europass

Thomas Fraccalini

Nazionalità: Italiana **Data di nascita** [redacted]

Numero di telefono [redacted]

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Indirizzo e-mail: [redacted]

Indirizzo e-mail [redacted]

Sito web [redacted]

Abitazione: [redacted]

Lavoro: [redacted]

PRESENTAZIONE

MD, MMed

ESPERIENZA LAVORATIVA

Dirigente Medico di I° Livello presso SCDO di Geriatria

AOU San Luigi di Orbassano [01/02/2024 – Attuale]

Città: Orbassano Paese: Italia

- Gestione dei pazienti acuti afferenti nel reparto di Geriatria afferenti dal Dipartimento di Emergenza ed Accettazione (DEA)
- Specialista Ambulatoriale con indirizzo in Demenze e Sindromi depressive in Anziano
- Trattamento del Dolore Cronico nei pazienti anziani, polipatologici e complicati

Dirigente Medico di I° Livello presso MeCAU

AOU San Luigi di Orbassano [16/03/2010 – 31/01/2024]

Città: Orbassano Paese: Italia Impresa o settore: Sanità e assistenza sociale

- Gestione dei pazienti gravi e complessi afferenti presso.il Dipartimento di Emergenza-Urgenza
- Comprovate capacità nella diagnosi e gestione del paziente critico
- Ampia esperienza nell'utilizzo dei metodiche diagnostiche di imaging ecografico al letto del paziente PoCUS (Point Of Care Ultrasound)
- Ampia esperienza nel posizionamento di accessi venosi centrali ecoguidati e nel posizionamento di drenaggi toracici
- Ampia esperienza nella gestione del dolore acuto, cronico (oncologico e degenerativo)
- Capacità comunicative

Dirigente Medico di I° Livello presso MeCAU (supplenza temporanea)

AOU San Luigi di Orbassano [27/12/2008 – 06/01/2010]

Città: Orbassano Paese: Italia

AOU S Luigi Gonzaga
SCDO Geriatria
Dirigente Medico
Dott Thomas FRACCALINI

Dirigente Medico di I° Livello LP

AOU San Luigi di Orbassano [20/03/2007 – 26/12/2008]

Città: Orbassano | Paese: Italia

- Gestione dei pazienti ambu[redacted]presso il Servizio di Terapia Antalgica e Cure Palliative
- Consulenze interne all'Ospedale inerenti la terapia antalgica di pazienti Oncologici complessi in collaborazione con le unità Mediche[redacted]
- Gestione dei pazienti afferenti nel Da[redacted]apia Antalgica per procedure spinali (Peridurali), posizionamento di SPD (Sondini Peridurali) e SIT (Sondini Intratecali) compresa la gestione di infusori, elastomeri e pompe intrate[redacted]onico degenerativo ed oncologico
- Maturata esperienza nel posizionamento di[redacted]ermanenti e semipermanenti:
  - Non tunnelizzati: CVC (Cateteri Venosi Centrali), Mo[redacted]
  - Parzialmente tunnel[redacted]
  - Tunnelizzati: tipo Port-A-Cath (PAC); mono e bicamerali
- Maturata esperienza in ambito di trattamento del[redacted]enerativo attraverso infiltrazioni articolari anche att[redacted]Radioscopia "Brillanza" (infiltrazioni della colonna in toto, articolazioni del cingolo scapolare, bacino ed anche, ginocchia e caviglie)
- Ampia conoscenza dei farmaci analgesici oppiodi per la gestione della terapia a lungo termine del dolore cronico, oltre che degli adiuvanti per il trattamento del dolore neuropatico e delle sindromi dolorose complesse (Complex)

Sostituto Medico di Medicina Generale

Sostituzioni presso MMG della ASL TO3 [01/09/2002 – 14/10/2008]

Paese: Italia

Attività di Sostituto Medico di Base presso ASL TO3. Durante l'attività, gestione dei pazienti ambulatoriali, pazienti in cure domiciliari (ADI o ADI/CP). Training formativo per la prescrizione dei farmaci con note ministeriali AIFA.

Medico Specializzando

AOU San Luigi di Orbassano [14/07/2003 – 15/12/2006]

Città: Orbassano | Paese: Italia

Medico Specializzando presso la SCDO di Geriatria e Gerontologia, diretta dal Prof. M. Molaschi e successivamente dal Prof. L. Poli. Durante la specializzazione gestione dei pazienti ricoverati nel reparto di degenza, attività ambulatoriale come Psicogeriatra, nello specifico nell'ambulatorio delle Demenze e Depressione negli anziani.

Medico Specialista di Guardia presso Casa di Cura

Casa di Cura Madonna Dei Boschi [23/04/2007 – 22/08/2008]

Città: Buttigliera Alta | Paese: Italia

Attività di Medico Specialista di Guardia notturna e festiva presso Casa di Cura Madonna Dei Boschi di Buttigliera.

INCARICHI PROFESSIONALI AZIENDALI

[24/10/2022 – Attuale]

Affidamento incarico professionale di fascia "C1" presso la S.C.D.O Medicina e Chirurgia d'Accettazione e d'Urgenza

Referente per le manovre invasive vascolari e di drenaggio cavitario e controllo del dolore per la S.C.D.O MeCAU

[24/10/2016 – 23/10/2022]

AOU S. Luigi Gonzaga
SCDO Geriatria
Dirigente Medico
Dott. Thomas FRACCALINI

Affidamento incarico professionale di fascia "C1" presso S.C.D.O di Medicina e Chirurgia d'Accettazione e d'Urgenza"

[01/08/2015 - 23/10/2016]

Affidamento incarico di medie competenze tecnico-professionali di fascia "C2"

Metodiche terapeutiche di tipo semi invasivo in emergenza-urgenza

[16/03/2010 - 31/07/2015]

Affidamento incarico professionale di fascia D

ISTRUZIONE E FORMAZIONE

Laurea in Medicina e Chirurgia

Università degli Studi di Torino [27/09/1995 - 23/10/2001]

Città: Torino Paese: Italia Sito web: https://www.unito.it/ Campi di studio: Salute e assistenza: • Medicina Voto finale: 110/110 Tesi: La ERCP Intra-operatoria nella litiasi colecisto-coledocica: il Rendez Vous Endolaparoscopico

Abilitazione alla Professione Medica

Albo Medici Chirurghi di Torino (OMCeO) [01/06/2002 - 23/07/2002]

