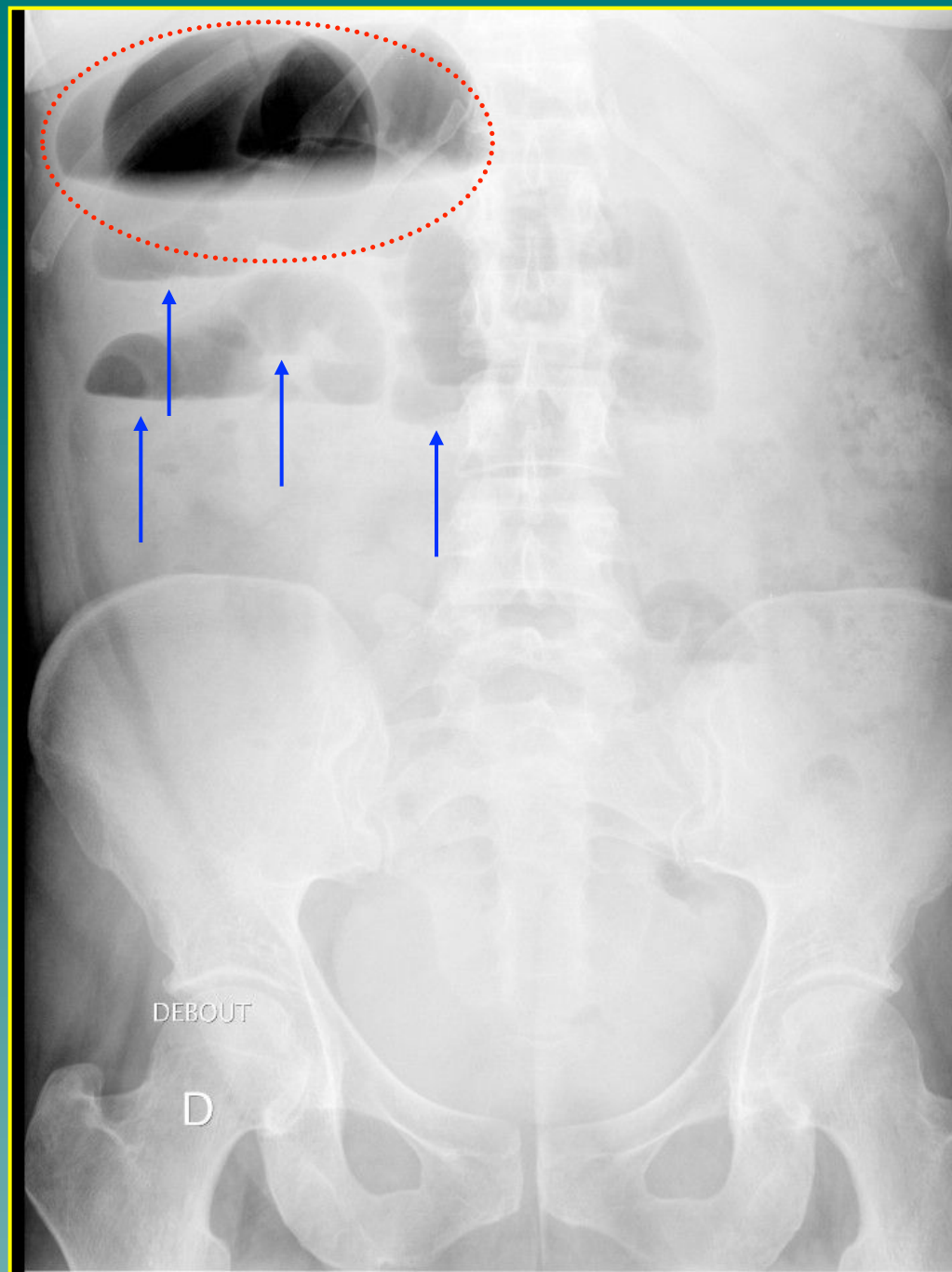
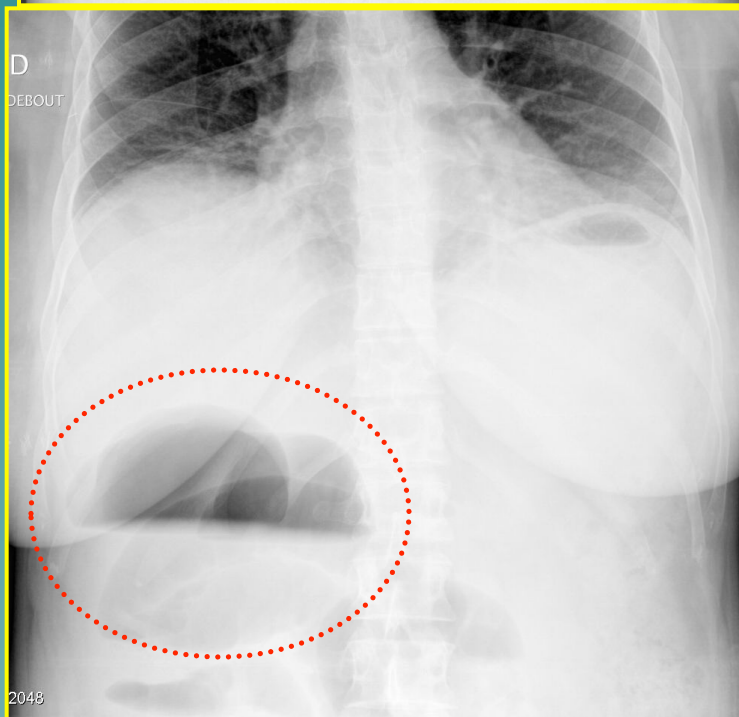
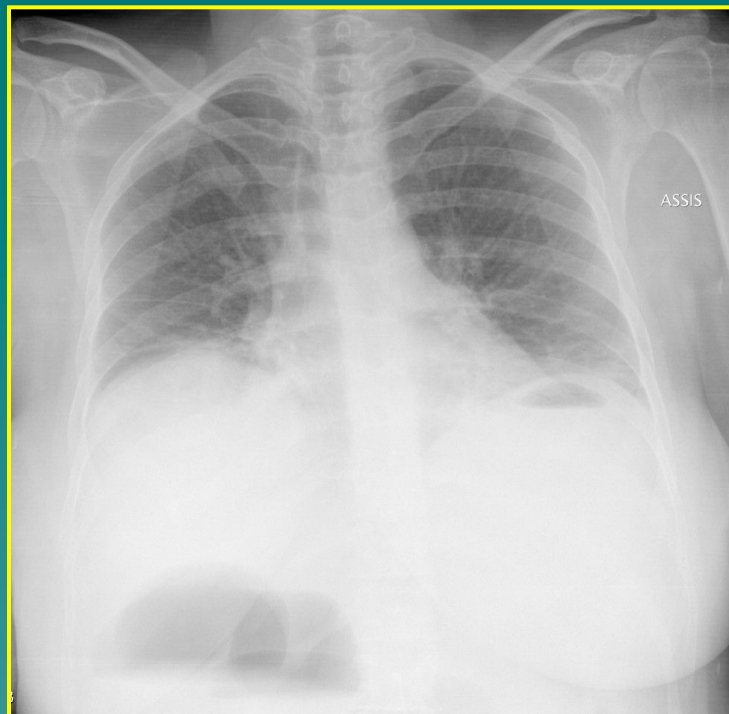
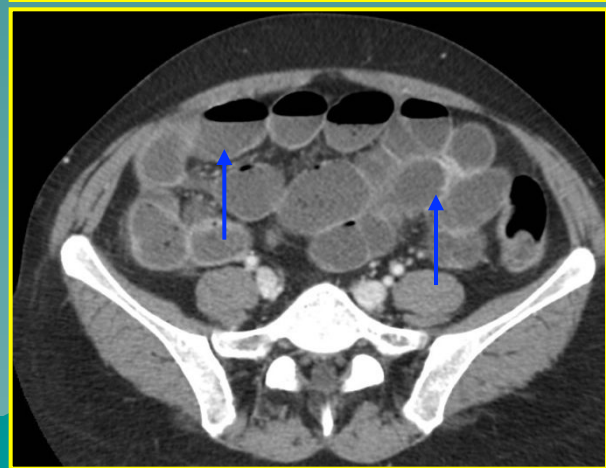
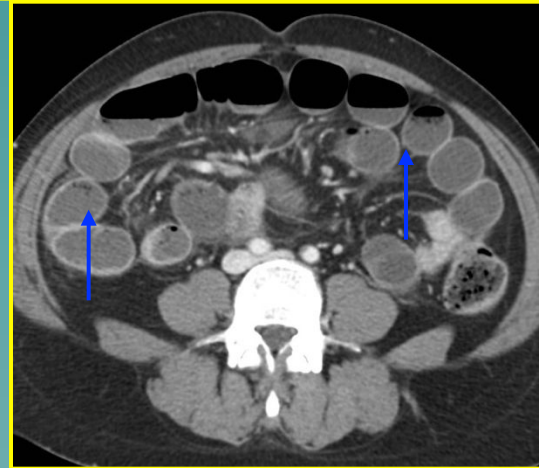
