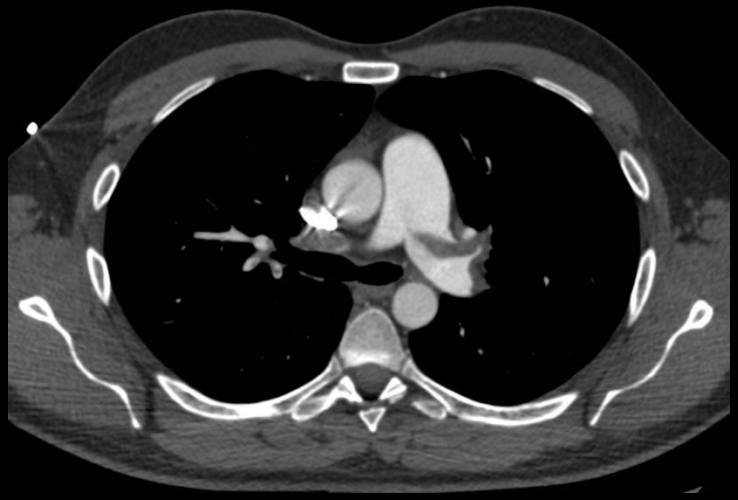
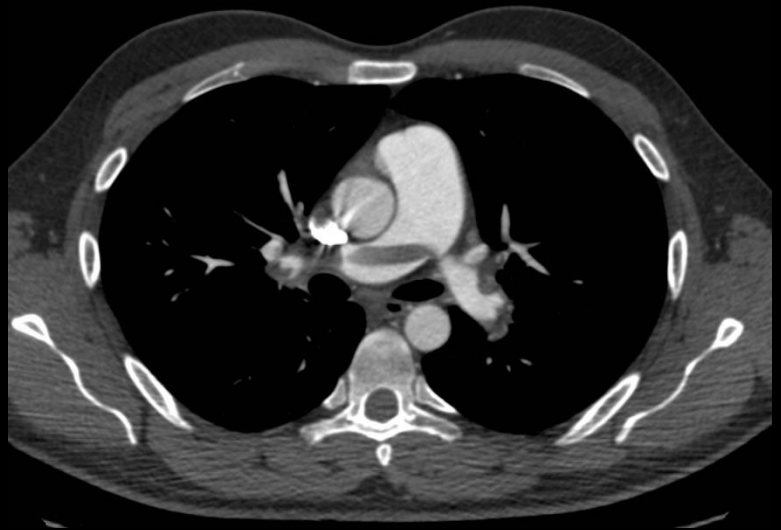
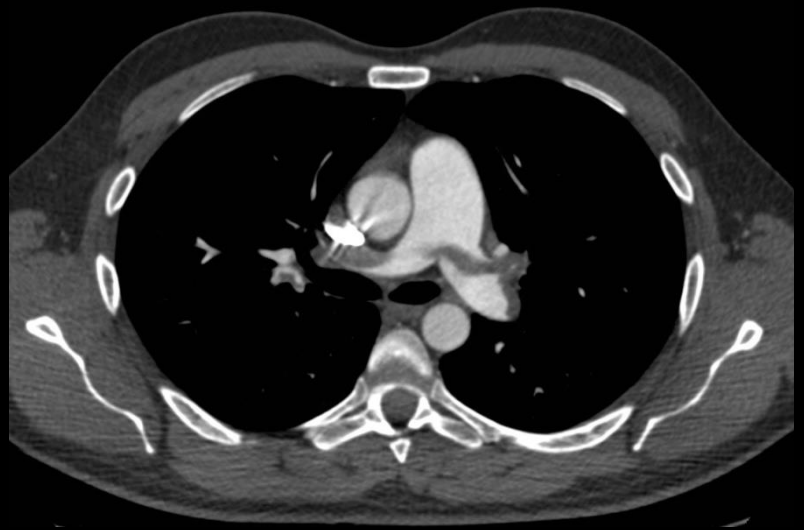
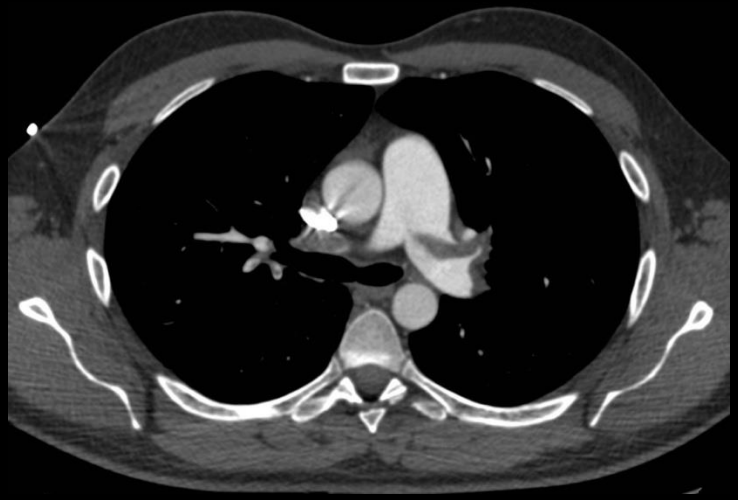
Cas 1

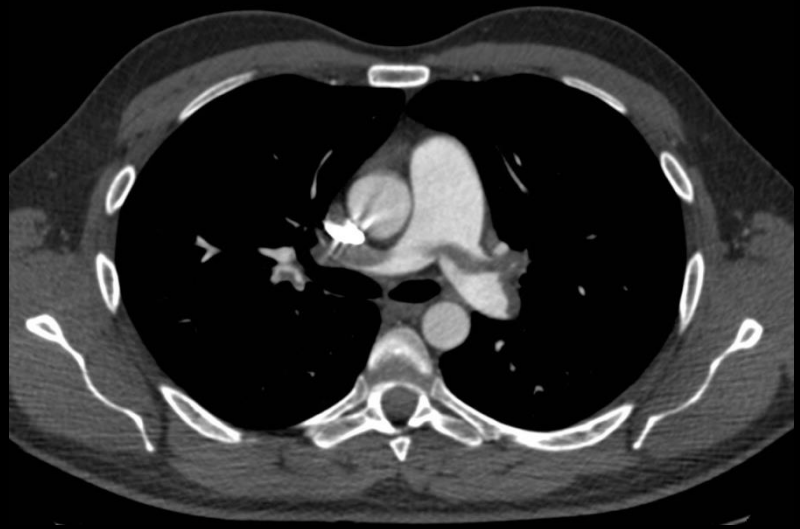


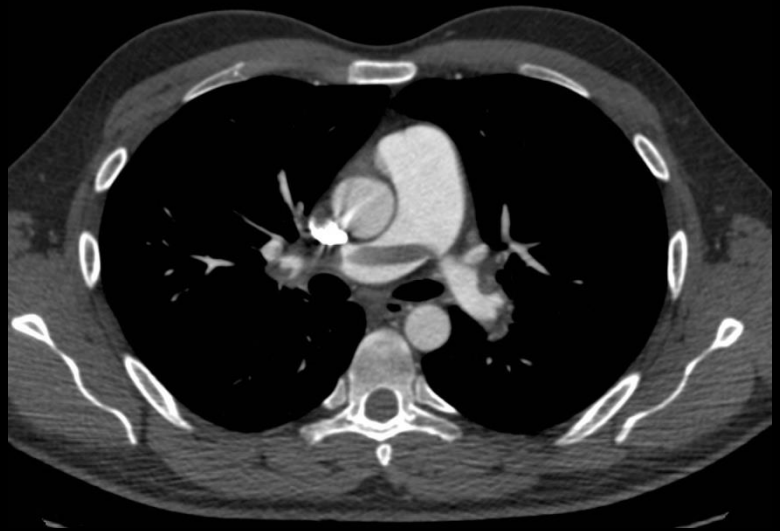


Patient de 42 ans
Douleur thoracique, pas de fièvre
Tachycardie à 129/min





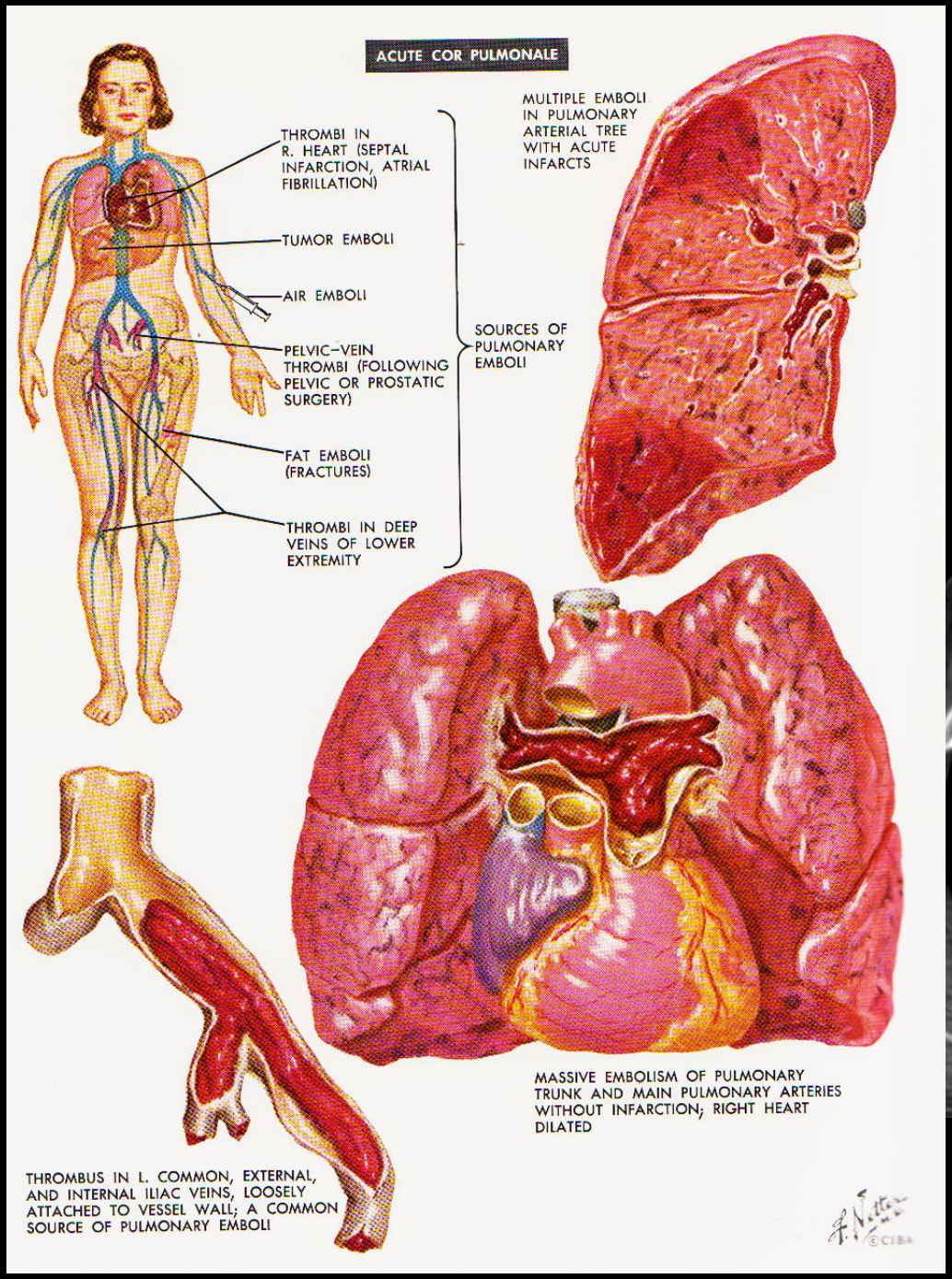


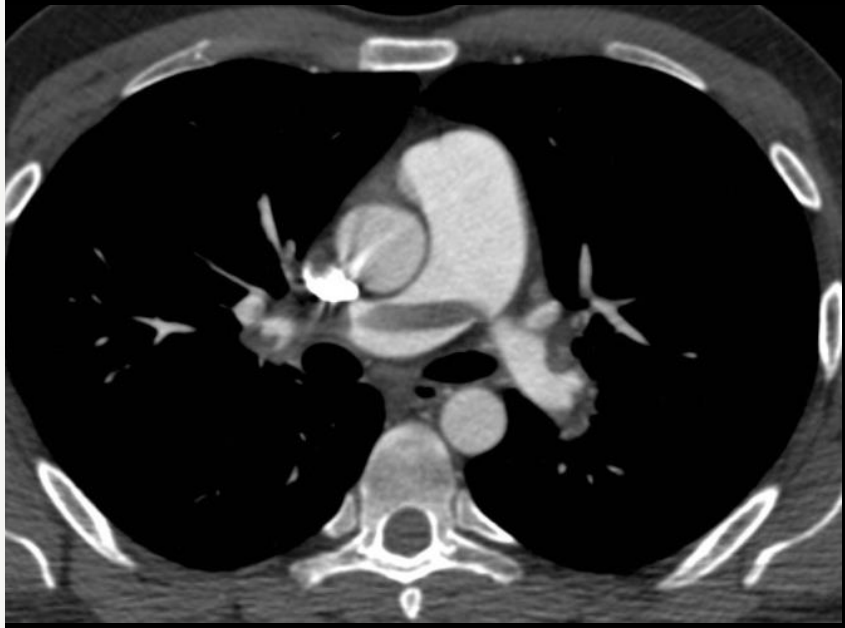


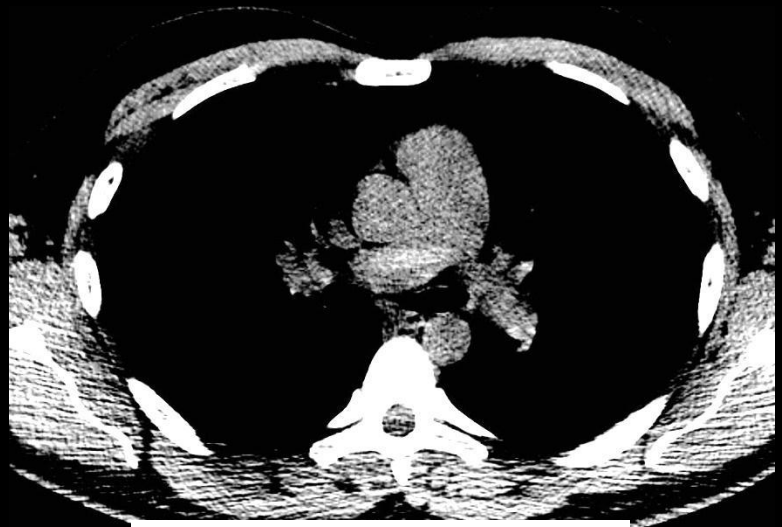
scanner thoracique avec IV ou angioscanner thoracique
Coupe axiale, fenêtre médiastinale

Défect endoluminal ou embol au sein des branches de l'AP
= embols pulmonaires récents

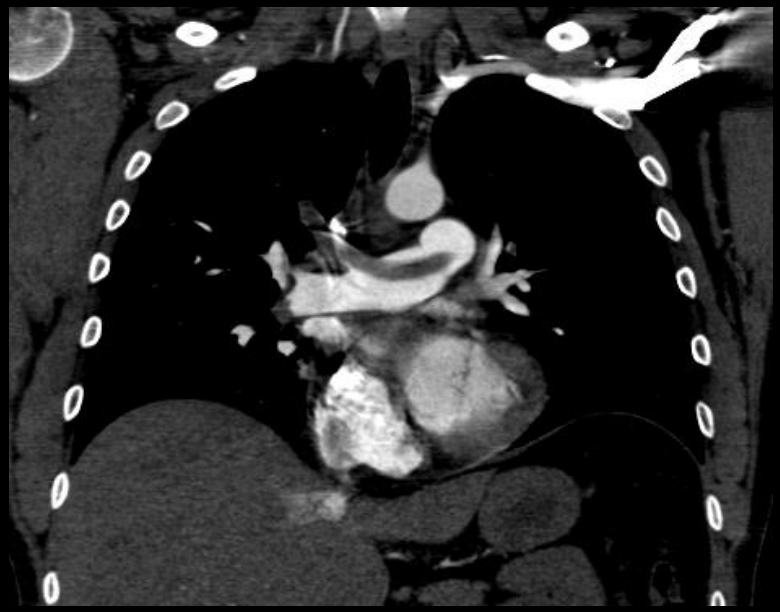
embolie pulmonaire "en selle"

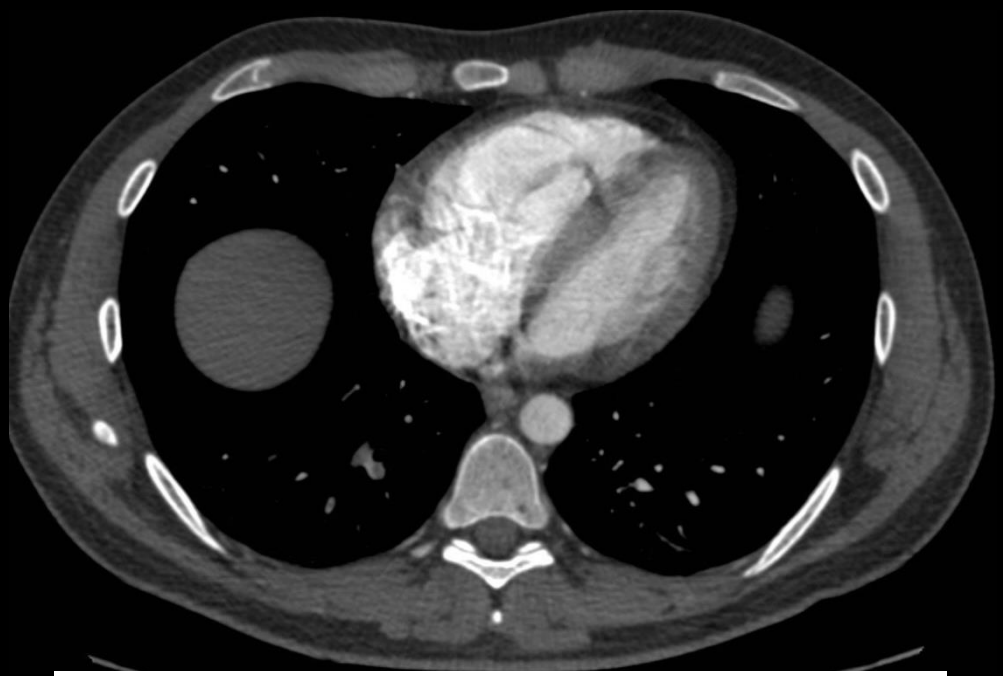

ACUTE COR PULMONALE
THROMBI IN R. HEART (SEPTAL INFARCTION, ATRIAL FIBRILLATION)
TUMOR EMBOLI
AIR EMBOLI
PELVIC–VEIN THROMBI (FOLLOWING PELVIC OR PROSTATIC SURGERY)
FAT EMBOLI (FRACTURES)
THROMBI IN DEEP VEINS OF LOWER EXTREMITY
SOURCES OF PULMONARY EMBOLI
MULTIPLE EMBOLI IN PULMONARY ARTERIAL TREE WITH ACUTE INFARCTS
MASSIVE EMBOLISM OF PULMONARY TRUNK AND MAIN PULMONARY ARTERIES WITHOUT INFARCTION; RIGHT HEART DILATED
THROMBUS IN L. COMMON, EXTERNAL, AND INTERNAL ILIAC VEINS, LOOSELY ATTACHED TO VESSEL WALL; A COMMON SOURCE OF PULMONARY EMBOLI
F. Netter
©CIBA





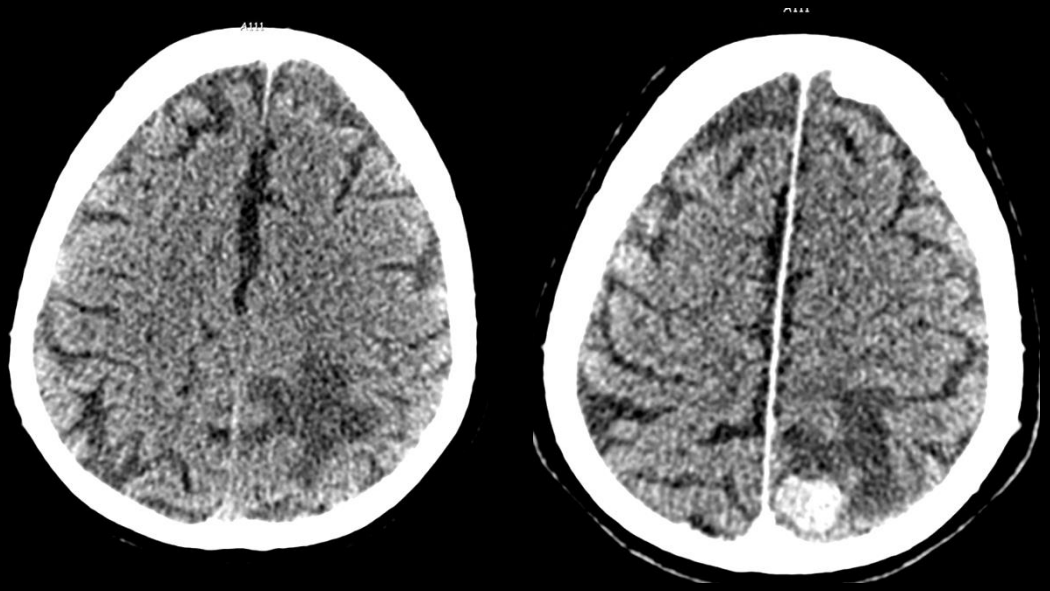
Embole cruorique frais

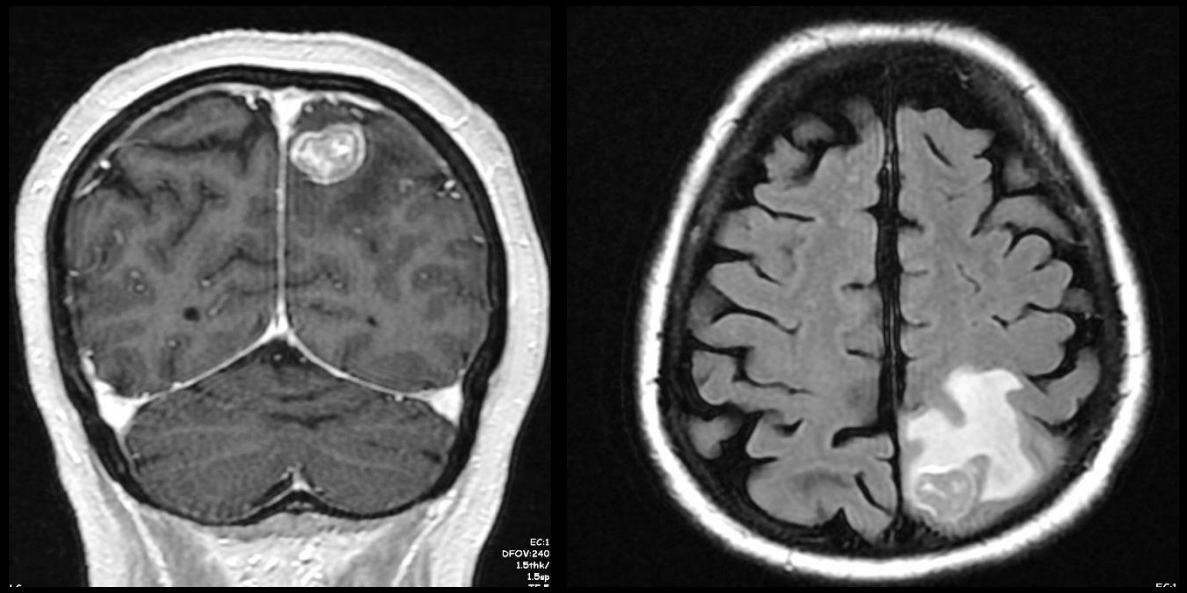




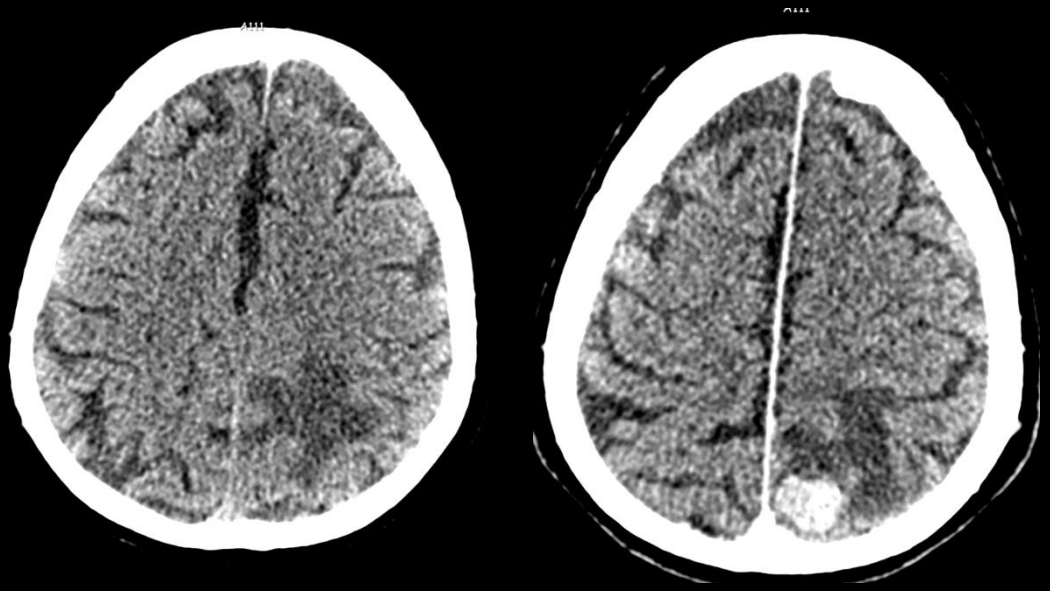
Dilatation cavitaire du VD: rapport VD/VG>1

Cas 2



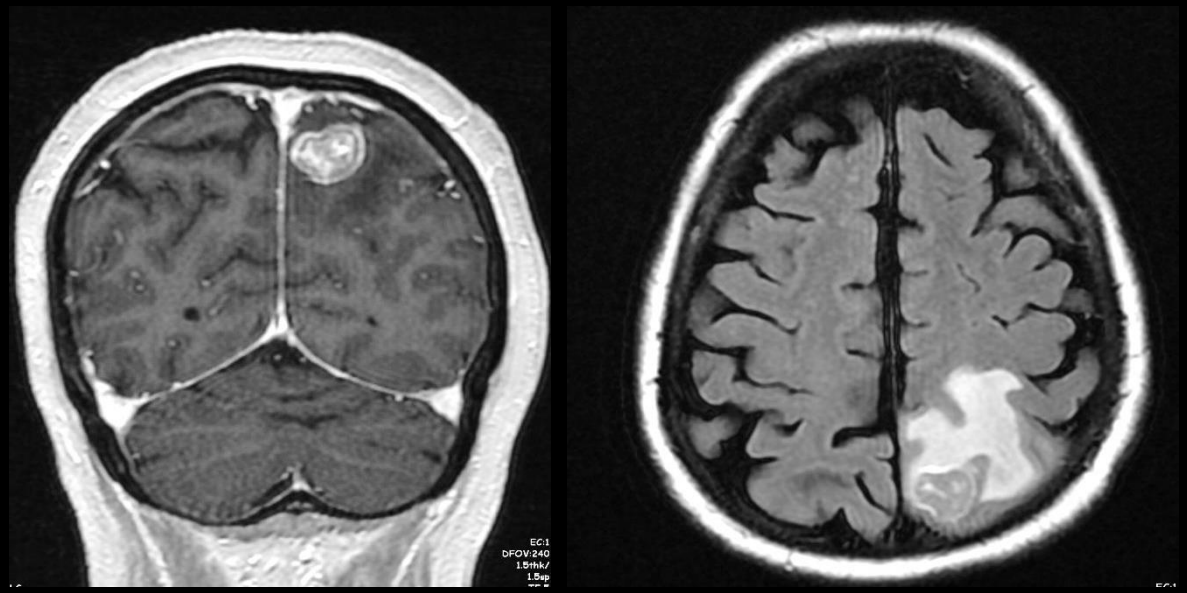


Patiente de 65 ans
Antécédent de mélanome



Scanner cérébral sans et avec injection

Prise de contraste nodulaire pariétale gauche.
Hypodensité de la substance blanche péri lésionnelle = œdème dû à l'effet de masse

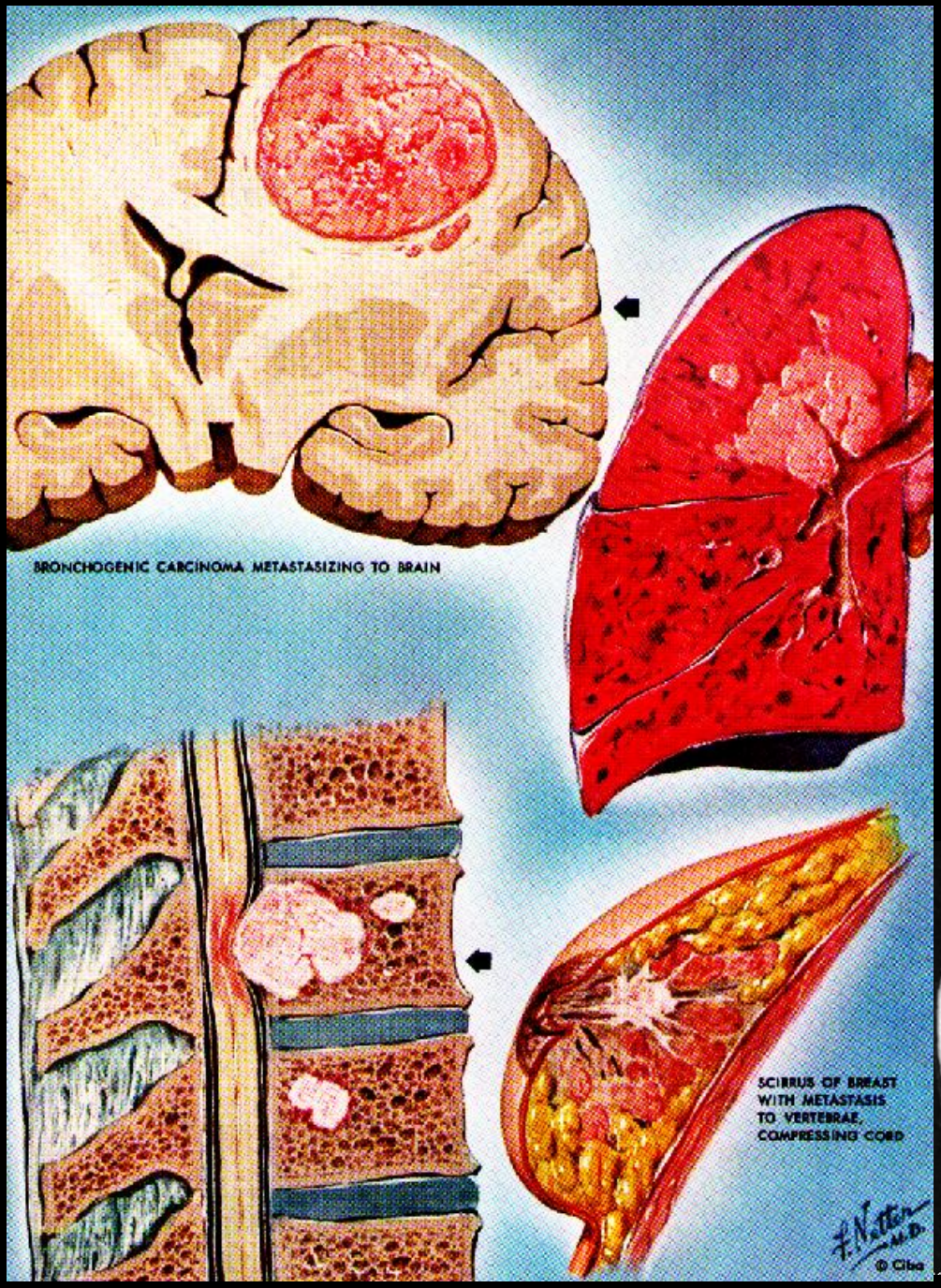


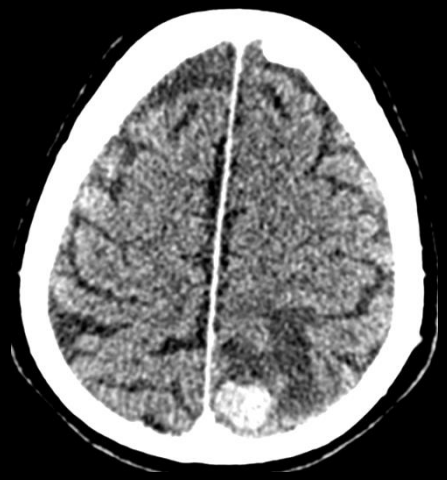
IRM cérébrale

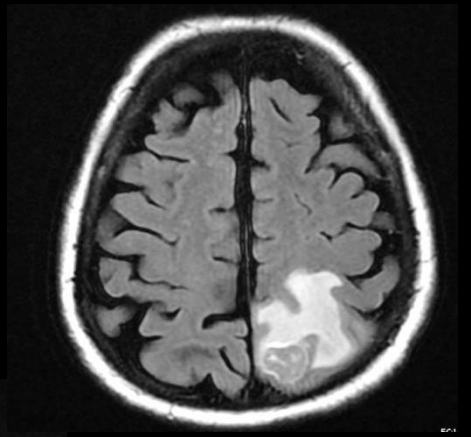
- T1 avec injection de gadolinium, coronal: prise de contraste hétérogène
- FLAIR axial: œdème péri lésionnel en hypersignal

