

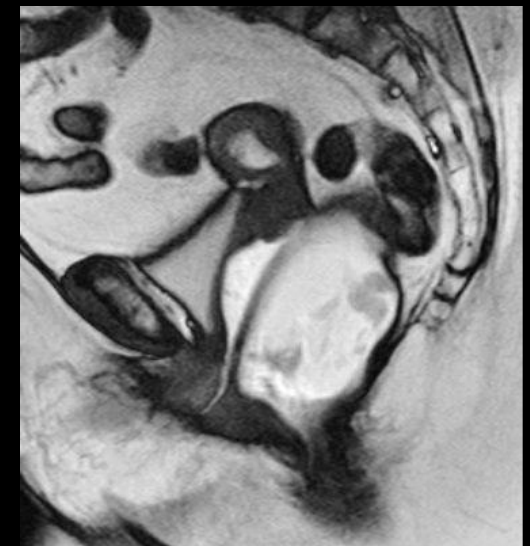
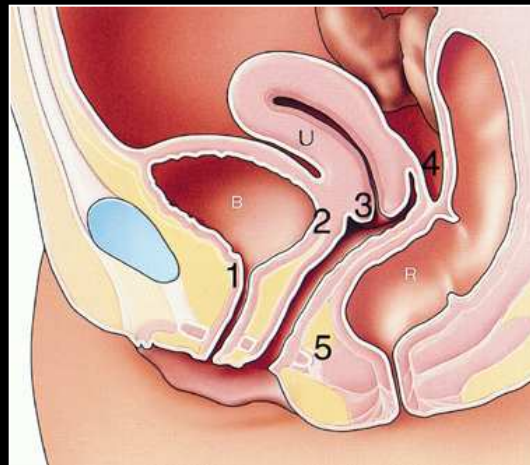
IRM canal anal

Fistules ano périnéales

Valérie CROISE LAURENT

Intérêts cliniques

- Région pelvi-rectale non affectée par les artéfacts de mouvement
- Excellent contraste entre les espaces cellulo graisseux et les muscles
- Analyse morphologique



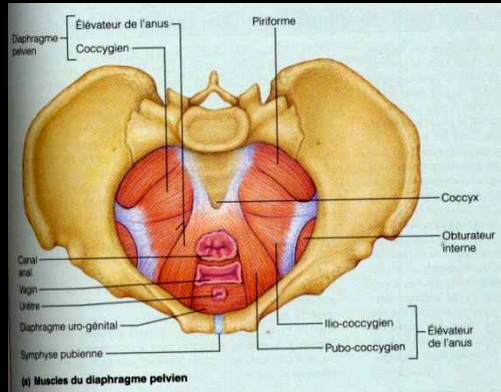
Protocole d'exploration

- **Systeme 3T > 1,5T**
- **Antenne en réseau phasé**
- **FOV : 24 cms**
- **FSE T2 SANS FAT SAT**
 - 3 plans
 - Axial : perpendiculaire axe du canal anal
 - Coronal: par rapport au canal anal
 - 3D EG T1 Haute résolution après gado
- **DWI (coupes fines)**

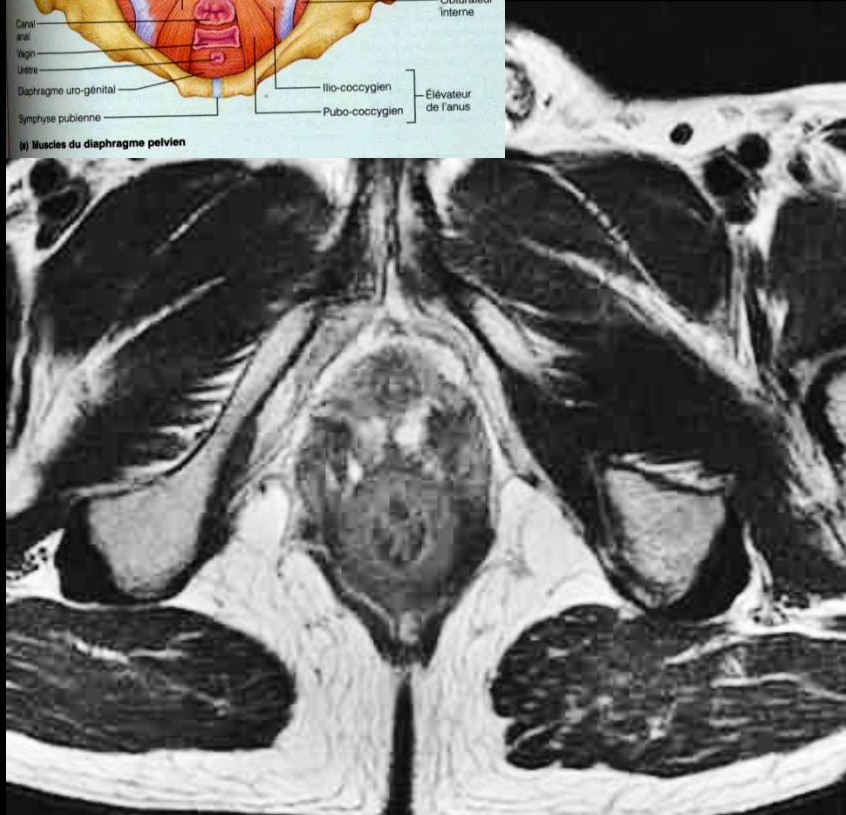
Objectifs de l'imagerie

- **Topographie**
 - Sus ou sous lévatorienne
 - Sens horaire
- **Caractère**
 - simple
 - Complexe
 - Fer à cheval
 - Ano vaginal
- **Type de trajet suivant la classification de Parks**
 - Intersphinctérien
 - Transsphinctérien
- **Caractère actif ou non de la fistule**
- **Complications à type d'abcès**
- **Pathologie associée**
- **Etat de l'appareil sphinctérien**

Rappel anatomique



Muscles releveurs de l'anus

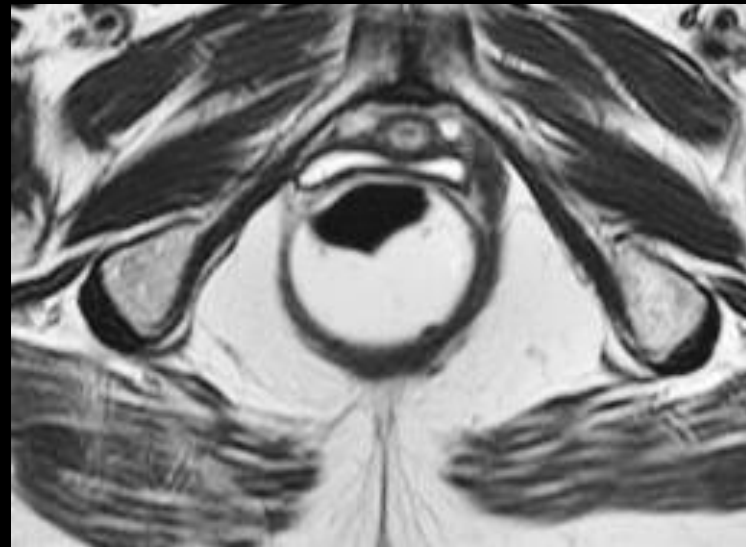
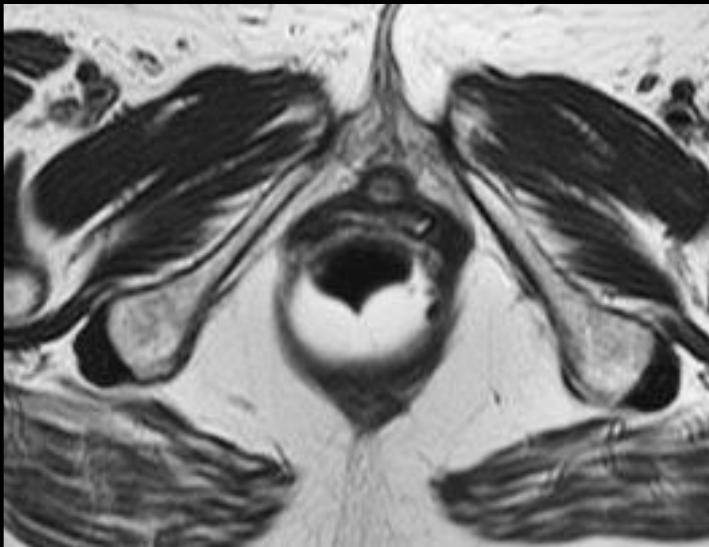
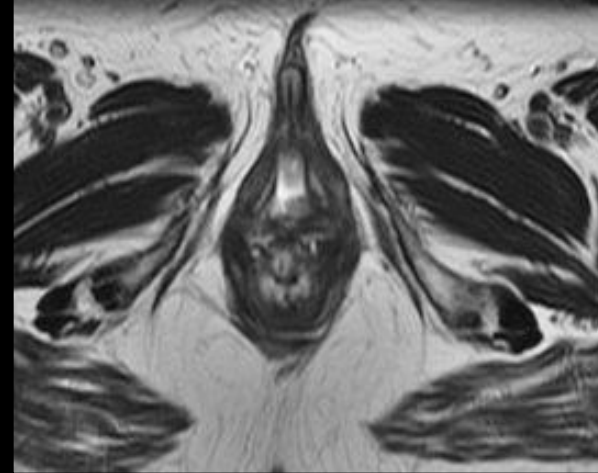
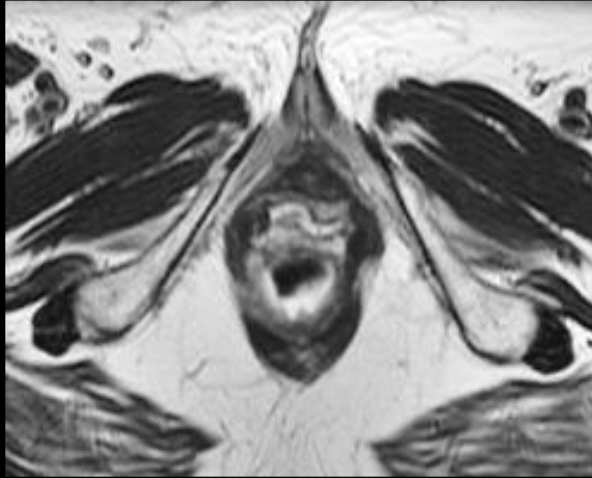


Rappel anatomique

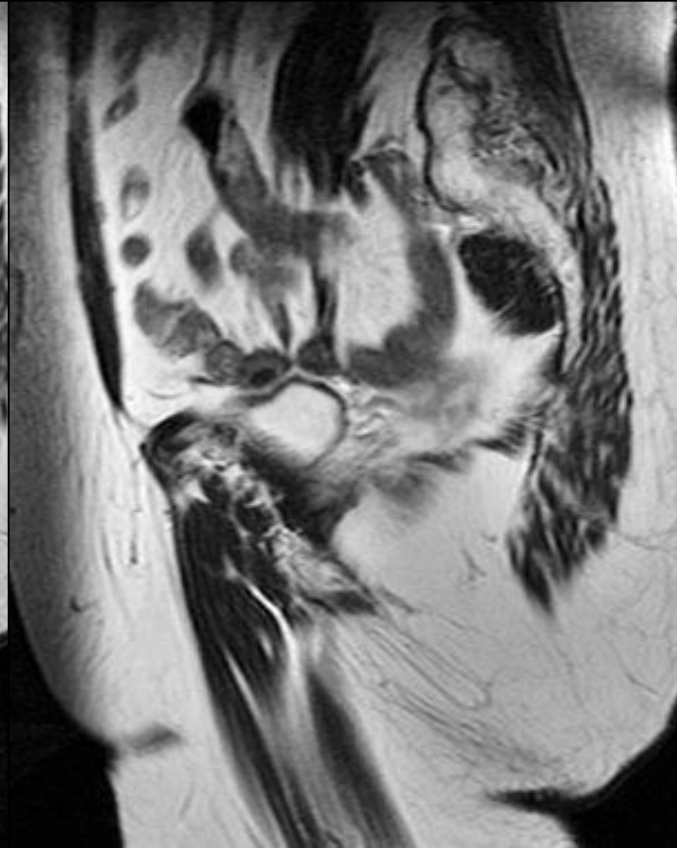
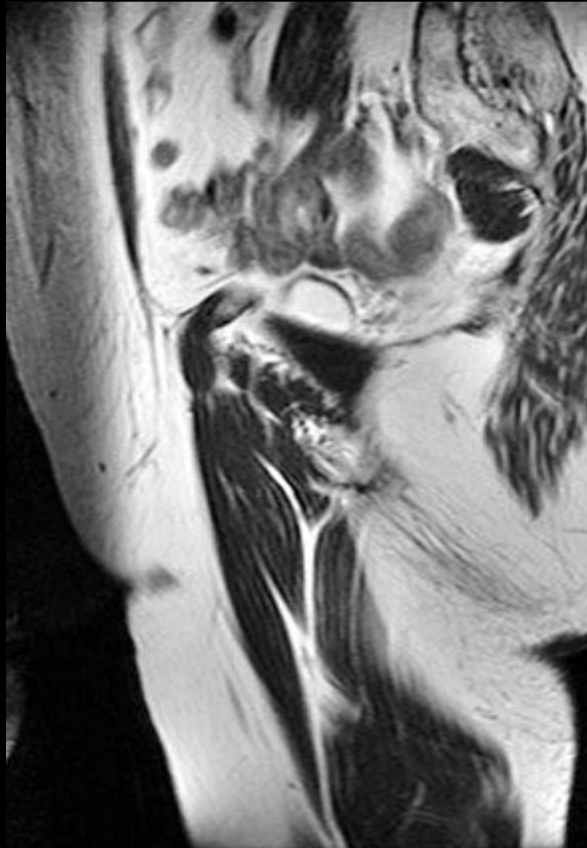
Muscles releveurs de l'anus



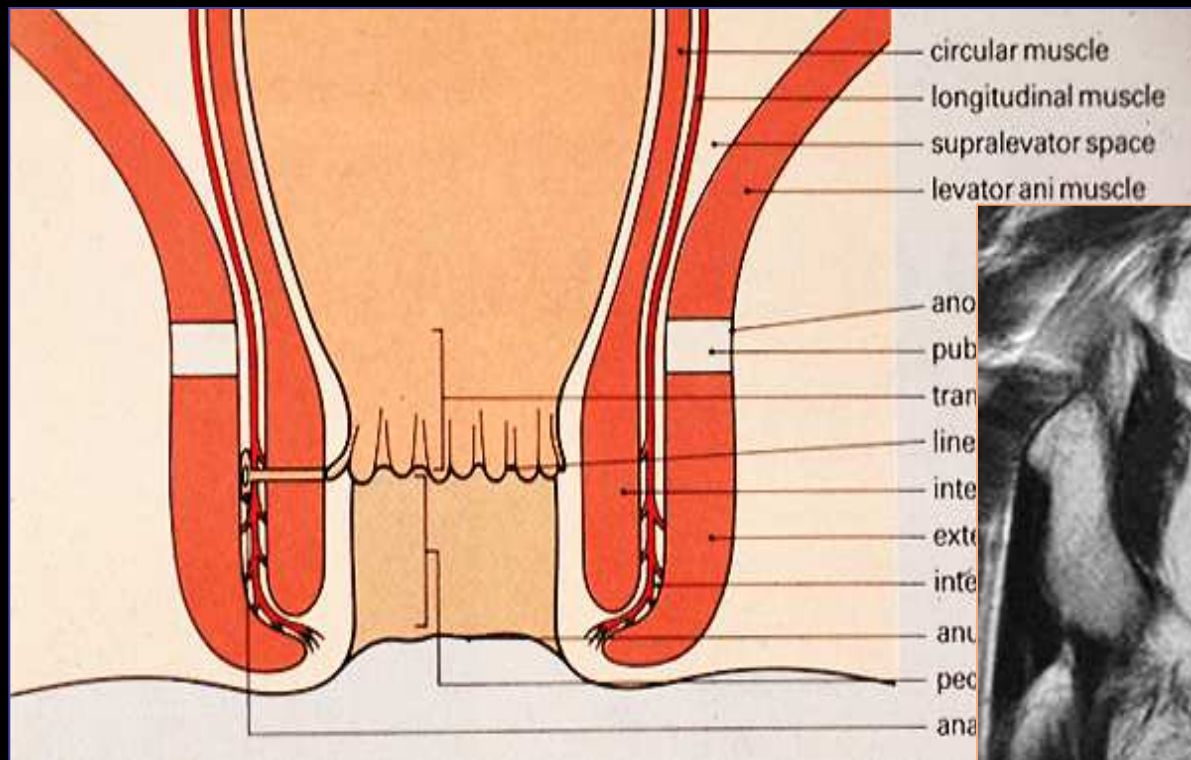
Rappel anatomique



Rappel anatomique



Rappel anatomique



Fistules ano périnéales : terrain

- Fistules simples : ex.clin. suffisant
- Fistules avec trajets complexes : IRM
- **Fistule anale cryptoglandulaire**
 - Fistula in ano
 - Cryptes anales , ligne pectinée
 - Pathologie masculine
- **Fistule anale secondaire à une pathologie sous jacente : Crohn, BK, R*...**
 - Fistules complexes : nbreux orifices externes à distance de l'anus

Fistules ano périnéales : terrain

- LAP au cours de la maladie de crohn sont fréquentes et considérées comme un critère de gravité
- Atteinte ano périnéale sévère entraîne des douleurs chroniques, une suppuration récidivante, et des chirurgies itératives
- TTT multiples : interventions (sétons) et biothérapies

