

8vo Congreso Argentino de
Neumonología Pediátrica
SOCIEDAD ARGENTINA de PEDIATRIA

Bronquiectasias No FQ
Lo que necesito saber en imágenes
del torax

Dr. Hugo Robledo
Córdoba - Argentina

Bronquiectasias No FQ

Herramientas y Técnicas de diagnostico

Tips

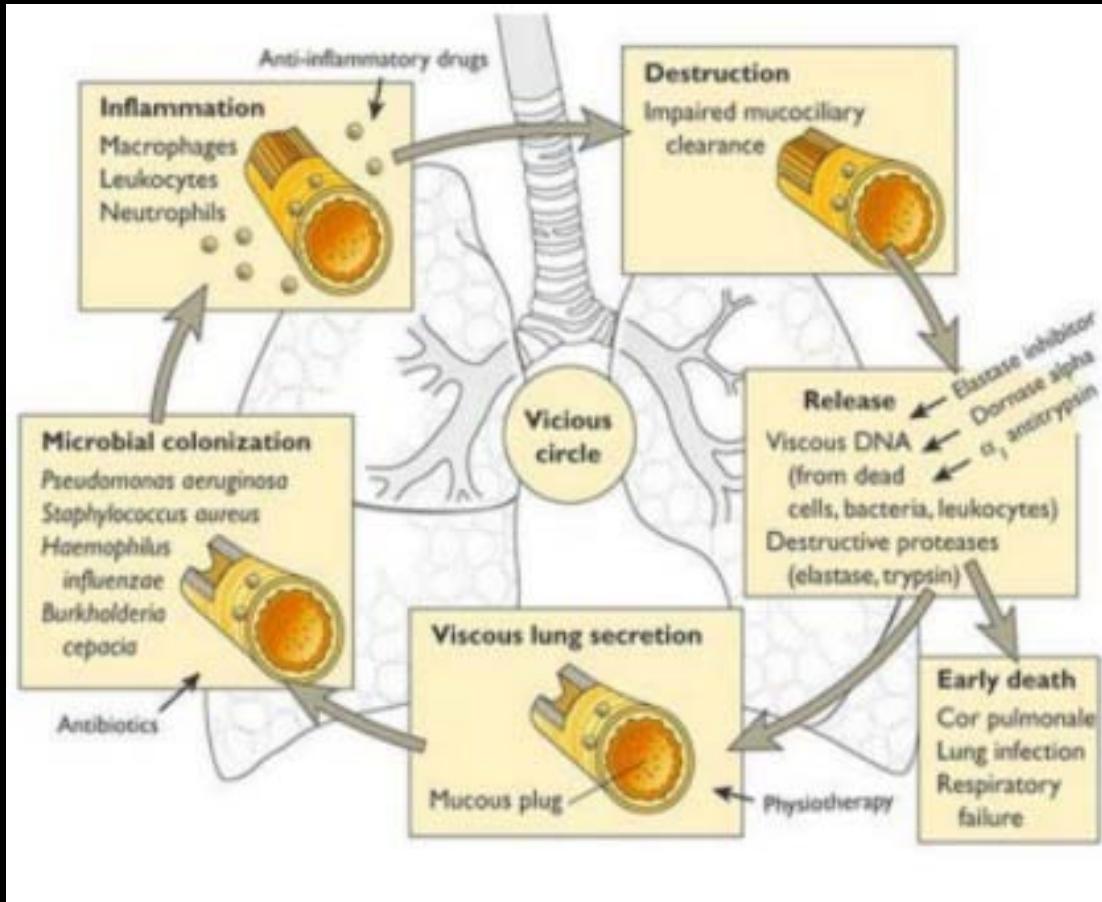
RX 1er step menos sensible

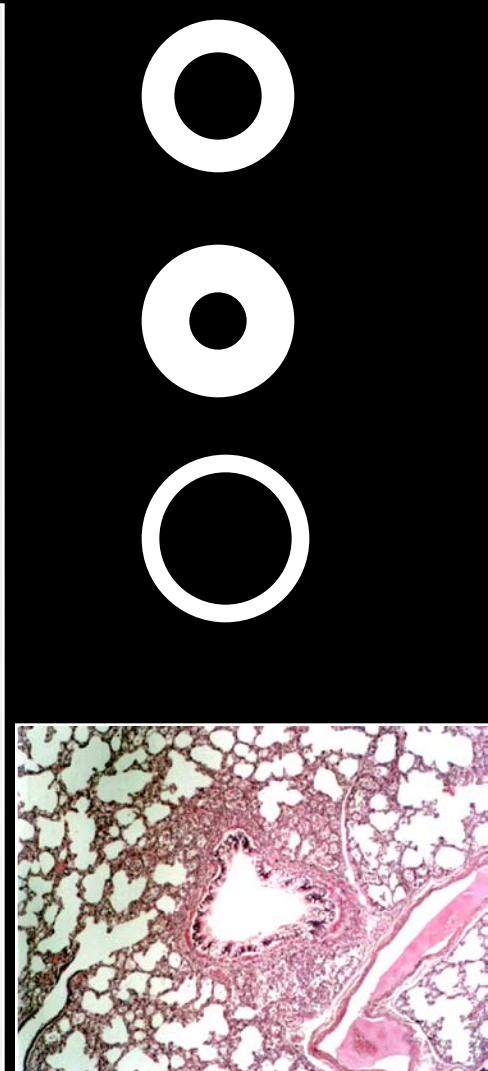
TAC mas sensible Sirve para clasificación
distribución aproximación diagnostica

Técnica : AR Minip MIP Dinámica MPR

Volumetría Endoscopia virtual

Mecanismo









Bronquiectasias

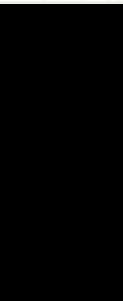
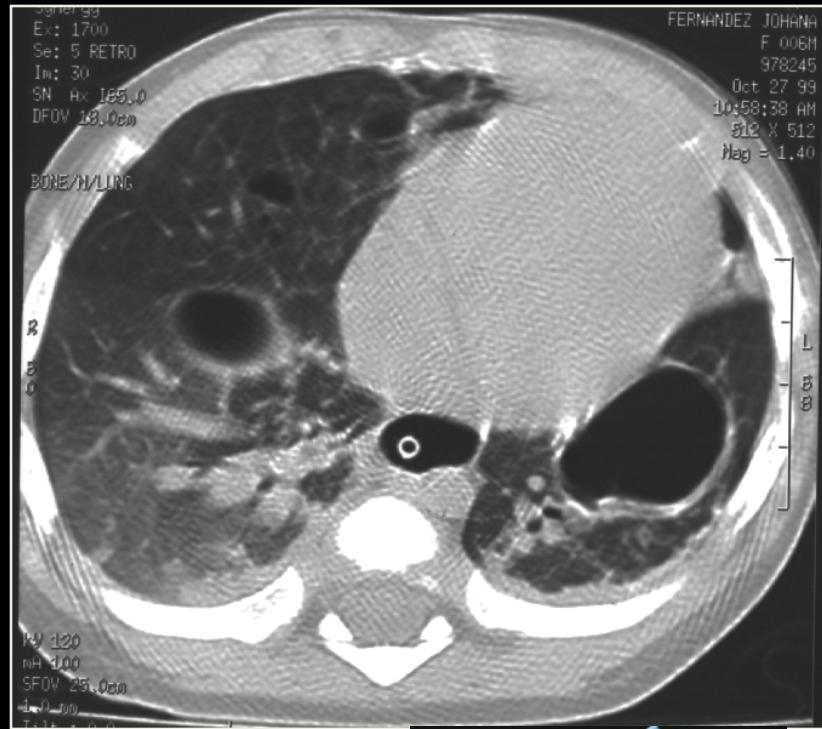
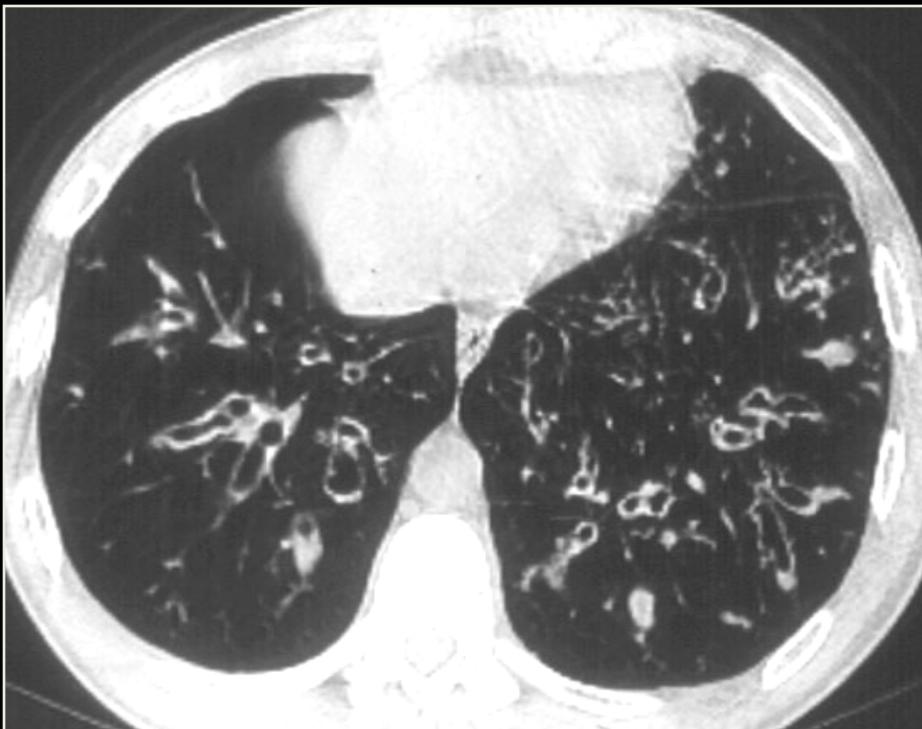
- Engrosamiento de paredes bronquiales
- Falta de reducción de calibre bronquial progresivo hacia la periferia (vía de tren)
- Alteración de la relación normal bronquio - arteria (anillo de sella) del 1:1 a 0.74-1 (The image definition of bronchiectasis in Children Ped Pulmonol 2018;53 6-7)
- Etapas iniciales de afectación bronquial (árbol en brote - patron en mosaico)
- Hallazgos asociados – Clasificación - Distribución

Bronquiectasias Diferencias Adultos Niños

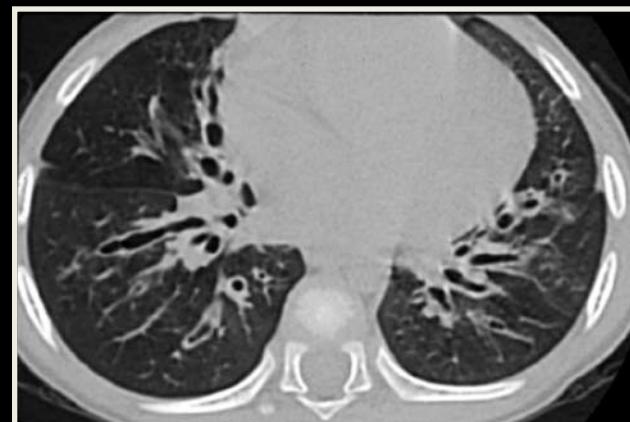
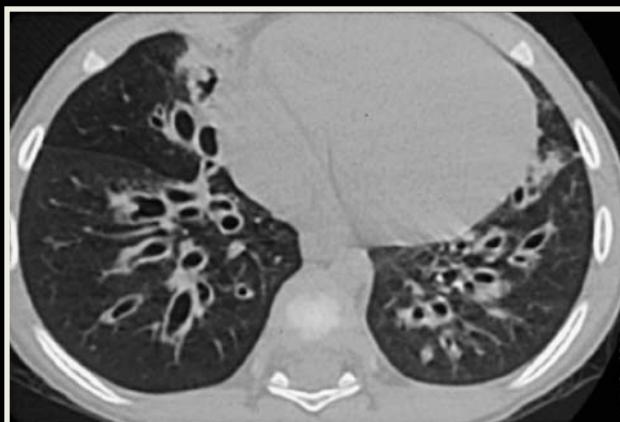
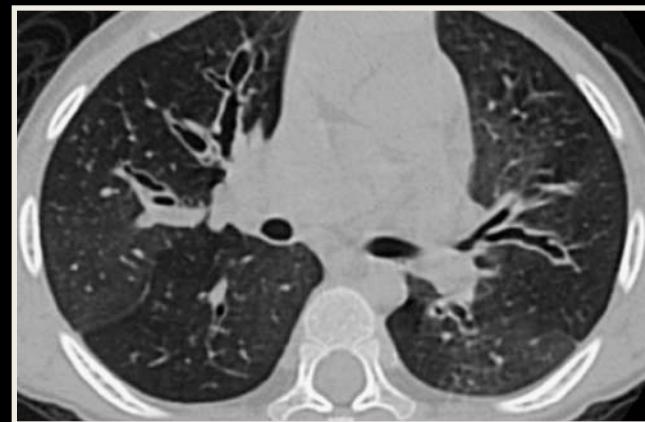
- Tamaño de vía aérea
- (Bronchoarterial ratio on HRCT scan of the chest in children need to redefine bronchial dilatation Chest 2011 Jun 139 ; 6 1445-1450)
- Reversibilidad
(Reversible bronchial dilatation in children: comparison of serial high-resolution computer tomography scans of the lungs.Eur J Radiol 2003 Sep;47(3):215-20.)

Bronquiectasias

Cilíndricas Varicosas Saculares Tapones Mucosos

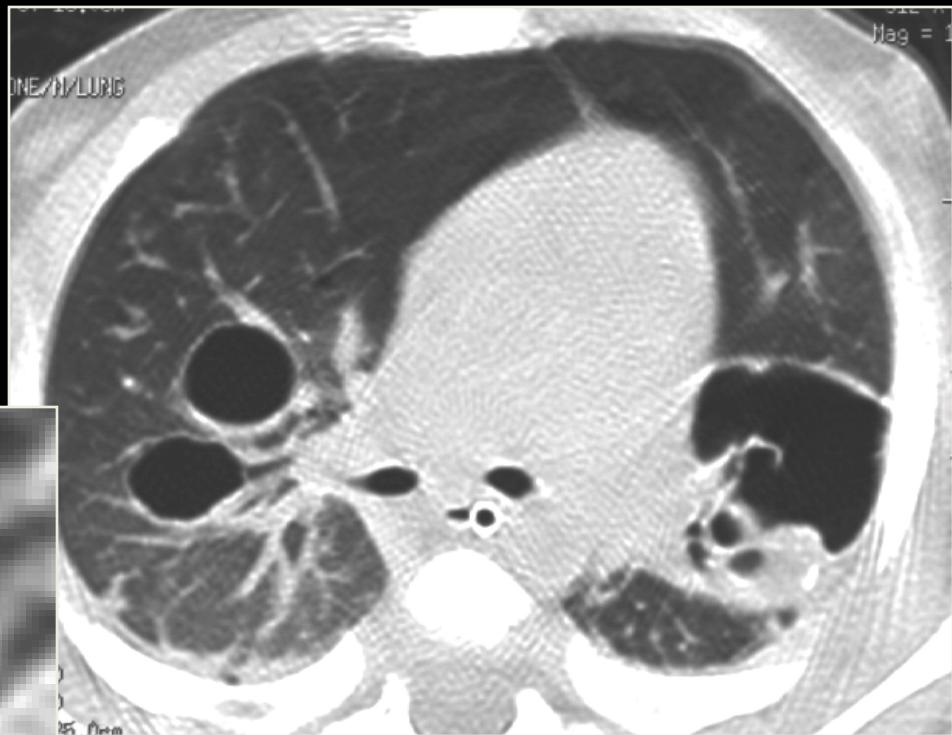
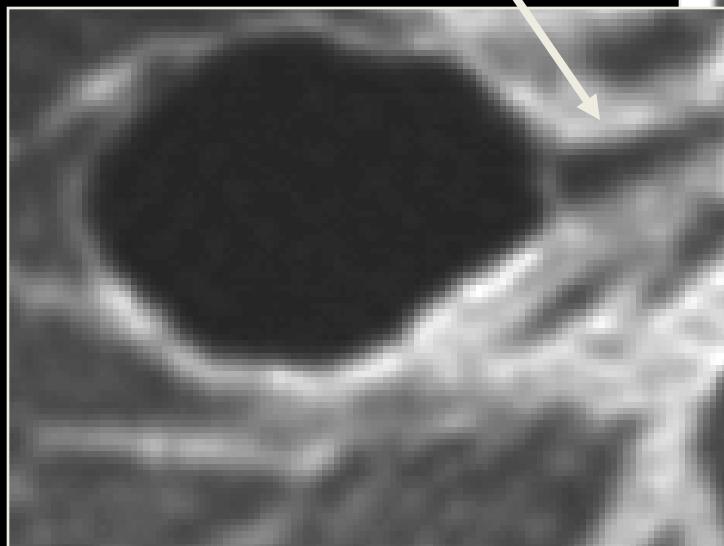


Bronchiectasias

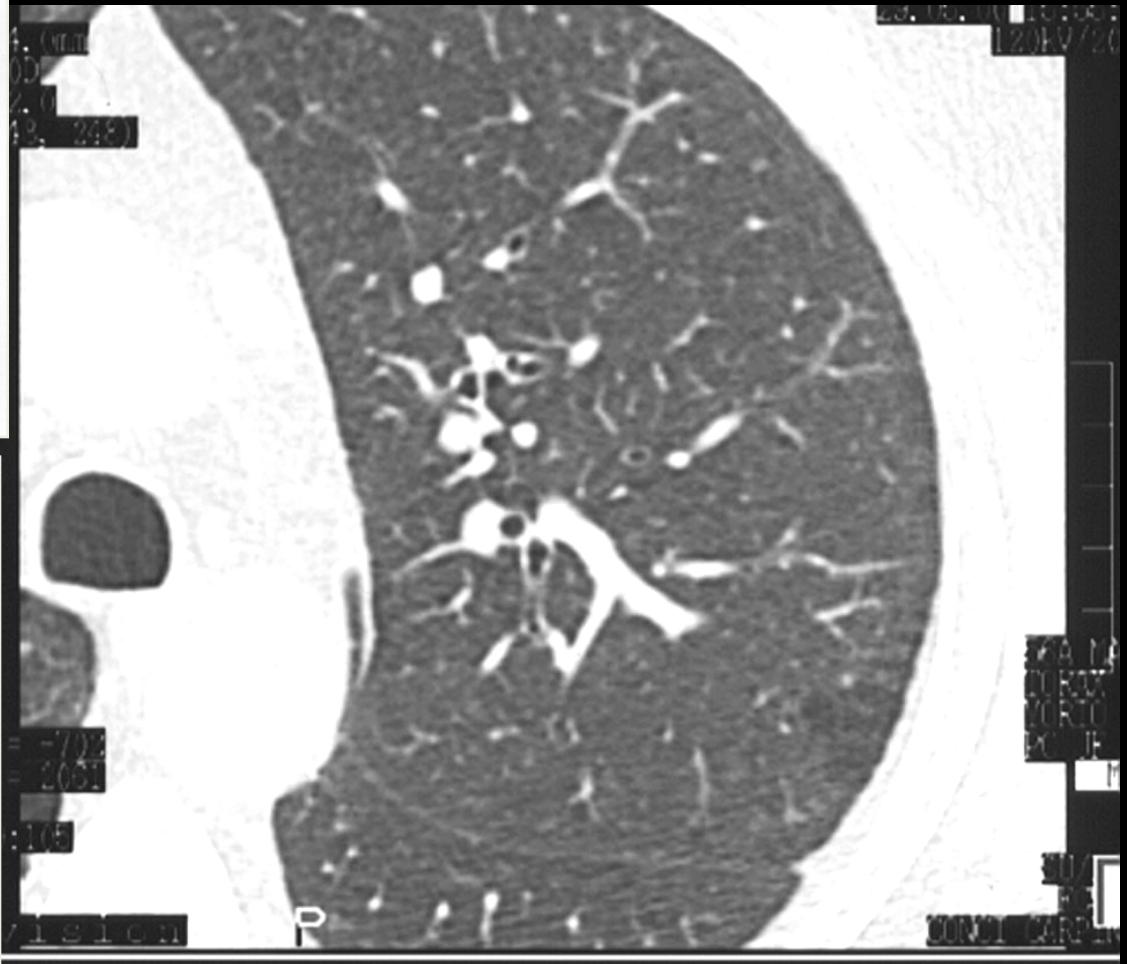
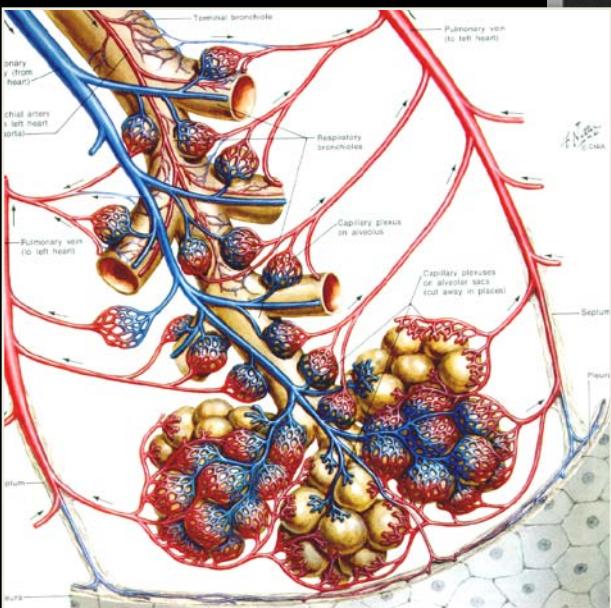
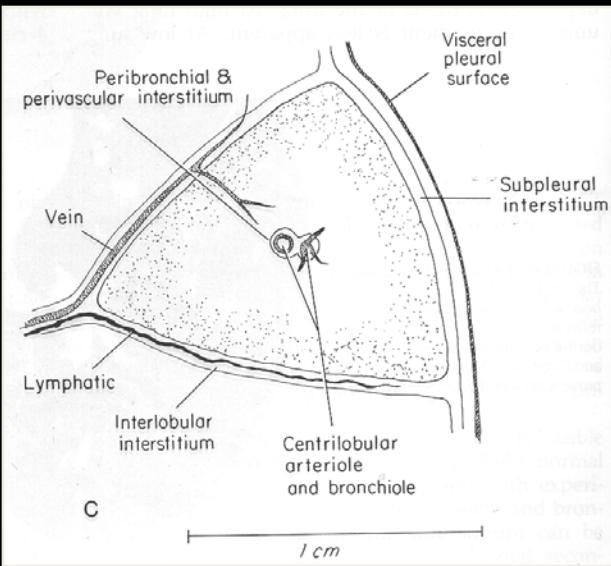


