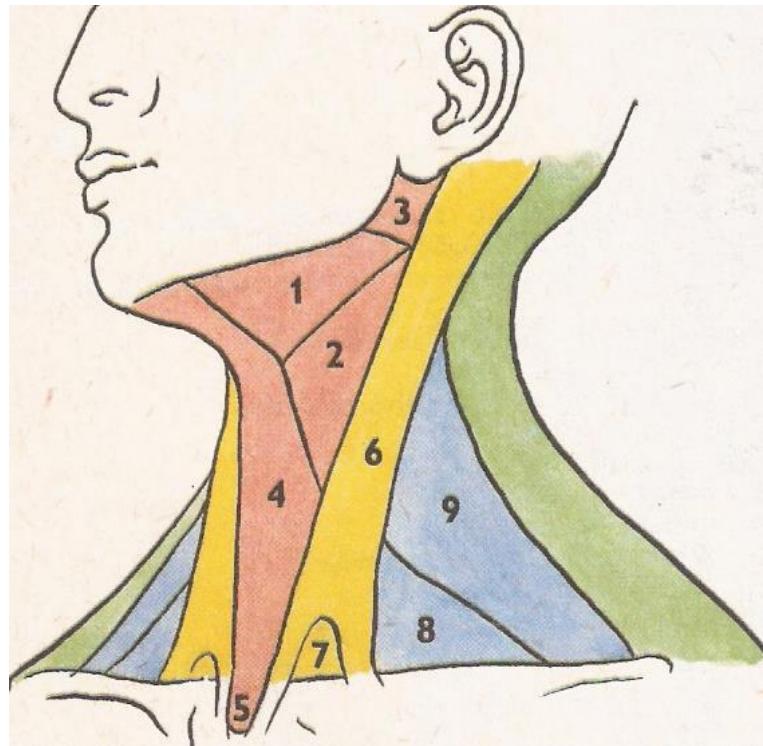
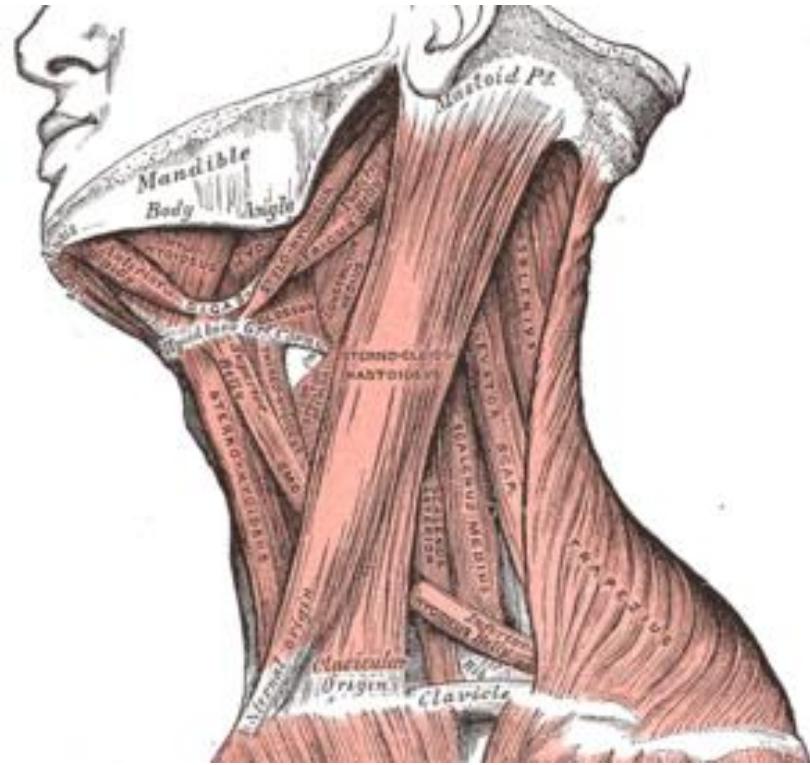


Klinická anatomie krku a hrudníku

Regiones colli



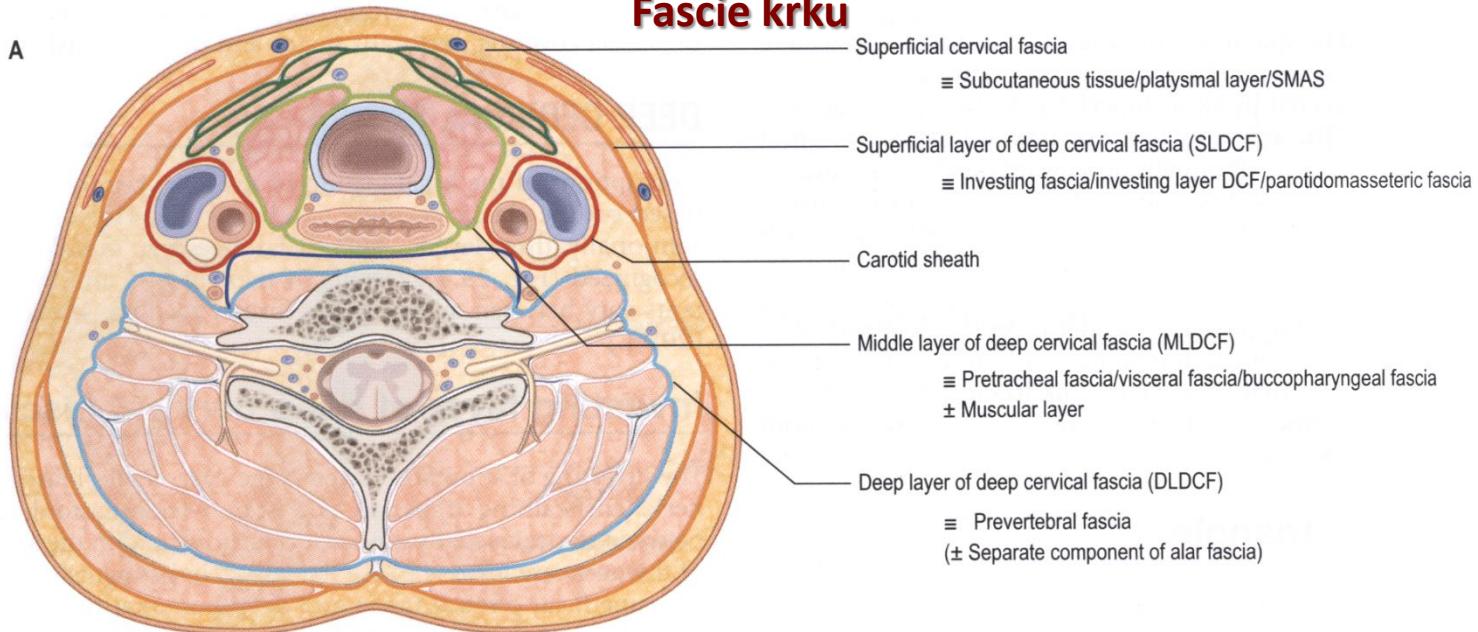
- 1) trigonum submandibulare
 - 2) trigonum caroticum
 - 3) regio retromandibularis
 - 4) regio mediana colli
 - 5) fossa jugularis



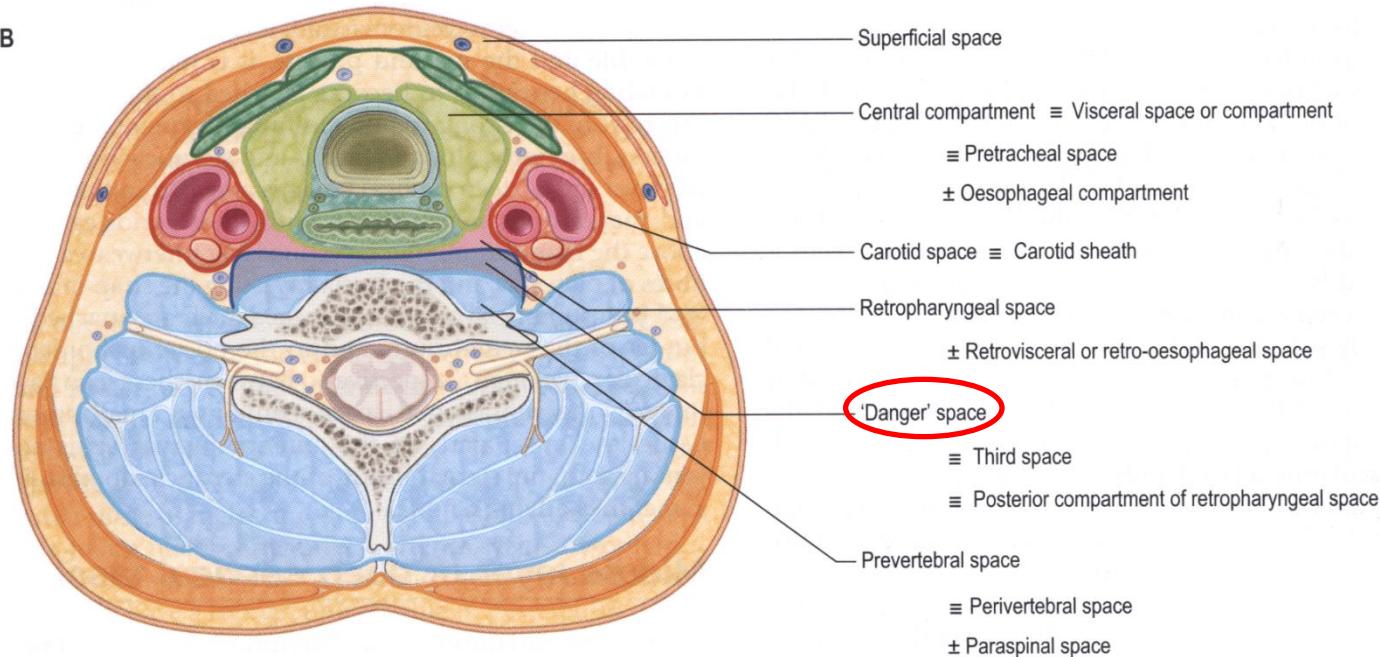
- 6) regio sternocleidomastoidea
 - 7) fossa supraclavicularis minor
 - 8) trigonum omoclaviculare
 - 9) trigonum omotrapezium

Fascie krku

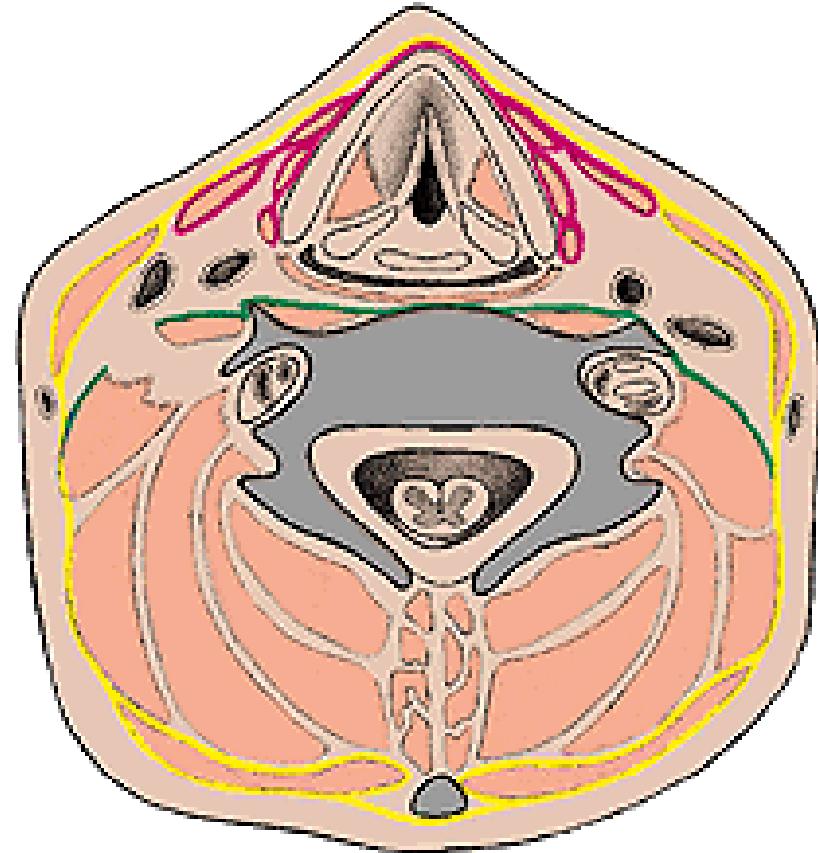
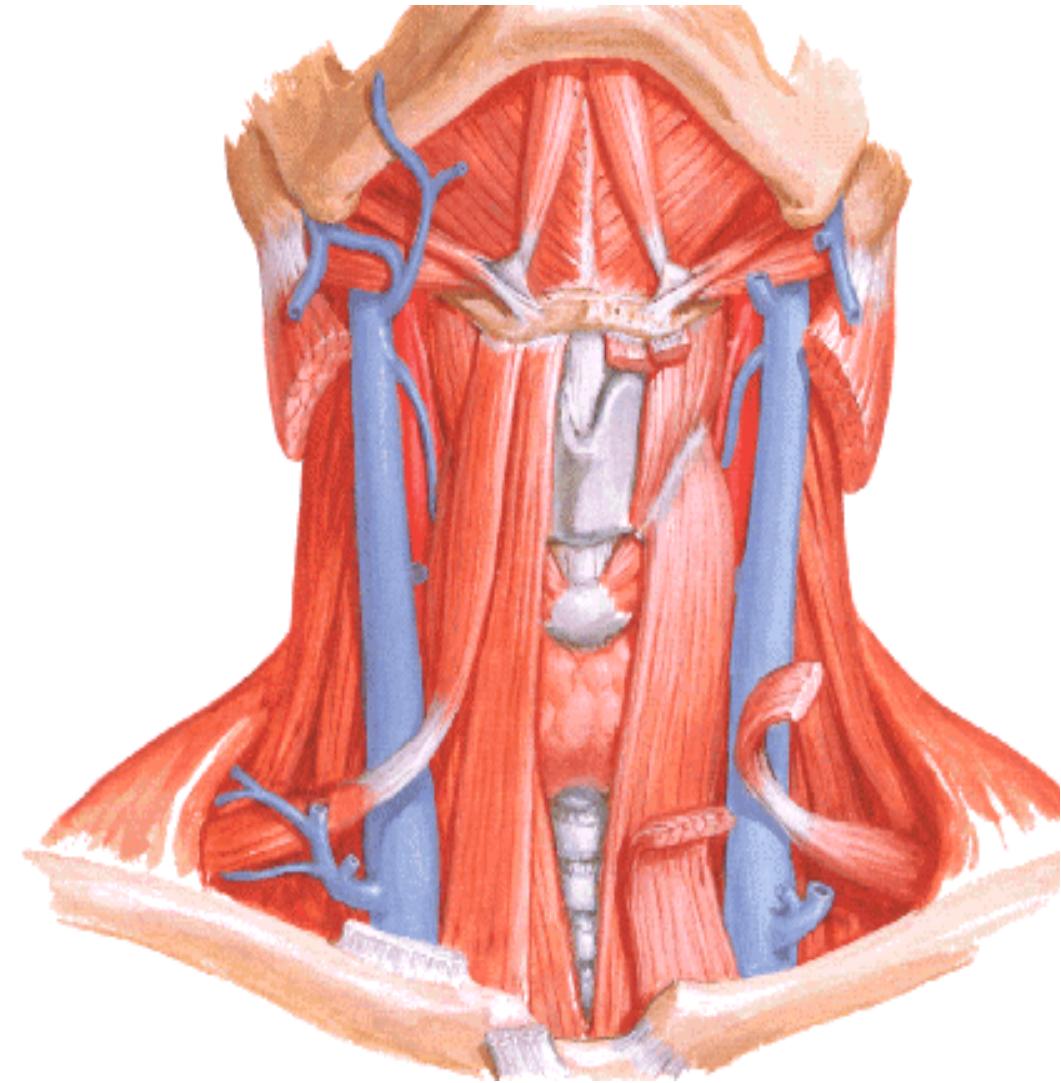
A



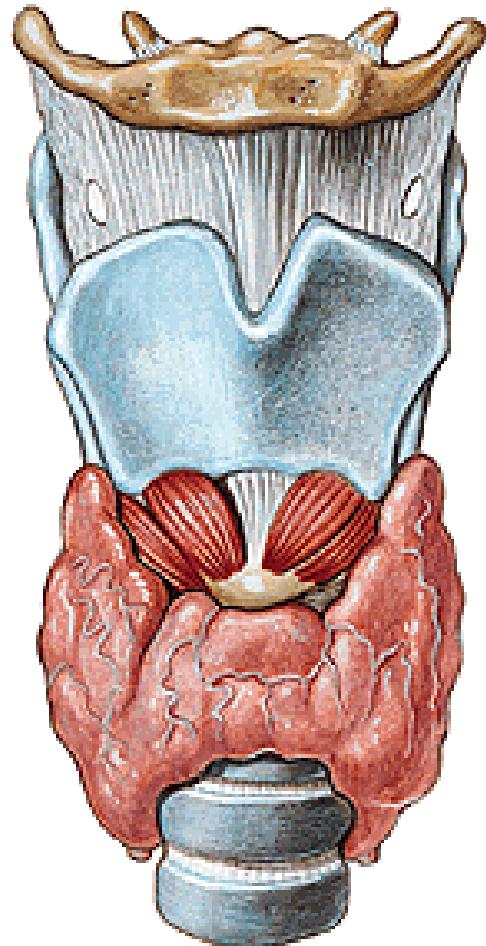
B



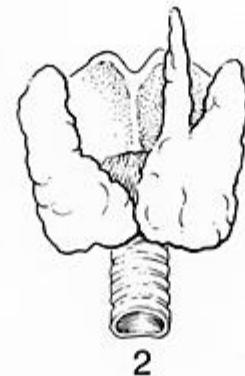
Regio coli anterior



Glandula thyroidea



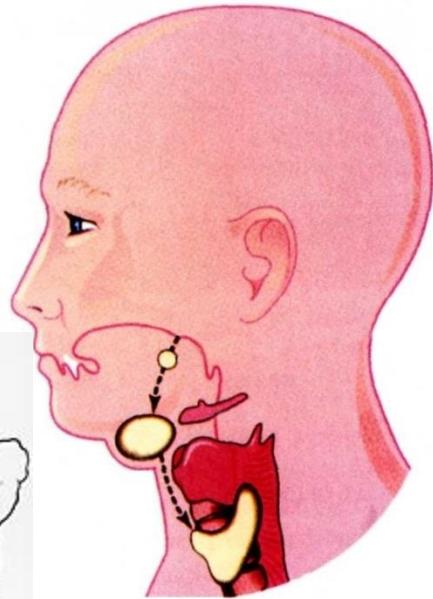
1



2



3



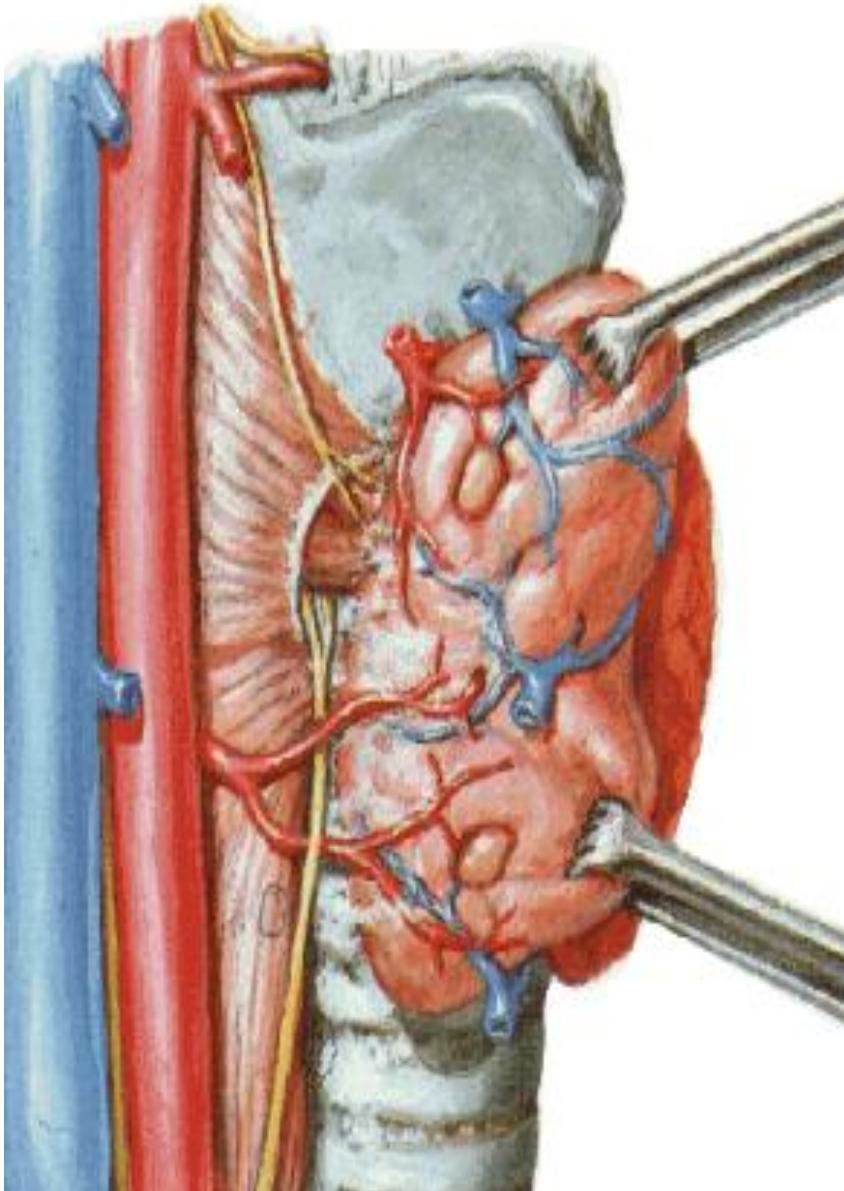
4



5



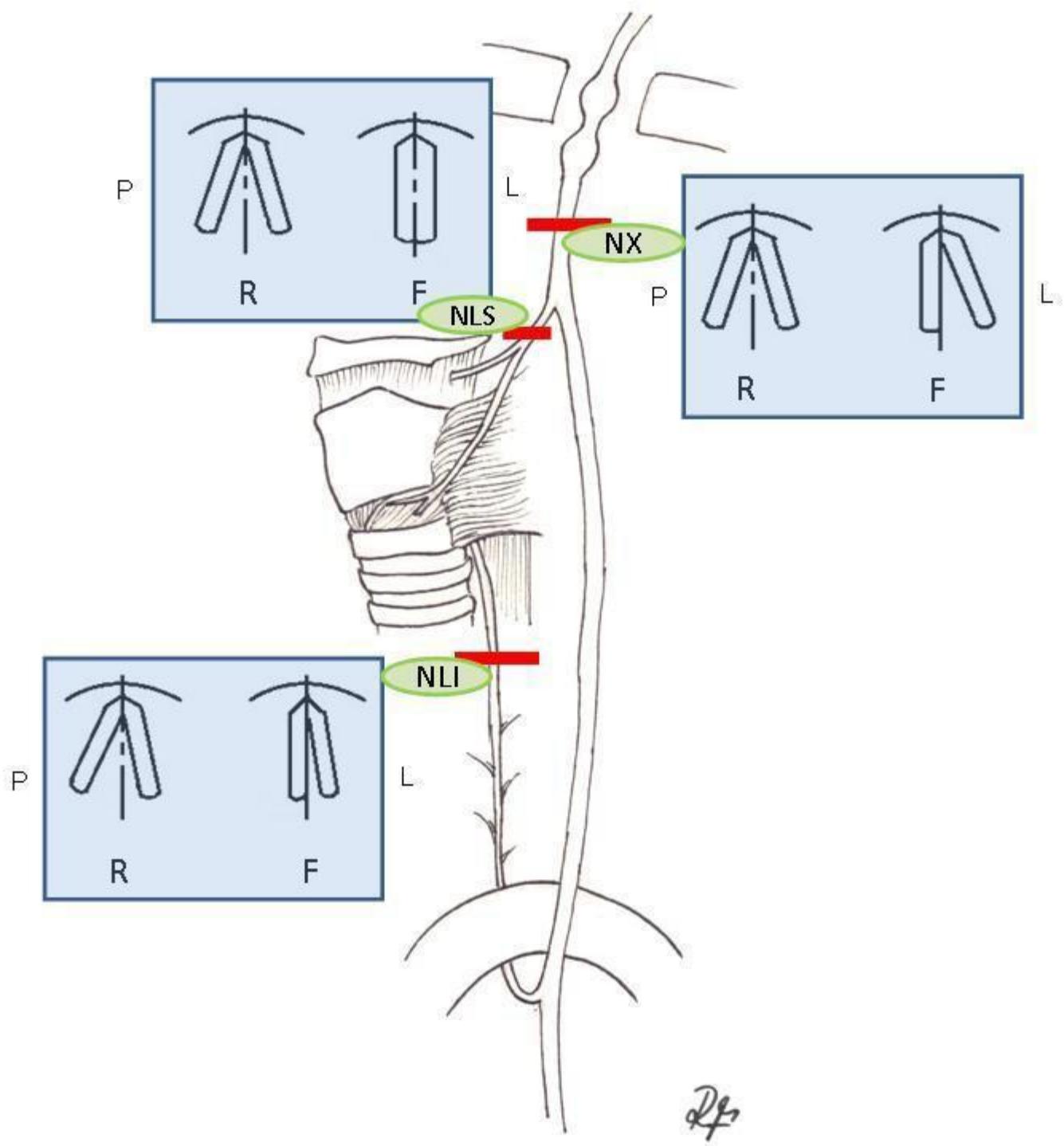
6



- Ramus externus n. laryngei sup.,
vasa laryngea sup.
- Ramus externus n. laryngei sup.
- Vasa thyroidea superiora (rr.)

