



RADIOGRAFIA DE TÒRAX INTERPRETACIÓ

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CAMFiC
societat catalana de medicina
familiar i comunitària

Radiòleg Cardiotoràcic. Hospital Universitari Doctor Josep Trueta de
Girona i Hospital Santa Caterina de Salt

No existeixen conflictes d'interès

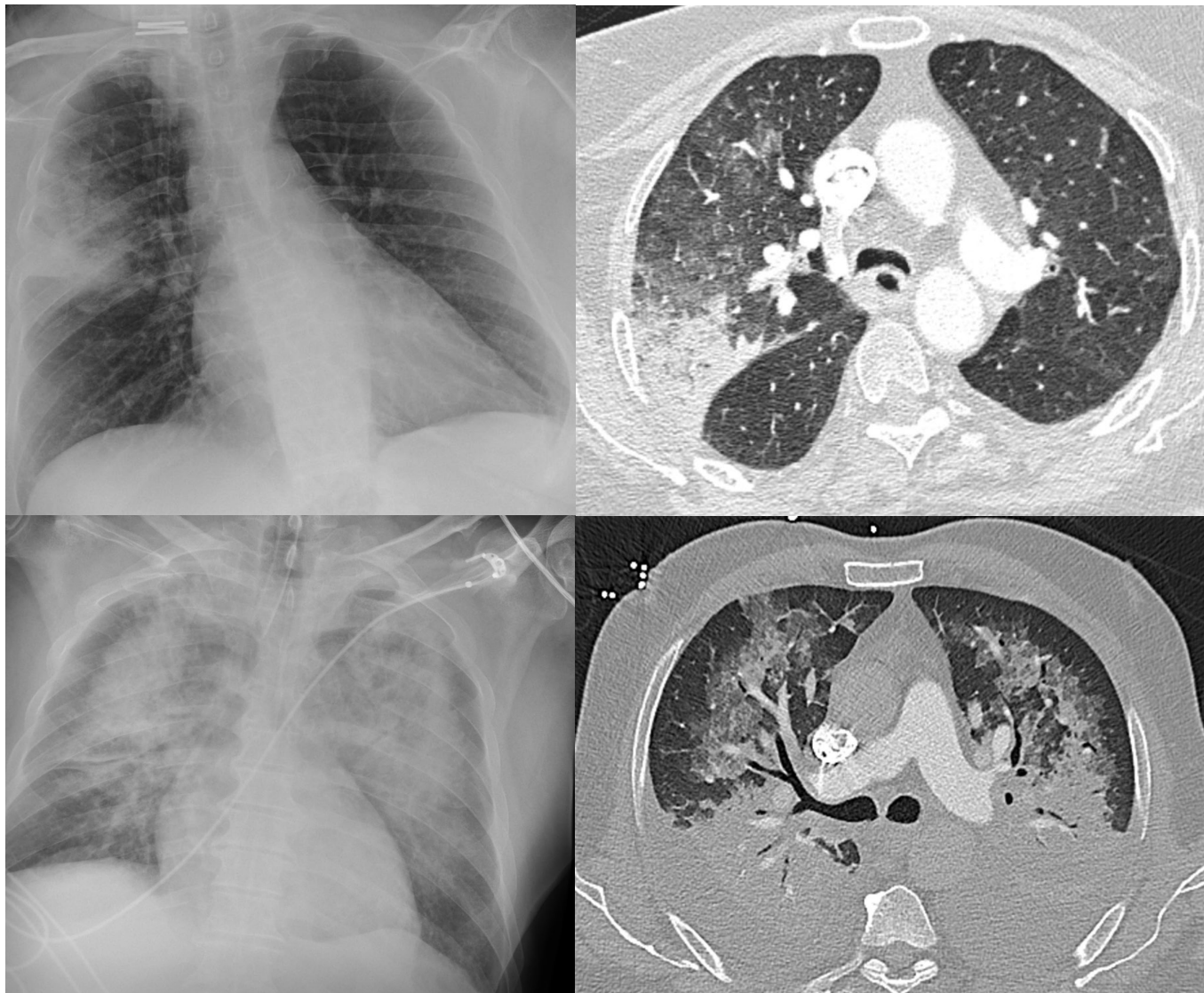
Salut/  **Trueta**
Hospital de Girona

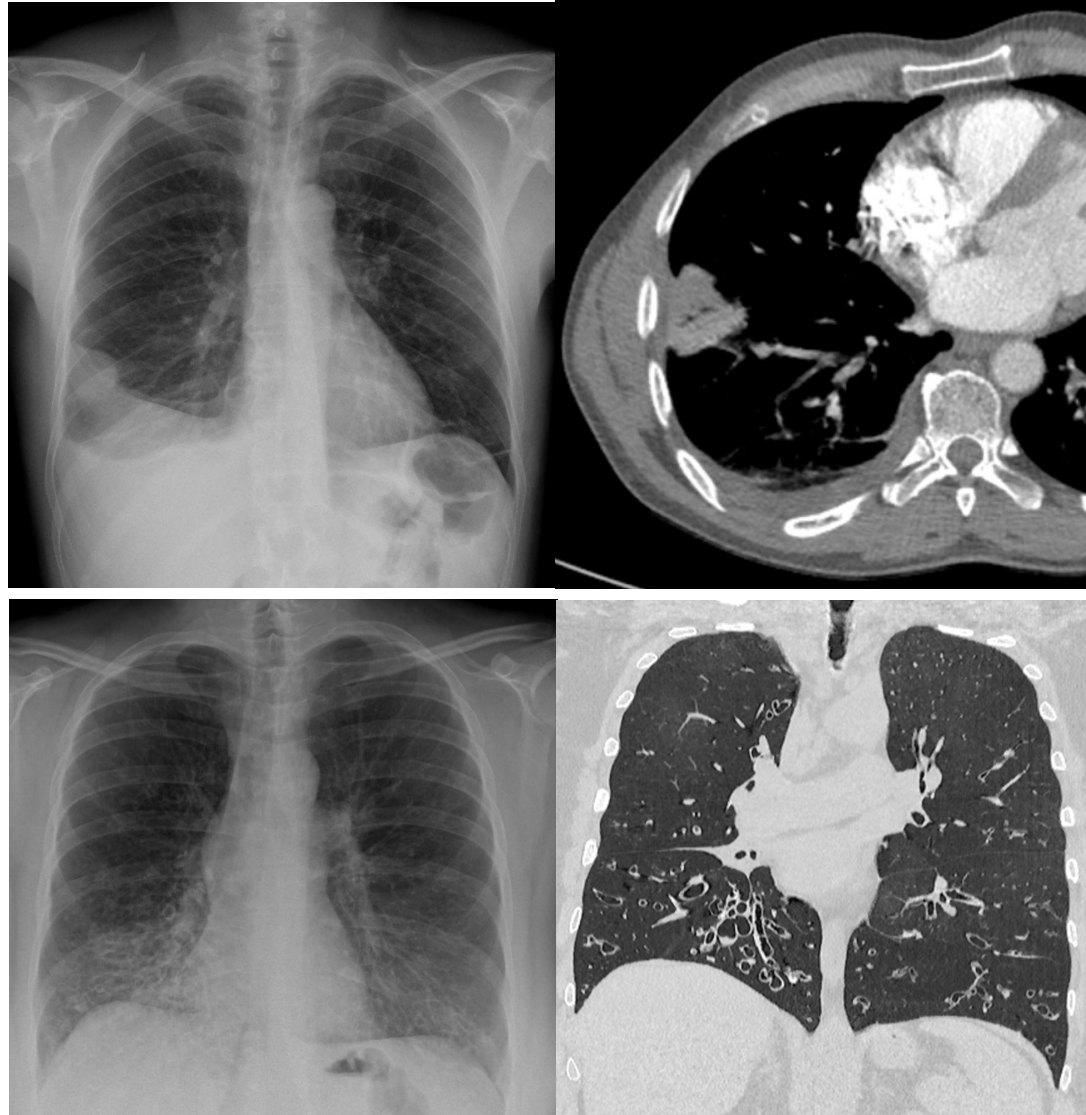


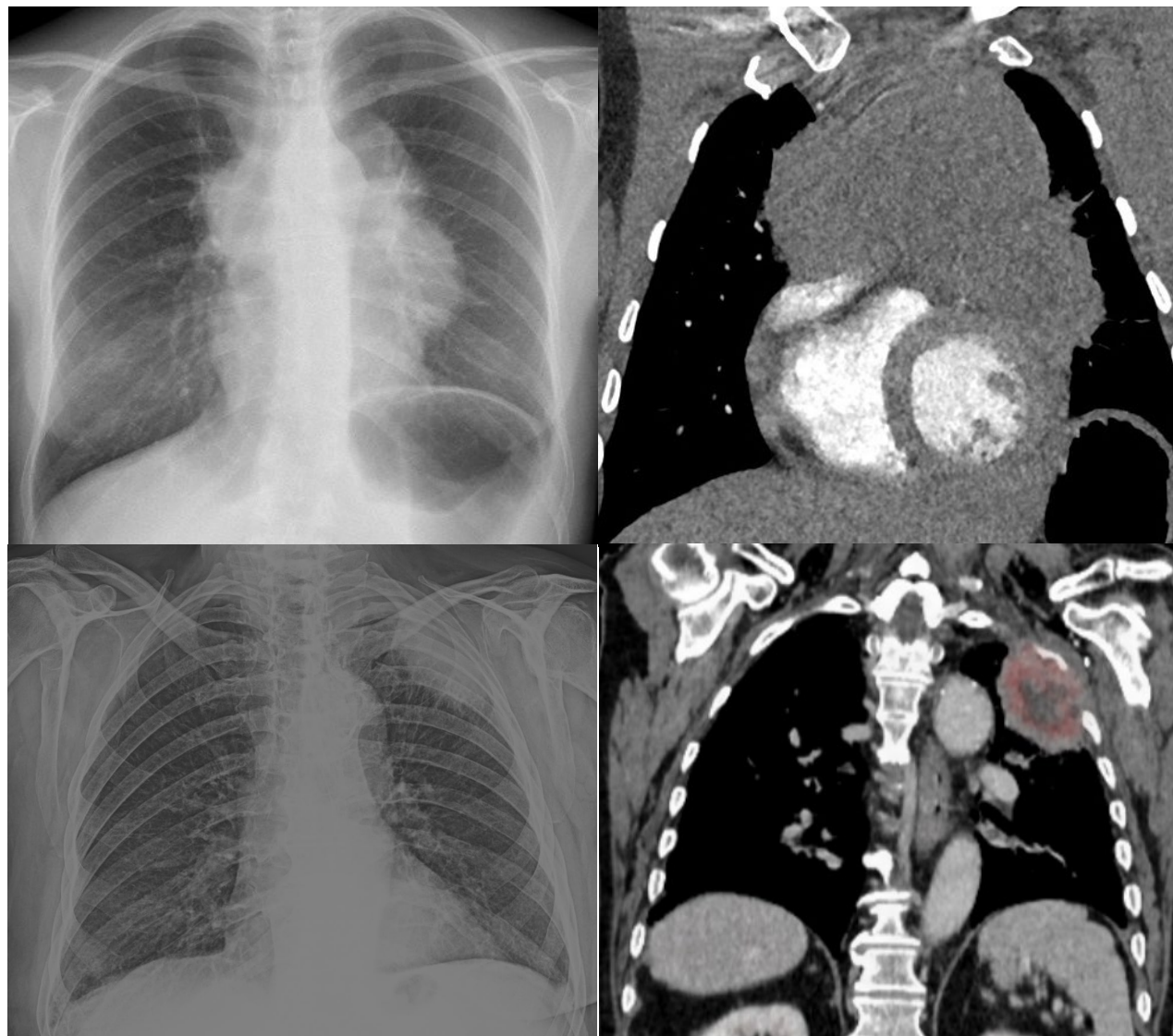
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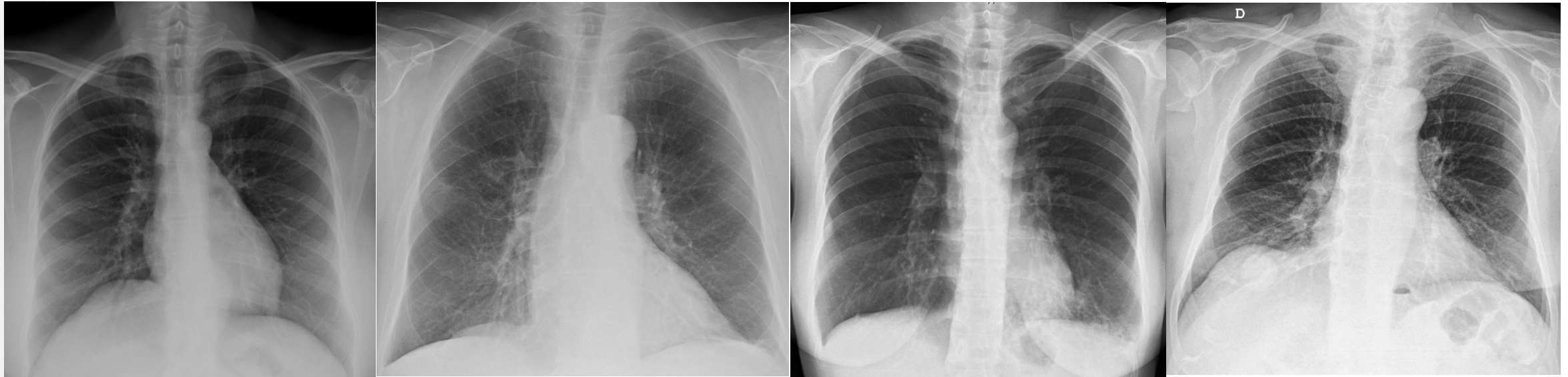
Salut/ Institut de
Diagnòstic per la
Imatge

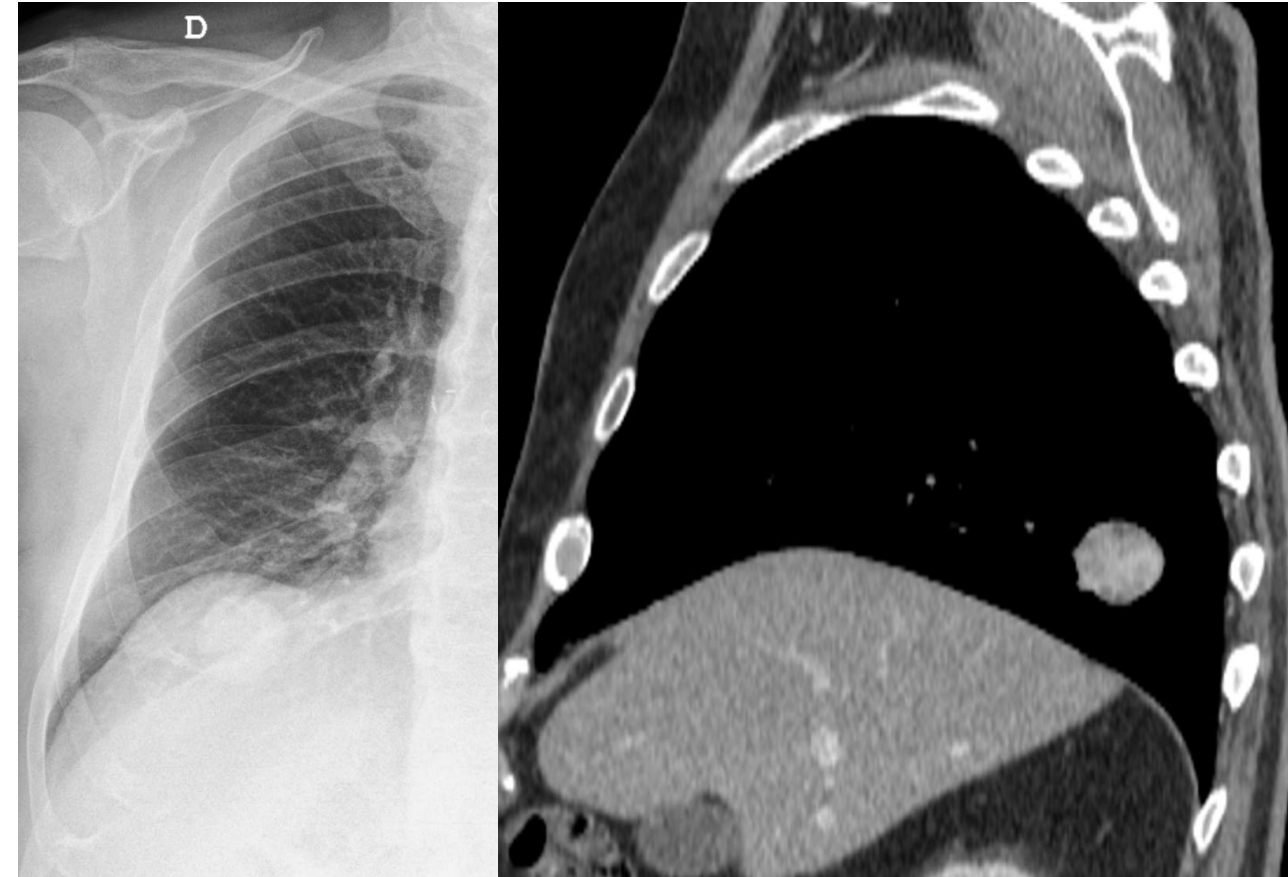
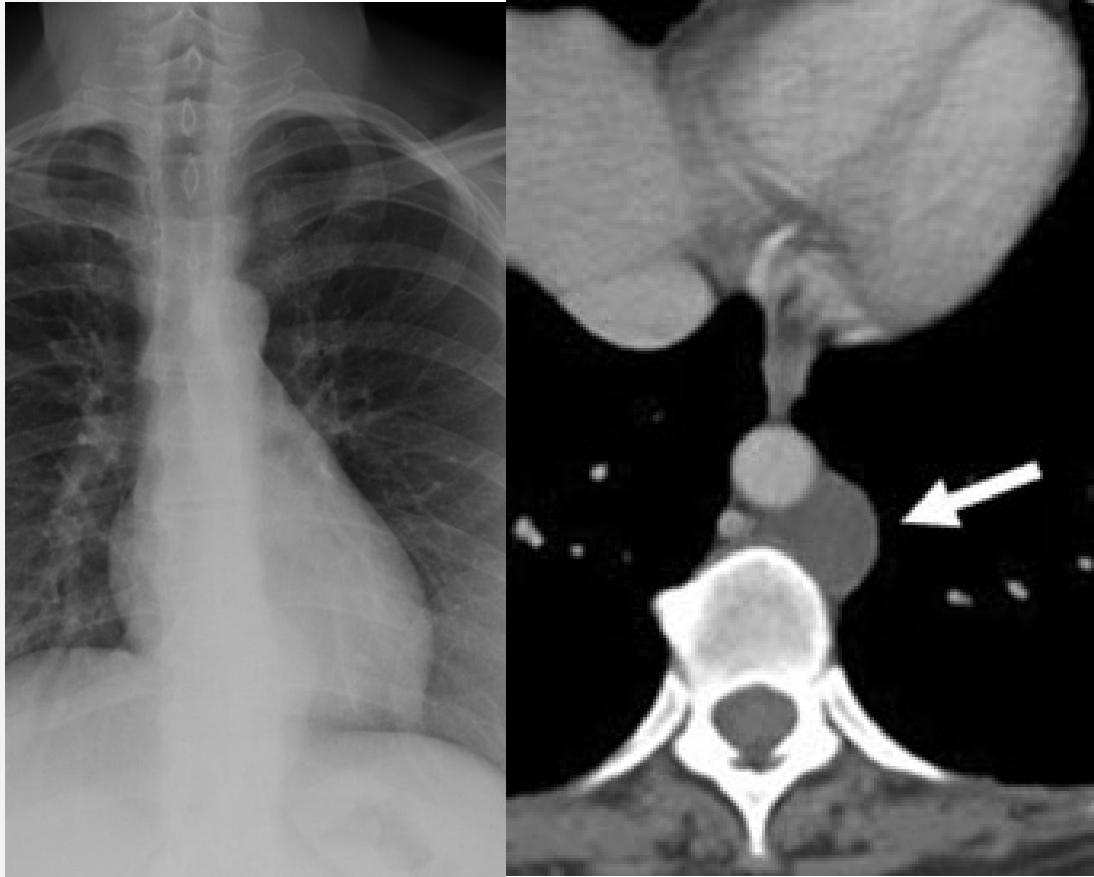