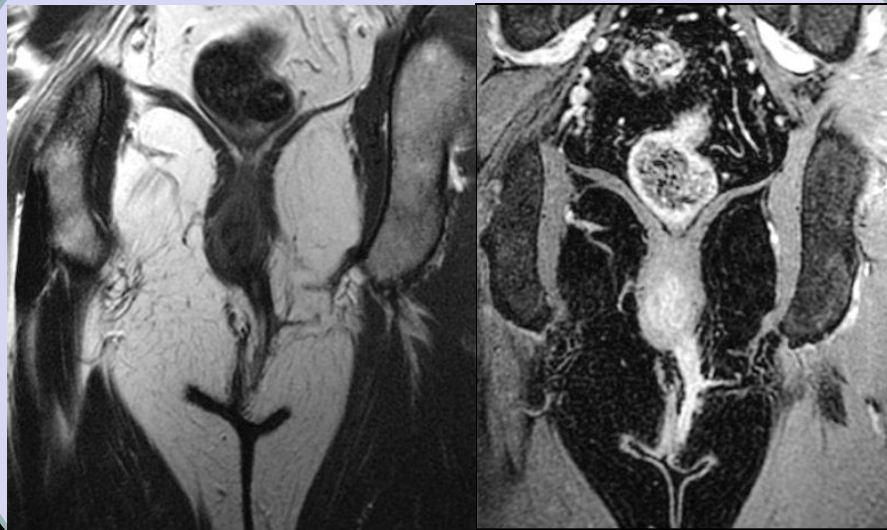
Etapes de l'interprétation

Caractéristiques anatomiques

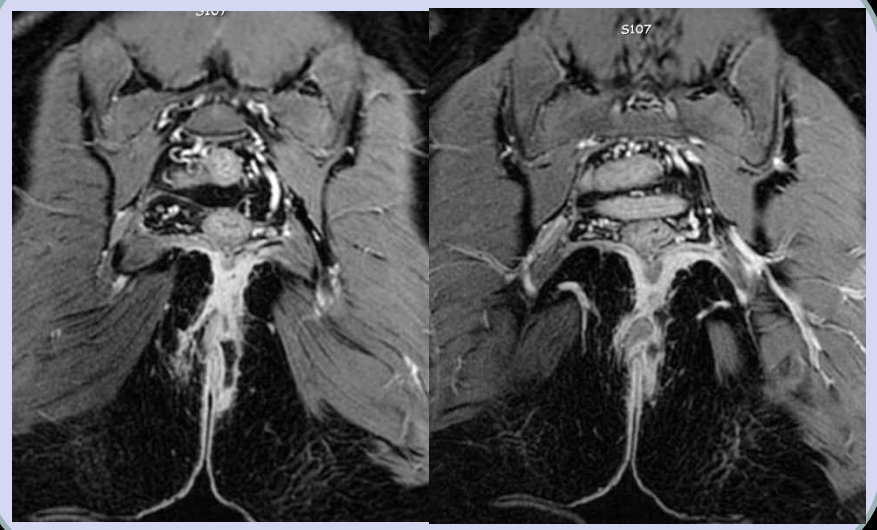
Fistules

- Simple
- Complexe : plusieurs trajets fistuleux

Fistule simple



Fistule complexe

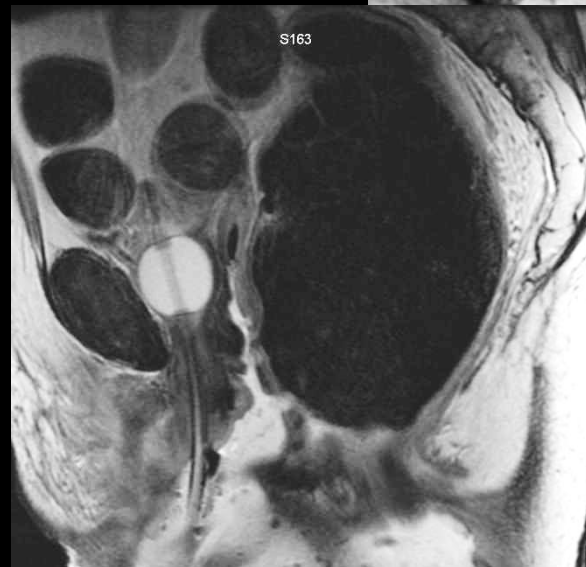


Etapes de l'interprétation

Caractéristiques anatomiques

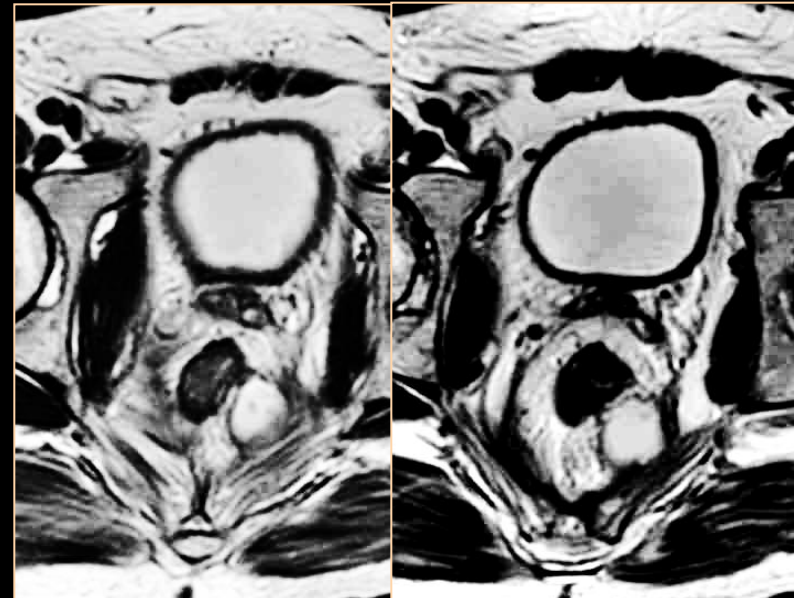
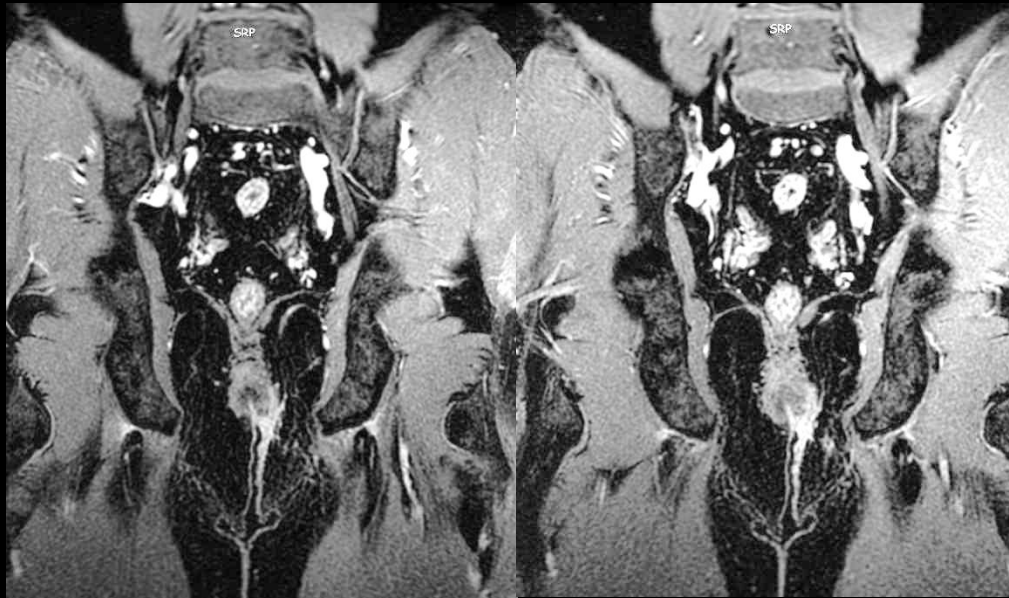
Fistules

- Fer à cheval
- Ano vaginales



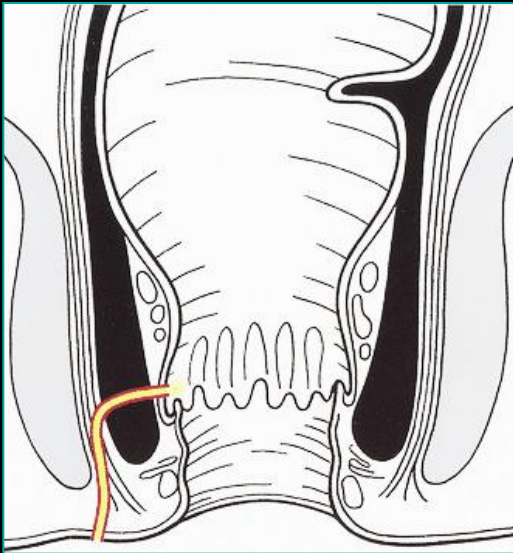
Etapes de l'interprétation

- Sus ou sous lévatorienne

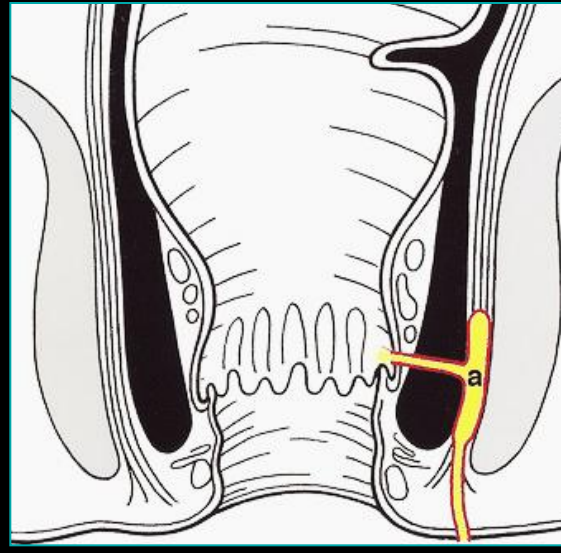


Interprétation

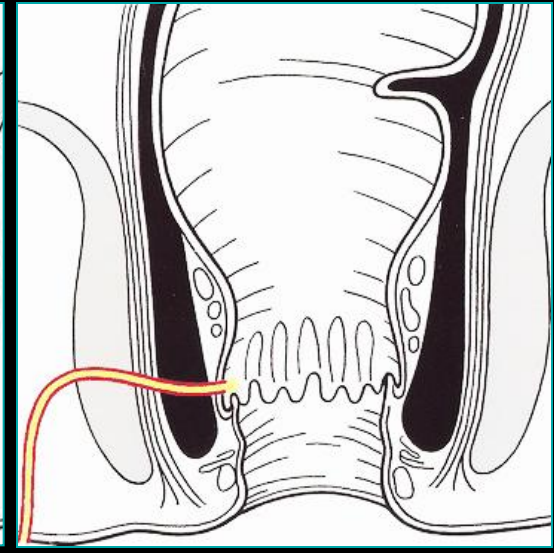
Classification de Parks



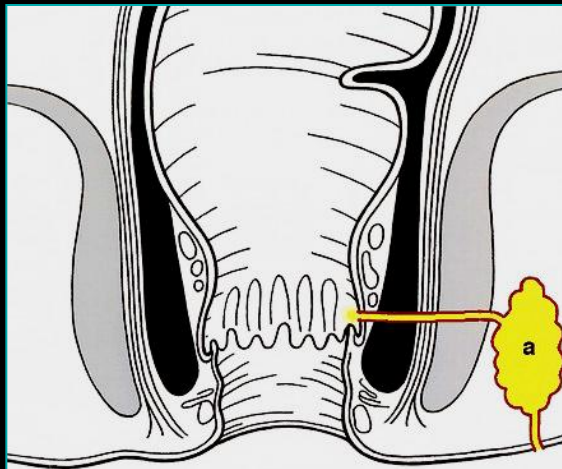
Grade 1 Intersphinctérienne



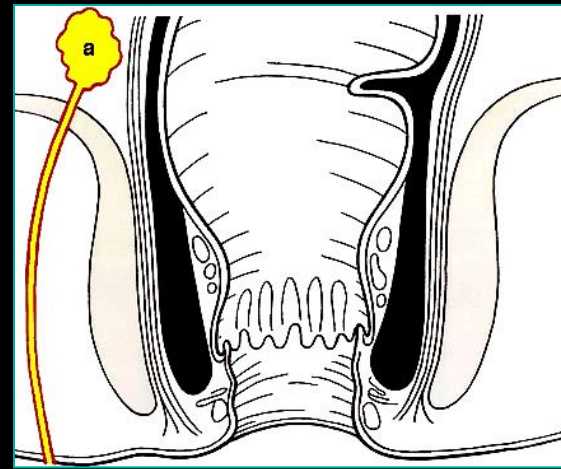
Grade 2 Intersphinctérienne
et abcès



Grade 3 Transsphinctérienne

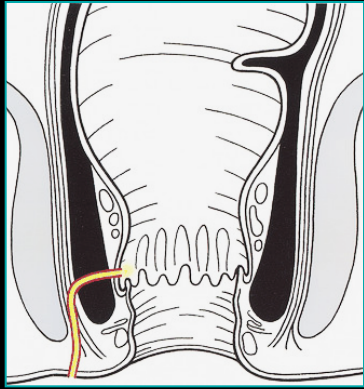


Transsphinctérienne
et abcès grade 4



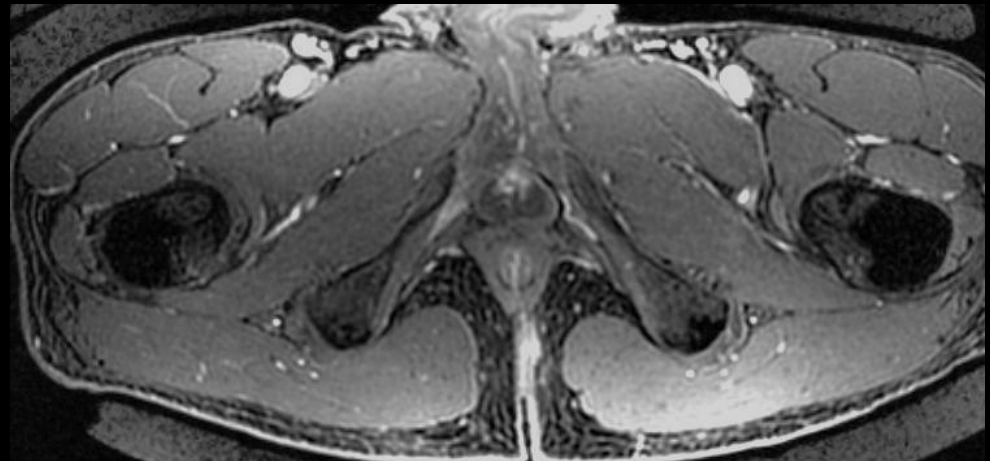
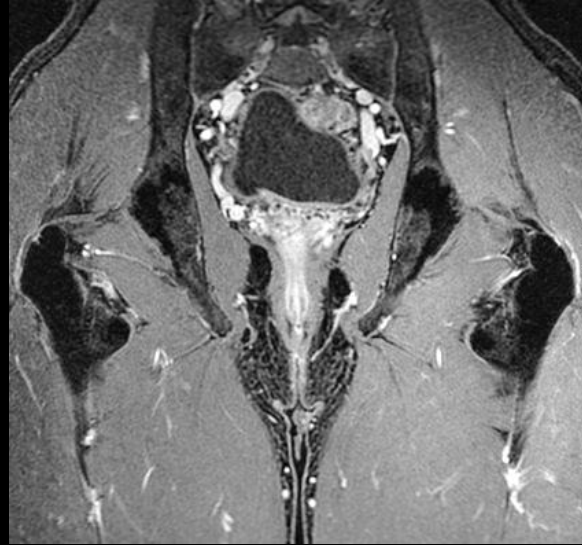
Supralévatorienne grade 5

Interprétation

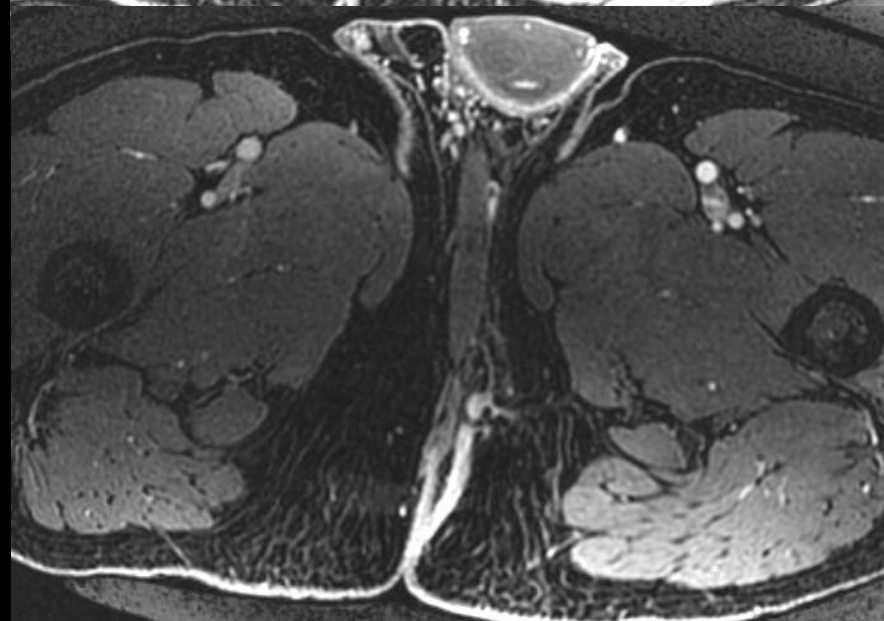


Intersphinctérien

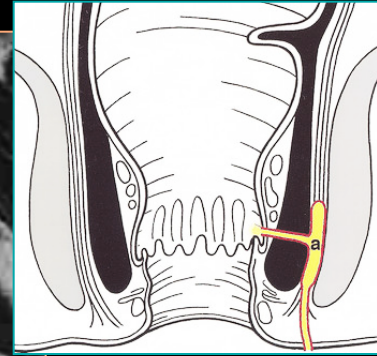
Le trajet fistuleux se développe dans l'espace intersphinctérien depuis la ligne pectinée et entre dans le canal anal en arrière au niveau de la ligne médiane et est circonscrite par le sphincter externe

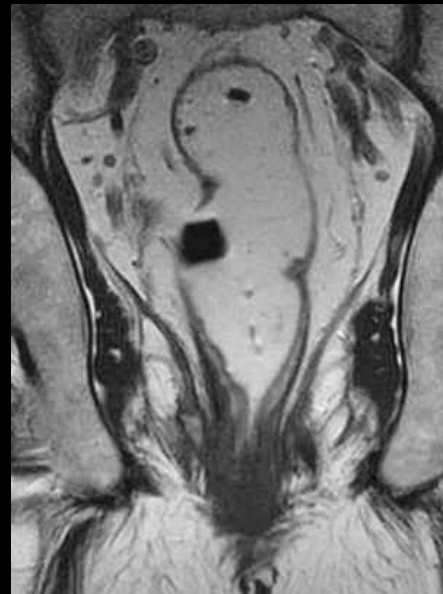
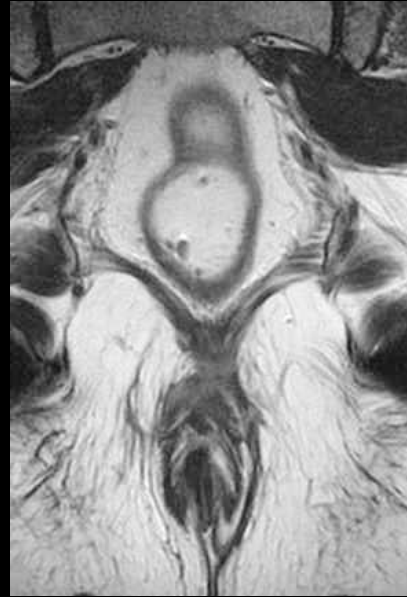


