

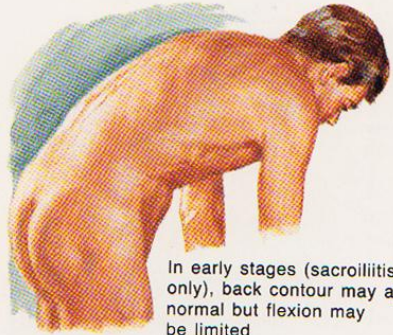


- **Homme de 24 ans.**
- **Lombo-fessalgies chroniques, d'horaire inflammatoire.**
- **Erosion des coins vertébraux antérieurs avec mise au carré des vertèbres et ostéocondensation antéro-supérieure (ostéite de Romanus)**
- **Productions osseuses linéaires, verticales, antérieures, suivant le ligament vertébral commun ANT : syndesmophytes**

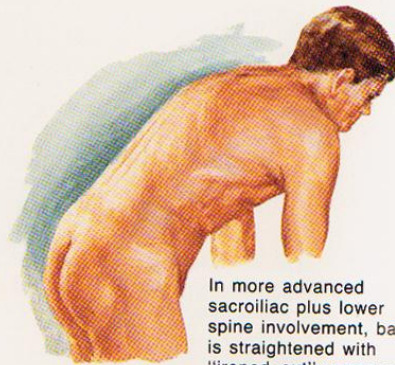


**Spondylarthritis ankylosante**

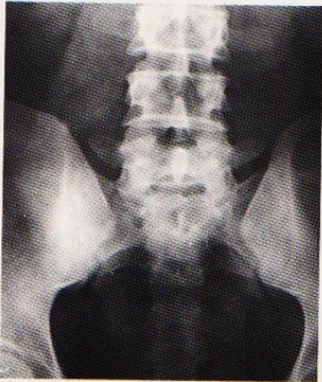
# Ankylosing Spondylitis



In early stages (sacroiliitis only), back contour may appear normal but flexion may be limited



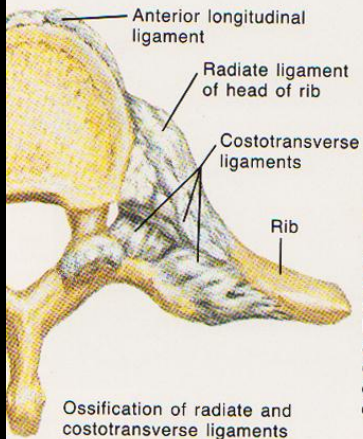
In more advanced sacroiliac plus lower spine involvement, back is straightened with "ironed-out" appearance



Bilateral sacroiliitis is early radiographic sign. Thinning of cartilage and bone condensation on both sides of sacroiliac joints



Characteristic posture in late stage of disease. Measurement at nipple line demonstrates diminished chest expansion



Ossification of radiate and costovertebral ligaments limits chest expansion



Ossification of annulus fibrosus of intervertebral discs, apophyseal joints, and anterior longitudinal and interspinous ligaments

# Ankylosing Spondylitis (continued)

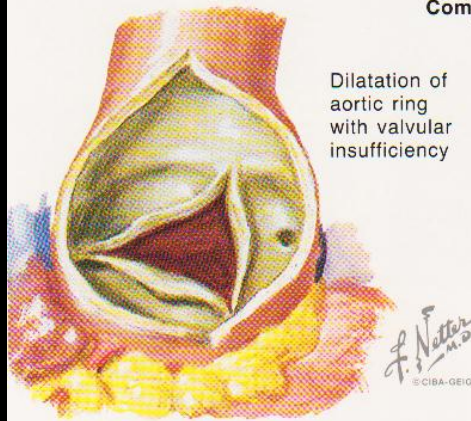


Radiograph shows complete bony ankylosis of both sacroiliac joints in late stage of disease

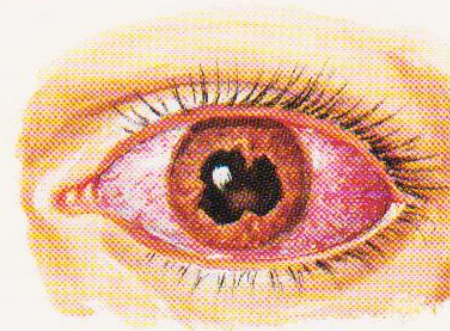


"Bamboo spine." Bony ankylosis of joints of lumbar spine. Ossification exaggerates bulges of intervertebral discs

## Complications



Dilatation of aortic ring with valvular insufficiency



Iridocyclitis with irregular pupil due to synechiae

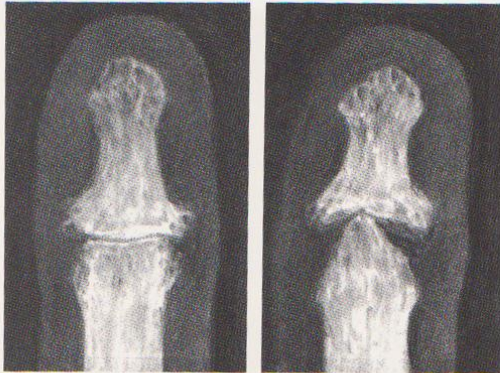
## Psoriatic Arthritis



Pitting, discoloration, and erosion of fingernails with fusiform swelling of distal interphalangeal joints



Psoriatic patches on dorsum of hand with swelling and distortion of many interphalangeal joints and shortening of fingers due to loss of bone mass



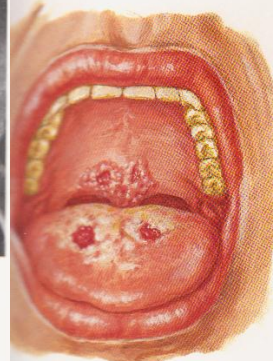
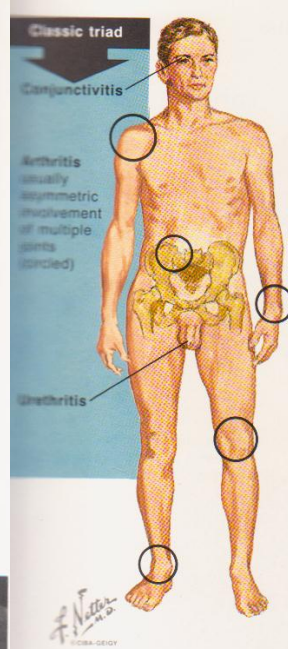
Radiographic changes in distal interphalangeal joint.  
Left: in early stages, bone erosions seen at joint margins.  
Right: in late stages, further loss of bone mass produces "pencil in cup" appearance



Toes with sausage-like swelling, skin lesions, and nail changes

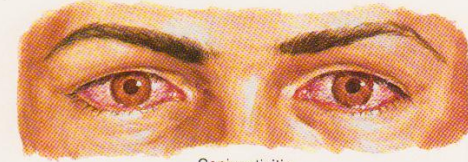


Radiograph of sacroiliac joints shows thin cartilage with irregular surface and condensation of adjacent bone in sacrum and ilia



Lesions of soft palate and/or tongue

## Reiter's Syndrome



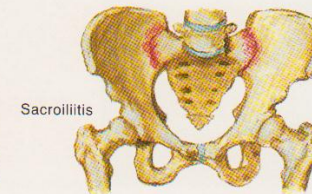
Conjunctivitis



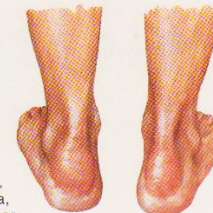
Loose fibrinoid exudate with fibrous bands in joint but no villi or joint damage



