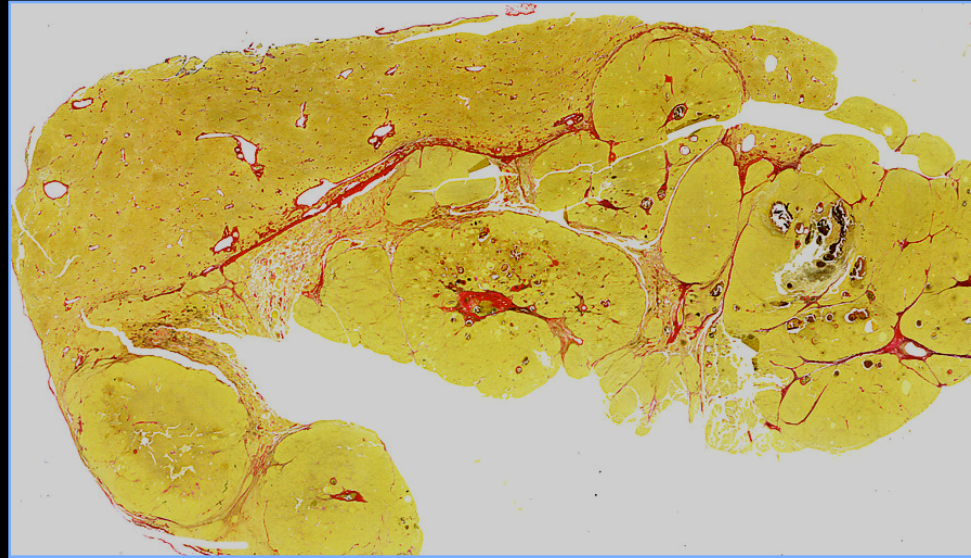


**CHC sur foie sain**

## Macroscopie



**20 % des cas en Occident**

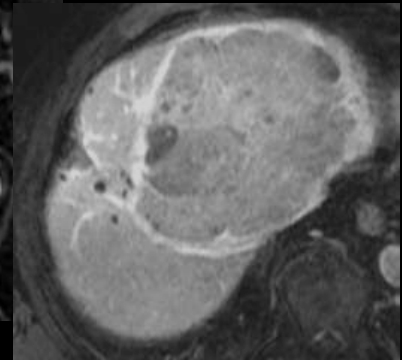
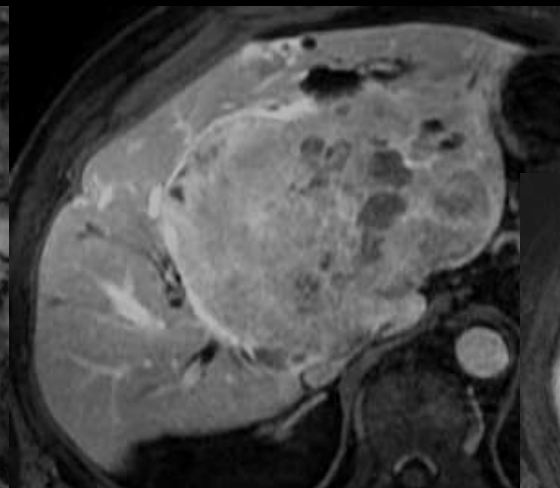
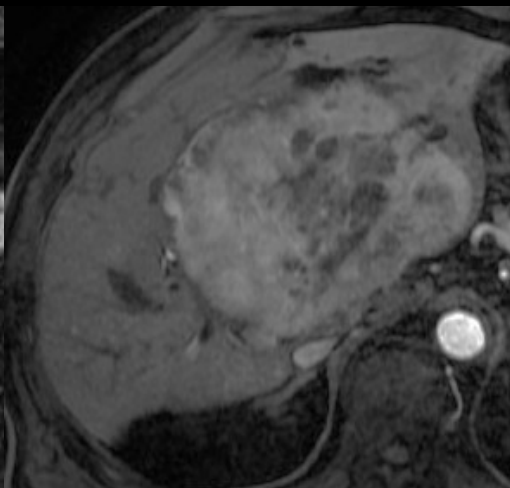
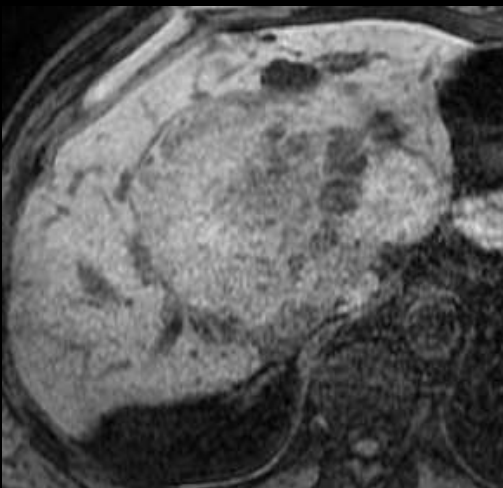
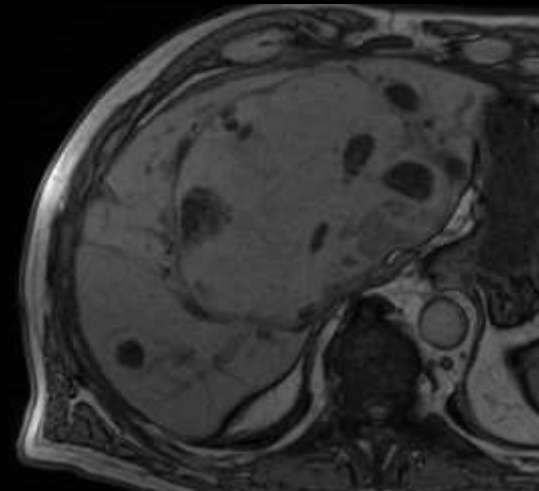
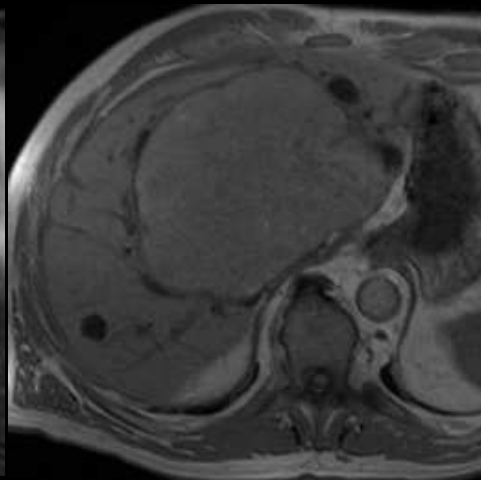
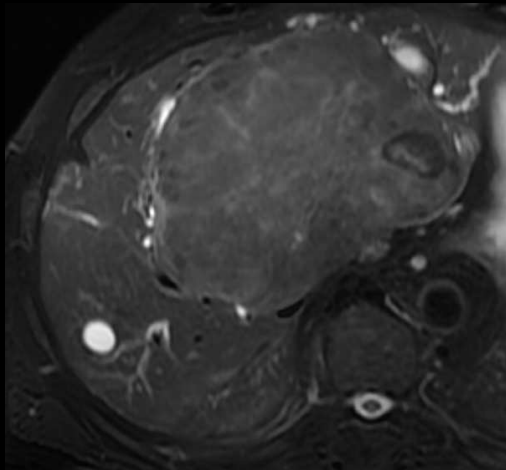
**Facteurs favorisants: fongiques (alphatoxine B1) ou hormonaux, traitements par androgènes ou estrogènes**

# CHC sur foie sain

Homme, 80 ans

Bilan d'ADK rénal droit

Découverte lésion hépatique sur TDM

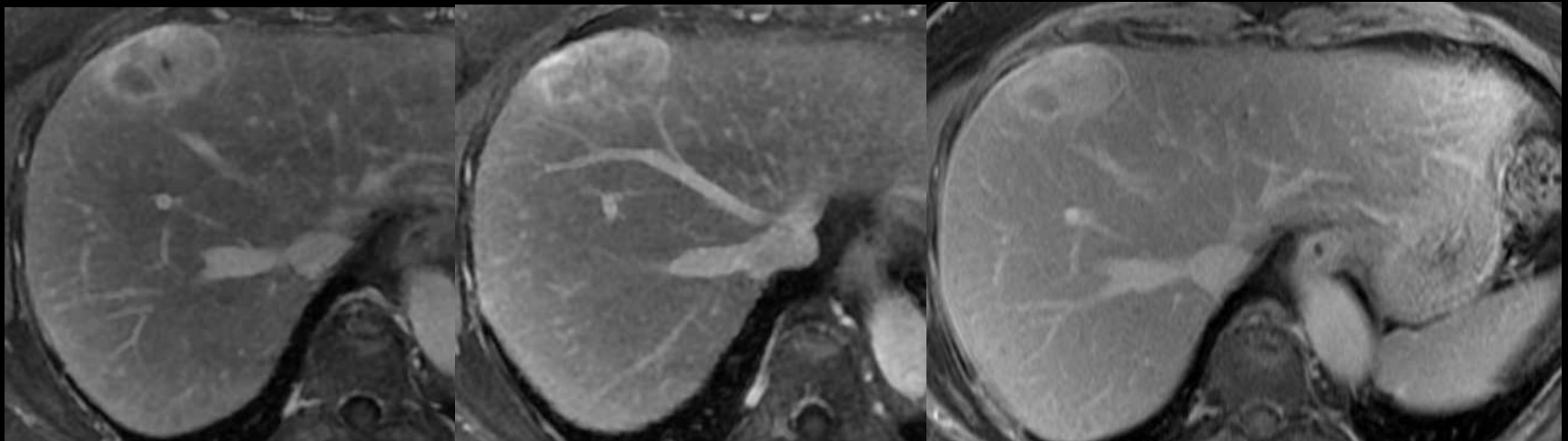
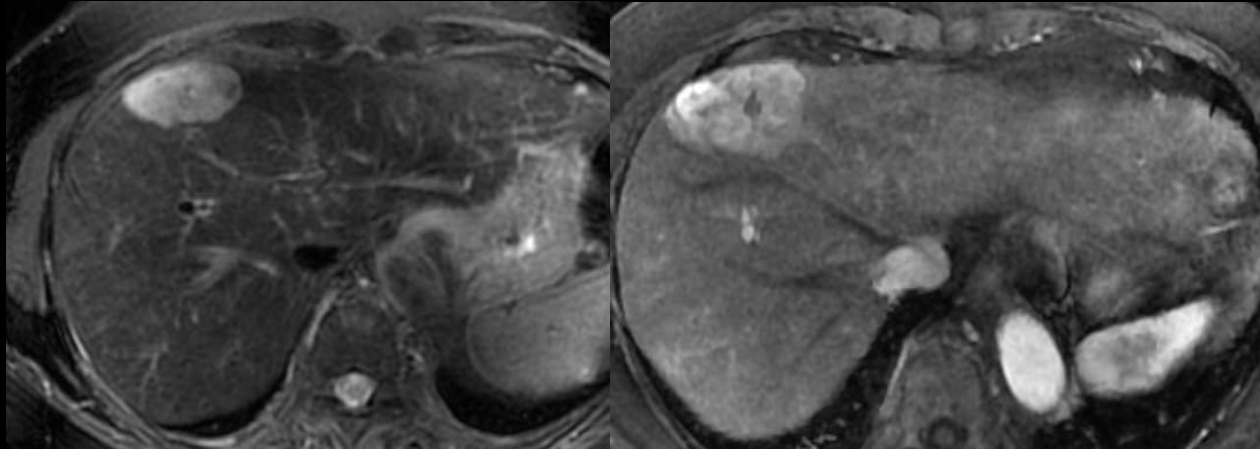


# CHC sur foie sain

femme, 57 ans

Aucun antécédent

TDM TAP : lésion unique hépatique

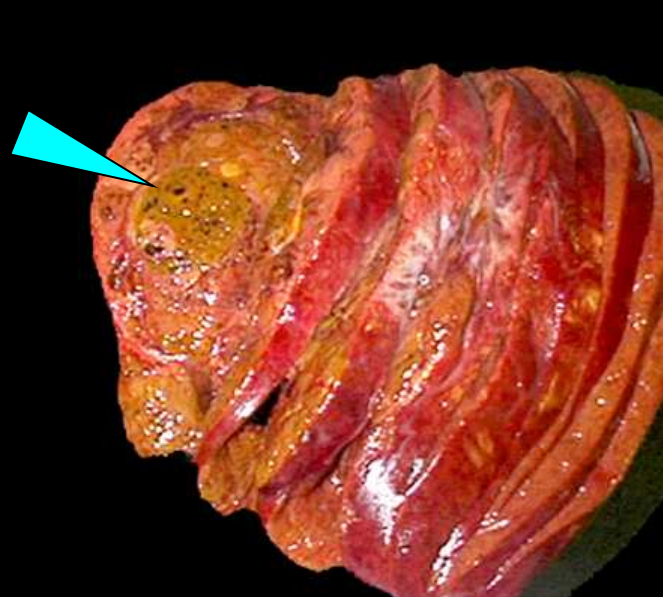




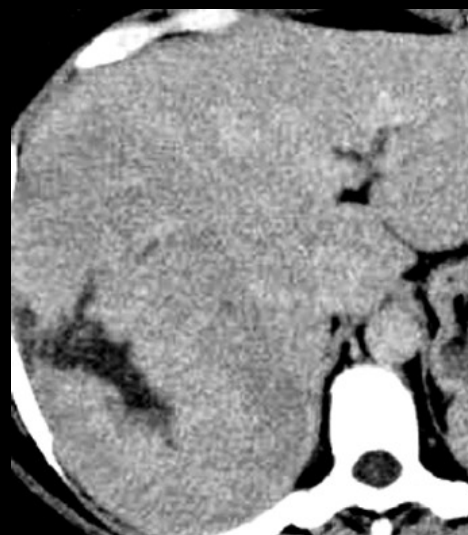
**CT avant injection**



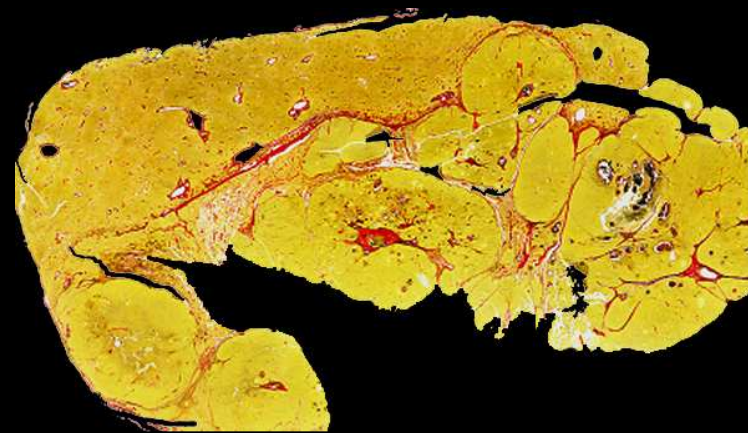
**CT 40"**



**CT 70"**



**CT 7'**



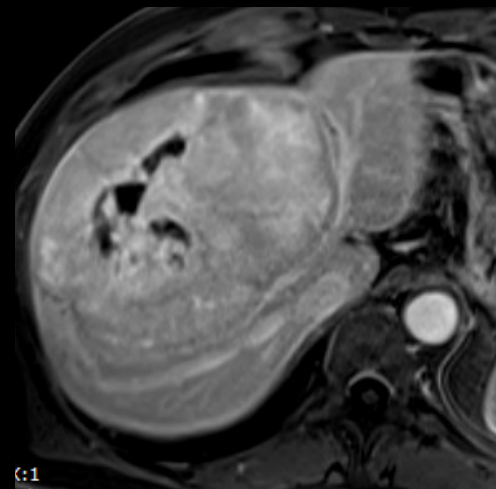
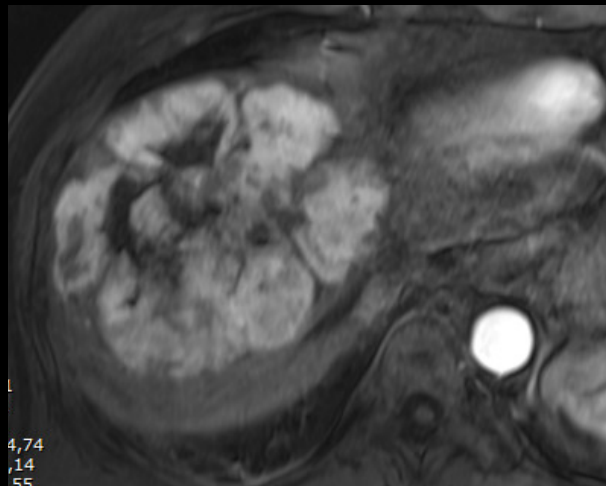
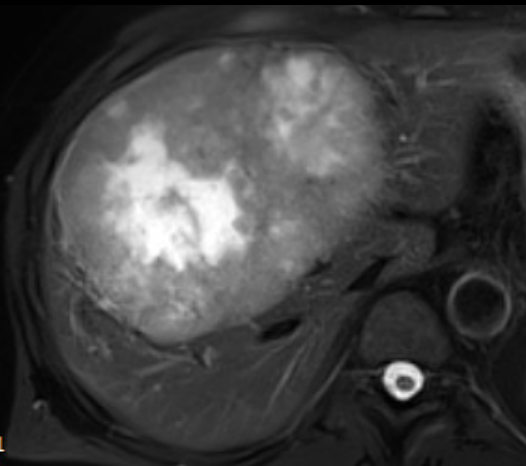
**Rouge Sirius fibrose collagène**

