

LIMITES ANATOMIQUES & PRÉLÈVEMENTS PULMONAIRES

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CRITÈRES DE BASE

Rapport **Poids -Taille** entre le Donneur et le Receveur toléré jusqu'à 20 à 30% selon les équipes et le degré d'urgence.

POUMON TROP PETIT !

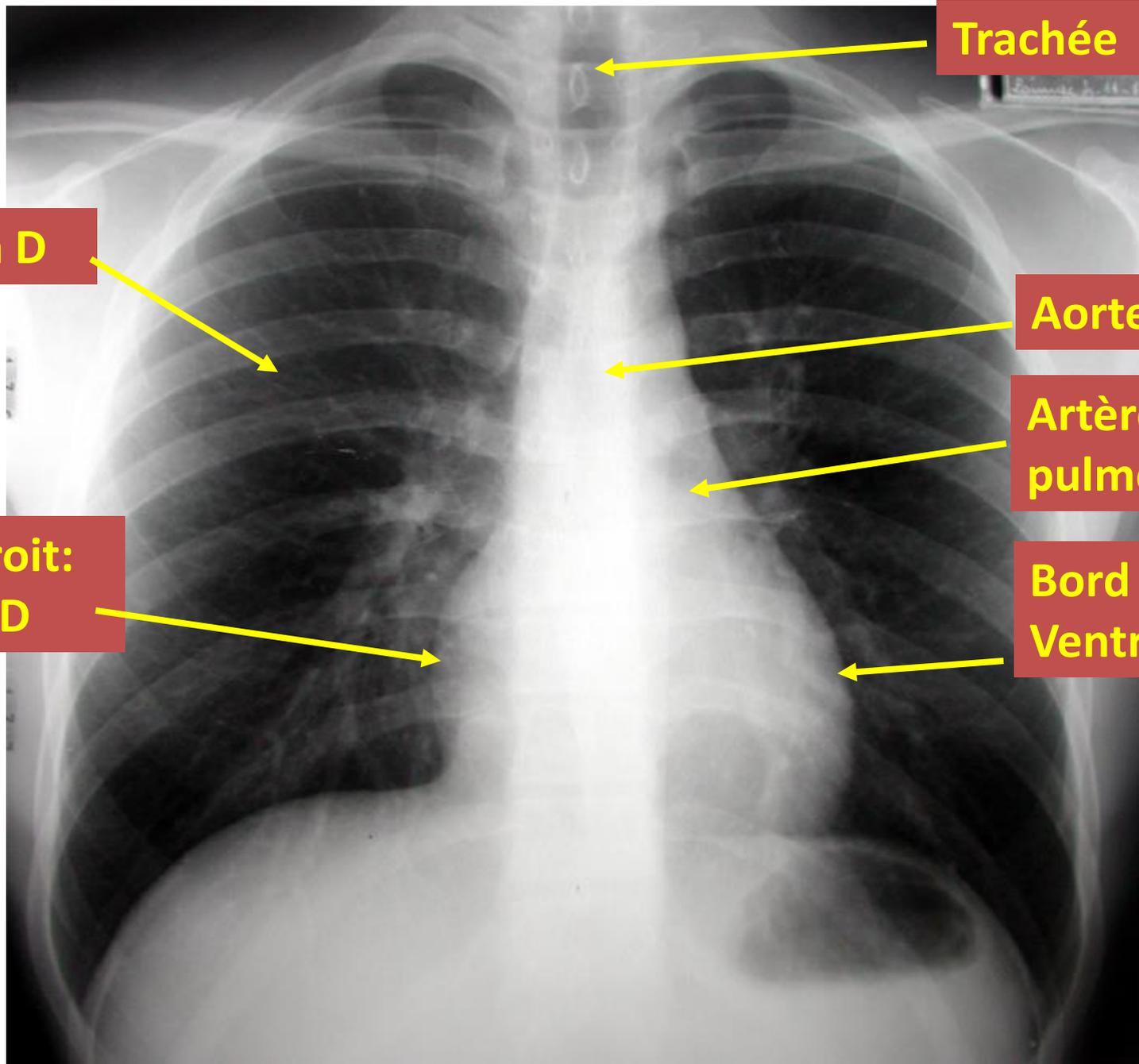
Spécificité Pulmonaire *Partition, Wedge-Résections, Lobectomie*

