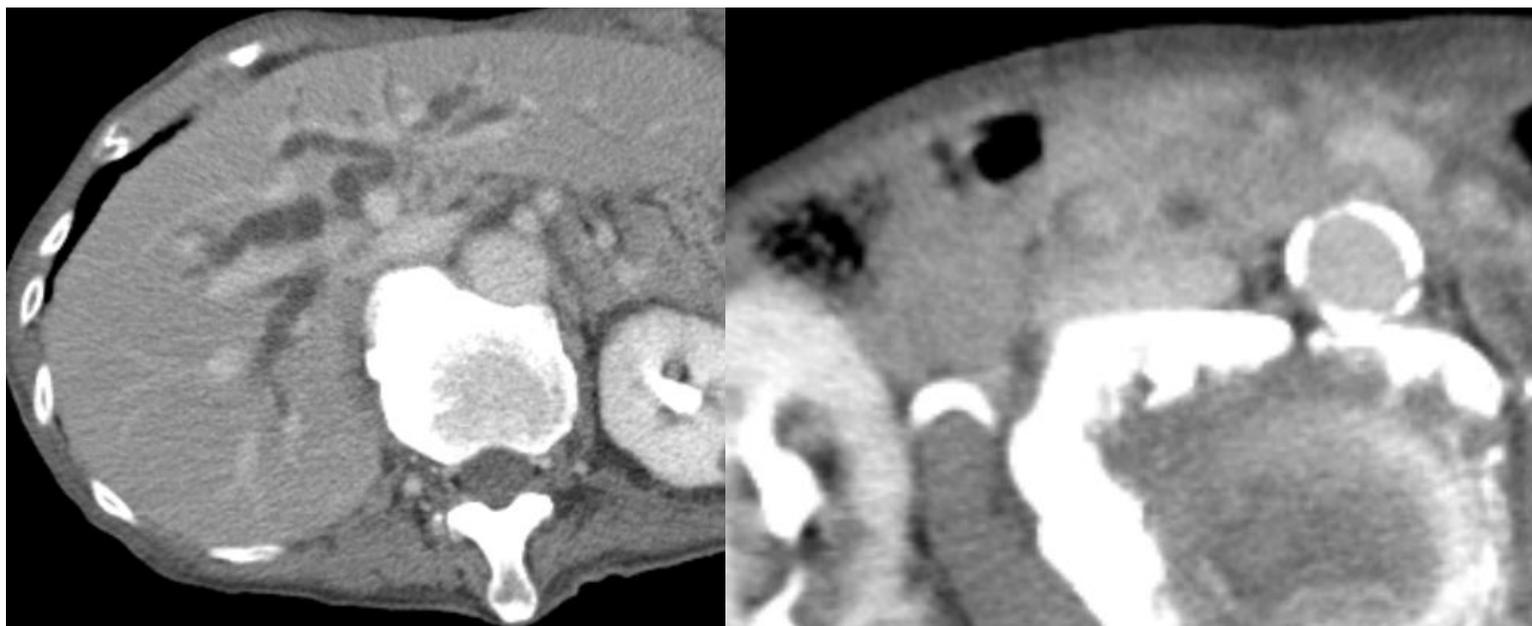


医原性腭損傷・急性心タンポナーデ IVRリカバリー症例

水沼仁孝

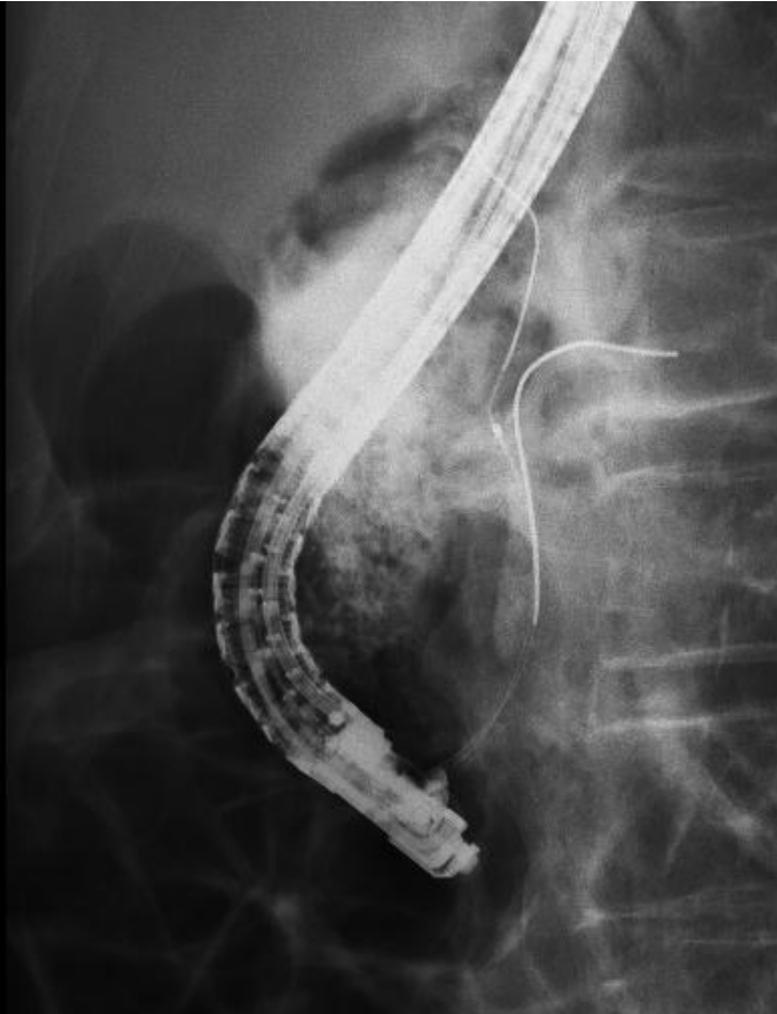
那須赤十字病院放射線診断科

- 2日前～の意識障害で救急搬送
- 2022/01/21
 - 脳MRI: 陳旧性多発ラクナ梗塞
 - DD↑
 - CT: 右緊張性気胸、COPD 多発ブラ、胆嚢胆石症。総胆管結石症。閉塞性黄疸。

