

COLONOSCOPIA

MÉTODOS DE IMAGEM



Aldo Araújo

2087 colonoscopias

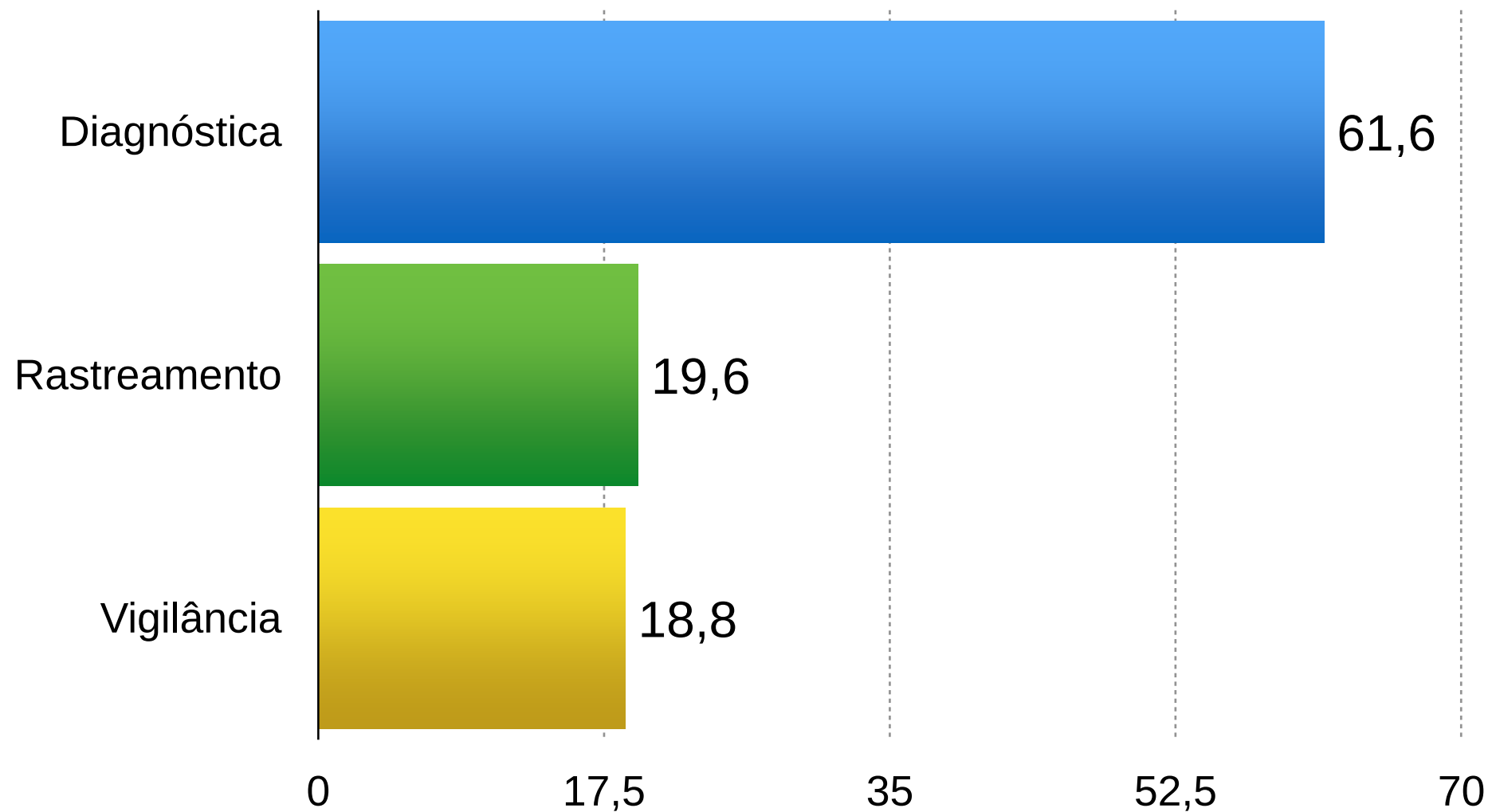
2012 - 2013



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Indicações

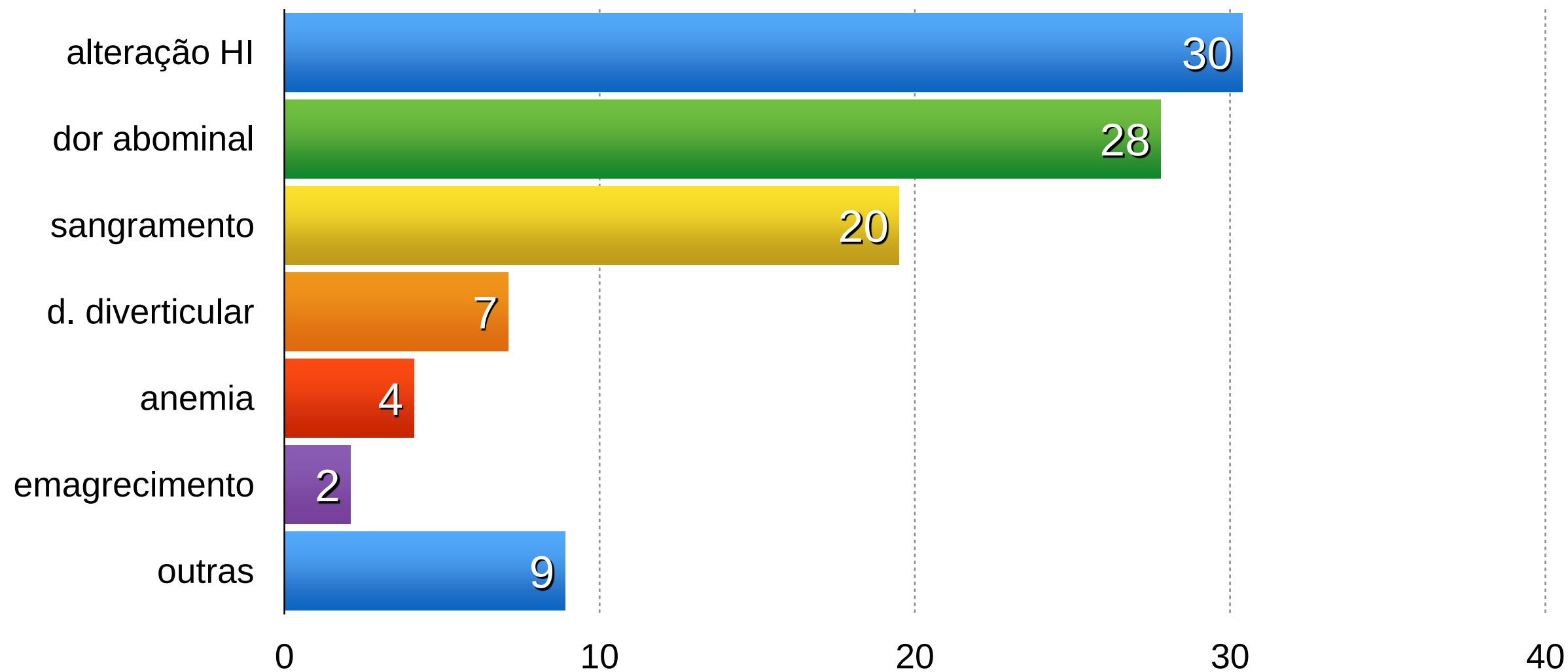
2087 exames (2012 - 2013)



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Indicações - Sinais e sintomas

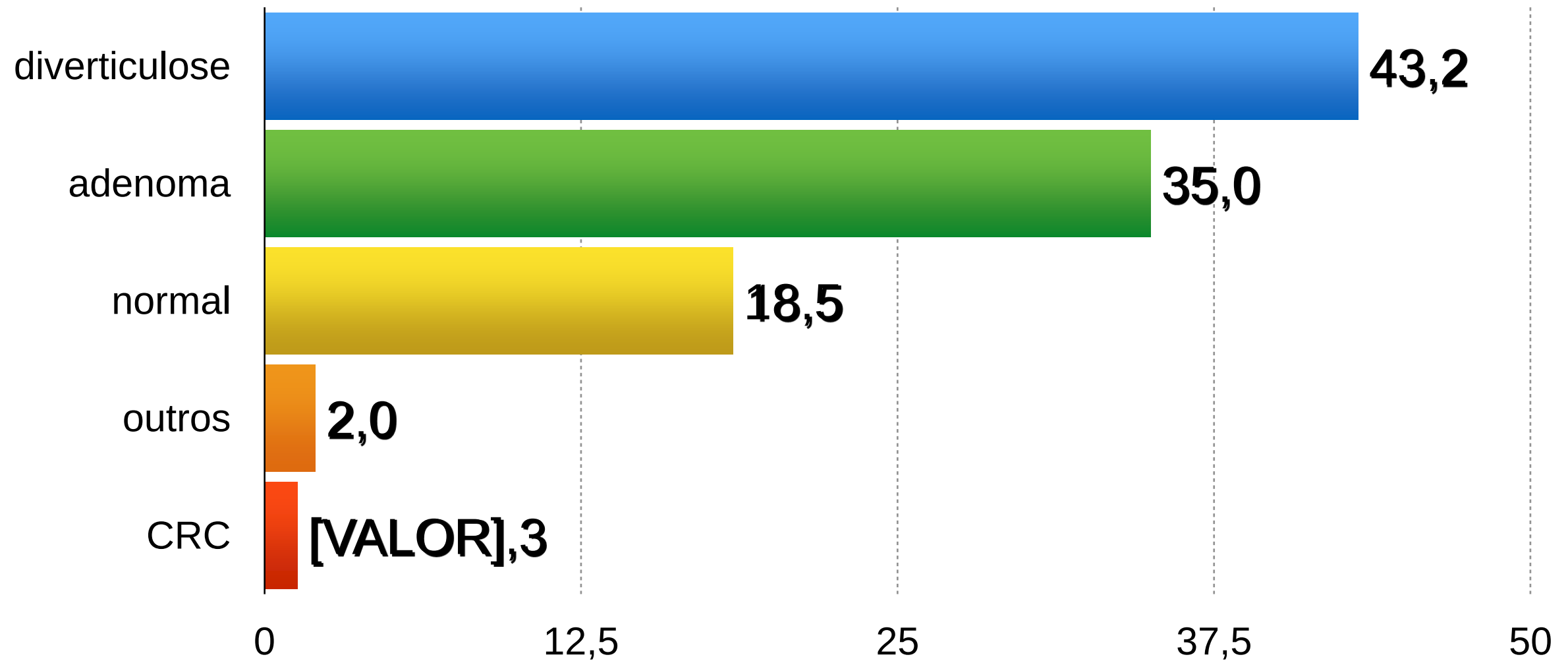
1286 colonoscopias para diagnóstico



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Achados mais freqüentes (%)

Indivíduos acima 50 anos (1487)



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MÉTODOS DE IMAGEM EM COLONOSCOPIA

Luz branca

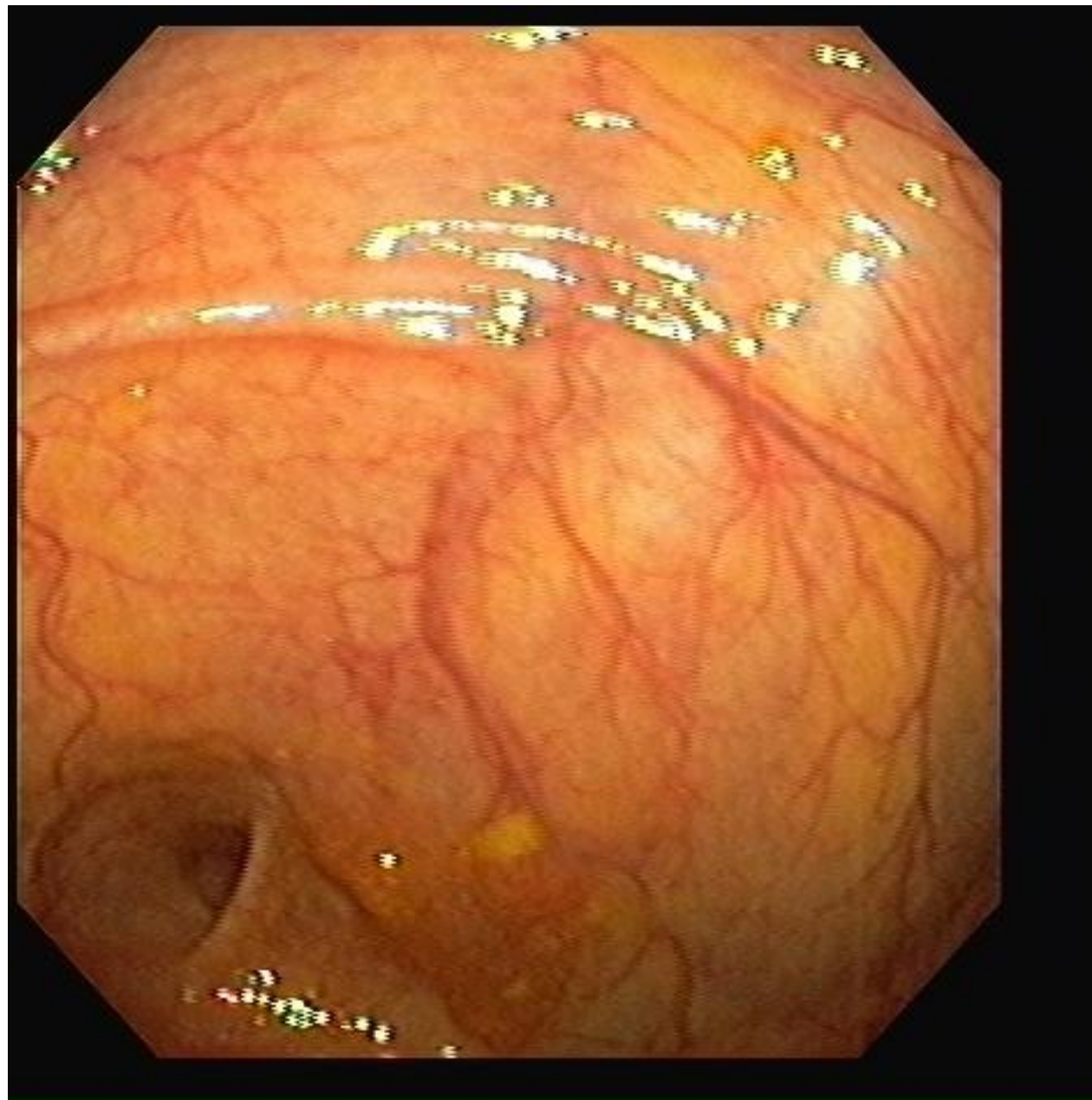
Cromoscopia com corantes

Cromoscopia óptica / digital

Magnificação de imagem

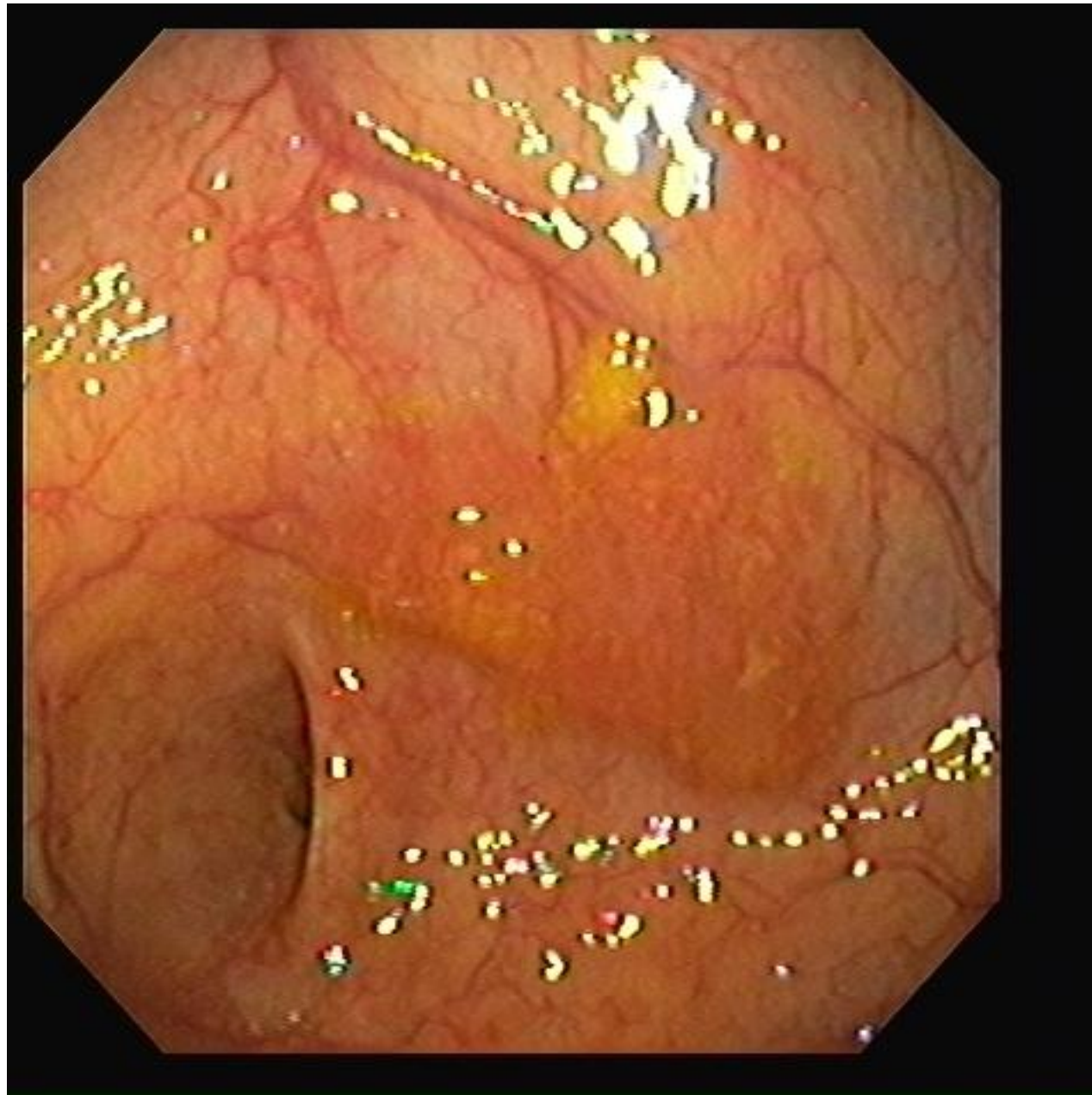
Índigo-carmim

Luz branca - ceco



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Luz branca



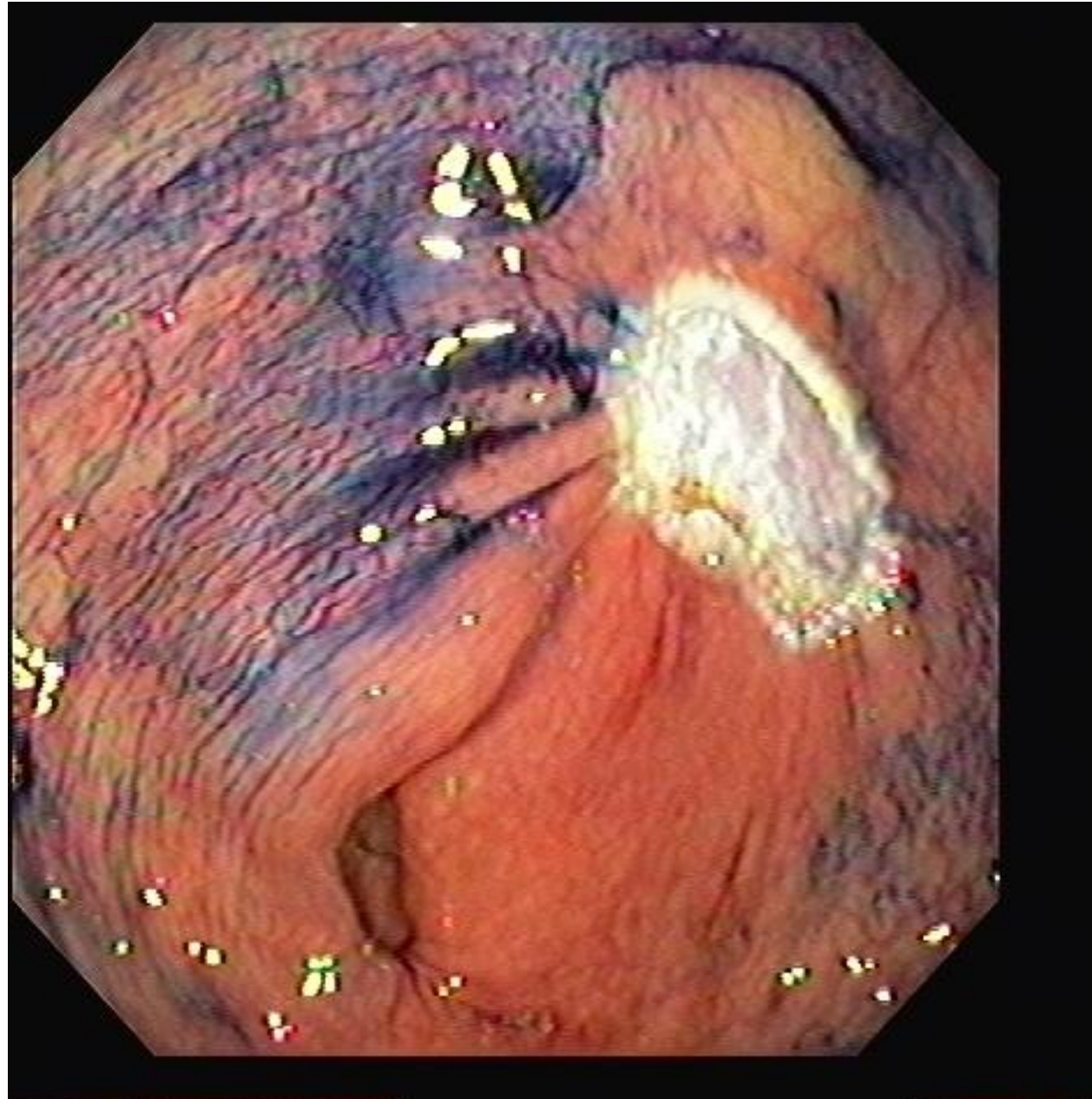
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Luz branca com índigo-carmim



