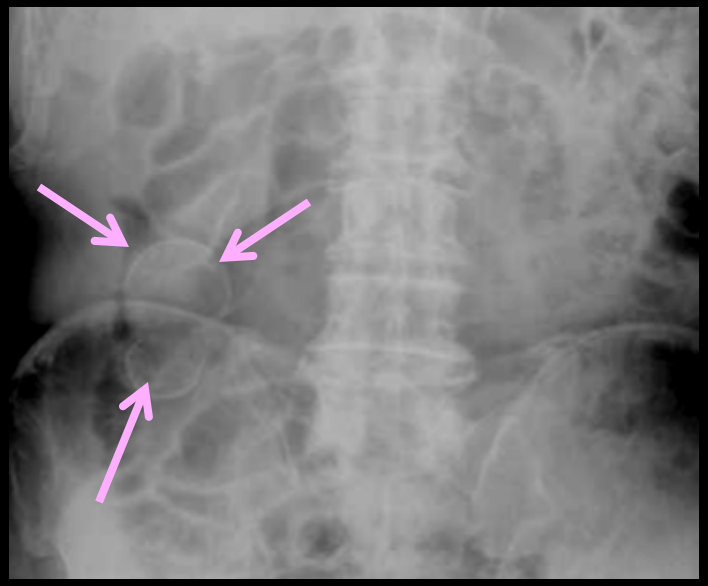
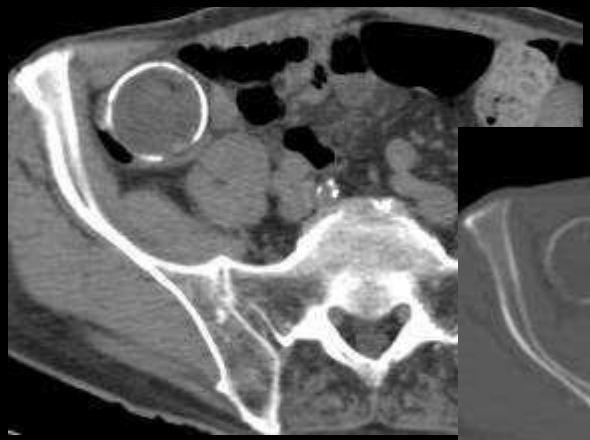
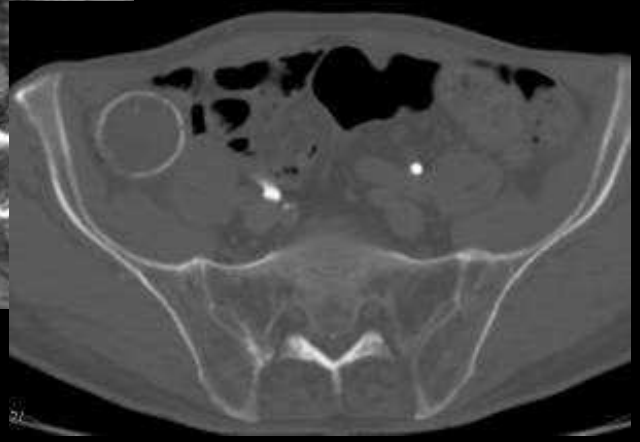
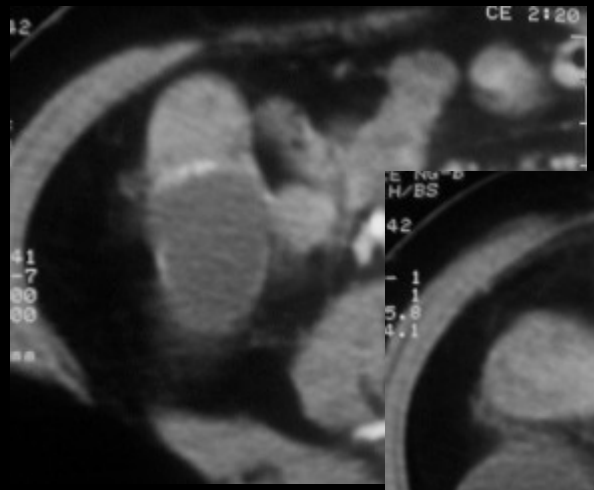
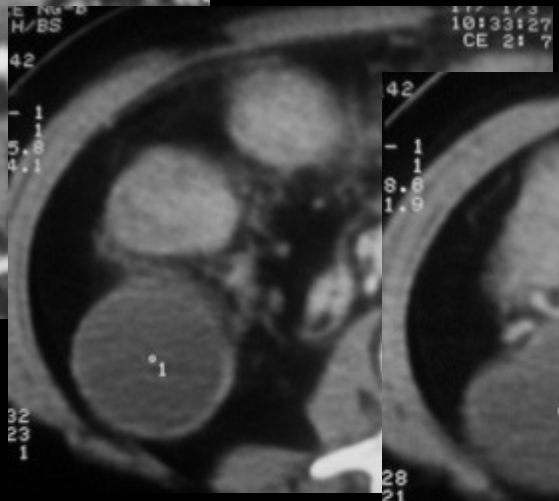
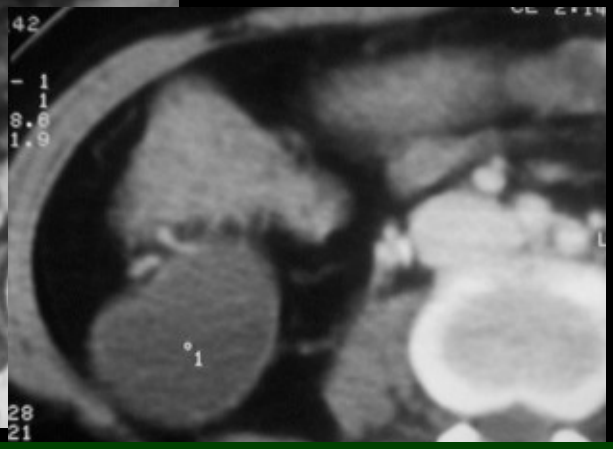


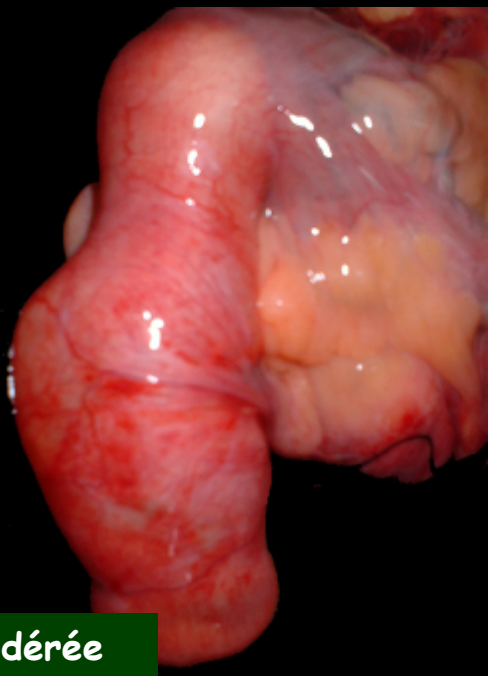




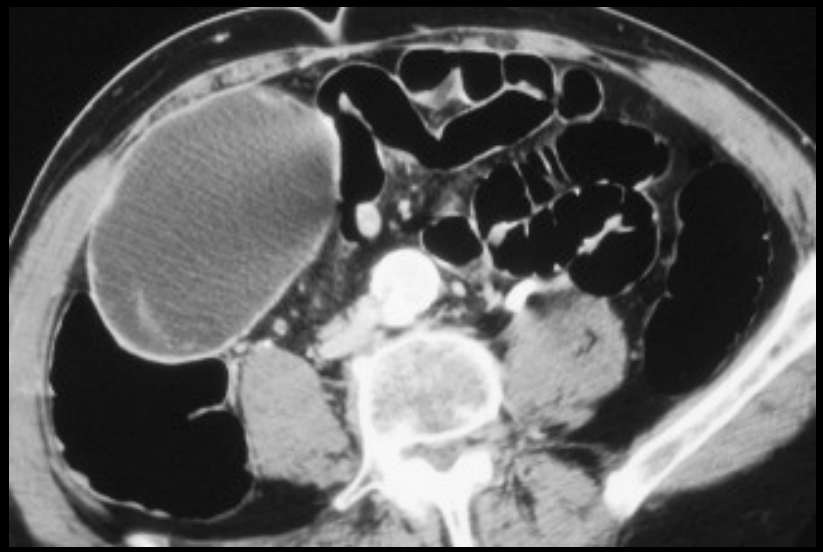


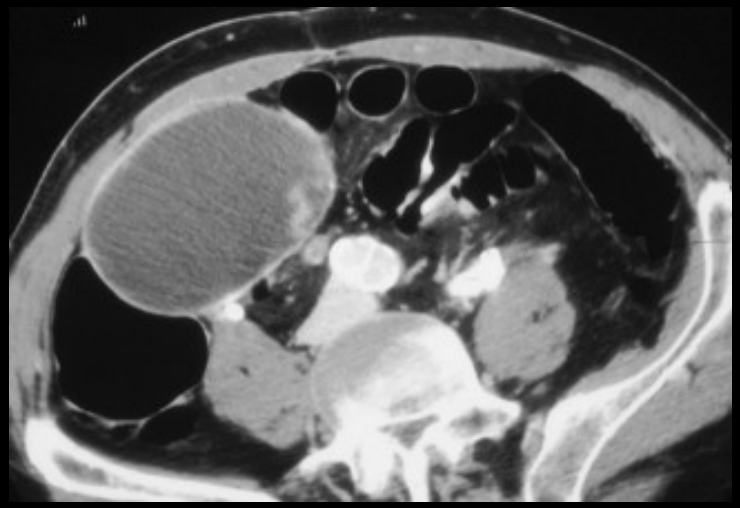


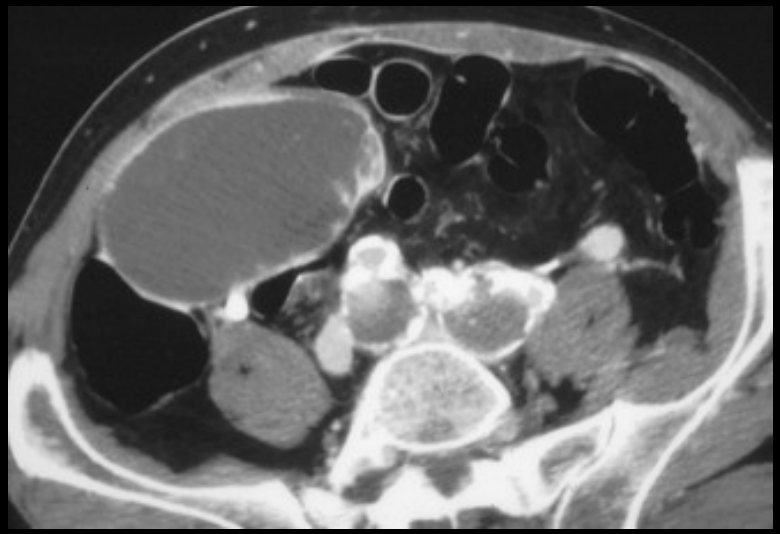


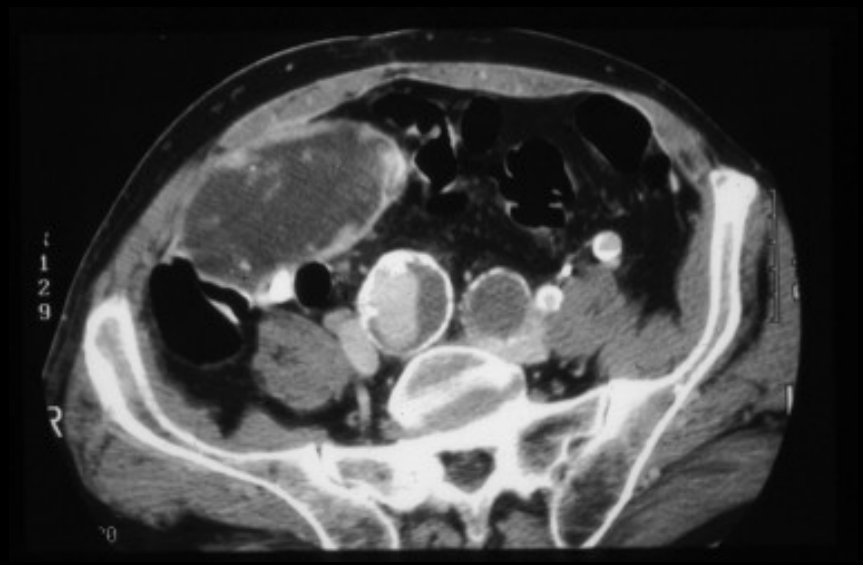


mucocèle appendiculaire et hyperplasie épithéliale diffuse avec dysplasie modérée



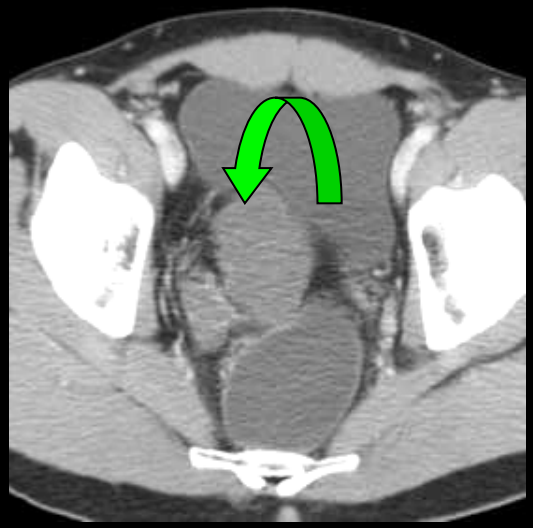


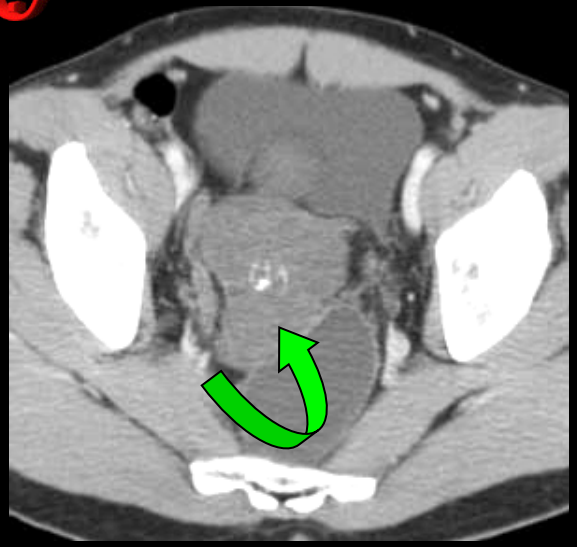


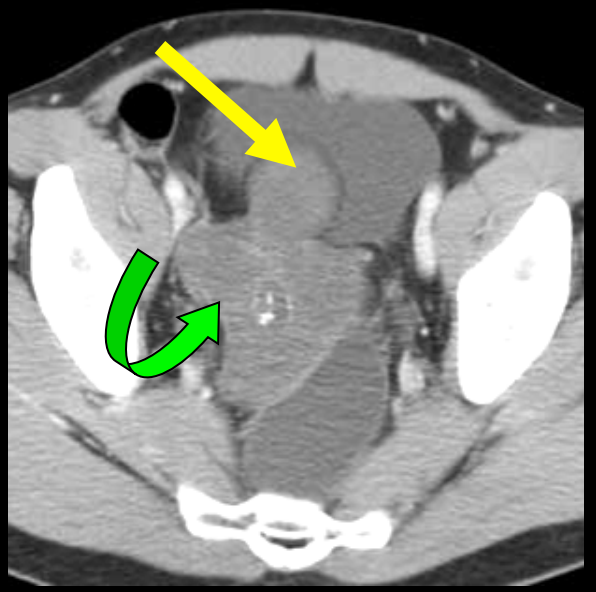


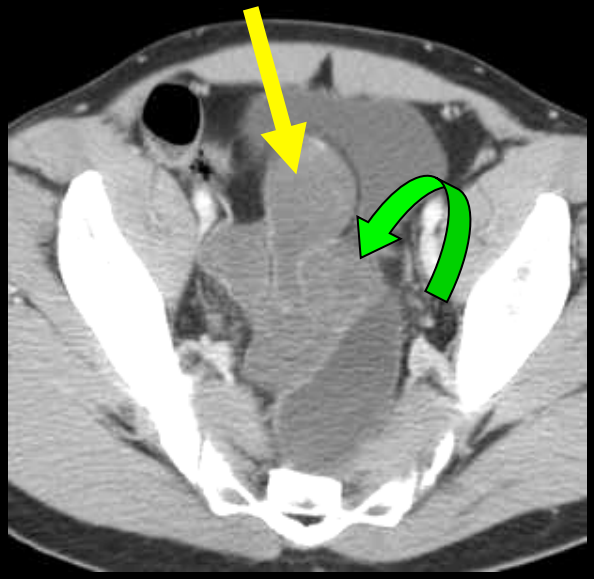
mucocèle appendiculaire et adénocarcinome mucineux

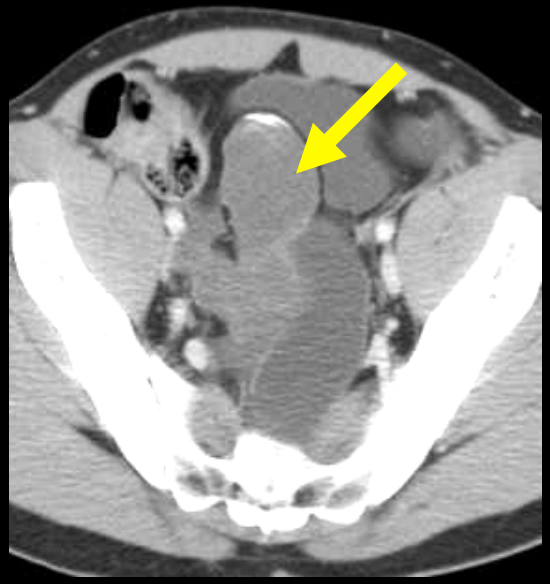
homme 45 ans,douleurs abdominales atypiques, fatigue, pas de fièvre …colo scanner ; diagnostic

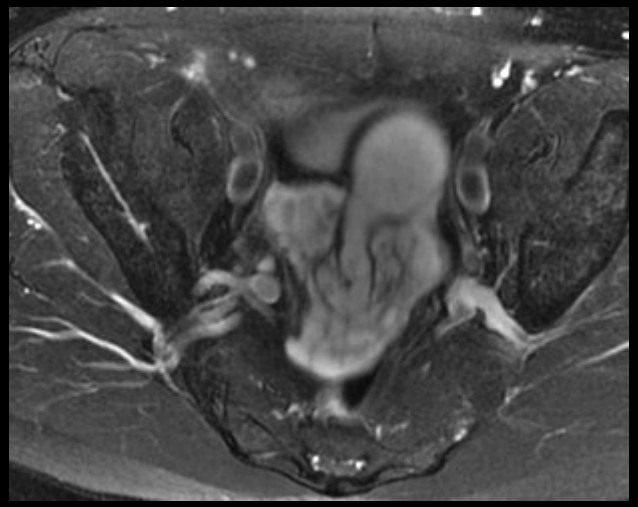


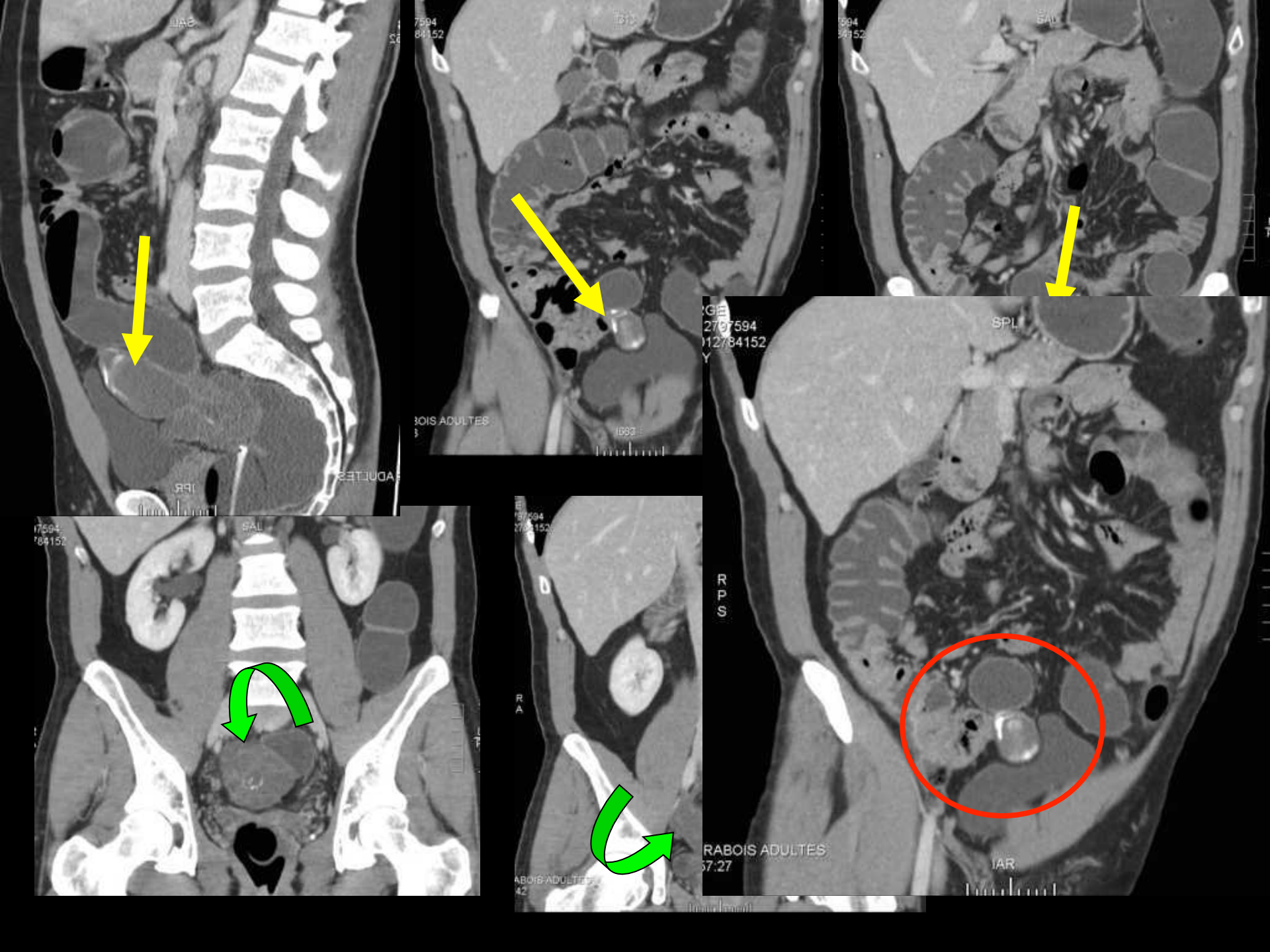


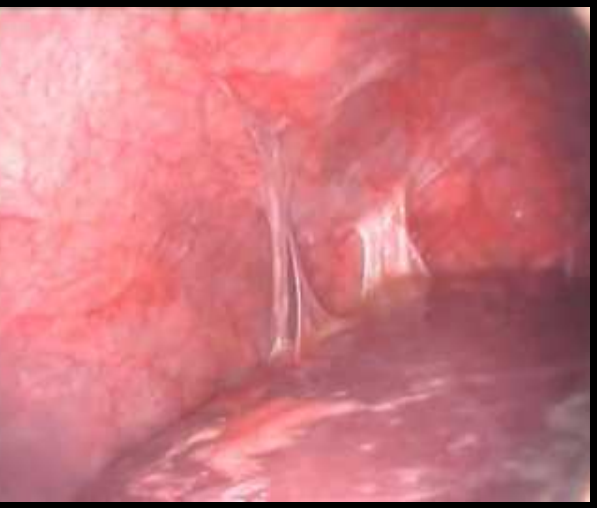
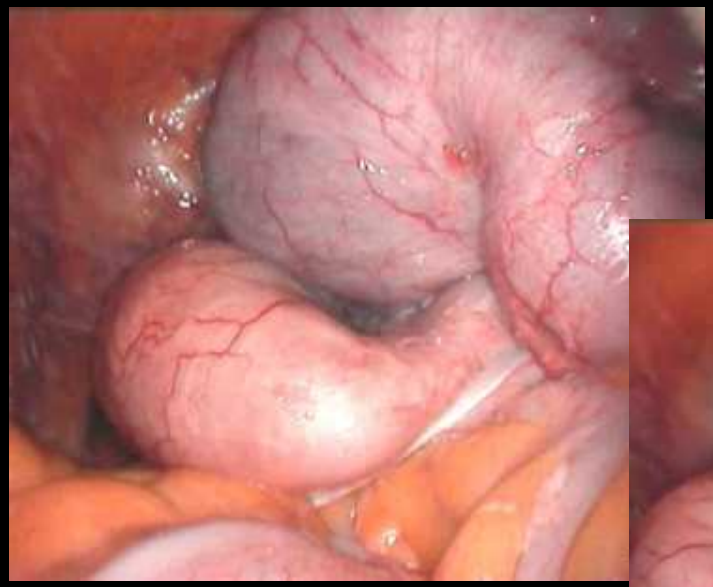
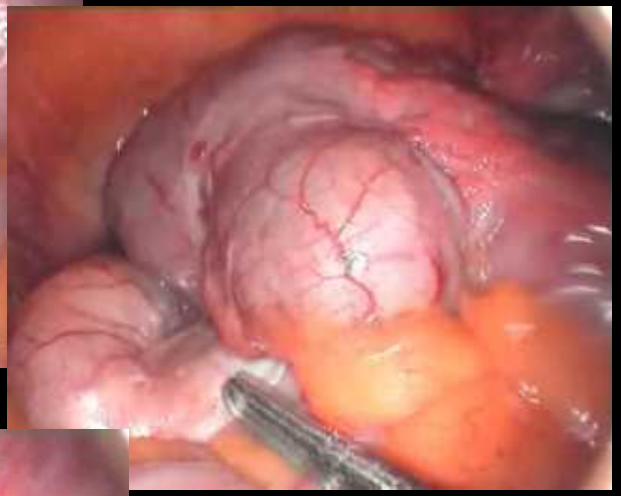
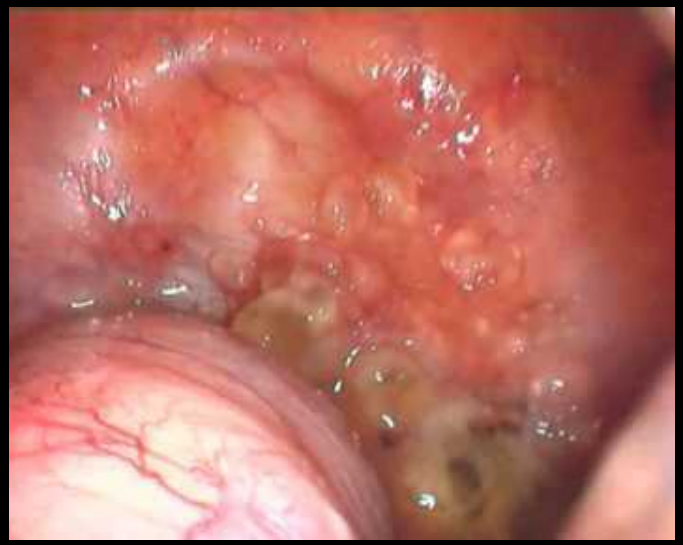
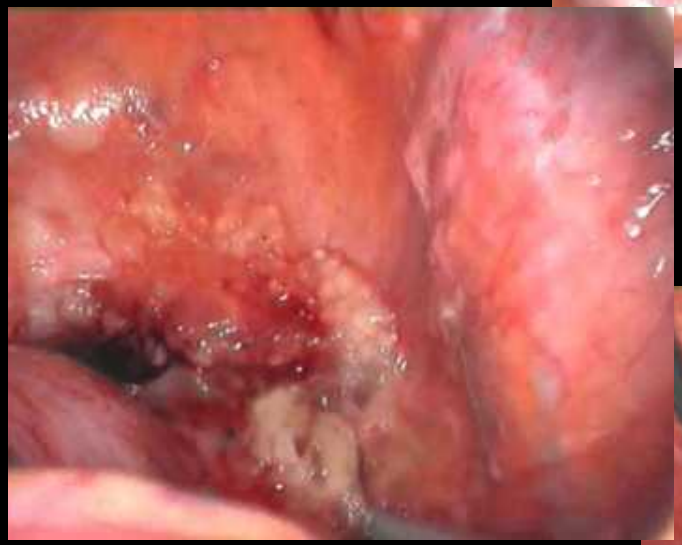
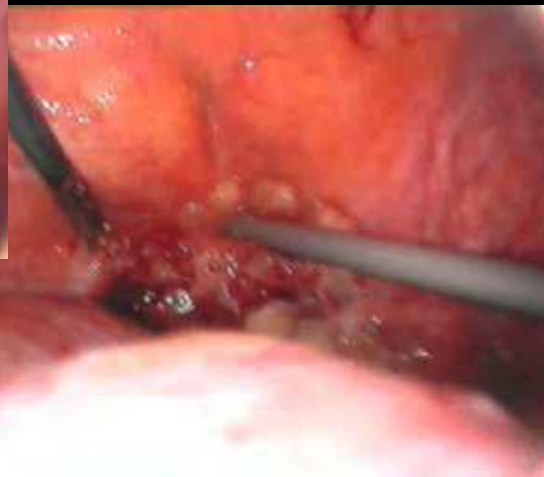




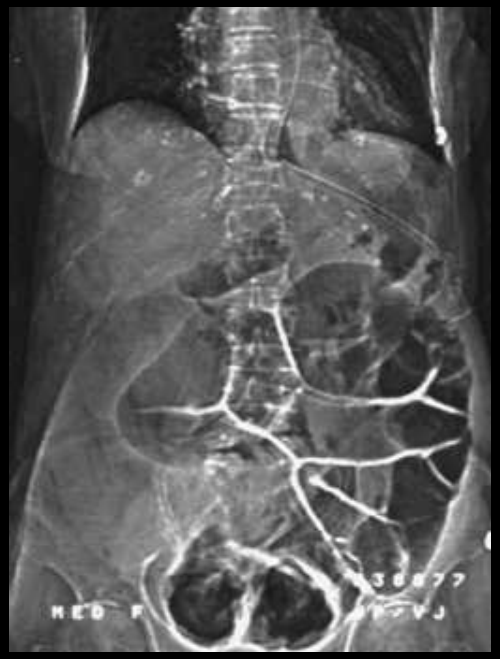


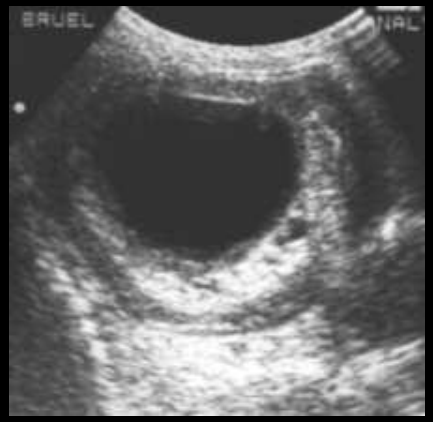



SPL
RPS
RABOIS ADULTES

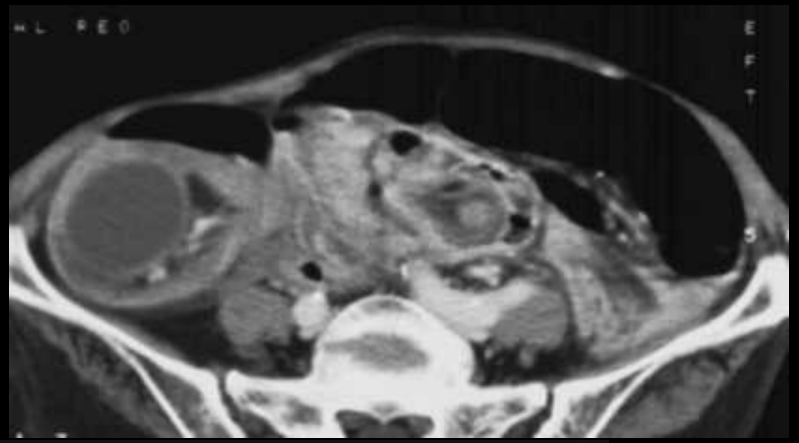







mucocèle appendiculaire maligne avec pseudomyxome péritonéal (maladie gélatineuse du péritoine) pelvienne

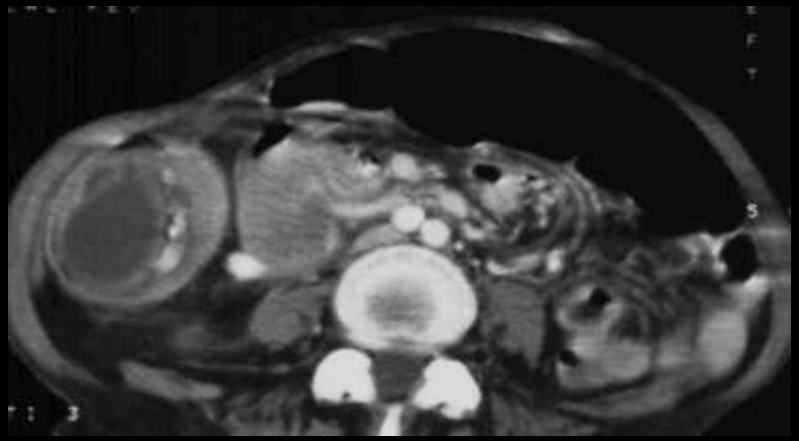


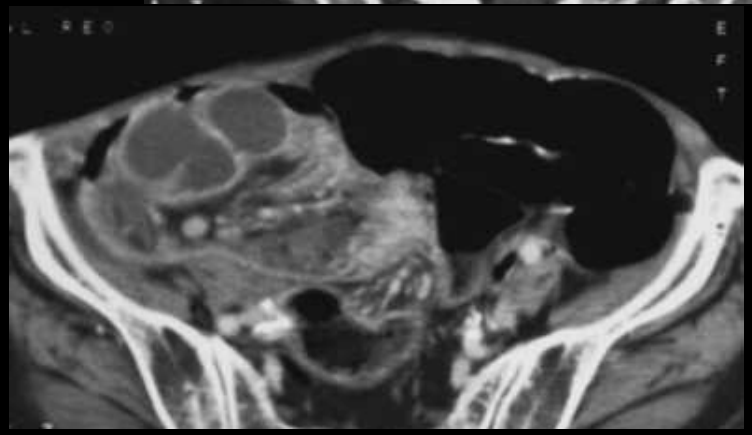


Obs. JM Bruel
CH Montpellier

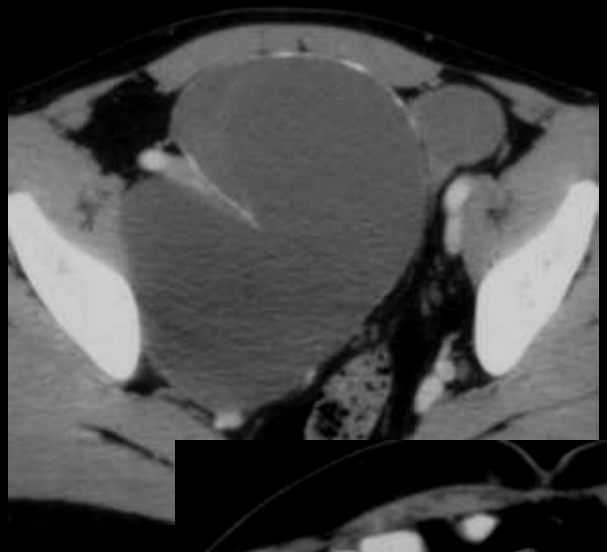


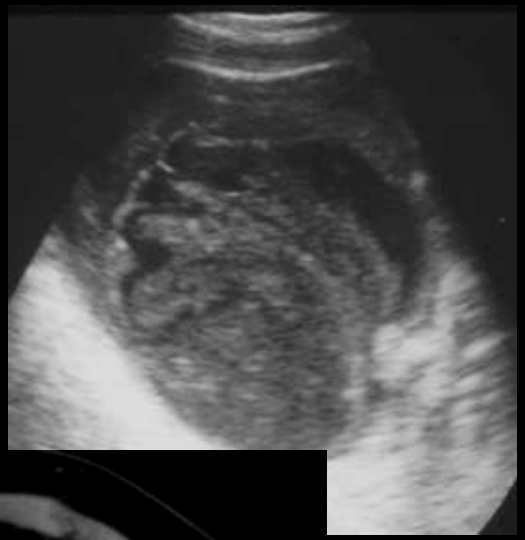
invagination iléo-caecale sur mucocèle appendiculaire mucocèle appendiculaire et adénocarcinome mucineux ; femme 82 ans

