

# 7. Occlusions coliques

## Points-clés

bases **anatomo-physio-pathologiques** des occlusions du colon

**protocole de lecture** des images en coupes dans les syndrome occlusifs coliques

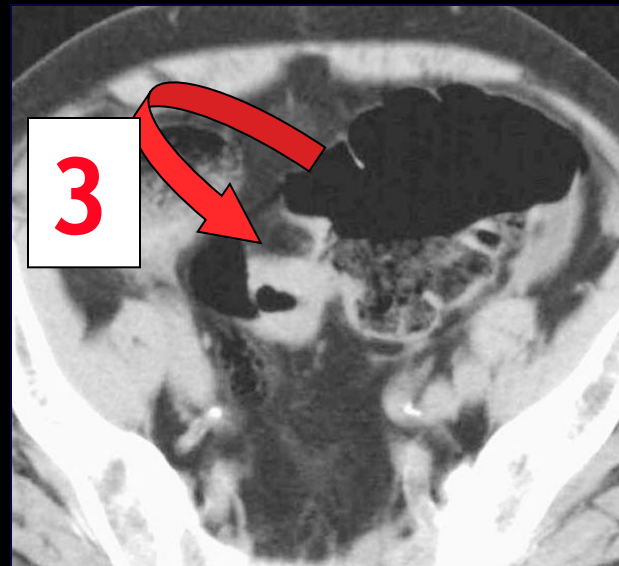
diagnostic différentiel des "sd subocclusifs"; rôle des opacifications basses ; **coloCT++**

# 1ère étape : affirmer le syndrome occlusif colique



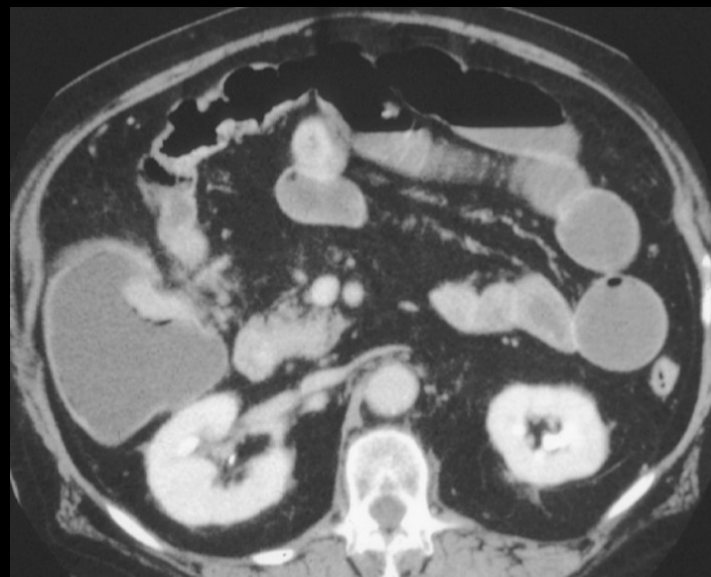
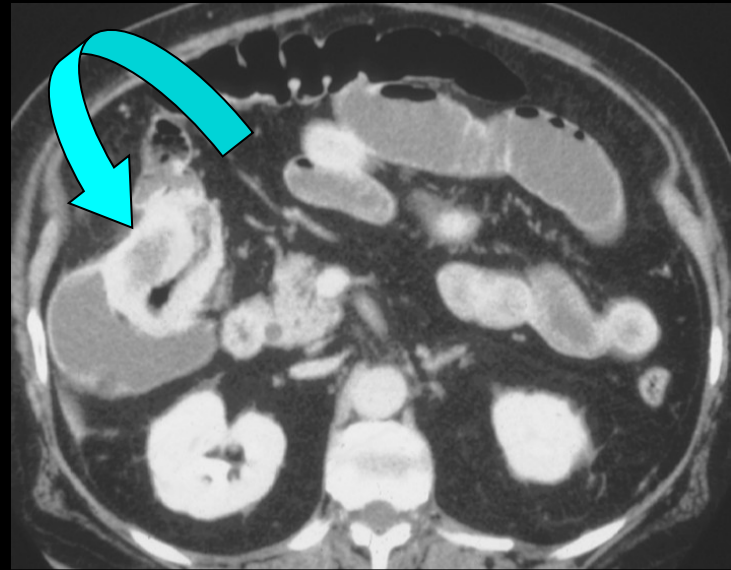
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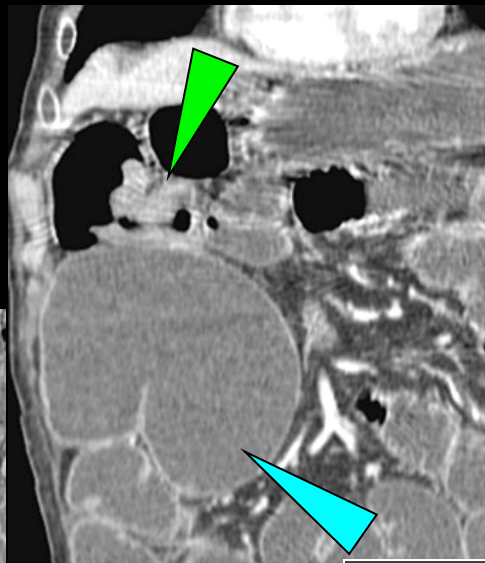
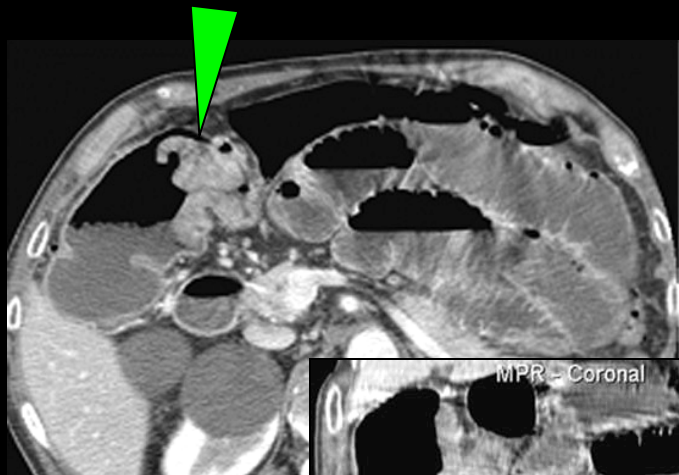
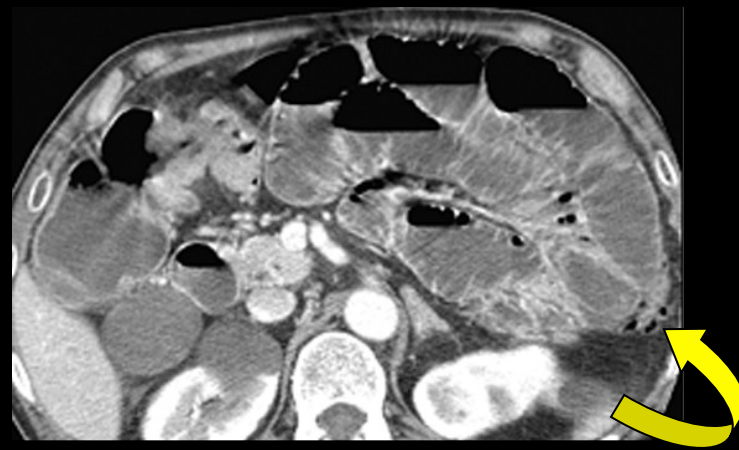
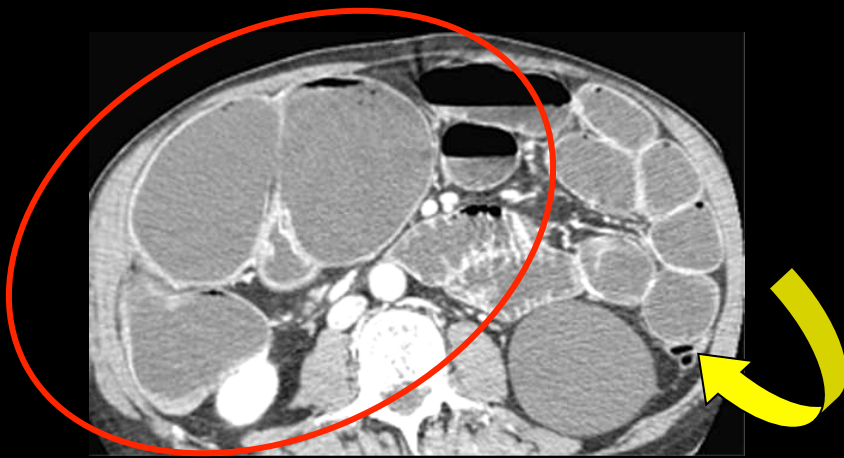


la distension cœcale avec  
stase stercorale est la clé  
du diagnostic des occlusions  
basses



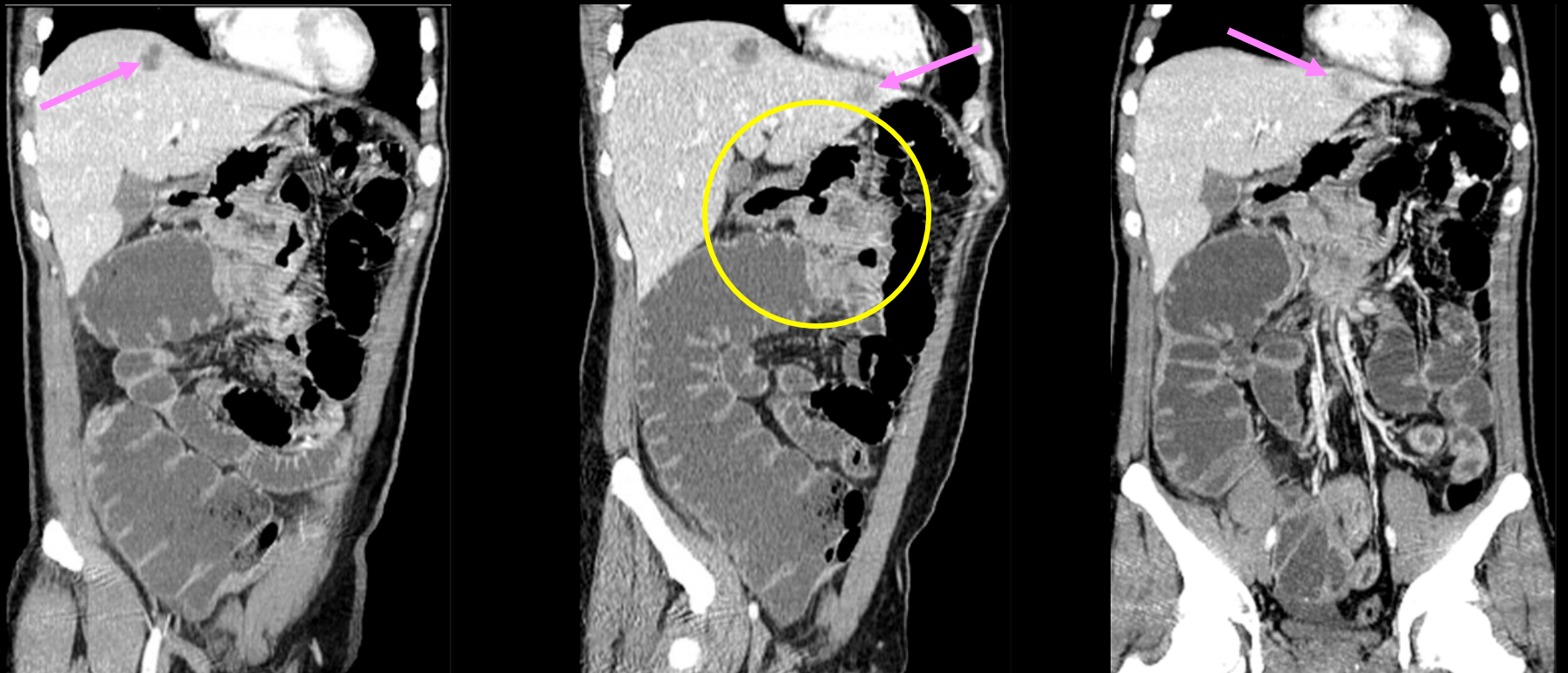
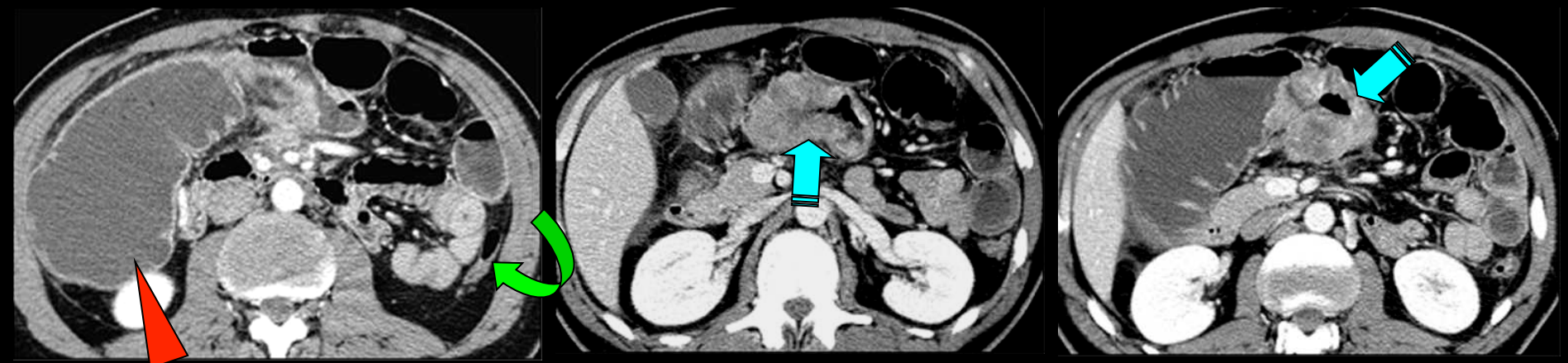


