



Caso clinico

Monica Ferlisi

UoC Neurologia A

AOUI Verona

Carla, 51 anni

Anamnesi Remota:

- Nel 2007 quadrantectomia → radioterapia → mastectomia bilaterale nel 2013 per ripresa di malattia
- Nel 1991 asportazione di melanoma arto inferiore sin, con svuotamento linfonodale e linfedema successivo

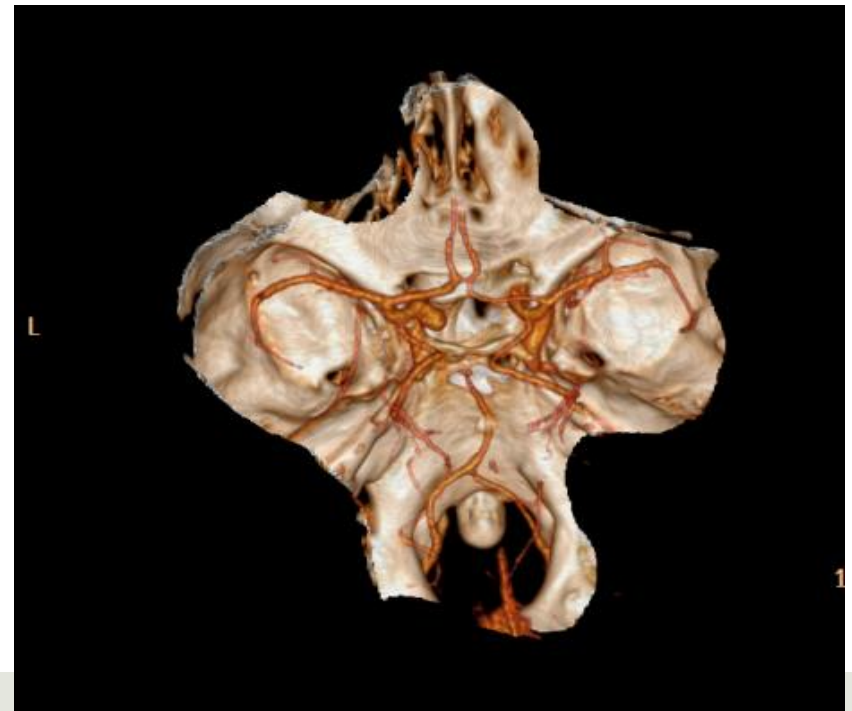
Anamnesi Prossima:

- Nel 2013 disturbo eloquio

→ TAC, RMN

Aneurisma sifone ACI sin, 9 mm

Stabile controlli successivi



5/12/2017: intervento in elezione

Profilassi LEV 500 x2 da 2 gg

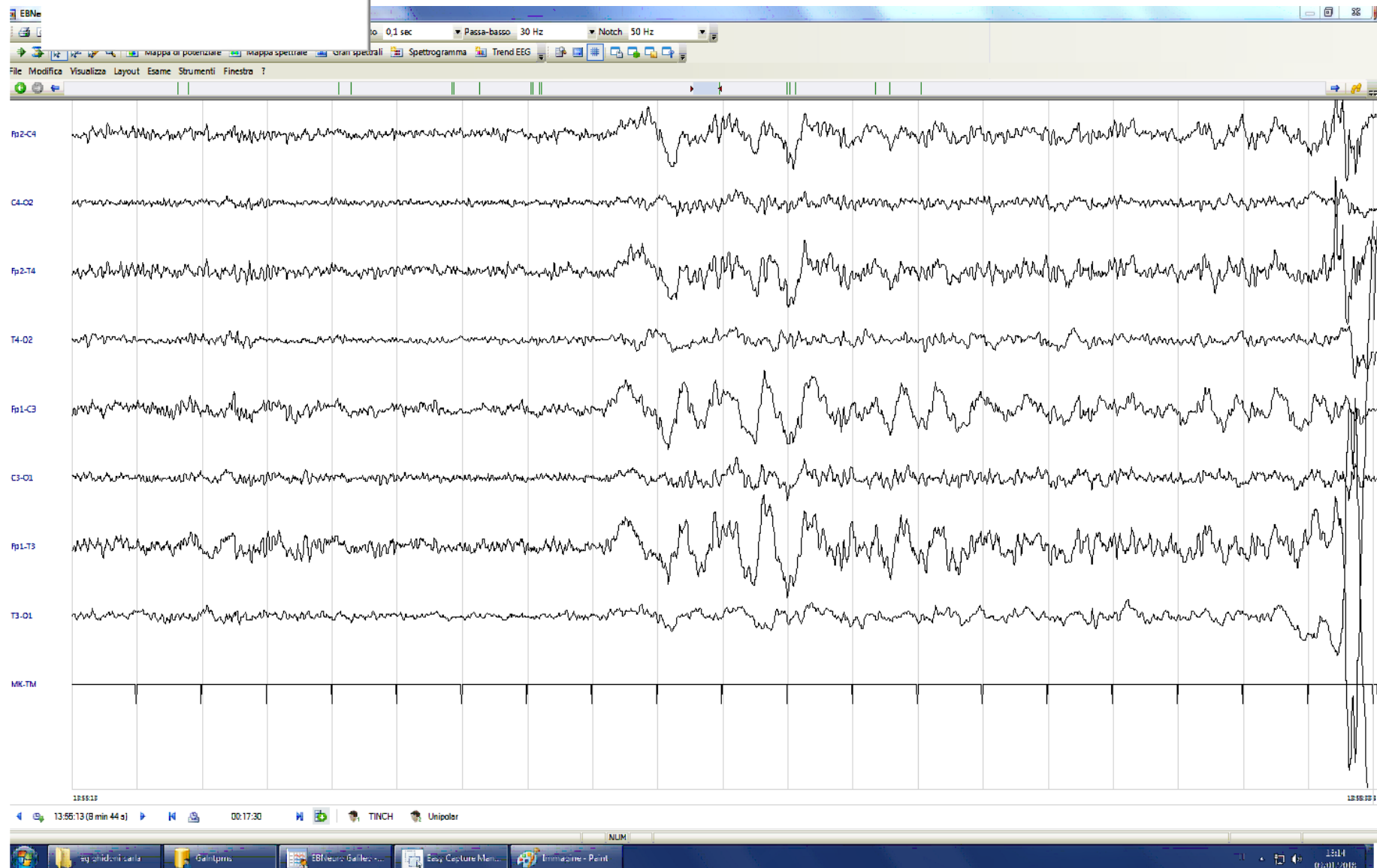
Intervento senza complicanze → neuro-ICU per risveglio

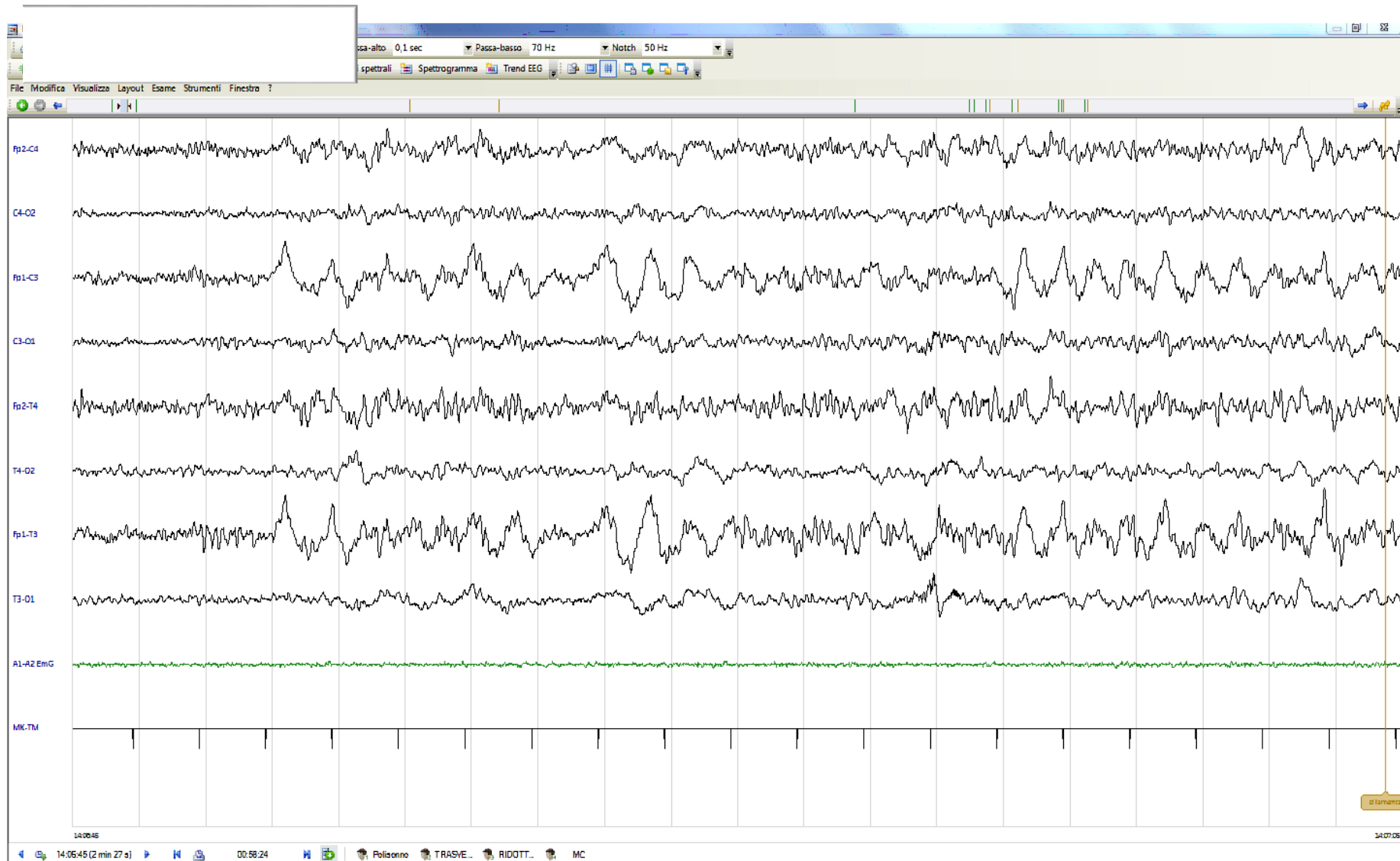
h.3.00 6/12 GCS 15, non deficit di lato → estubata

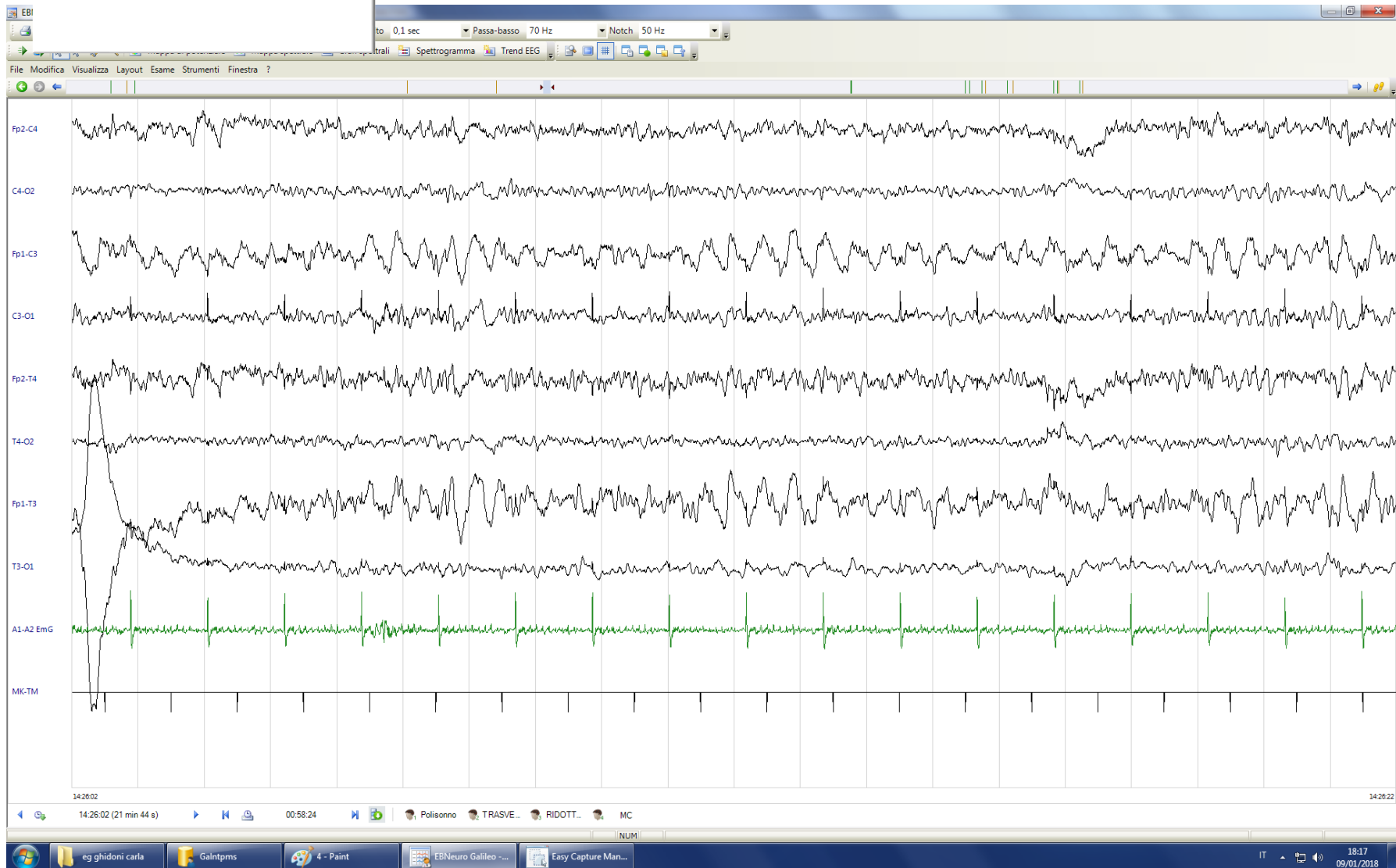
h.11.00 neuro-ICU → NCH

- Dopo qualche ora, confusa, disfasica

- h. 13.00 notate clonie emivolto dx







Reparto NCH, no monitor

■ h 14.00: Carico di Levetiracetam 3000 mg

(42 mg/kg/h) in 20 min

→ Nessun effetto, ancora crisi

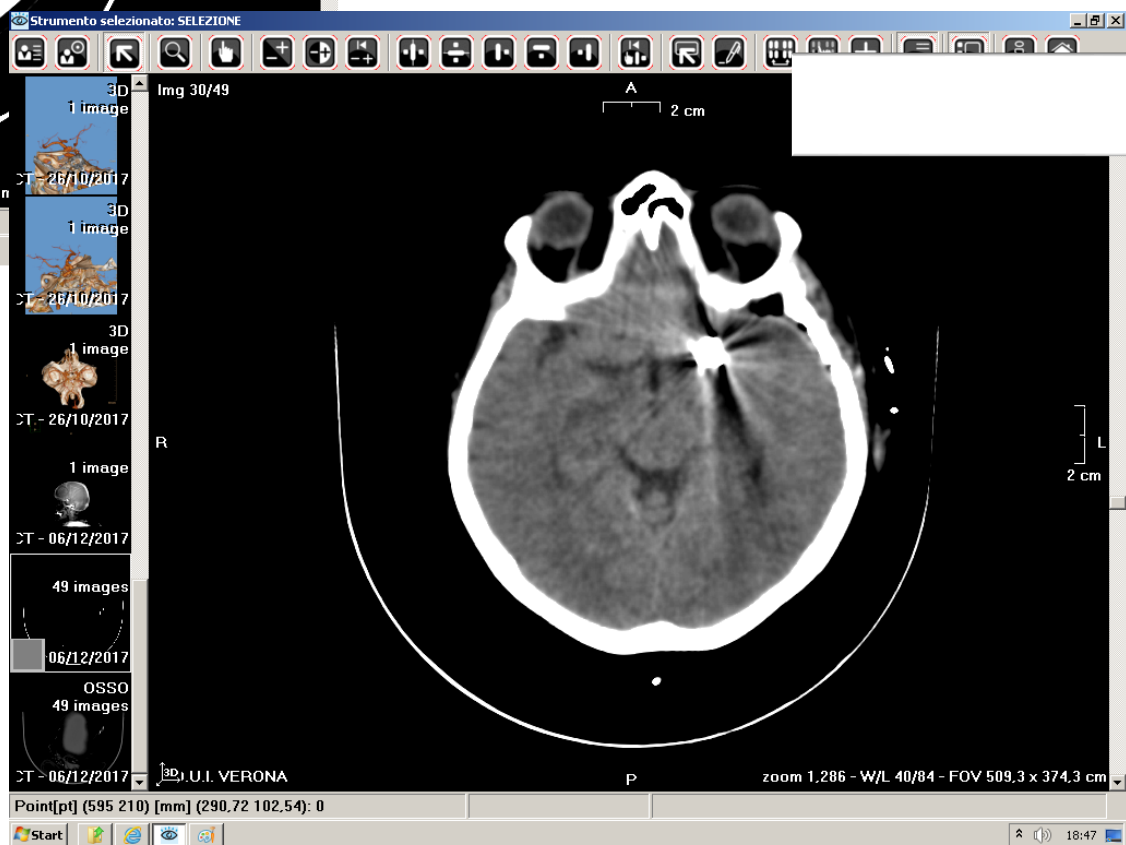
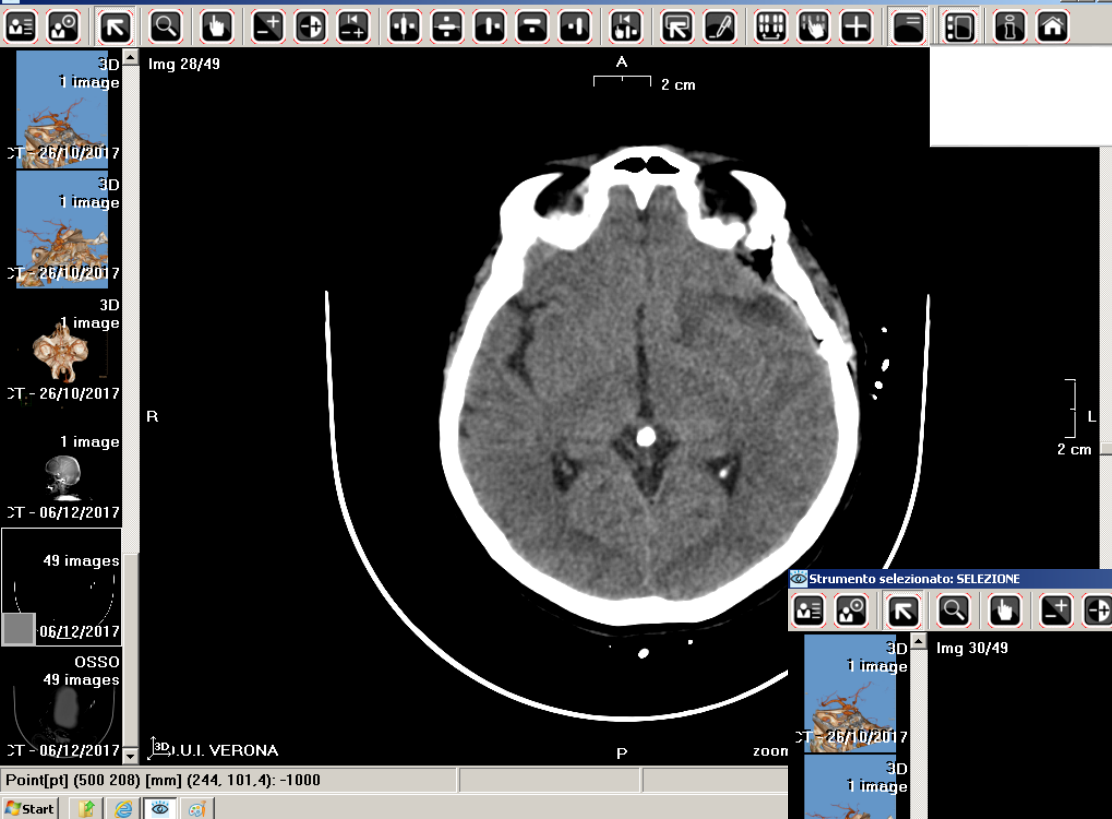
■ h.16.00: Lacosamide 400 mg in 20 min