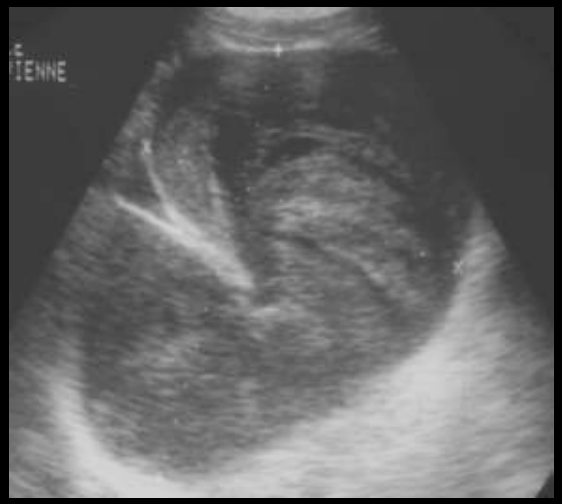


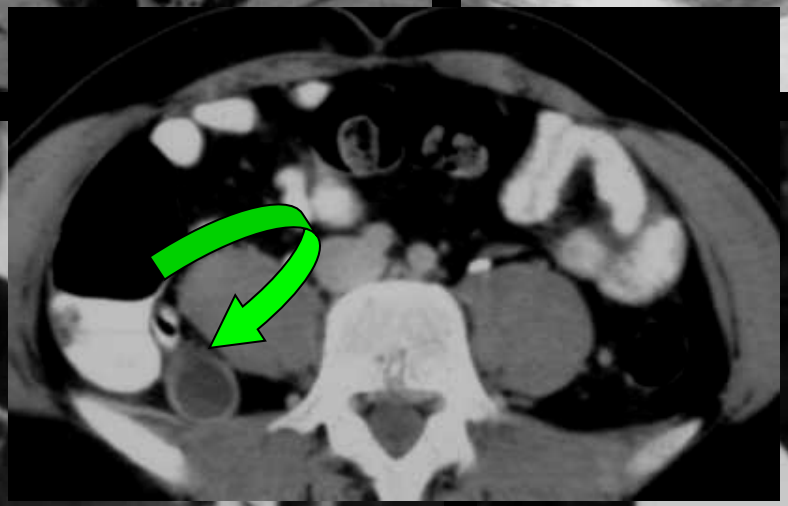


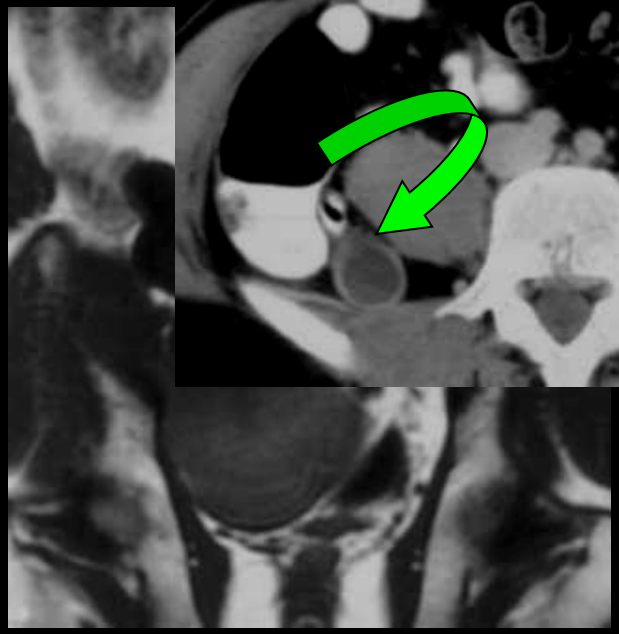
homme 34 ans,douleurs douleurs lombaires ,
pollakiurie ,pas de fièvre …masse de la FID; diagnostic

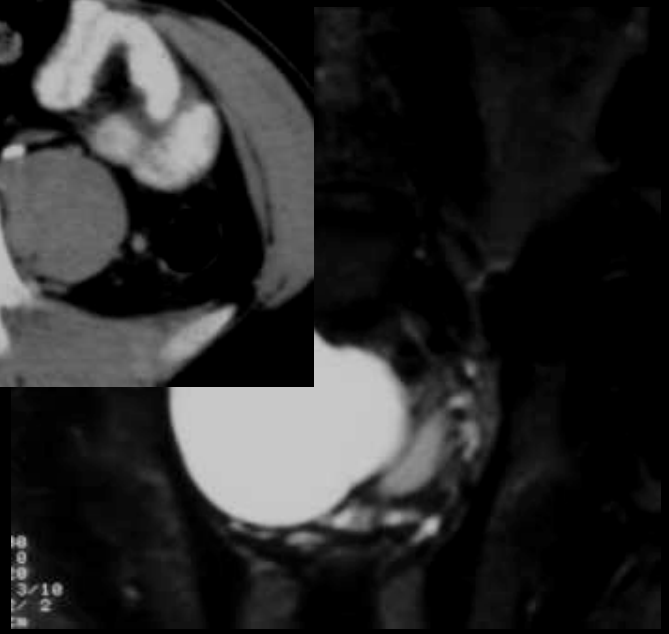


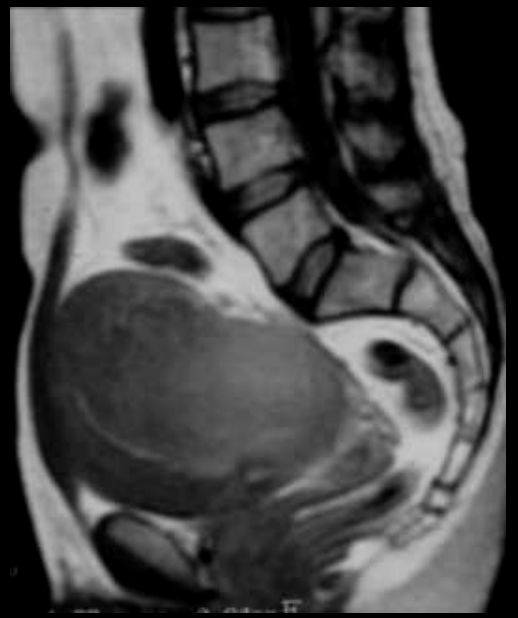


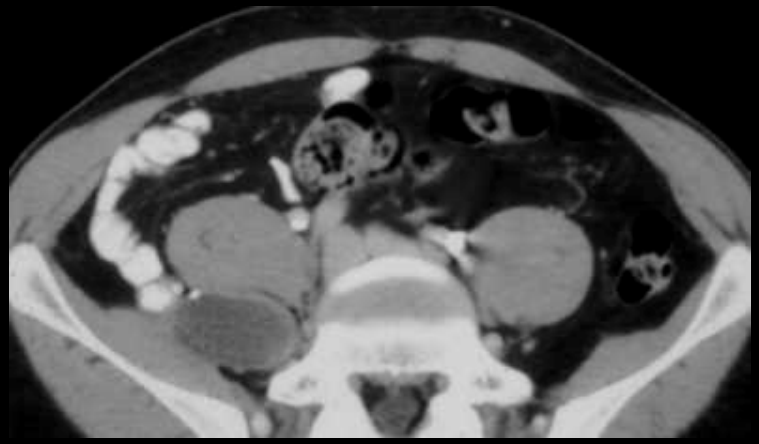


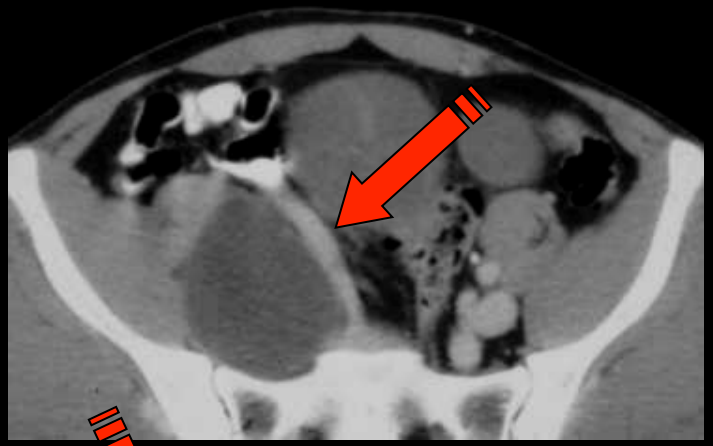


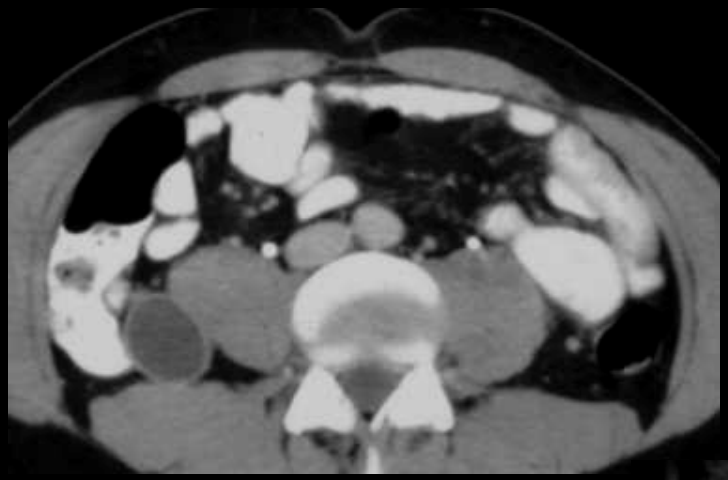


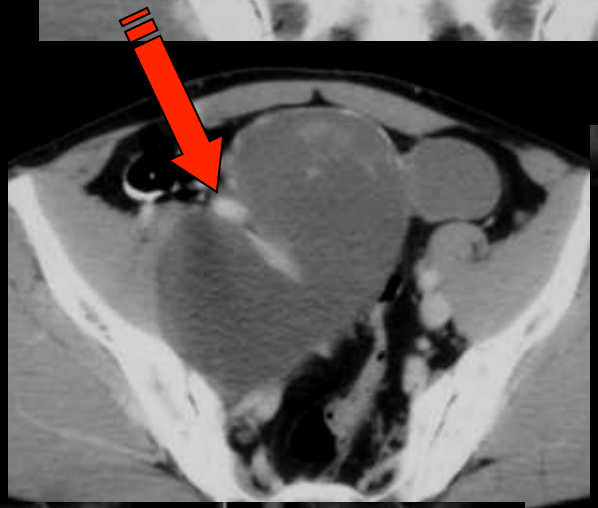


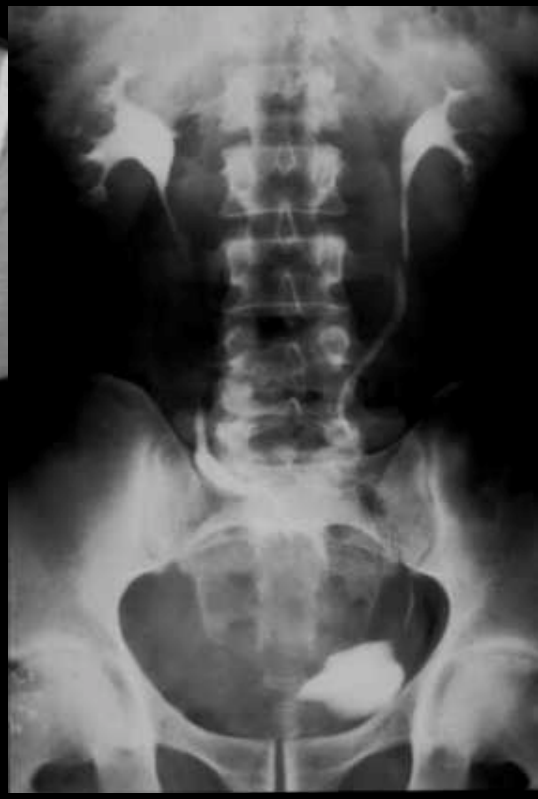


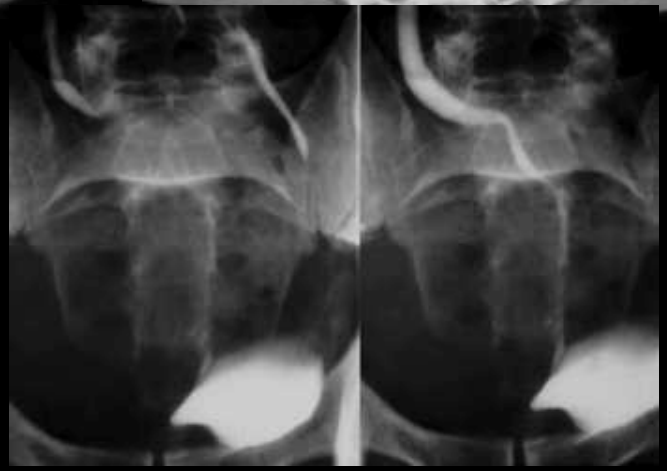




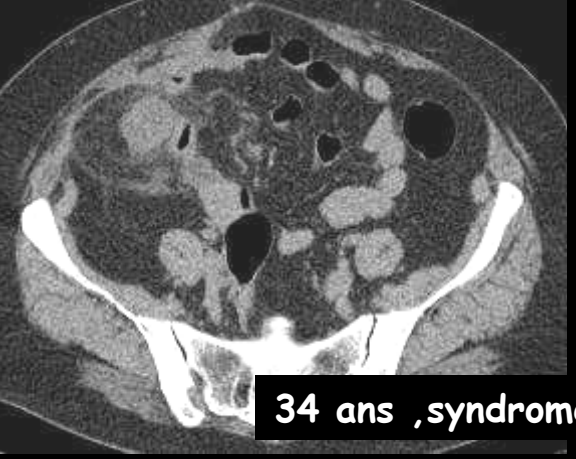


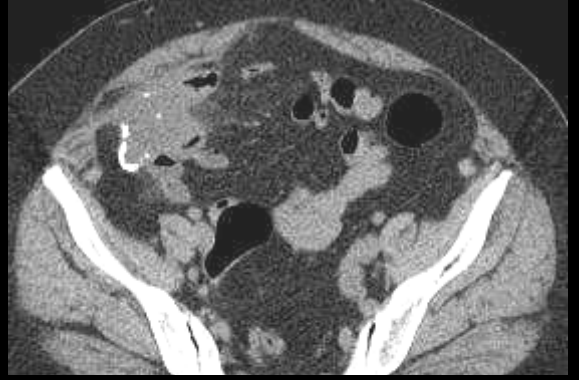


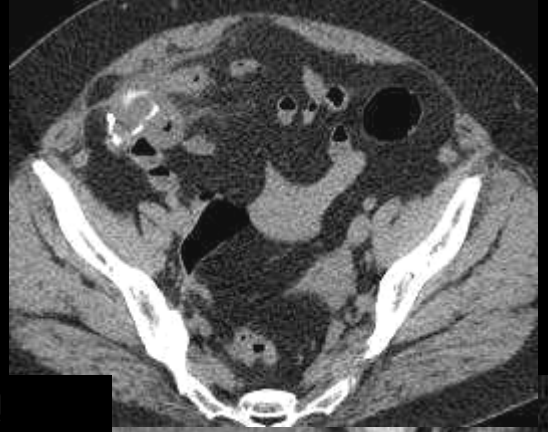




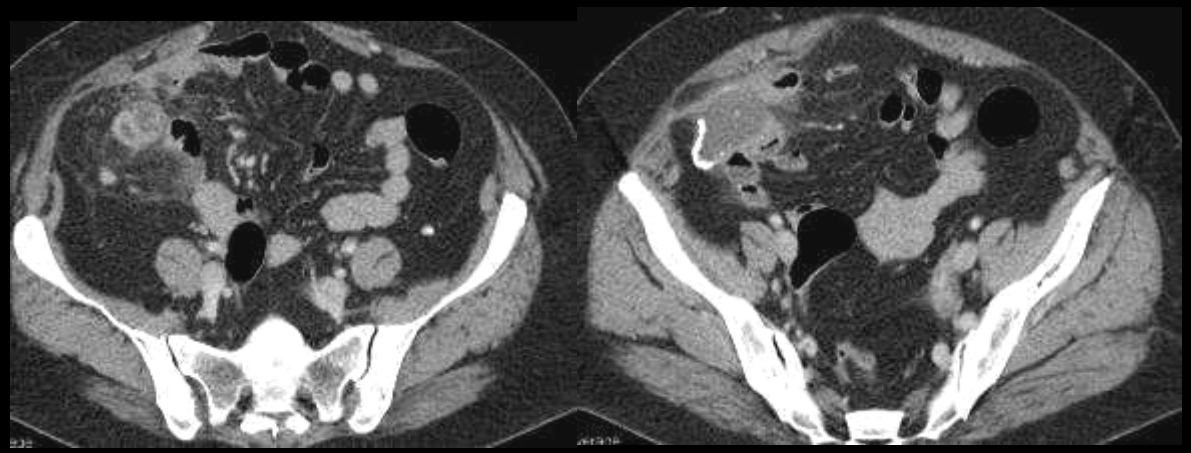
mucocèle sur appendice rétrocaecal , à développement rétropéritonéal et sous péritonéal pelvien

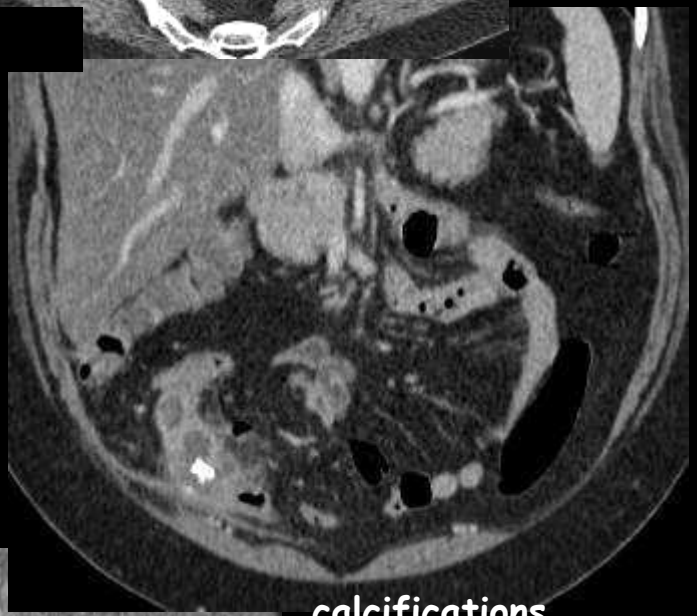






34 ans ,syndrome appendiculaire depuis 24h. ……!

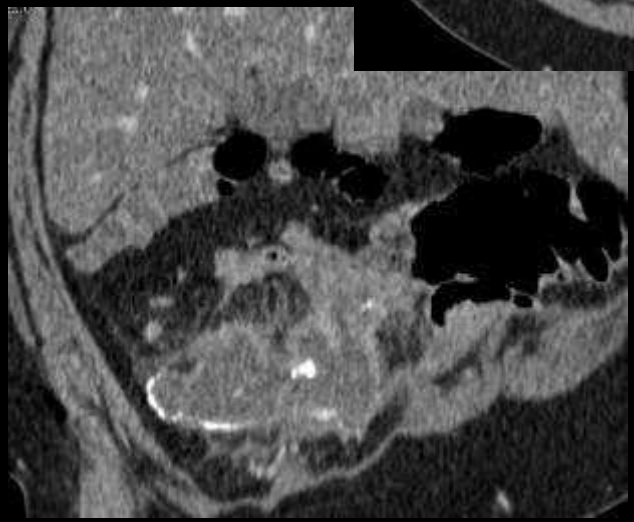




appendicite perforée et mucocèle appendiculaire en rapport avec un **néoplasme appendiculaire à potentiel malin de bas grade** !

méconnaître la mucocèle ne permet pas une prise en charge chirurgicale adaptée !

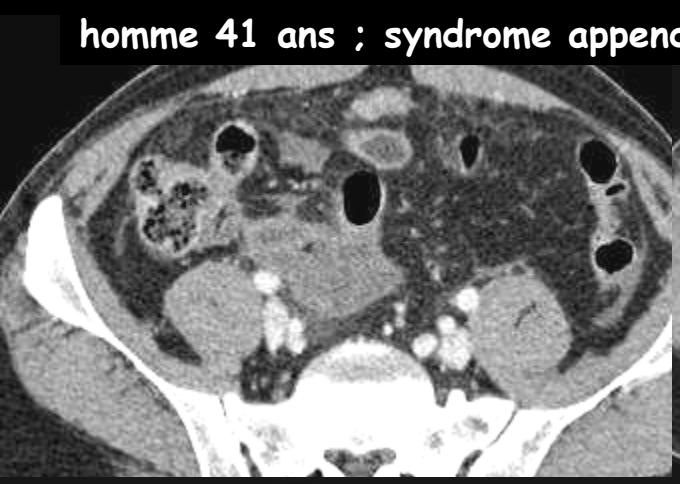
CHIP (Sugarbaker)

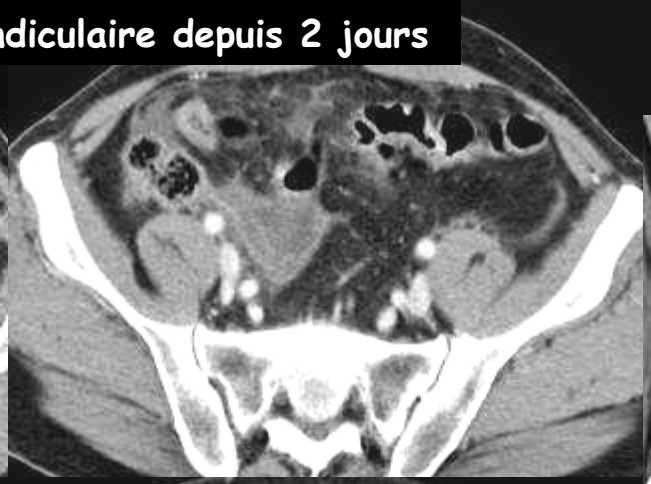


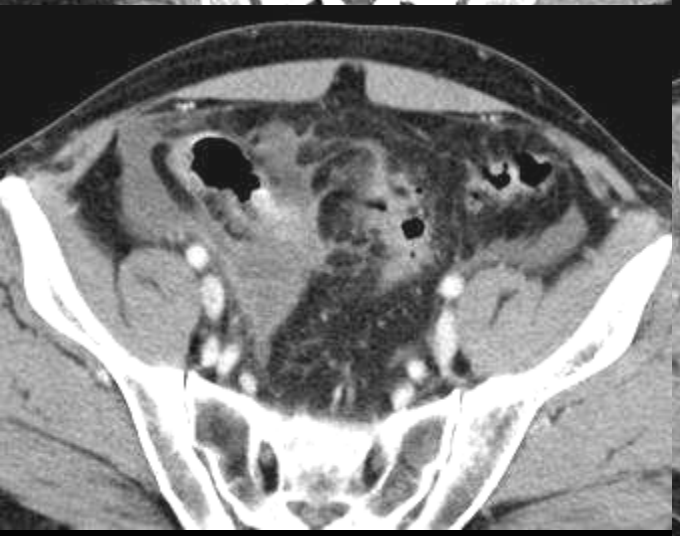
calcifications pariétales et intra luminales appendiculaires

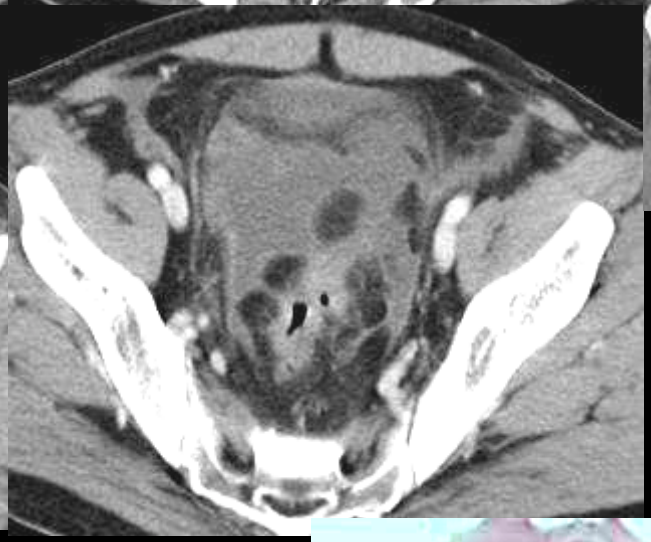
infiltration du méso appendiculaire et du péritoine en regard

homme 41 ans ; syndrome appendiculaire depuis 2 jours









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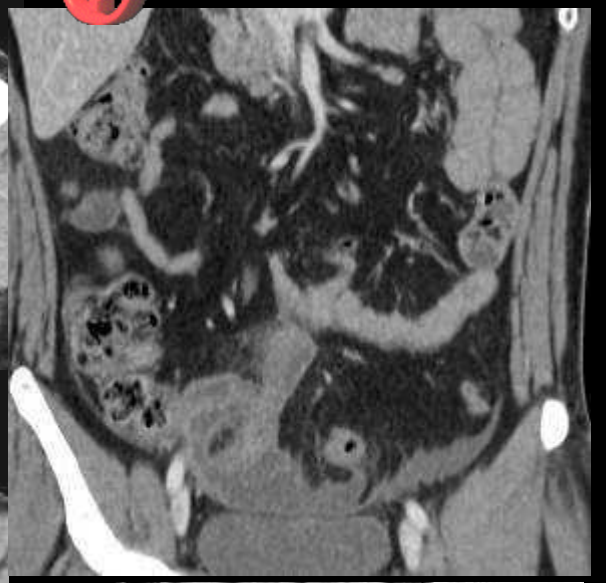
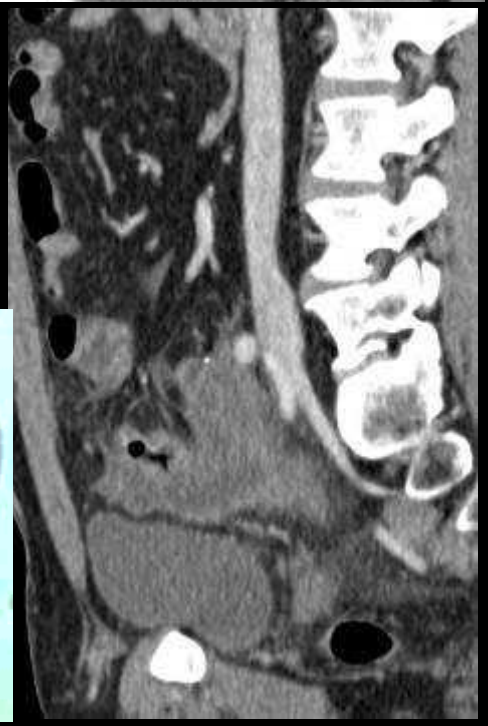
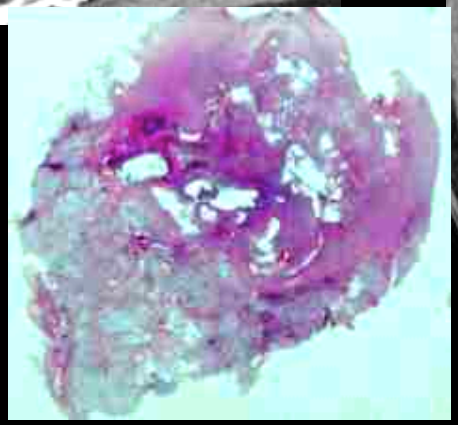


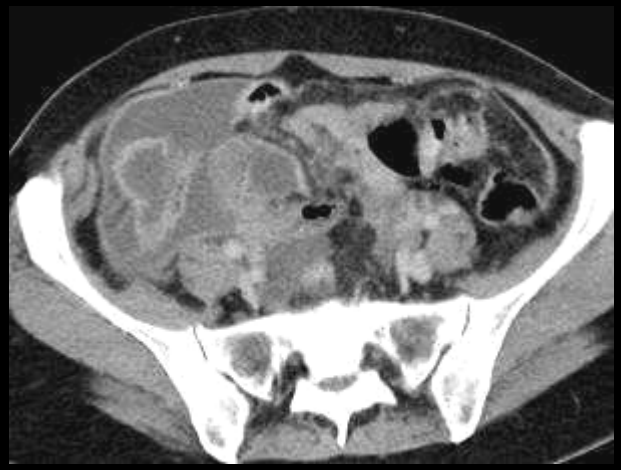


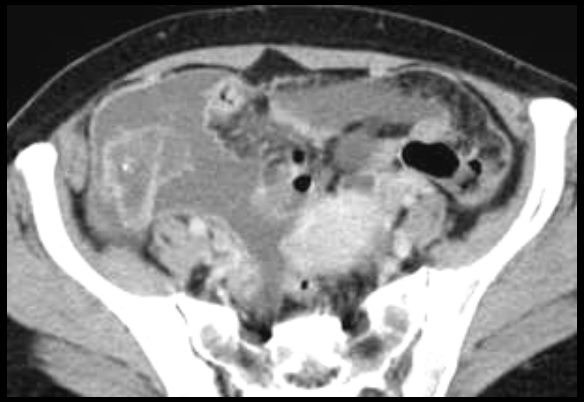


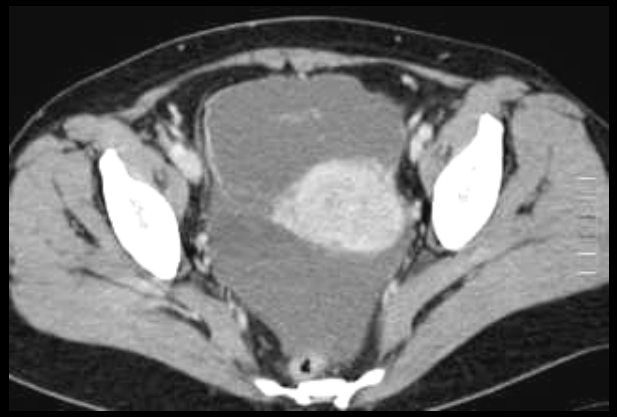
appendicite perforée sur mucocèle appendiculaire en rapport avec un **néoplasme appendiculaire à potentiel malin de bas grade avec pseudomyxome péritonéal !**

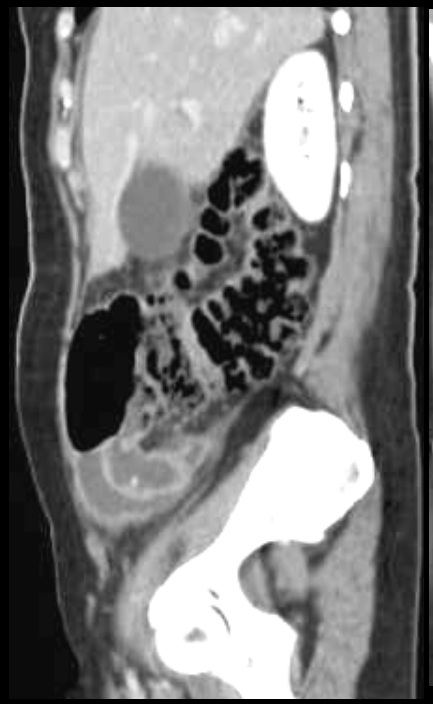
diagnostic différentiel avec une complication à type de péritonite localisée pas toujours facile

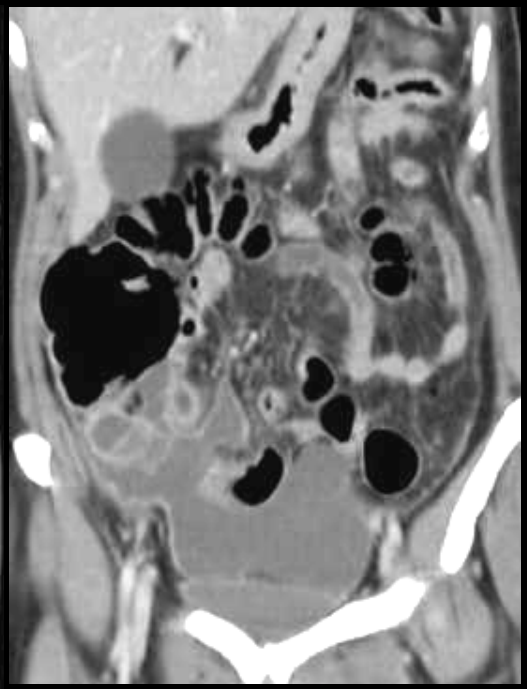
femme 55 ans syndrome appendiculaire depuis 48 heures