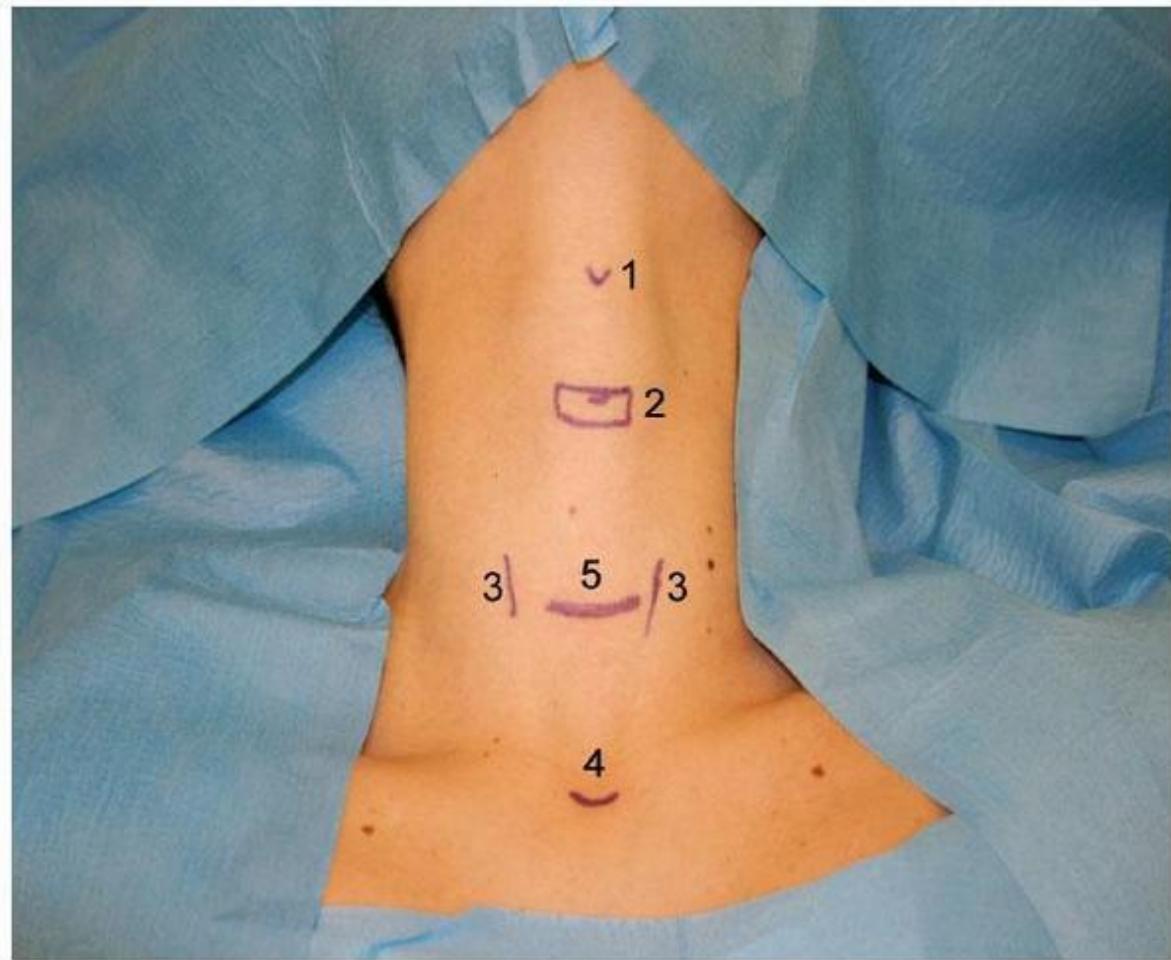
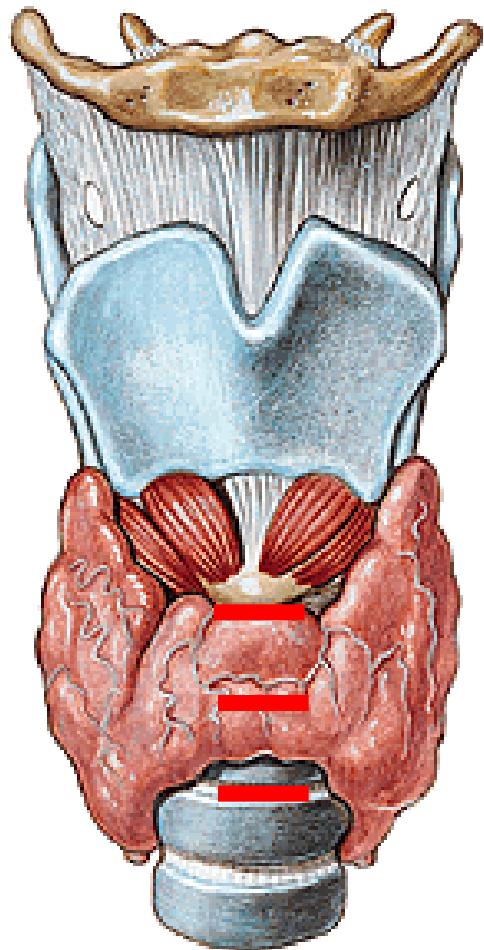
Glandulares

- Nervus laryngeus recurrens
- Wangův bod
- Vasa thyroidea inf.
- Glandulae parathyroideae

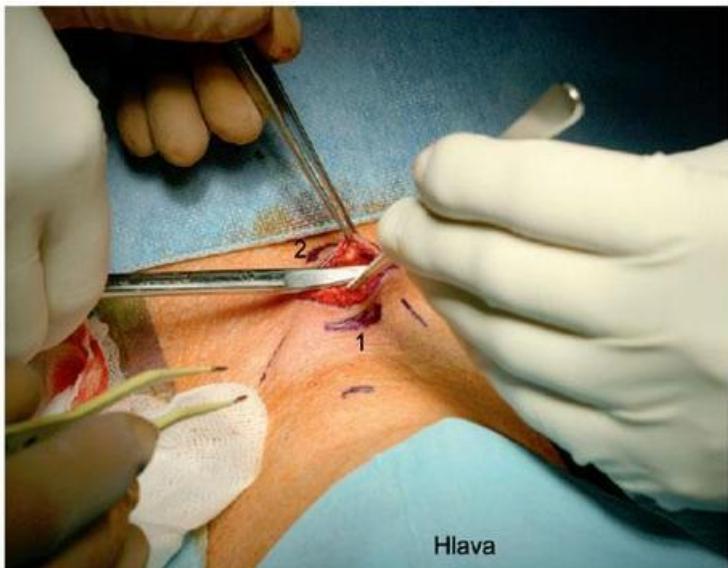




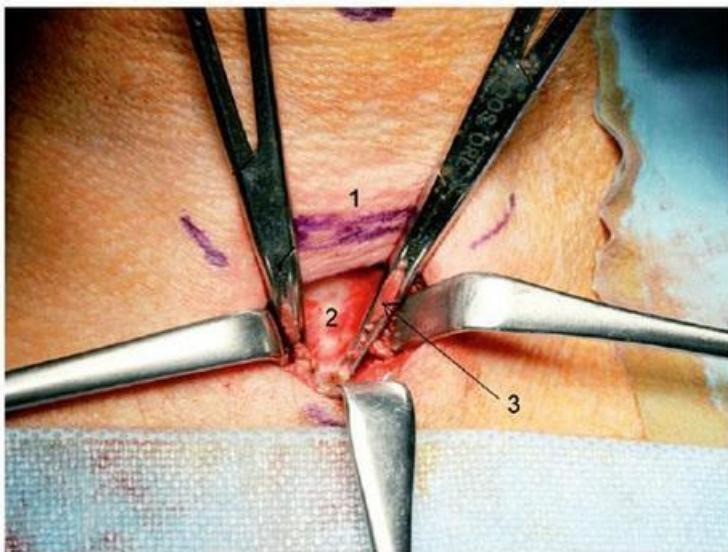
Tracheostomia



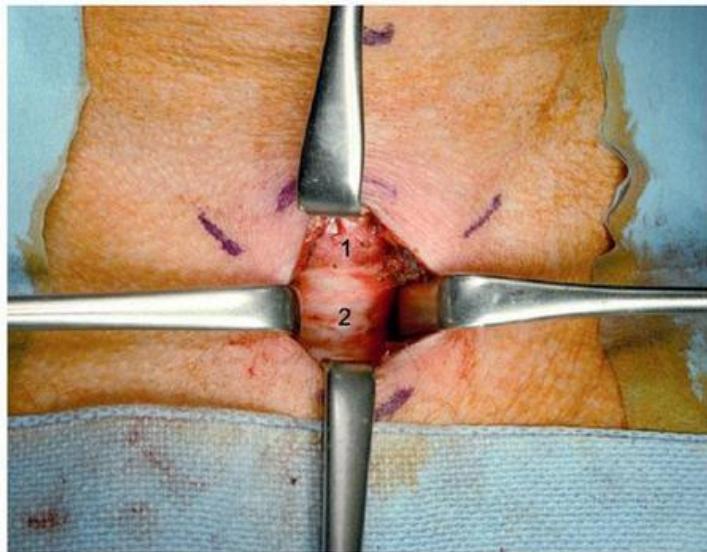
Obr. 1 – Orientační struktury na krku při tracheostomii, 1 – prominence štítné chrupavky, 2 – prstencová chrupavka, 3 – mediální okraje m. sternodeidomastoideus, 4 – jugulární jamka, 5 – místo incize



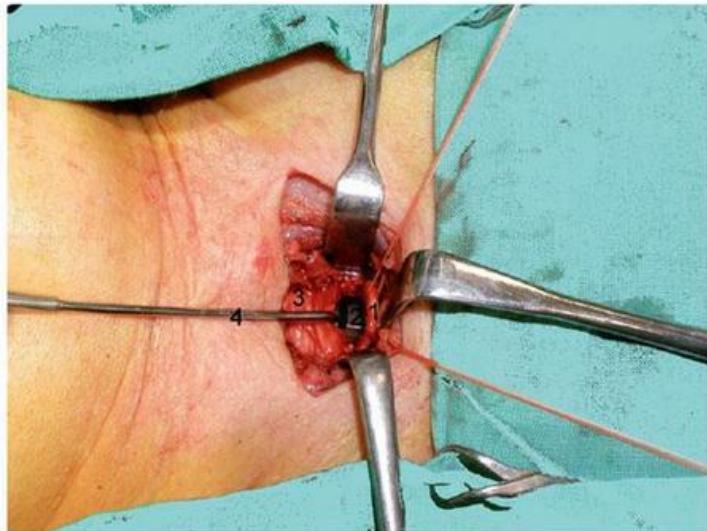
■ Obr. 2 – Incize a preparace podkoží, 1 – prstencová chrupavka, 2 – jugulární jamka



■ Obr. 3 – Přerušení isthmu štítné žlázy, 1 – projekce prstencové chrupavky, 2 – trachea, 3 – přerušený isthmus štítné žlázy

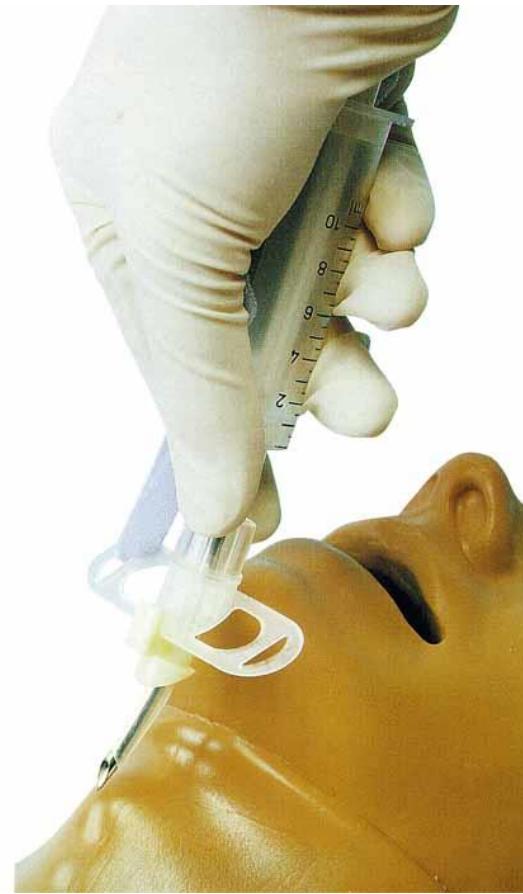
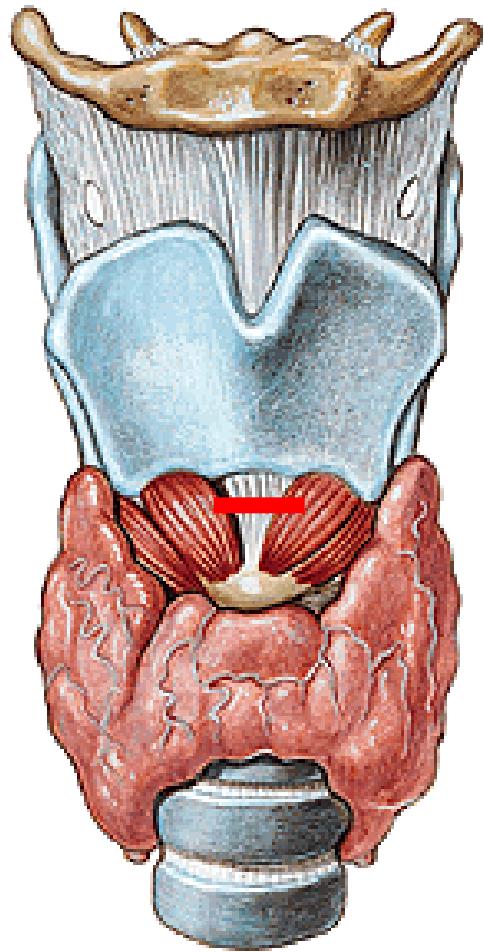


■ Obr. 4 – Stav před incizí průdušnice, 1 – prstencová chrupavka, 2 – 1., 2. a 3. tracheální prstenec

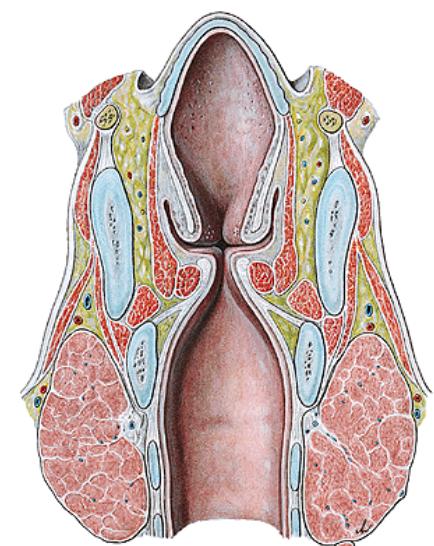
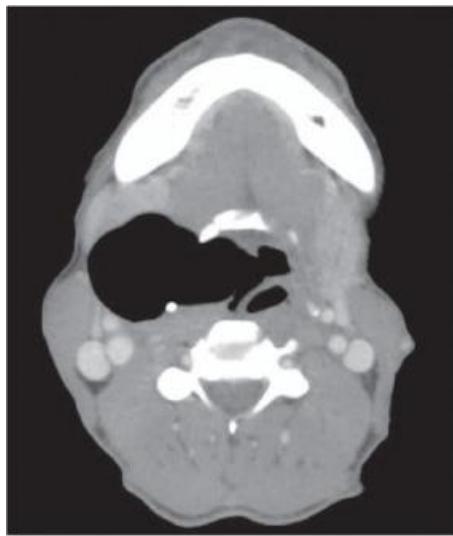
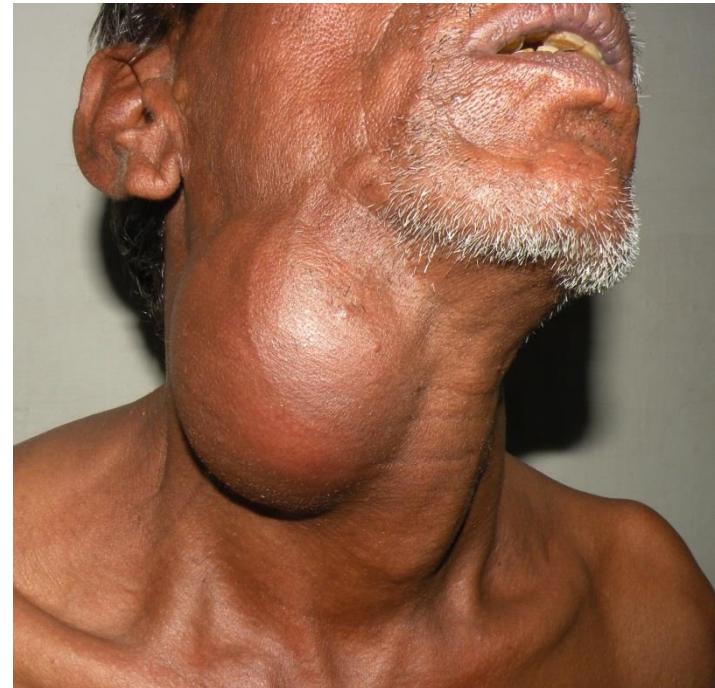
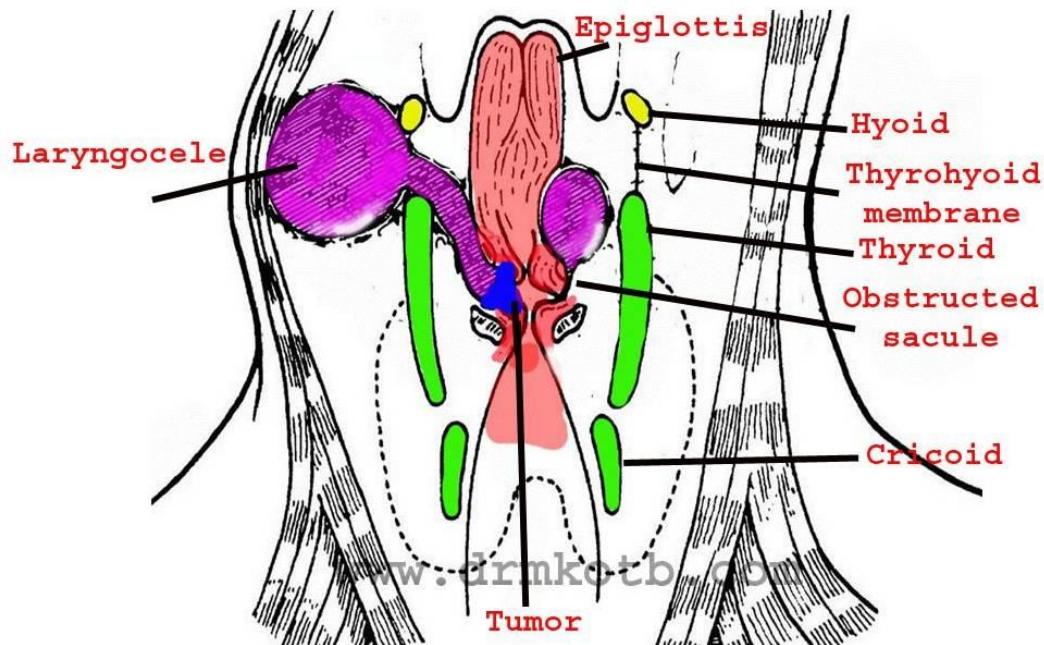


■ Obr. 5 – Björkův lalok, 1 – 3. tracheální prstenec, 2 – tracheální rourka, 3 – chrupavka prstencová, 4 – tracheální háček

Coniotomia



Laryngocèle



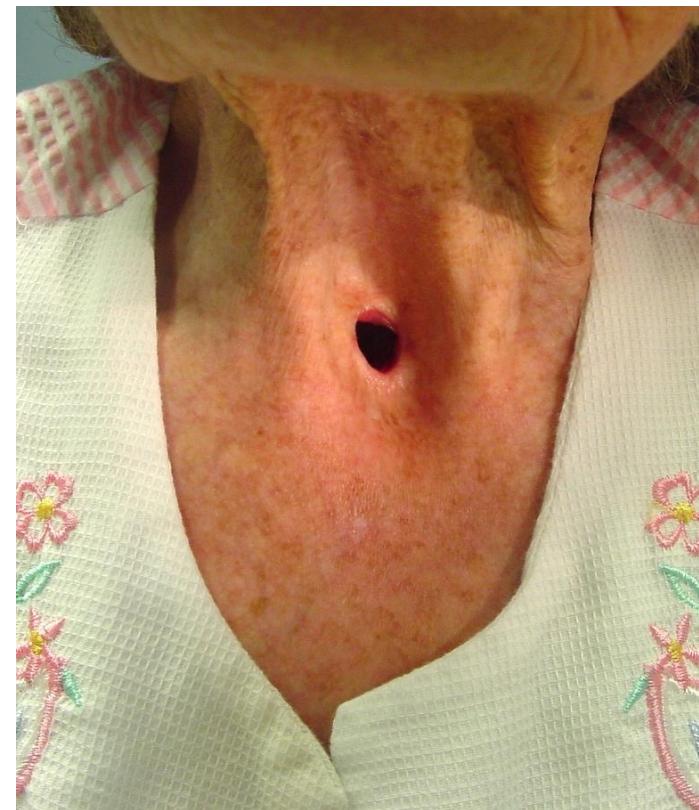
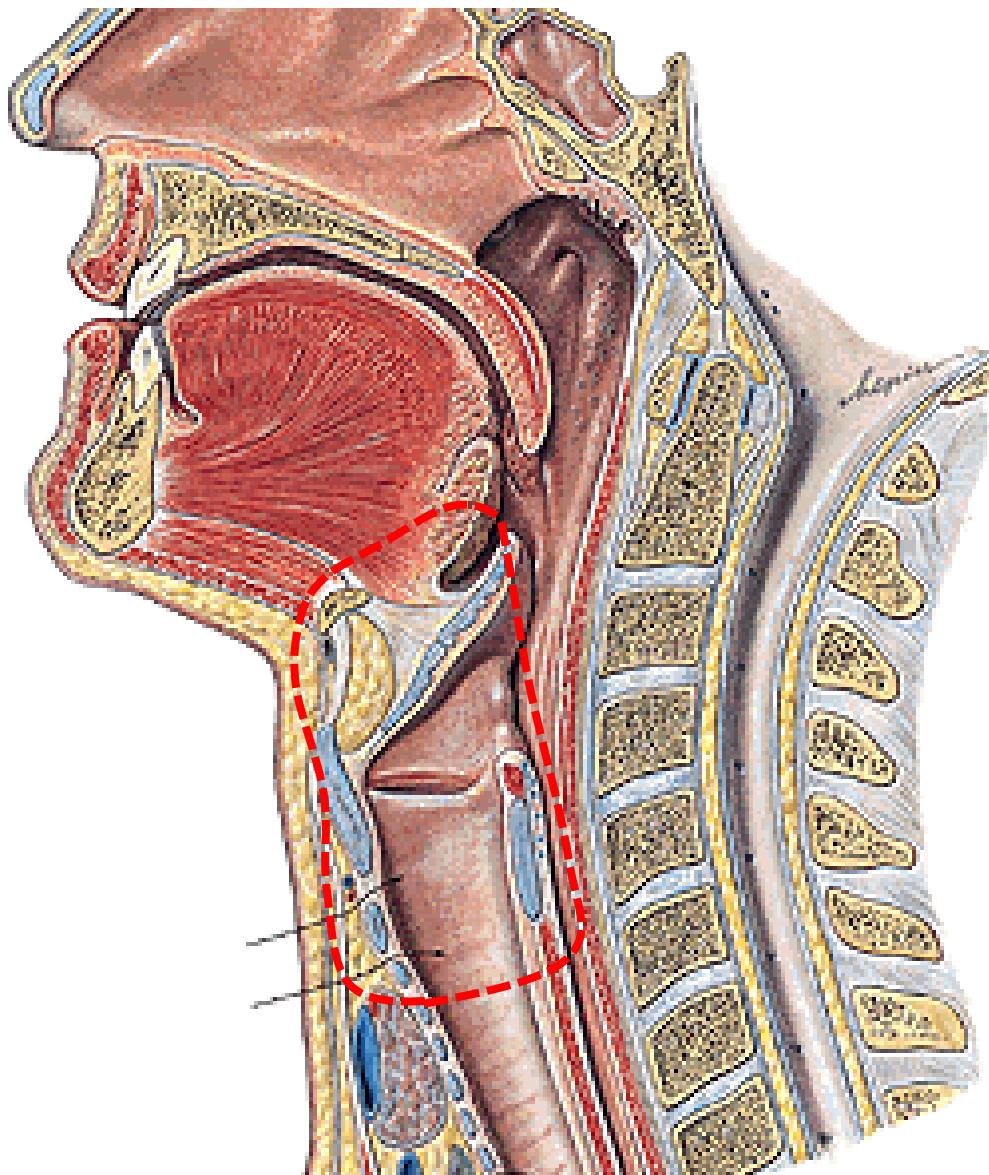
A

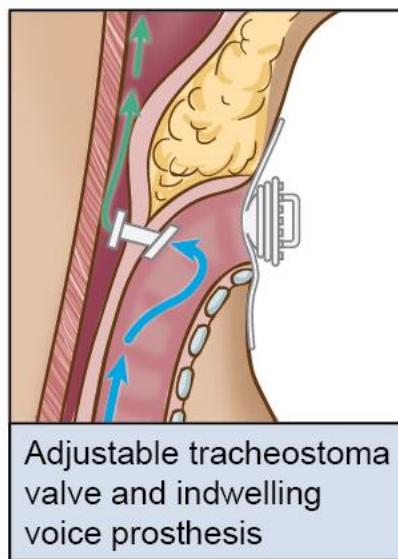
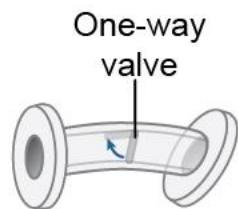
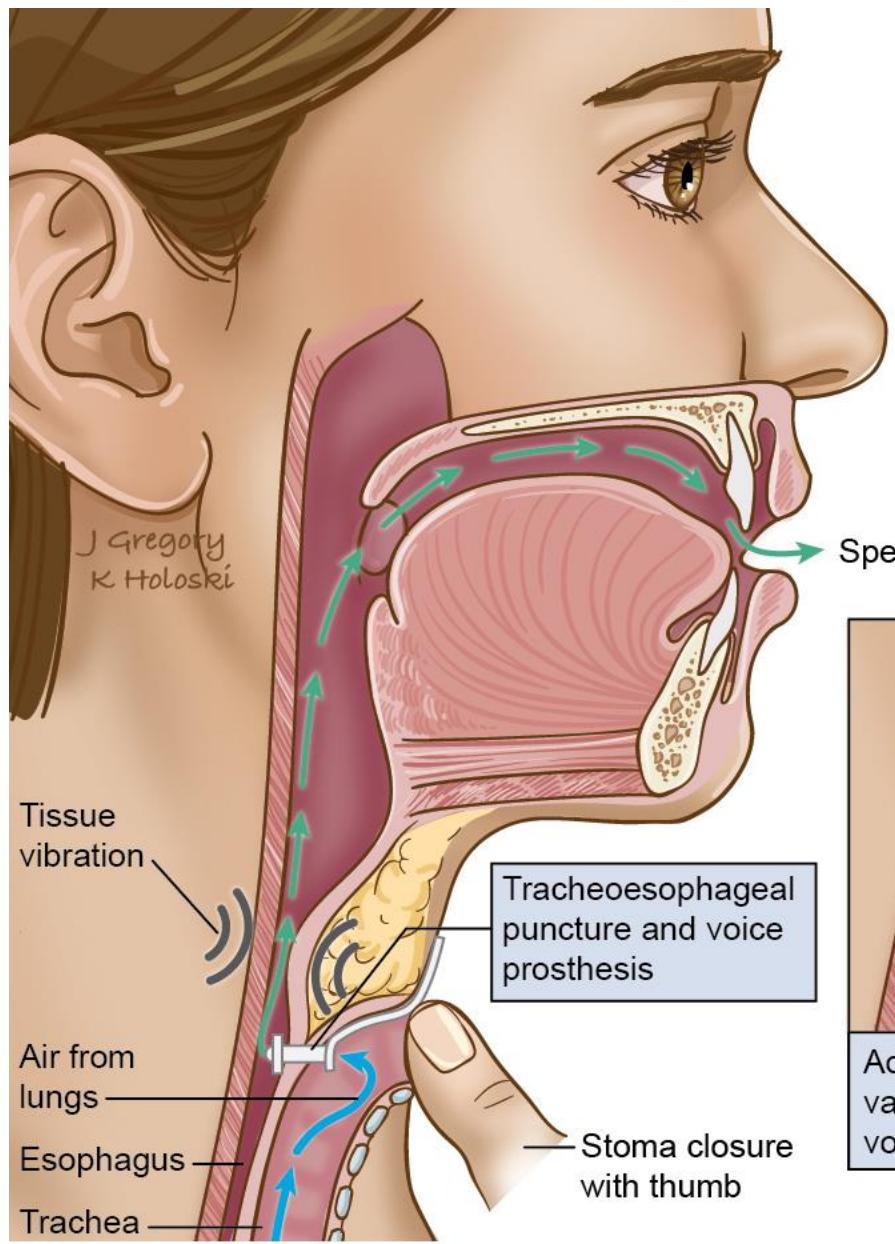
B

C

Figure 5. Axial multidetector CT images (**A**) and coronal reconstruction (**B**) demonstrate air-filled saccular formation communicating with the airway. Three-dimensional reconstruction with volume rendering (**C**) demonstrates laryngocèles and its relation with the airway.