→ Nessun effetto

→ Scadimento stato coscienza

→ Se stimolata agitata, incontenibile

→ In serata ri-trasferita in neuro-ICU



Neuro-ICU

- Inizia cEEG, quadro invariato
- Agitata, incontenibile
- Episodi di desaturazione
- IOT, inizia MDZ

MDZ

0.2

LEV

3000

LCM

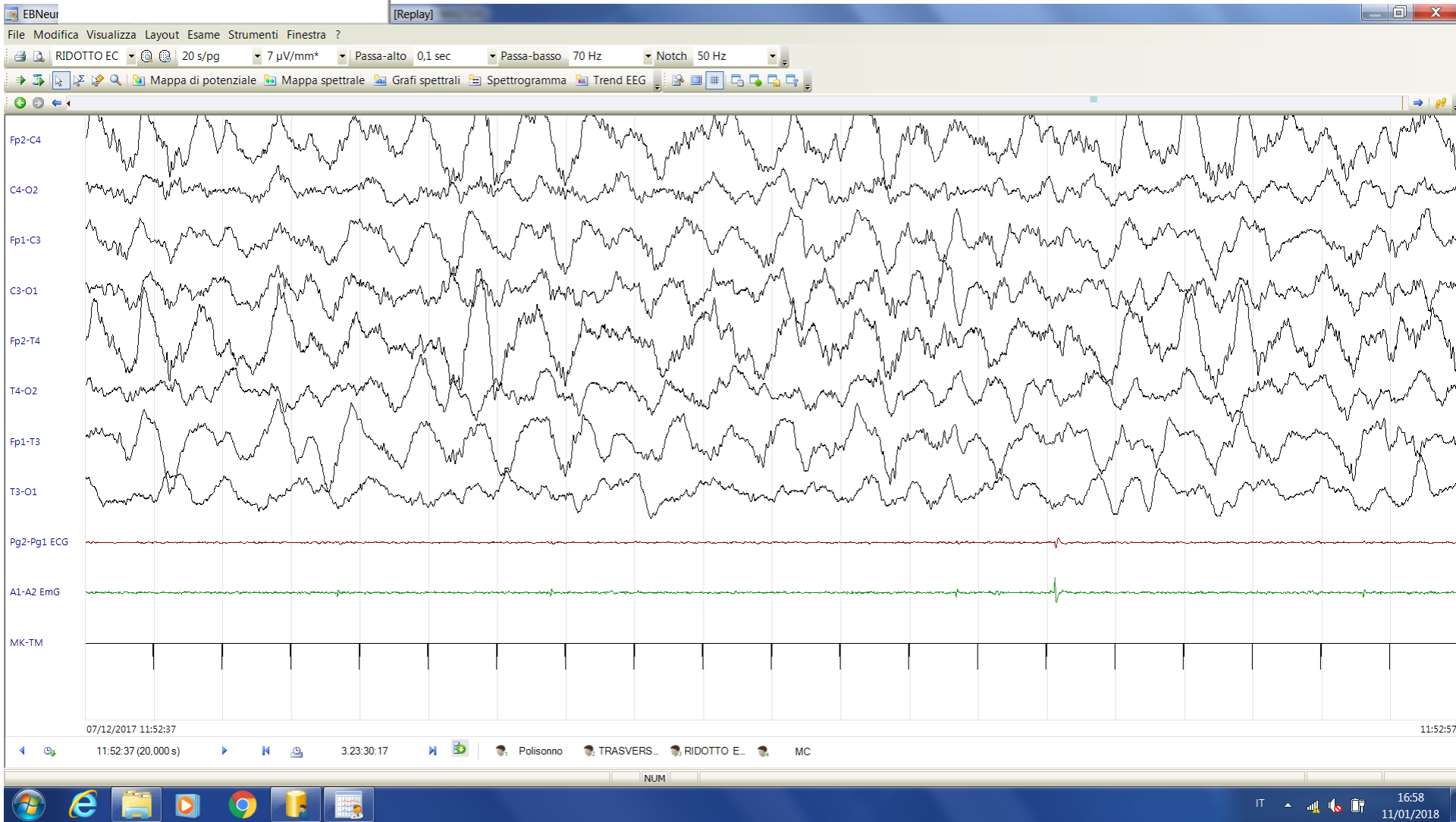
400

6/12

EEG

NCSE

GCS



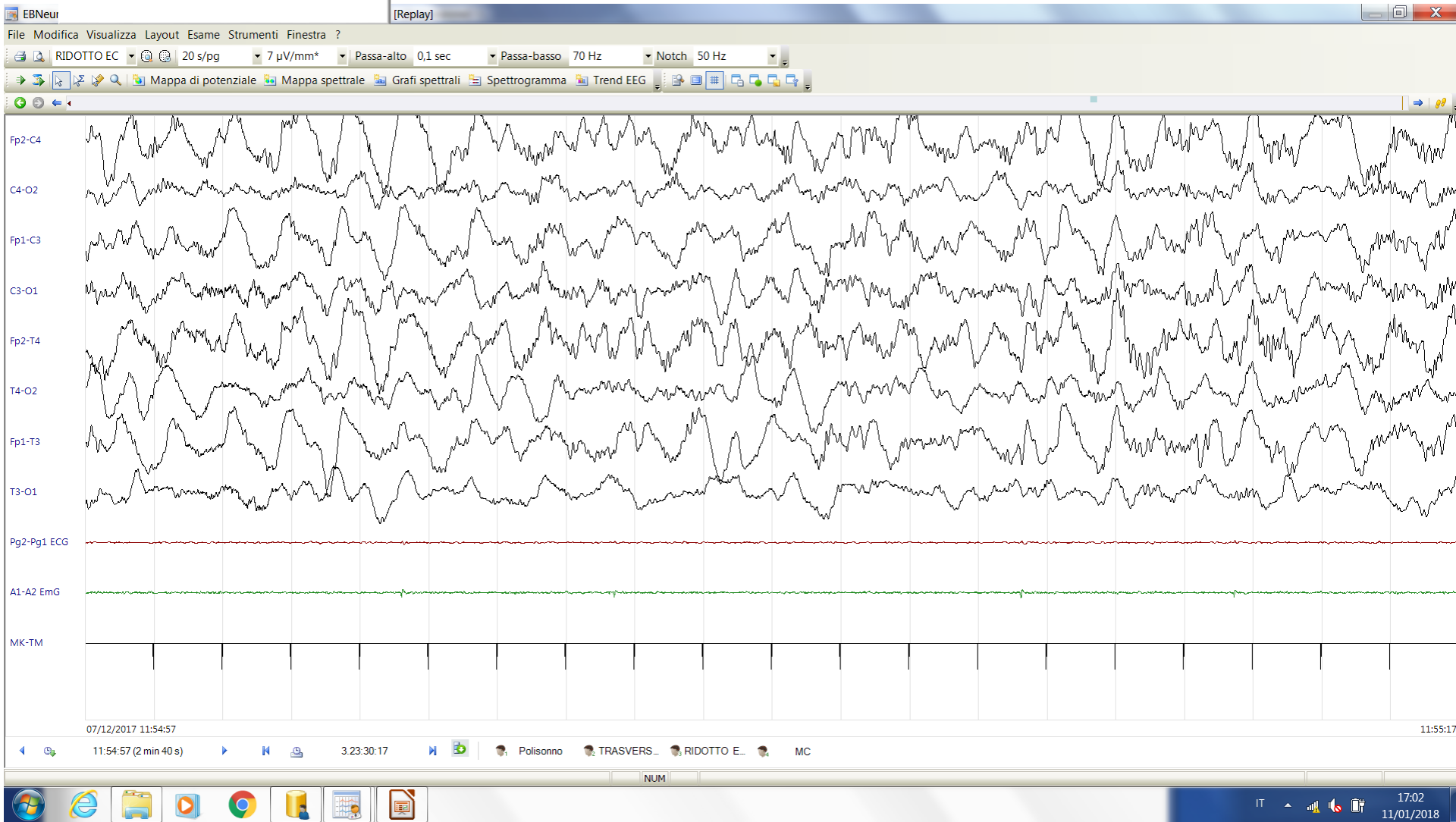
MDZ 0.2 → 0.4 mg/Kg/h →

PRO → 5 mg/kg/h

LEV 3000 → 1000 x 3

LCM 400 → 200 x 2

	6/12	7/12	8/12	9/12
EEG	NCSE	BS	BS	
GCS				



MDZ

0.2 → 0.4 mg/Kg/h → 0.1

PRO

→ 5 mg/kg/h



LEV

3000 → 1000 x 3

LCM

400 → 200 x 2

EEG

6/12 7/12 8/12 9/12 10/12 11/1

NCSE

BS

BS

BS

GCS

MDZ

0.2 → 0.4 mg/Kg/h → 0.1

PRO

→ 5 mg/kg/h

LEV

3000 → 1000 x 3

LCM

400 → 200 x 2

TPM

400 → 20



6/12 7/12 8/12 9/12 10/12 11/1

EEG

NCSE

BS

BS

BS

BS+

GCS

MDZ

0.2 → 0.4 mg/Kg/h → 0.1

PRO

→ 5 mg/kg/h



LEV

3000 → 1000 x 3

LCM

400 → 200 x 2

TPM

400 → 200 x 2

EEG

GCS

6/12 7/12 8/12 9/12 10/12 11/12 12/12

NCSE

BS

BS

NCSE

MDZ

0.2 → 0.4 mg/Kg/h → 0.1

0.2

PRO

→ 5 mg/kg/h

TPS

→ 8 mg/kg/h

LEV

3000 → 1000 x 3

LCM

400 → 200 x 2

TPM

400 → 200 x 2

EEG

GCS

6/12 7/12 8/12 9/12 10/12 11/12 12/12 13/12 14/1

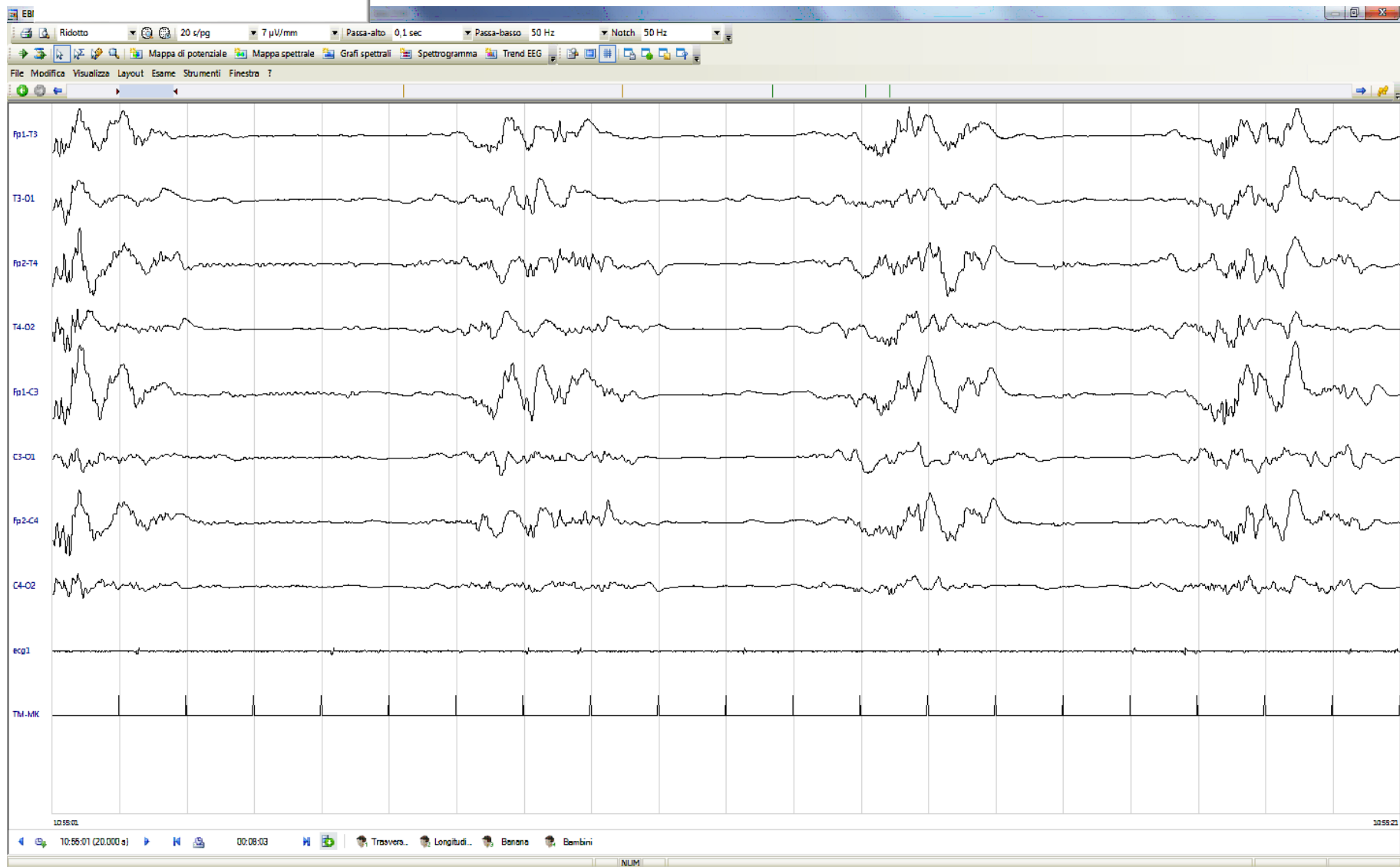
NCSE

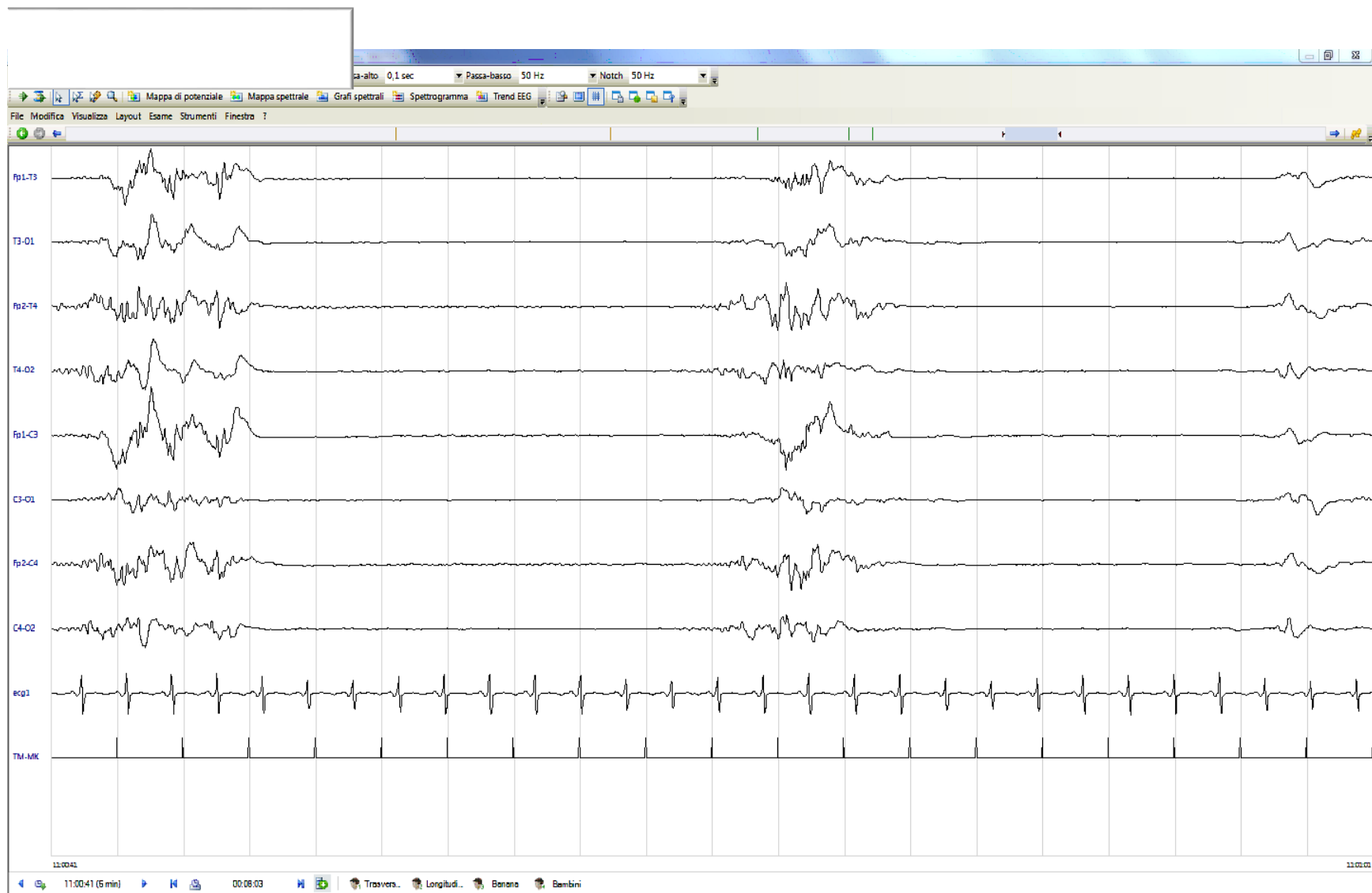
BS

BS

NCSE

BS





MDZ

0.2 → 0.4 mg/Kg/h → 0.1

0.2

PRO

→ 5 mg/kg/h

TPS

→ 8 mg/kg/h



LEV

3000 → 1000 x 3

LCM

400 → 200 x 2

TPM

400 → 200 x 2

6/12 7/12 8/12 9/12 10/12 11/12 12/12 13/12 14/12

EEG

NCSE

BS

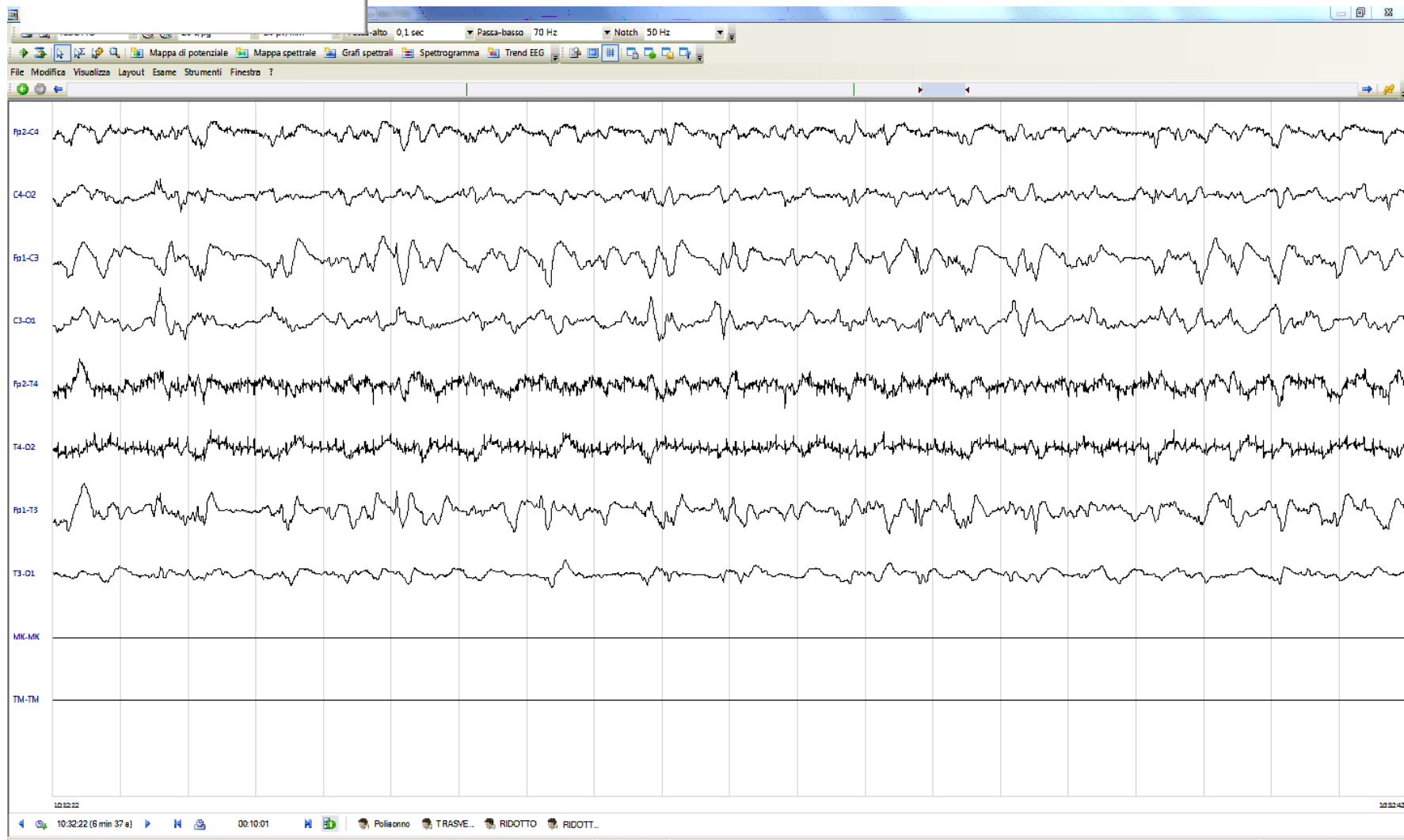
BS

NCSE

BS

GCS





MDZ

0.2 → 0.4 mg/Kg/h → 0.1

0.2

PRO

→ 5 mg/kg/h

TPS

→ 8 mg/kg/h

LEV

3000 → 1000 x 3

1000 x 2

LCM

400 → 200 x 2

TPM

400 → 200 x 2

PHTpl

PHT

1500 → 250 x 3

6/12 7/12 8/12 9/12 10/12 11/12 12/12 13/12 14/12 15/12 16 17

EEG

NCSE

BS

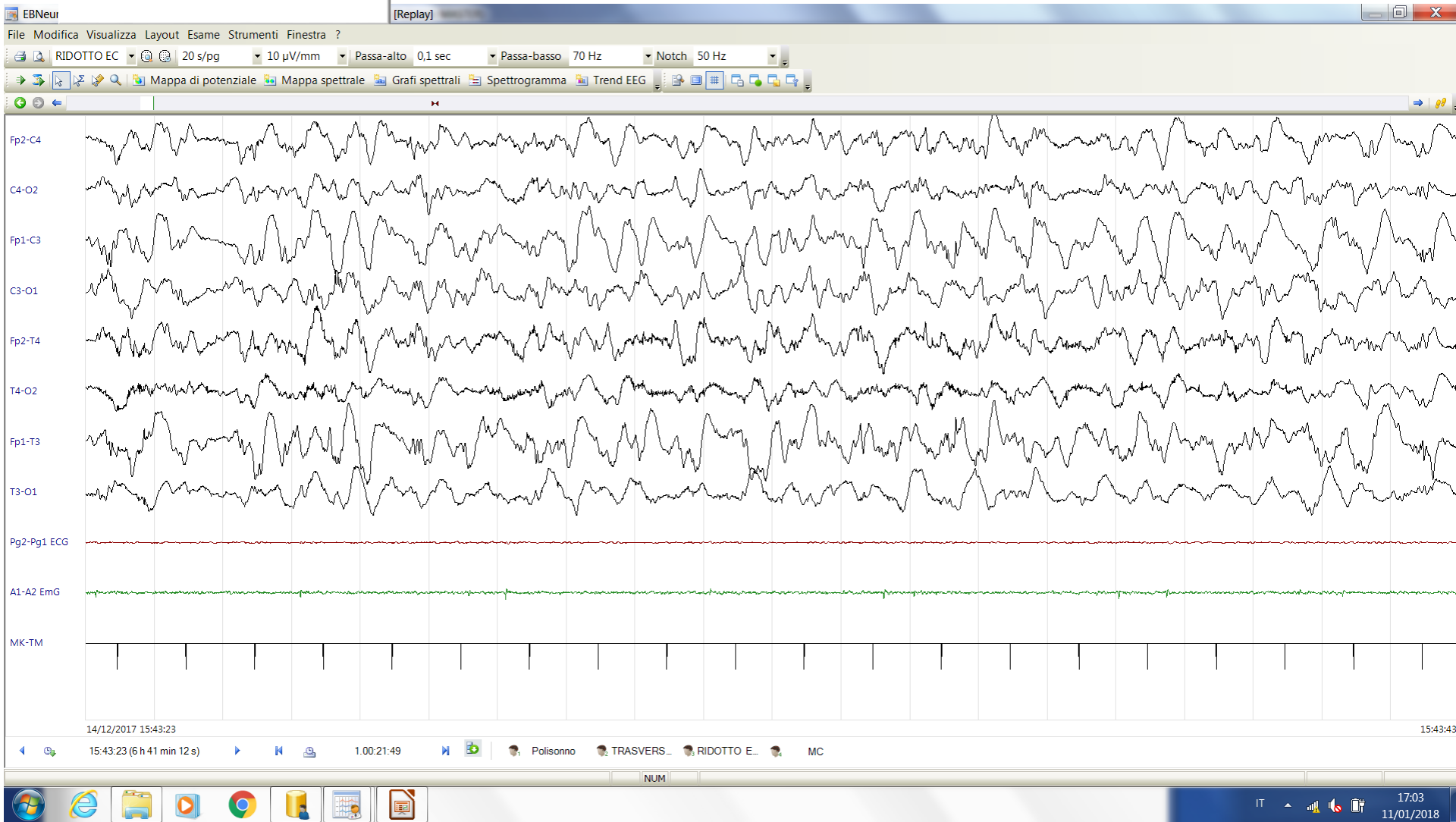
BS

NCSE

BS

NCSE

GCS



MDZ

0.2 → 0.4 mg/Kg/h → 0.1

0.2

PRO

→ 5 mg/kg/h

TPS

→ 8 mg/kg/h

Keta

→ 5 mg/kg/h

LEV

3000 → 1000 x 3

1000 x 2

LCM

400 → 200 x 2

TPM

400 → 200 x 2

PHTpl

PHT

1500 → 250 x 3

6/12 7/12 8/12 9/12 10/12 11/12 12/12 13/12 14/12 15/12 16 17 18

EEG

NCSE

BS

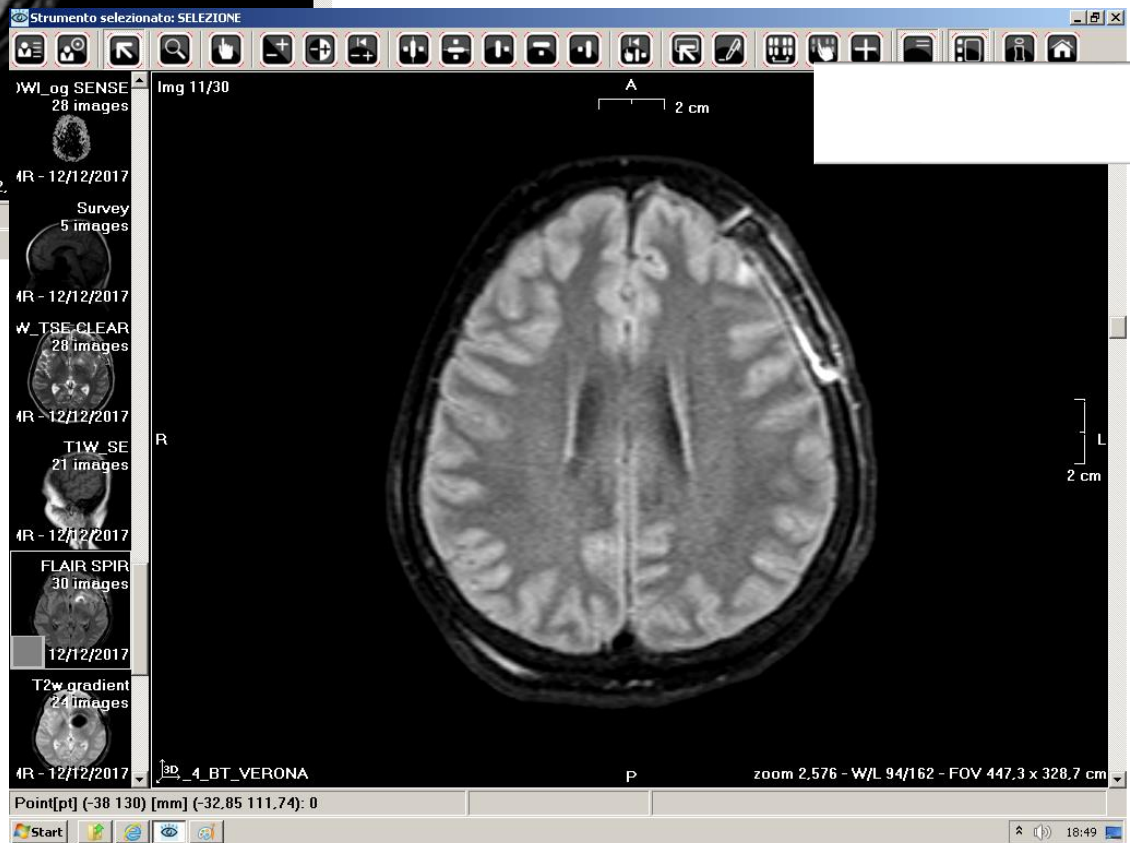
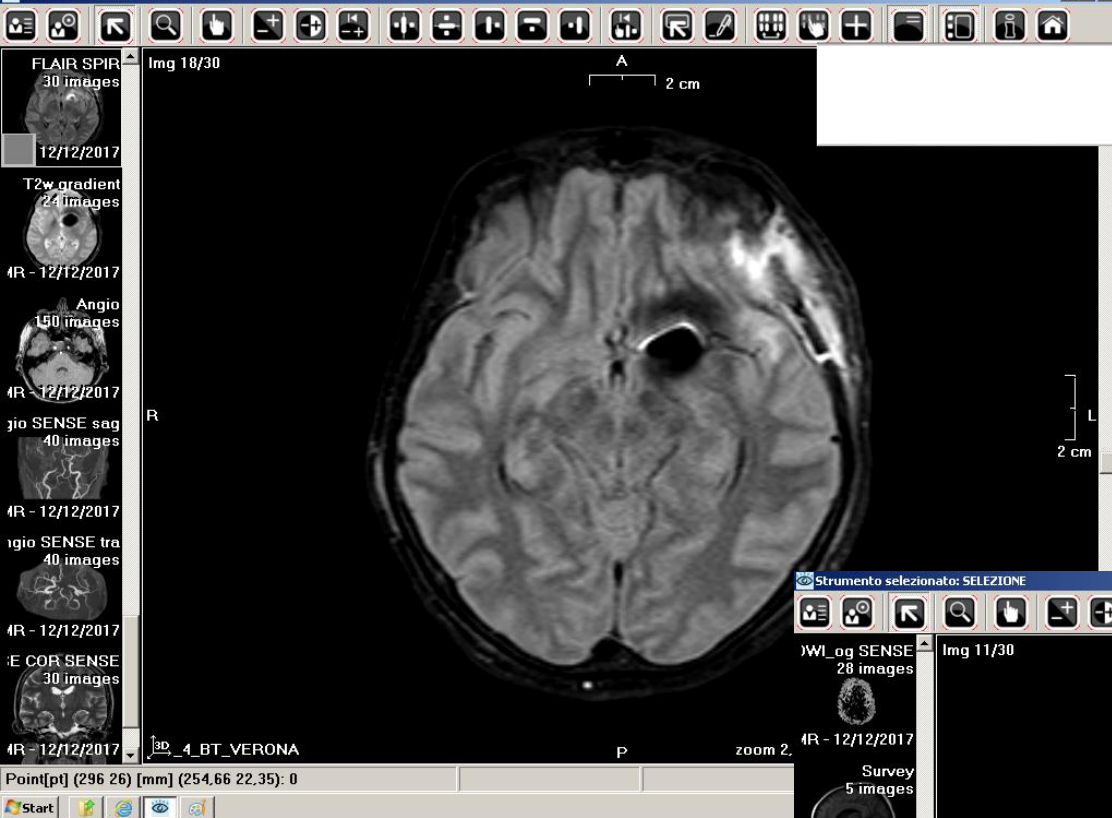
BS

