

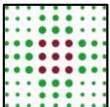
Le Malformazioni della Parete Toracica

Dott. Luca Ampollini

Chirurgia Toracica

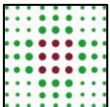
Azienda Ospedaliero-Universitaria di Parma

I Martedì dell'Ordine – 6 marzo 2012

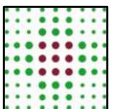


Malformazioni della parete toracica

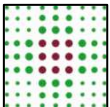
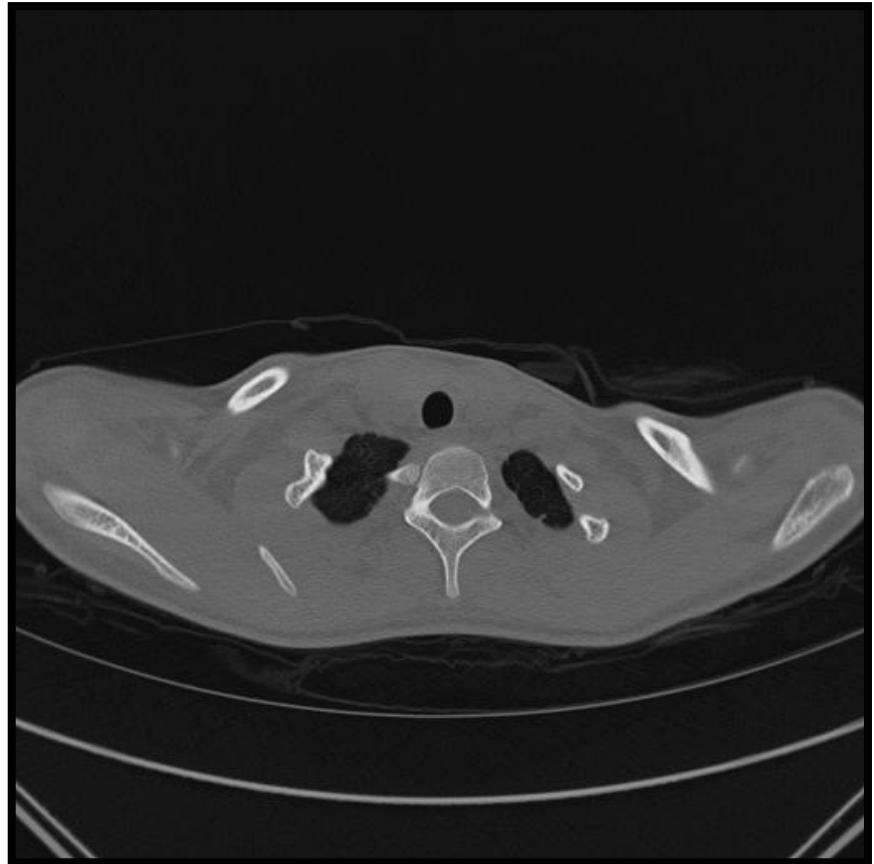
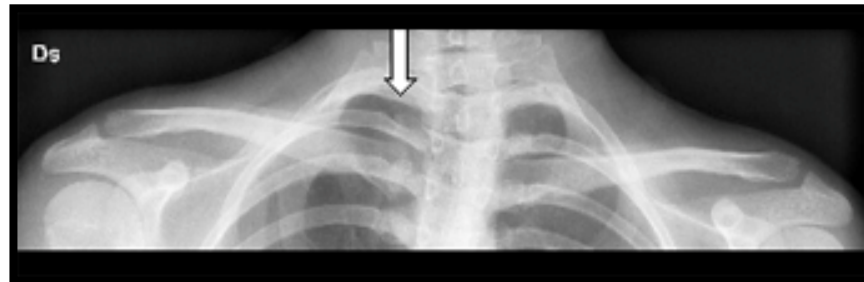
- Pectus excavatum
- Pectus carinatum
- Sterno bifido
- Anomalie costali
 - Costa bifida
 - Costa soprannumeraria
 - Fusione/agenesia coste
- Ernie parietali secondarie a anomalie acquisite



