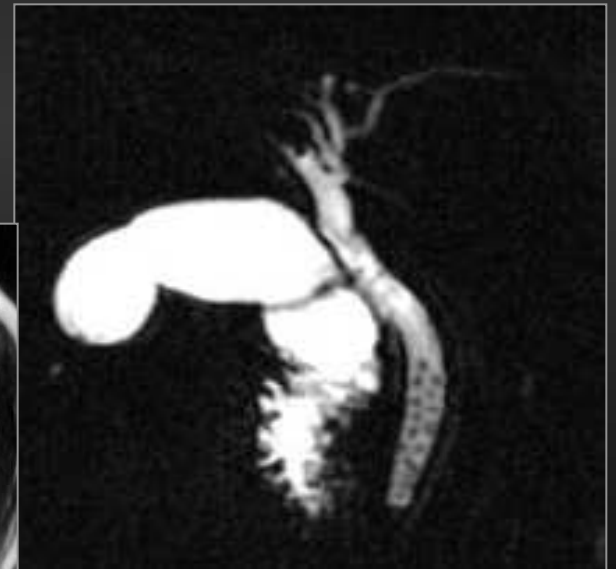
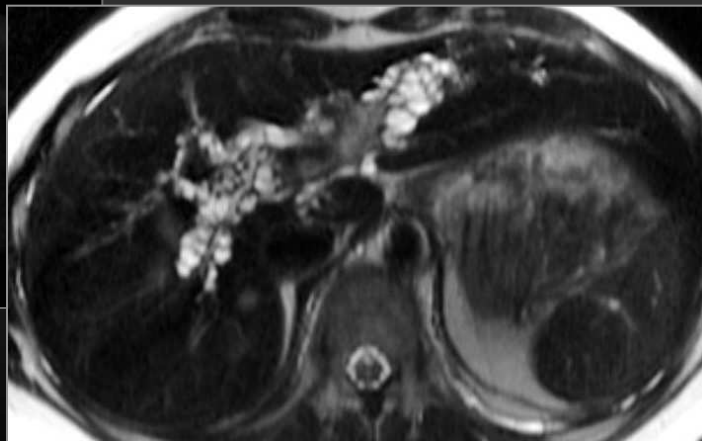
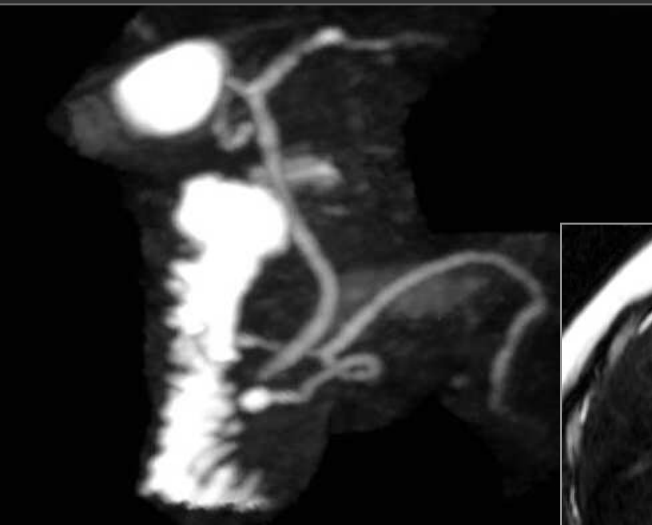


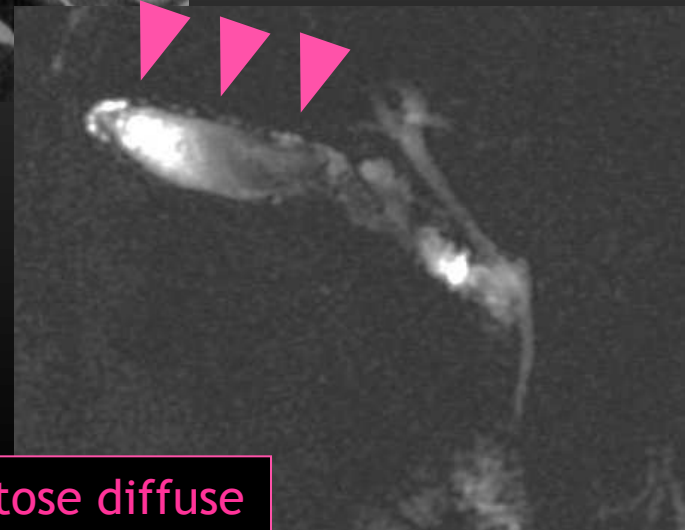
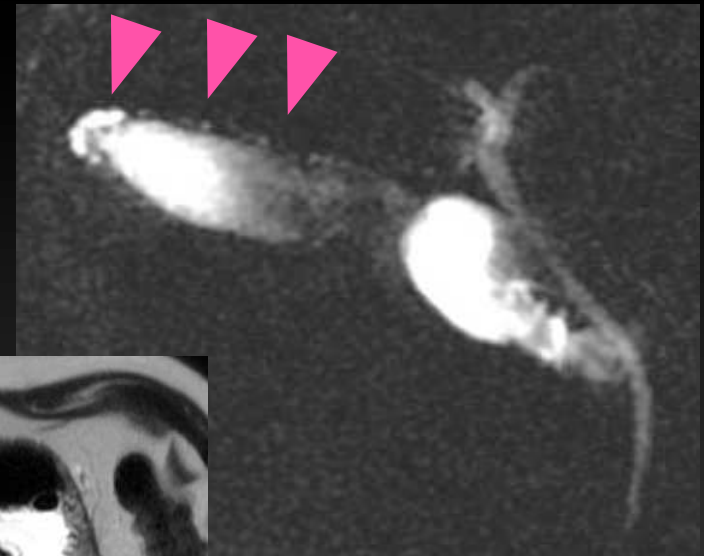
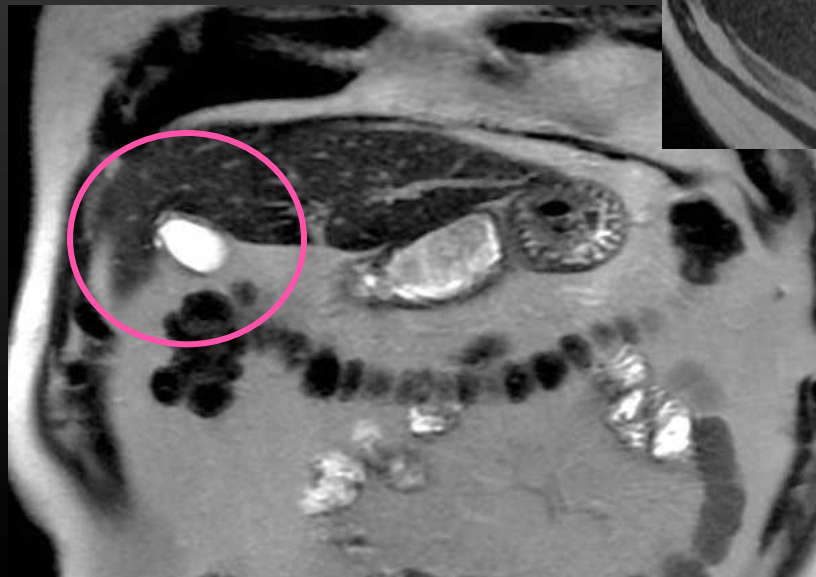
Teaching file

VOIES BILIAIRES



CAS 1

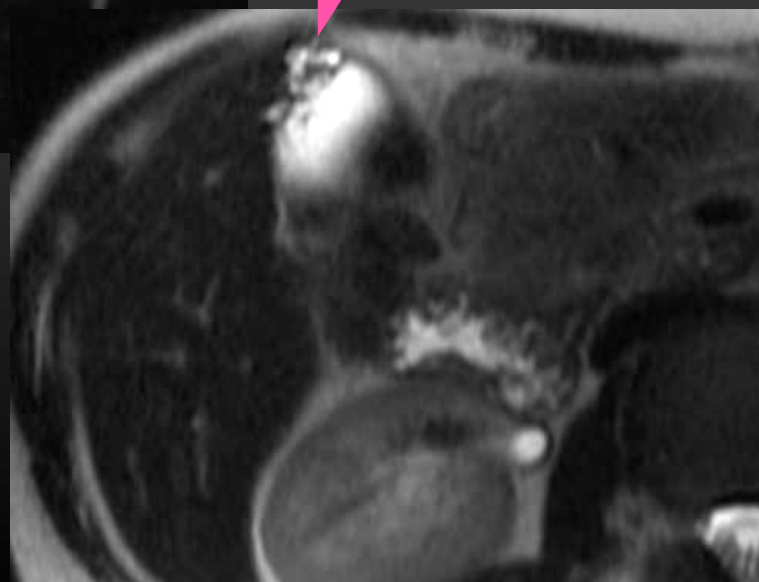
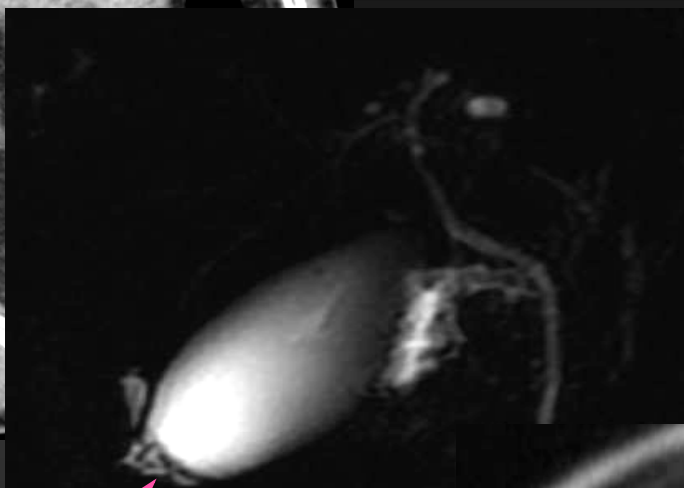
CholangiolRM pour suspicion de migration
lithiasique



Adénomyomatose diffuse



Adénomyomatose
du fond vésiculaire



CAS 2

Douleurs de l'hypochondre droit, fièvre.

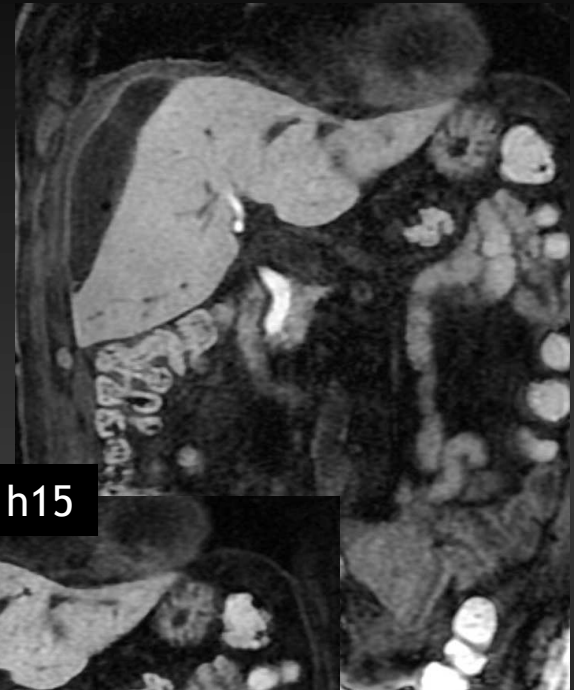
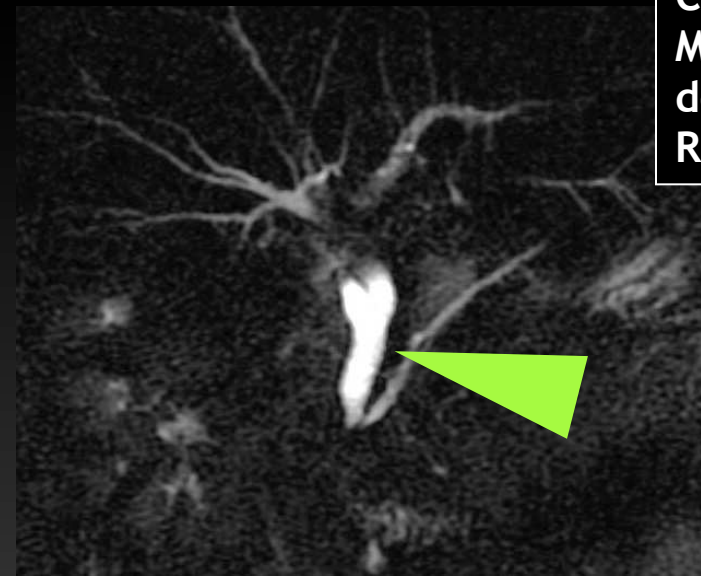
Pas de calcul visualisé au scanner... cholangioIRM!



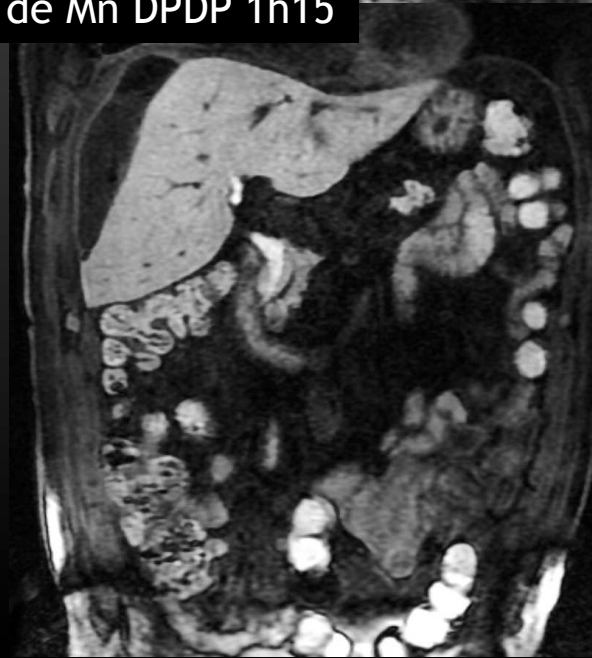
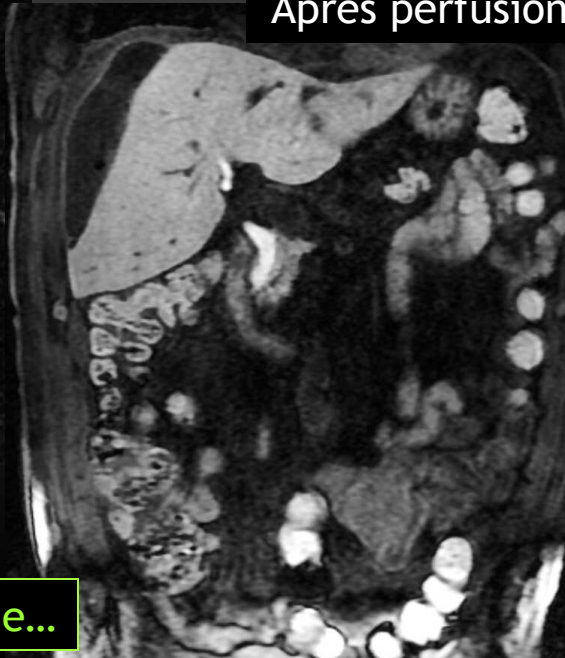
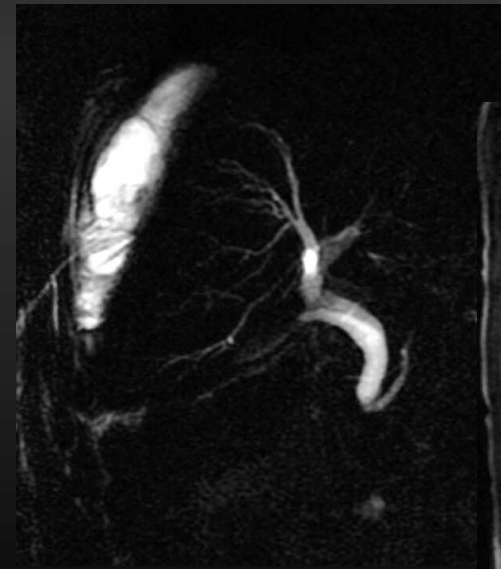
Cholécystite aiguë lithiasique...