Joint involvement resembles early stage of rheumatoid arthritis



Sacroiliitis



Achillo-bursitis. Swelling, erythema, tenderness



Urethritis, psoriasiform lesions of glans penis



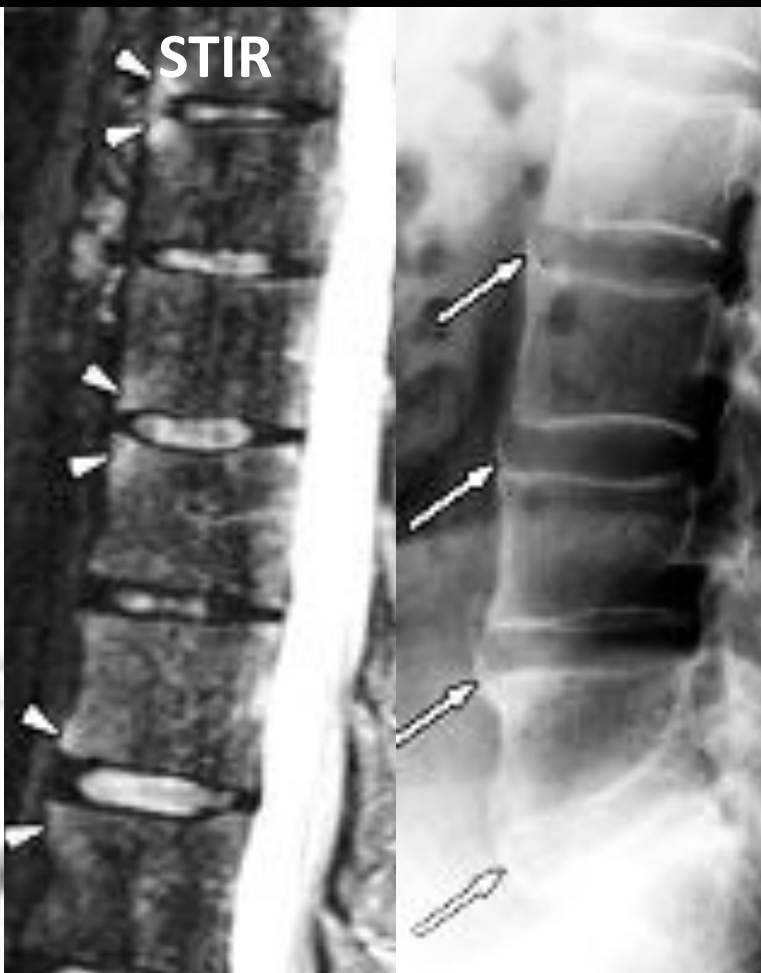
Subungual keratitis



Keratoderma and/or grouped pustules on plantar surface of foot

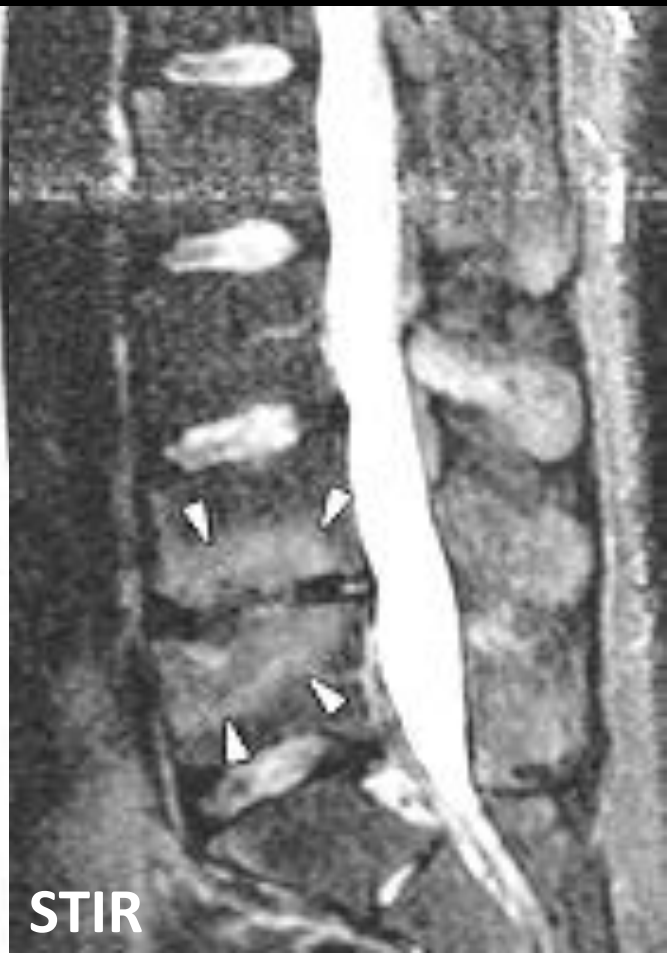


Lésions actives

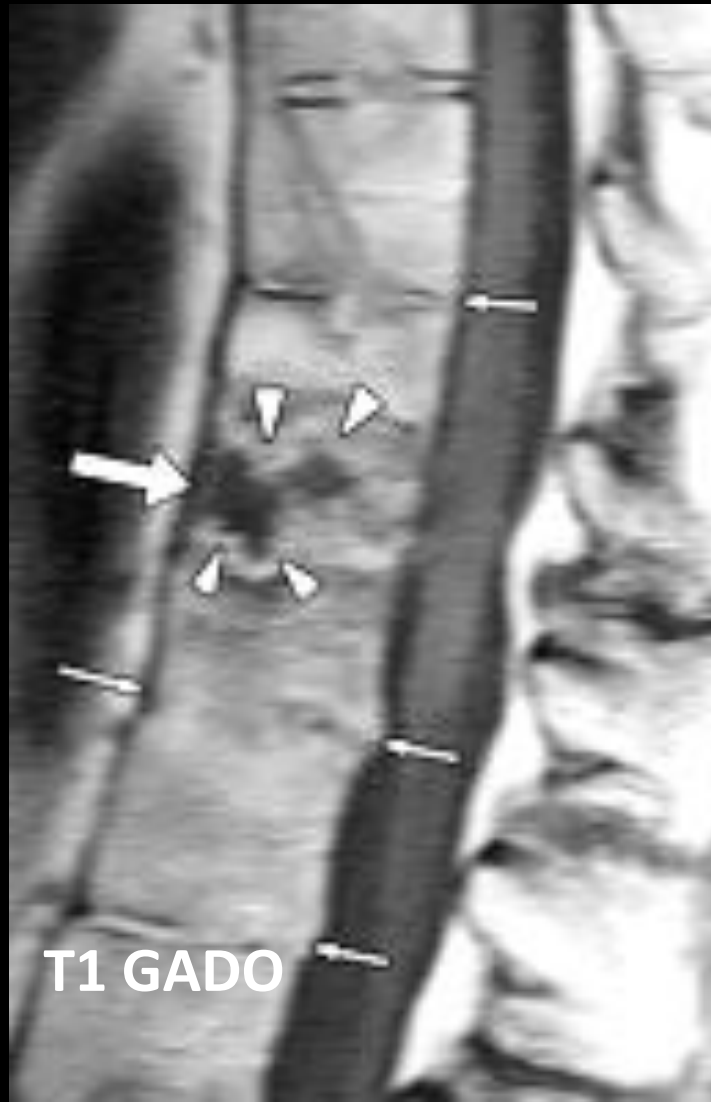


Lésions inactives

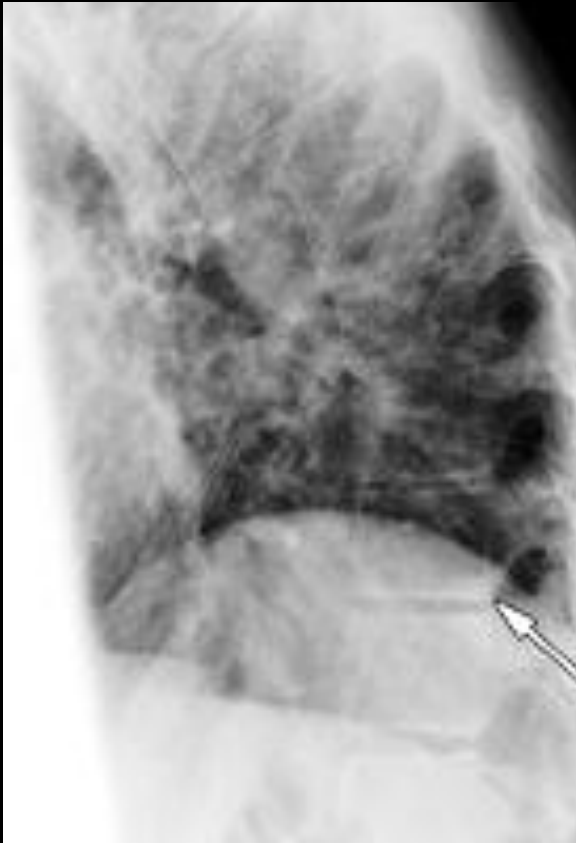
ostéite de Romanus et IRM



**Spondylodiscite inflammatoire d'Andersson**



**Fractures transdiscales**



T1



T1 Gado FS

**Atteinte zygapophysiales,  
costo-transversaires**

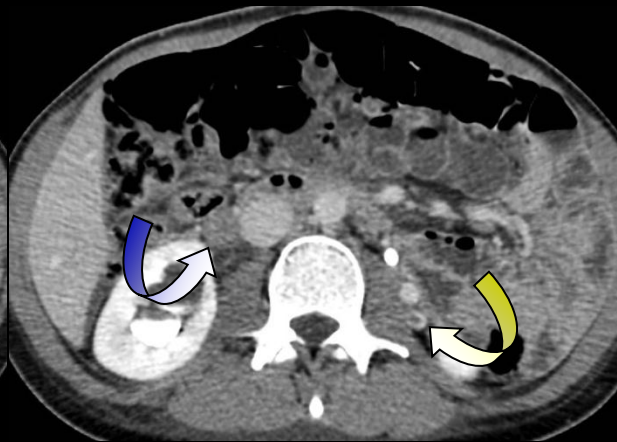


**Atteinte des enthèses**

*Radiographics 2005; 25: 559-569*

## Cas 25

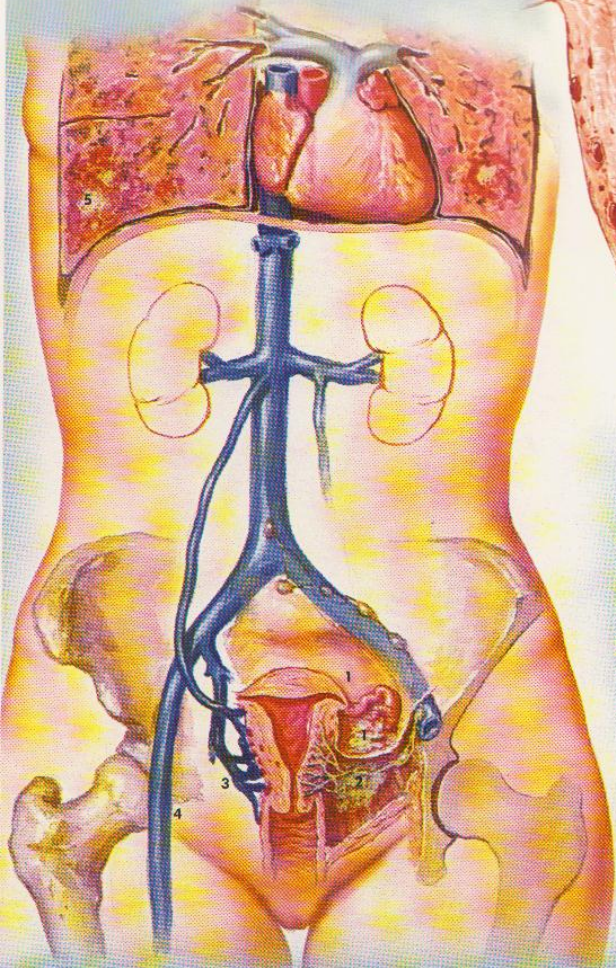
Patiente de 25 ans,  
J+2 d'une césarienne  
douleur basi-thoracique  
droite et dyspnée  
Suspicion d'embolie  
pulmonaire