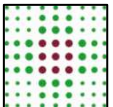
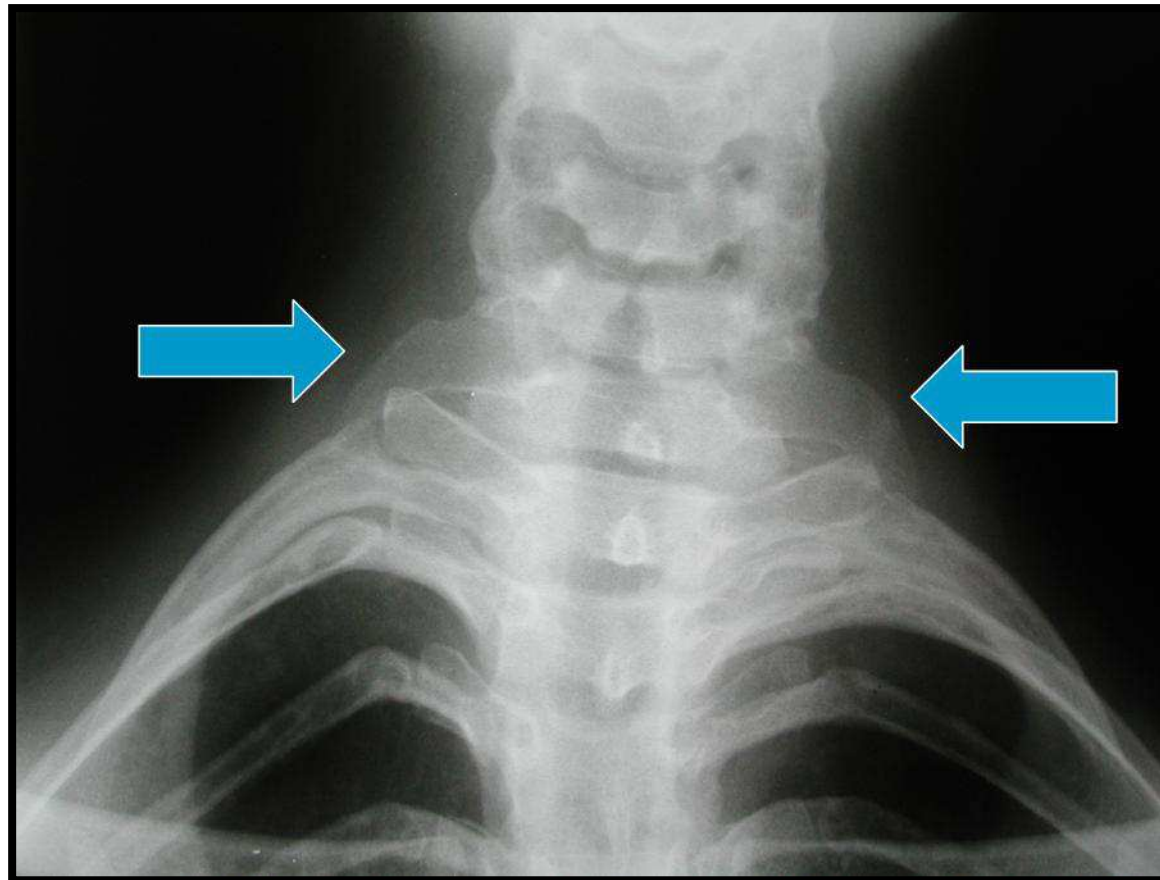
Costa bifida