ÉVALUATION MACROSCOPIQUE DU GREFFON ASPECT - PALPATION

EXSUFFLATION

TUMEURS, KYSTES , ABCÉS, MALFORMATION

RADIO STANDARD DU THORAX DE FACE



Trachée

Poumon D

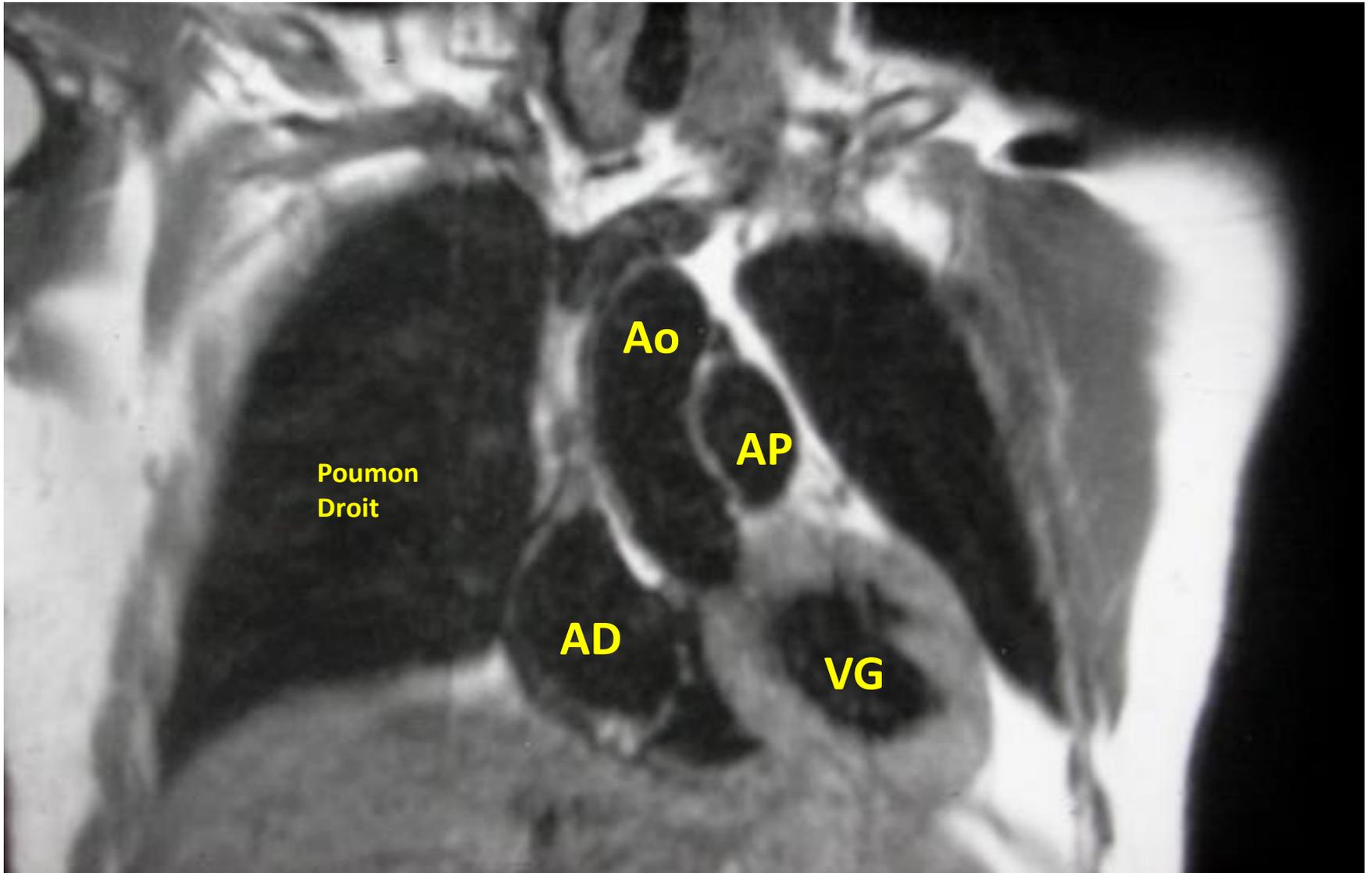
Aorte

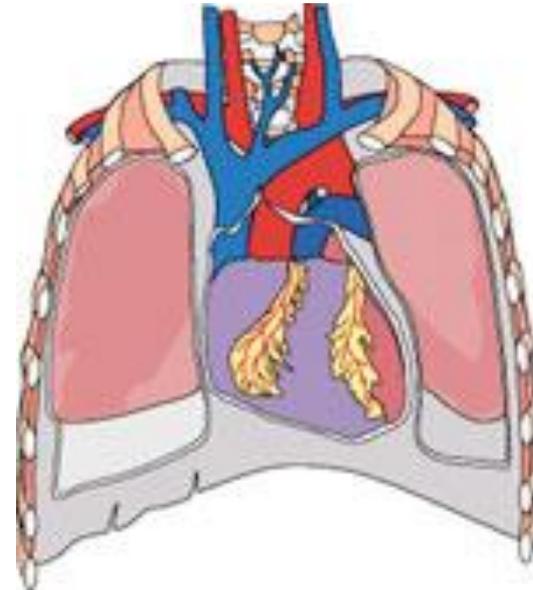
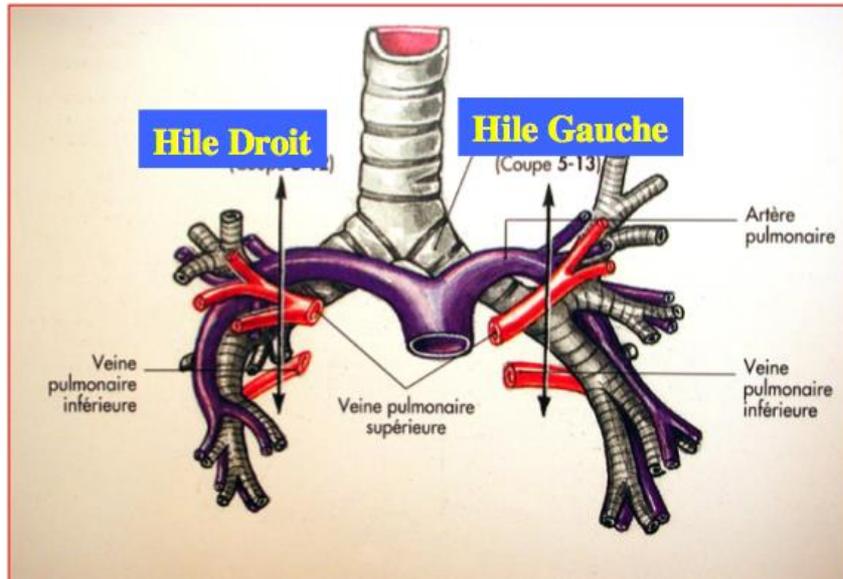
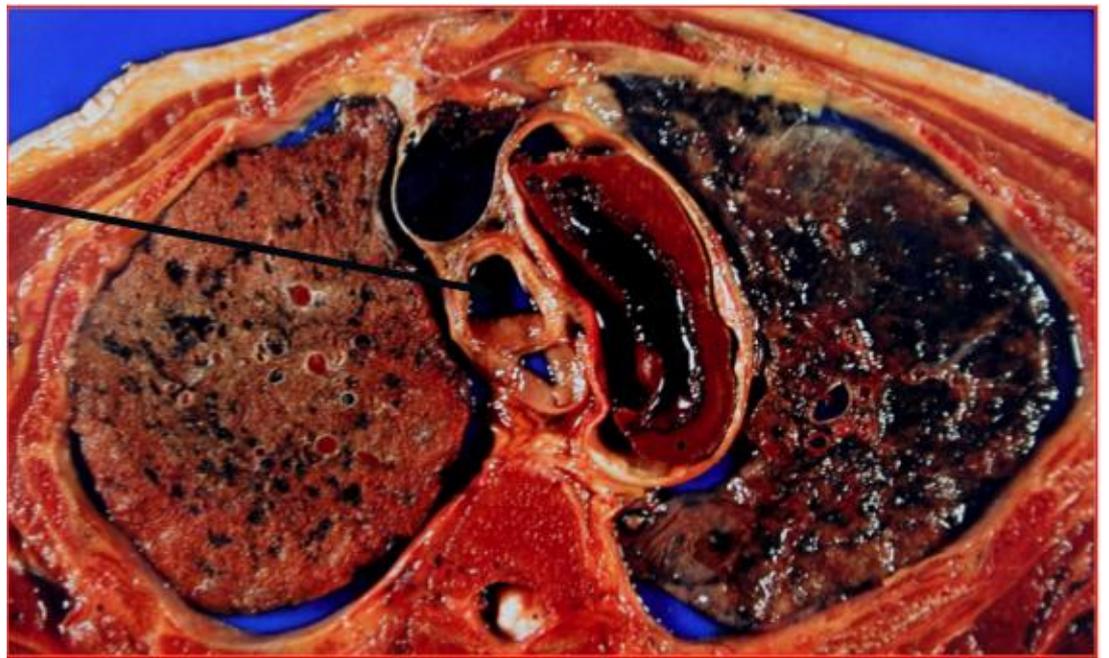
Artère
pulmonaire