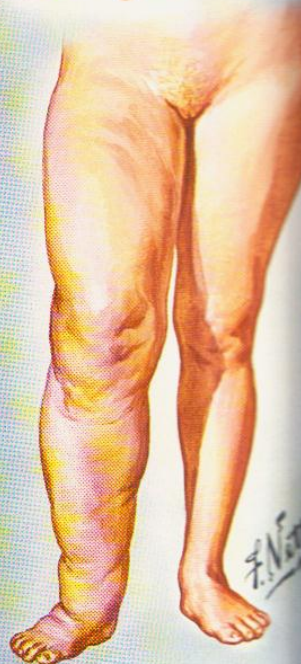
scanner abdominopelvien avec  
IV

Thrombus au sein de la VCI et de  
la veine ovarienne droite

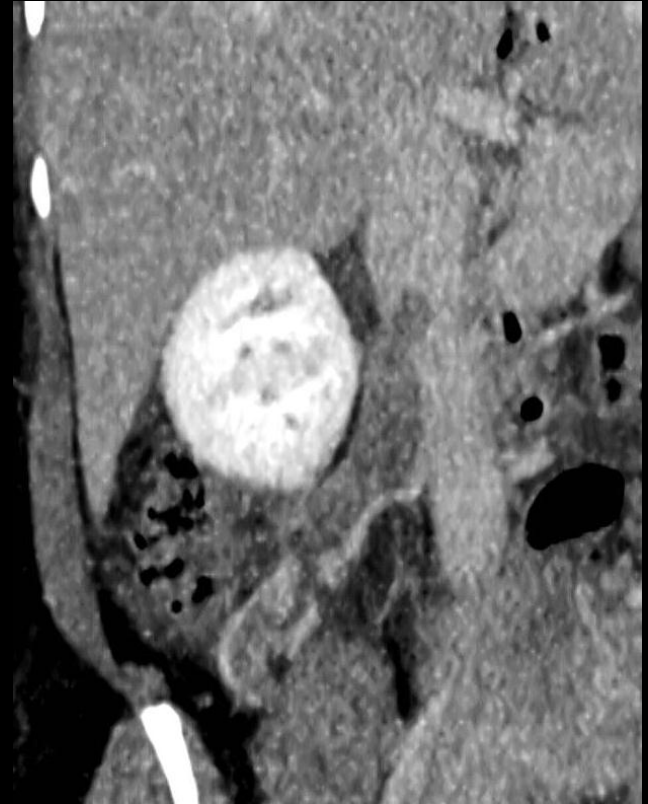
PUTRID  
ENDOMETRITIS



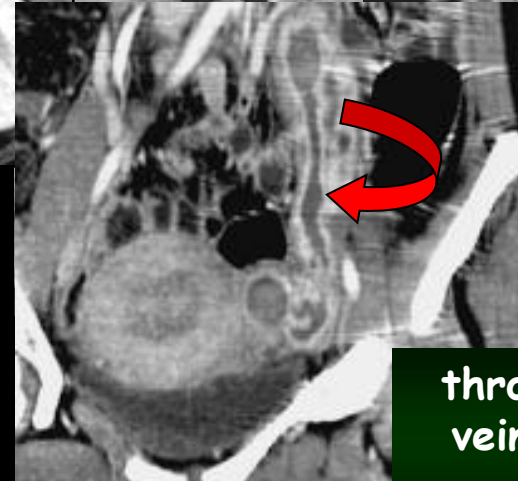
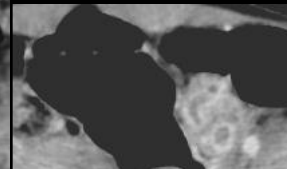
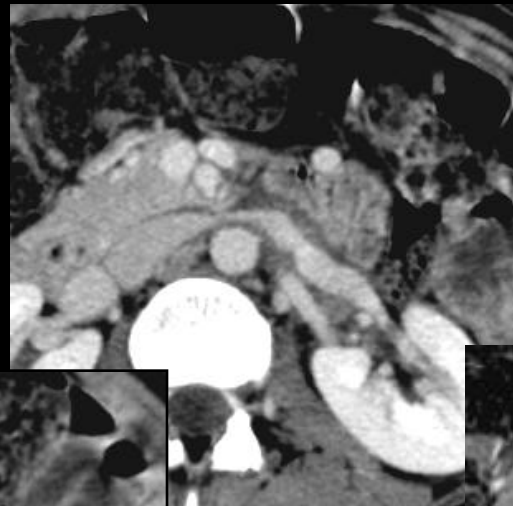
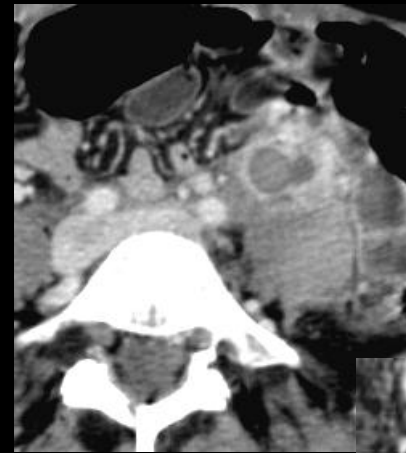
- DISSEMINATION OF SEPTIC ENDOMETRITIS:
- (1) PERITONITIS
  - (2) PARAMETRITIS (VIA LYMPHATICS)
  - (3) PELVIC THROMBOPHLEBITIS
  - (4) FEMORAL THROMBOPHLEBITIS
  - (5) PULMONARY INFARCT OR ABSCESS (SEPTIC EMBOLUS)



FEMORAL THROMBOPHLEBITIS



**Thrombophlébite de la veine ovarienne droite**



thrombose de la  
veine ovarienne  
gauche



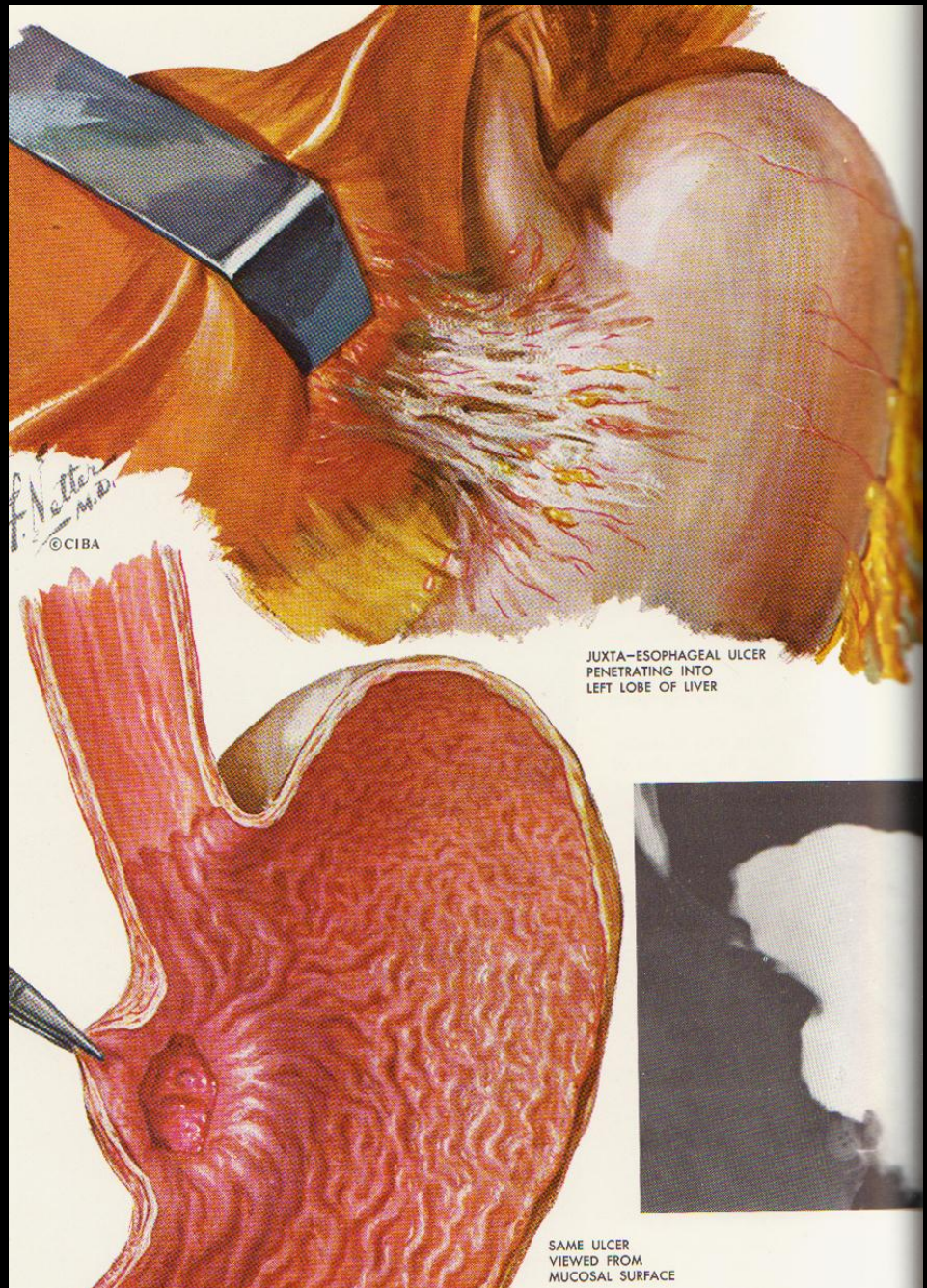
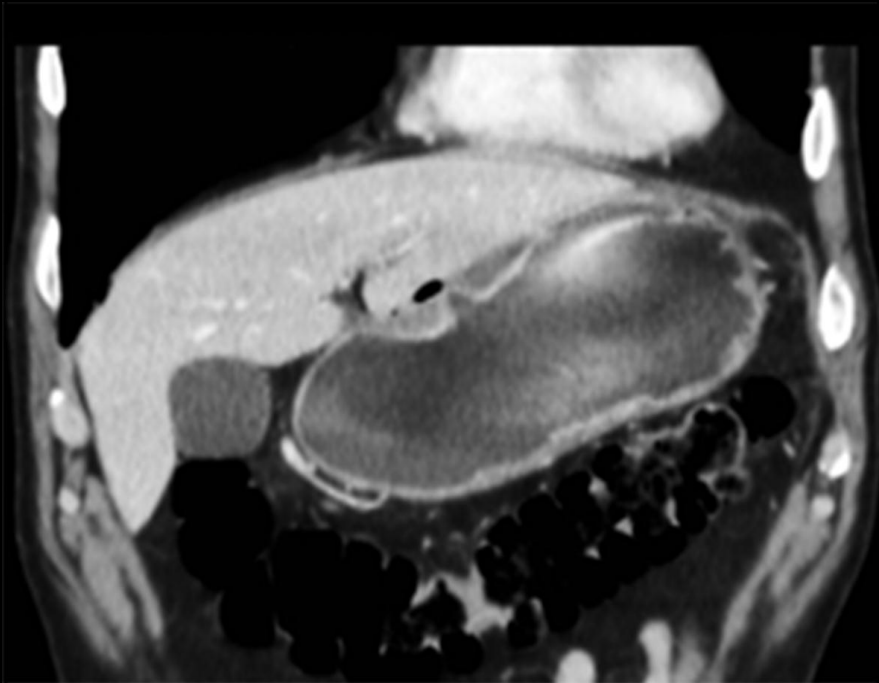
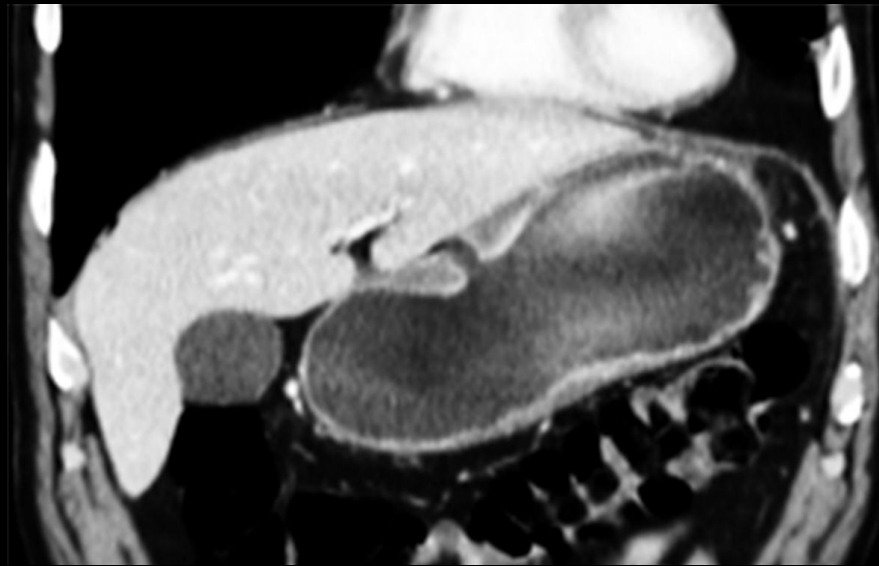
Patient de 48 ans  
Douleurs abdominales et défense