Bronquiectasias Quísticas

BRONQUIO

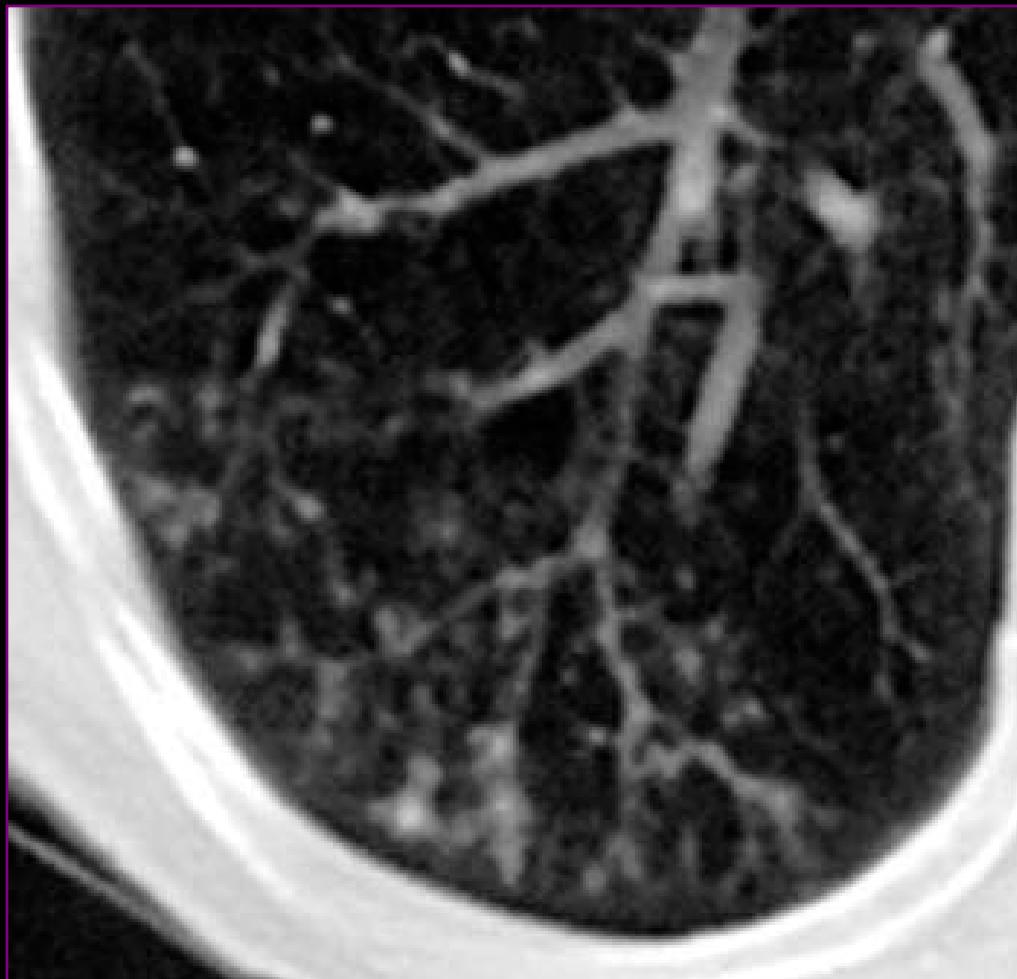


Lobulillo Pulmonar Secundario

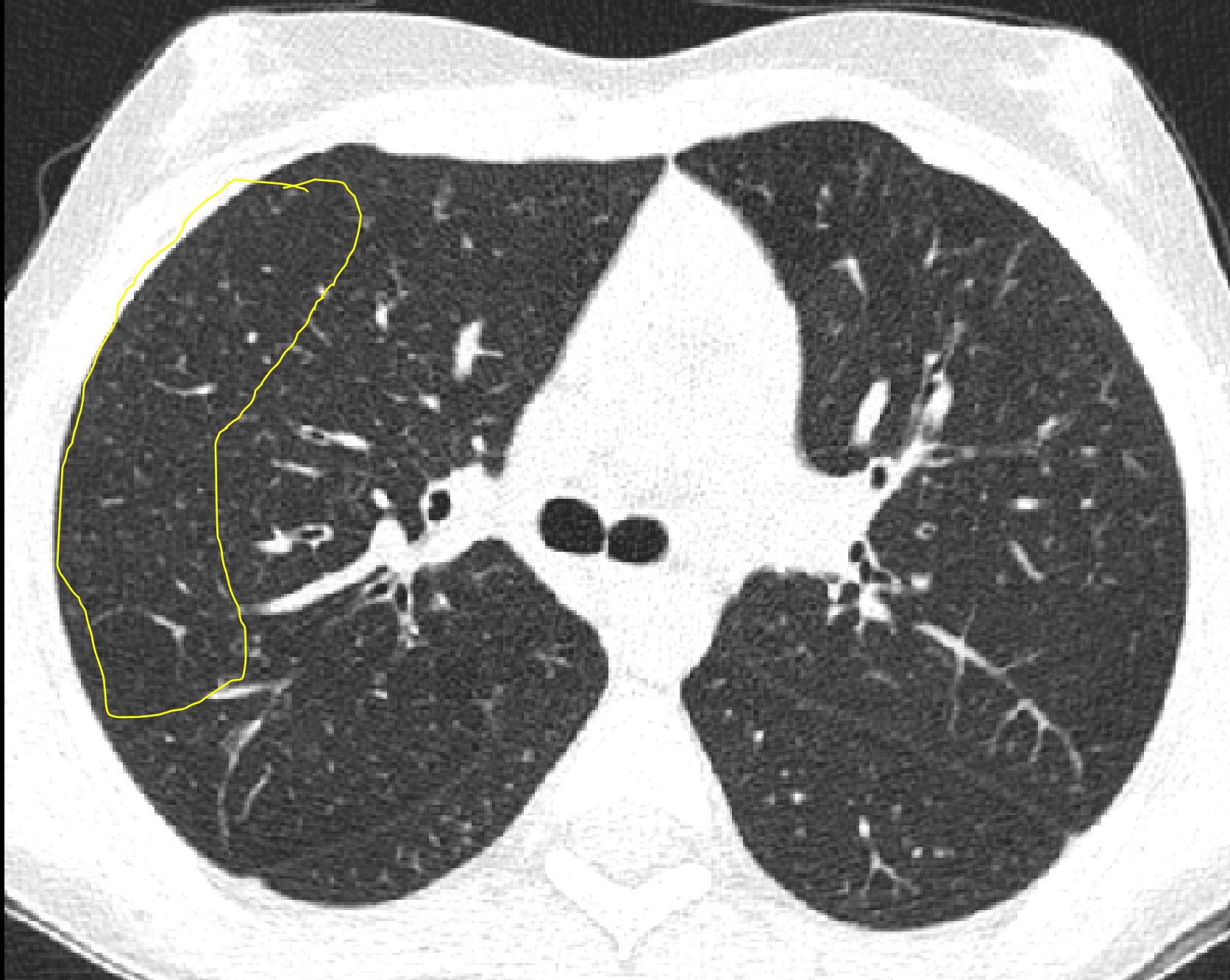


TAC de ALTA RESOLUCIÓN: 1mm Espesor, Filtro, mAs

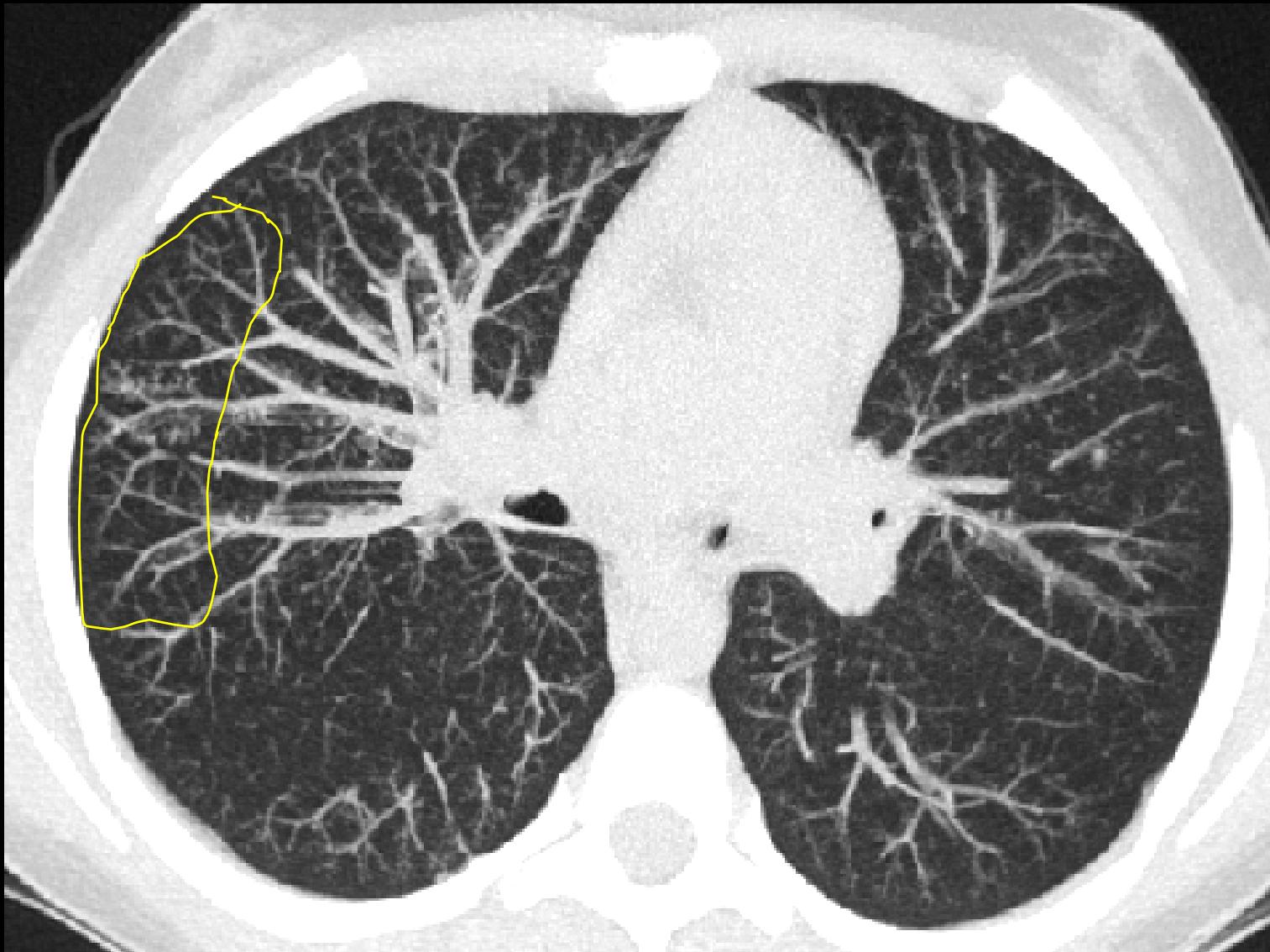
Bronquiolitis

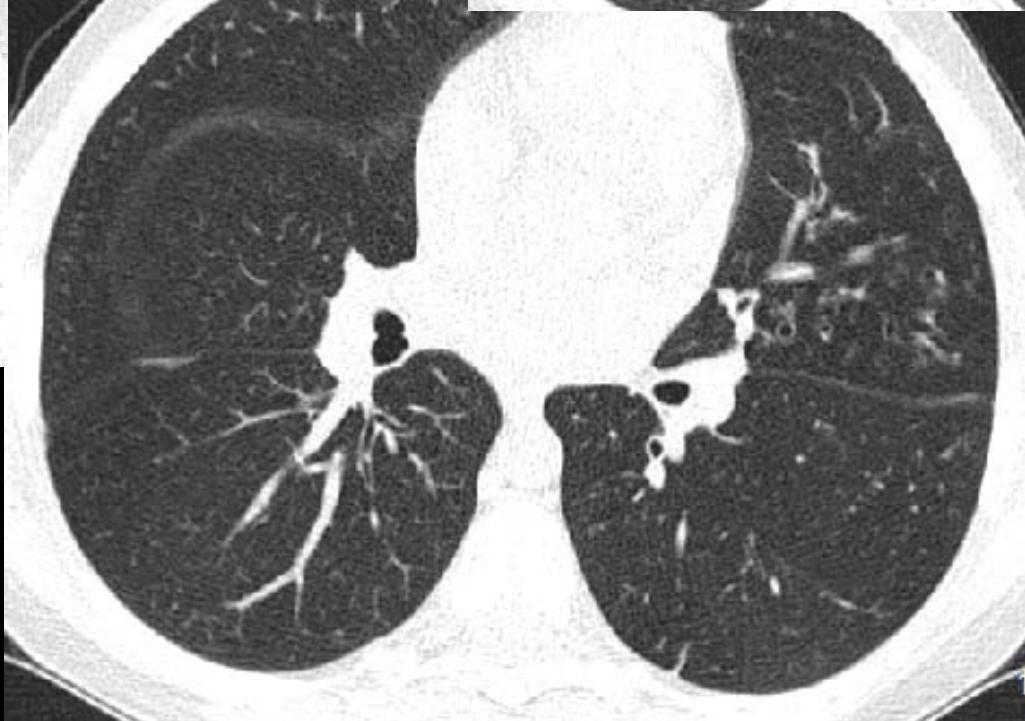
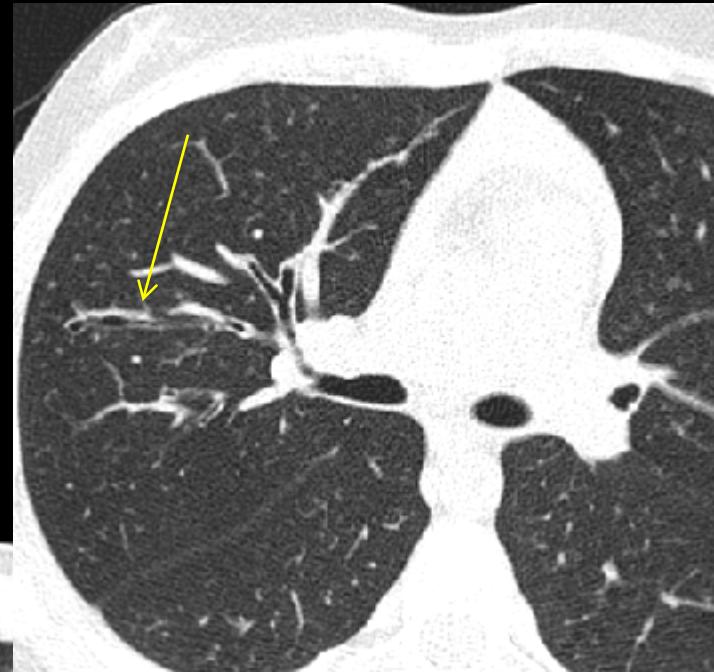
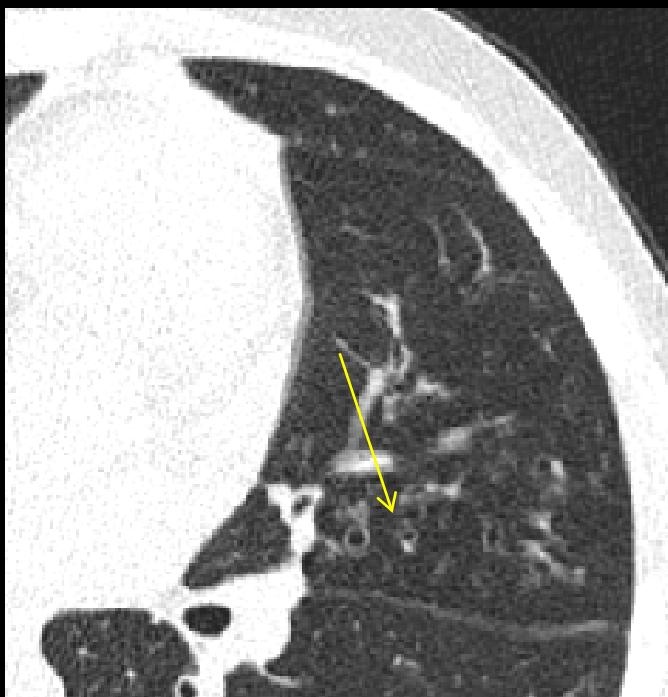


todocolección

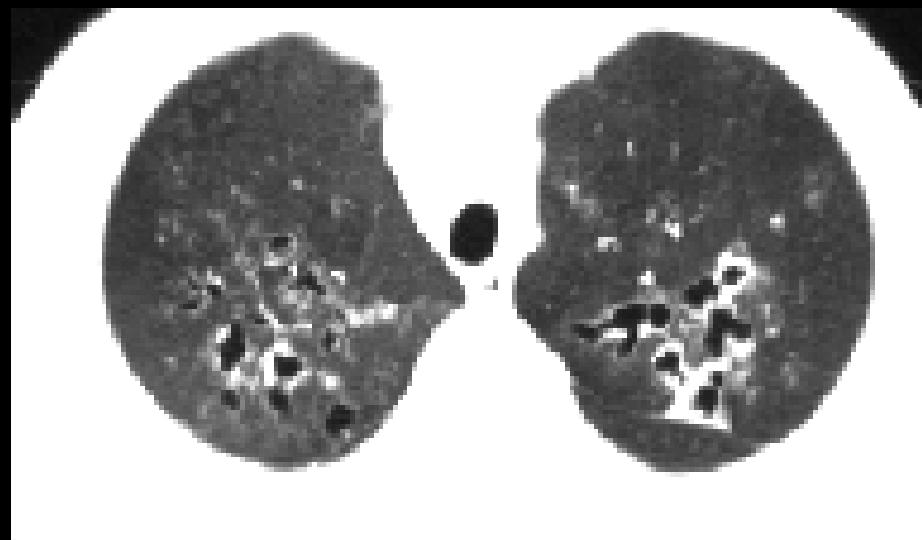


MIP del paciente arbol en brote





Minip



PULMONO

AR

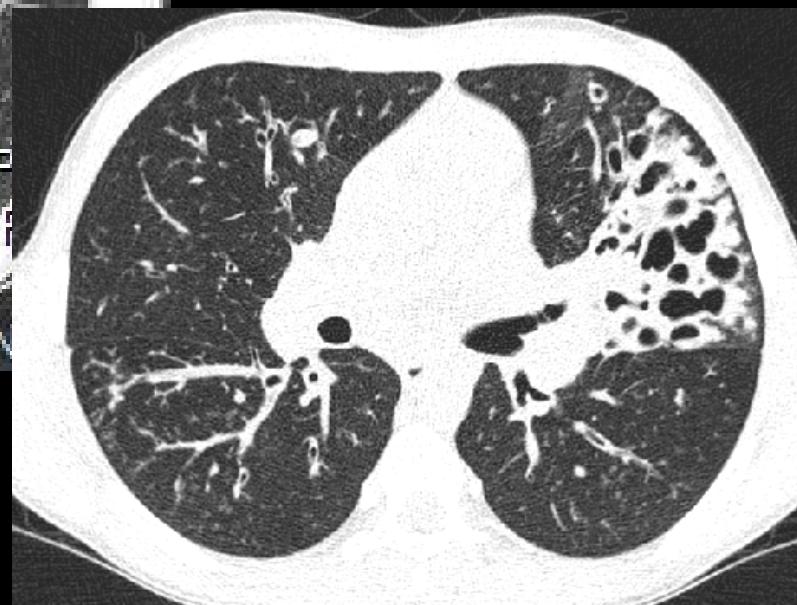


160.9 mm

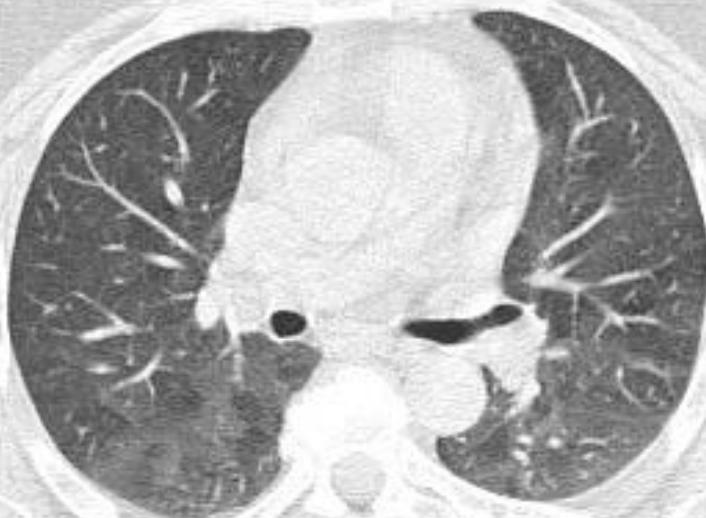


146.9 mm

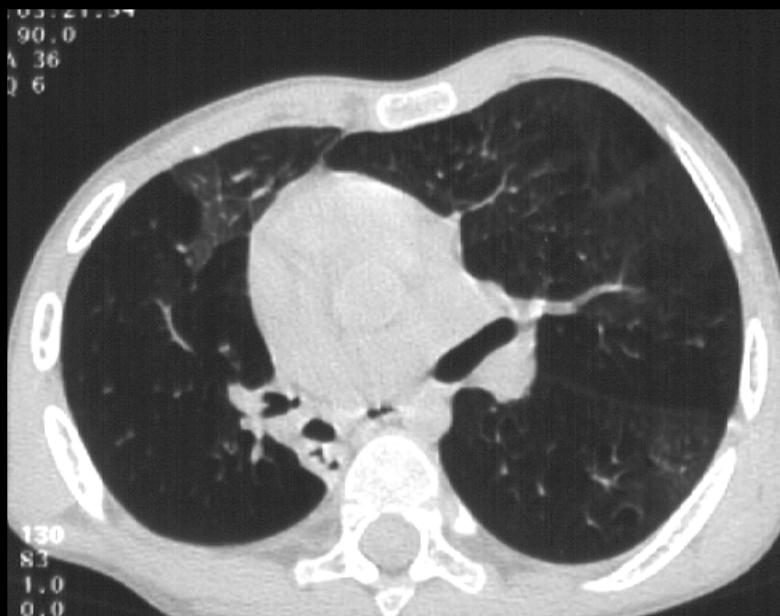
600



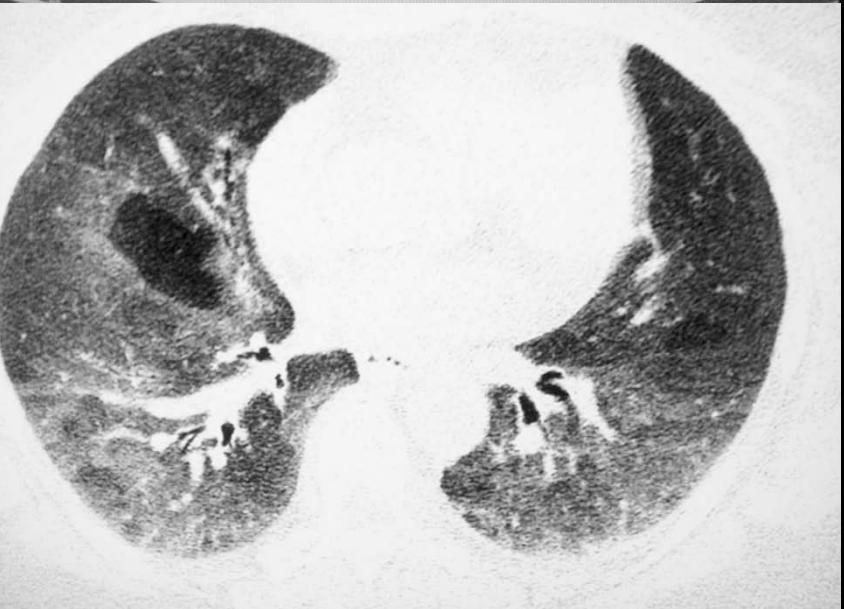
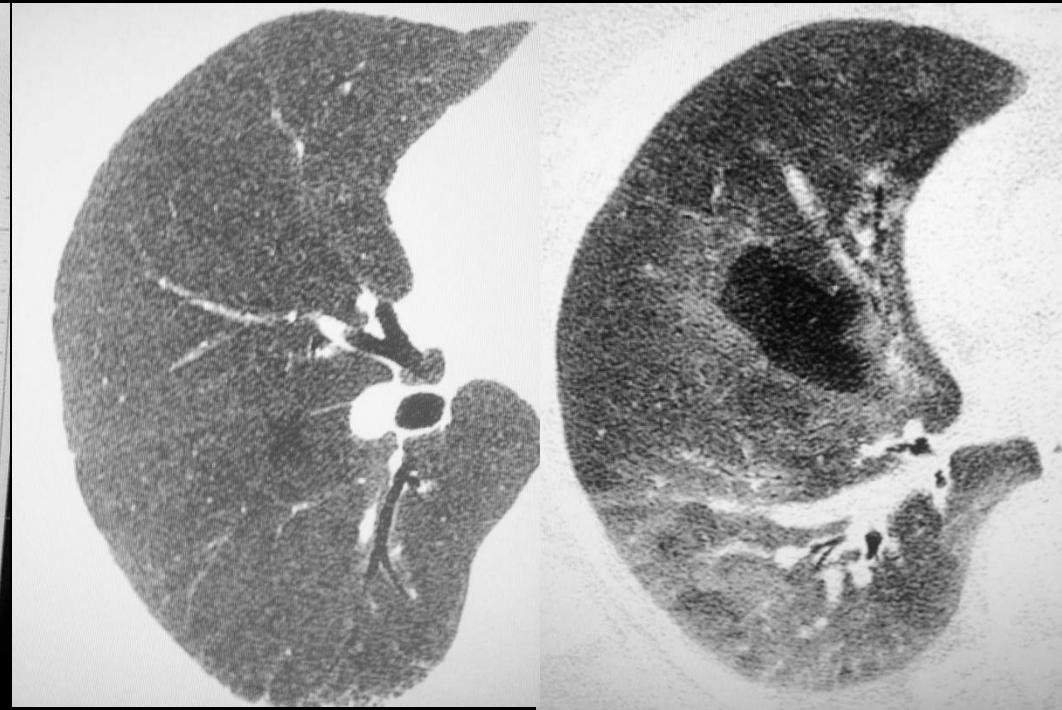
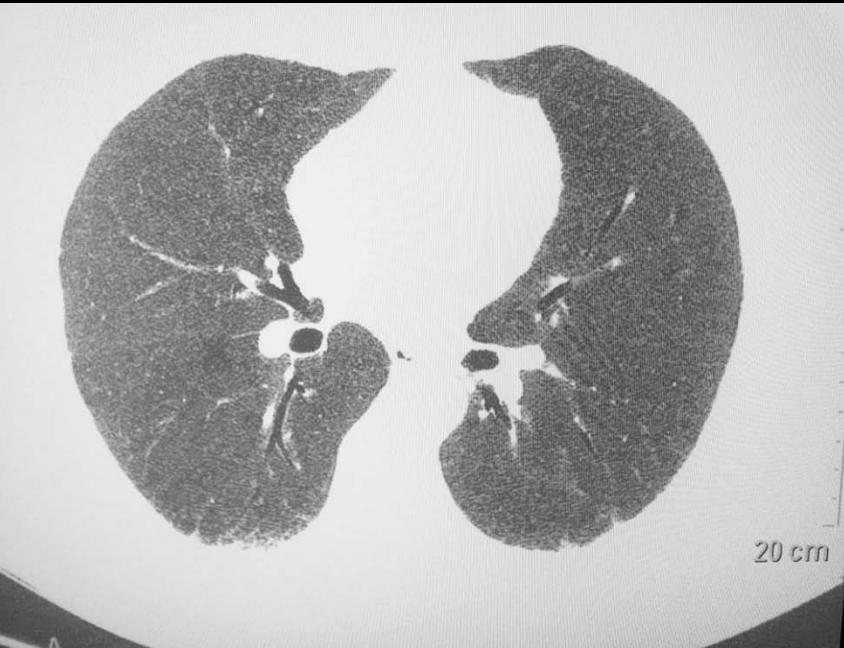
Atrapamiento Aereo (Inspi - Espi)



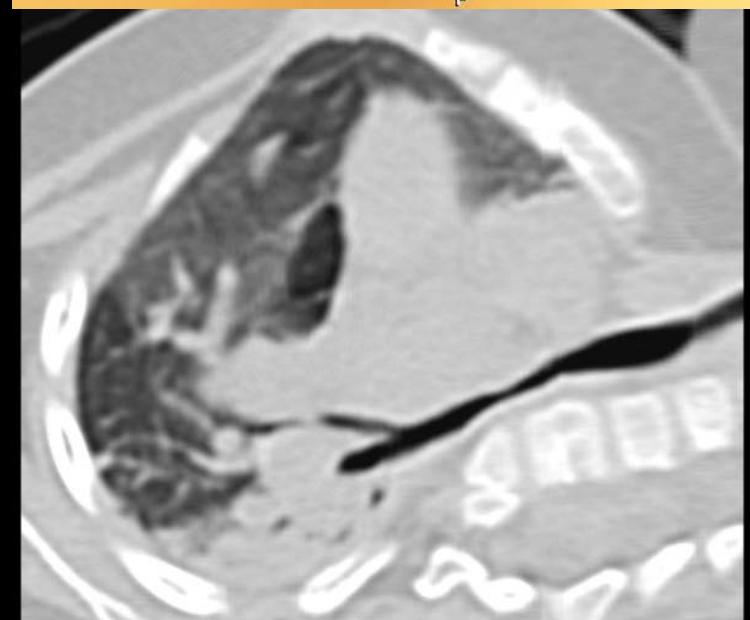
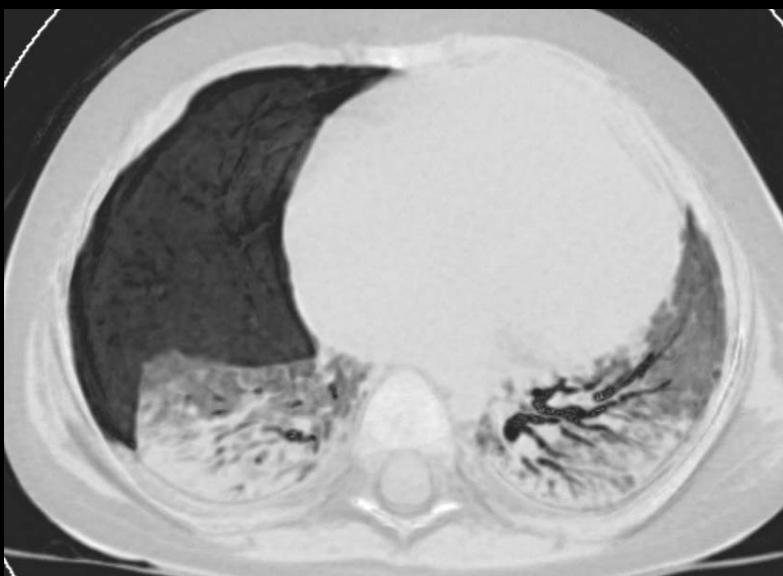
Atrapamiento Aereo



Minip inspiracion - espiracion atrapamiento aereo



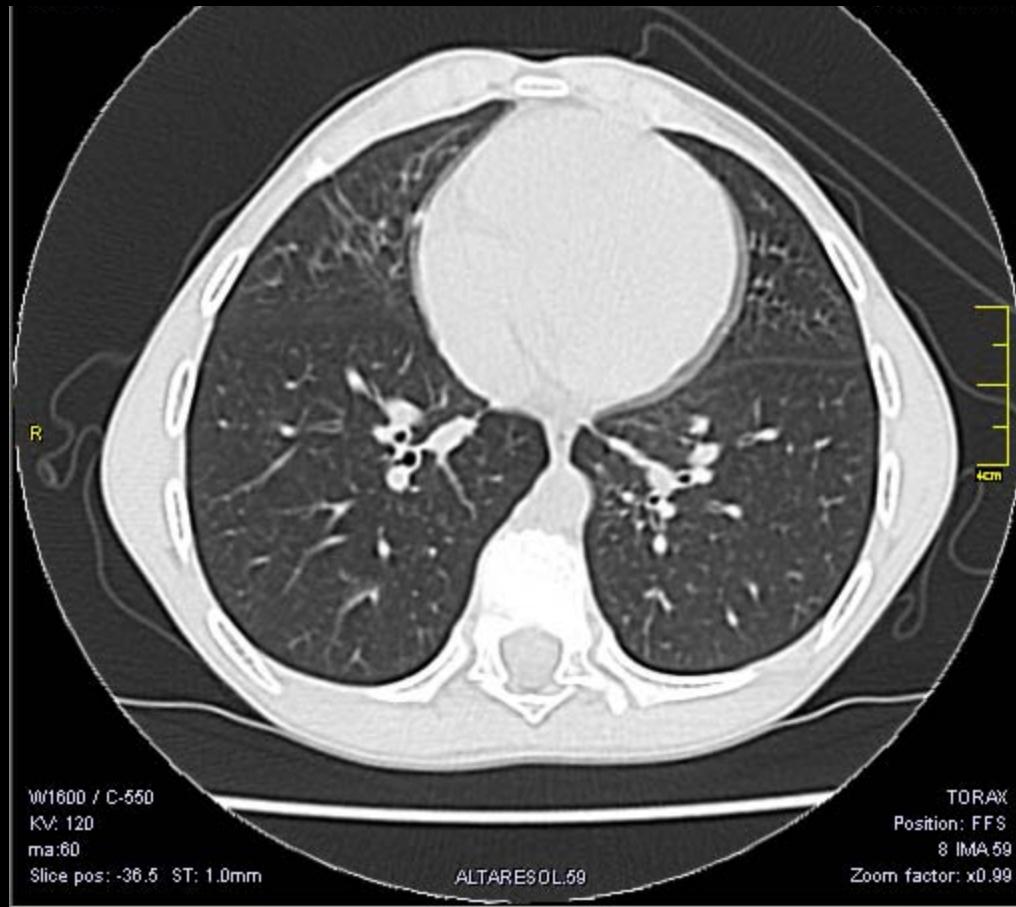
Obstrucción parcial fenómeno valvular



Identificando BQ en condiciones adversas lactante mascara



Artefactos que confunden



Bronquiectasias No FQ Causas

- Infección o aspiración (Aspiracion Recurrente,TBC,Mycobacterias atípicas,Swyer James)
- Congénitas (Disquinesia ciliar,atresia bronquial,Mounier Khun,Williams Campbell)
- Enfermedad difusa pulmonar fibrosante (fibrosis pulmonar ,distress,sarcoidosis)
- Lesión endo o peribronquial (Tumor, Cuerpo Extraño , estenosis, compresión)
- Otras (bronquiolitis obliterante pos TX)

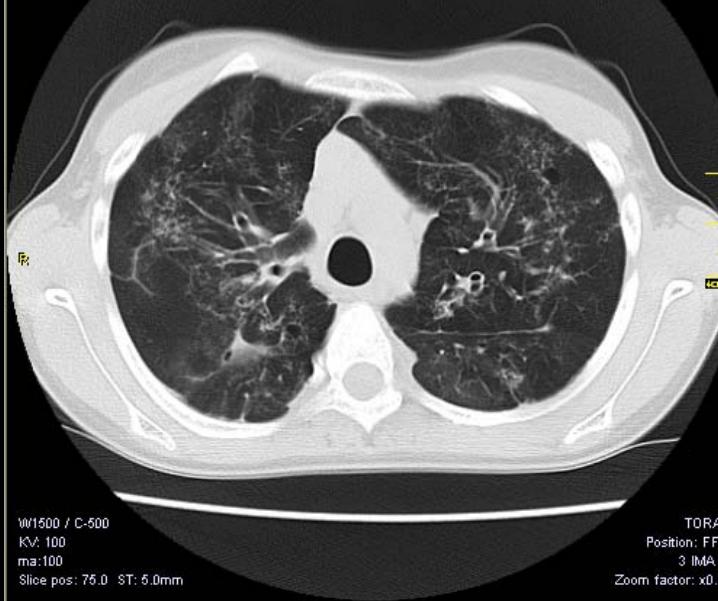
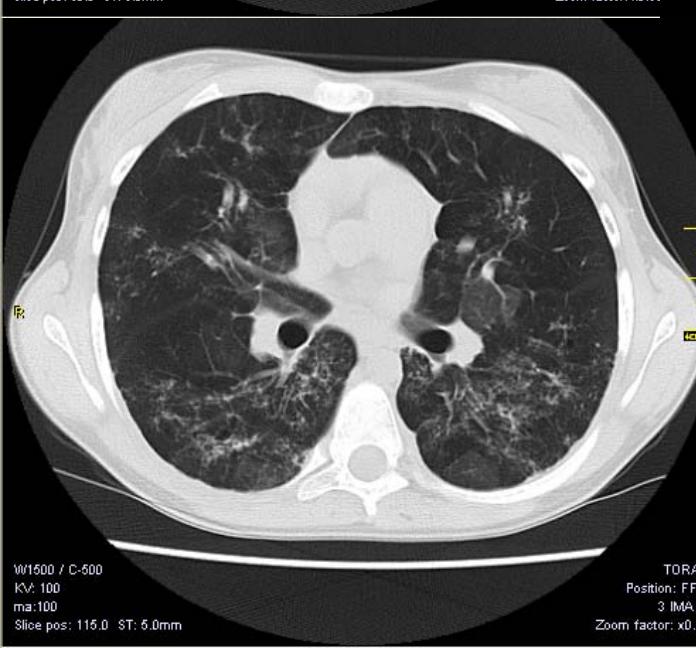
(Bronchiectasis: Mechanisms and Imaging Clues of Associated Common and Uncommon Diseases1
RadioGraphics 2015; 35:1011–1030)