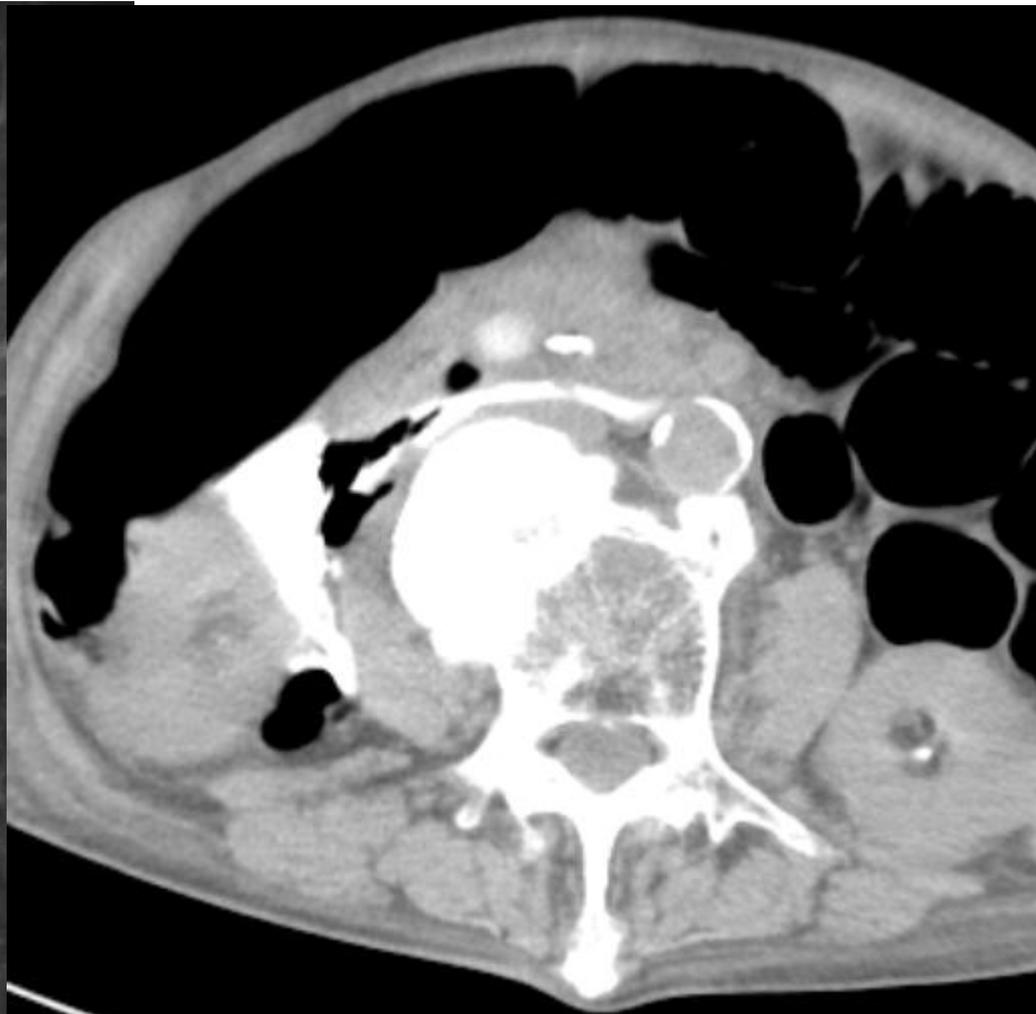


- 2022/01/27

- ERCP: 胰損傷、後腹膜氣腫



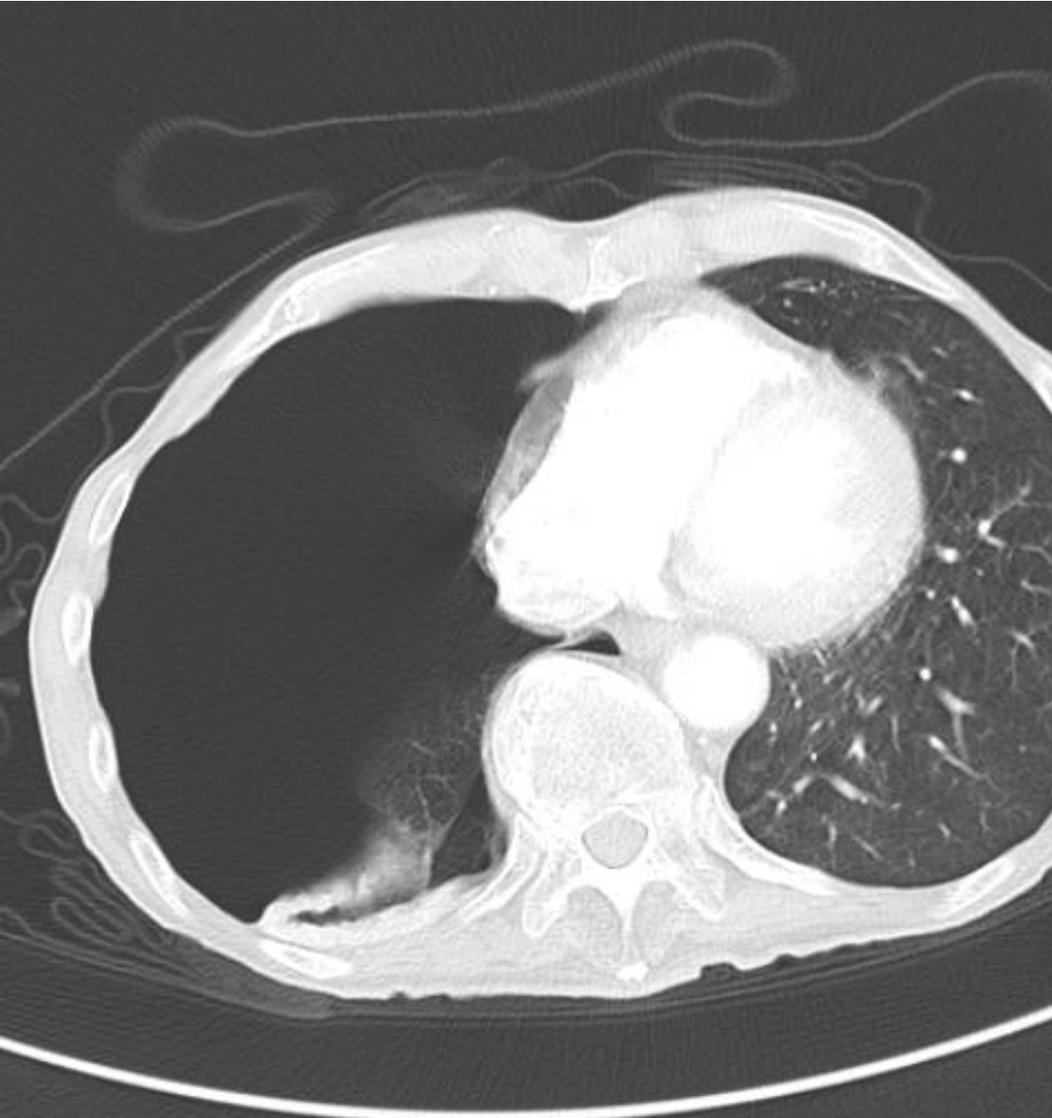