occlusion sur ADK de l' angle droit

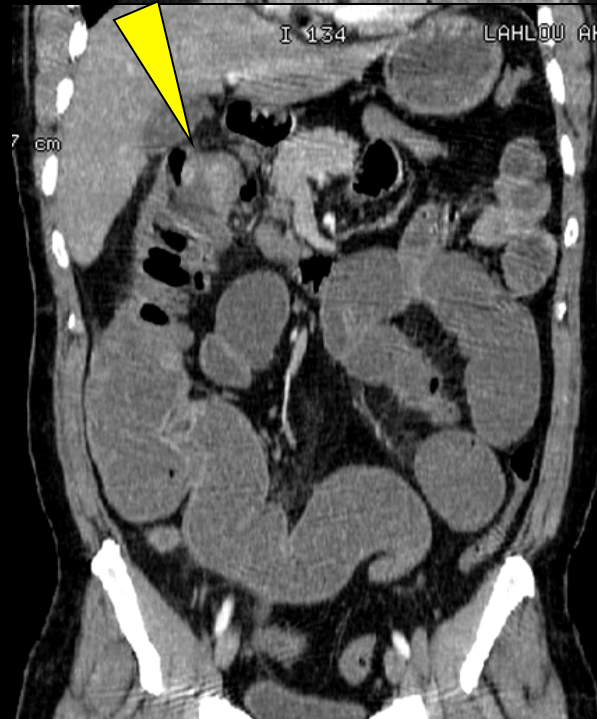
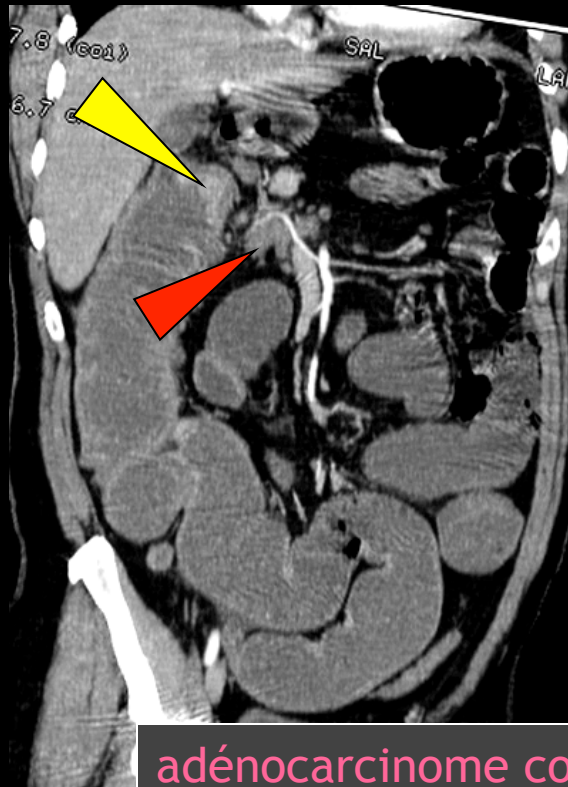
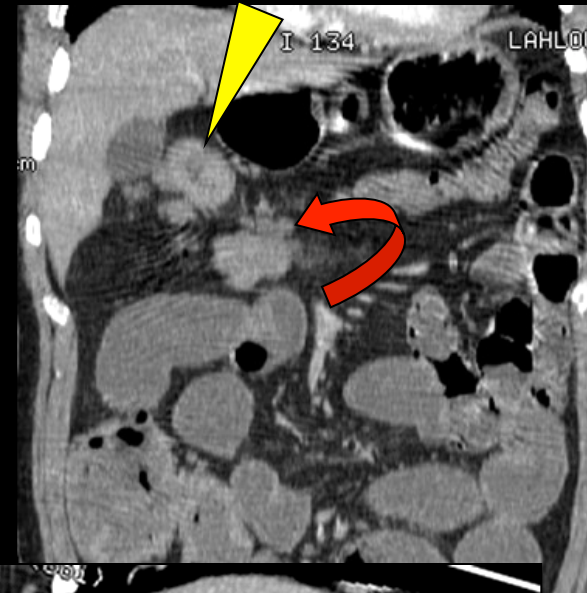
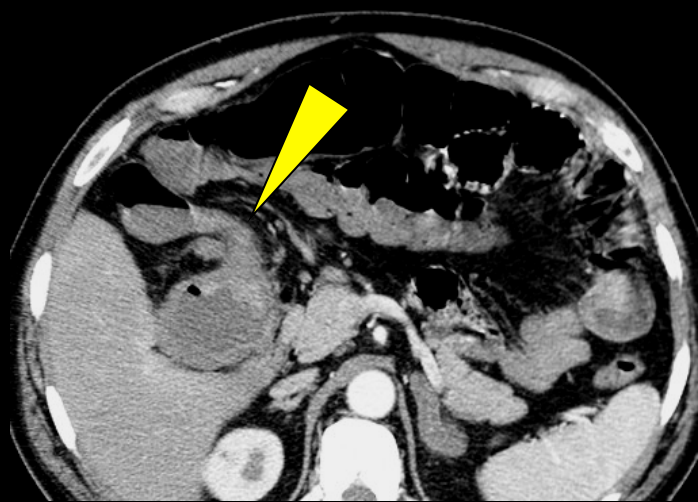


Occlusion sur ADK sténosant  
de l'angle droit

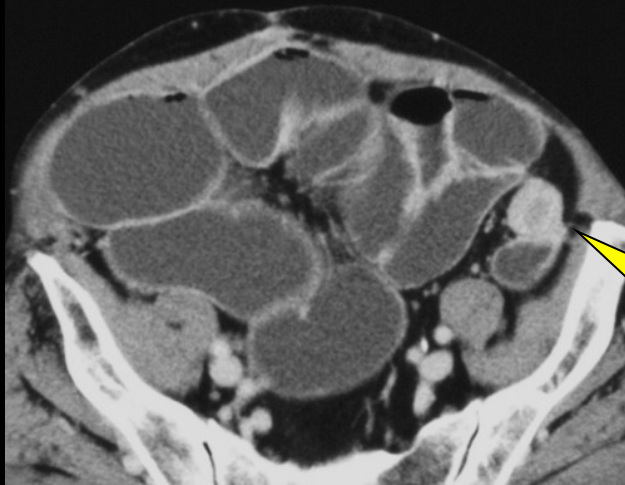
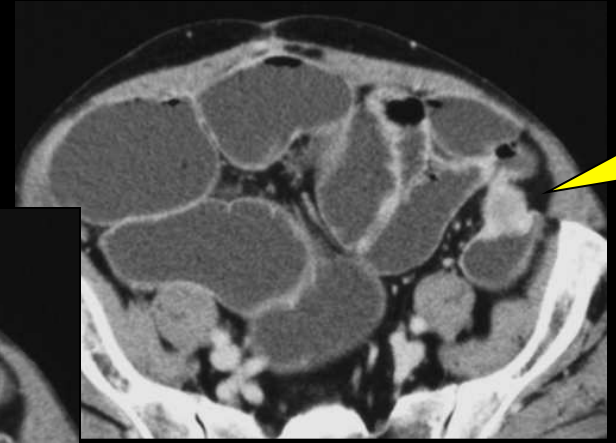
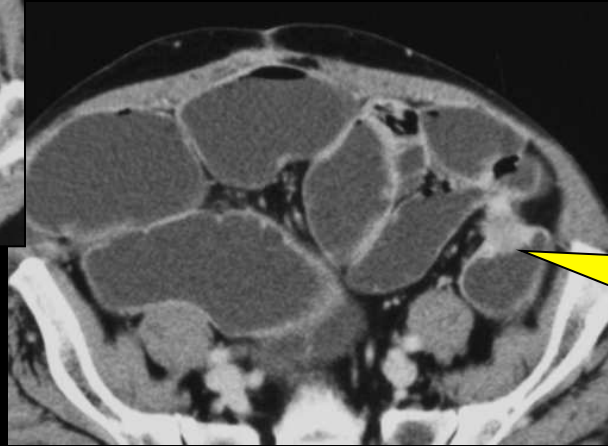
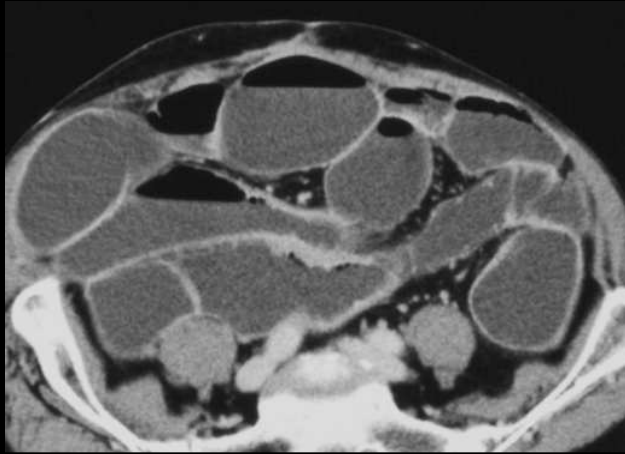
Plicature cæcale par défaut  
d'accolement du fascia de  
Toldt



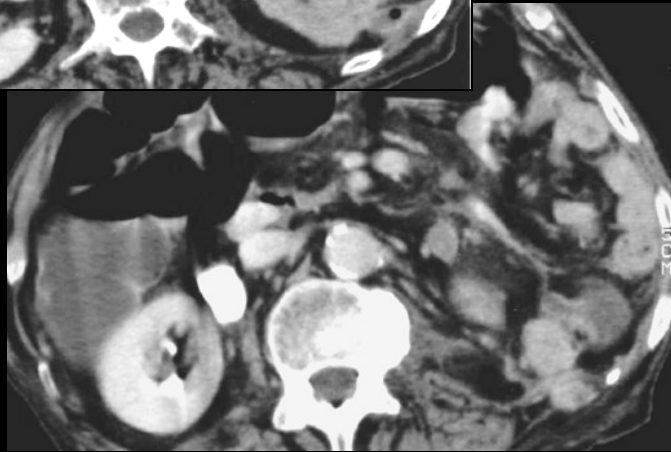
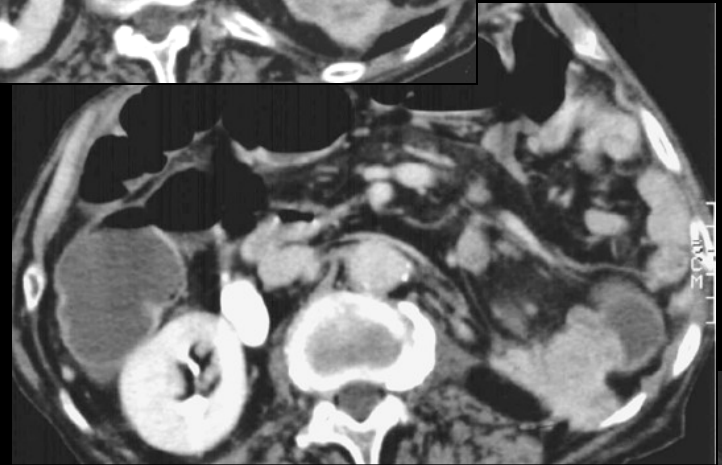
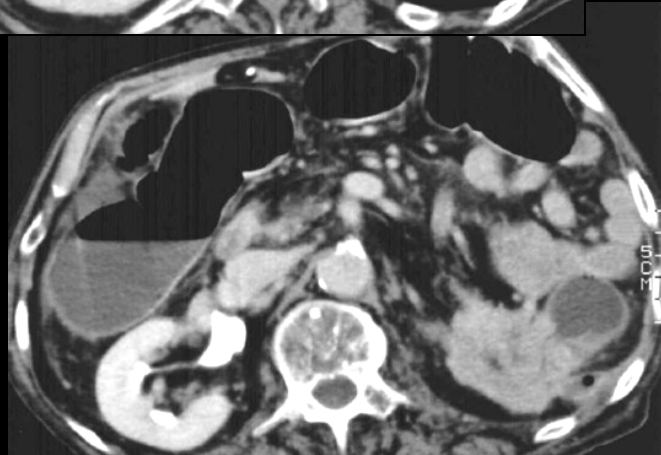
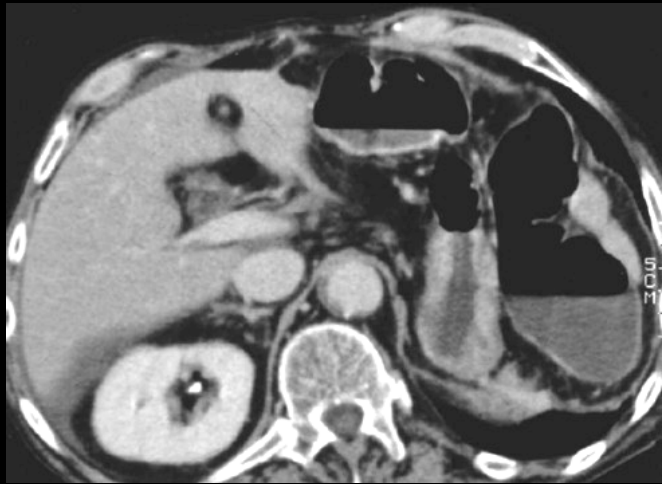
ADK colique droit étendu à l'estomac et métastases hépatiques ; sd de Lynch



adénocarcinome colique angulaire droit, adénopathies locales

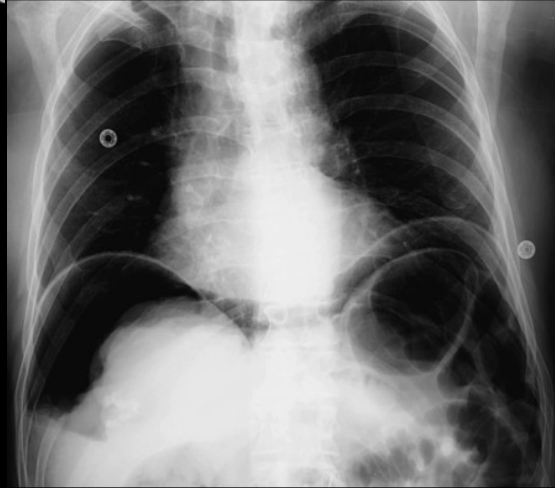
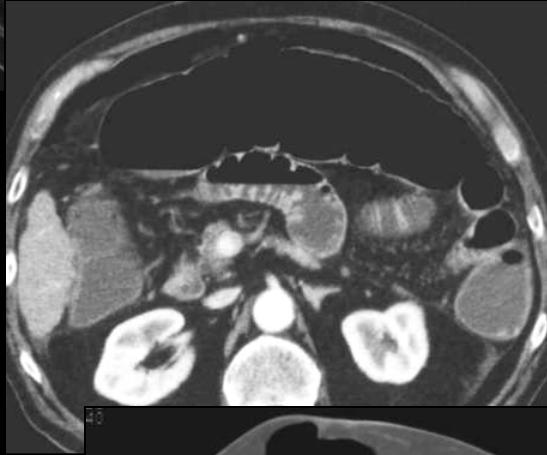
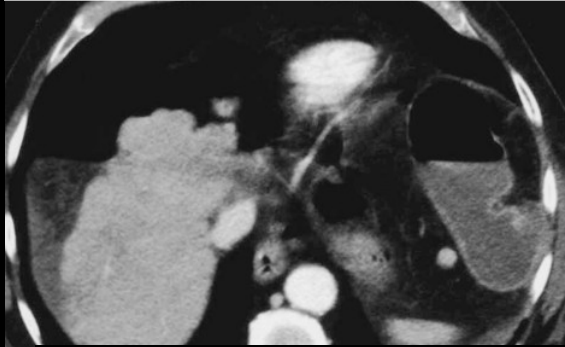


