

日期

99年7月12日

內容摘要:

- (填寫說明: 1. 如有附件請註明, 如簡報檔、全文檔等
 2. 需有問題與討論: 請註明姓名並包含醫學倫理及 EBM 之應用
 3. 需有總結, 請註明做結論者【主持人】姓名
 4. 請自行編排頁碼)

日期 date = 2010/07/12

place: 放射科討論室
主持人: 蕭振宇、林秋梅

<Topic> ER and Radiology combine meeting

VS 蕭振宇 Q: diplopia 可能來自什麼 structure?
 R: 朱傳敏 A: orbital. ~~mus~~ ocular muscle, eyeball., CN III IV VI

VS 蕭振宇 Q: MRI finding of this diplopia patient
 R: 朱傳敏 A: cavernous sinus = T2 high signal.
 carotid artery: T2 flow void → low signal
 abnormal signal → abnormal vascular growth
 → 1/3 carotid-cavernous fistula.

VS 蕭振宇 Q: symptom of CCF.
 R: 朱傳敏 A: eye pain, cranial nerve palsy, diplopia, throbbing sensation

VS 蕭振宇 Q: complication of CCF.
 R: 朱傳敏 A: brain hemorrhage (ICH)

VS 林秋梅 Q: Active bleeding 如何判斷

R: 周光緯 A: Precontrast = fresh blood or old blood 較 hyperdense.
 Post contrast = 看有無 extravasation

VS 林秋梅 Q: Spleen injury grading.

R: 周光緯 A: I = subcapsular hematoma, surface area < 10%, laceration < 1cm
 II " " " 10-50% 1-3cm
 III " " " > 50% > 3cm
 IV = segmental vascular injury, segmental
 V = hilar vascular injury, spleen avascular

內容摘要 (續):

VS 林秋梅

Q = management of spleen laceration

R: 周光緯

A: grade I, II = conservative, 但若有 active bleeding → OP or angiography
grade III-IV = if vital signs stable → angiography
if vital signs unstable, 合併懷疑其他傷害 → OP

VS 林秋梅

Q = Trace of splenic artery

R: 周光緯

A: celiac trunk 與 脾動脈 和 portal v. 並行 splenic v. 並行

VS 林秋梅

Q = Sign of vascular injury

R = 朱博銘

A = free flapping, discontinue of vascularity.

VS 林秋梅

Q = ~~the~~ late complication of vascular injury

R = 朱博銘

A = pseudoaneurysm

< EBM and ethics >

VS 林秋梅

Q = when to do emergency whole body CT?

R = 朱博銘

A = 任何懷疑 solid organ damage, severe mechanism, trauma real PE

< Take home messages >

VS 1.

CT reading of bleeding

2. Spleen laceration management

3. Signs of active bleeding

< VS correct >

VS 蕭振宇

= Spleen laceration 的 Surgical or endovascular management, 但 depend on PE selection and 是否 available.

R = 朱博銘