"X Ray radiation lesions as complications of Interventional Procedures assisted in the Burns Hospital of Buenos Aires."

Radiopathology Committee



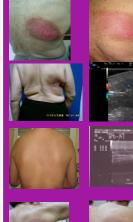
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Procedures can deliver high radiation doses to patient skin, some patients develop cutaneous radiation syndrome (CRS). Physical and patient-related factors that contribute to an increased clinical toxicity include location of the irradiated skin, high individual radiosensitivity, obesity, and smoking habit

Radiotoxicity- Skin lessions- EORTC/RTOG

Grades	Acute radiotoxicity : < 90 días	Chronic radiotoxicity: > 90 días	Grades	Acute radiotoxicity : < 90 days	Chronic radiotoxicity: > 90 days
1	Erythema Epilation itching Dry descamation	Atrophy Pigmentary changes Partial loss of hair	3	Confluent moist desquamation Severe edema	Confluent areas of marked atrophy Telangiectasias
2	Erythema Wet descamation Edema	Moderate atrophy Telangiectasia Partial loss of hair	4	BleedingUlceration Necrosis	Ulceration Bleeding

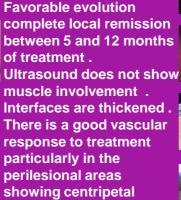












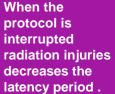
Groups 1 and 2:











Groups 3 and 4:







Pain related to Ischemia phenomena is manifested

waves.

Protocol applied

Local injury treatment: Silver sulfadiazine +lidocaine + vitamin A

healing

Systemic Treatment: Free radical treatment: oral antioxidants: Vitamine E 400 U.I. /a day.

Endarteritis Obliterans: oral pentoxifylline 400 mgs/a day

Conclusions:

The possibility that a cutaneous radiation syndrome appears depends on the difficulty of the procedure and their sensitivity to radiation due to previous procedures, disease or genetic predisposition

Let the patient know that if a complication occurs, it can be treated by a team of experts and that there is a protocol for treatment of radiation injuries proved scientifically and internationally approved Implement a database containing studies:

- Ultrasonography
- Eco-Doppler
- Teletermography
- Magnetic Resonance Imaging
- Report of Radiosensitivity test
- Study of chronic markers