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Thomas Fraccalini

PRESENTAZIONE

MD, MMed

ESPERIENZA LAVORATIVA

AOU San Luigi di Orbassano

Città: Orbassano **Paese:** Italia

[01/06/2024 – Attuale] **Direttore FF SCDO GERIATRIA**

Direzione del reparto di Geriatria

AOU San Luigi di Orbassano

Città: Orbassano **Paese:** Italia

[01/02/2024 – 31/05/2024] **Dirigente Medico di I° Livello presso SCDO di Geriatria**

1. Valutazione Multidimensionale Geriatrica (VMD):

- Capacità di condurre una valutazione completa che prenda in esame non solo lo stato clinico, ma anche la funzionalità, lo stato cognitivo, lo stato nutrizionale, gli aspetti psicologici e la situazione socio-ambientale dell'anziano.
- Utilizzo di strumenti standardizzati per la valutazione (es. scale per il rischio di cadute, per la depressione, per il deterioramento cognitivo).
- Elaborazione di un Piano Assistenziale Individuale (PAI) basato sui risultati della VMD.

2. Gestione della fragilità e delle sindromi geriatriche:

- Riconoscimento e gestione della "fragilità", una condizione di aumentata vulnerabilità che predispone a eventi avversi.
- Diagnosi e trattamento delle sindromi geriatriche, come la sindrome ipocinetica, l'incontinenza, il delirium, le cadute, le ulcere da pressione.
- Capacità di intervenire in modo preventivo e terapeutico per mantenere e, se possibile, migliorare l'autosufficienza del paziente.

3. Competenze in patologie specifiche dell'anziano:

- **Malattie cardiovascolari:** diagnosi e gestione di ipertensione, scompenso cardiaco, aritmie, con particolare attenzione alle peculiarità nell'anziano.
- **Disturbi cognitivi e demenze:** diagnosi differenziale, gestione farmacologica e non-farmacologica, supporto al paziente e ai caregiver, gestione del paziente demente seguito presso CDCD - (Centri per i Disturbi Cognitivi e le Demenze).
- **Osteoporosi e patologie osteoarticolari:** diagnosi, prevenzione delle fratture (in particolare di femore) e sue complicanze
- **Dolore cronico:** capacità nella gestione della terapia farmacologica con oppiodi, adiuvanti ed antidepressivi nei pazienti fragili, polipatologici
- **Polipatologia e polifarmacoterapia:** capacità di gestire pazienti con multiple patologie croniche e di razionalizzare le terapie farmacologiche, riducendo il rischio di interazioni e reazioni avverse.

4. Integrazione e collaborazione con altri professionisti:

- Lavoro in team multidisciplinari (medici di medicina generale, infermieri, fisioterapisti, logopedisti, terapisti occupazionali, assistenti sociali, ecc.).
- Conoscenza e attivazione dei servizi territoriali e delle reti assistenziali piemontesi (es. Assistenza Domiciliare Integrata, Unità di Valutazione Geriatrica - UVG, Centri Diurni).
- Comunicazione efficace con i caregiver e i familiari, fornendo supporto e orientamento.

5. Competenze organizzative e gestionali:

- Pianificazione della dimissione dall'ospedale, garantendo la continuità assistenziale tra ospedale e territorio.
- Gestione dei ricoveri post-acuti e dei trasferimenti verso strutture di riabilitazione o residenze sanitarie assistenziali (RSA).
- Partecipazione alla pianificazione e gestione dei servizi sanitari per la popolazione anziana a livello locale (ASL, Distretti).

6. Gestione dei pazienti anziani, provenienti dal PS in condizioni di non raggiunta stabilità

- Gestione dei pazienti acuti afferenti nel reparto di Geriatria afferenti dal Dipartimento di Emergenza ed Accettazione (DEA)
- Capacità nella organizzazione di un team per la gestione del paziente instabile emodinamicamente attraverso utilizzo di monitoraggio non invasivo e tecniche diagnostiche
- Capacità nella diagnosi PoCUS (Point-Of-Care Ultrasound nei pazienti allettati affetti da problemi cardio-respiratori)
- Capacità nel posizionamento di accessi venosi periferici a lunga durata (PICC; Midl-Line) e centrali (CVC e cateteri di Hohn)
- Capacità nel posizionamento di Drenaggi Toracici in pazienti con severo distress respiratorio da versamenti pleurici massivi (Argyle; Pleuro-Cath)

AOU San Luigi di Orbassano

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

[16/03/2010 – 31/01/2024] **Dirigente Medico di I° Livello presso MeCAU**

- 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

AOU San Luigi di Orbassano

Città: Orbassano **Paese:** Italia

[27/12/2008 – 06/01/2010] **Dirigente Medico di I° Livello presso MeCAU (supplenza temporanea)**

AOU San Luigi di Orbassano

Città: Orbassano **Paese:** Italia

[20/03/2007 – 26/12/2008] **Dirigente Medico di I° Livello LP presso Terapia Antalgica e Cure Palliative**

- Gestione dei pazienti ambulatoriali afferenti 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 e Chirurgiche
- Gestione dei pazienti afferenti nel Day Hospital della terapia Antalgica per procedure spinali (Peridurali), posizionamento di SPD (Sondini Peridurali) e SIT (Sondini Intratecali) compresa la gestione di infusori, elastomeri e pompe intratecali per il controllo del dolore cronico degenerativo ed oncologico
- Maturata esperienza nel posizionamento di accessi vascolari, permanenti e semipermanenti:
  - Non tunnelizzati: CVC (Cateteri Venosi Centrali), Hohn
  - Parzialmente tunnelizzati: Groshong
  - Tunnelizzati: tipo Port-A-Cath (PAC): mono e bicamerali
- Maturata esperienza in ambito di trattamento del dolore cronico degenerativo attraverso infiltrazioni articolari anche attraverso metodiche radiologiche con utilizzo della 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)

AOU San Luigi di Orbassano

Città: Orbassano **Paese:** Italia

[14/07/2003 – 15/12/2006] **Medico Specializzando**

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.