NCSE

BS

NCSE

GCS



0.2

PRO

→ 5 mg/kg/h

TPS

→ 8 mg/kg/h

Keta

→ 5 mg/kg/h

LEV

$$3000 \rightarrow 1000 \times 3$$

1000 x2

500>

LCM

400 $\rightarrow 200 \times 2$

TPM

$$400 \rightarrow 200 \times 2$$

PHTpl

27

PHT

$$1500 \rightarrow 250 \times 3 \quad 100 \times 4$$

6/12

7/12

8/12

9/12

10/12

11/12

12/12

13/12

14/12

15/12

16 17 1

8 19 20

EEG

NCSE

BS

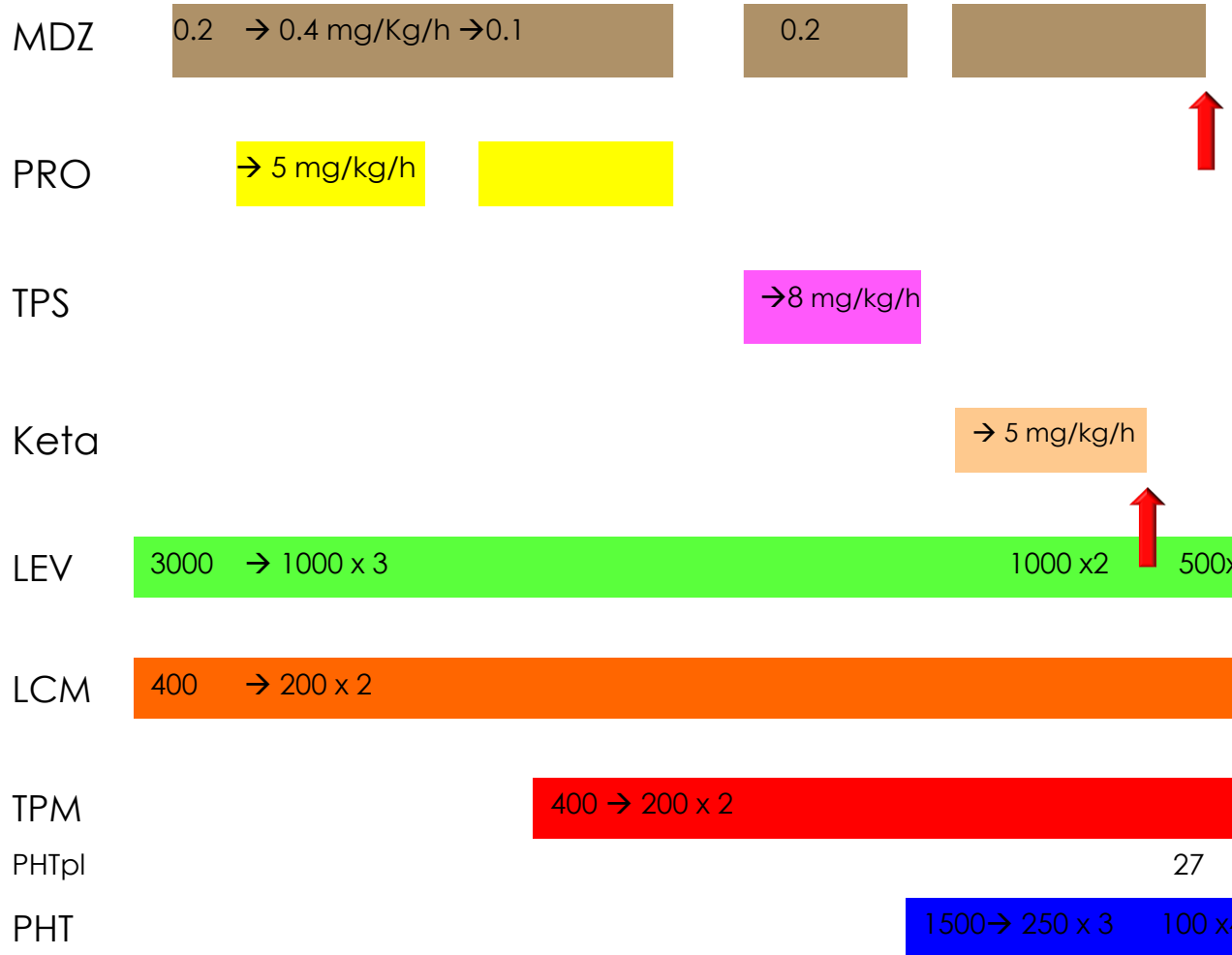
BS

NCSE

BS

NCSE

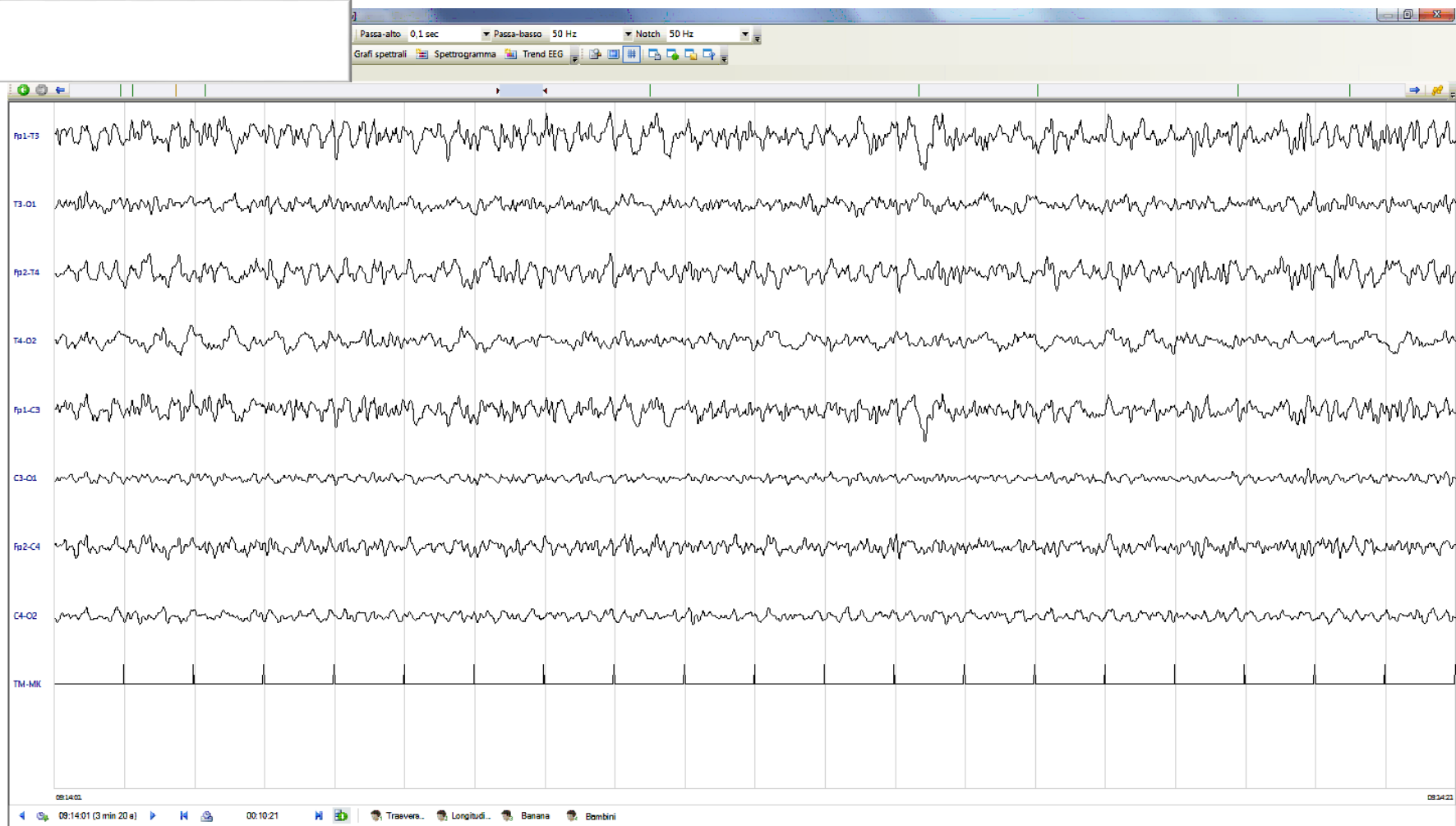
GCS

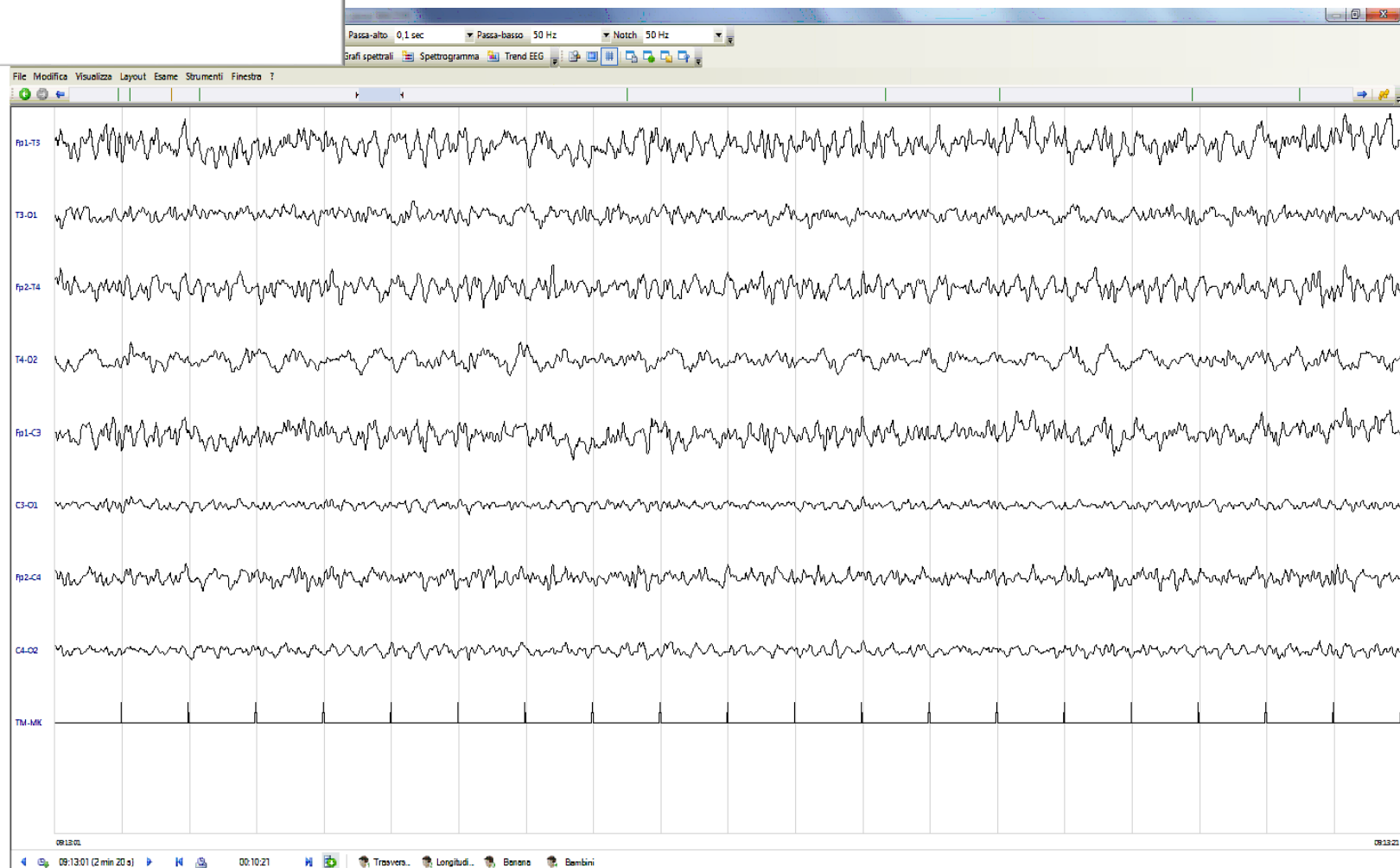


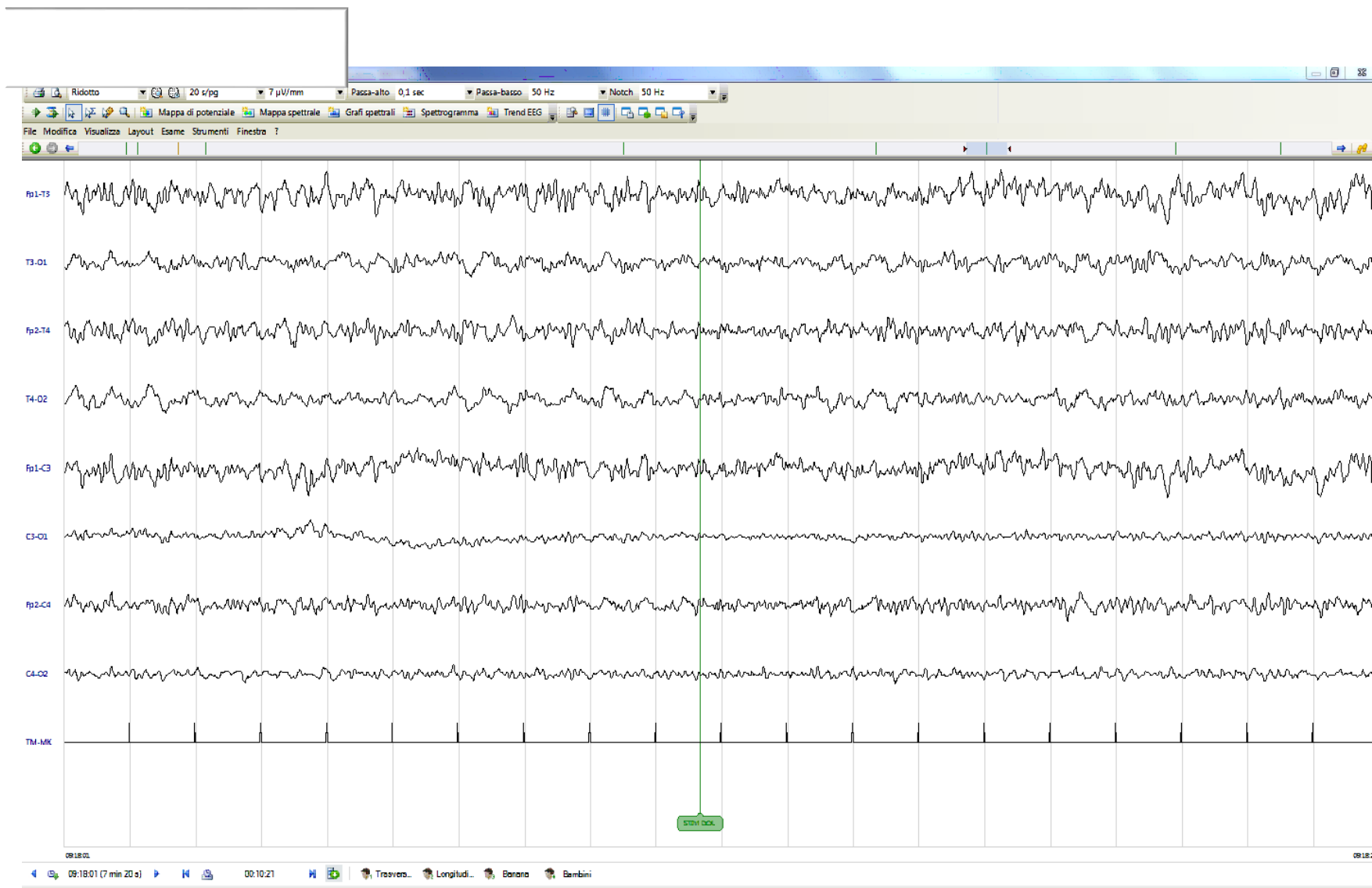
6/12 7/12 8/12 9/12 10/12 11/12 12/12 13/12 14/12 15/12 16 17 18 19 20

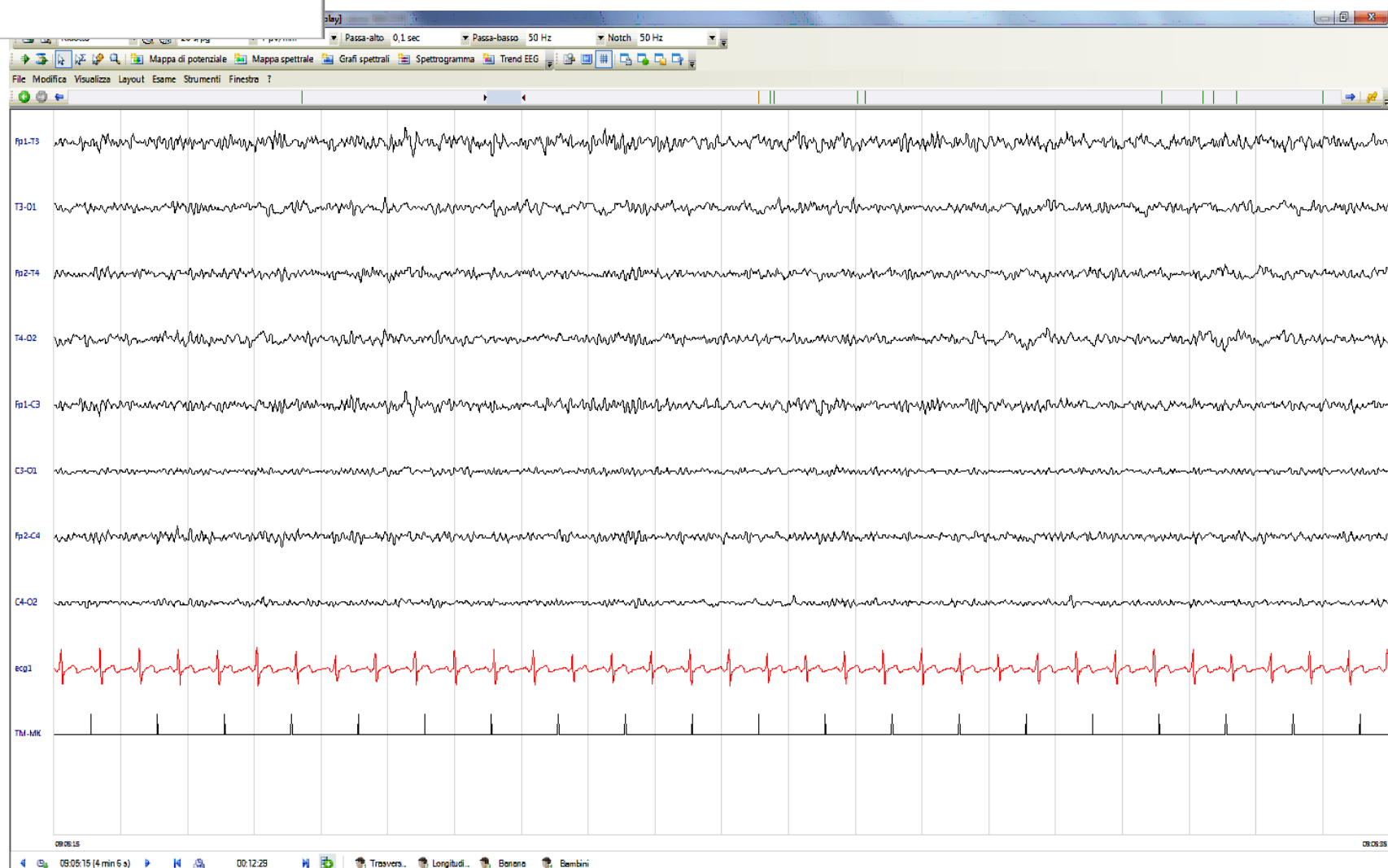
EEG NCSE BS BS NCSE BS NCSE

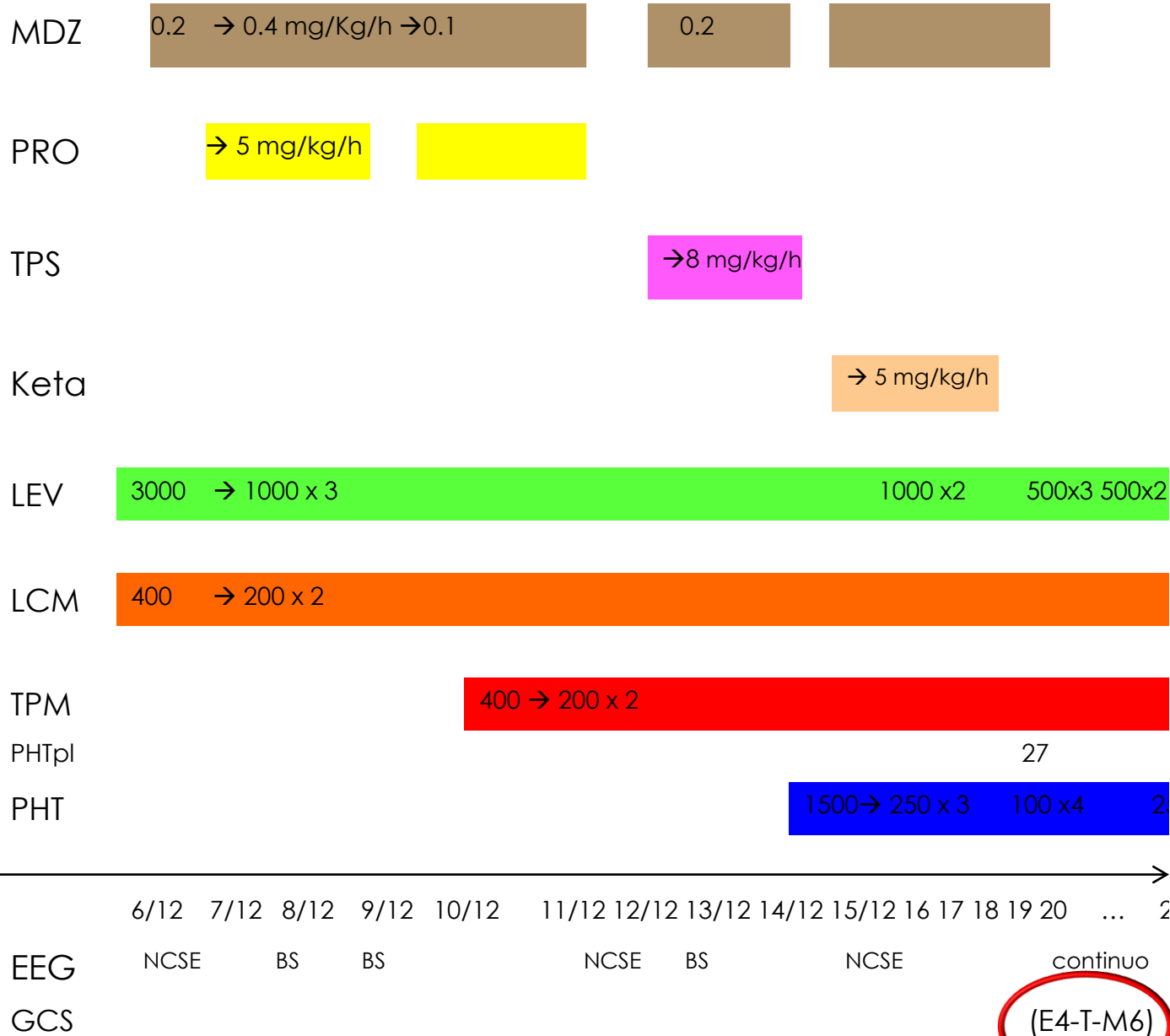
GCS

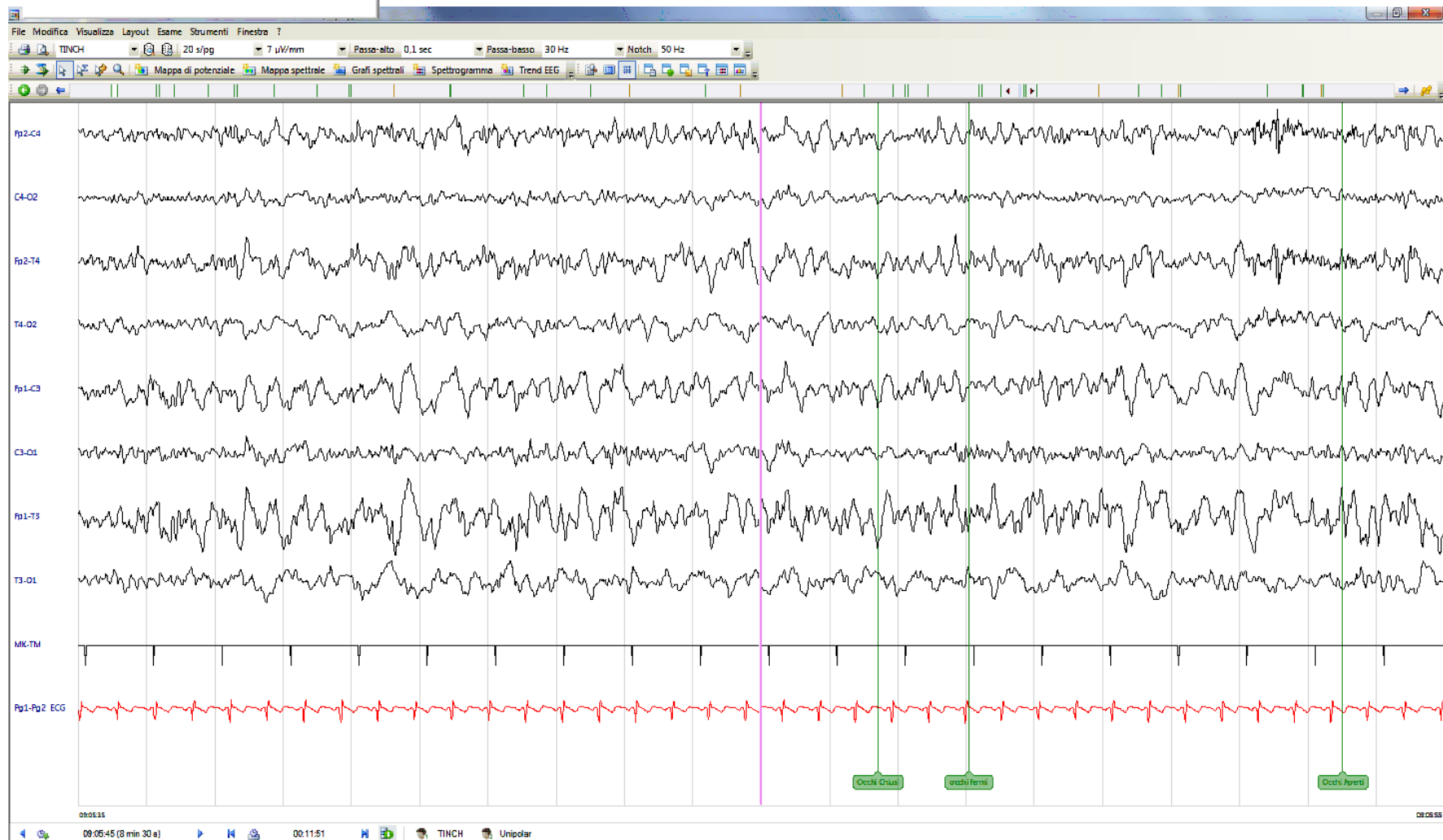












MDZ

0.2 → 0.4 mg/Kg/h → 0.1

0.2

PRO

→ 5 mg/kg/h

TPS

→ 8 mg/kg/h

Keta

→ 5 mg/kg/h

LEV

3000 → 1000 x 3

1000 x2

500x3 500x2

LCM

400 → 200 x 2

TPM

400 → 200 x 2

PHTpl

27

3.3

PHT

1500 → 250 x 3

100 x4

250 x3

EEG

6/12

7/12

8/12

9/12

10/12

11/12

12/12

13/12

14/12

15/12

16

17

18

19

20

...