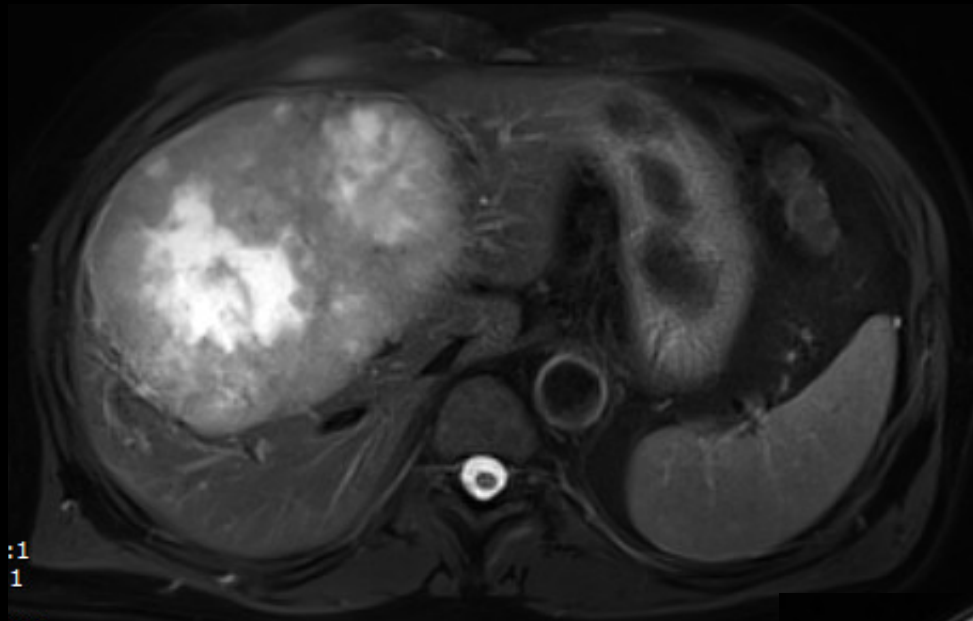
# Tumeurs malignes

- **Tumeurs primitives (sur foie sain)**
  - CHC
    - Formes particulières
      - Carcinome fibro lamellaire
      - Hépatocholangiocarcinome
  - Cholangiocarcinome intrahépatique
  - Cystadénocarcinome biliaire
  - Hémangio endothéliome épithélioïde
  - Angiosarcome
  - Lymphome
  - Sarcomes embryonnaires
- **Tumeurs secondaires**
  - Métastases des cancers colo rectaux
  - Métastases des tumeurs endocrines

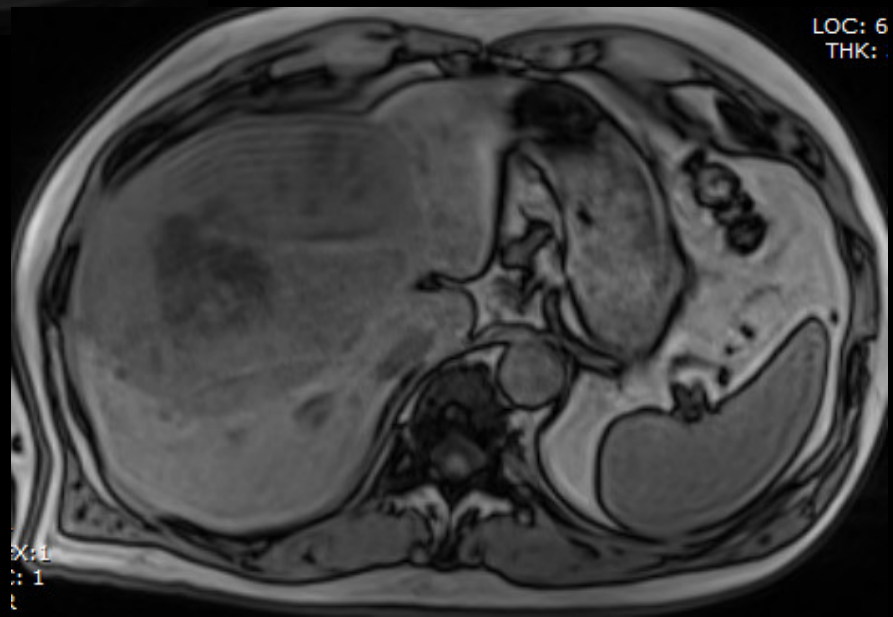
# CHC sur foie sain

Homme de 55 ans. Perturbations modérées du bilan biologique hépatique. Aucun ATCD,





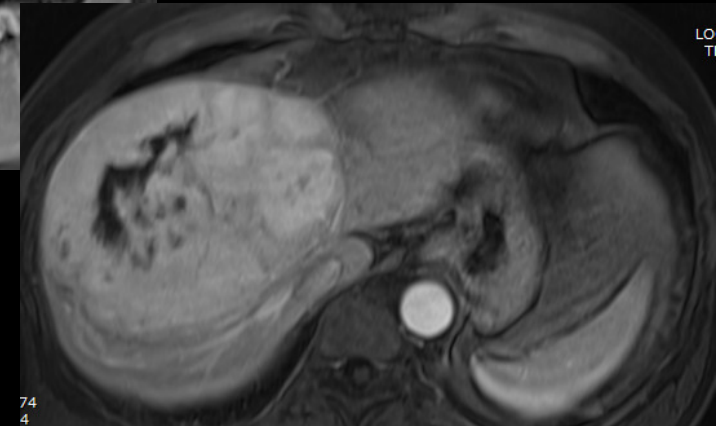
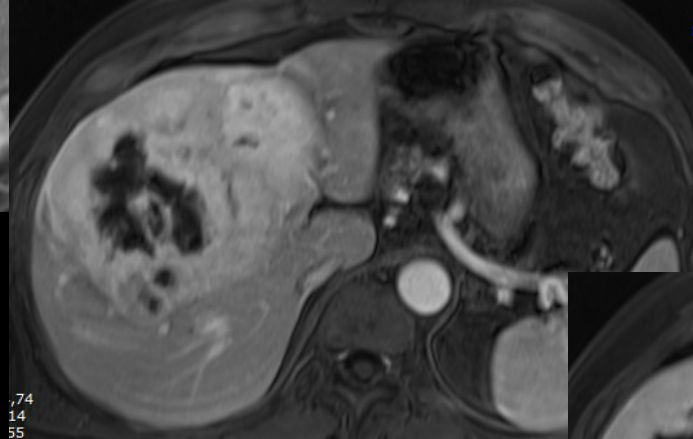
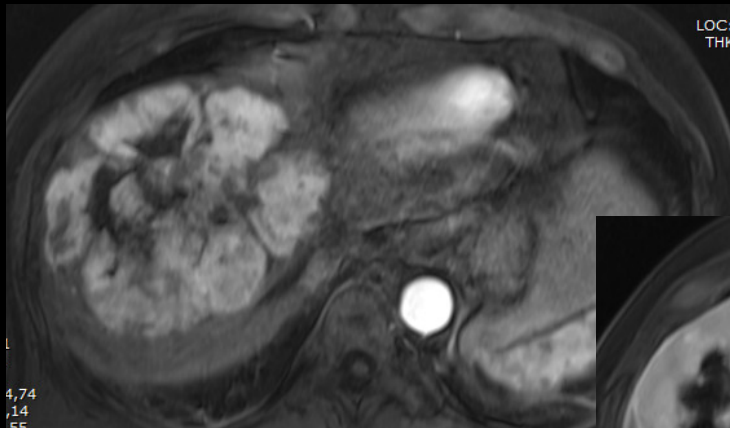
:1  
1



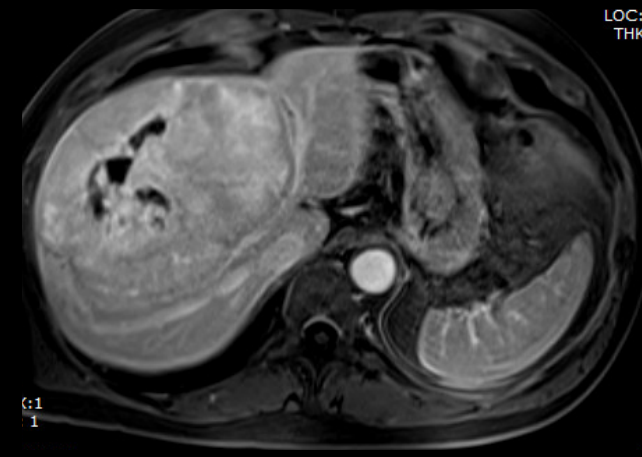
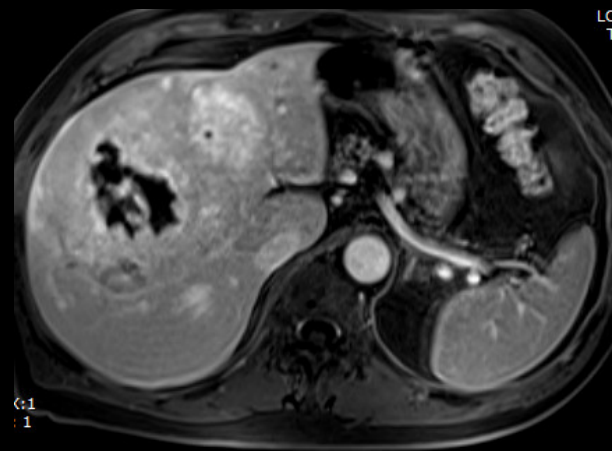
LOC: 6  
THK:

X:1  
:1  
t

# CHC atypique



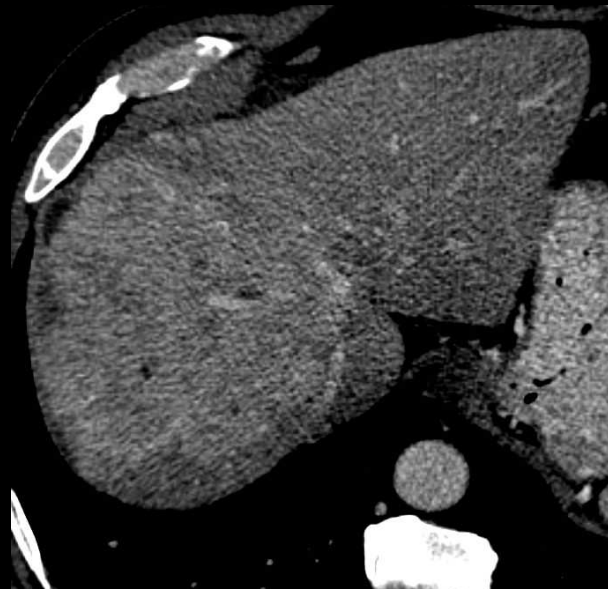
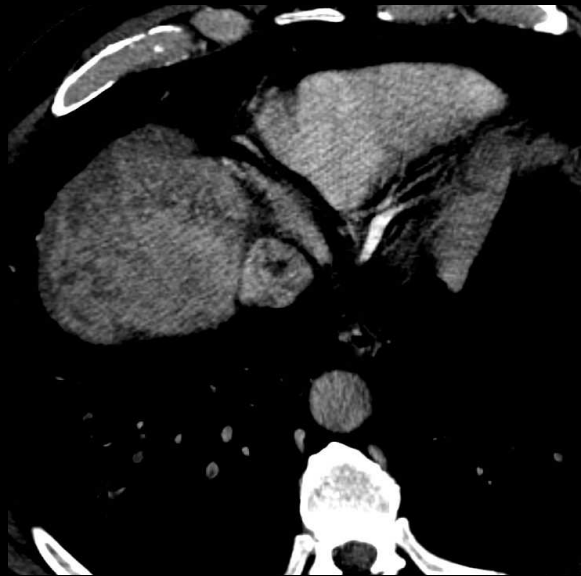
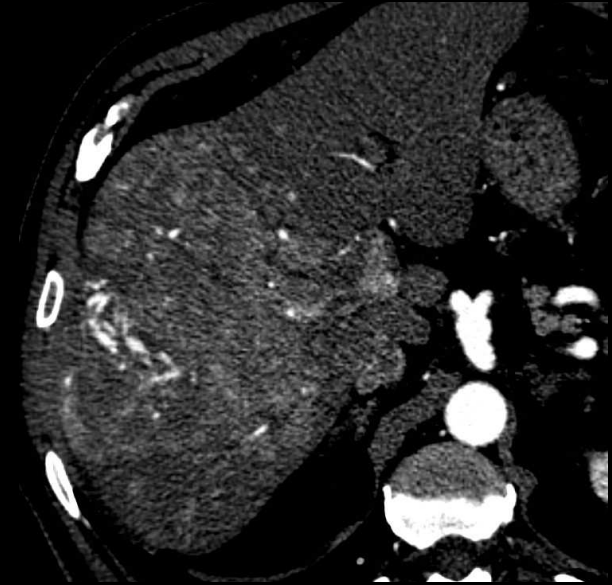
Quelle attitude proposez-vous ?



# CHC sur foie sain

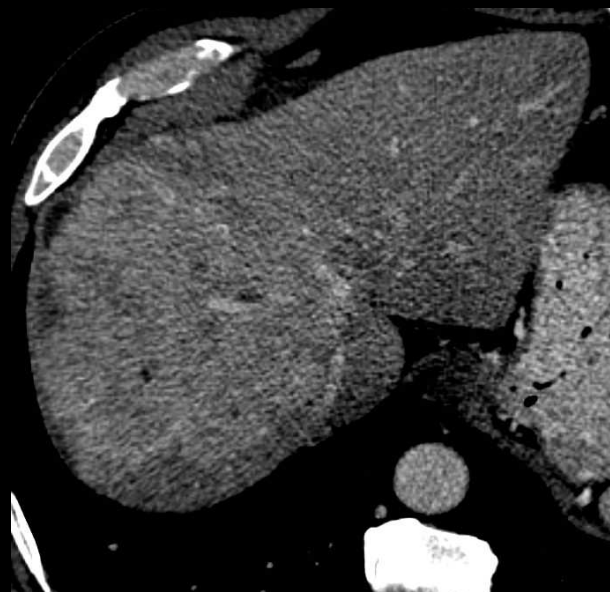
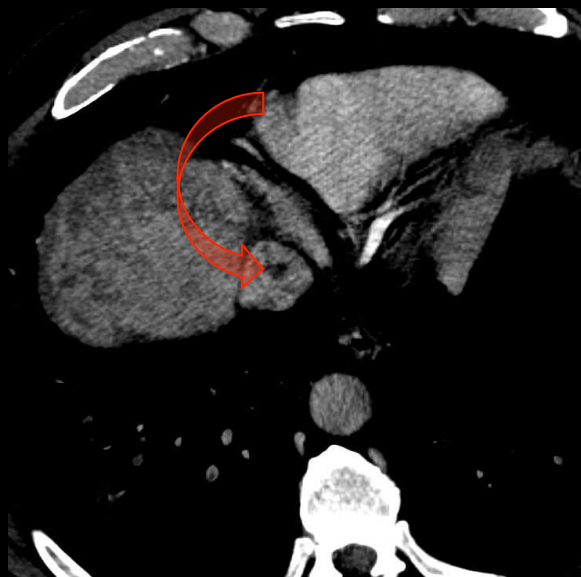
Patiente de 68 ans  
Bilan de masse hépatique