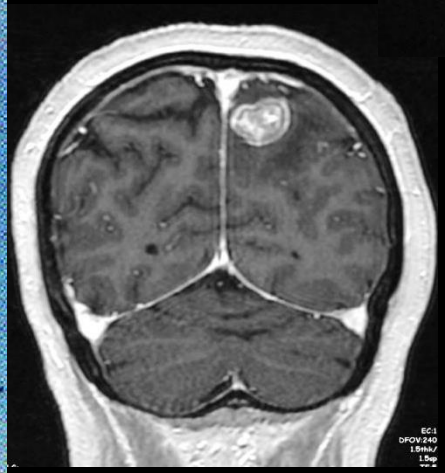
Patiente de 65 ans
Antécédent de mélanome

Métastase cérébrale

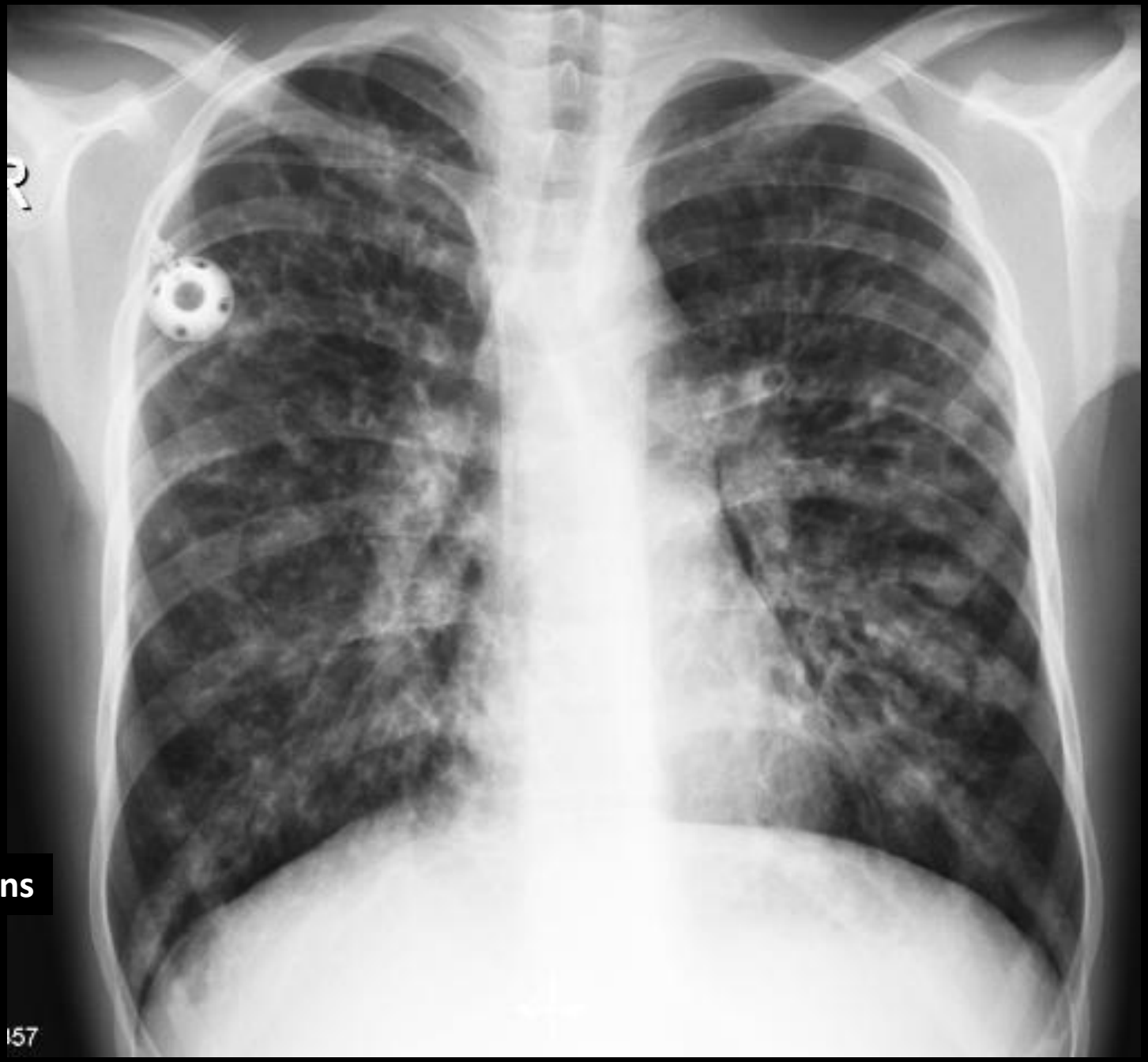

BRONCHOGENIC CARCINOMA METASTASIZING TO BRAIN
SCIRRUS OF BREAST WITH METASTASIS TO VERTEBRAE, COMPRESSING CORD
F. Netter M.D.
© Ciba





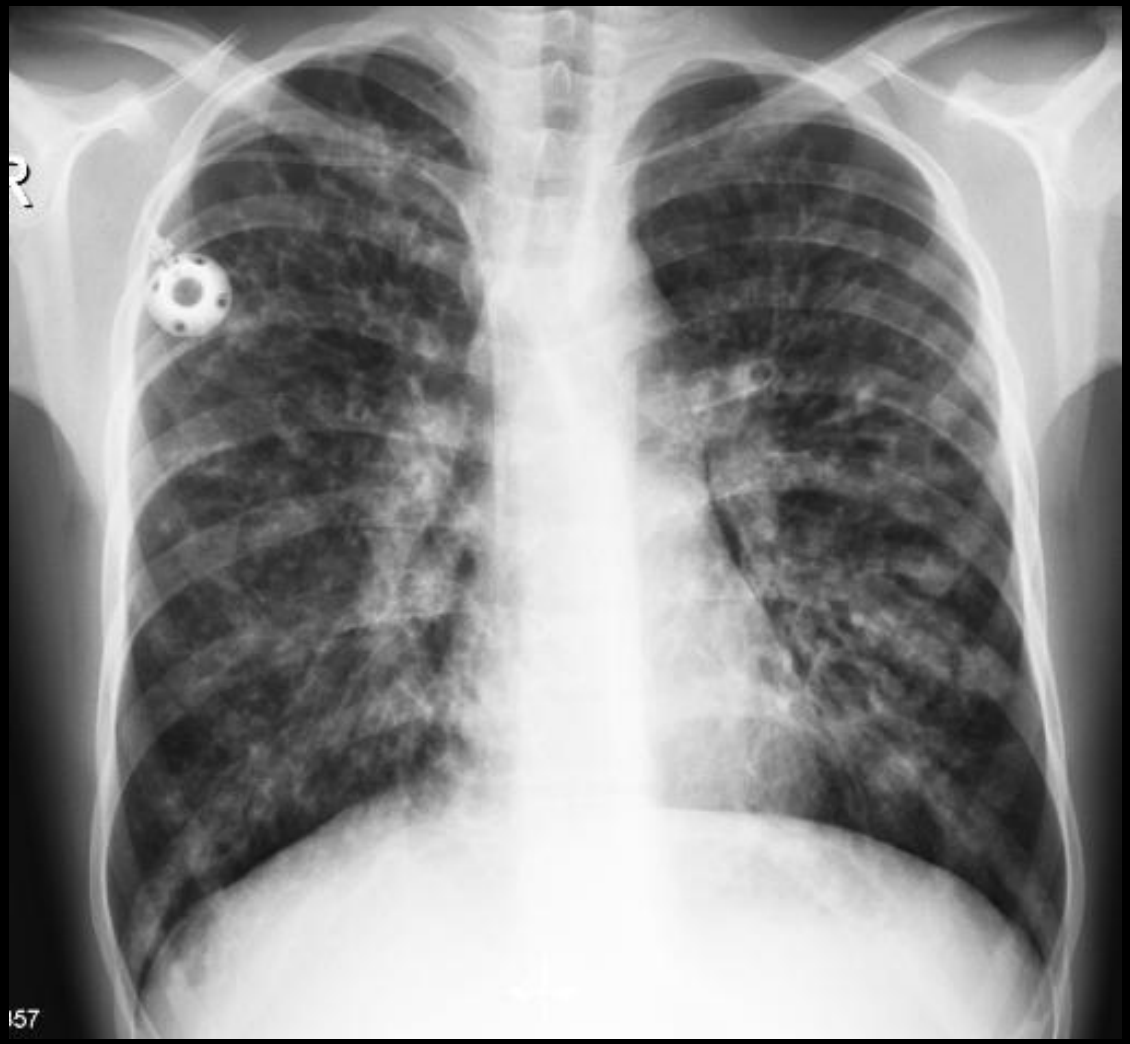


Cas 3



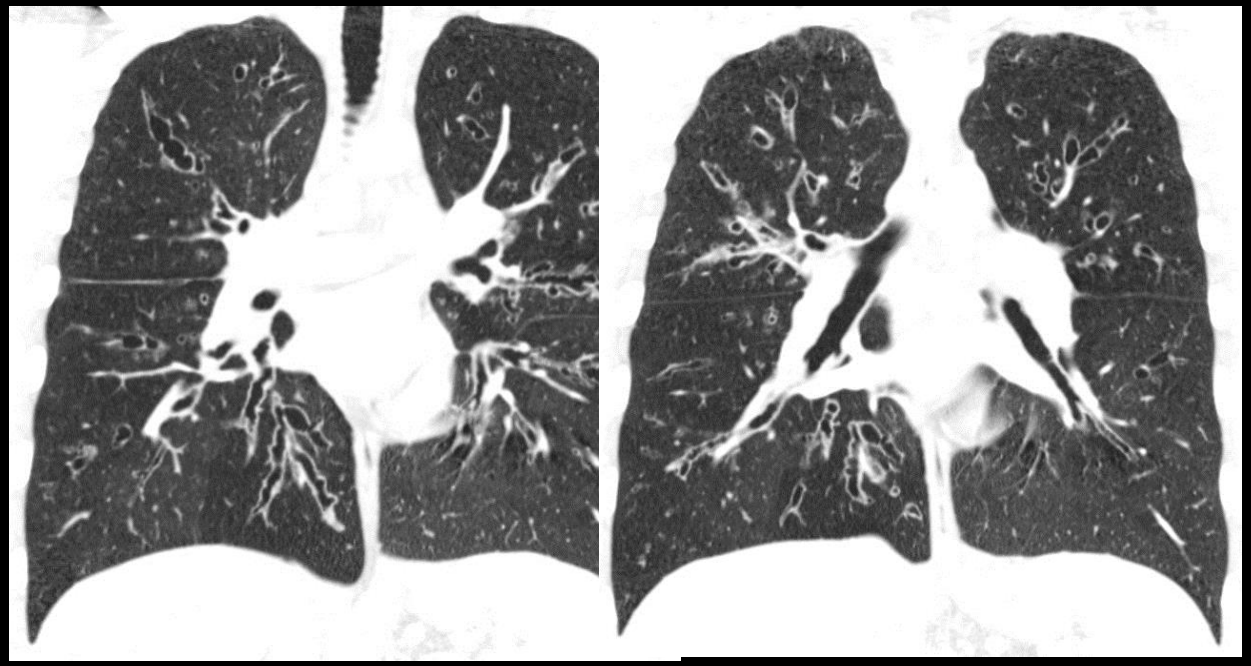
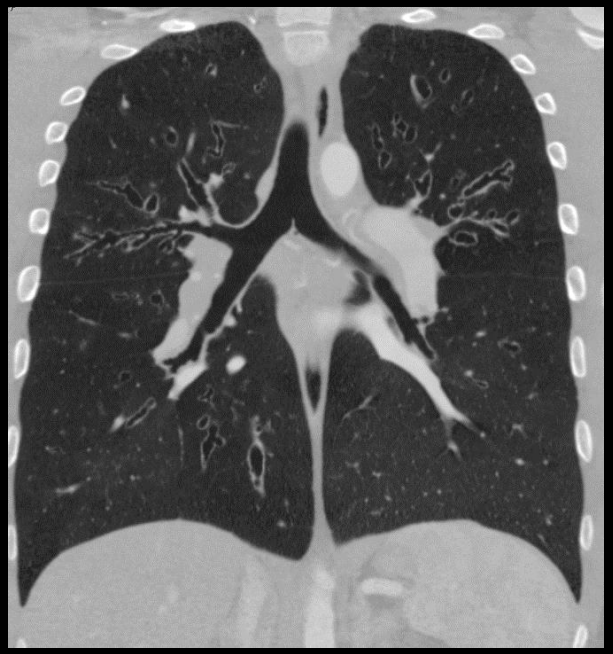
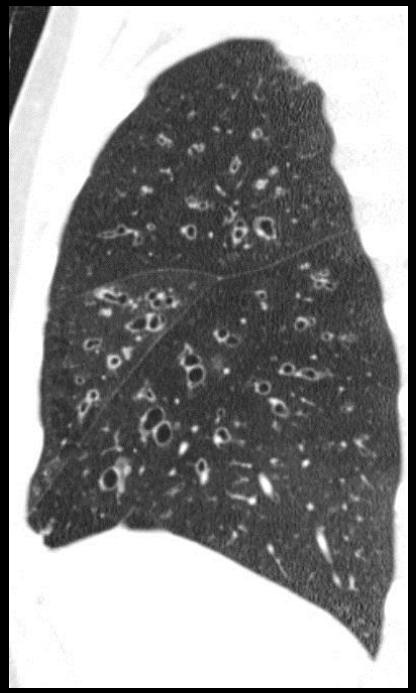
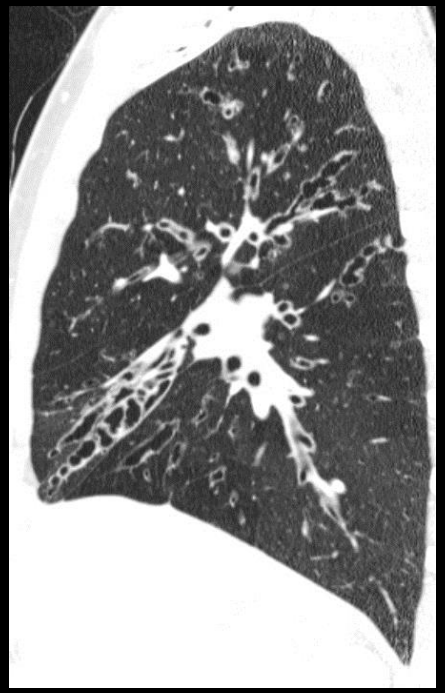
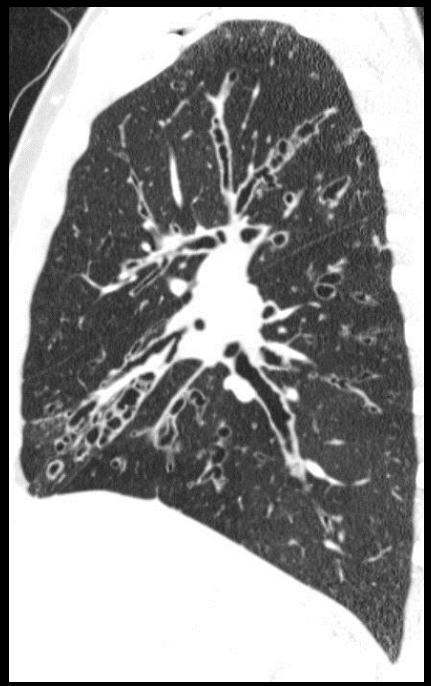
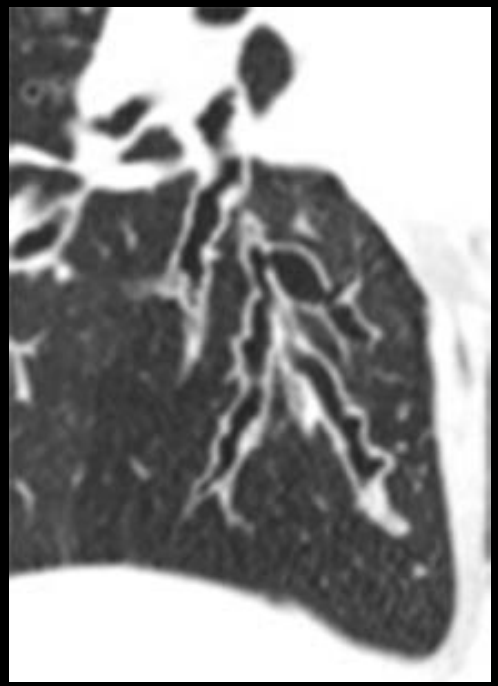
Patiente de 27 ans

Cas 3



Patiente de 27 ans
mucoviscidose

<u>Radiographie thoracique de face</u>
- Syndrome bronchique avec bronchectasies bilatérales
- PAC en place

Pathogenesis

Unknown genetic defect

Staphylococcus and/or *Pseudomonas* invasion and colonization

? Impaired (genetic) ciliary clearance

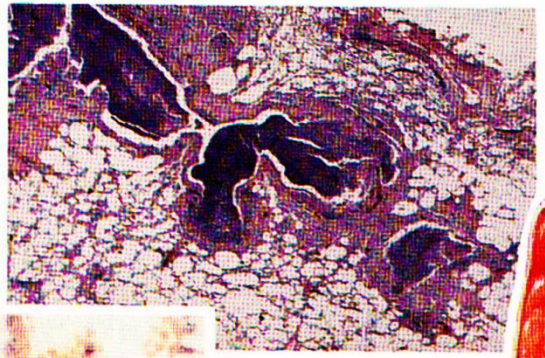
Lungs structurally normal at birth but prone to infection (mainly in airways at first) due to unknown genetic defect

Increased goblet cells in airway epithelium

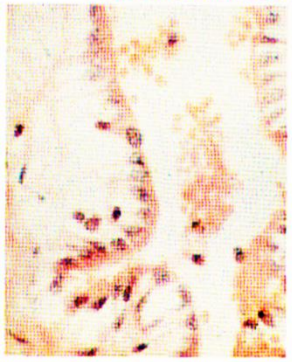
Increased submucosal gland size

Obstruction of small airways by mucus and pus

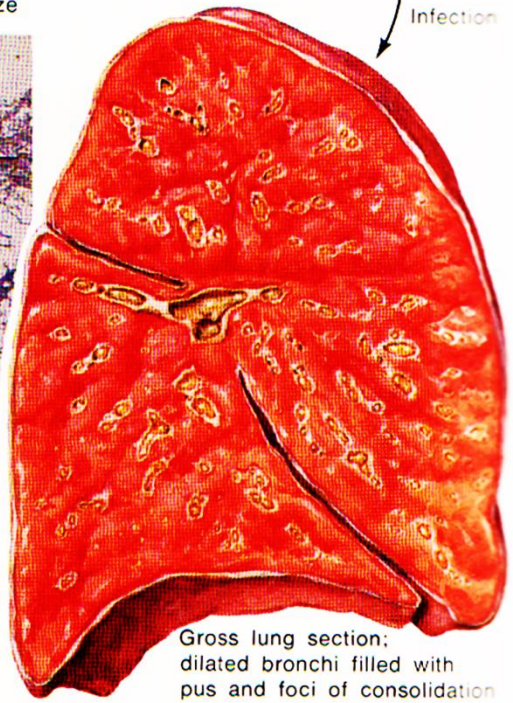
Infection



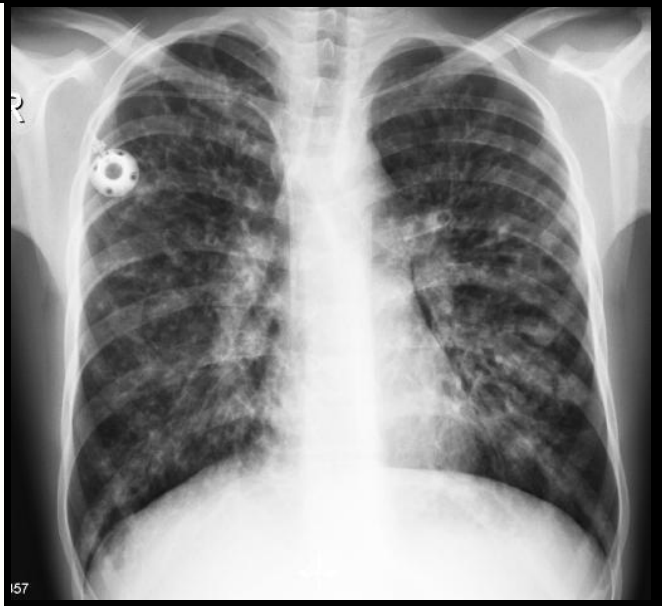
Group of small airways distended with pus and mucus; peribronchial inflammatory cell infiltration

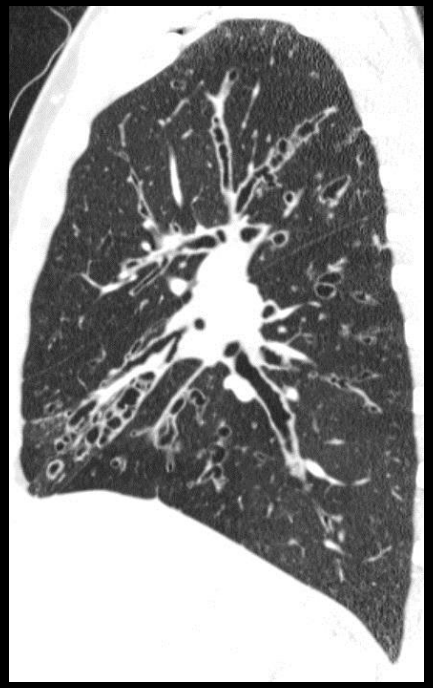


Section through pleura showing cuboidal rather than normally flat mesothelium



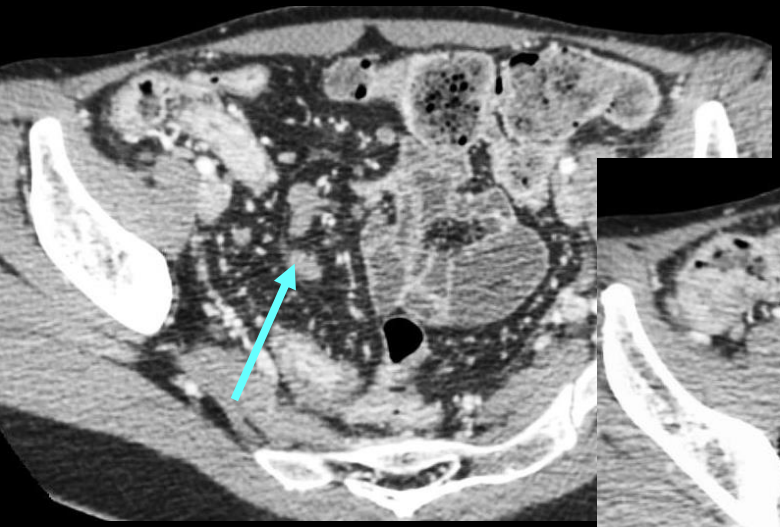
Gross lung section; dilated bronchi filled with pus and foci of consolidation

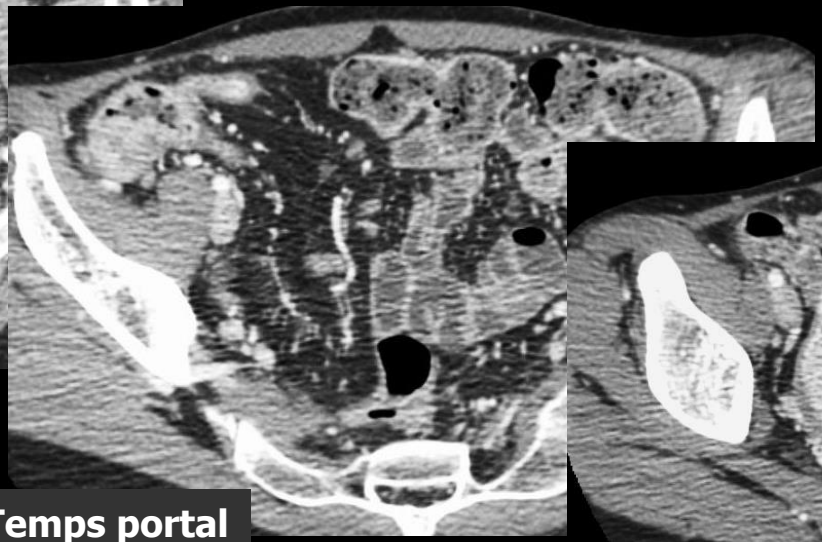




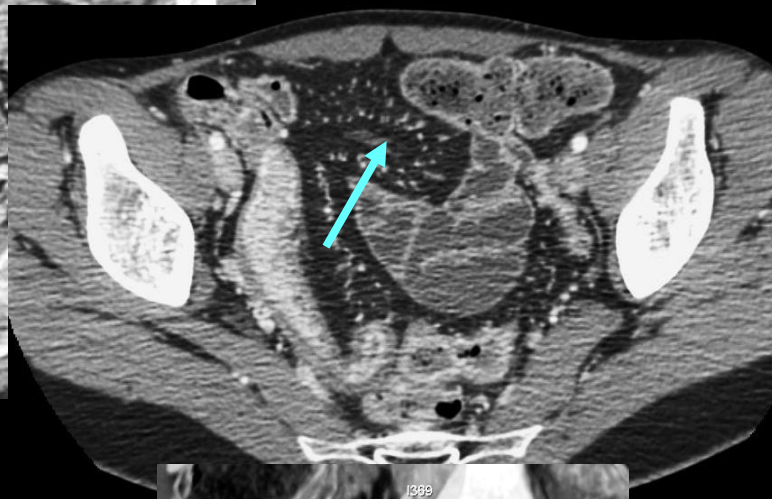
Cas 4

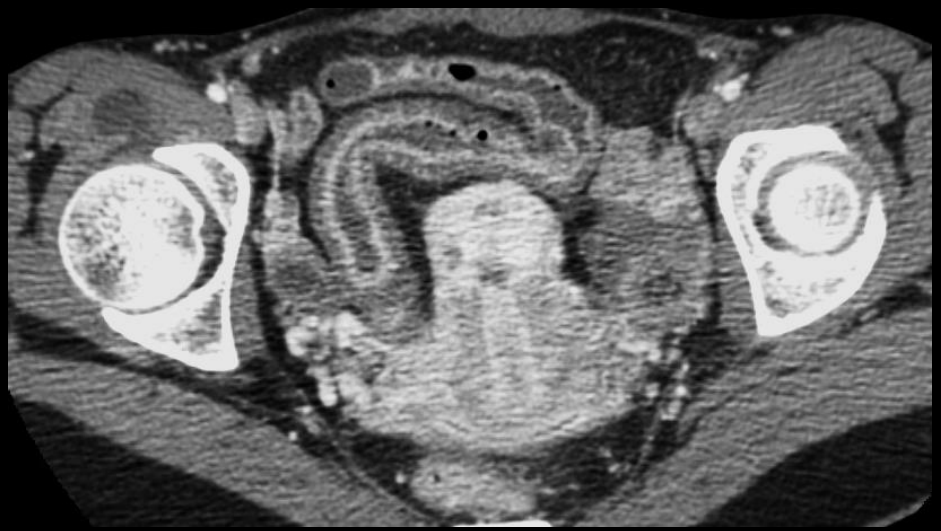
Patiente de 32 ans
Douleurs pelviennes



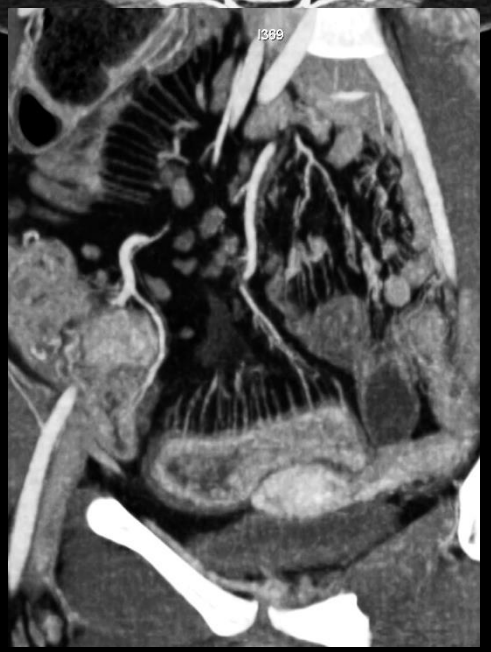


Temps portal



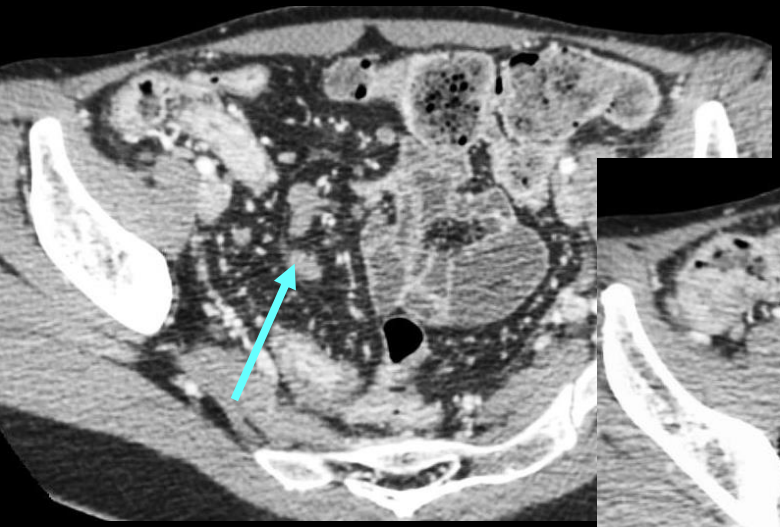


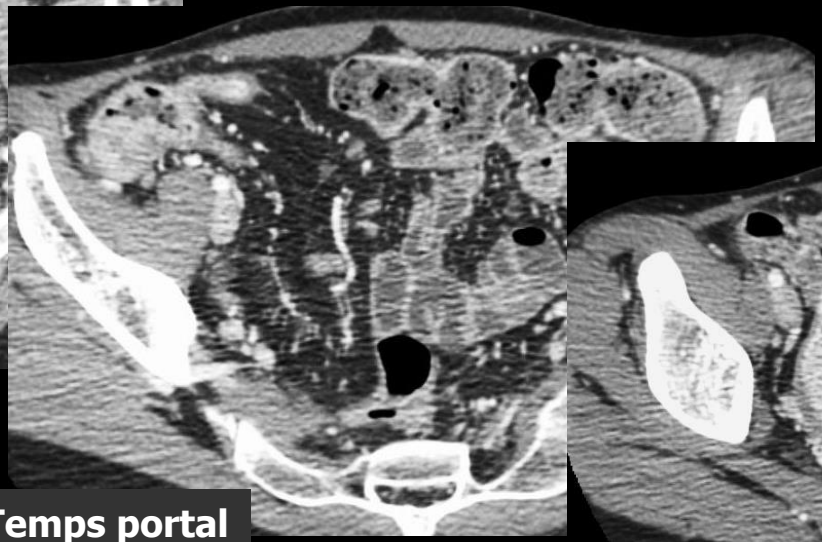
?