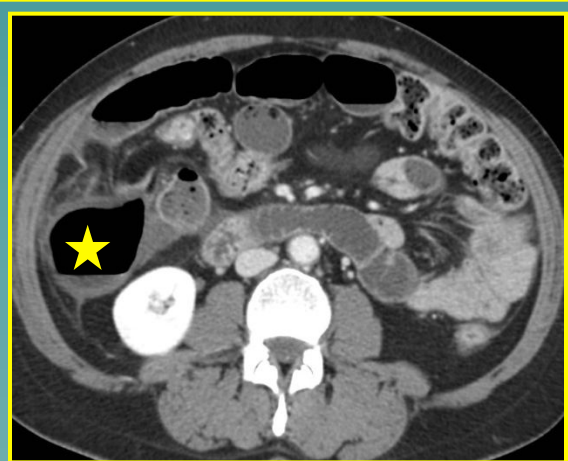
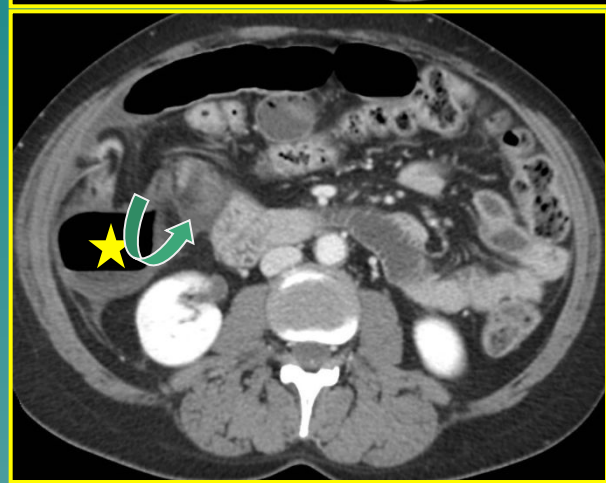
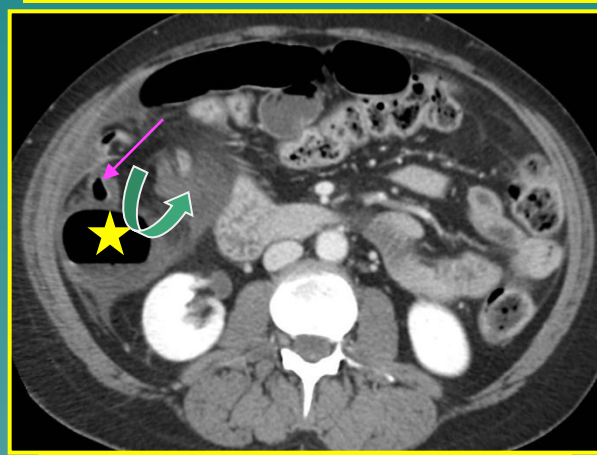
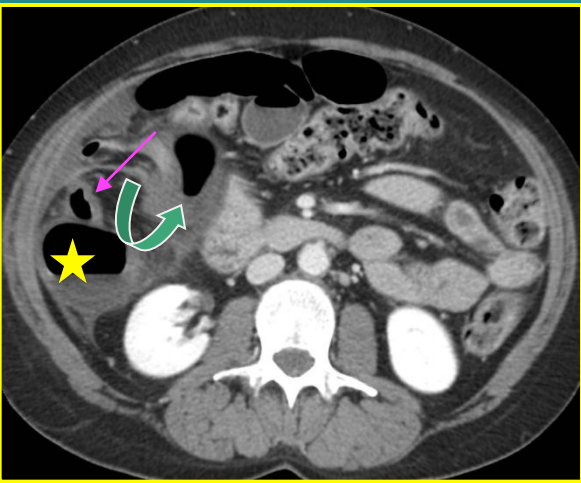
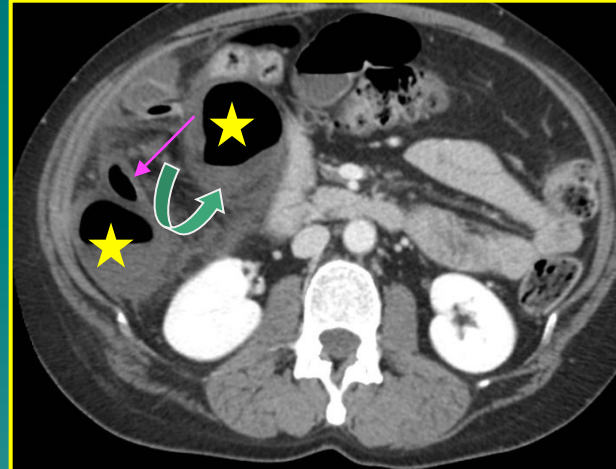
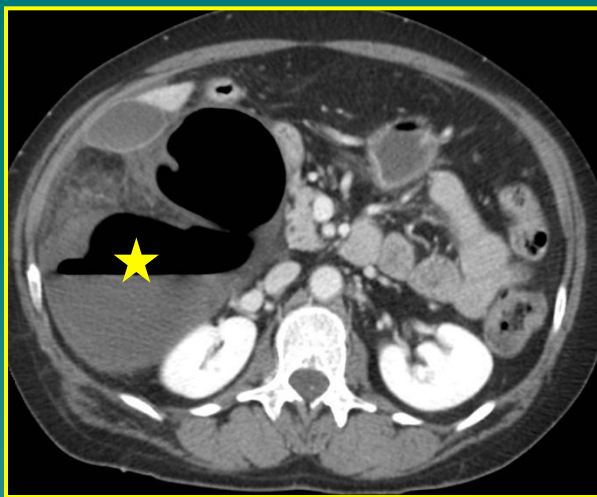
