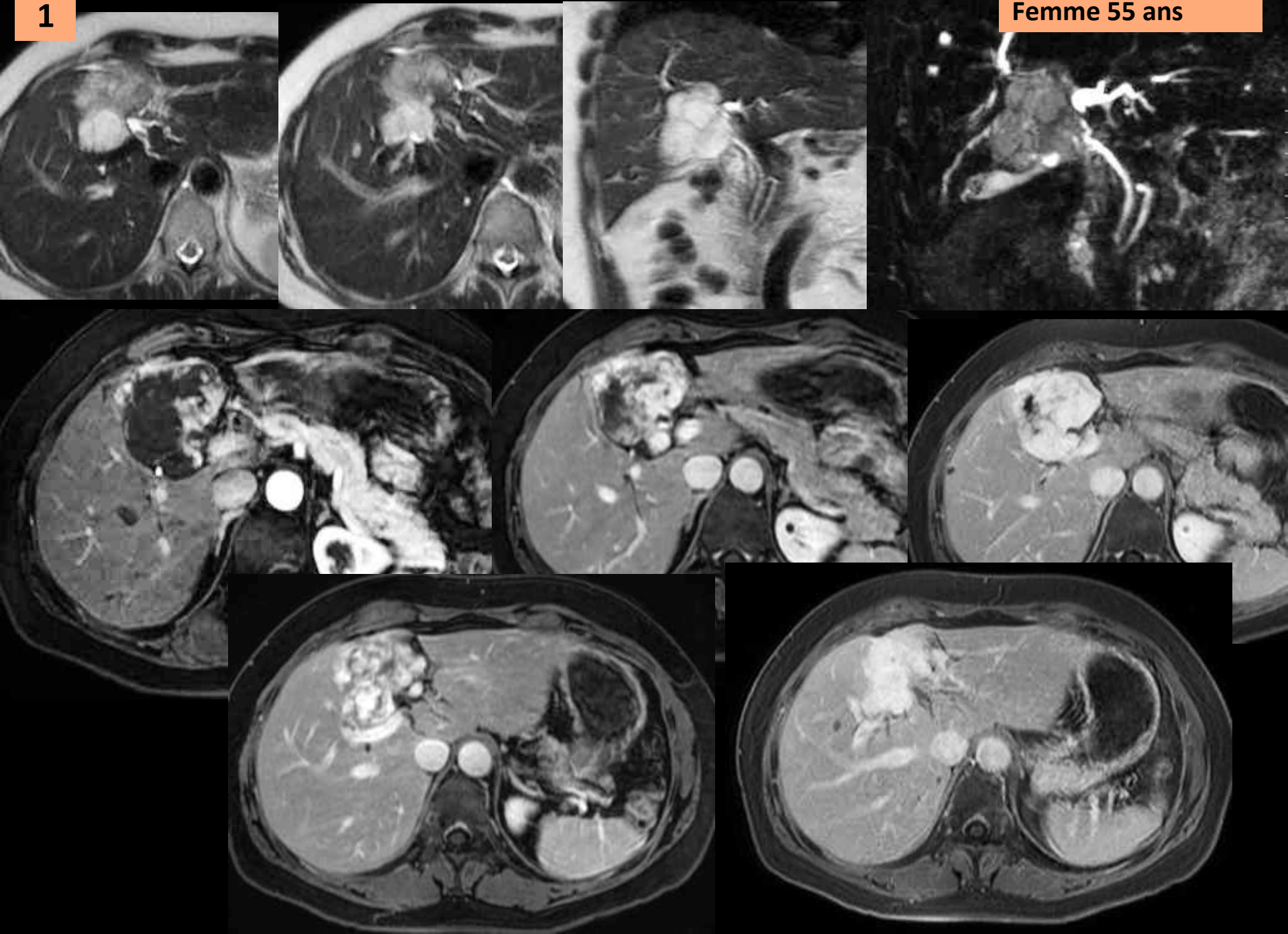


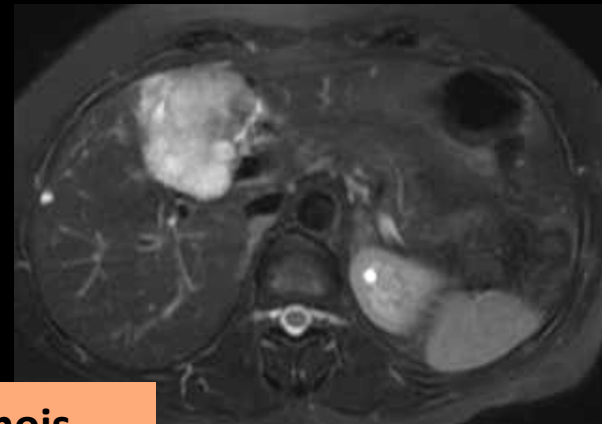
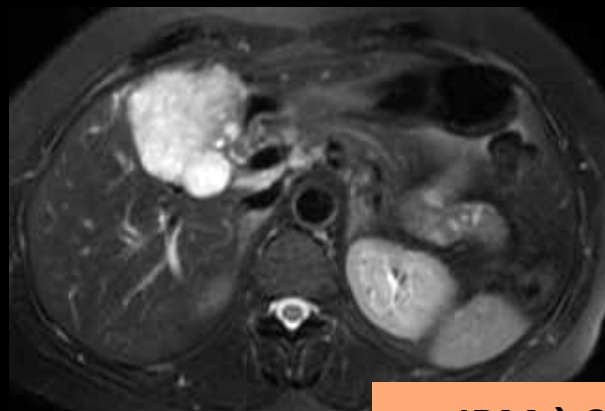
Teaching File

FOIE niveau D

1

Femme 55 ans





hémangiome

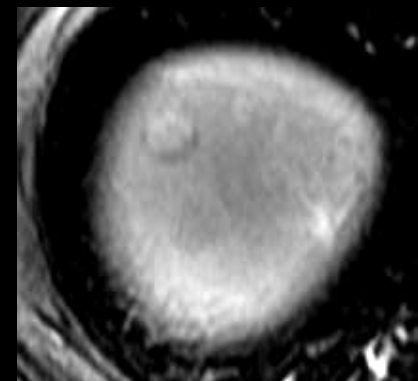
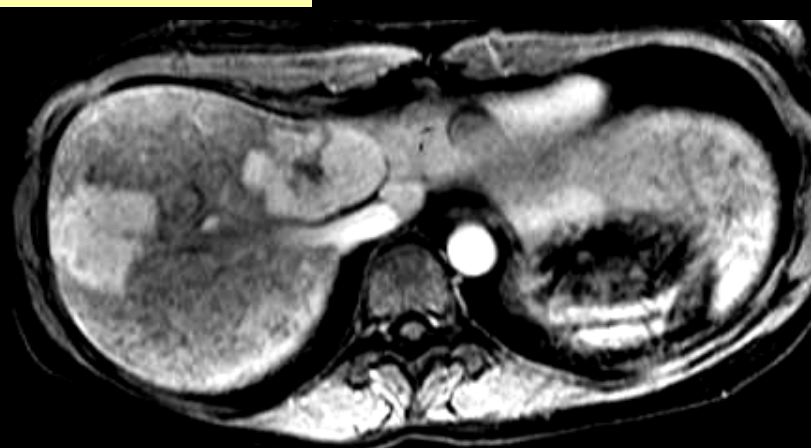
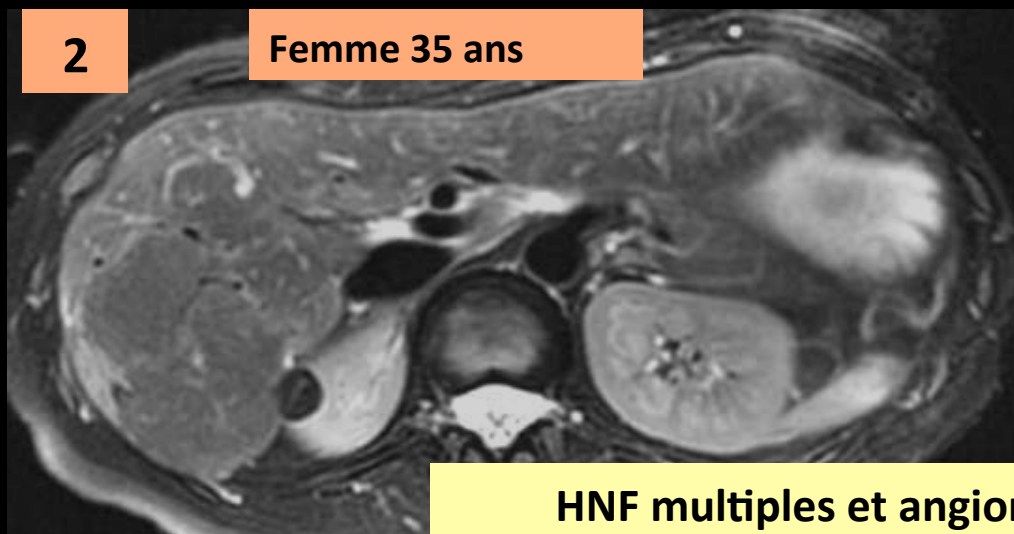
IRM à 3 mois



2

Femme 35 ans

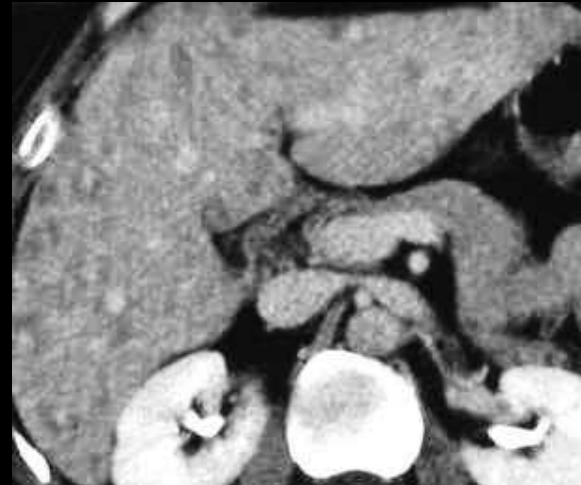
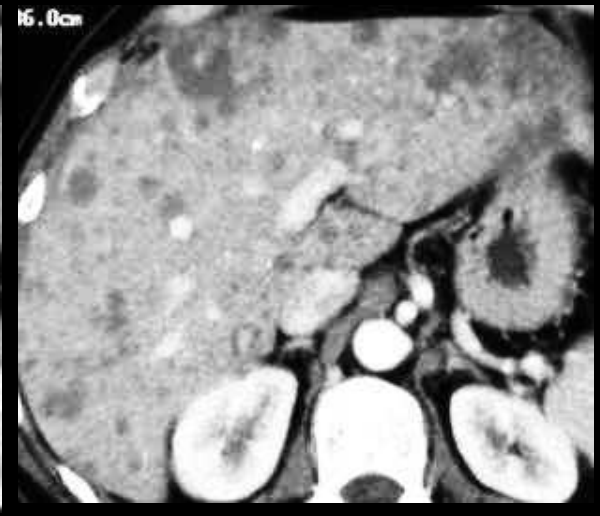
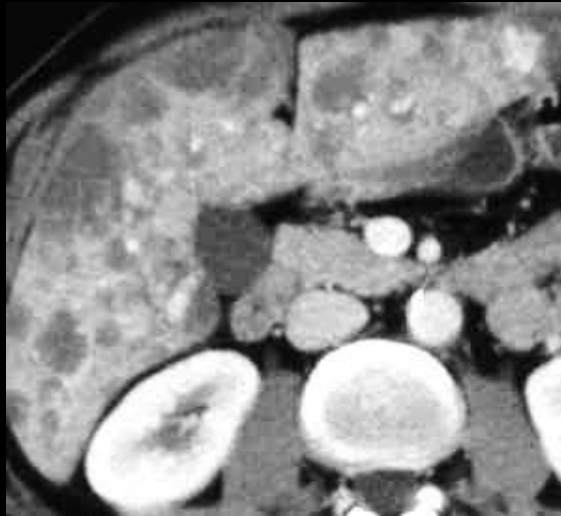
HNF multiples et angiome du dôme

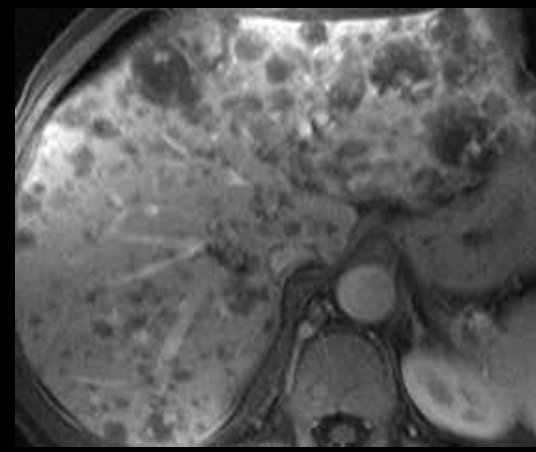
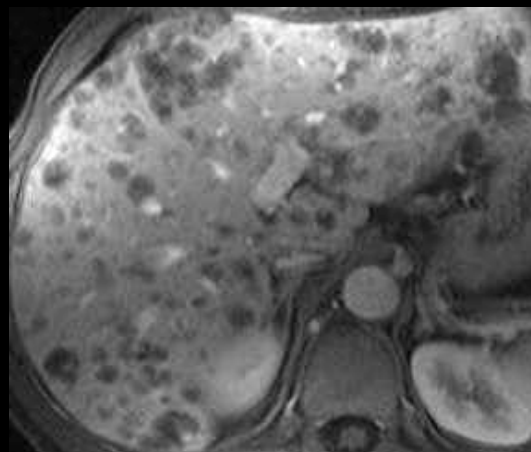
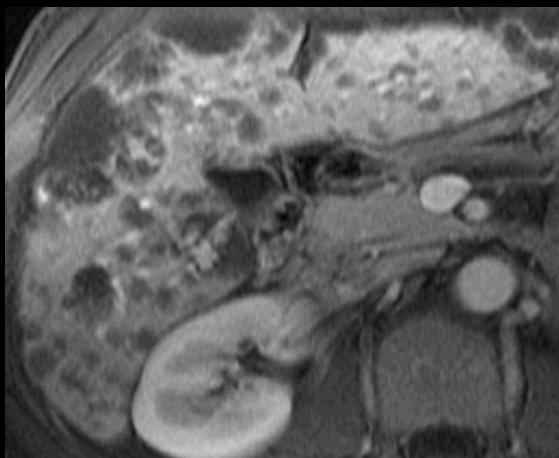
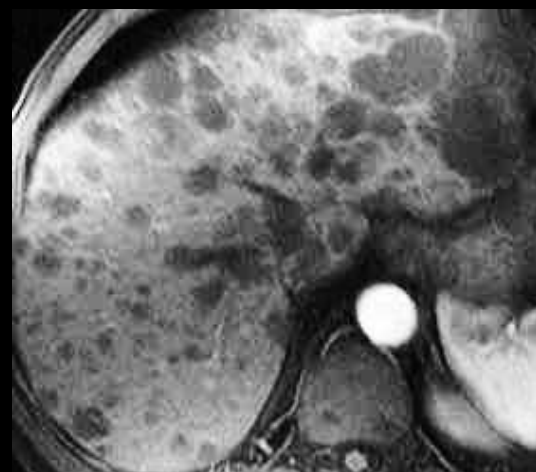
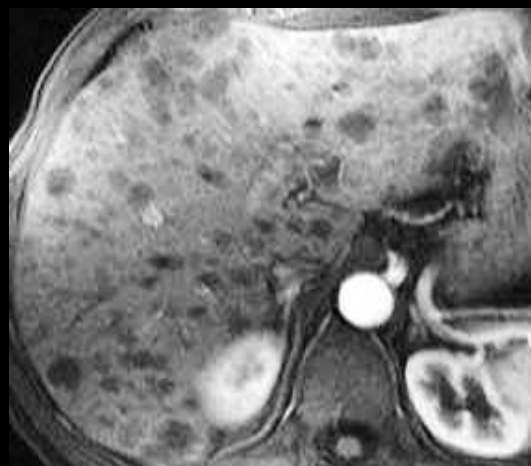
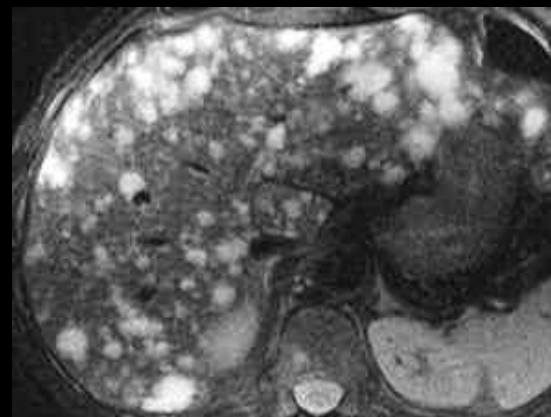
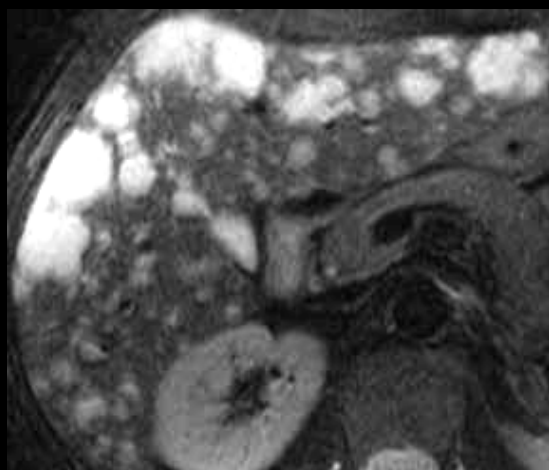


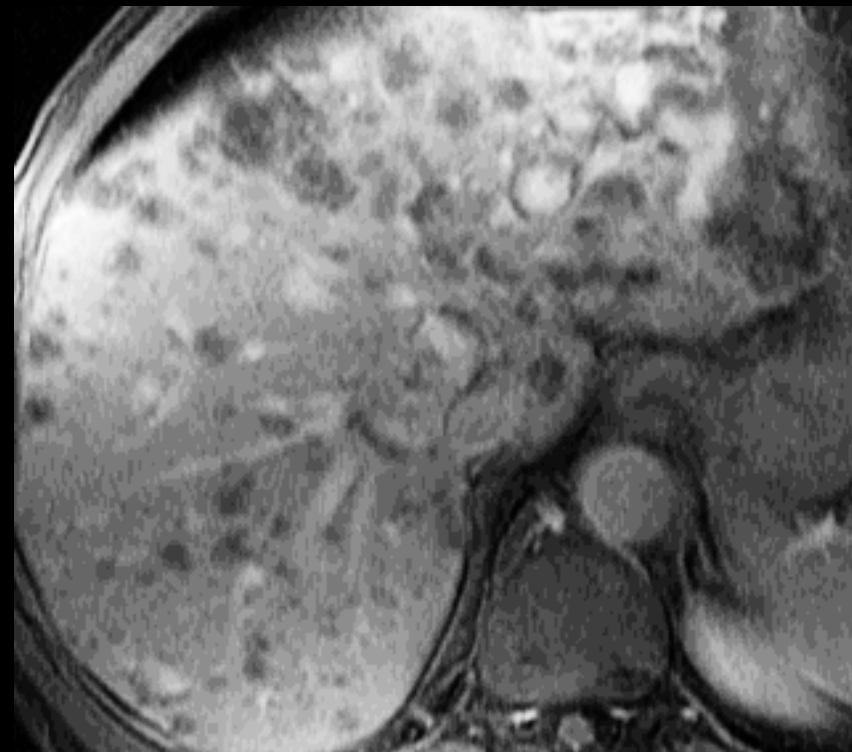
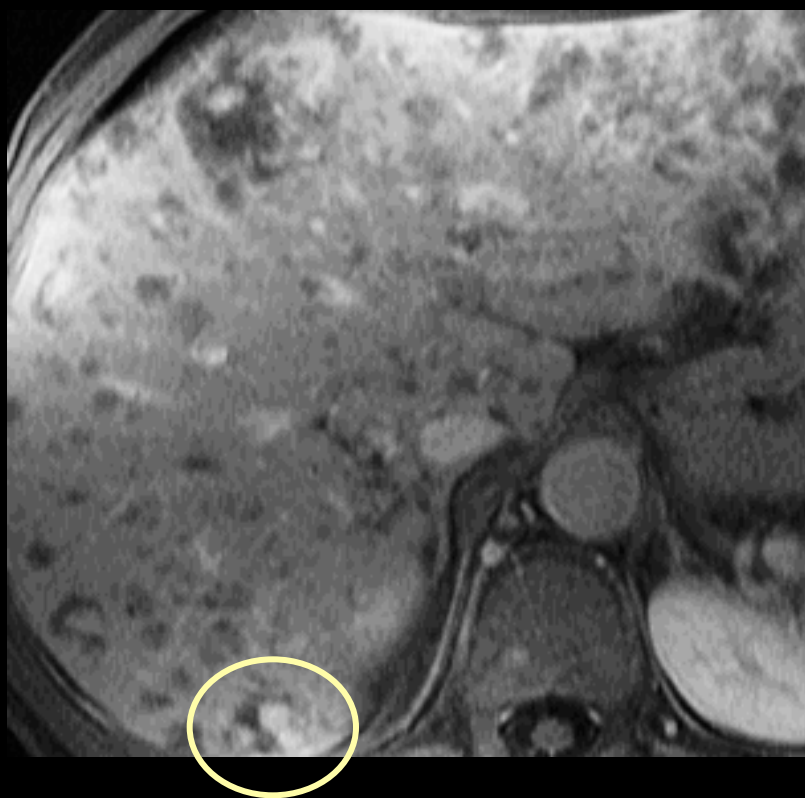
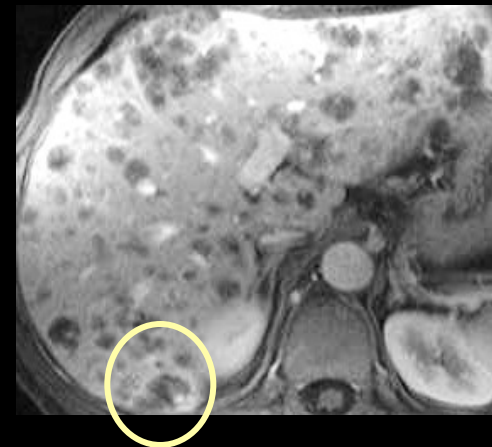
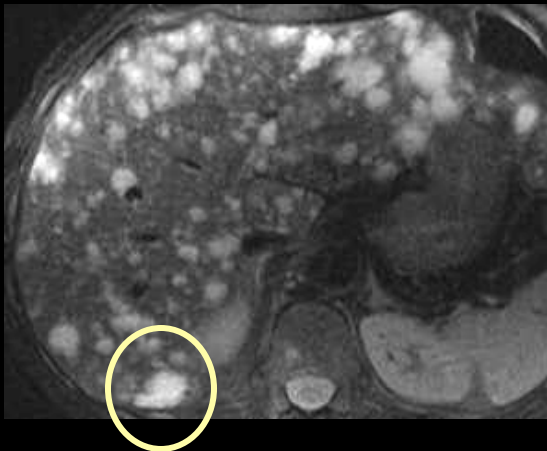