37/1943



# CHC sur foie sain

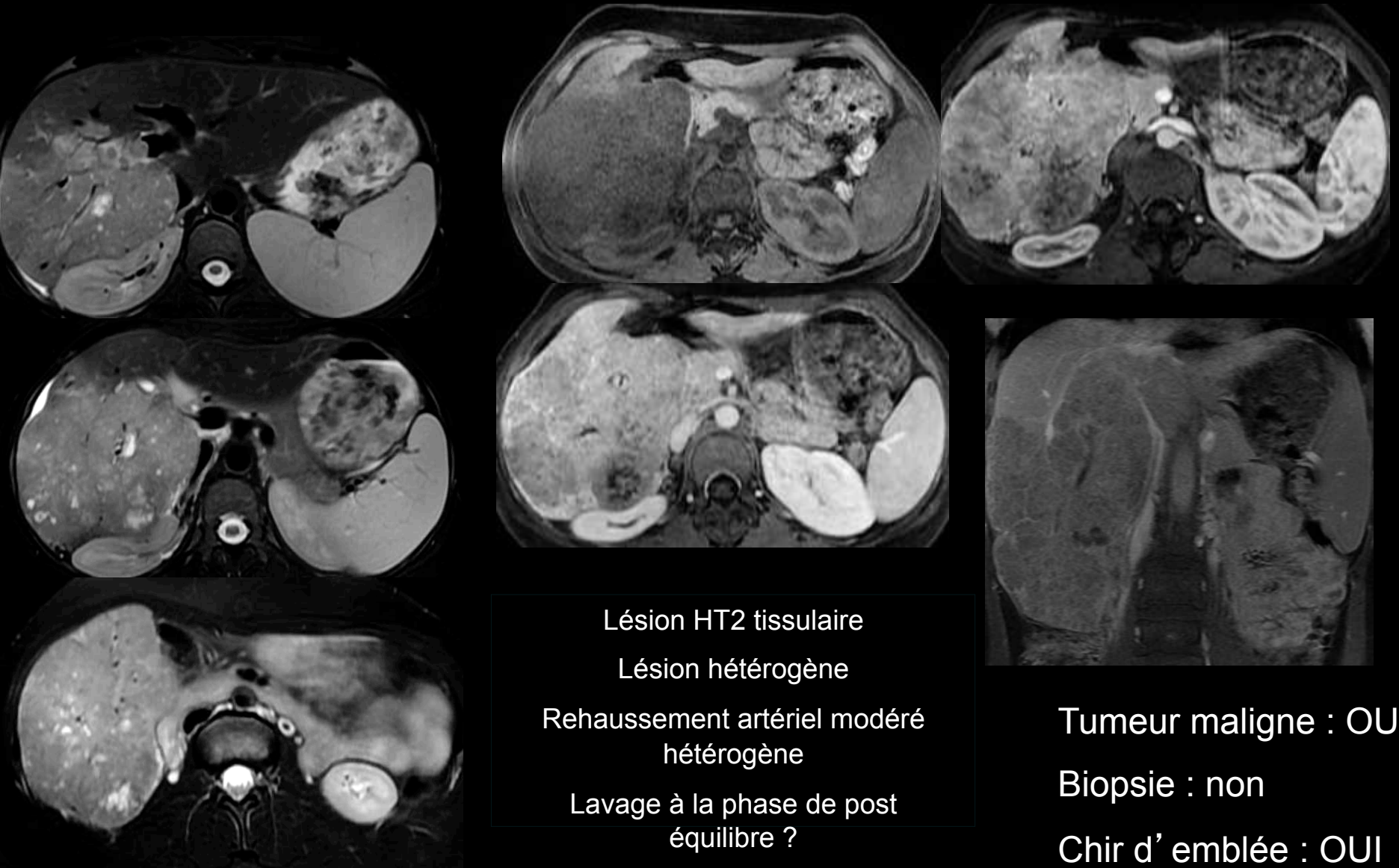
37/1943



# CHC sur foie sain

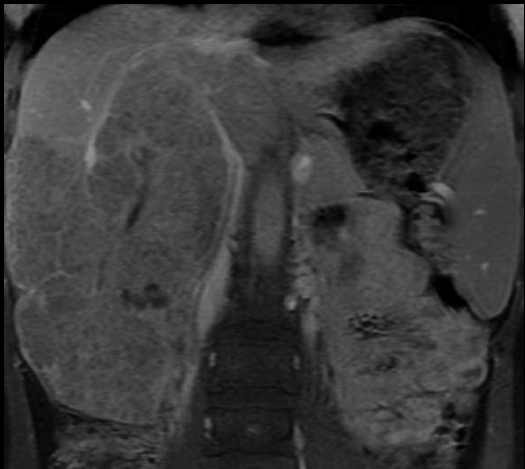


# CHC atypique



T2 FS

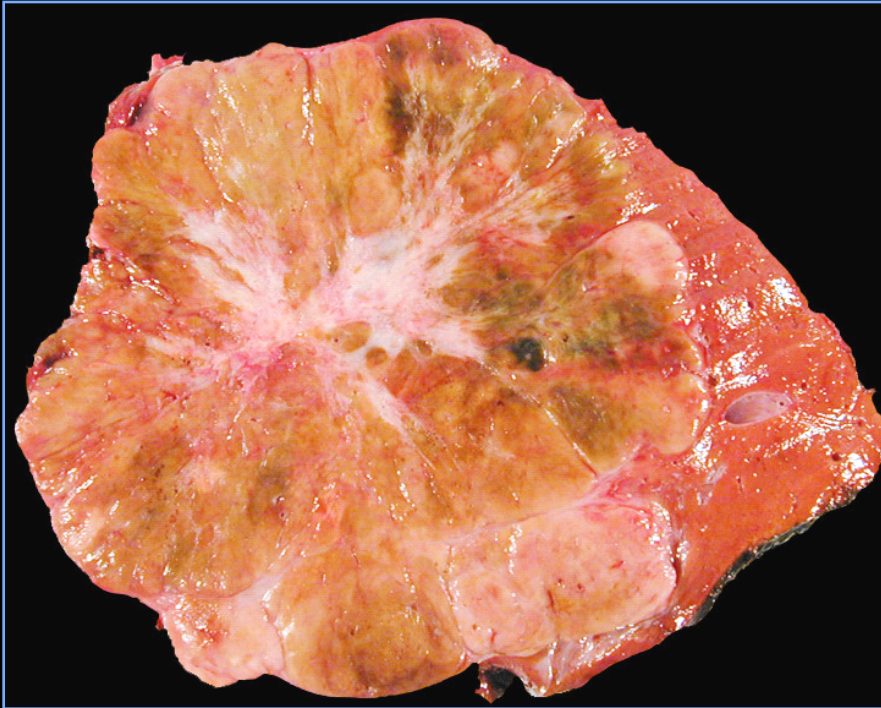
Lésion HT2 tissulaire  
Lésion hétérogène  
Rehaussement artériel modéré hétérogène  
Lavage à la phase de post équilibre ?



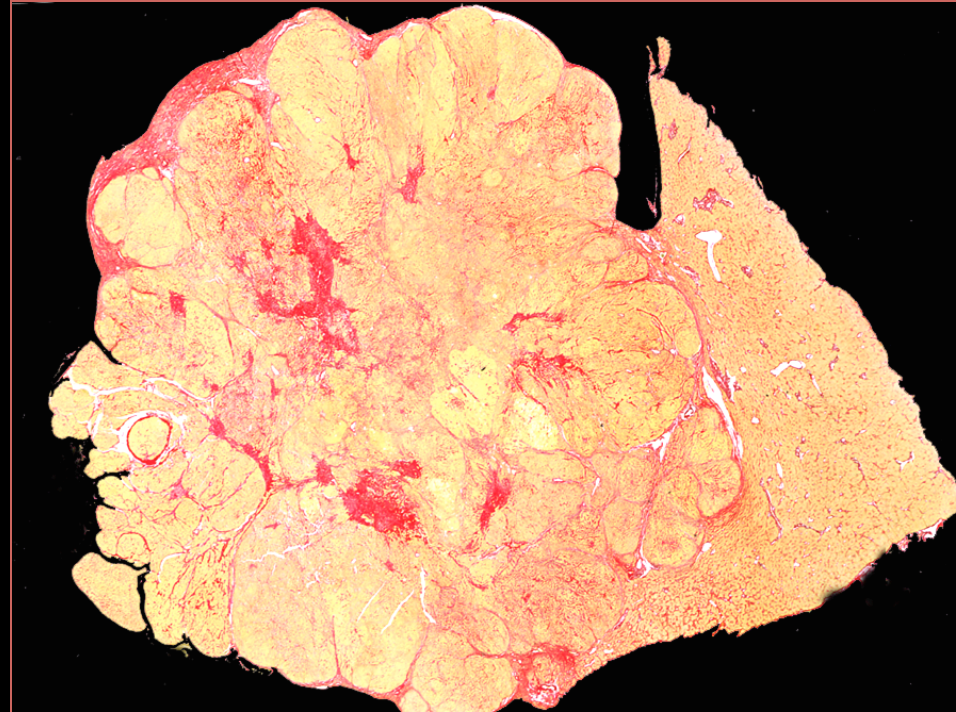
Tumeur maligne : OUI  
Biopsie : non  
Chir d'emblée : OUI

# Forme particulière CHC sur foie sain Carcinome fibro lamellaire

Macroscopie



Calcifications centrales : 80%



**Tumeur maligne hépatocellulaire non commune dont les caractéristiques cliniques histologiques diffèrent du CHC**

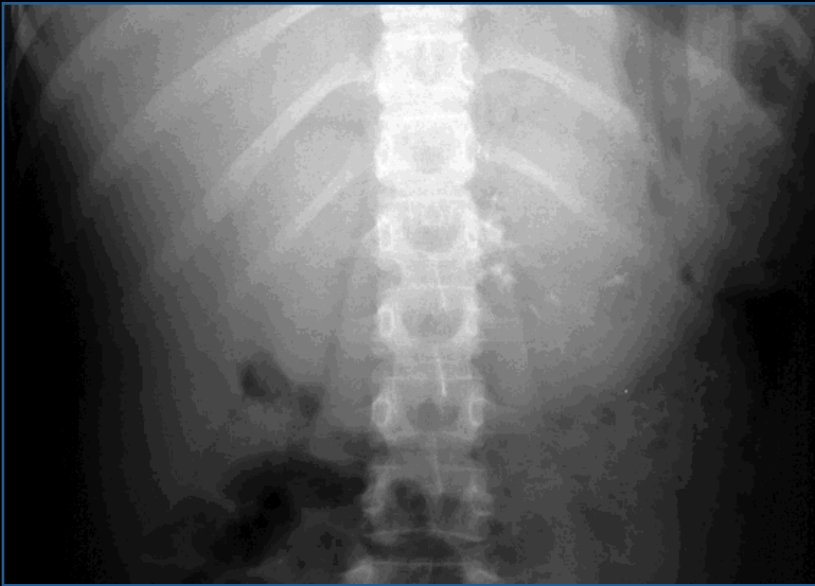
**Larges cellules éosinophiles disposées en cordons séparées par tissu fibreux non encapsulée**

**Habituellement croissance lente, pas de facteur de risque particulier, rarement sur foie cirrhotique, adultes jeunes, alphaFP normales**

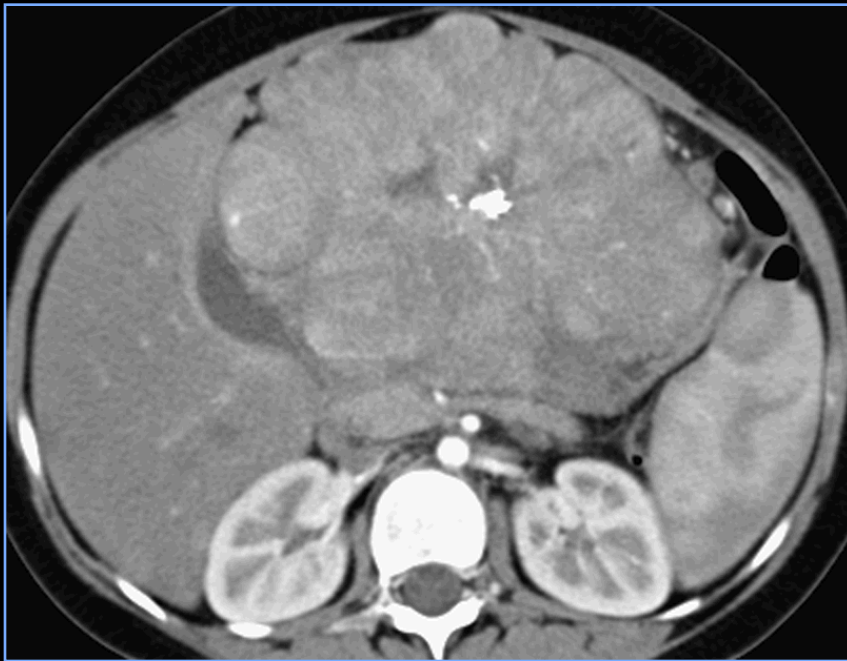
# Forme particulière CHC sur foie sain Carcinome fibro lamellaire

Calcifications centrales : 80%

**Jeune fille 16 ans :**  
**Douleurs épigastriques**  
**Voussure abdominale**  
**Cytolyse et cholestase modérée**



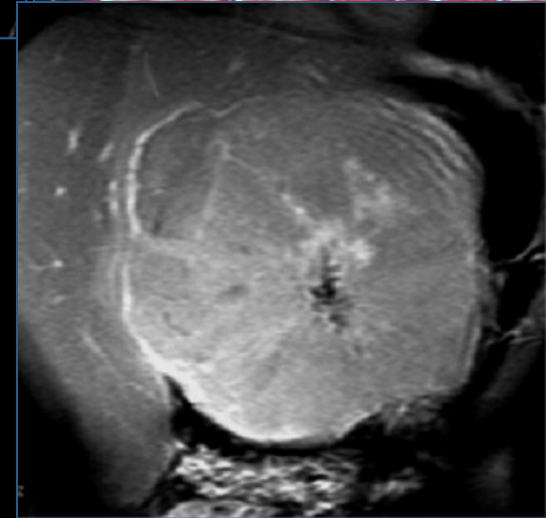
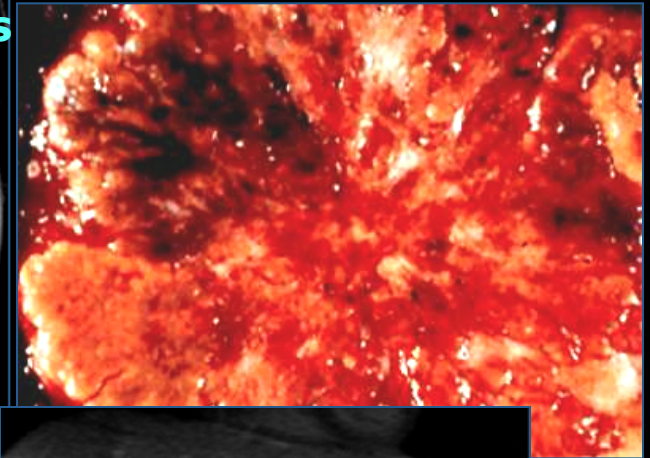
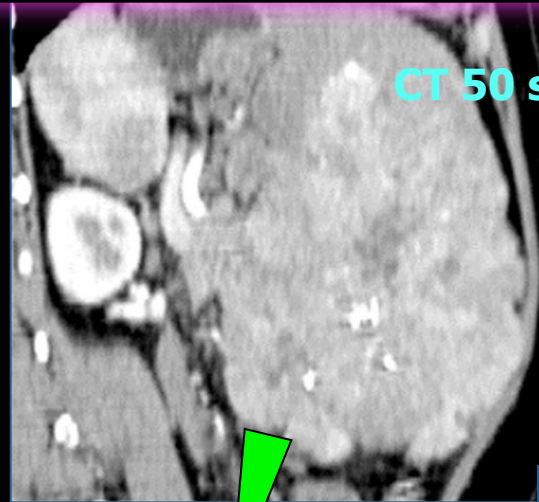
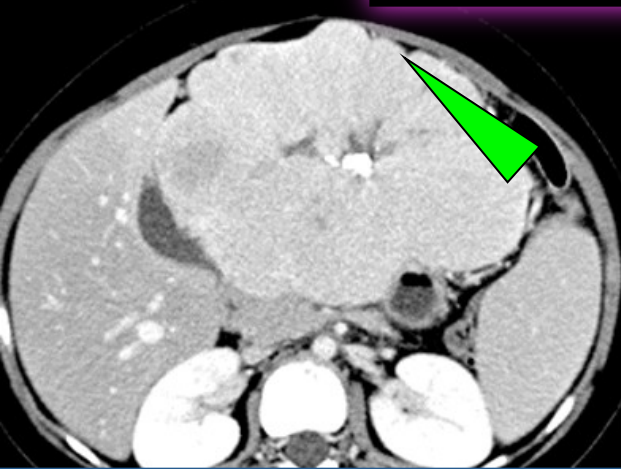
# Forme particulière CHC sur foie sain Carcinome fibro lamellaire



McLarney et al. : Radiographics 1999, 19 : 453-71

CT 1' 30

# Forme particulière CHC sur foie sain Carcinome fibro lamellaire



T1 Fat Sat 8'

T2 Fat Sat

diagnostic différentiel de l' HNF : l' hépatocarcinome fibro-lamellaire

# Forme particulière CHC sur foie sain Carcinome fibro lamellaire

## Apport de l'IRM

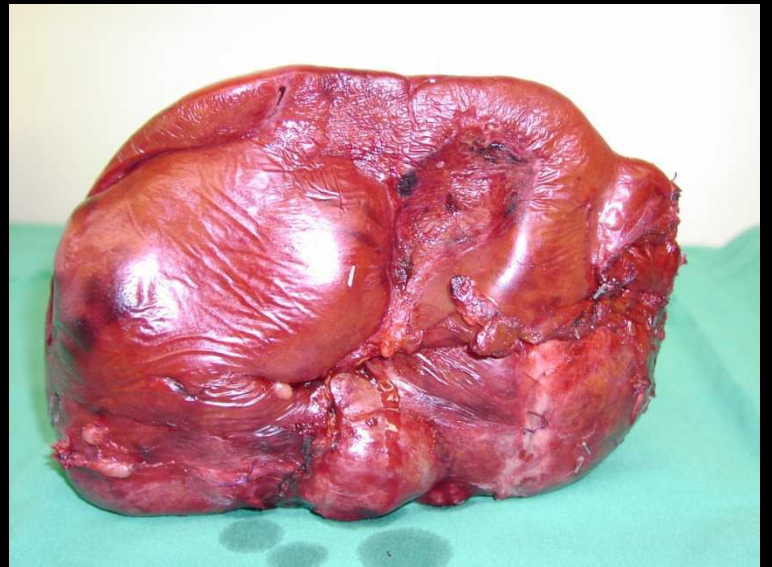
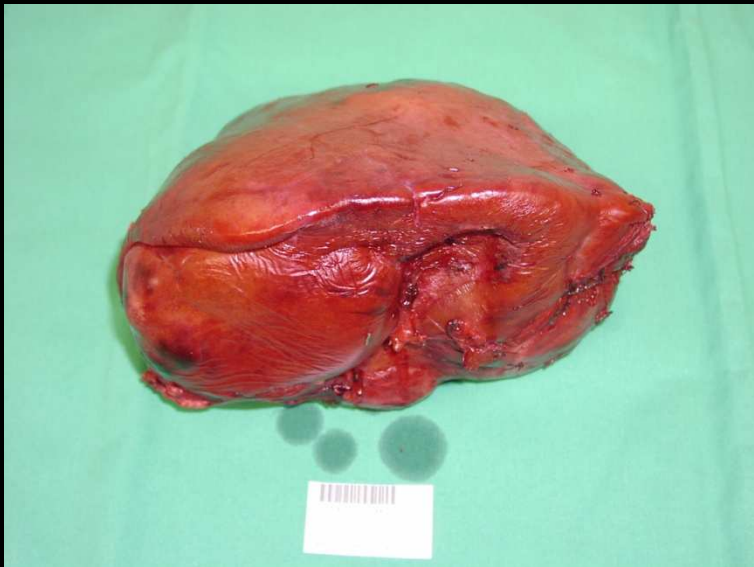
### HNF

- Iso/faiblement hyperT2
- Zone centrale en hyper T2

### Carcinome fibrolamellaire

- Hétérogène et hypersignal T2
- Zone centrale hypoT1 et hypoT2
- Pas de nécrose, pas d'hémorragie

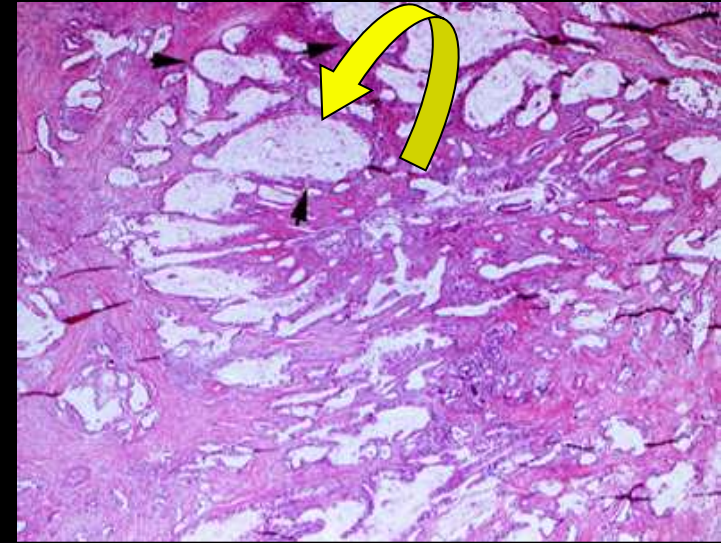
**diagnostic différentiel de l' HNF : l' hépatocarcinome fibro-lamellaire**



