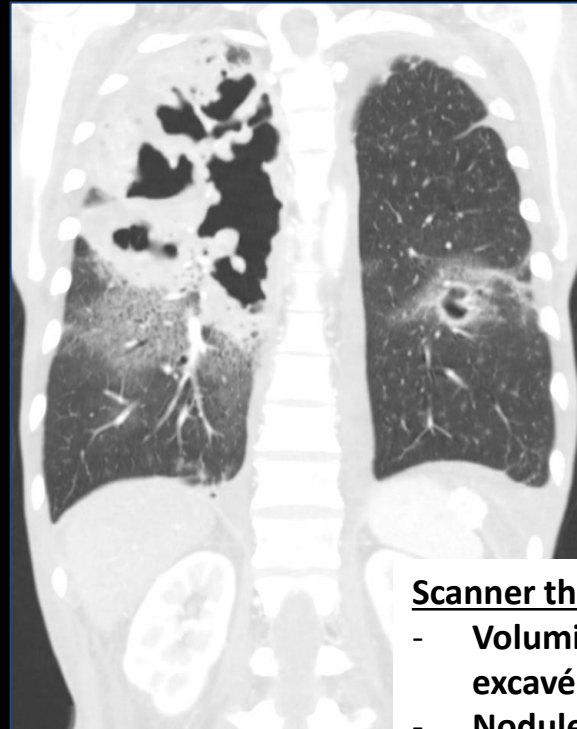
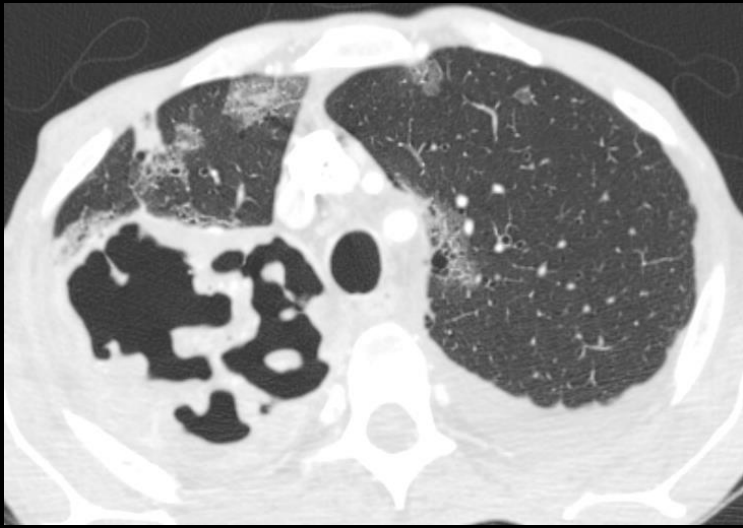
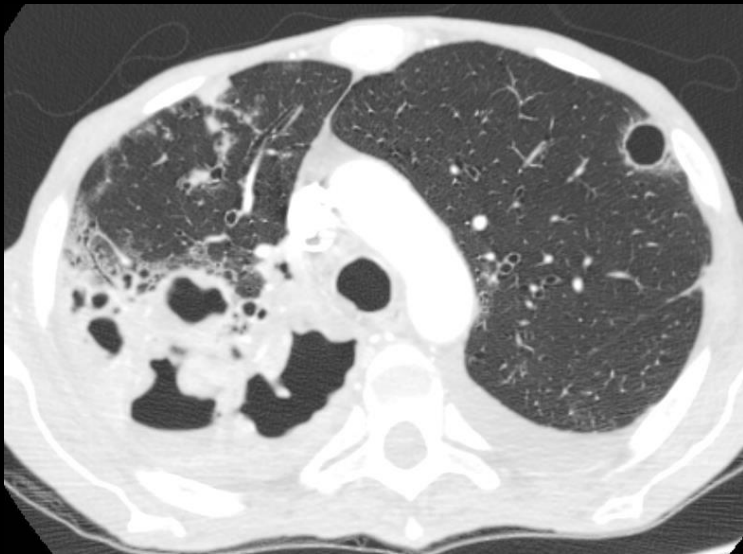


Patient de 52 ans
Douleur thoracique, fièvre, sueurs nocturnes



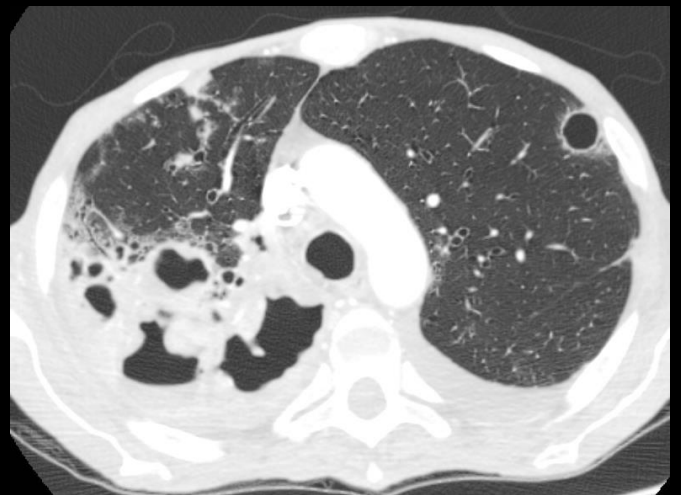
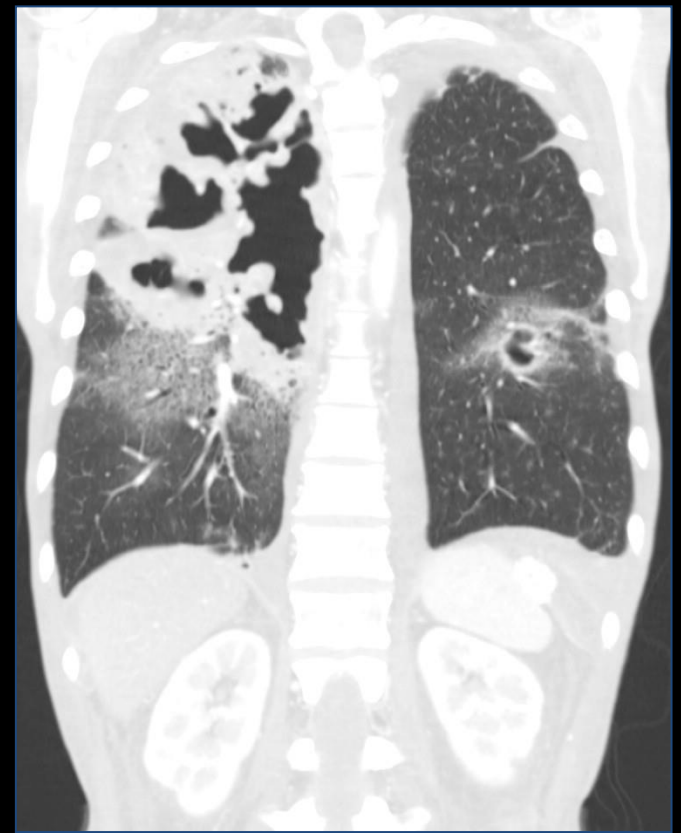
Scanner thoracique sans IV

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

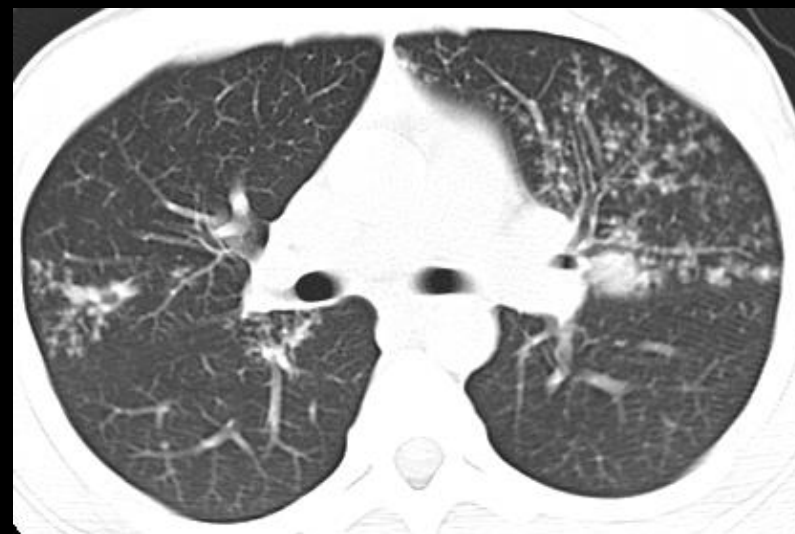
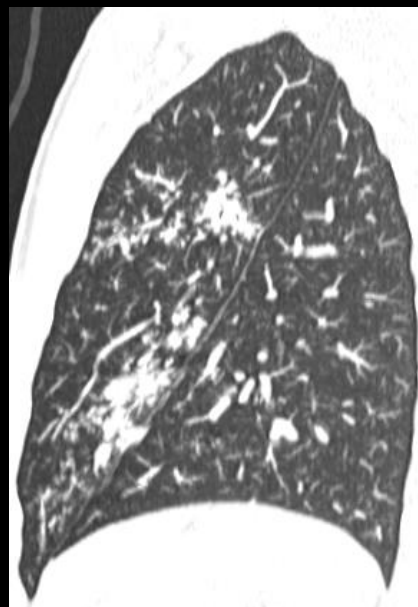


Patient de 52 ans
Douleur thoracique, fièvre, sueurs nocturnes

Tuberculose pulmonaire



Tuberculose pulmonaire



Foyers de bronchiolites : aspect d'arbre en bourgeon

Femme de 57 ans, chute en arrière avec traumatisme du poignet gauche





Fracture de Gérard Marchand

Clinical Manifestations of Osteoporosis

Axial



Vertebral compression fractures cause continuous (acute) or intermittent (chronic) back pain from midthoracic to midlumbar region, occasionally to lower lumbar region

Appendicular

Fractures caused by minimal trauma



Proximal femur (intertrochanteric or intracapsular)

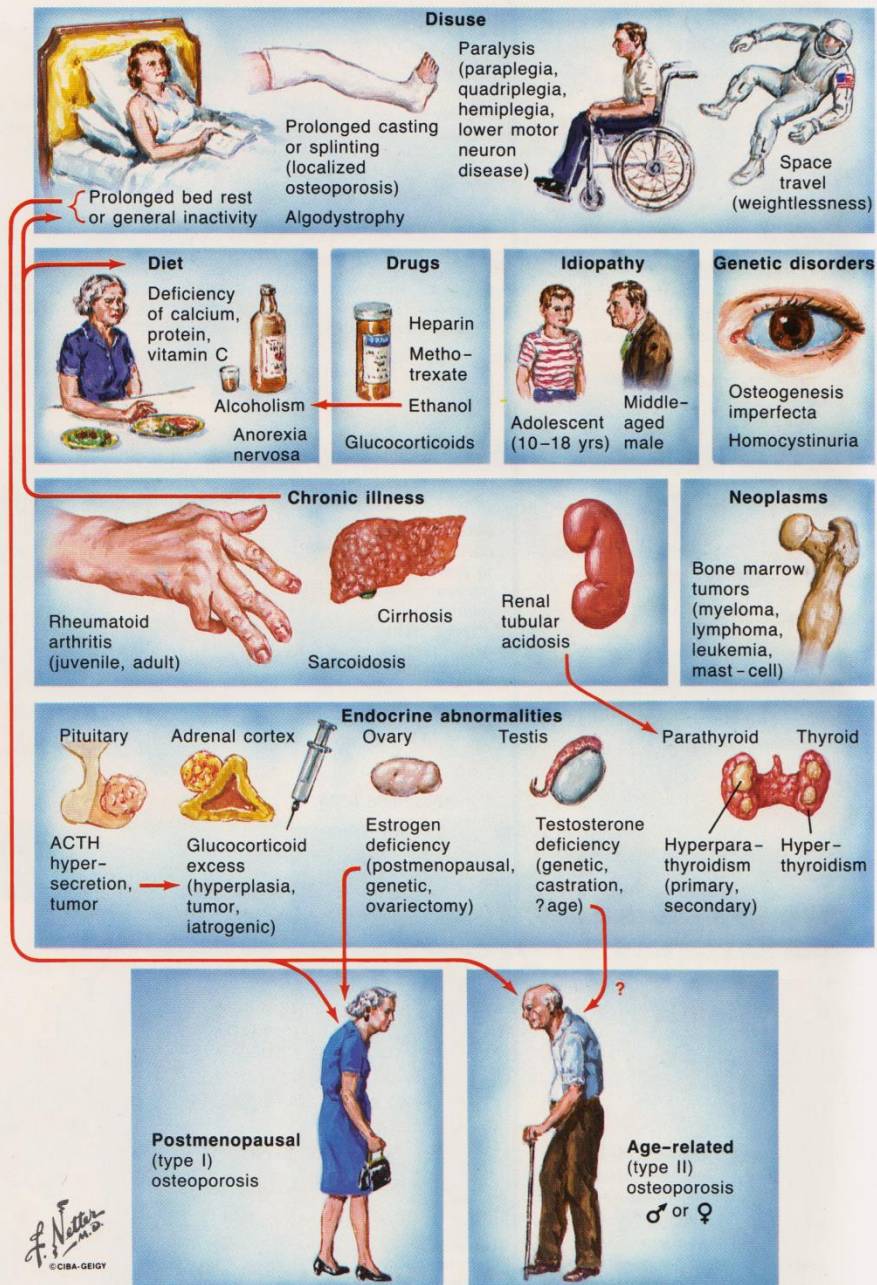
Proximal humerus

Distal radius

Most common types

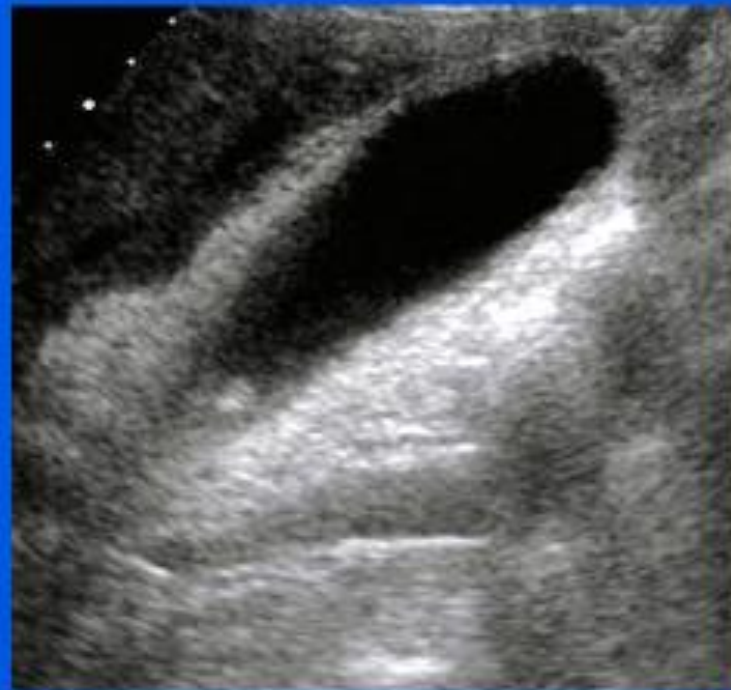
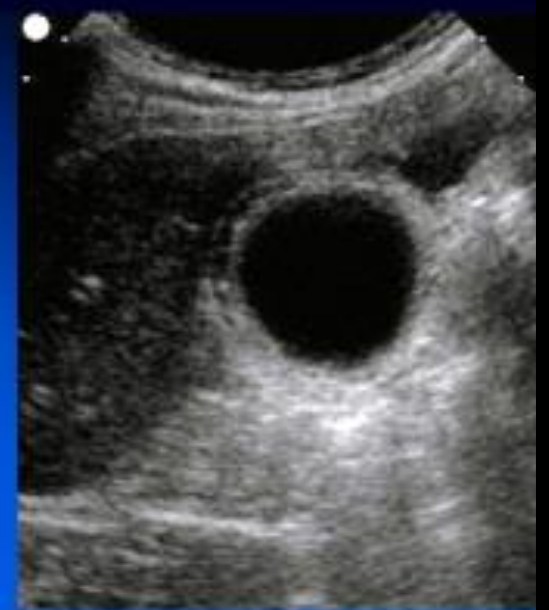
Progressive thoracic kyphosis, or dowager's hump, with loss of height and abdominal protrusion

Causes of Osteoporosis



Cas 13

Patiente de 48 ans, surcharge pondérale
Fièvre et douleur de l'hypocondre droit



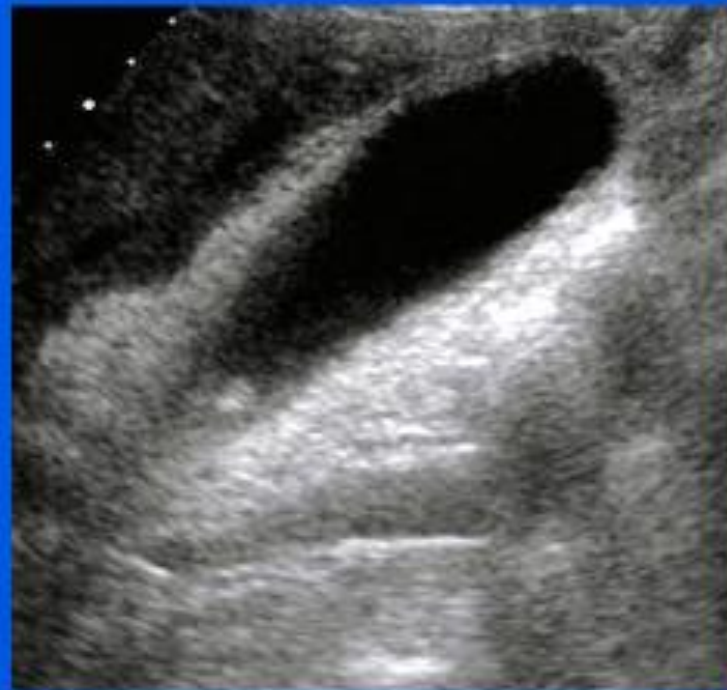
Patiente de 48 ans, surcharge pondérale
Fièvre et douleur de l'hypocondre droit

Cholécystite aiguë



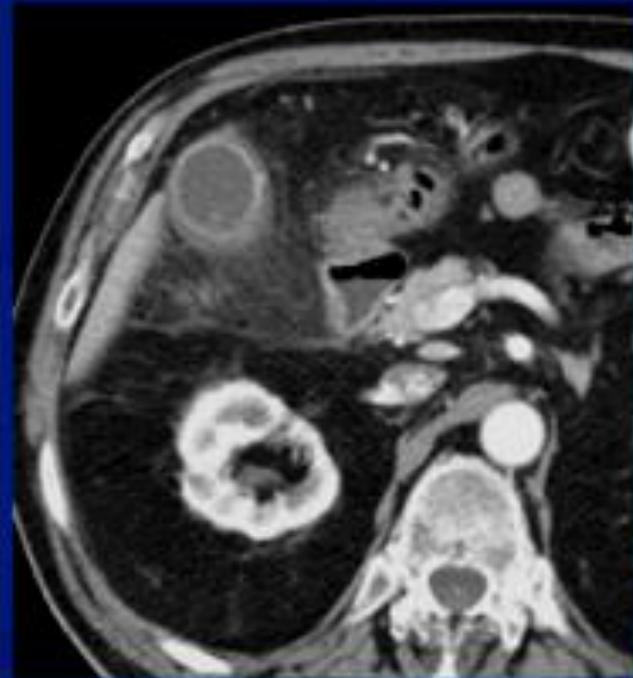
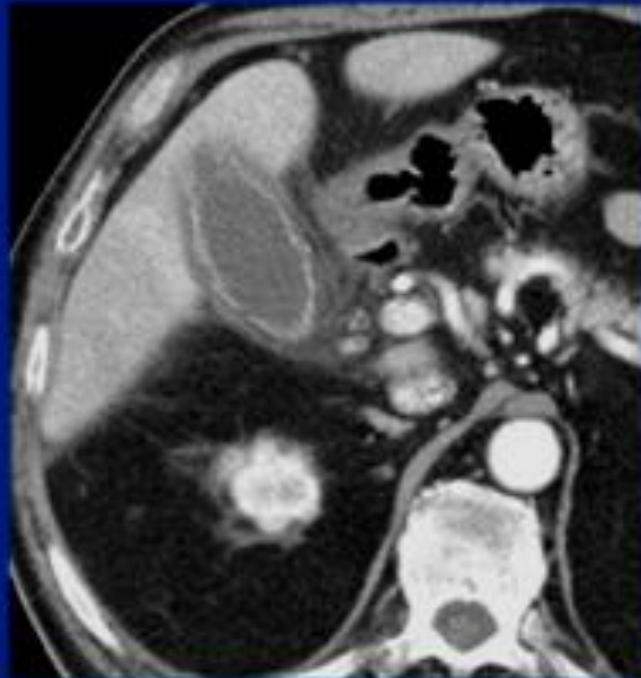
Echographie abdominale

