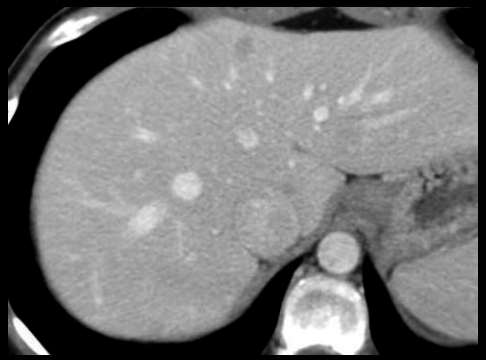
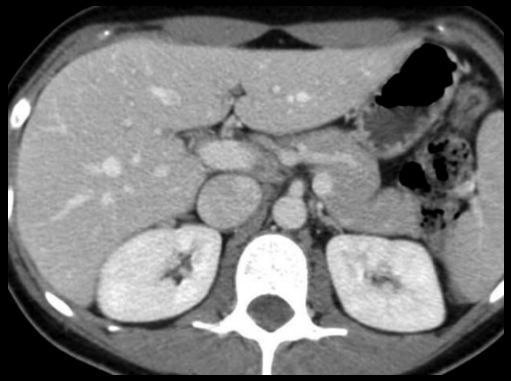
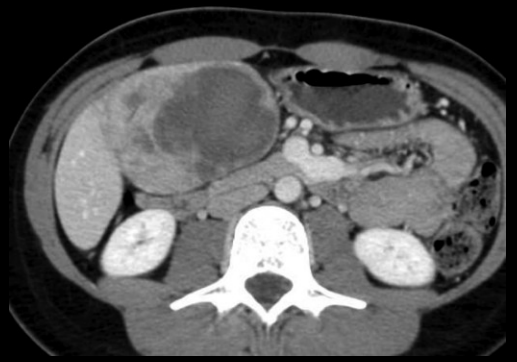
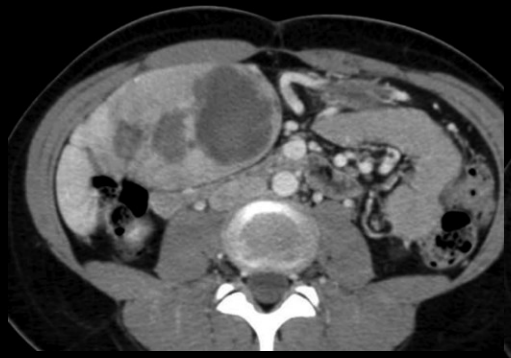
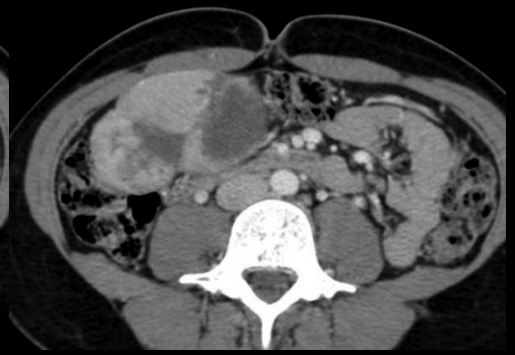
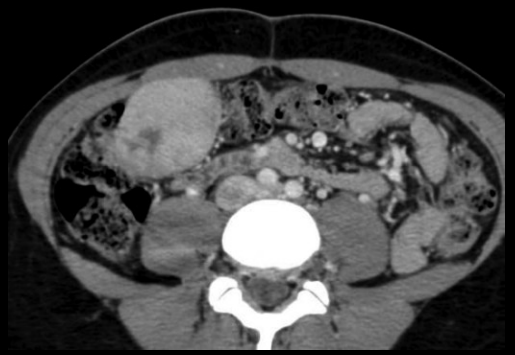
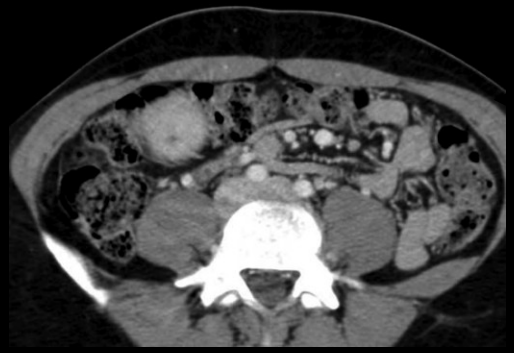
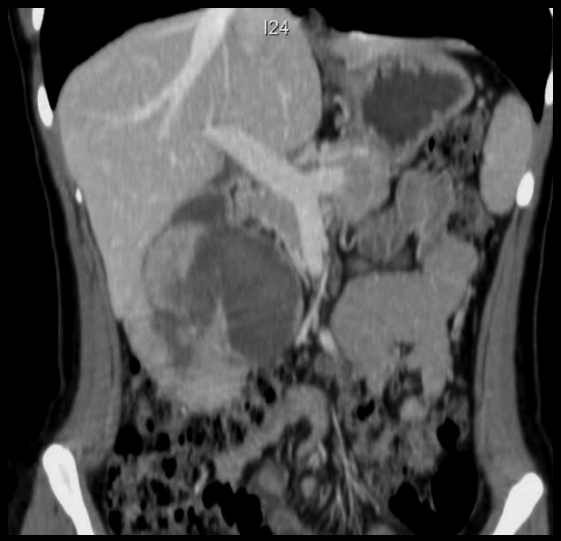
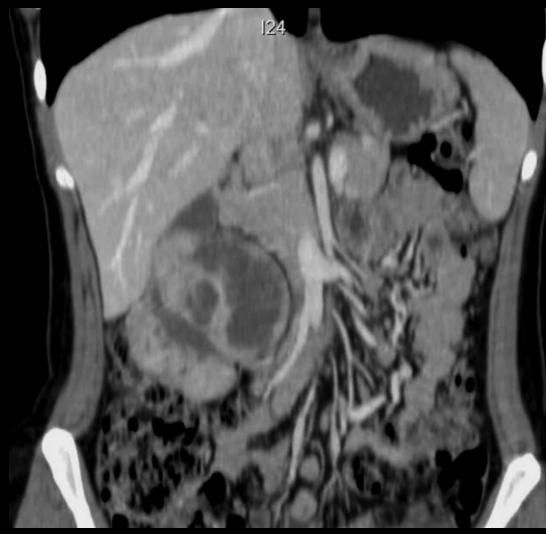







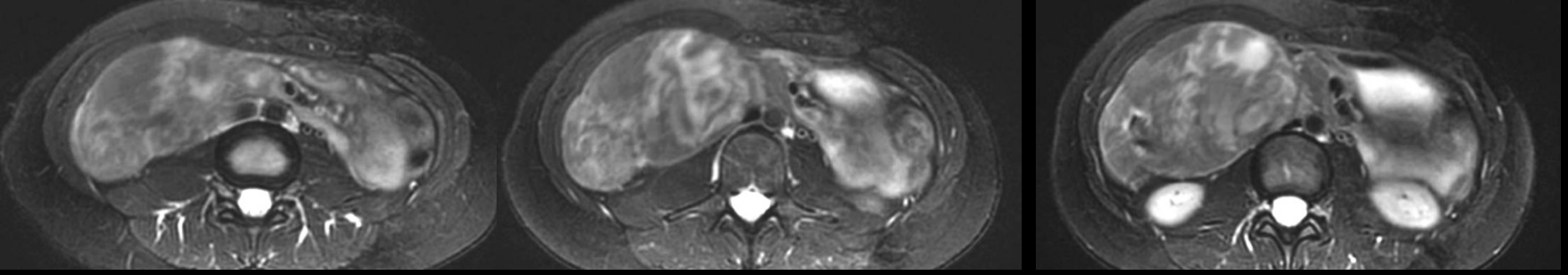
CT 70 s

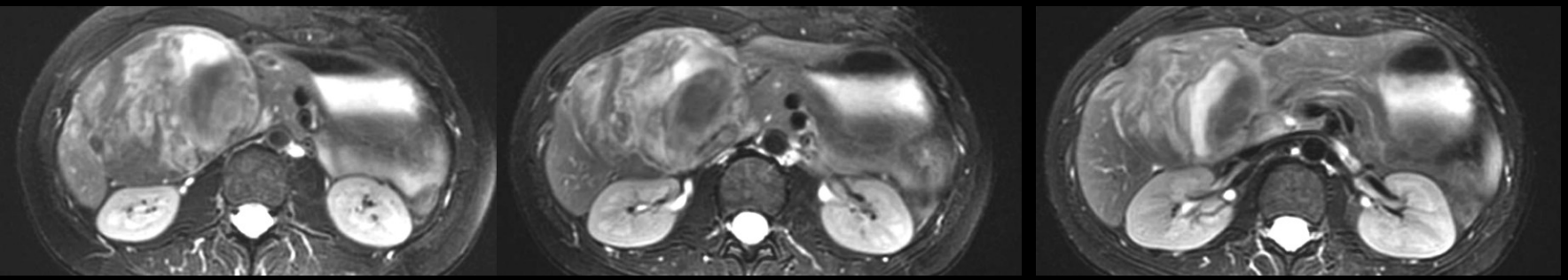






jeune patiente de 25 ans
douleurs de l'hypochondre droit
apyrexie
pas de Sd inflammatoire biologique





