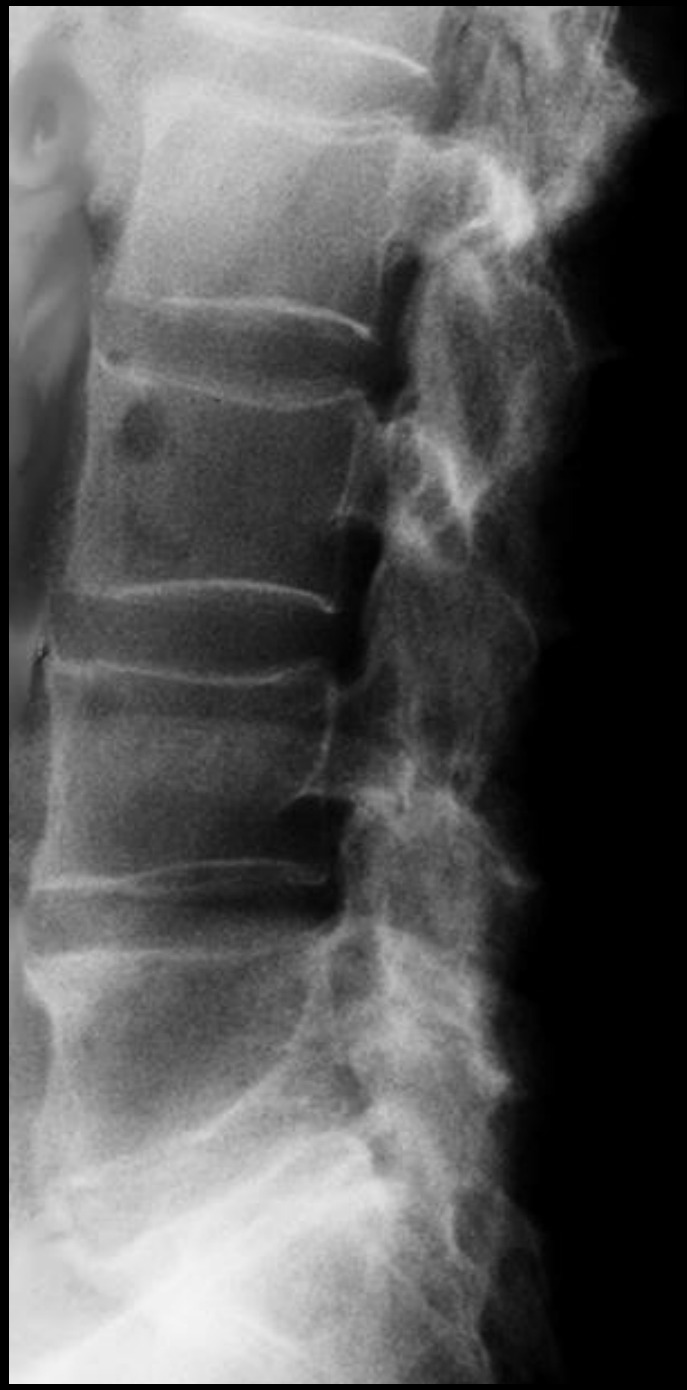
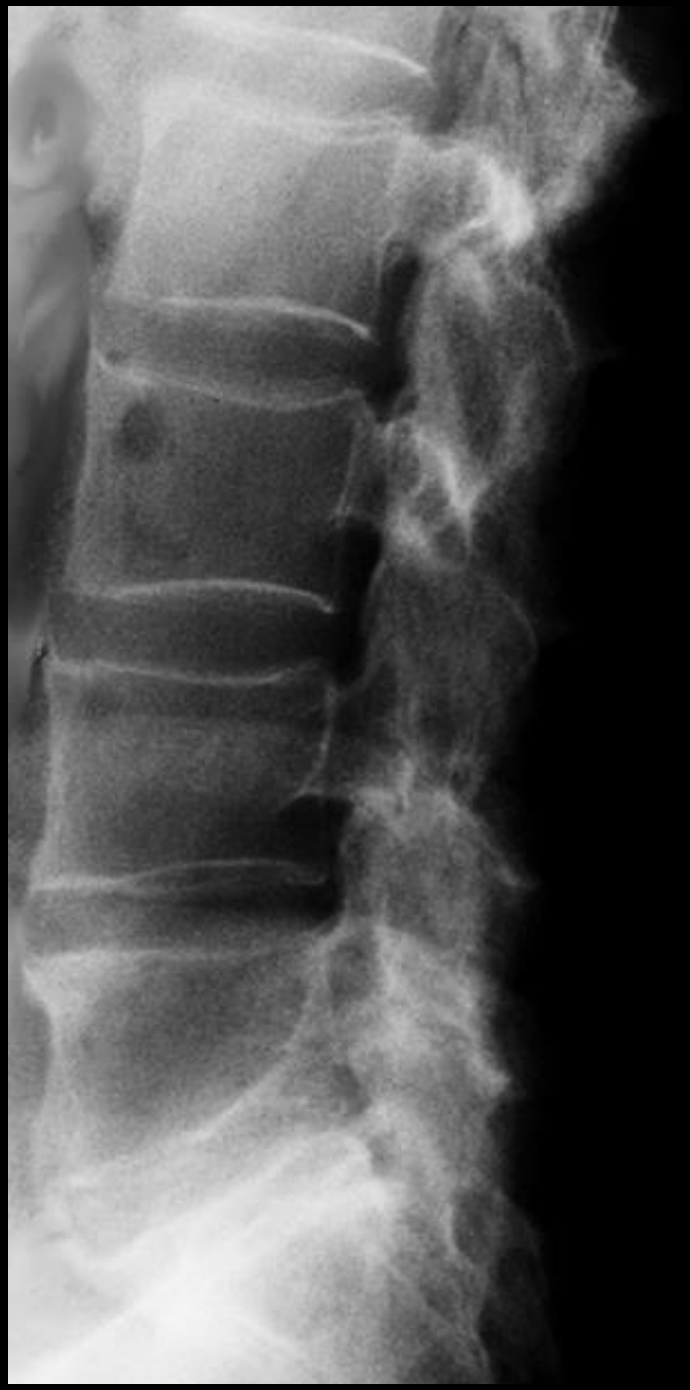


Cas 24

- Homme de 24 ans.
- Lombo-fessalgies chroniques, d'horaire inflammatoire.

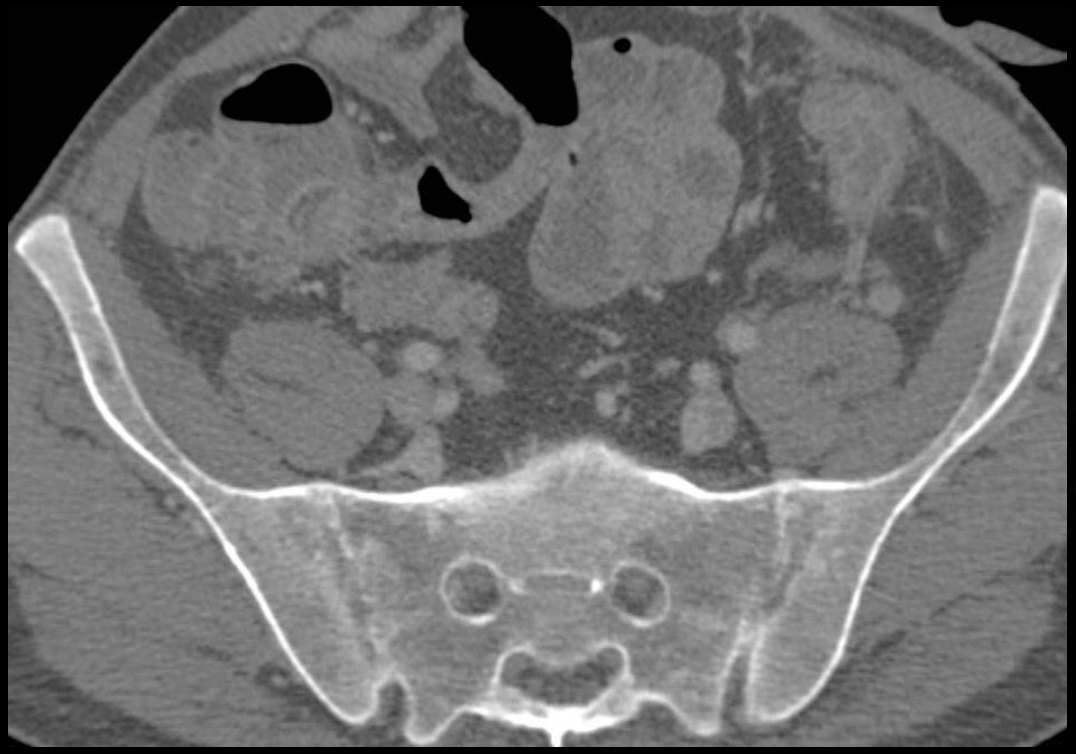


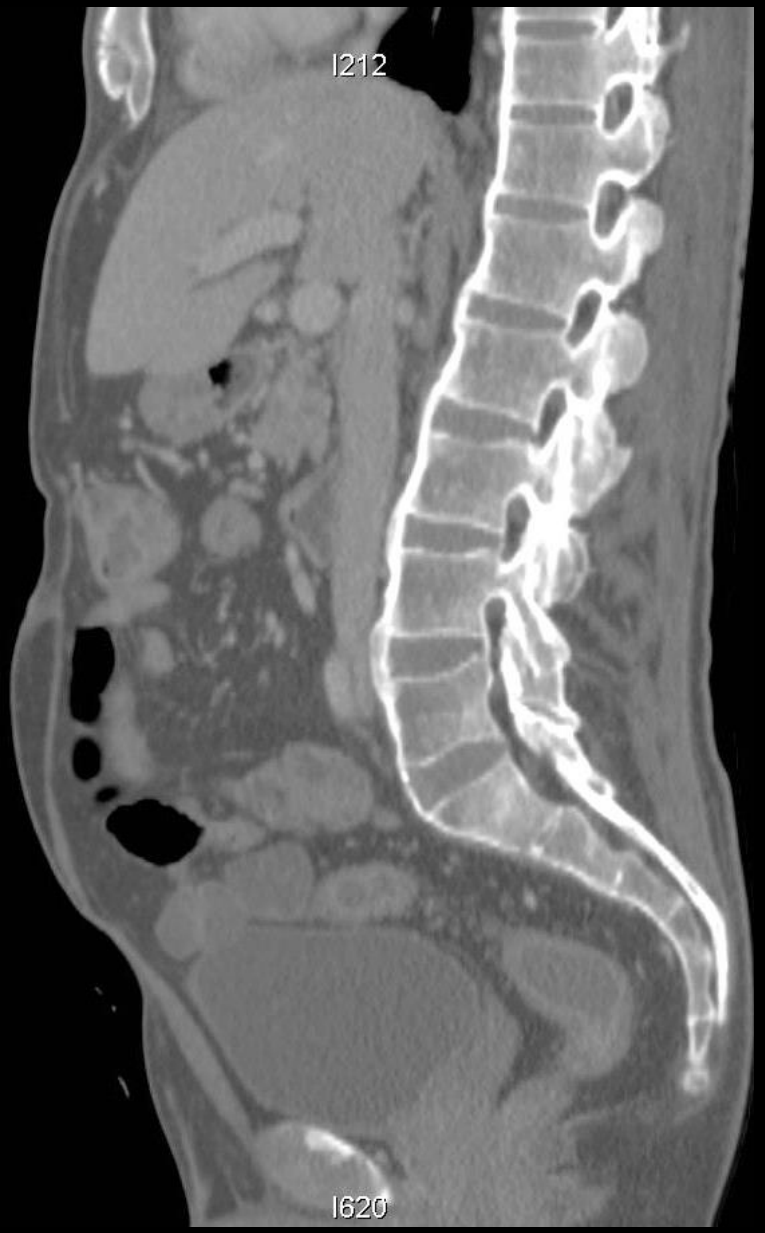
Cas 24

- 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)

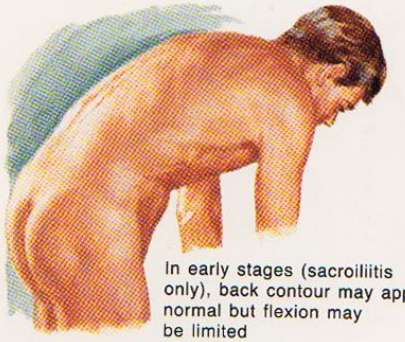
- Productions osseuses linéaires, verticales, antérieures, suivant le ligament vertébral commun ANT : syndesmophytes



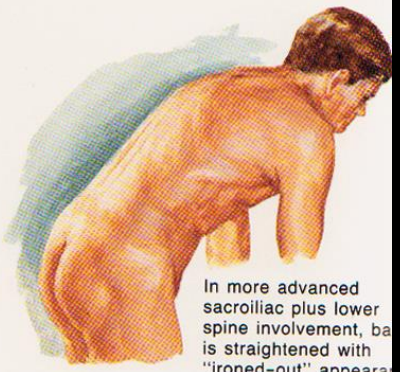


Spondylarthrite ankylosante

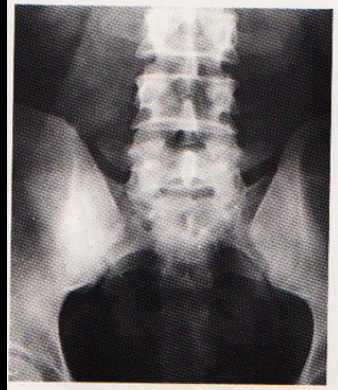
Ankylosing Spondylitis



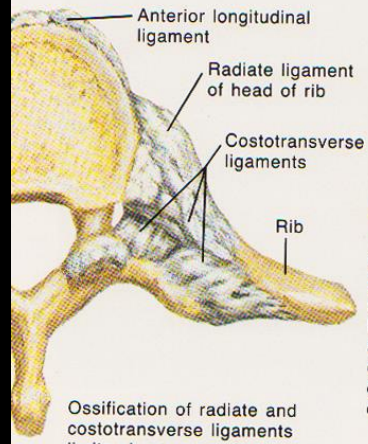
In early stages (sacroiliitis only), back contour may appear normal but flexion may be limited



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

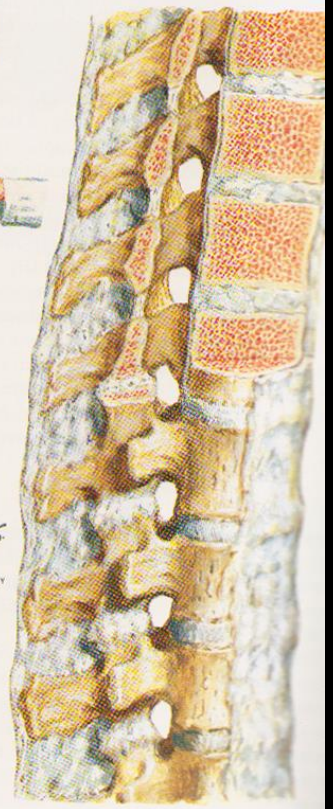


Bilateral sacroiliitis is early radiographic sign. Thinning of cartilage and bone condensation on both sides of sacroiliac joints



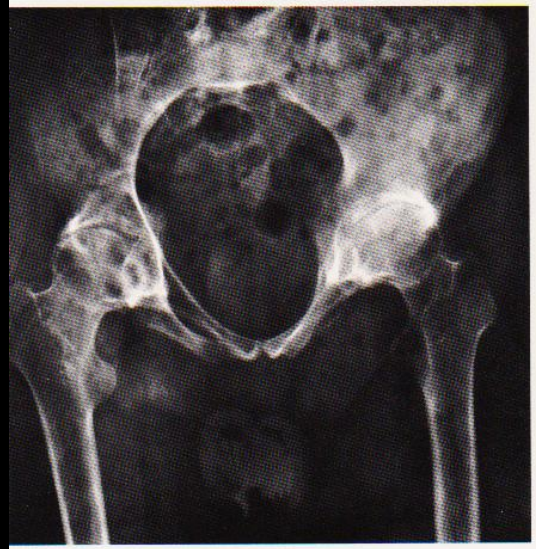
Ossification of radiate and costotransverse ligaments limits chest expansion

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

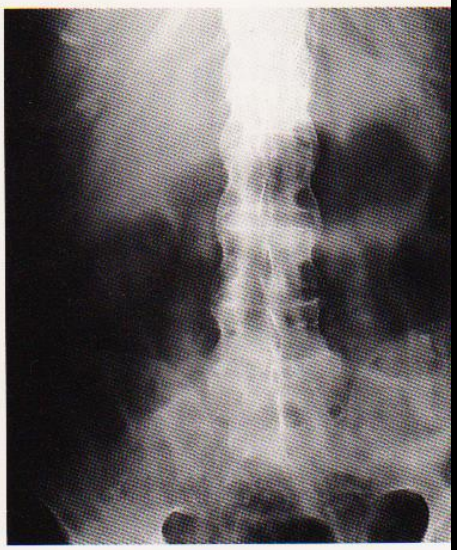


Ossification of annulus fibrosus of intervertebral discs, apophyseal joints, and anterior longitudinal and interspinal ligaments

Ankylosing Spondylitis (continued)

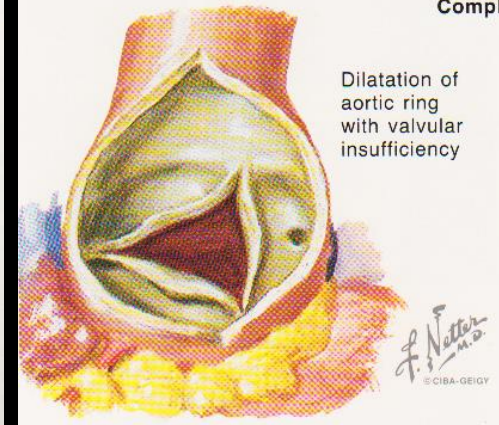


Radiograph shows complete bony ankylosis of both sacroiliac joints in late stage of disease

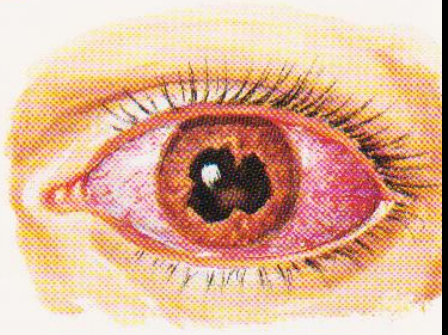


"Bamboo spine." Bony ankylosis of joints of lumbar spine. Ossification exaggerates bulges of intervertebral discs

Complications

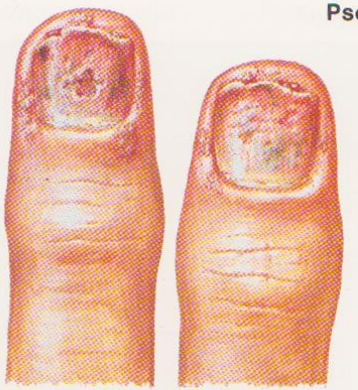


Dilatation of aortic ring with valvular insufficiency

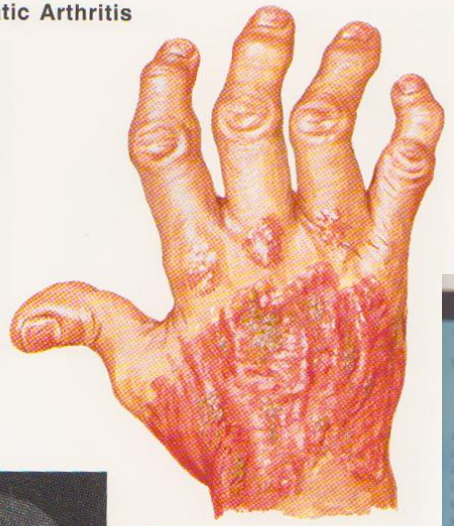


Iridocyclitis with irregular pupil due to synechiae

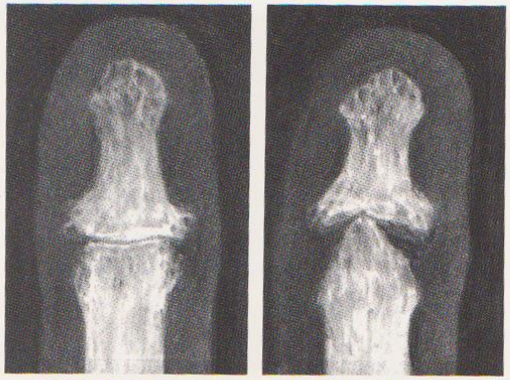
Psoriatic Arthritis



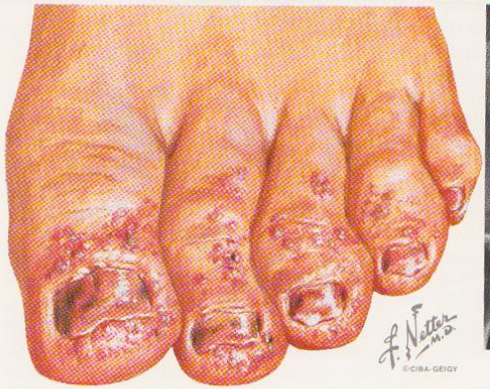
Pitting, discoloration, and erosion of fingernails with fusiform swelling of distal interphalangeal joints



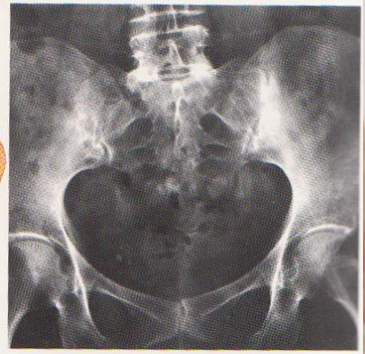
Psoriatic patches on dorsum of hand with swelling and distortion of many interphalangeal joints and shortening of fingers due to loss of bone mass



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 point in cup" appearance

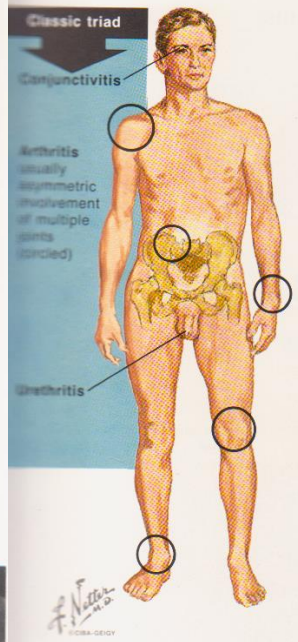


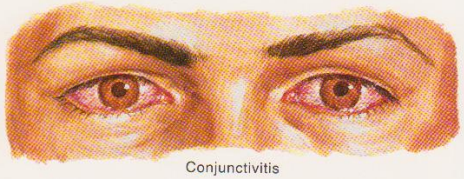
Toes with sausagelike swelling, skin lesions, and nail changes