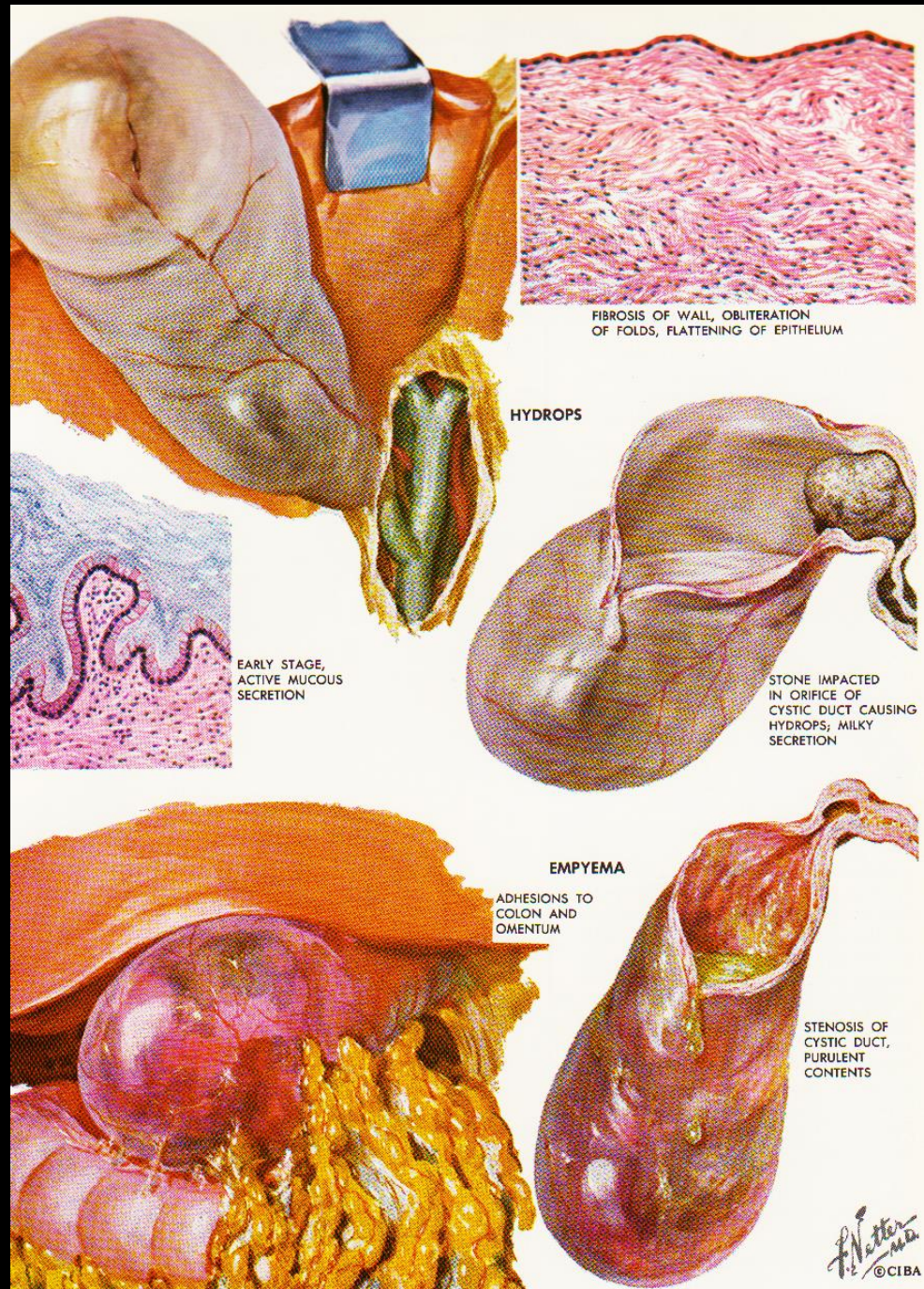
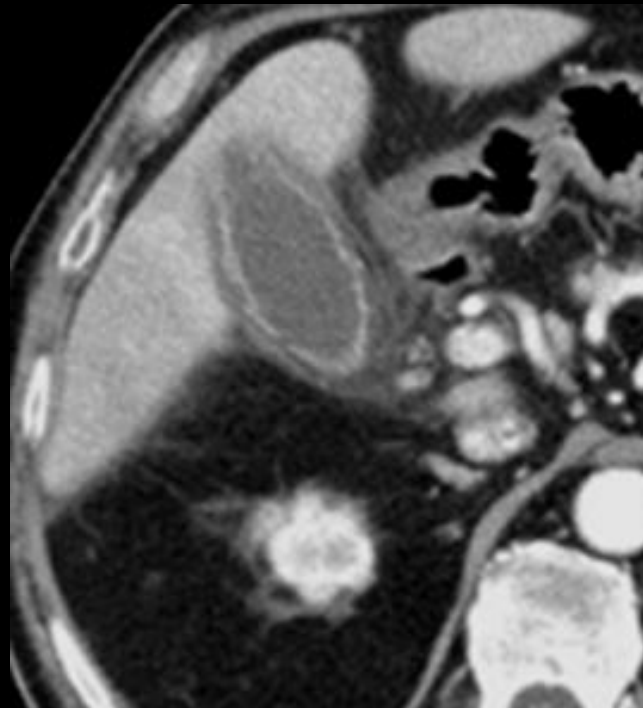
- Distension de la vésicule biliaire
- Épaississement pariétal
- Calcul vésiculaire avec cône d'ombre postérieur
- Murphy +



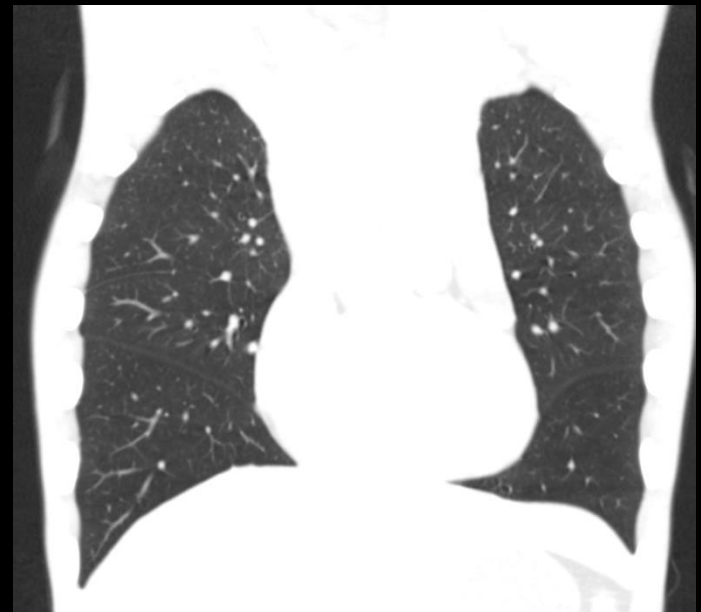
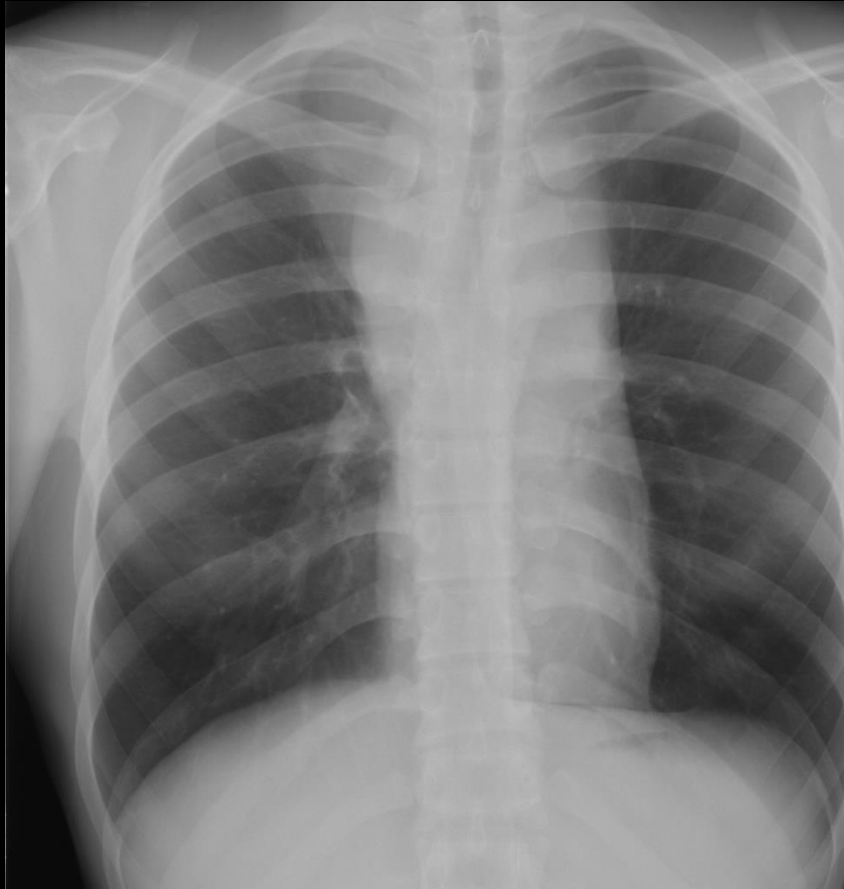
TDM :

- Infiltration inflammatoire locale de la graisse
- Bile hyperdense
- Épaississement pariétal
- calcul (+/-) => Cholécystite alithiasique
- trouble de la perfusion hépatique de contiguïté
- diagnostic des complications +++: collections péri vésiculaires



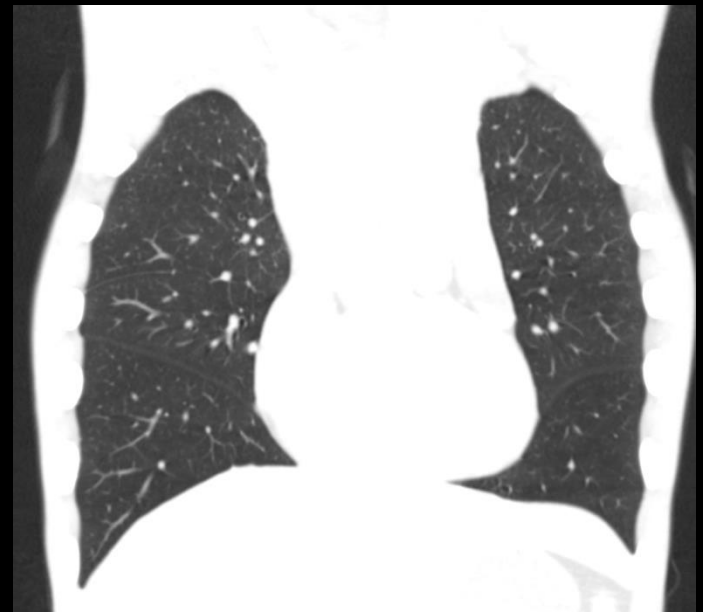
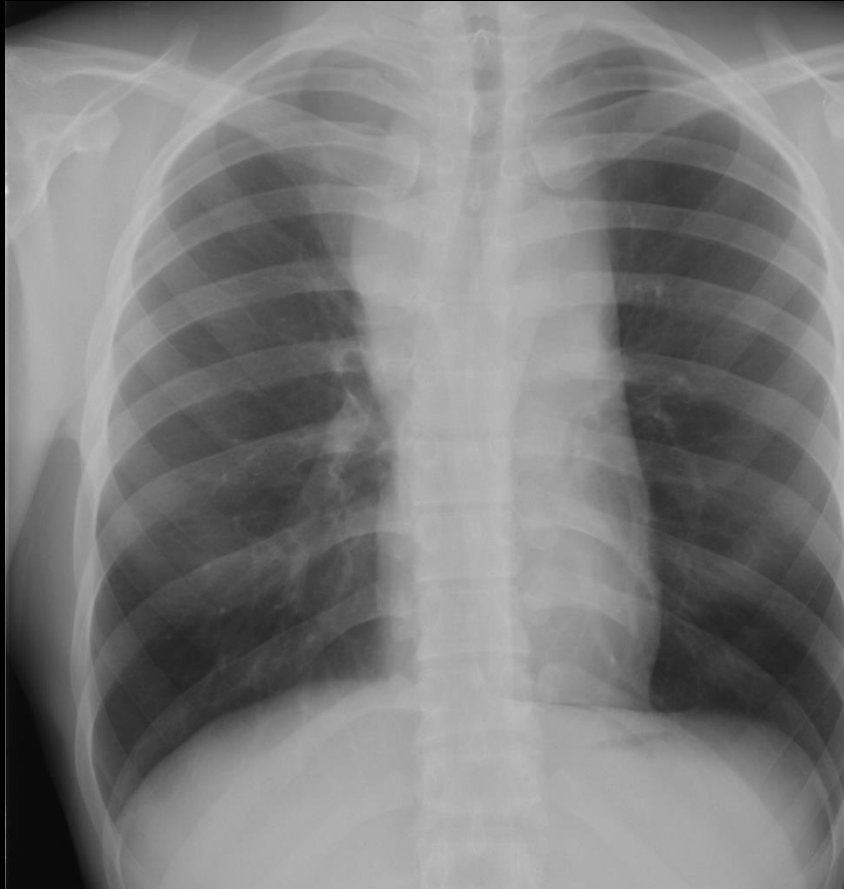


Cas 14



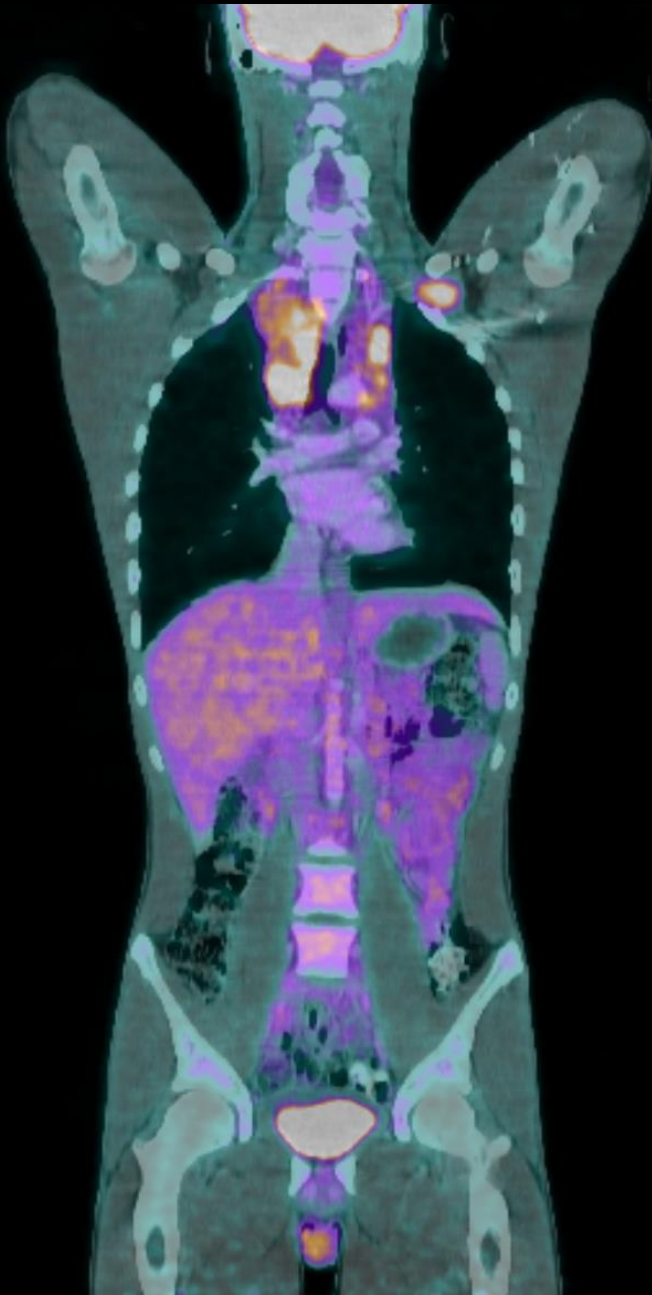
21 ans , asthénie, amaigrissement ,
sueurs nocturnes avec poussées
fébriles

Cas 14

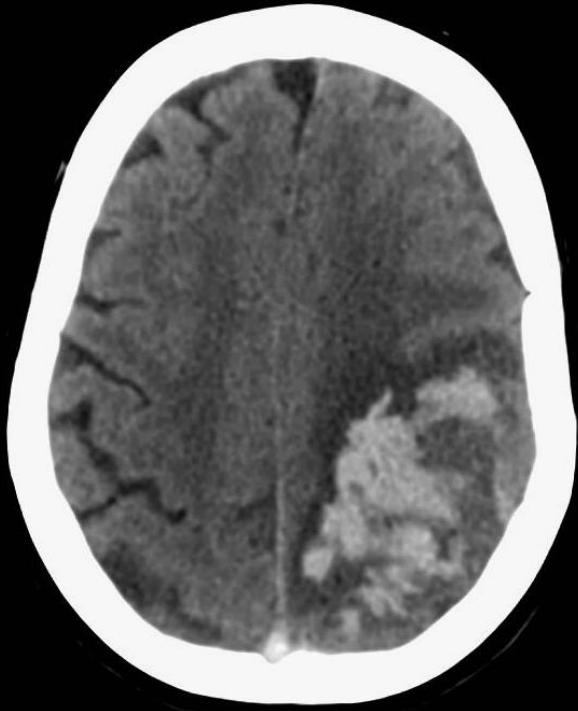


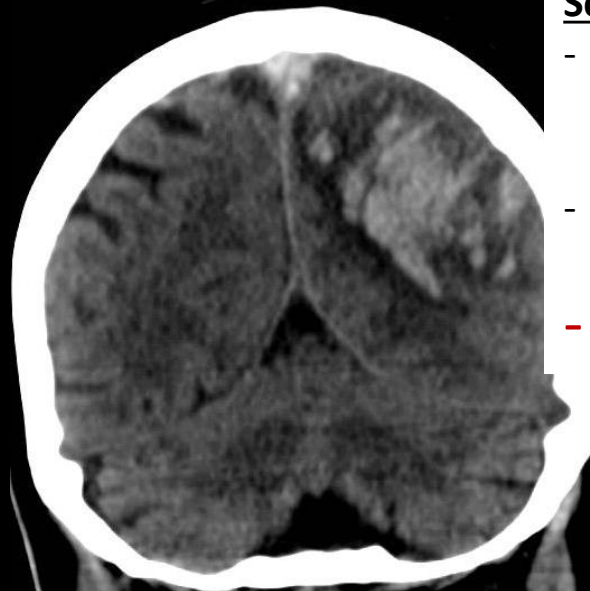
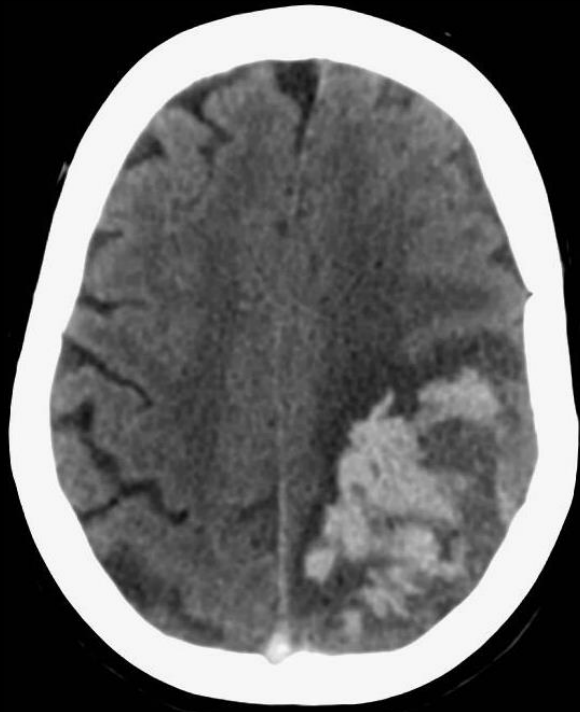
- Elargissement** du médiastin supérieur
- Aspect de **médiastin en cheminée**
- Pas de compression trachéale visible.