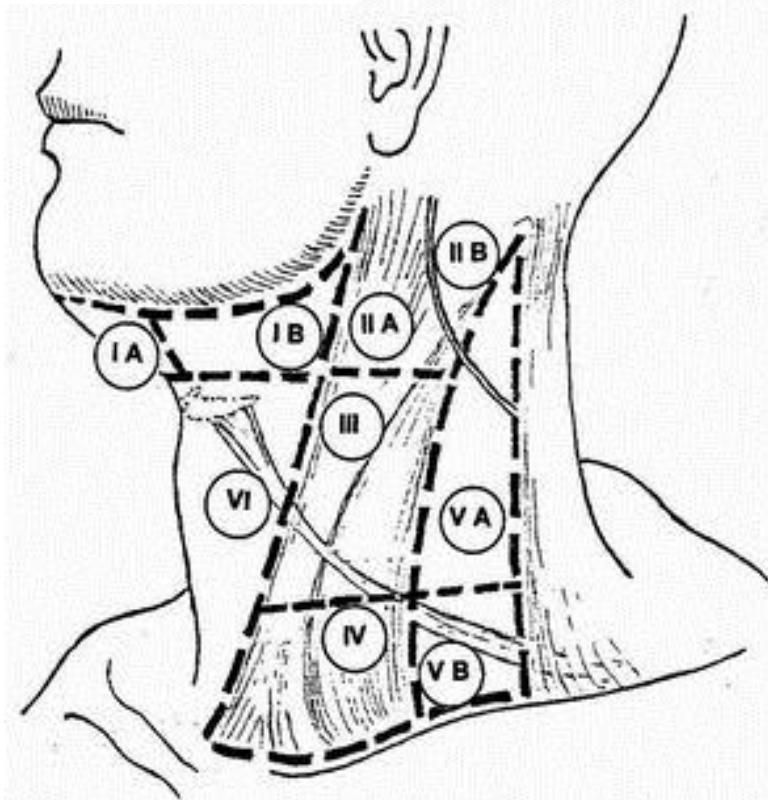
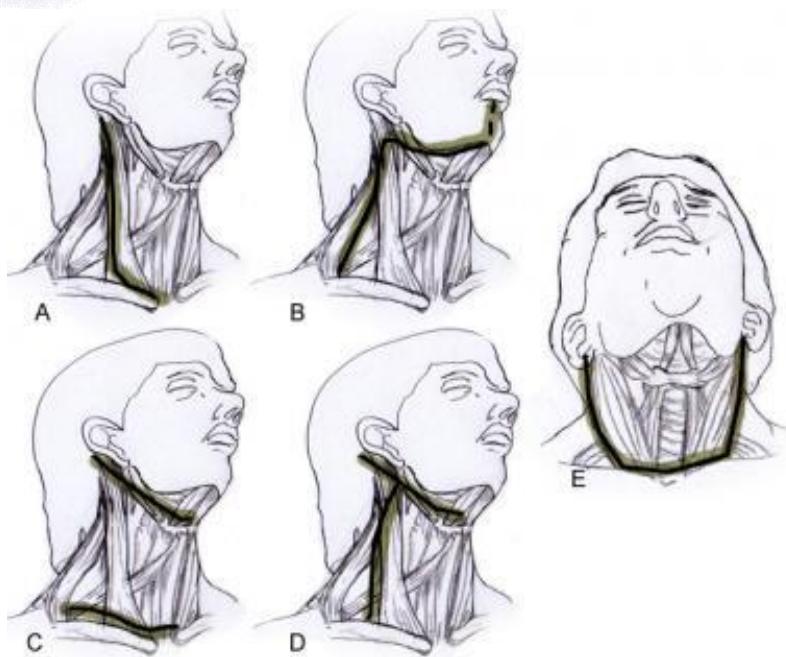
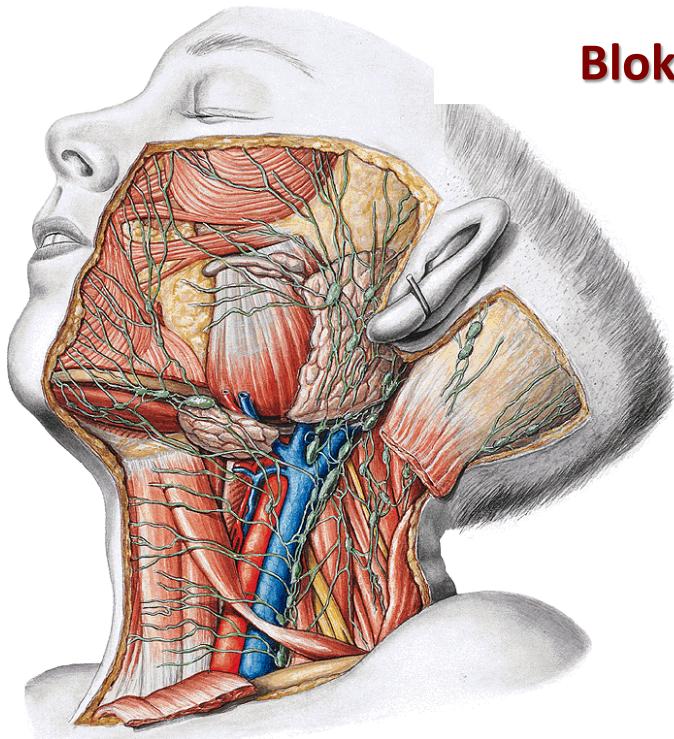
Laryngectomia totalis





Electrolarynx

Bloková disekce krční uzlin

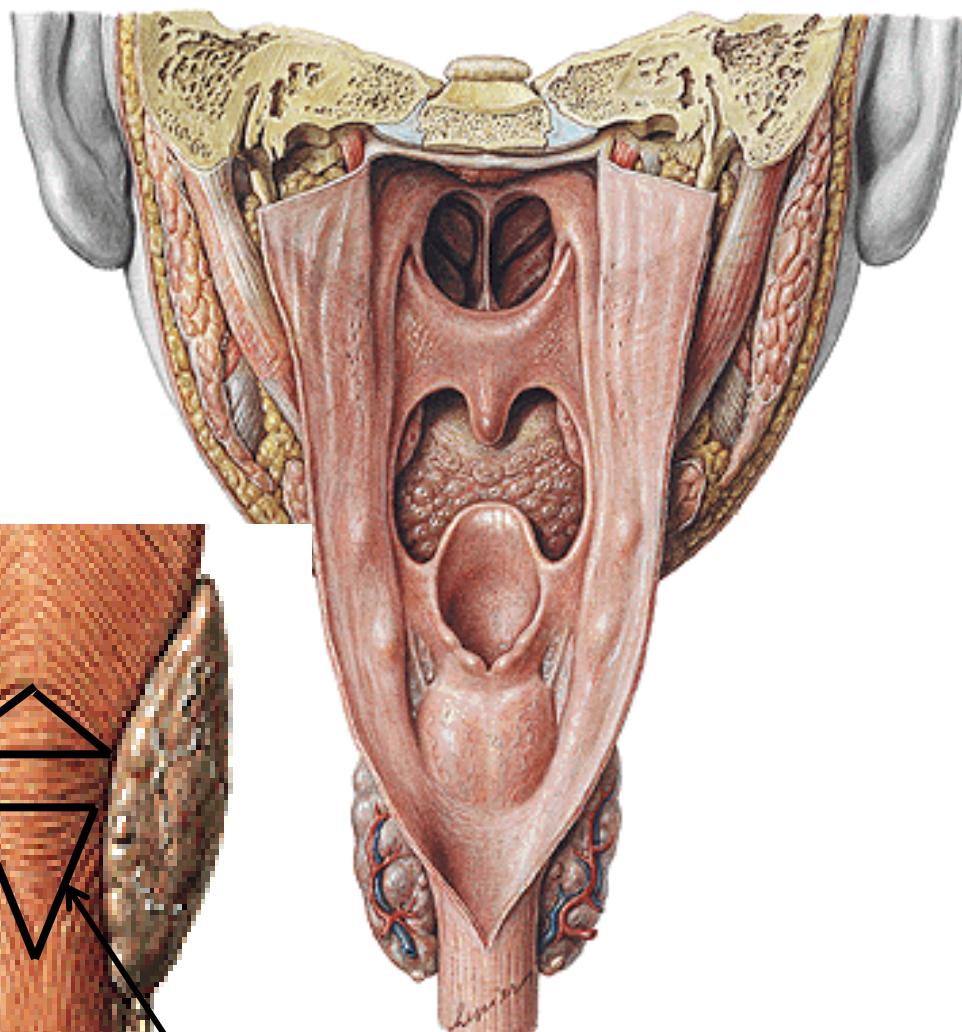
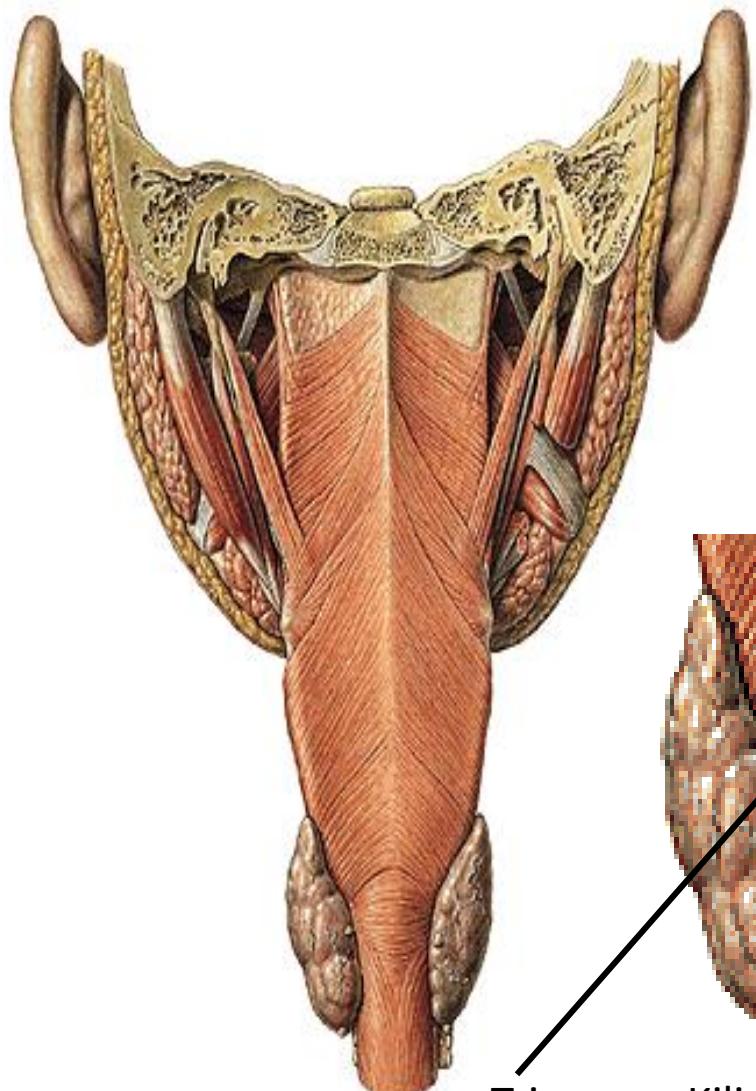


IIa-IIb – n. XI

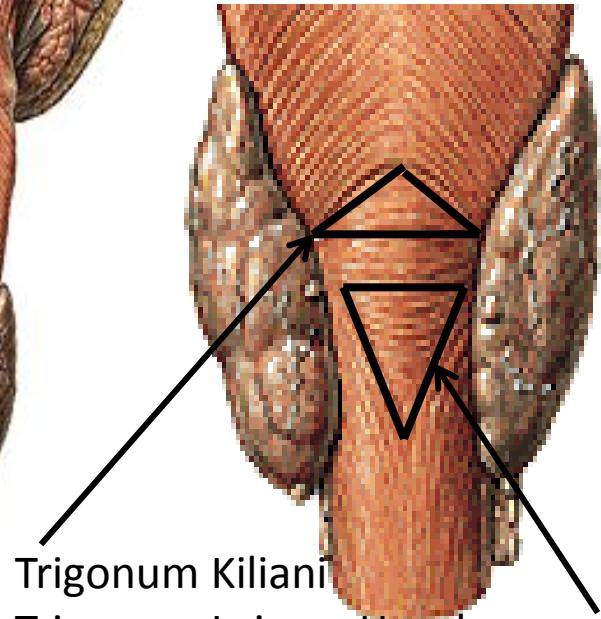
II-III – bifurcation of carotis, os hyoideum

III-IV – m. omohyoideus, cartilago cricoidea

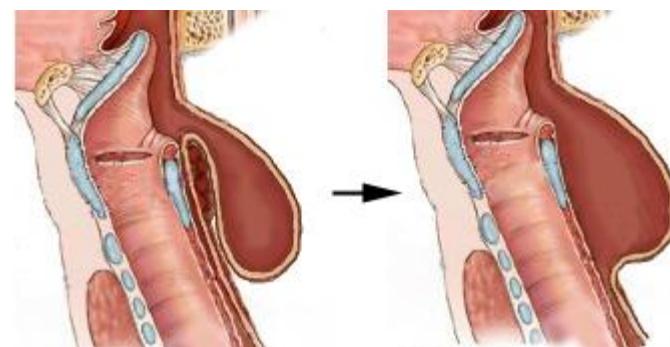
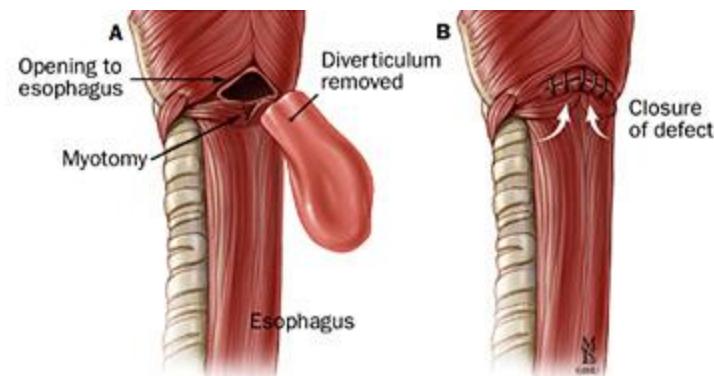
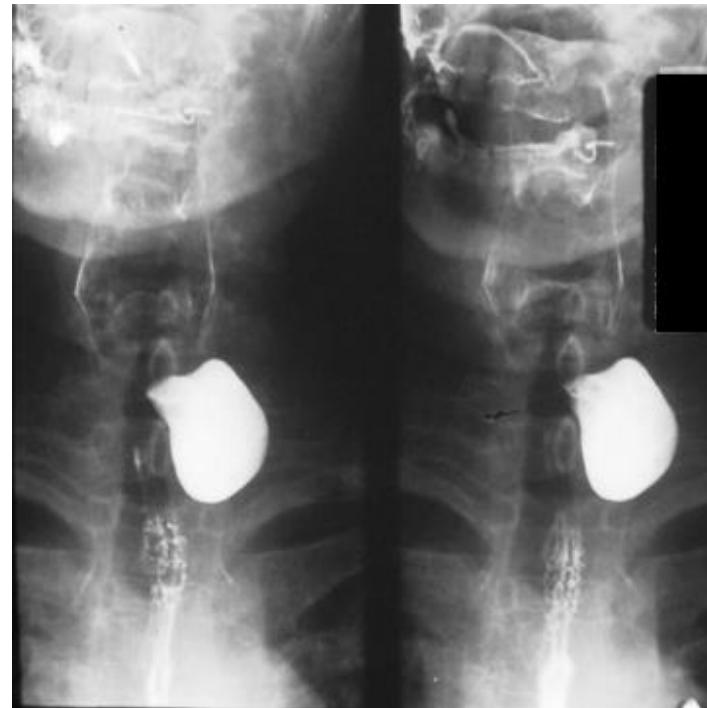
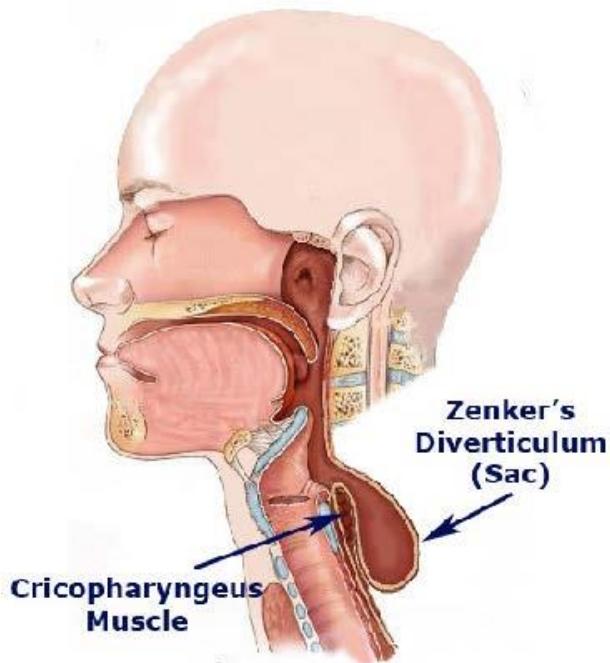
Pharynx



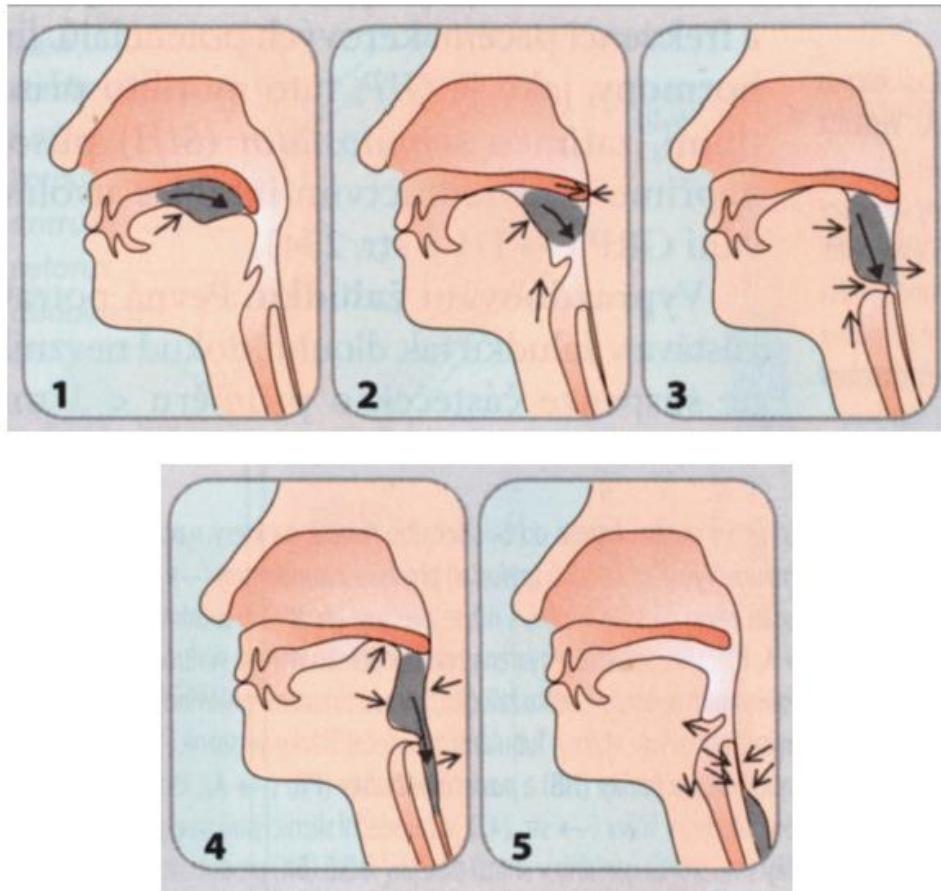
Trigonum Kiliani
Trigonum Laimer-Haeckerman



Zenckerův divertikl



Polykací akt



1 Posouvání sousta jazykem do hltanu

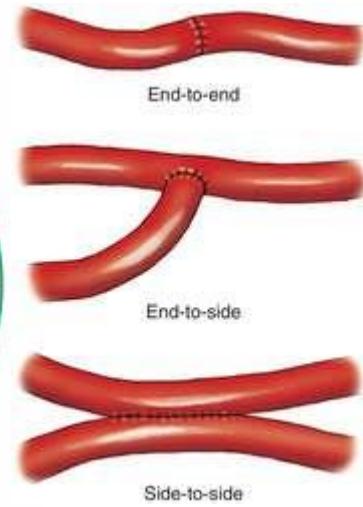
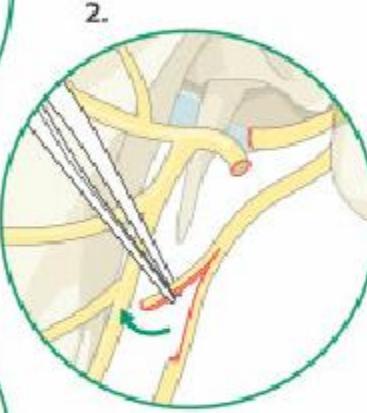
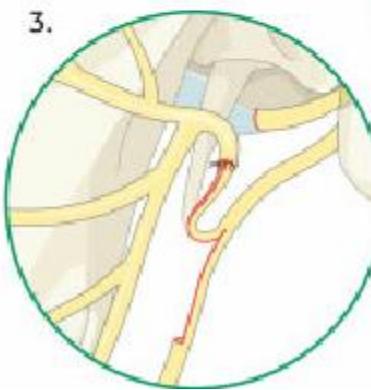
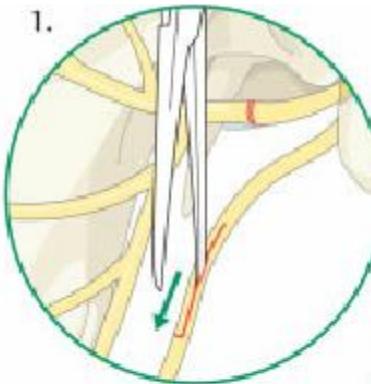
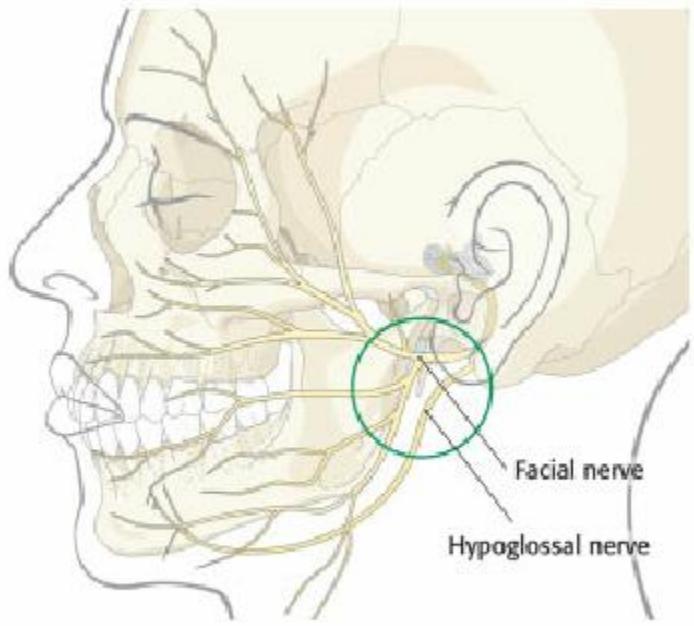
2 Reflexní uzávěr dutiny nosní

3 Zástava dýchání a uzávěr hlasové štěrbiny a příklopy hrtanové

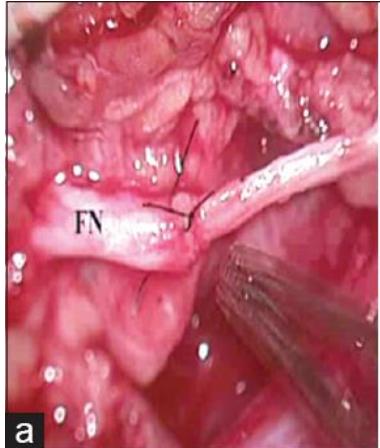
4 Otvírání horního jícnového svěrače

5 Peristaltická vlna jícnu

Hypoglossus – Facialis anastomosis



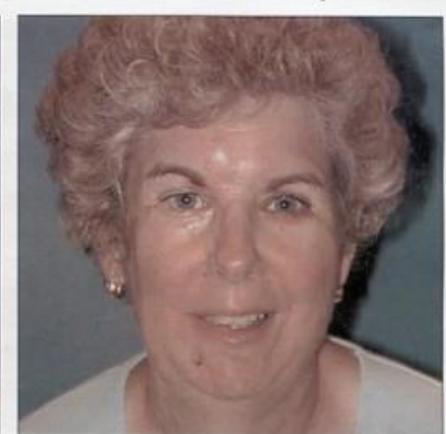
a



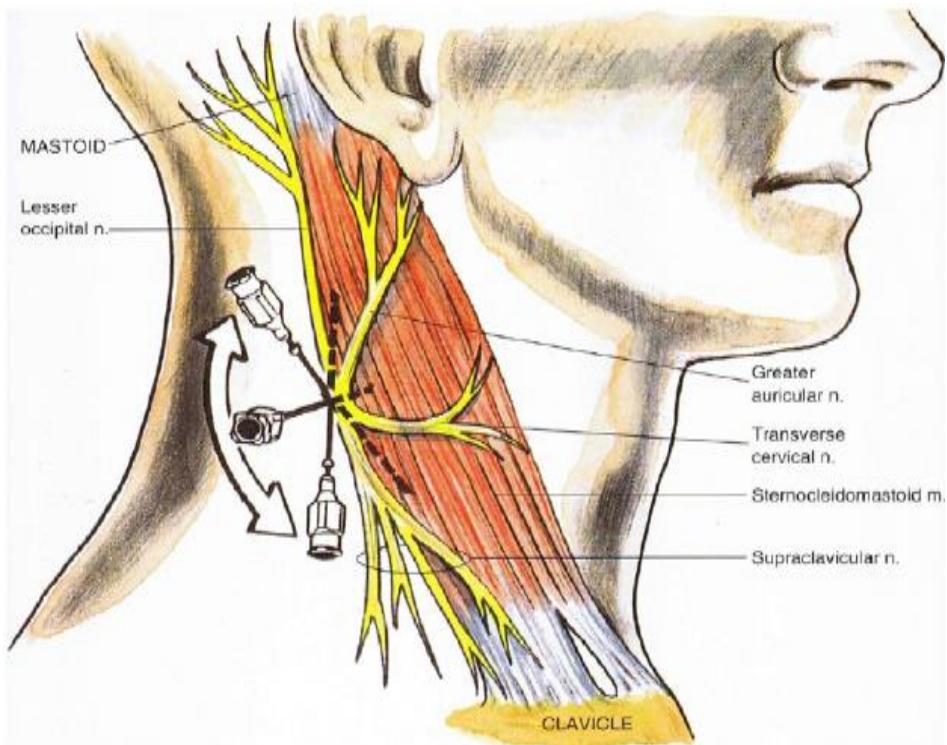
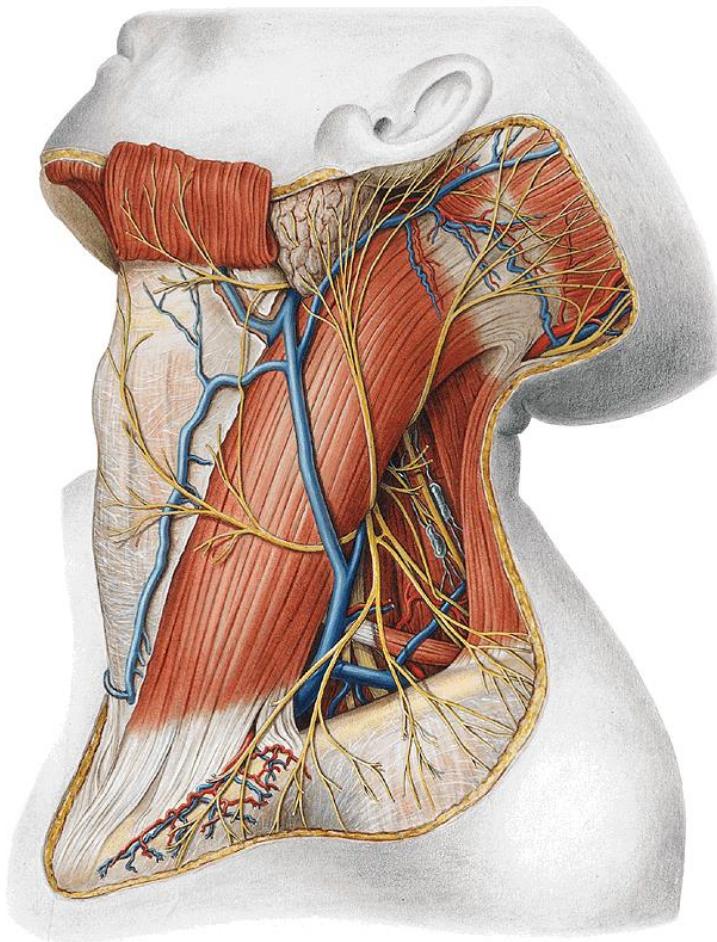
c



