A.G.E.O. E GLI ESPERTI

le nostre domande e le loro risposte

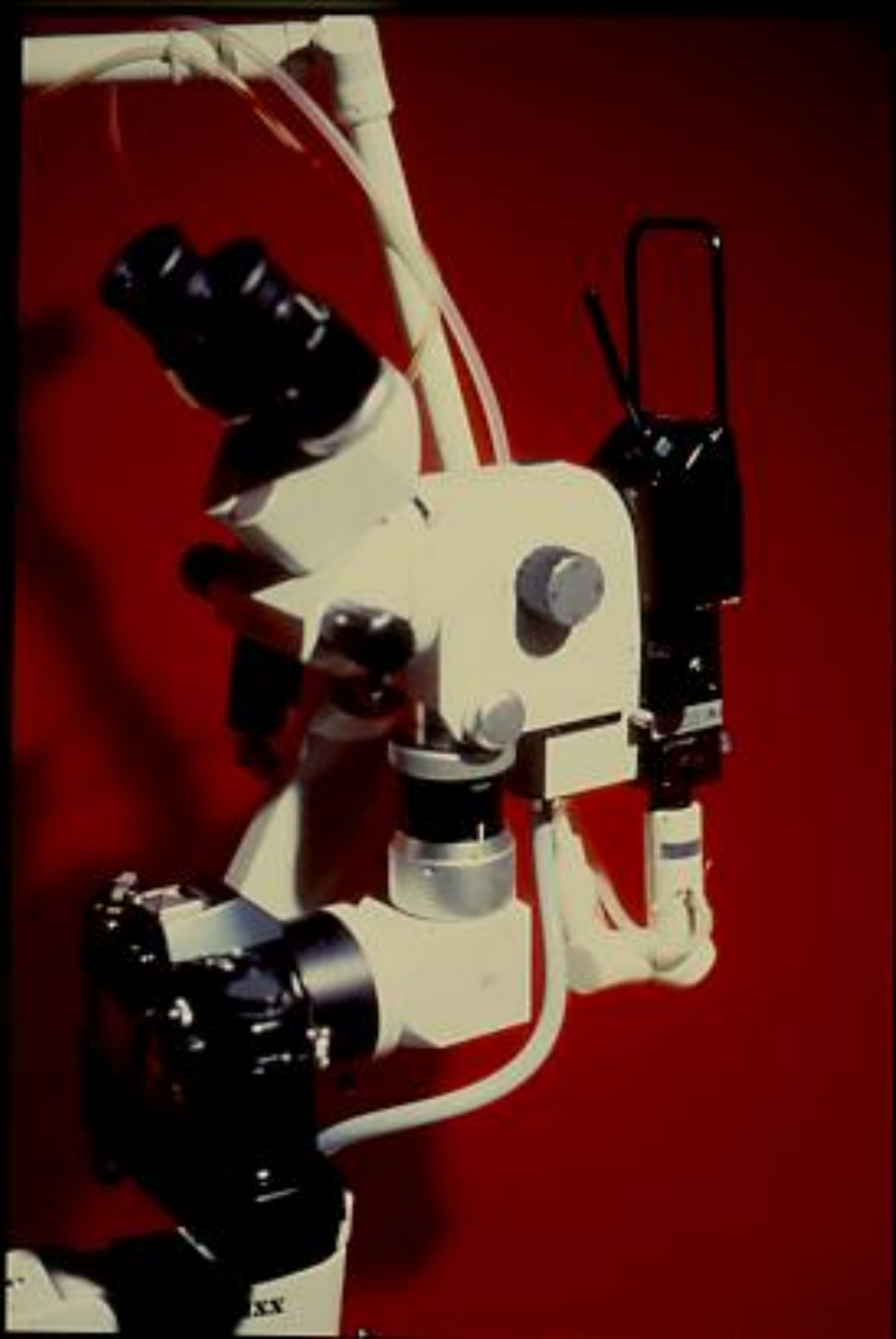
PROGRAMMA

FIRENZE

25 - 26 OTTOBRE 2019

LASER-CHIRURGIA NELLA PATOLOGIA DEL BASSO TRATTO GENITALE: POSSIBILITÀ E LIMITI

C. Zanardi - Bologna




SmartXide

LASER CO2
MECCANISMO D'AZIONE

- **ENERGIA RADIANTE λ 10.6 μ**
  - **assorbimento**
- **ENERGIA TERMICA**
  - **ebollizione - disgregazione cellulare**
- **VAPORIZZAZIONE NEL PUNTO FOCALE**
  - **estrema precisione sede d'azione**
  - **dispersione energia alla periferia dell'asse del raggio laser**
  - **scarsa conduttività termica**
- **NECROSI STROMALE ASSENTE O MODESTA**
  MINIMO DANNO TERMICO AI TESSUTI CONTIGUI

- **RAPIDA RIGENERAZIONE SENZA ESCARA**

- **RIPRISTINO ANATOMICO E FUNZIONALE**

LASER-CHIRURGIA CERVICALE

- **VAPORIZZAZIONE**
- **ESCISSIONE**

LASER-CHIRURGIA

CRITERI DI SELEZIONE

- **RELATIVI ALLA PAZIENTE:** ***in funzione dell'orientamento conservativo del trattamento***

RELATIVI ALLA LESIONE: ***in funzione della precisione ed efficacia del trattamento conservativo***

SELEZIONE DELLE PAZIENTI
caratteristiche della lesione

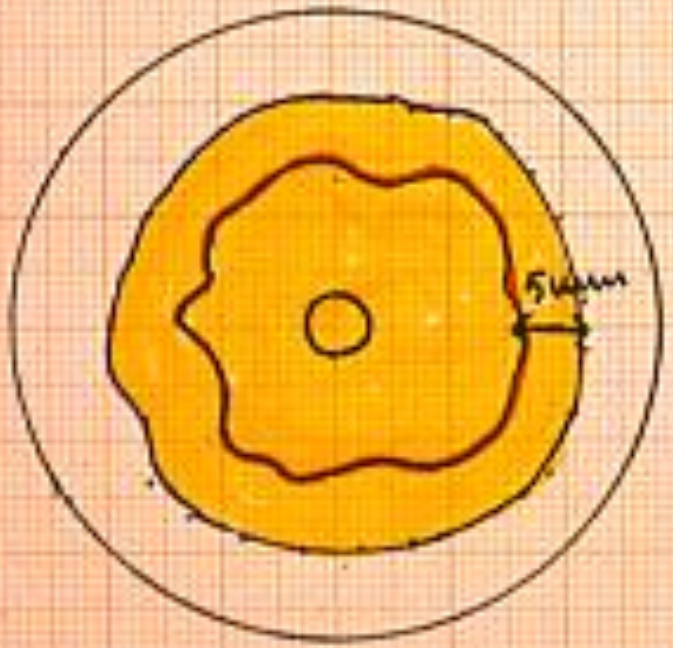
- **GRADING**
- **ESTENSIONE**
- **MULTIFOCALITA’**

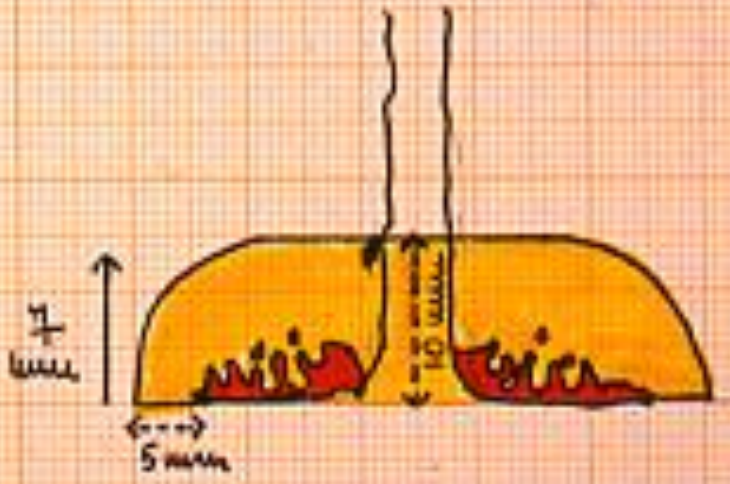
LASER-VAPORIZZAZIONE CERVICALE

CONDIZIONI PERMITTENTI

- *LESIONE ESOCERVICALE*
- *LESIONE INTERAMENTE VISIBILE IN COLPOSCOPIA*
- *CIN DI BASSO GRADO*
- *ESCLUSIONE MICROINVASIONE*

LASER-VAPORIZZAZIONE CERVICALE





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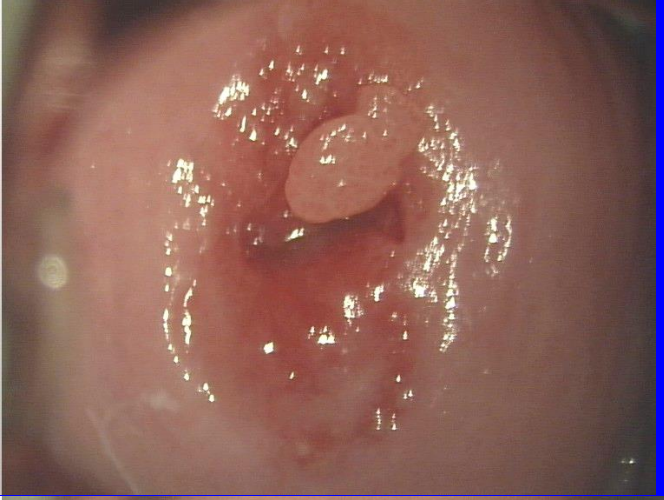
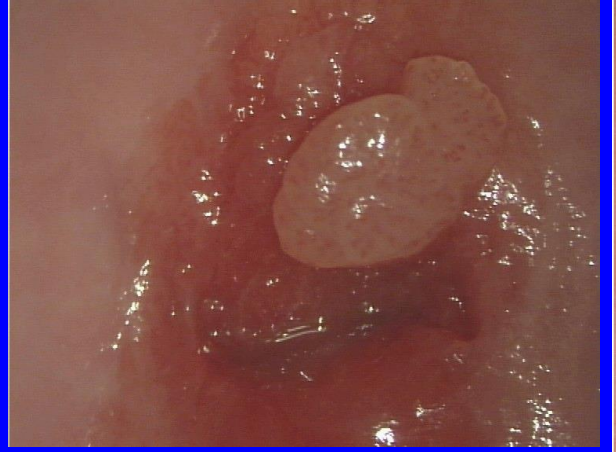
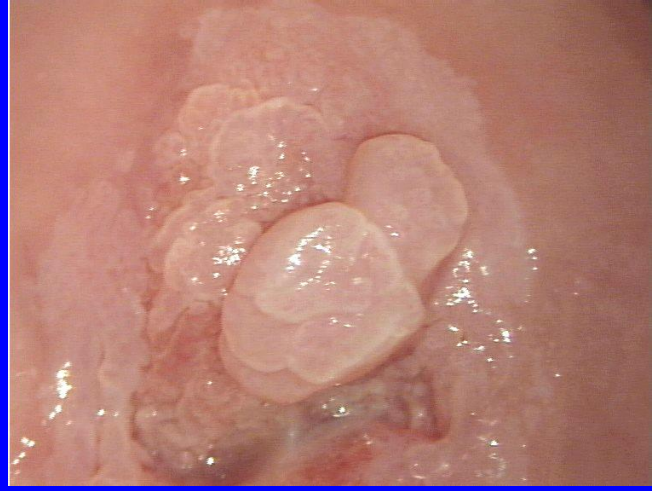
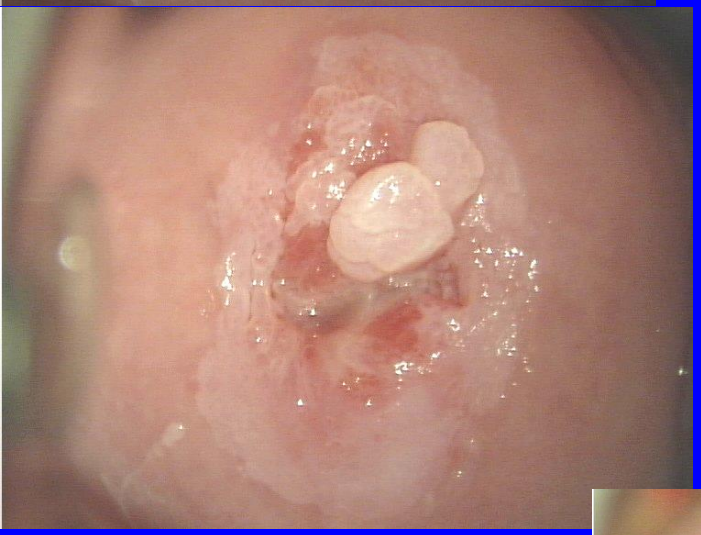
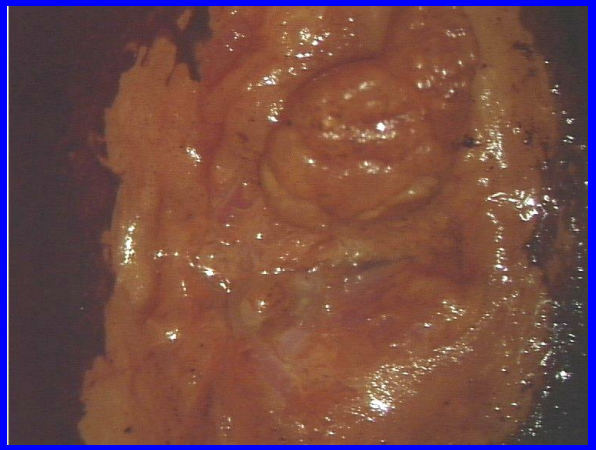
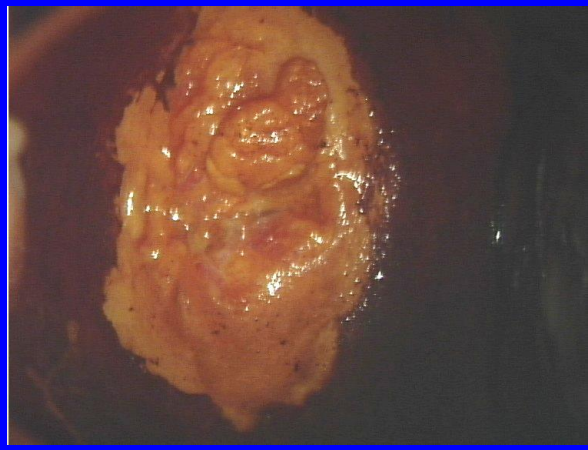
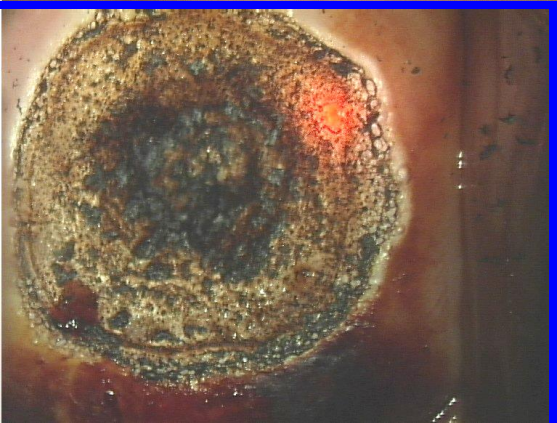
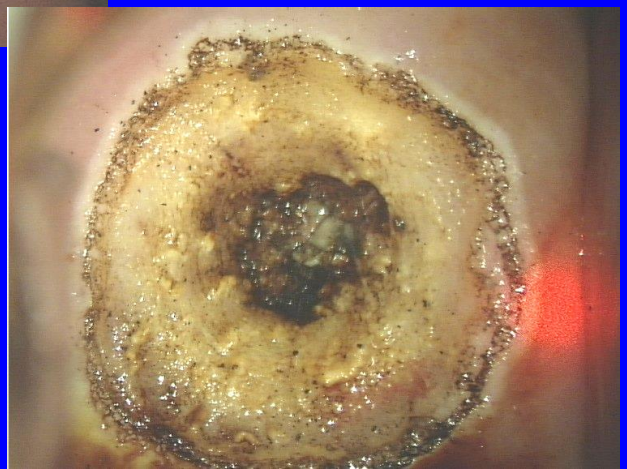
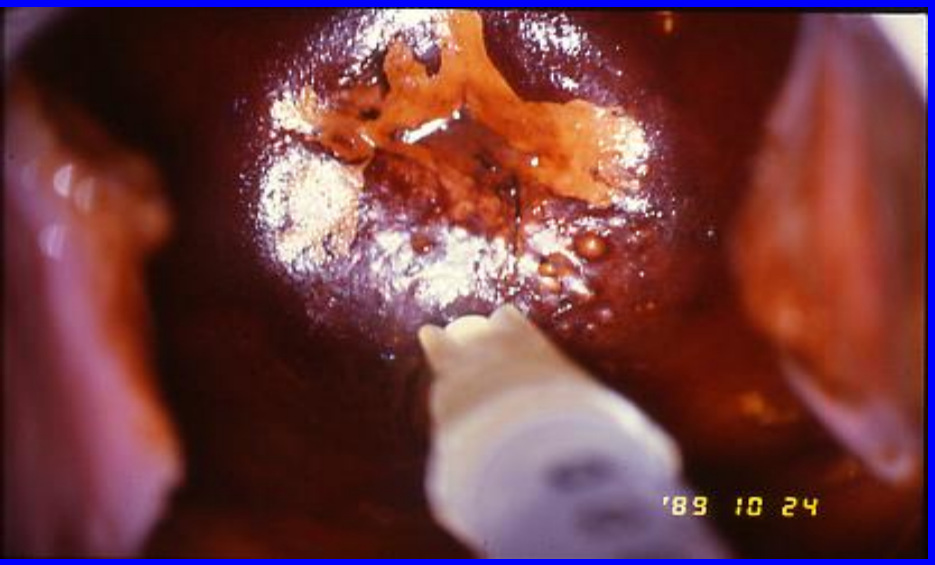
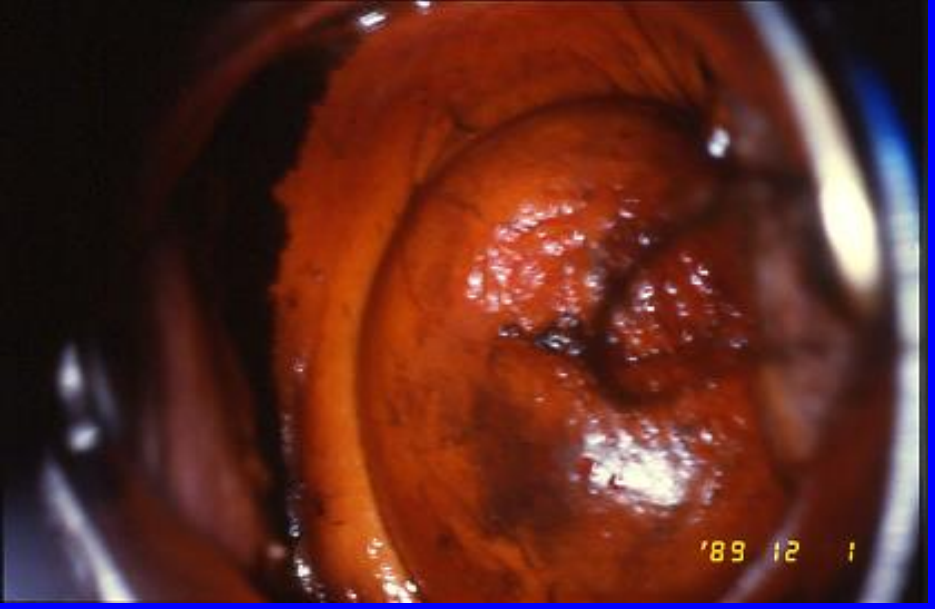
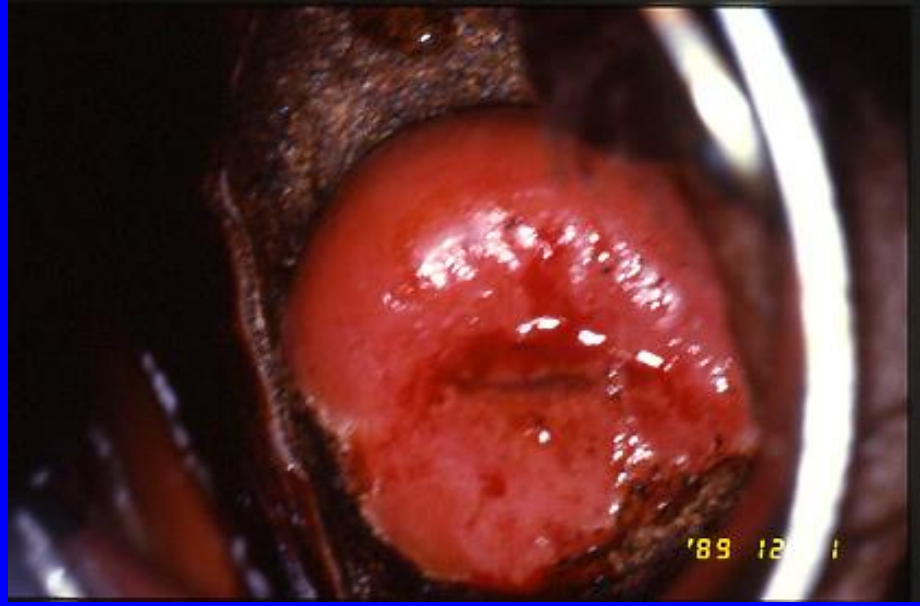









CONDILOMATOSI

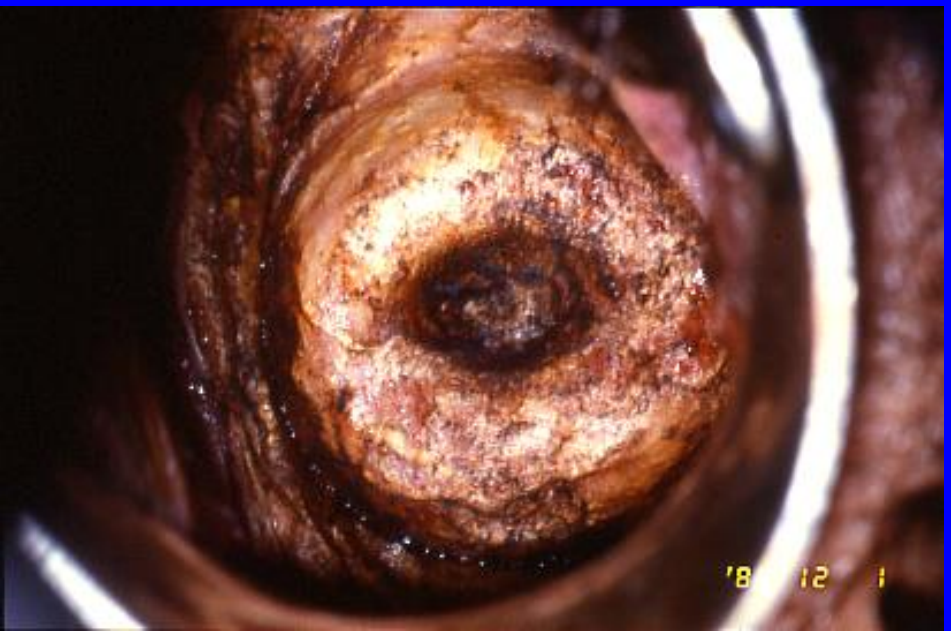
LASER-VAPORIZZAZIONE CERVICALE

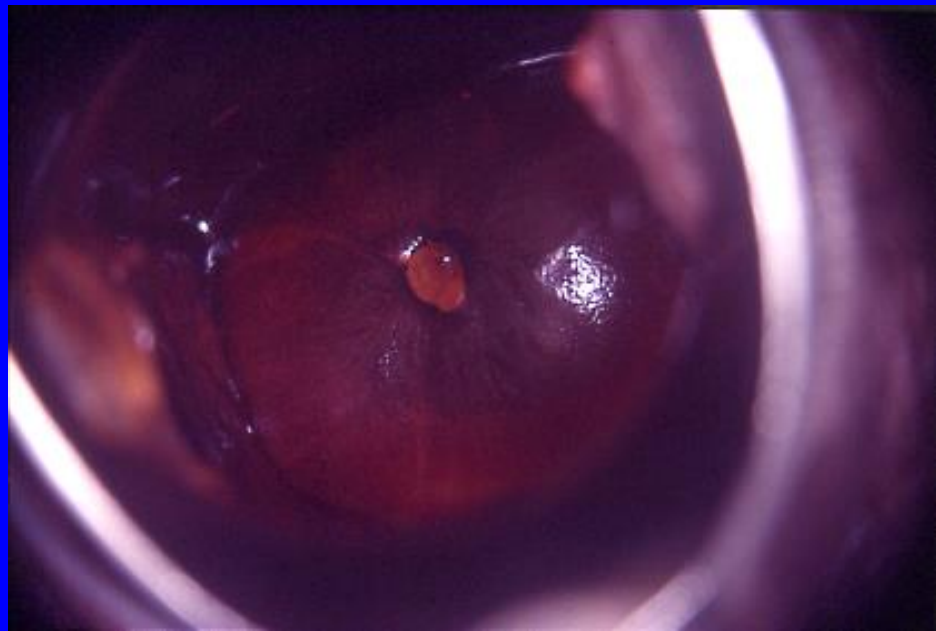






LASER-VAPORIZZAZIONE





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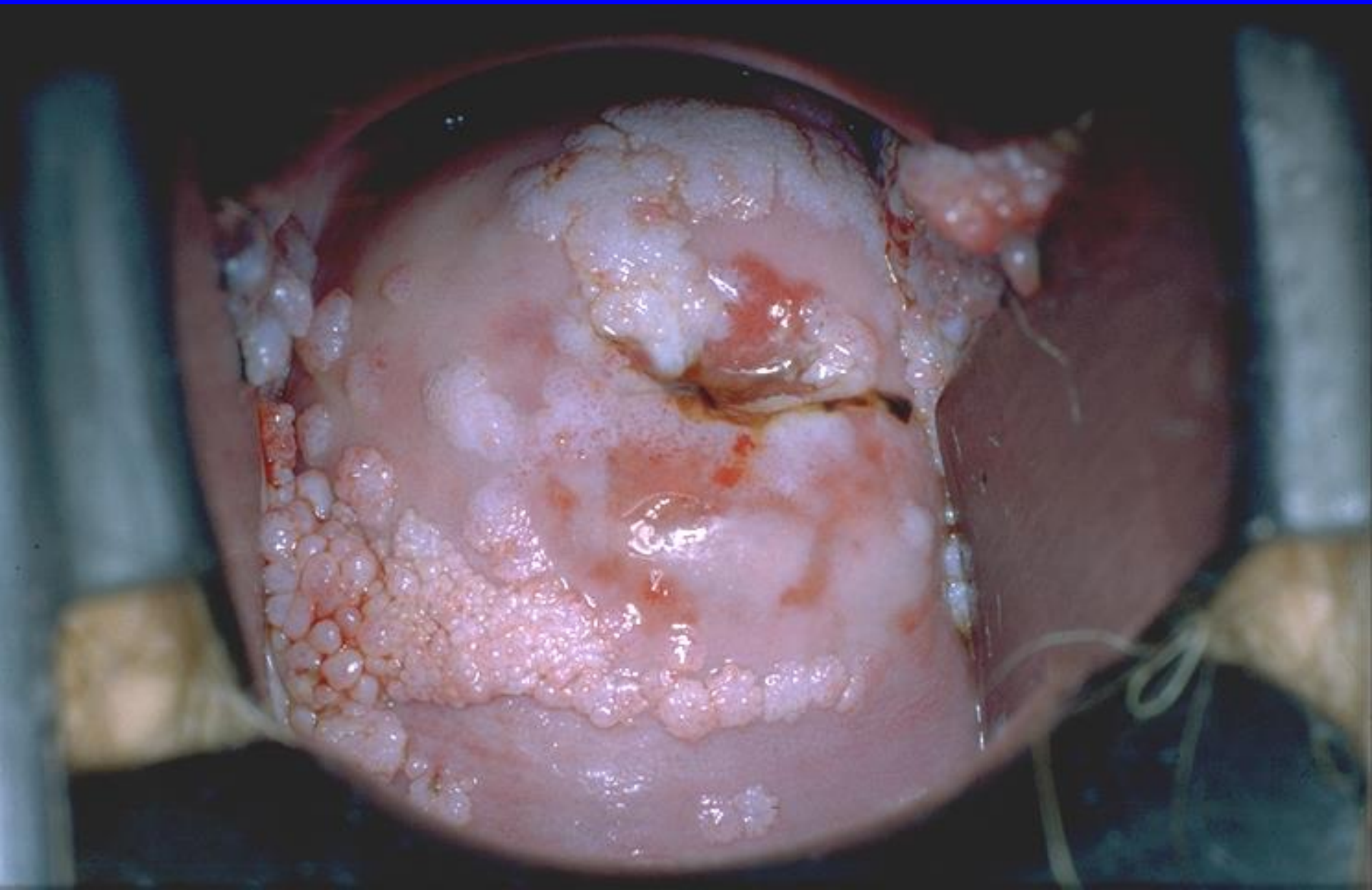