Polyadénopathies médiastinales supérieures et sus-claviculaires gauche



- **Maladie de Hodgkin**
- **Stade II sus-diaphragmatique**

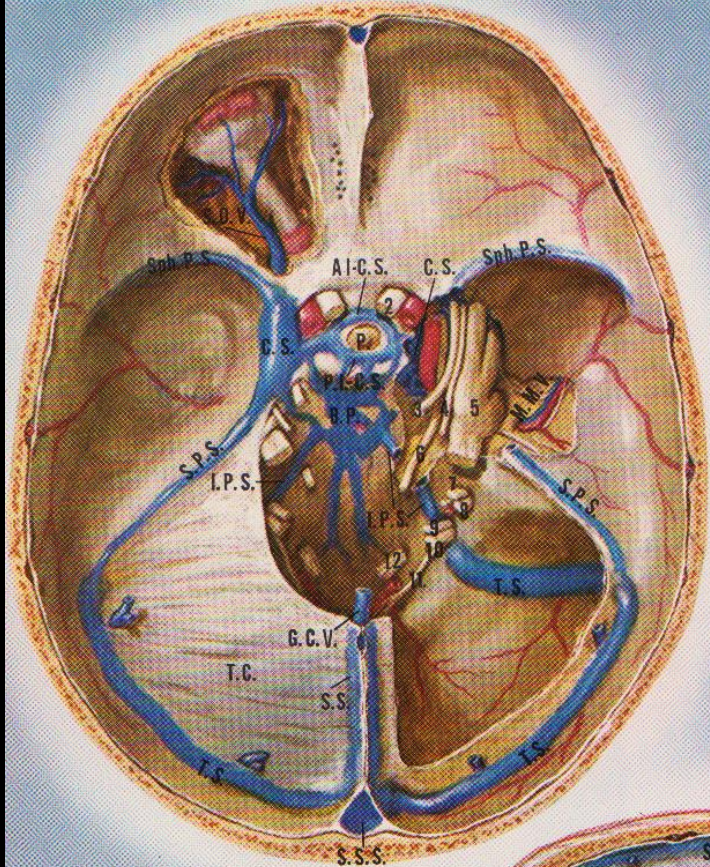




Scanner cérébral sans et avec IV

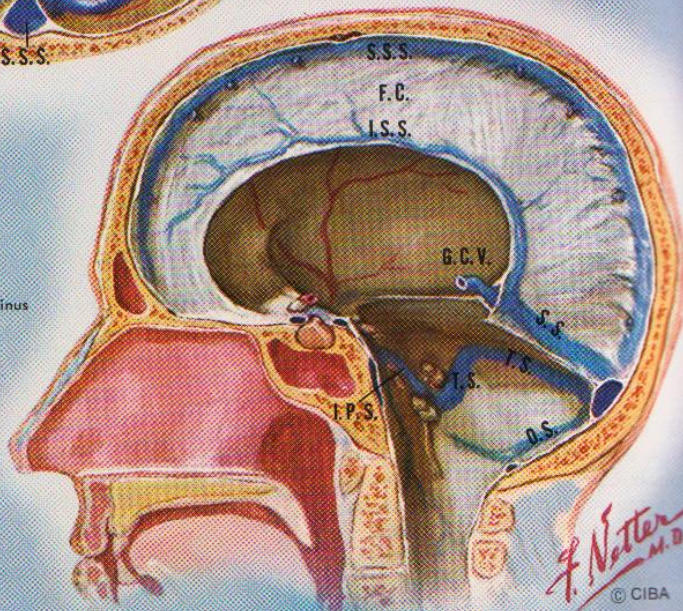
- Hématome intra parenchymateux pariétal gauche
- Hyperdensité spontanée du sinus longitudinal supérieur
- **Signe du Delta**

Thrombophlébite cérébrale compliqué d'un hématome intra parenchymateux



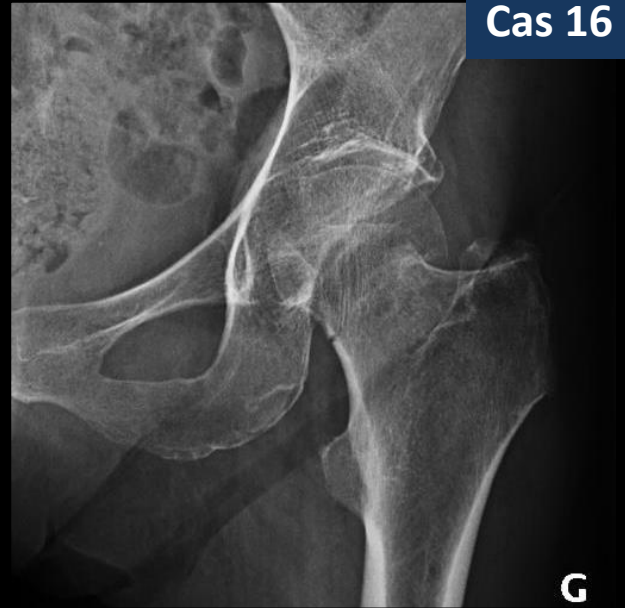
- A.I.C.S. — Anterior Intercavernous Sinus
- B.P. — Basilar Plexus
- C.S. — Cavernous Sinus
- G.C.V. — Great Cerebral Vein
- I.P.S. — Inferior Petrosal Sinus
- M.M.V. — Middle Meningeal Vein
- P. — Pituitary Gland
- P.I.C.S. — Posterior Intercavernous Sinus
- S.O.V. — Superior Ophthalmic Vein
- S.P.S. — Superior Petrosal Sinus
- Sph. P.S. — Spheno-Parietal Sinus
- S.S. — Straight Sinus
- S.S.S. — Superior Sagittal Sinus
- T.C. — Tentorium Cerebelli
- T.S. — Transverse Sinus

- F.C. — Falx Cerebri
- I.S.S. — Inferior Sagittal Sinus
- O.S. — Occipital Sinus

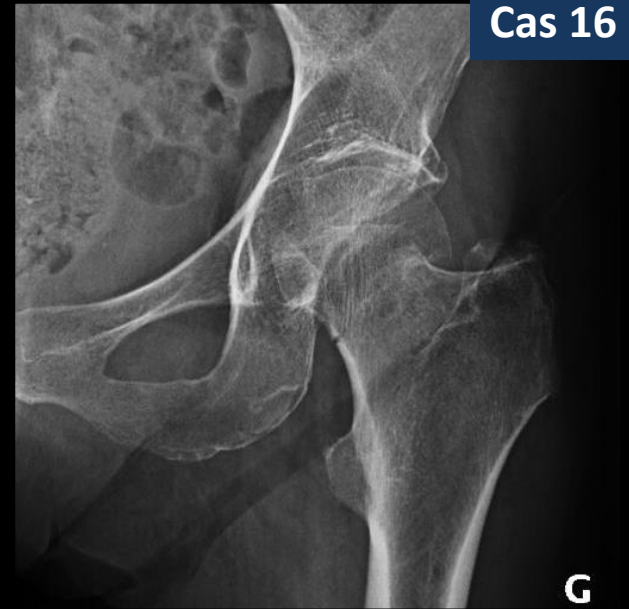


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- Femme de 68 ans, chute sur le côté gauche de sa hauteur.
- Impotence complète à la marche avec douleur de hanche gauche.

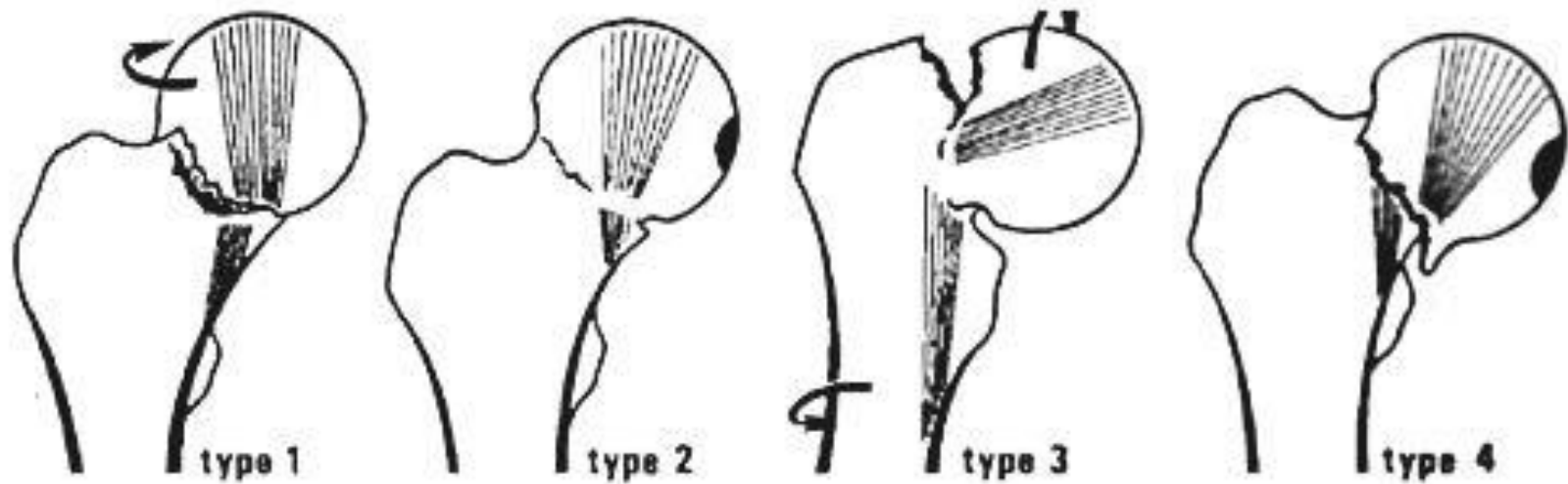


- Femme de 68 ans, chute sur le côté gauche de sa hauteur.
- Impotence complète à la marche avec douleur de hanche gauche.



- Fracture du col fémoral gauche (cervicale vraie)
- Engrainée en valgus (verticalisation des travées osseuses)
- Garden I.





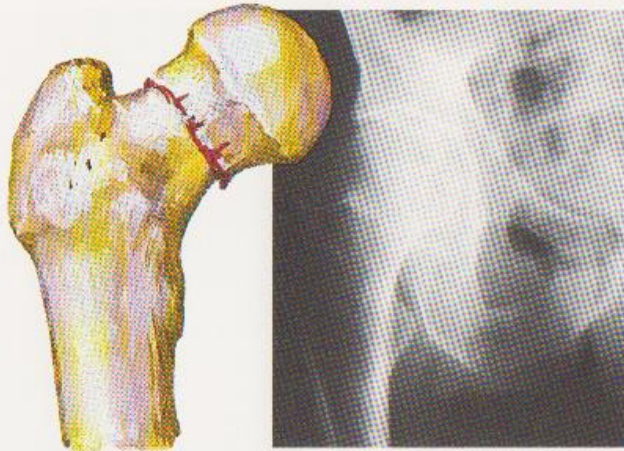
CLASSIFICATION DE GARDEN

1961

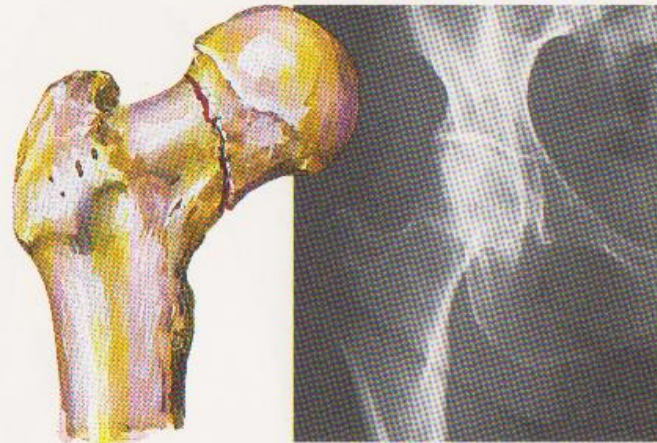


D

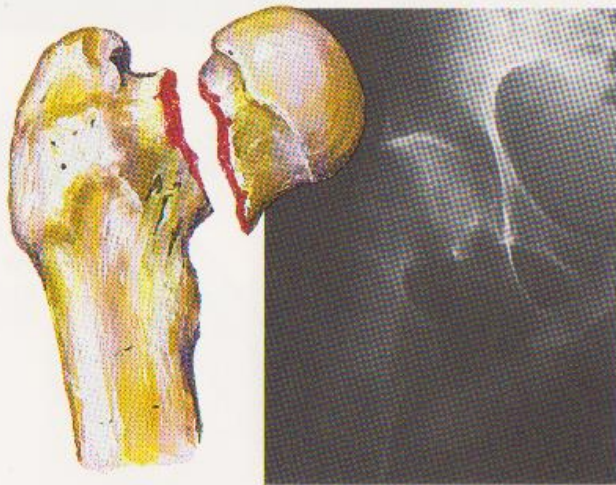
Intracapsular Fracture of Femoral Neck



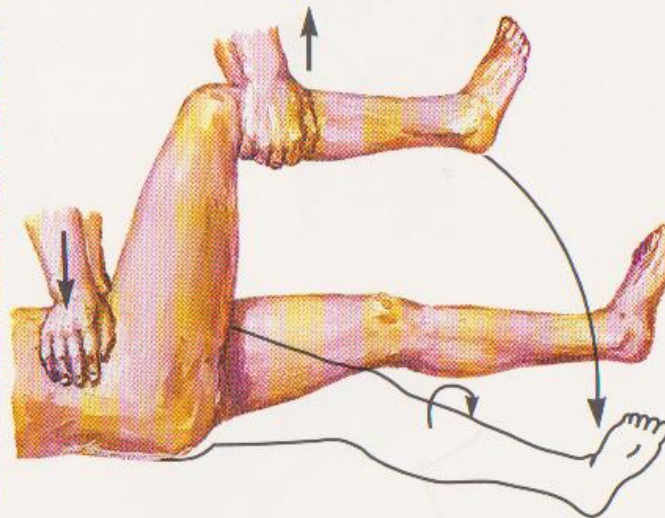
Impacted fracture



Nondisplaced fracture



Displaced fracture. Vertical fracture line generally suggests poorer prognosis



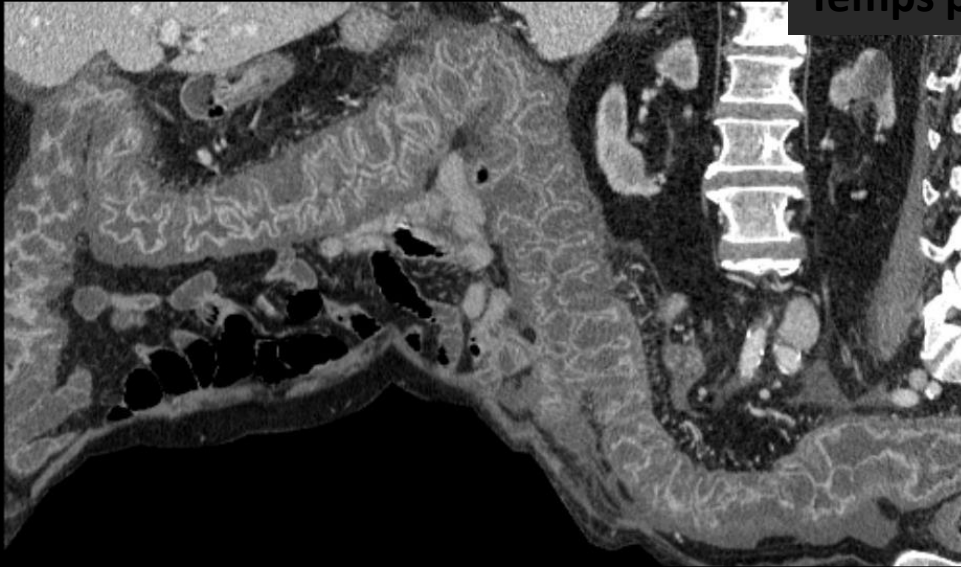
Reduction of displaced fracture with Leadbetter maneuver. With knee flexed, slightly abducted limb slowly flexed to 90°, and upward traction applied as assistant fixes pelvis. Limb then gently extended, adducted, and internally rotated. (Near-perfect reduction essential)

Cas 17

- Diarrhée fébrile depuis 10 jours
- ATCD : diabète, Polyarthrite rhumatoïde sous Cortancyl



Temps portal

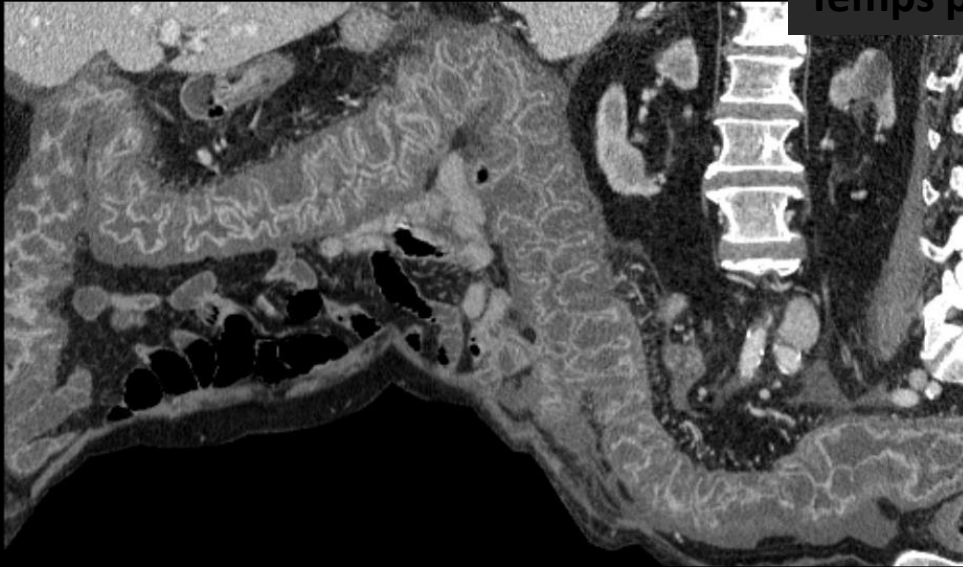


Cas 17

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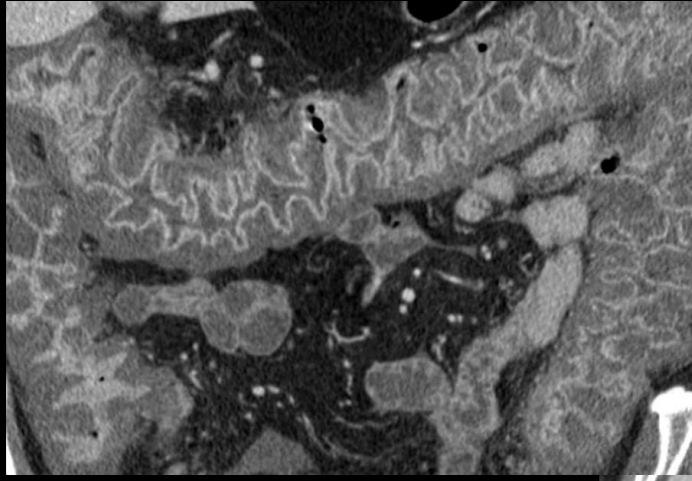