Bord Droit:
Atrium D

Bord Gauche:
Ventricule G

IRM de Face du THORAX





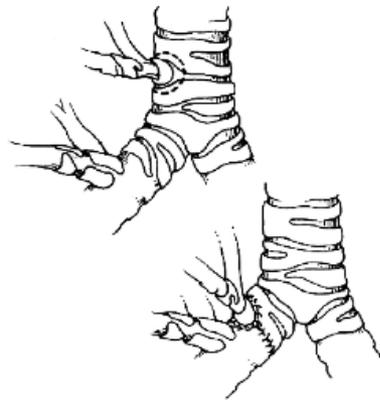
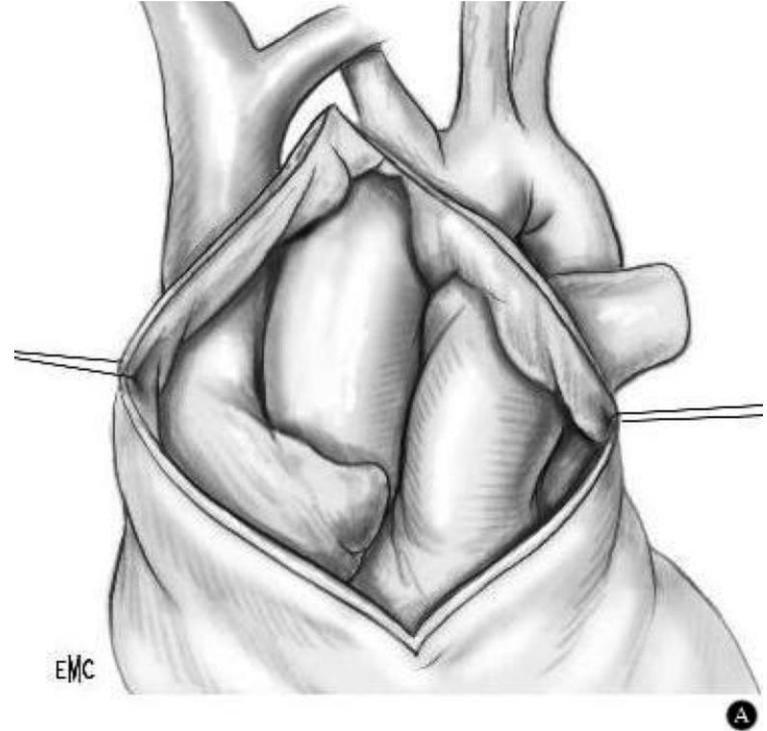
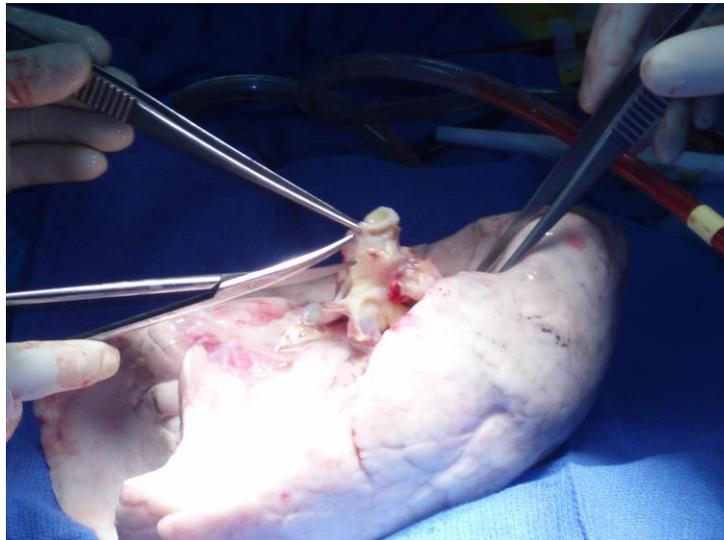
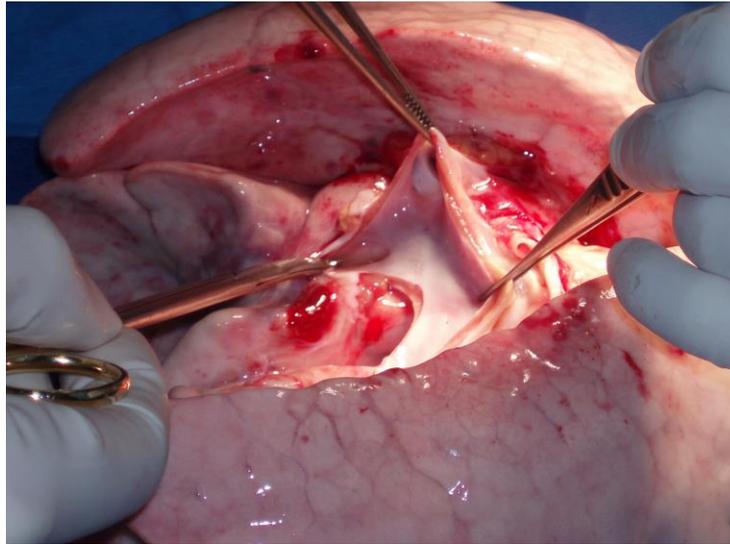