Homme, 50 ans

- Douleurs épigastriques
- Pas d'antécédent
- Echo. Abdo : découverte de nodules disséminés







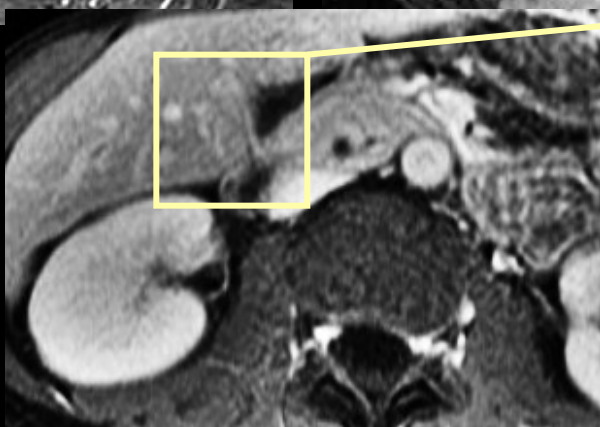
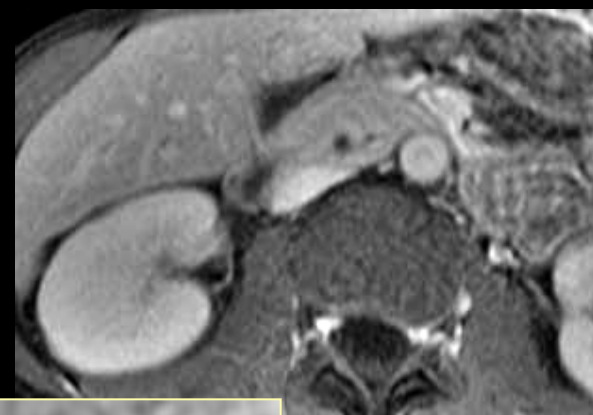
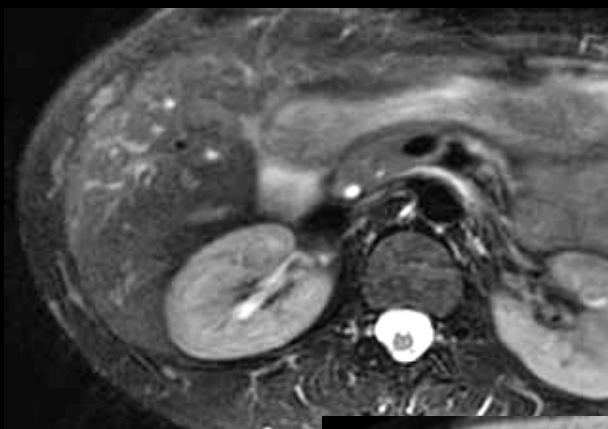
Ax T1 gado tardives

Hémangiomatose

4

Femme, 40 ans

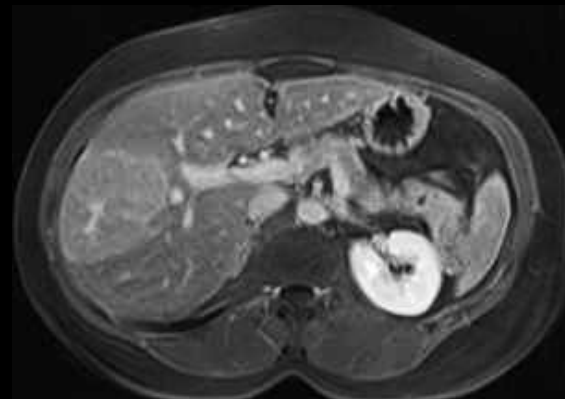
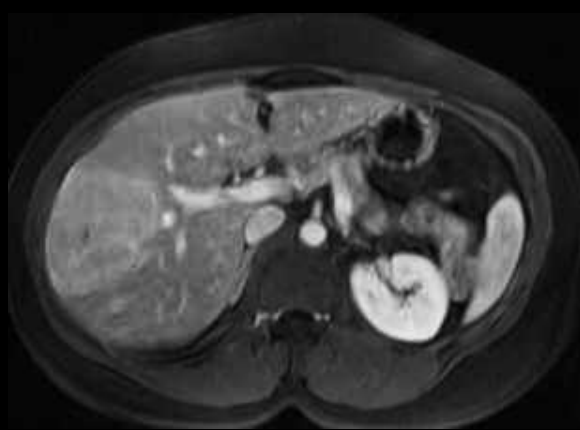
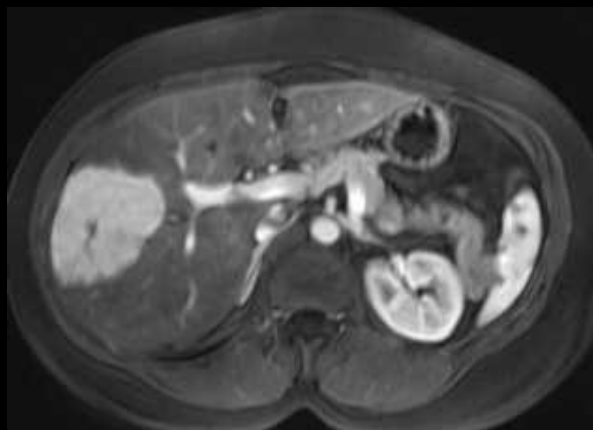
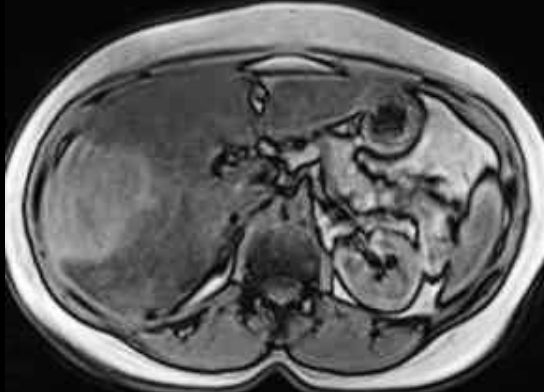
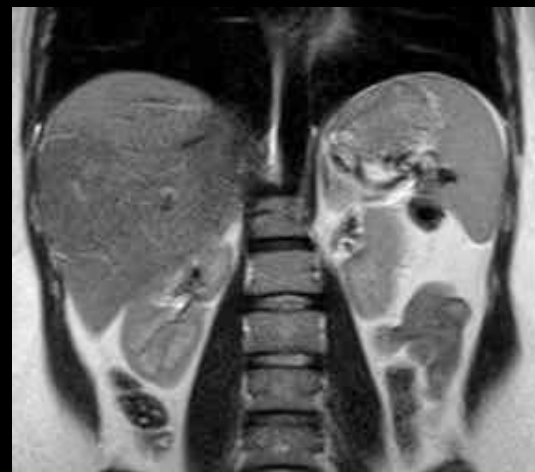
HNF



5

femme, 30 ans

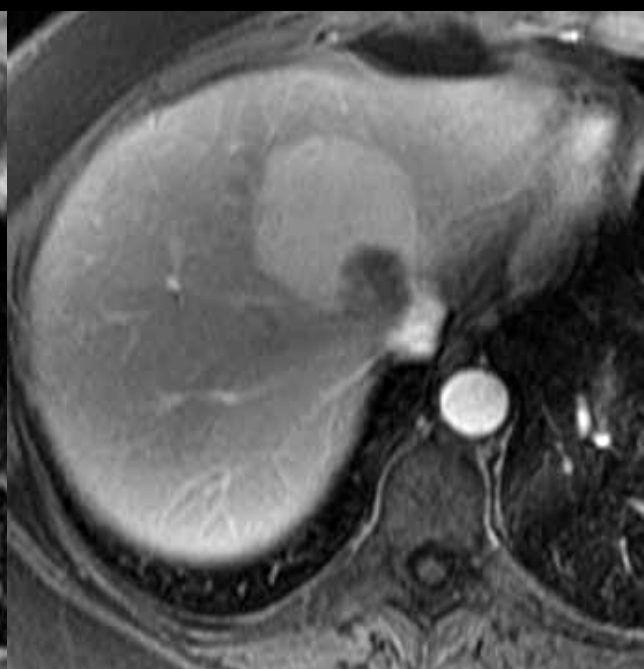
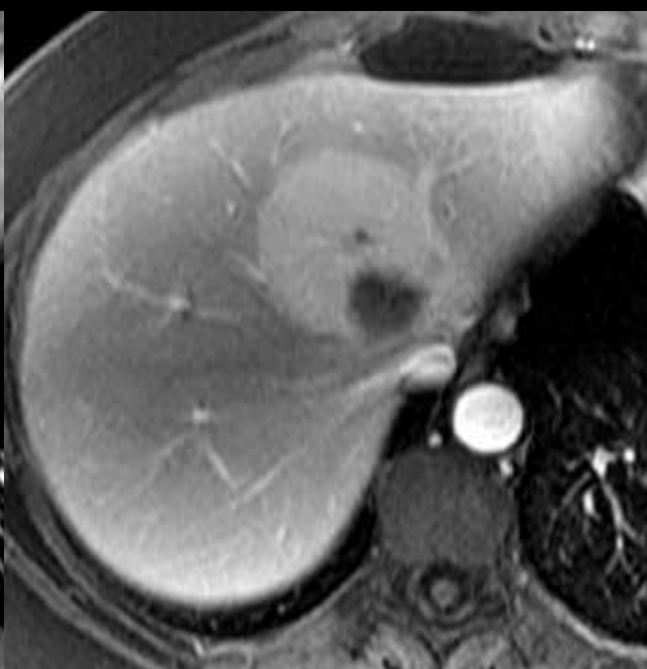
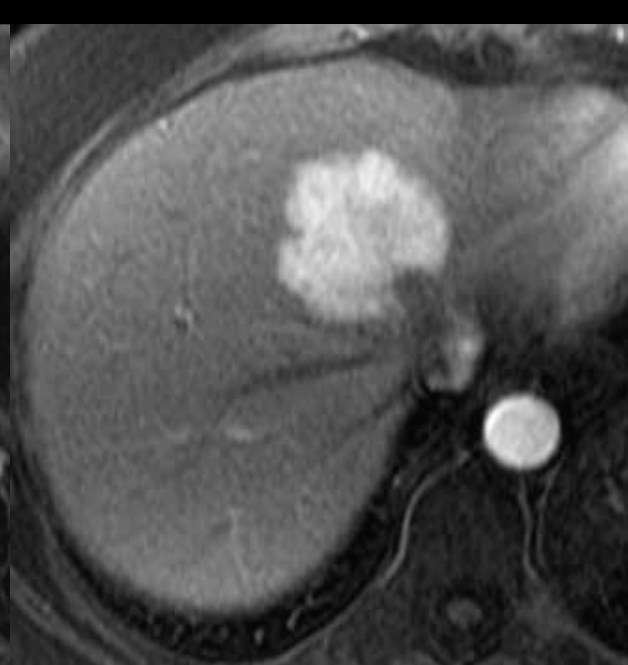
HNF

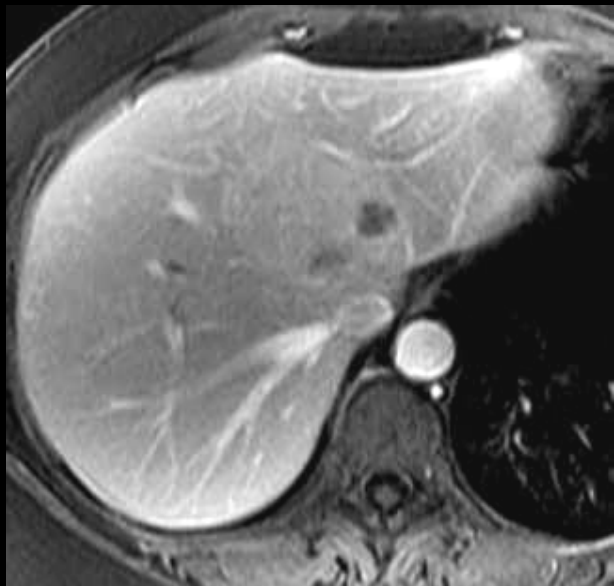


6

femme, 65 ans







Patiente fumeuse

**Radio thorax : opacité
suspecte apicale**

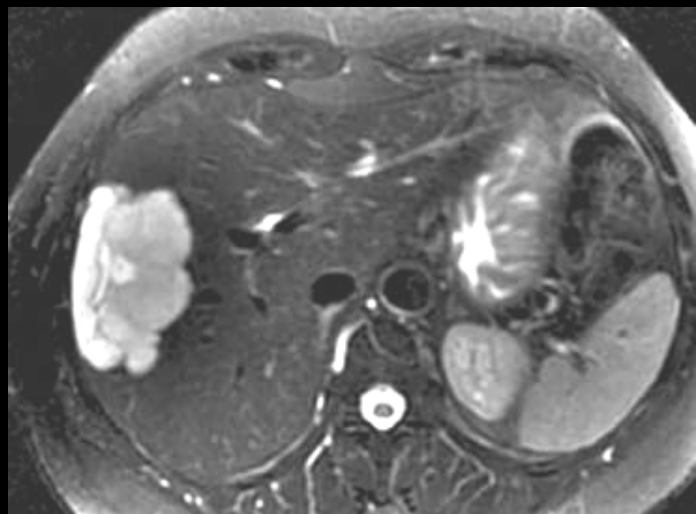
HNF

Et

métastases

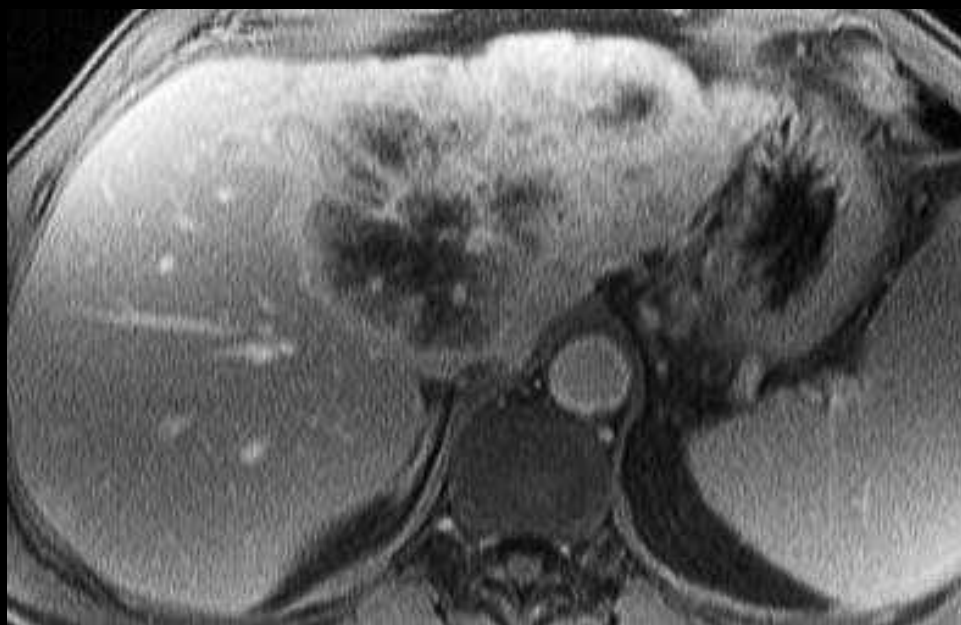
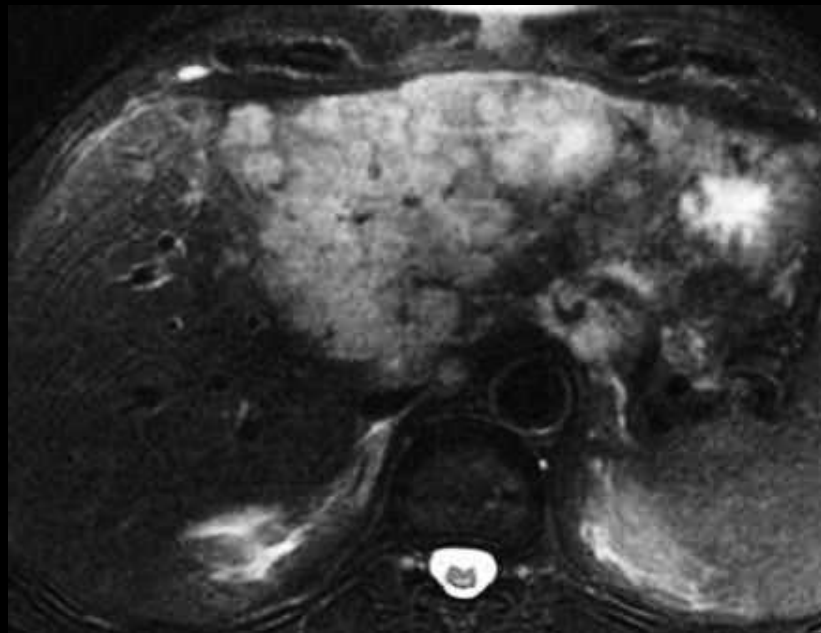
7

femme, 35 ans



Hémangiome

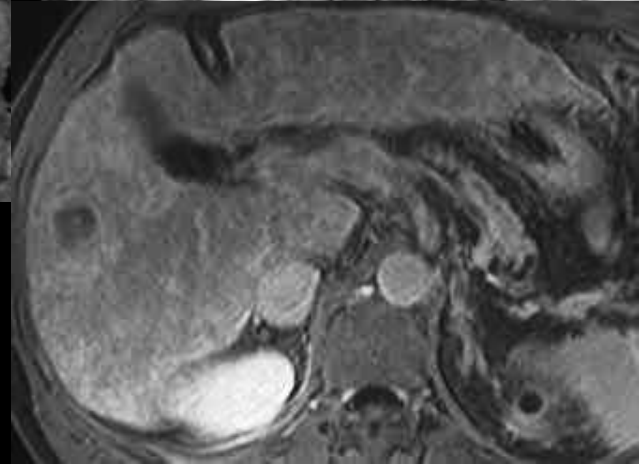
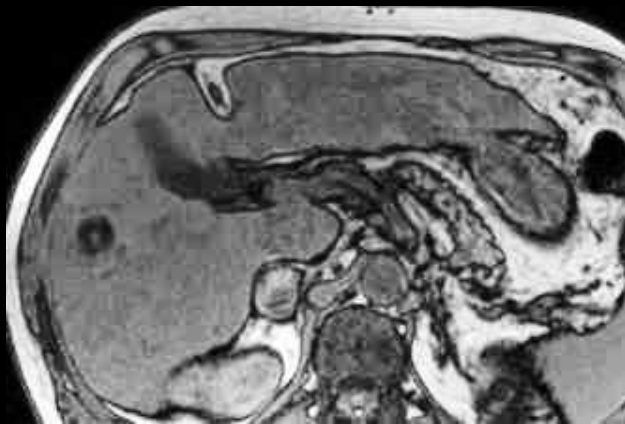
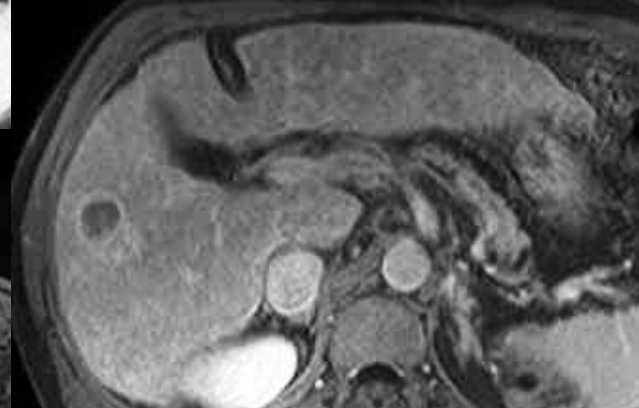
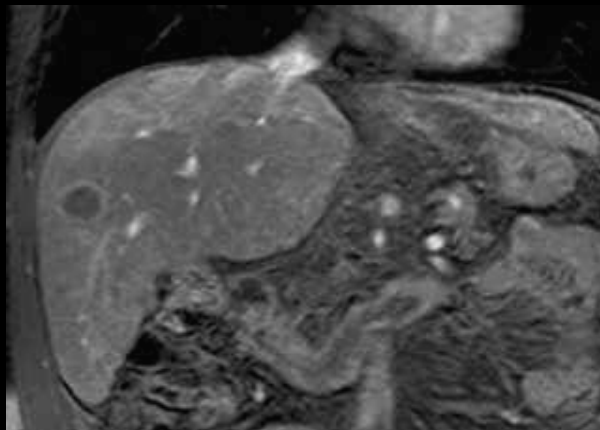
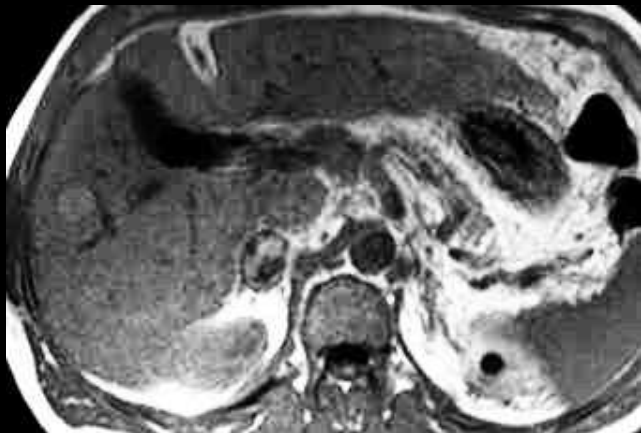
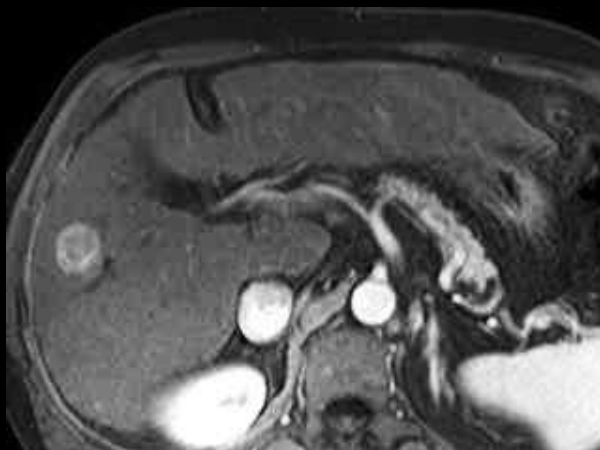
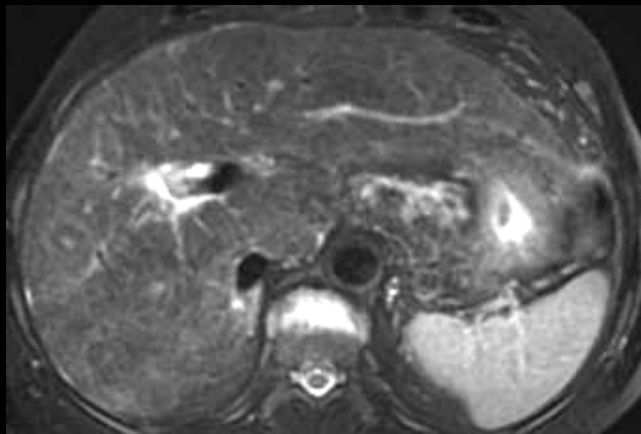




