

aneurismas periféricos y viscerales

aneurismas periféricos

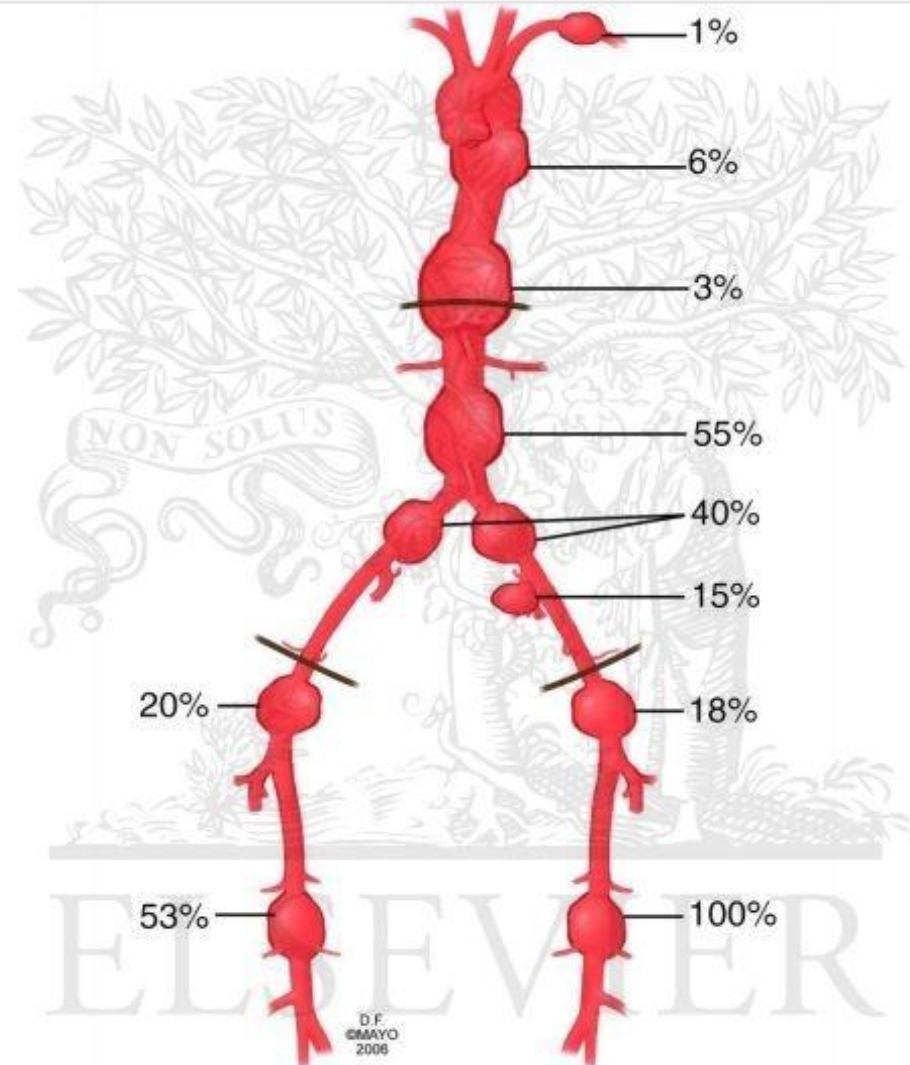
- poplíteos los + frecuentes (70%)
 - femoral común, femoral superficial, troncos distales

 - evolución / complicaciones
 - embolización distal, trombosis
 - ruptura excepcional
 - tasa de amputación 50%
-

aneurisma poplíteo

□ bilaterales

□ múltiples



aneurisma poplíteo



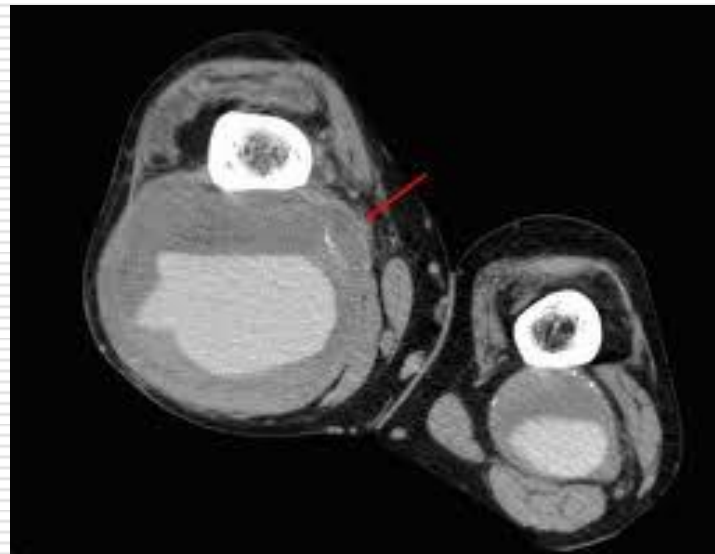
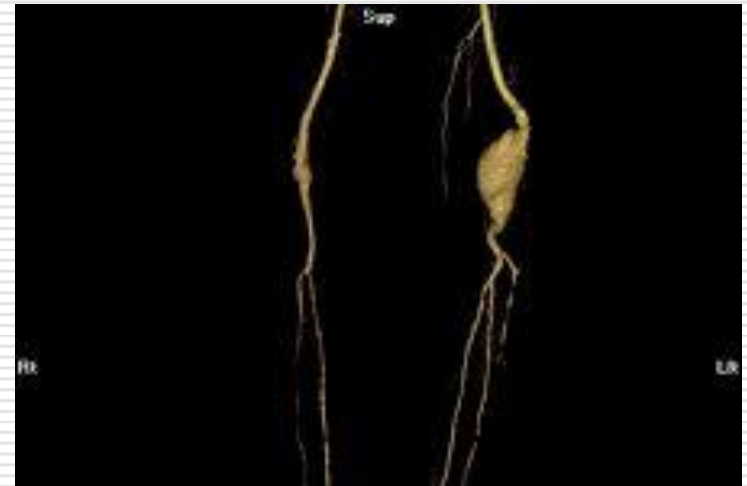
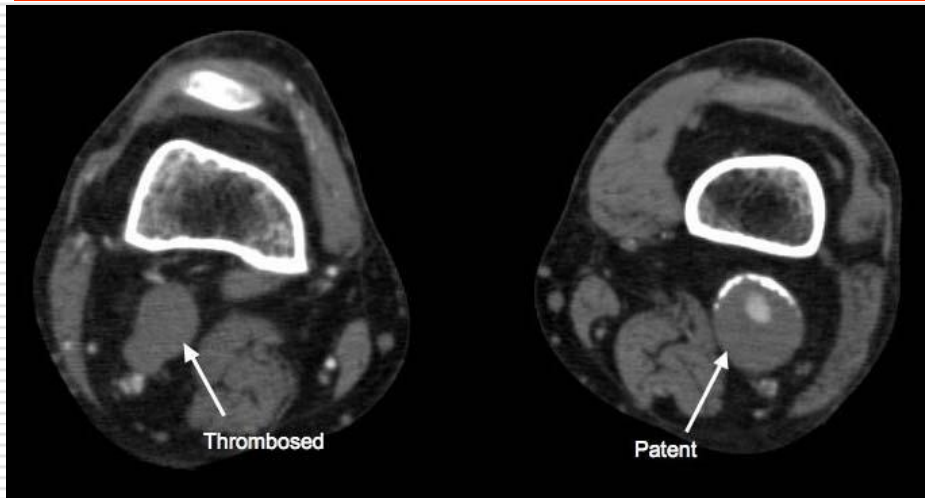
aneurisma poplíteo