CAS 2

Même patient plusieurs semaines après: persistance de douleurs HCD en post opératoire
Recherche de LVBP...



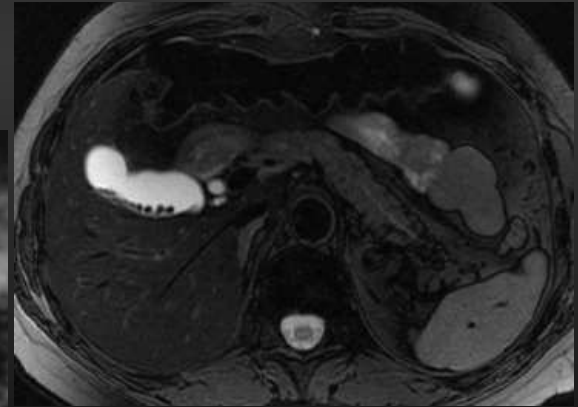
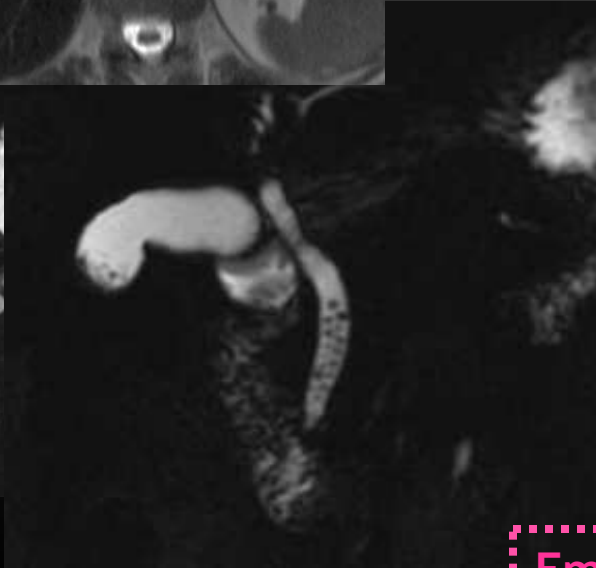
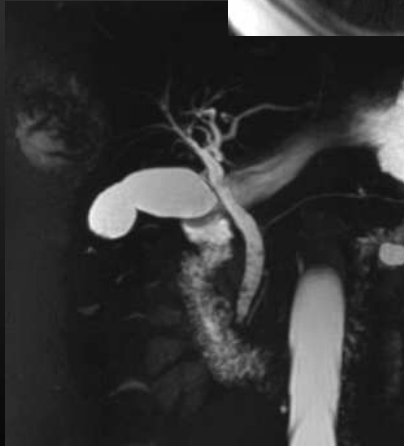
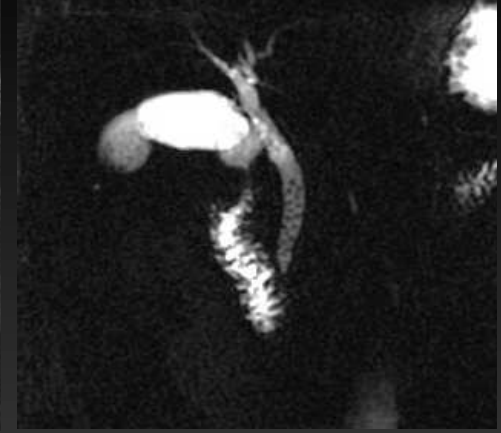
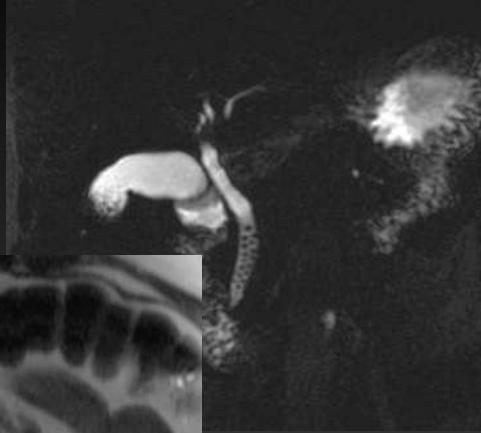
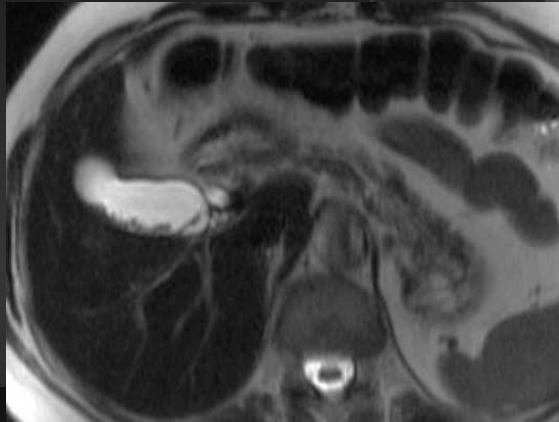
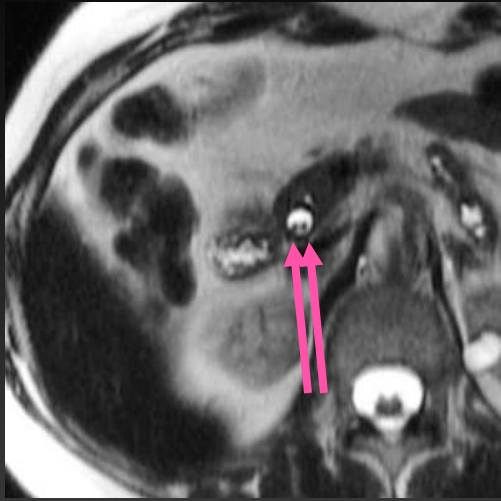
Après perfusion de Mn DPDP 1h15



Dysfonction oddienne...

CAS 3

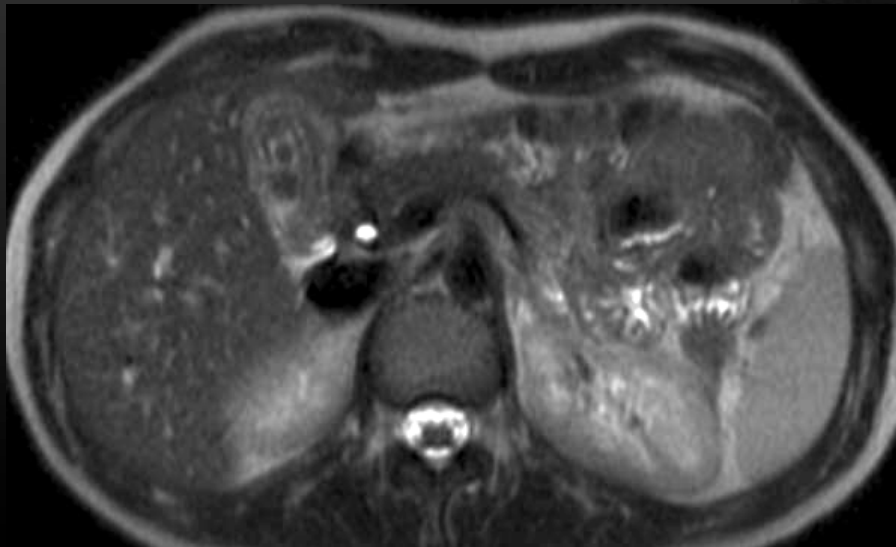
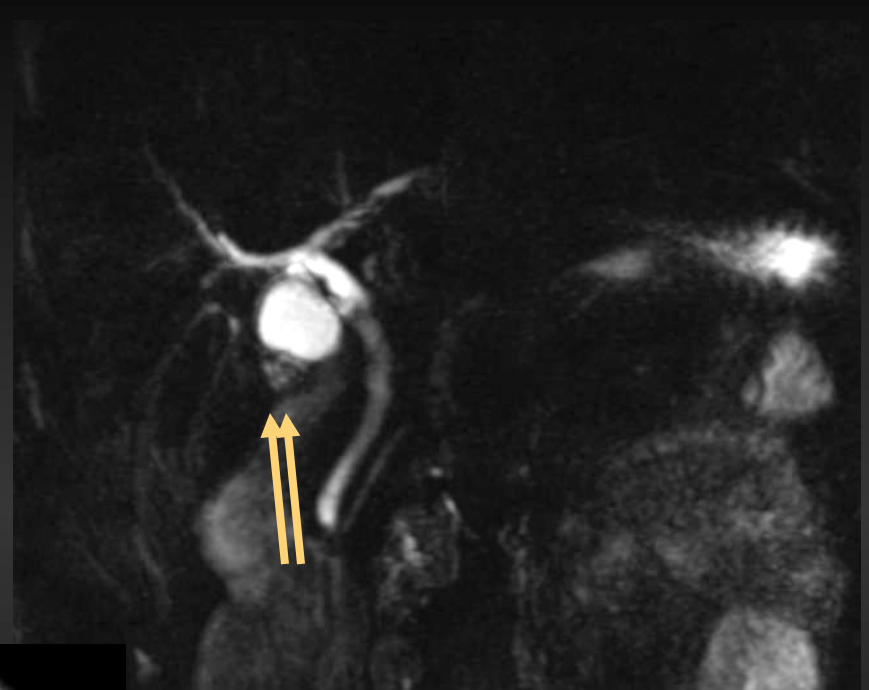
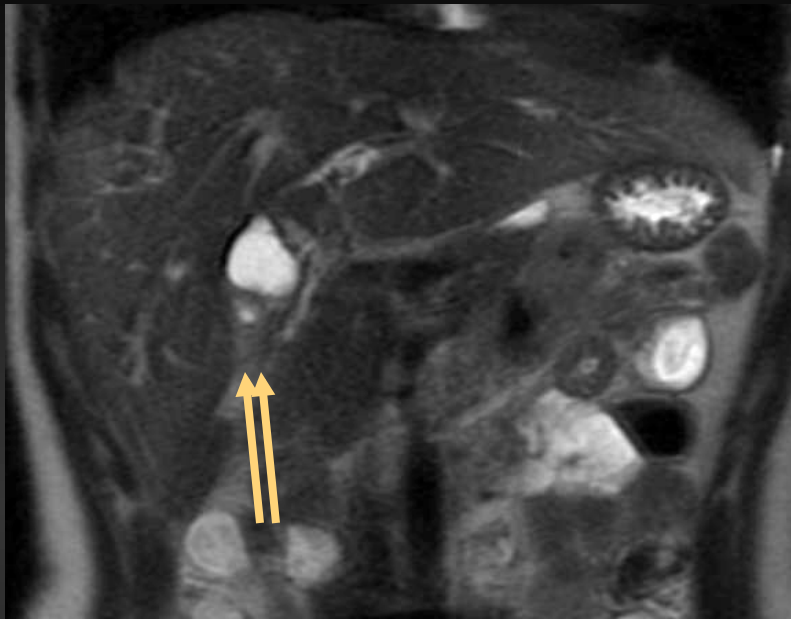
Femme de 55 ans, douleurs intermittentes paroxystiques de l'HCD depuis 6 mois



Empiement de la VBP

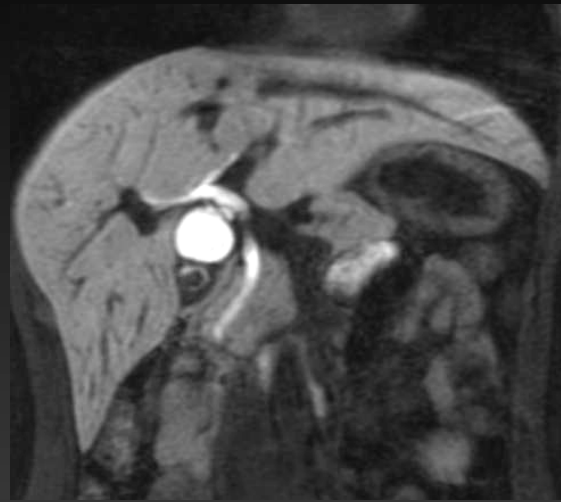
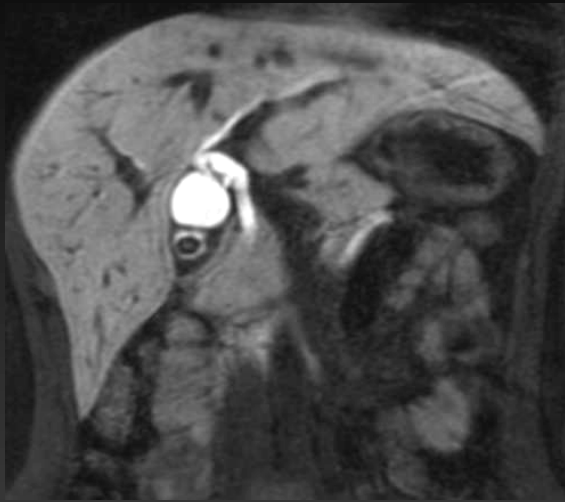
CAS 4

