

NUOVE SFIDE TRA INNOVAZIONE ED ETICA

TRIESTE 17-18 OTTOBRE 2025

Presidenti
Prof. Nicolò de Manzini
Dott. Alan Biloslavo

CONGRESSO NAZIONALE
SICUT 2025



RADIOLOGO INTERVENTISTA:

«DRENAGGI IMPOSSIBILI»

Dott. Stefano Cernic

DAI Diagnostica per Immagini – Osp. di Cattinara
UCO Radiologia Diagnostica ed Interventistica



Il sottoscritto CERNIC STEFANO

DICHIARA

Che nell'ultimo biennio NON ha avuto rapporti di finanziamento con
soggetti portatori di interessi commerciali in campo sanitario

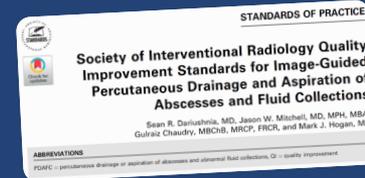
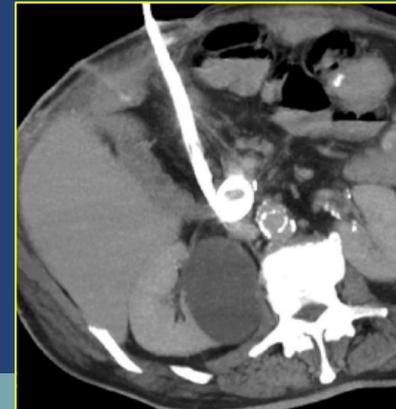
LE RACCOLTE

- ✓ Accumuli fluidi ipodensi addominali / pelvici / toracici
 - ✓ Possono presentare un enhancement periferico ad anello
 - ✓ Sepimenti o porzioni più dense all'interno
 - ✓ Clinica e Laboratorio
-
- ✓ Drenaggio radiologico → efficace, molto utilizzato (tp standard), complicanze trascurabili
 - **Serve un accesso percutaneo «sicuro»**



DRENAGGIO RADIOLOGICO

- ✓ Procedura minimamente invasiva (anestesia locale)
- ✓ Permette di evacuare il contenuto, mantenendo l'integrità della parete
- ✓ Può avere anche finalità diagnostiche (es. culturale per terapie mirate)
- ✓ Non preclude la chirurgia
- ✓ Riduce l'ospedalizzazione
- ✓ Guida radiologica, ecografica o TC (posizione e complessità della raccolta)
- ✓ Size 8-12F (2.67-4 mm)



IMPATTO TERAPEUTICO

□ The American College of Radiology has reported an 80% success rate for CT-guided percutaneous abscess drainage, with success defined as complete drainage with no further procedures required.

Percutaneous catheter drainage of infected intra-abdominal fluid collections. American College of Radiology. ACR Appropriateness Criteria

R L Duszak Jr ¹, J M Levy, E W Akins, C W Bakal, D D Denny Jr, L G Martin, A Van Moore Jr, M J Pentecost, A C Roberts, R L Vogelzang, K C Kent, B A Perler, M I Resnick, J Richie, E Priest 2nd

- Very high technical success rate (~ 100%)
- Benefit of drainage alone → 88%
- Better antibiotic therapy management (Therapy modified in 30% of cases based on culture)
- Cure rate → 94% (combined therapy)
- Extremely low complication rate