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

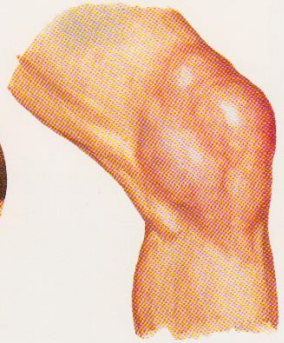
Reiter's Syndrome



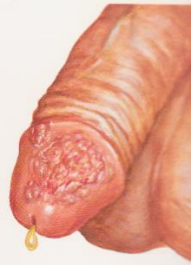


Conjunctivitis

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

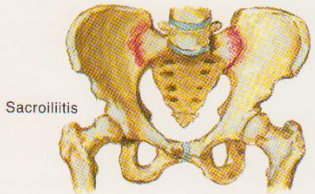


Joint involvement resembles early stage of rheumatoid arthritis

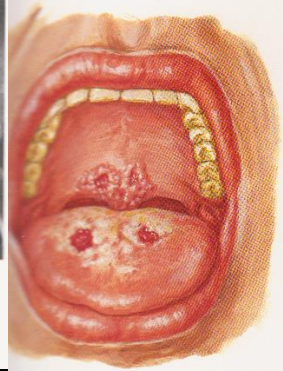


Urethritis, psoriasiform lesions of glans penis

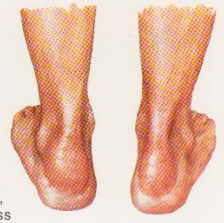
Subungual keratitis



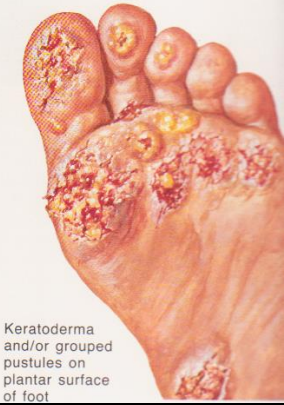
Sacroiliitis



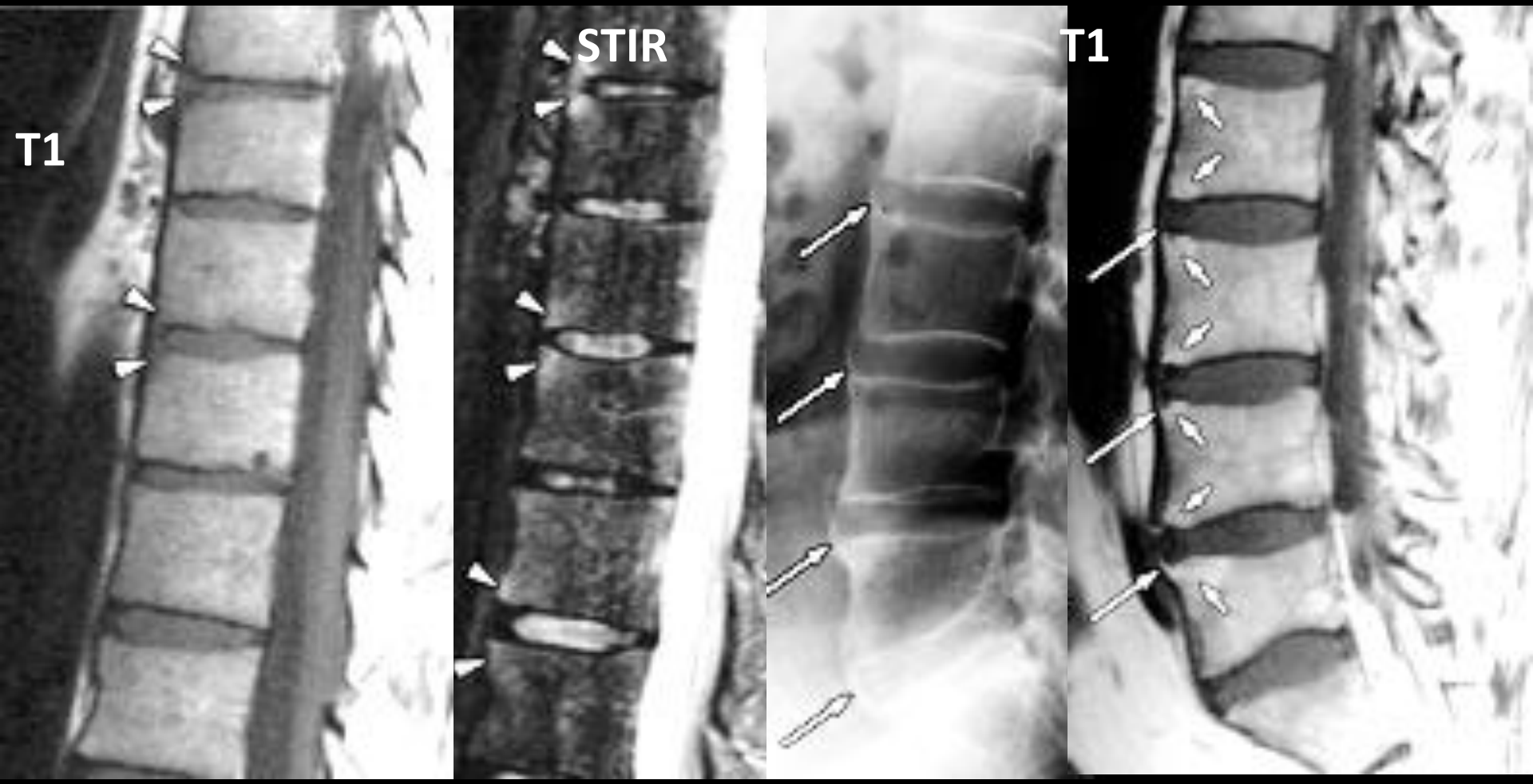
...sions of soft palate and/or tongue



Achillo-bursitis. Swelling, erythema, tenderness



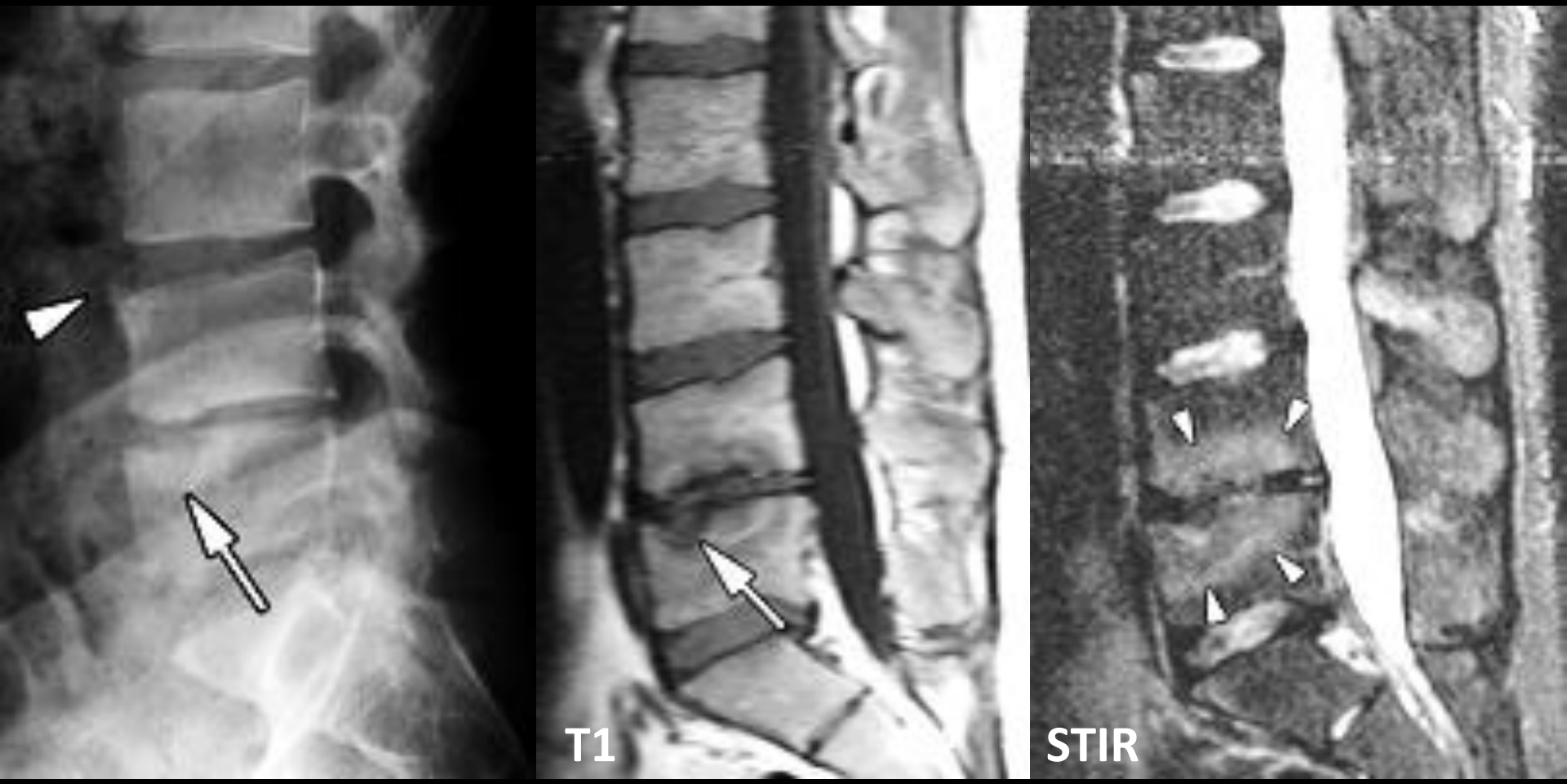
Keratoderma and/or grouped pustules on plantar surface of foot



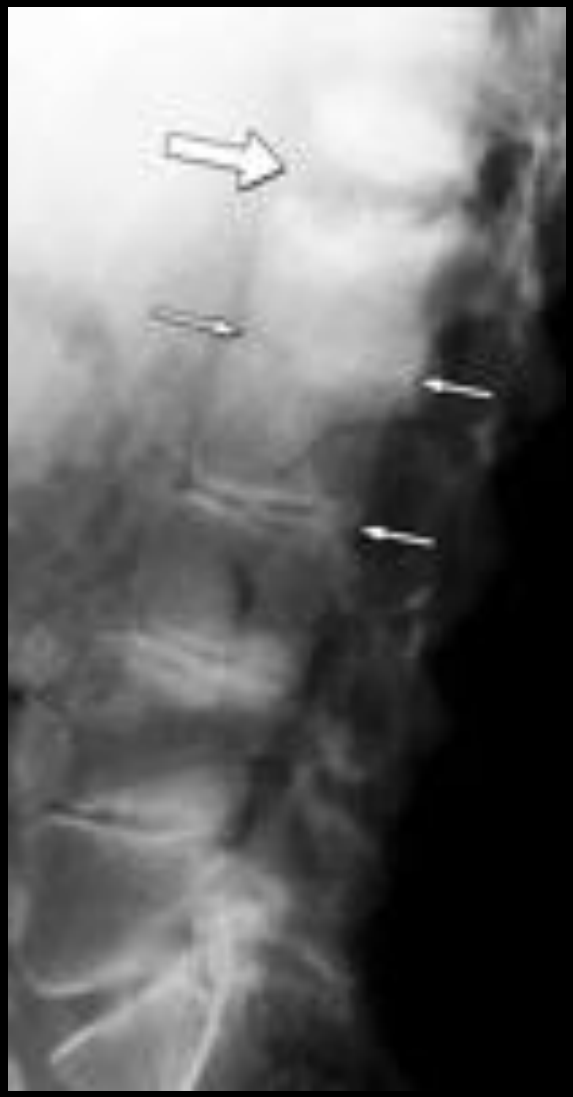
Lésions actives

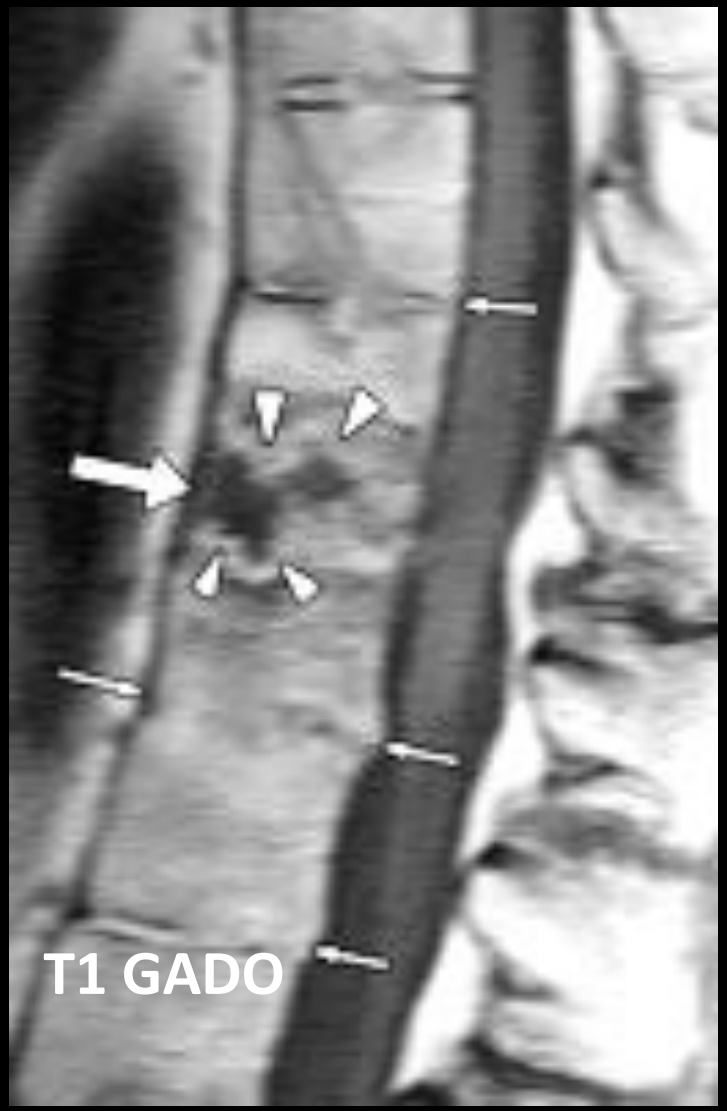
Lésions inactives

ostéite de Romanus et IRM

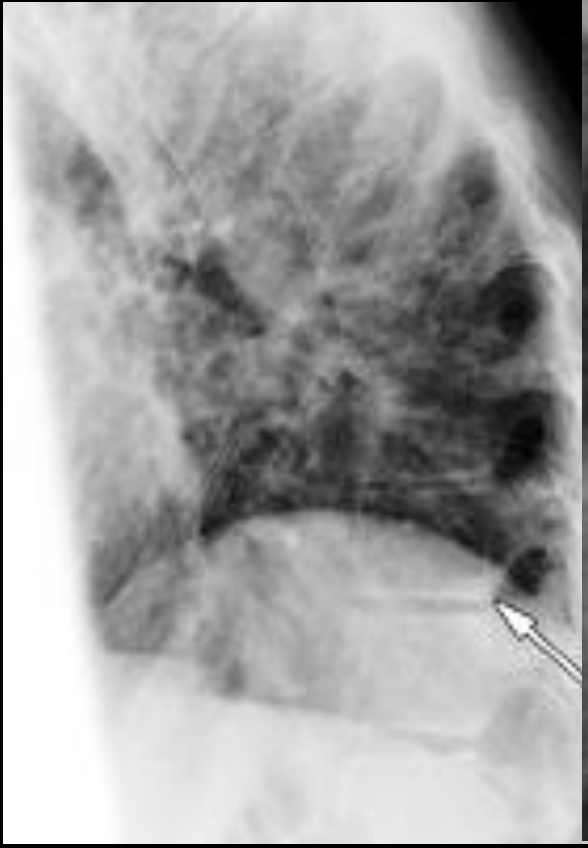


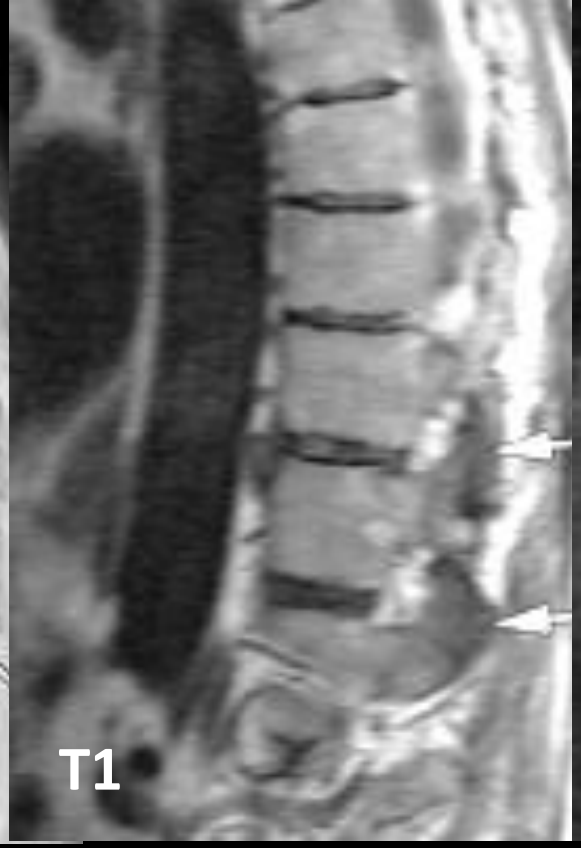
Spondylodiscite inflammatoire d’Andersson

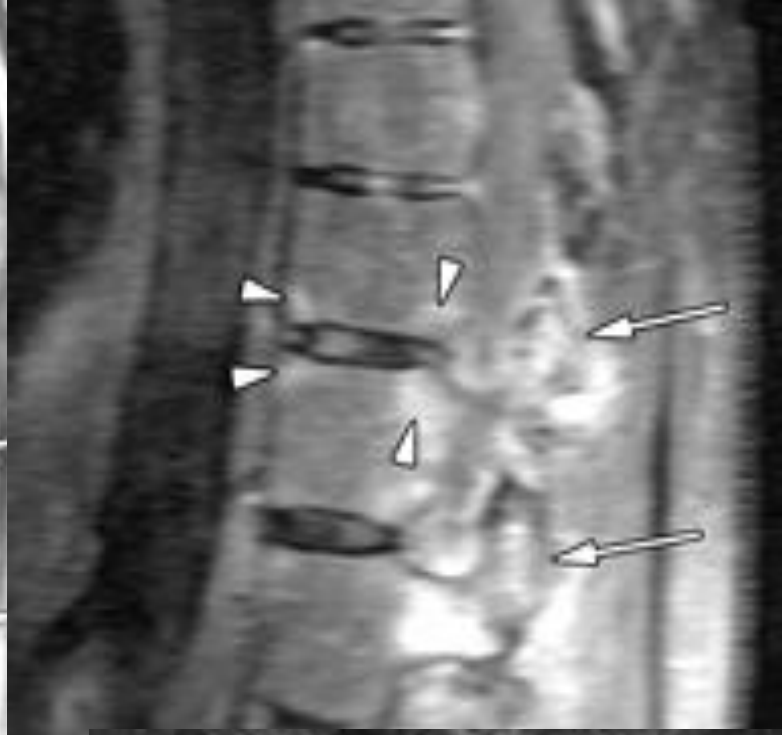


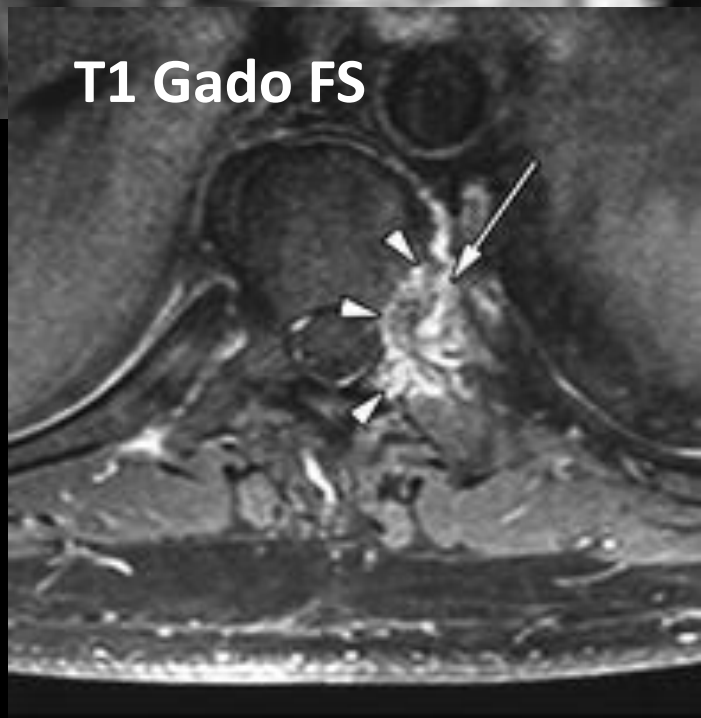


Fractures transdiscales

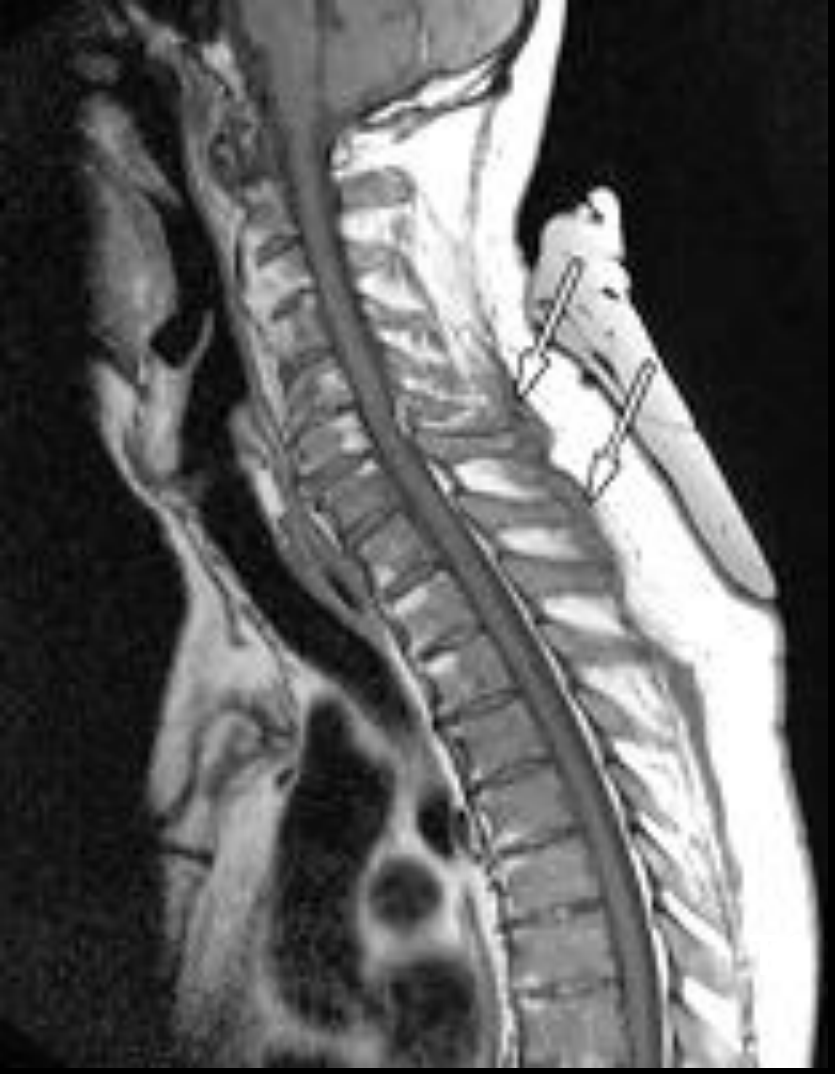


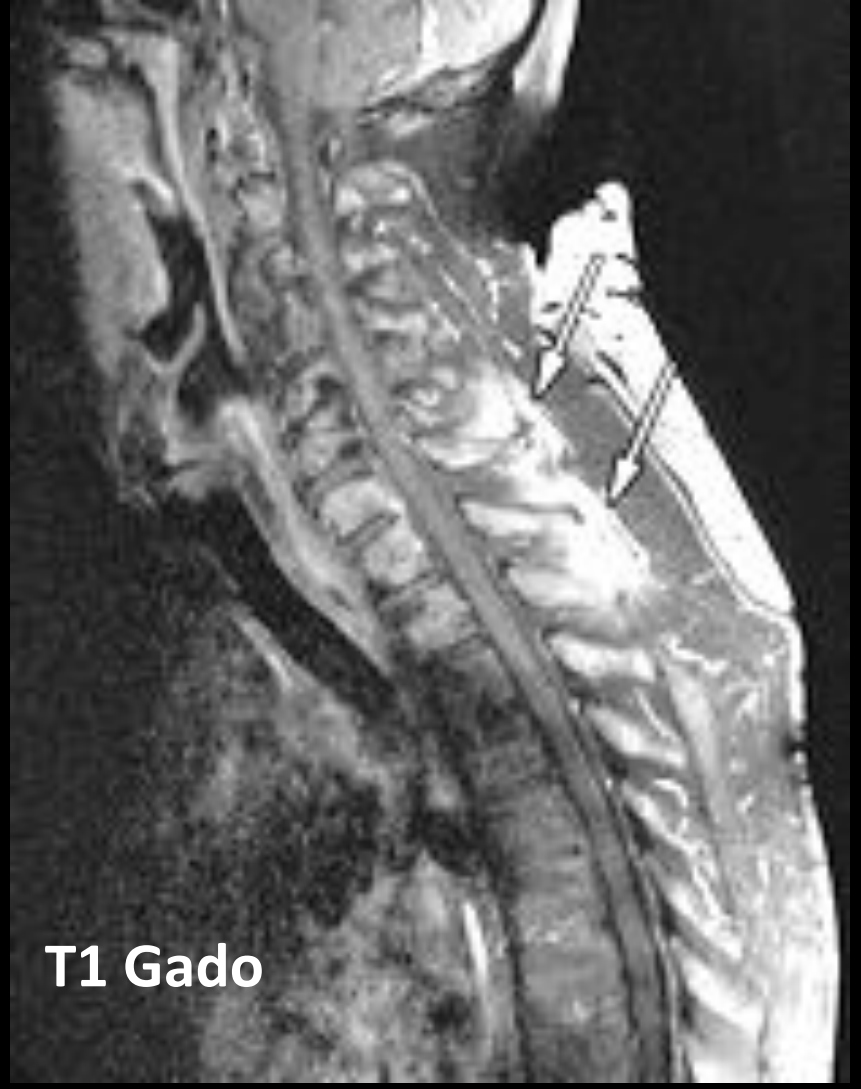






Atteinte zygapophysaires, costo-transversaires



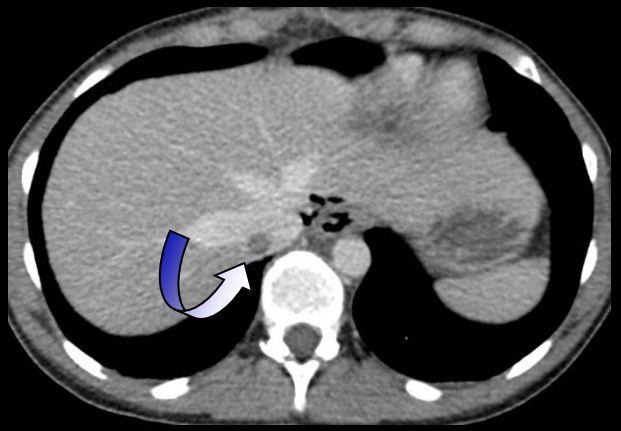


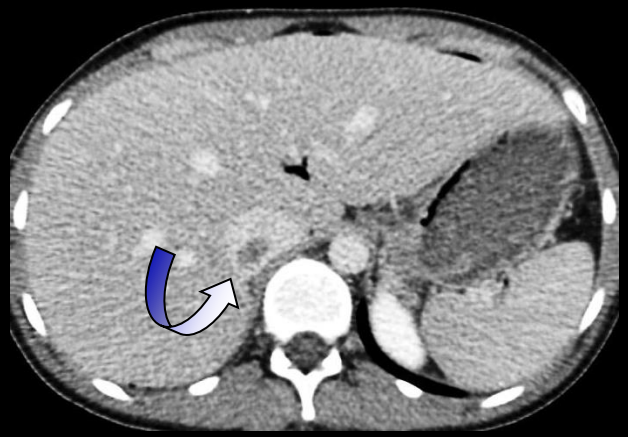
Atteinte des enthèses

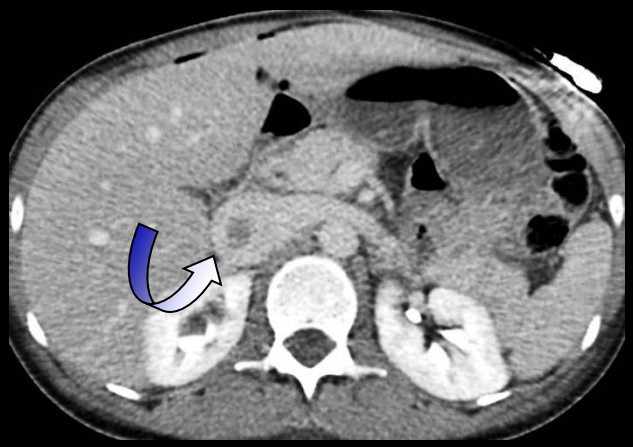
Radiographics 2005; 25: 559-569

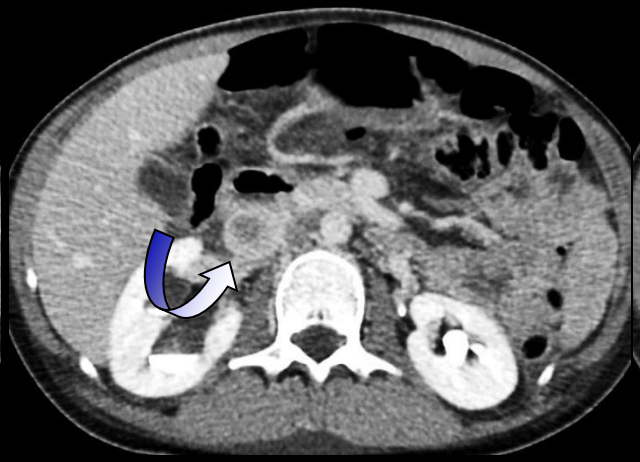
Cas 25

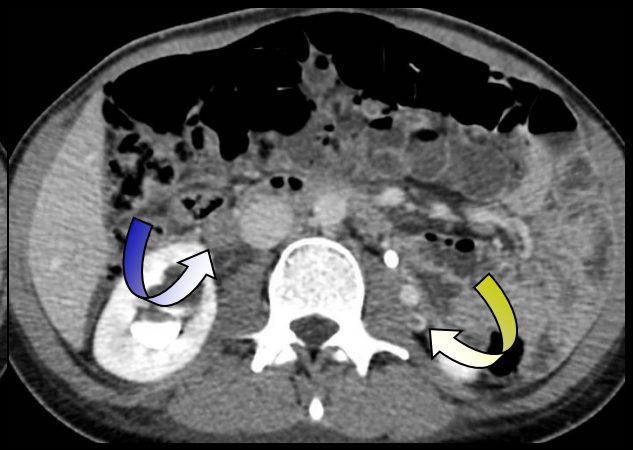
Patiente de 25 ans,
J+2 dune césarienne
douleur basi-thoracique droite et dyspnée
Suspicion d'embolie pulmonaire

