



IRM Pancréas

Protocole d'exploration-Variantes anatomiques

Plan

- ▶ Lésion kystique du pancréas : détection, caractérisation, place de l'IRM et limites. Conduite à



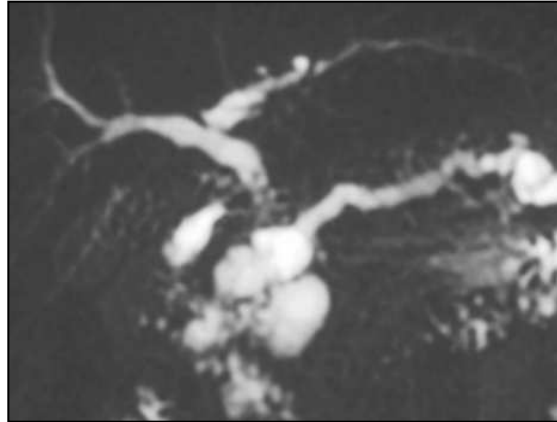
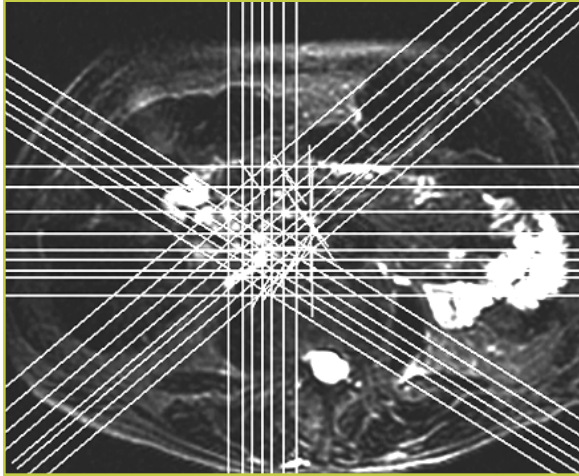
Protocole d'exploration

- ▶
 - Radiaires autour de la VBP : 20 mm (SS FSE Te long)
 - ▶ Axiales 20 mm : SS FSE Te eff long
 - ▶ Axiales : SS FSE Te eff court (7 mm)
 - ▶ **3D MRCP ++++++**
- ▶ Séquences 3D EG T1 sans injection
 - ▶ Centrées sur pancréas
 - ▶ Coupes fines : 2 mm
- ▶ Séquences 3D EGT T1 : trois phases après injection de gadolinium
 - ▶ Centrées sur pancréas
 - ▶ Coupes fines : 2 mm

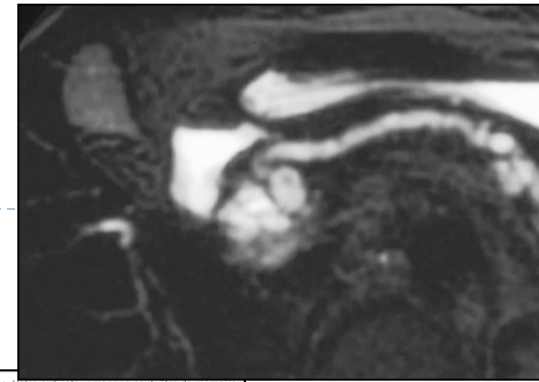


Protocole d'exploration

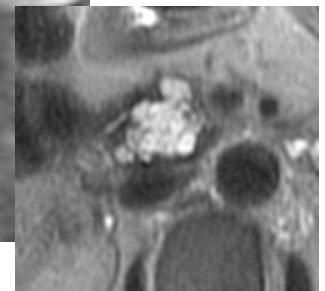
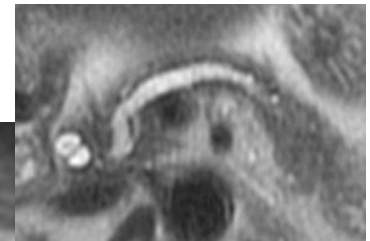
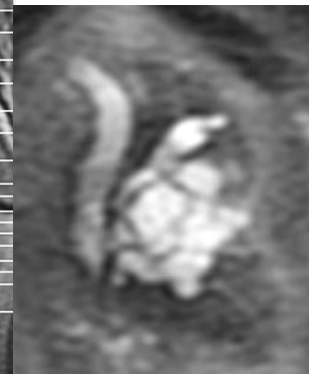
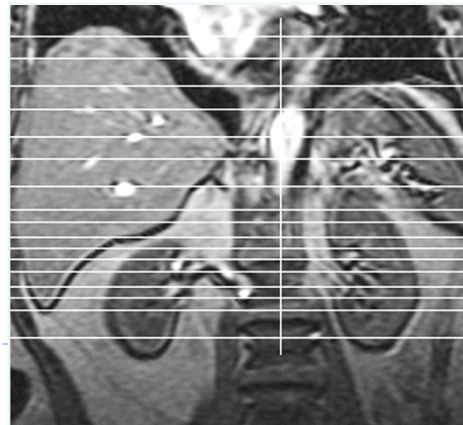
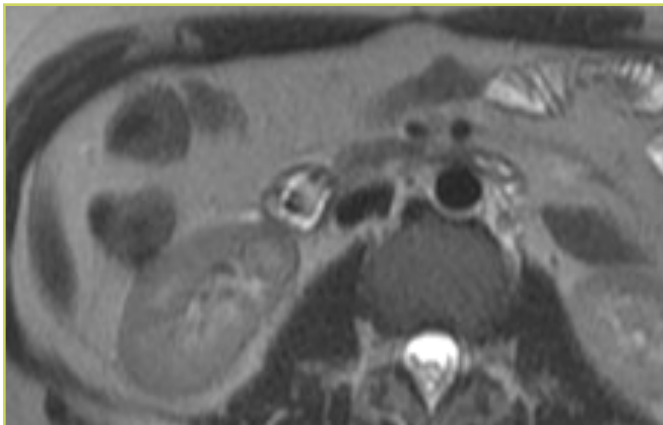
Radiaires SS FSE Te eff long



