



EPAT

Emergency Physicians Association of Turkey



*Sono
School*

Dispneik hastada USG kullanımı

Uz. Dr. Arif Karagöz

İzmir Çiğli Bölge Eğitim Hastanesi

ATUDER Acil Görüntüleme Çalışma Grubu

SonoSchool Genel Koordinatörü

Dispne nedir?

- Dispne ya da nefes darlığı kişinin güçlükle nefes alıp vermesi halidir, yani nefes almada zorlanma demektir.
- Subjektif bir yakınmadır.
- Her zaman patolojik olmayabilir (ağır egzersiz, gebelik...)

- Dispne tanısı asıl fizik muayene ile, en önemli olarak da inspeksiyon ile konur.
- Sat O2 *değildir!!!*
- PaO2 *değildir!!!*
- Solunum hızı *değildir!!!* (her taşipne dispne değildir)
- Subjektif bir *hava açlığı hissidir...*

Point-of-care ultrasonografi

- **Point-of-care ultrasound** refers to the use of **portable ultrasonography** at a patient's **bedside** for **diagnostic** (e.g., symptom or sign-based examination) **and therapeutic** (e.g., image-guidance) purposes.

Dispne sebepleri

Causes of Dyspnoea

System	Acute dyspnoea	Chronic exertional dyspnoea
Cardiovascular system	Acute pulmonary oedema	Chronic CCF Myocardial ischaemia
Respiratory system	Acute severe asthma Acute exacerbation COPD	COPD Chronic asthma
	Pneumothorax, Pulmonary embolus ARDS	Chronic pulmonary thromboembolism , Large pleural effusion
	Pneumonia Lobar collapse	Bronchial carcinoma Lymphatic carcinomatosis
	Inhaled foreign body (especially in a child) Laryngeal oedema (e.g. anaphylaxis)	ILD: sarcoidosis, fibrosing alveolitis, extrinsic allergic alveolitis, pneumoconiosis
Others	Metabolic acidosis	Severe anaemia
	Hyperventilation	Obesity

- Problem sebebi bulmakta
- Tanı ne kadar doğru ve ne kadar çabuk konursa tedavi o kadar kolaylaşmakta
- Aksi??
- Geciken tedavi....
- Yanlış tedavi....

Peki elimizde ne var???

- Anamnez???
- Fizik muayene- steteskop???
- PA Akciğer grafisi???
- Laboratuvar testleri???



European Journal of Emergency Medicine. 22(6):440–443, DEC 2015

DOI: 10.1097/MEJ.0000000000000258, PMID: 25715019

Issn Print: 0969-9546

Publication Date: 2015/12/01



 Print

Stethoscope versus point-of-care ultrasound in the differential diagnosis of dyspnea: a randomized trial

Behzat Özkan;Erden Ünlüer;Pinar Akyol;Arif Karagöz;Mehmet Bayata;Haldun Akoğlu;Orhan Oyar;Ayşe Dalli

Causes of Dyspnoea

System	Acute dyspnoea	Chronic exertional dyspnoea
Cardiovascular system	Acute pulmonary oedema	Chronic CCF Myocardial ischaemia
Respiratory system	Acute severe asthma Acute exacerbation COPD	COPD Chronic asthma
	Pneumothorax, Pulmonary embolus ARDS	Chronic pulmonary thromboembolism , Large pleural effusion
	Pneumonia Lobar collapse	Bronchial carcinoma Lymphatic carcinomatosis
	Inhaled foreign body (especially in a child) Laryngeal oedema (e.g. anaphylaxis)	ILD: sarcoidosis, fibrosing alveolitis, extrinsic allergic alveolitis, pneumoconiosis
Others	Metabolic acidosis	Severe anaemia
	Hyperventilation	Obesity

Dispne ayırıcı tanısında kullanılan POCUS uygulamaları

- 1. Yatakbaşı kardiyak usg
- 2. Usg ile VCI değerlendirme
- 3. Akciğer usg
- 4. Yatakbaşı usg ile DVT taraması
- 5. Diyafragma usg

**The Rapid Assessment
of Dyspnea with
Ultrasound: RADiUS**

William Manson, MD*, Nadim Mike Hafez, MD

1. Dispneik hastada kardiyak usg

- EF iyi / düşük??
- RV boyutu??
- Perikardial effüzyon / tamponad?
- Başka bir patoloji??

1. Düşük EF?



West J Emerg Med. 2014 Mar; 15(2): 221–226.

PMCID: PMC3966449

doi: [10.5811/westjem.2013.9.16185](https://doi.org/10.5811/westjem.2013.9.16185)

PMID: [24672616](https://pubmed.ncbi.nlm.nih.gov/24672616/)

Visual Estimation of Bedside Echocardiographic Ejection Fraction by Emergency Physicians

Erden E. Ünlüer, MD,* Arif Karagöz, MD,* Haldun Akoğlu, MD,† and Serdar Bayata, MD*

SAEM

Academic Emergency Medicine

Official Journal of the Society for Academic Emergency Medicine

Original Research Contribution | [Free Access](#)

An Alternative Approach to the Bedside Assessment of Left Ventricular Systolic Function in the Emergency Department: Displacement of the Aortic Root

Erden Erol Ünlüer MD ✉, Arif Karagöz MD, Serdar Bayata MD, Haldun Akoğlu MD



Article
Text



Article
info

Original article

Limited bedside echocardiography by emergency physicians for diagnosis of diastolic heart failure

Erol Erden Ünlüer¹, Serdar Bayata², Nursen Postacı², Murat Yeşil², Özcan Yavaş¹, Pınar Hanife Kara¹, Nergis Vandenberg¹, Serhat Akay¹