Interprétation

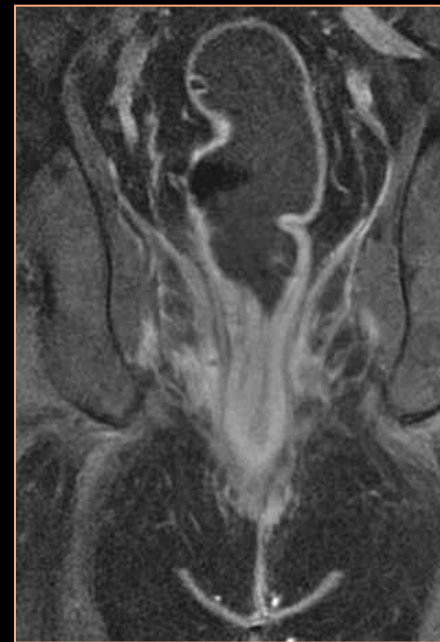
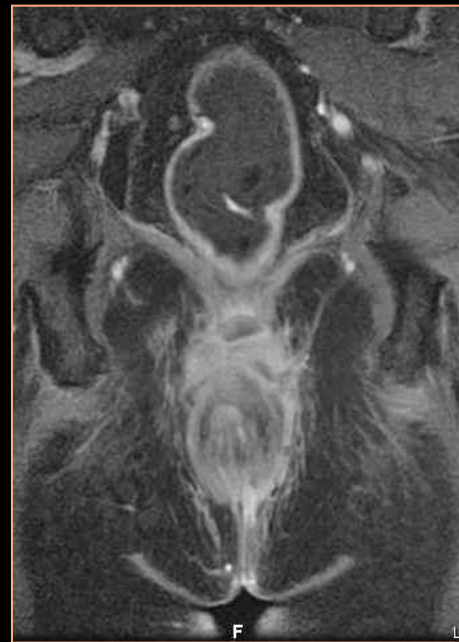
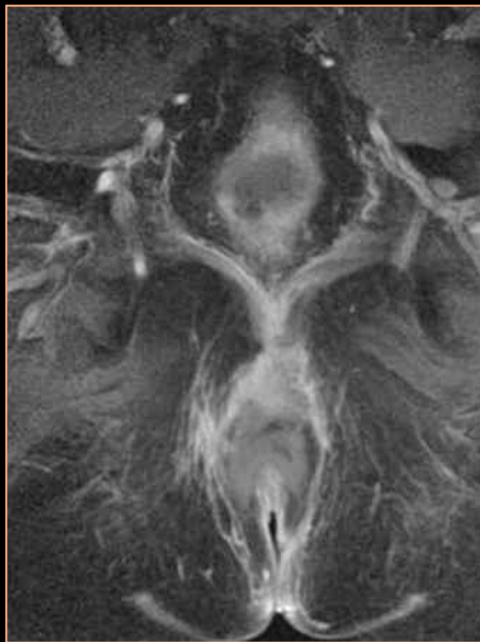
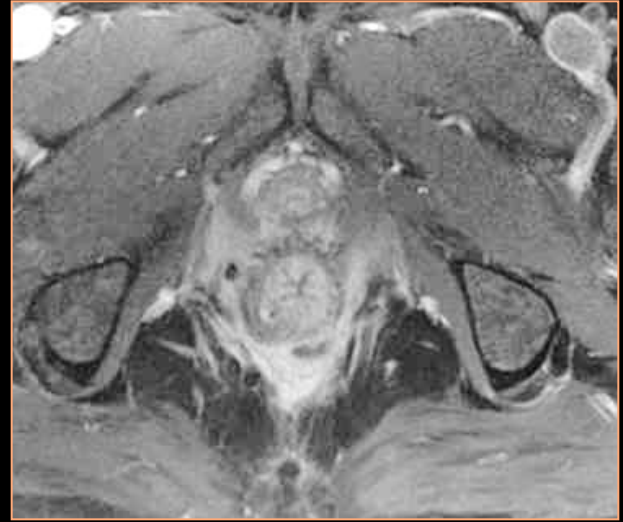
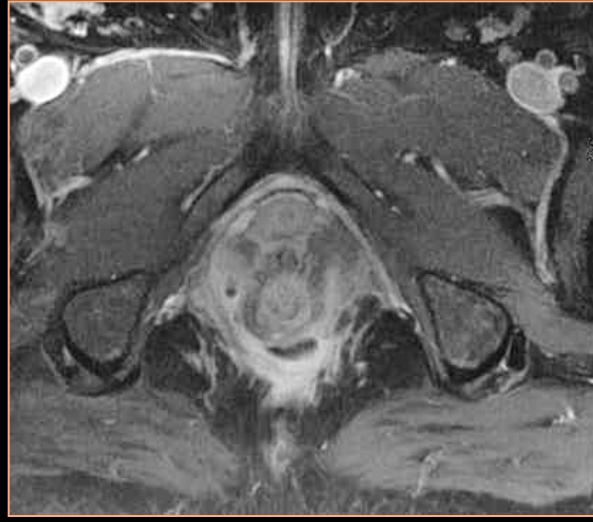


Interprétation

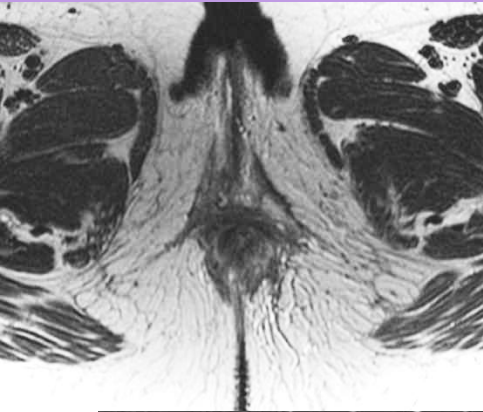
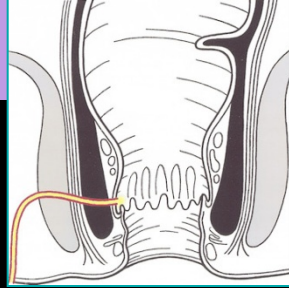




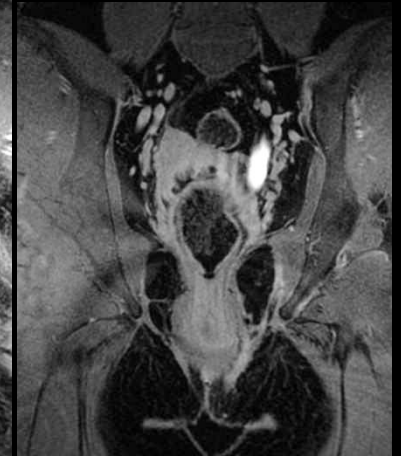
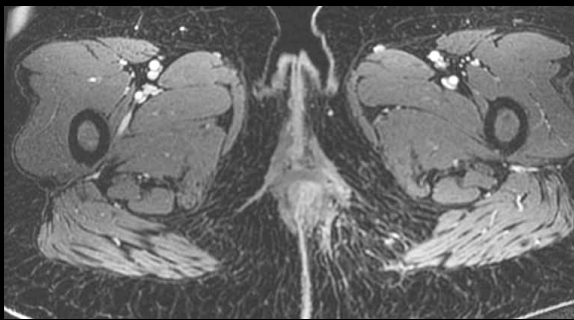
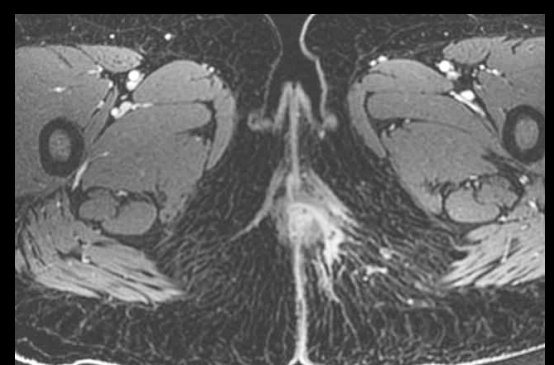
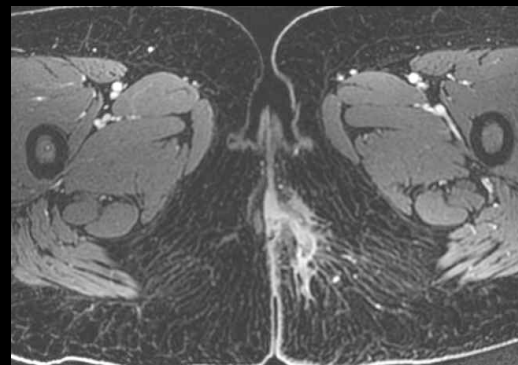
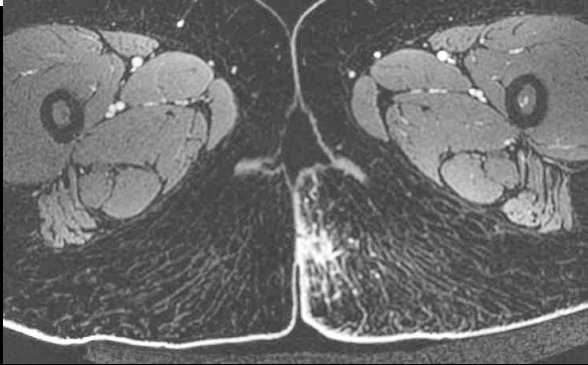
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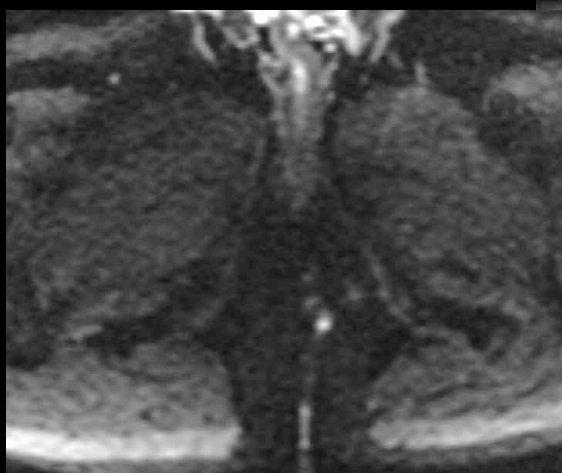
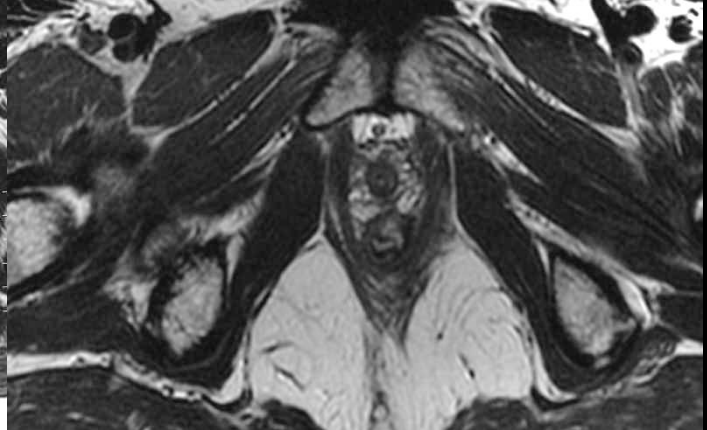
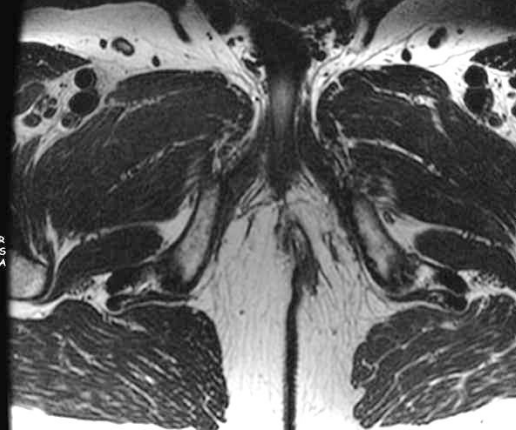
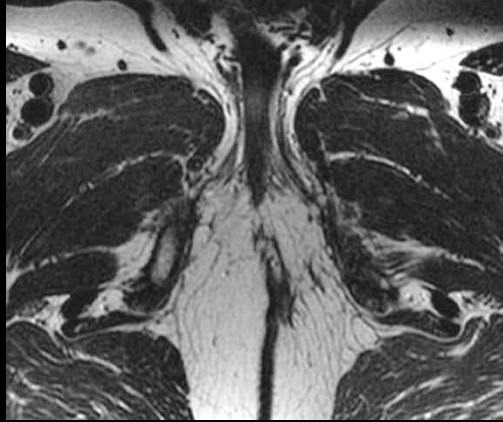
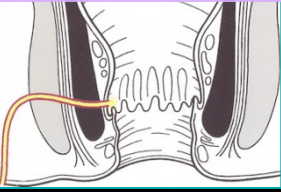
Interprétation



Grade3 Transsphinctérienne



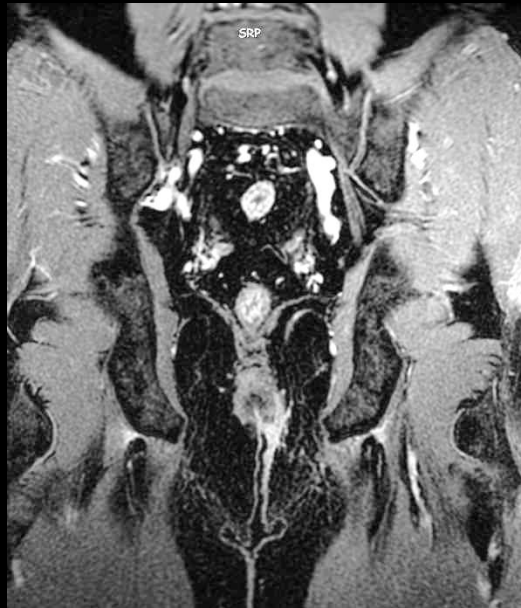
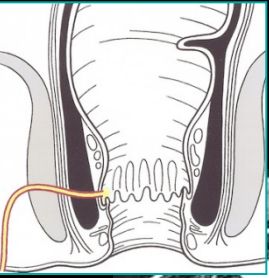
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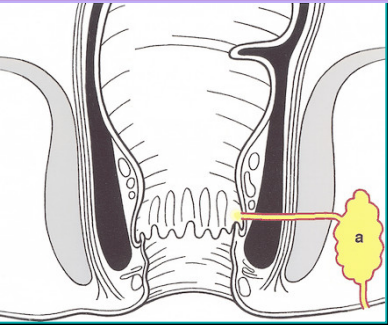
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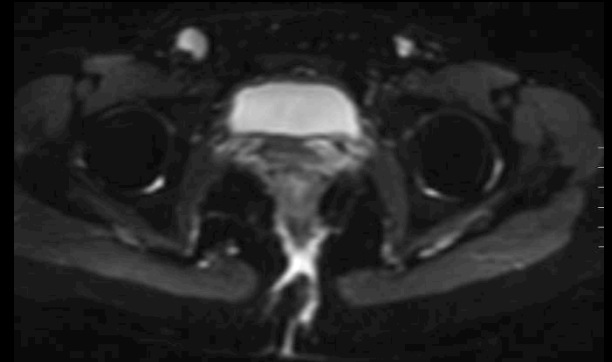
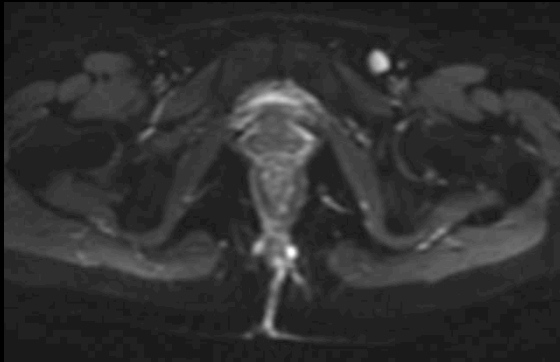
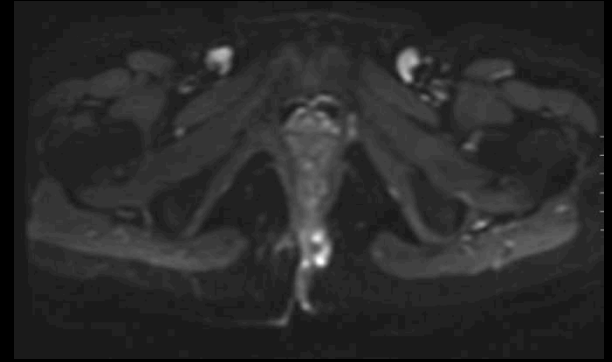
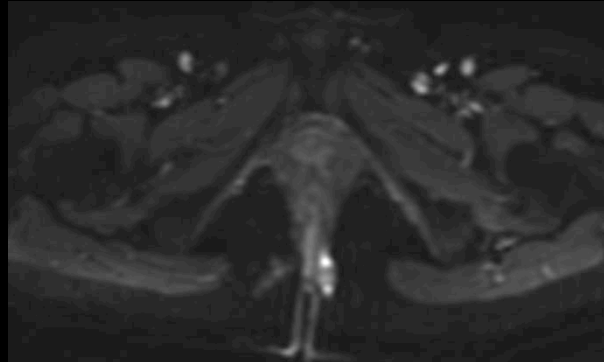
Interprétation