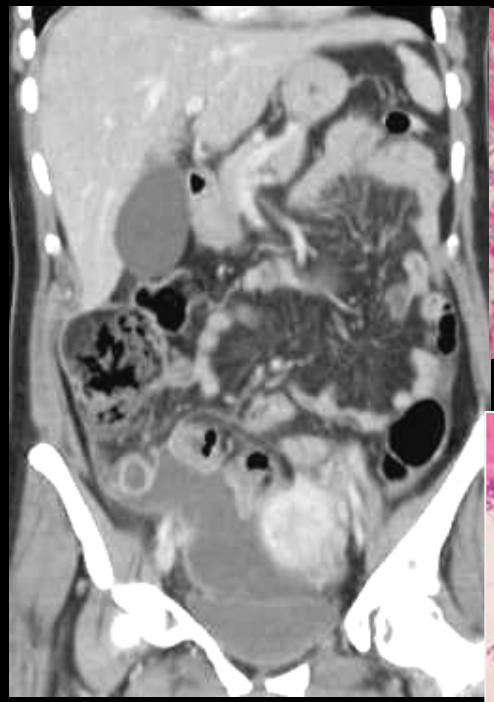


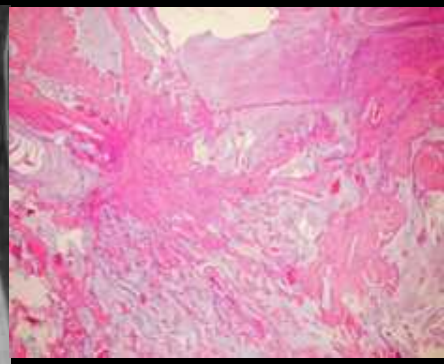


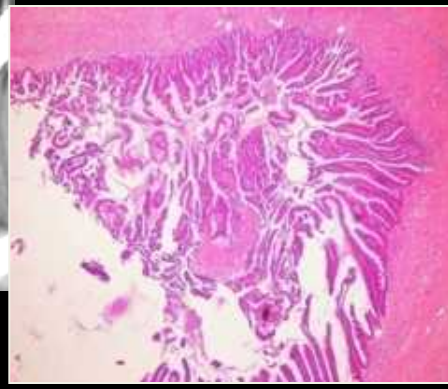




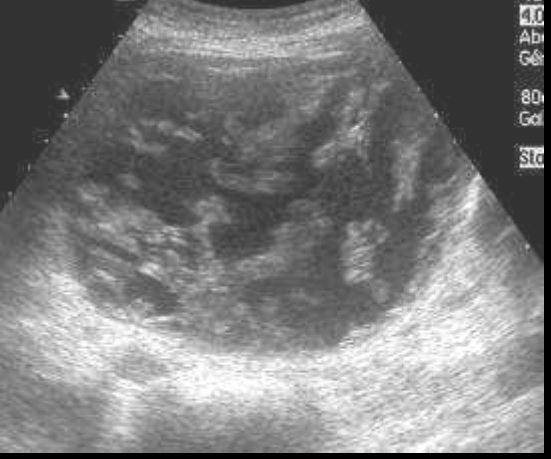


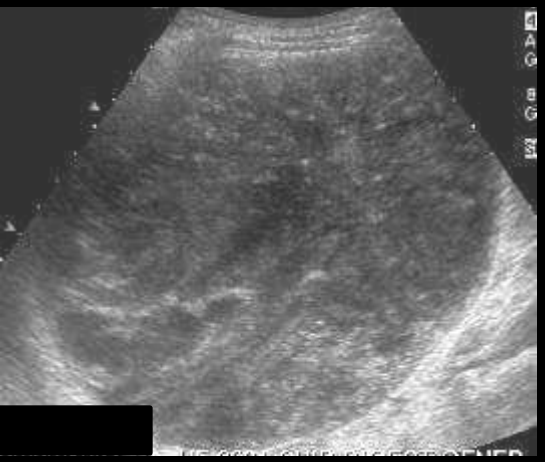




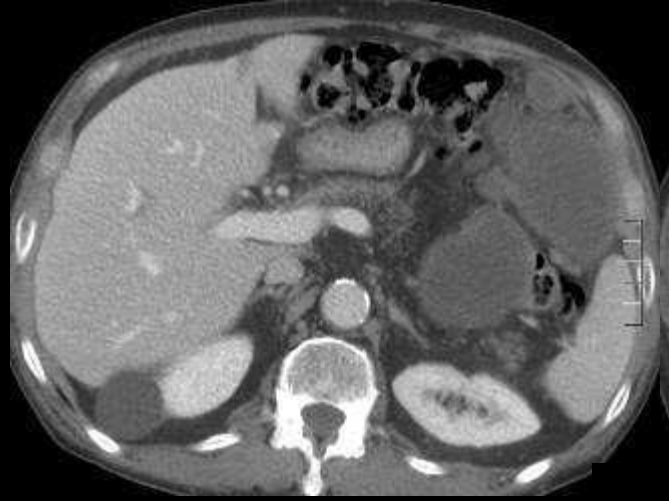


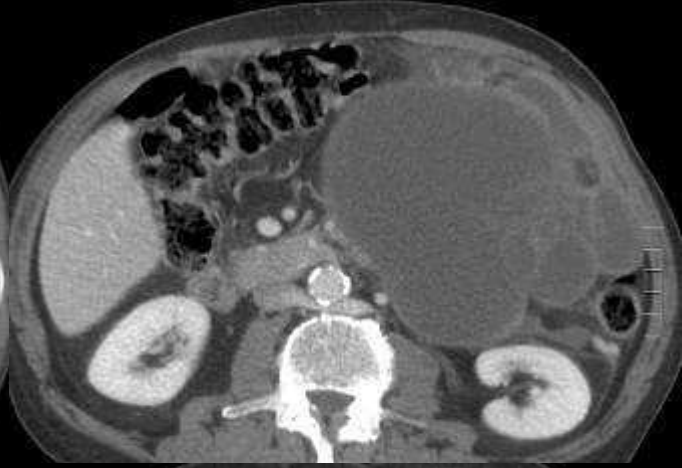
mucocèle et carcinome mucineux papillaire

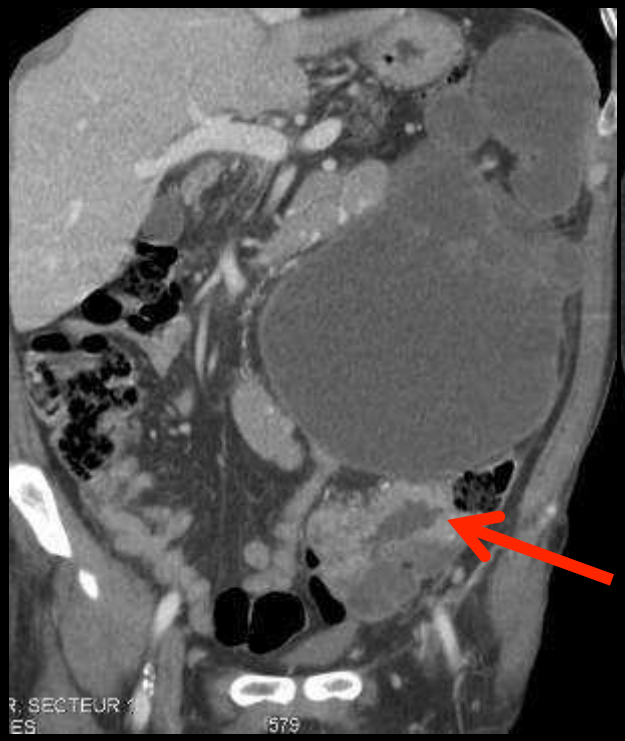


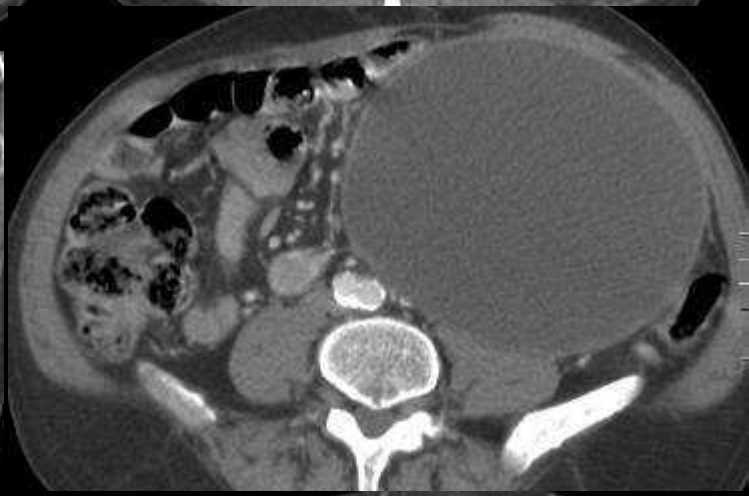


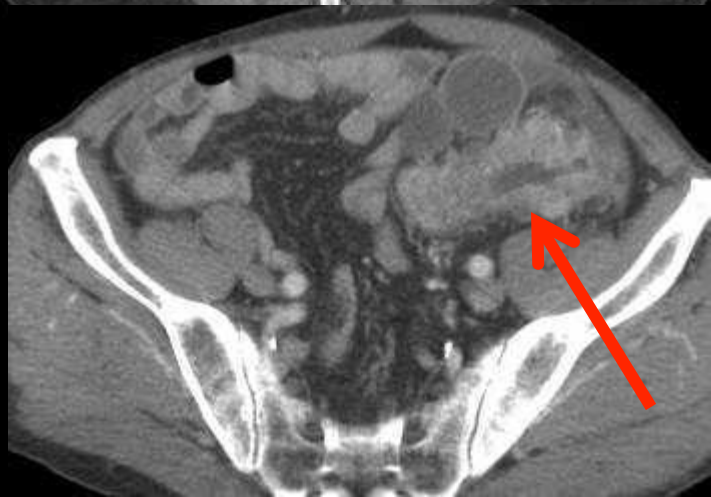
aspect stratifié de la mucine en échographie



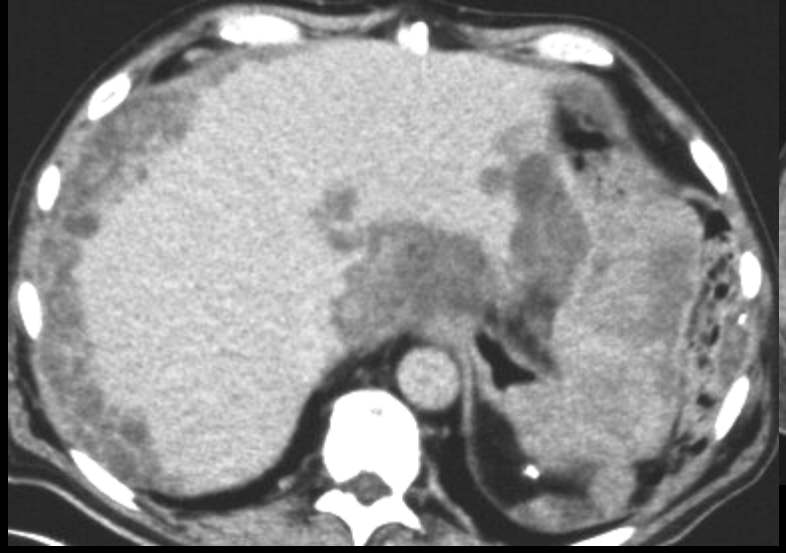
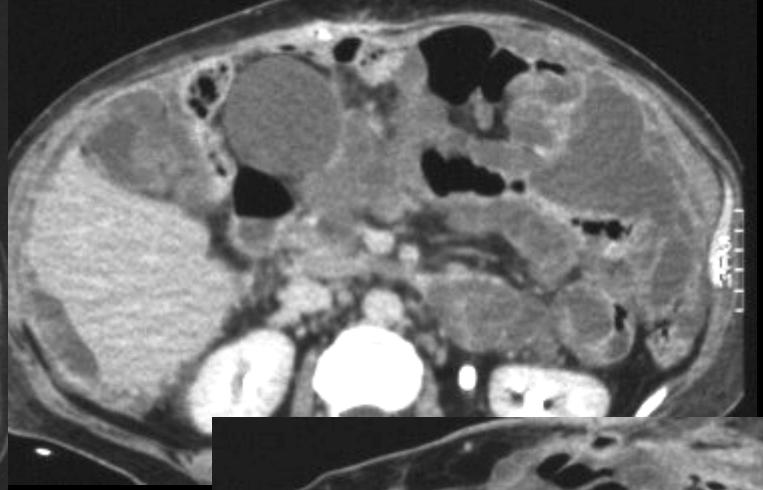
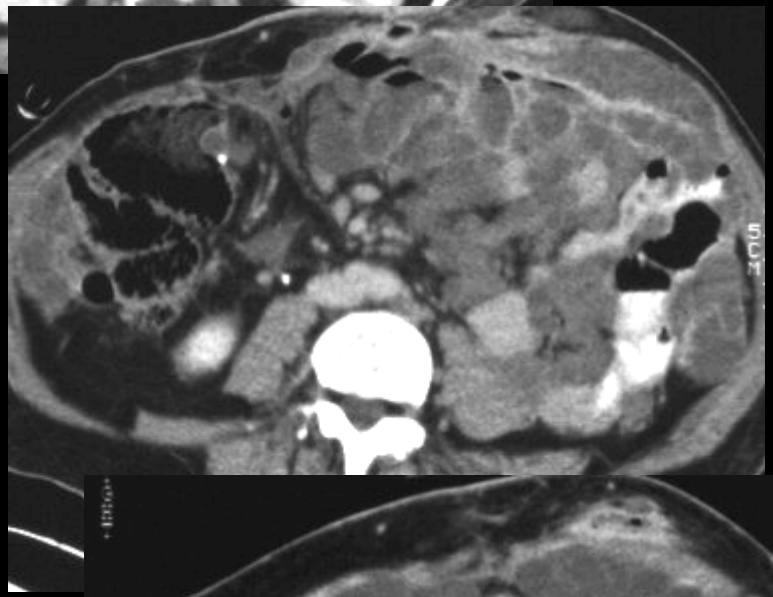
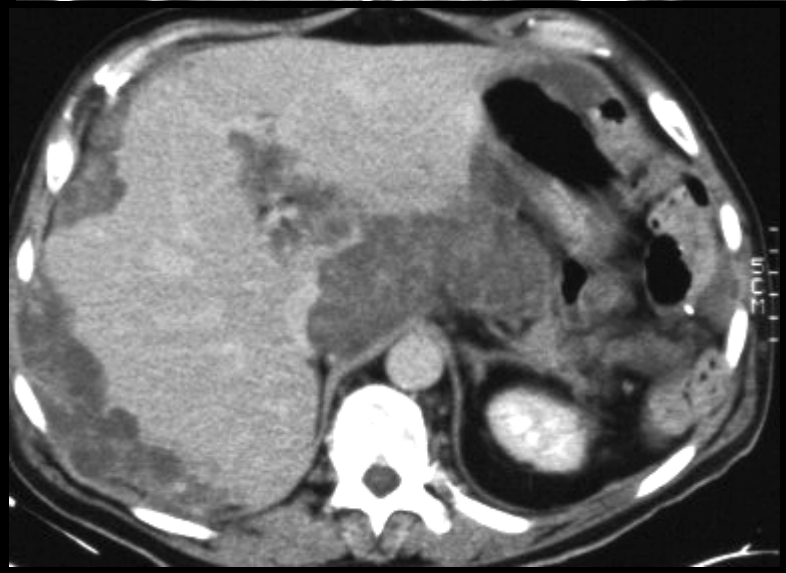
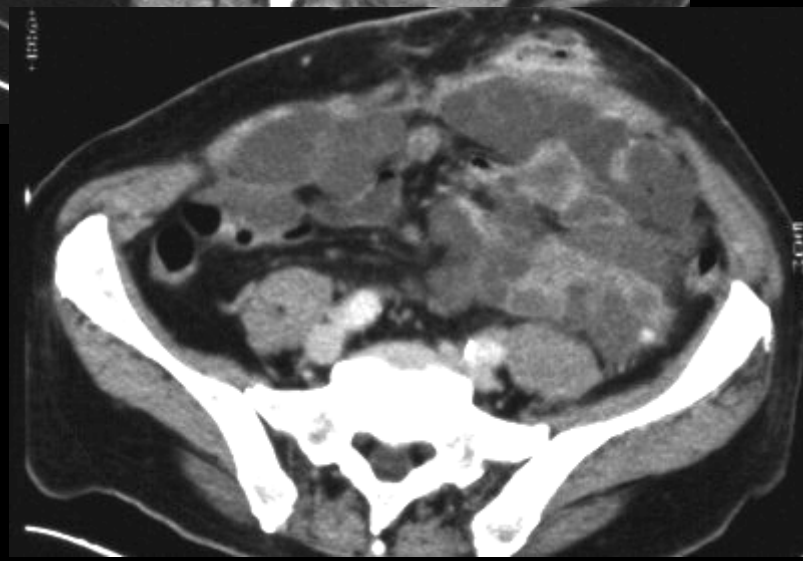








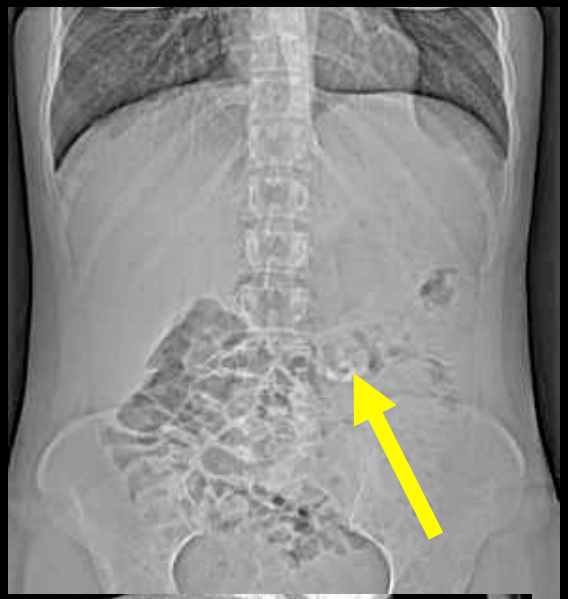
carcinose péritonéale mucineuse (CMP) cloisonnée dans le flanc gauche avec implants dans l'épiploon et le méso sigmoïde en rapport avec un **adénocarcinome sigmoïdien**

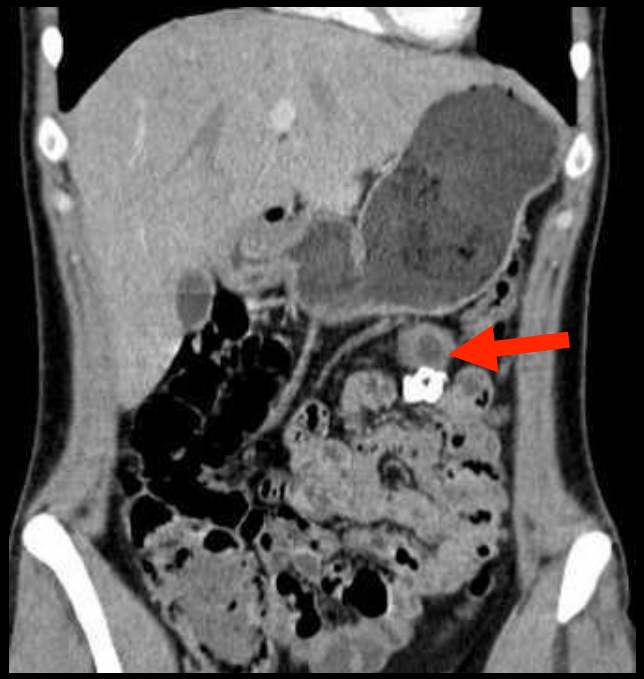






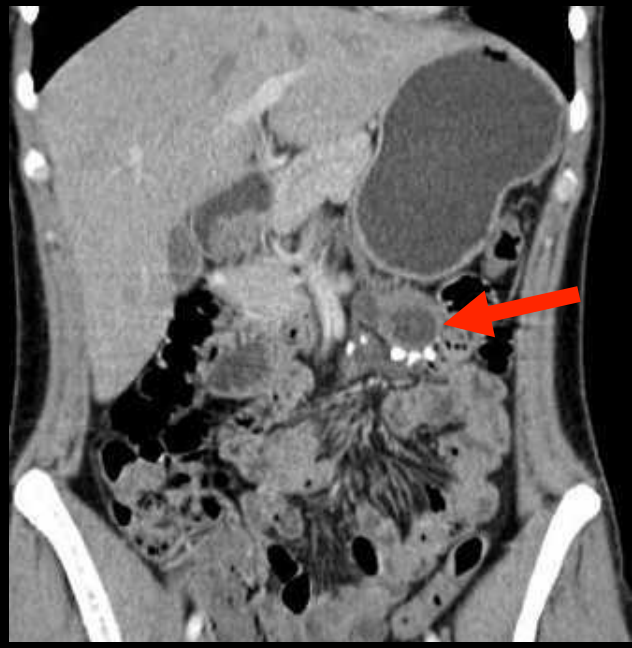
carcinose péritonéale mucineuse cloisonnée et effet de masse sur les parenchymes (scalloping) ; atteinte diffuse de l'ensemble de l'abdomen

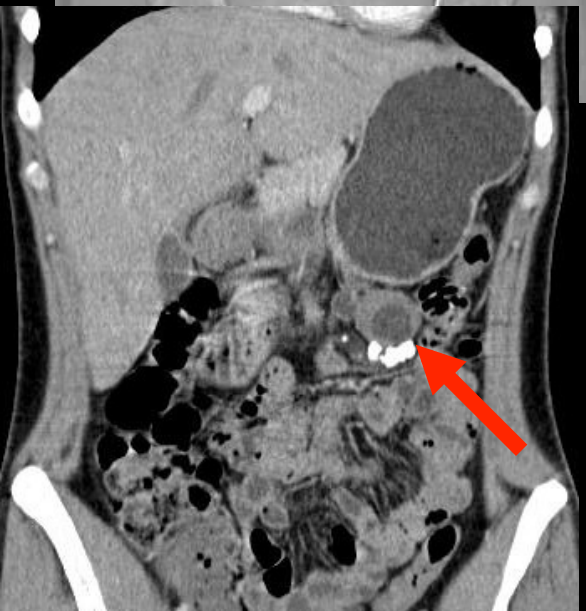
appendicectomie 2 ans auparavant (adénocarcinome)

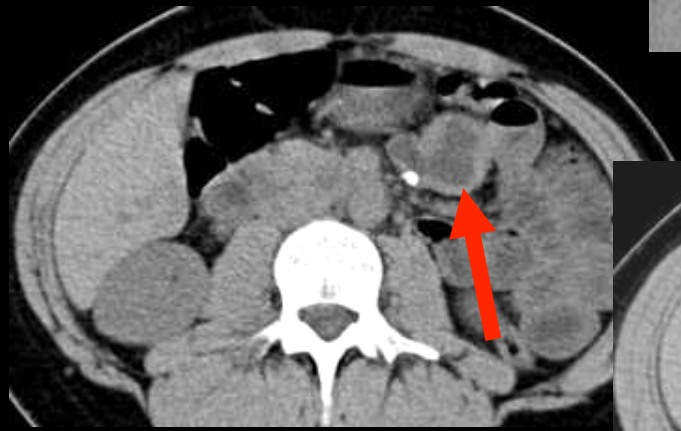
femme 27 ans , vosgienne , douleurs de l'hypochondre gauche depuis plusieurs semaines ; coloscopie normale

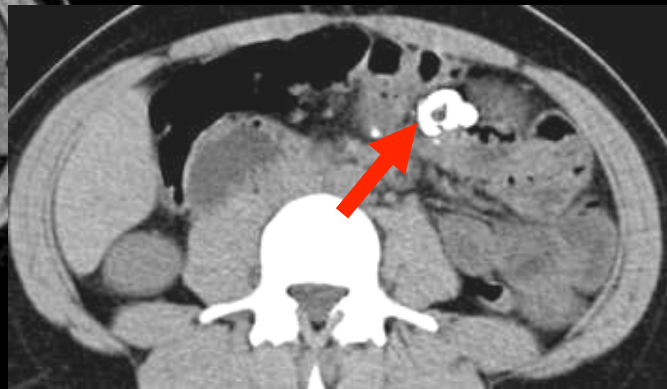


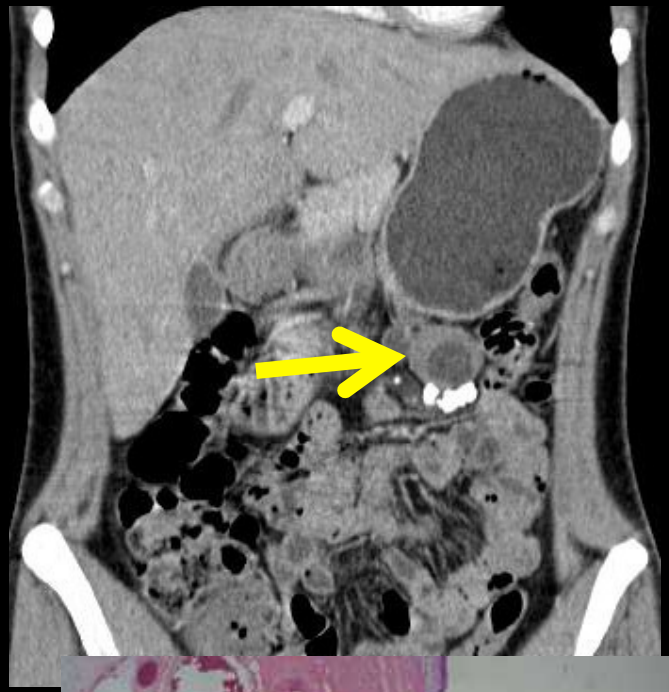


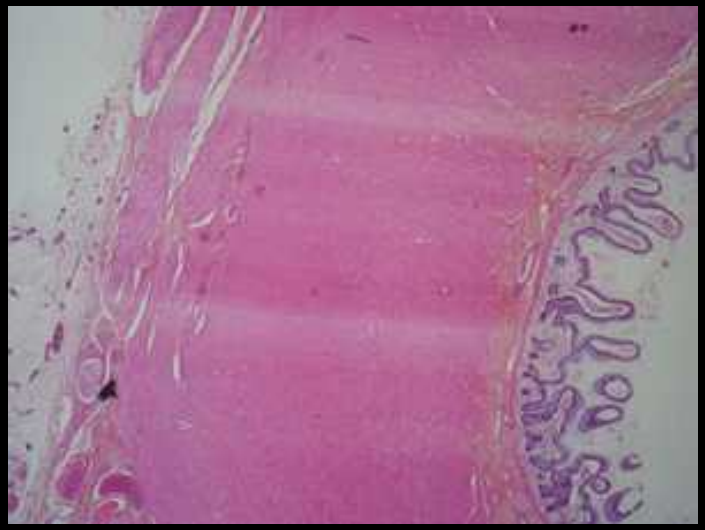




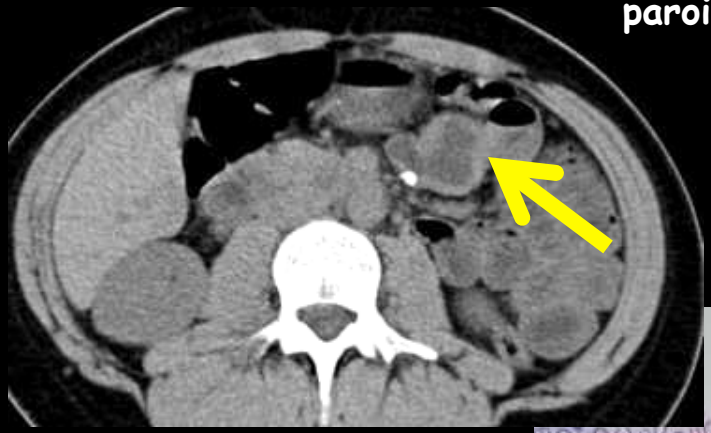


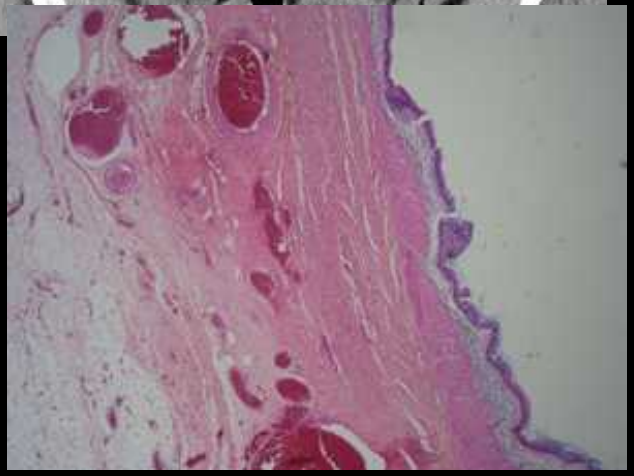


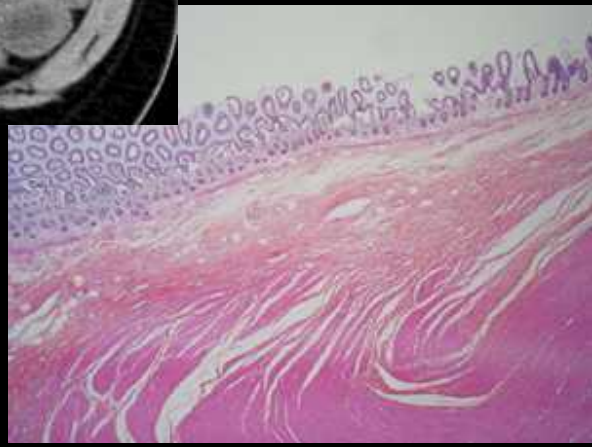




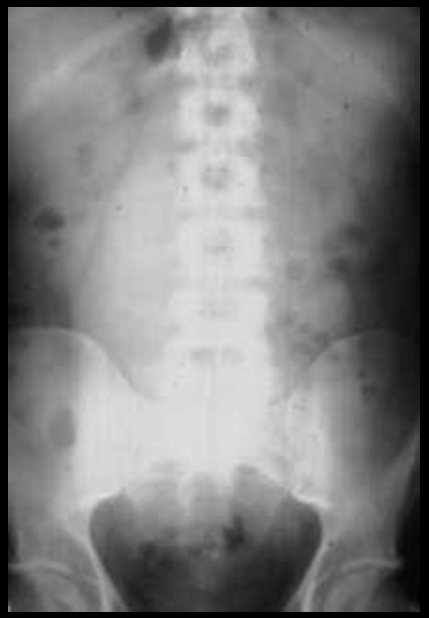
parois épaisses (3 couches)

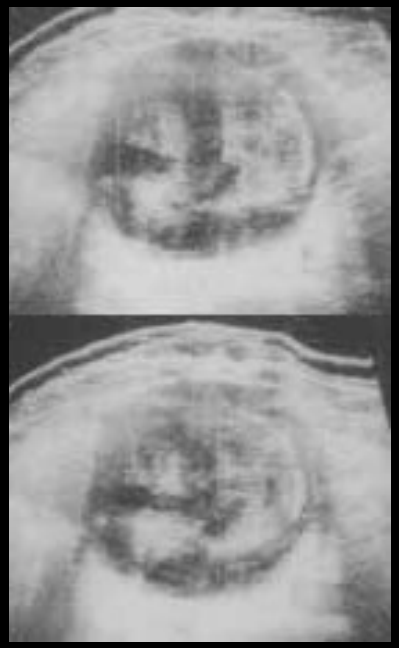


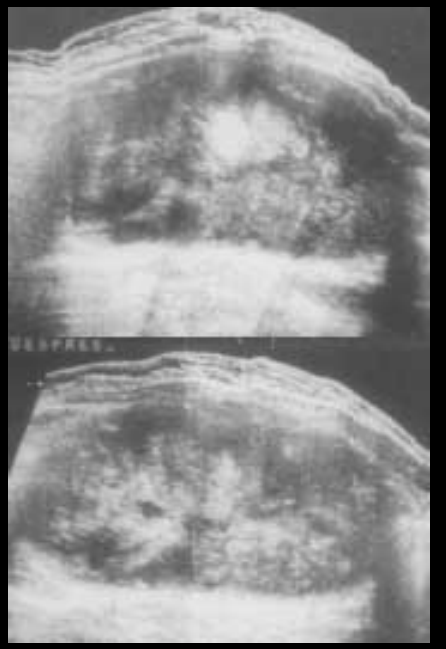


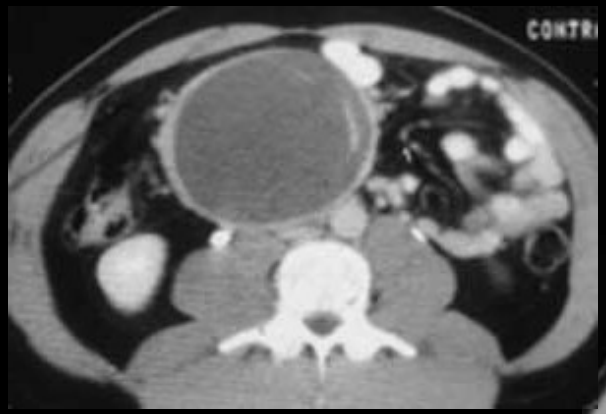


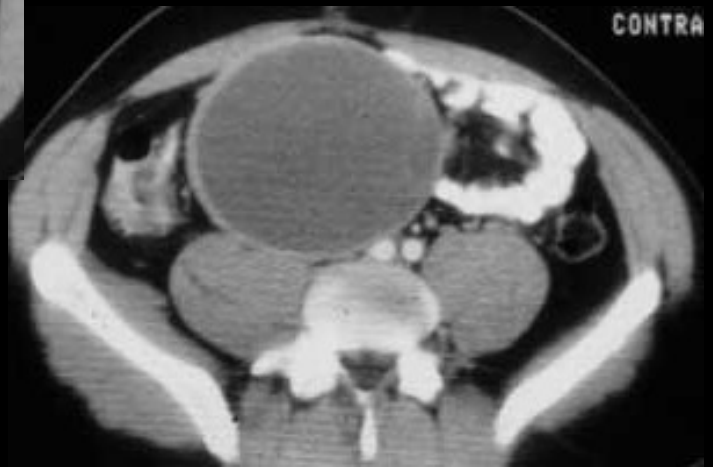
duplication intestinale (dans le mésocolon transverse)



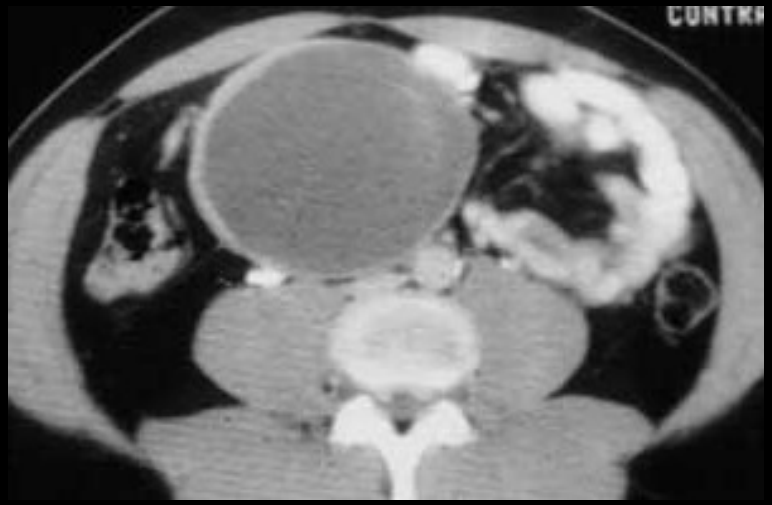


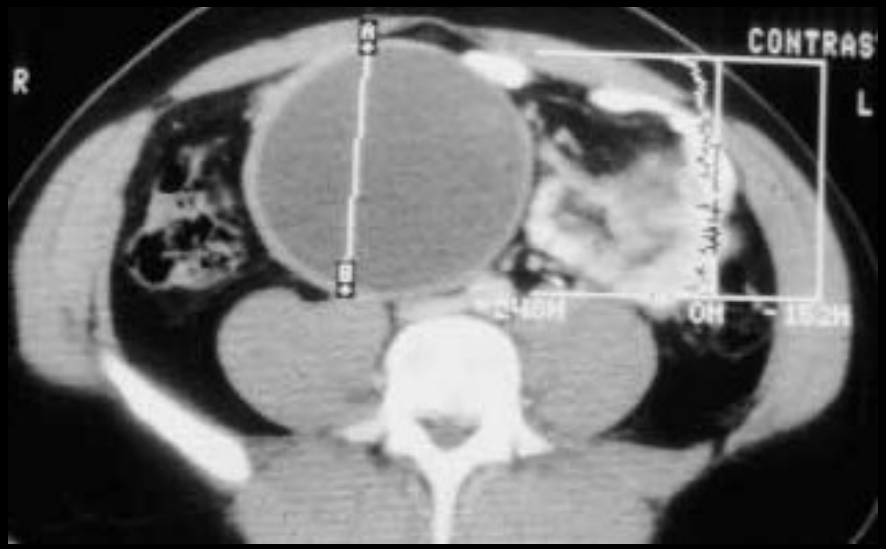


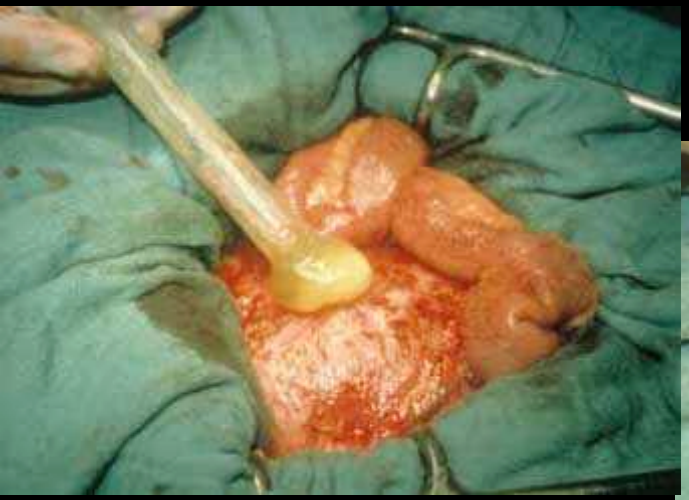


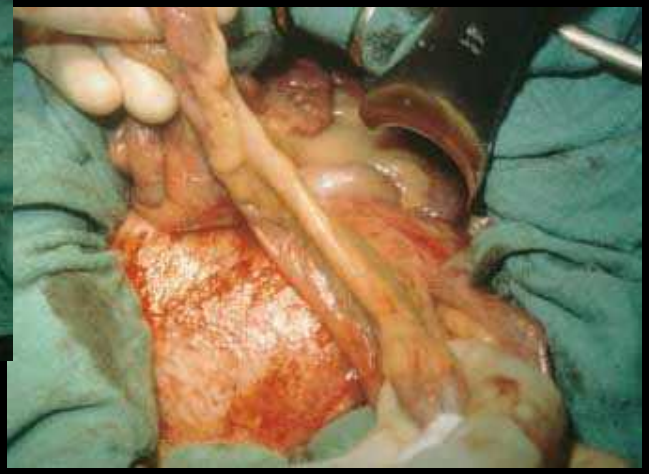


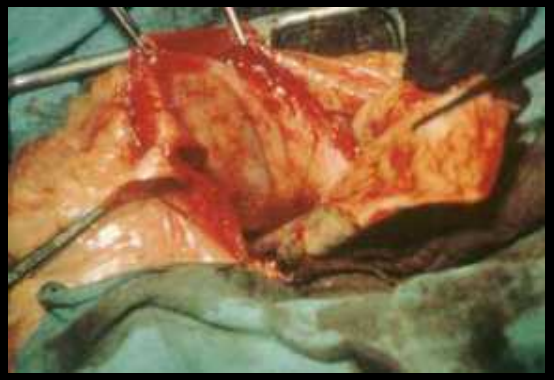
homme 26 ans , douleurs abdominales et masse palpable