Normal ef

mindray

CİGLİ EĞİTİM VE ARASTIRM...02/11/2017

09:19:14

AP 97%

MI 0.3 TIS 0.2

normal ef2 20171102-091728-BFF6

P4-2s

Adult Cardiac

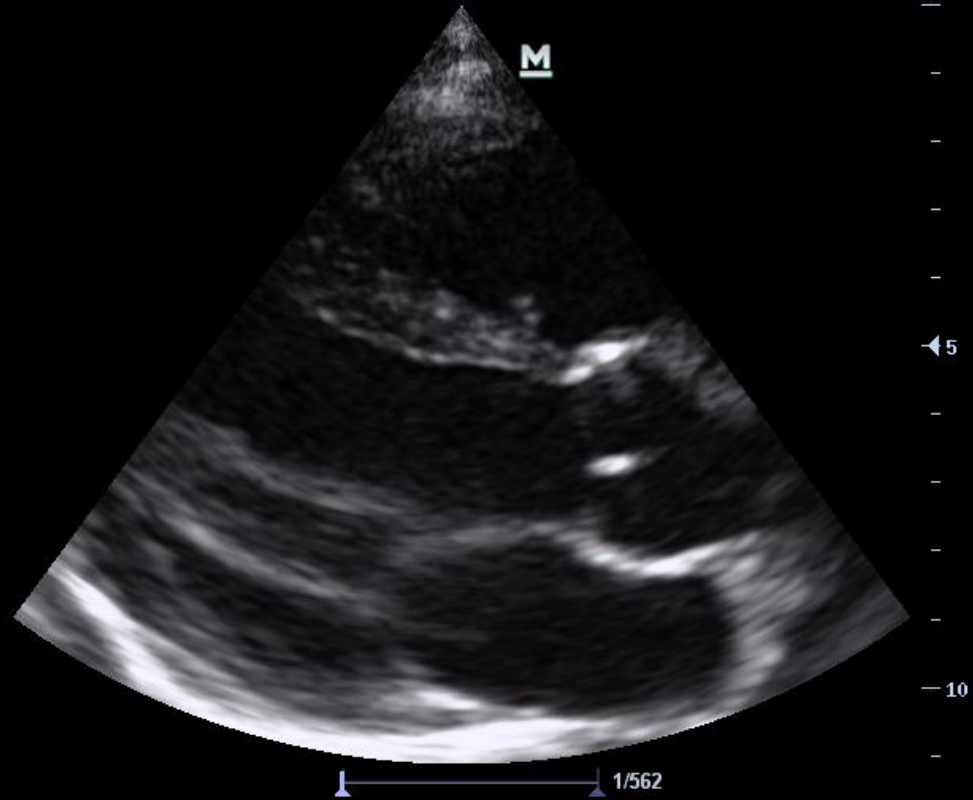
M7

B1

FH3.2 / D11.1

G56 / FR113

IP4 / DR75



Düşük EF

mindray

CİĞLİ EĞİTİM VE ARASTIRM... 17/06/2017

19:56:30

AP 97%

MI 0.3 TIS 0.2

ahmet pinarci ,dispne kky 20170617-195634-BFF6

P4-2s

Adult Cardiac

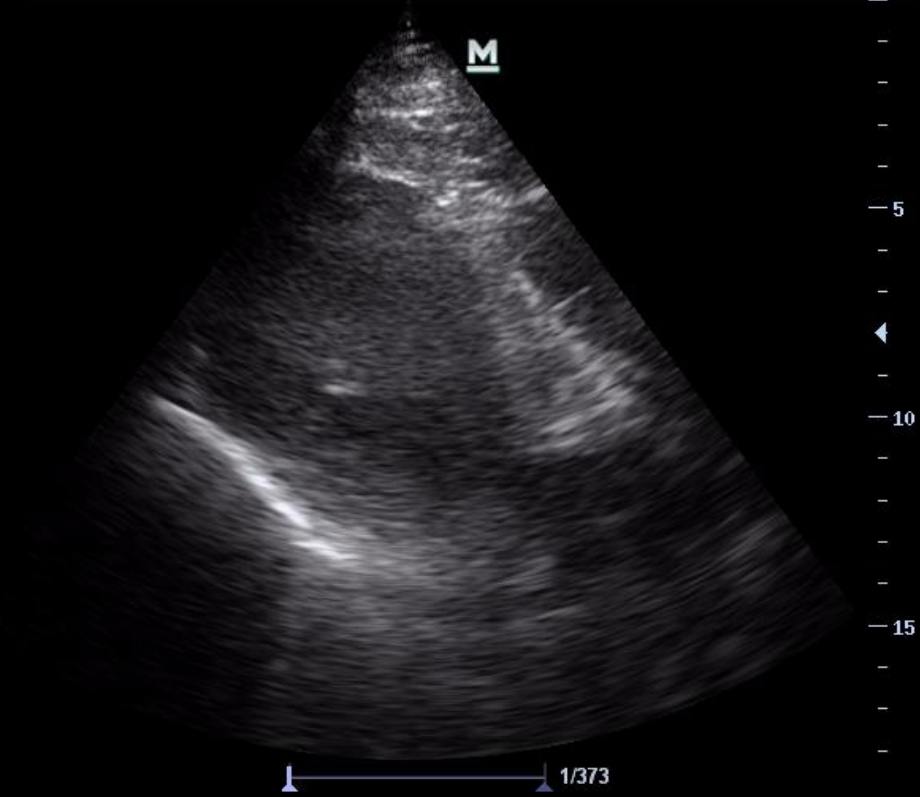
M7

B1

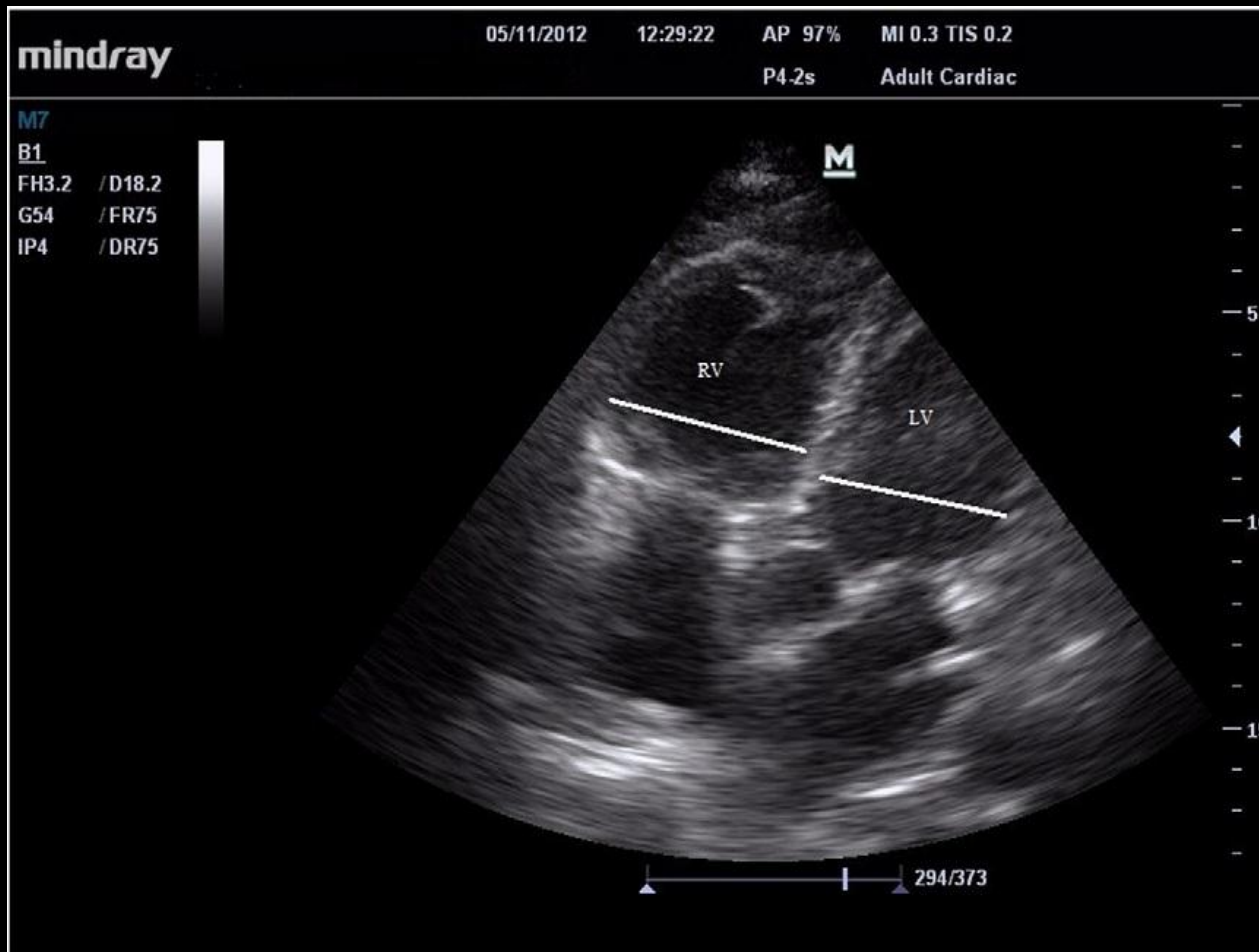
FH3.2 / D18.2

G54 / FR75

IP4 / DR75



2. Dilate RV?



D Sign

mindray

CİGLİ EĞİTİM VE ARASTIRM...01/02/2017

20:00:09

AP 97%

MI 0.4 TIS 0.4

suat cetiner,pulmoner emboli 20170201-194706-BFF6

P4-2s

Adult Cardiac

M7

B1

FH3.2 / D16.2

G69 / FR84

IP4 / DR75



-

-

-

-

-5

-

◀

-

-

-10

-

-

-

-

-15

-



1/417



ELSEVIER

The American Journal of Emergency Medicine

Volume 31, Issue 4, April 2013, Pages 719-721



Brief Report