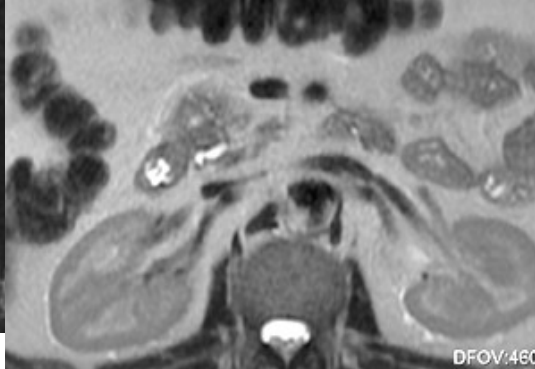
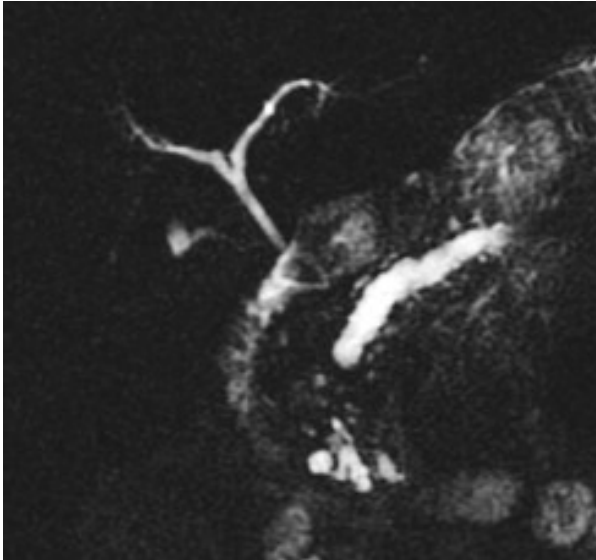
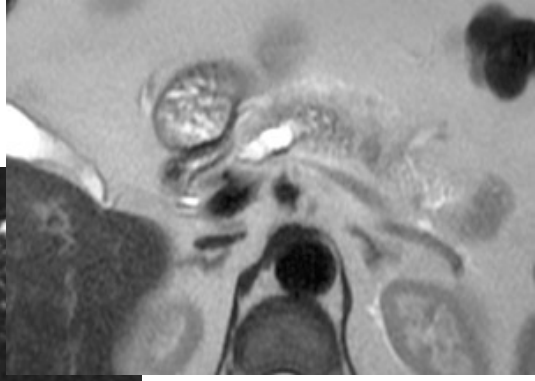
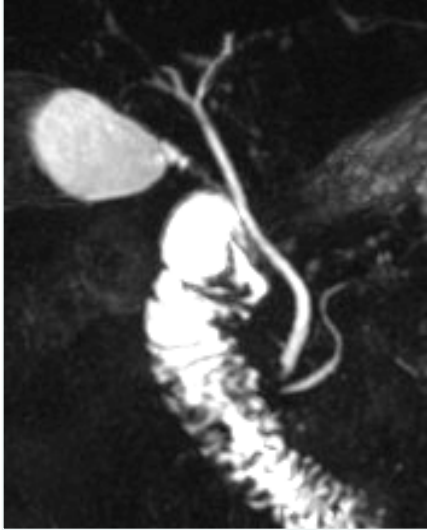
Impossible d'afficher l'image. Votre ordinateur manque peut-être de mémoire pour ouvrir l'image ou l'image est endommagée. Redémarrez l'ordinateur, puis ouvrez à nouveau le fichier. Si le x rouge est toujours affiché, vous devrez peut-être supprimer l'image avant de la réinsérer.



Ax SS FSE Te eff court

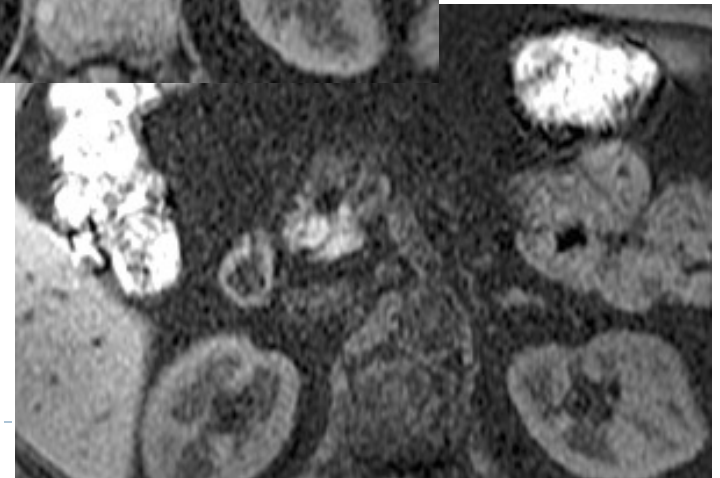
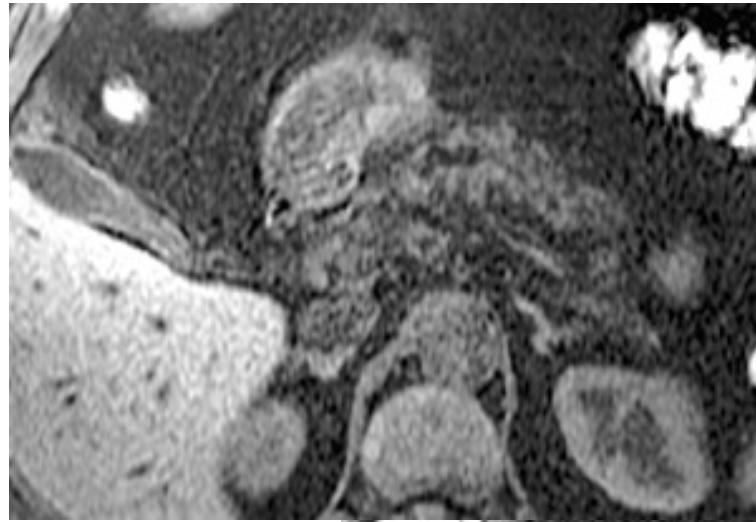
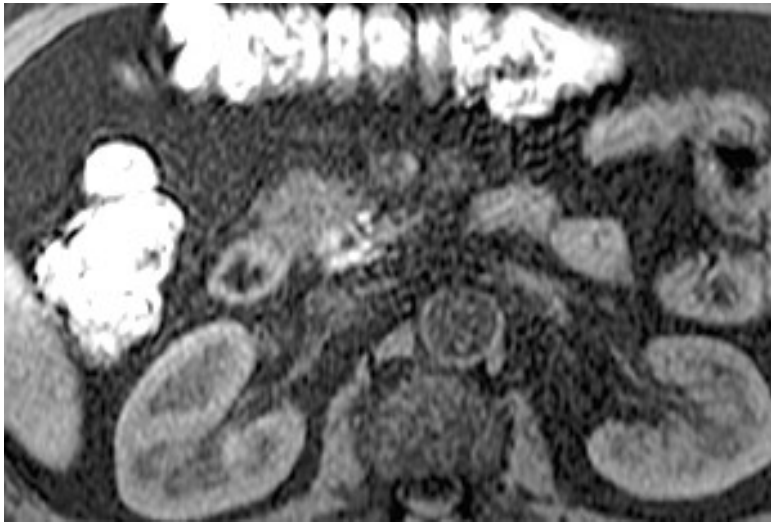