Bronquiectasias No FQ Localizacion

- Apical TBC, Sarcoidosis
- Lóbulo Medio Lingula Disquinesia ciliar
- Central ABPA Mounier Khun
- Basal Aspiración Fibrosis
- Focal Tu ,Cuerpo Extraño ,
Atresia o estenosis Bronquial , Swyer James

(Bronchiectasis: Mechanisms and Imaging Clues of Associated Common and Uncommon Diseases
RadioGraphics 2015; 35:1011–1030)

TBC

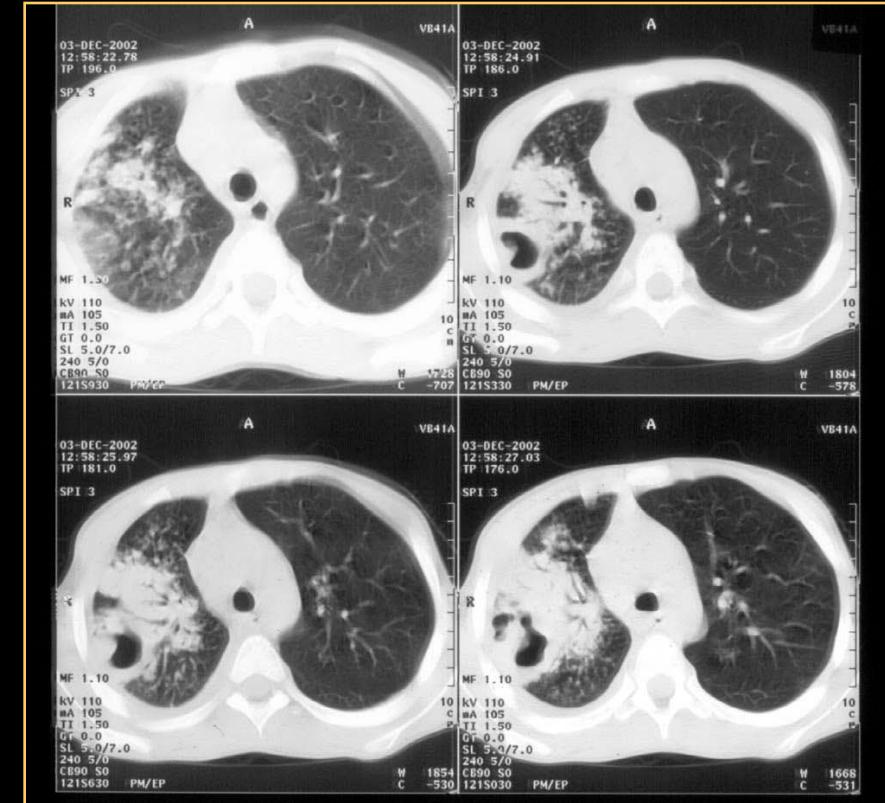
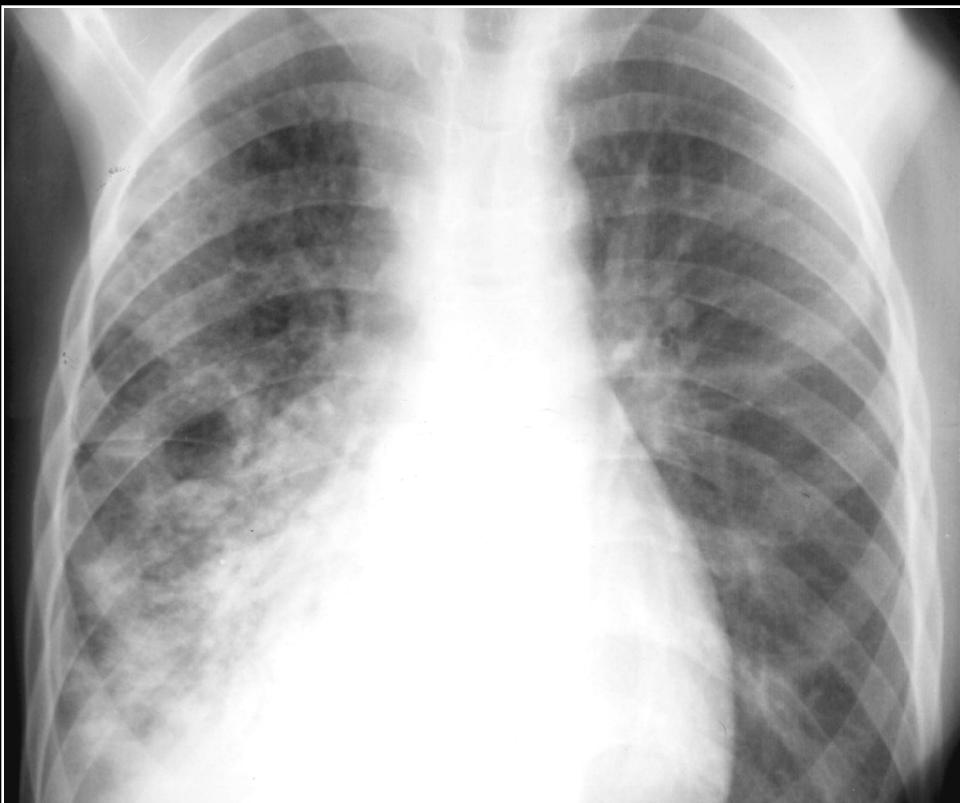
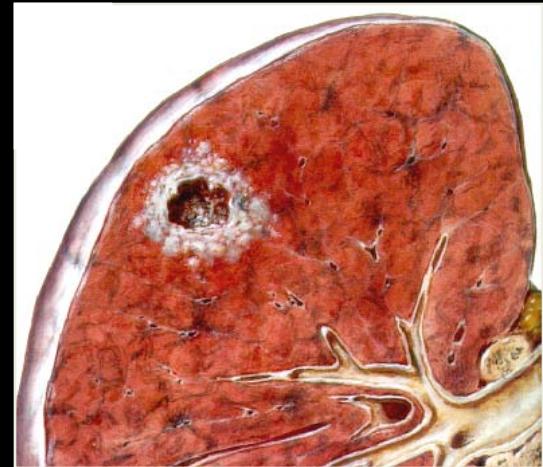


TC en TBC





Tuberculosis Cavidad



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TP 196.0

SPI 3

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240 5/0
CB90 S0
121S930 PRO/CP

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SPI 3

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240 5/0
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121S630 PM/EP

03-DEC-2002
12:58:24.91
TP 186.0

SPI 3

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CB90 S0
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SPI 3

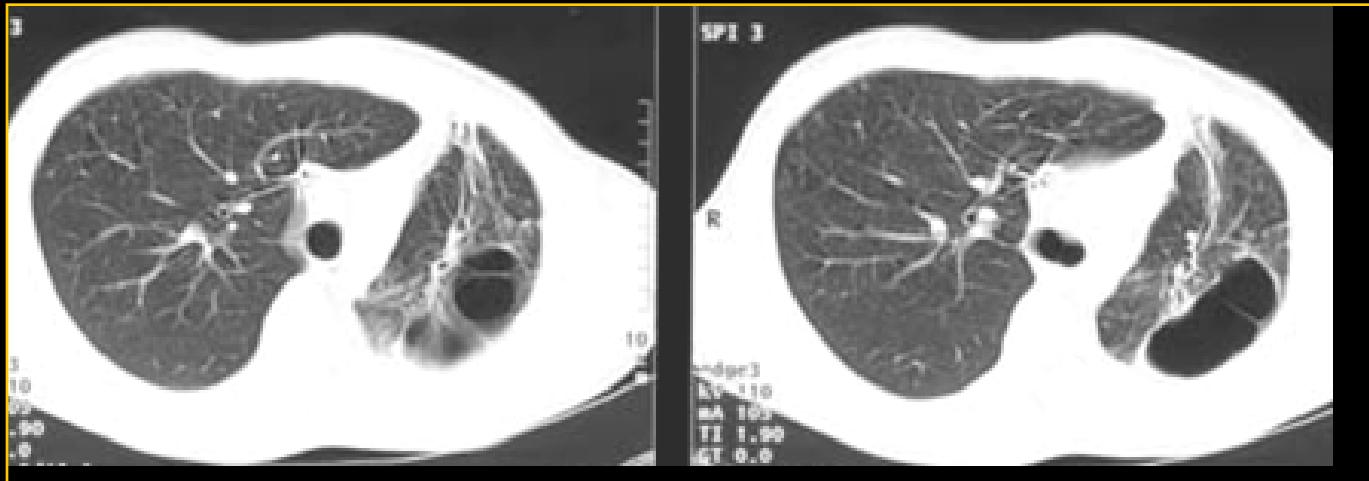
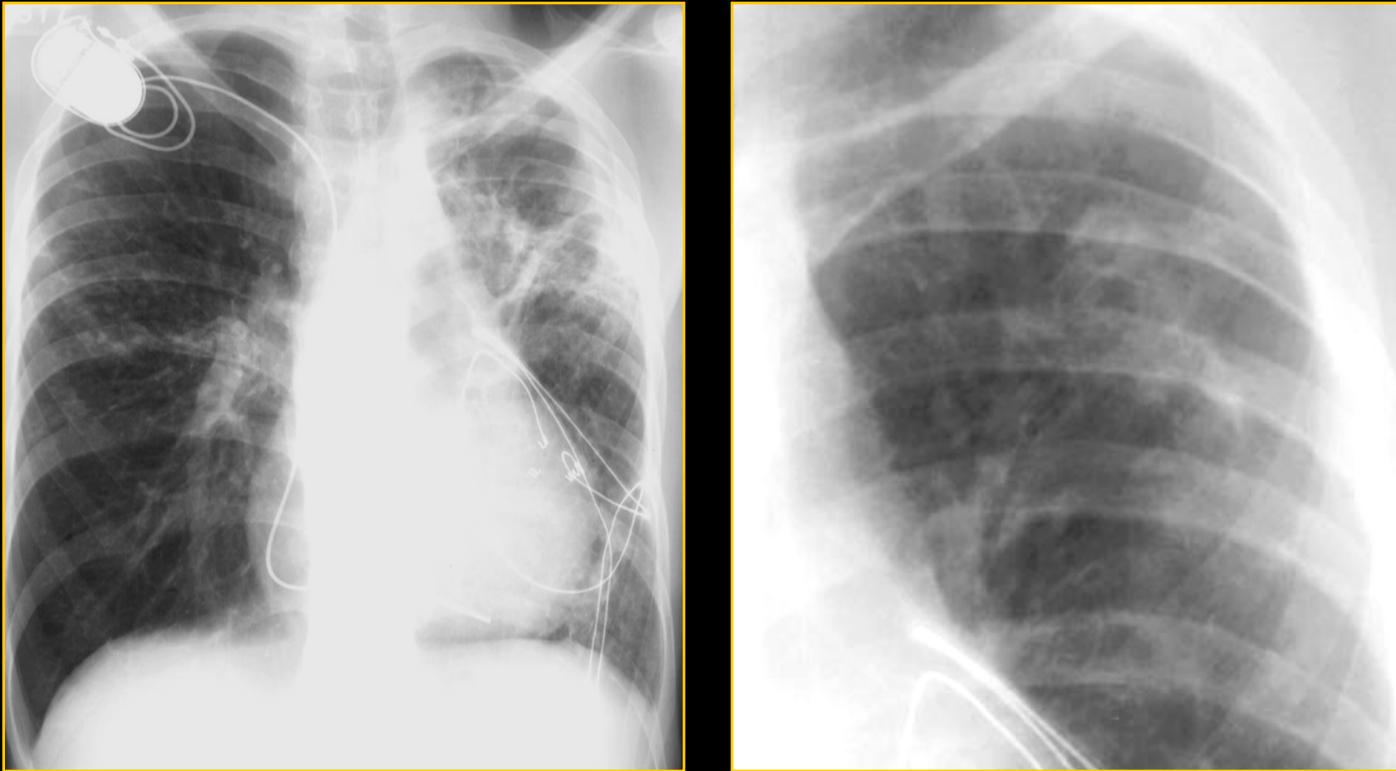
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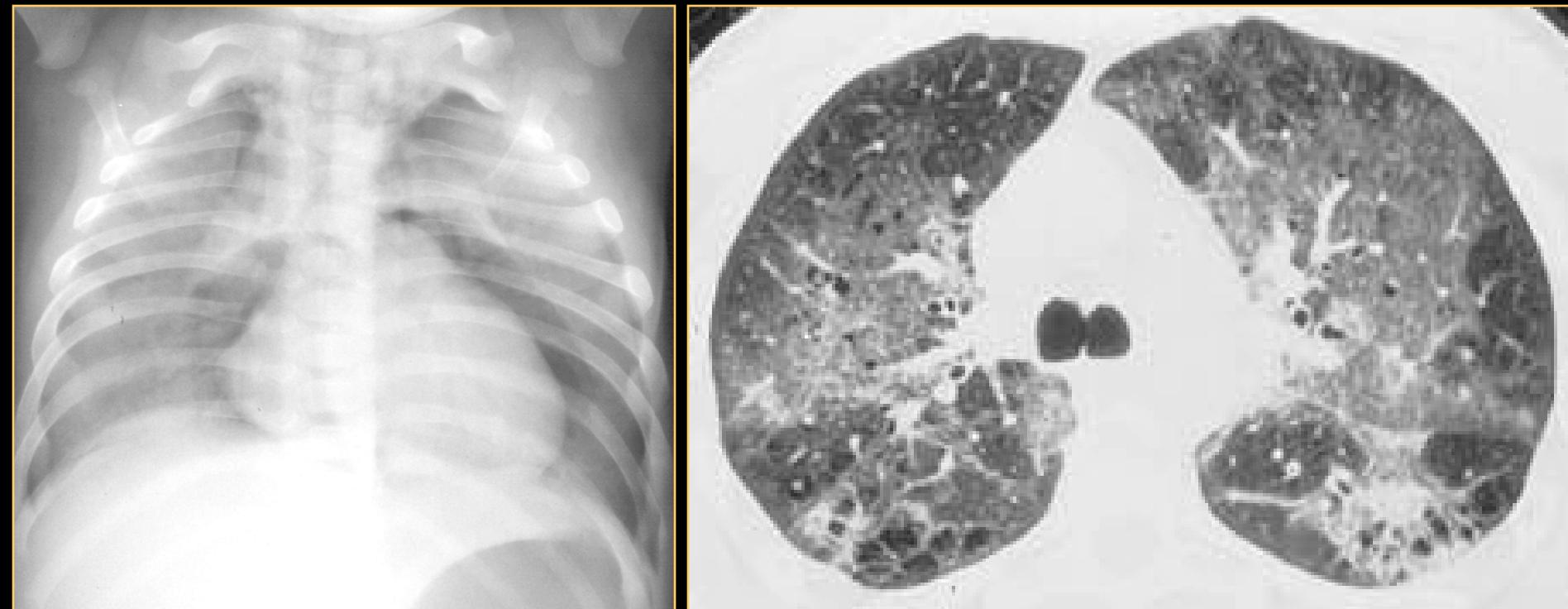
SPI 3

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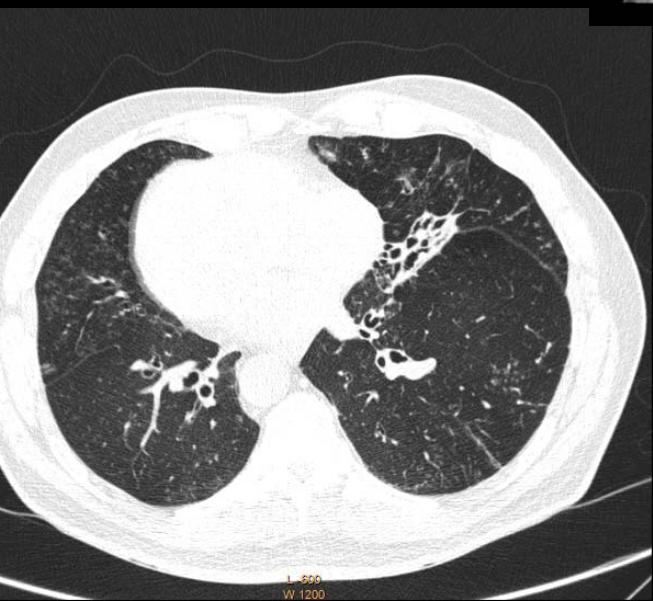
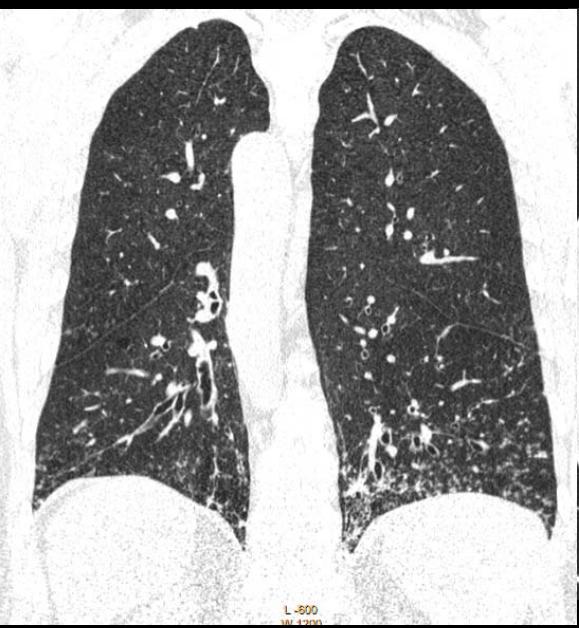
Micobacterium Avium



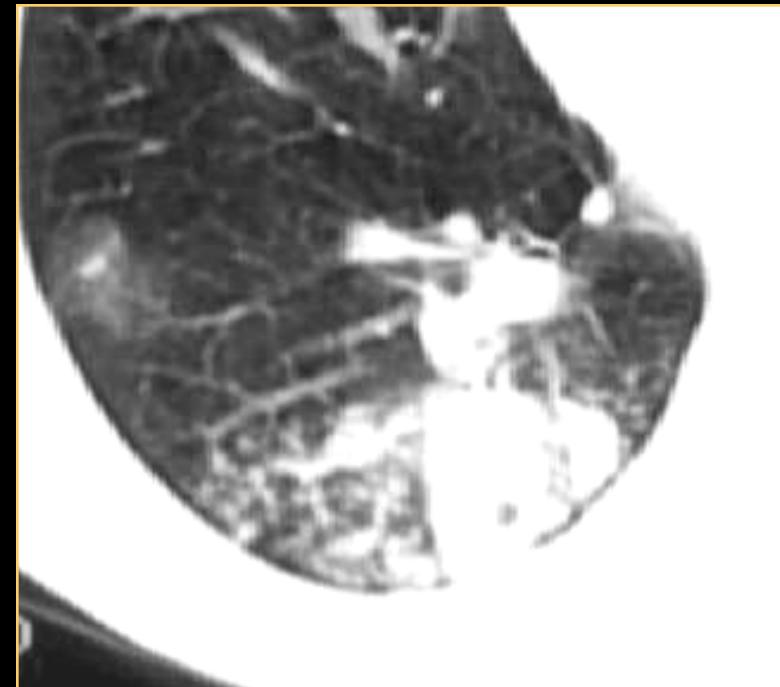
Pneumocystis Carinii



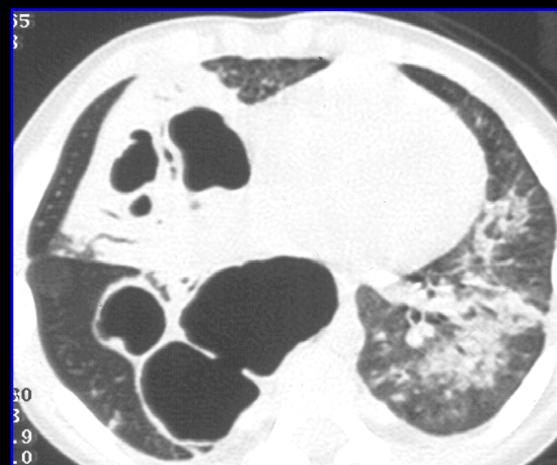
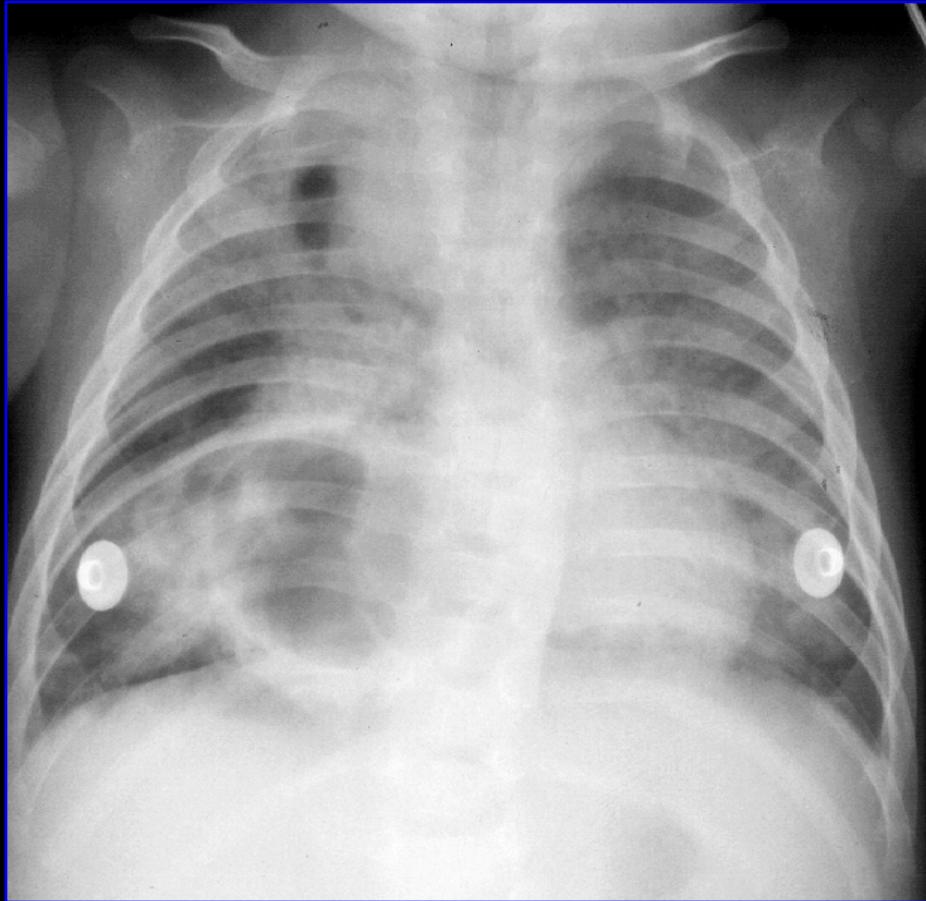
Kartagener



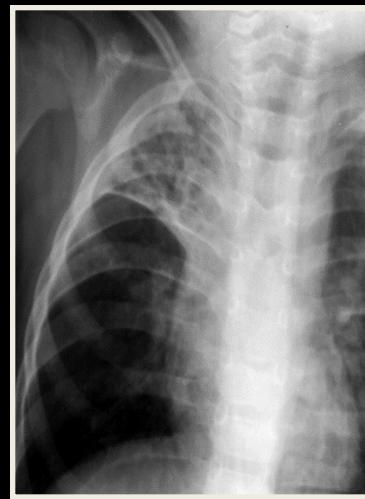
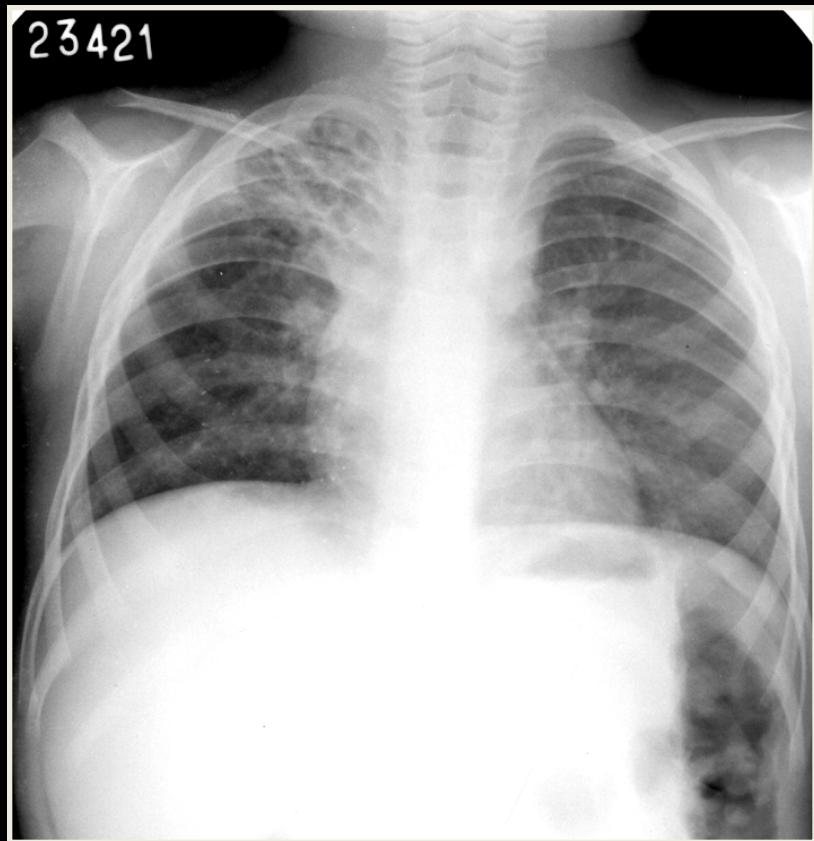
ASPERGILOSIS Hiperdensidad



