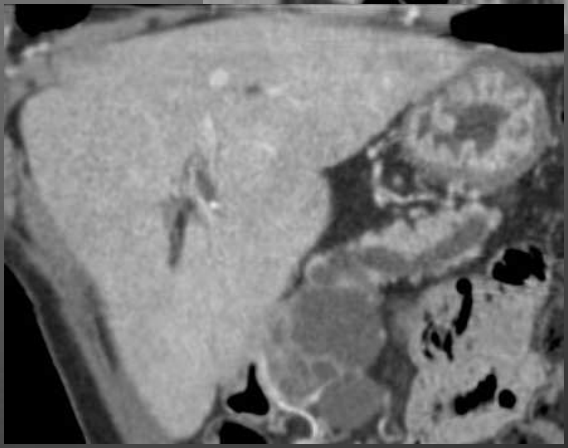
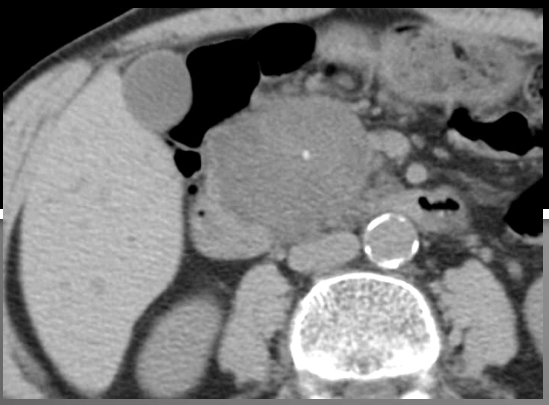


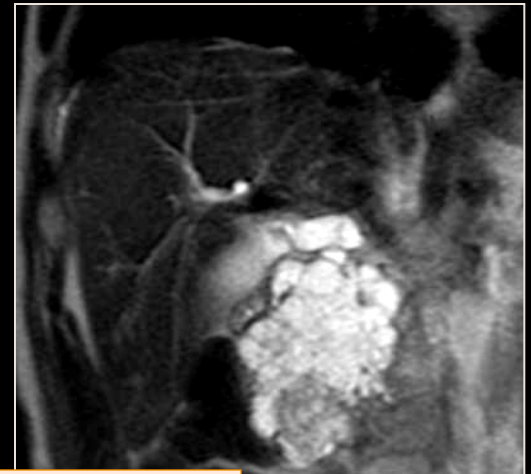
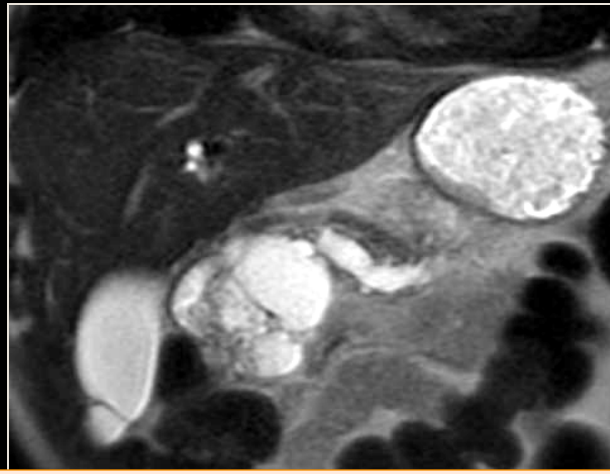
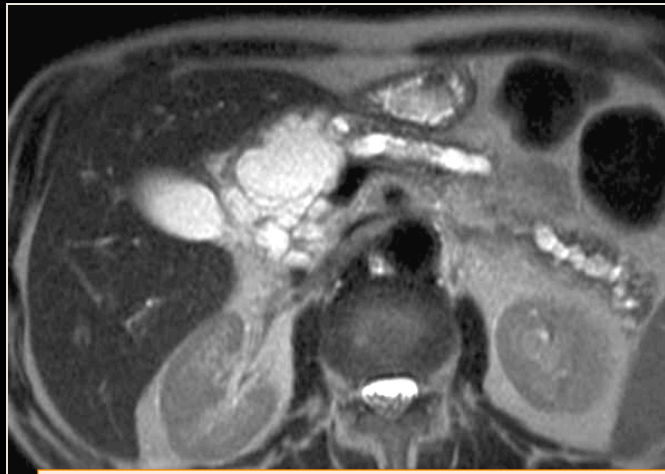
# ED pancréas

## Ateliers IRM juin 2012

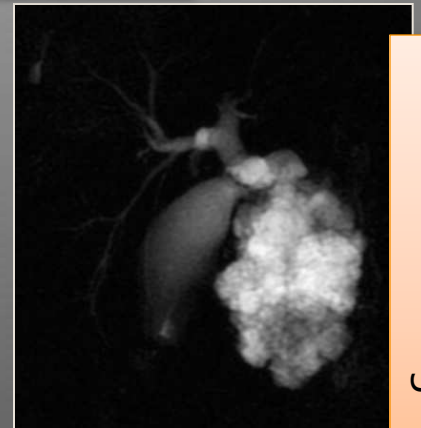
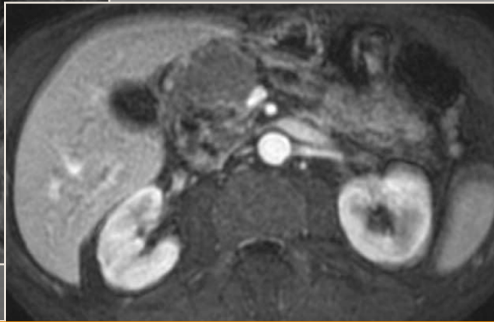
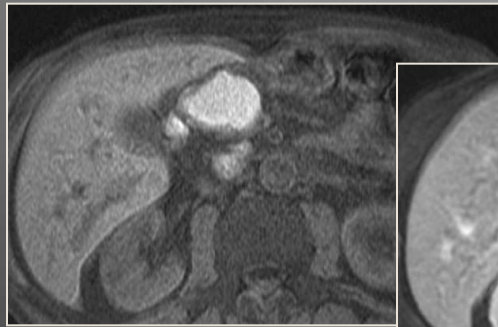
Caroline Sellal  
Service de radiologie Brabois Adultes

**Homme 74 ans**  
**Douleurs abdominales épigastriques**  
**Augmentation des lipases**

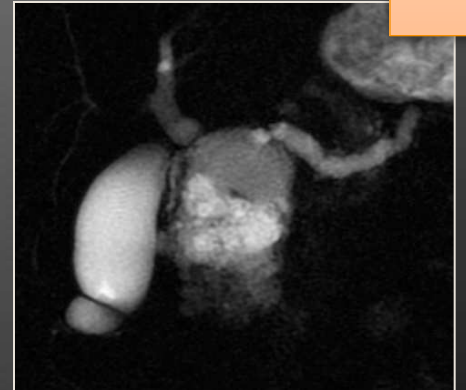
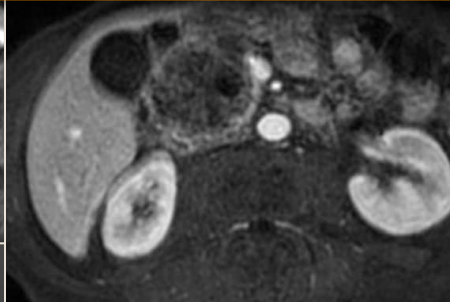
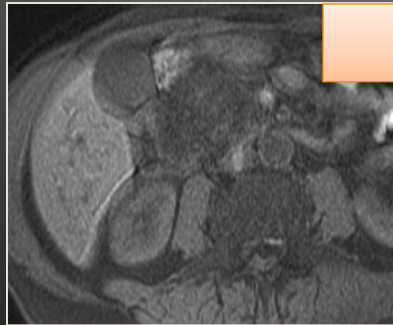




SS FSE Te court



SSFSE Te long



T1 sans et avec gado



## Marqueurs tumoraux:

- ACE < 0.5 ng/mL
- CA 72-4: 2.3 U/mL
- CA 19-9: 135 U/mL

## CYSTADÉNOME SÉREUX

Ponction: éliminer un Cystadénome mucineux (CM) et une TIMP

taux d'ACE < 5 ng/ml : sensi: 92% et spé: 87% pour le C séreux

taux d' ACE > 400 ng/mL : affirme le C mucineux [ou TIPMP] spé: 99% mais sensi: 57%

taux de CA 72-4 > 40 U/ml : affirme le C mucineux [ou TIPMP] spé: 99% sensi: 73%

taux de CA-19-9 > 50.000 U/mL : sensi: 72% et spé: 84% pour le diagnostic de C mucineux [ou TIPMP]

il est constamment < 150 U/mL dans les C séreux

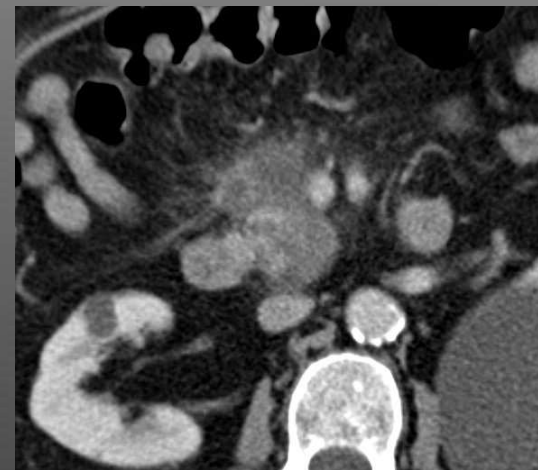
taux d'amylase > 5000 U/mL : sensi: 93% et une spé: 82% pour le diagnostic de pseudo-kyste

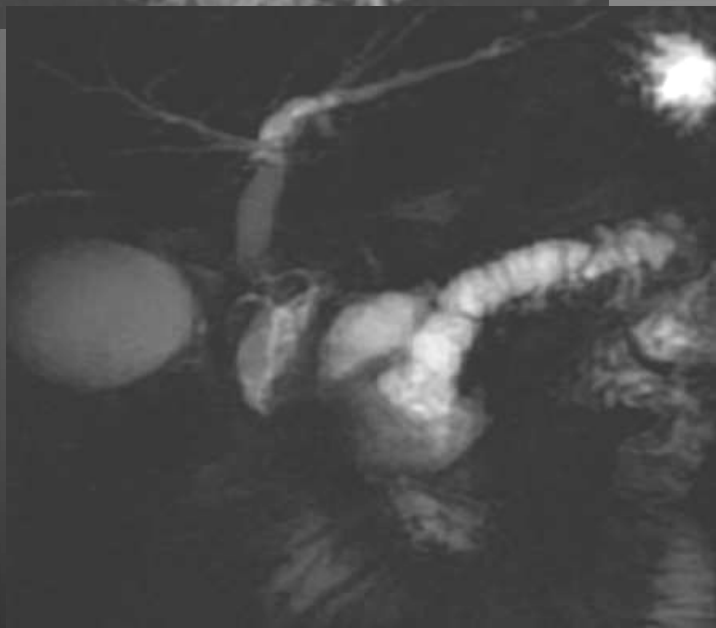
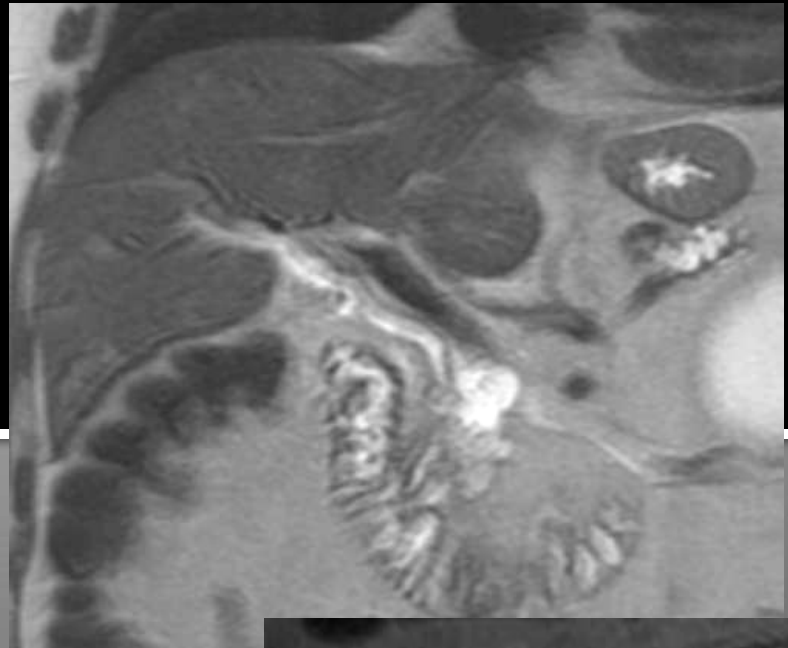
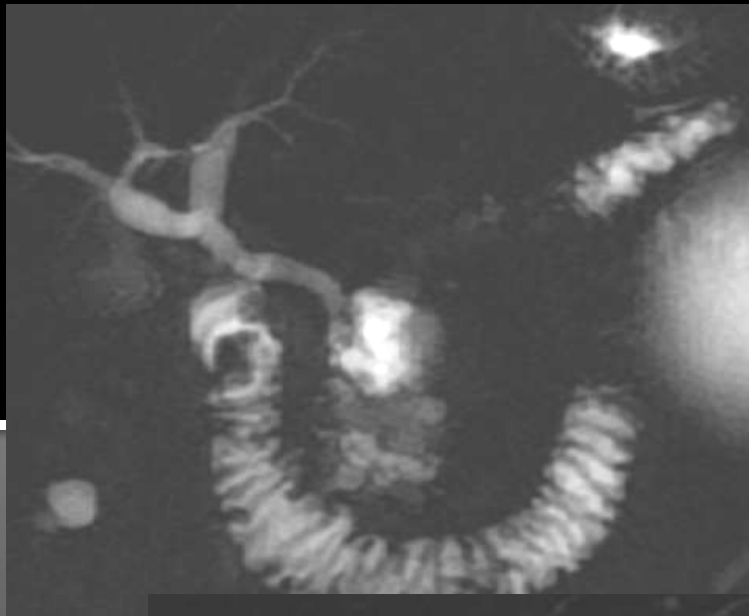
# CYSTADÉNOME SÉREUX

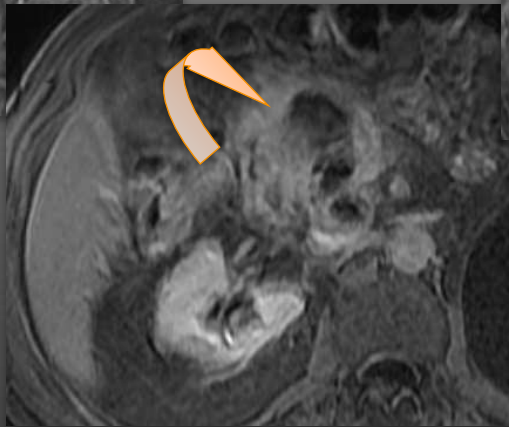
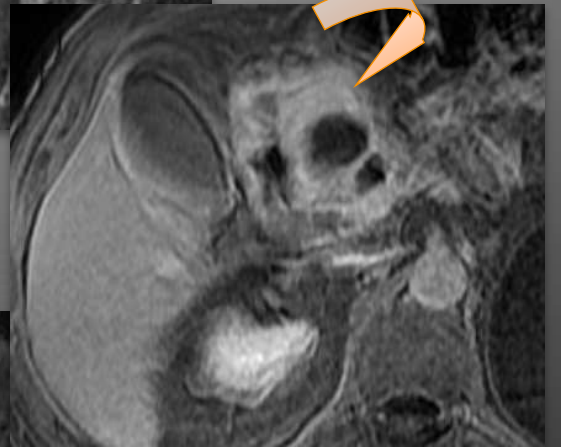
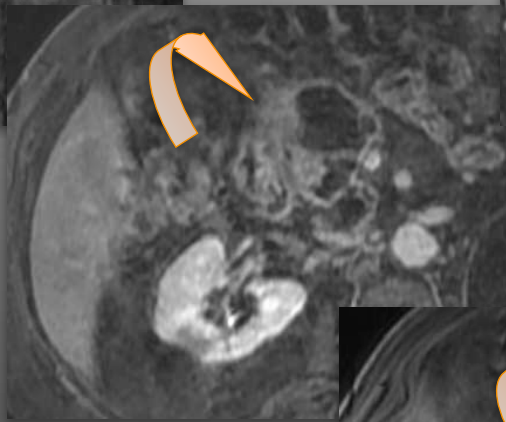
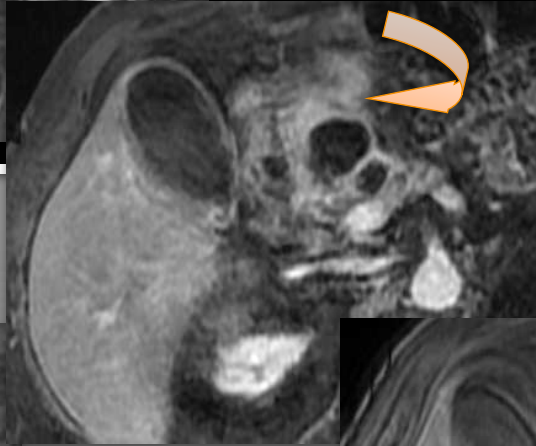
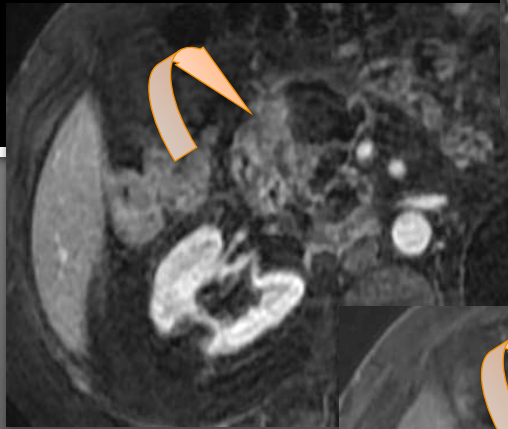
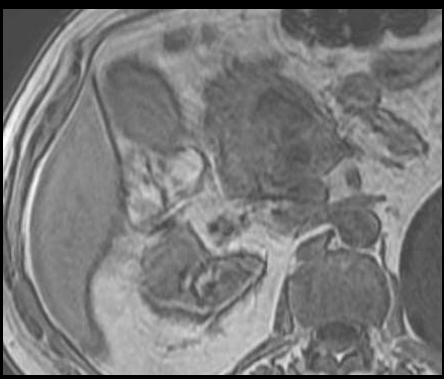
- En principe toujours bénin ++ (< 10 cas publiés de cystadénocarcinomes séreux)
- Age moyen : 40-60 ans, prédominance féminine
- Localisation préférentielle à la tête.
- Tumeur bien limitée, plutôt arrondie
- Composante kystique de taille variable, en général très nombreux, mais dans certains cas, il n'y a qu'un seul kyste (Tumeur uniloculaire)
- calcifications sont retrouvées dans 30% des cas, notamment au centre de la tumeur.
- Diagnostic différentiel : TIPMP, cystadénome mucineux.