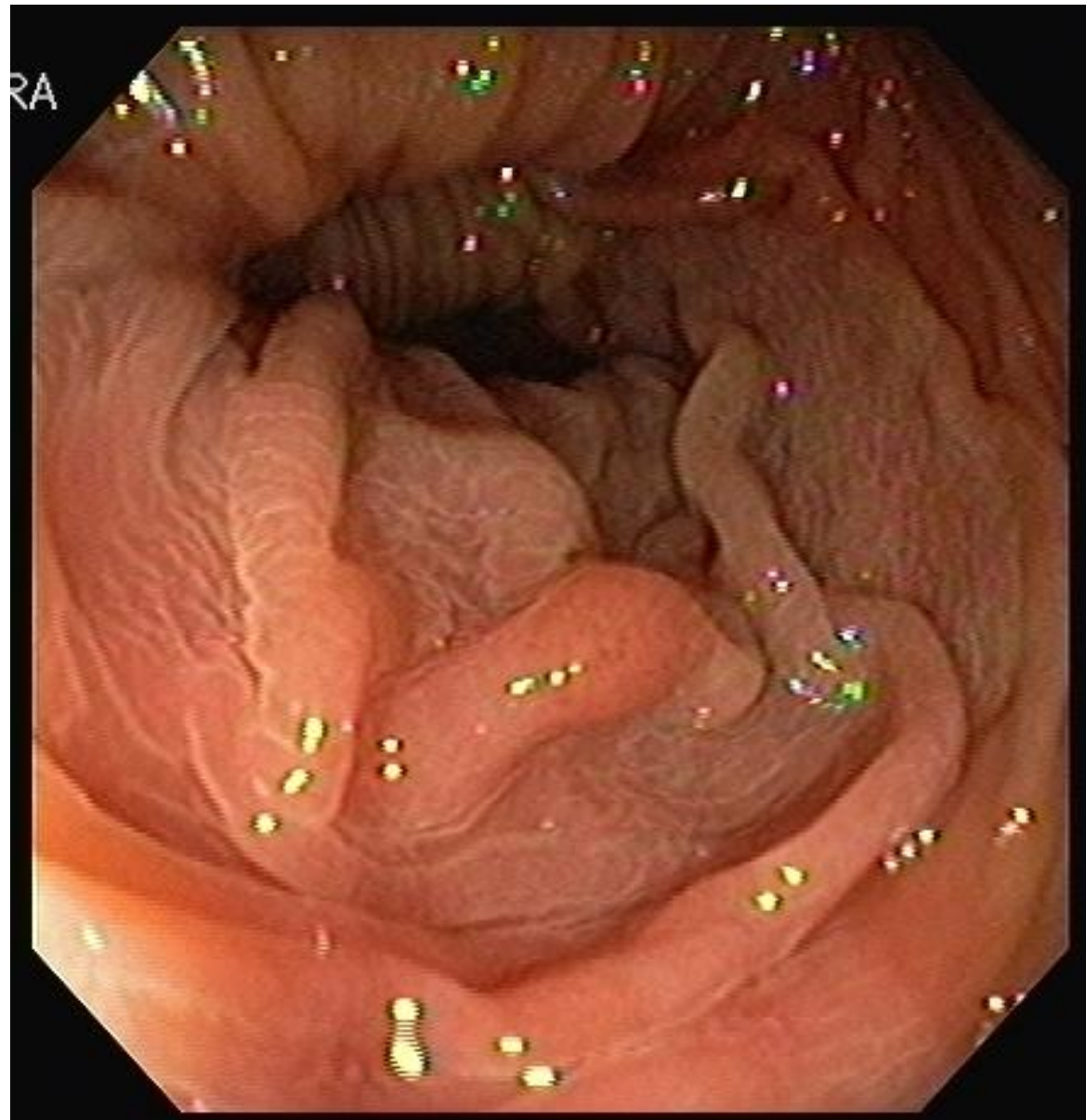
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mucosectomia - adenoma serrilhado séssil



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Ácido acético



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Lesão superficial



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Lesão superficial



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Cromoscopia Digital

Luz branca



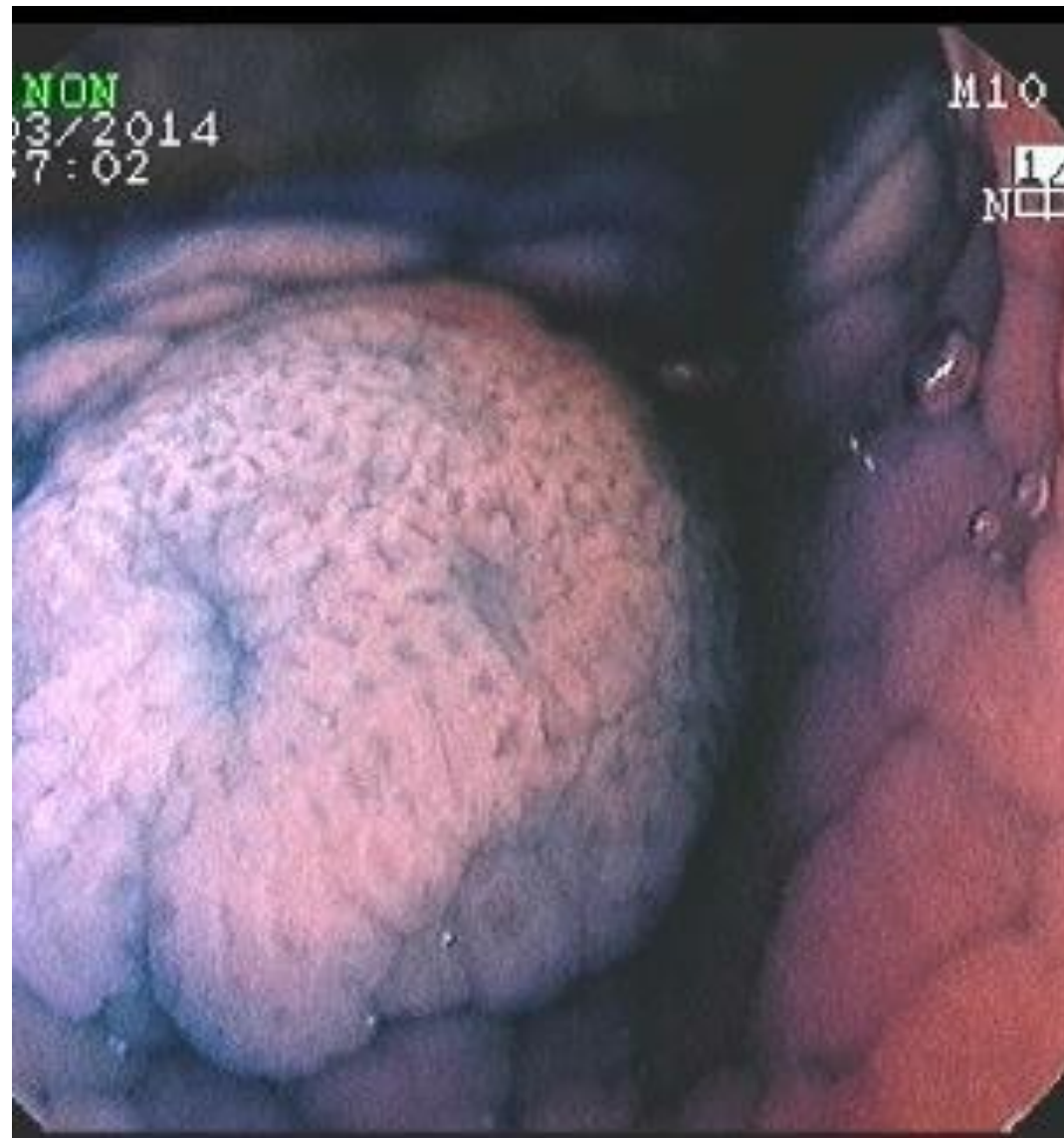
Cromoscopia digital
(FICE)



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Magnificação de Imagem

MAGNIFICAÇÃO DE IMAGEM PÓLIPO RETAL



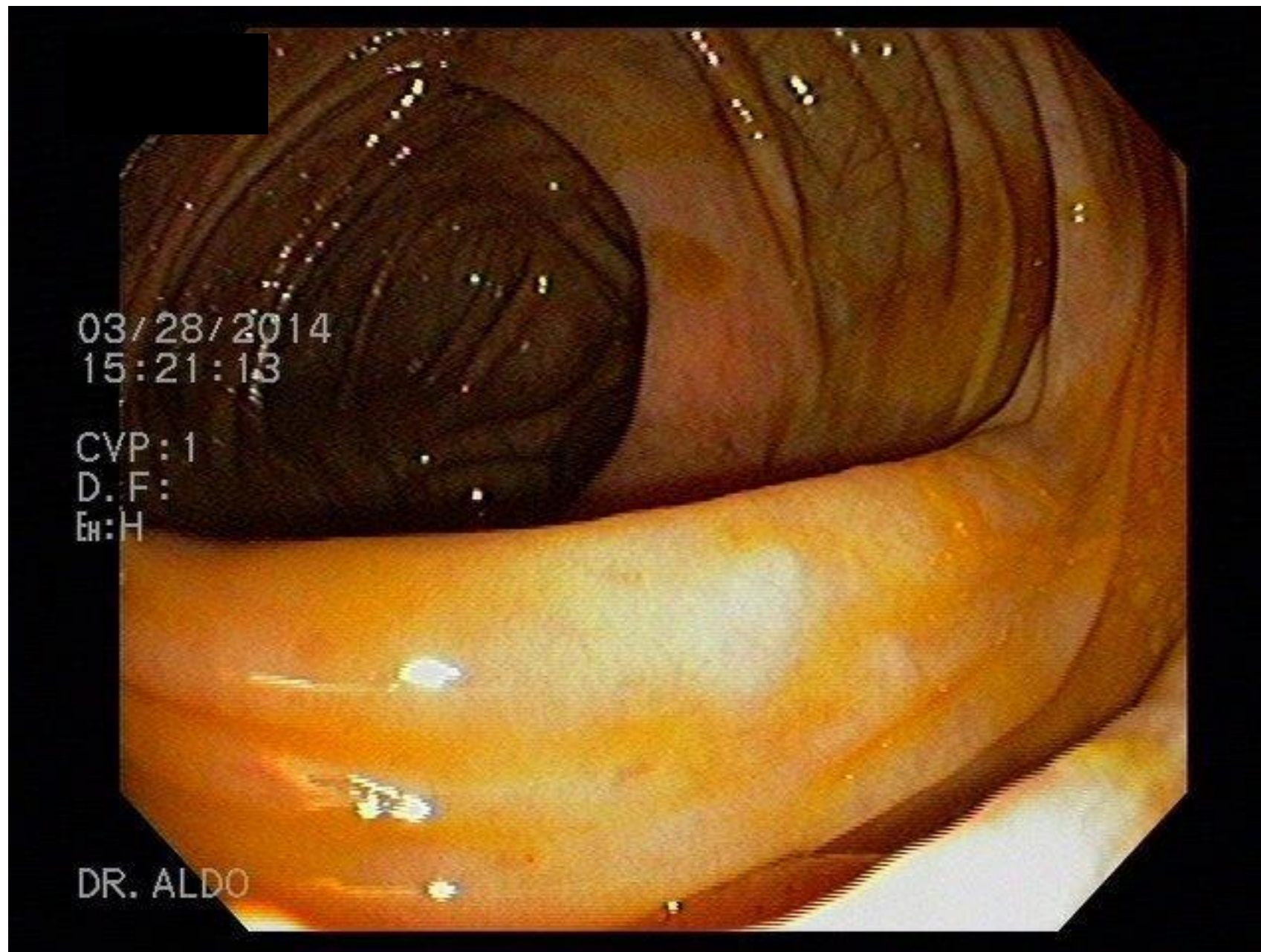
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LESÃO ATRÁS DAS PREGAS



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LESÃO ATRÁS DAS PREGAS



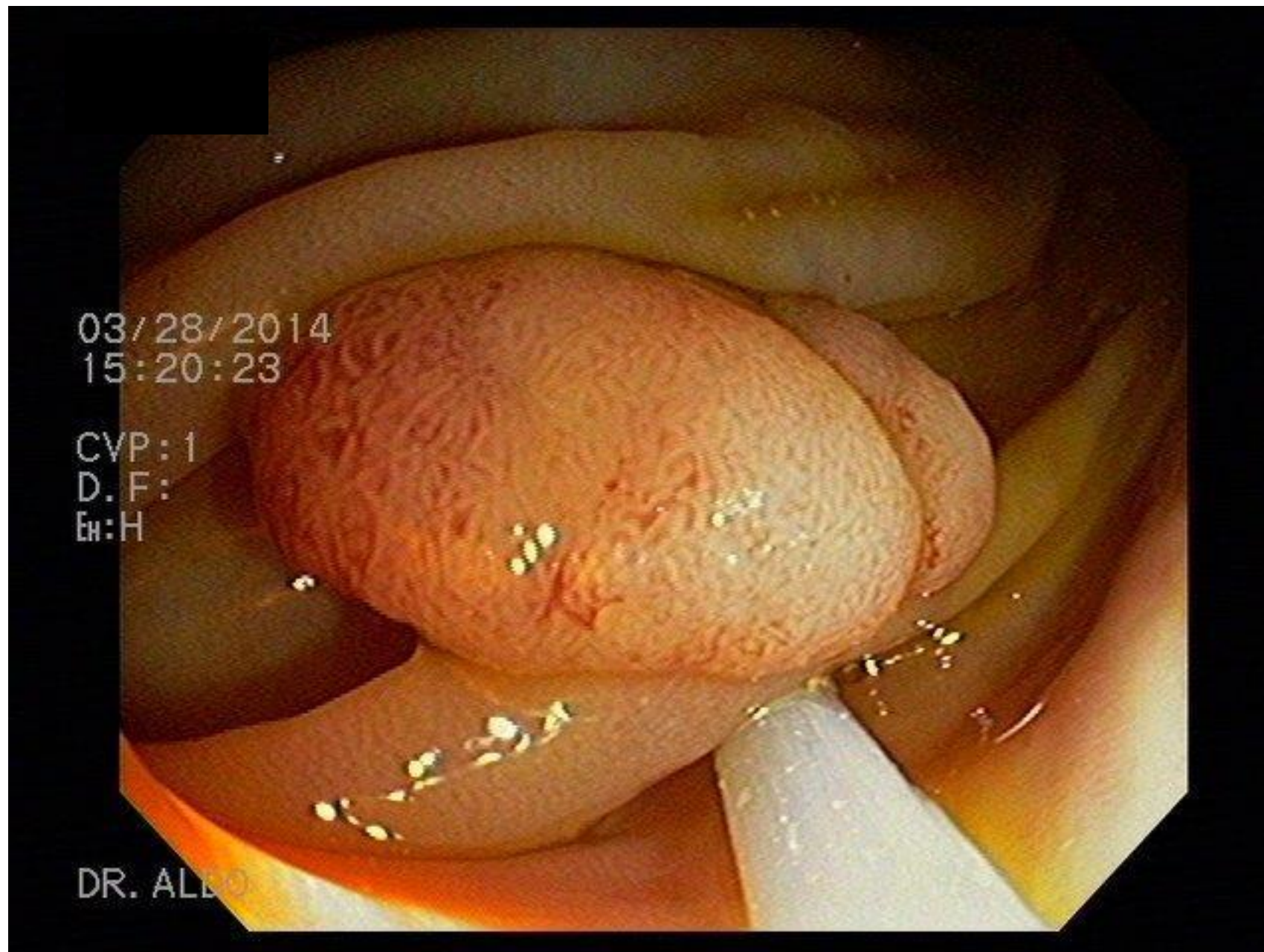
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LESÃO ATRÁS DAS PREGAS