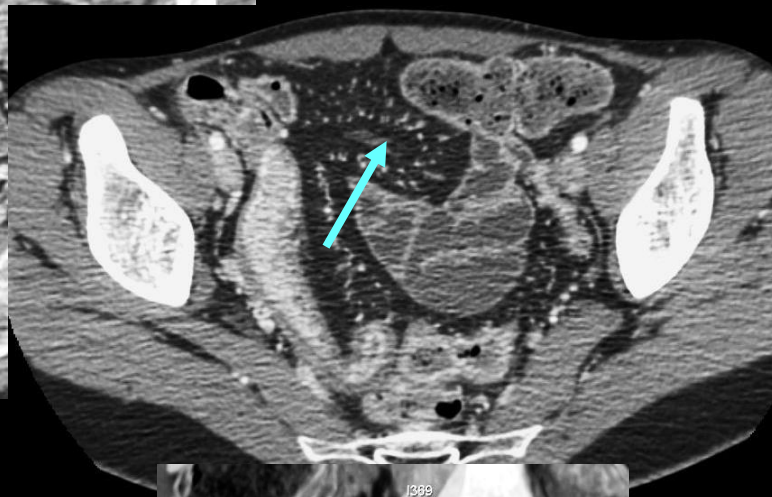
Cas 4

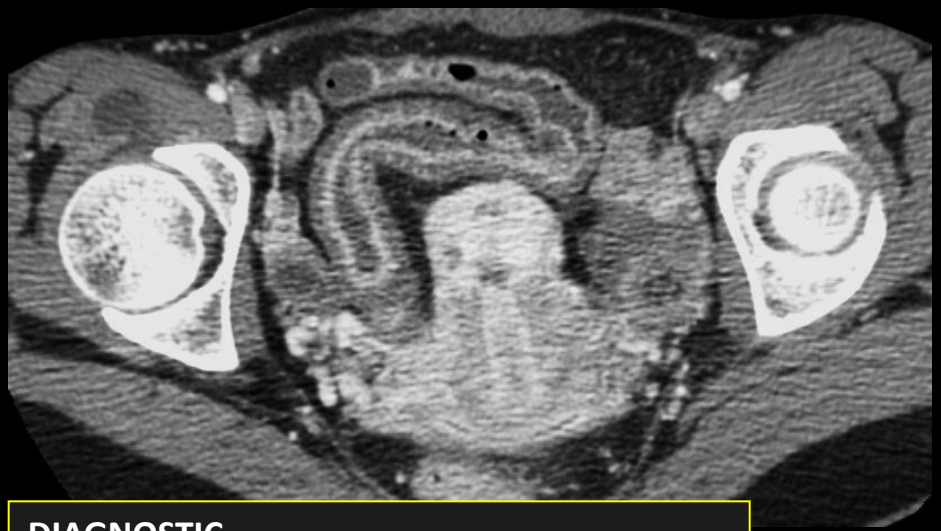
Patiente de 32 ans
Douleurs pelviennes

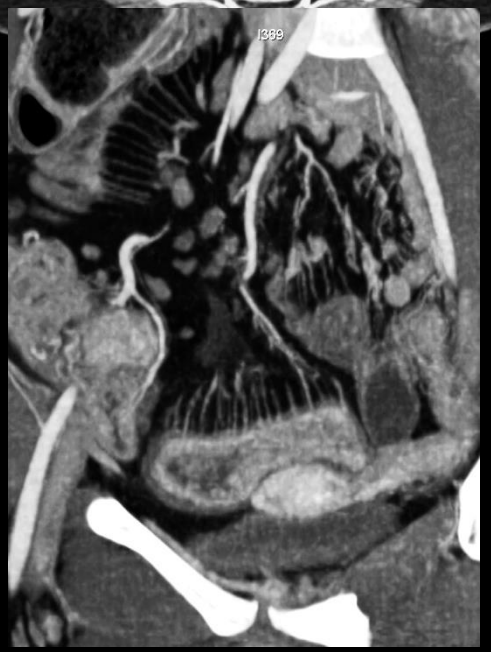




Temps portal

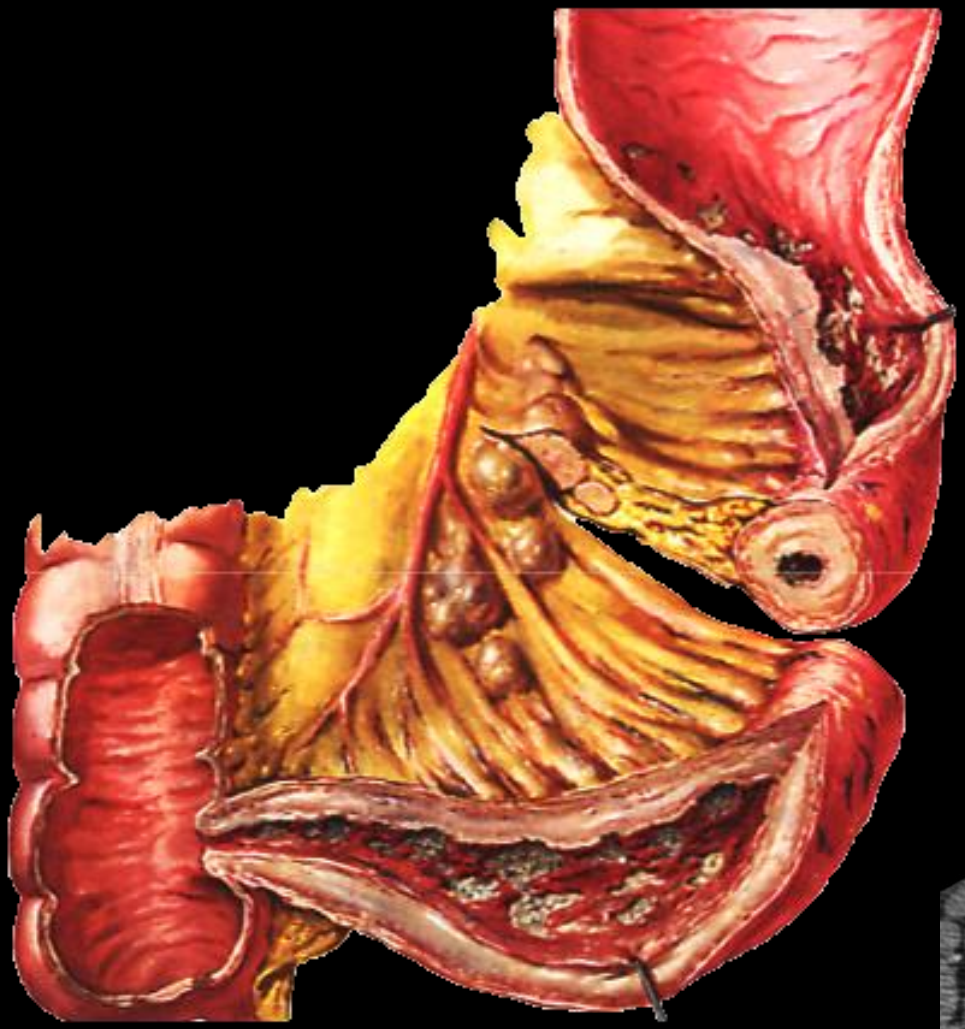


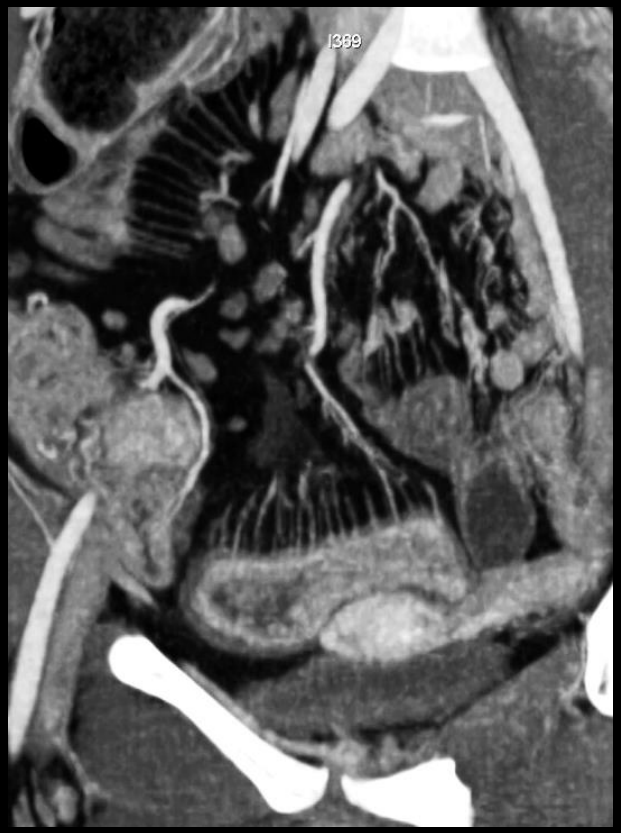


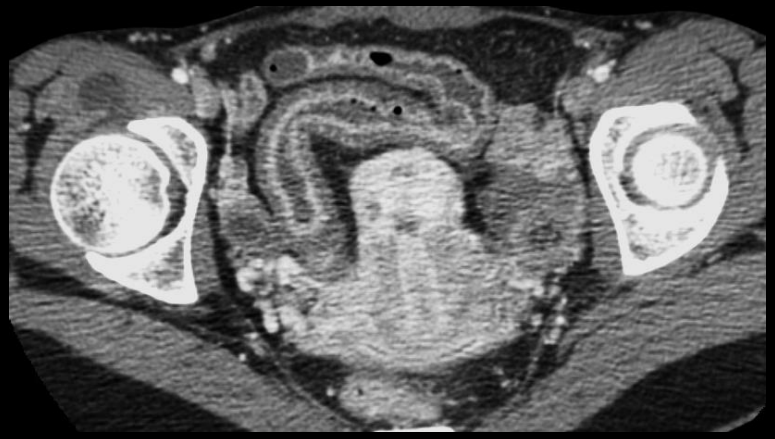


DIAGNOSTIC

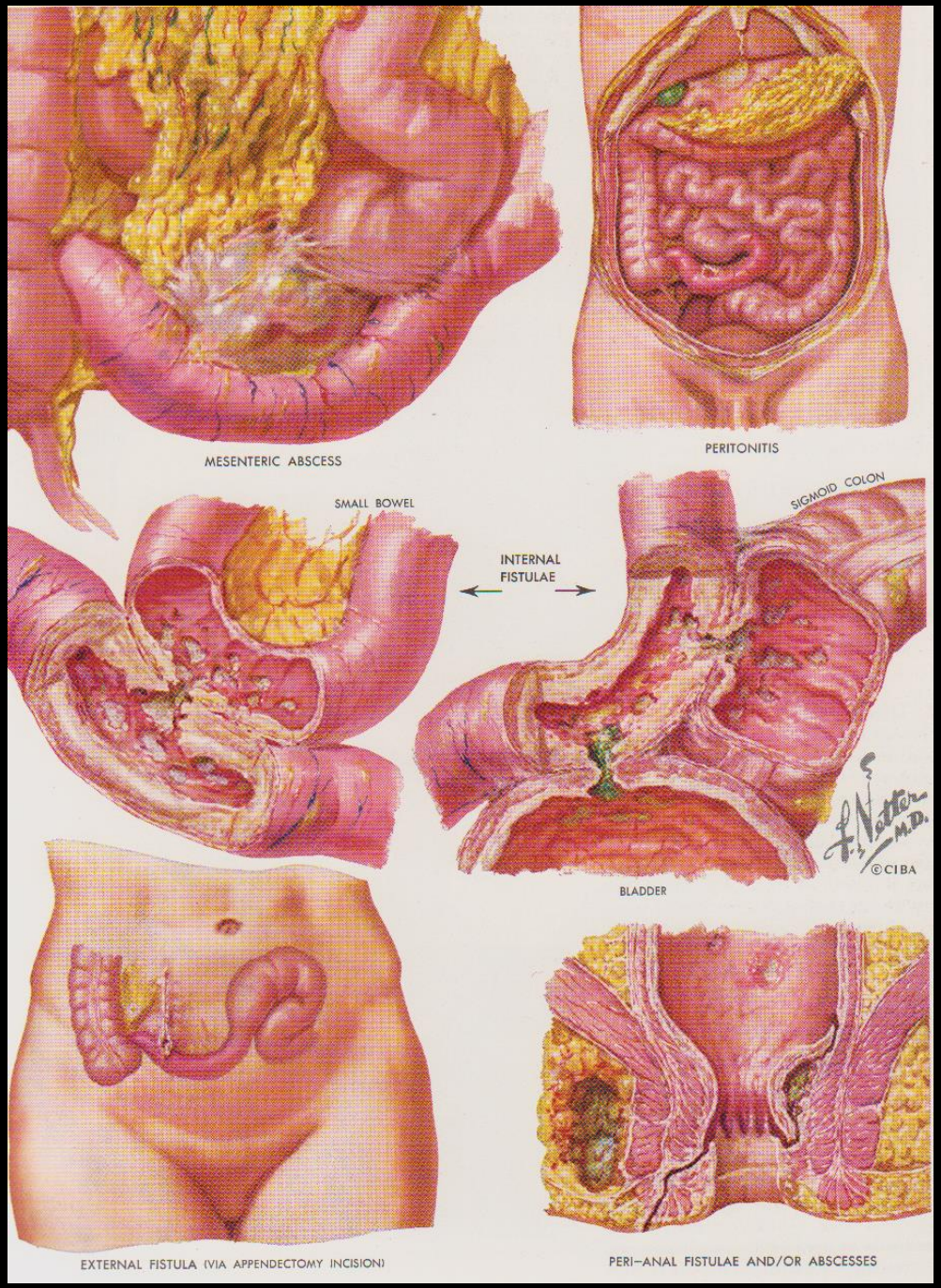
Poussée inflammatoire de maladie de Crohn



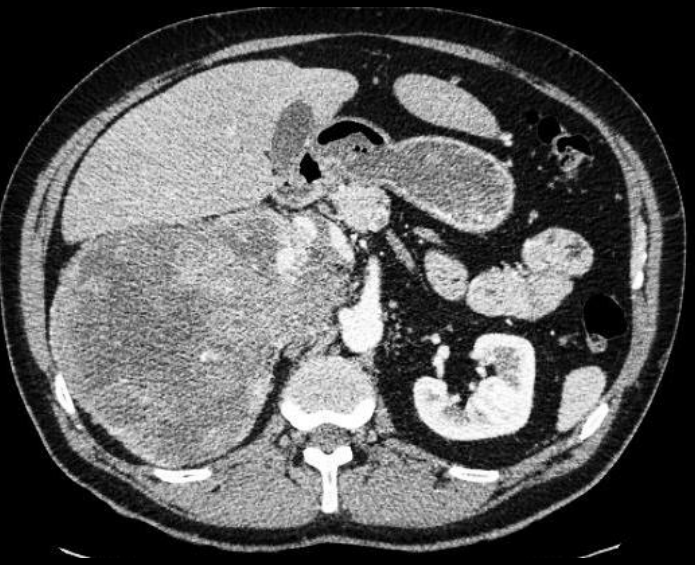


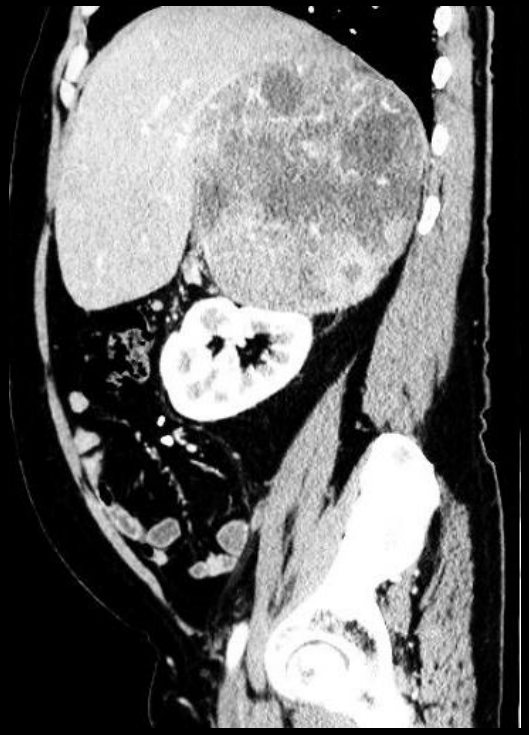


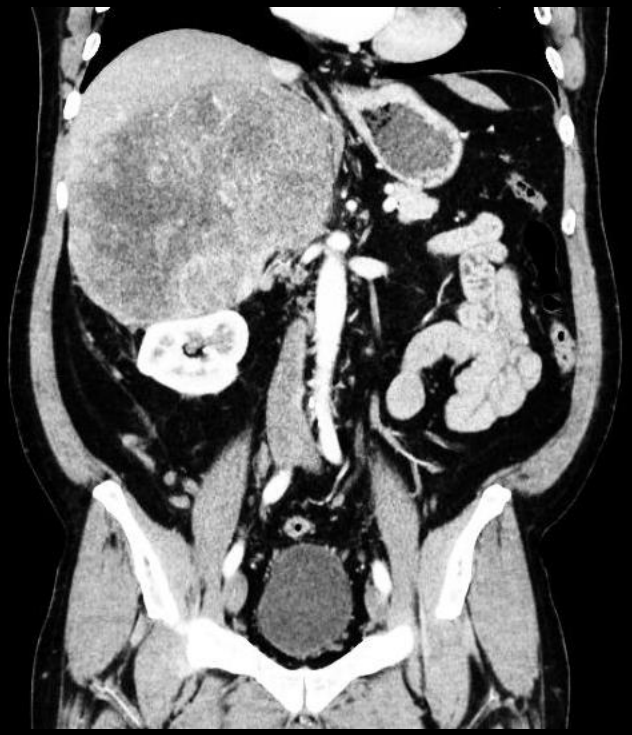
Poussée inflammatoire de maladie de Crohn


MESENTERIC ABSCESS
PERITONITIS
SMALL BOWEL
INTERNAL FISTULAE
SIGMOID COLON
F. Netter M.D.
©CIBA
BLADDER
EXTERNAL FISTULA (VIA APPENDECTOMY INCISION)
PERI–ANAL FISTULAE AND/OR ABSCESSES

Cas 5

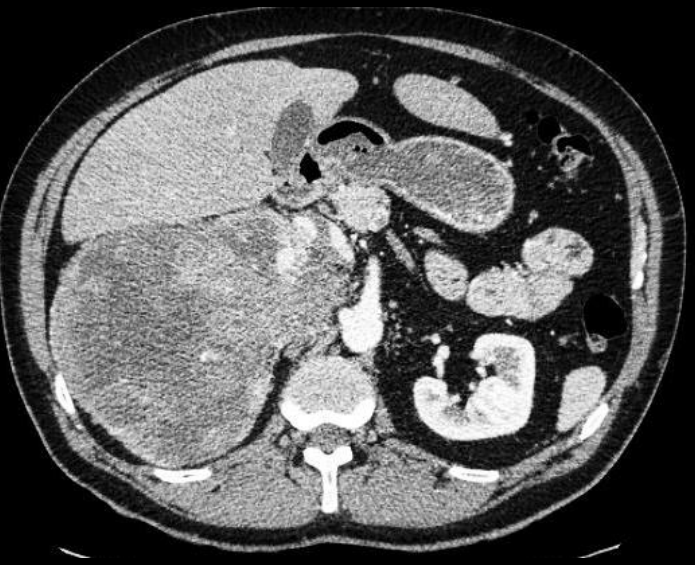


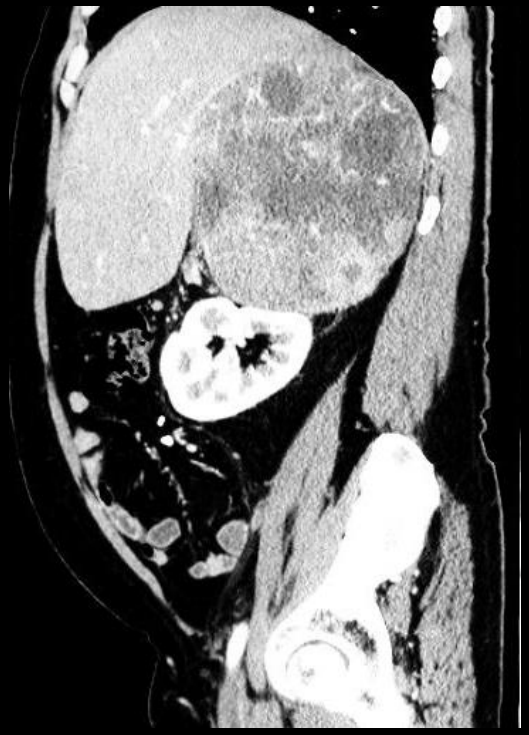


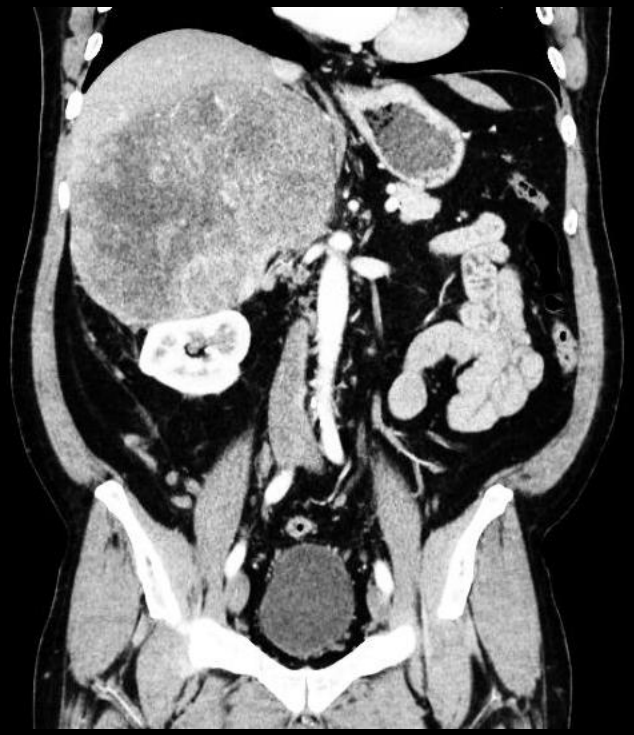


Patiente de 58 ans
Syndrome de Cushing

Cas 5



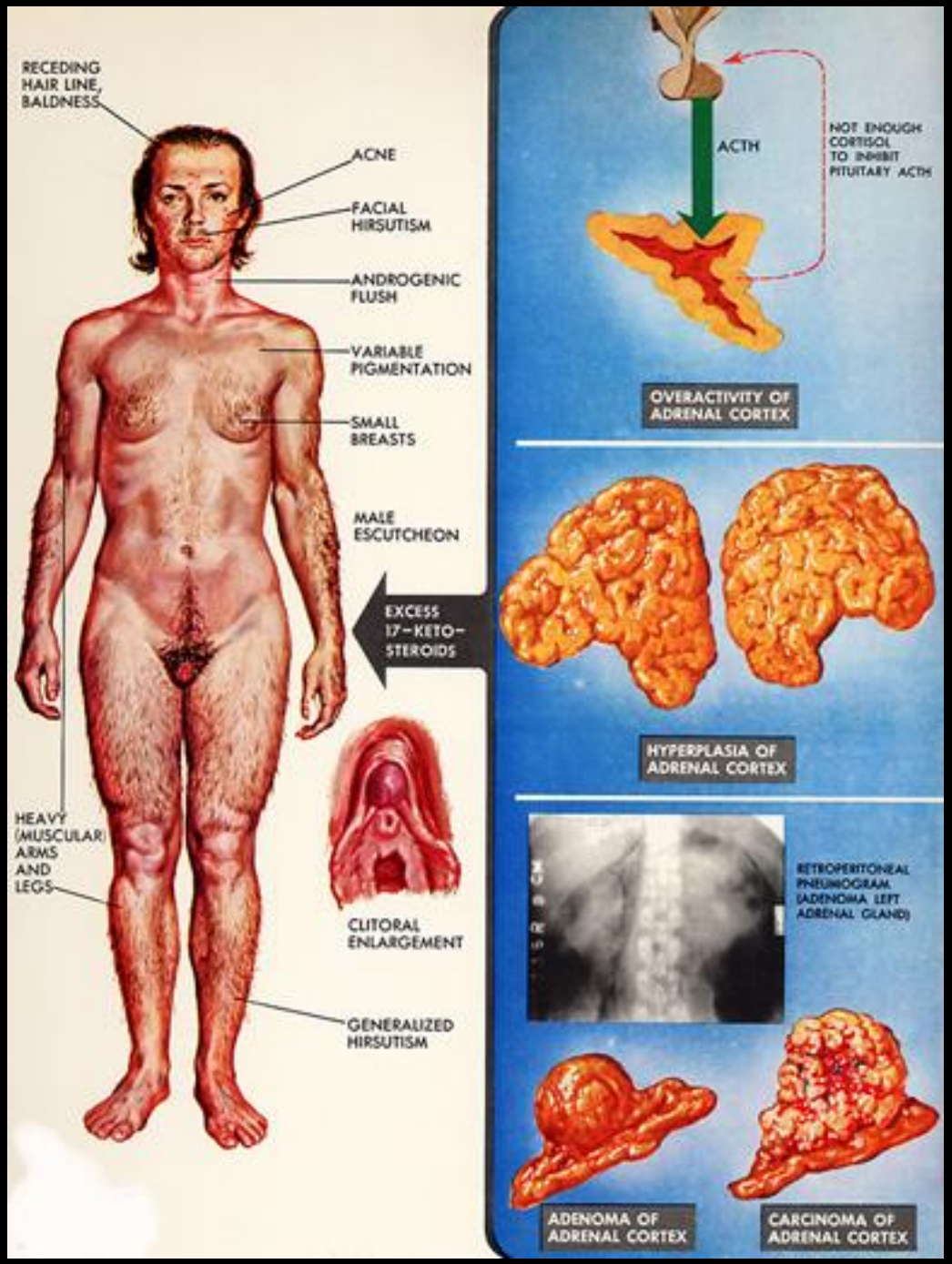


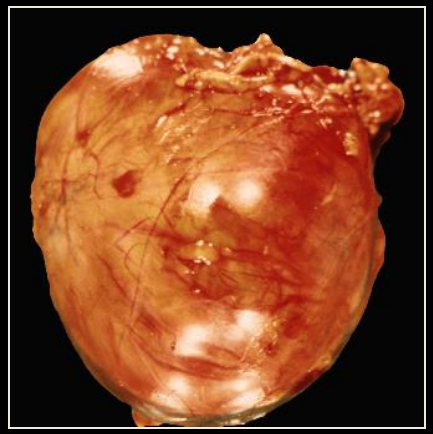


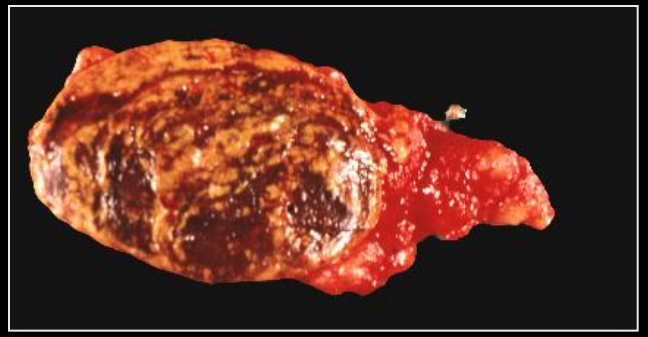
<u>Scanner abdomino pelvien injecté</u>
Plan axial, reformations sagittale et coronale
Volumineuse masse surrénalienne droite hétérogène
Refoulant le rein droit et la VCI.
Nécrose et calcifications intra lésionnelles.