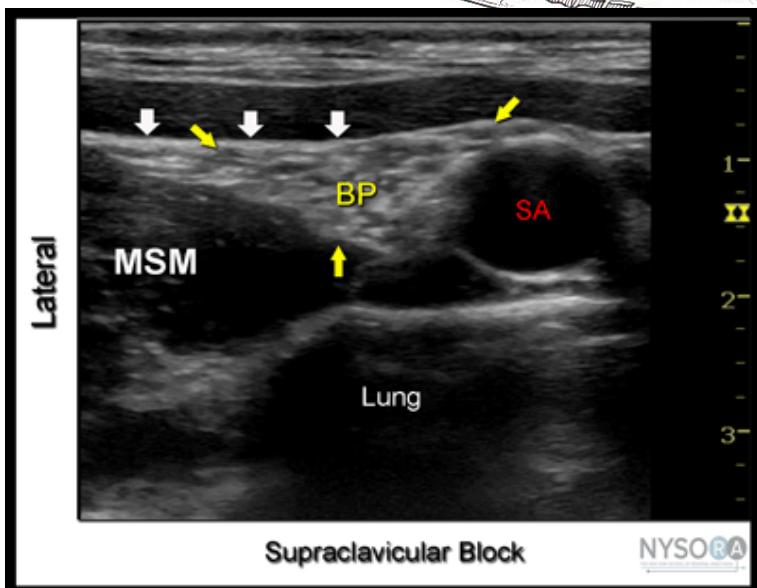
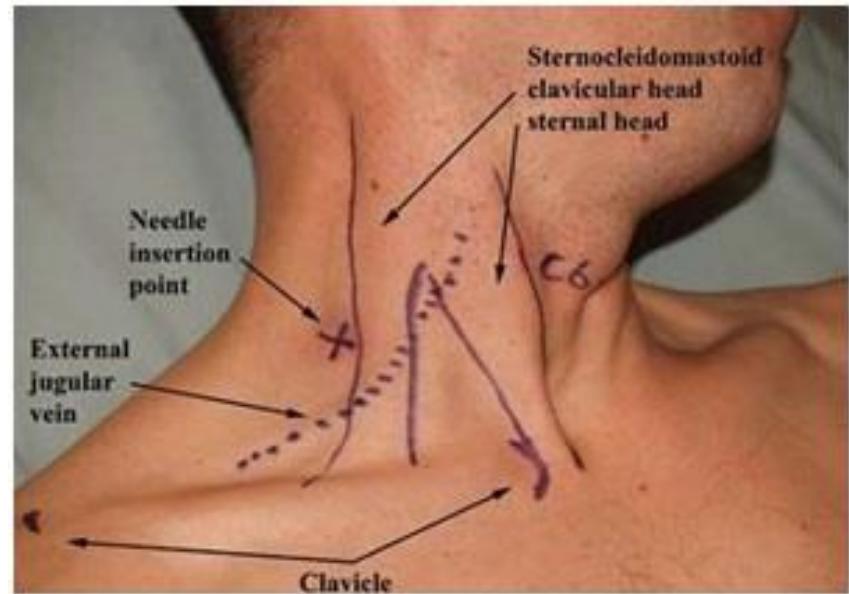
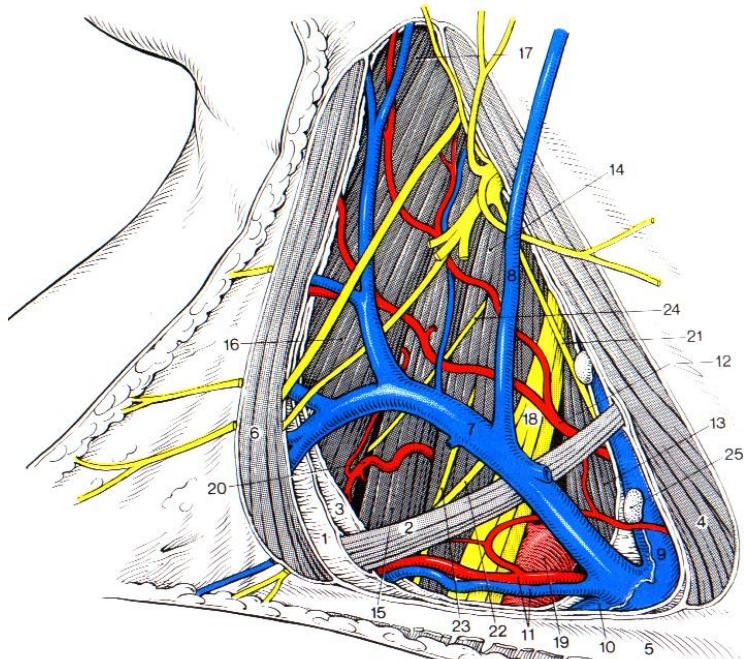
b



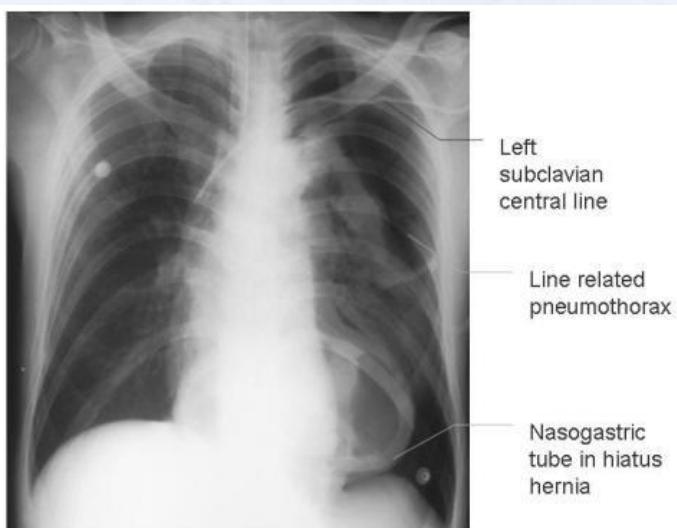
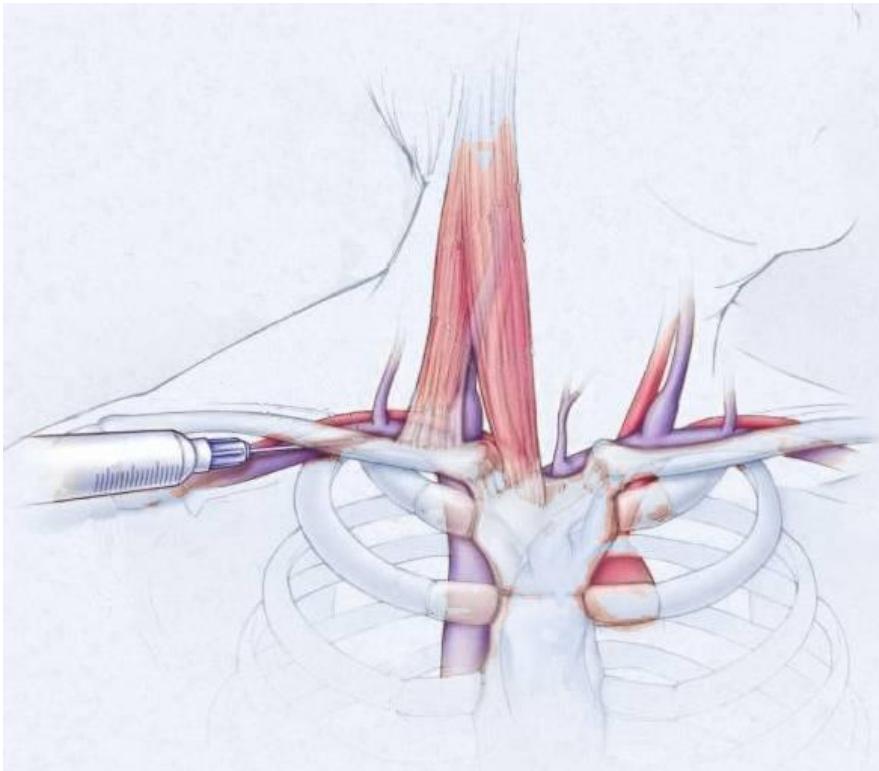
Blok plexus cervicalis



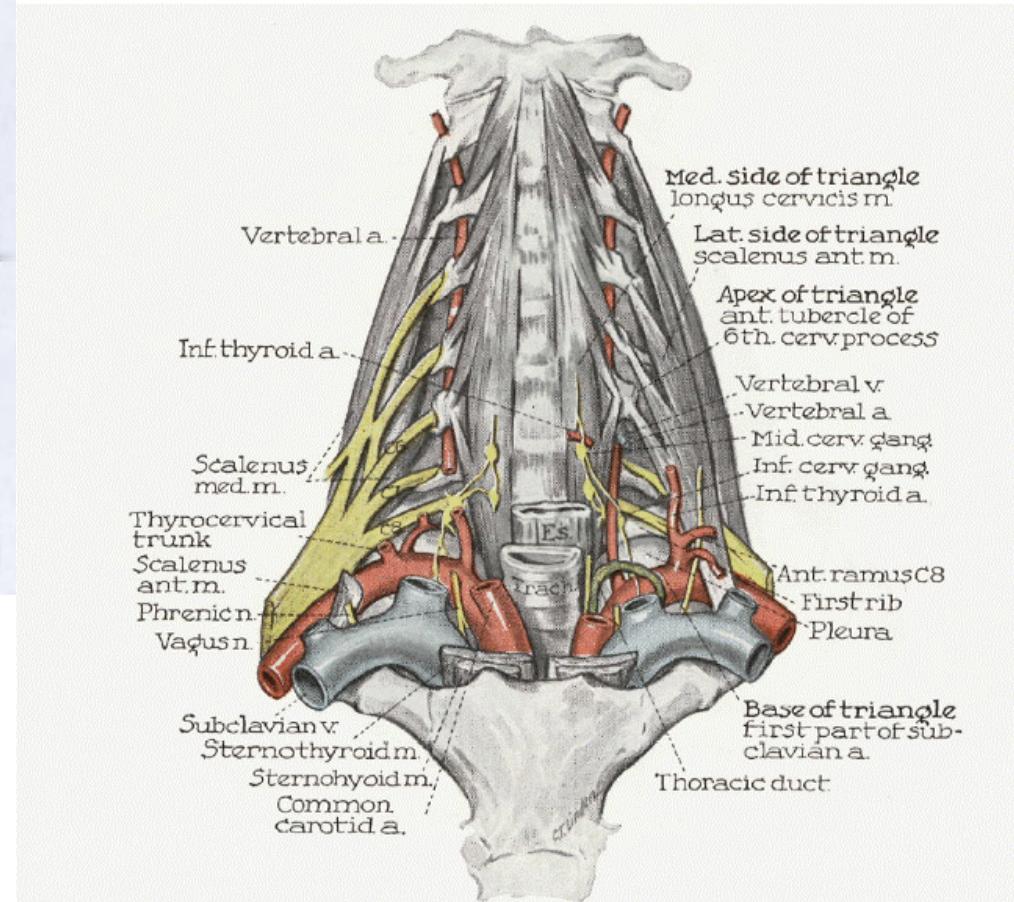
Blok plexus brachialis



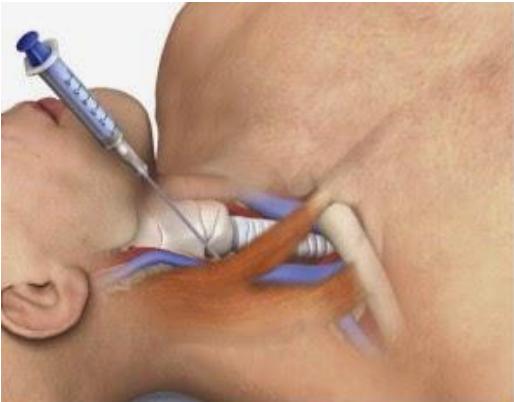
Centrální venózní katetr



Vena subclavia



Centrální venózní katetr – vena jugularis interna



ANTERIOR APPROACH

Insert needle along the medial edge of the sternocleidomastoid, 2–3 fingerbreadths above the clavicle.

Entry angle = 30° to 45°.

Aim towards the ipsilateral nipple.

Note: Palpate the carotid artery during venipuncture. The artery may be slightly retracted medially.



CENTRAL APPROACH

Insert needle at the apex of the triangle formed by the heads of the sternocleidomastoid muscle and the clavicle.

Entry angle = 30°.

Aim towards the ipsilateral nipple.

Note: Estimate the course of the IJ vein by placing three fingers lightly over the carotid artery as it runs parallel to the vein. The vein lies just lateral to the artery, albeit often minimally so.



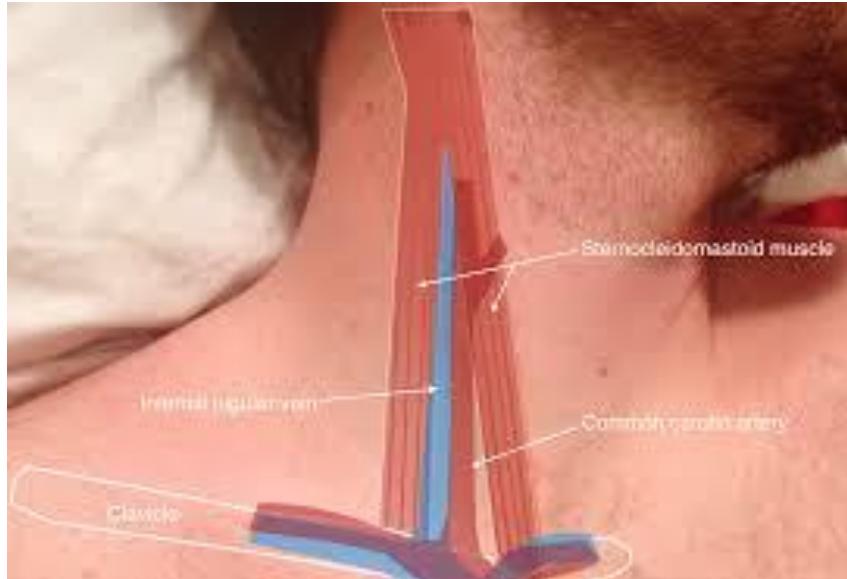
POSTERIOR APPROACH

Insert needle at the posterior (lateral) edge of the sternocleidomastoid, midway between the mastoid process and the clavicle.

Entry angle = 45°.

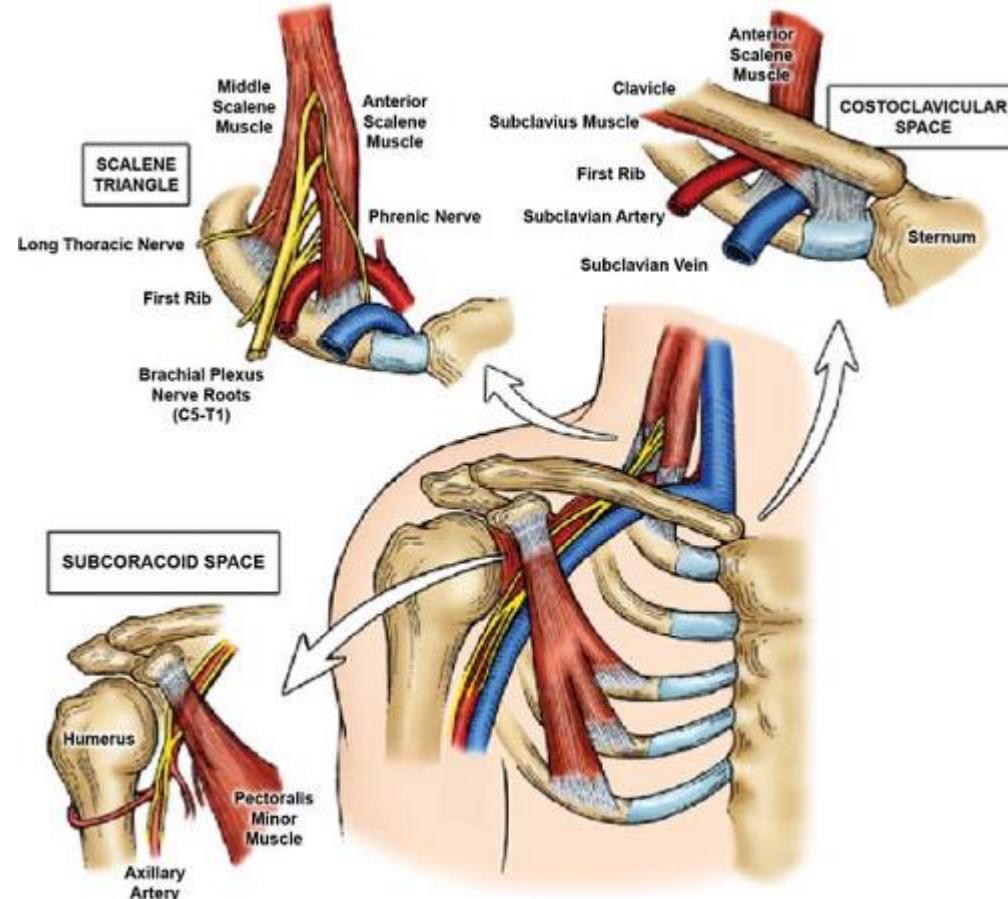
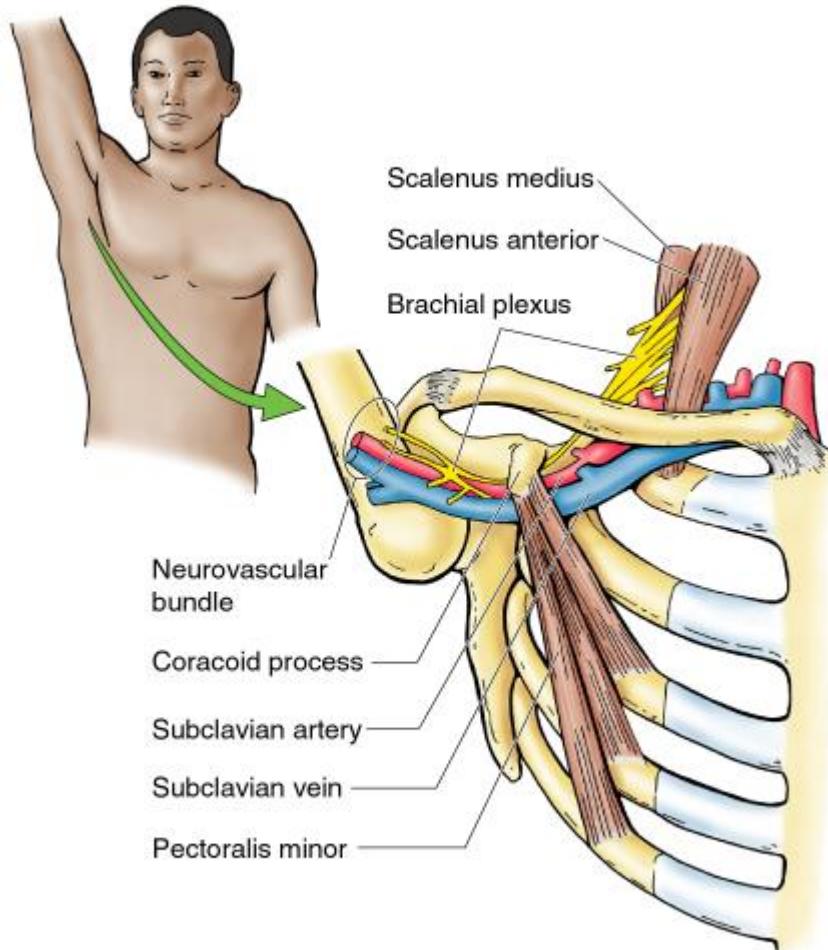
Aim towards the suprasternal notch.

Note: Avoid the external jugular vein, which crosses the posterior SCM border. During needle advancement, apply pressure to the SCM to lift the body of the muscle. The vein is usually reached at a depth of 7 cm.

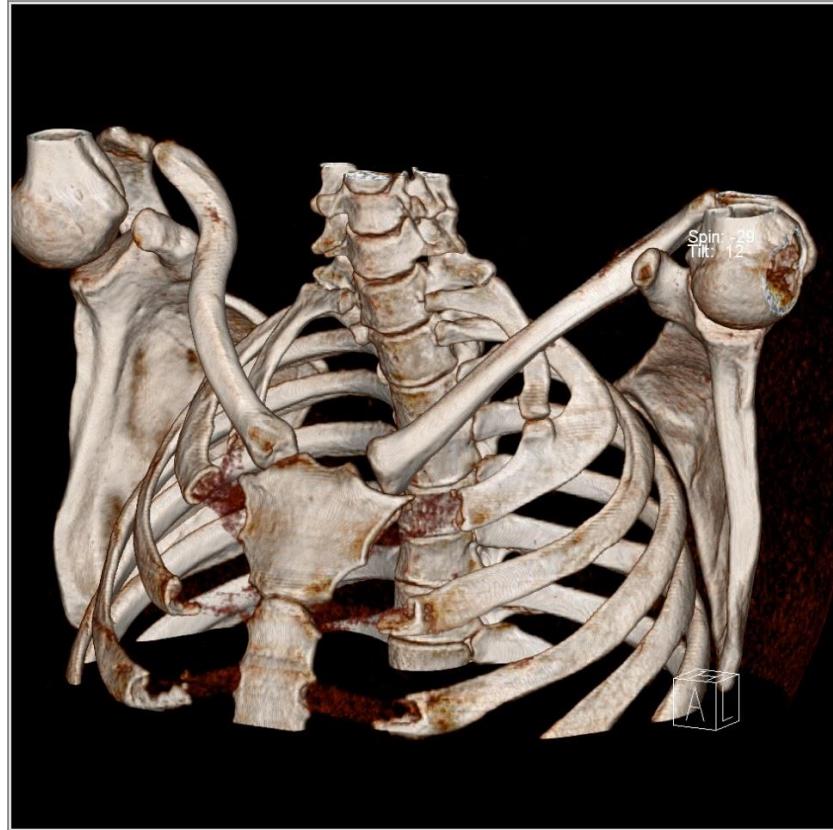
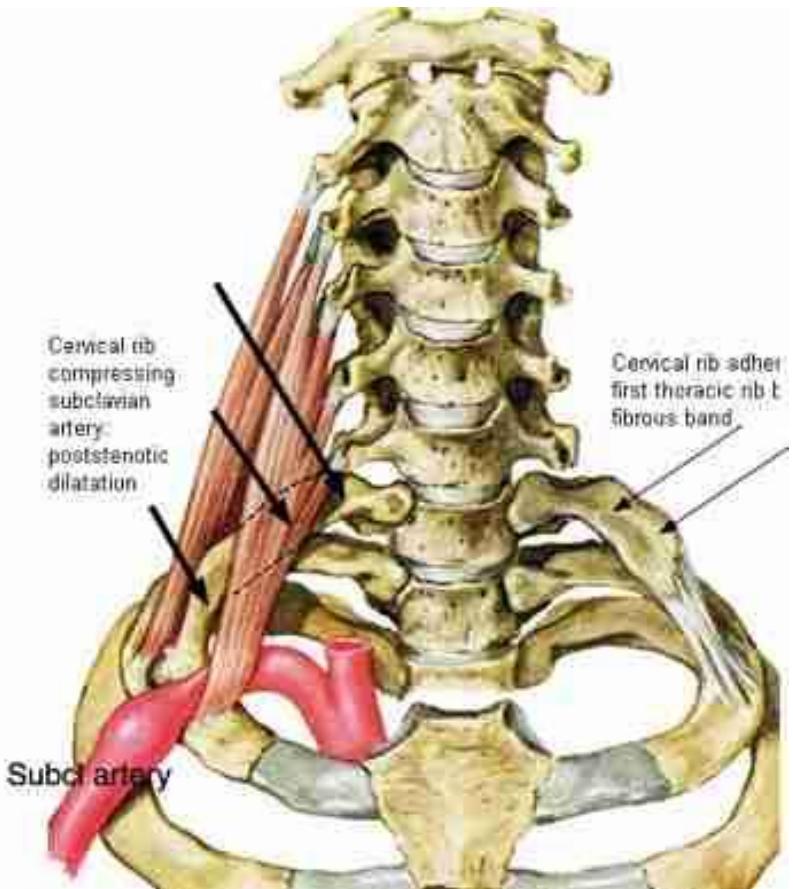


Thoracic outlet syndrome – Syndrom horní hrudní aperty

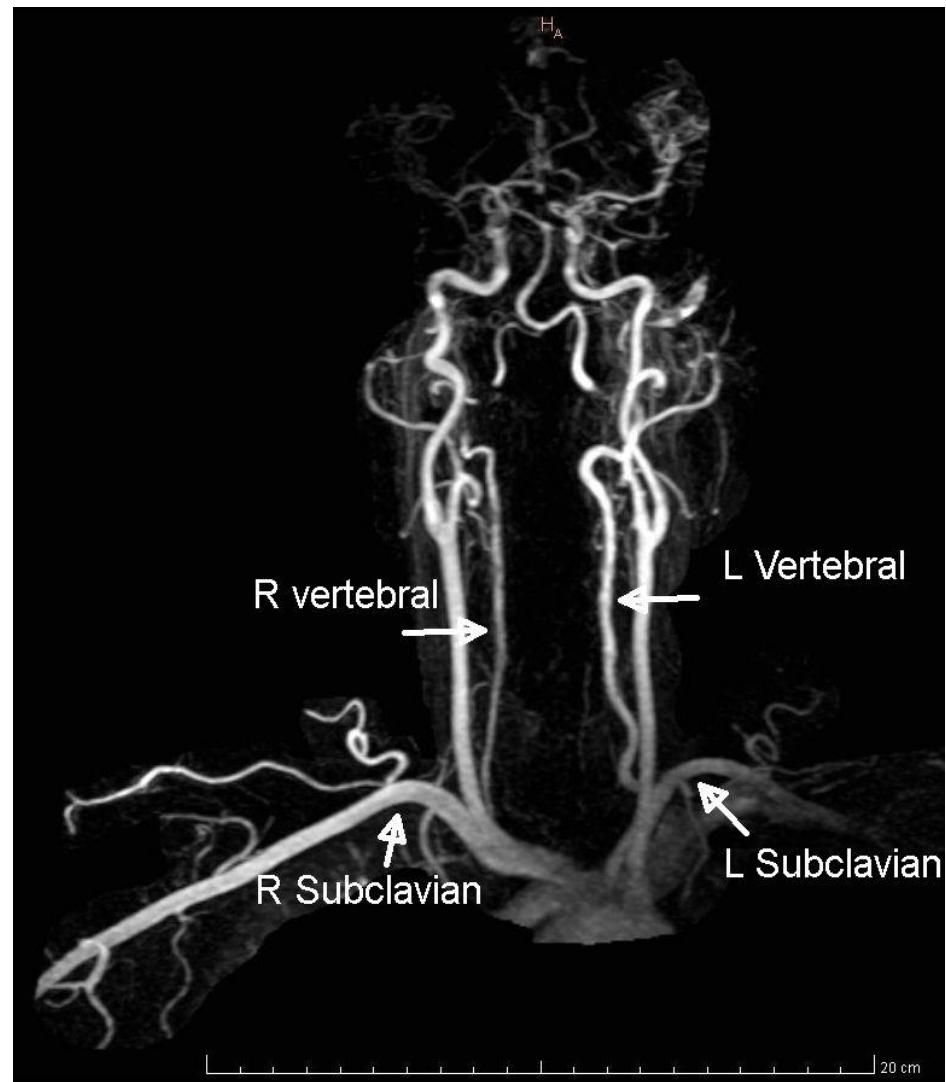
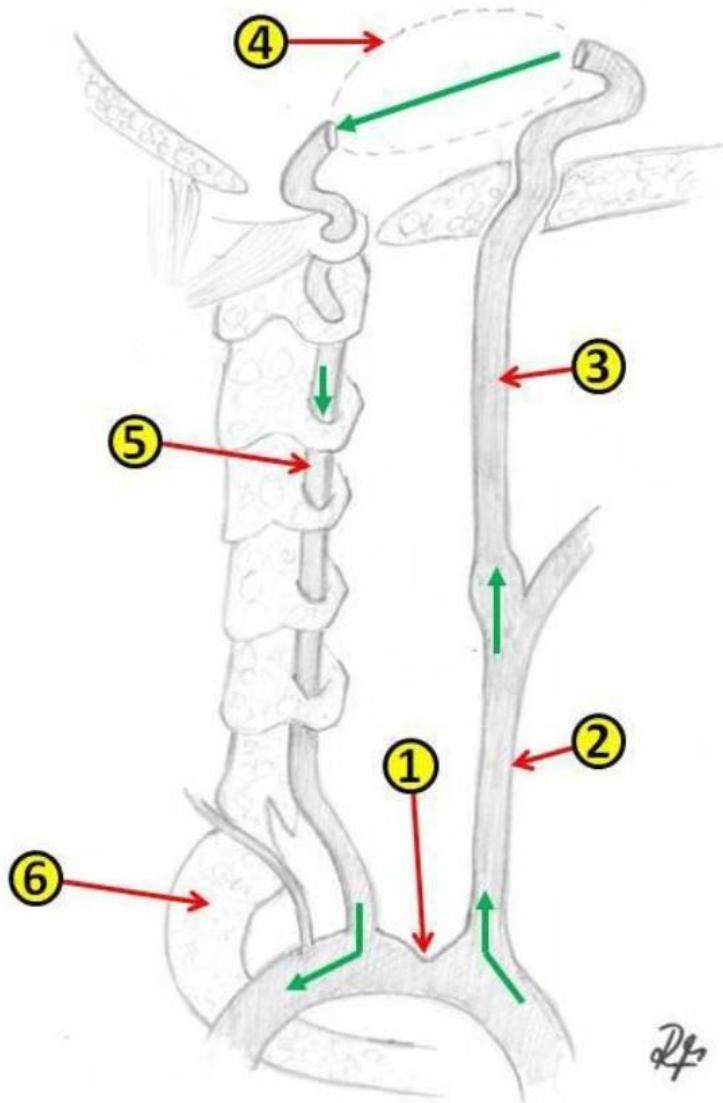
6.86. Compression of the neurovascular bundle in the axilla.