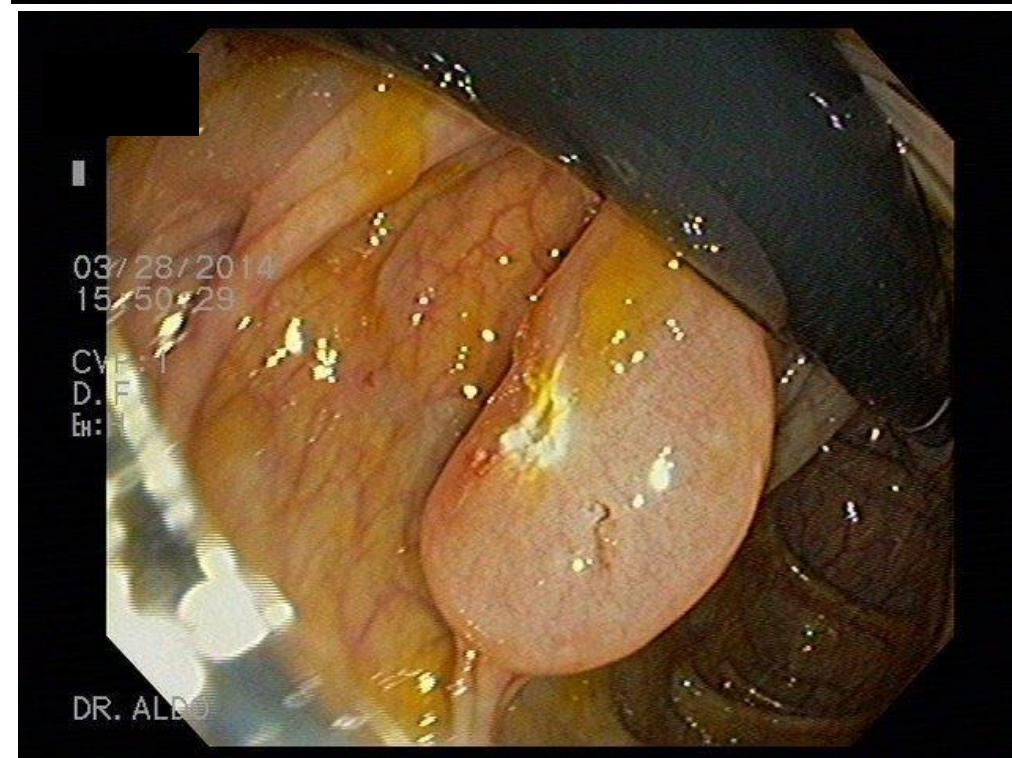
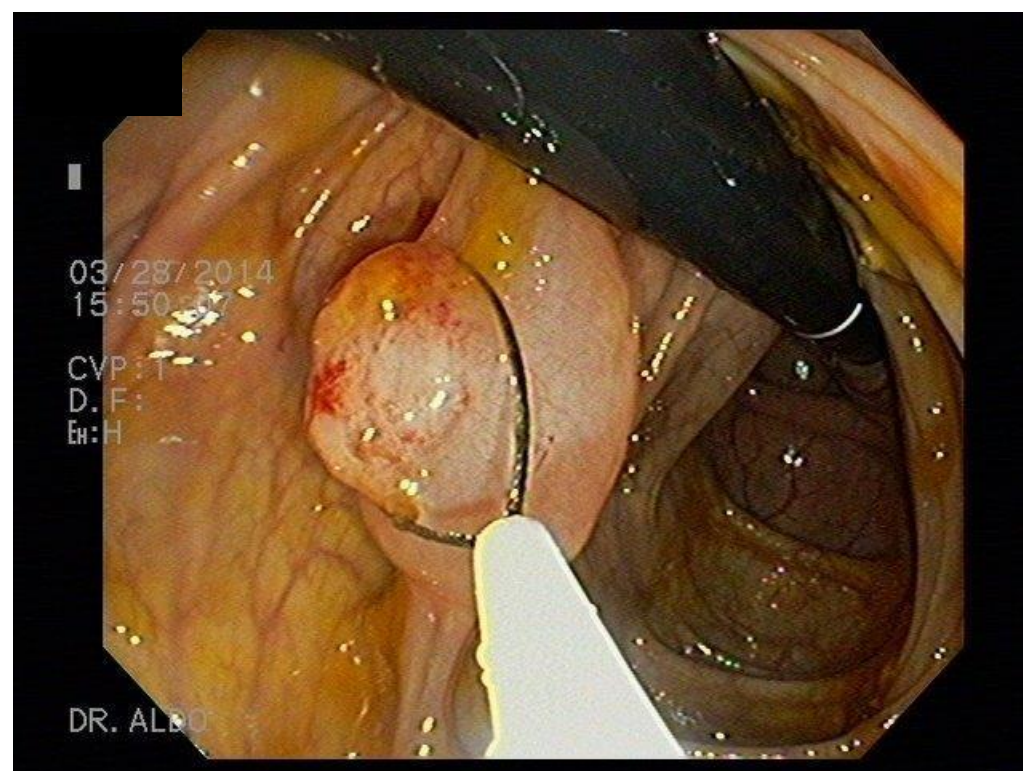
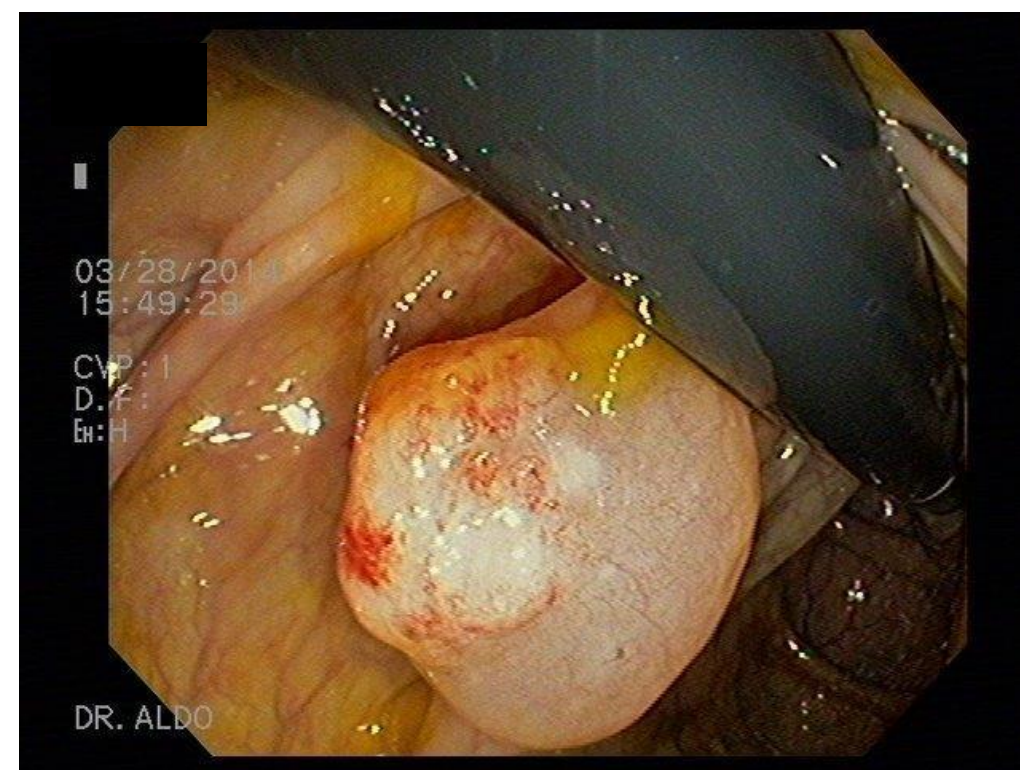
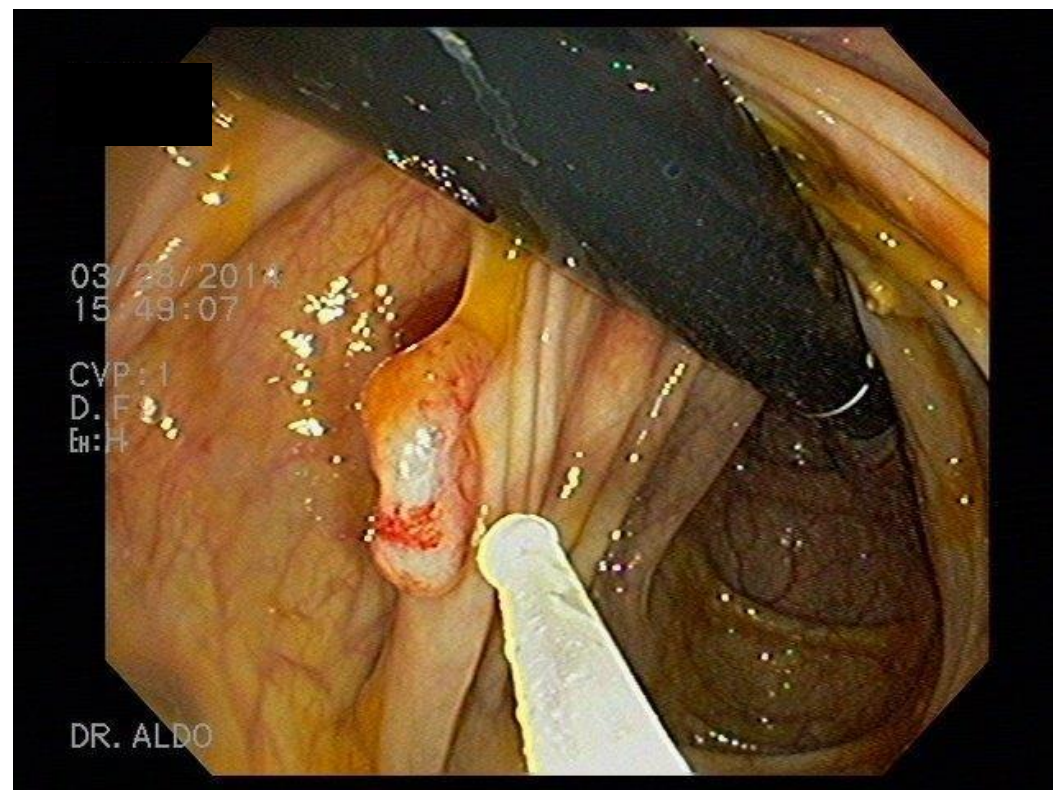
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LESÃO ATRÁS DAS PREGAS



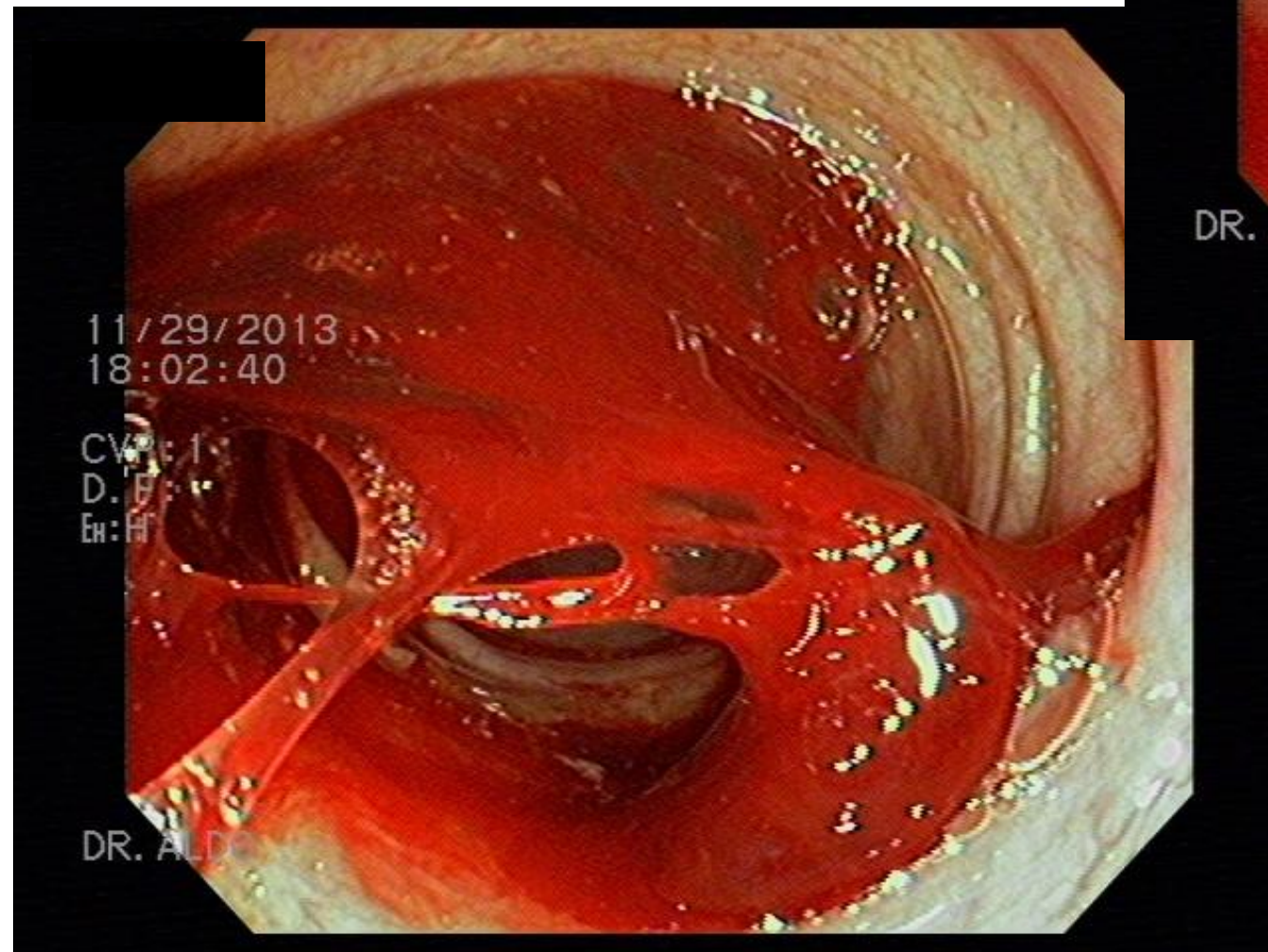
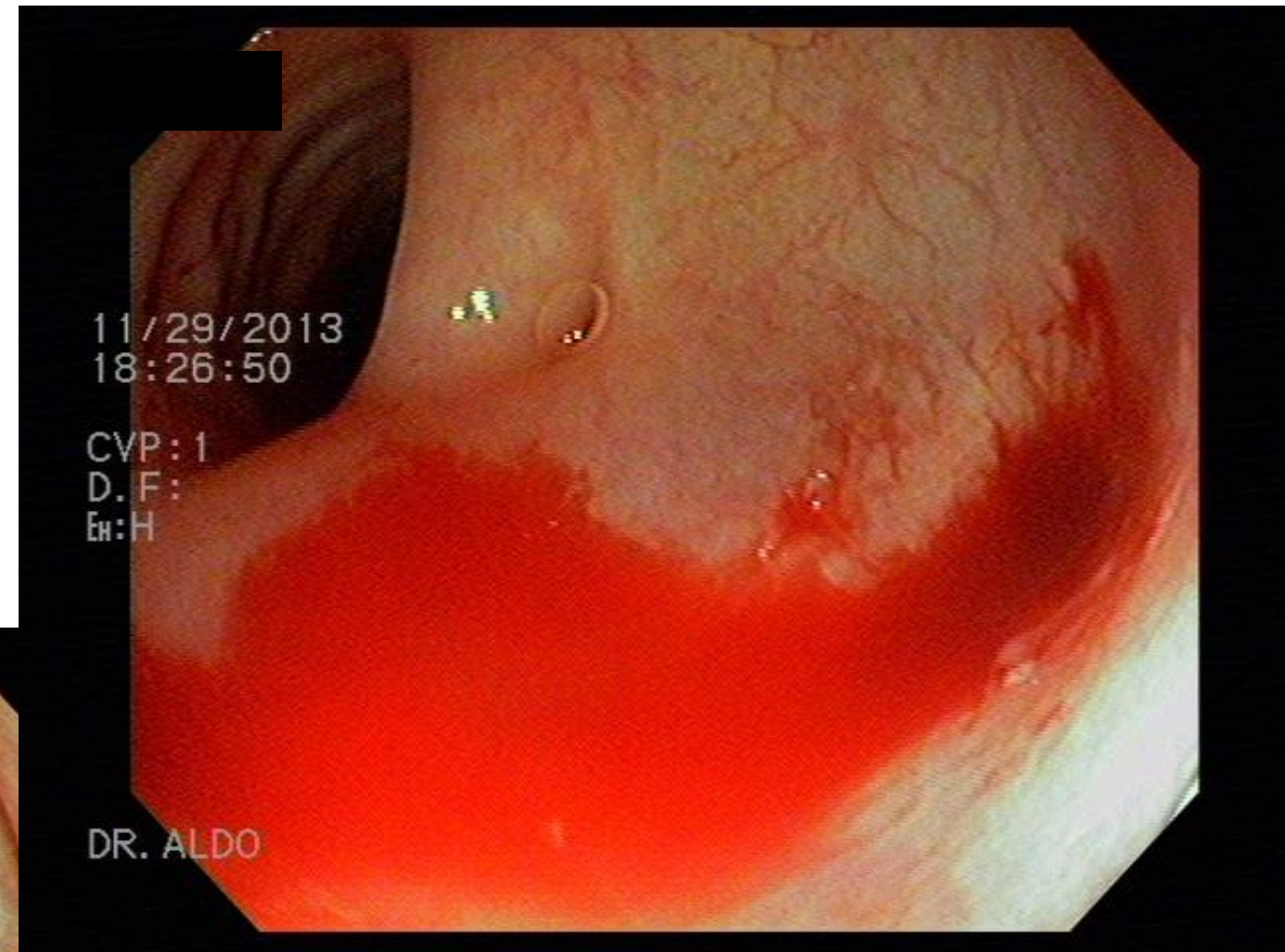
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RETROVISÃO



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COLONOSCOPIA TERAPEUTICA



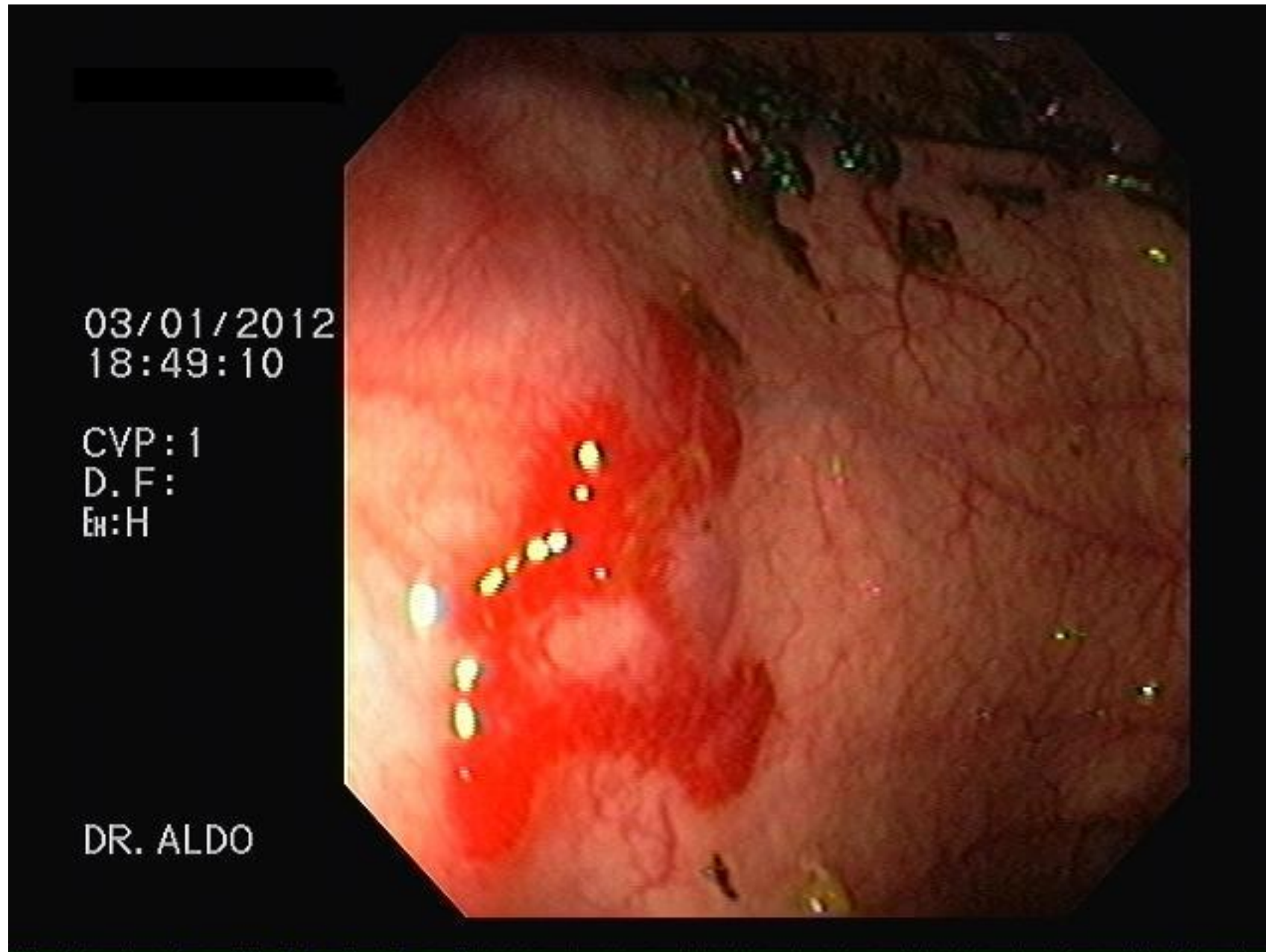
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paciente sexo F, 97 anos
HDB aguda