Femme 23 ans, cholécystite aiguë, IRM avant chirurgie

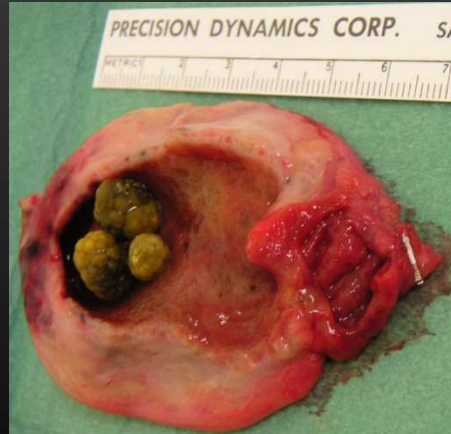


CAS 4

Femme 23 ans, cholécystite aiguë, IRM avant chirurgie



3D lava MnDPDP

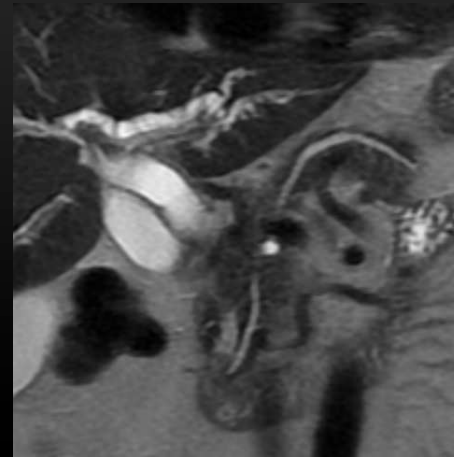
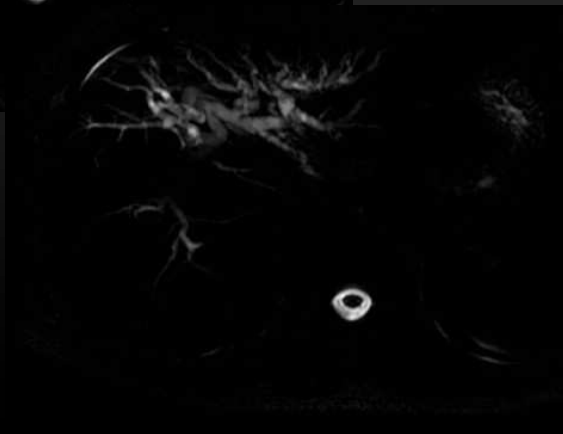
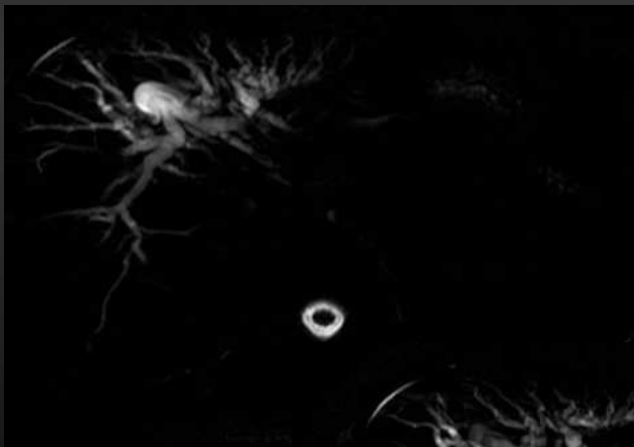
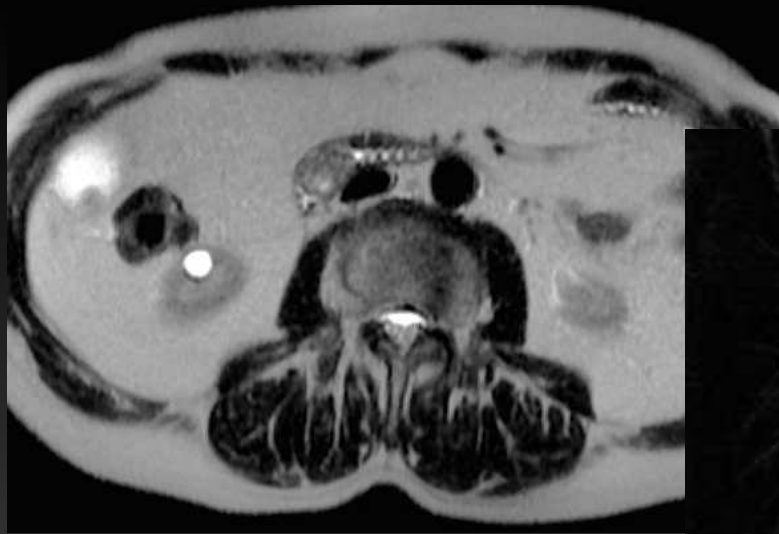


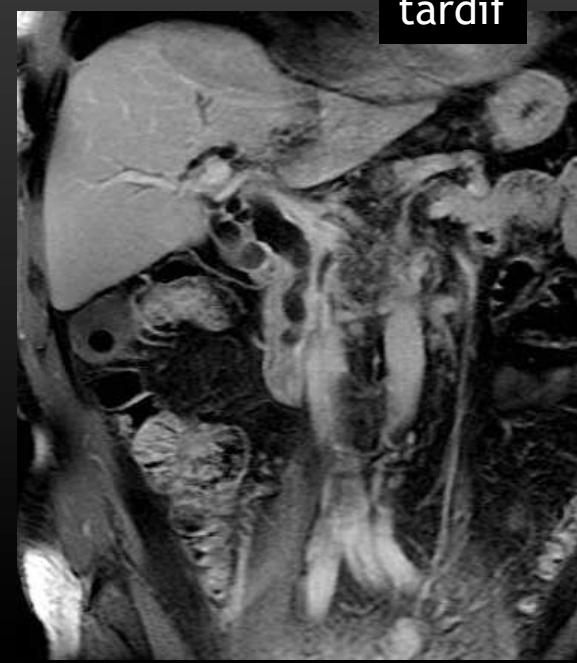
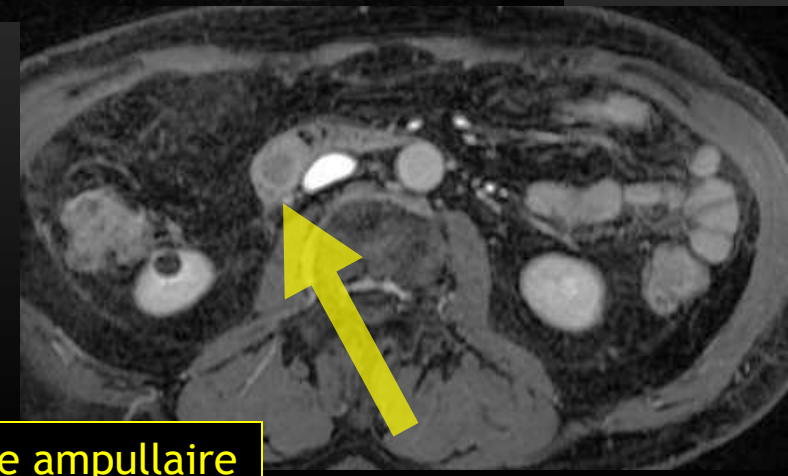
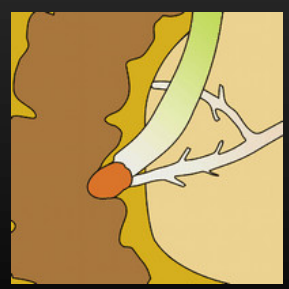
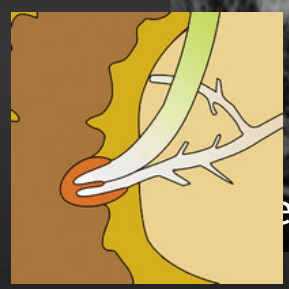
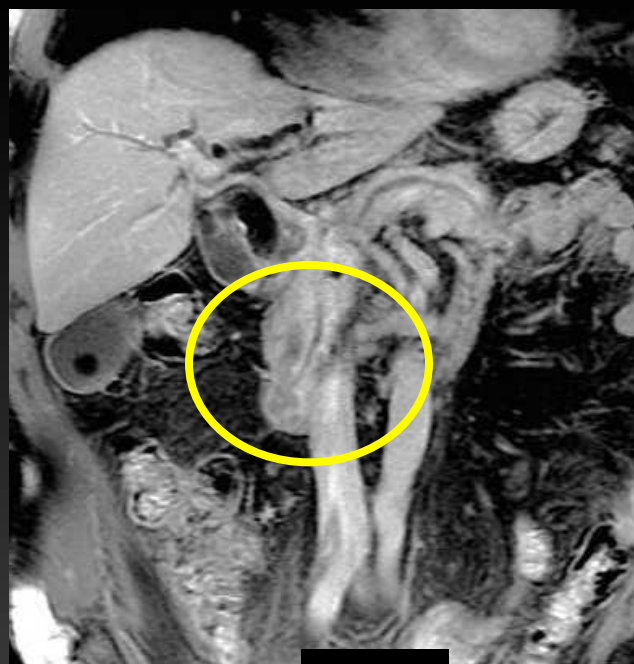
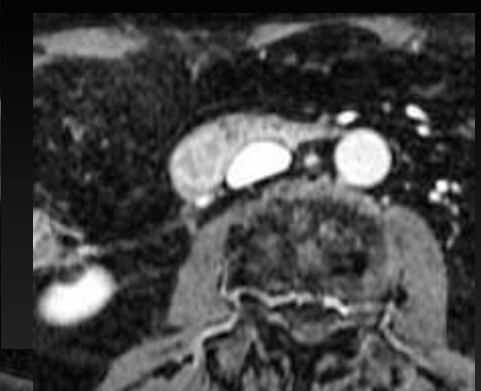
Vésicule à diaphragme

Portion sup : aspect normal sans calcul

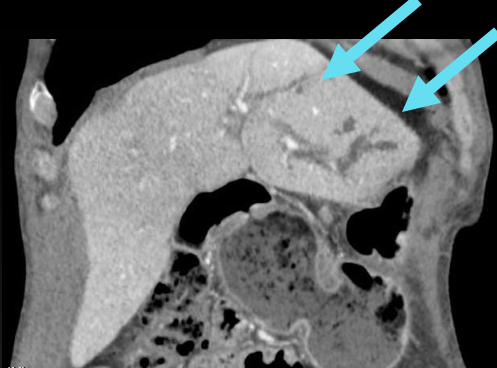
Portion inf : cholécystite chronique + multiples calculs

Cas 5
Homme de 72 ans, bilan de cholestase





Adénocarcinome ampillaire

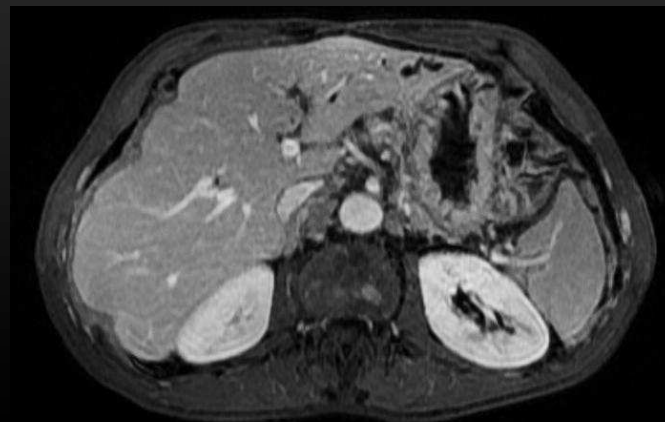
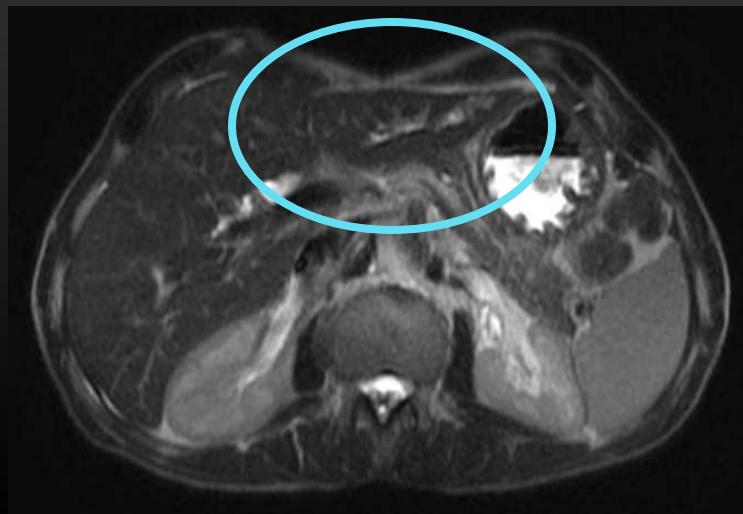
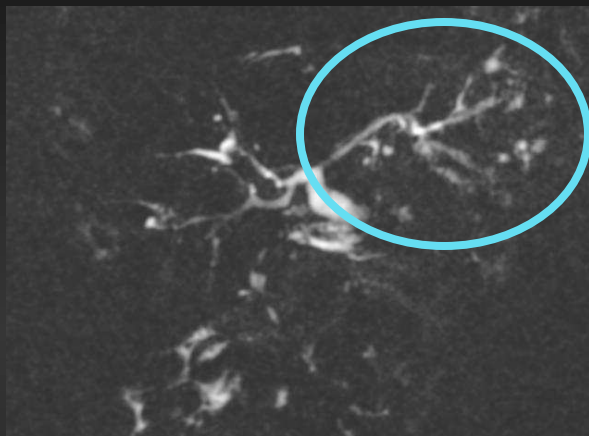


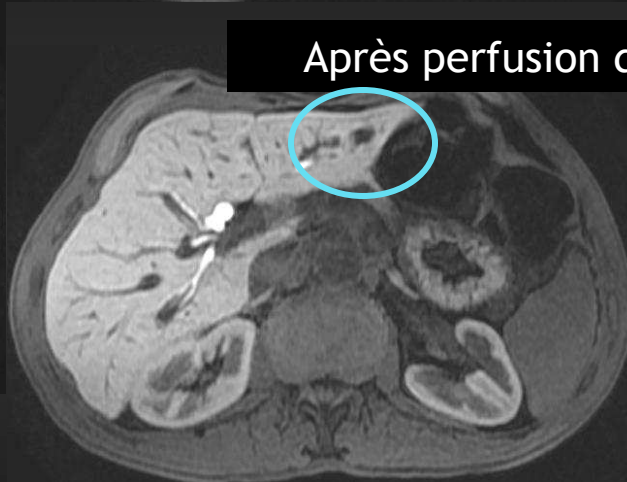
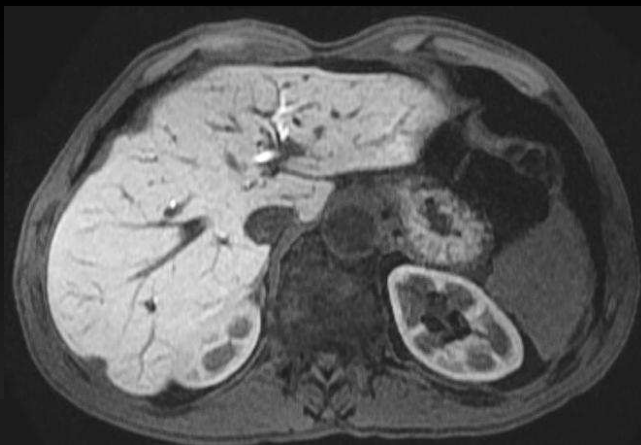
CAS 6