diagnóstico

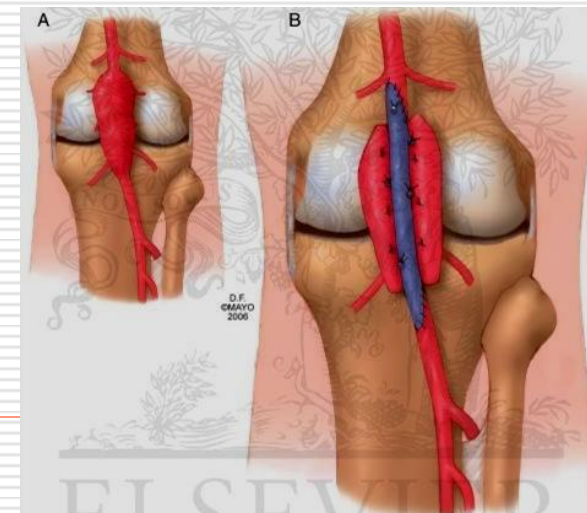
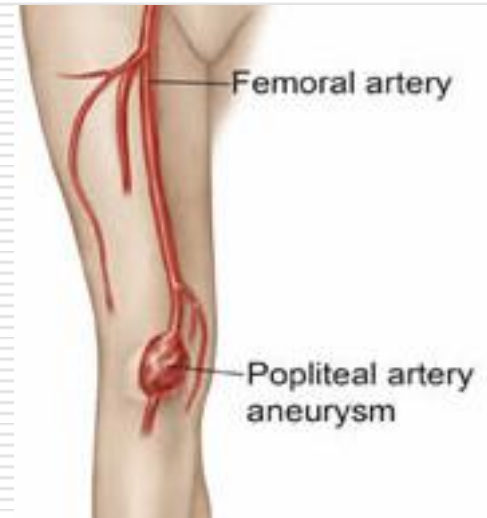
- palpación
 - pulso poplíteo "fácil": **aneurisma**
 - eco-doppler
 - TAC /angio TAC
 - RMN
 - arteriografía
 - valorar vasos distales si ausencia de pulsos
-

aneurisma poplíteo

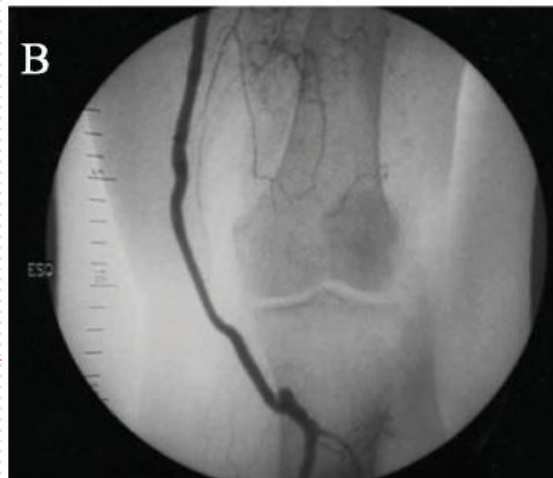
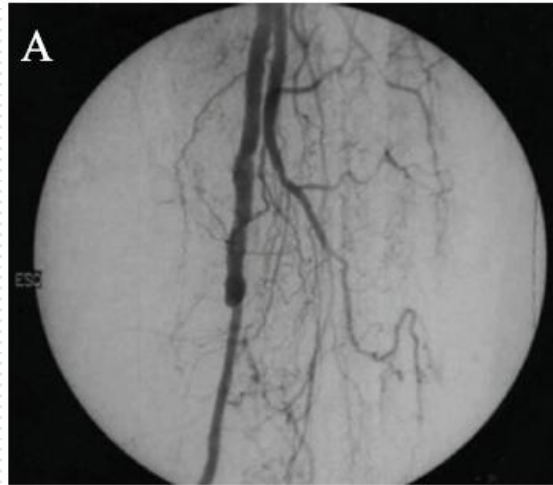
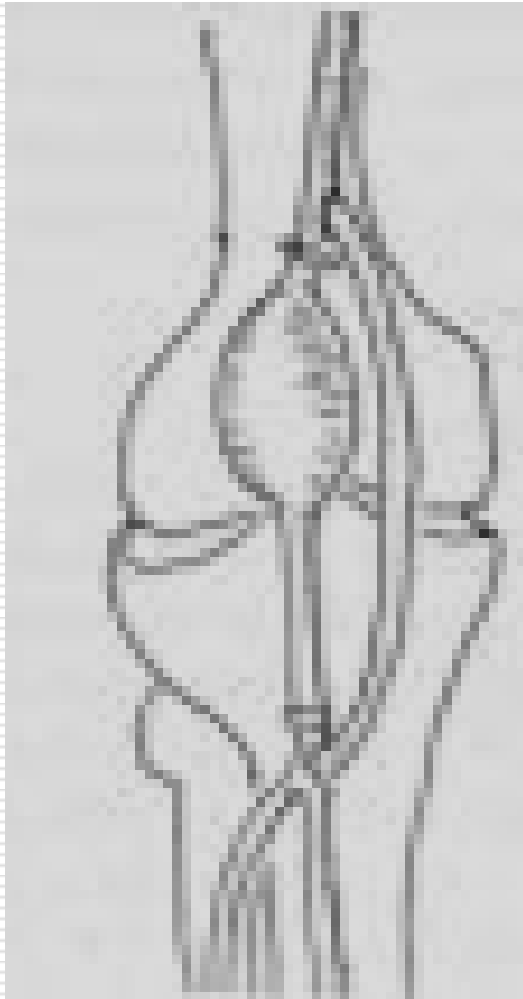


tratamiento

- cirugía convencional de elección
 - exclusión e injerto
 - VSA invertida vs in situ
 - prótesis
 - resección solo si
 - micótico
 - muy grande: compresión