Sostituzioni presso MMG della ASL TO3

Paese: Italia

[01/09/2002 – 14/10/2008] **Sostituto Medico di Medicina Generale**

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.

Casa di Cura Madonna Dei Boschi

Città: Buttigliera Alta **Paese:** Italia

[23/04/2007 – 22/08/2008] **Medico Specialista di Guardia presso Casa di Cura**

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

INCARICHI PROFESSIONALI AZIENDALI

[27/07/2024 – Attuale] **Affidamento incarico professionale di fascia "C1S" presso la SCDO di Geriatria**

Obiettivo: "Percorso diagnostico del paziente anziano, con utilizzo del metodo ecografico".

La diagnosi di patologia nel paziente anziano, a causa della sua condizione poli-patologica e comorbilità, risulta alquanto ardua, poiché più stati patologici possono sommarsi ed influenzarsi e talora, proprio a causa di questo fenomeno apparire in modo del tutto atipico. Un caso emblematico è quello della dispnea, sintomo assai frequente in questa

fascia di popolazione e che si può riscontrate in tutti i setting di ricovero (Pronto Soccorso e Reparti di Degenza).

Nel soggetto anziano ed ancora di più in quello francamente geriatrico (Grande Vecchio), la presenza di fragilità e di multiple comorbidità rende, tuttavia, la diagnosi delle patologie respiratorie particolarmente intricata.

L'ecografia polmonare è stata tradizionalmente considerata scarsamente utile dal punto di vista diagnostico per la sua incapacità di fornire "immagini anatomicamente" fedeli delle strutture respiratorie

Questo limite è stato successivamente superato, in quanto questa indagine non è un esame radiologico "convenzionale", bensì un esame che, attraverso dei segni di tipo "indiretto", fornisce informazioni molto utili sullo stato dei polmoni e delle vie respiratorie, tanto che oggi l'ecografia *Point of Care* (POCUS) si potrebbe considerare come una "estensione" dell'esame clinico obiettivo in molte situazioni cliniche, talvolta anche complesse

La LUS, da tempo esame ormai considerato complementare per i Medici di Urgenza

A seguito dell'evento pandemico da SARS CoV2 è stata riconosciuta, da tutta la comunità medica, anche in ambito internazionale, come esame "specifico e sensibile" per la diagnosi di patologie concernenti l'interstizio ed il parenchima del polmone, come appunto il COVID-19

Studi successivi hanno comparato la sensibilità della LUS e della RX Torace nel diagnosticare i casi di soggetti affetti da patologia infettiva, sottolineando come la LUS risulti più sensibile e specifica della RX Torace nella diagnosi di COVID-19 e/o nella patologie con compromissione dell'interstizio in genere, compreso lo scompenso cardiaco

[24/10/2022 – 26/07/2024] **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] **Affidamento incarico professionale di fascia "C1" presso S.C.D.O di Medicina e Chirurgia d'Accettazione e d'Urgenza"**

Metodiche terapeutiche di tipo semi invasivo in emergenza-urgenza

[01/08/2015 – 23/10/2016] **Affidamento incarico di medie competenze tecnico-professionali di fascia "C2"**

[16/03/2010 – 31/07/2015] **Affidamento incarico professionale di fascia D**

ISTRUZIONE E FORMAZIONE

[27/09/1995 – 23/10/2001] **Laurea in Medicina e Chirurgia**

Università degli Studi di Torino https://www.unito.it/

Città: Torino **Paese:** Italia **Campi di studio:** Salute e assistenza: ◦ *Medicina* **Voto finale:** 110/110 **Livello NQF:** EQF 7 **Tesi:** La ERCP Intra-operatoria nella litiasi colecisto-coledocica: il Rendez Vous Endolaparoscopico

[01/06/2002 – 23/07/2002] **Abilitazione alla Professione Medica**

Albo Medici Chirurghi di Torino (OMCeO) https://omceo-to.it/albi-professionali/ricerca-degli-iscritti/

Città: Torino **Campi di studio:** Salute e assistenza: ◦ *Medicina* **Voto finale:** 95/100

[09/06/2003 – 12/12/2006] **Specializzazione in Geriatria e Gerontologia**

Università degli Studi di Torino https://www.unito.it/

Città: Torino **Paese:** Italia **Campi di studio:** Salute e assistenza: ◦ *Medicina* **Voto finale:** 70/70 lode **Livello NQF:** EQF 8 **Tesi:** Malattia di Alzheimer: risultati in itinere dei correlati immunologici del deterioramento cognitivo in una coorte di pazienti

[21/09/2008 – 29/06/2010] **Master Universitario di II° Livello in Medicina Palliativa**

Università degli Studi di Torino https://www.unito.it/

Città: Torino **Paese:** Italia **Campi di studio:** Salute e assistenza: ◦ *Medicina* ◦ *Salute e assistenza non ulteriormente definite* **Voto finale:** 110/110 **Livello EQF:** Livello 8 EQF **Livello NQF:** EQF 8 **Tipo di crediti:** 60 **Tesi:** Diagnosi e trattamento dell'iperalgesia morfinica nella sedazione palliativa

[18/03/2024 – 26/02/2025] **Master Universitario di II° Livello in Diagnosi e Terapia della Malattia di Alzheimer e delle altre Demenze**

Università degli Studi di Torino https://www.corep.it/demenze.html

Città: Torino **Paese:** Italia **Campi di studio:** Salute e assistenza: ◦ *Medicina* ◦ *Assistenza agli anziani e agli adulti disabili* **Voto finale:** 110/110 lode **Livello NQF:** EQF 8 **Tipo di crediti:** 60 **Tesi:** Incidenza e fattori predittivi del Delirium in pazienti Geriatrici ospedalizzati a seguito di frattura dell'anca

Link: https://www.unito.it/ugov/degree/65242

Care e prevenzione della Malattia di Alzheimer e delle altre demenze

Clinica e neurobiologia dell'Alzheimer e delle altre demenze

La diagnosi della Malattia di Alzheimer e delle altre demenze

La terapia della Malattia di Alzheimer e delle altre demenze

[27/09/2022 – 28/09/2022] **ALS**

Italian Resuscitation Council https://corsi.ircouncil.it/tipologie-di-corso/corso-advanced-life-support