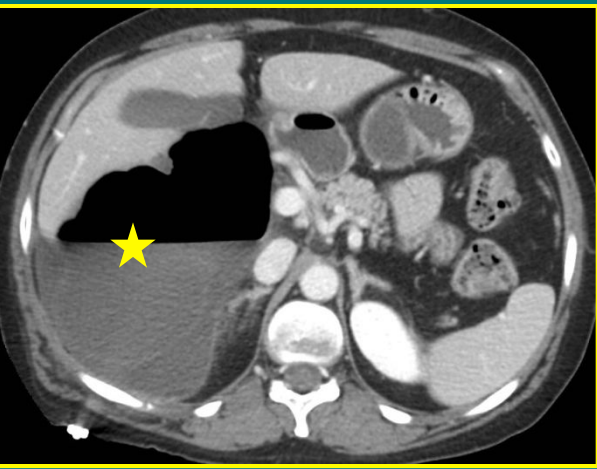
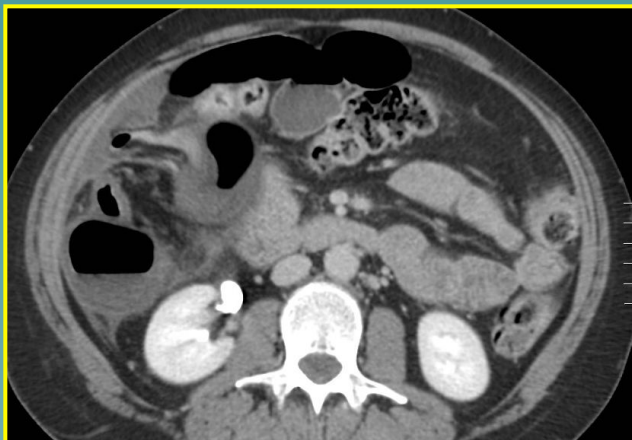
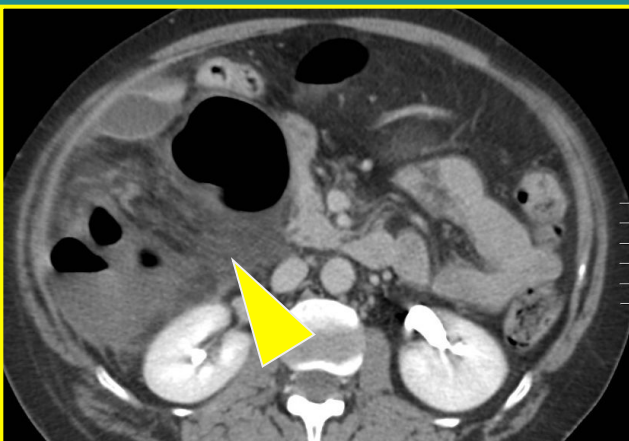
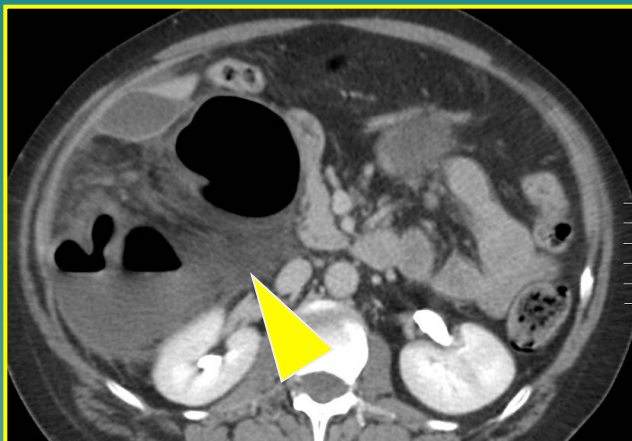
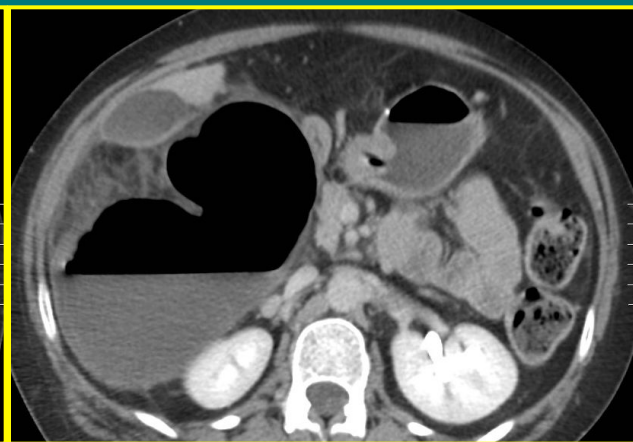