9

Homme, 60 ans

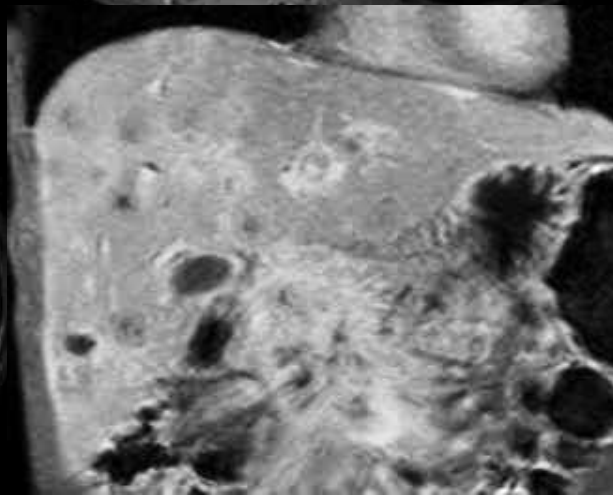
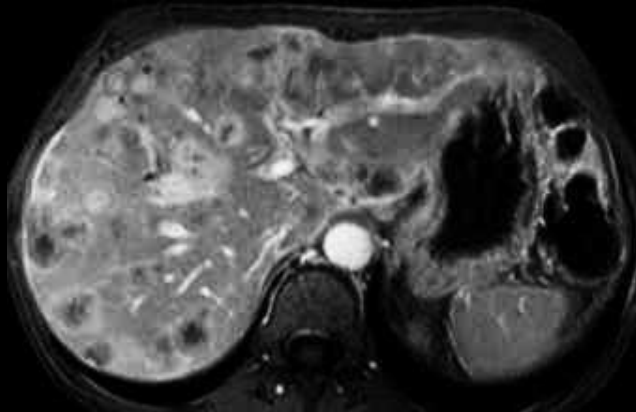
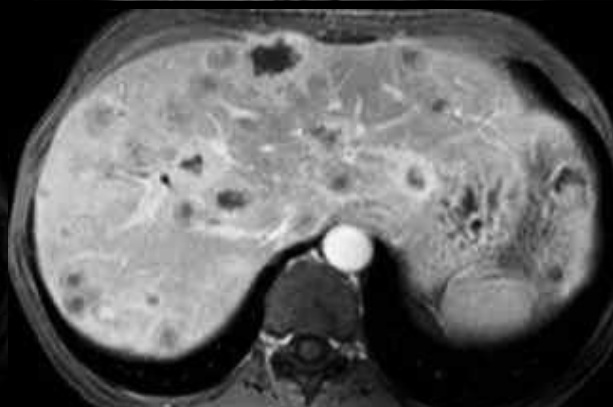
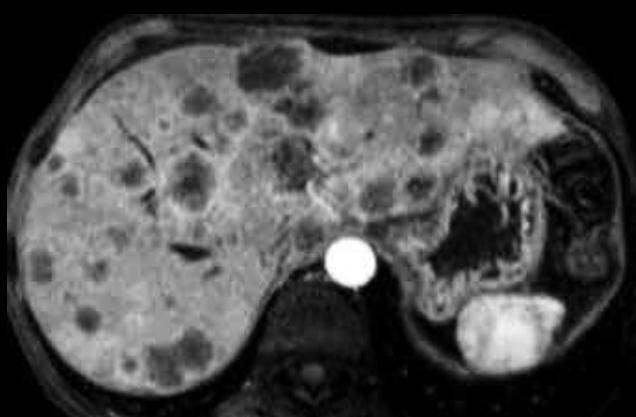
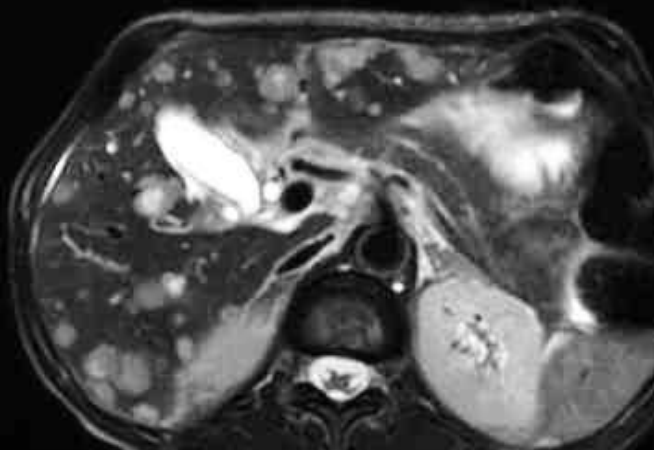
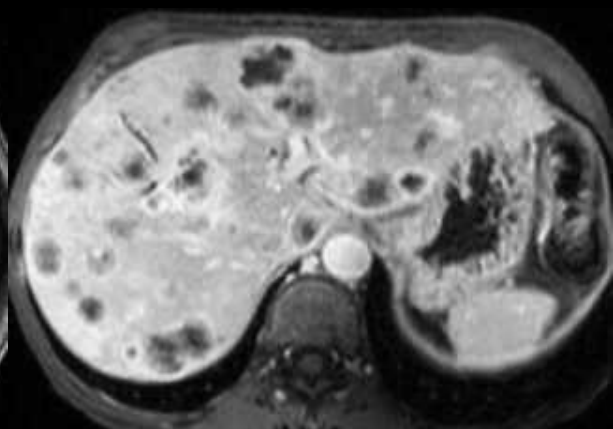
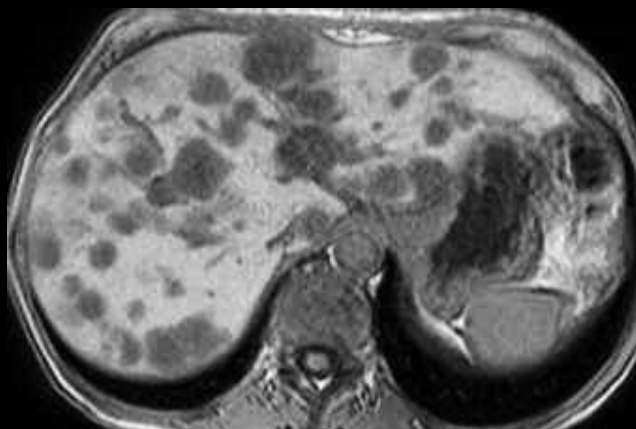
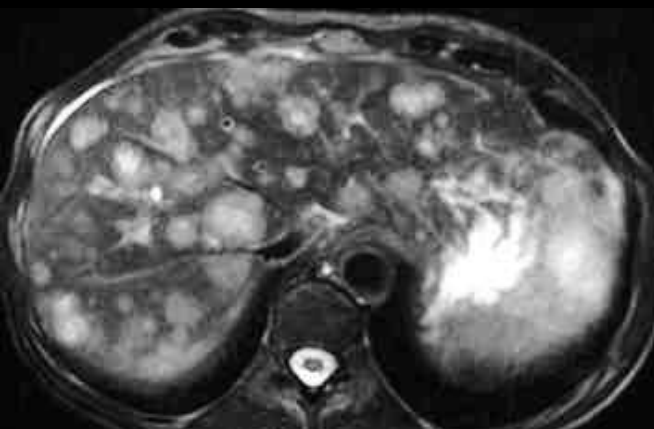
CHC bien différencié fatty
metamorphosis



10

femme, 45 ans

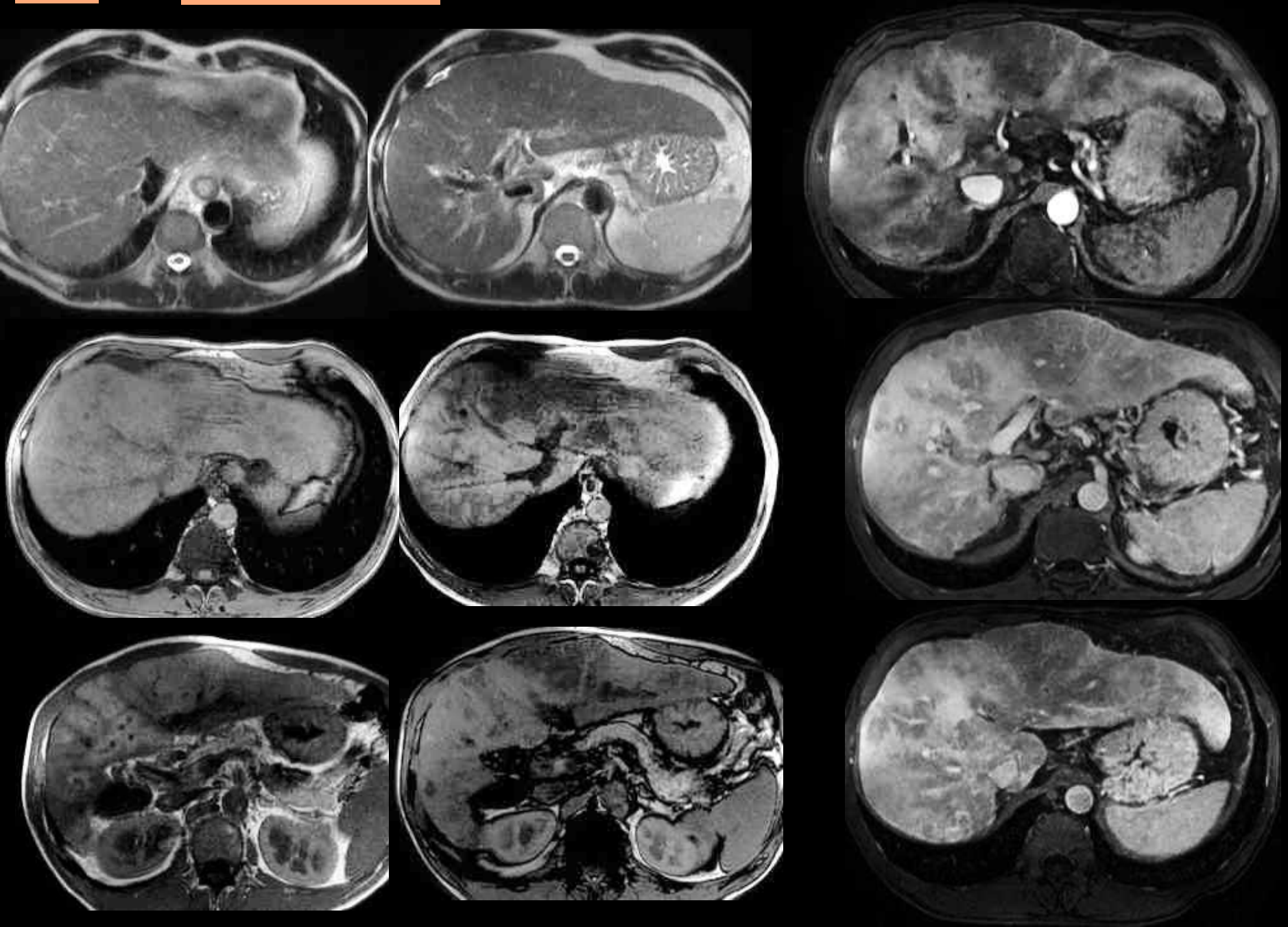
Métastases de tumeur du pancréas



11

Homme, 50 ans

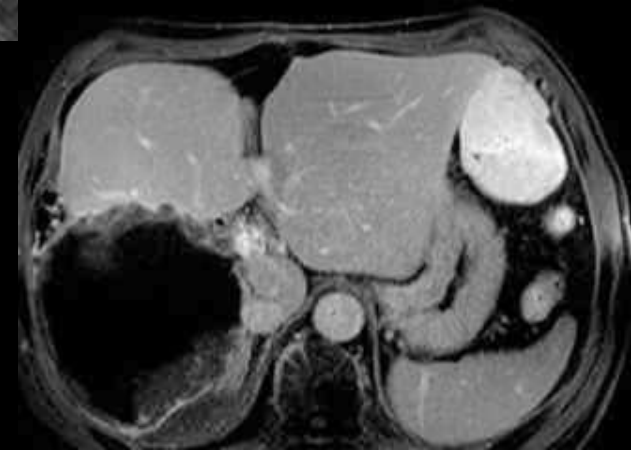
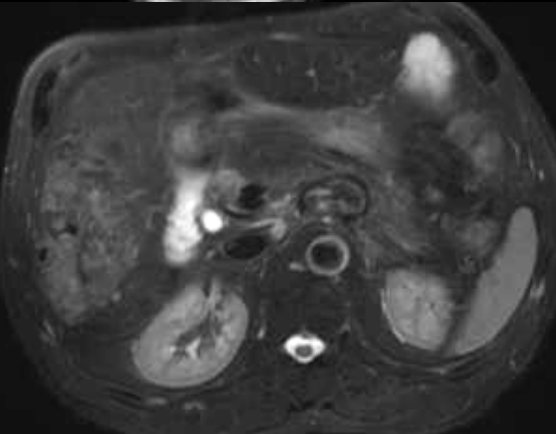
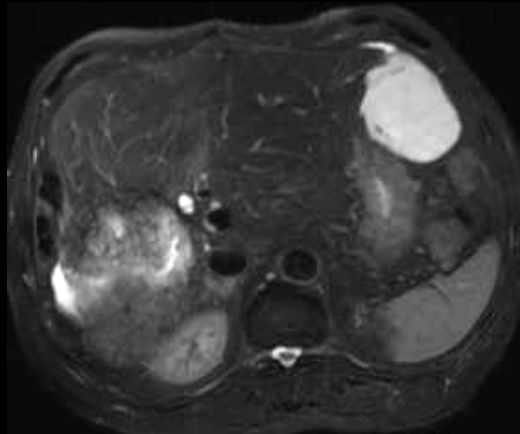
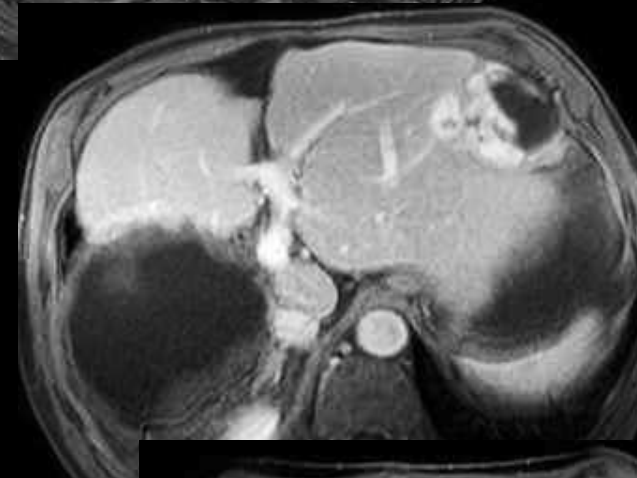
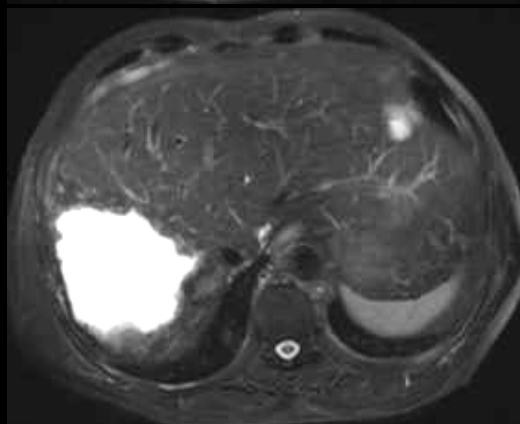
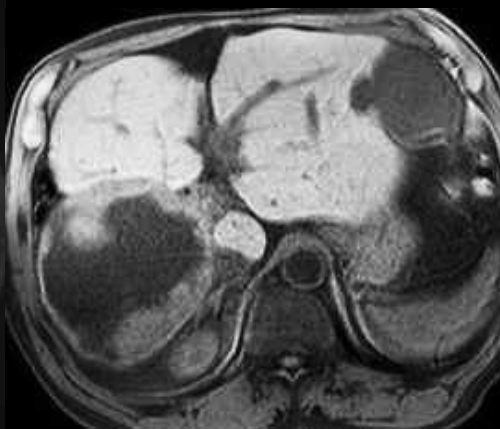
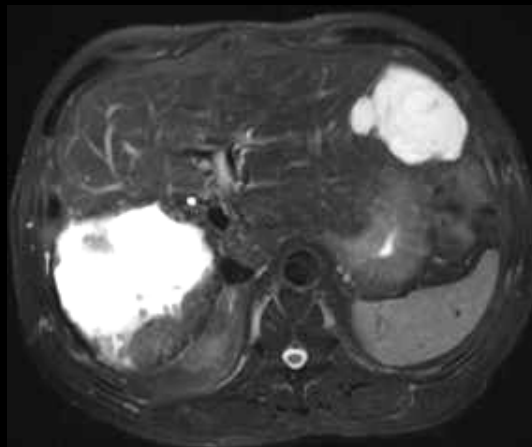
Cirrhose et stéatose périvasculaire



12

homme, 70 ans

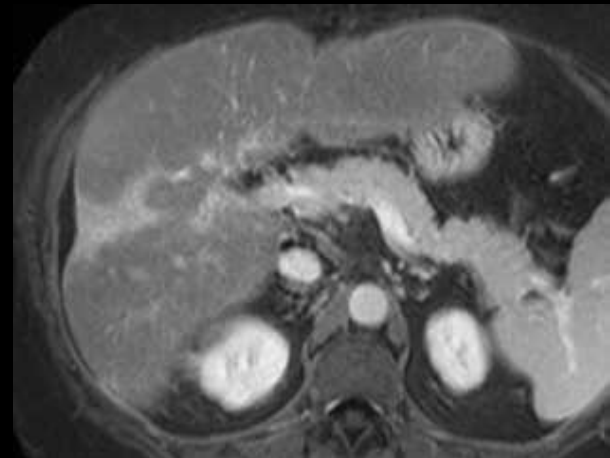
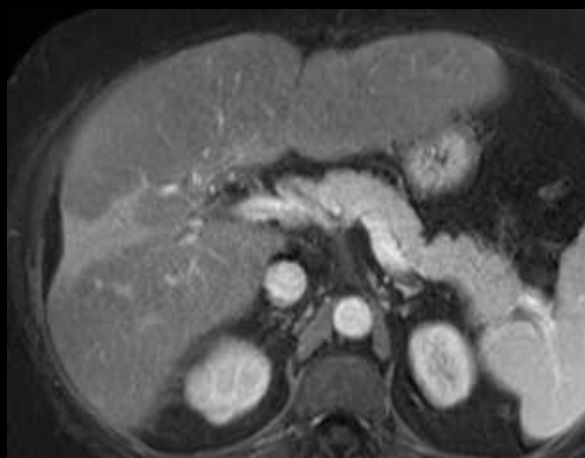
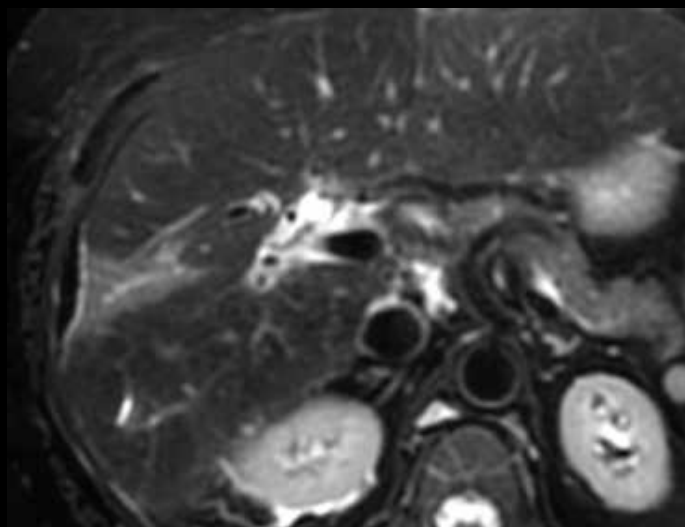
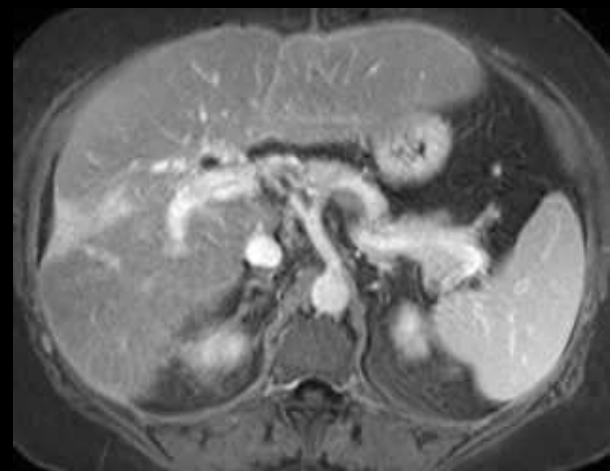
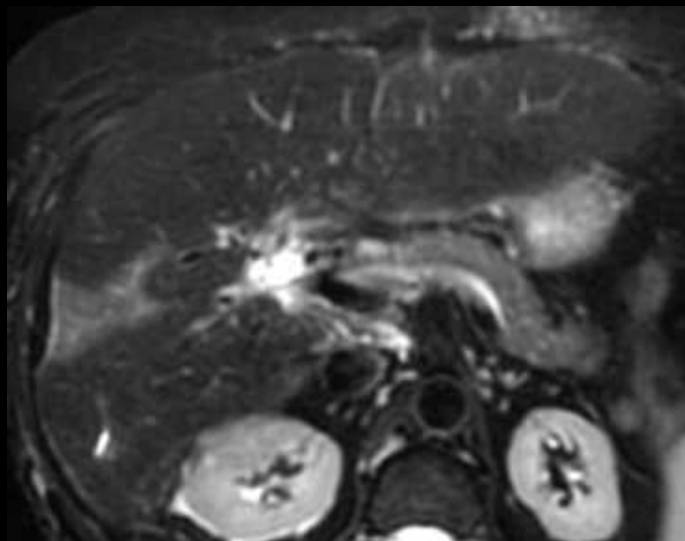
Echinococcose et angiome



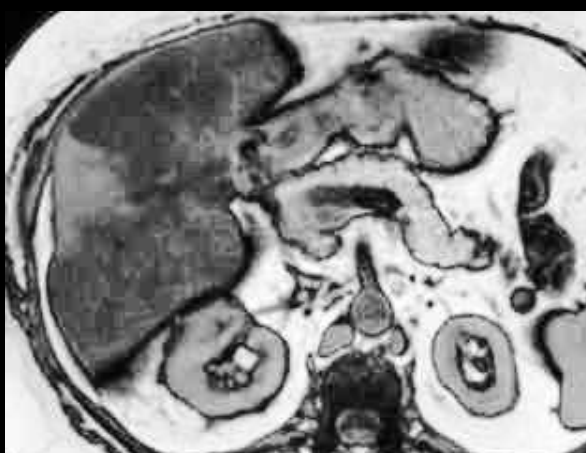
13

homme, 55 ans

Séquence clé ?