Città: Torino Sito web: https://omceo-to.it/albi-professionali/ricerca-degli-iscritti/ Campi di studio: Salute e assistenza: • Medicina Voto finale: 95/100

Specializzazione in Geriatria e Gerontologia

Università degli Studi di Torino [09/06/2003 - 12/12/2006]

Città: Torino Paese: Italia Sito web: https://www.unito.it/ Campi di studio: Salute e assistenza: • Medicina Voto finale: 70/70 lode Tesi: Malattia di Alzheimer: risultati in itinere dei correlati immunologici del deterioramento cognitivo in una coorte di pazienti

Master Universitario di II° Livello in Medicina Palliativa

Università degli Studi di Torino [21/09/2008 - 29/06/2010]

Città: Torino Paese: Italia Sito web: https://www.unito.it/ Campi di studio: Salute e assistenza: • Medicina Voto finale: 110/110 Tesi: Diagnosi e trattamento dell'iperalgesia morfinica nella sedazione palliativa

Master Universitario di II Livello in Diagnosi e Terapia della Malattia di Alzheimer e delle altre demenze

Università degli Studi di Torino [Attuale]

Città: Torino Paese: Italia Sito web: https://www.corep.it/demenze.html

Educazione e training a Studenti di Medicina, Specializzandi in Medicina Interna, in Medicina D'Urgenza e in altre specialità mediche

Trainer in Ecografia Polmonare

AOU San Luigi di Orbassano, Dipartimento di Emergenza [Attuale]

AOU S. Luigi Gonzaga
SCDO Geriatria
Dirigente Medico
Dott. Thomas FRACCALINI

Formatore in Corsi di Ecografia Clinica in Emergenza-Urgenza (US FOR ALL Academy)

US FOR ALL Academy

Paese: Italia

Link: https://www.sanita.puglia.it/web/asl-taranto/archivio-news_det/-/journal_content/56/36057/corso-di-ecografia-multiorgano-in-emergenza-e-terapia-intensiva https://www.lostradone.eu/a-martina-un-corso-di-ecografia-multiorgano-in-emergenza-e-terapia-intensiva/

Attività di Formatore in **Ecografia Clinica di Emergenza-Urgenza** mediante l'organizzazione di Corsi, i quali vengono strutturati su tre differenti livelli di professionalizzazione per rispondere al tipo di esperienza del singolo discente.
I Corsi prevedono sessioni didattiche frontali, oltre ad attività pratiche sui pazienti, e sono rivolti alla formazione di Medici Specialisti in Anestesia Rianimazione, Medicina Interna e Cardiologia, affinché possano utilizzare l'ecografia come strumento diagnostico di condizioni potenzialmente pericolose per la vita, ma soprattutto come approccio clinico integrato al paziente critico in terapia intensiva.
Ulteriore obiettivo è quello di illustrare i protocolli maggiormente utilizzati presso i reparti di Emergenza, al fine di valutare i vari reperti ecografici e riuscire a riconoscere, in tempi rapidi, elementi patologici oltre ad individuare l'iter terapeutico più adeguato per il paziente.

Crediti ECM conseguiti

Age.na.s [Attuale]

Sito web: https://ape.agenas.it/utenti/riservata/myecm.aspx Campi di studio: Salute e assistenza: • Medicina Tipo di crediti: ECM

·2023 15 crediti
·2022 219,50 crediti
·2021 74,60 crediti
·2020 16,50 crediti
·2019 139 crediti
·2018 33,50 crediti
·2017 85,50 crediti
·2016 22 crediti
·2015 121,50 crediti
·2014 53 crediti
·2013 52 crediti
·2012 54 crediti
·2011 10,50 crediti

ALS

Italian Resuscitation Council [27/09/2022 - 28/09/2022]

Città: Orbassano Paese: Italia Sito web: https://corsi.ircouncil.it/tipologie-di-corso/corso-advanced-life-support Campi di studio: Salute e assistenza: • Medicina

BLS-D

[12/04/2023 - 12/04/2023]

Città: Orbassano Paese: Italia

ACLS

American Heart Association

Sito web: https://international.heart.org/it/our-courses/corso-per-operatori-acls/

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Dott. Thomas FRACCALINI

ATLS

Advanced Trauma Life Support

Sito web: https://www.facs.org/quality-programs/trauma/education/advanced-trauma-life-support/

PEER REVIEWER

[Attuale]

Revisore di articoli scientifici su numerose riviste

Journal Gerontology and Geriatrics
Journal of Clinical Medicine

Annals of Translational Medicine

The Ultrasound Journal

Ultrasound in Medicine & Biology

Infection Agents and Cancer

Clinical Epidemiology

The International Journal of Psychiatry in Medicine

AME Medical Journal

[04/10/2023 - 16/10/2023]

The value of point-of-care ultrasound combined with fiberoptic bronchoscopy in the treatment of ICU Patients with ARDS International Journal of General Medicine

Paper review

Link: https://www.webofscience.com/wos/op/peer-reviews/edit?id=21543494&tabIndex=0

[16/08/2023 - 20/08/2023]

The utilization of the Ankle-Brachial Index for the early identification of Peripheral Arterial Disease and patient monitoring

Paper Review

Link: https://www.webofscience.com/wos/op/peer-reviews/edit?id=20939782&tabIndex=0

[31/07/2023 - 02/08/2023]

Tailoring the Universal Solution to Individual Needs: Lessons Learned from Establishing a National Decentralized Infrastructure for Federated Machine Learning in Radiology

Paper review

Link: https://www.webofscience.com/wos/op/peer-reviews/edit?id=20740045&tabIndex=0

[27/06/2023 - 28/06/2023]

Diagnostic Value of Pulmonary Ultrasound and Arterial Blood Gas Analysis in Acute Patients with Severe Injuries Complicated by Respiratory Failure-A Retrospective Study

Paper review

Link: https://www.webofscience.com/wos/woscc/full-record/WOS:001073783000001

[20/06/2023 - 21/06/2023]

AOU S. Luigi Gonzaga
SCDO Geriatria
Dirigente Medico
Dott. Thomas FRACCALINI

Evaluation of subclinical cardiovascular risk in drug-naive pediatric patients with anxiety disorders

Paper review

Link: https://www.webofscience.com/wos/woscc/full-record/WOS:001047871900001

[13/06/2023 - 13/06/2023]

Lower Risk of SARS-CoV-2 Infection in Patients with Lung Cancer: A Cross-Sectional Study

Paper review

Link: https://www.webofscience.com/wos/op/peer-reviews/edit?id=20196852&tabIndex=0