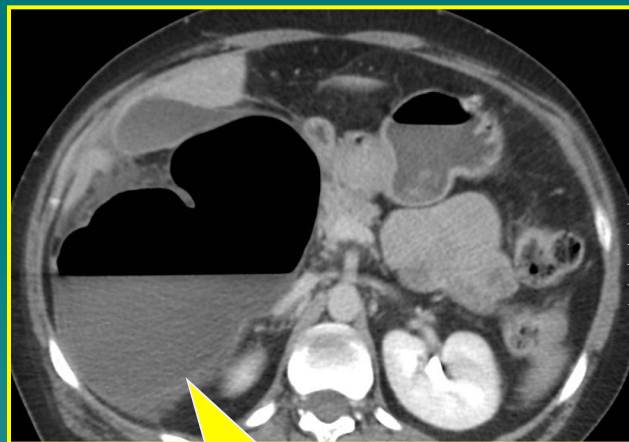
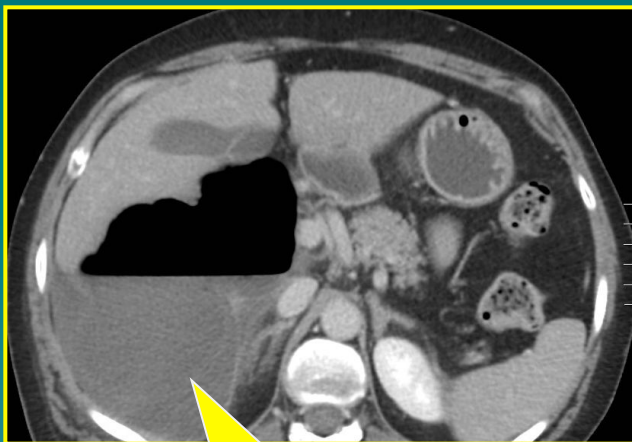


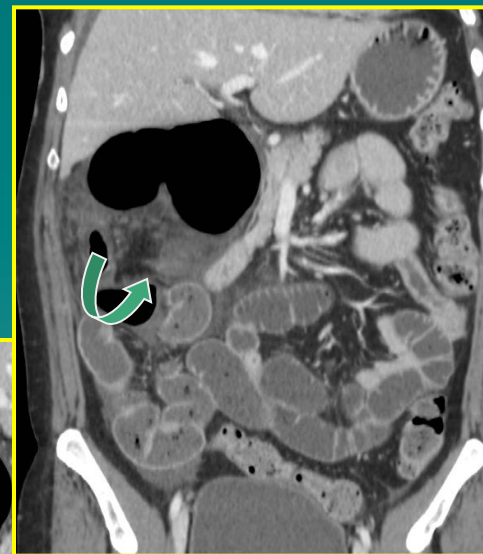
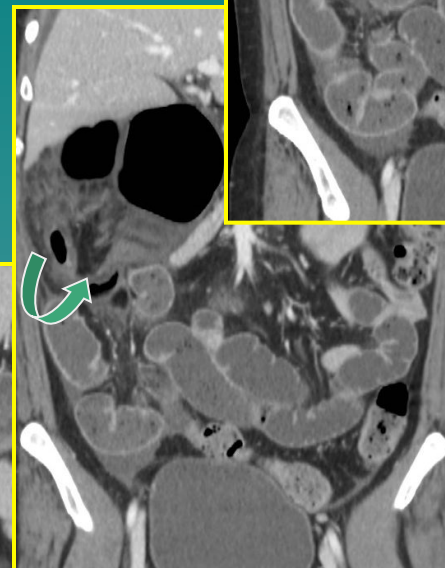
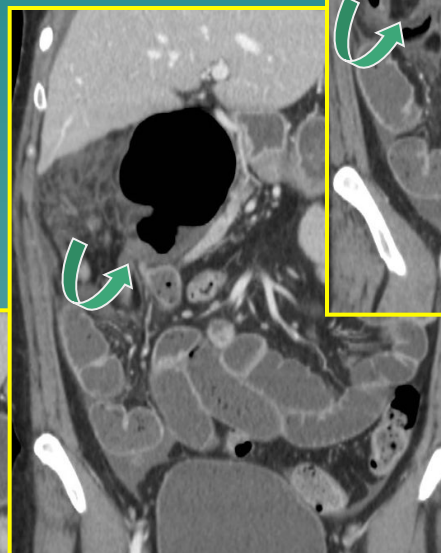