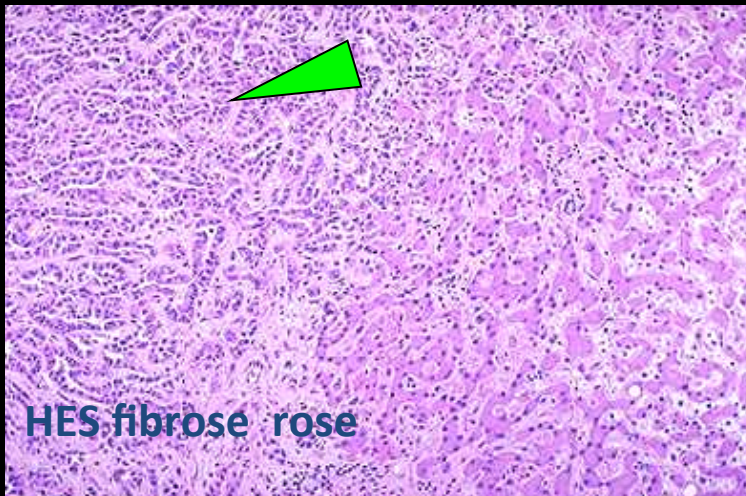
**Carcinome fibro lamellaire**



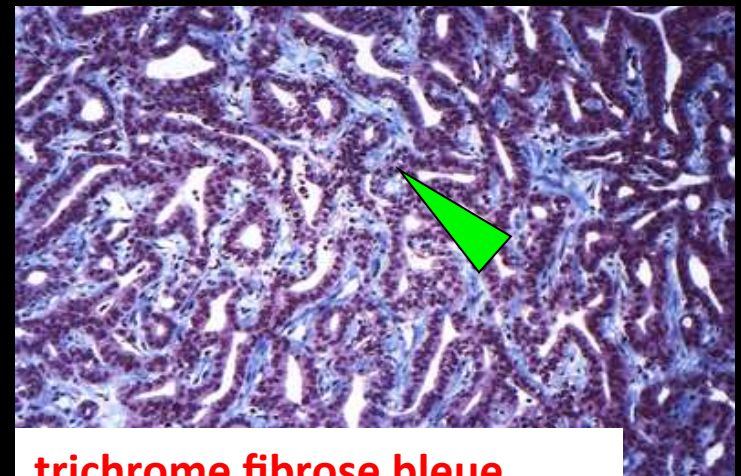
# Cholangiocarcinome



présence de mucine



HES fibrose rose

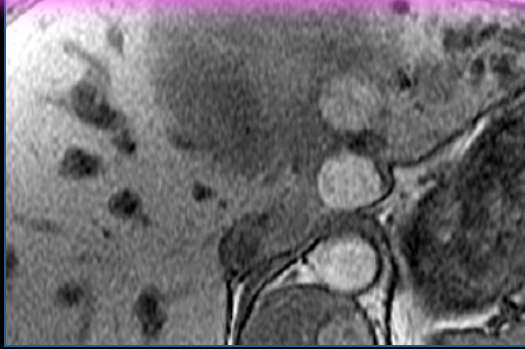


trichrome fibrose bleue

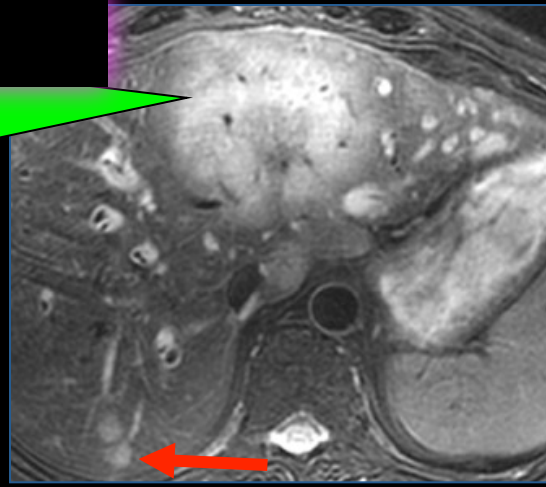
cholangiocarcinome « périphérique »

fibrose collagène (réaction  
desmoplastique+++)

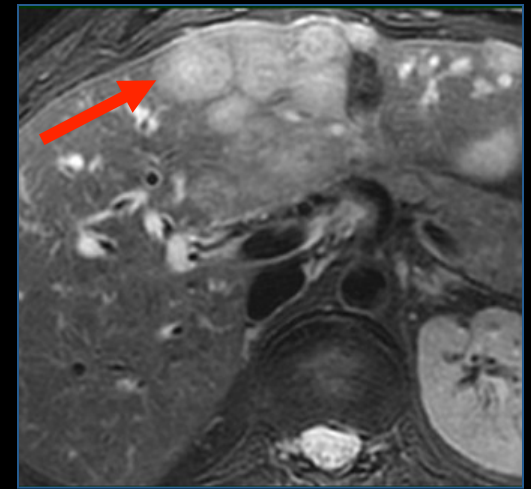
# Cholangiocarcinome



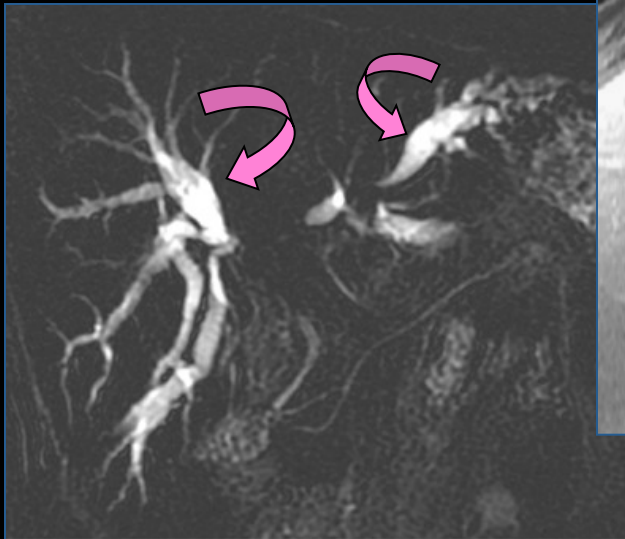
T1 sans injection



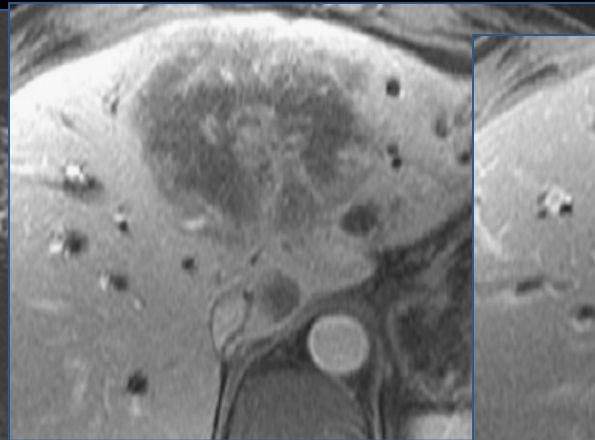
T2



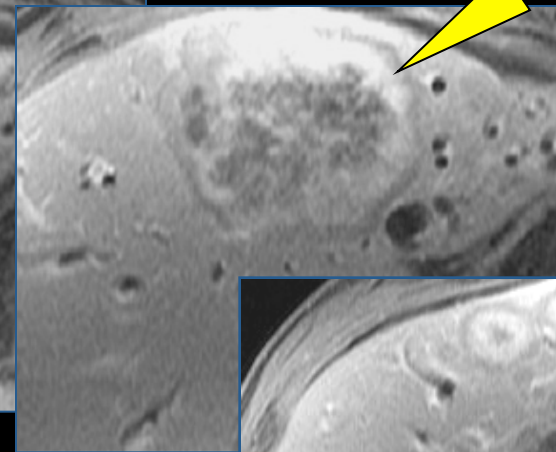
T2



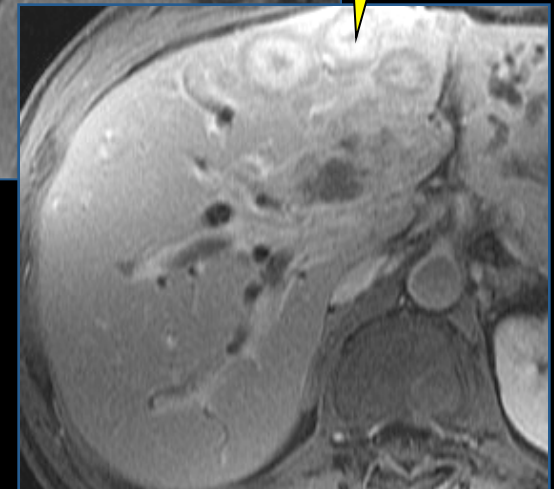
T2 TE long



T1 1'30''



T1 4'

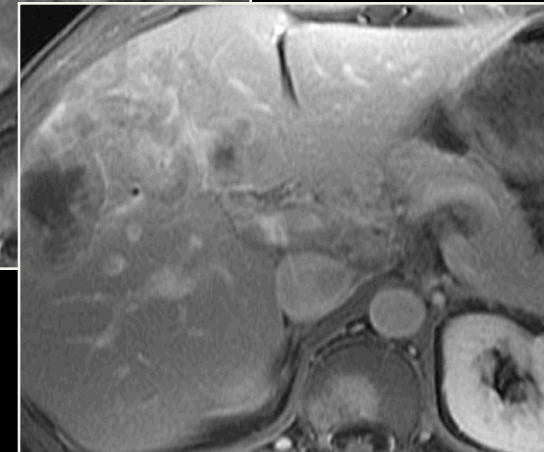
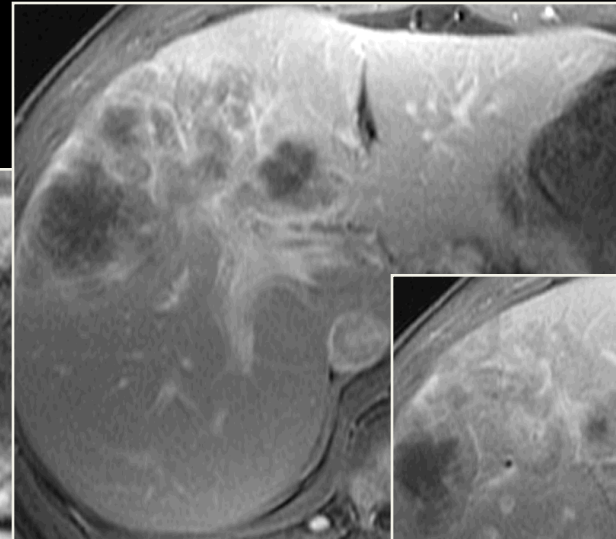
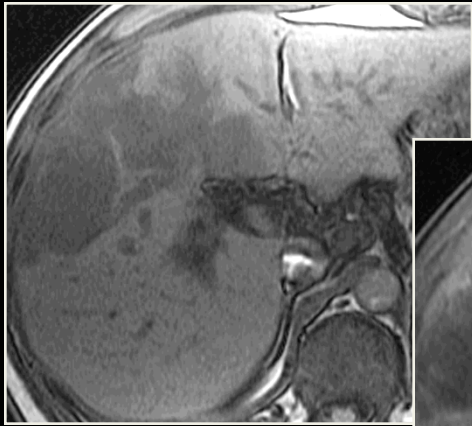
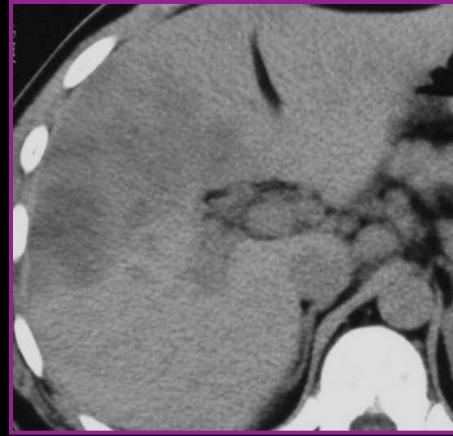


cholangiocarcinome intra-hépatique  
multifocal ; retentissement biliaire+++

# Cholangiocarcinome

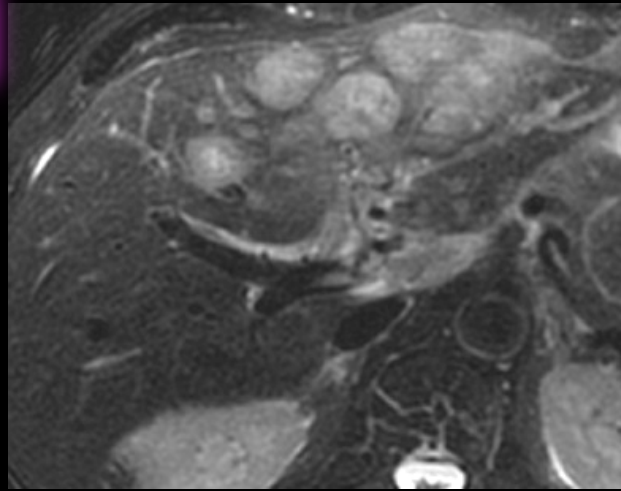
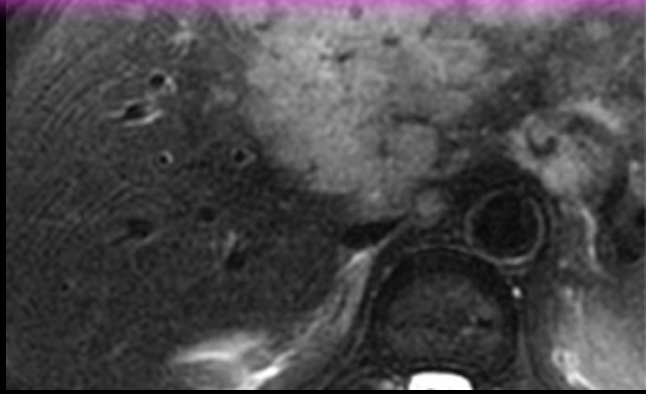
**Homme 39 ans :**

- Douleurs abdominales de l'hypochondre droit
- Fièvre 39°
- ATCD récent (J8) exérèse d'une dent de sagesse
- Echo abdo. : Masse hépatique

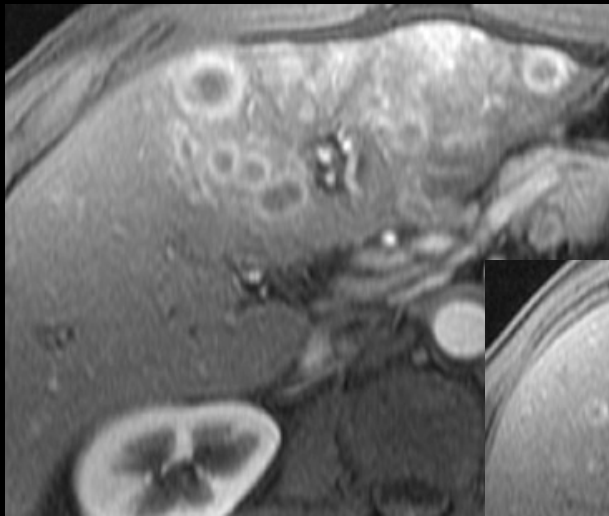


**Cholangiocarcinome intrahépatique**

# Cholangiocarcinome



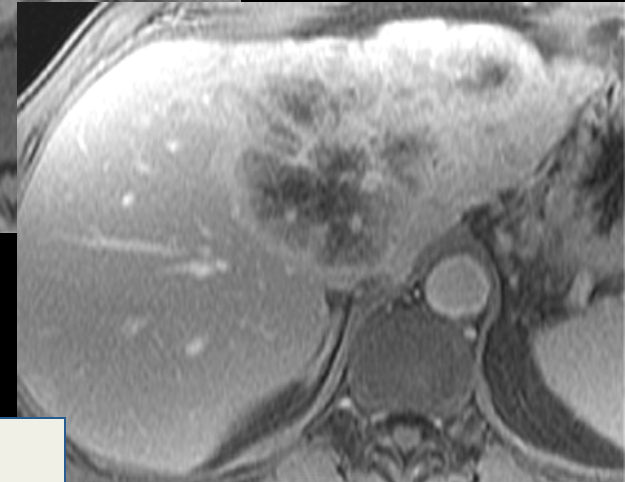
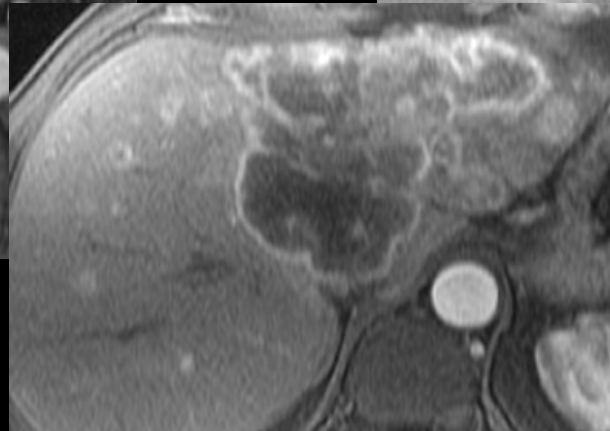
MR T2 FSE



MR 2'

MR 50"

MR 50"