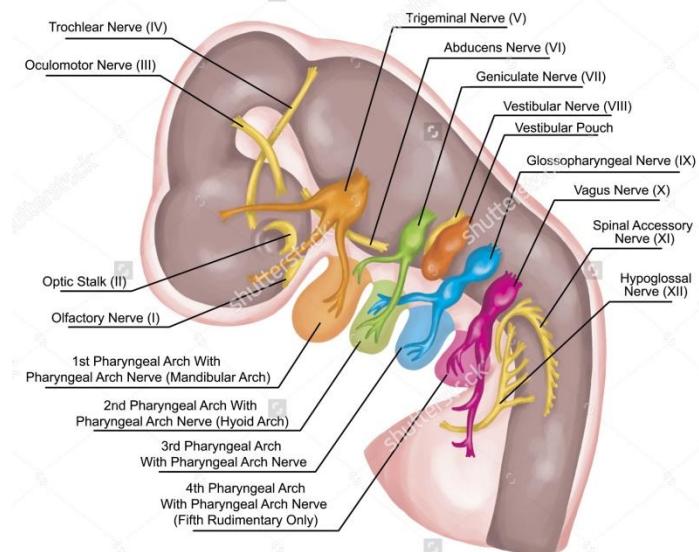
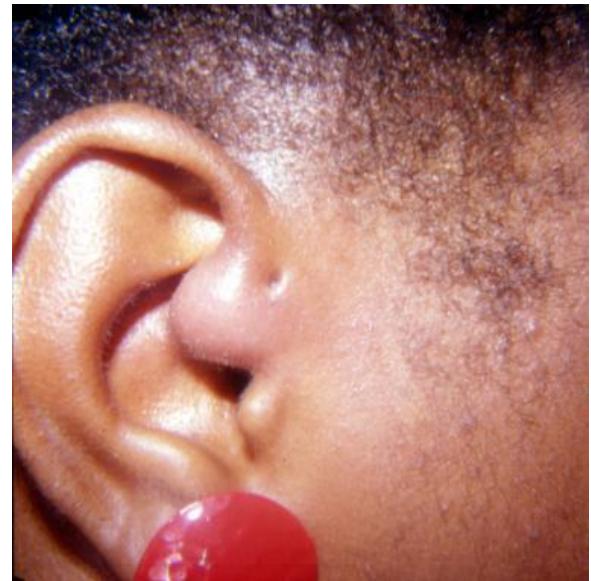
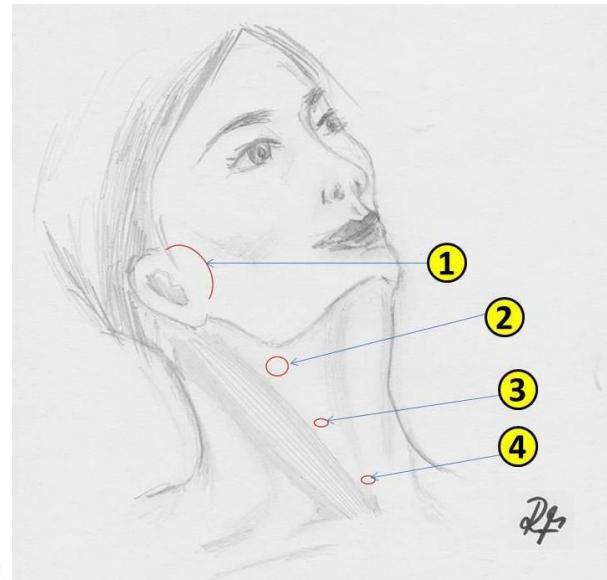
Krční žebro



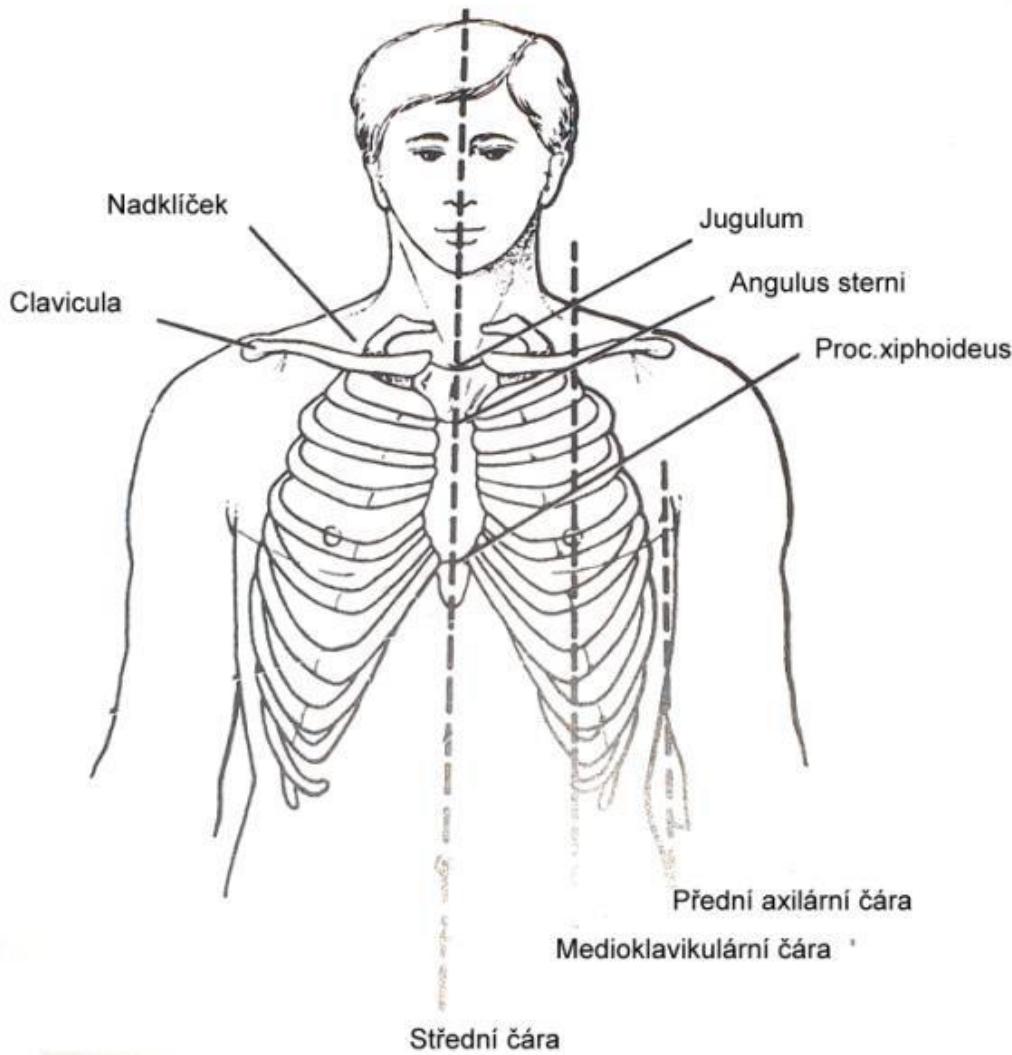
Subclavian steal fenomen



Branhiogenní cysty



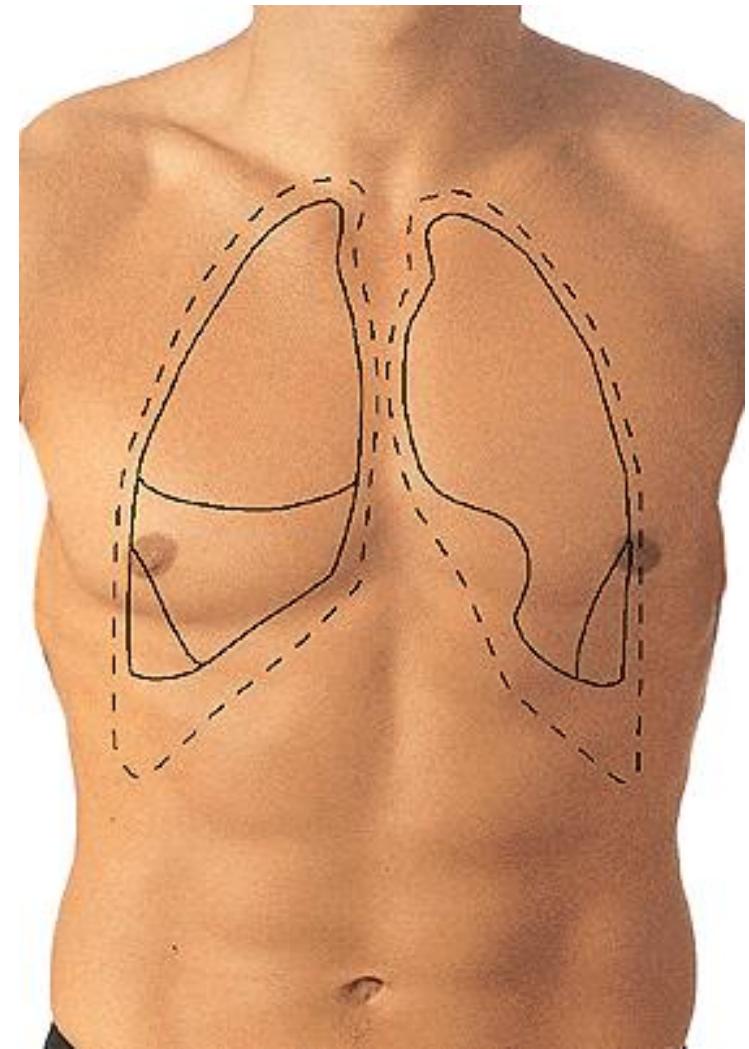
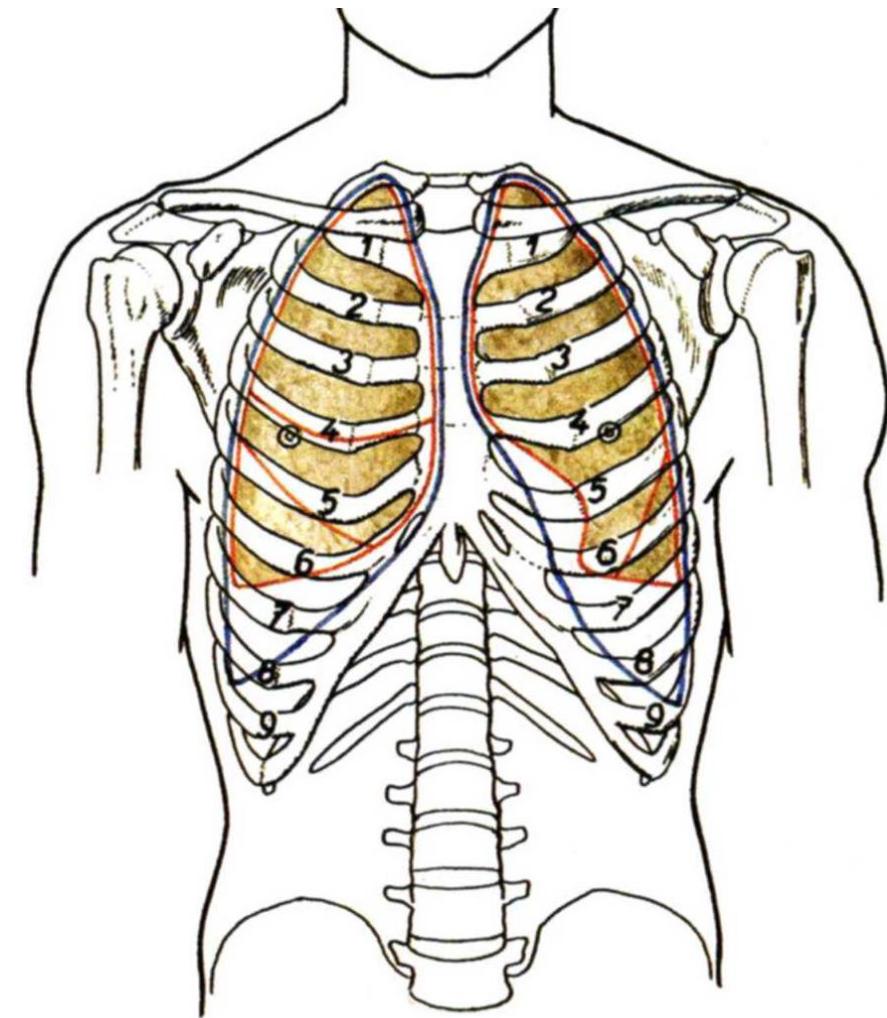
Hmatatelné útvary hrudníku



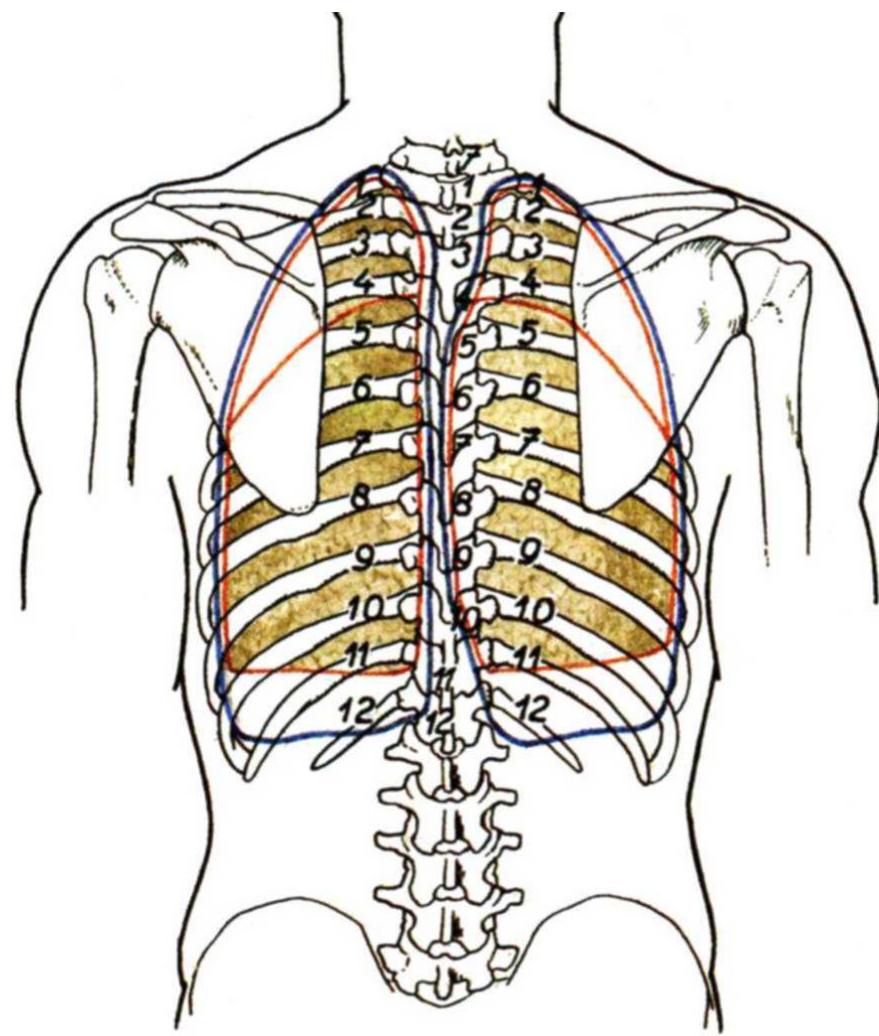
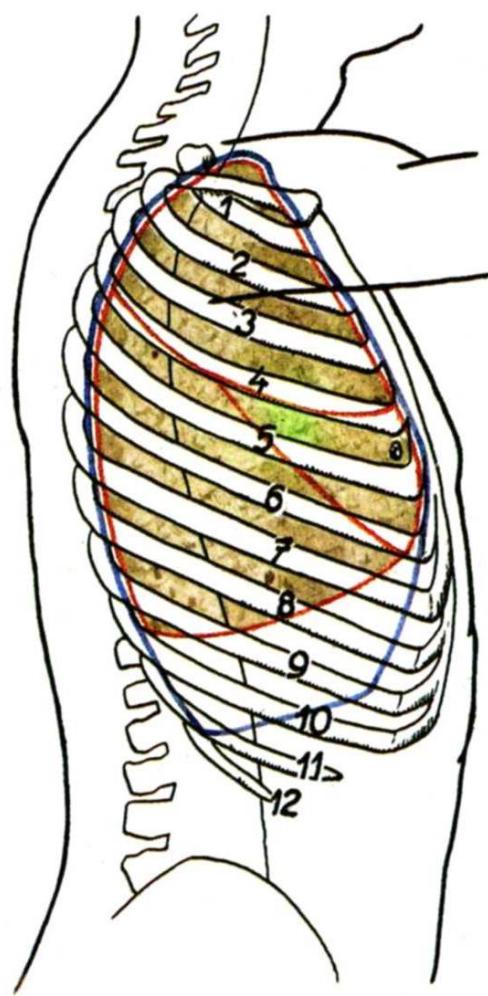
Projekce plic a pleury

area interpleuralis superior (thymica)

area interpleuralis inferior (pericardiaca)



Recessus retrooesophageus Th₄ – Th₁₂

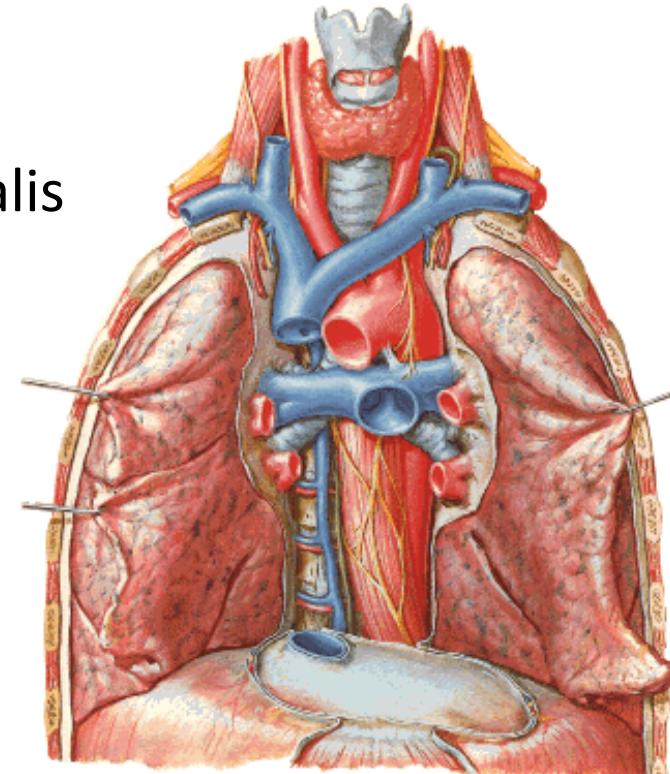
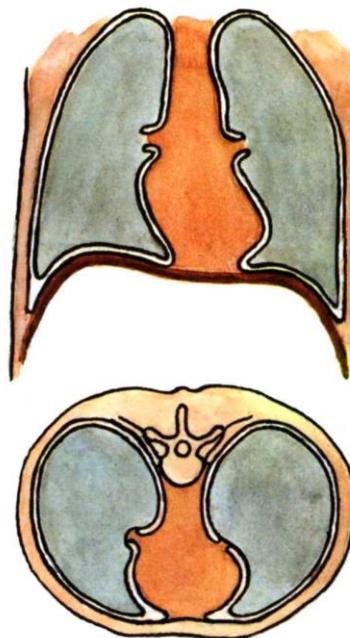
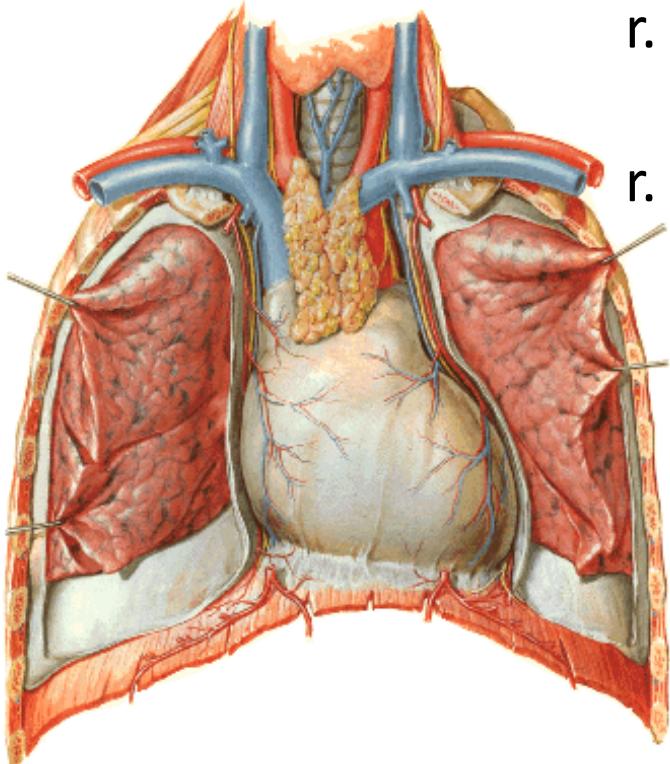