scanner abdominopelvien avec IV

Défect pariétal de la petite courbure  
gastrique avec infiltration de la graisse  
périgastrique

Bulles de pneumopéritoine

**Ulcère gastrique**



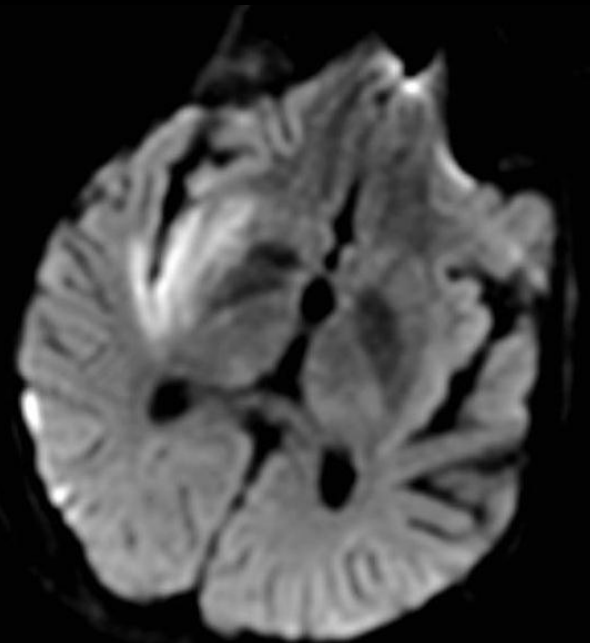
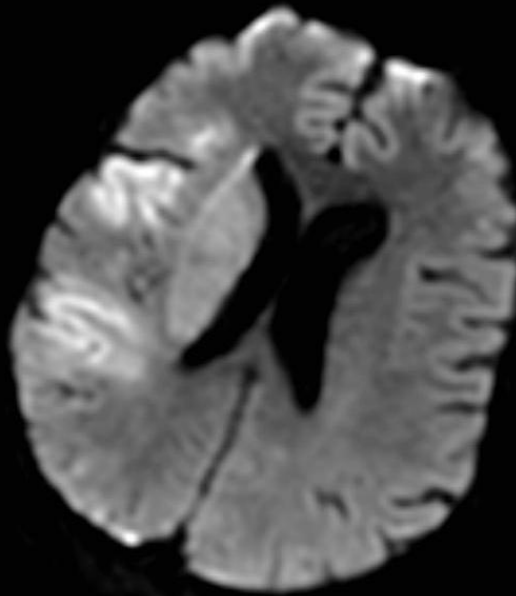
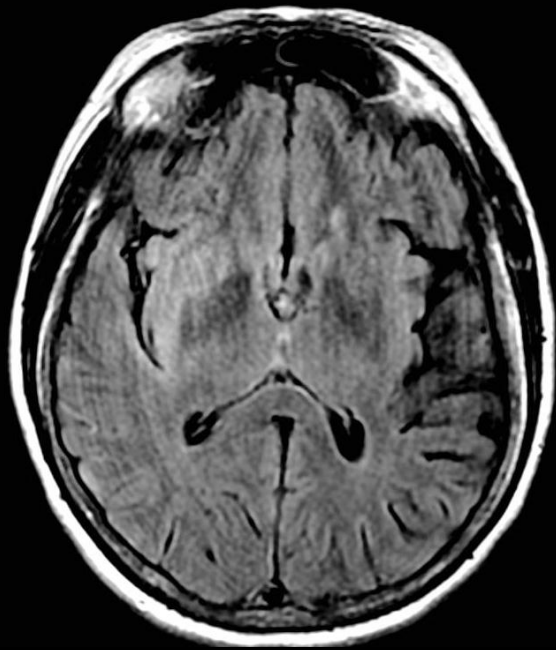
JUXTA-ESOPHAGEAL ULCER  
PENETRATING INTO  
LEFT LOBE OF LIVER

SAME ULCER  
VIEWED FROM  
MUCOSAL SURFACE

- Homme de 40 ans,
- Déficit moteur héli-corporel gauche de survenue soudaine avec difficultés d'élocution.



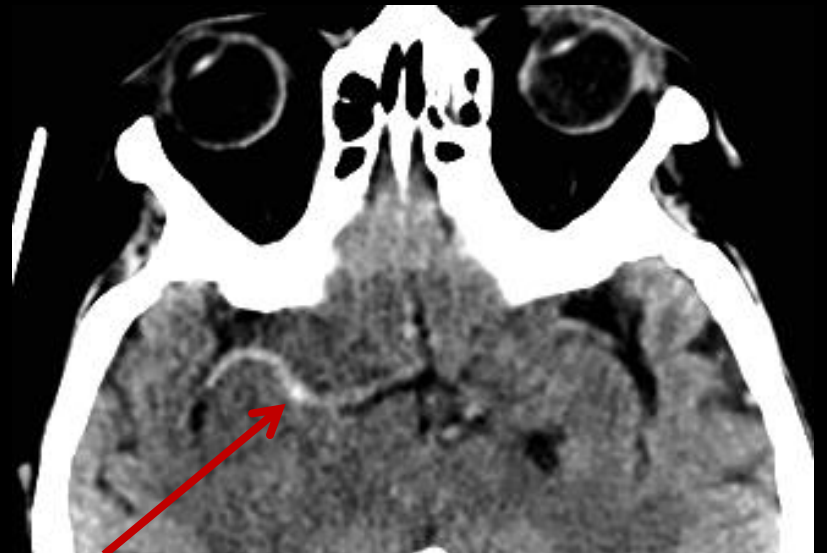
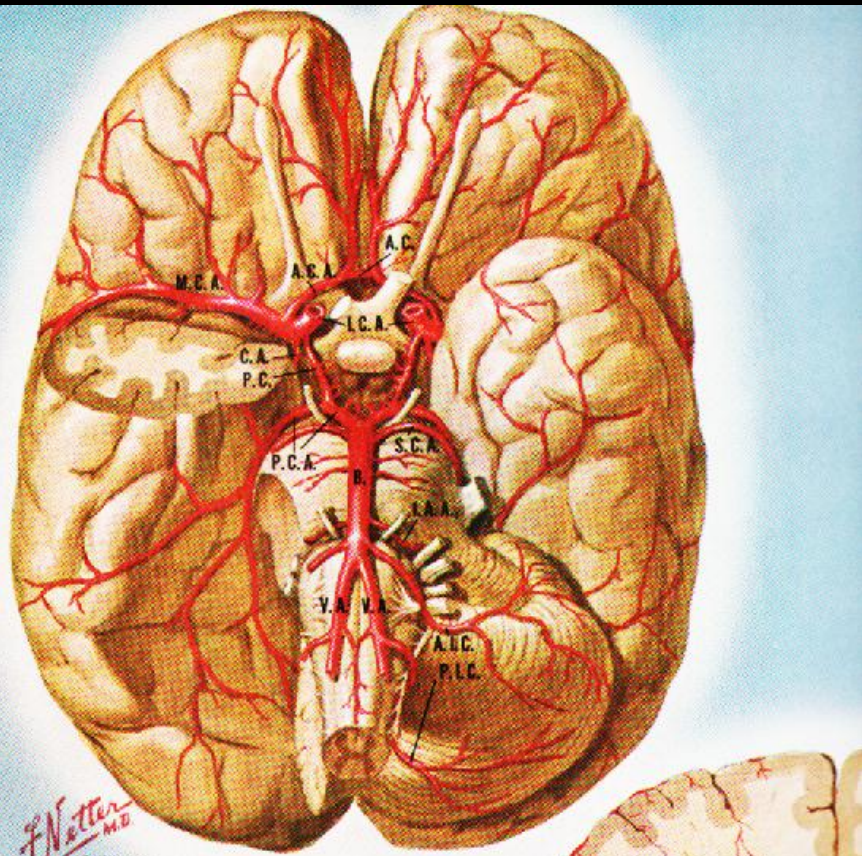
- Scanner cérébral sans injection
- Hyperdensité spontanée de l'artère cérébrale moyenne droite.
- Pas d'anomalie de densité parenchymateuse.



- Hypersignal FLAIR et diffusion Fronto-insulaire droit et du noyau caudé droit.
- Occlusion de l'artère cérébrale moyenne droite en M1.