Red flag in bedside echocardiography for acute pulmonary embolism: remembering McConnell's sign ☆

Erden Erol Ünlüer MD ^a✉, Güldehen Özmen Senturk MD ^a✉, Arif Karagöz MD ^a✉, Yasemin Uyar MD ^a,
Serdar Bayata MD ^b✉

3. Perikard tamponadı??

ECHO SIGNS OF TAMPONADE

@ULTRASOUNDJELLY



VALVES CLOSED
RA COLLAPSE



PLETHORIC IVC
<50% COLLAPSE



VALVES OPEN
RV COLLAPSE



MV INFLOW
VARIATION >25%

USG ile VCI deęerlendirme

- VCI apı ve kollapsibilite indeksi entübe olmayan hastada volüm durumu ve RV basıncı;
- Entübe hastada sadece volüm durumu hakkında fikir verir

IVC v CVP

Correlation Between IVC Diameter Plus CI and CVP		
IVC Max Diameter (cm)	CI	CVP (mmHg)
< 1.5	100% (total collapse)	0-5
1.5-2.5	> 50%	6-10
1.5-2.5	< 50%	11-15
> 2.5	< 50%	16-20
> 2.5	0% (no collapse)	>20

IVC v CVP

Correlation Between IVC Diameter Plus CI and CVP		
IVC Max Diameter (cm)	CI	CVP (mmHg)
< 1.5	100% (total collapse)	0-5
1.5-2.5	> 50%	6-10
1.5-2.5	< 50%	11-15
2.5	< 50%	16-20
> 2.5	0% (no collapse)	>20