Recessus pleurae

r. costodiaphragmaticus

r. costomediastinalis

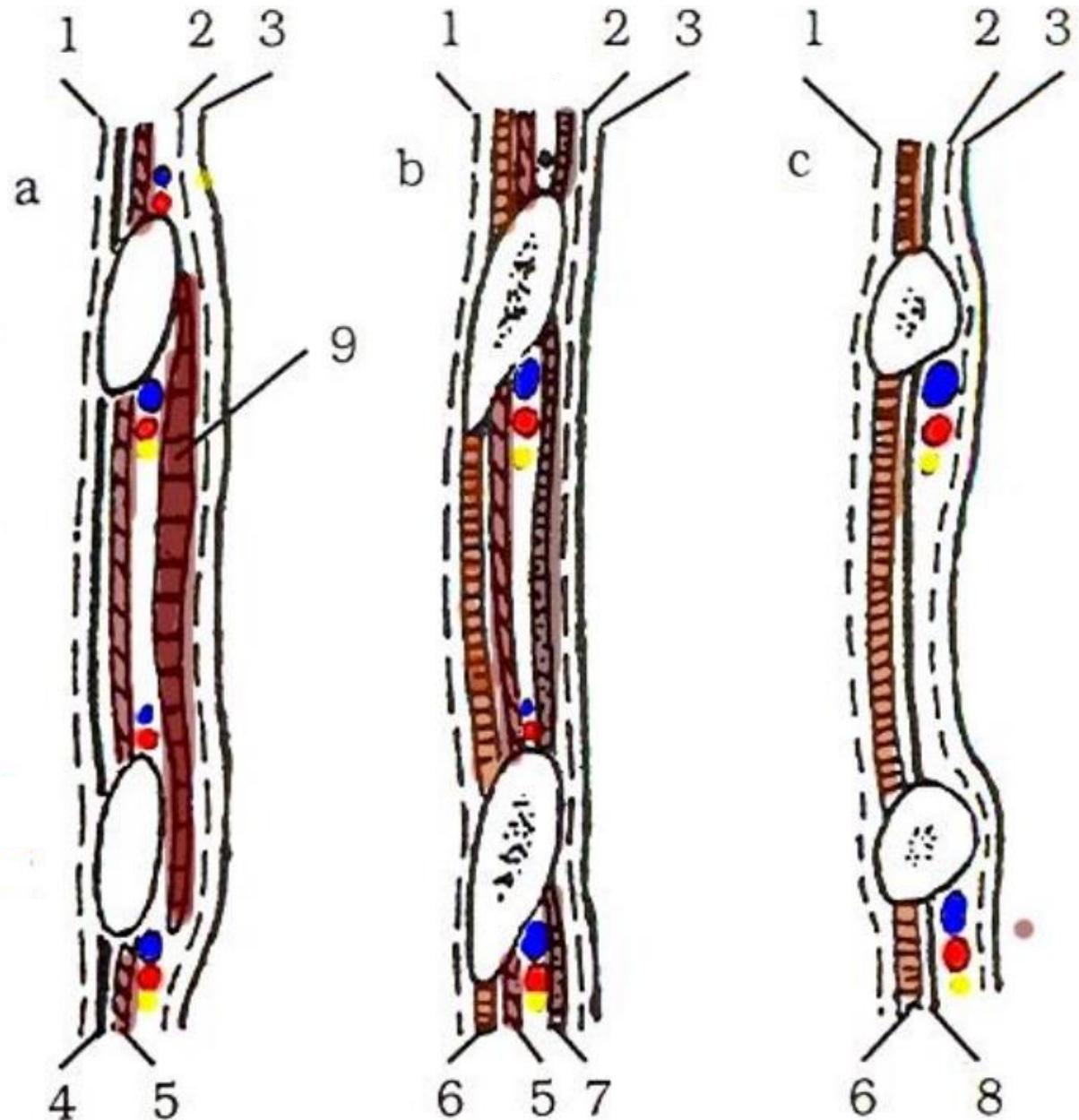
r. phrenicomedistinalis



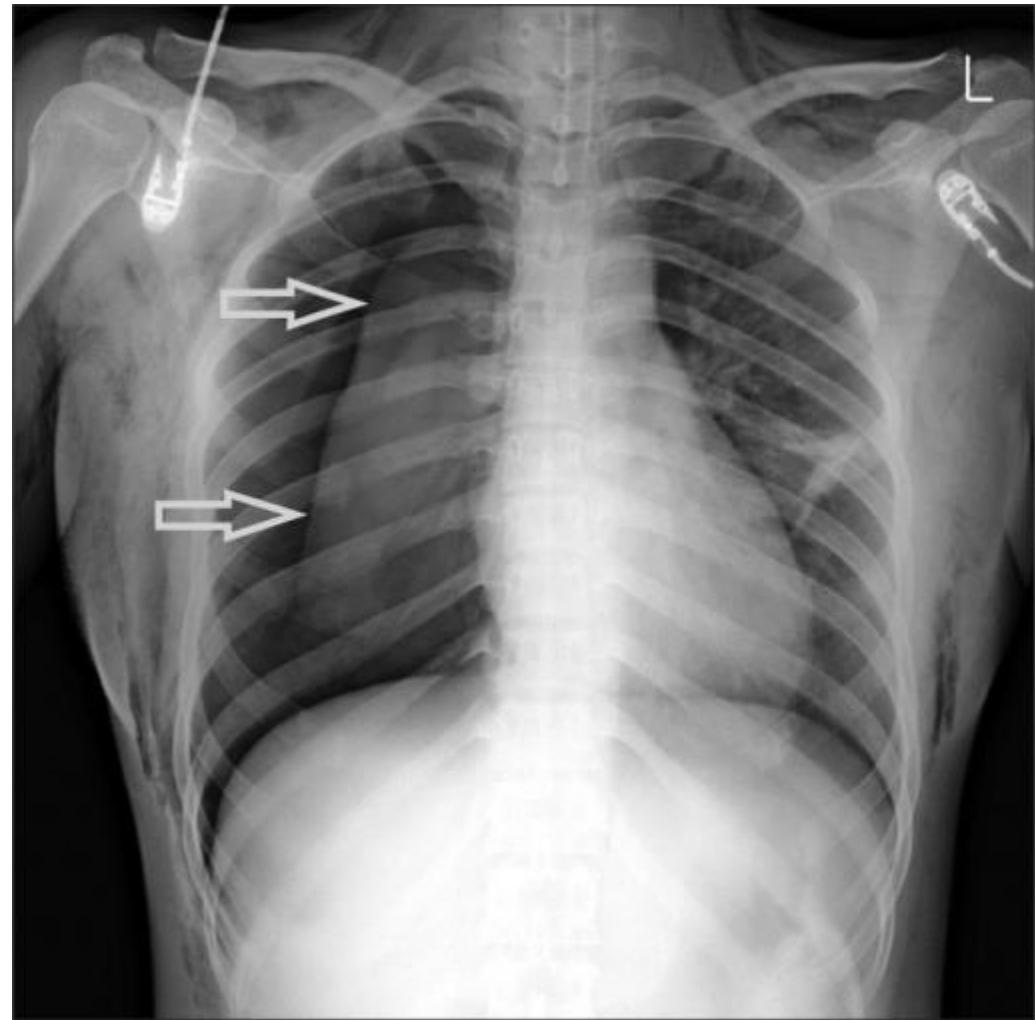
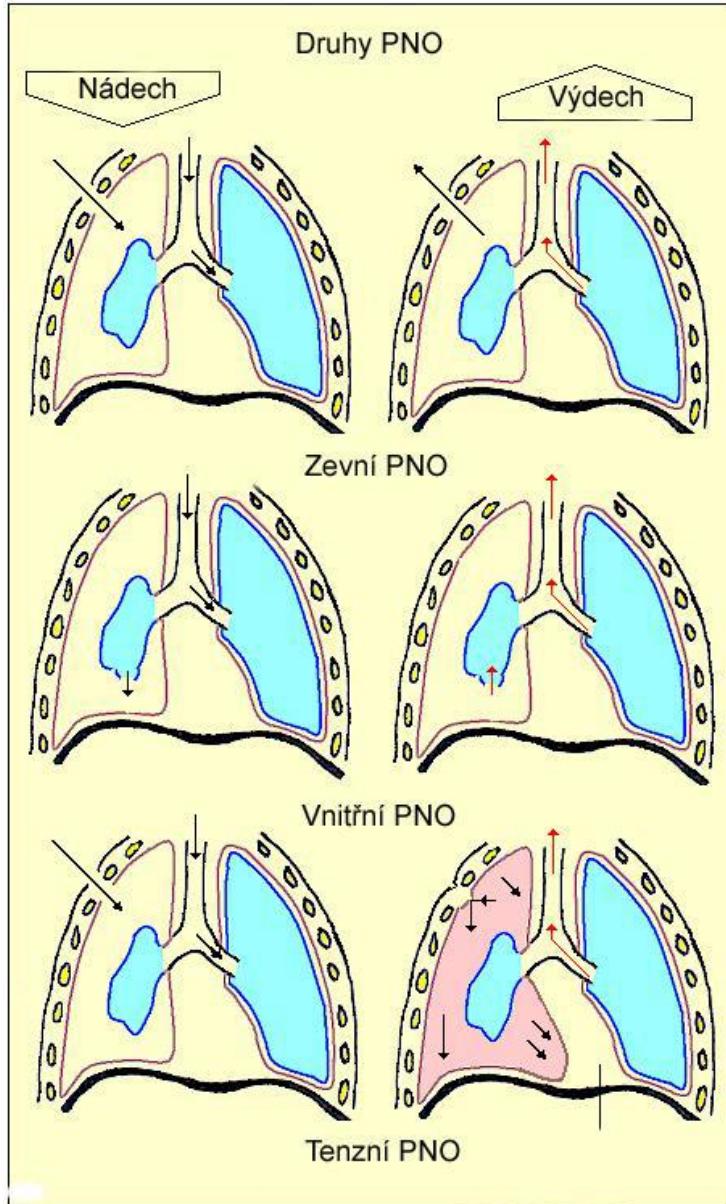
Stěna hrudní

- A parasternalní
- B přední axilární
- C paravertebralní

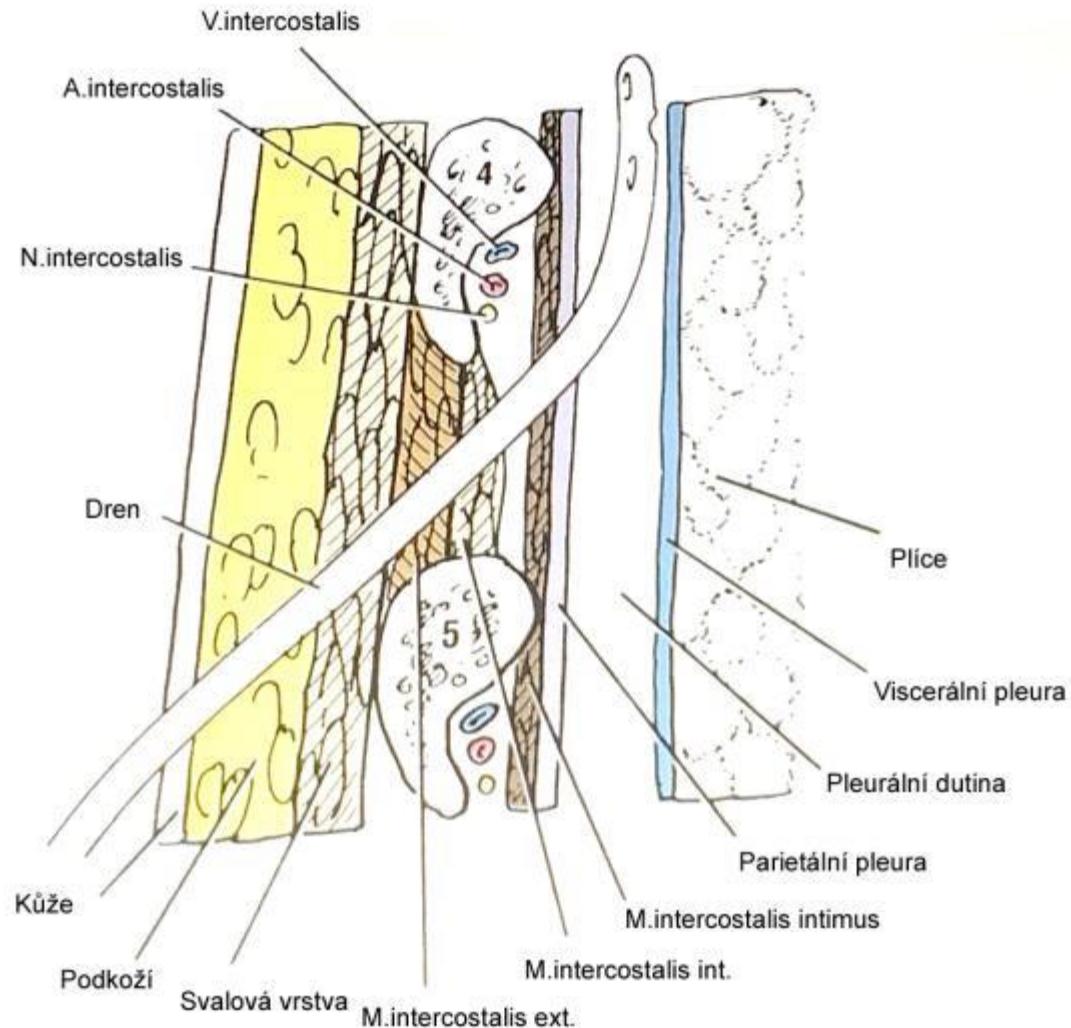
- 1 Fascia thoracica spf.
- 2 fascia endothoracica
- 3 pleura parietalis
- 4 membrana intercostalis externa
- 5-7 mm. Intercostales int., ext. et intimus
- 8 membrana intercostalis int.
- 9 m. transversus thoracis



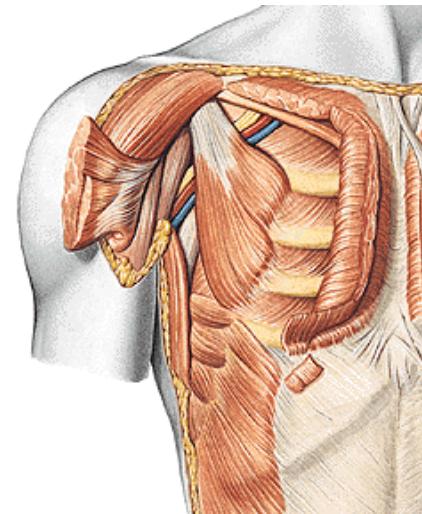
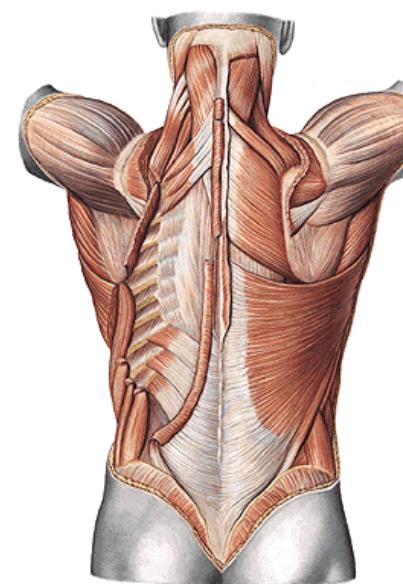
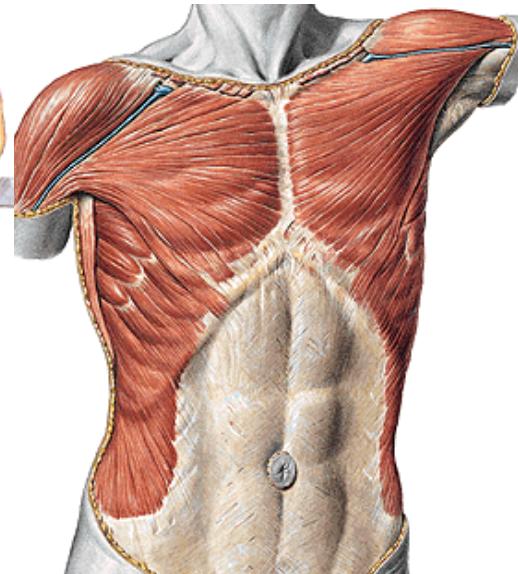
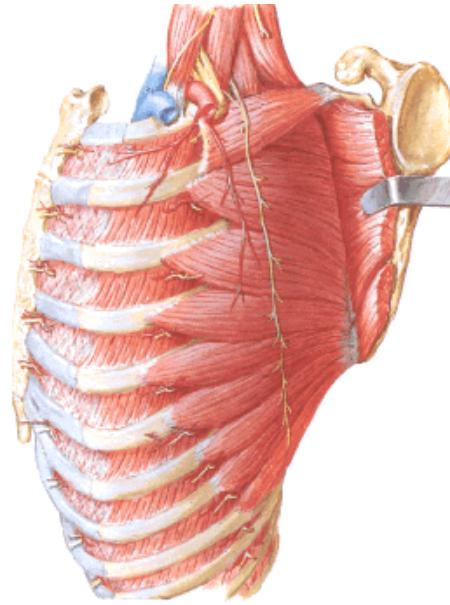
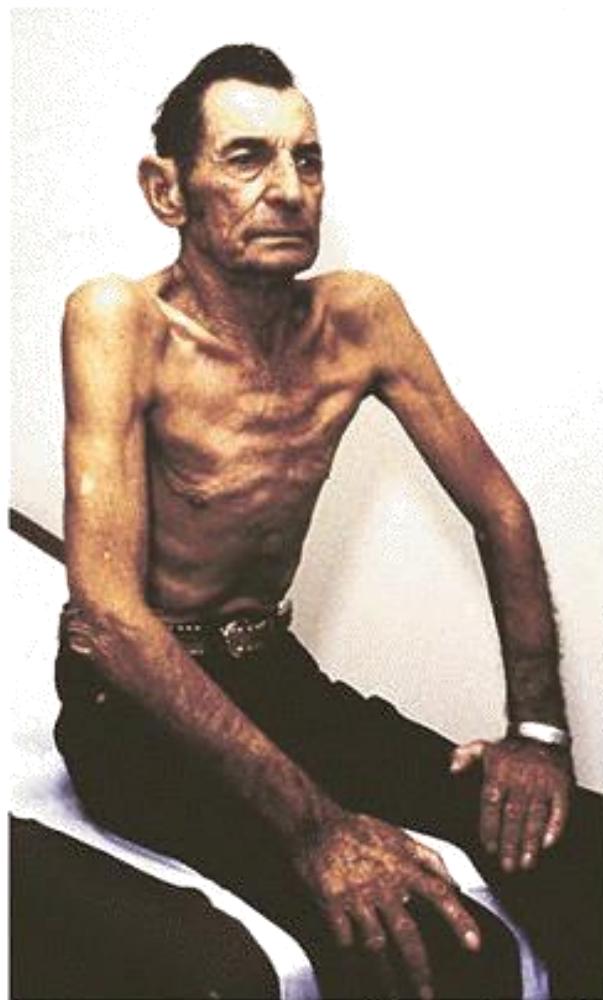
Pneumothorax



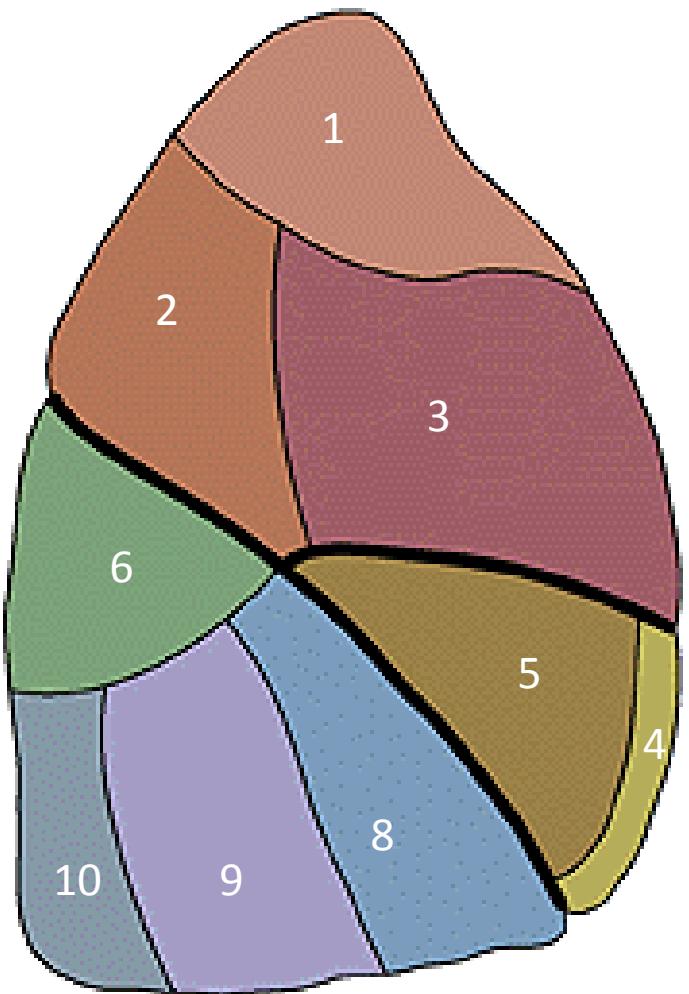
Punkce hrudníku



Usilovné dýchaní



SEGMENTA BRONCHOPULMONALIA DEXTRA



LOBUS SUPERIOR

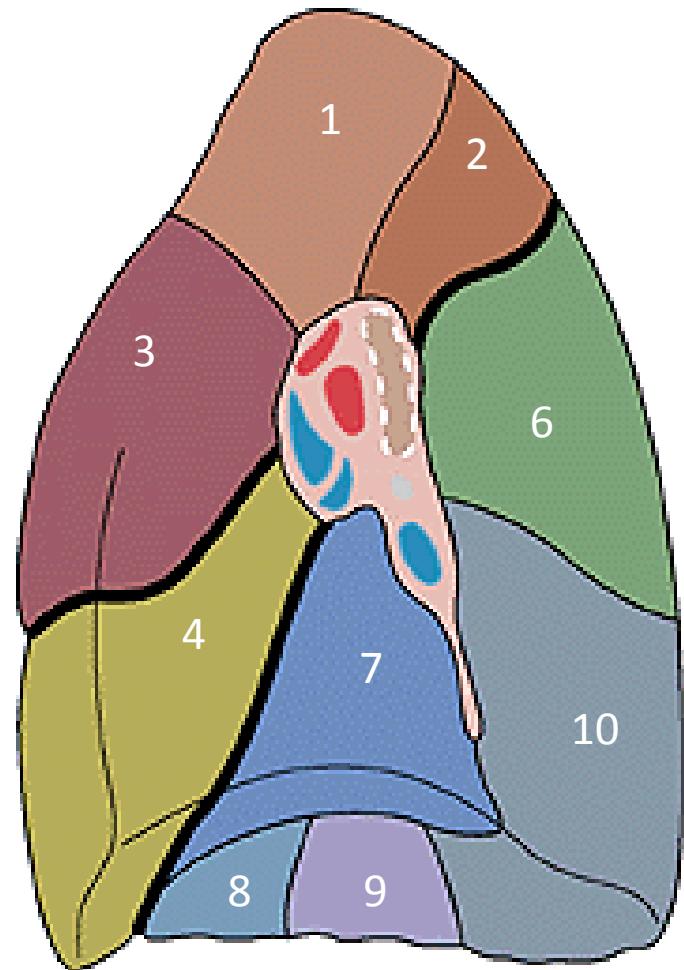
- (1) seg. apicale
- (2) seg. posterius
- (3) seg. anterius

LOBUS MEDIUS

- (4) seg. laterale
- (5) seg. mediale

LOBUS INFERIOR

- (6) seg. apicale
- (7) seg. basale mediale
- (8) seg. basale anterius
- (9) seg. basale laterale
- (10) seg. basale posterius



SEGMENTA BRONCHOPULMONALIA SINISTRA

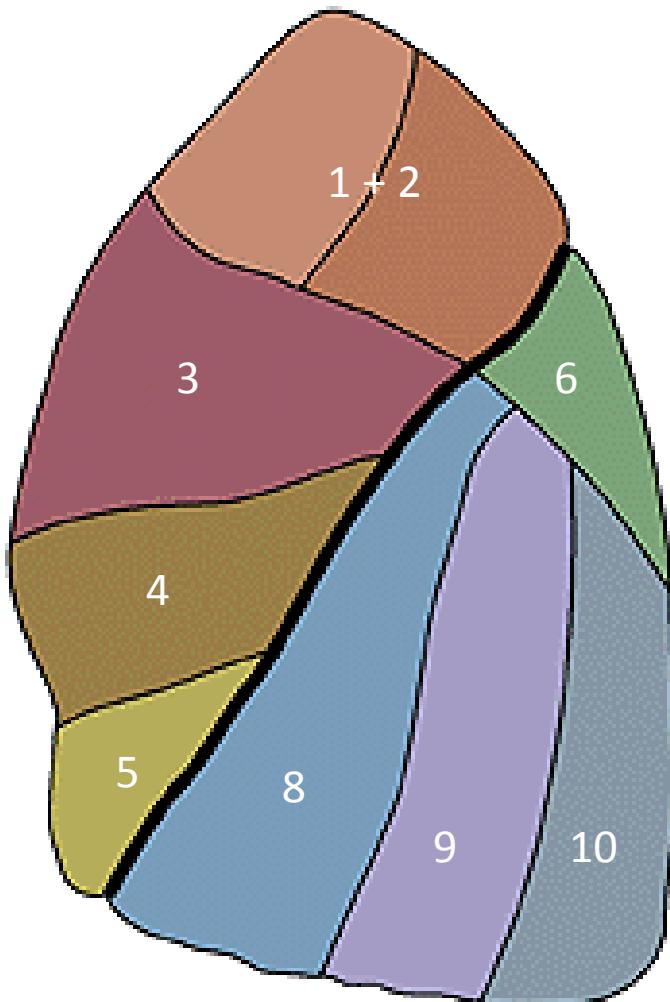
LOBUS SUPERIOR

(1+2) *seg. apicoposterius*

(3) seg. anterius

(4) seg. lingulare superius

(5) seg. lingulare inferius



LOBUS INFERIOR

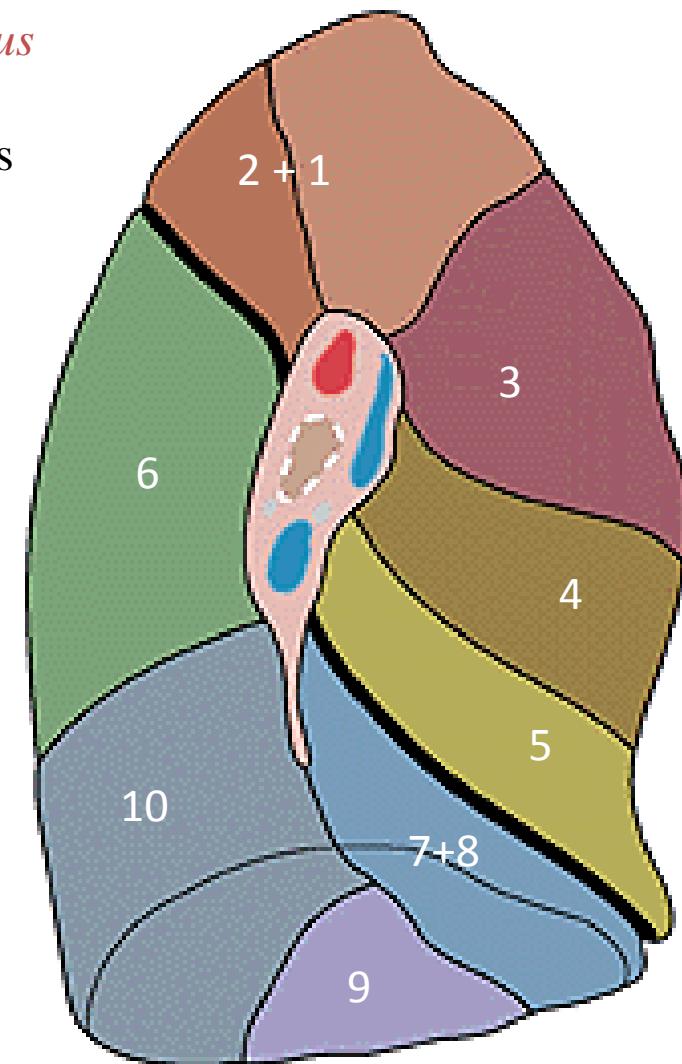
(6) seg. apicale

(7) *seg. basale mediale redukováno*

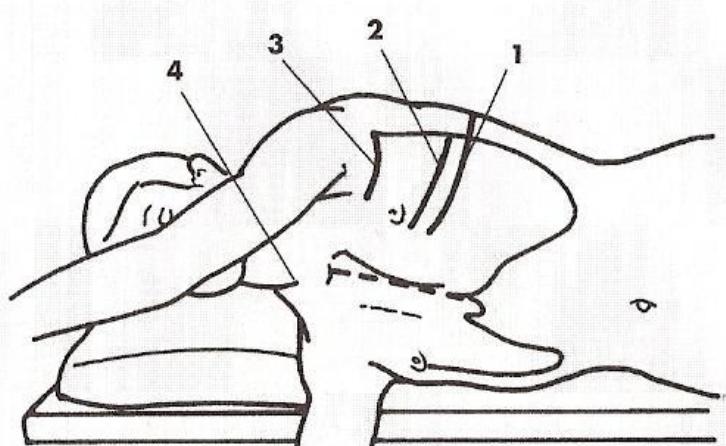
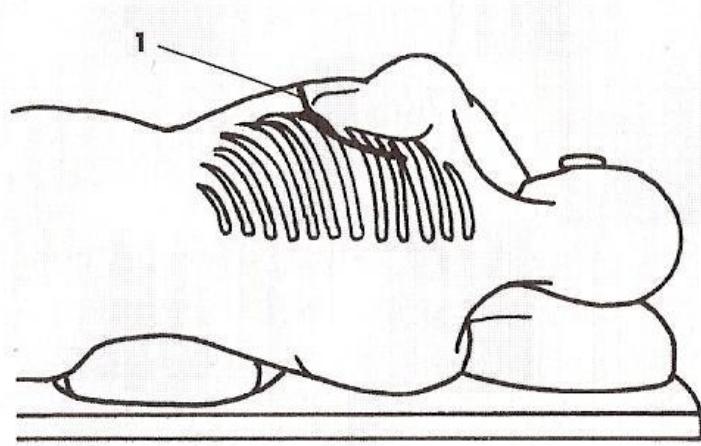
(8) seg. basale anterius