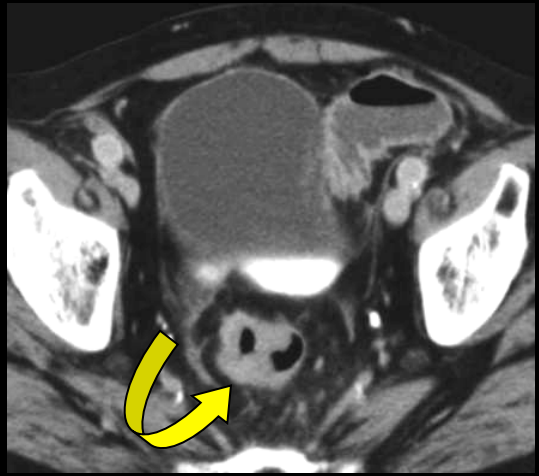
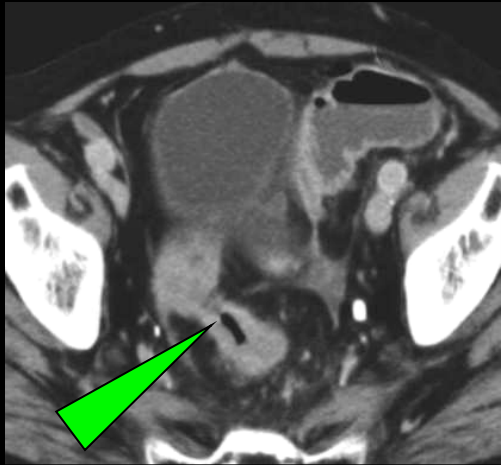
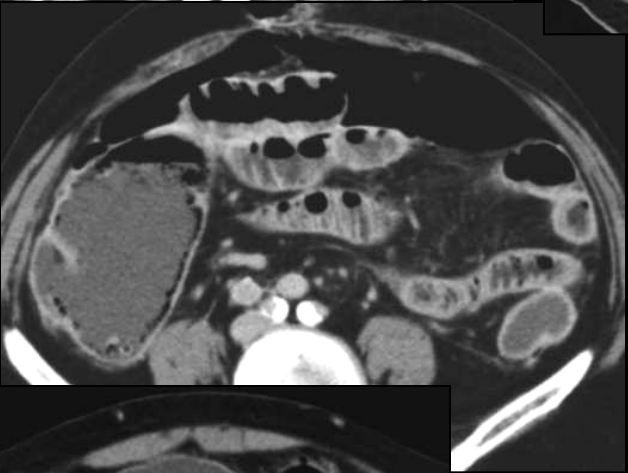
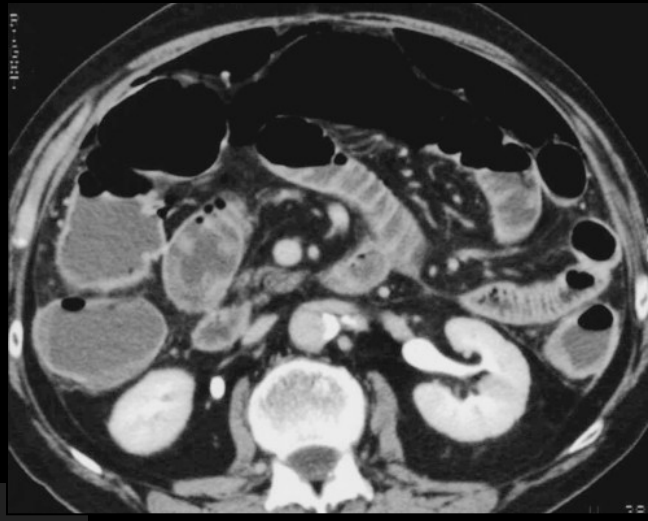
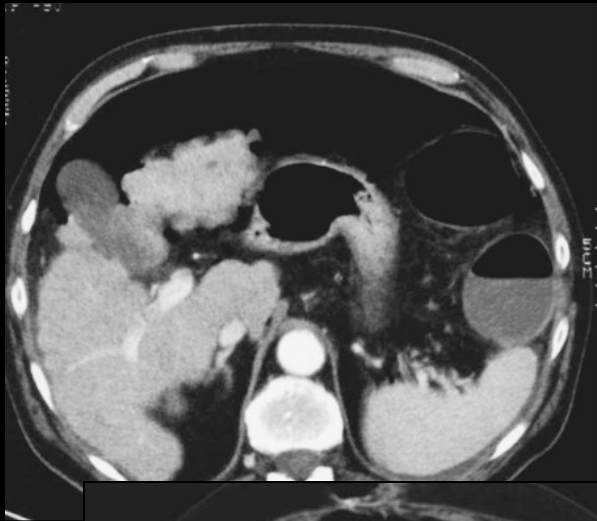
occlusion basse sur adénocarcinome sténosant du colon gauche



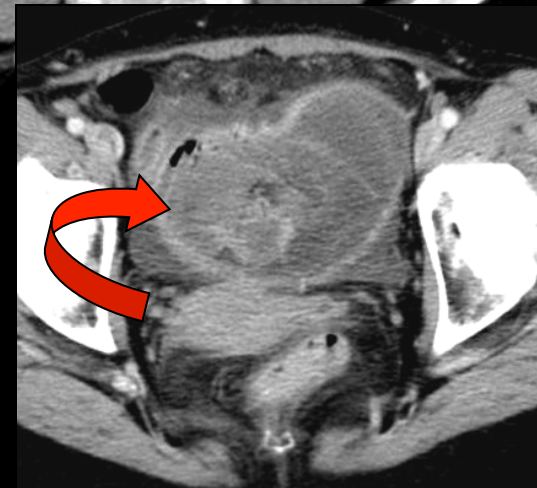
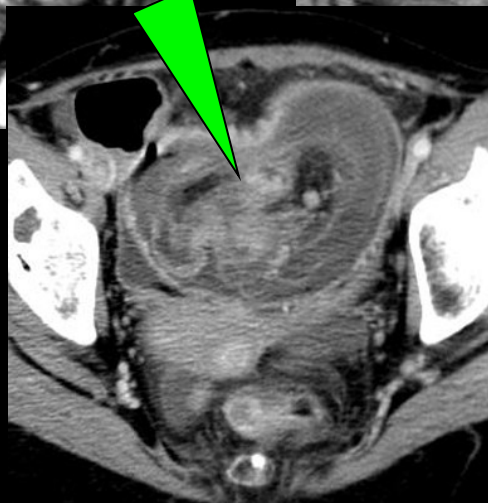
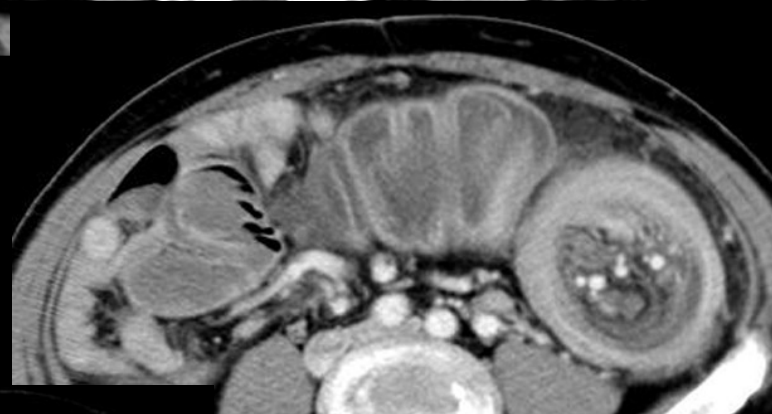
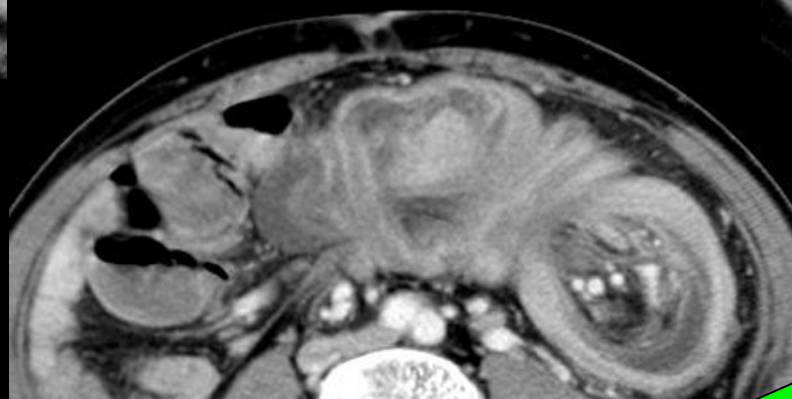
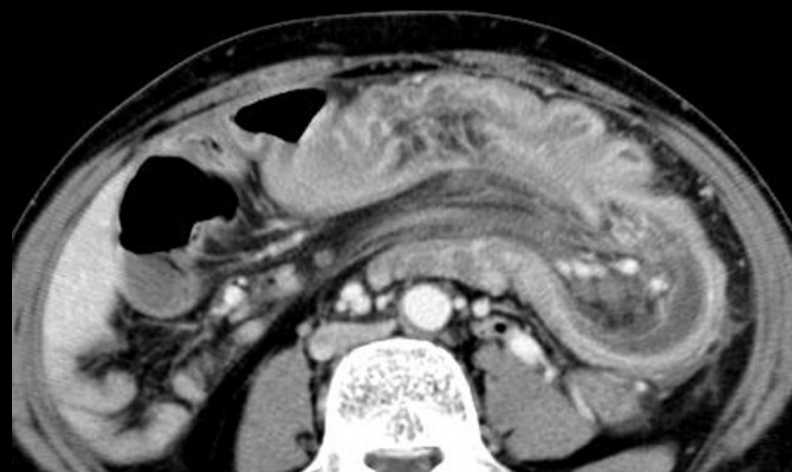
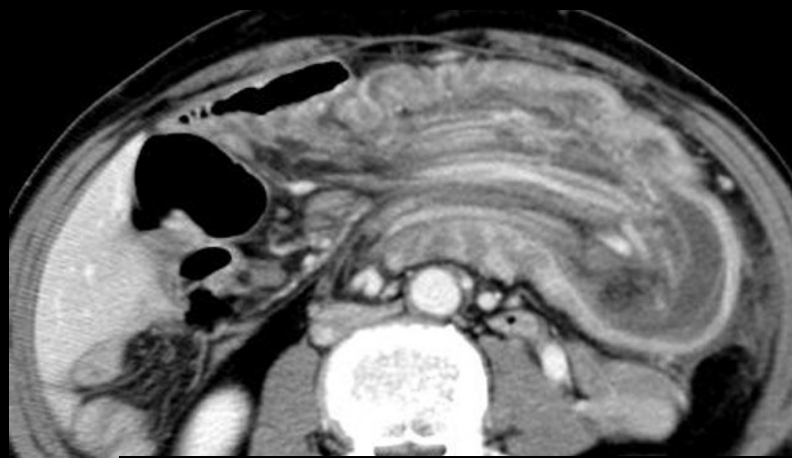
occlusion basse sur récidence d'un adénocarcinome du rein gauche

2<sup>ème</sup> étape : ne pas méconnaître une forme atypique d'occlusion basse

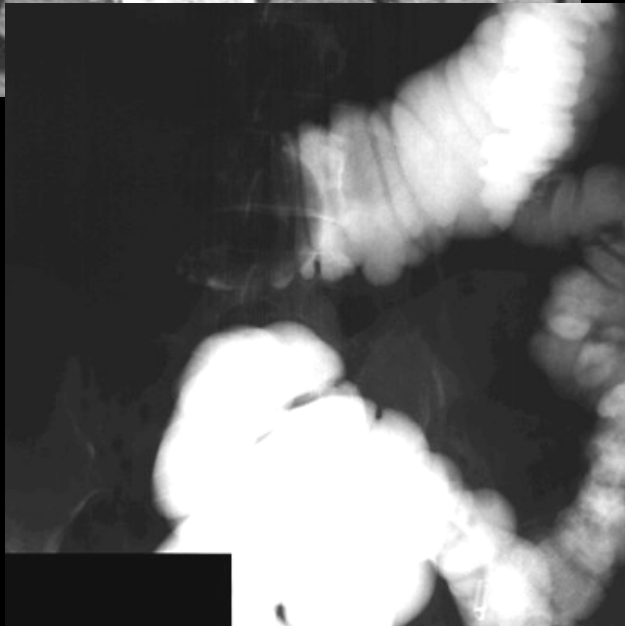




perforation diastatique cæcale sur adénocarcinome sténosant de la charnière recto sigmoïdienne