mindray

CİGLİ EĞİTİM VE ARASTIRM...08/10/2018
musa kara,kky pl eff 20181008-094035-BFF6

09:42:15

AP 97%

MI 0.3 TIS 0.2

P4-2s

Adult Cardiac

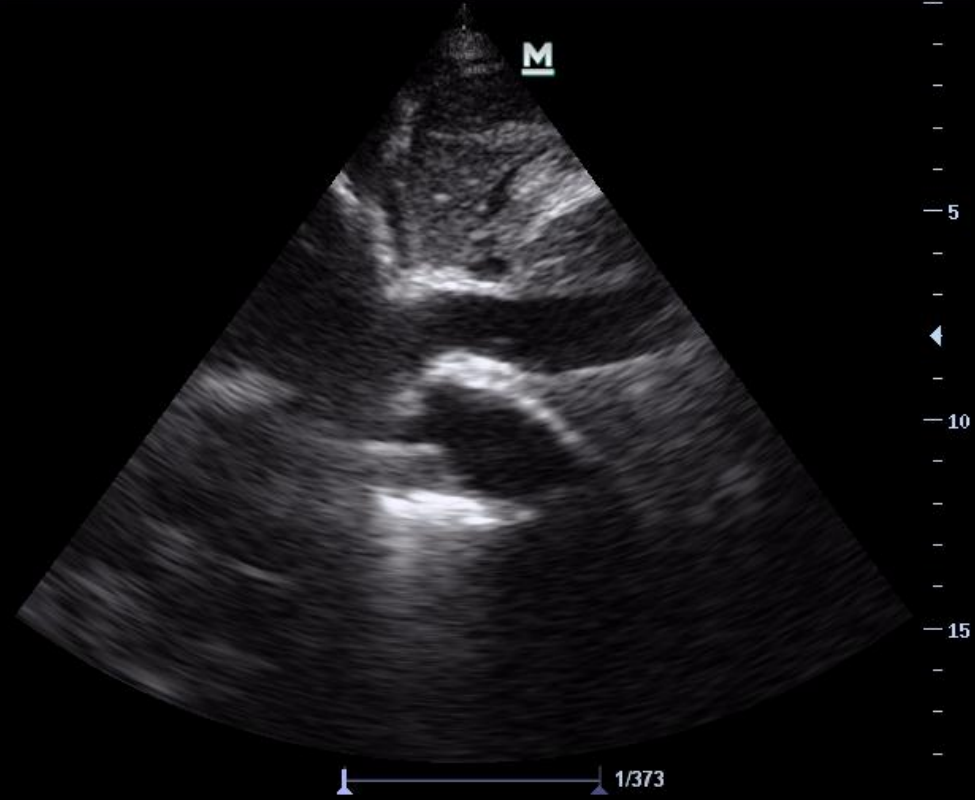
M7

B1

FH3.2 / D18.2

G60 / FR75

IP4 / DR75



mindray

CİGLİ EĞİTİM VE ARASTIRM...04/09/2017

10:38:56

AP 97%

MI 0.4 TIS 0.1

naim duran, dispne koah kky 20170904-103738-BFF6

P4-2s

Adult Cardiac

M7

B1

FH3.2 / D18.2

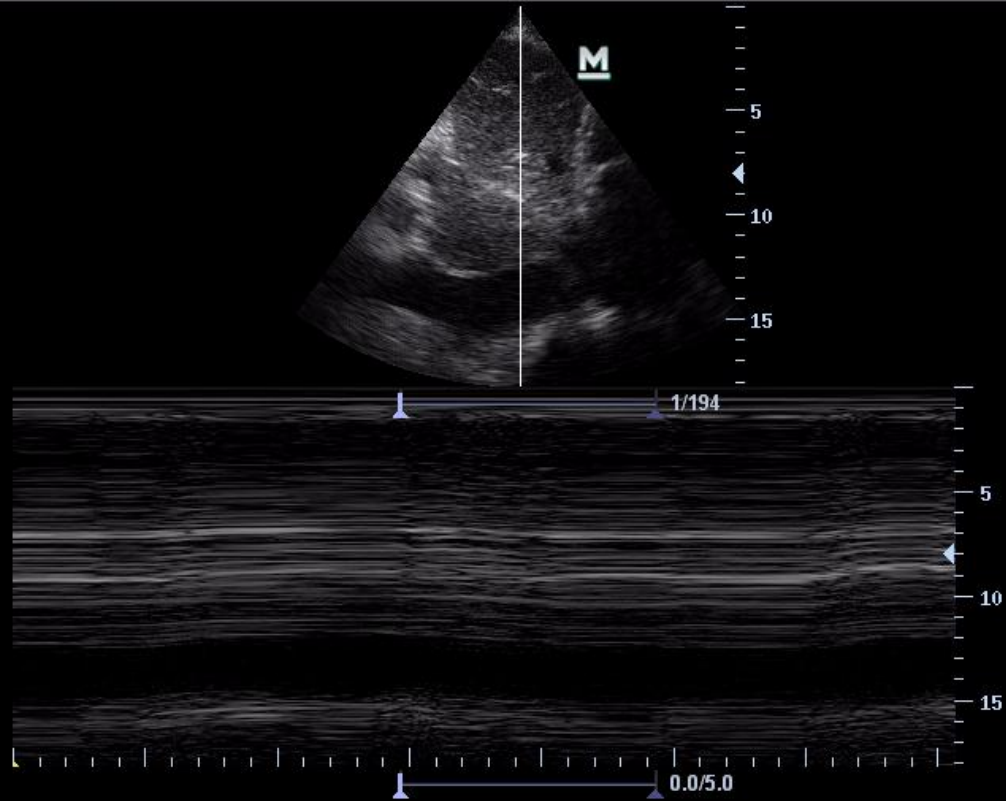