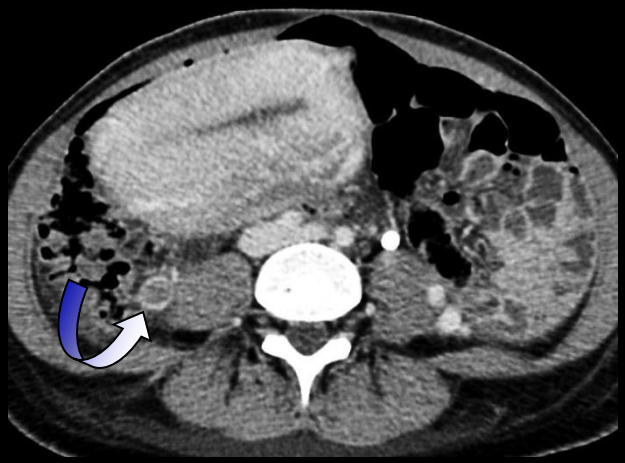


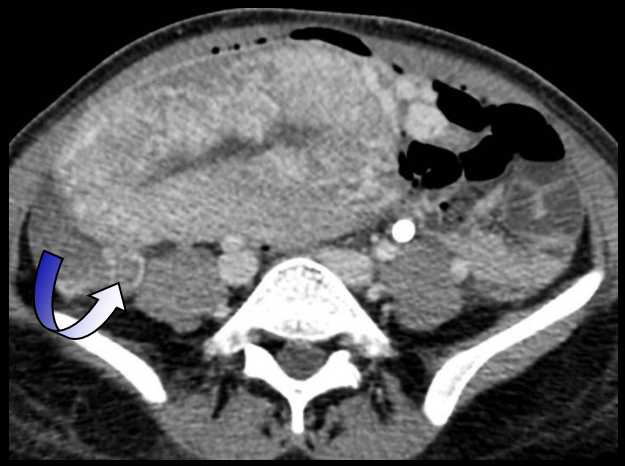






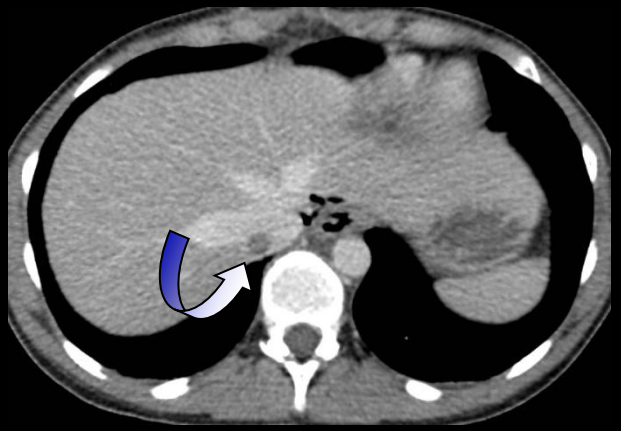
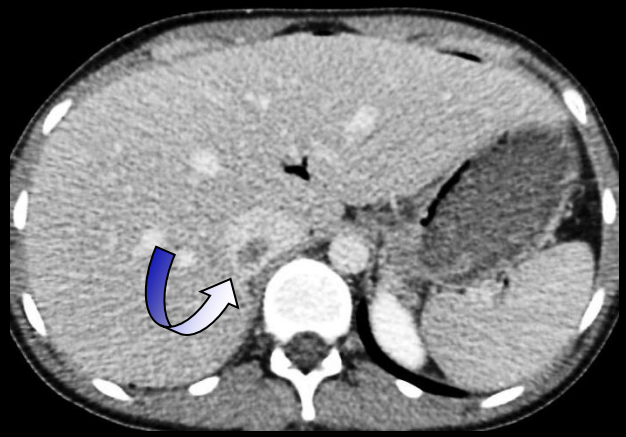
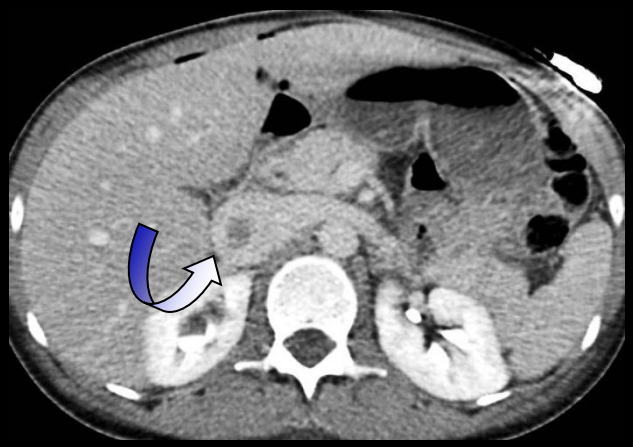
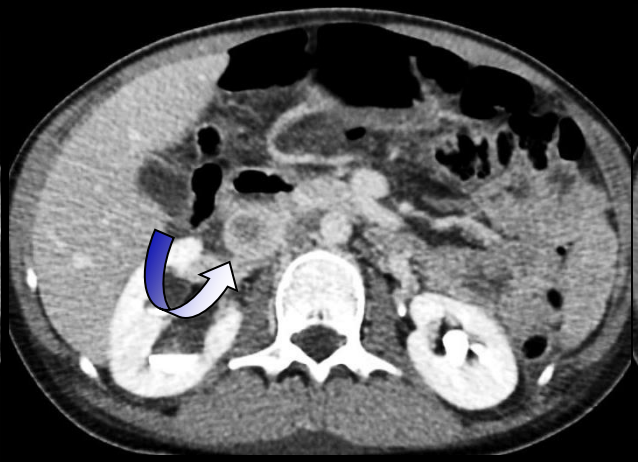
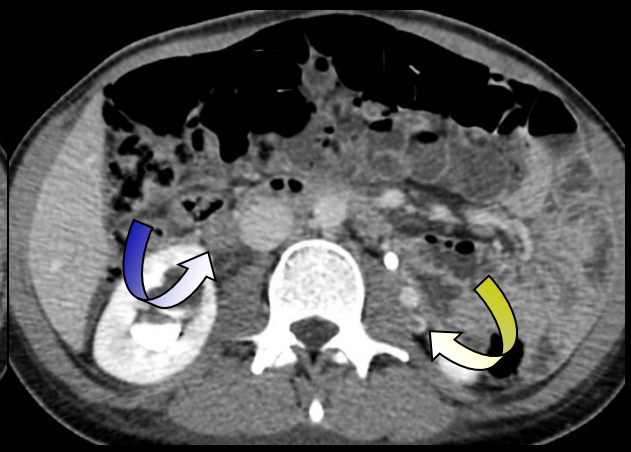
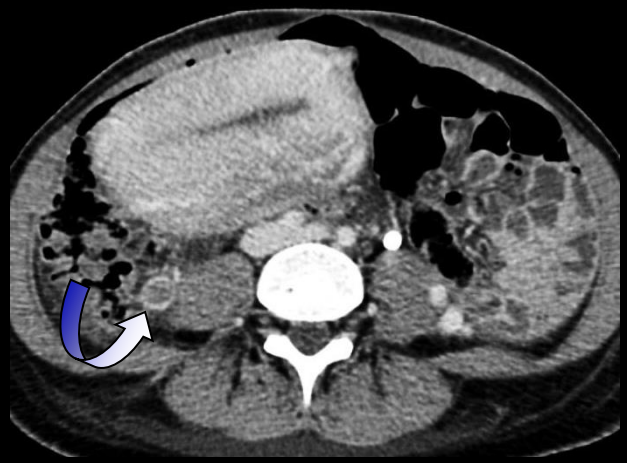
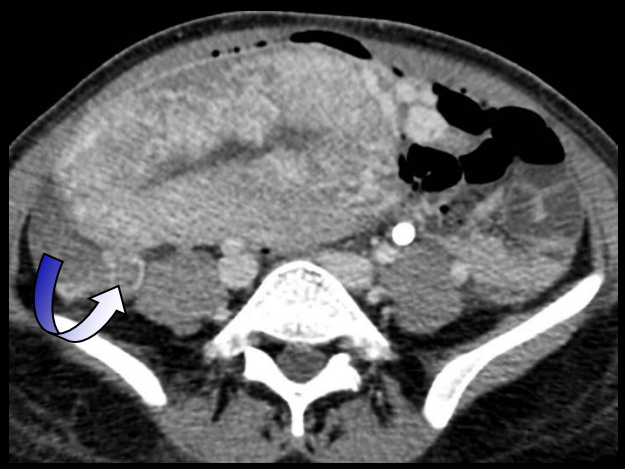






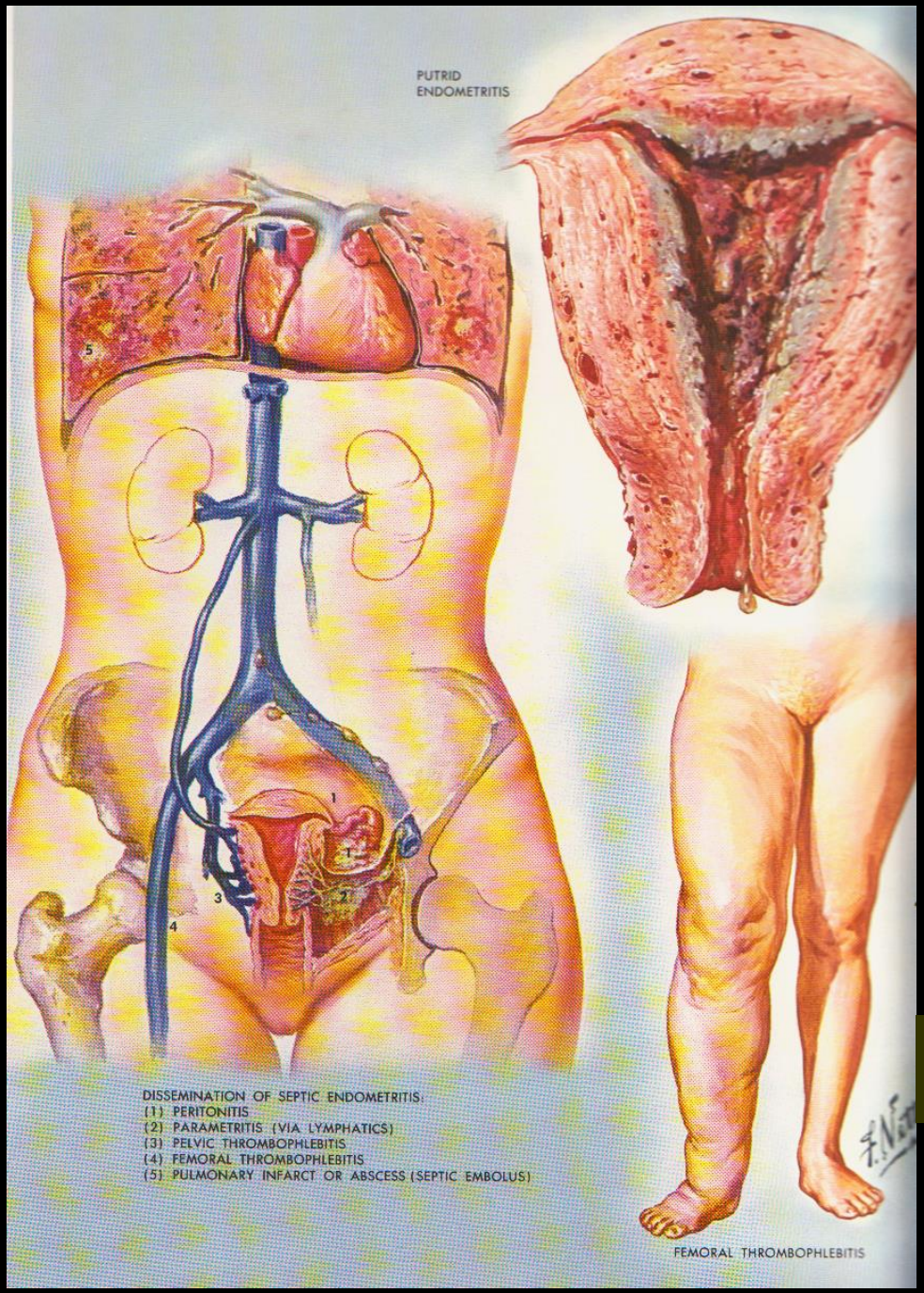
Cas 25

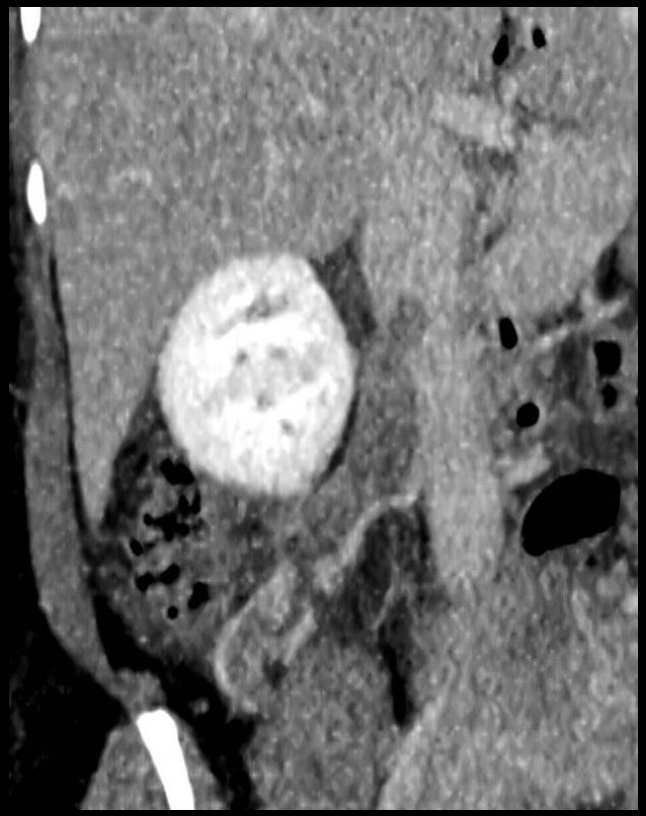
Patiente de 25 ans,
J+2 dune césarienne
douleur basi-thoracique droite et dyspnée
Suspicion d'embolie pulmonaire

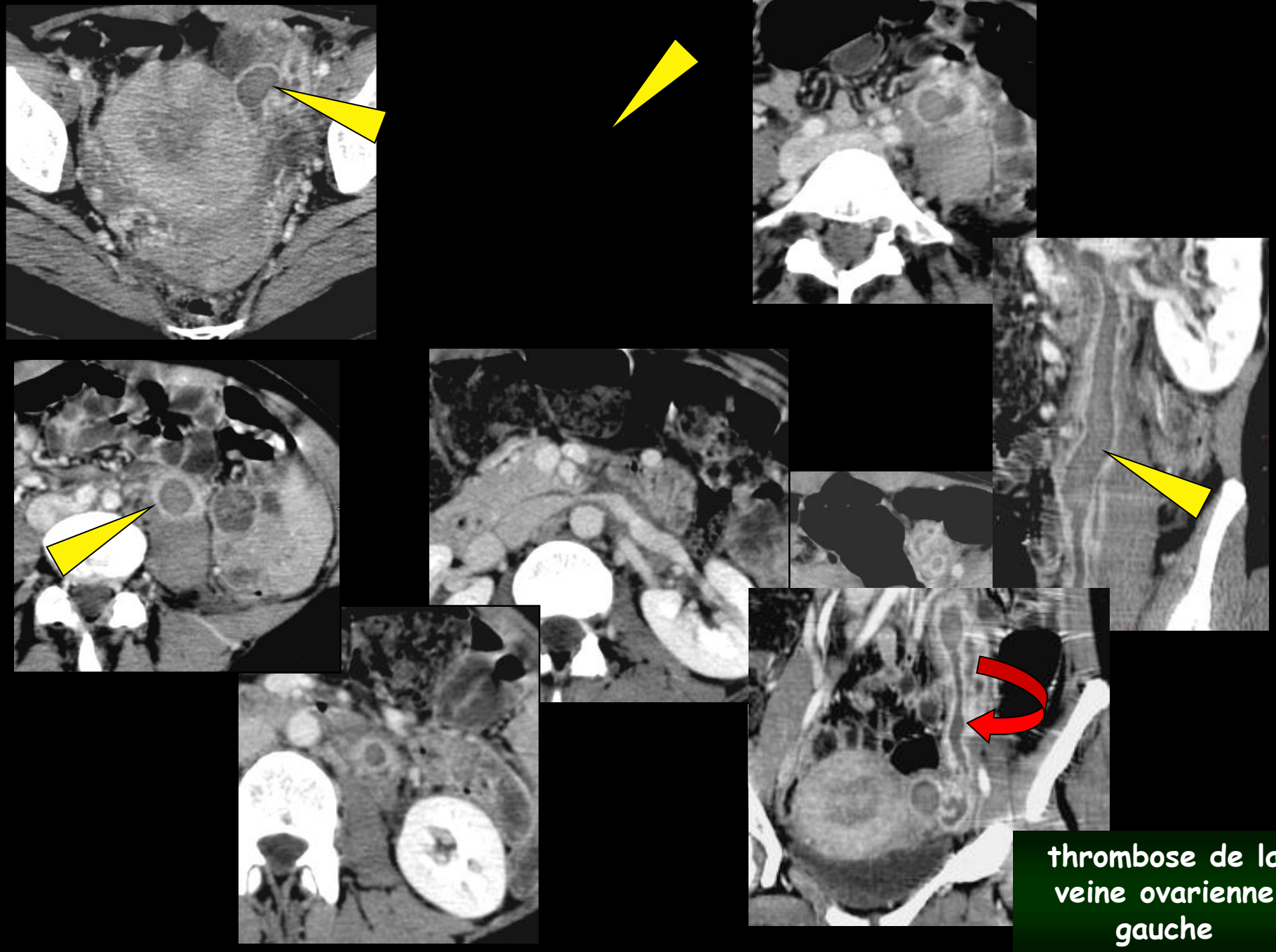
<u>scanner abdominopelvien avec IV</u>

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

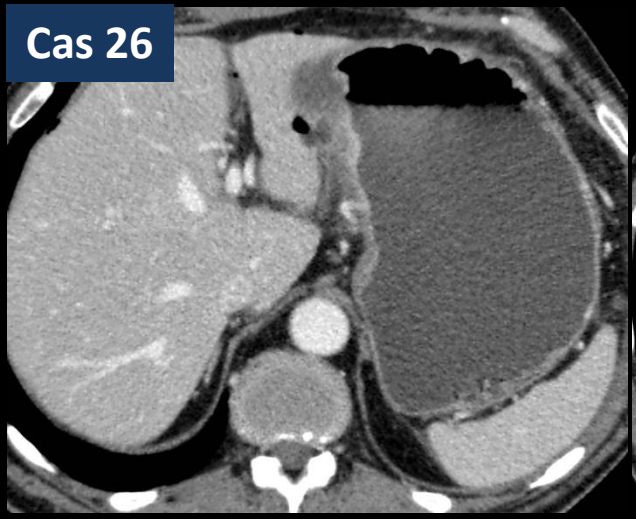


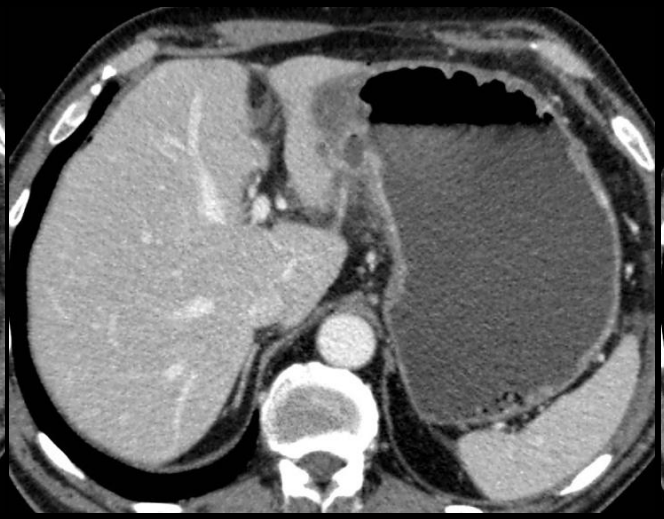


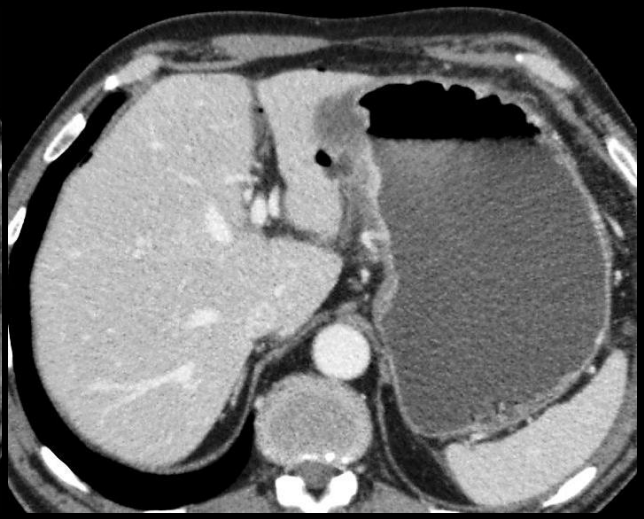
Thrombophlébite de la veine ovarienne droite

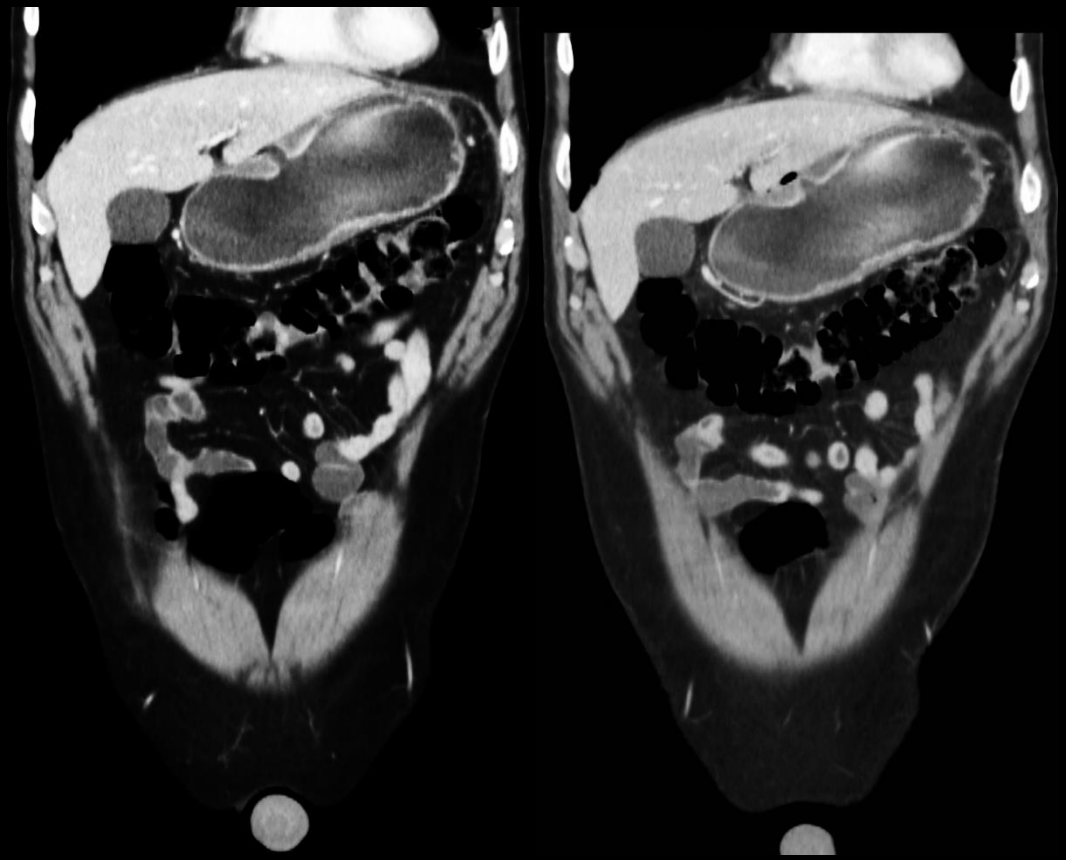

thrombose de la veine ovarienne gauche

Cas 26



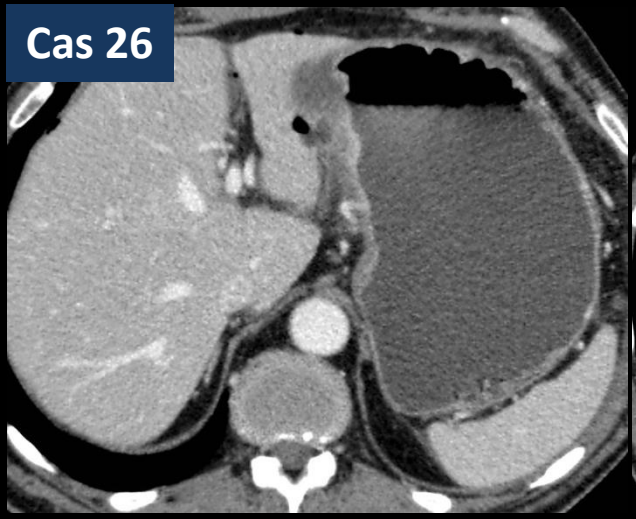


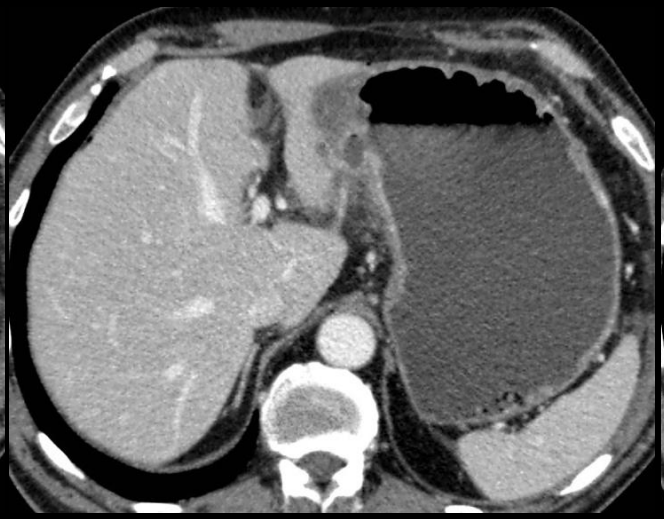


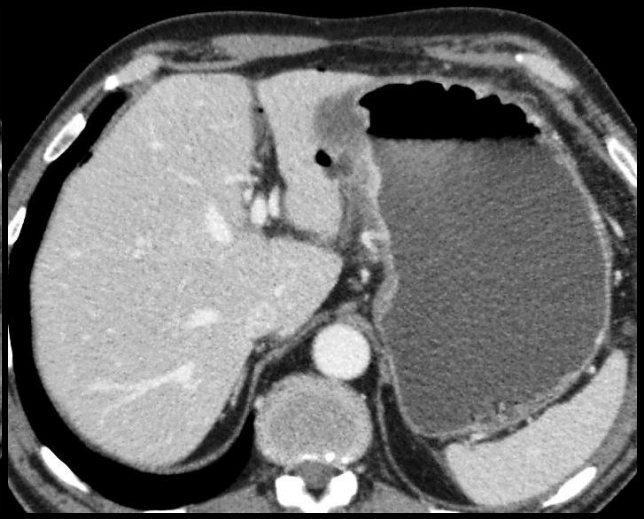


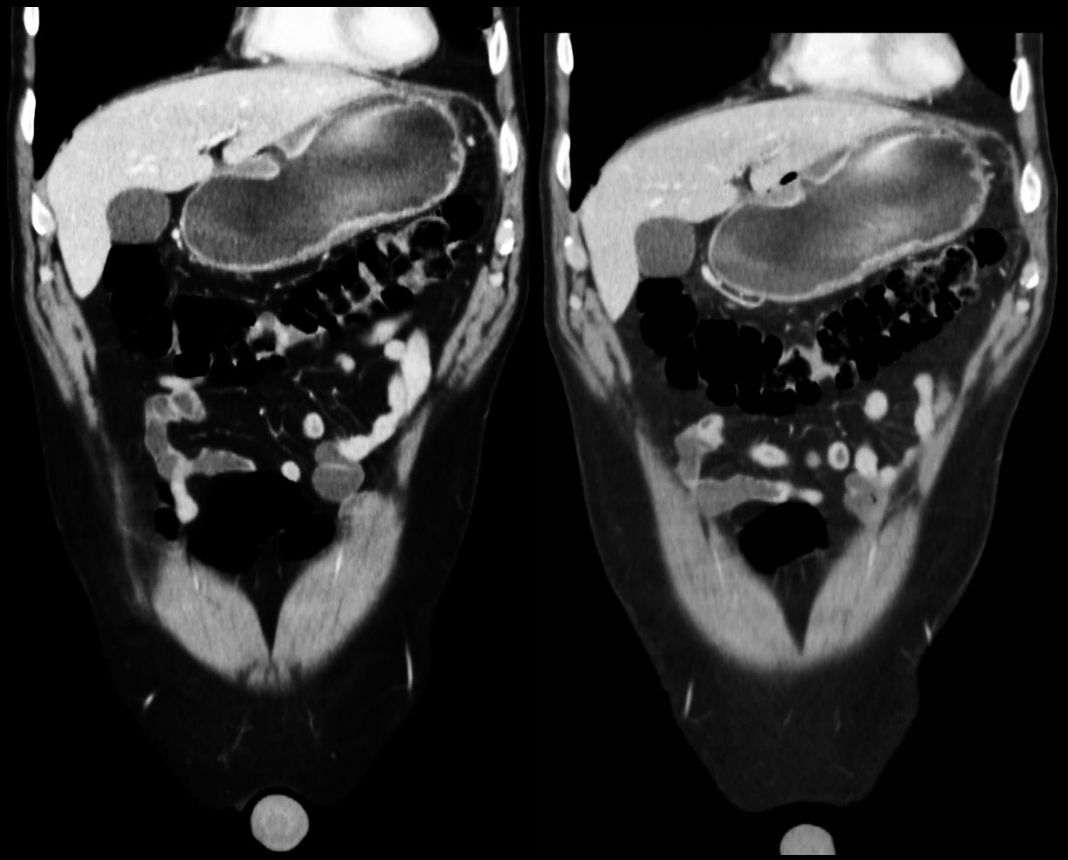
Patient de 48 ans
Douleurs abdominales et défense