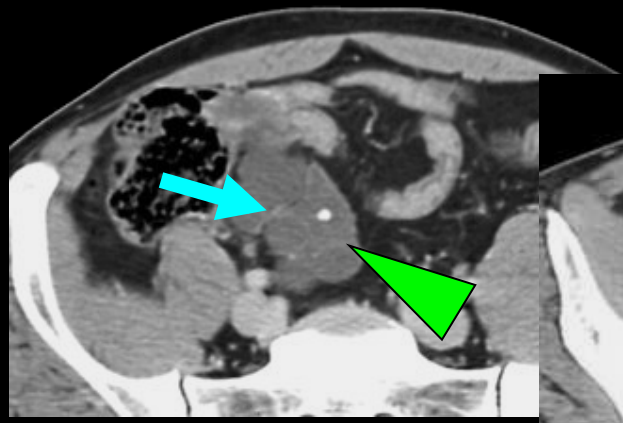
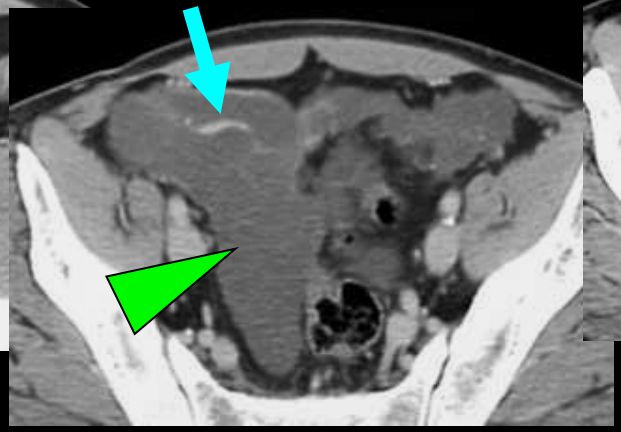
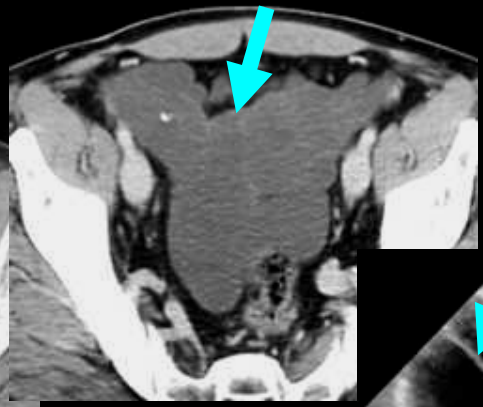
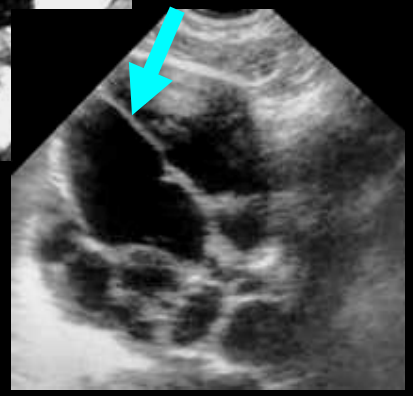
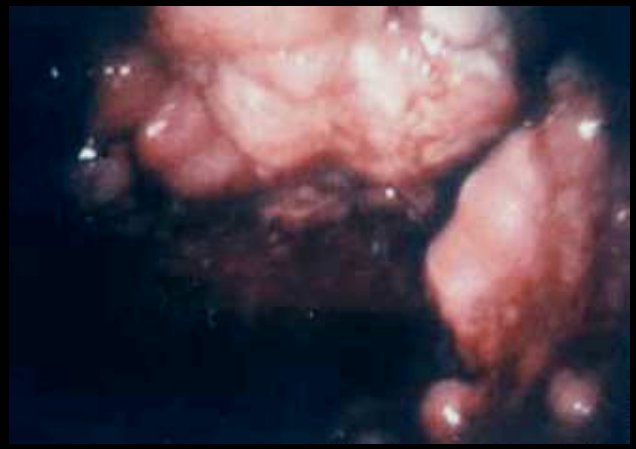
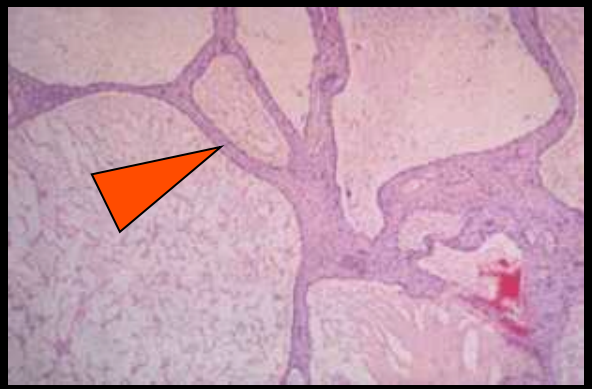
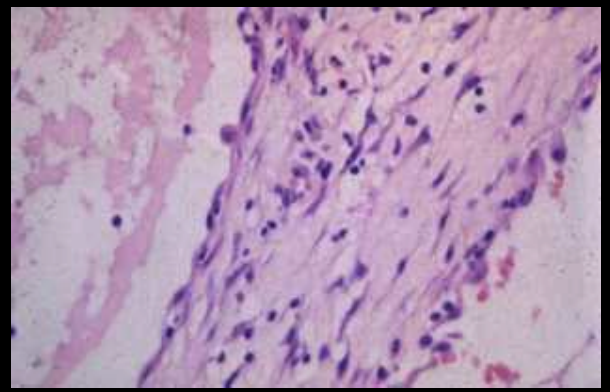
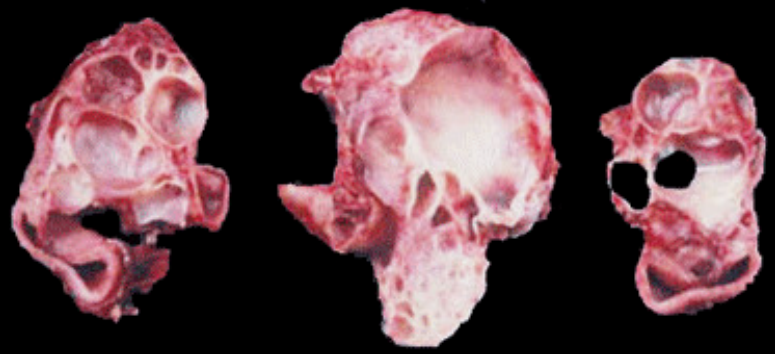




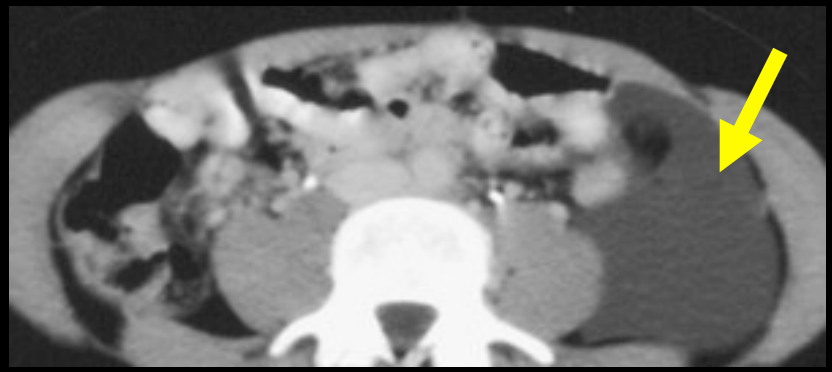


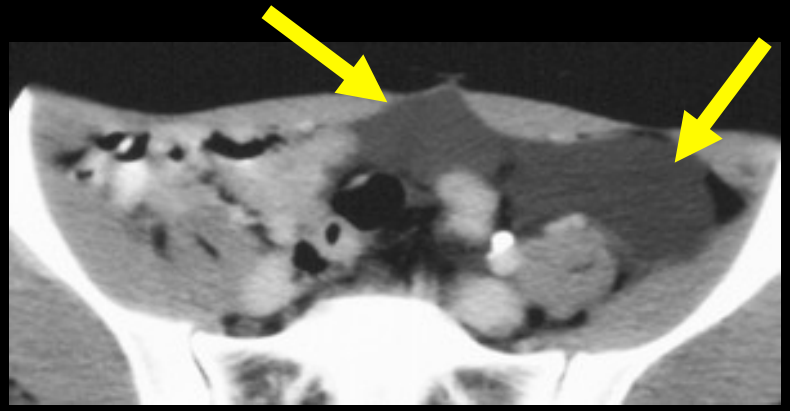


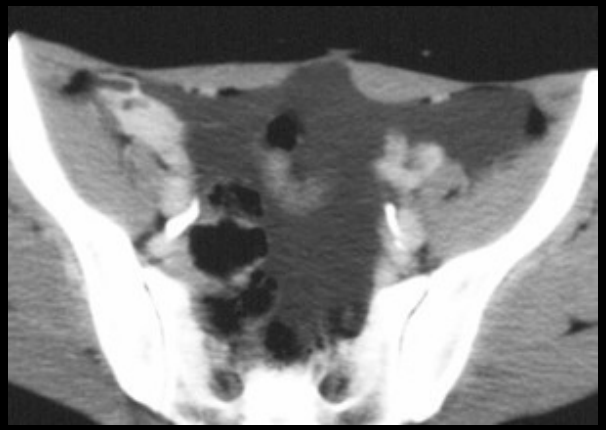
duplication kystique ; évolution vers pseudo myxome et décès 3ans plus tard

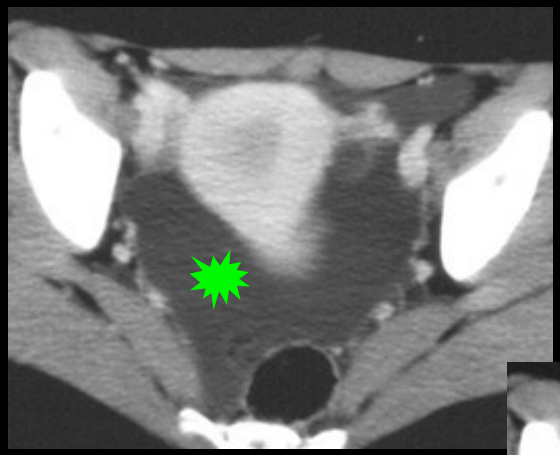









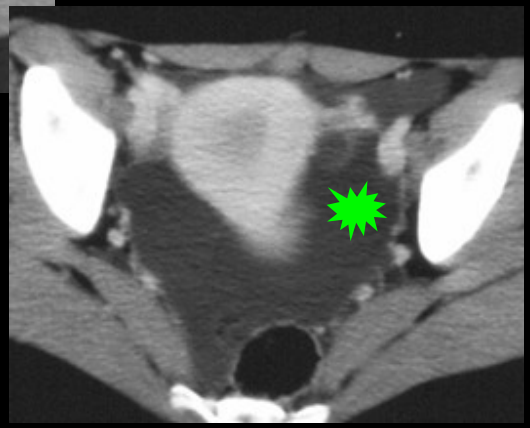
kyste péritonéal d' inclusion
mésothéliome kystique péritonéal





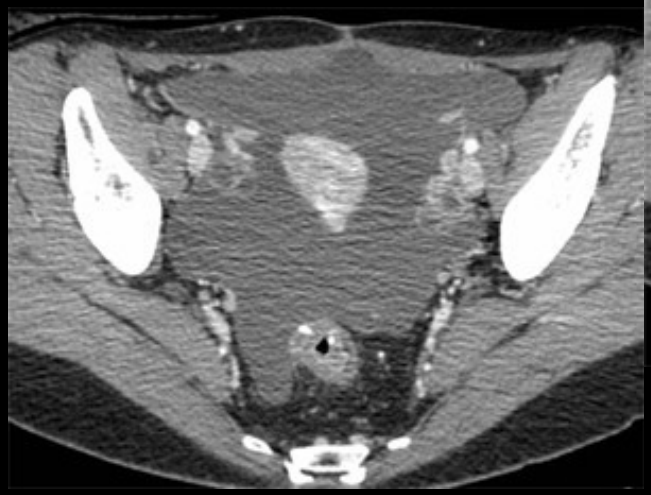


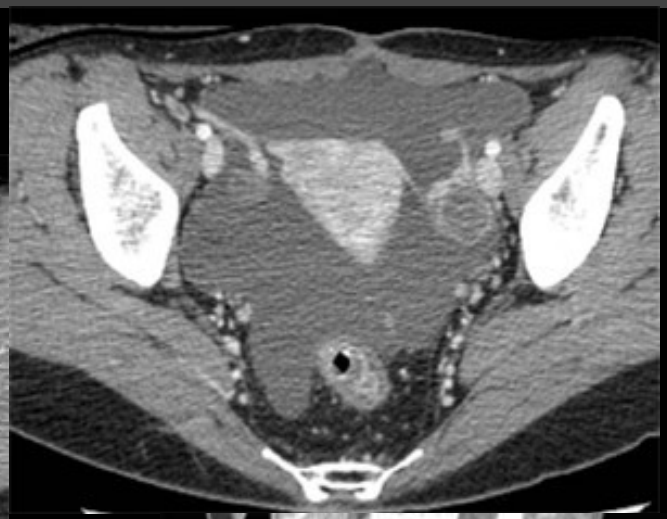


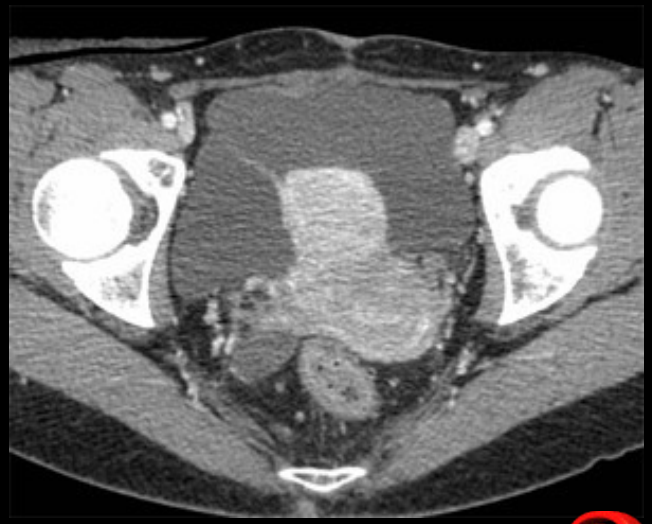


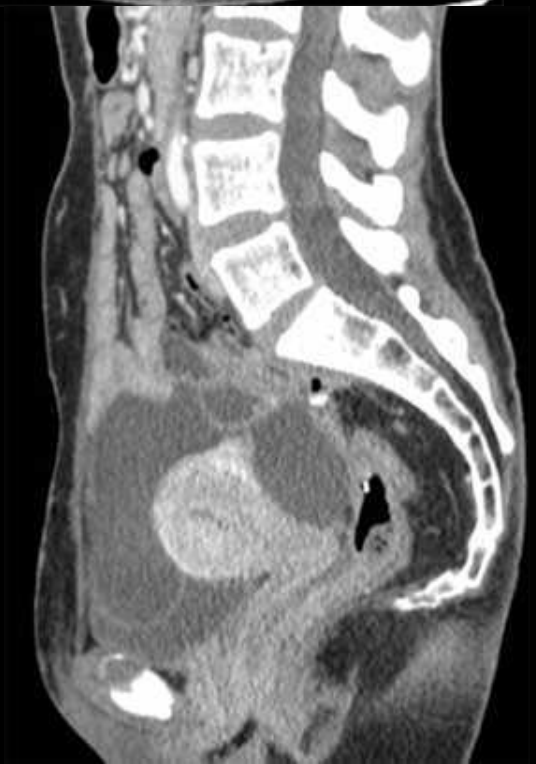
kyste péritonéal d'inclusion (mésothéliome kystique bénin)

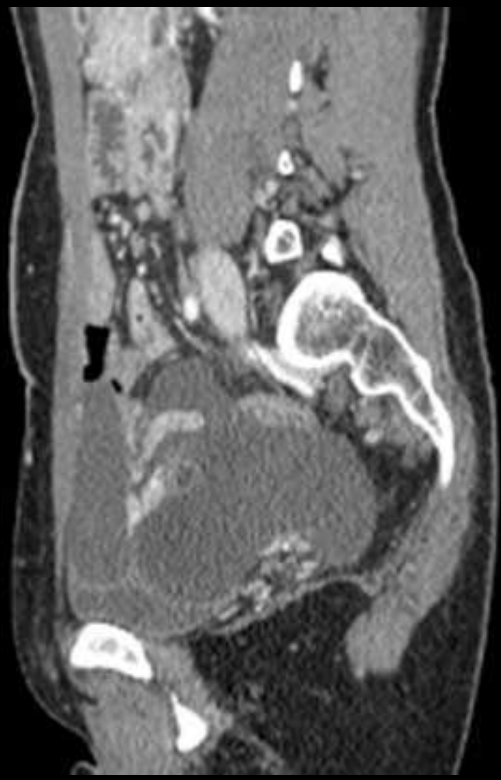
femme 36 ans, ATCD colectomie totale Crohn puis sepsis nécessitant 2 interventions (fistule , péritonite)



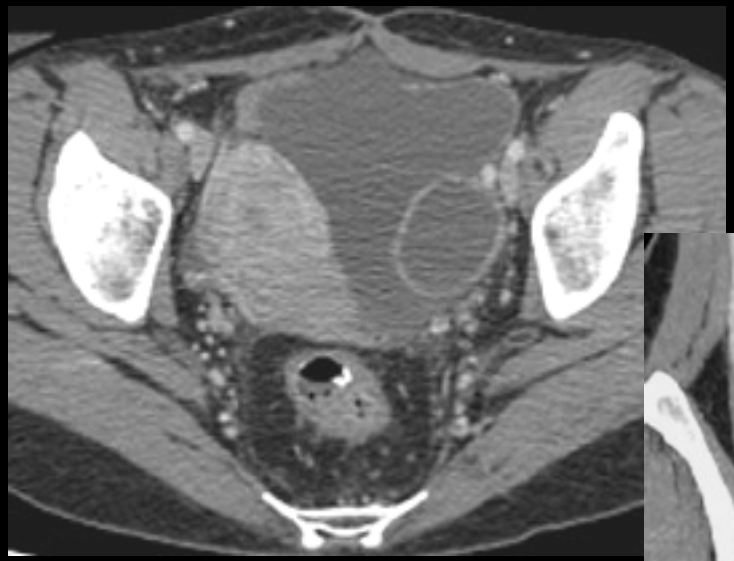




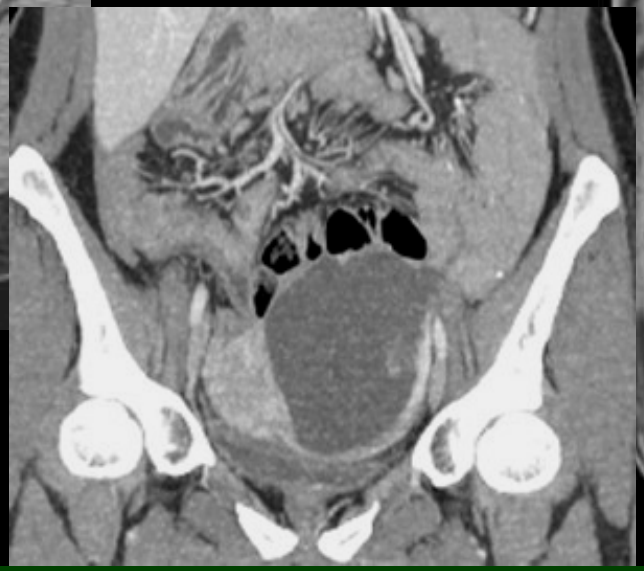


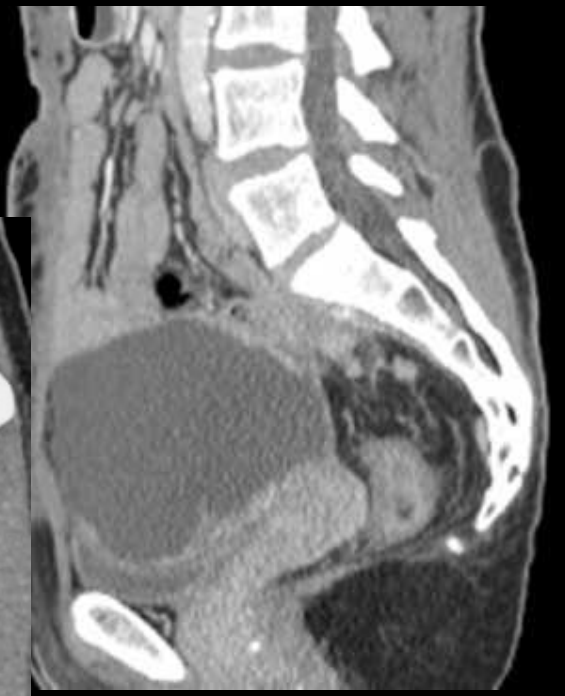


bilan 2007

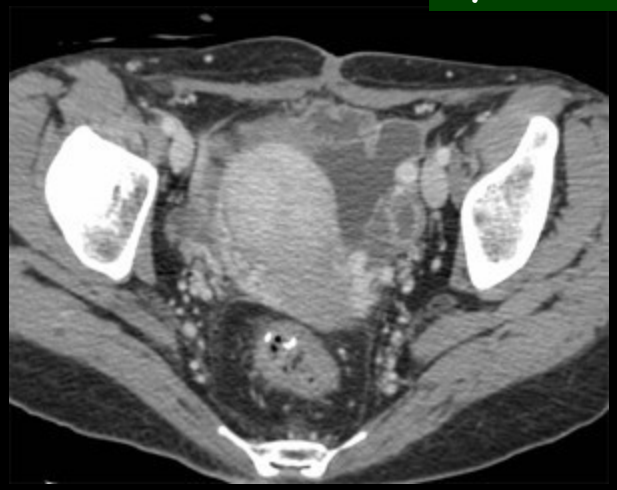


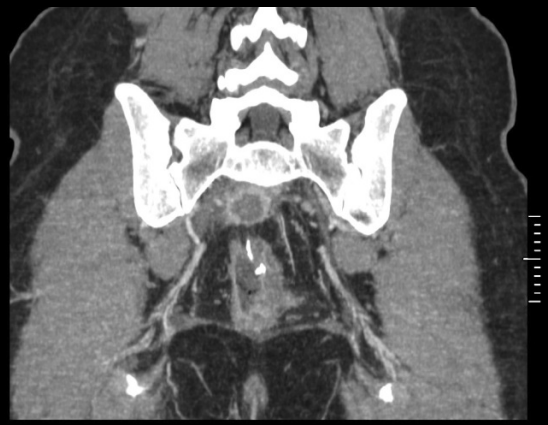
bilan 2006





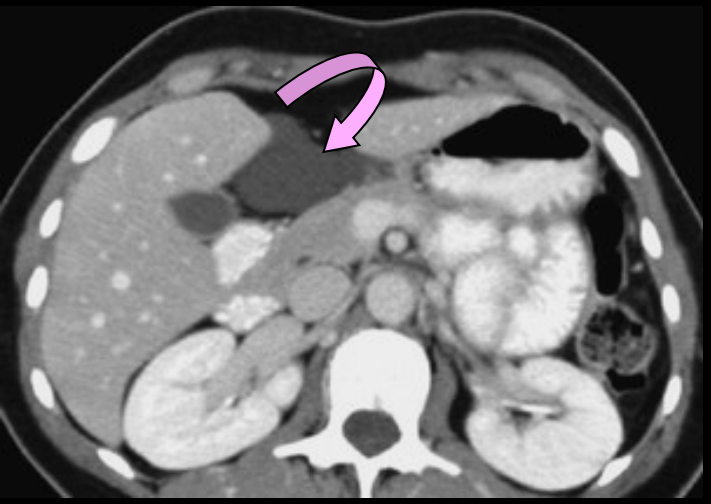
kyste d' inclusion péritonéal (peritoneal inclusion cyst)

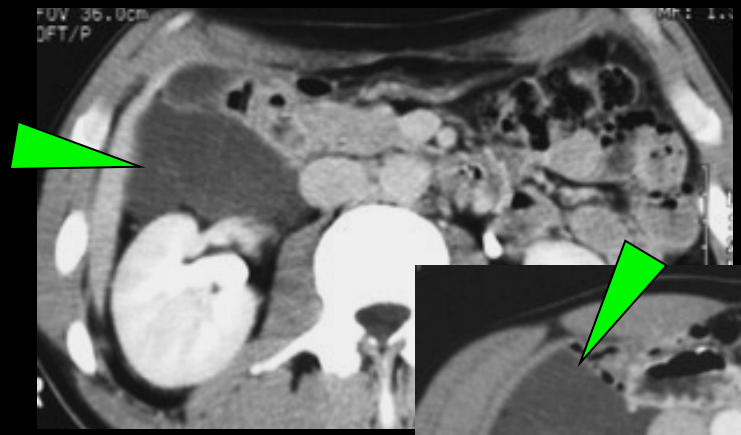


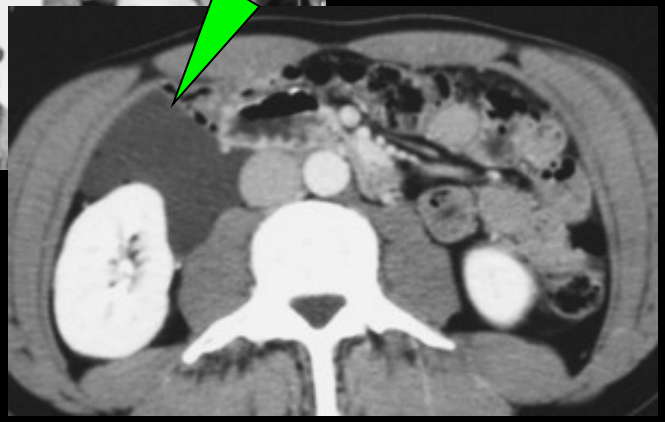


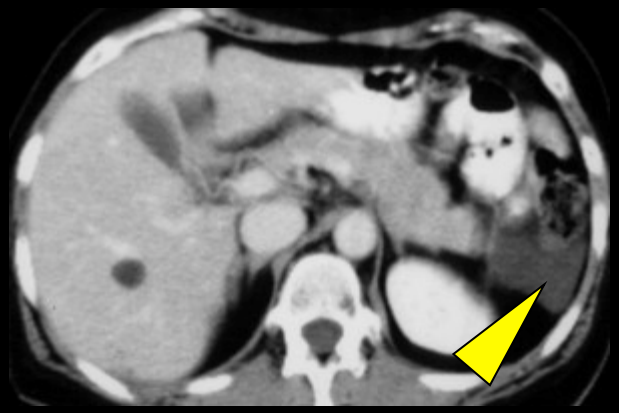
ATCD chir pelvienne

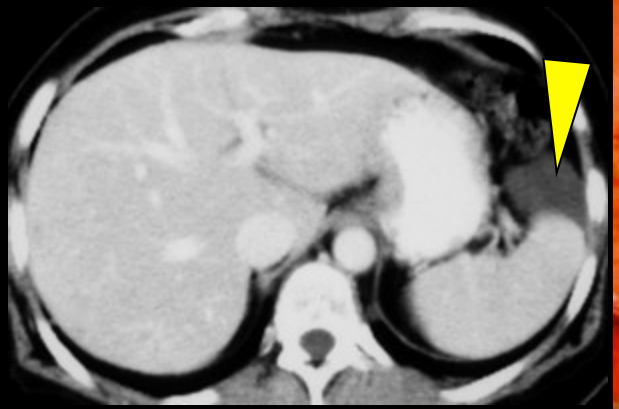
bilan 2005

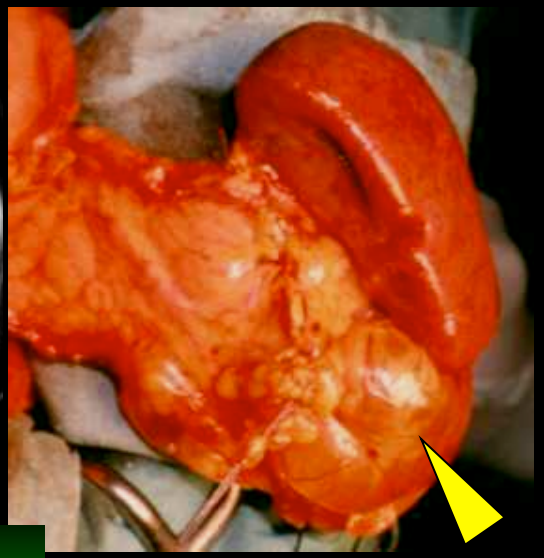




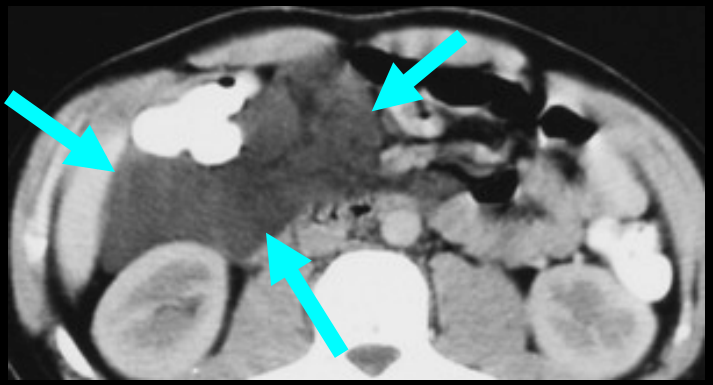


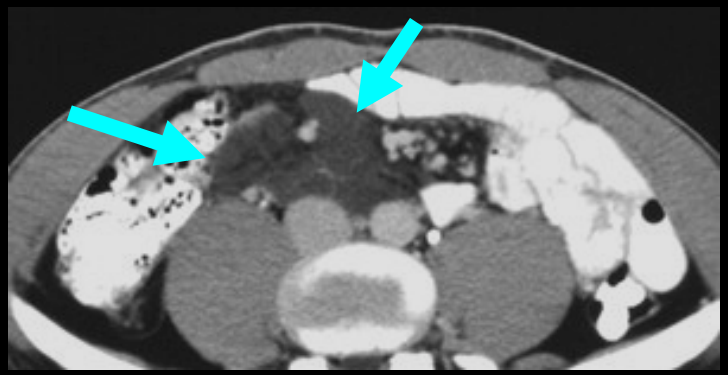


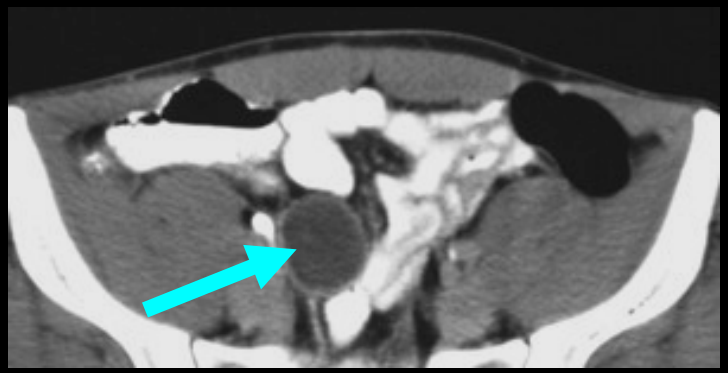


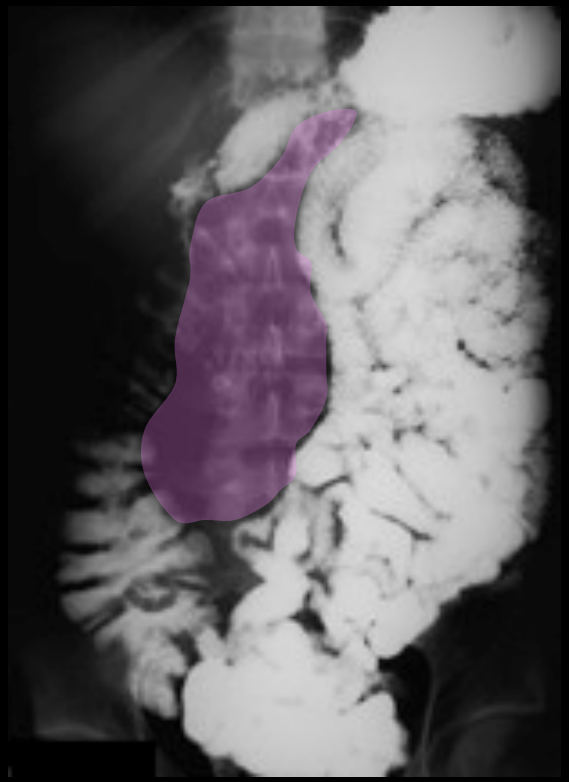


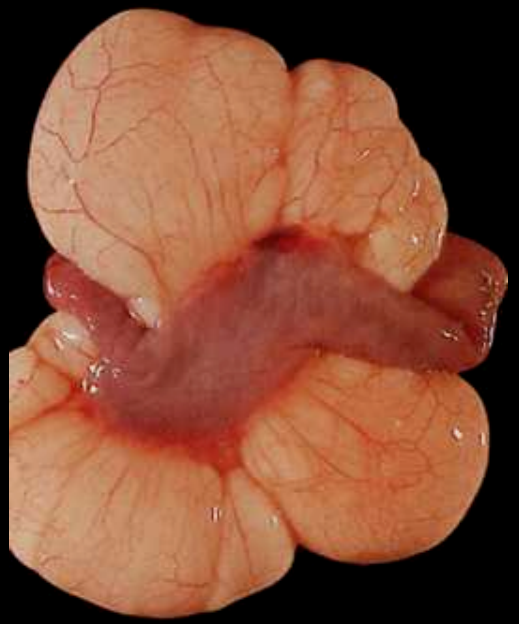
lymphangiomes kystiques péritonéaux





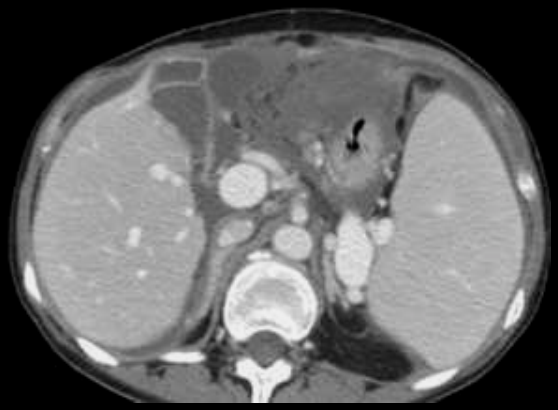
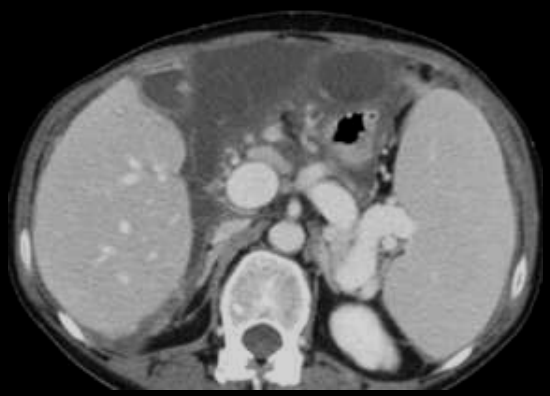
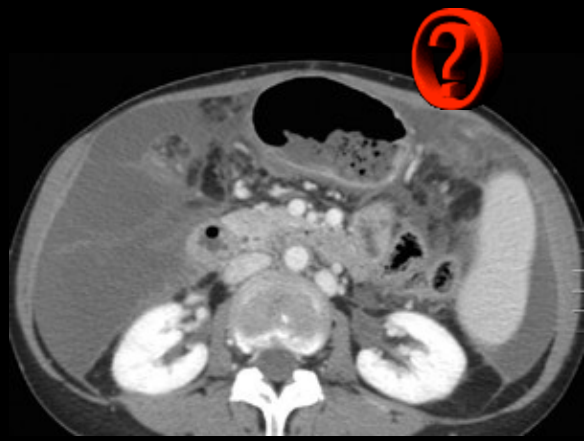
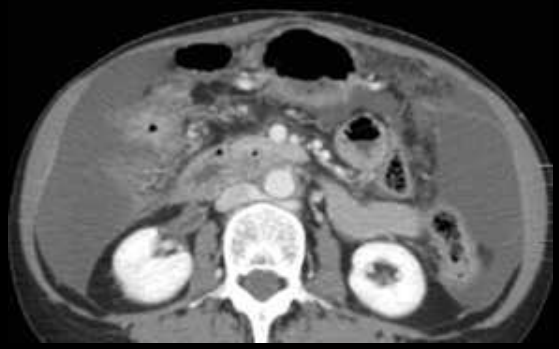
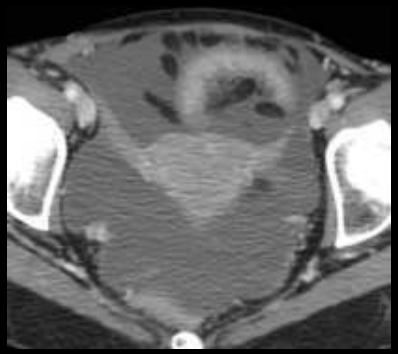
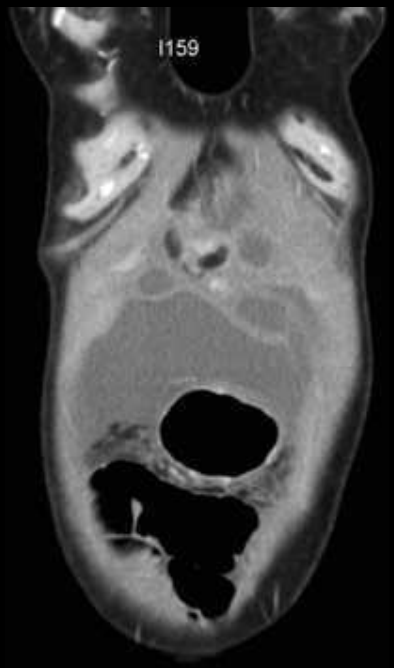