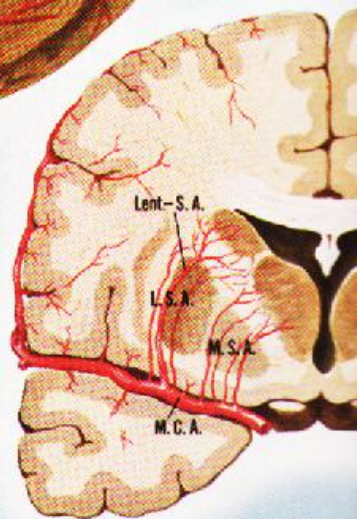


**AVC ischémique sylvien droit total**

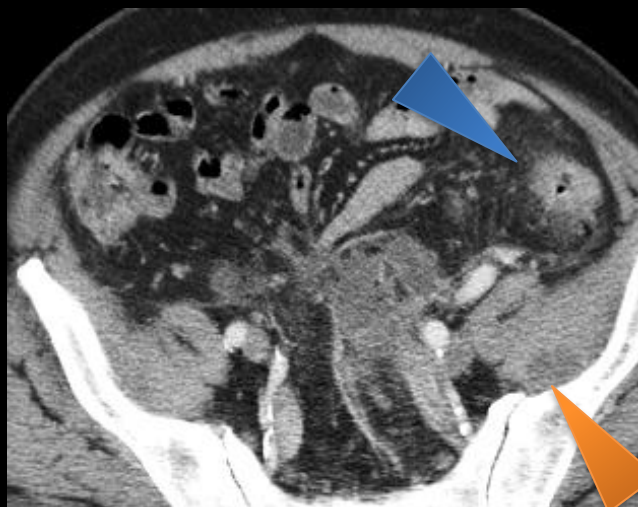
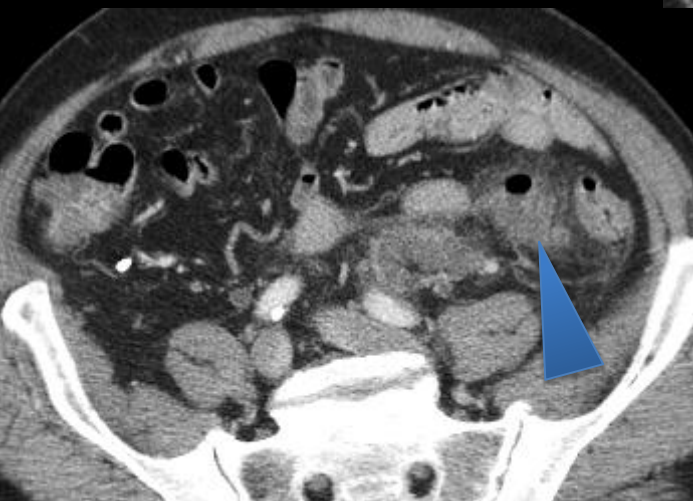
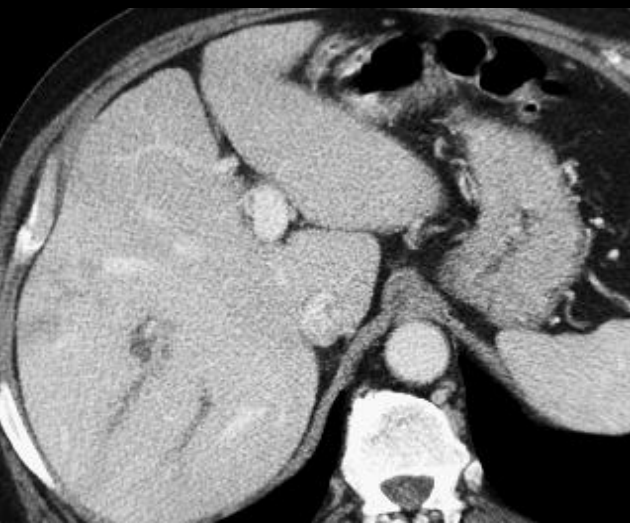


*F. Netter M.D.*  
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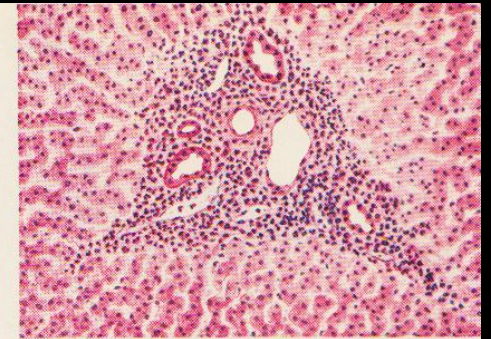
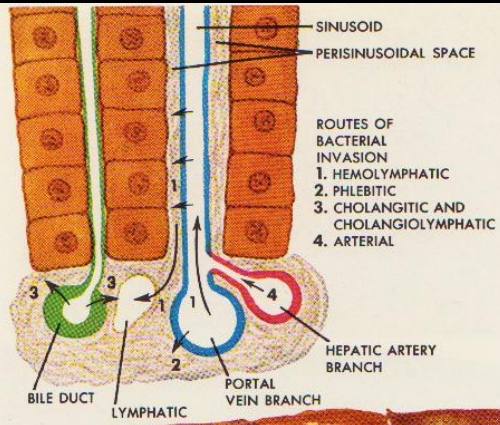
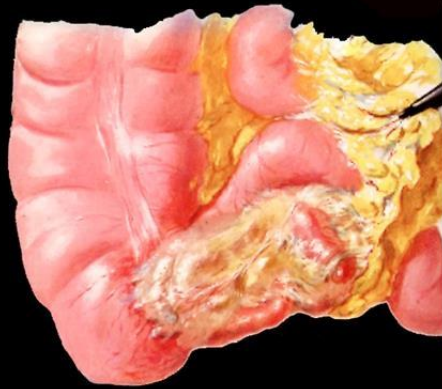
- A.C. — Anterior Communicating Artery
- A.C.A. — Anterior Cerebral Artery
- A.I.C. — Anterior Inferior Cerebellar Artery
- B. — Basilar Artery
- C.A. — Choroidal Artery
- I.A.A. — Internal Auditory Artery
- I.C.A. — Internal Carotid Artery
- Lent.-S.A. — Lateral Lenticular Striate Artery
- L.S.A. — Lenticular Striate Artery
- M.C.A. — Middle Cerebral Artery
- M.S.A. — Medial Striate Artery
- P.C. — Posterior Communicating Artery
- P.C.A. — Posterior Cerebral Artery
- P.I.C. — Posterior Inferior Cerebellar Artery
- S.C.A. — Superior Cerebellar Artery
- V.A. — Vertebral Artery



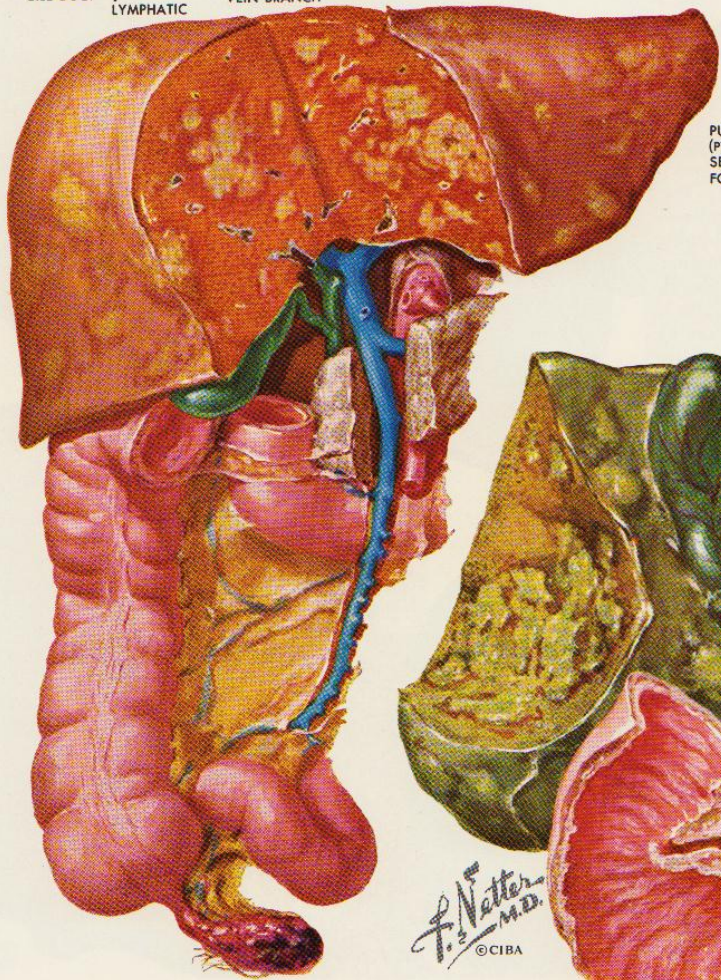
Patient de 73 ans. Douleurs en FIG. Fièvre à 39°C  
Syndrome inflammatoire