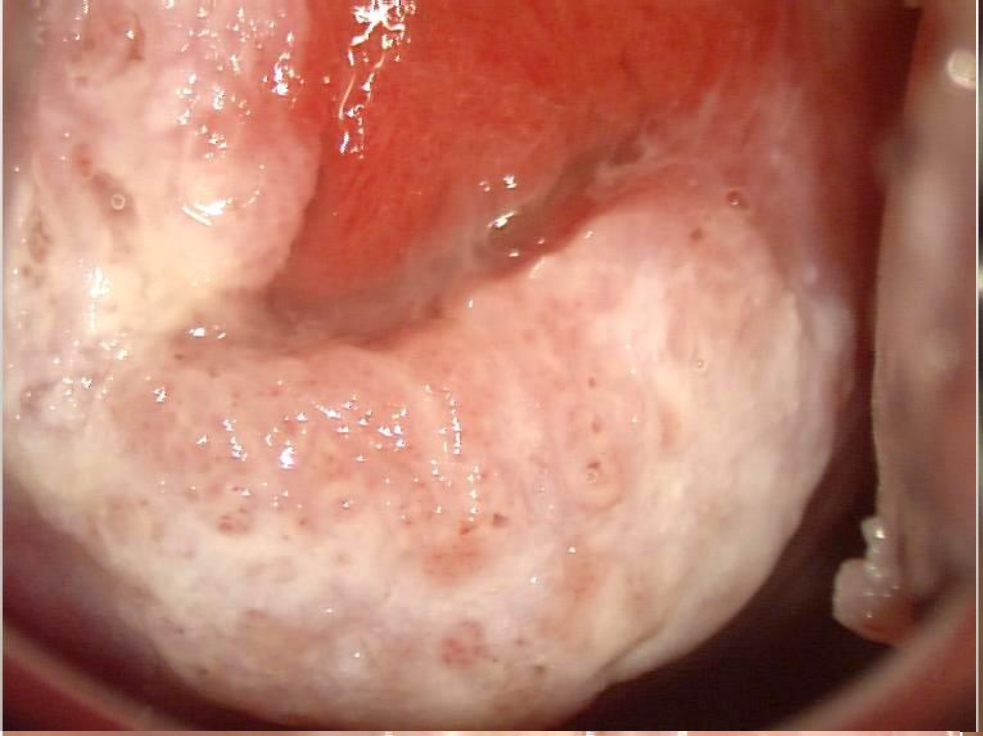
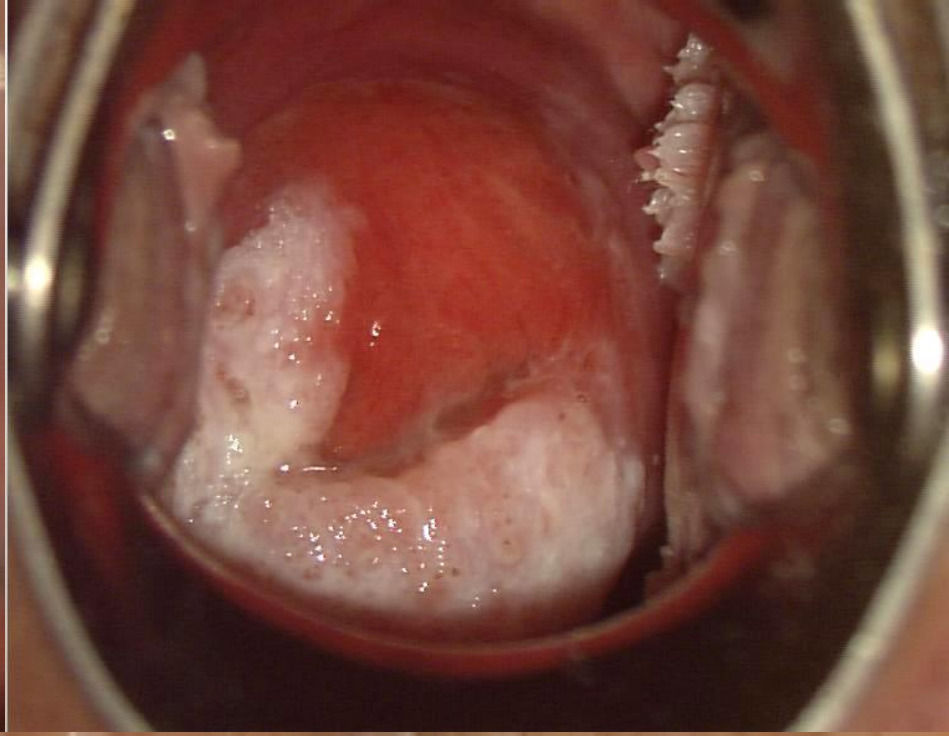
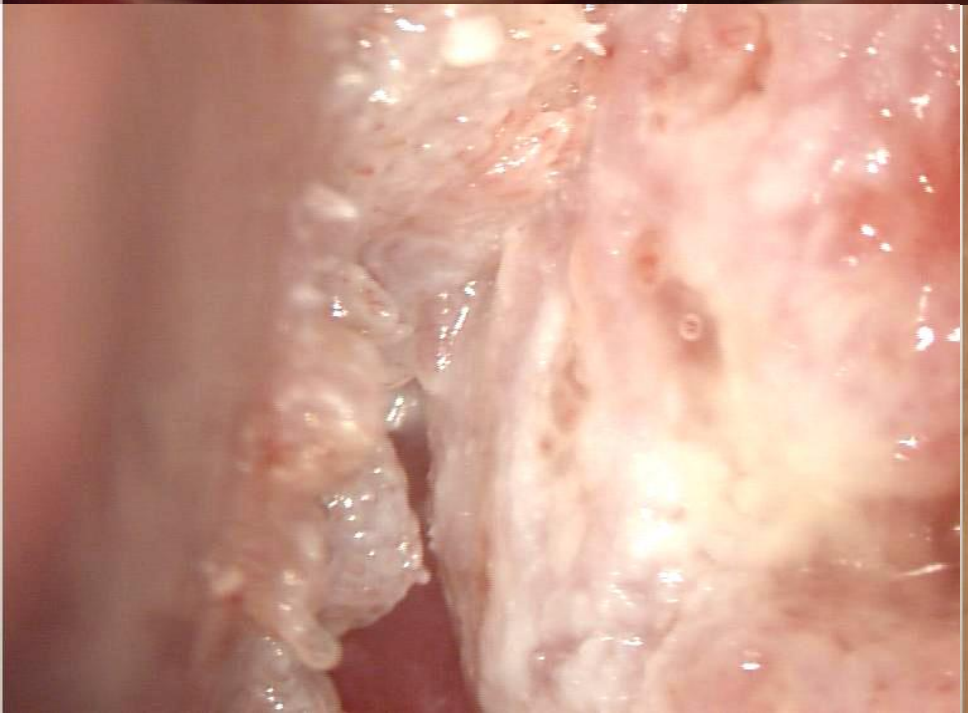
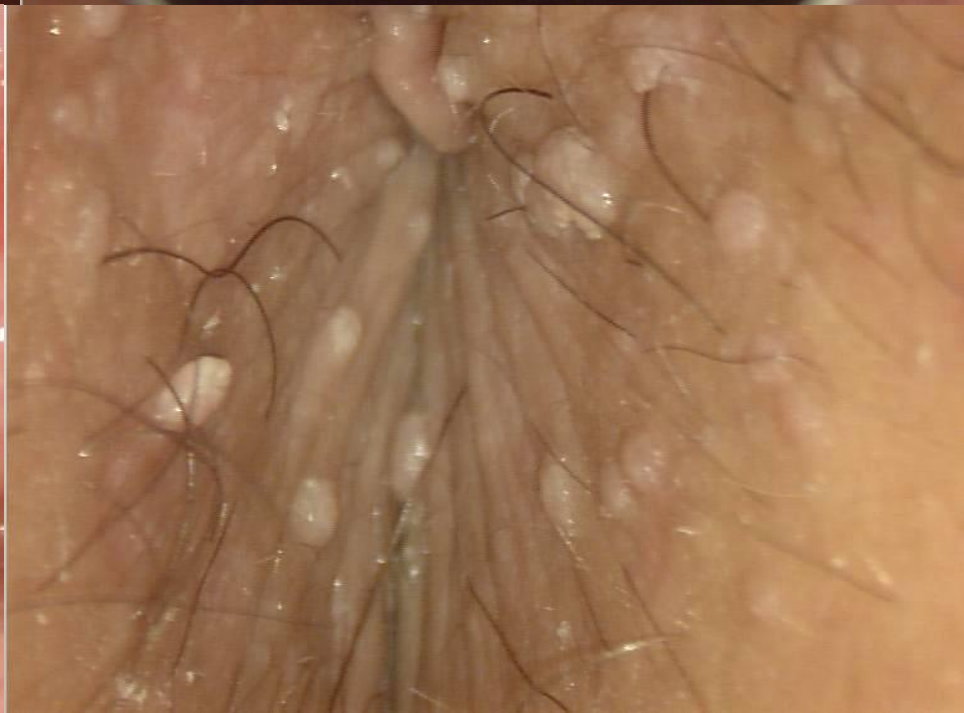

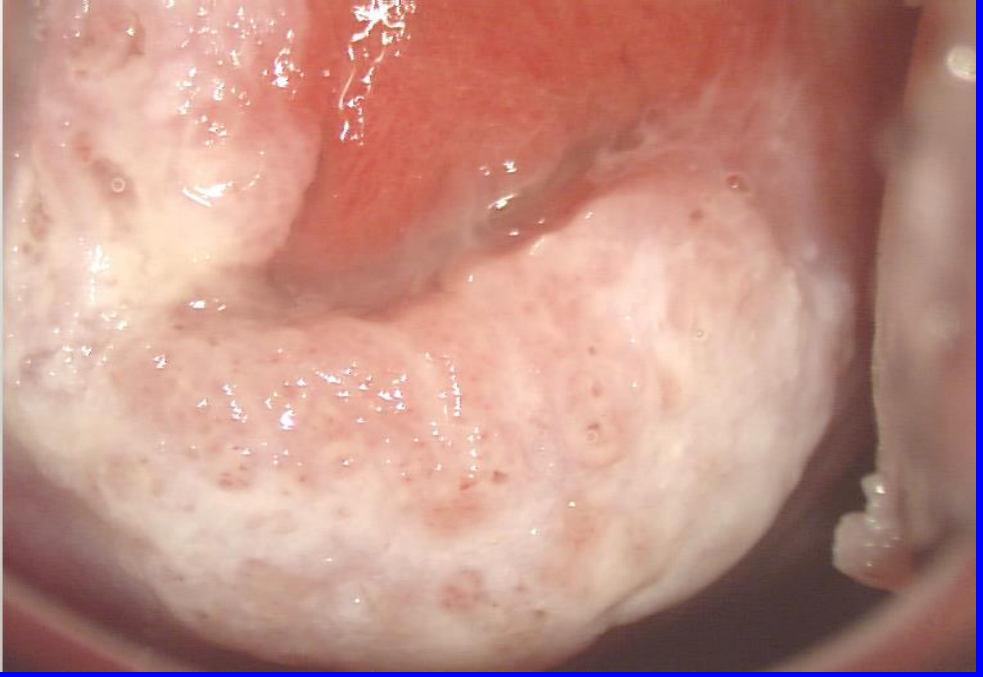
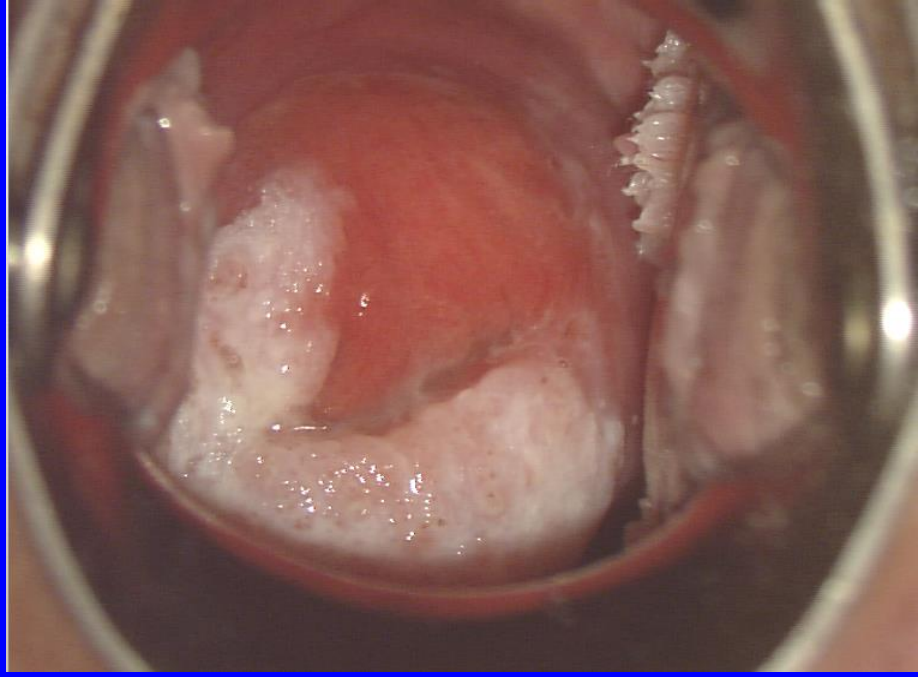
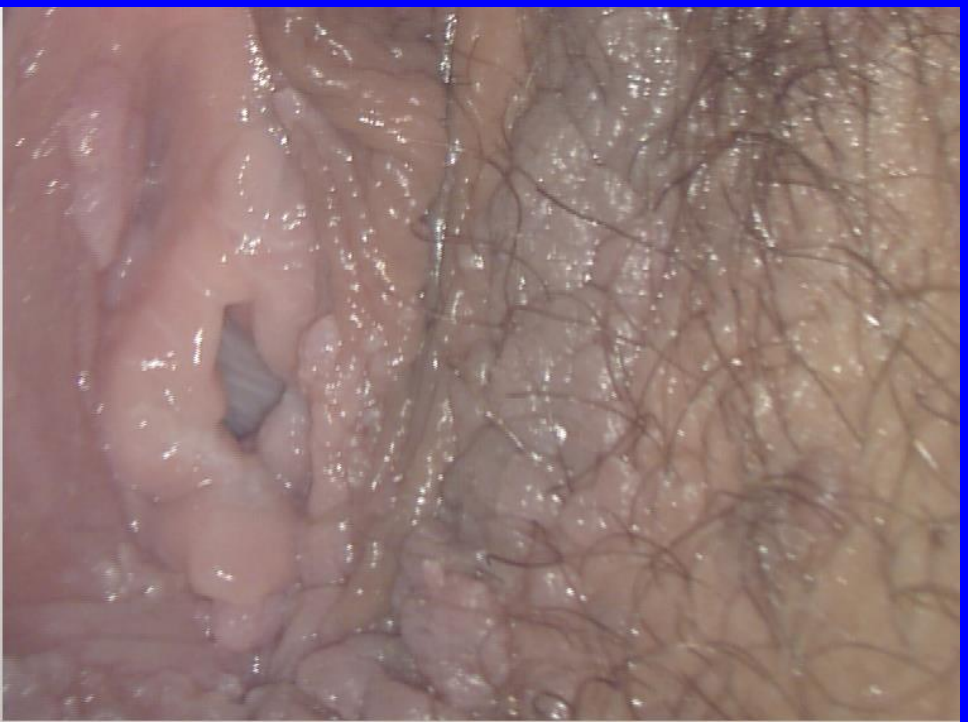
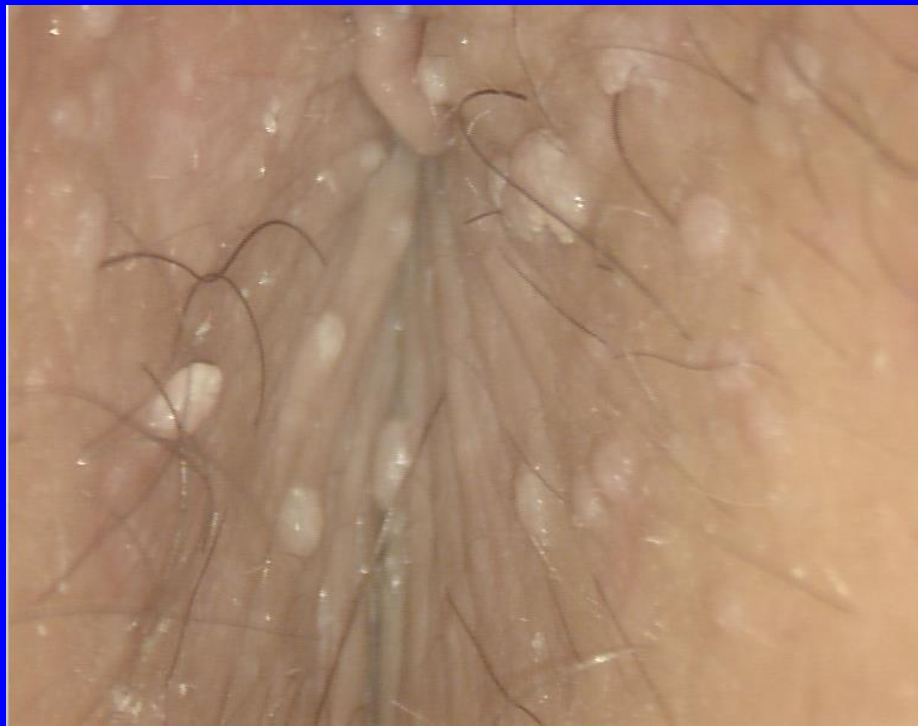

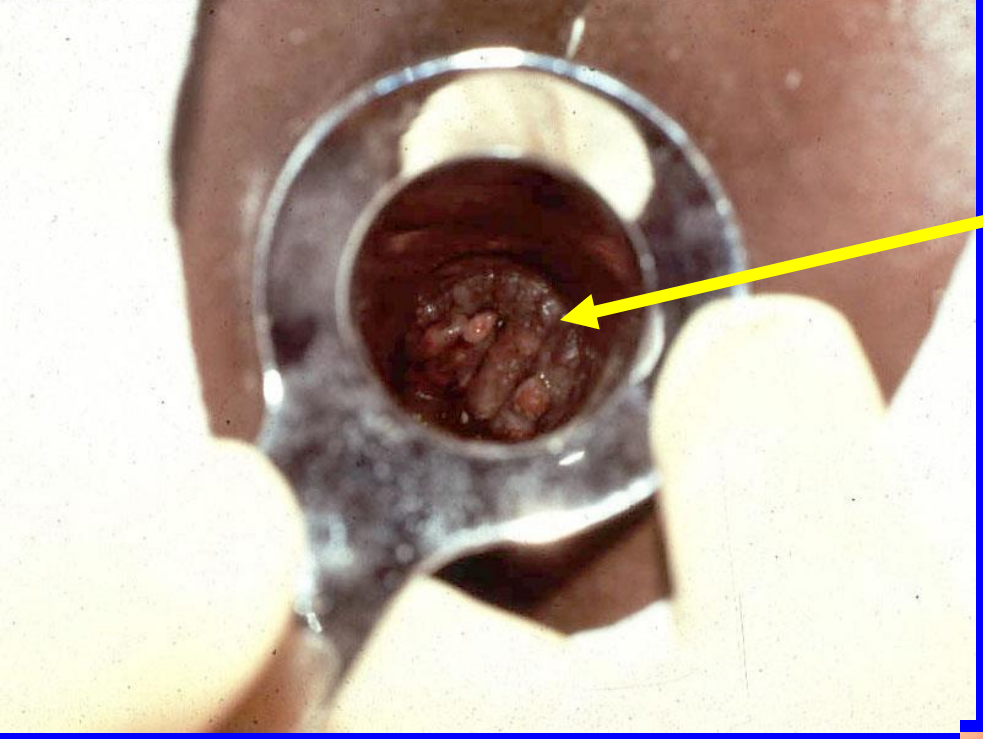

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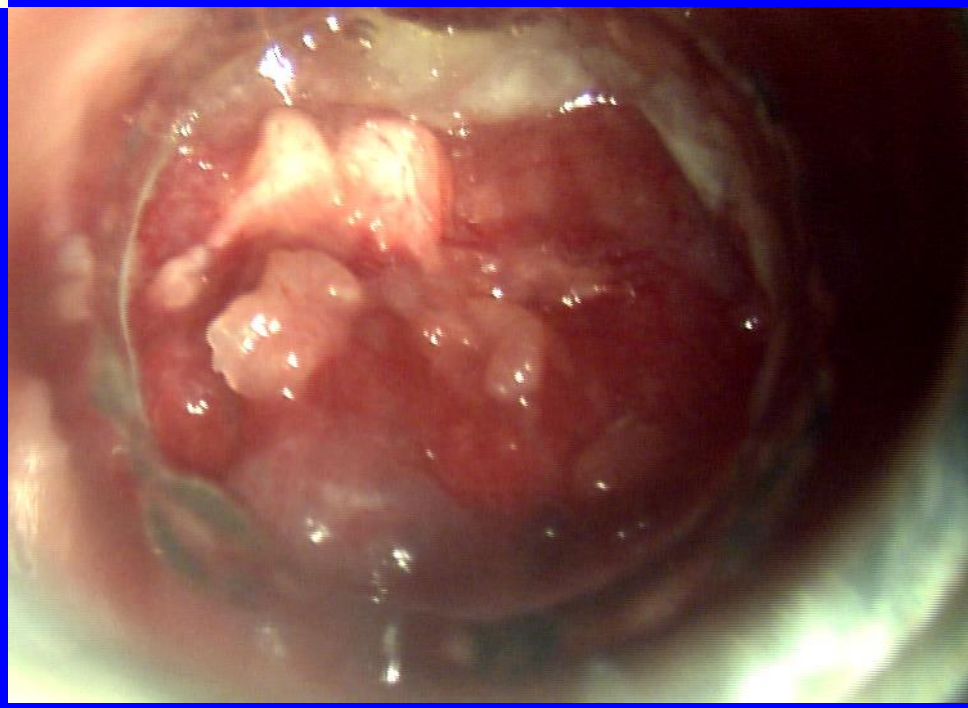
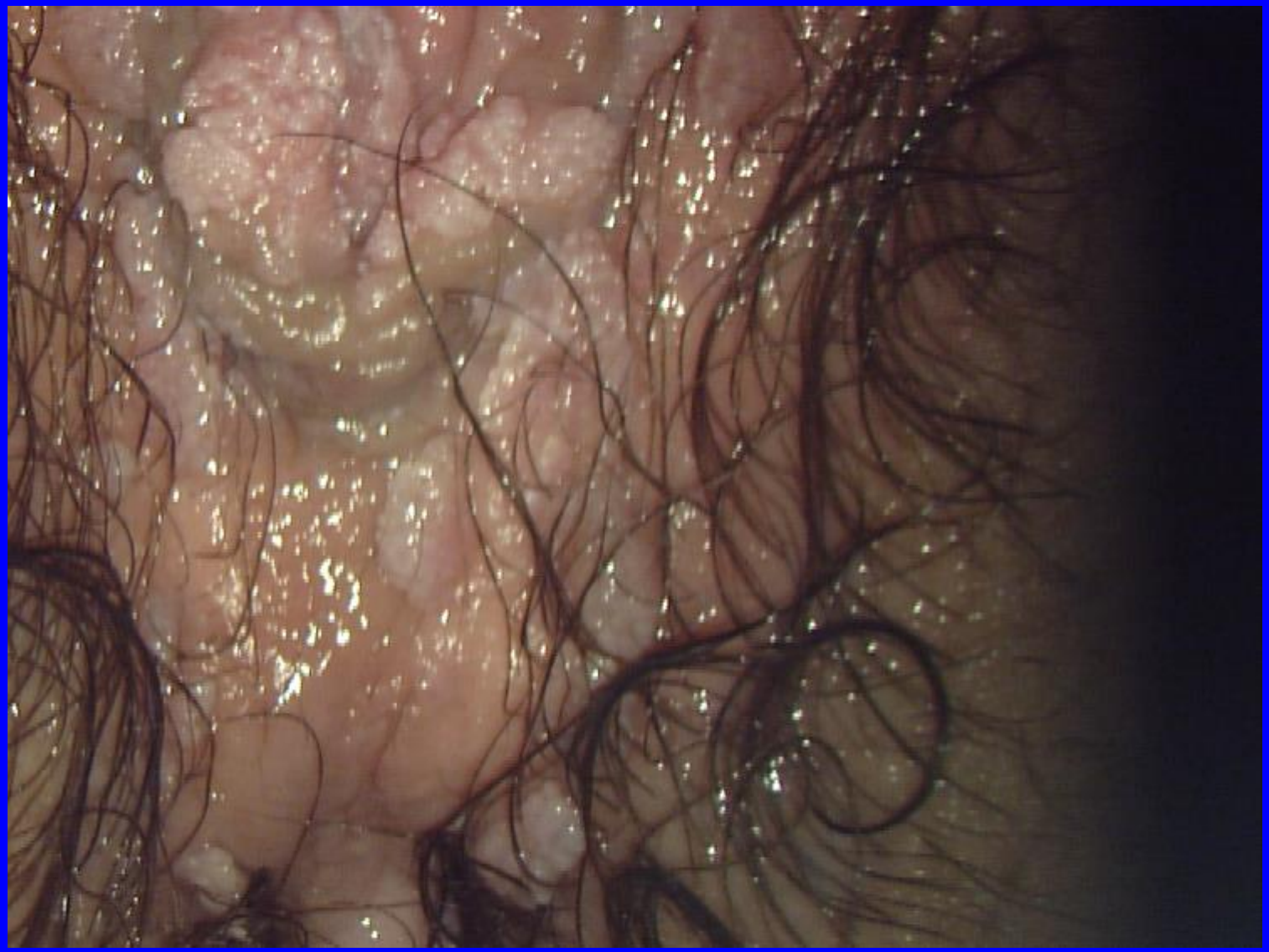
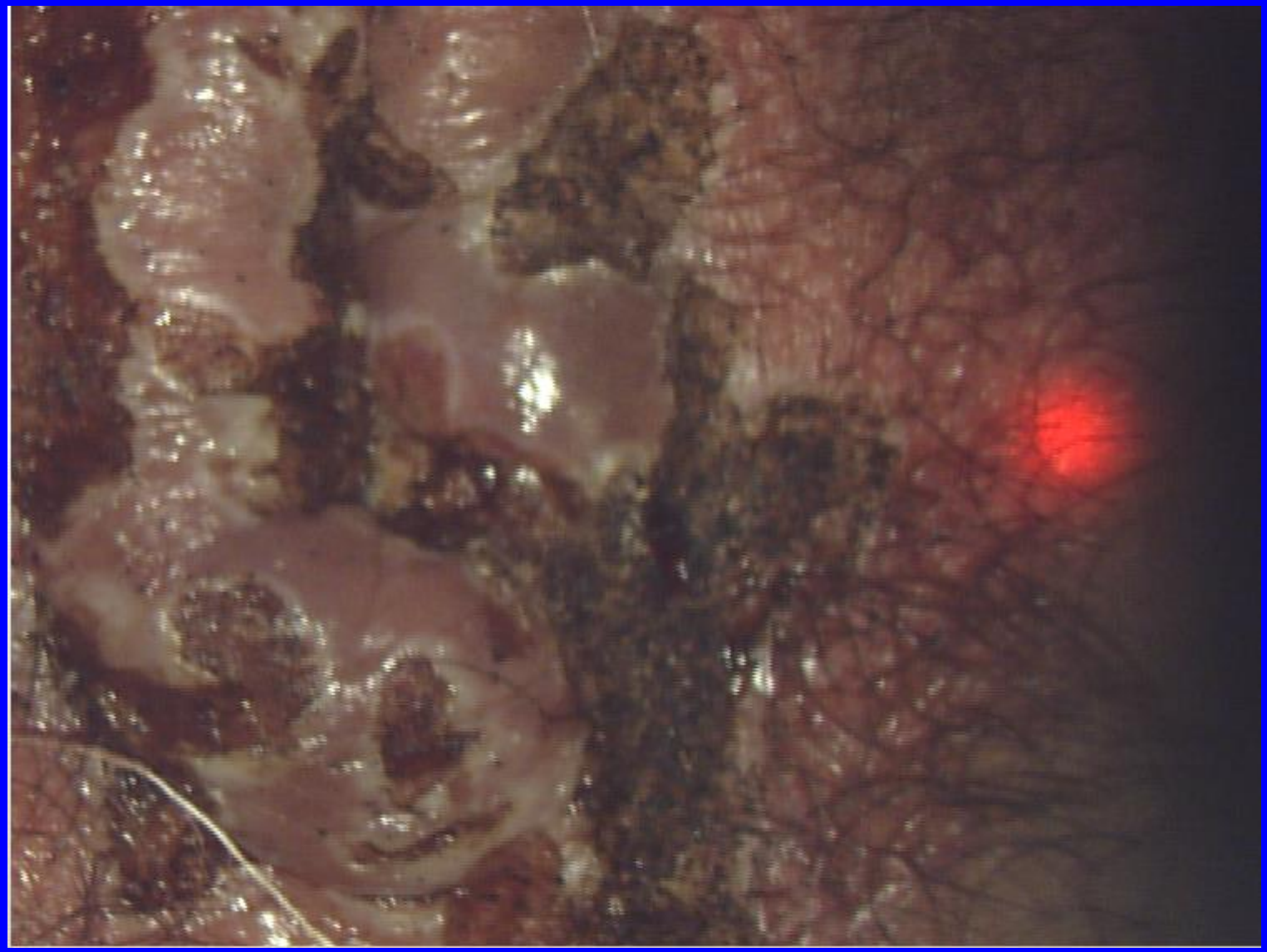
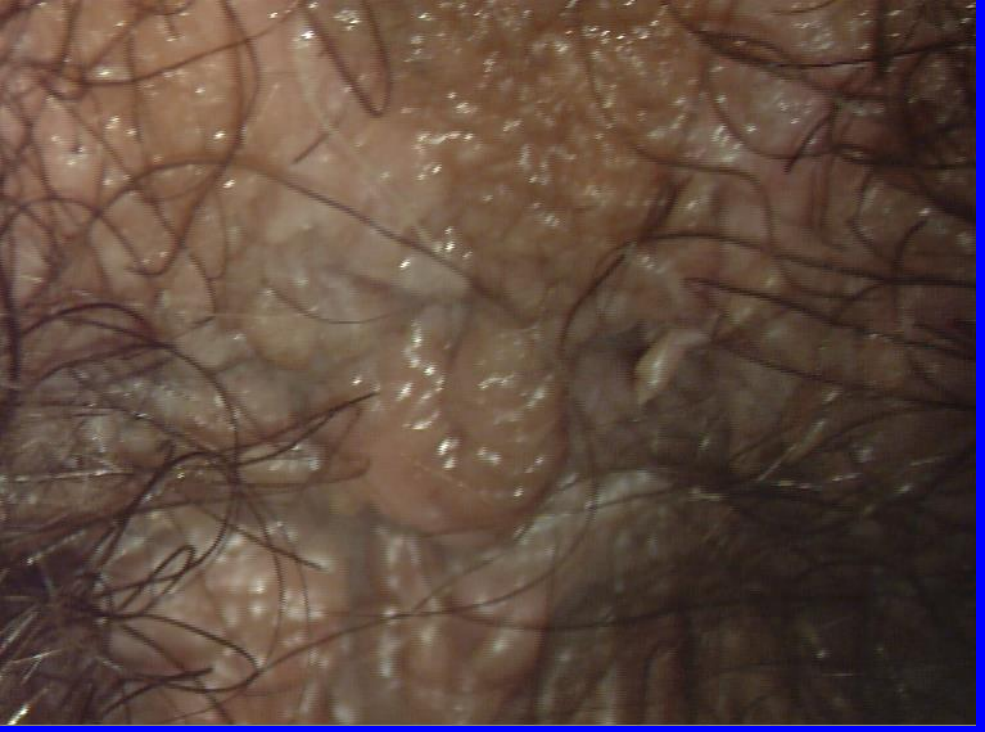
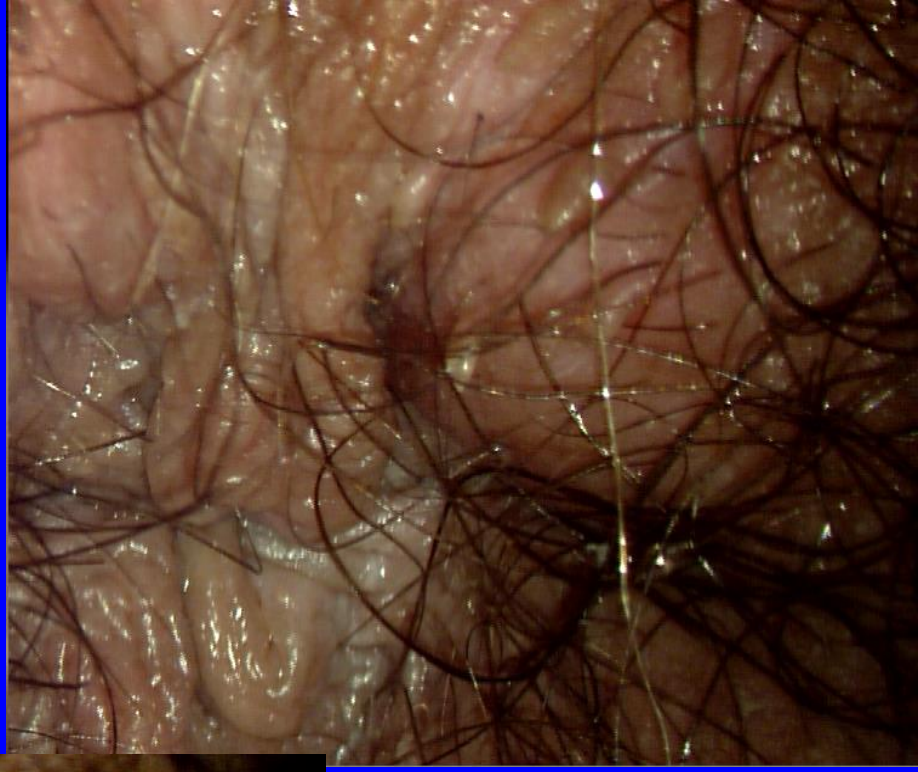
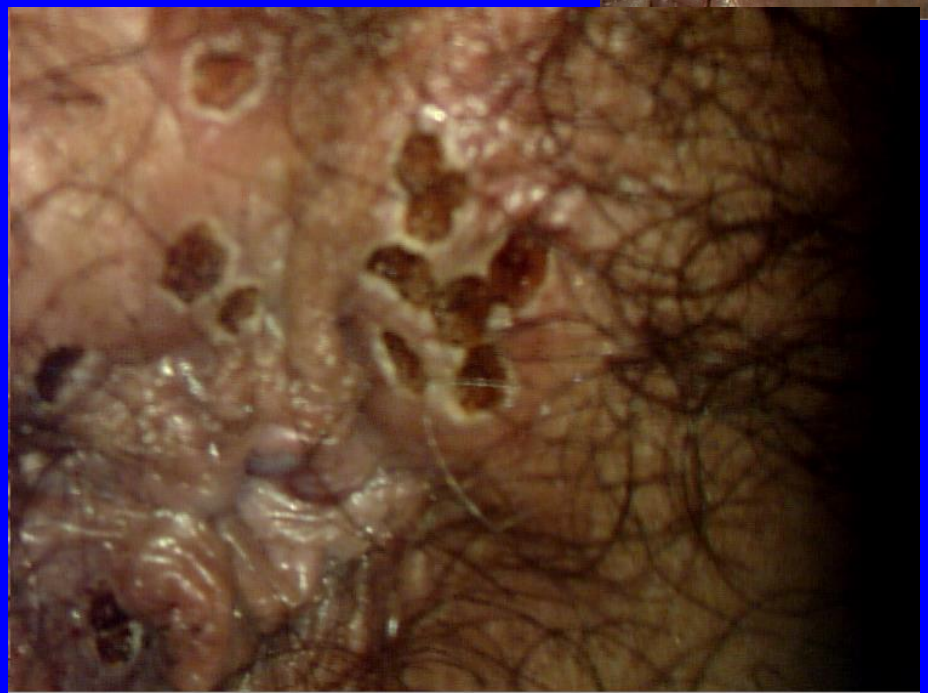