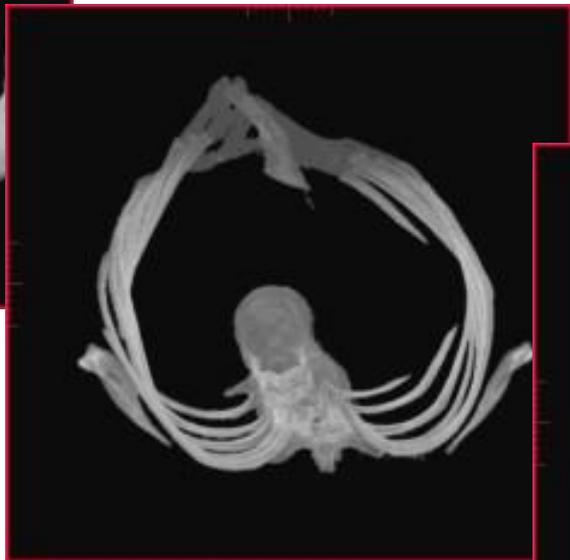
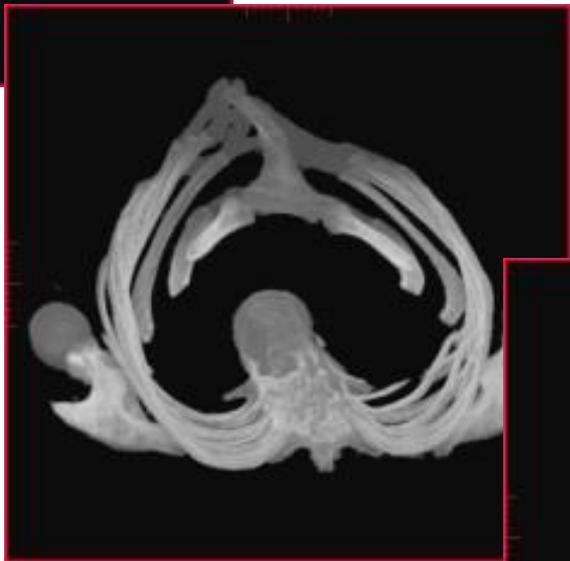
Figure 6 Incorporation of anomalous segmental right upper lobe bronchus into the anastomosis. (Reprinted with permission from Schmidt et al,²² © 2001 The Society of Thoracic Surgeons.)

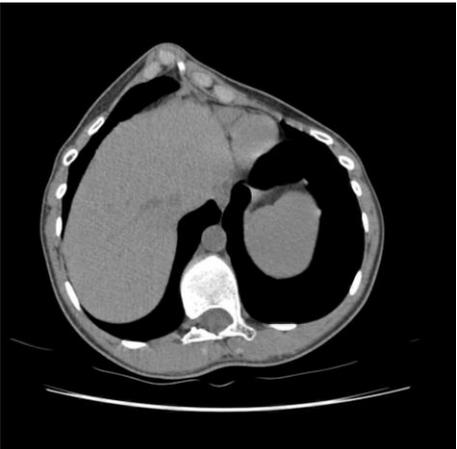
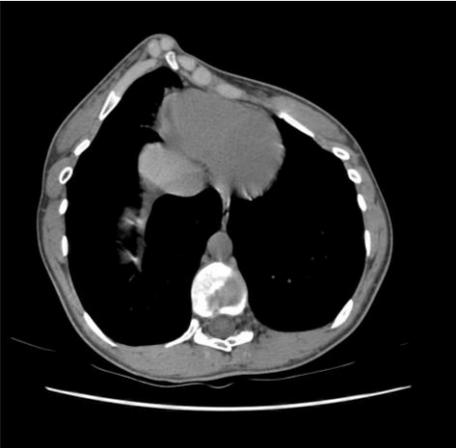
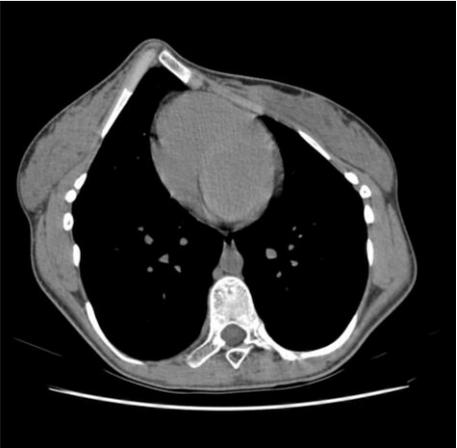
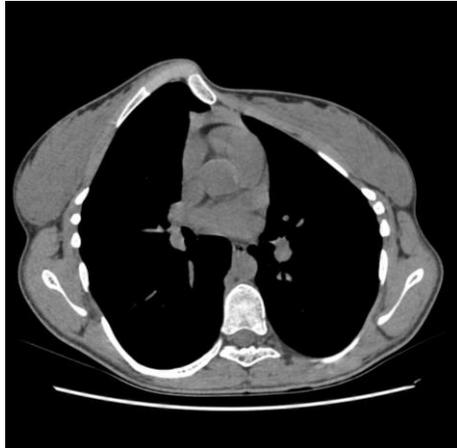
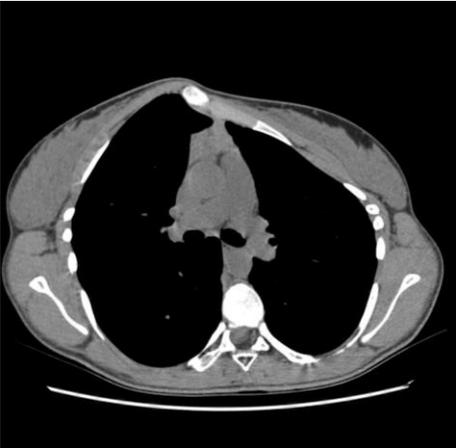
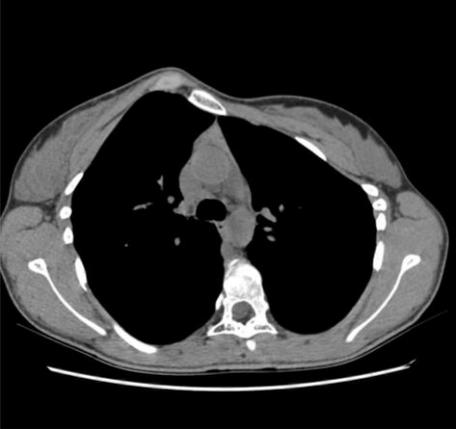
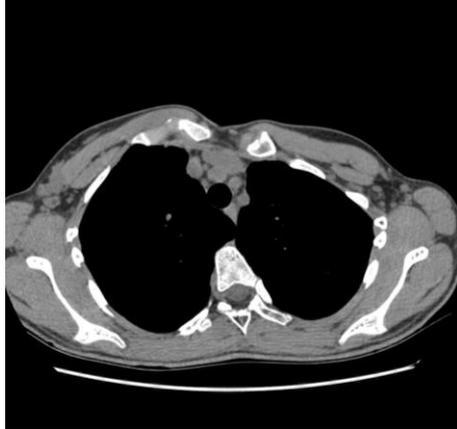
SÉPARATION