G67 / FR39

IP4 / DR75

M1

V3 / IP6

DR100 / G62



2. Dispneik hastada akciğer usg

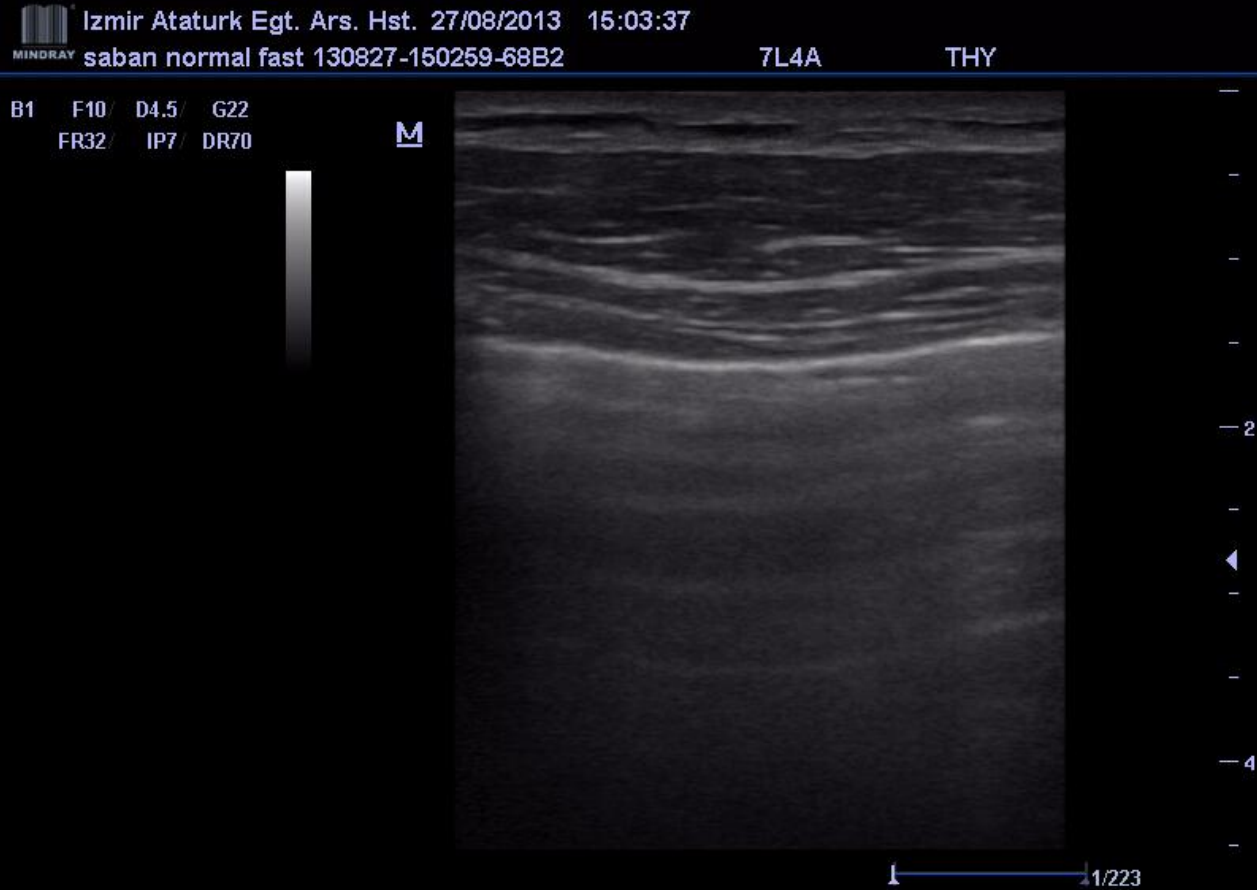


- Dokuyu değil, artefaktları görür ve yorumlarız
- Dokuyu görebiliyorsak patolojik...
- Plevral aralıkta hava? Sıvı?
- BLUE protocol

BLUE protocol

- Her iki hemitoraksta standart 4 nokta
- Plevral patolojiler yüzeyel, kolay tanınır
- Neredeyse tüm parankimal patolojiler üzerindeki plevrada bulgu verir