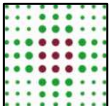
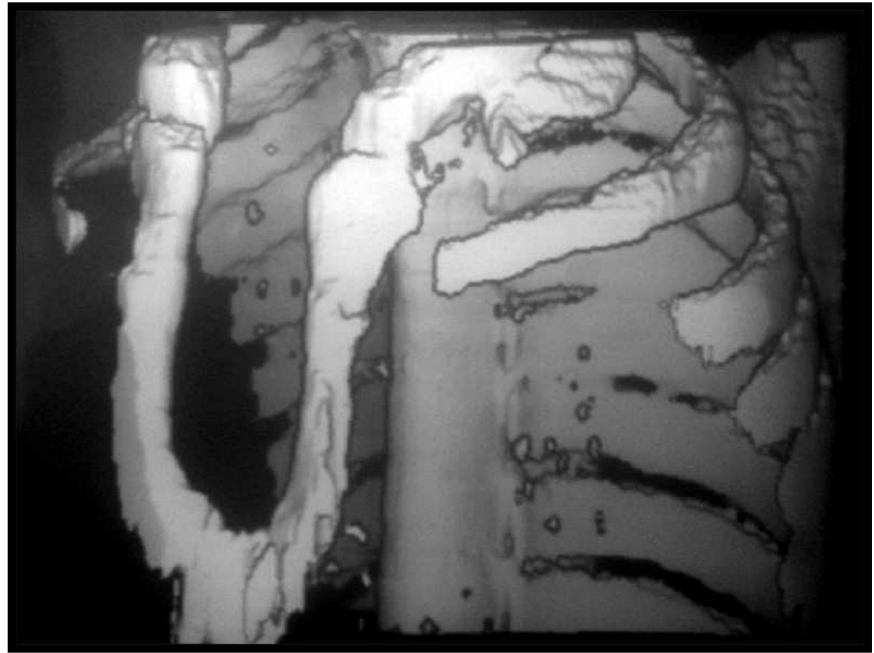
Fusione costale



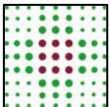
Costa cervicale bilaterale



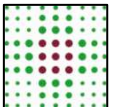
Sterno bifido



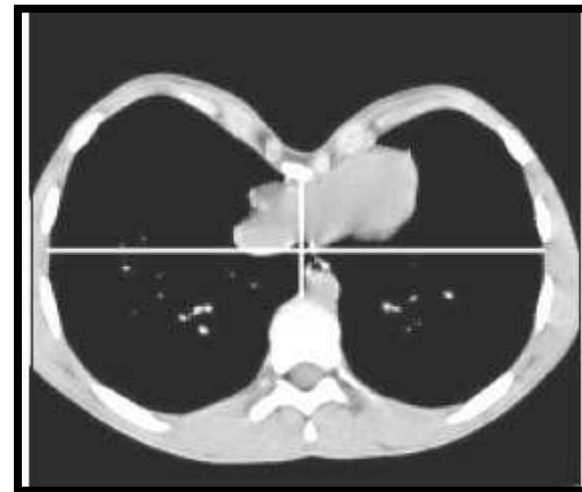
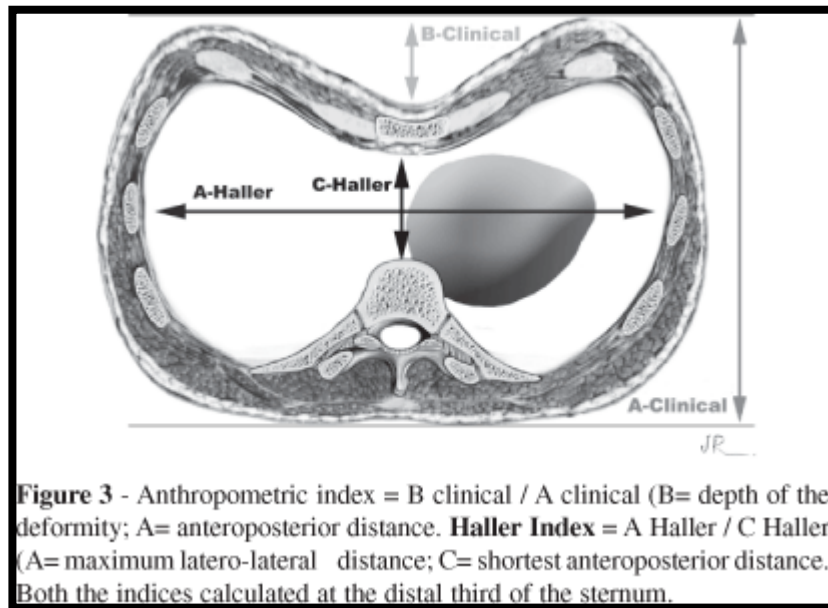
Pectus Carinatum