Protocole d'exploration

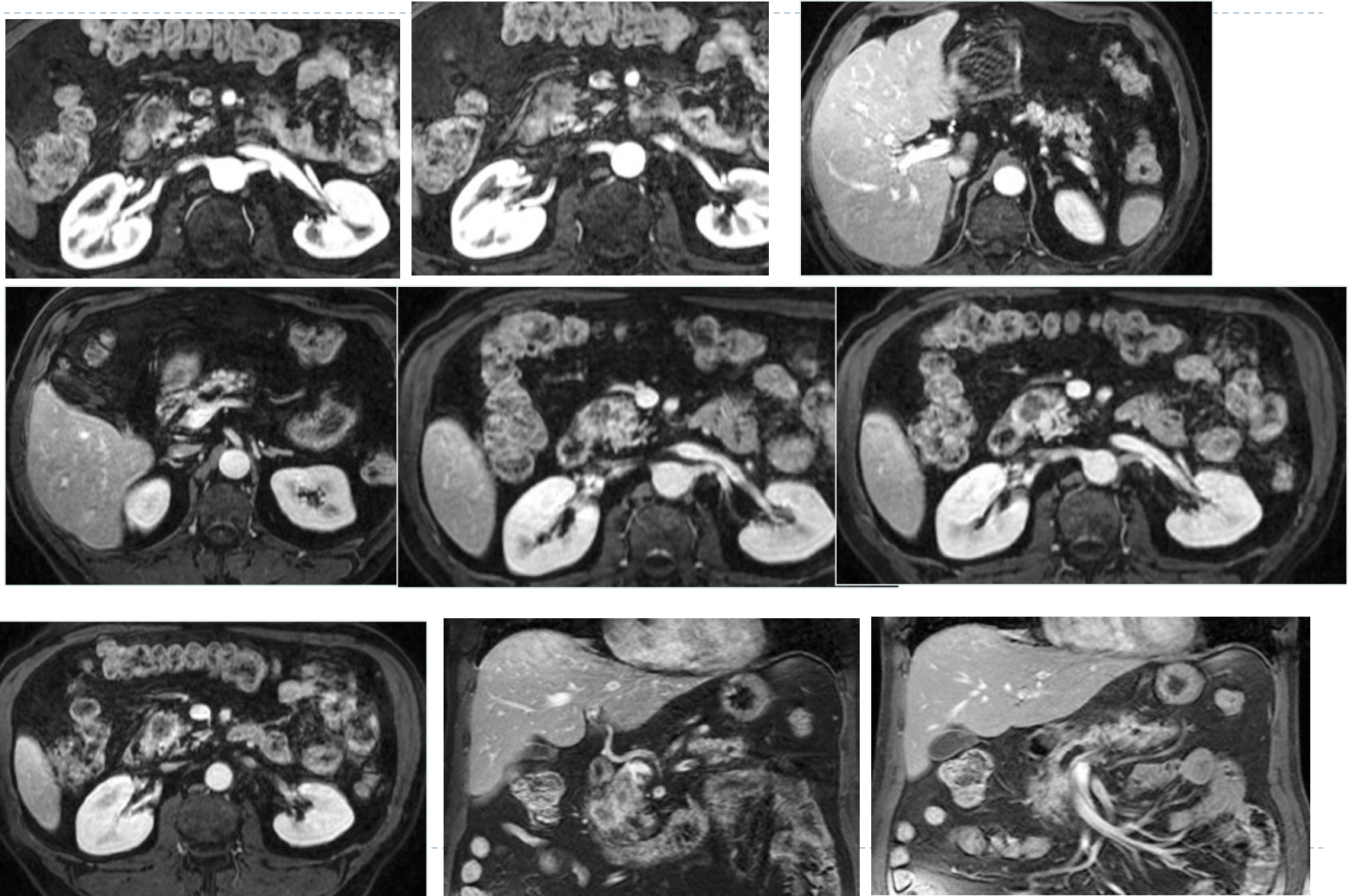


Protocole d'exploration

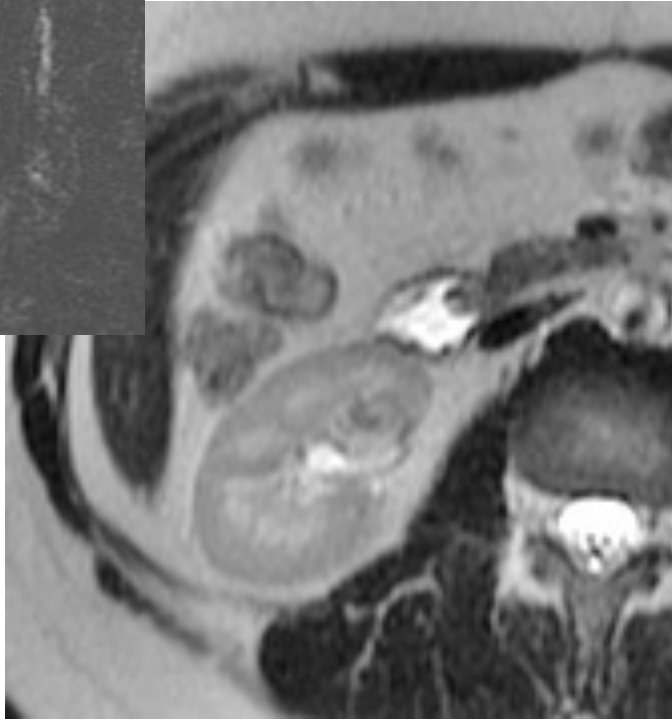
3D EG T1 avec saturation de graisse



Protocole d'exploration



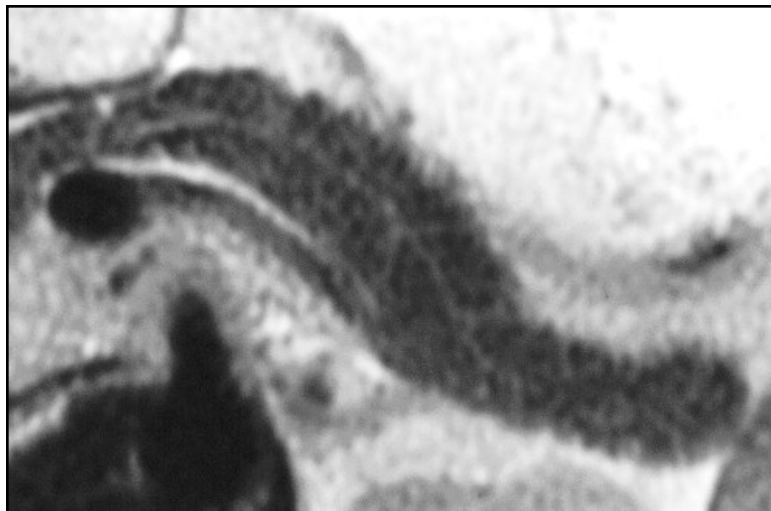
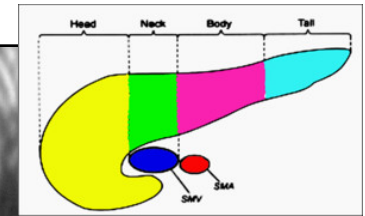
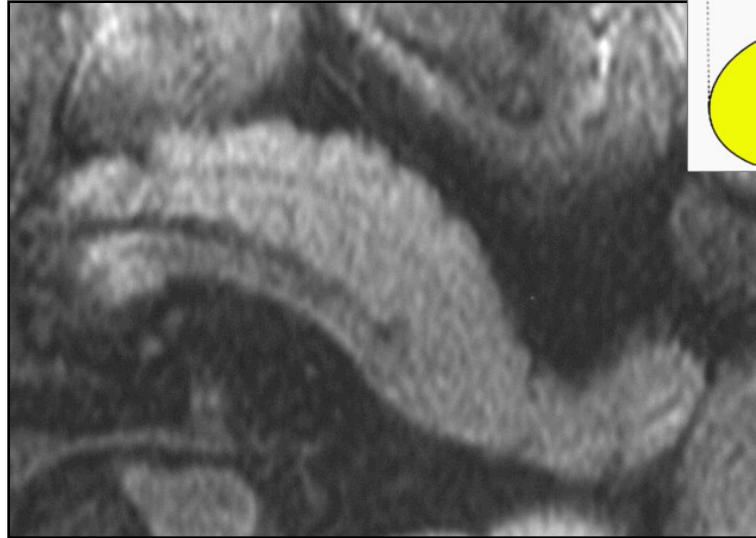
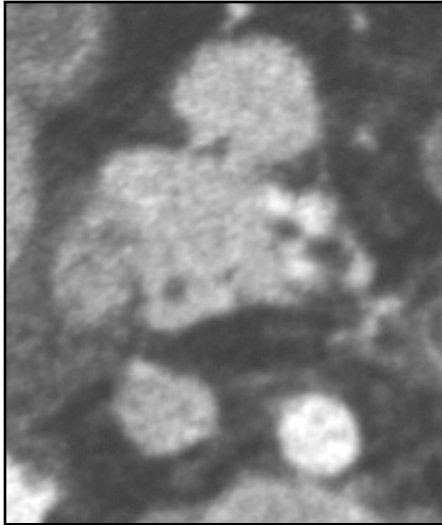
Protocole d'exploration