Homme de 63 ans, AEG et douleurs abdominales sans fièvre

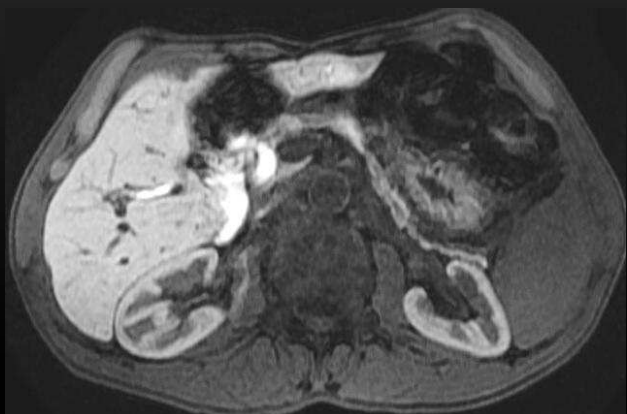
ATCD cholecystectomie

CT: dilatation des VBIH gauches





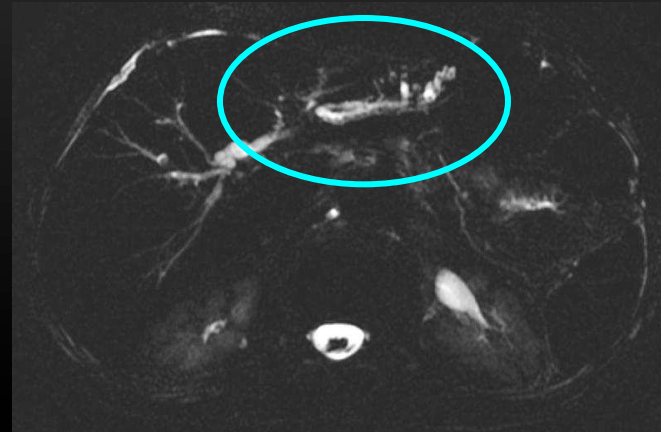
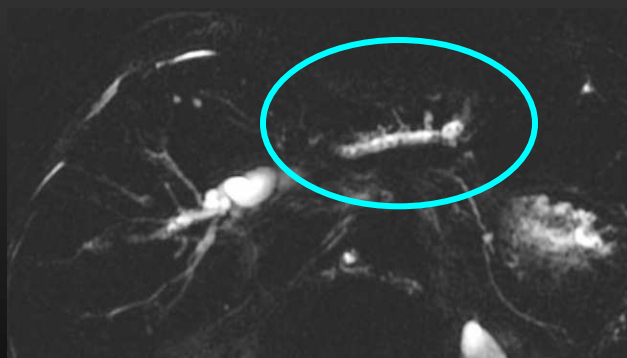
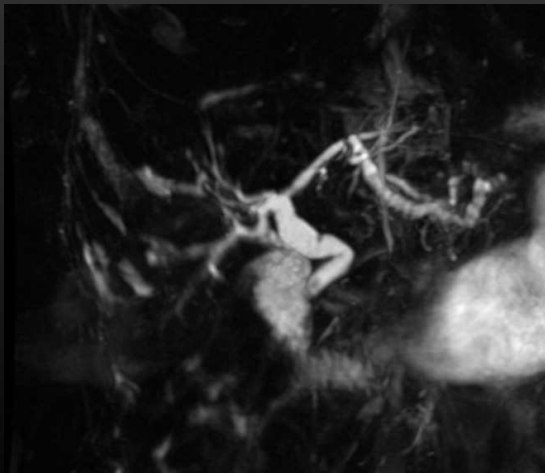
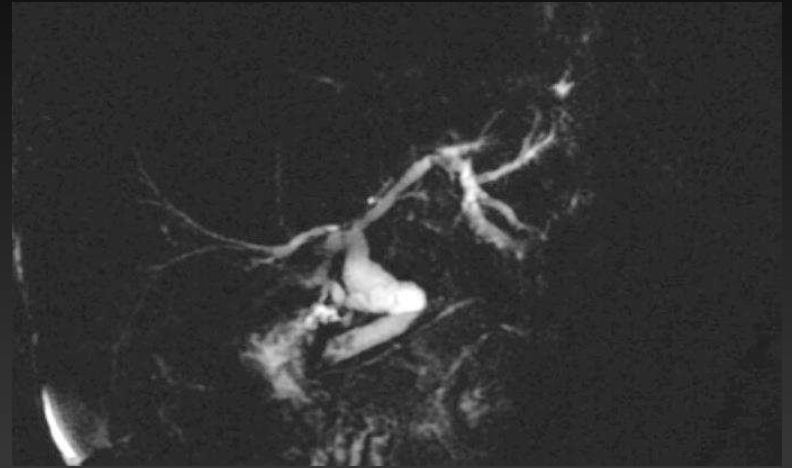
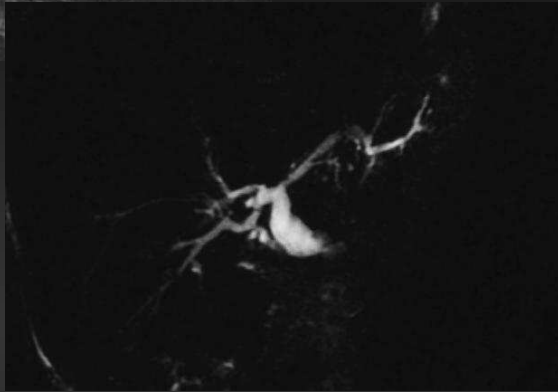
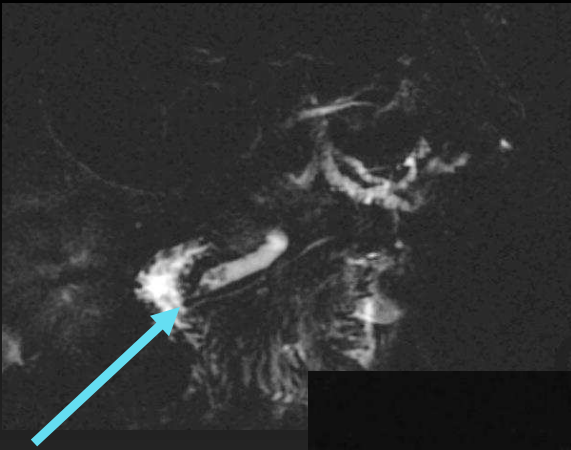
Après perfusion de Mn DPDP



Dilatation biliaire
« exclue »

CAS 6

Persistance des douleurs, biologie normale...



Lithiase des canaux biliaires intra-hépatiques G

CAS 7

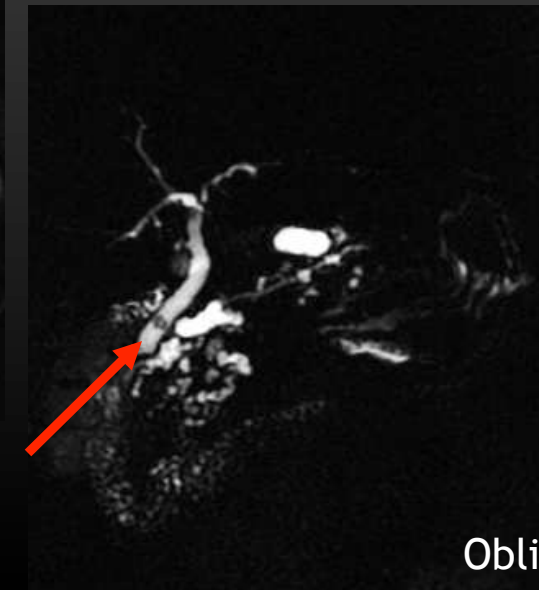
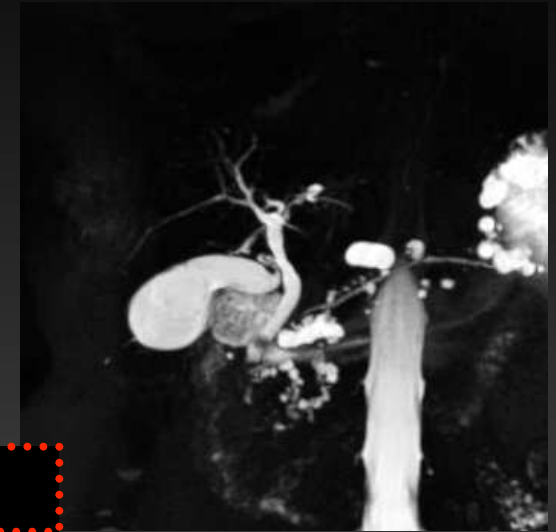
Femme de 85 ans, bilan morphologique à 1 mois d'une cholécystite aiguë.



Radiaires
TIPMP branch duct



Calcul enclavé du cholédoque

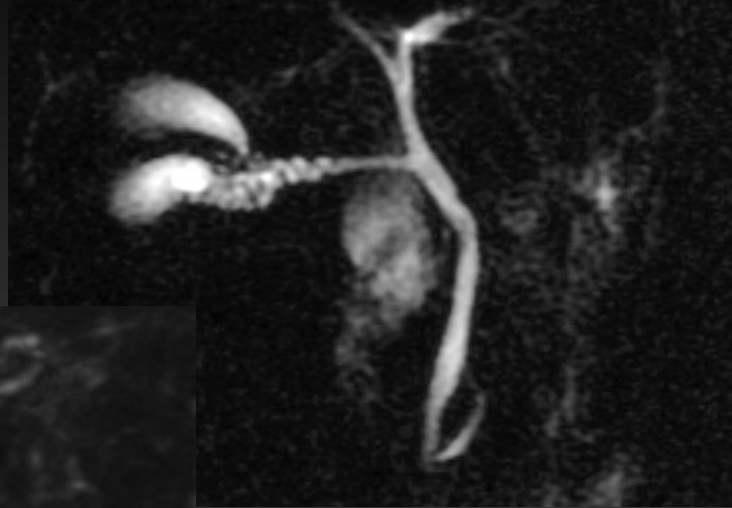
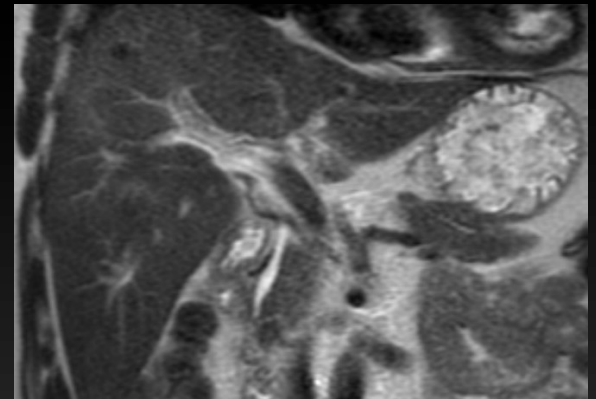


Obliques+++

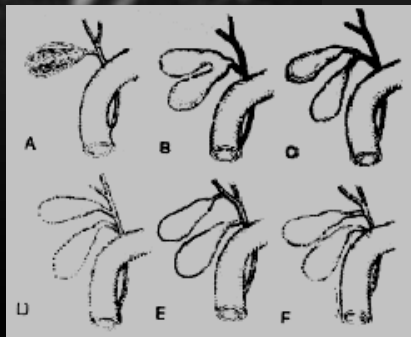
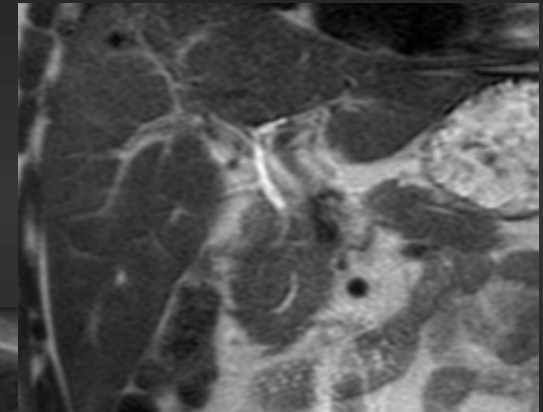
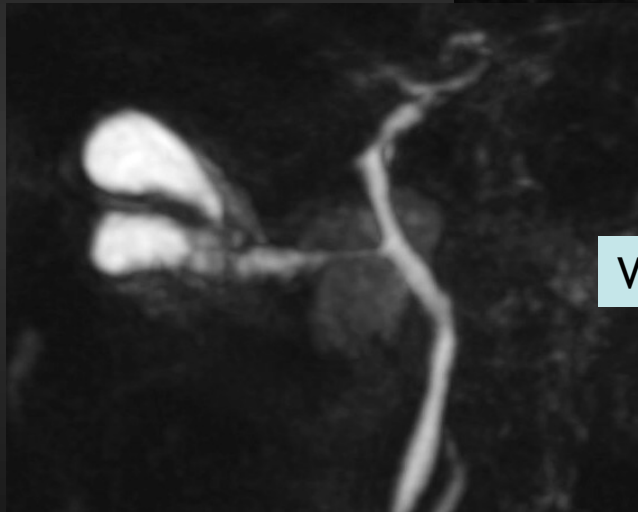
CAS 8

Homme 49 ans

Coliques hépatiques récidivantes



Vésicule biliaire double



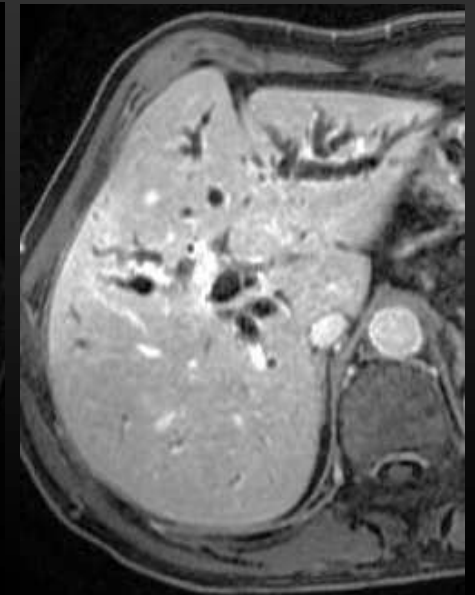
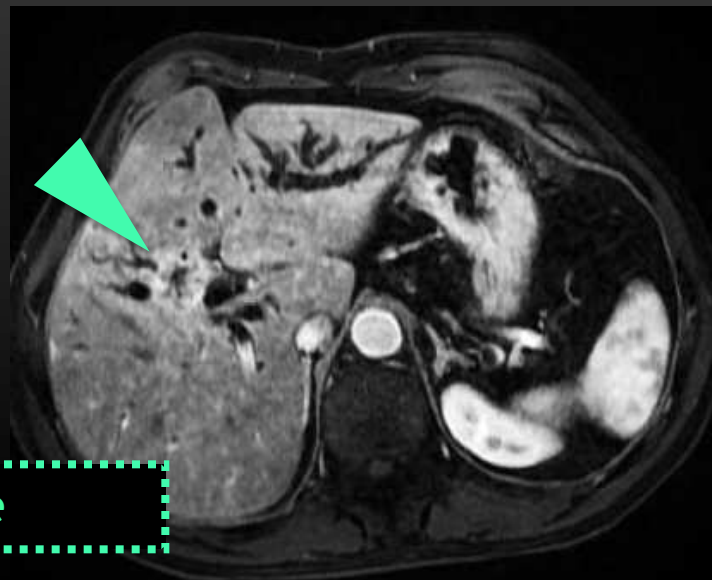
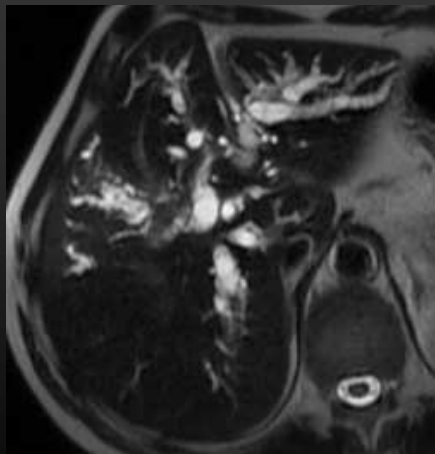
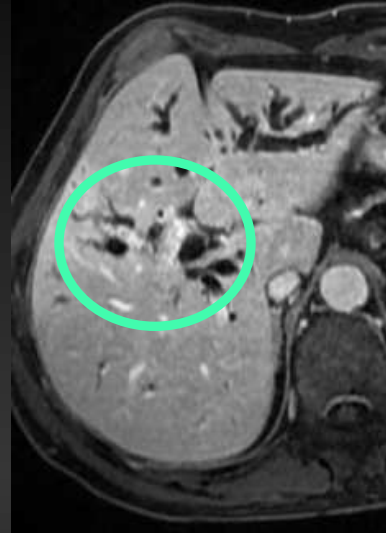
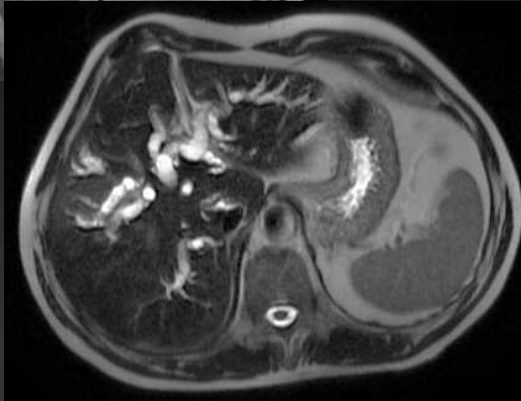
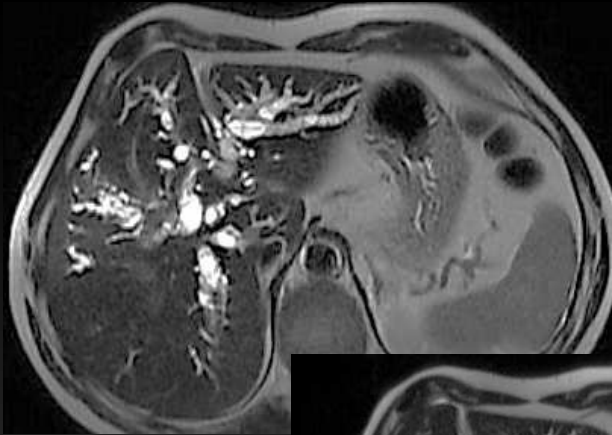
A : VB cloisonnée