29

30

31

NCSE

BS

BS

NCSE

BS

NCSE

continuo

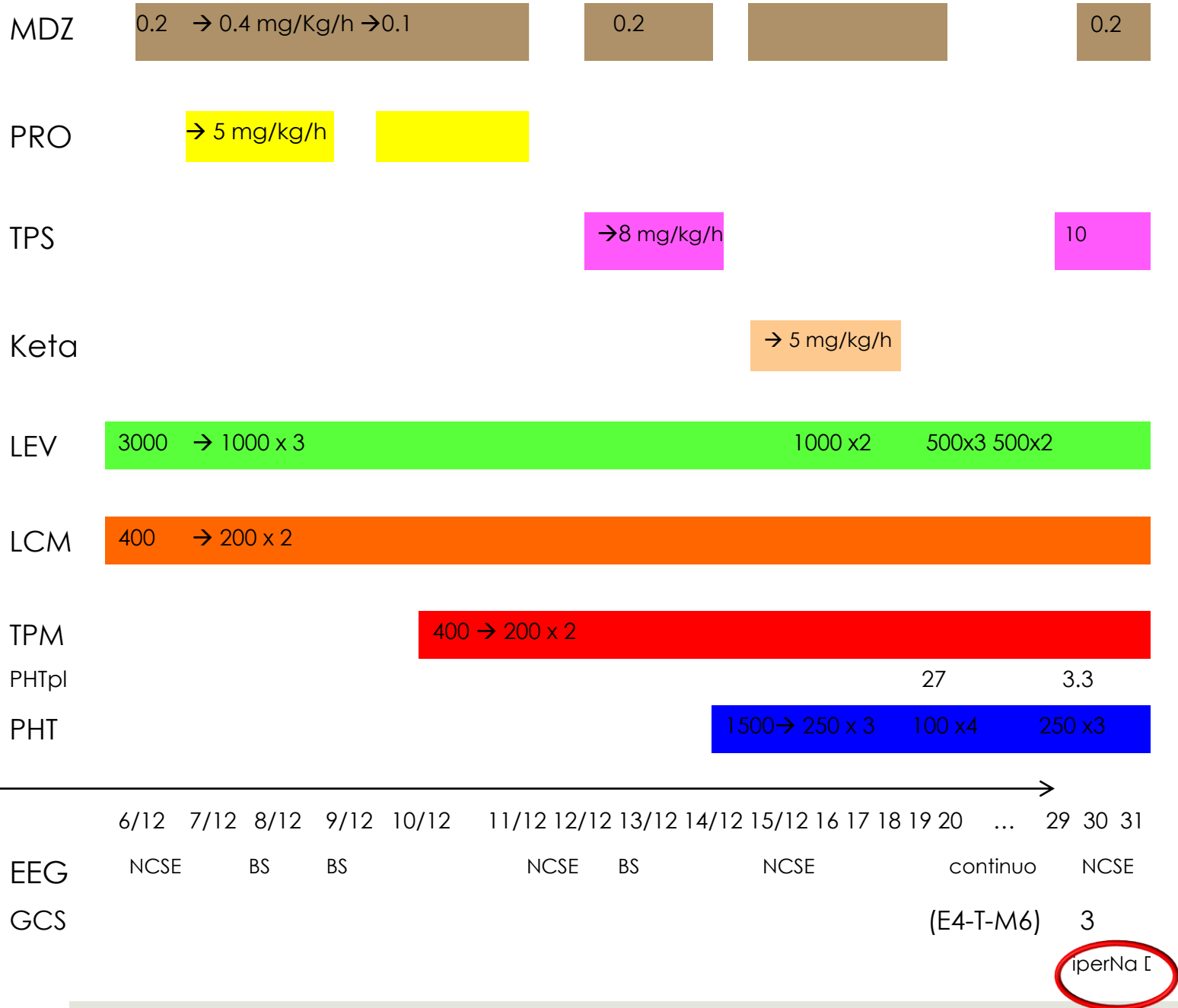
NCSE

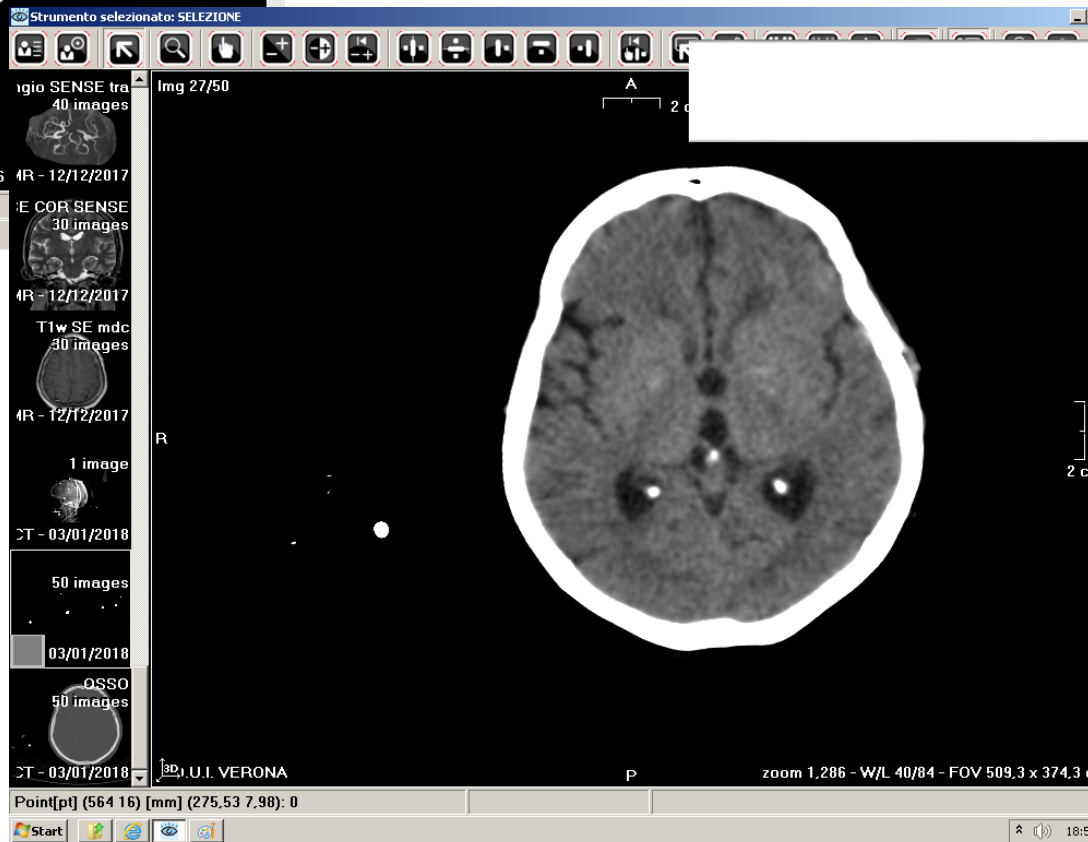
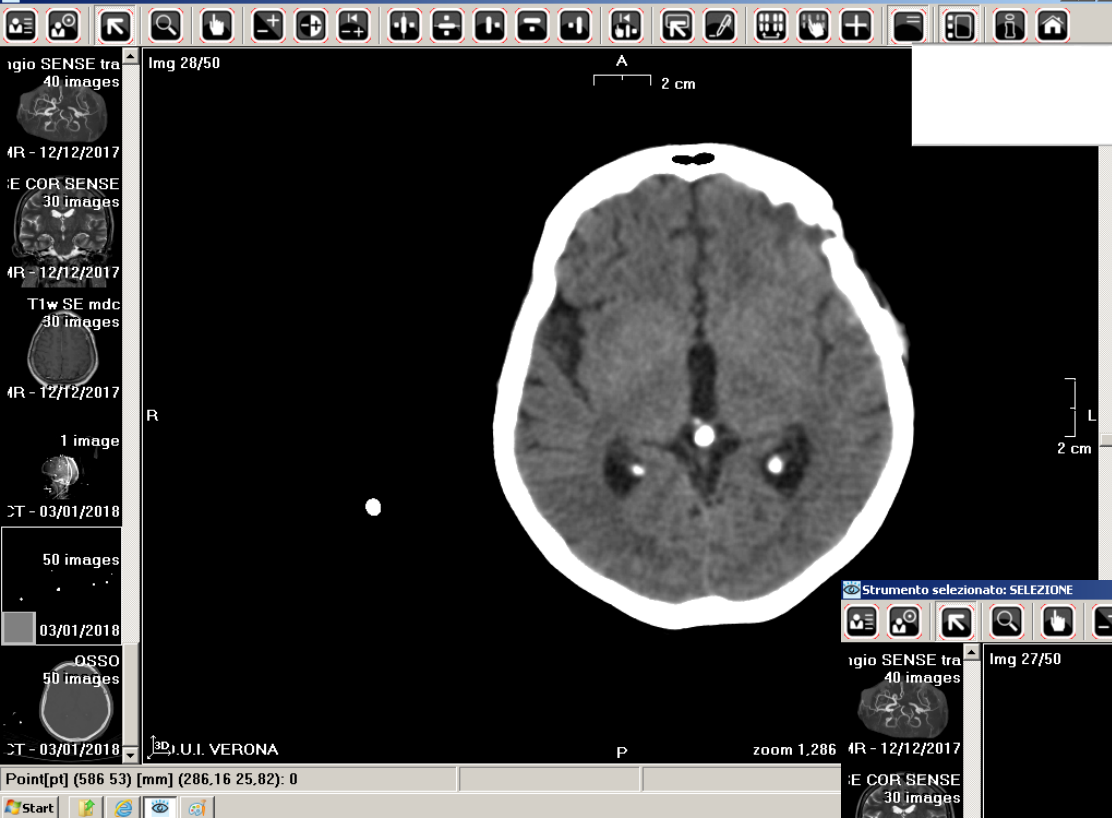
GCS

(E4-T-M6)

3

iperNa E





MDZ 0.2 → 0.4 mg/Kg/h → 0.1 0.2 0.2

PRO → 5 mg/kg/h

TPS → 8 mg/kg/h 10

Keta → 5 mg/kg/h

LEV 3000 → 1000 x 3 1000 x2 500x3 500x2

LCM 400 → 200 x 2

TPM 400 → 200 x 2

PHTpl 27 3.3

PHT 1500 → 250 x 3 100 x4 250 x2

6/12 7/12 8/12 9/12 10/12 11/12 12/12 13/12 14/12 15/12 16 17 18 19 20 ... 29 30 31 1/1 2