Lung sliding+ A çizgileri



Seashore sign

mindray

CİGLİ EĞİTİM VE ARASTIRM...22/05/2017

09:07:14

AP 97%

MI 1.6 TIS 0.4

ugur uyar,spn pnx tani 20170522-090532-BFF6

L12.4s

Superficial

M7

B1

F10 /D3.7

G52 /FR84

IP5 /DR90

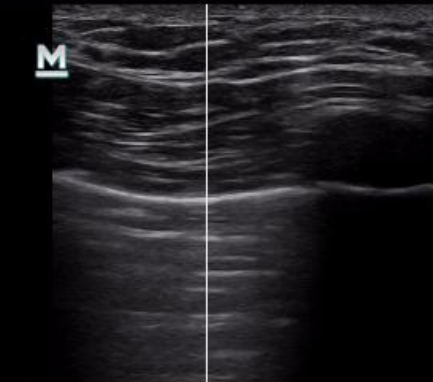
M1

V3 /IP6

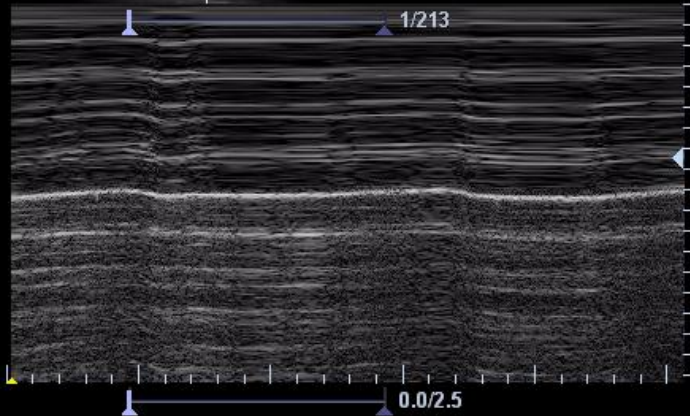
DR100 /G52



M



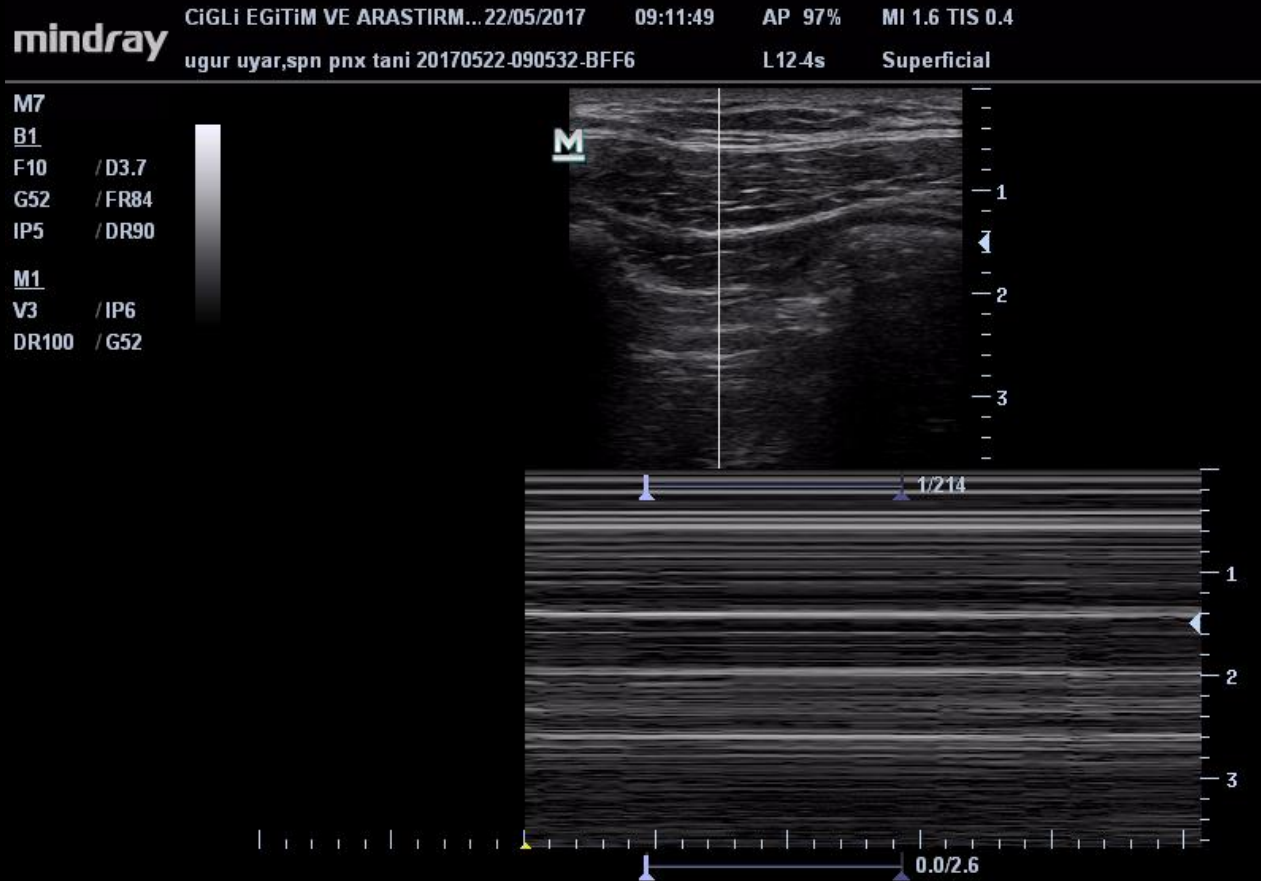
1
2
3



1
2
3

0.0/2.5

Lung sliding kaybı (Barcode sign)



Lung Point

mindray

CiGLi EGİTİM VE ARASTIRM...21/04/2017

21:10:40

AP 97%

MI 1.6 TIS 0.4

mustafa canalan,spn pnx 20170421-210828-BFF6

L12-4s

Superficial

M7

B1

F10 /D3.7

G54 /FR84

IP5 /DR90

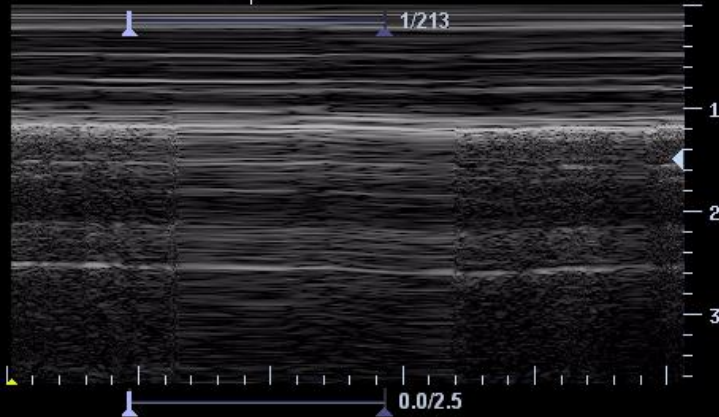
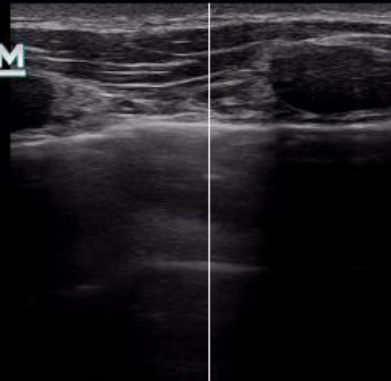
M1

V3 /IP6

DR100 /G52



M



Bedside ultrasonographic diagnosis of pneumothorax

ERDEN EROL ÜNLÜER*, ARIF KARAGÖZ

Hindawi Publishing Corporation
Case Reports in Medicine
Volume 2013, Article ID 861787, 3 pages
<http://dx.doi.org/10.1155/2013/861787>



Case Report

A Deadly Complication of Superficial Muscular Needle Electromyography: Bilateral Pneumothoraces

Erden Erol Ünlüer, Pınar Yeşim Akyol, Arif Karagöz, and Serkan Bılgın

ORIGINAL RESEARCH

Effectiveness of Bedside Lung Ultrasound for Clinical Follow-Up of Primary Spontaneous Pneumothorax Patients Treated With Tube Thoracostomy

Arif Karagöz, MD,* Erden Erol Ünlüer, MD,† Onur Akçay, MD,‡ and Emine Kadioğlu, MD§