11:00



11:10

右気胸に対するドレナージ

14:48

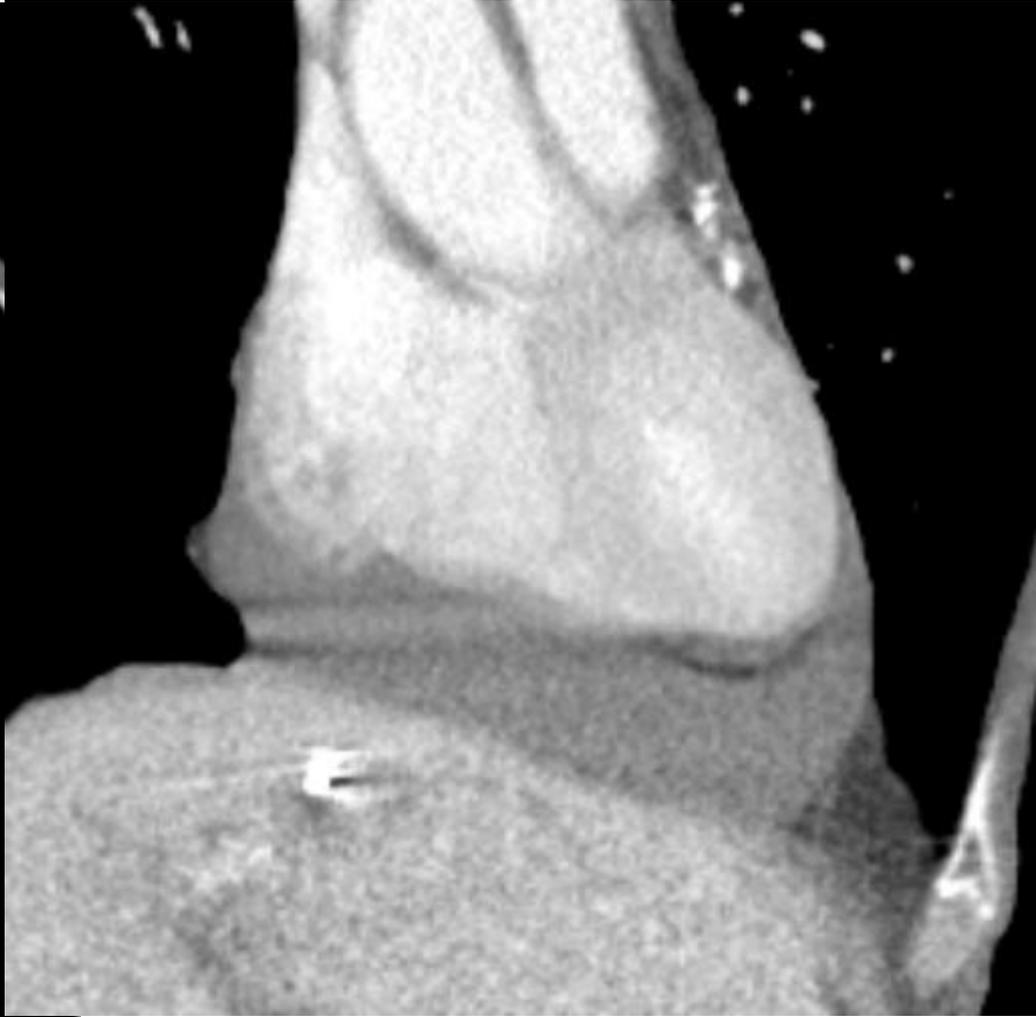
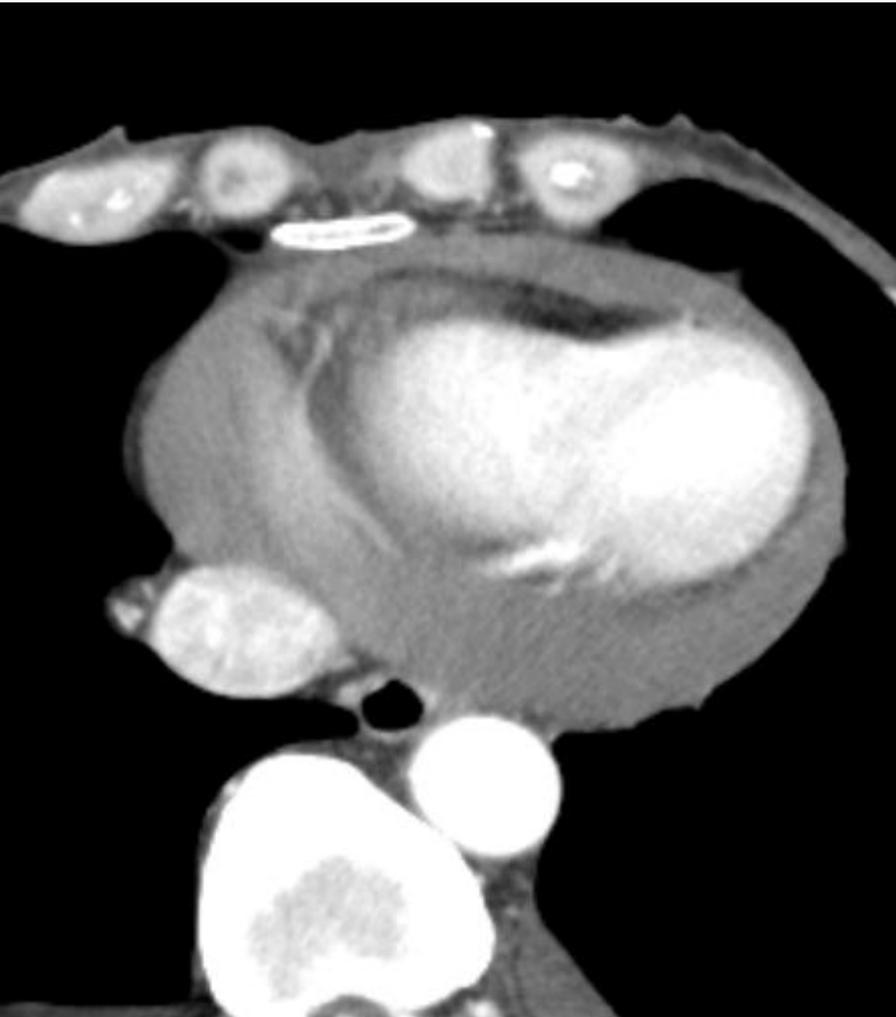