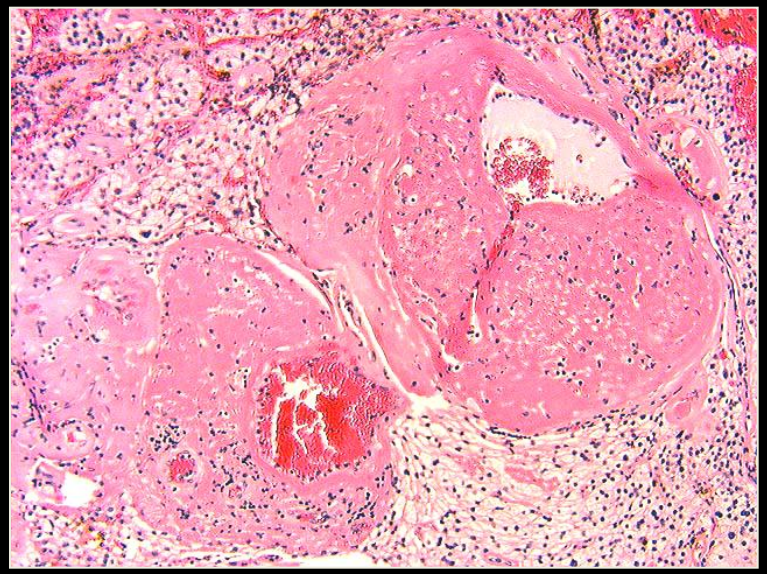
Corticosurrénalome droit

Patiente de 58 ans
Syndrome de Cushing

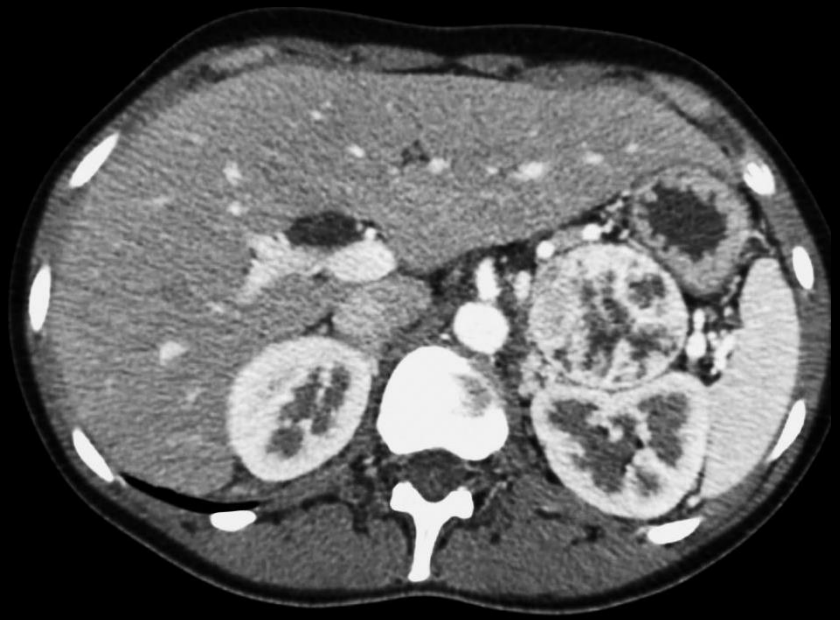

RECEDING HAIR LINE, BALDNESS
ACNE
FACIAL HIRSUTISM
ANDROGENIC FLUSH
VARIABLE PIGMENTATION
SMALL BREASTS
MALE ESCUTCHEON
EXCESS 17-KETO-STEROIDS
HEAVY (MUSCULAR) ARMS AND LEGS
CLITORAL ENLARGEMENT
GENERALIZED HIRSUTISM
ACTH
NOT ENOUGH CORTISOL TO INHIBIT PITUITARY ACTH
OVERACTIVITY OF ADRENAL CORTEX
HYPERPLASIA OF ADRENAL CORTEX
RETROPERITONEAL PNEUMOGRAM (ADENOMA LEFT ADRENAL GLAND)
ADENOMA OF ADRENAL CORTEX
CARCINOMA OF ADRENAL CORTEX

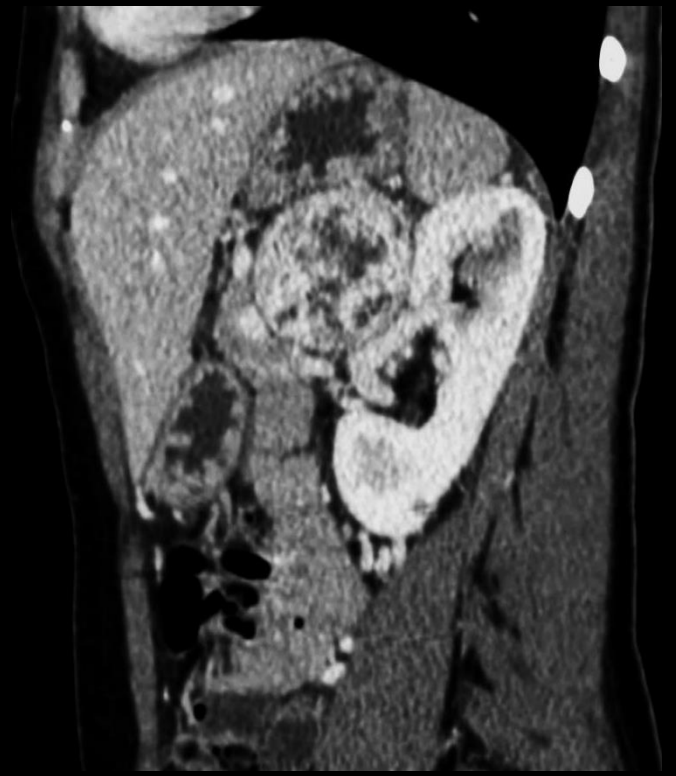


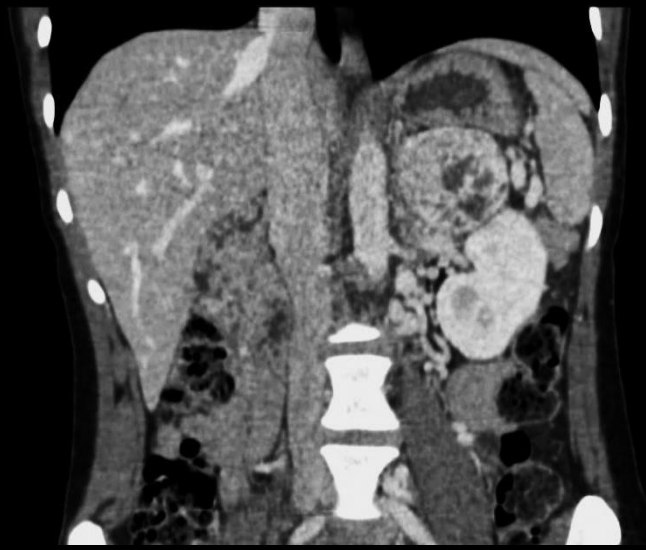




Cas 6

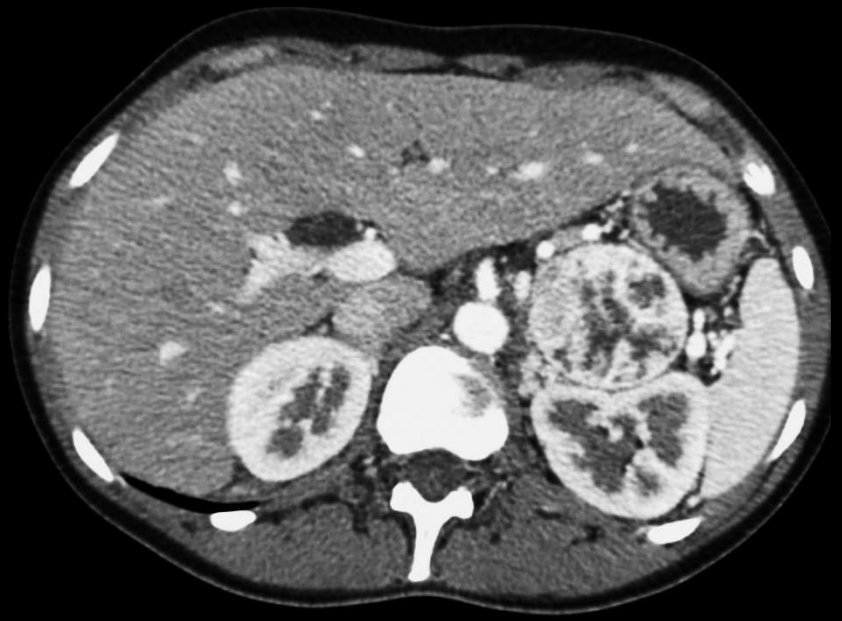


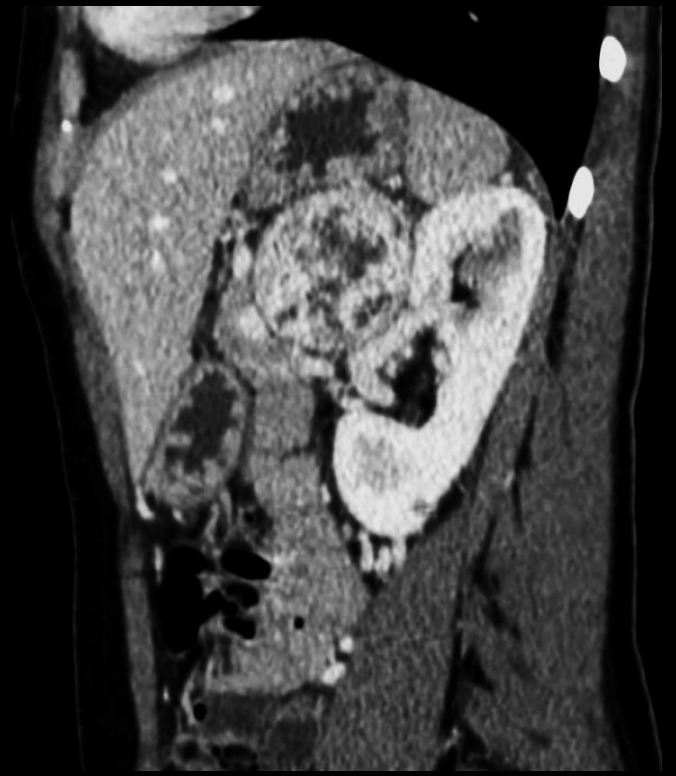


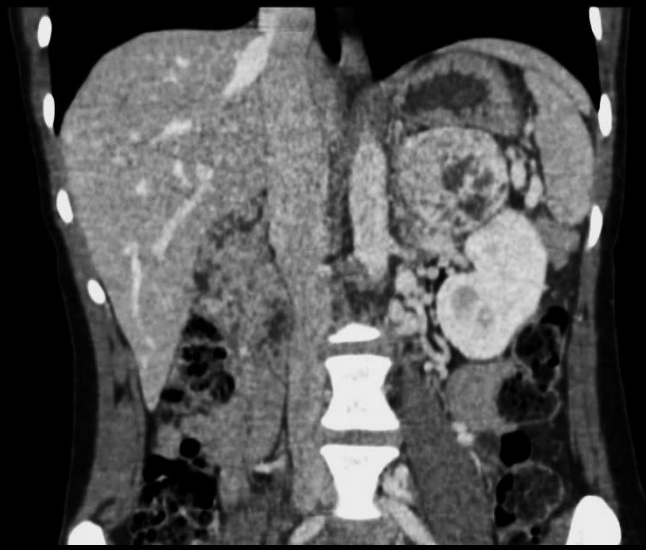


Patiente de 26 ans
HTA, céphalée, sueurs, palpitations

Cas 6



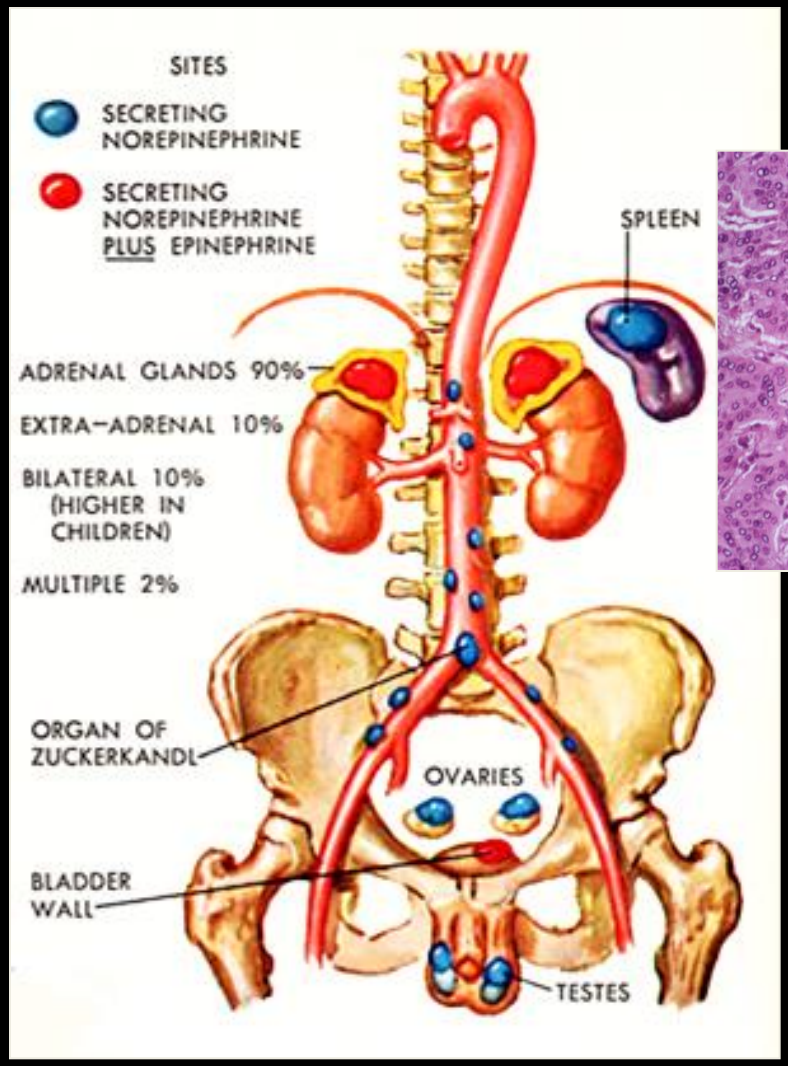


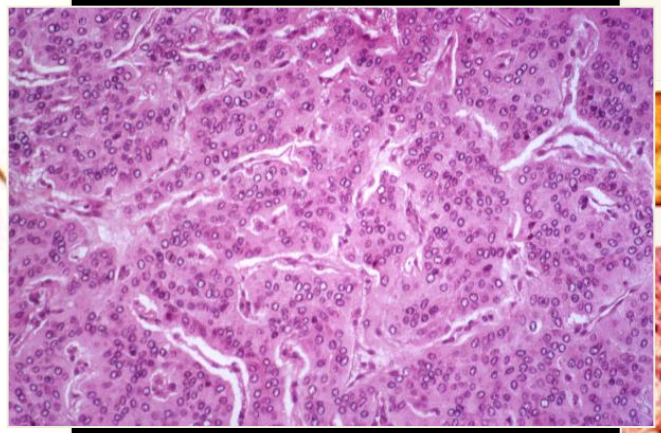


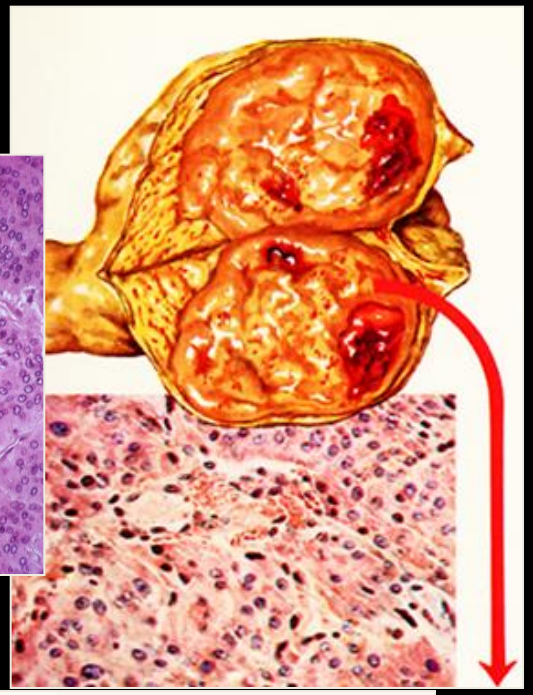
<u>Scanner abdomino pelvien injecté</u>
Plan axial, reformations sagittale et coronale
Masse surrénalienne gauche hétérogène
Refoulant le rein gauche
Hypervasculaire

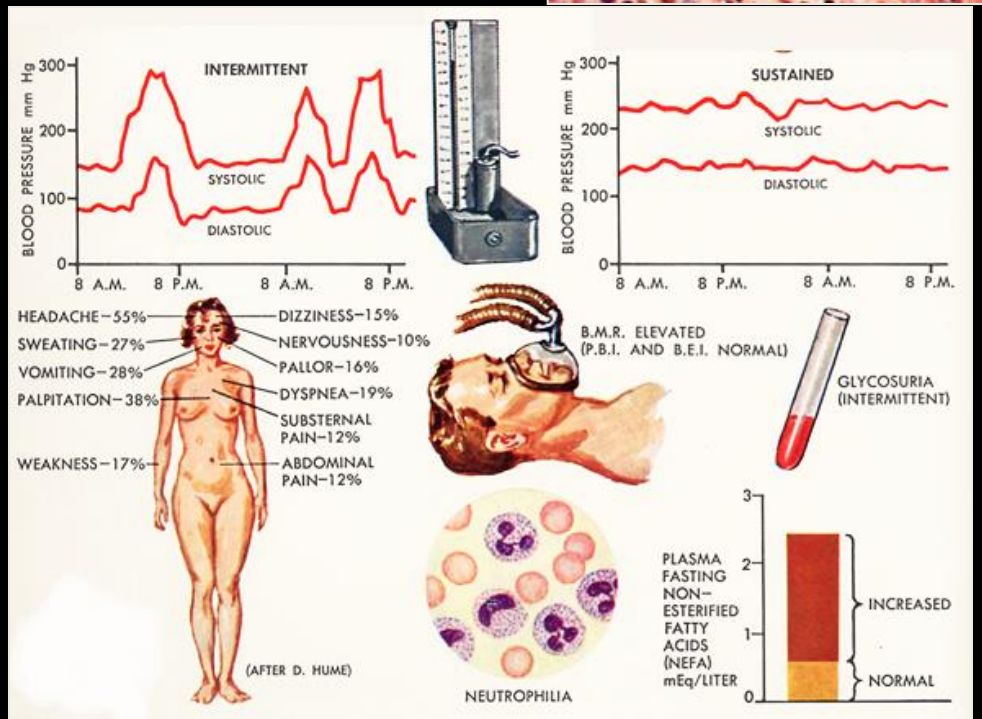
Phéochromocytome gauche

Patiente de 26 ans
HTA, céphalée, sueurs, palpitations

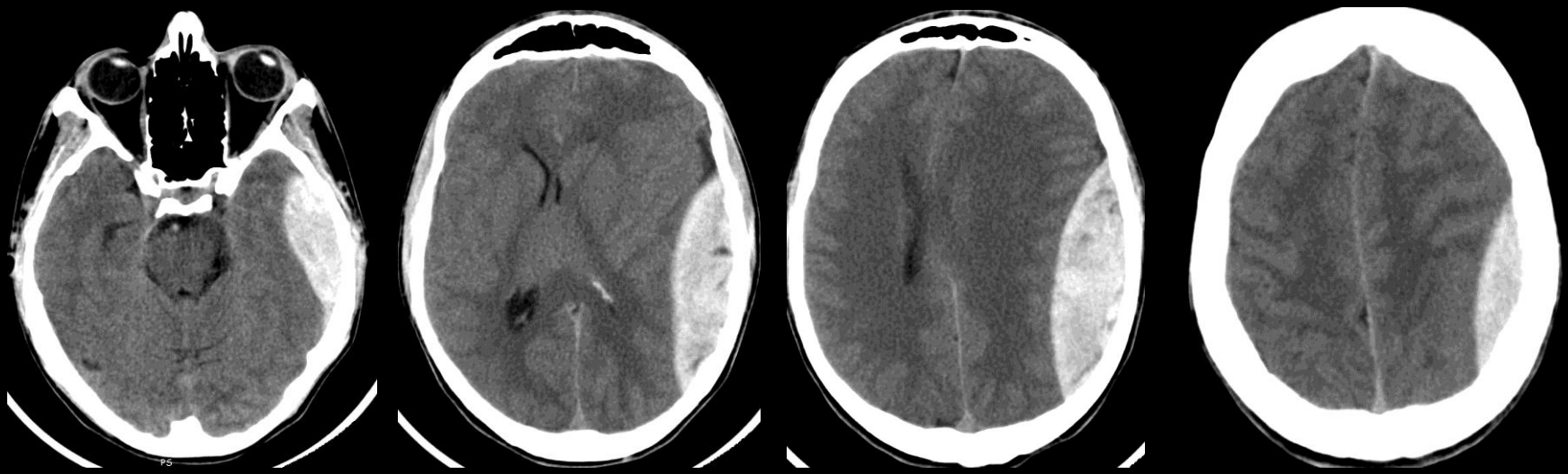

SITES
SECRETING NOREPINEPHRINE
SECRETING NOREPINEPHRINE PLUS EPINEPHRINE
SPLEEN
ADRENAL GLANDS 90%
EXTRA-ADRENAL 10%
BILATERAL 10% (HIGHER IN CHILDREN)
MULTIPLE 2%
ORGAN OF ZUCKERKANDL
OVARIES
BLADDER WALL
TESTES





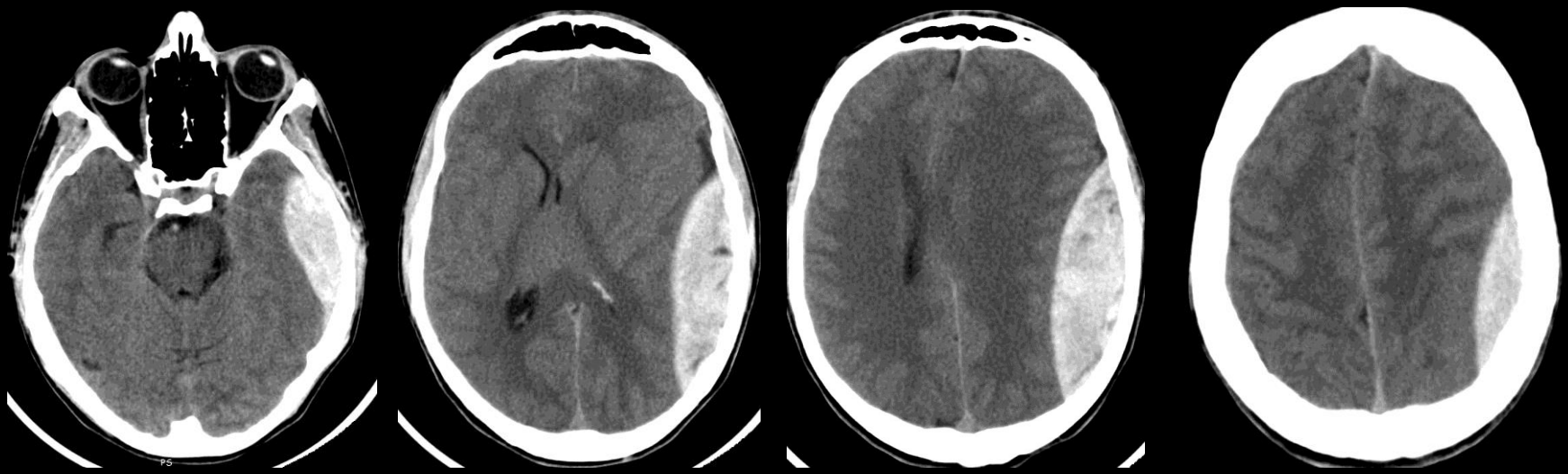

INTERMITTENT
BLOOD PRESSURE mm Hg
300
200
100
0
SYSTOLIC
DIASTOLIC
8 A.M.
8 P.M.
8 A.M.
8 P.M.
SUSTAINED
SYSTOLIC
DIASTOLIC
HEADACHE–55%
SWEATING–27%
VOMITING–28%
PALPITATION–38%
WEAKNESS–17%
DIZZINESS–15%
NERVOUSNESS–10%
PALLOR–16%
DYSPNEA–19%
SUBSTERNAL PAIN–12%
ABDOMINAL PAIN–12%
(AFTER D. HUME)
B.M.R. ELEVATED (P.B.I. AND B.E.I. NORMAL)
GLYCOSURIA (INTERMITTENT)
NEUTROPHILIA
PLASMA FASTING NON-ESTERIFIED FATTY ACIDS (NEFA) mEq/LITER
3
2
1
0
INCREASED
NORMAL

Cas 7



Patiente de 65 ans
Céphalée et hémiparésie droite 48h après un traumatisme crânien

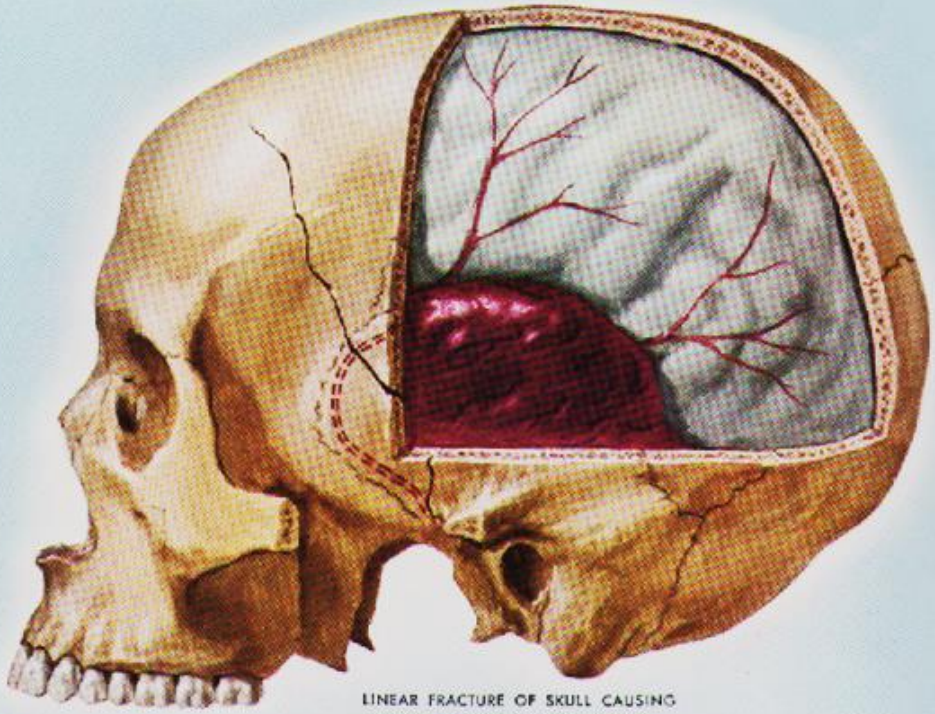
Cas 7



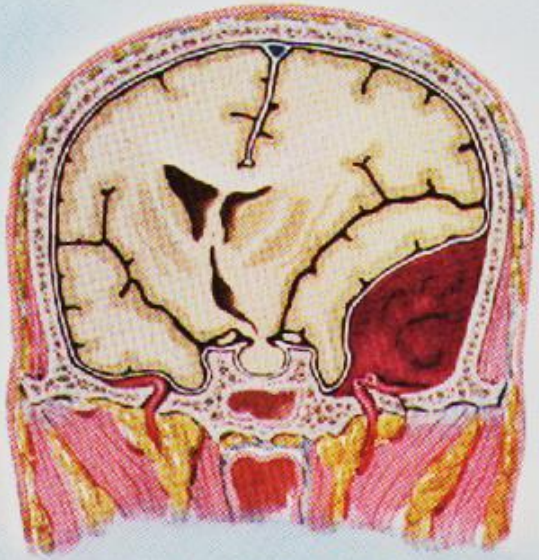
<u>Scanner cérébral sans injection</u>
Plan axial
Hyperdensité spontané péri cérébrale
Forme de lentille bi convexe
Effet de masse sur l'hémisphère gauche, début d'engagement sous falcoriel

Hématome extra dural gauche

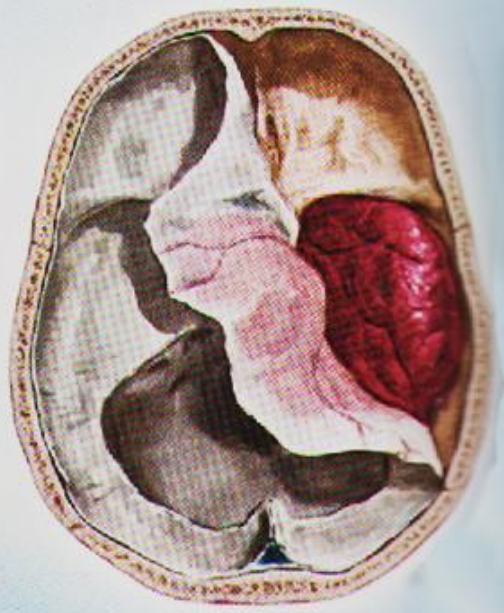
Patiente de 65 ans
Céphalée et hémiparésie droite 48h après un traumatisme crânien