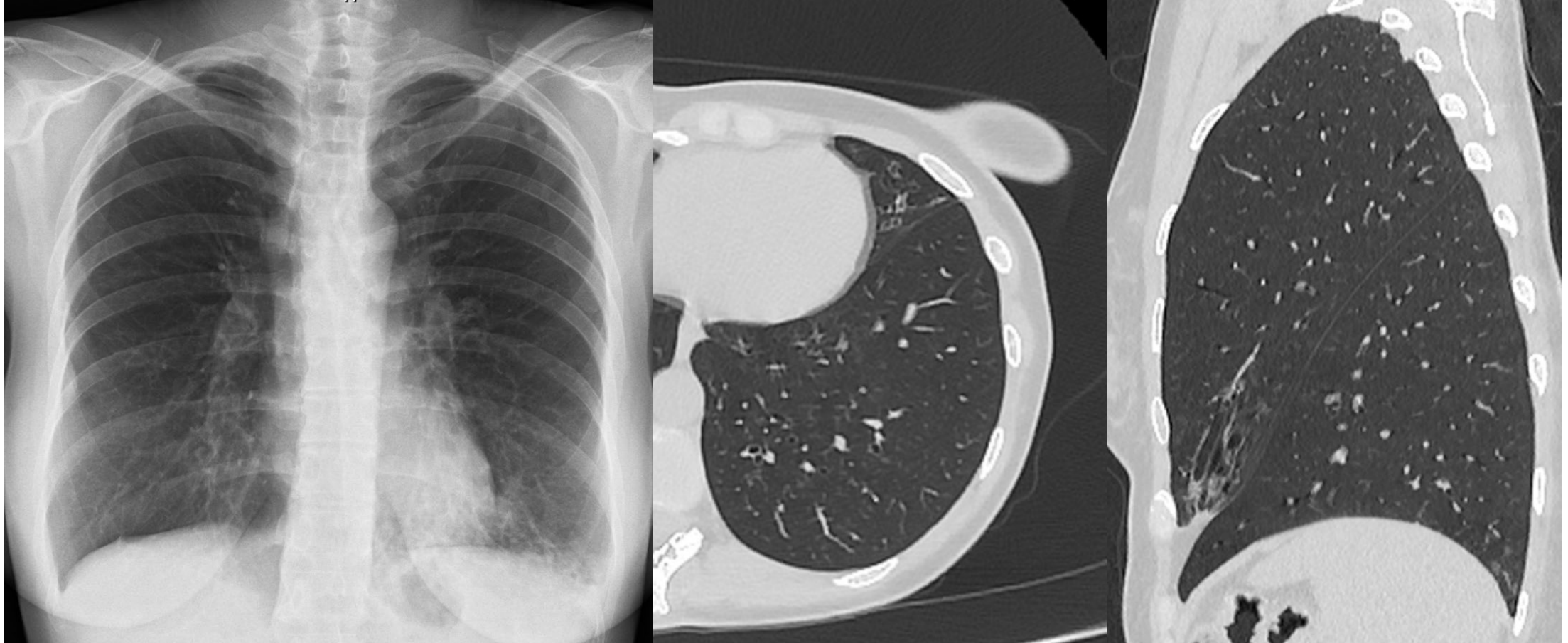


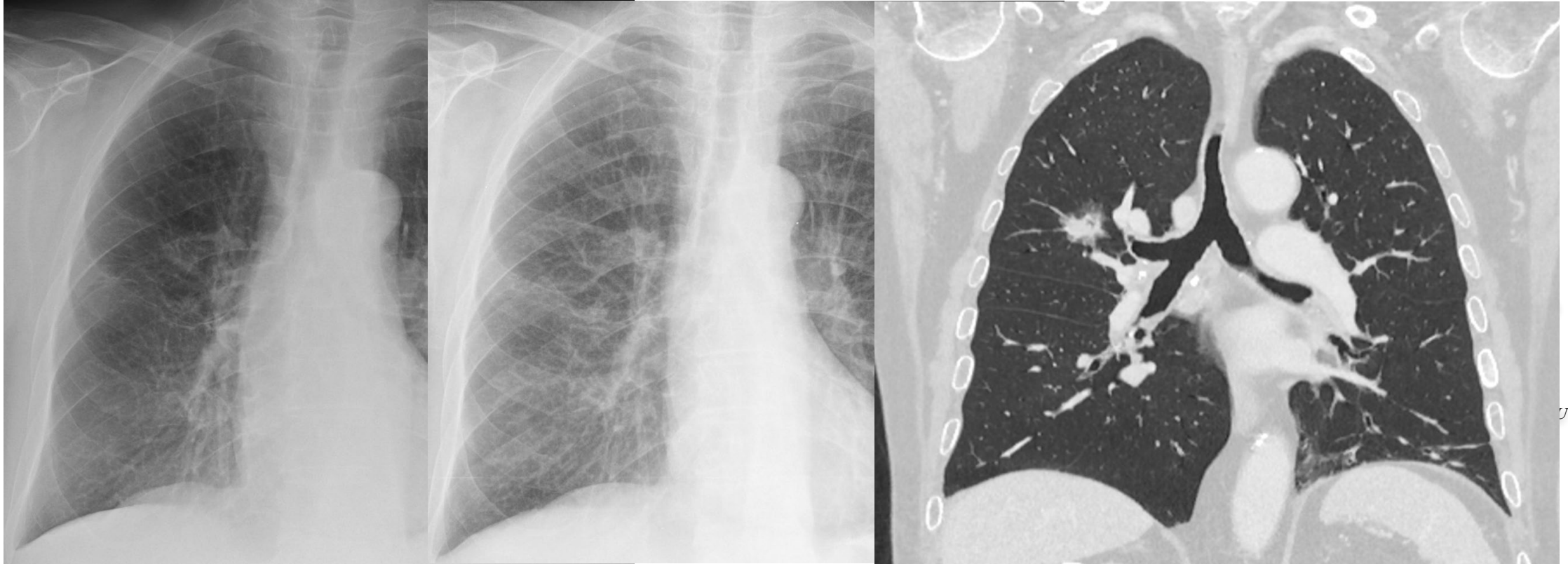




25% PARÈNQUIMA PULMONAR QUEDA *AMAGAT* PER:

- *MEDIASTÍ*
- *SILUETA CARDIOVASCULAR*
- *DIAFRAGMES*





MEDIASTI

HILIS PULMONARS



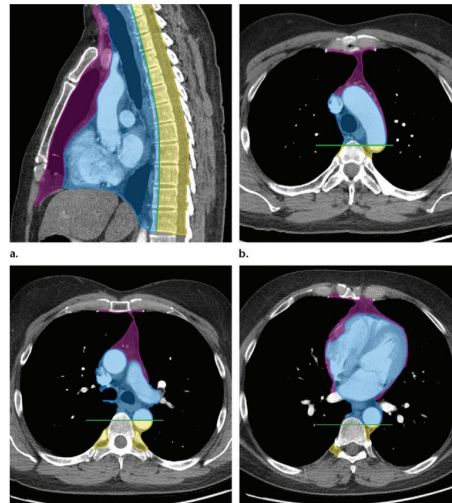
Felson B, 1969,1969

Heitzman ER, 1977

Zylak CJ, 1982

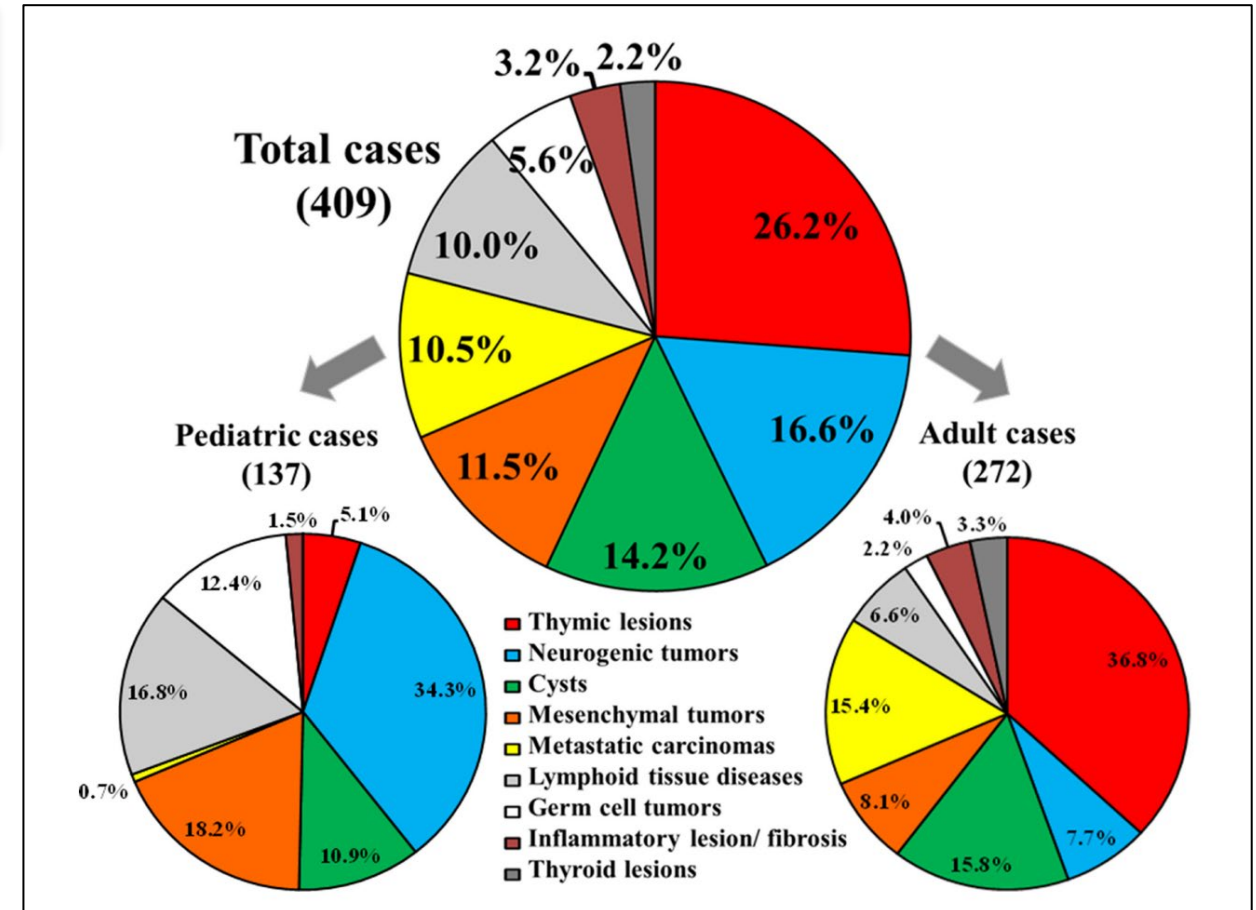
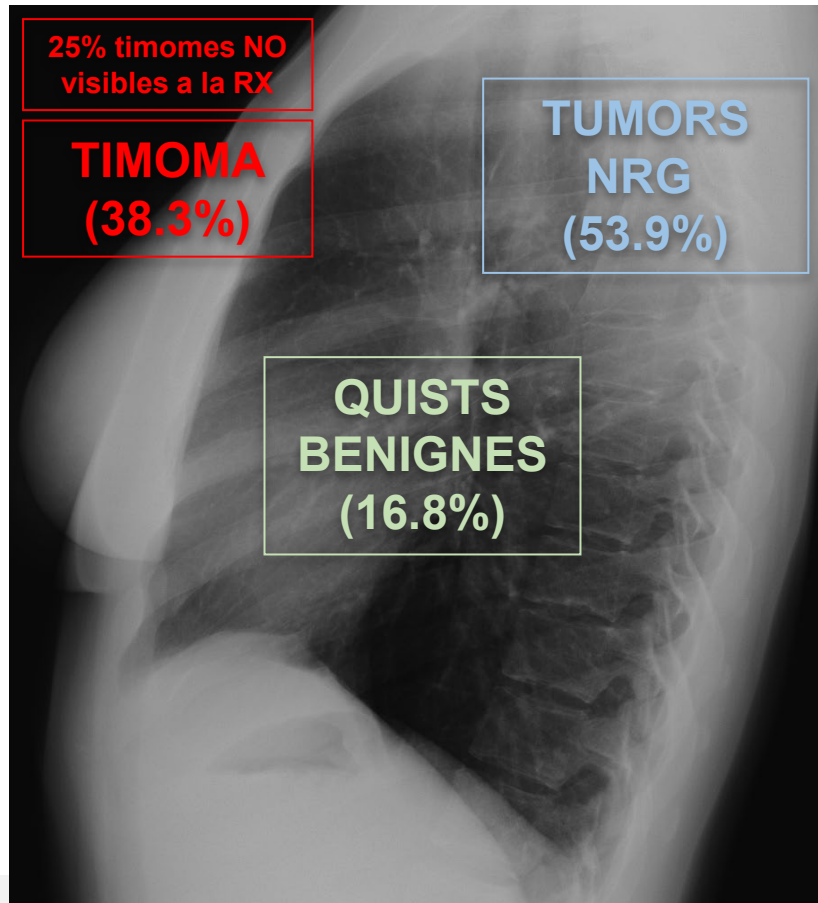
Pedrosa C, 1985, 2017

Whitten CR, 2007



Carter BW et al. ITMIG Classification of Mediastinal Compartments and Multidisciplinary Approach to Mediastinal Masses. Radiographics 2017 37:413–436

Roden AC et al. Distribution of mediastinal lesions across multi-institutional, international, radiology databases. *J Thorac Oncol* 2019 15;4:568-579

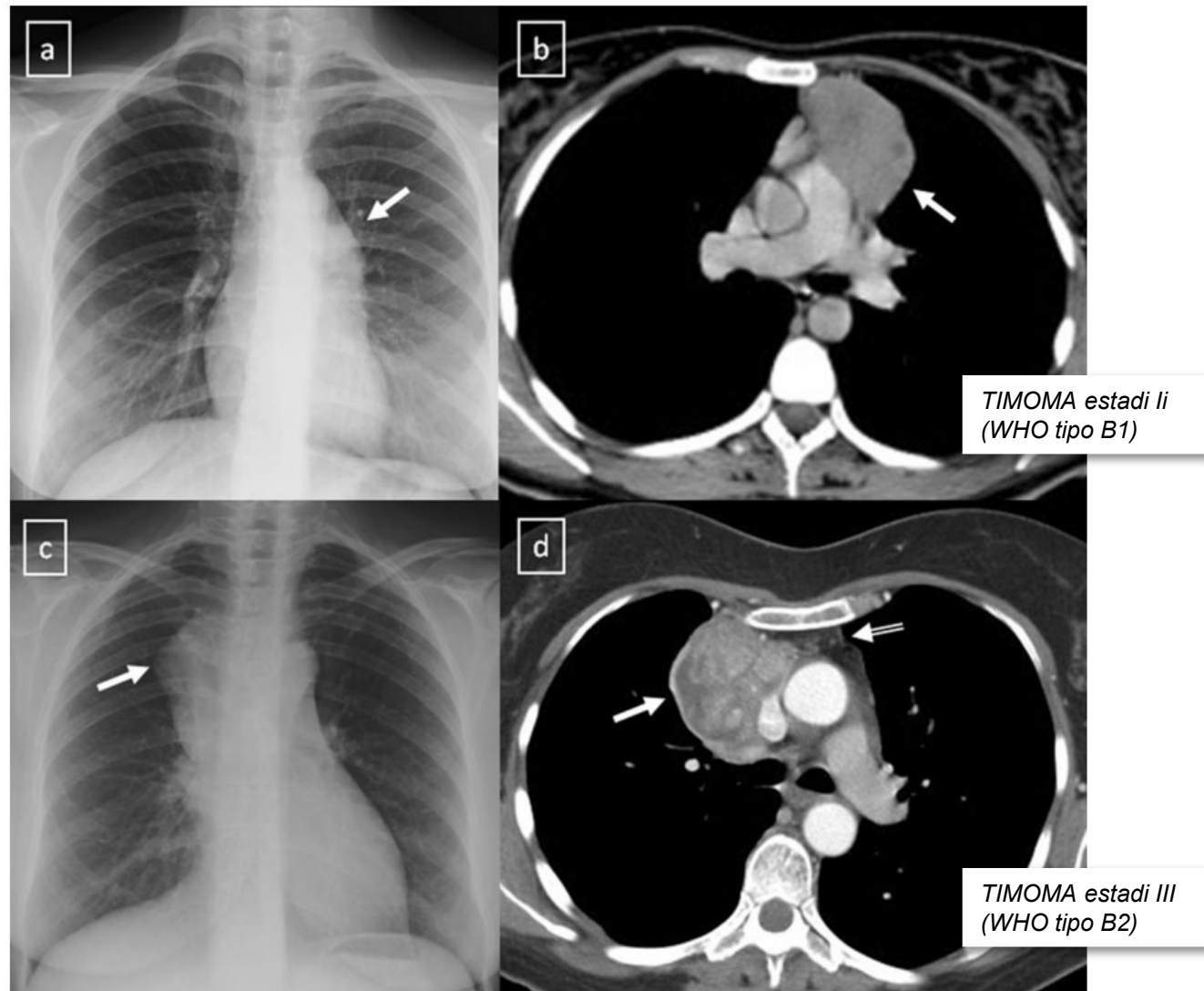


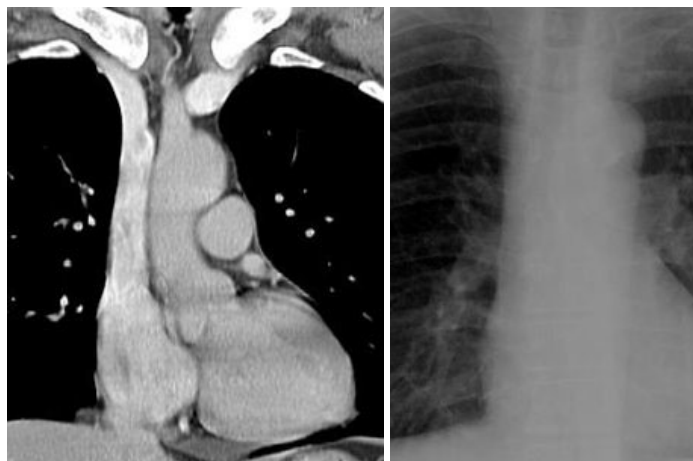
Liu T et al. Mediastinal lesions across the age spectrum: a clinicaopathological comparison between pediatric and adults patients. *Oncotarget* 2017 8;35:59845-59853

*Juanpere S et al. A diagnostic approach to the mediastinal masses.
Insights Imaging 2013 4:29-52*

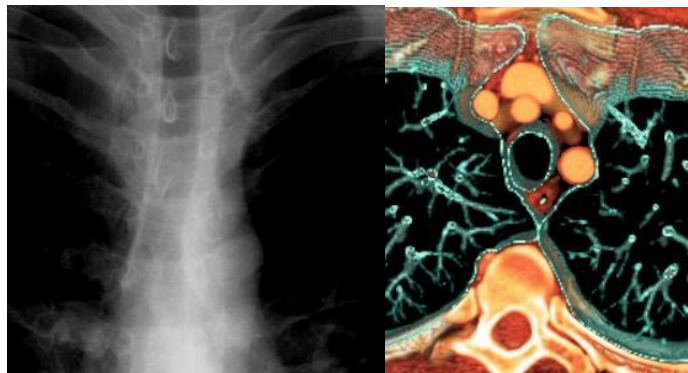
85% Tumors malignes seràn SIMPTOMÀTICS

TOS (57-60%) i DOLOR (30%). Dispnea, febre, disfàgia, ronquera, SDVCS...