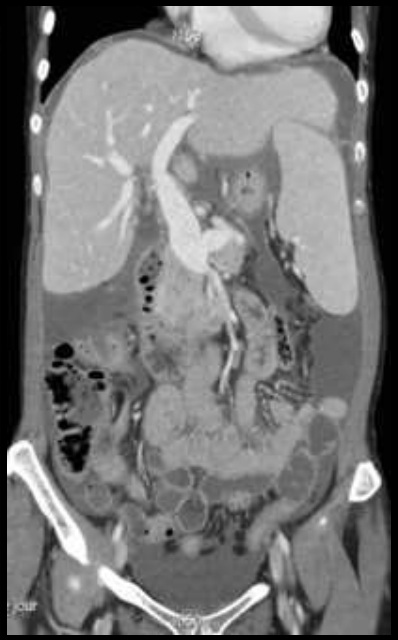
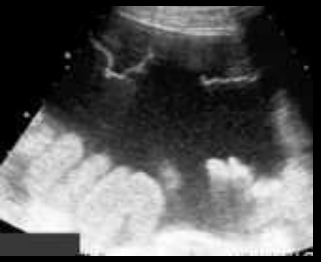
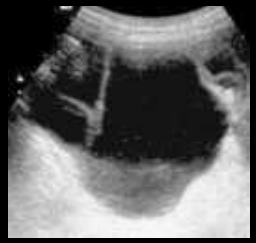




récidive d'un lymphangiome kystique (rétro-)péritonéal

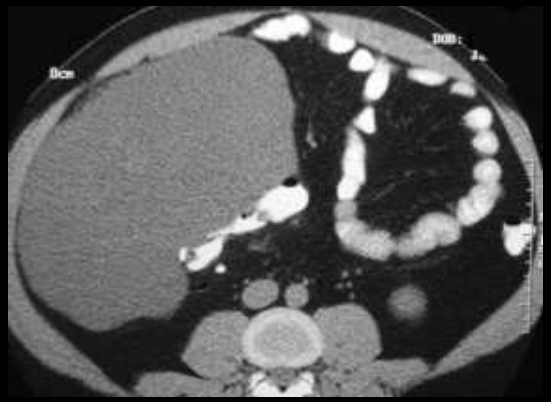
femme 49 ans ;"ascite" chronique . traitement anti tuberculeux pendant un an inefficace ; aucun argument étiologique

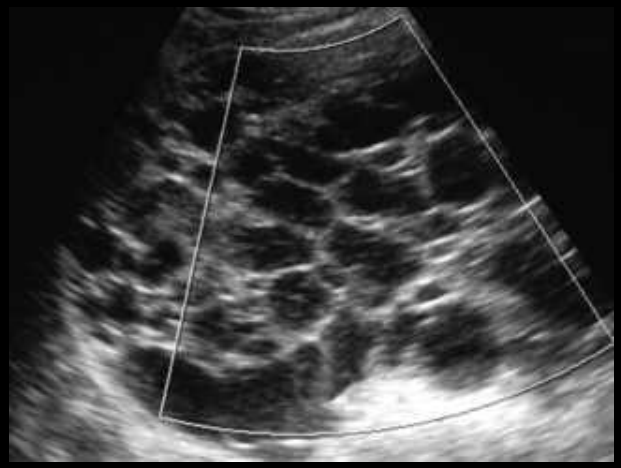







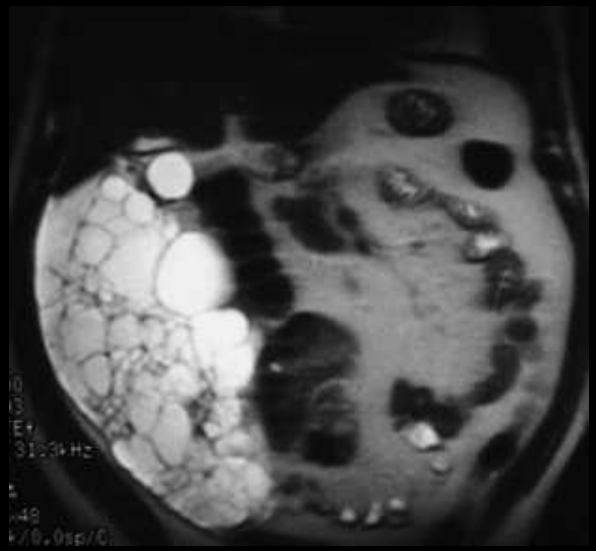




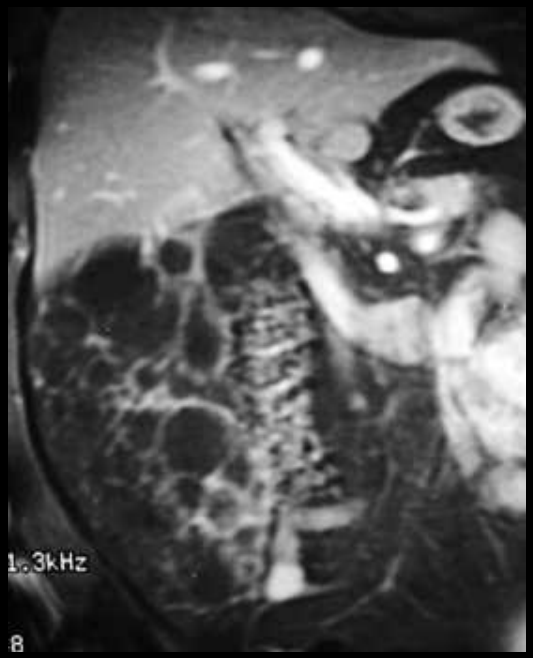
mésothéliome multikystique
(syn : kyste péritonéal d'inclusion multiloculaire,mésotheliome kystique)

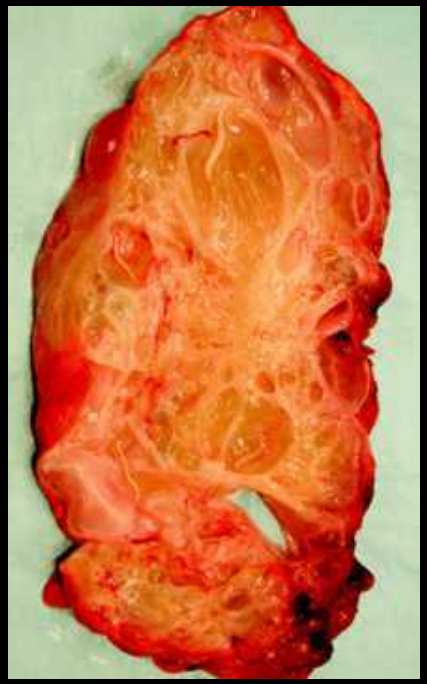
homme 34 ans vagues douleurs abdominales

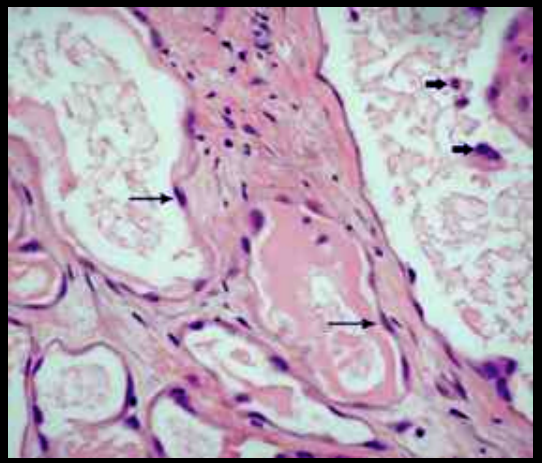






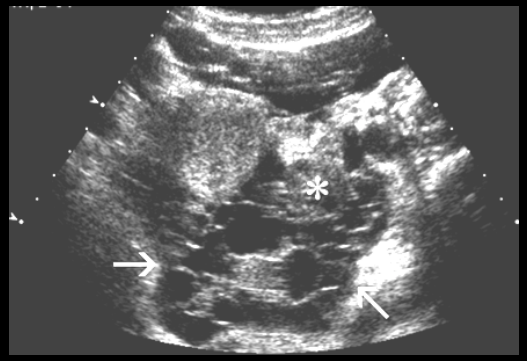


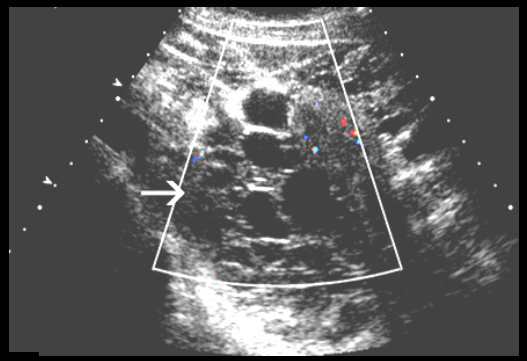


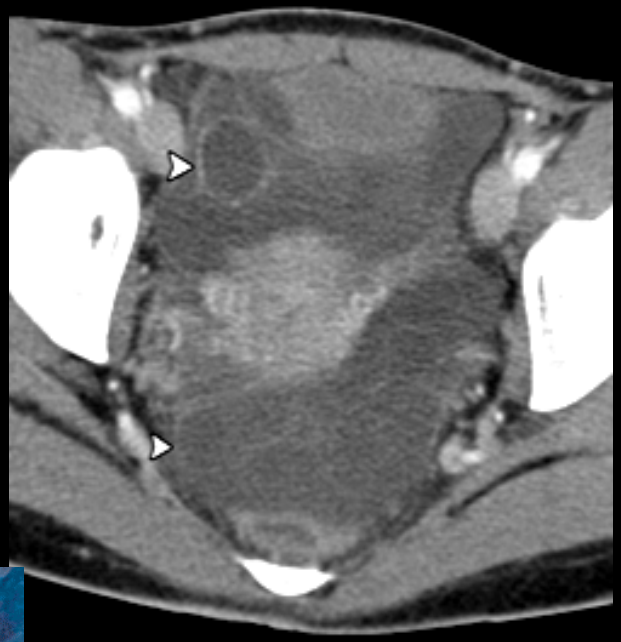


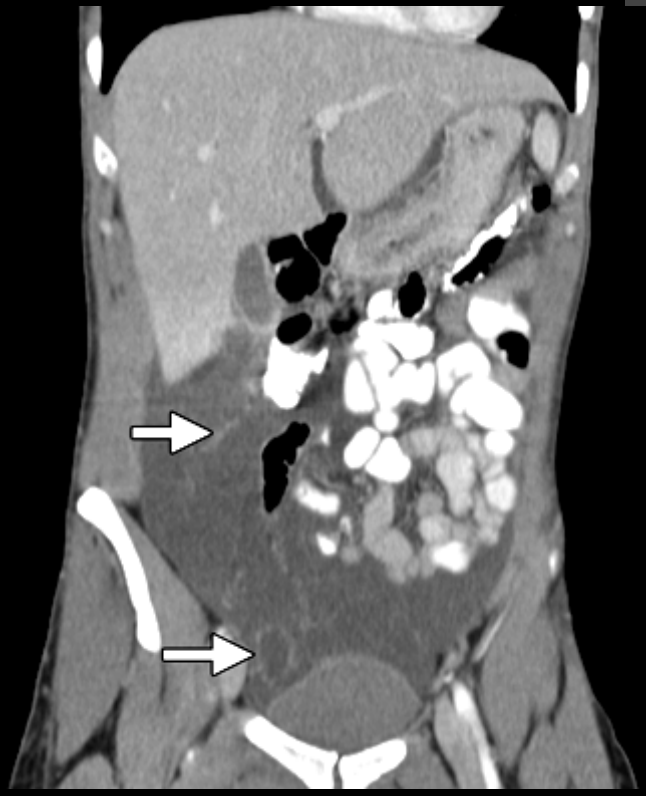
le **mésothéliome multikystiqe** du péritoine pourrait correspondre à une prolifération mésothéliale non tumorale, plutôt qu'à une véritable néoplasie

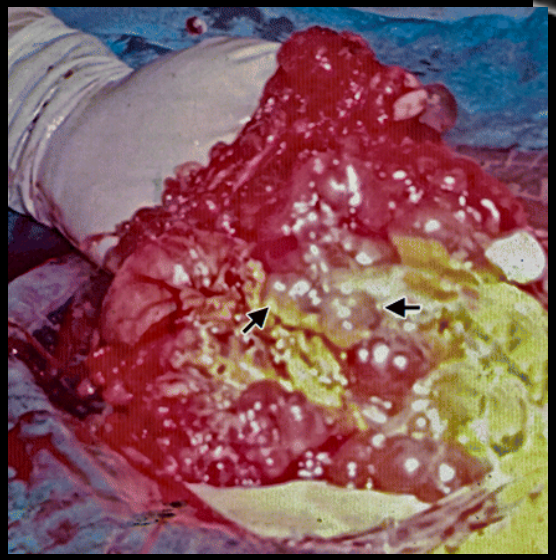
femme 27 ans , 1 pare , antécédents d'infetions génitales





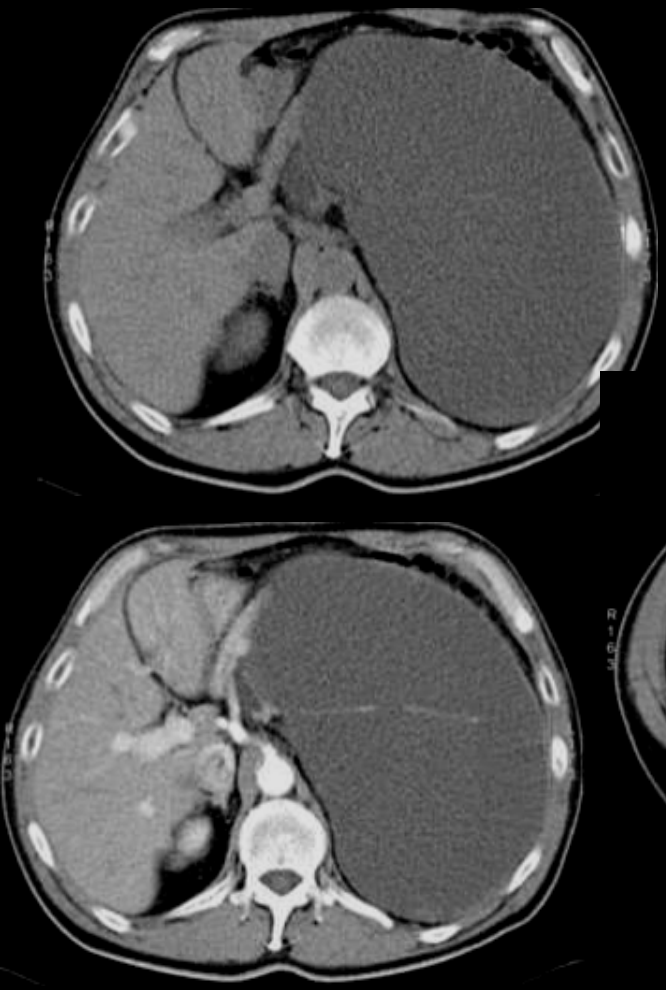


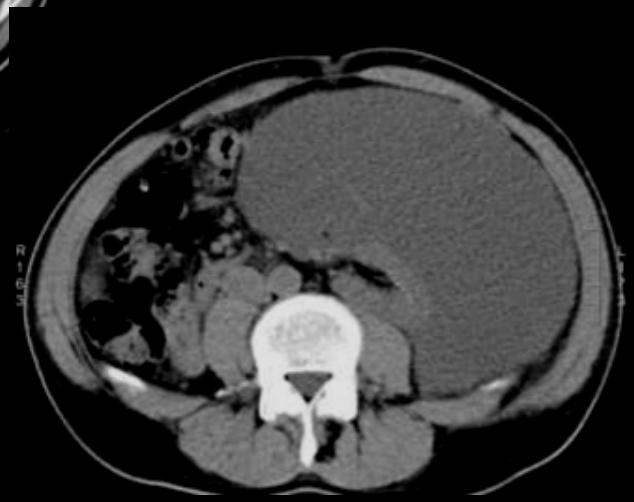


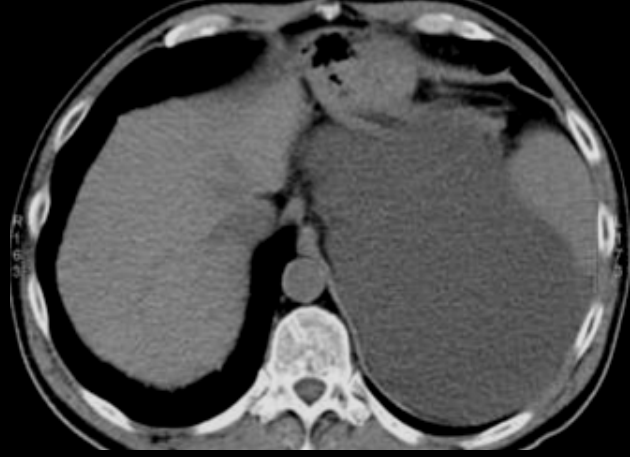


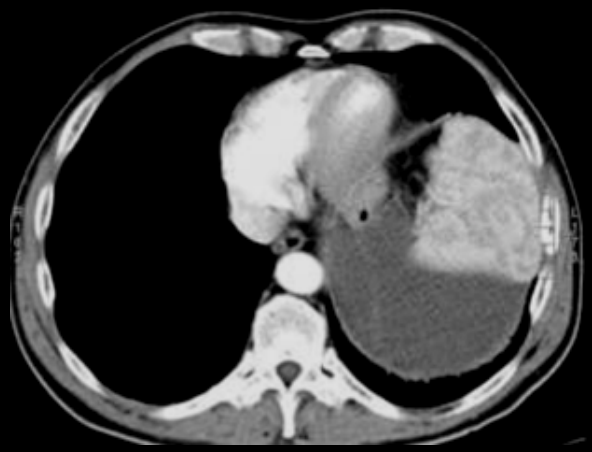
mésothéliome multikystique
(syn : kyste péritonéal d'inclusion multiloculaire,mésotheliome kystique)

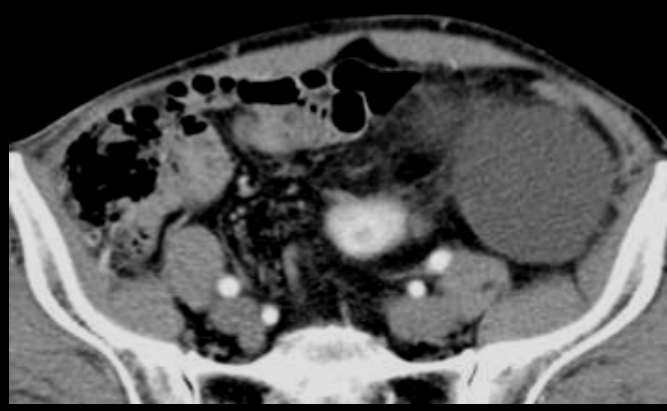
homme 60 ans ; pas de tabac, pas d' alcool.
ATCD : ulcère gastrique sous AINS
motif : pesanteur et douleur abdominale.
pas d'AEG en dehors anorexie.



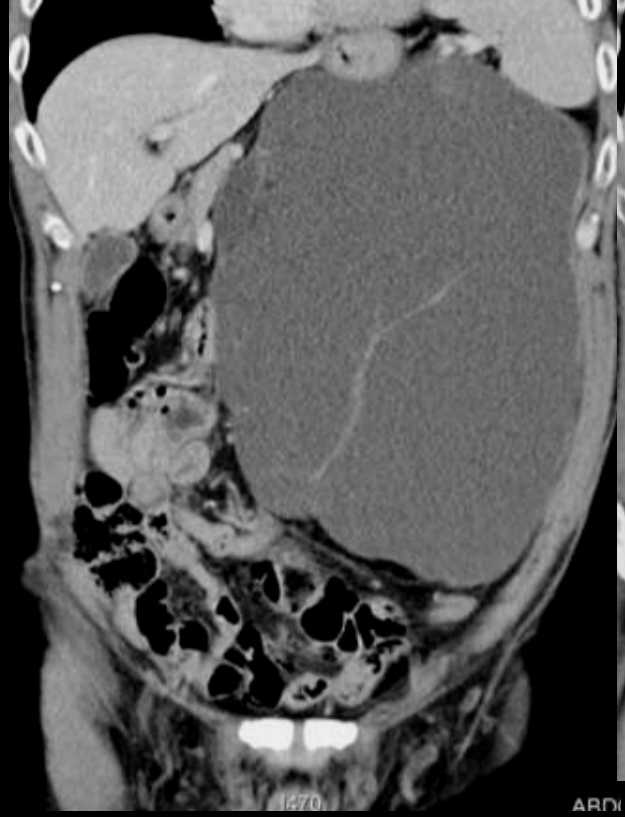


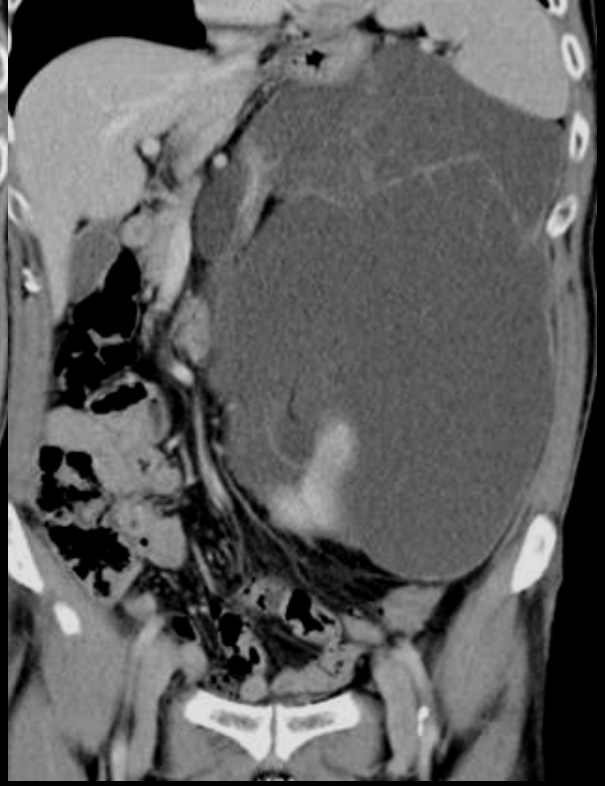


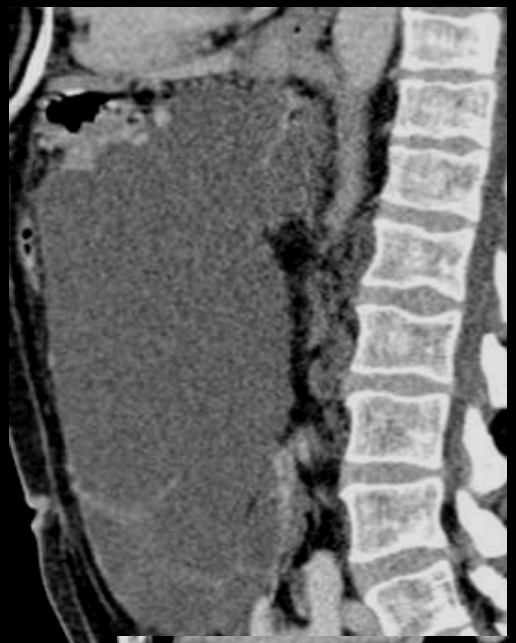


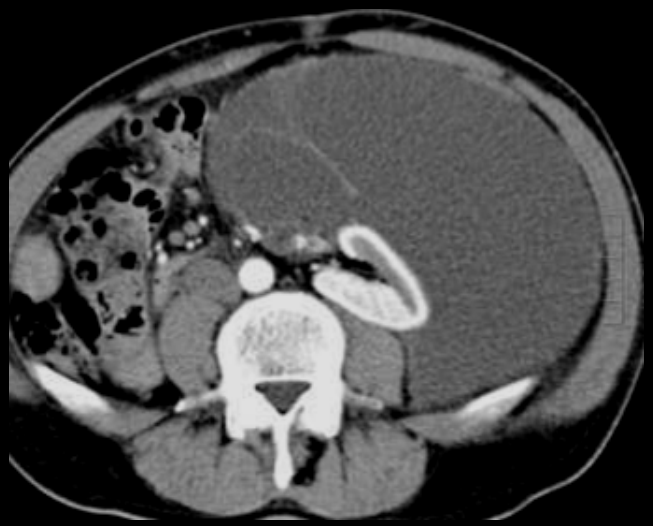


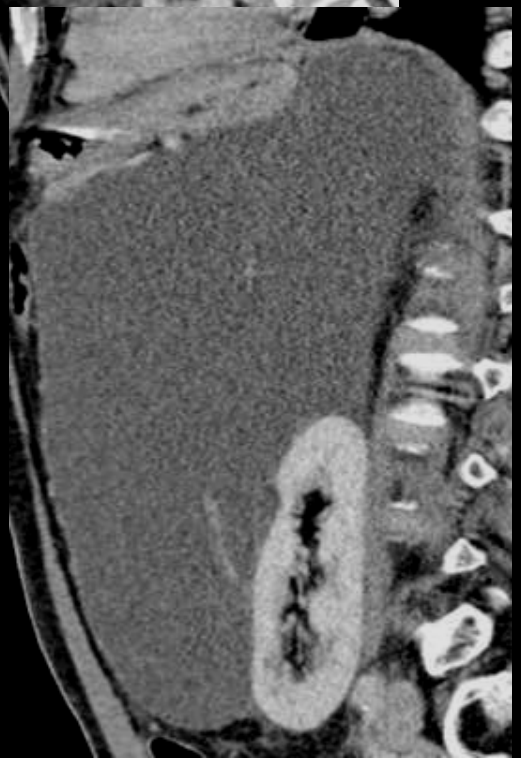
13/10/2008



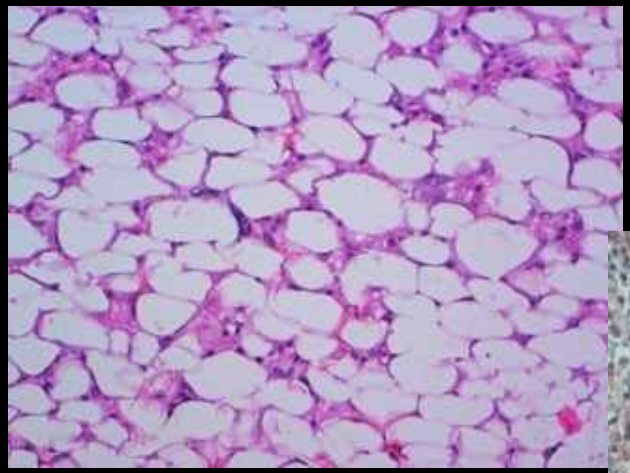




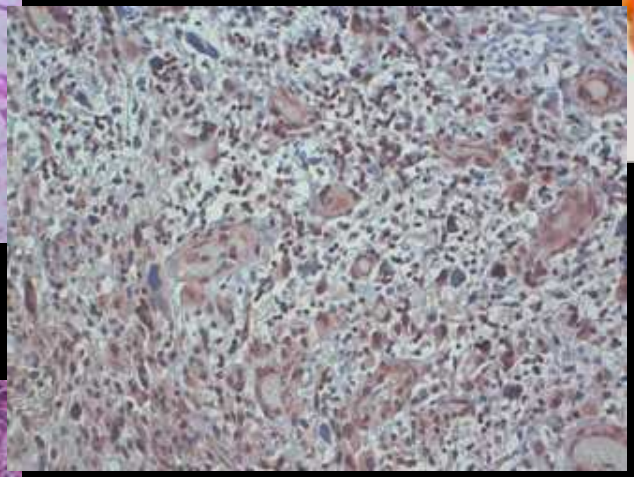




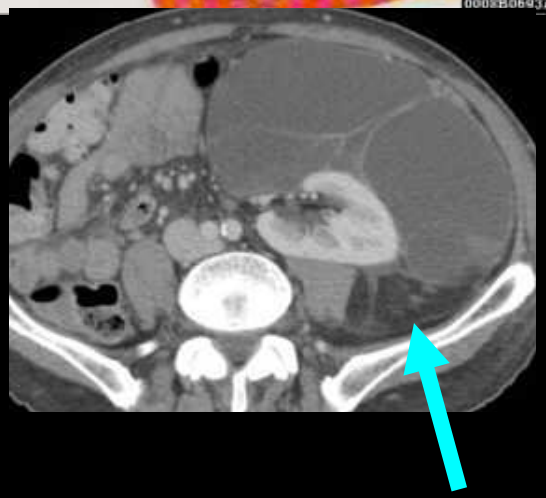
diagnostic (s)

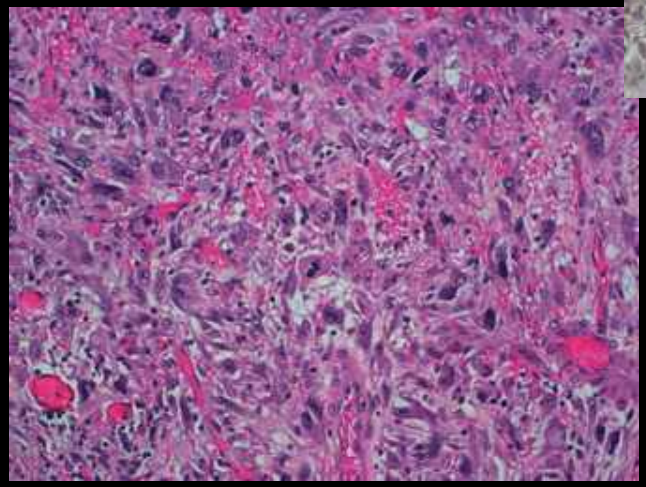


contingent liposarcomateux
bien différencié



expression de MDM2
(protéine modulatrice du gène
suppresseur de tumeur Tp53)

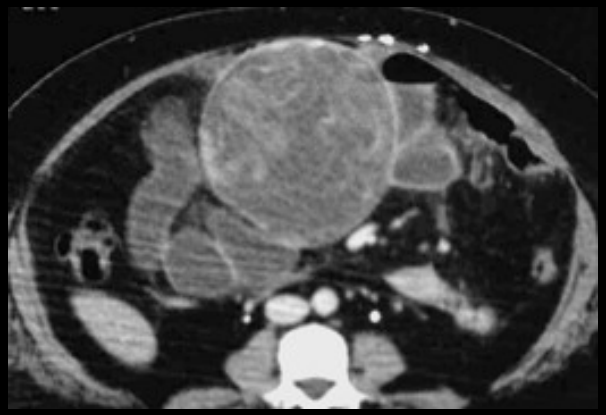


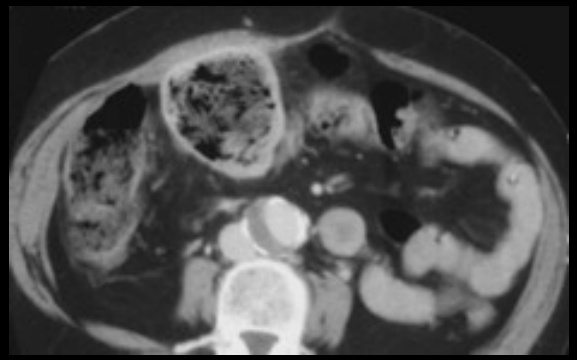


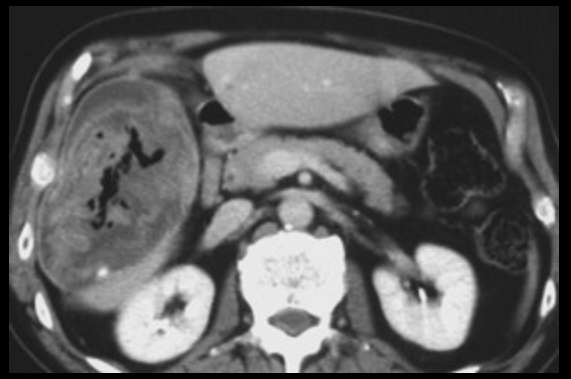
contingent sarcomateux
indifférencié pléomorphe