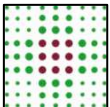
Pectus Excavatum



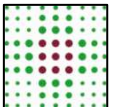
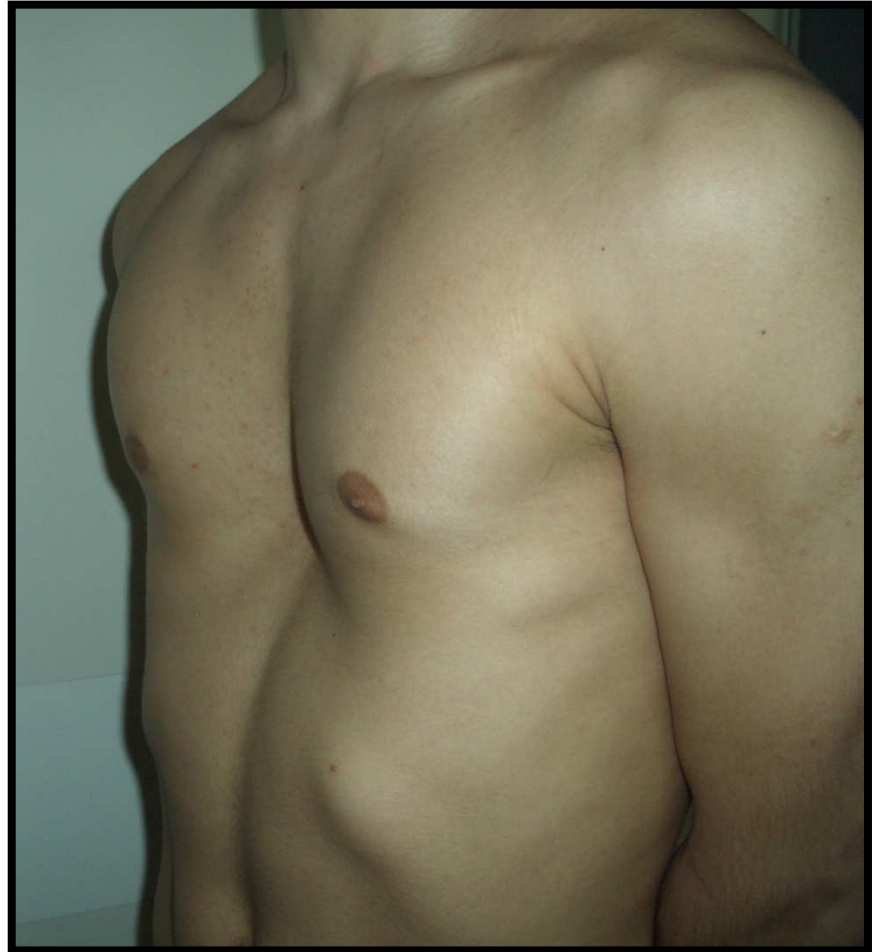
Indice di Haller