LINEAR FRACTURE OF SKULL CAUSING
MIDDLE MENINGEAL HEMORRHAGE

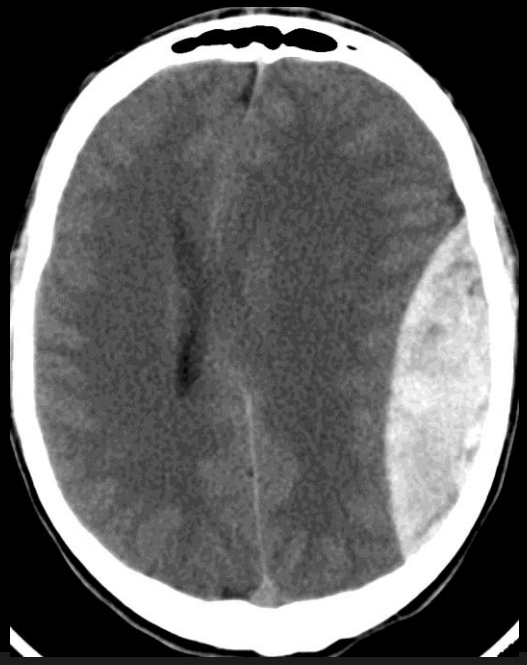


EXTRADURAL HEMATOMA DUE TO TEAR OF MIDDLE
MENINGEAL ARTERY AT THE FORAMEN SPINOSUM
BY FRACTURE OF THE BASE OF THE SKULL

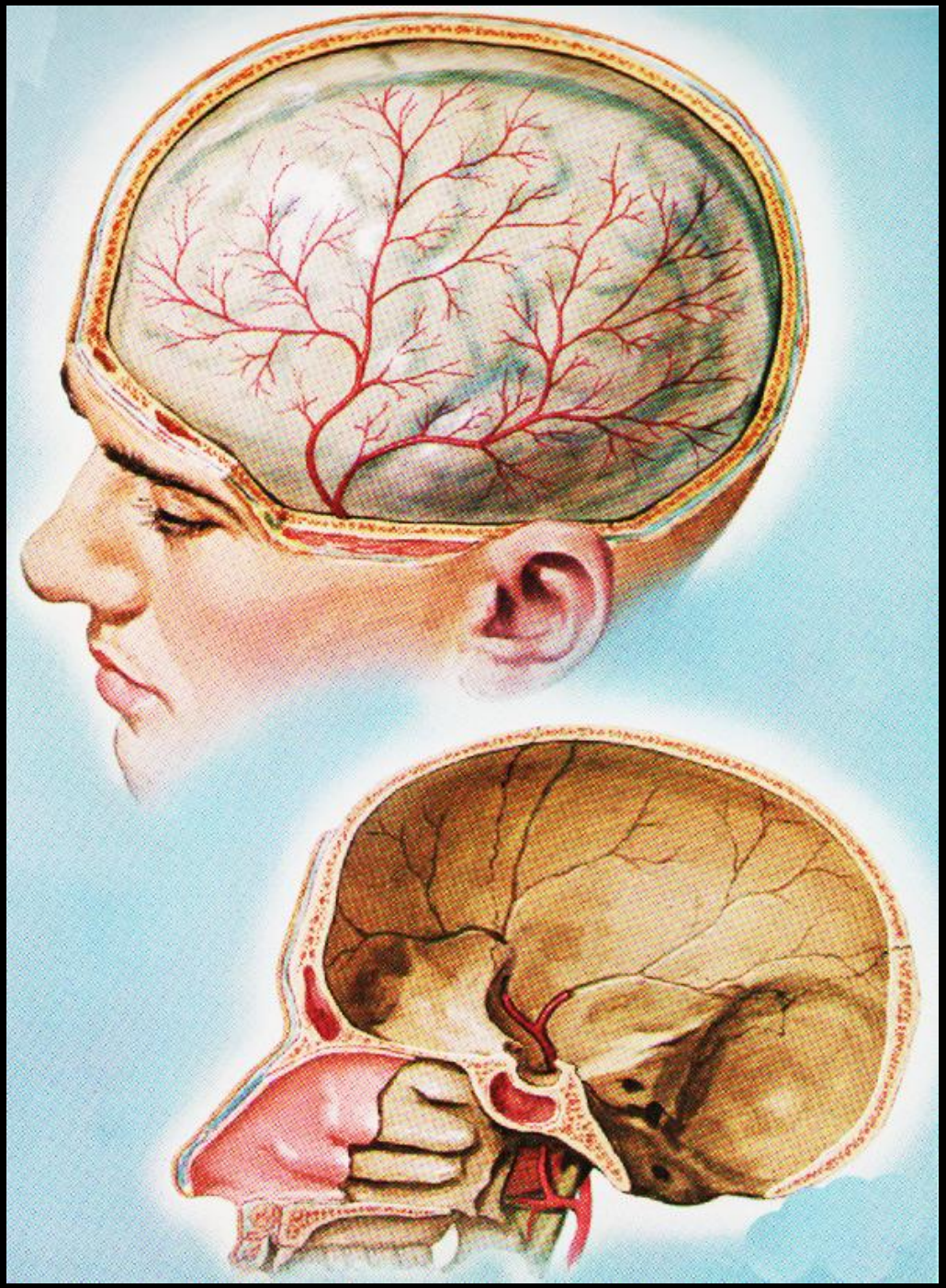


CLOT EXPOSED ON SKULL BASE

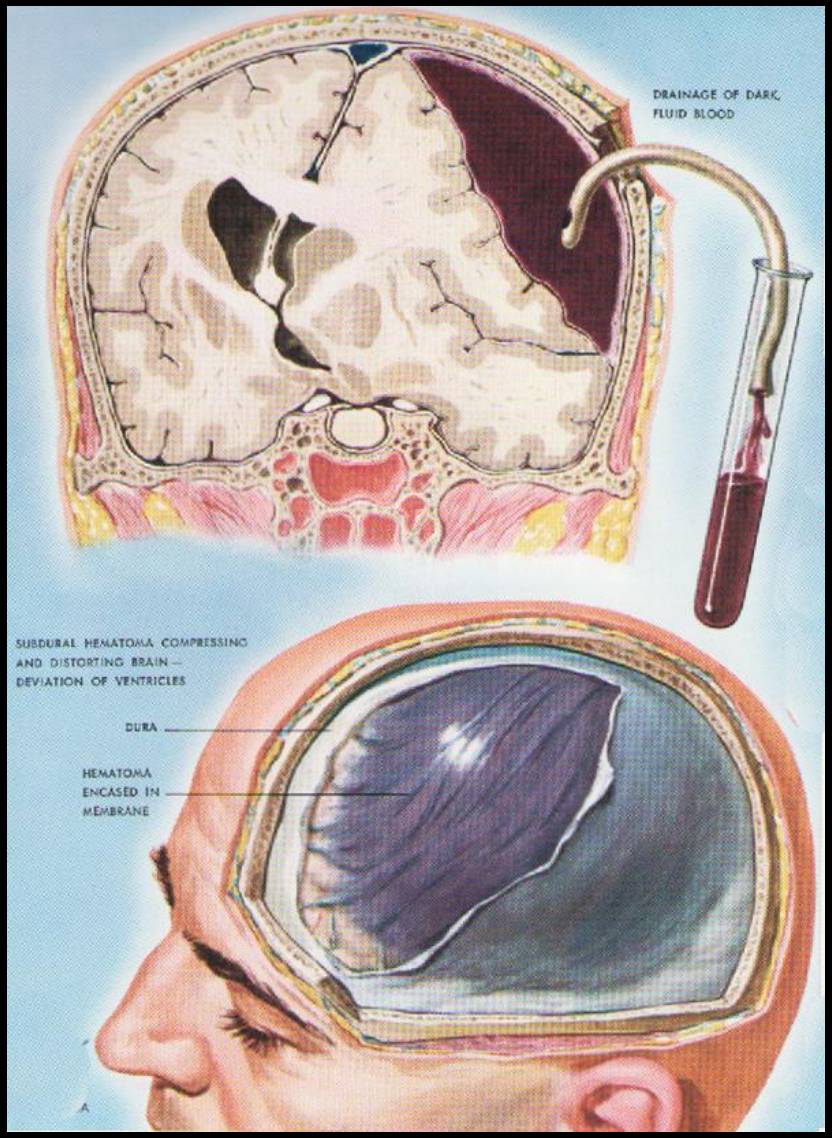
Os pariétal face interne

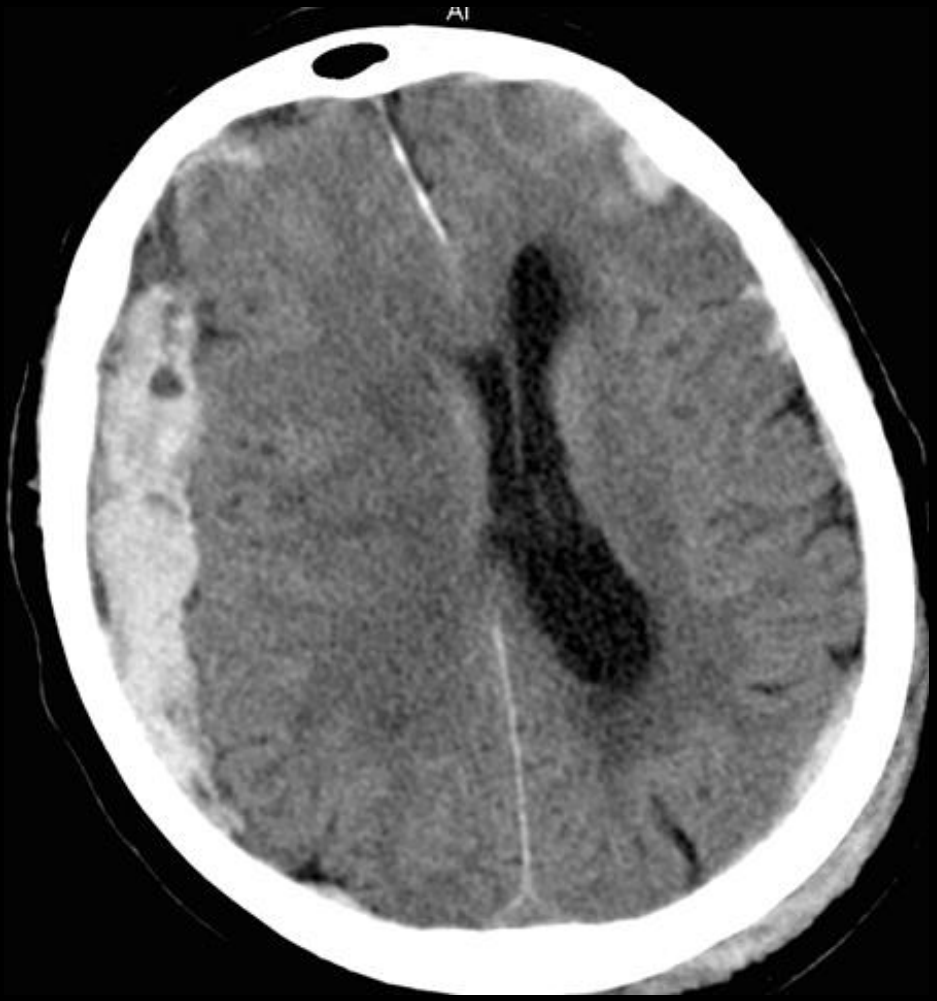


Hématome extra dural



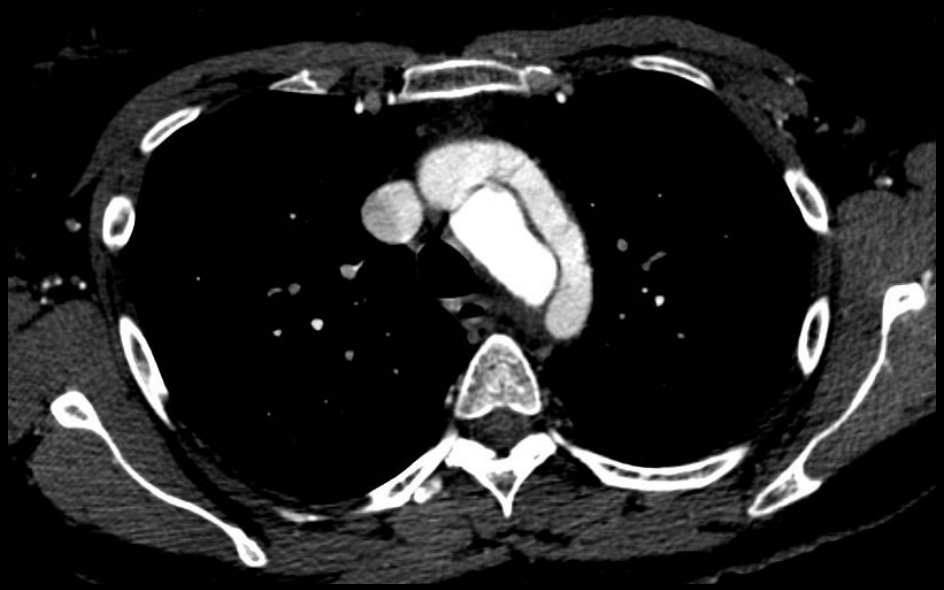
artère méningée moyenne

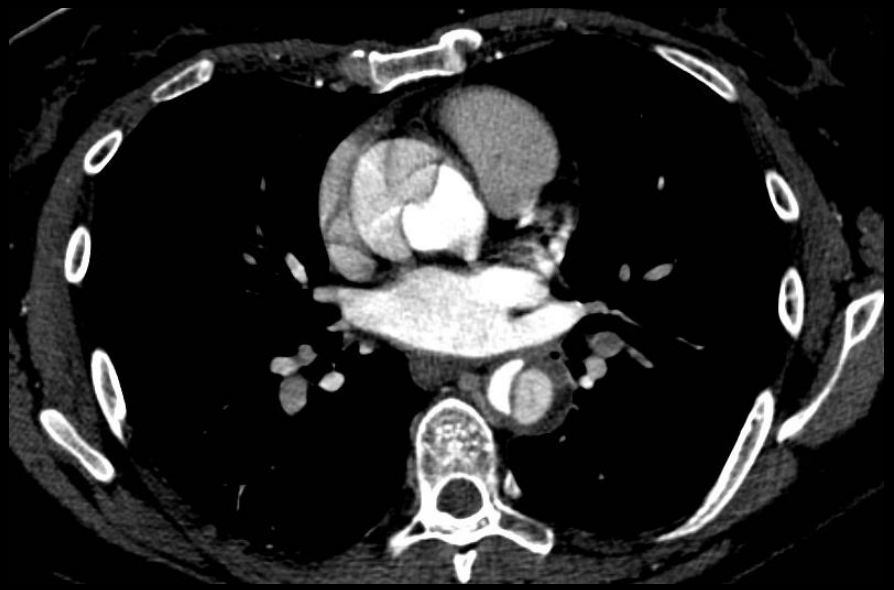


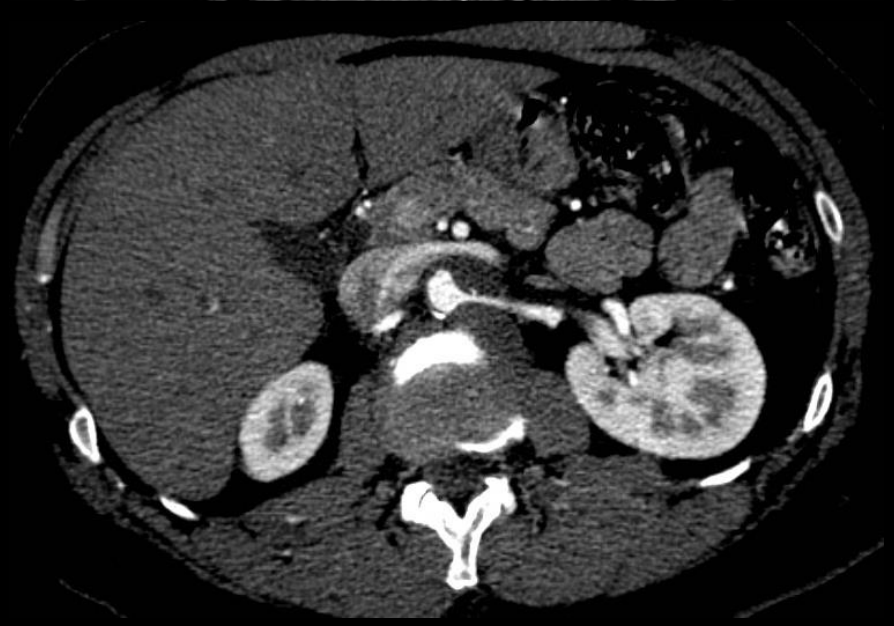


Hématome sous dural

Cas 8

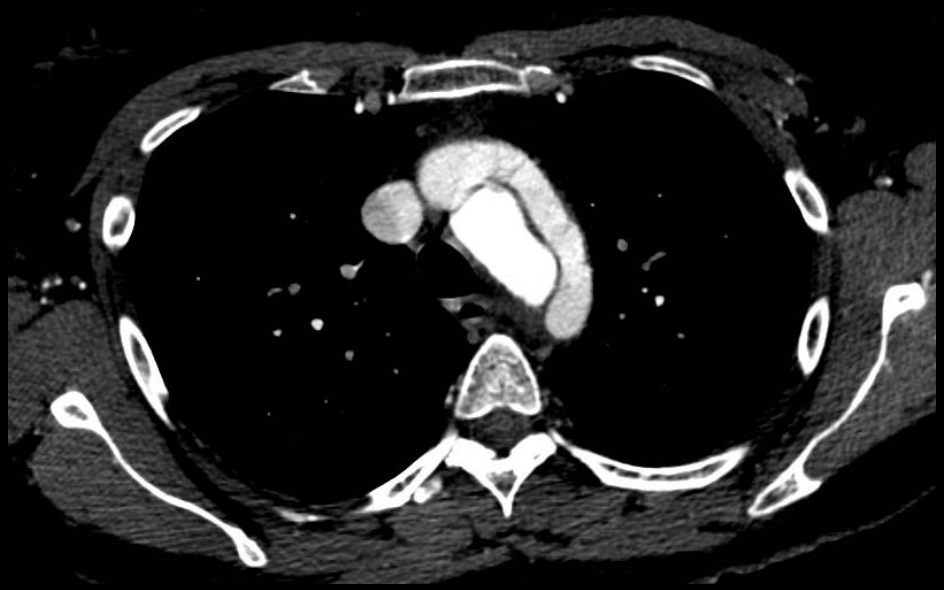


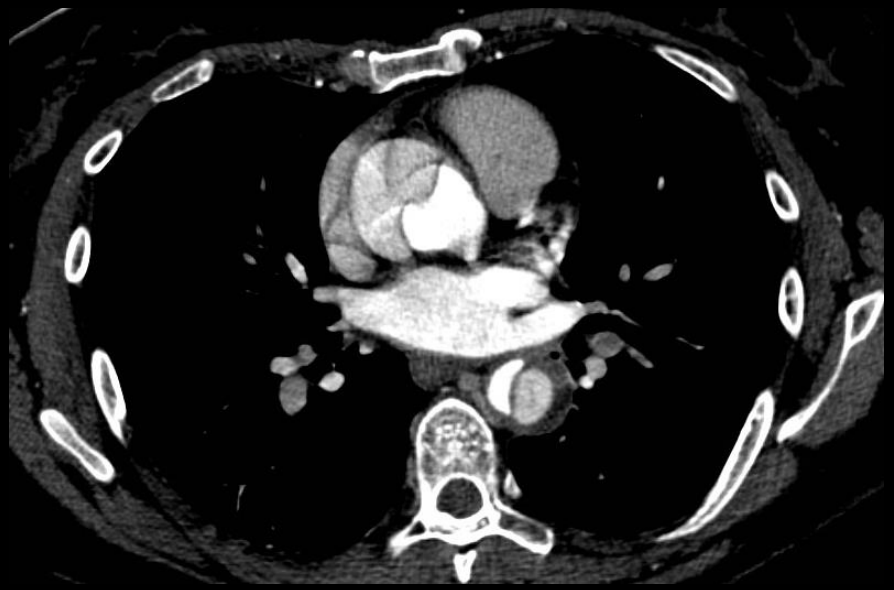


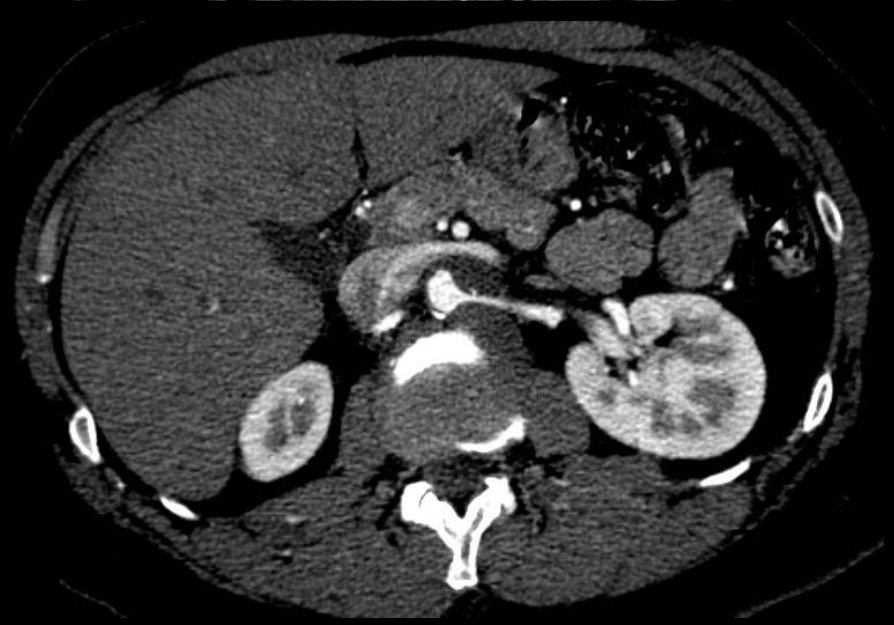


Patiente de 48 ans
Douleur thoracique intense

Cas 8



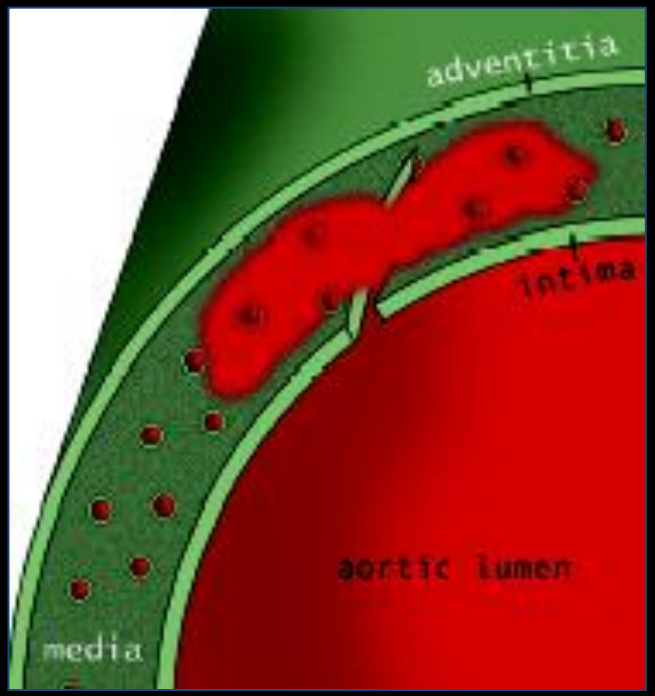




<u>Angioscanner artériel thoraco abdomino pelvien</u>
Plan axial
Flap intimal aortique avec vrai et faux chenaux
Atteinte de l'aorte ascendante et descendante.
Thrombose du faux chenal à l'étage abdominal

Dissection aortique de type A

Patiente de 48 ans
Douleur thoracique intense



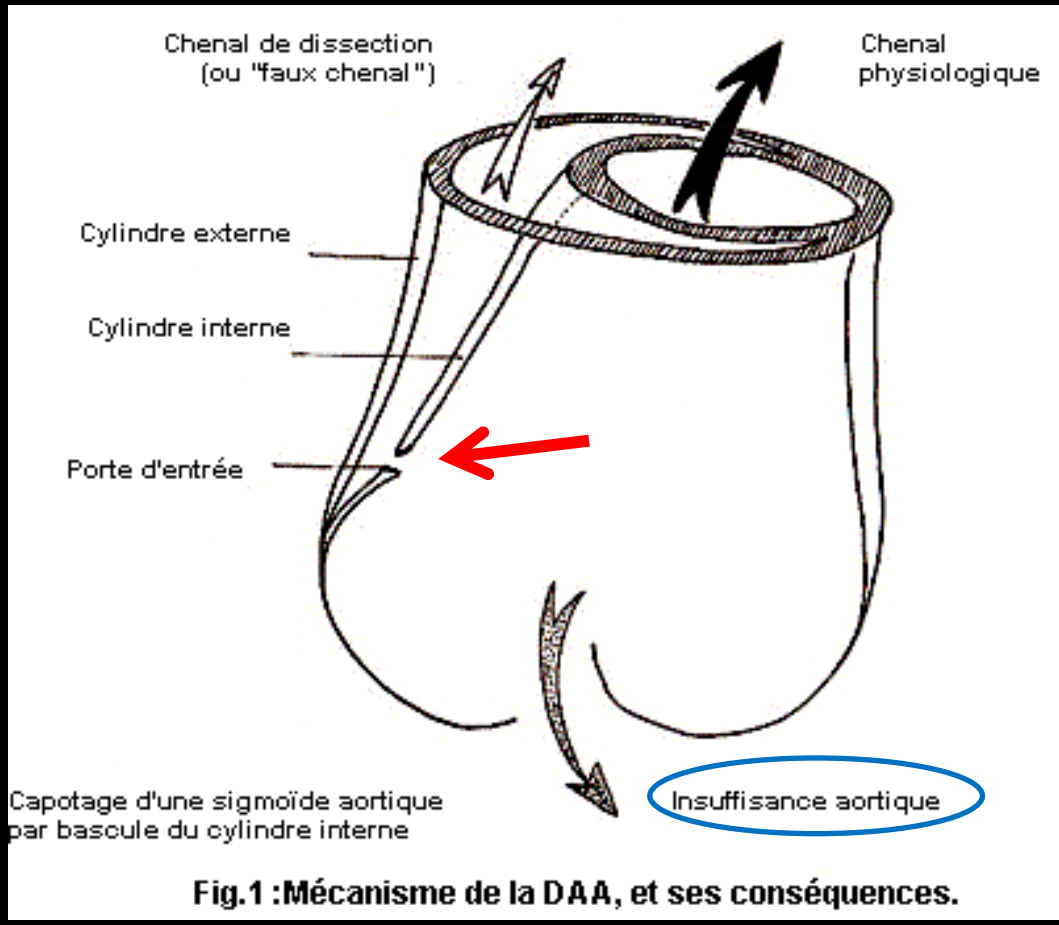
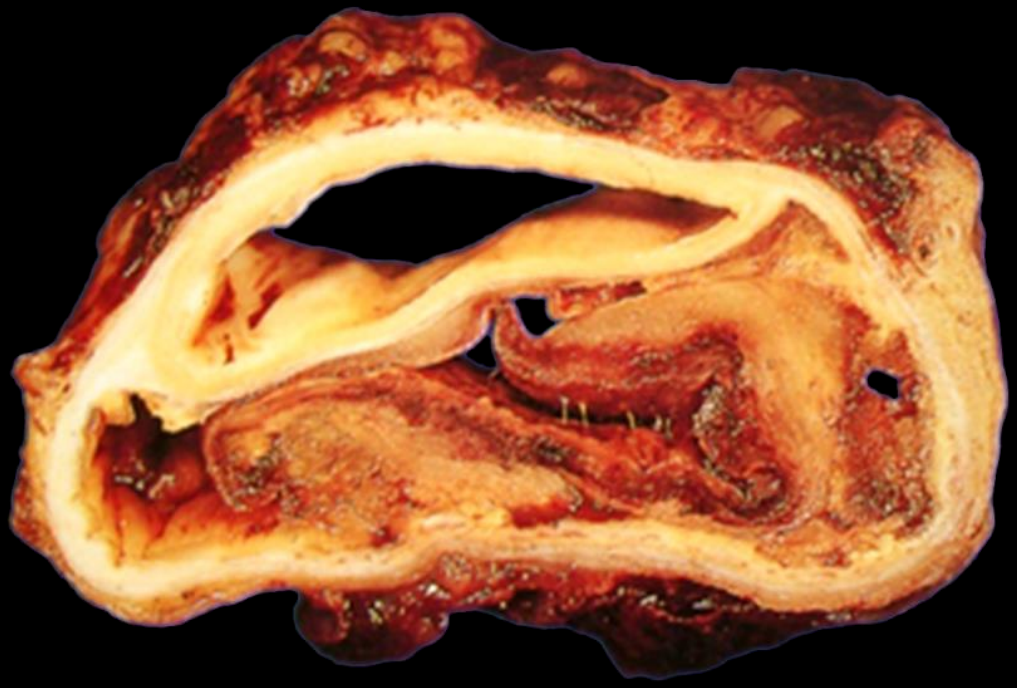
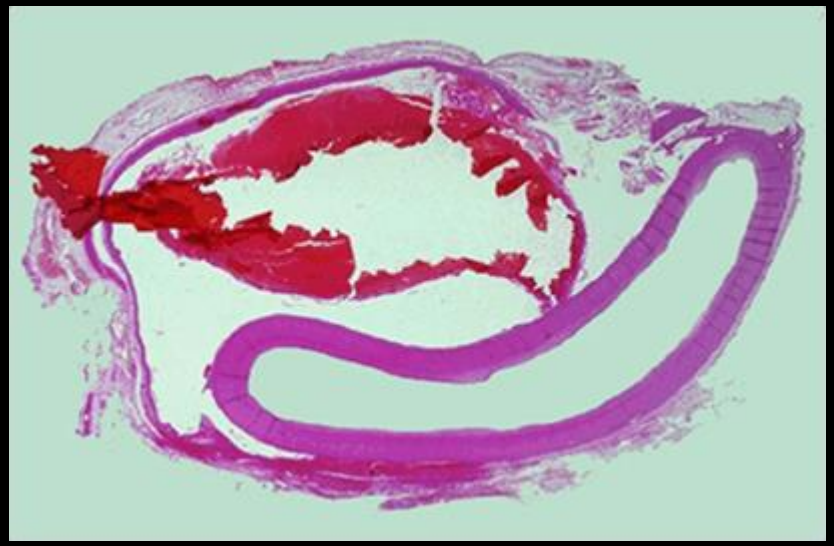
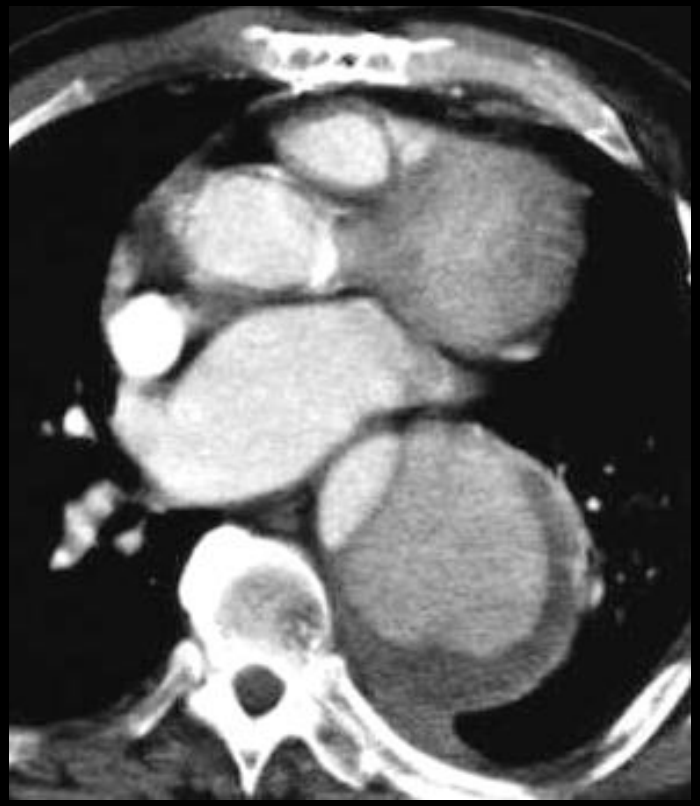


Fig.1 :Mécanisme de la DAA, et ses conséquences.