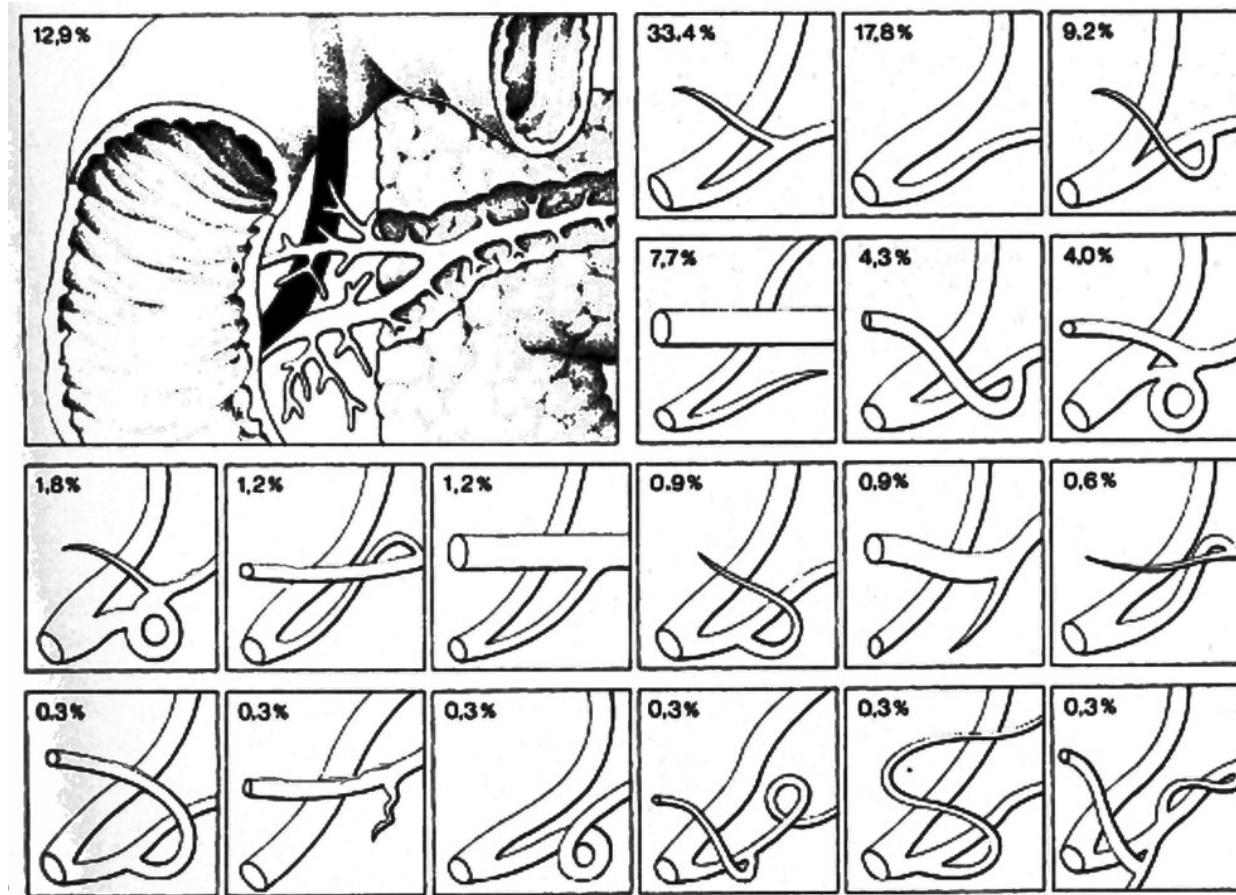
Variantes anatomiques

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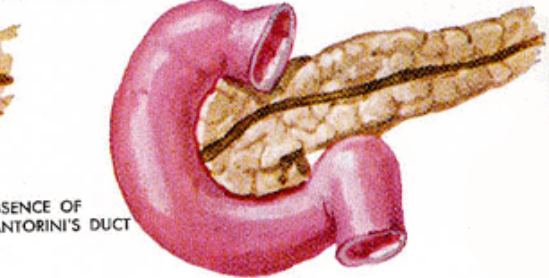
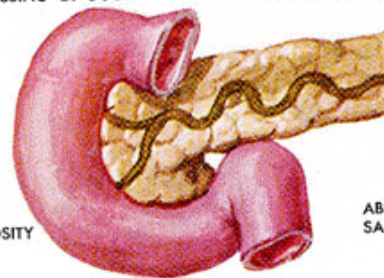
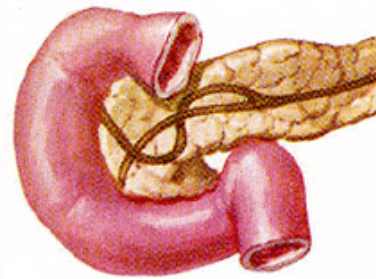
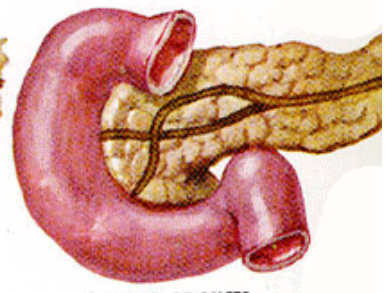
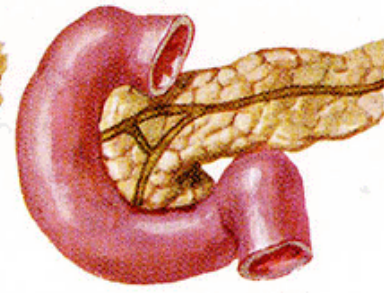