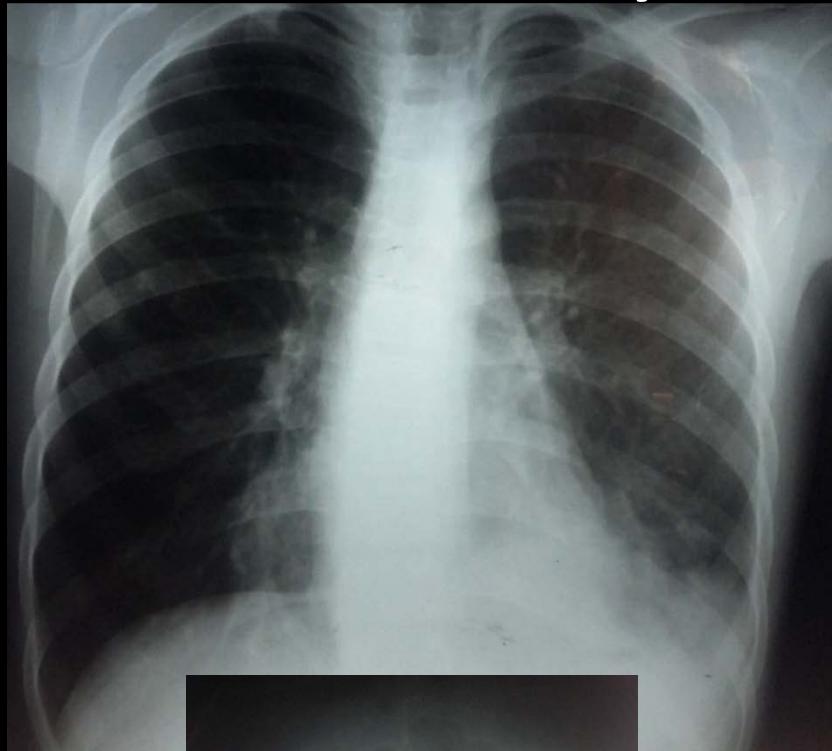
6 m. masc. 2da neumonía



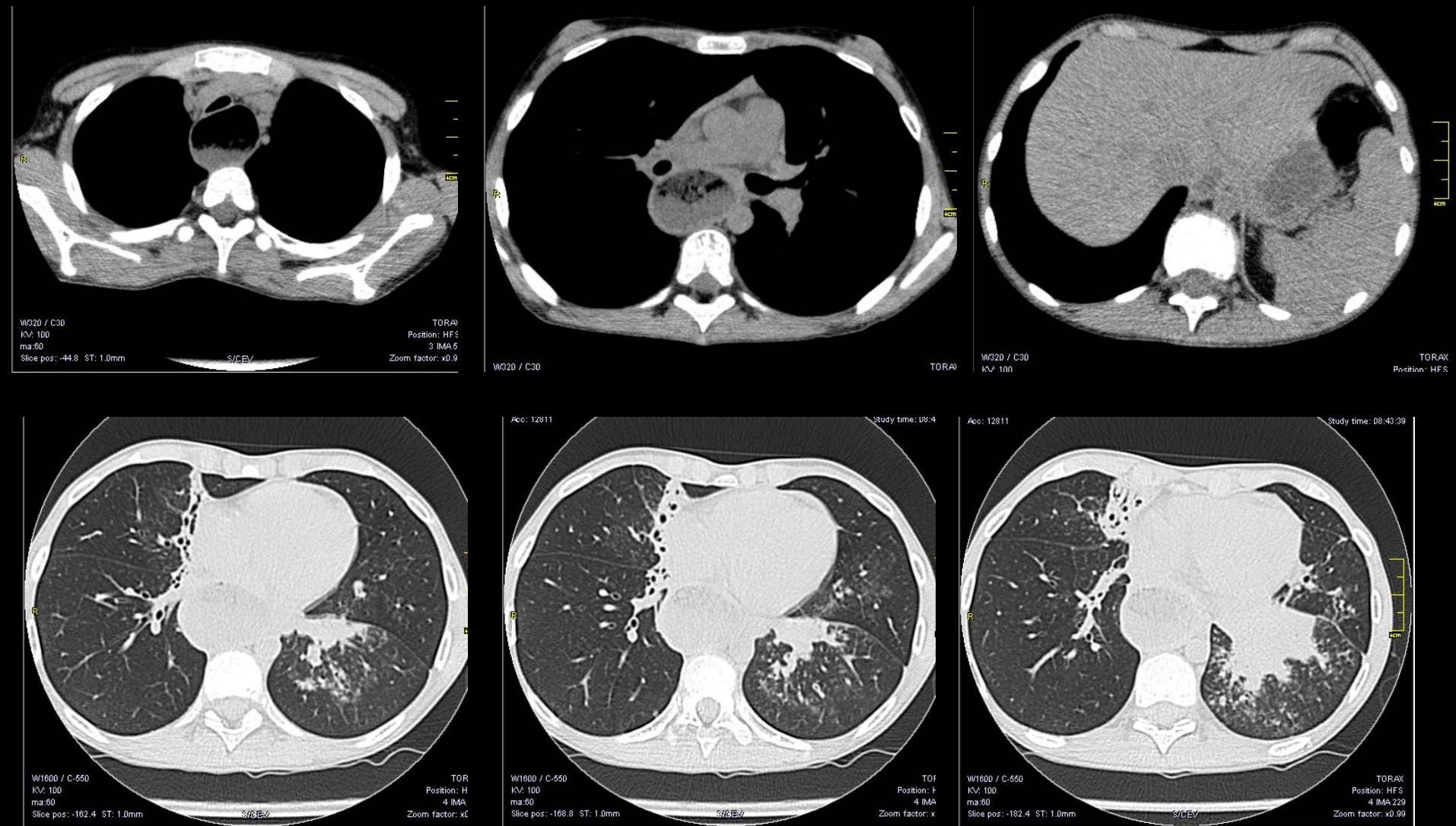
Neumonía Aspirativa



Acalasia y bronquiectasias



Acalasia y bronquiectasias

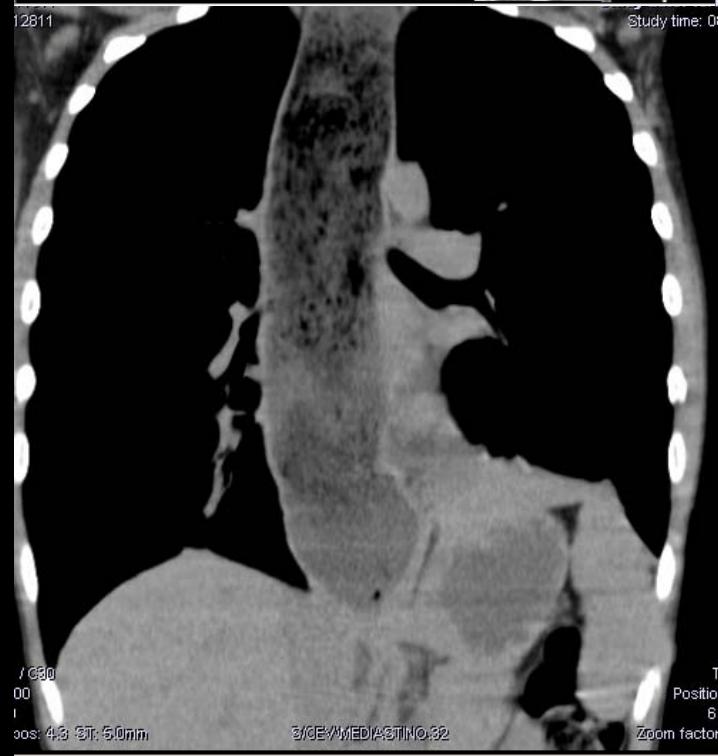


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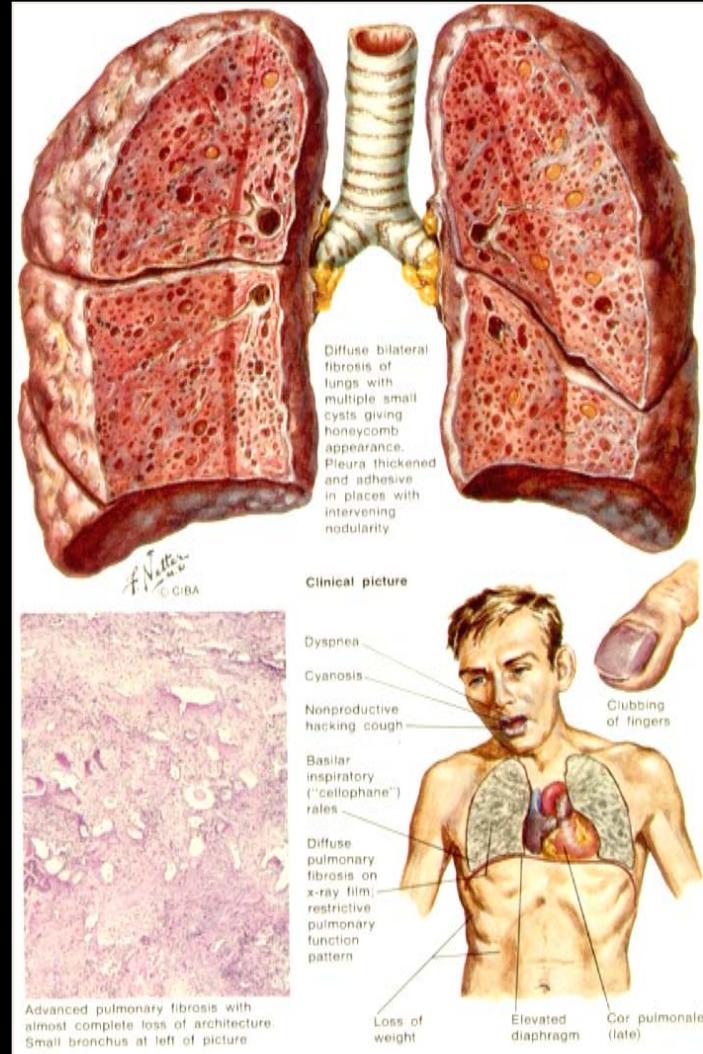


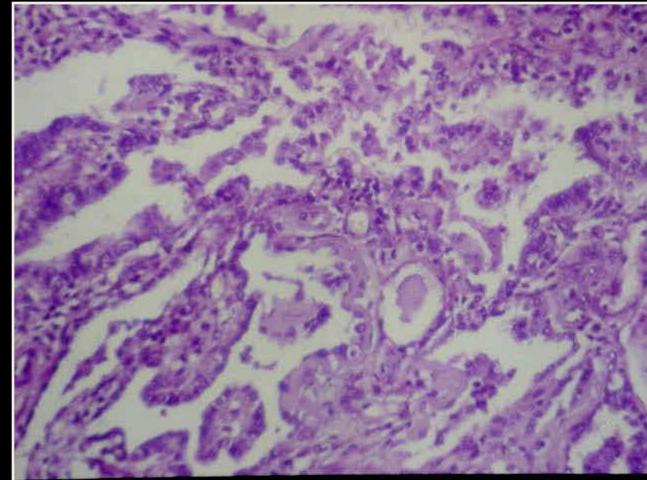
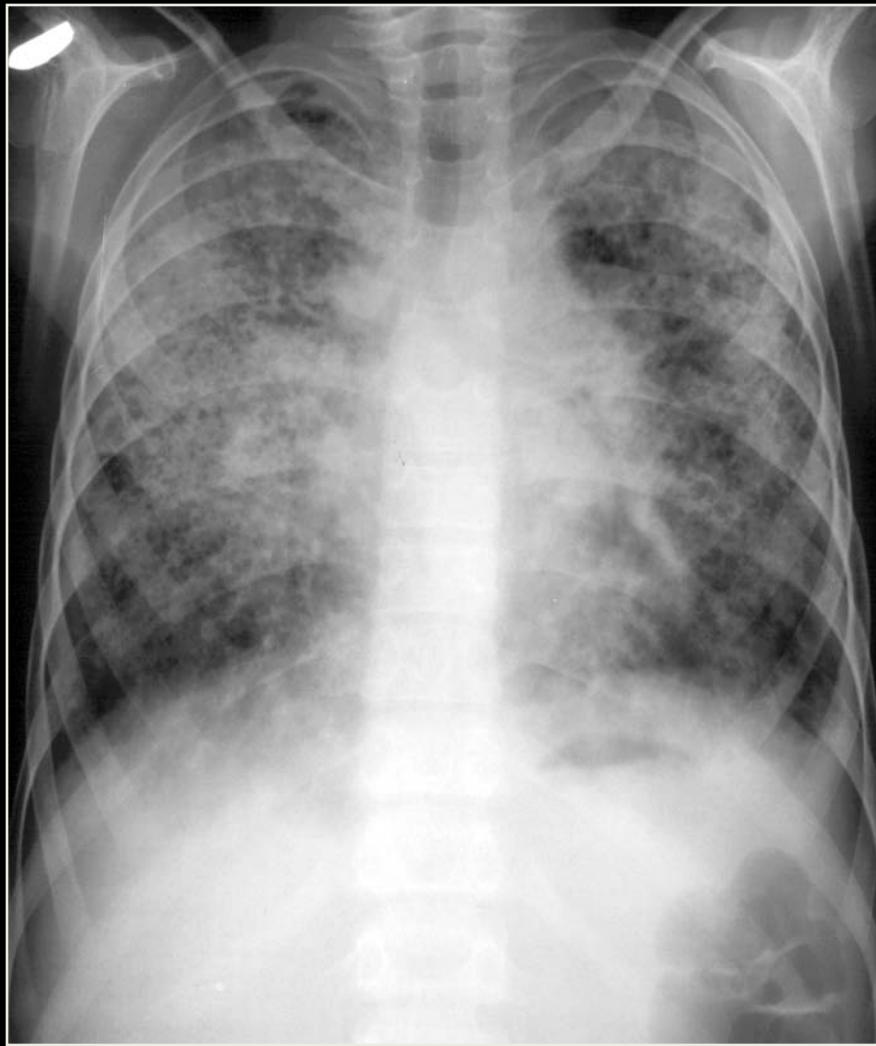
5.0mm

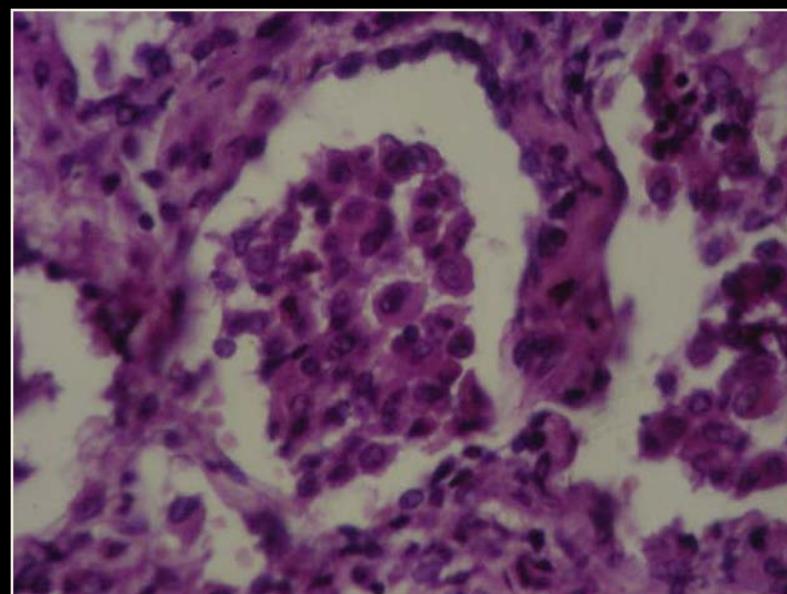
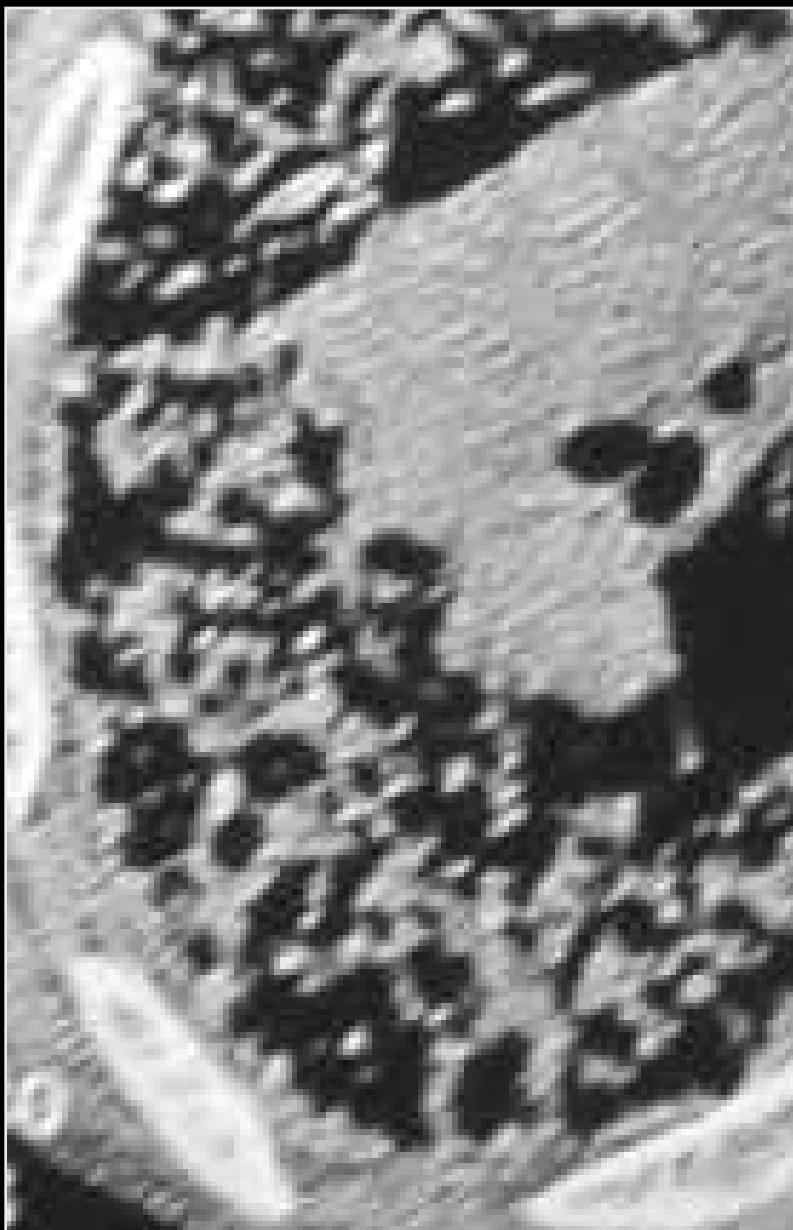
3/GE/MEDIASSTINO.43

Zoom f

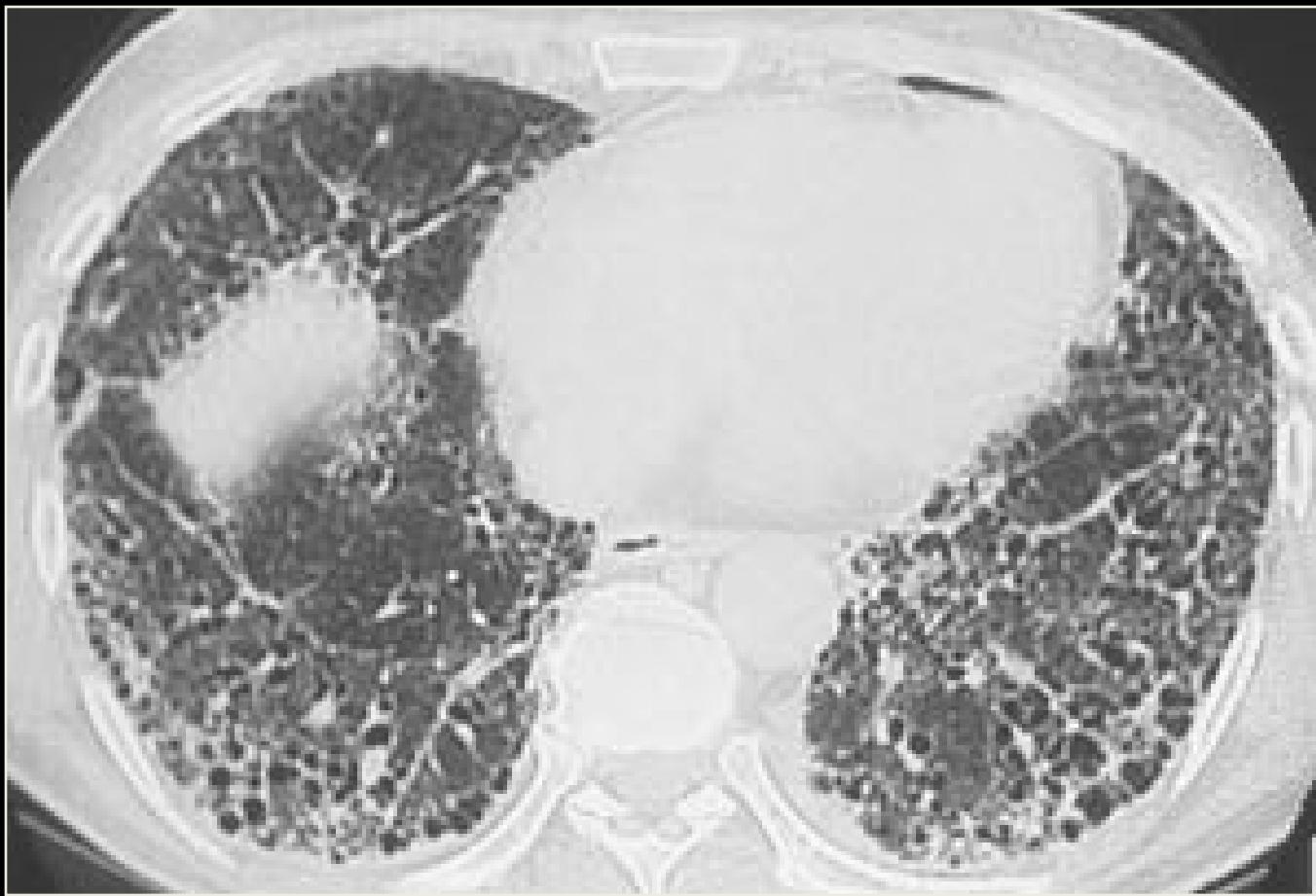
6 a fem. disnea





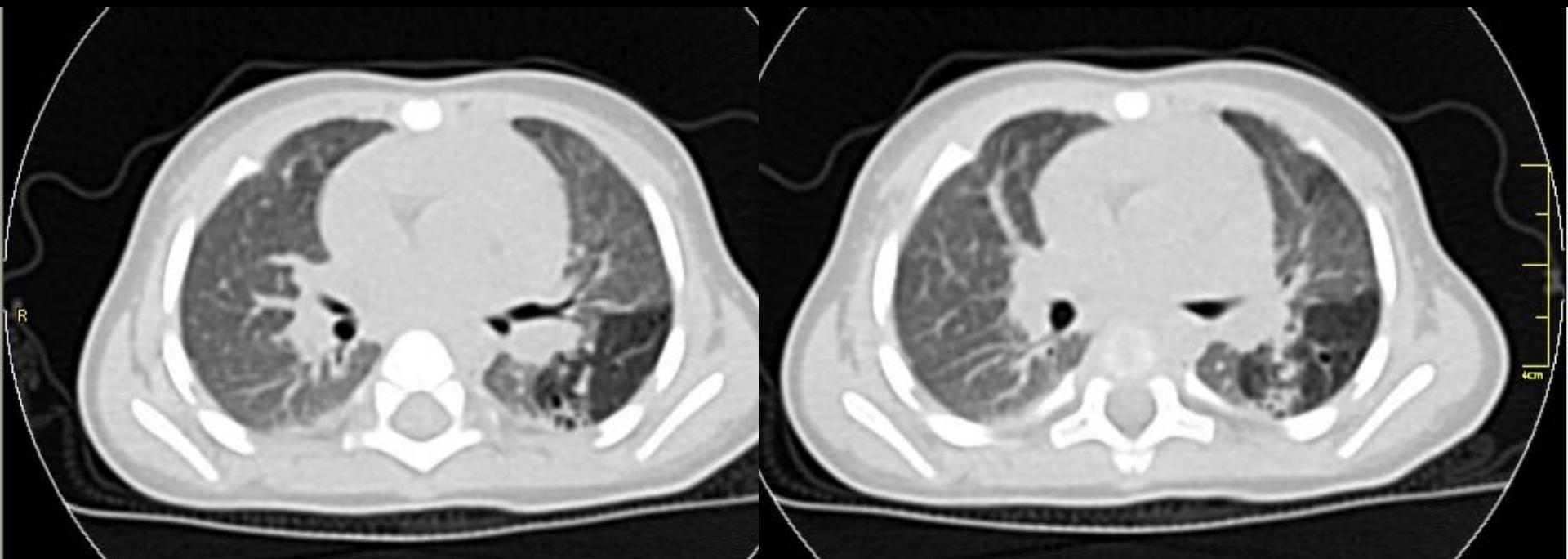


Fibrosis Pulmonar

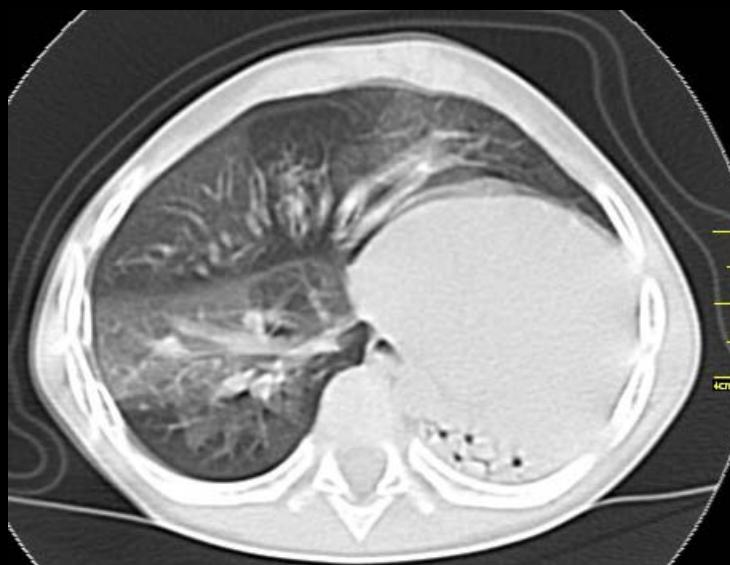


From “traction bronchiectasis” to honeycombing in idiopathic pulmonary fibrosis:
a spectrum of bronchiolar remodeling also in radiology?
BMC Pulmonary Medicine 2016 16:87 Piciucci et Al

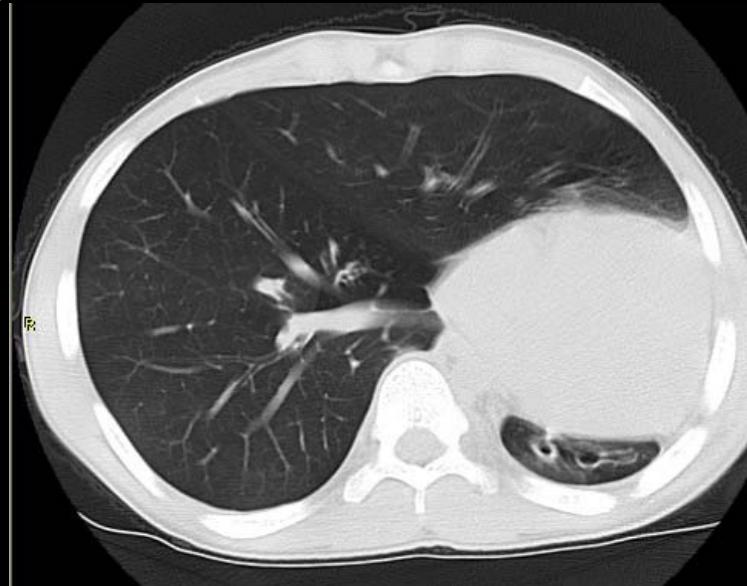
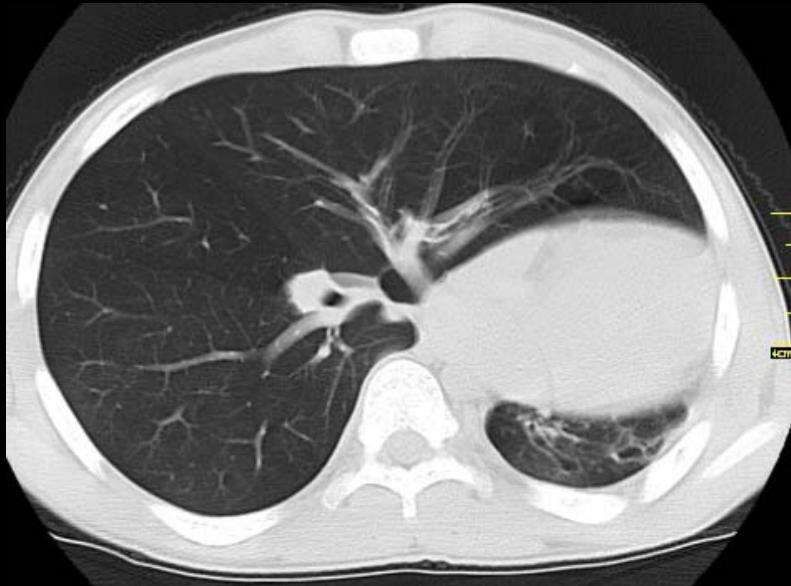
Pos viral



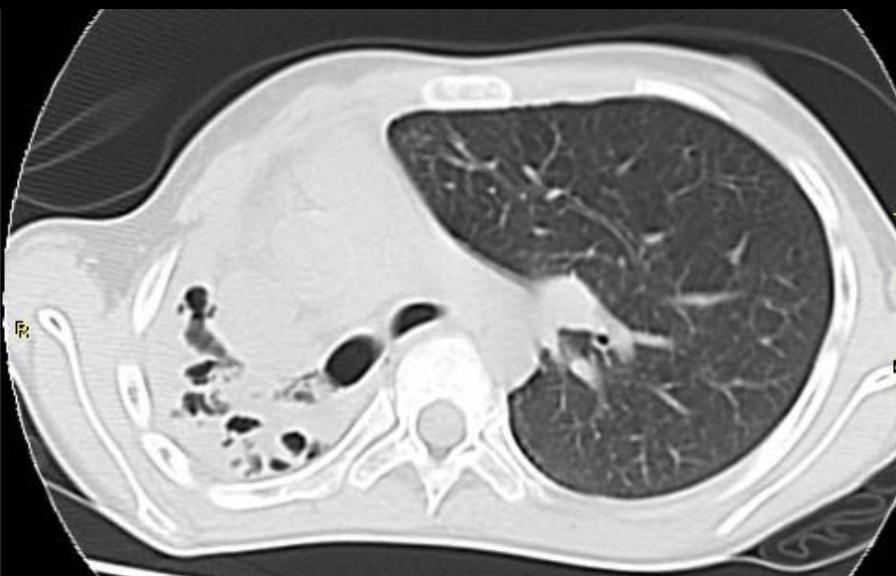
Adenovirus



EPOC pos viral



Swyer James



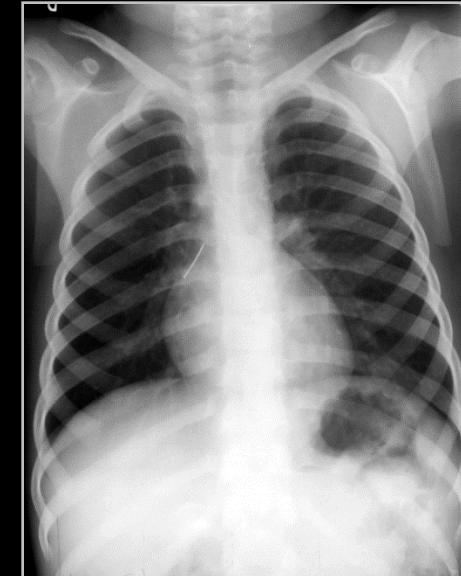
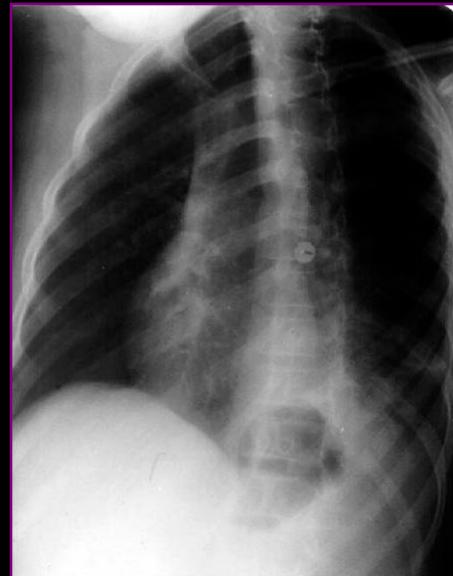
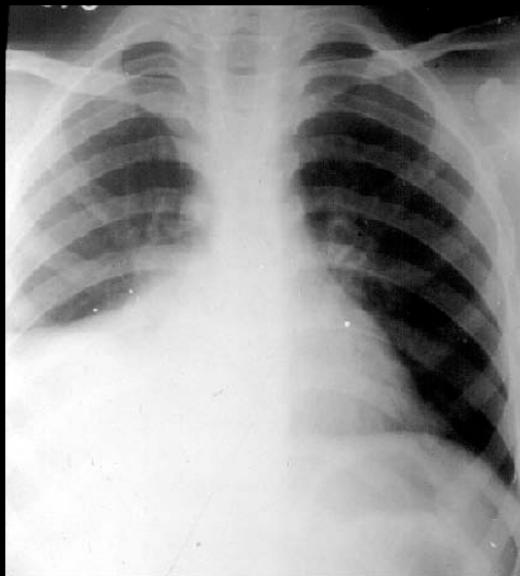