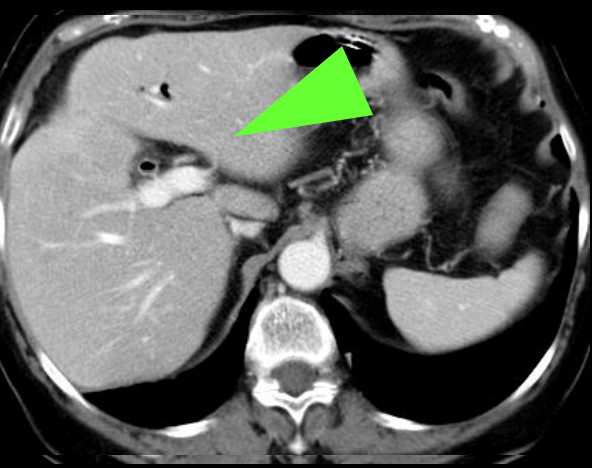
Temps portal



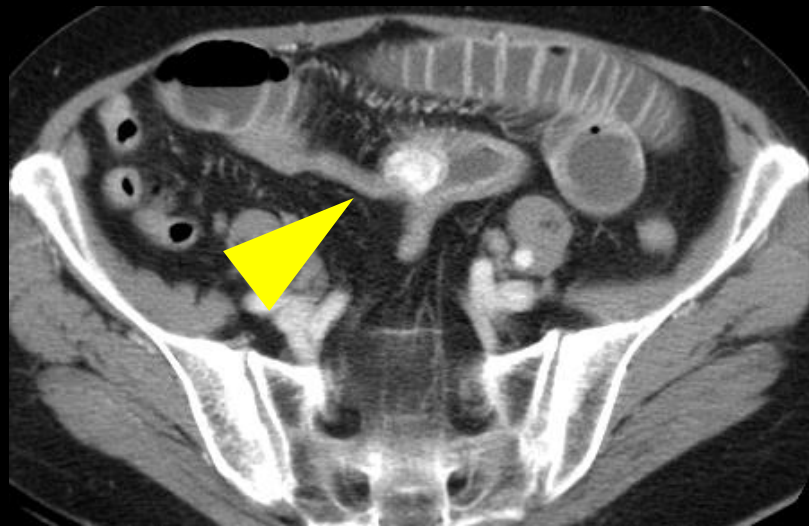
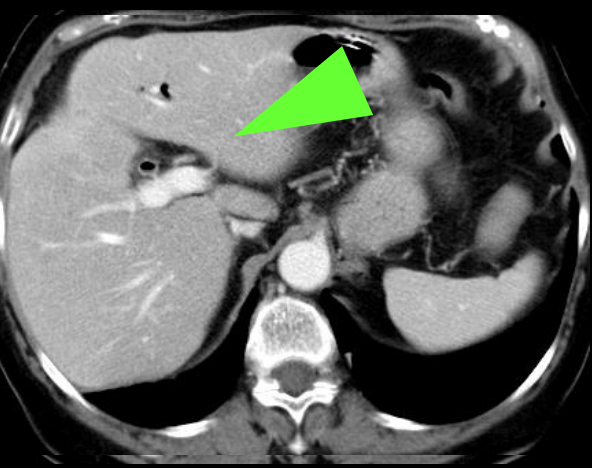
Colite pseudo-membraneuse





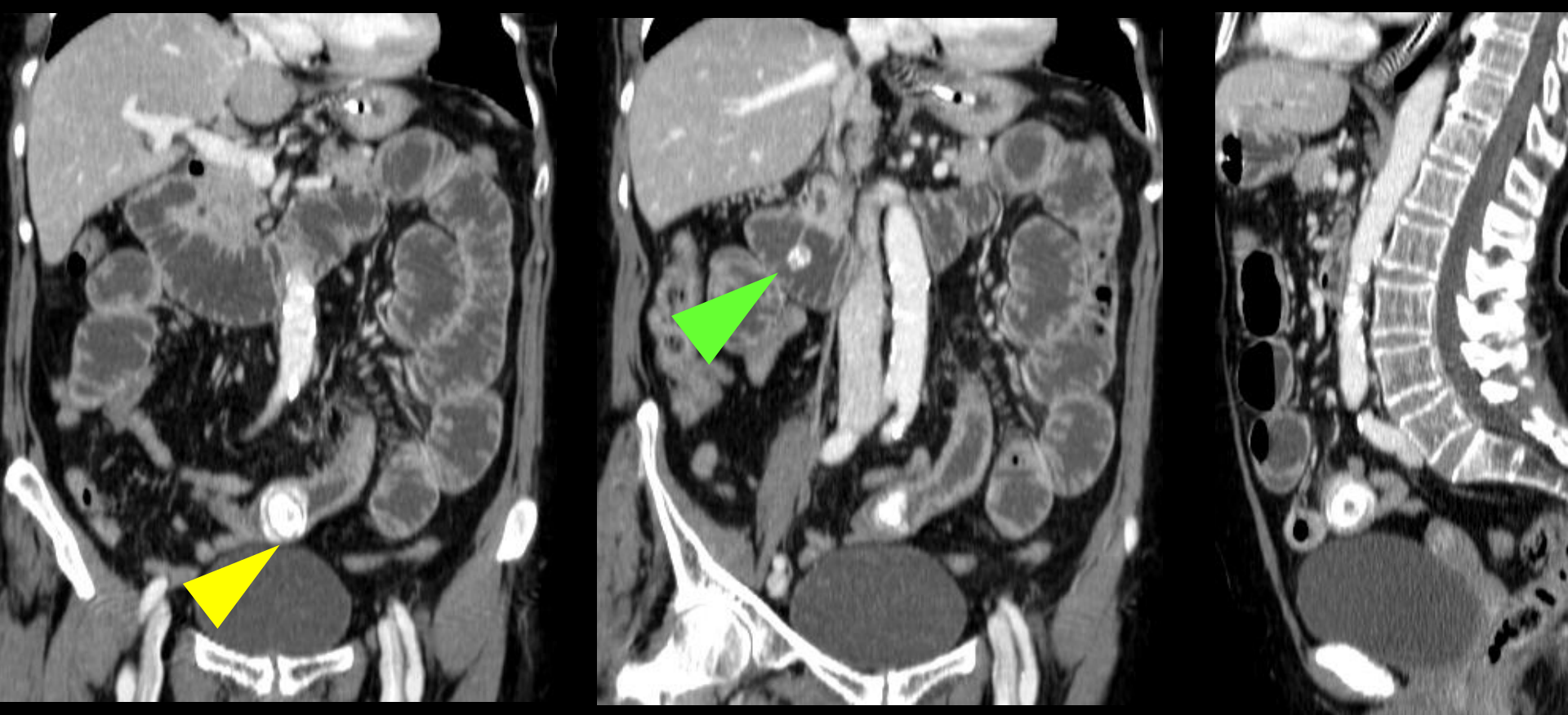


Femme 74 ans. Syndrome occlusif



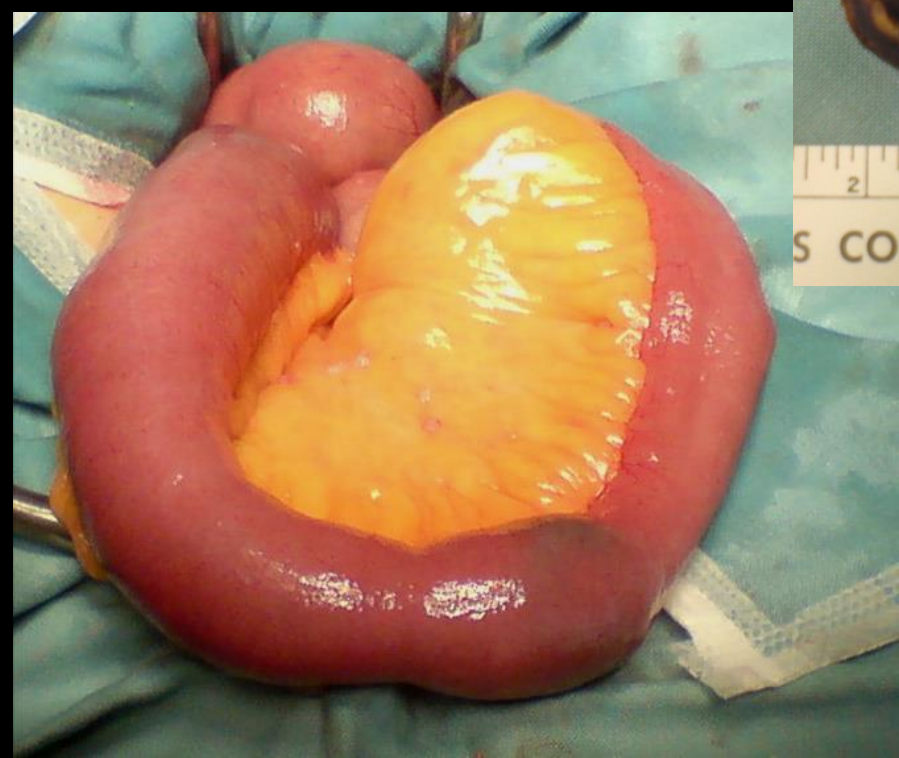
Femme 74 ans. Syndrome occlusif

- Syndrome occlusif du grêle
- calcul calcifié au sein du grêle
- aérobilie

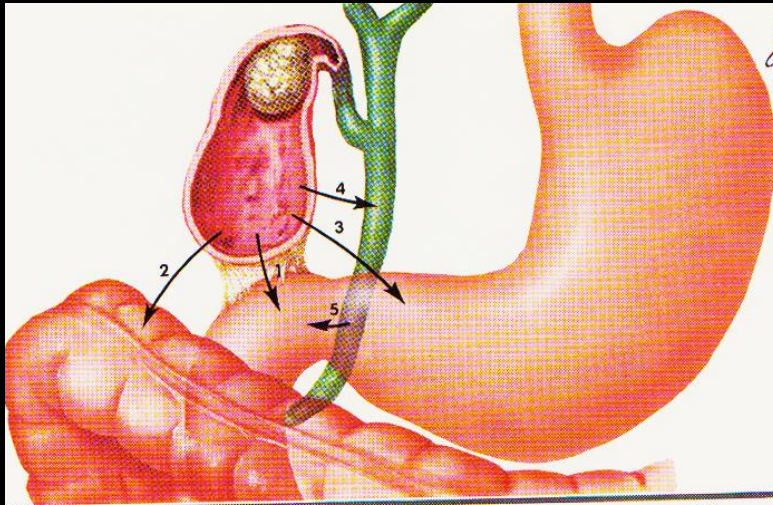


ILEUS BILIAIRE

- ⇒ **Calcul d'origine biliaire enclavé au niveau jéjunal**
- ⇒ **Distension du grêle d'amont**
- ⇒ **2^{ème} calcul biliaire en D3**

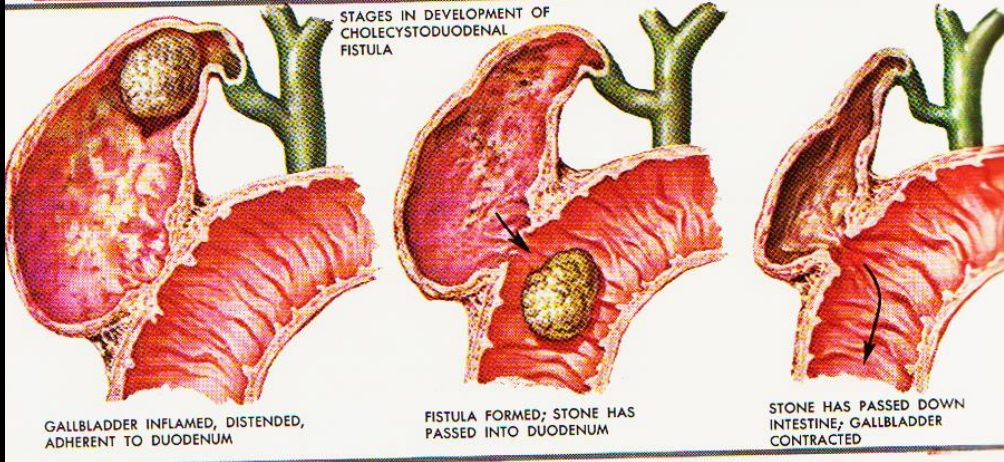


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- TYPES OF BILIARY FISTULAE
1. CHOLECYSTODUODENAL
 2. CHOLECYSTOGASTRIC
 3. CHOLECYSTOCHOLEDOCHAL
 4. CHOLECYSTOCHOLEDOCHAL
 5. CHOLEDOCHODUODENAL

STAGES IN DEVELOPMENT OF CHOLECYSTODUODENAL FISTULA

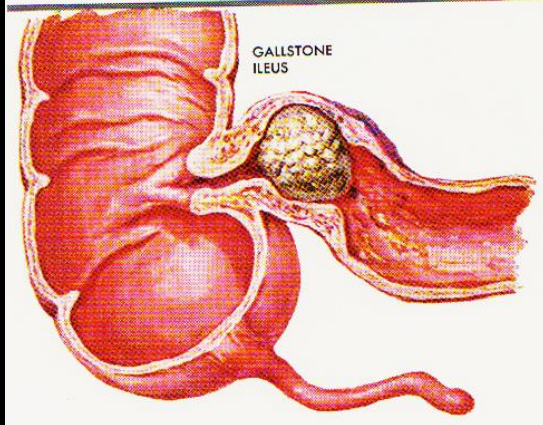


GALLBLADDER INFLAMED, DISTENDED, ADHERENT TO DUODENUM

FISTULA FORMED; STONE HAS PASSED INTO DUODENUM

STONE HAS PASSED DOWN INTESTINE; GALLBLADDER CONTRACTED

GALLSTONE ILEUS



- **Homme de 47 ans, maçon**
- **Douleurs chroniques de l'épaule gauche récemment aggravées avec limitation des amplitudes articulaires.**



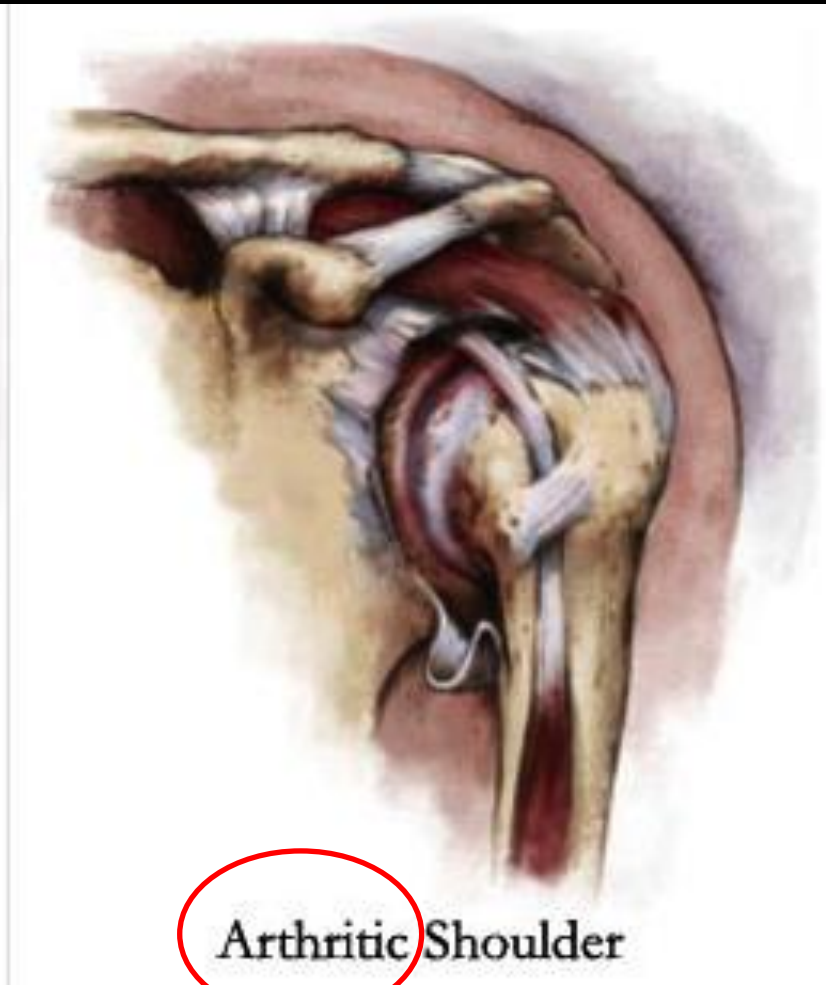
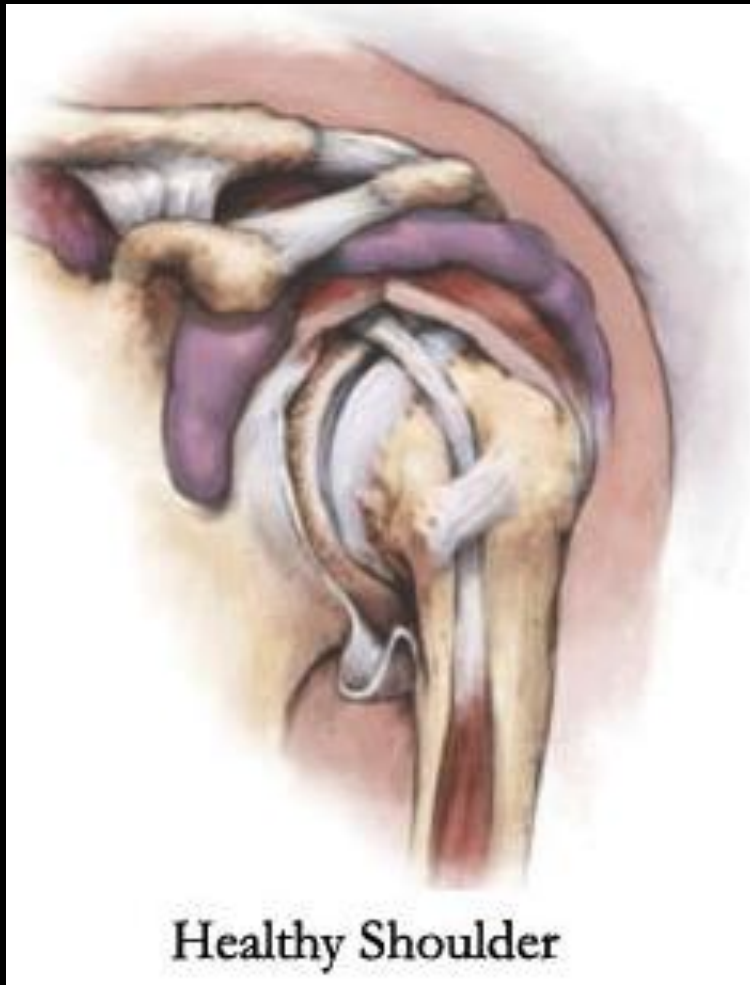
Omarthrose centrée primitive

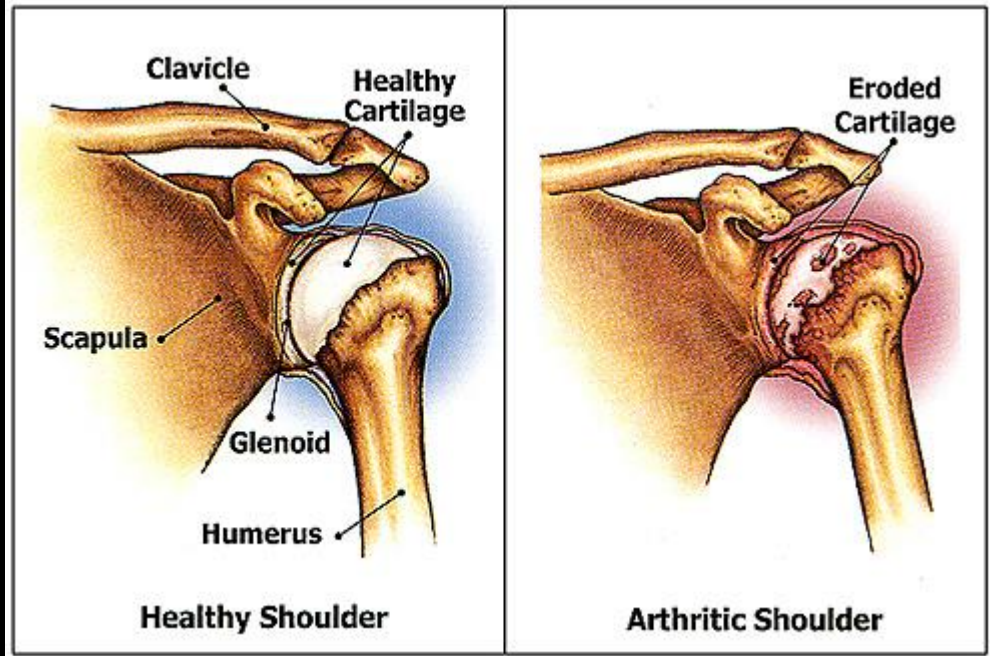
- Homme de 47 ans, maçon
- Douleurs chroniques de l'épaule gauche récemment aggravées avec limitation des amplitudes articulaires.