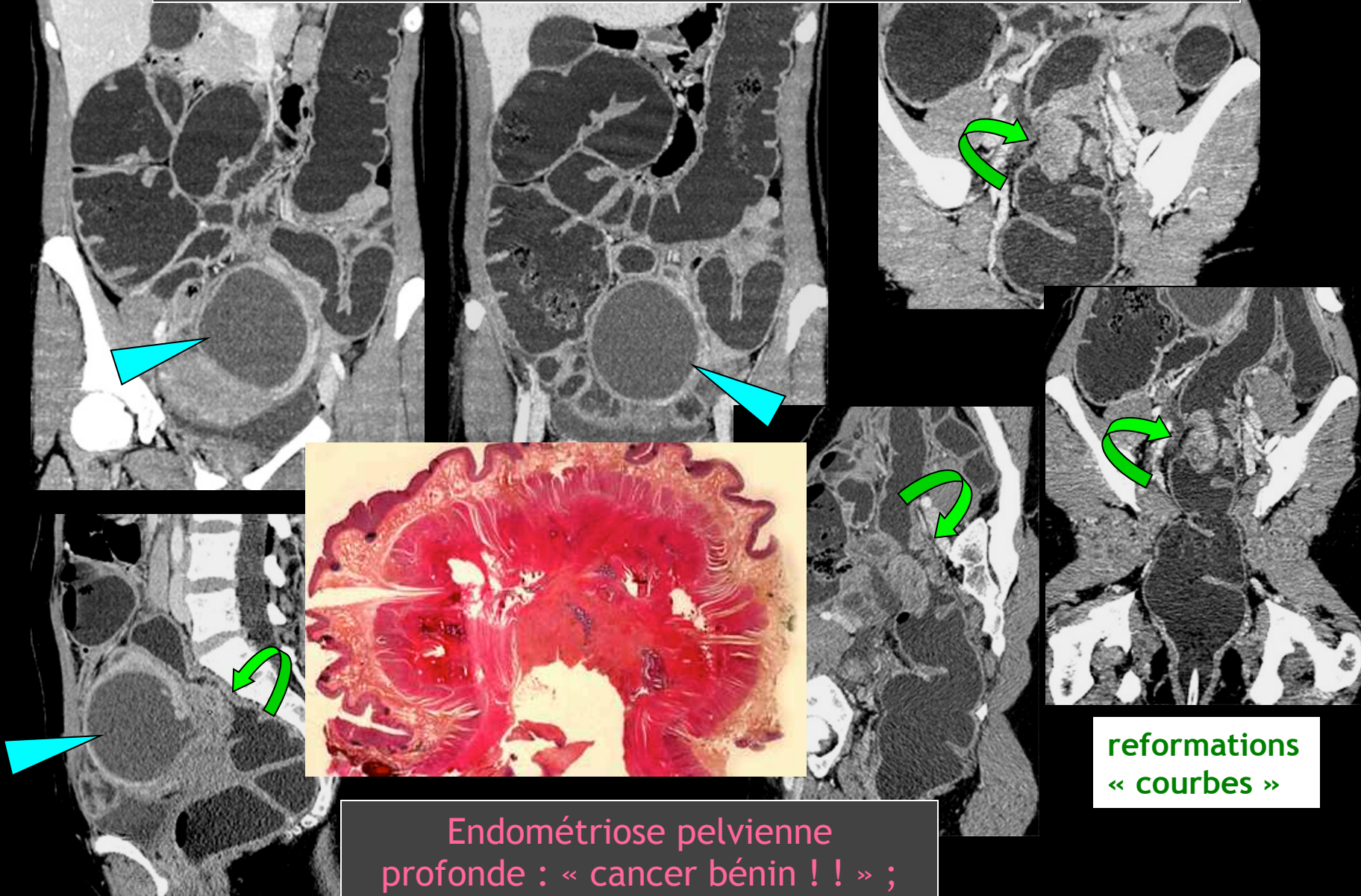


invagination iléo-colique sur  
adénocarcinome de la valvule  
de Bauhin



invagination chronique sur lipome colique

### 3<sup>ème</sup> étape : chercher les causes non tumorales



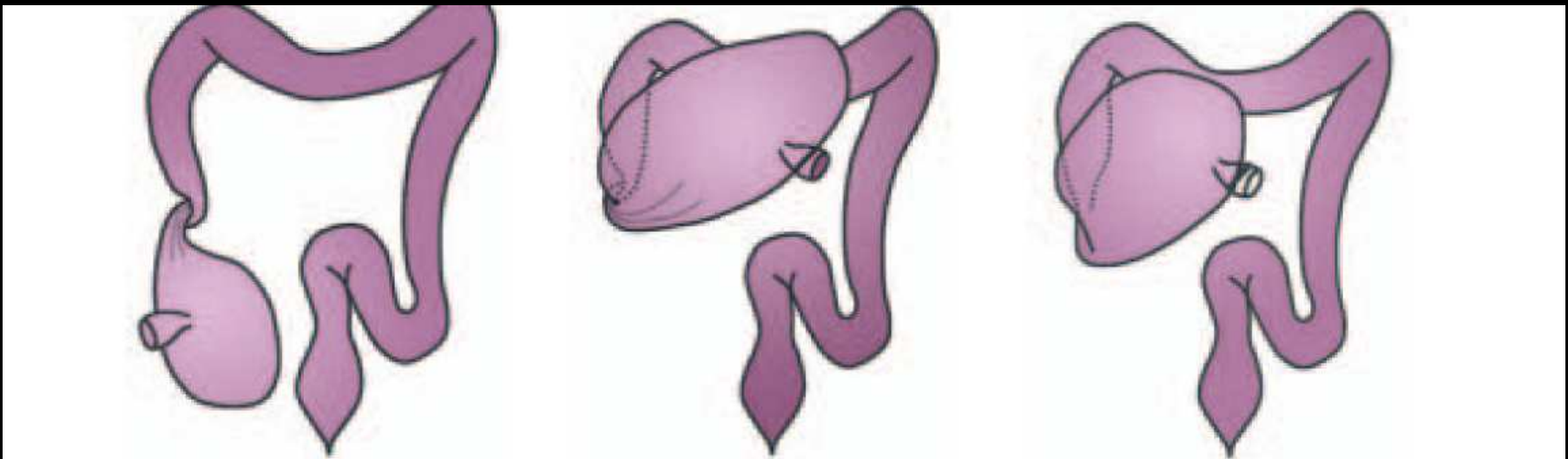
Endométriose pelvienne  
profonde : « cancer bénin !! » ;  
endométriome ovarien +++

# Les volvulus

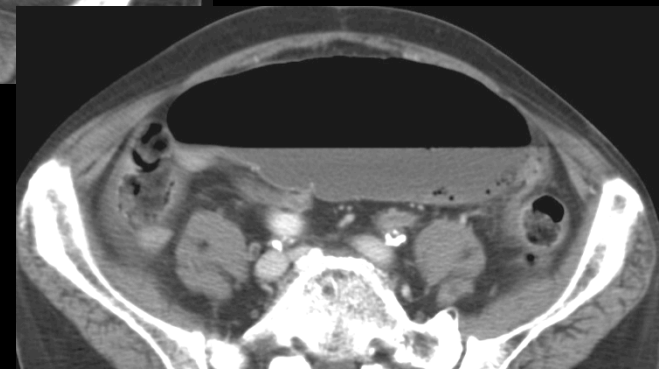
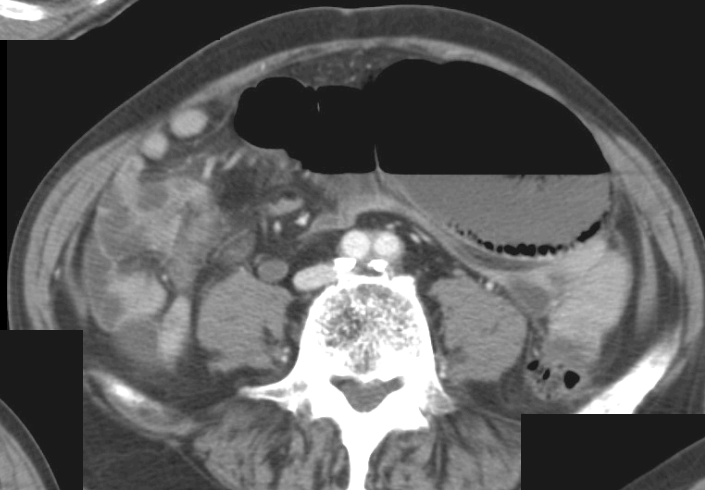
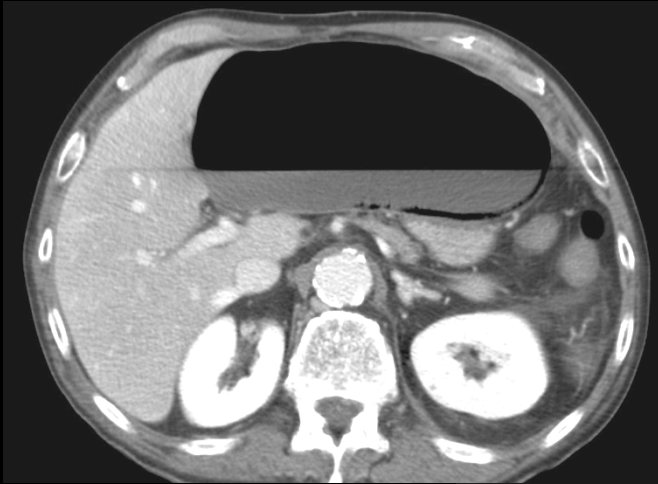
- Urgence thérapeutique
- Rare : < 1% des pathologies organiques
- Facteurs favorisants
  - Anatomiques :
    - défauts d'accolement
    - ATCD de chir abdominale
  - Médicaux : constipation chronique, médicaments ralentissant le transit, retard mental
- Volvulus sigmoïdiens
  - 60 à 75% des cas
- Volvulus caecum
  - 25 à 40% des cas

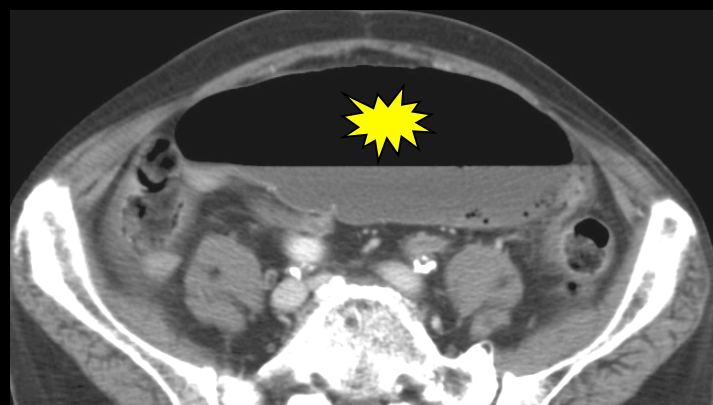
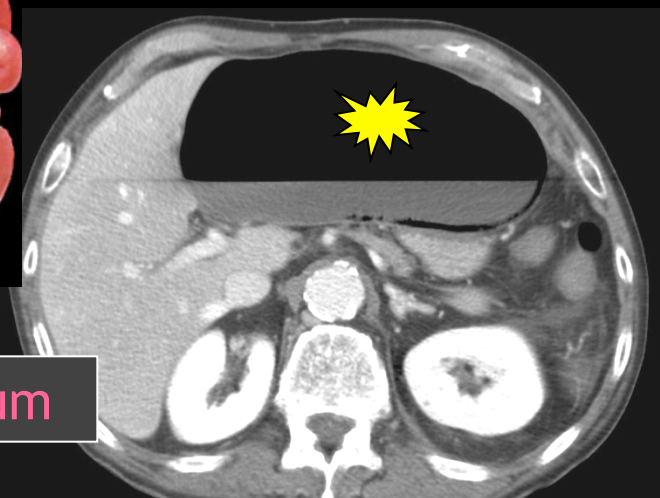
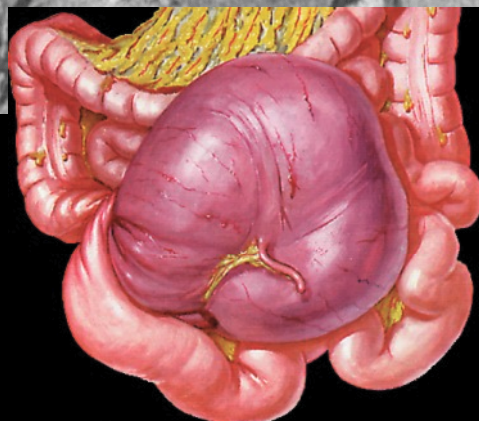
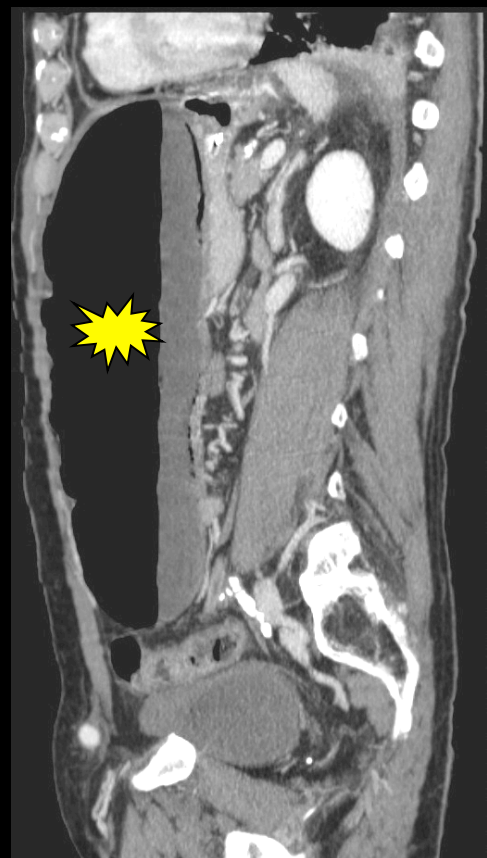
## Volvulus caecum

- Trois types :
  - Axial : rotation du caecum sur son axe vertical
  - Loop : rotation et bascule antérieure
  - Bascule : repliement du caecum sans rotation



# Volvulus caecum

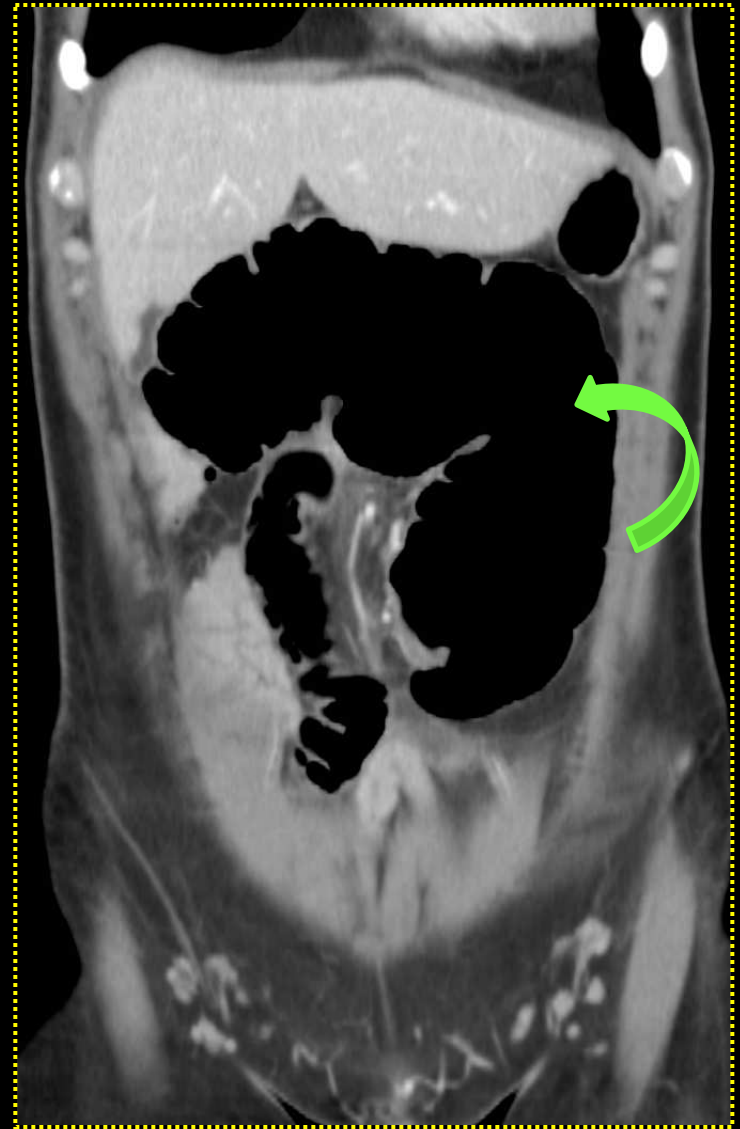
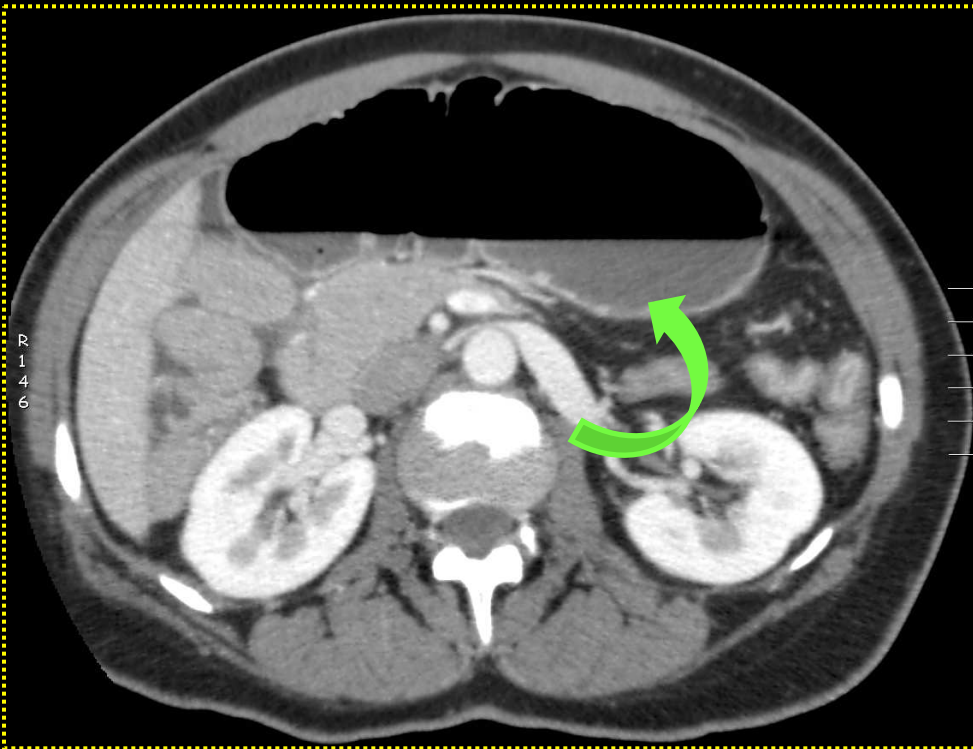