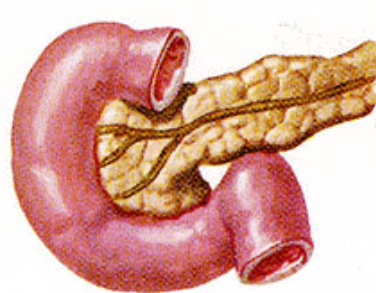
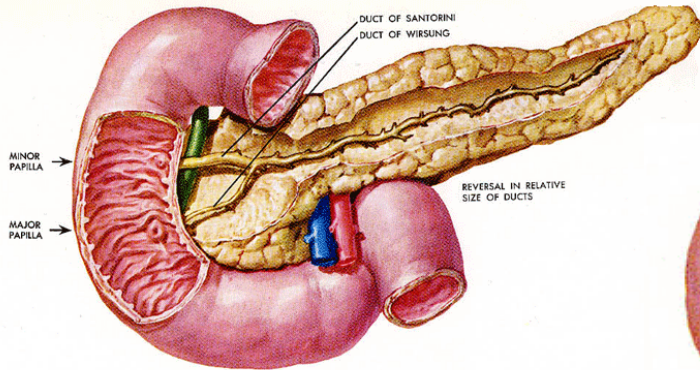
Tubercule omental du pancréas



Variantes anatomicas



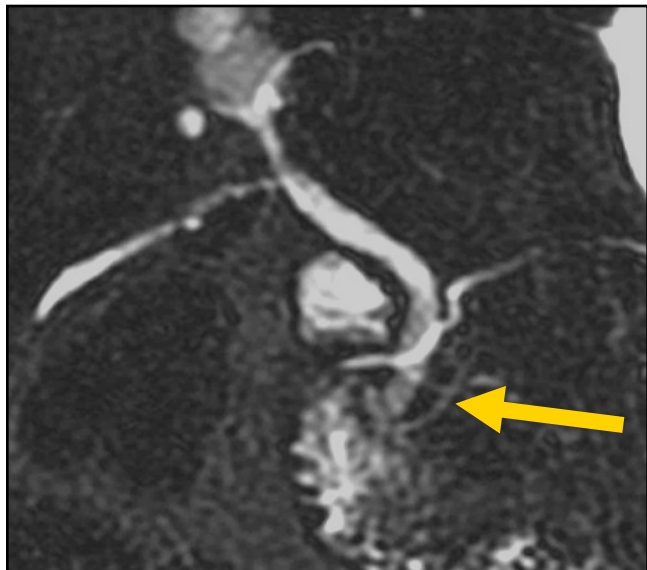
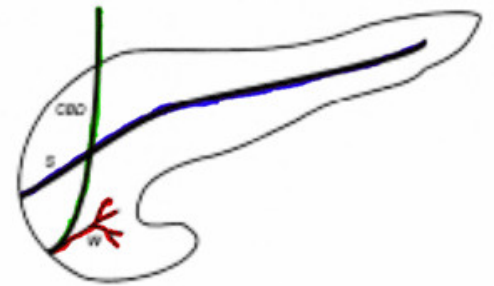
Variantes anatomiques



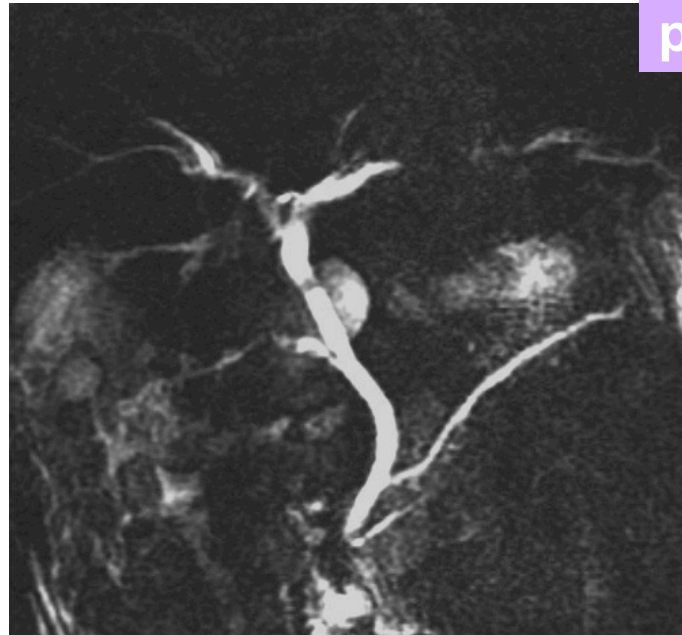
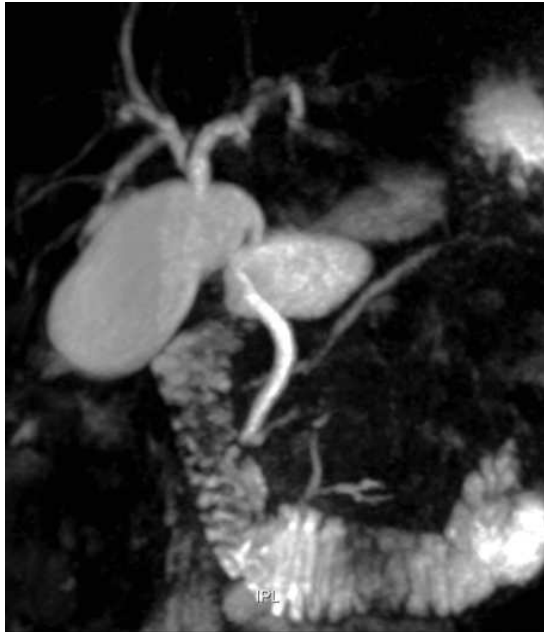
Variantes anatomiques