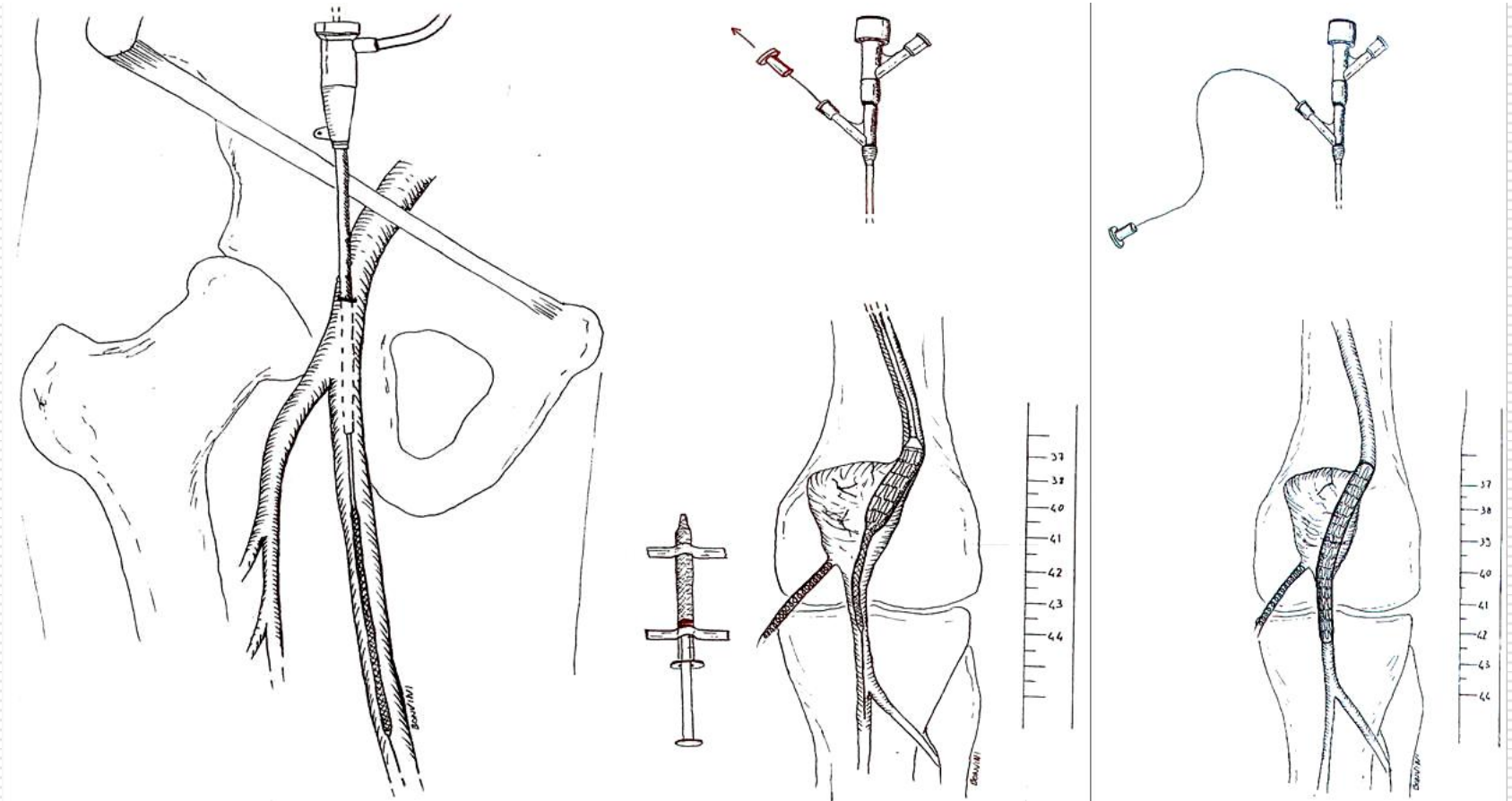
cirugía convencional



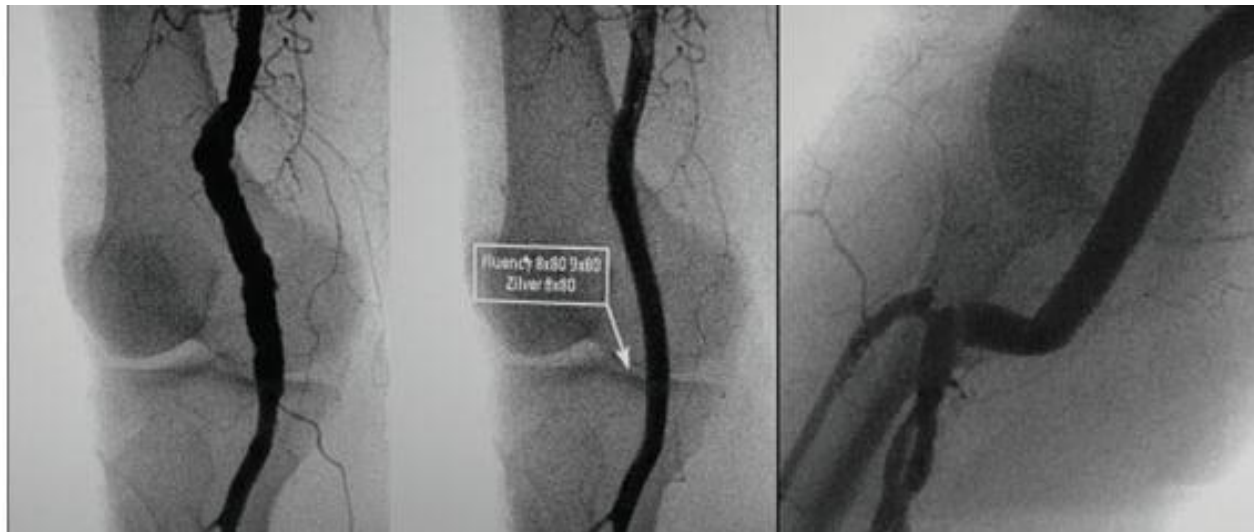
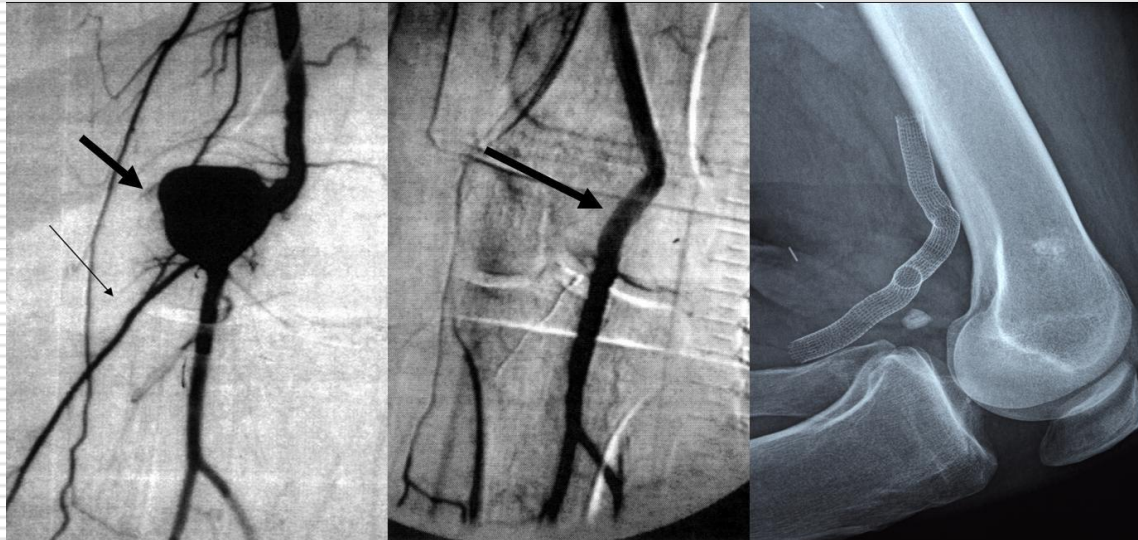
tratamiento

- endovascular
 - endoprótesis recubierta (PTFE)
 - casos muy seleccionados, baja tasa de permeabilidad tardía
-