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paciente sexo F, 97 anos
HDB aguda



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paciente sexo F, 97 anos
HDB aguda



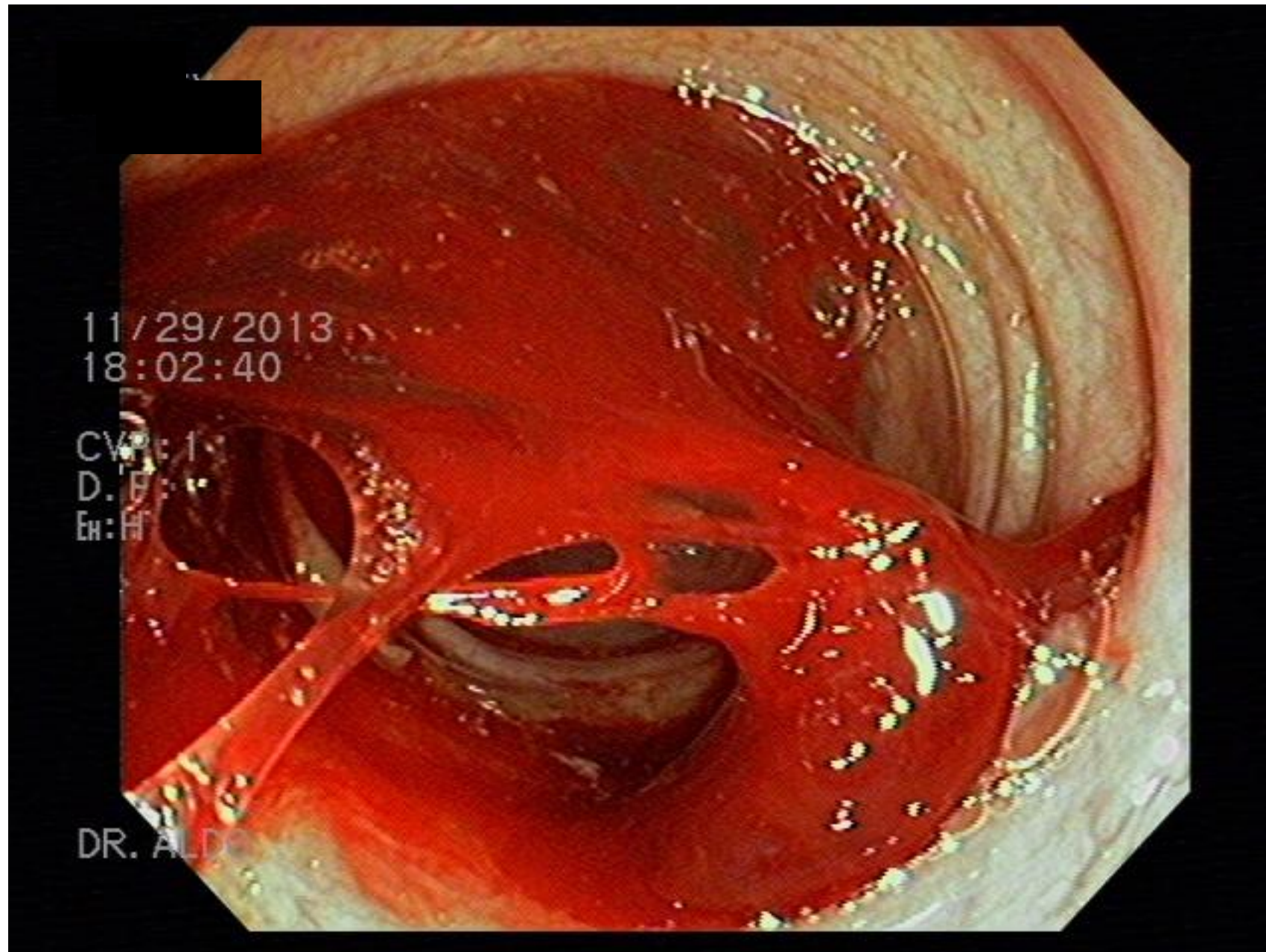
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ECTASIA VASCULAR



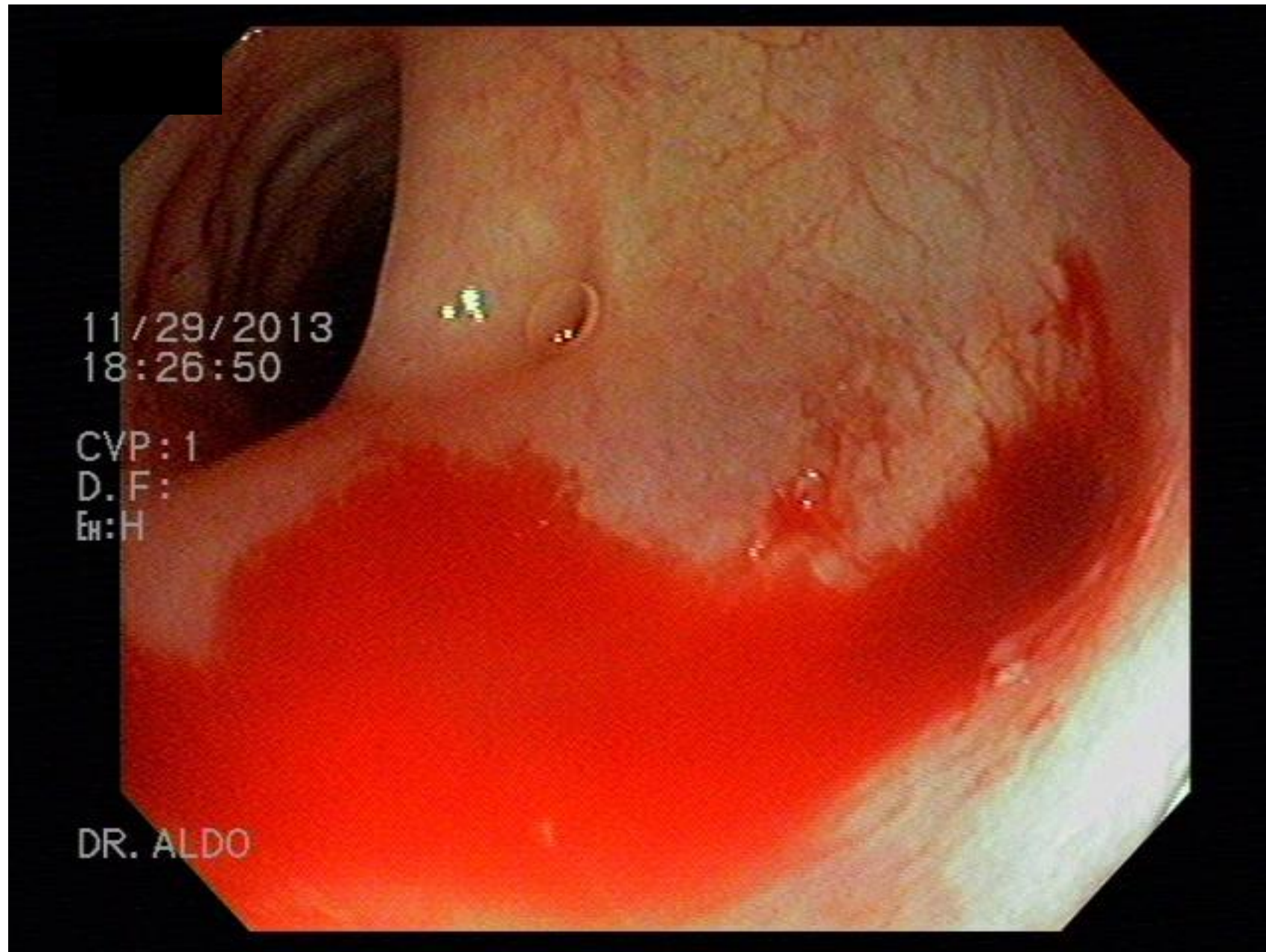
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Paciente masculino, 74 a, renal crônico, diabético, cardiopatia isquêmica
HDB aguda



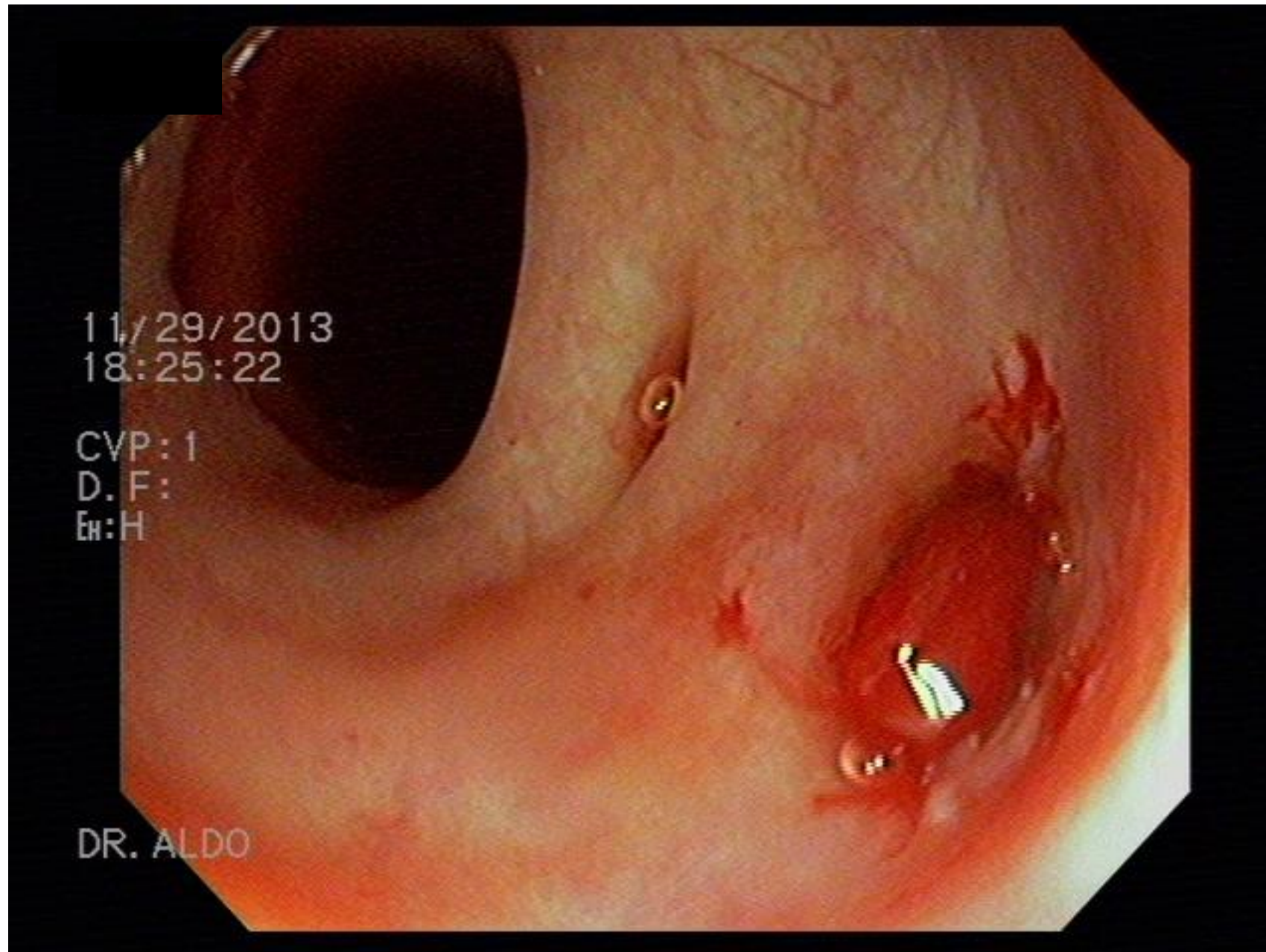
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paciente renal crônico, diabético, cardiopatia isquêmica
HDB aguda



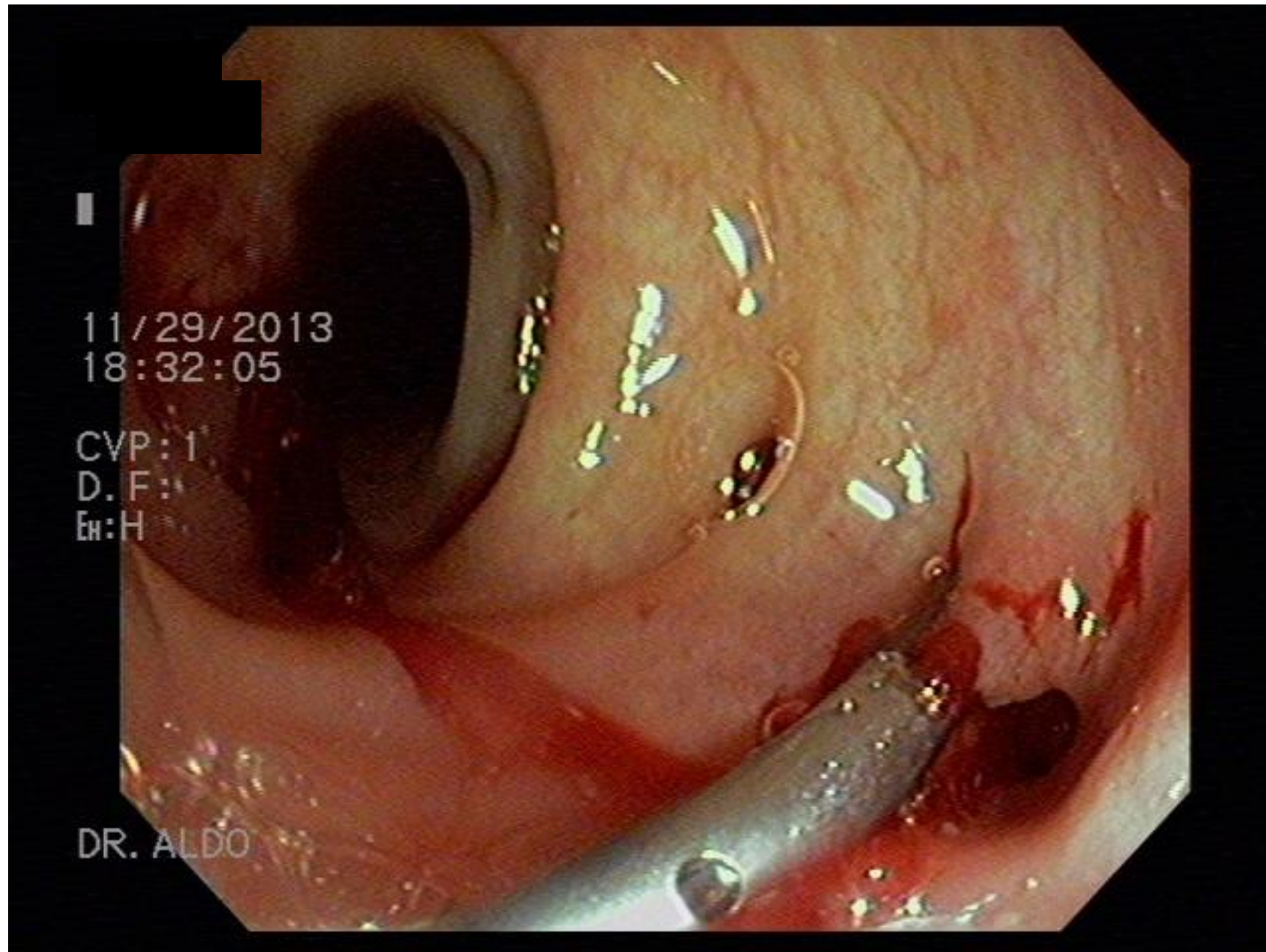
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paciente renal crônico, diabético, cardiopatia isquêmica
HDB aguda



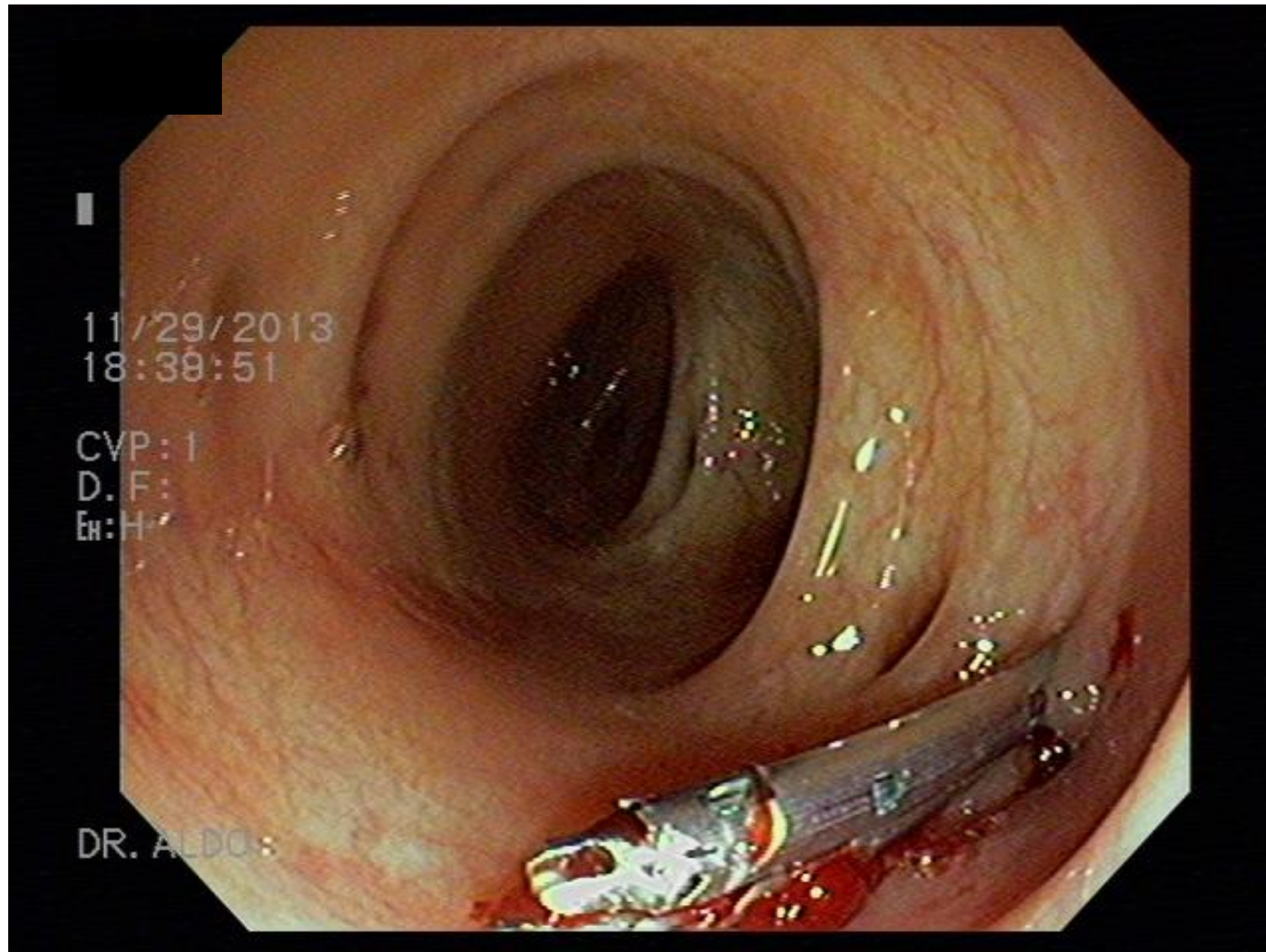
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paciente renal crônico, diabético, cardiopatia isquêmica
HDB aguda