[06/06/2023 - 12/06/2023]

Tongue squamous cell carcinoma metastasis to percutaneous endoscopic gastrostomy site: A case report of an unusual cause of gastrointestinal bleeding

Paper review

Link: https://www.webofscience.com/wos/woscc/full-record/WOS:001057318100001

[02/06/2023 - 08/06/2023]

Effect of Data Reduction Techniques on Daily Moderate to Vigorous Physical Activity Collected with ActiGraph® in People with COPD

Paper review

Link: https://www.webofscience.com/wos/woscc/full-record/WOS:001061373100001

[17/05/2023 - 17/05/2023]

Pulmonary Function Tests in the Evaluation of Early Lung Disease in Cystic Fibrosis

Paper review

Link: https://www.webofscience.com/wos/woscc/full-record/WOS:001036016100001

[19/04/2023 - 21/04/2023]

Point-of-care ultrasound use in COVID-19: a narrative review

Paper review

Link: https://www.webofscience.com/wos/op/peer-reviews/edit?id=19628519&tabIndex=0

[01/12/2022 - 01/12/2022]

Management of pneumothorax with 8.3-French Pigtail Catheter: description of the ultrasound-guided technique and case series

Paper review

Link: https://www.webofscience.com/wos/woscc/full-record/WOS:000913521300001

[01/11/2022 - 01/11/2022]

Accuracy of linear-probe ultrasonography in diagnosis of infraorbital rim fractures

Paper review

Link: https://www.webofscience.com/wos/op/peer-reviews/edit?id=18850669&tabIndex=0

[01/11/2022 - 01/11/2022]

AOU S Luigi Gonzaga
SCDO Geriatria
Dirigente Medico
Dott Thomas FRACCALINI

"Sponge pattern" of the spleen: a rarely described high-frequency ultrasound pattern in HIV-positive patients

Paper review

Link: https://www.webofscience.com/wos/woscc/full-record/WOS:000924443000001

[01/04/2022 - 01/04/2022]

A novel in-plane technique ultrasound-guided pericardiocentesis via subcostal approach

Paper review

Link: https://www.webofscience.com/wos/woscc/full-record/WOS:000798419900001

[01/11/2022 - 01/11/2022]

Ultrasonographic evaluation of deep vein thrombosis related to the central catheter in hemodialytic patients

Paper review

Link: https://www.webofscience.com/wos/woscc/full-record/WOS:000741013000001

EDITORIAL BOARD

Membro di Editorial Board

The Ultrasound Journal
World Journal of Clinical and Medical Case Reports

Link: https://www.remedypublications.com/world-journal-of-clinical-and-medical-case-reports-editorial-board.php

CONFERENZE E SEMINARI

[08/10/2013 - 08/10/2013] Orbassano

GESTIONE ASSISTENZIALE DEL PAZIENTE ANZIANO AGITATO IN OSPEDALE Corso di Formazione Aziendale per la Gestione del Paziente Anziano Agitato in Ospedale

[09/12/2022 - 10/12/2022] Ospedale di Martinafranca

ECOGRAFIA MULTIORGANO IN EMERGENZAE TERAPIA INTENSIVA (1) Il corso ha l'obiettivo quello di formare medici già specialisti in anestesia, rianimazione e terapia intensiva o in medicina interna o cardiologia non solo all'utilizzo dell'ecografia come strumento diagnostico di condizioni potenzialmente pericolose per la vita, come nelle principali emergenze medico-chirurgiche, ma soprattutto a quell'utilizzo con approccio clinico-integrato al paziente critico in terapia intensiva. Si propone inoltre di illustrare i vari protocolli maggiormente utilizzati nei reparti di emergenza per valutare i vari reperti ecografici, così da poter riconoscere rapidamente elementi patologici ed individuare in tempi brevi l'iter terapeutico più corretto e adeguato per il paziente.

Link: https://www.lostradone.eu/a-martina-un-corso-di-ecografia-multiorgano-in-emergenza-e-terapia-intensiva/

[12/05/2023 - 13/05/2023] Ospedale di martinafranca

ECOGRAFIA MULTIORGANO IN EMERGENZAE TERAPIA INTENSIVA (2) Corso Gemello al precedente, seconda edizione con gli stessi obiettivi di cui sopra

PUBBLICAZIONI

[2024]

AOU S. Luigi Gonzaga
SCDO Geriatria
Dirigente Medico
Dott. Thomas FRAGGALINI

Effects of seasonality in emergency admissions for mental disorders: two years of clinical experience Objectives: this retrospective study, conducted in turin, italy, between January 2021 and February 2023, investigates the impact of seasonal heatwaves on emergency department (eD) admissions for mental disorders.
Methods: through the analysis of data from 2,854 patients, this research found a significant link between the occurrence of heatwaves, especially from June to august, and an elevated rate of eD admissions for psychiatric conditions.
Results: the data indicate a clear seasonal pattern, with admissions peaking during the hot months and diminishing in the colder months. Particularly, the study delineates an enhanced correlation between heatwaves and admissions for severe psychiatric disorders, such as bipolar disorder, major depression, personality disorders, and schizophrenia, accounting for 1,868 of the cases examined. this correlation was most pronounced among individuals aged 50–59years.
Conclusions: the results of this study highlight a critical association between the incidence of seasonal heatwaves and an uptick in eD visits for psychiatric disorders, with a distinct impact on severe cases. it underscores the urgency for healthcare systems to anticipate seasonal fluctuations in psychiatric eD admissions and to allocate resources effectively to support patients during peak periods.

Thomas Fraccalini, Valerio Ricci, Beatrice Tarozzo, Luciano Cardinale et. al

[2023]

Psychosomatics in Emergency: presentation of a case report of stress erythrocytosis Stress erythrocytosis is a well-known clinical condition with increased hematocrit, erythrocyte count and hemoglobin concentration in mixed venous blood. the condition is due to a lower-than-normal plasma volume rather than to an in- creased number of erythrocytes; therefore, it constitutes a false hemoconcentration polyglobulia. in the literature, the description of these clinical patients with arterial hypertension, obesity, and sedentariness, as Gaisböck has already pointed out. The syndrome associated with this eponym presents with severe arterial hypertension, significant polyglobulia, congestion of the gastric mucosa with hyperchlorhydria, hyperglycemia, hypercholesterolemia, hyperproteinemia and hyperuricemia. The final stage of the disease occurs after a few years due to heart failure or cerebral vascular accidents. We present a case in a young man with no underlying internal pathology, no risk factors, and no specific therapies but only the presence of a psychiatric disorder as a trigger cause.