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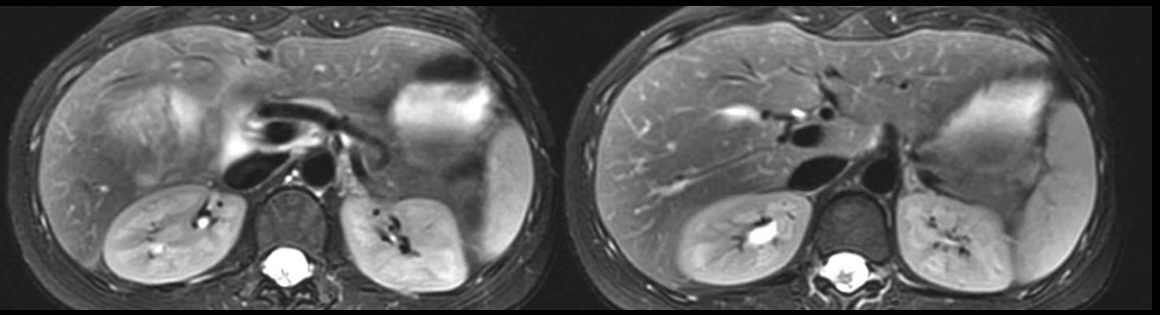
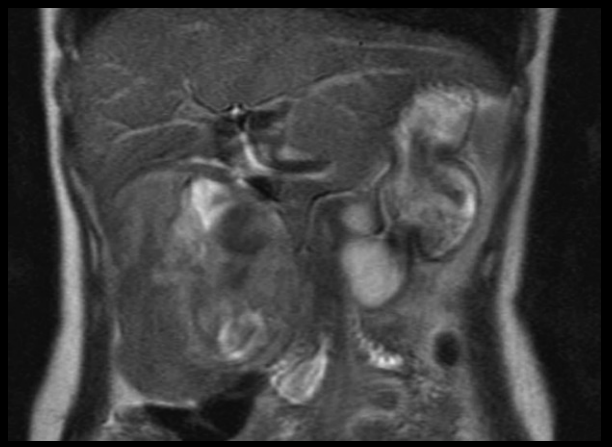
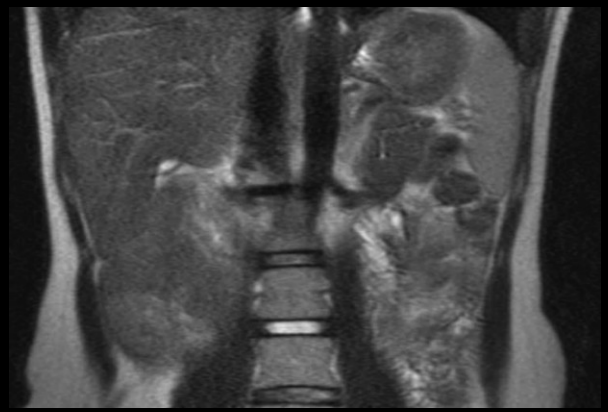
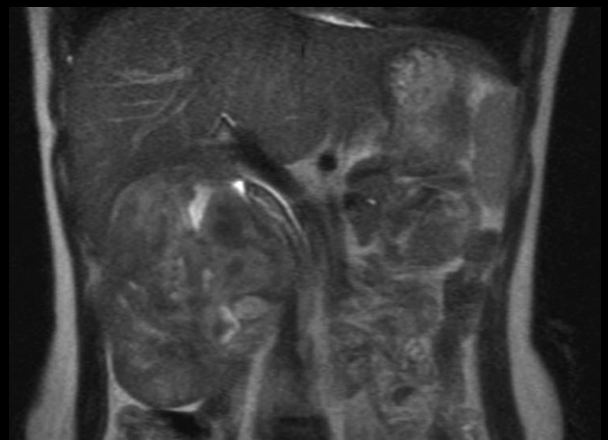
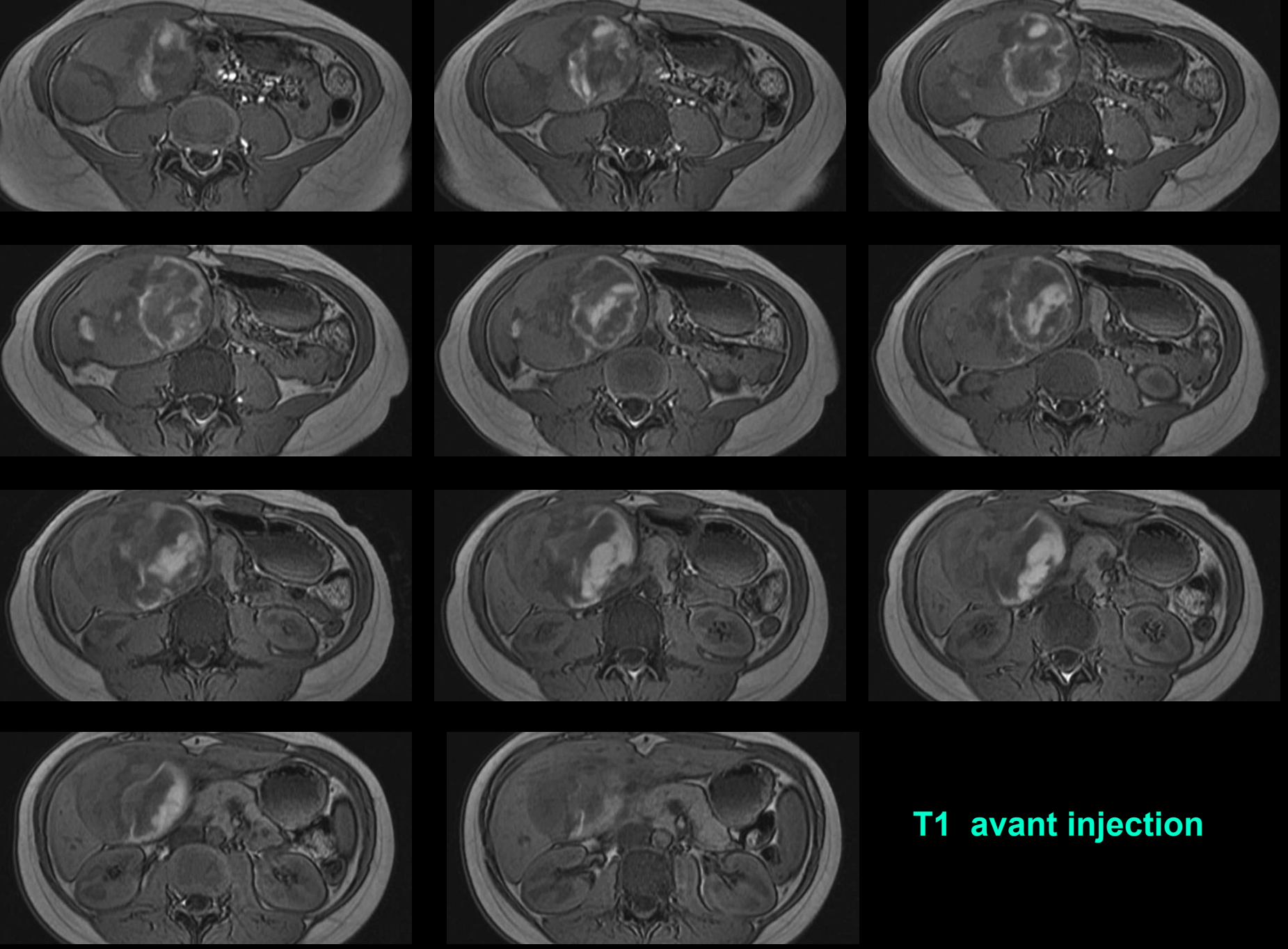


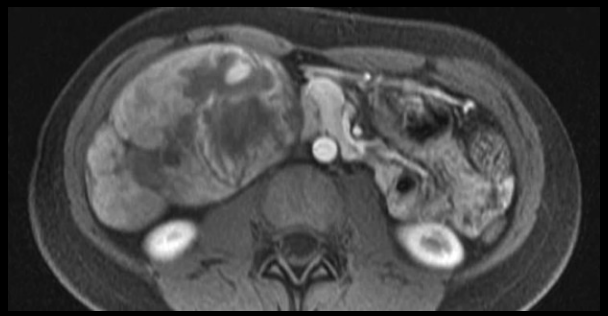
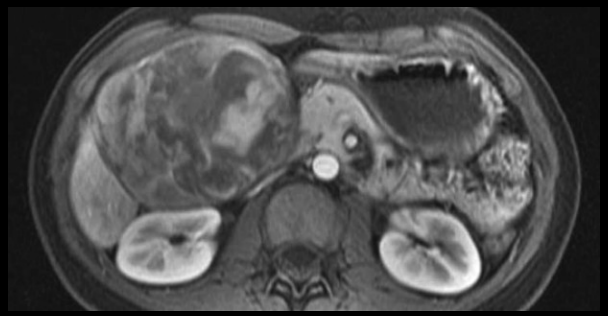
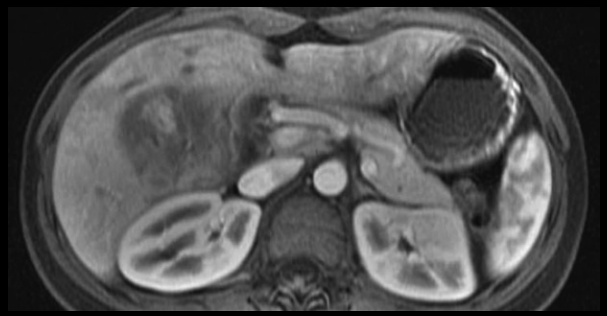
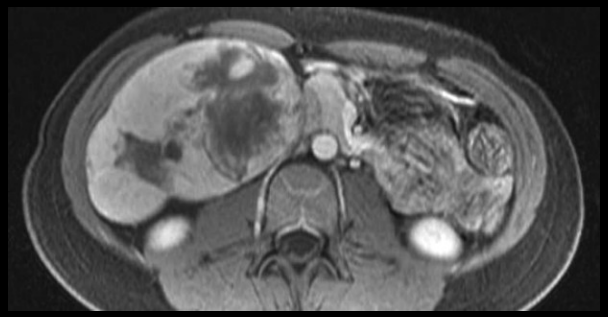
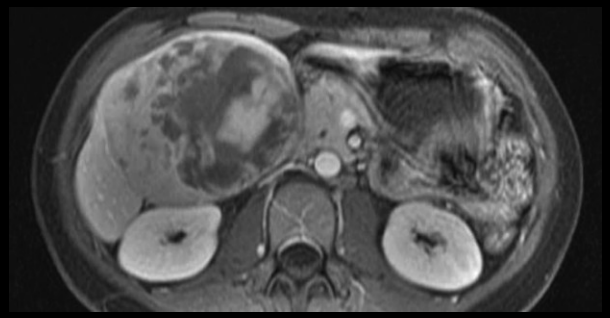
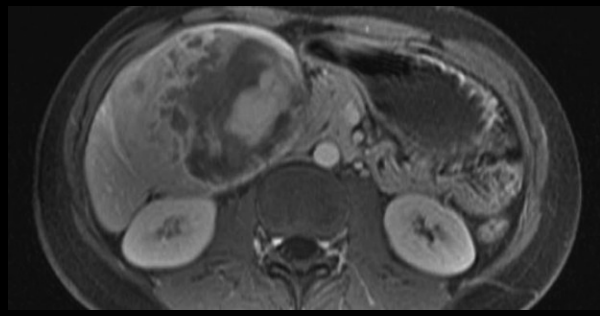
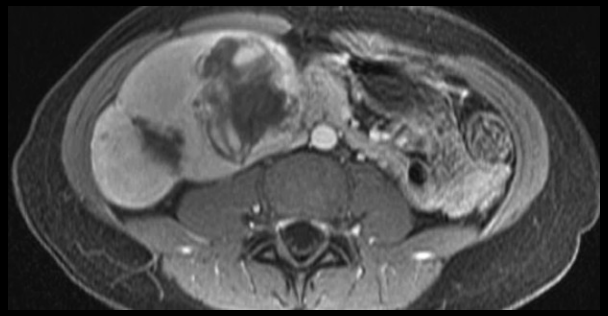
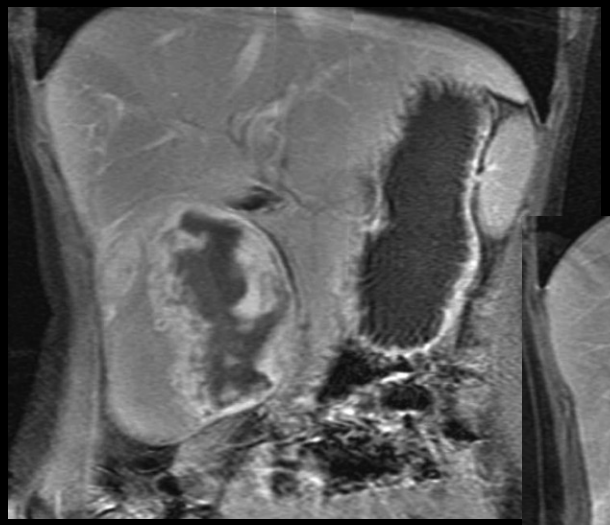
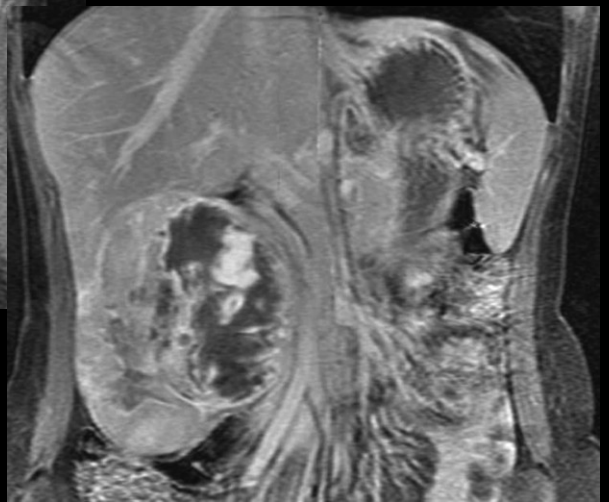
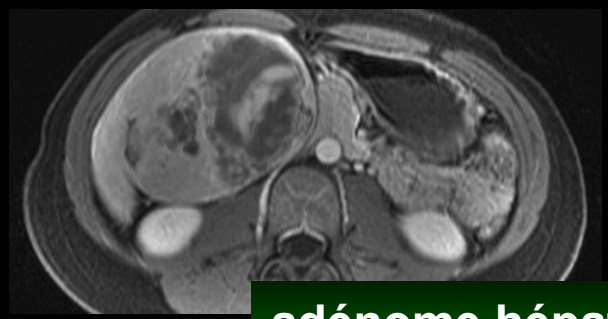