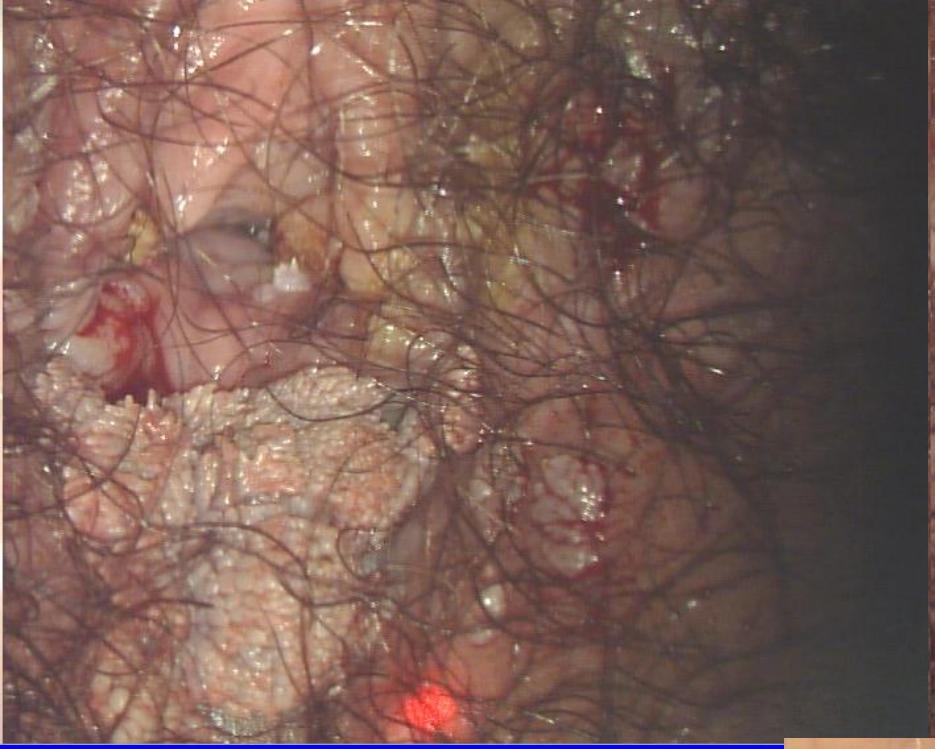
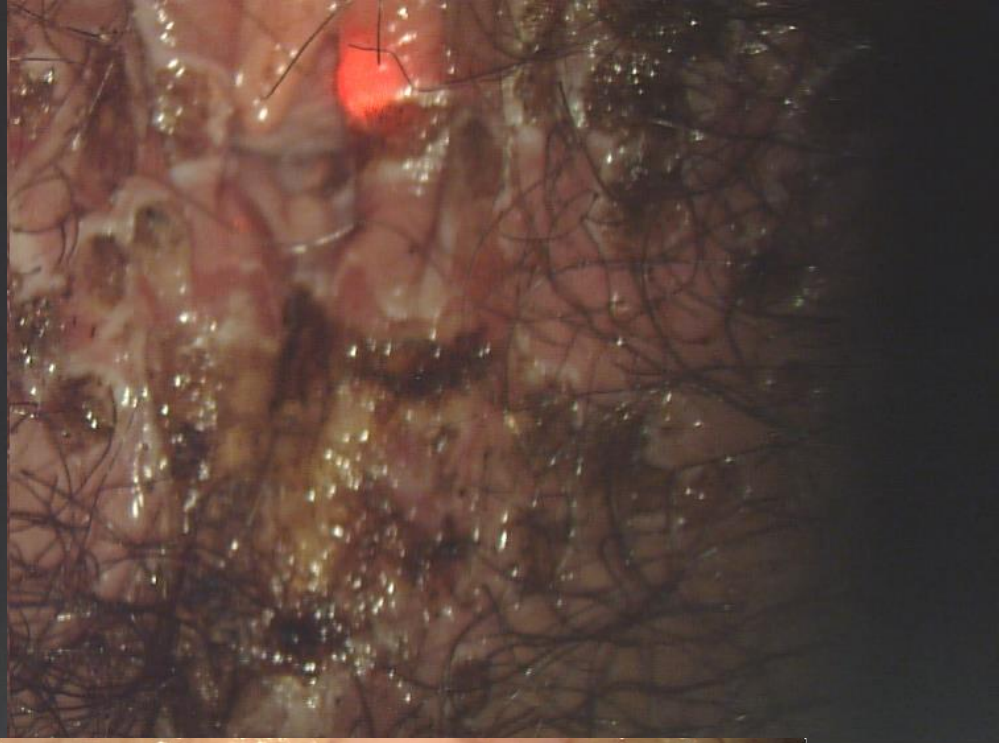
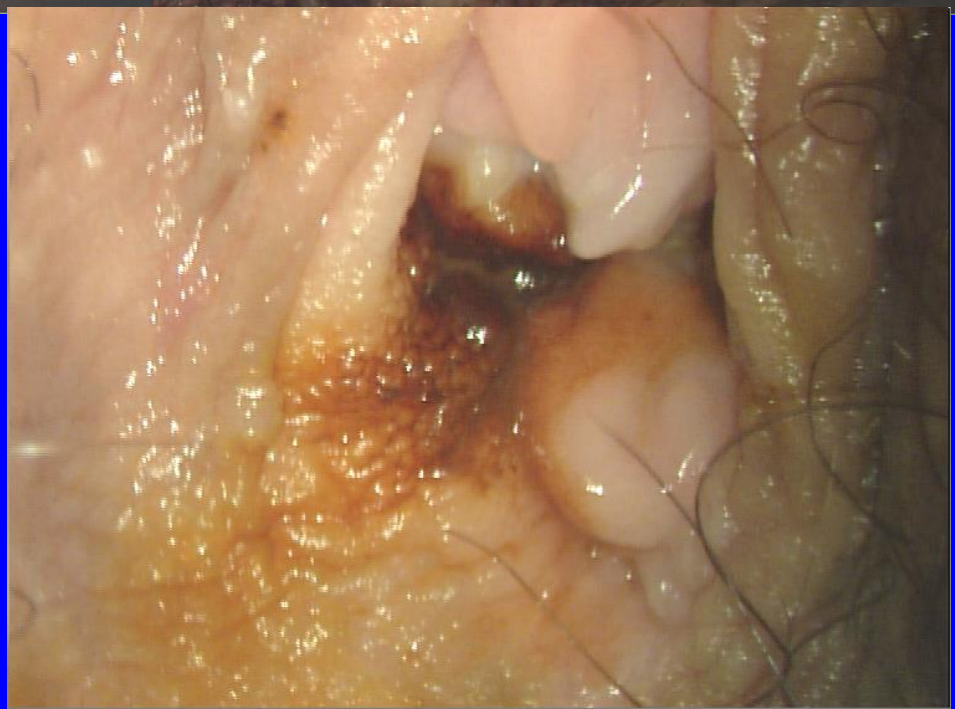