PTCD

15:08



帰室後、血圧低下： CTにて心タンポナーデ

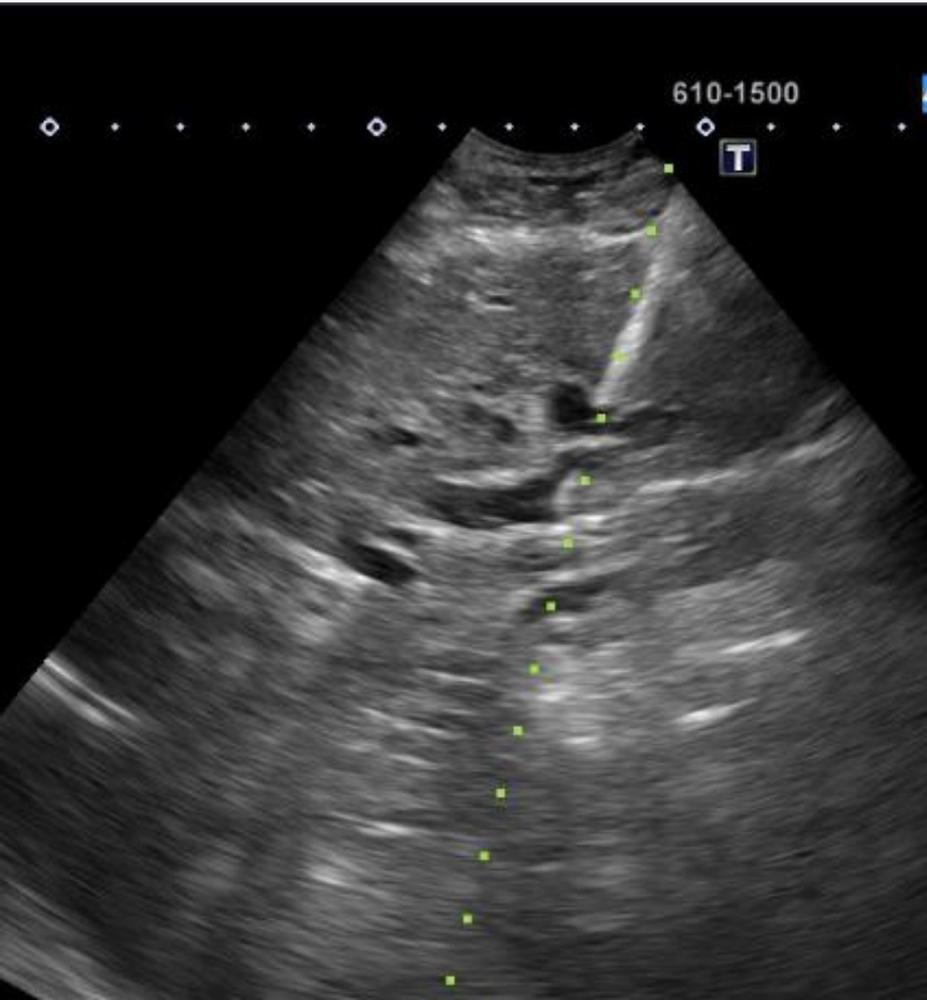


心嚢ドレナージ

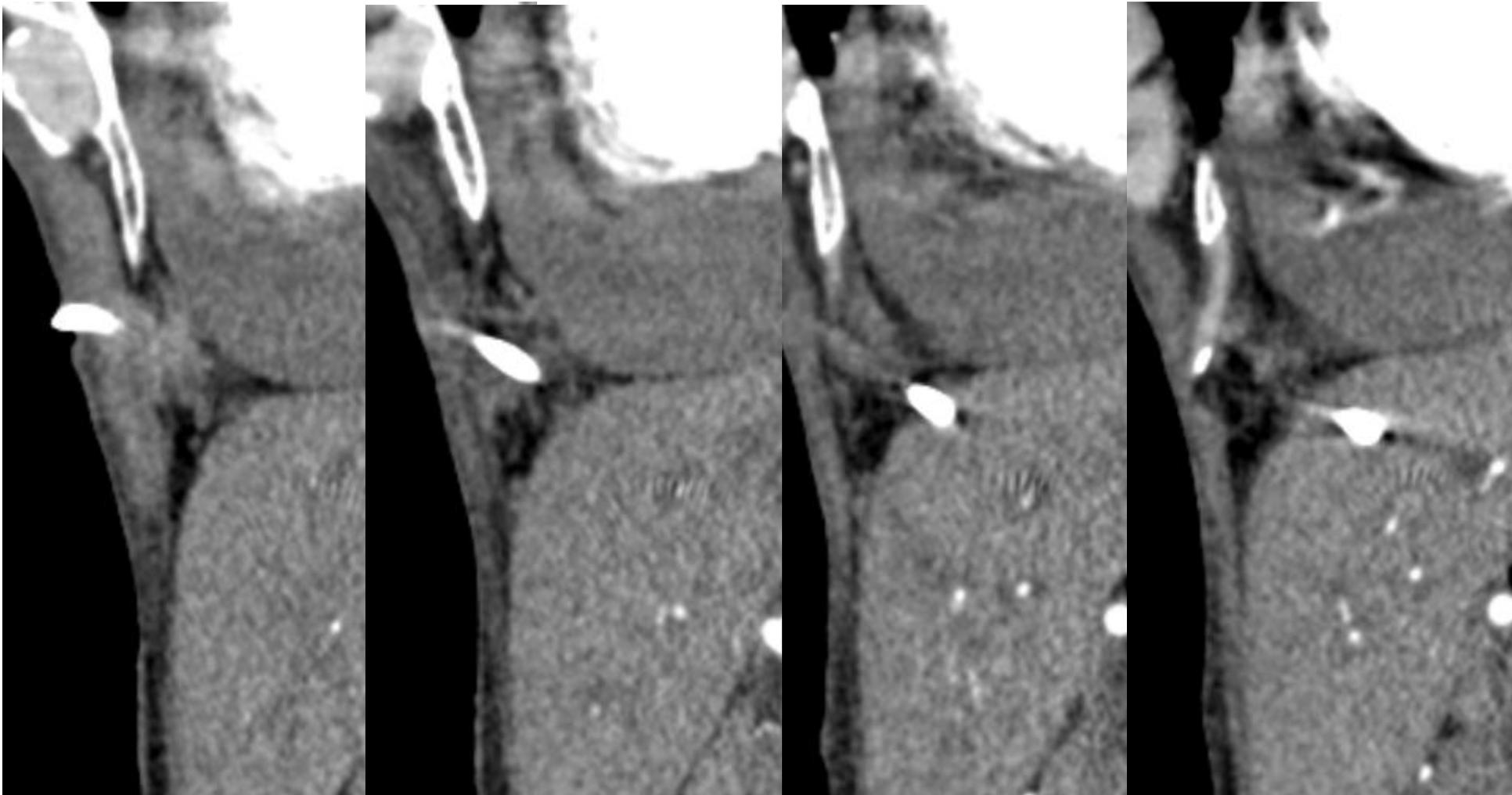
18:07



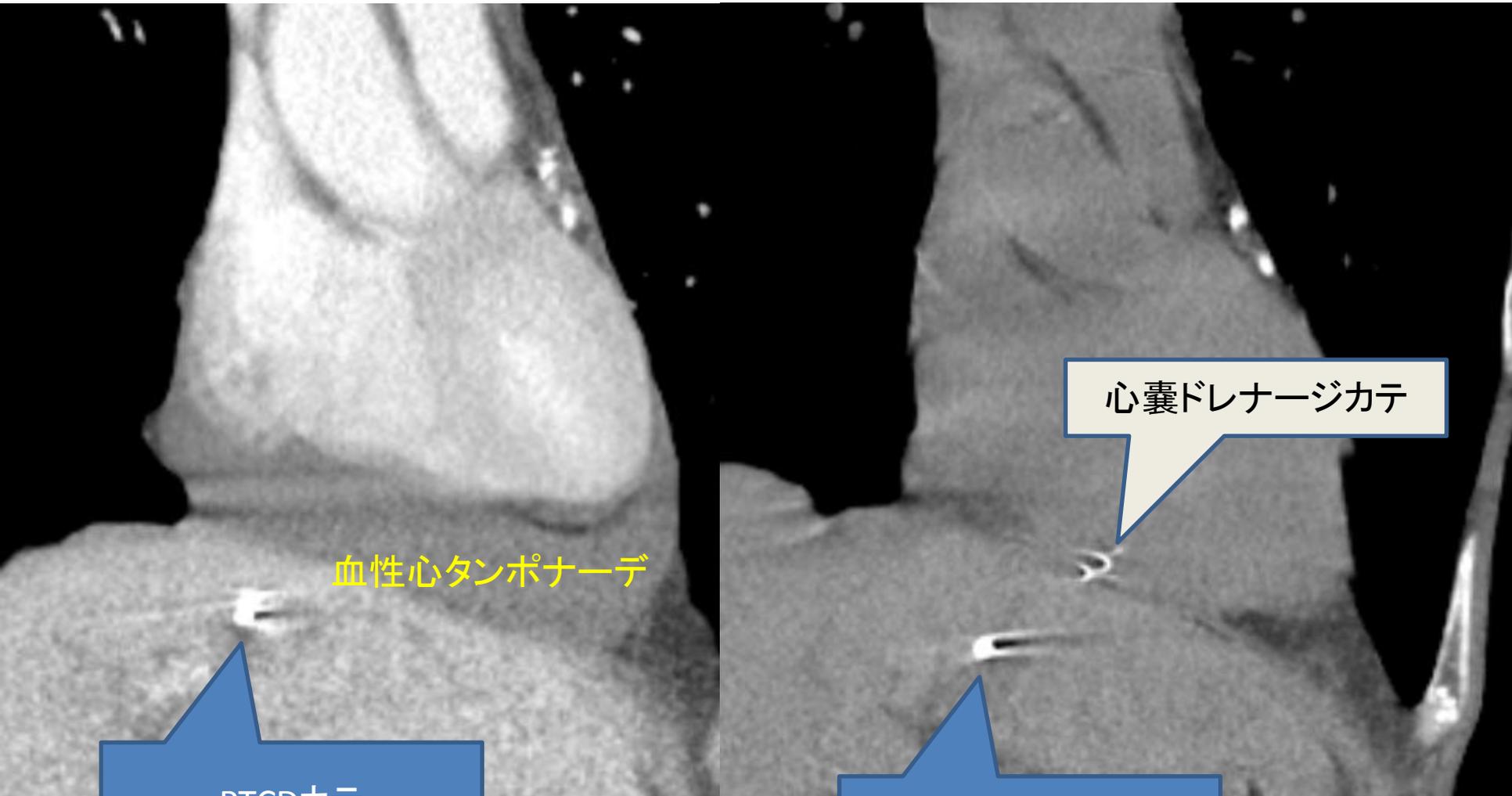
PTCD procedureの見直し



One puncture でドレナージされており、