T1 avant injection

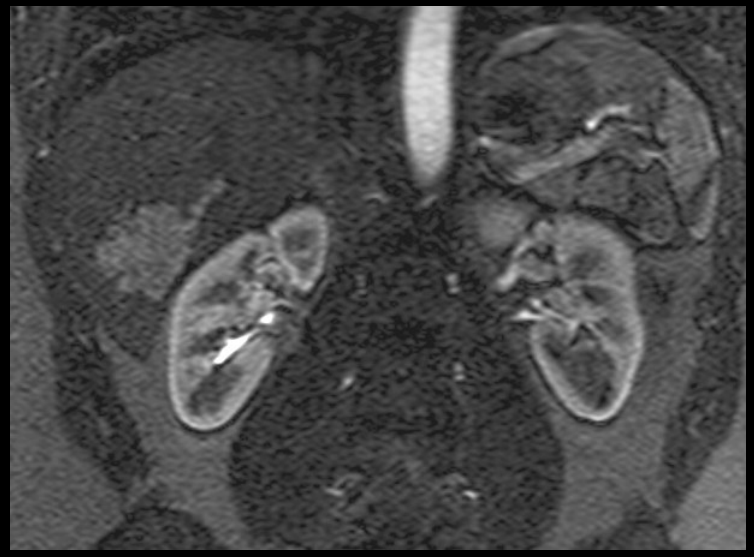











T1 gado (LAVA)

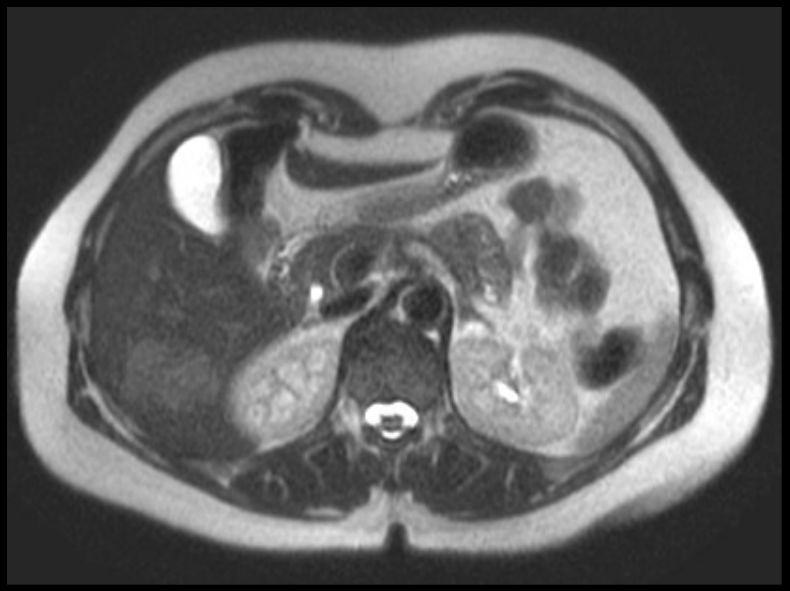
adénome hépatique hémorragique

patiente de 42 ans

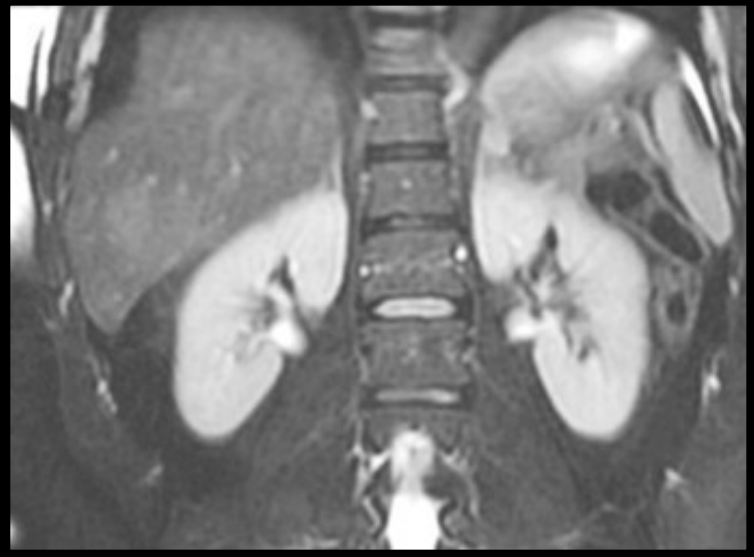
bilan de lésion focale hépatique de découverte fortuite (bilan d'HTA)