B : VB bilobée

C-F : VB double

CAS 9

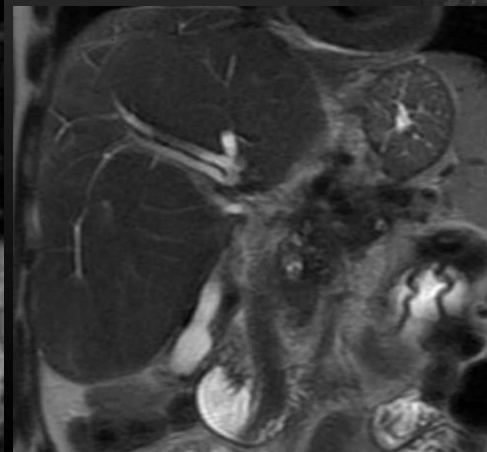
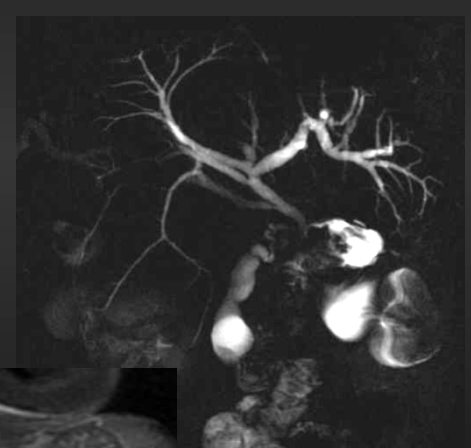
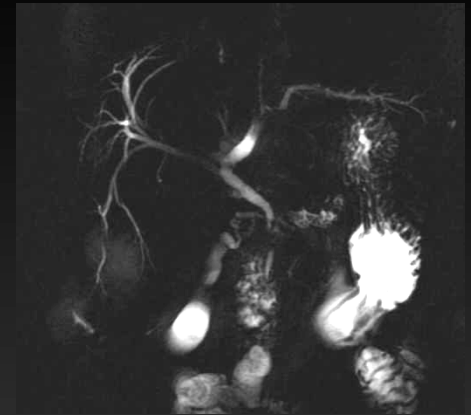
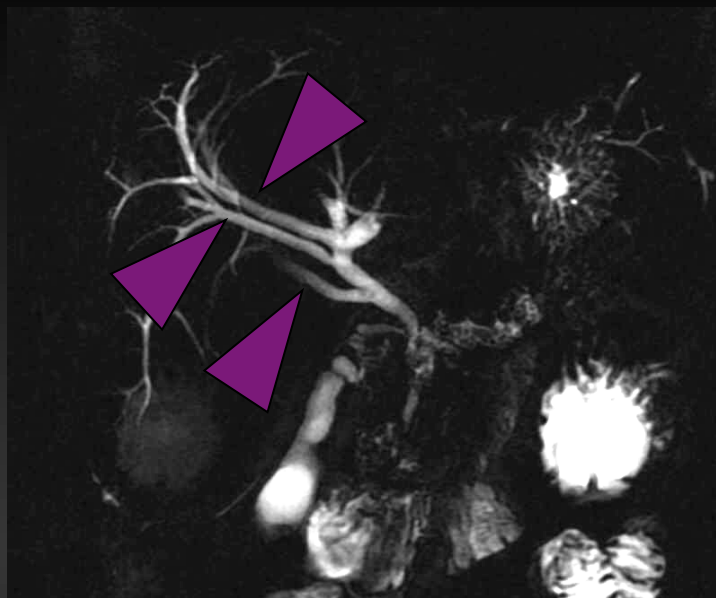
Bilan d'ictère rétentionnel chez un patient éthylo tabagique de 56 ans



Cholangiocarcinome

CAS 10

Femme de 43 ans, bilan de pancréatite chronique d'origine éthylique

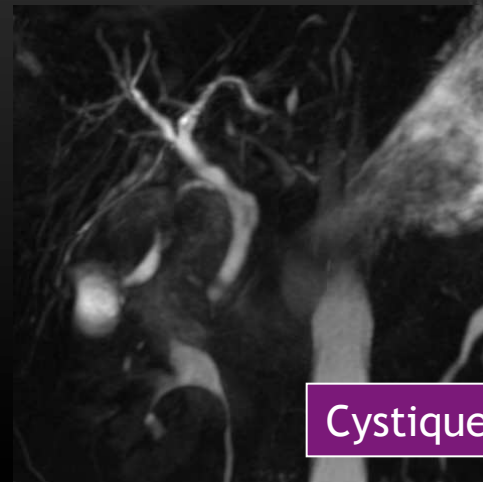
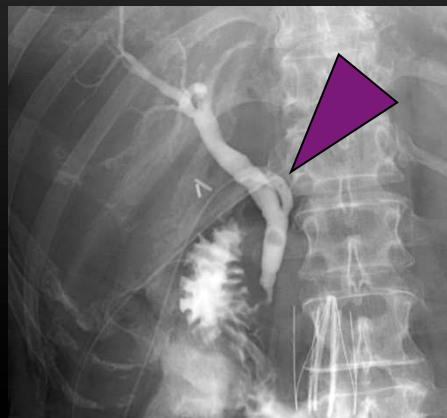
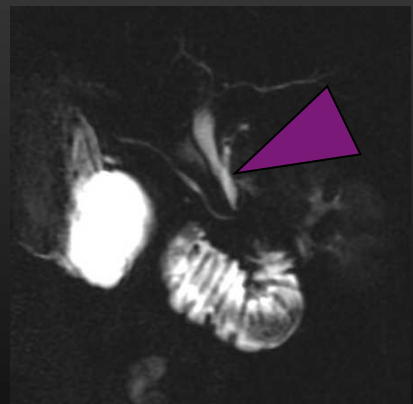
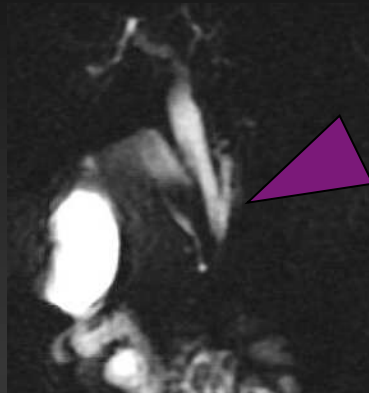


3 canaux hépatiques droits

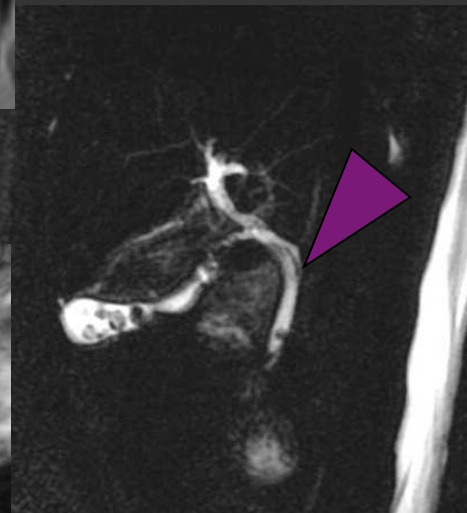
CAS 10
Variantes de la normale...



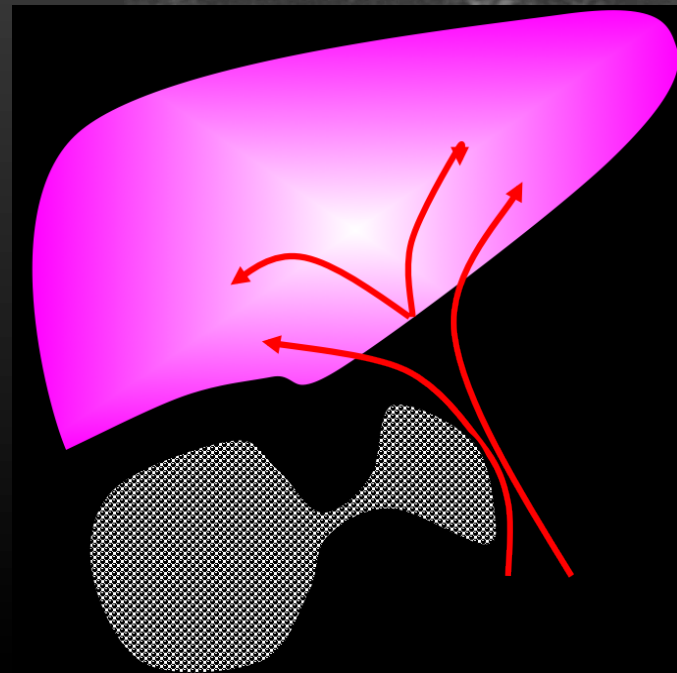
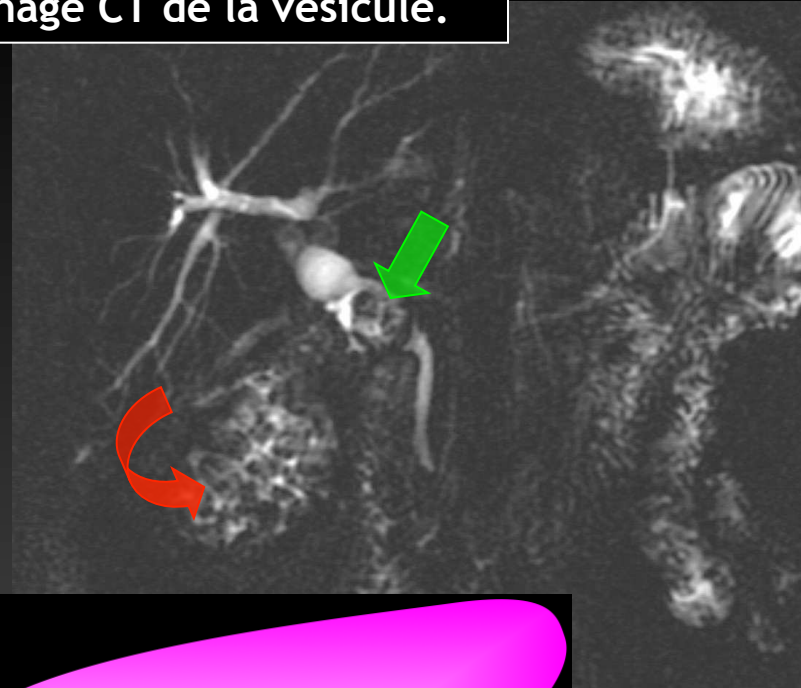
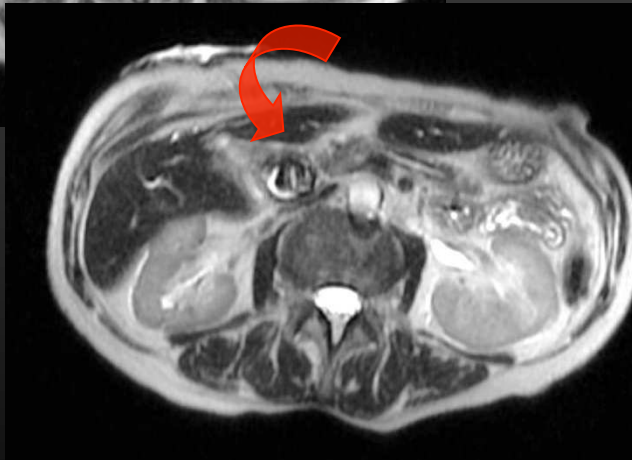
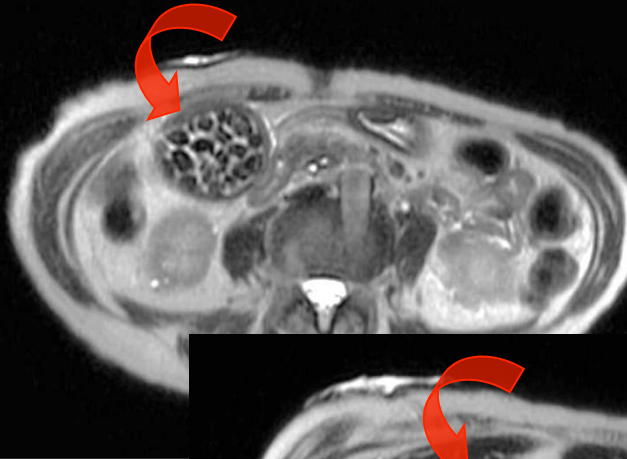
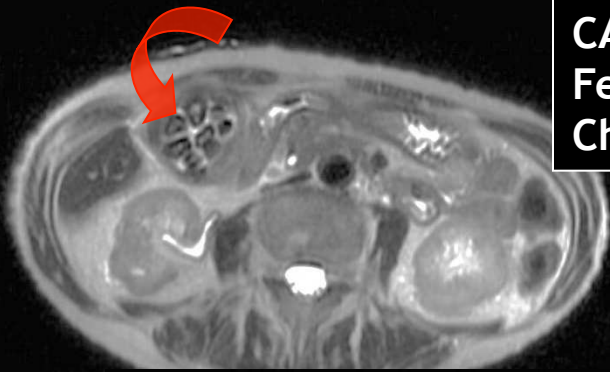
Cystique bas inséré
(avt cholecystectomie++)



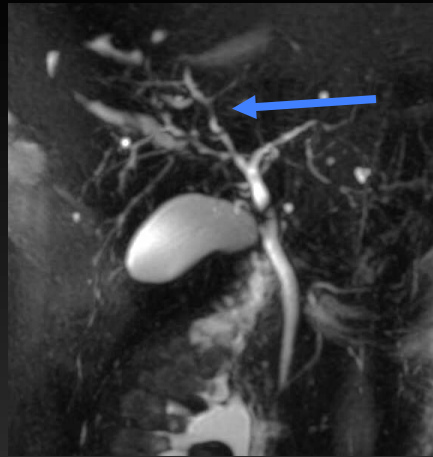
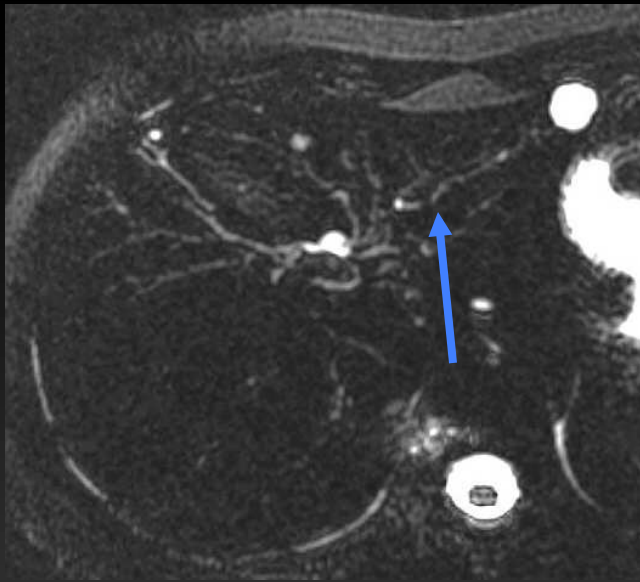
Cystique médialement inséré