ELSEVIER

The Brazilian Journal of
INFECTIOUS DISEASES

www.elsevier.com/locate/bjid



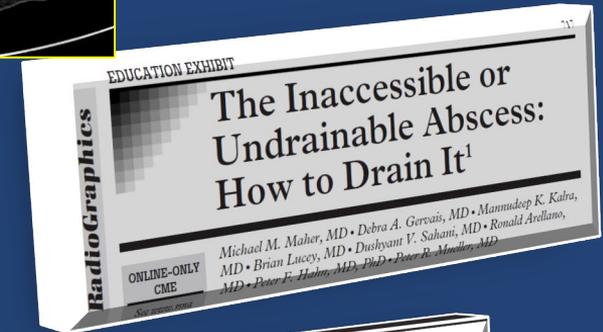
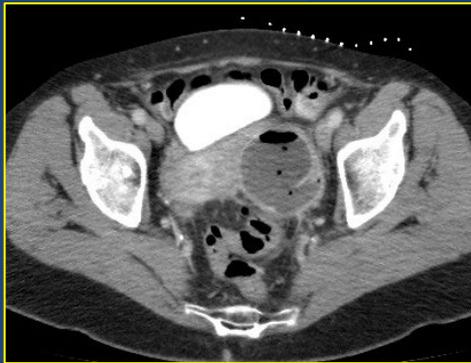
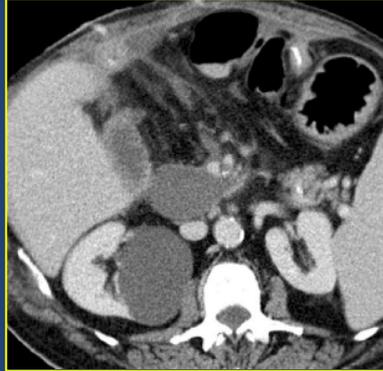
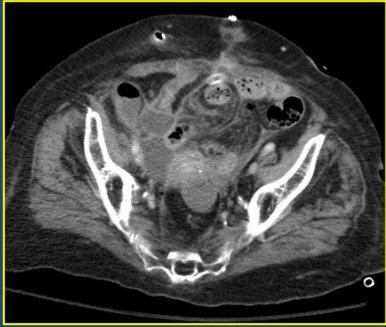
Brief communication

Therapeutic impact of CT-guided percutaneous catheter drainage in treatment of deep tissue abscesses

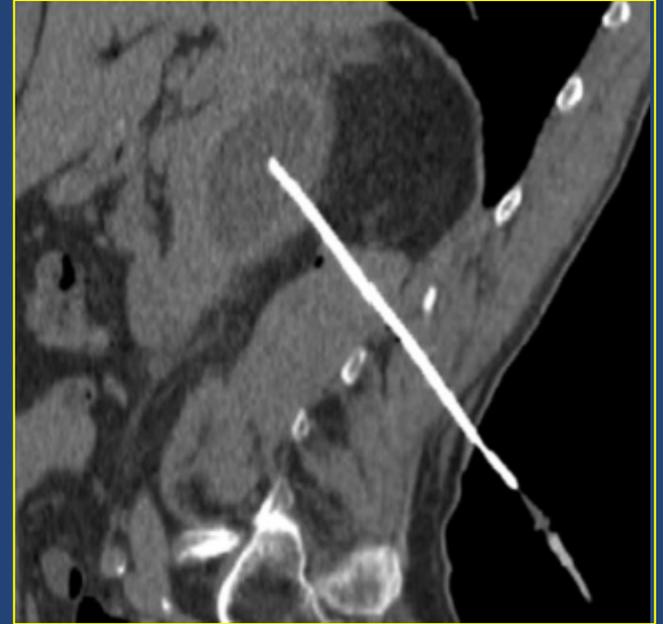
Nobuhiro Asai^{a,*}, Yoshihiro Ohkuni^a, Ikuo Yamazaki^b, Norihiro Kaneko^a, Masahiro Aoshima^a, Yasutaka Kawamura^b

... IN CHE SENSO IMPOSSIBILI?

COMPLESSITA' TECNICA → *APPARENTE* ASSENZA DI UN ACCESSO PERCUTANEO



CASO 1



- ❑ Maschio, 62 aa
- ❑ Pseudocisti pancreatica

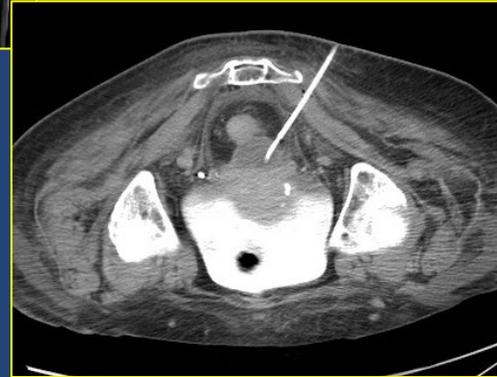
➤ Ricostruzioni MPR → drenaggio obliquo

CASO 2



- ❑ Donna, 77 aa
- ❑ Peritonite focale da perforazione colon; sottoposta a colectomia totale e ileostomia terminale. Deiscenza ferita chirurgica