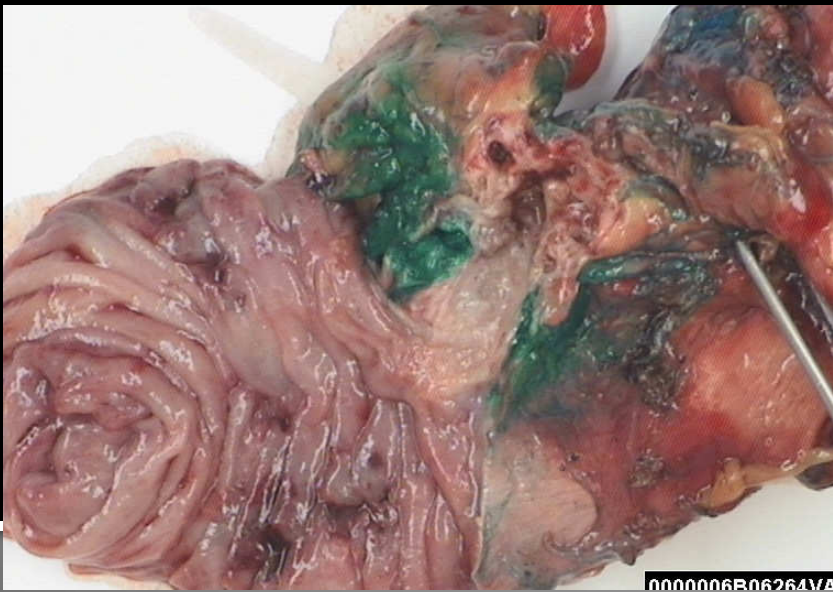


Homme 72 ans  
Cholestase, ictere

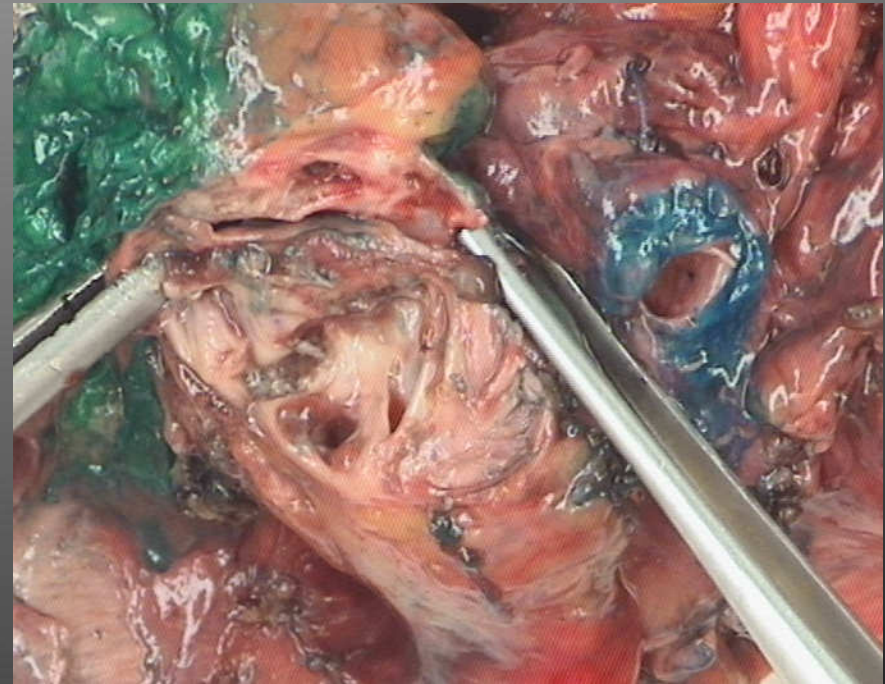
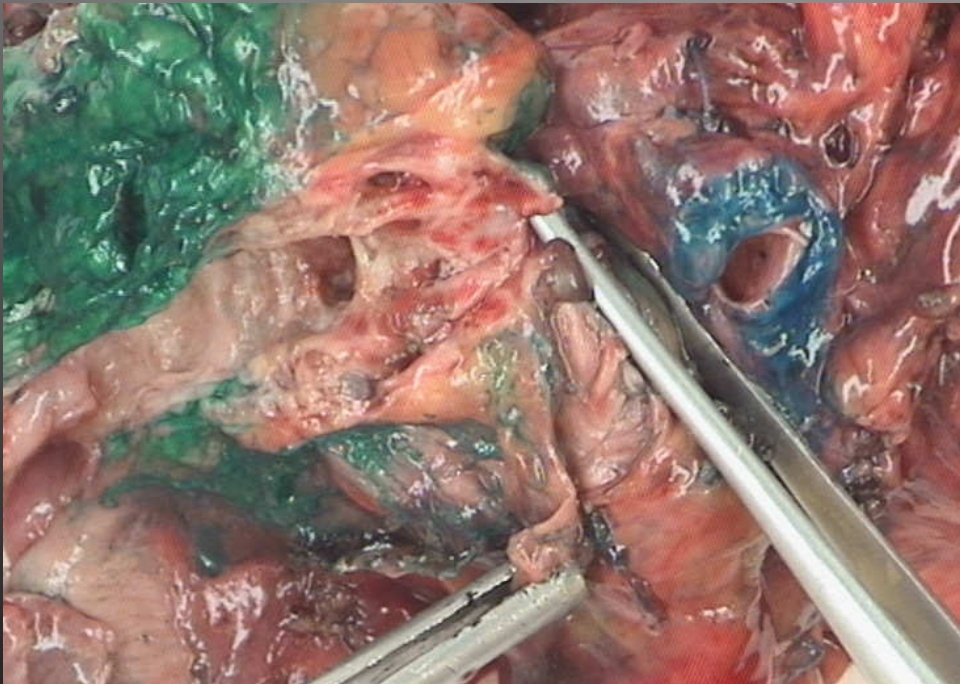


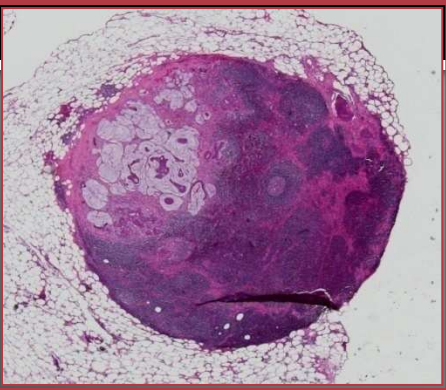
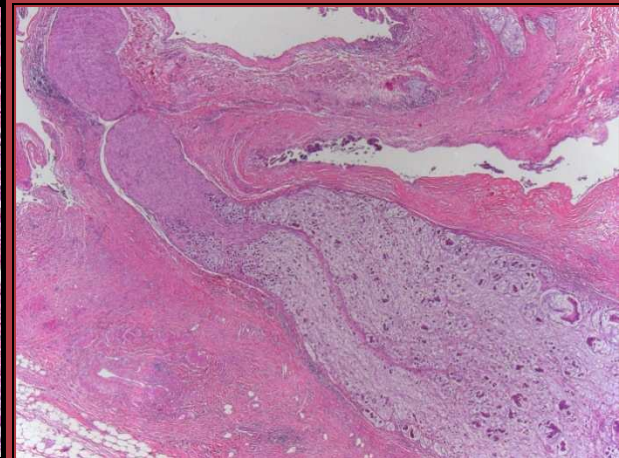
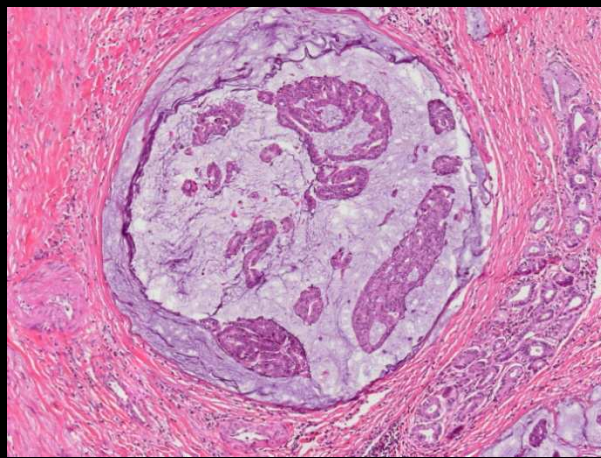
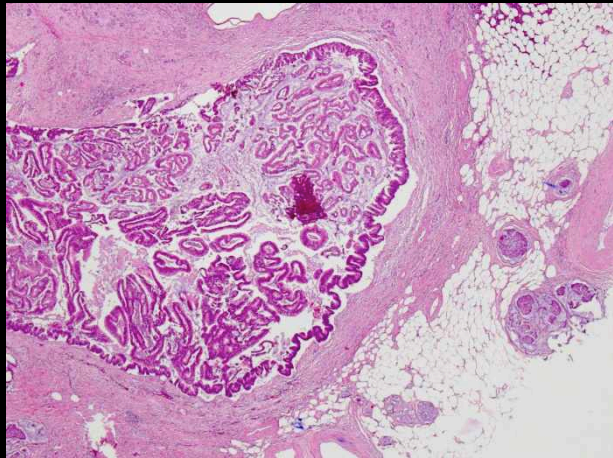




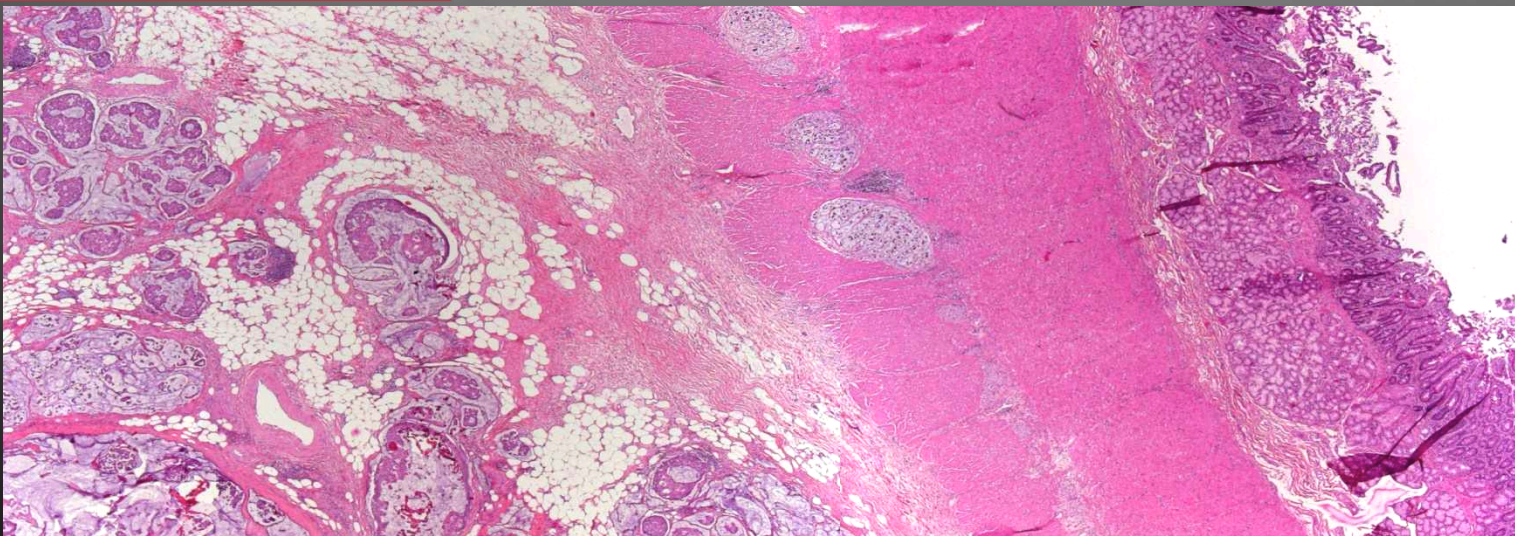


## TUMEUR INTRACANALAIRE PAPILLAIRE ET MUCINEUSE DU PANCRÉAS DÉGÉNÉRÉE



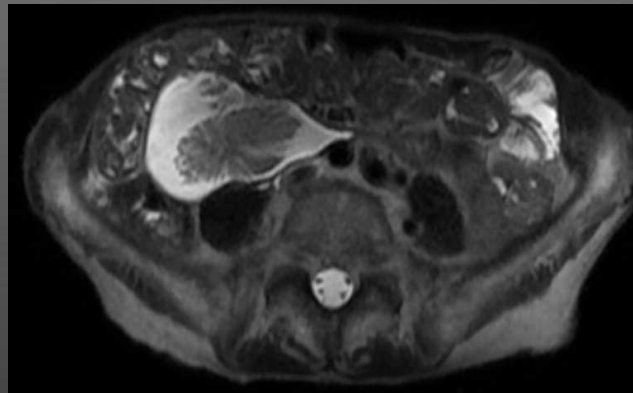
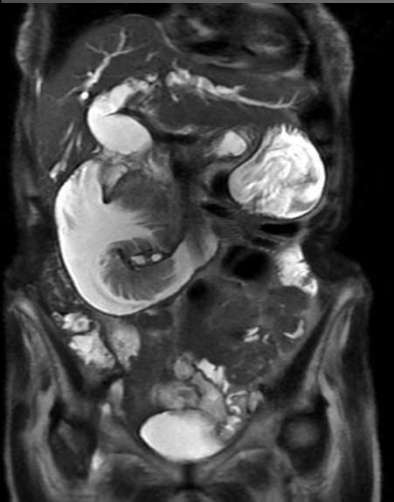
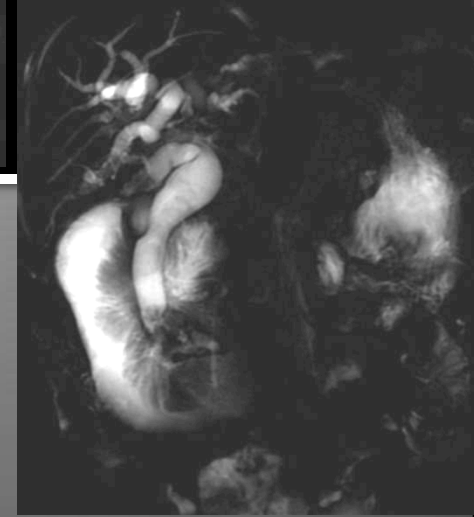


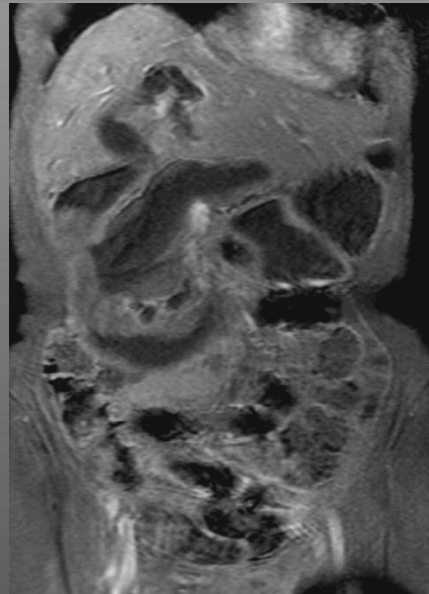
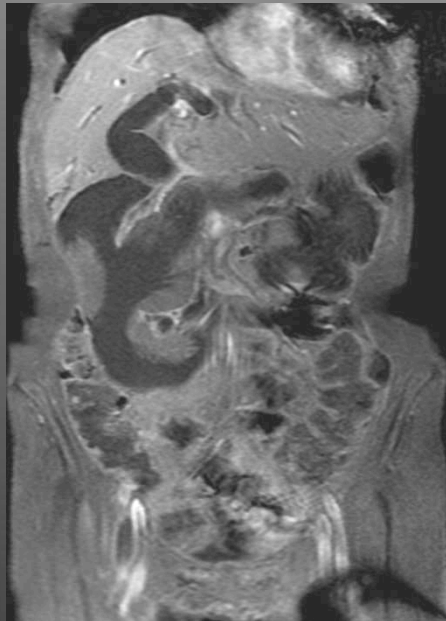
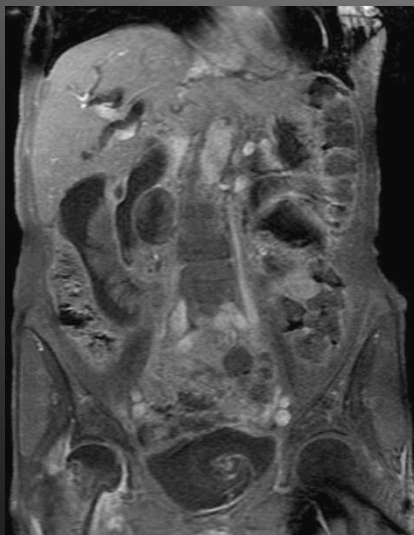
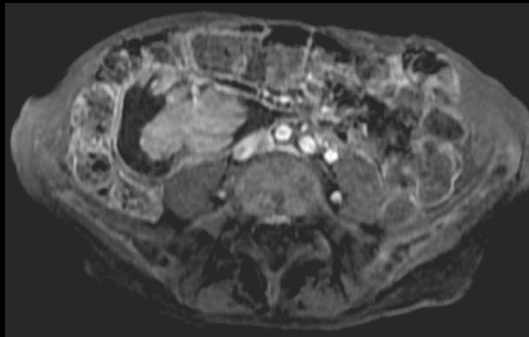
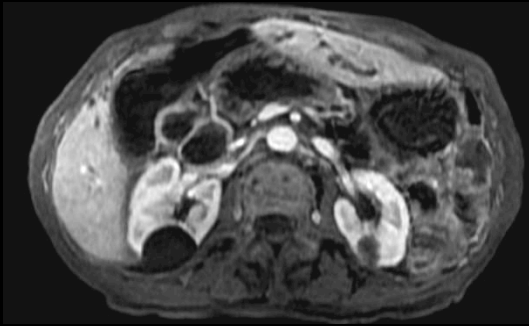
Développement endo canalaire  
Architecture papillaire  
Envahissement ganglionnaire  
Envahissement nerveux



Patiente de 79 ans  
Ictère cholestatique marqué

Cas n°3



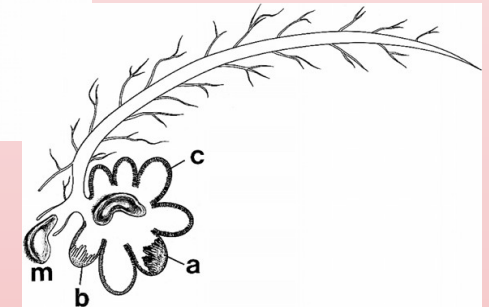
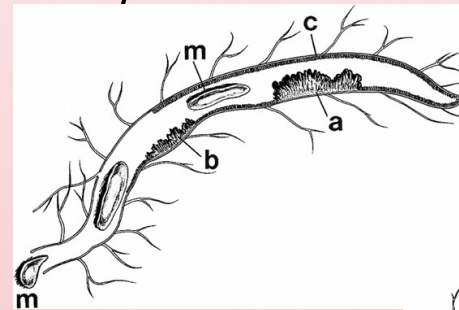




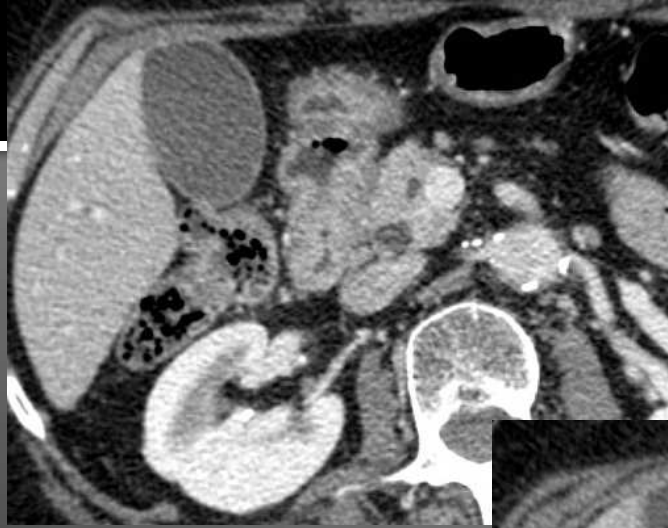
Drainage biliaire  
externe

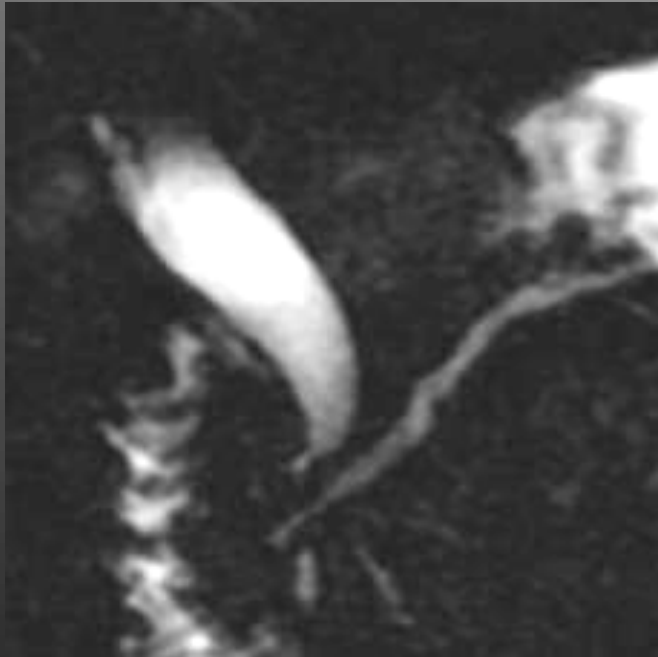
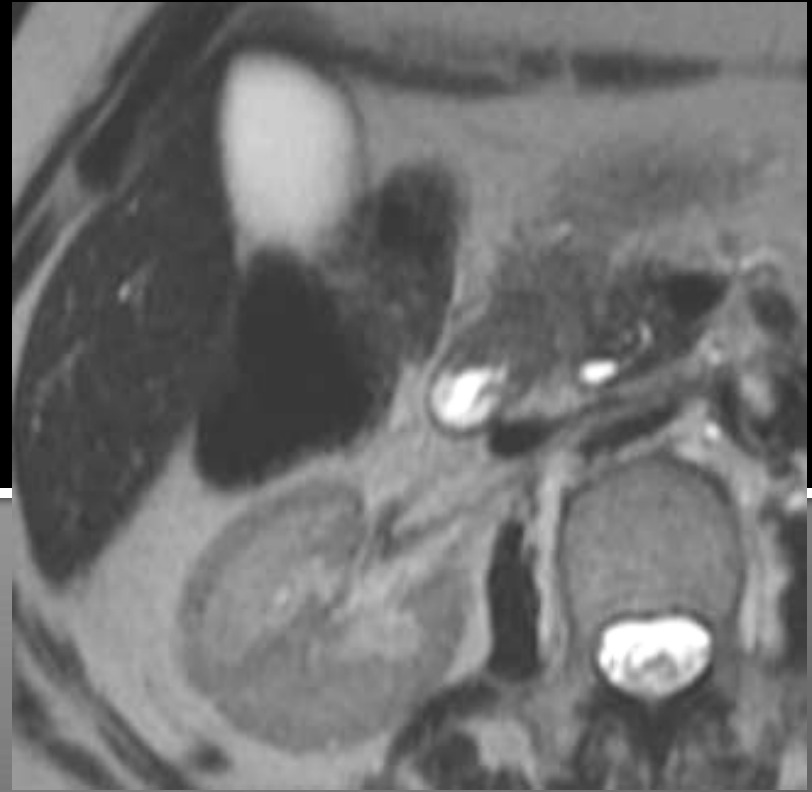


- Prolifération de l' épithélium canalaire muco-sécrétant.
- Formation de végétations intra canalaire et accumulation de mucus aboutissant à la dilatation des canaux pathologique.
- Potentiel dégénératif : bénin, border line, carcinome non invasif puis carcinome mucineux invasif.
- Deux type :
  - Main Duct : canal principal
  - Branch Duct : canaux secondaires
- A la différence du Cystadénome, ces tumeurs communiquent avec la lumière
- Traitement chirurgical car potentiellement malin.