Cas 26









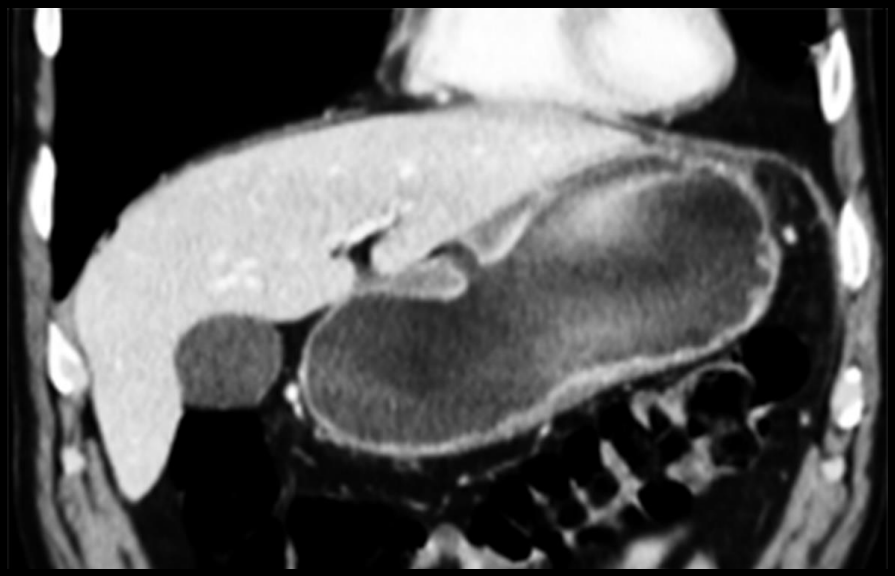
Patient de 48 ans
Douleurs abdominales et défense

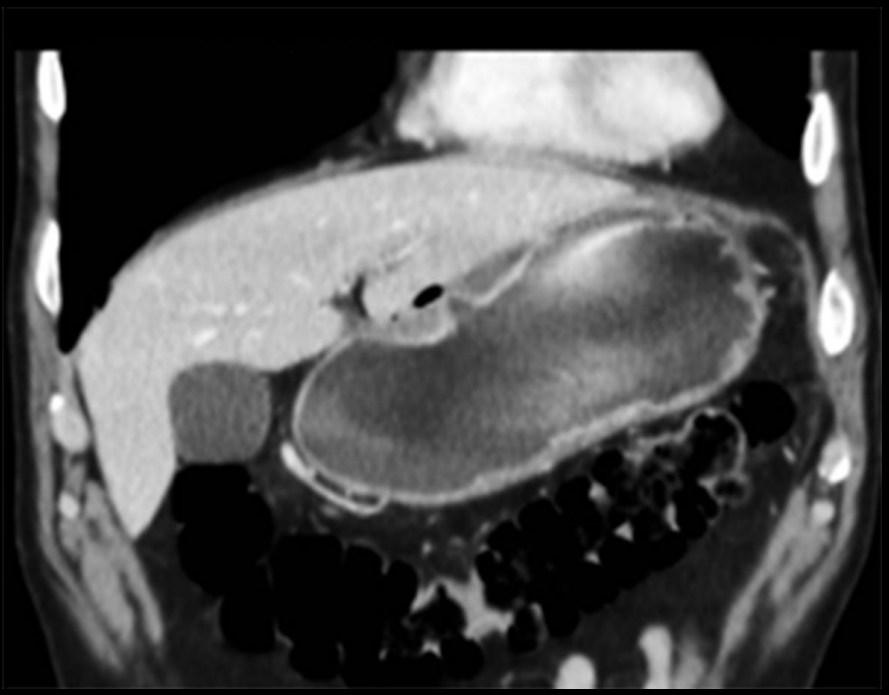
<u>scanner abdominopelvien avec IV</u>

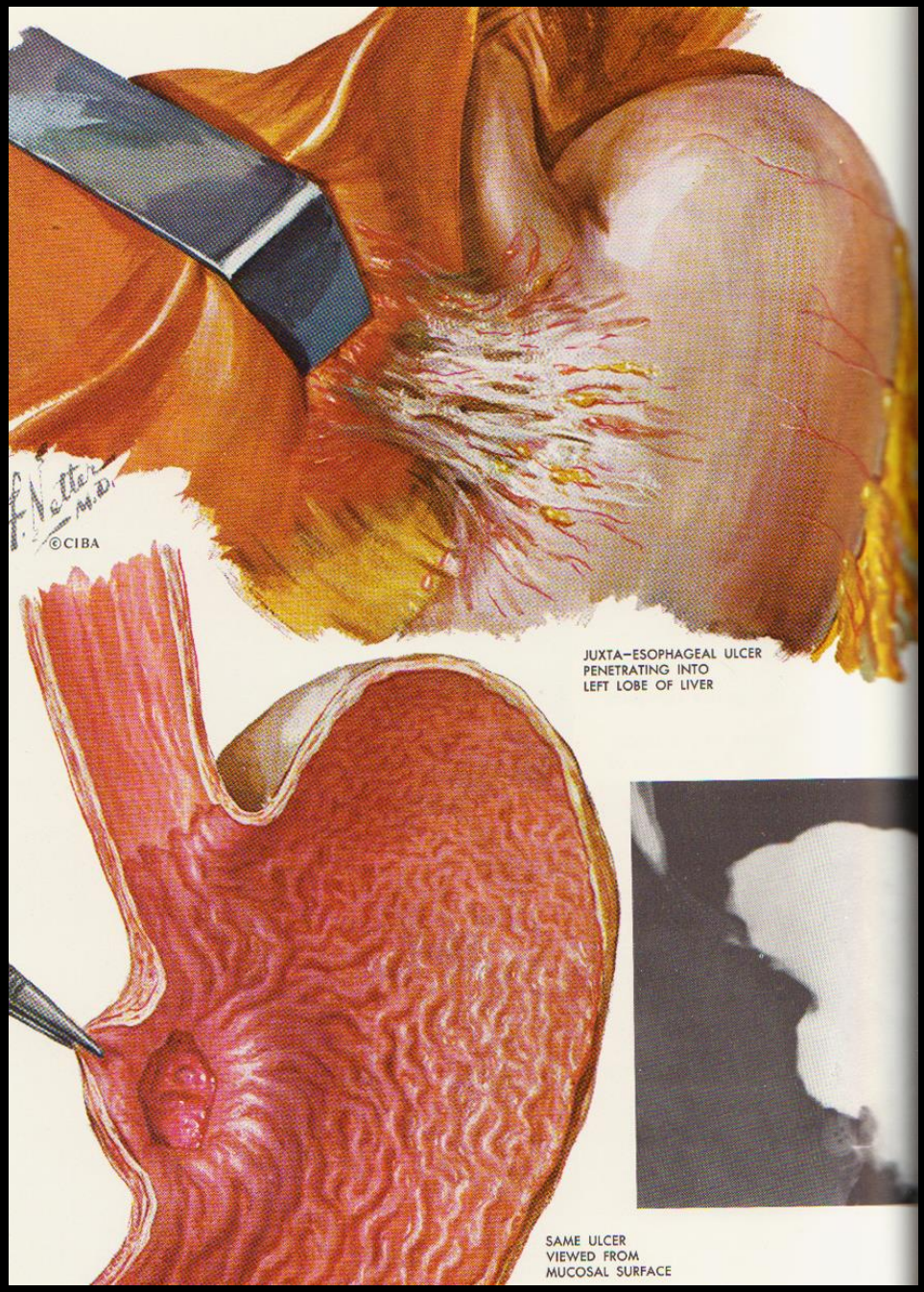
Défect pariétal de la petite courbure gastrique avec infiltration de la graisse périgastrique

Bulles de pneumopéritoine

Ulcère gastrique

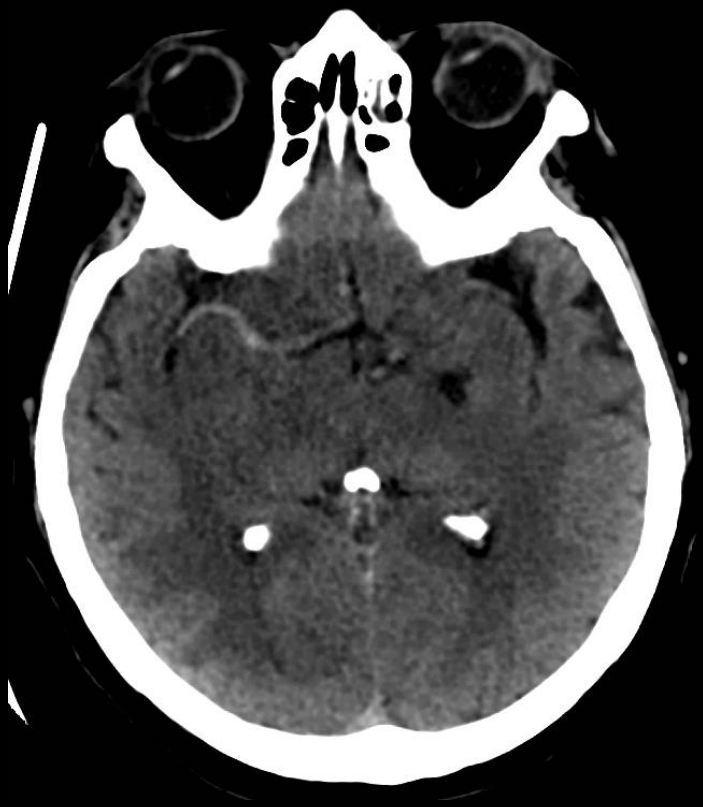





©CIBA
JUXTA–ESOPHAGEAL ULCER
PENETRATING INTO
LEFT LOBE OF LIVER
SAME ULCER
VIEWED FROM
MUCOSAL SURFACE

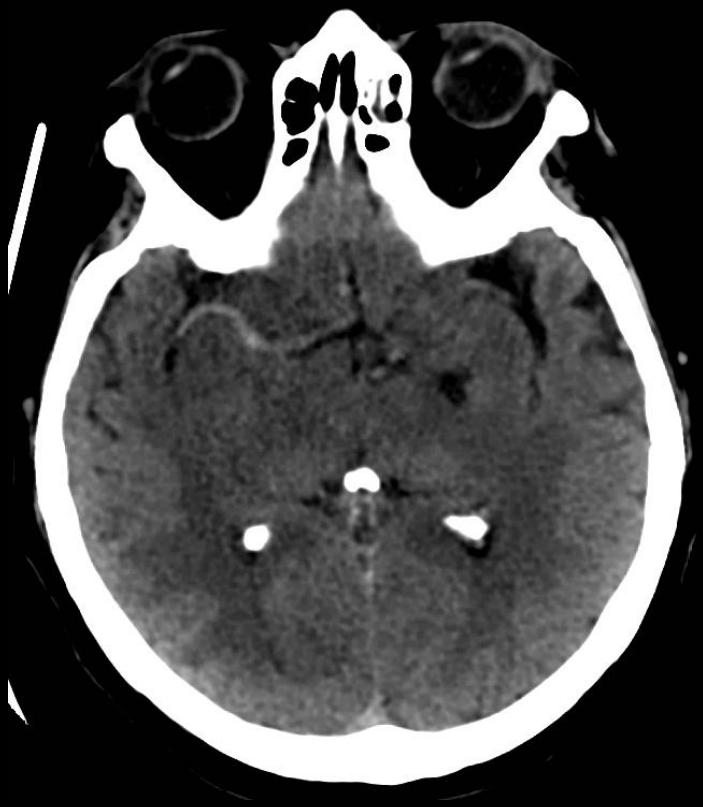
Cas 27

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

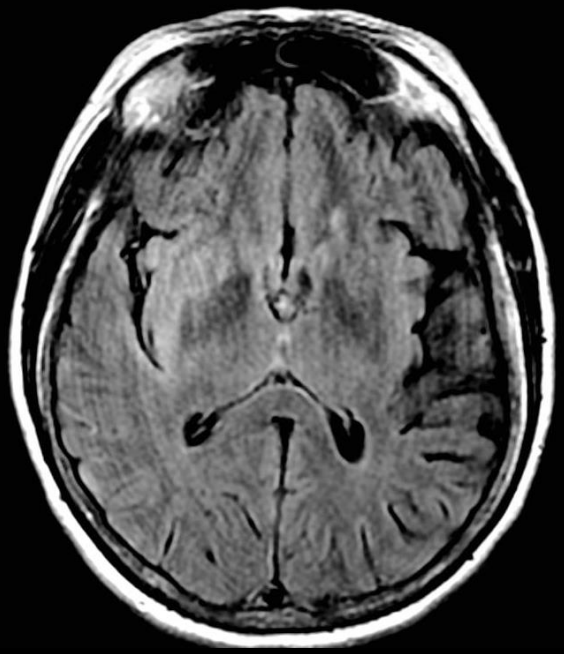


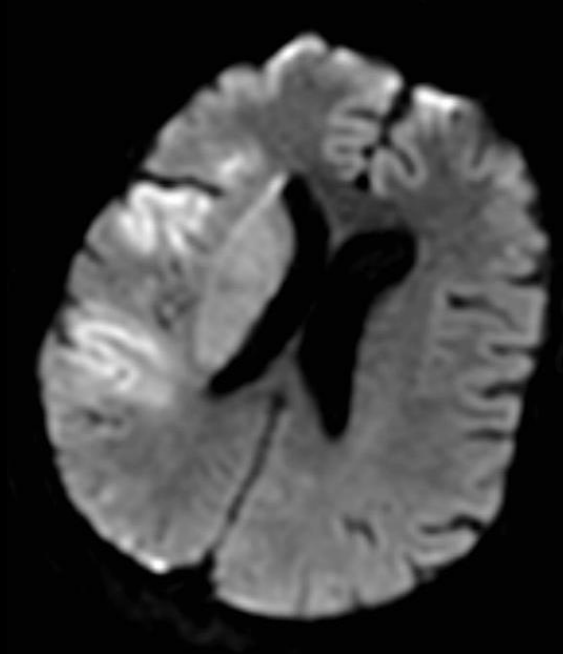
Cas 27

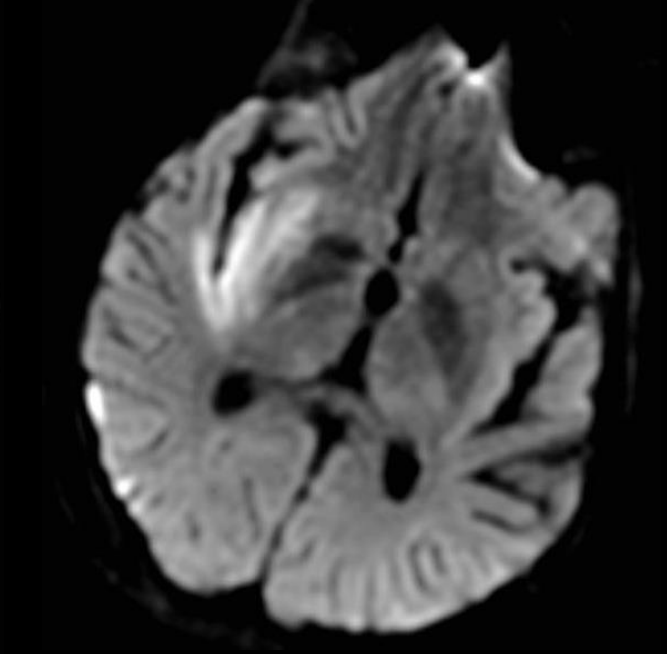
- Homme de 40 ans,
- Déficit moteur hémi-corporel gauche de survenue soudaine avec difficultés d'élocution.



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



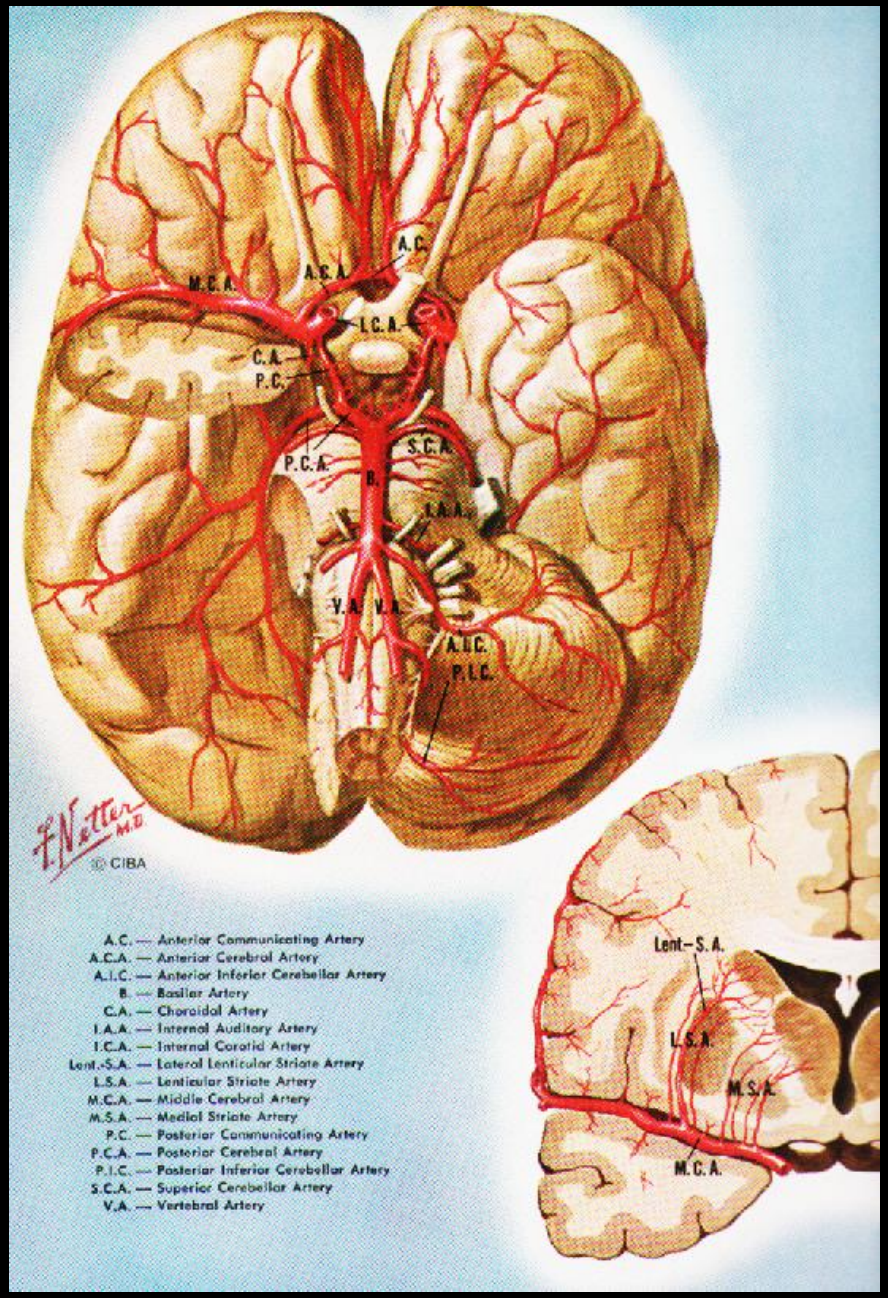


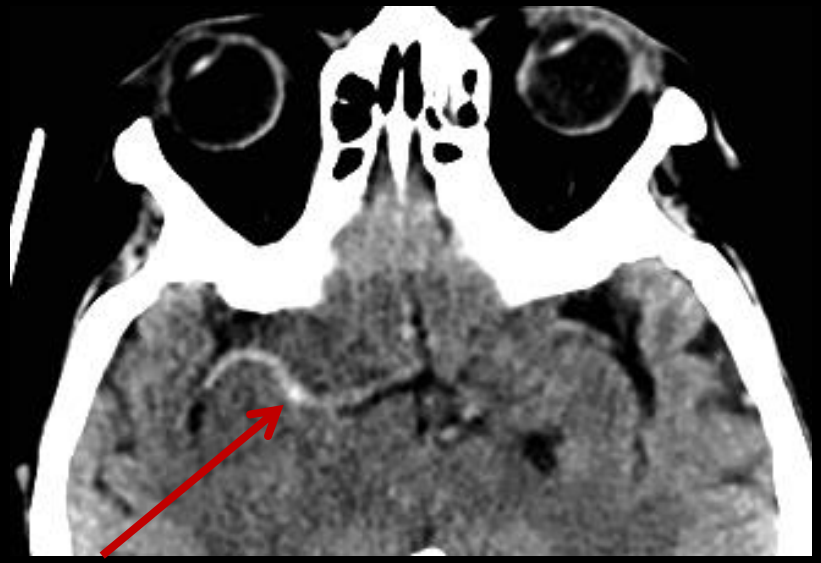


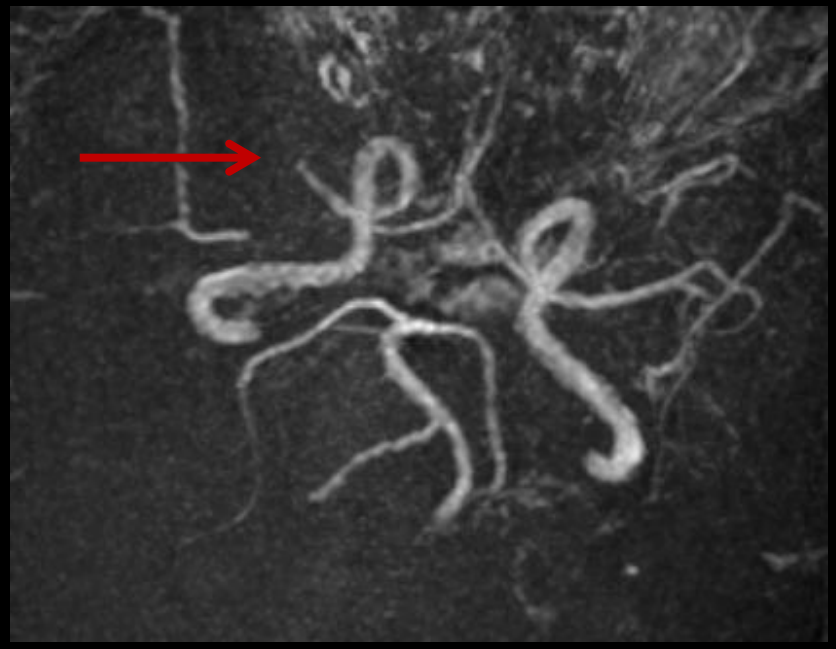
- Hypersignal FLAIR et diffusion Fronto-insulaire droit et du noyau caudé droit.

- Occlusion de l’artère cérébrale moyenne droite en M1.

AVC ischémique sylvien droit total

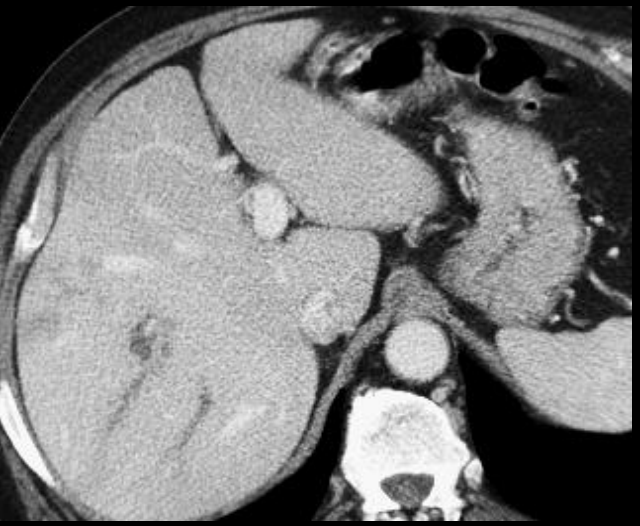

M.C.A.
A.C.A.
A.C.
I.C.A.
C.A.
P.C.
P.C.A.
S.C.A.
B.
I.A.A.
V.A.
V.A.
A.I.C.
P.I.C.
F. Netter M.D.
© CIBA
A.C. — Anterior Communicating Artery
A.C.A. — Anterior Cerebral Artery
A.I.C. — Anterior Inferior Cerebellar Artery
B. — Basilar Artery
C.A. — Choroidal Artery
I.A.A. — Internal Auditory Artery
I.C.A. — 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
Lent–S.A.
L.S.A.
M.S.A.
M.C.A.