Thomas Fraccalini et. al

[2023]

The most influential articles in critical care medicine Scientific articles that have been cited more often represent important sources of information about what has changed the clinical practice in medicine and reflect faithfully the orientation that medical research takes in autonomy. To explore the novelties contained in the most influential literature in the history of intensive care medicine, we performed a methodical analysis on Scopus and PubMed to retrieve the top-cited articles.

Giovanni Volpicelli, Carmen Fierro, Luigi Vetrugno, Salvatore Maurizio Maggiore, Thomas Fraccalini

Link: https://pubmed.ncbi.nlm.nih.gov/37121358/

[2023]

Lung ultrasound: are we diagnosing too much? The clinical use of lung ultrasound (LUS) has made more efficient many diagnostic processes at bedside. The great power of LUS is a superior diagnostic sensitivity in many applications, when compared to chest radiography (CXR). The implementation of LUS in emergency is contributing to reveal a growing number of radio-occult pulmonary conditions. In some diseases, the superior sensitivity of LUS is a great advantage, like for pneumothorax and pulmonary edema. Diagnosing at bedside pneumothoraxes, pulmonary congestions, and COVID-19 pneumonia that are visible by LUS but undetected by CXR may be decisive for appropriate management, and even for saving lives. However, in other conditions, like bacterial pneumonia and small peripheral infarctions due to subsegmental pulmonary embolism, the high sensitivity of LUS does not always lead to advantages. Indeed, we doubt that it is always necessary to treat by

AOU S. Luigi Gonzaga
SCDO Geriatria
Dirigente Medico
Dott. Thomas FRACCALINI

antibiotics patients suspected of lower respiratory tract infection, who show radio-occult pulmonary consolidations, and to treat by anticoagulation patients with small subsegmental pulmonary embolism. The possibility that we are overtreating radio-occult conditions should be investigated with dedicated clinical trials.

Giovanni Volpicelli, Thomas Fraccalini, Luciano Cardinale

[2023]

The "sandwich sign": a key sign of a rare pleural tumor The "sandwich sign," also known as the "hamburger sign," was at first imputed only to confluent lymphadenopathy that is evident on both sides of the mesenteric vessels giv- ing rise to an appearance that looks like a sandwich.1
The sign is considered specific for mesenteric lym- phoma, which typically belongs to the non-Hodgkin's lymphoma (NHL).

Cardinale, Luciano; Fraccalini, Thomas; Barba, Matteo; Fischetto, Claudia; Veltri, Andrea

[2023]

Feasibility of a new lung ultrasound protocol to determine the extent of lung injury in COVID-19 pneumonia Background: Lung ultrasound (LUS) scanning is useful to diagnose and assess the severity of pulmonary lesions during COVID-19-related ARDS (CoARDS). A conventional LUS score is proposed to measure the loss of aeration during CoARDS. However, this score was validated during the pre-COVID-19 era in patients with ARDS in the ICU and does not consider the differences with CoARDS. An alternative LUS method is based on grading the percentage of extension of the typical signs of COVID-19 pneumonia on the lung surface (LUSext).
Research question: Is LUSext feasible in patients with COVID-19 at the onset of disease, and does it correlate with the volumetric measure of severity of COVID-19 pneumonia lesions at CT scan (CTvol)?
Study design and methods: This observational study enrolled a convenience sampling of patients in the ED with confirmed COVID-19 whose condition demonstrated pneumonia at bedside LUS and CT scan. LUSext was visually quantified. All CT scan studies were analyzed retrospectively by a specifically designed software to calculate the CTvol. The correlation between LUSext and CTvol, and the correlations of each score with Pao2/Fio2 ratio were calculated.
Results: We analyzed data from 179 patients. Feasibility of LUSext was 100%. Time to perform LUS scan was 5 ± 1.5 mins. LUSext and CTvol were correlated positively ($R = 0.67$; $P < .0001$). Both LUSext and CTvol showed negative correlation with Pao2/Fio2 ratio ($R = -0.66$ and $R = -0.54$; $P < .0001$, respectively).
Interpretation: LUSext is a valid measure of the severity of the lesions when compared with the CT scan. Not only are LUSext and CTvol correlated, but they also have similar inverse correlation with the severity of respiratory failure. LUSext is a practical and simple bedside measure of the severity of pneumonia in CoARDS, whose clinical and prognostic impact need to be investigated further.

Giovanni Volpicelli, Thomas Fraccalini, Luciano Cardinale et. al

Link: https://journal.chestnet.org/article/S0012-3692(22)01344-7/fulltext

[2023]

A rare case of percutaneous endoscopic gastrostomy tube malposition inside the gastric wall Description of a case report on PEG malpositioning inside the gastric wall during a replacement. This complication has never been described before and required emergency surgery.

Thomas Fraccalini, Guido Maggiani, Nirvana Maroni, Chiara Molin Brosa, Luciano Cardinale

[2023]

Lung volumetry correlates with P/F ratio and inflammatory biomarkers in COVID-19 patients Background: The Computed Tomography Scan (CT scan) was widely used for SARS-CoV-2 pneumonia evaluation and its correlation with clinical and laboratory findings is useful in clinical management.

AOU S. Luigi Gonzaga
SCDO Geriatria
Dirigente Medico
Dott. Thomas FRACCALINI

Aims and objectives: This study examines the clinical and functional features of COVID-19 pneumonia in relation with the extent of ground glass (GGO) and consolidation areas defined by volumetric investigations on CT scan.
Methods: Sixty-one patients attending the emergency department were enrolled. A semi-automatic segmentation software was used to extract volumetric data that has been compared with clinical and laboratory findings.
Results: The decrease of aerated lung volume with the increase of GGO and consolidation areas were strongly related with a decrease of P/F ratio ($p<0.0001$, $p<0.0001$ and $p=0.0002$ respectively).
An inverse correlation was observed between GGO and consolidation areas with P/F ($R= -0.62$, $p<0.0001$ and $R= -0.4$ and $p=0.003$, respectively).
No significant correlation was observed between consolidation versus ground glass opacities ratio (C/GGO) and P/F.
The increase of GGO and consolidation corresponded to an increase in CRP ($R=-0.68$, $p<0.0001$) and LDH ($R=-0.55$, $p<0.0001$) and a decrease in both the absolute number and the percentage of lymphocytes (respectively: $R= 0.48$, $p<0.0001$ and $R= 0.54$, $p<0.0001$) with a similar increase of neutrophils (respectively: $R= -0.33$, $p=0.01$ and $R= -0.54$, $p<0.0001$). These parameters had a stronger correlation with GGO than with consolidation areas.
Conclusions: The extension and the characteristics in terms of GGO and consolidation of the lung lesions have a significant correlation with P/F reduction, CRP and LDH increase and lymphocytes decrease.