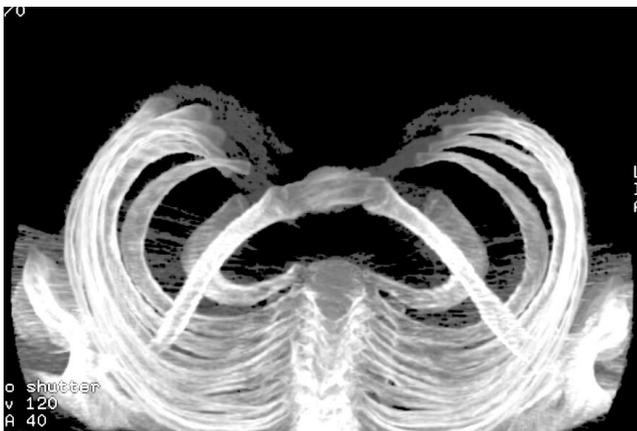


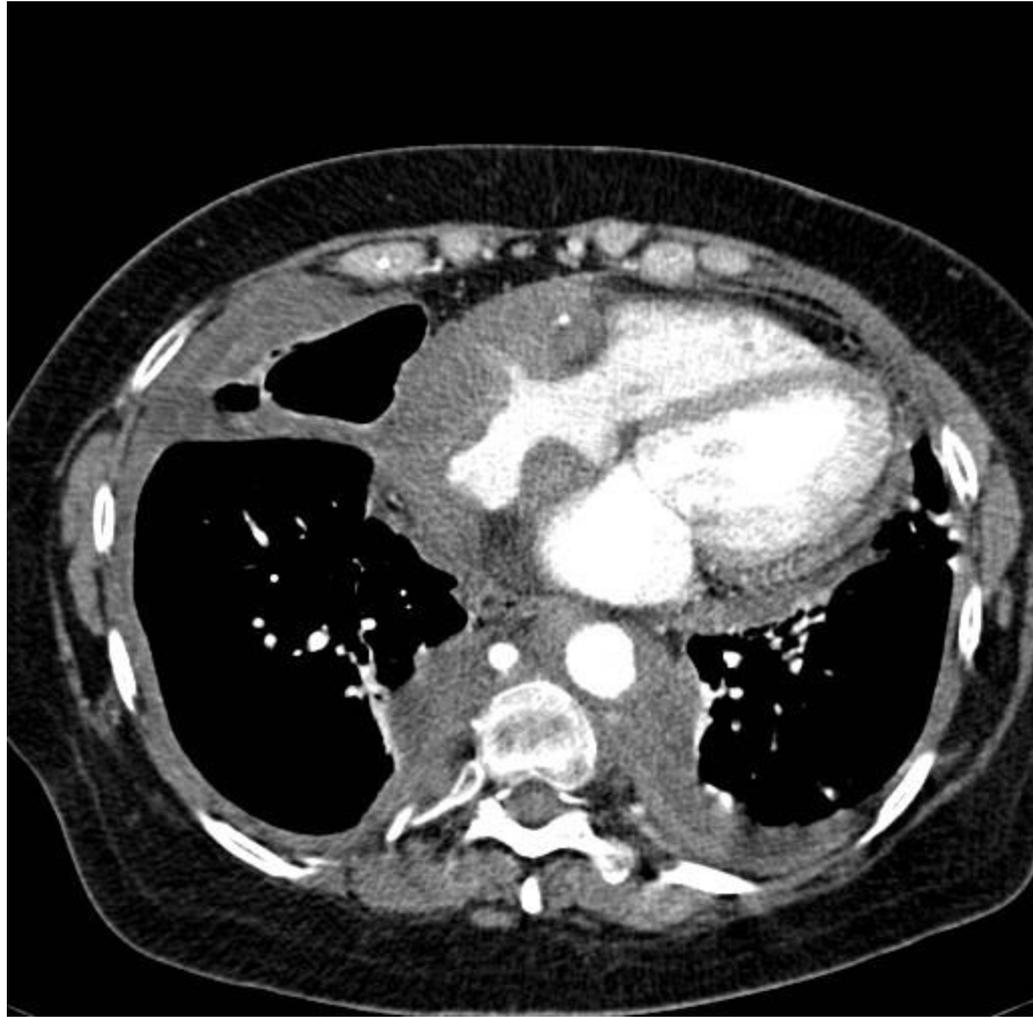