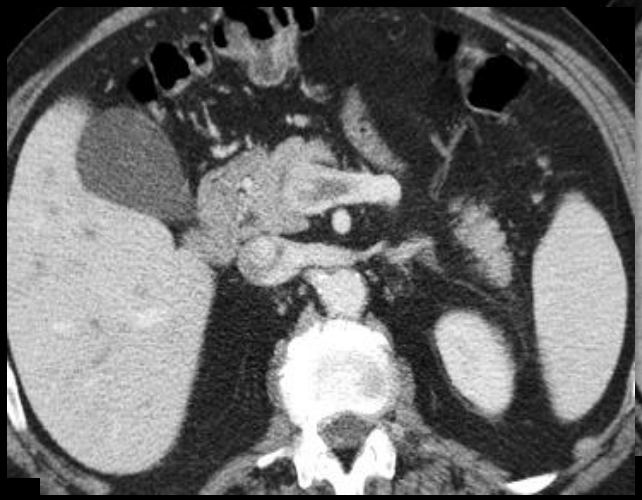


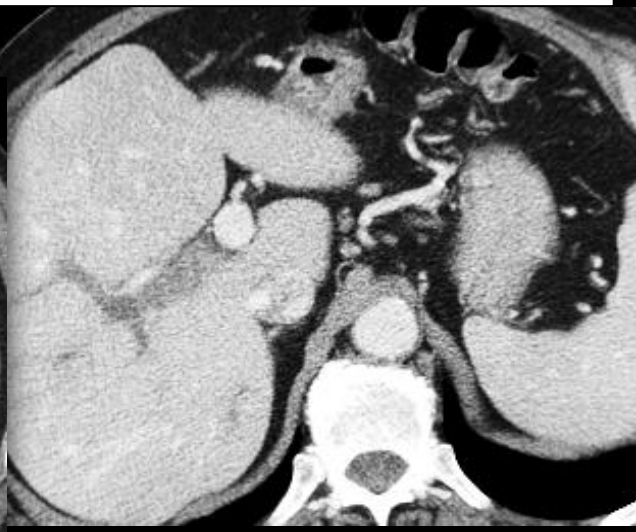


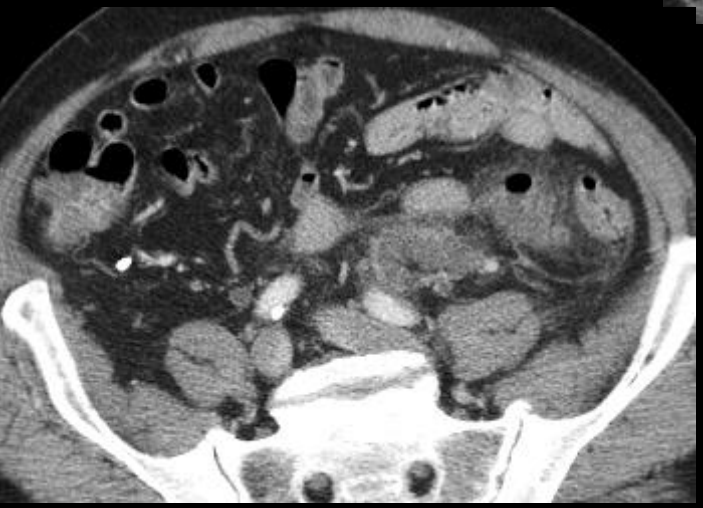
Cas 28

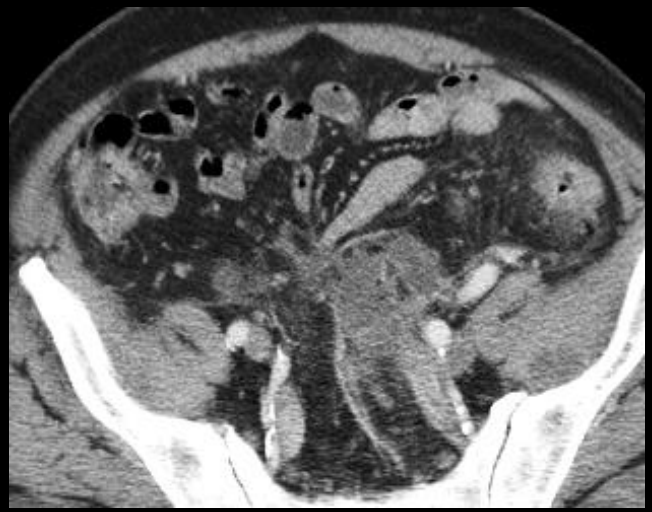
Patient de 73 ans. Douleurs en FIG. Fièvre à 39°C
Syndrome inflammatoire

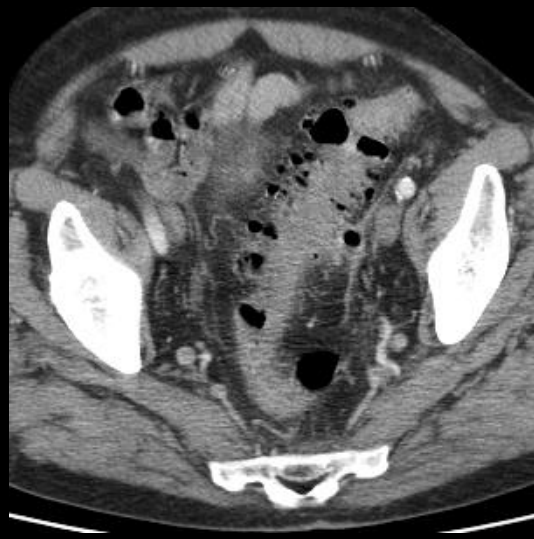






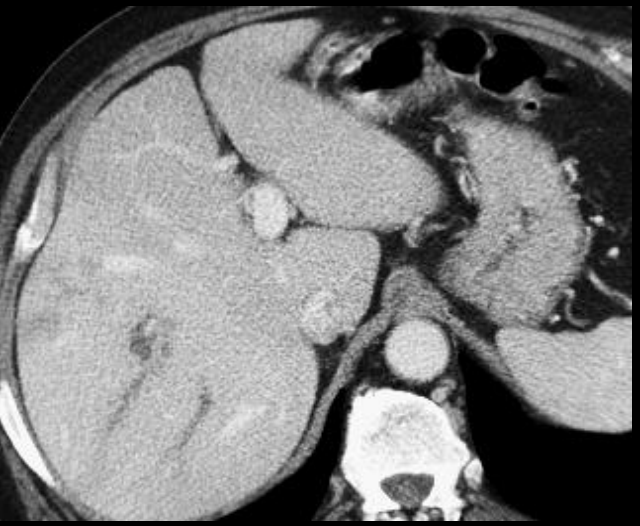


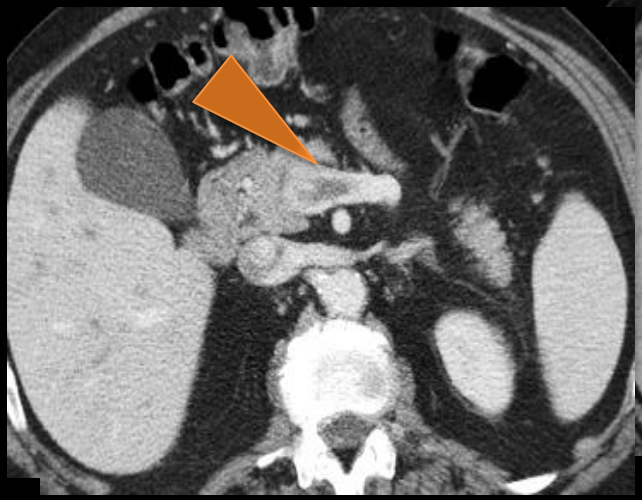


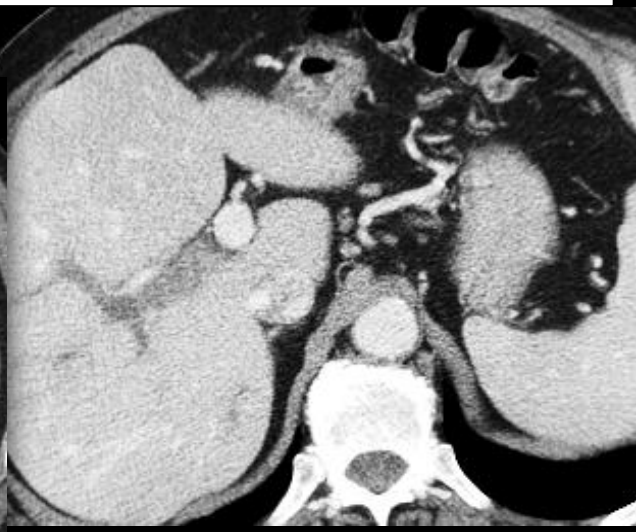


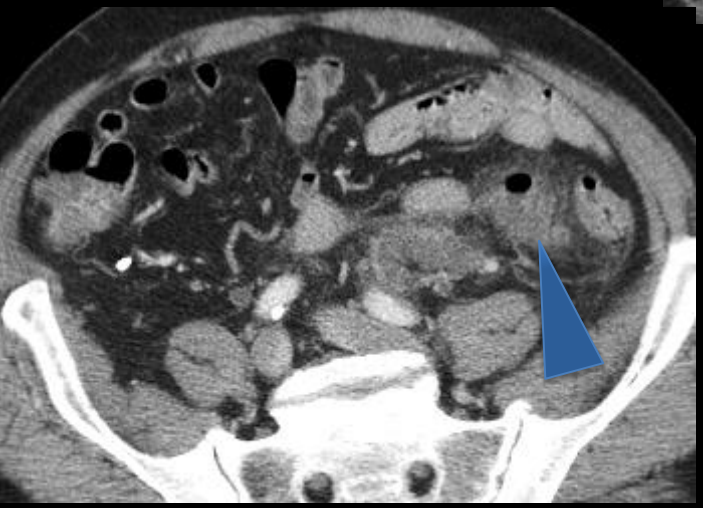
Cas 28

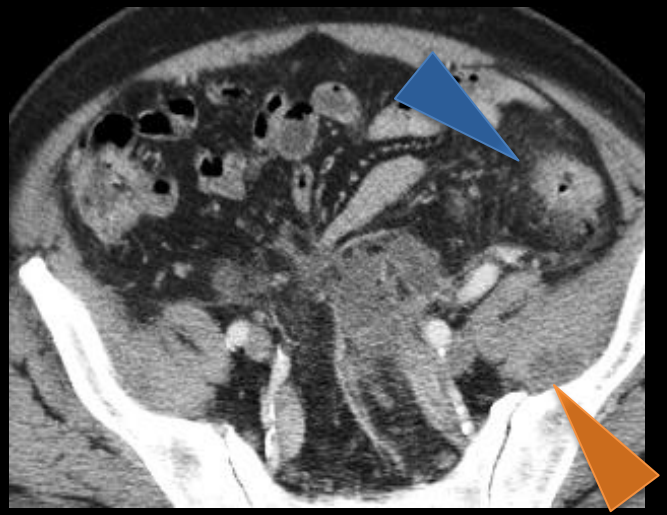
Patient de 73 ans. Douleurs en FIG. Fièvre à 39°C
Syndrome inflammatoire

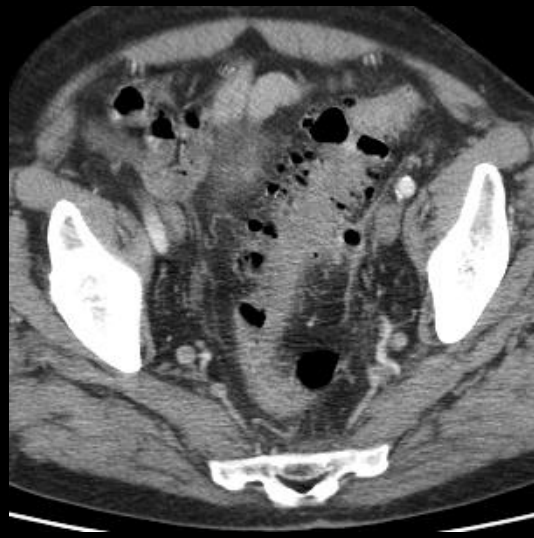




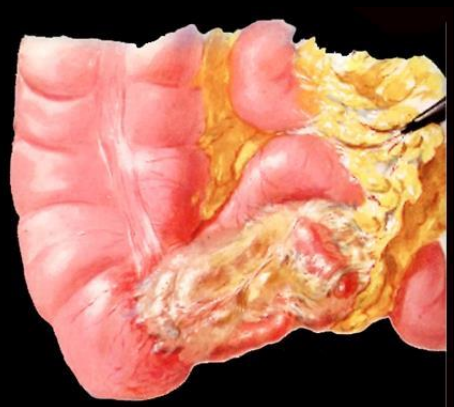


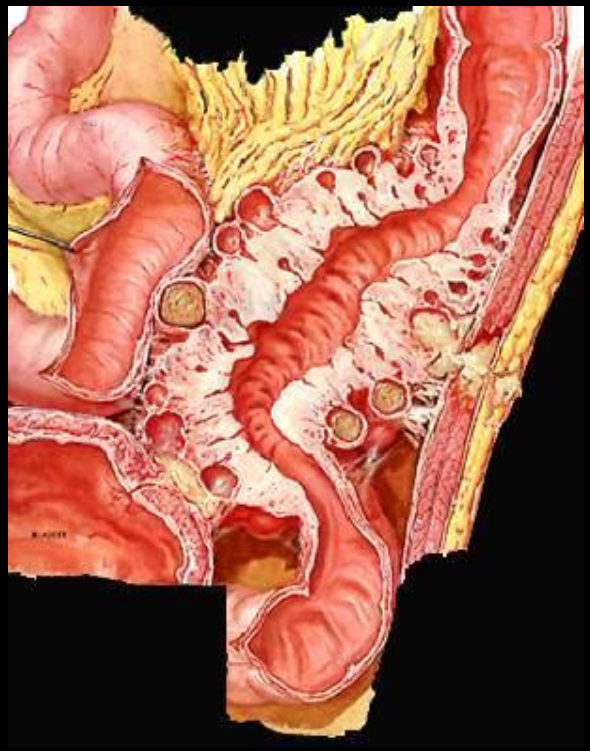


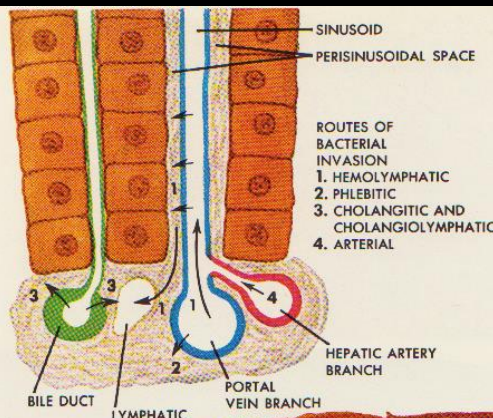


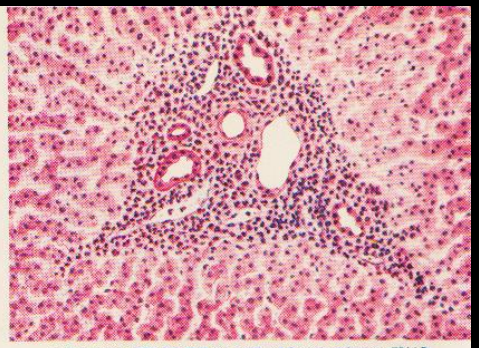


Pyléphlébite sur diverticulite du sigmoïde









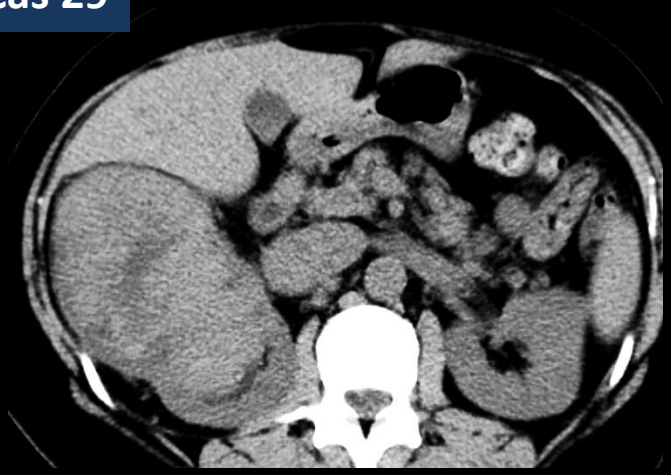
INFLAMMATORY FOCUS IN AND AROUND PORTAL TRIAD

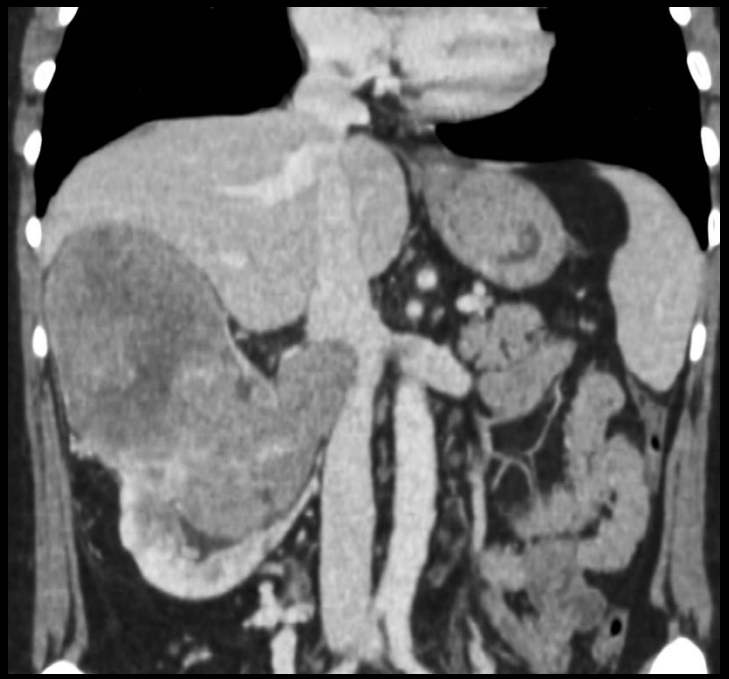
PURULENT HEPATITIS (PYLEPHLEBITIC ABSCESSES) SECONDARY TO APPENDICEAL FOCUS

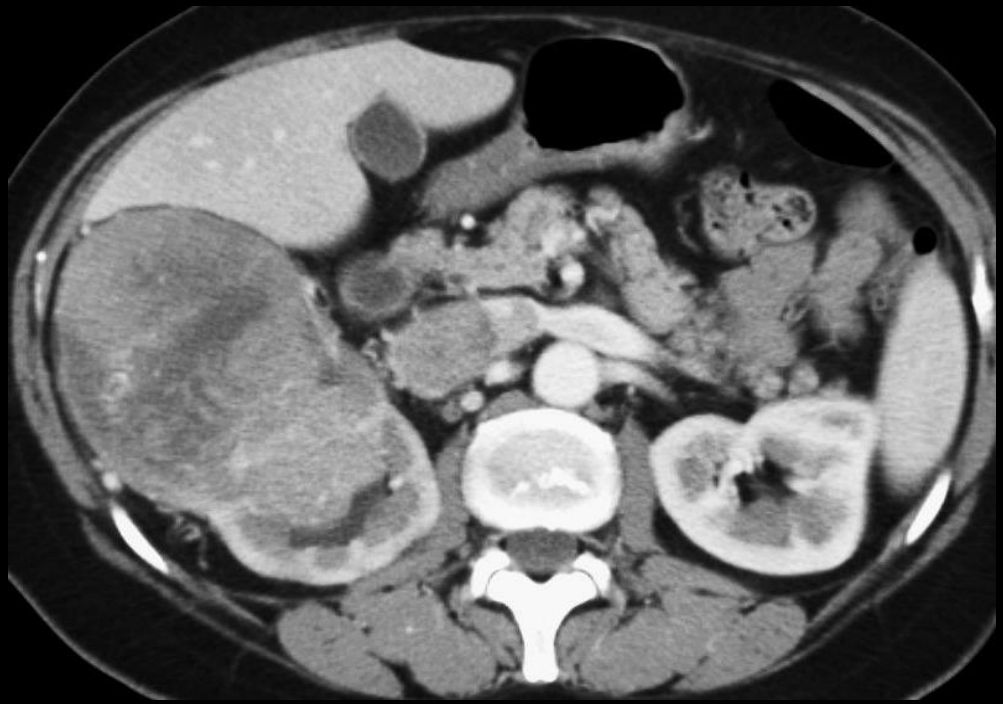
CHOLANGITIC ABSCESSES: (STONE IN COMMON DUCT)

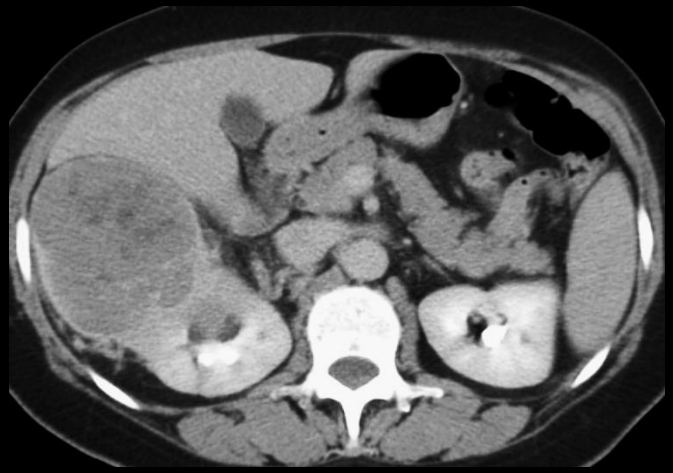
F. H. Netter, M.D.

Cas 29



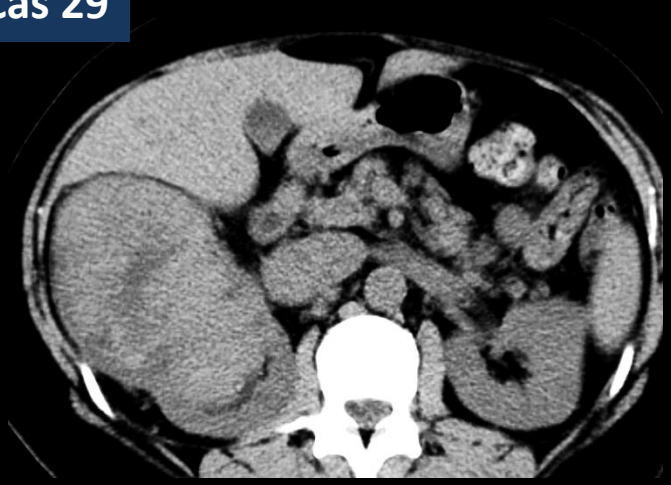


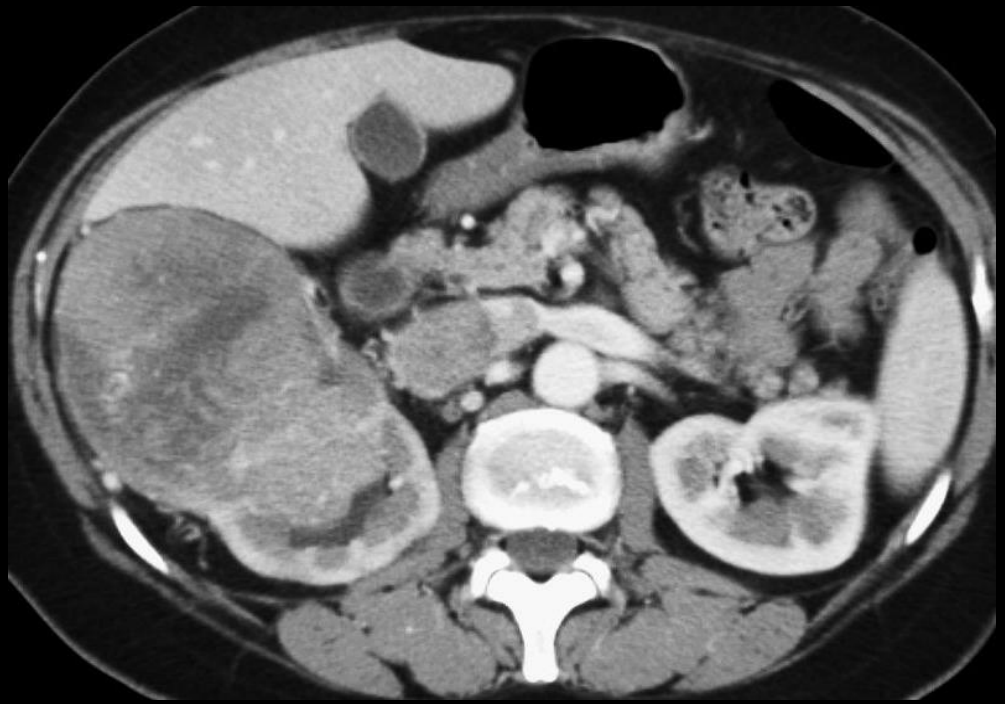


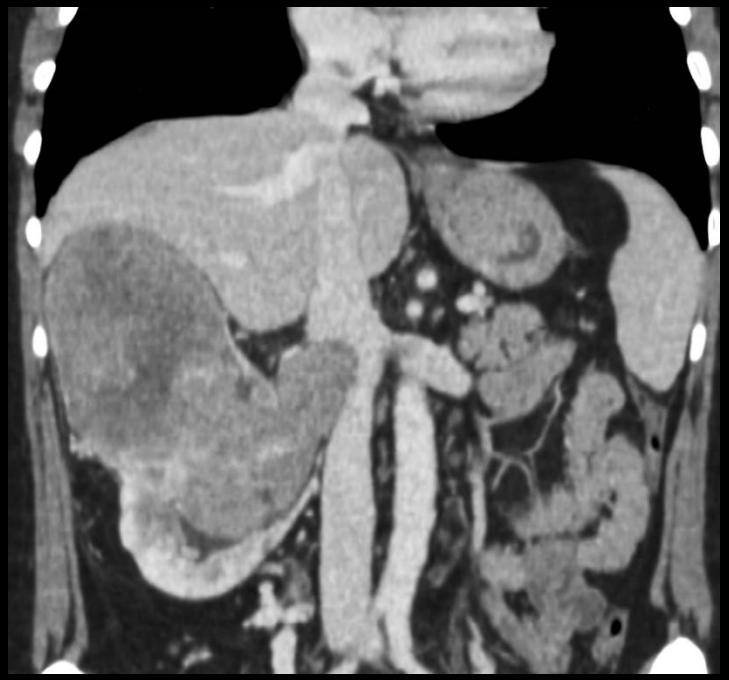


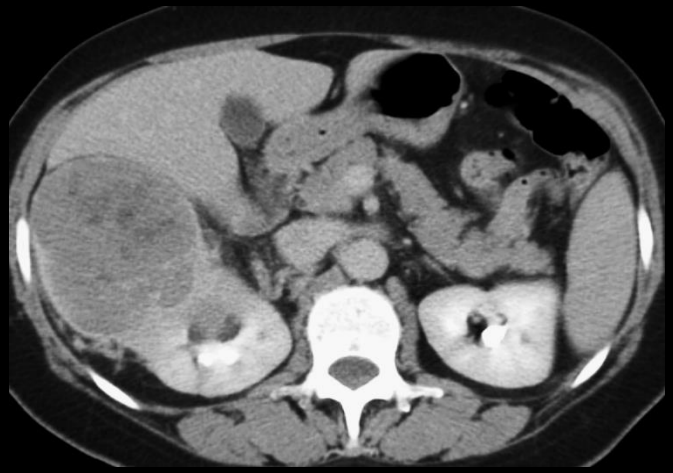
Cas 29

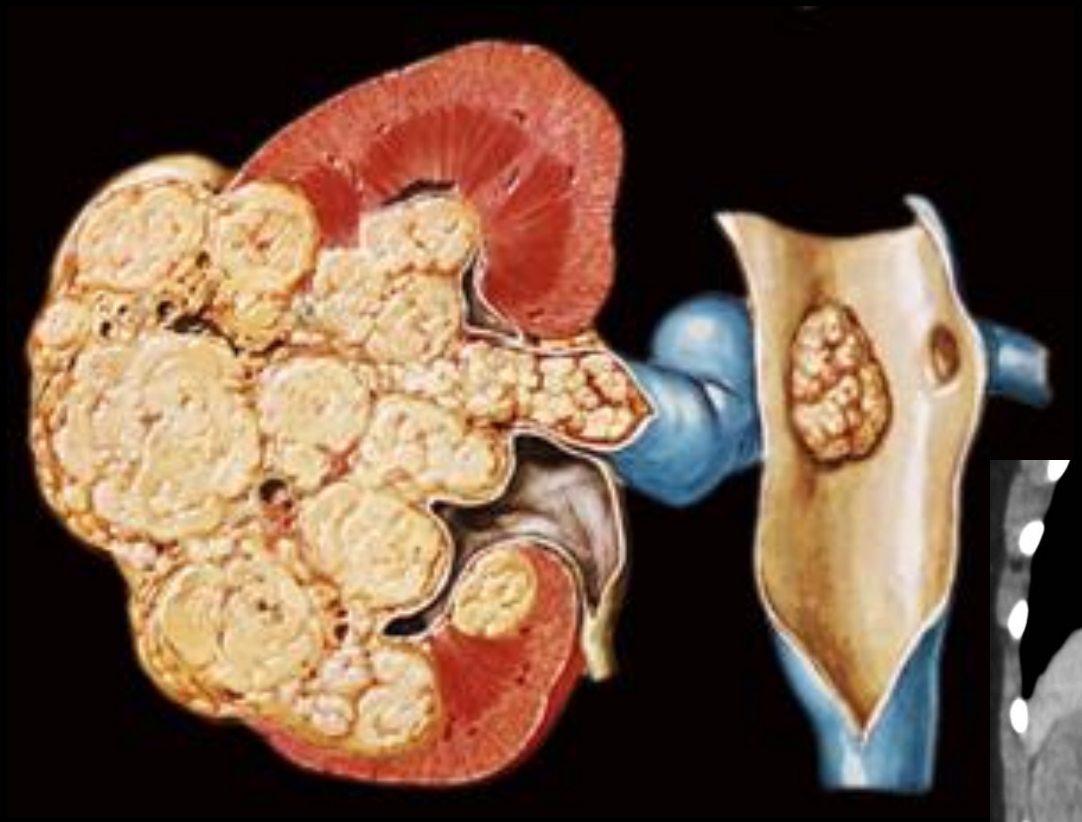
Tumeur rénale droite (Grawitz)