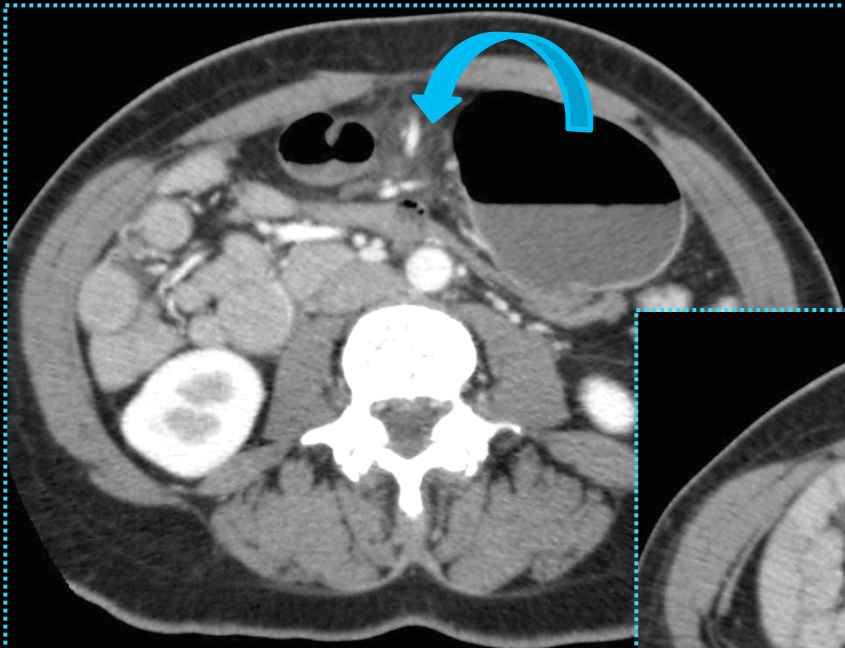


Volvulus du cæcum

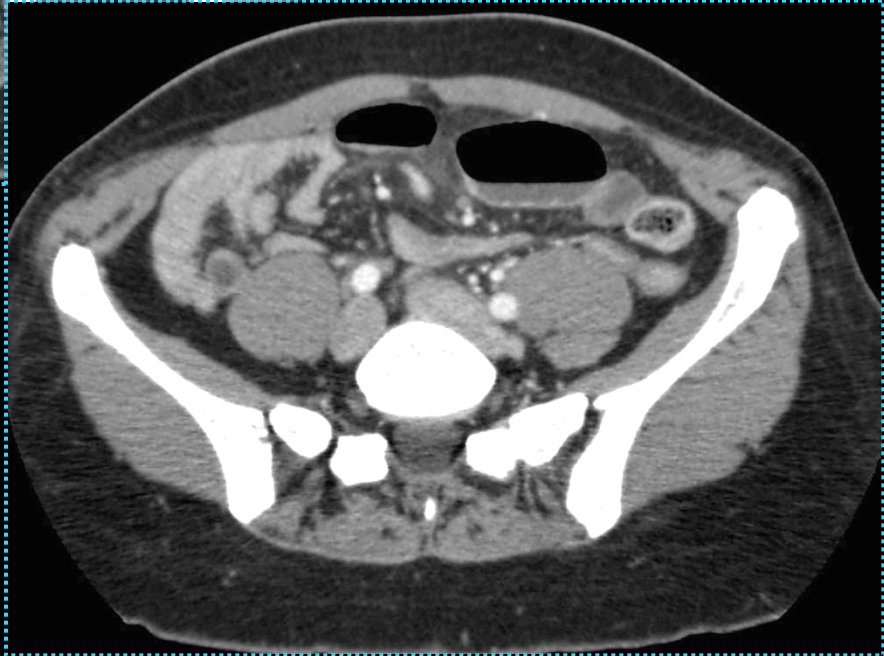
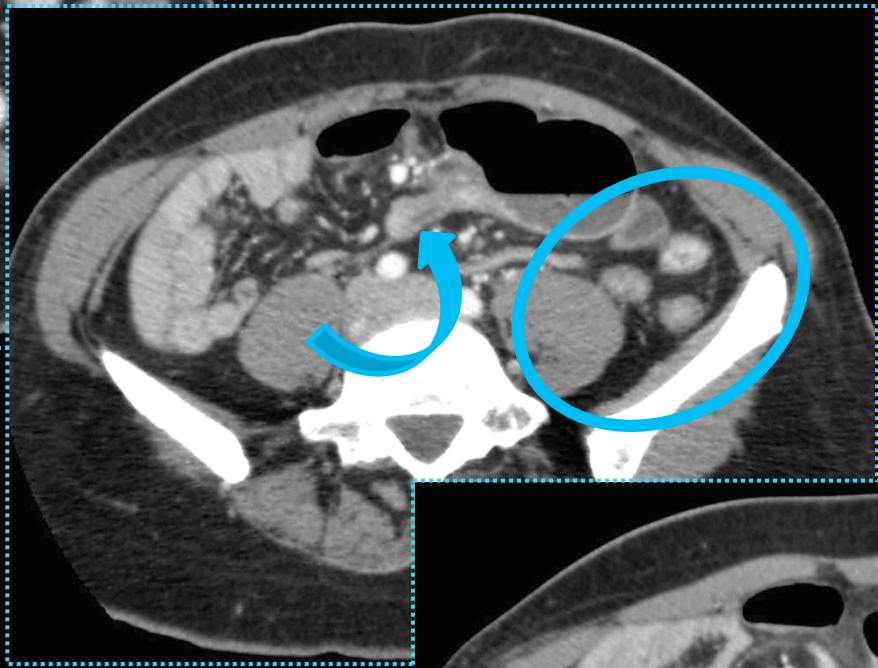
## Volvulus du cæcum

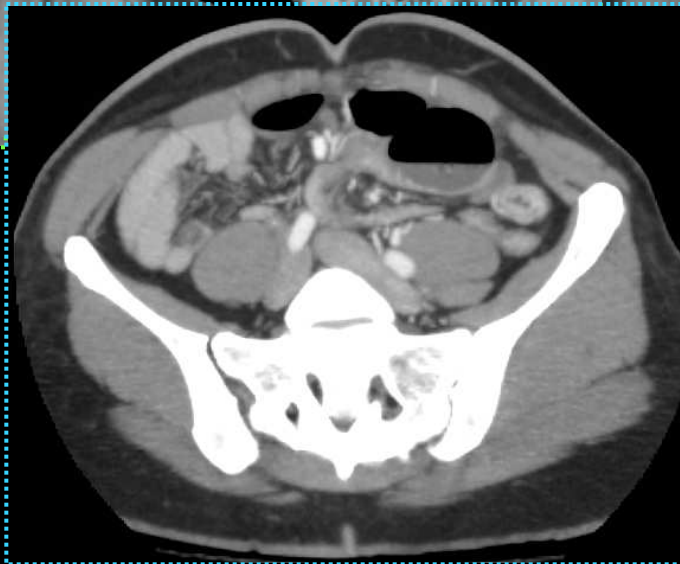
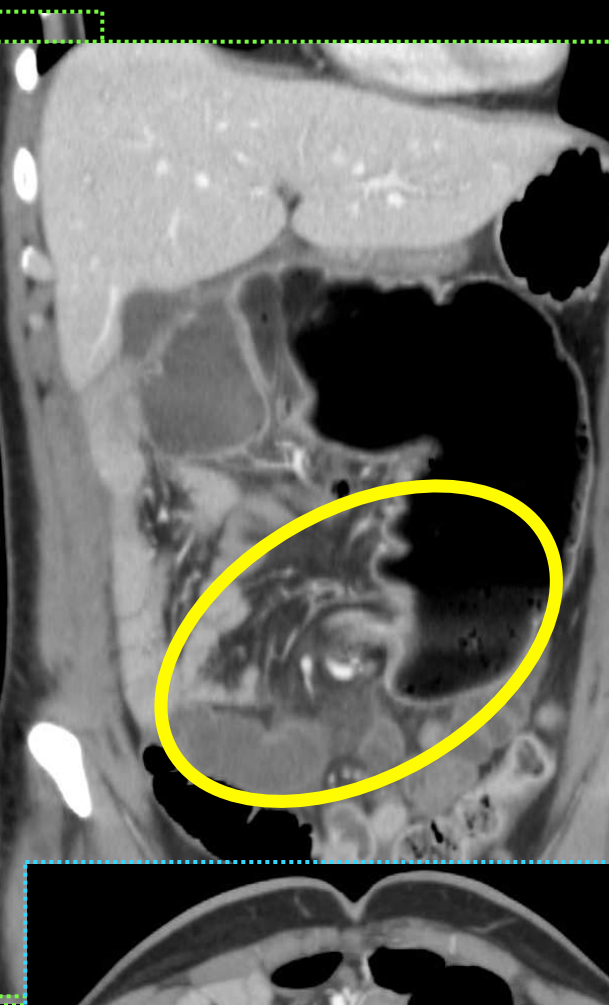
- Patiente de 45 ans
- Douleurs abdominales brutales
- Pas d'antécédent médico chirurgical
- Hyperleucocytose 14 000 GB



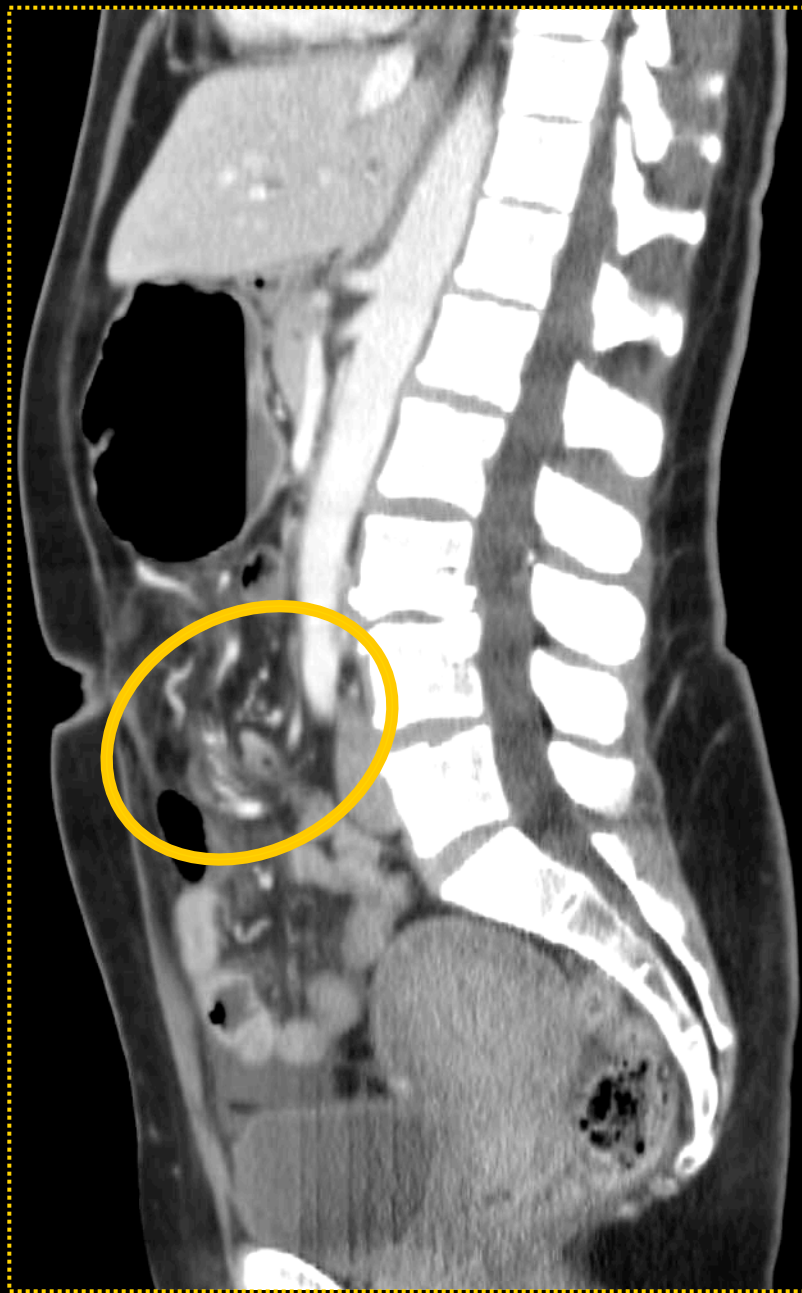
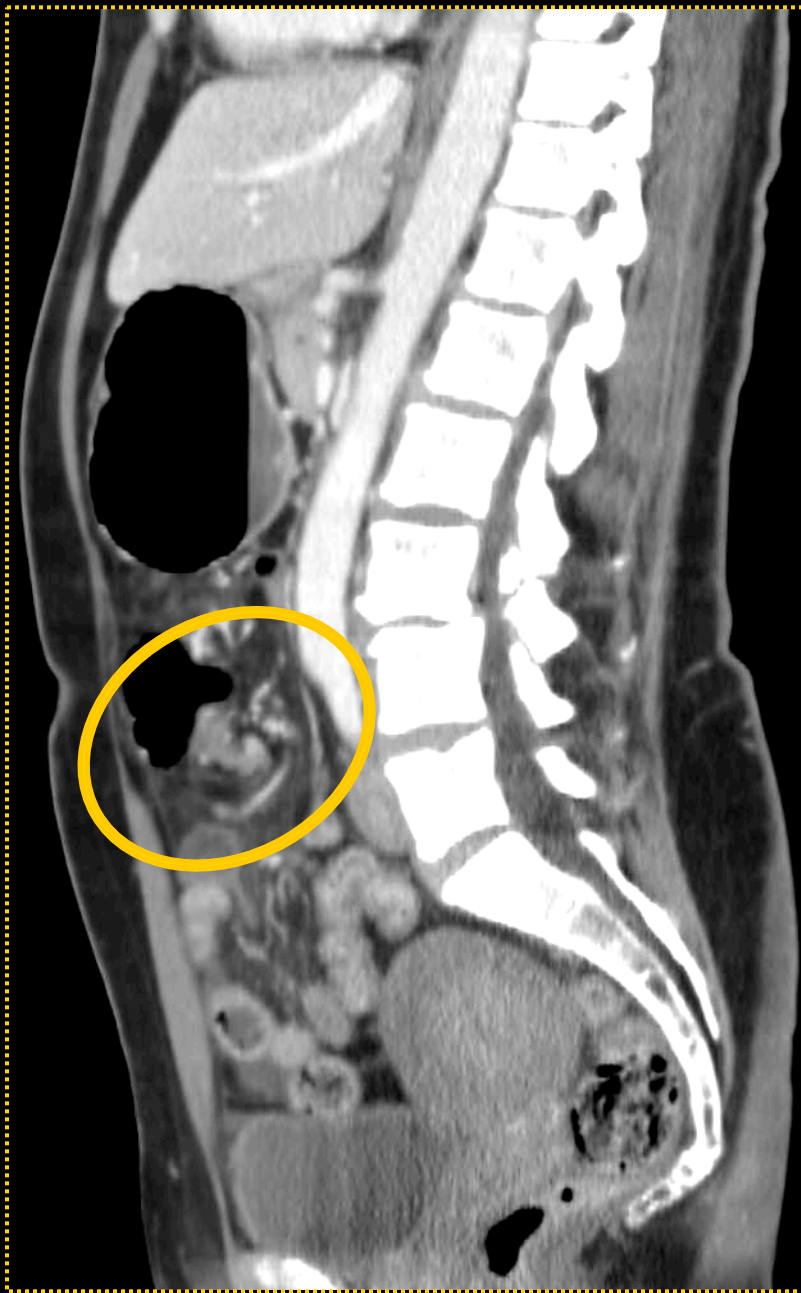