Interprétation

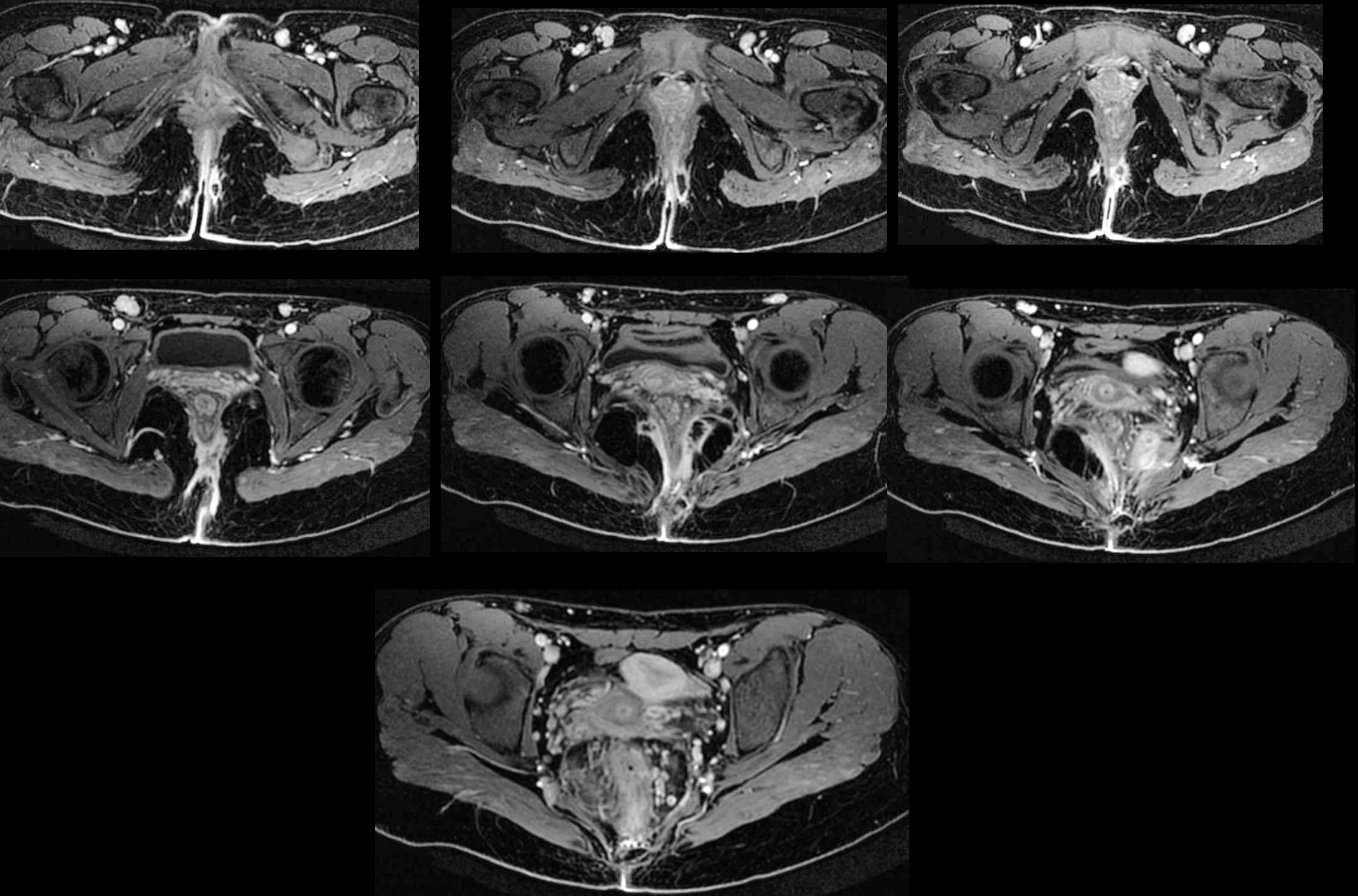


Grade3 Transsphinctérienne avec abcès fosse ischio anale



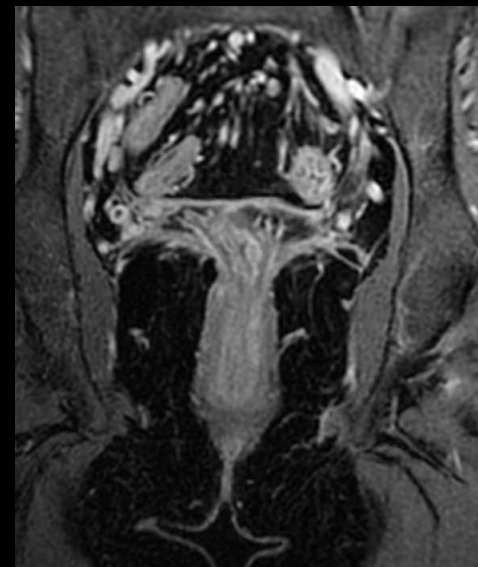
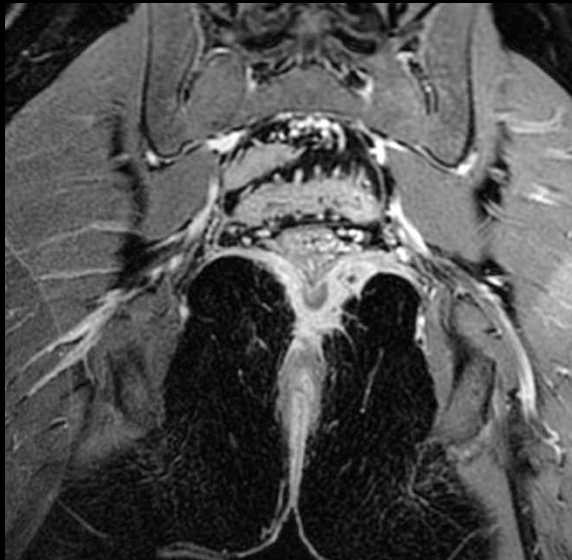
Interprétation

Grade3 Transsphinctérienne avec abcès fosse ischio anale



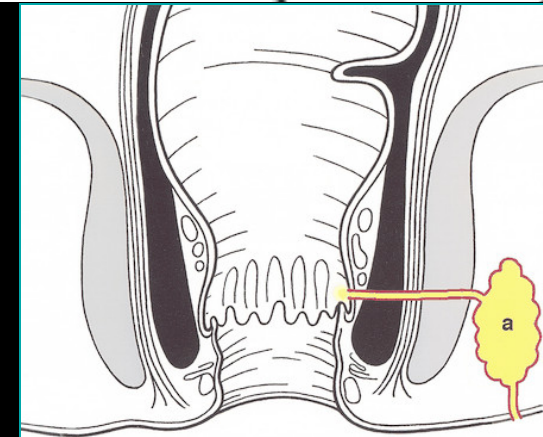
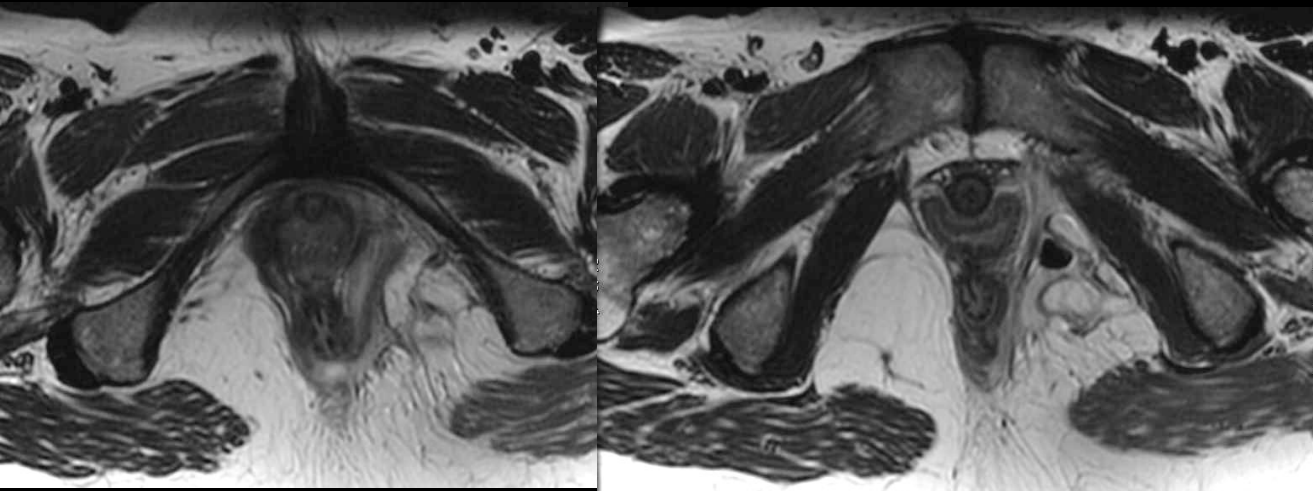
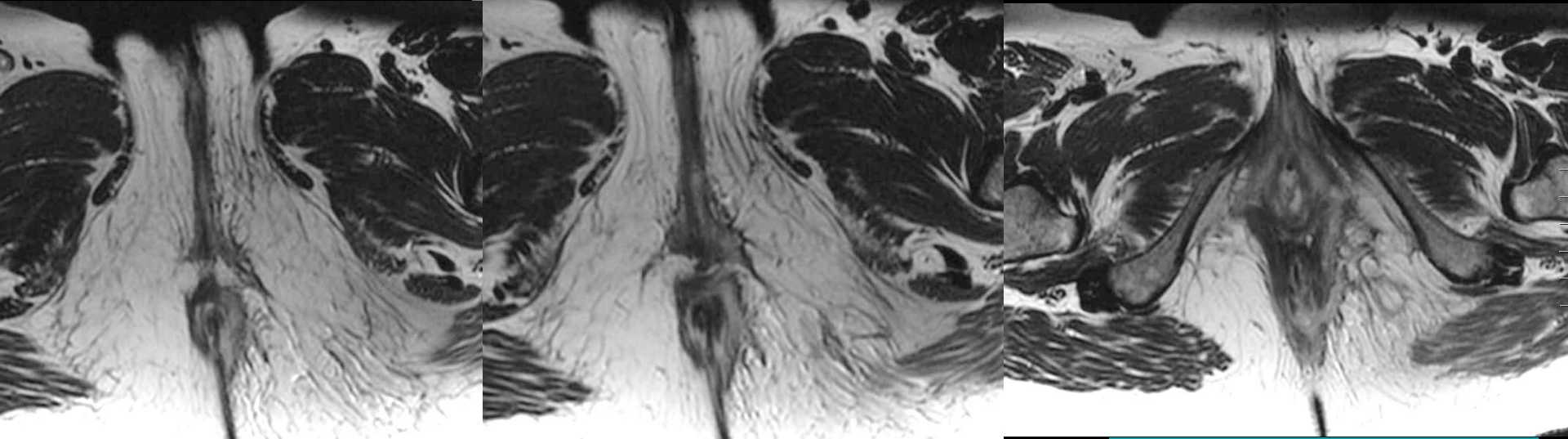
Interprétation

Grade3 Transsphinctérienne avec abcès fosse ischio anale

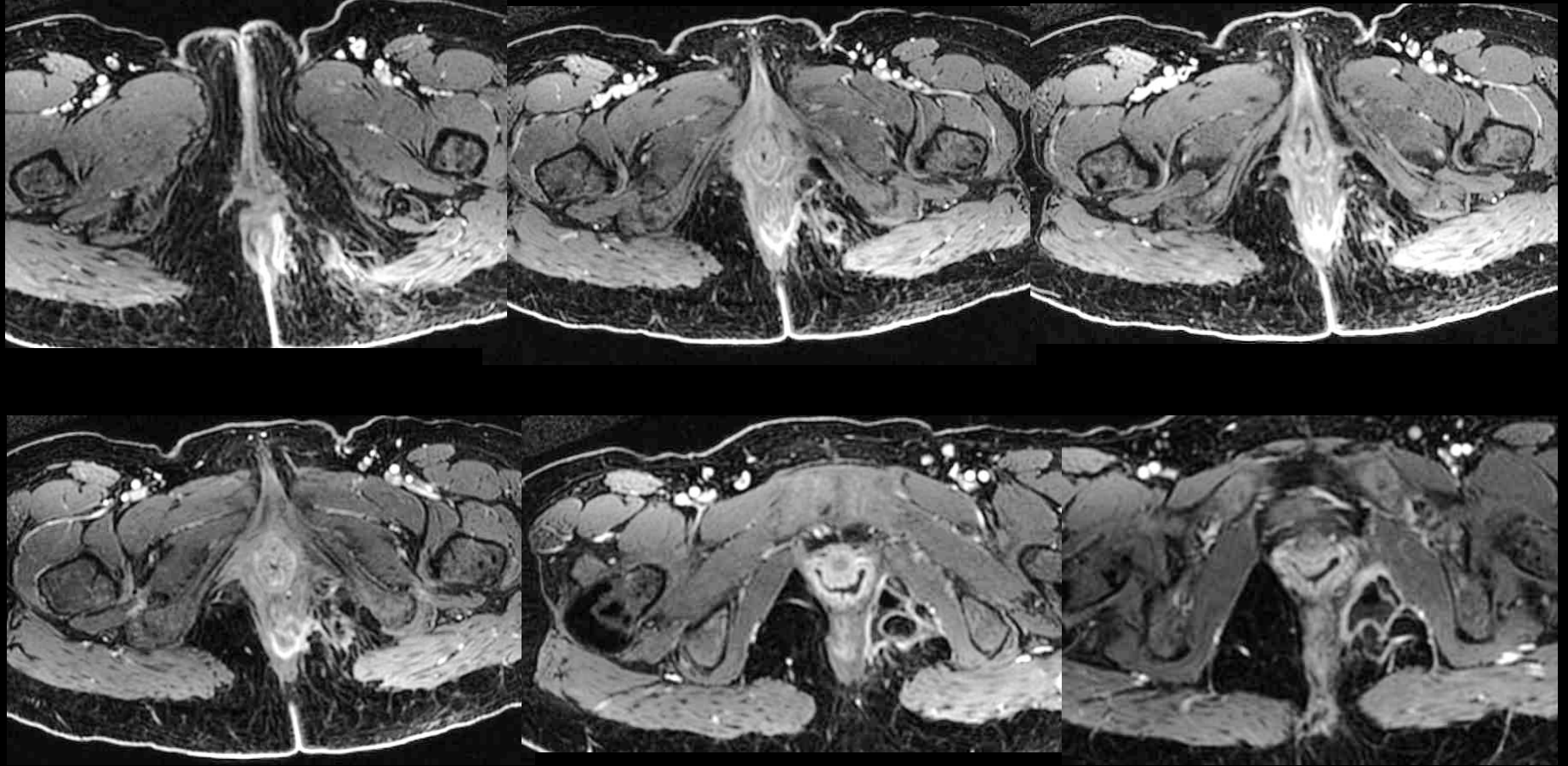


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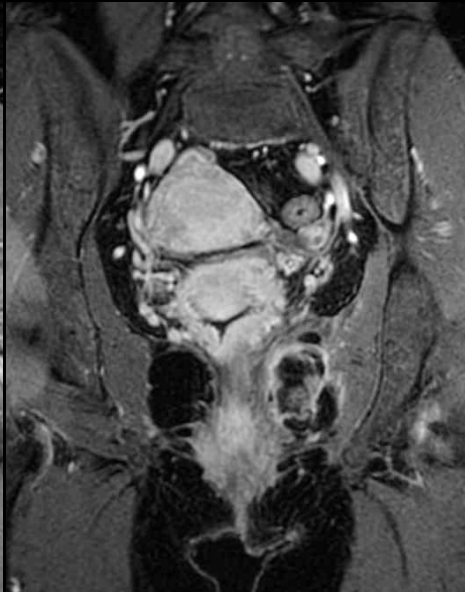
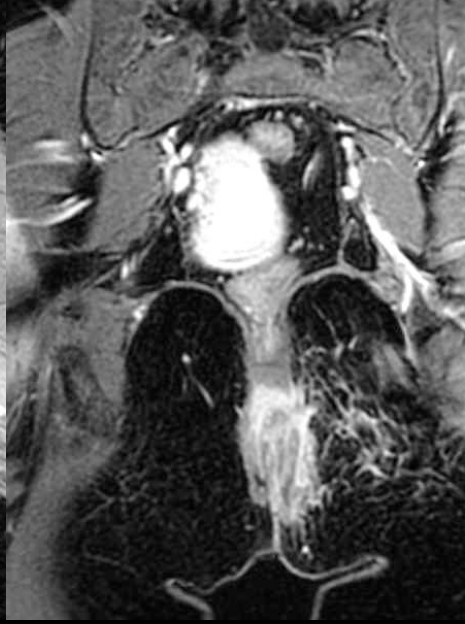
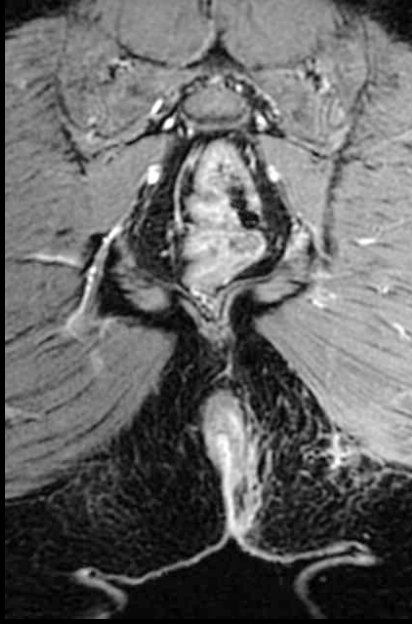
Fistule complexe, Transsphinctérienne avec abcès fosse ischio anale



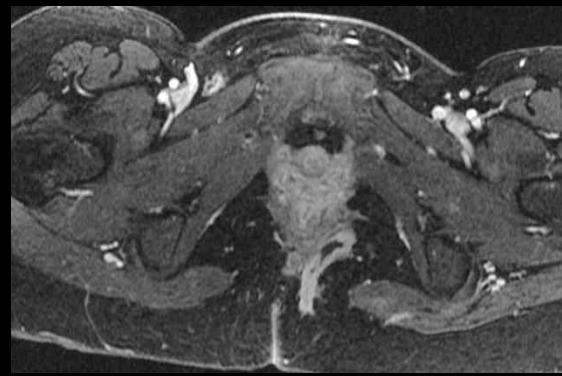
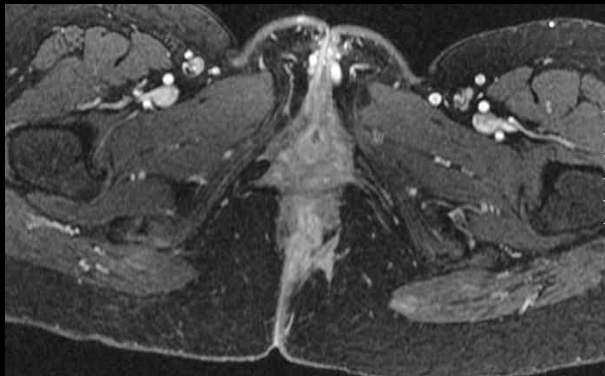
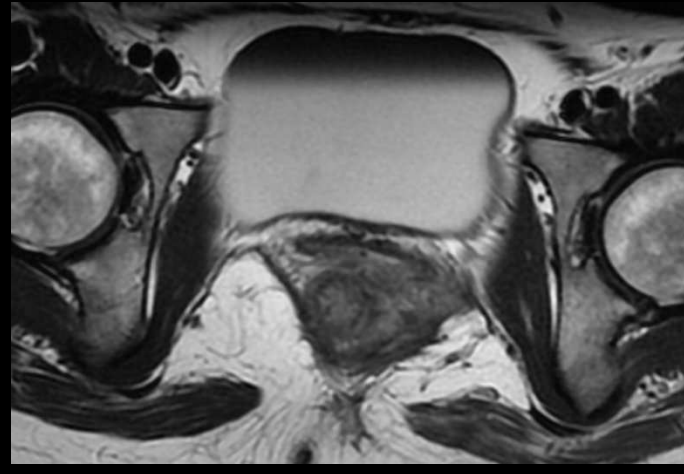
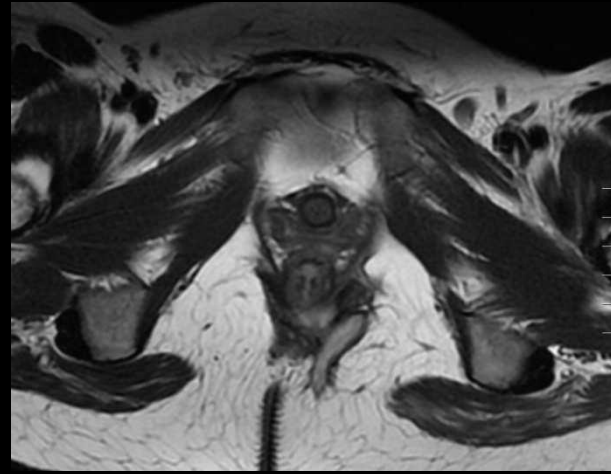
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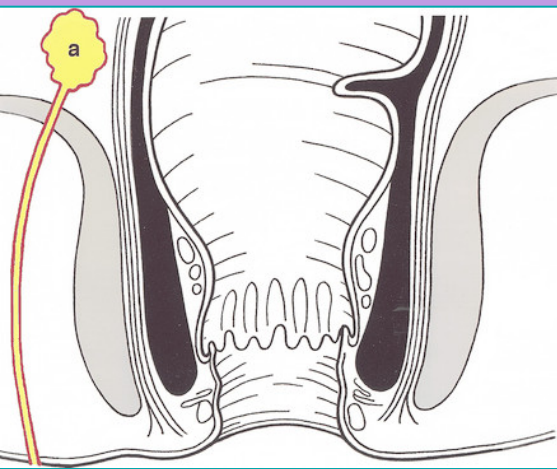
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Interprétation