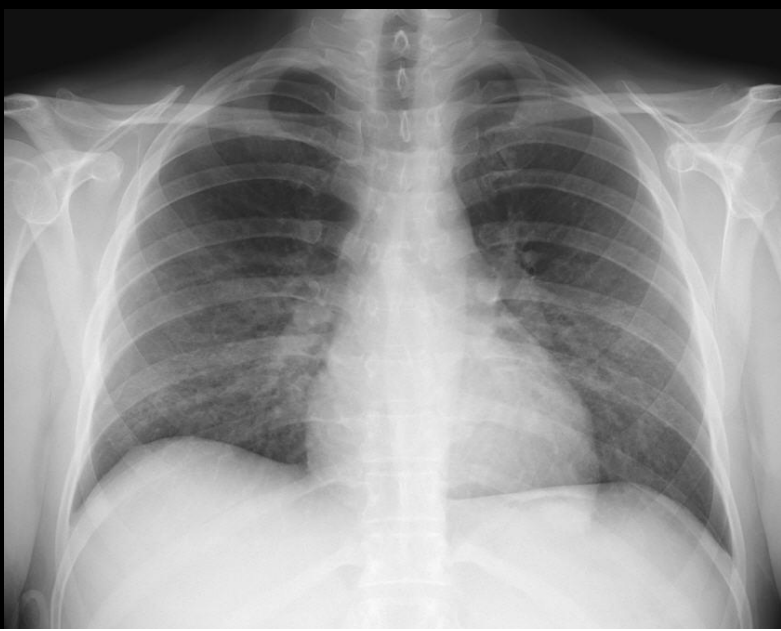


- Déformation céphalique humérale avec aplatissement de la tête.
- Production osseuse de la glène (ostéophytes)
- Respect du cintre gléno-huméral
- Respect de l'interligne huméro-acromial

Omarthrose centrée primitive



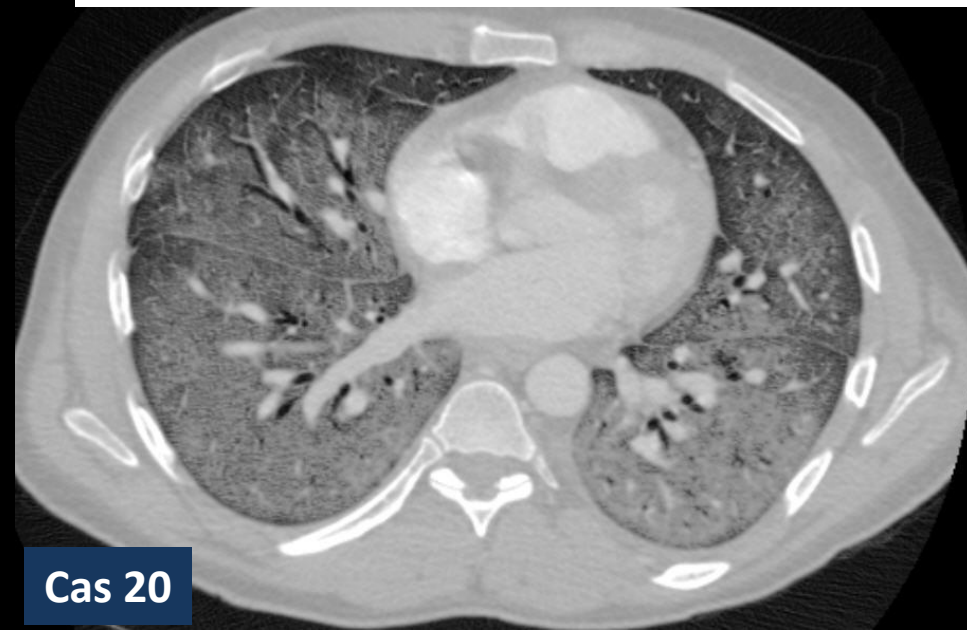


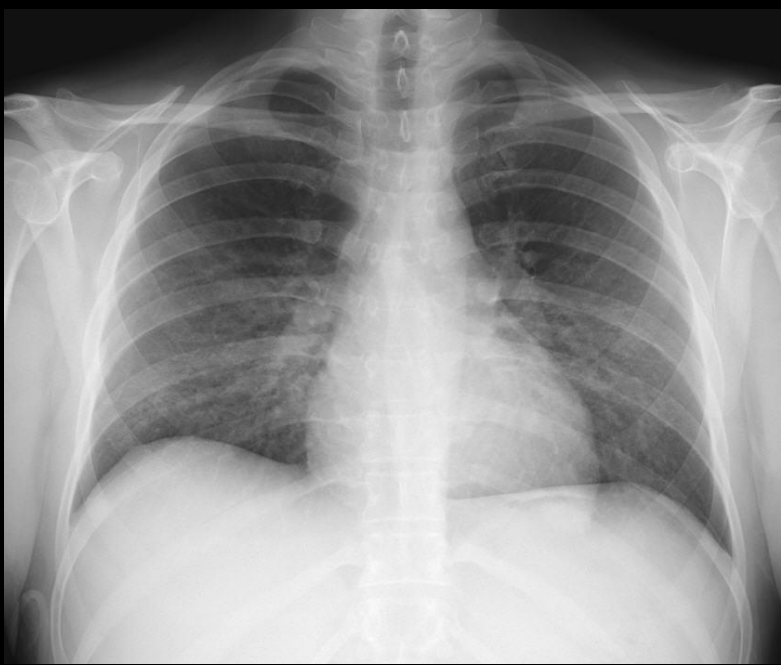


Homme de 37 ans, pas d'ATCD

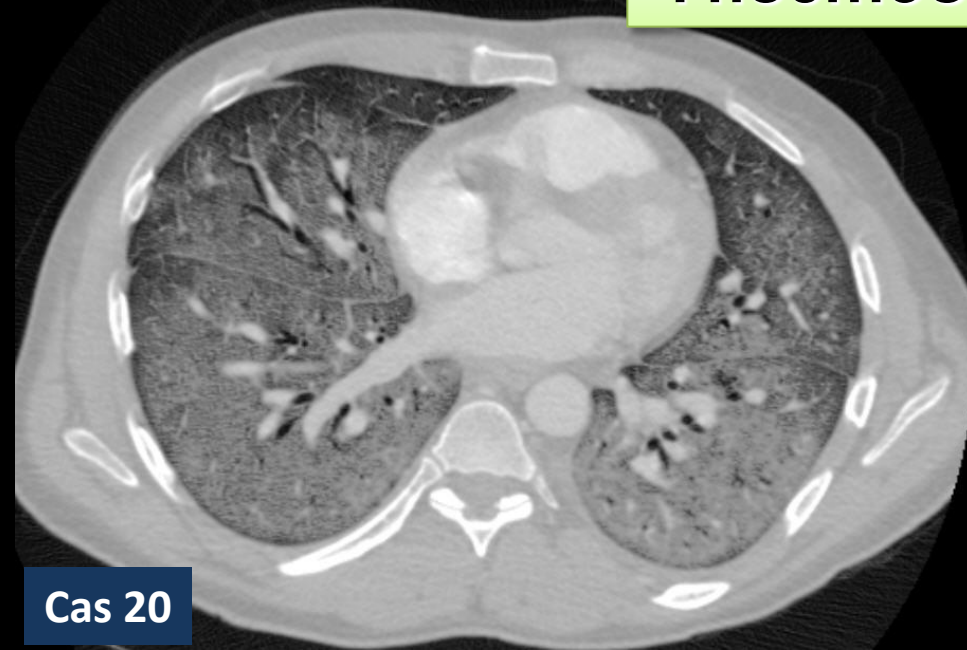
Tabagisme actif

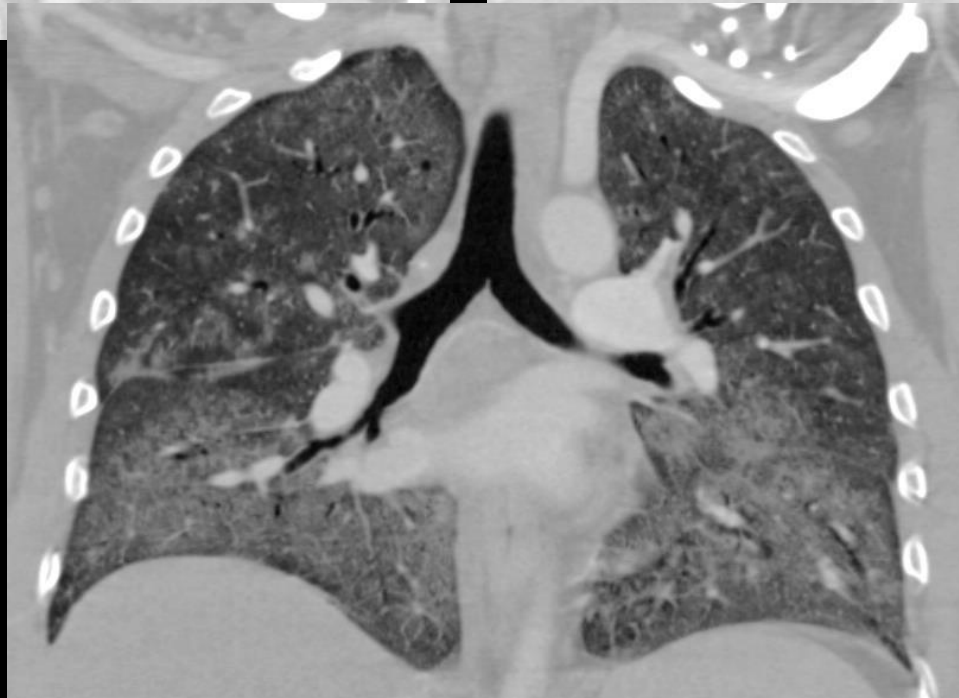
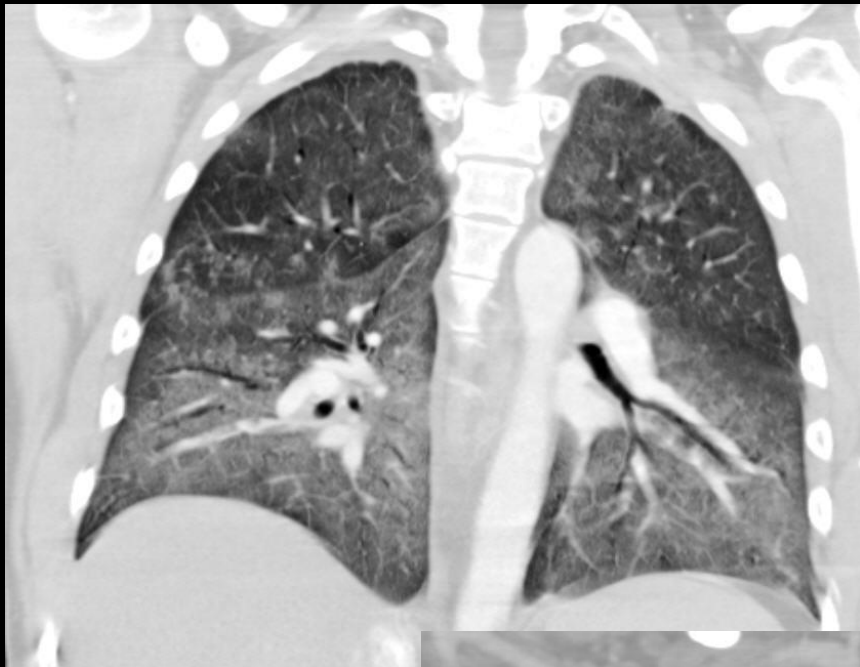
Pneumopathie aiguë hypoxémiante : toux sèche, dyspnée, 38,3° C





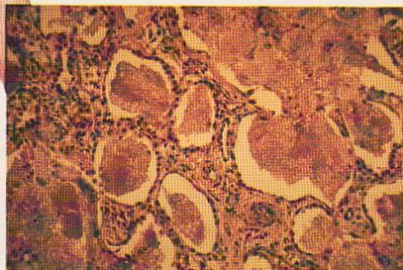
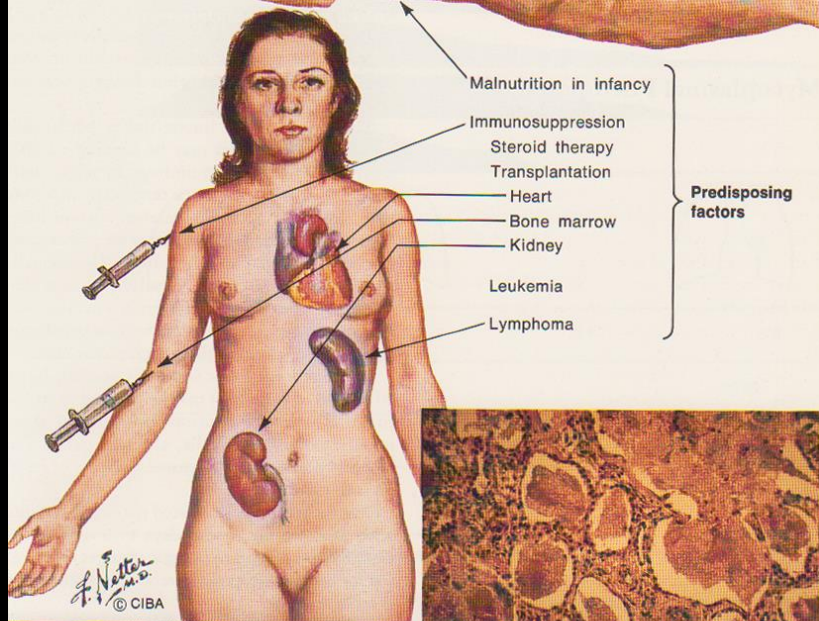
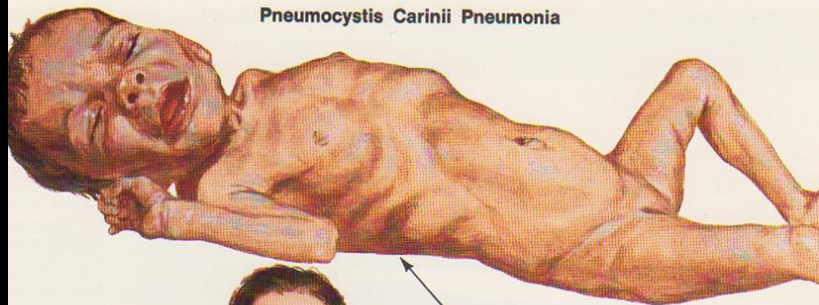
Pneumocystis Jiroveci



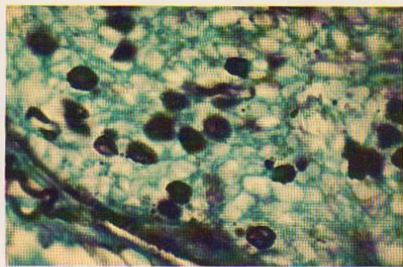


Diagnostic différentiel: CMV , grippe, mycoplasme

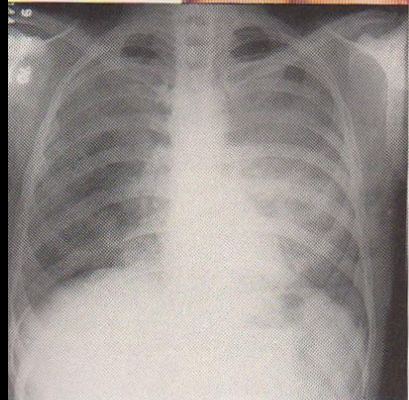
Pneumocystis Carinii Pneumonia



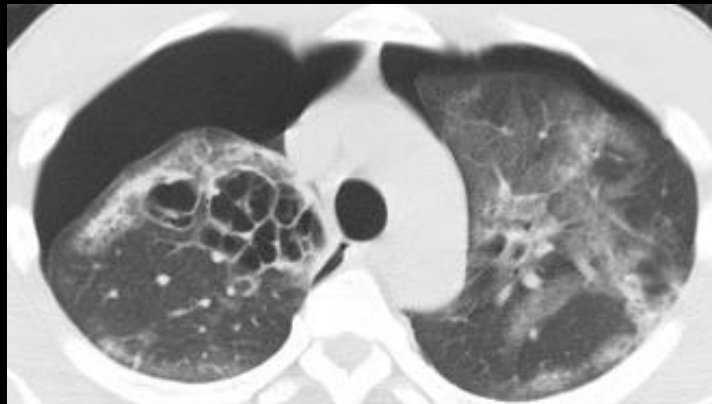
Interstitial lymphocyte and plasma cell infiltration with foamy exudate in alveoli



Methenamine AgNo₃ stain showing *Pneumocystis* organisms in lung (black spots)



Diffuse bilateral pulmonary infiltrates



Cas 21

Homme de 32 ans, pas d'ATCD
Douleur lombaire gauche
Pas de fièvre
BU: hématurie



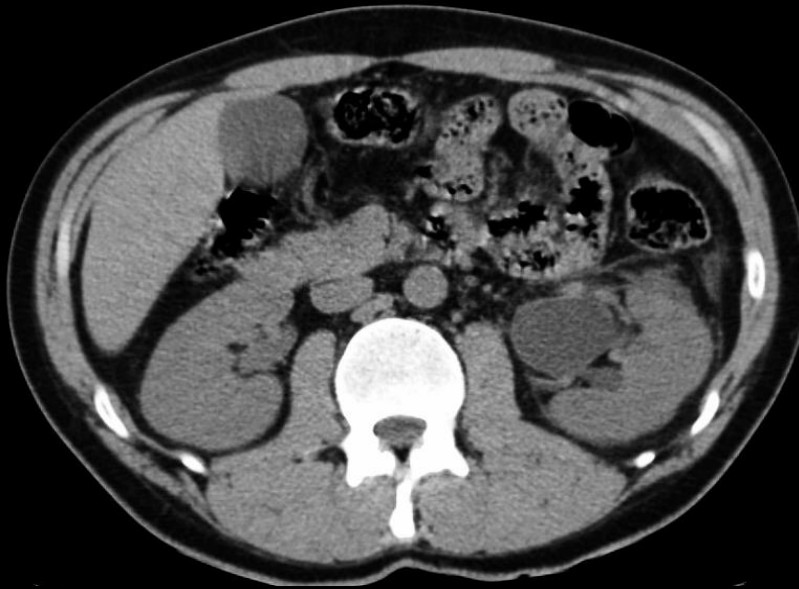
Scanner abdomino pelvien non injecté

Plan axial

Dilatation des cavités pyélocalicielle du rein gauche

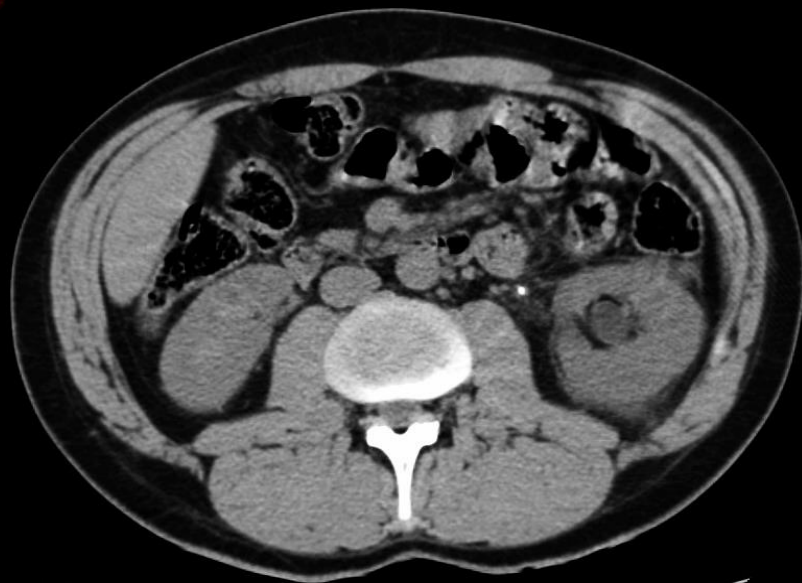
Calcul radioopaque à la jonction pyélo-urétérale