TDM IV+ portal

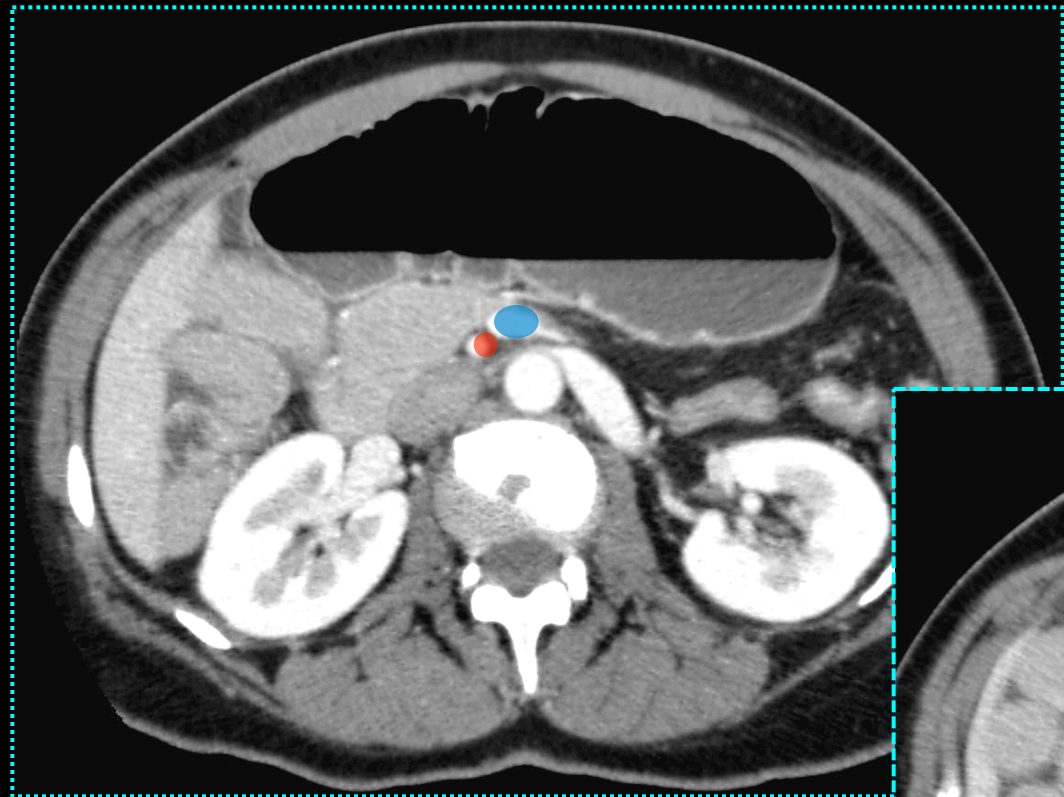




TDM IV+ portal



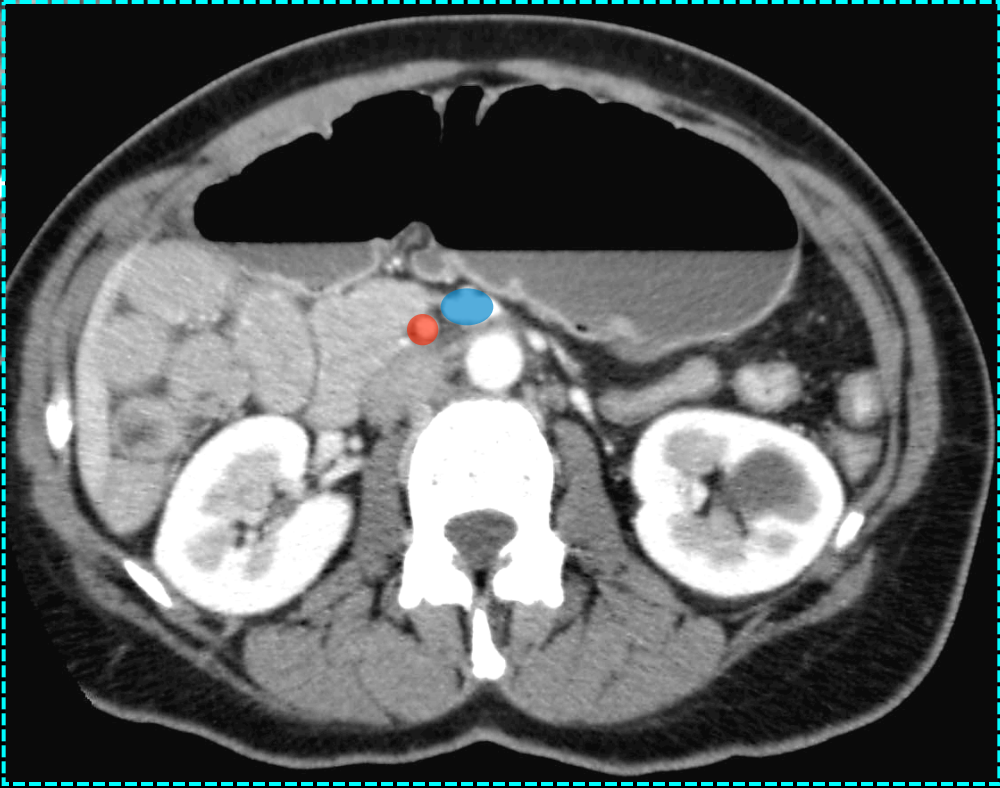
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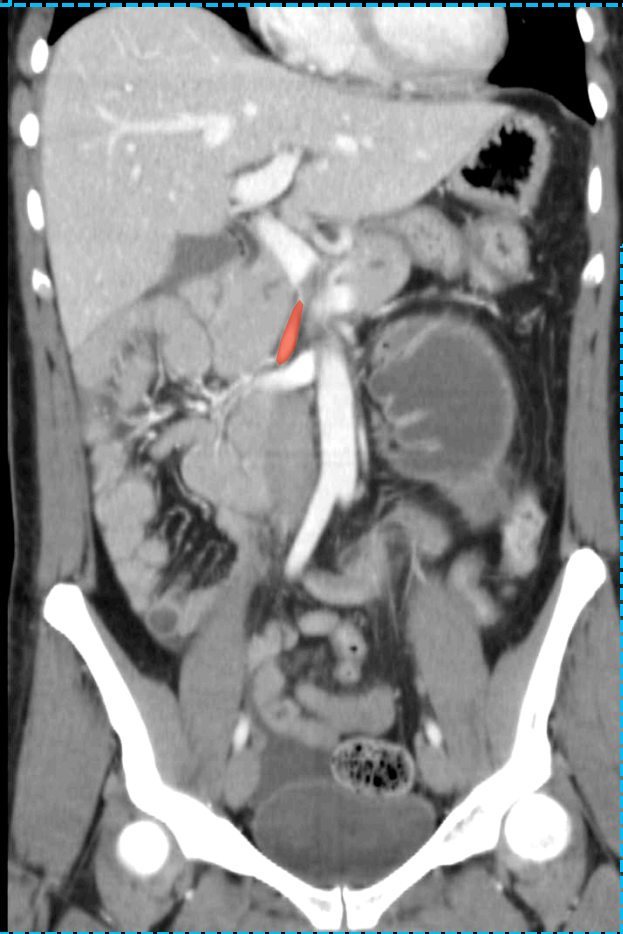