Plevral efüzyon



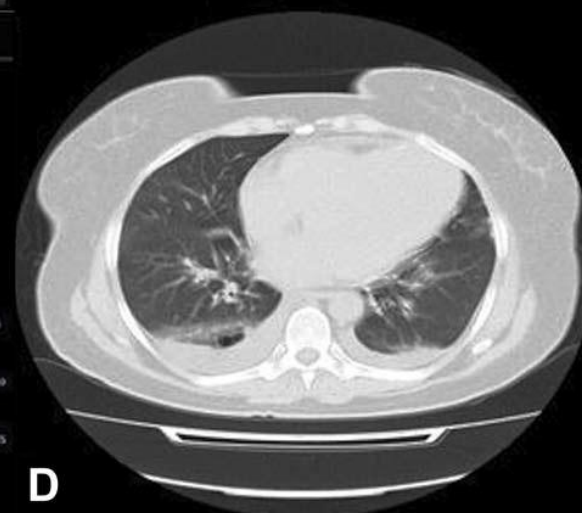
A



B



C

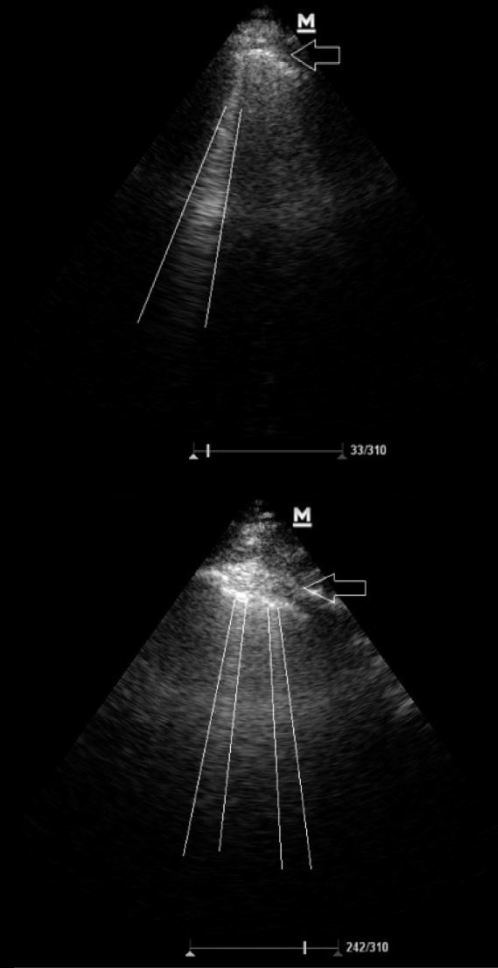


D

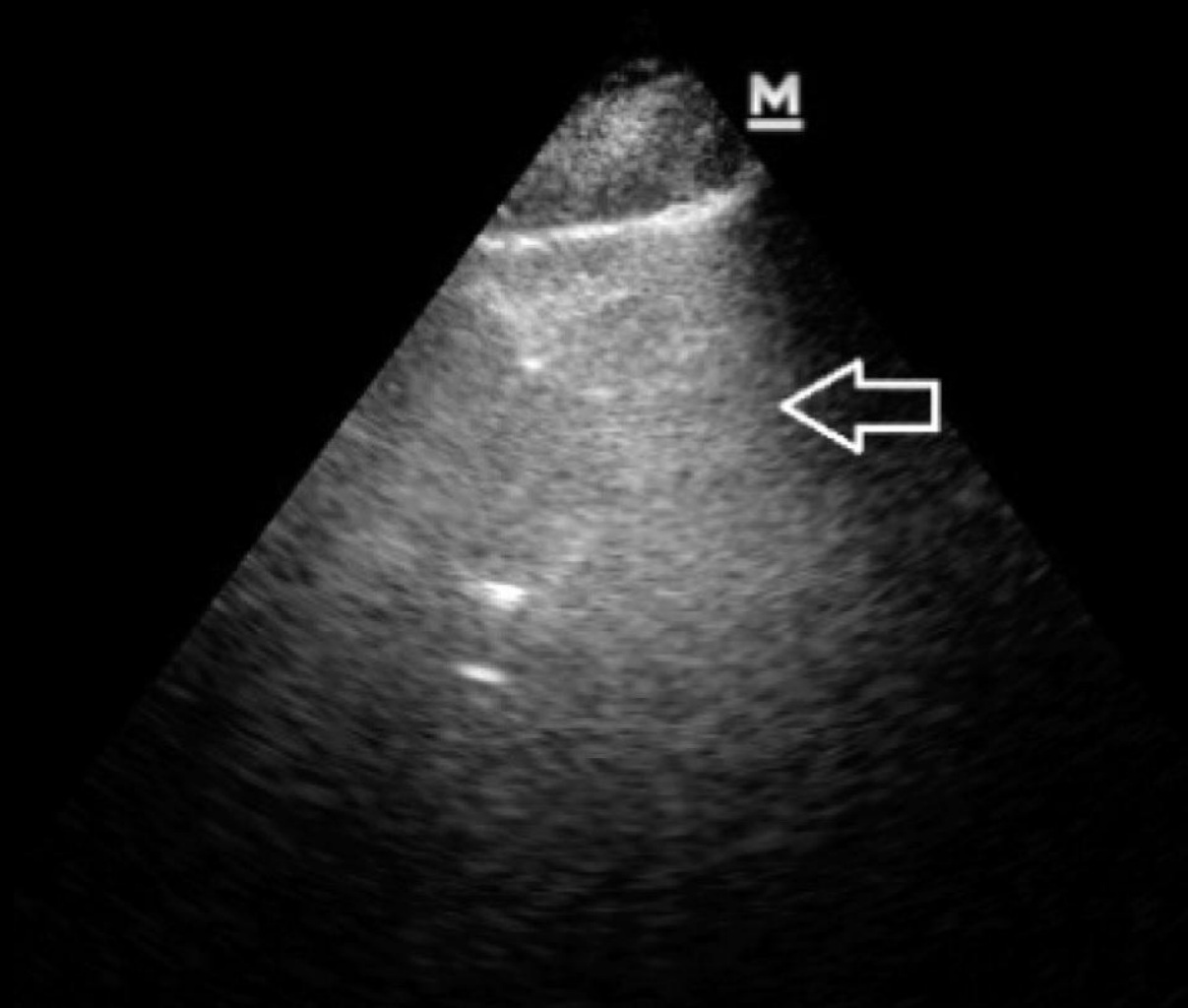
Konsolidasyon

- Shred sign
- Hepatisation
- Air bronchograms

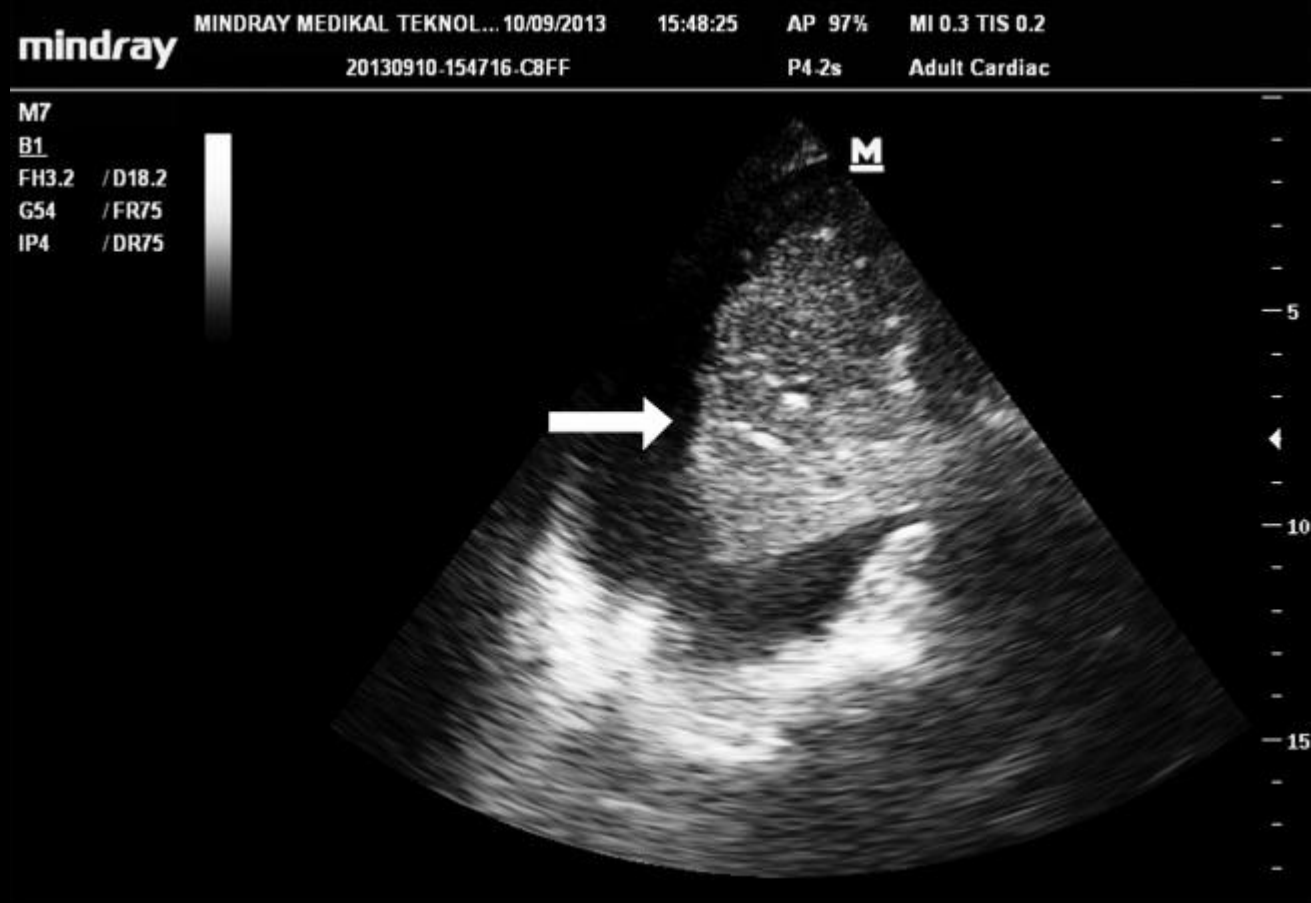
Shred sign

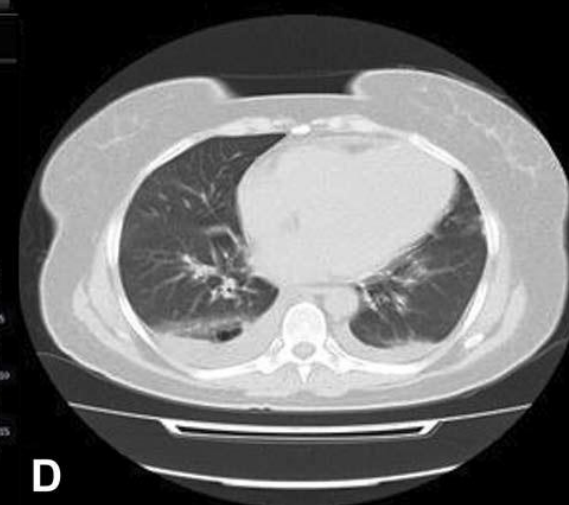
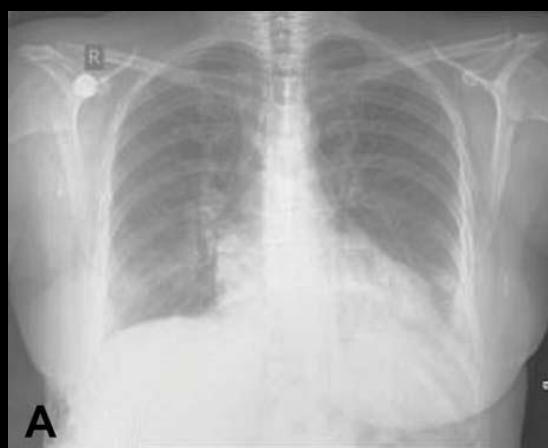


Hepatisation



Air Bronchogram





Bedside lung ultrasonography for diagnosis of pneumonia

使用床邊肺部超聲診斷肺炎

EE Unluer, A Karagoz, GO Senturk, M Karaman, KH Olow, S Bayata

Interventional Medicine & Applied Science, Vol. 6 (4), pp. 175-177 (2014)

CASE REPORT

Bedside lung ultrasound versus chest X-ray use in the emergency department

ERDEN EROL ÜNLÜER*, ARIF KARAGÖZ

Interventional Medicine & Applied Science, Vol. 6 (1), pp. 40-42 (2014)

CASE REPORT

A dynamic sign of alveolar consolidation in bedside ultrasonography: Air bronchogram

ERDEN EROL ÜNLÜER*, ARIF KARAGÖZ



Lung ultrasound by emergency nursing as an aid for rapid triage of dyspneic patients: a pilot study