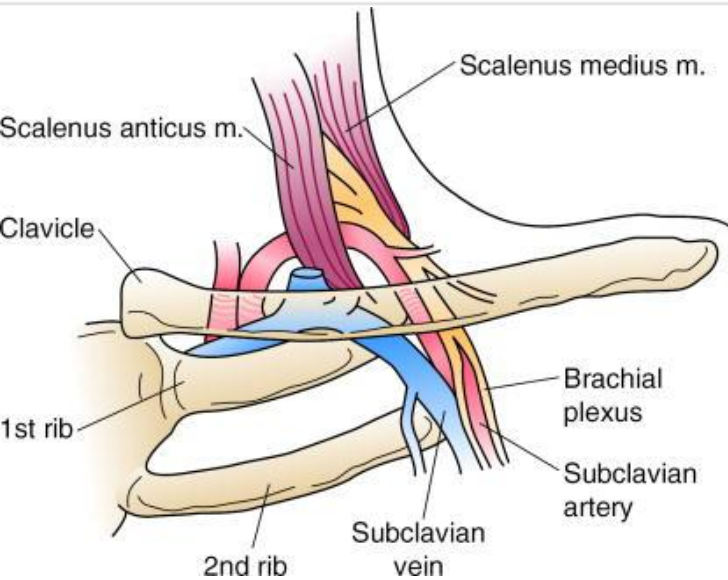
cirugía endovascular



cirugía endovascular

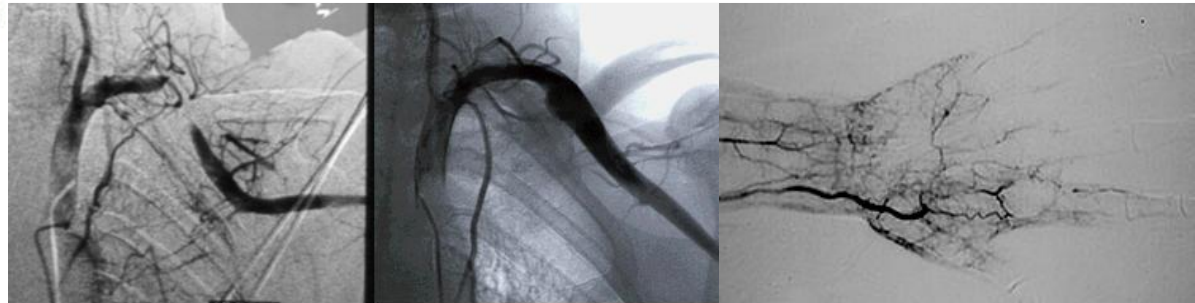


aneurismas de los MMSS



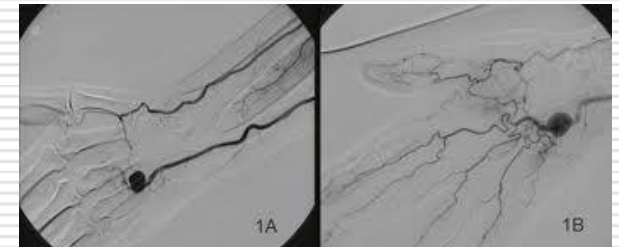
□ subclavio

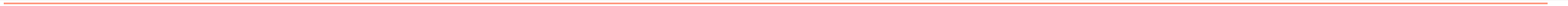
- estrecho torácico superior
- divertículo de Kommerell



□ arterias distales

- síndrome del martillo hipotenar
- aneurisma arteria cubital





aneurismas arterias viscerales

- aneurismas esplácnicos 1/1000
 - esplénica, hepática, AMS, TC, ramas, AMI
 - aneurismas renales 1/1000
-

frecuencia

<input type="checkbox"/> esplénica	60%
<input type="checkbox"/> hepática	20%
<input type="checkbox"/> mesentérica sup	5,5%
<input type="checkbox"/> tronco celiaco	4%
<input type="checkbox"/> ramas	10.5%
<input type="checkbox"/> AMI	raros

clínica y diagnóstico

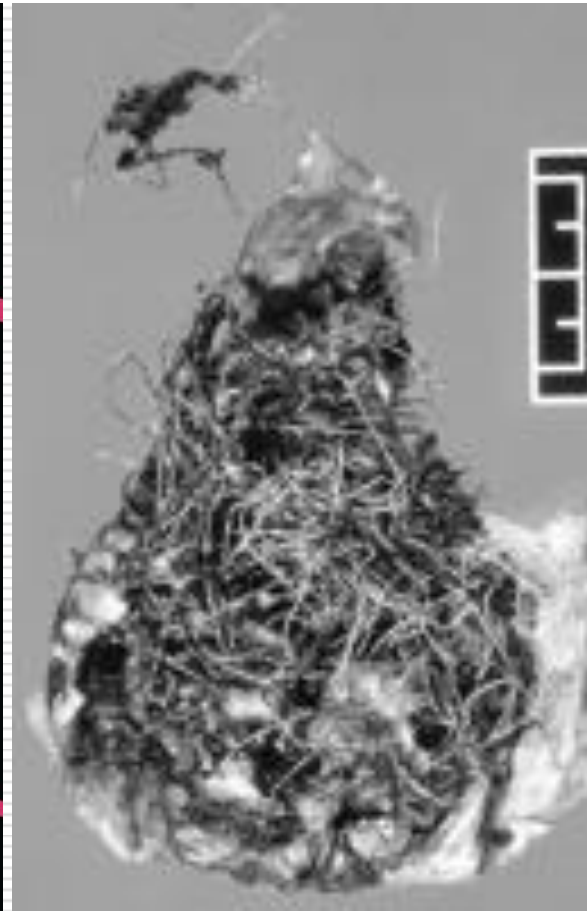
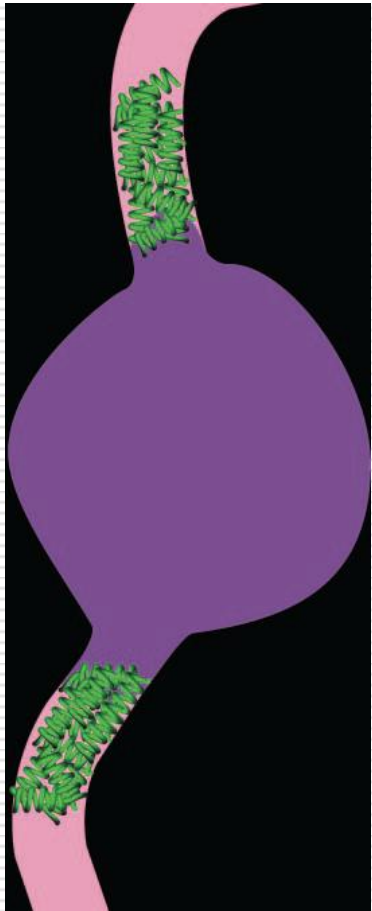
- asintomáticos
 - dolor abdominal difuso
 - compresión órganos vecinos
 - renales: HTA asociada
 - >2- 2,5 cm: quirúrgicos
 - calcificación no previene la ruptura
 - dúplex, TAC, RMN, arteriografía
-