EEG NCSE BS BS NCSE BS NCSE continuo NCSE

GCS (E4-T-M6) 3
iperNa

MDZ 0.2 → 0.4 mg/Kg/h → 0.1 0.2 0.2

PRO → 5 mg/kg/h

TPS → 8 mg/kg/h 10

Keta → 5 mg/kg/h

LEV 3000 → 1000 x 3 1000 x2 500x3 500x2

LCM 400 → 200 x 2

TPM 400 → 200 x 2

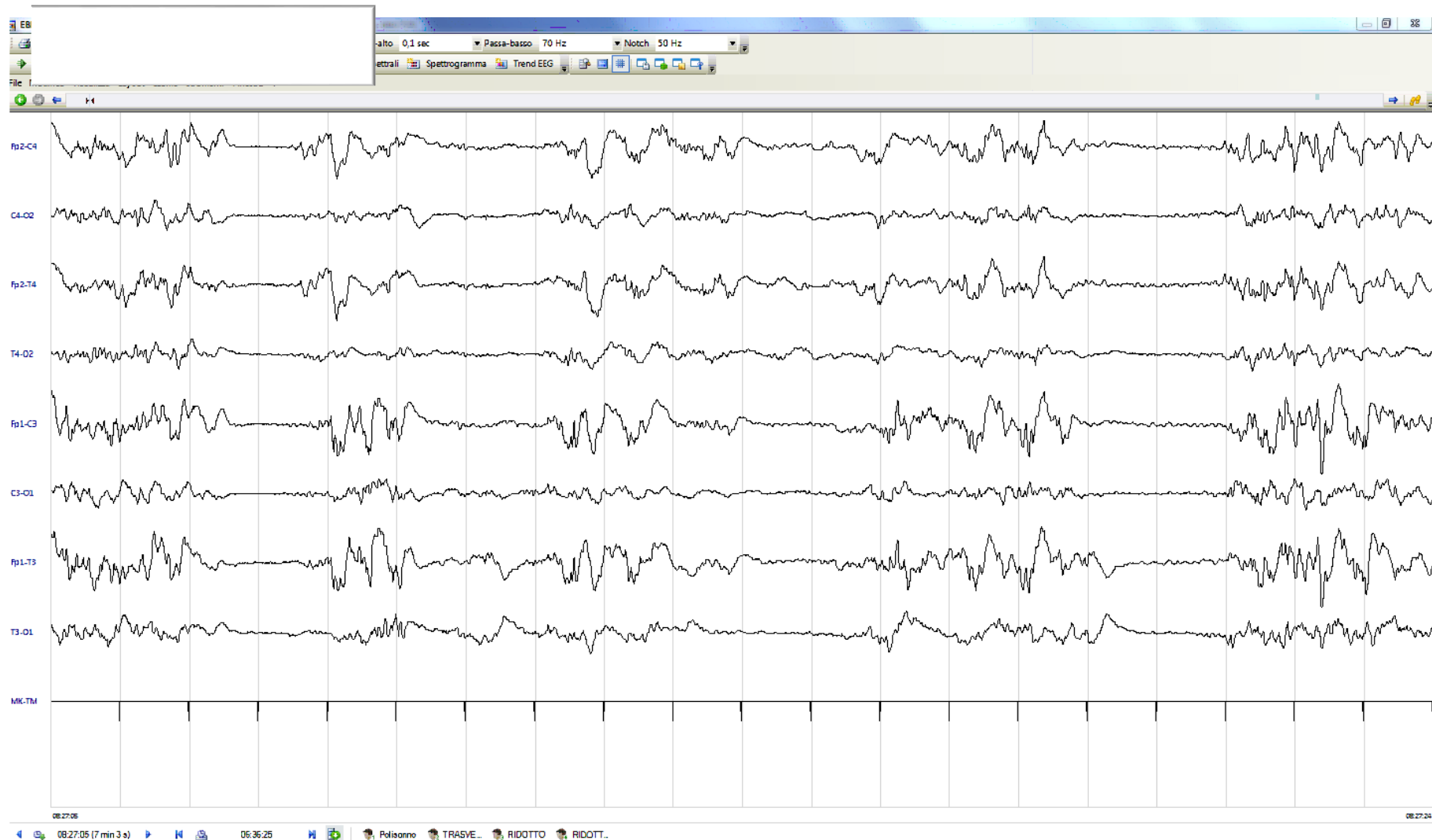
PHTpl 27 3.3

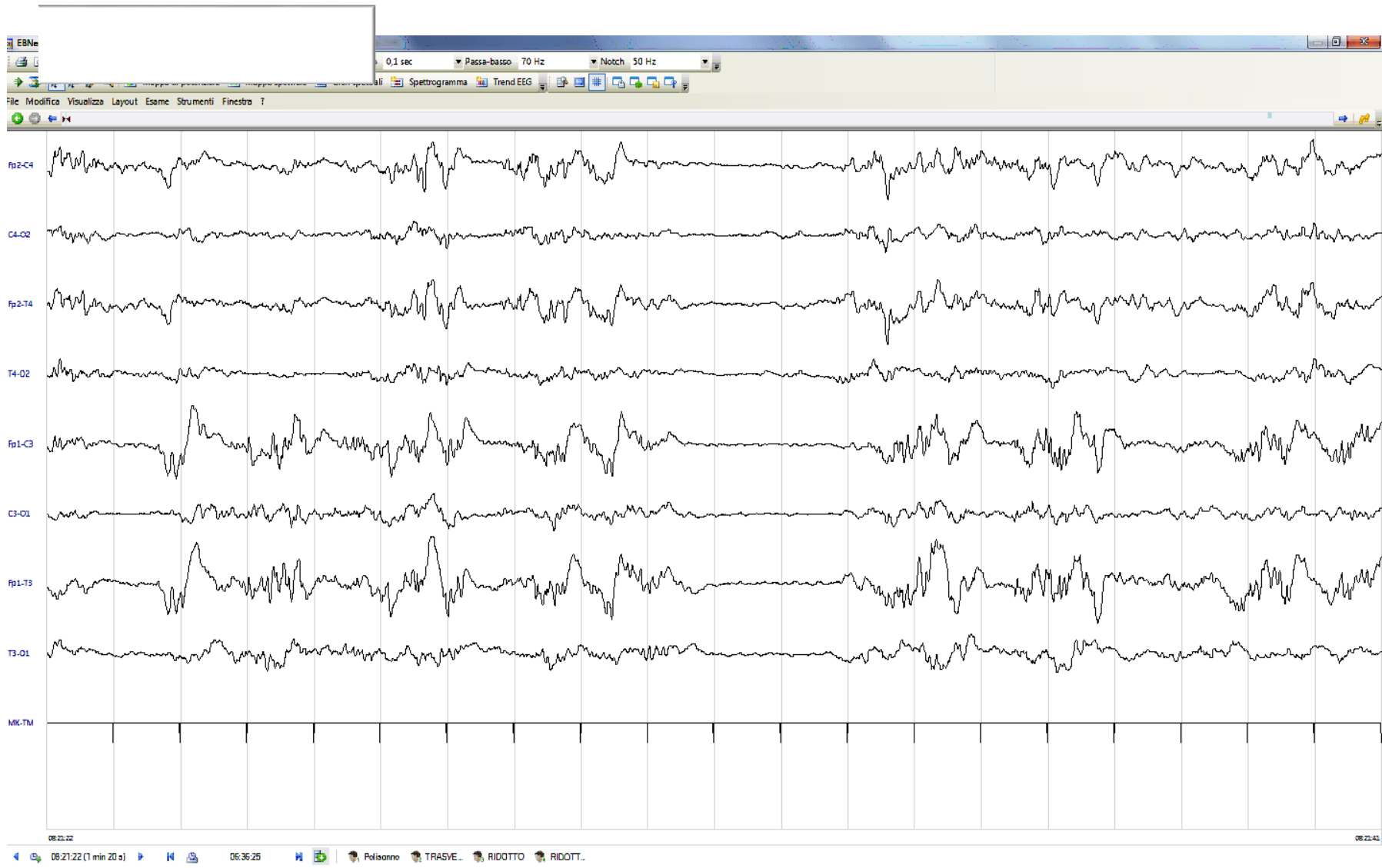
PHT 1500 → 250 x 3 100 x4 250 x3

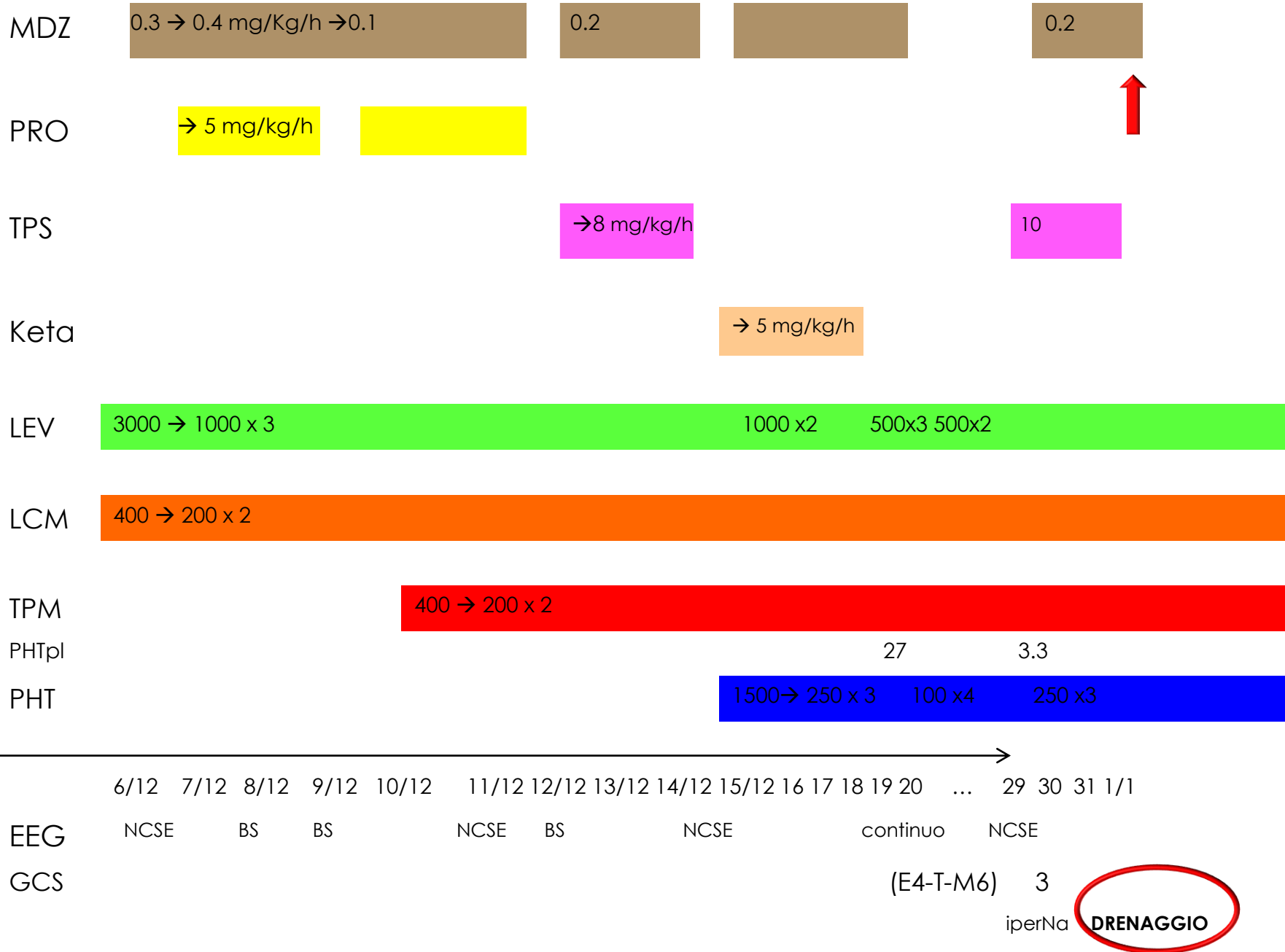
6/12 7/12 8/12 9/12 10/12 11/12 12/12 13/12 14/12 15/12 16 17 18 19 20 ... 29 30 31 1/1 2