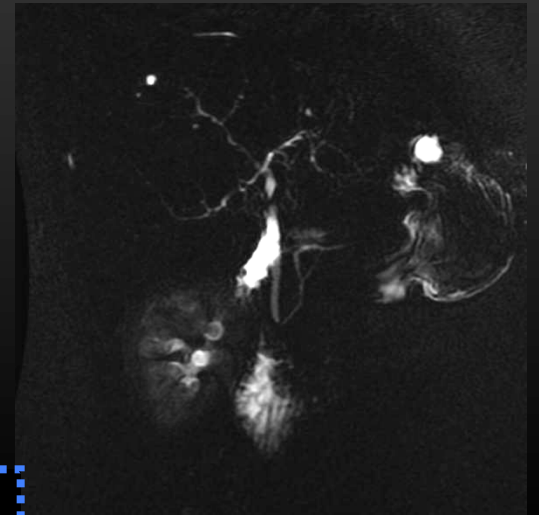
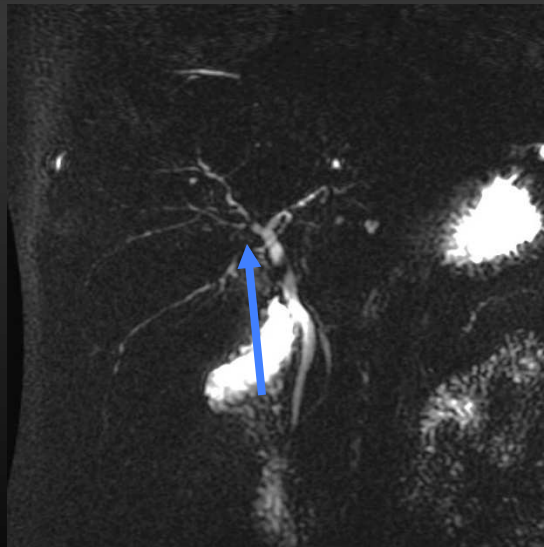
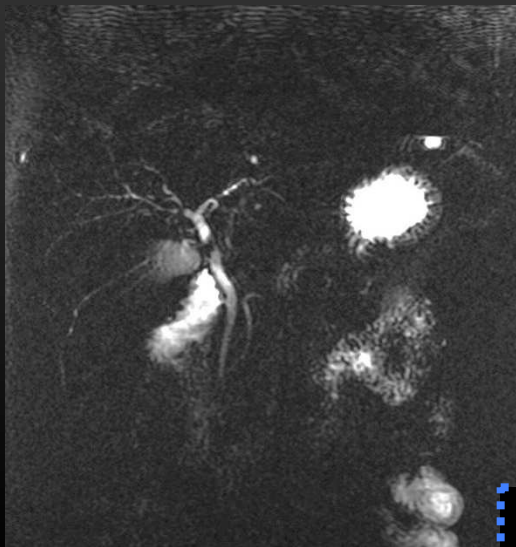
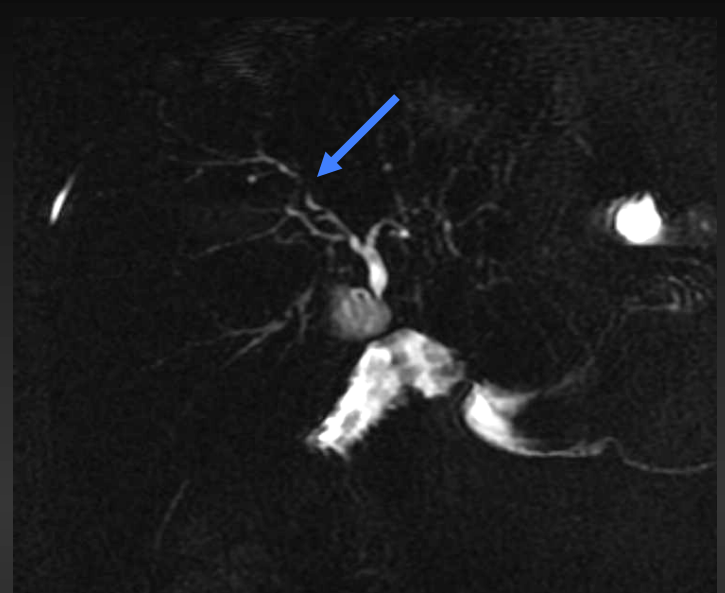
CAS 11
Femme de 69 ans.
Cholécystite aiguë, drainage CT de la vésicule.



Syndrome de Mirizzi sur
empierrement du cystique



CAS 12
Femme 42 ans, suivie pour
maladie de Crohn



Cholangite sclérosante primitive

CAS 13

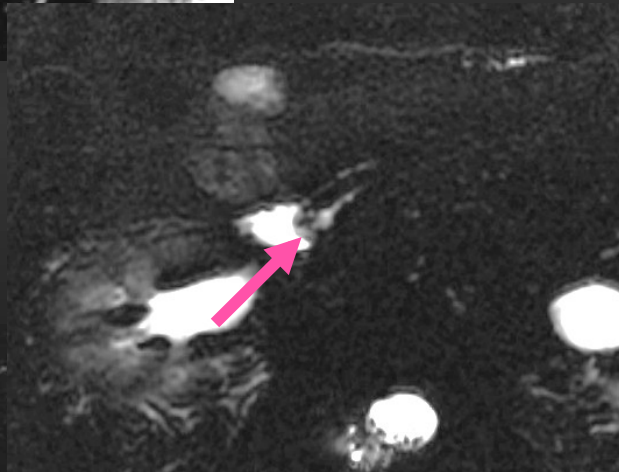
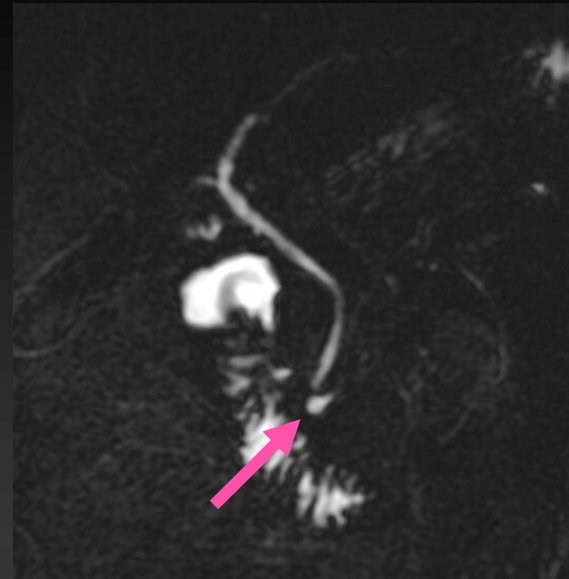
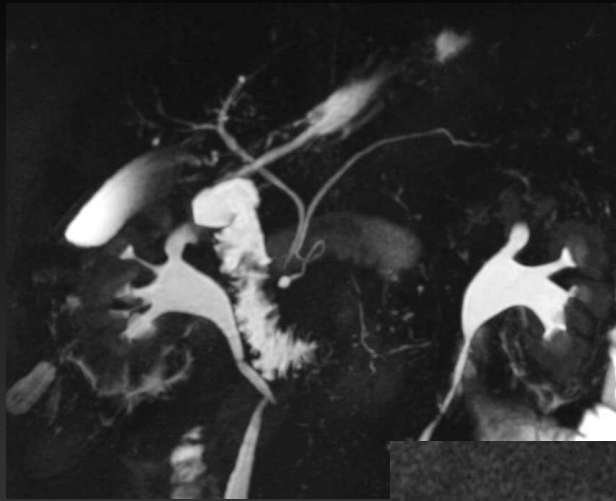
Patiente fébrile J7 post métastasectomie hépatique



Fuite biliaire après perfusion de MnDPDP

CAS 14

Douleurs du flanc droit chez un homme de 62 ans



Cholédococèle et aspect tortueux du Wirsung

Exemple 2

Bilan à la recherche de calcul de la VBP

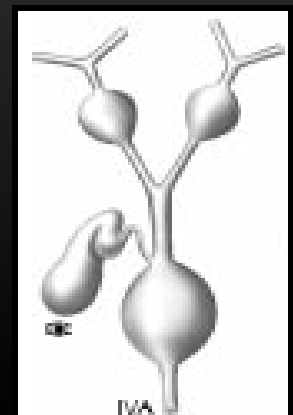
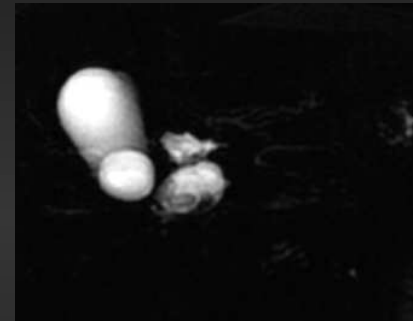
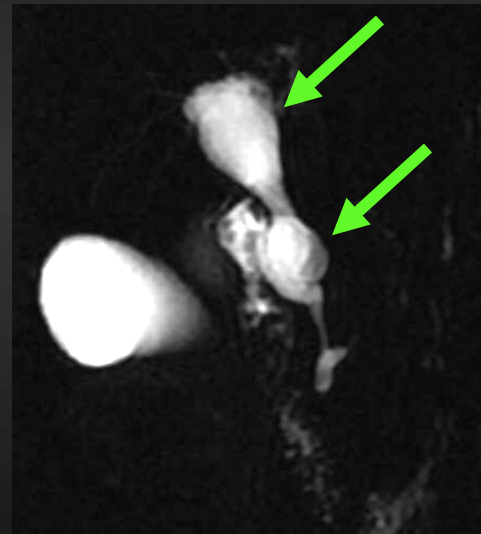
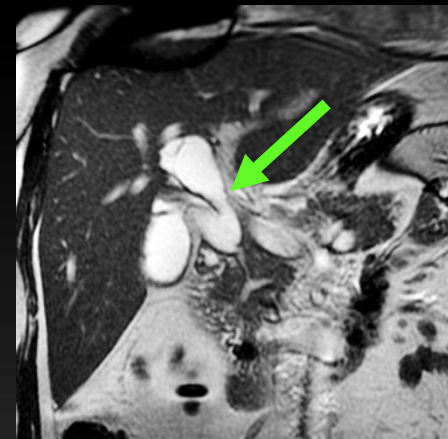
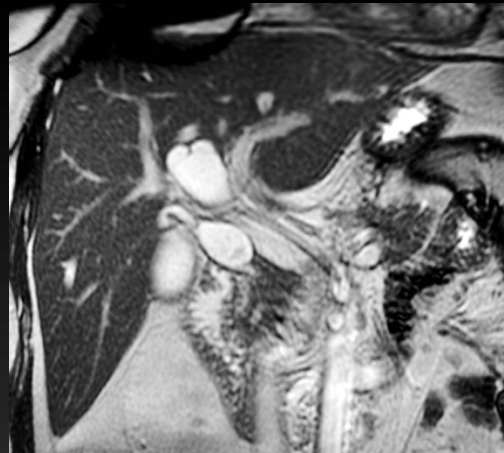


2 Cholédococèles

CAS 15

Patiente de 31 ans

Dilatation kystique de la VBP

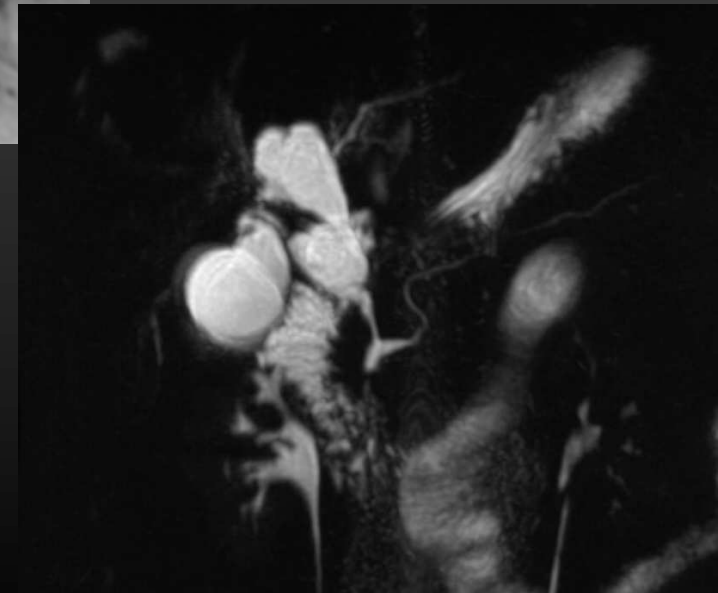
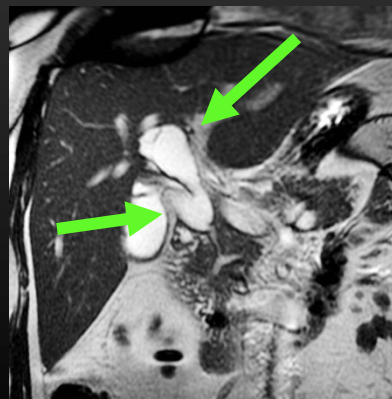
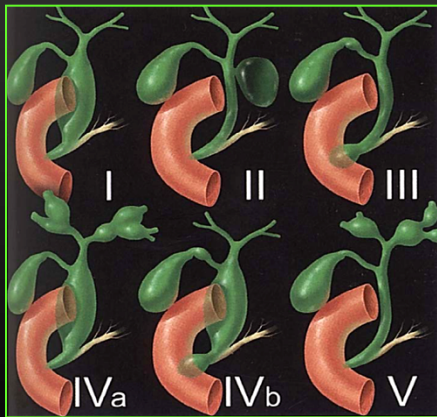
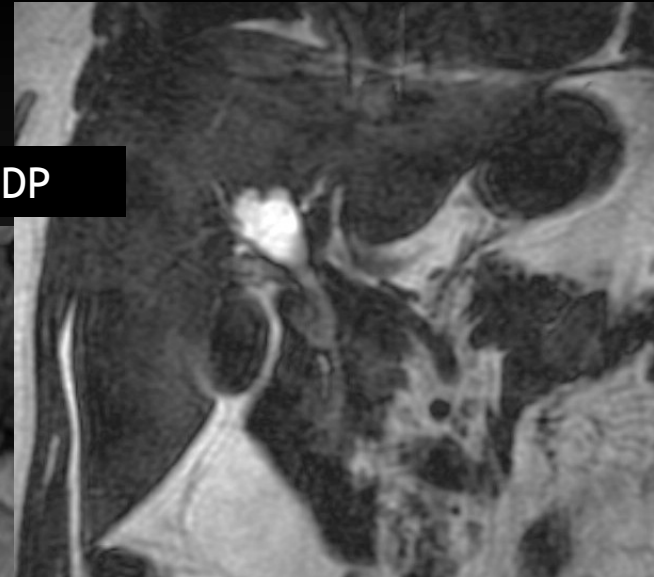
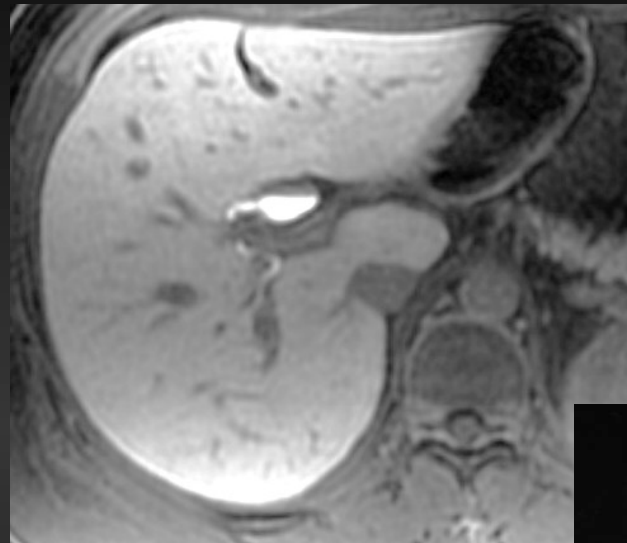
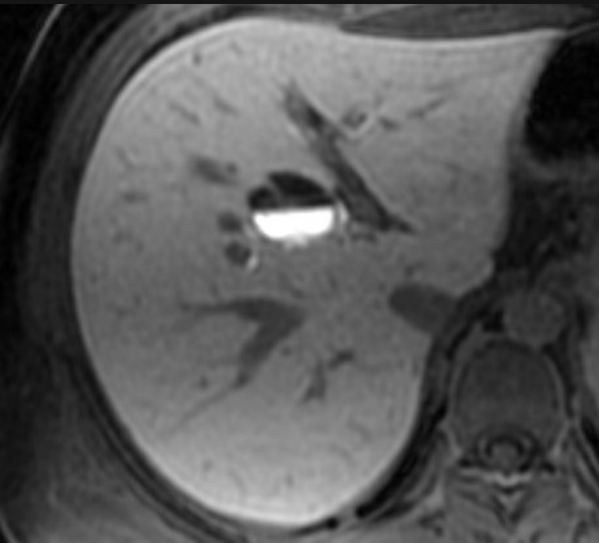