pancréas divisum



Variantes anatomiques



pancréas divisum

coupe épaisse

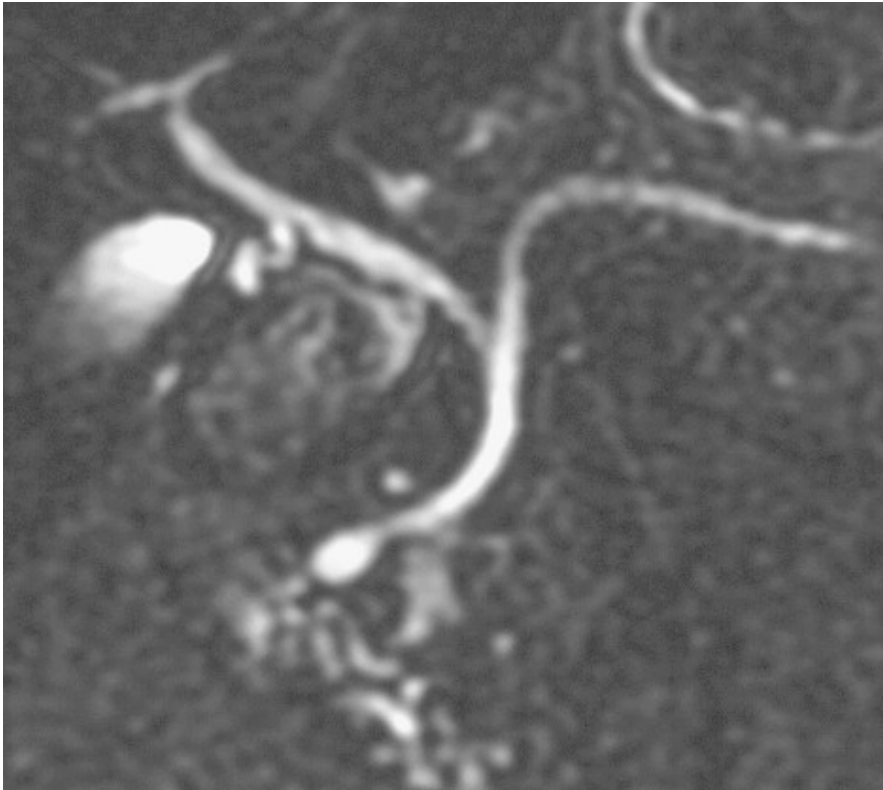


Variantes anatomiques

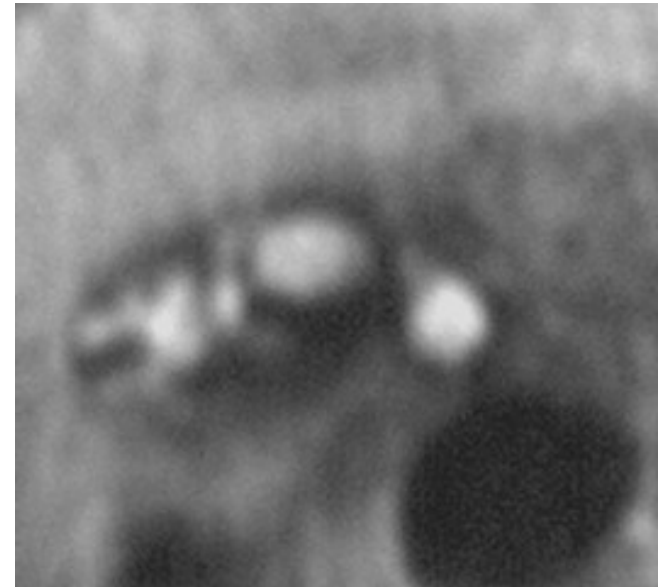
pancréas divisum



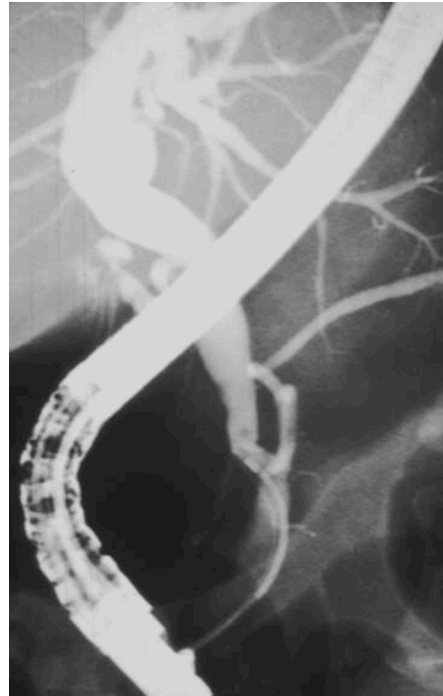
Variantes anatomiques



Santorinicèle



Variantes anatomiques

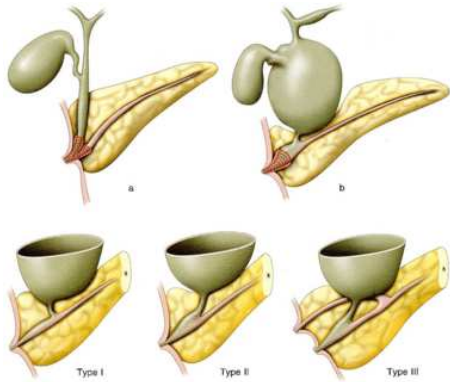


**canal commun long (long common channel)
± angle de jonction des canaux bilio-pancréatiques anormal**

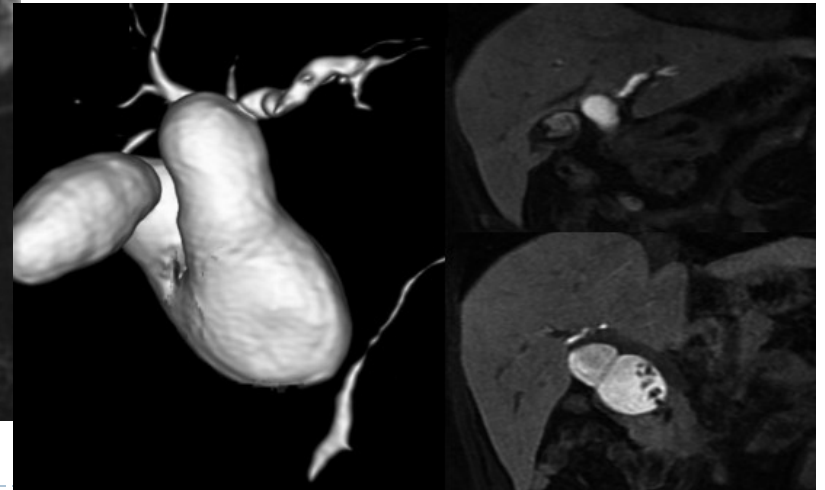
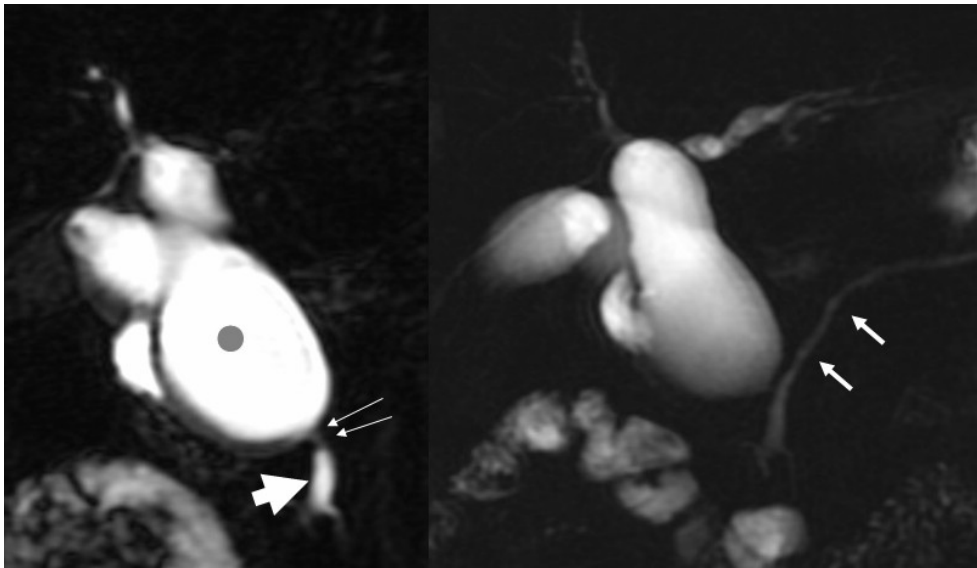
**pathogénie des kystes du cholédoque (reflux pancéato-biliaire)
pancréatites aiguës ??
lithogénèse dans la VBP ???**



