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Пациентот е испратен за хируршка интервенција.

Computer-tomography monitoring study of the hematoma and edema in acute supratentorial intracerebral hemorrhage

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Introduction: primary intracerebral hemorrhage (ICH) is an acute cerebrovascular disease, which occurs with rupture of the lipohyalinic altered vessel wall from the deep brain structures. An important feature of ICH is brain edema with the capacity of further increases of the intracranial pressure and neurological deficit determination. Objective: to determine the hematoma (HV) and edema volume (EV) values in the first 5 days of the onset of ICH (admittance/3thday/5thday) and to set their interdependence.

Material and Methods: prospective study of computer-tomography evaluation (visualization and measurement) of the volume of the entire substrate and hematoma volume (EV is their difference) with SIEMENS SOMATOM AR. C in 62 receiving patients (39-80 years; mean=62,97±14SD; men-34, women-28) at the admittance, on the 3th and the 5th day.

Results and conclusion: in the observed period (admittance/3thday/5thday) the mean values of HV 13,5±14,49SD 13,1314±66SD 12,9914±73SDccm and of EV 12,86±13,52SD 22,38±29,10SD 28,45±29,41SDccm are found. HV is with immutable values ($p>0,05$); hemmatoma is insignificant prevalent in the dominant hemisphere (54,8%); significantly appears in the parietal lobe (67,6%) and parietotemporal lobe (20,6%); significantly increase of EV in all relations ($p<0,001$). High correlation coefficient of HV/EV on the 3th day ($r=0,6$) and moderate correlation coefficient at admittance and 5th day ($r=0,4$) are found.

MRI in children, anesthesia or deep sedation?

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Background and objectives: Modern diagnostic image techniques requires modern approach to the patients. The purpose of this review is to focus on the literature about sedation and anesthesia during MRI in children.

Literature finding: Due to the diagnostic advantages and length of the diagnostic scanning of the MRI, in children the need for deep sedation or anesthesia is rapidly increased. Different sedation and anesthesia regiments have been studied and non of them has been shown as superior. According to new guidelines, deep sedation has been shown to be less safe than anesthesia and the primary note is maximum safety for the children. Many countries don't have the minimum equipment for anesthesia in MRI room, so deep sedation remains as the only choice for MRI. According to multicentric studies, dexomedetomidine is most convenient for deep sedation without any hemodynamic adverse effects. A contrary, the literature reports that the usage of phenobarbital, midazolam and ketalar not to be safe for sedation (in absence of anesthesiologists) due to different unwonted incidents. Propofol is reported with controversies for sedation but for anesthesia is mostly favorable in children.

Conclusion: MRI is a process that in children should be well planed. Maximum cooperation between anesthesiologists and radiologist is needed for the maximum safety of the patients. Every time when the conditions allow anesthesia, only deep sedation should be avoided.

Key words: children, MRI, anesthesia, sedation.