**Pyléphlébite sur diverticulite du sigmoïde**

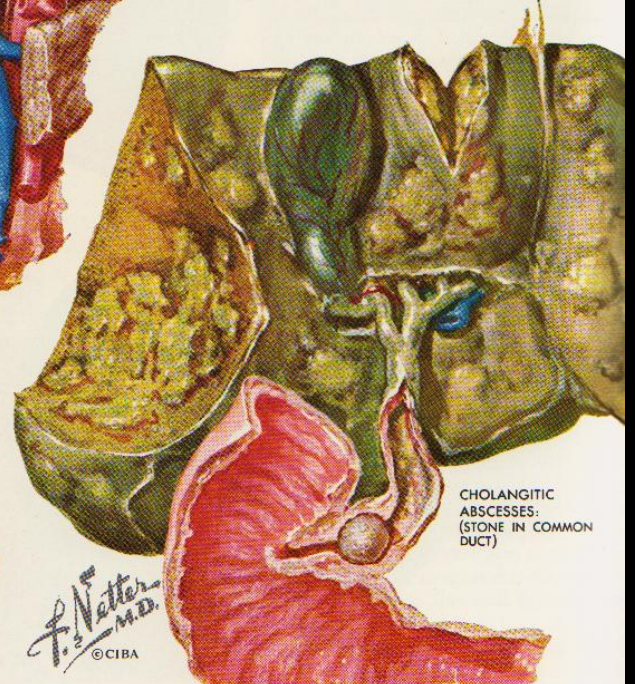


INFLAMMATORY FOCUS IN AND AROUND PORTAL TRIAD



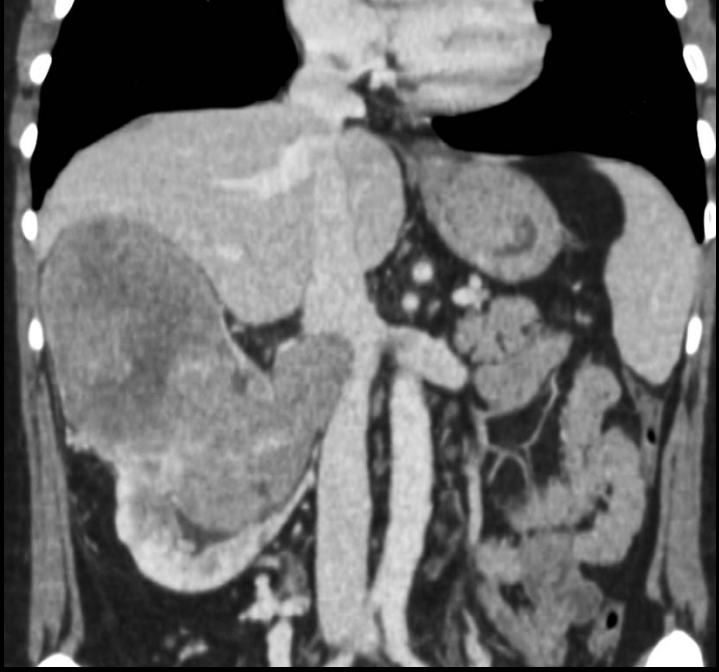
PURULENT HEPATITIS (PYLEPHLEBITIC ABSCESSSES) SECONDARY TO APPENDICEAL FOCUS

F. Netter M.D.  
 © CIBA



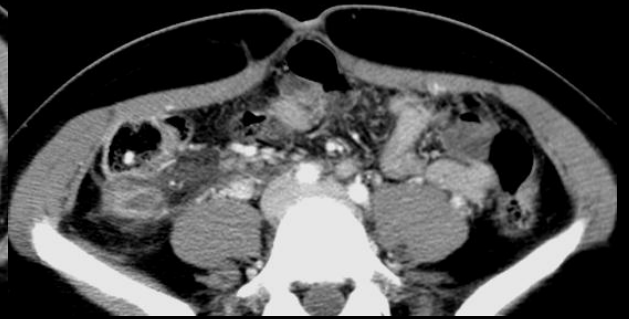
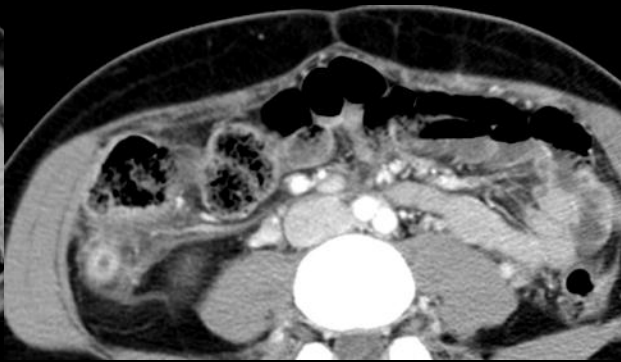
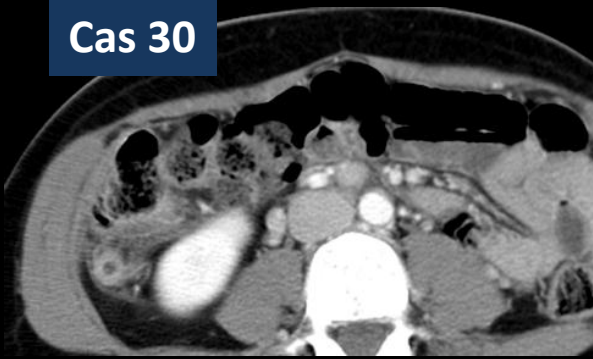
CHOLANGITIC ABSCESSSES: (STONE IN COMMON DUCT)

Tumeur rénale droite (Grawitz)



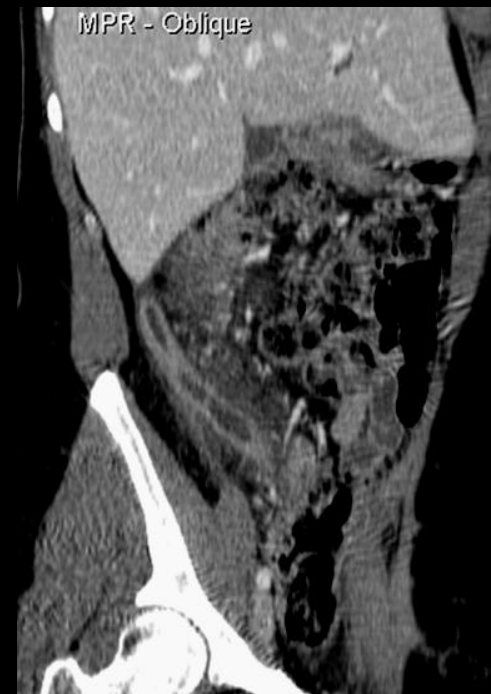
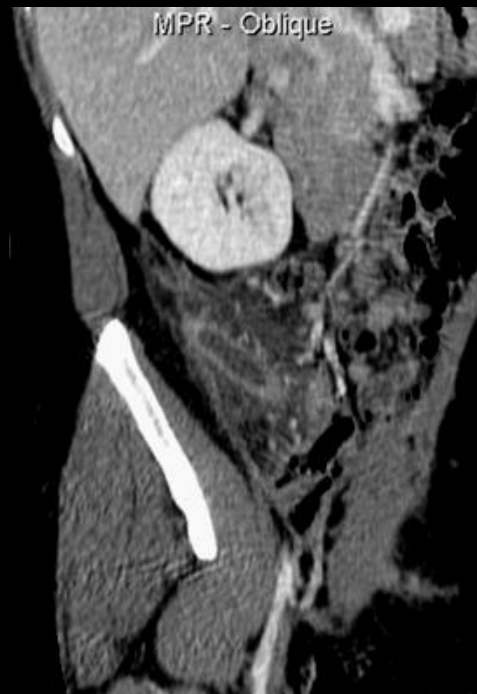
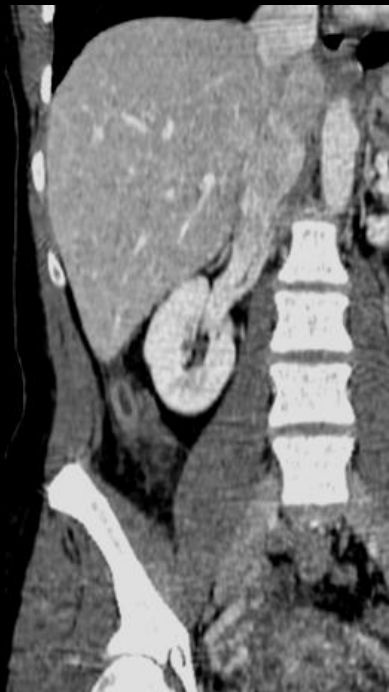


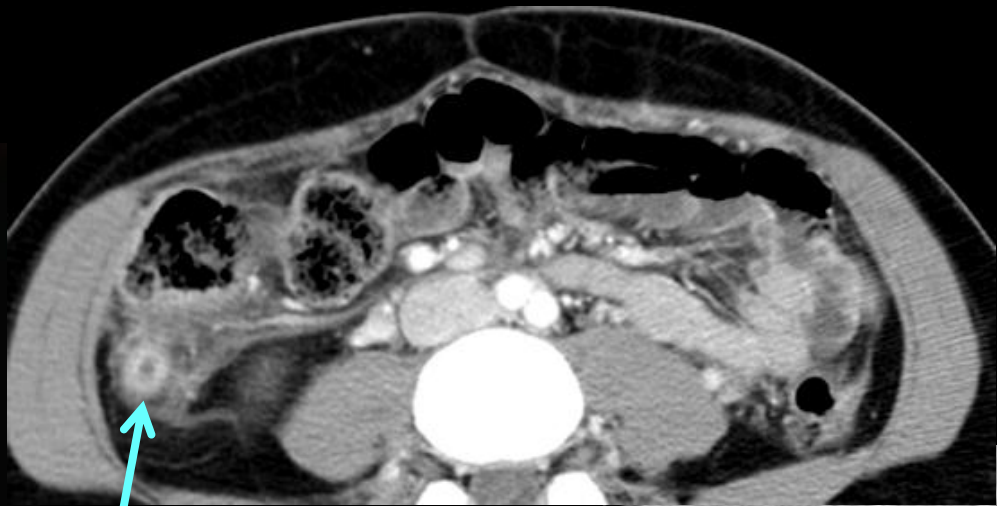
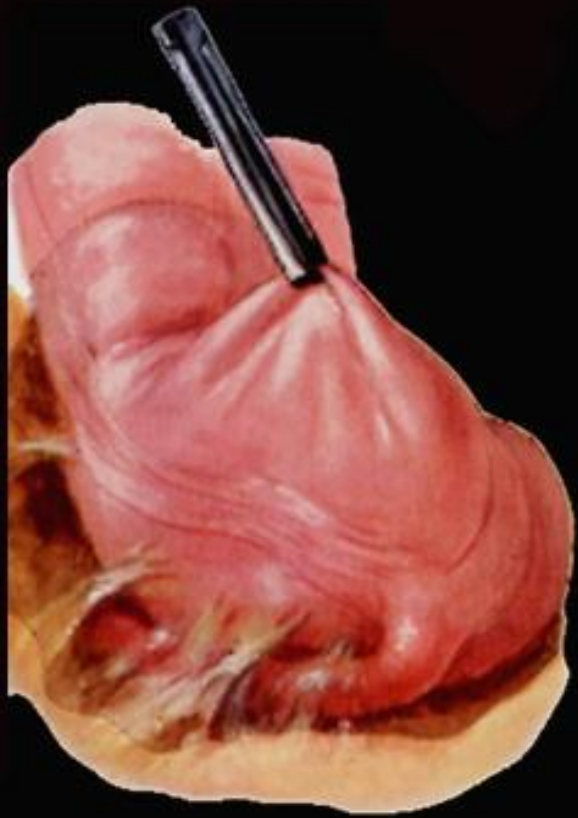
Cas 30



Homme 16 ans.  
Douleur FID.