ルートは心嚢とは接していない
⇒局所麻酔をブラインドで行った際、穿刺した可能性



4日後のCT,血性心嚢水は消失



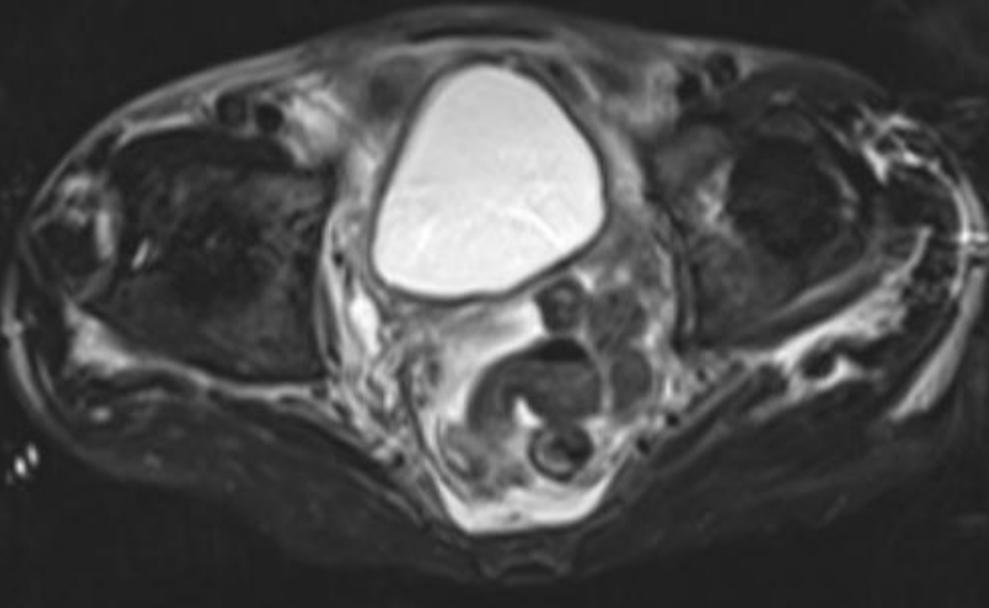
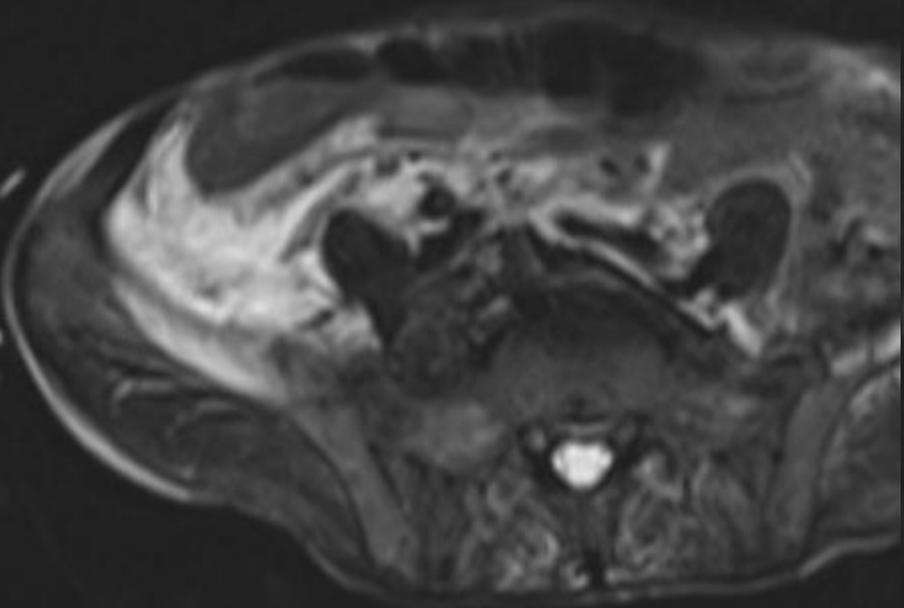
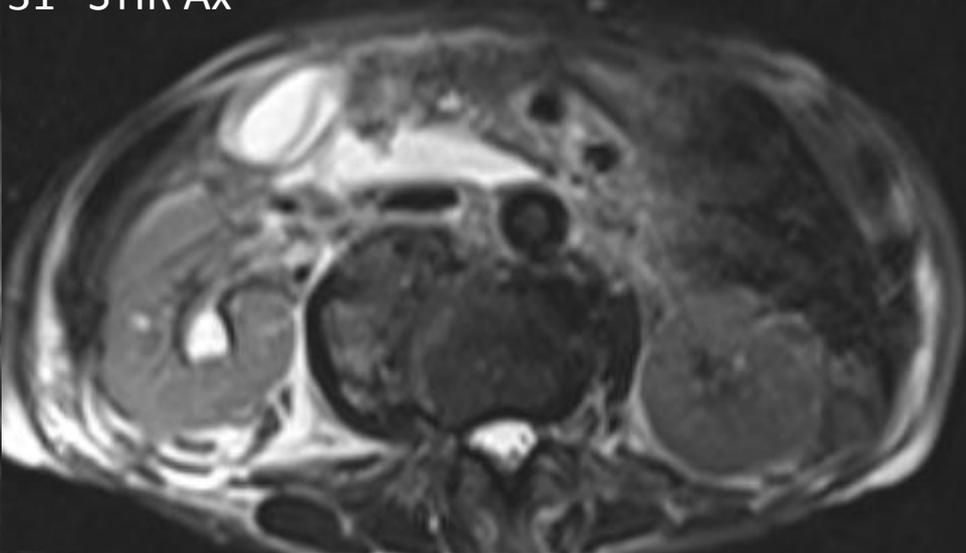
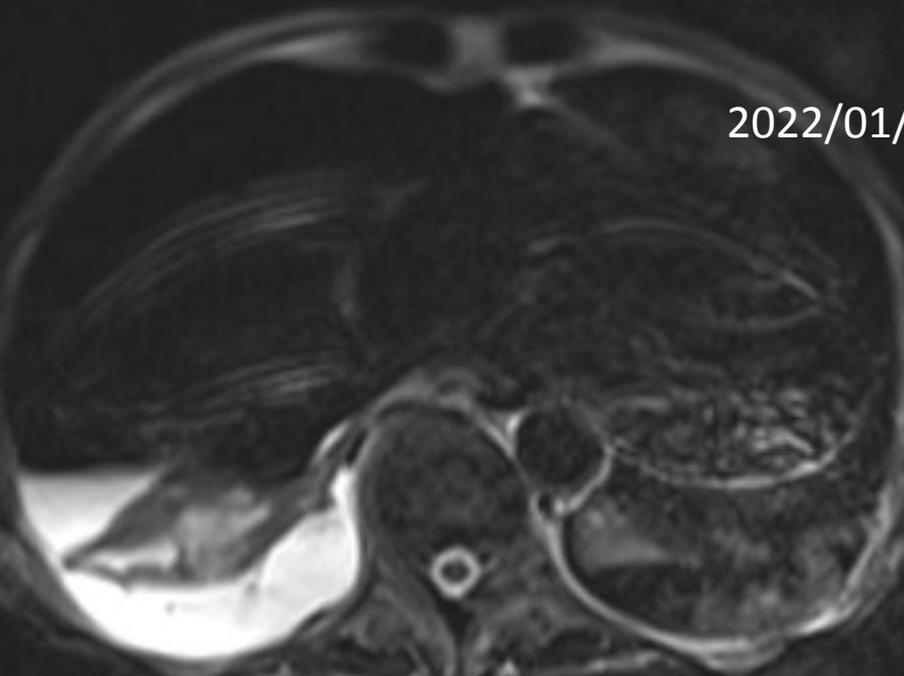
血性心タンポナーデ