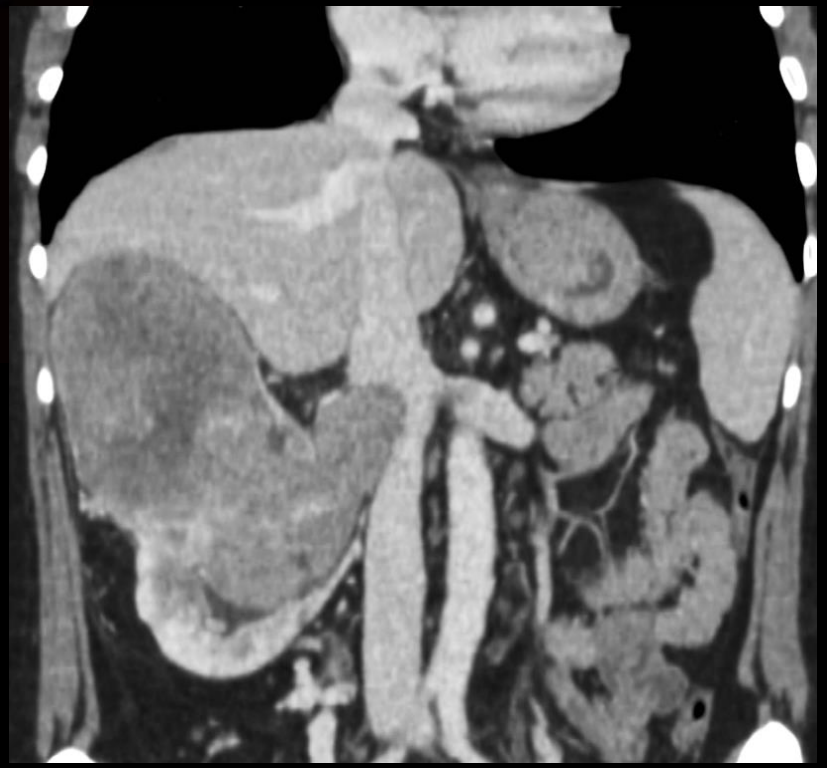




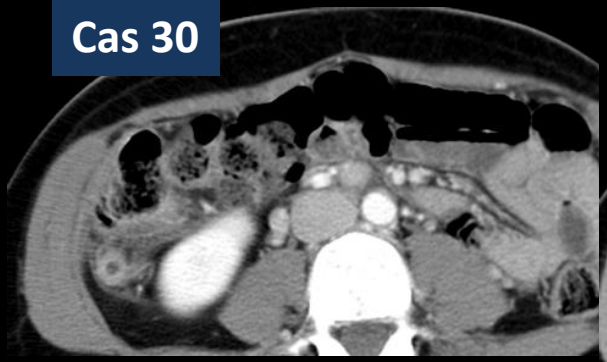
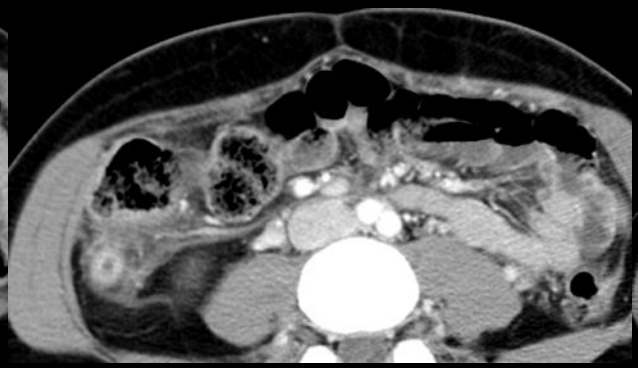
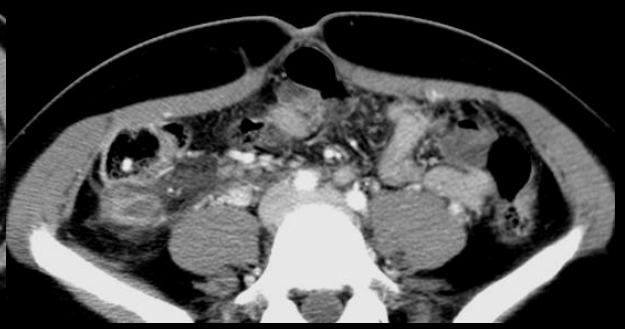




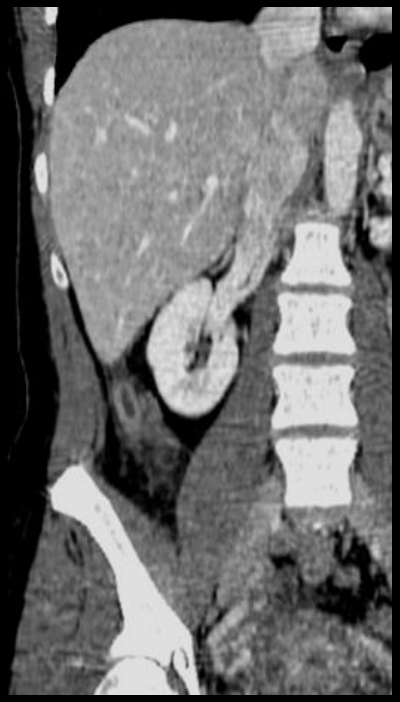
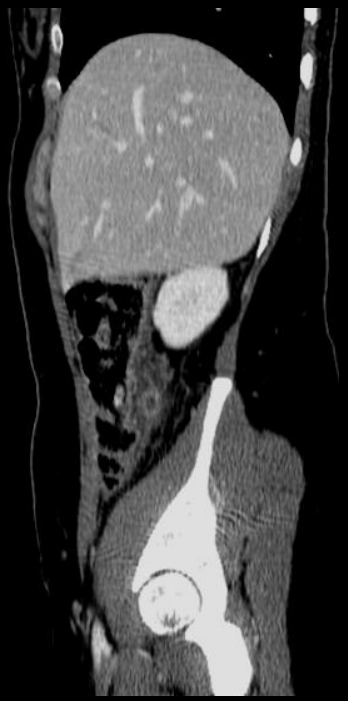
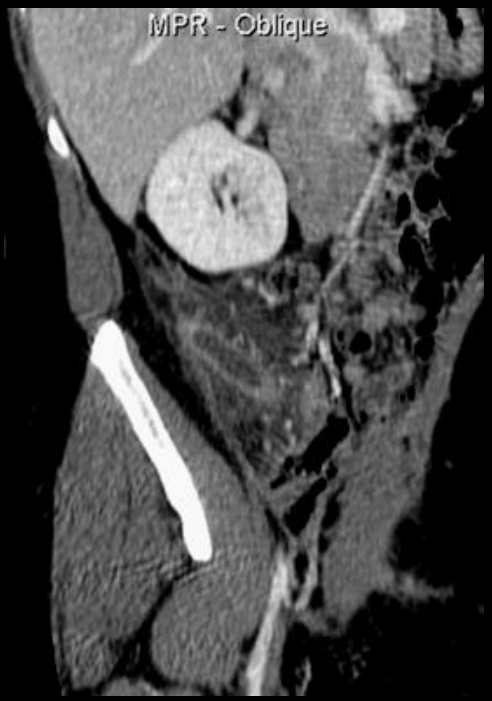


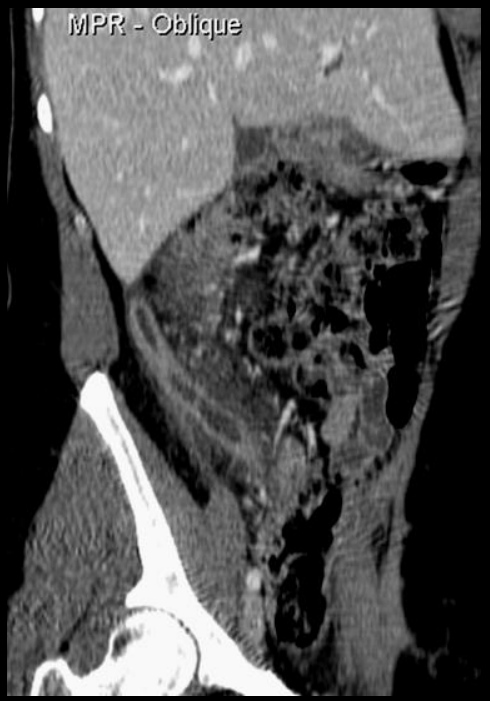


Cas 30

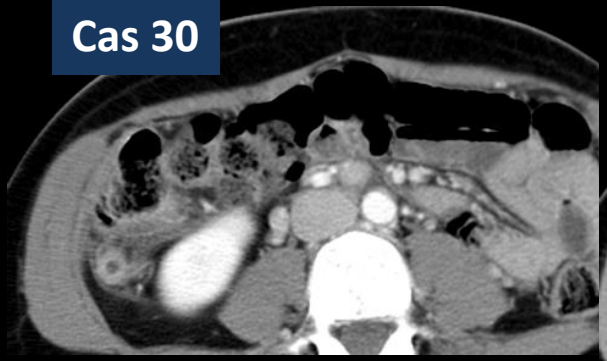




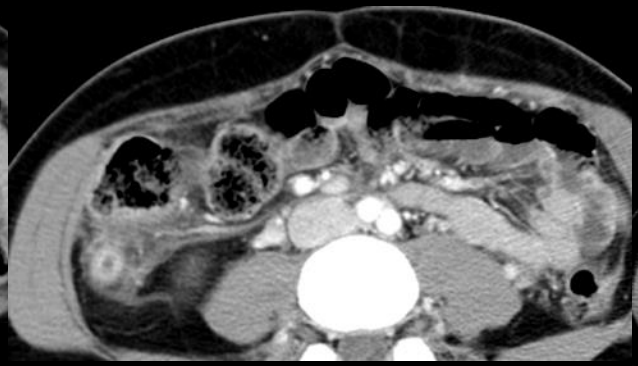
Homme 16 ans.
Douleur FID.

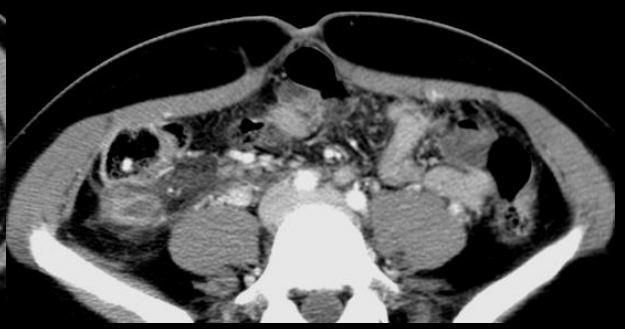






Cas 30

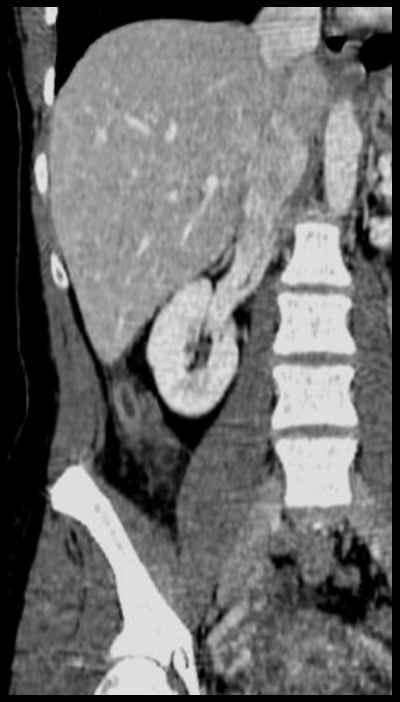


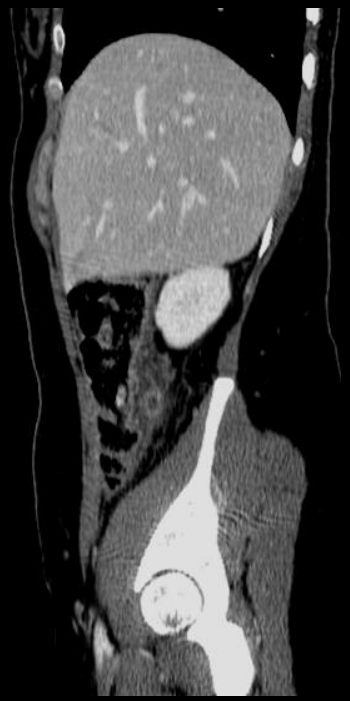


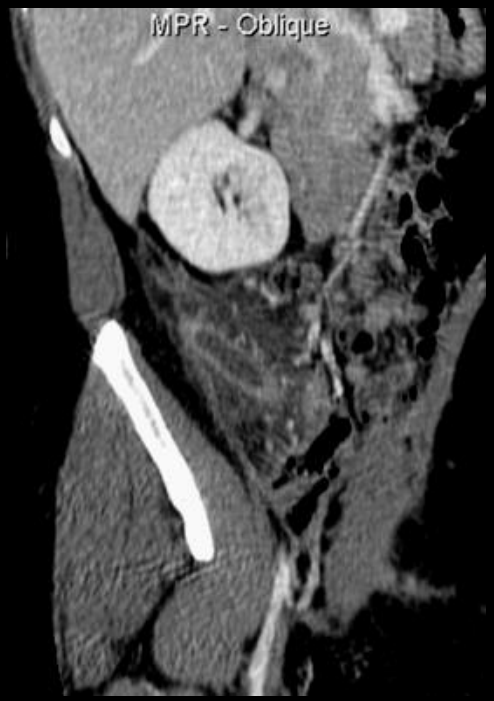


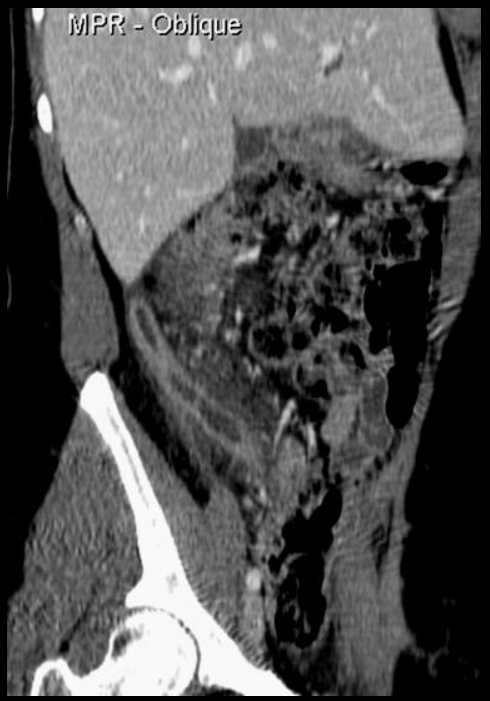
Homme 16 ans.
Douleur FID.

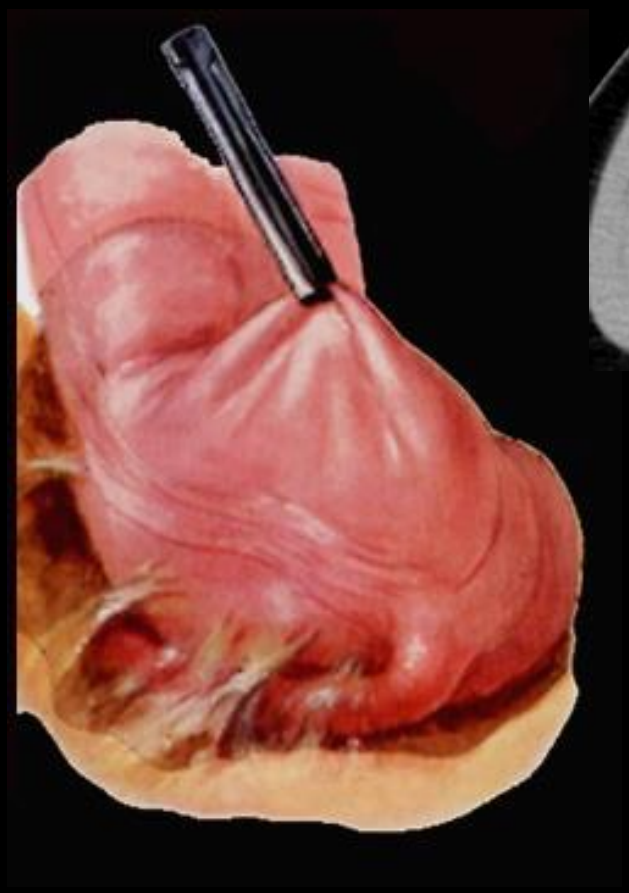
Appendicite aiguë à trajet ascendant sous hépatique

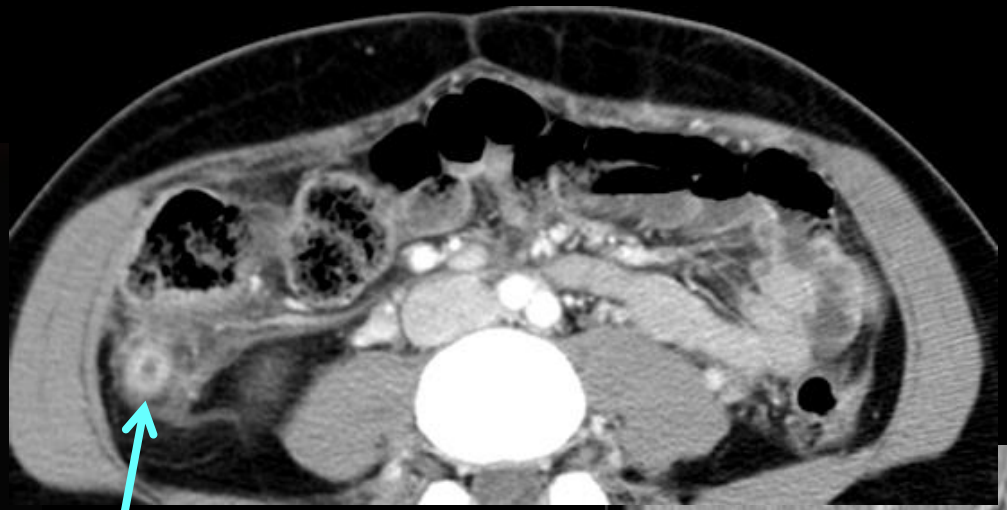


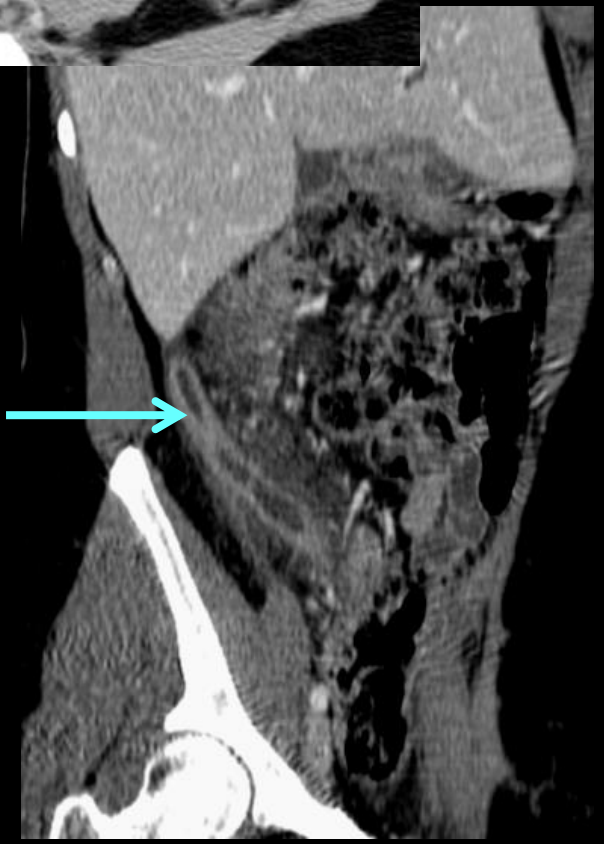






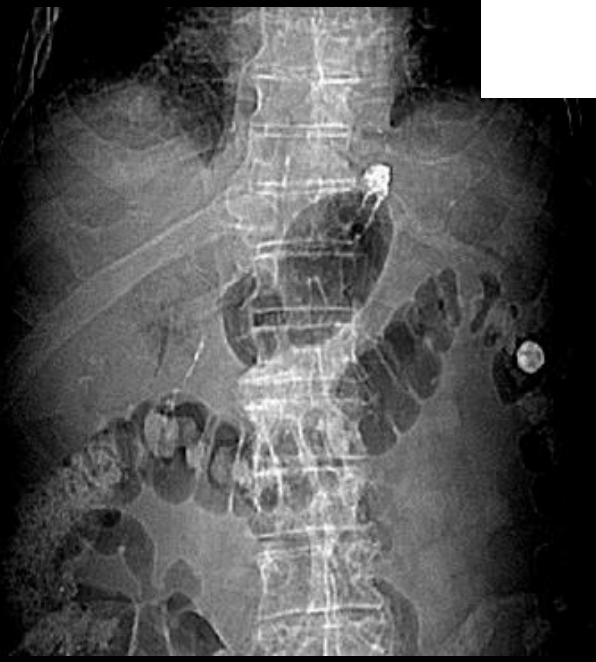


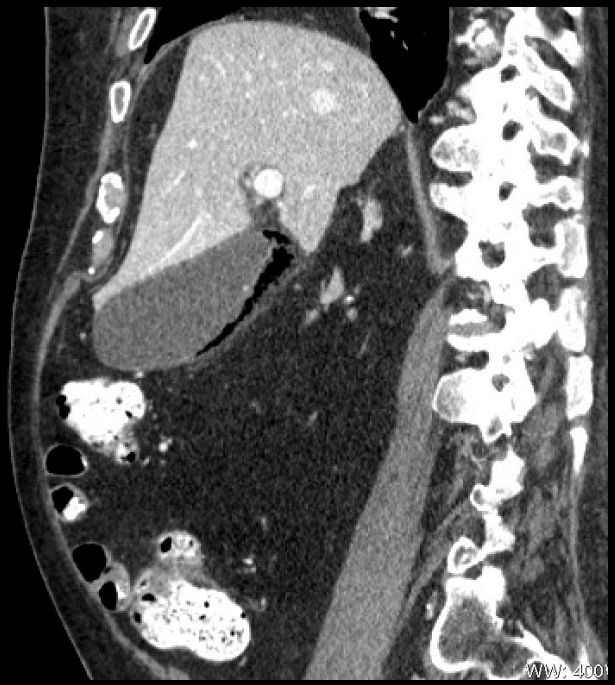


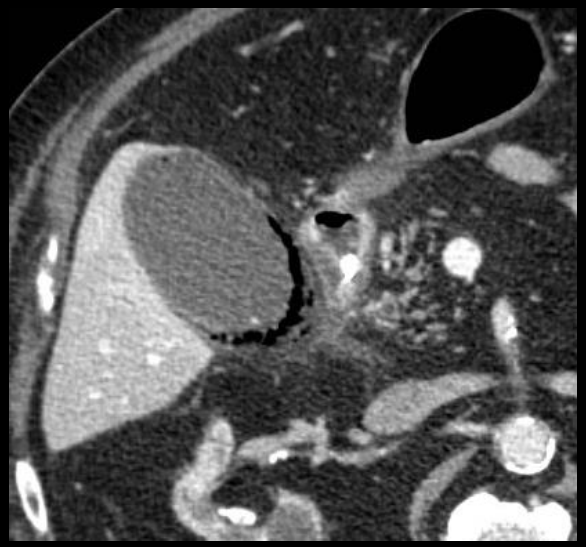


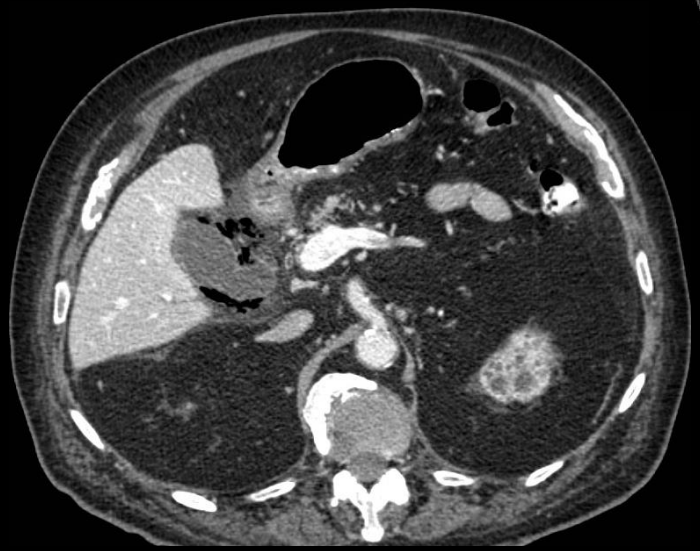
Cas 31

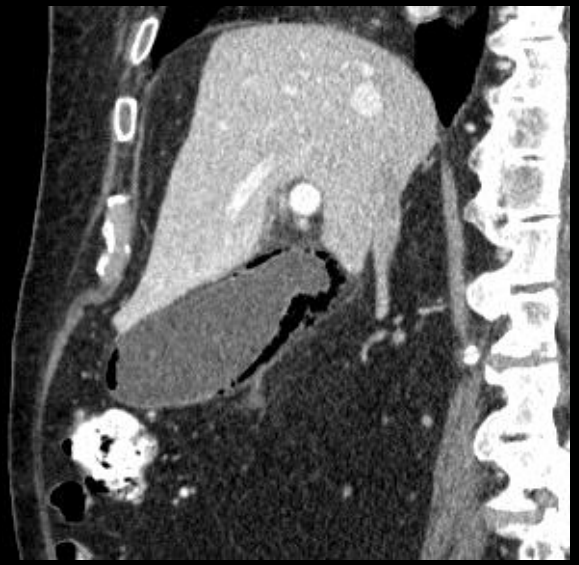
Patient de 72ans
antécédent de diabète, insuffisance rénale
douleurs et défense de l'hypocondre droit depuis 48H
dans un contexte fébrile
syndrome inflammatoire biologique