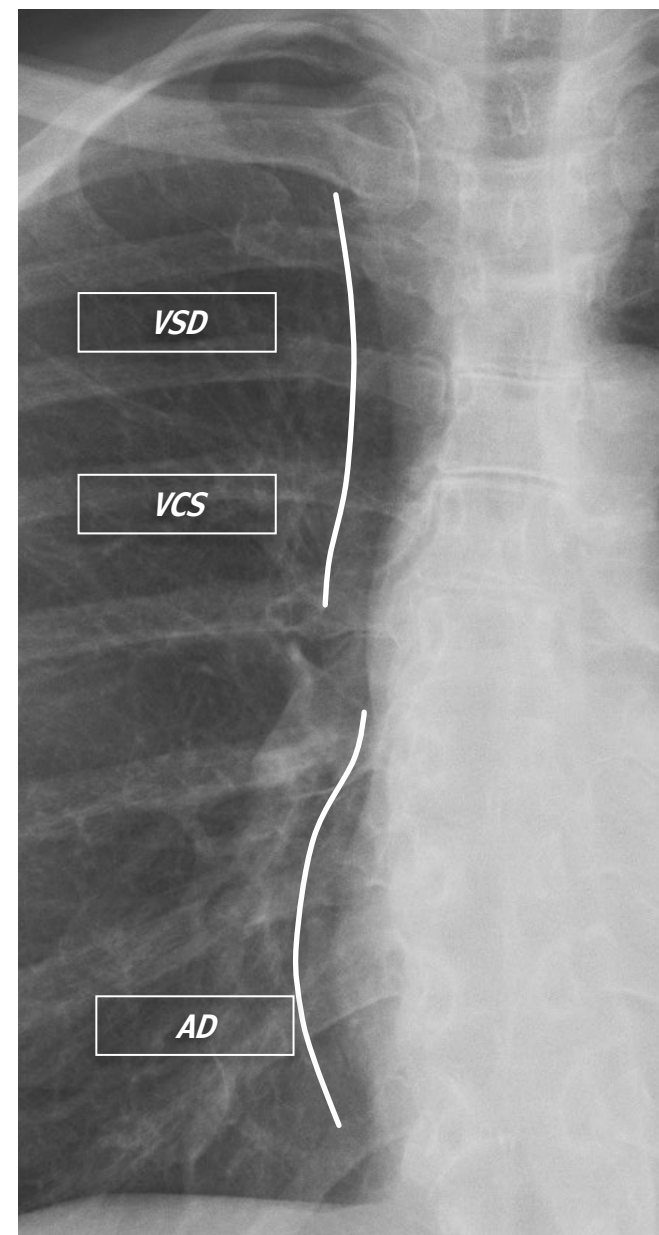


**Interfase VCS:**

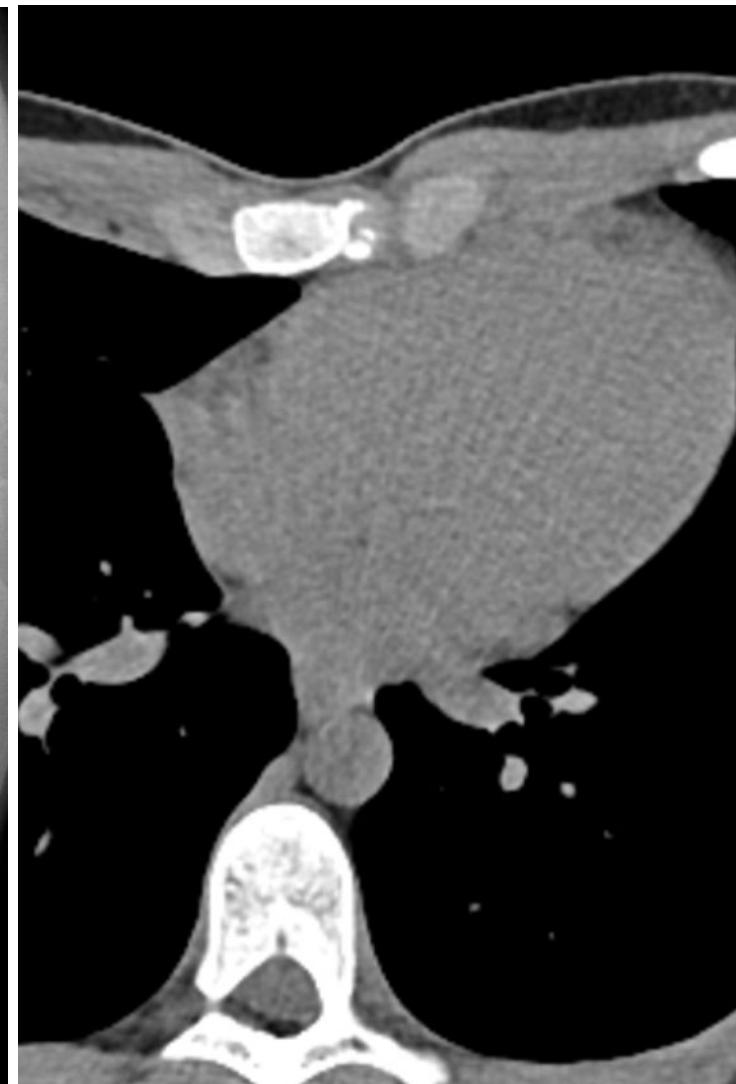
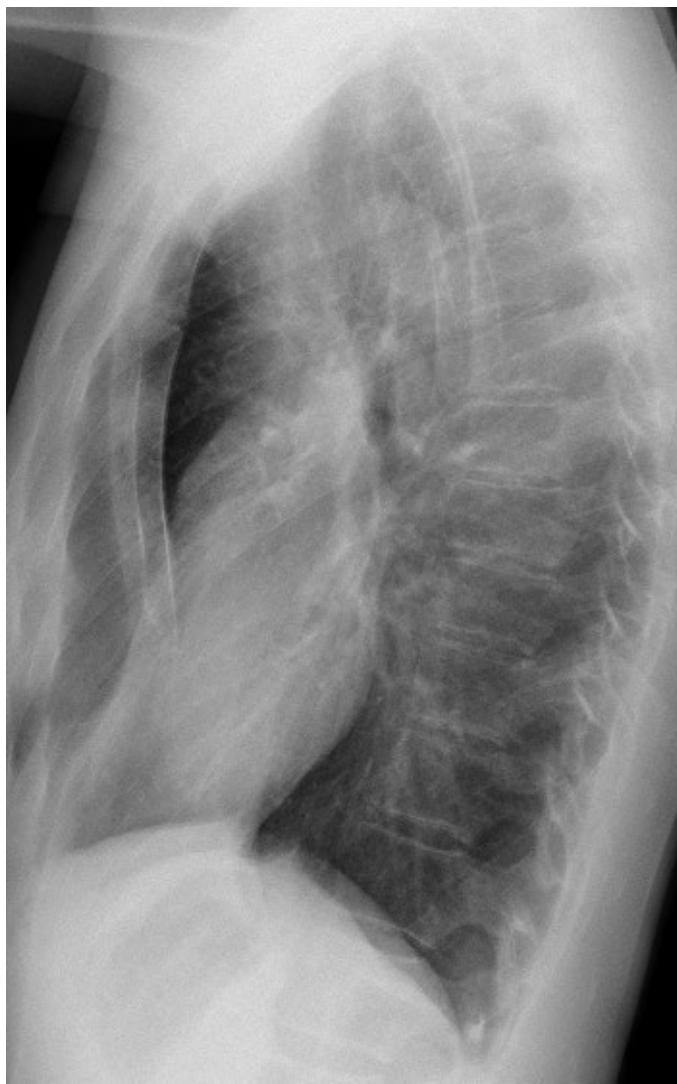
*Marge dret VCS delimitat per pulmó,
formant una interfase lateral
lleugerament cònca*

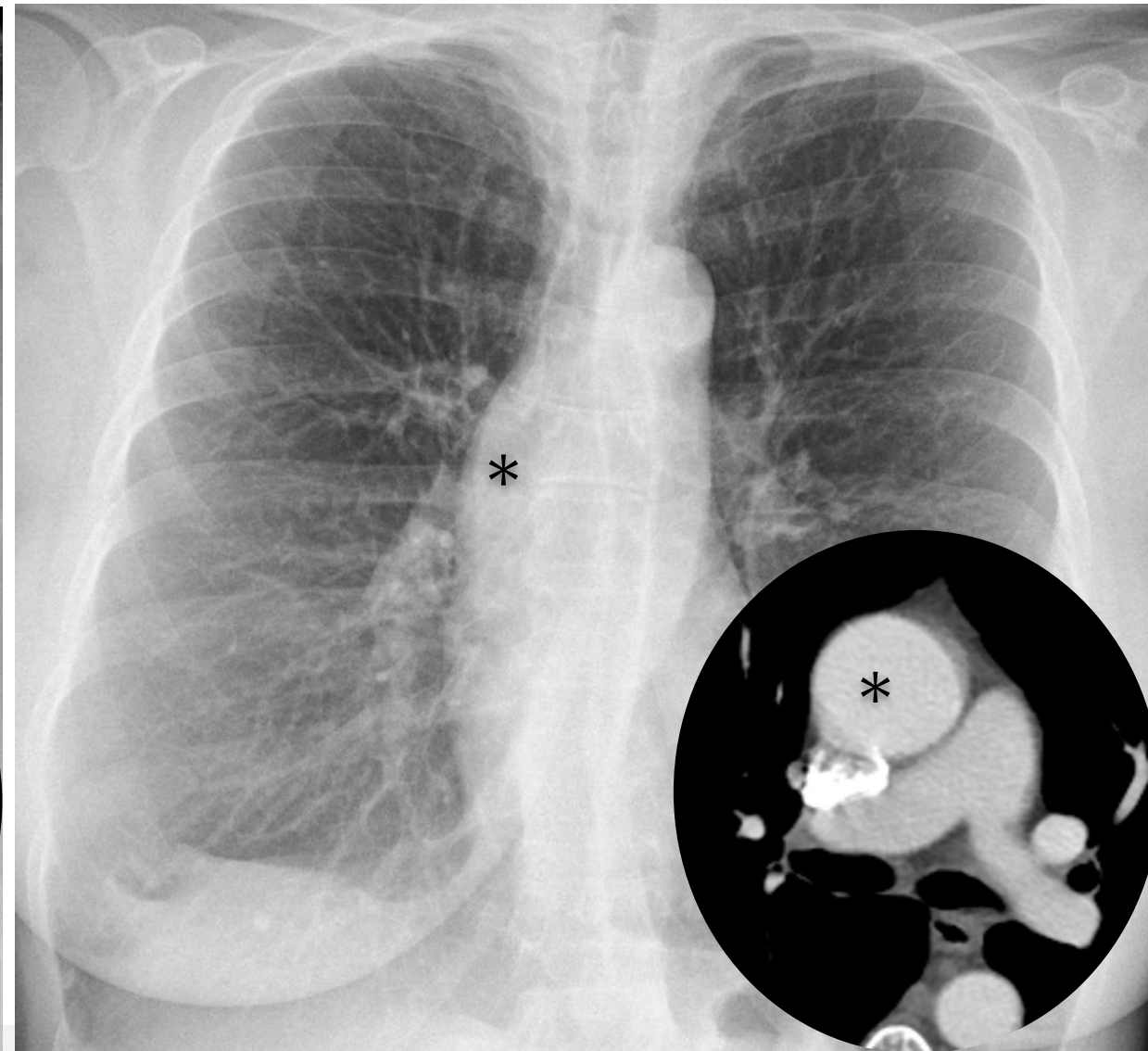
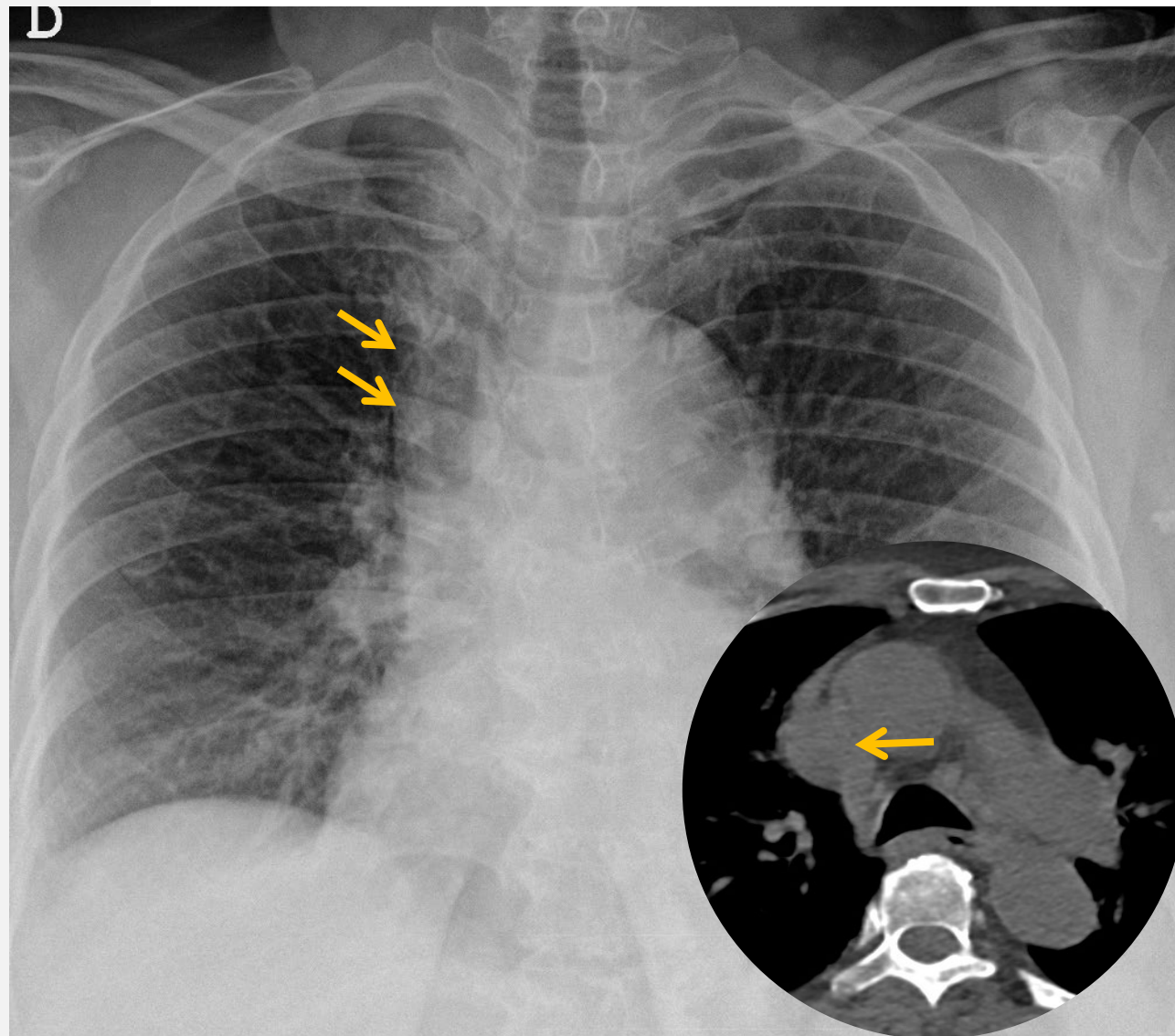
**Banda paratraqueal dreta:**

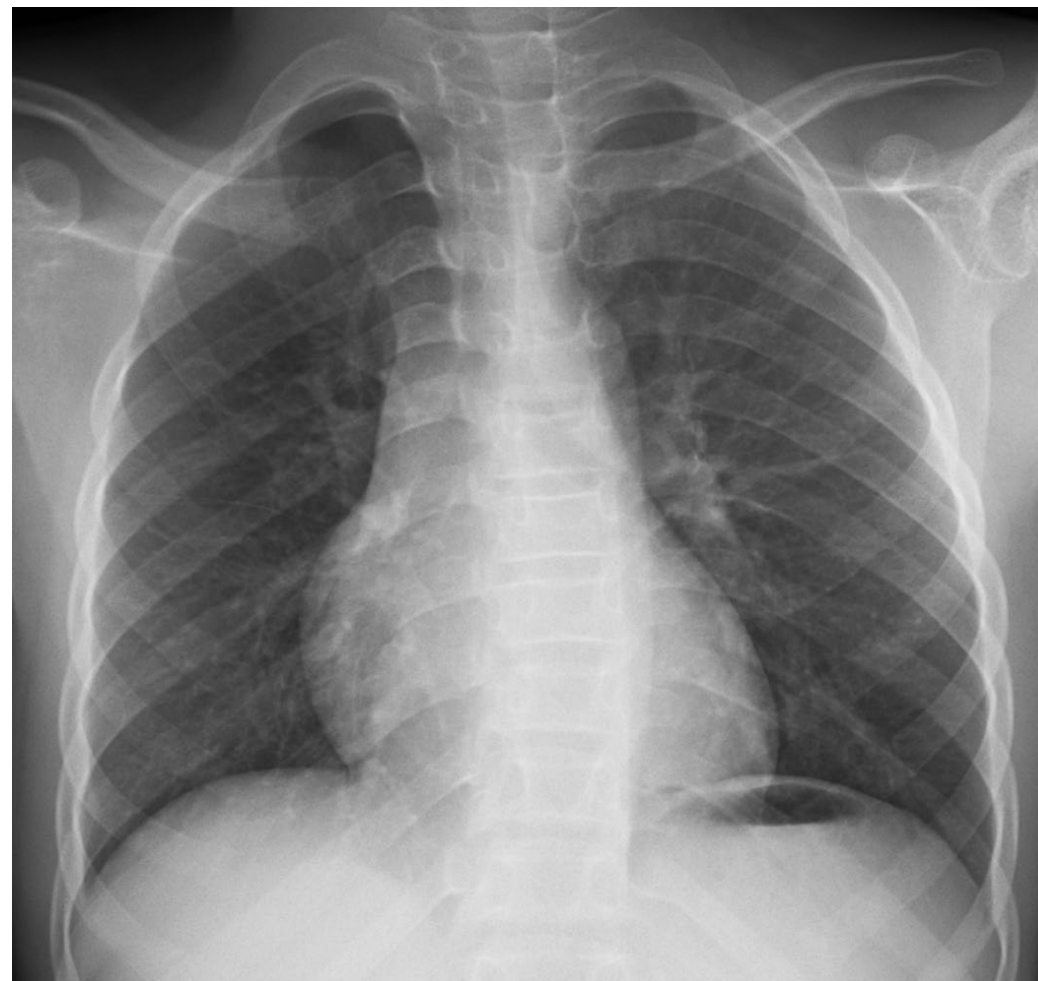
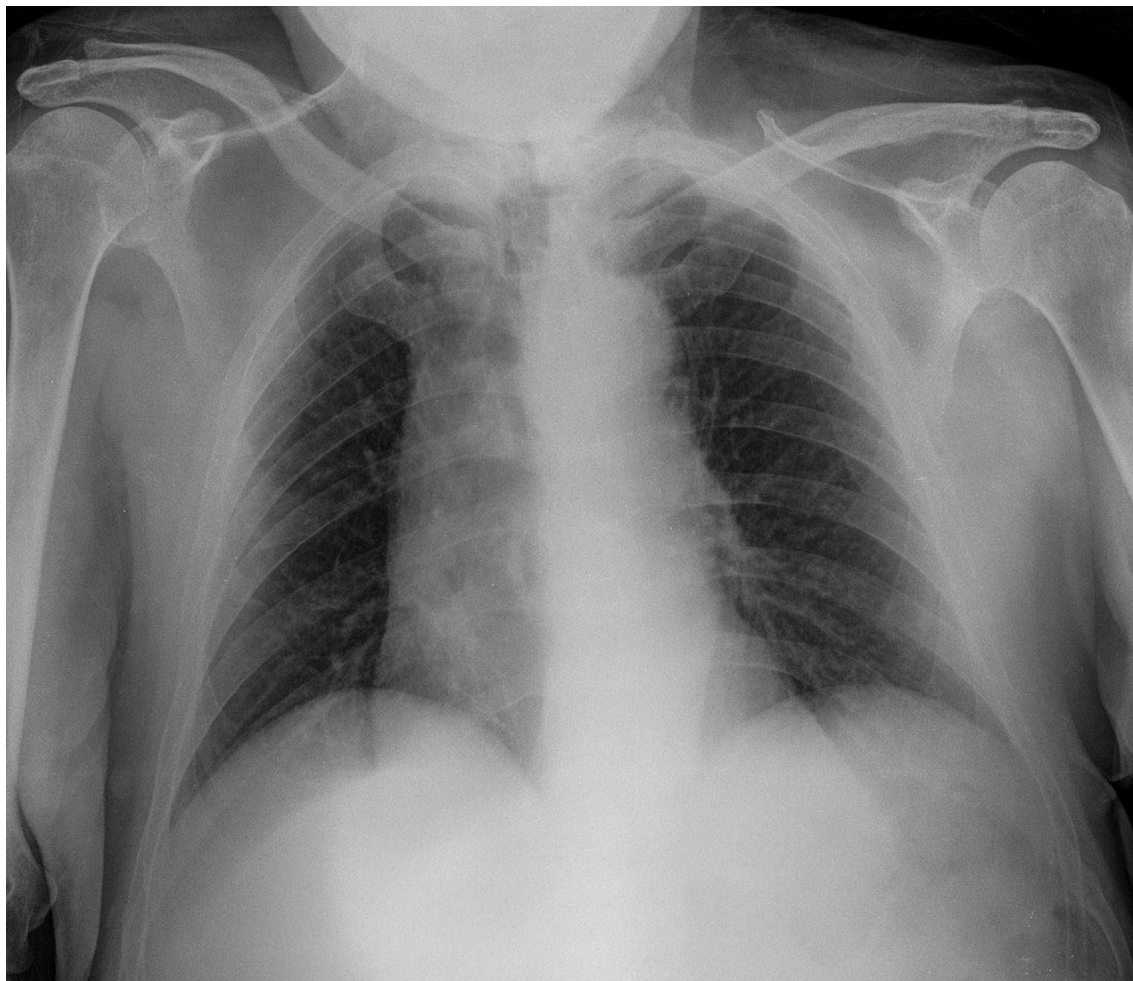
*línia de contacte entre pulmó i paret
lateral de la tràquea*



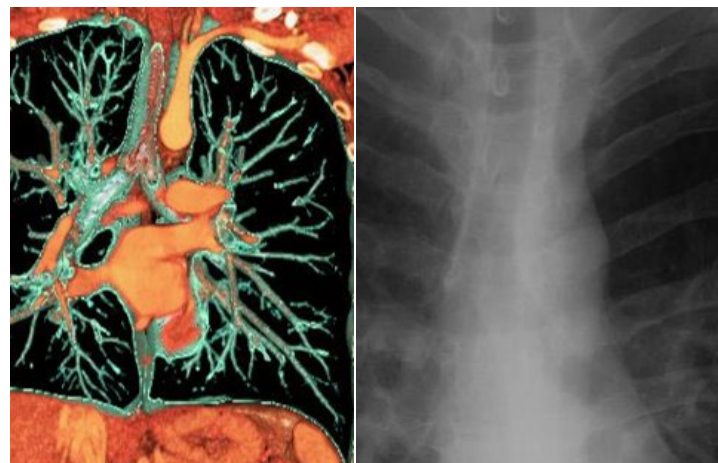
MARGE
MEDIASTÍNIC DRET





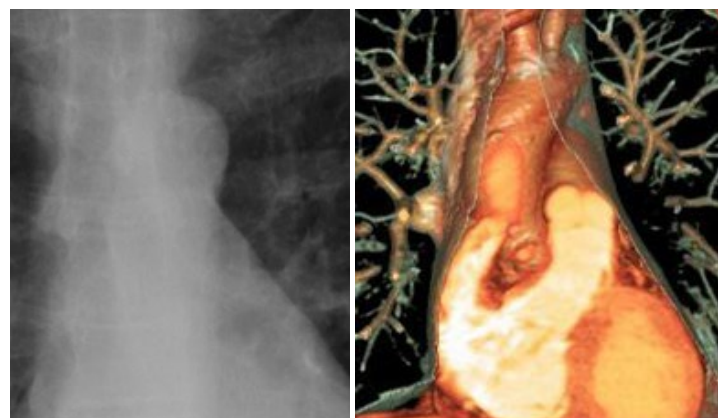


*MARGE
MEDIÀSTÍNIC
ESQUERRE*



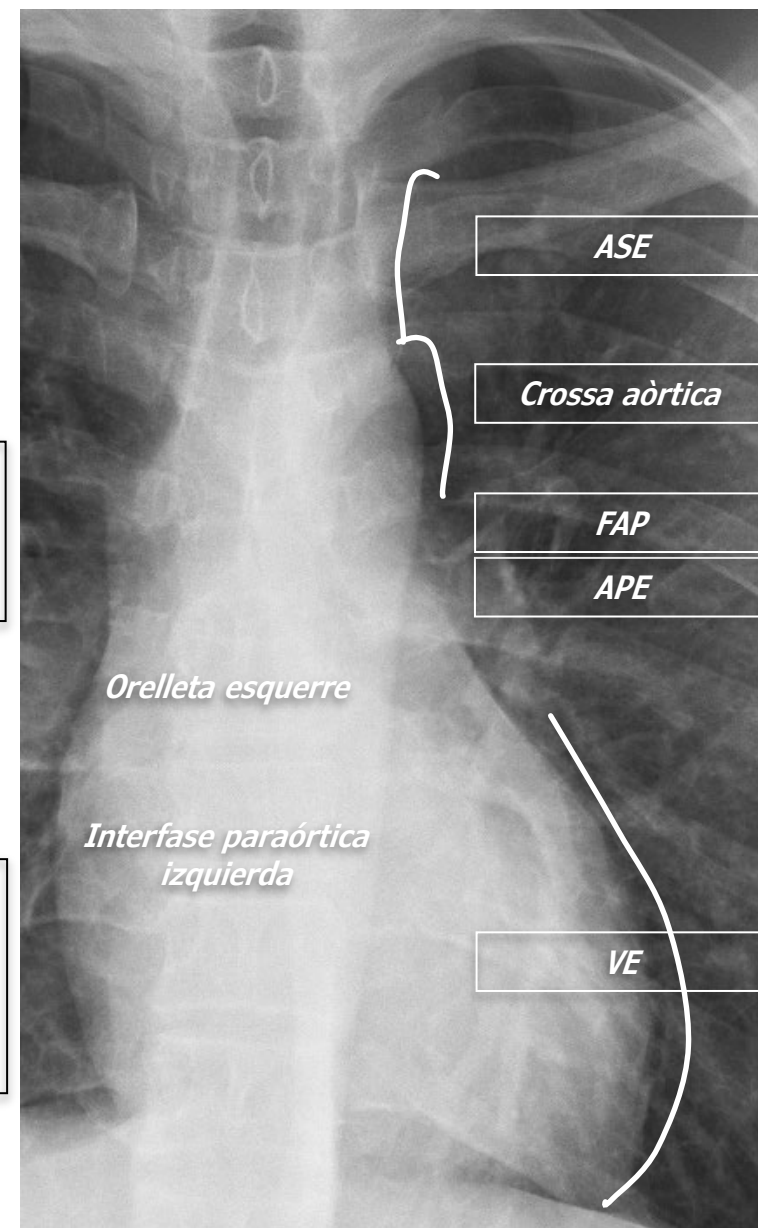
Interfase ASE:

*contacte de l'ASE amb el pulmó
per damunt crossa aòrtica*



Finestra aortopulmonar:

*pleura en contacte amb el greix
mediastínic anterolateral a l'APE
i l'aorta*



*DOBLE CONTORN
CROSSA AÒRTICA*

Adenopaties

(limfoma, sarcoidosi, M1)

Ca de pulmó

Patol aòrtica aguda

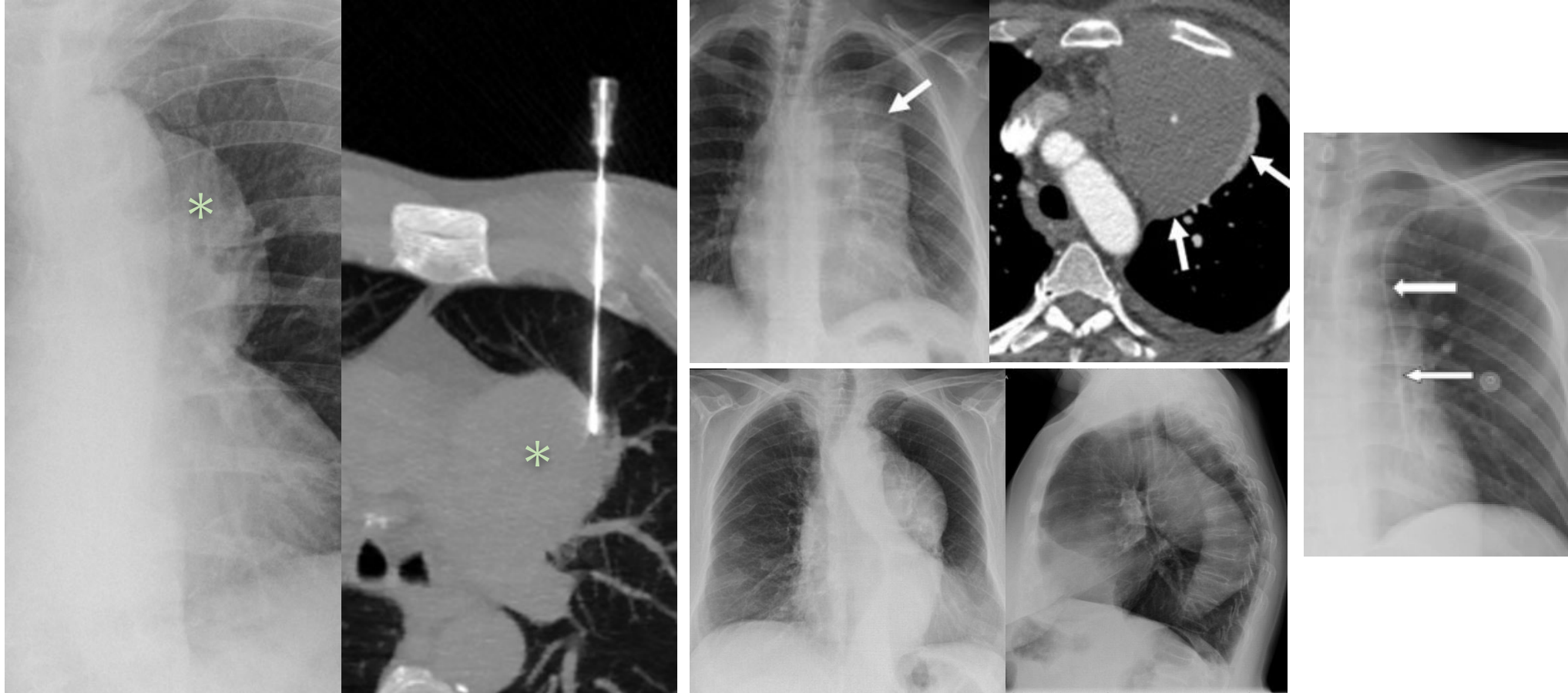
DVCSE

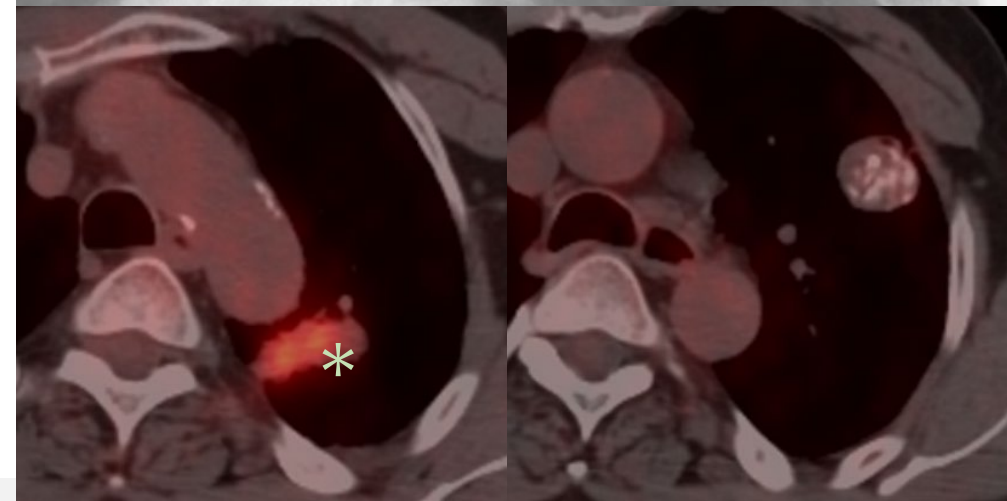
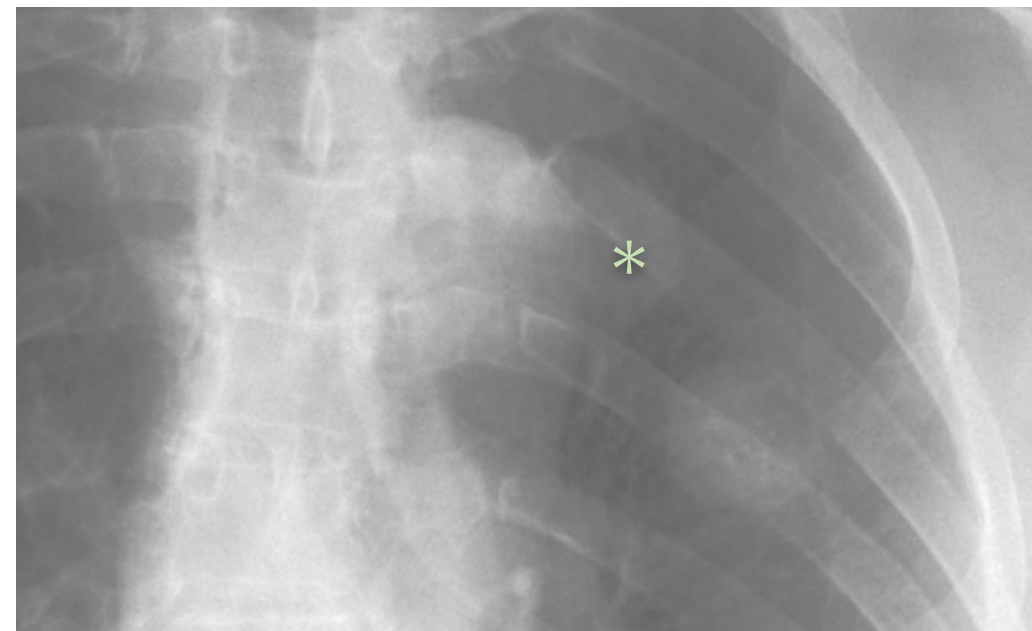
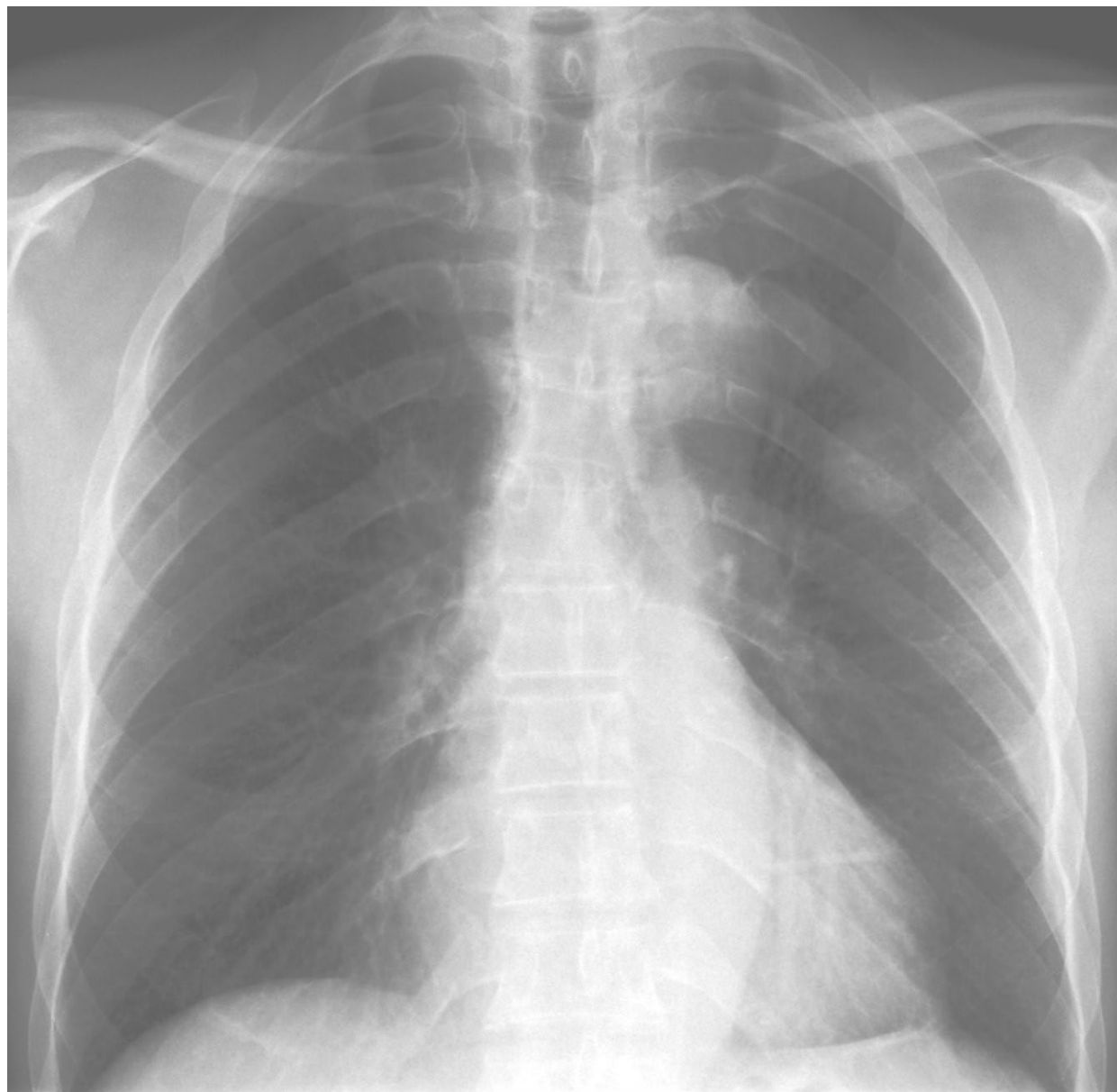
Pezón aòrtico

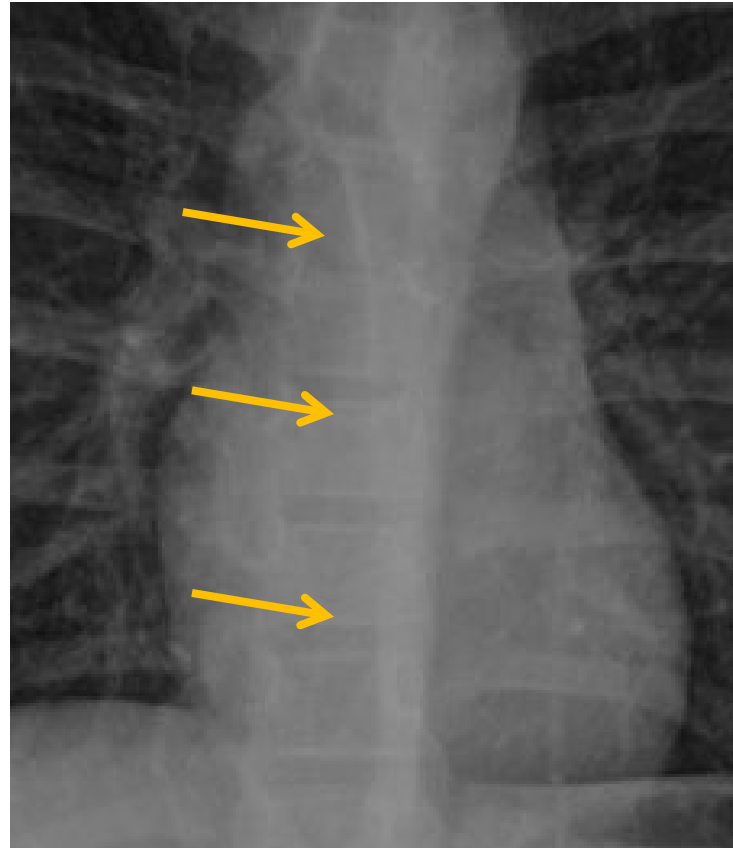
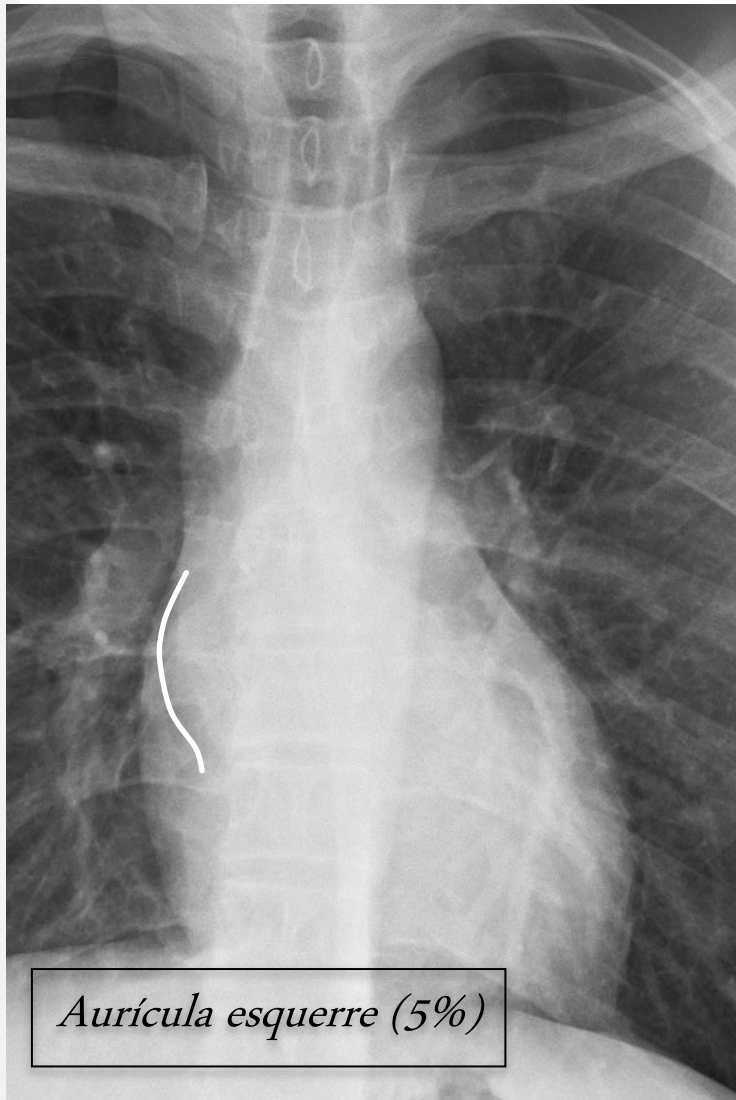
(vena ic sup izq por fuera del cayado)

DVPA

Coartació aòrtica





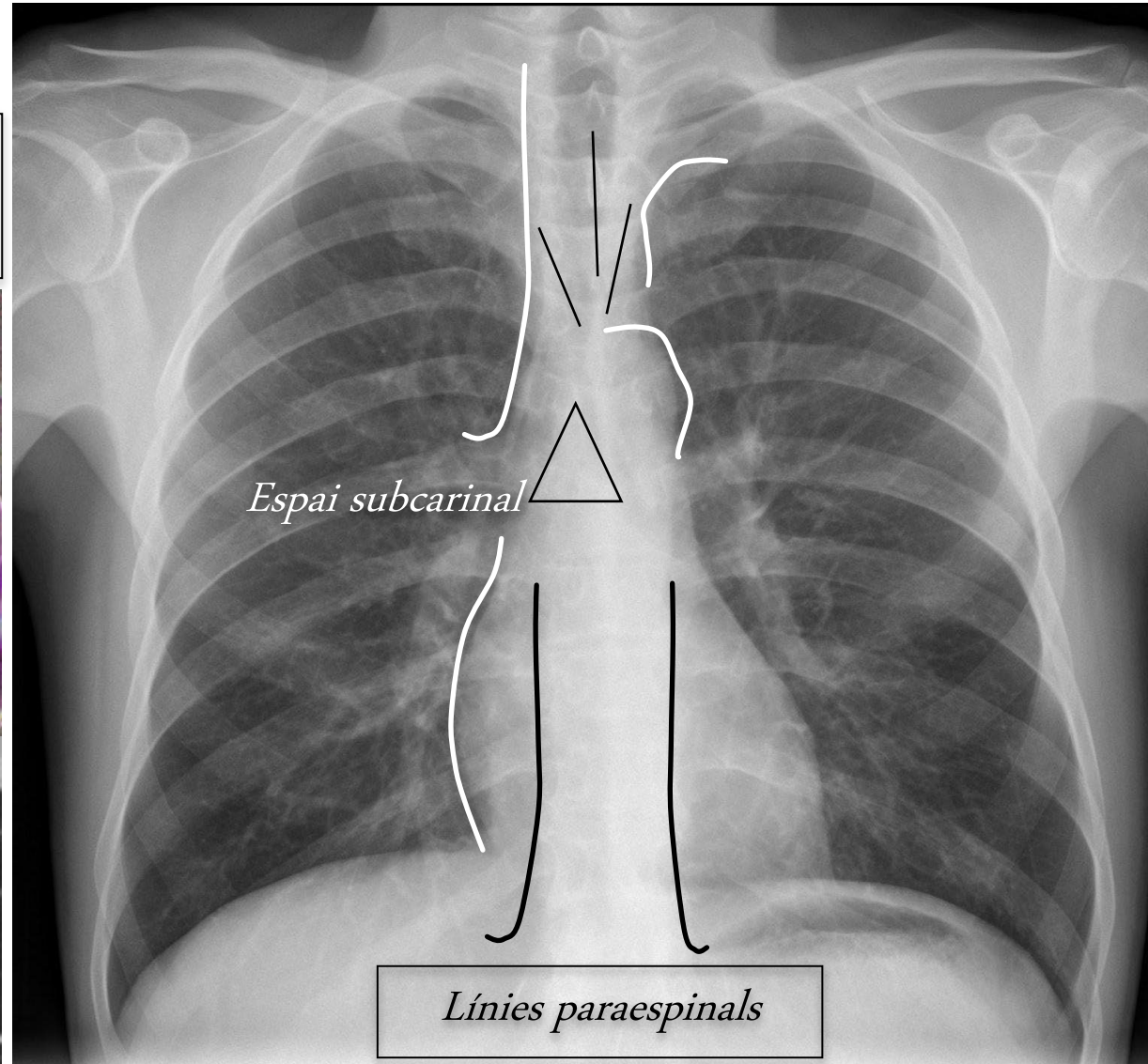
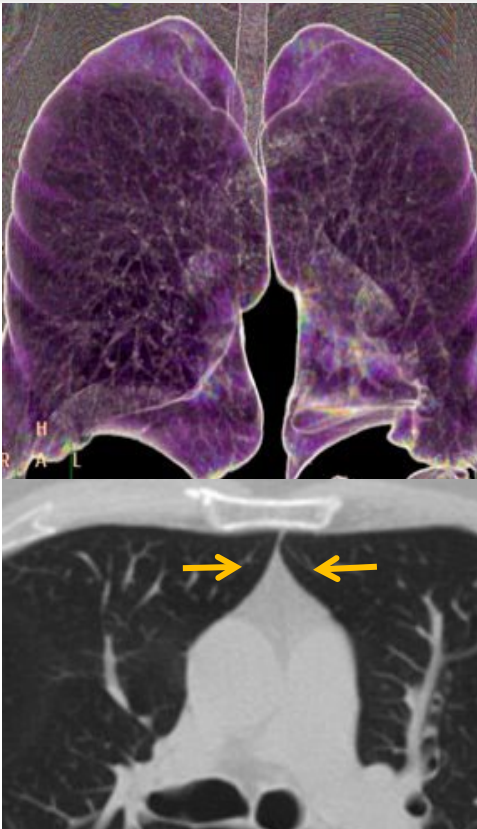