Homme 72 ans  
ictère, AEG,





**Meilleure résolution  
en contraste +++**

**Sémiologie plus fine**

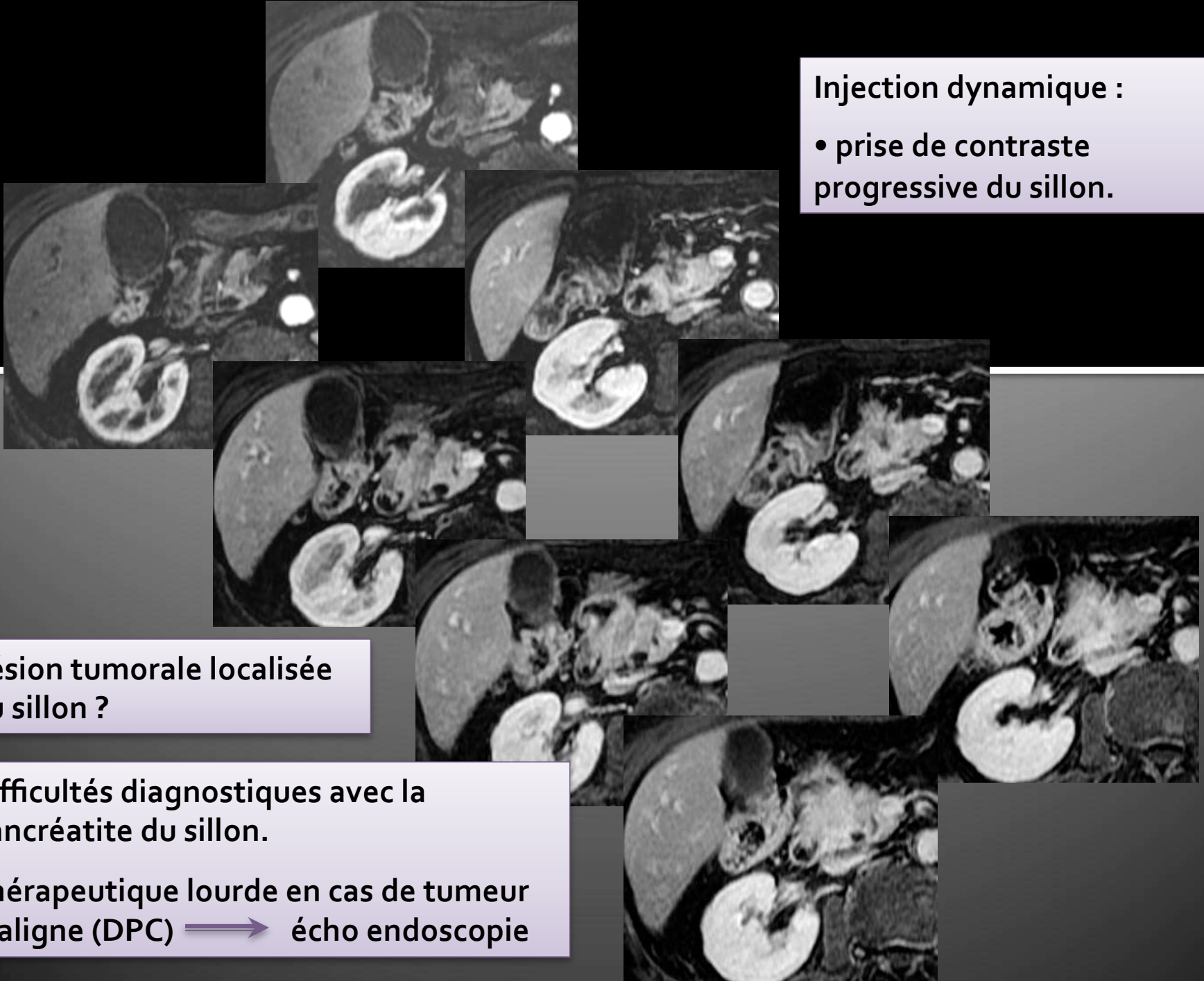
**Injection dynamique :**

- prise de contraste progressive du sillon.

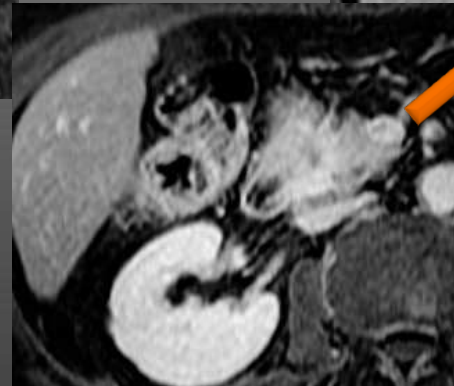
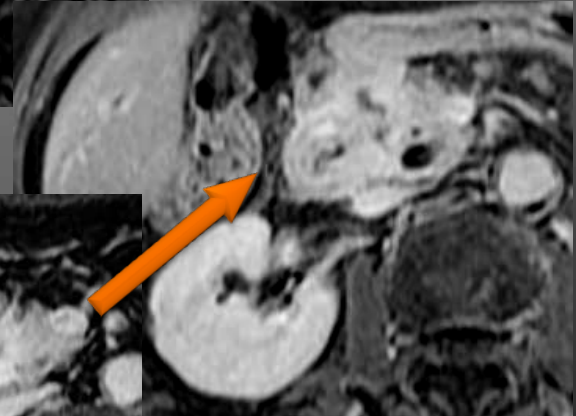
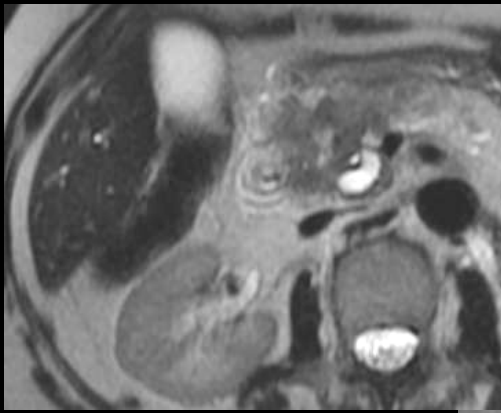
**Lésion tumorale localisée  
au sillon ?**

**Difficultés diagnostiques avec la  
pancréatite du sillon.**

**Thérapeutique lourde en cas de tumeur  
maligne (DPC) ➡ écho endoscopie**



Même patient.  
Écho endoscopie négative.  
Surveillance à 1 mois

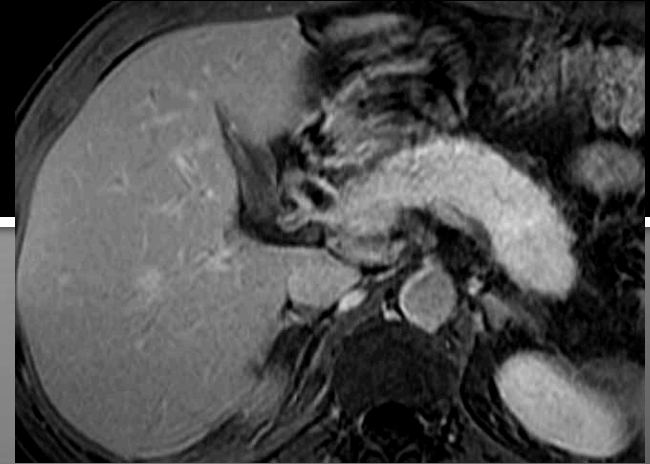
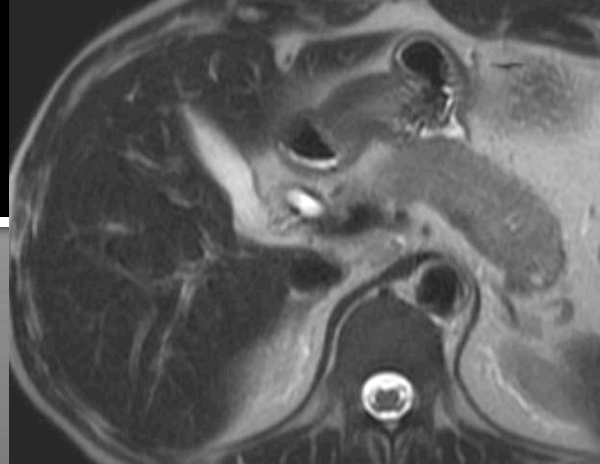


Confirmation écho  
endoscopique.

Adénocarcinome  
du sillon

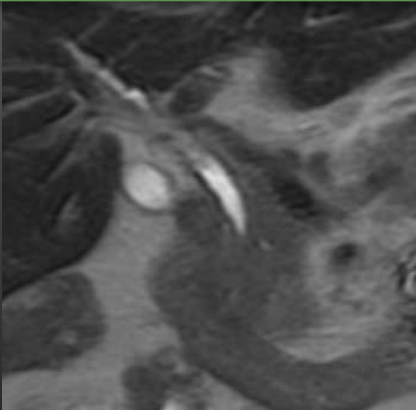


Femme 38 ans  
 Pancréatite clinique  
 Dilatation des voies biliaires à l'écho



Sténose fine, effilée et centrée  
 Étiologie bénigne.

Œdème et rehaussement global du pancréas  
 Halo hypointense péri pancréatique  
 Non visualisation du canal pancréatique principal (CPP)



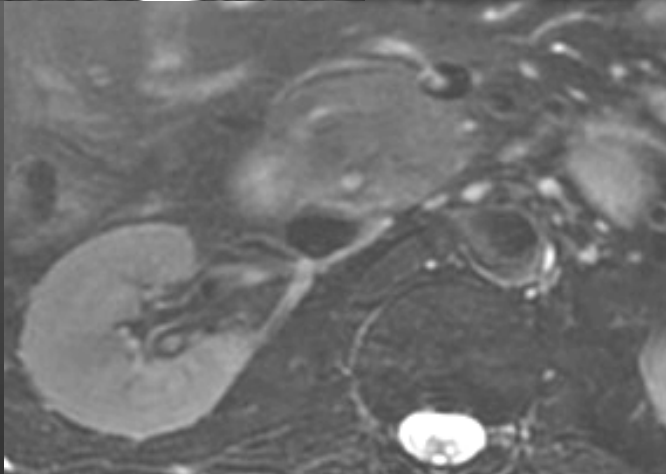
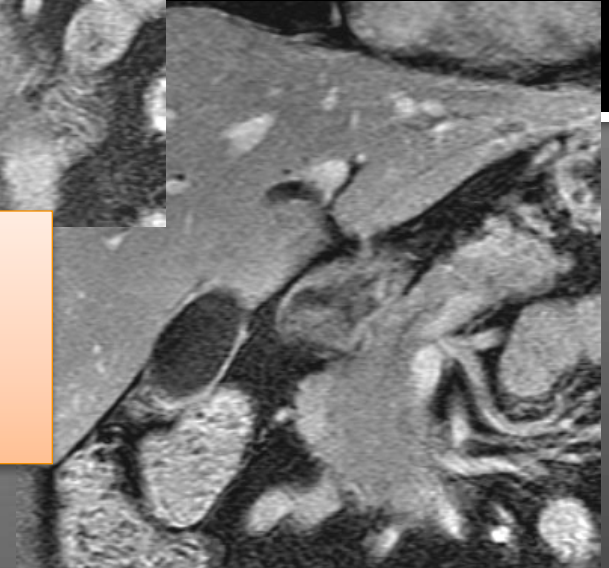
**Pancréatite auto immune**



## Encore une pancréatite ?



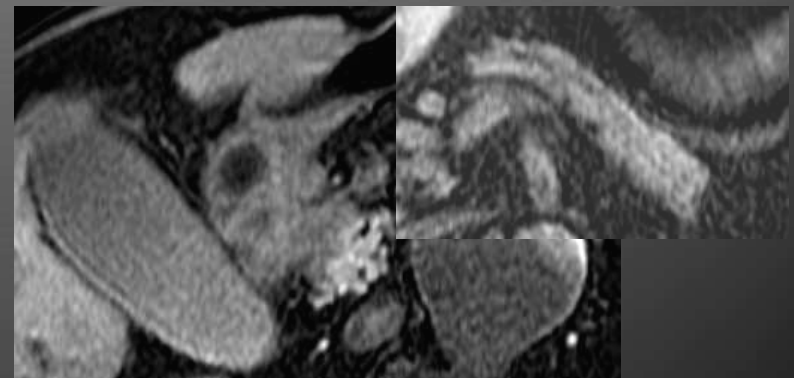
Sténose filiforme, fine, centrée  
Absence de dilatation des canaux  
pancréatiques  
étiologie bénigne.

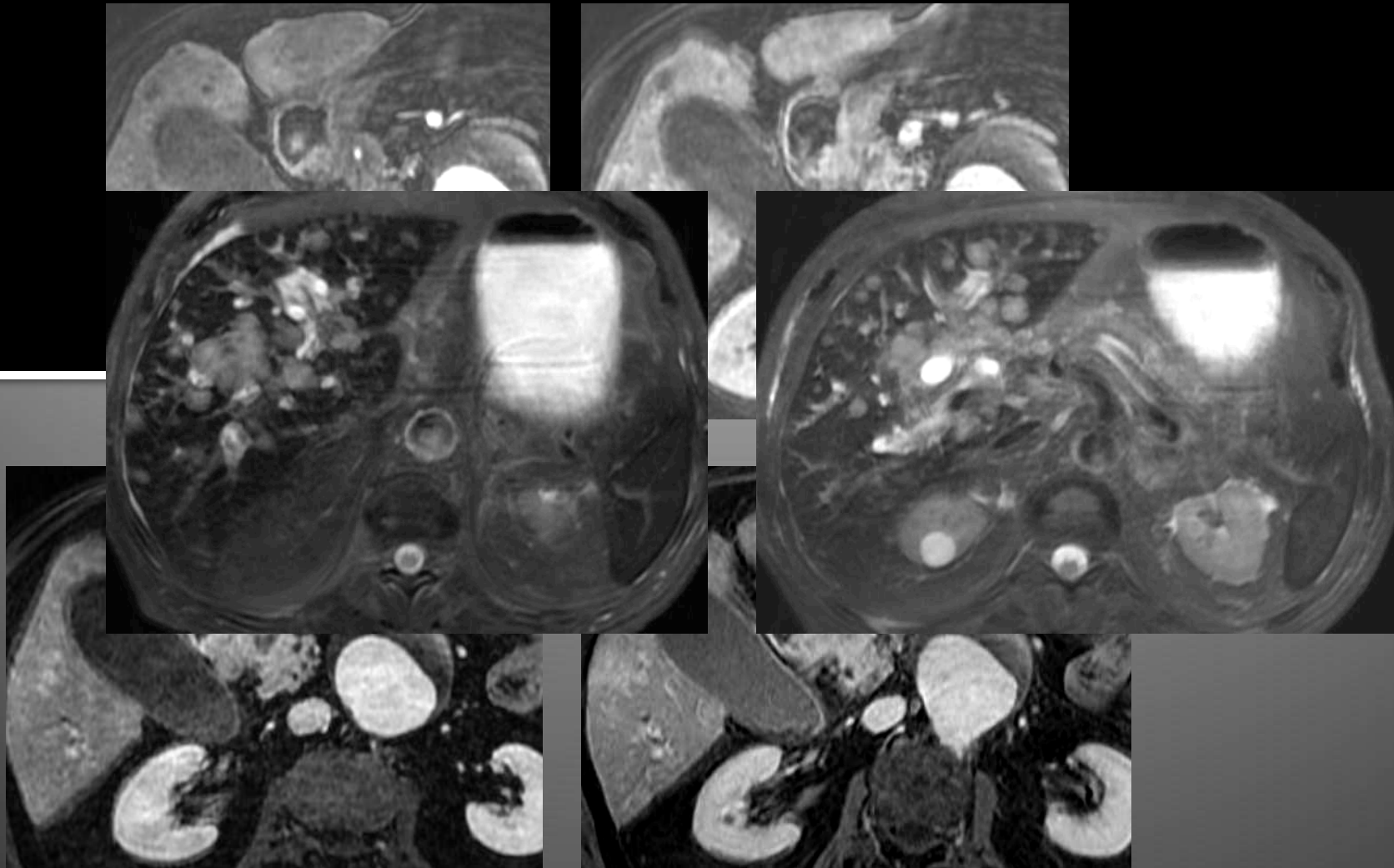


**PANCRÉATITE  
AUTO IMMUNE PSEUDOTUMORALE**



Homme 80 ans, ictère  
Vésicule lithiasique en échographie  
Dilatation des voies biliaires, Calcul de la VBP ?

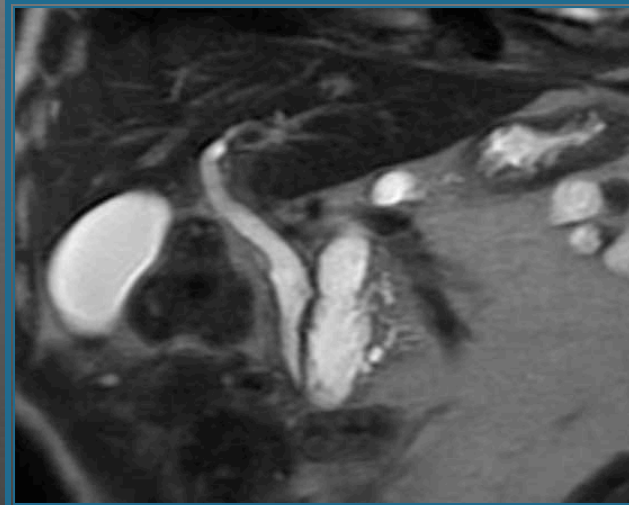
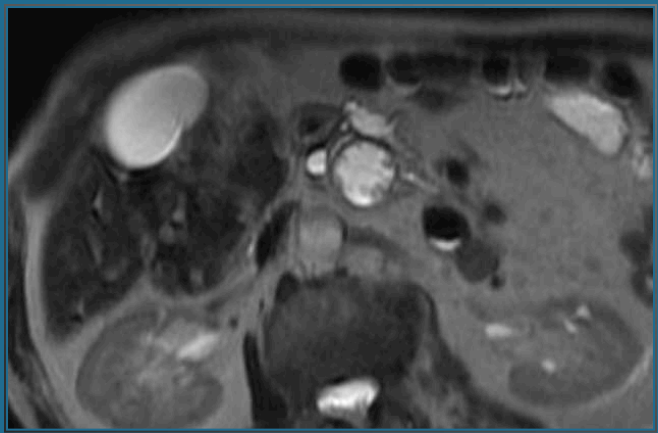
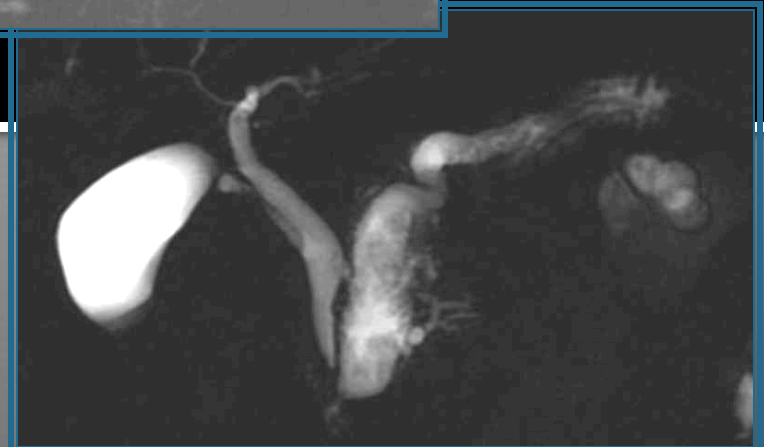
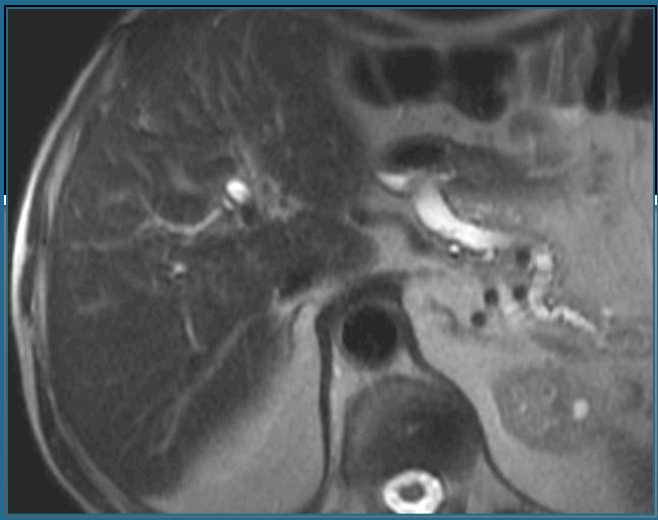