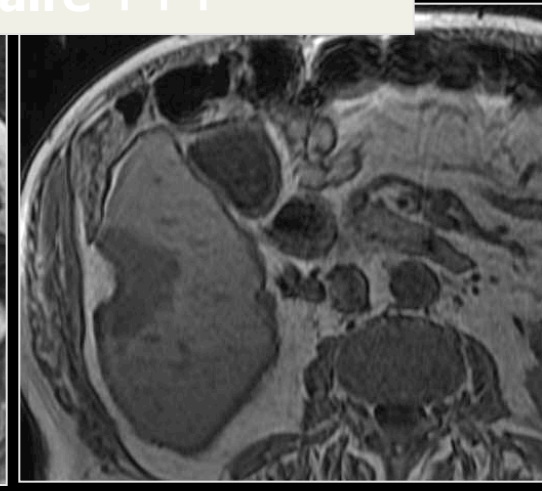
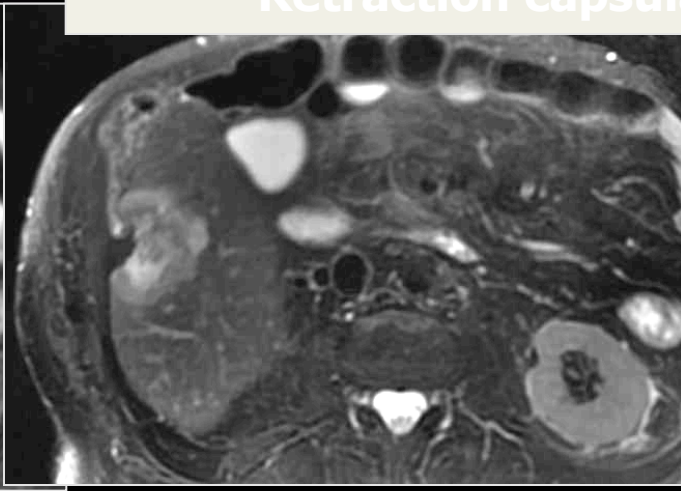
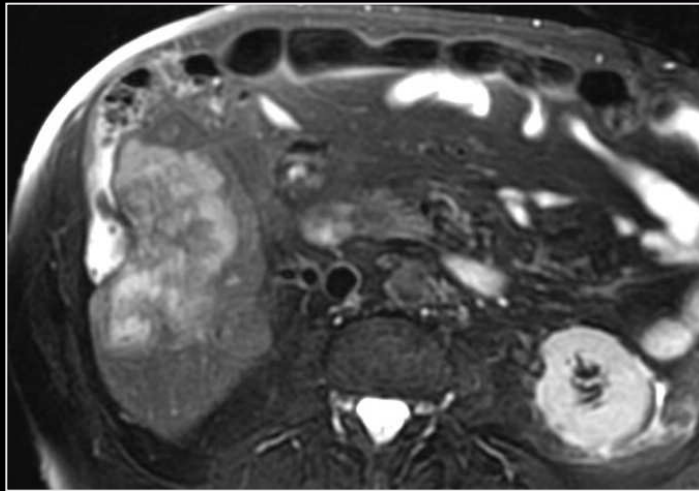
cholangiocarcinome intra-hépatique périphérique  
**multinodulaire**

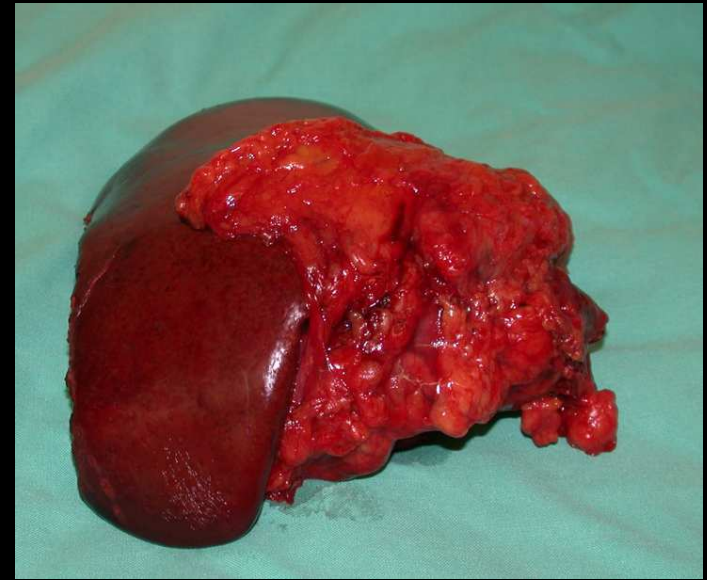
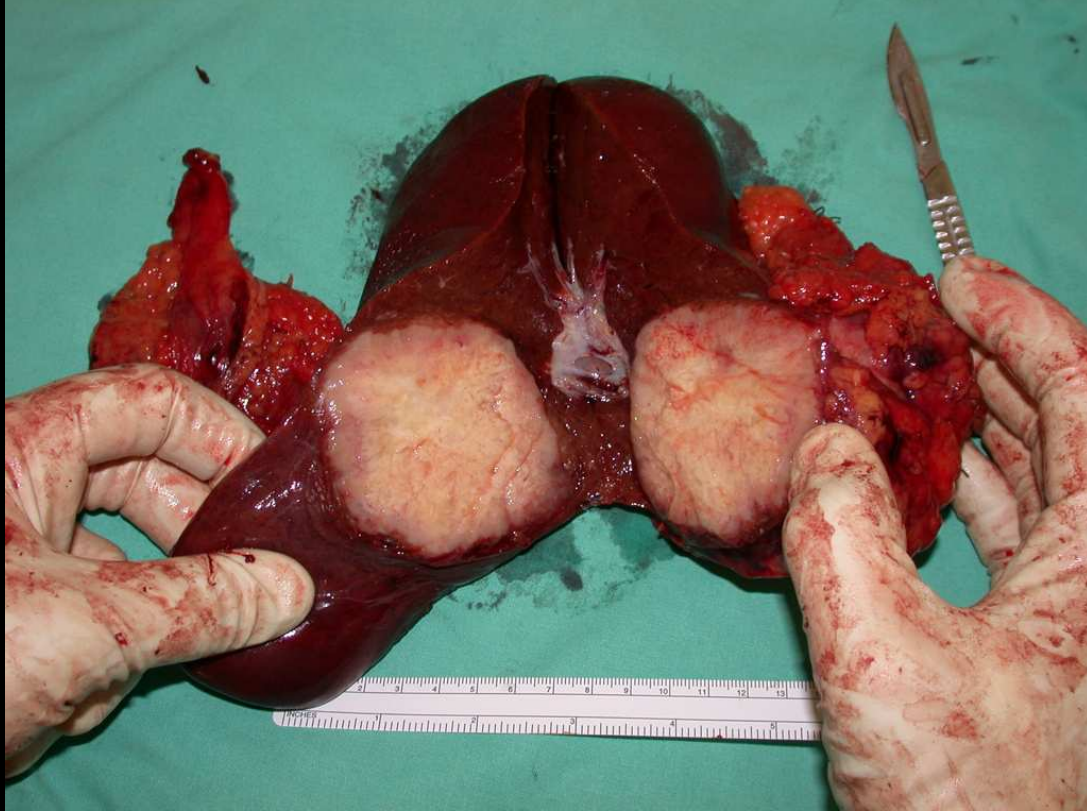
MR 7'

# Cholangiocarcinome

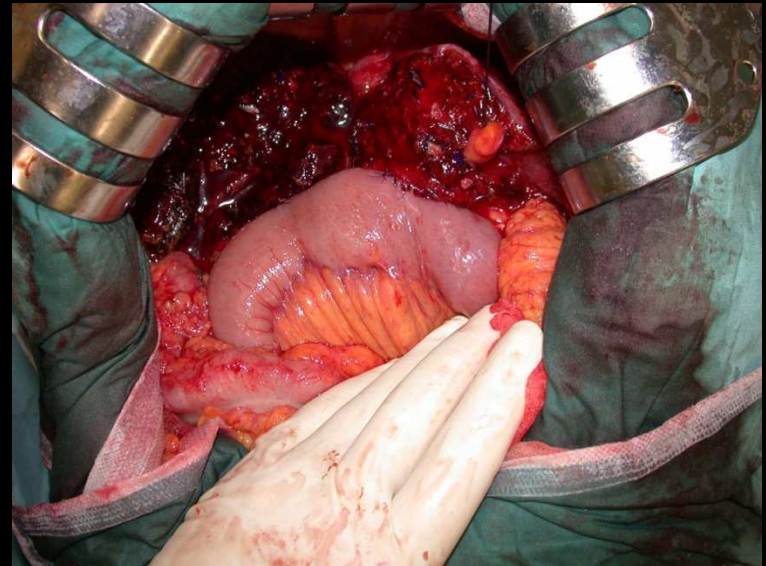
Cholangiocarcinome intra hépatique

Rétraction capsulaire +++

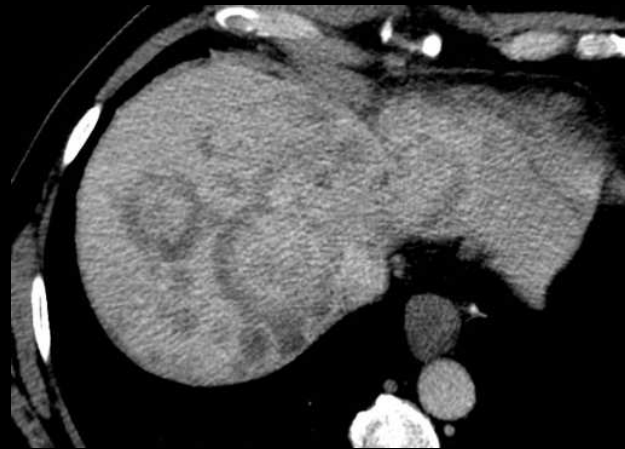




**Cholangiocarcinome**



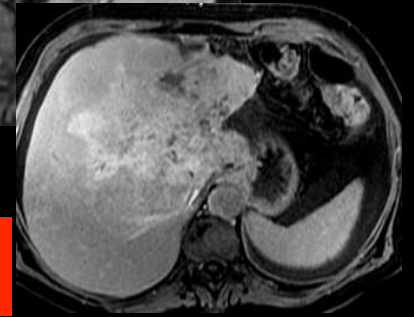
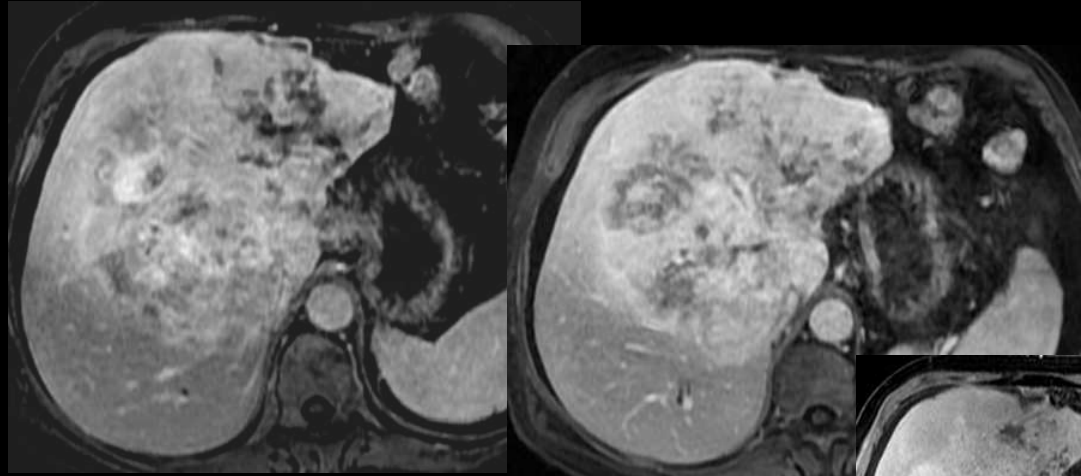
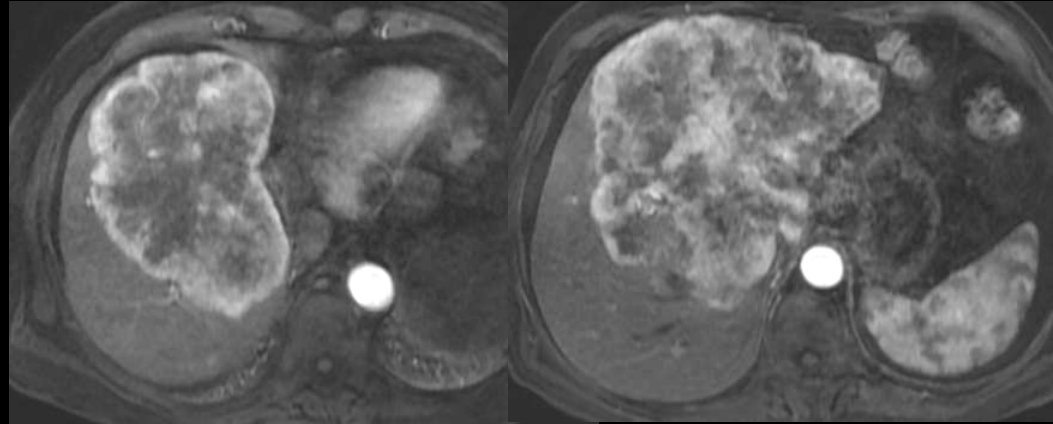
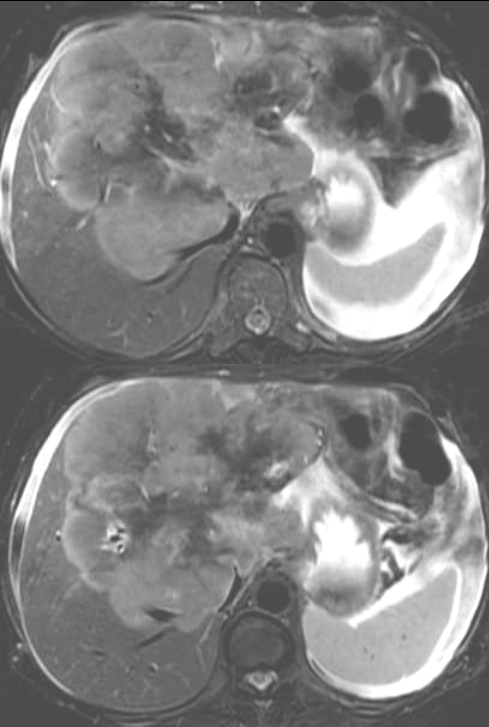
# Cholangiocarcinome



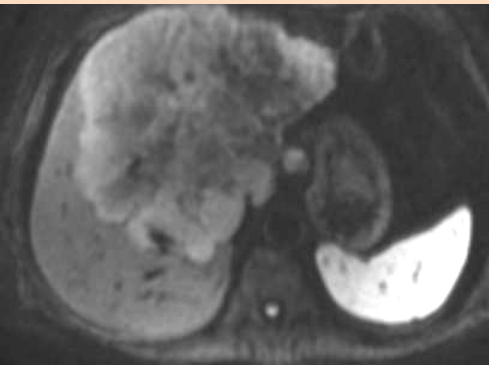
**Temps tardifs**

Maetani et al. AJR 2001  
Manfredi et al. Semin Liver Dis 2004  
Rimola et al. Hepatology 2009

# Cholangiocarcinome



Diffusion



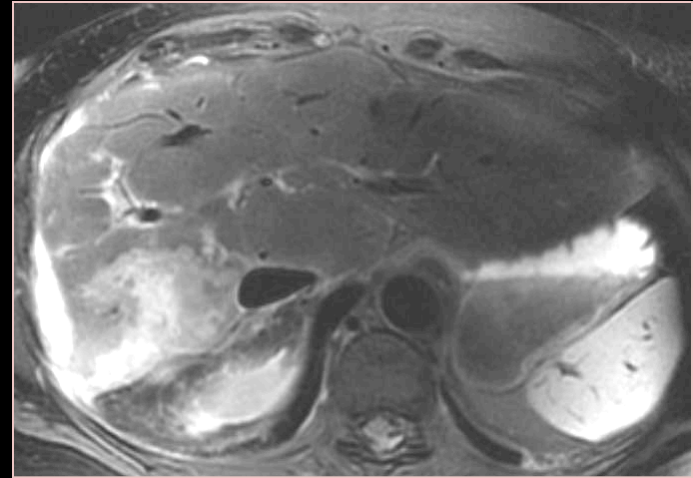
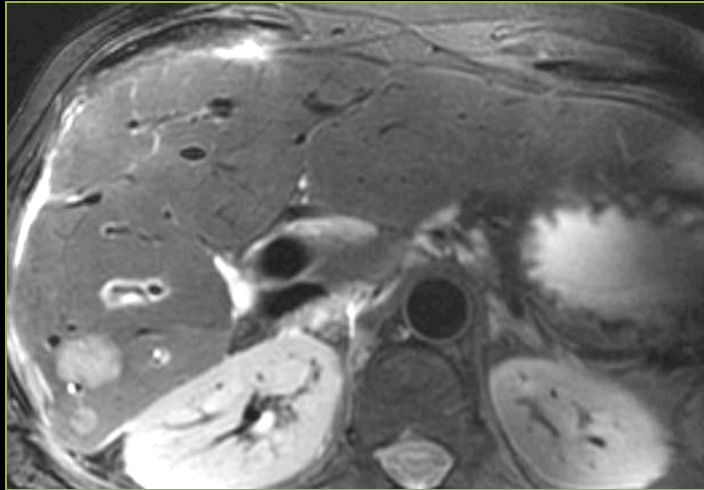
Temps tardifs