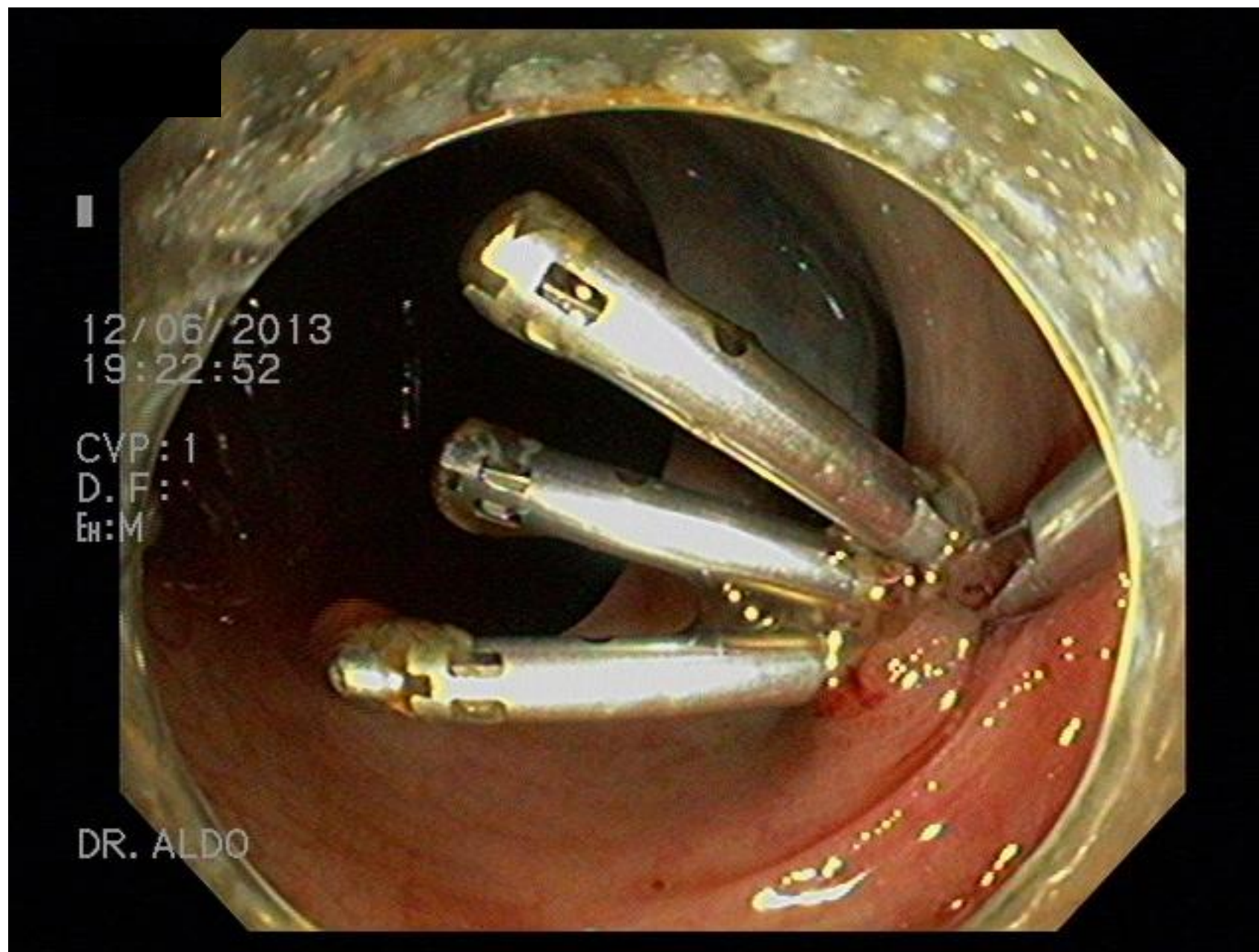
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paciente renal crônico, diabético, cardiopatia isquêmica
HDB aguda



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Recorrência do sangramento em 4 dias



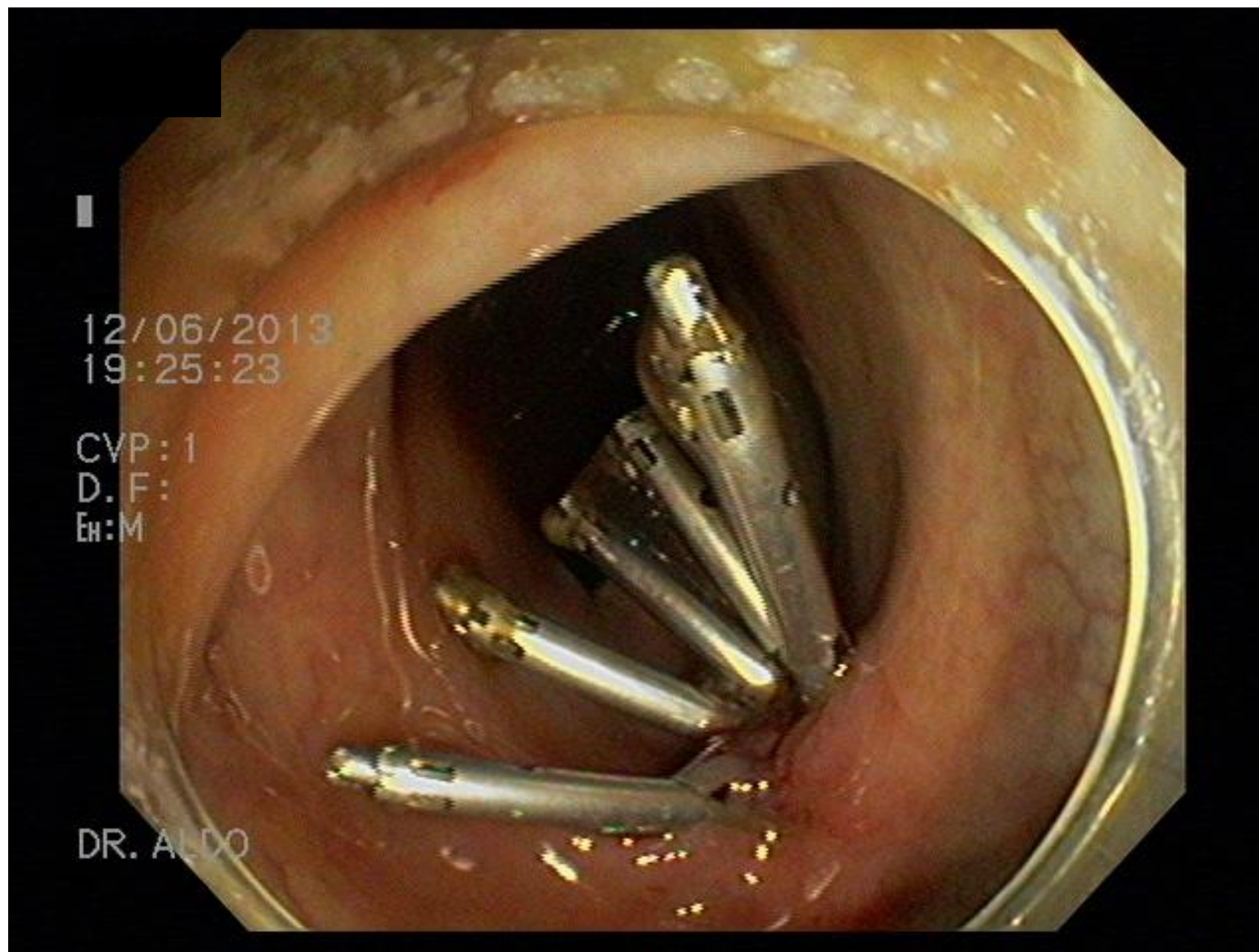
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Recorrência do sangramento em 9 dias

~~CIRURGIA~~

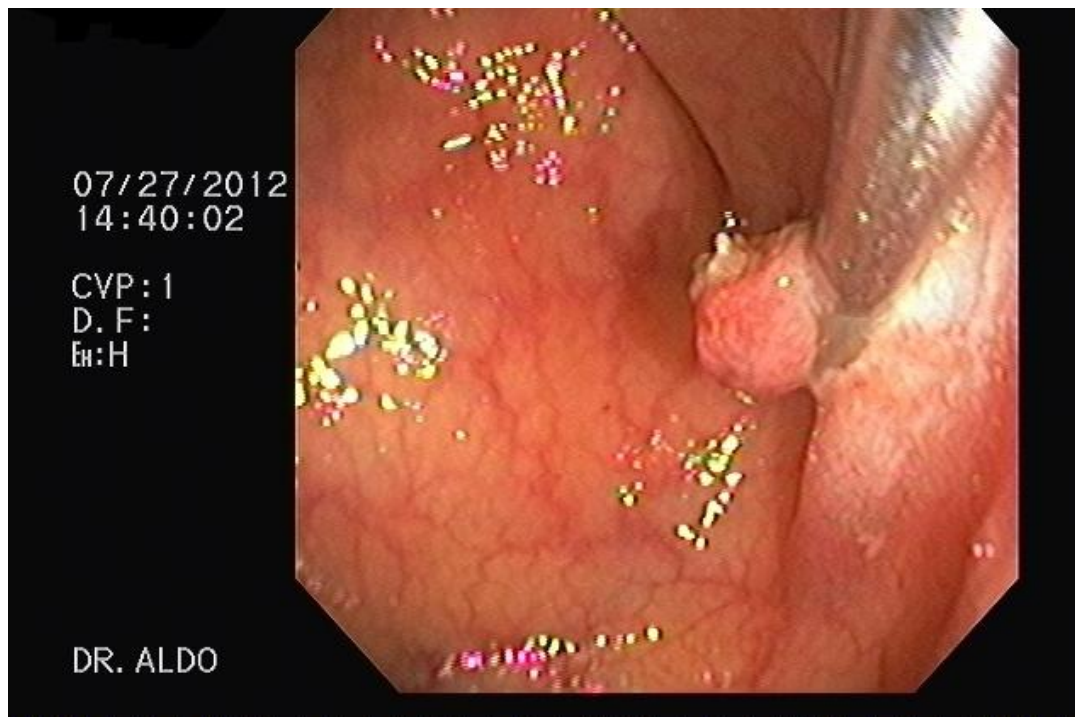
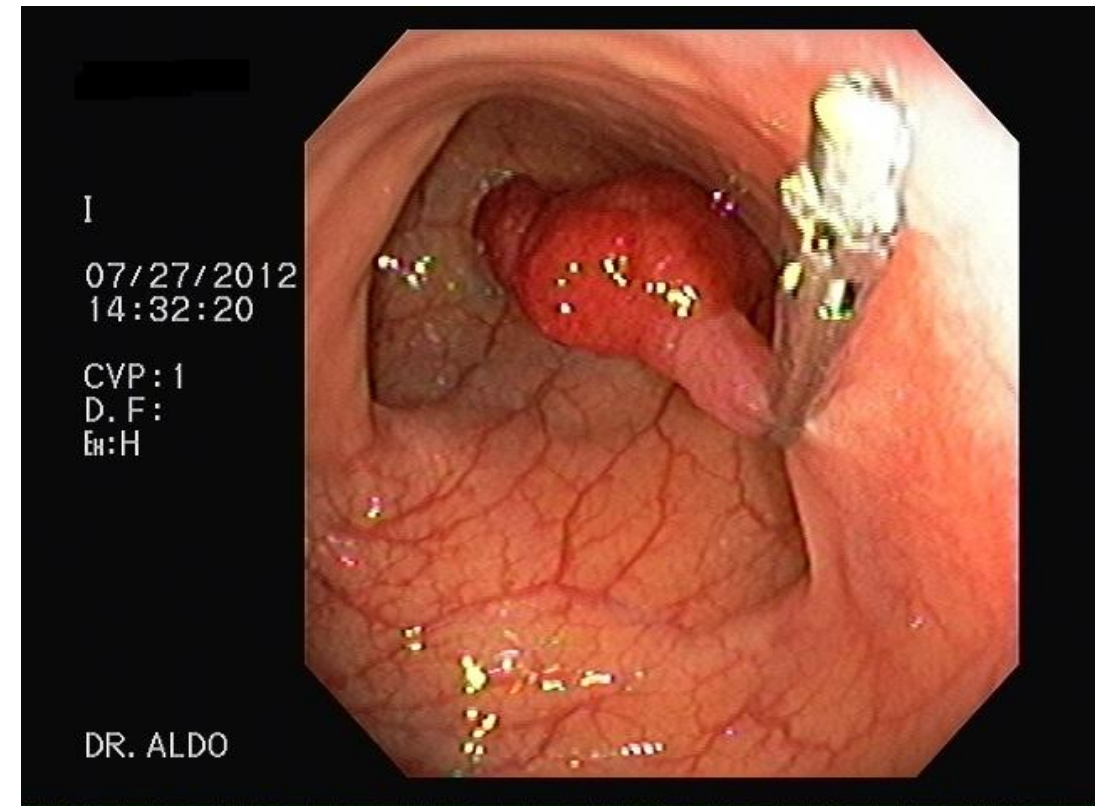
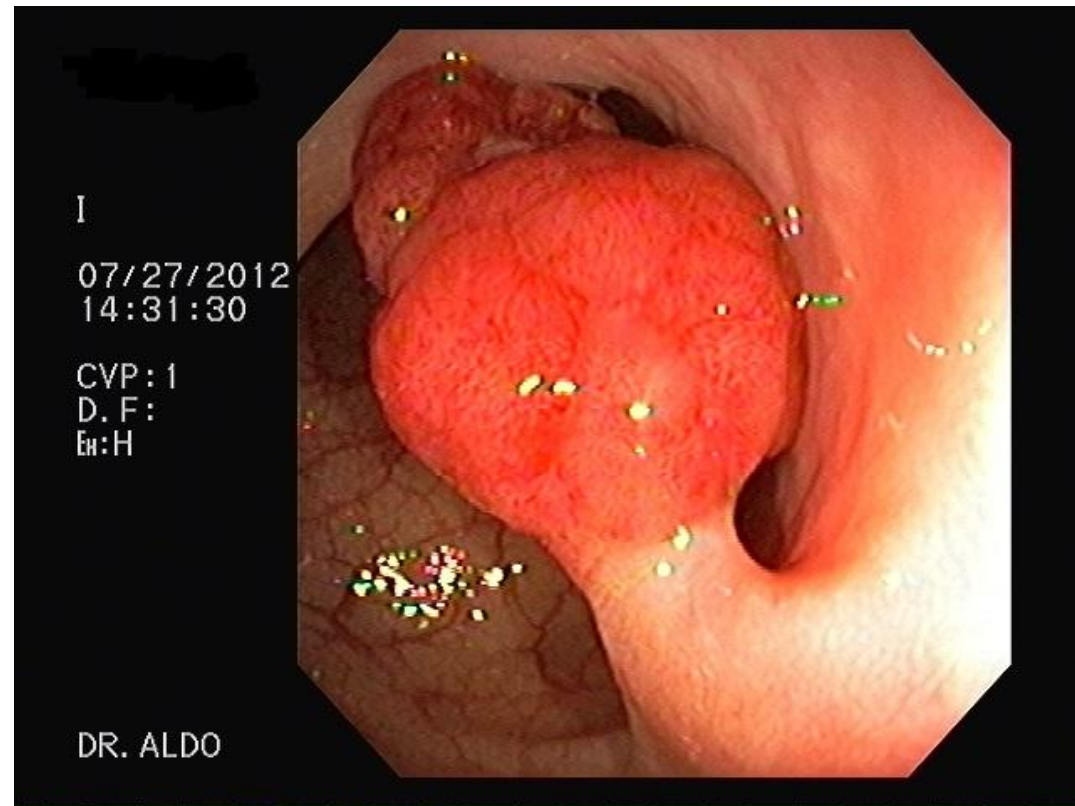
~~PROCEDIMENTO
ENDOVASCULAR~~

Recorrência do sangramento em 9 dias



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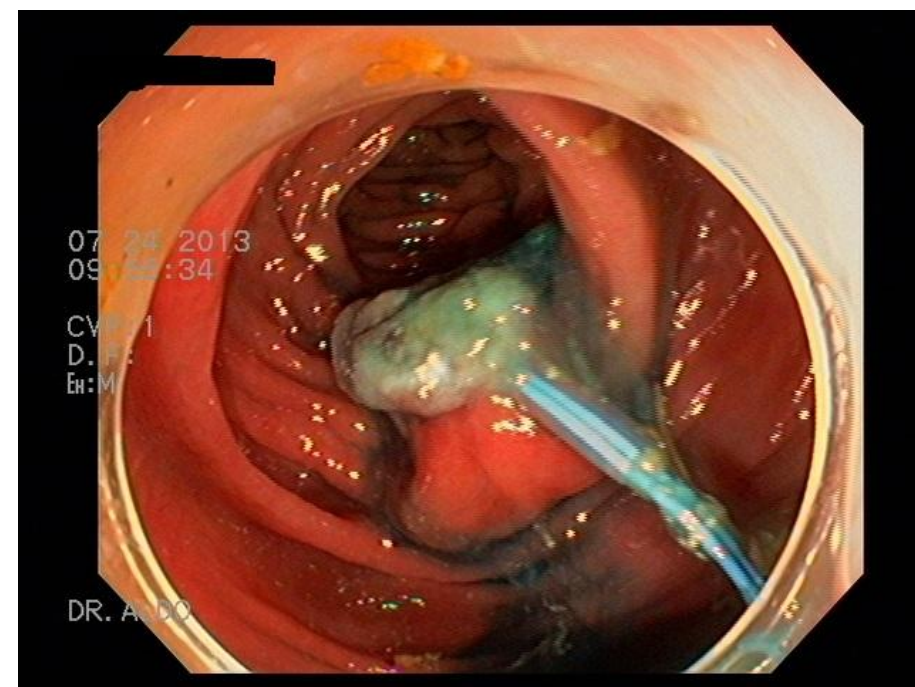
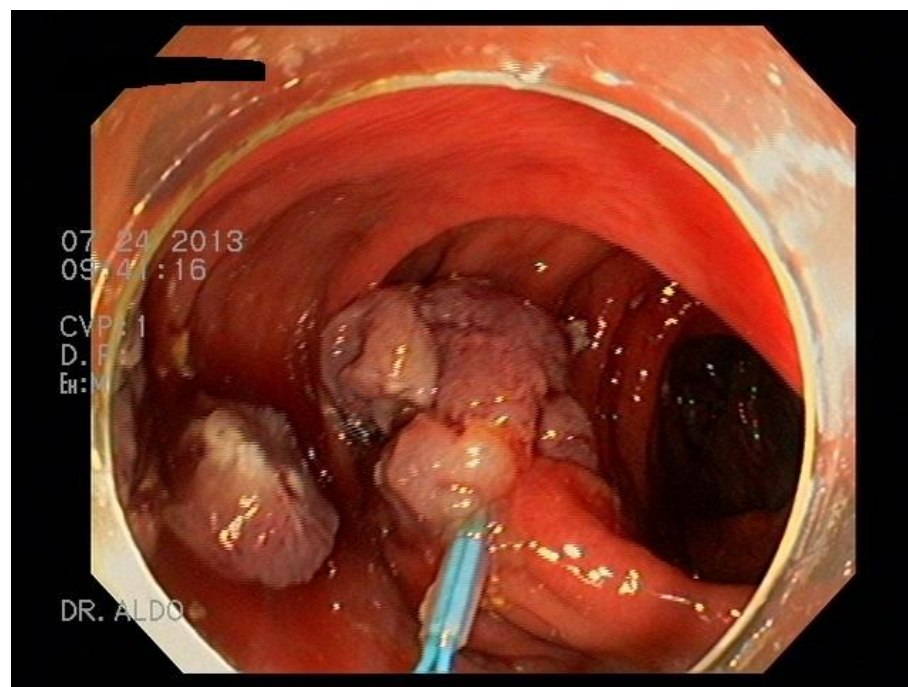
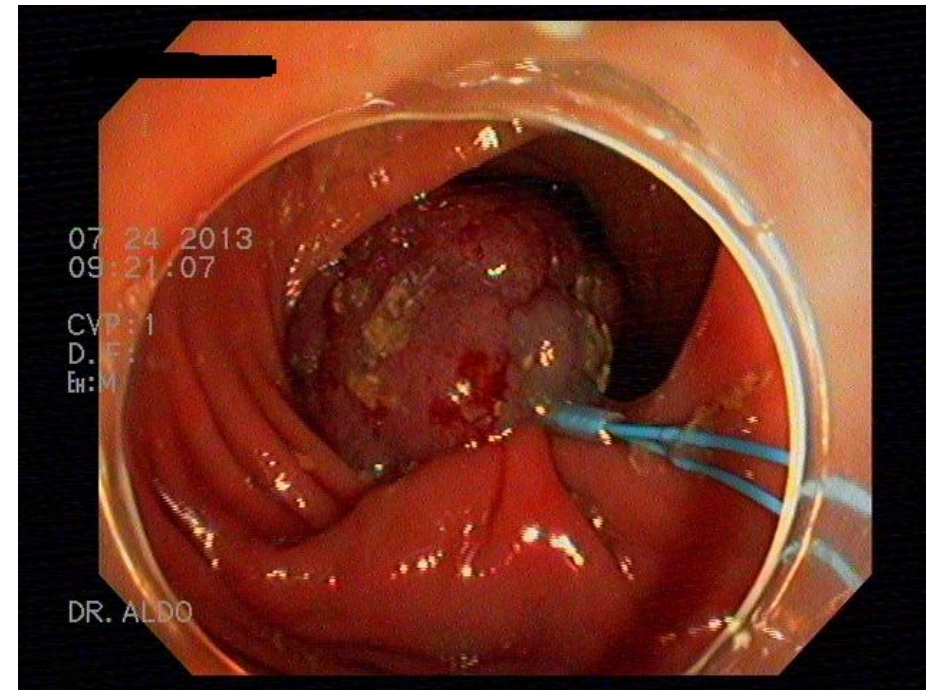
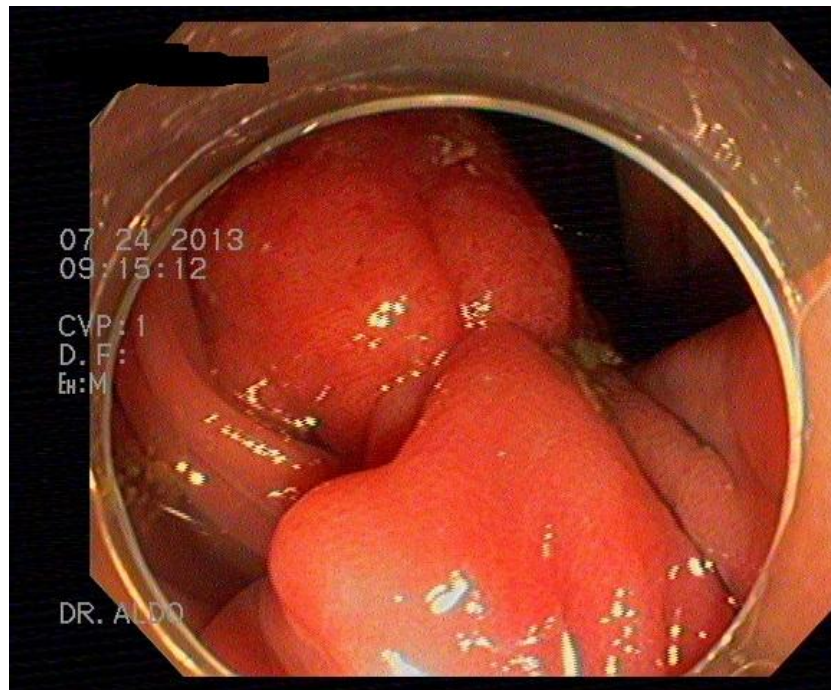
POLIPECTOMIA - PÓLIPO PEDICULADO