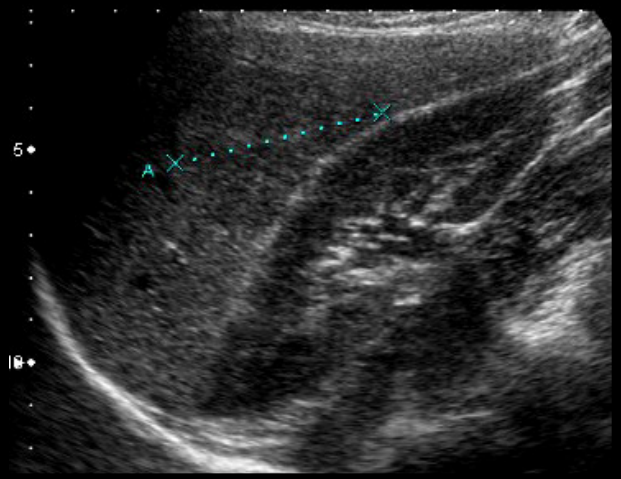


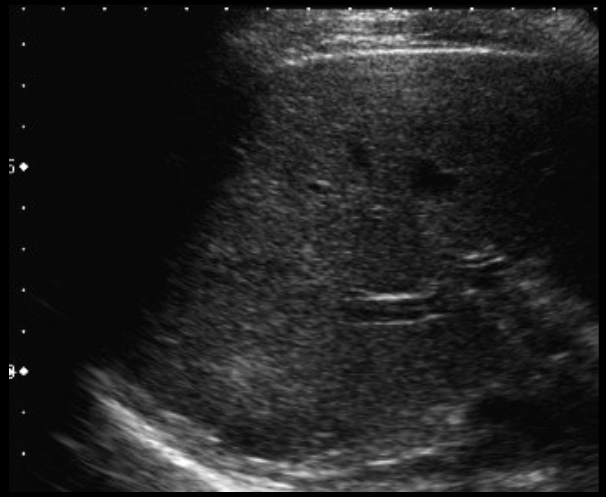
T1 gado 1er passage

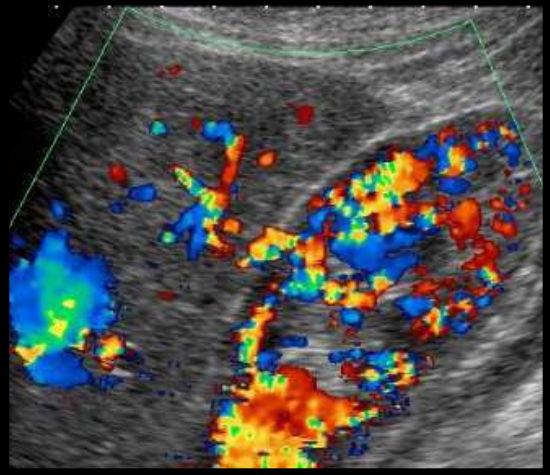


T2

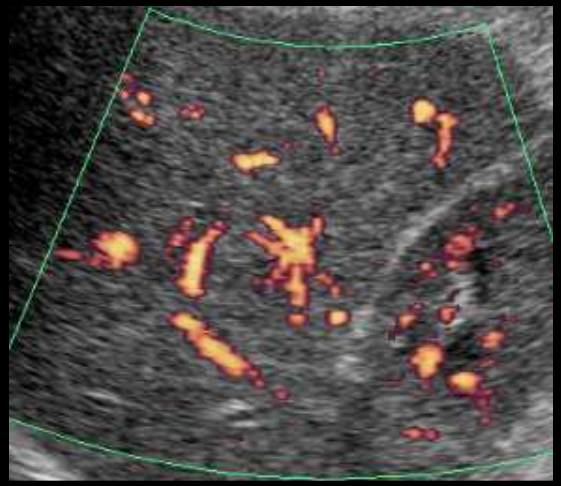


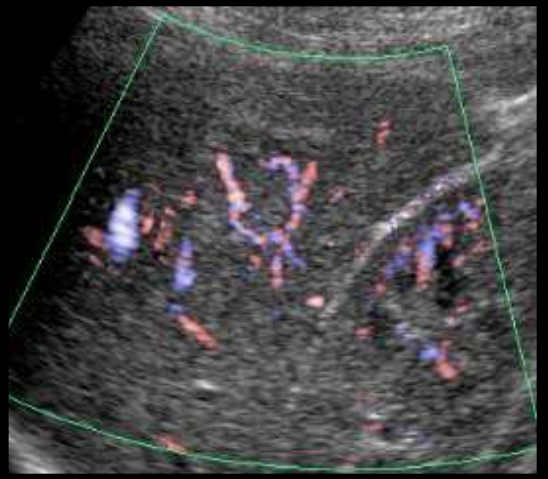






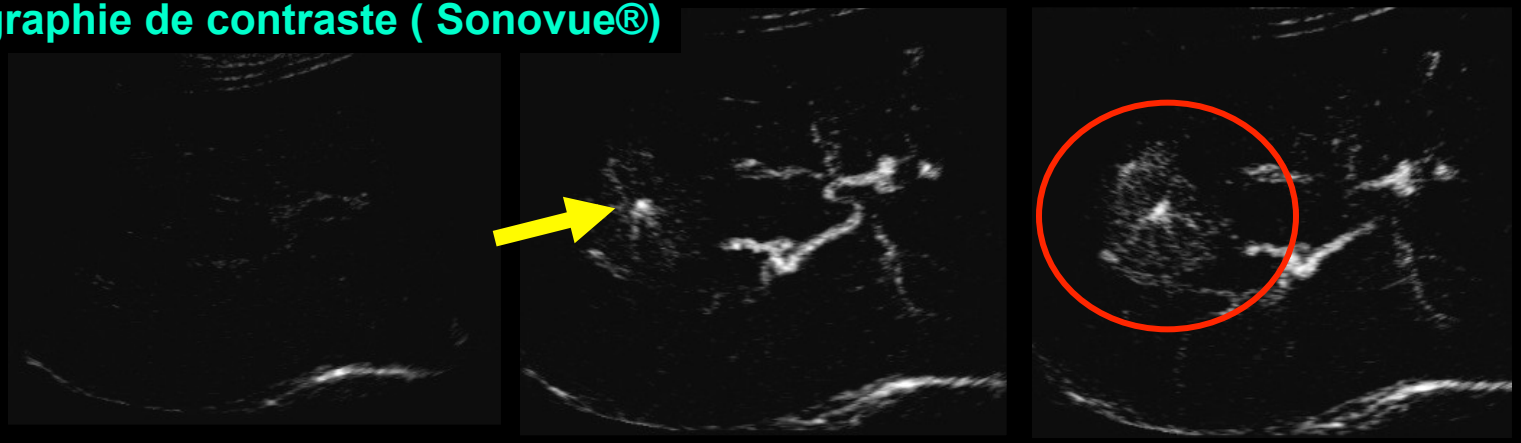
Doppler couleur

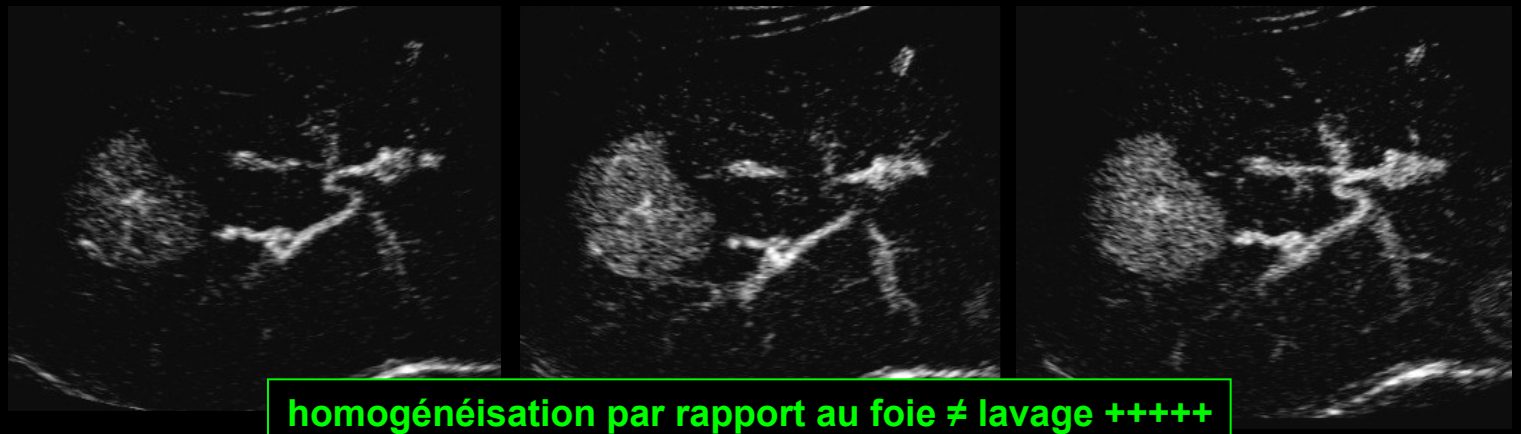




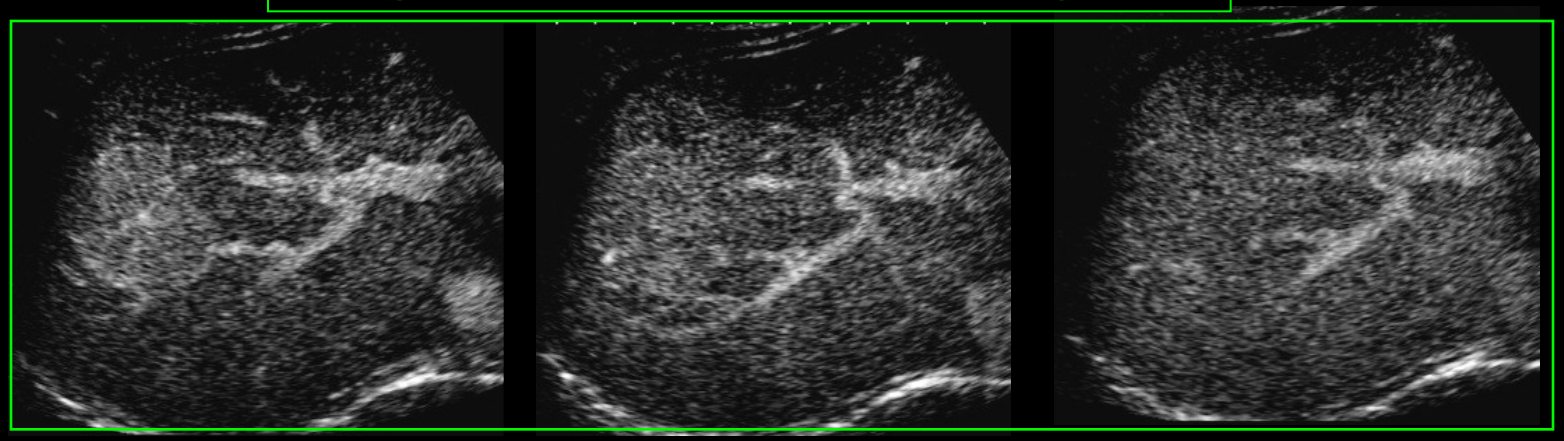
Doppler puissance

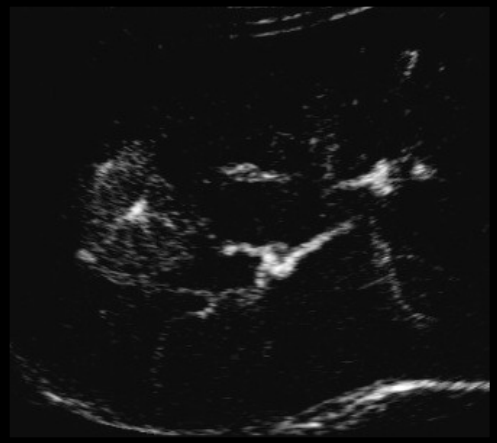
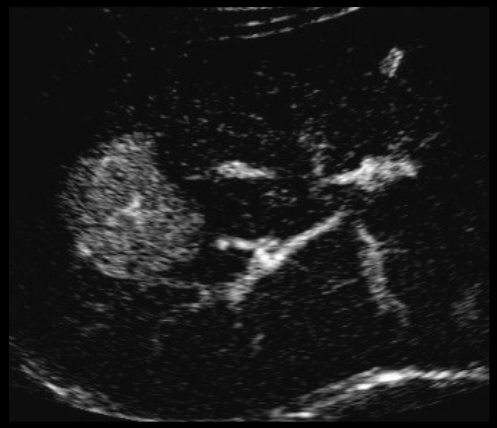
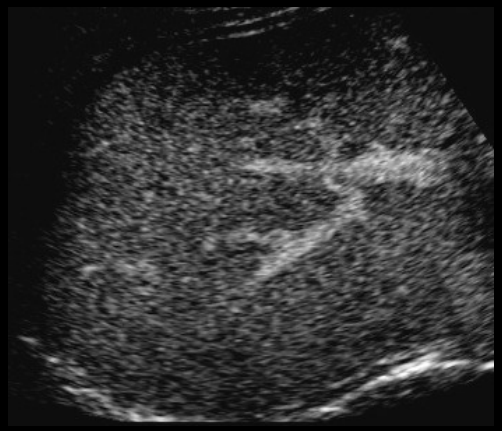
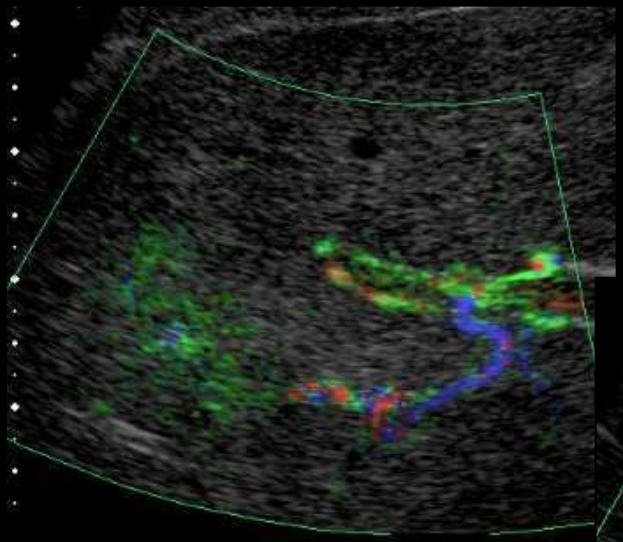
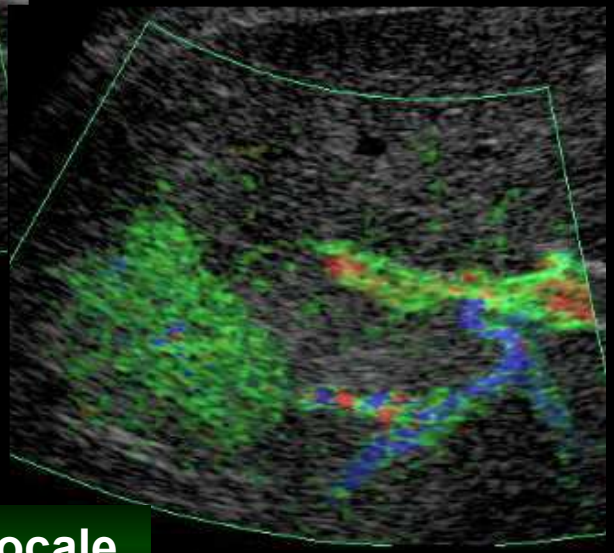
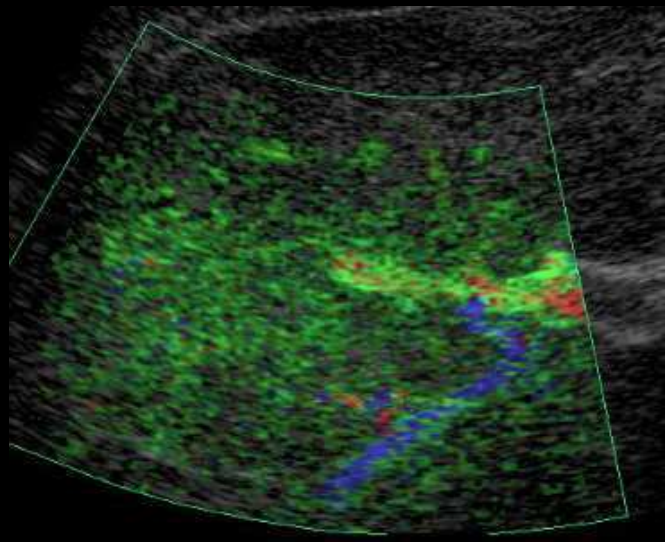
échographie de contraste (Sonovue®)