Recés àzigo-esofàgic:
porció del mediastí
retrocardiac delimitat pel
LID des de la creua de
l'àzigos fins el diafragma



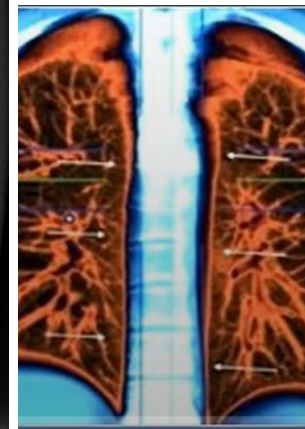
Línia d'unió anterior (24.5-57%):

línia de contacte entre els pulmons al mediastí superior i per darrere l'estèrnum



Línia d'unió posterior:

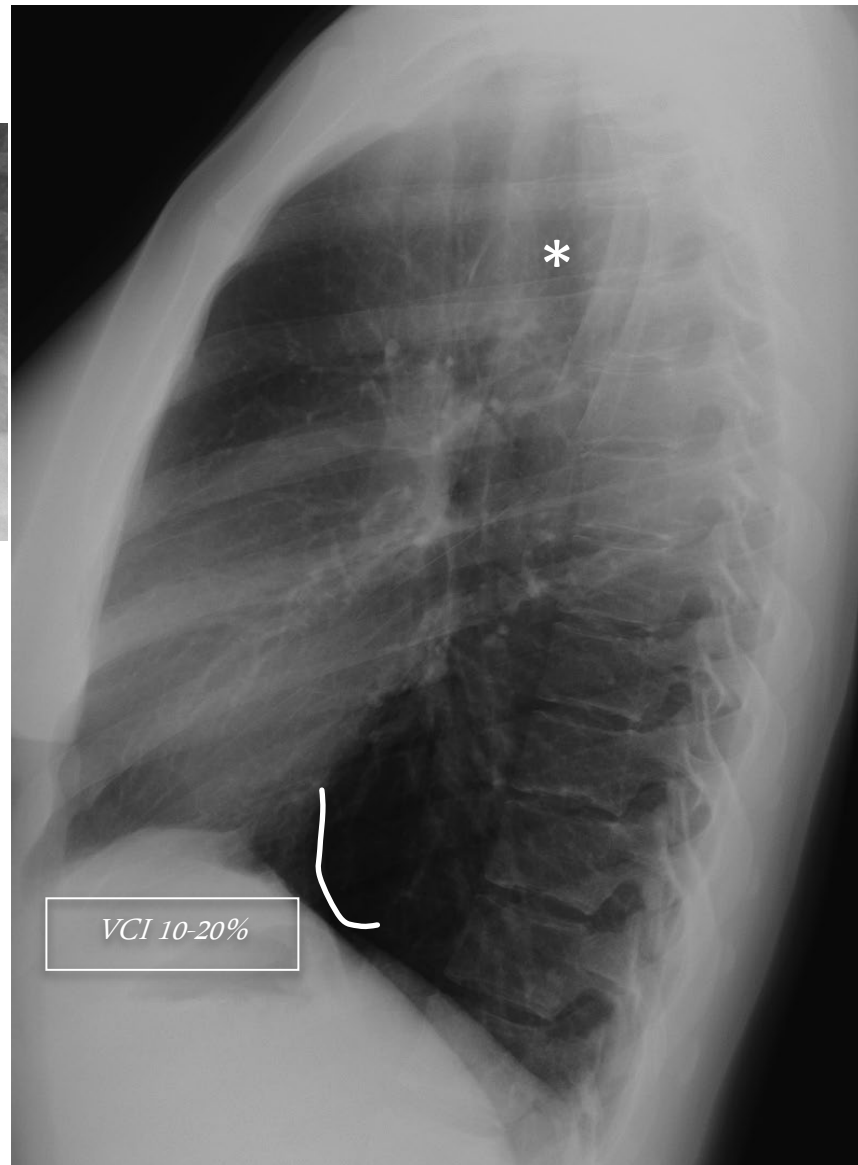
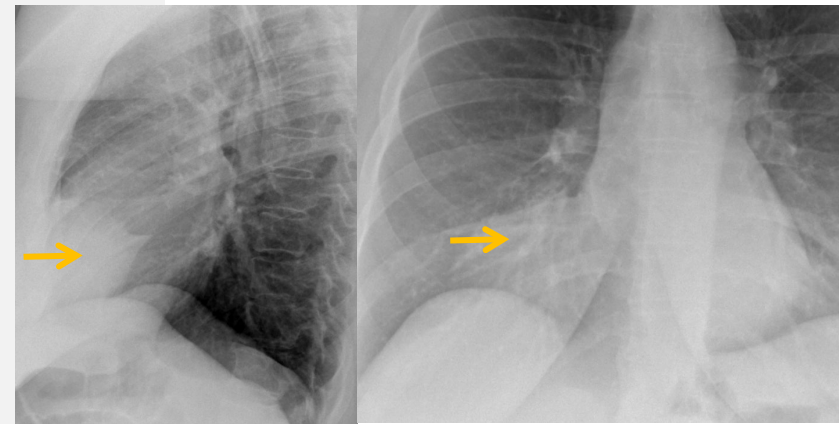
línia de contacte entre els pulmons al mediastí superior i per darrer de l'esòfag



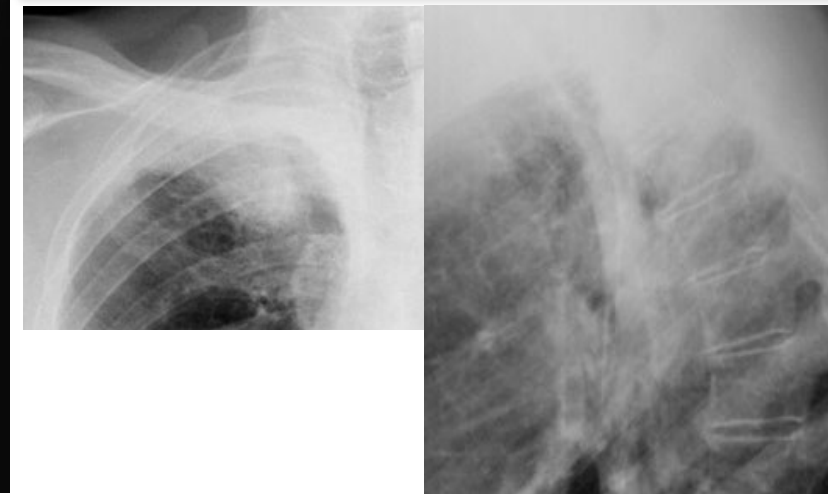
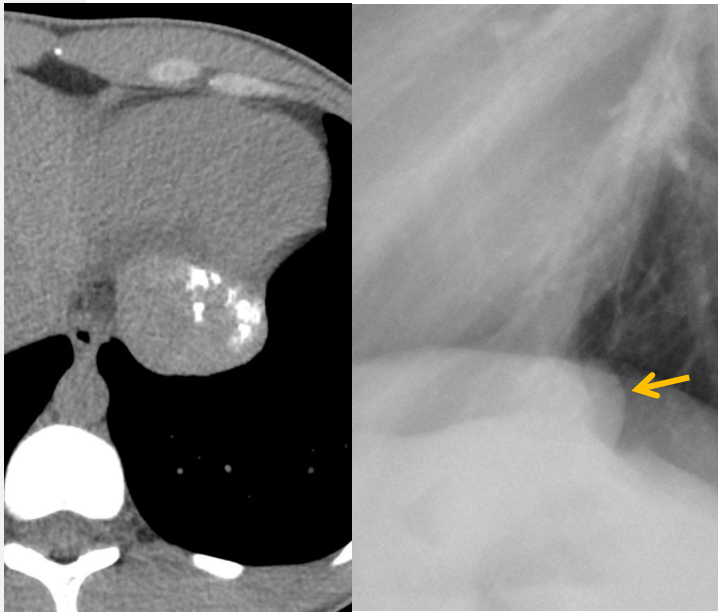
41% ESQ

*(NO VISIBLE PER
DAMUNT CROSSA)*

23% DRETA



Espai retrotraqueal (T. Raider): delimitat per la línia traqueal posterior, crossa aòrtica i la columna



SIGNES DIRECTES PATOLOGIA MEDIASTÍNICA**SIGNES INDIRECTES PATOLOGIA MEDIASTÍNICA**

Massa focal

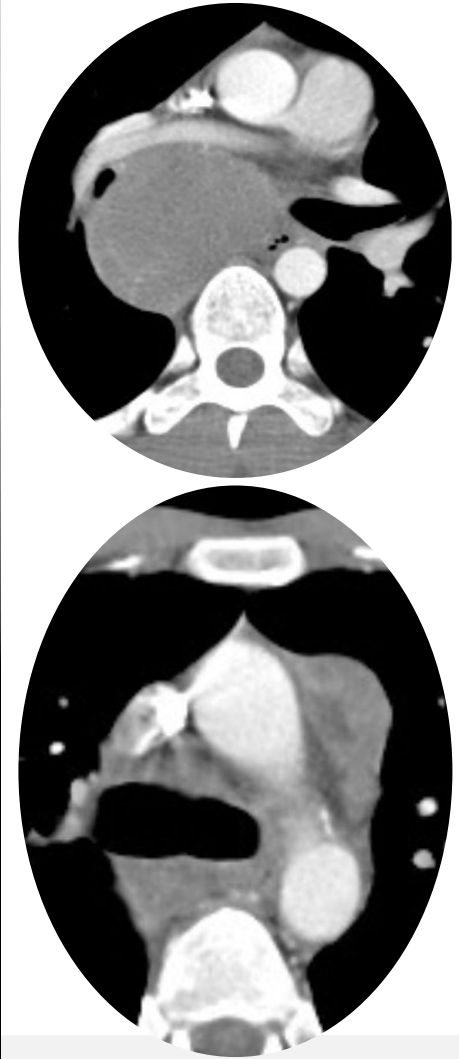
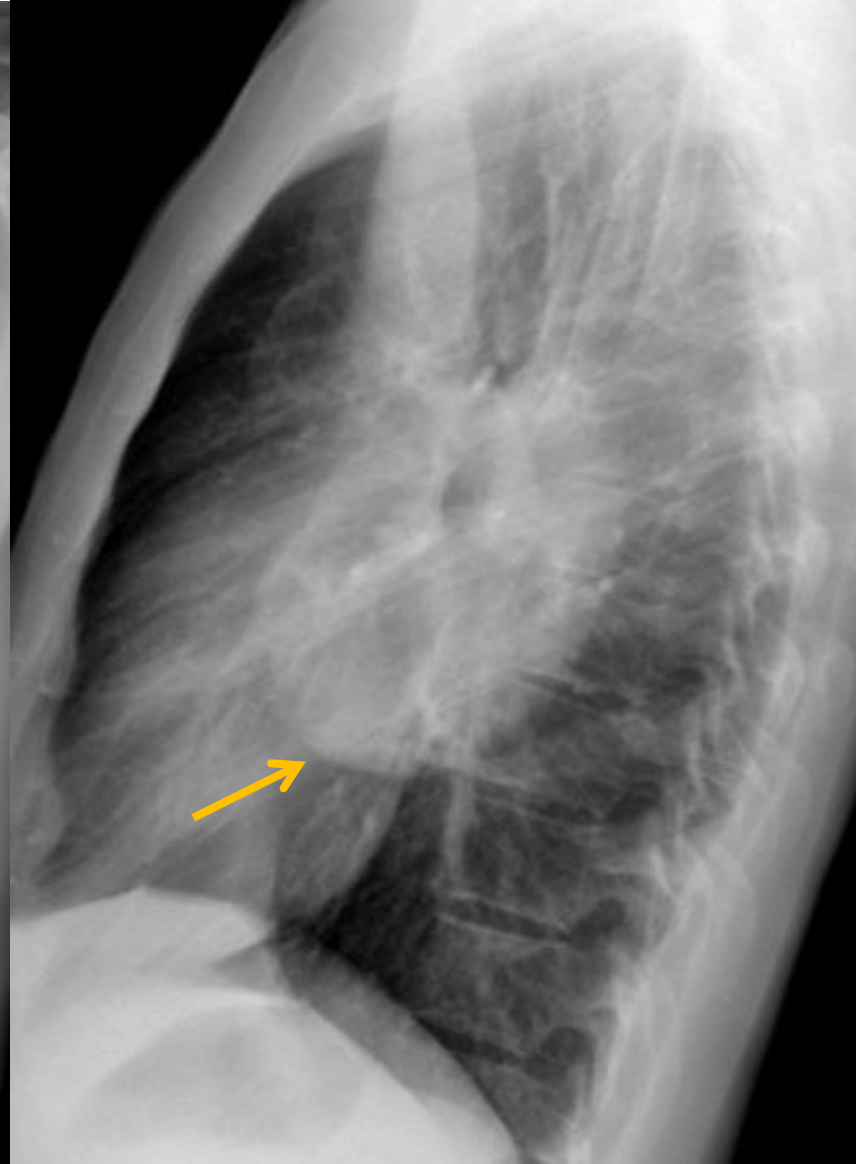
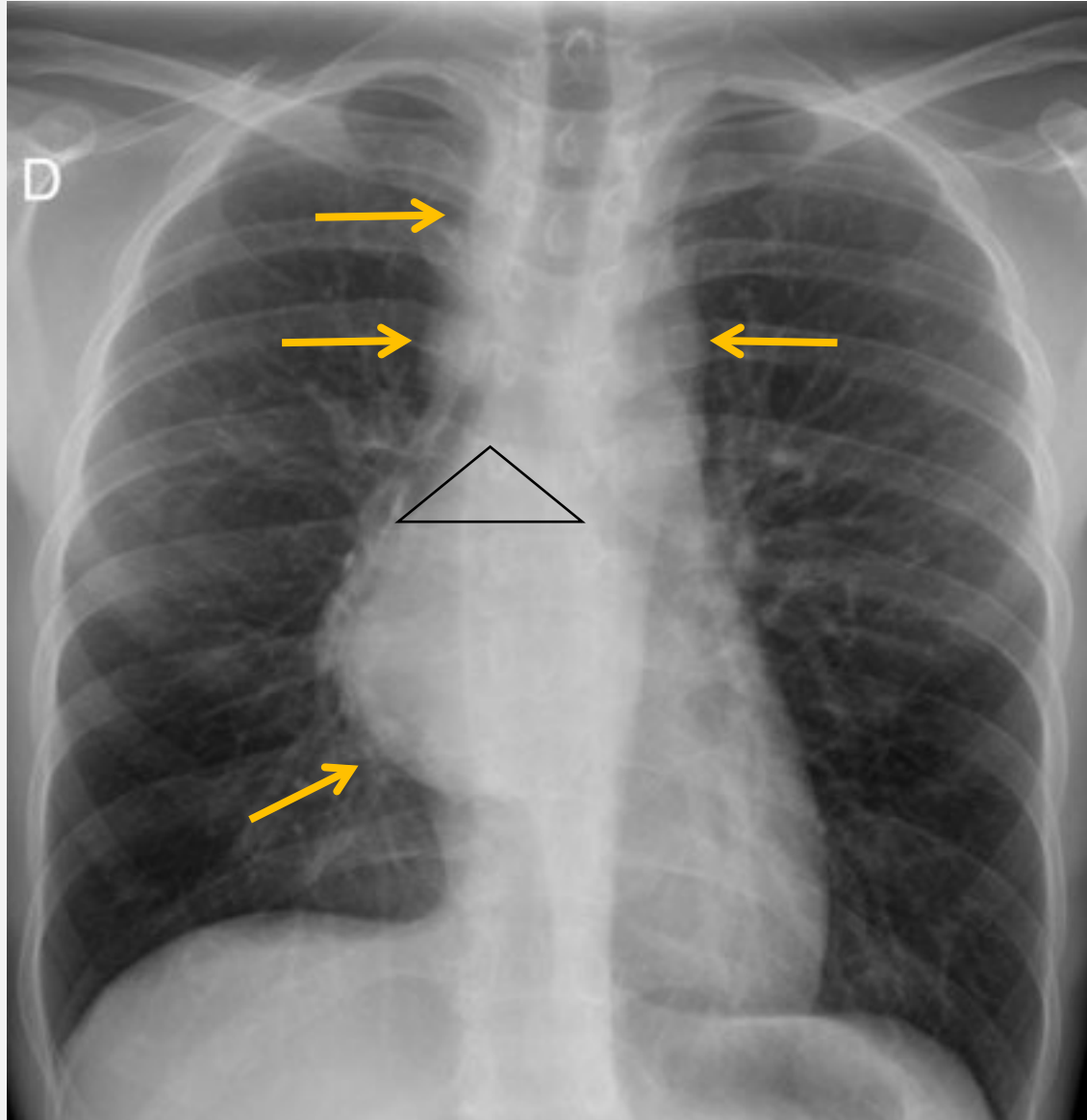
Signe de la silueta

Agrandament mediastínic
(llis o lobulat)Alteracions traqueals
(calibre, improntas, masas intraluminales, desviación, calcificaciones)

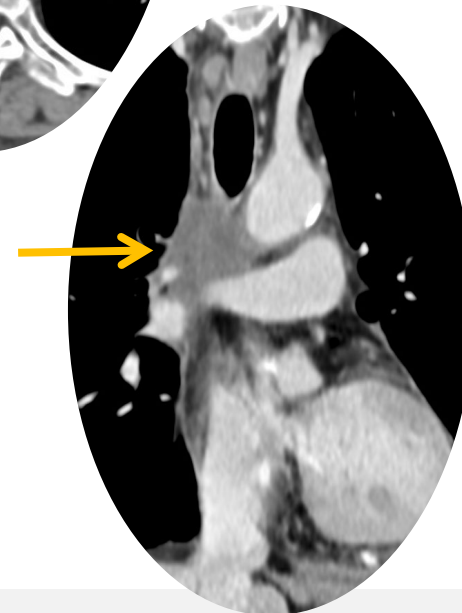
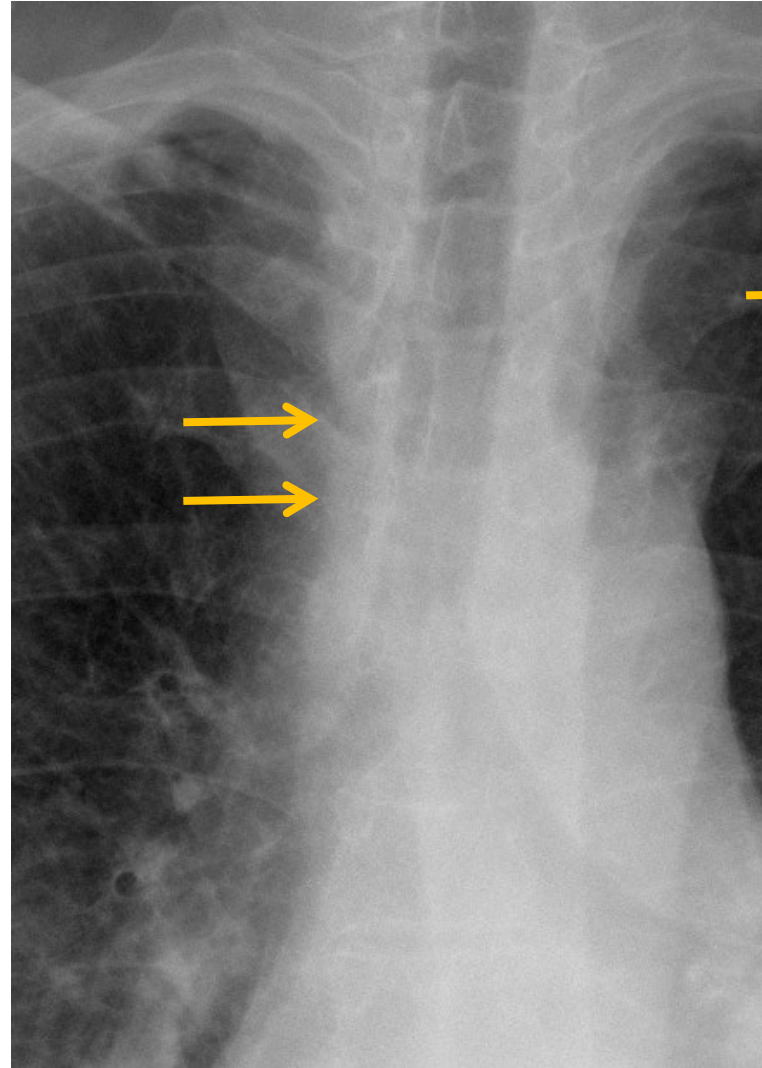
Alteració de les línies/bandes paramediastíniques