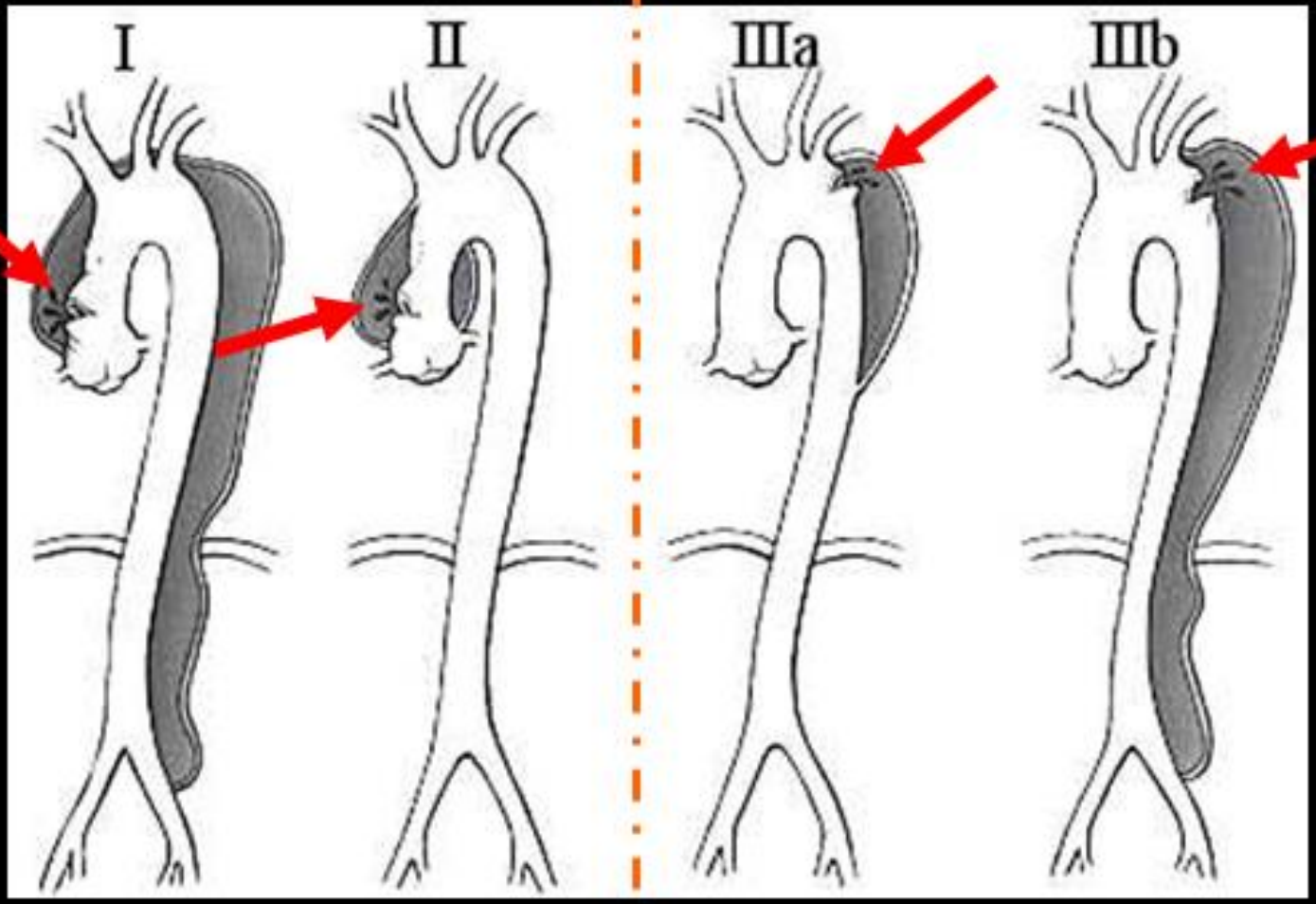






Imagerie et orientations thérapeutiques des dissections aortiques

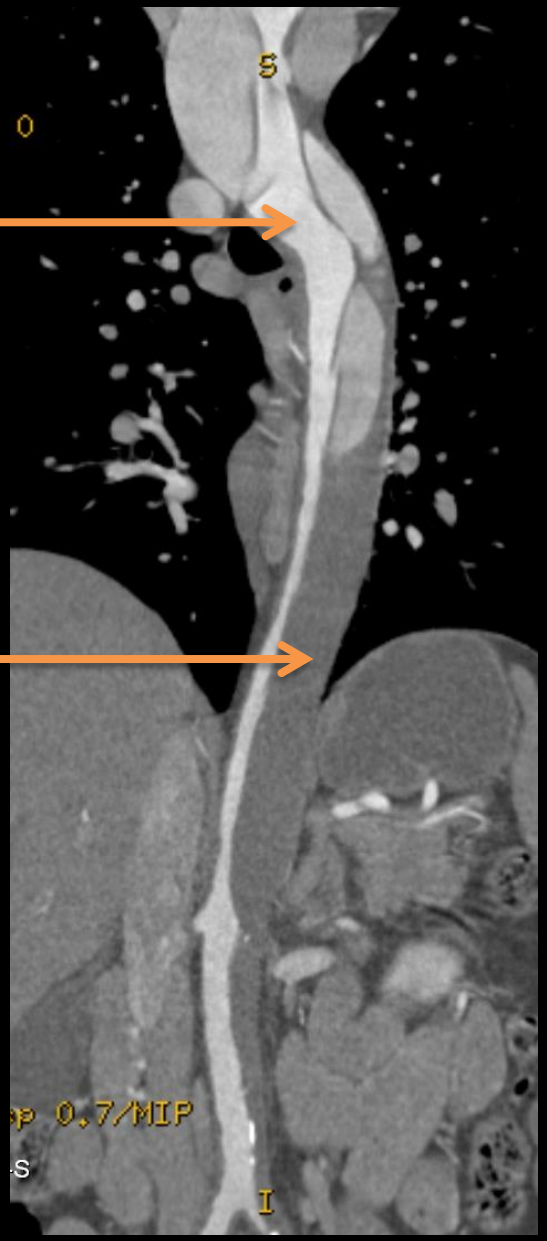
De Bakey type I et II | **De Bakey type III**



Standford type A | **Standford type B**

Vrai chenal perméable

Faux chenal thrombosé



Patiente de 48 ans
Douleur thoracique intense

Classification des brèches intimales selon **Svensson**

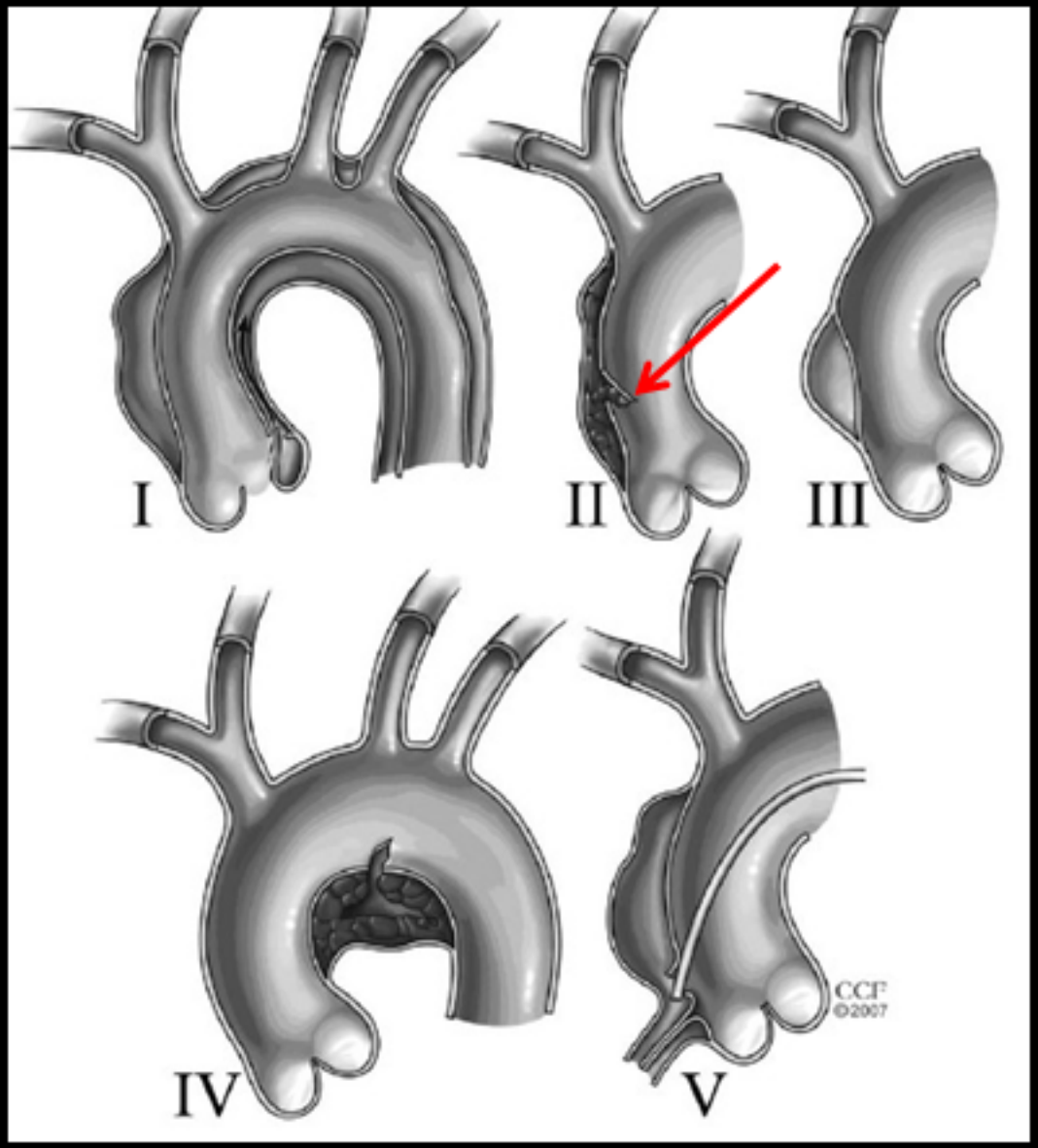
Type I
DA classique avec brèche intimale et double lumière séparée d'un flap

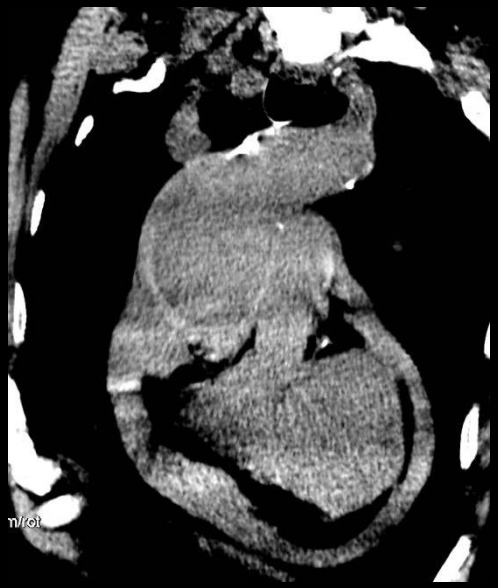
Type II
HIM sans brèche intimale imagée bien que retrouvée en per-opératoire ou à l'autopsie

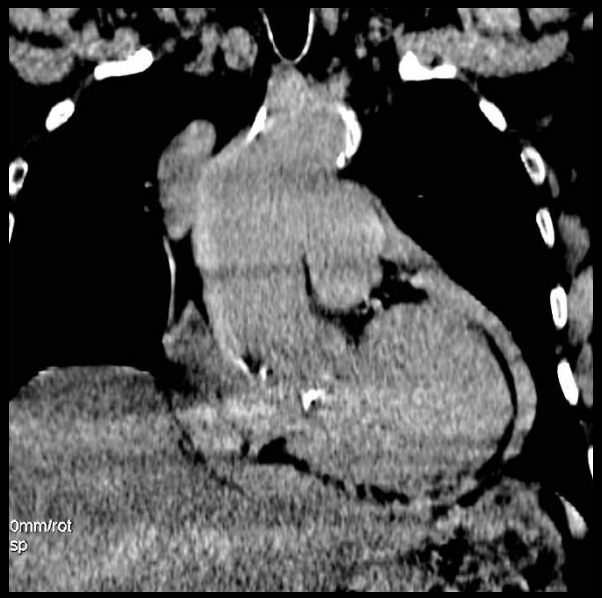
Type III
Déchirure intimale limitée sans hématome médial avec renflement excentré au site de dissection suspendue (Marfan +++) *diagnostic difficile en CT ou ETT*

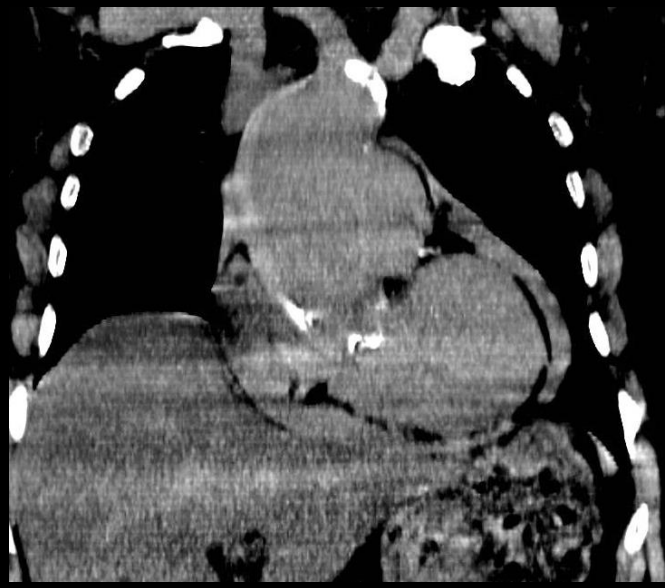
Type IV
ulcère athéromateux profond jusqu'à l'adventice avec hématome localisé ou anévrisme sacculaire

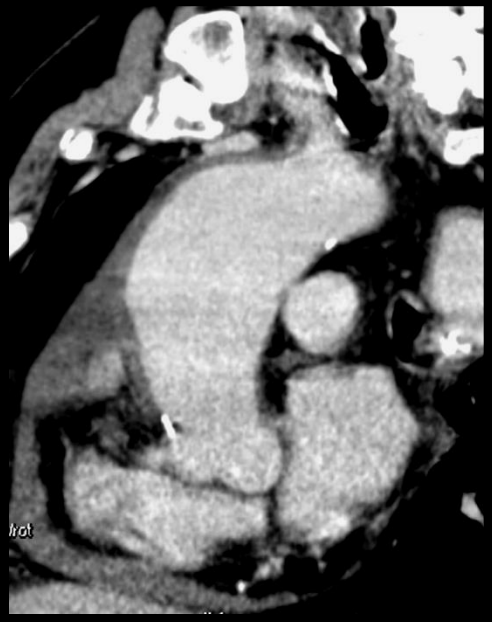
Type V
Brèche intimale iatrogène (KT,Chir) ou traumatique (décélération)




m/rot


0mm/rot
sp

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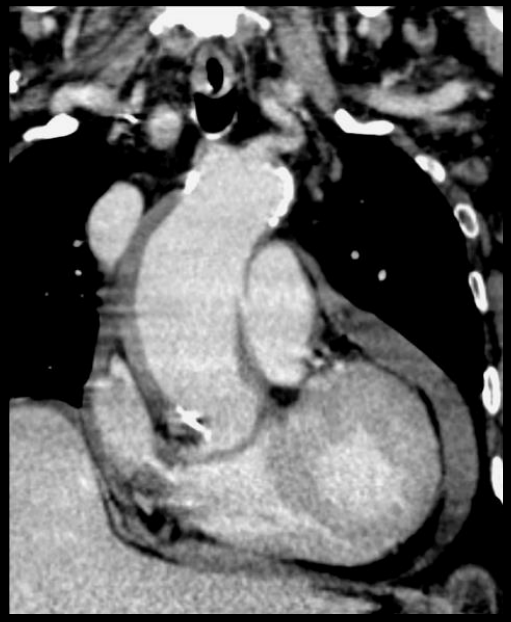
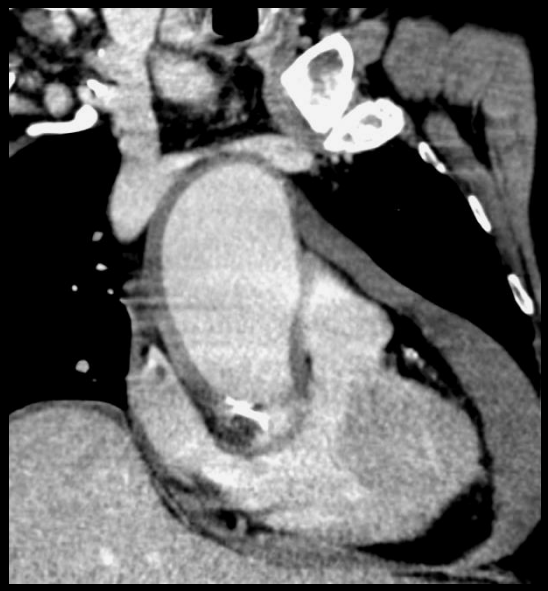
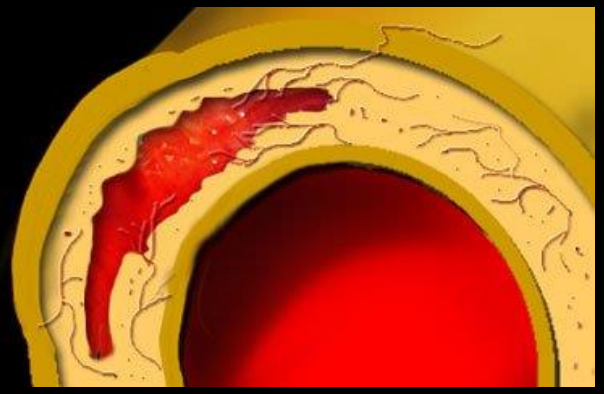
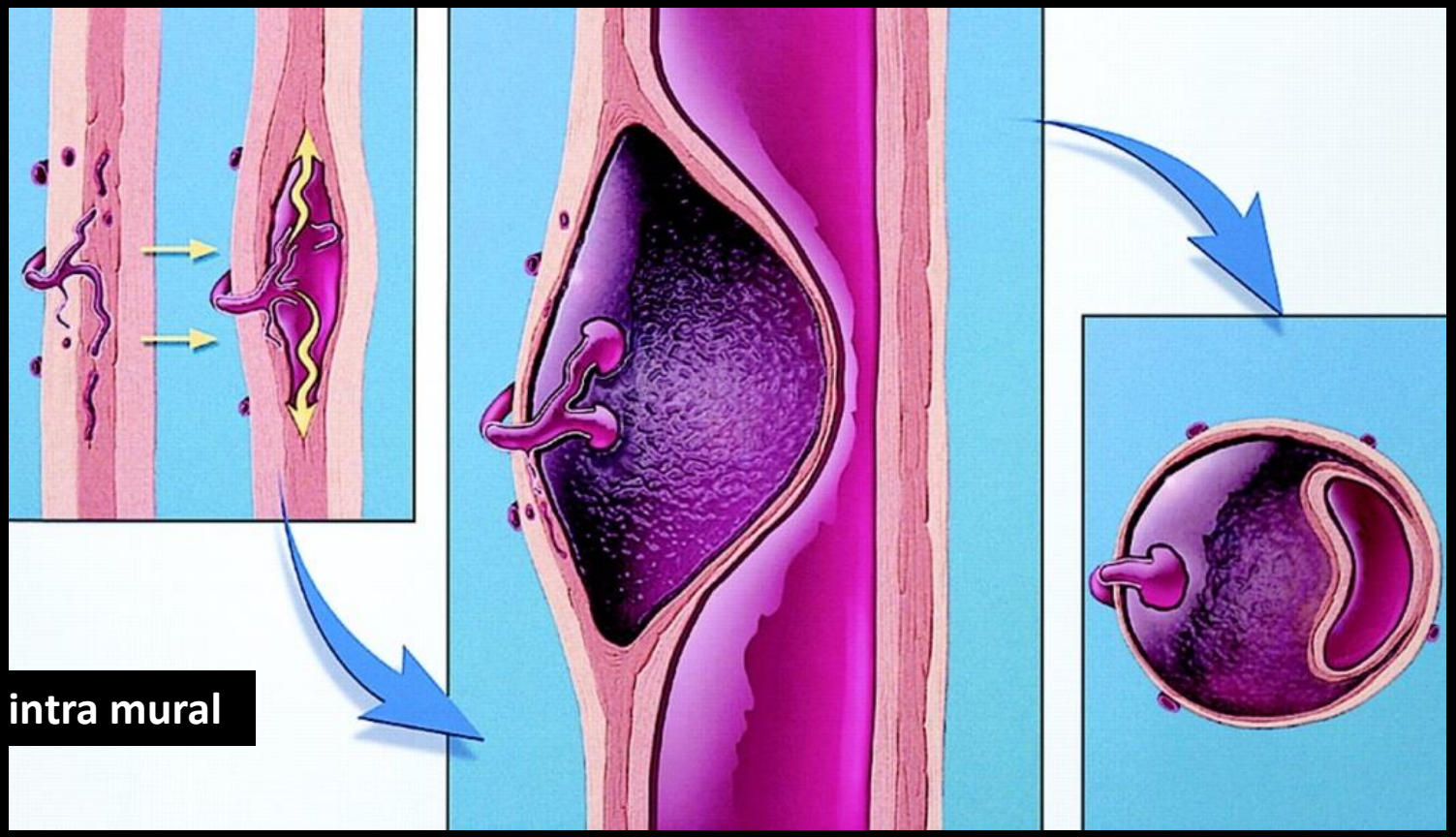


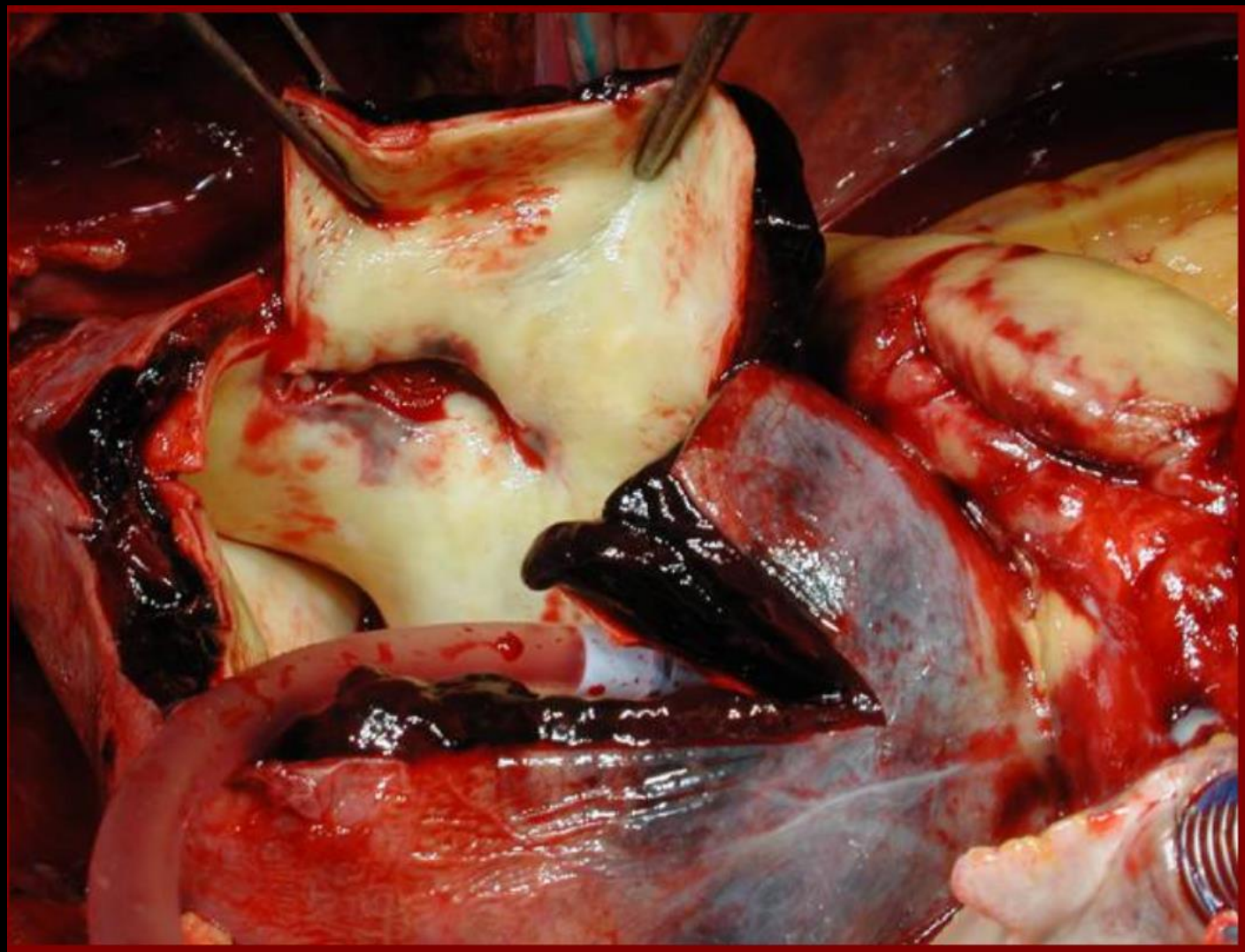




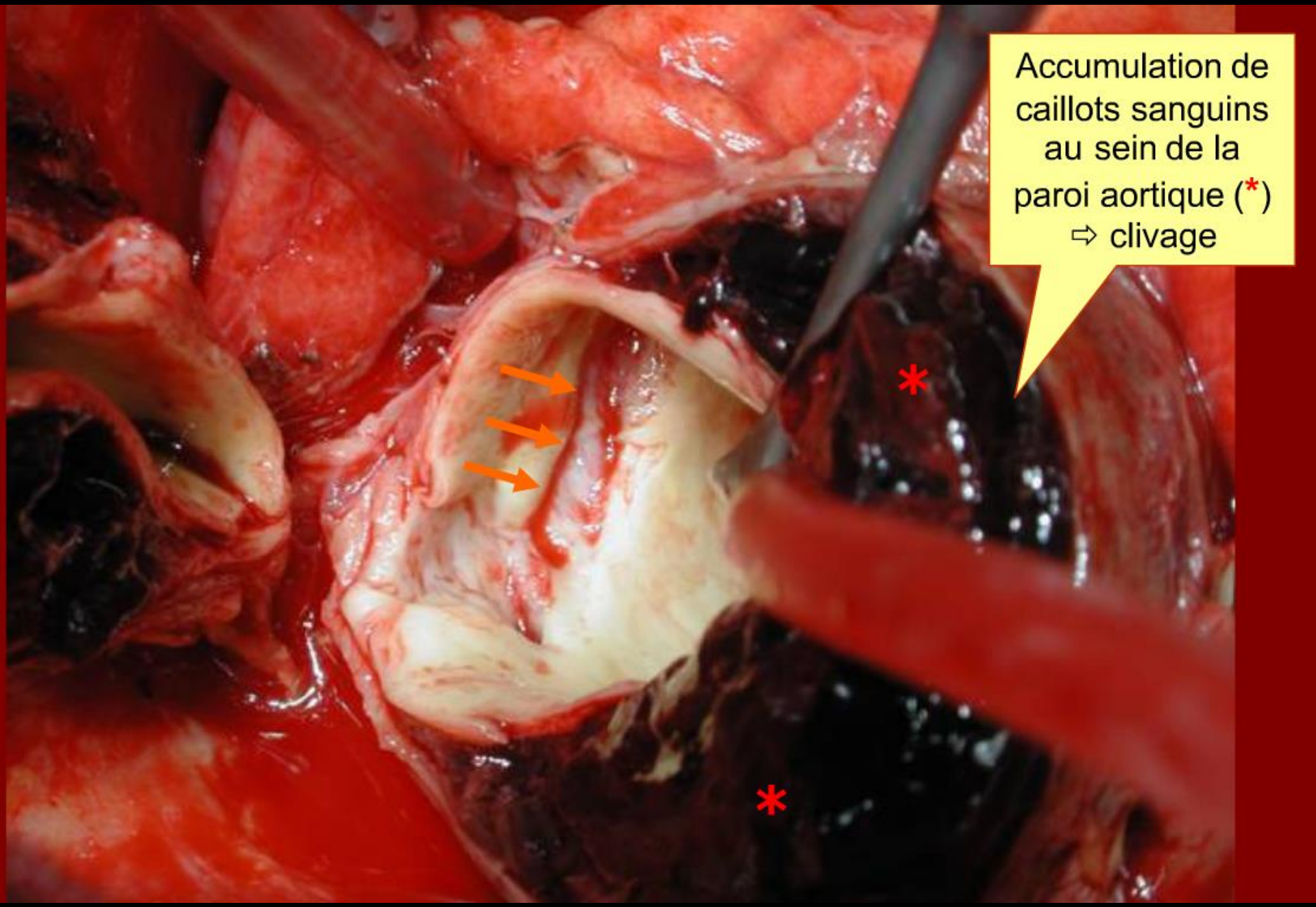
Dissecction communiquante



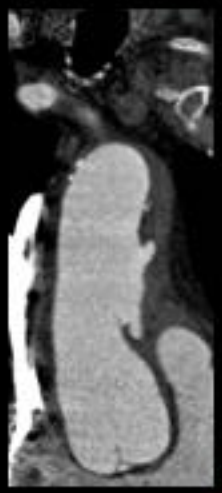
Hématome intra mural



HD de type A opéré en urgence

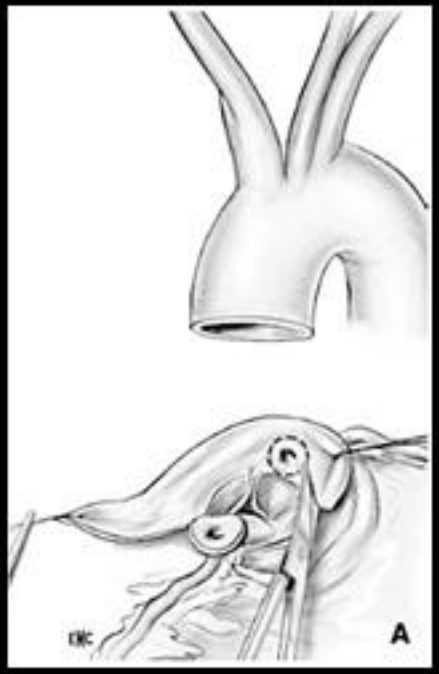

Accumulation de caillots sanguins au sein de la paroi aortique (*)
⇨ clivage
*
*

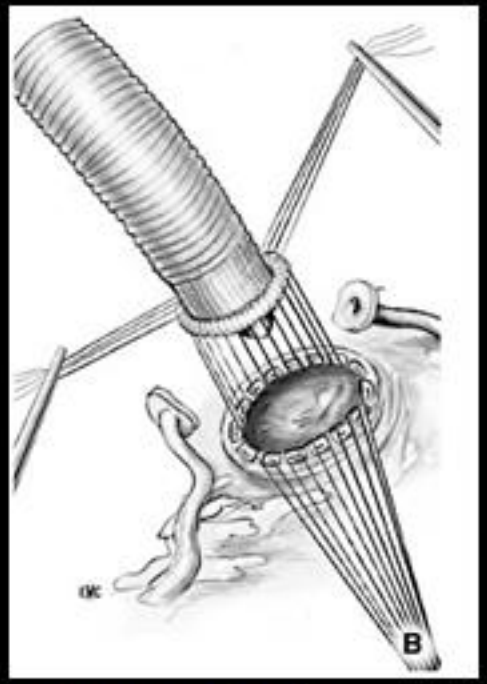
Signes radiologiques typiques :

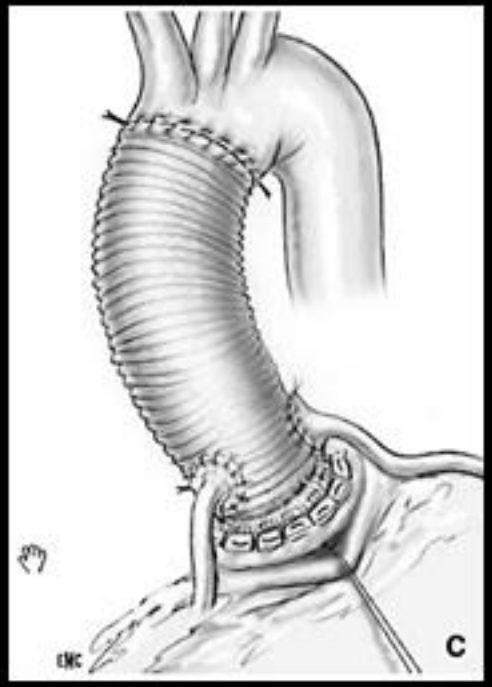


Anastomose proximale

Bentall prothése valvulaire aortique mécanique ou bioprothèse



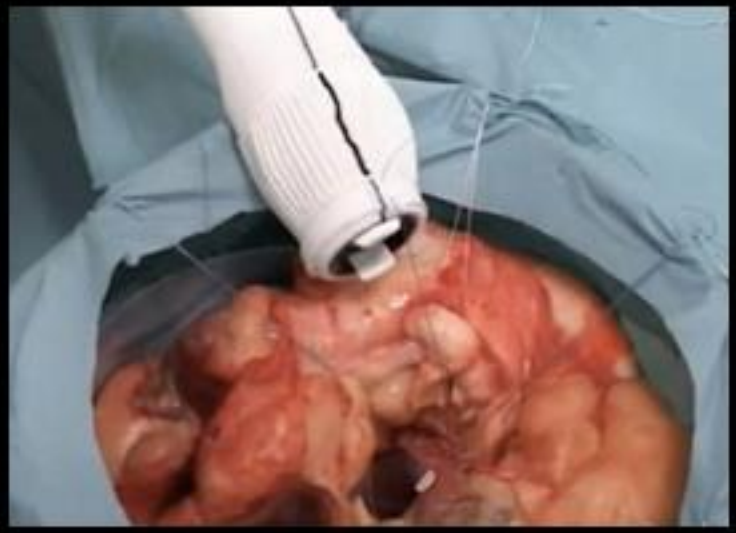


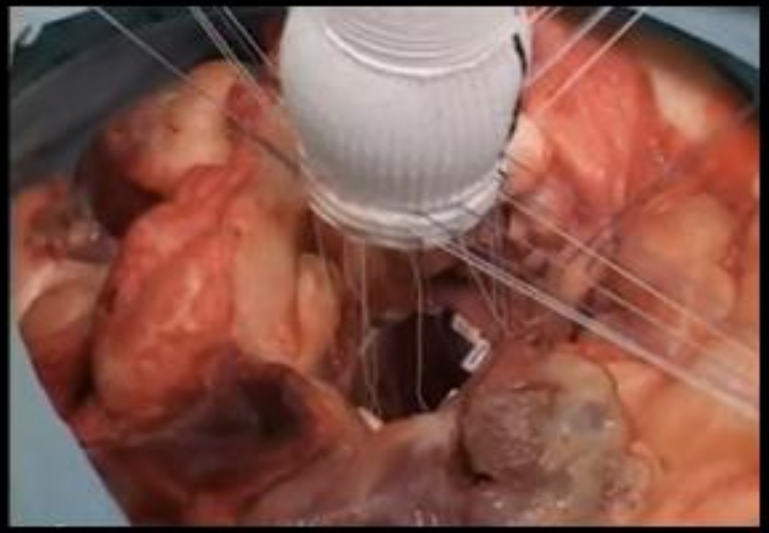


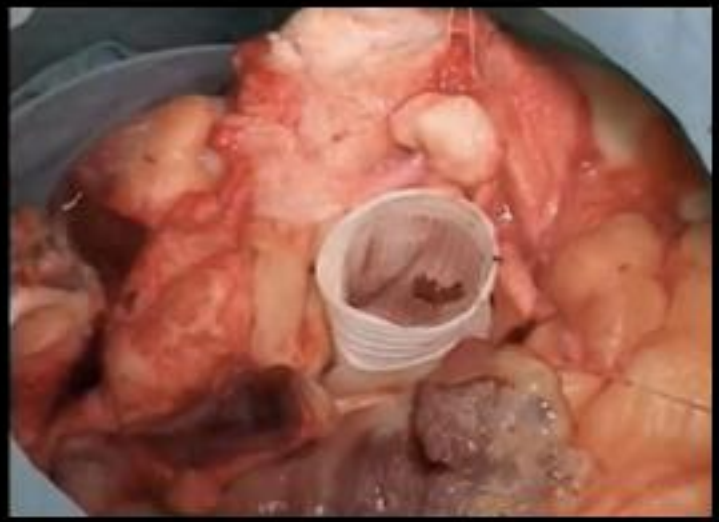
Resection totale de l'aorte ascendante
Découpage en bouton et mobilisation des ostia coronairesautre