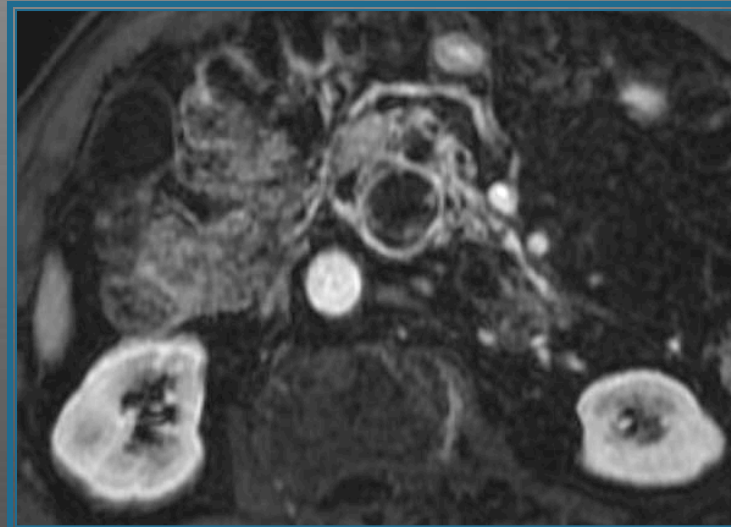
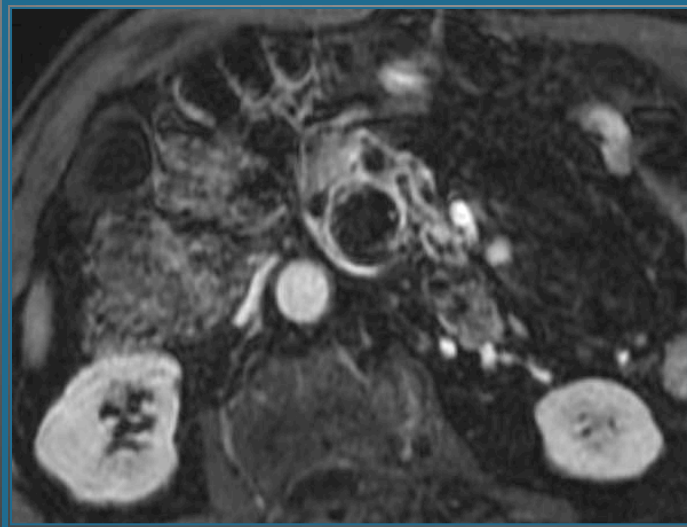
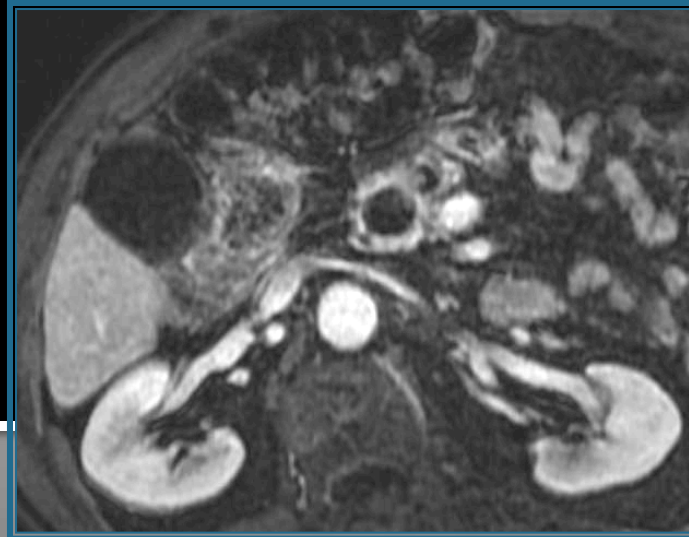


**Adénocarcinome du pancréas céphalique  
Étendu au sillon duodéno pancréatique**



Homme 82 ans  
Douleurs abdo  
Dilatation du CPP en écho

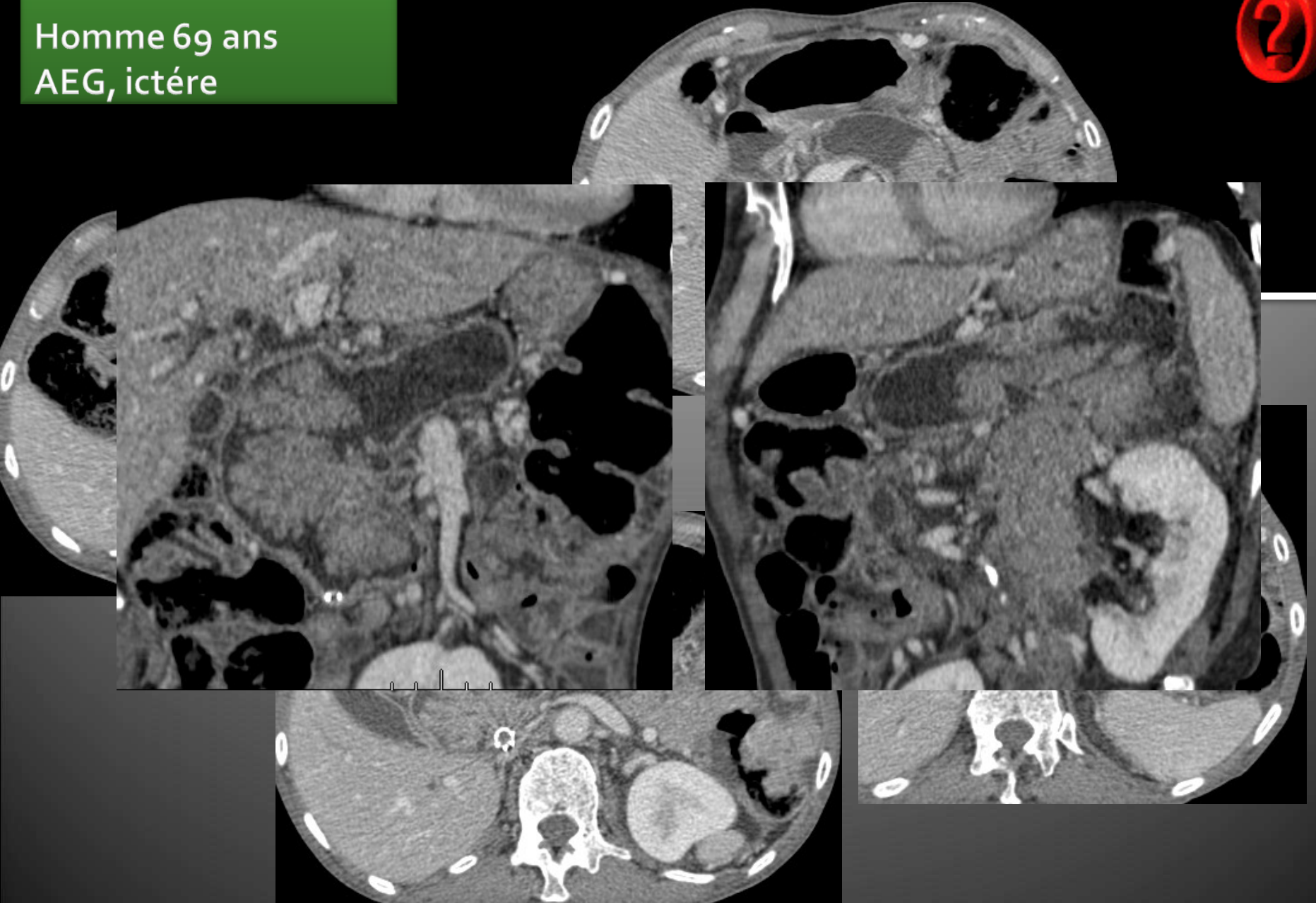


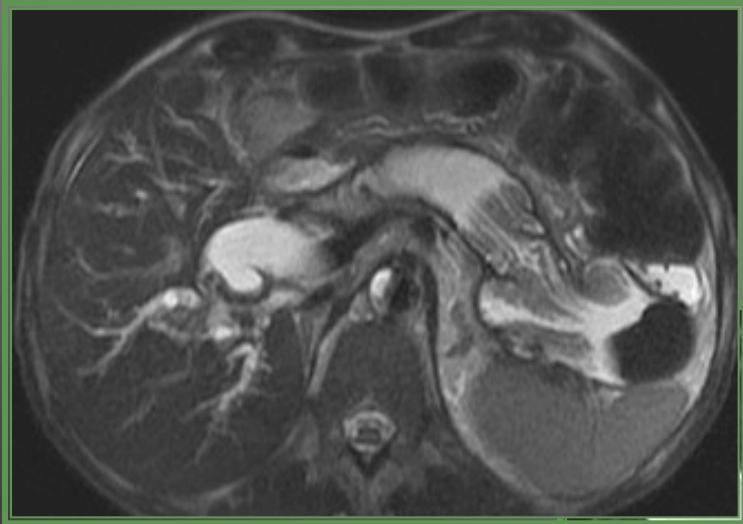
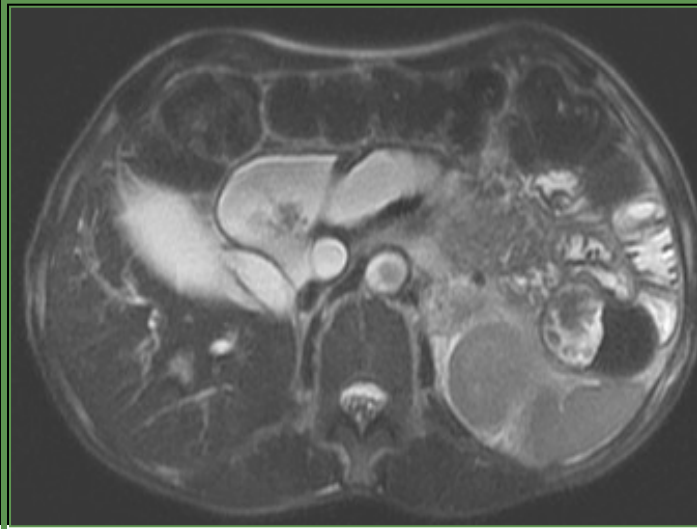
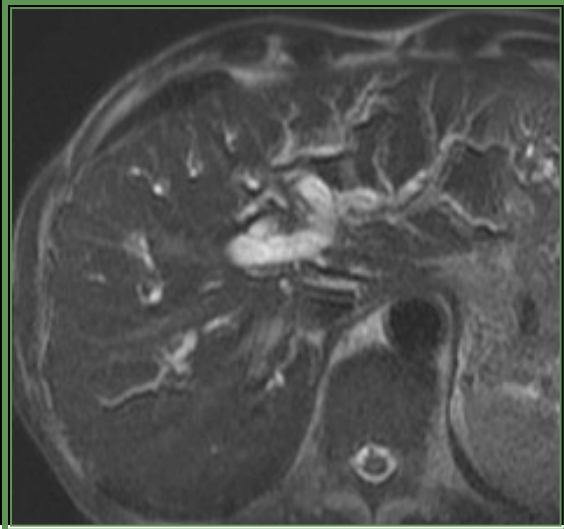


**TIPMP de type main duct**

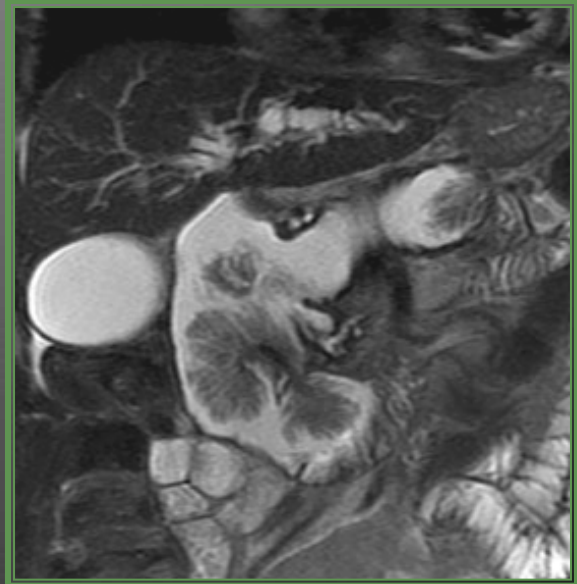
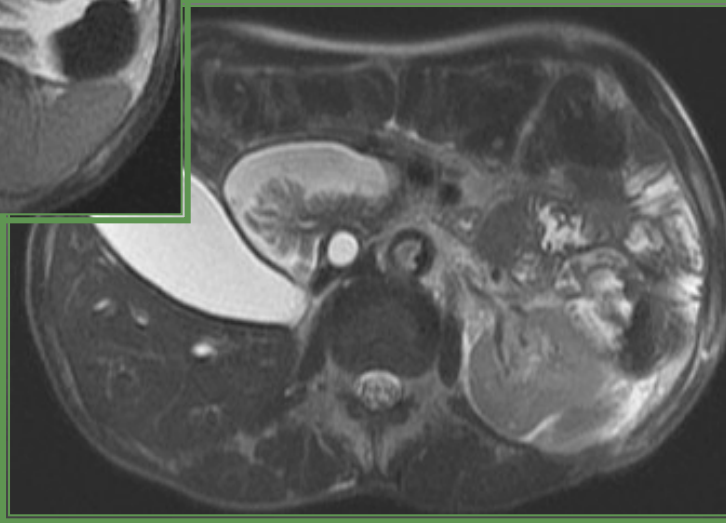


Homme 69 ans  
AEG, ictère



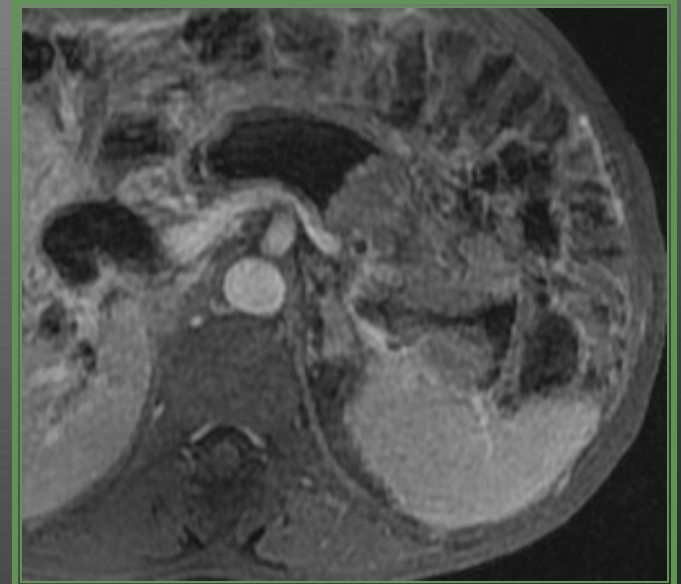
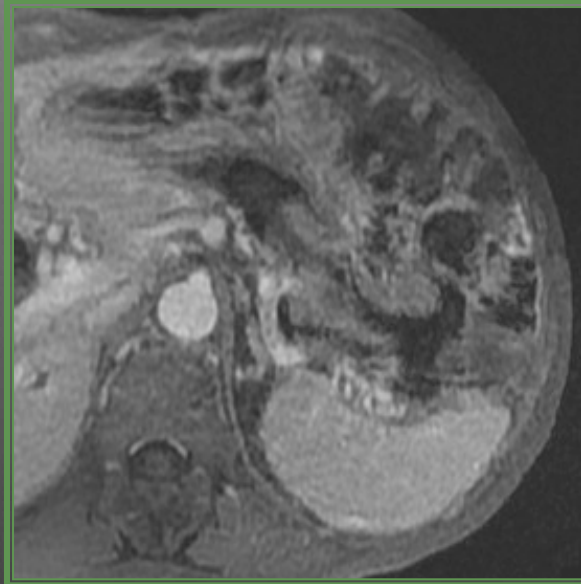


**Imagerie T2**



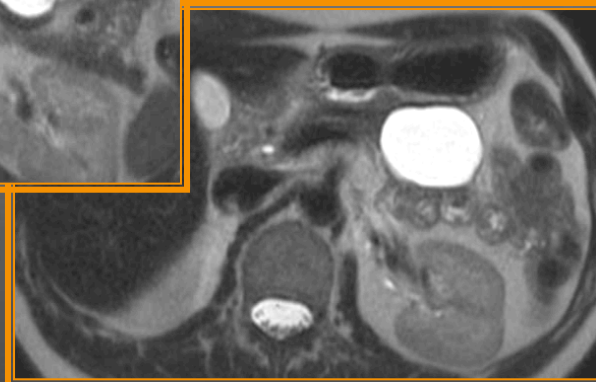
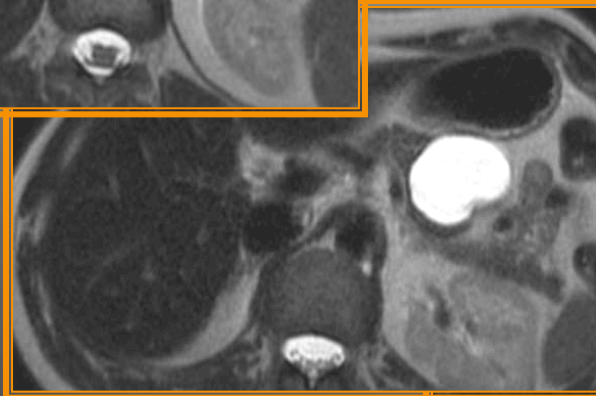
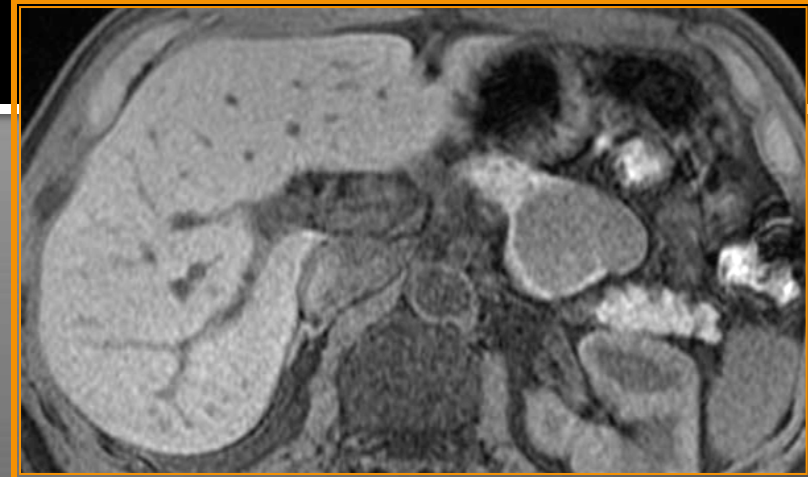
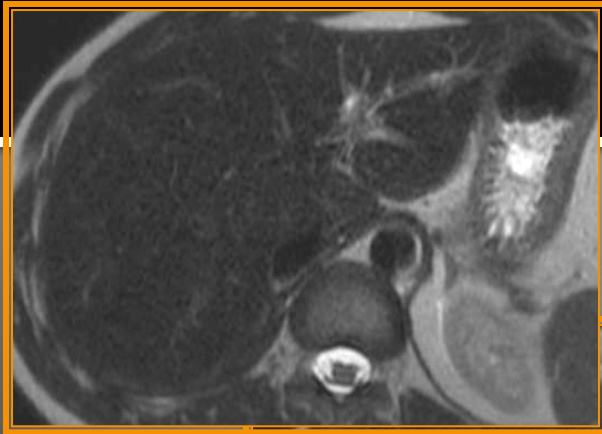
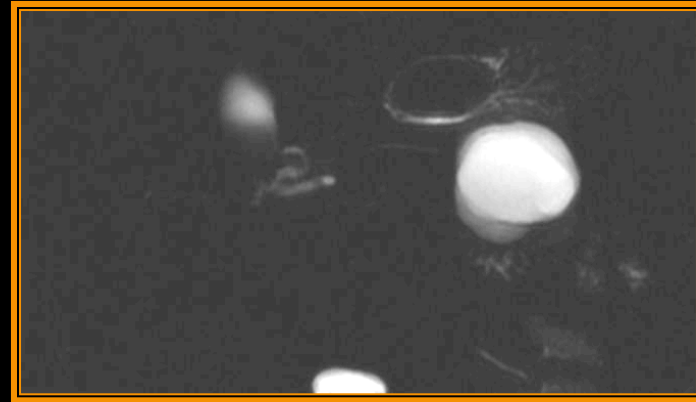
# TIPMP MAIN DUCT

Dilatation du canal pancréatique principal  
Formations bourgeonnantes endo canalaies  
Fistule pancréatico colique