EEG NCSE BS BS NCSE BS NCSE continuo NCSE

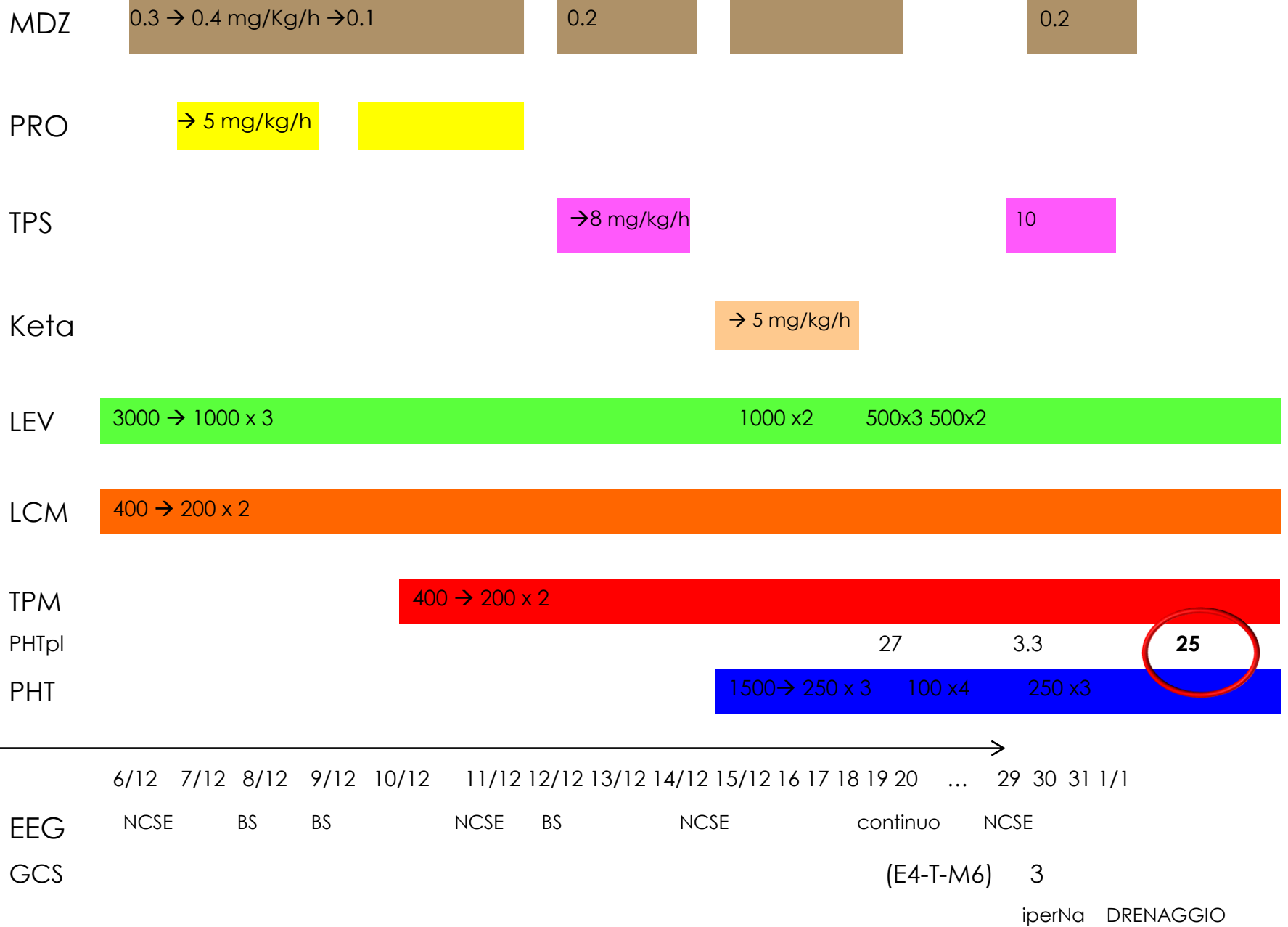
GCS (E4-T-M6) 3
iperNa

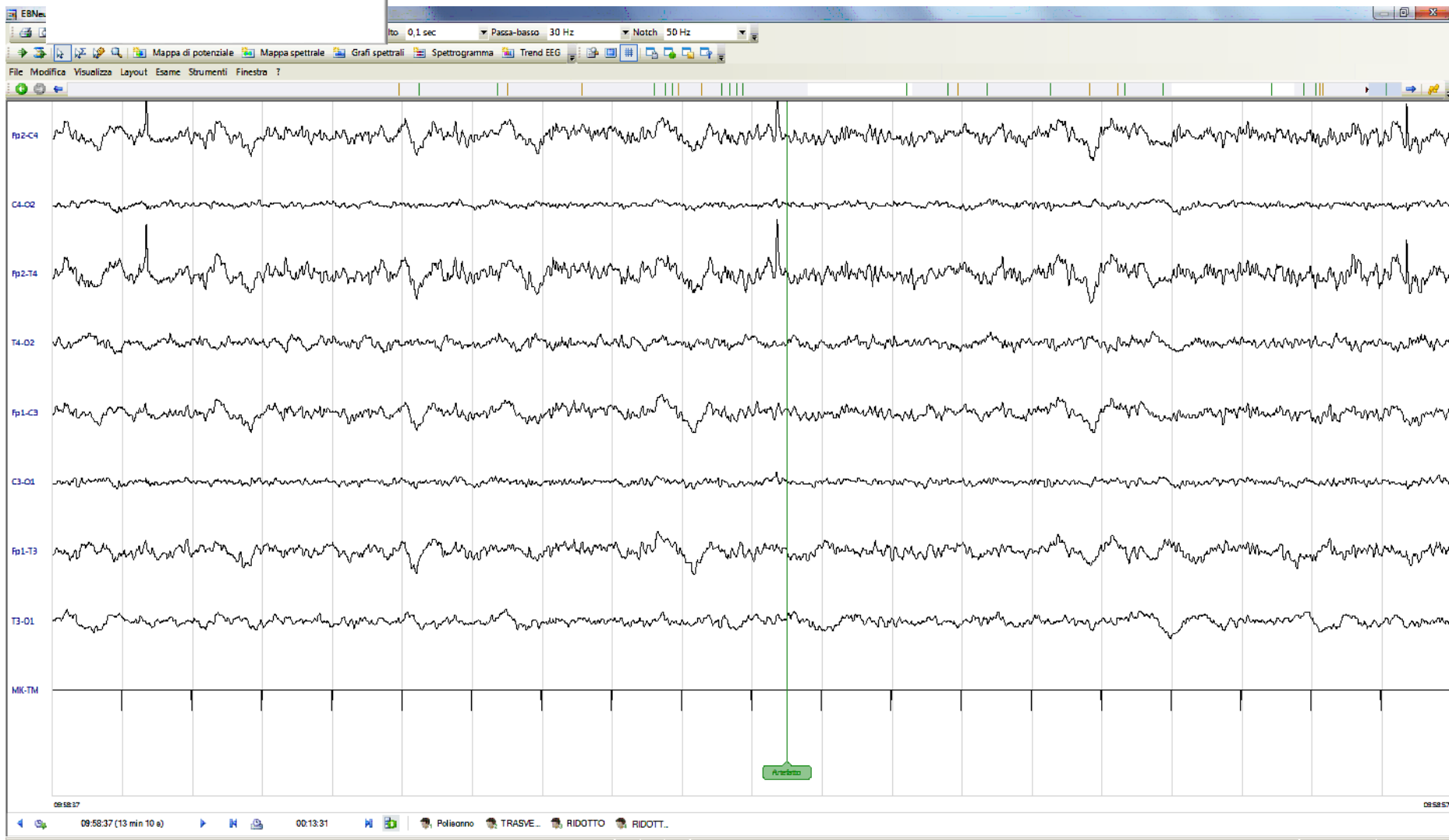


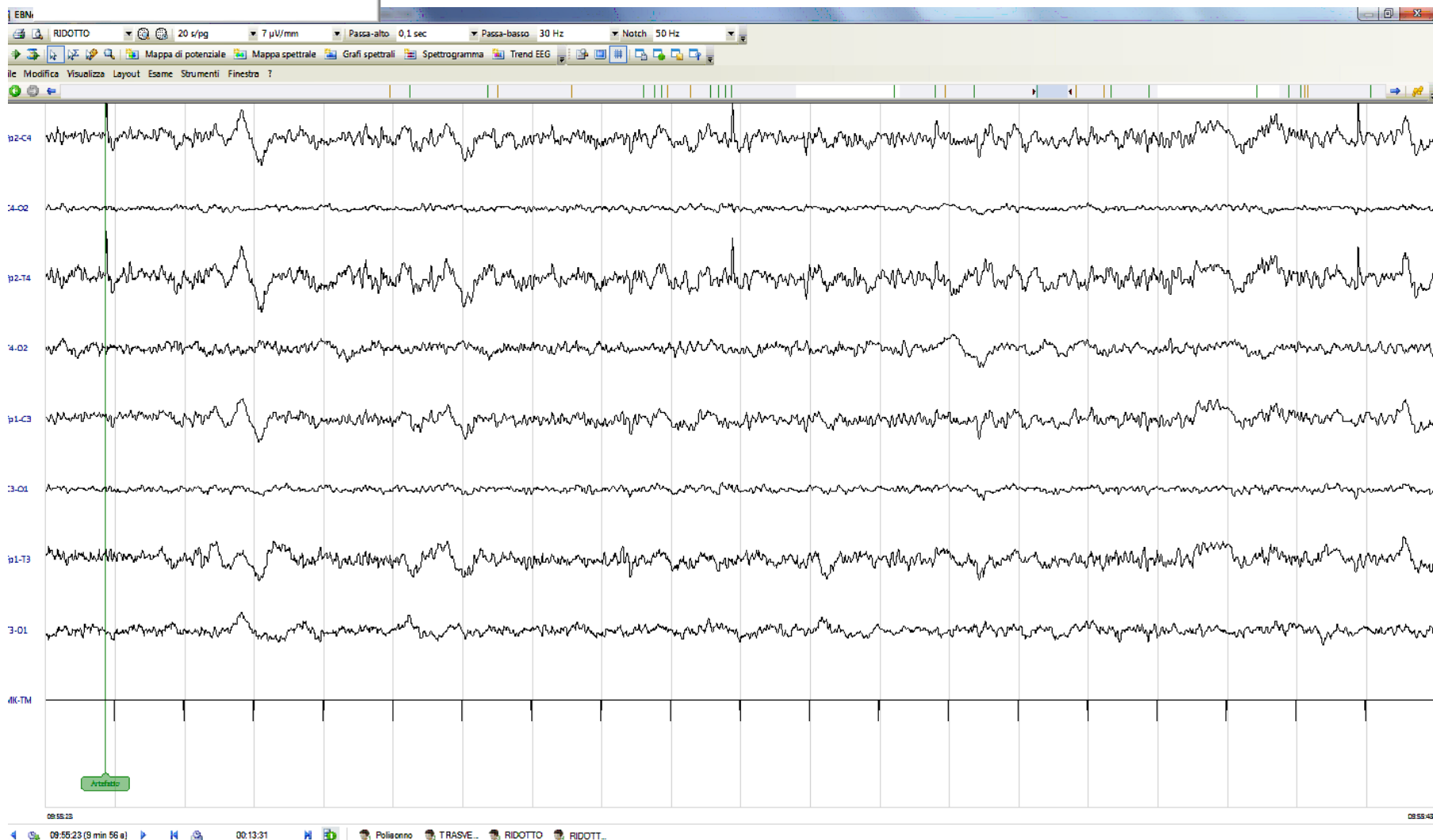


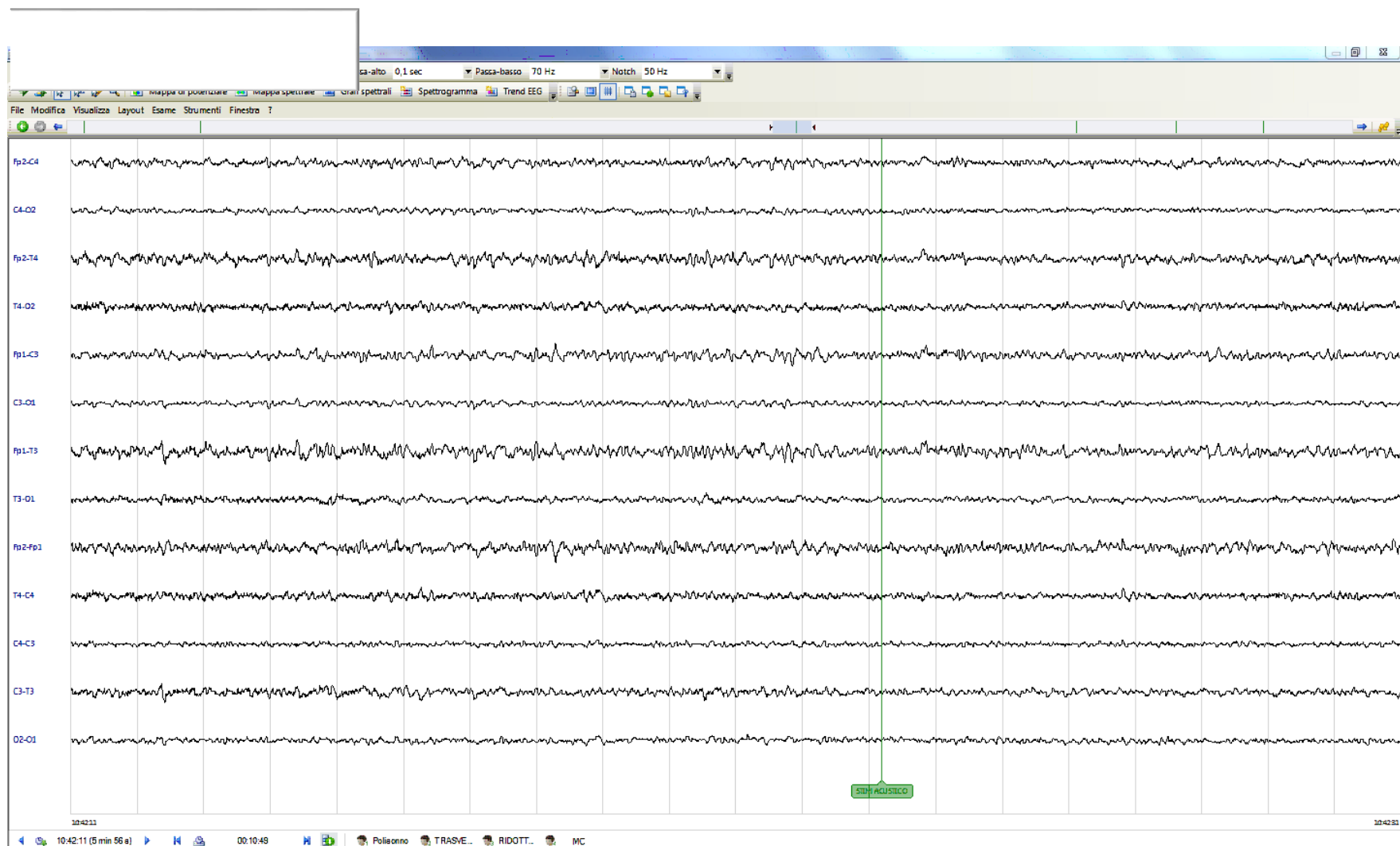


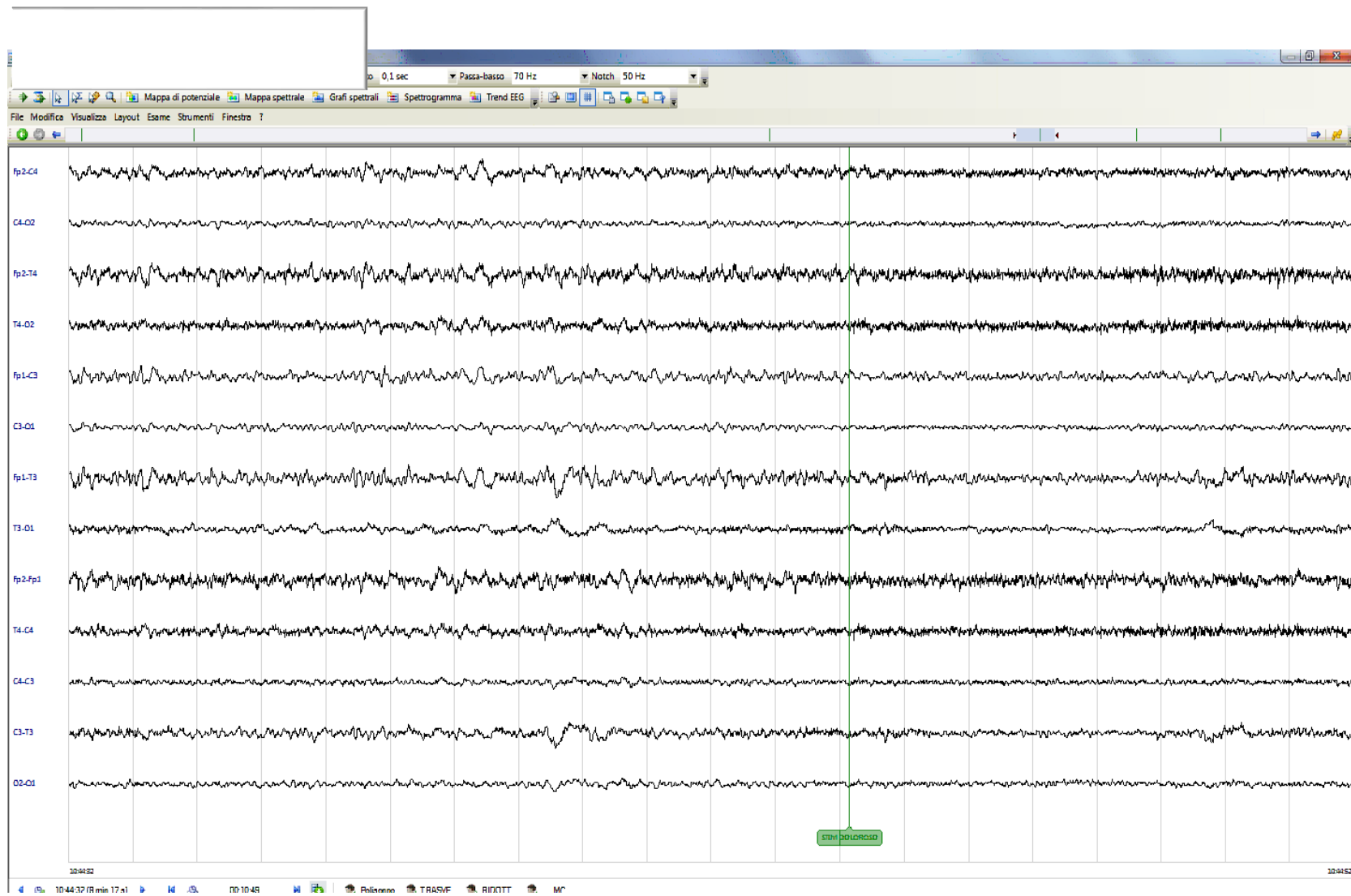


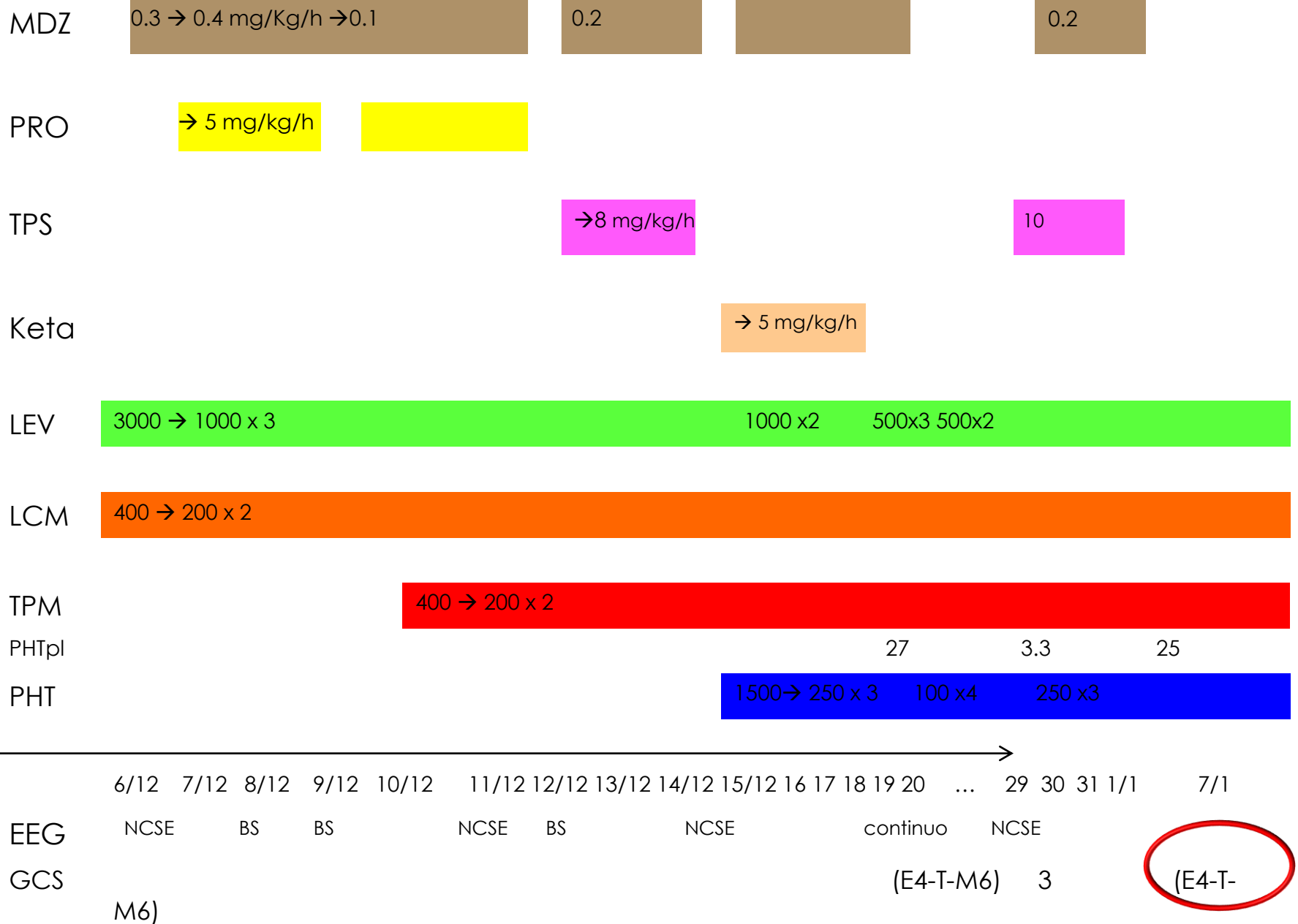






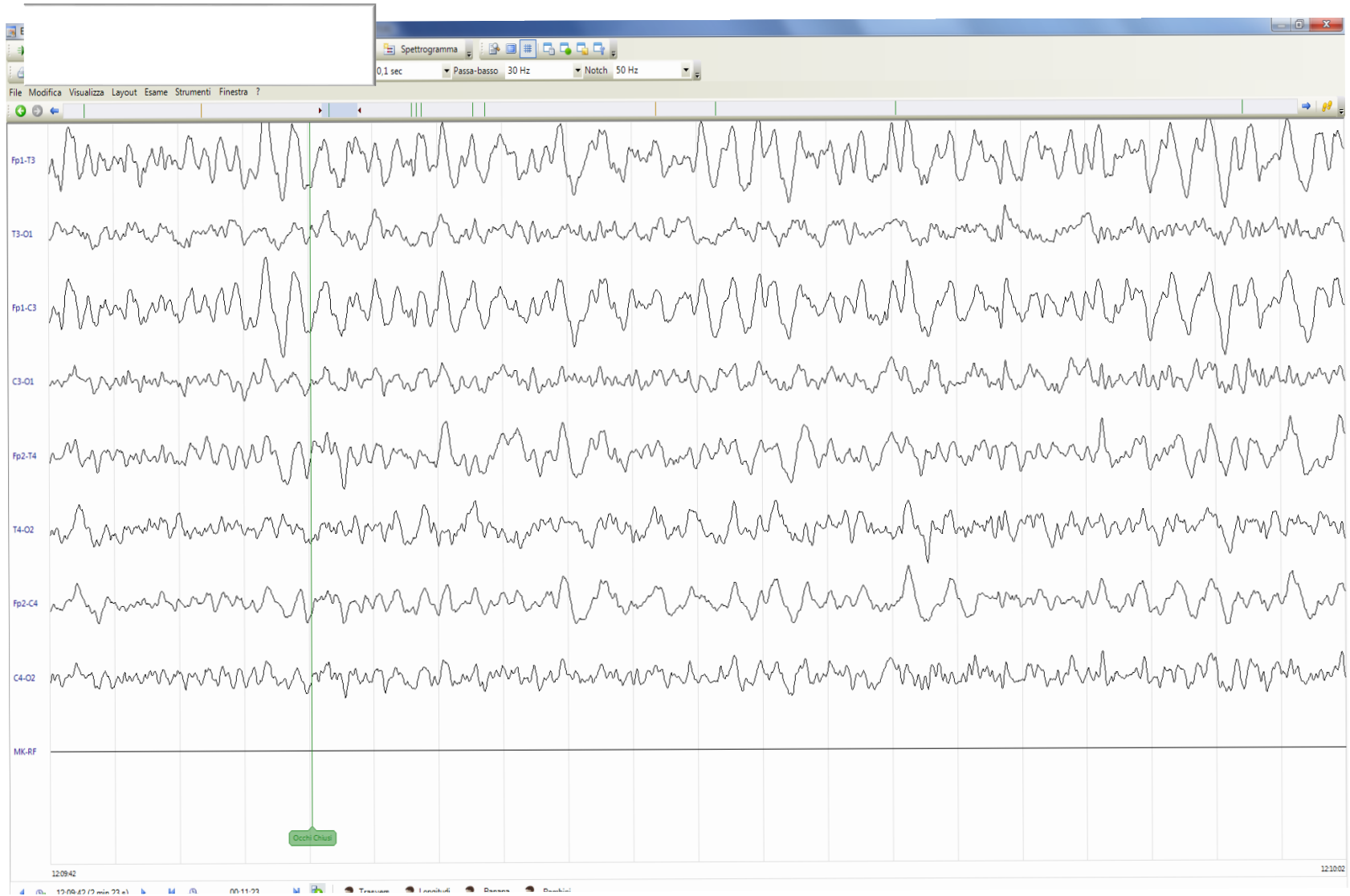


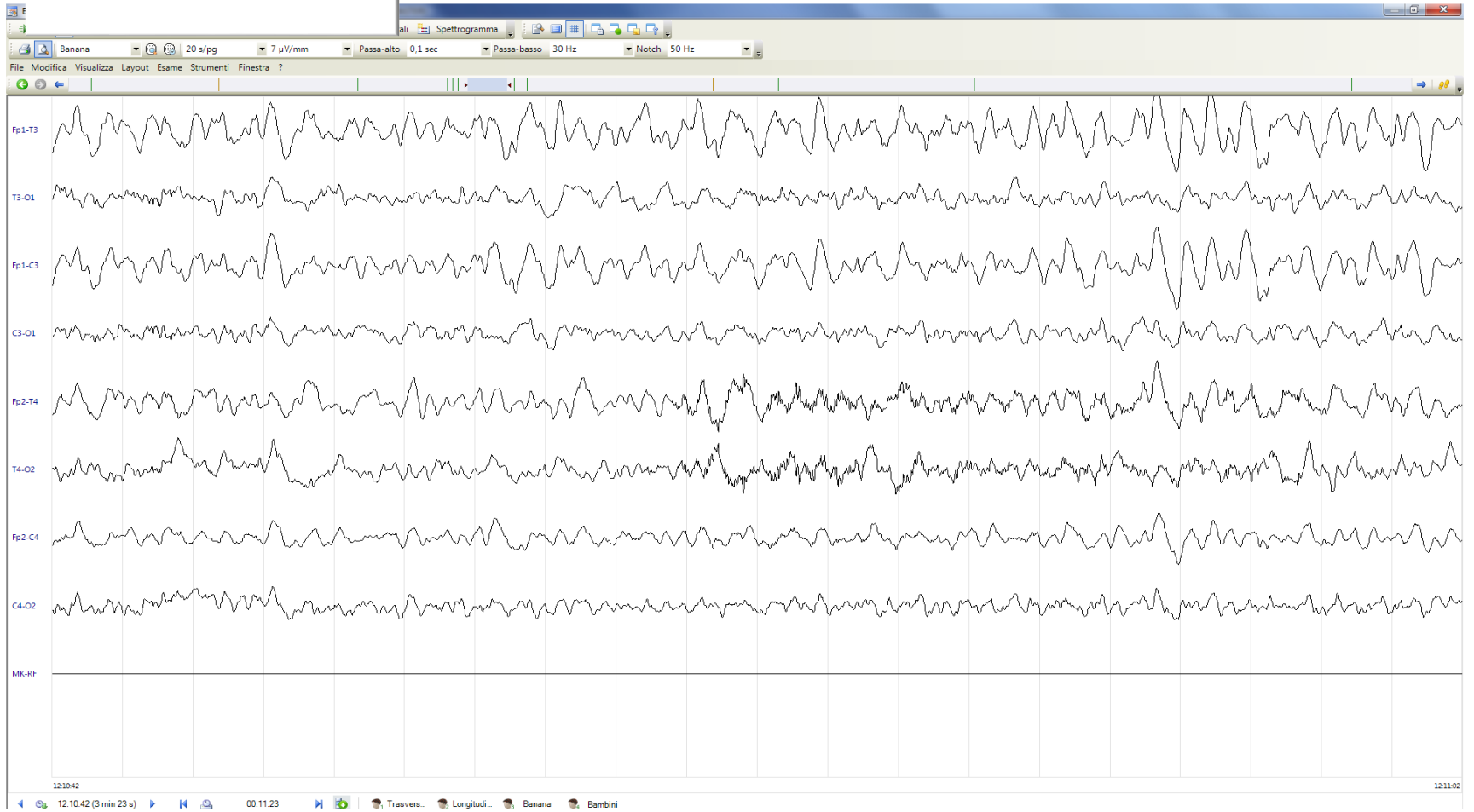




...

- 8/01 rimosso drenaggio
- Il 10/01 nuovo peggioramento clinico (altalenante)





Strumento selezionato: SELEZIONE



1 image



CT - 10/01/2018

50 images



CT - 10/01/2018

OSSO