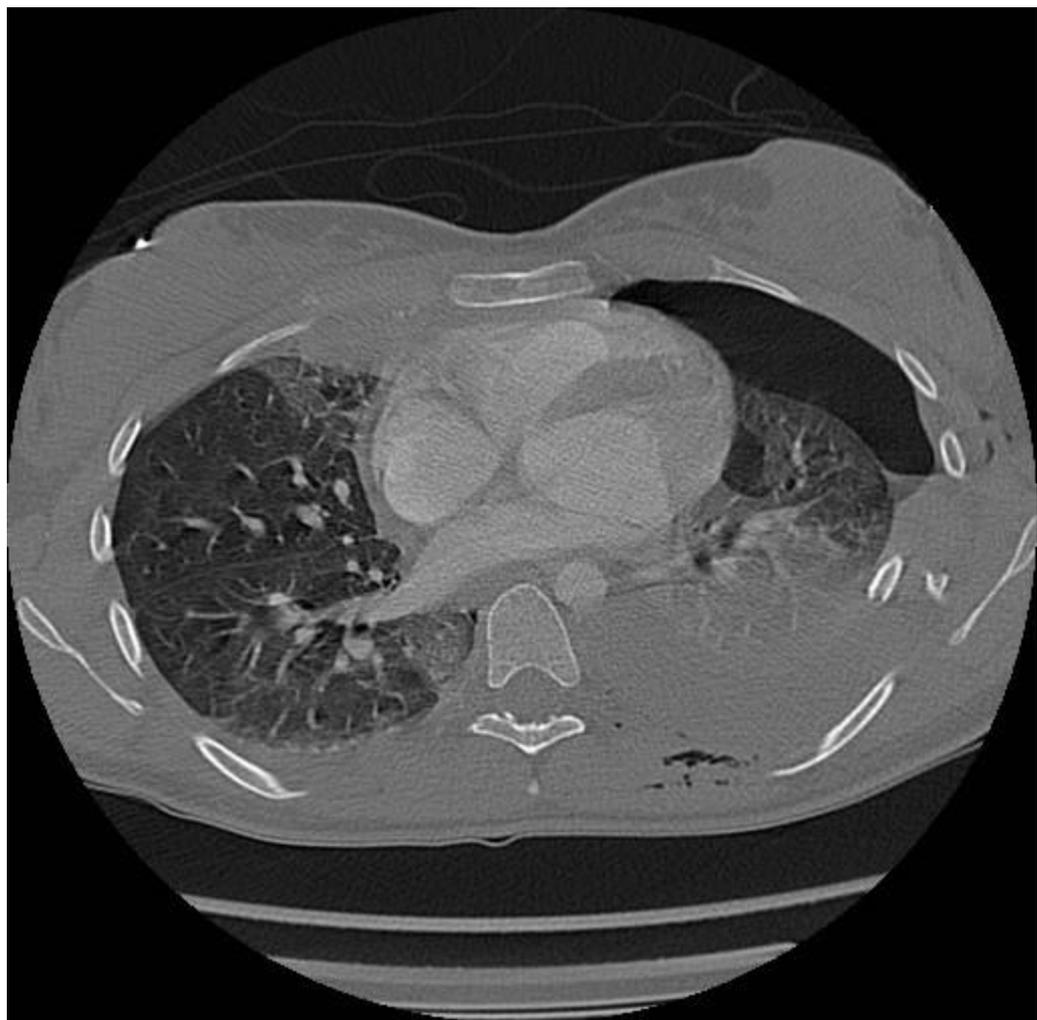


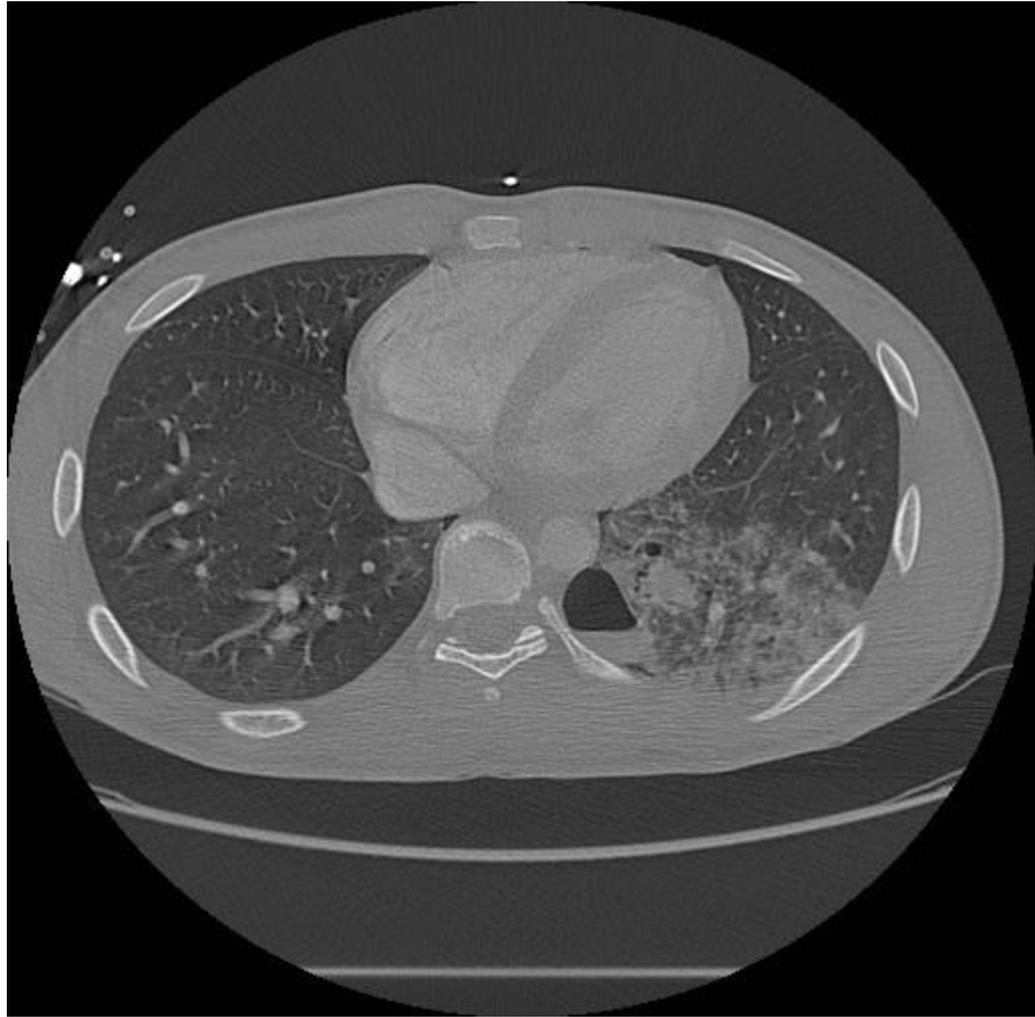


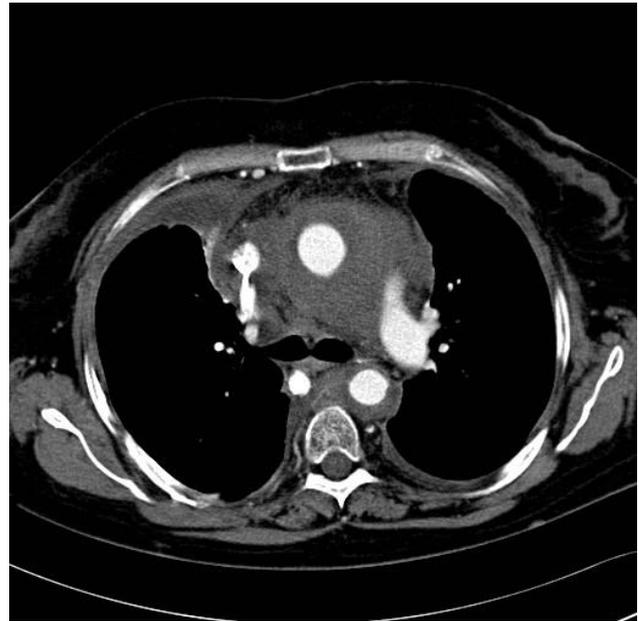