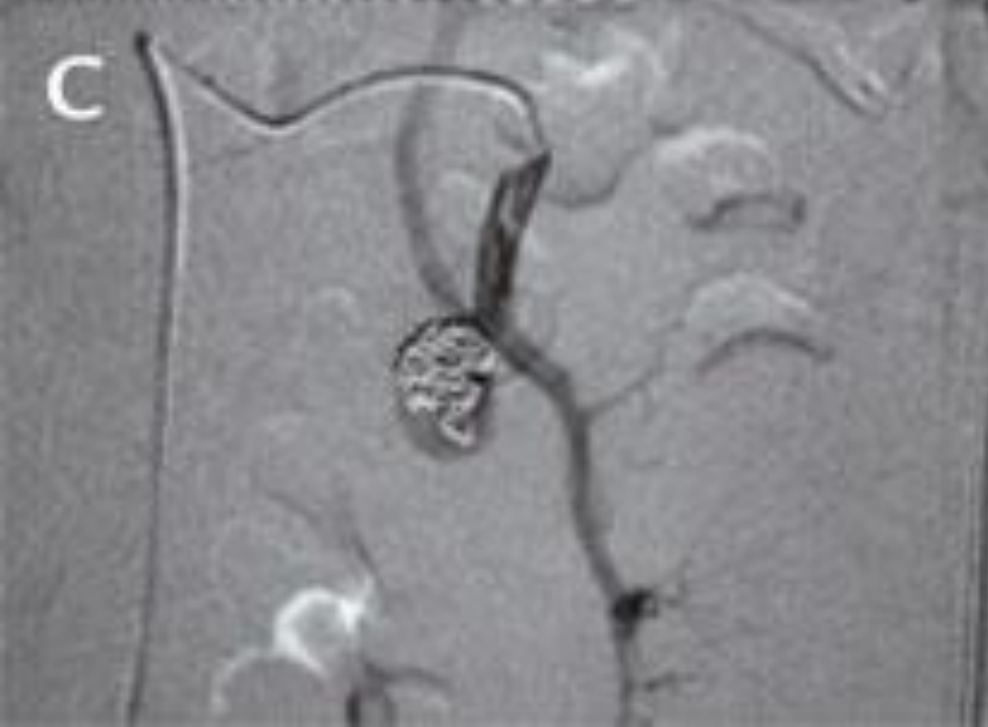
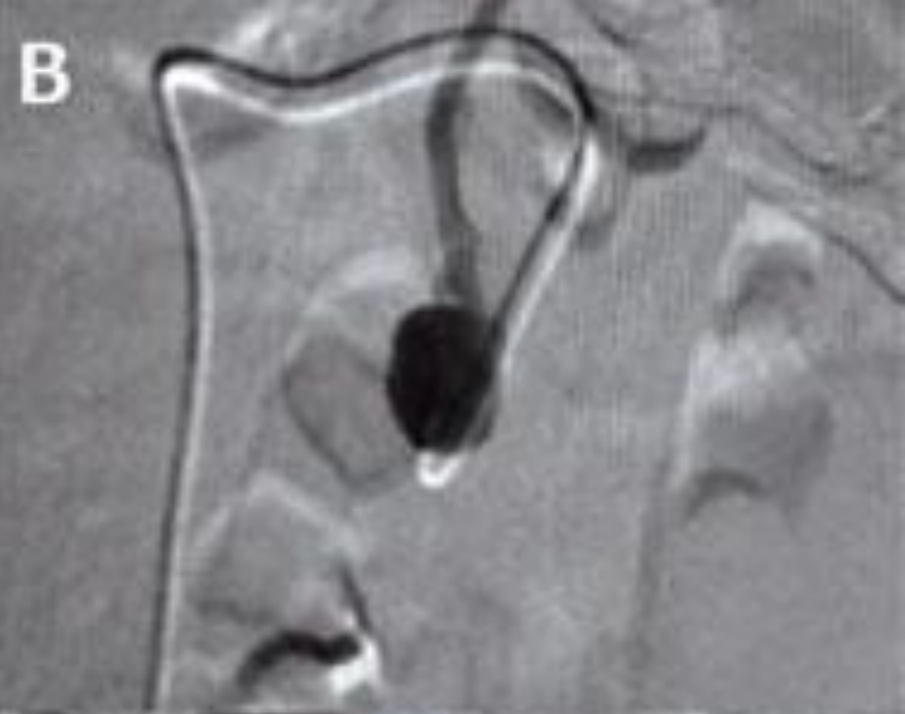
diagnóstico y tratamiento

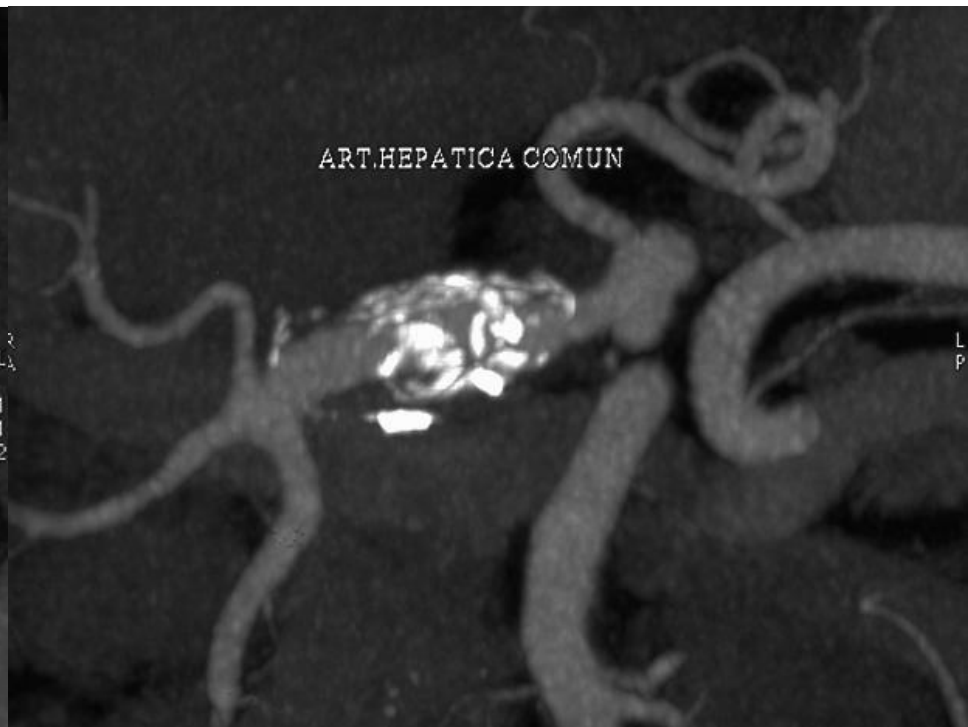
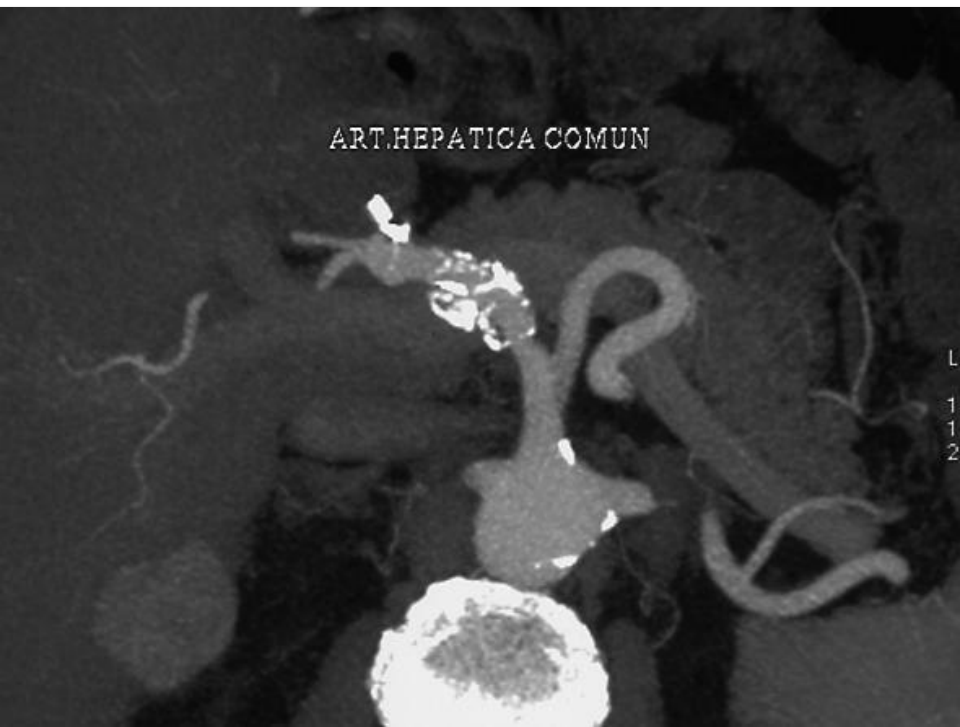
- cirugía abierta:
 - exclusión
 - doble ligadura + endoaneurismorafia
 - revascularización