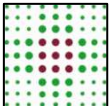
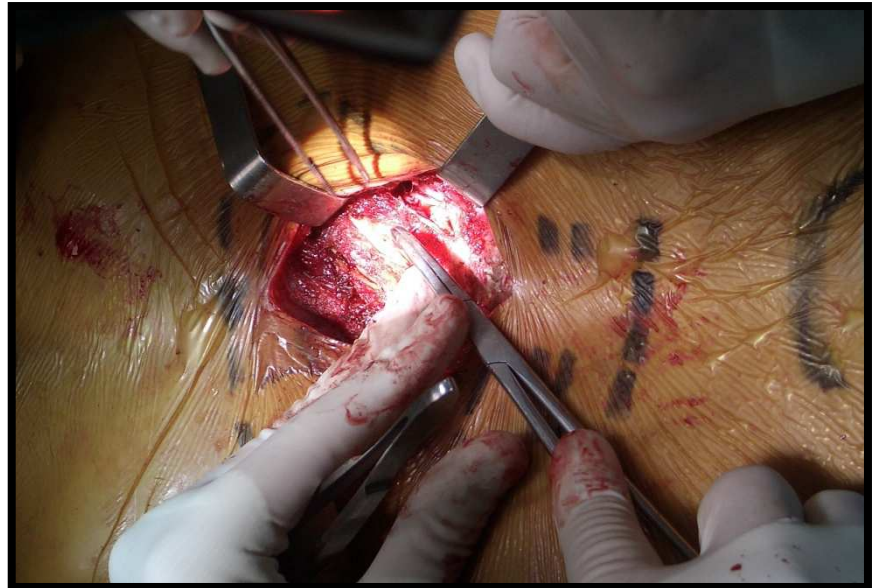
Un indice di Haller > 2,5 è considerato significativo ed un'indicazione di massima alla correzione chirurgica del pectus. Un pectus con indice di Haller > 3.2 è considerato severo.



Pectus Excavatum

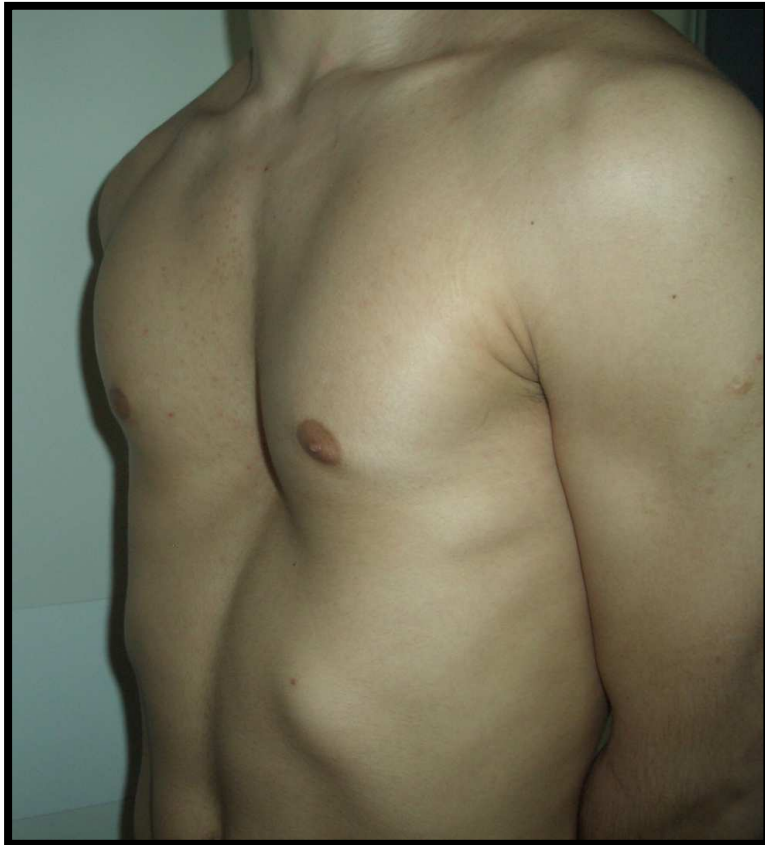


Pectus Excavatum (2)