IP/OP

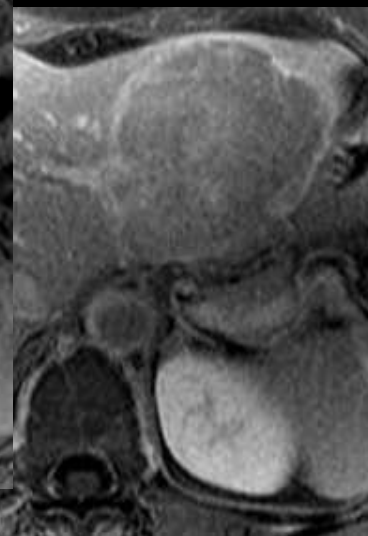
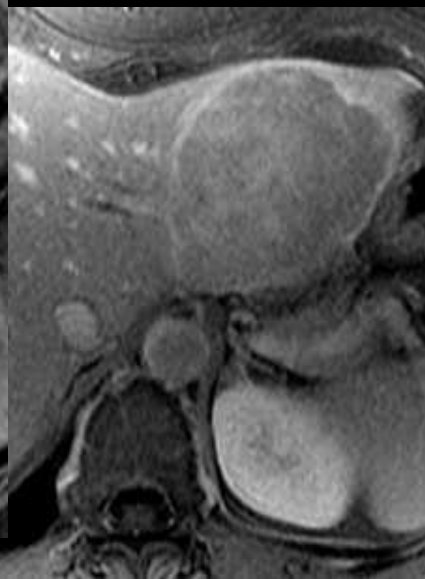
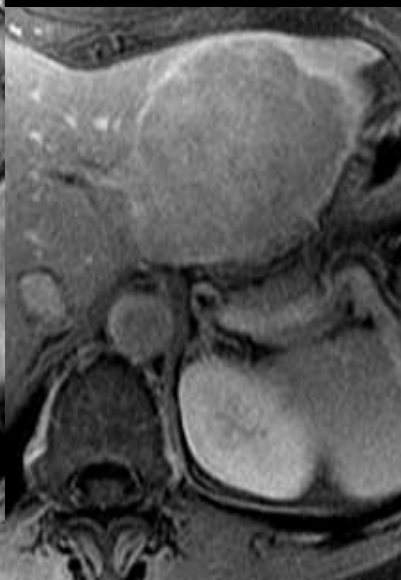
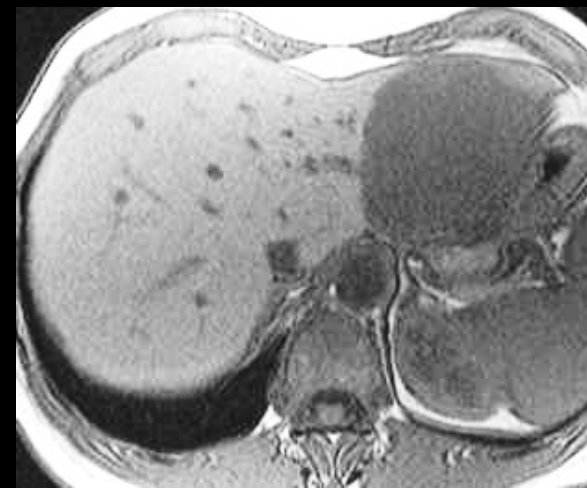
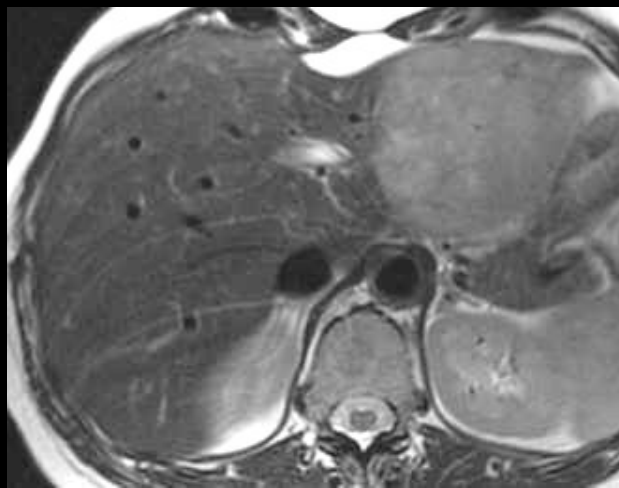
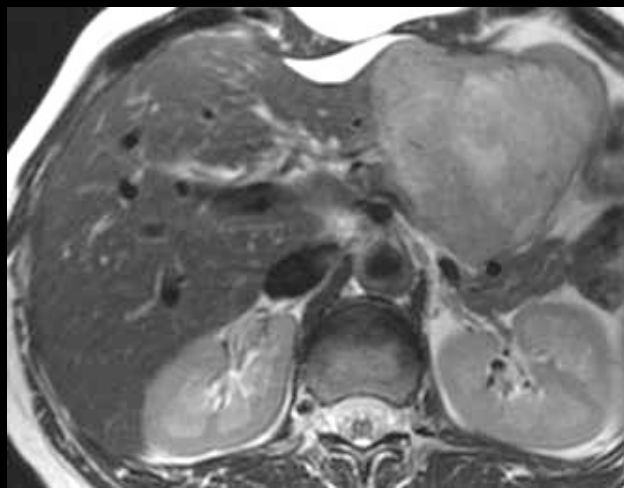


Plage de fibrose et foie stéatosique

14

femme, 50 ans

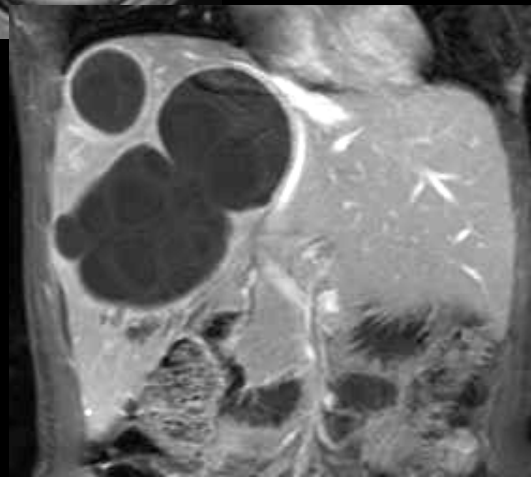
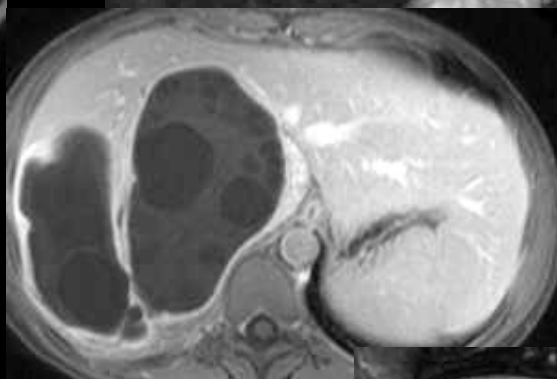
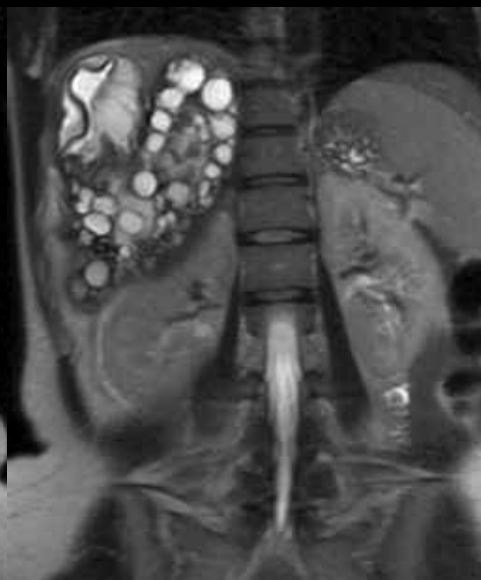
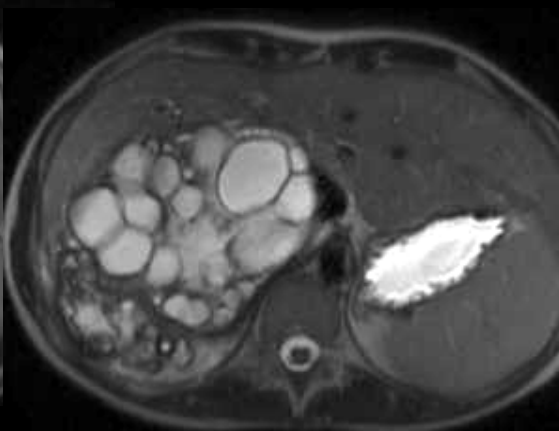
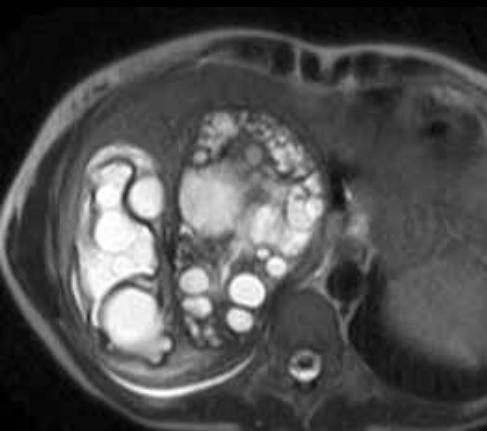
Carcinome hépatocellulaire sur foie sain

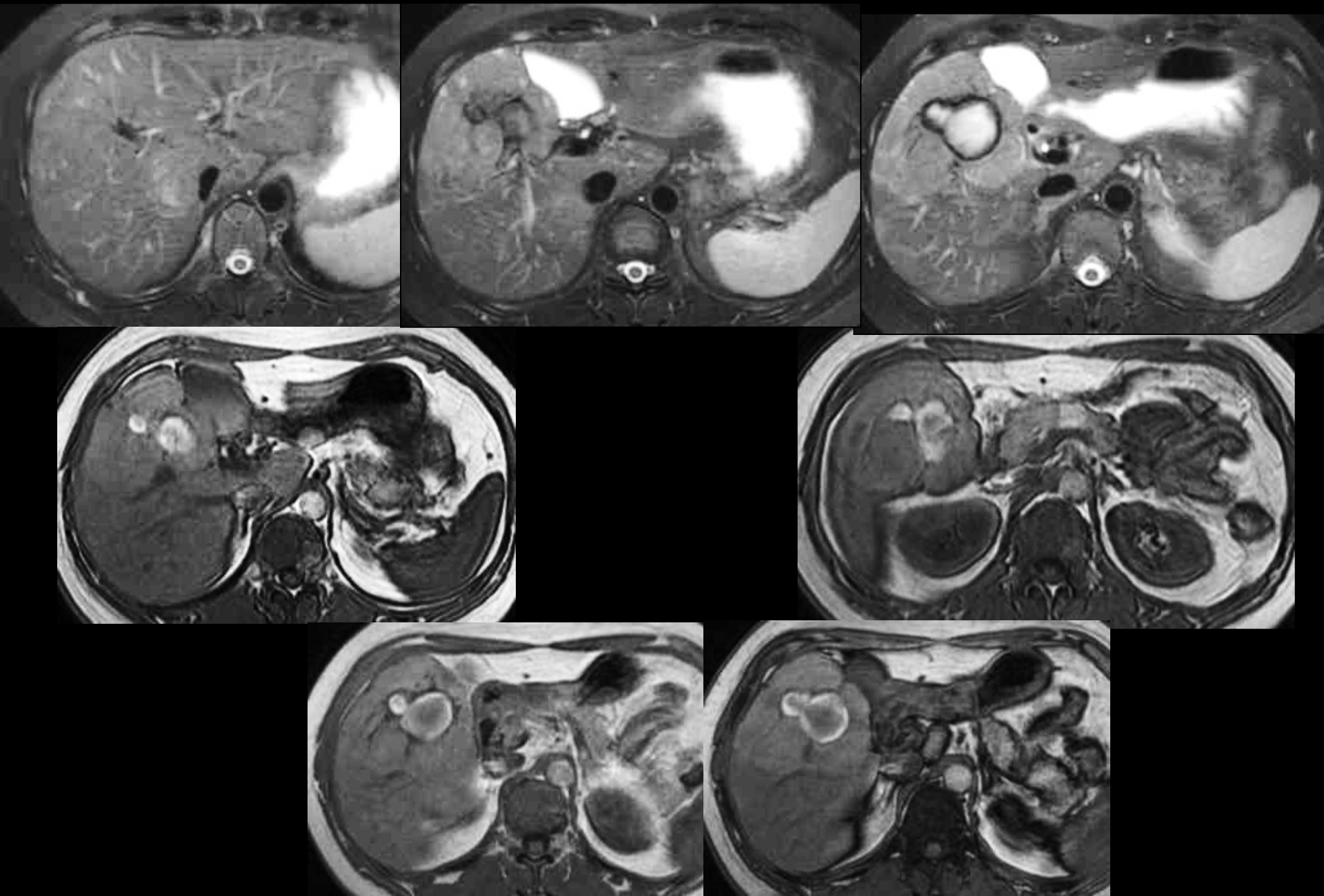


15

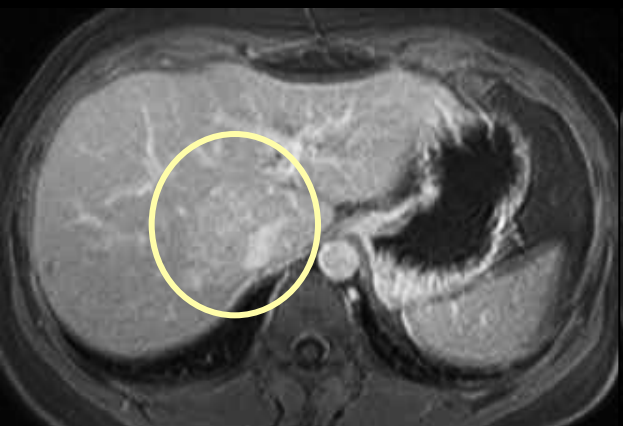
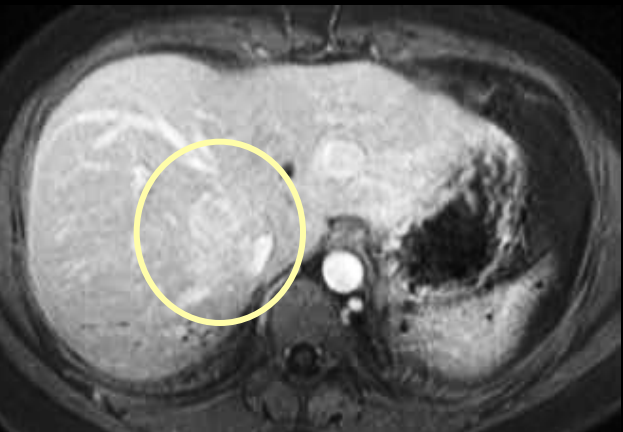
femme, 30 ans