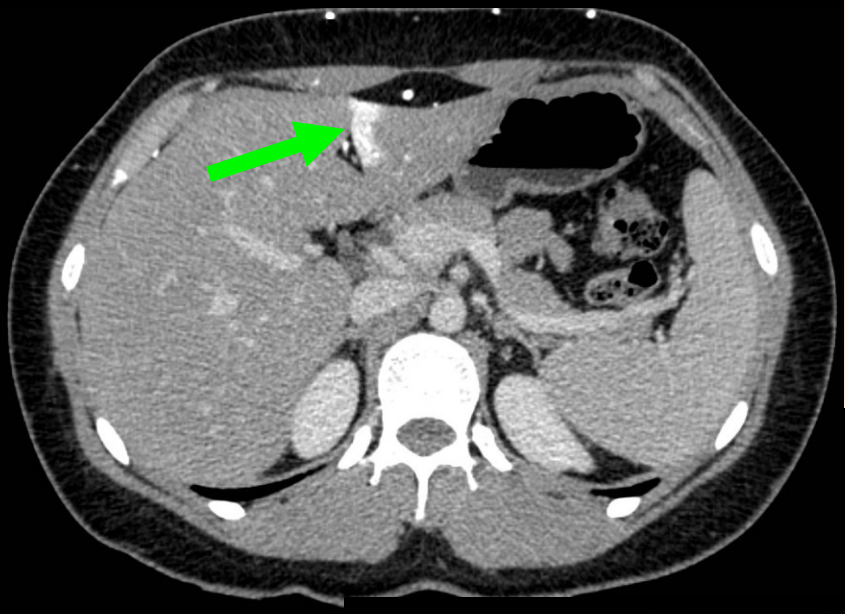


homogénéisation par rapport au foie ≠ lavage +++++



hyperplasie nodulaire focale

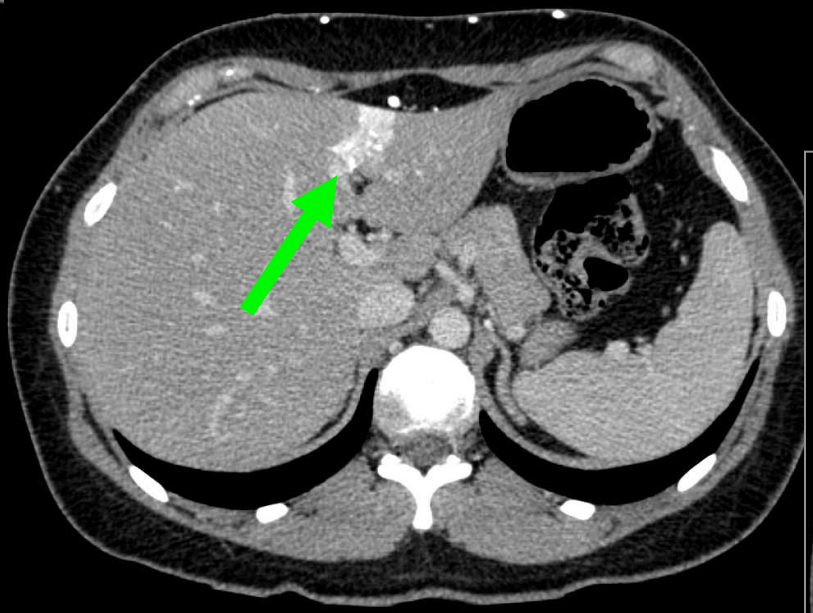


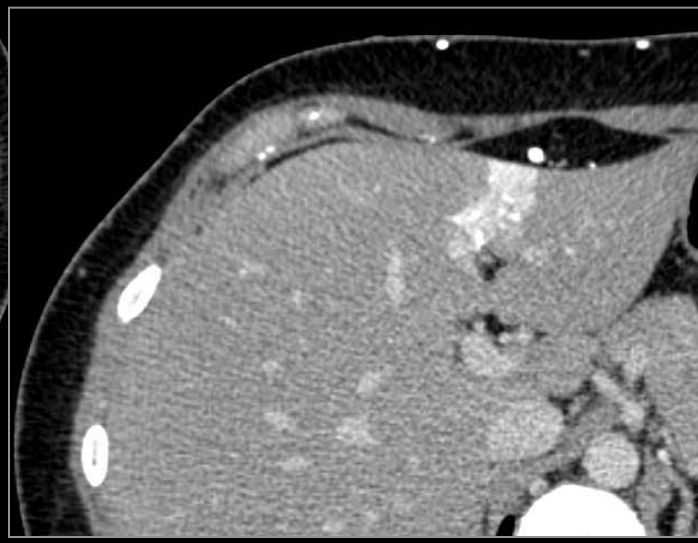
patiente 24 ans

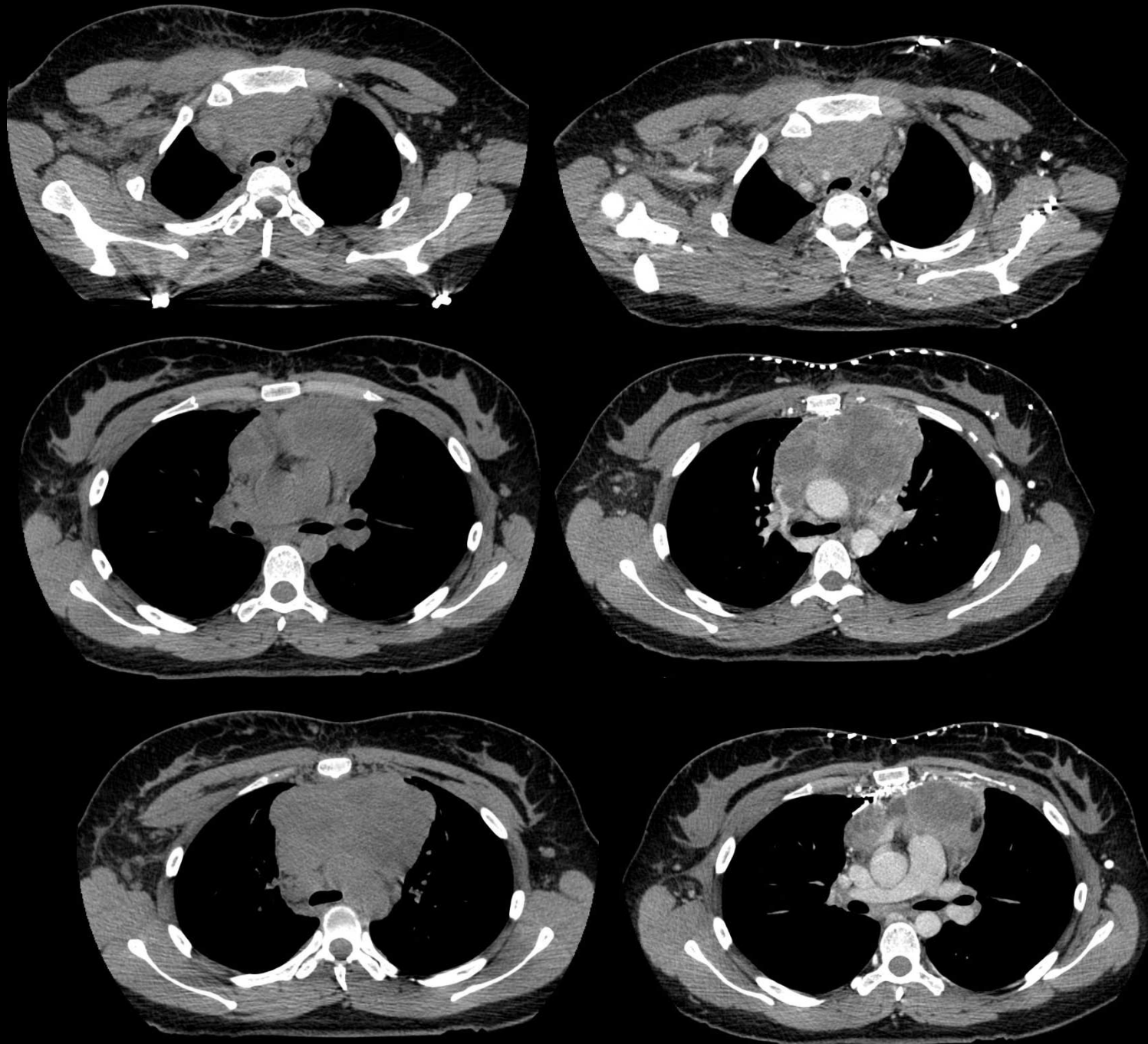
pas d'ATCD

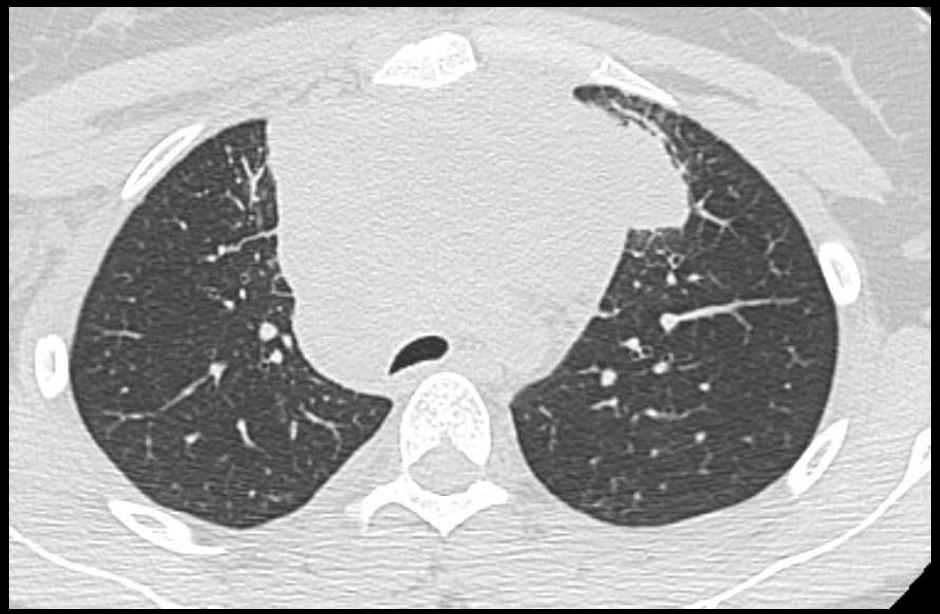
Sd cave d'apparition progressive

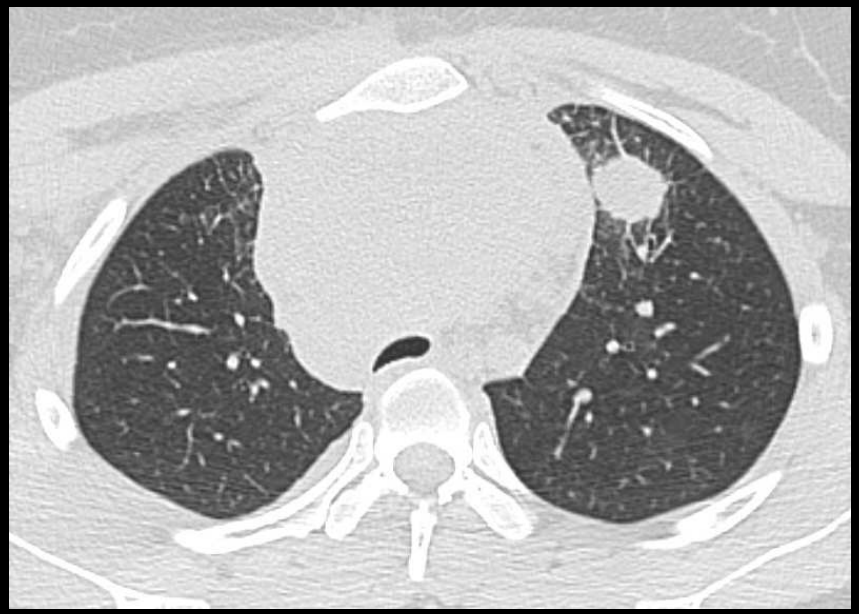
absence d'AEG
bilan bio normal

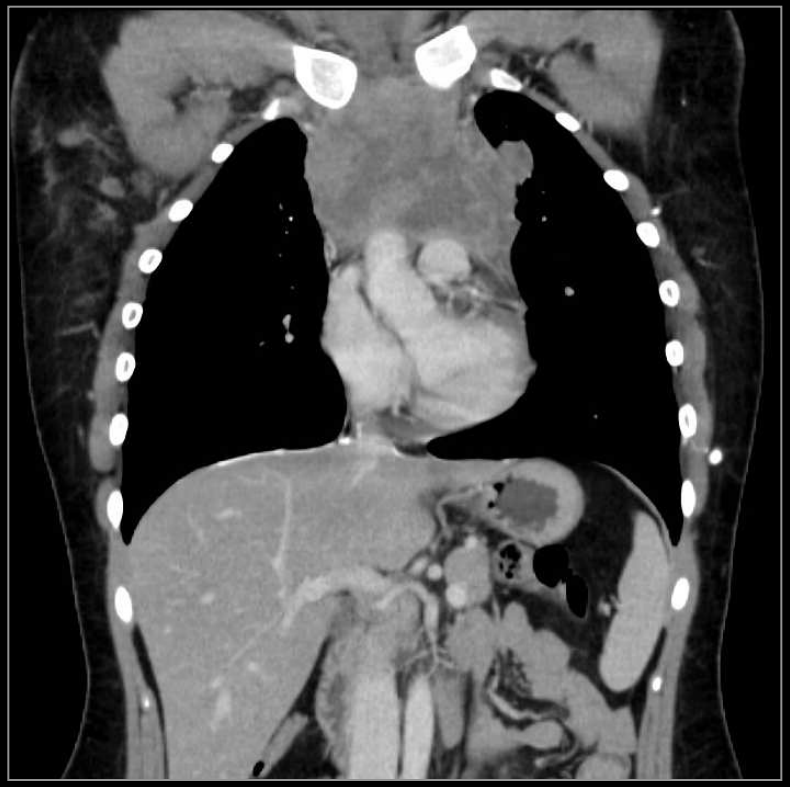