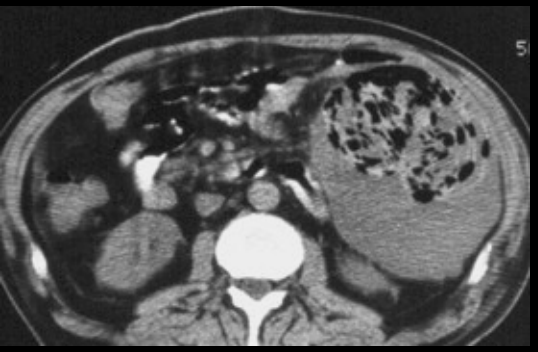
Liposarcome dédifférencié
rétropéritonéal , à expression clinique
abdominale

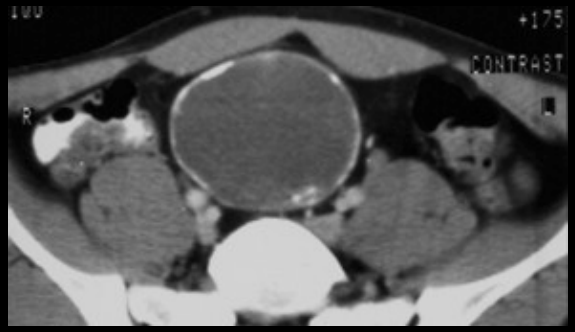
adulte après 40 ans
tumeurs volumineuses, , localement récidivante et multifocale
envahissent souvent le péritoine et le tube digestif
métastases rares (15%)
liposarcome bien différencié et sarcome non adipeux
amplification de MDM2 et CDK4

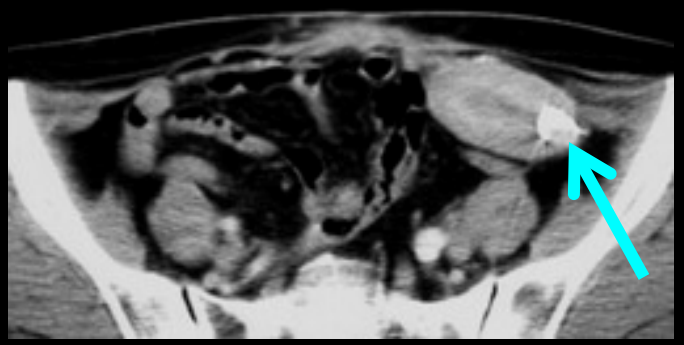


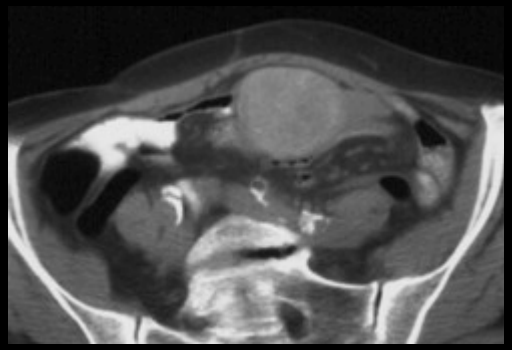


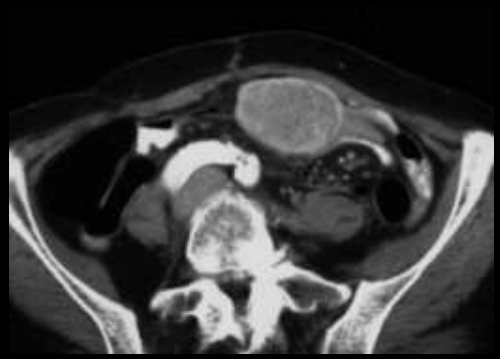


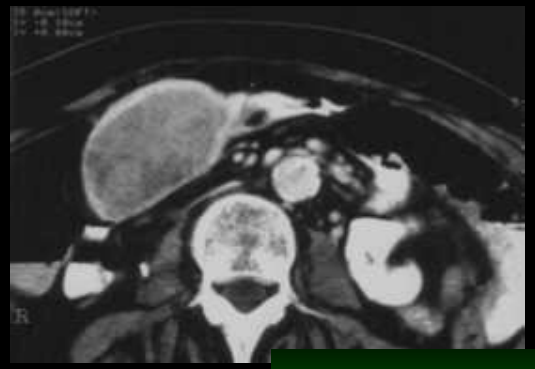






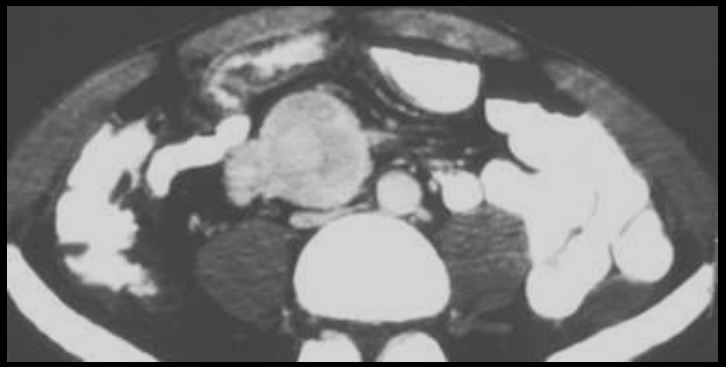


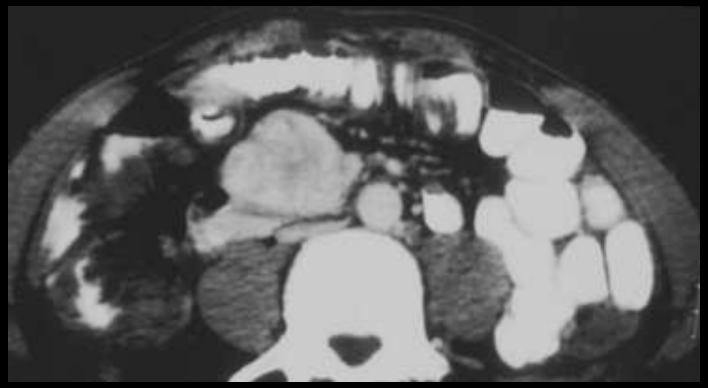


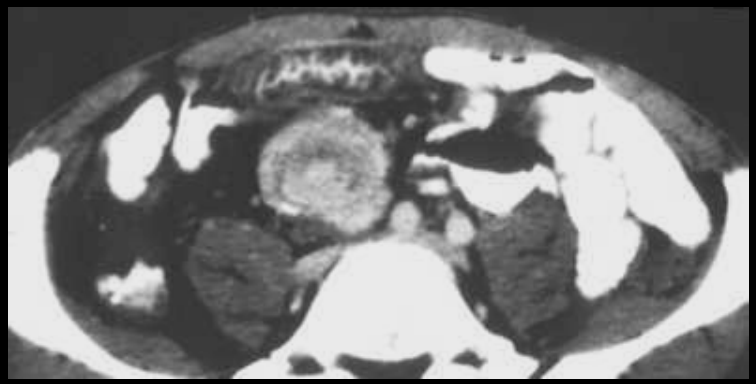


corpus alienum ! ! !

femme 43 ans , douleurs abdominales par crises depuis plusieurs mois ; quelle est la première hypothèse diagnostique à évoquer devant toute masse du mésentère chez un adulte

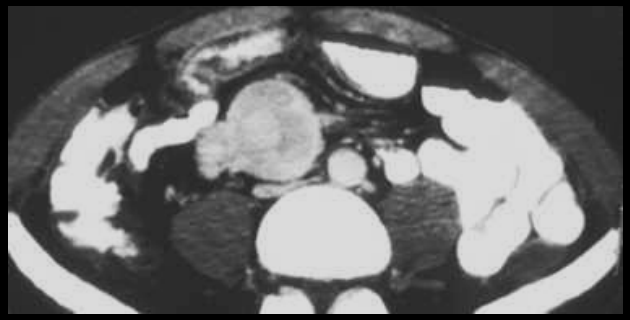


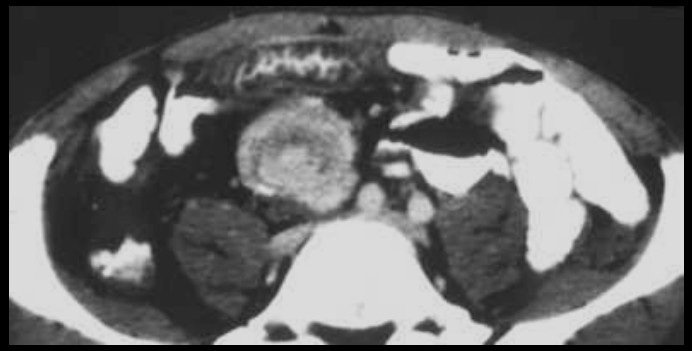


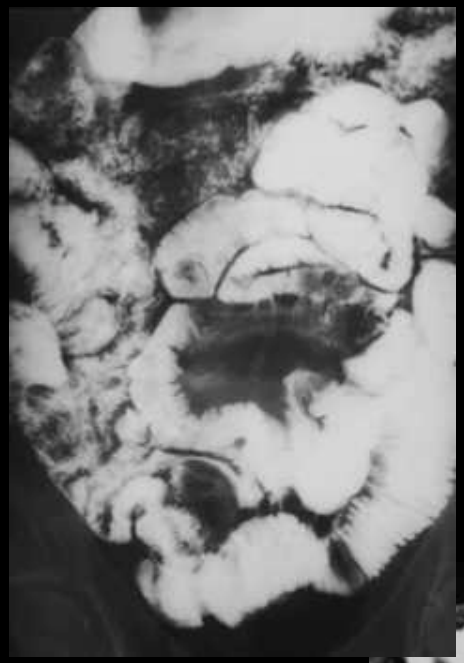


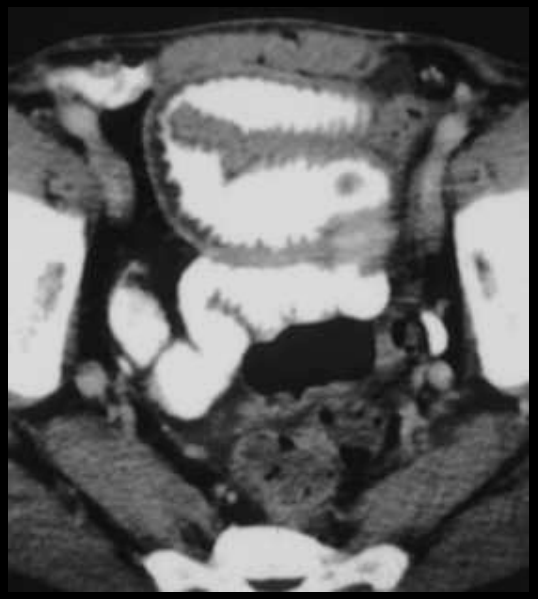
Quels sont les principaux caractères sémiologiques à analyser pour progresser dans la caractérisation lésionnelle

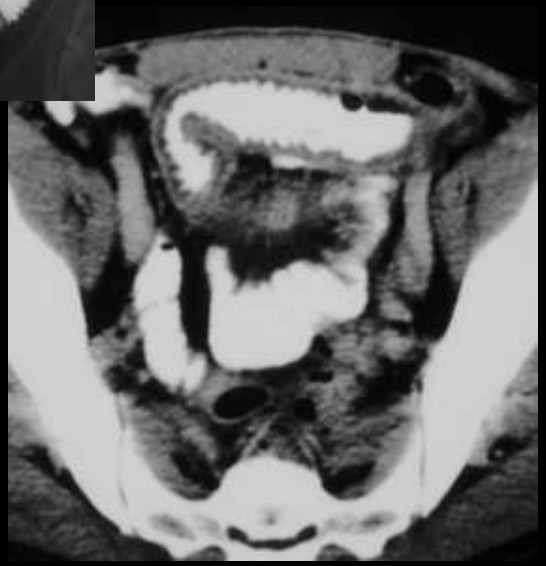
-contours
-rehaussement ; intensité ,homogénéité
-anomalies du mésentère et des parois des anses de voisinage
-anomalies de calibre des vaisseaux mésentériques





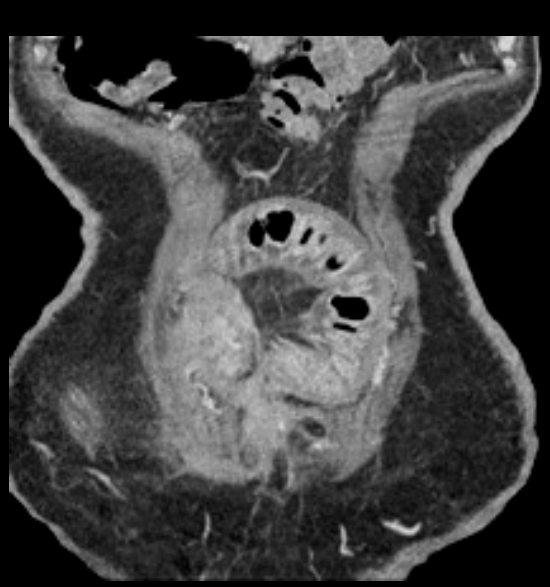
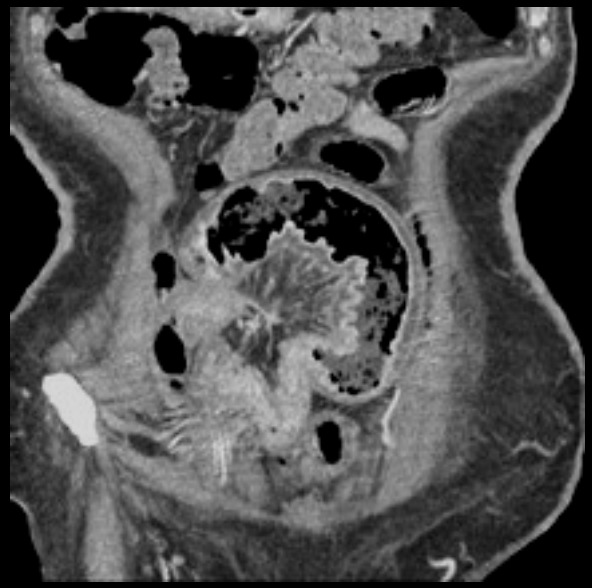
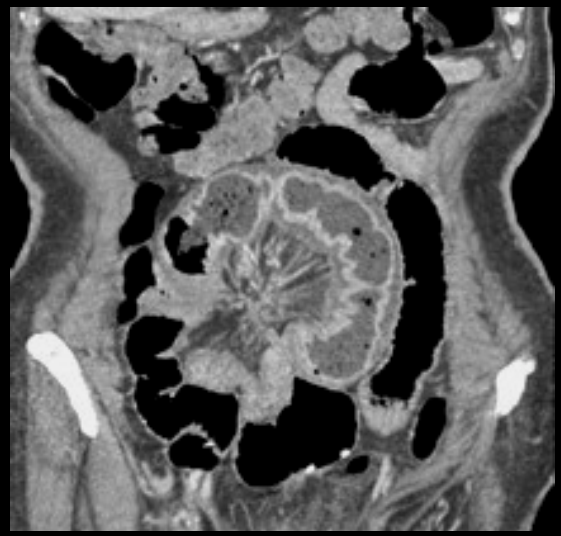
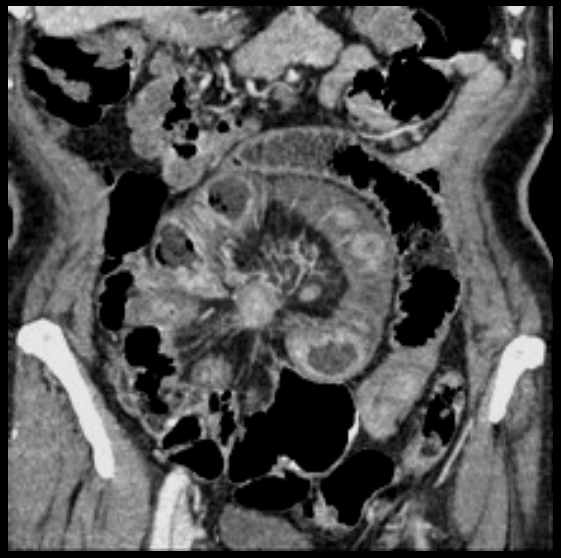
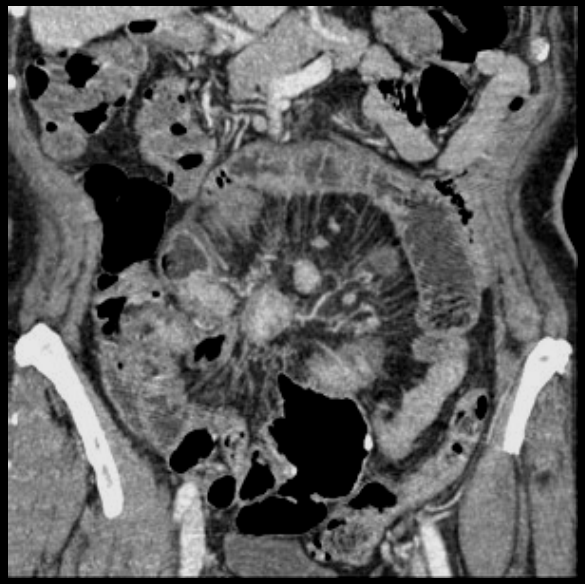
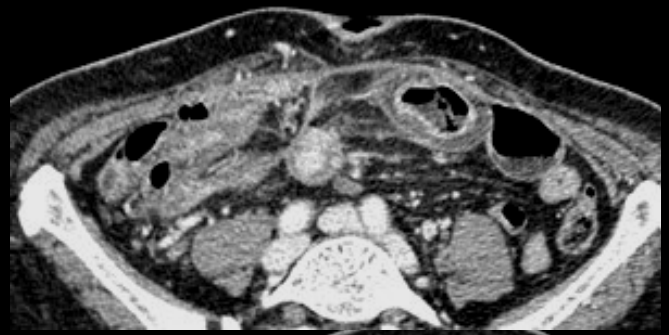
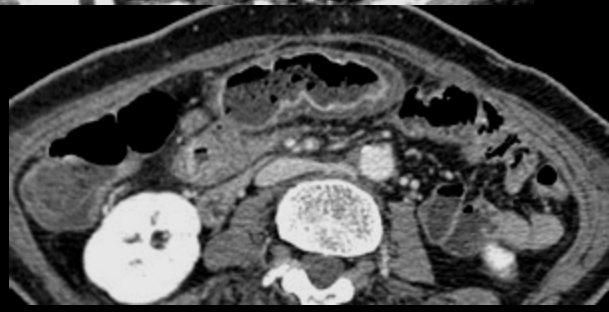


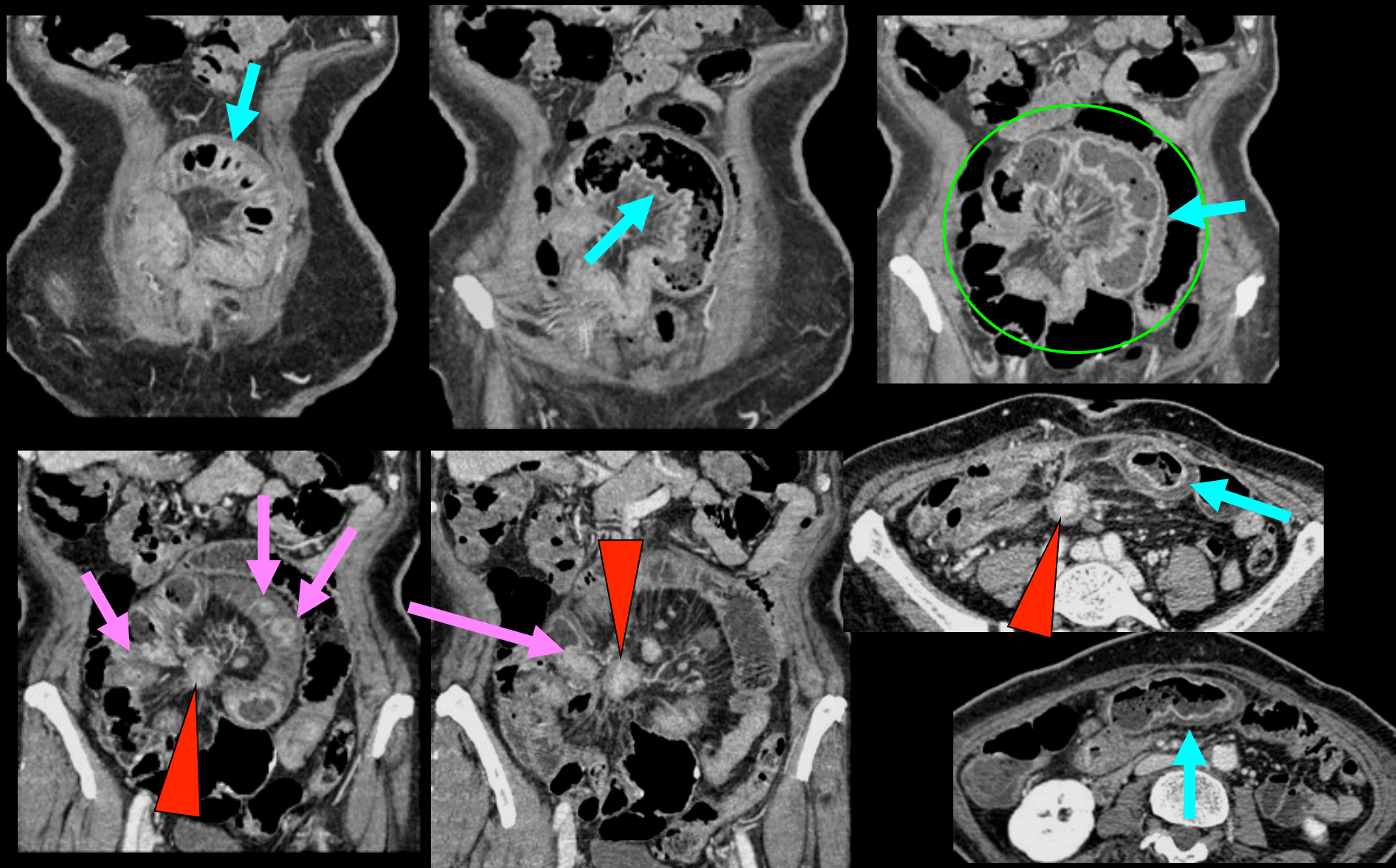




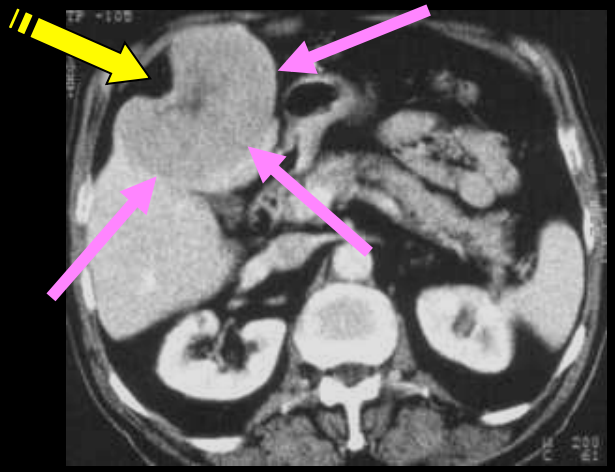
tumeur carcinoïde iléale **sans** mésentérite rétractile **ni spiculations**
signes d' ischémie chronique et/ou lymphangiectasies pariétales

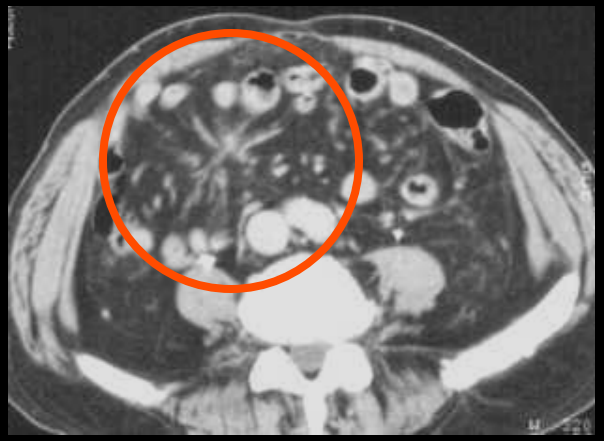
femme 52 ans , douleurs abdominales et diarrhées par crises depuis plusieurs mois ; quels sont les principaux éléments sémiologiques à décrire

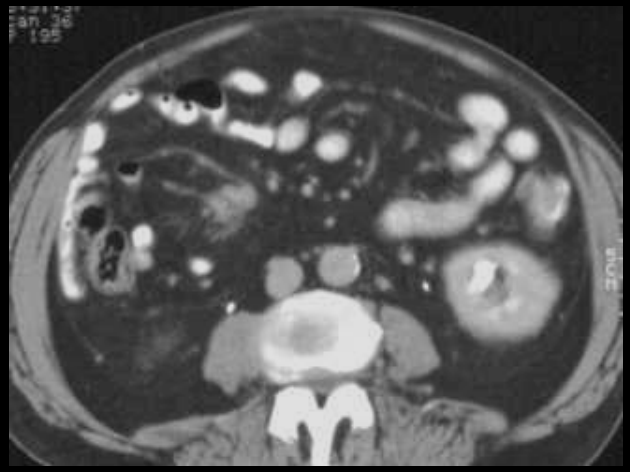








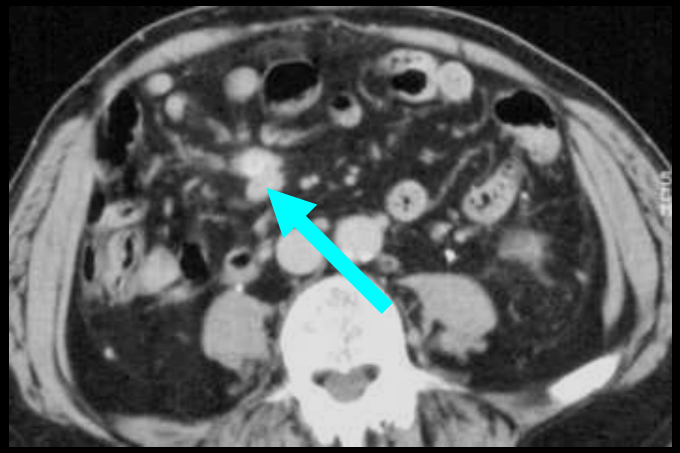


tumeurs carcinoïdes iléales et mésentérite rétractile ;
ischémie chronique et/ou lymphangiectasies pariétales

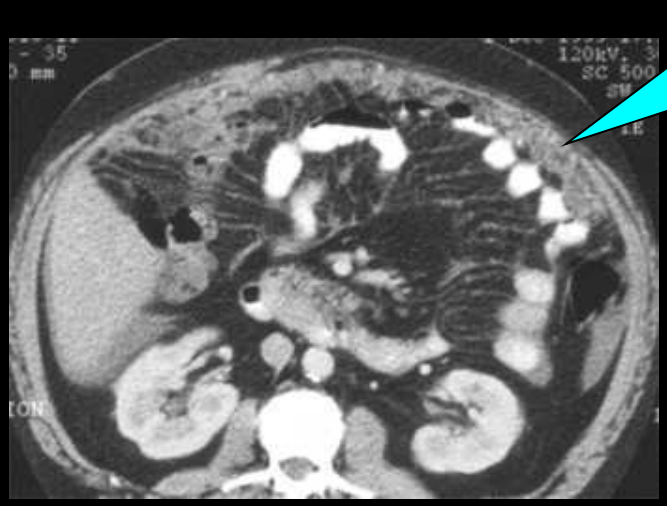


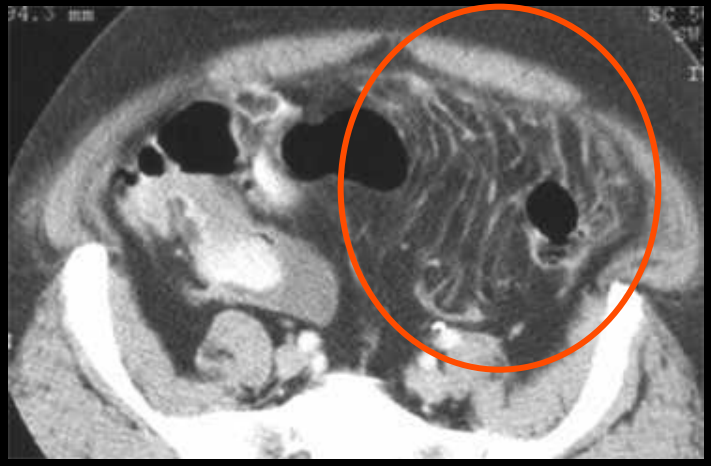


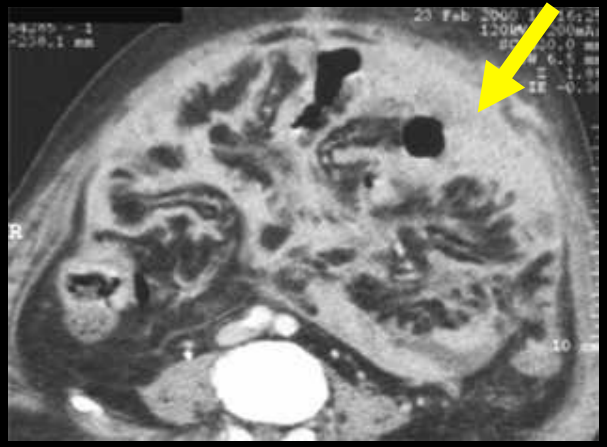


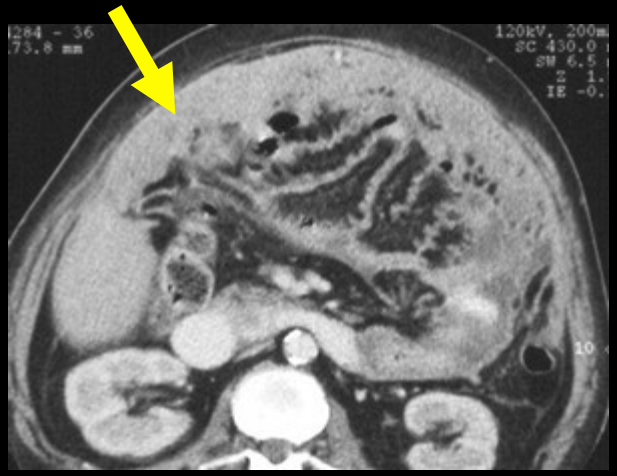


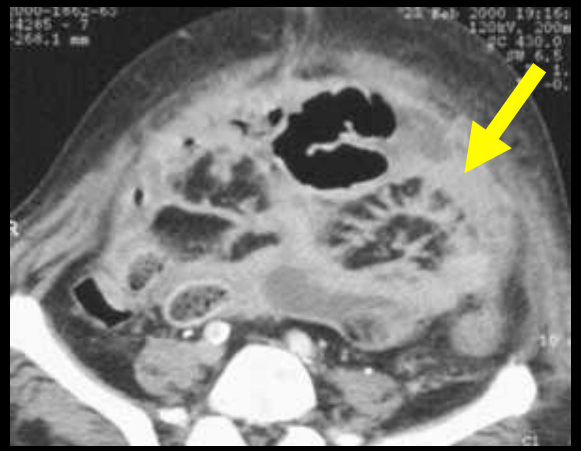
tumeur carcinoïde iléale méconnue sur 3 scanners réalisés en 6 mois ; diagnostic sur biopsie de la métastase hépatique ! ! !