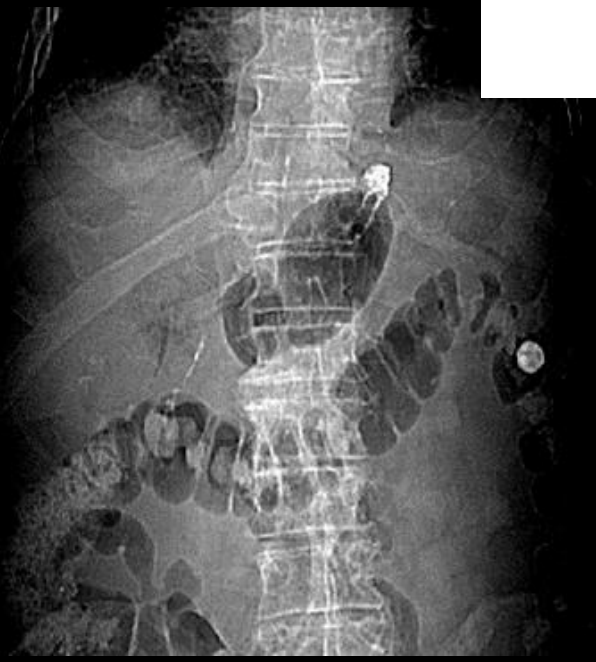


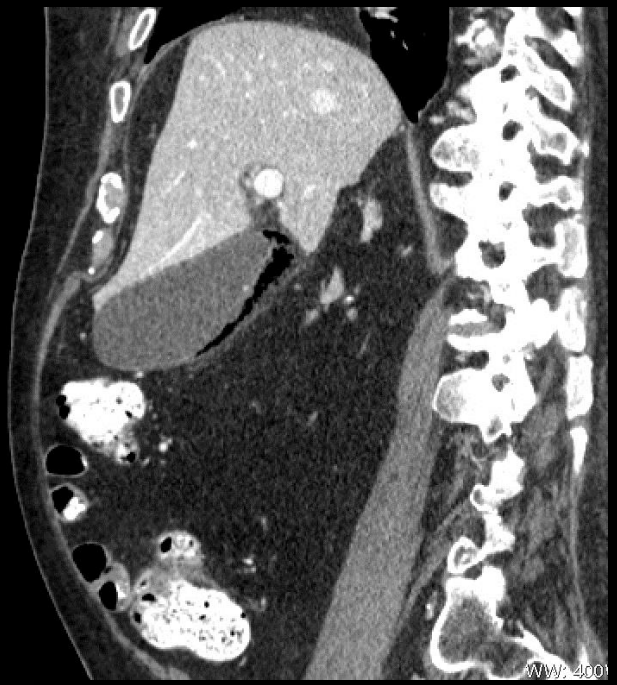


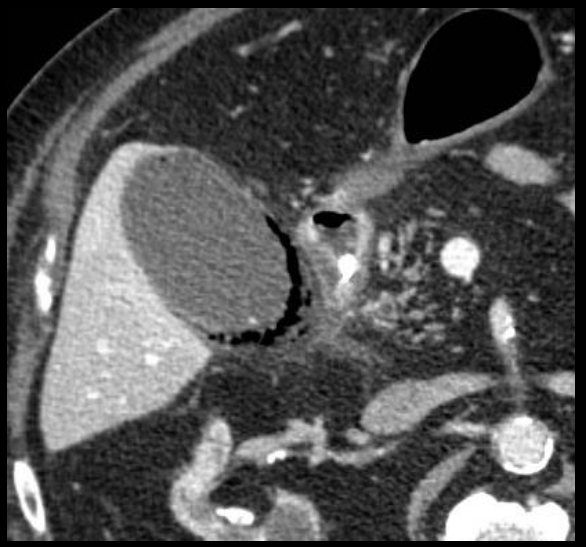


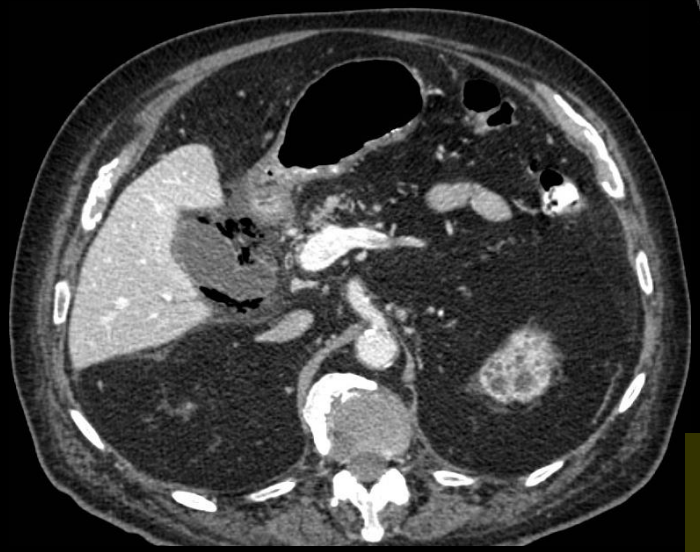
Cas 31

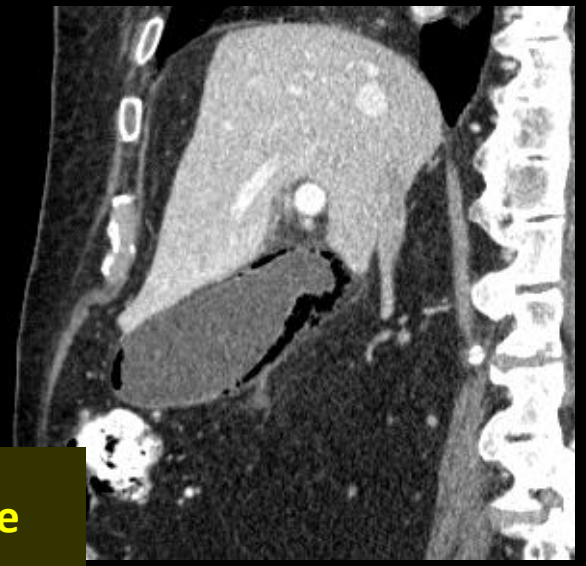
Patient de 72ans
antécédent de diabète, insuffisance rénale
douleurs et défense de l'hypocondre droit depuis 48H
dans un contexte fébrile
syndrome inflammatoire biologique









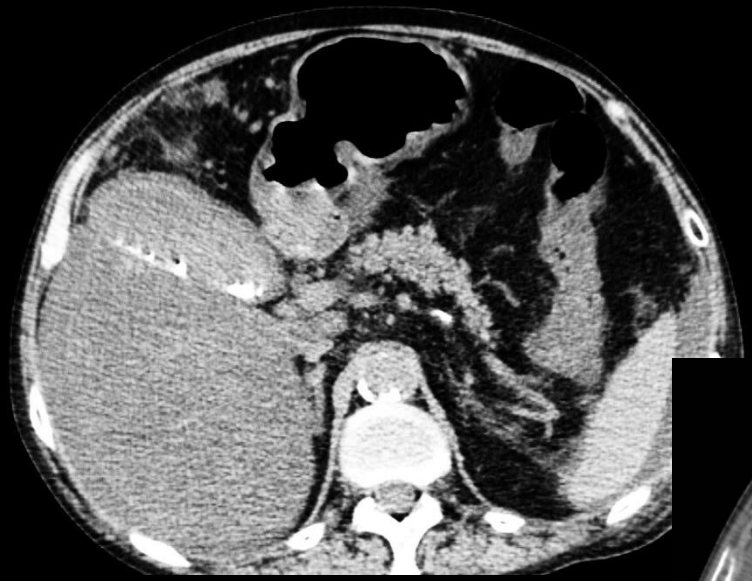


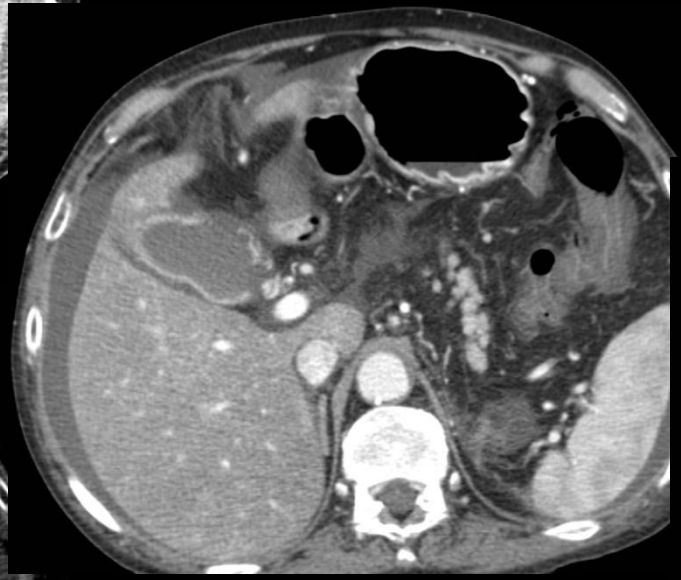
Cholécystite emphysémateuse

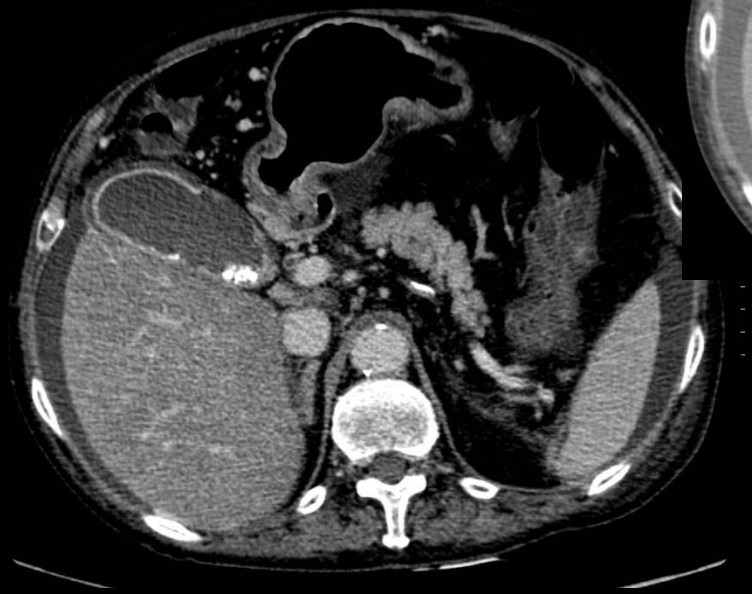
Cholécystite emphysémateuse

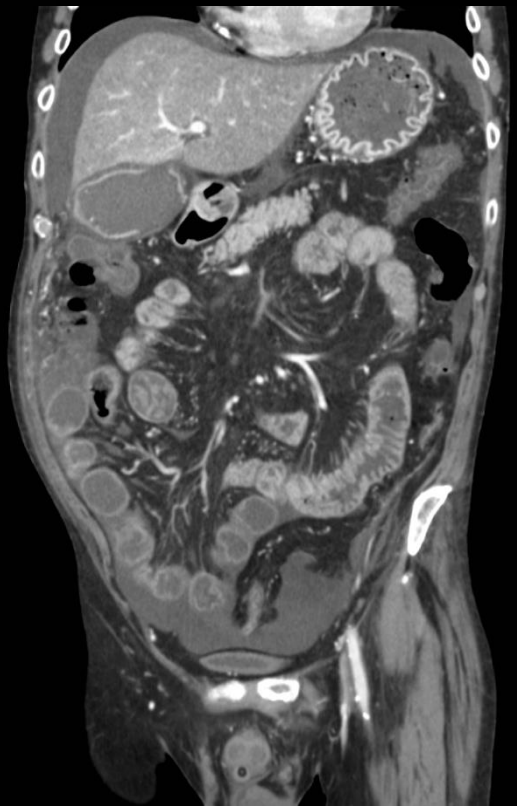
Cas 32

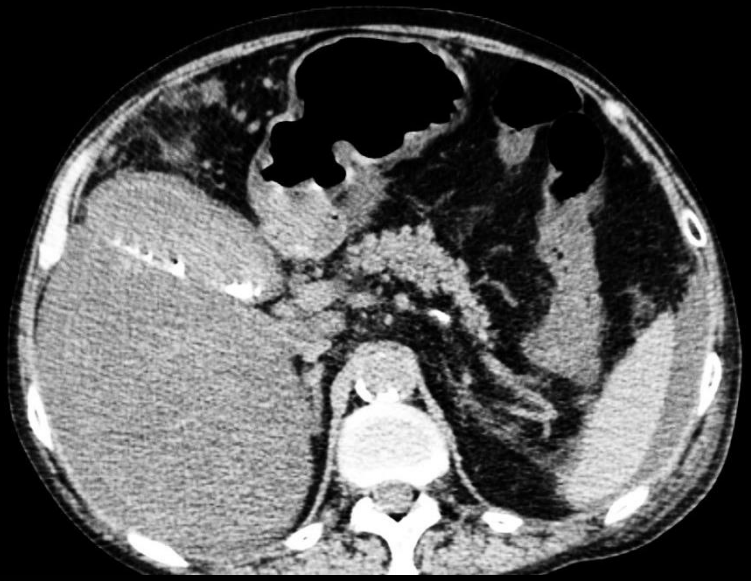
douleurs abdominales diffuses intenses
fièvre 38°5 frissons

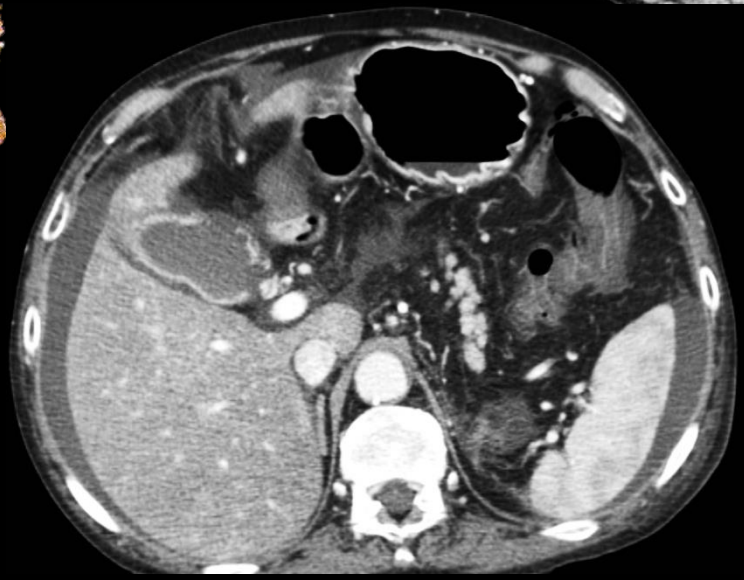


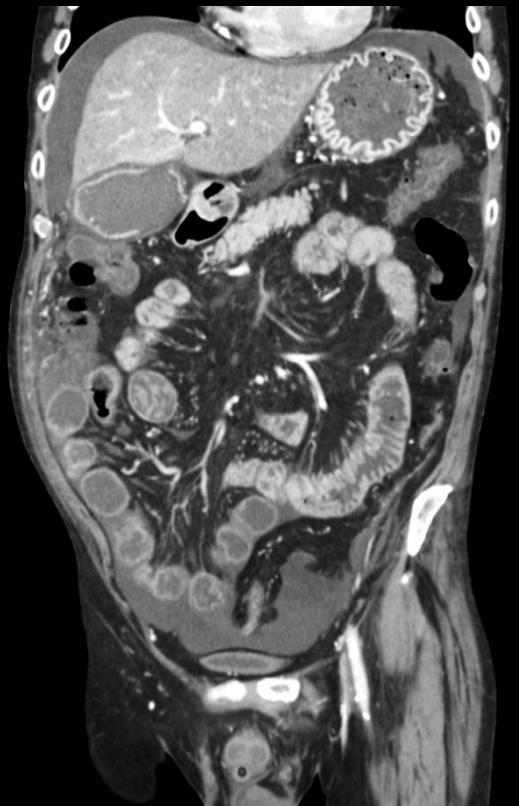








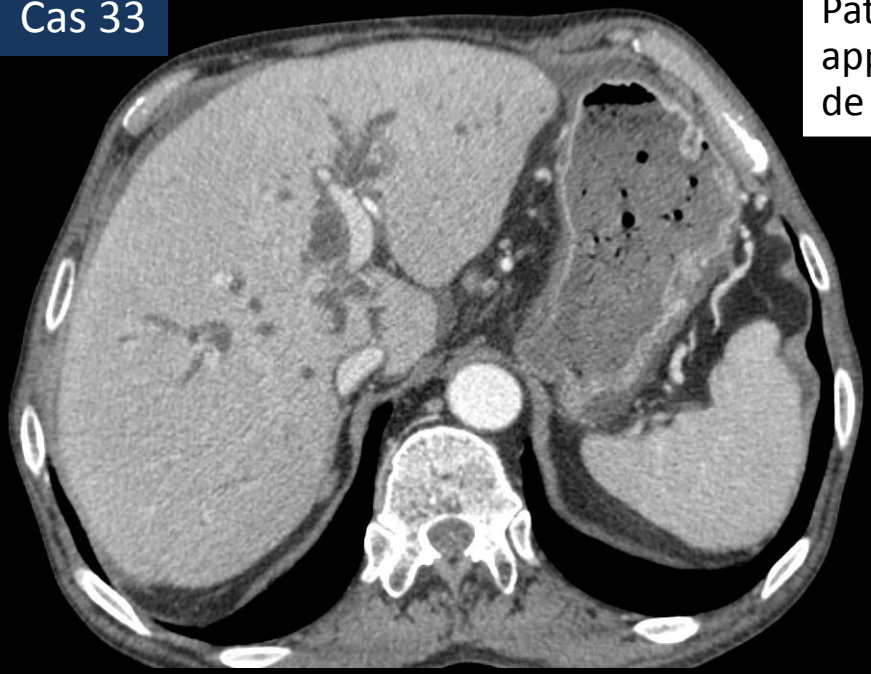


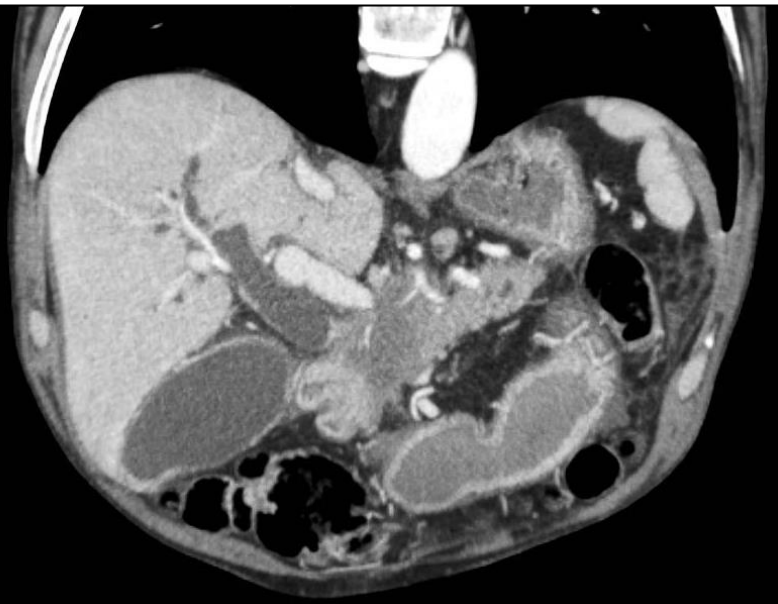


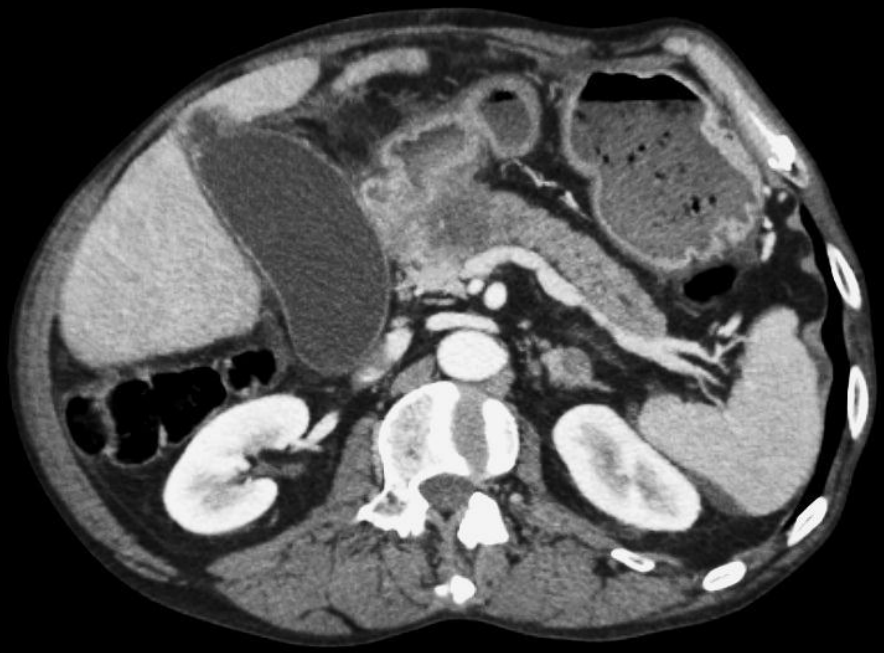
Inflammation sévère avec **nécrose murale ; cholécystite perforée et cholepéritoine**

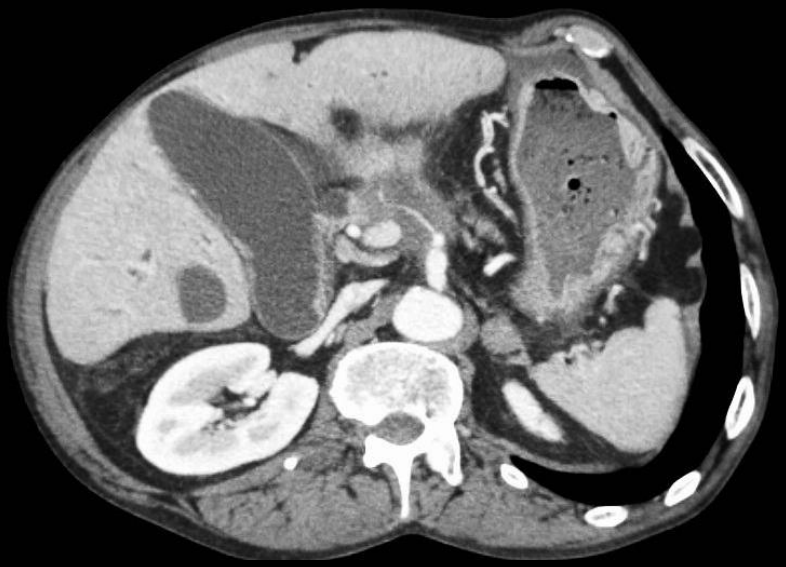
Cas 33

Patient de 60 ans ; ATCD: éthylisme chronique
apparition d'un ictère conjonctival ; pas de douleurs , pas de fièvre