# Cholangiocarcinome

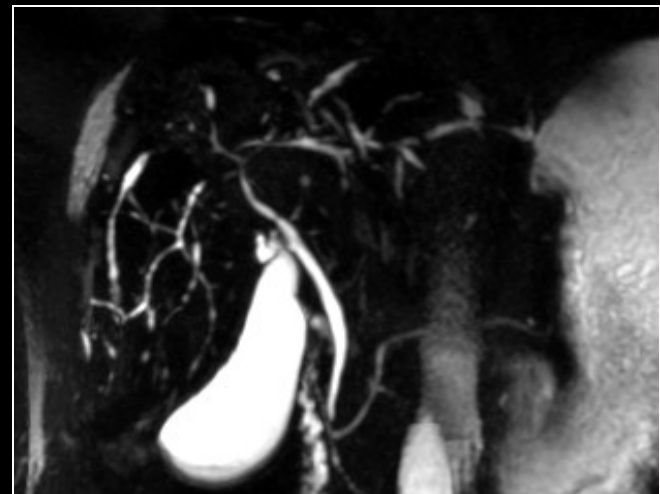
Femme, 52 ans

Perturbations mineures du bilan biologique hépatique depuis 10 ans

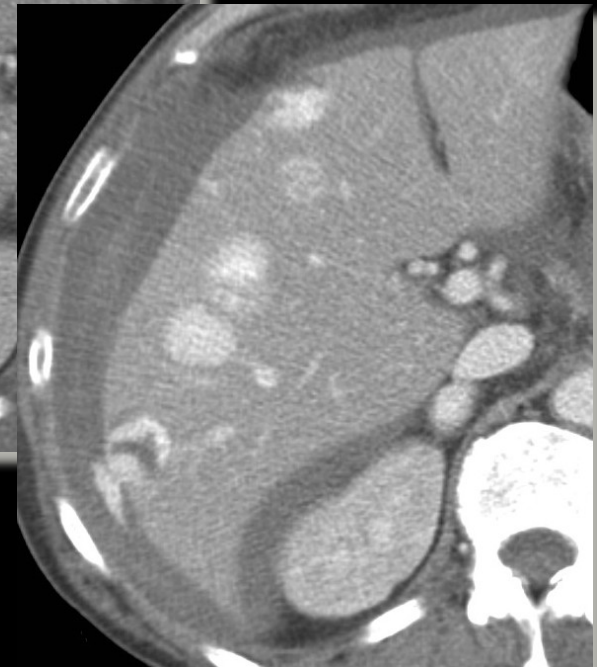
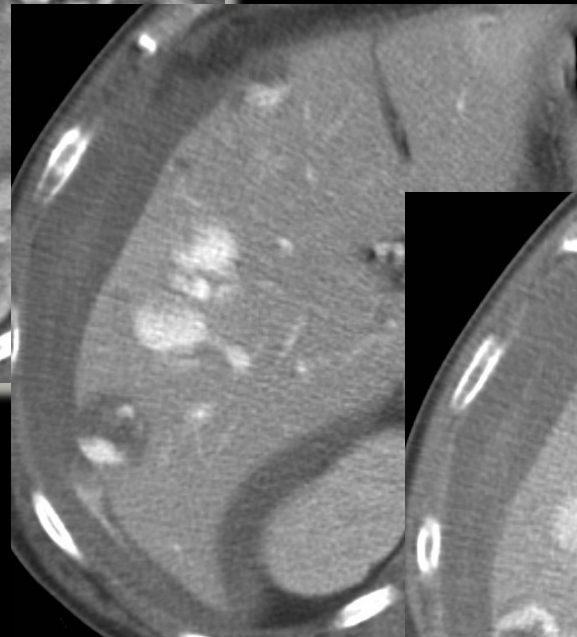
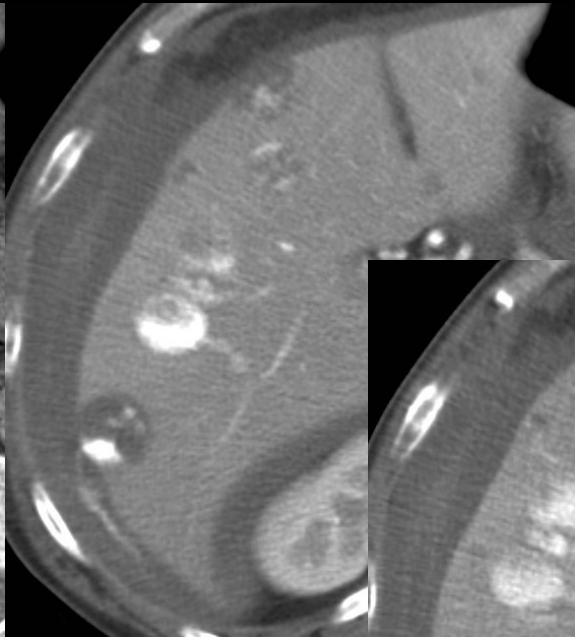
Découverte lésions focales hépatiques du foie droit



**Facteur de risque**  
-Cholangite sclérosante primitive



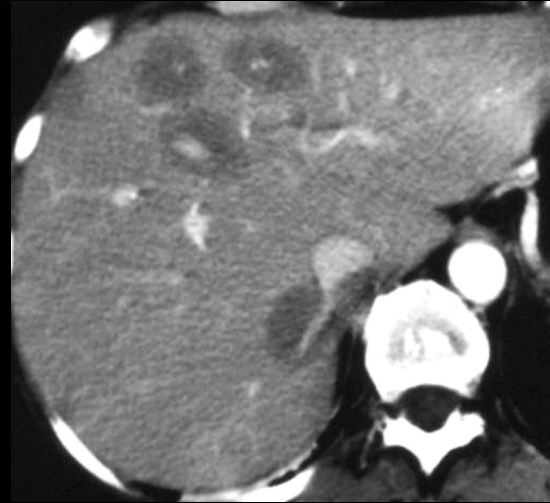
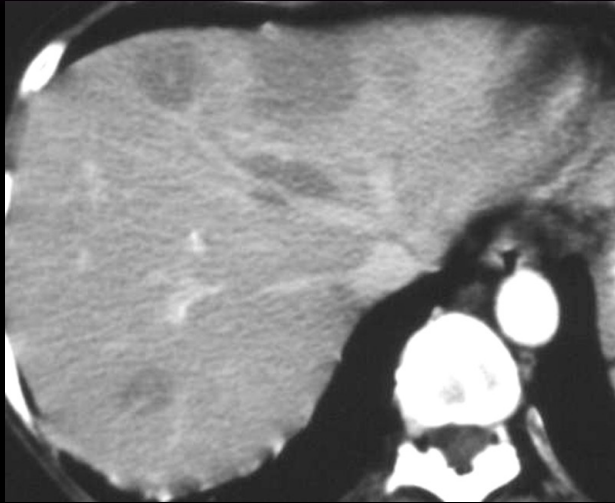
## Tumeurs rares



## Angiosarcome hépatique

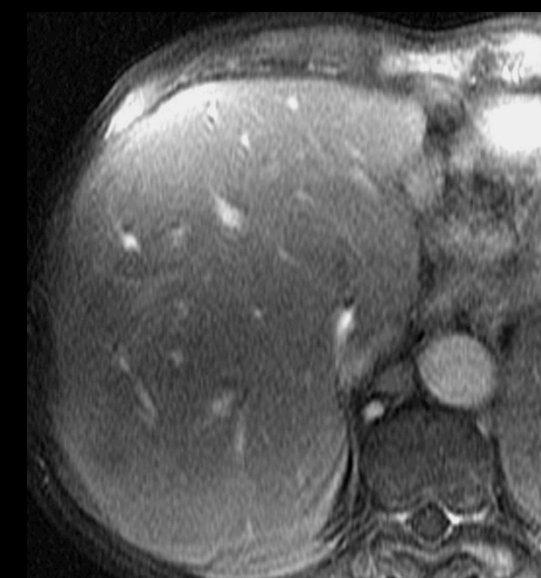
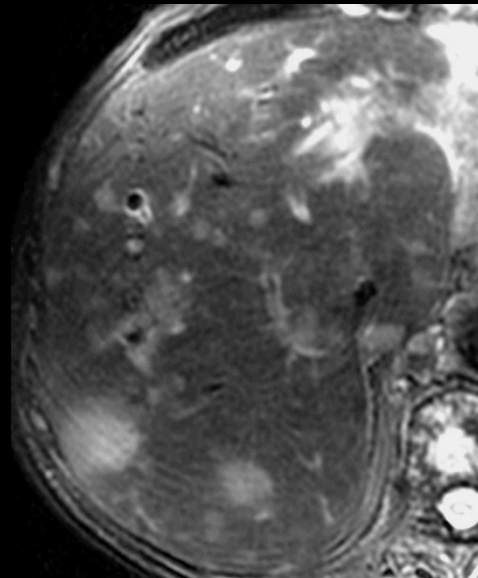
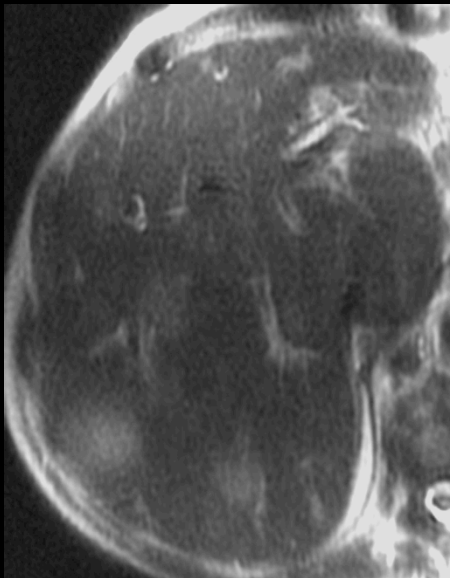
# Tumeurs rares

## Lymphome hépatique



Tumeur  
maligne : ??

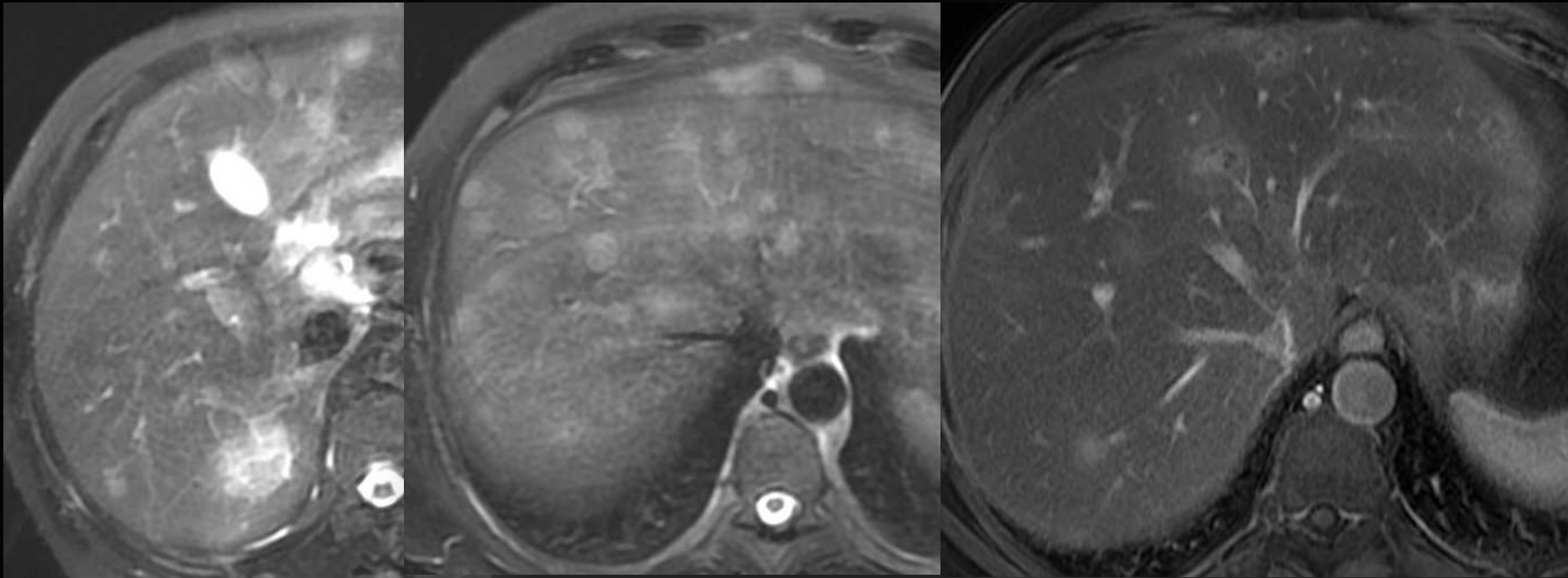
Biopsie : oui



## Tumeurs rares

Ne jamais oublier contexte !!

SIDA



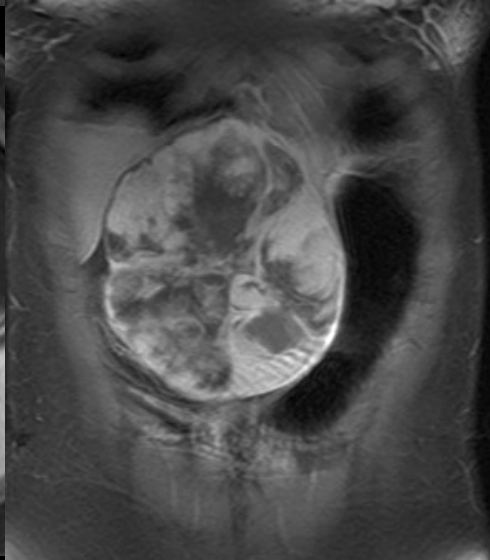
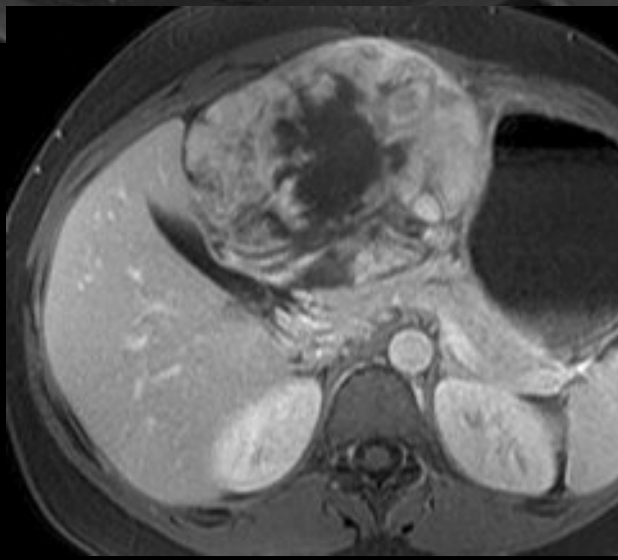
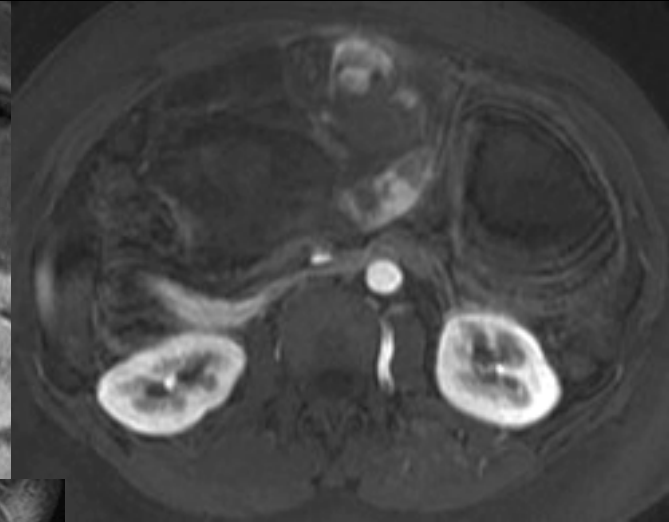
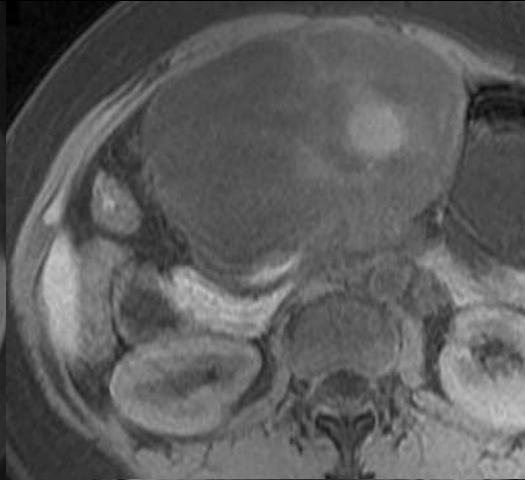
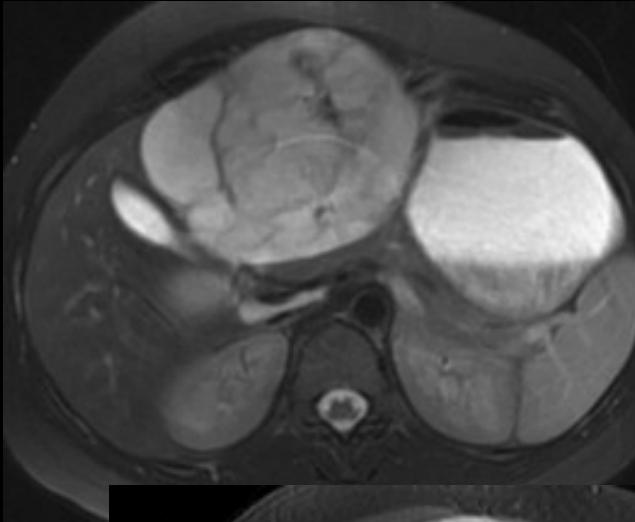
Lymphome hépatique

## Tumeurs rares

Femme, 25 ans

Douleurs abdominales

Pas d'antécédent



Tumeur maligne : oui

Biopsie : non

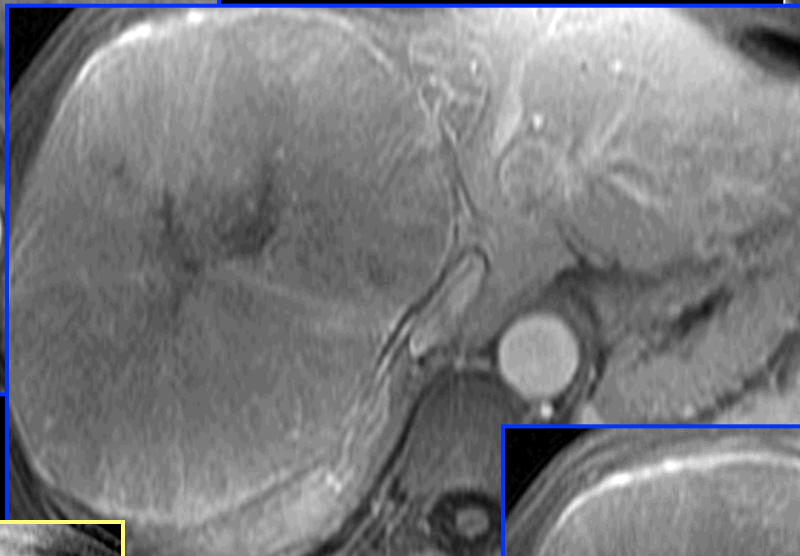
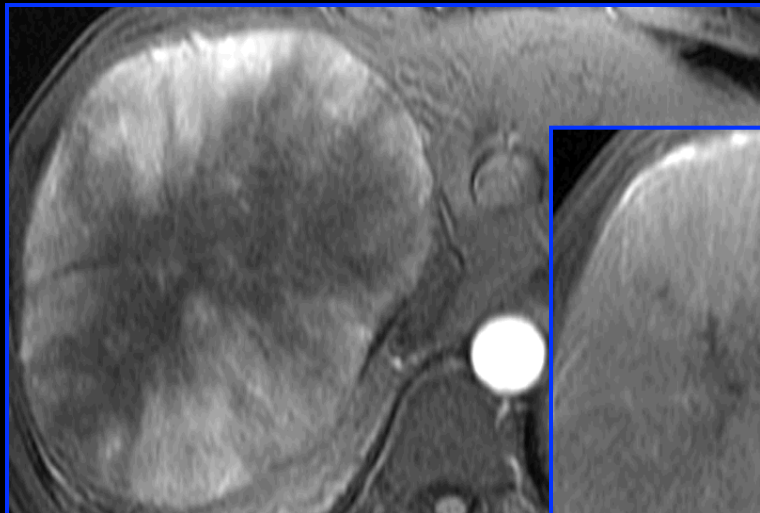
Chir d'emblée : OUI