Kyste hydatique





Adénome hémorragique et HNF

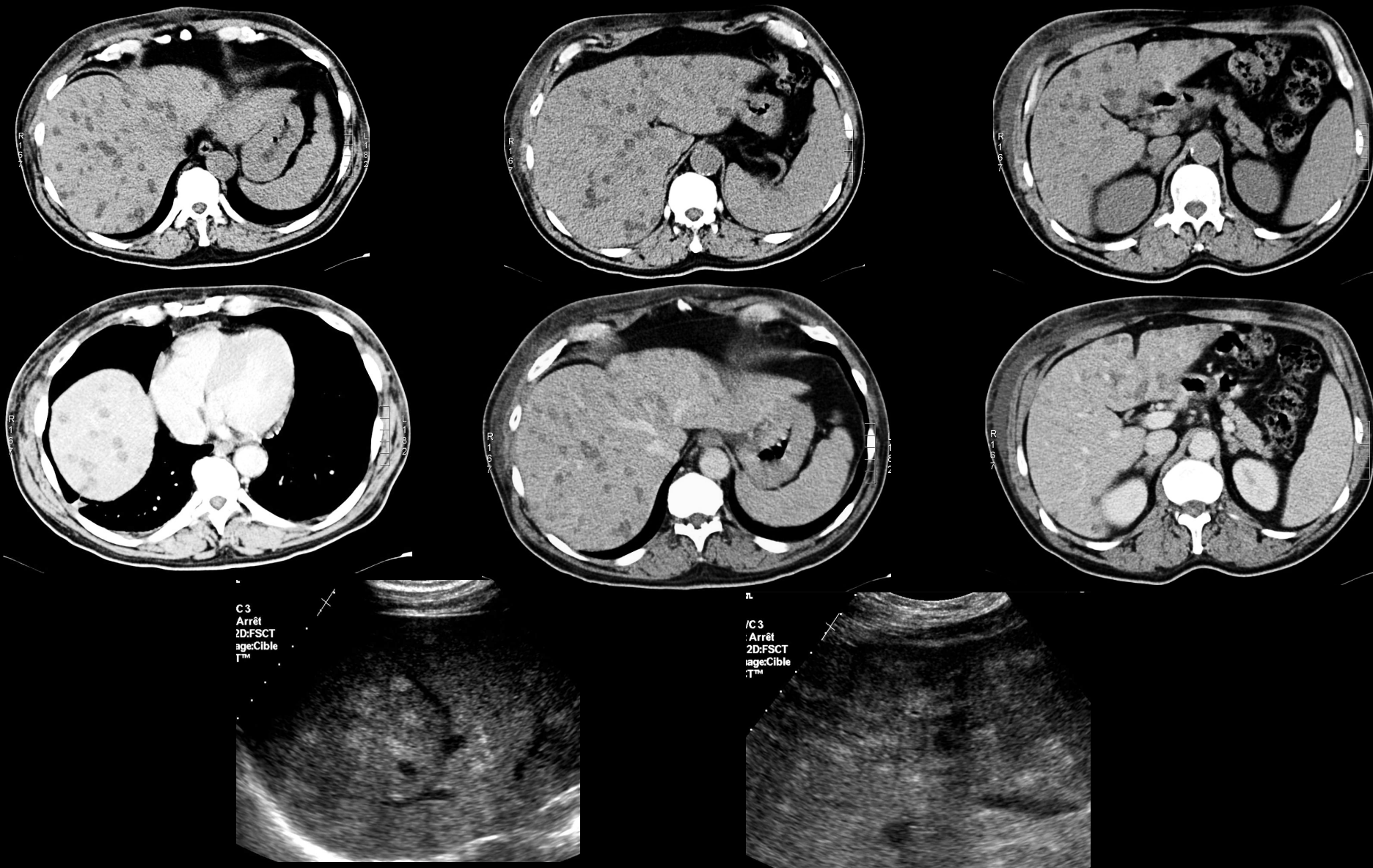


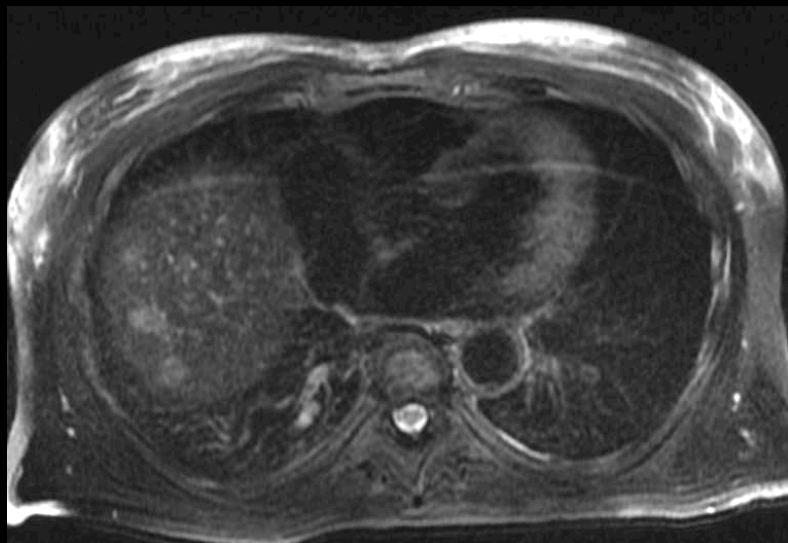
Homme 59 ans

Antécédent d' hépatite C traitée par interféron et Ribavirine pendant 8 mois

Fièvre

Bilan infectieux négatif





Ax T2 FS

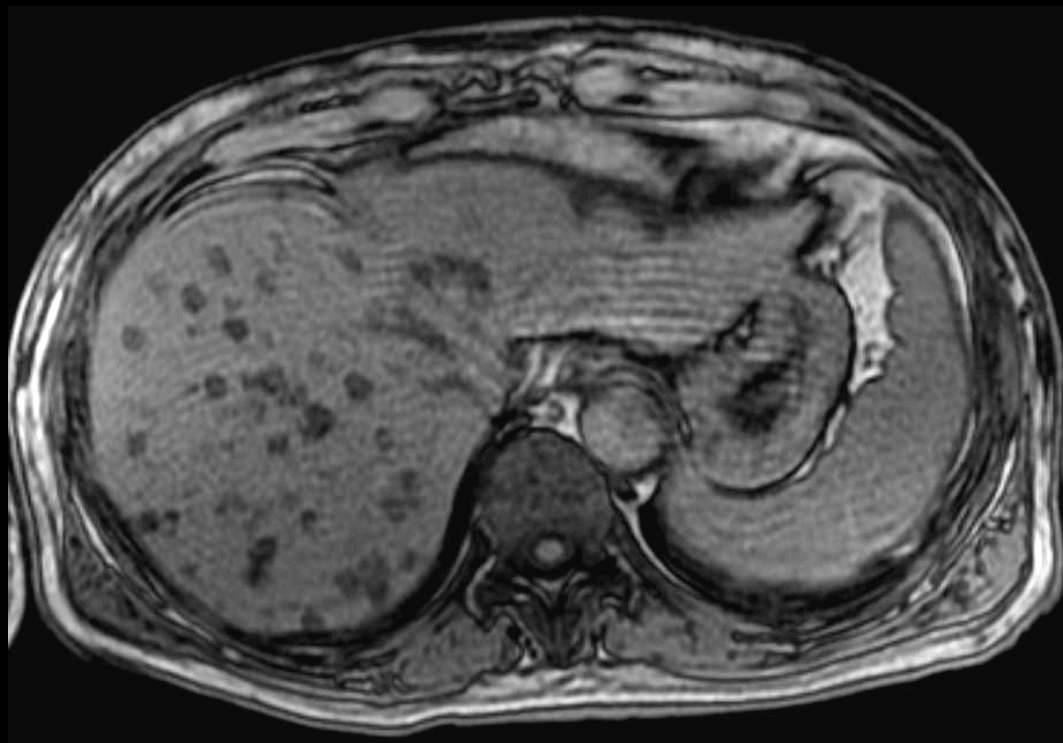


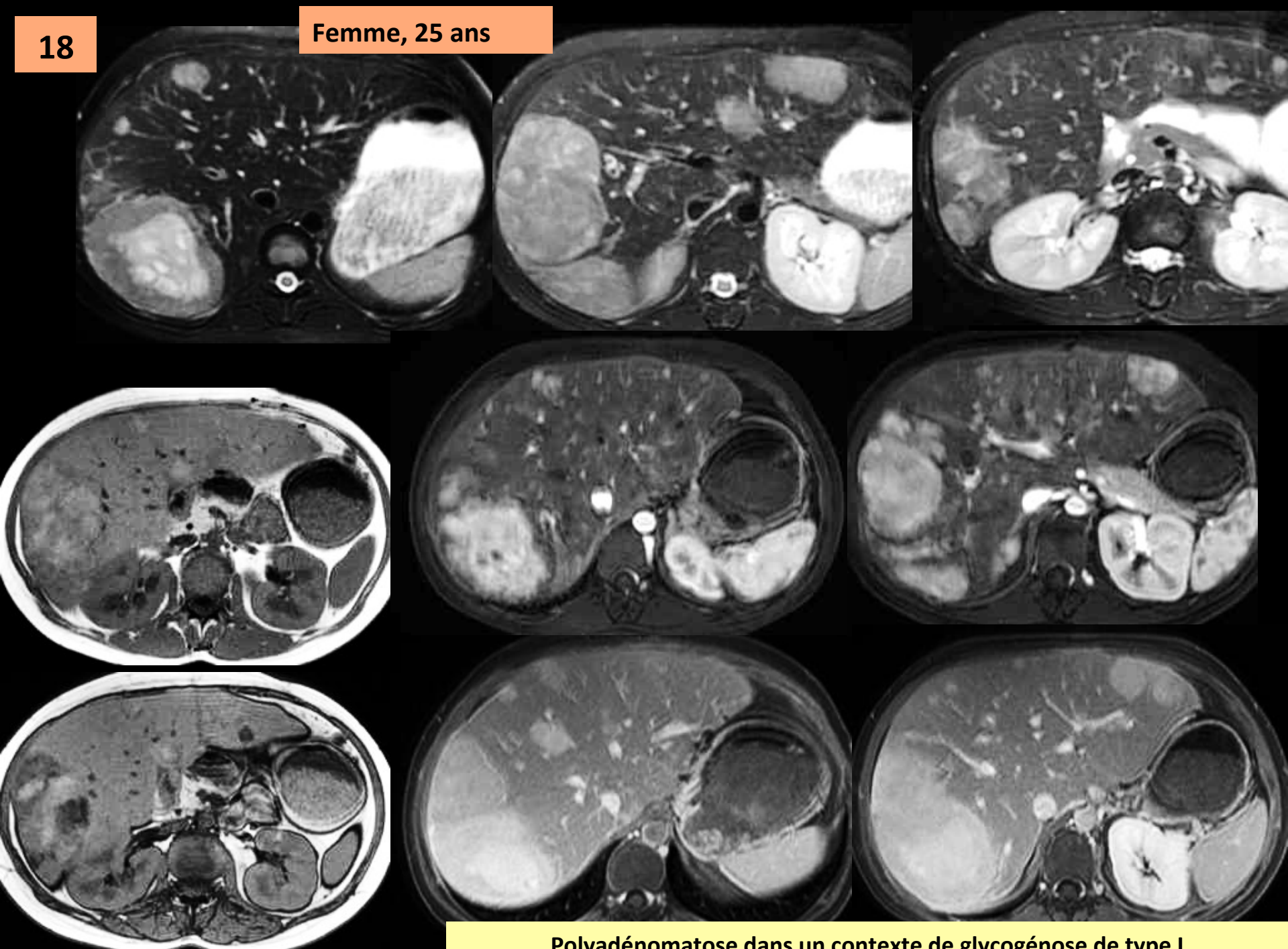
Ax T1 Gd FS



Ax IP/OP

**Stéatose
nodulaire
multifocale**

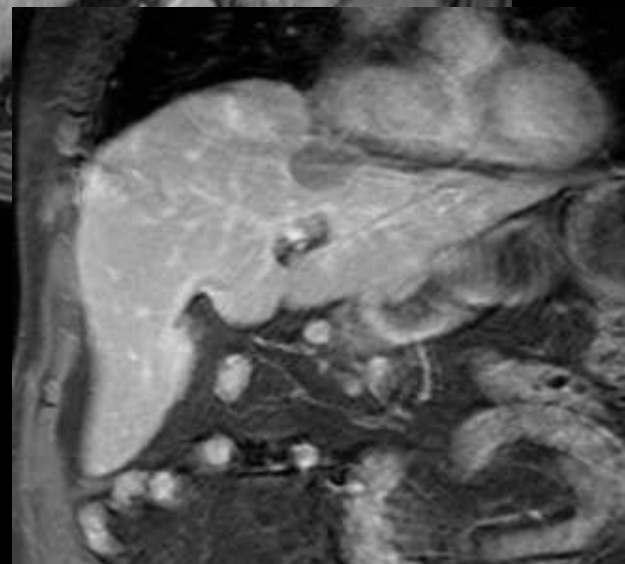
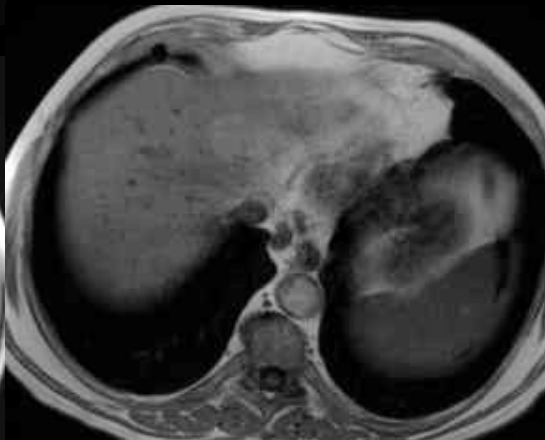
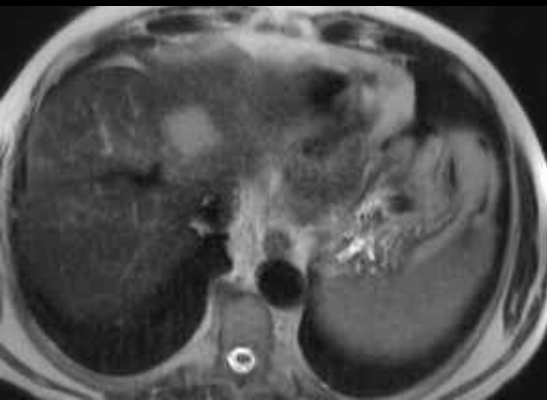
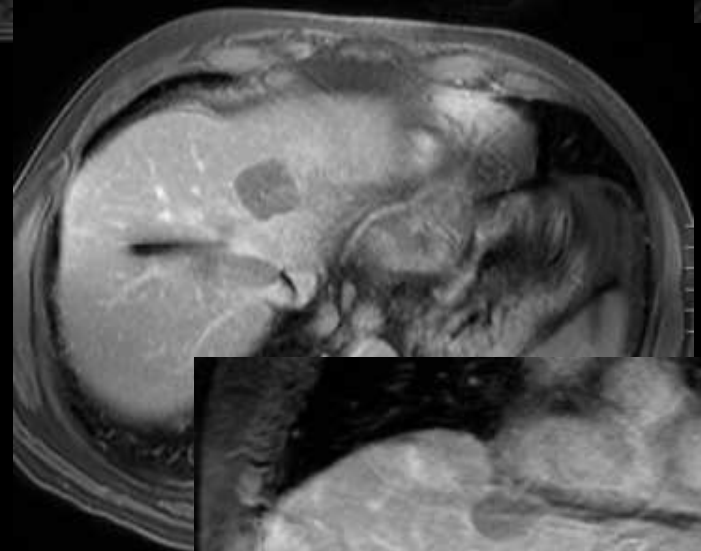
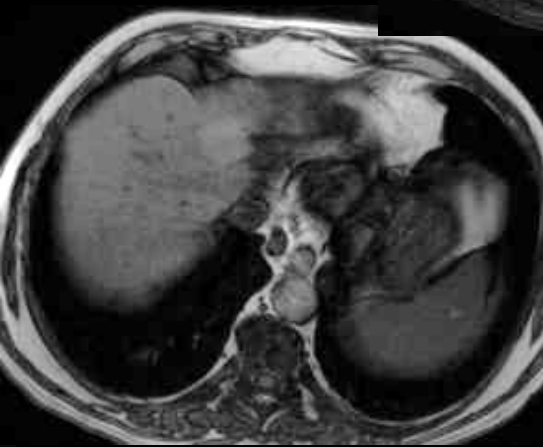
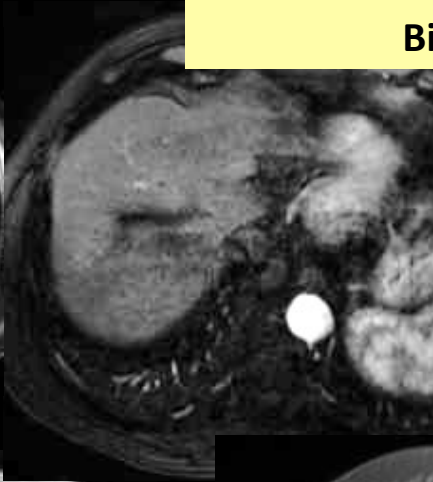




19

homme, cirrhose , 55 ans

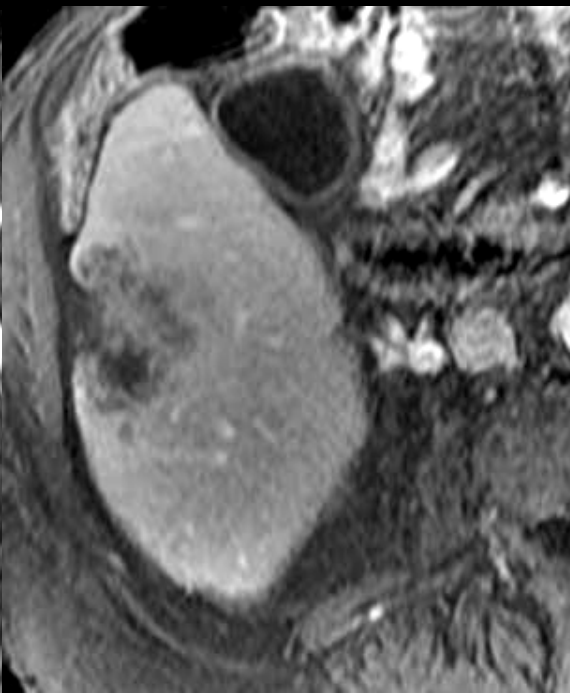
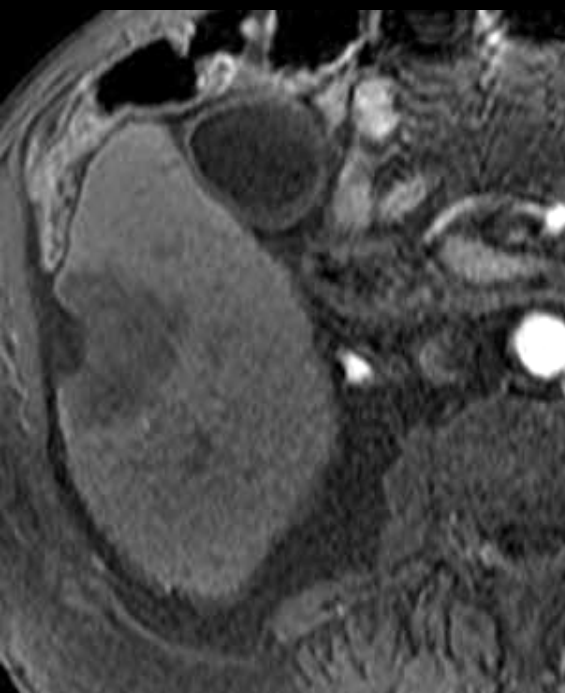
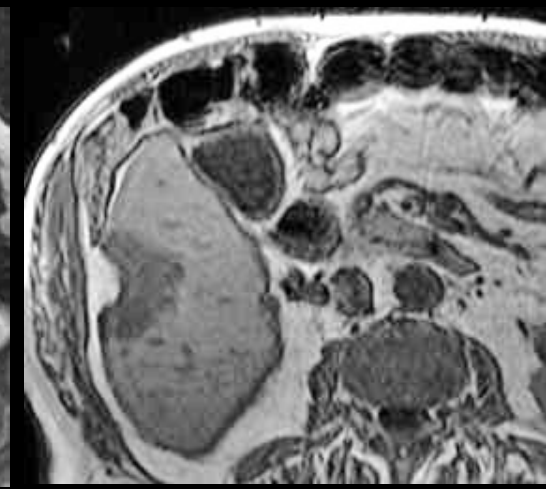
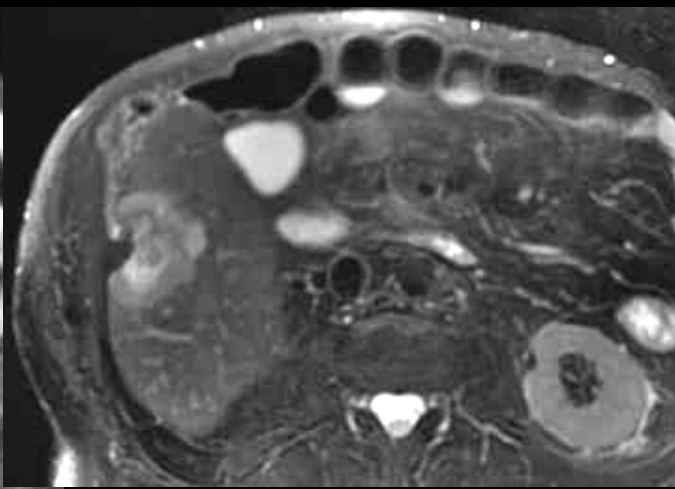
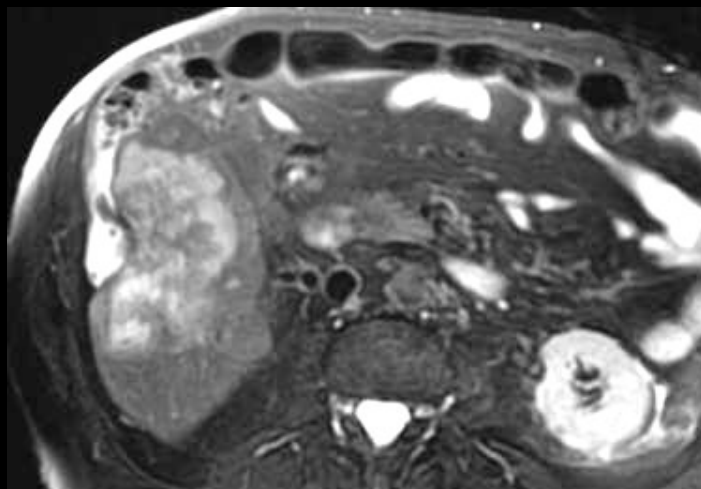
Lésion amorphe / atcd sarcoïdose
Biopsie : granulome