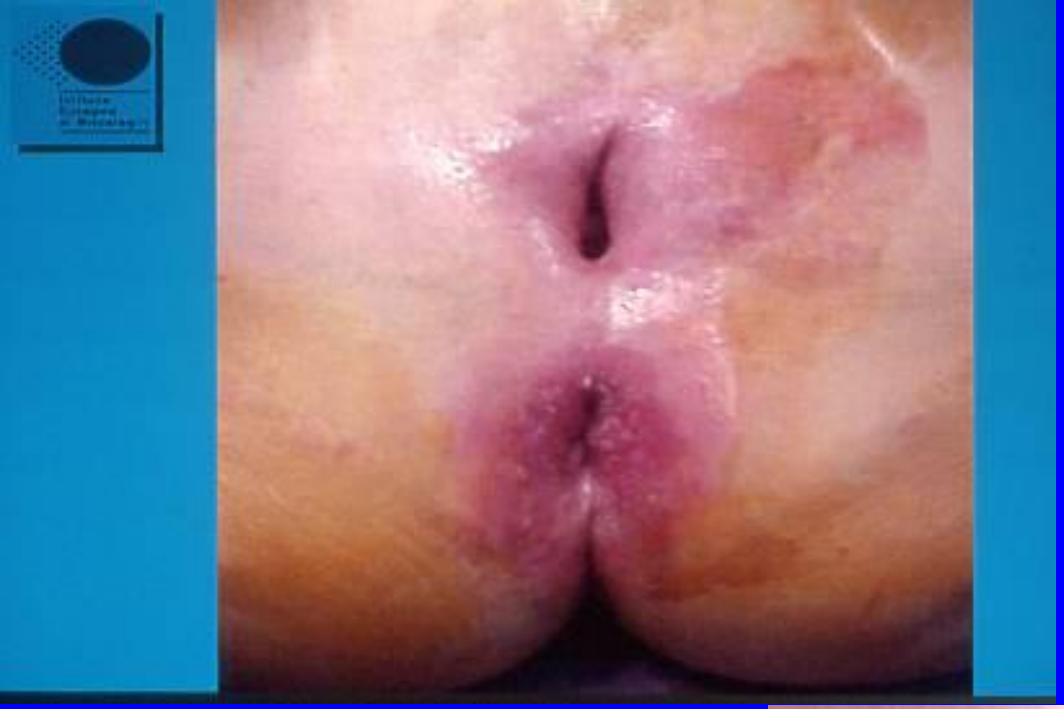


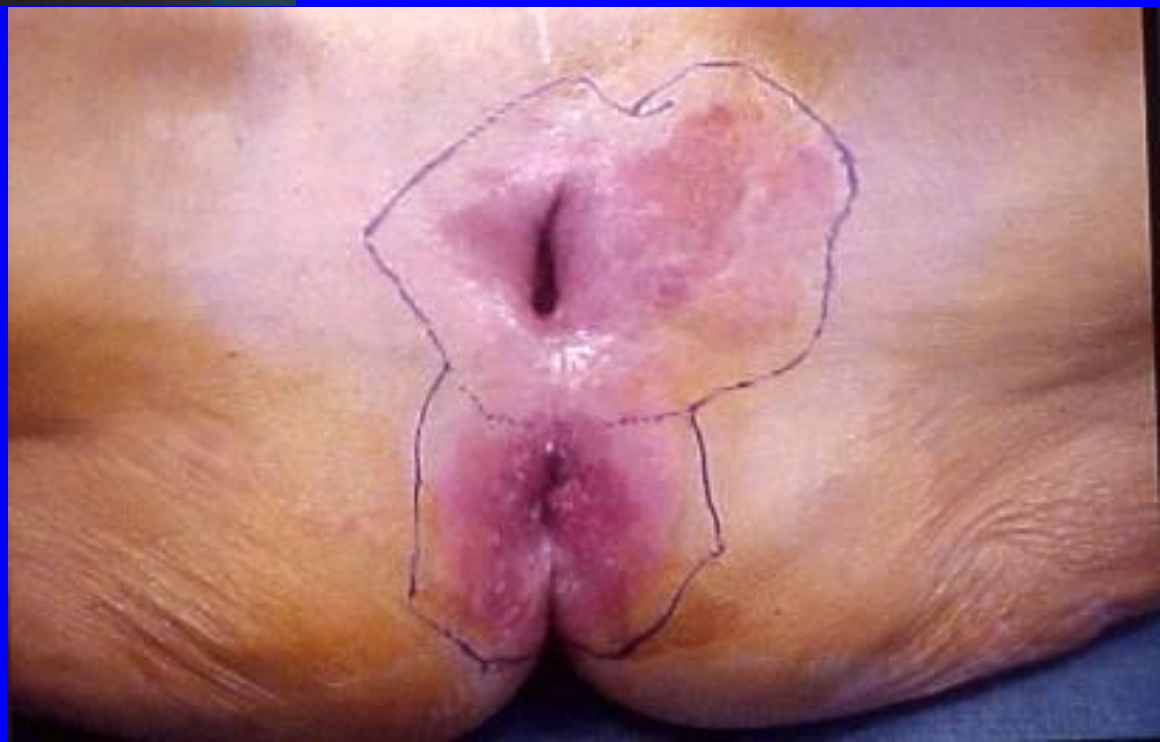


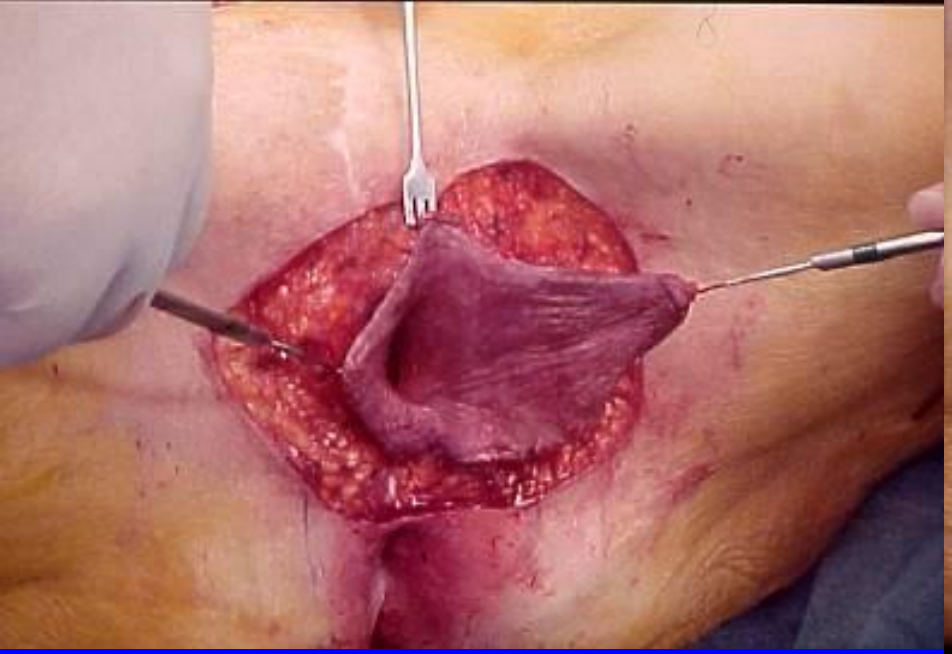


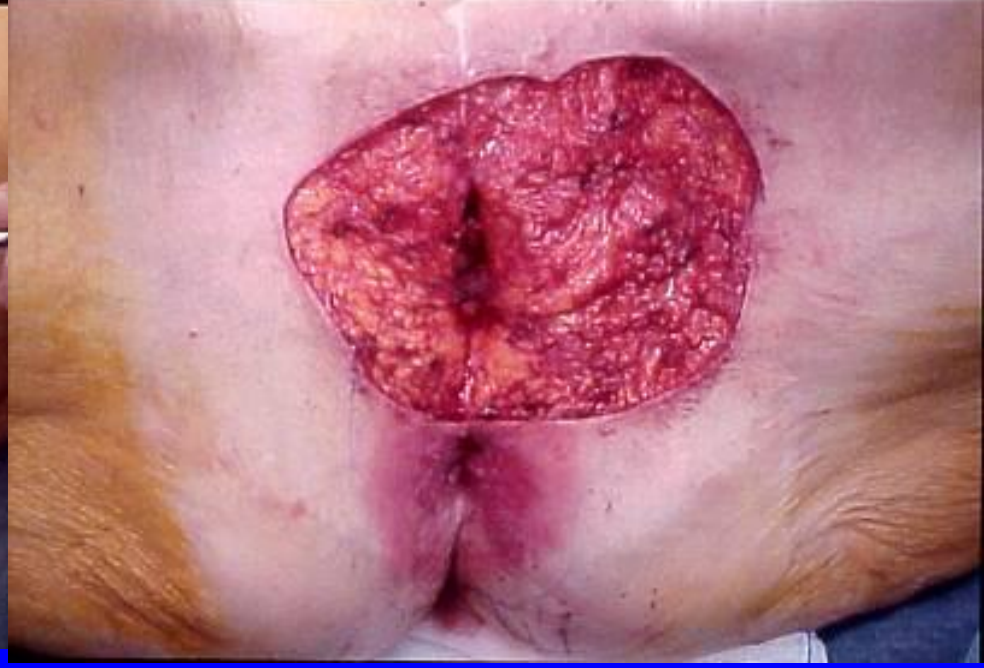


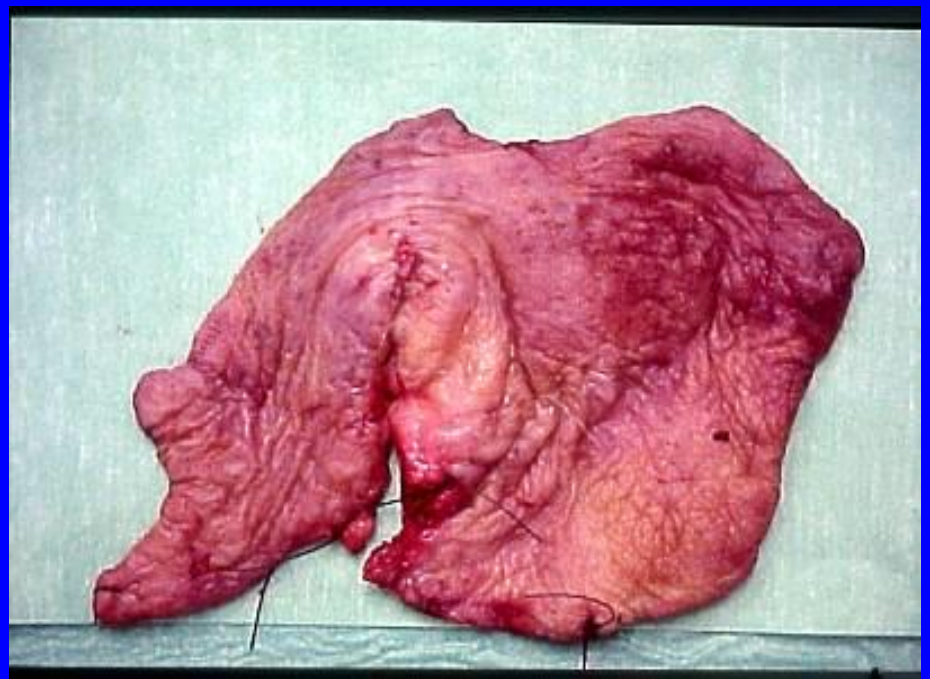




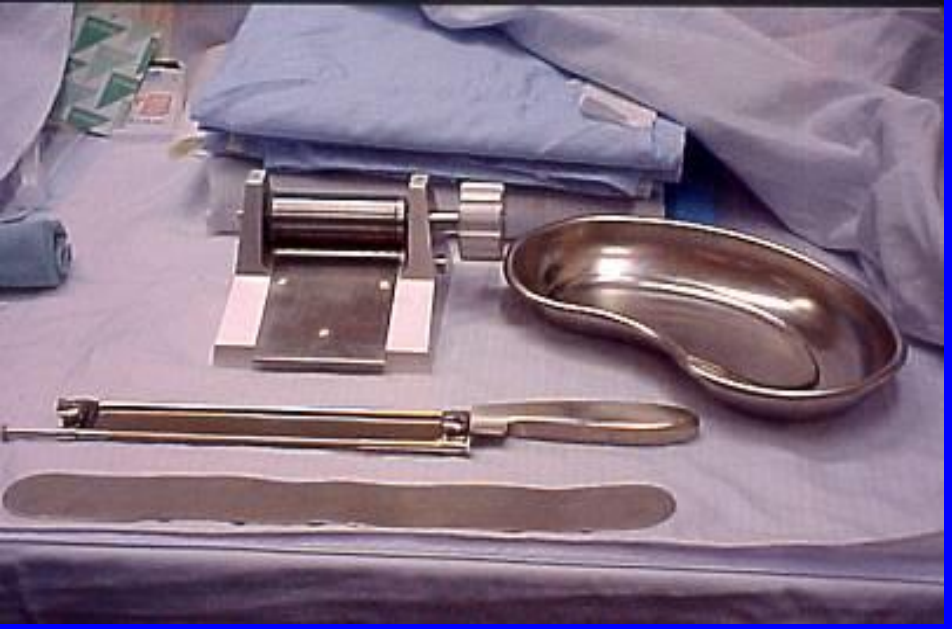


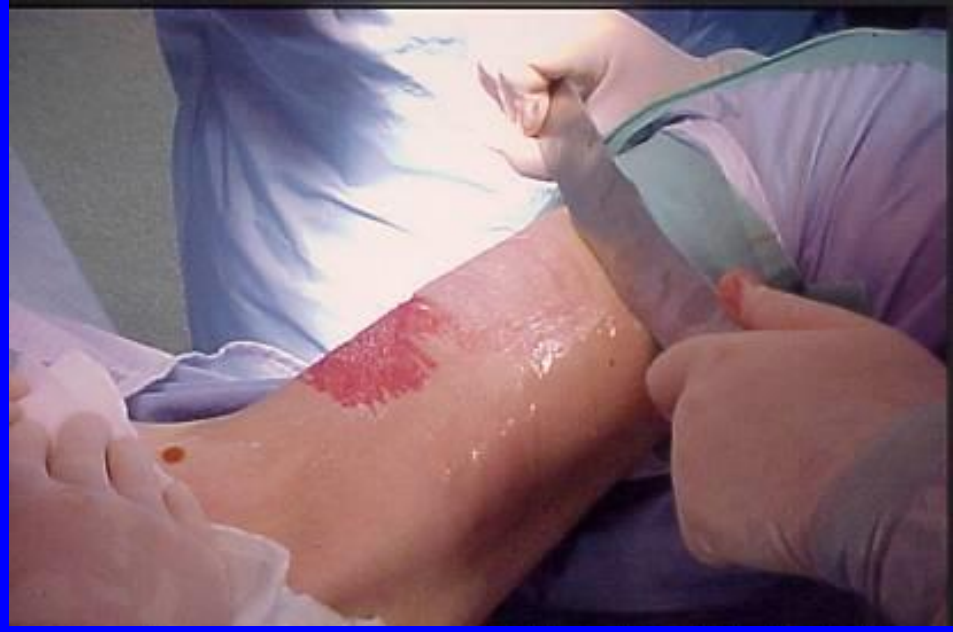


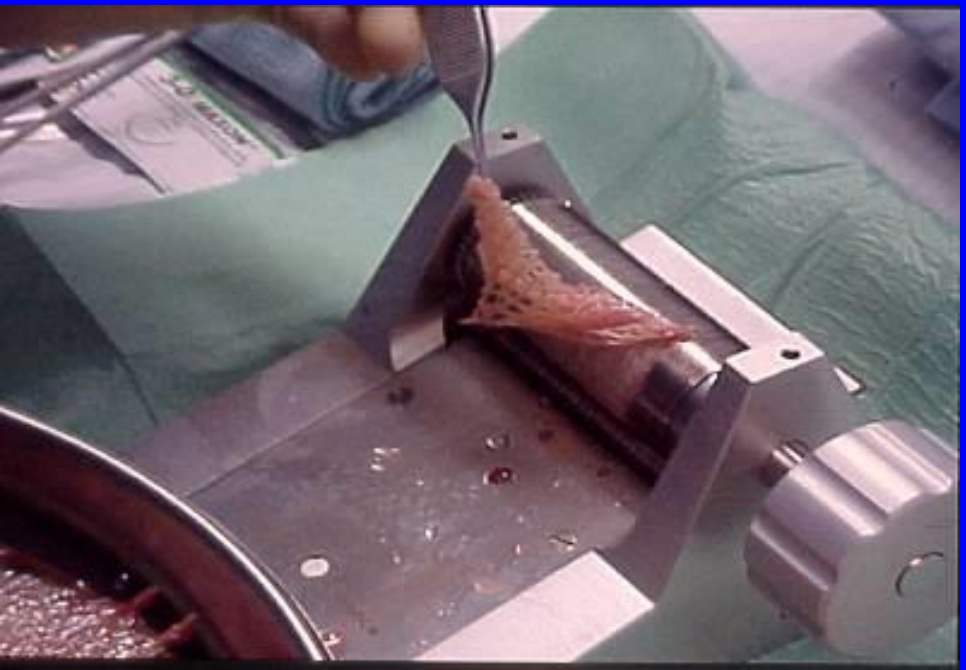


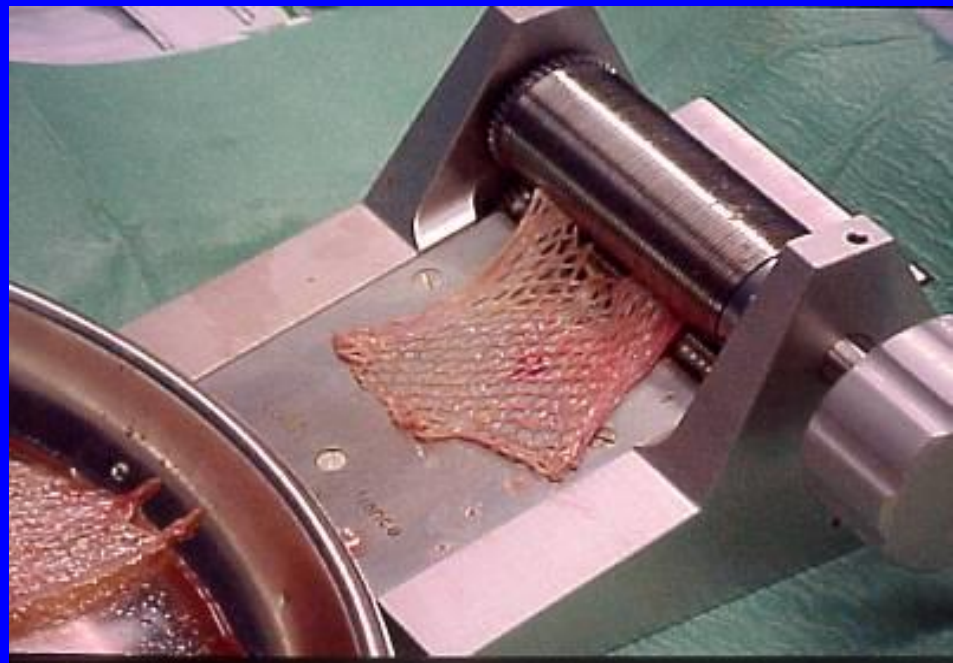


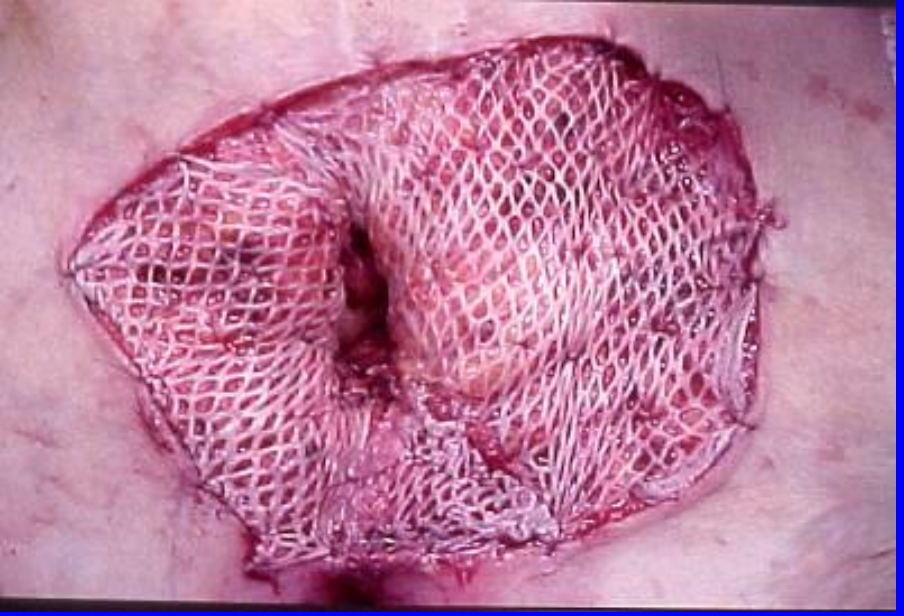


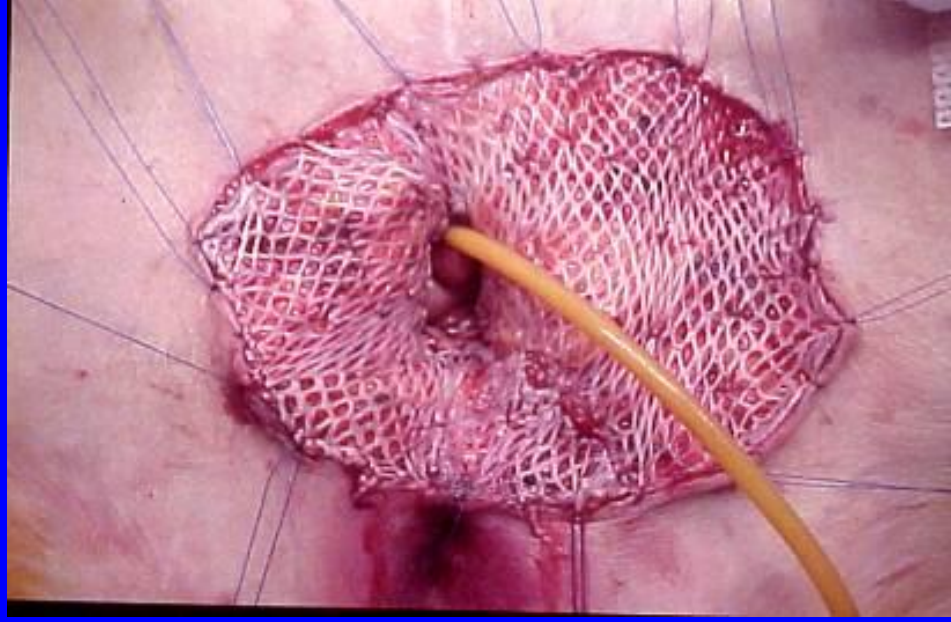


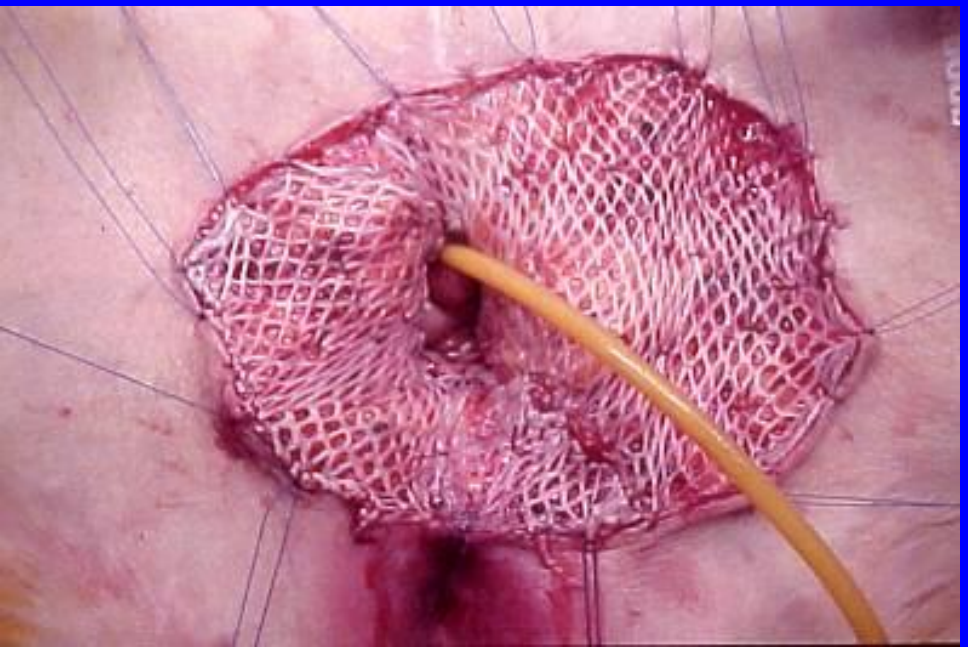


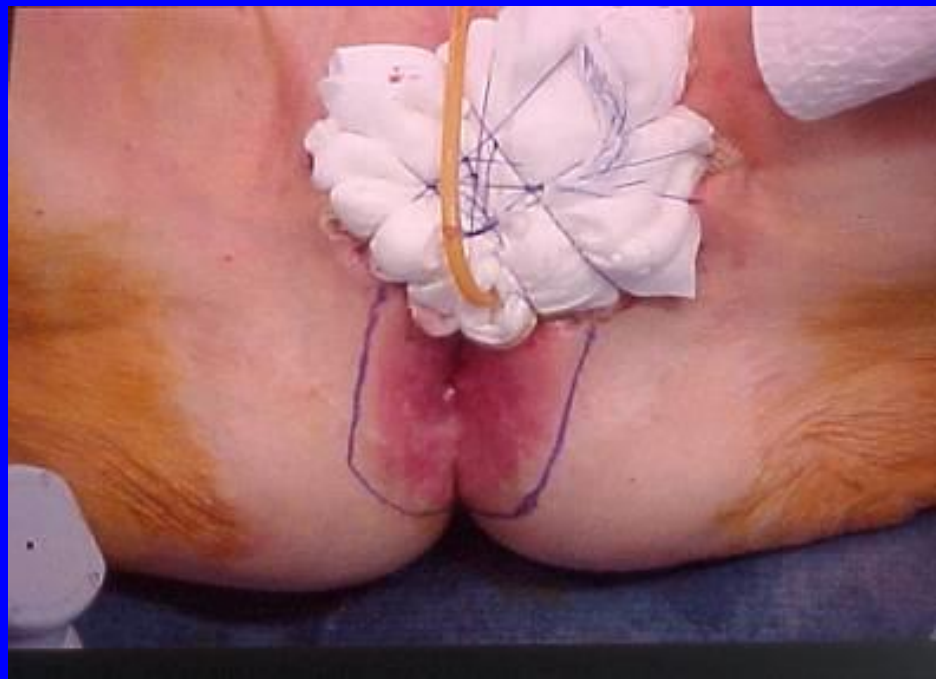


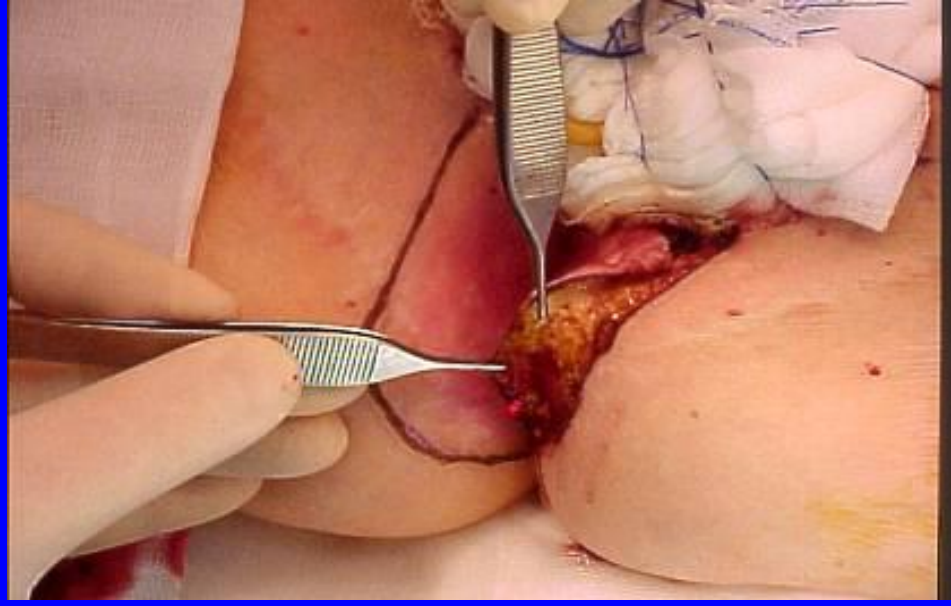


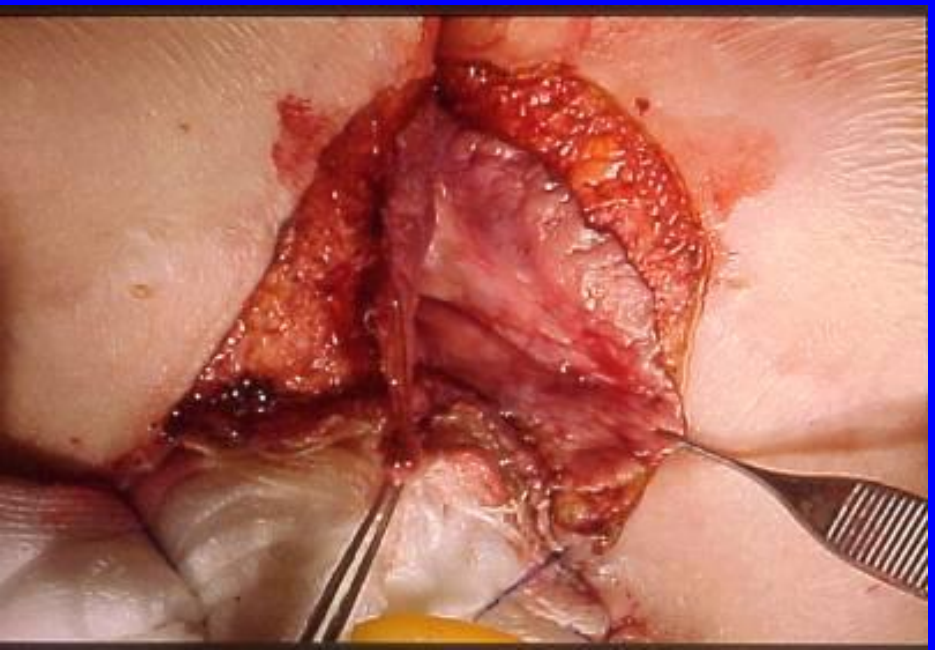


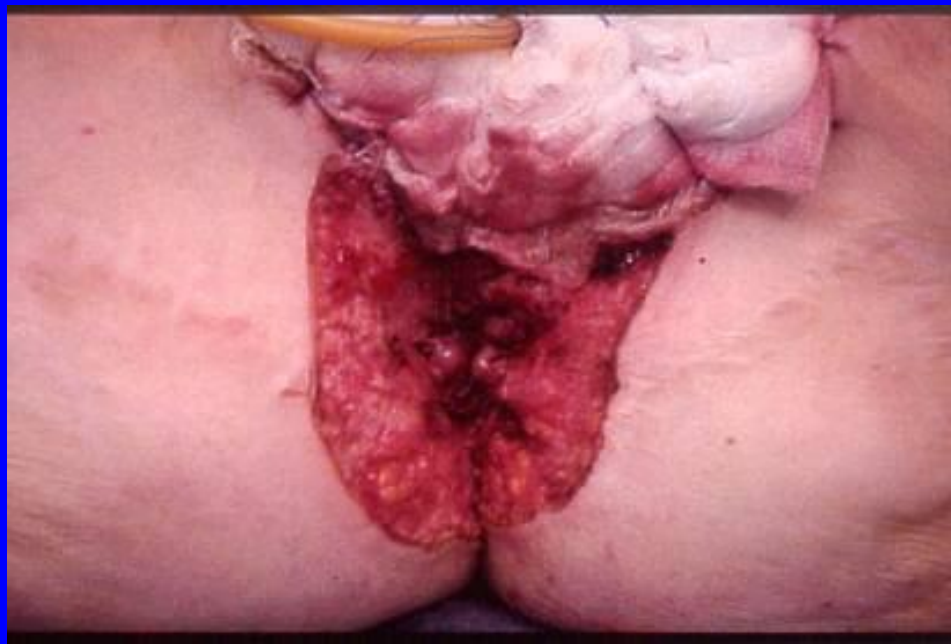


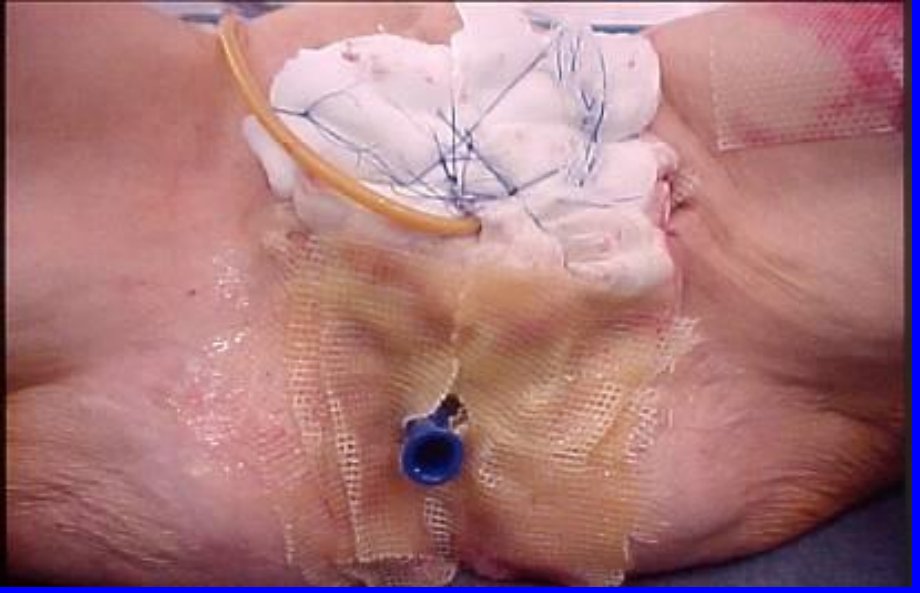


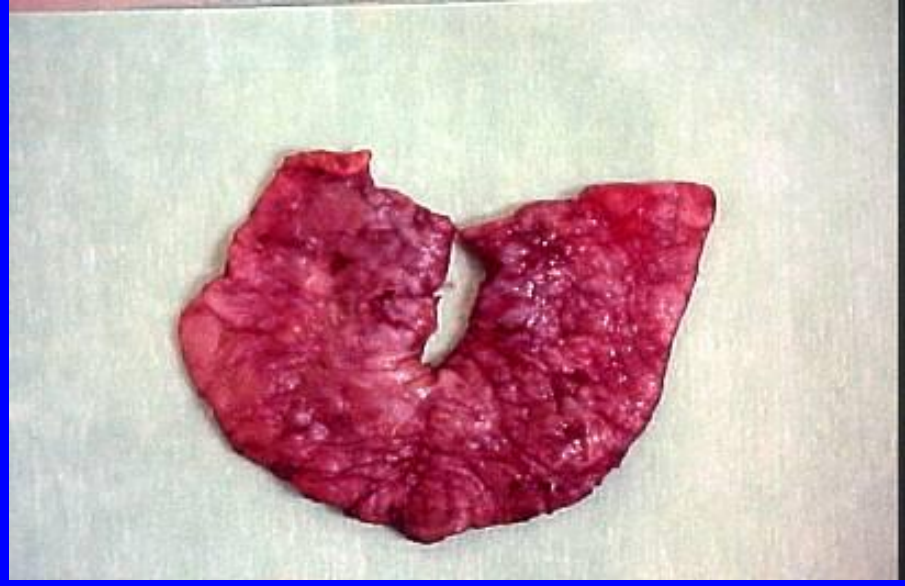


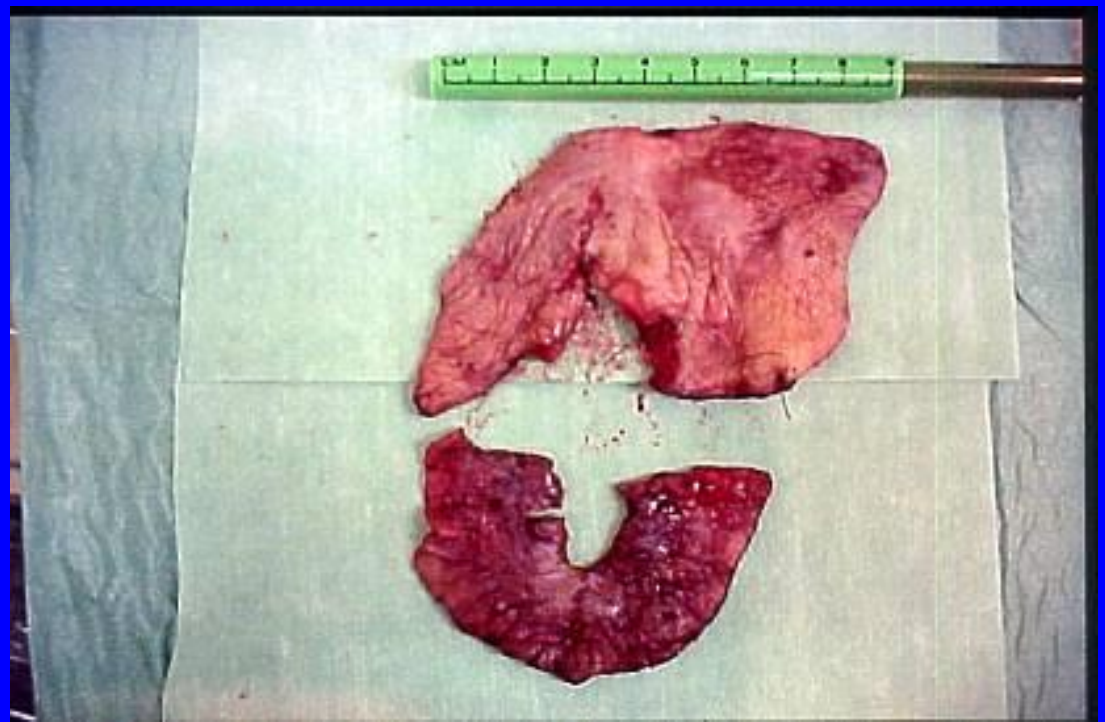


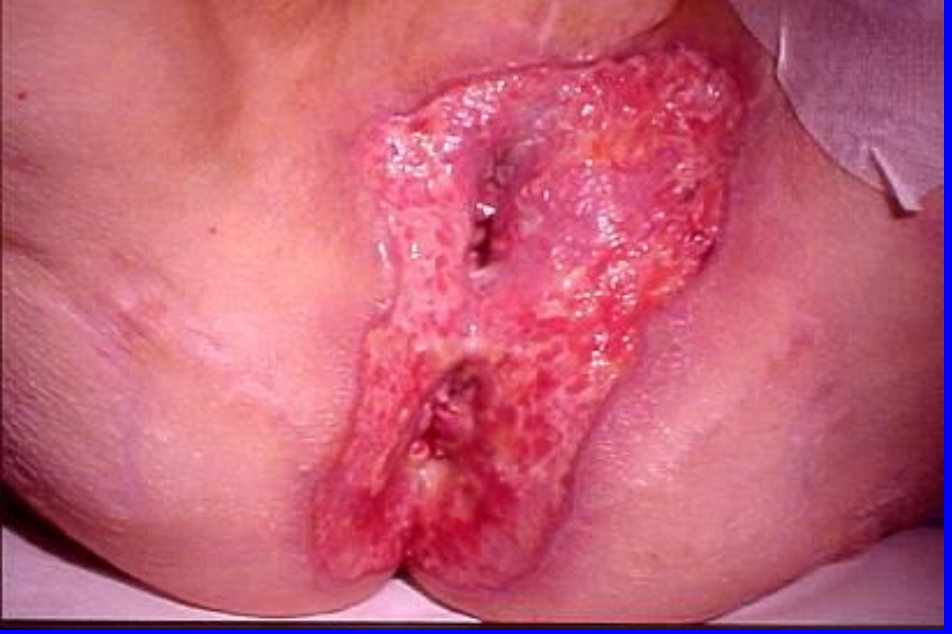


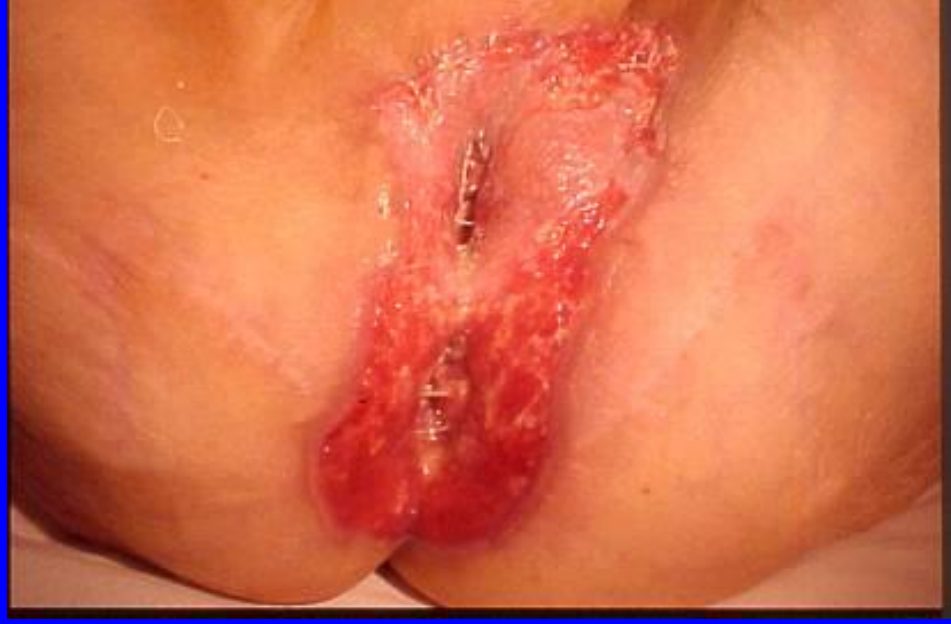






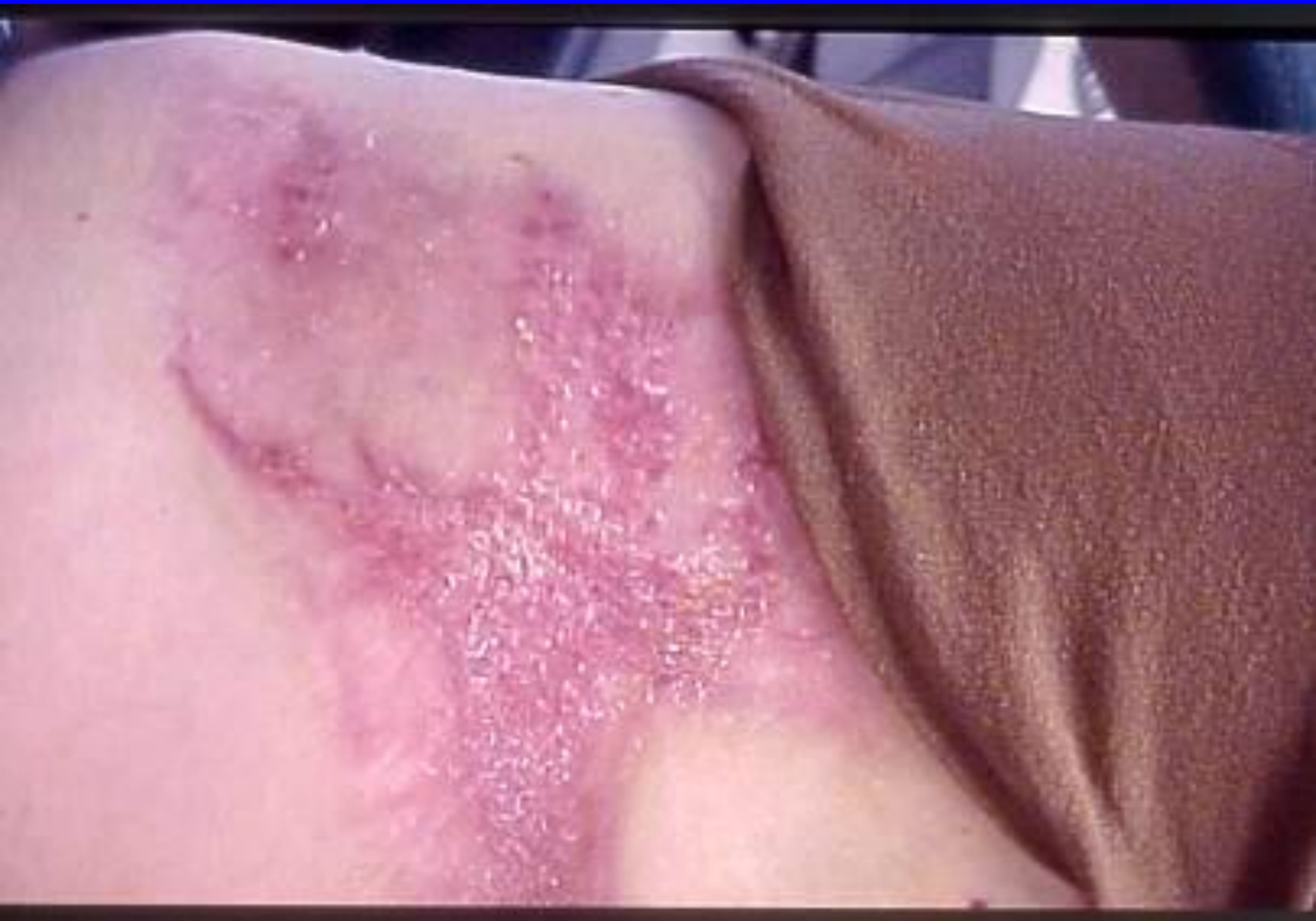







PRIMA


DOPO

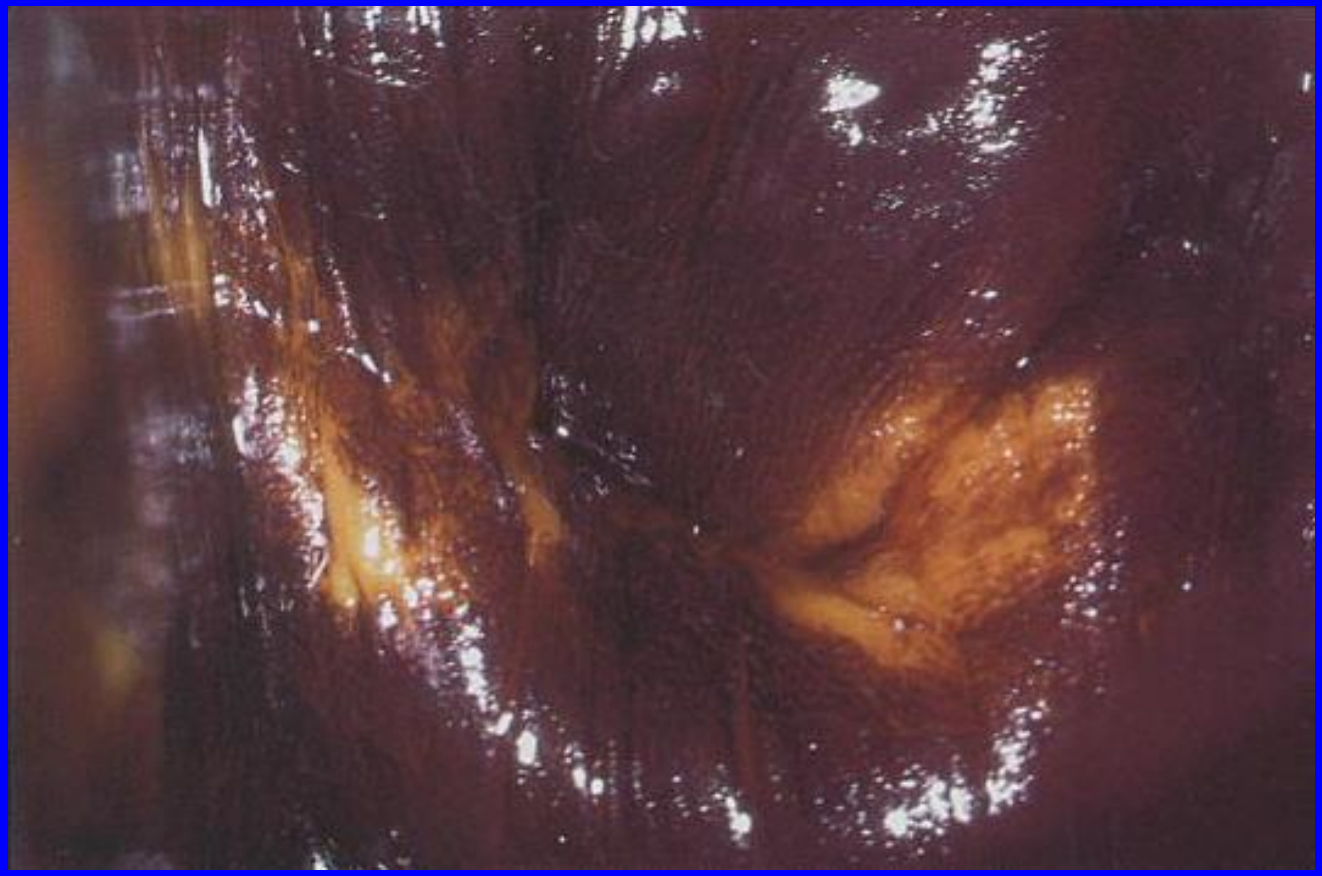


VAIN

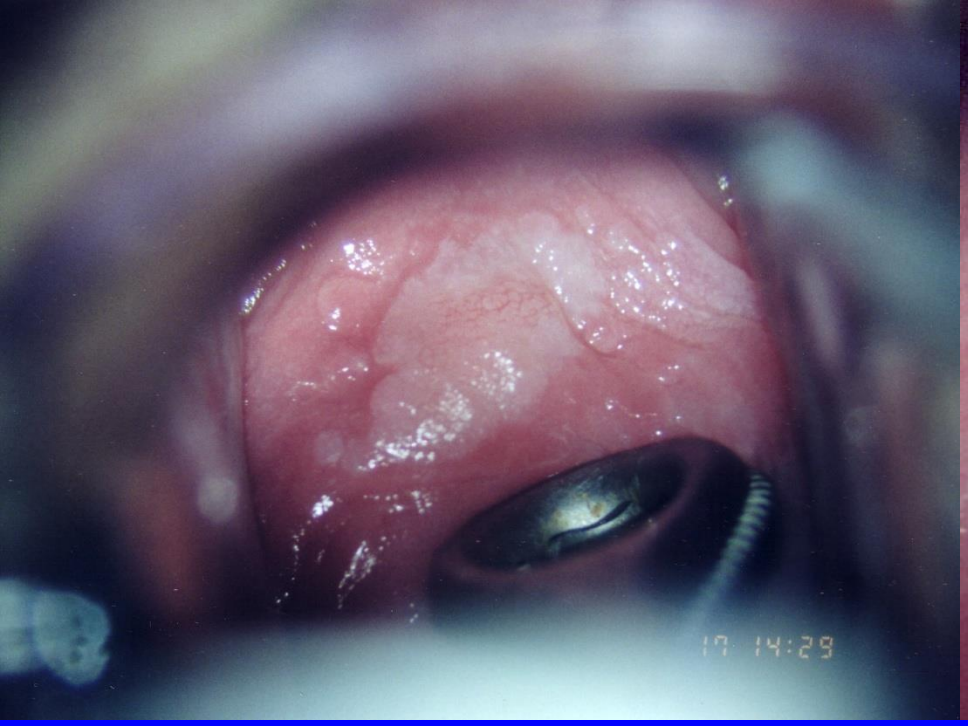
VAIN spesso associata alla CIN

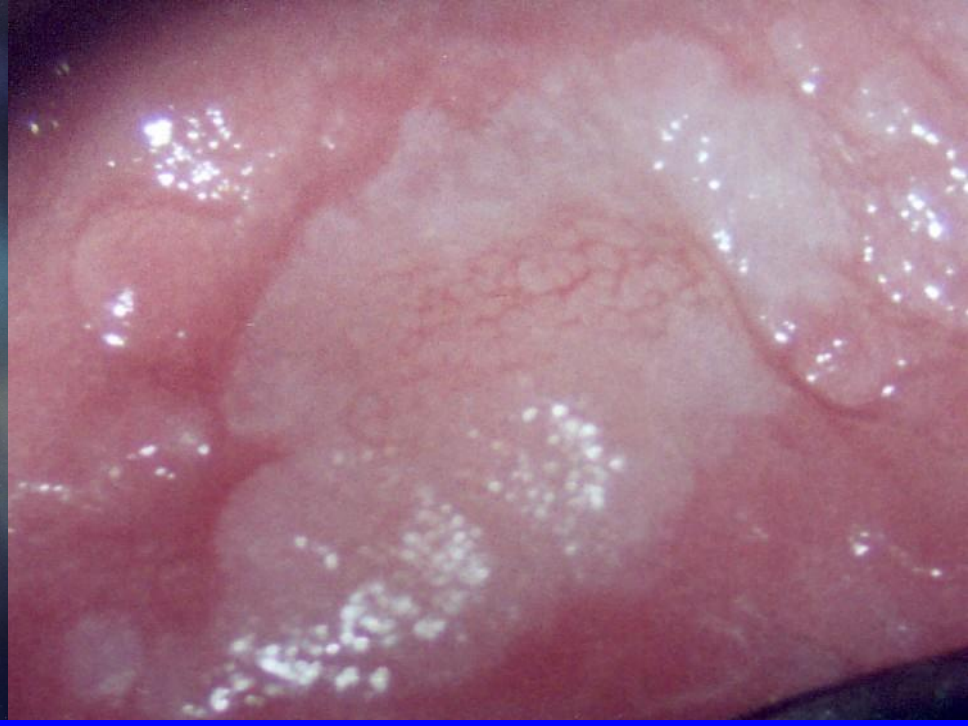
- **65% donne con VAIN hanno una CIN concomitante o pregressa**
- **10% delle donne con VAIN hanno una VIN associata**
- **Oltre i 2/3 delle donne con VAIN sono state sottoposte ad isterectomia**

PATOLOGIA VAGINALE



Lesioni intraepiteliali isolate, e quindi al di fuori della ZT, possono essere evidenziate soprattutto a livello del terzo superiore della vagina oppure della cupola vaginale dopo isterectomia.