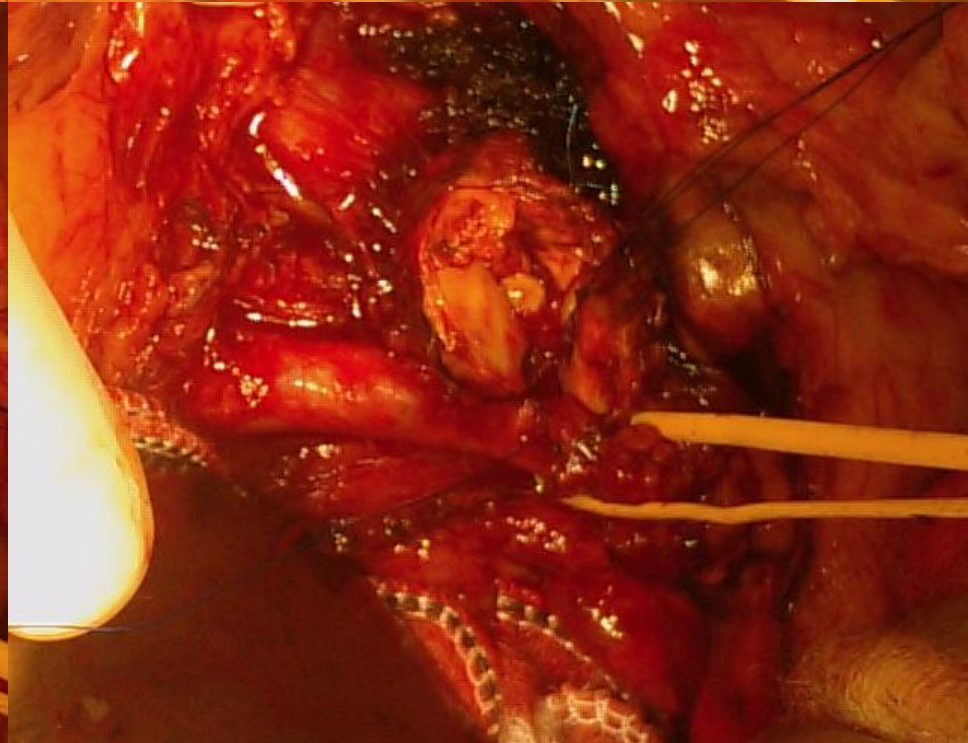
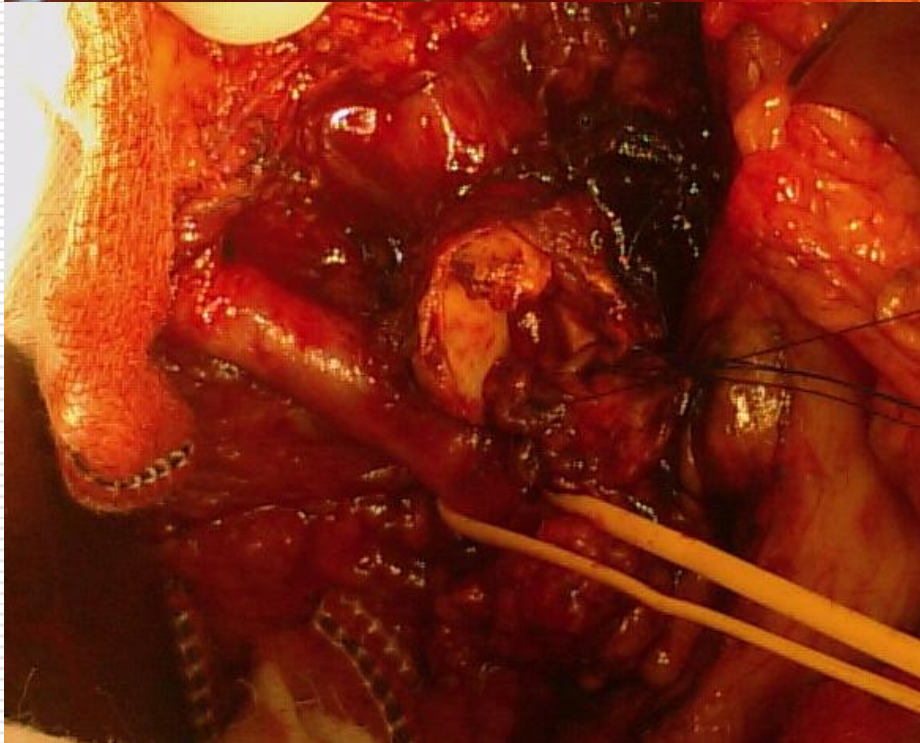
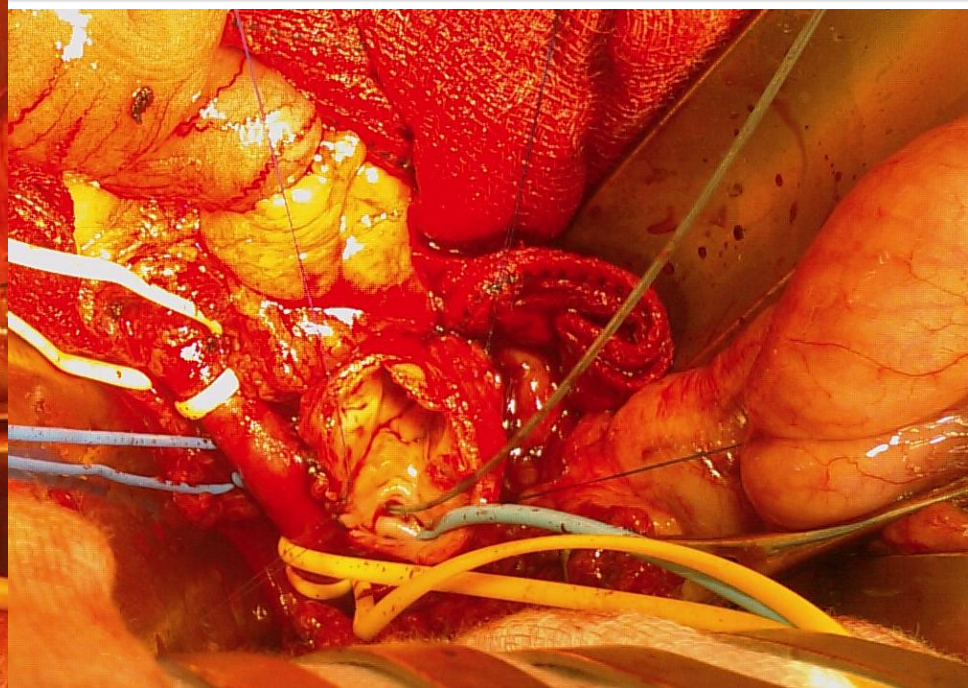
 - cirugía endovascular:
 - embolización con coils
 - saculares, ramas "ligables"
 - endoprotesis cubierta PTFE
-