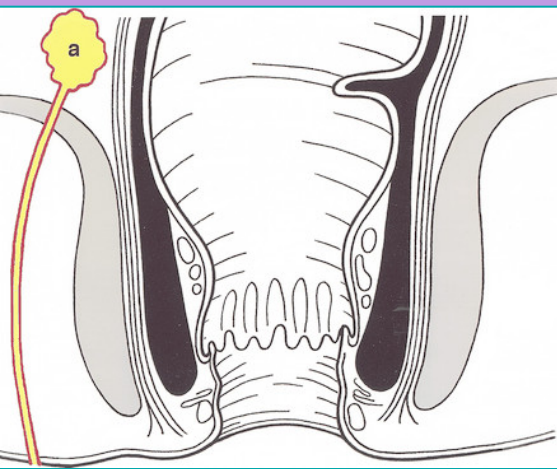
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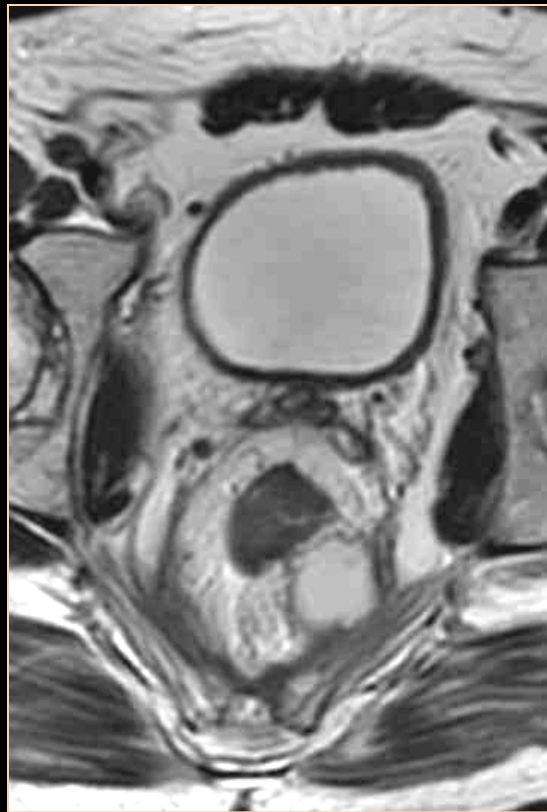
Fistule complexe, Transsphinctérienne avec abcès supra lévatoriens



Interprétation

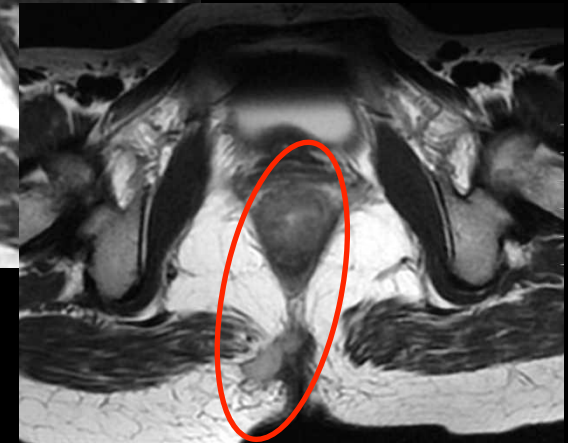
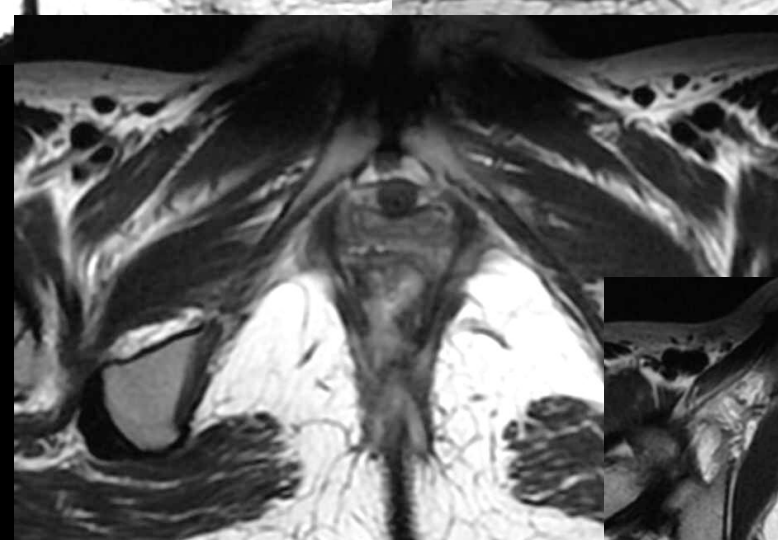
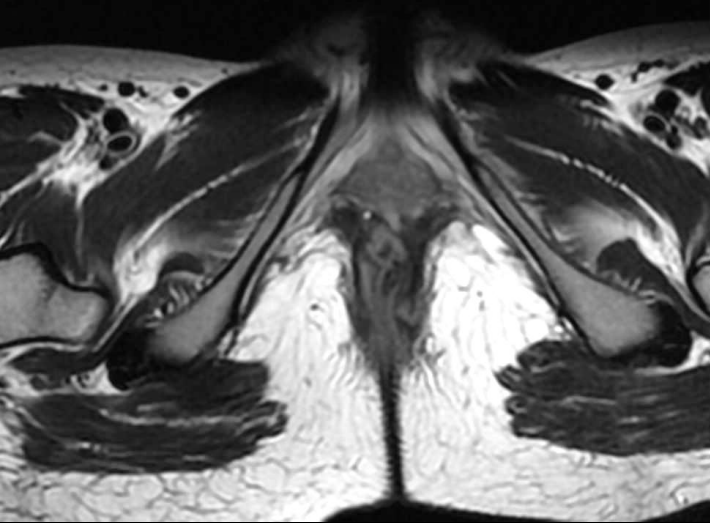
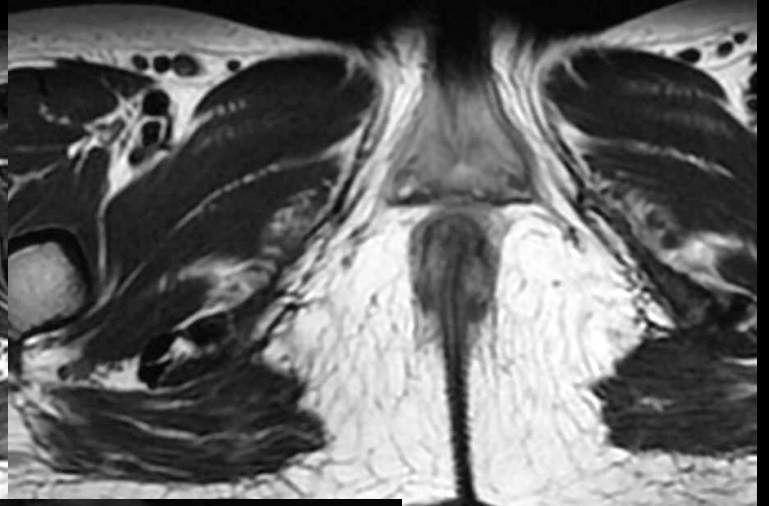
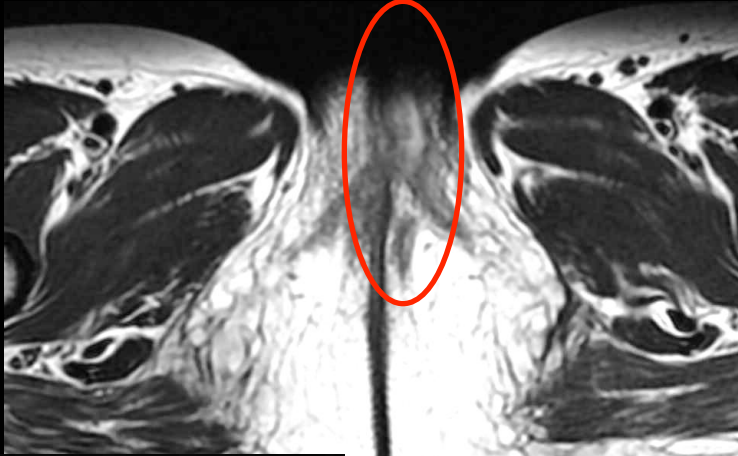


Fistule complexe, Transsphinctérienne avec abcès supra lévatoriens



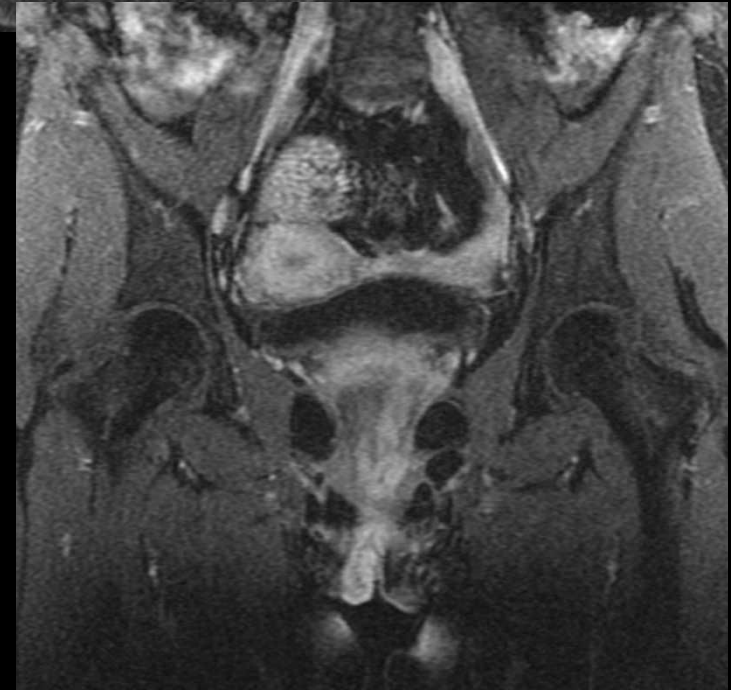
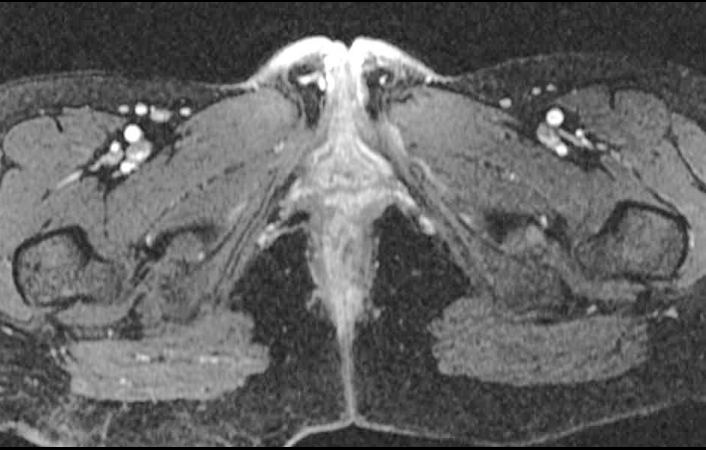
Interprétation

Fistule anale complexe avec organes de voisinage vers l'avant et vers l'arrière



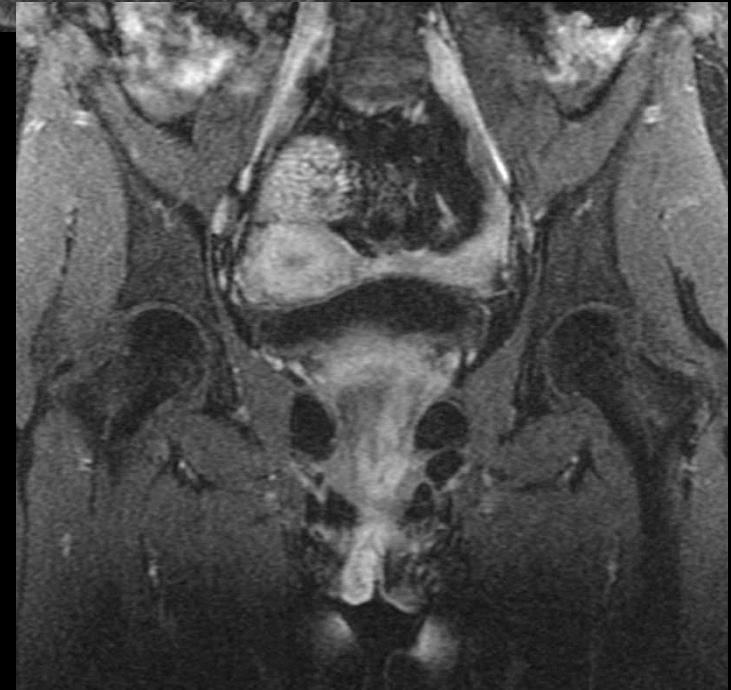
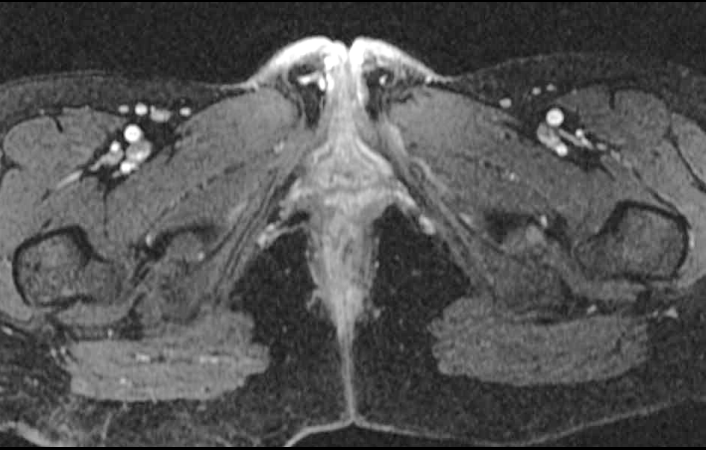
Interprétation

Fistule anale avec organe de voisinage



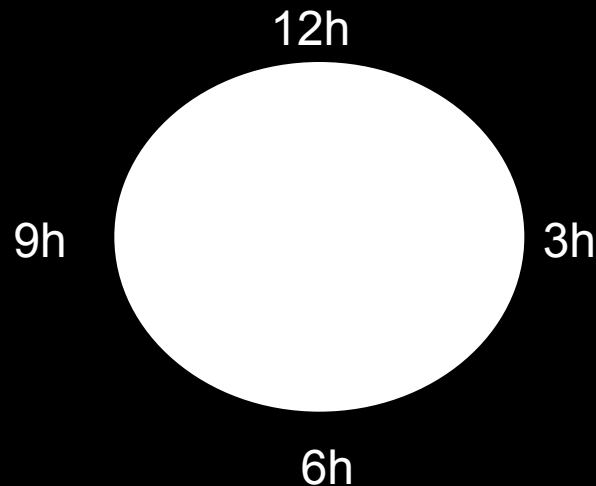
Interprétation

Fistule anale avec organe de voisinage



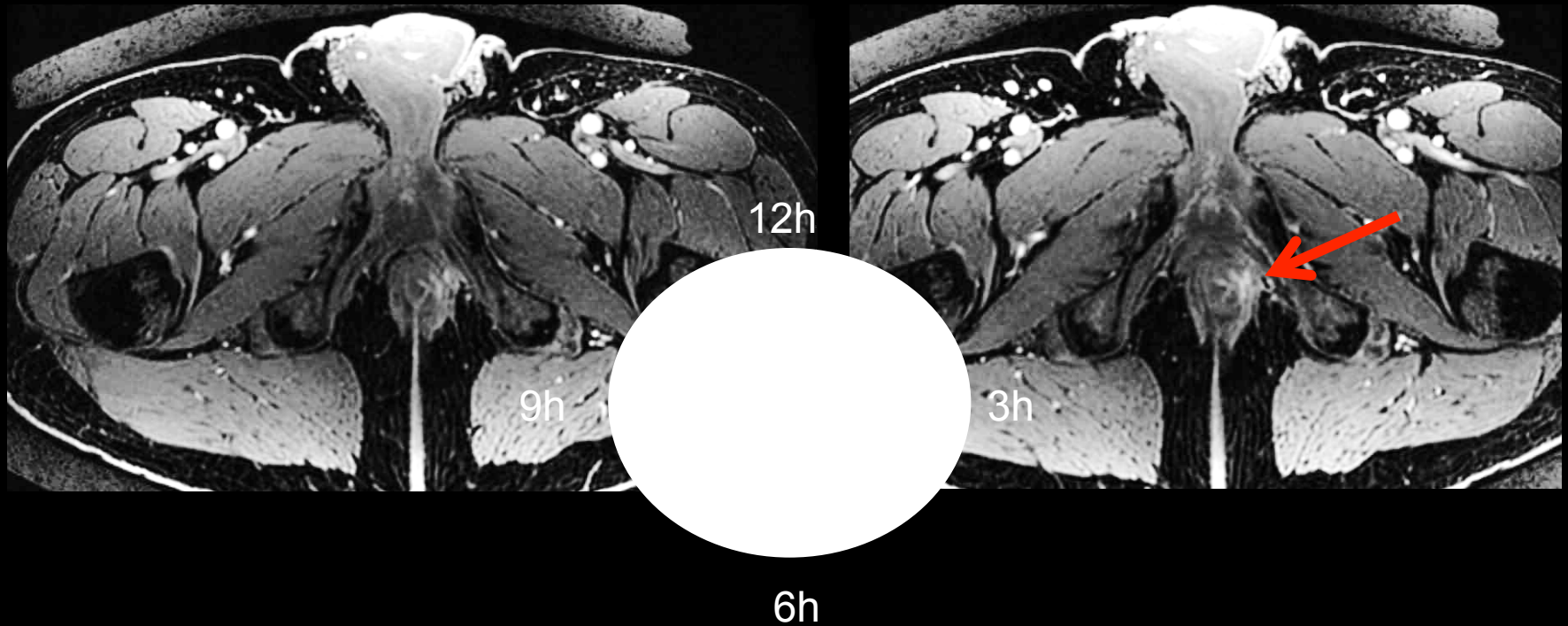
Etapes de l'interprétation

- **Orifice interne**
 - Patient en décubitus
 - Position orifice interne :
 - Horaire par rapport au canal anal