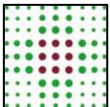
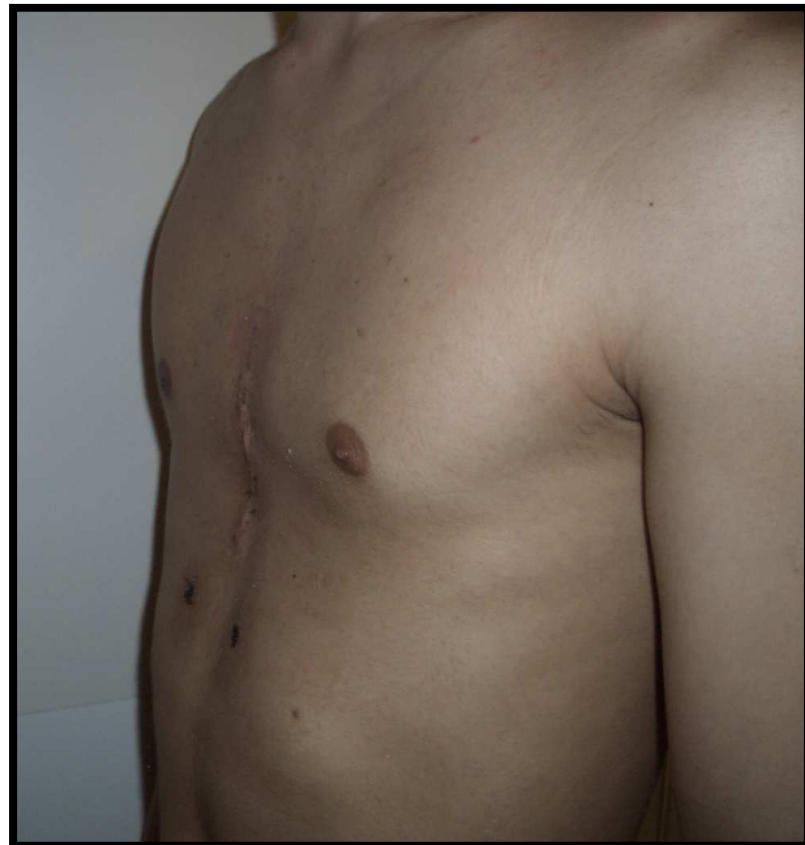


Pectus Excavatum (3)

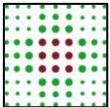
Preoperatorio



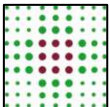
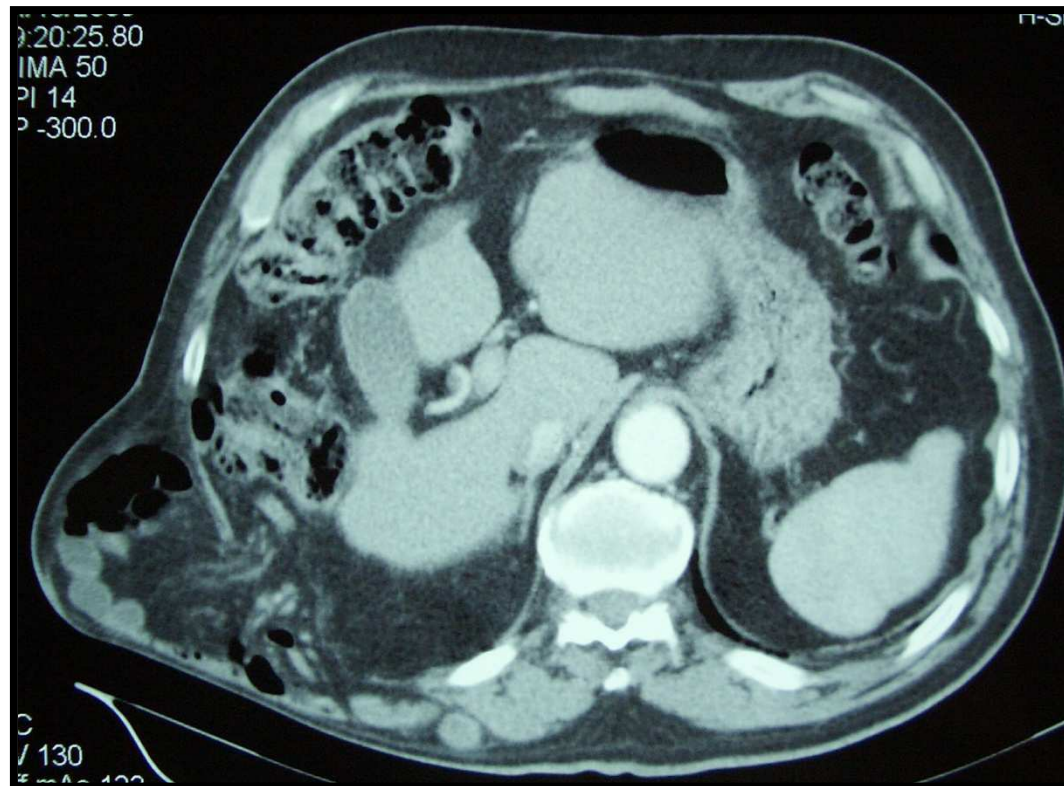
Postoperatorio