ESPIRACIÓN



INSPIRACIÓN

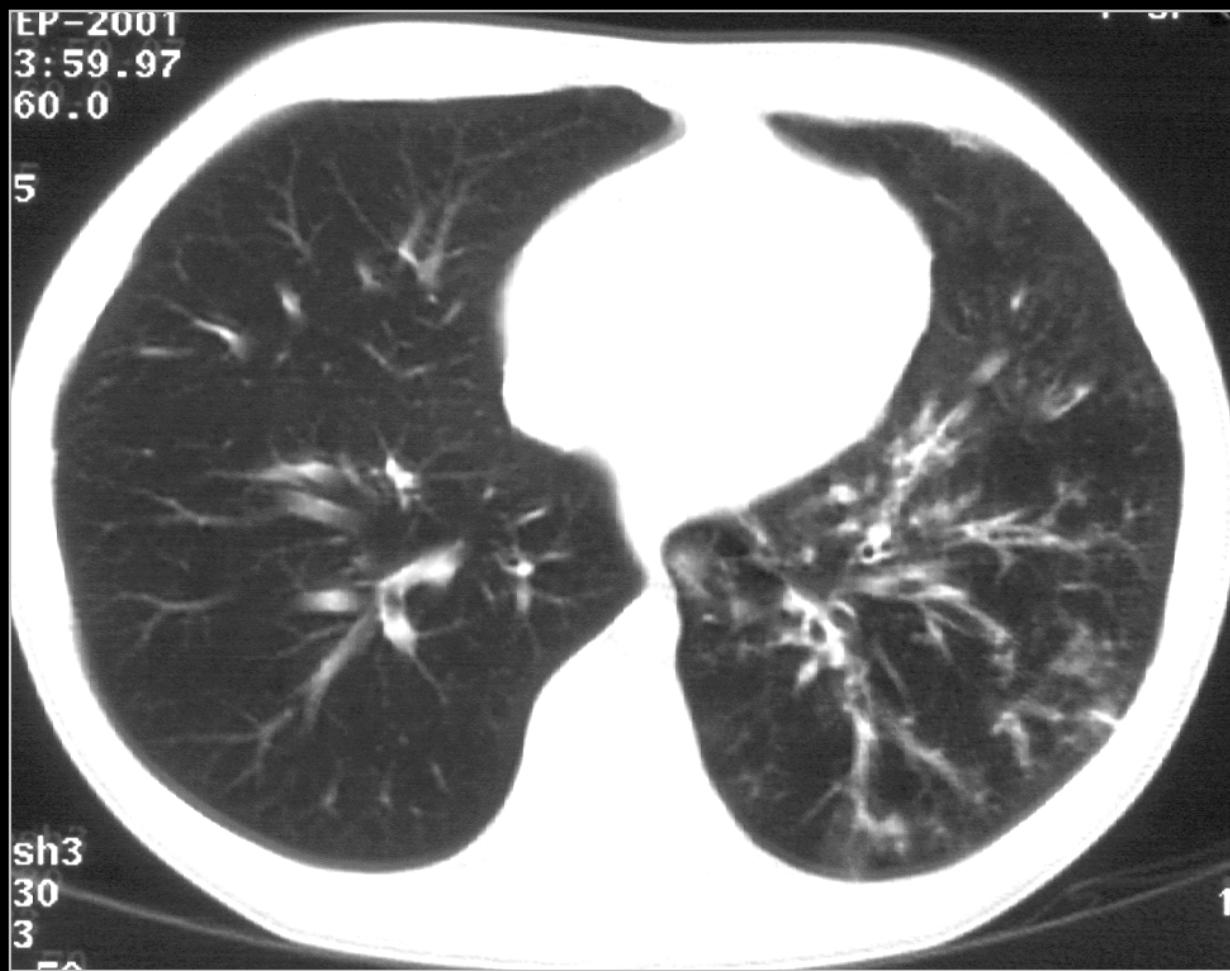
Cuerpo Extraño

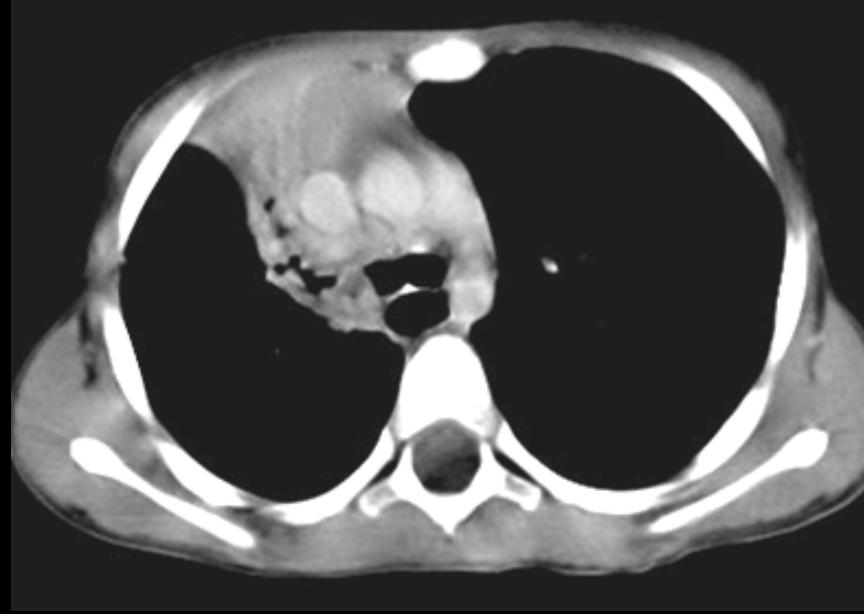


Cuerpo Extraño endobronquial

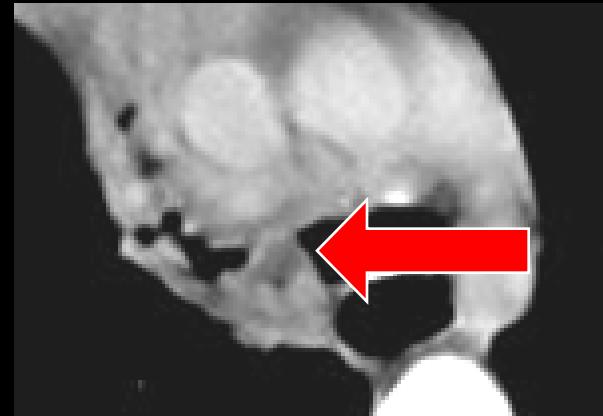


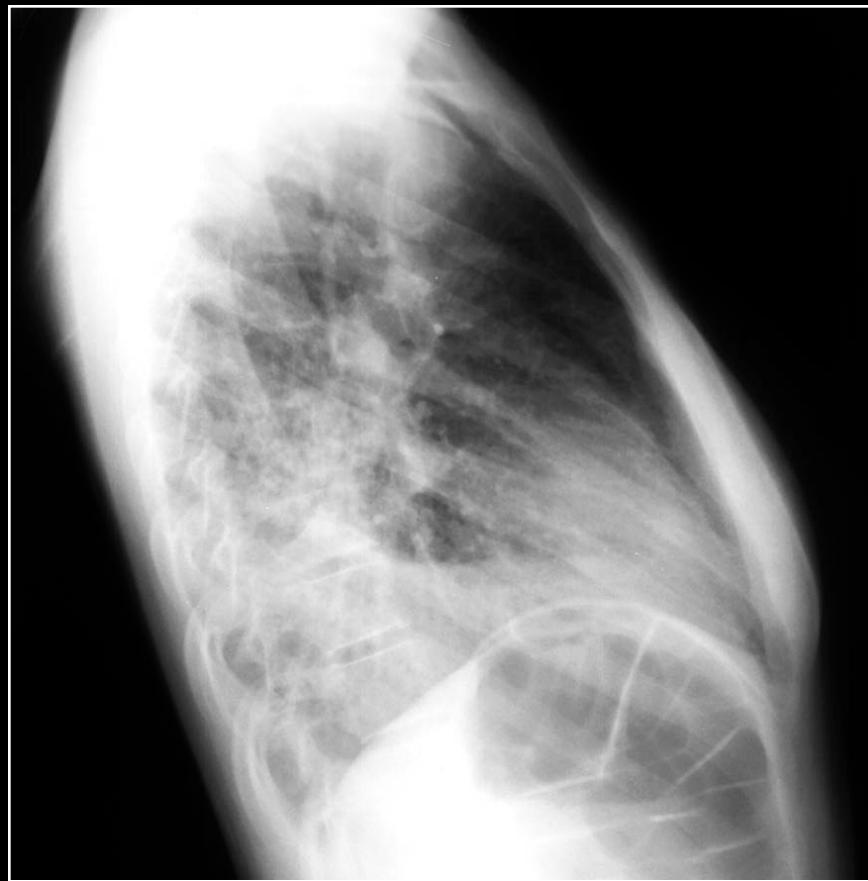
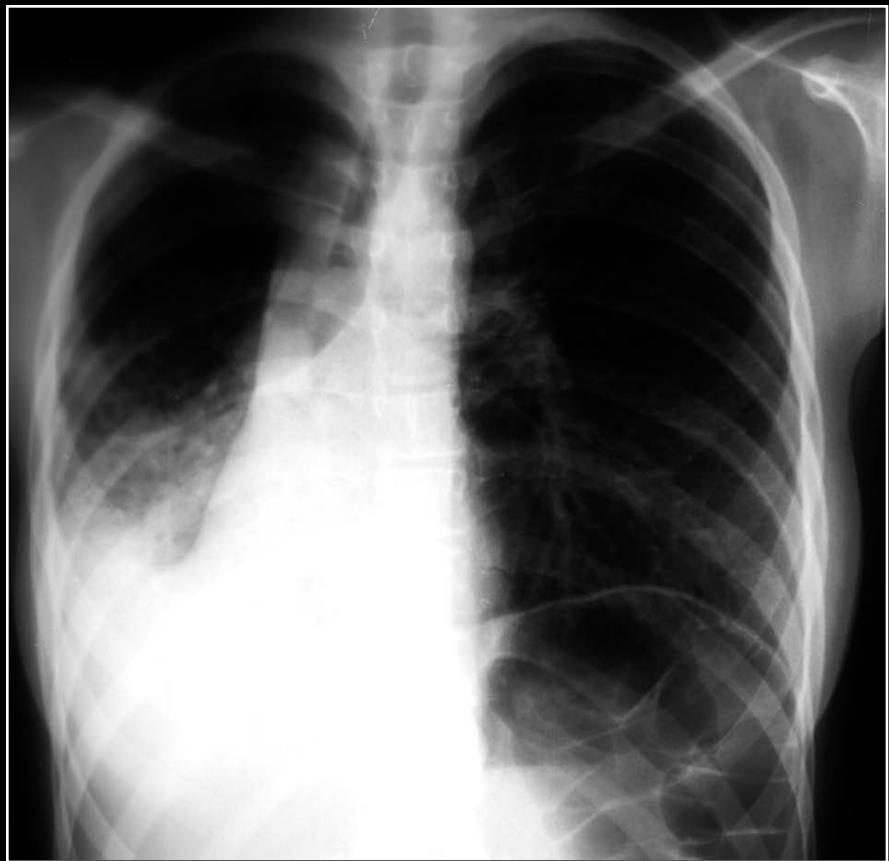
Neumonía recurrente 7 a





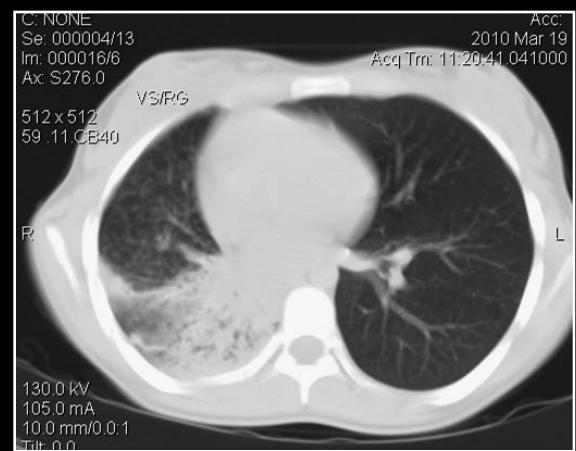
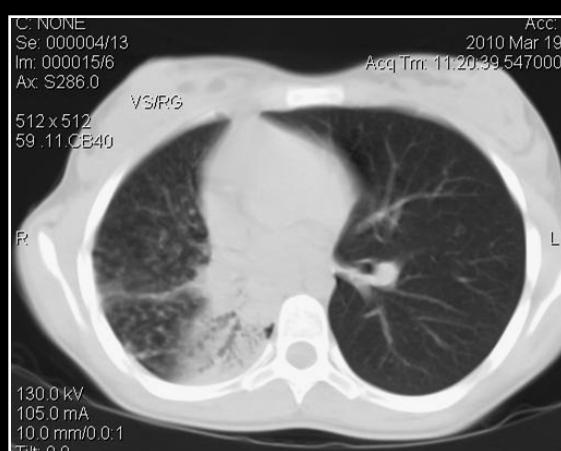
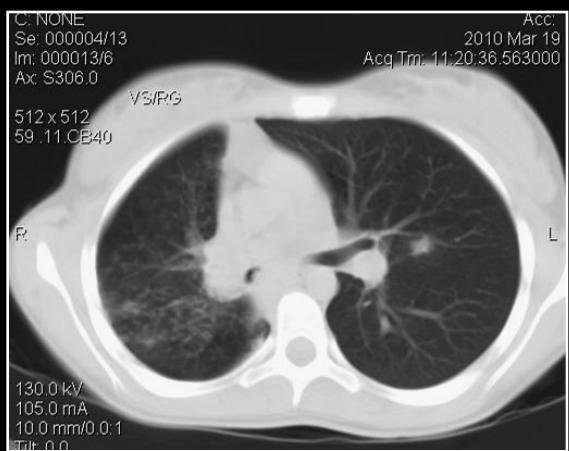
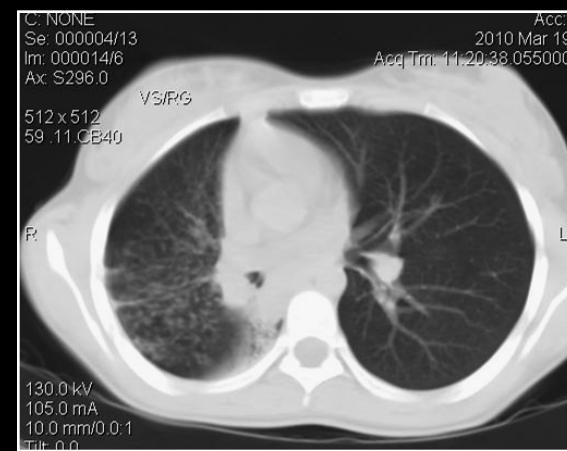
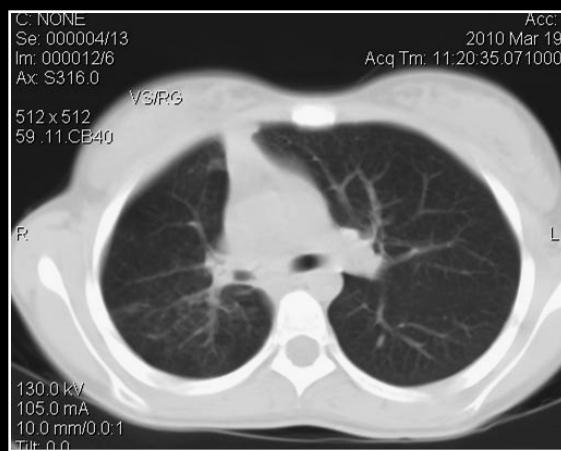
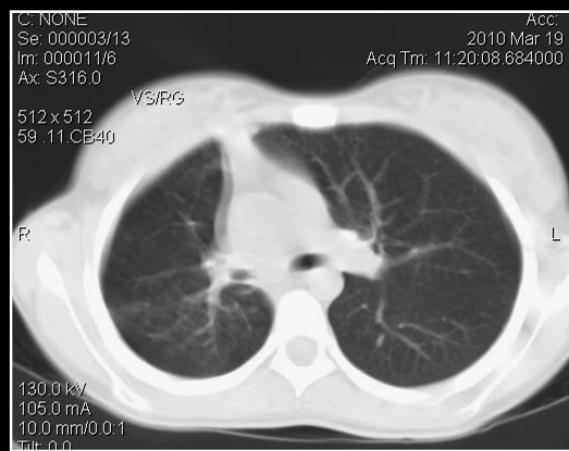
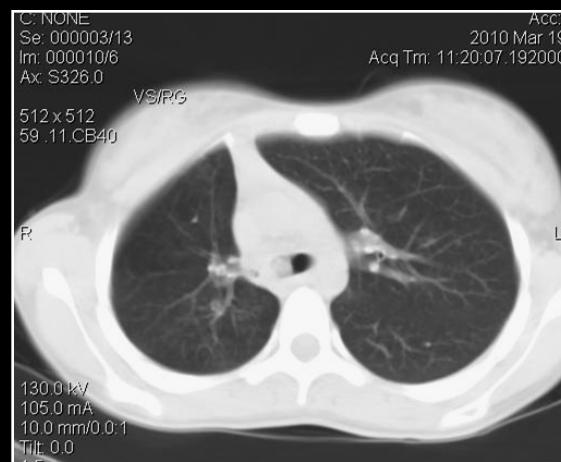
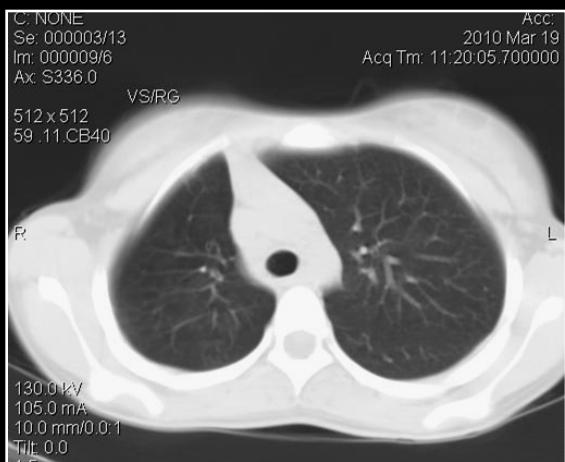
Mani

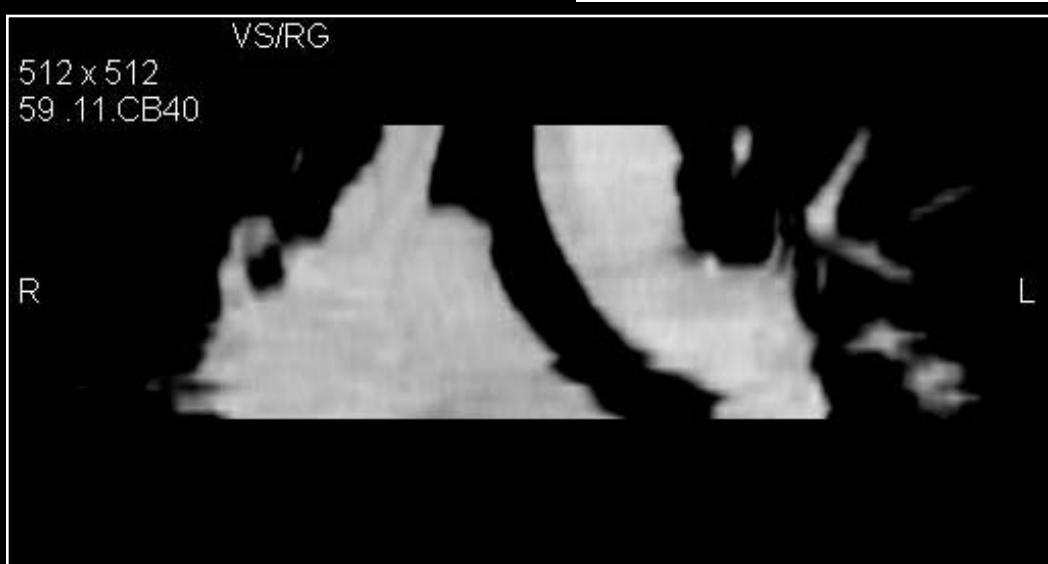
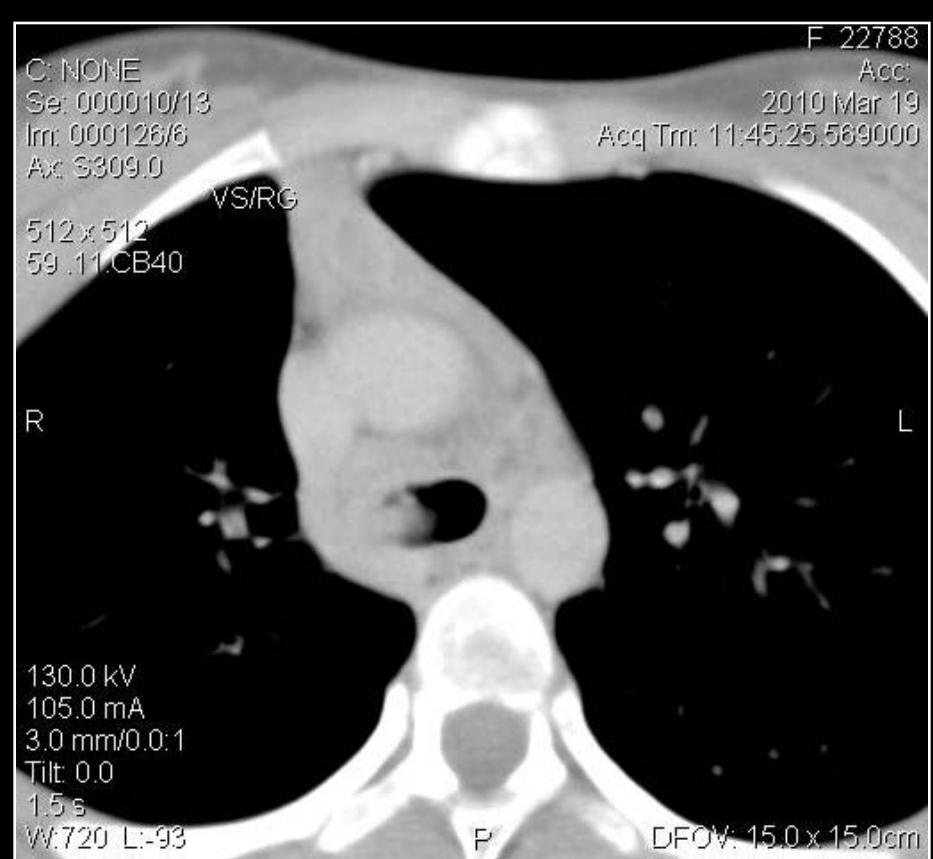




13 a Tos seca 6 meses de evolucion perdida de 13 Kg

15-03-2010

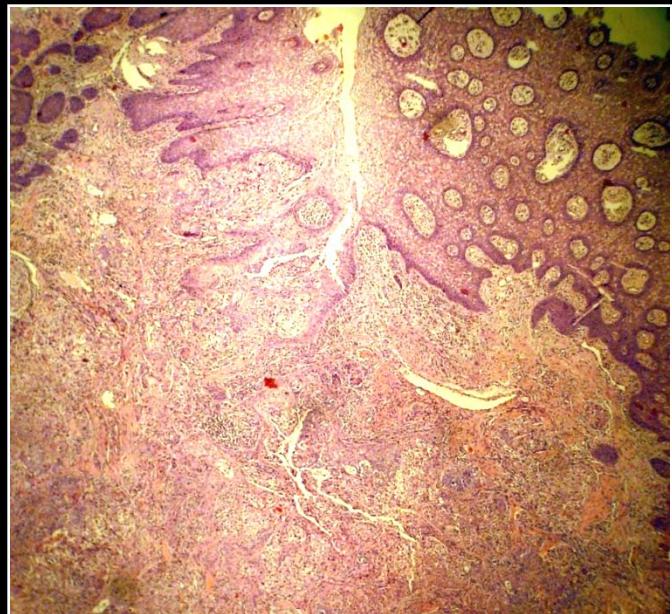




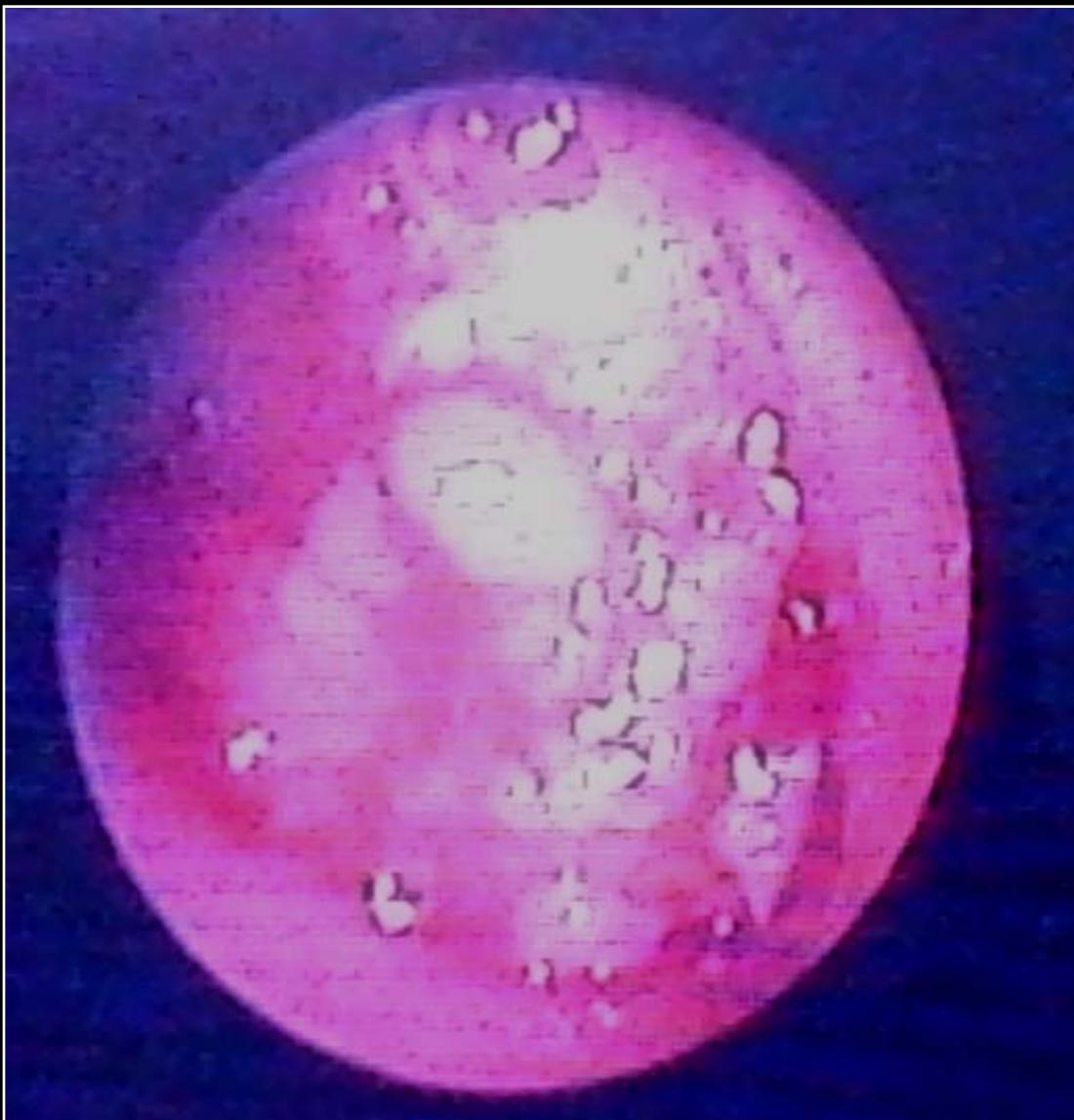
Endoscopía

Masa ocupando luz del bronquio fuente, de colorido pardo con áreas blanquecinas y configuración nodular.

Microscopía



CARCINOMA MUCOEPIDERMOIDE



Primary Lung and Large Airway Neoplasms in Children

Current Imaging Evaluation with Multidetector Computed Tomography

Behrang Amini, MD, PhD^a, Steven Y. Huang, MD^a,
Jason Tsai, MD^b, Marcelo F. Benveniste, MD^a,
Hector H. Robledo, MD^c, Edward Y. Lee, MD, MPH^{d,e,*}

KEYWORDS

- Multidetector computed tomography (MDCT) • Primary lung neoplasm • Primary airway neoplasm
- Radiation dose • Pediatric patients

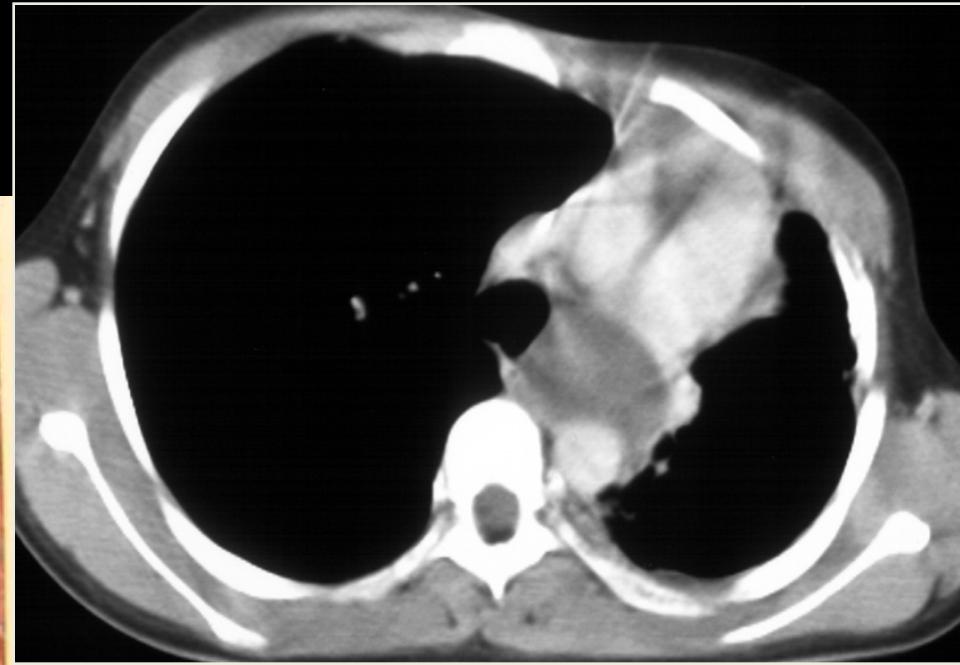
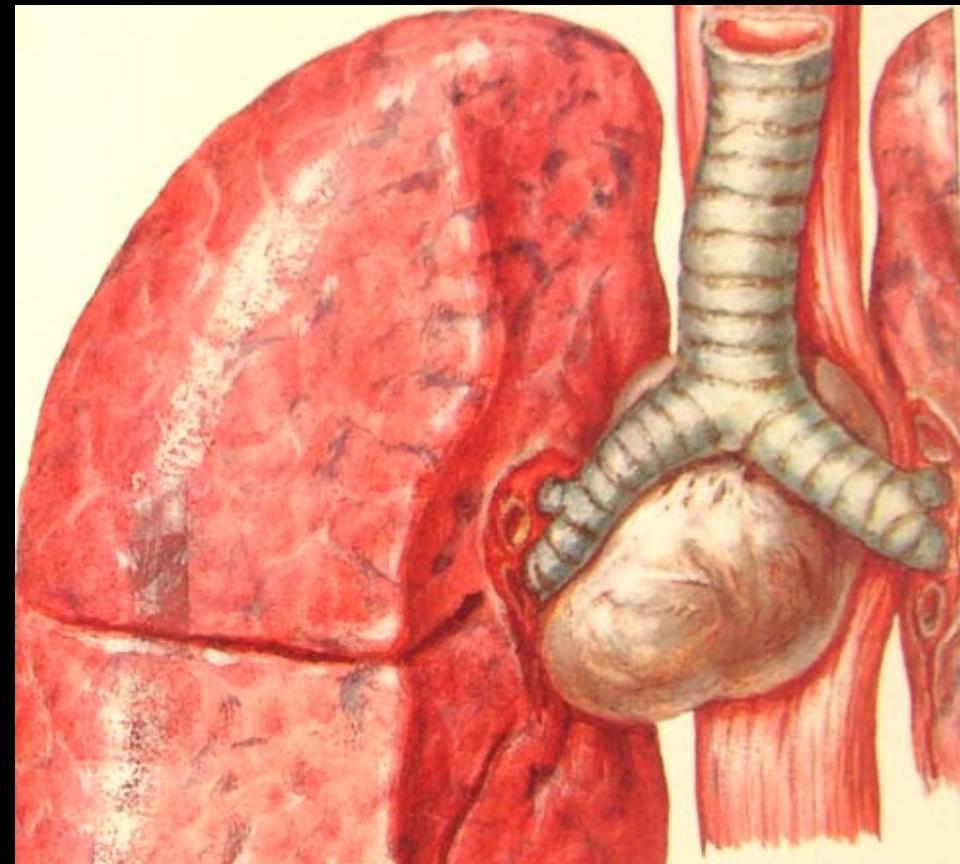
KEY POINTS

- The relative rarity of primary neoplasms of the lung and large airway may lead to a low index of suspicion for these lesions, with subsequent delay in achieving a correct diagnosis and initiating effective treatment.
- In the case of malignant neoplasms, this delay can adversely affect prognosis by allowing progression of disease to an advanced stage.
- Multidetector computed tomography (MDCT), with its improved efficiency and diagnostic capability compared with single-detector computed tomography, offers an important noninvasive imaging modality for confirmation and further characterization of these lesions in pediatric patients.
- Clear understanding of the proper MDCT techniques and the MDCT imaging appearance of primary lung and airway neoplasms aids in accurate diagnosis and thus contributes to optimal pediatric patient care.