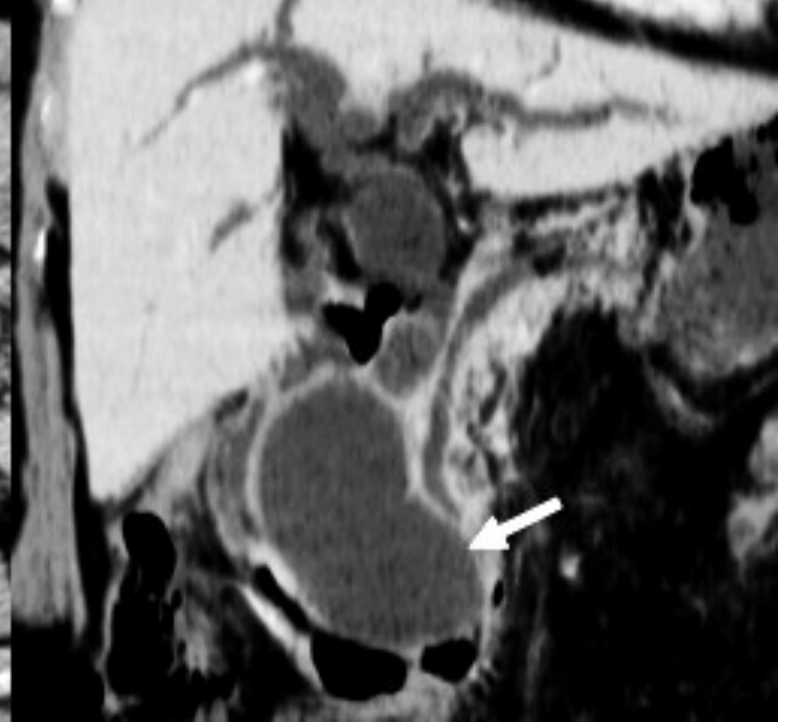
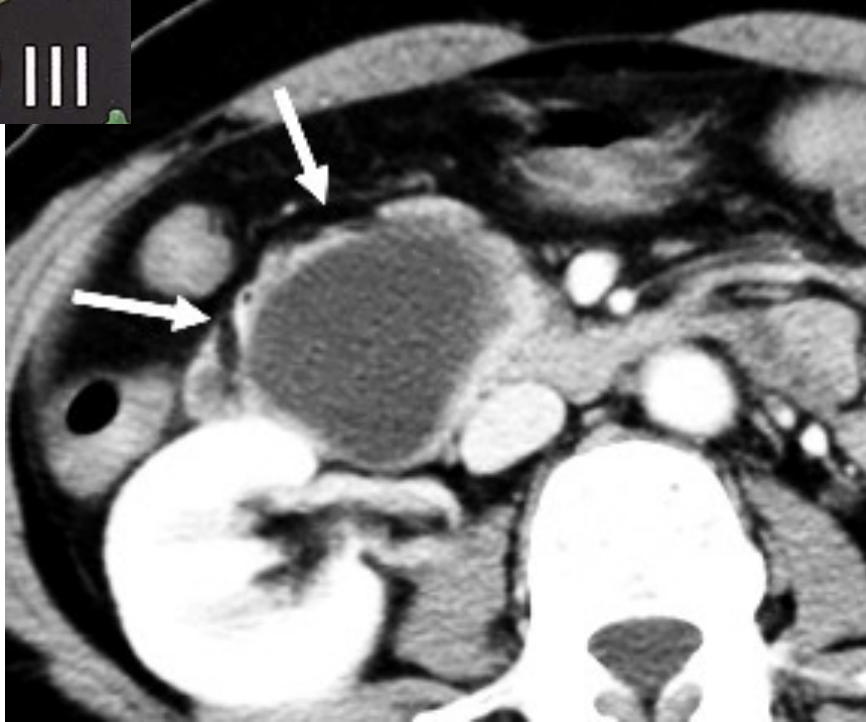
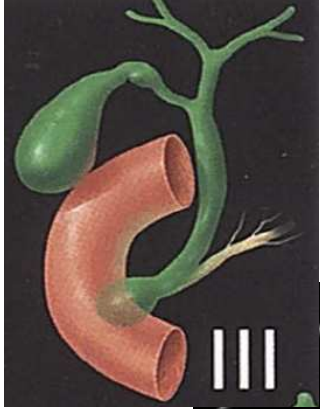
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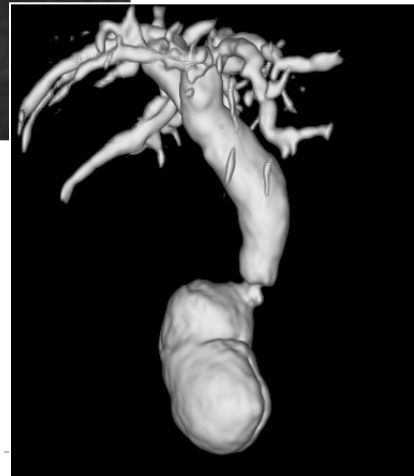
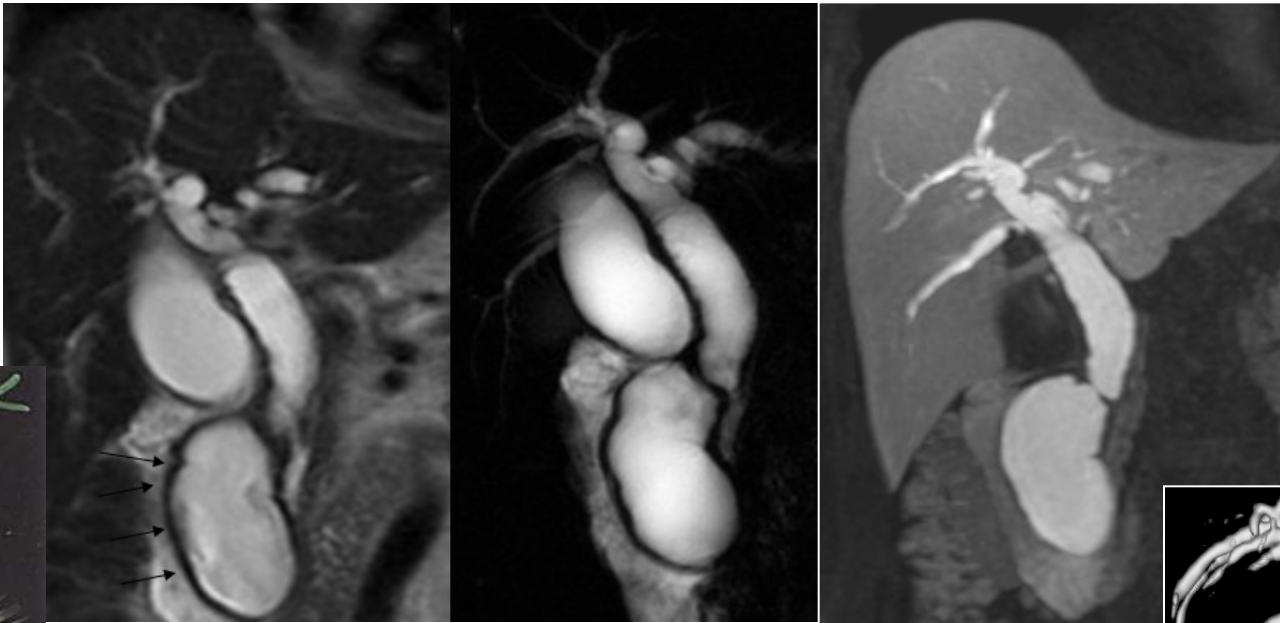
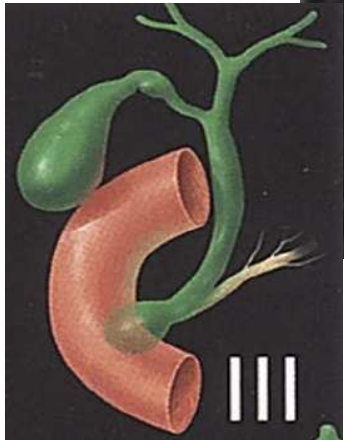
long common channel



