CRR diagnosi e terapia d’urgenza della malattia tromboembolica venosa

Descrizione

Responsabile in via di nomina

Segreteria
Sig.ra Donatella Tognetti
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Equipe
In urgenza: tutti i dirigenti medici della SOD Medicina e Chirurgia di Urgenza e Accettazione
Nel follow up:
Cosimo Caviglioli
Peiman Nazerian
Maddalena Ottaviani
Gabriele Viviani

Attività
Il Centro afferisce alla Struttura Organizzativa Dipartimentale Medicina e chirurgia di urgenza e accettazione e si occupa della diagnosi e della terapia in emergenza-urgenza della tromboembolia polmonare acuta.

Il Centro segue le persone affette da tromboembolia venosa (TEV) durante tutto il percorso di diagnosi e cura, dalla fase di pronto soccorso fino al follow-up ambulatoriale.

Sedi di attività

- Trauma Center Careggi – Pronto Soccorso
- Degenza Osservazione breve e intensiva

Collaborazioni interne

- Altre strutture del Dipartimento di Emergenza Accettazione
- Altre strutture specialistiche, in particolare: Radiologie, Cardiologie, Cardiochirurgia, Rianimazioni, Malattie Aterotrombotiche

Collaborazioni Nazionali ed Internazionali

- Prof. Giancarlo Agnelli e Prof.ssa Cecilia Becattini Dipartimento di Medicina Interna, Università degli Studi di Perugia

- Prof. Andrea Maria D'Armini, Dipartimento Cardiotoracovascolare, Università degli studi di Perugia
- Dr. Giovanni Volpicelli, Dipartimento di Emergenza, Ospedale Universitario San Luigi Gonzaga, Torino
- Dr. Fulvio Morello, Dipartimento di Emergenza, AOU- Città della Salute e della Scienza, Torino
- David Jiménez: Chief of the Respiratory Department and Medicine Department, Ramón y Cajal Hospital and Alcalá de Henares University, Madrid, Spain
- Jonathan A. Edlow, MD FACEP, Professor of Medicine and Emergency Medicine – Harvard Medical School, Vice-chair, Department of Emergency Medicine – BIDMC, Boston MA
- Christian Mueller: Chief of the Cardiovascular Research Unit, University Hospital of Basel, Switzerland

Ricerca
Studi clinici in corso:

- Centro coordinatore dello studio: Studio prospettico, randomizzato e controllato di efficacia e sicurezza della terapia farmacologica accelerata con trombolitico in dose ridotta (attivatore tissutale del plasminogeno, tPA endovena) in pazienti con embolia polmonare a rischio intermedio HAEMO-LYSE Trial. Supportato da un grant Università degli studi di Firenze.
- Centro coordinatore dello studio multicentrico: Prognostic Value of Plasma Lactate Levels Among Patients With Acute Pulmonary Embolism (TELOS), NCT01908231.
- Centro coordinatore dello studio multicentrico: Accuracy of Multi-organ Ultrasound for the Diagnosis of Pulmonary Embolism (SPES), NCT01635257
- Centro coordinatore dello studio Pulmonary Embolism Diagnosis: Ultrasound Wells Score vs Traditional Wells Score. NCT02190110.

Pubblicazioni scientifiche

- Nazerian P, Volpicelli G, Gigli C, Becattini C, Sferrazza Papa GF, Grifoni S, Vanni S; Ultrasound Wells study group. Diagnostic performance of Wells score combined with point-of-care lung and venous ultrasound in suspected pulmonary embolism. Acad Emerg Med. 2016 Nov 12. doi: 10.1111/acem.13130. [Epub ahead of print] PubMed PMID: 27859891.
- Becattini C, Franco L, Beyer-Westendorf J, Masotti L, Nitti C, Vanni S, Manina G, Cattinelli S, Cappelli R, Sbrojavacca R, Pomero F, Marten S, Agnelli G. Major bleeding with vitamin K antagonists or direct oral anticoagulants in real-life. Int J Cardiol. 2016 Nov 9. pii: S0167-5273(16)33576-8. doi: 10.1016/j.ijcard.2016.11.117. [Epub ahead of print] PubMed PMID: 27843050.
- Vanni S, Nazerian P, Bova C, Bondi E, Morello F, Pepe G, Paladini B, Liedl G, Cangioli E, Grifoni S, Jiménez D. Comparison of clinical scores foridentification of patients with pulmonary embolism at intermediate-high risk ofadverse clinical outcome: the prognostic role of plasma lactate. Intern Emerg Med. 2016 Jun 28. [Epub ahead of print] PubMed PMID: 27350628.
- Becattini C, Agnelli G, Lankeit M, Masotti L, Pruszczyk P, Casazza F, Vanni S,Nitti C, Kamphuisen P, Vedovati MC, De Natale MG, Konstantinides S. Acute pulmonary embolism: mortality prediction by the 2014 European Society of Cardiology risk stratification model. Eur Respir J. 2016 May 12. pii:ERJ-00024-2016. doi: 10.1183/13993003.00024-2016. [Epub ahead of print] PubMedPMID: 27174887.
- Vanni S, Jiménez D, Nazerian P, Morello F, Parisi M, Daghini E, PratesiM,Lòpez R, Bedate P, Lobo JL, Jara-Palomares L, Portillo AK, Grifoni S. Short-termclinical outcome of normotensive