- **Lésions malignes secondaires**
  - Métastases hypervascularisées
  - Métastases de CCR
  - Métastases des tumeurs endocrines

# Métastases hypervascularisées : rein, sein, thyroïde, T endocrine



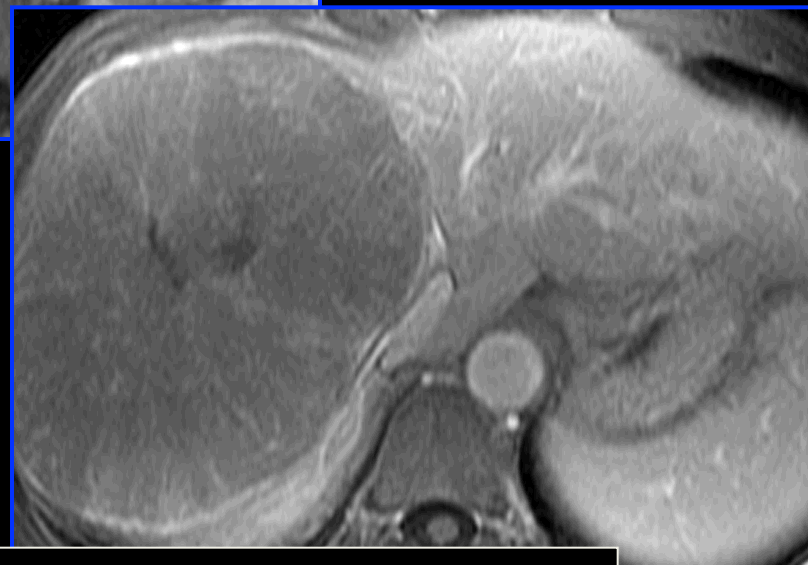
T2



**Dynamiques  
ap.injection**

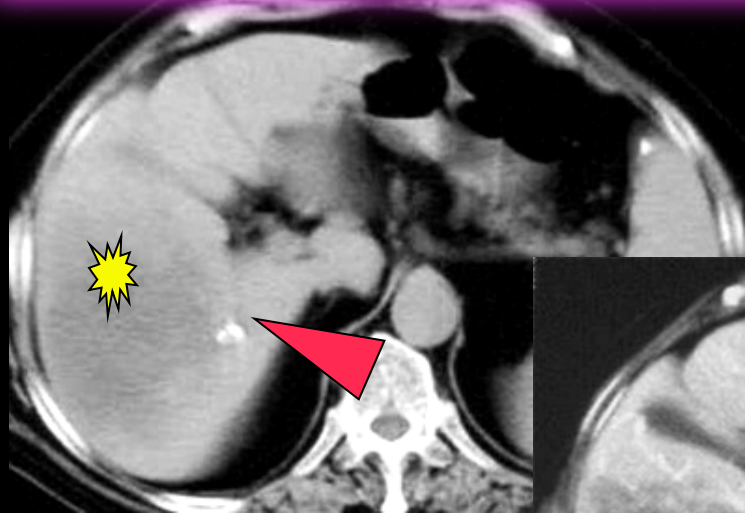


**Tardives**

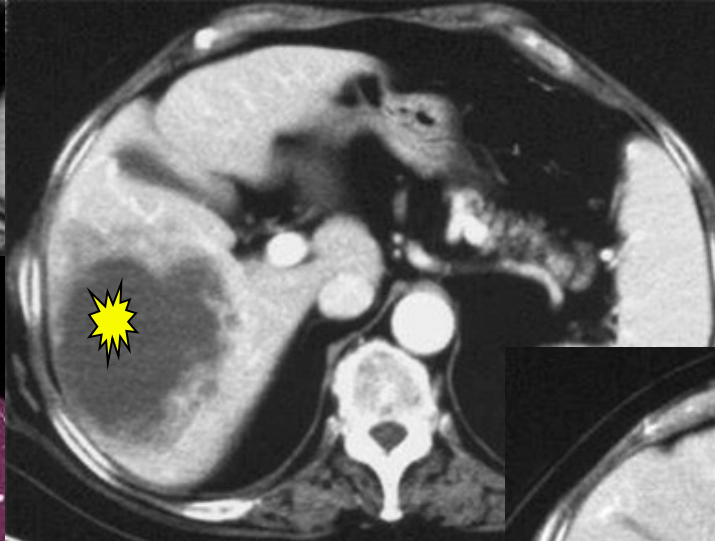


**Métastases cancer rénal**

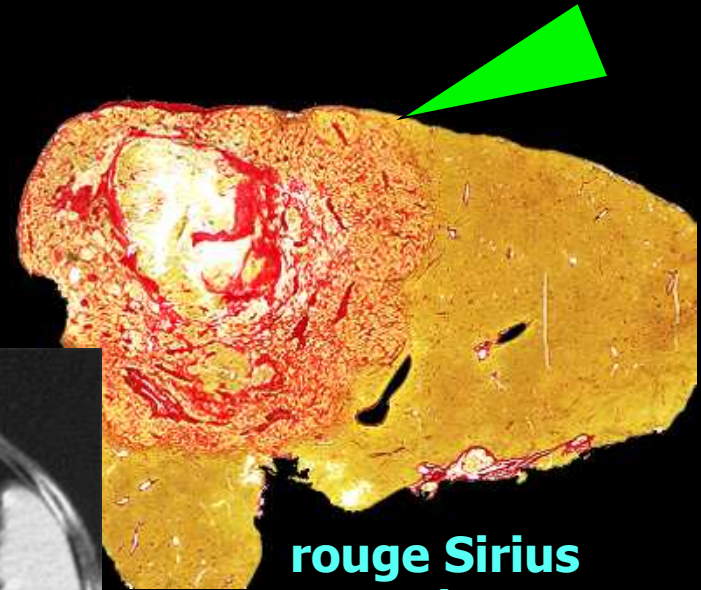
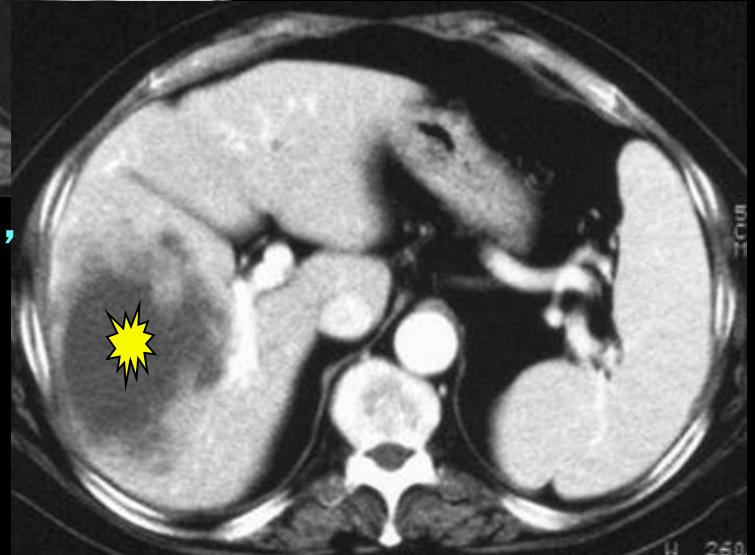
# Métastases colo-rectales



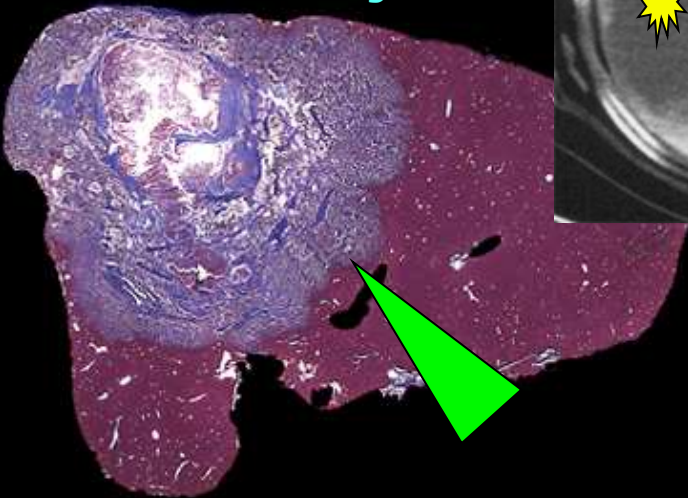
CT avt inj



CT 70''

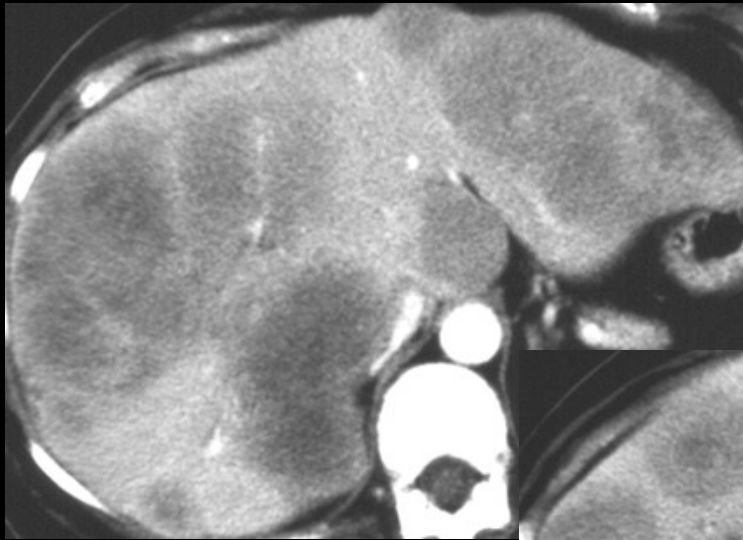


rouge Sirius  
collagène

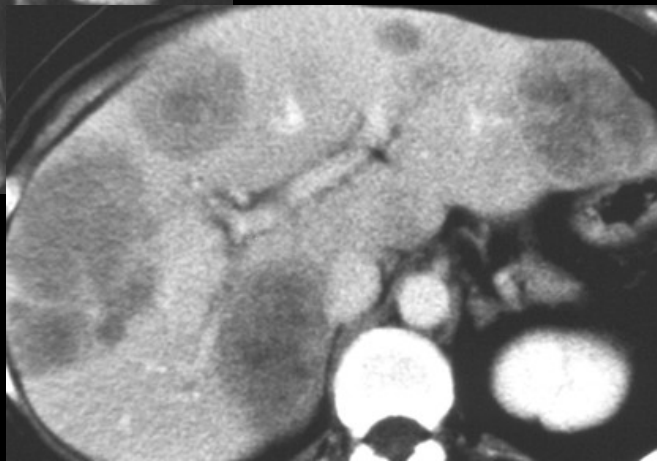


trichrome de Masson collagène bleu

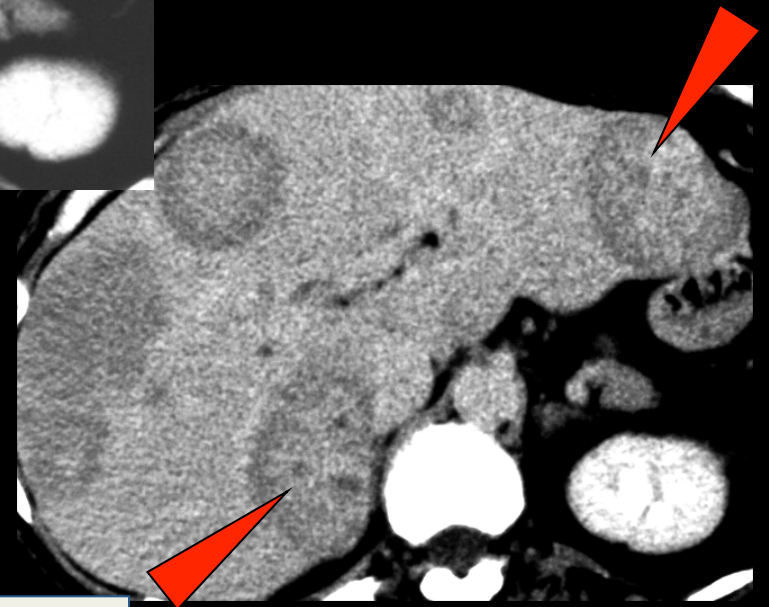
# Métastases colo-rectales



CT 50"

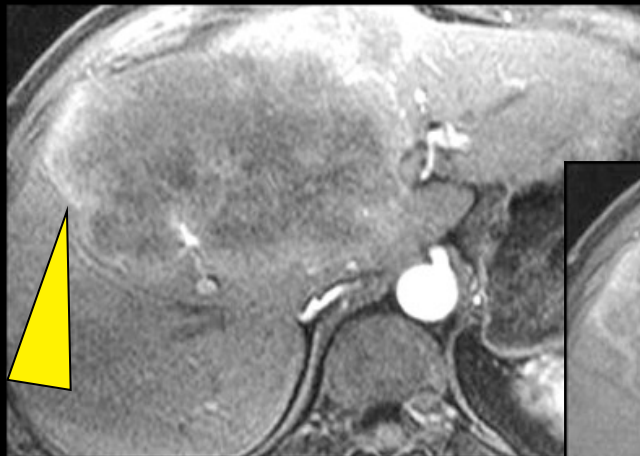


CT 70"



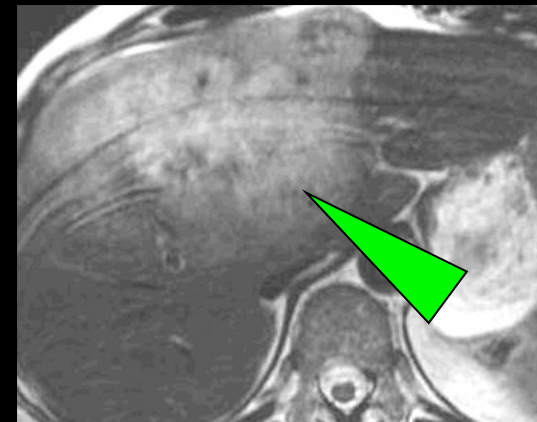
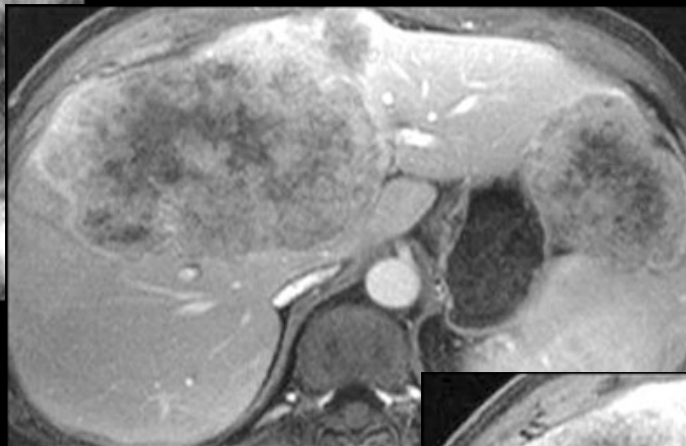
CT 20'