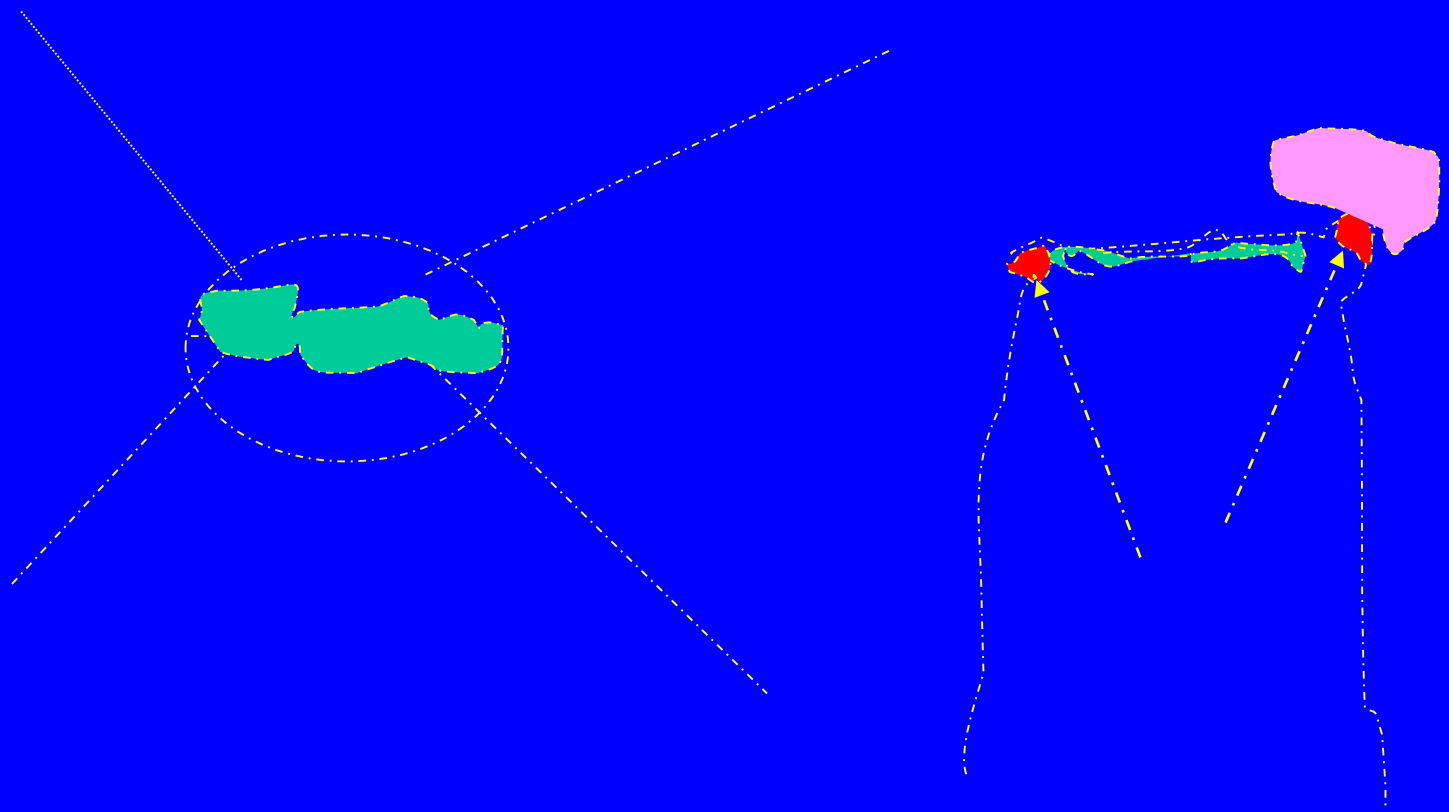


VAIN

PATOLOGIA VAGINALE

- In caso di VAIN 3 in corrispondenza della colporrafia della cupola vaginale dopo isterectomia, è bene accertarsi, prima di ogni trattamento, dell'assenza di patologie neoplastiche a livello pelvico, mediante indagini strumentali adeguate (ecografia 3D, TAC, RM,PET, Laparoscopia).

PATOLOGIA VAGINALE



Laser CO2

- **Il trattamento con laser CO2 sarebbe curativo nel 42- 90% dei casi, la facile ripetitività e gli scarsi effetti collaterali, unito alla precisione del trattamento, che può combinare escissione e vaporizzazione, viene considerato da molti Autori il trattamento di scelta. L'uso del laser non è gravato dalle complicanze riportate con altri metodi, ma si tratta di una tecnica che richiede importanti investimenti economici e una lunga curva di apprendimento, soprattutto per quanto riguarda le tecniche escissionali sulla vagina; è una tecnica molto versatile che in mani esperte è in grado di trattare aree vaginali altrimenti difficilmente raggiungibili, quali i recessi angolari alla cupola dopo isterectomia.**

- *Rome R.M., England P.G. Int J Gynecol Cancer 2000;10:382-90*

LASER-CONIZZAZIONE

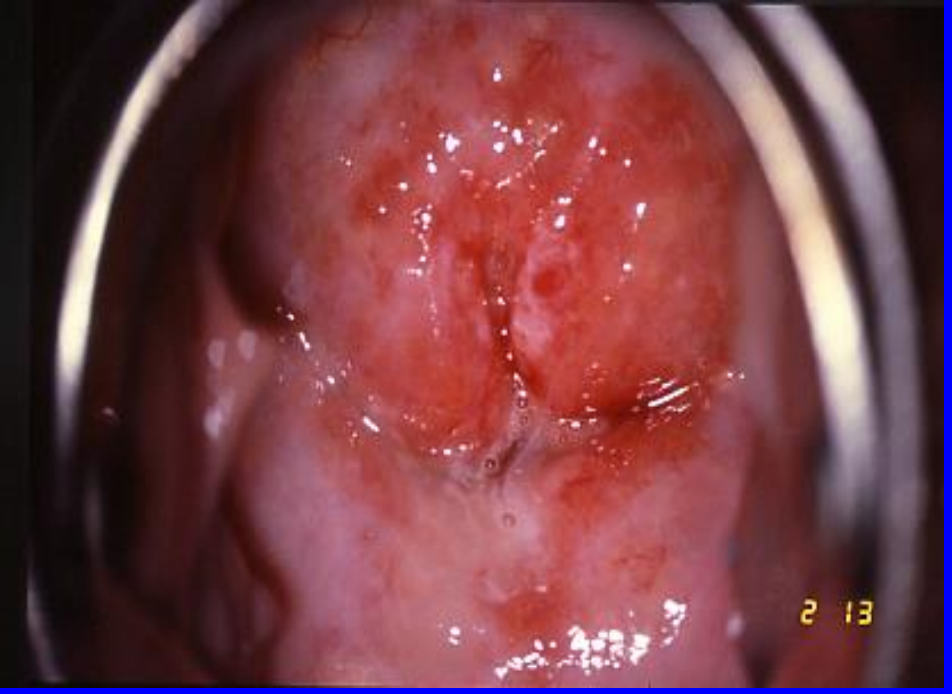
CONDIZIONI RICHIEDENTI

- *LESIONE AD ESTENSIONE ENDOCERVICALE*
- *LESIONE NON INTERAMENTE VISIBILE IN COLPOSCOPIA*
- *DISCORDANZA TRA CITOLOGIA E ISTOLOGIA*
- *SOSPETTO DI MICROINVASIONE*
- *CIN DI ALTO GRADO*