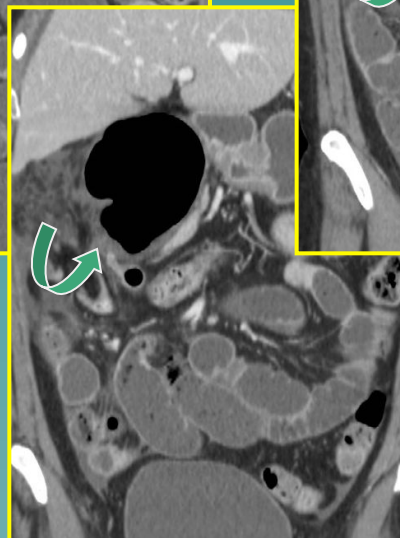
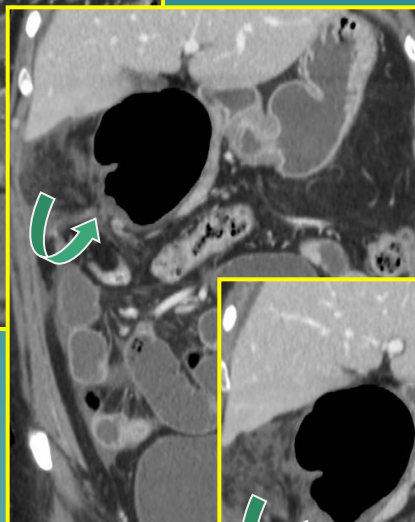
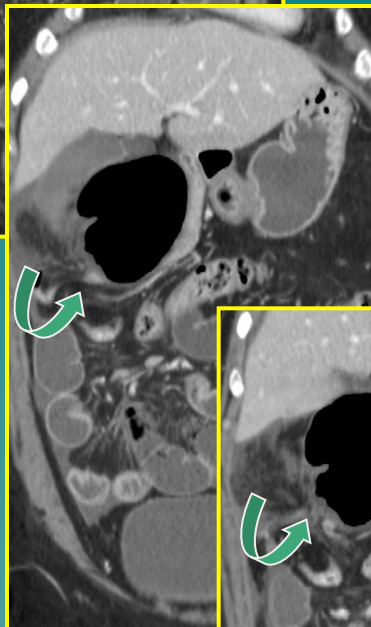
Patiente 43ans

- ◆ Motif : Arrêt matières depuis 2j, des gaz depuis 24h, douleurs abdominales insomniantes.