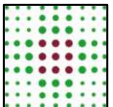
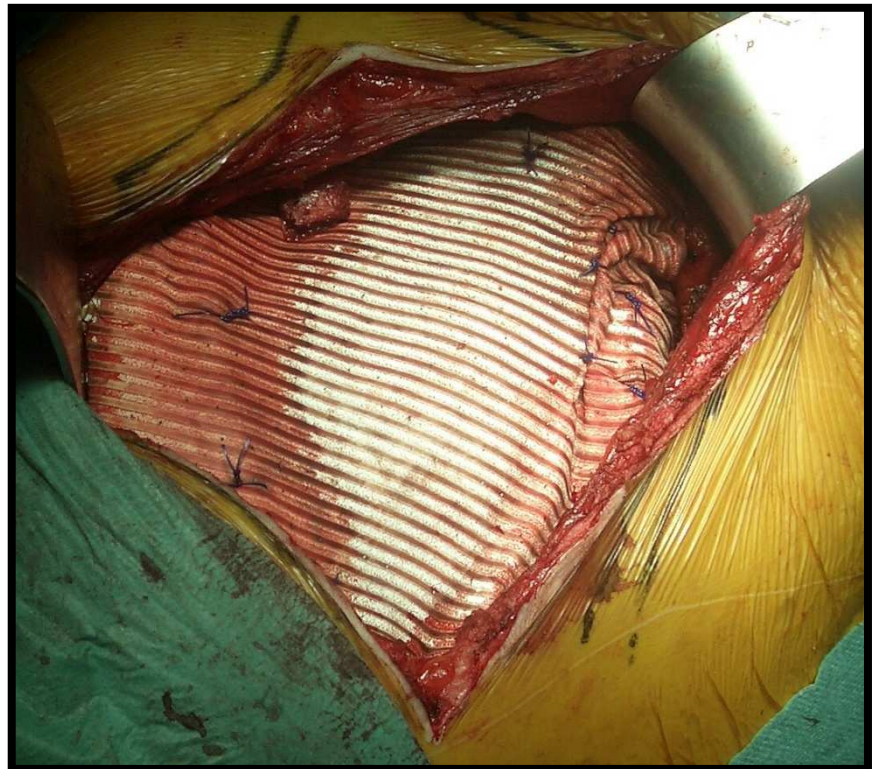
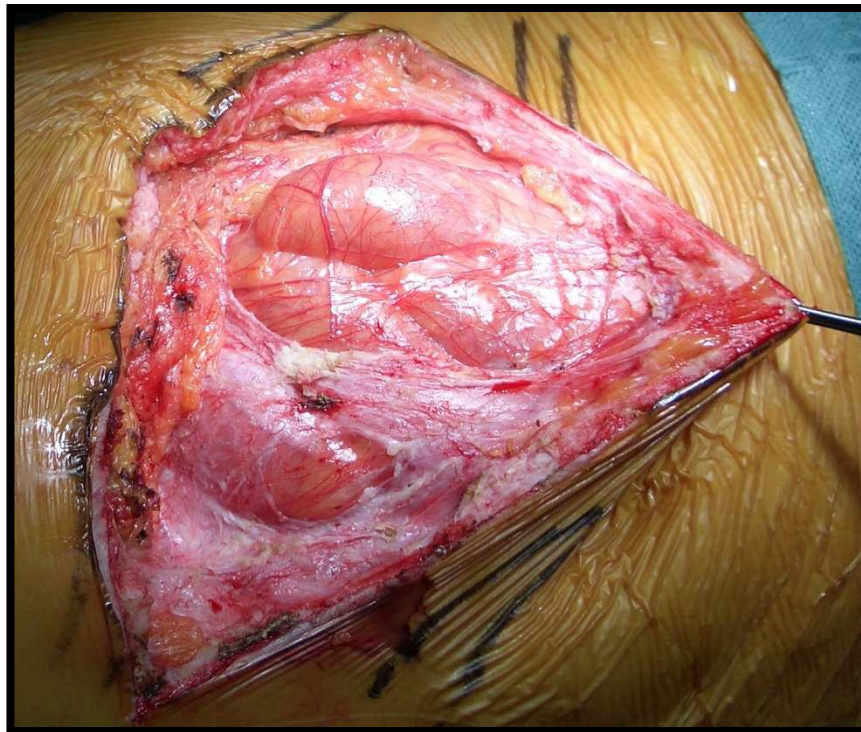
Ernia parietale toracica