➤ **Approccio parasacrale**



CASO 3



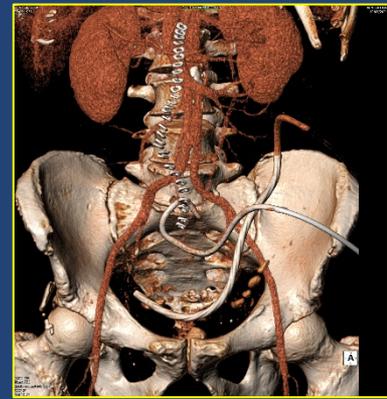
□ Donna, 64 aa con ascesso peridiverticolare

➤ idrodissezione

CASO 4



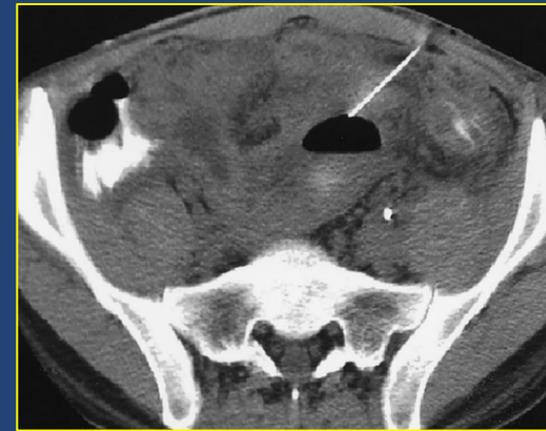
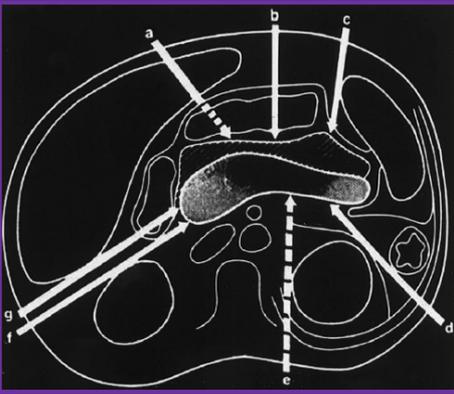
«...giungono in sala i colleghi urologi e si conviene multidisciplinariamente di chiamare il collega radiologo Dott. Cernic per la puntura eco-guidata della raccolta presacrale che non appare facilmente riconoscibile ed individuabile al tavolo operatorio...»



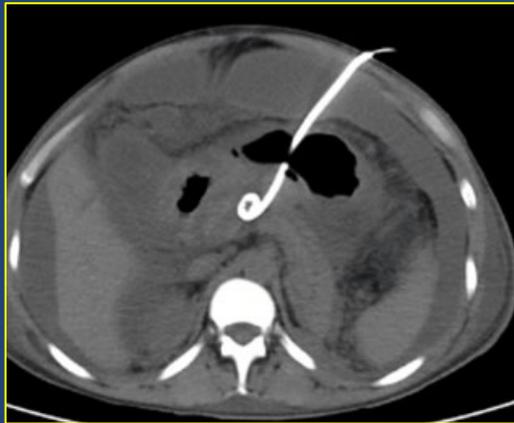
□ Maschio, 66 aa operato di prostatectomia con peritonite da perforazione del retto