DOME-SHAPED DEFECT

EXCISION DEFECT

VAPORIZATION & EXCISION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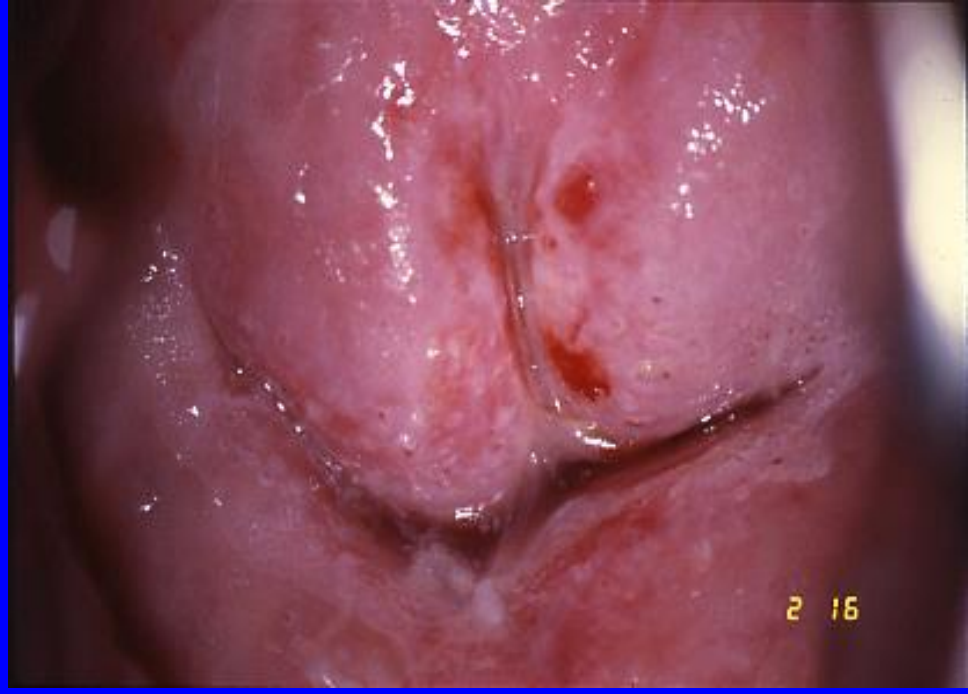
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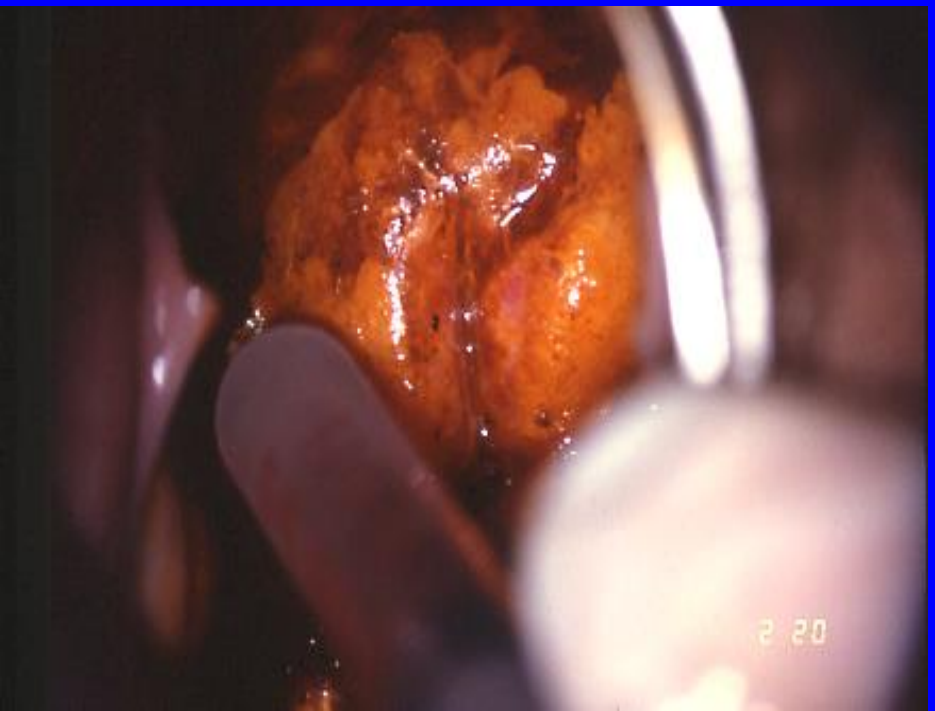
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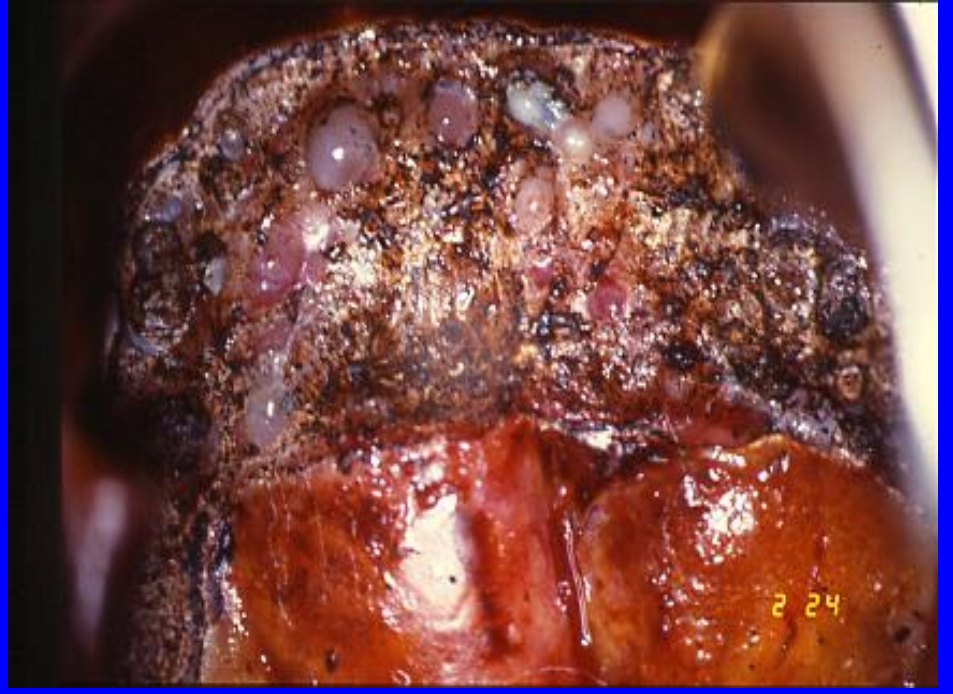
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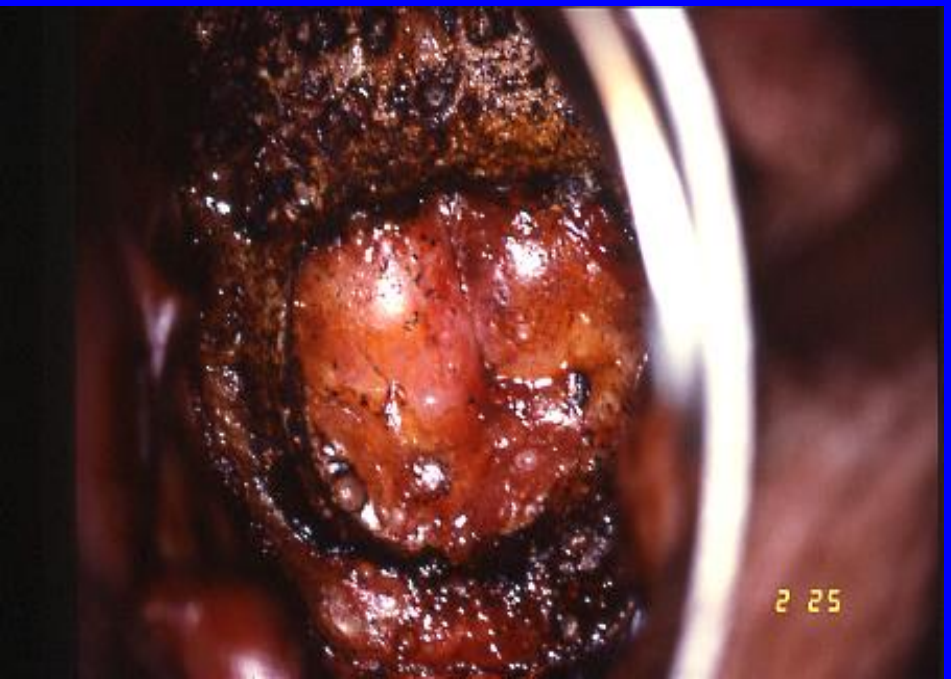
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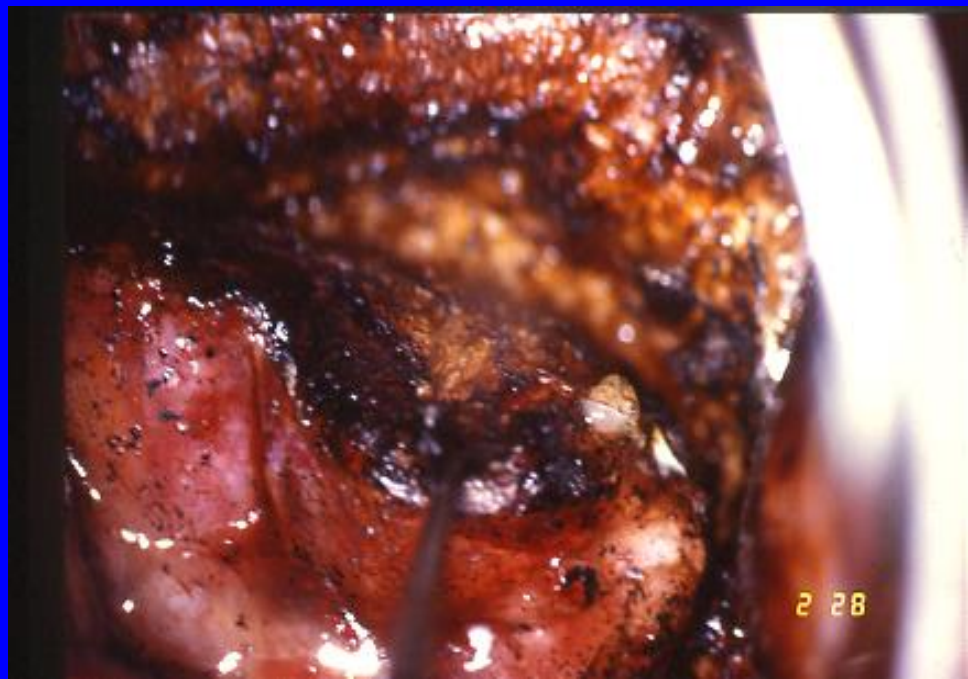
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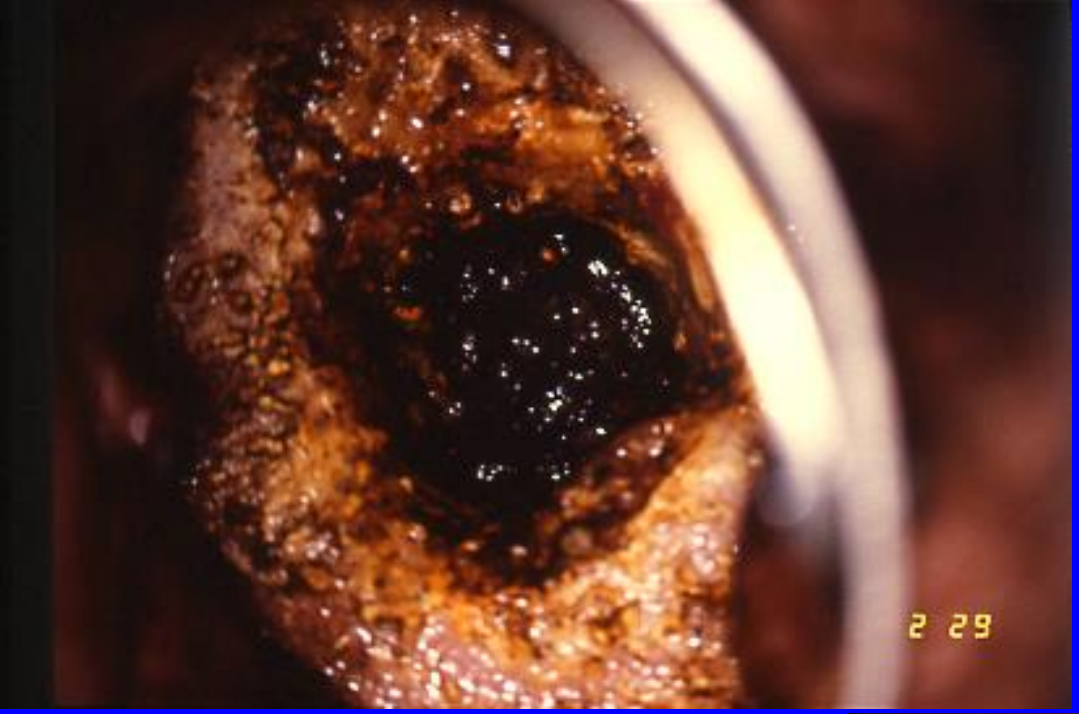
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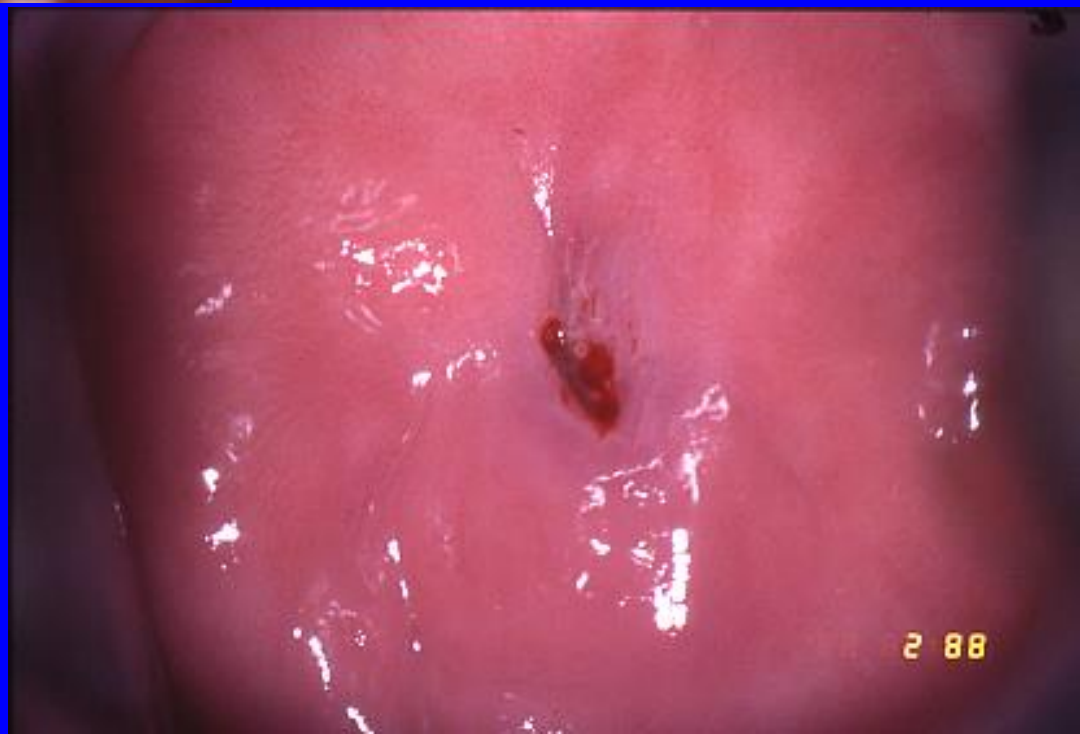
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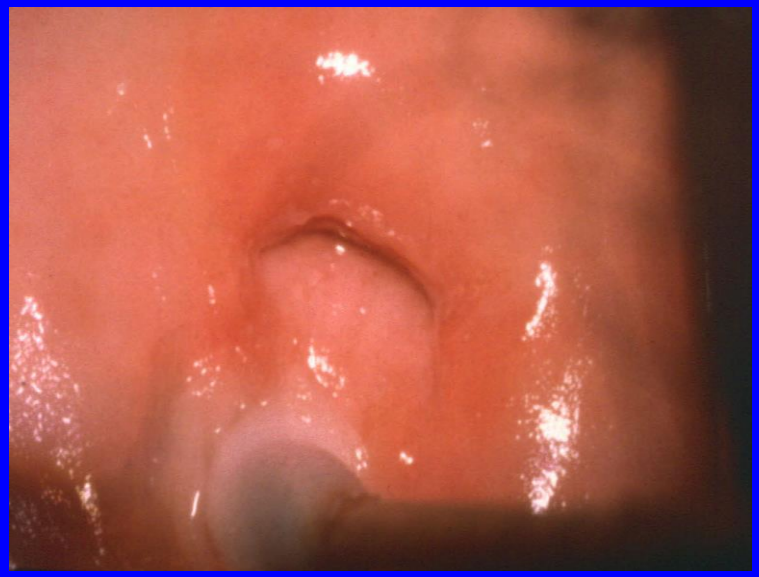
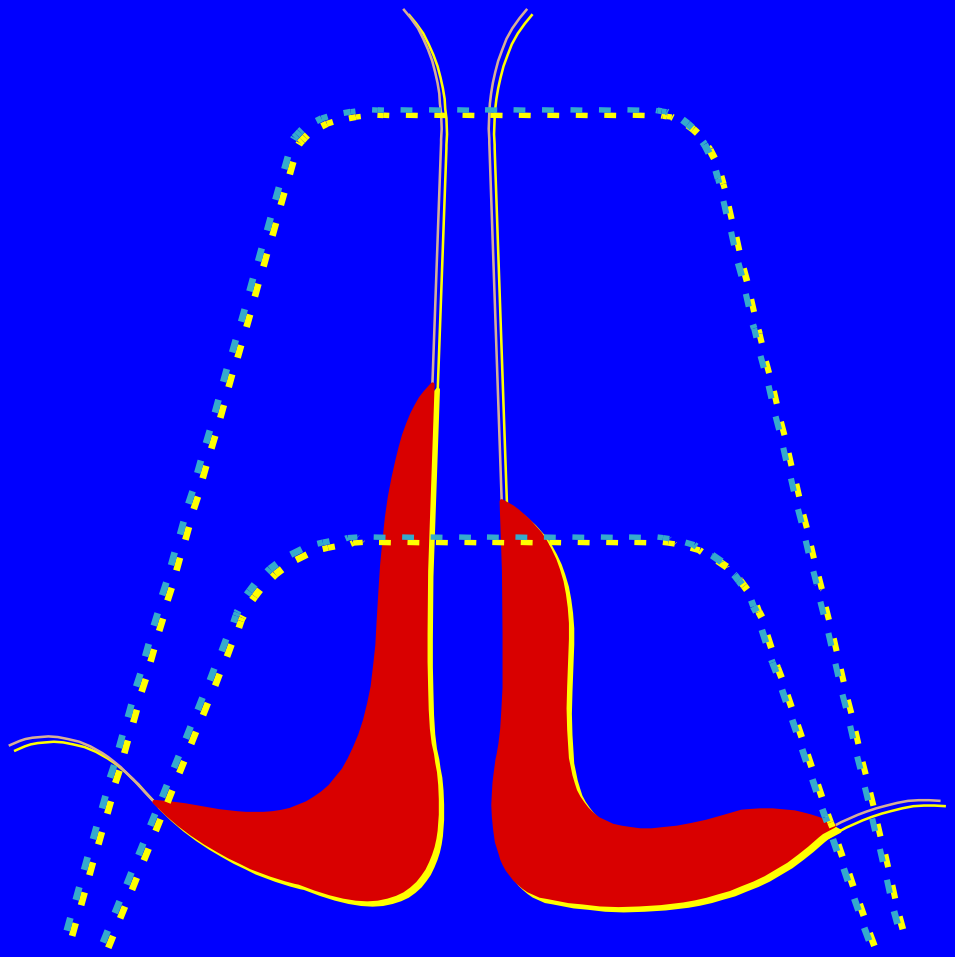
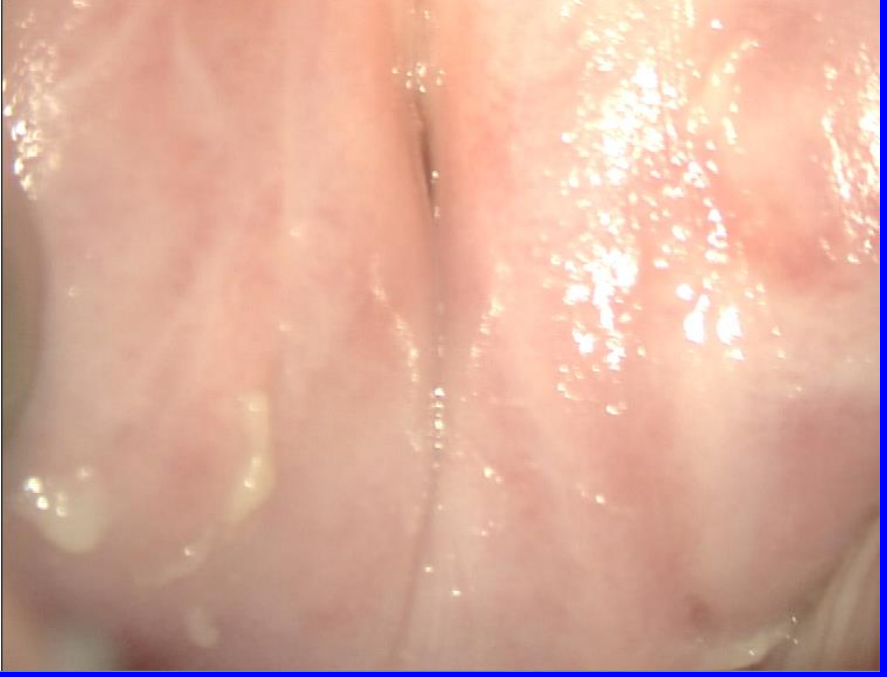
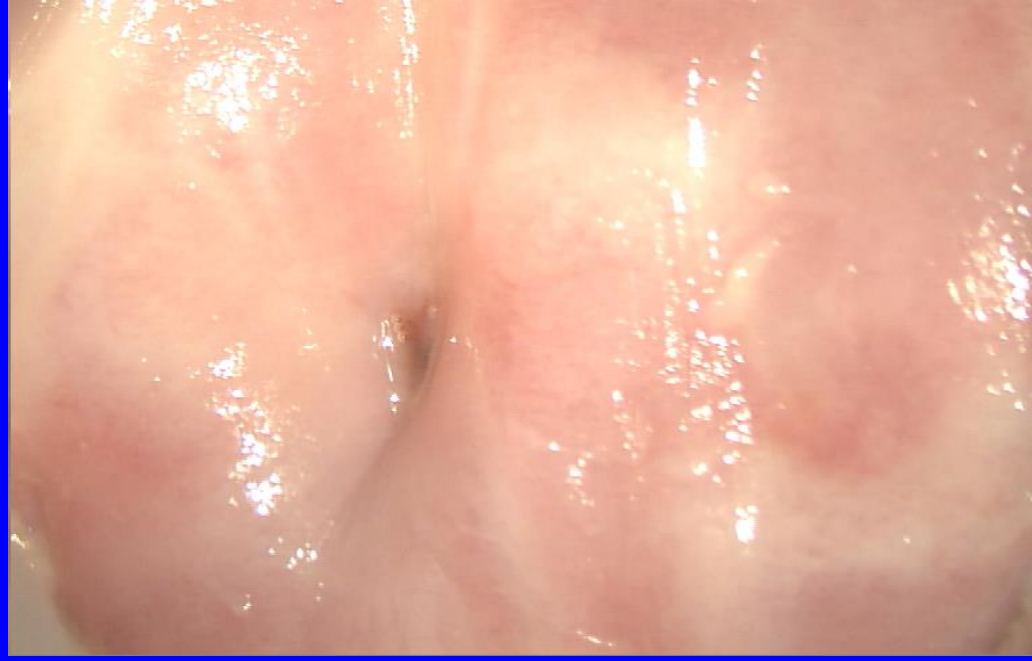
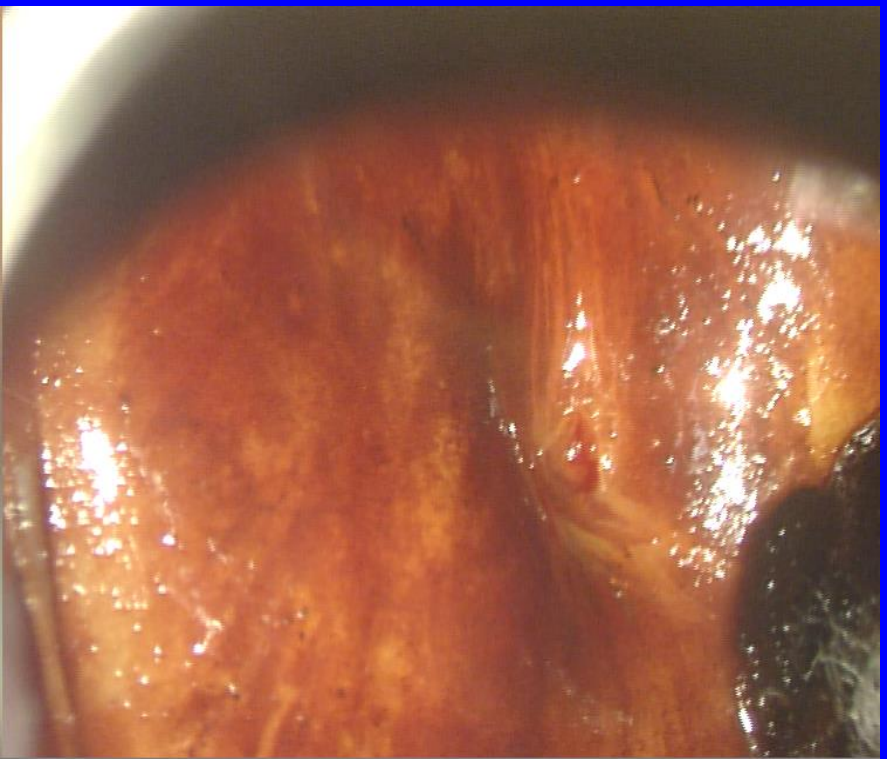
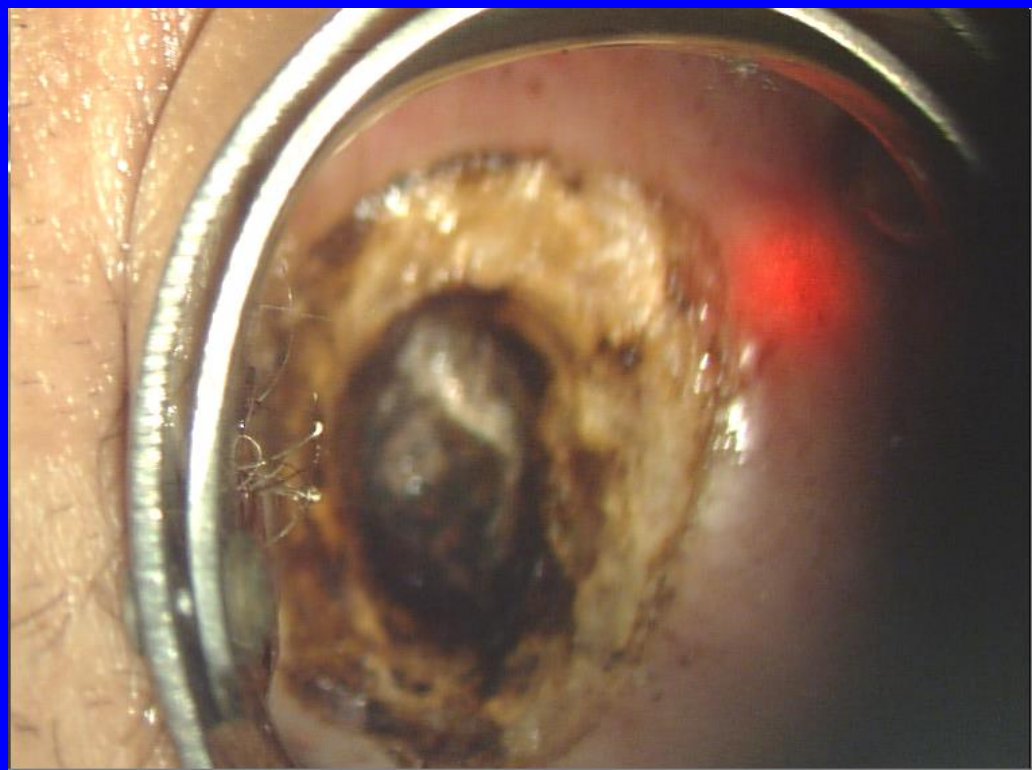
CIN EXCISIONAL TREATMENT

Possible Results of Blind Cones





Length° of Cervical Intraepithelial Neoplasia into the Endocervical Canal and Apical Clearance*

Histological diagnosis	No. evaluable/ total	CIN length (mm) Median	Range	Apical clearance (mm) Median	Range
CIN II	23/24	14.60	(0.46-21.82)	4.93	(0.40-14.57)
CIN III	75/78	16.09	(0.52-25.70)	4.77	(0.30-10.86)
Microinvasive ca.	1/1	12.07	-	10.03	-
Total	**99**/103**	**15.63**	**(0.46-25.70)**	**4.50**	**(0.30-14.57)**

* *The length of endocervical disease was obtained by deducting the disease-free tract of the endocervical canal from the height of the specimen*

* *Apical clearance was defined as the minimal distance of deep lesion border from the apical resection margin*

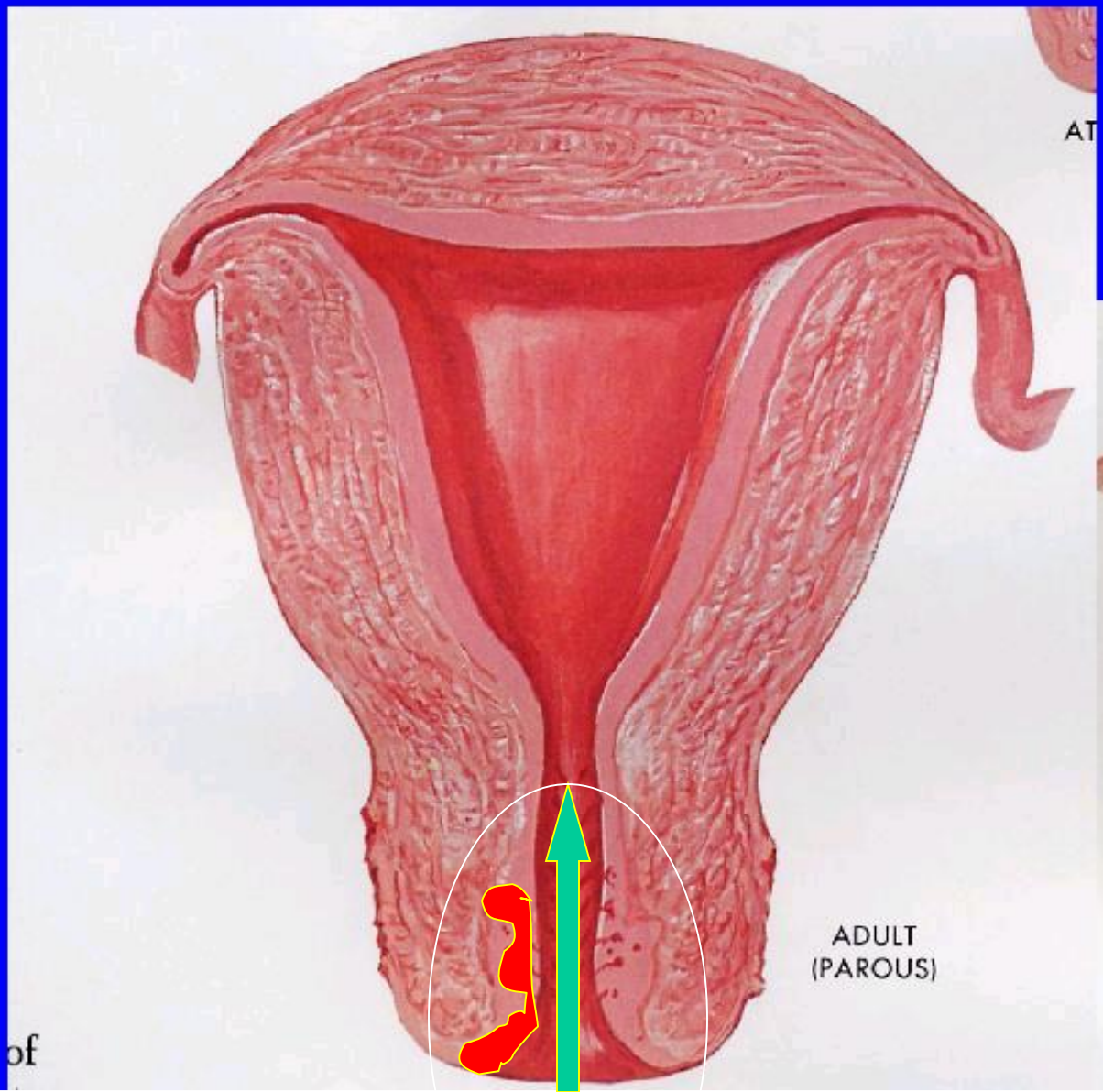
** *One cone with CIN II and 3 with CIN III were excluded from the measurement because of histological postoperative assessment of apex involvement.*

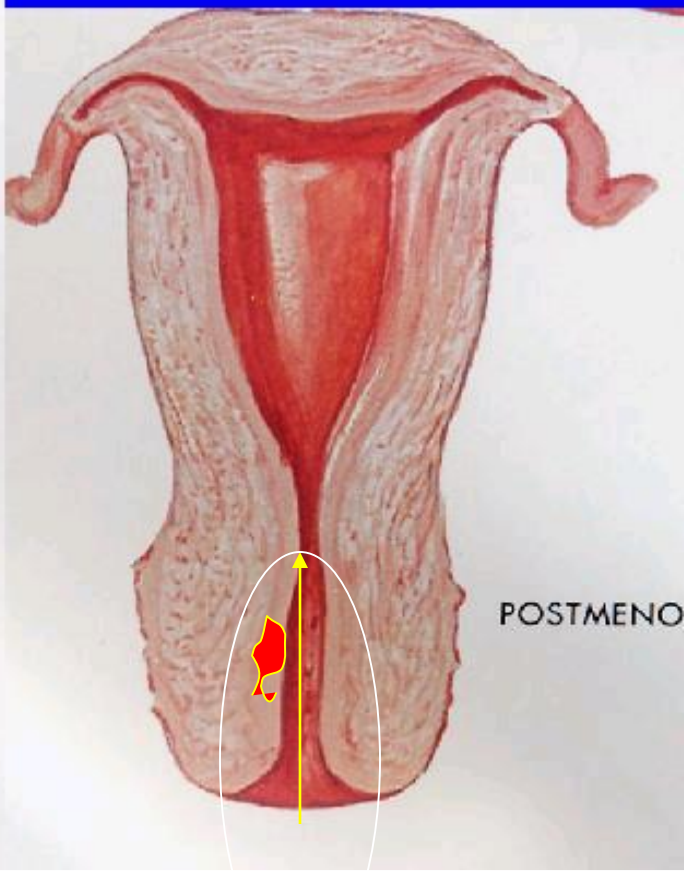
Istituto Nazionale Tumori, 1997

"di solito le lesioni del canale cervicale si arrestano all'istmo e solo eccezionalmente superano tale limite"

