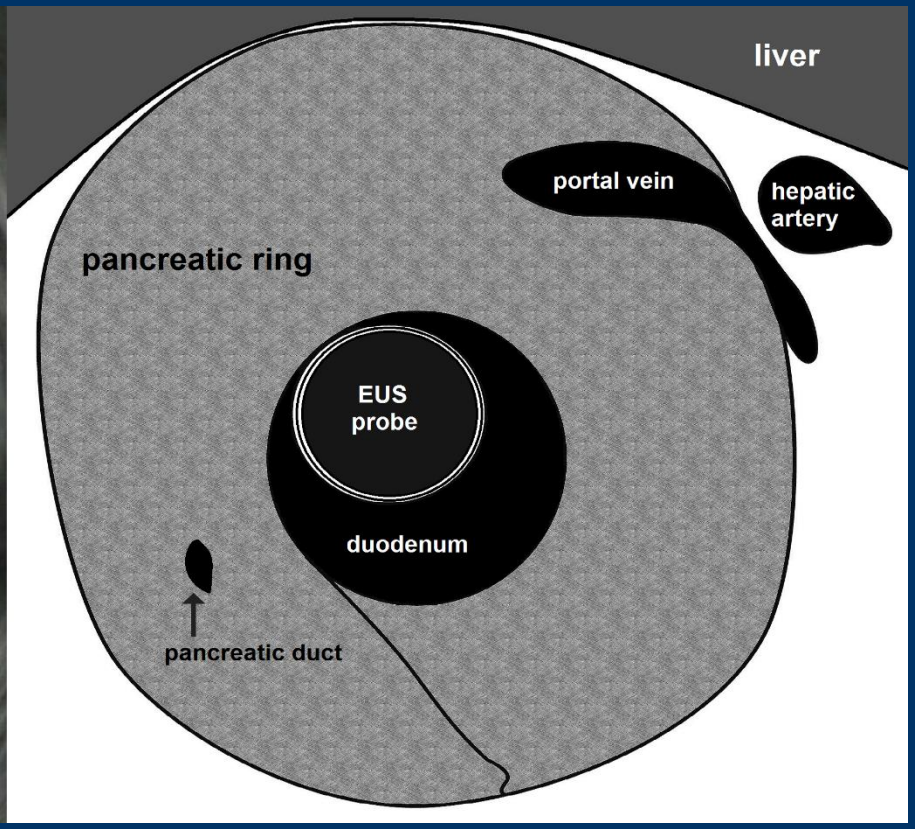
- “la major spesso alle ore 6 o 7, la minor ore 4”

- “se nella scansione vedi il coledoco (che non va in papilla) è papilla minor!”

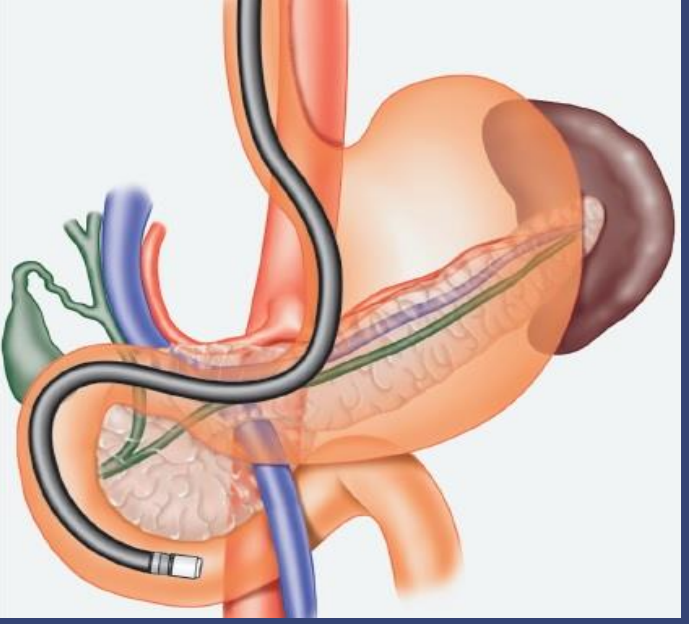
- “puoi vedere la colecisti (siamo più prossimali)”

- “spesso non visibile con Santorini sottile (meglio in PD)”