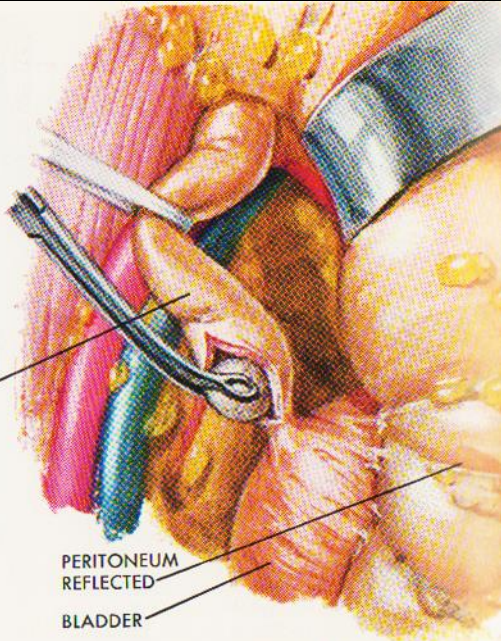
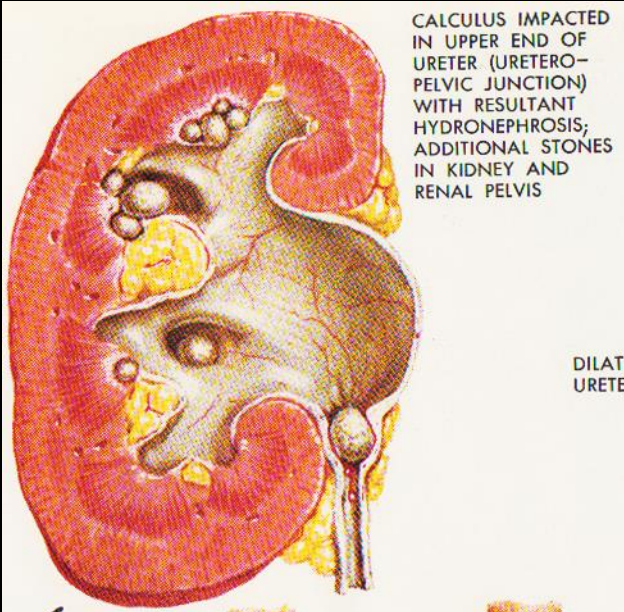
Colique néphrétique gauche



Cas 21

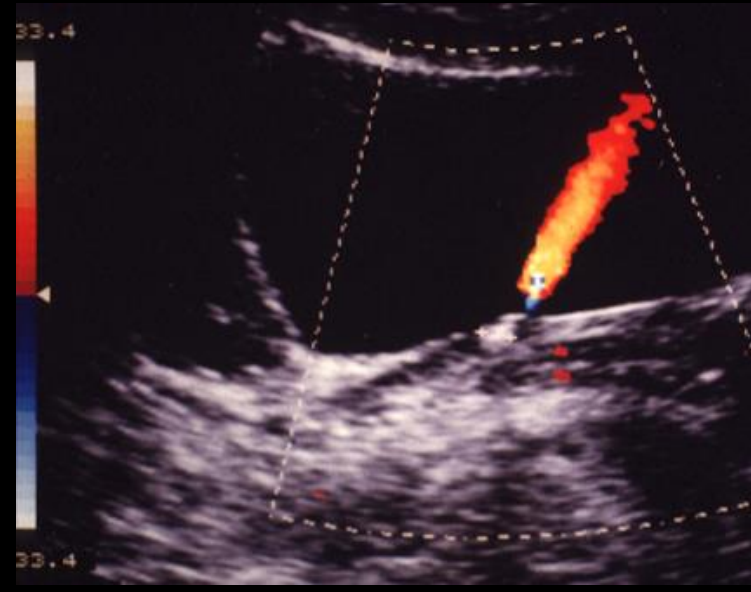
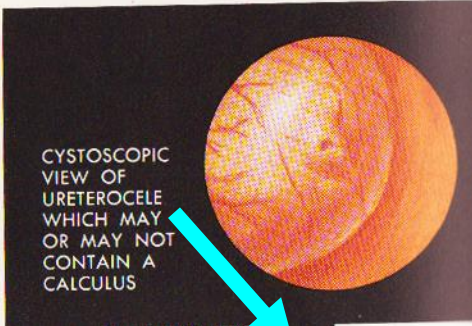
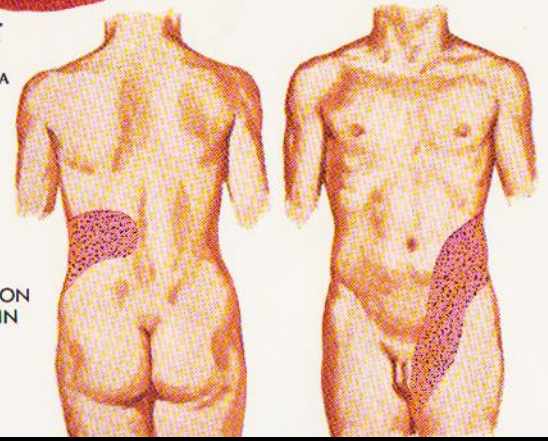
Homme de 32 ans, pas d'ATCD
Douleur lombaire gauche
Pas de fièvre
BU: hématurie





STONE IN LOWER END OF URETER IN PROCESS OF REMOVAL THROUGH URETEROSTOMY

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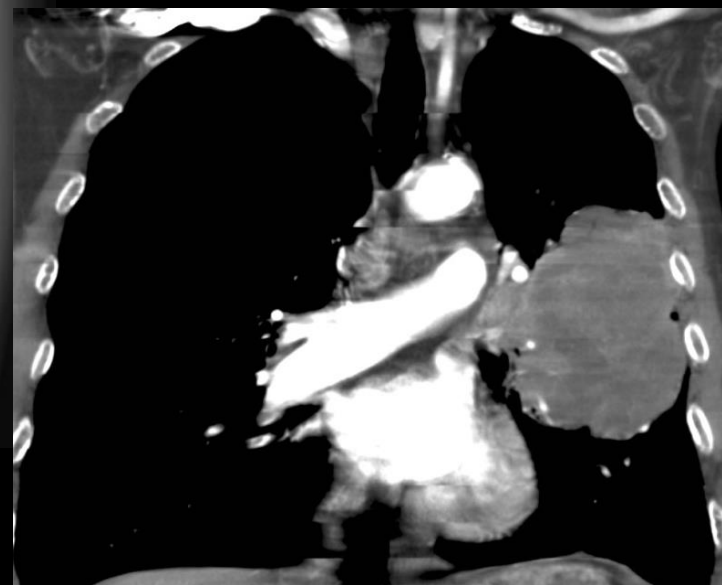


calcul partiellement obstructif du méat urétéral ; jet urinaire accéléré

Patient de 63 ans
Tabagisme actif à 50 PA
Crachats hémoptoïques

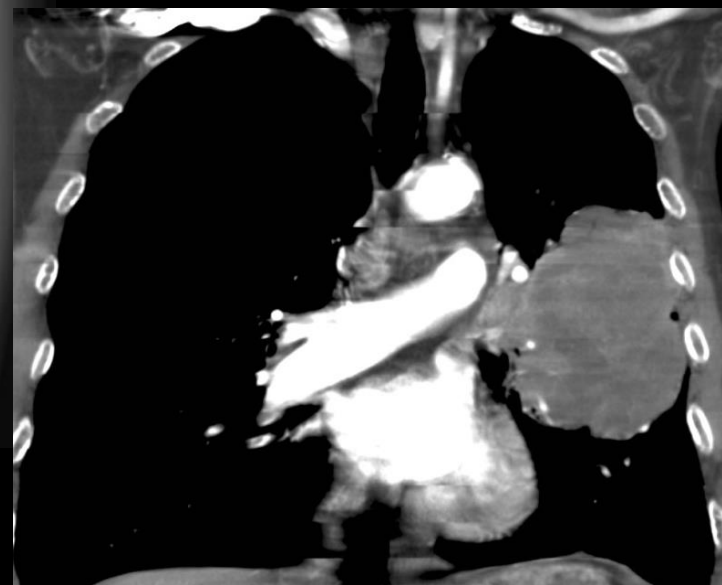
Radiographie thoracique de face

- Emphysème sévère avec volumineuse bulle de l'apex droit
- Opacité pulmonaire gauche, hilare, hétérogène



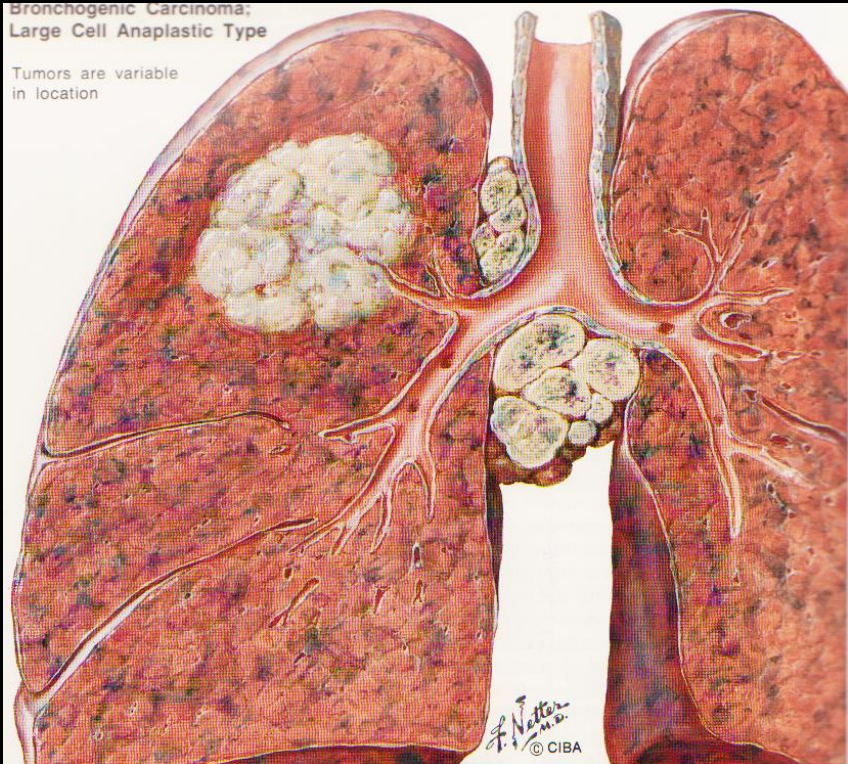
Cas 22

Patient de 63 ans
Tabagisme actif à 50 PA
Crachats hémoptoïques



**Bronchogenic Carcinoma;
Large Cell Anaplastic Type**

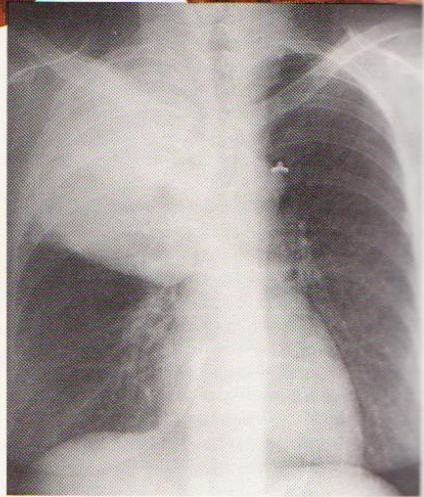
Tumors are variable
in location



Large cell anaplastic carcinoma
in middle of r. upper lobe with
extensive involvement of hilar
and carinal nodes. Distortion of
trachea and widening of carina

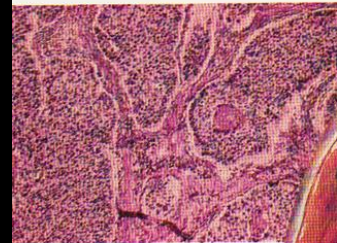


Tumor composed of large multinucleated
cells without evidence of differentiation
toward gland formation or squamous
epithelium. These cells produce mucin
(stained red). Some tumors may be composed
of large clear cells containing glycogen

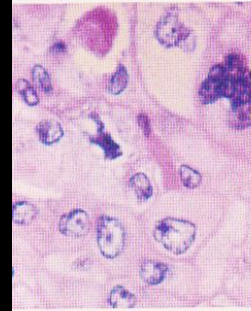


Atelectasis of r. upper lobe obscuring
carcinoma which has obstructed stem of
main bronchus

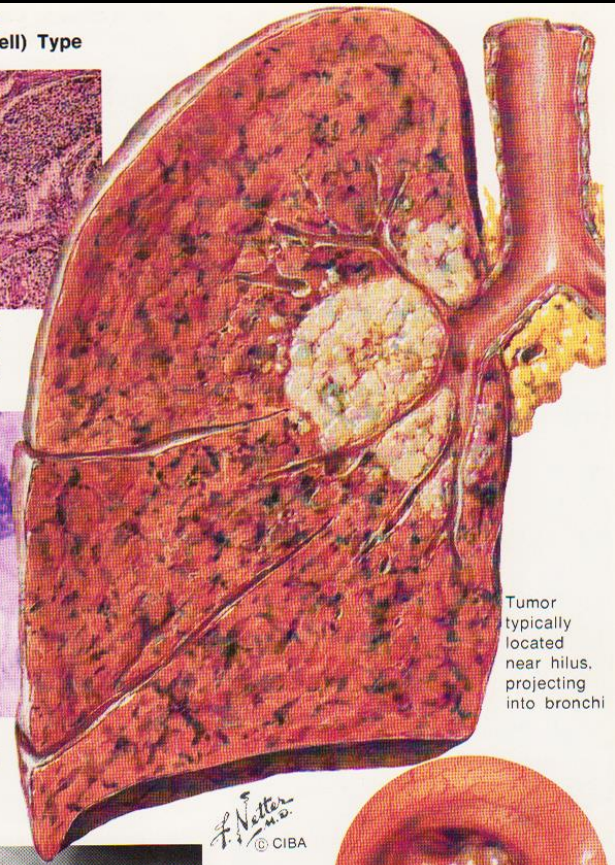
**Bronchogenic Carcinoma:
Squamous Cell (Squamous Cell) Type**



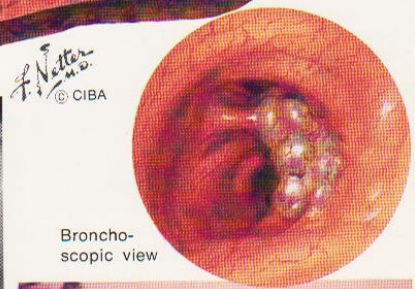
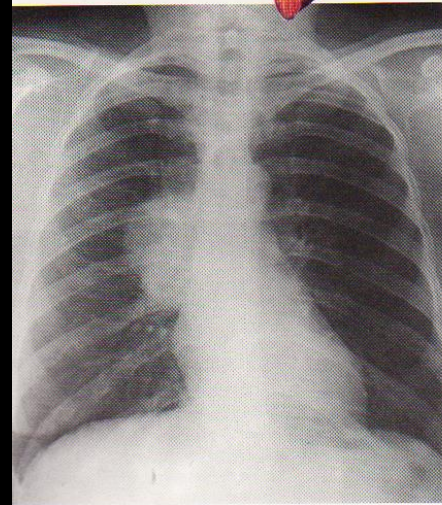
Low power (H and E); nests
of tumor cells separated by
fibrous bands. Keratin (horn)
pearls present



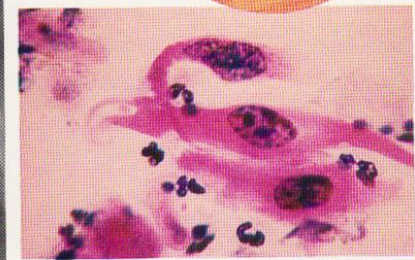
High power; nuclear
pleomorphism and individual
cell keratinization (pink)



Tumor
typically
located
near hilus.
projecting
into bronchi

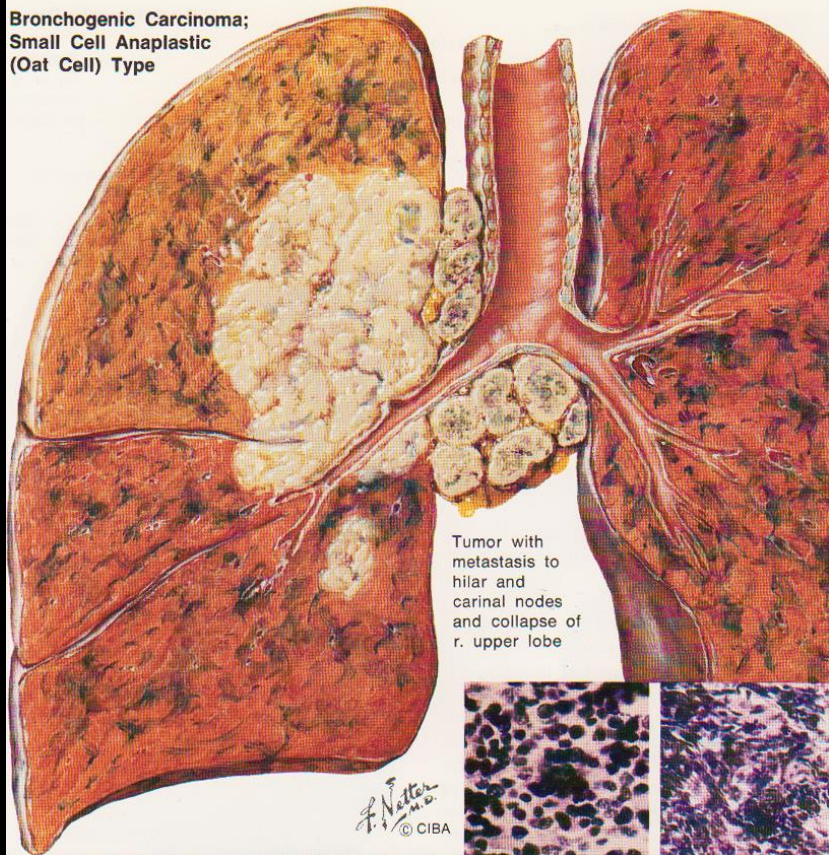


Broncho-
scopic view



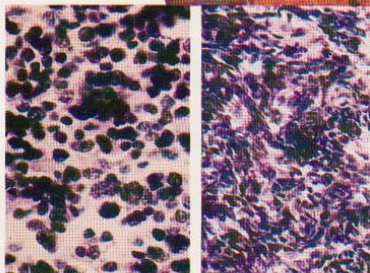
Cytologic smear from sputum or broncho-
scopic scraping. Cells with dark nuclei and
cytoplasm strongly pink because of keratin