Homme 31 ans  
Lésion kystique abdominale  
Découverte fortuite

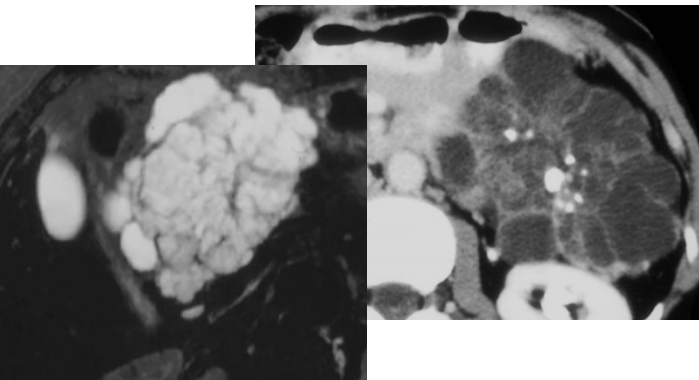


**CYSTADÉNOME MUCINEUX**

# Cystadénomes pancréatiques

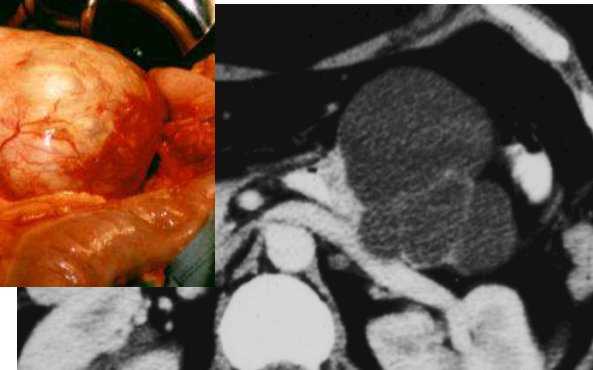
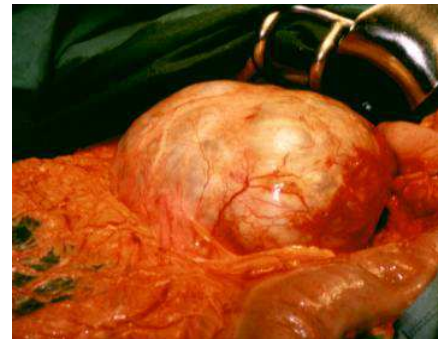
## ■ Séreux

- Femme
- Agée
- Tête
- Microvésiculaire
- Jamais malin (+/-)
- Calcifications centrales
- Tumeur « de la grand mère »



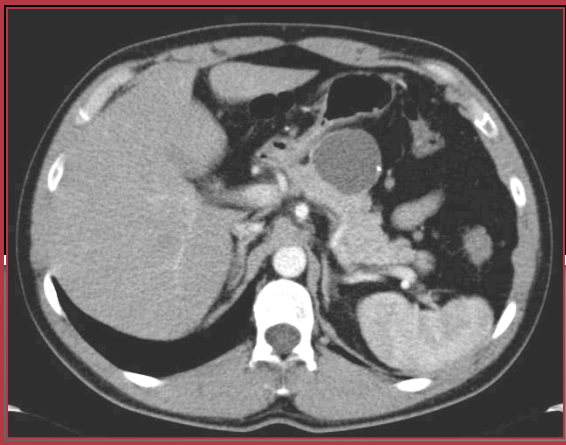
## ■ Mucineux

- Femme
- jeune
- Corporéo caudal
- Macrovésiculaire
- Potentiellement malin
- Tumeur « de la jeune fille »



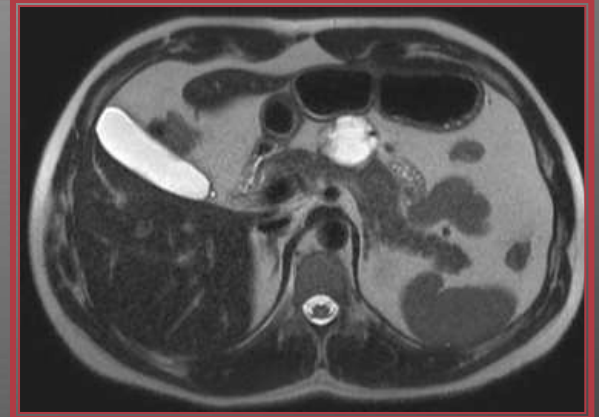
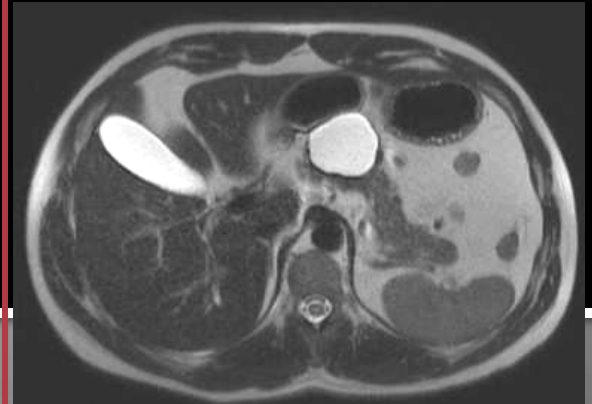
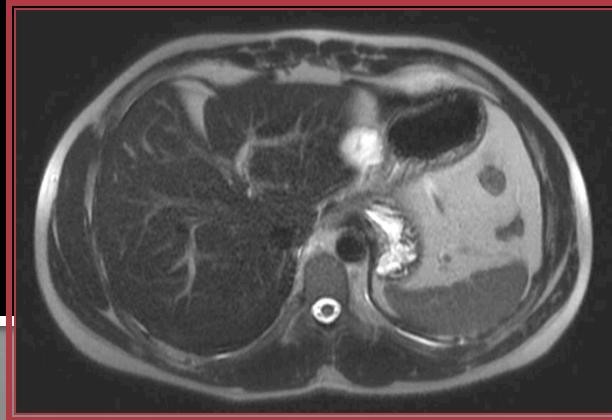


Homme 31 ans  
découverte fortuite



Cystadénome mucineux ?

**Chirurgie : Cystadénome séreux macro loculaire !!!**



# Lésions kystiques du pancréas

## **lésion kystiques pancréas = pseudo kystes ?**

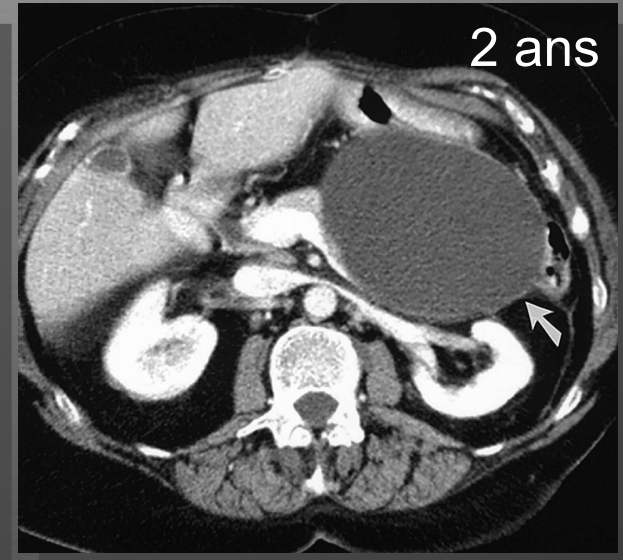
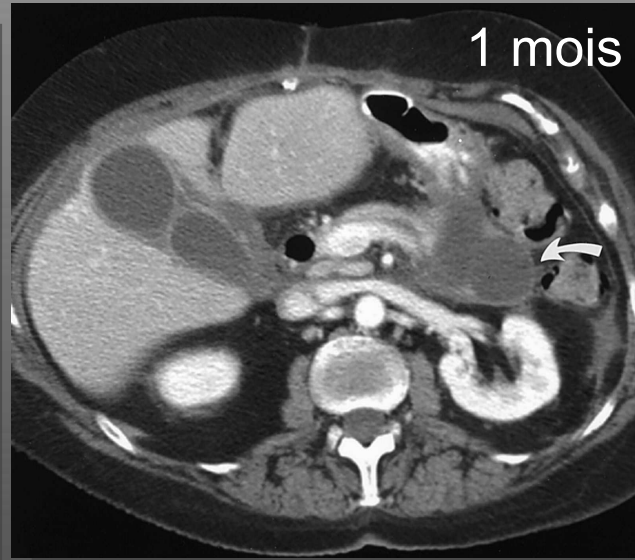
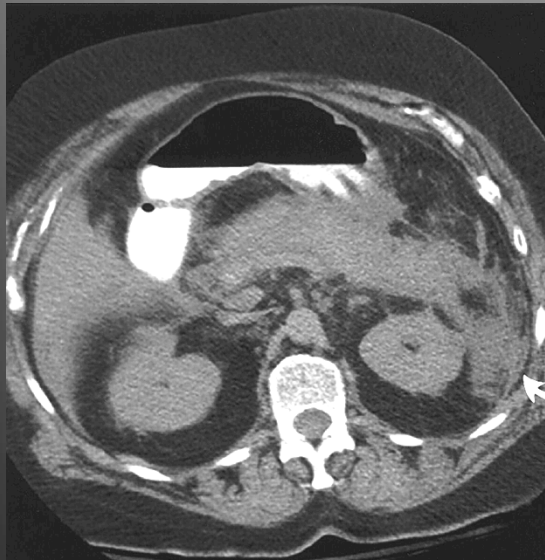
! un pseudo kyste peut se développer sur une pancréatite obstructive, en amont d'un adénocarcinome !

- Néoplasmes kystiques mucineux (cystadénome mucineux / cystadénocarcinome)
- Cystadénome séreux (micro kystique)
- Tumeur intra canalaire papillaire et mucineuse (TIPMP)



Homme 51 ans  
Douleurs abdominales.

Pancréatite avec évolution pseudo kystique



# Diagnostic ?

## Lésions typiques et bénignes

Cystadénome séreux  
Pseudo kystes (contexte)

Pas de suivi

## Lésions potentiellement malignes

Cystadénome mucineux  
TIPMP

Suivi ou  
chirurgie

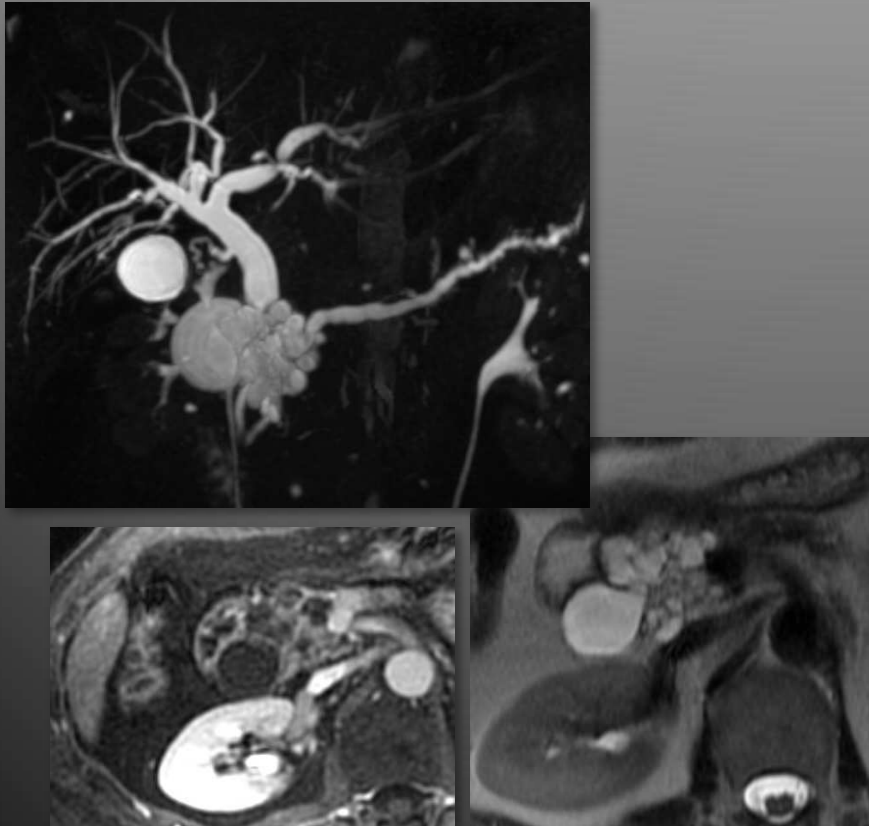
## Lésions non caractérisables

Macrokystiques  
Uniloculaires  
Cystadénome mucineux  
TIPMP  
Cystadénome séreux

Suivi ou  
chirurgie

# Lésions Typiques

Cystadénome séreux

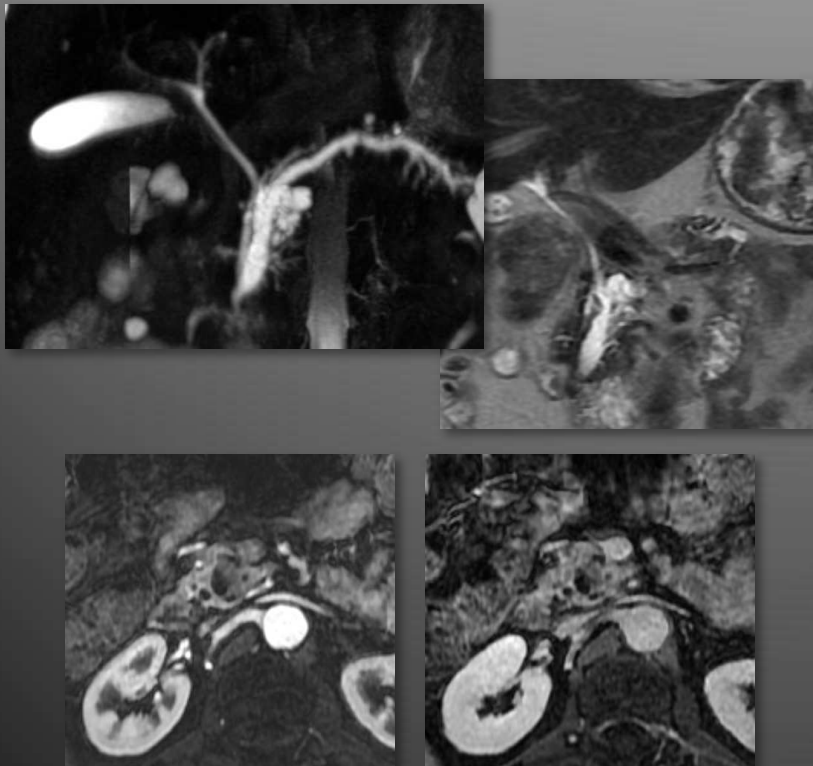


Pseudo kystes

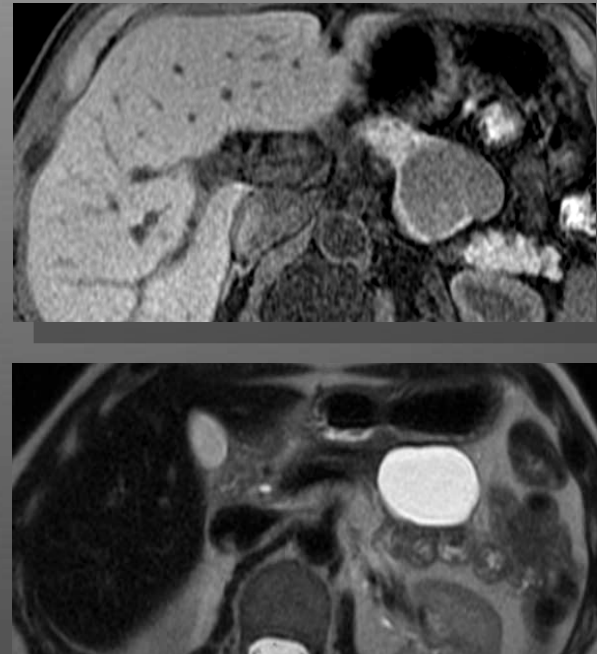


# Lésions potentiellement malignes

TIMP

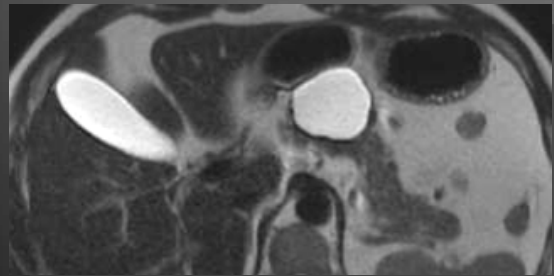
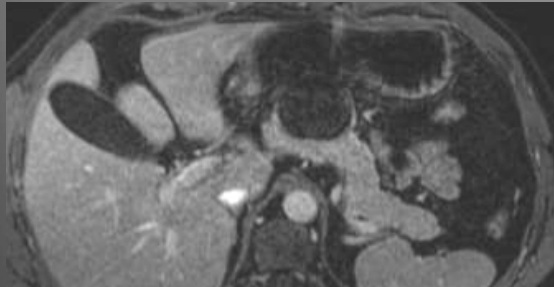


Cystadénome mucineux

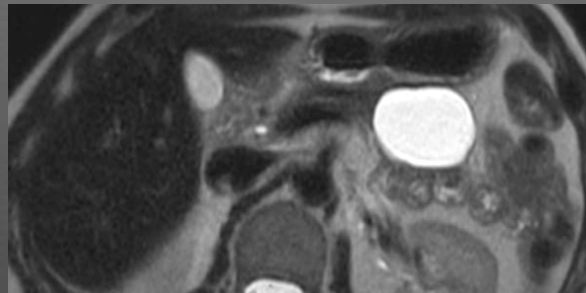
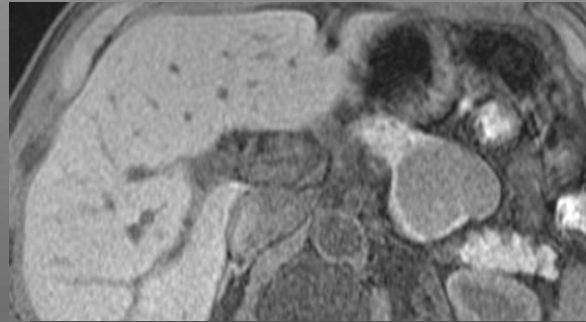


# Lésions macro kystiques

Cystadénome séreux



Cystadénome mucineux



TIPMP

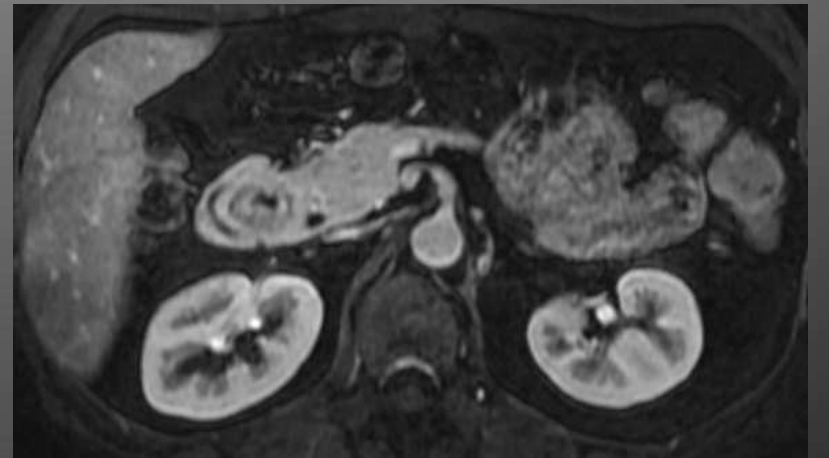
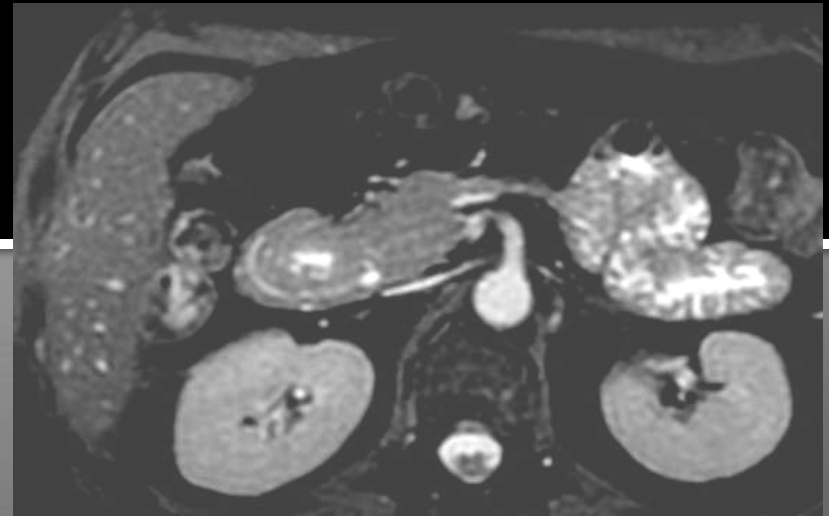
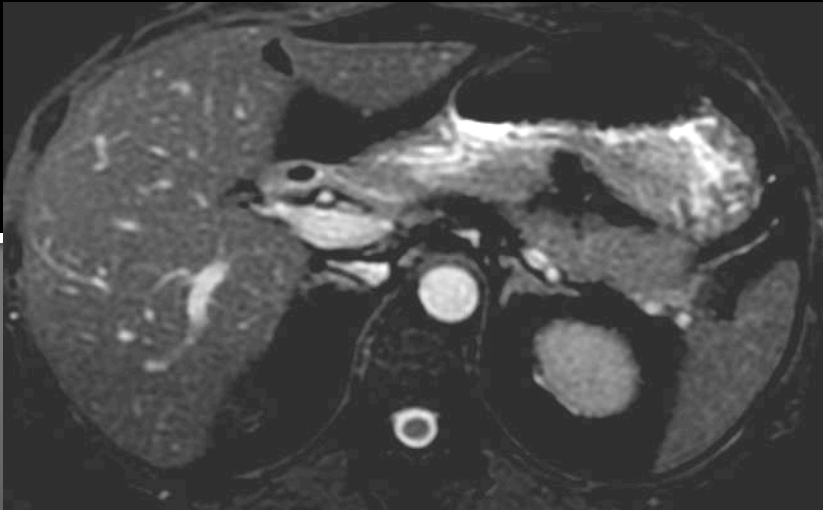