patients with acute PE and high plasma lactate. Thorax 2015; 70:333-338.
- Fernàndez C, Bova C, Sanchez O, Prandoni P, Lankeit M, Konstantinides S, Vanni S, Fernàndez-Golf C, Yusen RD, Jiménez D. Validation of a model for the identification of patients at intermediate to high risk for complications associated with symptomatic pulmonary embolism. Chest 2015; 148:211-218.
- Nazerian P, Vanni S, Volpicelli G, Gigli C, Zanobetti M, Bartolucci M, Ciavattone A, Lamorte A, Veltri A, Fabbri A, Grifoni S. Accuracy of point-of-care multiorganultrasonography for the diagnosis of pulmonaryembolism. Chest. 2013 Oct 3. doi: 10.1378/chest.13-1087.
- Vanni S, Viviani G, Baioni M, Pepe G, Nazerian P, Socci F, Bartolucci M, Bartolini M, Grifoni S. Prognostic Value of Plasma Lactate Levels Among Patients With Acute Pulmonary Embolism: The Thrombo-Embolism Lactate Outcome Study. Ann Emerg Med. 2013. S0196-0644(12)01645-9.
- Vedovati MC, Becattini C, Agnelli G, Kamphuisen PW, Masotti L, Pruszczyk P,Casazza F, Salvi A, Grifoni S, Carugati A, Konstantinides S, Schreuder M,Golebiowski M, Duranti M. Multidetector CT scan for acute pulmonary embolism:embolic burden and clinical outcome. Chest. 2012 Dec;142(6):1417-24.
- Becattini C, Agnelli G, Schenone A, Eichinger S, Bucherini E, Silingardi M, Bianchi M, Moia M, Ageno W, Vandelli MR, Grandone E, Prandoni P; WARFASA Investigators. Aspirin for preventing the recurrence of venous thromboembolism. NEngl J Med. 2012 May 24;366(21):1959-67.
- Vanni S, Socci F, Pepe G, Nazerian P, Viviani G, Baioni M, Conti A, Grifoni S. High Plasma Lactate Levels Are Associated With Increased Risk of In-hospital Mortality in Patients With Pulmonary Embolism. AcadEmerg Med. 2011.18(8):830-5.
- Vanni S, Nazerian P, Pepe G, Baioni M, Michele R, Grifoni G, Viviani G, Grifoni S. Comparison of two Prognostic Models for Acute Pulmonary Embolism: clinical vs right Ventricular Dysfunction Guided Approach. J ThrombHaemost. 2011
- Becattini C, Agnelli G, Vedovati MC, Pruszczyk P, Casazza F, Grifoni S, Salvi A, Bianchi M, Douma R, Konstantinides S, Lankeit M, Duranti M. Multidetectorcomputed tomography for acute pulmonary embolism: diagnosis and riskstratification in a single test. Eur Heart J. 2011 Jul;32(13):1657-63.
- Nazerian P, Vanni S, Zanobetti M, Polidori G, Pepe G, Federico R, Cangioli E, Grifoni S. Diagnostic accuracy of emergency Doppler echocardiography for identification of acute left ventricular heart failure in patients with acute dyspnea: comparison with Boston criteria and N-terminal prohormone brain natriuretic peptide. AcadEmergMed. 2010 Jan;17(1):18-26.
- Becattini C, Agnelli G, Salvi A, Grifoni S, Pancaldi LG, Enea I, Balsemin F, Campanini M, Ghirarduzzi A, Casazza F; TIPES Study Group. Bolus tenecteplase for right ventricle dysfunction in hemodynamically stable patients with pulmonaryembolism. Thromb Res. 2010 Mar;125(3):e82-6.
- Vanni S, Polidori G, Vergara R, Pepe G, Nazerian P, Moroni F, Garbelli E, Daviddi F, Grifoni S. Prognostic value of ECG among patients with acute pulmonary embolism and normal blood pressure. Am J Med 2009; 122(3):257-64.
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- Grifoni S, Olivotto I, Cecchini P, Pieralli F, Camaiti A, Santoro G, Pieri A, Toccafondi S, Magazzini S, Berni G, Agnelli G. Utility of an integrated clinical,echocardiographic, and venous ultrasonographic approach for triage of patientswith suspected pulmonary embolism. Am J Cardiol. 1998 Nov 15;82(10):1230-5.

Data
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