20

homme, 85 ans

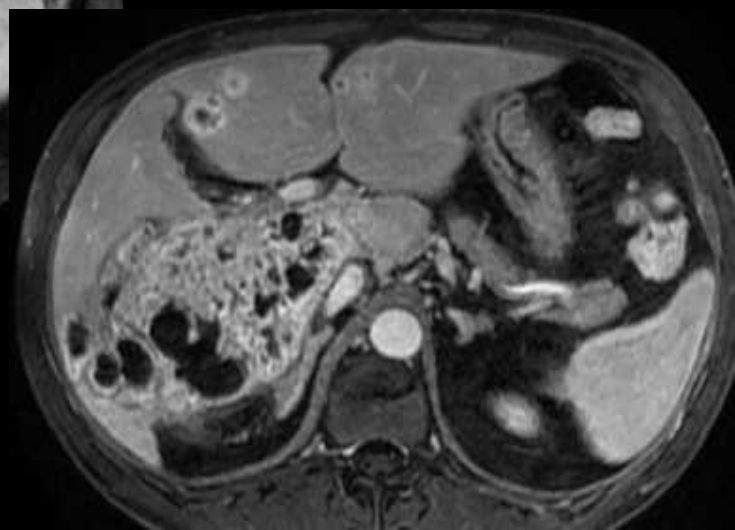
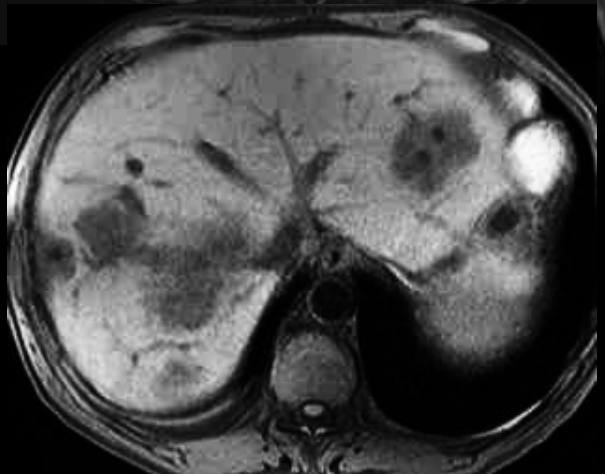
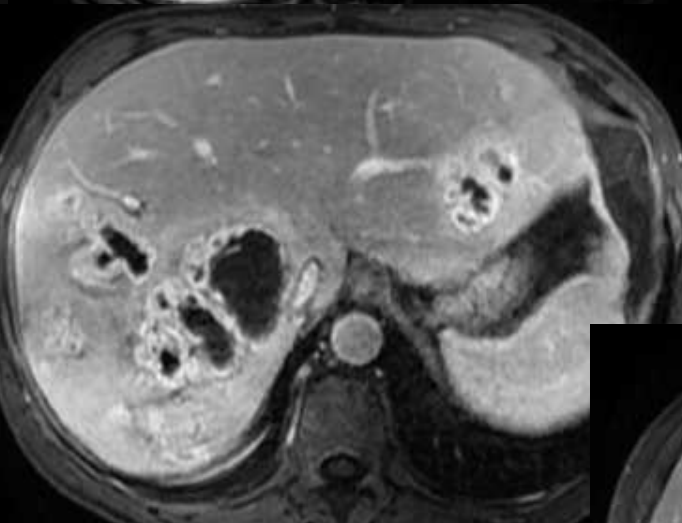
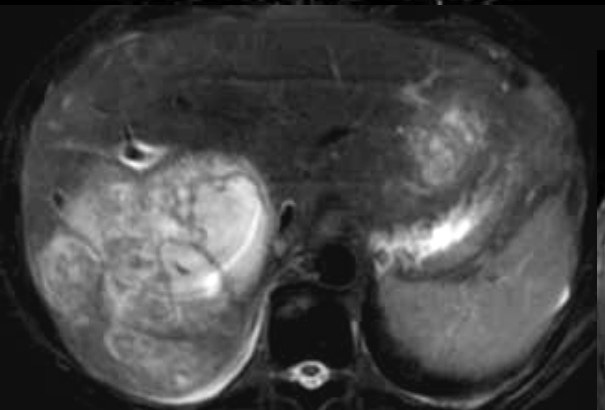
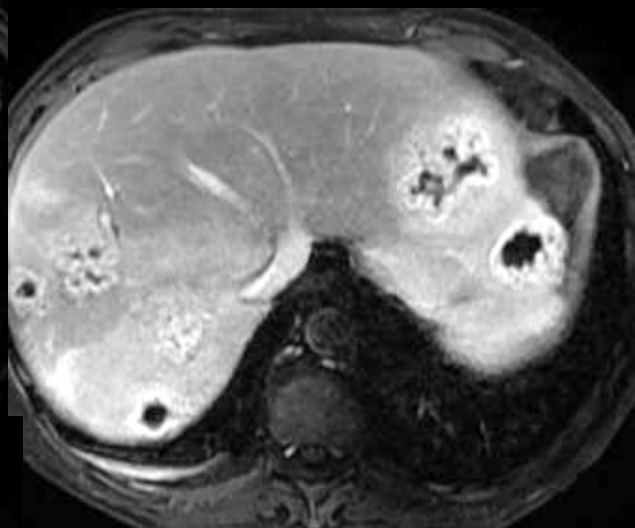
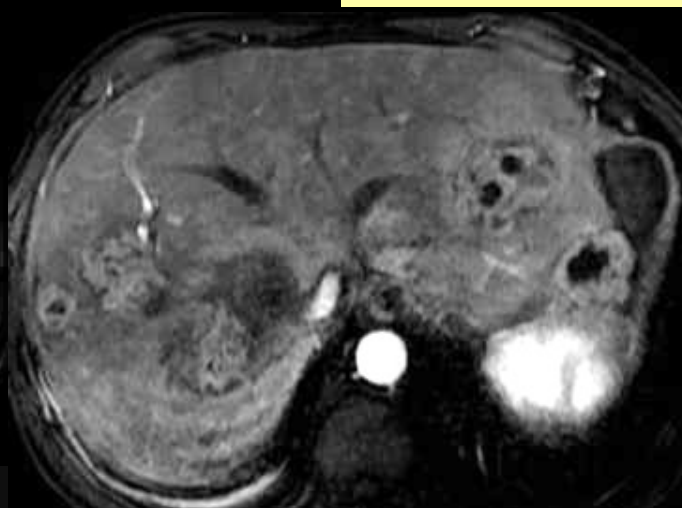
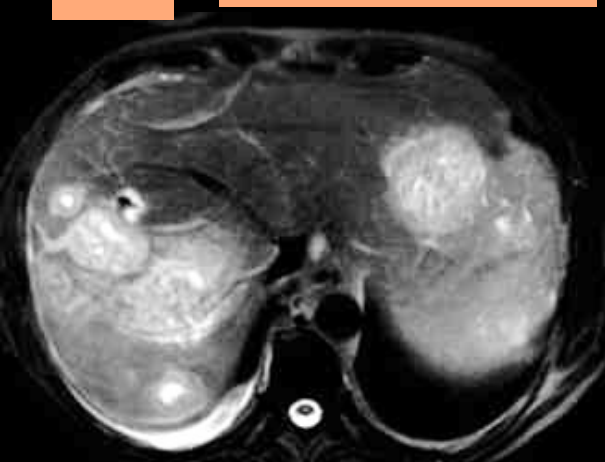
Cholangiocarcinome intra hépatique



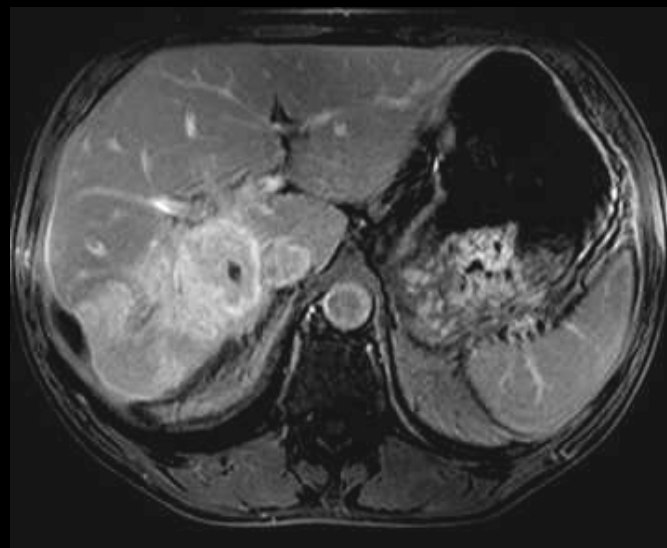
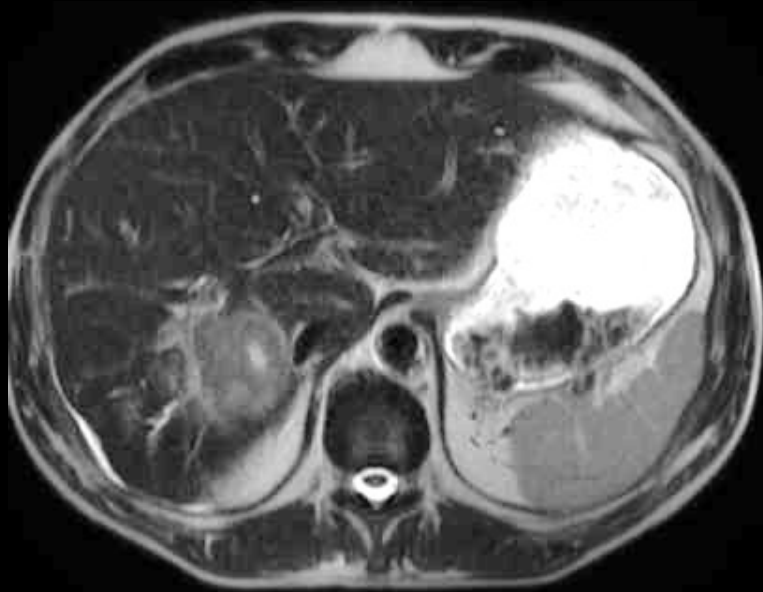
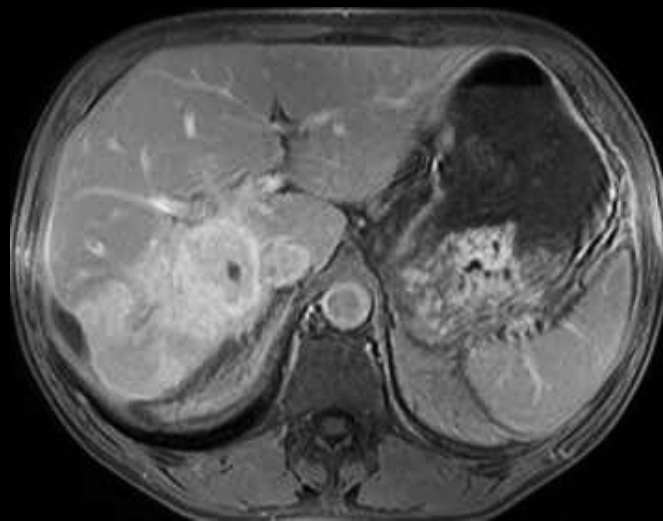
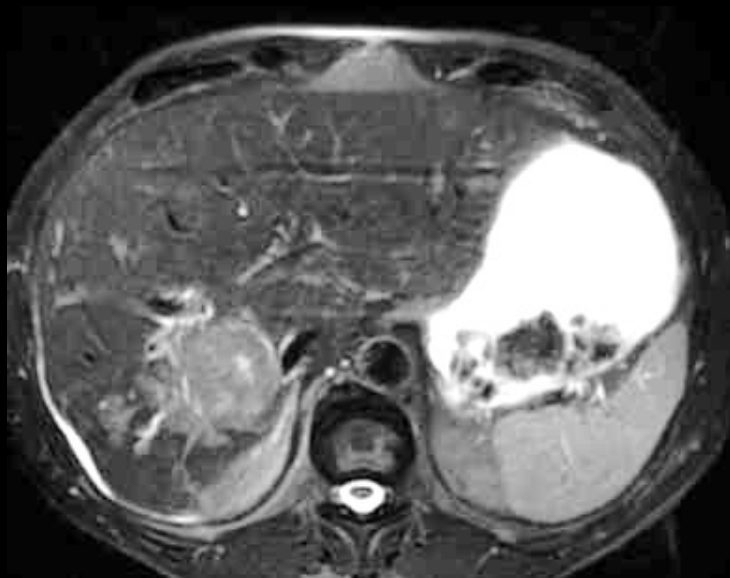
21

homme, 45 ans

Abcès à pyogènes



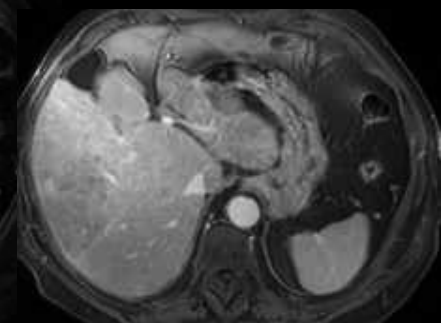
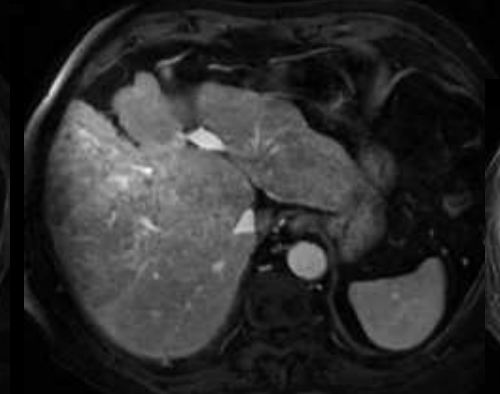
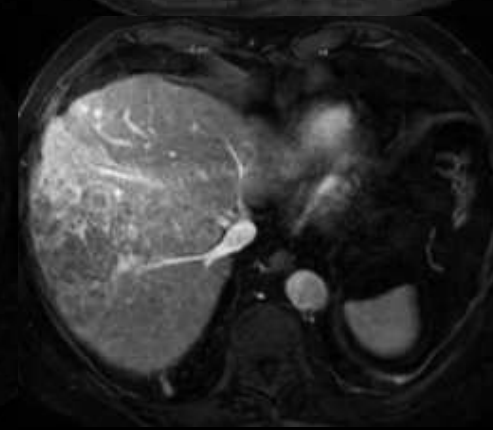
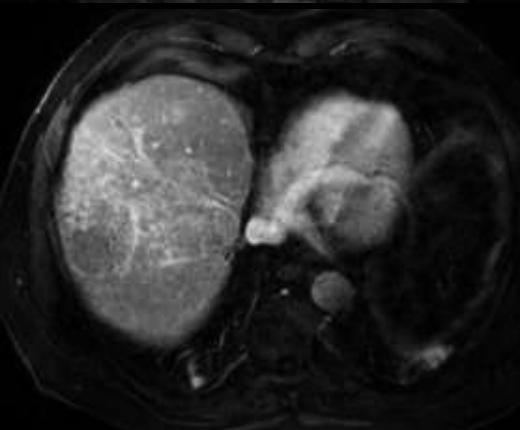
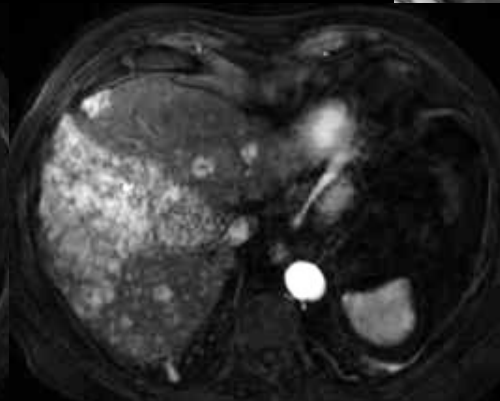
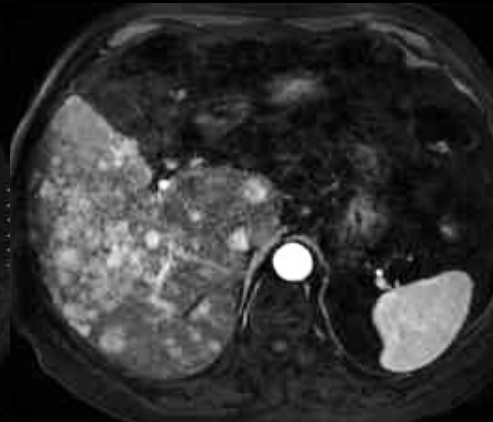
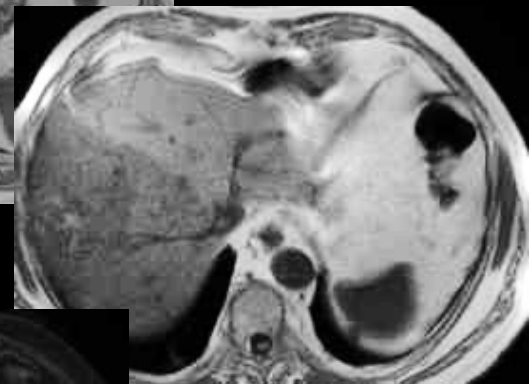
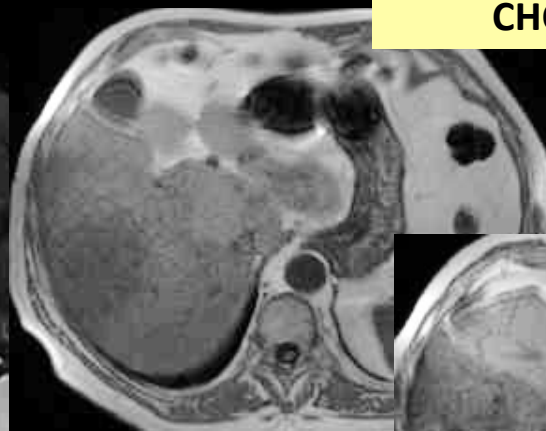
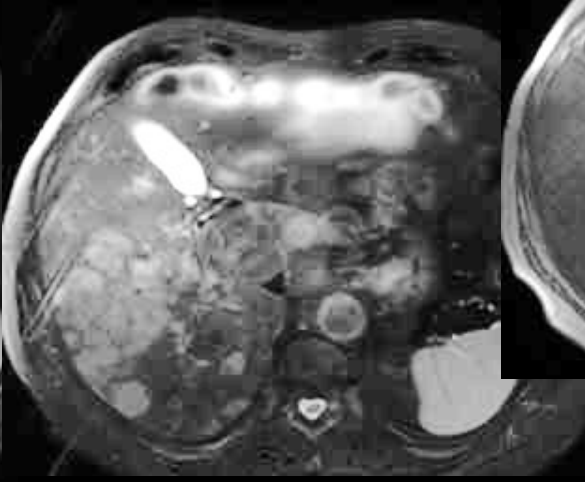
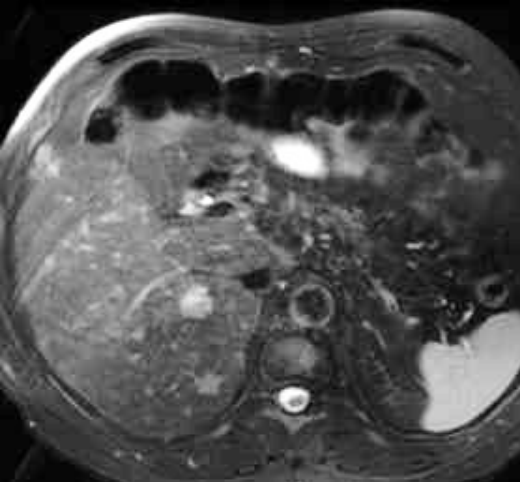
Contrôle à 2 mois



22

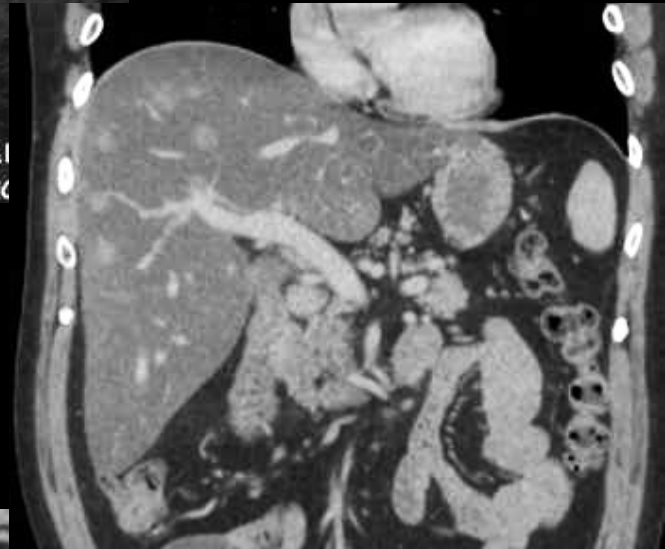
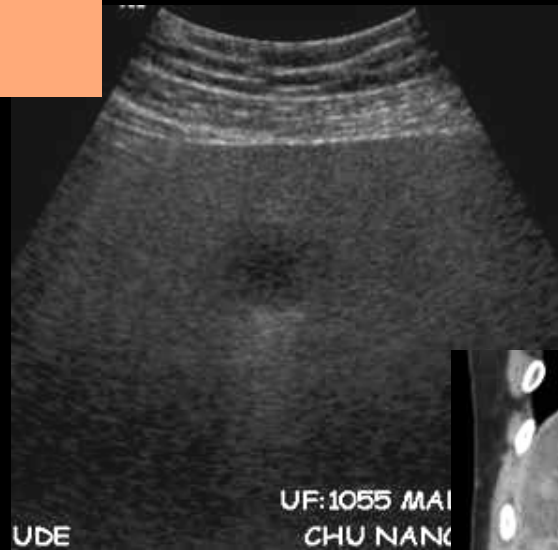
homme, 70 ans

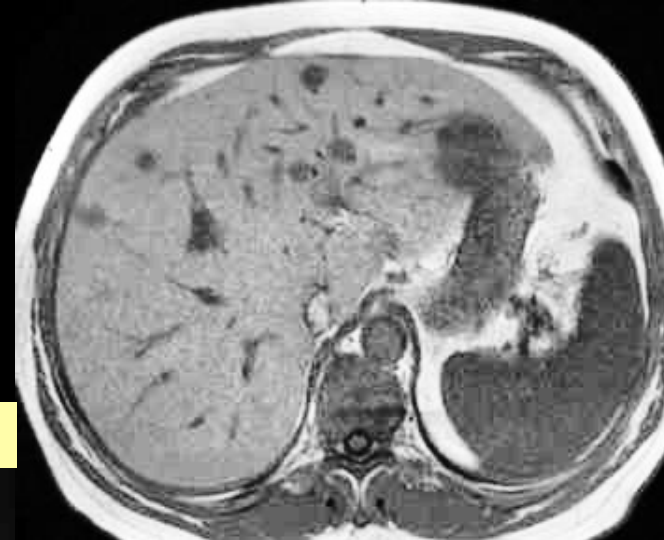
CHC multifocal



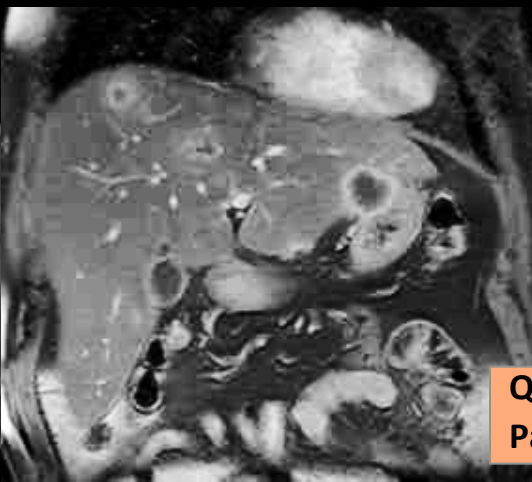
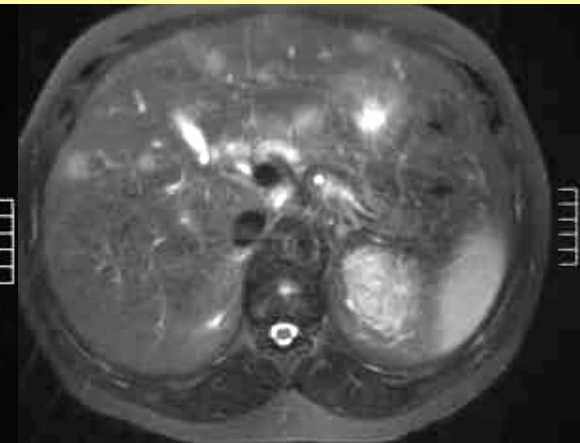
23