- ◆ ATCD:
 - Exogénose
 - Appendicectomie et salpingectomie

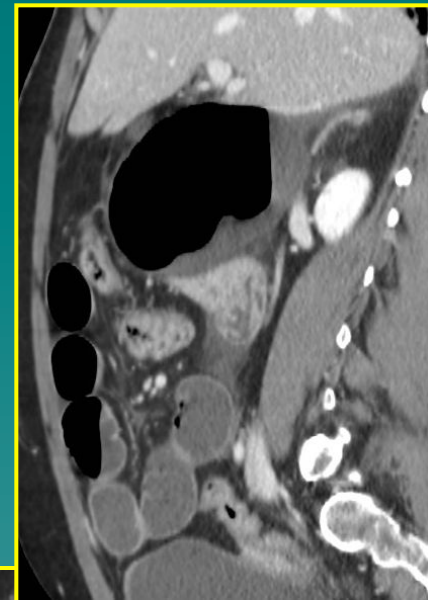
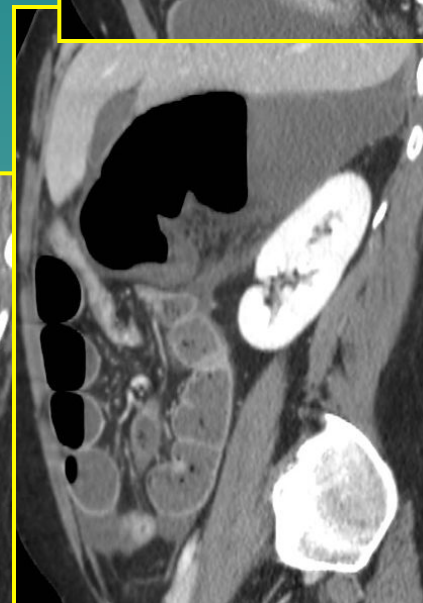
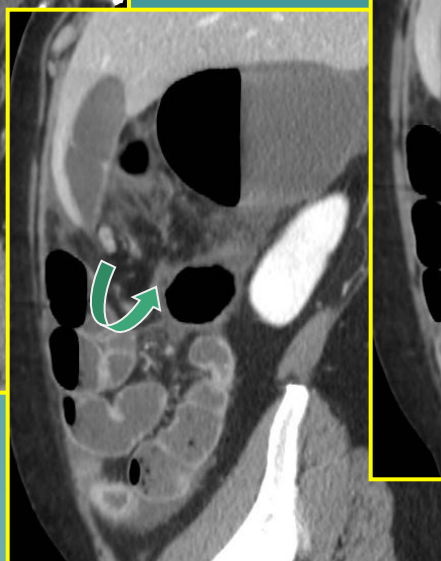
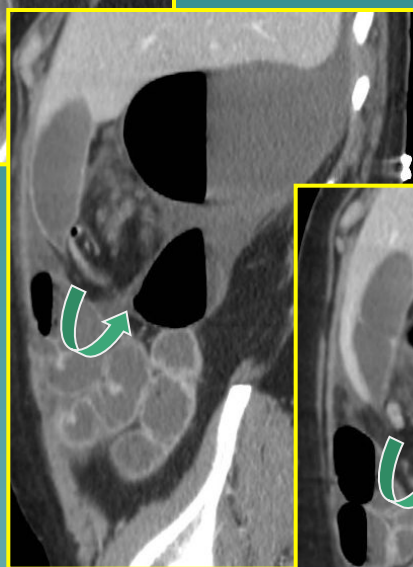
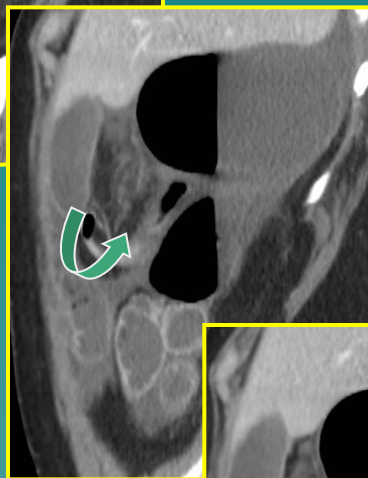