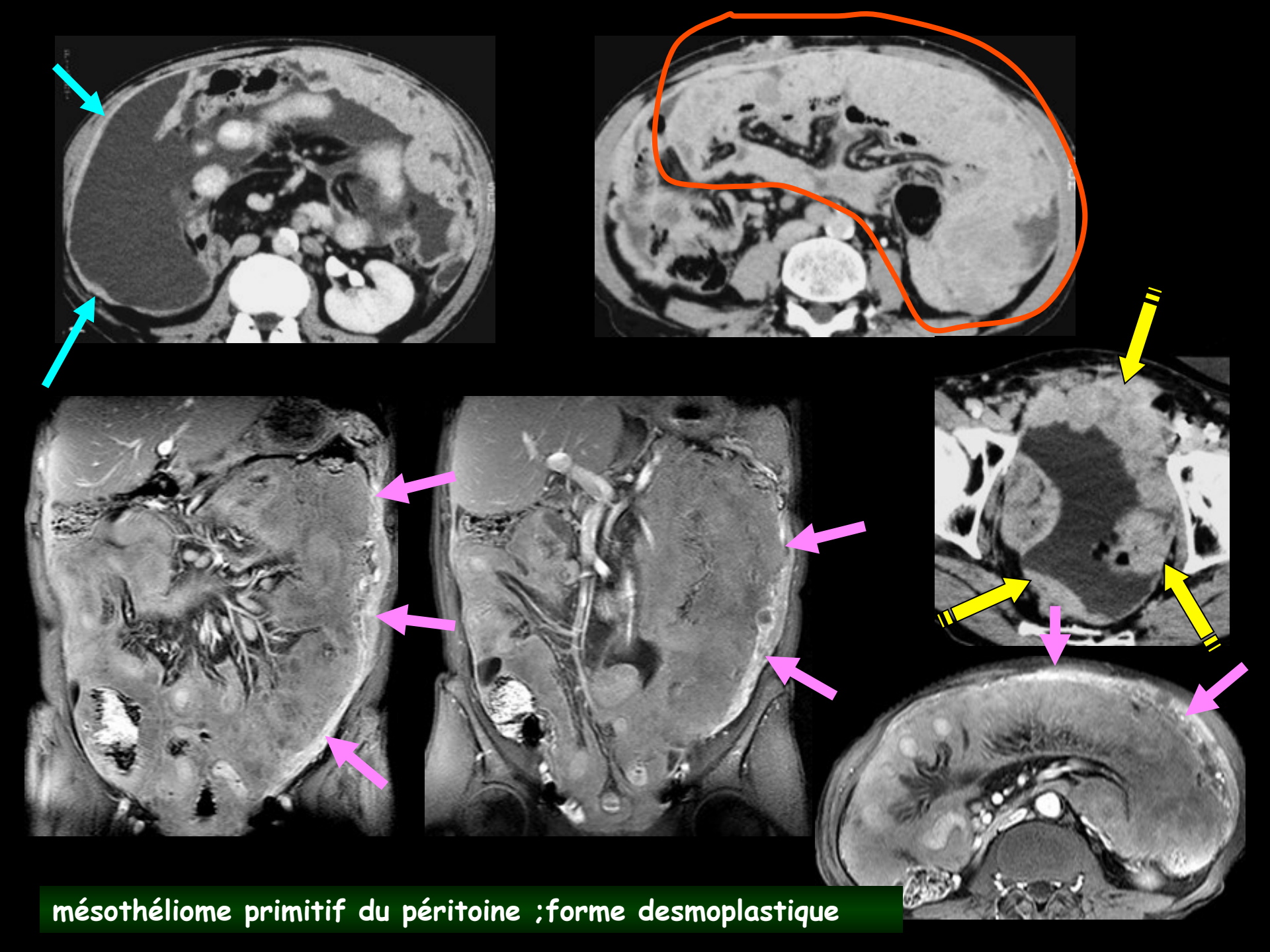




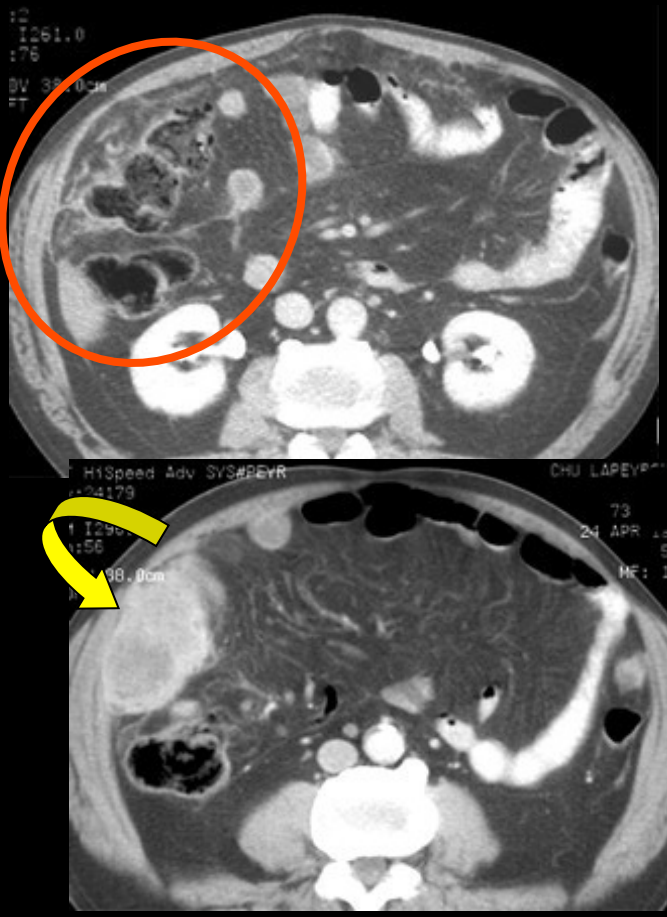


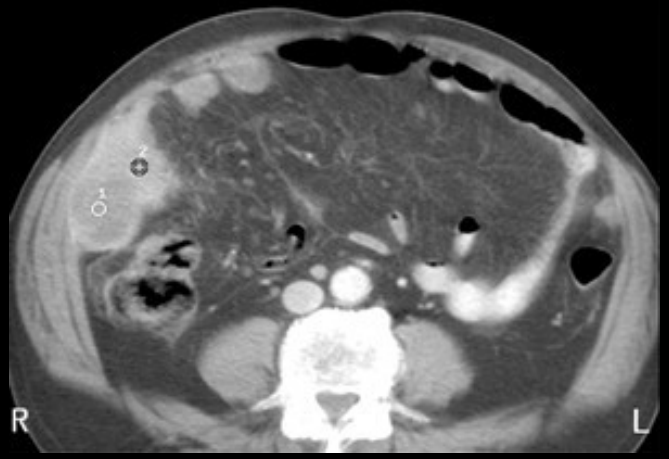


mésothéliome péritonéal primitif forme desmoplastique
évolution sur 14 mois ; fibrose collagène +++++



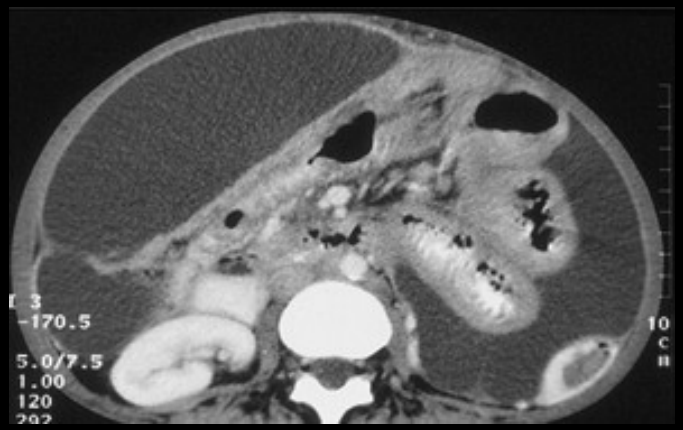
mésothéliome primitif du péritoine ;forme desmoplastique





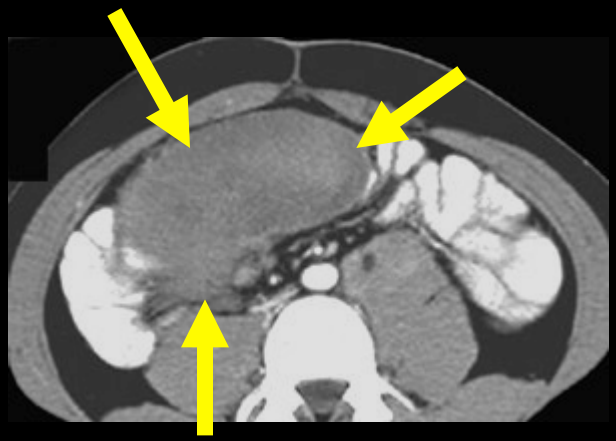
mésothéliome primitif du péritoine forme sarcomateuse "sèche" .

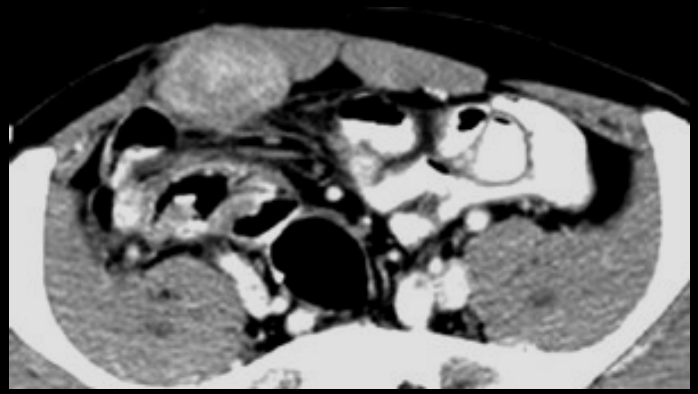
obs. P Taourel Montpellier

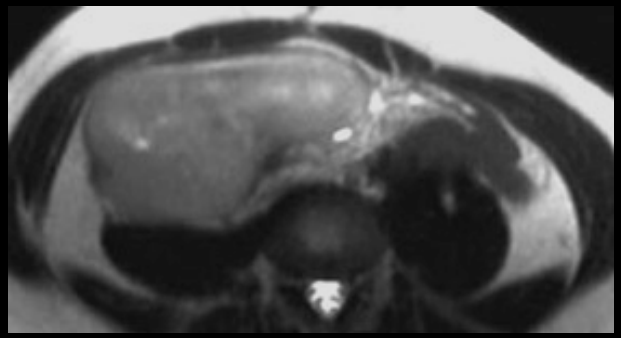


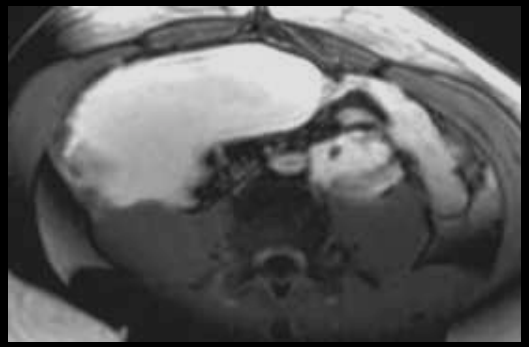
mésothéliome primitif du péritoine forme pseudo-carcinomateuse , ascitique.

obs. P Taourel Montpellier



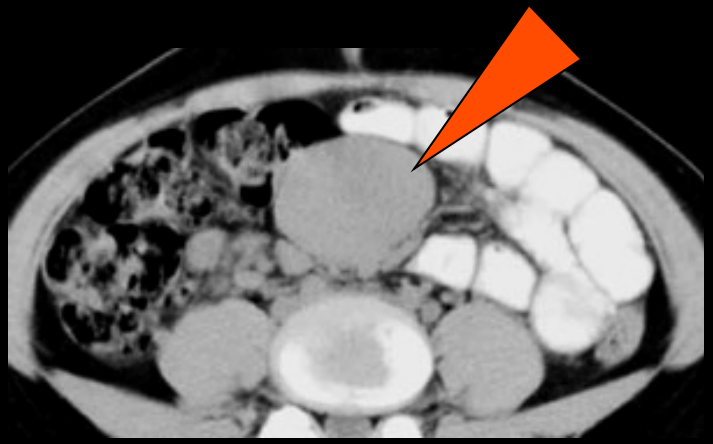


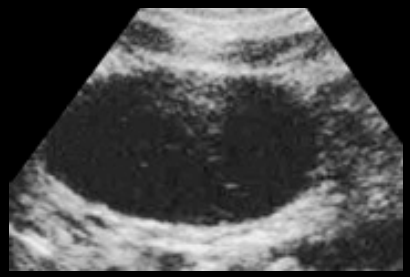


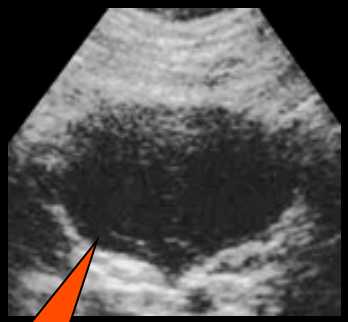


antécédents: colo-proctectomie pour polypose adénomateuse recto-colique familiale

tumeurs desmoïdes ; syndrome de Gardner : polypose adénomateuse recto-colique familiale + ostéomes + tumeurs fibreuses abdominales (pariétales antérieures ; gaîne des grands droits) …







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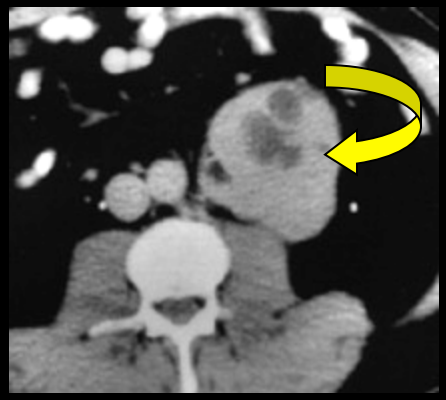
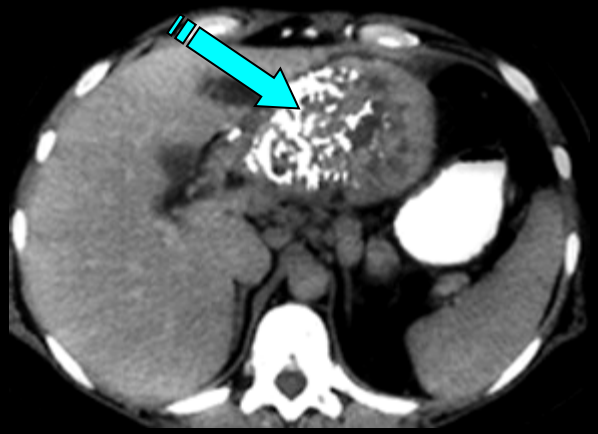
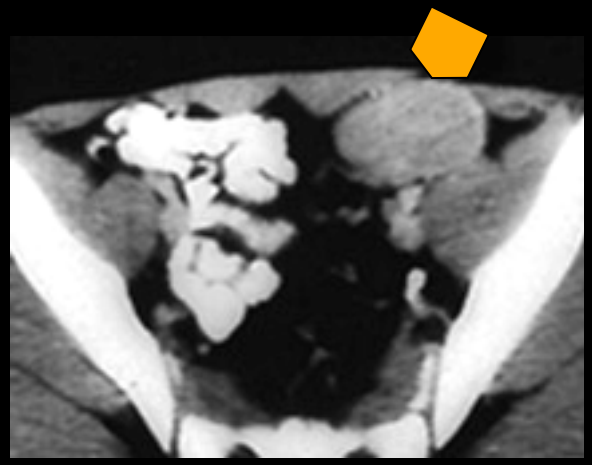


rehaussement +++

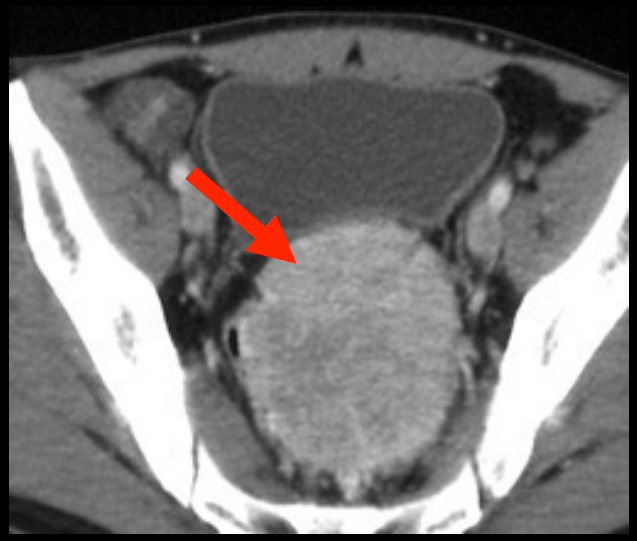


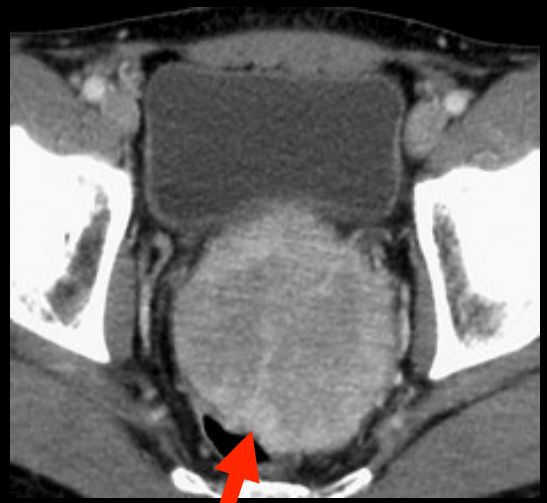


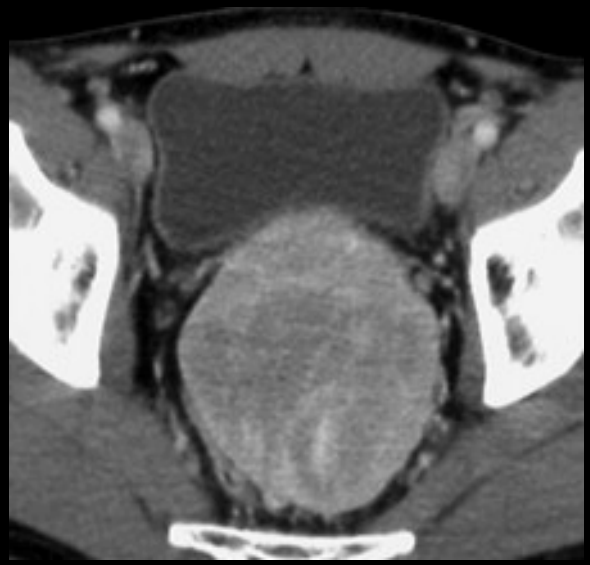
maladies de Castelman ;formes angio-folliculaires ; sd lympho-prolifératif bénin

≠ forme à cellules plasmocytaires disséminée à potentiel malin : myélome condensant , sd POEMS (polyneuropathie,organomégalie,endocrinopathie,protéine monoclonale,anomalies cutanées…)

22 ans , syndrome douloureux hypogastrique résistant aux antalgiques



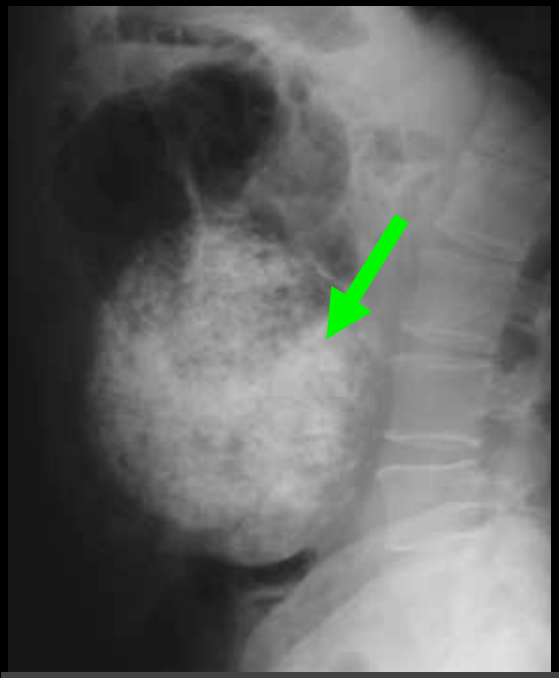




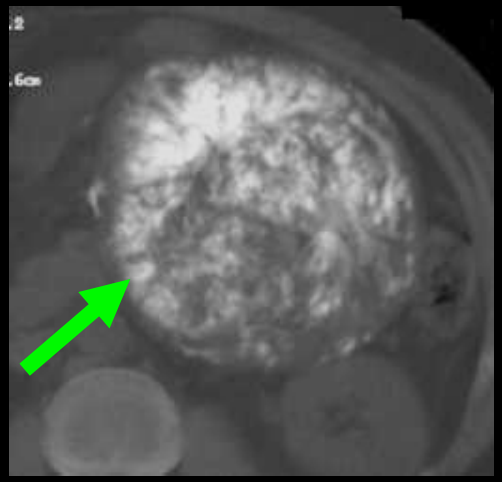
tumeurs hypervascularisées du péritoine

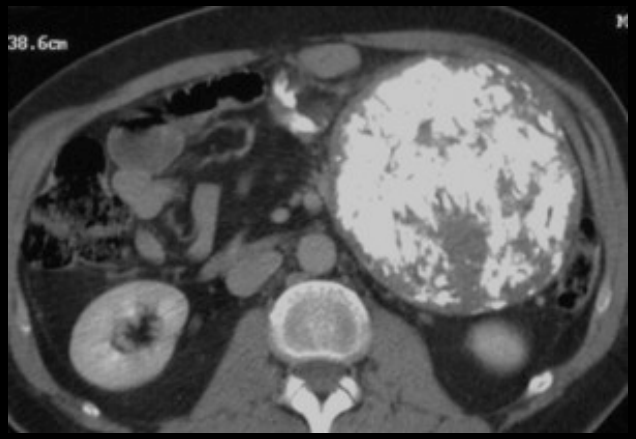
- T stromales (GIST)
- T conjonctives vasculaires
- T carcinoïdes
- Castelman angio folliculaire
- métastase hypervascularisée (Grawitz +++)

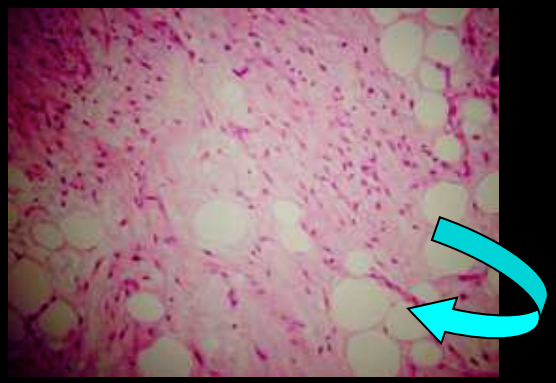
hémangiopéricytome du cul de sac de Douglas ; hypervascularisation +++

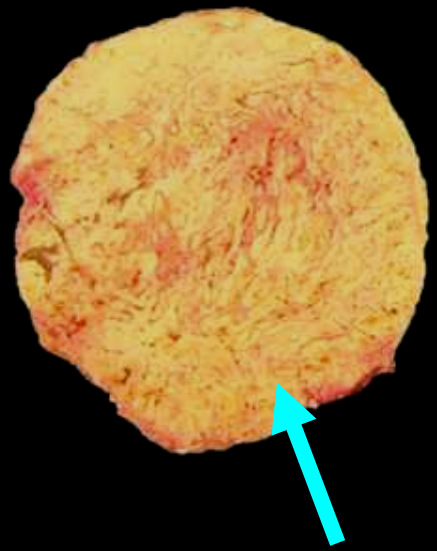


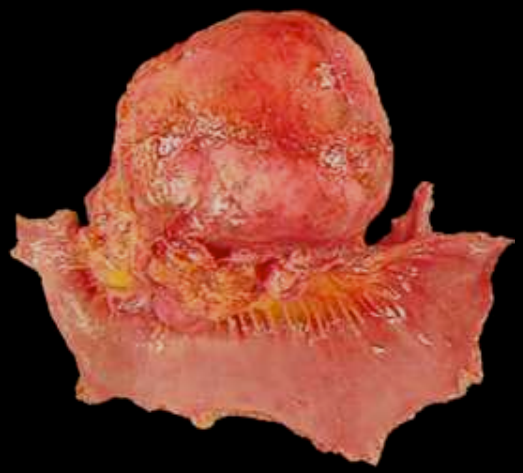
45 ans , pas d'atcd, pas d'atteinte de l'état général .

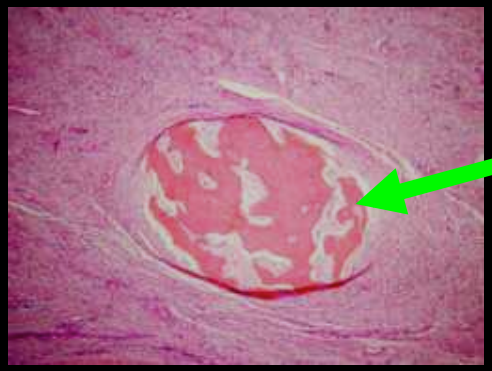




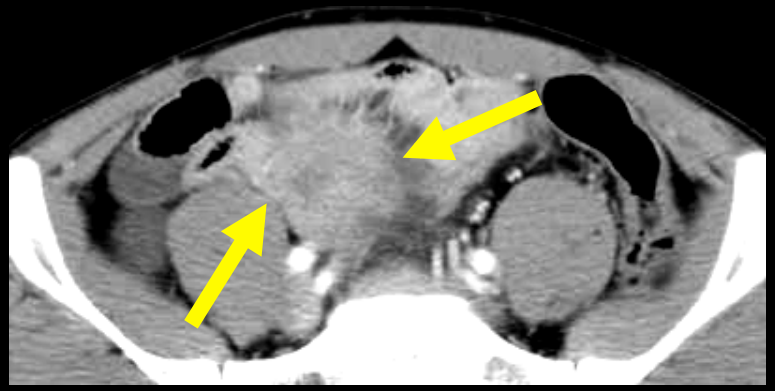


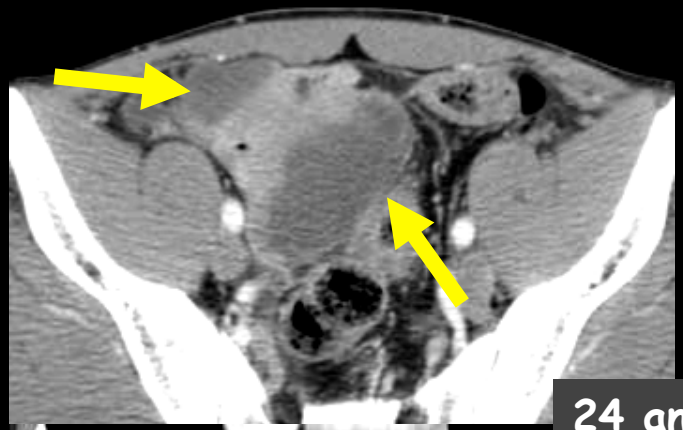






liposarcome péritonéal avec métaplasie osseuse





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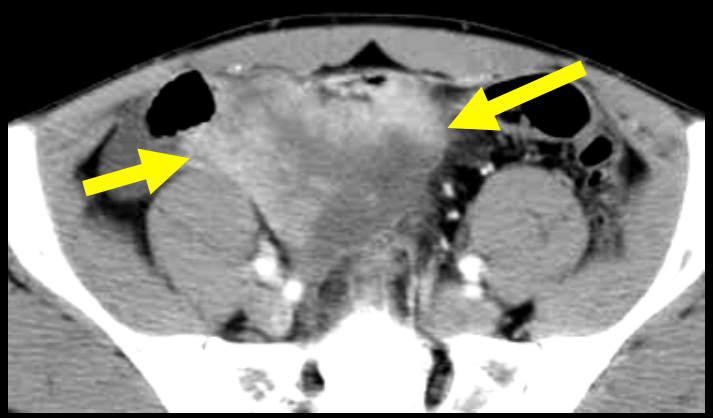
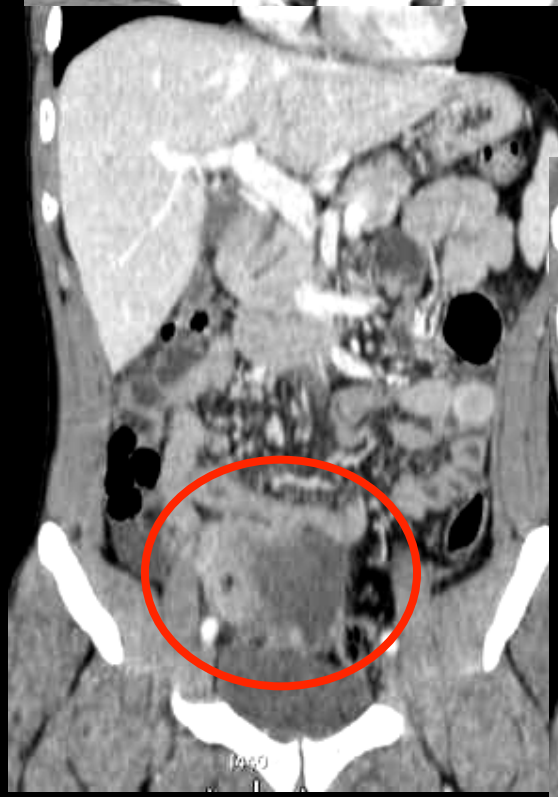
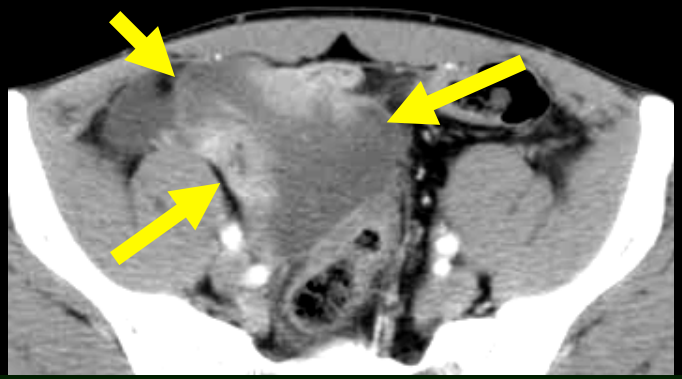
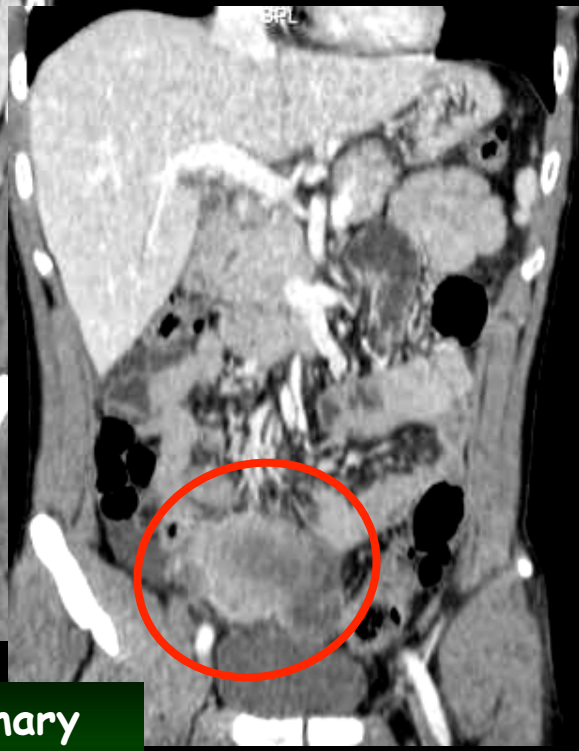
24 ans ,pas d'atcd ,tableau d'appendicite



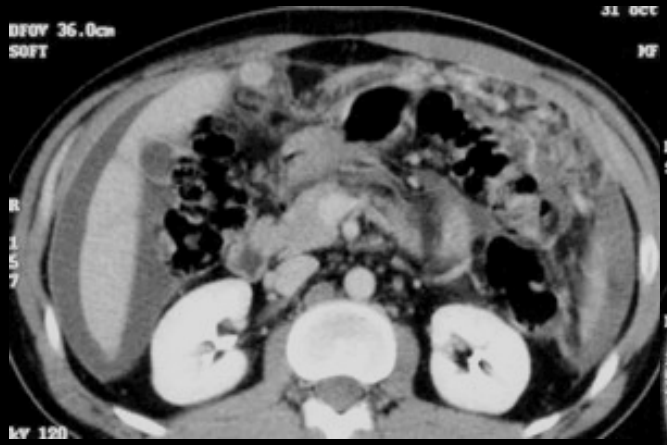


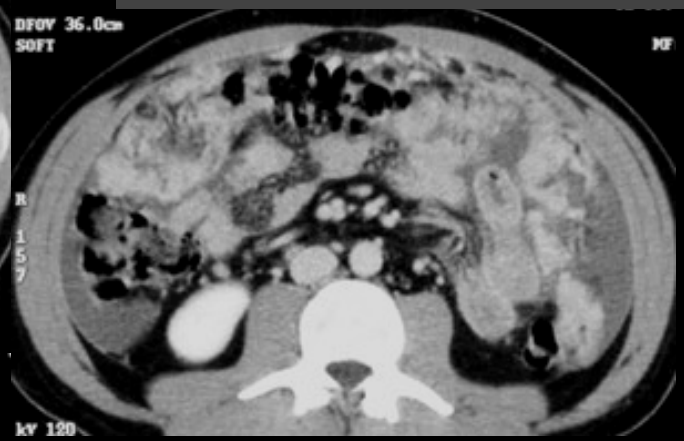


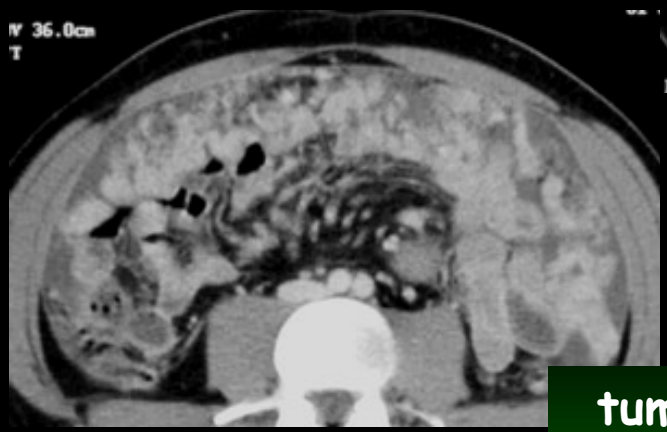


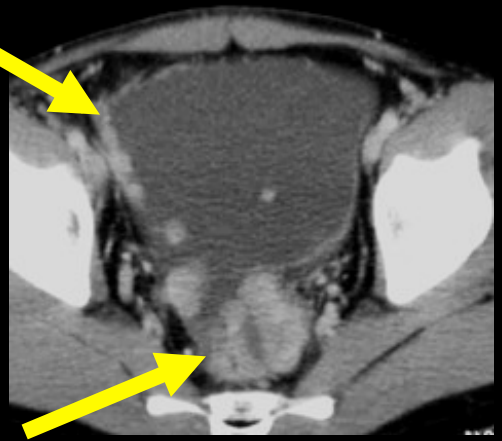
tumeur desmoplastique à petites cellules rondes = PNET (primary neuro-ectodermique tumor ~ sarcome d'Ewing des tissus mous)

homme 44 ans ,atteinte majeure et d'évolution rapide de l'état général

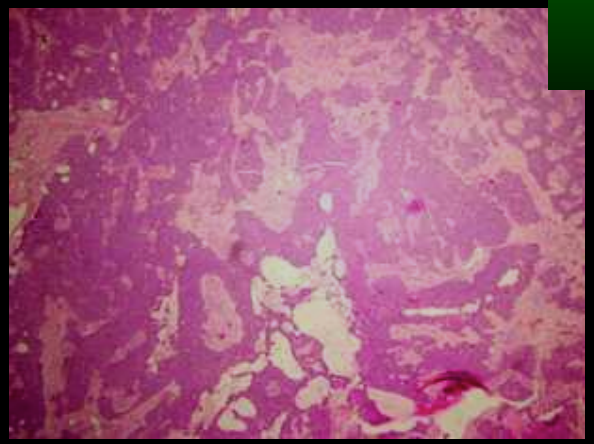


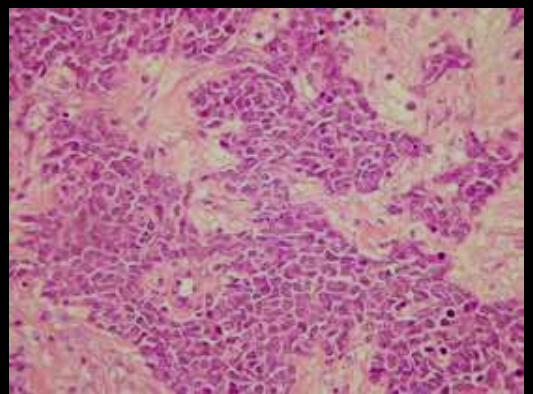


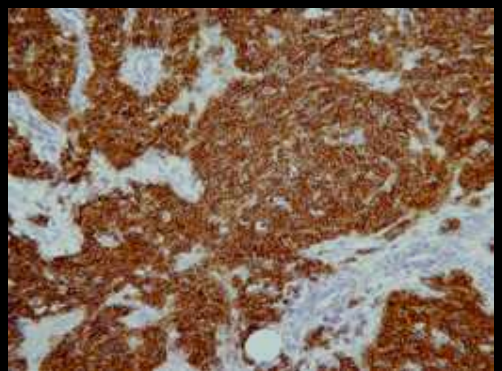




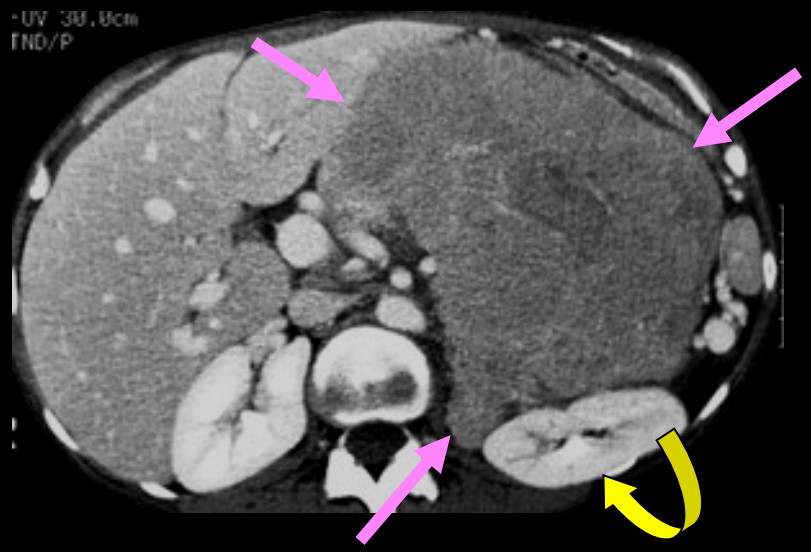
tumeur desmoplastique à petites cellules rondes = PNET (primary neuro-ectodermique tumor ~ sarcome d'Ewing des tissus mous)