Città: Orbassano **Paese:** Italia **Campi di studio:** Salute e assistenza: ◦ *Medicina*

[12/04/2023 – 12/04/2023] **BLS-D**

Città: Orbassano **Paese:** Italia

ACLS

American Heart Association https://international.heart.org/it/our-courses/corso-per-operatori-acls/

ATLS

Advanced Trauma Life Support https://www.facs.org/quality-programs/trauma/education/advanced-trauma-life-support/

[Attuale] **Crediti ECM conseguiti**

Age.na.s https://ape.agenas.it/utenti/riservata/myecm.aspx

Campi di studio: Salute e assistenza: ◦ *Medicina* **Tipo di crediti:** ECM

2024 22,50 crediti (Master Universitario di II° livello)

2023 75 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

DOCENZE

Docente nel Master Universitario di II° Livello in: Ecografia clinica in Emergenza

Università degli Studi Magna Graecia, Catanzaro, Italy

[09/12/2022 – 10/12/2022] **ECOGRAFIA MULTIORGANO IN EMERGENZA E 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.

[12/05/2023 – 13/05/2023] **ECOGRAFIA MULTIORGANO IN EMERGENZA E TERAPIA INTENSIVA (2)**

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.

[01/06/2024 – Attuale] **Tutor studenti Corso di Laurea in Medicine end Surgery di Orbassano**

Università degli Studi di Torino

[01/01/2022 – 31/01/2024] **Educazione e training a Studenti di Medicina, Specializzandi in Medicina Interna, in Medicina D'Urgenza e in altre specialità mediche**

US FOR ALL Academy

[01/01/2019 – 31/01/2024] **Trainer in Pronto Soccorso per studenti in Medicina e specializzandi Ecografia Clinica in Emergenza ed Urgenza**

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

CONFERENZE E SEMINARI

[31/05/2022 – 31/05/2024] **"Perdutamente"** Aula Magna del CLI - Via San Giacomo n° 2 - Beinasco (TO)

Partecipazione come relatore, all'evento "Perdutamente"

Evento formativo che si terrà presso il nostro corso di laurea in Scienze Infermieristiche

L'evento è rivolto a studenti del II e III anno di corso, ai tutor clinici e agli infermieri guida di tirocinio.

[08/10/2013 - 08/10/2013] **GESTIONE ASSISTENZIALE DEL PAZIENTE ANZIANO AGITATO IN OSPEDALE**

Orbassano

Corso di Formazione Aziendale per la Gestione del Paziente Anziano Agitato in Ospedale

PROGETTI E COLLABORAZIONI ESTERNE/ESTERNE

[Attuale] **Referente e Redattore del PDTA "PREVENZIONE E GESTIONE DEL DELIRIUM"**

Il **PDTA (Percorso Diagnostico Terapeutico Assistenziale) sul Delirium** è un piano strategico che ha lo scopo di migliorare la gestione di questa sindrome, spesso sottovalutata, nei pazienti, specialmente anziani e fragili.

I suoi obiettivi principali sono:

- **Prevenzione e diagnosi precoce:** Identificare i pazienti a rischio e agire con interventi non farmacologici, come la mobilizzazione e il corretto orientamento, per prevenire l'insorgenza del delirium.
- **Trattamento tempestivo ed efficace:** Agire sulle cause scatenanti del delirium e utilizzare i farmaci solo in casi specifici e con estrema cautela.
- **Migliorare gli esiti clinici:** Ridurre le complicanze, abbreviare la degenza ospedaliera e diminuire i rischi a lungo termine per il paziente.

L'intero percorso si basa su un approccio **multidisciplinare**, coinvolgendo medici, infermieri e altri professionisti sanitari. Le fasi del PDTA includono lo screening all'ingresso in ospedale, l'attuazione di strategie preventive, la diagnosi, il trattamento e la pianificazione del monitoraggio anche dopo la dimissione. In corso la pubblicazione del PDTA interno.

[19/08/2025 - Attuale] **Membro del PRRC (Gruppo Contenzioni) nella Gestione del Delirium della Regione Piemonte**

Questo progetto rappresenta un'evoluzione del precedente "Progetto Regionale (2021-2013)" e si concentra su due obiettivi principali:

1. **Migliorare le capacità cognitive e motorie dei pazienti:** Lo studio prevede lo sviluppo di un protocollo di ricerca per valutare l'efficacia di un intervento combinato di **stimolazione cognitiva e motoria** rivolto a pazienti con disturbo Neuro Cognitivo Maggiore di grado Lieve-Moderato. L'obiettivo è recuperare e stabilizzare le performance cognitive, sviluppare strategie compensatorie e mantenere l'autonomia nelle attività quotidiane.
2. **Supportare i caregiver:** Il progetto include **trattamenti psico-educazionali e psicosociali** per i familiari dei pazienti. Lo scopo è ridurre lo stress e il carico assistenziale, permettendo così di prolungare l'assistenza a domicilio.

Inoltre il presente progetto fa parte di un progetto Nazionale di out-come reserch multicentrico

[Attuale] **Direttore responsabile del progetto Sperimentazione, valutazione e diffusione dei trattamenti psico-educazionali, cognitivi e psicosociali delle demenze - Fondo per l'Alzheimer e le Demenze 2024-2026"**

Il Comitato Ospedaliero senza Dolore è un organismo che si occupa di sensibilizzare, formare e agire concretamente per fare in modo che la **gestione del dolore** diventi una priorità assoluta all'interno delle strutture sanitarie.