CLIP
Prevenção da
Hemorragia imediata

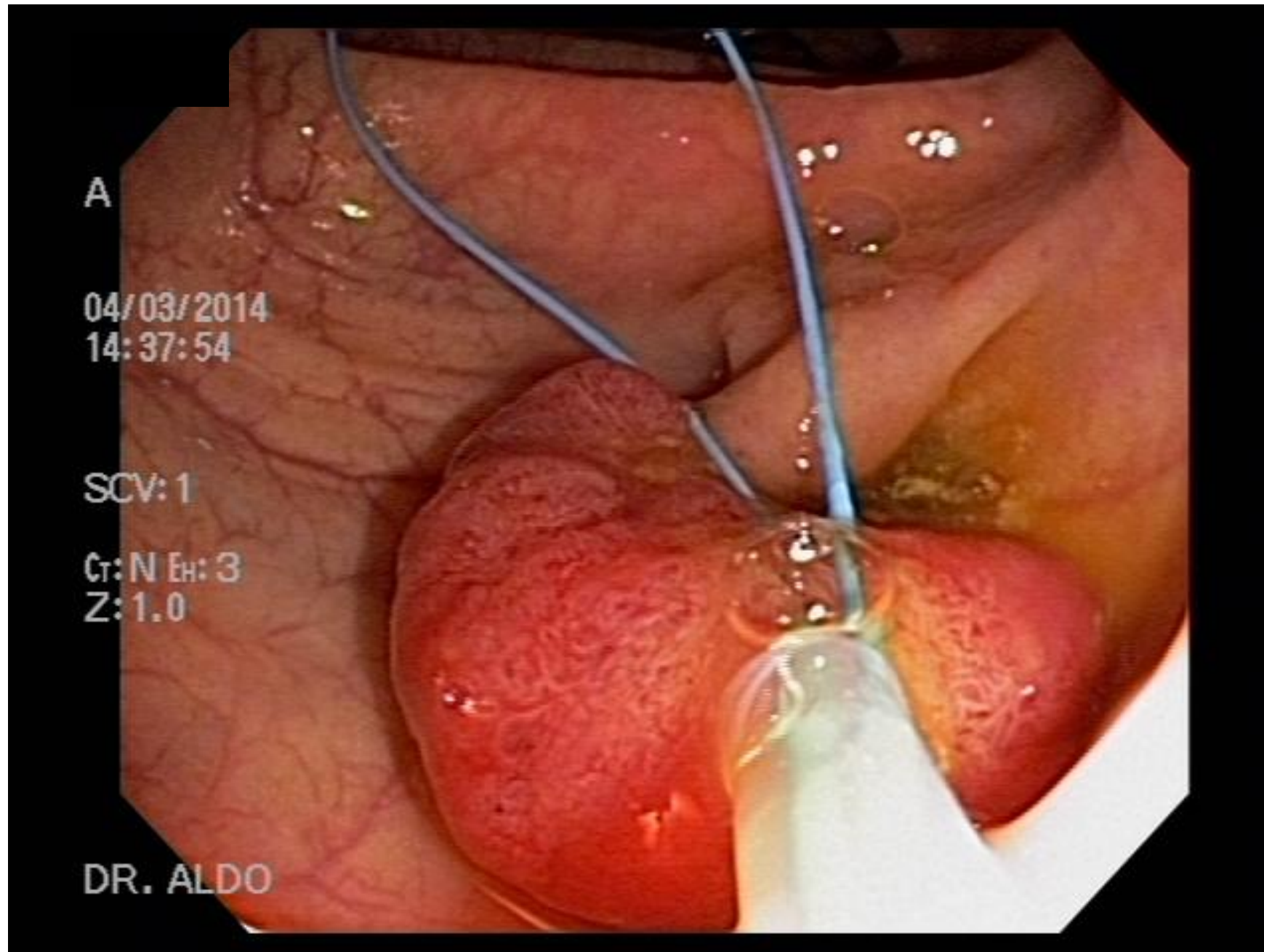
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Laço - ENDOLOOP



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Laço - Endoloop



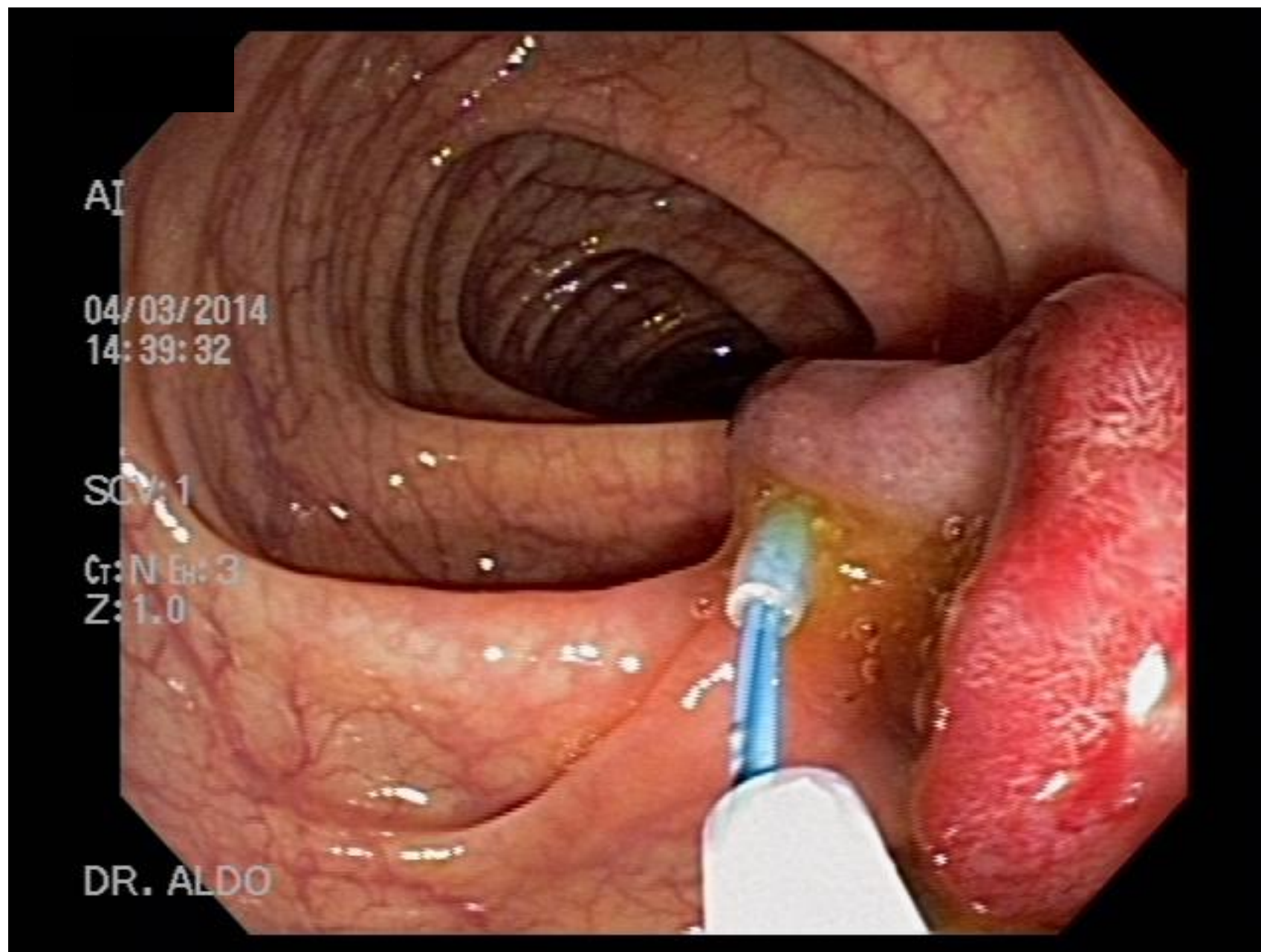
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Laço - Endoloop



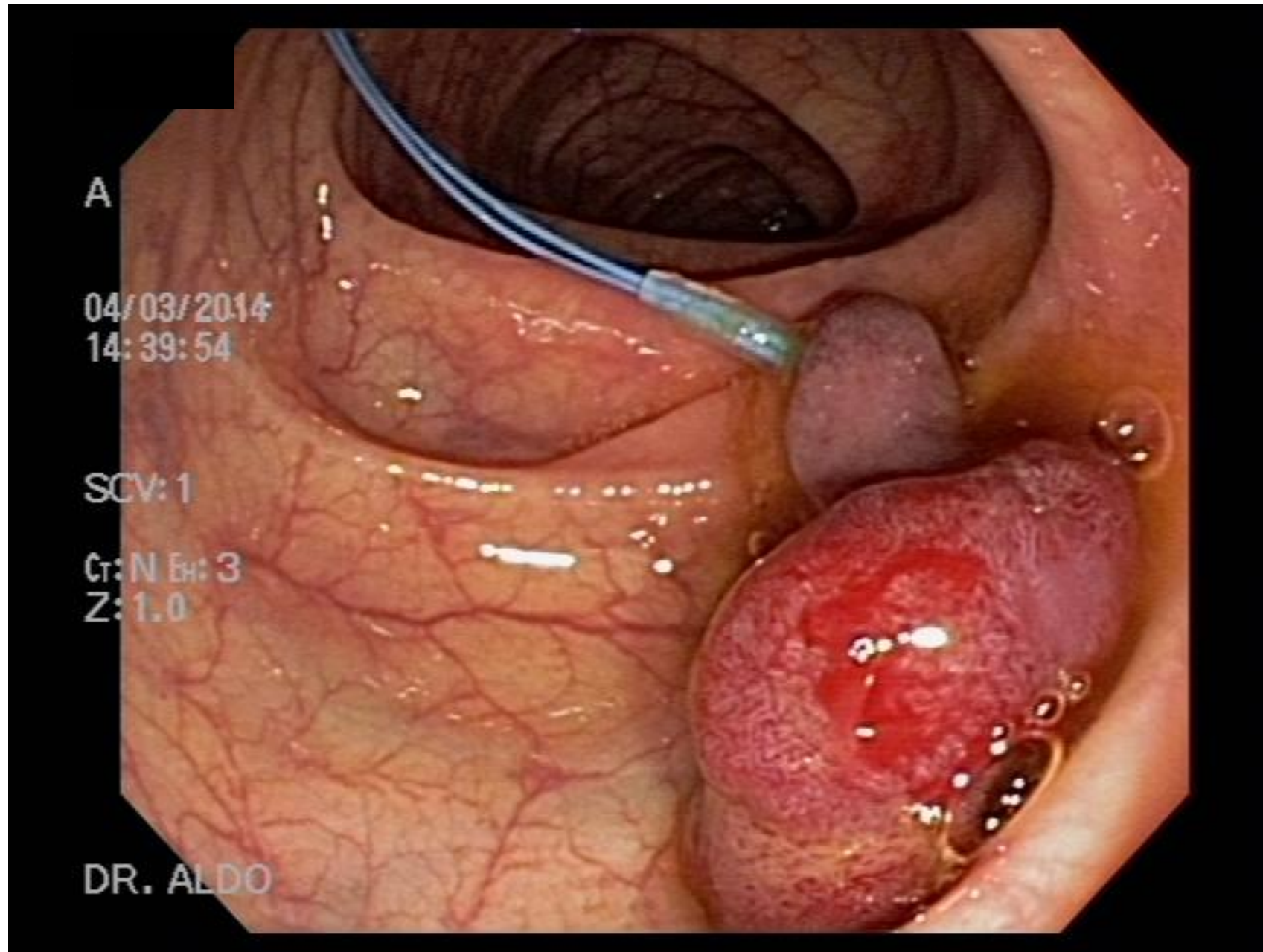
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Laço - Endoloop



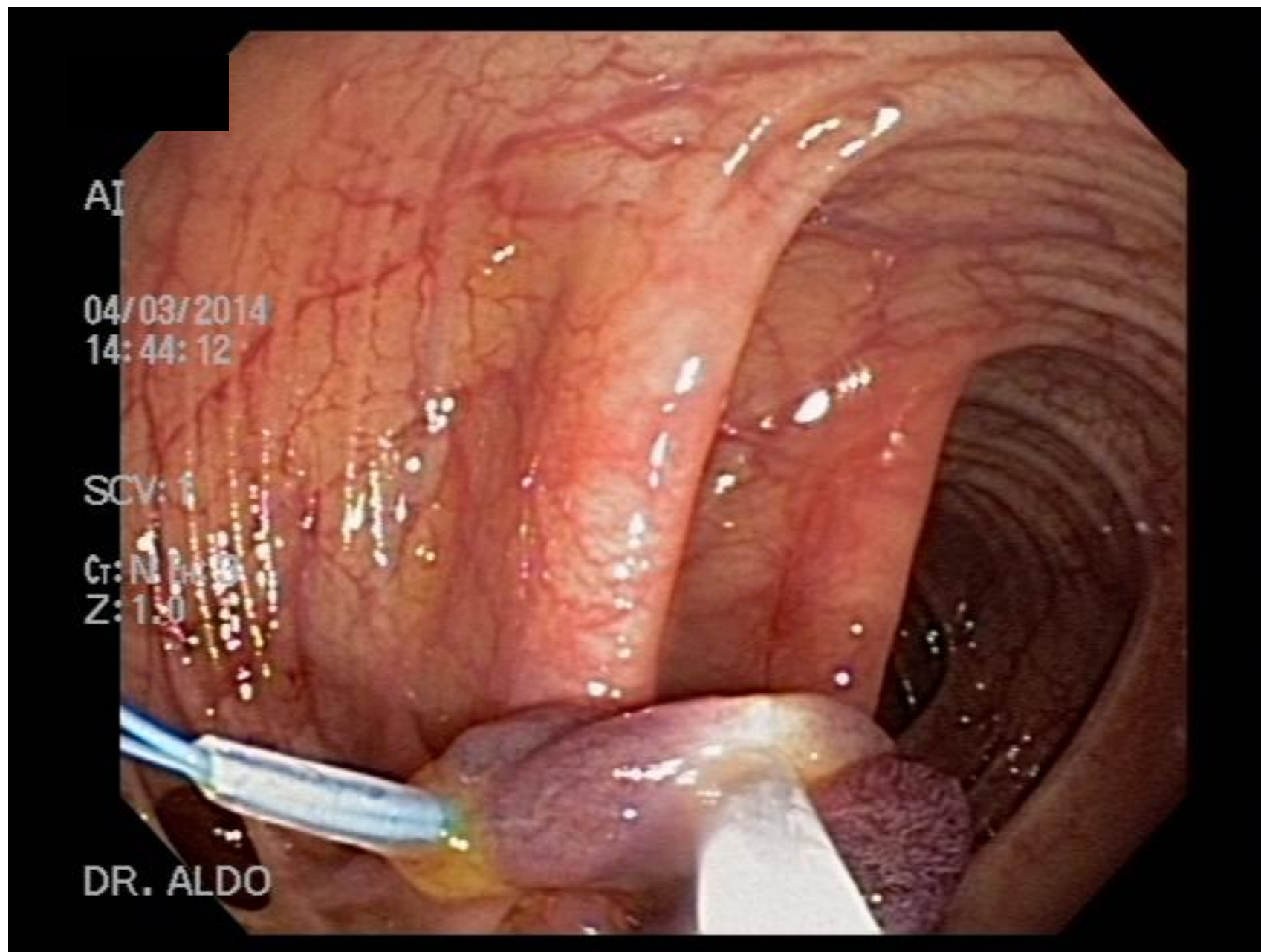
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Laço - Endoloop