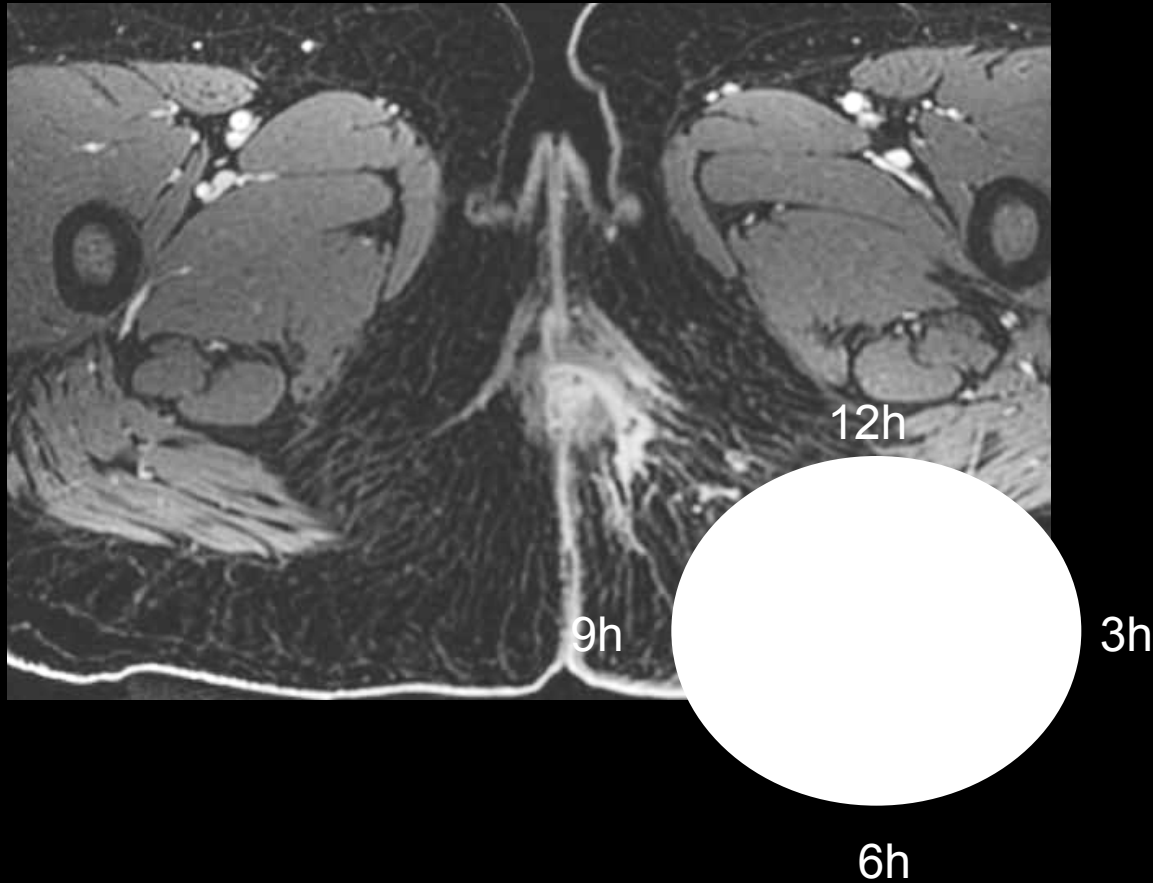
Etapes de l'interprétation

- Orifice interne



Etapes de l'interprétation

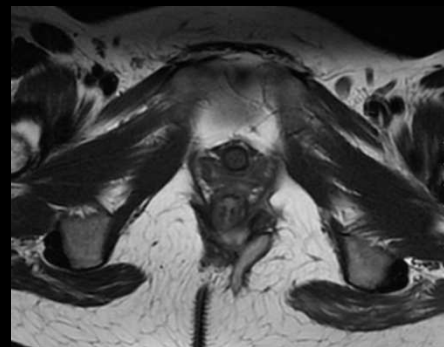
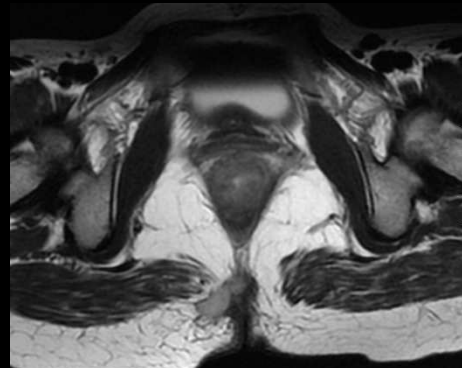
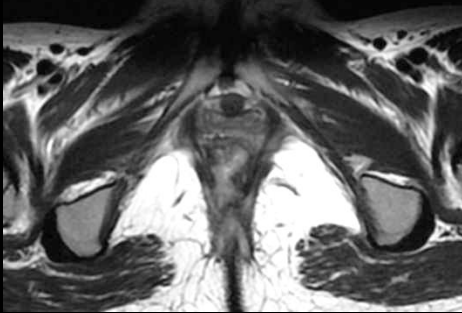
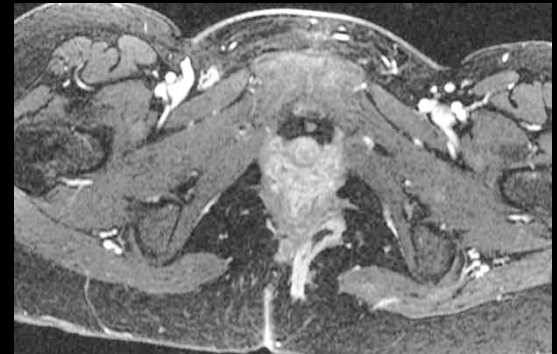
- **Orifice interne**



Etapes de l'interprétation

Activité de la maladie

- Hypersignal T2
- Hypersignal en DWI
- Prise de contraste après injection



Options thérapeutiques

- Fistules intersphinctériennes ou transsphinctériennes basses
 - fistulotomies
- Fistules transsphinctériennes hautes ou complexes:
 - mise à plat progressive par traction ischémiant (séton)
- Flap muqueux ou lambeau (fistule ano vaginale)
- Colle biologique, PLUG
- Proctectomies, AAP

En résumé

- **Critères anatomiques descriptifs**
 - Fistule simple, complexe, en fer à cheval
 - Topographie par rapport aux releveurs de l'anus
 - Rapport par rapport aux sphincters interne et externe (classification de Parks)
 - Topographie de l'orifice interne
 - Présence ou non d'abcès
 - Pathologie rectale associée ou non
- **Critères d'activité de la fistule**
 - Hypersignal T2
 - Hypersignal en DWI
 - Prise de contraste après injection.

IRM canal anal

Tumeurs du canal anal

Tumeurs du canal anal

- **Cancer du canal anal :**
 - incidence x4 dans les trente dernières années +++++
 - atteinte des femmes d'âge mur et les hommes HIV+ (papillomavirus)
- **Le diagnostic se fait sur la biopsie et il s'agit d'un carcinome épidermoïde dans 95% des cas**

Staging T et N

	TNM (TR)	UsT Infiltration pariétale
T1	Taille < 2 cm	Atteinte muqueuse et sous muqueuse
T2	2-5 cm	Atteinte SI
T3	> 5 cm	Atteinte SE
T4	Envahissement organes de voisinage	Envahissement organes de voisinage

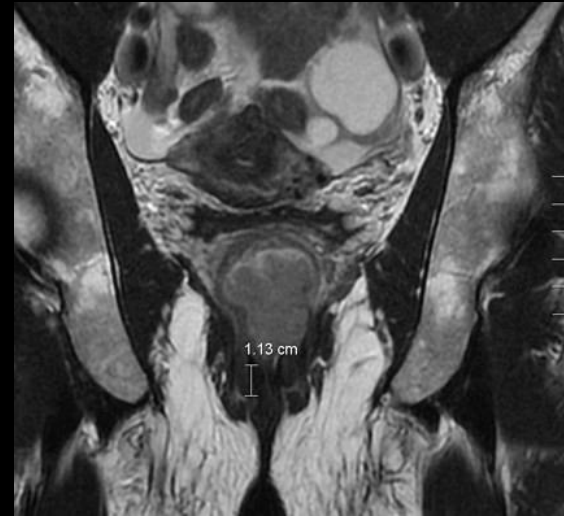
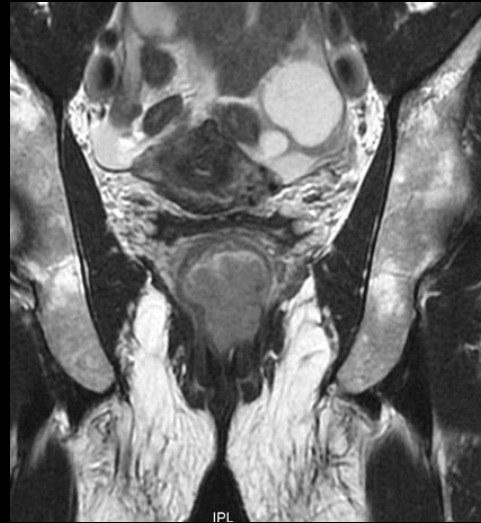
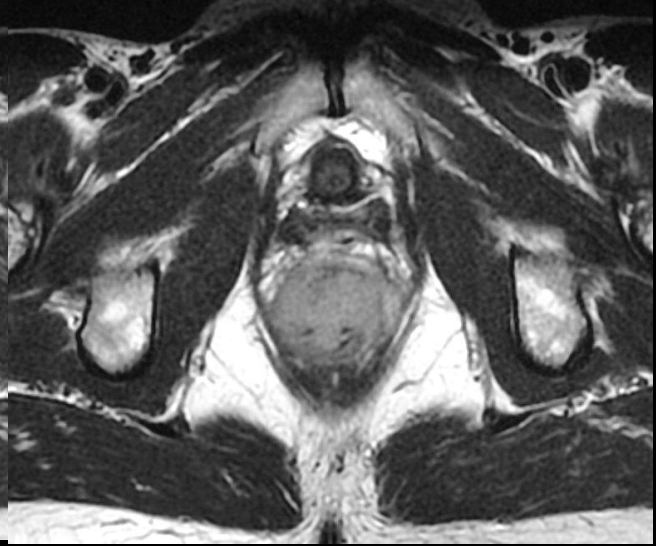
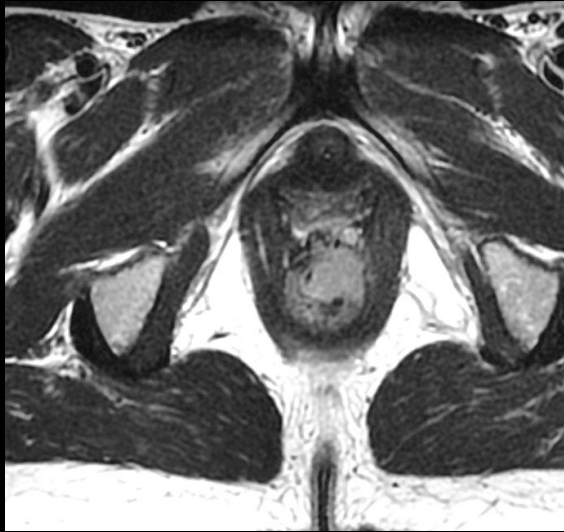
NO	Pas d'extension gg
N1	Atteinte pérectale
N2	Atteinte iliaque interne et ou inguinale homolatérale
N3	Atteinte pérectale et inguinale et ou iliaque interne bilatérale et ou inguinale bilatérale

Tumeurs du canal anal : TTT

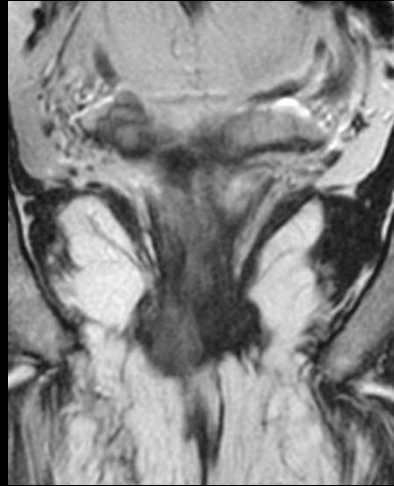
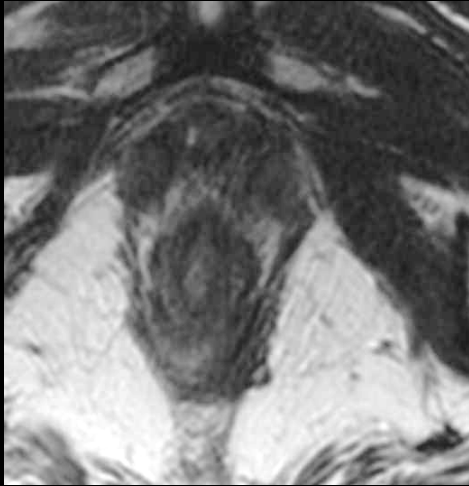
- **Radiochimiothérapie :**
 - stades T2,T3, T4
 - Tout stade si N+
- **Radiothérapie exclusive si stade T1 N0**

Interprétation

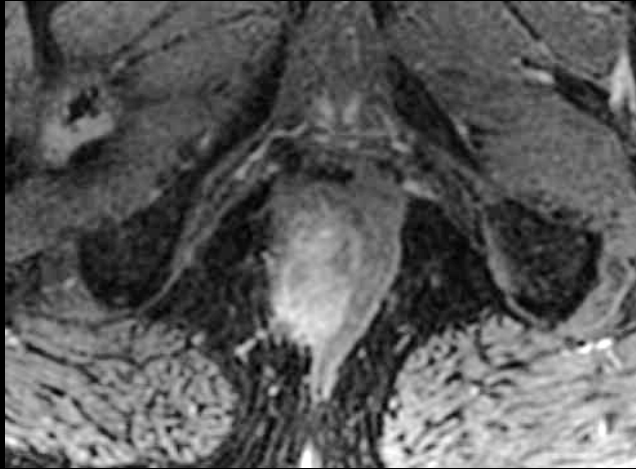
Lésion T2



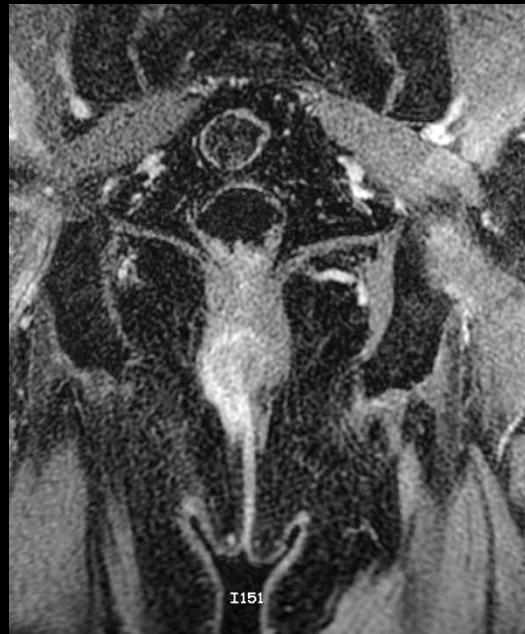
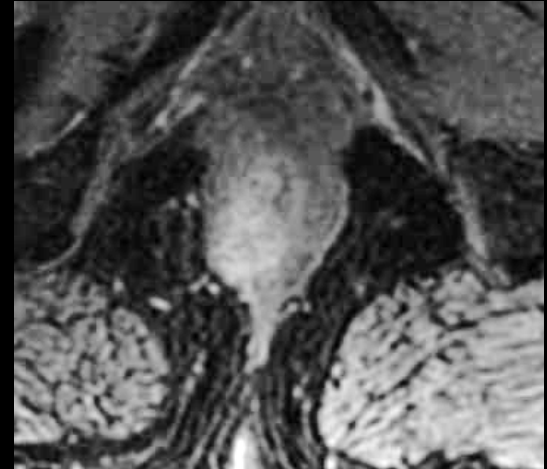
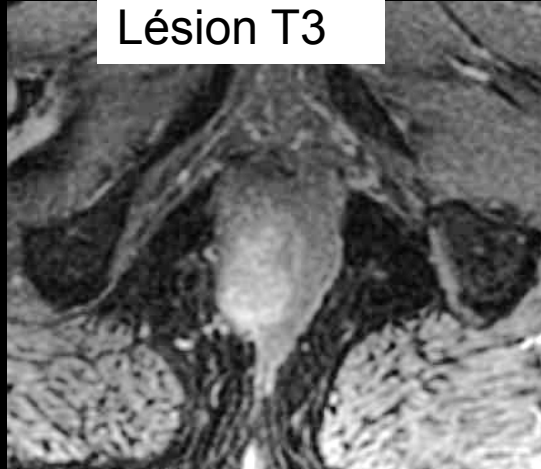
Interprétation