In Italia, la **Legge n. 38 del 2010** ha sancito il diritto del cittadino ad accedere alle cure palliative e alla terapia del dolore. I comitati nascono proprio per tradurre questo diritto in azioni concrete, agendo su più fronti:

- **Formazione e informazione:** formano il personale sanitario (medici, infermieri, OSS) sulle tecniche più efficaci per la misurazione, la prevenzione e il trattamento del dolore.
- **Protocolli e linee guida:** definiscono procedure standard per la gestione del dolore, sia acuto (ad esempio, post-operatorio) sia cronico (come quello oncologico), in modo da garantire un approccio uniforme e basato su evidenze scientifiche.
- **Monitoraggio:** tengono sotto controllo l'efficacia delle terapie e la soddisfazione dei pazienti, raccogliendo dati per migliorare continuamente i percorsi di cura.
- **Sensibilizzazione:** promuovono iniziative per informare i pazienti e i loro familiari sul diritto a non soffrire e sulle possibilità di cura disponibili.

L'obiettivo finale del Comitato è trasformare l'ospedale in un luogo dove il dolore non sia un elemento inevitabile del ricovero, ma un sintomo da riconoscere, misurare e trattare con la stessa attenzione riservata a qualsiasi altra patologia.

[Attuale] **Membro Interno del Comitato Ospedale Senza Dolore dell'AOU San Luigi di Orbassano**

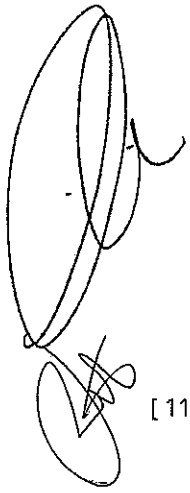
PEER REVIEWER

[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

[11/07/2025] **Assessment of the Rapid Shallow Breathing Index, Integrative Weaning Index, and Dead Space to Tidal Volume Ratio by Respiratory Failure Type in Successfully Weaned Emergency Department Patients**

Paper review

[19/05/2025] **Tissue Doppler Imaging in Acute and Critical Care: Enhancing Diagnostic Precision**

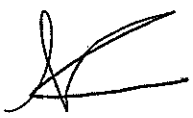
Paper review

[10/05/2024] **Uncovering Nursing Communication Strategies and Relational Styles to Foster Patient Engagement in Oncology: A Scoping Review**

Paper Review

[10/05/2025] **Lower Vitamin D during Acute Exacerbation is Associated with Very Severe COPD**

Paper review



[22/04/2025 - 22/04/2025] **Feasibility of Dynamic chest radiography for diaphragm dysfunction Assessment of Patients With Coronavirus Disease 2019**

Paper review

[14/03/2024] **Palliative Care and Mental Health among Pancreatic Cancer Patients in the United States: An Examination of Service Utilization and Health Outcomes**

Paper review

[15/01/2024] **The Value of Ultrasound for Detecting and Following Subclinical Interstitial Lung Disease in Systemic Sclerosis**

Paper review

[11/01/2024] **Value of Lung-Ultrasound Sonography B-lines Quantification as marker of Heart Failure in COPD Exacerbation**

Paper review

[16/10/2023] **The value of point-of-care ultrasound combined with fiberoptic bronchoscopy in the treatment of ICU Patients with ARDS**

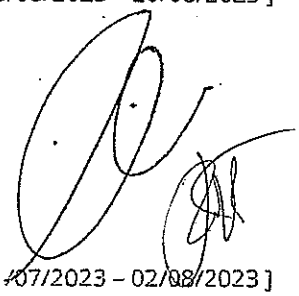
Paper review

[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

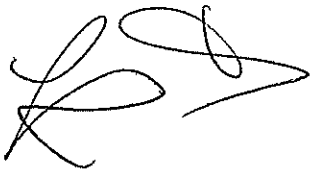
[16/08/2023 - 20/08/2023] **The utilization of the Ankle-Brachial Index for the early identification of Peripheral Arterial Disease and patient monitoring**



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**



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PUBBLICAZIONI

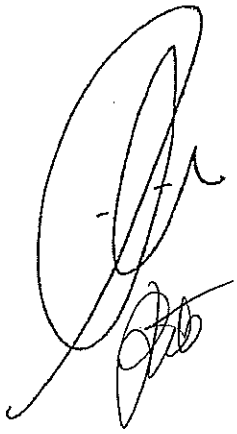
[2025] **DELIRIUM AND COVID-19: PREVALENCE, OUTCOMES AND ASSOCIATED FACTORS IN A COHORT OF ELDERLY INPATIENTS.**

Riferimento: Thomas FraccaLini *, Valerio Ricci, Nicola Rizzo Pesci, Beatrice Tarozzo; Luciano Cardinale, Giuseppe Maina; Salvatore Di Gioia; Davide Minniti; Giovanni Volpicelli; Gianluca Rosso

Delirium, an acute confusional state marked by altered consciousness, is commonly observed in el- derly inpatients, with its incidence rising with age and prolonged hospitalization. sars-cov-2 infection has been linked to delirium and adverse outcomes, including cognitive decline and increased mortality. Given the limited effectiveness of medical interventions on delirium's severity or duration, primary prevention is crucial. this study aimed to analyze the characteristics of elderly patients admitted to a Geriatrics inpatient unit with COVID-19 and identify specific factors precipitating or predisposing to the development of delirium.

We conducted a retrospective observational cohort study involving patients aged 65 years or older admitted for cOviD-19 in 2022. We examined correlations between delirium and potential precipitating factors (e.g., electrolyte imbalances, inflammatory markers) as well as predisposing factors (e.g., age, sex, comorbid depression and dementia). resULts: the study included 212 patients, with a mean age of 82.27 years. the average hospital stay was 24.01 days, with an overall mortality rate of 20.28% and a delirium prevalence of 47.17%. Delirium was more common in older patients (P=0.0010) and those with longer hospital stays (P=0.0003). A history of dementia (OR=65.83, 95%CI 25.52- 162.3, P<0.0001) and depression (OR=9.135, 95%CI 4.605-17.19) significantly increased delirium risk. Delirium was also associated with higher mortality (OR=4.975, 95%CI 2.334-10.27, P<0.0001) and elevated sodium levels (P=0.0011).