➤ Drenaggio intra-operatorio ecoguidato

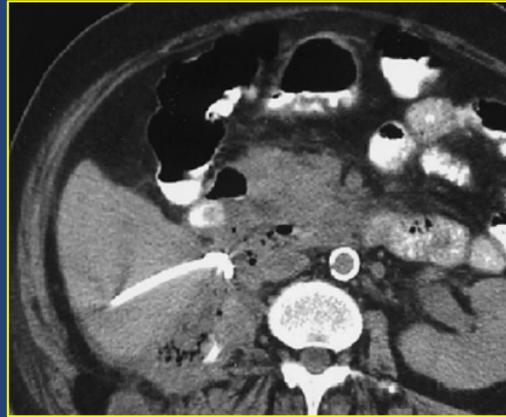
MISCELLANEA



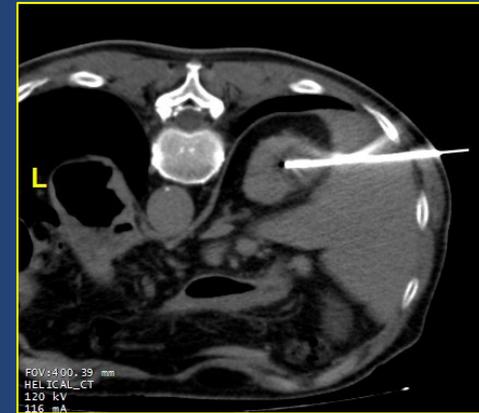
- Drenaggio raccolta trans-intestinale (m. Chron)



- Drenaggio pancreatico trans-gastrico



- Drenaggio retroperitoneale trans-epatico



- Drenaggio renale trans-epatico (ascesso rene)

COMPLICANZE

STANDARDS OF PRACTICE

Society of Interventional Radiology Quality Improvement Standards for Image-Guided Percutaneous Drainage and Aspiration of Abscesses and Fluid Collections

Sean R. Dariushnia, MD, Jason W. Mitchell, MD, MPH, MBA, Gulraiz Chaudry, MBChB, MRCP, FRCR, and Mark J. Hogan, MD

ABBREVIATIONS

PDAFC = percutaneous drainage or aspiration of abscesses and abnormal fluid collections, QI = quality improvement

- ✓ Sanguinamenti
- ✓ Perforazioni
- ✓ PNX
- ✓ Batteriemie / shock settico
- ✓ ...



Table 2. Specific Adverse Event Rates and Suggested Thresholds (3,4,15,16,18–24,28,31,34,36,40)

Specific Major Complication	Reported Rate (%)	Suggested Threshold (%)
Septic shock	0–2	4
Bacteremia requiring significant new intervention	0–3	5
Hemorrhage requiring transfusion*	0–13	8
Superinfection (includes infection of sterile fluid collection)	0–5	7
Bowel transgression requiring intervention	0–2	2
Pleural transgression requiring intervention (abdominal interventions)	0–1	2
Pneumothorax/hemothorax/pleural effusion requiring further intervention (chest procedures)	0–12	14

*Includes data in which adjunctive intracavitary fibrinolytic therapy is used.

Table 3. Overall Adverse Event Rates (1,14,15,18,19,24,28,30,36)

Overall Procedure	Reported Rate (%)	Suggested Threshold (%)
All major adverse events resulting from adult and pediatric percutaneous drainage procedures	0–15	15

COMPLICANZE

PARADOX:

«*interventional radiology-related sepsis*»

- ✓ Drainage number increasing
- ✓ Extremely compromised patients
- ✓ Drainage management →
 - ✓ **Daily washes with 5-10 cc of saline**
 - ✓ **Prolonged antibiotic coverage**
 - ✓ **Removal if:**
 - ✓ **Collection resolved or markedly reduced on CT or US**
 - ✓ **Significant clinical improvement**
 - ✓ **Drainage <10 cc/day**

Identification and Management of Sepsis in the Interventional Radiology Patient

Jacqueline Murtha¹, Vinit Khanna², Talia Sasson², Devang Butani²

¹Department of Imaging Sciences, University of Rochester Medical Center, 601 Elmwood Ave, Box 648, Rochester, NY 14642, USA; ²Department of Imaging Sciences, University of Rochester Medical Center, 601 Elmwood Ave, Box 648 Rochester, NY 14642, USA

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TAKE HOME MESSAGES

- ✓ *Metodica mini-invasiva → obiettivo eliminare necessità di laparotomie*
- ✓ *Mandatoria in pazienti settici*
- ✓ *Ottimi risultati terapeutici in particolare in associazione con antibiotici*
- ✓ ***Possibile anche in casi apparentemente complessi** (assenza approccio per sovrapposizioni, contenuto denso)*
- ✓ *Modifiche decubito, idro-pneumodissezioni*
- ✓ *Vie di approccio alternative (transglutea, transparenchimale, attraverso anse, transvaginale, transrettale, intraoperatoria)*
- ✓ *Necessaria esperienza*
- ✓ *Tasso complicanze estremamente basso*

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GRAZIE