心嚢ドレナージカテ

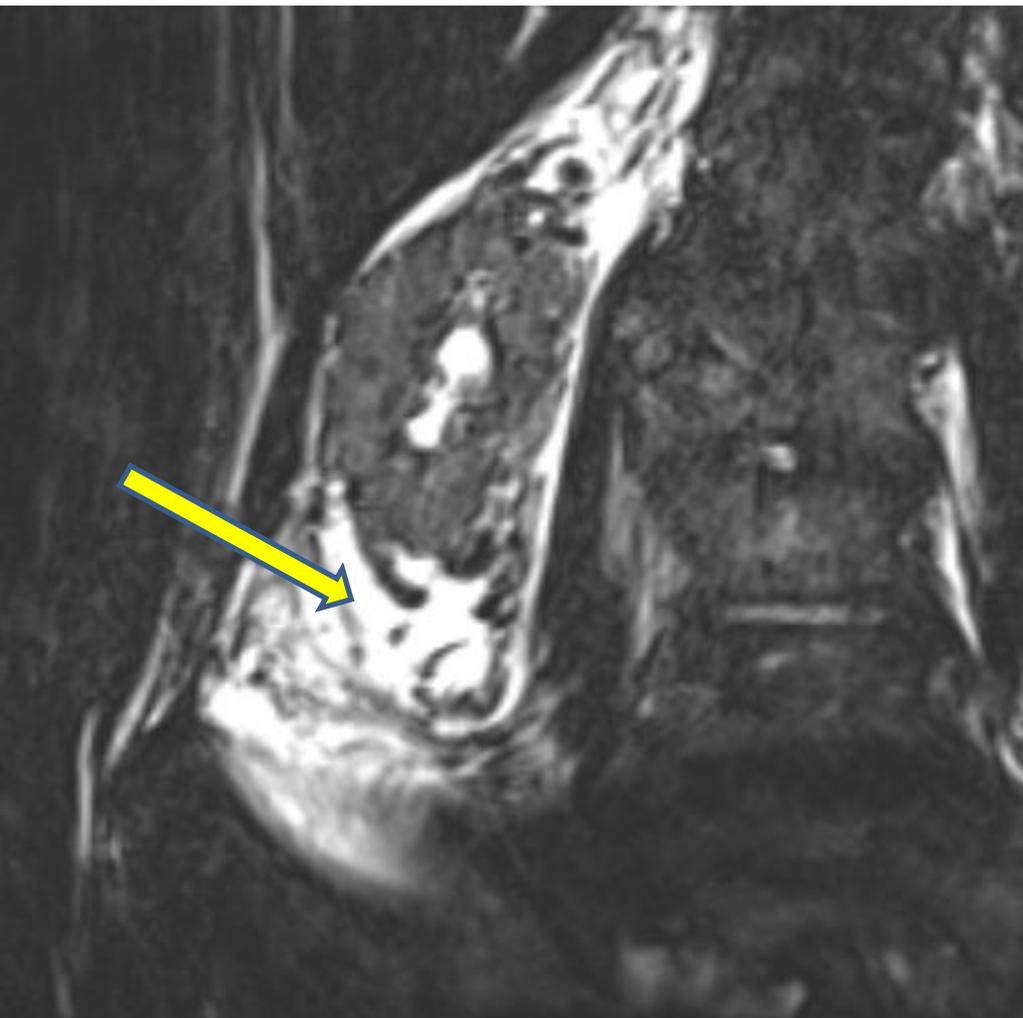
PTCDカテ

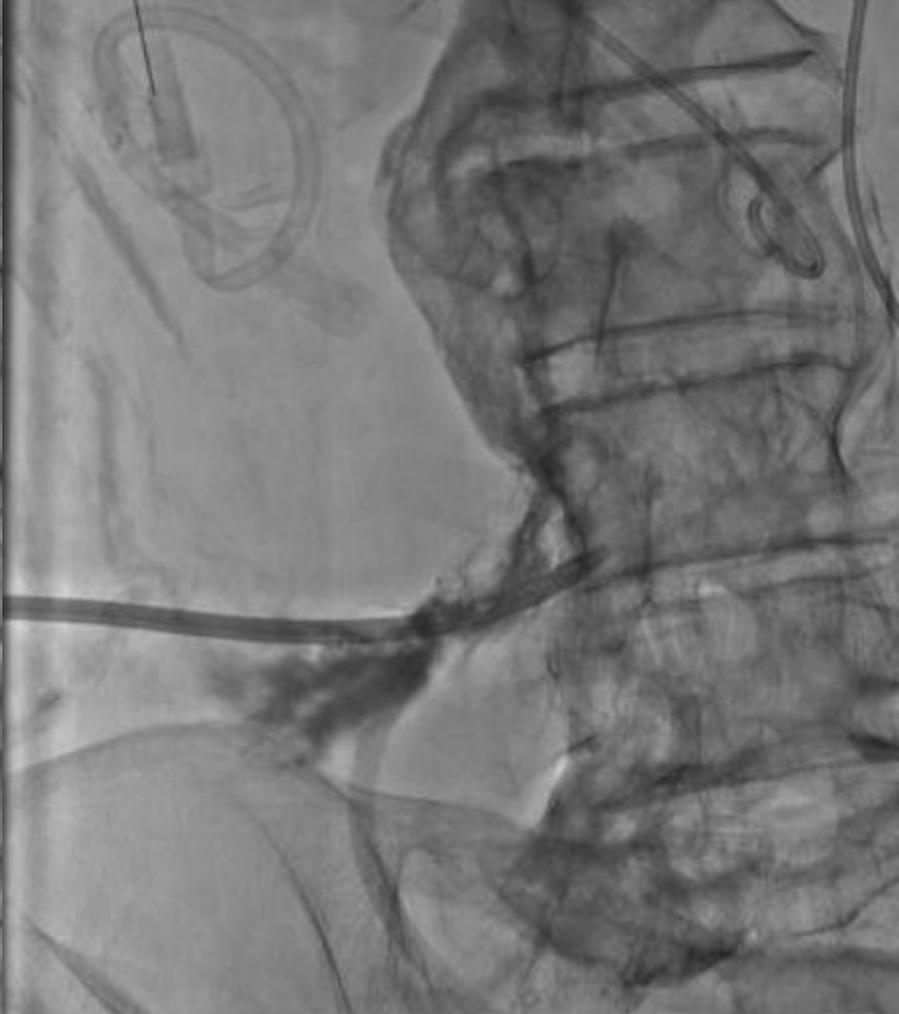
PTCDカテ

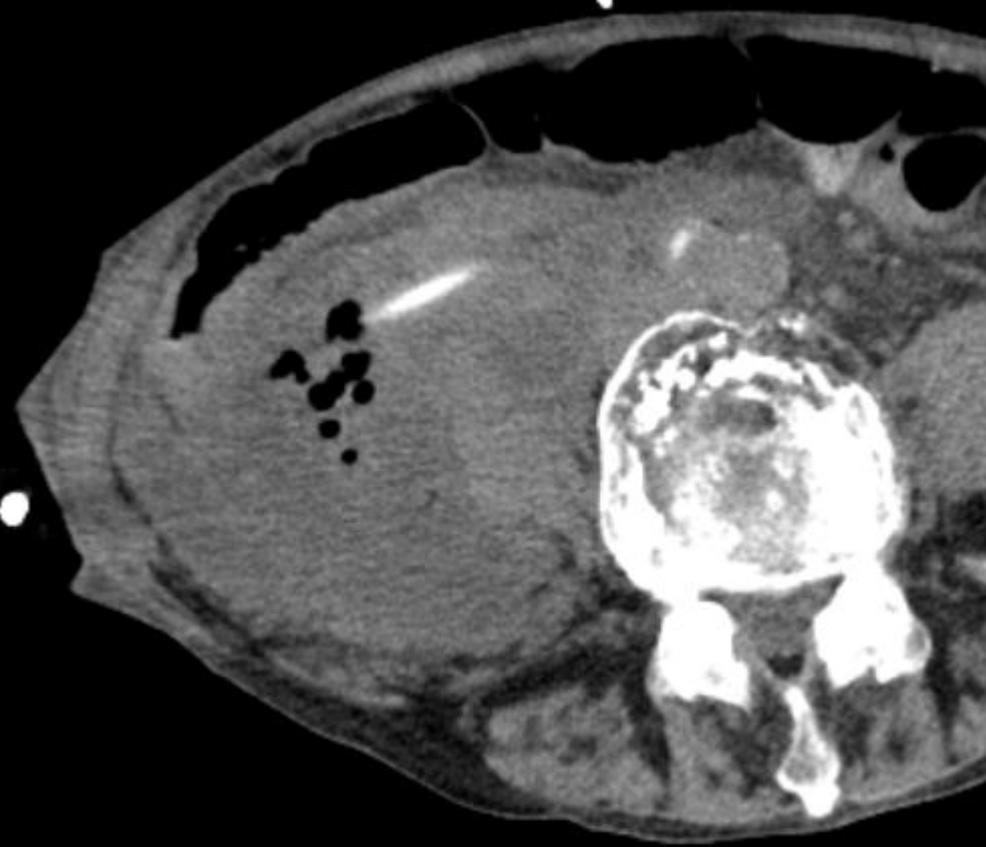
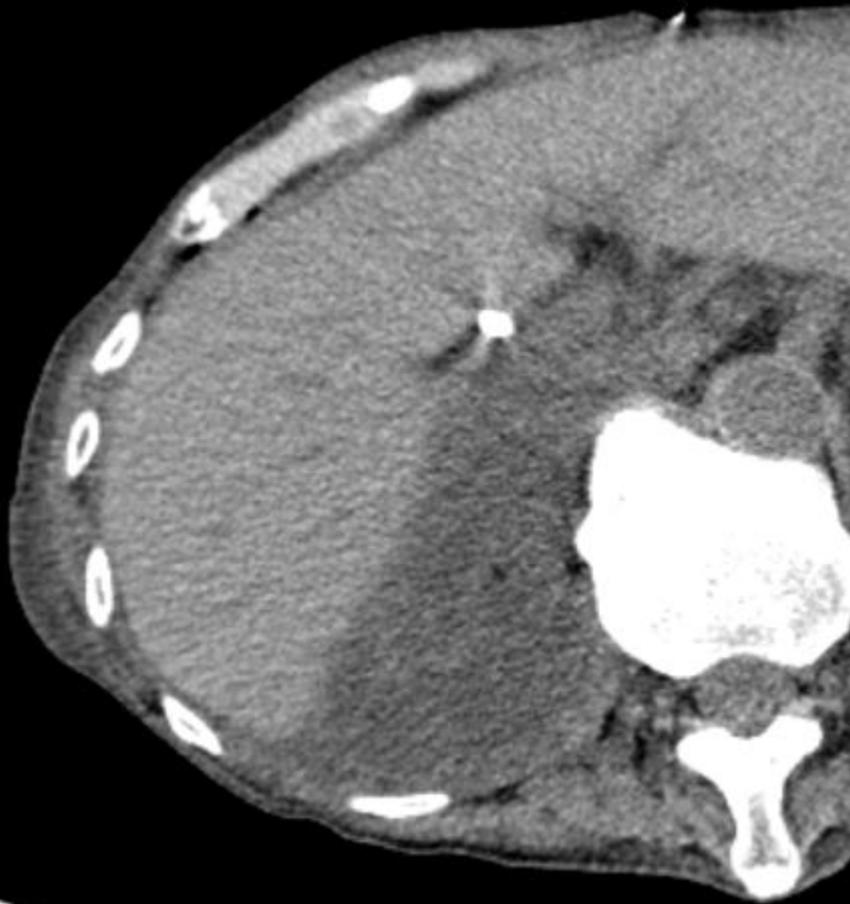
2022/01/31 STIR Ax