The findings highlight distinct predisposing (e.g., dementia, depression) and precipitating (e.g., hypernatrémia, prolonged hospitalization) factors linked to delirium in elderly COVID-19 inpatients. These insights suggest the need for targeted prevention strategies, including routine screening for cognitive vulnerabilities and early correction of modifiable risk factors, to mitigate the burden of delirium during pandemics and beyond.



[2025] **Lung Ultrasound (LUS) as a Predictor of Delirium in Elderly Patients with COVID-19 During Hospitalization: A Geriatric Vulnerability-Stress Model**

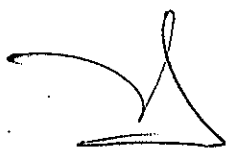
Riferimento: Thomas Fraccalini MD; Isa Rita Bergoglio MD, PhD 1; Gianfranco Fonte MD, PhD; Andrea Trogolo MD et al

Abstract

Introduction

Delirium, an acute confusional state, is common in elderly hospitalized COVID-19 patients and is linked to poor outcomes. Despite this, underdiagnosis persists due to symptom overlap with dementia. This study investigates whether lung ultrasound (LUS) and cognitive screening can predict delirium risk in elderly COVID-19 patients.

Methods



A prospective study at San Luigi Hospital enrolled 64 COVID-19 patients (mean age 82.6). Pulmonary involvement was assessed using the LUS Extension Score (LUSext), while cognition was evaluated via MMSE and 4AT tests. Clinical data, including comorbidities and inflammatory markers, were analyzed. ROC curves and multivariate regression identified delirium predictors.

Results

Delirium occurred in 61.4% (35/57). Univariate analysis linked delirium to pre-existing dementia (p=0.03), higher LUS scores (p=0.004), and lower MMSE scores (p=0.0002). A LUS score >3 (sensitivity 74%, specificity 82%) best predicted delirium. Multivariate analysis confirmed LUS >3 (OR=4.22, p=0.023) and lower MMSE (OR=0.87, p=0.007) as independent risk factors.

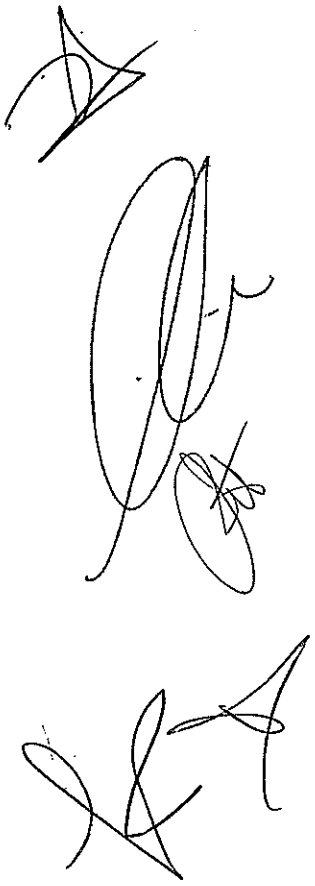
Discussion

LUS and cognitive impairment are strong predictors of delirium in elderly COVID-19 patients. The LUSext score provides an objective, rapid bedside measure of lung pathology severity, with a score >3 indicating significantly elevated delirium risk. The link between low MMSE and delirium underscores cognitive vulnerability.

Conclusion

While delirium is multifactorial, integrating LUS into routine assessment may improve early detection and management in resource-limited settings, effectively identifying high-risk patients using an accessible bedside investigation. A LUS score >3 and low MMSE should prompt preventive measures. Further studies should validate these findings and explore pathophysiology.

[2025] **Symptomatic Predictors of Suicidal Behavior in Early Psychosis: Systematic Review**



Riferimento: Valerio Ricci, MD, PhD; Alessandro Sarni, MD; Domenico De Berardis, MD; Thomas Fraccalini, MD; Giovanni Martinotti, MD, PhD and Giuseppe Maina, MD, PhD - J Psychiatr Pract 2025;31:125–138

Abstract: Psychotic disorders, including schizophrenia, carry a substantial risk of suicide, particularly during the first-episode

psychosis (FEP) phase. This narrative review aims to identify key symptomatic predictors of suicidal behavior in individuals experiencing FEP by thoroughly analyzing existing literature. Studies highlight that the highest suicide risk occurs around the initial presentation for psychiatric services. This critical period encompasses the month before and the 2 months after the first contact with mental health professionals. Severe depressive symptoms and a prolonged duration of untreated psychosis emerge as primary risk factors for suicidal behavior. Depression, when combined with cognitive impairments and a history of childhood trauma, significantly increases the risk of suicidality. These combined factors create a compounded effect, making it more difficult for individuals to cope and increasing their feelings of hopelessness and despair. In addition, poor premorbid functioning—referring to the level of psychological and social functioning before the onset of psychosis— and substance abuse, particularly the use of stimulants, further exacerbate the risk. Substance abuse can also intensify symptoms and impair judgment, leading to an increased likelihood of suicidal behavior. This review underscores the critical importance of timely, comprehensive, and tailored interventions. Early detection and intervention can significantly mitigate the risk of suicide in patients with FEP. Providing targeted treatments that address depressive symptoms, cognitive impairments, and substance abuse issues can improve overall outcomes and enhance the quality of life for these individuals. Comprehensive care approaches and strategies to improve functioning are also essential in reducing suicidality and promoting long-term recovery. Key Words: suicide, first episode psychosis, schizophrenia, nonaffective psychosis, cognition, substance misuse

Autori: Valerio Ricci, MD, PhD; Alessandro Sarni, MD; Domenico De Berardis, MD; Thomas Fraccalini, MD; Giovanni Martinotti, MD, PhD and Giuseppe Maina, MD, PhD **Volume, numero, pagine:** J Psychiatr Pract 2025;31:125–138

Link: https://journals.lww.com/practicalpsychiatry/abstract/2025/05000/symptomatic_predictors_of_suicidal_behavior_in.3.aspx

[2025] **Delirium in the Emergency Department: Incidence and Risk Factors in a Ligurian Hospital**