cirugía endovascular

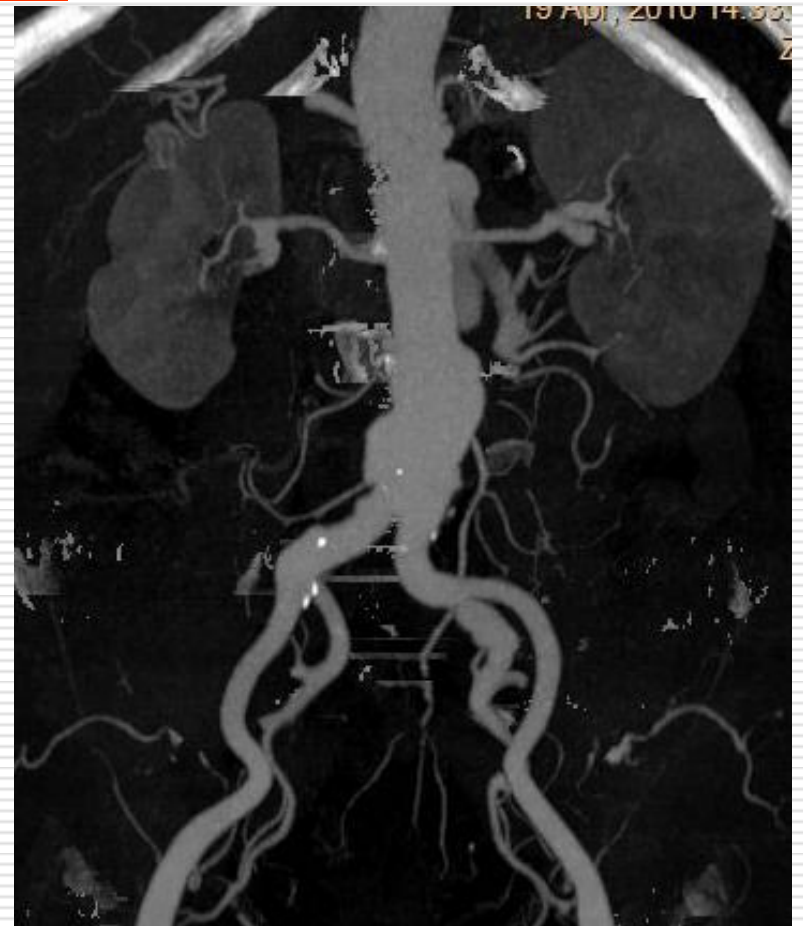




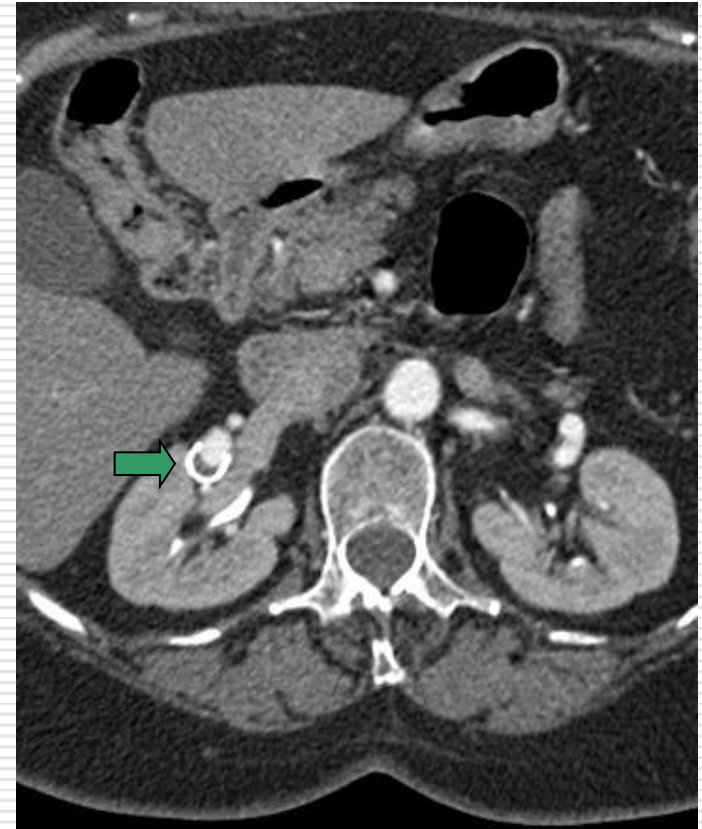


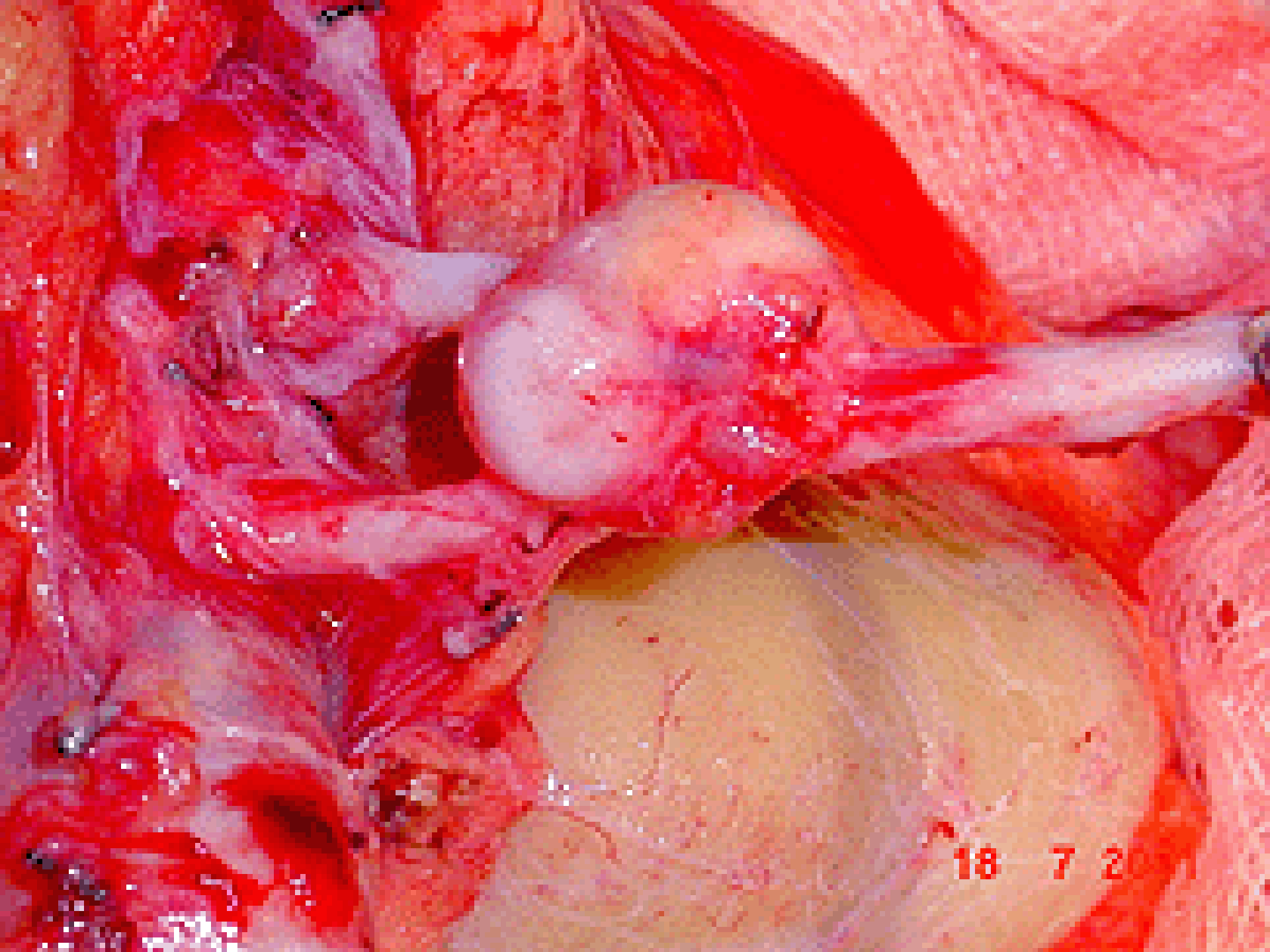