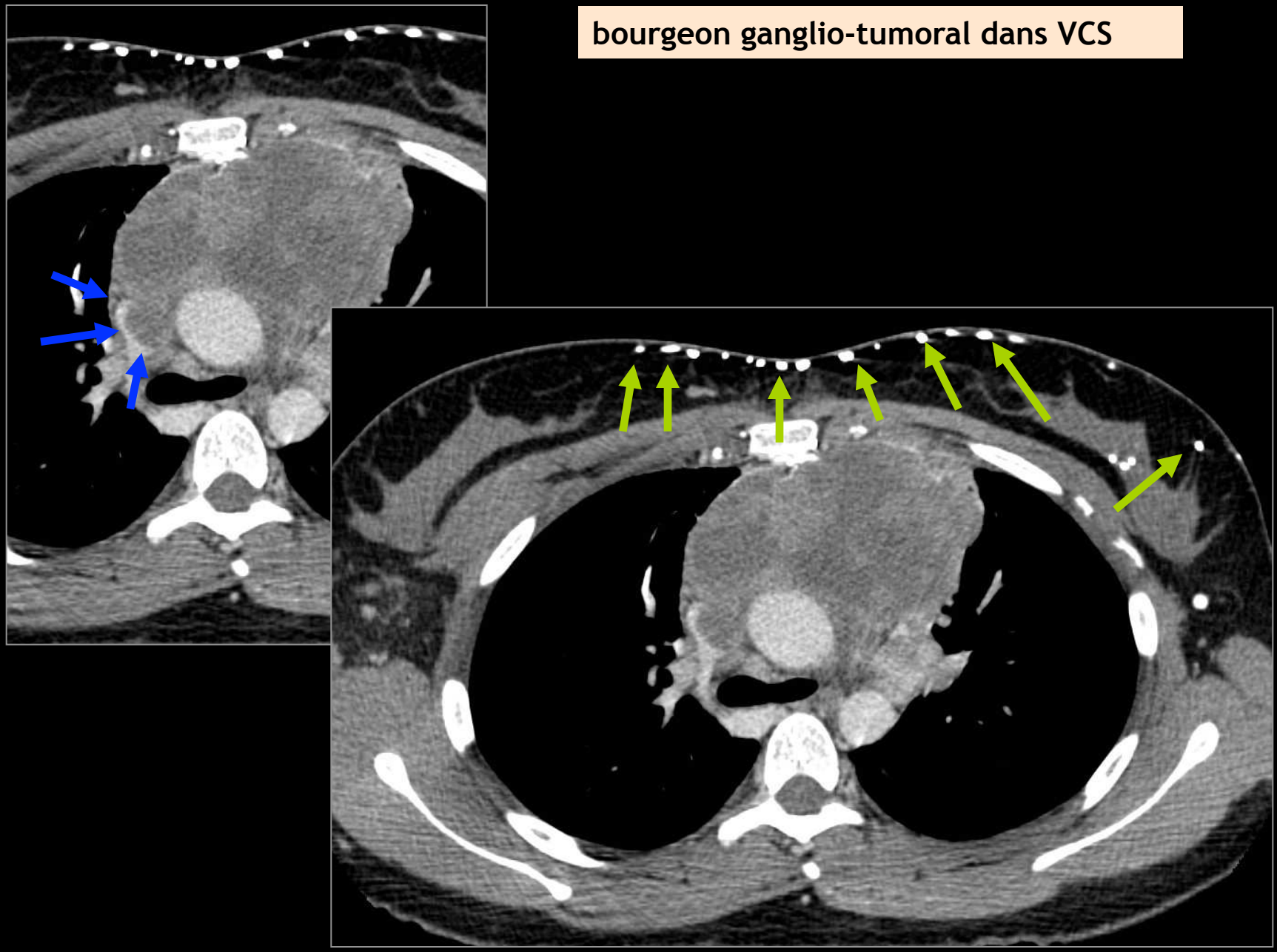
masse maligne d'évolution rapide du médiastin antéro-supérieur

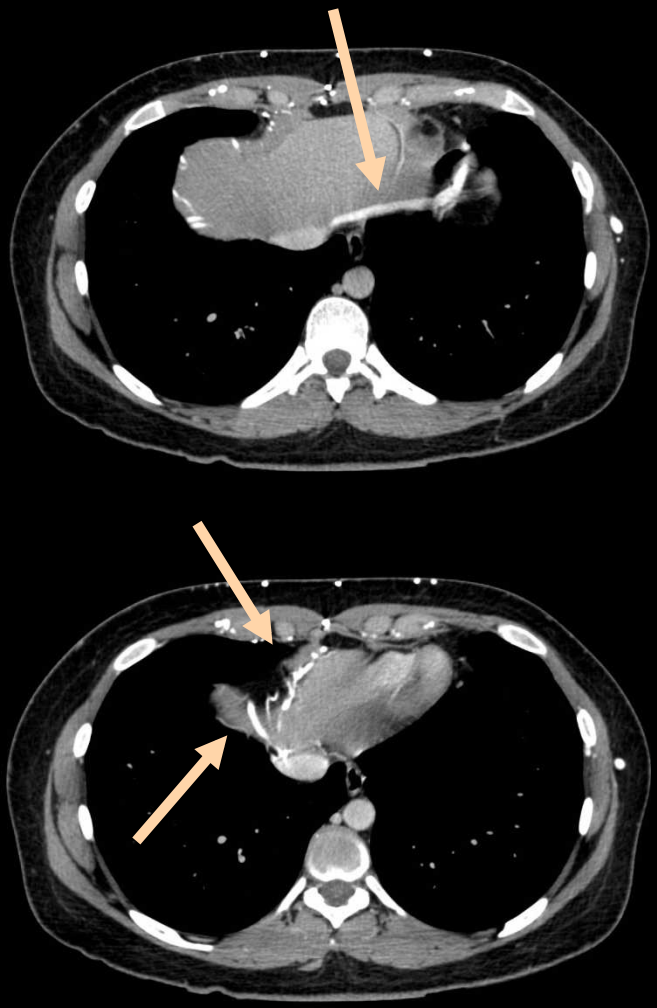
hémopathie maligne LMNH ou Hodgkin

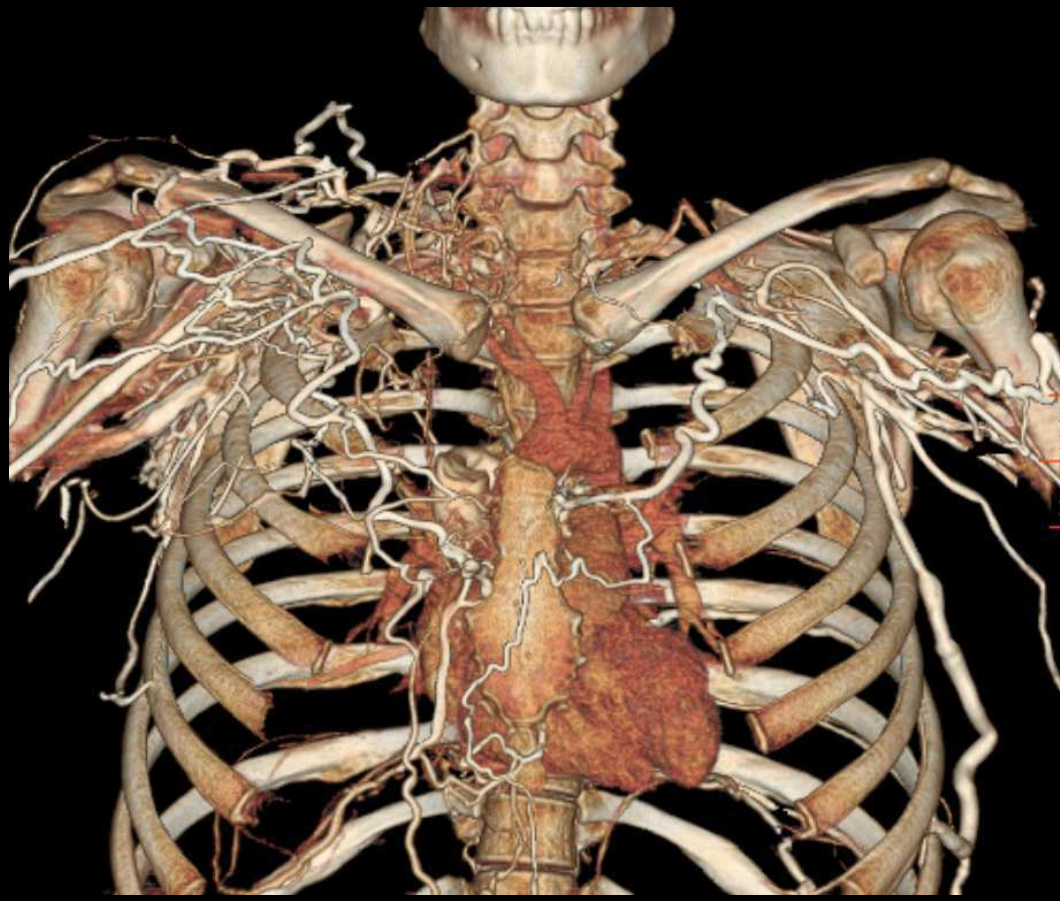
germ cell tumor évolutive

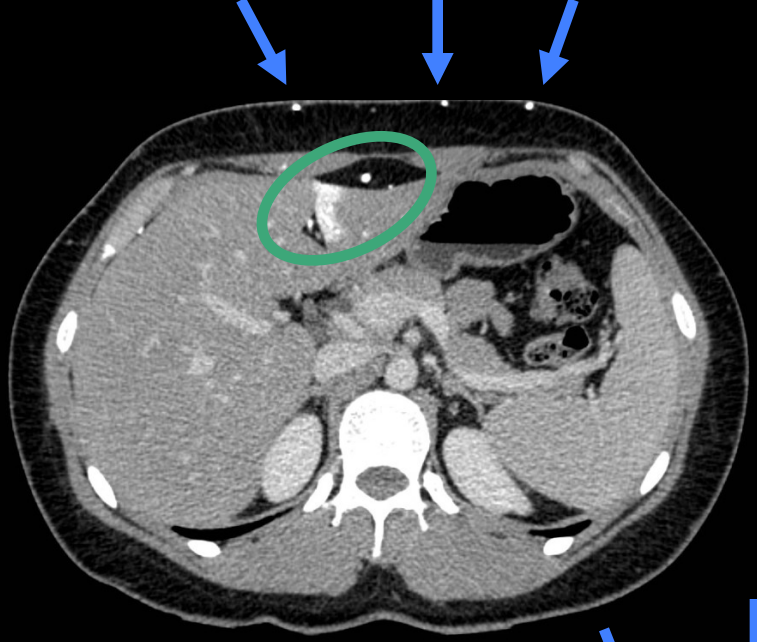
thymome invasif

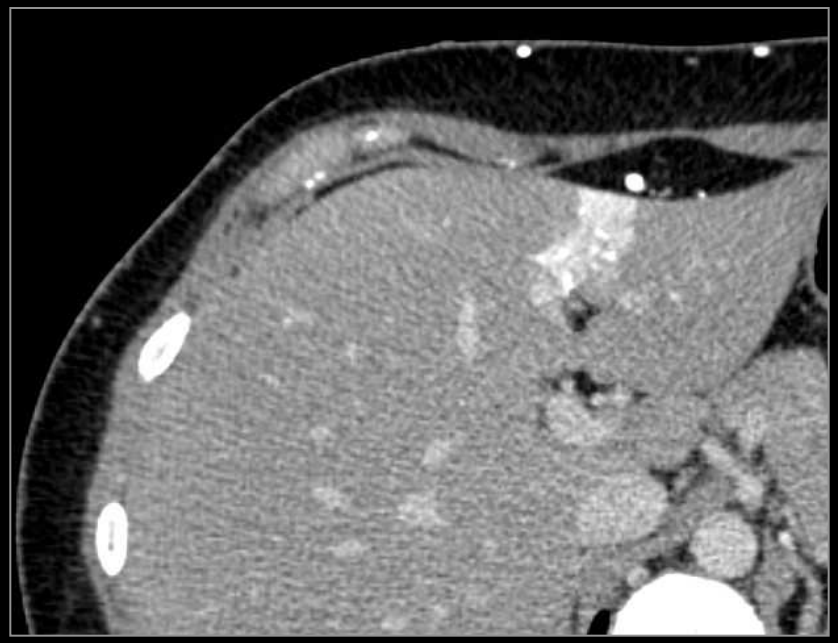
bourgeon ganglio-tumoral dans VCS

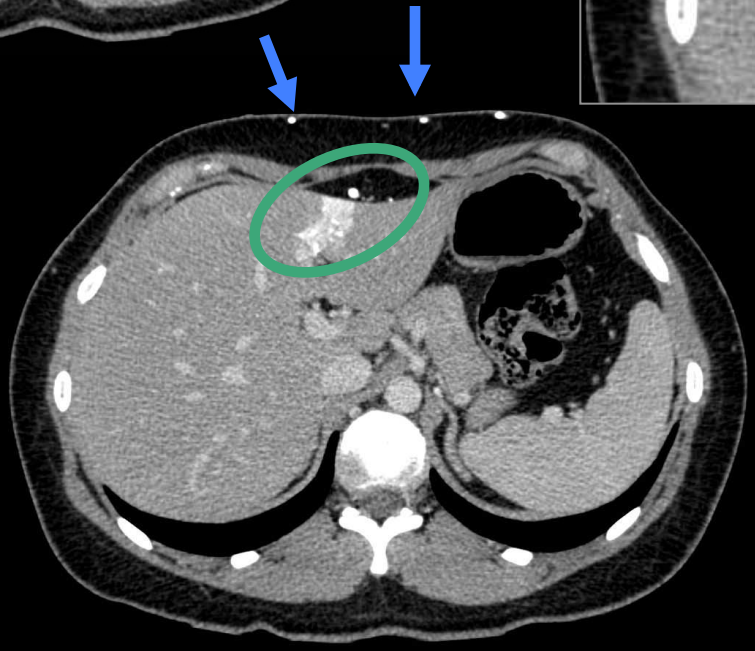












"HOT SPOT"