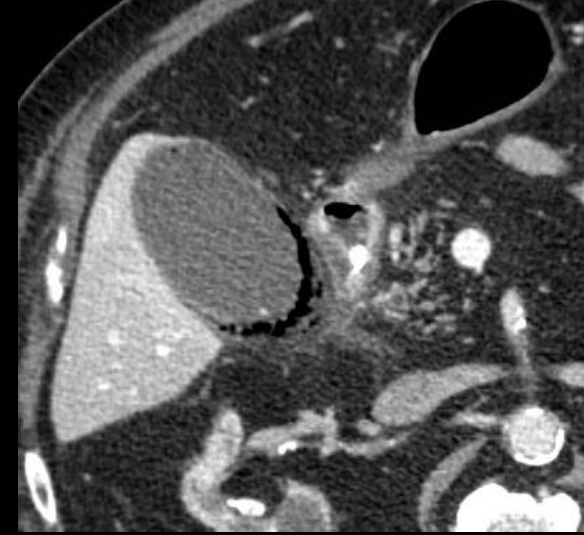
**Appendicite aiguë à trajet ascendant sous hépatique**

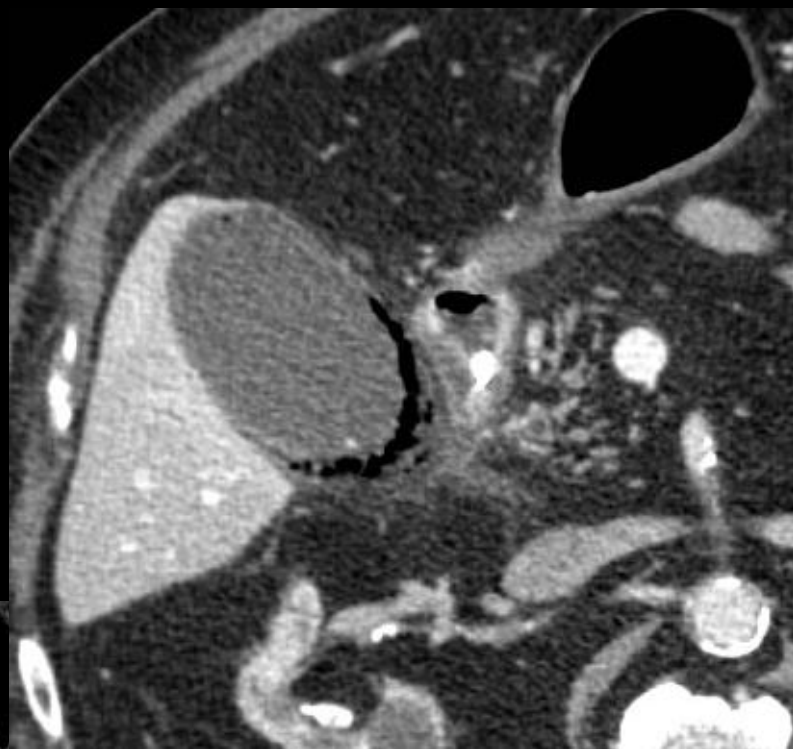




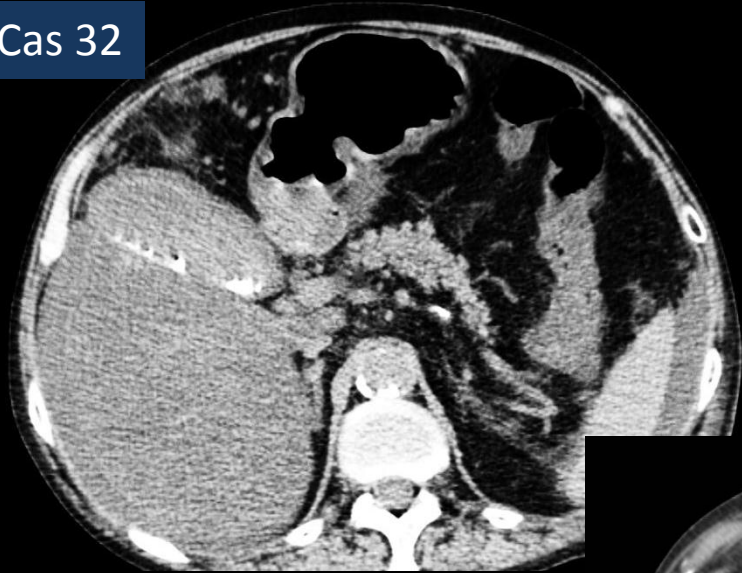
**Cas 31**

**Patient de 72ans  
antécédent de diabète, insuffisance rénale  
douleurs et défense de l'hypocondre droit depuis 48H  
dans un contexte fébrile  
syndrome inflammatoire biologique**