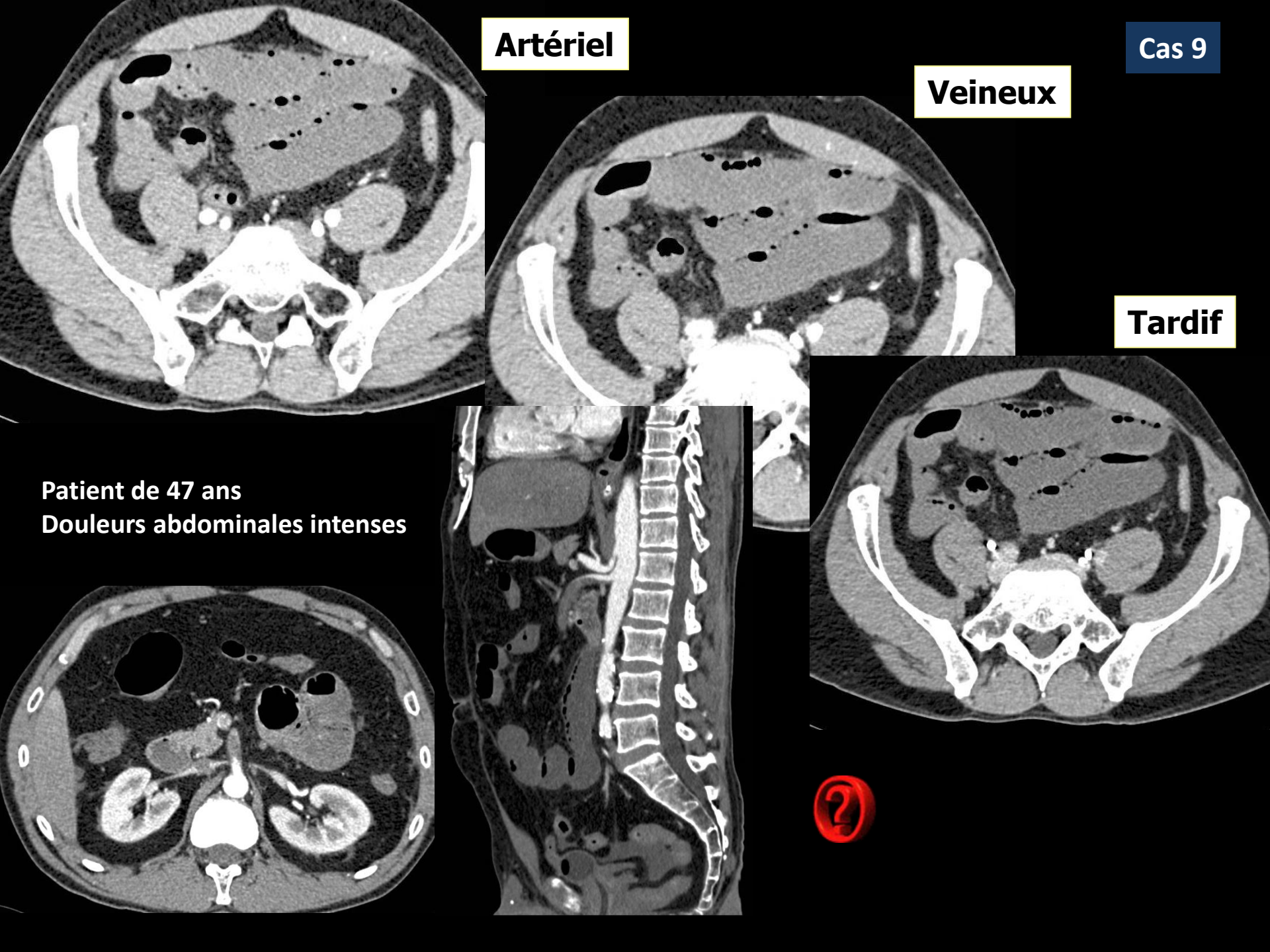
Mise en place du tube valvé sur l'anneau aortique

Réimplantation directe des ostia coronaires sur la prothèse de Dacron

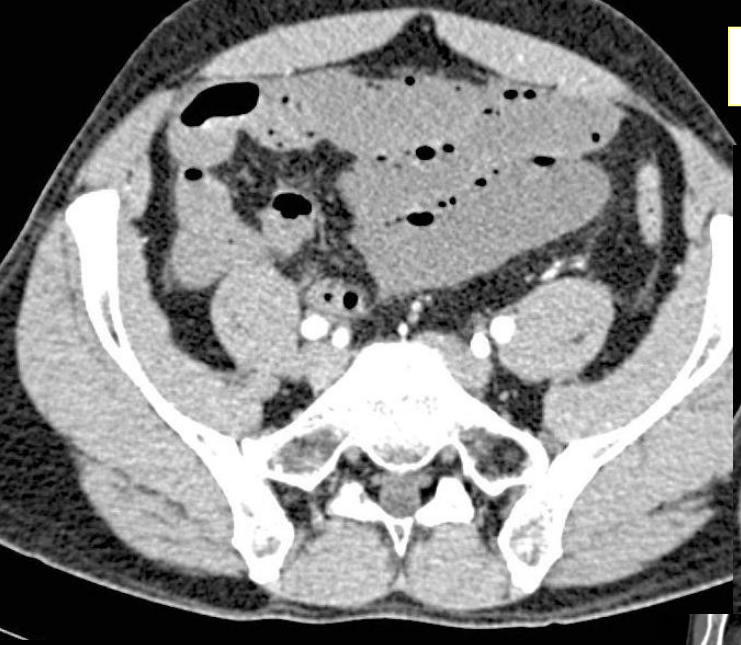


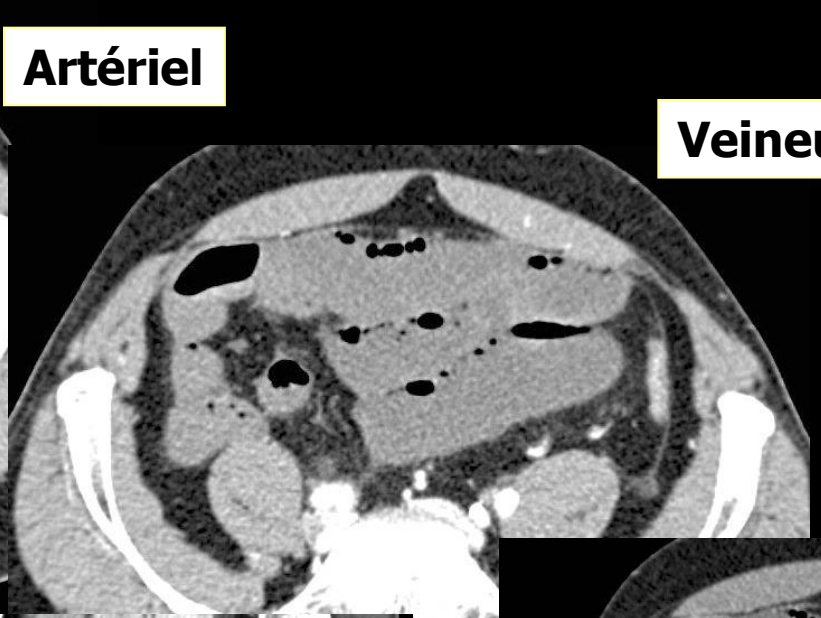


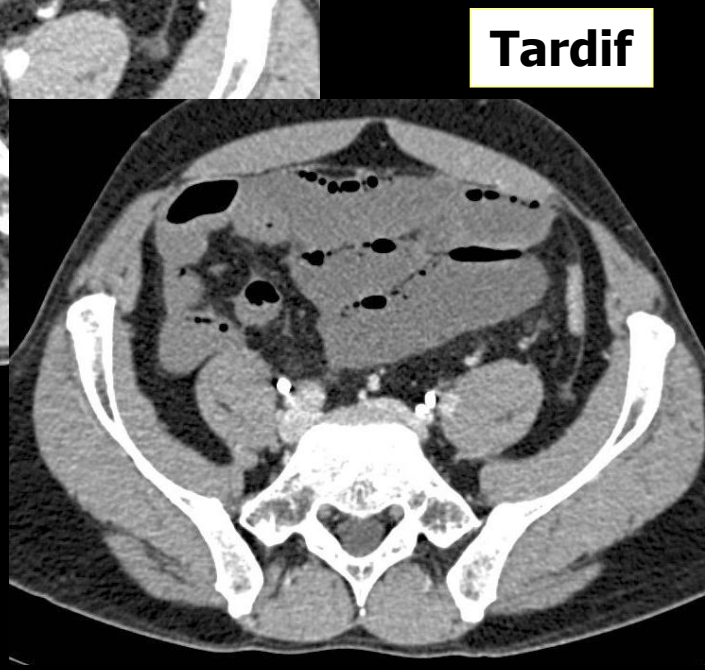



Artériel
Veineux
Tardif
Cas 9
Patient de 47 ans
Douleurs abdominales intenses
?

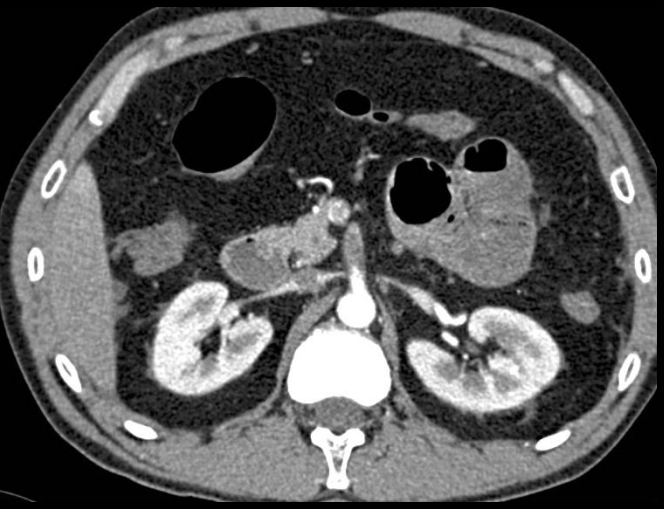
Cas 9

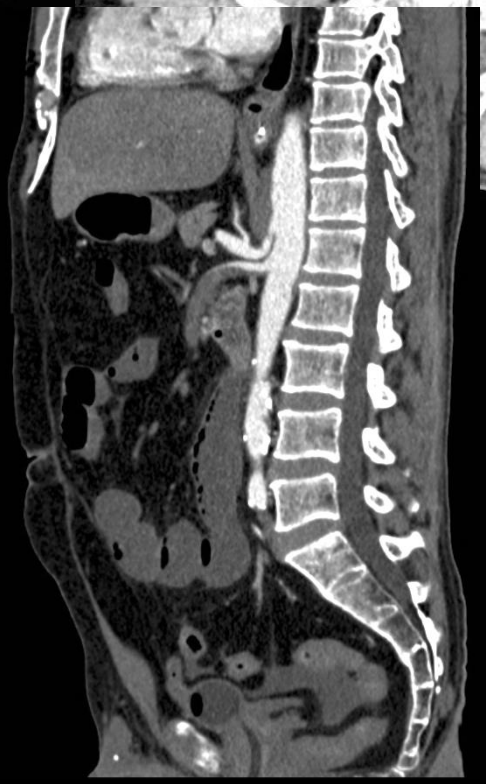




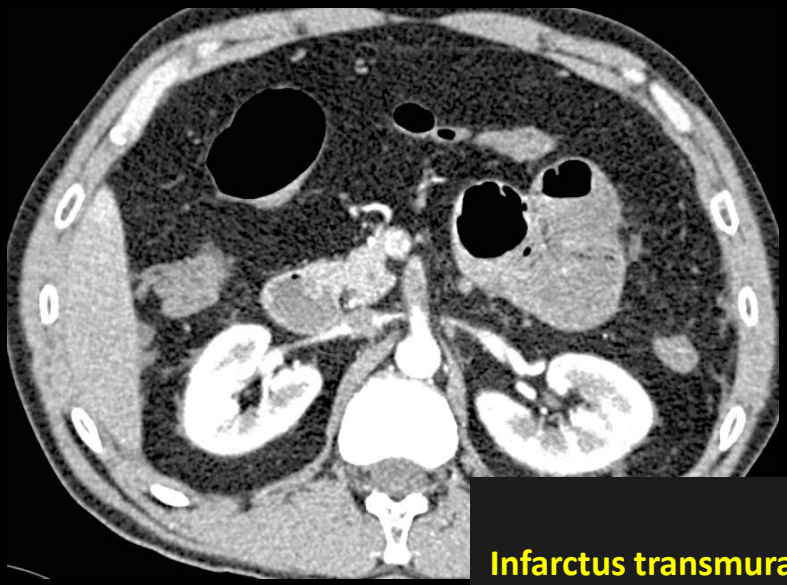


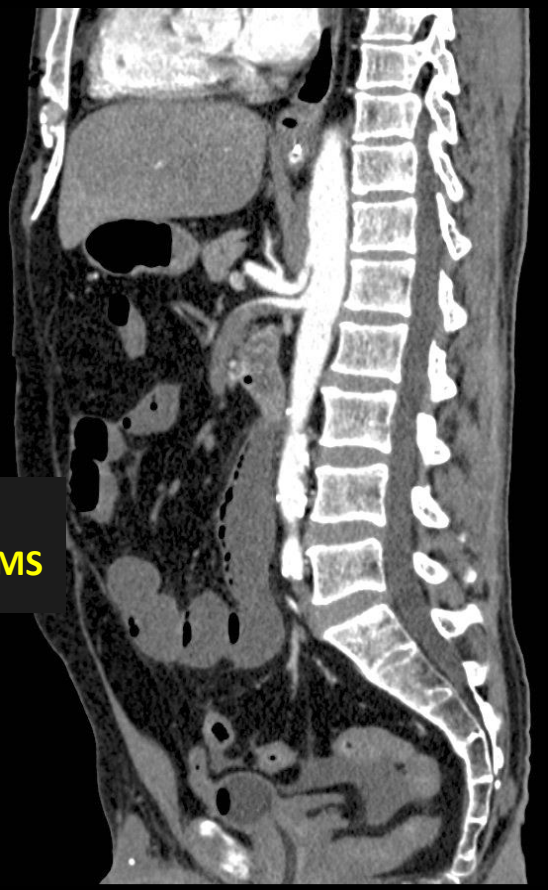
Patient de 47 ans
Douleurs abdominales intenses





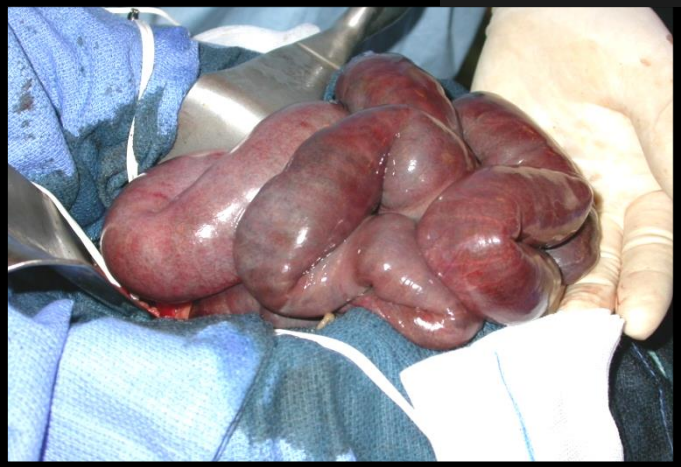
<u>Angioscanner artériel thoraco abdomino pelvien</u>
Plan axial et reformation sagittale
Défaut de rehaussement d'anses grêles distendues
Embole dans l'AMS

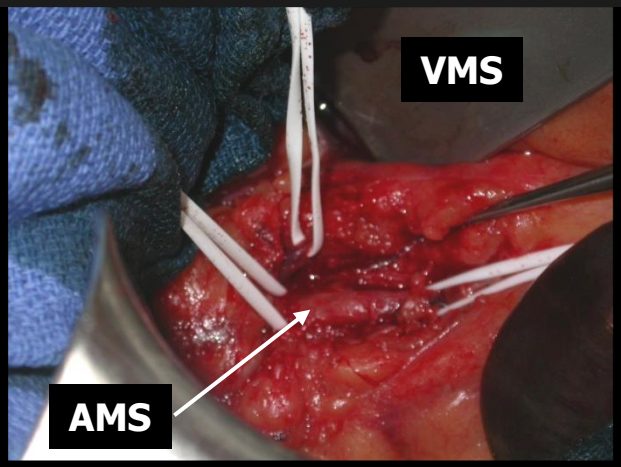


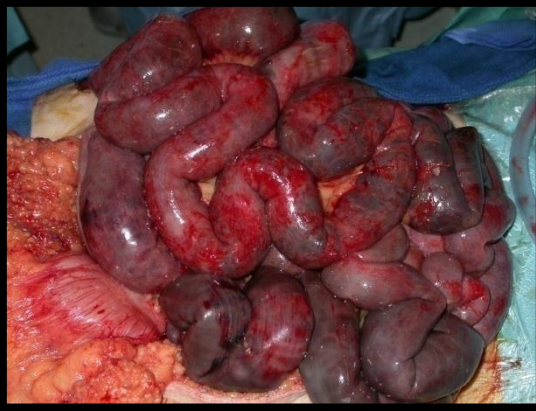


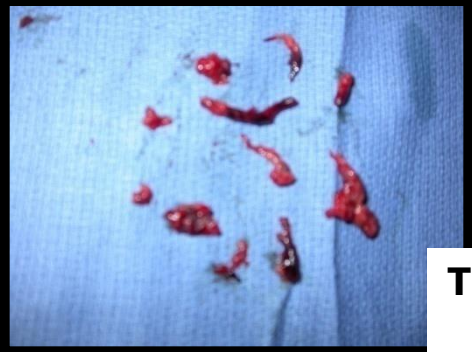
Diagnostic

Infarctus transmural étendu du grêle par occlusion de l'AMS

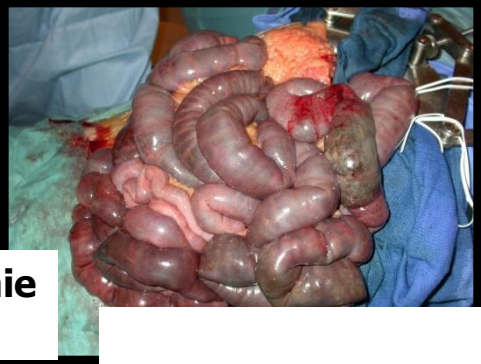








Thrombectomie / Fogarty



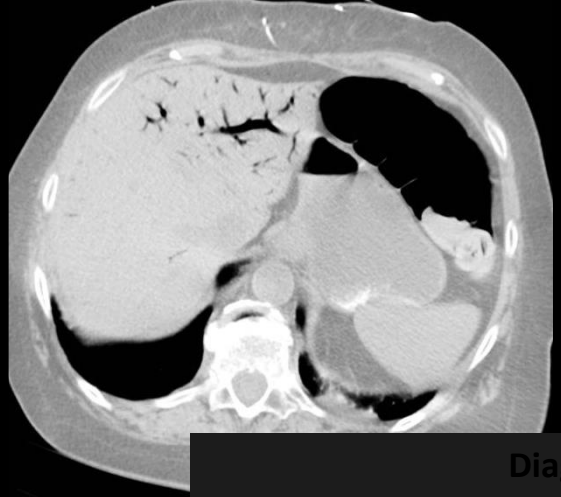
Cas 9 bis : Femme de 75 ans

J12 remplacement valvulaire

Douleurs abdominales diffuses, défense

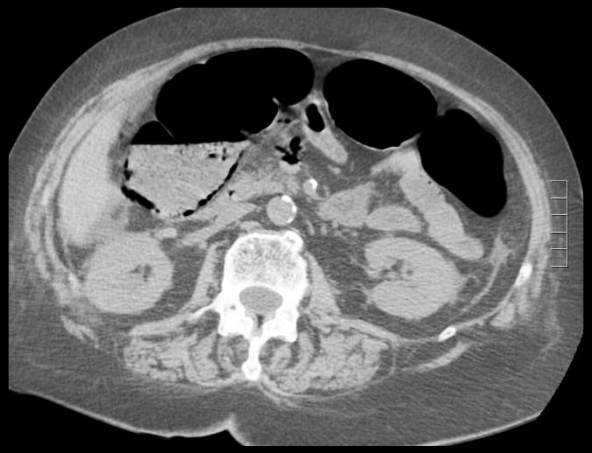
Pas de fièvre

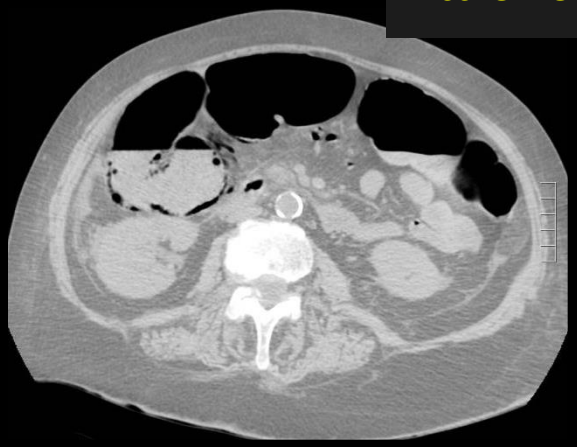
Lactates normaux

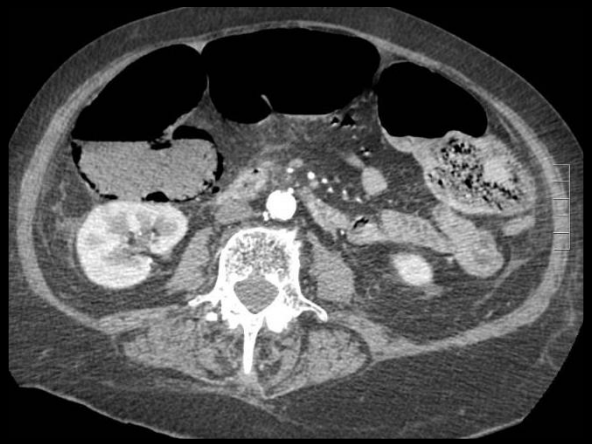


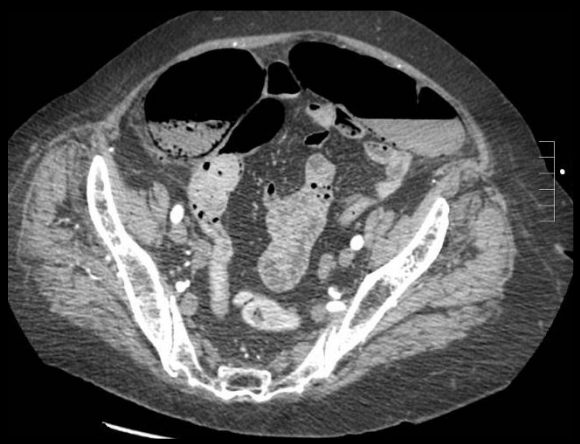
Diagnostic:

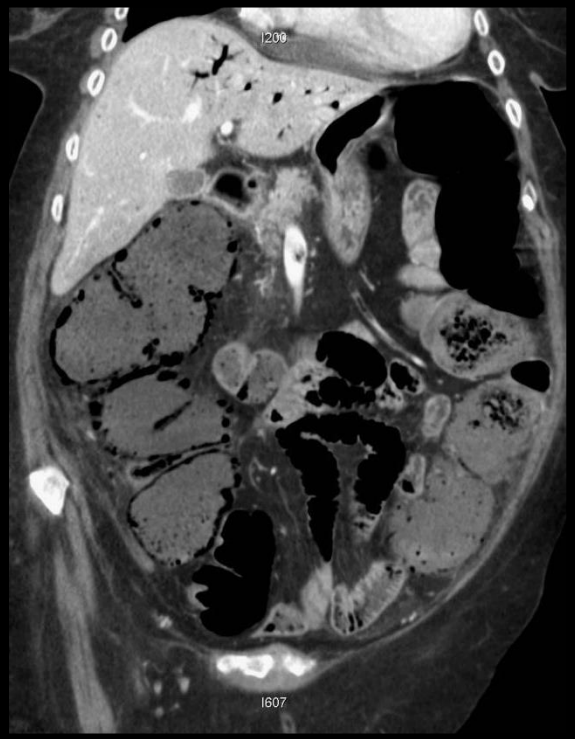
Ischémie artérielle aiguë du territoire de l'AMS