M Sciolla, R Senkeev, G Stranieri, L Cardinale, T Fraccalini, E Gatti

[2022]

Retrospective analysis of the diagnostic accuracy of lung ultrasound for pulmonary embolism in patients with and without pleuritic chest pain Lung ultrasound (LUS) has a role in the diagnosis of pulmonary embolism (PE) mainly based on the visualization of pulmonary infarctions. However, examining the whole chest to detect small peripheral infarctions by LUS may be challenging. Pleuritic pain, a frequent presenting symptom in patients with PE, is usually localized in a restricted chest area identified by the patient itself. Our hypothesis is that sensitivity of LUS for PE in patients with pleuritic chest pain may be higher due to the possibility of focusing the examination in the painful area. We combined data from three prospective studies on LUS in patients suspected of PE and extracted data regarding patients with and without pleuritic pain at presentation to compare the performances of LUS.
Out of 872 patients suspected of PE, 217 (24.9%) presented with pleuritic pain and 279 patients (32%) were diagnosed with PE. Pooled sensitivity of LUS for PE in patients with and without pleuritic chest pain was 81.5% (95% CI 70–90.1%) and 49.5% (95% CI 42.7–56.4%) ($p < 0.001$), respectively. Specificity of LUS was similar in the two groups, respectively 95.4% (95% CI 90.7–98.1%) and 94.8% (95% CI 92.3–97.7%) ($p = 0.86$). In patients with pleuritic pain, a diagnostic strategy combining Wells score with LUS performed better both in terms of sensitivity (93%, 95% CI 80.9–98.5% vs 90.7%, 95% CI 77.9–97.4%) and negative predictive value (96.2%, 95% CI 89.6–98.7% vs 93.3%, 95% CI 84.4–97.3%). Efficiency of Wells score + LUS outperformed the conventional strategy based on Wells score + d-dimer (56.7%, 95% CI 48.5–65% vs 42.5%, 95% CI 34.3–51.2%, $p = 0.02$).
In a population of patients suspected of PE, LUS showed better sensitivity for the diagnosis of PE when applied to the subgroup with pleuritic chest pain. In these patients, a diagnostic strategy based on Wells score and LUS performed better to exclude PE than the conventional strategy combining Wells score and d-dimer.

P.Nazerian; C.Gigli 2; A.Reissig; E.Pivetta; S.Vanni; T.Fraccalini et. al

[2022]

Characteristics and predictors of pulmonary embolism in patients admitted for COVID-19 with respiratory failure Many studies demonstrated that patients affected by coronavirus disease 2019 (COVID-19) may present venous thromboembolism (VTE) and respiratory complications from pulmonary embolism (PE). However, PE in COVID-19 patients may present different clinical presentation, demographics, risk factors and laboratory values when compared to other populations. Clinical indicators and/or predictors of PE in COVID-19 should be carefully investigated and standardized, which might allow to rationalize the diagnostic process and the use of computed

tomography pulmonary angiogram (CTPA). To this aim, we performed a retrospective analysis of medical records of consecutive adults presenting to the emergency department (ED) of the San Luigi Gonzaga University Hospital from March 2020 to December 2020 with a condition of respiratory failure in COVID-19 pneumonia. Only adult patients with suspected PE who performed CTPA scan for clinical decision of the physician in charge were considered. Criteria for respiratory failure were at least one of the following: (I) a PaO_2/FiO_2 ratio (P/F) at ED admission <300; (II) an oxygen saturation <92% on room air at arrival in the ED; (III) a decline and/or worsening respiratory state, matching the two above conditions, during the first 12 h from the arrival in the ED and clearly unrelated to the progression of pneumonia. Patients who for any pathology were already taking prophylactic or therapeutic anticoagulant medications, were excluded.

Thomas Fraccalini, Guido S G Maggiani, Rouslan Senkeev, Luciano Cardinale, Giovanni Volpicelli

[2022]

Epilepsy and syncope-A case report and narrative review of arrhythmias connected to temporal lobe epilepsy We present the case of a 28-years-old male presenting to the Emergency Department for relapsing episodes of "déjà vu" and syncope. After a diagnostic workup by a multidisciplinary team, the simultaneous EEG and ECG monitoring showed an asystole associated with EEG anomalies in right fronto-temporal region of the brain. The brain MRI revealed an ischemic lesion concordant with EEG anomalies. In the suspicion of an ictal asystole, we decided not to implant a permanent pacemaker as the first line therapy but started a targeted anti-epileptic therapy. No more syncopal episodes nor dysrhythmias occurred during recovery and almost two years follow-up.

Matteo Bianco, Susanna Breviario, Thomas Fraccalini et al

[2022]

Retrospective analysis of the application of CT scan in the emergency department to screen clinically asymptomatic COVID-19 before hospital admission The necessity to identify and isolate COVID-19 patients to avoid intrahospital cross infections is particularly felt as a challenge. Clinically occult SARS-CoV-2 infection among patients admitted to the hospital is always considered a risk during the pandemic. The aim of our study is to describe the application of CT scan to reveal unexpected COVID-19 in patients needing hospital admission.

Giovanni Volpicelli, Thomas Fraccalini, et. al

[2022]

Retrospective analysis of the diagnostic accuracy of lung ultrasound for pulmonary embolism in patients with and without pleuritic chest pain Presentazione dello studio al XII Congresso Nazionale SIMEU, Riccione (Poster)

Elena Clerici, Peiman Nazerian, [...] Thomas Fraccalini et. al

[2022]

Caratteristiche e predittori dell'embolia polmonare in pazienti ammessi in pronto soccorso con un'insufficienza respiratoria in infezione da COVID-19 Presentazione di Poster (PS-10/27) al 50°Congresso Nazionale della SIRM (Società Italiana di Radiologia Medica e Interventistica); Roma "La Nuvola" 6 – 9 Ottobre 2022

Rouslan Senkeev; Gaetano Sicuranza; Claudia Benassi; Thomas Fraccalini; Luciano Cardinale et. al

Link: https://areasoci.sirm.org/congressi/1163/eventi

[2021]