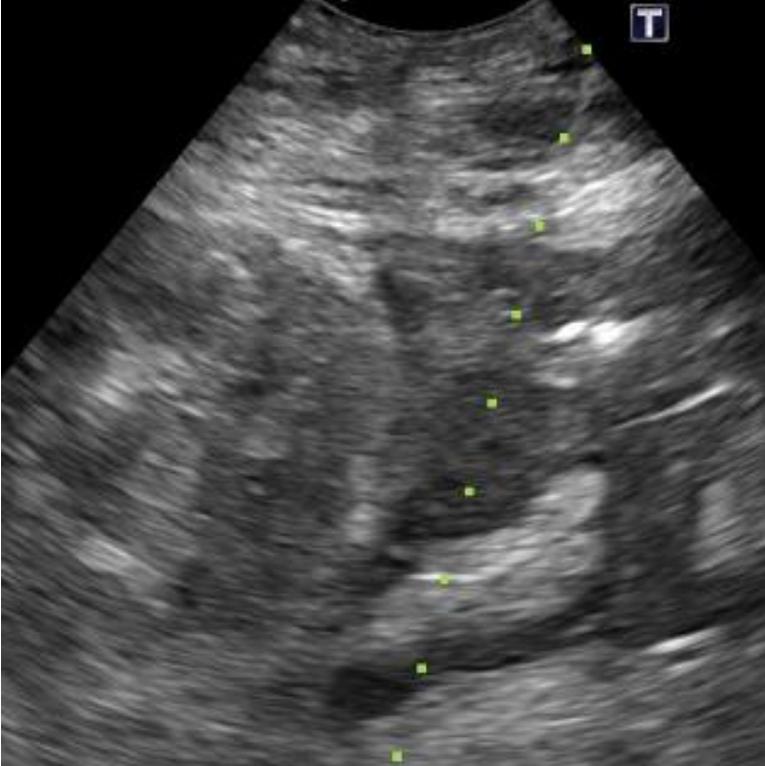
2022/01/31
右後腹膜腔ドレナージ







02/07 CT:後腹膜腔の炎症所見が増悪

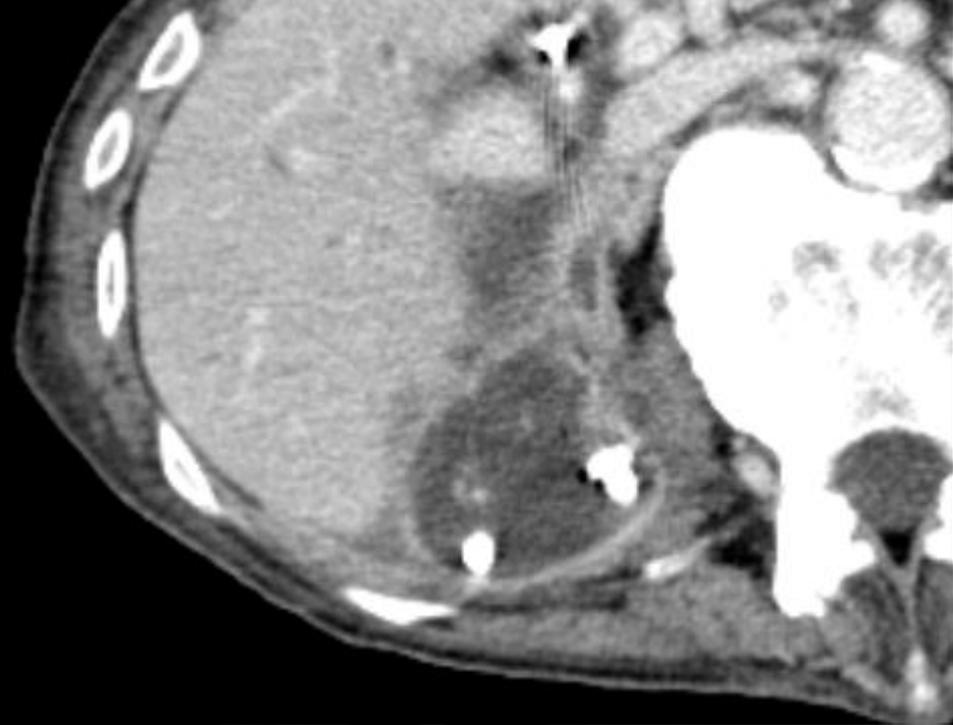


02/08
右後傍腎腔に
ドレナージ追加

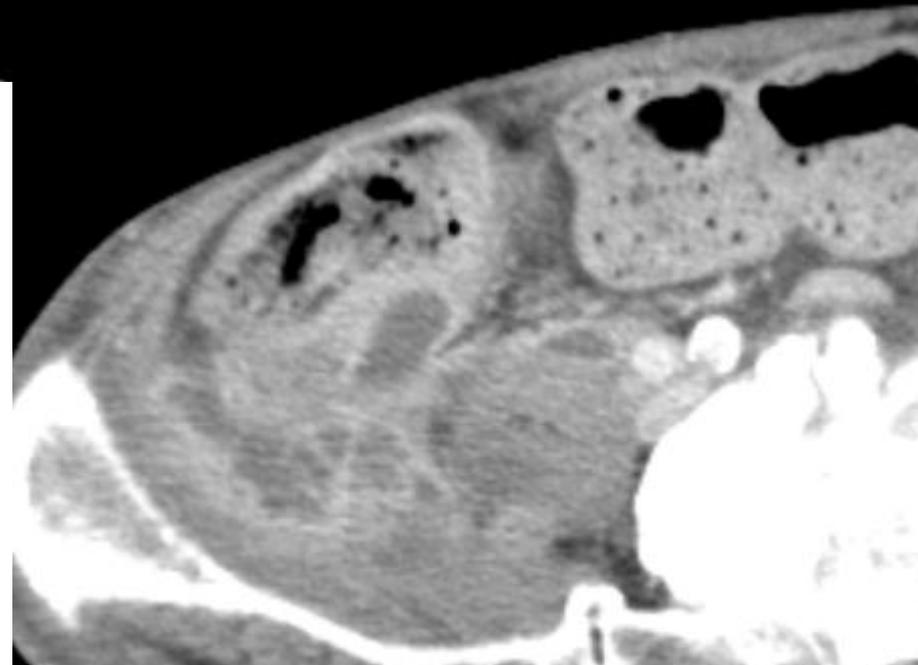
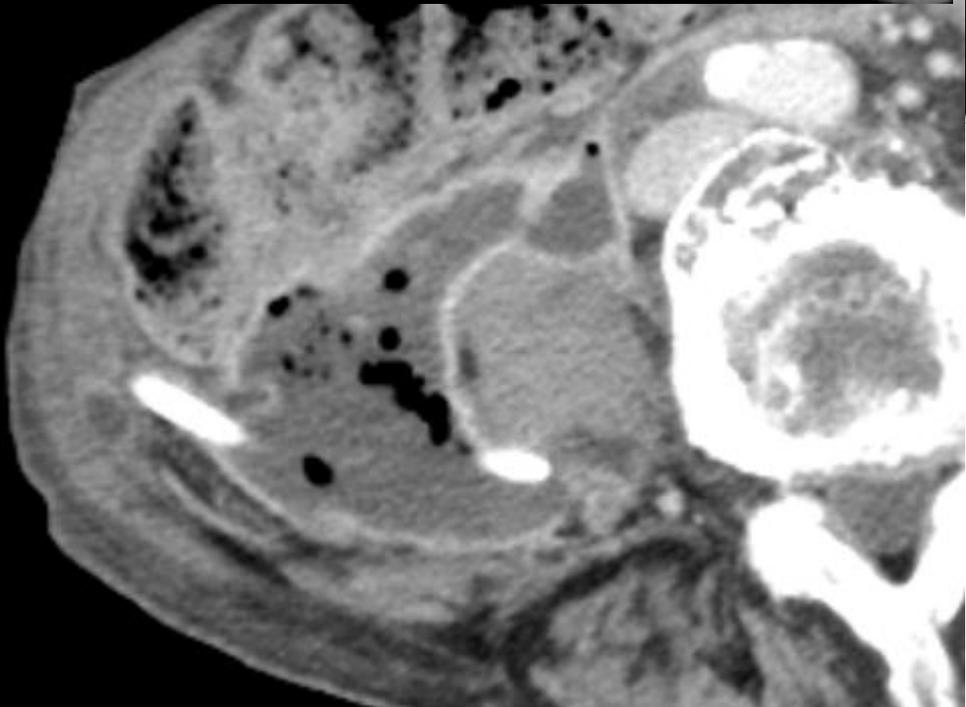
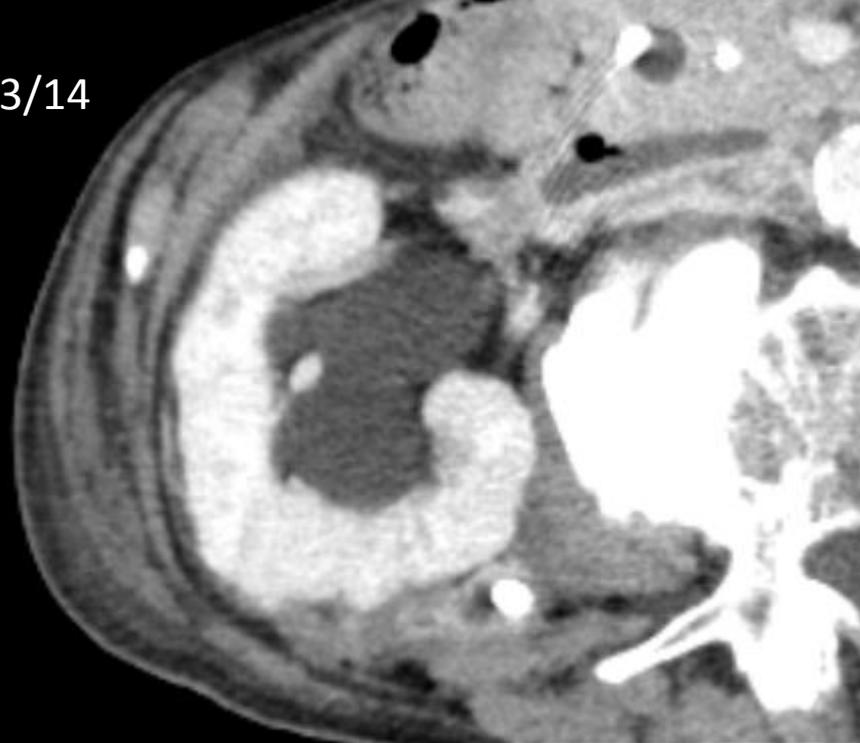