**Cholécystite emphysémateuse**





Inflammation sévère avec  
**nécrose murale**

Cas 33

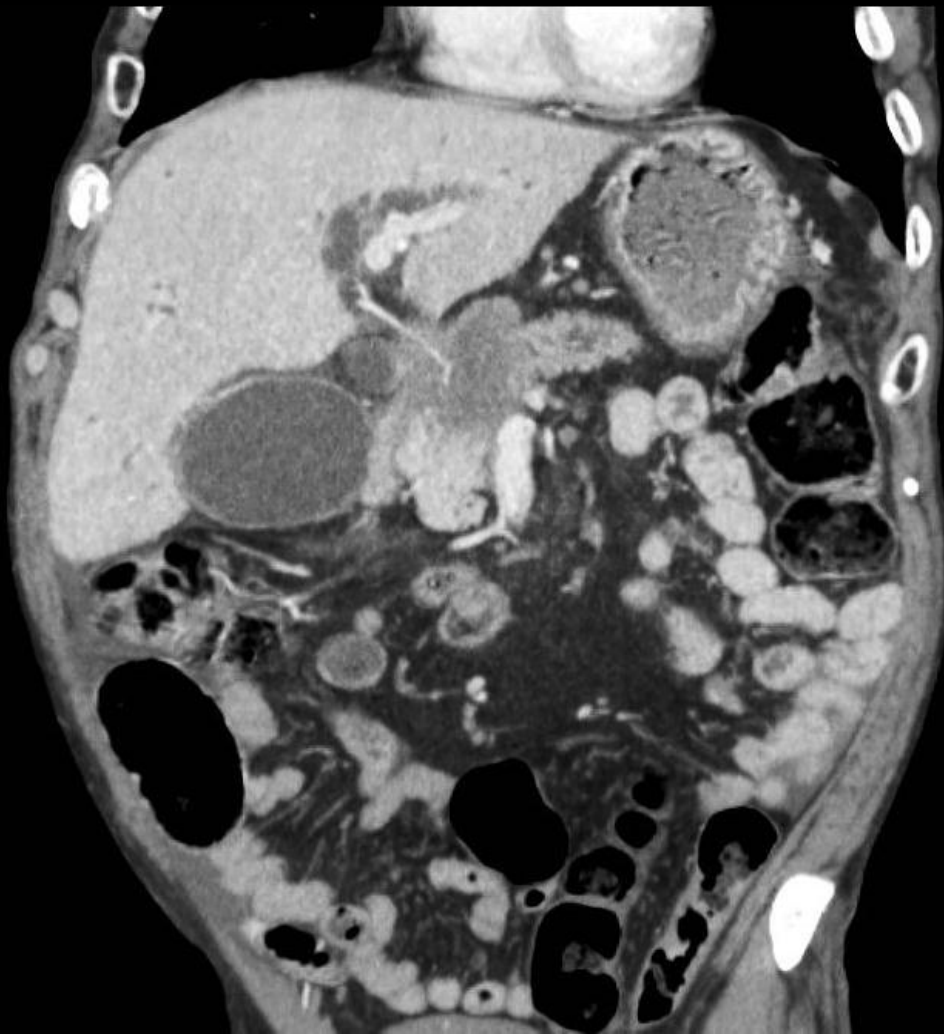


*Dilatation majeure des VBIH, de la VBP (16 mm), et de la vésicule biliaire*

Patient de 60 ans  
ATCD: éthyliste chronique

Tableau d'angiocholite aiguë



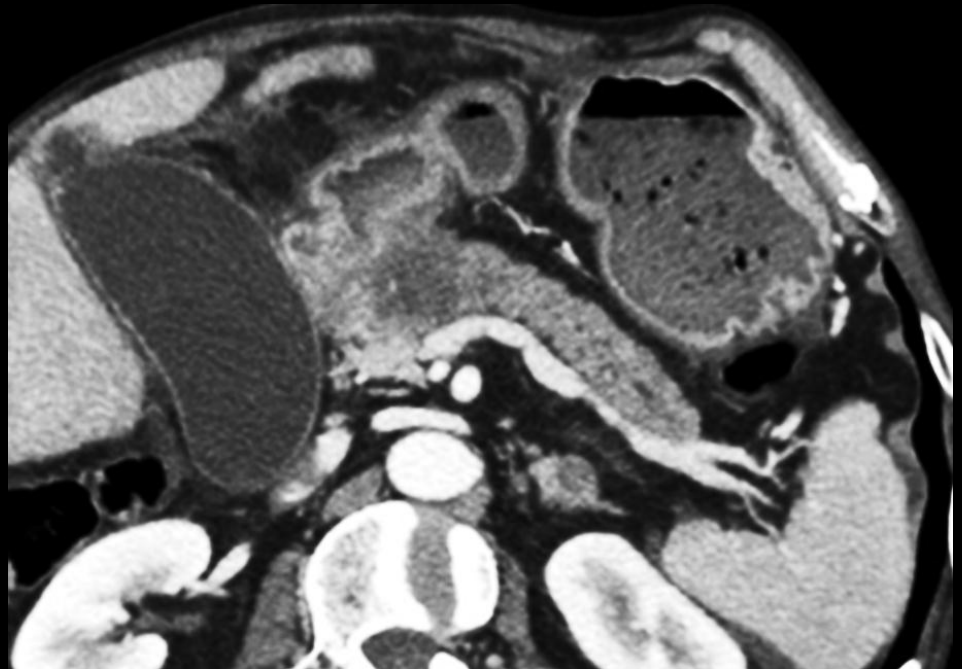
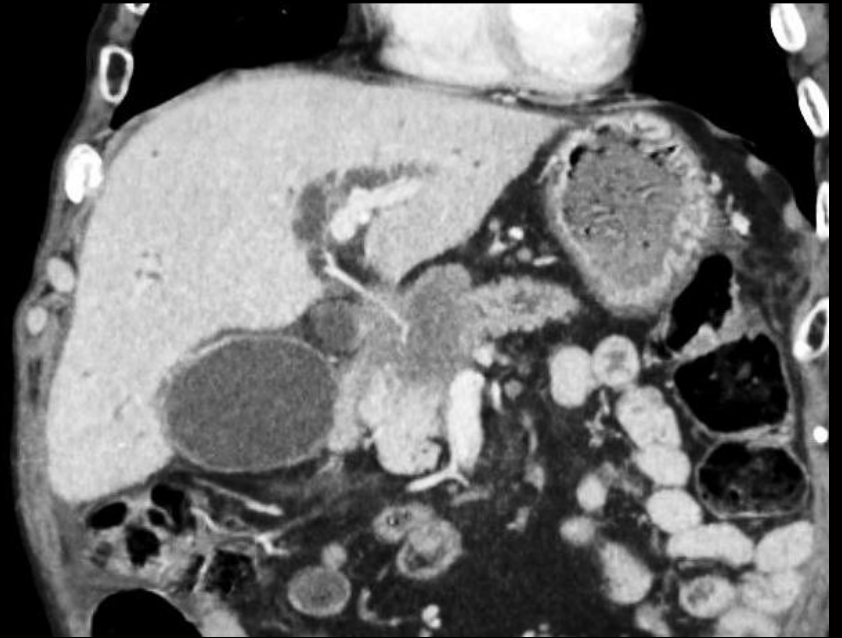
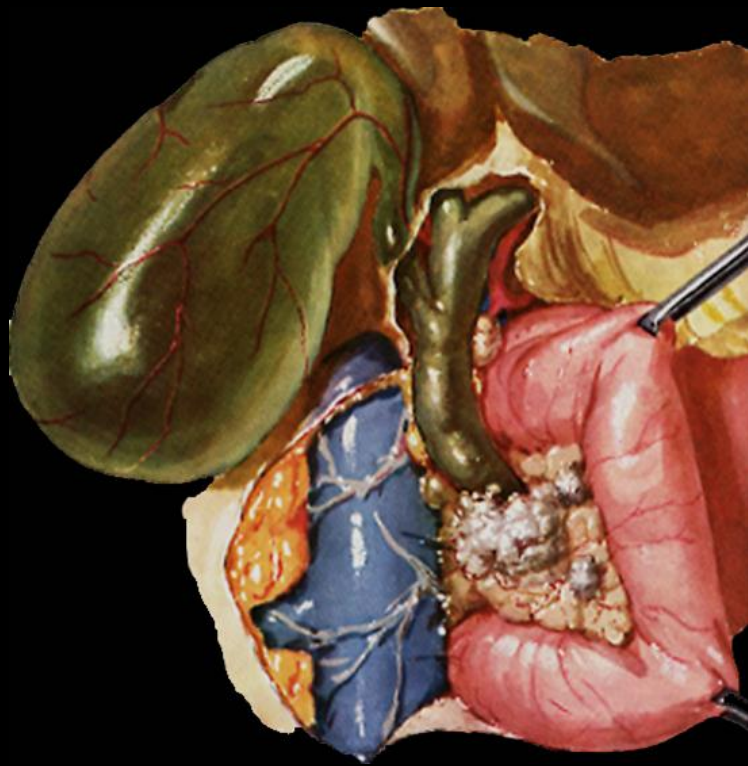


*Lésion tumorale de l'isthme pancréatique*

**ADK pancréatique métastatique**

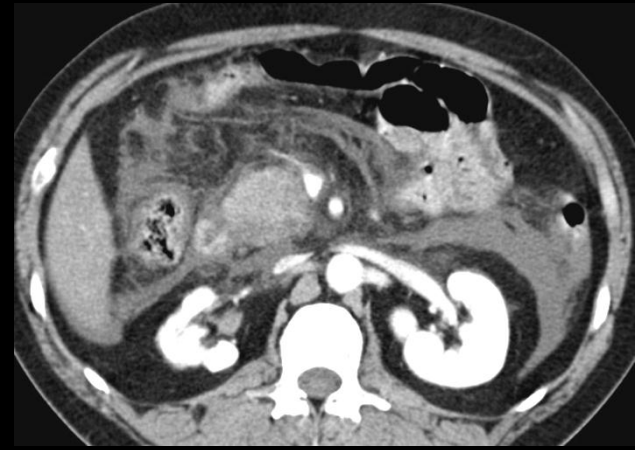
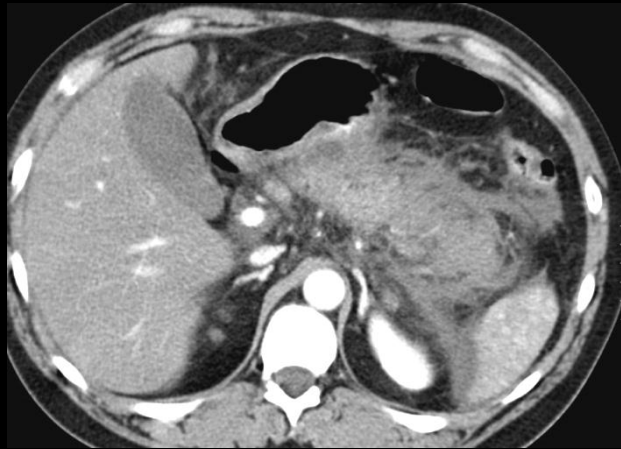
*Métastase hépatique du segment II*





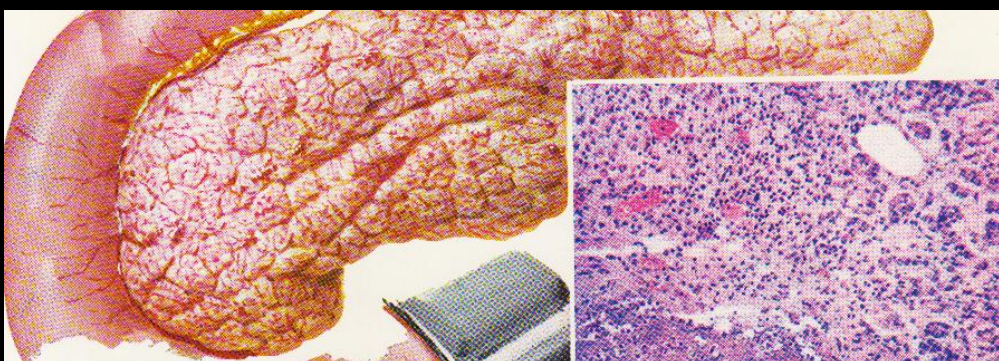


- Terrain éthylique
- Douleurs abdominales depuis 3 jours
- Intenses
- Hyperleucocytose 17000 GB
- Amylase +
- Lipase +++

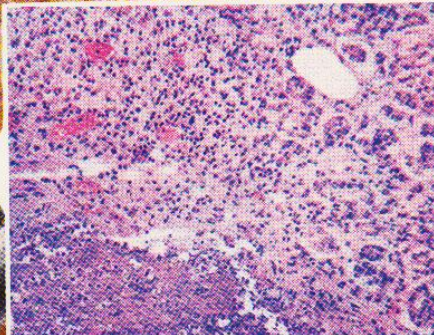


**Pancréatite aiguë**

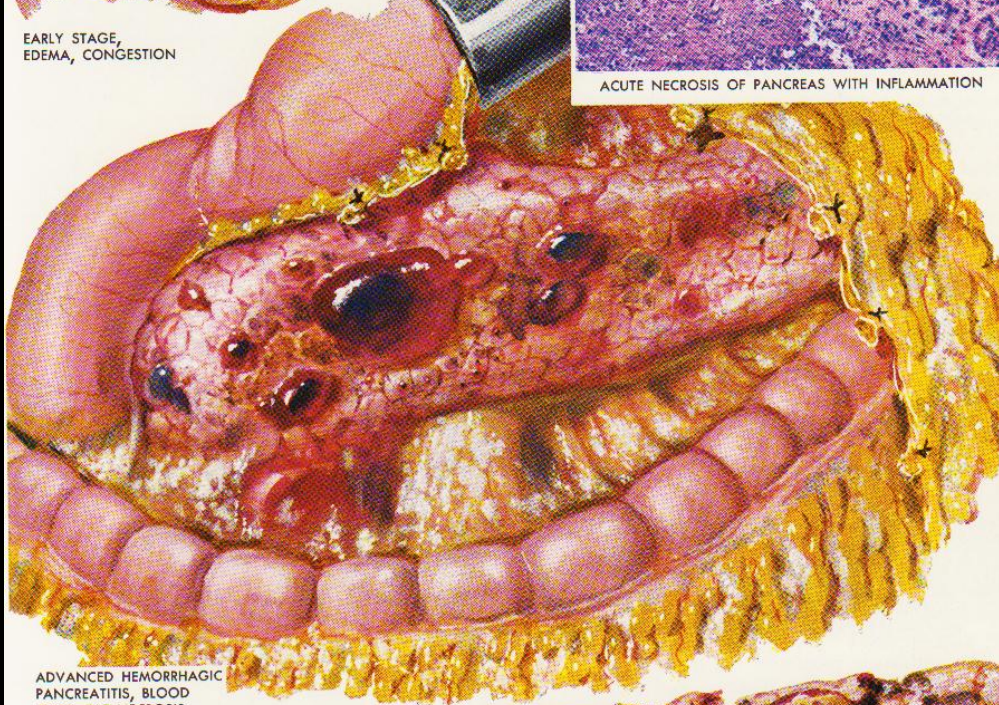




EARLY STAGE,  
EDEMA, CONGESTION



ACUTE NECROSIS OF PANCREAS WITH INFLAMMATION



ADVANCED HEMORRHAGIC  
PANCREATITIS, BLOOD  
BLEBS, FAT NECROSIS



NECROTIC ABSCESS,  
GANGRENE

*F. Netter*  
M.D.  
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