Riferimento: AGGP100165

ABSTRACT Background: Delirium, a severe neuropsychiatric syndrome characterised by acute deficits in attention and self-awareness, is common among elderly inpatients, with incidence increasing with age and prolonged hospitalisation. This study examines the characteristics of geriatric patients developing delirium in the Emergency Medicine Department, focusing on the relationship between frailty at admission and delirium onset, and how these factors influence hospitalisation decisions and prognosis. Methods: A prospective, observational study was conducted on patients aged 65+ admitted to the Emergency Department for over 24 hours. Comorbidities (e.g., dementia, cardiovascular diseases, diabetes, COPD, depression, Parkinson's) and pharmacological therapies (e.g., antipsychotics, antidepressants) were recorded. Frailty was assessed using the Clinical Frailty Scale (CFS). Results: Among 89 patients (mean age 83.94; 48 women, 41 men), 66.29% developed delirium, 76.40% required hospitalisation, and 31.46% died during their stay. Significant associations were found between delirium and age (p=0.0025), antipsychotic use (p<0.0001), CFS score (p=0.014), and number of medications at admission (p=0.009). Delirium was also significantly linked to Alzheimer's disease (p=0.0033), other dementias (p=0.0021), anxiety-depressive disorders (p=0.004), behavioural and psychological symptoms of dementia (BPSD) (p<0.0001), and mortality (p<0.0001). Conclusion: Frailty and delirium are critical factors influencing hospitalisation and prognosis in elderly patients. The study highlights the importance of early frailty assessment and medication review in the Emergency Department to mitigate delirium risk and improve outcomes.

Autori: Thomas Fraccalini; Andrea Trogolo; Monica Traversa; Beatrice Tarozzo et al. Ivana Finiguerra; Roberta Vacchelli; Martina Battaglia; Angelica Ruggeri; Valerio Ricci; Alessandro Maraschi; Thomas Roberts; Giovanni Volpicelli **Nome della pubblicazione:** Delirium in the Emergency Department: Incidence and Risk Factors in a Ligurian Hospital **Editore:** Published by Elsevier B.V.

Link: https://doi.org/10.1016/j.aggp.2025.100165

[2025] **MARCHIAFAVA-BIGNAMI OR DELIRIUM IPOACTIVE: A CASE REPORT PRESENTATION**

Riferimento: FRACCALINI Thomas, PEROTTO Fabio, CARDINALE Luciano, TAROZZO Beatrice, et al.

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.

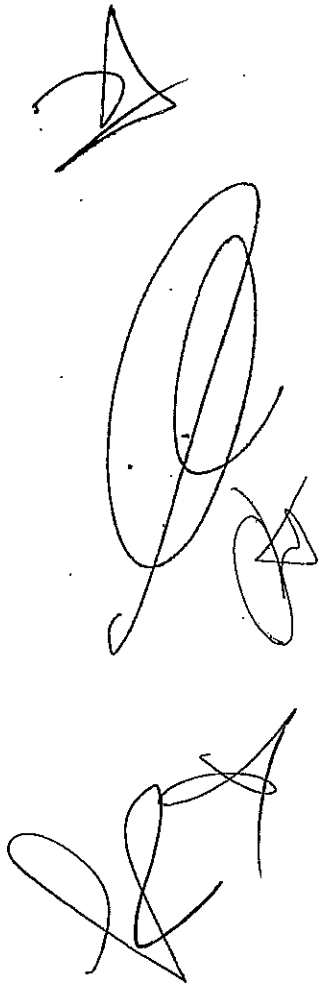
We present a clinical case of MBD diagnosed in a 74-year-old woman, who presented herself in a stuporcoma state, following an admission to Emergency Medicine for urinary tract infection.

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

Link: https://www.minervamedica.it/en/journals/minerva-psychiatry/article.php?cod=R17Y2025N01A0063

[2024] **UNUSUAL PERSISTENT TACTILE HALLUCINATIONS IN THREE ADOLESCENT PATIENTS AFTER MINIMAL CANNABIS USE**



Riferimento: RICCI Valerio, DE BERARDIS Domenico, FRACCALINI Thomas, MAINA Giuseppe

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.

Link: https://www.minervamedica.it/en/journals/minerva-psychiatry/article.php?cod=R17Y2024N04A0413

[2024] **Feasibility of a new ultrasound guided procedure to ensure the correct position of the central venous catheter tip**

Riferimento: https://www.sciencedirect.com/science/article/pii/S0735675724003632

Abstract

Background

Safety of central venous catheter (CVC) placement relies on some general aspects, including selection of the right vessel, correct lumen targeting while inserting the needle, check the position of catheter tip, and post-procedure check for complications. All these four points can be guided by bedside ultrasound, but the best technique to ensure the position of the CVC tip is still uncertain.

Methods

We investigated feasibility of a novel ultrasound technique consisting of focused view of guidewire tip in the cavoatrial junction (CAJ) to calculate the CVC depth in adult patients needing CVC placement in emergency. Direct visualization of the guidewire in the CAJ was used to calculate how deep the CVC needed to be inserted. In those patients without a valid CAJ window, a bubble test in the right atrium was performed to position the CVC tip. In all cases chest radiography confirmed the CVC position.

Results

The procedure was performed in 37 patients and CVC was correctly placed in all cases. Within the group, in 25 patients the CVC depth (21.5±6.0 cm) was successfully measured. In other 11 patients the correct CVC tip position was confirmed by the bubble test. In only one case it was not possible to use ultrasound for incomplete CAJ and right atrium views.

Conclusions

This study confirms the feasibility of a new ultrasound method to ensure the correct CVC tip position. This protocol could potentially become a standard method reducing costs, post-procedural irradiation, and time of CVC placement in emergency.

Link: https://www.sciencedirect.com/science/article/pii/S0735675724003632

[2024] **STUDY ON THE OCCURRENCE OF DELIRIUM IN GERIATRIC PATIENTS UNDERGOING HIP FRACTURE SURGERY**

Riferimento: Thomas FRACCALINI ✉, Valerio RICCI, Beatrice TAROZZO, Luciano CARDINALE et. al

We conducted a retrospective study, analyzing 348 patients (266 women and 82 men) with an average age of 84.37 years, who were hospitalized for femur fracture from Jan. 1st, 2020 to Dec. 31st, 2022. We restricted the sample only to geriatric patients, that is, with an age greater than 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 (nine patients) underwent multiple evaluations.