Descriptive analysis of a comparison between lung ultrasound and chest radiography in patients suspected of COVID-19 Abstract Background The necessity to identify and isolate COVID-19 patients to avoid intrahospital cross infections is particularly felt as a challenge. Clinically occult SARS-CoV-2 infection among patients admitted to the hospital is always considered a risk during the pandemic. The aim of our study is to

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describe the application of CT scan to reveal unexpected COVID-19 in patients needing hospital admission. Method In our emergency department, we prospectively enrolled adult patients needing hospital admission, without symptoms suspected of COVID-19, and showing negative reverse transcriptase-polymerase chain reaction (RT-PCR) swab test. CT scan was performed to diagnose clinically occult COVID-19 pneumonia. All the exams were read and discussed retrospectively by two expert radiologists and assigned to one of 4 exclusive diagnoses: typical (typCT), indeterminate (indCT), atypical (atyCT), negative (negCT). The clinical characteristics and fnal diagnoses were described and compared with the results of CT scans. Results From May 25 to August 18, 2020, we prospectively enrolled 197 patients. They showed 122 negCT, 52 atyCT, 22 indCT, and 1 typCT. Based on the CT imaging, the prevalence of suspected clinically occult COVID-19 pneumonia was 11.6% (23 patients). None had confrmation of SARS-CoV-2 infection after the hospital stay. Nineteen patients had negative serial RT-PCR while in 4 cases, the infection was excluded by clinical follow-up or appearance of positivity of RT-PCR after months. Conclusion Our descriptive analysis confrms that CT scan cannot be considered a valid tool to screen clinically occult COVID-19, when the asymptomatic patients need hospitalization for other conditions. Application of personnel protections and distancing among patients remains the best strategies to limit the possibility of intrahospital cross-infections.

Giovanni Volpicelli, Luciano Cardinale, Thomas Fraccalini et. al

[2021]

Descriptive analysis of a comparison between lung ultrasound and chest radiography in patients suspected of COVID-19 The application of point-of-care lung ultrasound (LUS) in the first diagnosis and management of Corona Virus Disease 2019 (COVID-19) has gained a great interest during a pandemic that is undermining even the most advanced health systems. LUS demonstrated high sensitivity in the visualization of the interstitial signs of the typical pneumonia complicating the infection. However, although this disease gives typical lung alterations, the same LUS signs observed in COVID-19 pneumonia can be detected in other common pulmonary conditions. While being non-specific when considered separately, the analysis of the distribution of the sonographic typical signs allows the assignment of 4 LUS patterns of probability for COVID-19 pneumonia when the whole chest is examined and attention is paid to the presence of other atypical signs. Moreover, the combination of LUS likelihood with the clinical phenotype at presentation increases the accuracy. This mini-review will analyze the LUS signs of COVID-19 pneumonia and how they can be combined in patterns of probability in the first approach to suspected cases.

Giovanni Volpicelli, Luciano Cardinale, Thomas Fraccalini

[2021]

Lung ultrasound for the early diagnosis of COVID-19 pneumonia: an international multicenter study Purpo se: To analyze the application of a lung ultrasound (LUS)-based diagnostic approach to patients suspected of COVID-19, combining the LUS likelihood of COVID-19 pneumonia with patient's symptoms and clinical history. Methods: This is an international multicenter observational study in 20 US and European hospitals. Patients suspected of COVID-19 were tested with reverse transcription-polymerase chain reaction (RT-PCR) swab test and had an LUS examination. We identified three clinical phenotypes based on pre-existing chronic diseases (mixed phenotype), and on the presence (severe phenotype) or absence (mild phenotype) of signs and/or symptoms of respiratory failure at presentation. We defined the LUS likelihood of COVID-19 pneumonia according to four different patterns: high (HighLUS), intermediate (IntLUS), alternative (AltLUS), and low (LowLUS) probability. The combination of patterns and phenotypes with RT-PCR results was described and analyzed.
Results: We studied 1462 patients, classified in mild (n = 400), severe (n = 727), and mixed (n = 335) phenotypes. HighLUS and IntLUS showed an overall sensitivity of 90.2% (95% CI 88.23-91.97%) in identifying patients with positive RT-PCR, with higher values in the mixed (94.7%) and severe phenotype (97.1%), and even higher in those patients with objective respiratory failure (99.3%). The HighLUS showed a specificity of 88.8% (CI 85.55-91.65%) that was higher in the mild phenotype (94.4%; CI 90.0-97.0%). At multivariate analysis, the HighLUS was a strong independent predictor of RT-PCR positivity (odds ratio 4.2, confidence interval 2.6-6.7, $p < 0.0001$).

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Conclusion: Combining LUS patterns of probability with clinical phenotypes at presentation can rapidly identify those patients with or without COVID-19 pneumonia at bedside. This approach could support and expedite patients' management during a pandemic surge.

International Multicenter Study Group on LUS in COVID-19

Link: https://pubmed.ncbi.nlm.nih.gov/33743018/#&gid=article-figures&pid=fig-1-uid-0

[2021]

Treatment of Spasticity Due to Multiple Sclerosis with Sativex®: Who Benefits Most? Three Case Reports The evidence available suggests that cannabinoid-based products improve spasticity, chronic pain, and bladder dysfunction, which are common symptoms in more than 50% of multiple sclerosis (MS) patients. In this paper we present three cases of patients with progressive or relapsing forms of MS, with different severity, duration, and with various degrees of hypertonia and or bladder dysfuction, treated with nabiximols (Sativex®). Nabiximols was administered as an oral spray to reduce MS-associated hypertonia. The results show the efficacy of the therapy in MS patients with moderate to severe spasticity and resistant or intolerant to common myorelaxants drugs. In conclusion, nabiximols proves to be an effective treatment, easy to administer, even in patients with motor disabilities affecting the hands, and without important side effects.