**Bronchogenic Carcinoma;
Small Cell Anaplastic
(Oat Cell) Type**



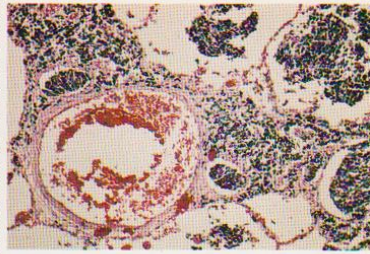
Tumor with metastasis to hilar and carinal nodes and collapse of r. upper lobe

F. Netter M.D.
© CIBA

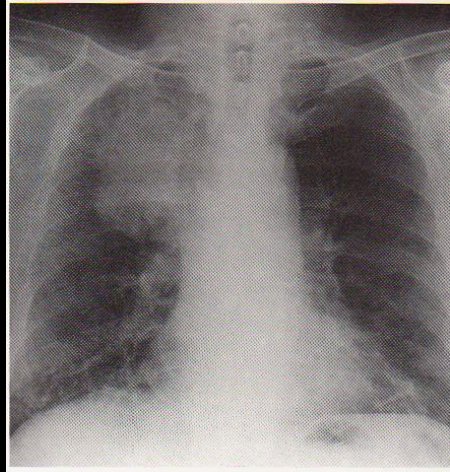


Masses of small cells with hyperchromatic round to oval nuclei and scant cytoplasm

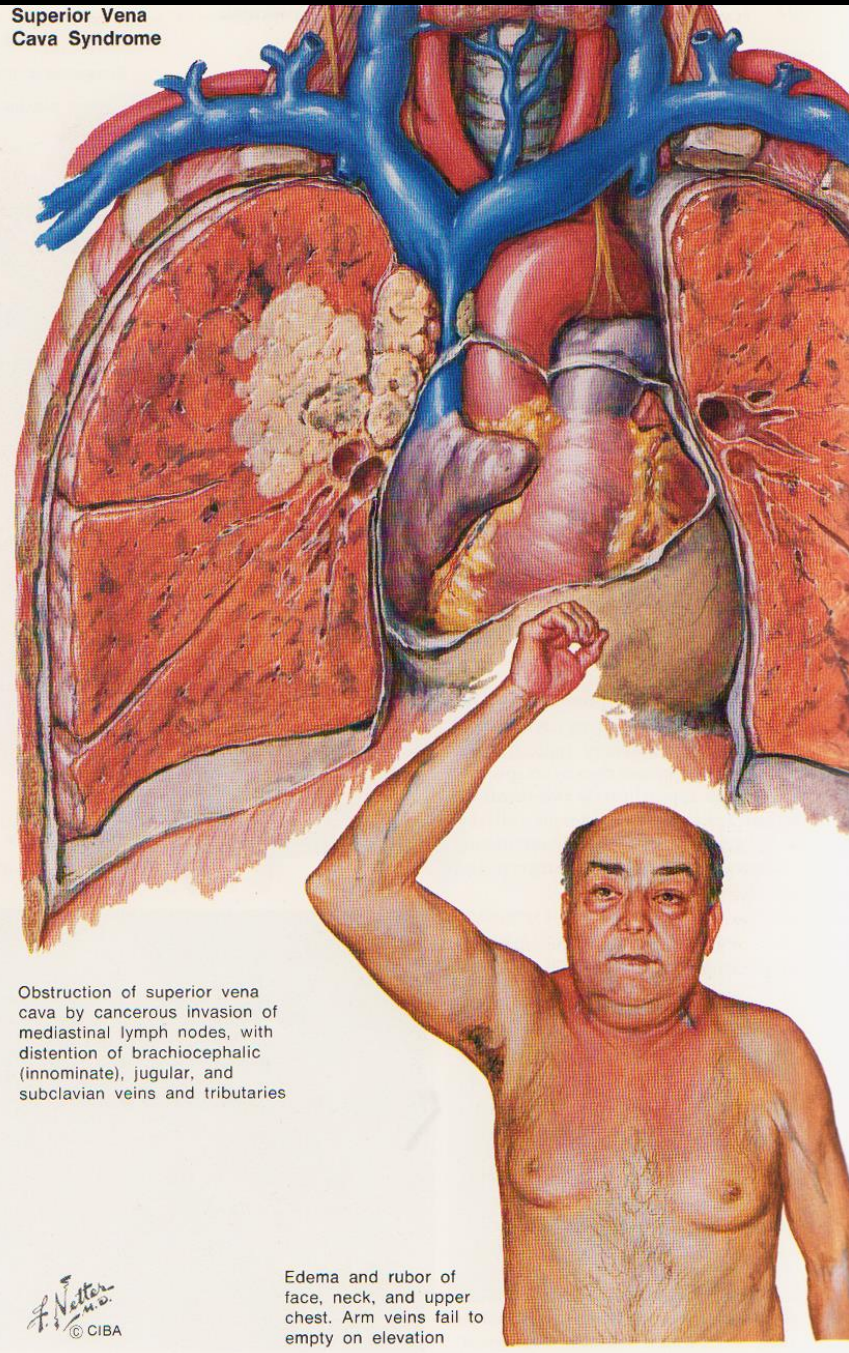
Biopsy specimen. Cells elongated (oatlike)



Intrapulmonary lymphatic spread of neoplasm



**Superior Vena
Cava Syndrome**



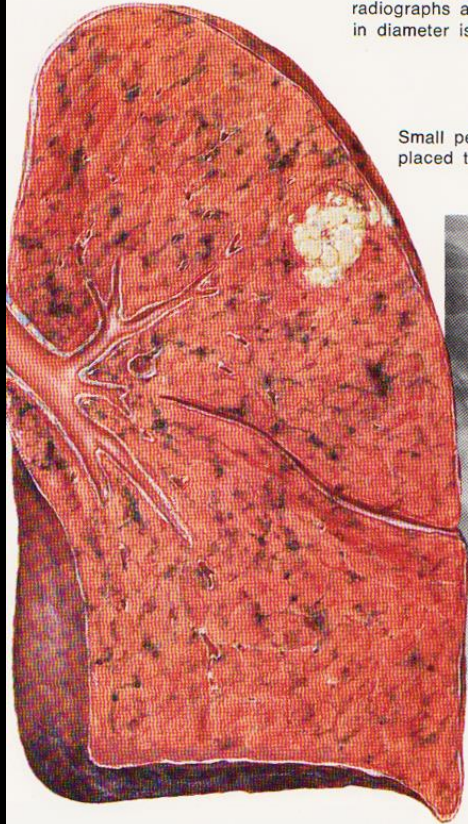
Obstruction of superior vena cava by cancerous invasion of mediastinal lymph nodes, with distention of brachiocephalic (innominate), jugular, and subclavian veins and tributaries

Edema and rubor of face, neck, and upper chest. Arm veins fail to empty on elevation

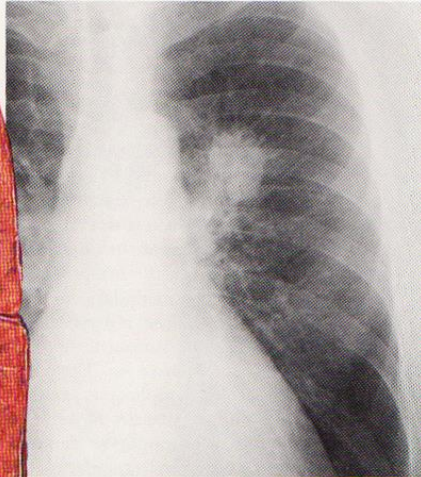
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Bronchogenic Carcinoma; Adenocarcinoma

Although it is not possible to distinguish different histologic types of bronchogenic carcinoma from gross specimens or radiographs alone, a peripherally located tumor < 4 cm in diameter is most likely to be adenocarcinoma

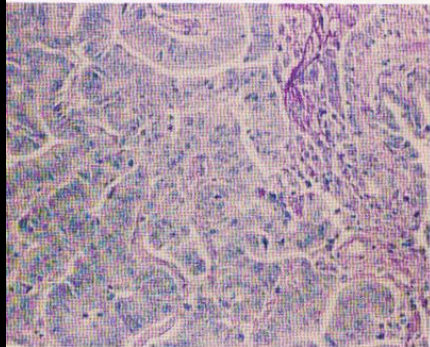


Small peripherally placed tumor, I. upper lobe

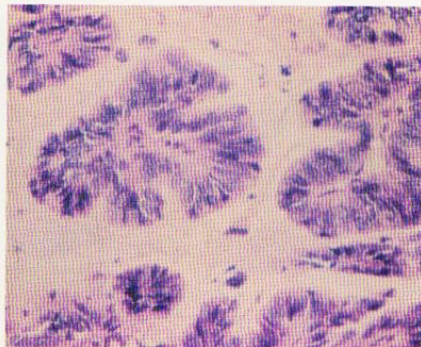


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Varied histology of adenocarcinoma

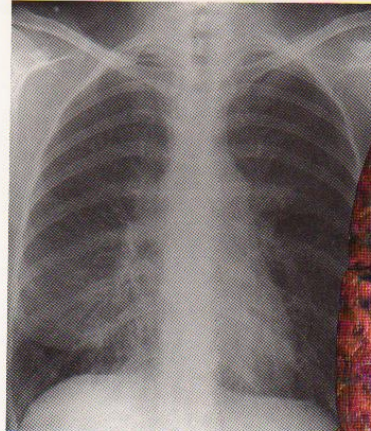


Tumor cells form glandlike structures with or without mucin secretion

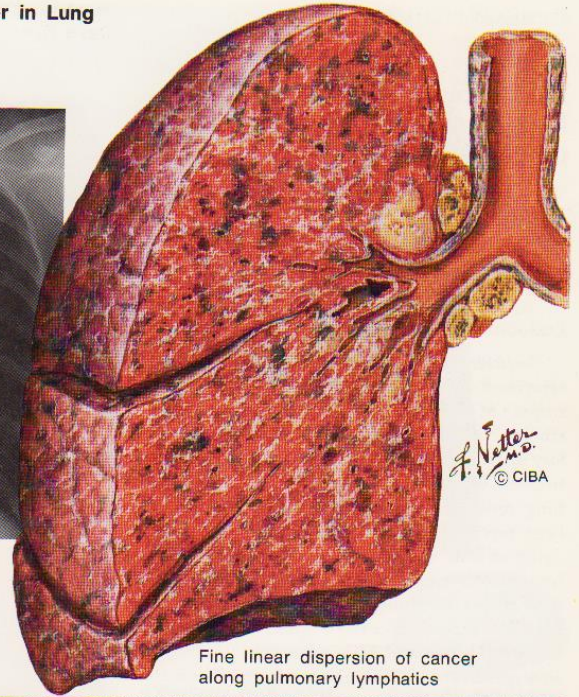


Tumor cells may also form papillary structures

Lymphangitic Spread of Cancer in Lung



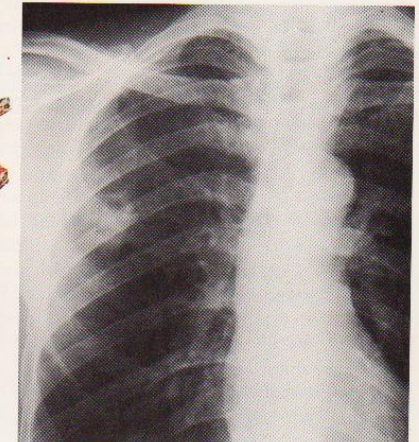
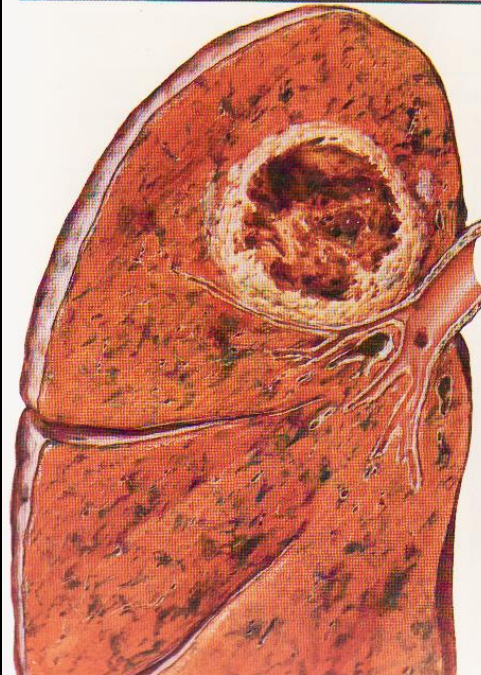
Bilateral lymphangitic cancerous permeation. One or both lungs may be involved, giving a weblike effect. Tumor may be primary or metastatic



Fine linear dispersion of cancer along pulmonary lymphatics

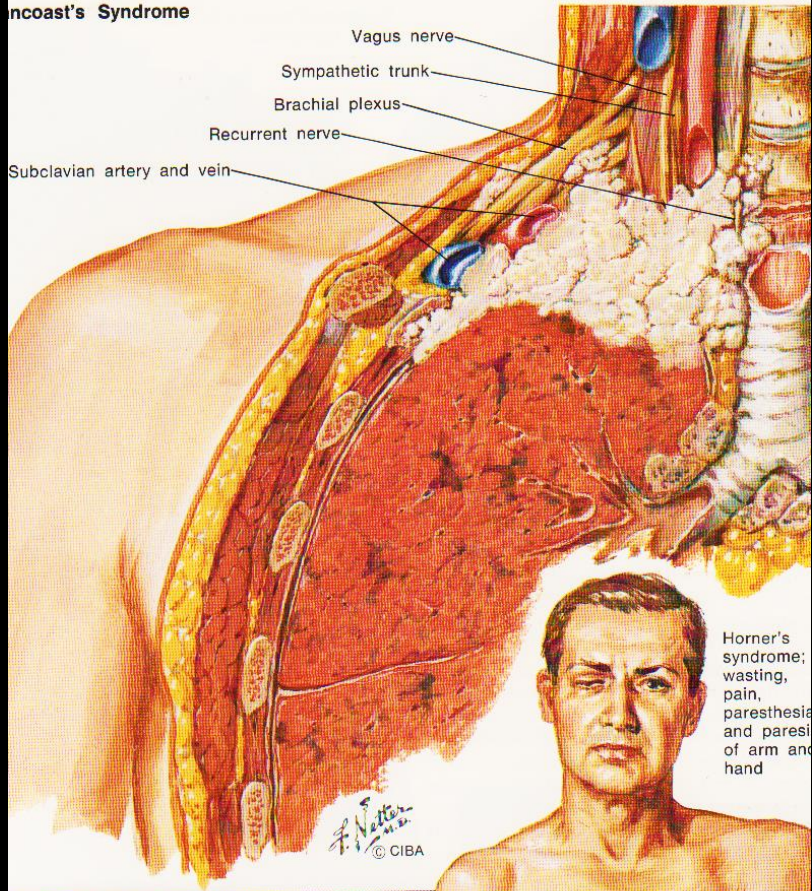
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Cavitation of Lung Cancer

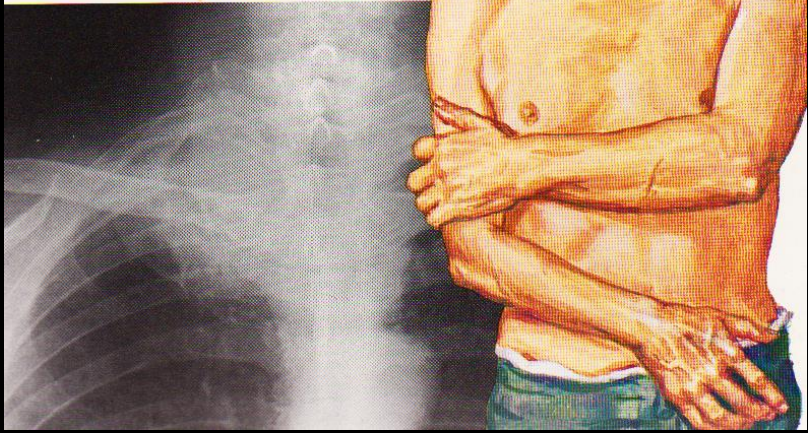


Carcinoma in peripheral zone of r. upper lobe with cavitation

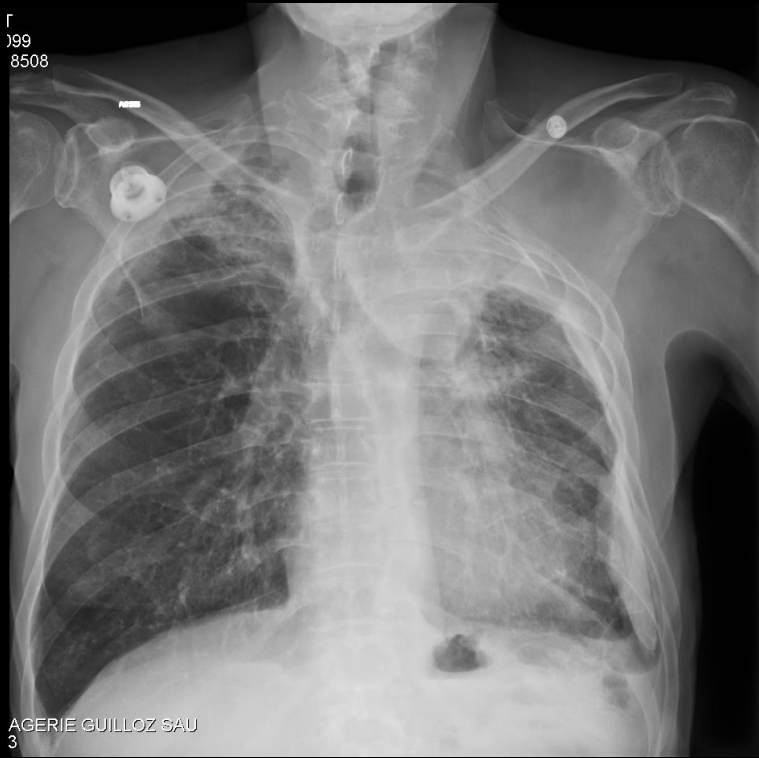
Traube's Syndrome



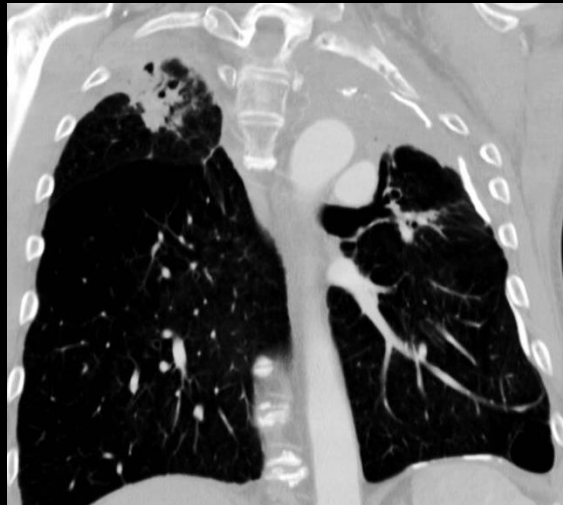
Horner's syndrome; wasting, pain, paresthesia and paresis of arm and hand