CAS 15

Patiente de 31 ans

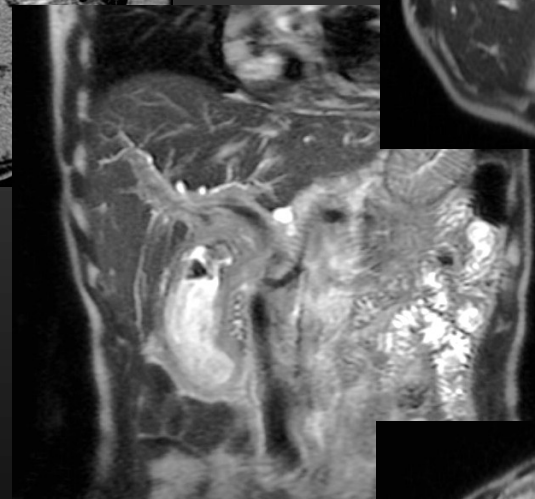
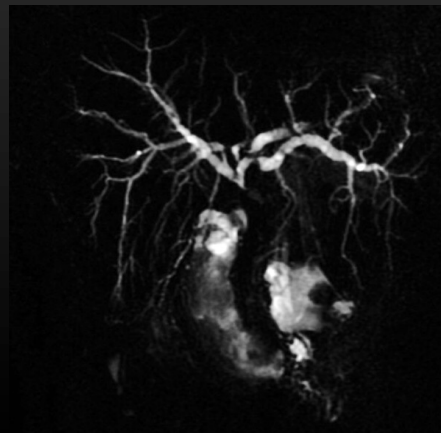
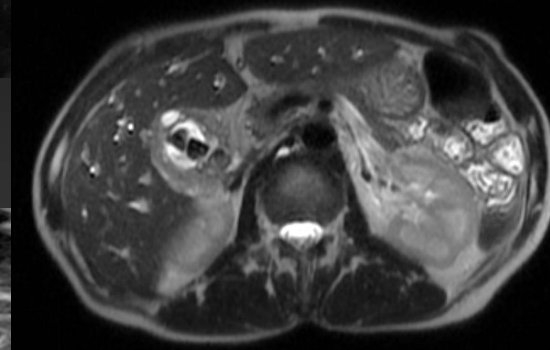
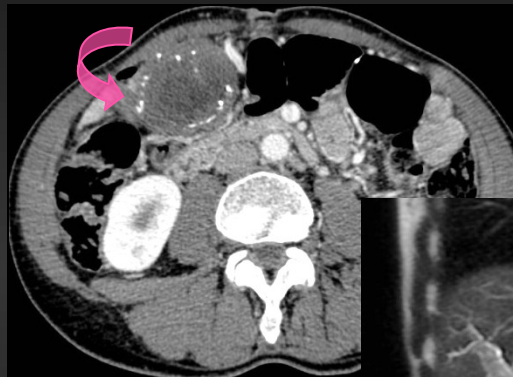
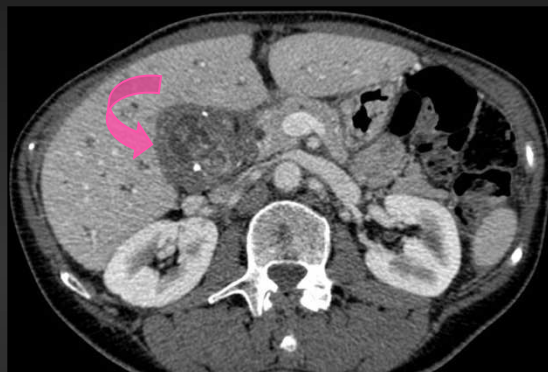
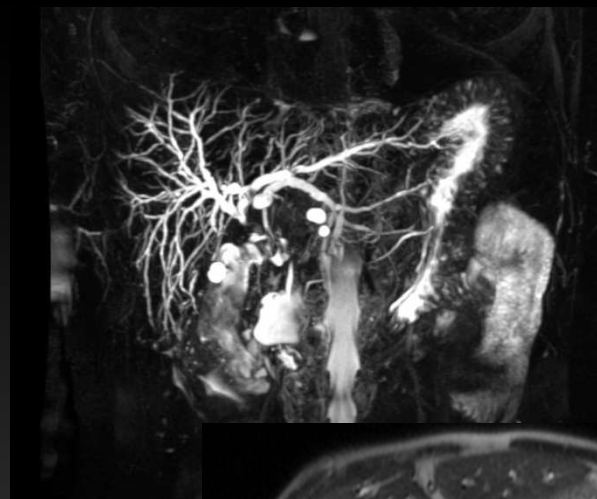
Dilatation kystique de la VBP

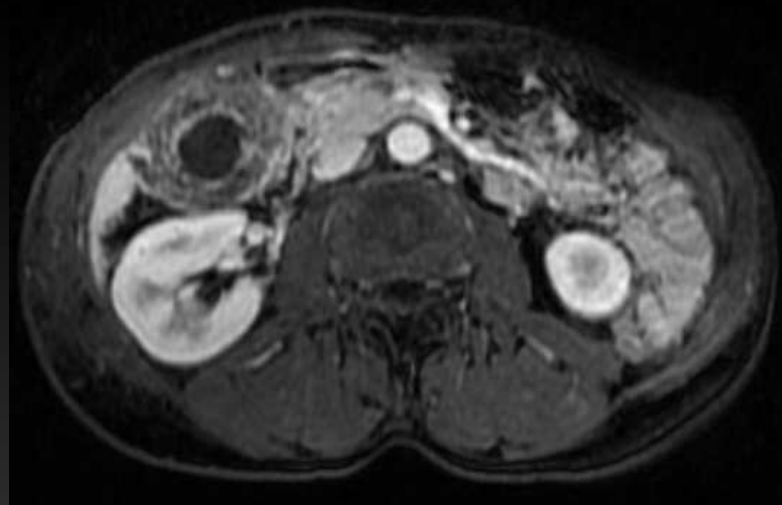
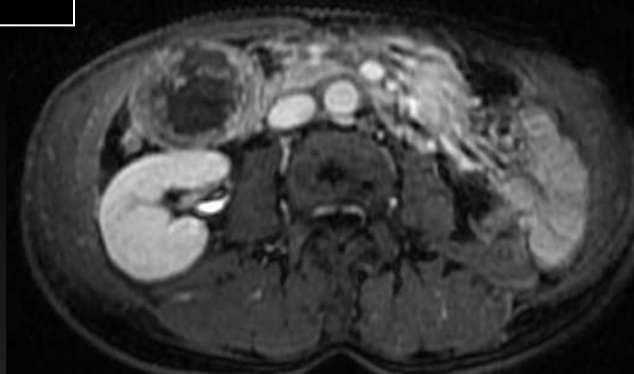
Après perfusion de Mn DPDP



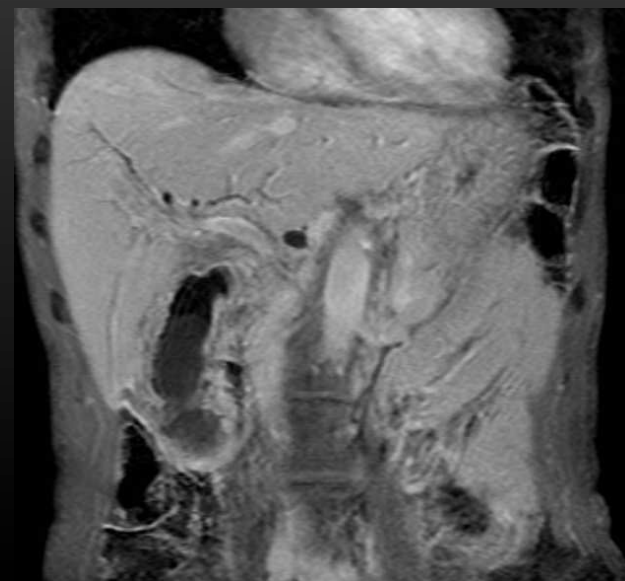
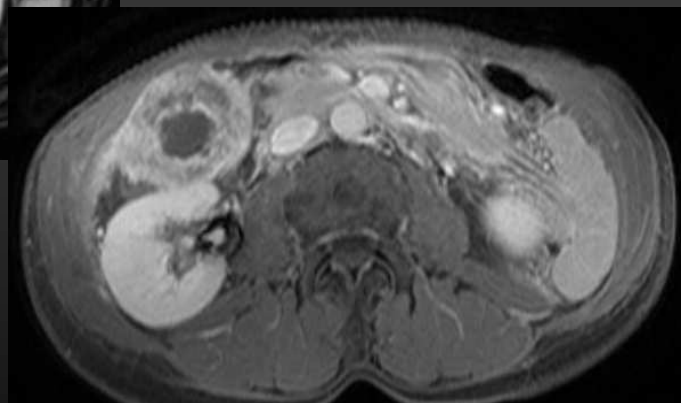
Kyste du cholédoque IVa selon la classification de Todani

CAS 16





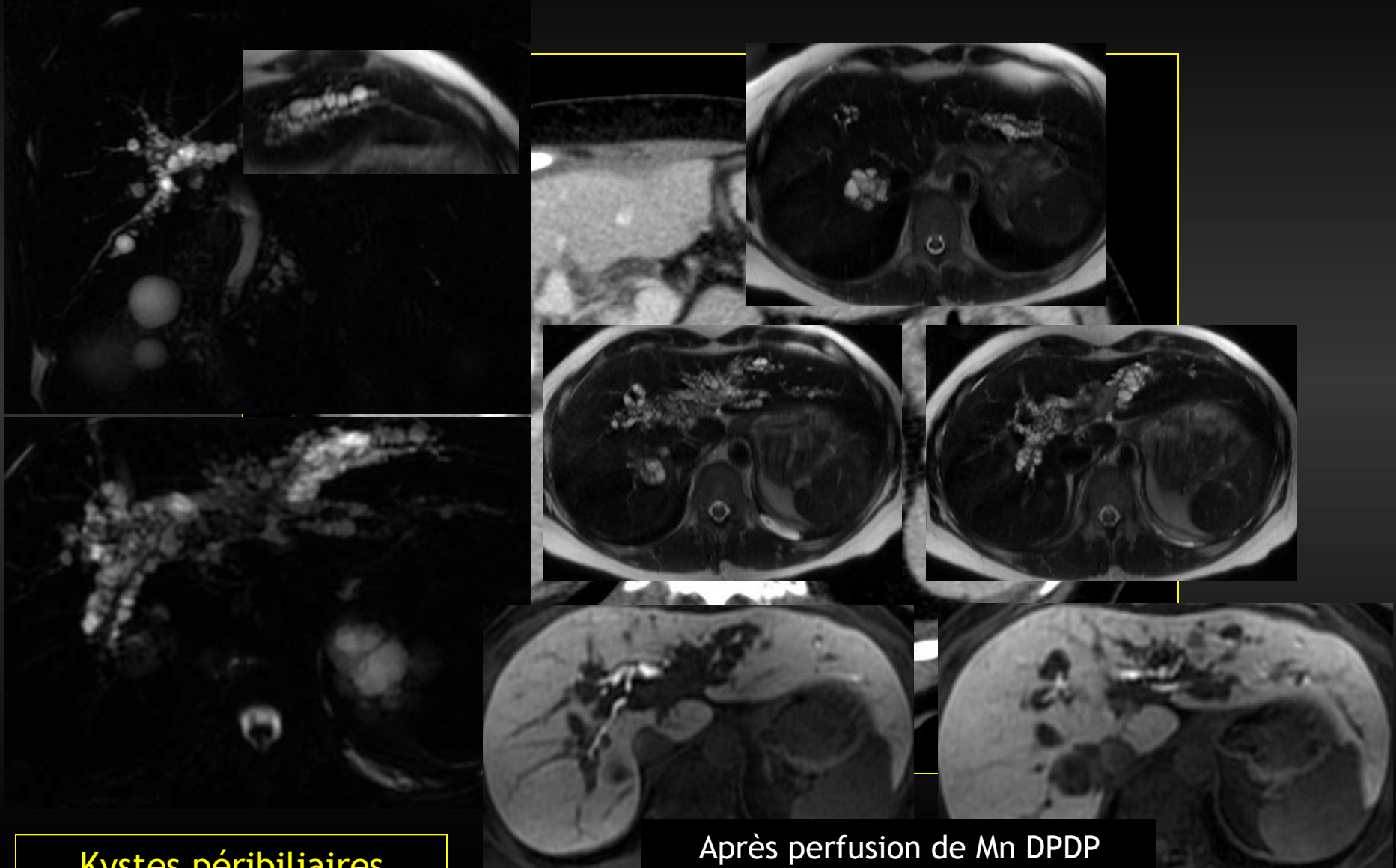
Lava portal + tardif



Adénocarcinome mucineux de la vésicule

CAS 18

Patiente suivie pour PK rénale. IRM en complément pour préciser des anomalies scanographiques.