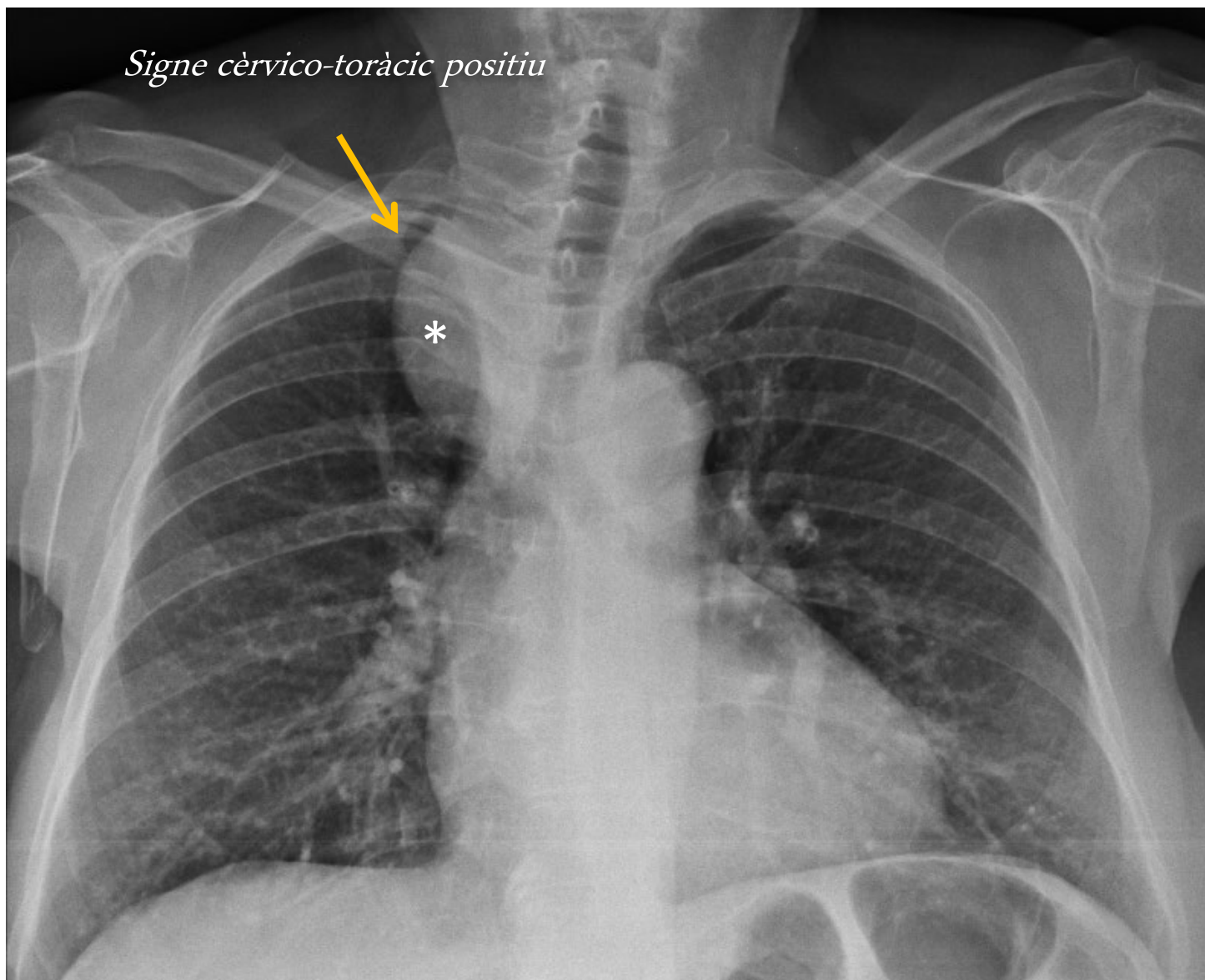
Presència d'aire i/o calci anòmal

LIMFOMA DE HODGKIN



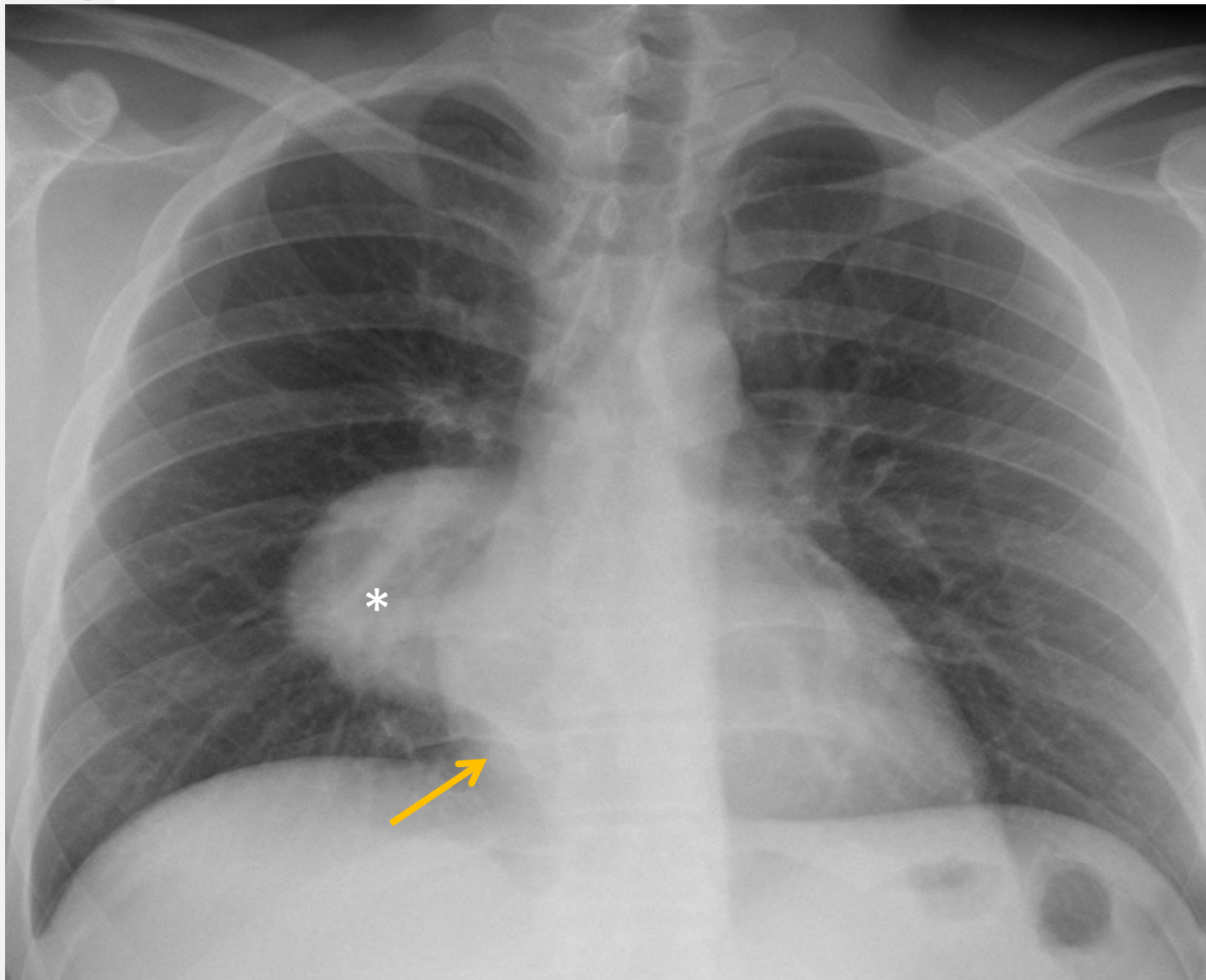
OAT CELL



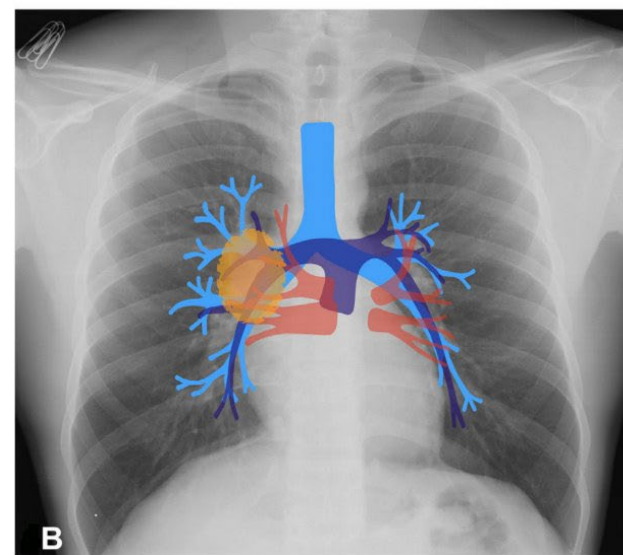
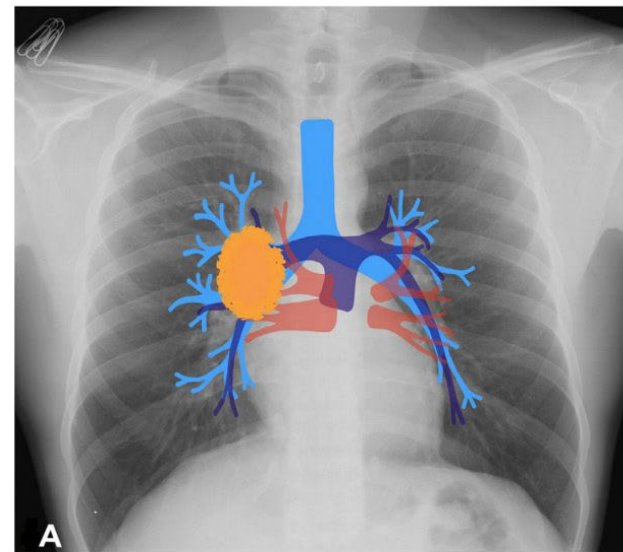


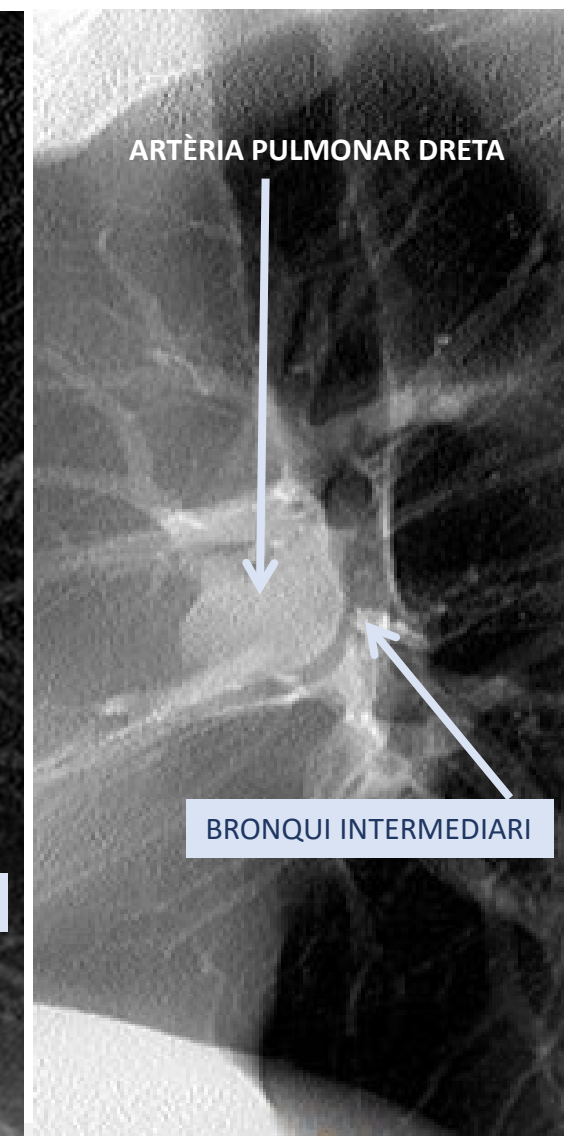
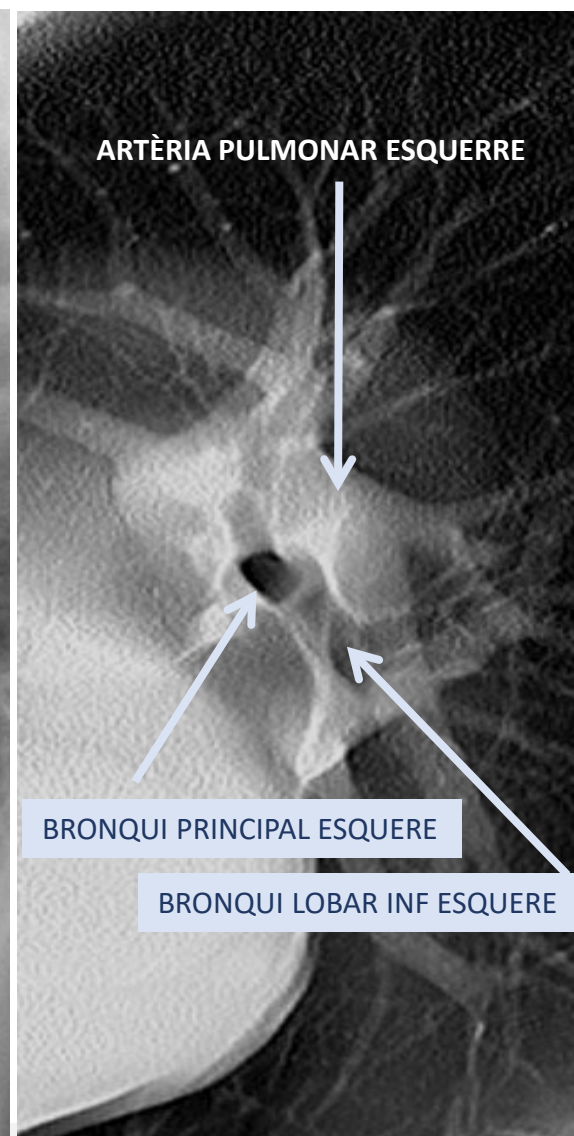
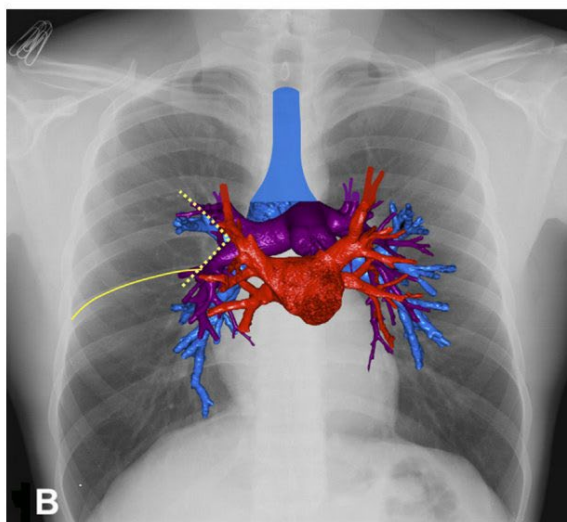
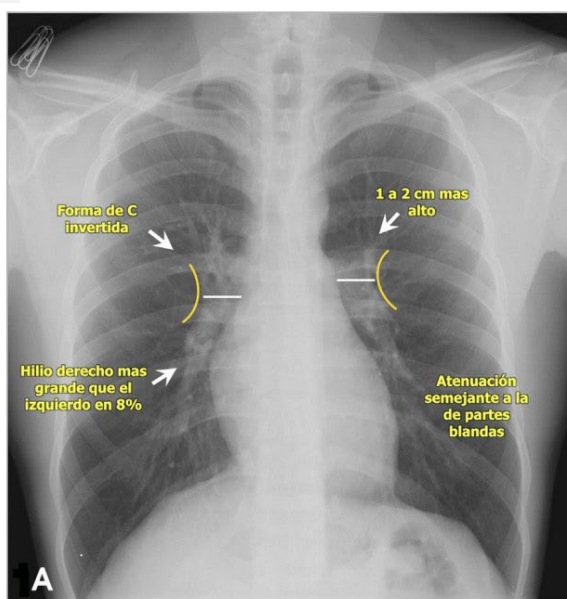
SCHWANNOMA

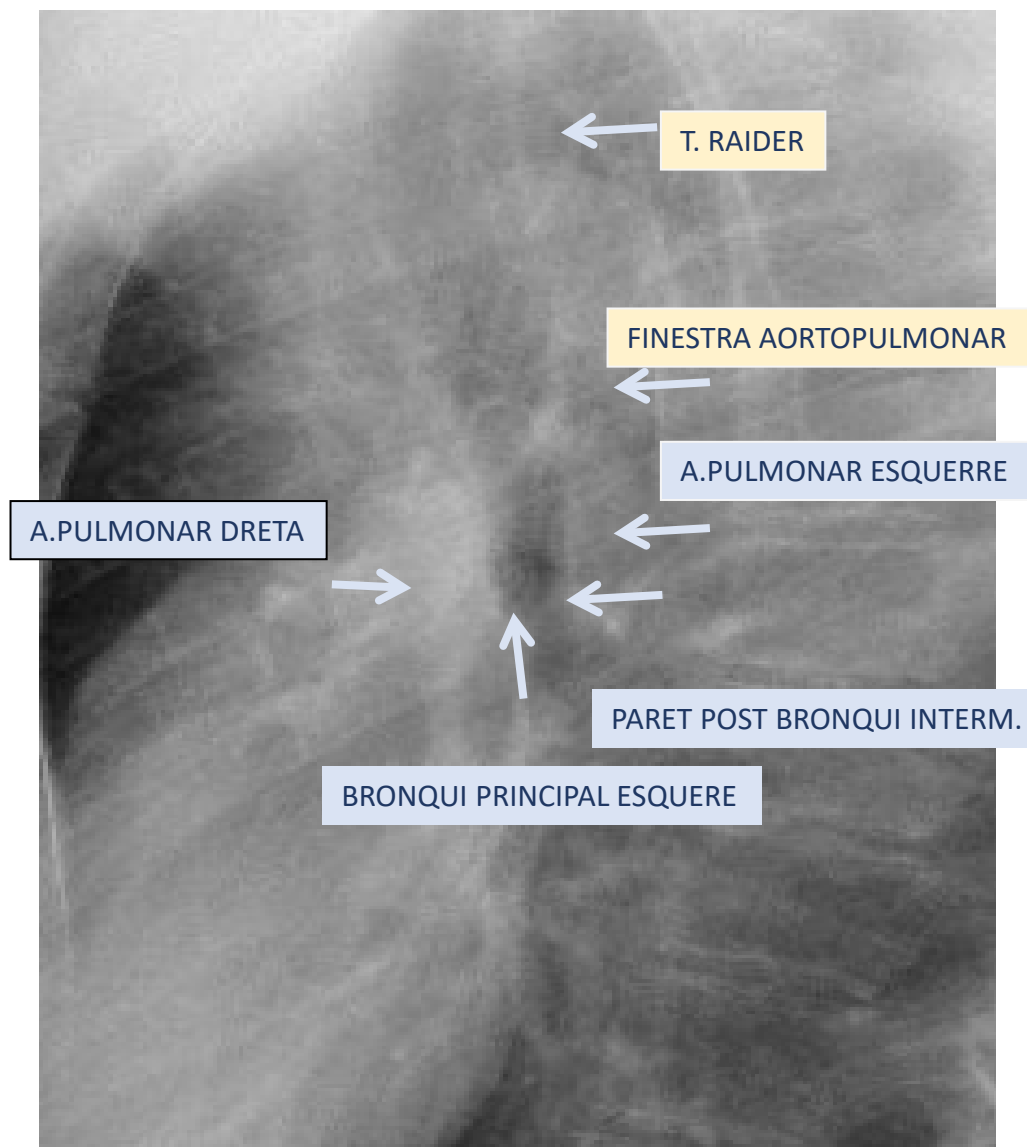
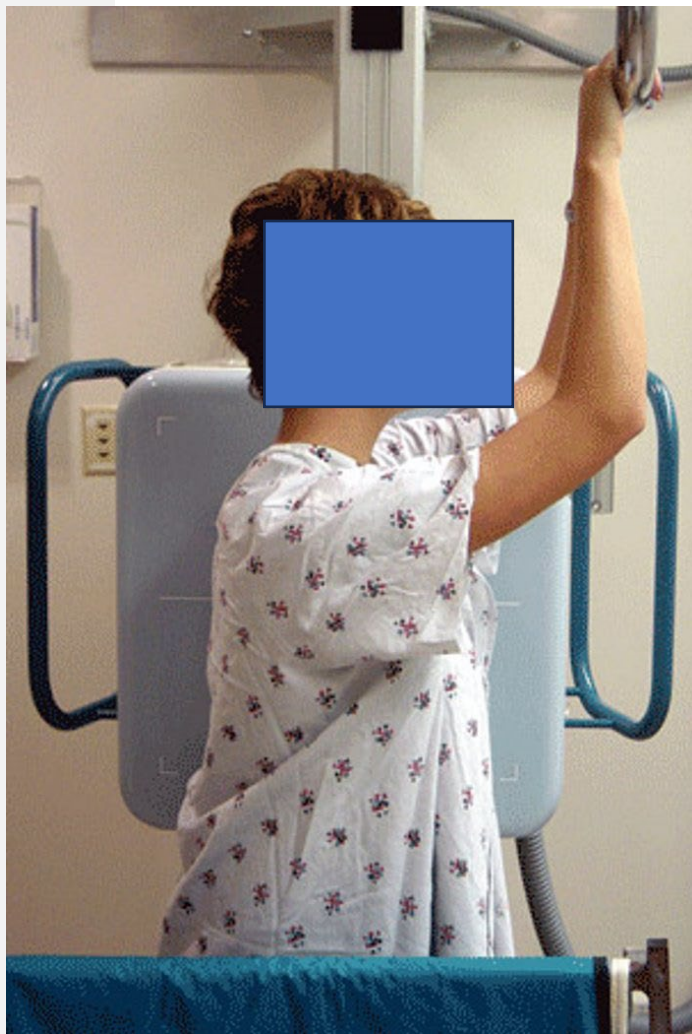