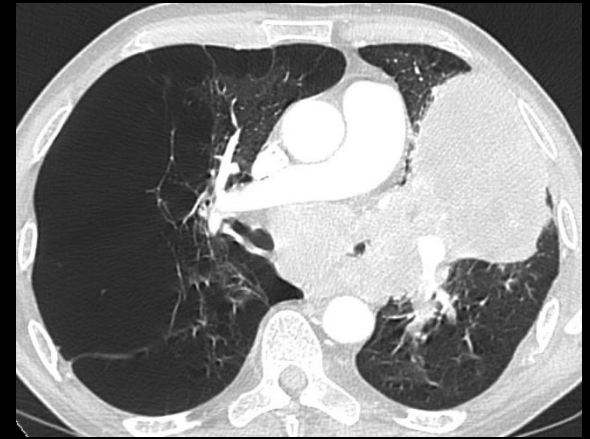
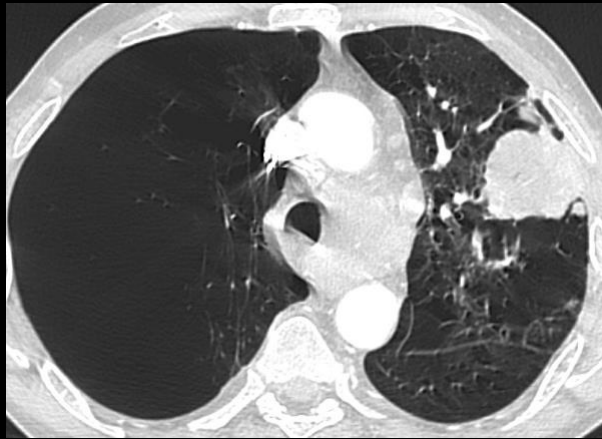
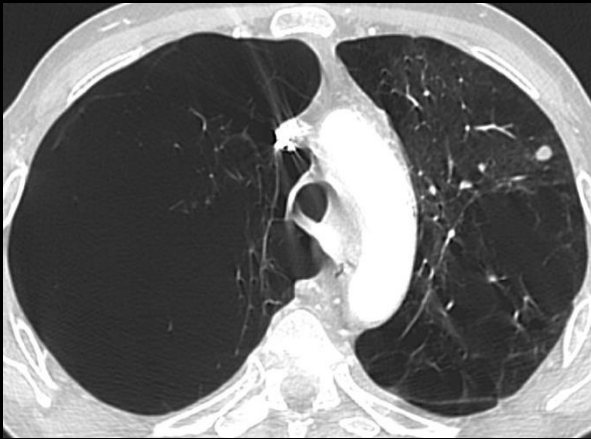
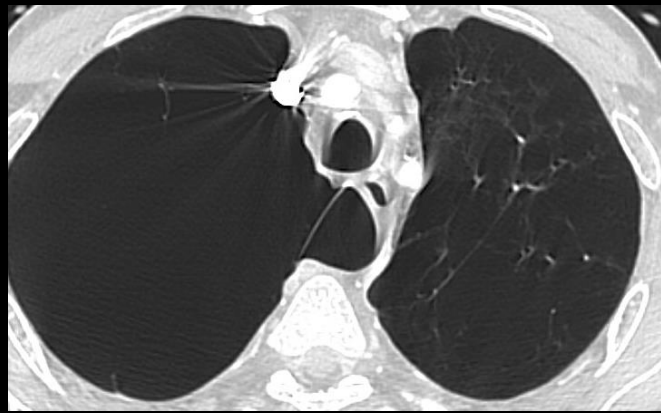
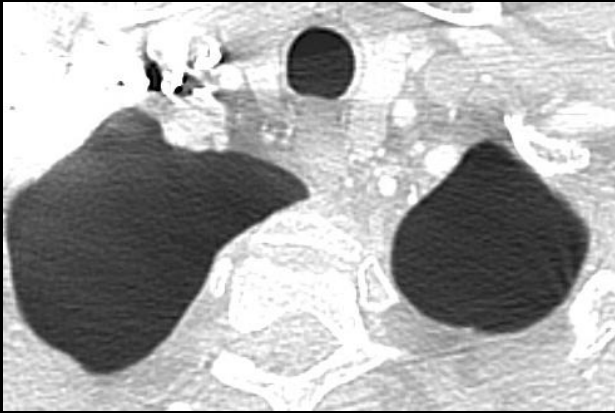


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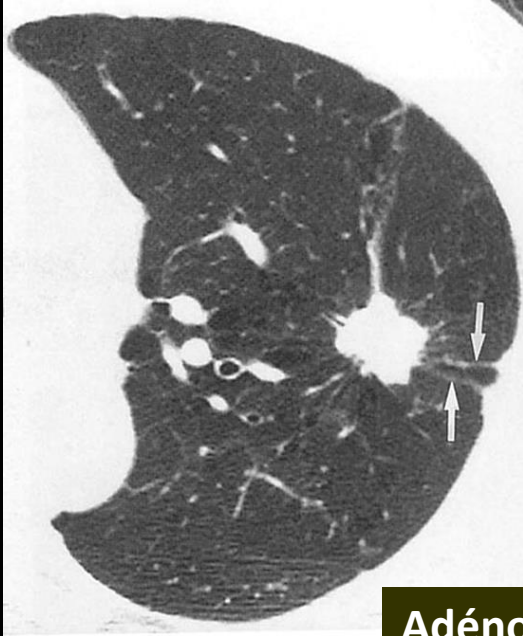




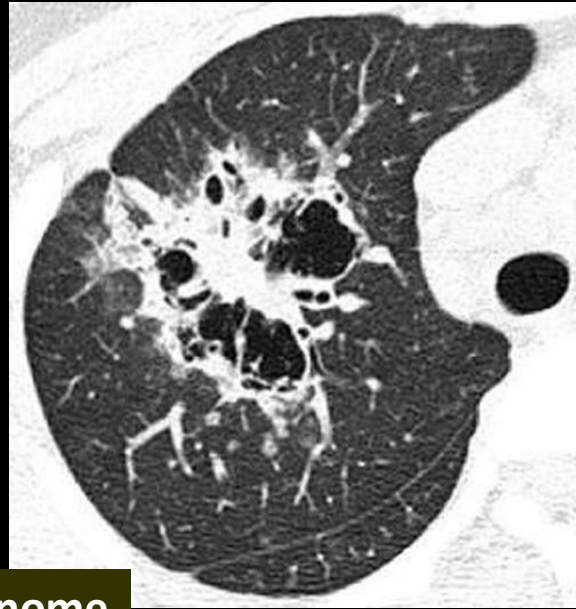
scanner thoracique sans injection

- Emphysème sévère avec volumineuse bulle de l'apex droit
- masse tissulaire hilair gauche: tumeur bronchique

Formes radiologiques



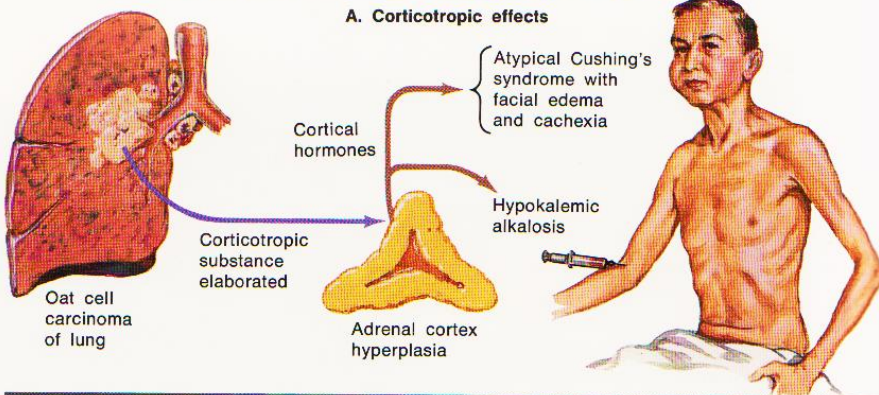
Adénocarcinome



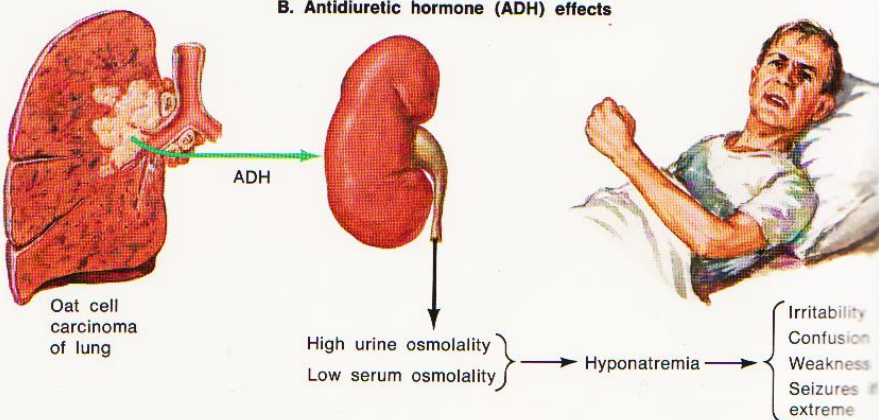
Carcinome épidermoïde

Endocrine Manifestations of Bronchogenic Carcinoma

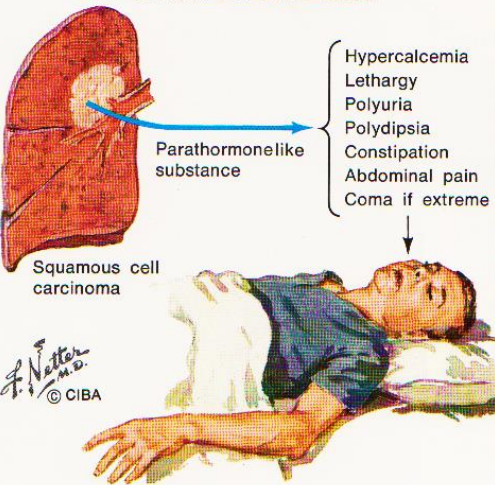
A. Corticotropic effects



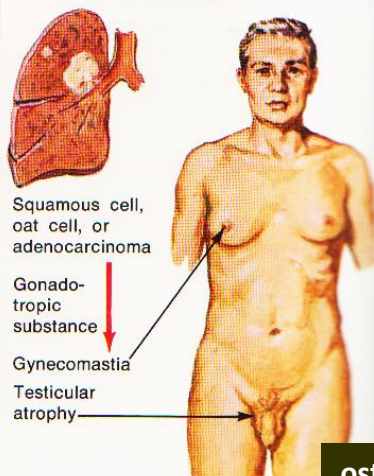
B. Antidiuretic hormone (ADH) effects



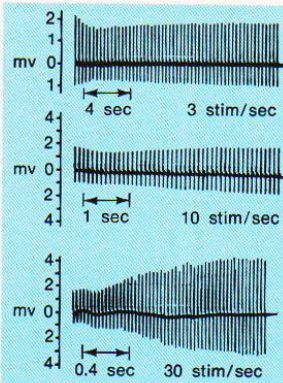
C. Parathormonelike effects



D. Gonadotropin effects



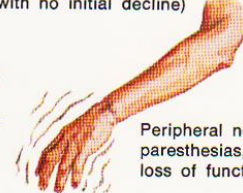
Neuromuscular Manifestations of Bronchogenic Carcinoma



Electromyographic abnormality in Lambert-Eaton syndrome (readings from hypothenar muscles with stimulation of ulnar nerve at wrist). Note low amplitude and initial decline. (Normal = 5 mv or more with no initial decline)



Subacute cerebellar degeneration; vertigo, ataxia



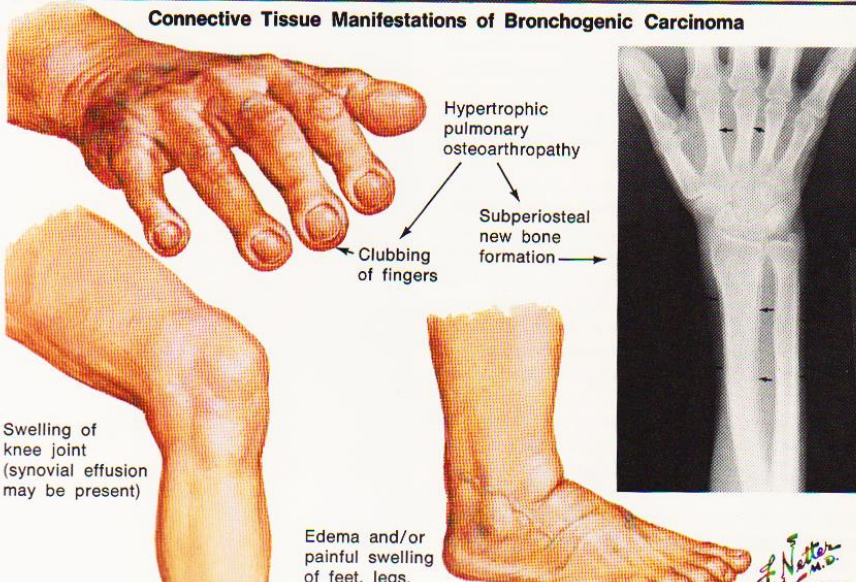
Peripheral neuropathy; paresthesias, pain, loss of function



Dementia may occur rarely (may predate onset of pulmonary symptoms)

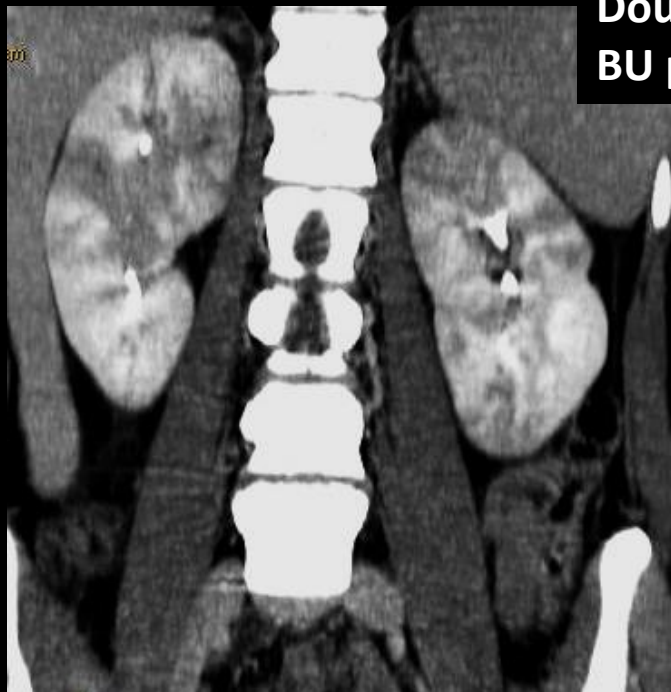
Lambert-Eaton syndrome; weakness of proximal muscle groups (often manifested by difficulty in rising from chair)

Connective Tissue Manifestations of Bronchogenic Carcinoma





Patiente de 46 ans
Douleurs lombaires et fièvre
BU positive

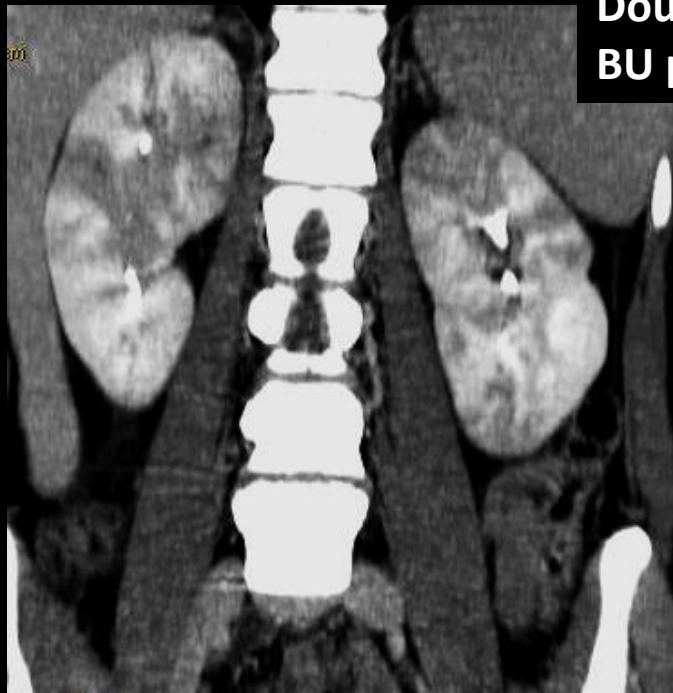


scanner abdominopelvien avec IV

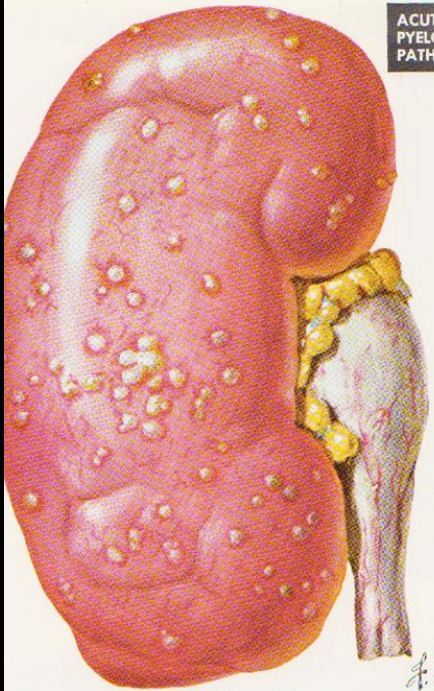
Plages hypodenses parenchymateuses rénales bilatérales: foyers de **néphrite aiguë bactérienne et focale**



Patiente de 46 ans
Douleurs lombaires et fièvre
BU positive



**ACUTE
PYELONEPHRITIS:
PATHOLOGY**

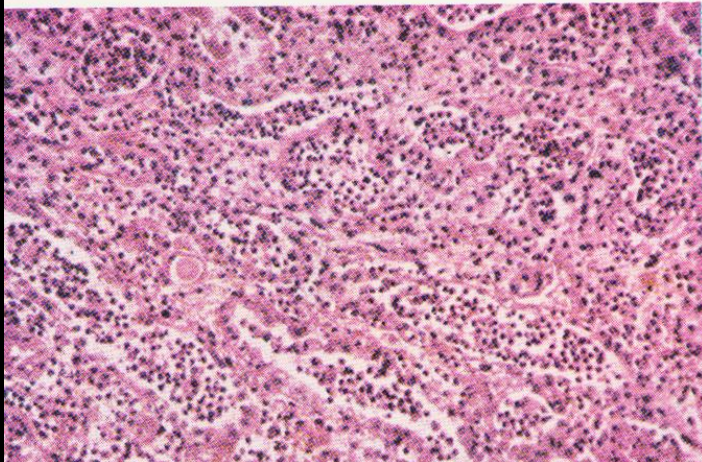
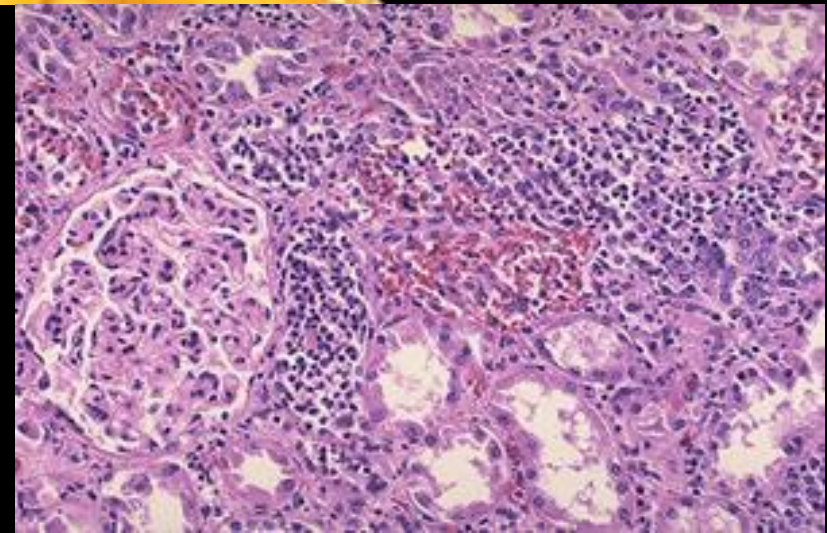


SURFACE ASPECT OF KIDNEY:
MULTIPLE MINUTE ABSCESSES
(SURFACE MAY APPEAR RELATIVELY
NORMAL IN SOME CASES)



CUT SECTION: RADIATING YELLOWISH GRAY
STREAKS IN PYRAMIDS AND ABSCESSES IN
CORTEX; MODERATE HYDRONEPHROSIS
WITH INFECTION; BLUNTING OF CALYCES
(ASCENDING INFECTION)

F. Netter M.D.
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ACUTE
PYELONEPHRITIS
WITH EXUDATE
CHIEFLY OF
POLYMORPHONUCLEAR
LEUKOCYTES IN
INTERSTITIUM AND
COLLECTING TUBULES