Interprétation



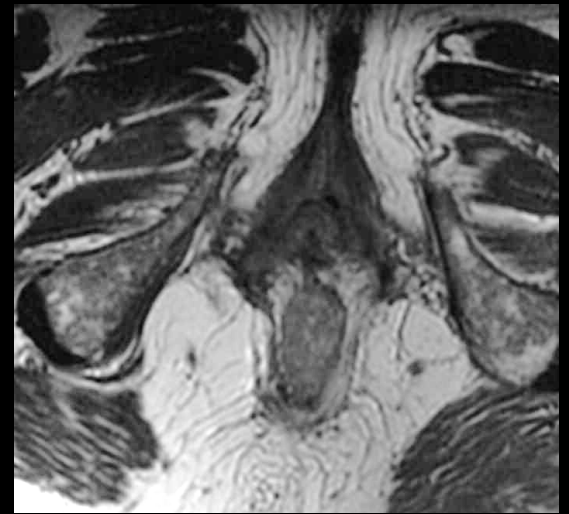
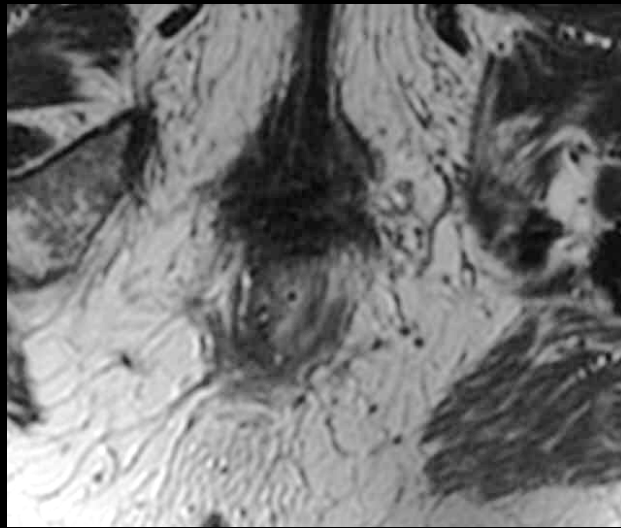
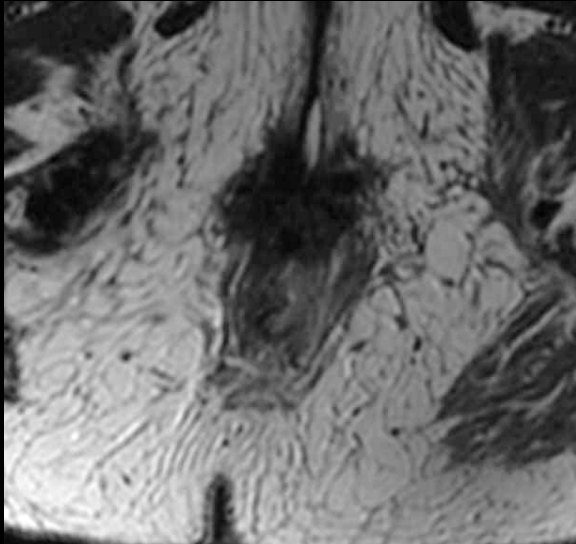
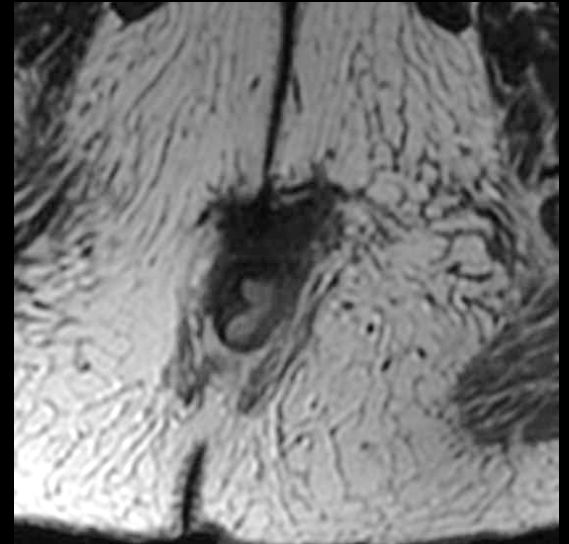
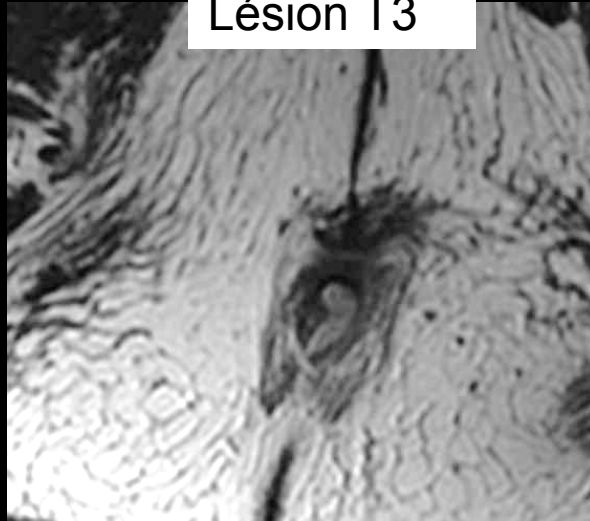
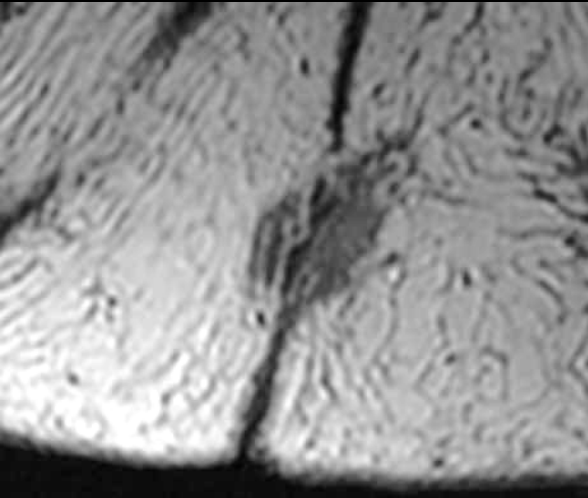
Lésion T3



Atteinte du sphincter externe à droite

Interprétation

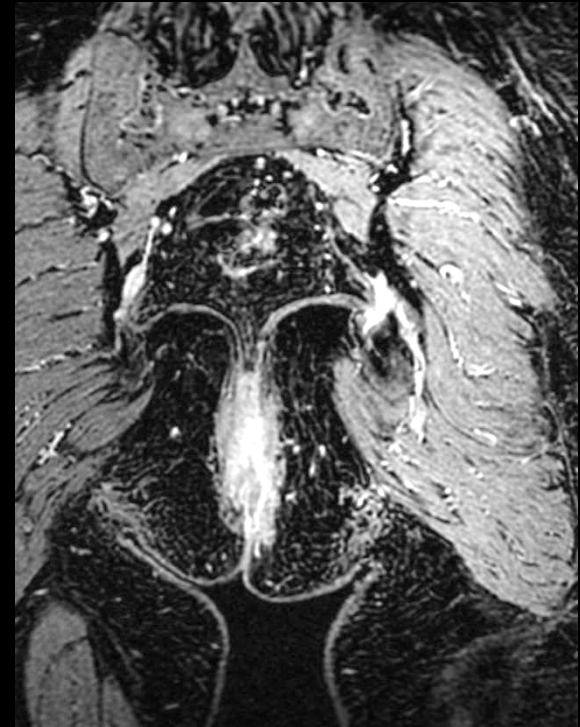
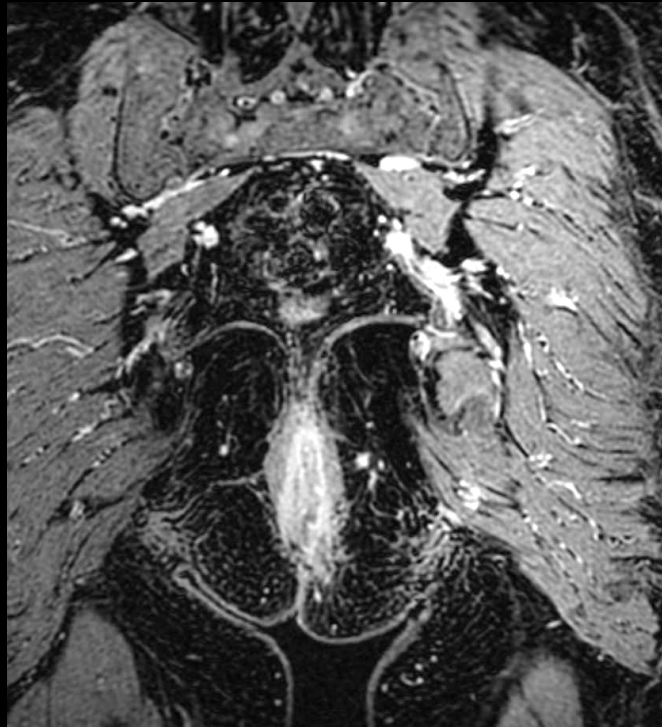
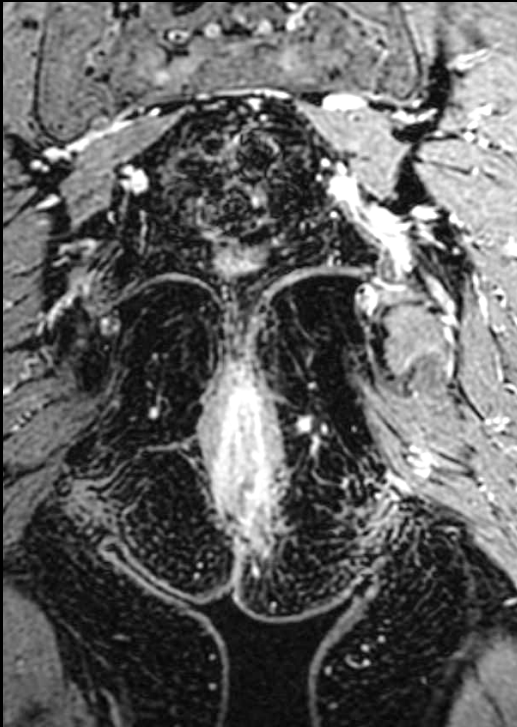
Lésion T3



Atteinte du sphincter externe à gauche

Interprétation

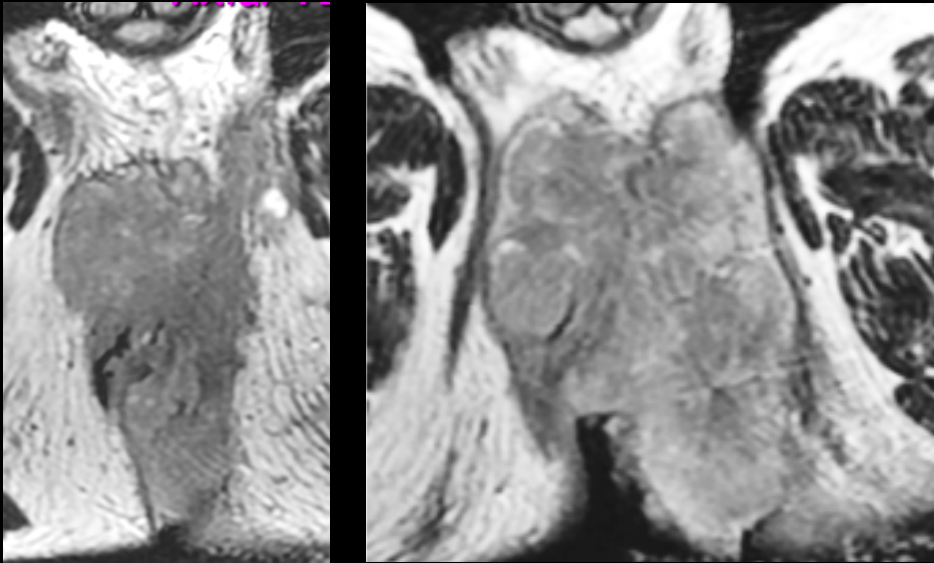
Lésion T3



Atteinte du sphincter externe à gauche

Interprétation

Lésion T3

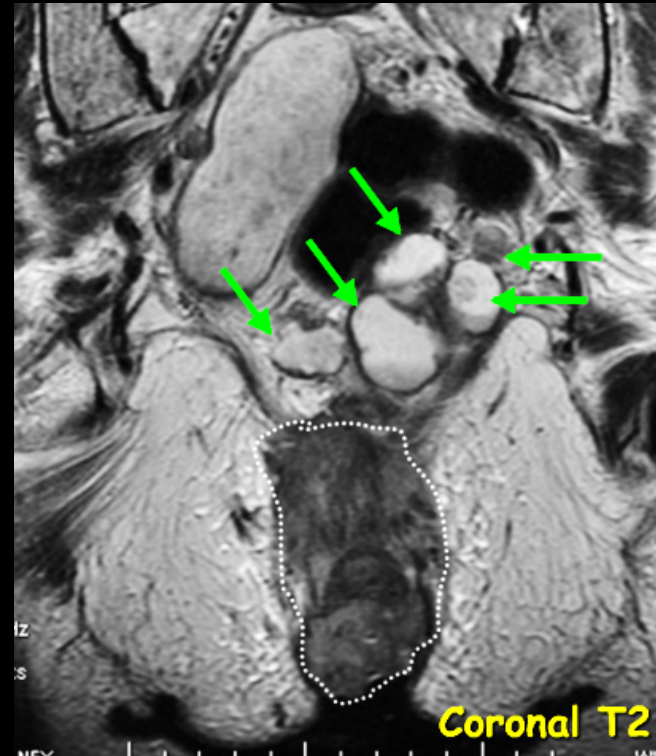


Cancer du 1/3 inférieur du canal anal, infiltration de la partie basse de l'appareil sphinctérien, de la fosse ischio anale, de la marge anale et du périnée. Jonction ano rectale, muscles releveurs et bas rectum respectés

Fernandez et al. CHU Bichat Claude Bernard-APHP, Poster JFR 2010

Interprétation

Lésion T3N3

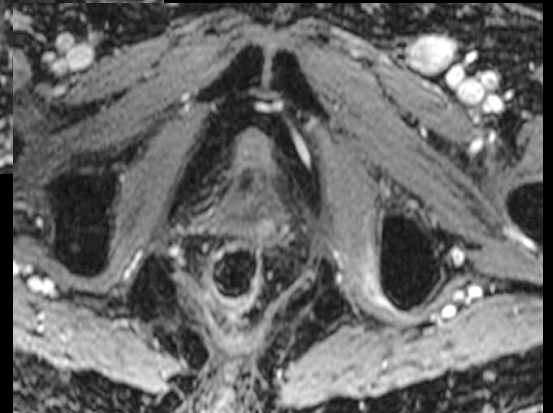
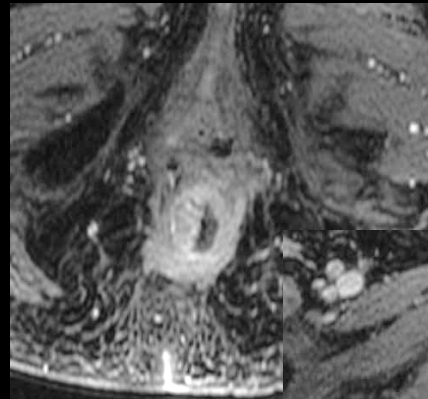
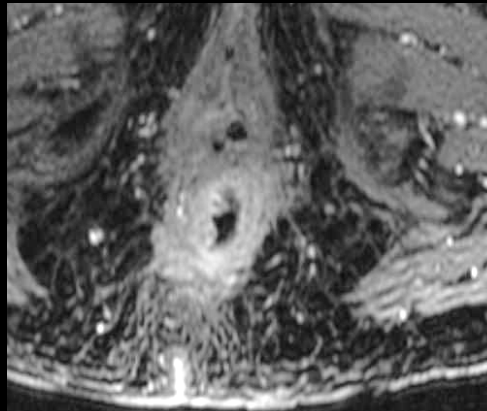
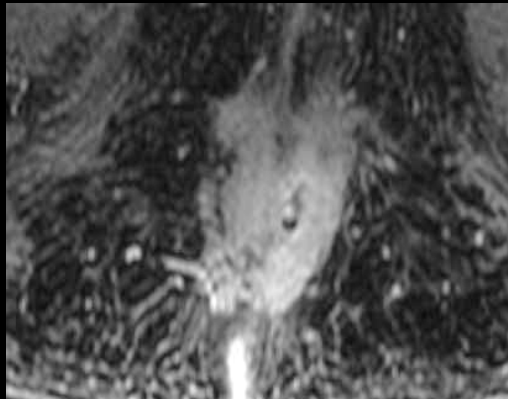
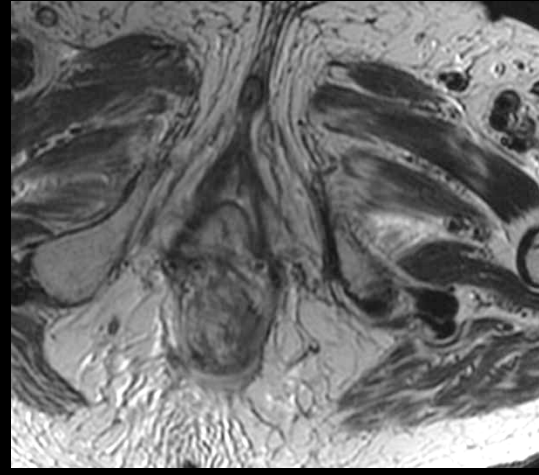
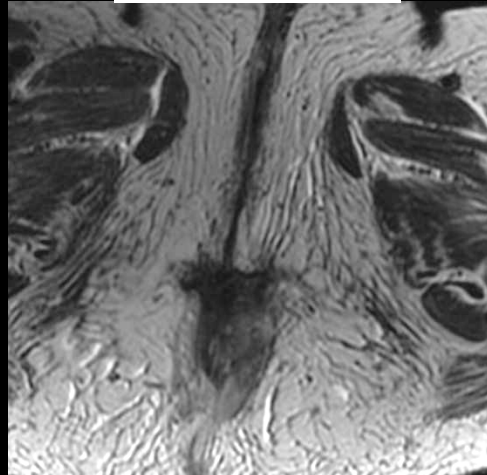
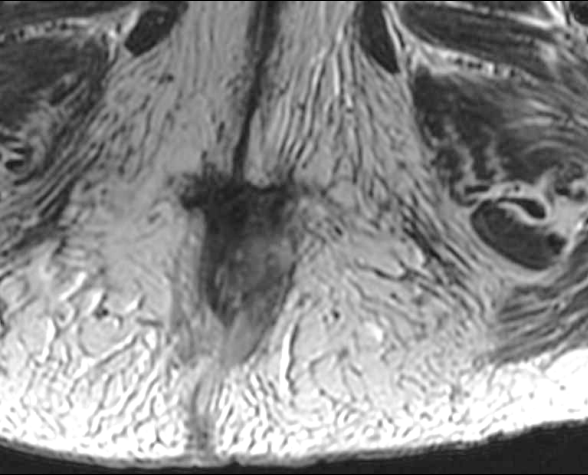