Tranbaloc P et al., 1989

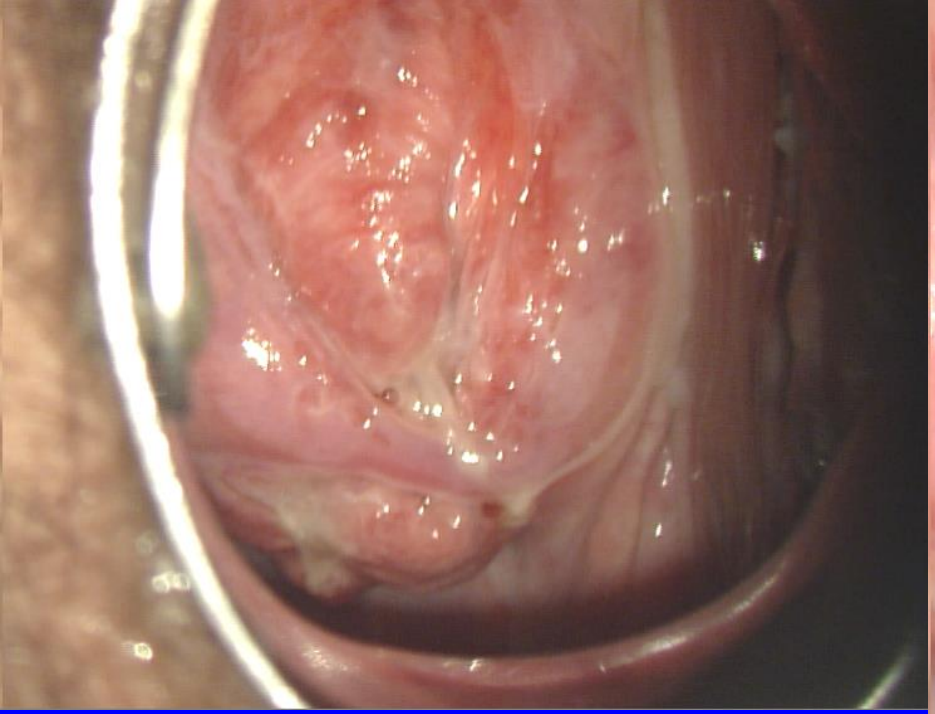
ANATOMIA

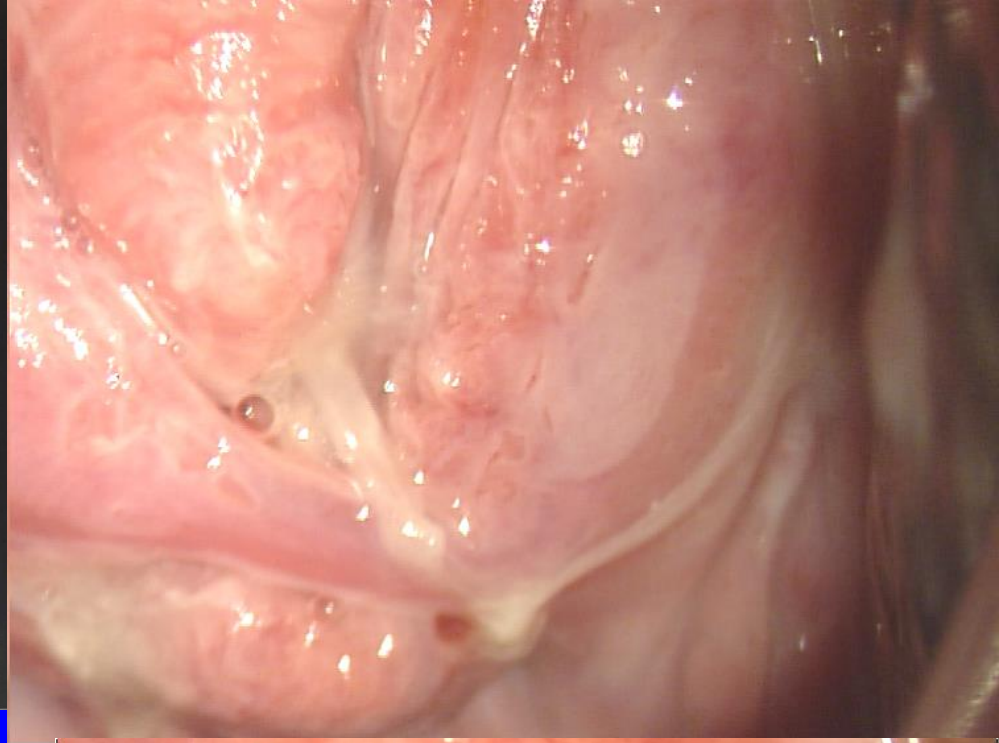


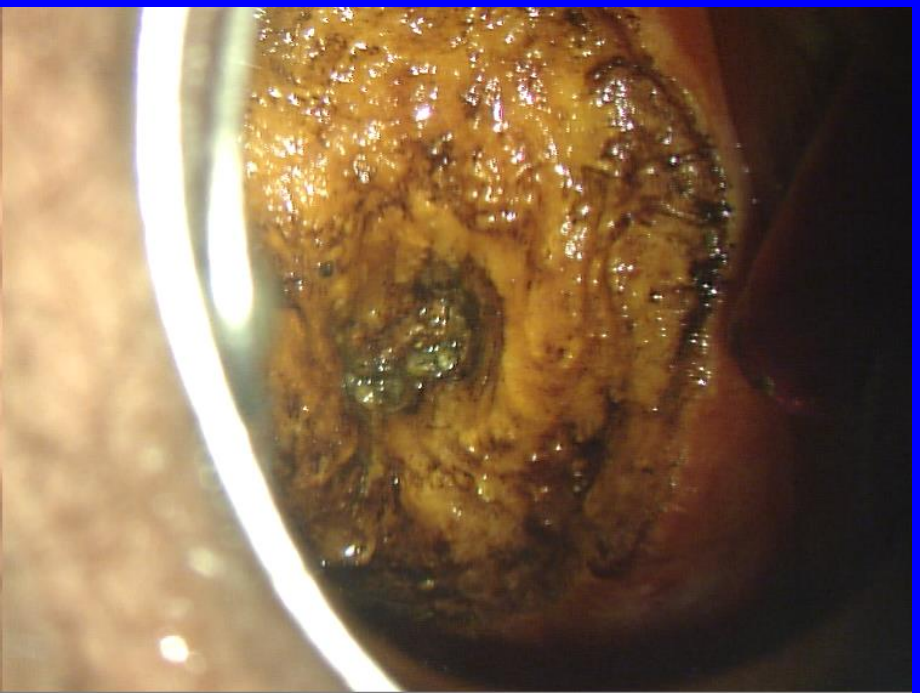


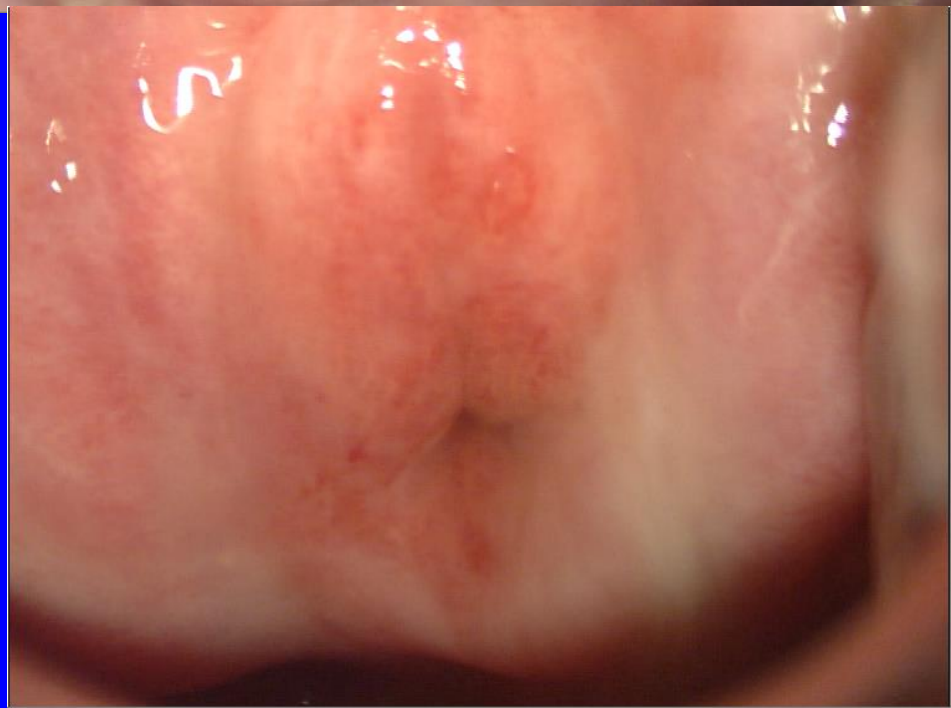
LASER CO2 CONIZATION FOR CIN

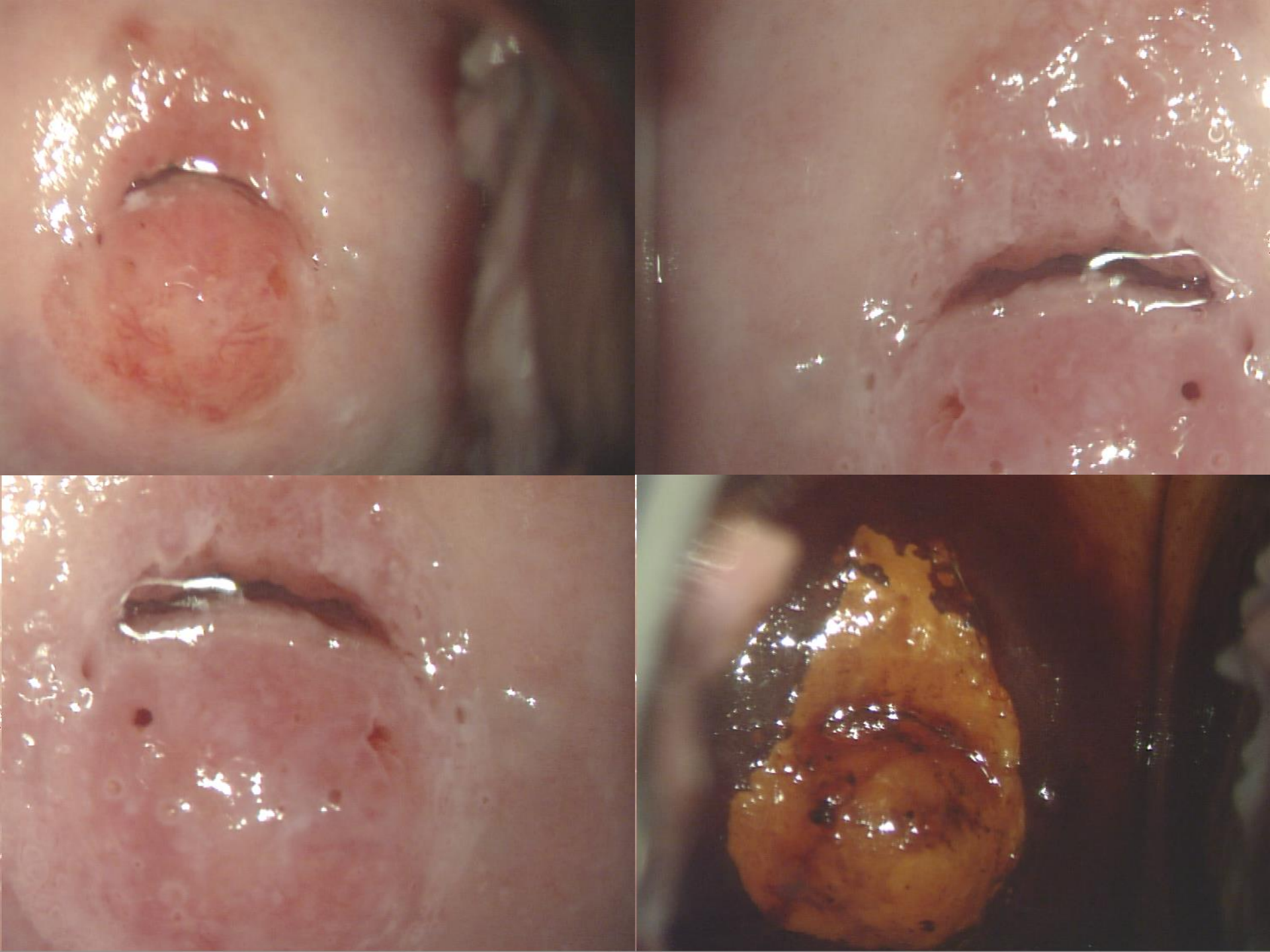
		PRIMARY CURE RATE
BAGGISH	1986	97.5 %
ZANARDI	1990	97.6 %
STENTELLA	1995	96.2 %
BEKASSY	1997	96.1 %
HAGEN	1998	99.1 %
FAVALLI	1999	97.7 %

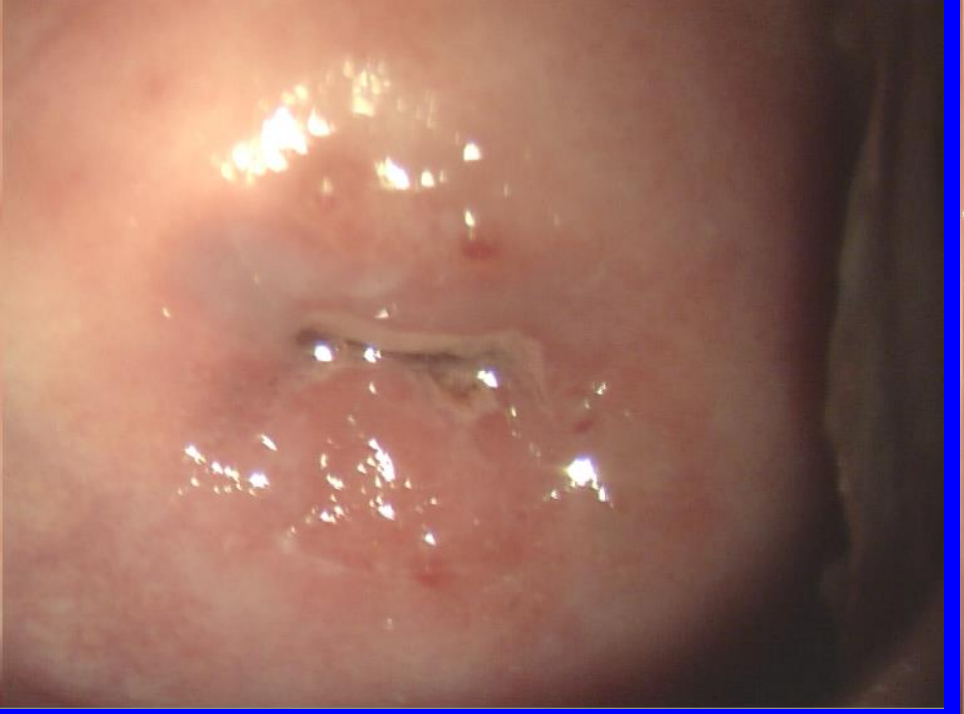
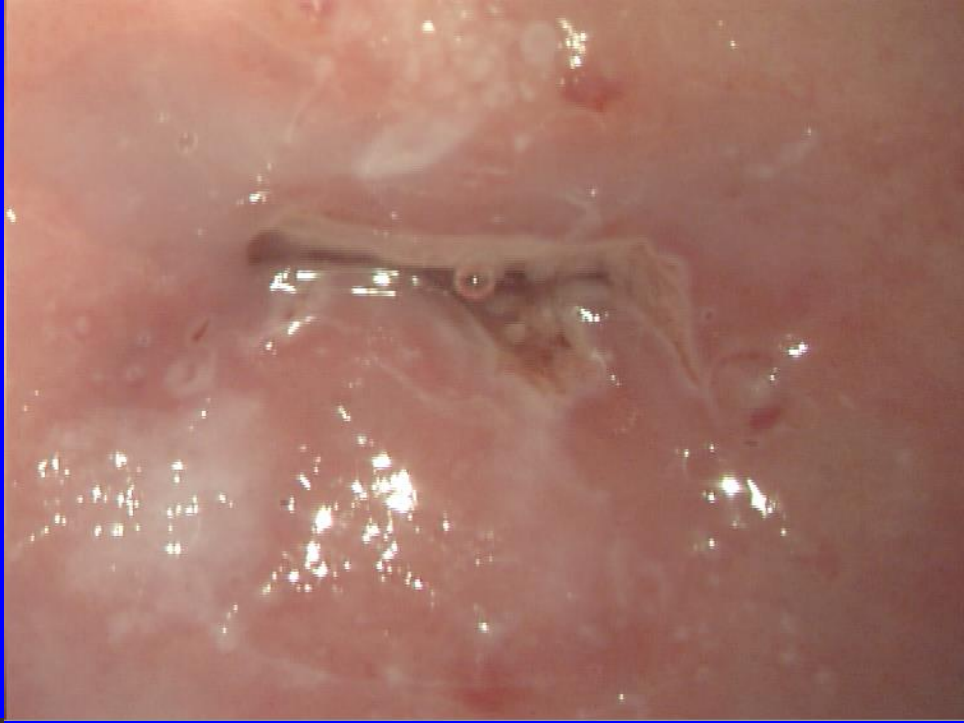
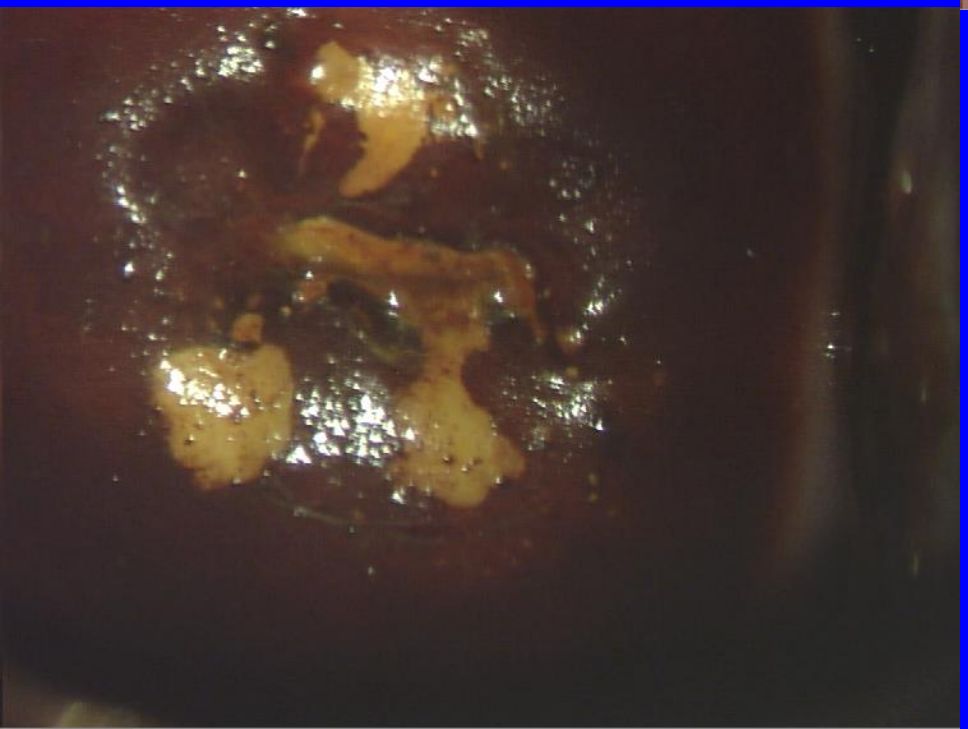
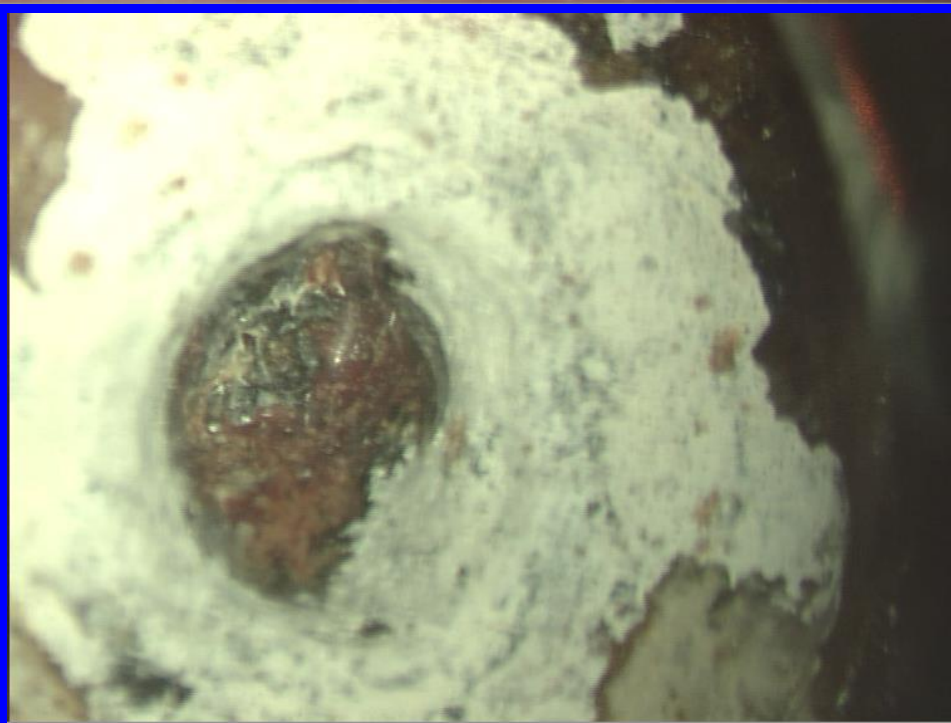