(9) seg. basale laterale

(10) seg. basale posterius

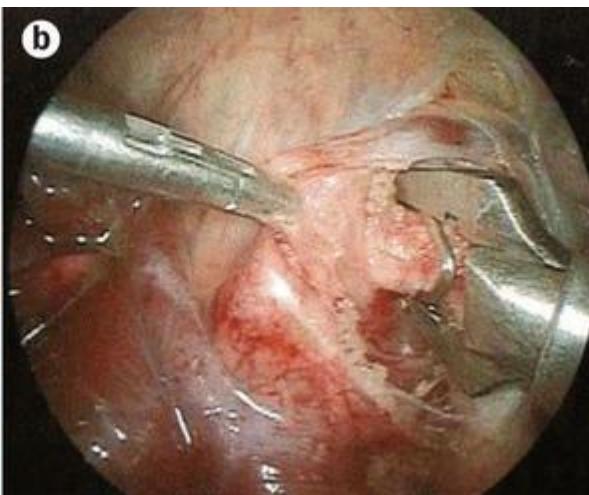
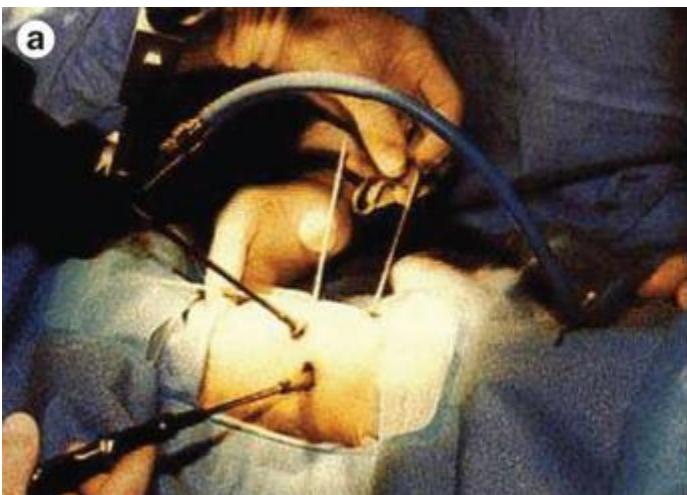
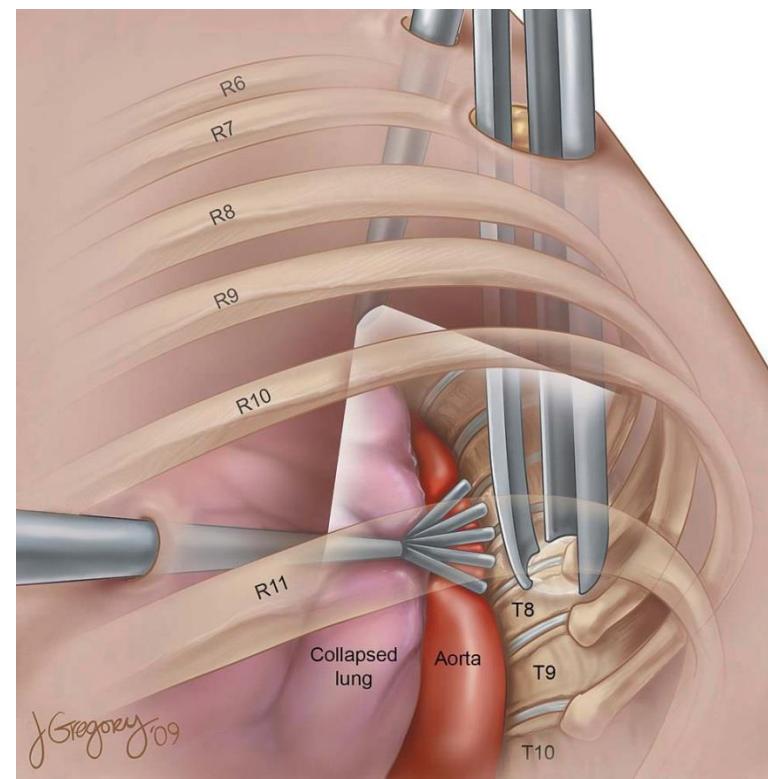
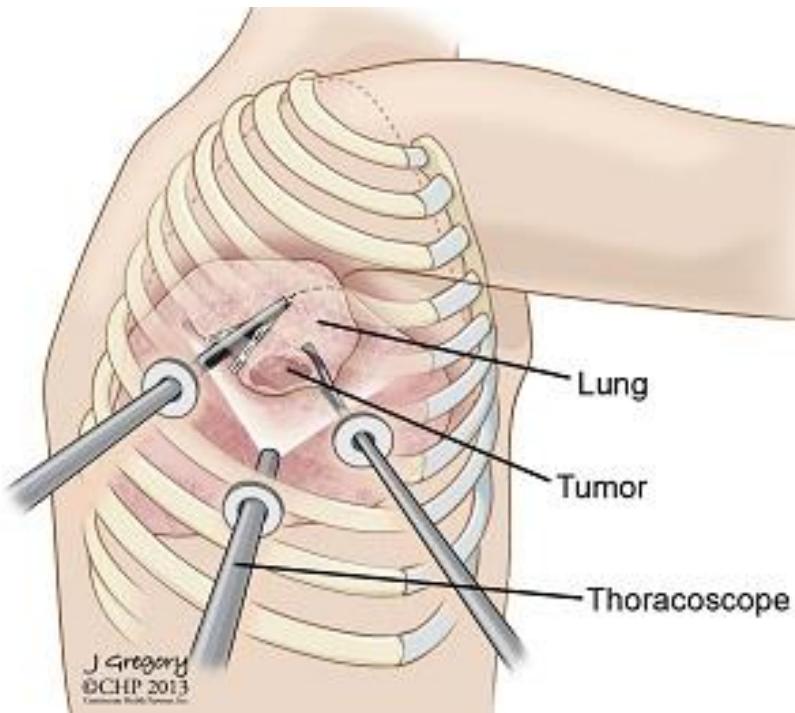


Operační přístupy

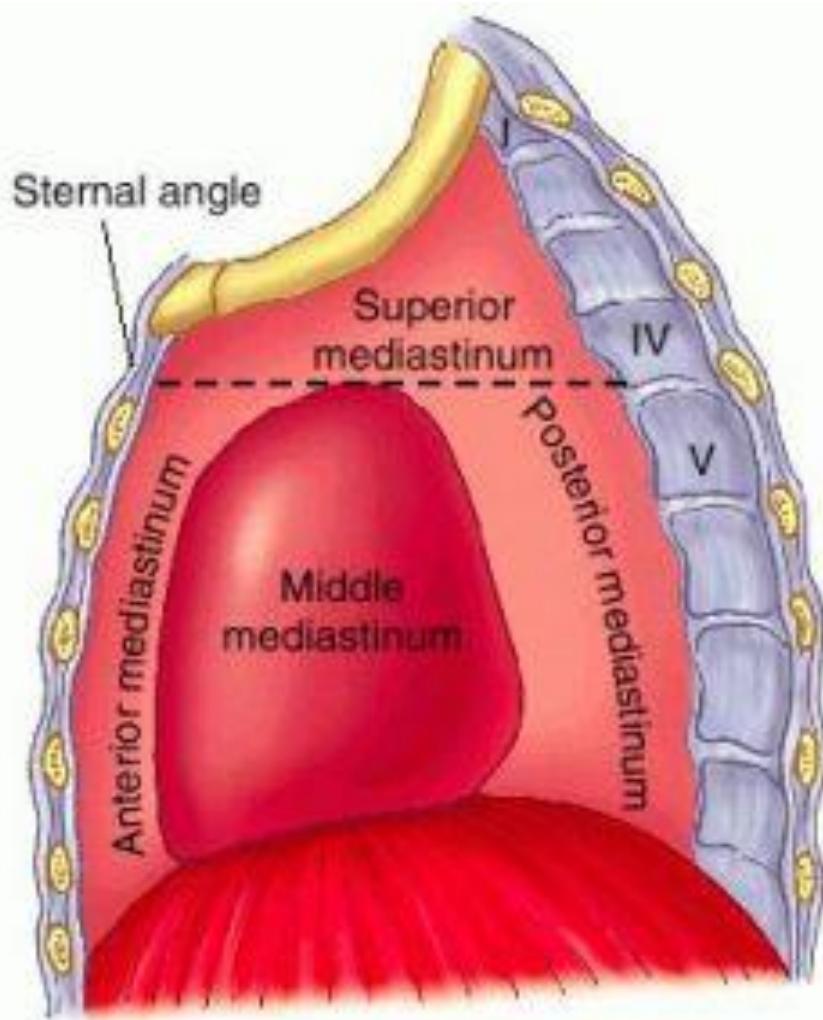


Obr. 129. Operační přístupy do hrudníku. 1 - posterolaterální torakotomie; 2 - přední torakotomie; 3 - axilární torakotomie; 4 - mediální sternotomie

Video-assisted thoracoscopic surgery (VATS)



Mediastinum



Mediastinum superius

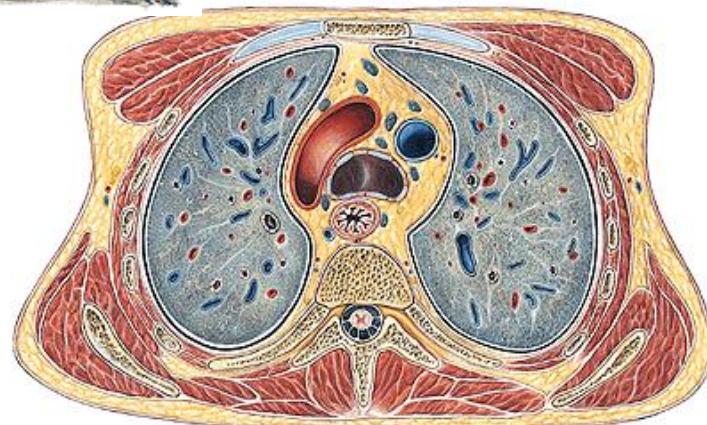
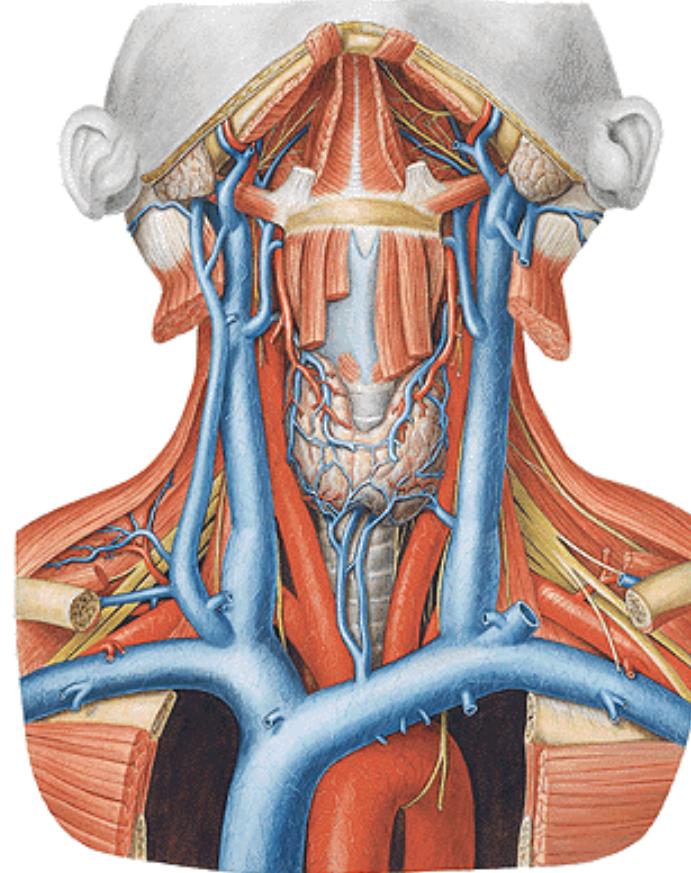
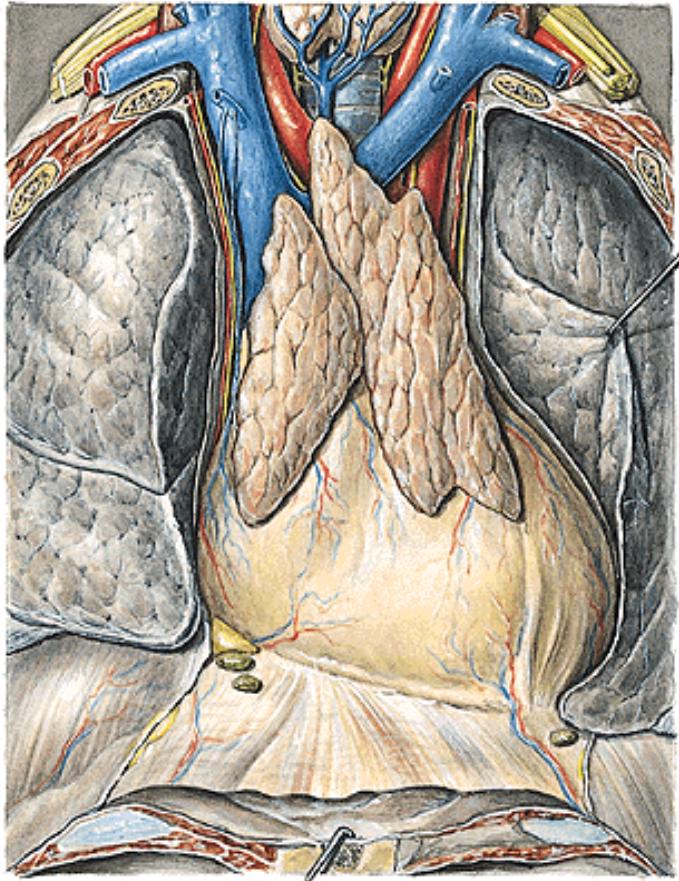
Mediastinum inferius:

anterius

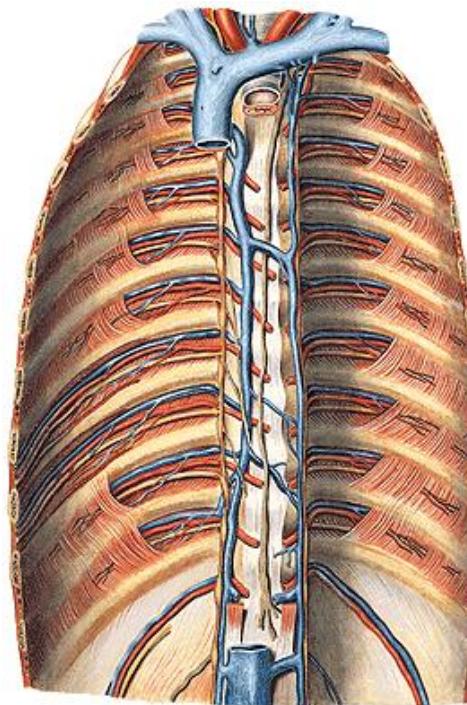
medium

posterior

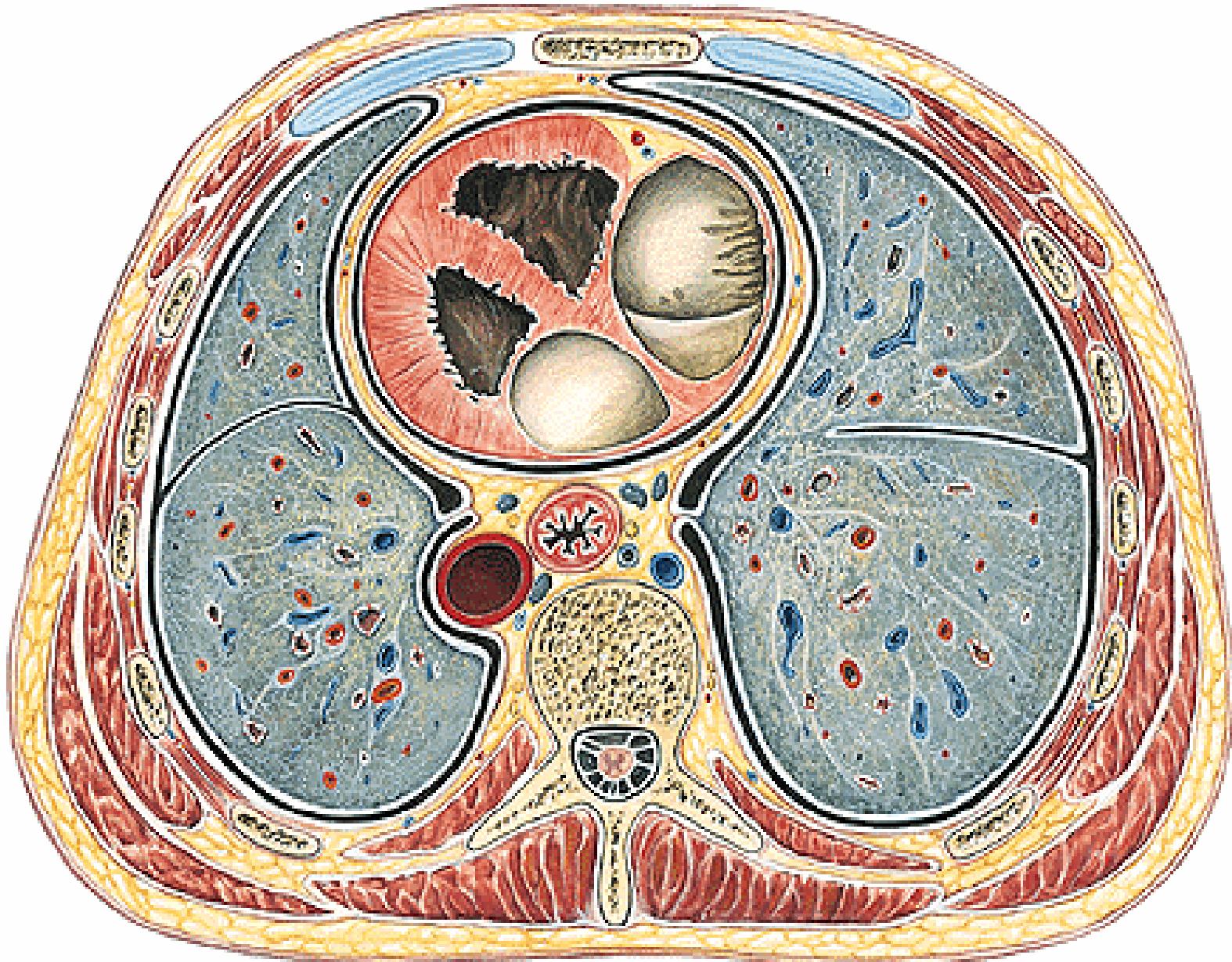
Mediastinum superius



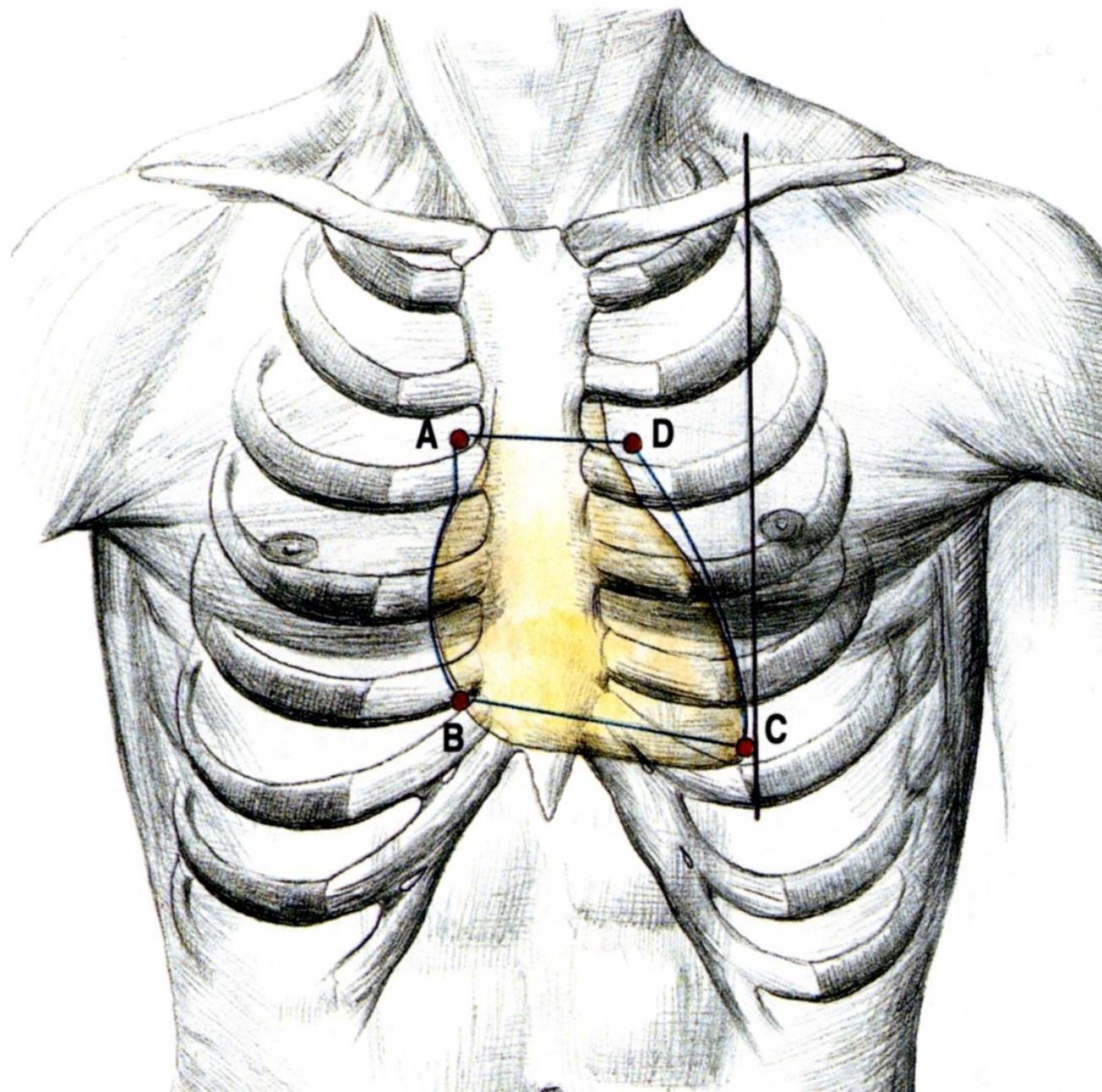
Syndrom vena cava superior



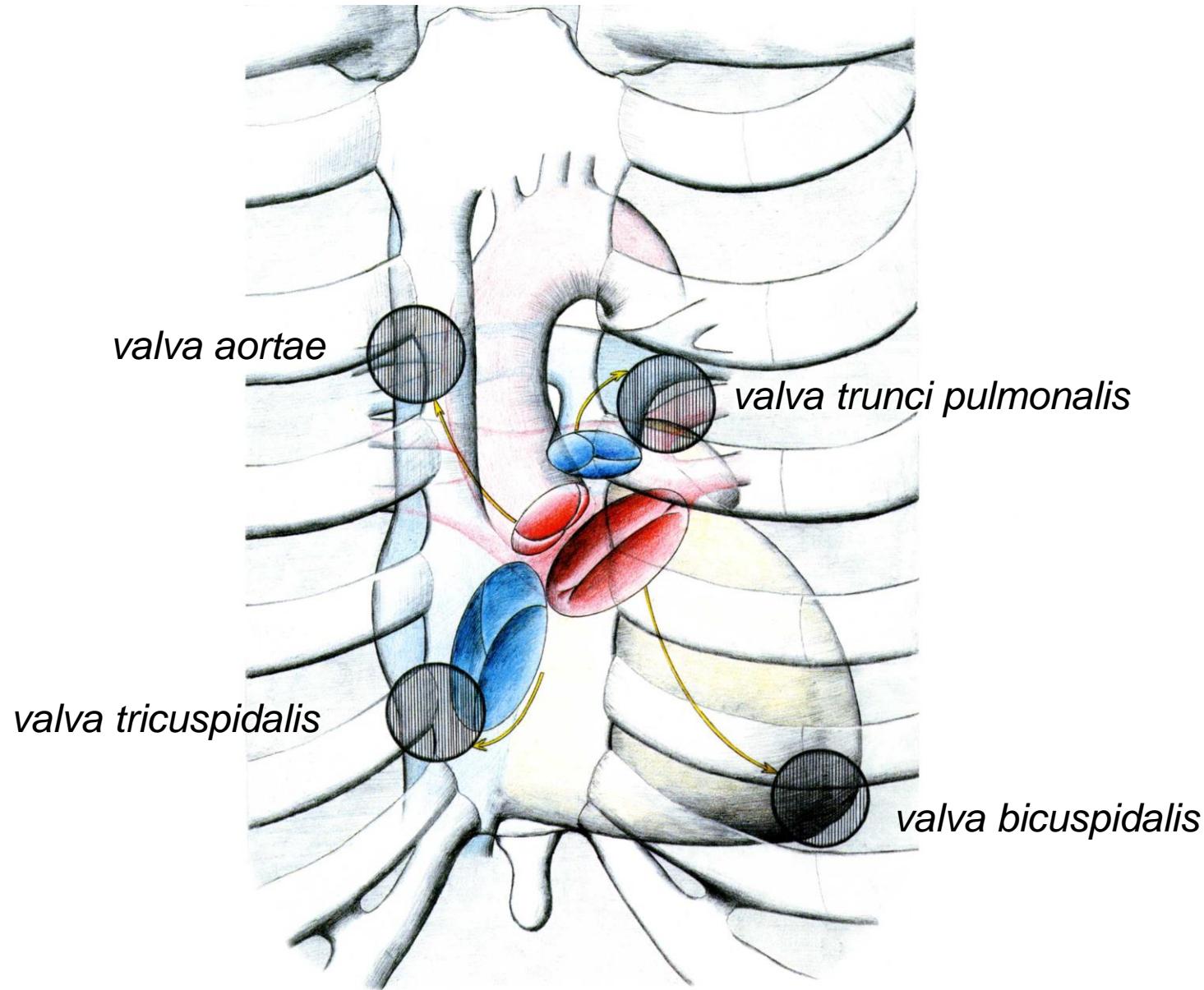
Mediastinum inferius



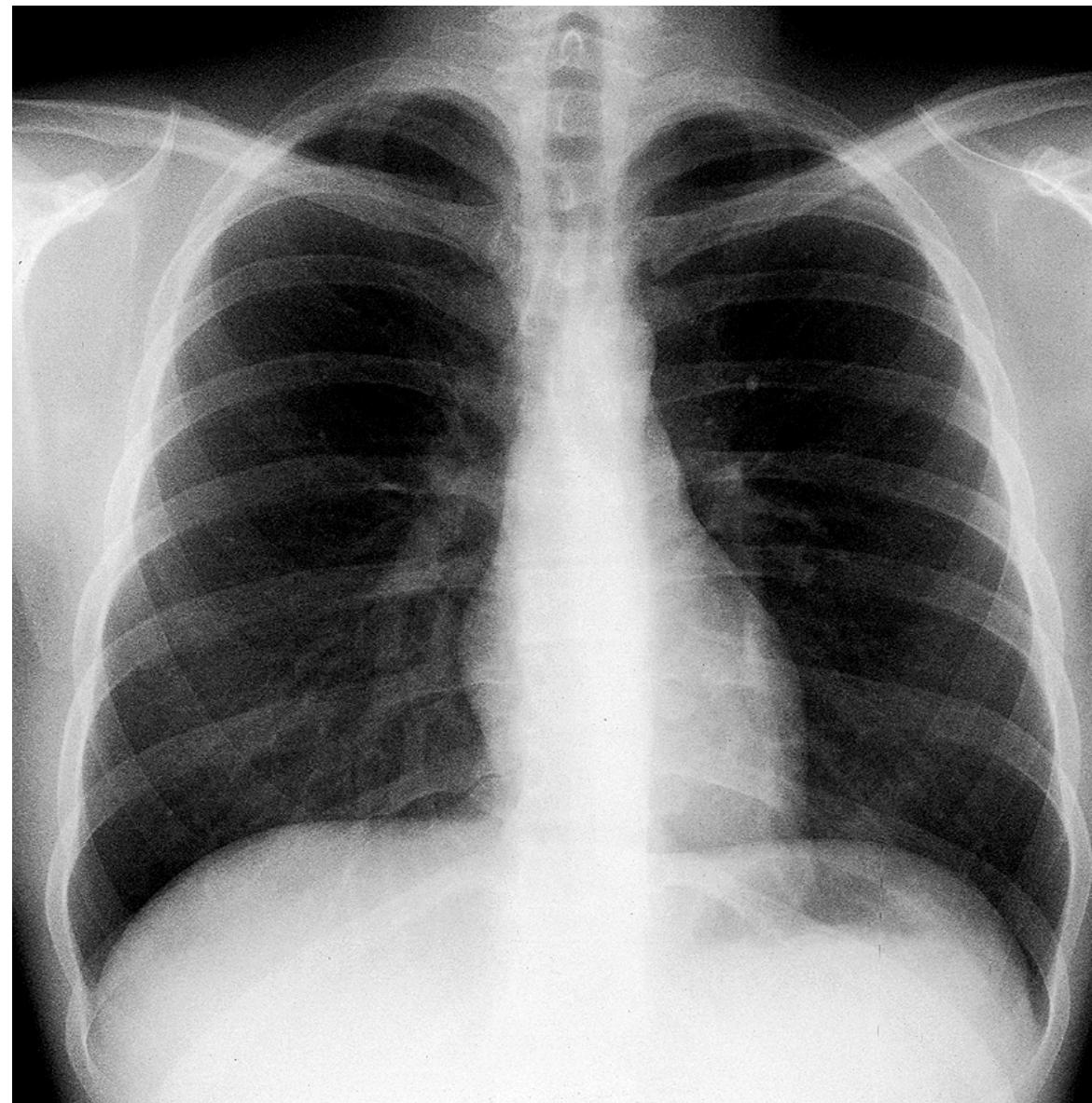
Projekce srdce



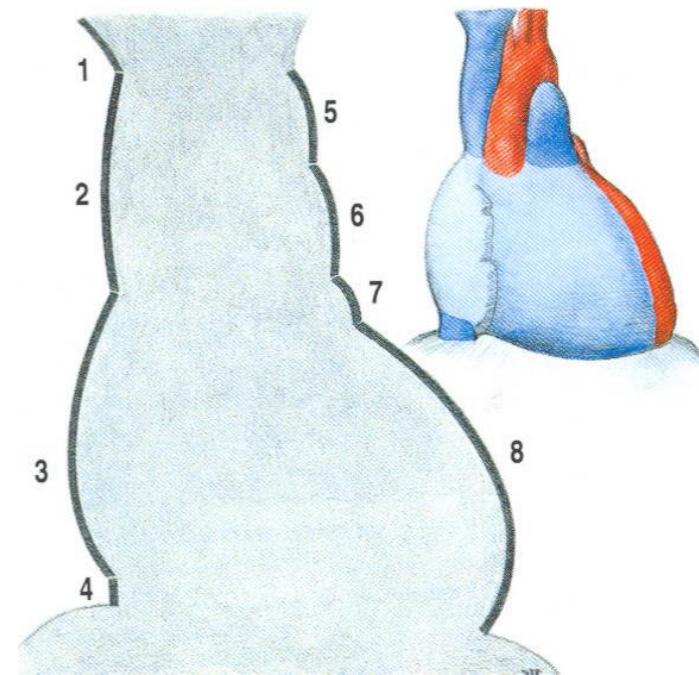
Auskultační body



Nativní snímek hrudníku

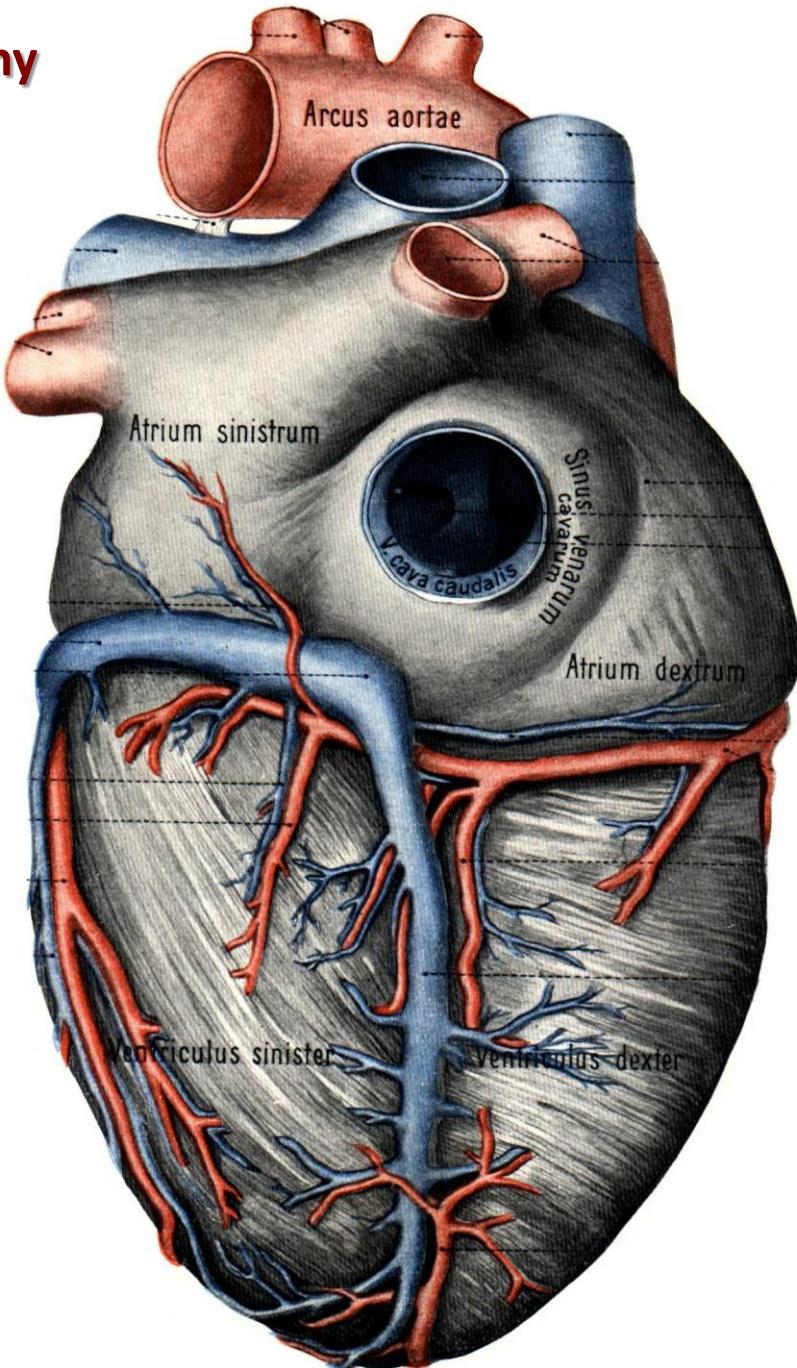
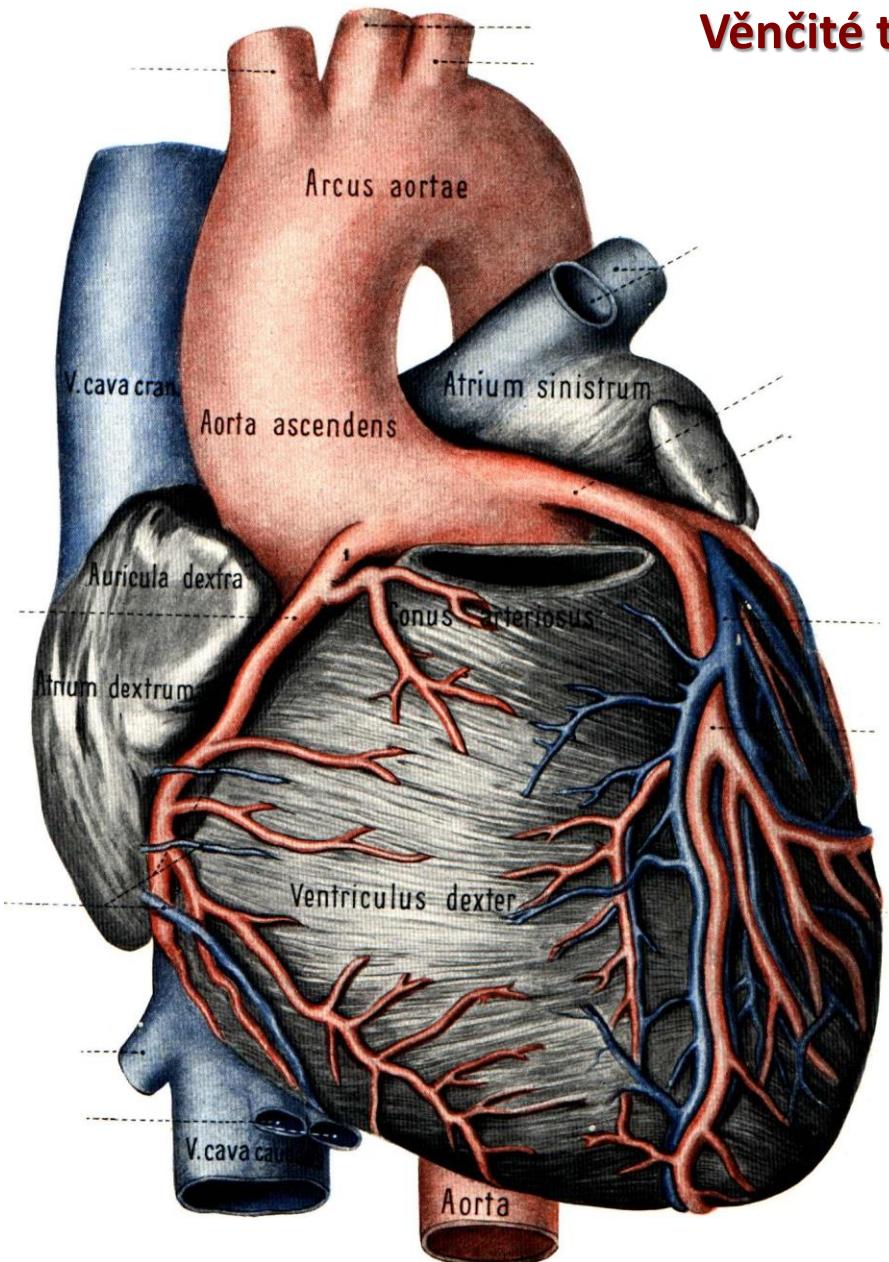


1. V. brachiocephalica dx.
2. V. cava sup.
3. Atrium dx.
4. V. cava inf.

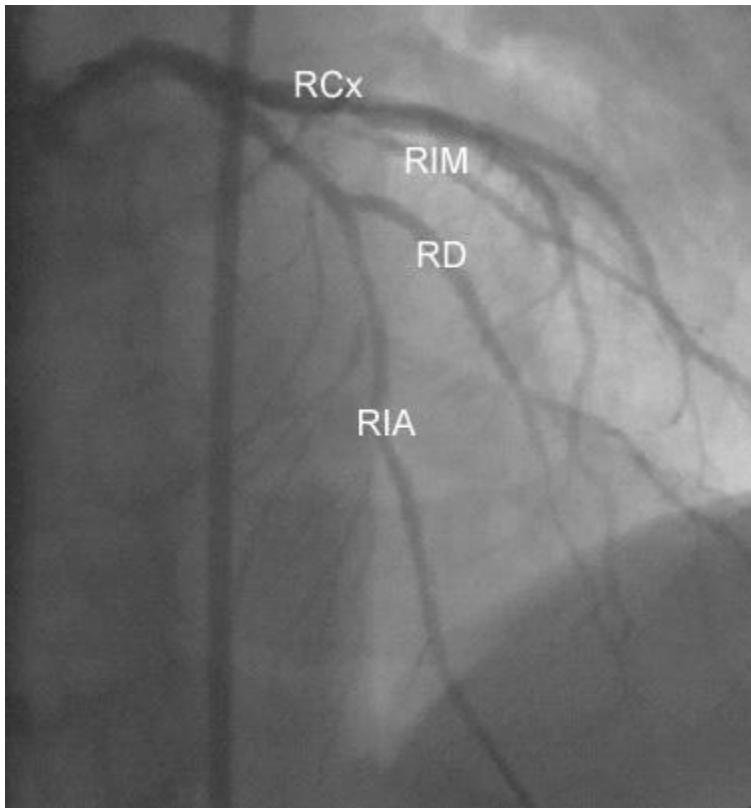


5. Arcus aortae
6. Truncus pulmonalis
7. Auricula sin.
8. Ventriculus sin.

Věnčité tepny



Coronarography



RCx – ramus circumflexus

RIM – ramus intermedius

RIA – ramus interventricularis anterior

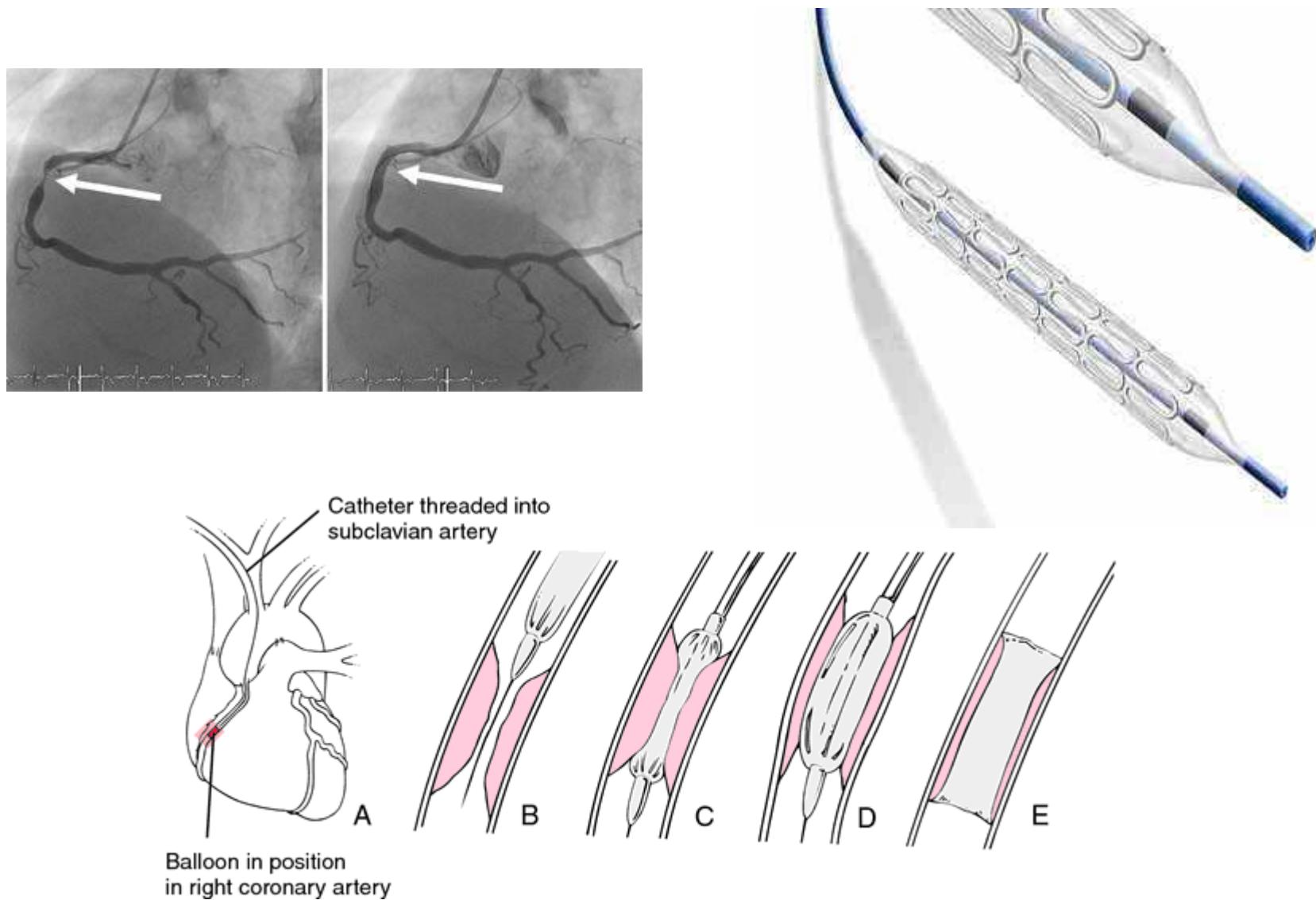
RD – ramus diagonalis

RCA – right coronary artery

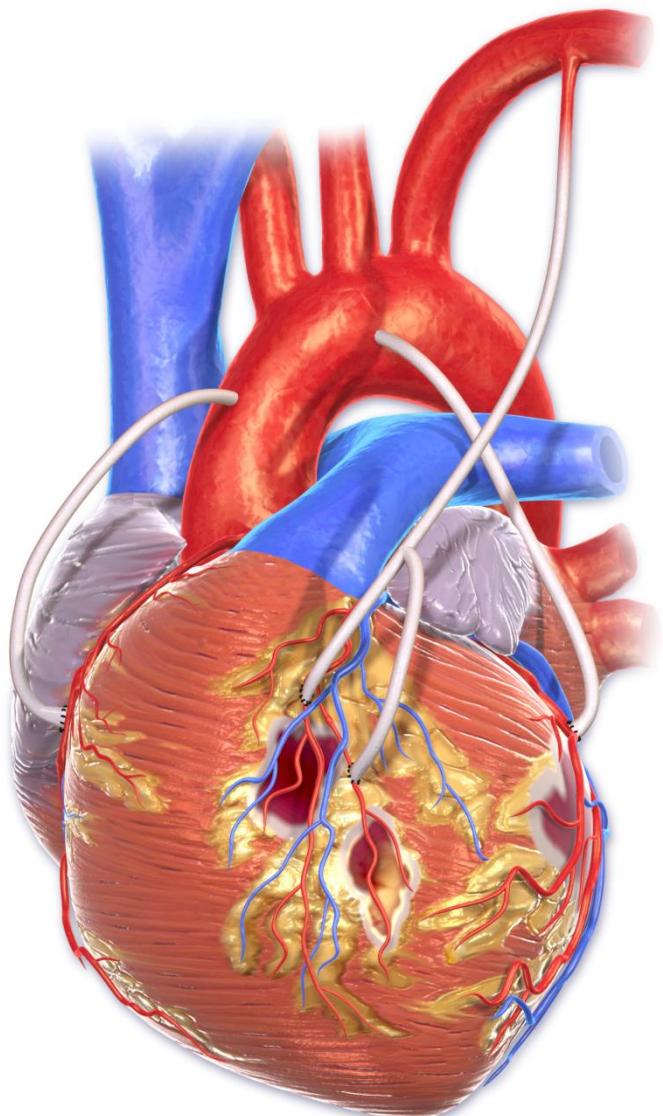
RIVP – ramus interventricularis posterior

RPLD – ramus posterolateris dexter

Percutaneous transluminal coronary angioplasty (PTCA)



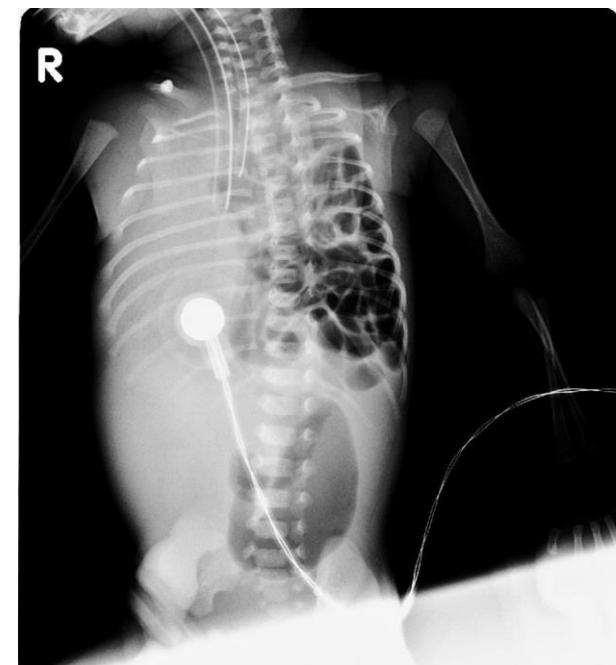
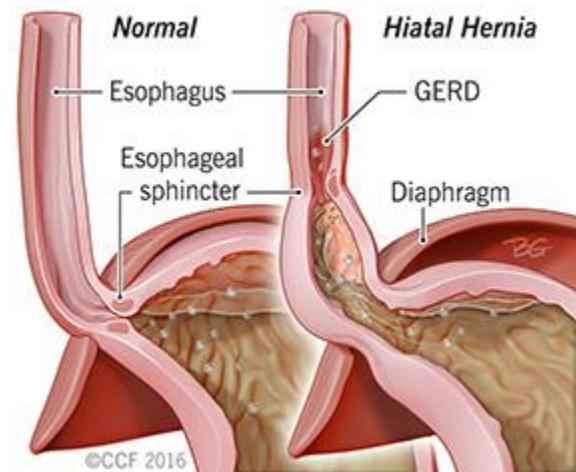
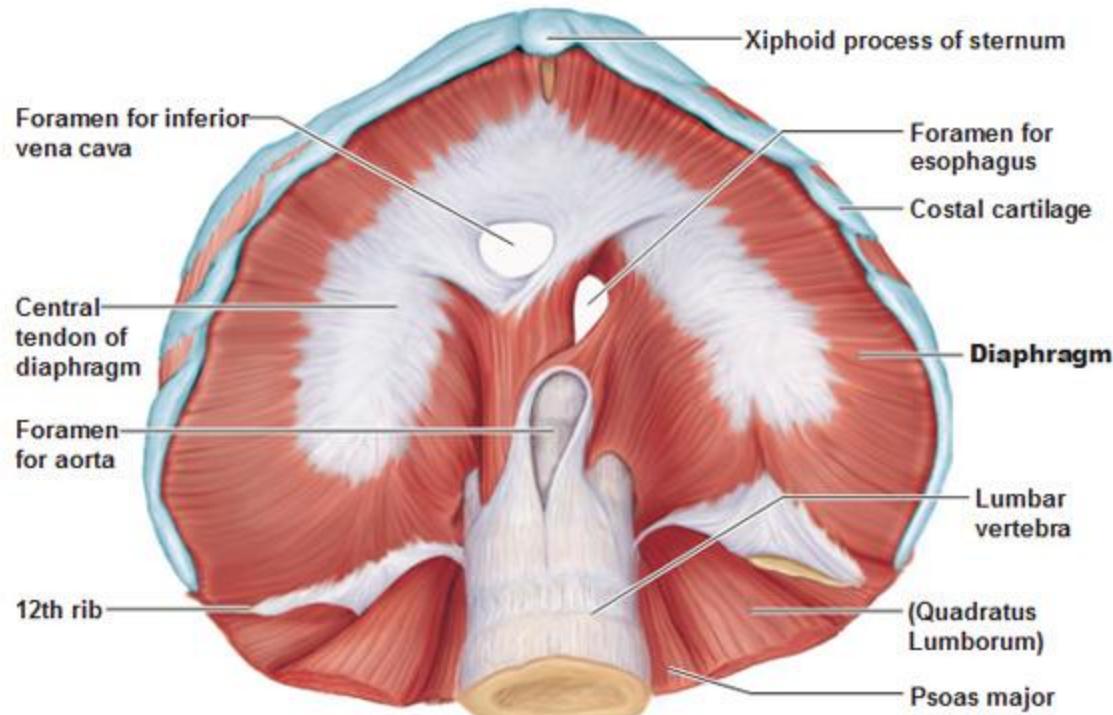
Coronary artery bypass surgery



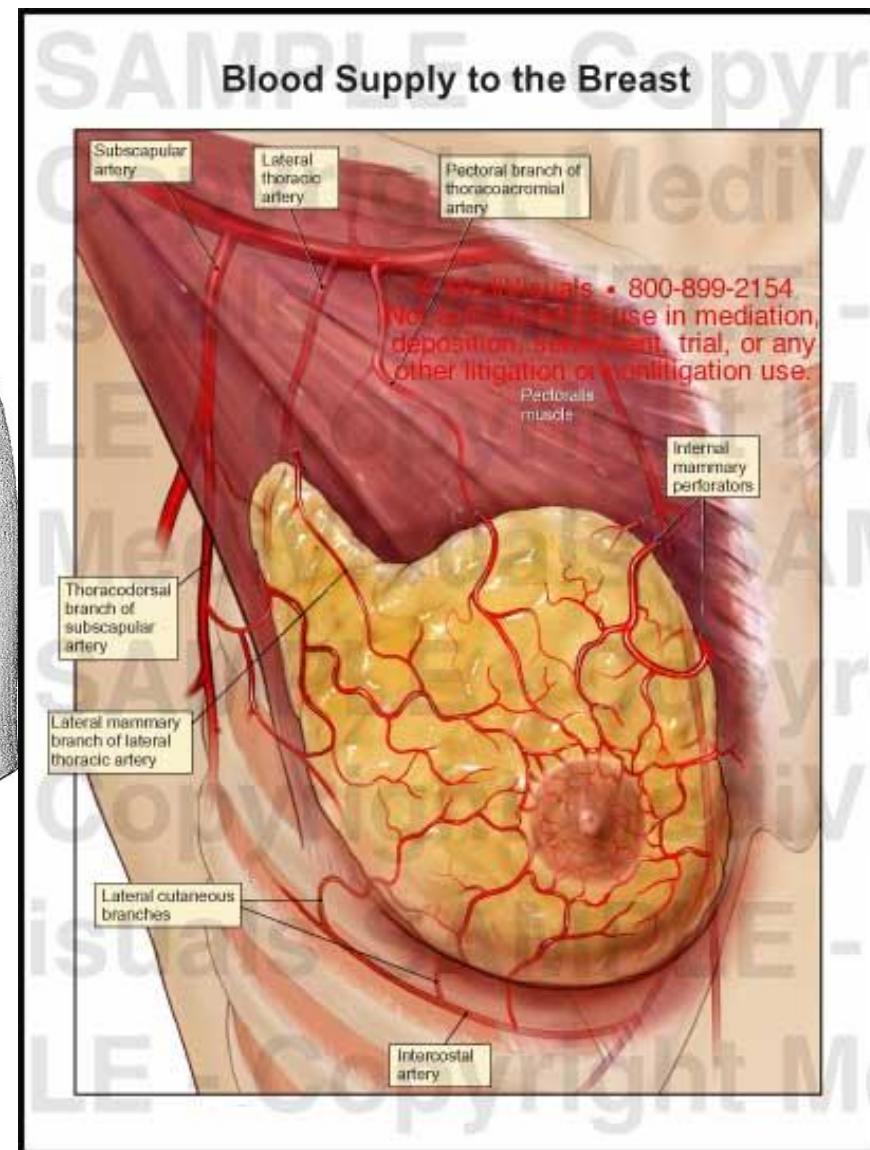
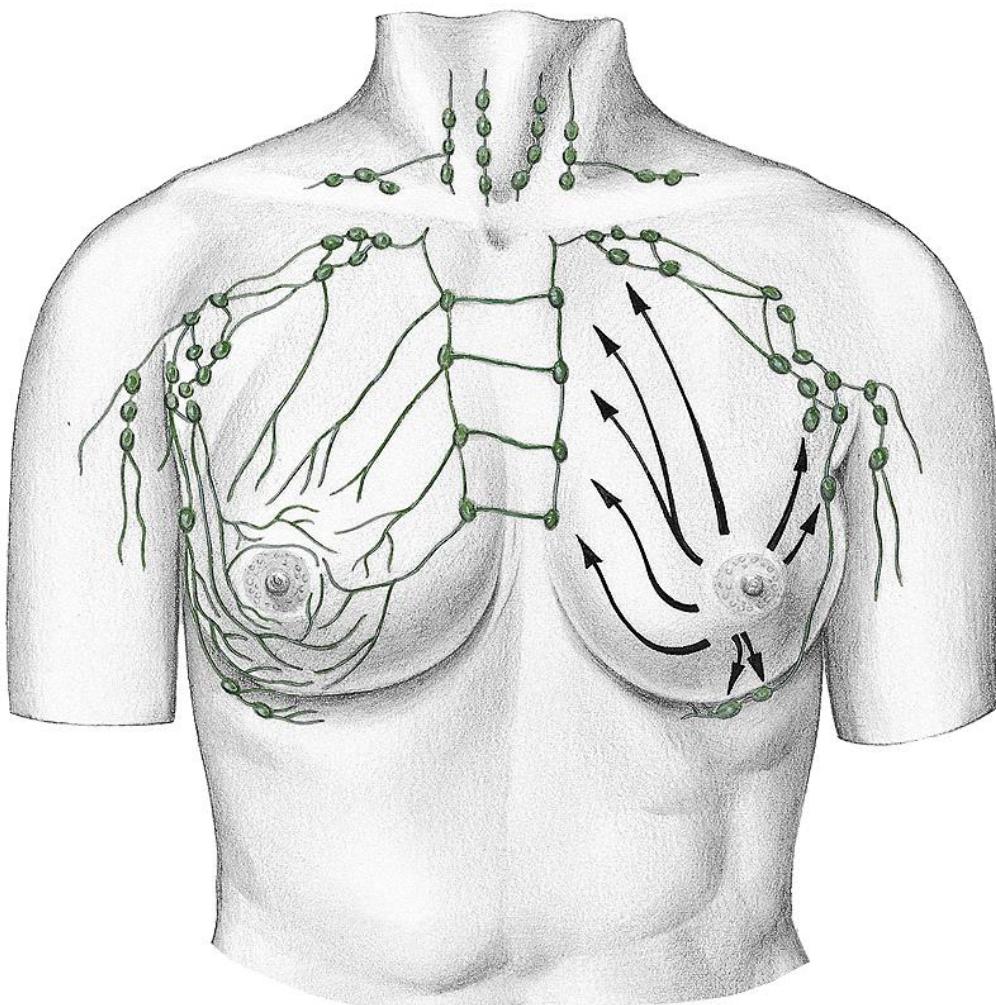
Coronary Artery Bypass Graft (CABG)
Quadruple Bypass



Hernia diaphragmatica



Cévní zásobení a lymfatická drenáž prsu



Exhibit# 601065-01X