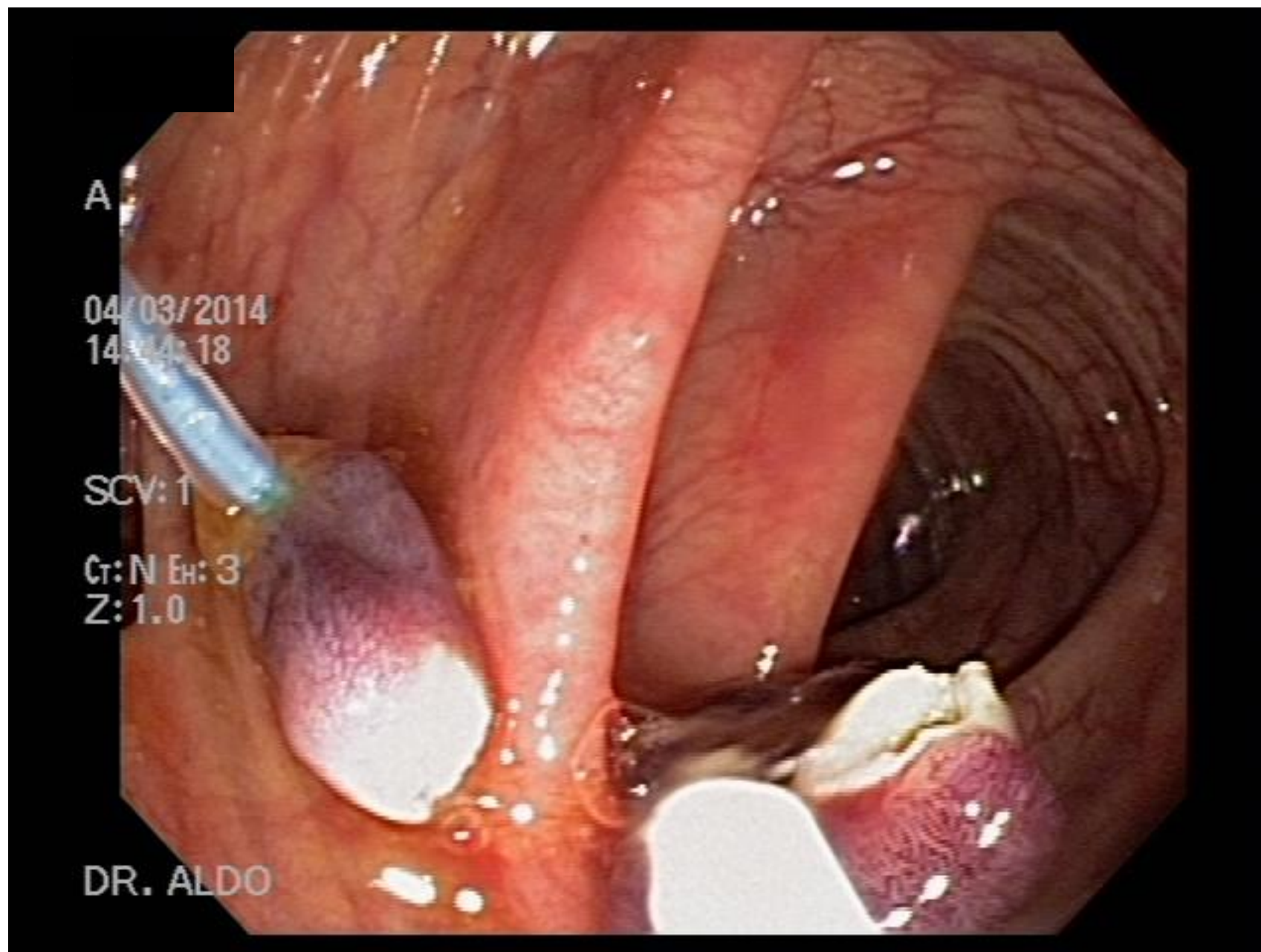
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Laço - Endoloop



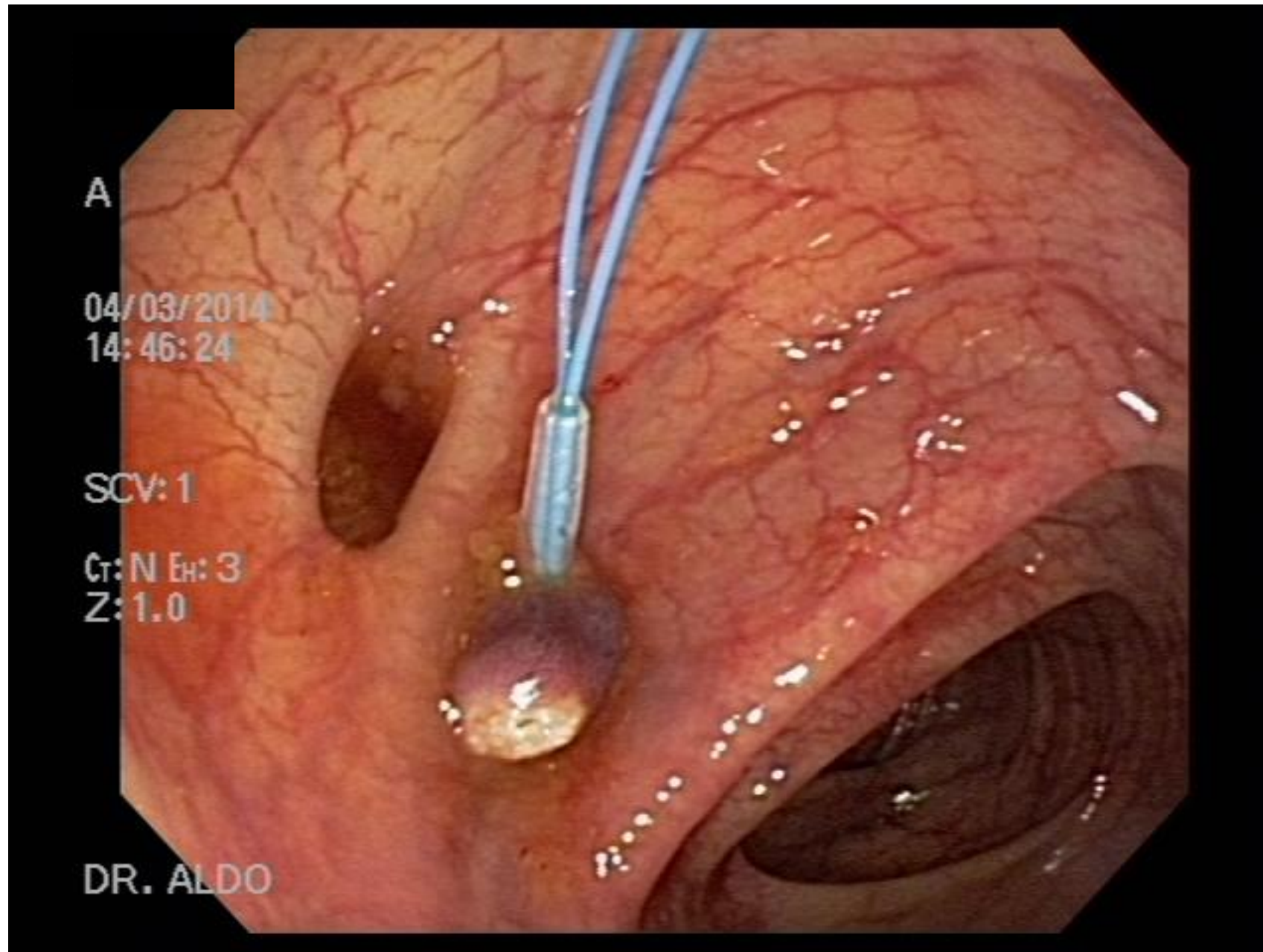
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Laço - Endoloop



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Laço - Endoloop



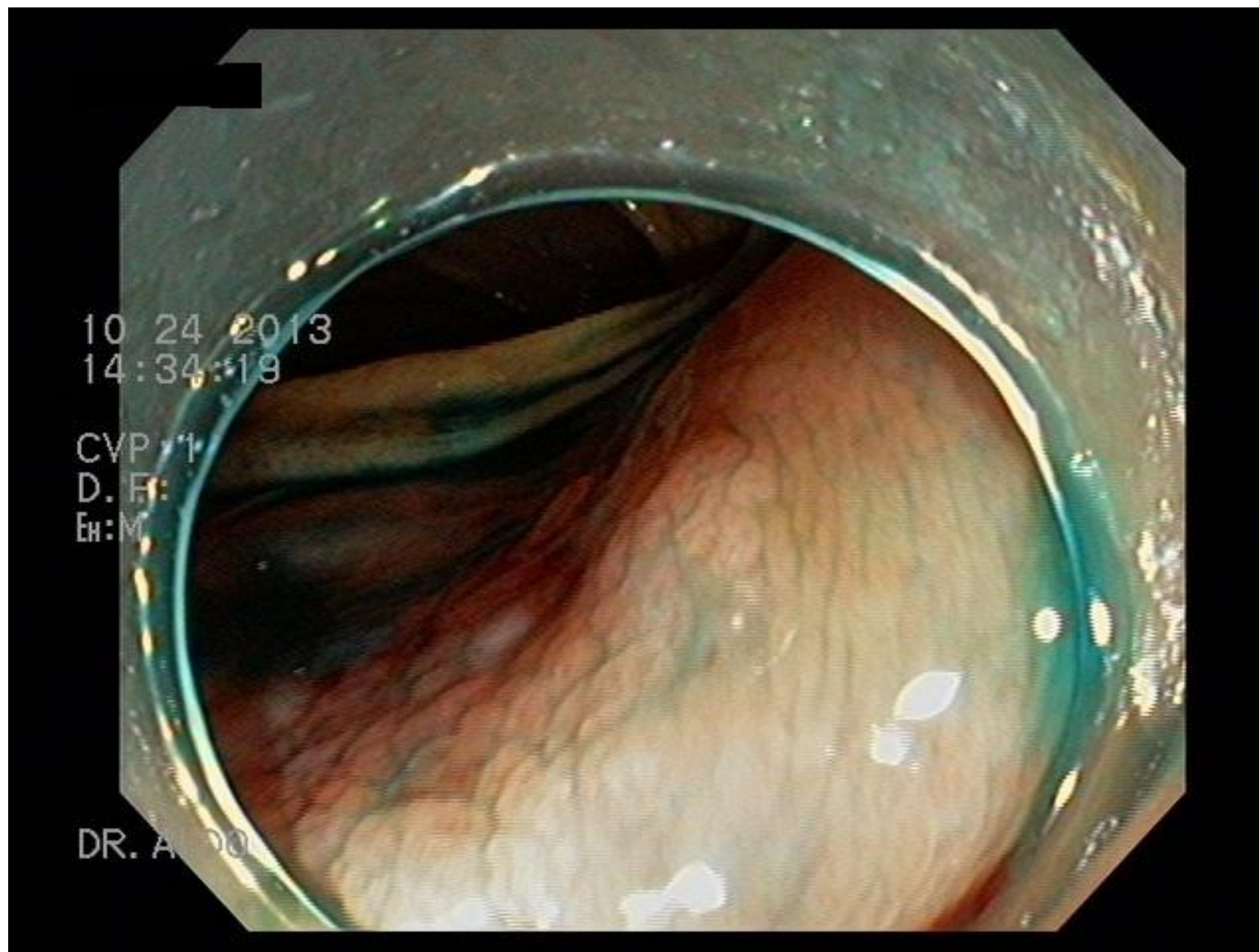
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&
Odontologia Especializada

OBRIGADO

SF SUBMUCOSA



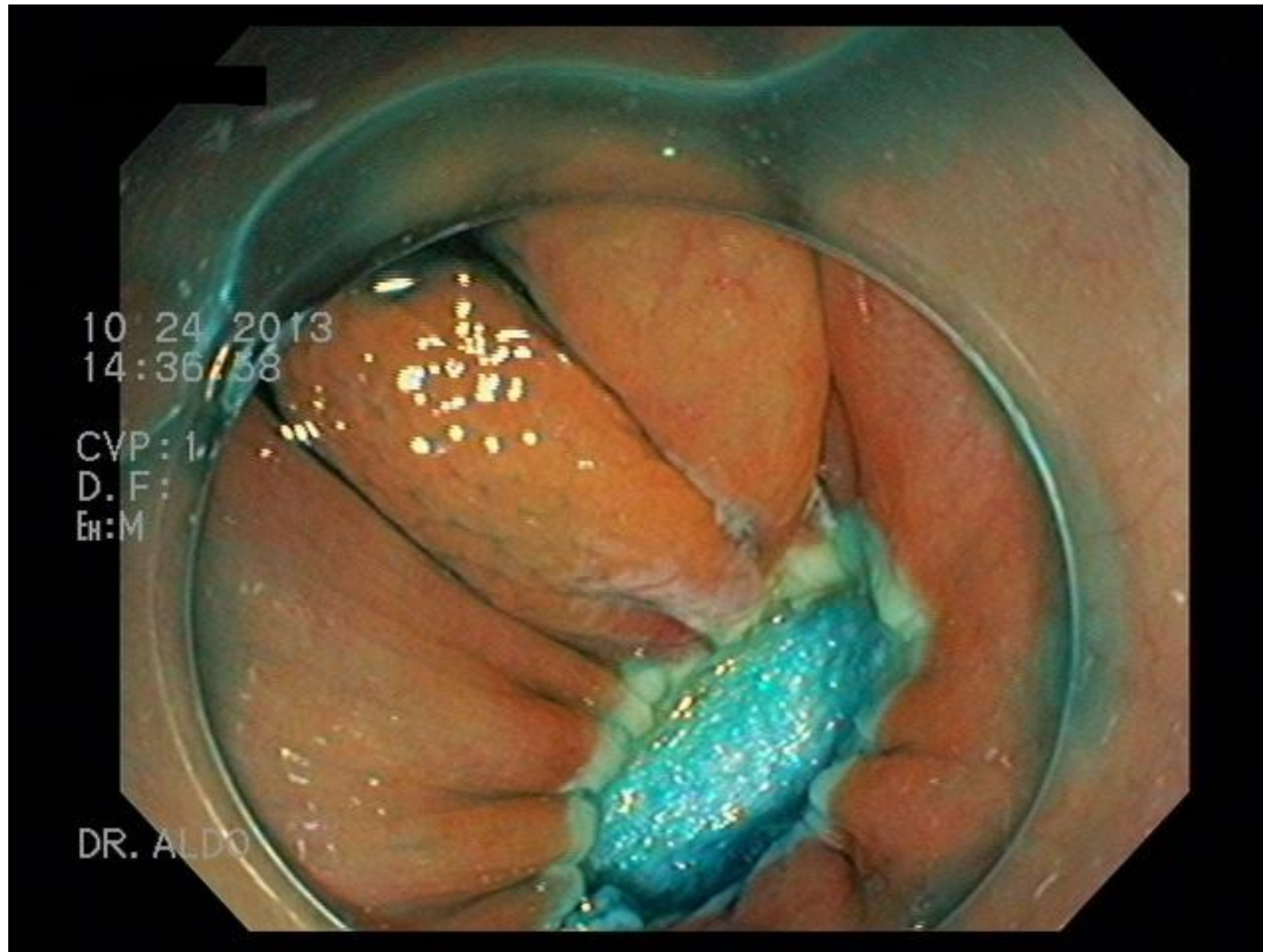
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ALÇA POLIPECTOMIA



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PÓS - MUCOSECTOMIA



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AVALIAÇÃO DETALHADA



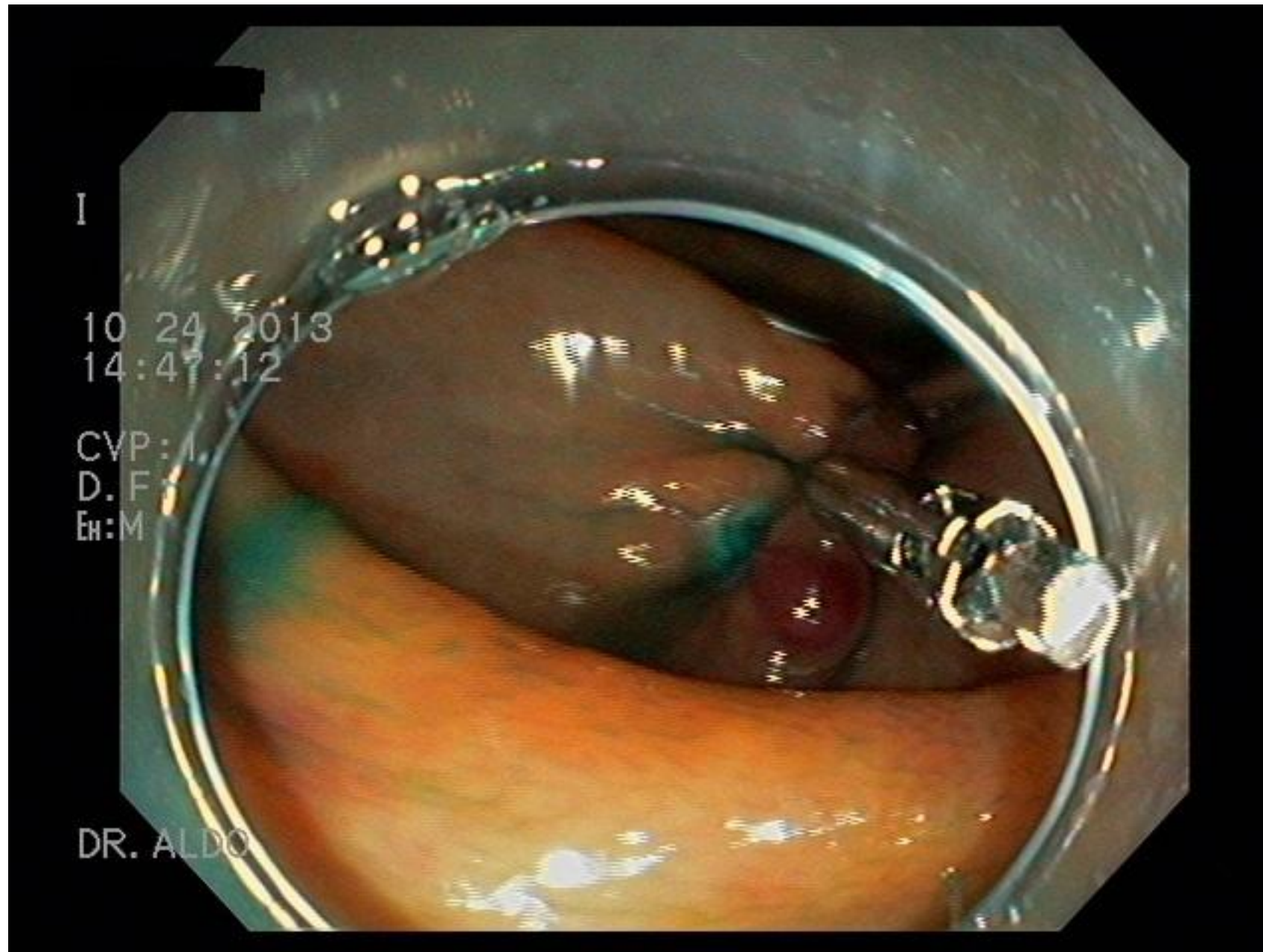
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APLICAÇÃO CLIPS