Erden Erol Ünlüer^a  , Arif Karagöz^a, Orhan Oyar^b, Nergiz Vandenberg^a, Sevda Kiyancıçek^a, Figen Budak^a

Yatakbaşı usg ile DVT tanısı

- Kompresyon testi (popliteal+ femoral ven)
- Özellikle unstable hastada RV dilatasyonu da eşlik ediyorsa => doğrudan tedavi...

USG ile diyafram disfonksiyonu tanısı

- Diyaframın solunum hareketi sırasında sagittal planda hareket miktarı (normal inspirium:1.08-2.6 cm; derin inspiriumda 6.55-9.21 cm) ve,
- Kalınlığındaki değişiklik (%20) ölçülerek disfonksiyon tanısı konur.
- Yeni bir teknik...

Özet

- USG, acil serviste dispneik hastaya yaklaşımda tanı doğruluğunu arttırır, tanı zamanını kısaltır.
- Bütün yatakbaşı USG uygulamalarında olduğu gibi, dispne için de ultrasonografi, tanı koyma sürecinin bir parçası olarak kullanılmalıdır.
- *Resmin kendisi değildir, yapbozun bir parçasıdır.*

Our course is accredited by
European Accreditation Council for
Continuing Medical Education

Quality



TEŞEKKÜRLER