Cancer de 8 cm de grand axe, avec envahissement rétro anal étendu au pli interfessier. Volumineuses adénopathies en partie nécrotiques latéro rectales gauches

Fernandez et al. CHU Bichat Claude Bernard-APHP , Poster JFR 2010

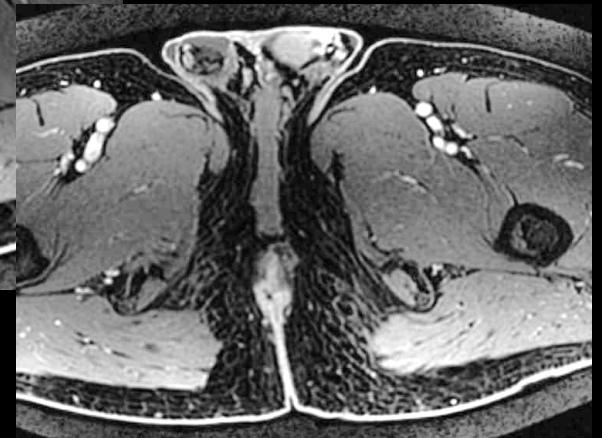
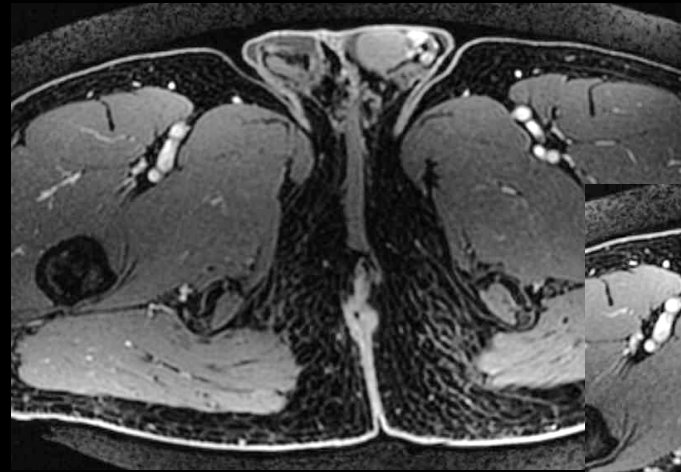
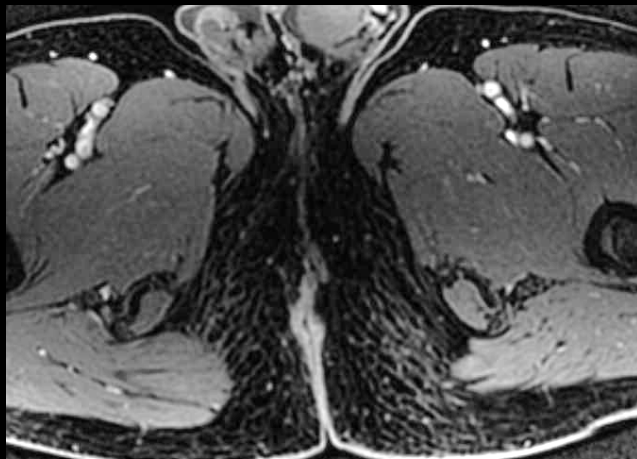
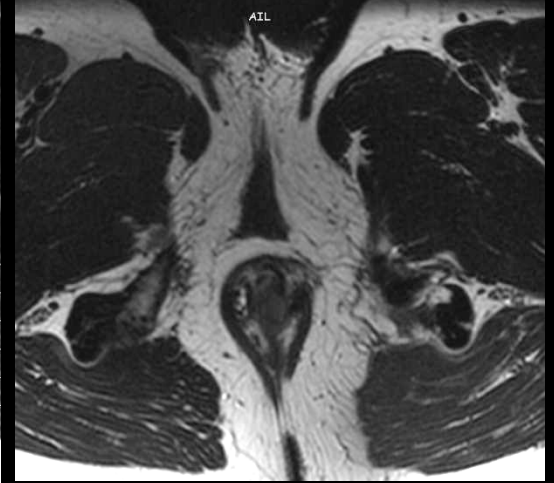
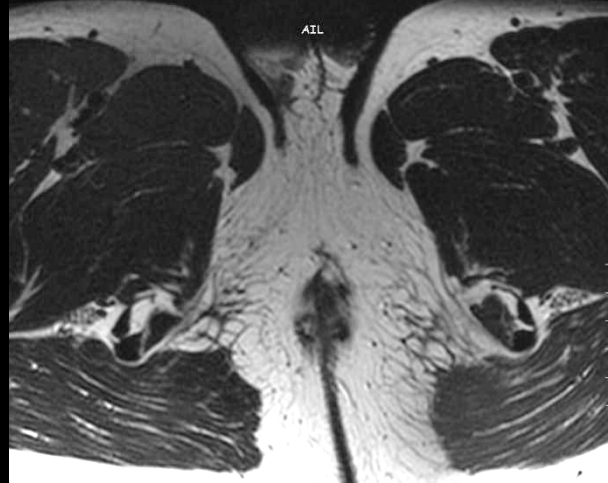
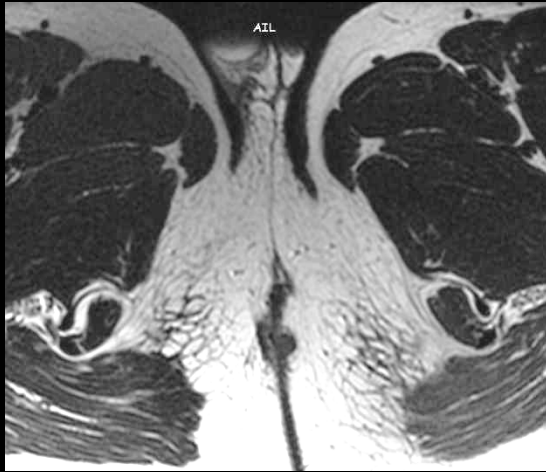
Interprétation

Lésion T4



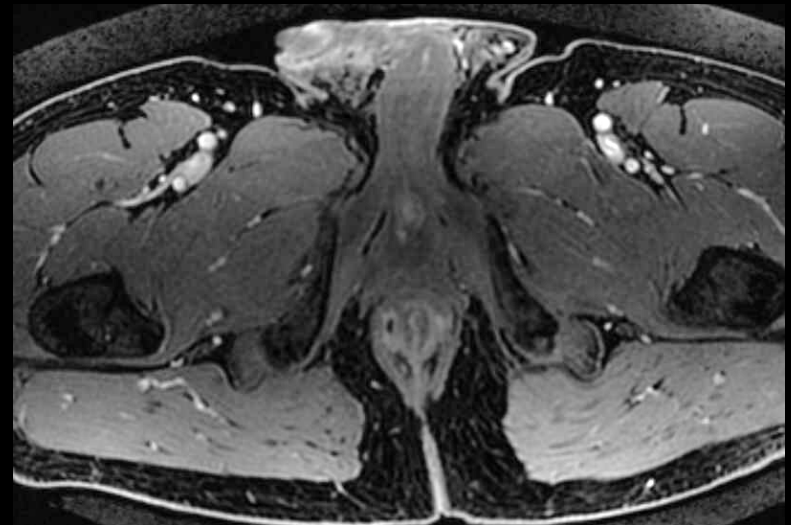
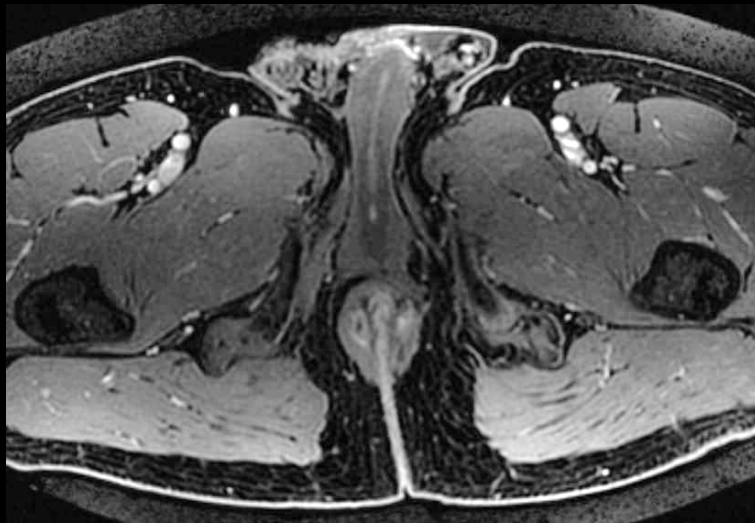
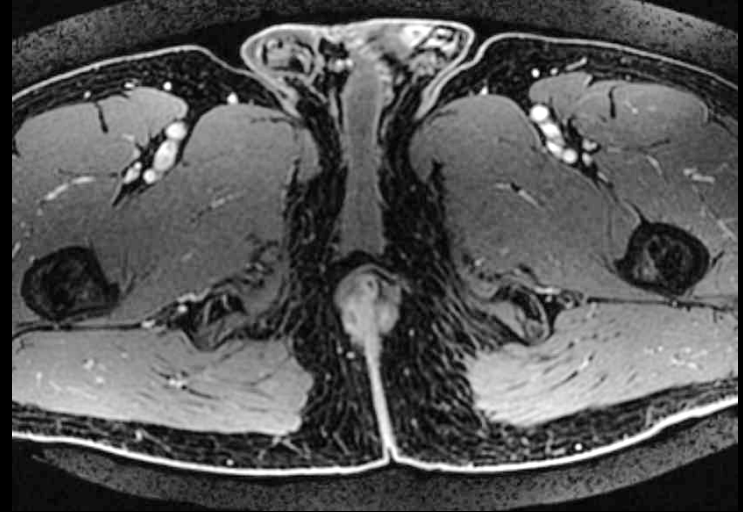
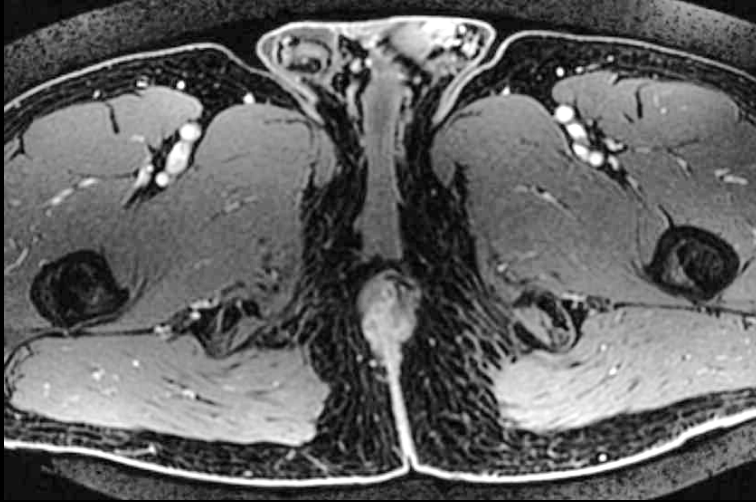
Interprétation

Tumeur de la marge anale avec fistulisation



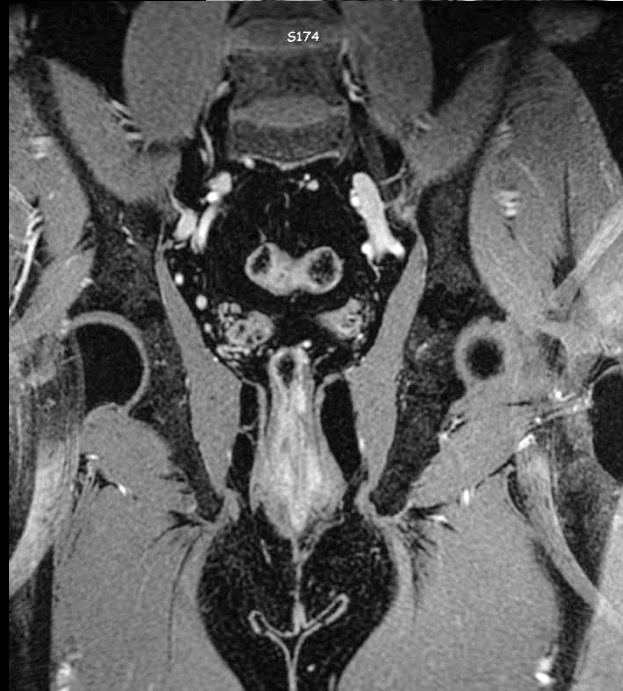
Interprétation

Tumeur de la marge anale avec fistulisation



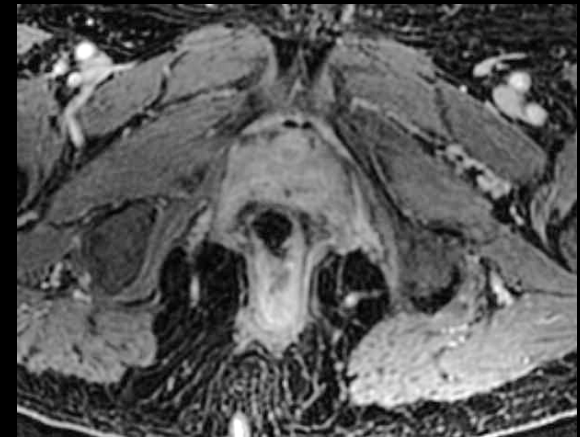
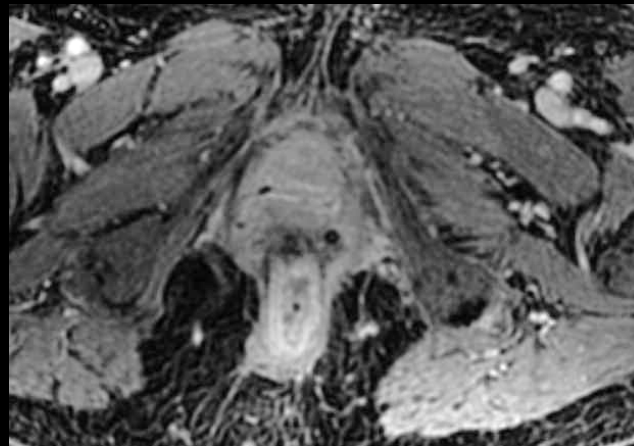
Interprétation

Tumeur de la marge anale avec fistulisation



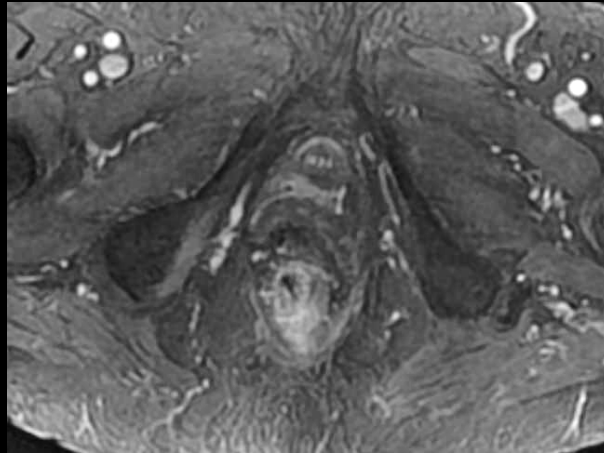
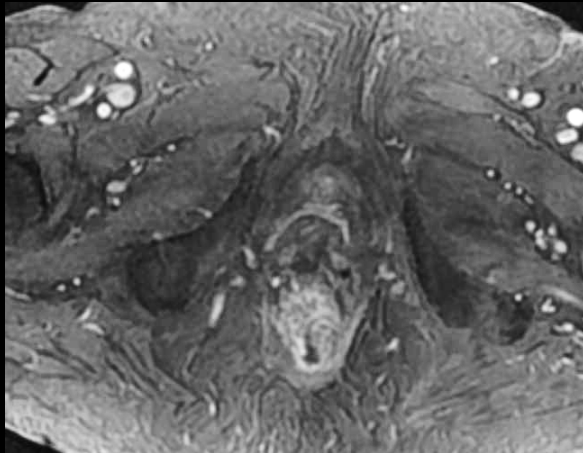
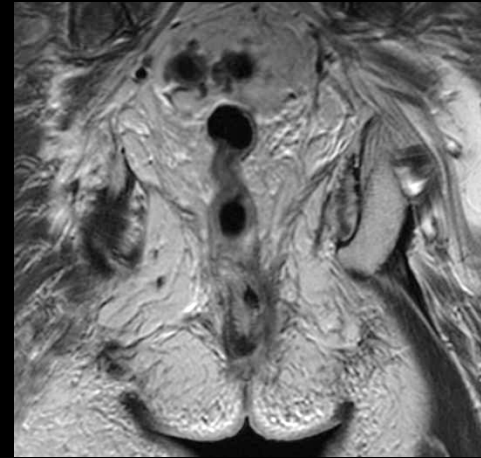
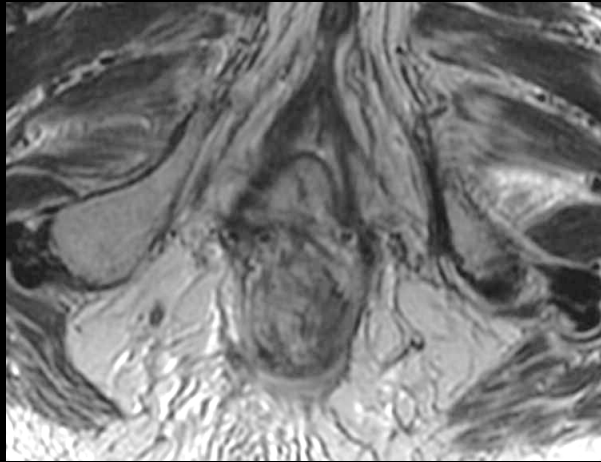
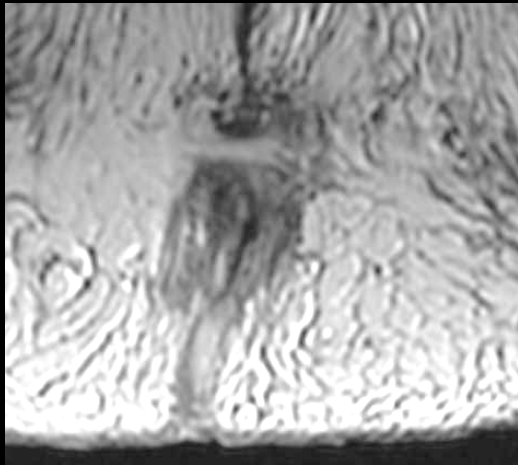
Suivi post thérapeutique

IRM initiale avant traitement par radiochimiothérapie



Suivi post thérapeutique

IRM initiale après traitement par radiochimiothérapie



Messages

- Connaître anatomie canal anal
- Reformations multiplanaires
- Orifice interne, orifice externe
- Etat des sphincters + + + +
- Abscès ? Topographie ?