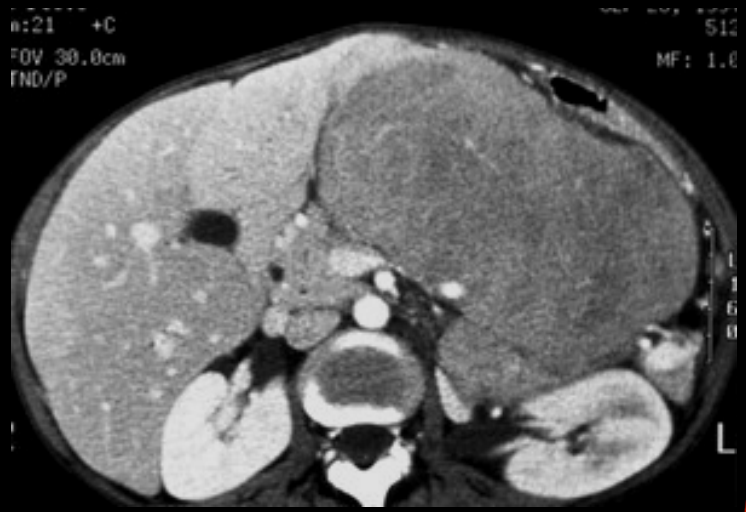


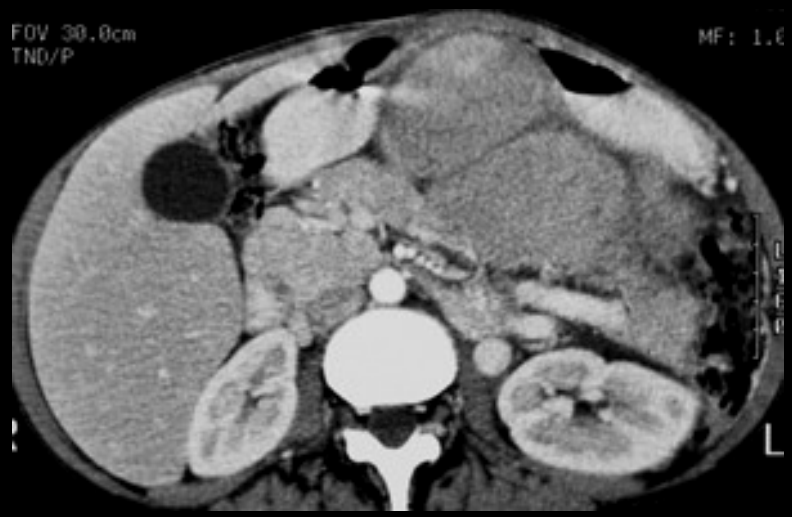


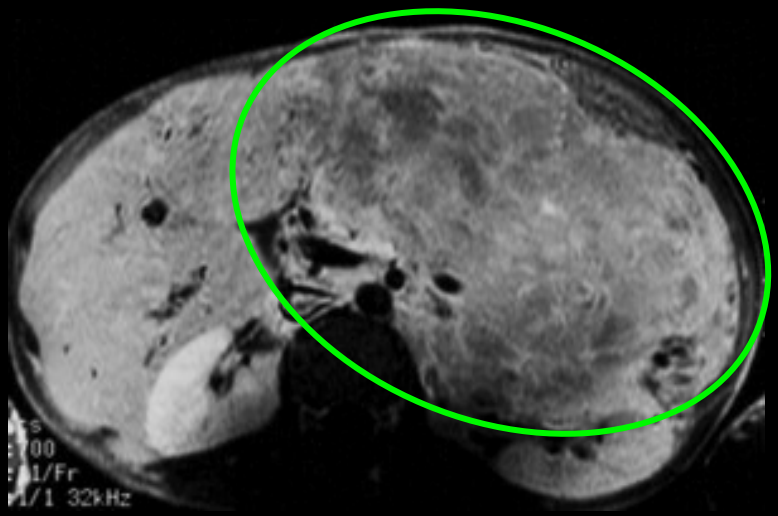


jeune femme 28 ans dégradation rapide de l'état général et masse abdominale palpable dure , douloureuse



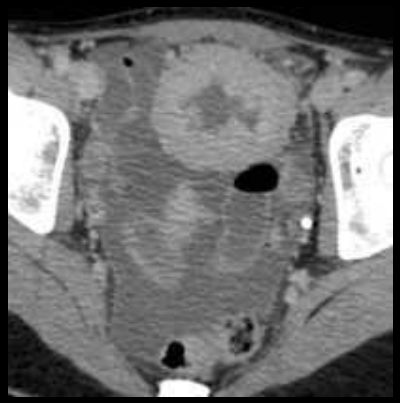
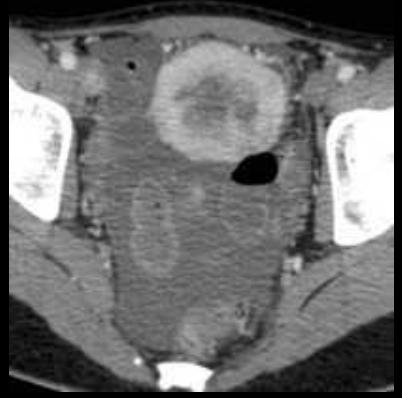
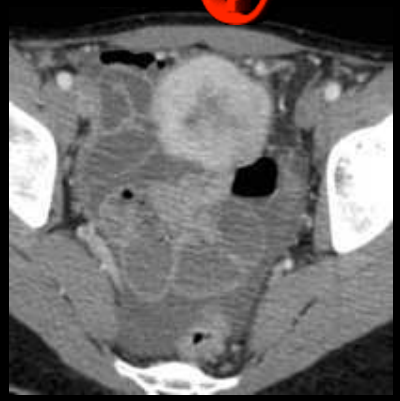
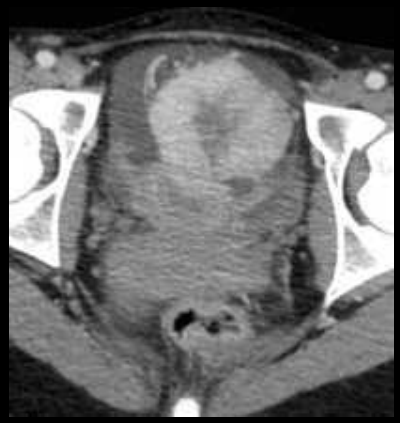
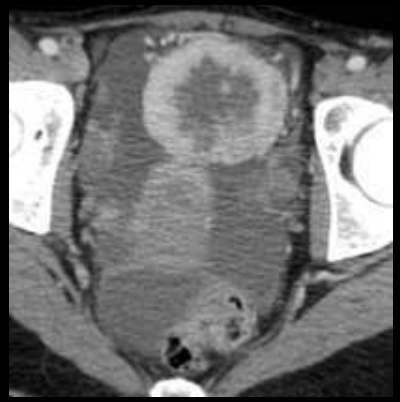
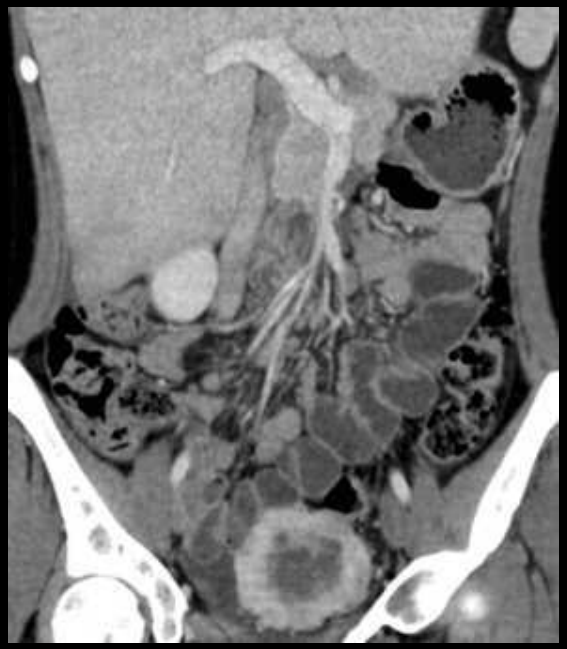
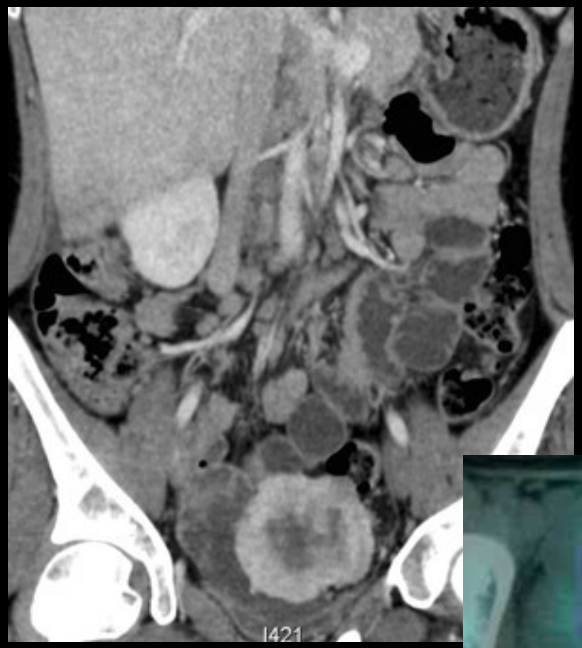


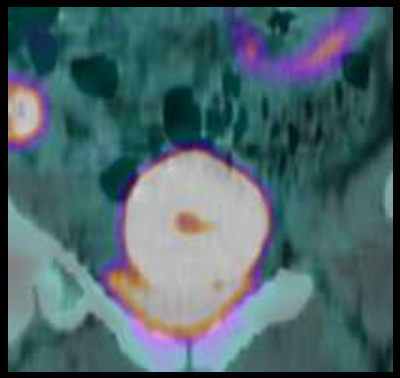
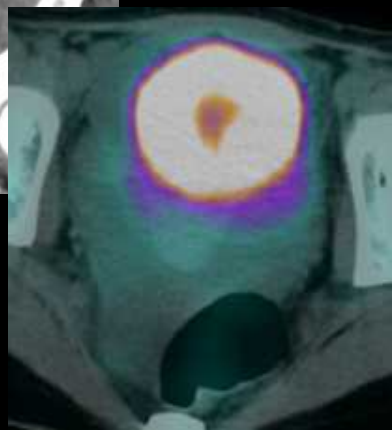




histiocytome fibreux malin du péritoine

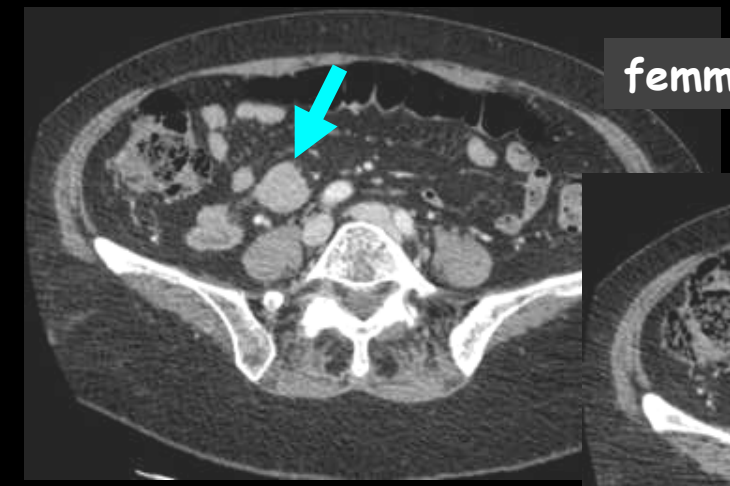
jeune fille 20 ans ,douleurs hypogastriques , asthénie

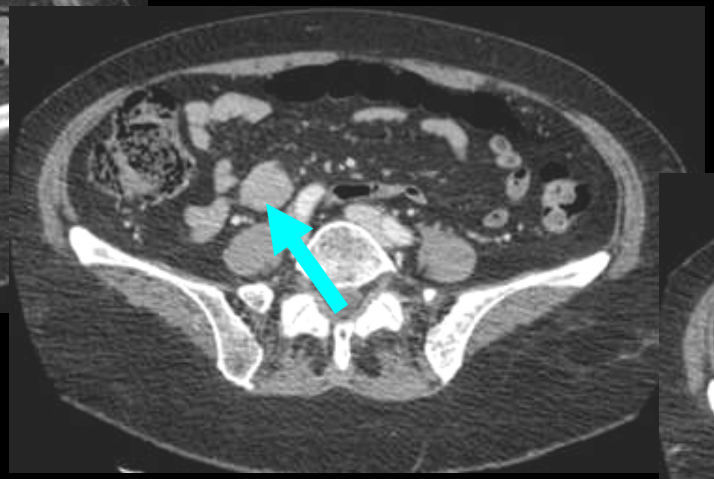








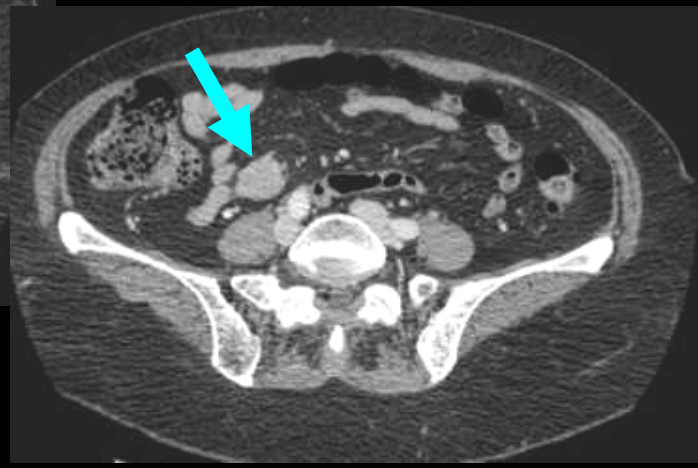



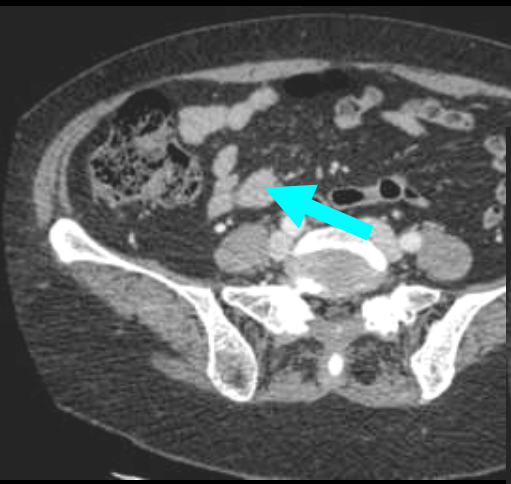
pseudo tumeur inflammatoire ou
tumeur myofibroblastique
<u>sujet jeune</u> ,rehaussement +++

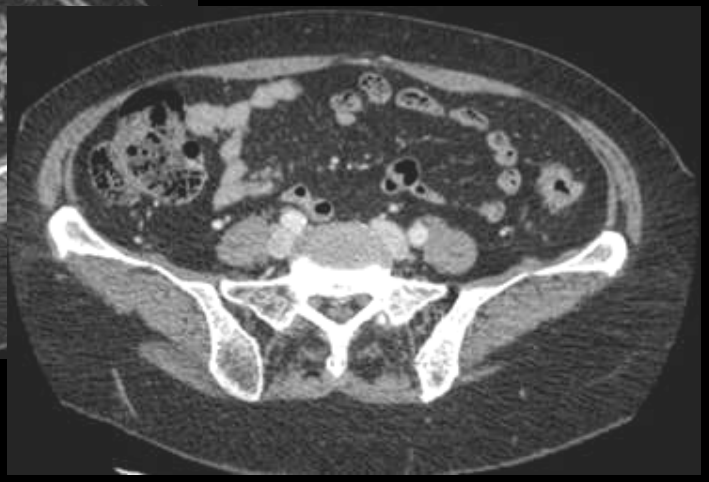
femme 47 ans, pseudo polyarthrite rhizomélique atypique

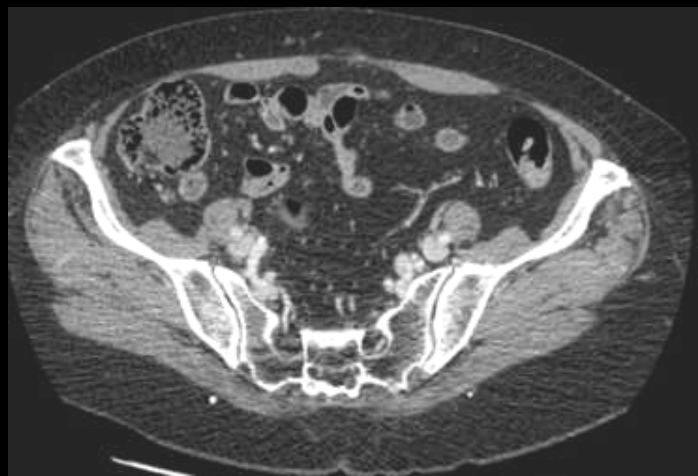


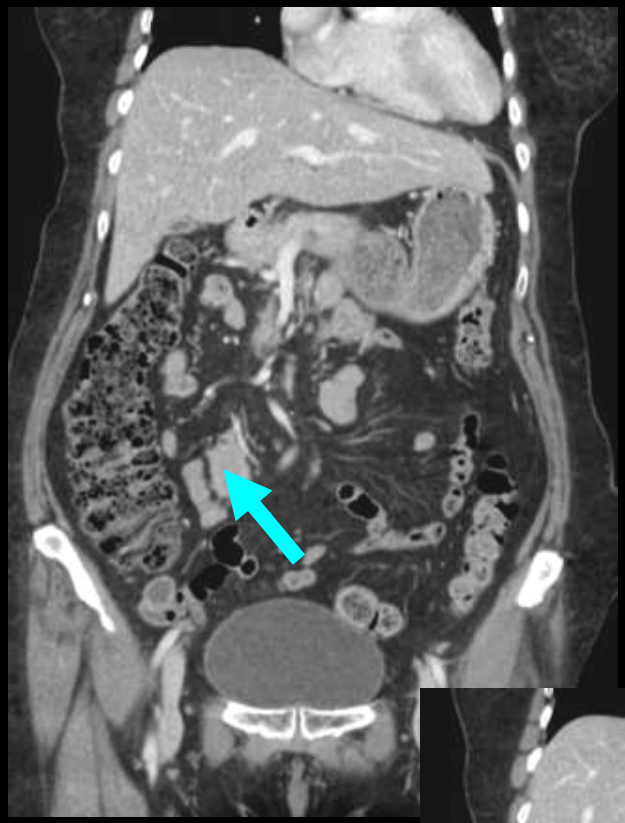


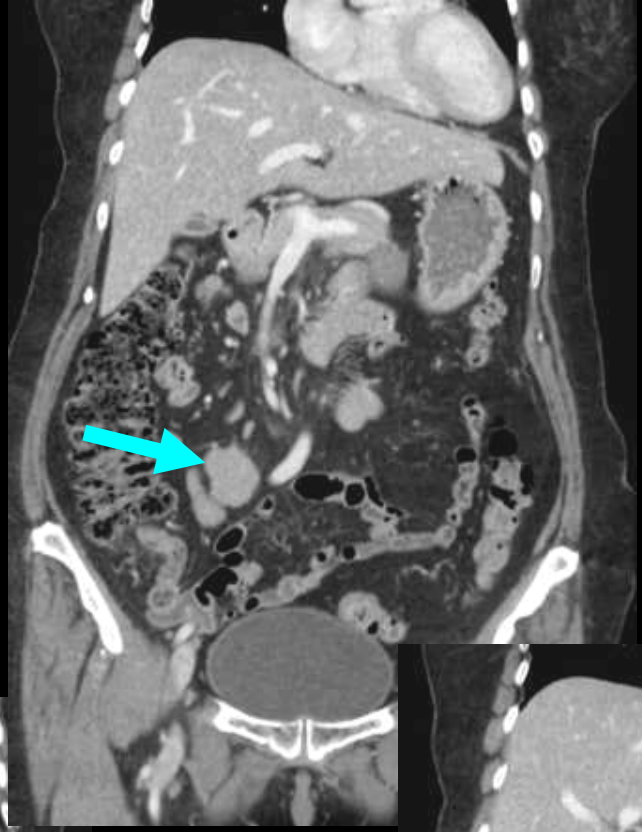


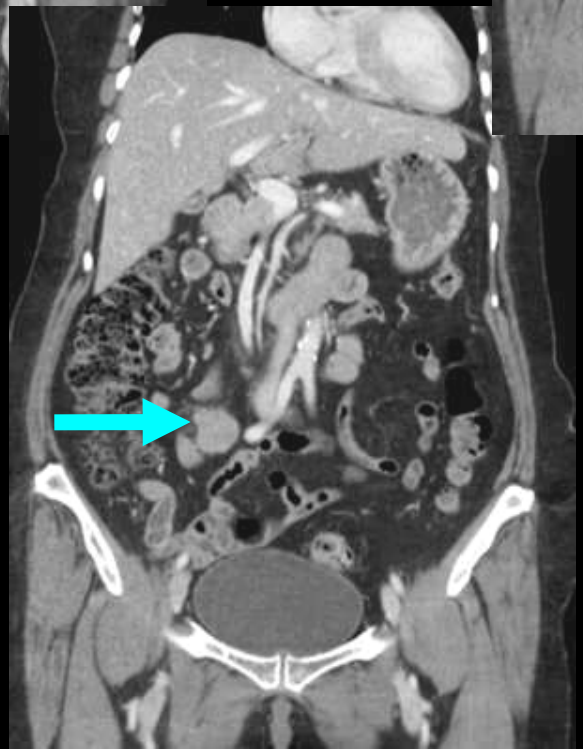


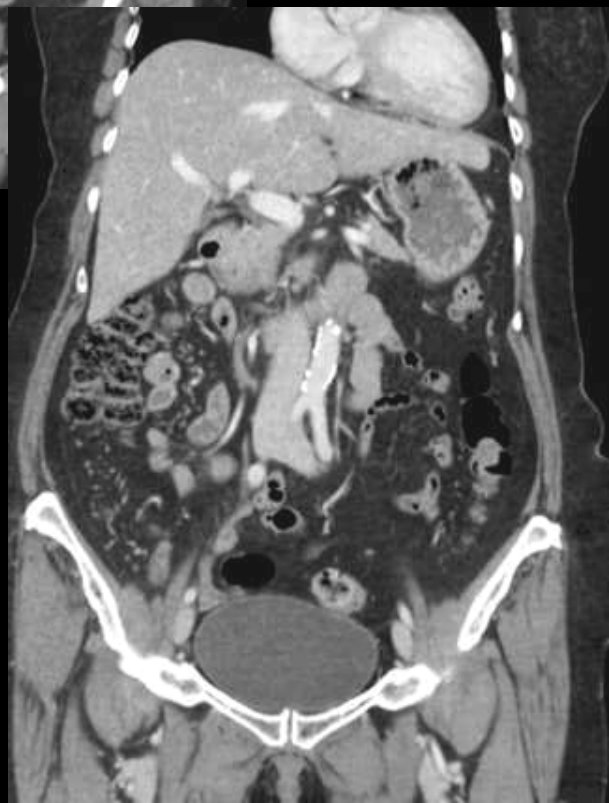






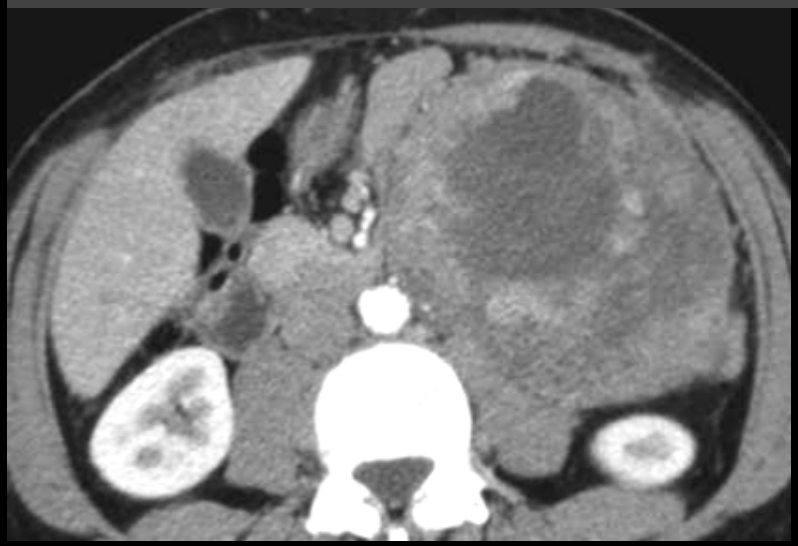


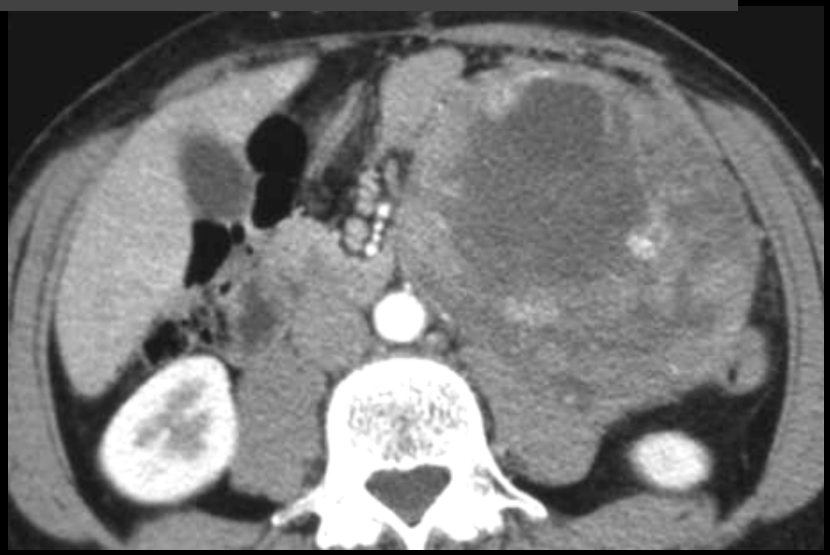


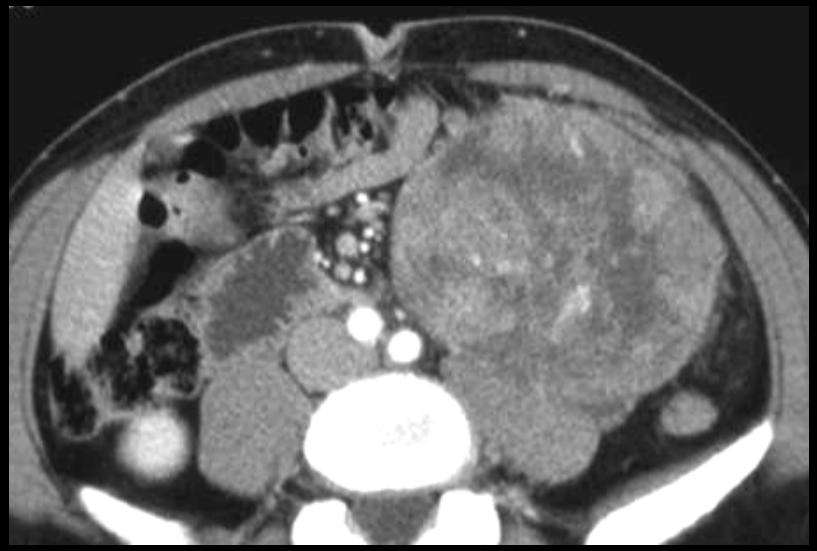


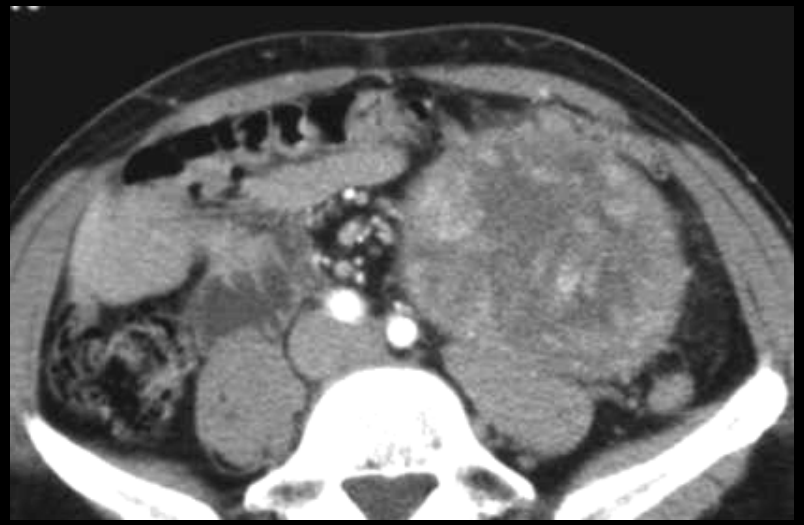
LMNH B diffus à grandes cellules, (CD 20 +)

homme 62 ans sans antécédents petite baisse de l'état général ; masse palpable de l'HCG diagnostic du clinicien : splénomégalie ;

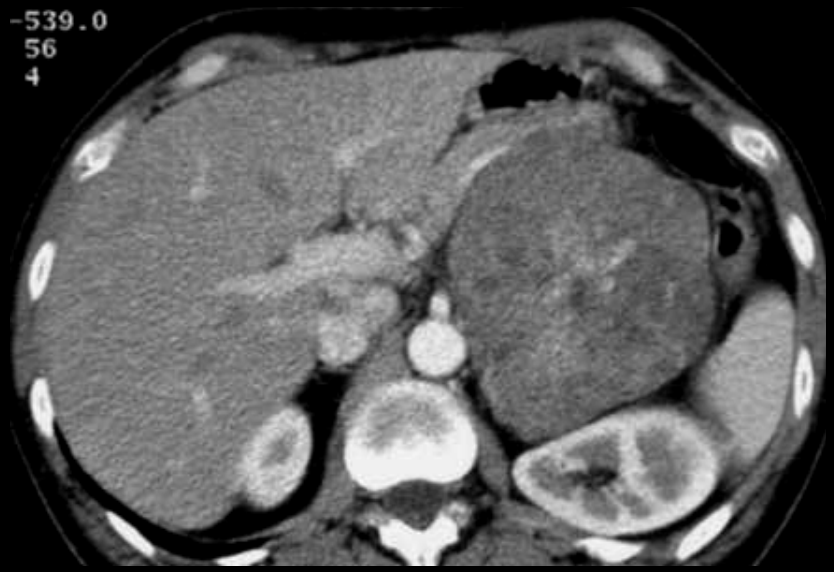


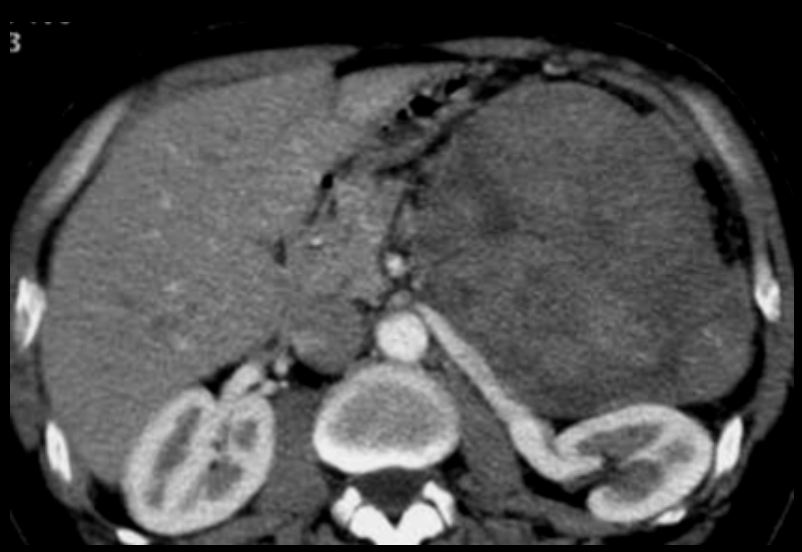


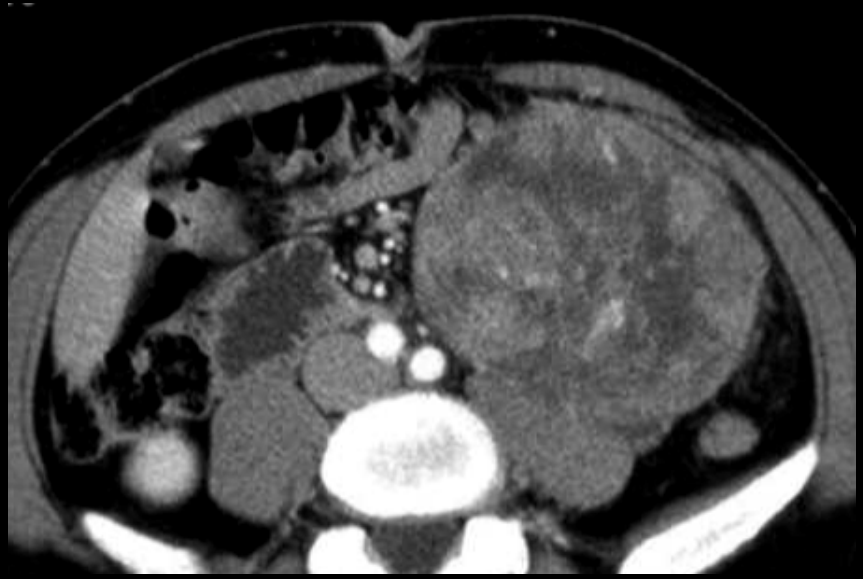


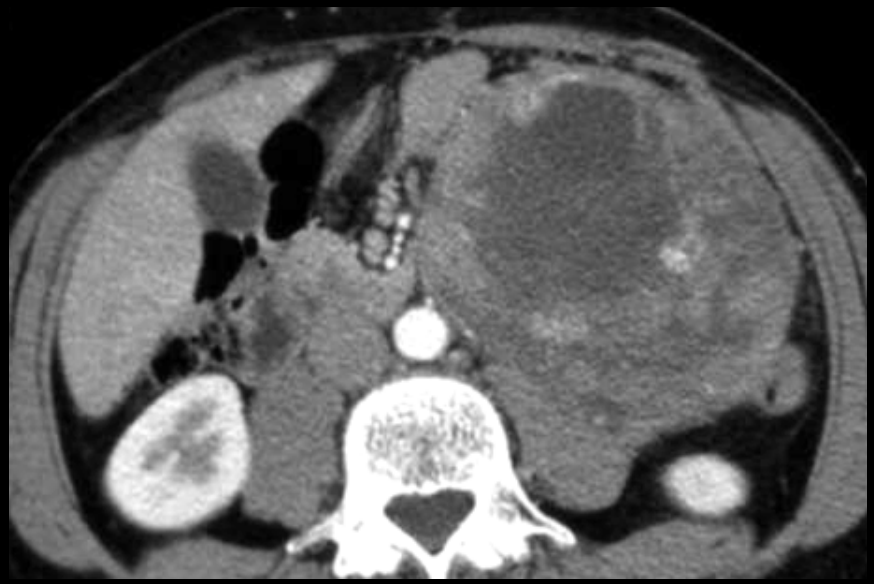


diagnostic









léiomyosarcome à point de départ **rétropéritonéal** ! ! !