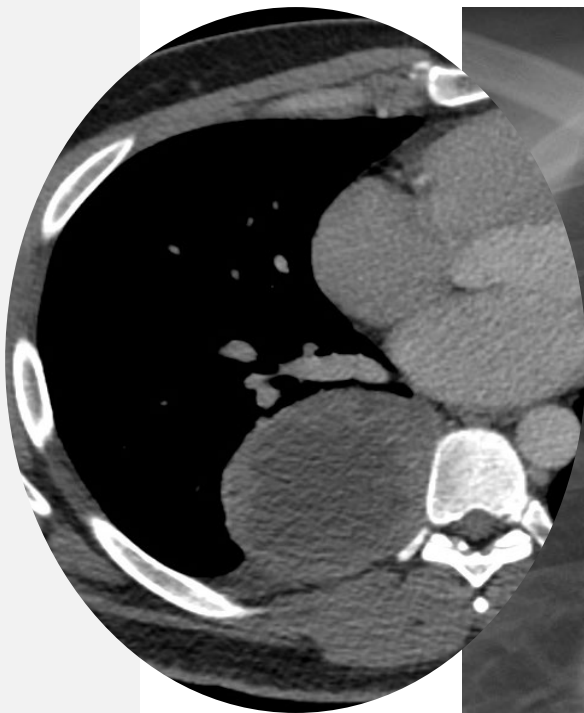
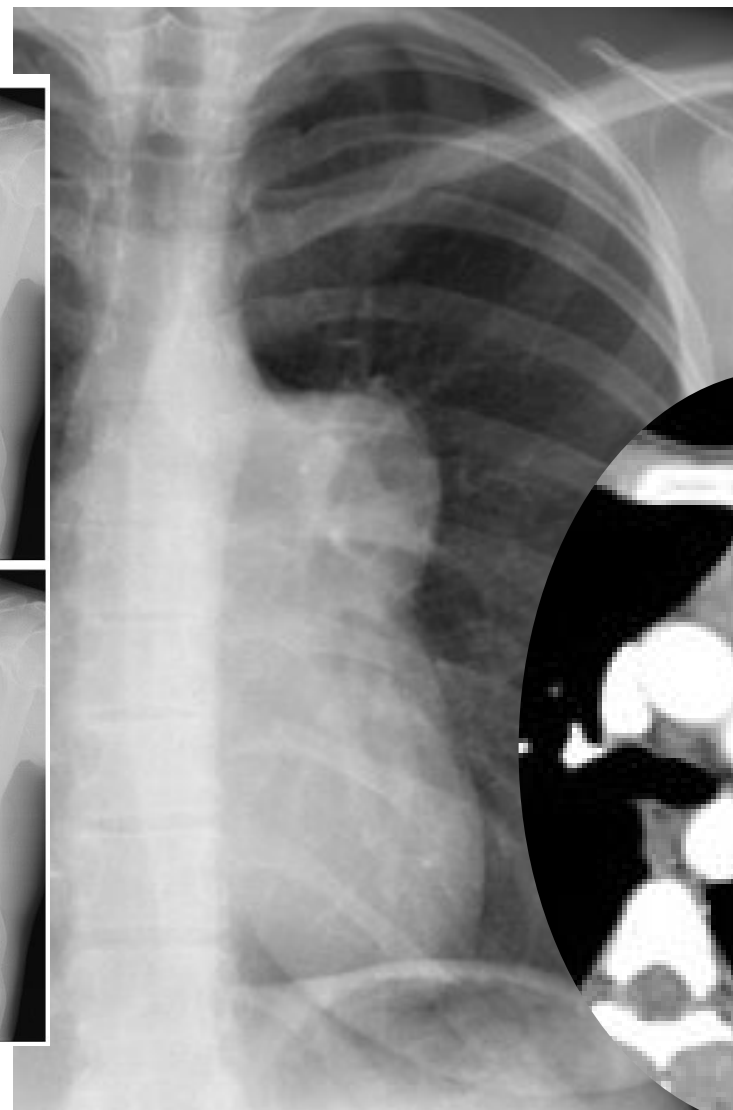
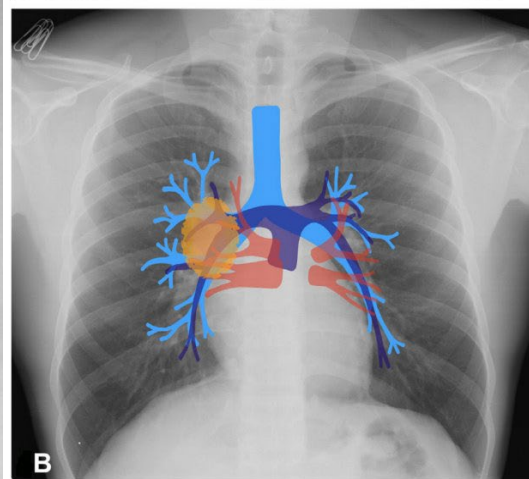
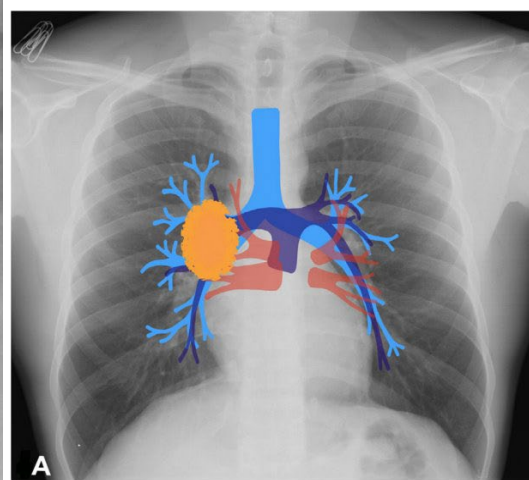
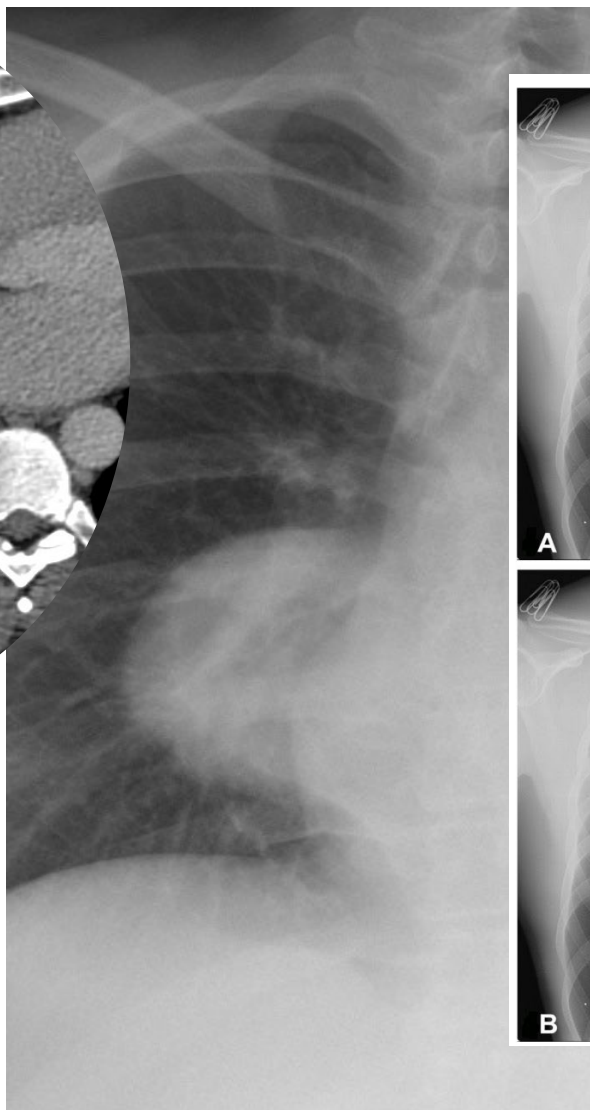
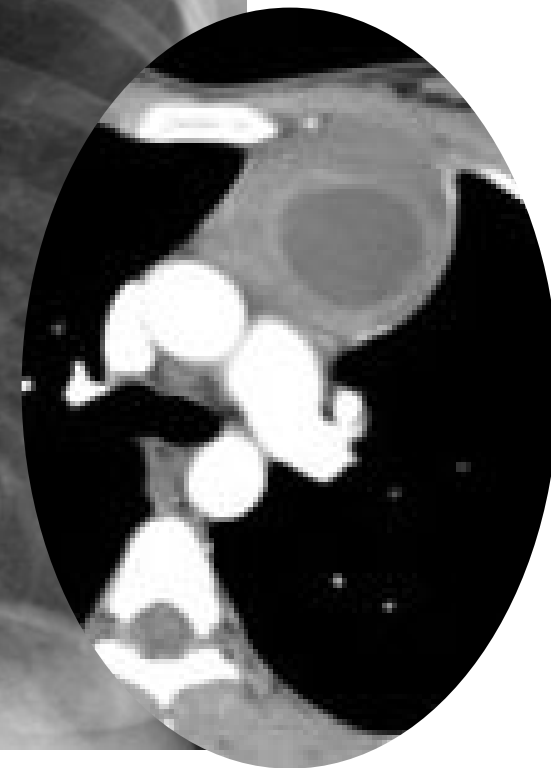


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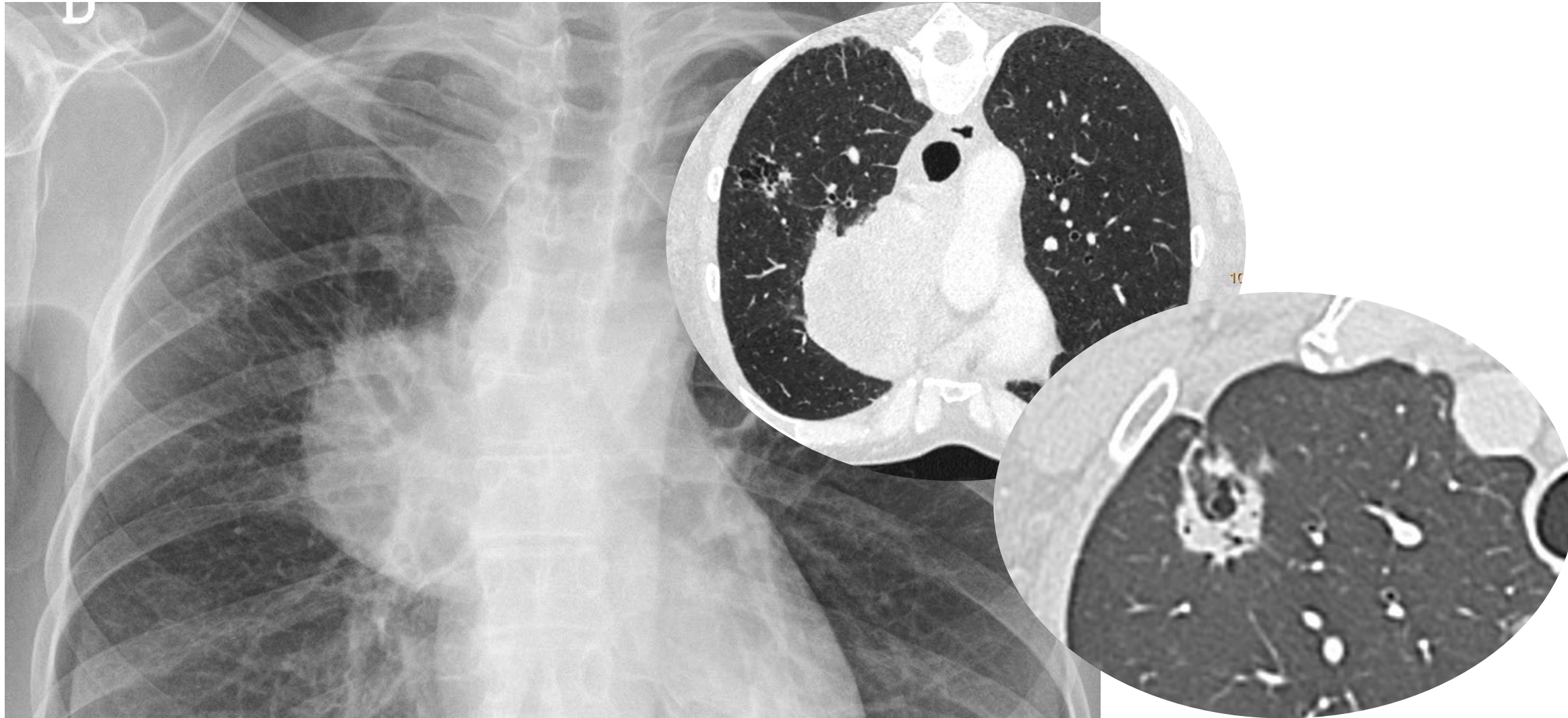


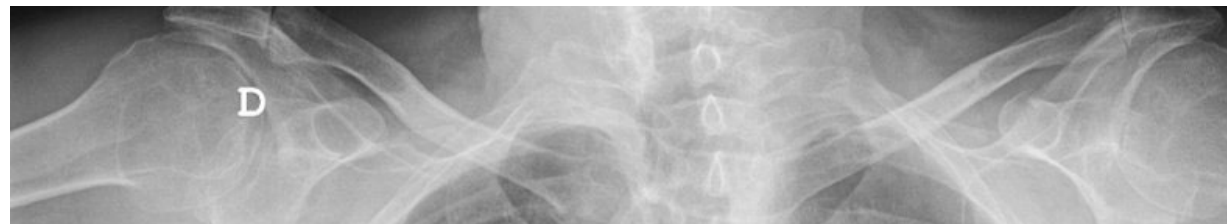


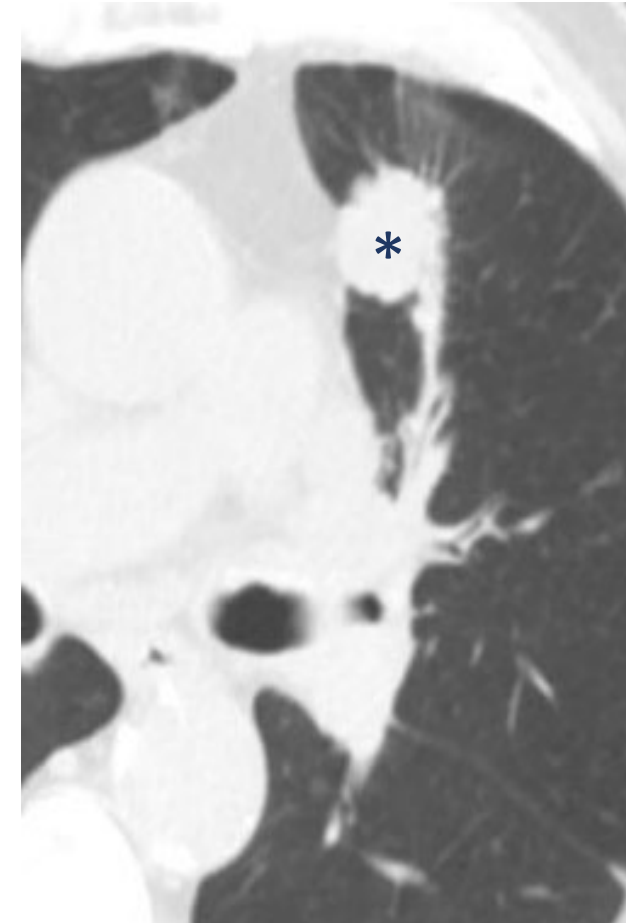
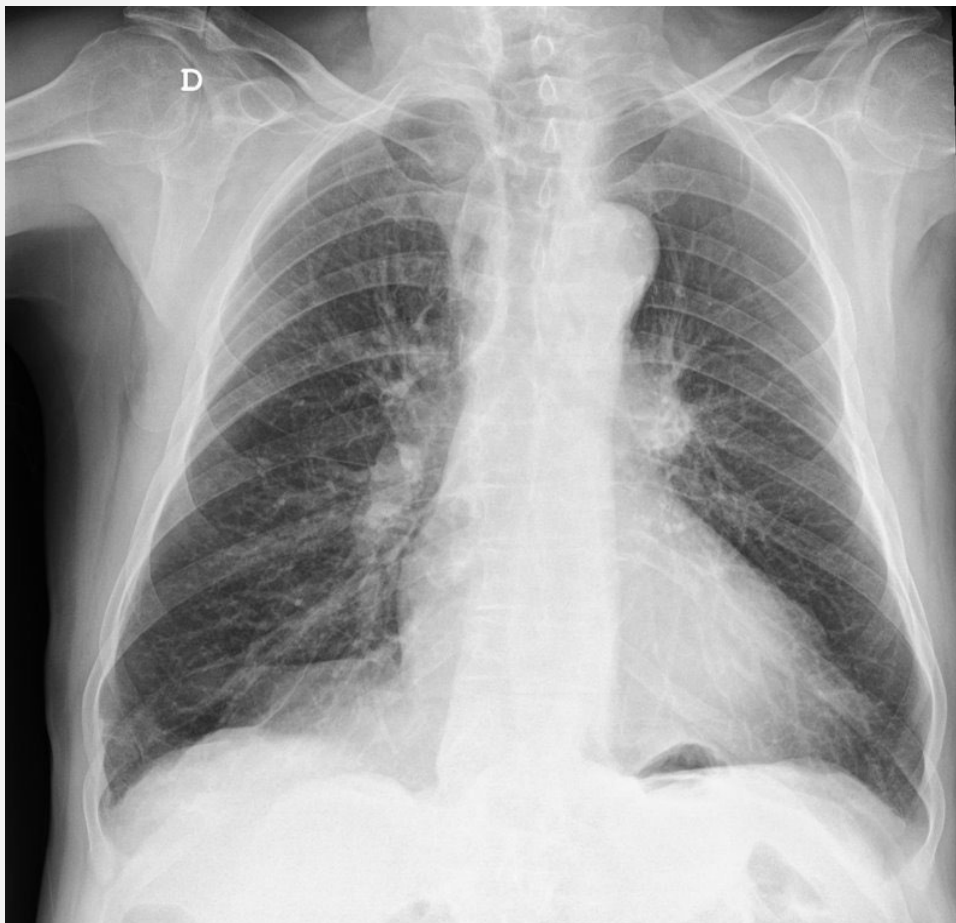