# Conclusion

- ❑ Certaines lésions bénignes doivent être reconnues car ne nécessitent pas de suivi
- ❑ Les pseudo kystes ne représentent pas 90 % des lésions
- ❑ Les lésions macrokystiques posent un problème diagnostique
  - ❑ critères suspects de malignités : avis pluri disciplinaire , chirurgie ?
  - ❑ Lésions bénignes typiques : pas de surveillance
  - ❑ Pas de critère de malignité
    - ❑ < 30 mm : presque toujours bénin donc plutôt surveillance (IRM +++)
    - ❑ > 40 mm : potentiellement malin, avis pluri disciplinaire +/- ponction

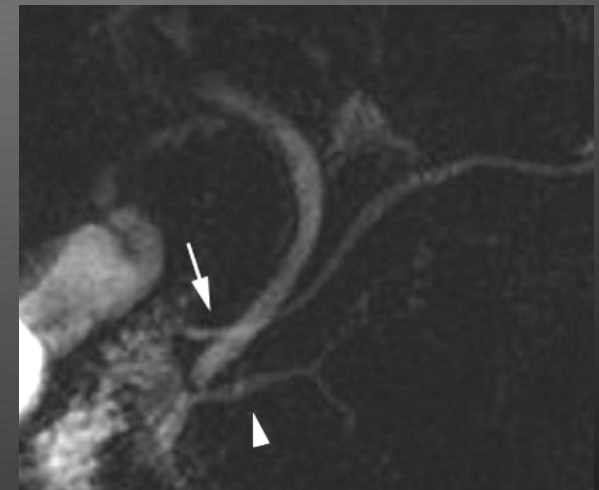
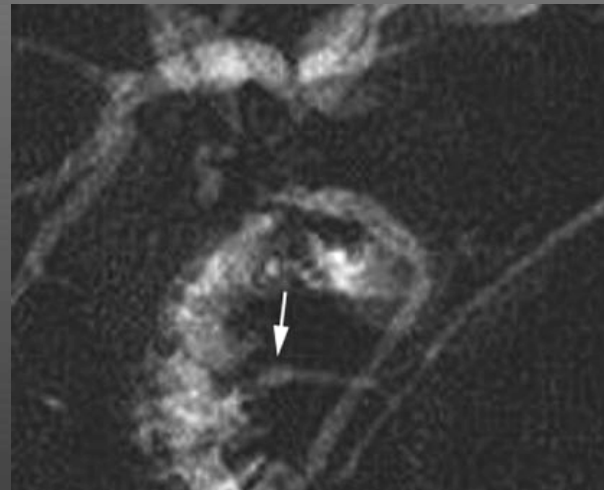
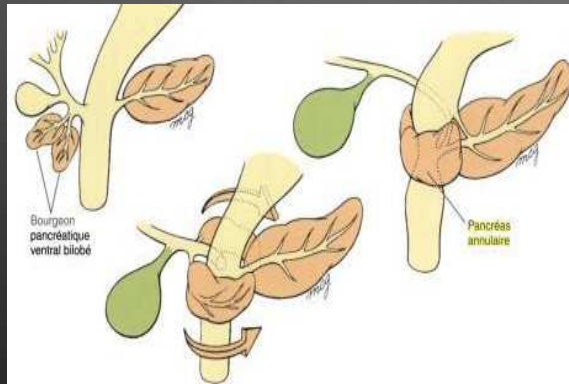
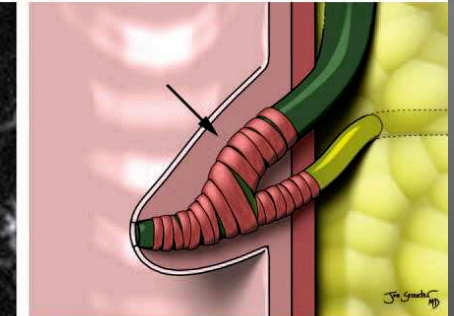
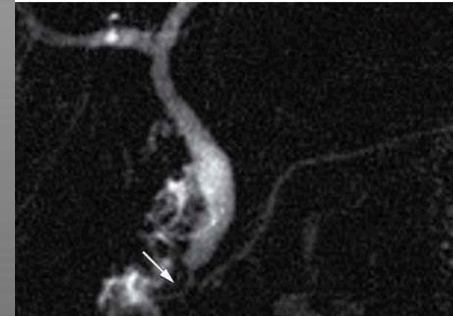
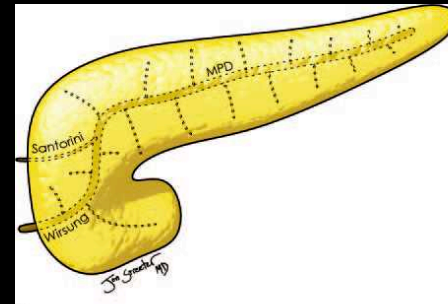
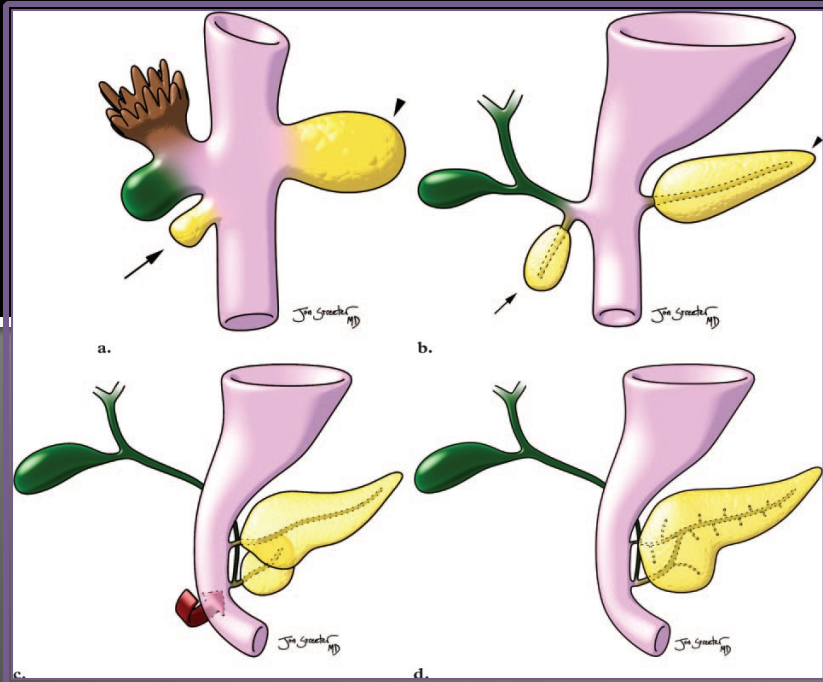


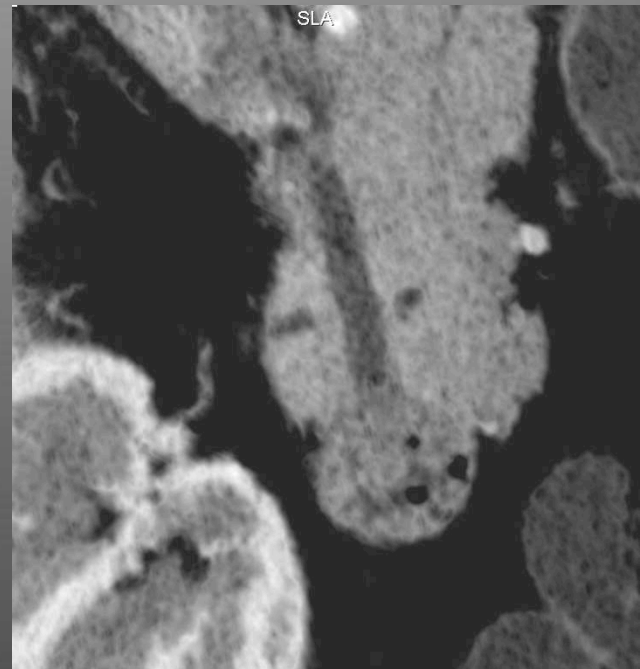
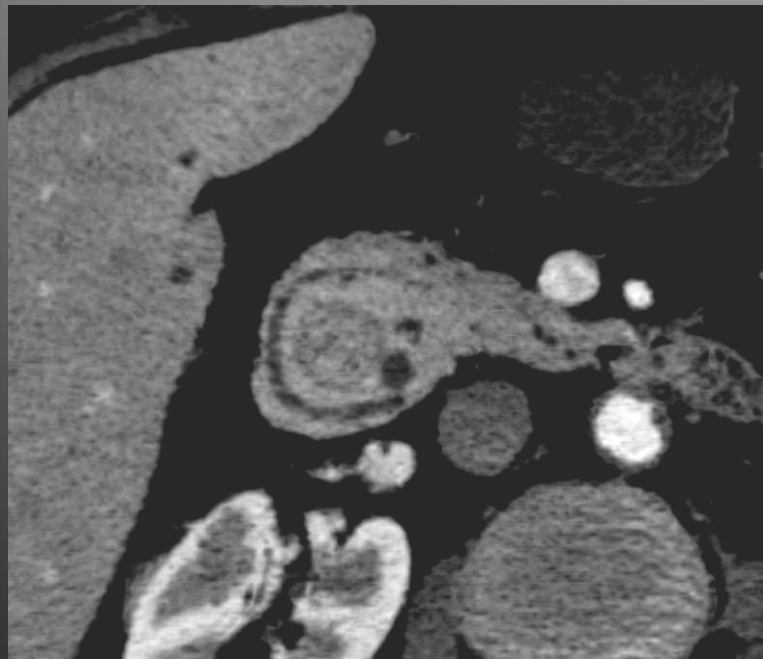
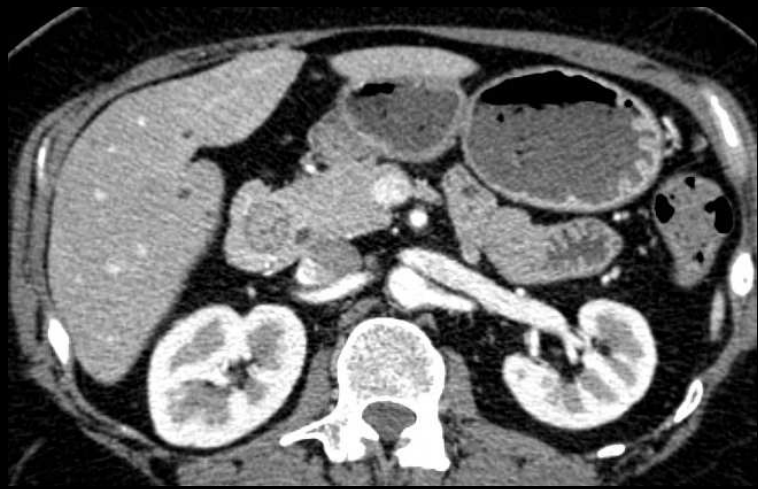
Patiente 35 ans  
Gène épigastrique



**PANCRÉAS ANNULAIRE**

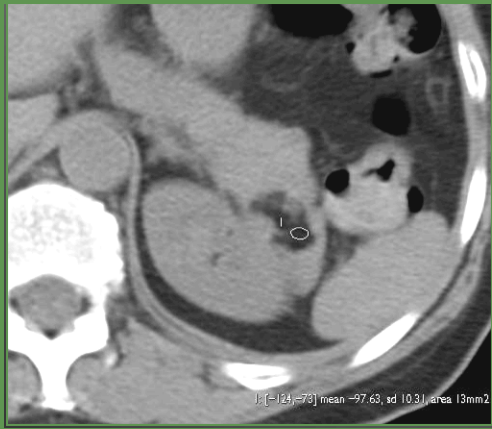
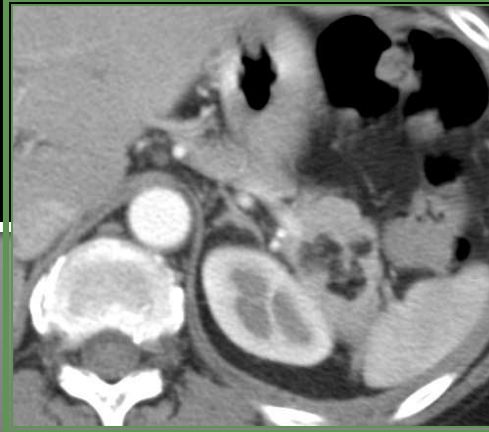
# Pancréas annulaire







Homme 55 ans  
Douleurs abdo



Densité graisseuse  
Pas de prise de contraste

Lipome pancréatique !

# Lipome pancréatique

- . Tumeur bénigne du pancréas
- . Rare : 5 cas rapportés en 99
- . Asymptomatique

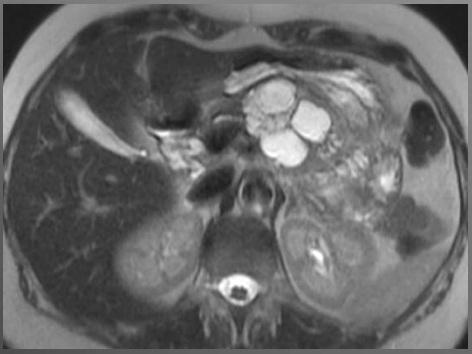
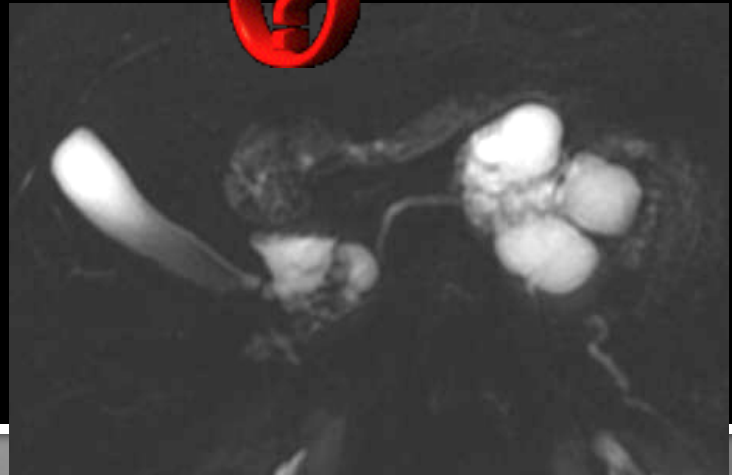
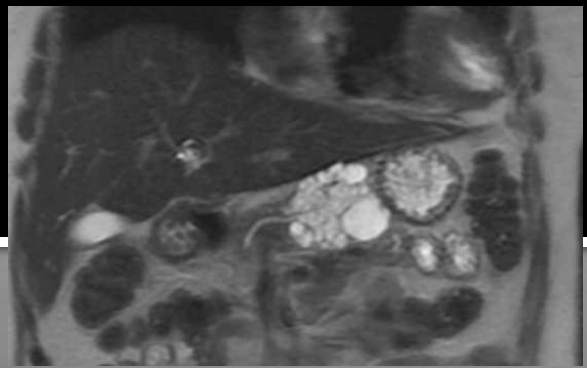
Imagerie : masse pancréatique bien circonscrite  
densité négative entourée par du parenchyme  
syndrome de masse + ou -  
apparence TDM identique aux autres lipomes abdominaux

TDM = Diagnostic

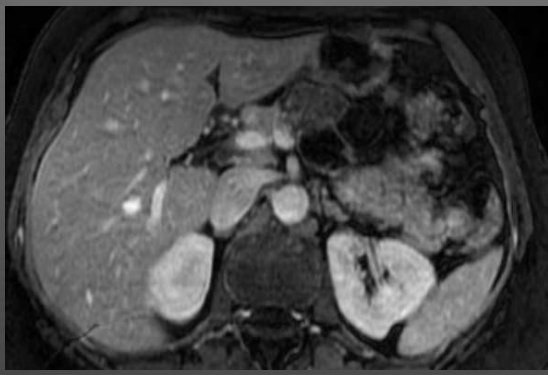
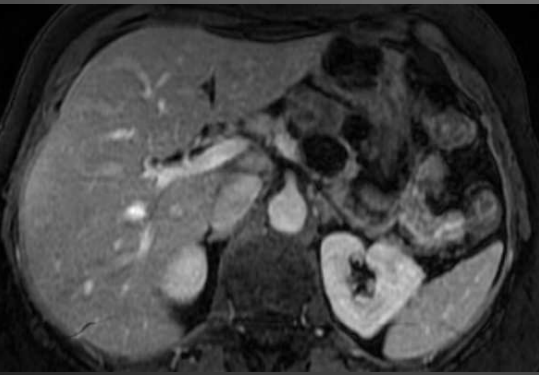
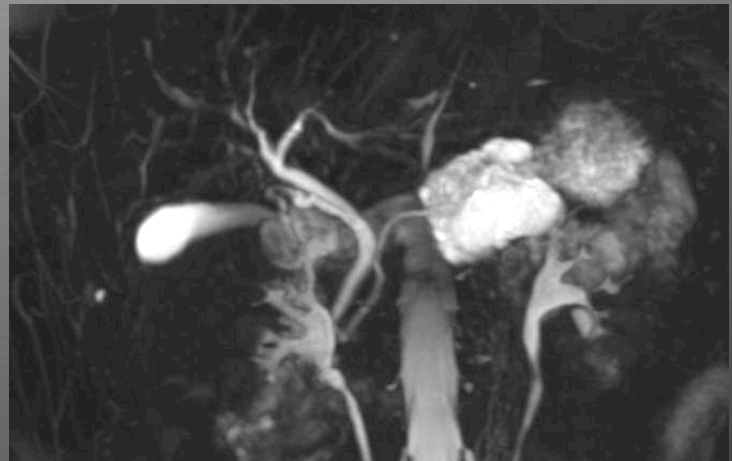
- . TTT : conservateur sauf si syndrome de masse important
- Description de liposarcome et lipofibrome pancréatique très rare  
; pas de diagnostic fait par l' imagerie connu.



Homme 87 ans  
Masse pancréatique à l'écho



Cystadénome séreux  
pancréatique



## Von Hippel Lindau



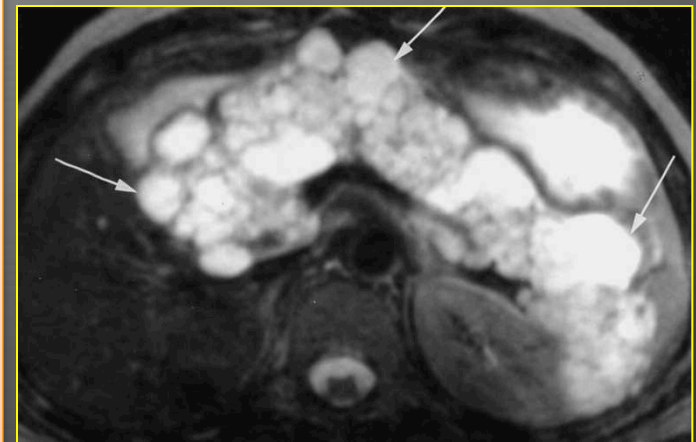
Jeune fille 29 ans  
ATCD de Grawitz



Affection héréditaire, l'âge de début se situe entre 18 et 30 ans.

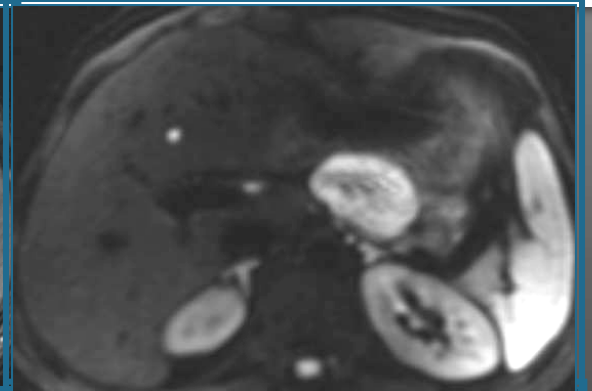
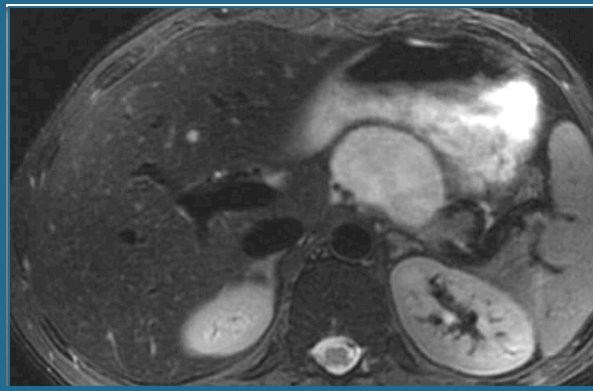
Diagnostic : deux hémangioblastomes qq soit le site.  
ou un en association à un Grawitz < 45ans /  
kystes rénaux multiples / tumeur endocrine ou kystes  
pancréatiques / Phéochromocytome / tumeur du sac  
endolymphatique.

Le diagnostic est le plus souvent connu, les kystes multiples sont évocateurs.