aneurisma gigante AMS

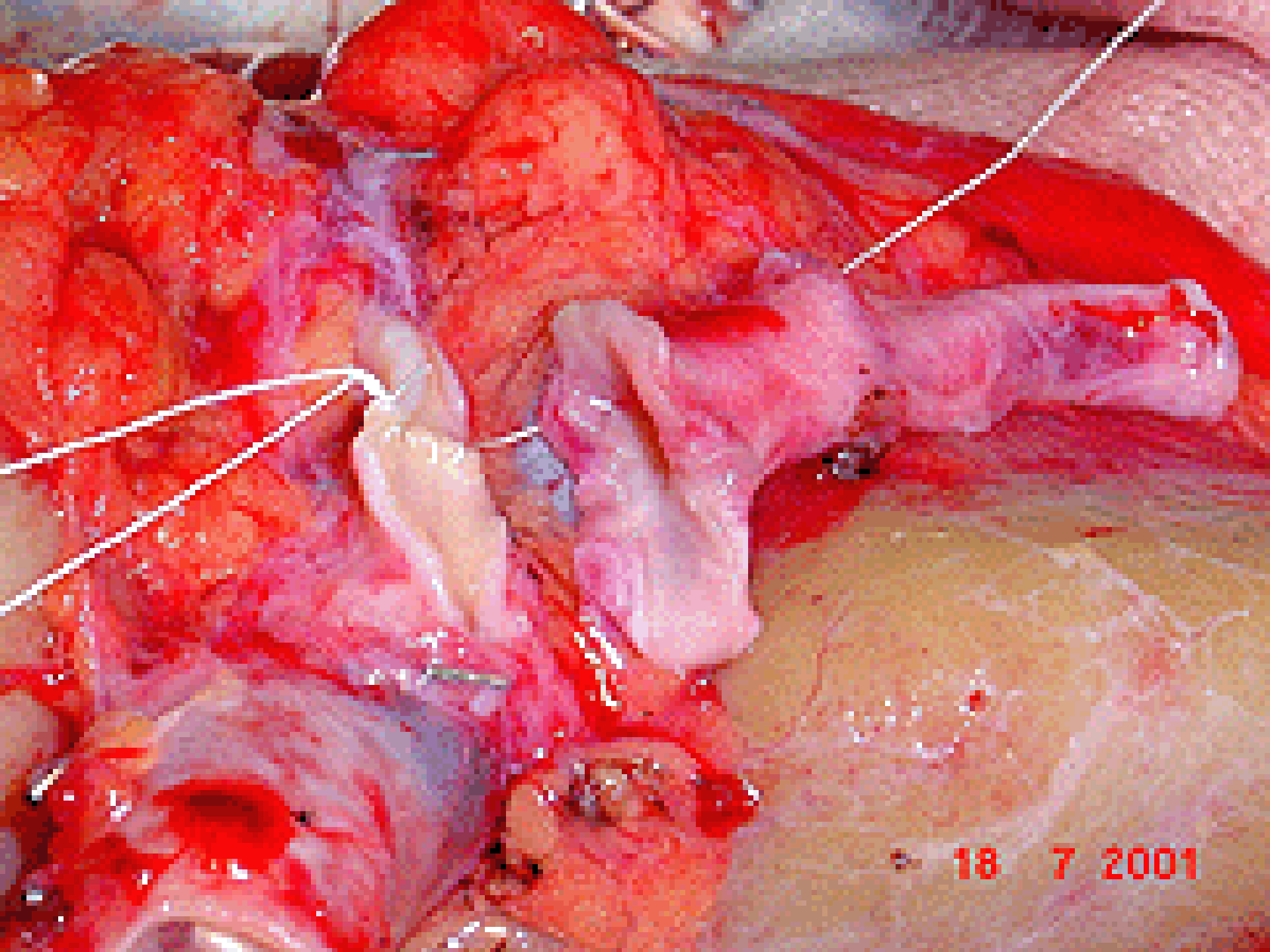


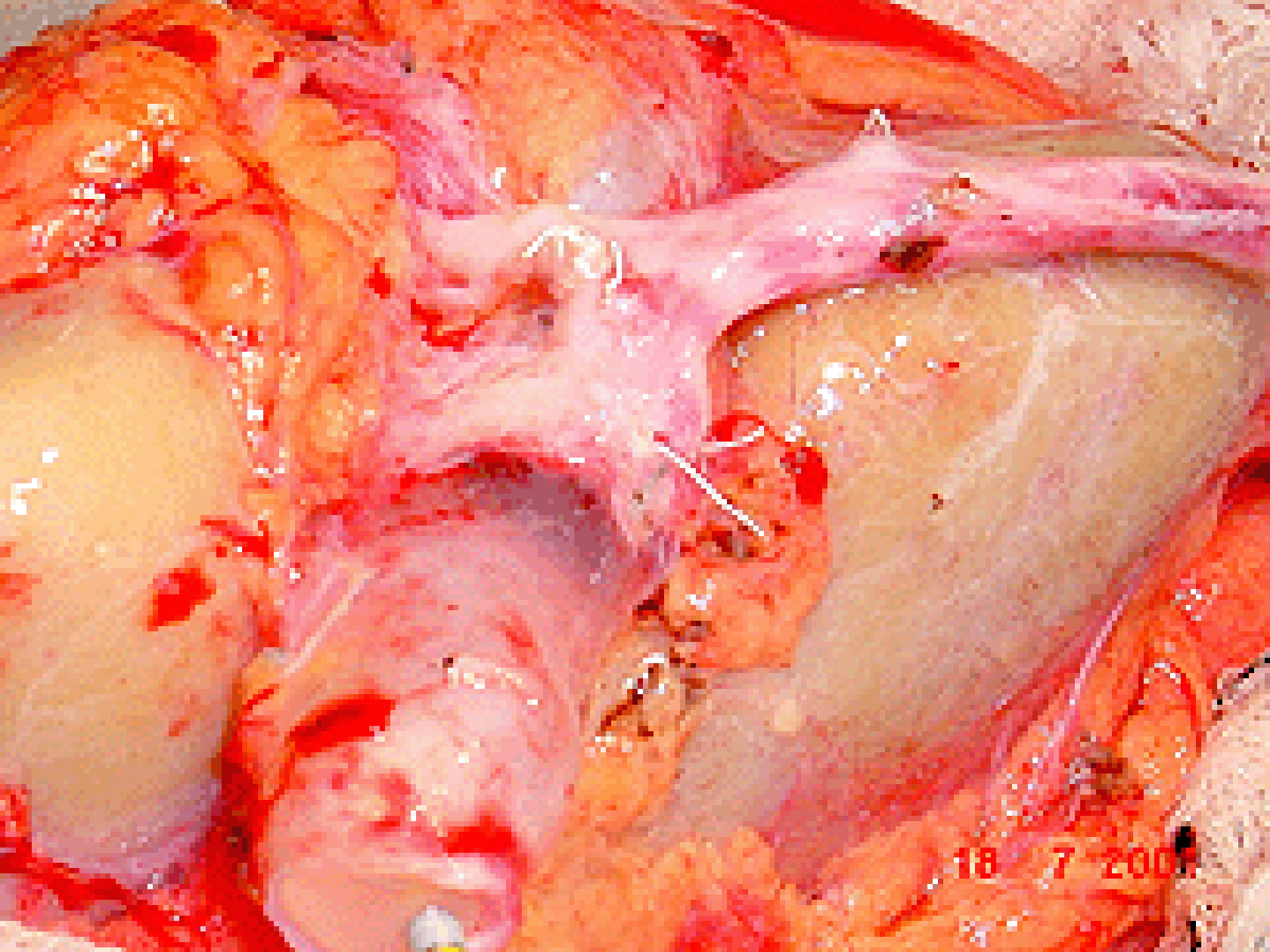
aneurismas arteria renal





18 7 20





18 7 2005



18 7 2004