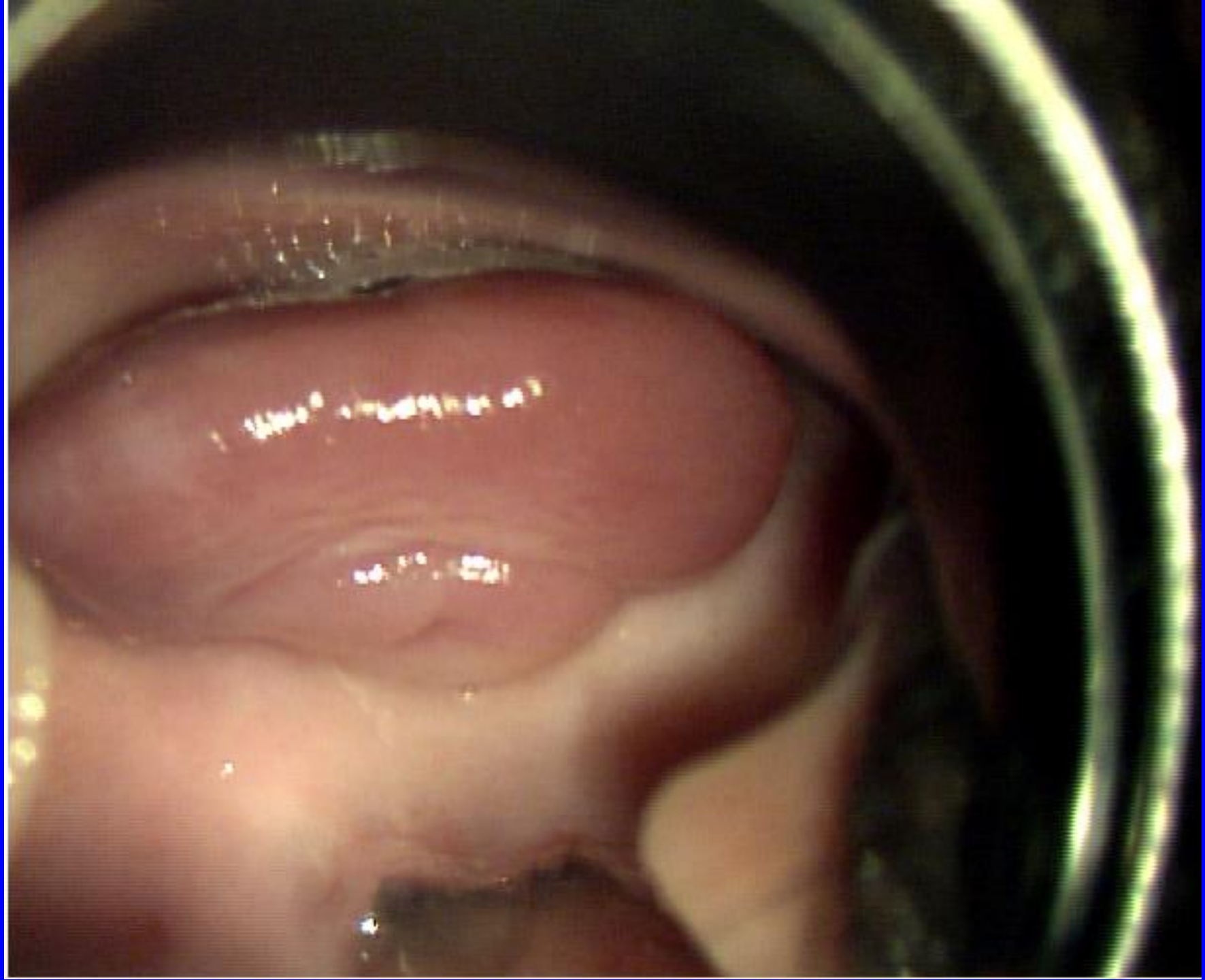


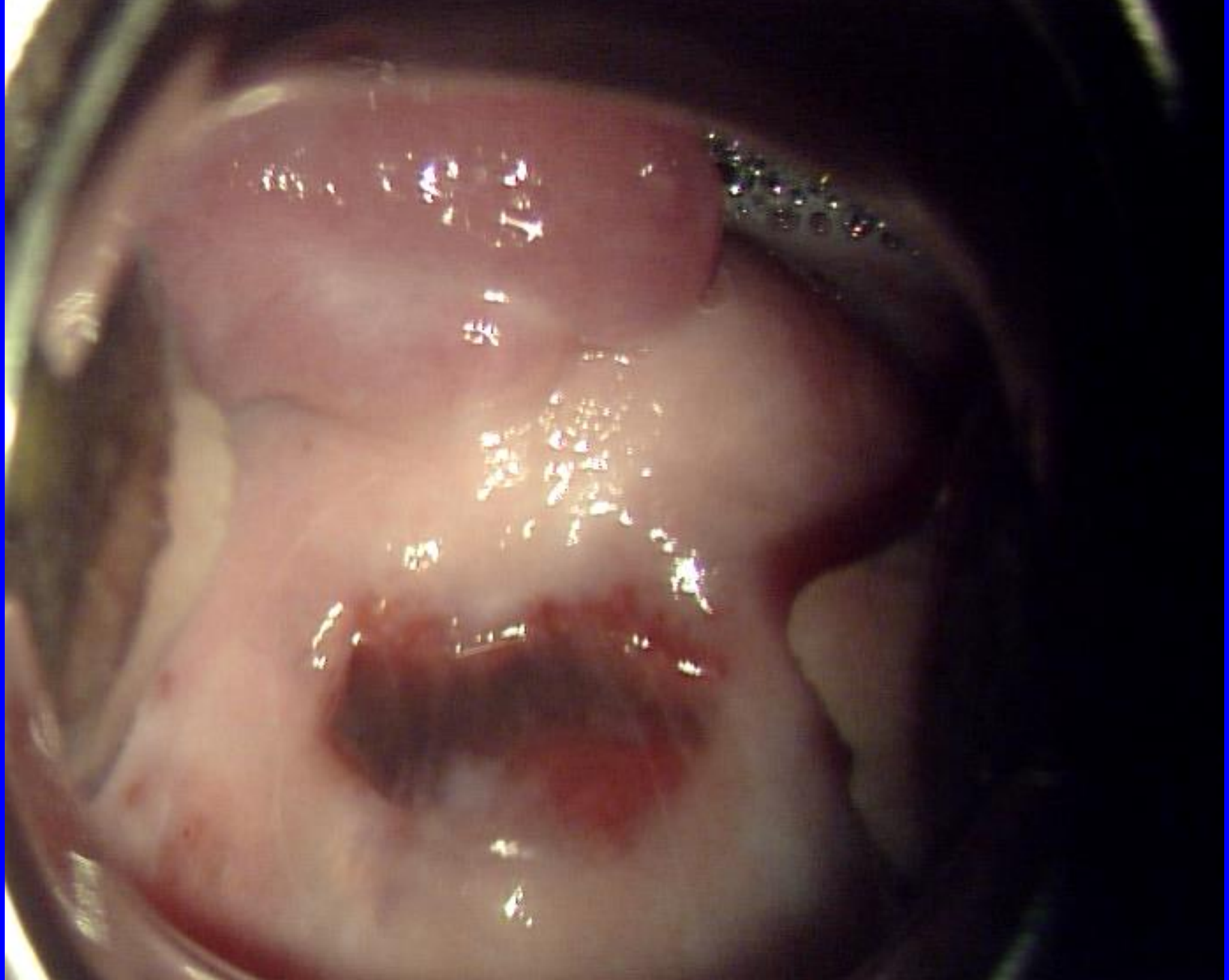


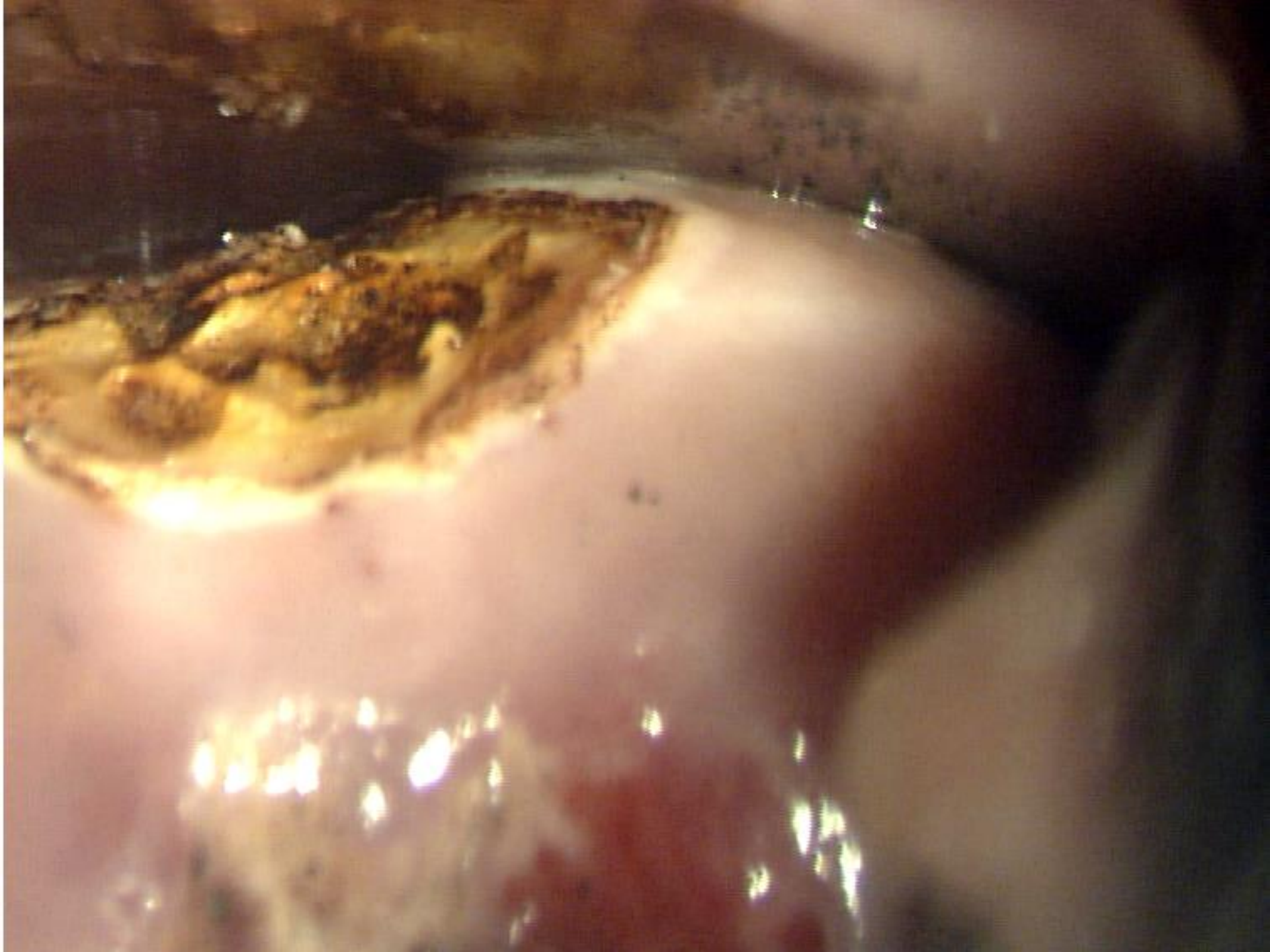


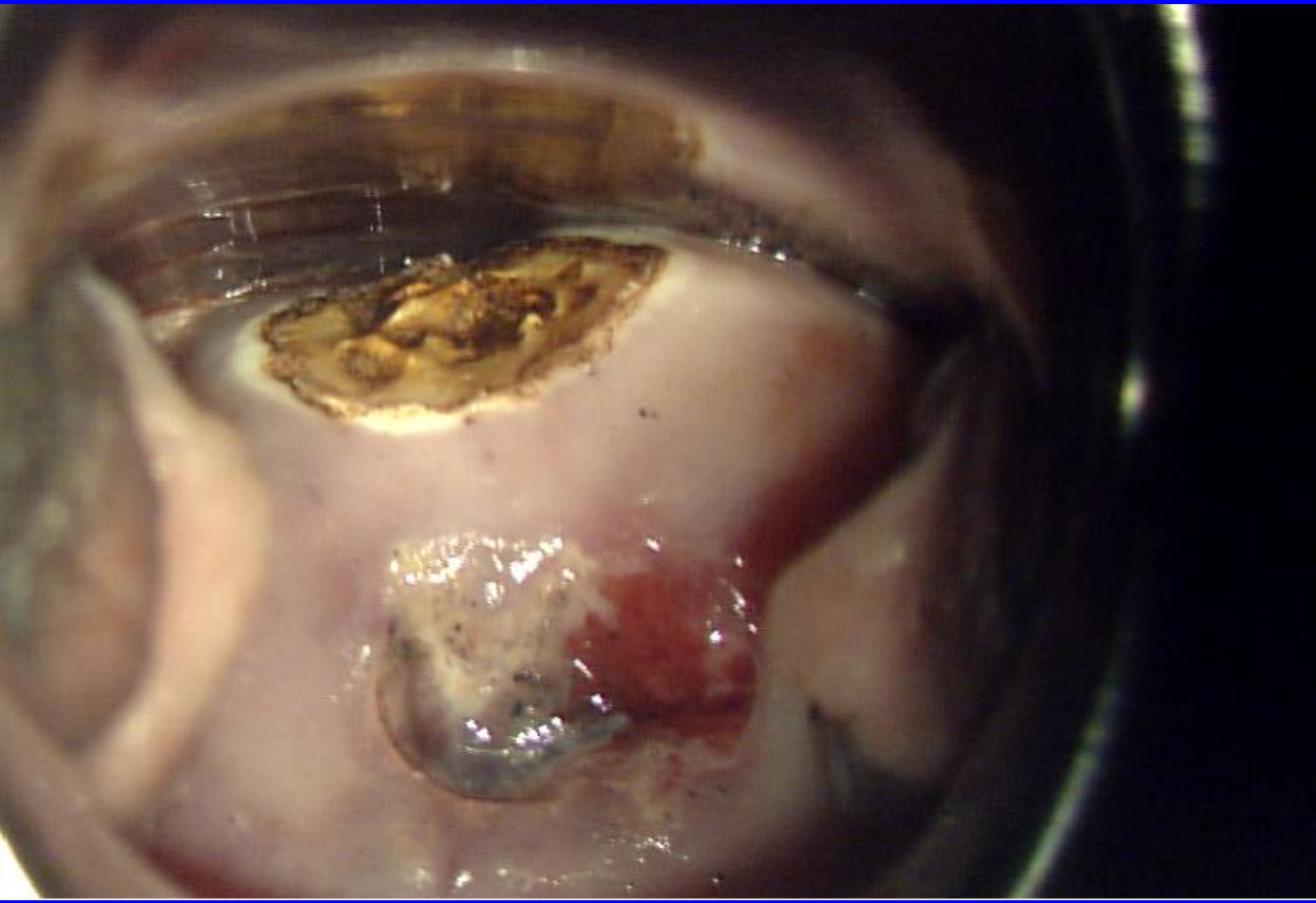


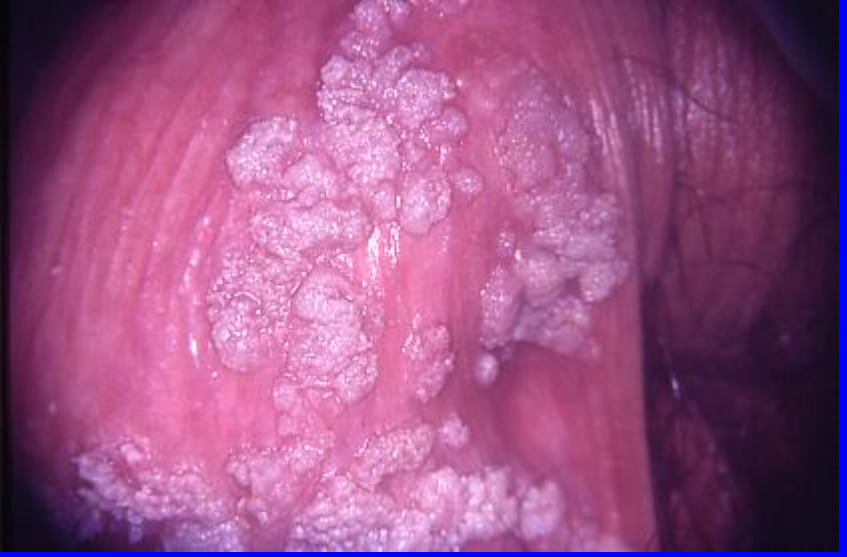





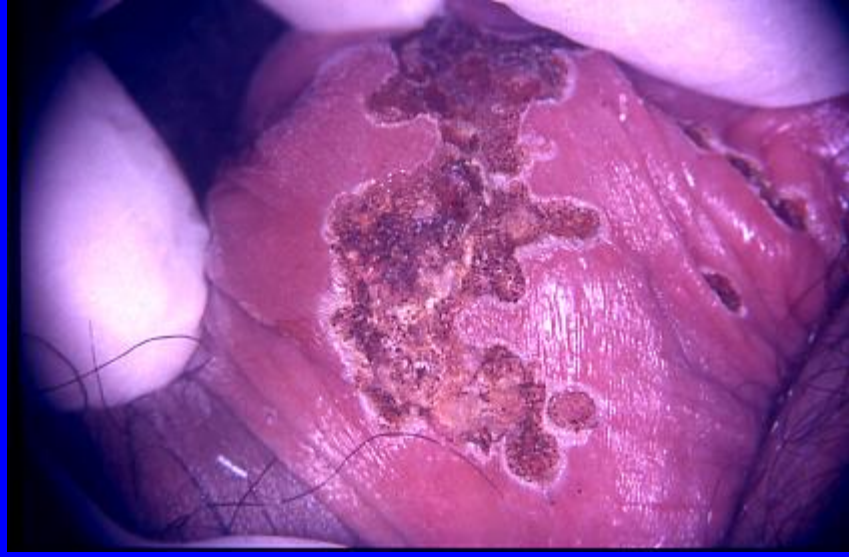












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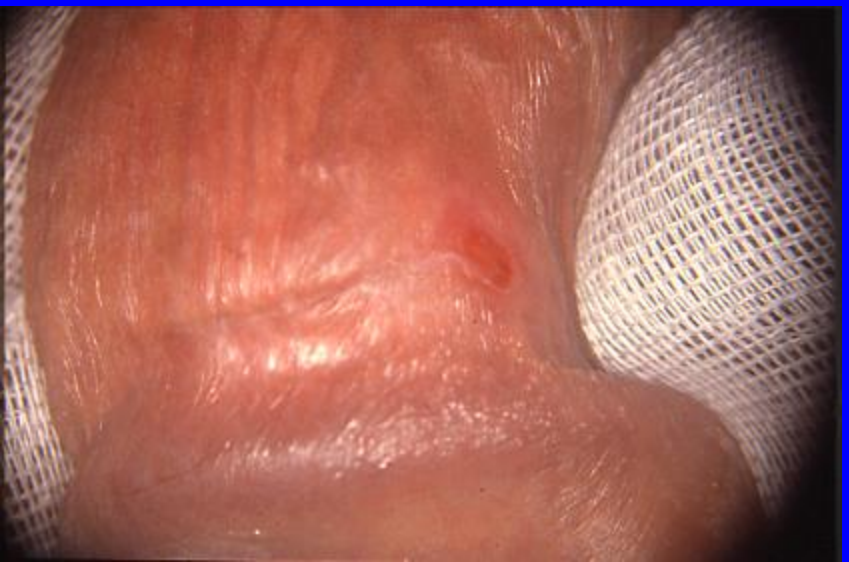
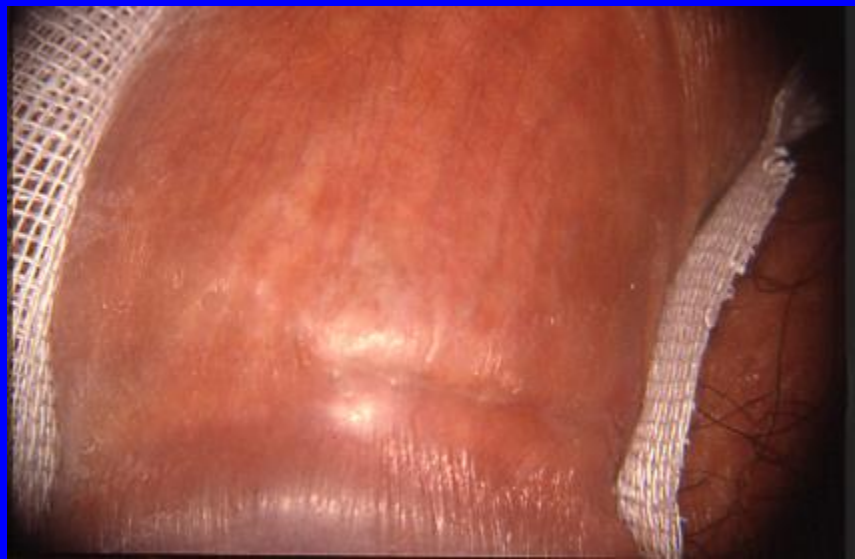
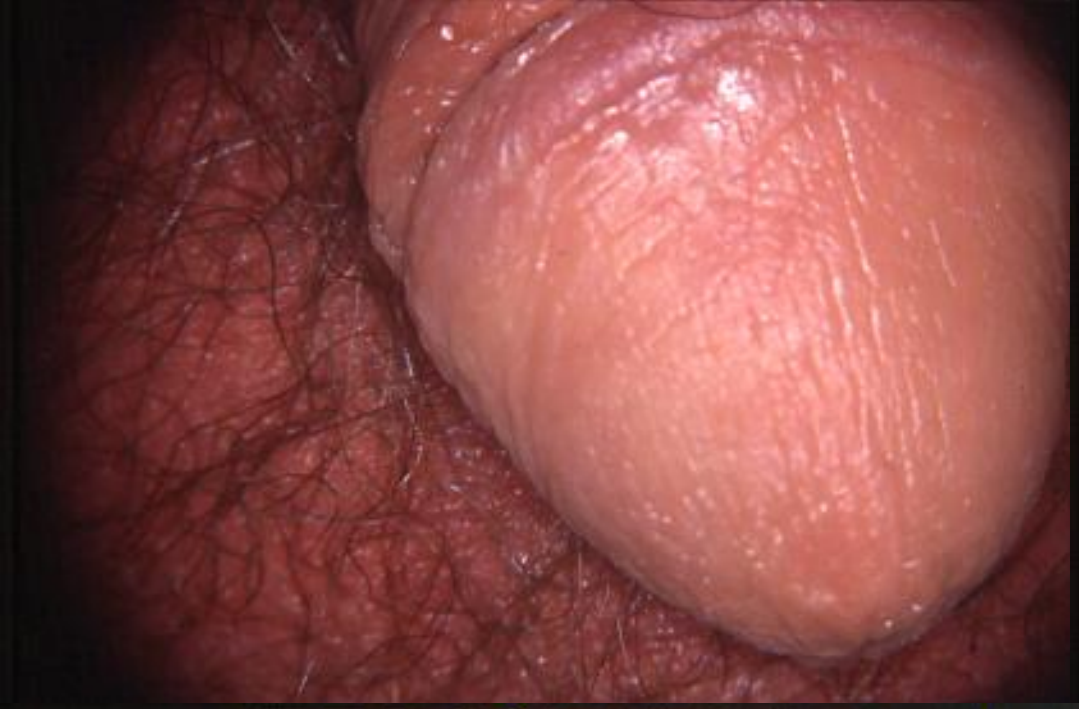
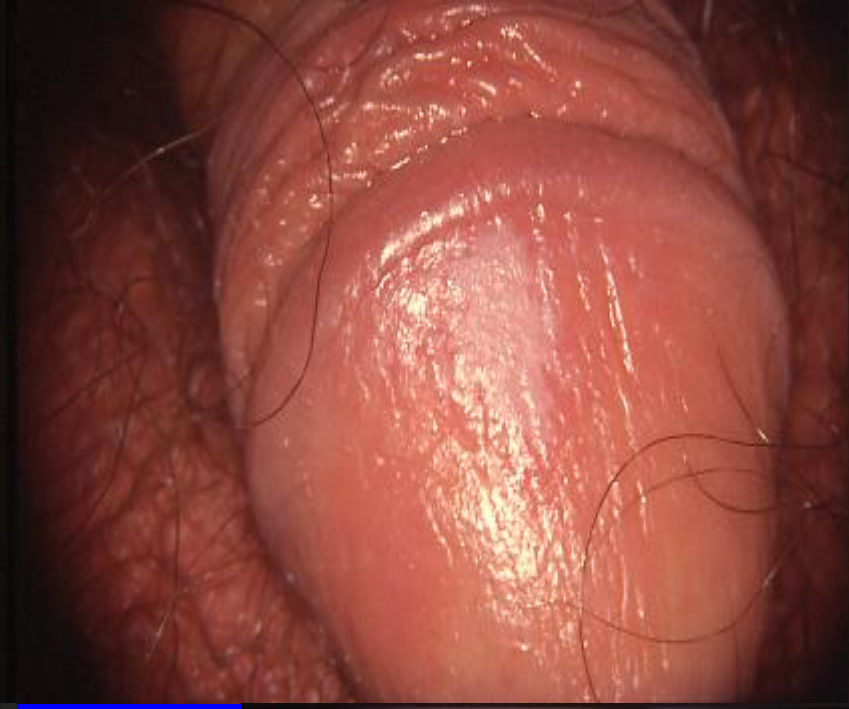
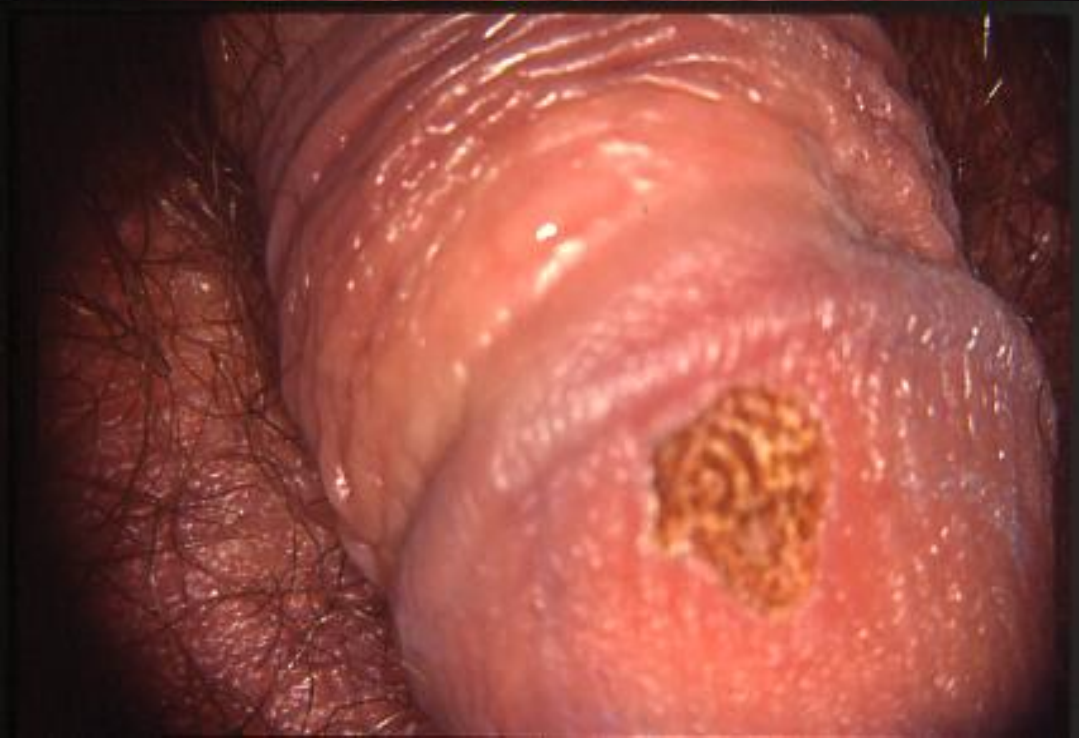


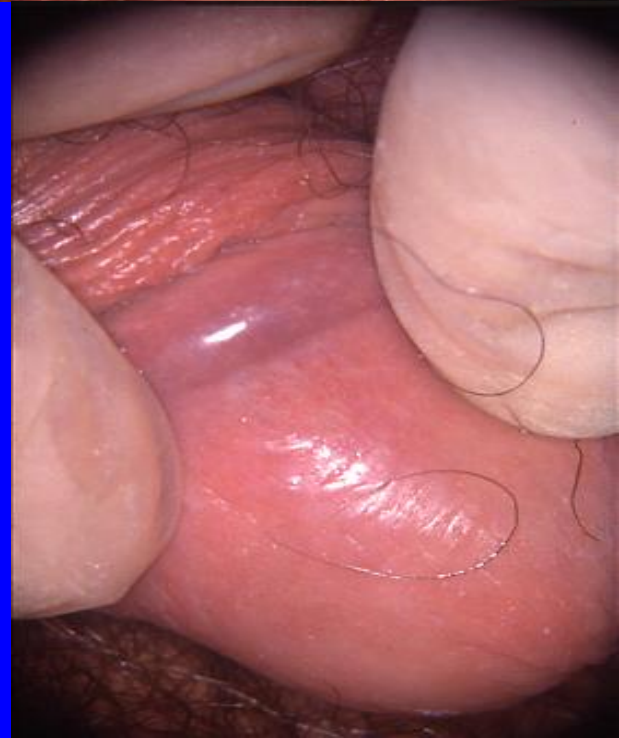


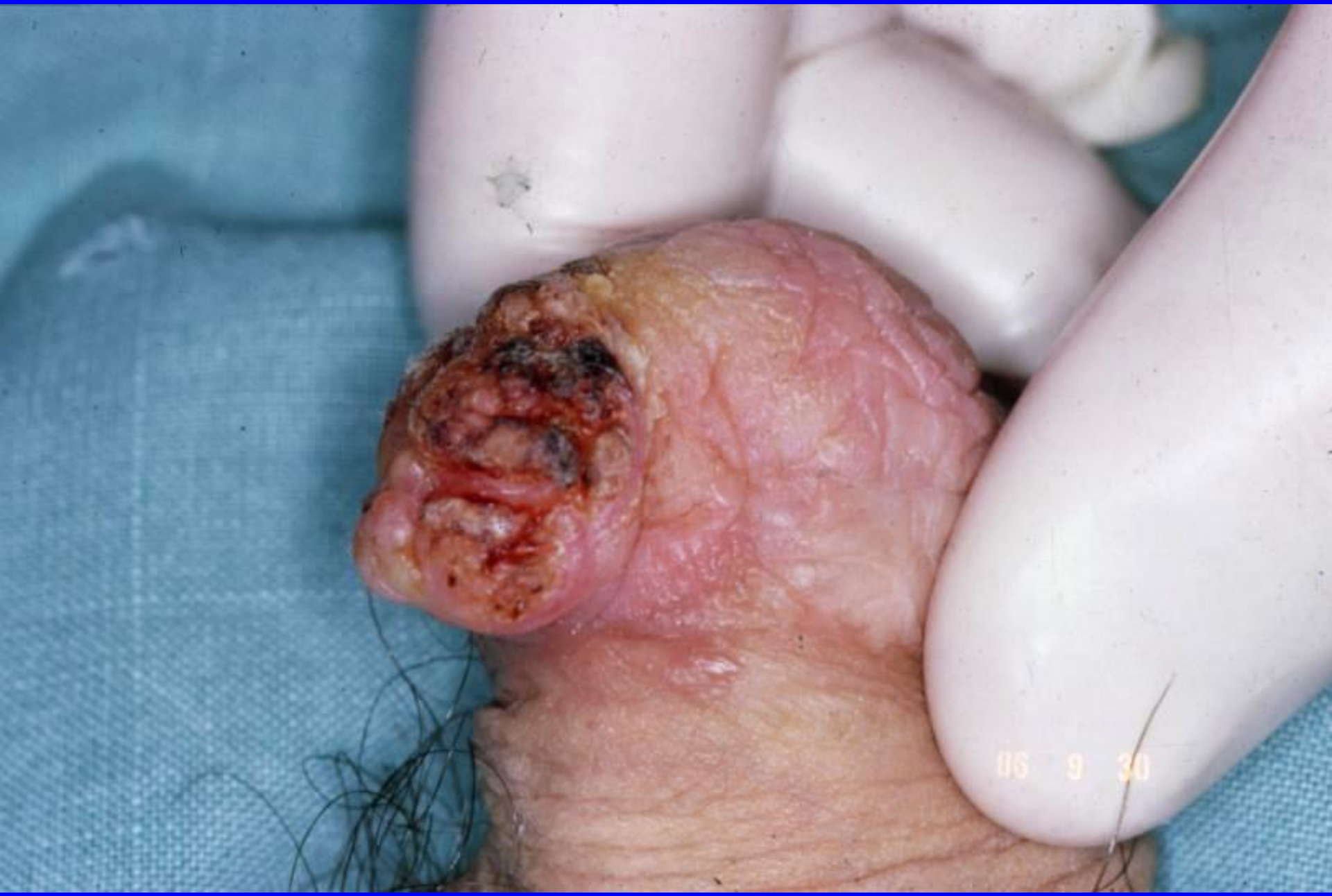






LASER

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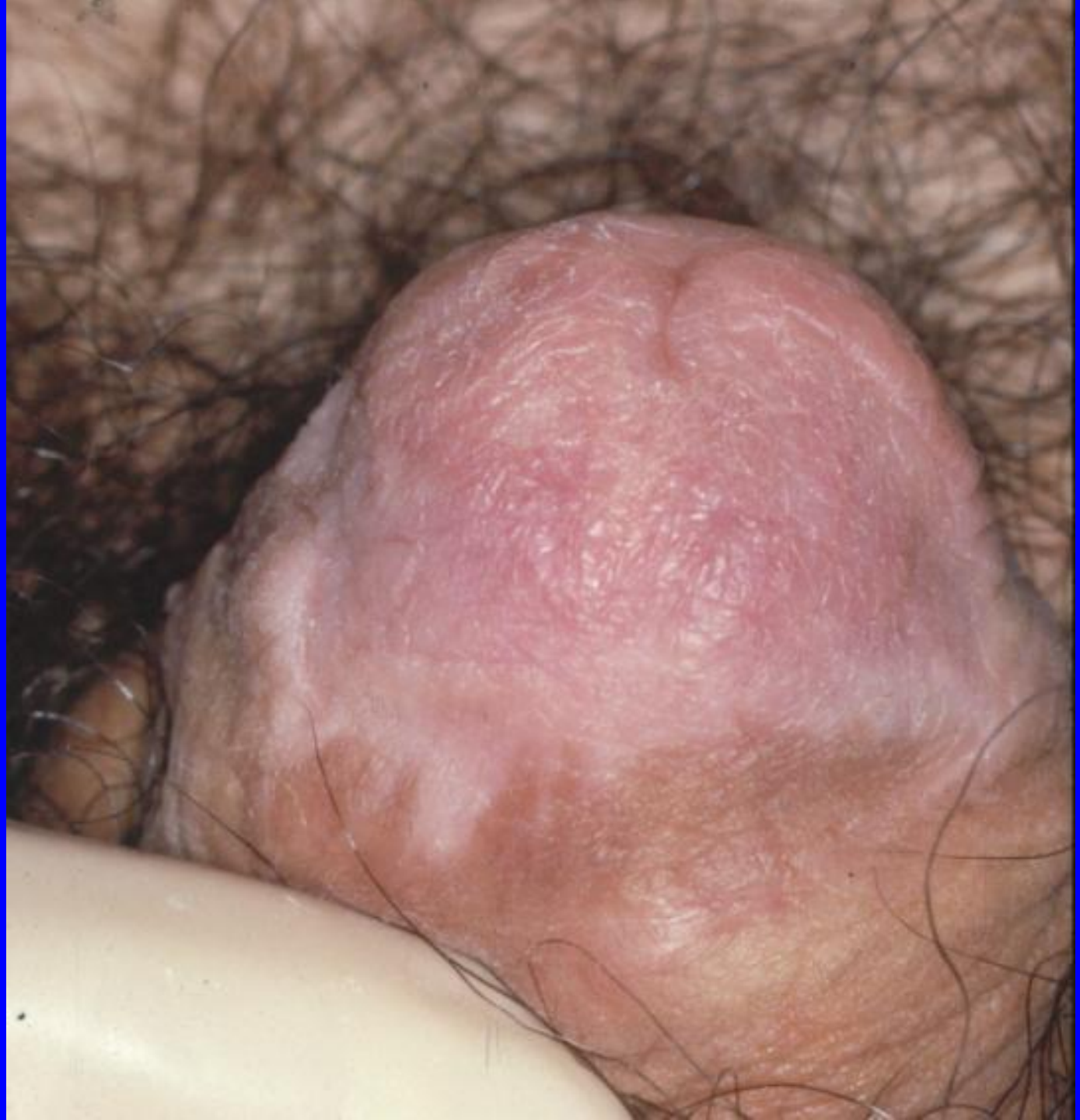

I'm on a break!

A.G.E.O.

Associazione Ginecologi Extra Ospedalieri

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Segreteria AGEO: Tel. 051 470416 - Fax 051 480582