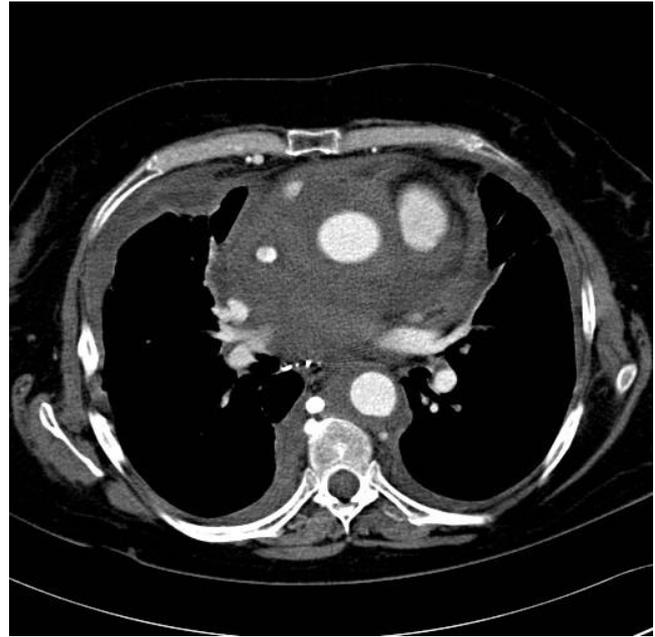
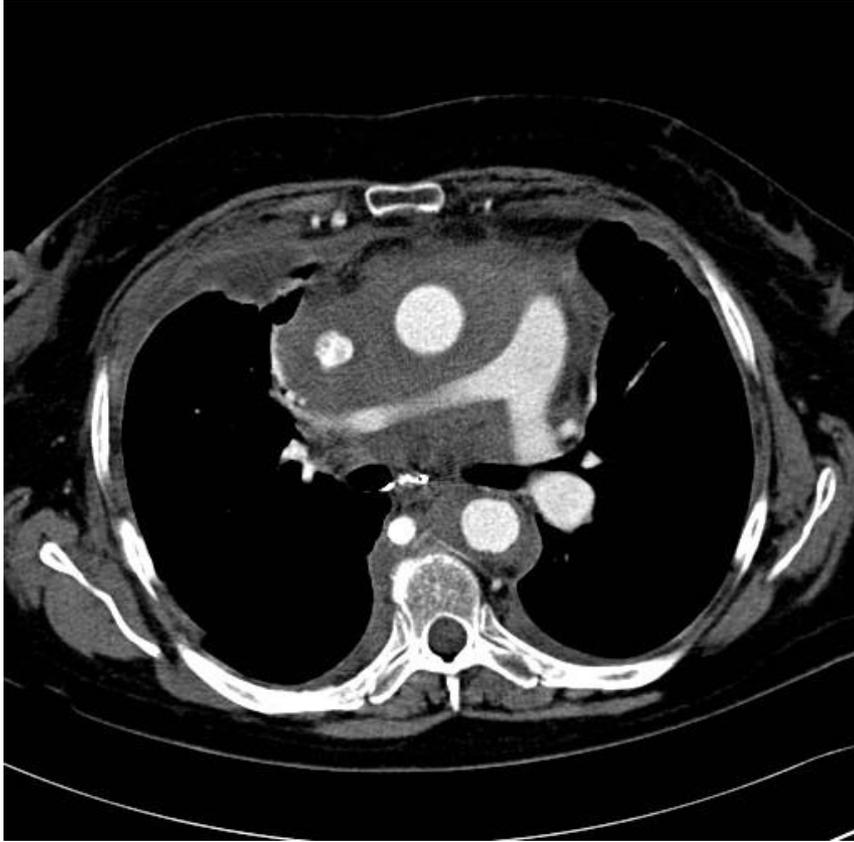