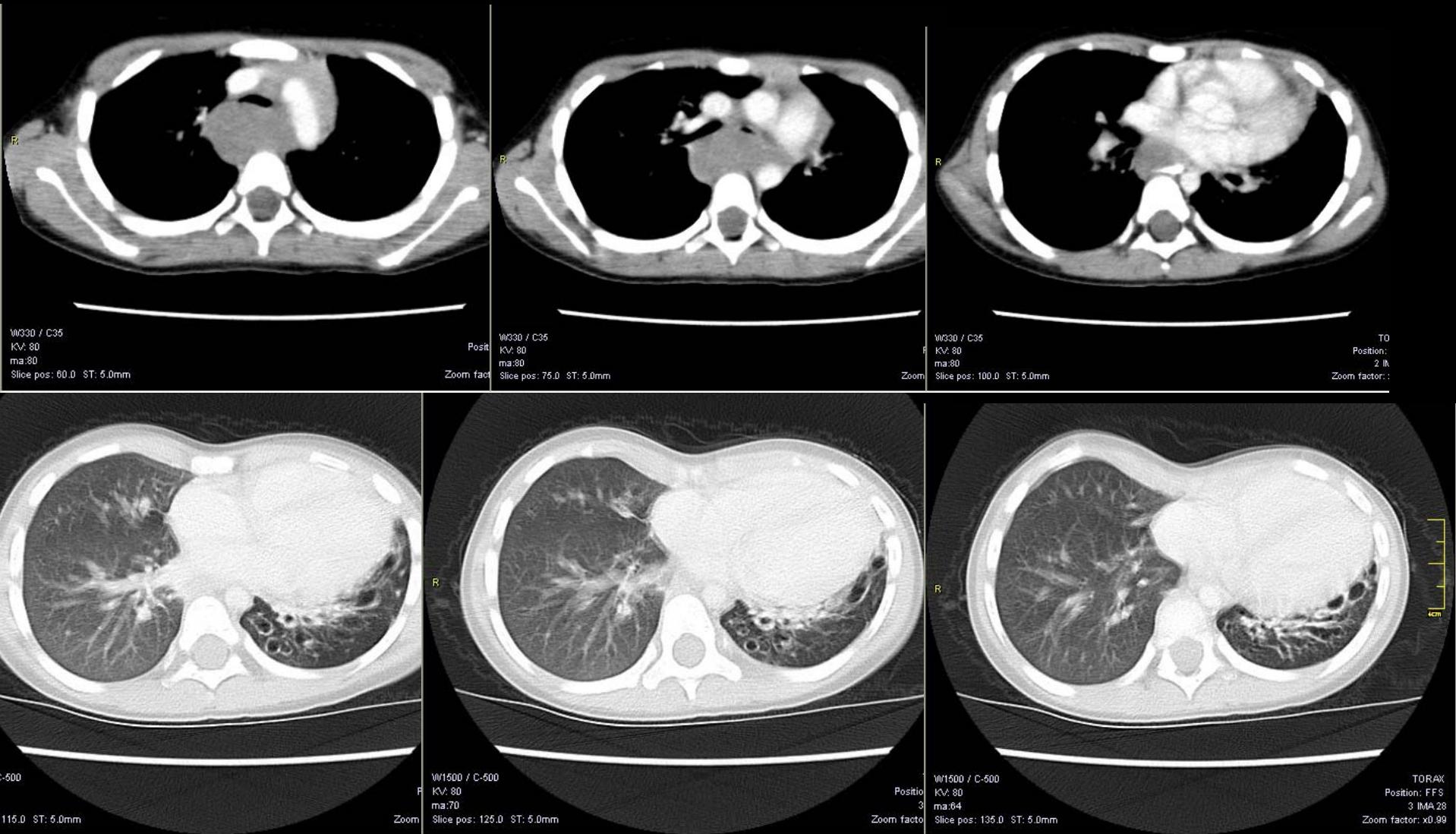
INTRODUCTION

Primary malignant neoplasms of the lung and large airway represent 0.2% of all malignancies in the pediatric population.¹ Such low incidence often results in a low index of suspicion for these lesions, and the correct diagnosis is often missed or delayed. Early and accurate diagnosis is particularly important in cases of malignant tumors involving the lung and large airway, because a missed or

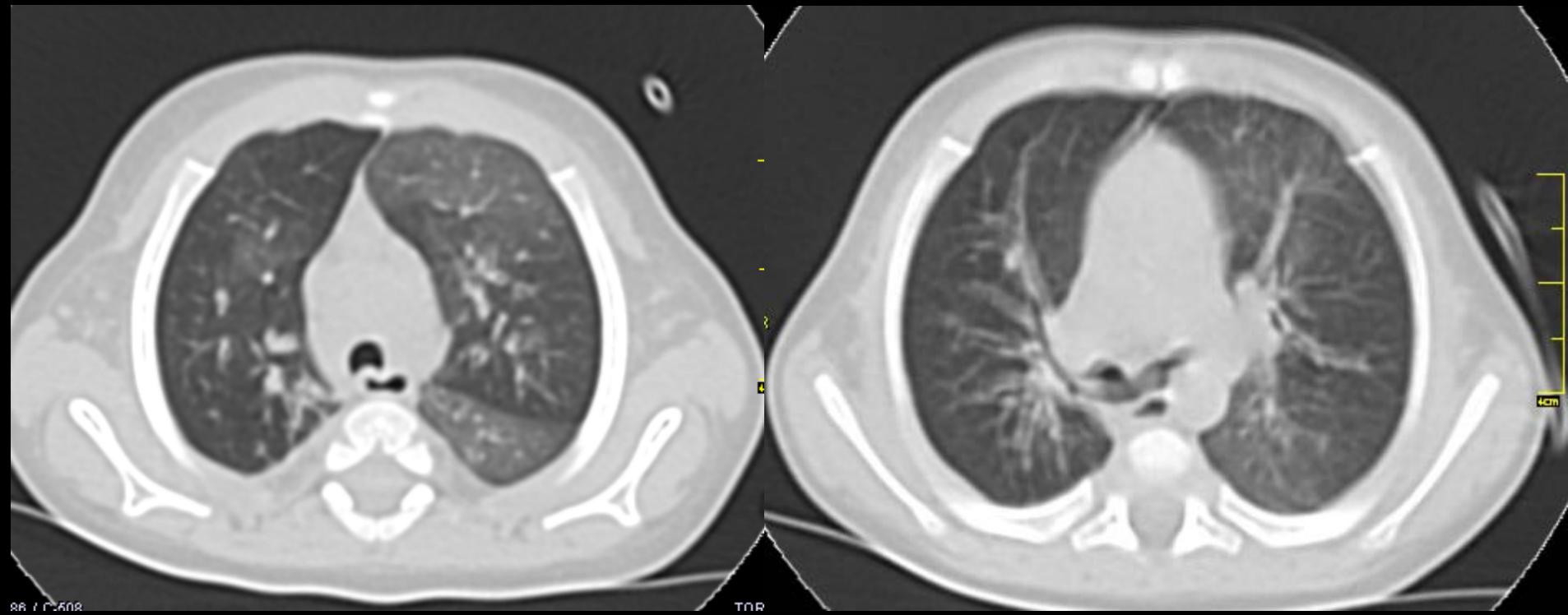
delayed diagnosis can lead to progression to advanced stages before effective treatment is initiated, adversely affecting prognosis. Benign neoplasms of the lung and large airway must also be kept in mind as mimics of more aggressive processes. Familiarity with both, therefore, is important in the effective workup and optimal management of a child who presents with a primary lung or airway neoplasm on imaging evaluation.



Enfermedad de Castelman



Mosaico bronquios con paredes engrosadas



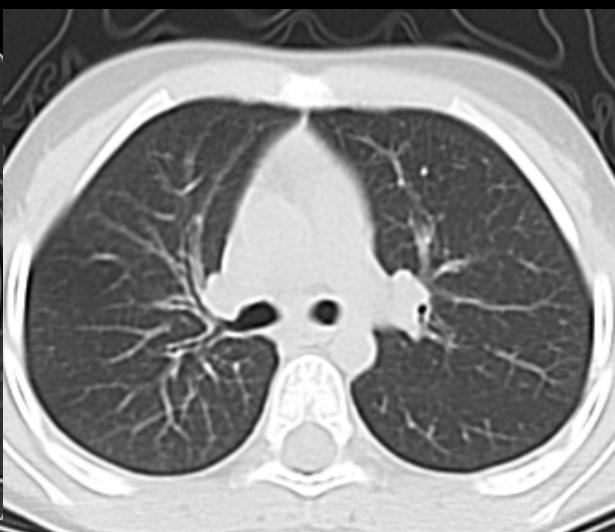
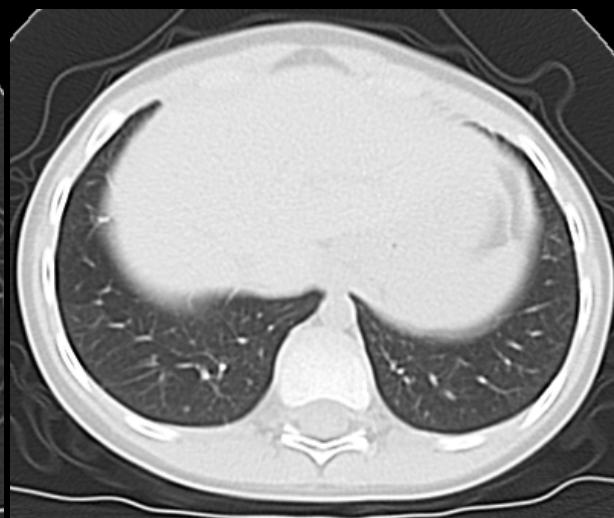
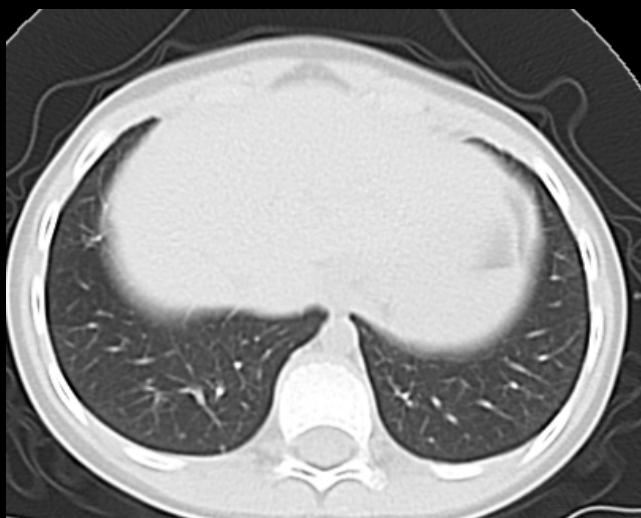
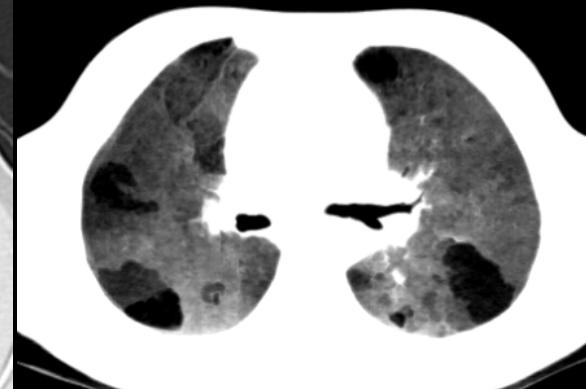
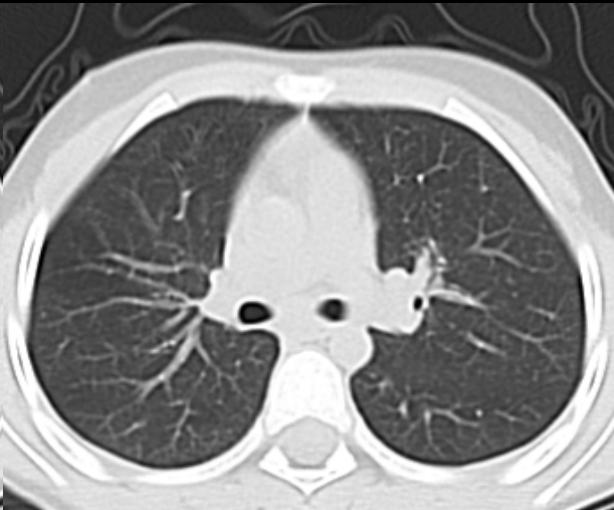
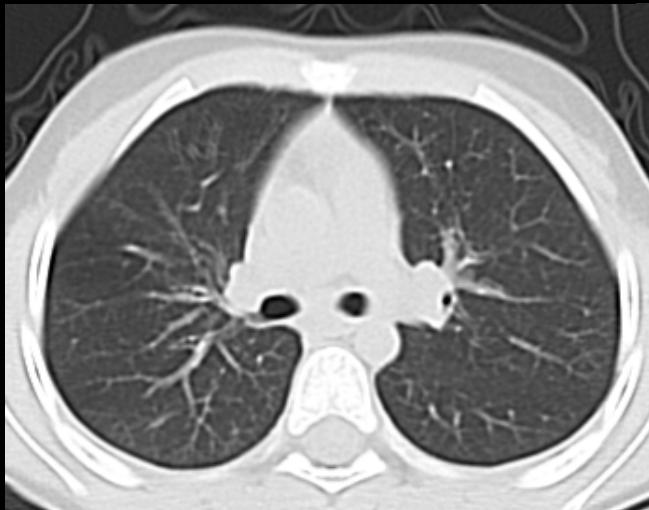
Bronquiolitis por VRS



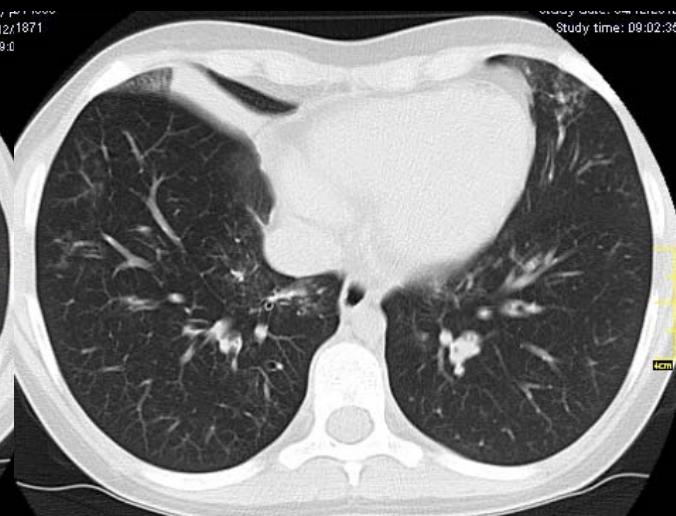
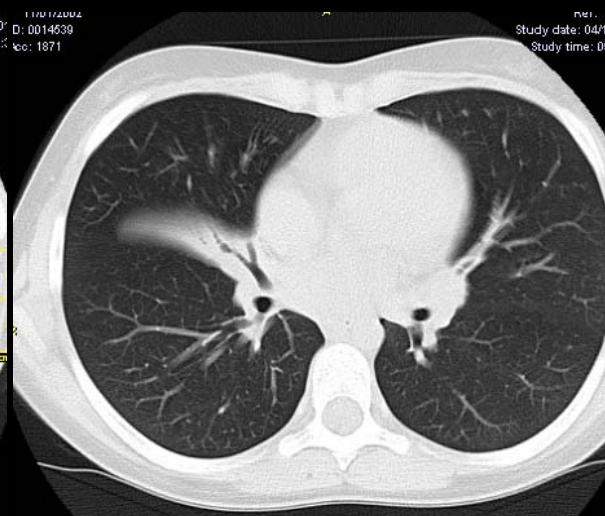
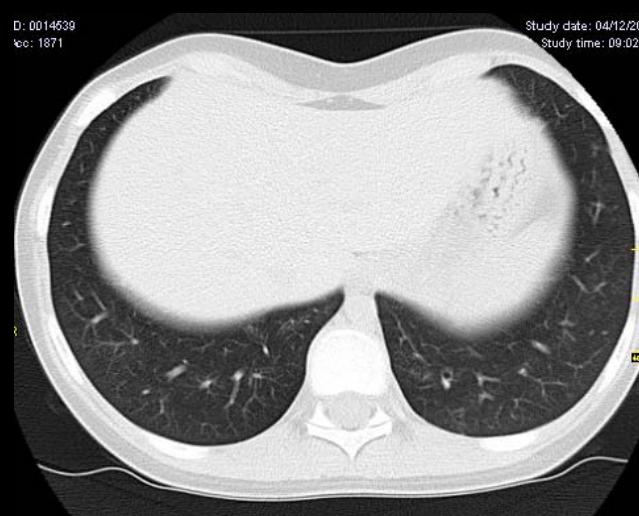
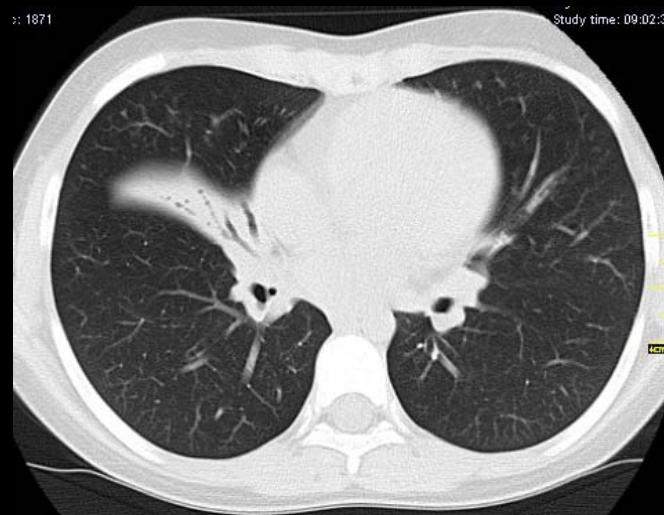
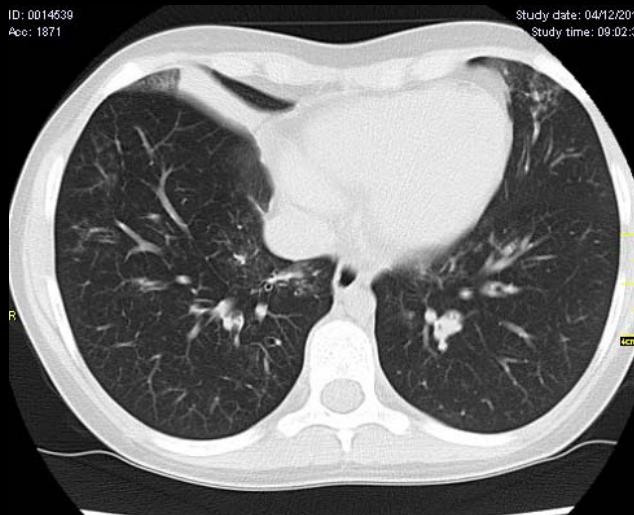
Di giorge



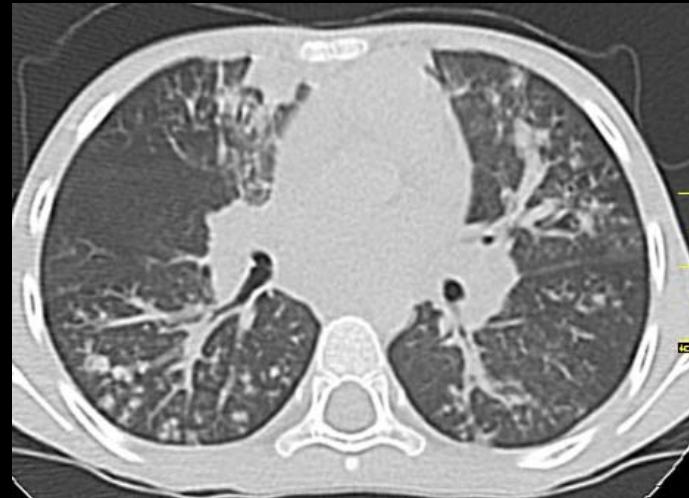
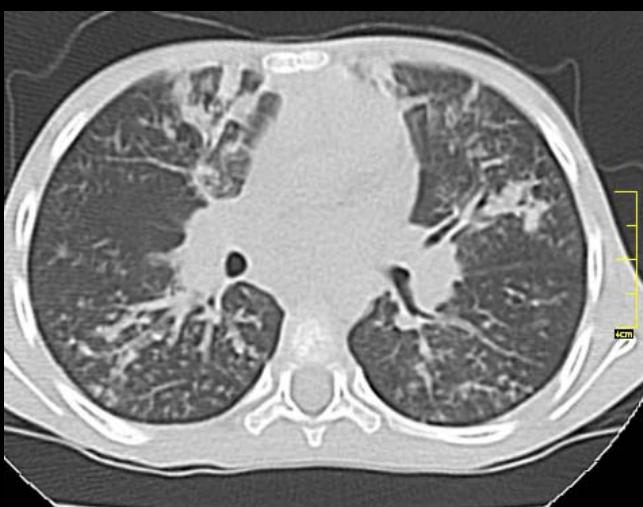
asma



Asma difícil control



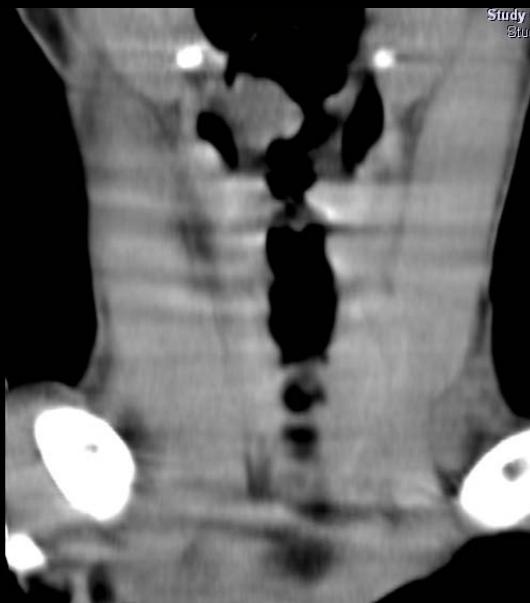
psitacosis

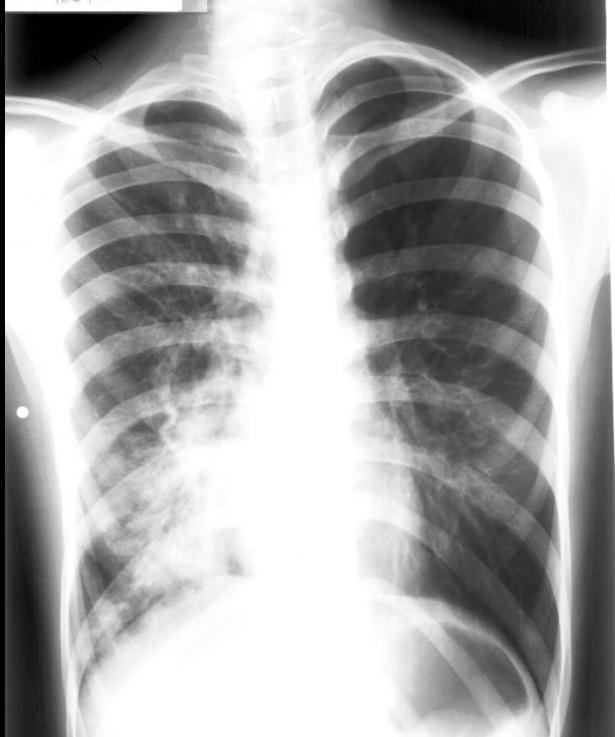


Radiografía de Tórax papilomatosis

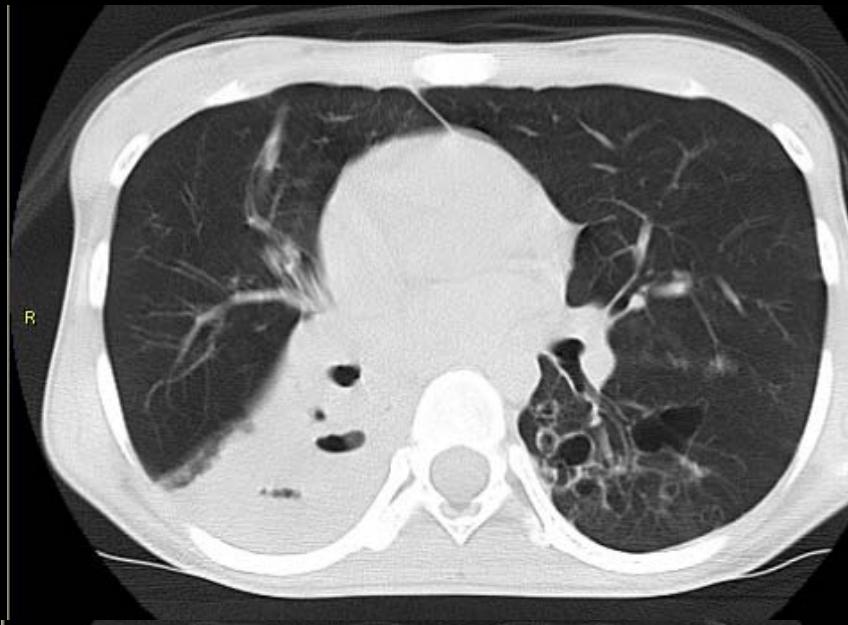


Papilomatosis laringea





Papilomatosis laringea



Espacios Aéreos por destrucción de red de fibras elásticas

Enfisema panlobulillar

Agrandamiento de espacios

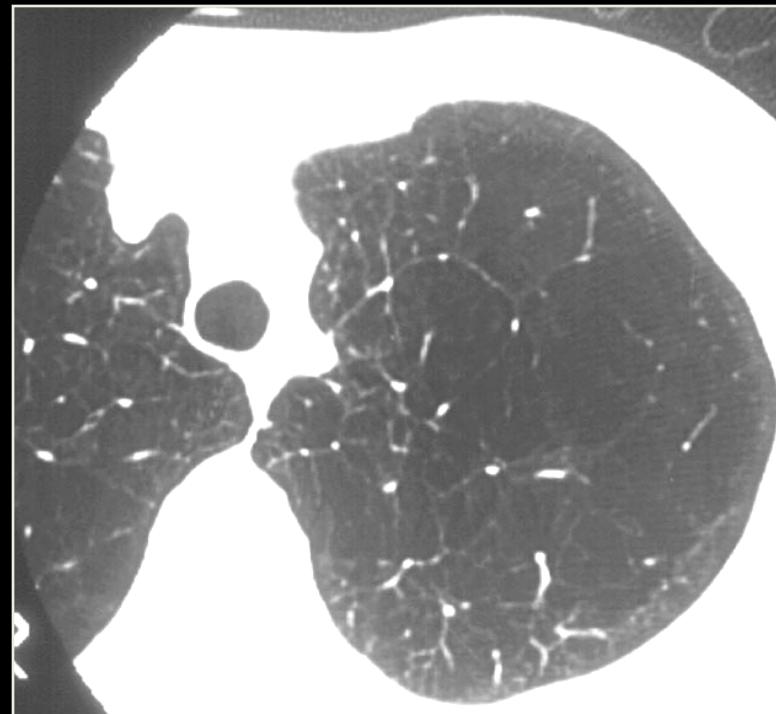
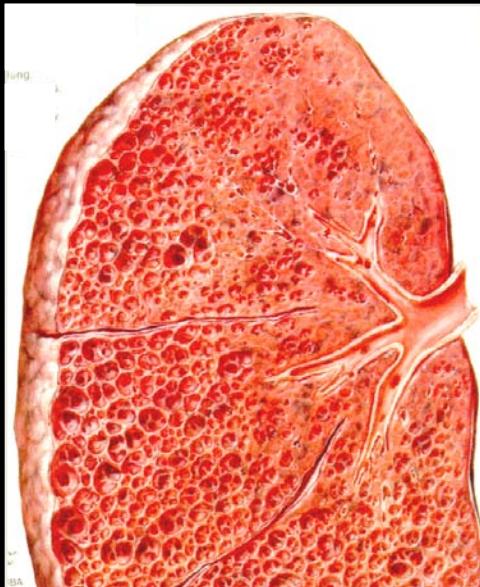
alveolares por destrucción

