

CONCLUSION

1. Endoscopic third ventriculostomy is a procedure done for patients of simple obstructive hydrocephalus of different causes.
2. Sticking to its indications can guarantee its successful outcome in large percentage of cases.
3. Age of the patient found to be a very important factor affecting its success as performing ETV before two years led to unsuccessful results.
4. Complications of ETV are much less than that of ventriculo peritoneal shunt, most common confronted were post operative fever, infection and bleeding. All can be avoided.
5. Computed tomography is valuable in follow up of the patients managed by ETV. It proved to be easy, rapid, available and a cheap method in comparison to other imaging modalities.
6. Its role is to detect early signs of ETV success in terms of decreasing peri ventricular permeation and ventricular size also opening of brain fissures and sulci. Also it can detect complications if present.
7. Finally we can conclude that CT has a very good role in evaluation and follow up of patients of simple obstructive hydrocephalus subjected to ETV.

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الملخص العربي

مرض الاستسقاء الدماغى هو عبارته عن تراكم السائل النخاعي في الجيوب والتجاويف الداخلية للدماغ مما قد يتسبب في ارتفاع الضغظ داخل المخ، وقد يؤدي ذلك إلى تضخم الرأس واختلاجات واختلالات عقلية في الاطفال.

فيما سبق كان الاستسقاء الدماغى يعالج بعمل توصيل بين أبطنه المخ والخارج من خلال أنبوبة متصلة عبر الرقبة والصدر لتنتهي في البطن، حيث يصل السائل النخاعي الزائد ويمتص من خلال الغشاء البريتوني، لكن هذه الجراحة اظهرت مضاعفات كثيرة من اهمها الانسداد والالتهابات مما يتطلب العلاج المركز وقد يحتاج الأمر إلى إزالة القسطرة خلال مدة العلاج ثم تركيبها مرة أخرى. من هنا ظهرت الحاجة الملحة لطرق اخرى للعلاج تكون ذات مضاعفات أقل فظهر ما يسمى بفغر قاع البطين الثالث بالمنظار والذي اظهر نسب نجاح اعلى ومضاعفات اقل من عمليه تحويل البطين البريتونى و هو عبارته عن عمل فتحة في قاع البطين الثالث للسماح باستيعاب التدفق الحر للسائل النخاعي من الضفيرة المشيمية.

في هذه الدراسه، تم تقييم دور الأشعة المقطعية المتعددة المقاطع في متابعة حالات تمدد بطينات المخ المعالجه بفغر قاع البطين الثالث بالمنظار. وقد شملت هذه الدراسة ٢٠ مريضاً يعانون من استسقاء الدماغ وتراوحت أعمارهم من شهرين إلى ٥٢ سنة وكان التشخيص المرضي لهم كالاتى: سبعة مرضى أورام المخ وأربعة عيوب خلقية وثلاثة ضيق خلقي في المسال الدماغى وحالاتان التهاب سحائى وحالاتان الكيس العنكبوتى الفرعى ومريضين استسقاء الرأس ذو الضغظ الطبيعى.

في هذه الدراسه، خضع جميع المرضى لعمل أشعة مقطعية على المخ قبل اجراء فغر قاع البطين الثالث بالمنظار وبعد شهر من اجرائه. تم متابعه المرضى لتحديد مدى نجاح المنظار ومتابعه المضاعفات ان وجدت. وقد اظهرت الأشعة المقطعية تحسناً في أربعة عشر مريضاً من حيث إنخفاض تغلغل السائل النخاعي حول بطينات المخ و توسع شقوق الدماغ و نقص فى تمدد بطينات المخ، فى حين أظهرت الأشعة عدم التحسن فى ست حالات فقط من حيث بقاء تغلغل السائل النخاعي حول بطينات المخ واستمرار تمدد البطينات.

كان من العشرين مريضاً الذين خضعوا لإجراء فغر قاع البطين الثالث بالمنظار اثنا عشر قد سبق لهم اجراء عملية تحويلة-البطين البريتونى غير ناجحة، وقد اظهرت الأشعة تحسناً فى ثماني حالات منهم فى حين لم تظهر تحسناً فى اربع حالات فقط. وقد تمت متابعة المضاعفات فى العشرين مريضاً، حيث ظهرت المضاعفات فى حالتين فقط، الاولى حمى ما بعد الجراحة و الثانية التهاب المخ التى تم تشخيصها عن طريق التحاليل والأشعة.

دور الأشعة المقطعية المتعددة المقاطع فى متابعة حالات تمدد بطينات المخ المعالجه بفغر قاع البطن الثالث بالمنظار

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مقدمة من

دينا طلعت جاد الحق بندارى

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كلية الطب
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٢٠١٥

دور الأشعة المقطعية المتعددة المقاطع فى متابعة حالات تمدد بطينات المخ المعالجه بفغر قاع البطن الثالث بالمنظار

مقدمة من

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