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APLICAÇÃO CLIPS

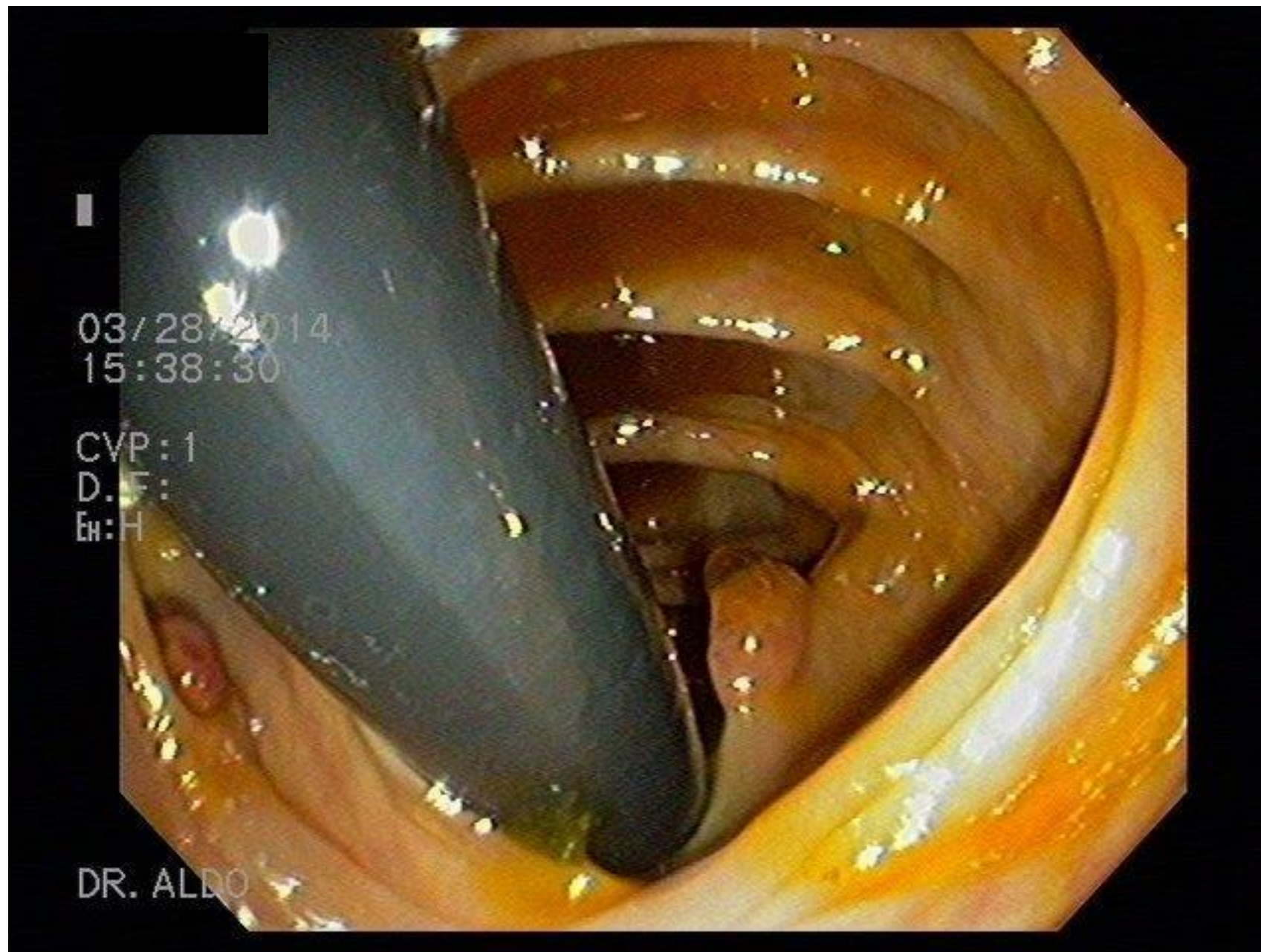


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Câncer de Intervalo

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RETROVISÃO CÓLON ASCENDENTE



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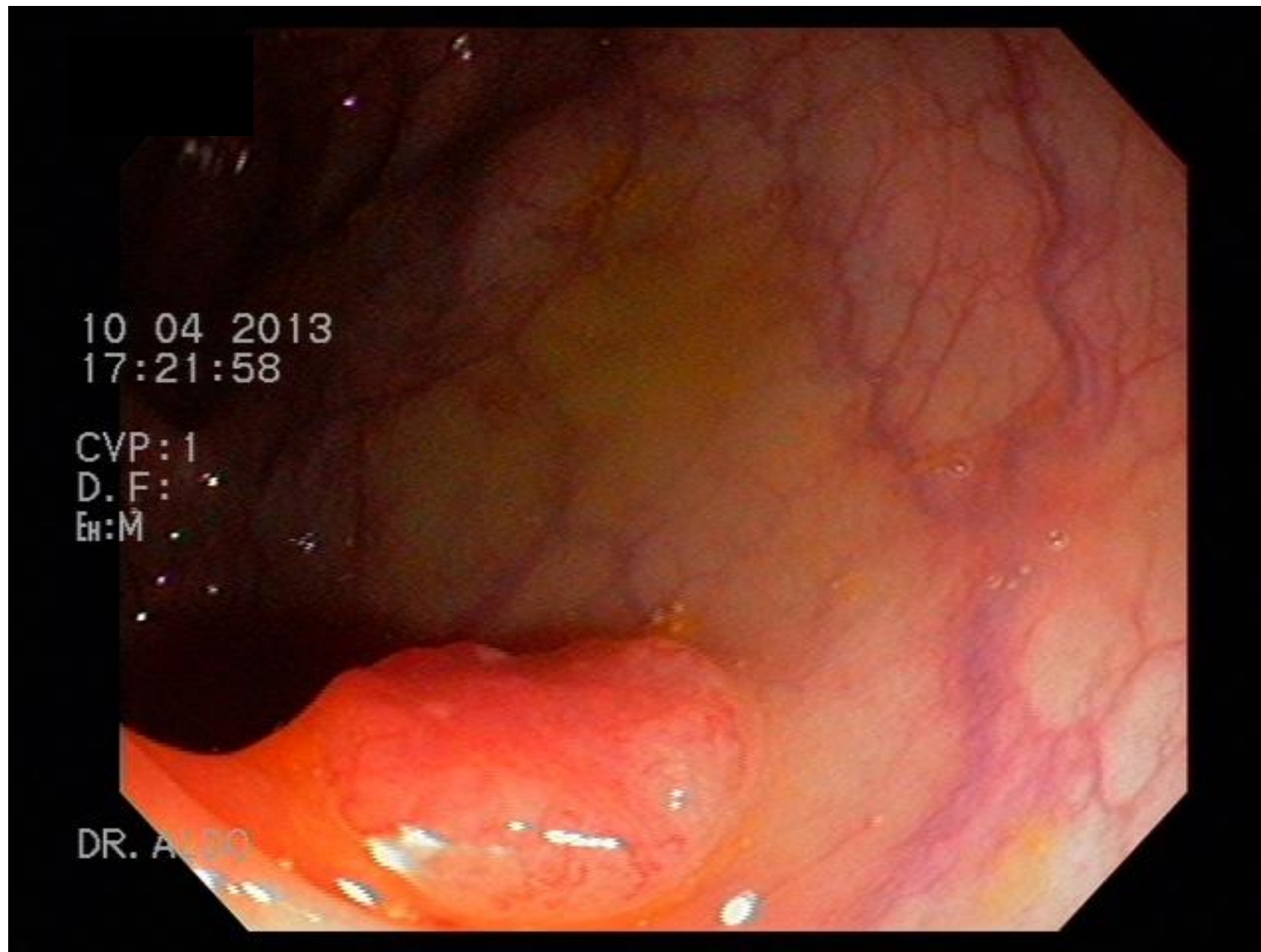


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CÂNCER PRECOCE

CÂNCER PRECOCE - LESÃO 5 mm



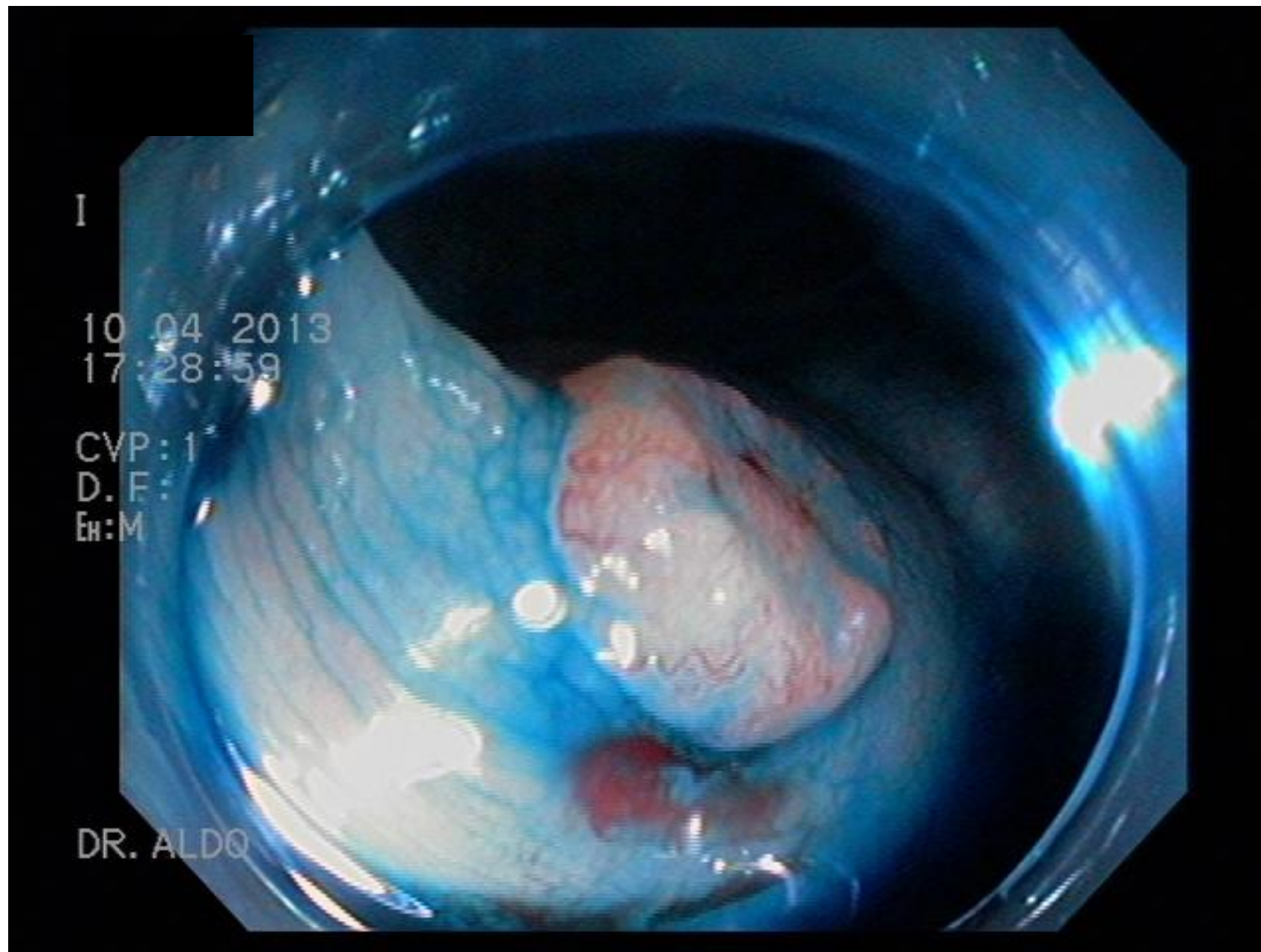
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CÂNCER PRECOCE - LESÃO 5 mm



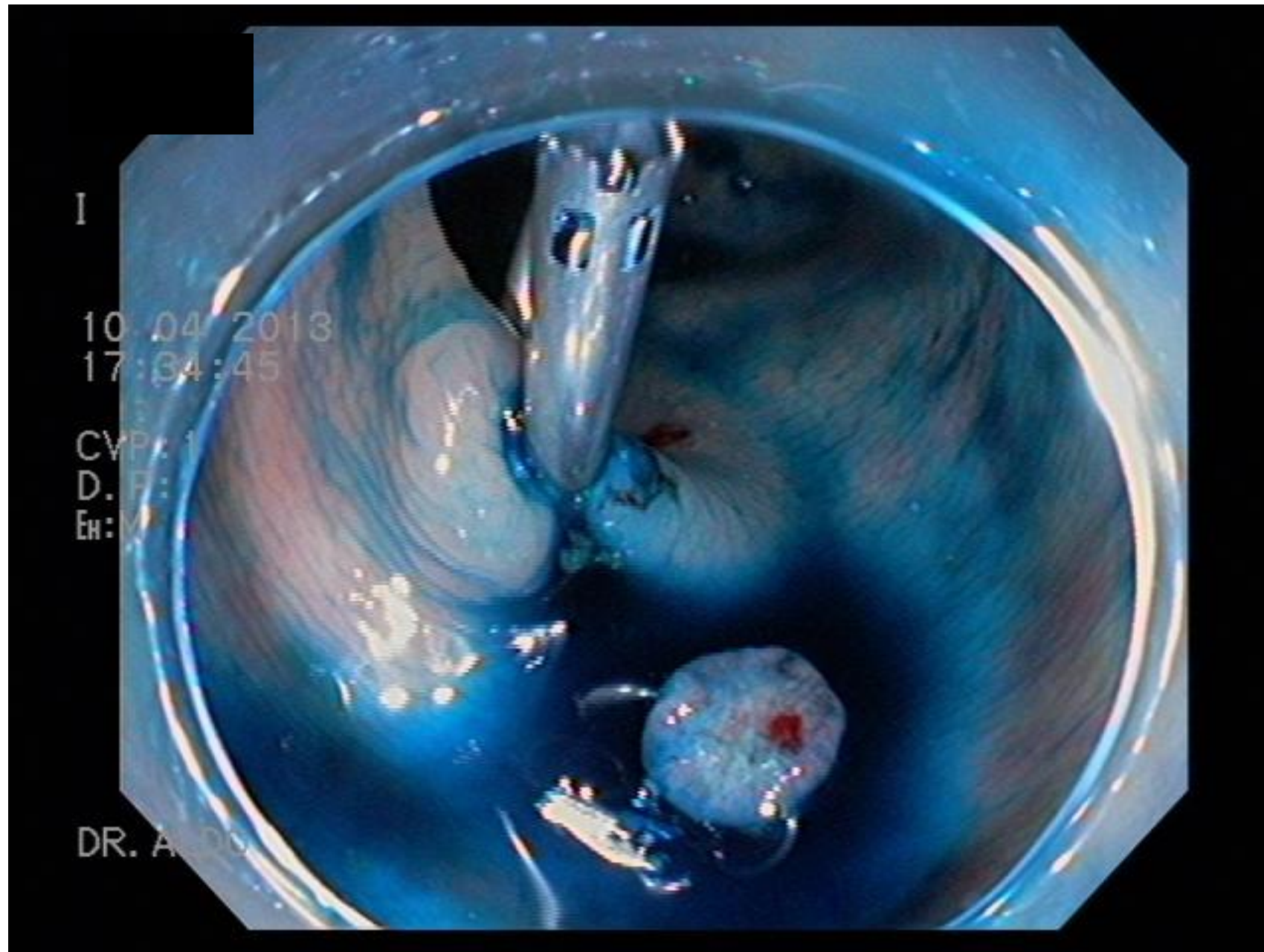
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CÂNCER PRECOCE - LESÃO 5 mm



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CÂNCER PRECOCE - LESÃO 5 mm



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RASTREAMENTO CCR

RASTREAMENTO - ANTECEDENTE FAMILIAR

HISTÓRIA FAMILIAR	INÍCIO RASTREAMENTO	VIGILÂNCIA
1 parente 1° grau < 50 a 2 parentes 1° grau qq idade	40 anos ou 10 anos antes	repetir 3 a 5 anos
parente 1° grau > 50 a	50 anos ou 10 anos antes	repetir 5 anos
Parente 2° grau < 50 a	50 anos	repetir conforme achado
parente 1° grau adenoma avançado	50 anos ou idade do diagnóstico	repetir conforme achado

S. LYNCH

critérios de Bethesda

Teste para S. Lynch por IHQ e/ou MSI

1. CCR em pacientes < 50 anos;
2. Presença de CCR sincrônico ou metacrônico ou tumor relacionado à S. LYNCH - endométrio, ovário, estômago, VB, pâncreas, ureter, pelve renal, SNC (glioblastoma Turcot), carcinoma delgado, adenoma gls sebáceas, queratoacantoma;
3. CCR < 60 anos com histologia MSI-H (infiltrado linfocitário, reação linfocítica ~ Crohn, tumor mucinoso/anel sinete, padrão medular;
4. CCR em paciente com dois ou mais parentes em 1° ou 2° grau com câncer relacionado à S. LYNCH independente da idade.



OBRIGADO !!!

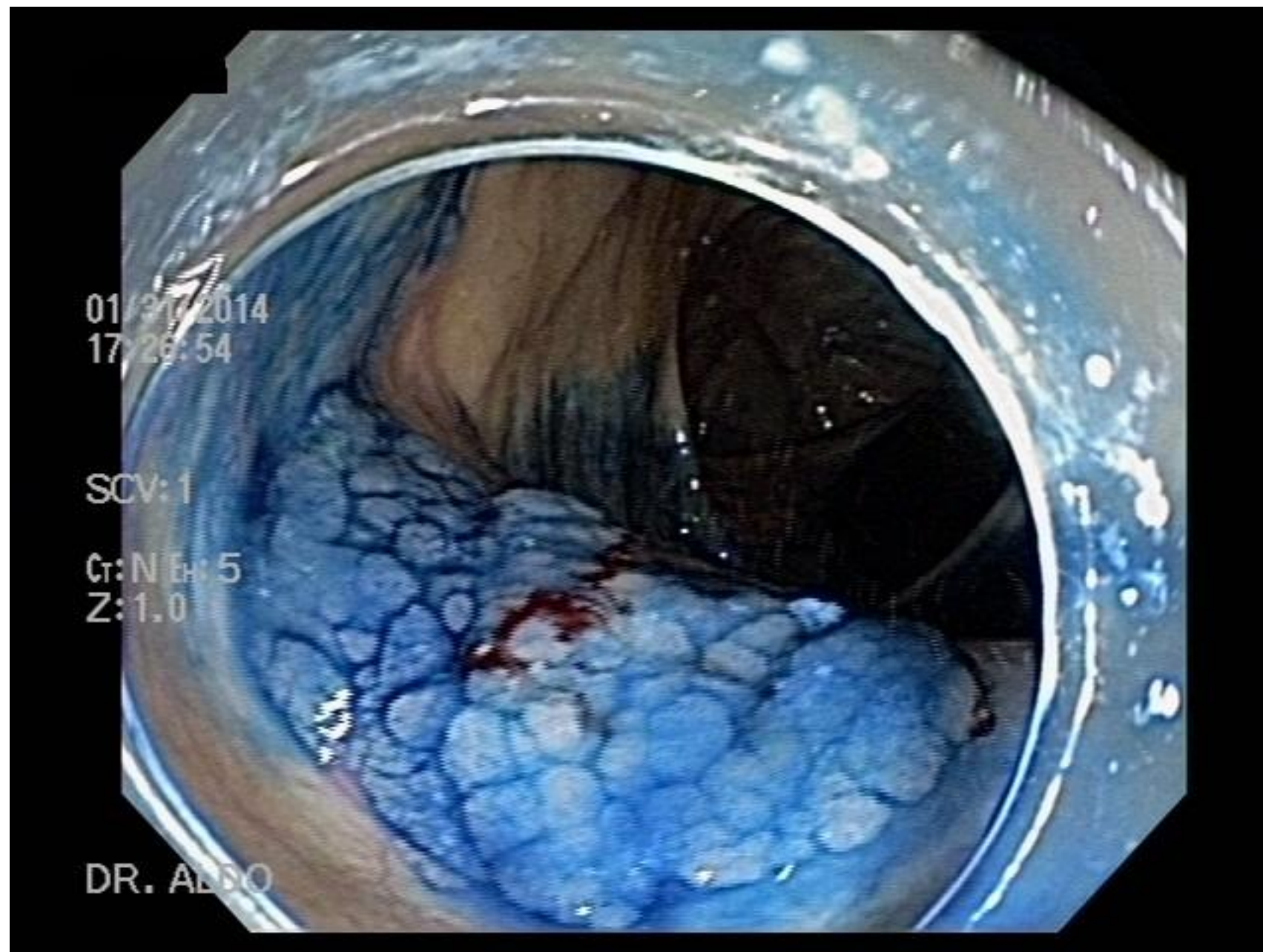
LST CÓLON TRANSVERSO

Aplicação do plasma argônio



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LST CÓLON TRANSVERSO - MUCOSECTOMIA



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APLICAÇÃO DE ARGÔNIO NA MUCOSECTOMIA



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LST CÓLON TRANSVERSO



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