permanente de la pared alveolar

TAC: Área de < densidad

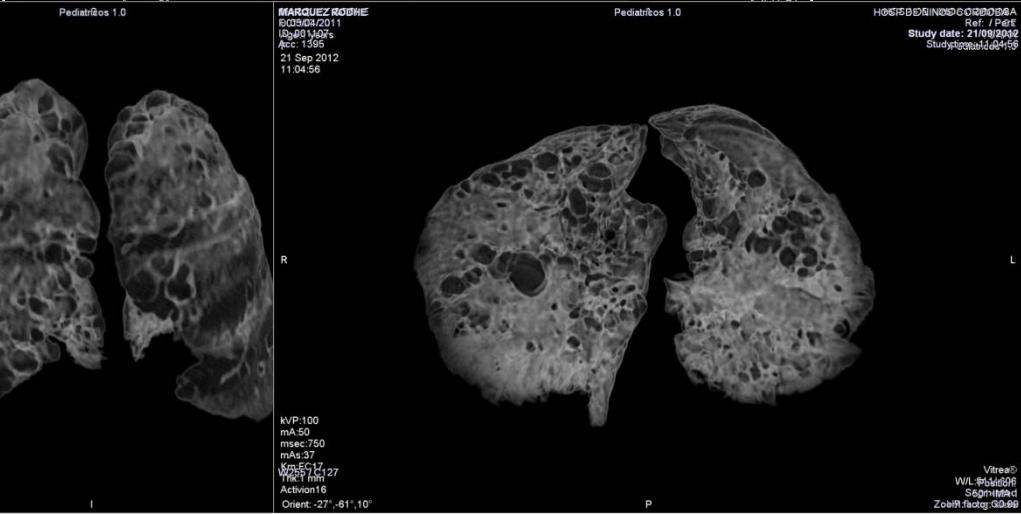
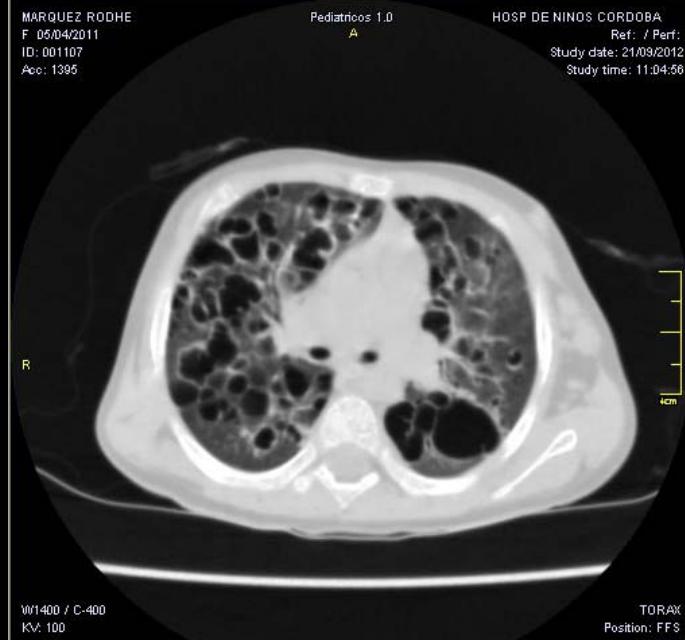
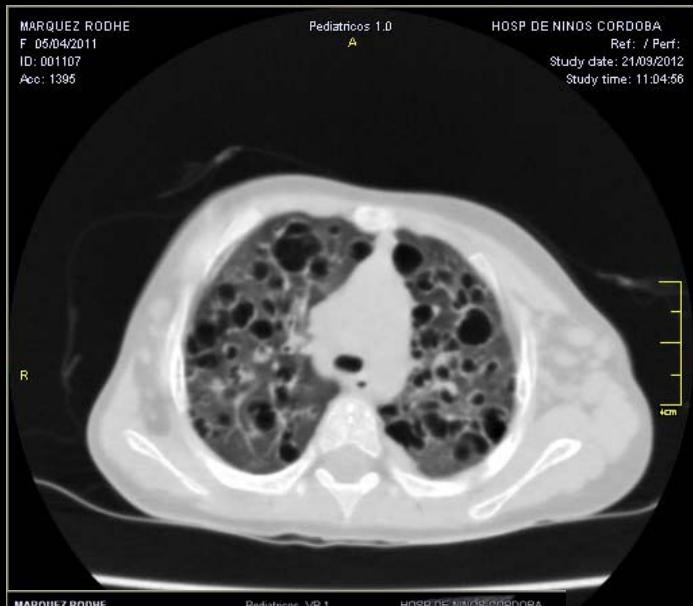
Distorsión de Arquitectura

“Poda” de vasos

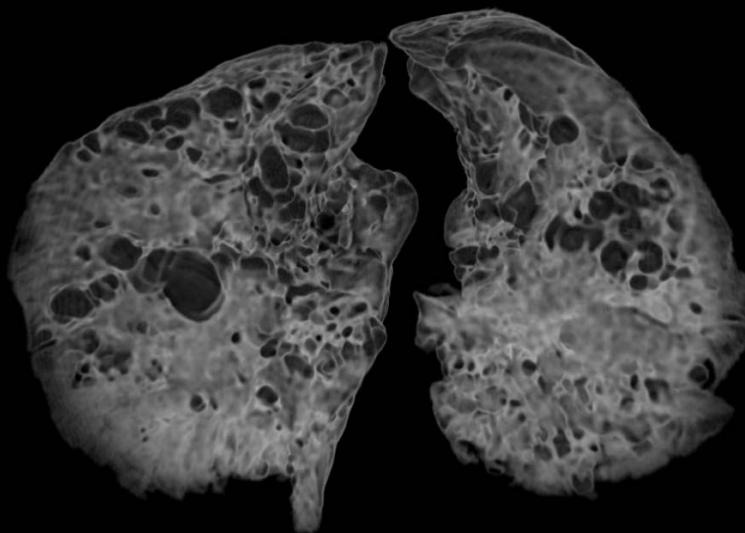
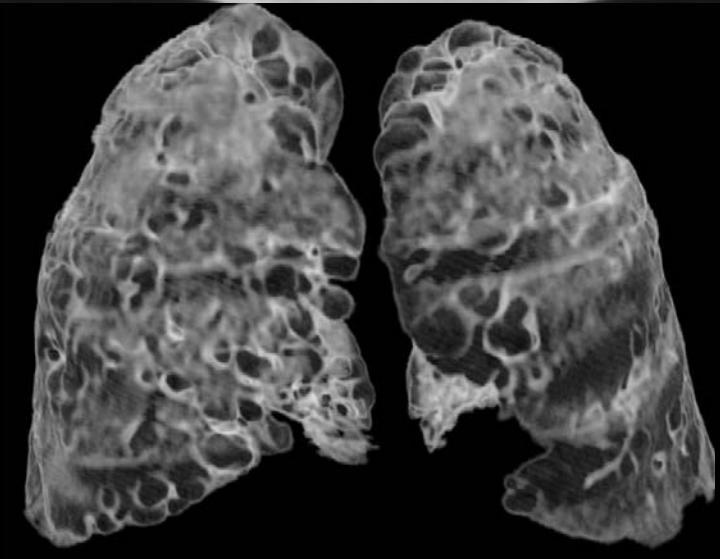
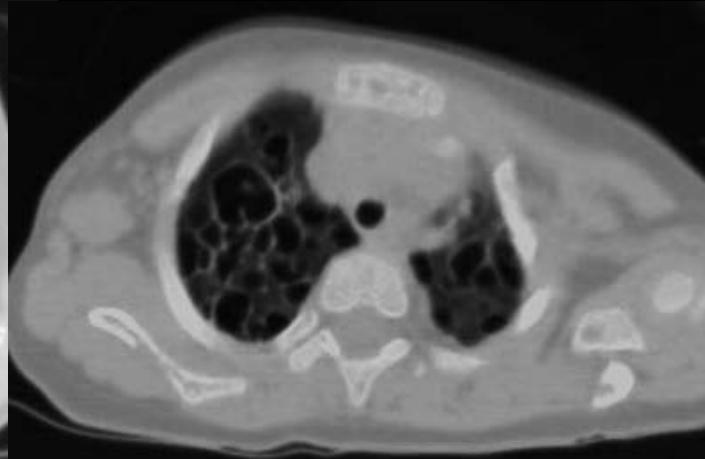
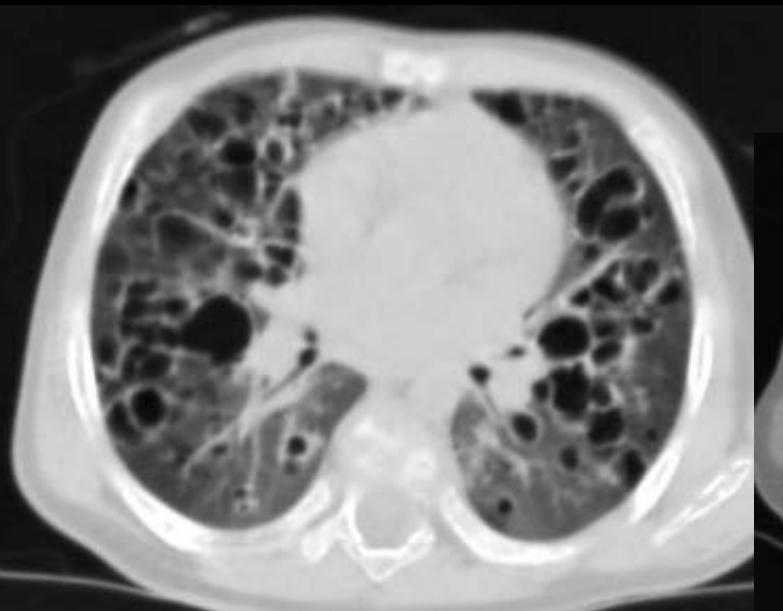


Déficit de Alfa 1 Antitripsina

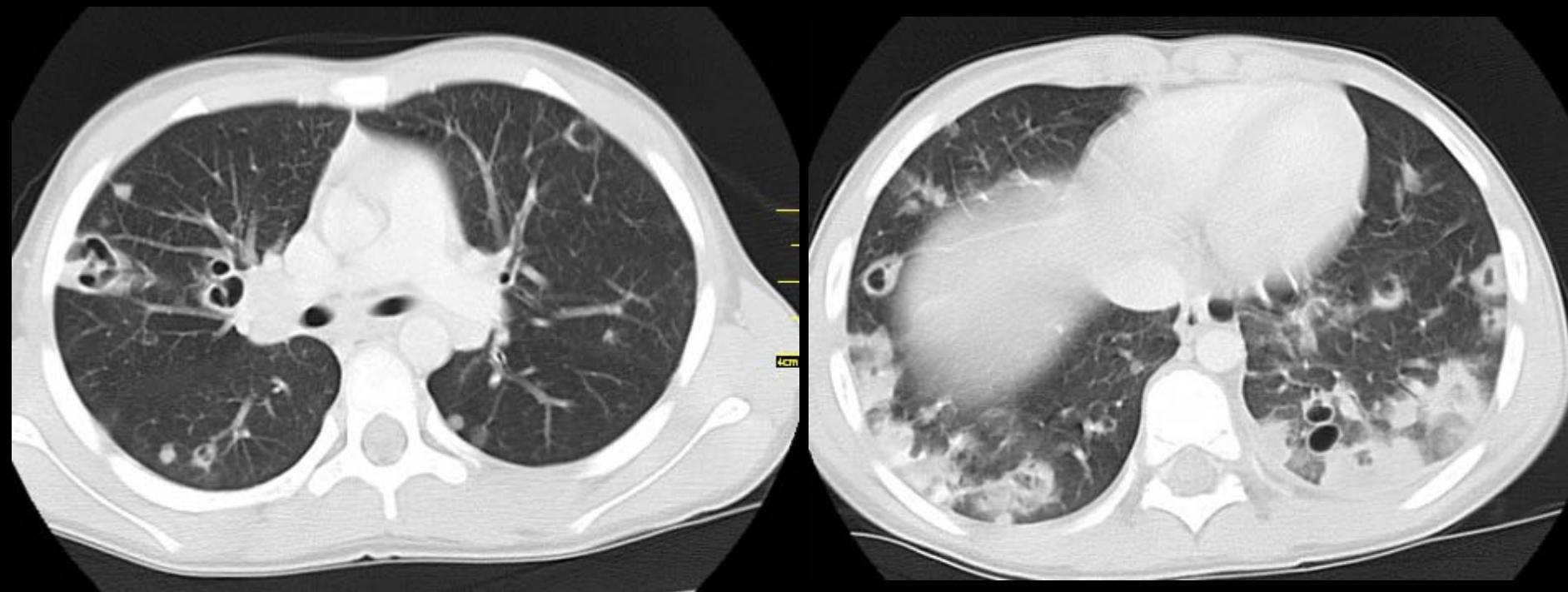
histiocitosis Dx diferenciales



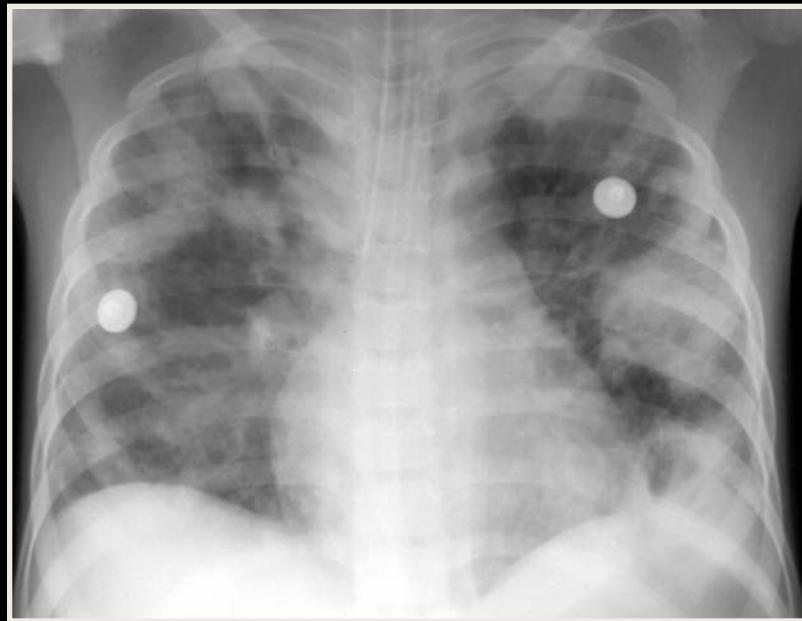
1 a sindrome febril prolongado disnea 2
internaciones “neumonia- BOR”



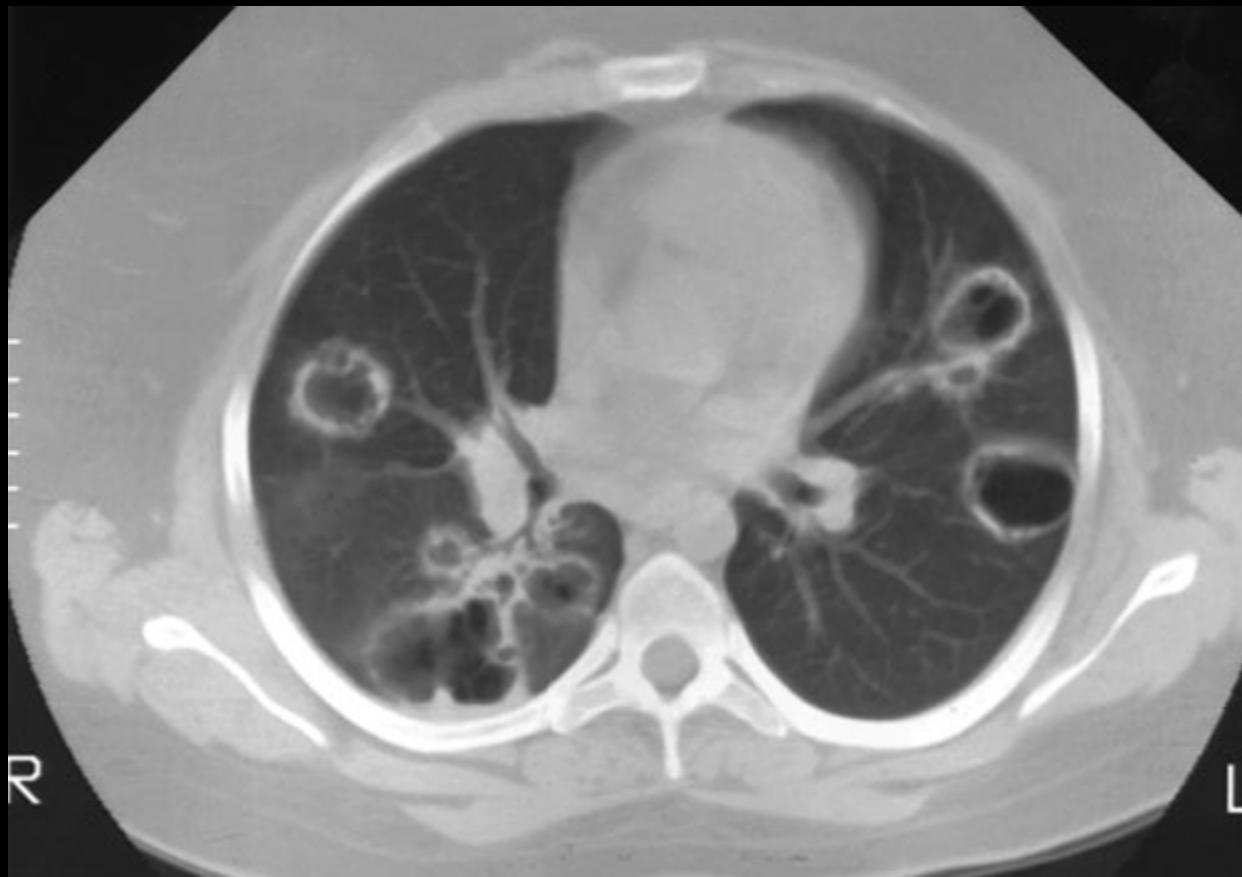
Dx diferenciales stafilo



Neumonía por Stafilococo



Granulomatosis de Wegener:



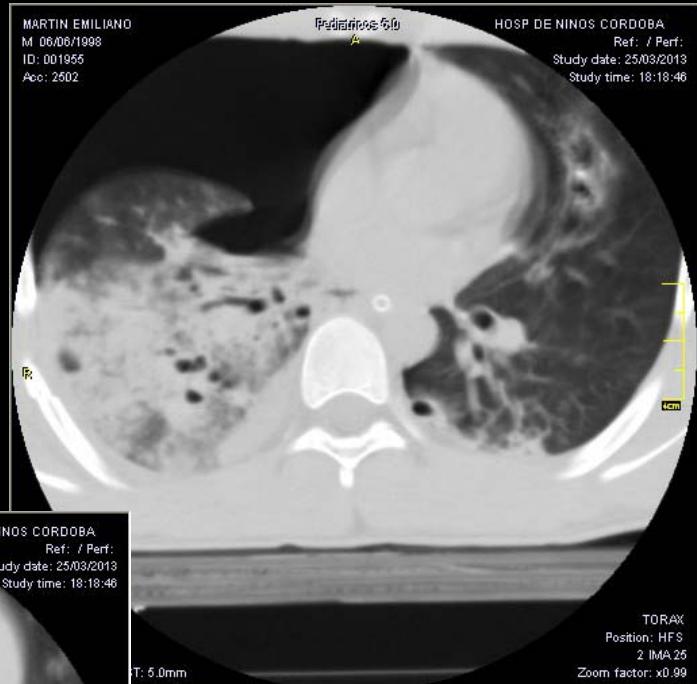
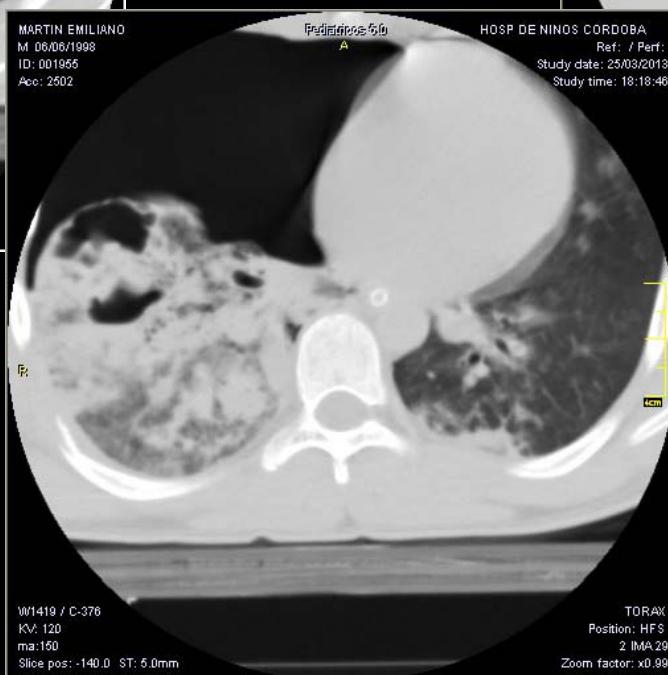
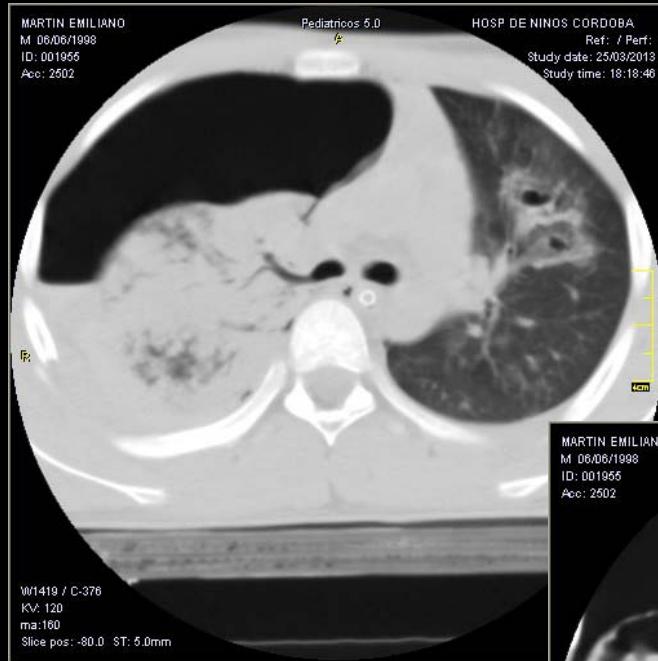
MAQP



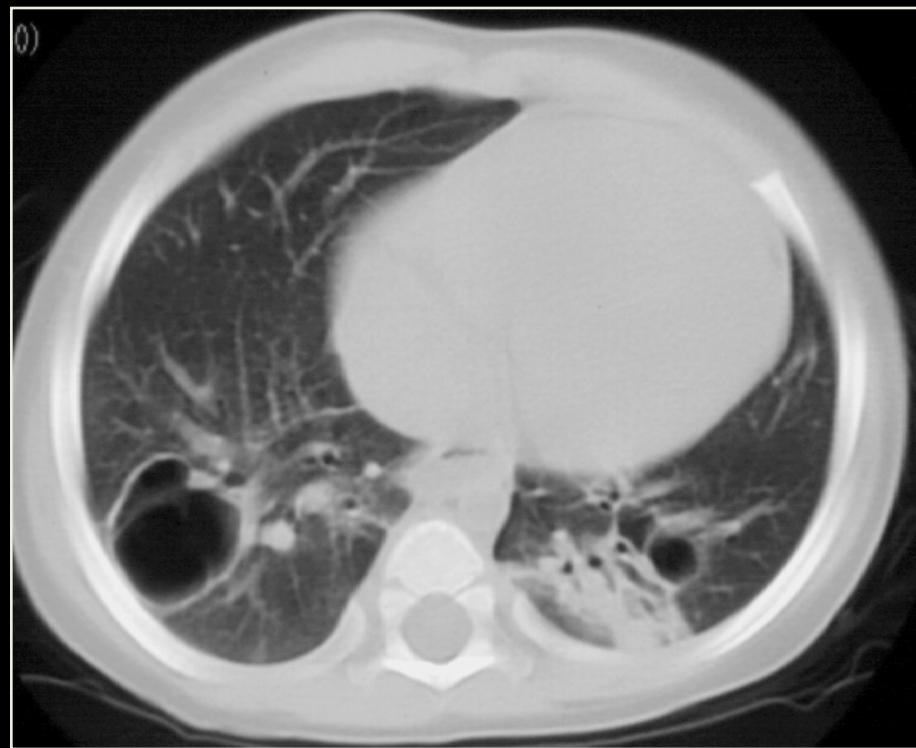
Bronquiectasias No FQ

Muchas Gracias...
por su atención!!!

Dx diferenciales neumatoceles trauma

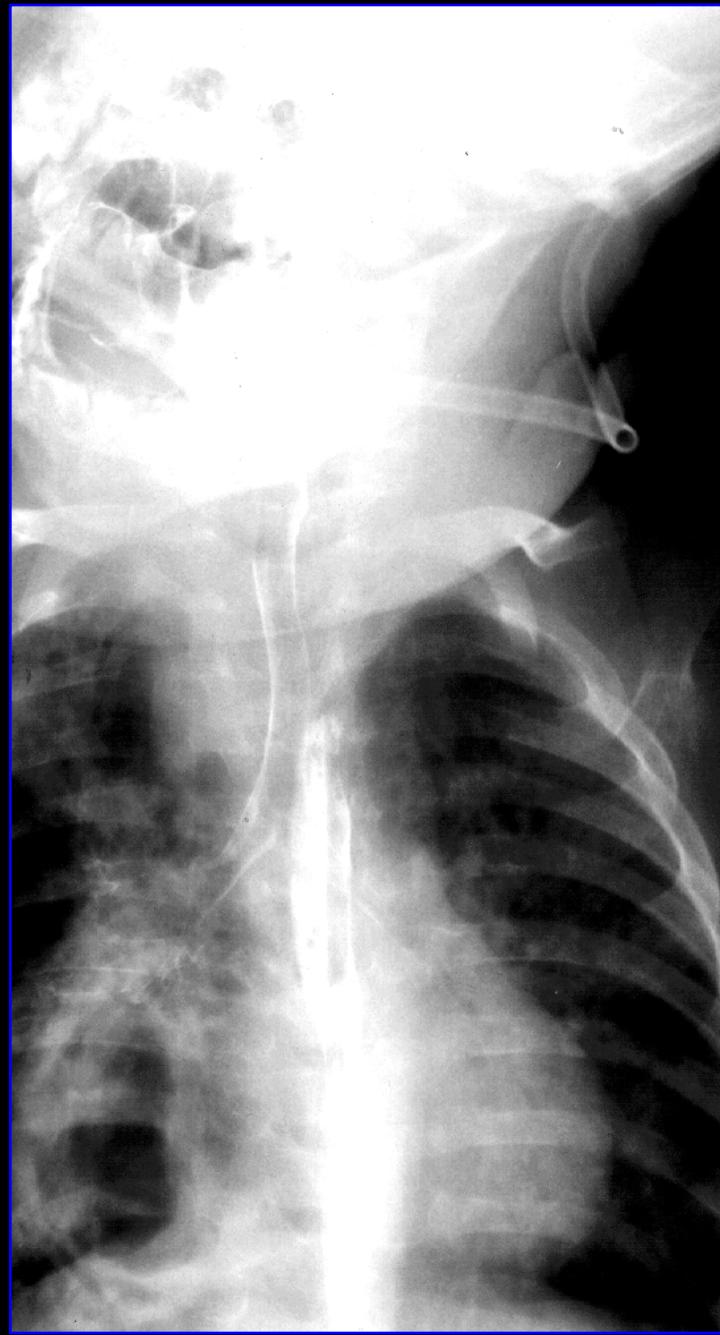


Neumatocele:

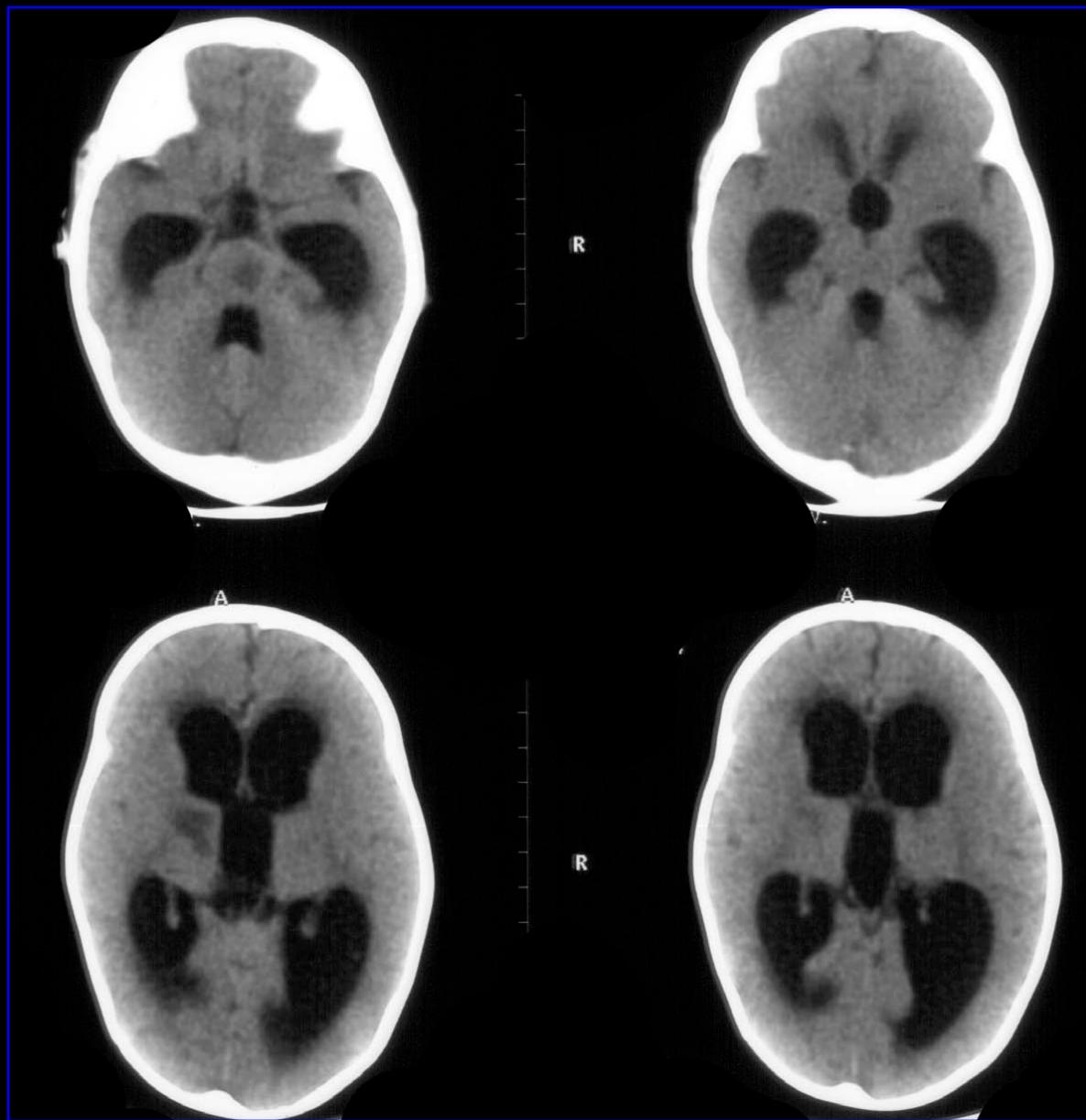


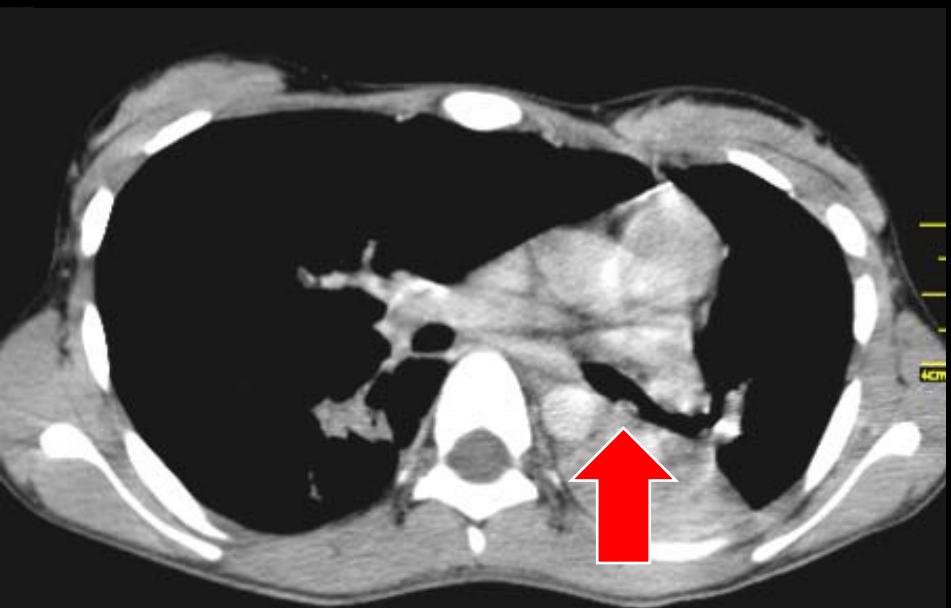
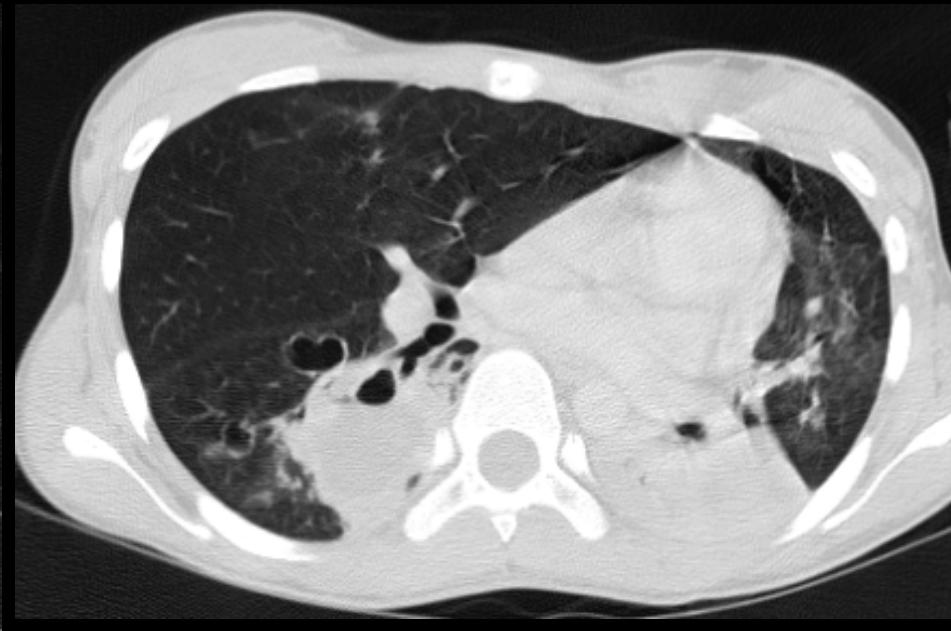
Absc pulmon lobectomy bronquiectasias





Depresión súbita de conciencia, PL + para neumococo y TBC





Atrapamiento aereo

Three-Section Expiratory CT:Insufficient for Trapped Air Assessment in Patients with Cystic Fibrosis?

- El atrapamiento aereo se evidencia en niños de 3 meses
- Es un end point en multiples trial
- Refleja compromiso de pequena via
- Dx por tradicionalmente metodos funcionales
- La TC como metodo directo guarda relacion con pruebas funcionales
- Es mas sensible y muestra severidad y distribucion

Multidetector CT Parameters

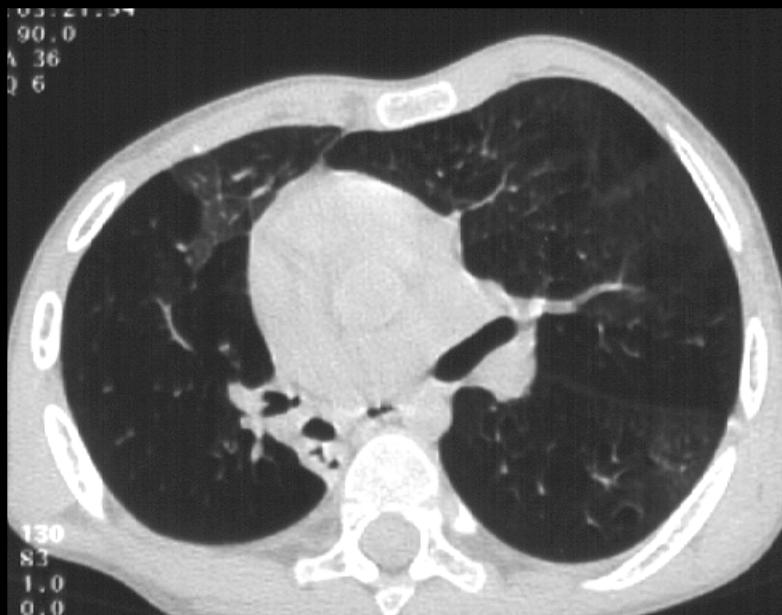
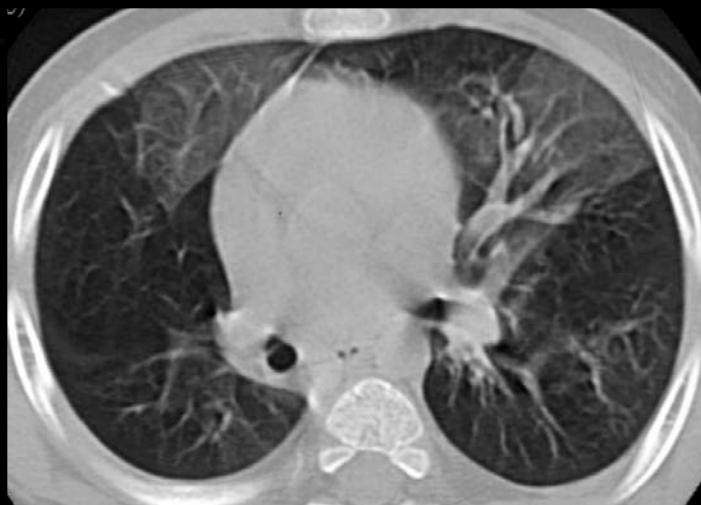
Two key points!

- Low mAs and kVp (age / weight based)
- mAs reduced by 50% during expiratory phase CT imaging

Weight (kg)	Tube Current at Inspiration/Expiration (mAs)	Kilovoltage (kVp)
<10	40/20	80
10–14	50/25	80
15–24	60/30	80
25–34	70/35	80
35–44	80/40	80
45–54	90/40	90
55–70	100–120/40	100–120

Lee EY, Boiselle PM. Tracheobronchomalacia in infants and children: MDCT evaluation. Radiology, 2009

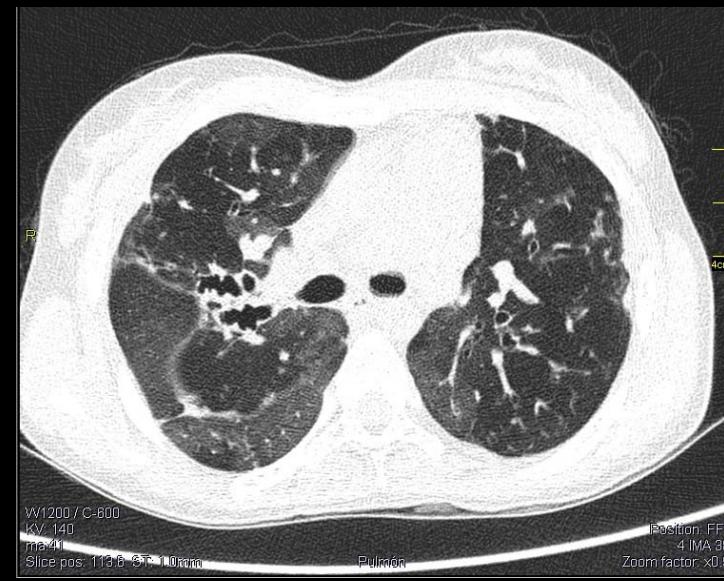
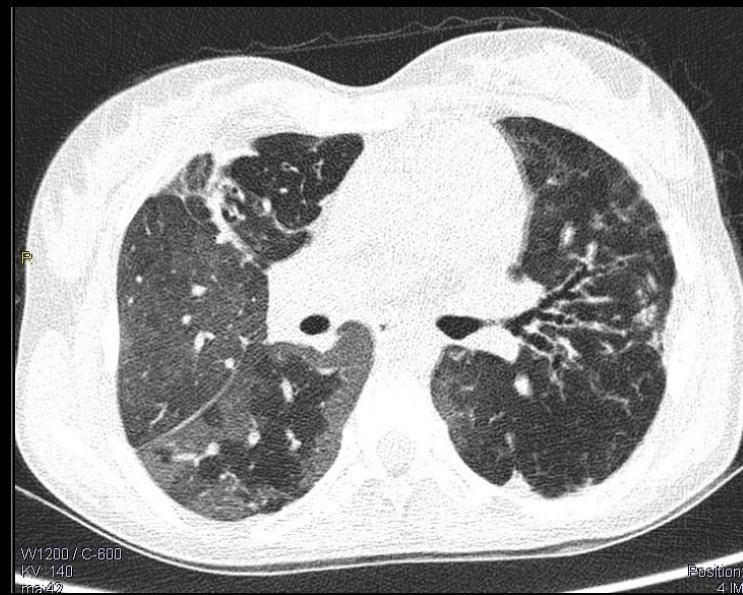
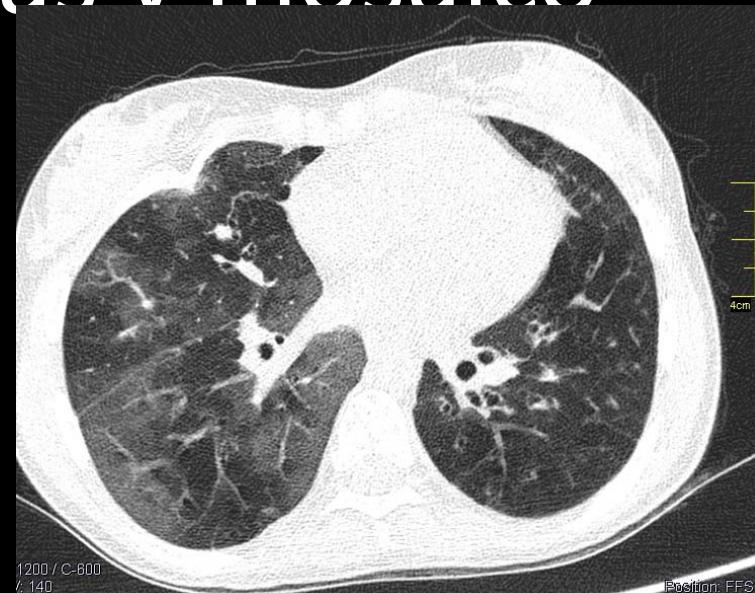
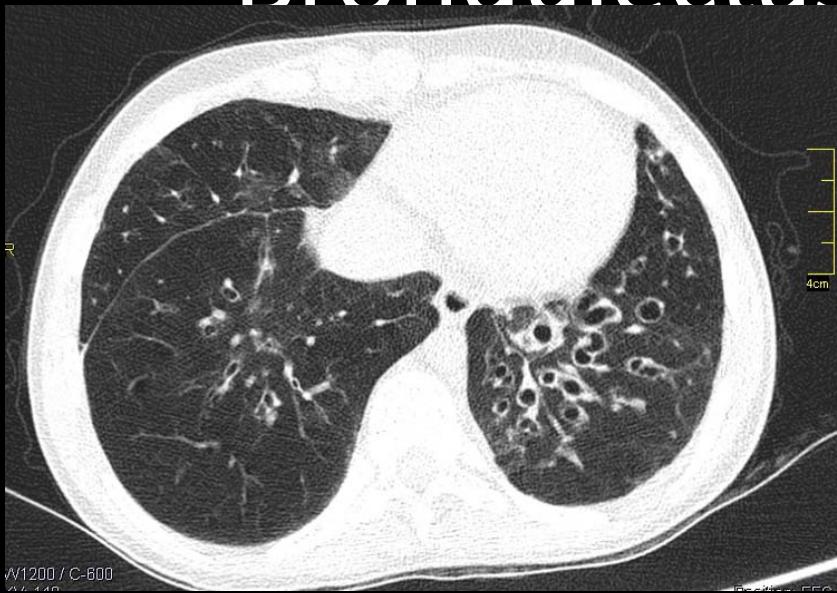
Atrapamiento Aereo



Minip



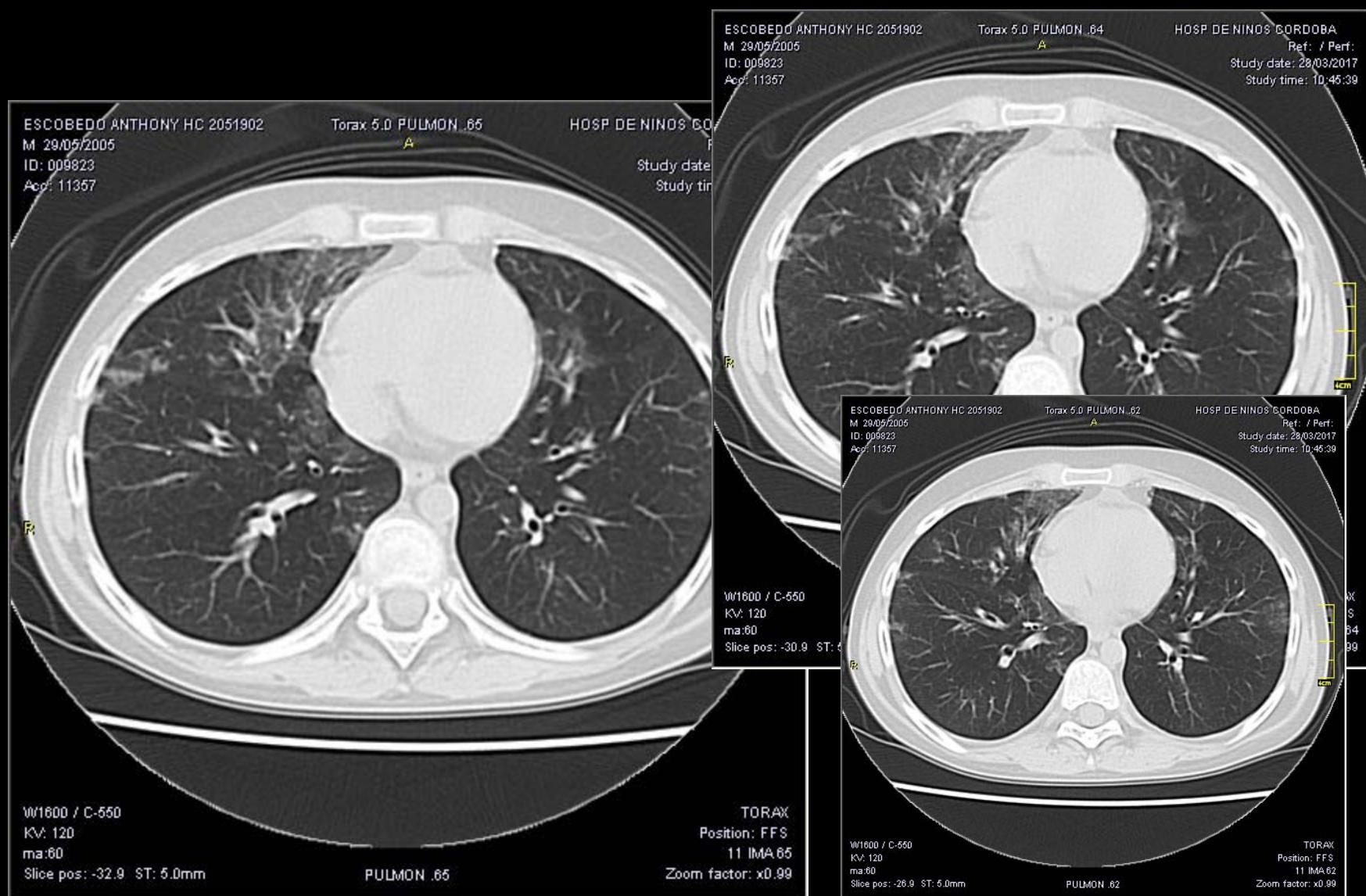
Bronquiectasias v mosaico



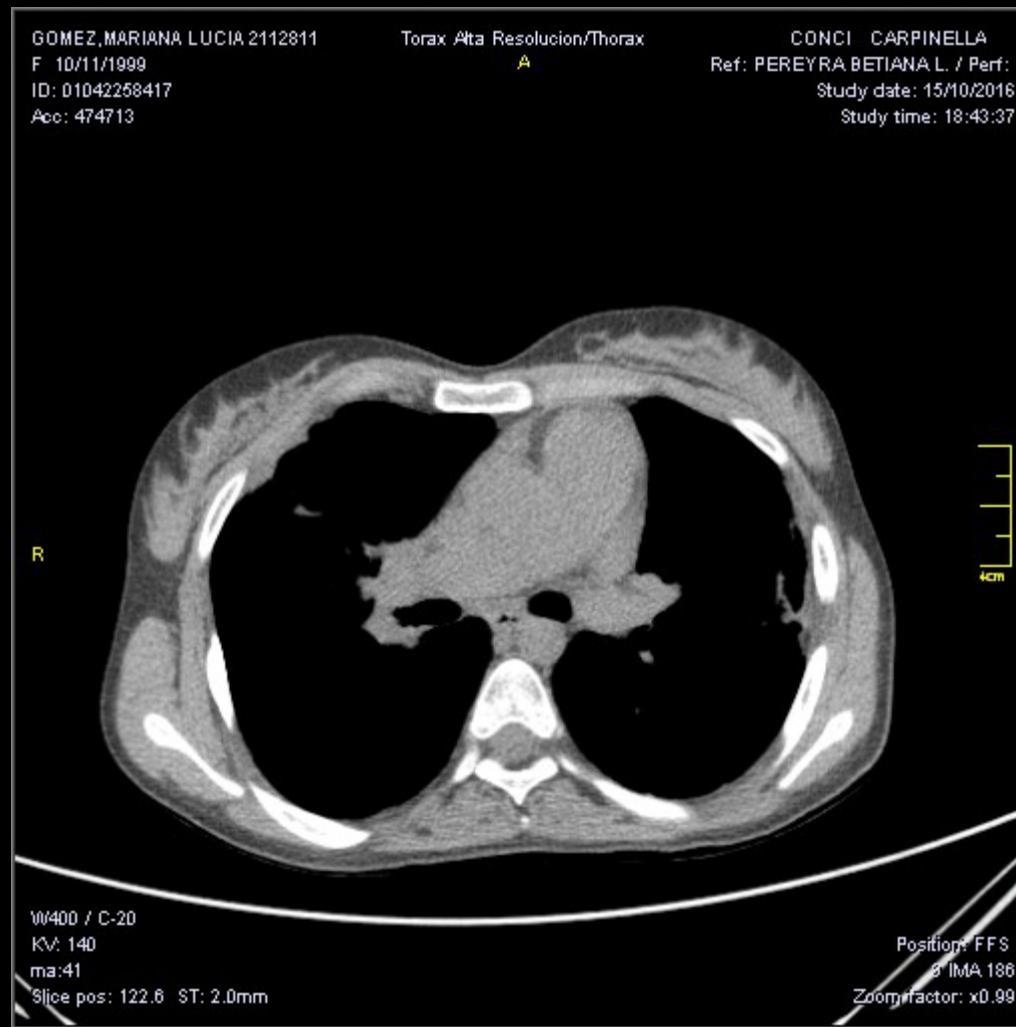
Sutiles



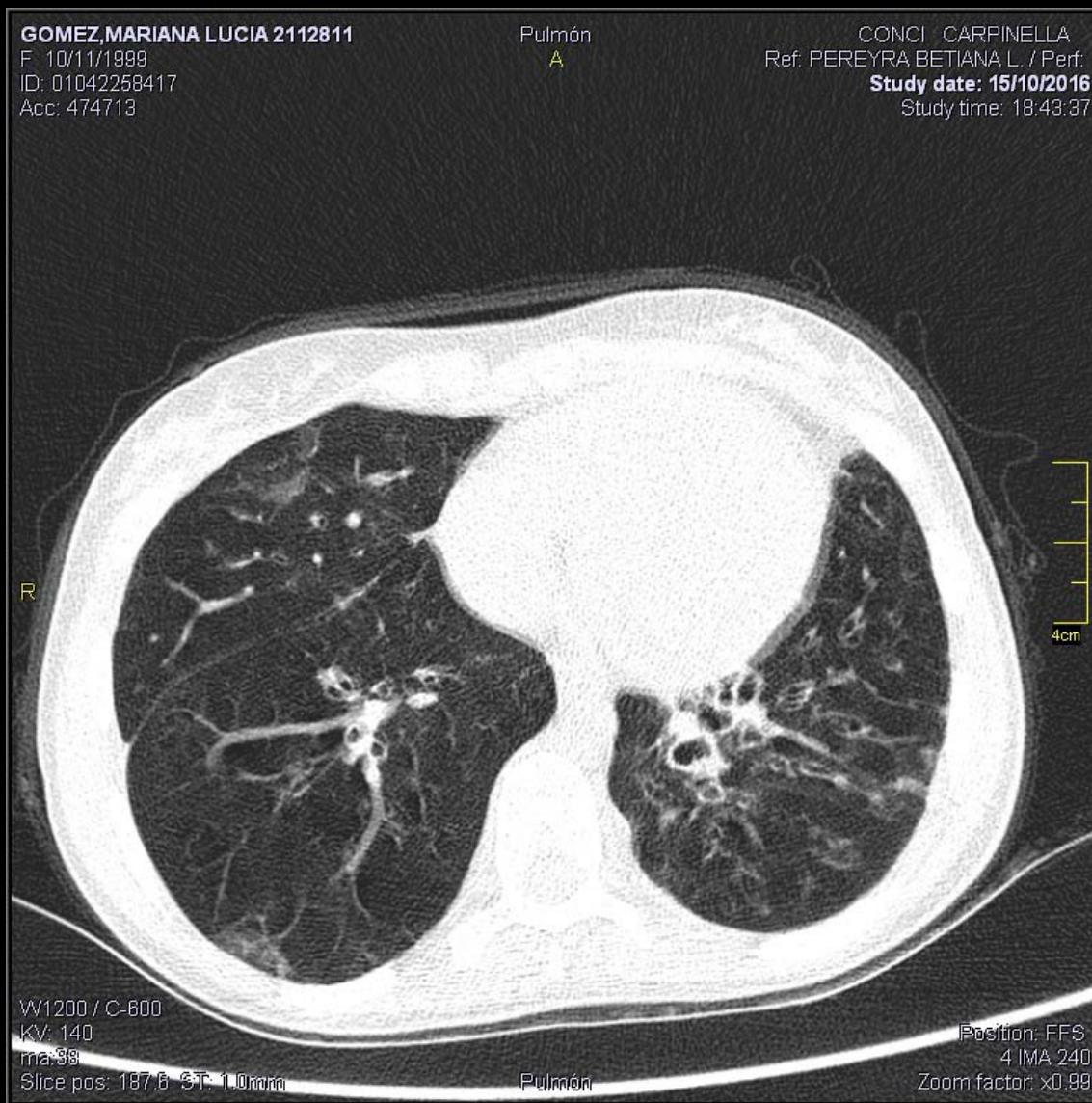
Sutiles otro bronquio muy periferico y arbol en brote



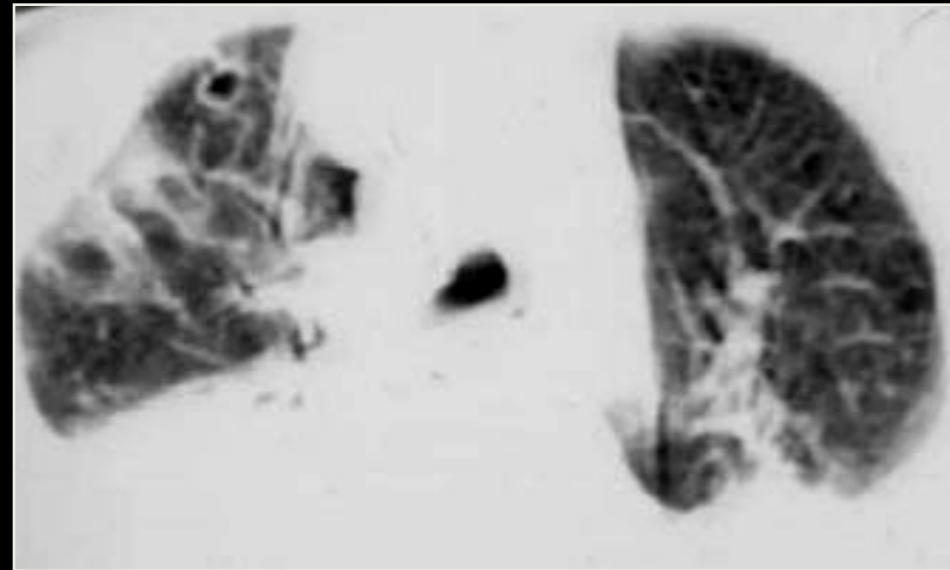
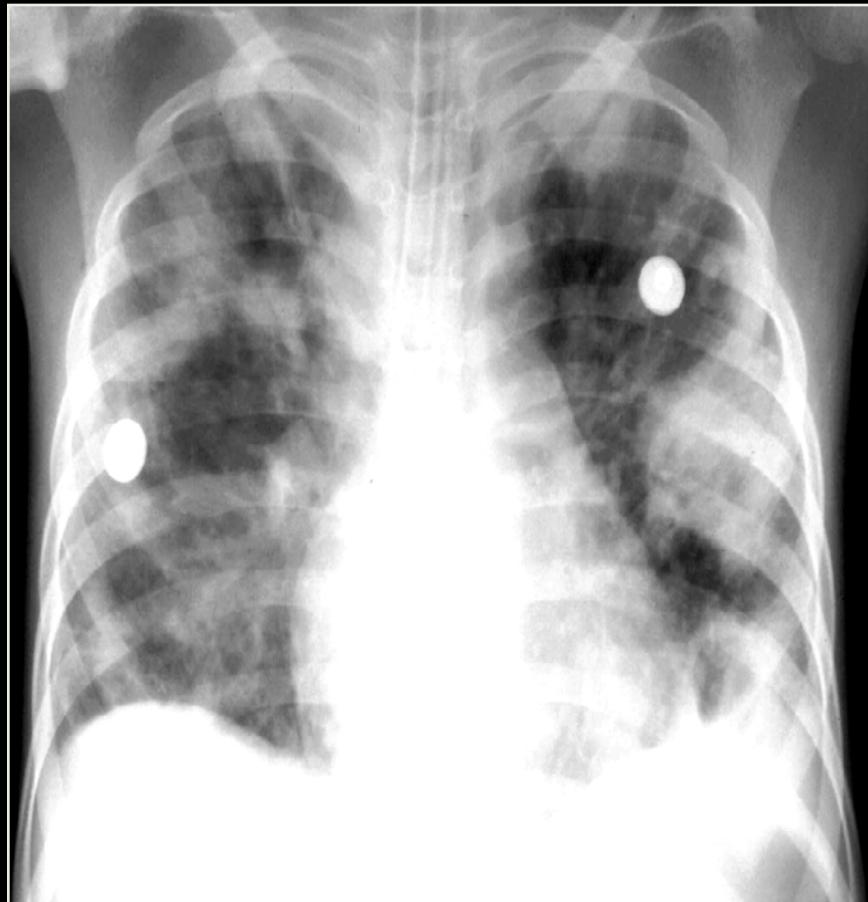
HTAPulmonar



Lobulillo pulmonar



Estafilococo:



Minip