A total of 348 subjects (266 women and 82 men) with an average age of 84.37 years were analyzed. Firstly, it has become clear that the probability of developing delirium increases with increasing of recovery days, OR 5.28 (95% CI: 1.95-14.26). Another finding from the study is that subjects with depressive syndrome have a higher risk of developing delirium OR 2.3080 (95% CI: 1.1455-4.6500) as well as subjects who already manifested a known dementia OR 4.8468 (95% CI: 2.5266-9.2976). The statistical analysis shows there is no

correlation between delirium and the patient's sex, and patients' other comorbidities: hypertension, diabetes mellitus, chronic obstructive pulmonary disease, Parkinson disease, dysthyroidism, chronic renal failure, osteoporosis, epileptic disease, pneumonia and COVID-19.

CONCLUSIONS: 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.

Link: https://www.minervamedica.it/it/riviste/minerva-psychiatry/articolo.php?cod=R17Y2024N02A0163&acquista=1

[2024] **Effects of seasonality in emergency admissions for mental disorders: two years of clinical experience**

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

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.

Link: https://www.tandfonline.com/eprint/SD9DKTKRIGWXH2NUT7E5/full?target=10.1080/13651501.2024.2331481

[2024] **Postpsychotic depression with suicide attempt in early onset psychosis**

Riferimento: Valerio RICCI ✉, Domenico DE BERARDIS, Thomas FRACCALINI, Luciano CARDINALE, Giuseppe MAINA

This case report presents a detailed account of a 16-year-old student who experienced a series of psychiatric symptoms culminating in a suicide attempt. He initially exhibited symptoms of paranoid delusions, auditory hallucinations, and disorganized thinking, leading to his admission to a psychiatric ward. The treatment with aripiprazole and delorazepam led to an improvement in positive symptoms, but about two months after the onset of psychotic symptoms the patient developed debilitating depression with persistent feelings of sadness, hopelessness, and suicidal ideation. The case highlights the complexity of diagnosing and treating postpsychotic depression (PPD) in the context of early onset psychosis. The evolution of this patient's symptoms, including the transition from psychosis to severe depression, underscores the need for timely intervention. The role of antipsychotic and antidepressant treatments is also examined, with a focus on

tailoring interventions to the unique needs of young patients with PPD. This study emphasizes the importance of early detection, intervention, and follow-up in individuals experiencing depressive symptoms following a psychotic episode. It calls for further research to better understand the specific characteristics of PPD in early onset psychosis and its association with suicidal tendencies, guiding more effective treatment strategies and improving outcomes for this vulnerable population. qui la descrizione...

Link: https://www.minervamedica.it/it/riviste/minerva-psychiatry/articolo.php?cod=R17Y2024N02A0239

[2023] **Psychosomatics in Emergency: presentation of a case report of stress erythrocytosis**

Riferimento: Thomas Fraccalini et. al

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 de- scription 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.

Link: https://www.minervamedica.it/en/journals/minerva-psychiatry/article.php?cod=R17Y2023N04A0554

[2023] **The most influential articles in critical care medicine**

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

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.

Link: https://europepmc.org/article/med/37121358

[2023] **Lung ultrasound: are we diagnosing too much?**

Riferimento: Giovanni Volpicelli, Thomas Fraccalini, Luciano Cardinale

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 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.

Link: https://link.springer.com/article/10.1186/s13089-023-00313-w#Abs1

[2023] **Feasibility of a new lung ultrasound protocol to determine the extent of lung injury in COVID-19 pneumonia**

Riferimento: Giovanni Volpicelli, Thomas Fraccalini, Luciano Cardinale et. al

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.

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

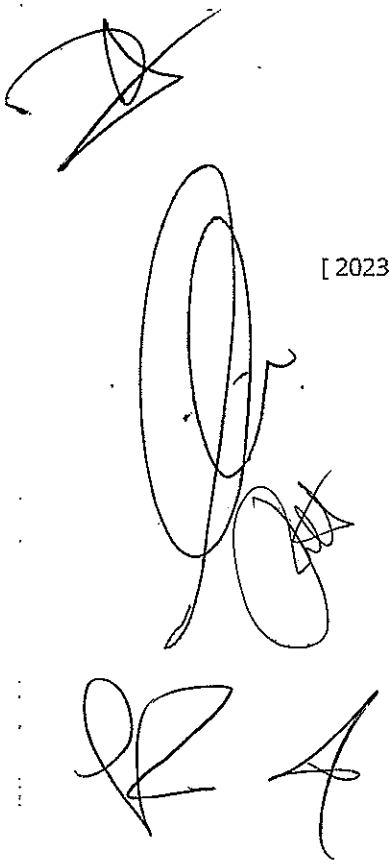
[2023] **The "sandwich sign": a key sign of a rare pleural tumor**

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

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 giving 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).

Link: https://www.minervamedica.it/en/journals/minerva-surgery/article.php?cod=R06Y2023N02A0201



[2023] **A rare case of percutaneous endoscopic gastrostomy tube malposition inside the gastric wall**

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

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.

Link: https://www.minervamedica.it/en/journals/minerva-surgery/article.php?cod=R06Y2023N05A0571

[2022] **Lung volumetry correlates with P/F ratio and inflammatory biomarkers in COVID-19 patients**

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

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.

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.

Link: https://www.minervamedica.it/en/journals/minerva-respiratory-medicine/article.php?cod=R16Y2022N04A0214

[2022] **Retrospective analysis of the diagnostic accuracy of lung ultrasound for pulmonary embolism in patients with and without pleuritic chest pain**

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

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.

Link: https://pmc.ncbi.nlm.nih.gov/articles/PMC9374850/

[2022] **Characteristics and predictors of pulmonary embolism in patients admitted for COVID-19 with respiratory failure**

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

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.