AMS

VMS

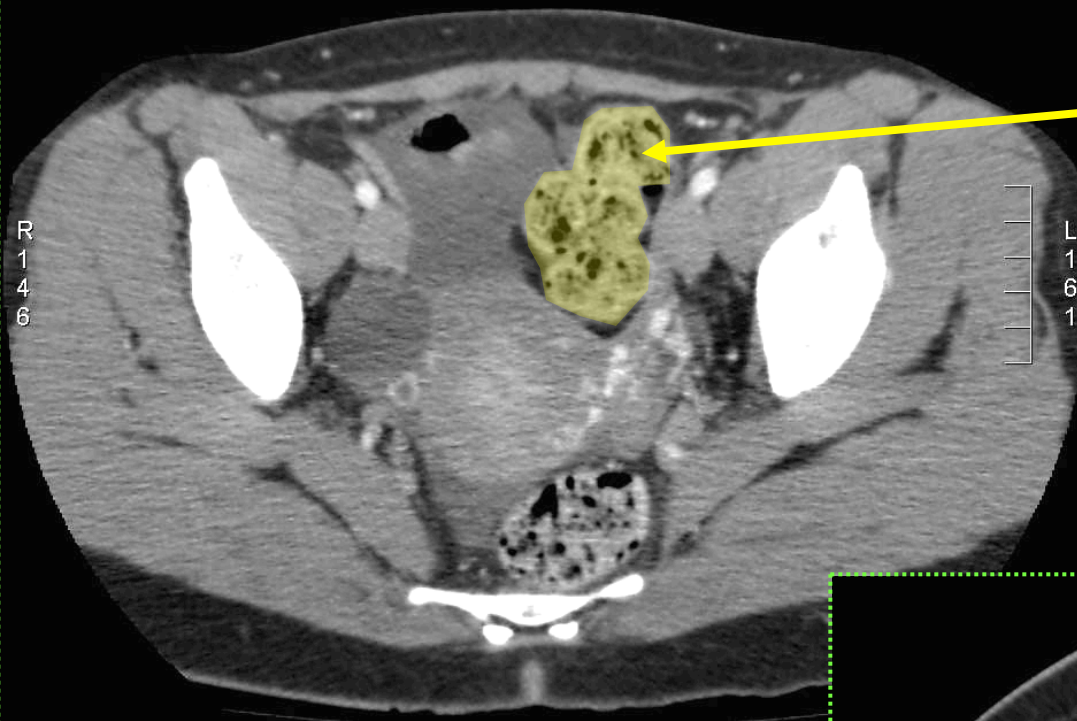
TDM IV+ portal





AMS

VMS



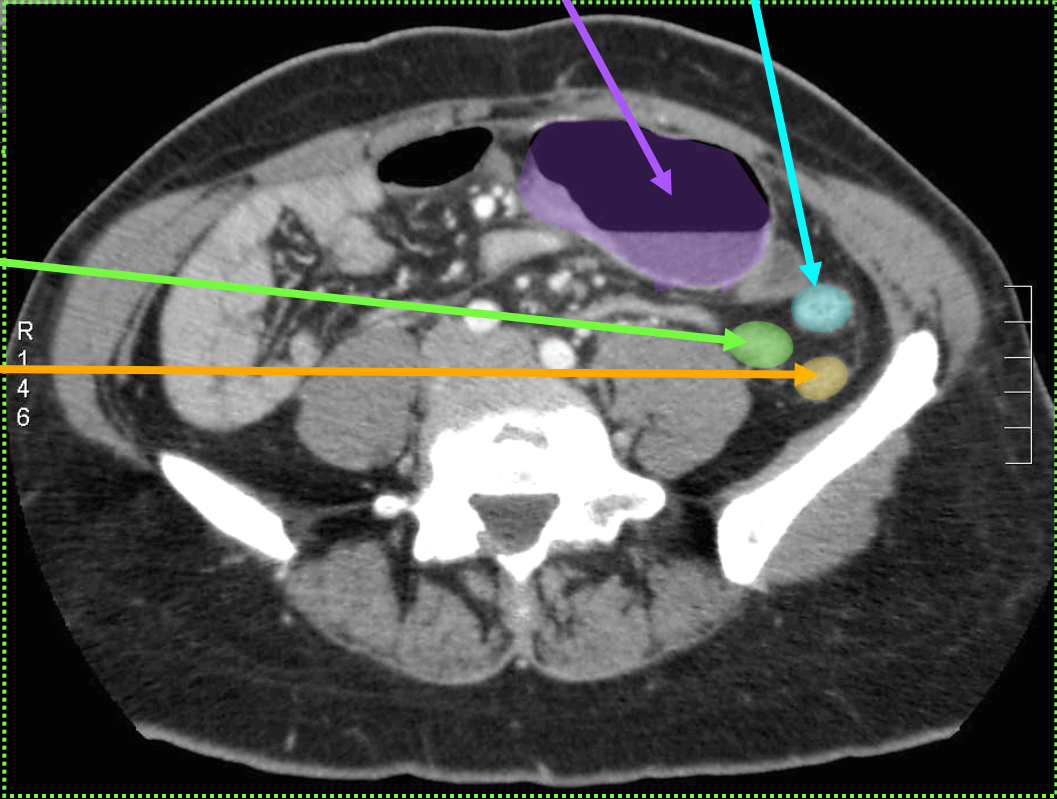
sigmoïde

Colon gauche

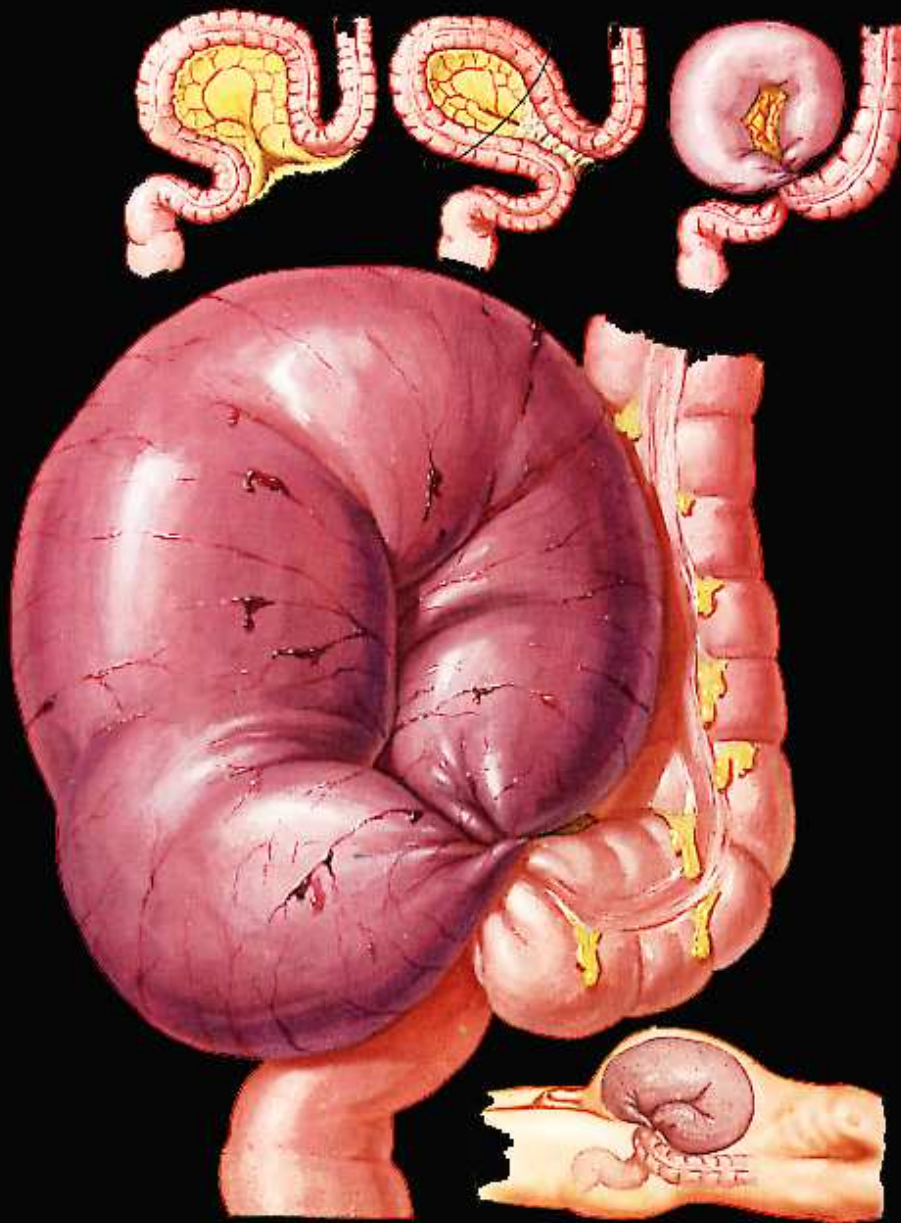
Caecum

Colon transverse

Colon droit



TDM IV+ portal



Volvulus du sigmoïde

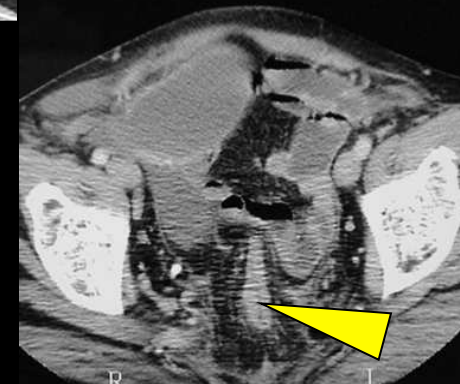
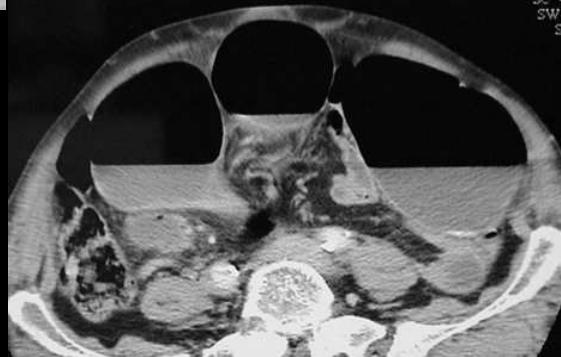
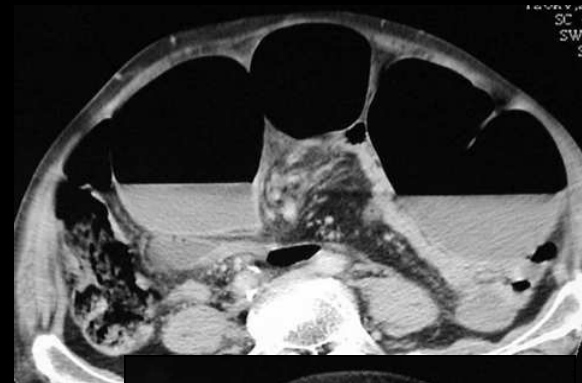
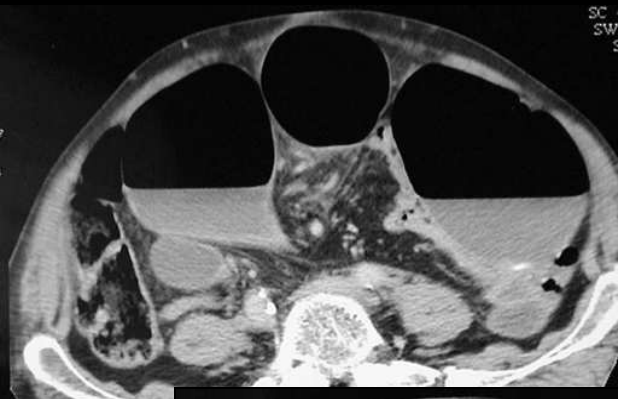
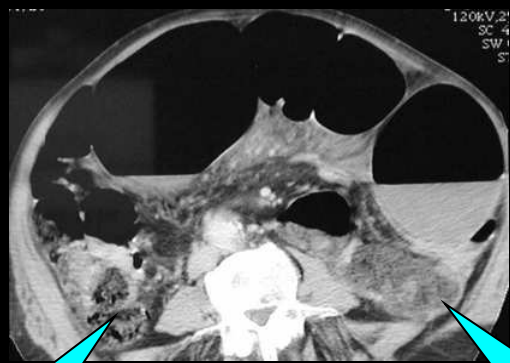
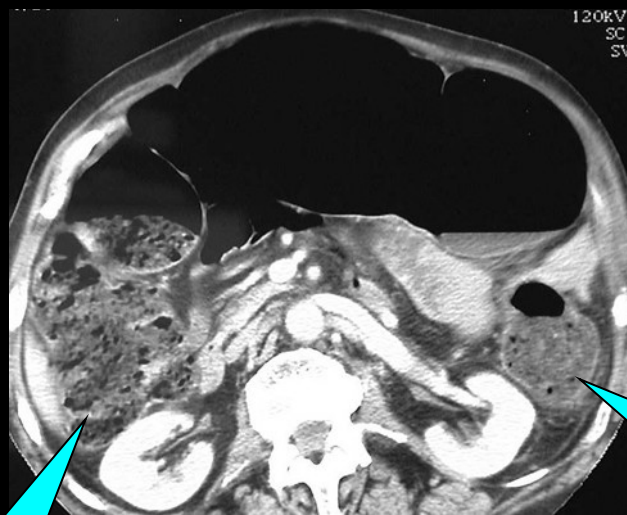


## Deux formes volvulus sigmoïde

Forme classique mésentérico-axiale : 2 zones transitionnelles avec une occlusion à anse fermée

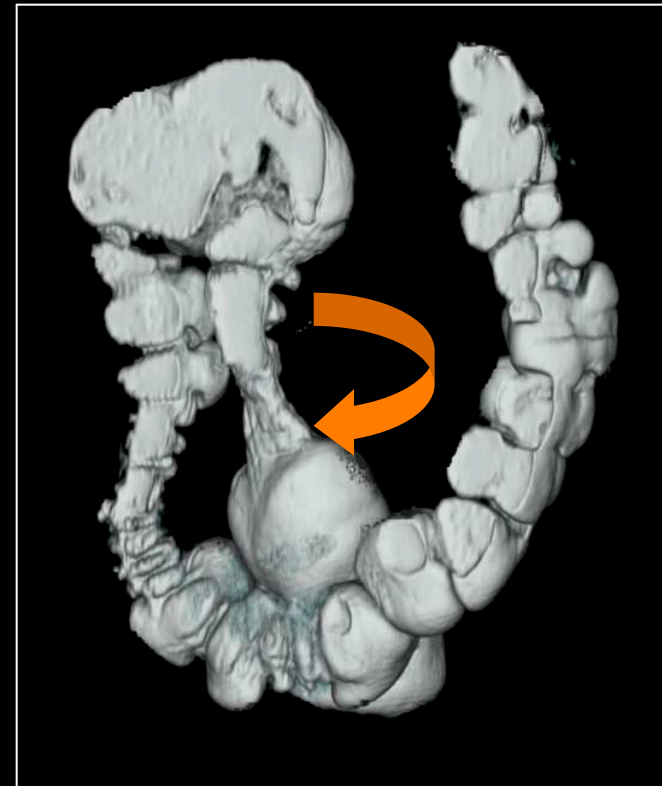
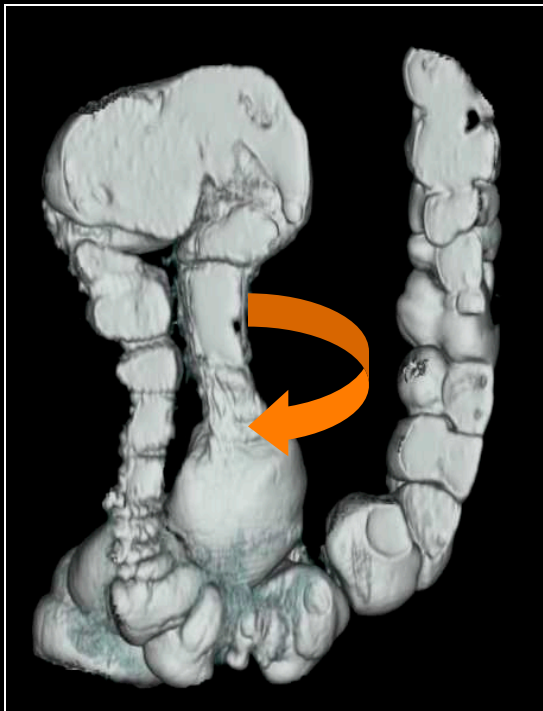


Forme organo-axiale : 1 zone transitionnelle. Rotation dans l'axe longitudinal du segment distal du sigmoïde, le segment proximal passant à distance du point de rotation.



Volvulus du sigmoïde

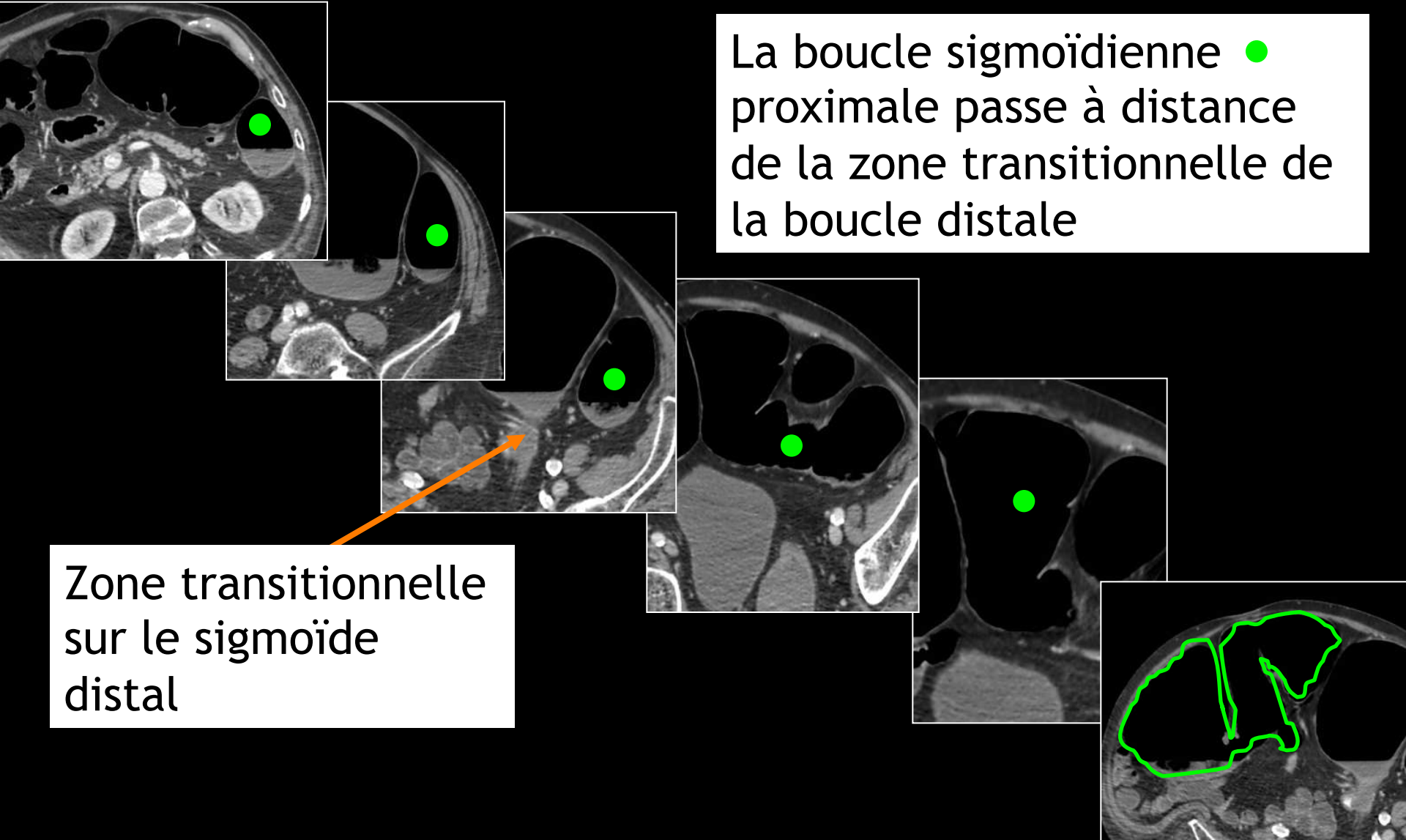
# Forme organo-axiale



Analyse ciné view  
pour la forme OA

Comment distinguer un volvulus organo-axial d'un  
volvulus méésentérico-axial?