Stefania Federica De Mercanti, Thomas Fraccalini, Luigi Lavorgna, Marinella Clerico

[2007]

Physiologic modulation of natural killer cell activity as an index of Alzheimer's disease progression Patients with Alzheimer's disease (AD) are characterized by an altered sensitivity to cortisol-mediated modulation of circulating lymphocytes. Longitudinal studies are needed to address the clinical applicability of these abnormalities as prognostic factors. Therefore, we designed a longitudinal study to address the clinical applicability of physiologic modulation of Natural Killer (NK) cell activity as a prognostic factor in AD. NK activity was assessed as baseline measurement and in response to modulation by cortisol at 10^{-6}M. To verify the immunophysiological integrity of the NK cell population, we tested augmentation of NK cytotoxicity by human recombinant interleukin (IL)-2 (100 IU/ml) as control. The response to modulation by cortisol or by IL-2 was significantly greater in patients with AD. Based on change in the Mini-Mental State score at entry and at 18 months, patients with AD could be assigned to a "fast progression" ($\Delta > 2$ points) or to a "slow progression" group ($\Delta \leq 2$ points). The change in the response of NK cytotoxic activity to cortisol, and the strength of the association of this parameter with circulating activated T cells in time was greater in patients with Fast Progression vs. Slow Progression AD. These results suggest that changes in the response of NK cells to negative (e.g., cortisol) or positive modifiers (e.g., IL-2) follow progression of AD.

Paolo Prolo, [...], Thomas Fraccalini et. al

[2007]

Neuroendocrine immunity in patients with Alzheimer's disease: toward translational epigenetics The emerging domain of epigenetics in molecular medicine finds application for a variety of patient populations. Here, we present fundamental neuroendocrine immune evidence obtained in patients with senile dementia of the Alzheimer's type (sDAT), and discuss the implications of these data from the viewpoint of translational epigenetics of Alzheimer's disease. We followed 18 subjects with mild sDAT treated with acetylcholinesterase inhibitors, and 10 control subjects matched for age in a repeated measure design every six months for 18 months. We monitored psychosocial profile (Mini-Mental State Examination, Functional Assessment Staging, Independence in Activities of Daily Living, Depression, Profile of Moods States) in parallel to immunophenotypic parameters of T cell subpopulations by flow cytometry. Based on change in the mini-mental state score at entry and at 18 months, patients with sDAT were assigned to a "fast progression" (delta greater than 2 points) or to a "slow progression" group (delta less than or equal to 2 points). The change in circulating activated T cells (CD3+Dr+) with time in patients with sDAT was significantly inversely correlated with the change in time in natural killer (NK) cytotoxic activity to cortisol modulation in these patients, which was greater in patients with fast

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progression, compared to slow progression sDAT. These data indicate underlying neuroendocrine immune processes during progression of sDAT. Our observations suggest that psychoimmune measures such as those we have monitored in this study provide relevant information about the evolving physiological modulation in patients with sDAT during progression of Alzheimer's disease, and point to new or improved translational epigenetic treatment interventions.

Francesco Chiappelli, [...], Thomas Fraccalini, et.al

[2006]

Psysiologic modulation of natural killer cell activity as an index of Alzheimer's duisease (Poster) Poster to the 2006 Midwinter conference of Immunologist Asilomar

Paolo Prolo, [...], Thomas Fraccalini et. al

[2005]

Oligoelementi in patologia umana Lettura al I° corso di formazione per operatori sanitari medici ed infermieri di Dialisi organizzato dall'ASL 16 di Mondovì (CN) a Vicoforte

Prolo P, Perotti P, Pautasso M, Sartori ML, Fraccalini T et.al

[2005]

Neuroendocrine Innate Immunity as an Early Marker of Alzheimer's Disease: result from 18-Mounth Follow-up Study Poster to the 45th annual meeting of the American Society for cell Biology, 2005, Dec. 10-14th sa n Francisco (USA, CA), Poster Session Neuronal Disease I: P 2160

Paolo Prolo, [...], Thomas Fraccalini et. al

[2003]

Effetti a lungo termine sul carico stressogeno emotivo ed assistenziale del caregiver informale di un programma di riabilitaizone cognitivo-motoria per anziani dementi Articolo pubblicato su Geriatria 2003; Suppl. al vol. XV; 3; 155; C.E.S.I sas Editore, Roma

Fantò F, Santoro M, Tisci C, Pignata M, Fraccalini T et al

PAPER IN PRESS

(Minerva Psychiatry-2481) POST PSYCHOTIC DEPRESSION WITH SUICIDE ATTEMPT IN EARLY ONSET PSYCHOSIS. A CASE REPORT

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POST PSYCHOTIC DEPRESSION WITH SUICIDE ATTEMPT IN EARLY ONSET PSYCHOSIS. A CASE REPORT

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(Minerva Psychiatry-2481)

[Attuale]

(Minerva Psychiatry-2524) STUDY ON THE OCCURRENCE OF DELIRIUM IN GERIATRIC PATIENTS UNDERGOING HIP FRACTURE SURGERY

Study on the occurrence of delirium in geriatric patients undergoing hip fracture surgery.
Methods:

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Dott Thomas FRACCALINI

We conducted aretrospective study, analyzing348 patients (266 women and 82 men) with an average age of 84,37 years, who were hospitalizedfor femurfracture from 01/01/2020 to 31/12/2022. We restricted the sample onlyto geriatricpatients, that is,with anage greaterthan 65. The average stay in ED was 0.7 days, about 17 hours. The average stay in the Orthopedics department was 10,3 days. Of the 348 elderly patients hospitalized, 59 (about 17,0%) experienced an episode of delirium that required a medical advice by a specialist capable of managing Delirium, that is Geriatrician or Psychiatrist. During the observation period towards the 348 hospitalized patients, a total of 53 Geriatric (Psychogeriatric) and 10 Psychiatric consultations were requested. Since patients experienced an episode of Delirium, some (9 patients) underwent multiple evaluations.

Results:

A total of 348 subjects (266 women and 82 men) with an average age of 84.37 years were analyzed. Firstly, it has become clearly that the probability of developing delirium increases with increasing of recovery days, OR 5.28 (1.95-14.26; 95% CI). Another finding from the study is that subjects with depressive syndrome have a higher risk of developing delirium OR 2.3080 (1.1455-4.6500) as well as subjects who already manifested a known dementia OR 4.8468 (2.5266-9.2976), see Tab1. The statistical analysis shows there is no correlation between delirium and the patient's sex, and patients' other comorbidities: hypertension, diabetesmellitus, COPD, MPK, dysthyroidism, CRF, osteoporosis, epilepticdisease, pneumonia and COVID-19.

Conclusion:

The factors contributing to the development of delirium are advanced age, pre-existing dementia, physical disabilities, and sensory deficits, use of psychoactive drugs and insertion of urinary catheters. The management necessitates a multidisciplinary approach, involving geriatricians and psychiatric specialists that considering both the physical and psychological dimensions of Delirium.

[12/11/2023 - Attuale]

(Minerva Surg-10192) WHY DO A LUNG BIOPSY FOR BENIGN LESIONS?