Thrombose VCS

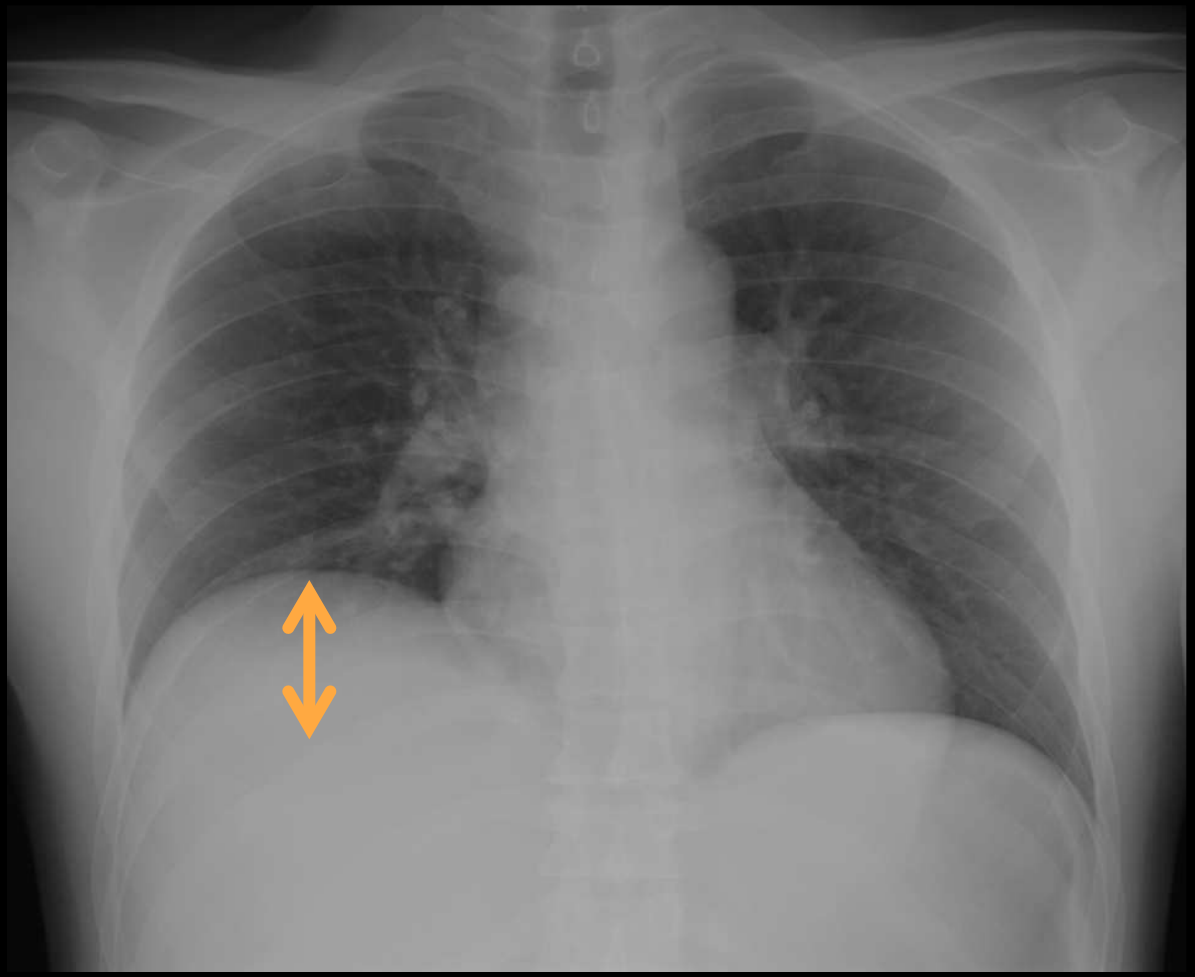
Circulation collatérale :

V mammaire int

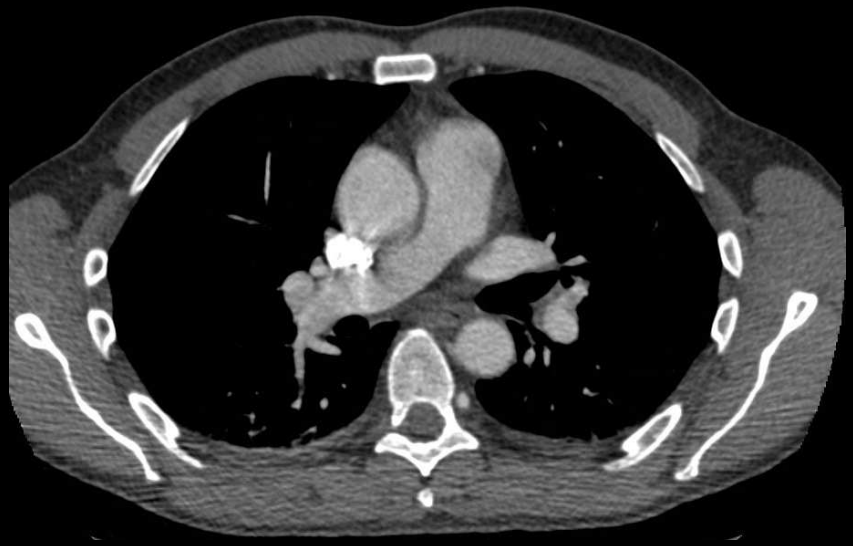
V para ombilicale

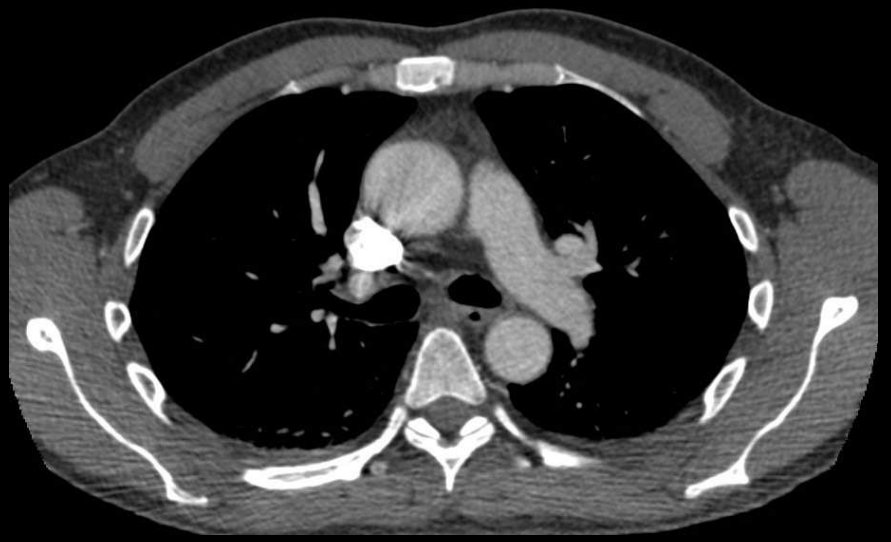
branche portale G

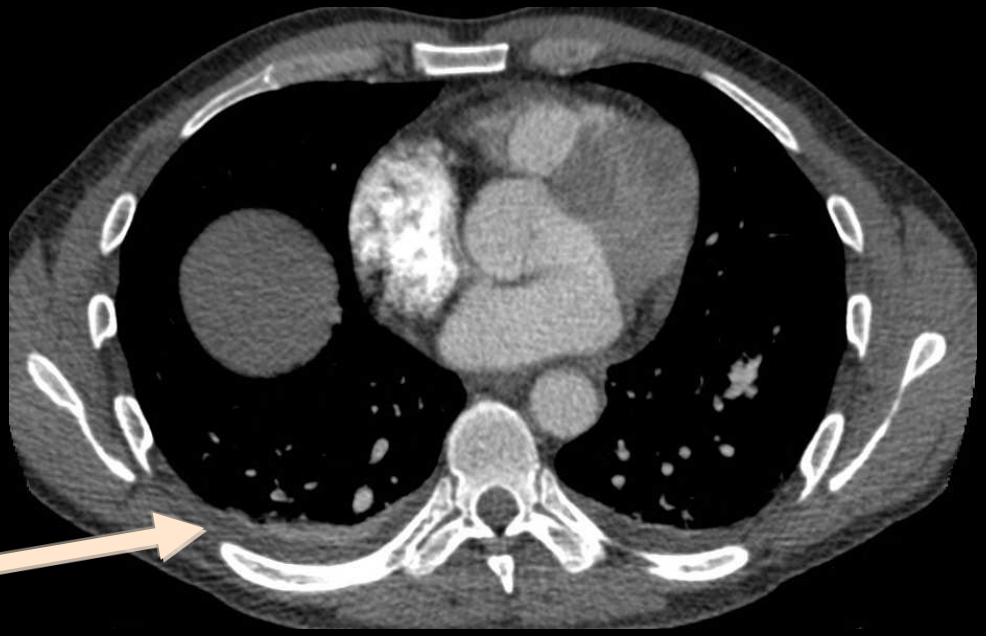
Patient de 35 ans
Fièvre et diarrhées au retour du Sénégal
Coproculture Parasito des selles : -
Désaturation 93% et hypoxémie
CRP 280