Homme 45 ans fièvre et perte de poids
Ancien toxicomane





Biopsies: lymphome malin B diffus à grandes cellules



**Quelle est votre hypothèse principale ?
Patient séropositif HIV**

24

Femme, 25 ans

Sarcome myxoïde du lig rond

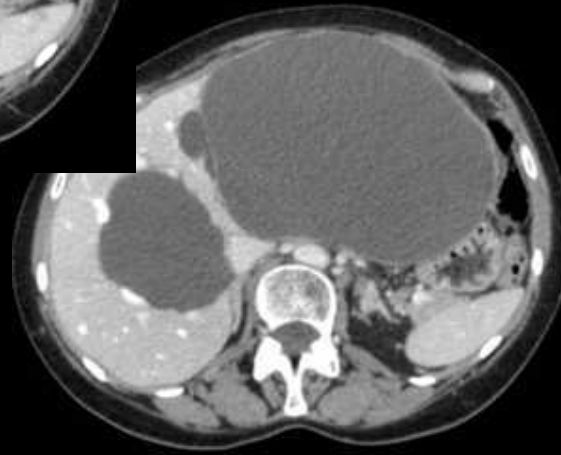
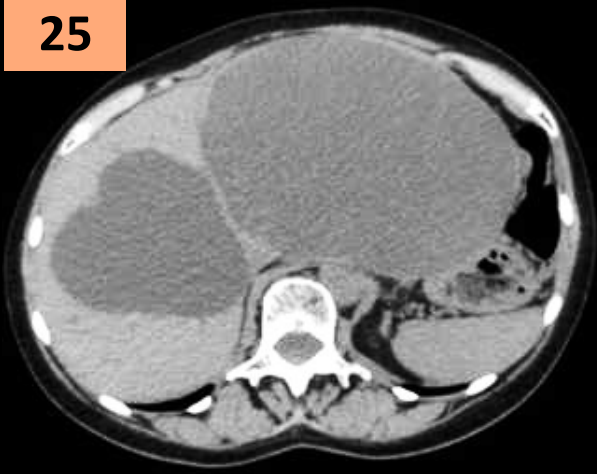


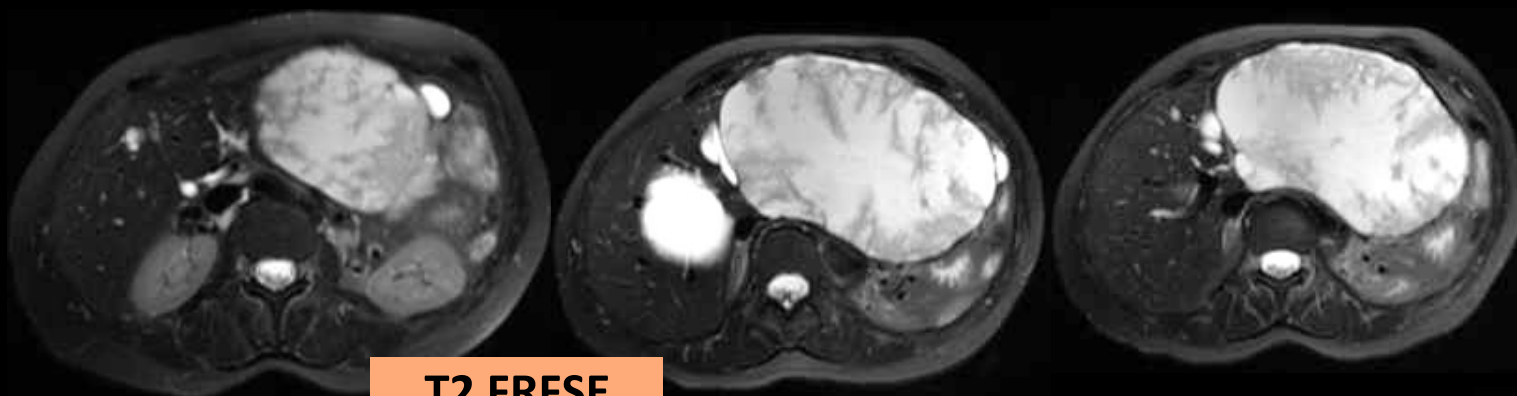
25

Patiente de 57 ans

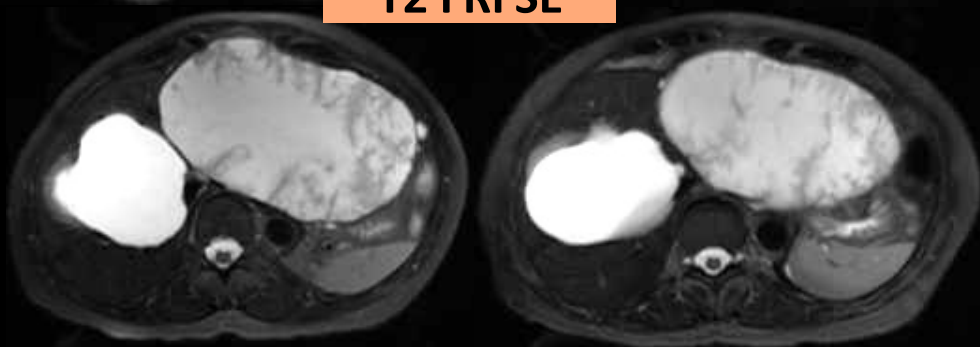
Pas d'ATCD

Douleurs épigastriques, dysphagie





T2 FRFSE



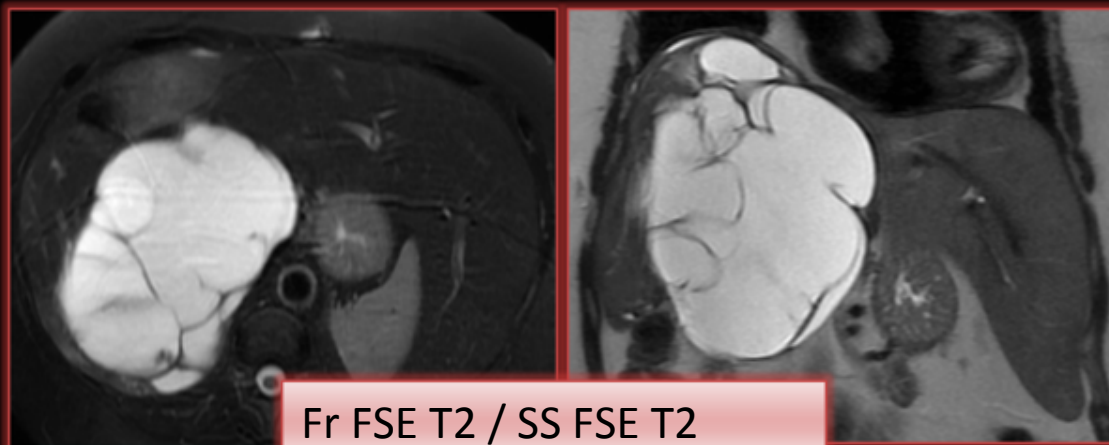
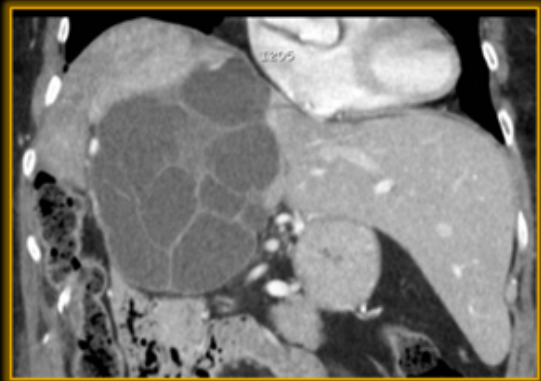
T1

Kyste biliaire hémorragique

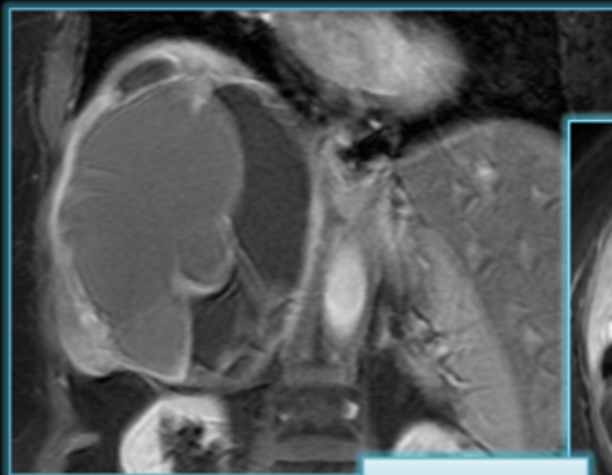


T1 Gado

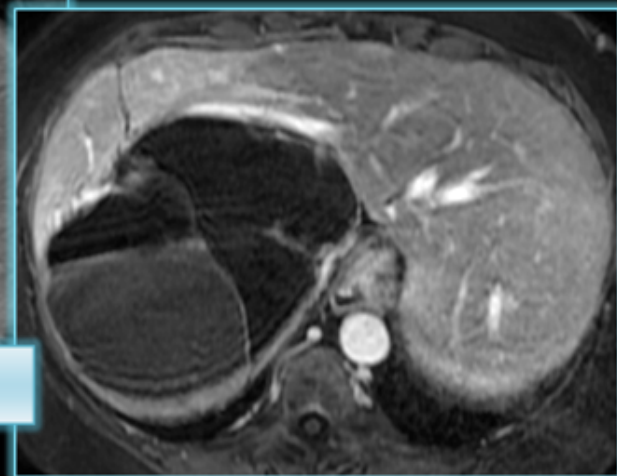


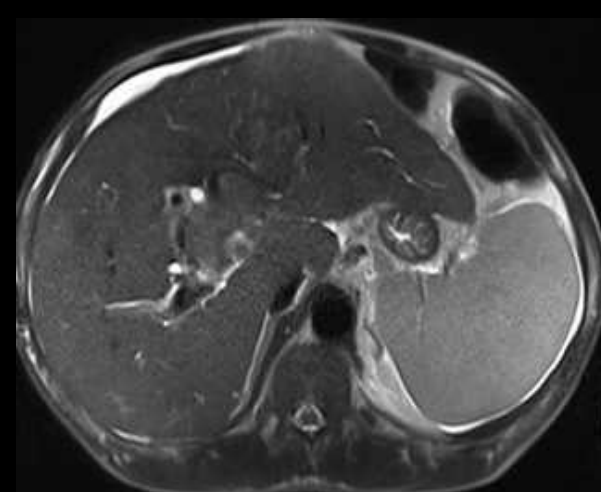
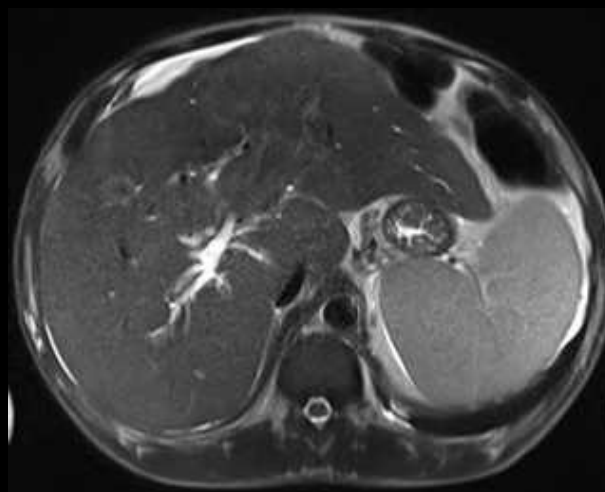
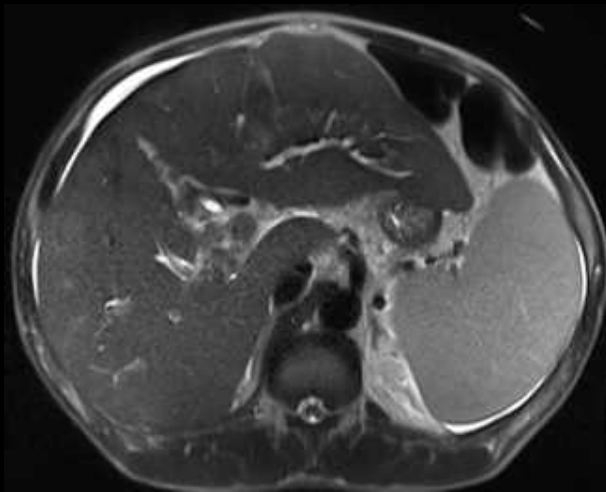
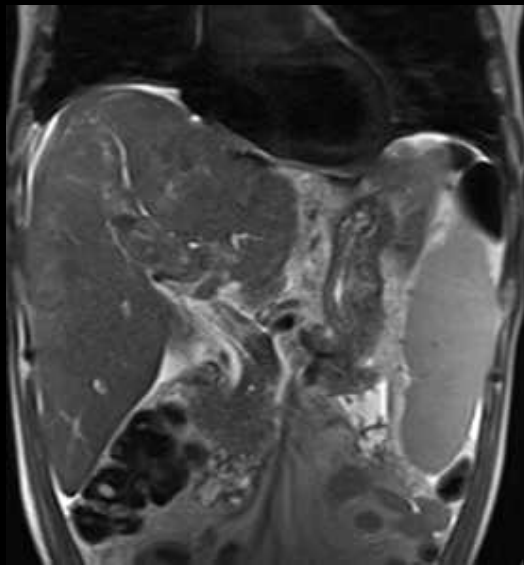
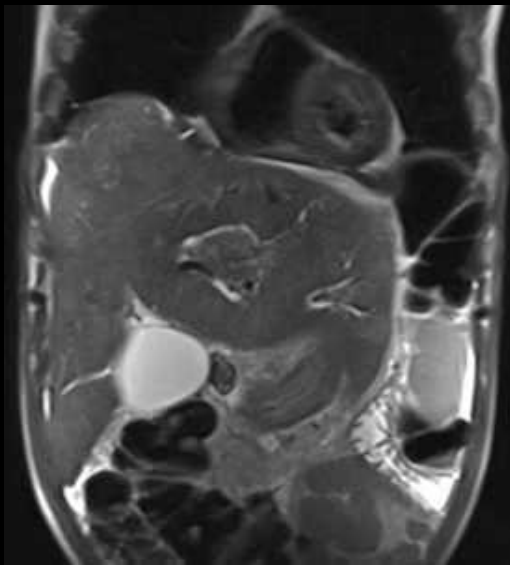


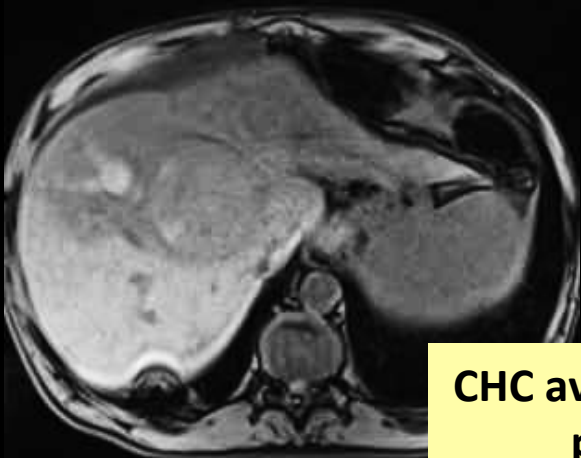
Fr FSE T2 / SS FSE T2



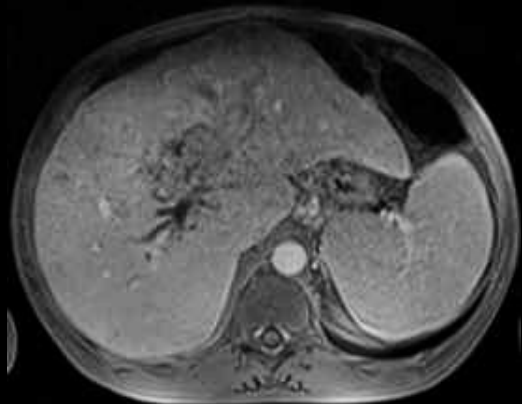
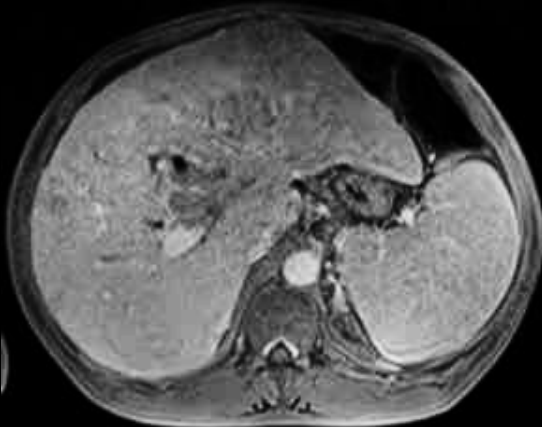
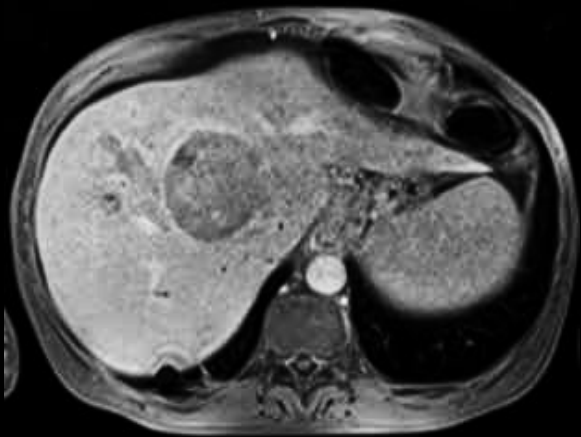
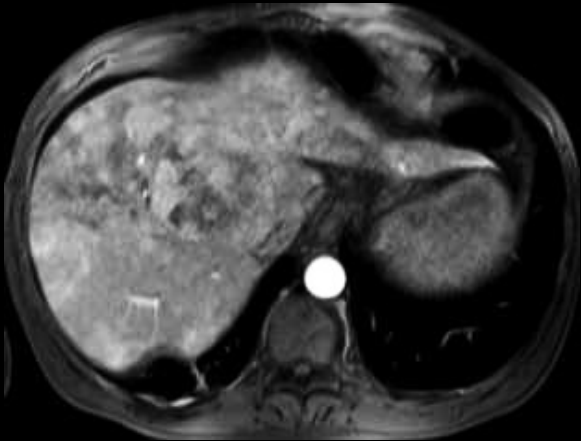
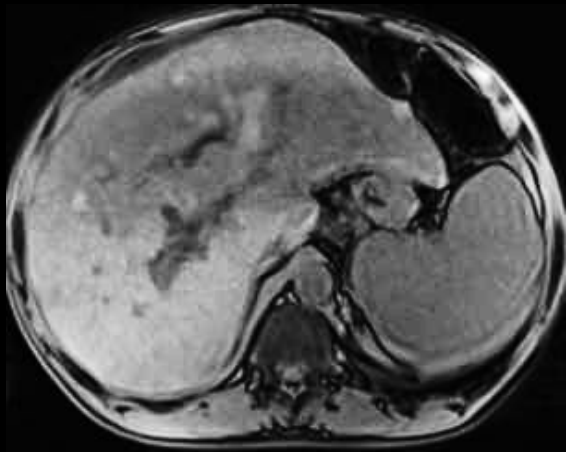
T1 gado



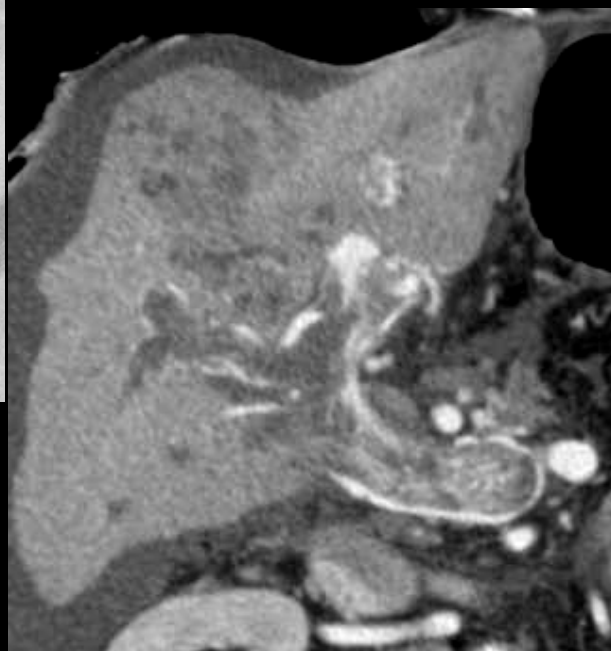


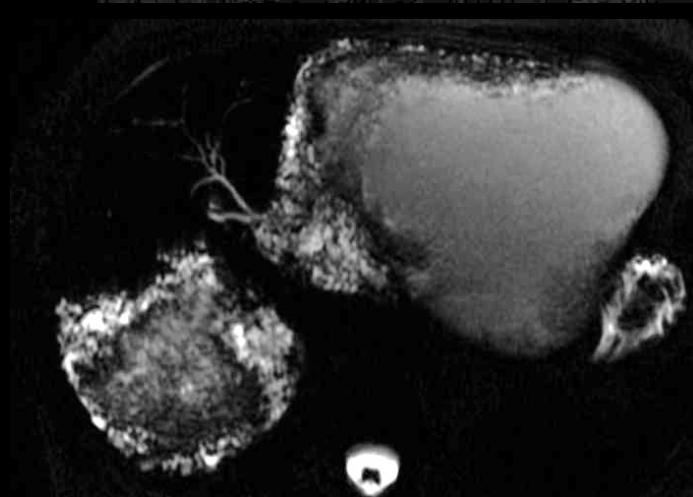
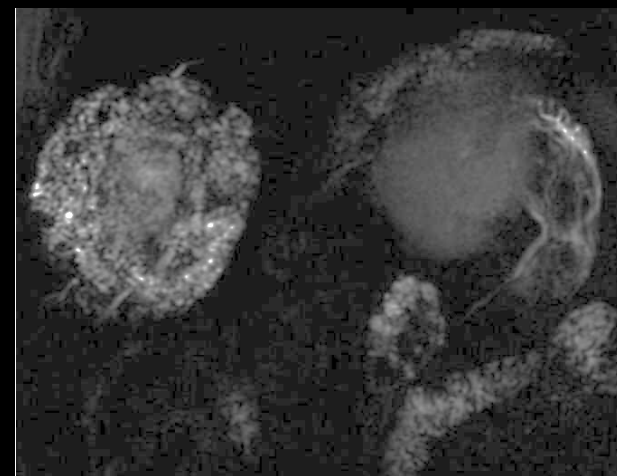
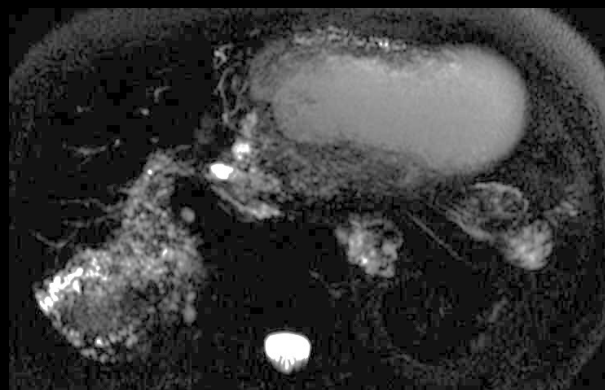
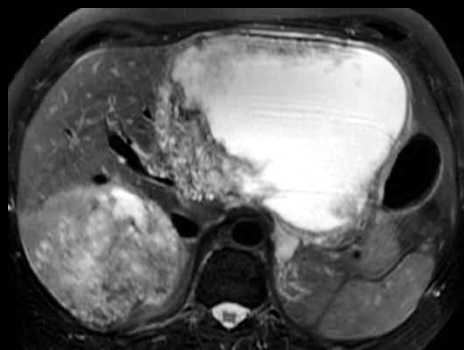
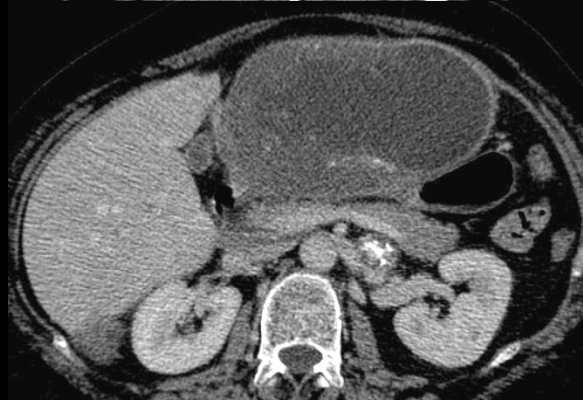
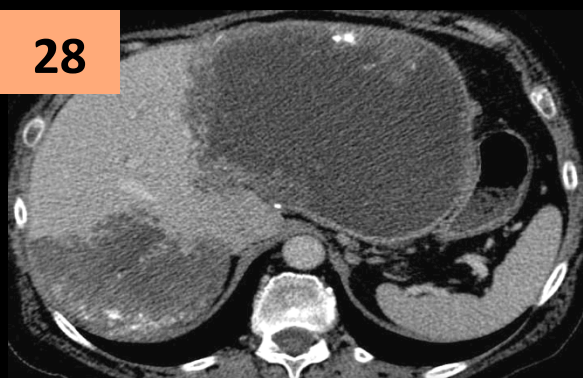