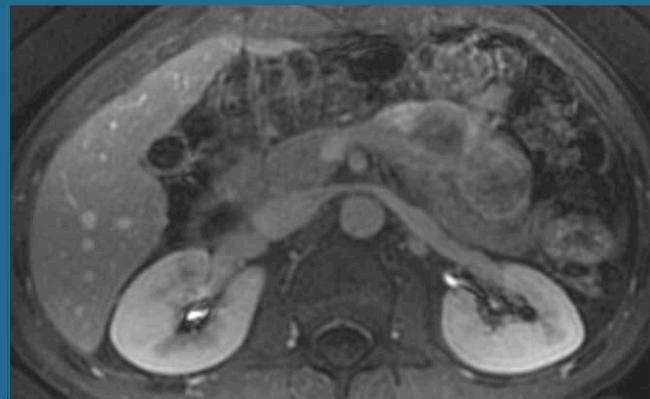
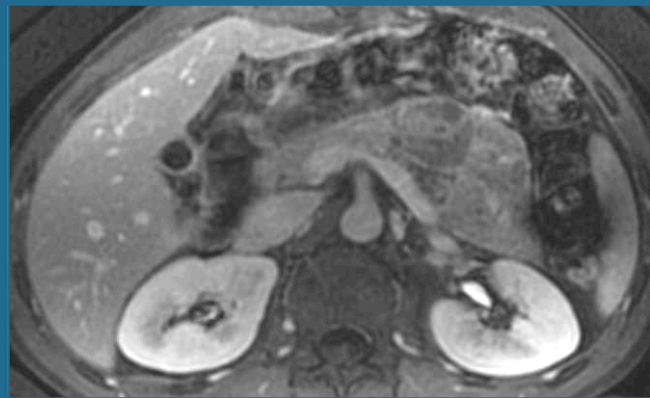
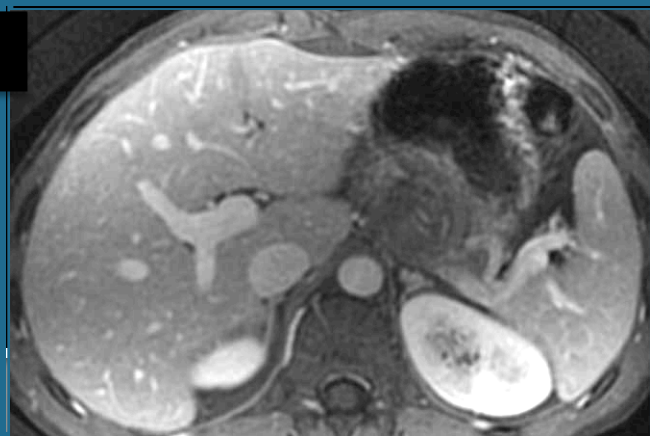
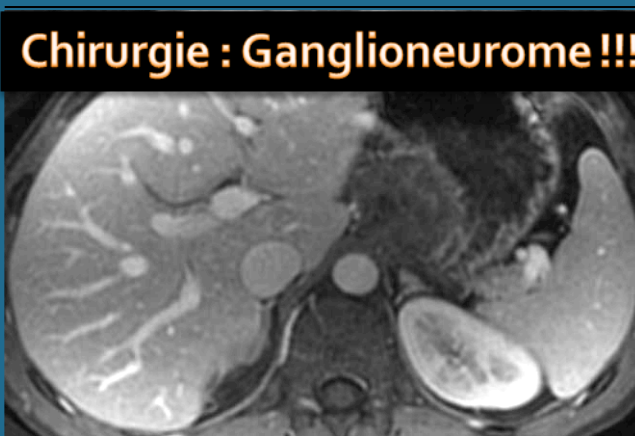
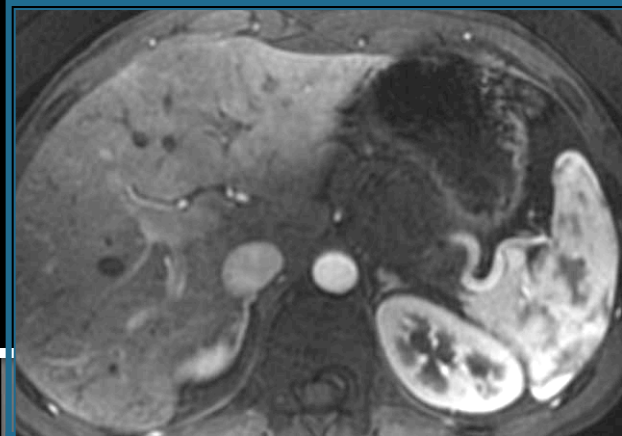
Jeune 29 ans  
Découverte fortuite d'une  
lésion du corps pancréatique.



# IRM

Tumeur pseudo papillaire ?

**Chirurgie : Ganglioneurome !!!**

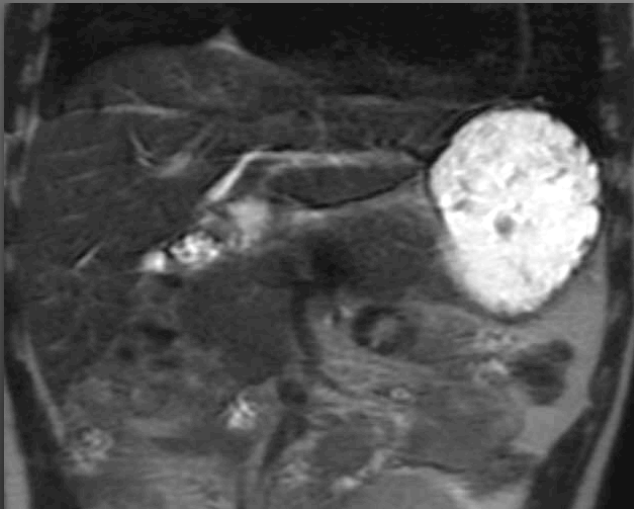
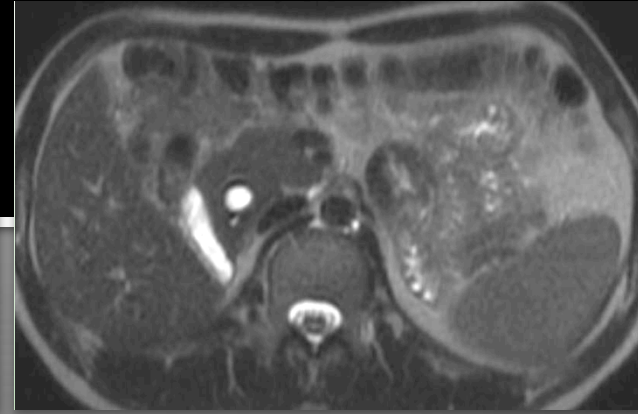
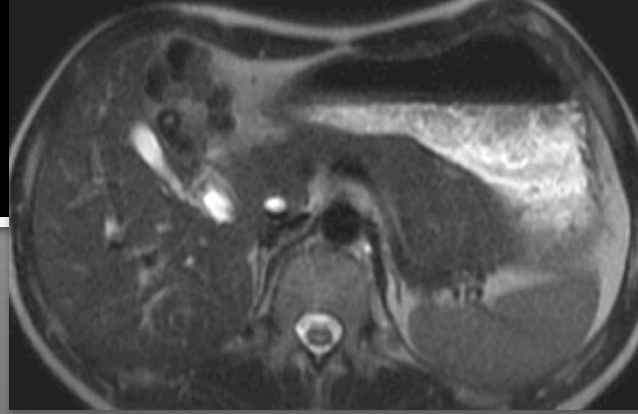
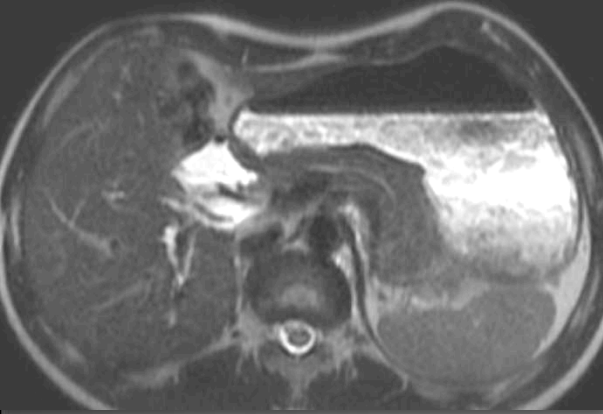


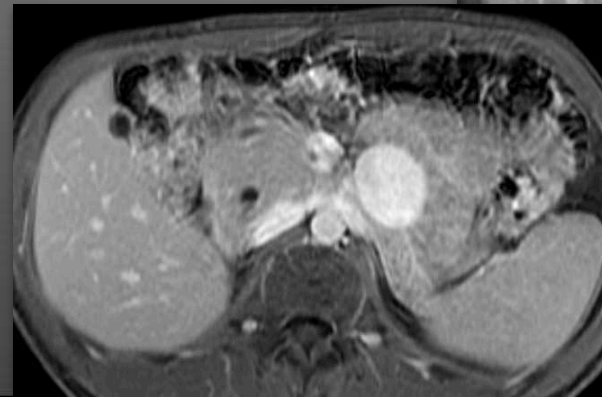
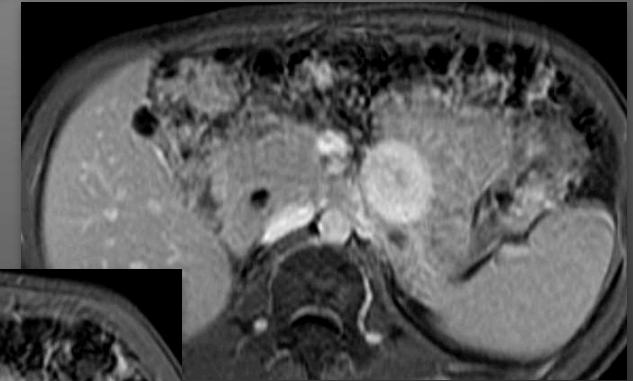
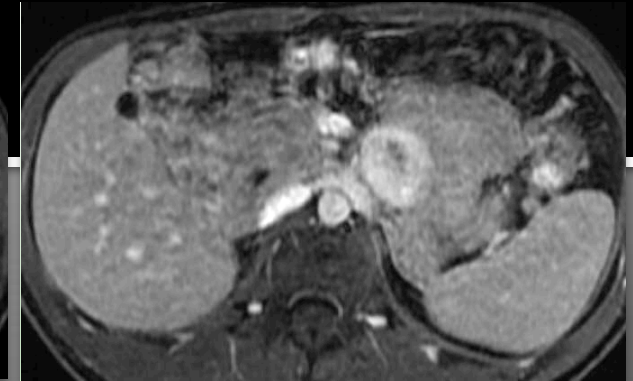
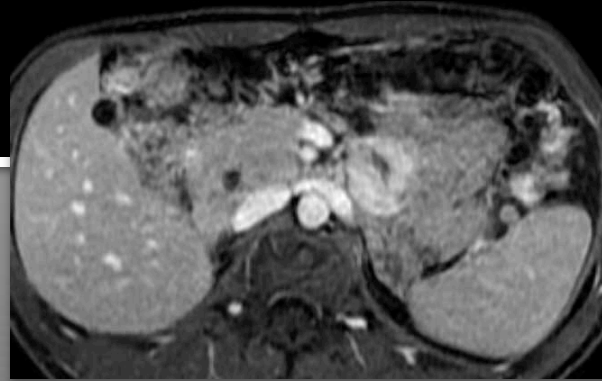
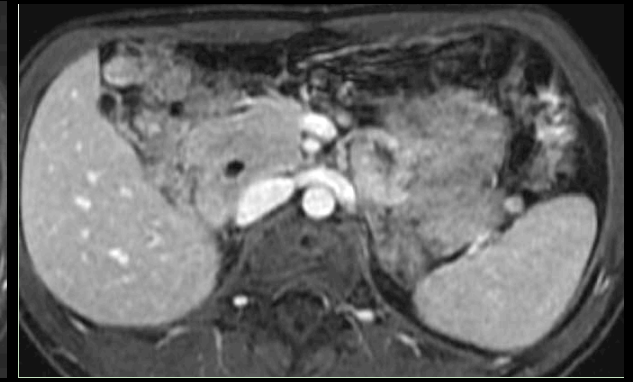
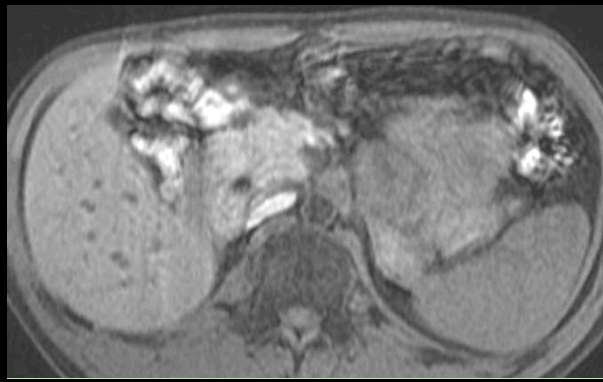
# Ganglioneurome

- Le ganglioneurome est une tumeur bénigne rare d'origine neuroectodermique plus fréquente chez le grand enfant et l'adulte jeune.
- Cette tumeur associe une prolifération de cellules de Schwann, ainsi que de cellules ganglionnaires matures.
- La localisation rétropéritonéale est la plus souvent retrouvée, suivie par les localisations médiastinales. Ces deux localisations représentent environ 60 % des cas.
- Les localisations surrénaliennes, pelviennes et cervicales, plus rares, sont possibles.
- Le ganglioneurome ne représente que 0,7 à 1,6 % des tumeurs rétropéritonéales primitives
- Tumeurs sont hypodenses sur les images scanographiques non injectées et ont une prise de contraste retardée au scanner et à l'IRM. Le ganglioneurome a également un hypersignal en T2.



Homme 21 ans  
Pancréatites aiguës à répétition

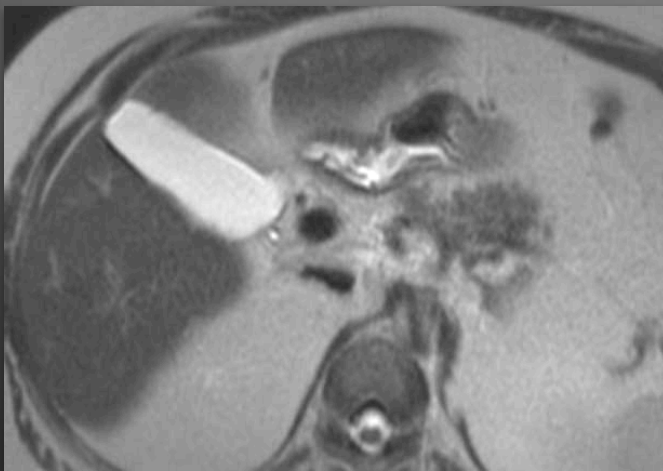
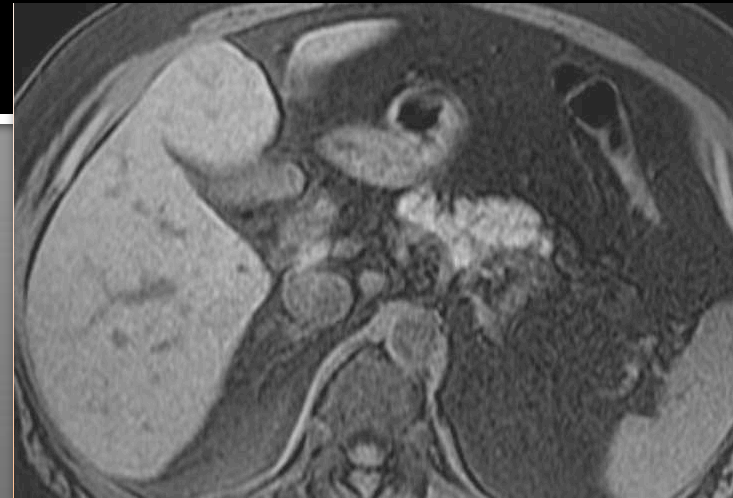
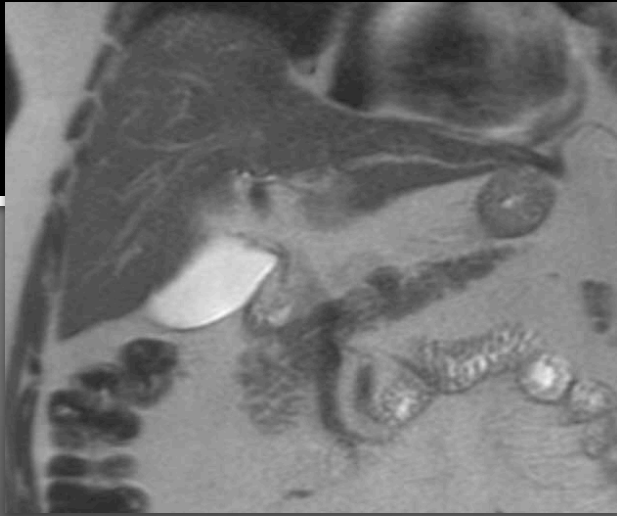


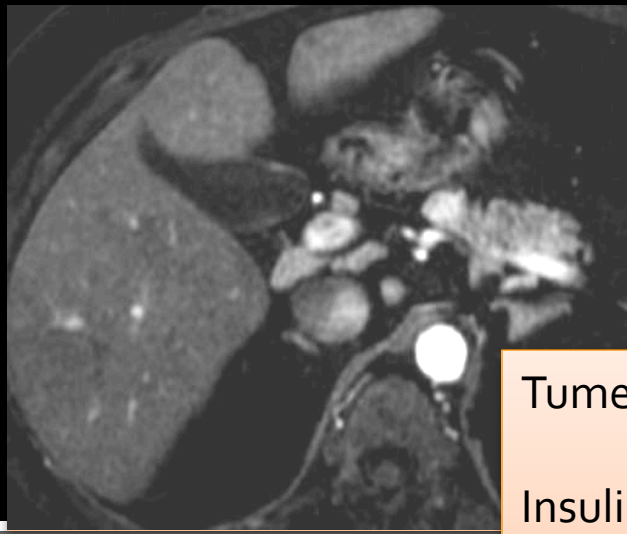


Prise de contraste intense.  
Tumeur endocrine pancréatique



Patiente 71 ans  
Malaises récidivants  
Douleurs abdominales

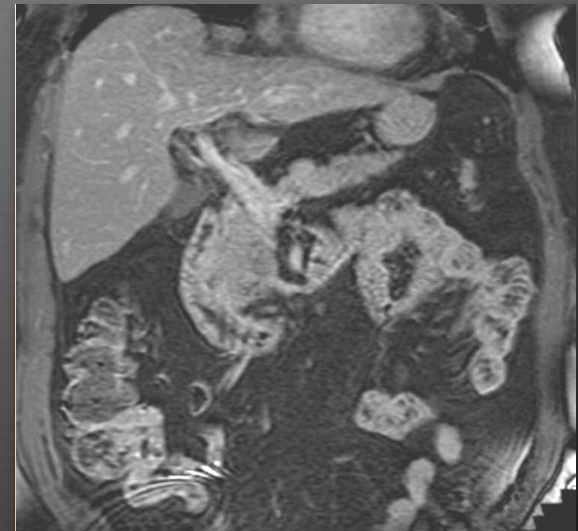




Tumeur endocrine.