Ernia parietale toracica (2)

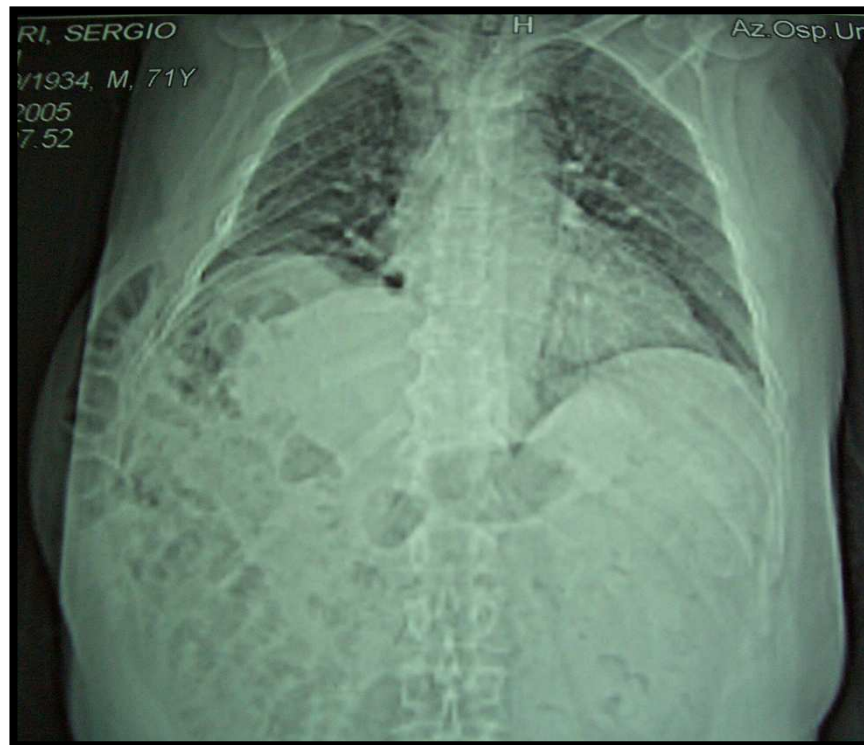


Ernia parietale toracica (3)



Ernia parietale toracica (4)

Preoperatorio



Postoperatorio