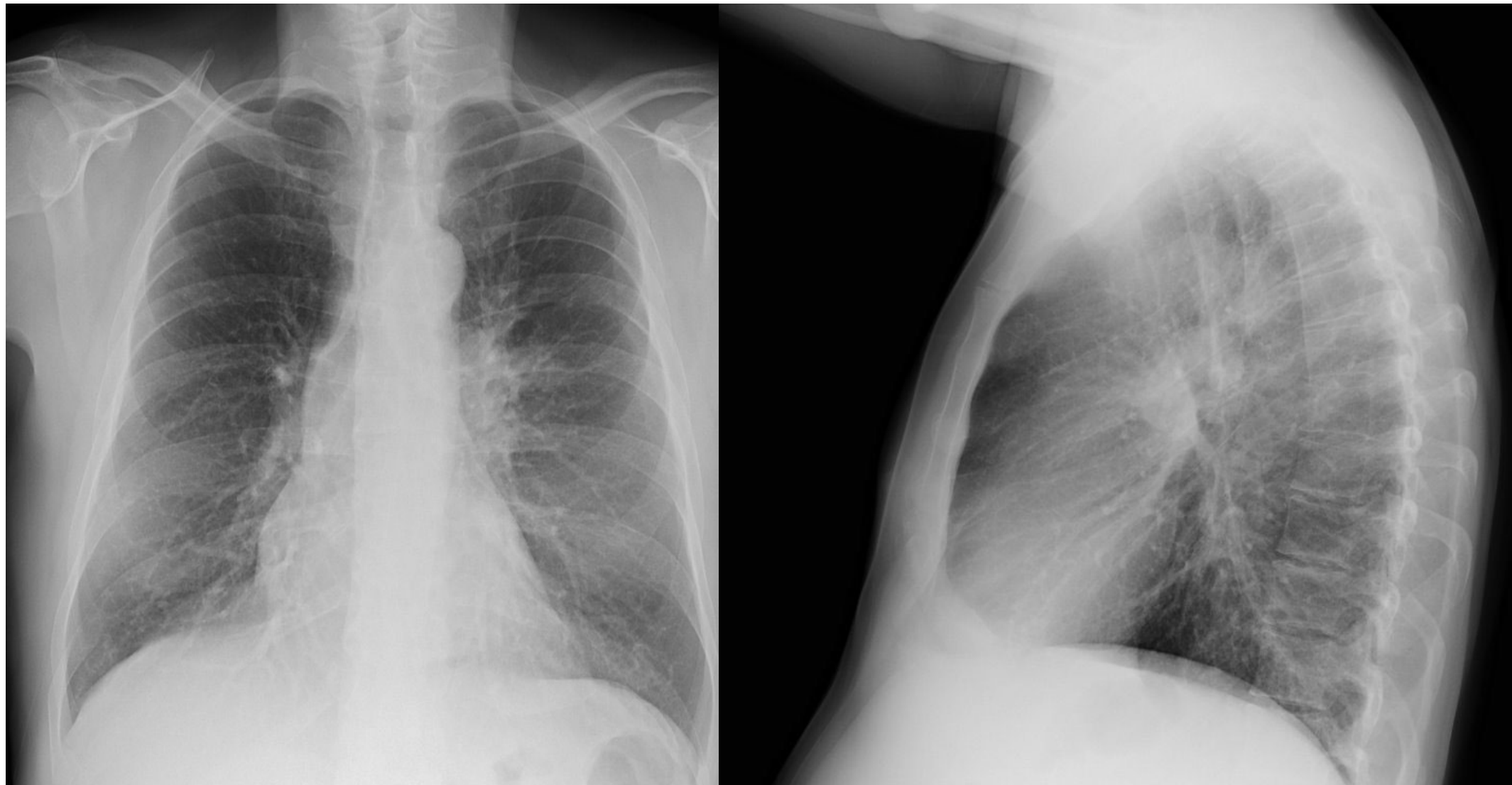
*SCHWANNOMA**TERATOMA*



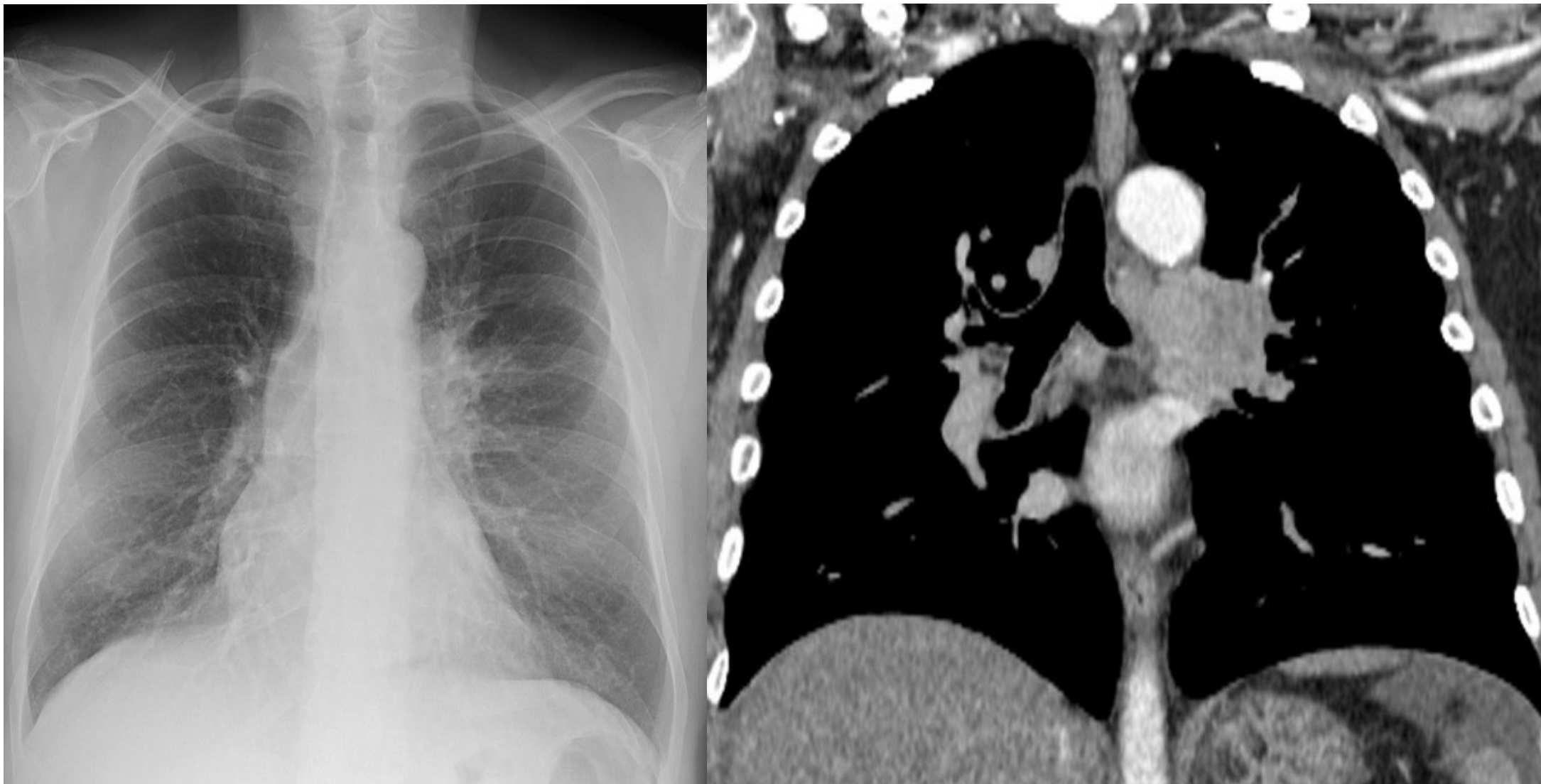




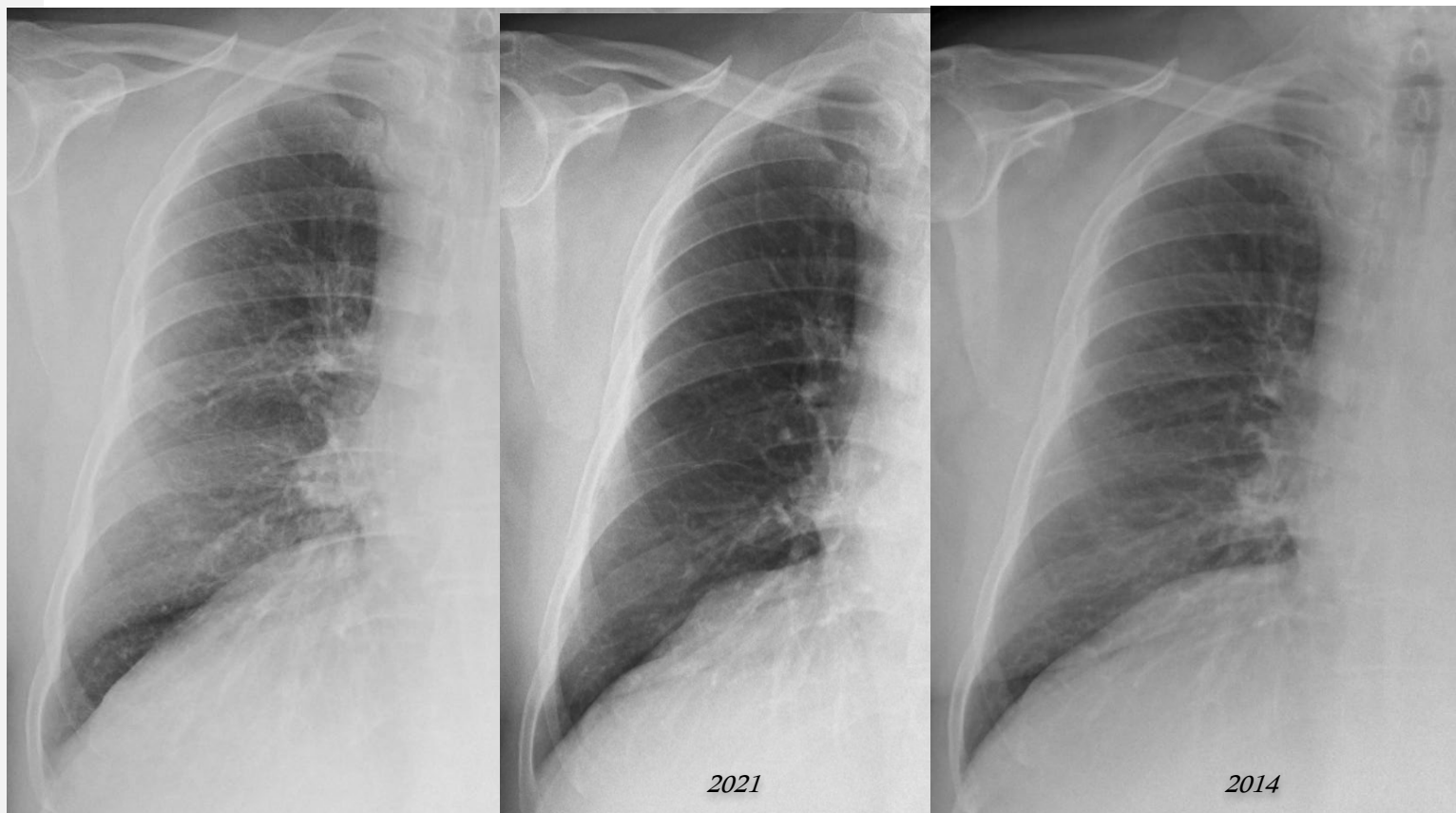


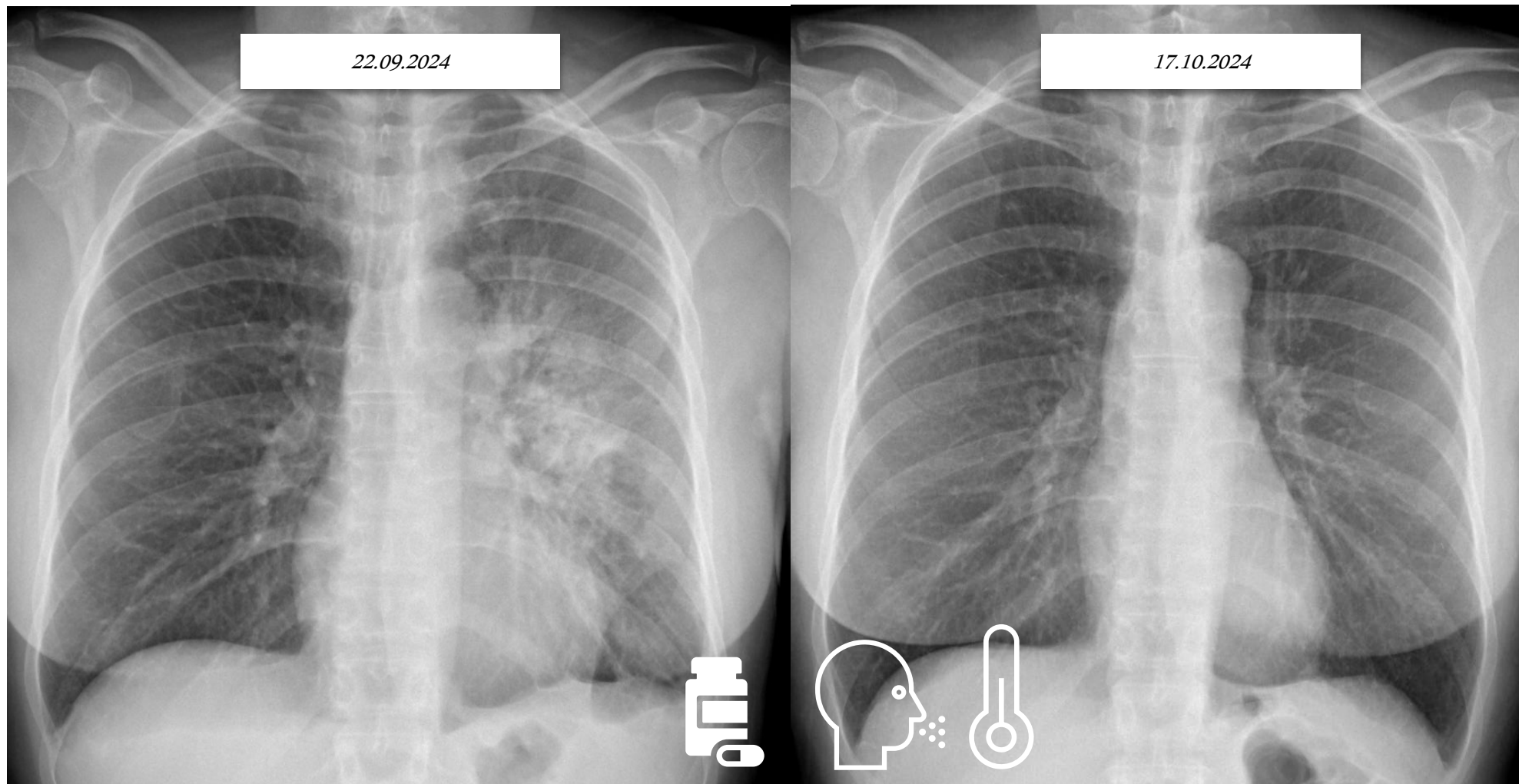


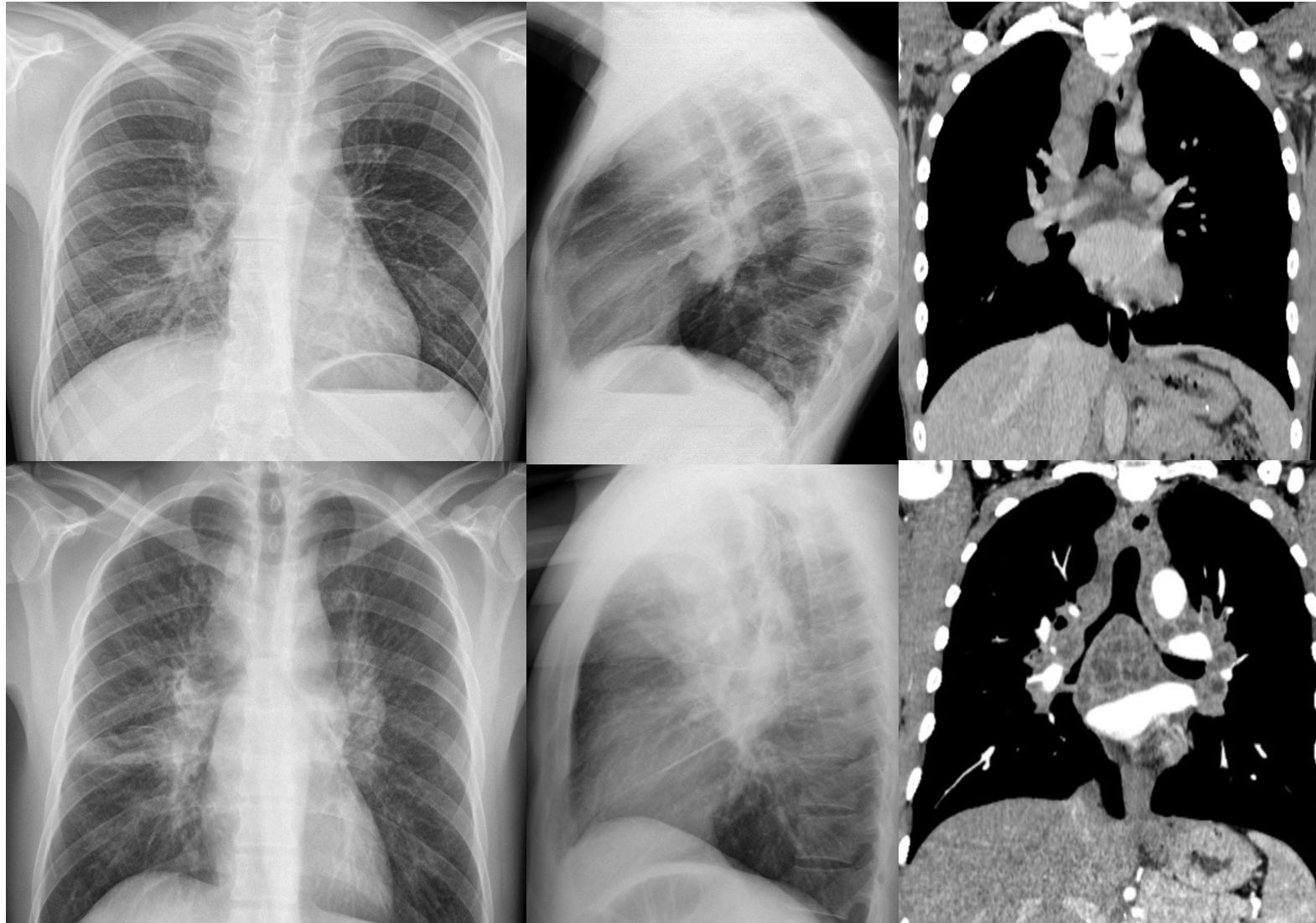


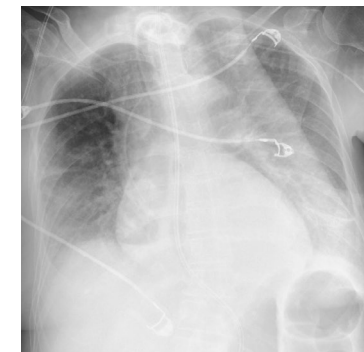
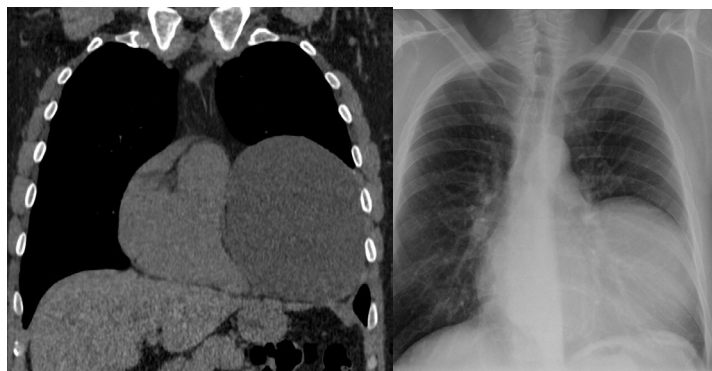
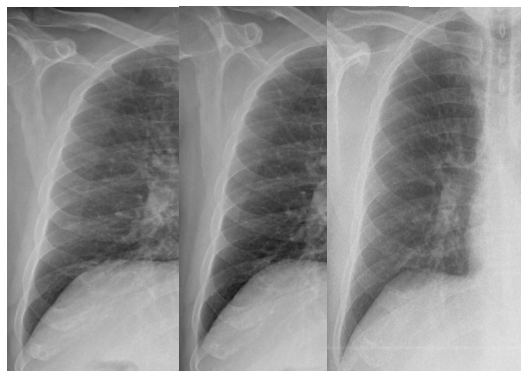








*LIMFOMA**TUBERCULOSI*



SISTEMÀTICA DE LECTURA CLAU PER LIMITAR ELS POSSIBLES ERRORS PER INTERPRETAR LA RADIOGRAFIA

ESPECIAL MIRAR ÀREES PROBLEMÀTIQUES: HILIS PULMONARS, ÀREA RETROCARDÍACA, ÀPEXS,...

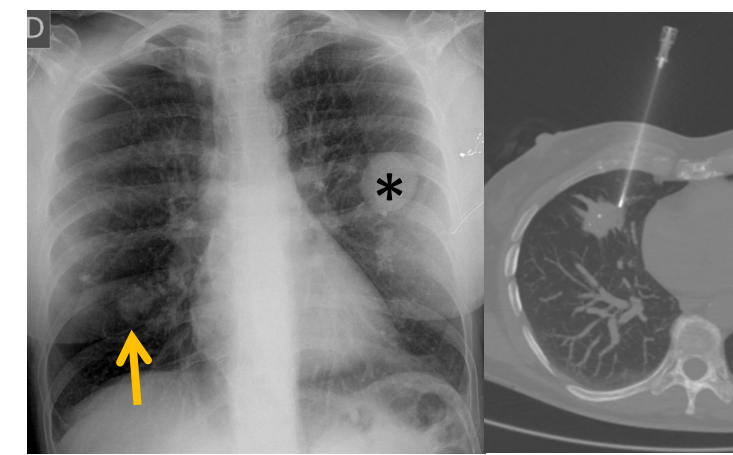
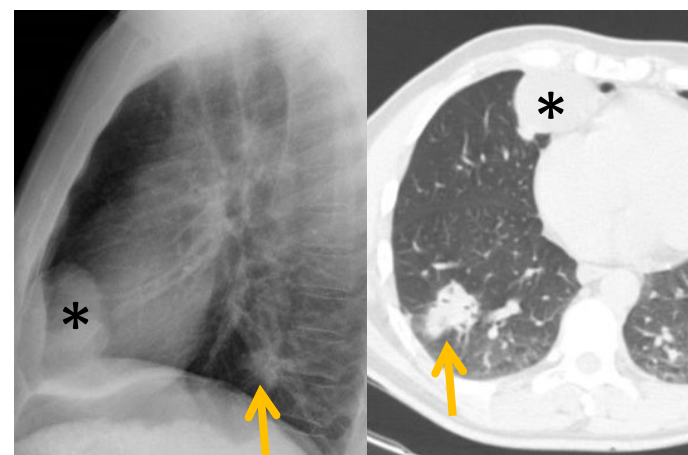
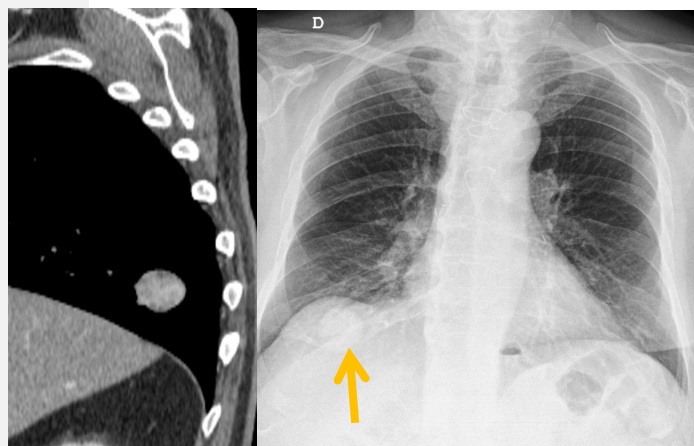
COMPARAR AMB ESTUDIS PREVIS. VALORACIÓ EVOLUTIVA

I: CB + RL + EP. INFORMACIÓ OBTINGUDA: CONEIXEMENTS BÀSICS SEMIOLOGIA (SIGNES DE LA SILUETA) + PROJECCIÓ LATERAL + DISPOSAR D'ESTUDIS PREVIS

EVITAR LA SATISFACCIÓ DE LA BÚSQUEDA

IMPREScindIBLE UNA BONA TÈCNICA D'EXPLORACIÓ

EVITAR ERRORS DE PERCEPCIÓ



Moltes gràcies per la vostra atenció

Salut/  **Trueta**
Hospital de Girona



Salut/ Institut de
Diagnòstic per la
Imatge

Sergi Juanpere

sergi.juanpere.idi@gencat.cat