50 images



CT - 10/01/2018

AX STD 3MM
41 images



CT - 10/01/2018

Img 27/50

A
2 cm

R

L
2 cm

3D U.I. VERONA

P

zoom 1.896 - W/L 40/84 - FOV 648.1 x 374.3 cm

Point[pt] (683 134) [mm] (333.58 65.4): 0



11:56

Strumento selezionato: SELEZIONE



1 image



CT - 10/01/2018

50 images



CT - 10/01/2018

OSSO
50 images



CT - 10/01/2018

AX STD 3MM
41 images



CT - 10/01/2018

Img 28/50

A
2 cm

R

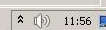
L
2 cm

3D U.I. VERONA

P

zoom 1.896 - W/L 40/84 - FOV 648.1 x 374.3 cm

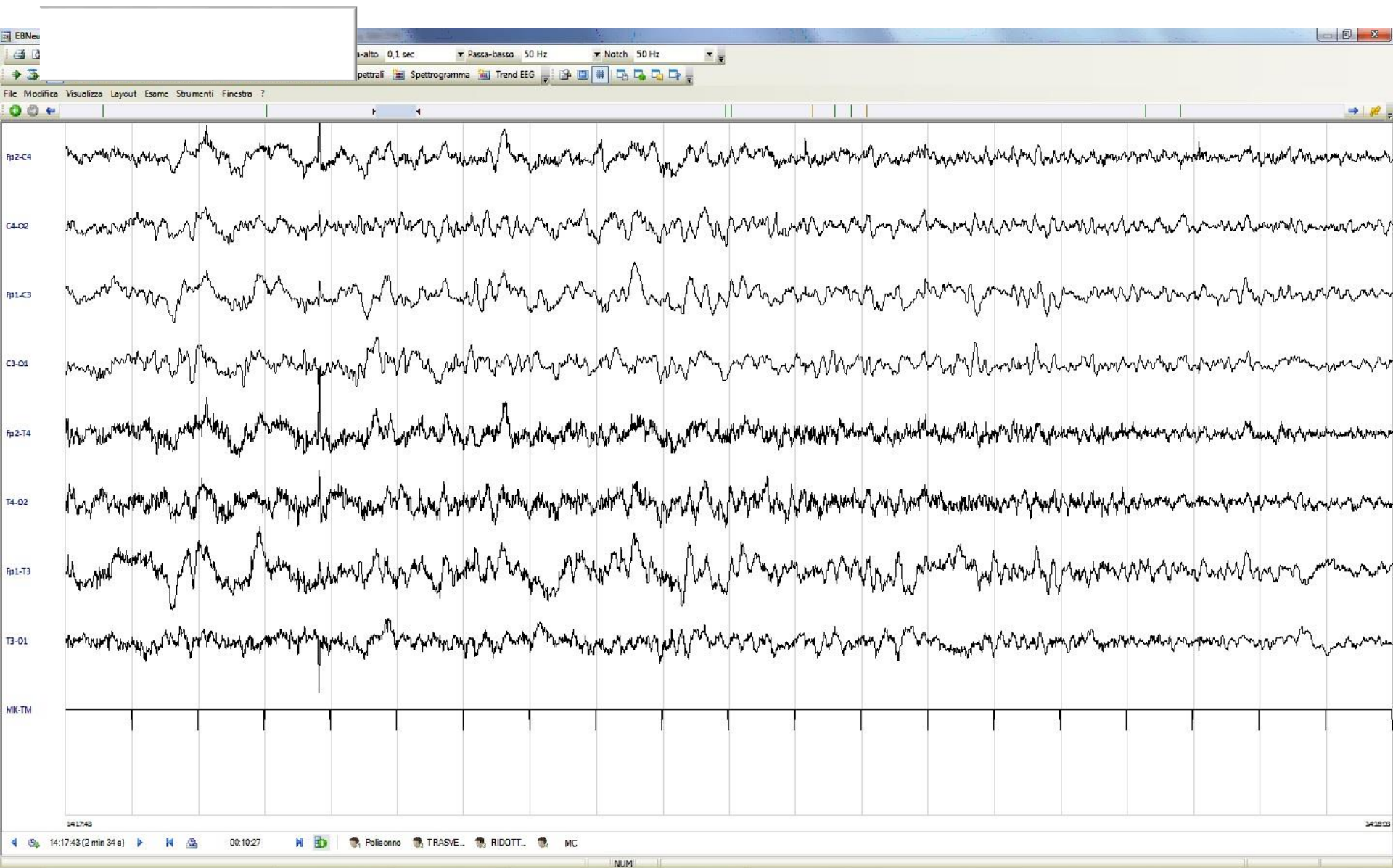
Point[pt] (690 288) [mm] (336,67 140,85): 0