métastases d'un adénocarcinome colique  
Contingent fibreux intralésionnel

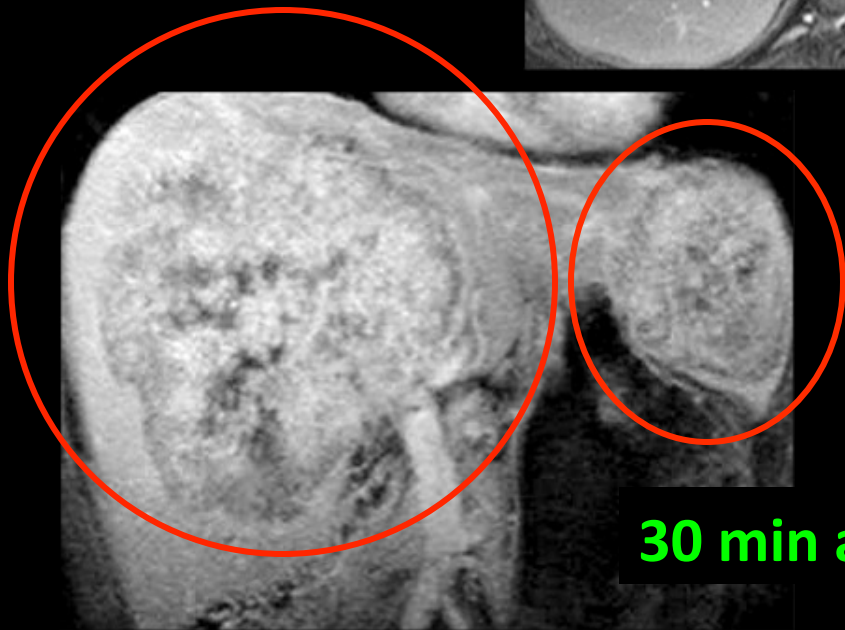


**T1 45"**

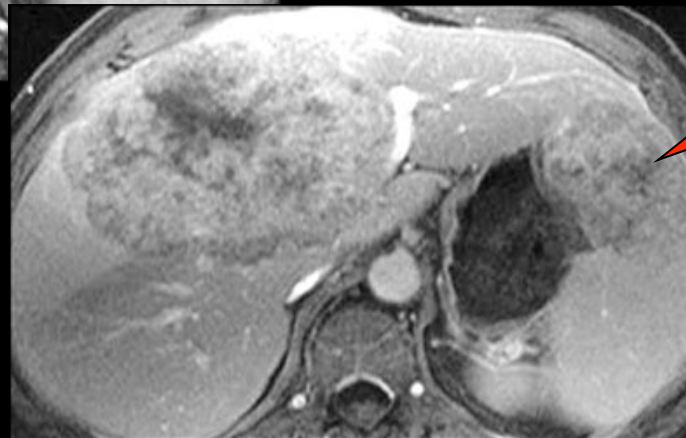
**T1 70"**



**T2**

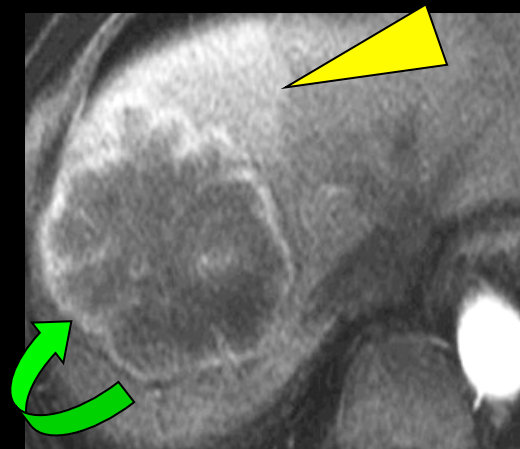


**30 min après IV**



**T1 3'**

**métastases d'un adénocarcinome colique  
Contingent fibreux intralésionnel**



**T1 45''**



**T1 60''**



**T1 2'**



**T1 20'**



**T1 20'**



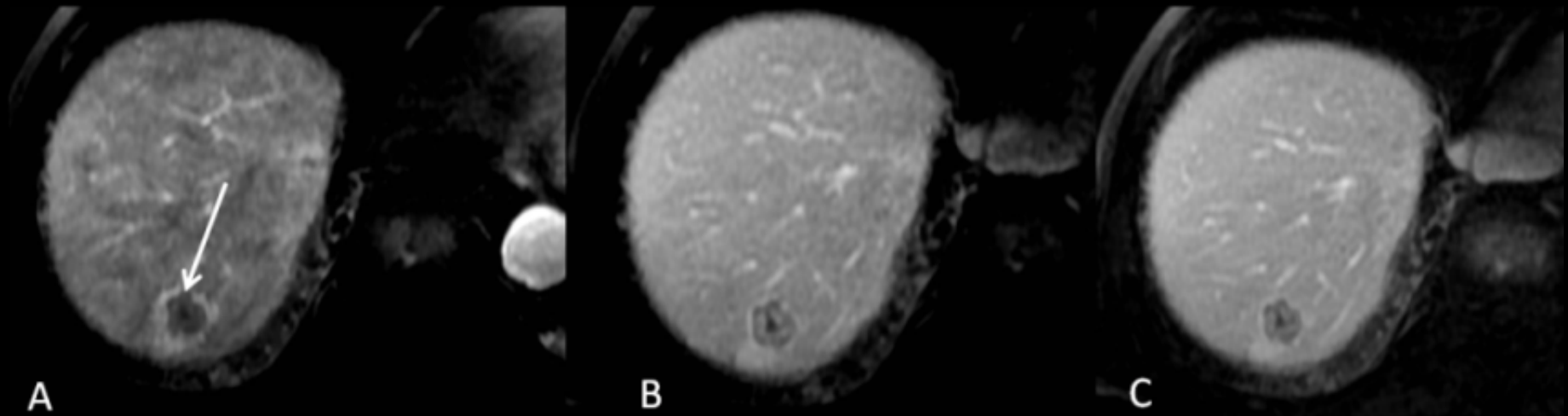
**rouge Sirius**

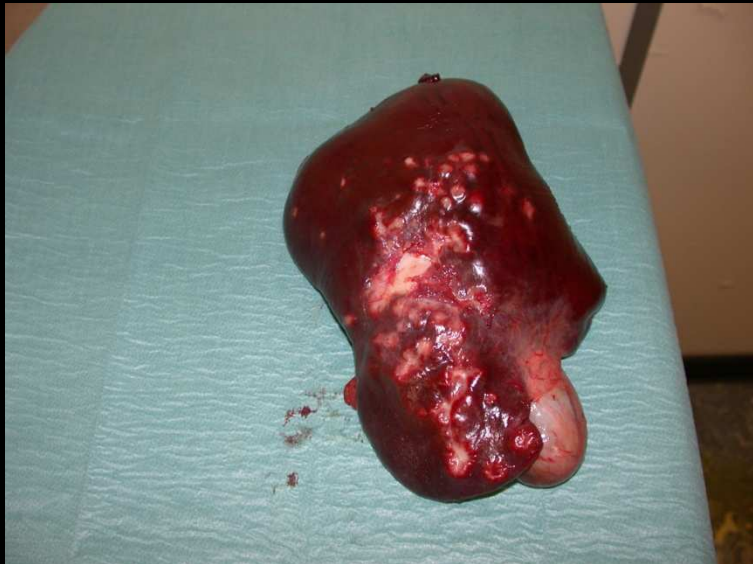
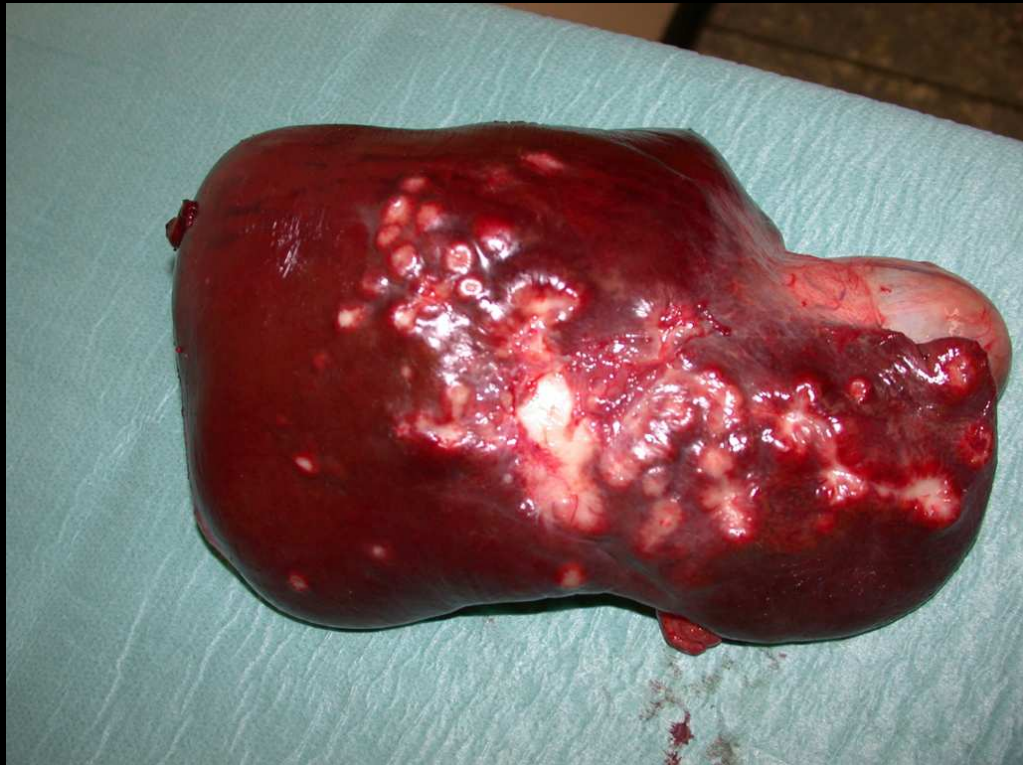


métastase d'un adénocarcinome colique  
et anomalie transitoire de la perfusion (THAD=transcient  
hepatic attenuation differences)

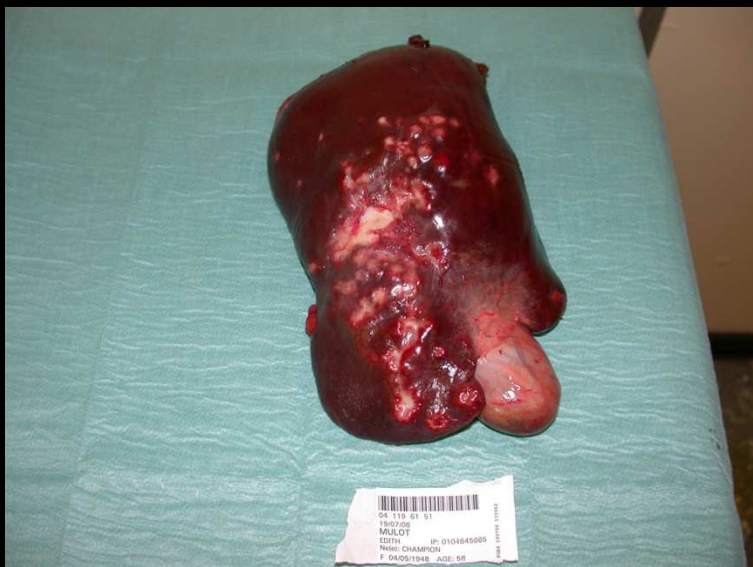
métastase d'un adénocarcinome colique

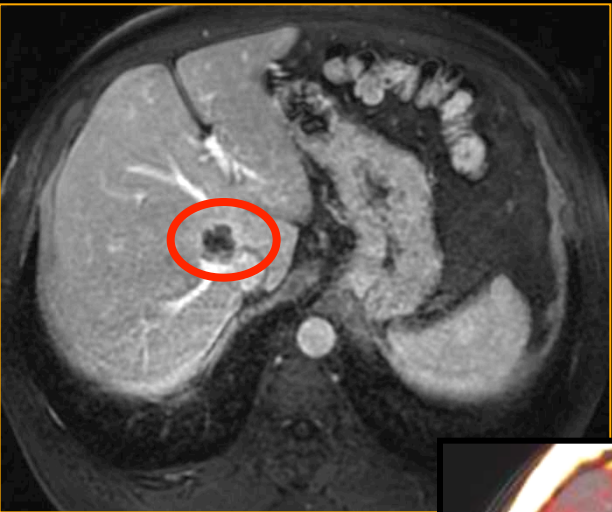
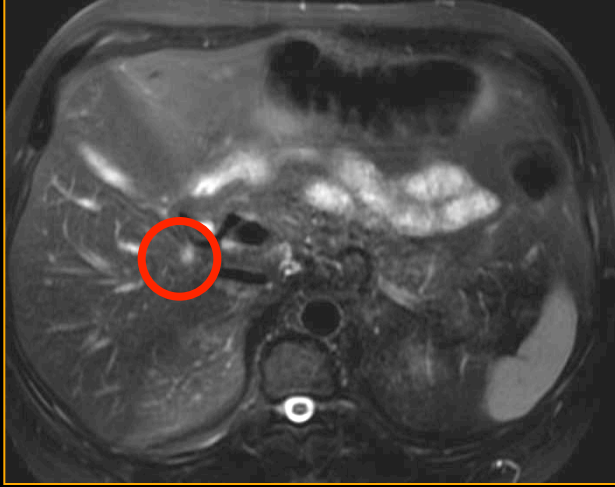
Avant chimiothérapie :



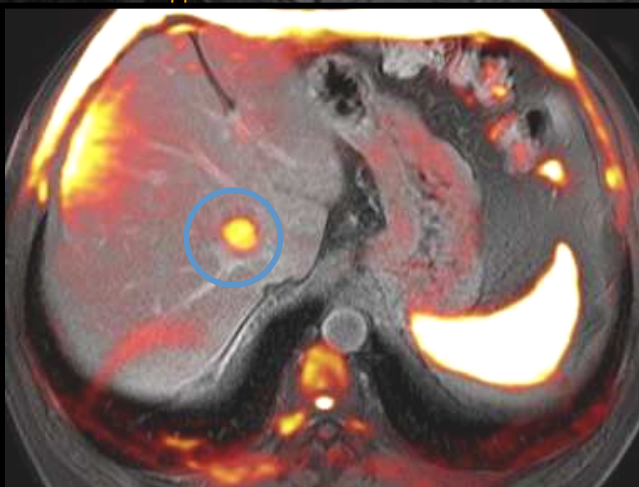
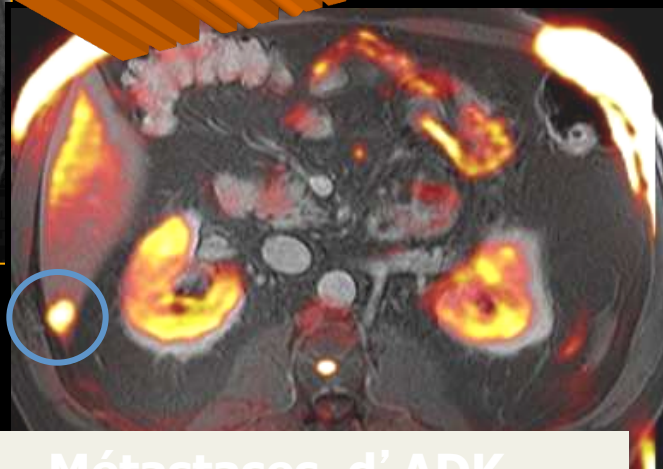


## Métastases colo-rectales





# Virtual PET MRI



Métastases d'ADK colique : séquence de diffusion est indispensable

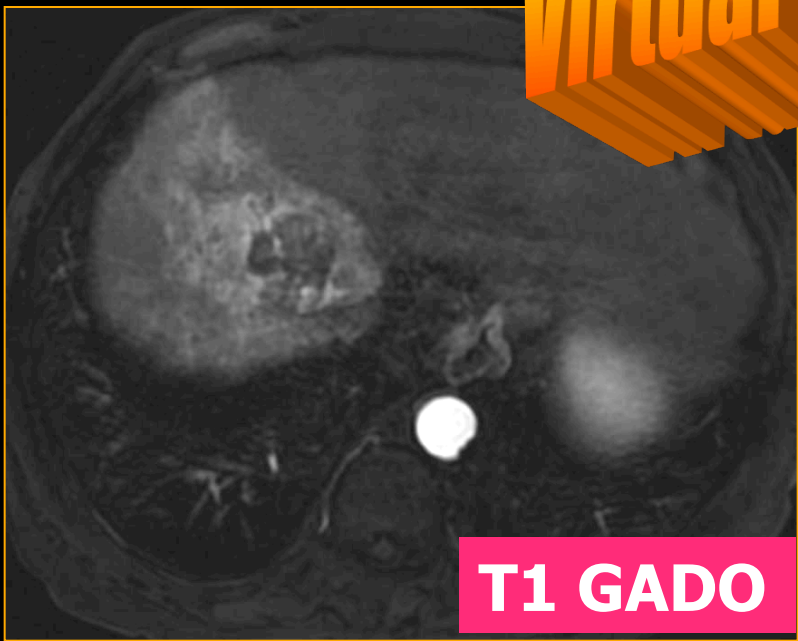


T2



T1 GADO

# Virtual PET MRI



T1 GADO



T1 GADO

# Métastases des cancers colo rectaux

- **Prise en charge des MH CCR : Spécificités**

- Seul traitement curatif : chirurgie +++

- Encadrée par un protocole de chimio

- Métastases résécables d'emblée

- Potentiellement résécables

- Jamais résécables

- Qd lésions secondaires hépatiques

- Faire un bilan d'imagerie précis +++ avant tte décision thérapeutique +++

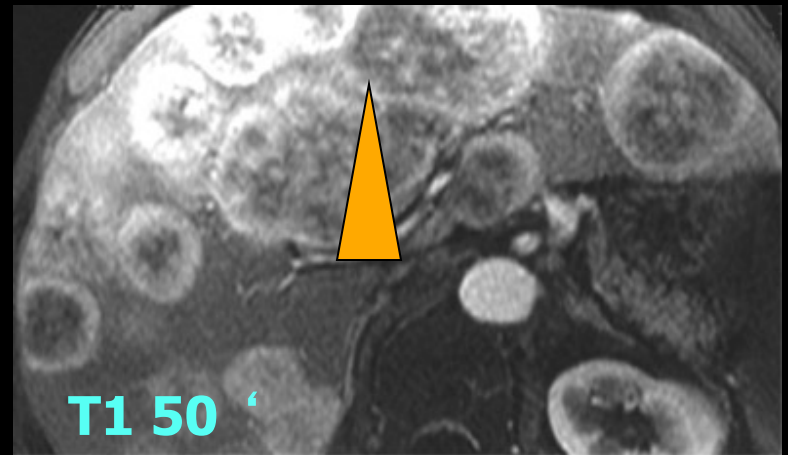
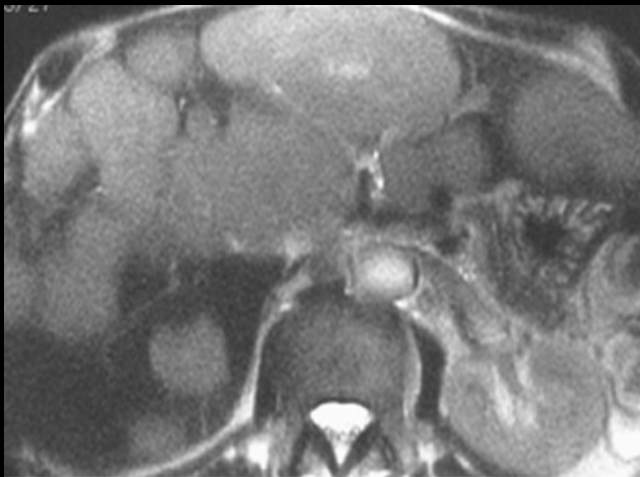
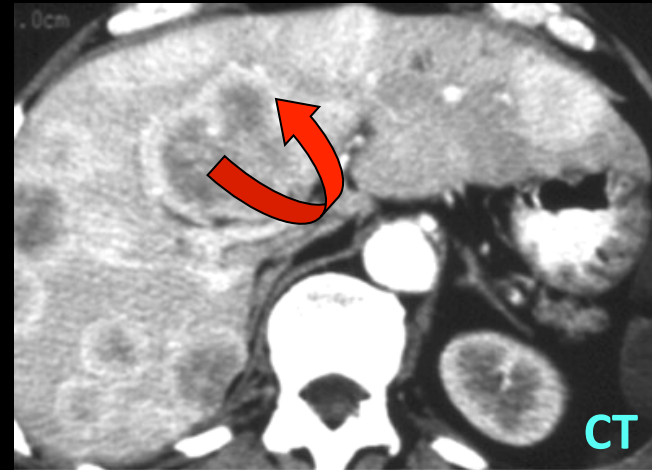
- IRM ++++ avec séquence de diffusion +++++

- TDM TAP

- Après chimio : refaire imagerie , en pré op et ce quelle que soit l'option choisie

# Métastases des tumeurs endocrines

CT avt inj



Métastases de tumeur endocrine

# Métastases de mélanome