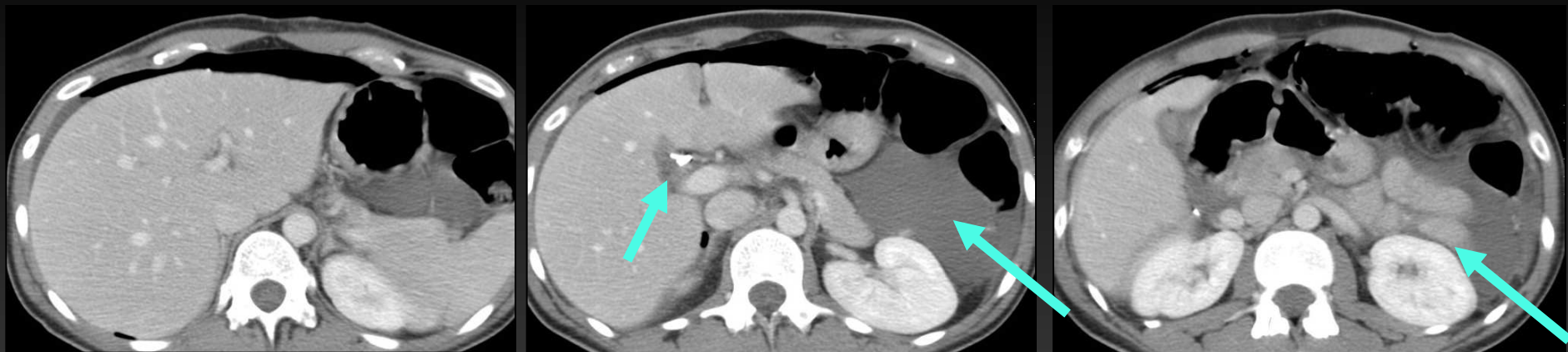


Kystes péribiliaries

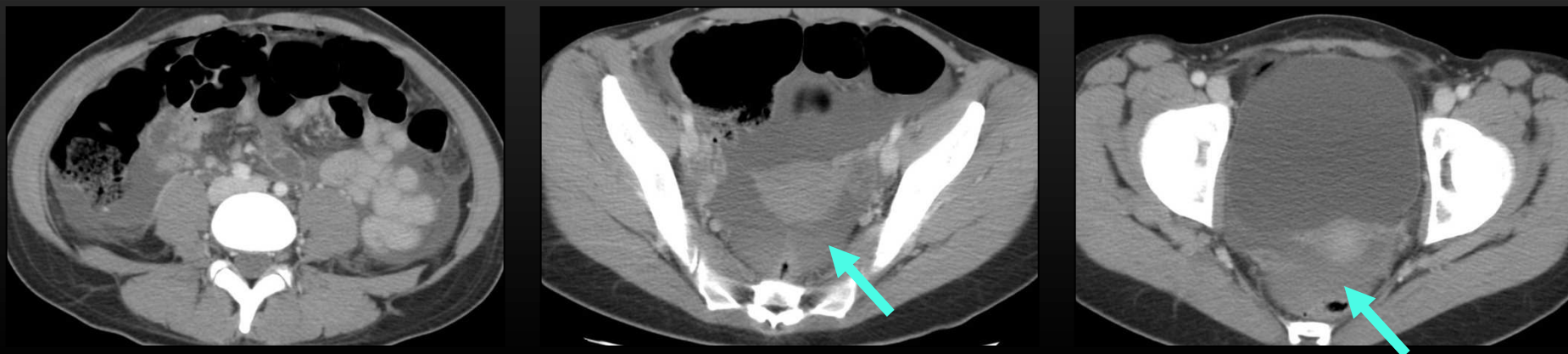
Après perfusion de Mn DPDP

CAS 19

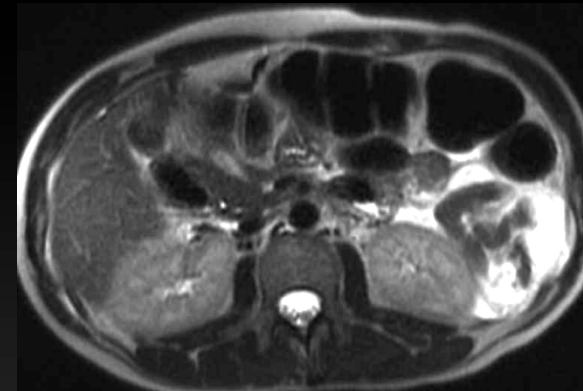
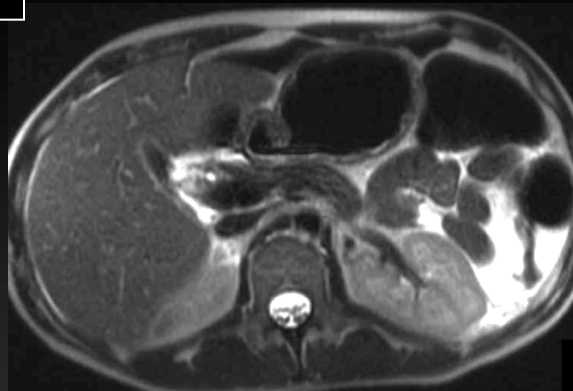
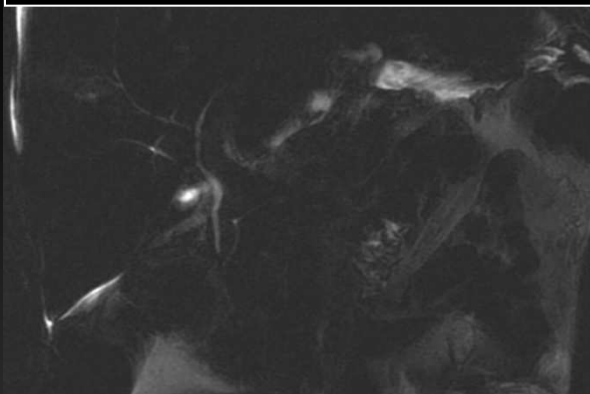
Femme 32 ans, DA post cholécystectomie J2



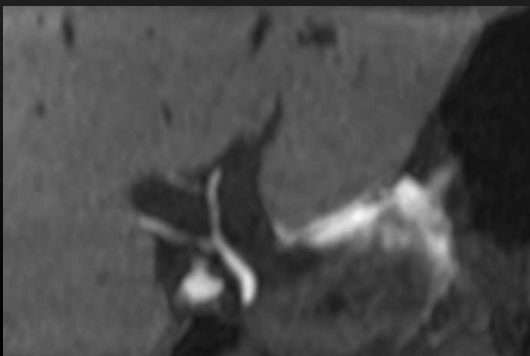
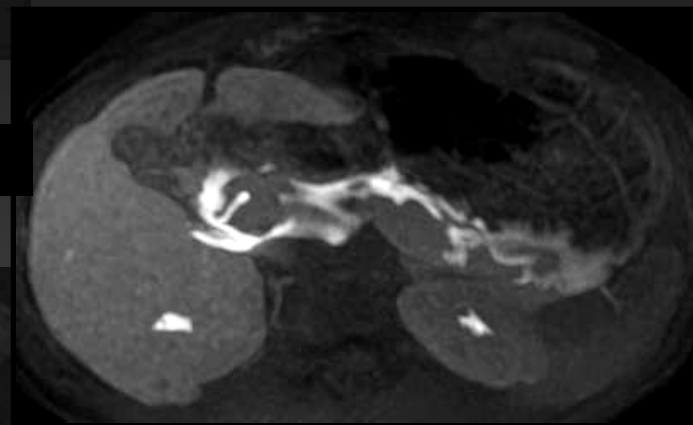
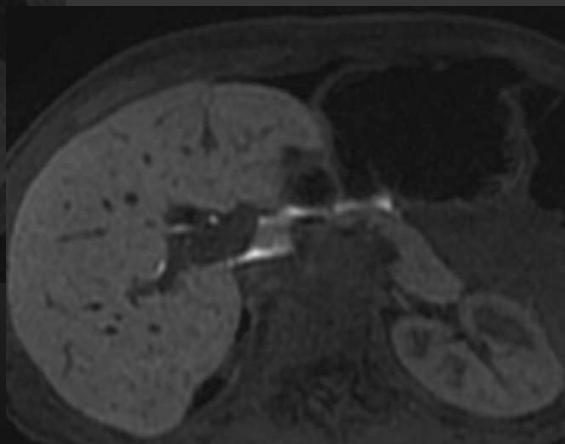
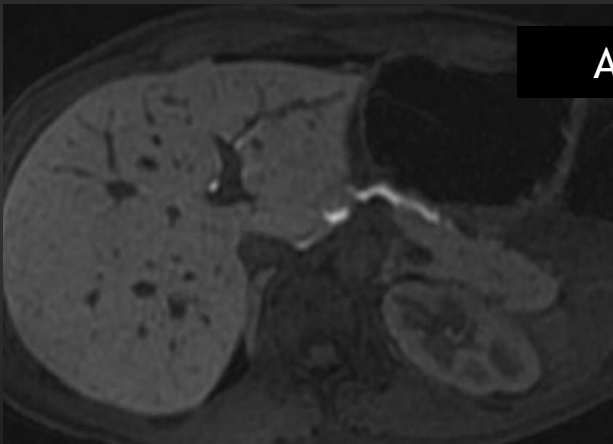
Suspicion de fuite biliaire
Moyen simple de confirmer l'hypothèse ?



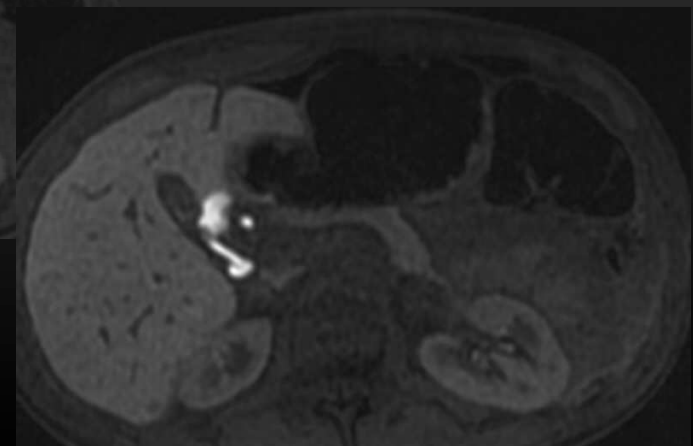
Cas 19
IRM + Perfusion de MnDPDP



Après perfusion de Mn DPDP

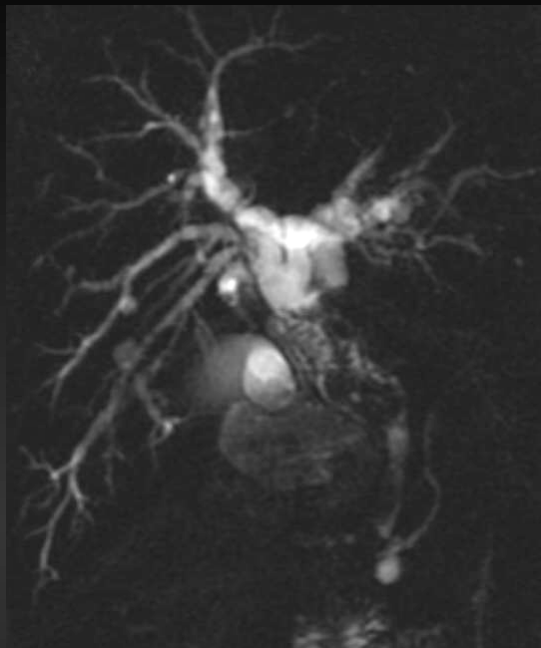


Cholépéritoine

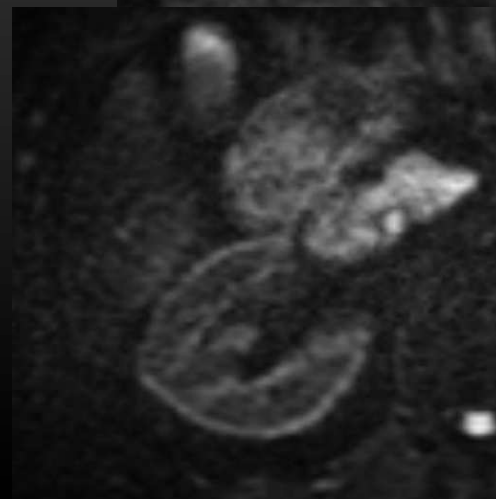
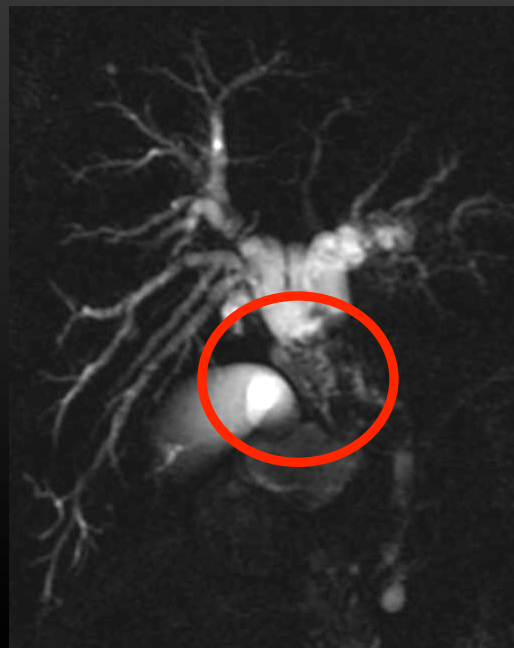
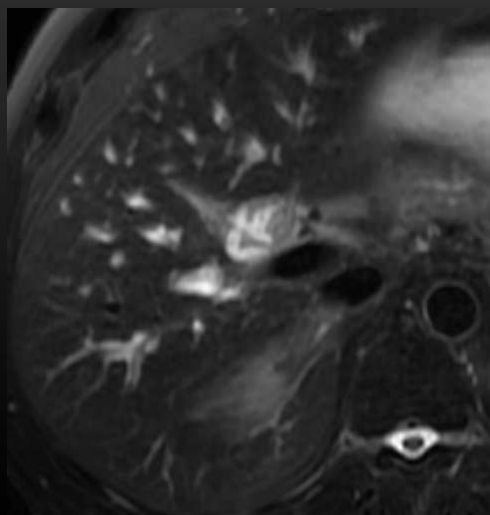
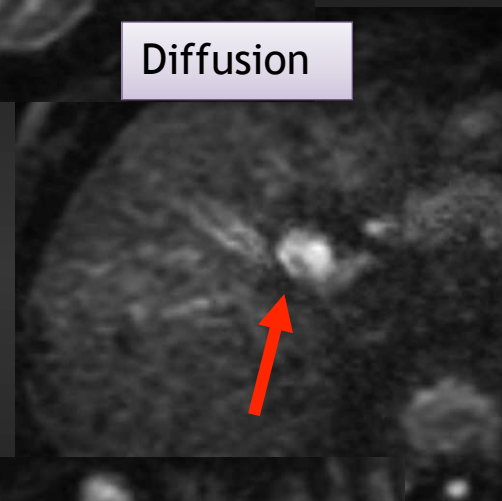


CAS 20

Homme 66 ans, ictère

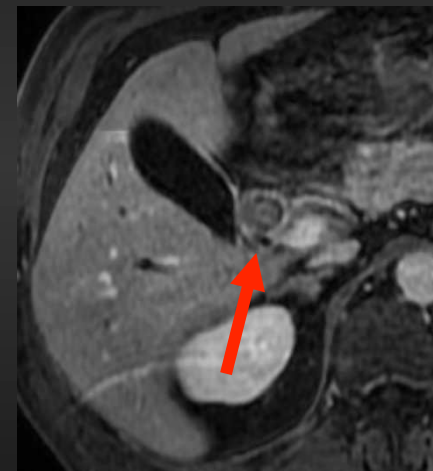
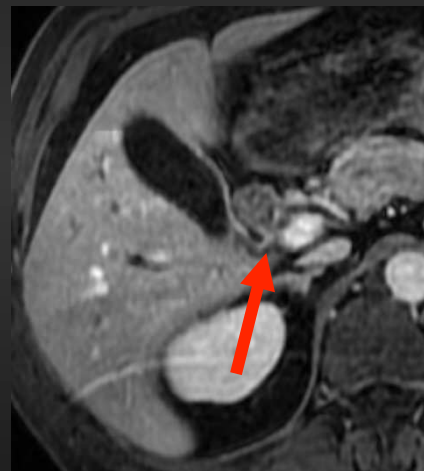
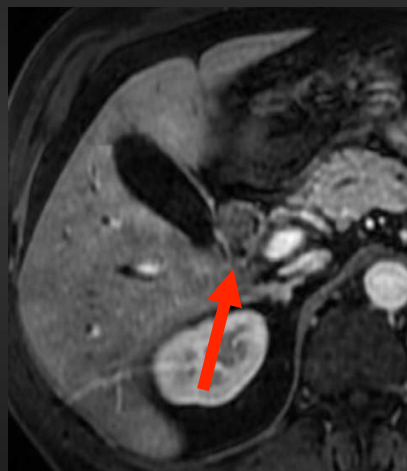
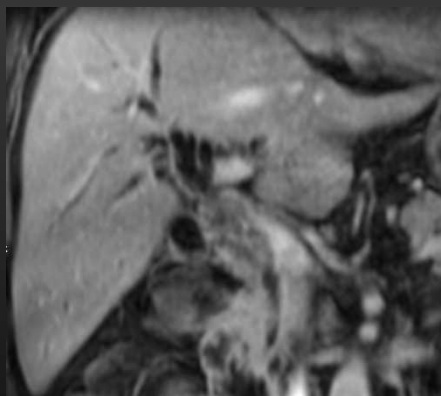


Diffusion



CAS 20

Homme 66 ans, ictère



Papillomatose endobiliaire