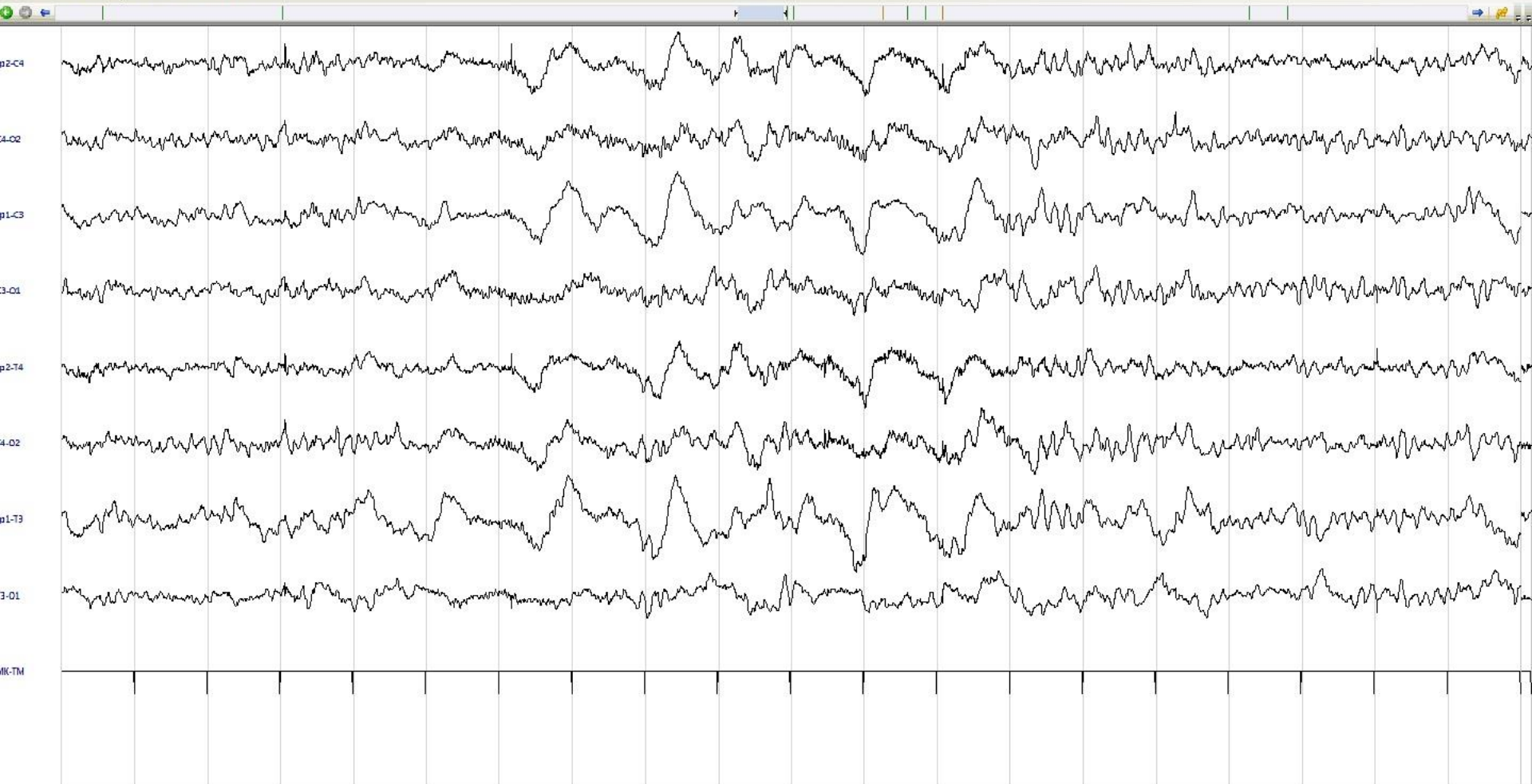


■ Fenitoinemia 15 mg/L

11/01 e seguenti, cEEG

- Clinicamente altalenante
- Riposizionata Derivazione liquorale
- 12/01: estubata
- 15/01: *Enterobacter Cloacae* su liquor, Ab
- 17/01 rimosso DL
- Sveglia, confusa







OSSO
425 images
CT - 28/02/2018

ASSIALE 4MM
30 images
CT - 28/02/2018

3 images
CT - 31/01/2018

165 images
31/01/2018

OSSO
Loading
261 of 497

Dose Info
↑ image

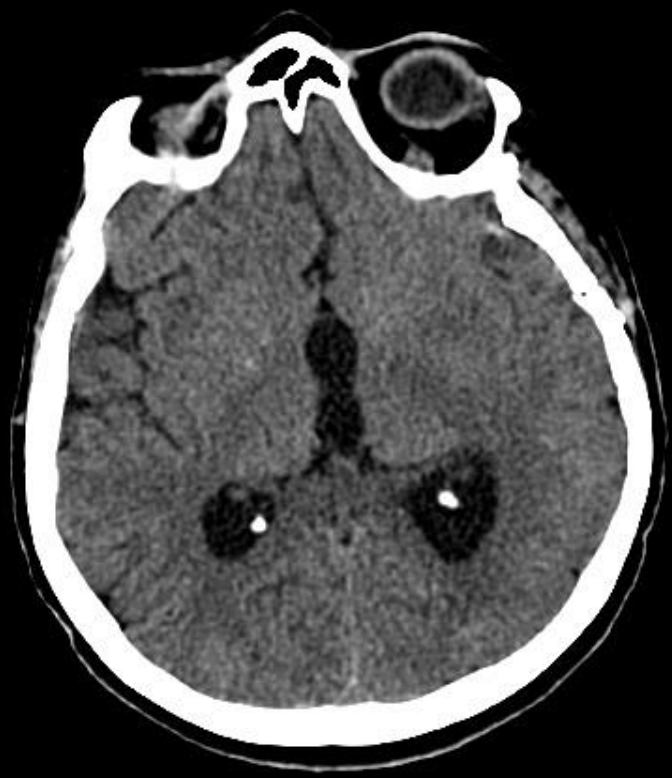
CT - 31/01/2018

Img 83/165

A
2 cm

R

L
2 cm



Genedale Maggiore Vr
3D
zzale Stefani 1

P

zoom 1,286 - W/L 40/79 - FOV 578,5 x 425,2 cm

Point[pt] (595 89) [mm] (329,82 49,18): 0



OSSO
425 images

CT - 28/02/2018

ASSIALE 4MM
30 images

CT - 28/02/2018

3 images

CT - 31/01/2018

165 images

31/01/2018

OSSO
497 images

CT - 31/01/2018

Dose Info
↑ image

CT - 31/01/2018

Img 87/165

A
2 cm

R

L
2 cm

P

zoom 1,286 - W/L 40/79 - FOV 578,5 x 425,2 cm

Genedale Maggiore Vr
3Dzzale Stefani 1

Point[pt] (509 120) [mm] (282,37 66,44): -999

25/01: trasferita in reparto

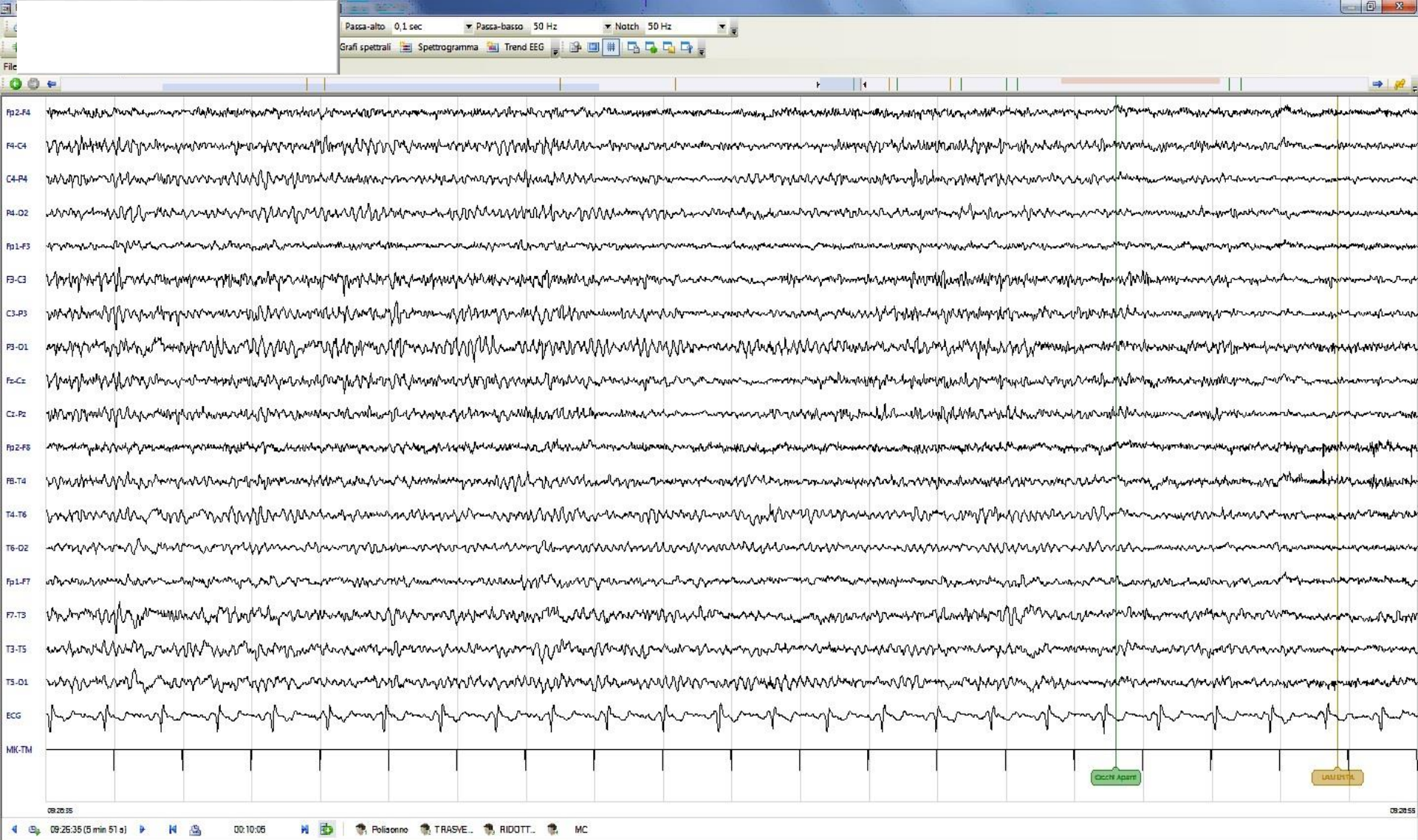
- Un po' confusa, a tratti agitata
- Nei gg successivi più congrua
- Continua FKT
- Inizia a scalare fenitoina
- Trasferita in riabilitazione intensiva 8/02

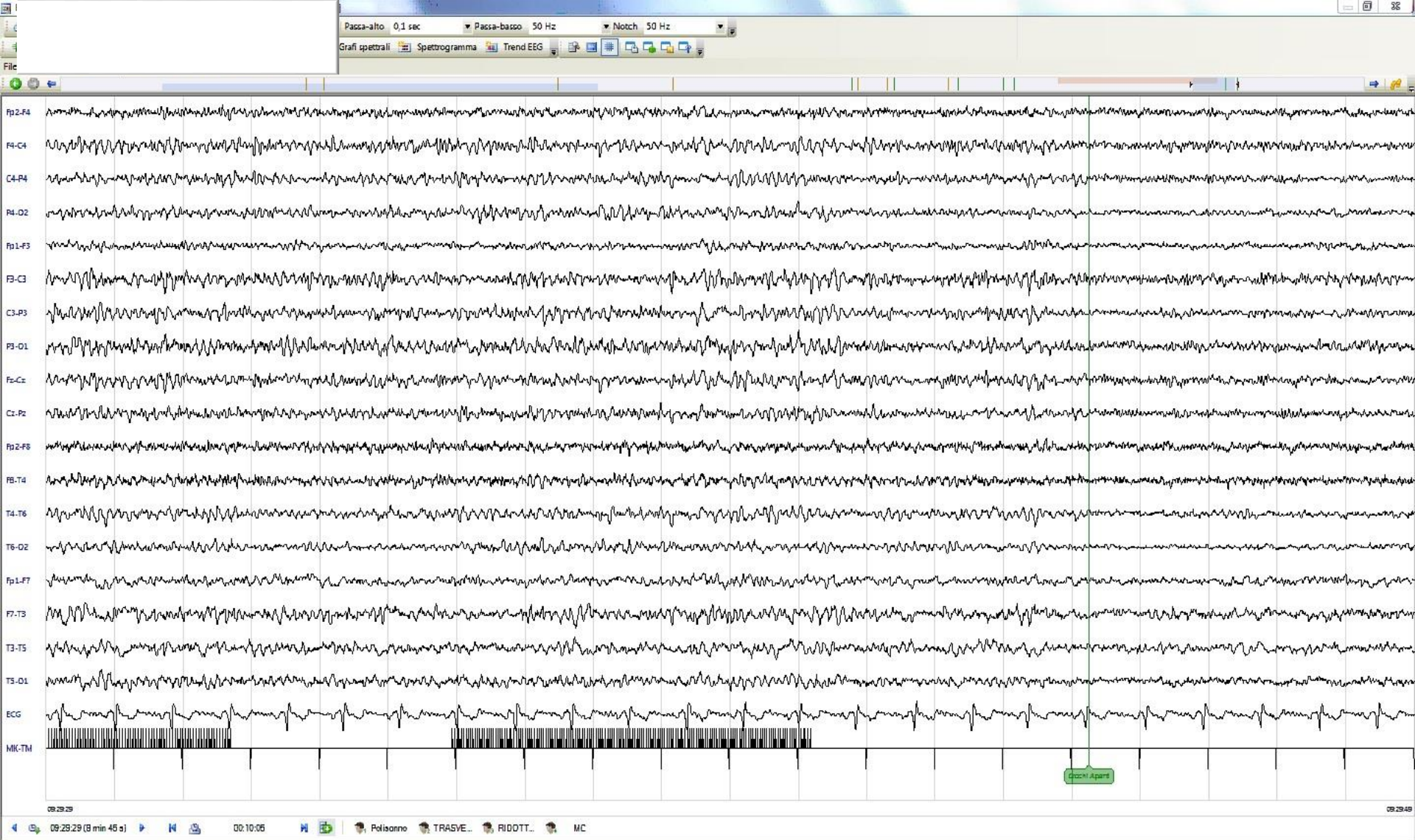
'02/03: Valutazione in post-ricovero

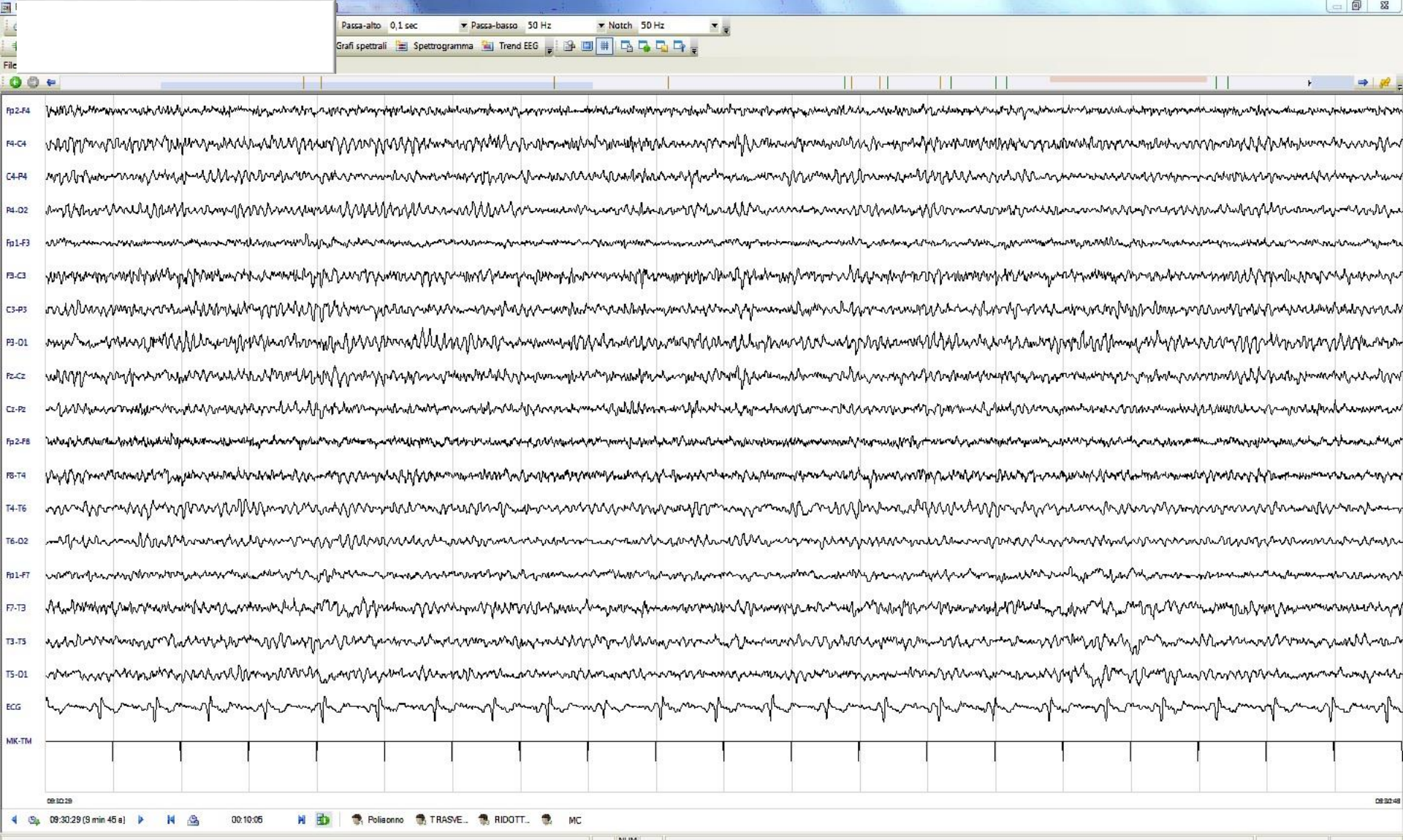


Visita neurologica (2/3)

- Collaborante, orientata, tono timico in asse
 - Non deficit al colloquio informale
 - I familiari la riferiscono uguale al pre-ricovero
 - Non asimmetrie AASS
 - Critical illness, piede cadente bilaterale con molla di Codivilla, deambula con girello
-
- Stop fenitoina
 - TPM in decalage
 - Lacosamide 200 x 2
 - Levetiracetam 500 x 3







Summary

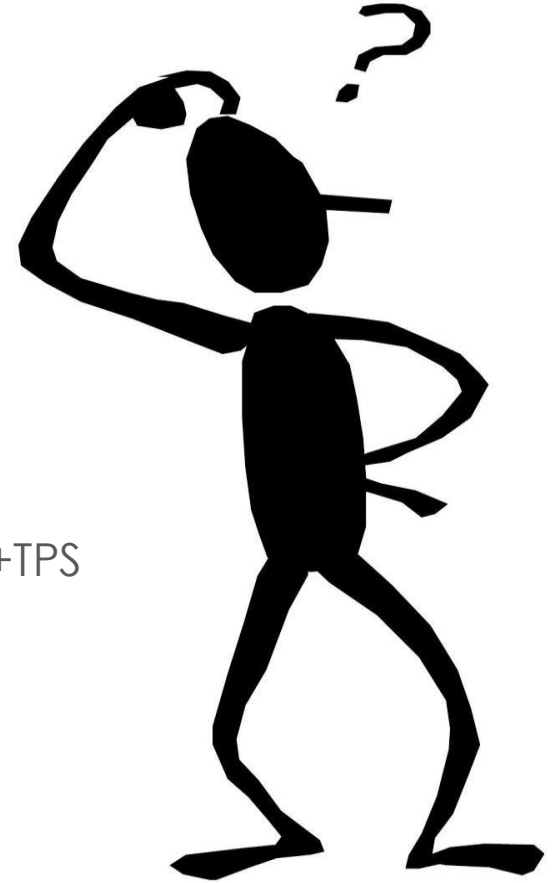
- Intervento in elezione 5/12
- SRSE:
 - inizialmente trattato poco aggressivamente?
 - Ruolo dell'idrocefalo?
 - Cinetica fenitoina

■ 1 mese in SRSE

■ 5 cicli di coma terapeutico

MDZ+PRO / MDZ+PRO / MDZ+TPS / MDZ+KTM / MDZ+TPS

- 50 giorni in ICU, >90 giorni in ospedale
- Critical illness
- Complicanze infettive
- Restitutio ad integrum





Technician

Alessia Segatti
Luca Alessandrini
Federica Basaldella
Elisa Concon
Vincenzo Tramontano

Neurology

Tiziano Zanoni
Romina Buono
Elena Greco

Neuro-ICU

Marilena Casartelli
Valeria Pellegrini
Camilla Allegri
Paolo Zanatta



Thanks

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monica.ferlisi@ospedaleuniverona.it



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AOUI Verona