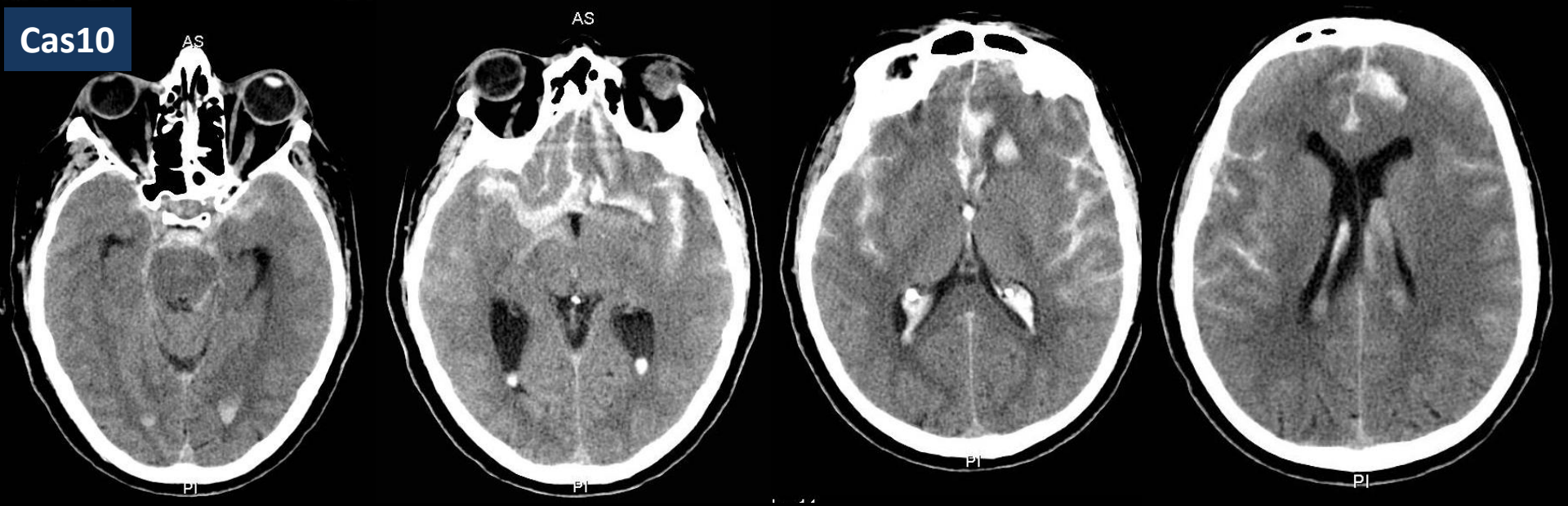




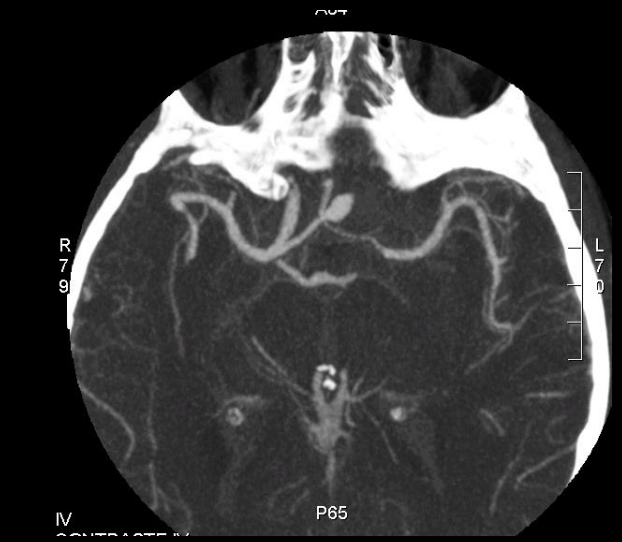




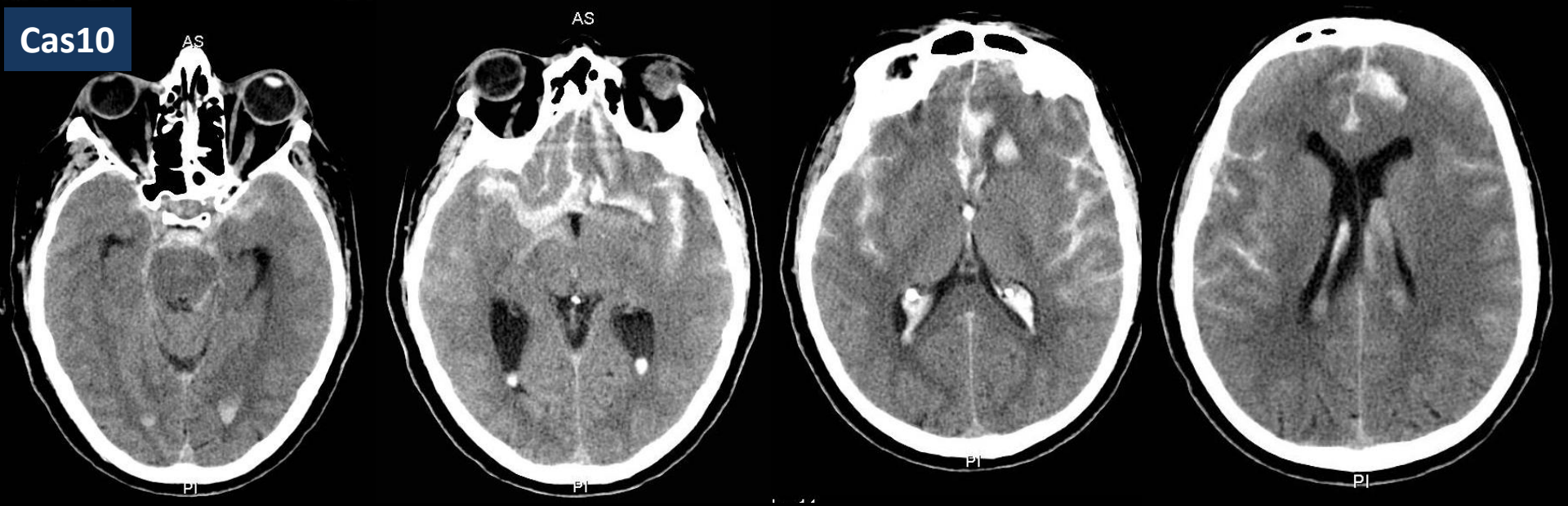
Cas10



- **Homme de 60 ans.**
- **Coma GCS 4 au réveil.**



Cas10



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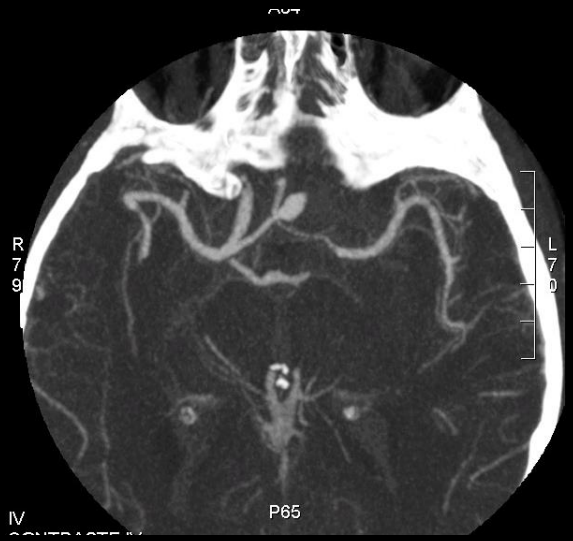
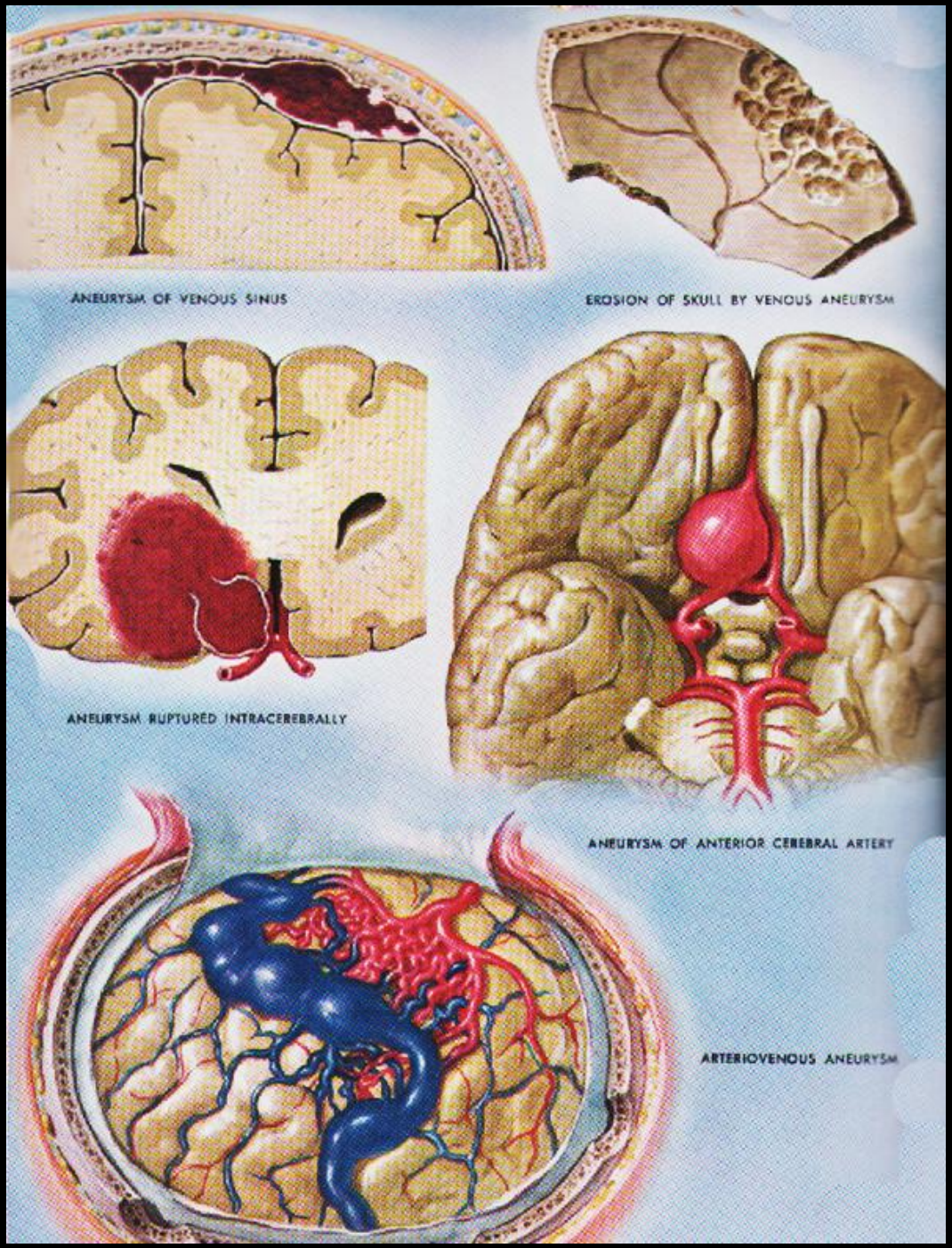
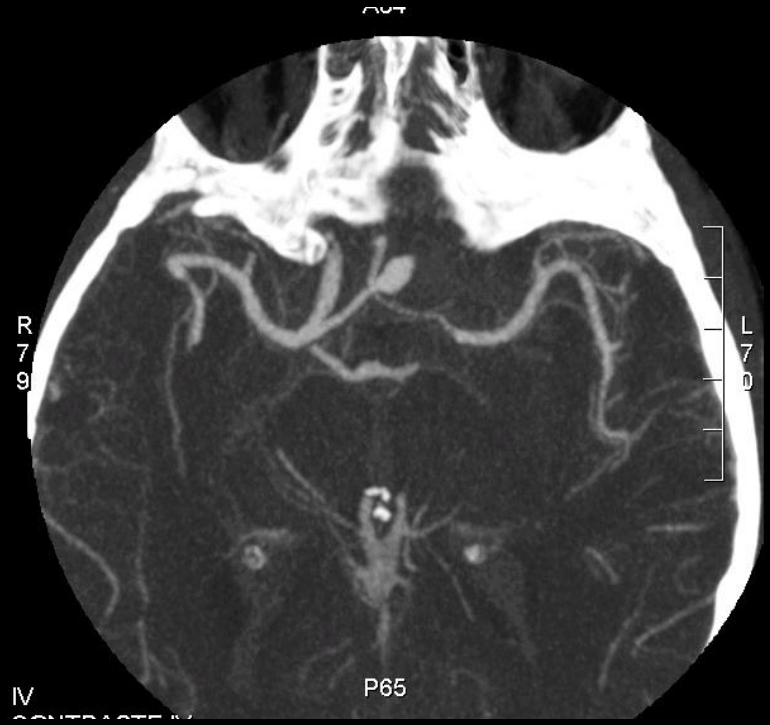


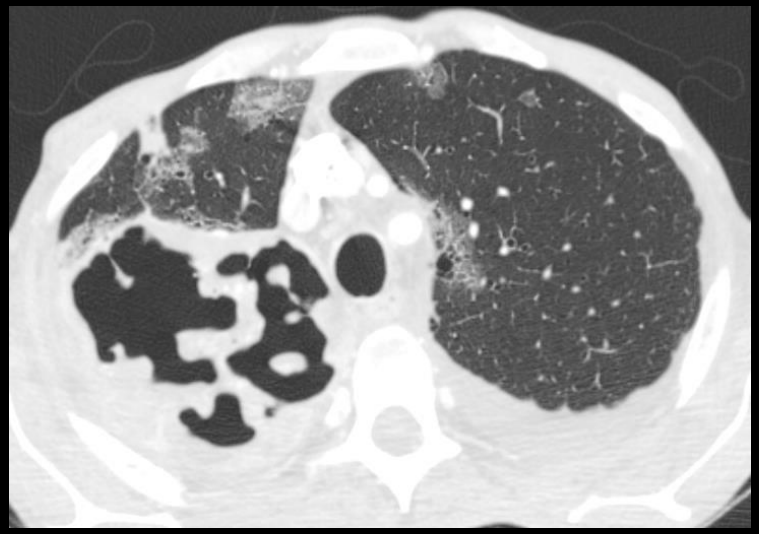
- Scanner cérébral sans injection et angio-scanner artériel intra crânien.
- Hyperdensité hématique spontanée diffuse des espace sous arachnoïdiens.
- Hématome intra-parenchymateux fronto-basal gauche
- Inondation ventriculaire

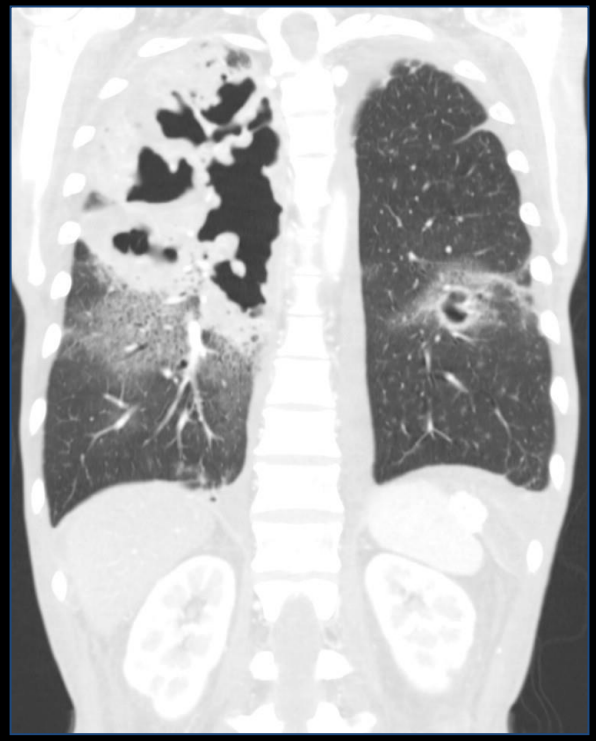
Hémorragie sous arachnoïdienne (Fischer IV)
sur rupture d'anévrysme de la communicante antérieure

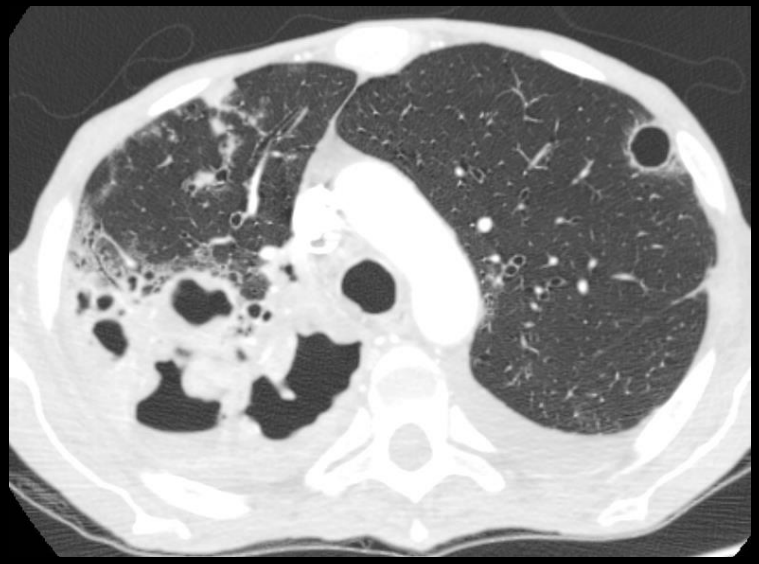

ANEURYSM OF VENOUS SINUS
EROSION OF SKULL BY VENOUS ANEURYSM
ANEURYSM RUPTURED INTRACEREBRALLY
ANEURYSM OF ANTERIOR CEREBRAL ARTERY
ARTERIOVENOUS ANEURYSM

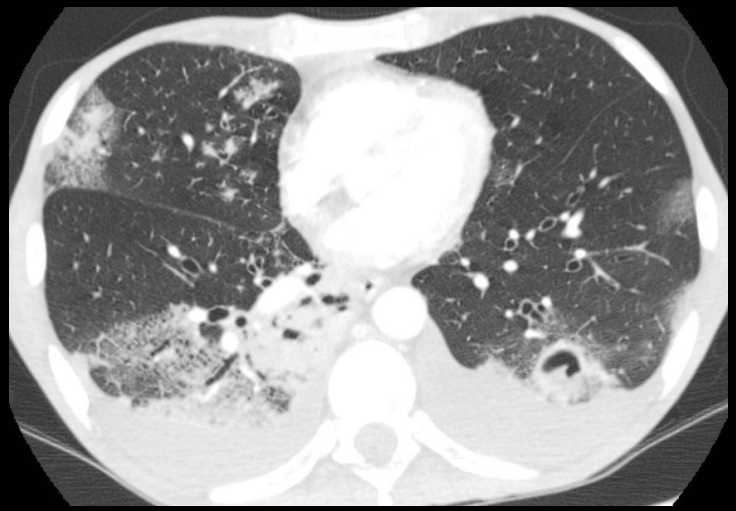

R
L
IV
P65

Cas 11



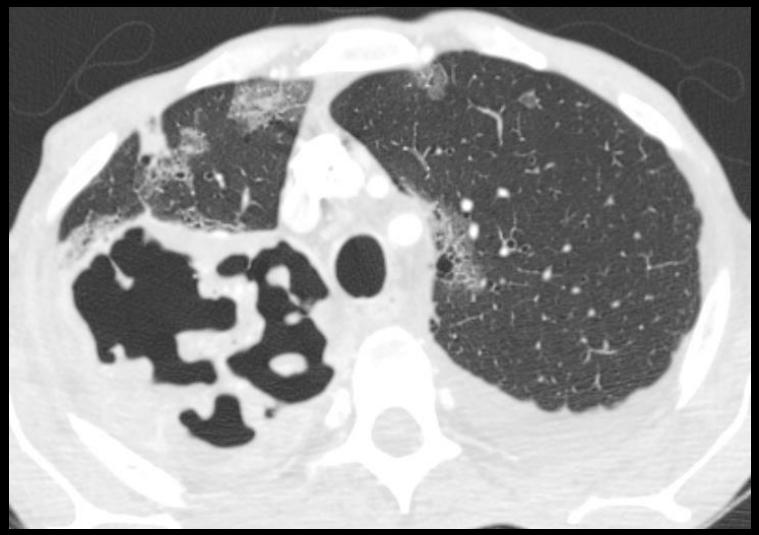


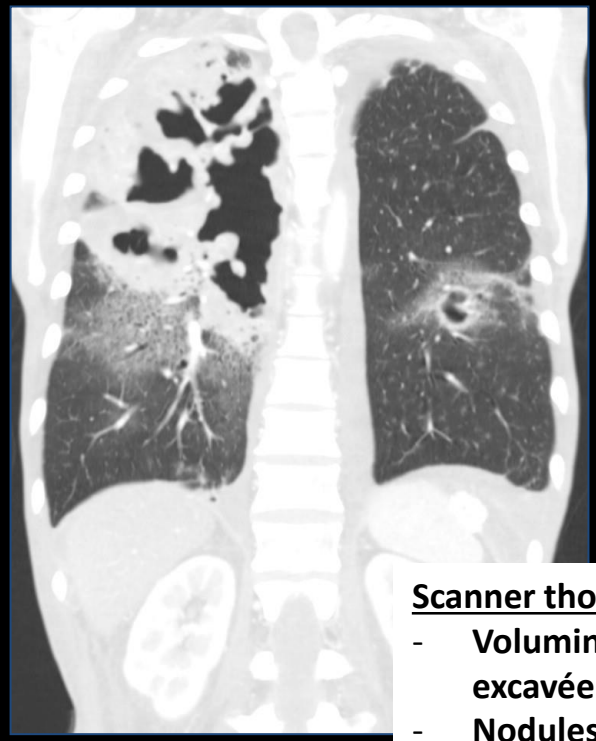


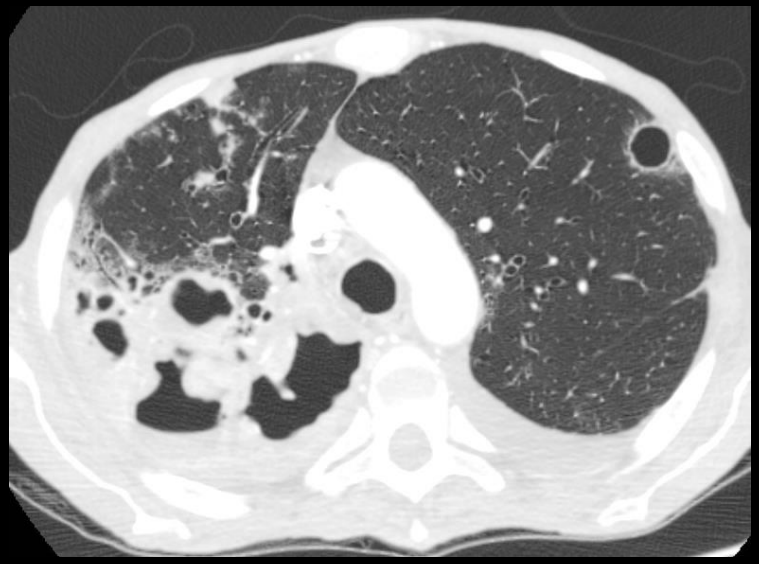


Patient de 52 ans
Douleur thoracique, fièvre, sueurs nocturnes

Cas 11

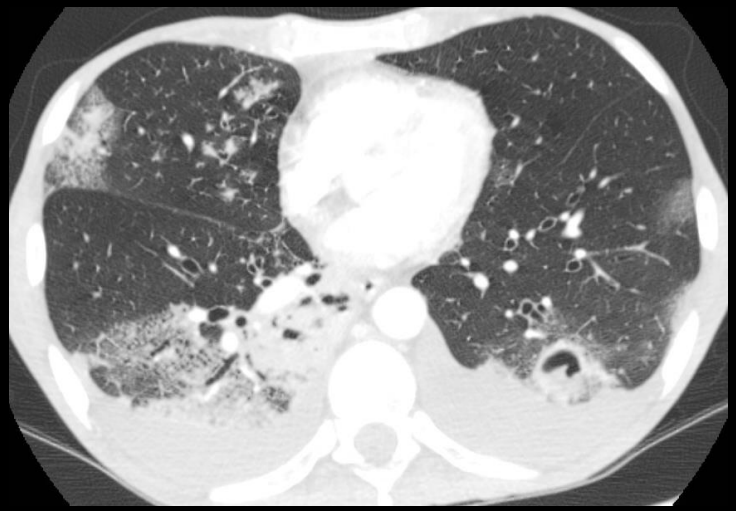






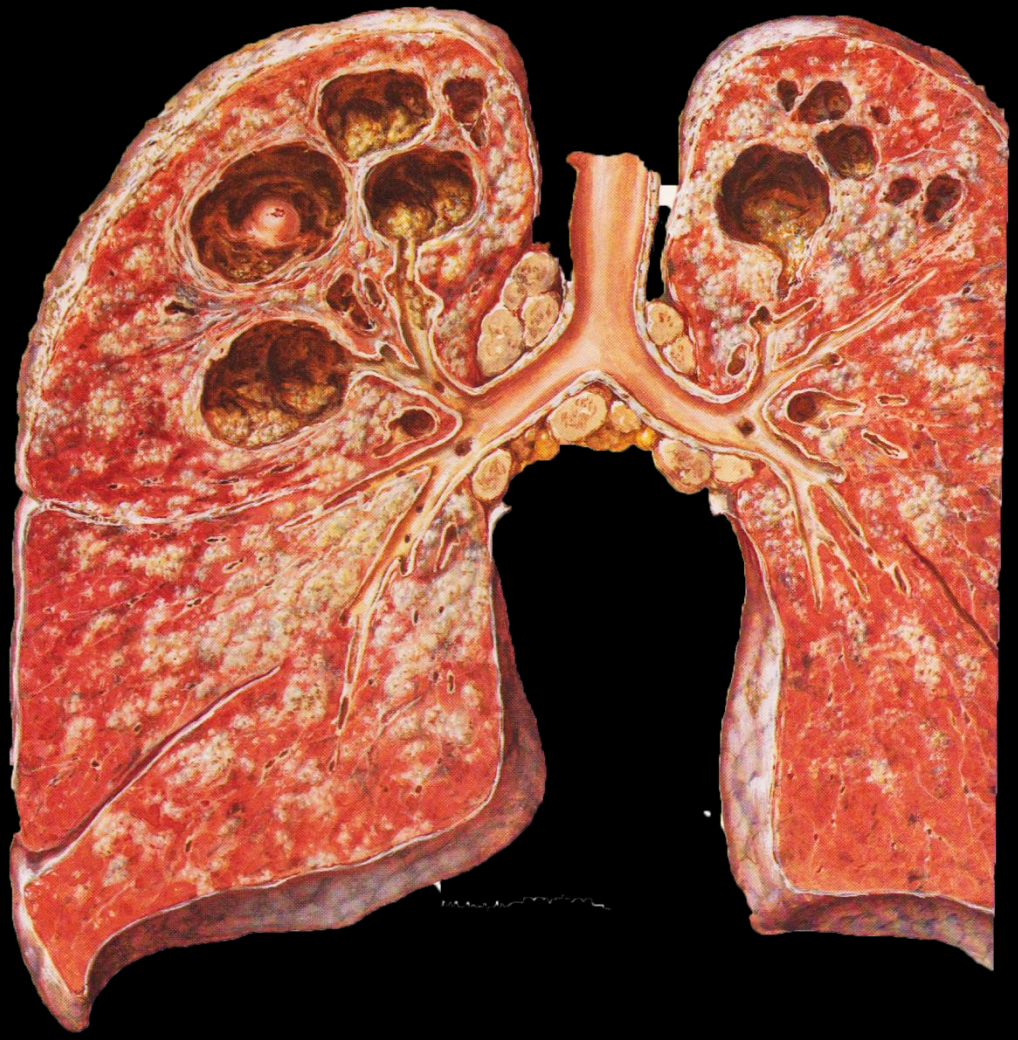
Scanner thoracique sans IV

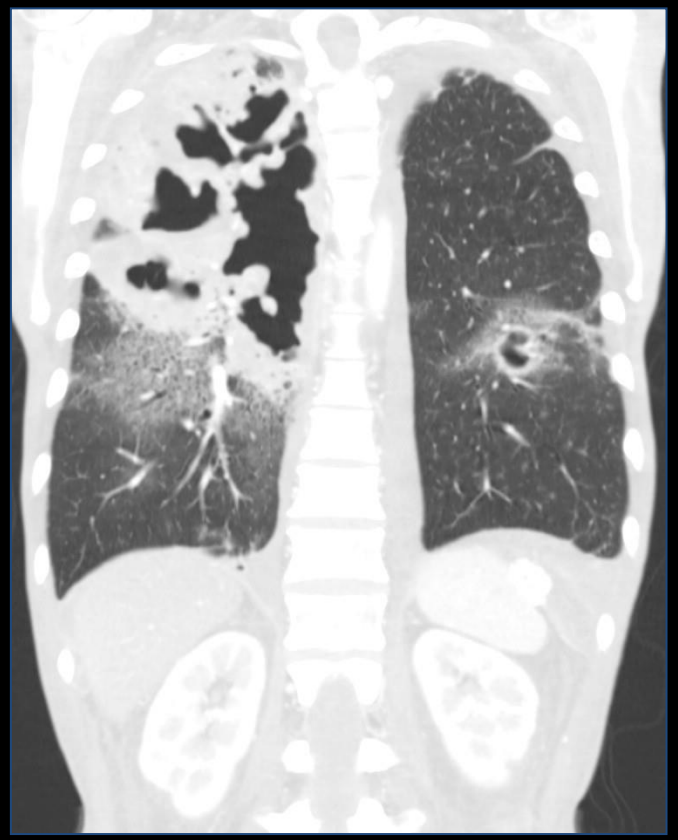
- Volumineuse masse apicale droite excavée + lésions excavées gauches
- Nodules de répartition bronchiolitique
- Foyers de condensation + plages de verre dépolies
- Epanchement pleural

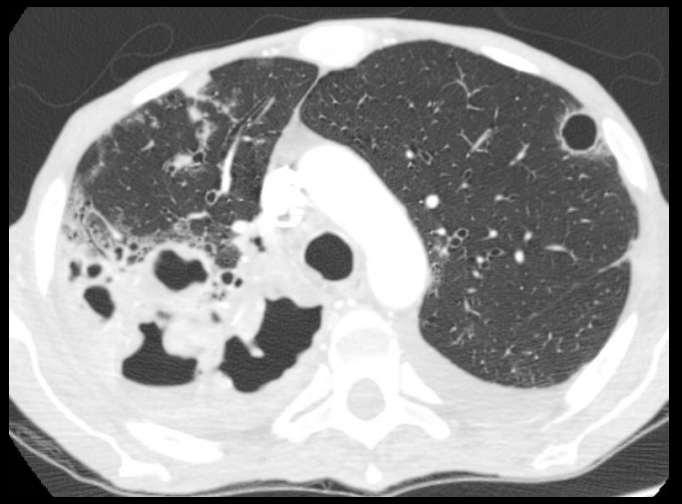


Patient de 52 ans
Douleur thoracique, fièvre, sueurs nocturnes

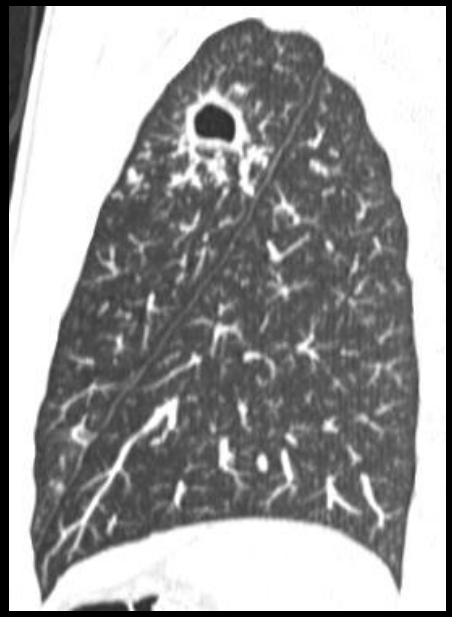
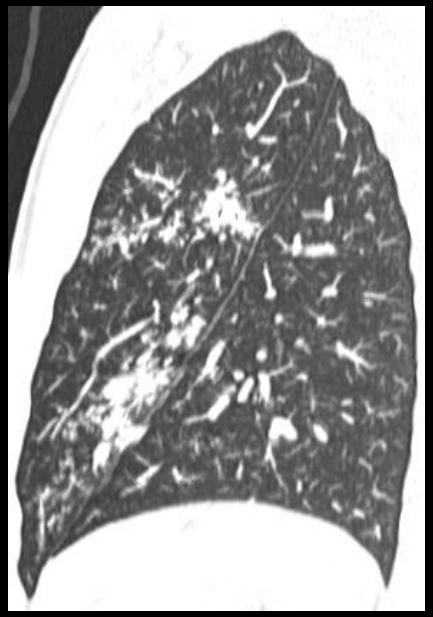
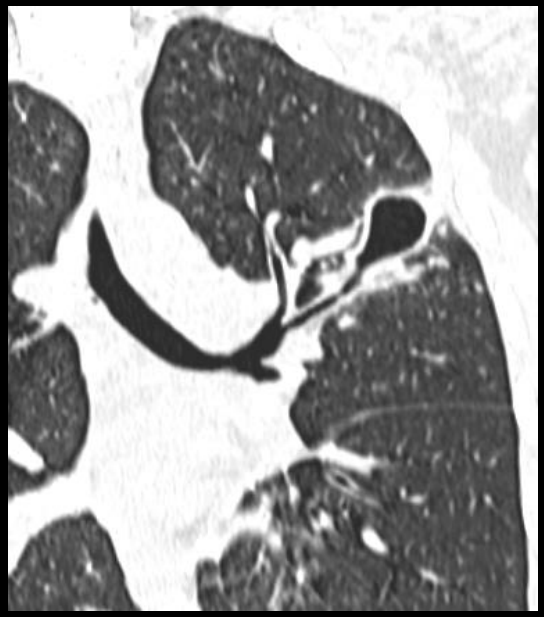
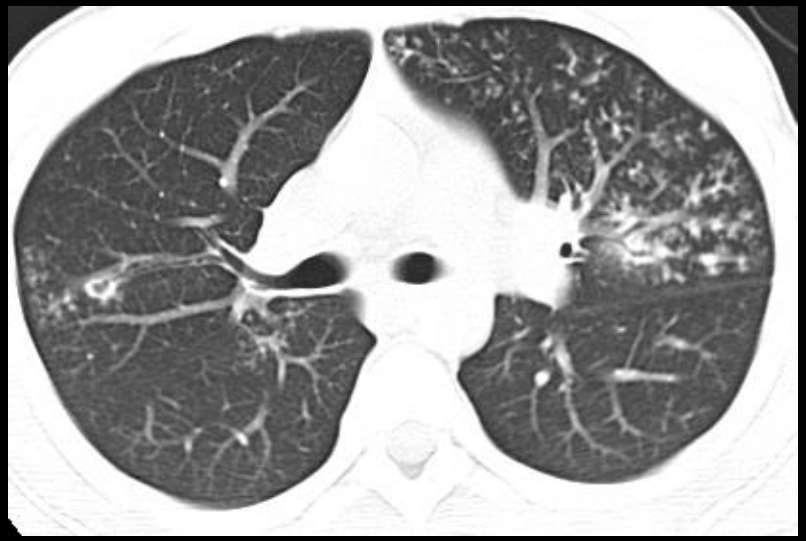
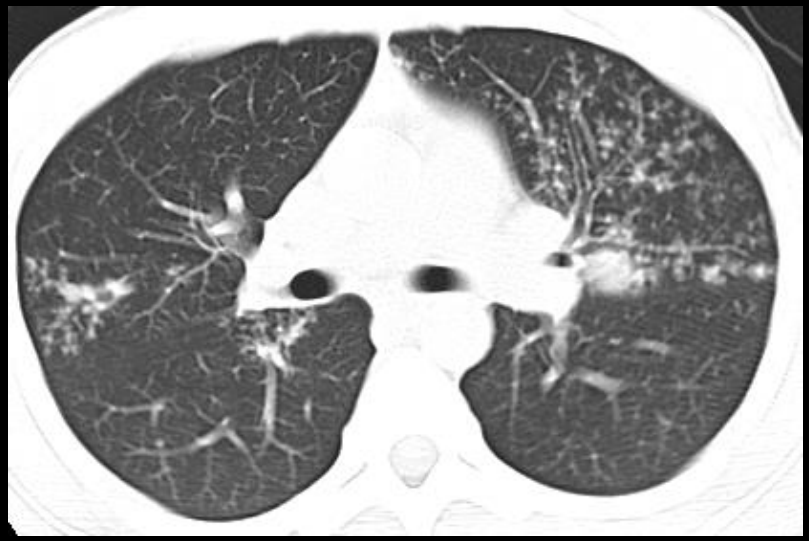
Tuberculose pulmonaire







Tuberculose pulmonaire

Foyers de bronchiolites : aspect d'arbre en bourgeon