Link: https://jtd.amegroups.org/article/view/66626/html

[2022] **Epilepsy and syncope-A case report and narrative review of arrhythmias connected to temporal lobe epilepsy**

Riferimento: Matteo Bianco, Susanna Breviario, Thomas Fraccalini et al

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.

Link: https://pubmed.ncbi.nlm.nih.gov/35716424/

[2022] **Retrospective analysis of the application of CT scan in the emergency department to screen clinically asymptomatic COVID-19 before hospital admission**

Riferimento: Giovanni Volpicelli, Thomas Fraccalini, et. al

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.

Link: https://pubmed.ncbi.nlm.nih.gov/34997894/

[2022] **Retrospective analysis of the diagnostic accuracy of lung ultrasound for pulmonary embolism in patients with and without pleuritic chest pain**

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

Presentazione dello studio al XII Congresso Nazionale SIMEU, Riccione (Poster)

[2022] **Caratteristiche e predittori dell'embolia polmonare in pazienti ammessi in pronto soccorso con un'insufficienza respiratoria in infezione da COVID-19**

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

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

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**

Riferimento: Giovanni Volpicelli, Luciano Cardinale, Thomas Fraccalini et. al

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 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 final 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.

Link: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8742161/pdf/10140_2022_Article_2016.pdf

[2021] **Descriptive analysis of a comparison between lung ultrasound and chest radiography in patients suspected of COVID-19**

Riferimento: Giovanni Volpicelli, Luciano Cardinale, Thomas Fraccalini

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.

Link: https://pubmed.ncbi.nlm.nih.gov/34107756/

[2021] **Lung ultrasound for the early diagnosis of COVID-19 pneumonia: an international multicenter study**

Riferimento: International Multicenter Study Group on LUS in COVID-19

Purpose: 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).

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.

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**

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

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.

Link: https://www.fortuneonline.org/articles/treatment-of-spasticity-due-to-multiple-sclerosis-with-sativexreg-who-benefits-most-three-case-reports.html

[2007] **Neuroendocrine immunity in patients with Alzheimer's disease: toward translational epigenetics**

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

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 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.

Link: https://pubmed.ncbi.nlm.nih.gov/18084641/

[2007] **Physiologic modulation of natural killer cell activity as an index of Alzheimer's disease progression**

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

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.

Link: https://pubmed.ncbi.nlm.nih.gov/17597922/

[2006] **Psysiologic modulation of natural killer cell activity as an index of Alzheimer's duisease (Poster)**

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

Poster to the 2006 Midwinter conference of Immunologist Asilomar

[2005] **Oligoelementi in patologia umana**

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

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

[2005] **Neuroendocrine Innate Immunity as an Early Marker of Alzheimer's Disease: result from 18-Mounth Follow-up Study**

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

Poster to the 45th annual meeting of the American Society for cell Biology, 2005, Dec. 10-14th san Francisco (USA, CA), Poster Session Neuronal Disease I: P 2160

[2003] **Effetti a lungo termine sul carico stressogeno emotivo ed assistenziale del caregiver informale di un programma di riabilitaizone cognitivo-motoria per anziani dementi**

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

Articolo pubblicato su Geriatria 2003; Suppl. al vol. XV; 3; 155; C.E.S.I sas Editore, Roma

PAPER IN PRESS

Air Under the Skin, Shadows in the Mind: Hyperactive Delirium or Sundowning Triggered by Subcutaneous Emphysema Post-Pneumothorax - An Enigmatic Case Report

Minerva Psychiatry-2639

PAPER IN REVIEW

[Attuale] **Bedside thoracic ultrasound in ICU: new insights for acute circulatory and respiratory failure**

ICME-D-25-01128

[Attuale] **Point-of-Care Lung Ultrasound in Symptomatic Heart Failure: A Bridge Between Emergency and Primary Care**

JTD-2025-1366

Congestive Heart Failure (CHF) presents a significant diagnostic and management challenge in primary care due to limitations of traditional physical examinations, laboratory assays (e.g., BNP), and chest radiography. Point-of-Care Ultrasound (POCUS), particularly Lung Ultrasound (LUS), offers a promising alternative. This study aimed to evaluate the reliability of LUS for diagnosing and managing dyspneic patients in an Emergency Department in Northwest Italy, with the goal of extrapolating its utility to general practice settings. LUS is effective, rapid, non-invasive, and amenable to bedside use, making it ideal for fragile patients. Beyond diagnosis, LUS provides crucial data for personalizing treatment, particularly in avoiding harmful diuretic overtreatment, a significant improvement over the unreliable historical reliance on daily weight fluctuations for assessing volemic status. We compared LUS sensitivity against the NYHA classification and BNP levels to determine if LUS alone could suffice for CHF diagnosis and follow-up in general practice. Given its rapid learning curve and numerous advantages, POCUS is poised to become an essential diagnostic tool at the point of care for CHF management.

[Attuale] **Immunosenescence, COVID-19 Vaccination and the Mortality Risk Paradox among Older Adults: A retrospective cohort study conducted in a Geriatric ward in northwestern Italy.**

International Journal of Surgery Case Reports

The Clinical Impact of Sarcopenia and Delirium in Hospitalized Elderly Patients: An Analysis Using Muscle Ultrasound

The Late-Life Depression: A Comprehensive Review of Clinical, Pathophysiological, and Therapeutic Considerations

Biliary Ileus: Rapid and Specific Diagnosis with PoCUS

Gas gangrene osteomyelitis: A severe complication of pressure ulcers, case report presentation

Bezalip-Induced Facial Lipohypertrophy: A Case Report

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Robotic Innovations in Thoracic Surgery: State of the Art and Future Perspectives

Chapter From the Edited Volume Surgical Techniques and Procedures

Robotic Innovations in Thoracic Surgery: State of the Art and Future Perspectives

Link: https://www.intechopen.com/online-first/1216466

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

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

RISULTATI DEL TEST DELLE COMPETENZE DIGITALI

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

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

PATENTE DI GUIDA

Automobile: 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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