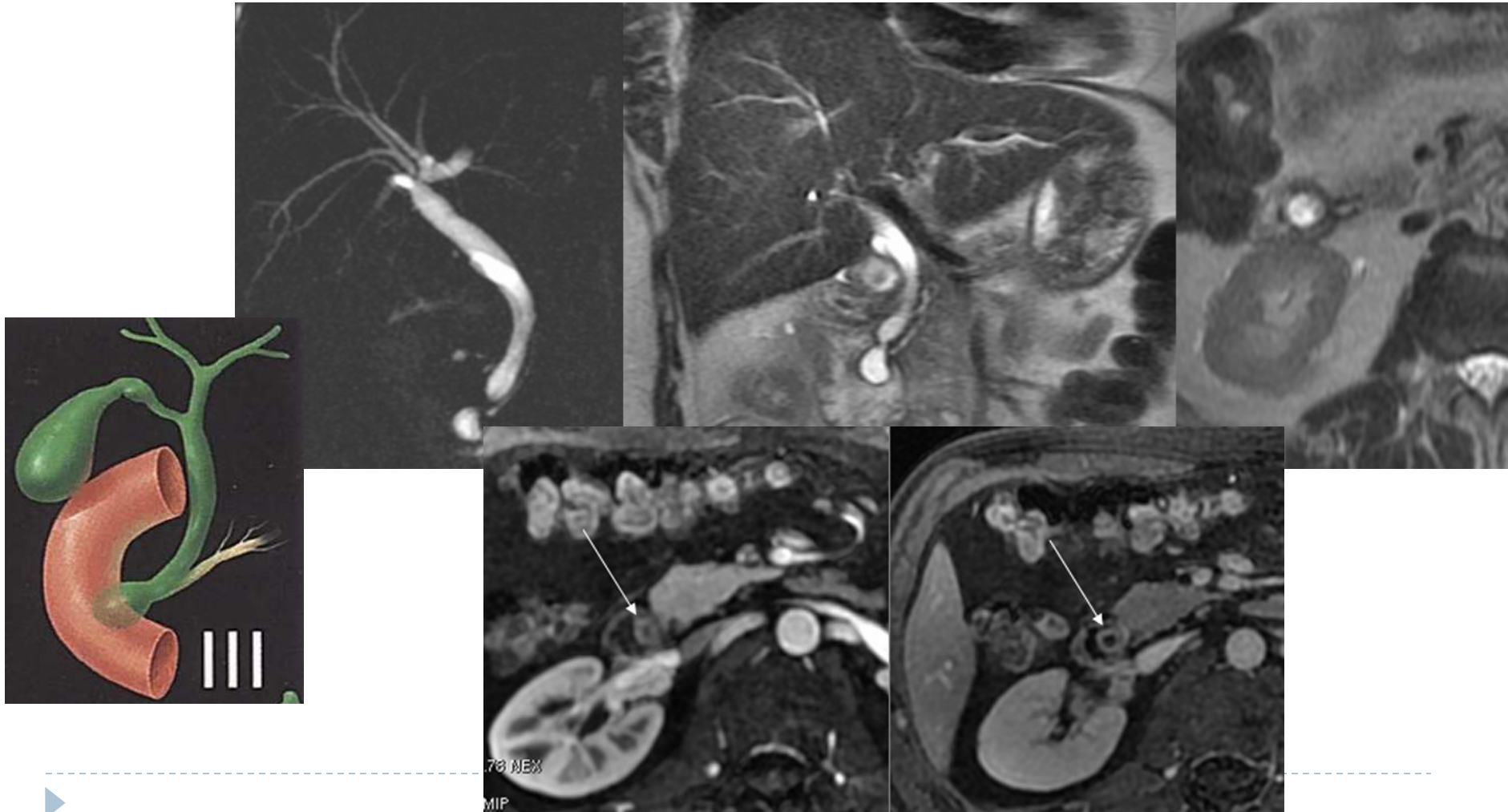
Variantes anatomiques



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Variantes anatomicas



Etapes de l'interprétation

▶ Canal pancréatique principal

- ▶ Aspect normal
- ▶ Variantes anatomiques : parenchymateuses, et canalaies
- ▶ Abouchement ampoule hépato pancréatique
- ▶ Pathologique :
 - ▶ Dilatation complète
 - ▶ Dilatation segmentaire ?
 - Dilatation associée des canaux secondaires ?
 - ▶ Sténose complète voire disparition

▶ Etat du parenchyme pancréatique

- ▶ Aspect normal : hyper T1 avec lobulations
- ▶ Atrophique
- ▶ Disparition des lobulations avec coque fibreuse

▶ Analyse de la jonction bilio pancréatique

▶ Analyse du bas cholédoque