BACKGROUND. Transthoracic needle biopsy of lung lesions is a well established procedure for the diagnosis of lung lesions. The literature focuses on the diagnosis of malignant lesions with an often reported accuracy rate of more than 90%. Experience showed that biopsy can identify sometimes incidentally, also benign lesions. There are many reasons why a biopsy is performed for a "benign lesion". First of all, it may be an unexpected diagnosis, as some benign pathologies may have misleading presentations, that are very similar to lung cancer, otherwise the reason is only to make a diagnosis of exclusion, which leads to the benign pathology already being considered in the differential diagnosis.
METHODS. This study was designed as a retrospective singlecenter

study. We selected from our database all the lung biopsies performed under CT

guidance, from 2015 to 2019 and retrospectively analysed the histological data. We selected only benign lesions describing the imaging feature and differential diagnosis with lung malignancy.

RESULTS. In our patient population, among the 969 of them that underwent biopsy, we identified 93 benign lesions (9 %). Hamartomas, granulomas, slowresolving pneumonia and COP are the pathologies that most frequently can

misinterpratedas lung cancer.

CONCLUSIONS In this brief report we want to show the percentage and type of benign lesions that are found in our lung trans-thoracic biopsy population. Among these, we identified the three most frequent benign lesions that most frequently enter the differential diagnosis with lung malignant lesions describing the classic and atypical imaging findings.

PAPER IN REVIEW

[Attuale]

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Feasibility of a new ultrasound guided procedure to ensure the correct position of the central venous catheter tip

AJEM34080 - Confirming your submission to American Journal of Emergency Medicine

[30/04/2024 - Attuale]

(Minerva Psychiatry-2569) MARCHIAFAVA-BIGNAMI OR DELIRIUM IPOACTIVE: A CASE REPORT PRESENTATION

Marchiafava-Bignami disease (MBD) is a rare toxic-based demyelinating disease affecting the central nervous system; it is often associated with malnutrition and alcoholism.
Clinically, it can manifest itself with pleomorphic pictures in which, however, neurological symptoms such as altered consciousness, dementia, dysarthria, pyramidal tract signs, seizures, ataxia, and signs of interhemispheric disconnection predominate.

This pathology must be differentiated from Wernicke's encephalopathy, multiple sclerosis, encephalitis, infectious leukoencephalopathy, paraneoplastic syndromes, ictus cerebri, and dementias, both degenerative (Alzheimer disease, Pick's Fronto-Temporal dementia), and secondary multi-infarct type.

The diagnosis of MBD is performed with radiological criteria and depends on MRI findings of corpus callosum hyperintensity in T2 and T2 sequences with fluid-attenuated inversion recovery, with or without extracallosal lesions.

The use of MRI in diagnosis has allowed early administration of parenteral thiamine treatment and improved the prognosis of MBD from often fatal to less than 8% mortality.

Administration of thiamine, within 14 days of symptom onset, has been shown to have statistically better results than delayed treatment.

We present a clinical case of MBD diagnosed in a 74-year-old woman, who presented herself in a stuporcoma state, following an admission to Emergency Medicine for urinary tract infection.

In this particular case, the use of MRI was able to discriminate MBD from hypokinetic delirium, which is very common in the population of the elderly hospitalized for infectious status.

Early diagnosis has also allowed a rapid improvement in the patient's condition that, if undiagnosed, it would have led inexorably to exitus

[03/04/2024 - Attuale]

(Minerva Psychiatry-2566) UNUSUAL PERSISTENT TACTILE HALLUCINATIONS IN THREE ADOLESCENT PATIENTS AFTER MINIMAL CANNABIS USE

Background and Objectives: Cannabis misuse among adolescents has become a significant concern, with implications for mental health. While the association between cannabis and psychosis has been extensively studied, less attention has been paid to its potential impact on sensory perception. This study aims to explore persistent tactile hallucinations in adolescents following minimal cannabis use, contributing to a deeper understanding of cannabis-related effects on mental health and sensory perception.
Methods: three adolescents, aged 13 to 15 presented persistent tactile hallucinations after minimal cannabis use. Medical evaluations, including imaging and neurological assessments, were conducted to rule out underlying medical or neurological conditions.

Results: All three adolescents reported persistent tactile hallucinations, such as sensations of insects crawling or pinpricks on their skin, following minimal cannabis use. Medical examinations revealed no abnormalities, and urine

tests were negative for cannabis and other substances.

Conclusions: These cases highlight a unique phenomenon of persistent tactile hallucinations post-cannabis use, devoid of observable medical or neurological abnormalities. Unlike typical cannabis-induced psychosis, these

cases lacked definitive psychosis or withdrawal symptoms. This suggests a distinctive manifestation potentially linked to synthetic cannabinoids with higher THC concentrations Scientific Significance: This study emphasizes the importance of investigating unusual post-cannabis use phenomena in adolescents, urging comprehensive evaluation beyond standard psychiatric assessments. Further

research is crucial to enhance our understanding of cannabis-related effects on sensory perception and inform clinical care.

COMPETENZE LINGUISTICHE

Lingua madre: Italiano

Altre lingue:

Inglese

ASCOLTO C1 **LETTURA** C2 **SCRITTURA** C1

PRODUZIONE ORALE C1 **INTERAZIONE ORALE** C1

Livelli A1 e A2: Livello elementare B1 e B2: Livello intermedio C1 e C2: Livello avanzato

COMPETENZE DIGITALI

Competenze digitali - Risultati dei test

Alfabetizzazione informatica e digitale	**AVANZATO**	Livello 6 / 6
Comunicazione e collaborazione	**AVANZATO**	Livello 6 / 6
Creazione di contenuti digitali	**AVANZATO**	Livello 5 / 6
Sicurezza	**AVANZATO**	Livello 6 / 6
Risoluzione dei problemi	**AVANZATO**	Livello 6 / 6

Risultati da self-assessment basati su quadro europeo delle competenze digitali 2.1

Le mie competenze digitali

MS Office (Word, Power Point) / Utilizzo di Social Network (Whatsapp, Instagram, Telegram, Twitter) / Utilizzo posta elettronica, social network e browser di navigazione

PATENTE DI GUIDA

Patente di guida: B

Autorizzo il trattamento dei miei dati personali presenti nel CV ai sensi dell'art. 13 d. lgs. 30 giugno 2003 n. 196 - "Codice in materia di protezione dei dati personali" e dell'art. 13 GDPR 679/16 - "Regolamento europeo sulla protezione dei dati personali".

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