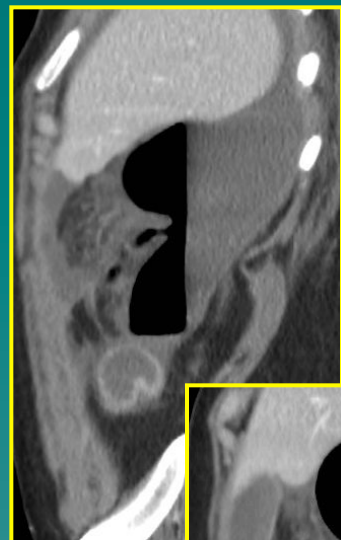






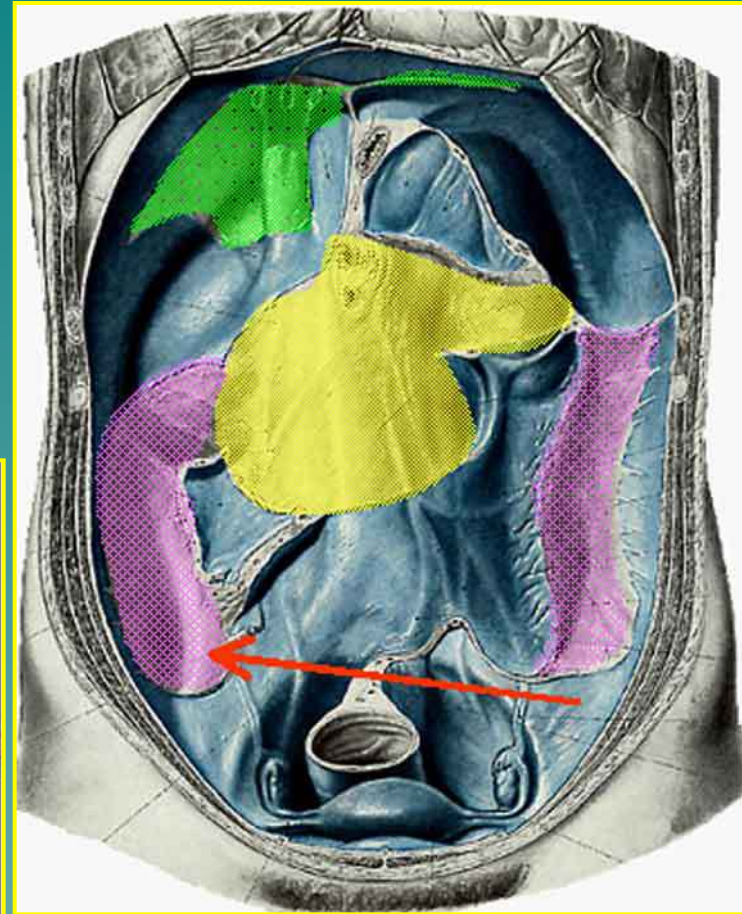
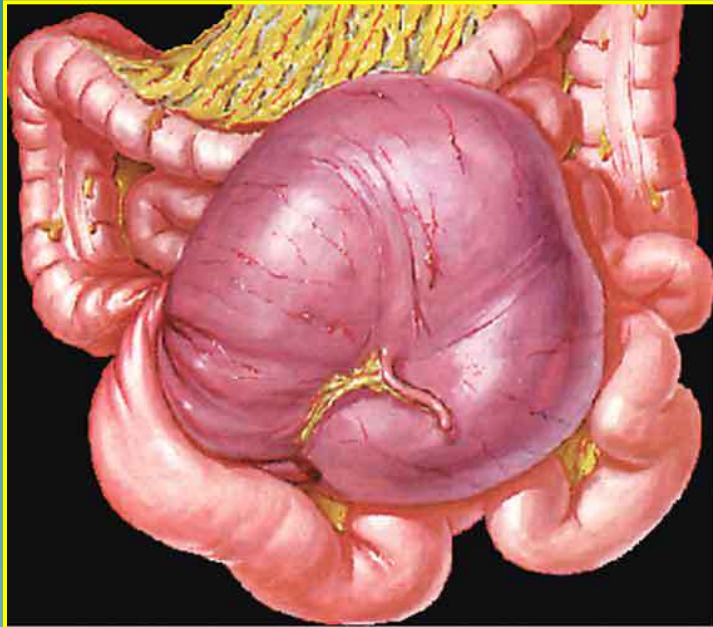


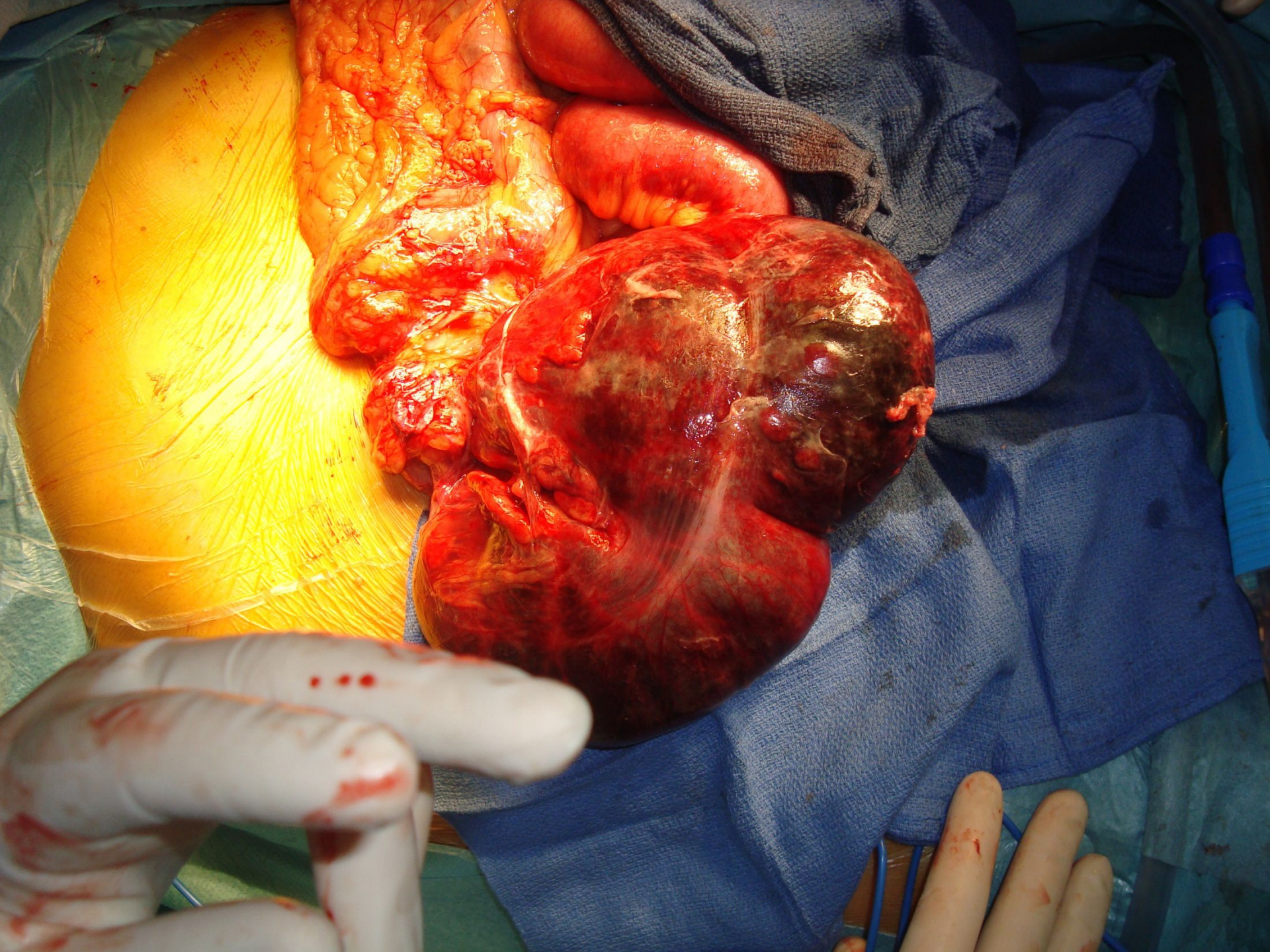
Diagnostic?

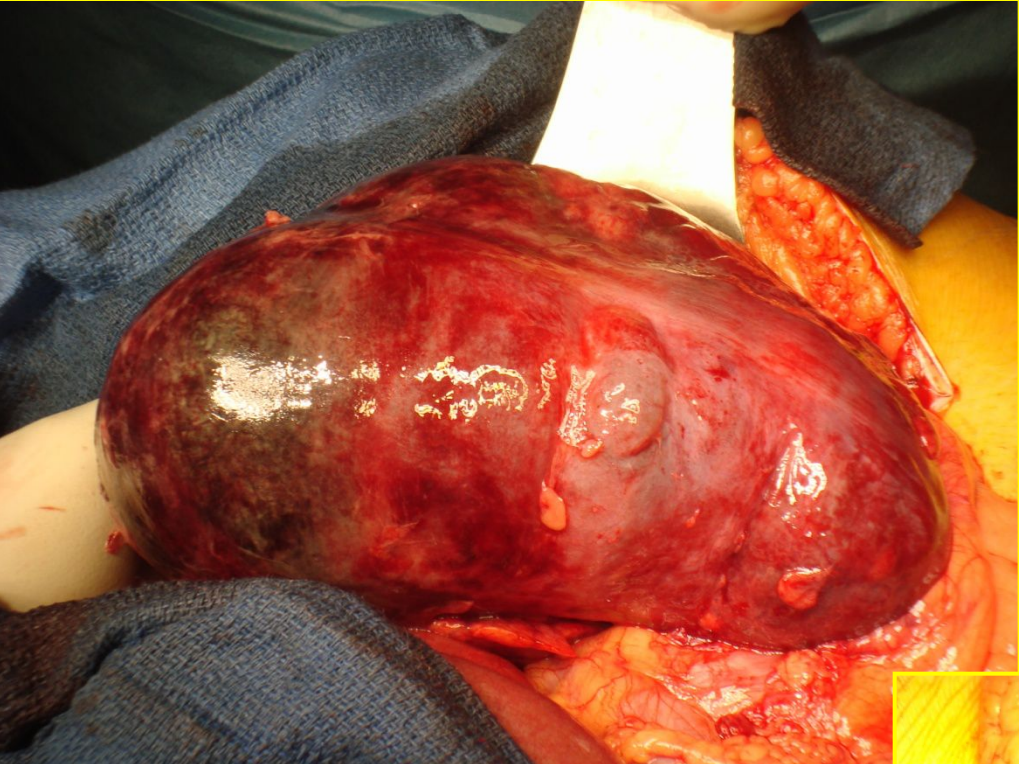


Diagnostic?

- ◆ Syndrome occlusif grêle
- ◆ volvulus du caecum
- ◆ défaut d'accolement du fascia de Toldt droit
- ◆ souffrance du caecum et de la dernière anse iléale.







Le caecum était situé dans l'hypochondre droit.
Ses parois ainsi que celles de celles de la dernière anse iléale étaient noires

Traitement :
Résection iléocaecale
avec iléostomie et
colostomie