**CHC avec envahissement
portal massif**



« Thread and streak sign » ou signe d' Okuda



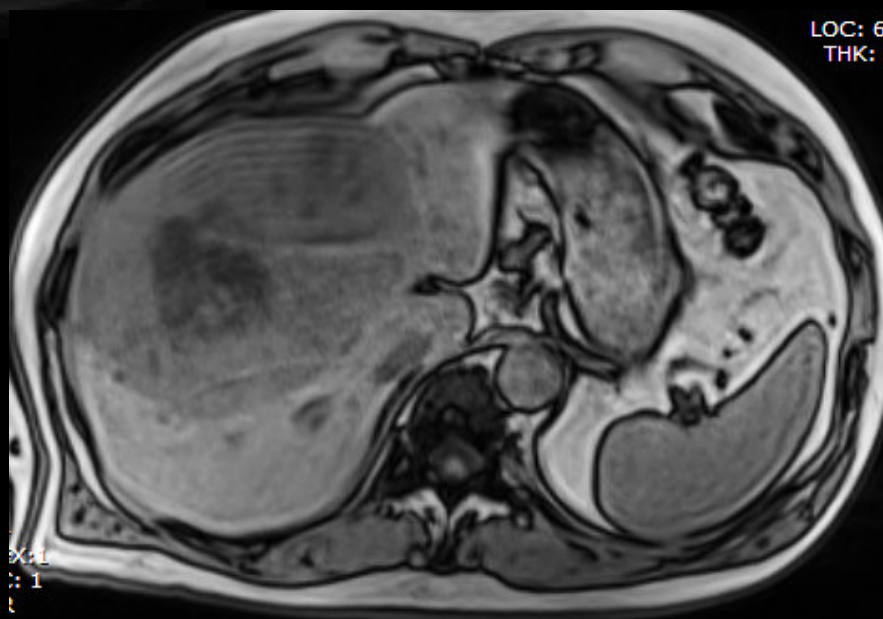
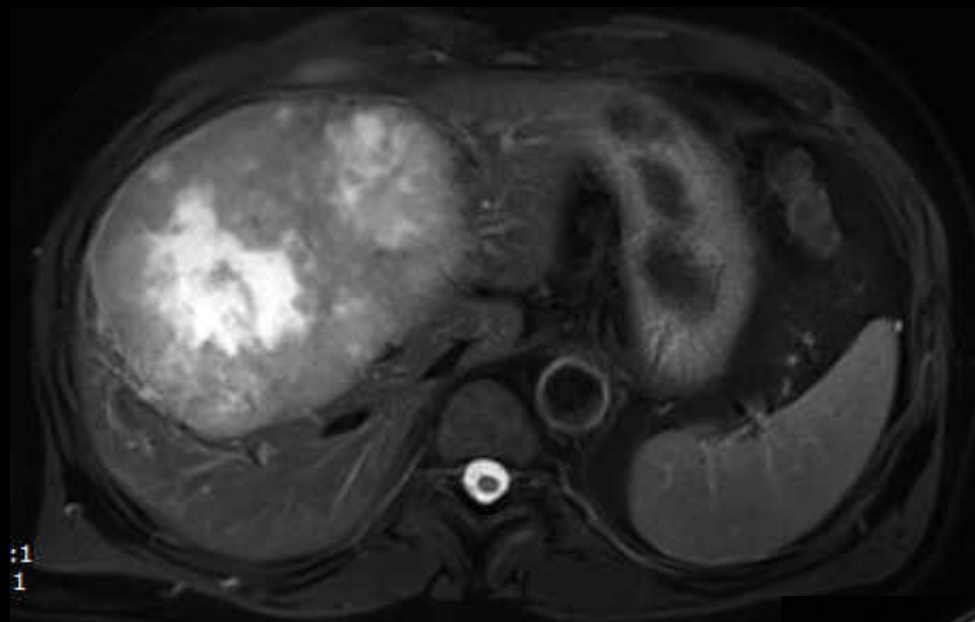


**Échinococcose
alvéolaire, double
localisation hépatique
et rétro péritonéale**

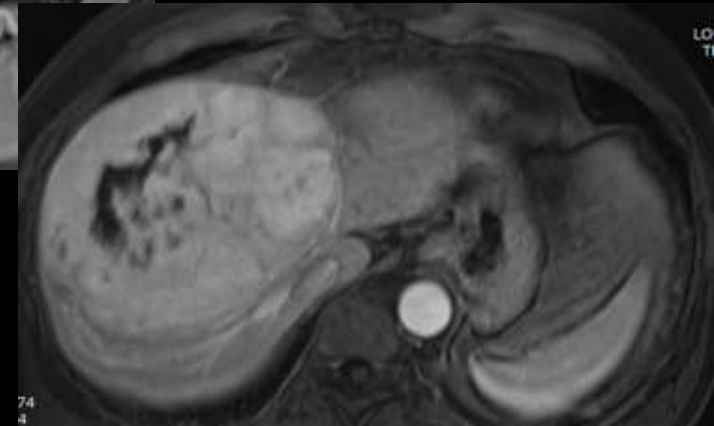
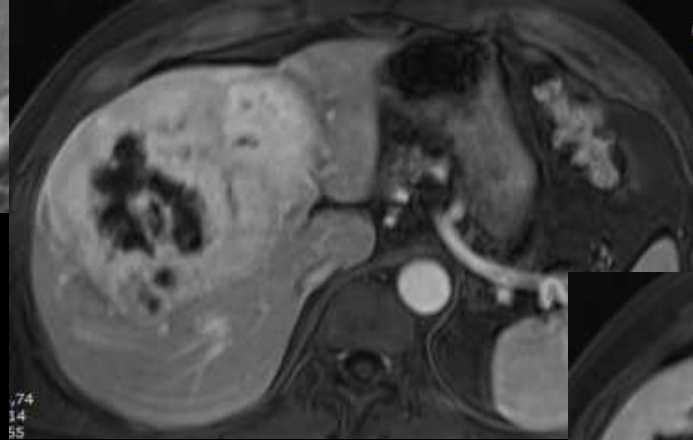
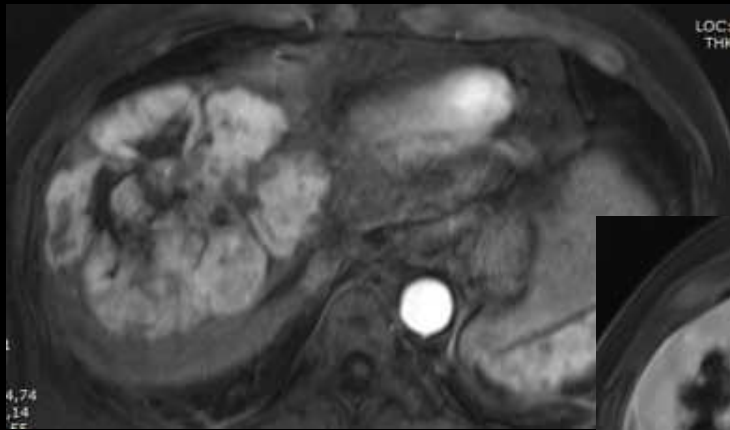
29

Homme de 55 ans. Perturbations modérées du bilan biologique hépatique. Aucun ATCD, non ethylique.

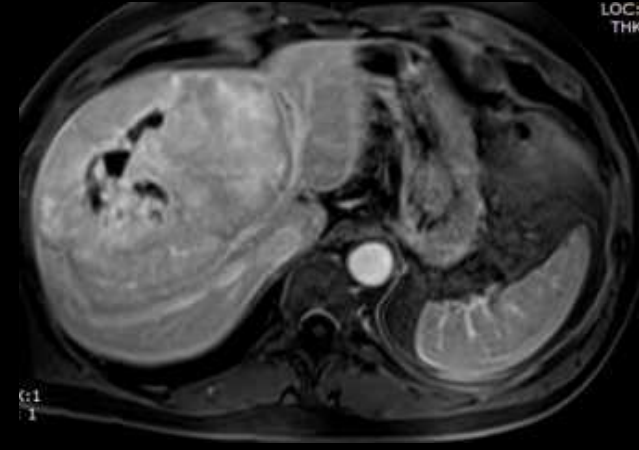
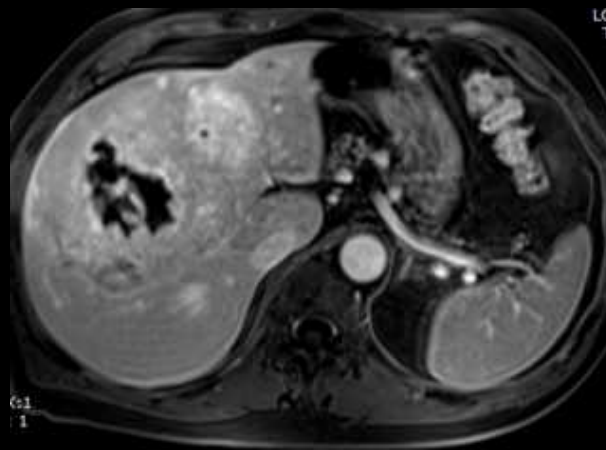


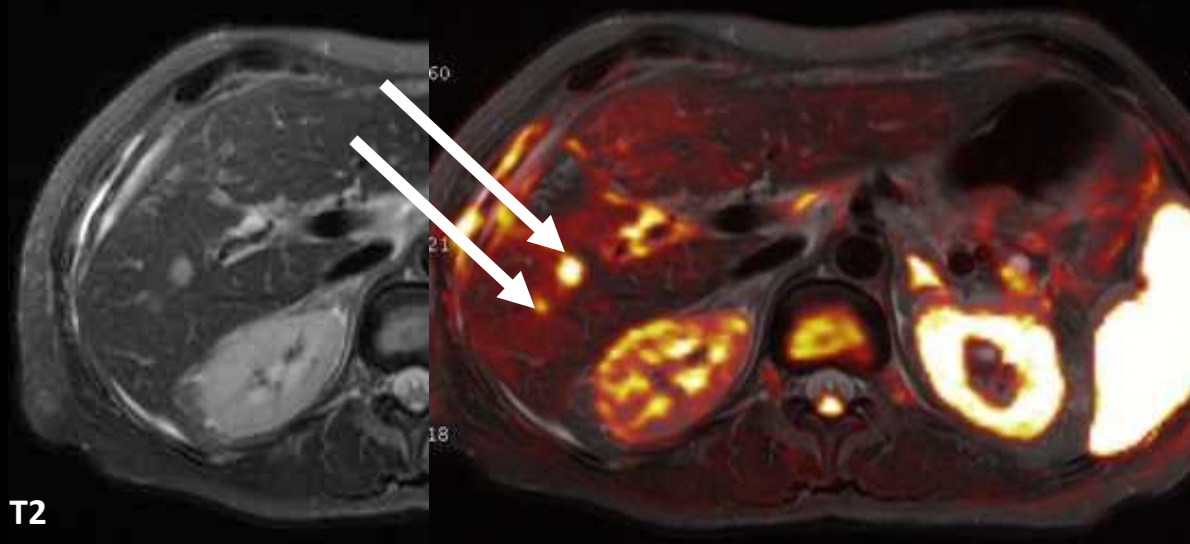
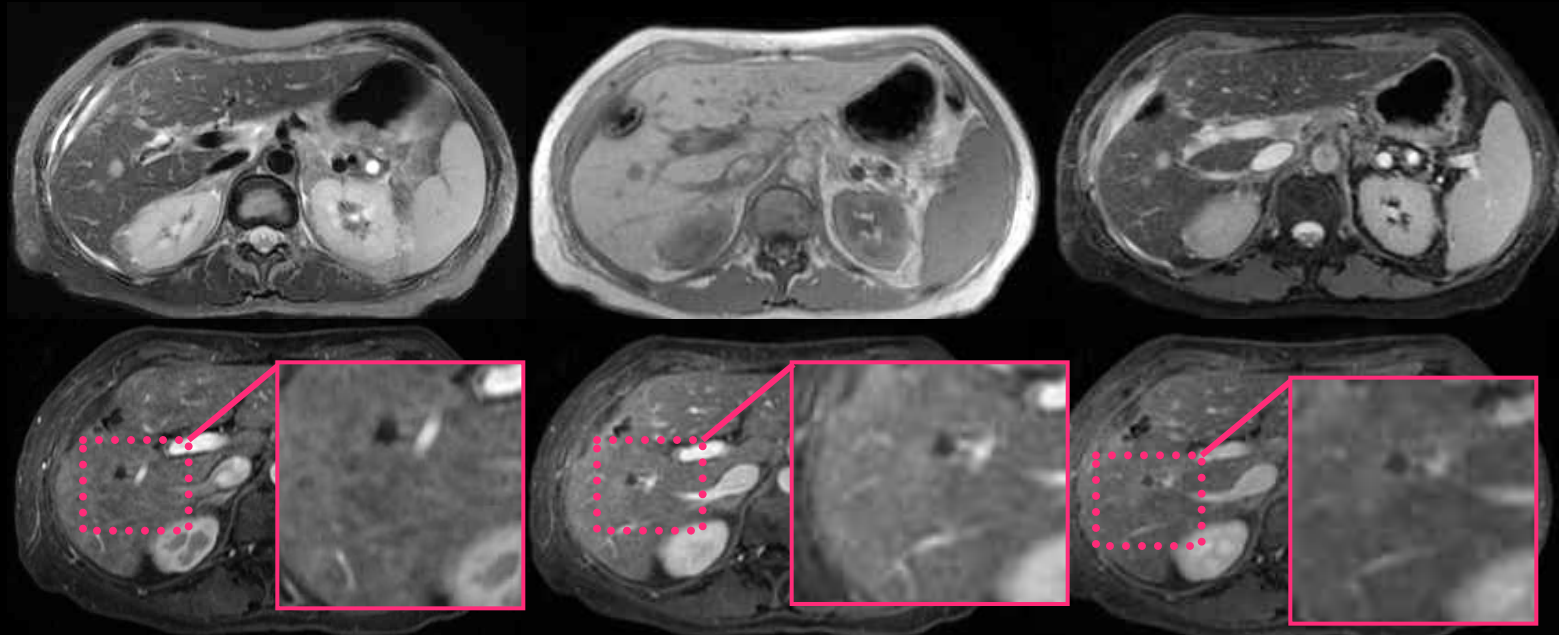


CHC atypique



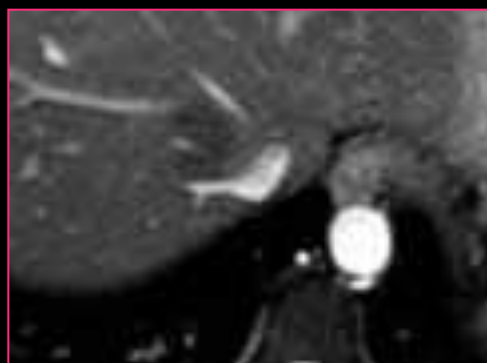
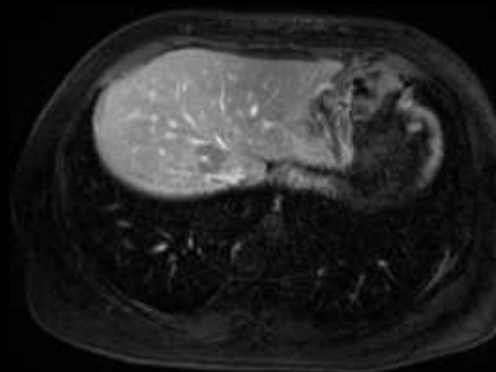
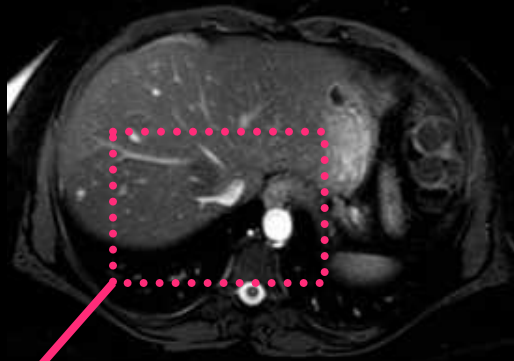
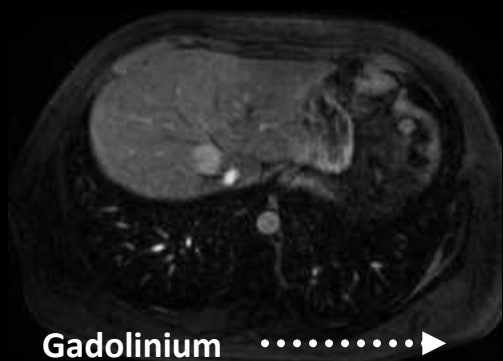
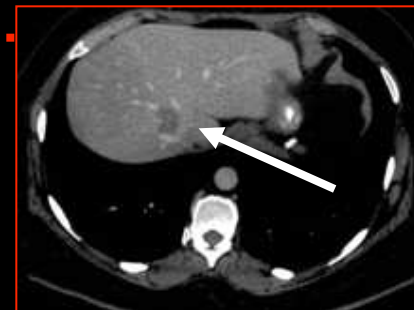
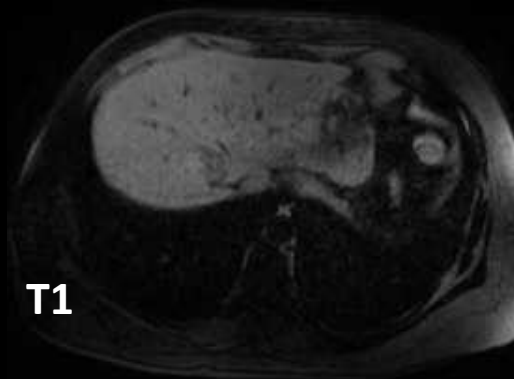
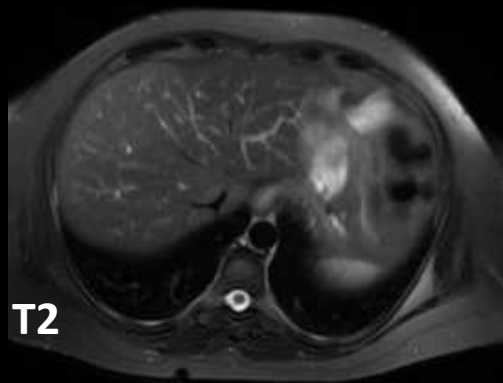
Quelle attitude
proposez-vous ?



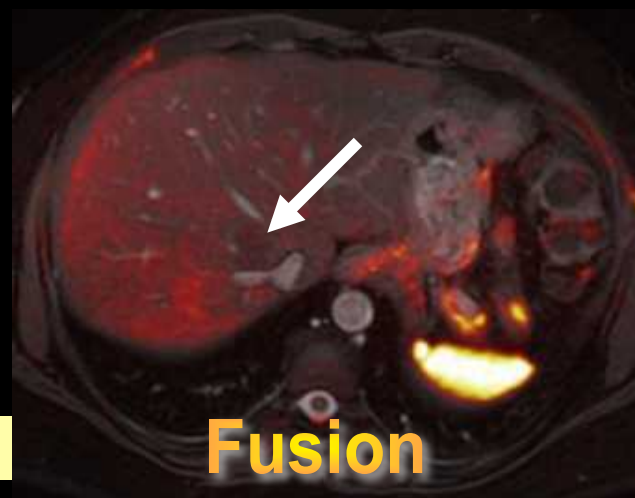


Il y a en fait 2 lésions contiguës du VI...

Comme le laissait supposer le T2; mais pas les séquences injectées !



.....>
Diffusion



Stéatose focale...Pas d'hypersignal en diffusion !