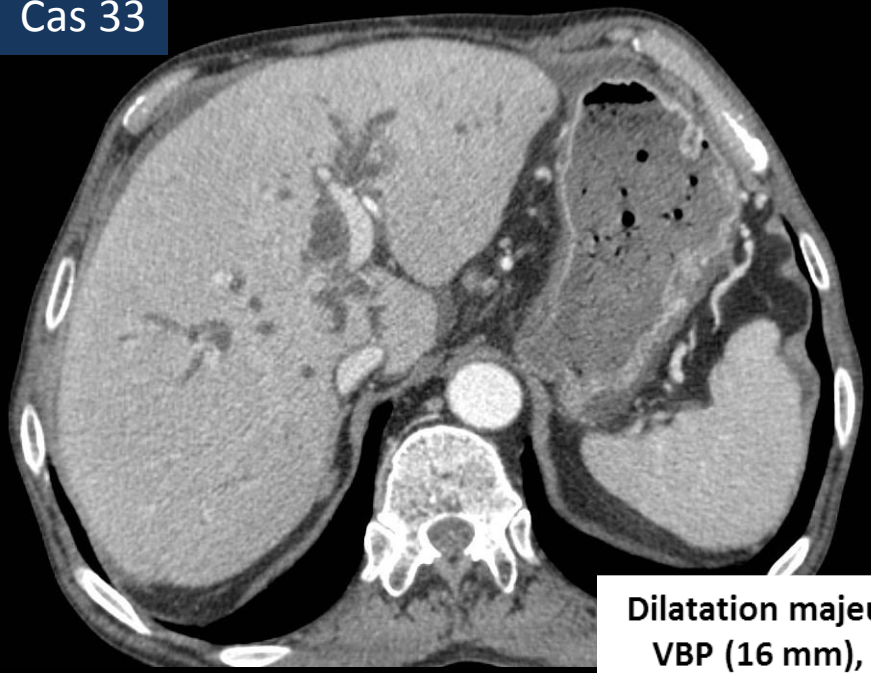


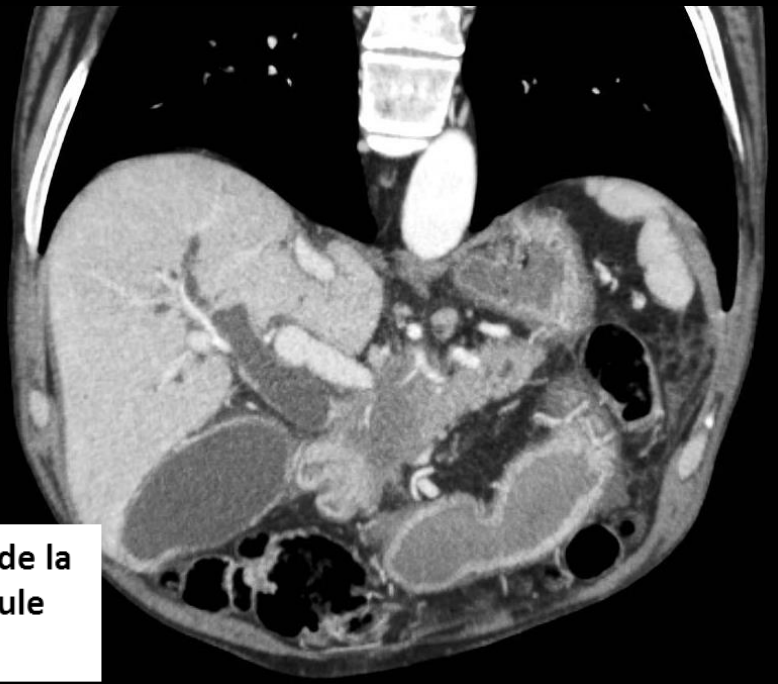




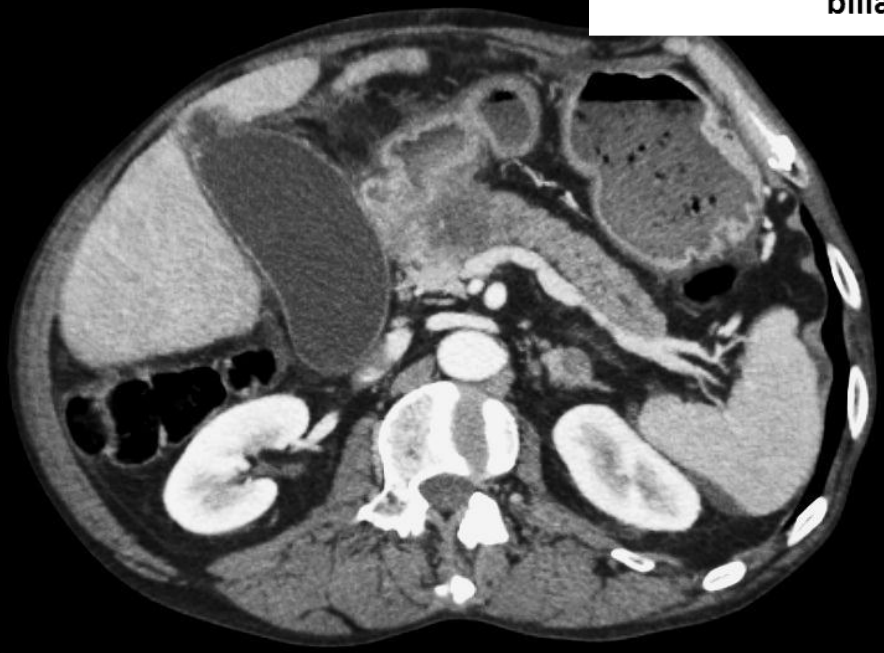


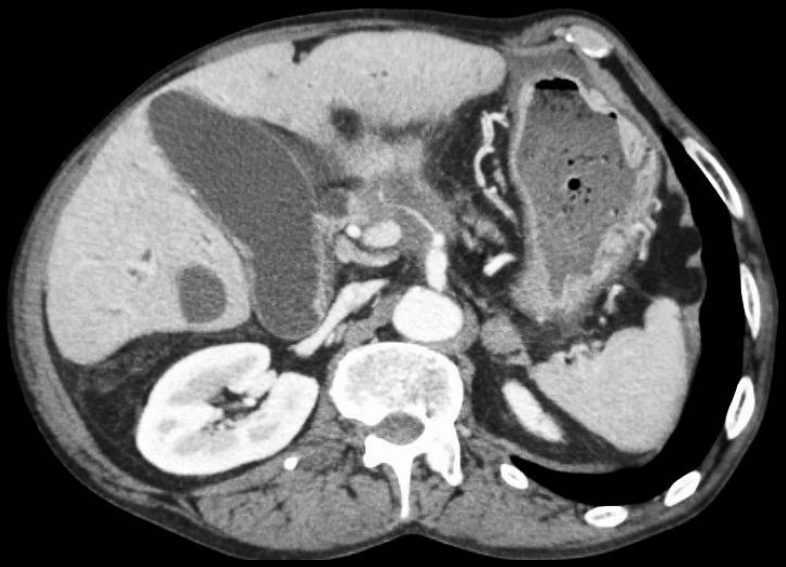
Cas 33

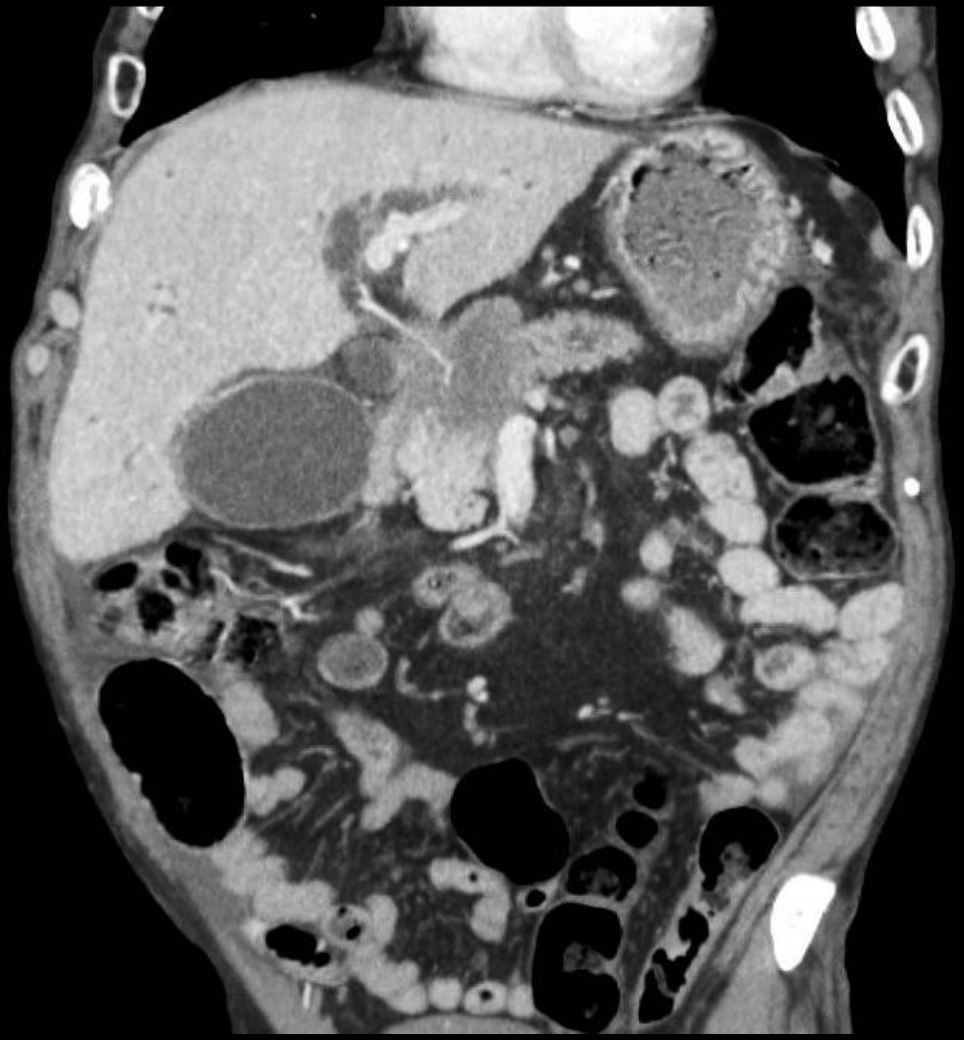




Dilatation majeure des VBIH,de la VBP (16 mm), et de la vésicule biliaire

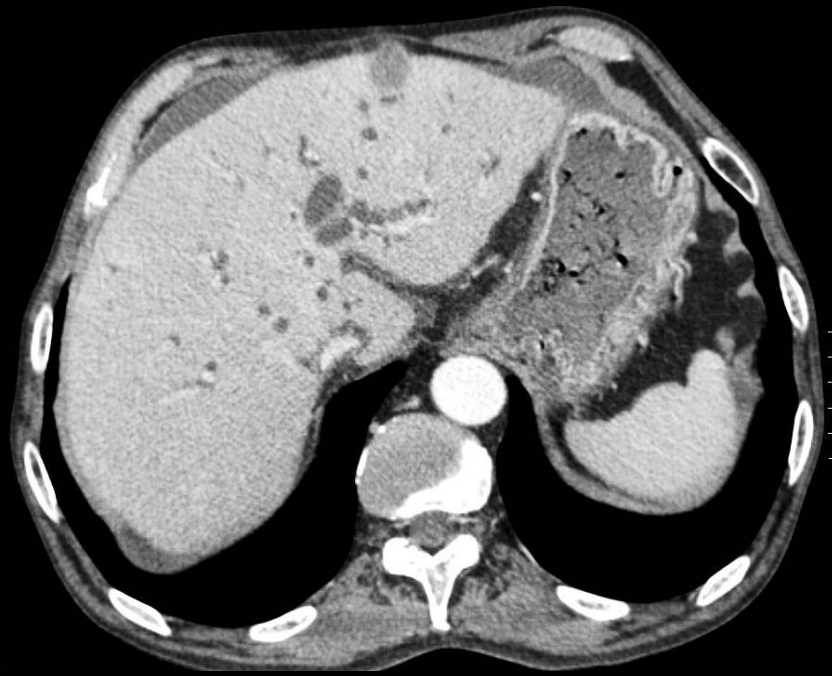




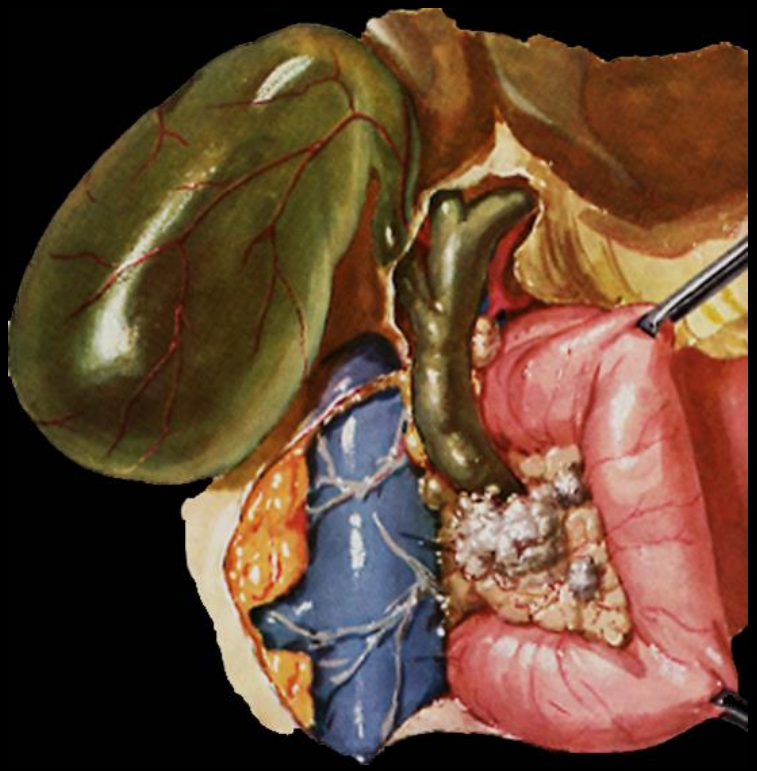


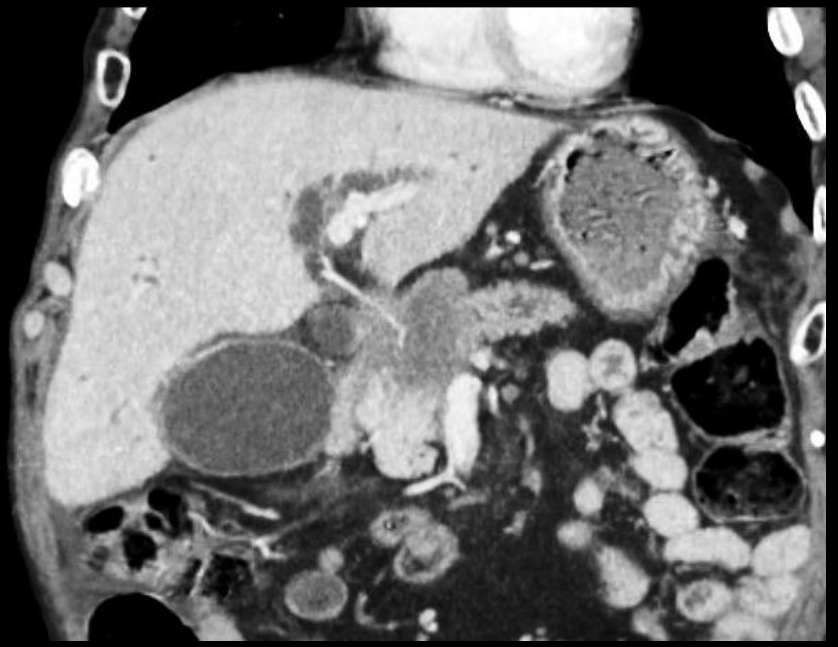
Lésion tumorale de l'isthme pancréatique

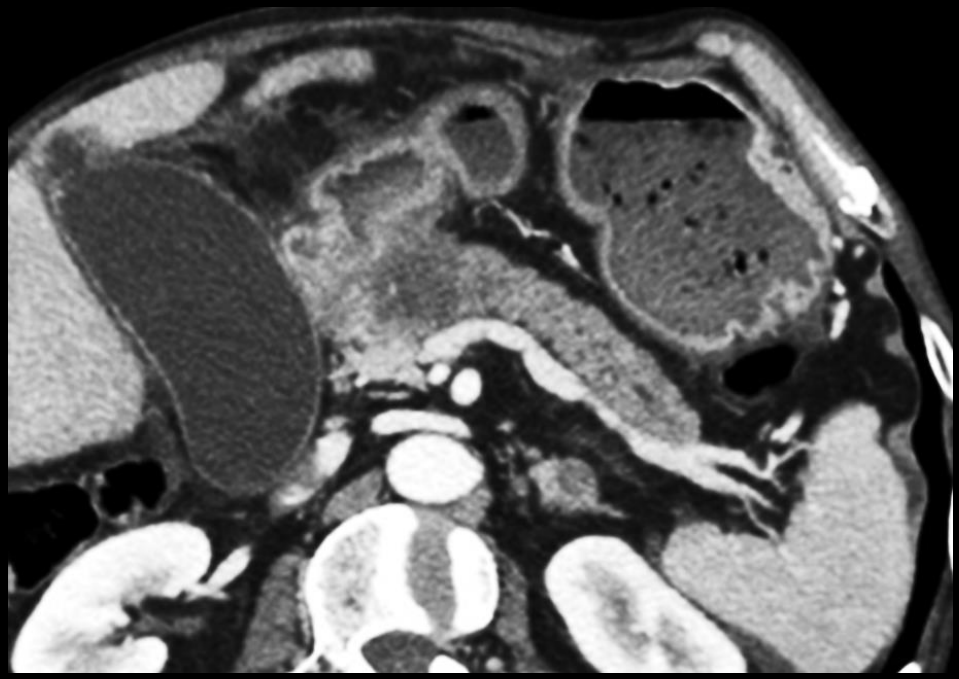
Métastase hépatique du segment II



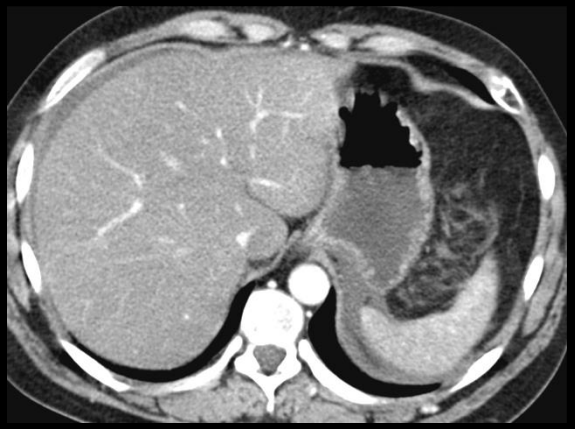
ADK pancréatique métastatique



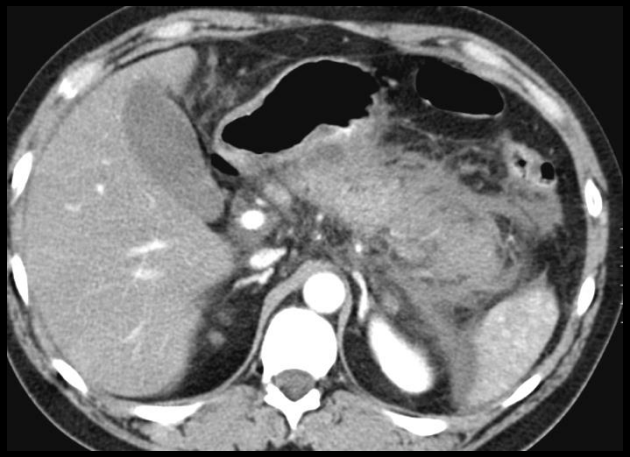


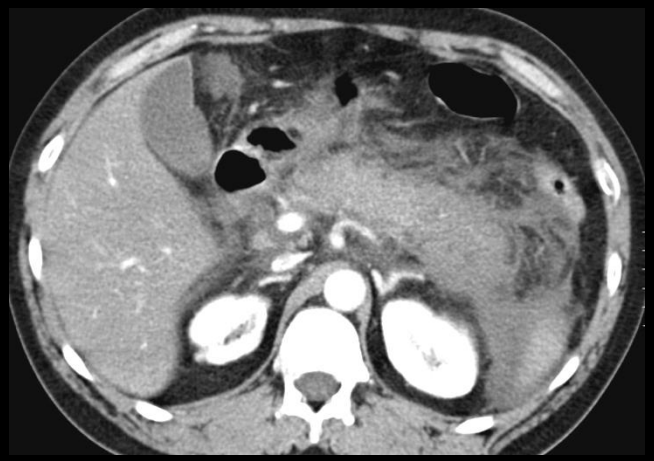


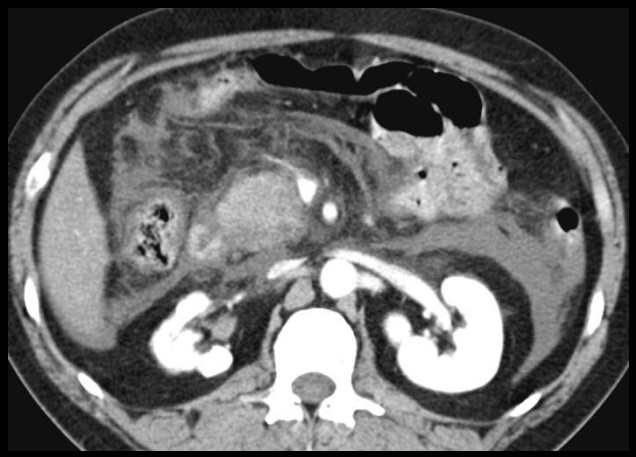
Cas 34

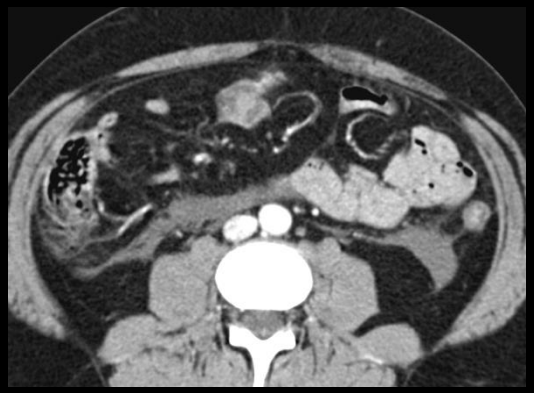


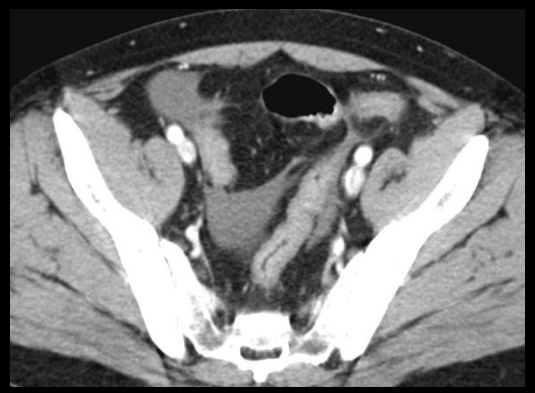
- Terrain éthylique
- Douleurs abdominales depuis 3 jours
- Intenses
- Hyperleucocytose 17000 GB
- Amylase +
- Lipase +++



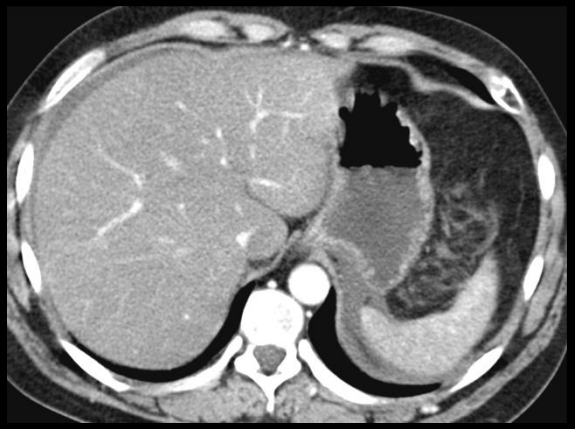




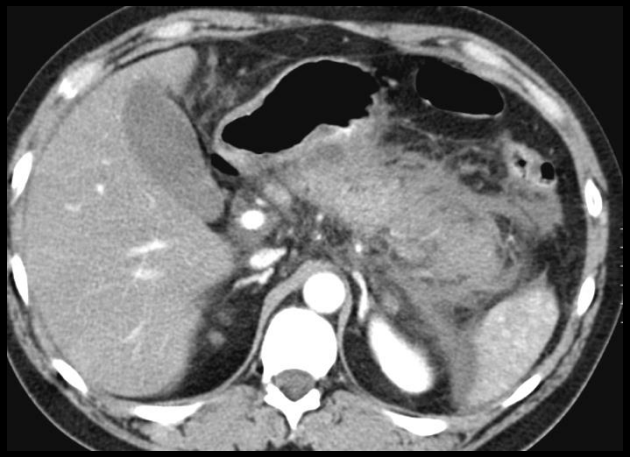


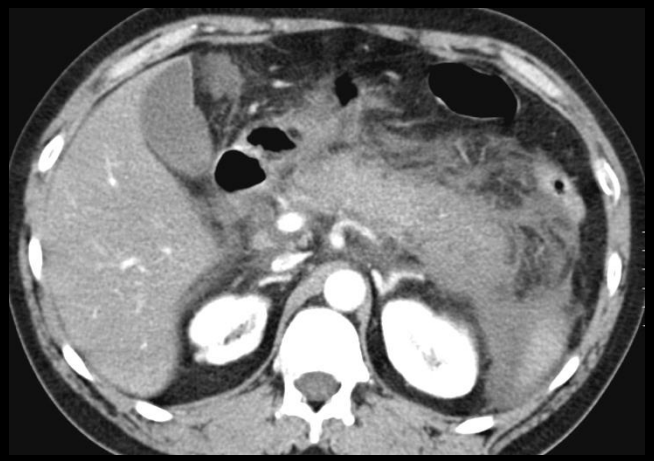


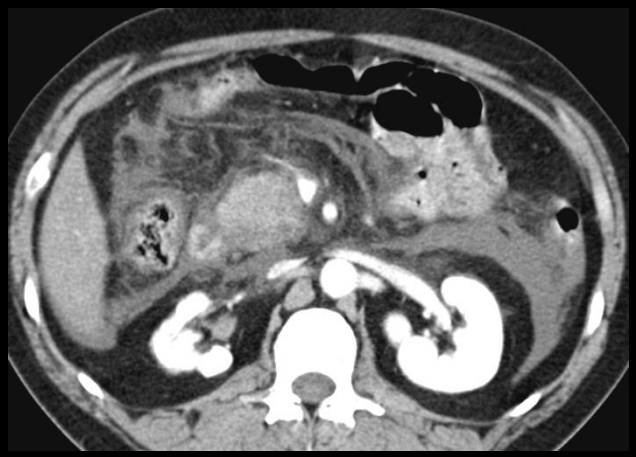
Cas 34



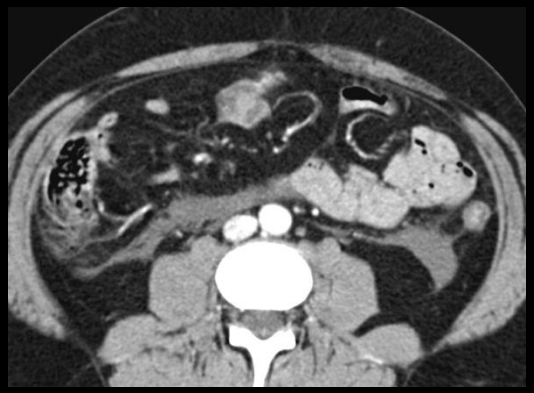
- **Terrain éthylique**
- Douleurs abdominales depuis 3 jours
- Intenses
- Hyperleucocytose 17000 GB
- Amylase +
- Lipase +++

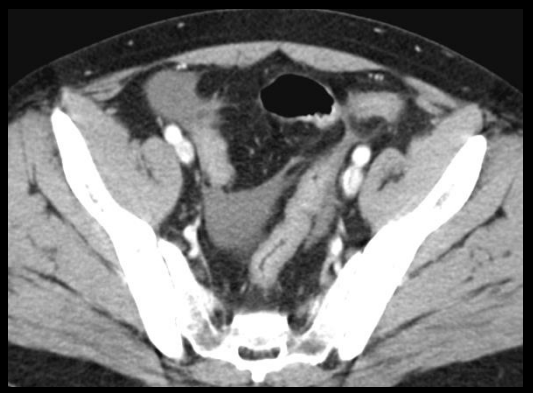


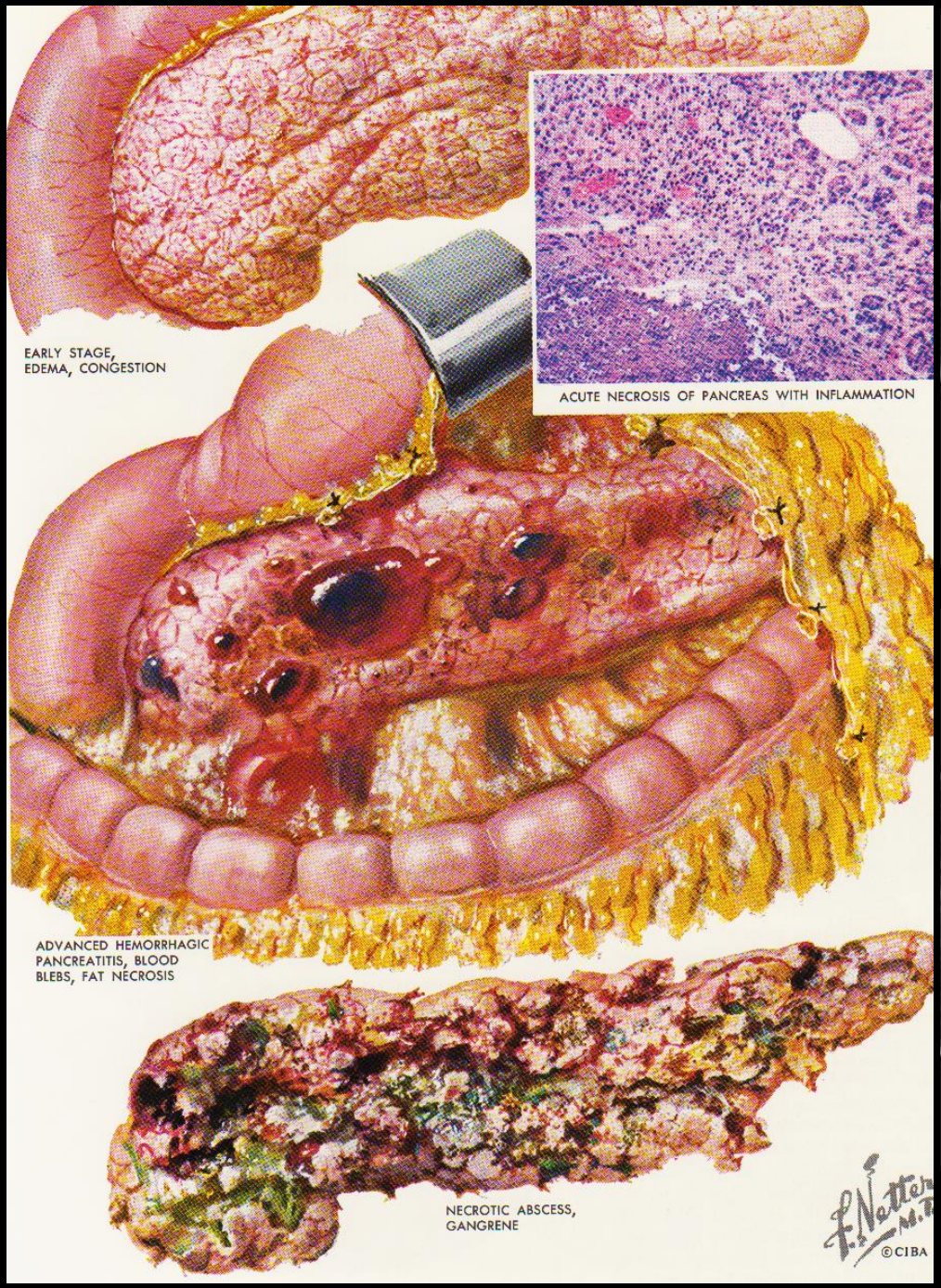




Pancréatite aiguë






EARLY STAGE,
EDEMA, CONGESTION
ACUTE NECROSIS OF PANCREAS WITH INFLAMMATION
ADVANCED HEMORRHAGIC
PANCREATITIS, BLOOD
BLEBS, FAT NECROSIS
NECROTIC ABSCESS,
GANGRENE
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