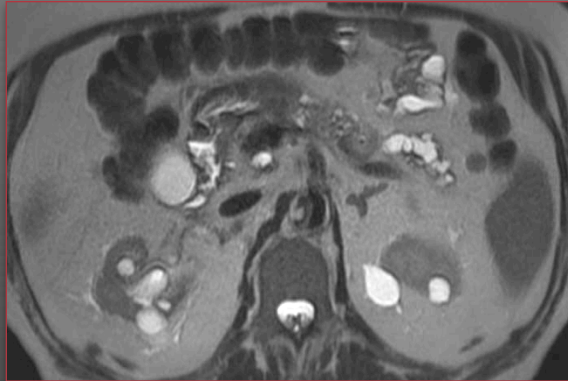
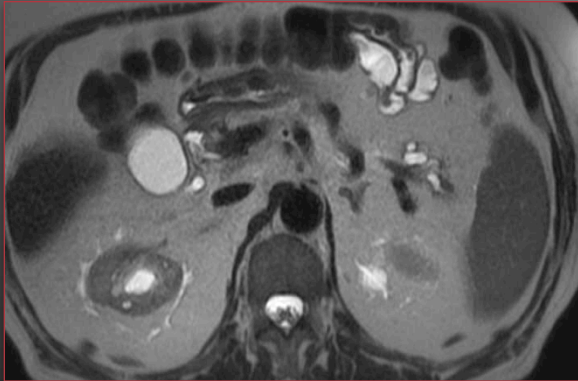
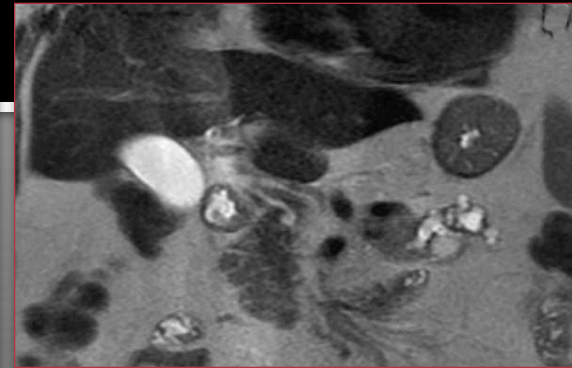
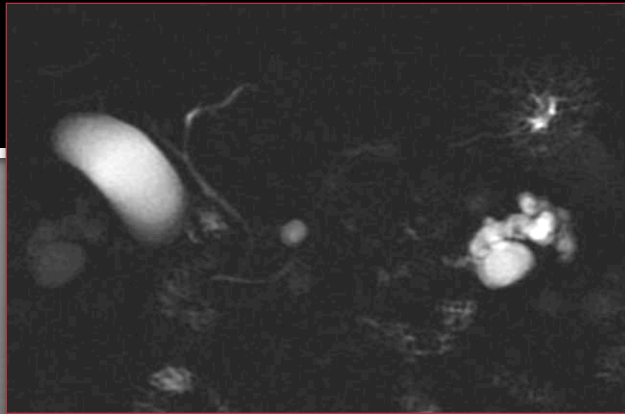
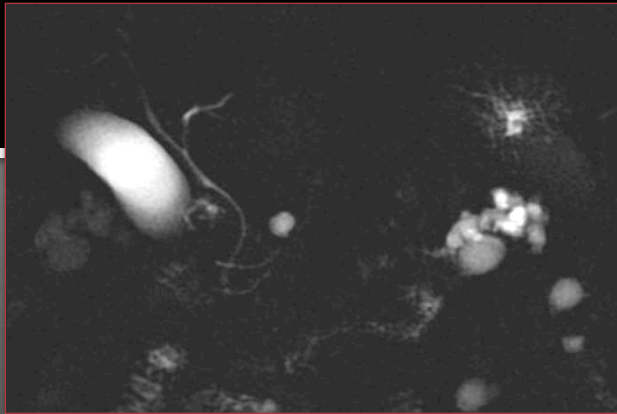
Insulinome ++ puis Gastrinome  
sont les plus fréquentes.

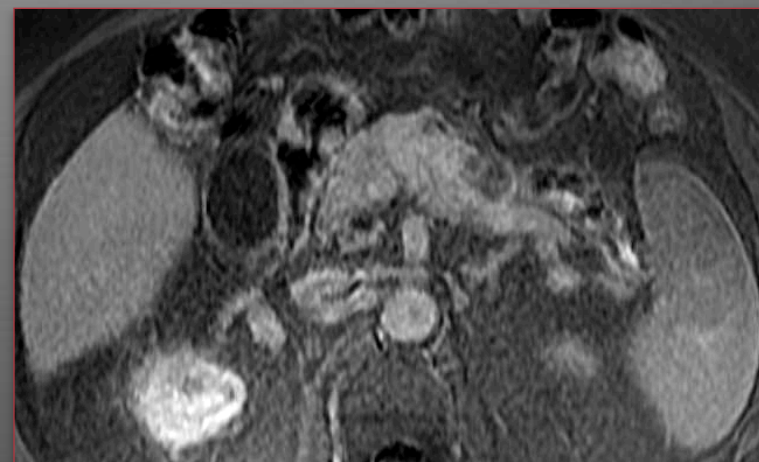
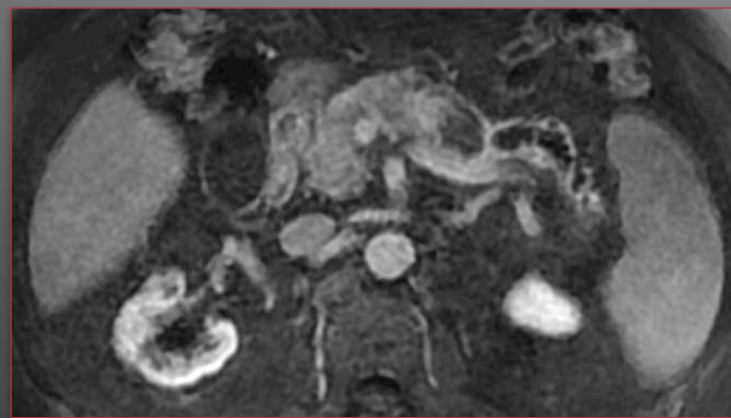
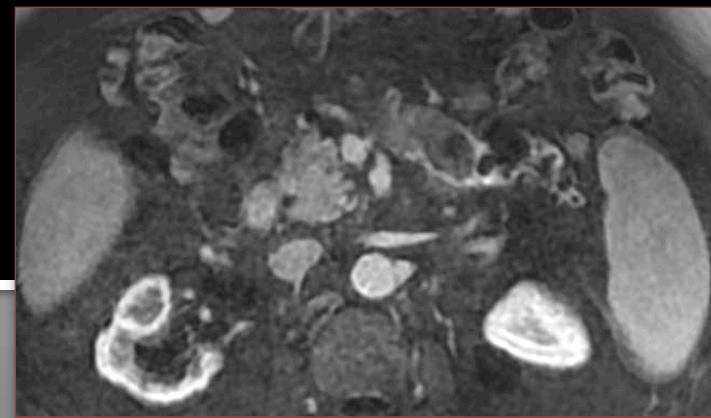
<10 % malignité : corrélé à la taille  
(100 % bénins si < 2 cm)





Homme 71 ans

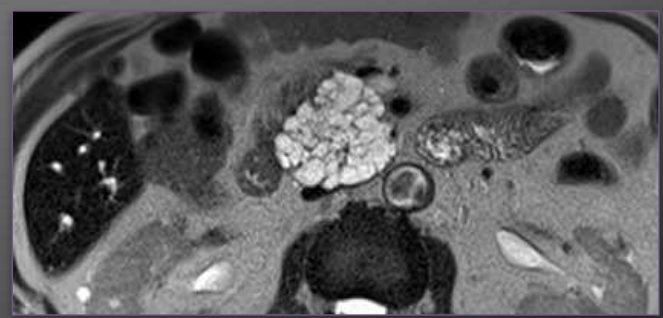
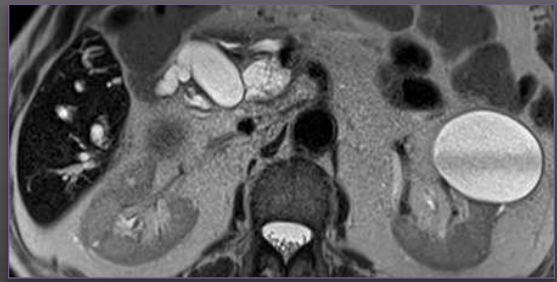
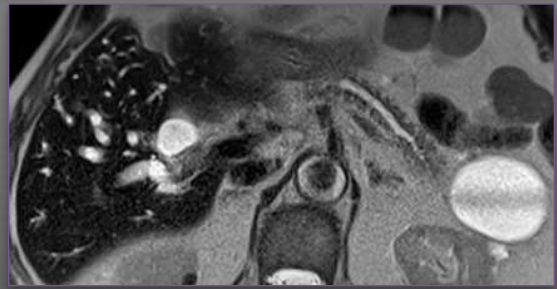
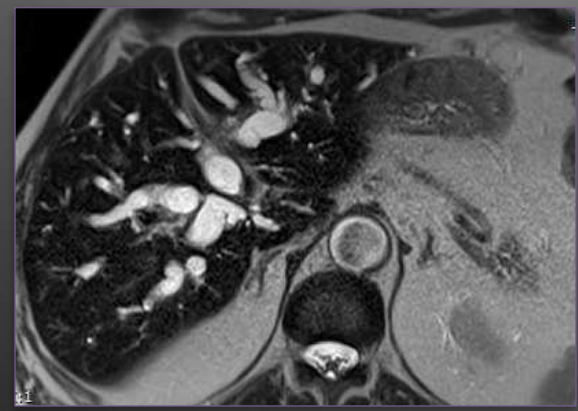
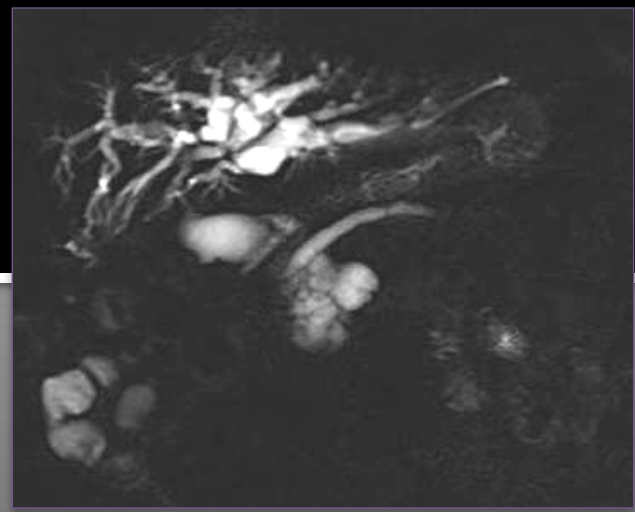


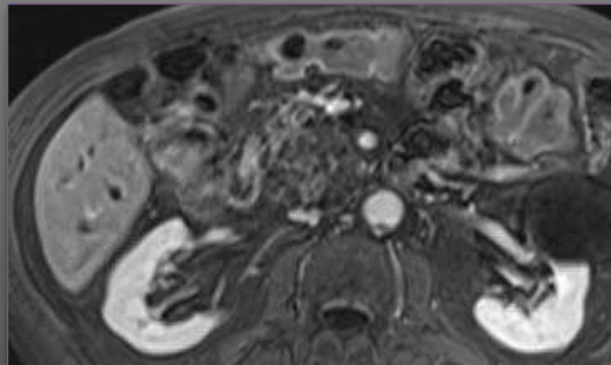
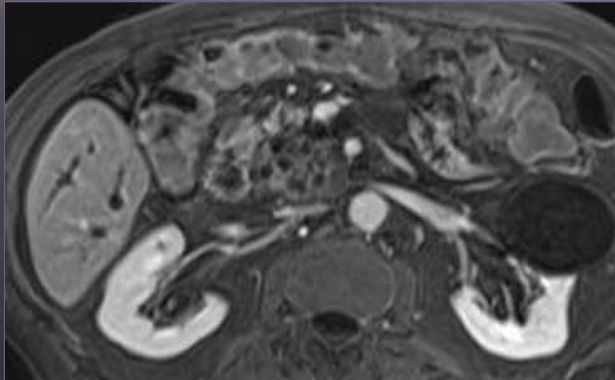
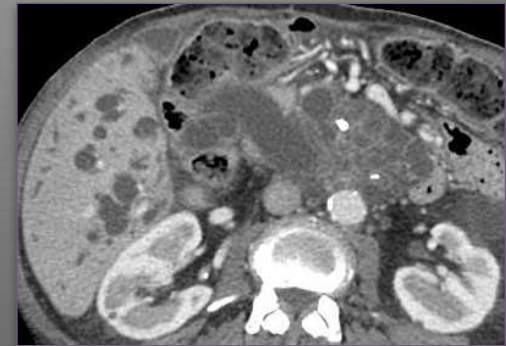
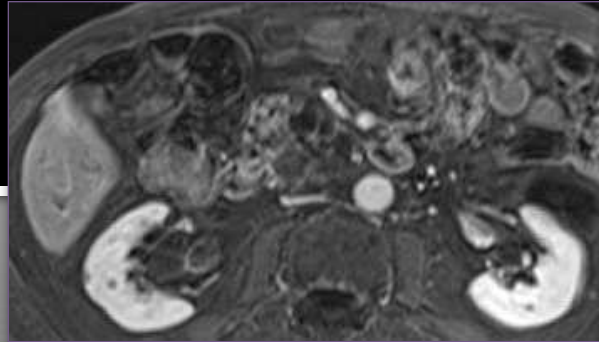
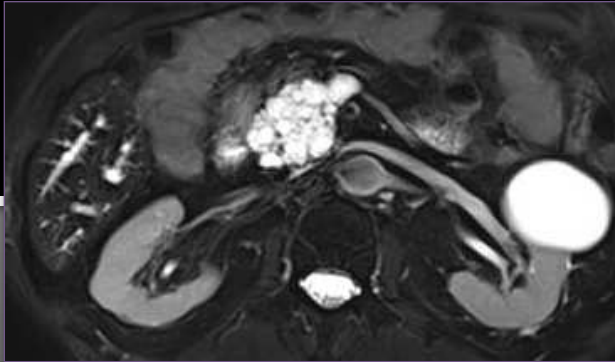


**Adénocarcinome corporeál**



Homme 78 ans  
Ictere

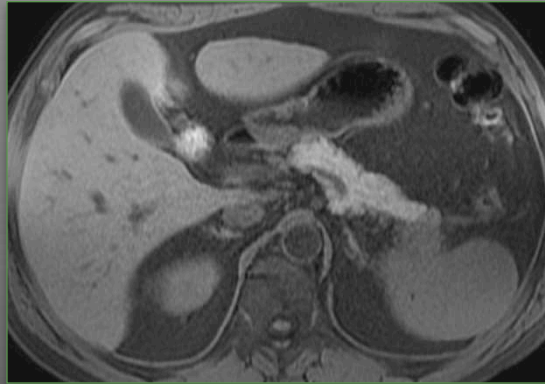
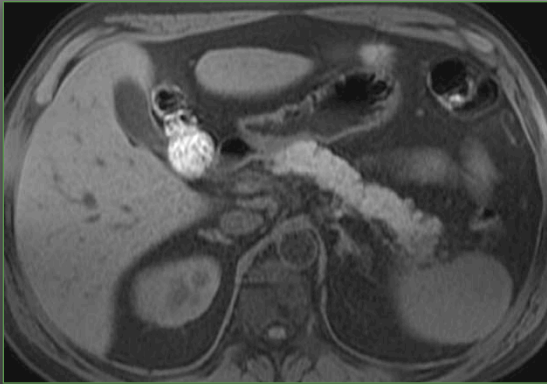




**Cystadénome séreux compressif**



Homme 44 ans  
Douleurs abdominales  
lésions hépatiques à l'écho

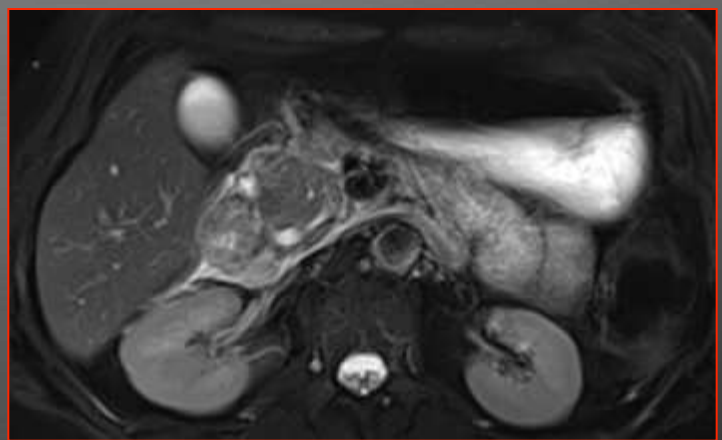
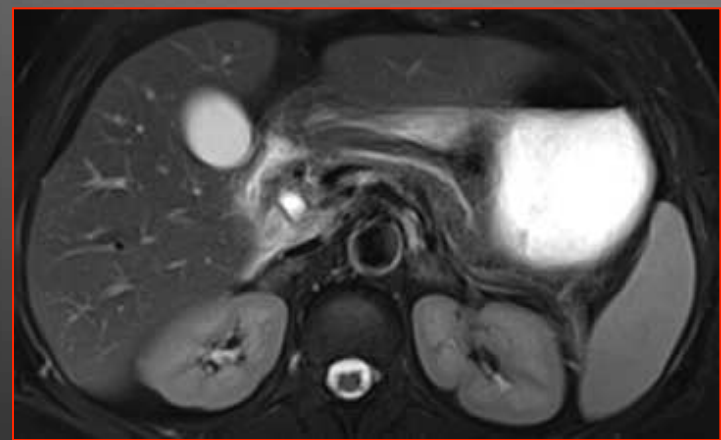
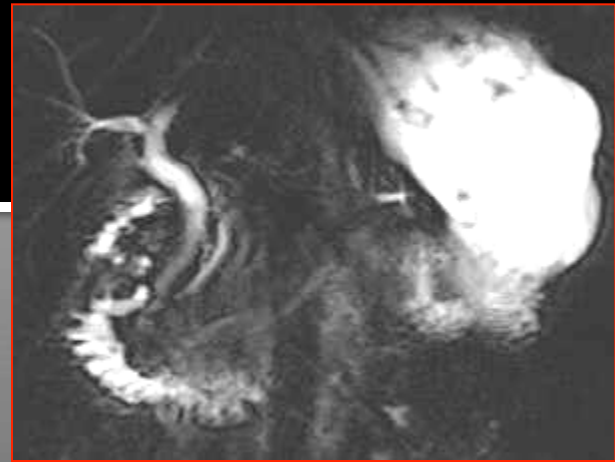
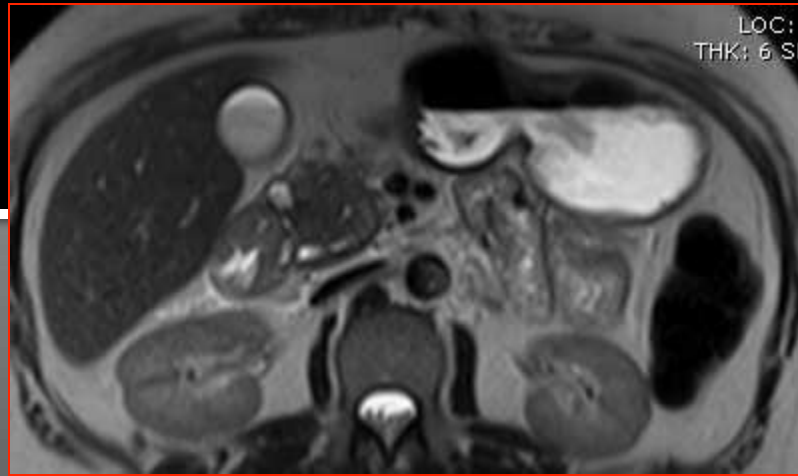


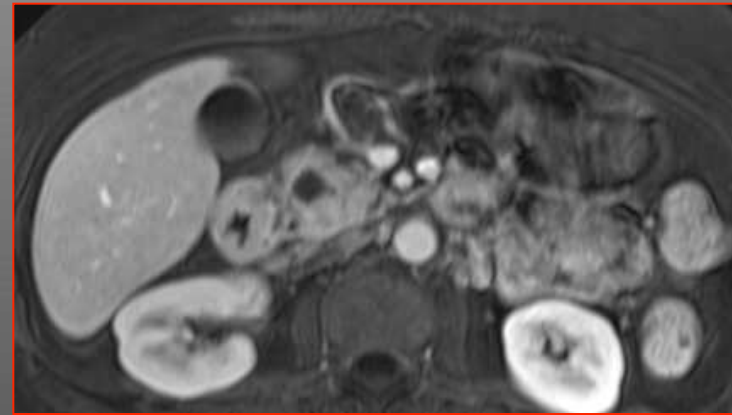
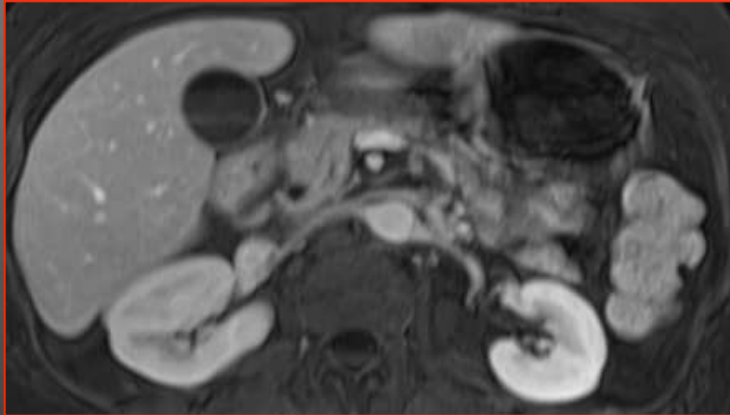
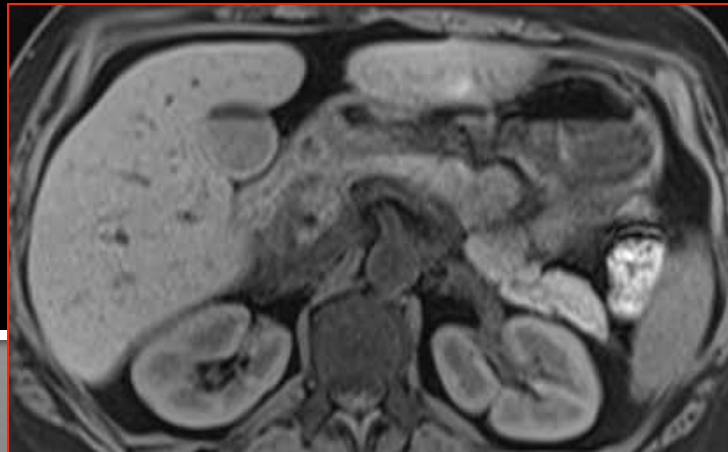


**Tumeur endocrine caudale  
Métastases hépatiques**



Femme 44 ans  
Douleur abdo





**Pancréatite du sillon**