ドレナージカテ交換
+ 洗淨



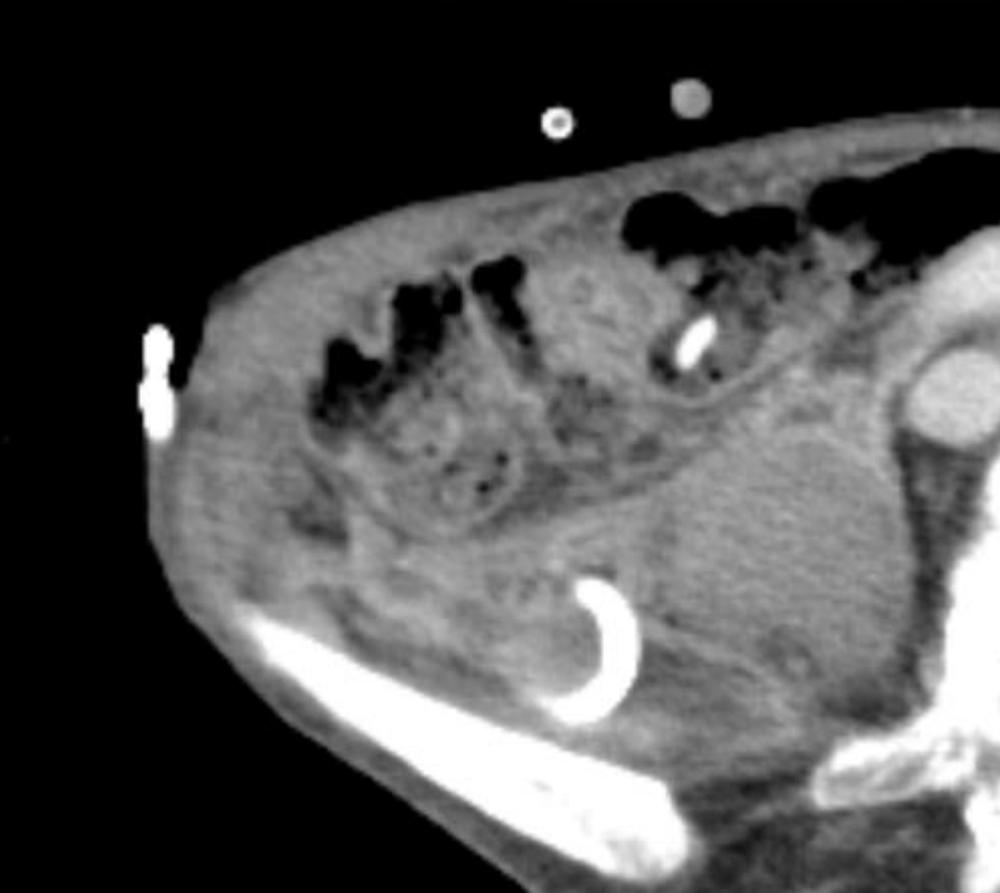
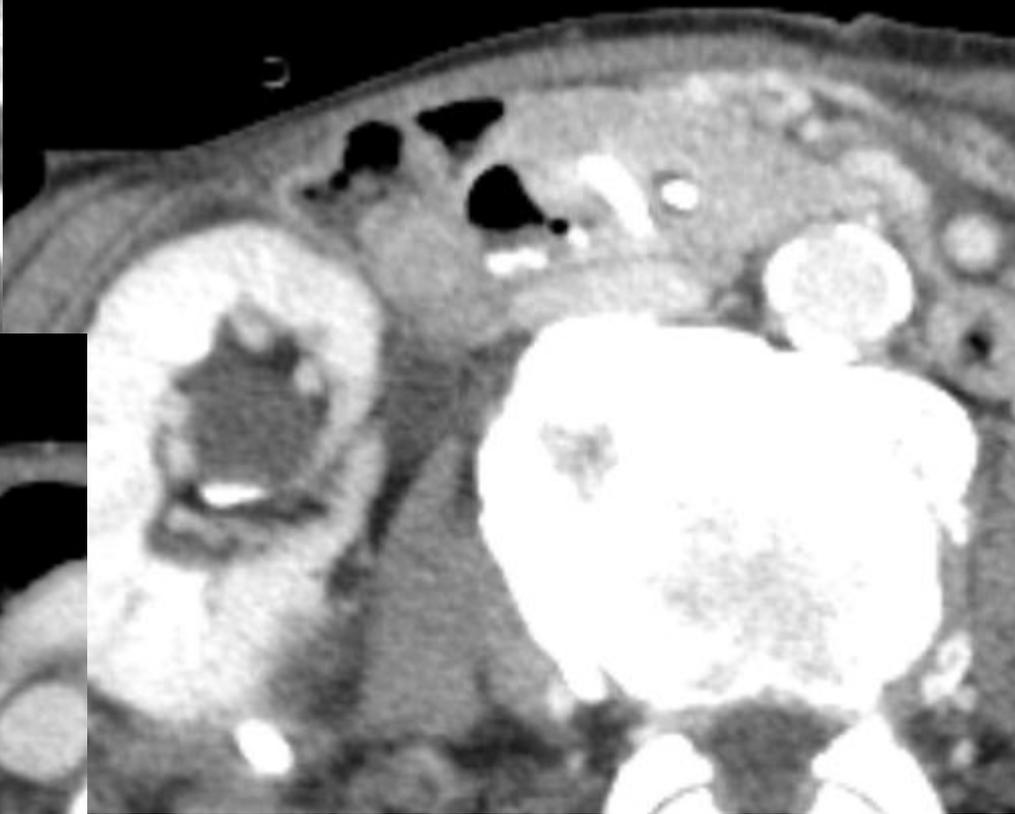


03/14





05/09



食事開始、発熱などないため、
ドレーン抜去。



左気胸

現在、誤嚥性肺炎治療中