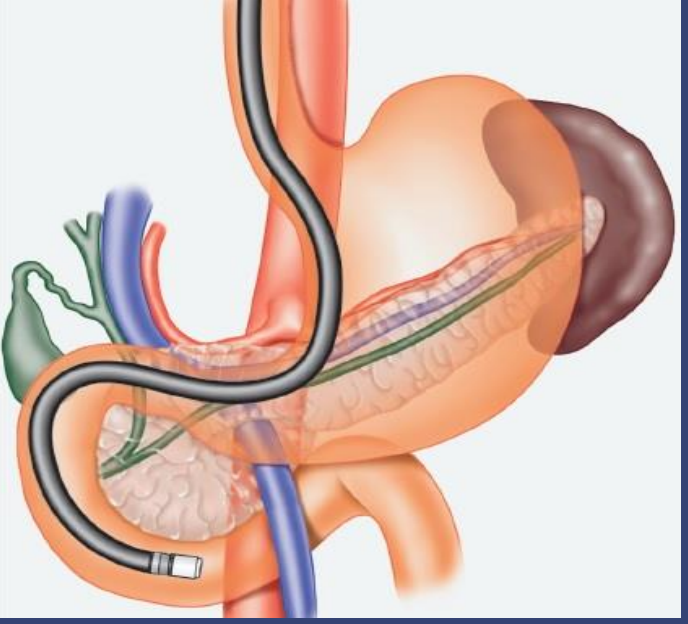


Antonini et al. Pancreatology 2013



Stazione 3


GASTROENTEROLOGIA
OSP. MURRI - FERMO
CELIAC
AO
SMA
LRV
7.5M 10.0R08 G71 C2
OLYMPUS UE-160
DVA: 81%




GASTROENTEROLOGIA
OSP. MURRI - FERMO
CELIAC
AO
SMA
LRV


GASTROENTEROLOGIA
OSP. MURRI - FERMO
SPINE
AO
IVC
PAN

Pillole finali -EUS radiale duodeno



- “segui l'anatomia”

- “non inventarti un tuo metodo!”

- “se ti perdi, ricomincia dall'ultima scansione sicura (manovre al contrario)”

- “nel dubbio, usa il doppler!”

Pillole finali -EUS radiale duodeno



- “segui l'anatomia”

- “non inventarti un tuo metodo!”

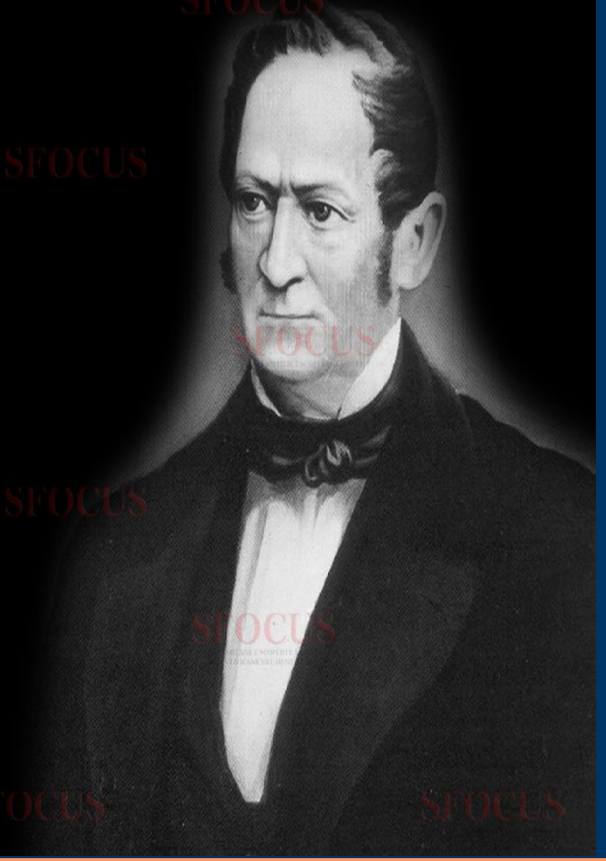
- “se ti perdi, ricomincia dall'ultima scansione sicura (manovre al contrario)”

- “nel dubbio, usa il doppler!”

- “non sempre le strutture che cerchi sono belle come nei libri!” (*Antonini*)

“ GALLINA VECCHIA FA BUON BRODO ”

- Carl Heinrich Theodor Knorr -





E. Buscarini
Ospedale Maggiore, Crema 2008

Grazie!



L. Palazzo
Trocadero Clinique, Parigi 2010