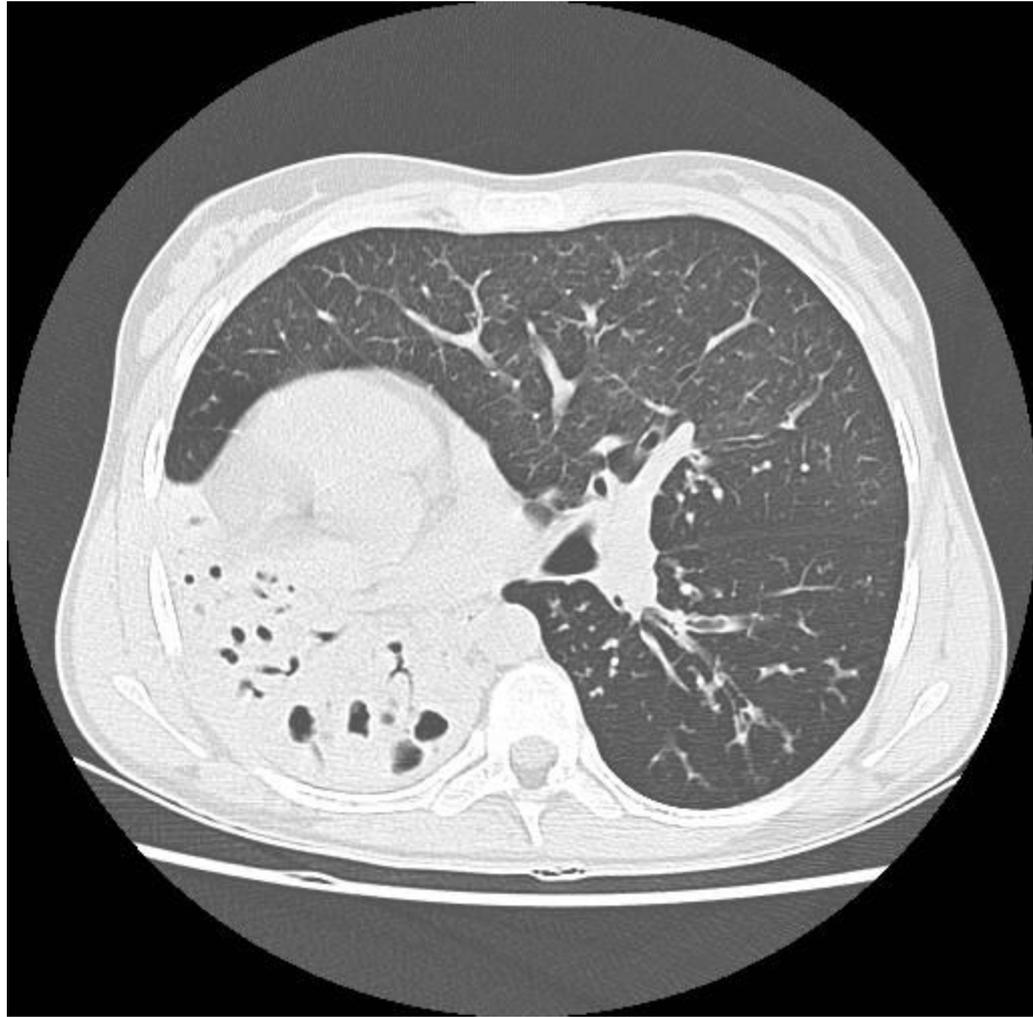


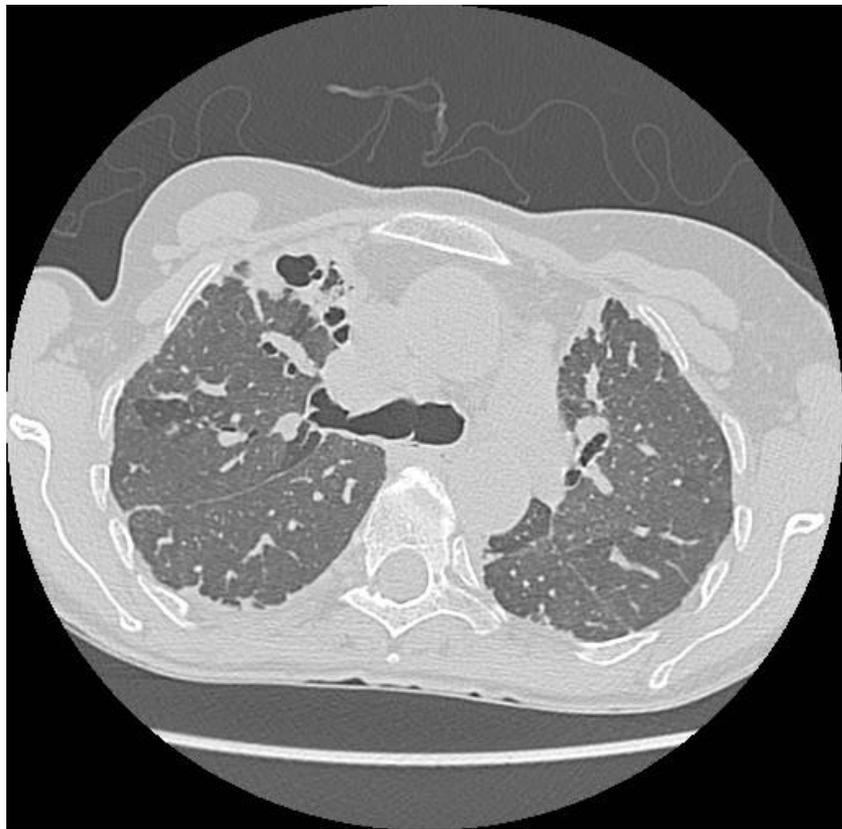












BONNE CONNAISSANCE DE L'ANATOMIE

TENIR LA MAIN DU CHIRURGIEN CARDIAQUE QUAND IL SECTIONNE LA COLLERETTE VEINEUSE ...

Trop courte.....source de difficultés techniques et de conflit

CONCERTATION TÉLÉPHONIQUE..... Avant toute décision.... de ne pas prélever.