La boucle sigmoïdienne ●  
proximale passe à distance  
de la zone transitionnelle de  
la boucle distale

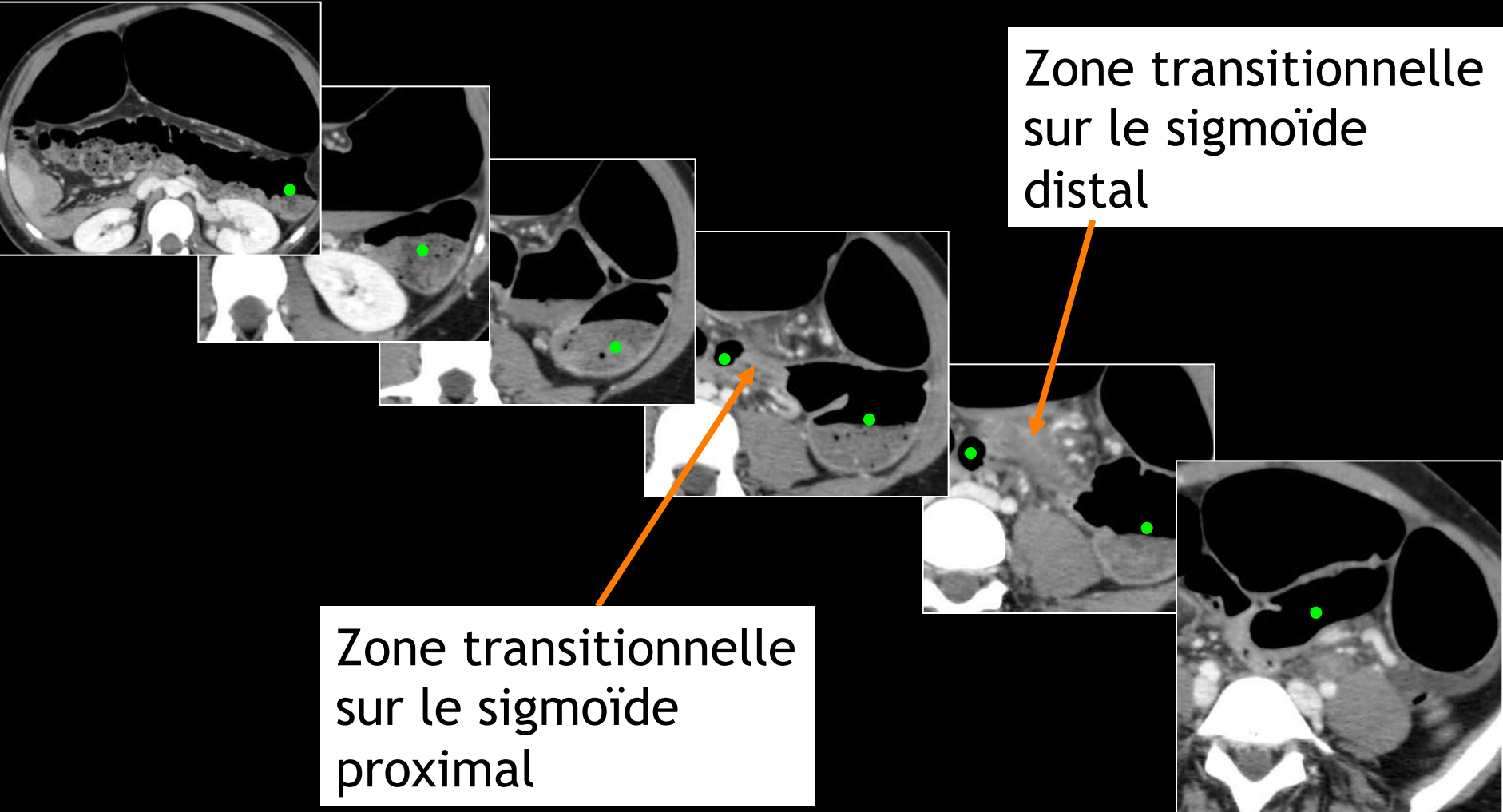


Zone transitionnelle  
sur le sigmoïde  
distal

## Analyse ciné view de la forme MA

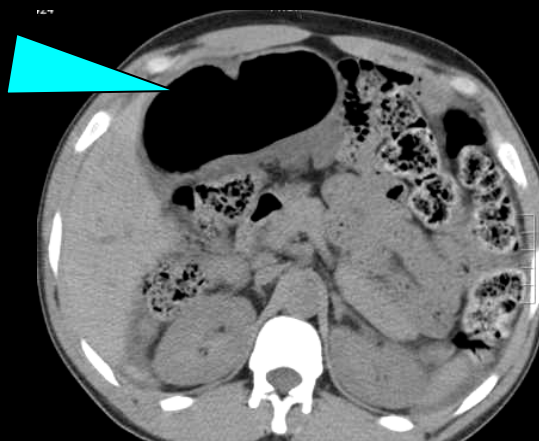
Volvulus du sigmoïde organo-axial : mythe ou réalité?

3. Comment distinguer un volvulus organo-axial d'un  
volvulus méésentérico-axial?



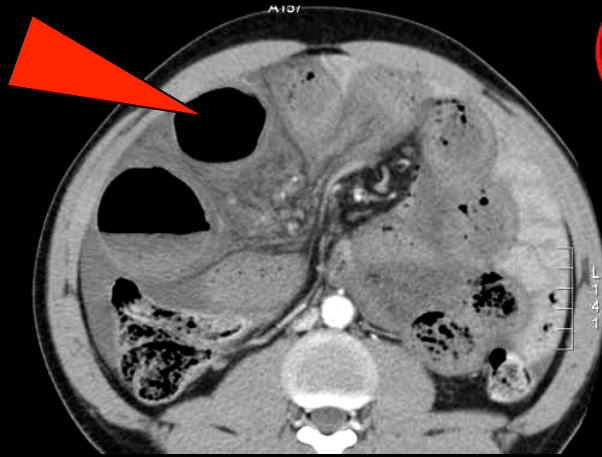
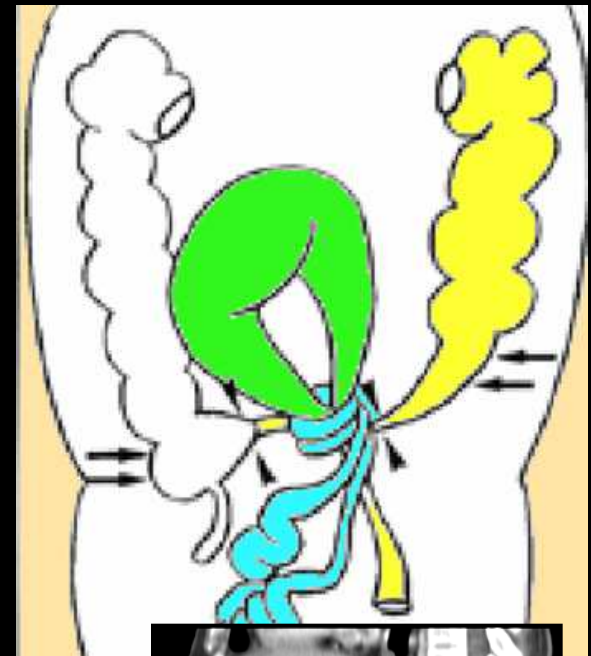
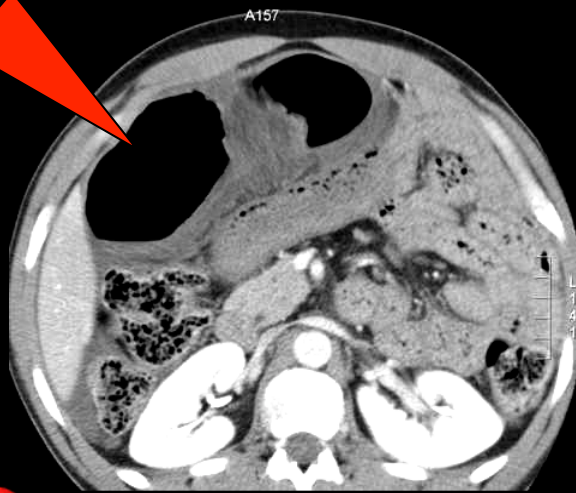
Zone transitionnelle  
sur le sigmoïde  
distal

Zone transitionnelle  
sur le sigmoïde  
proximal



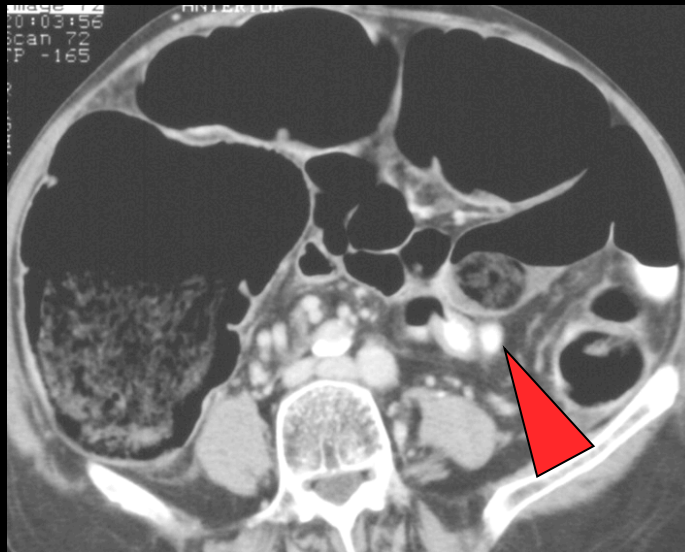
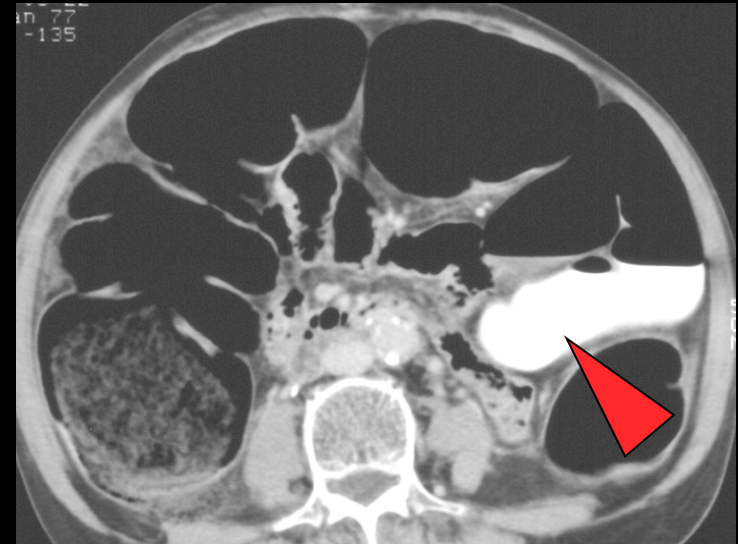
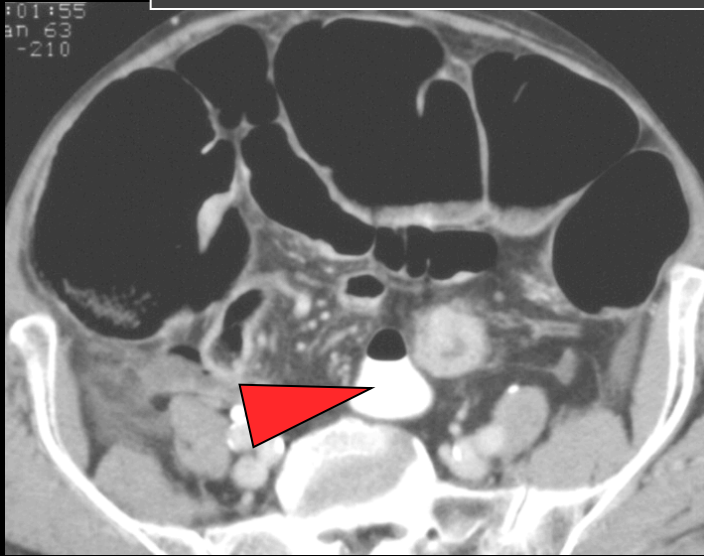
**Homme 34 ans, africain**

Obs. M Zins, Hôpital St Joseph Paris

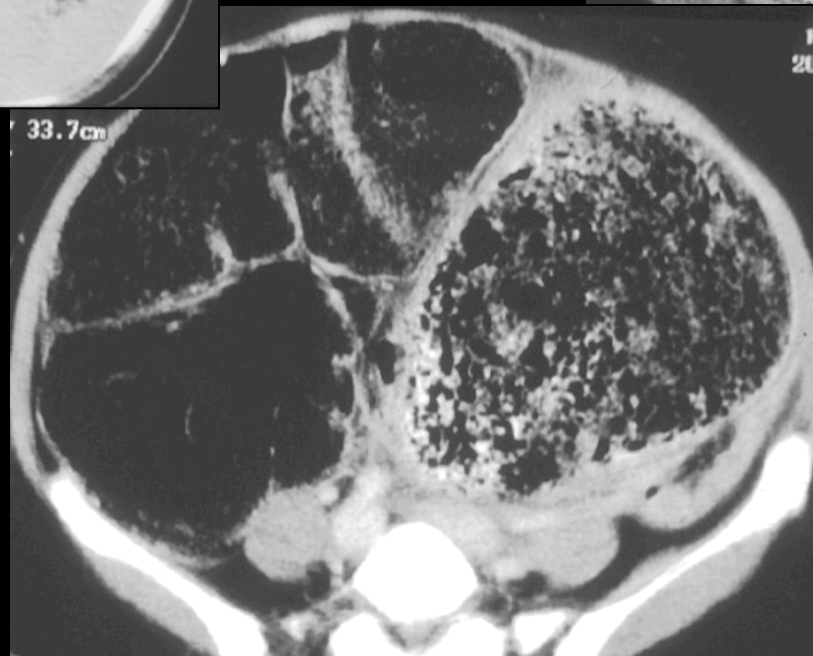
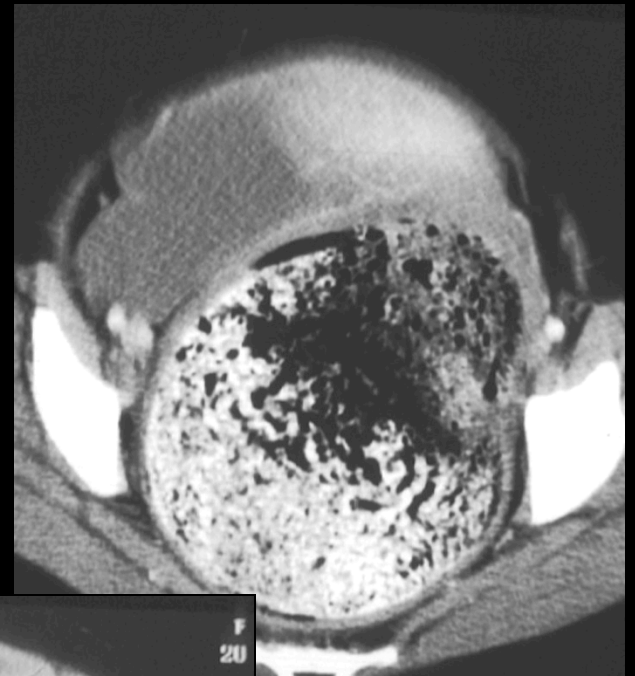
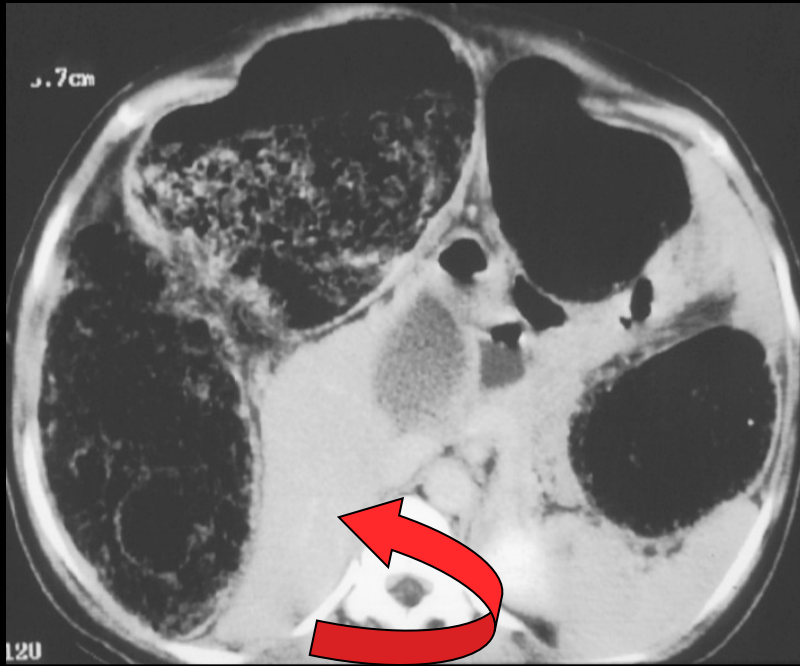


Nœud iléo-sigmoïdien

## 4<sup>ème</sup> étape : reconnaître les occlusions "fonctionnelles"



Sd d' Ogilvie ; opacification recto-sigmoïdienne



Dolichocolon neuroleptiques