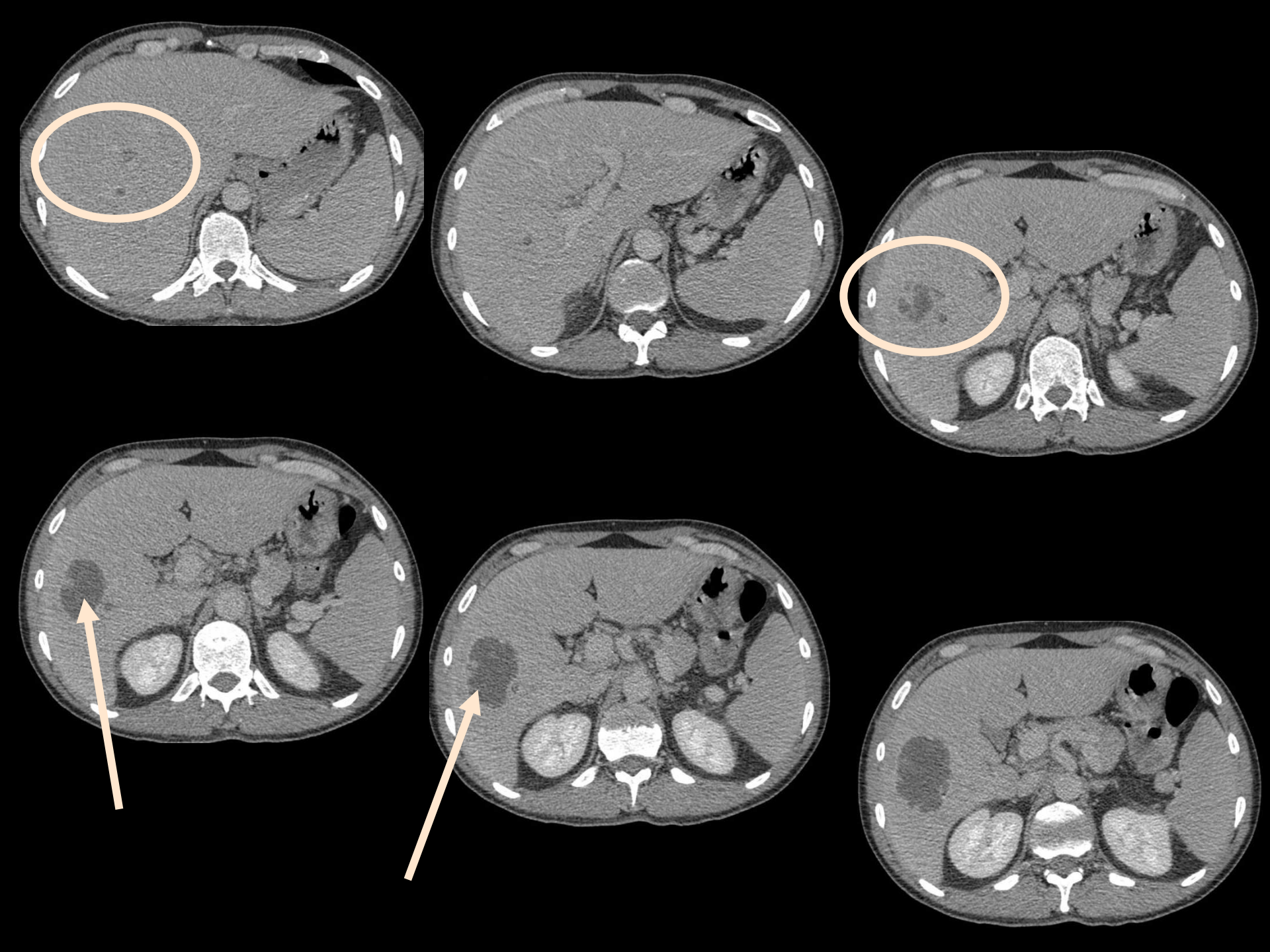


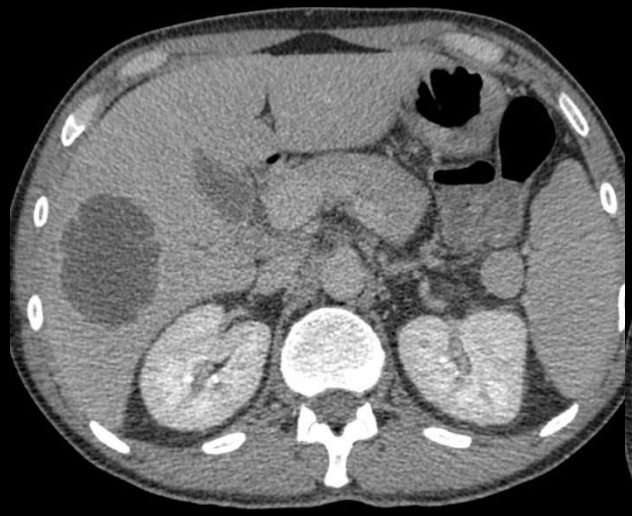
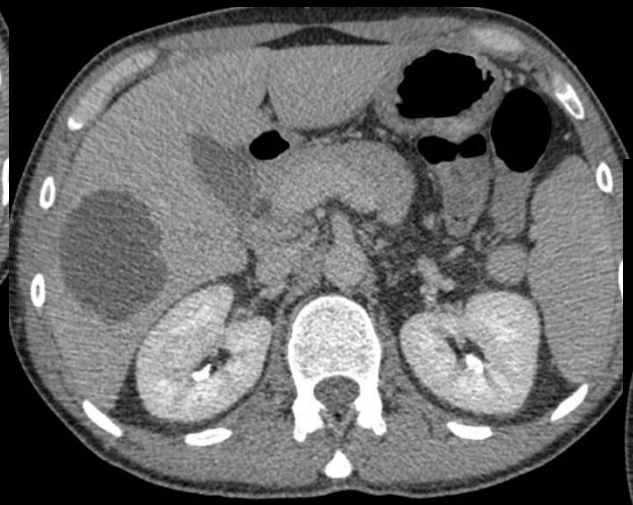
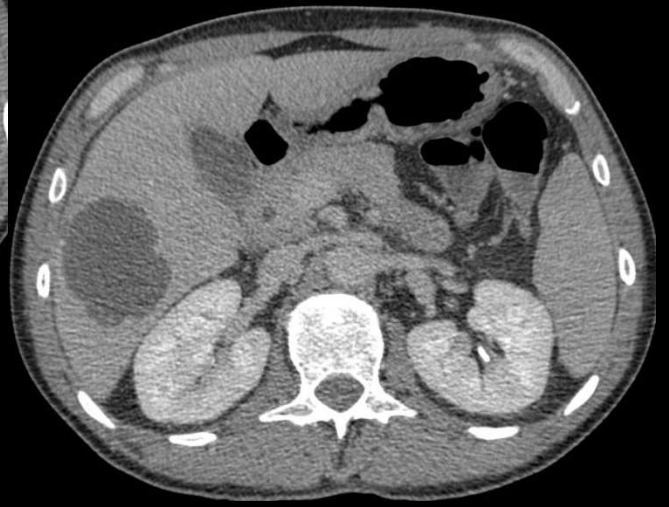
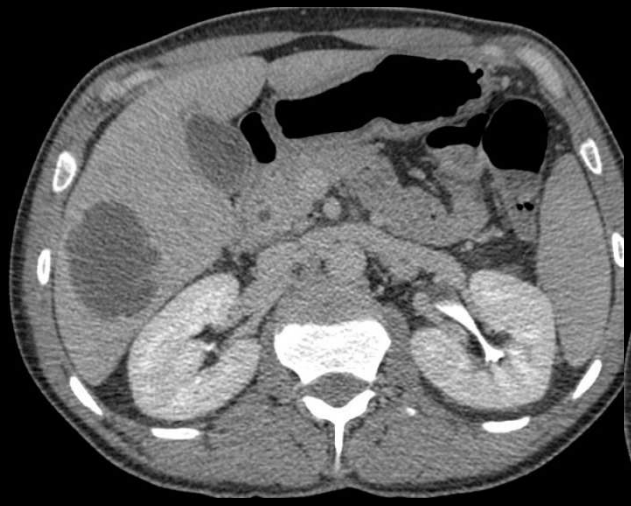
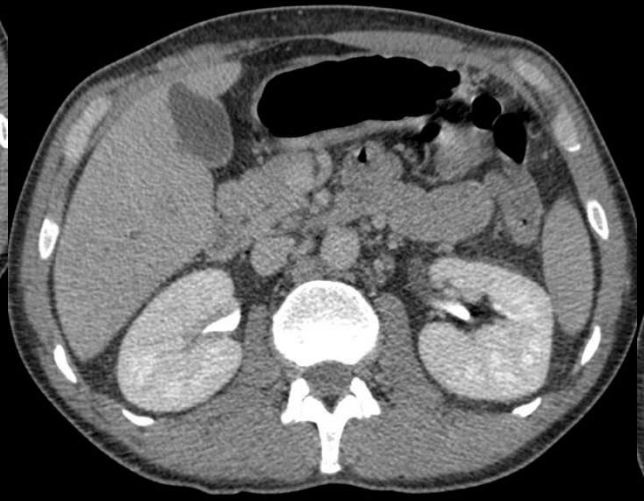
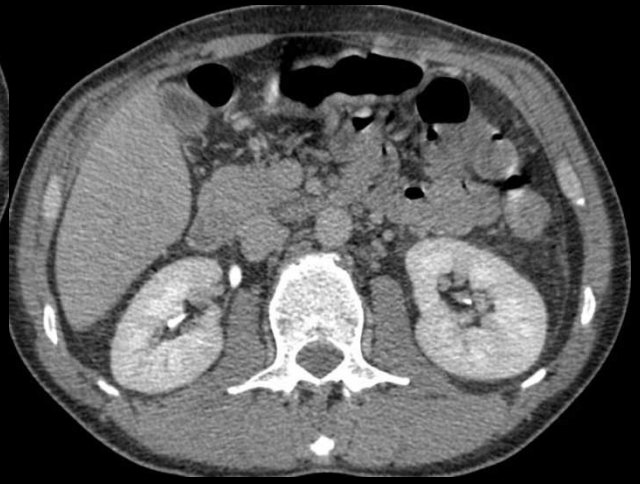
Suspicion EP

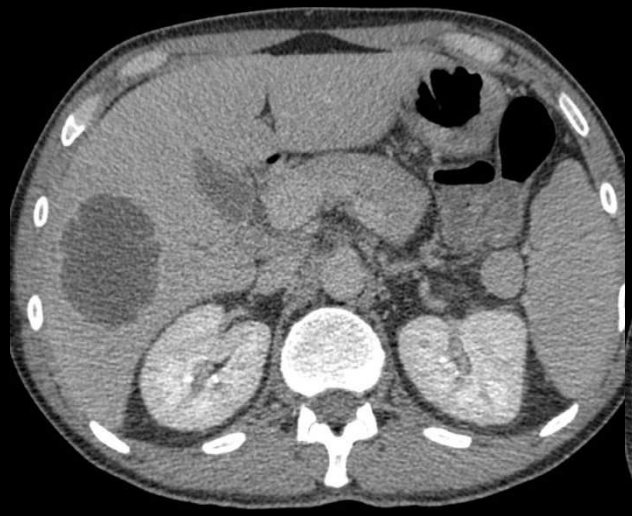
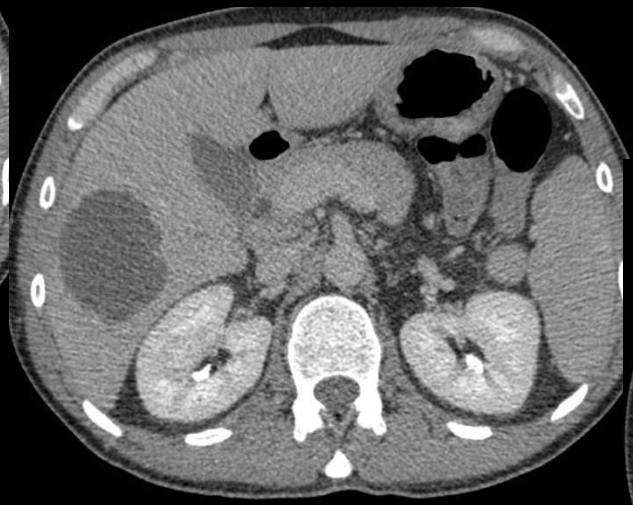
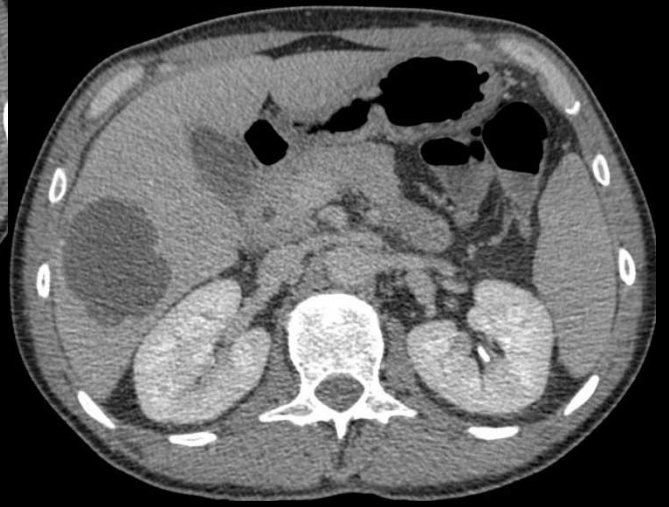
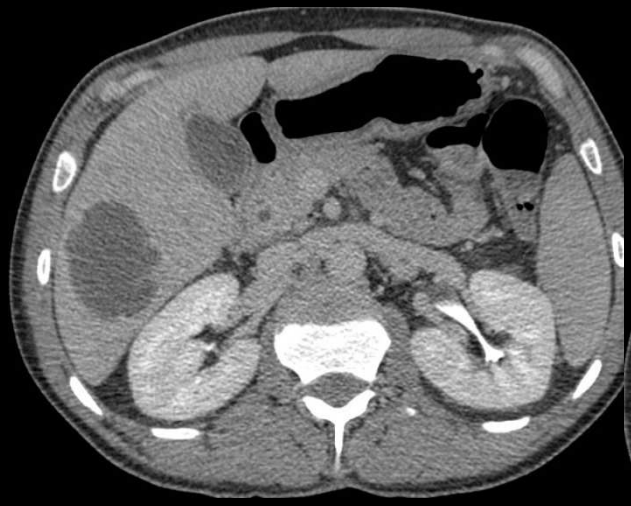
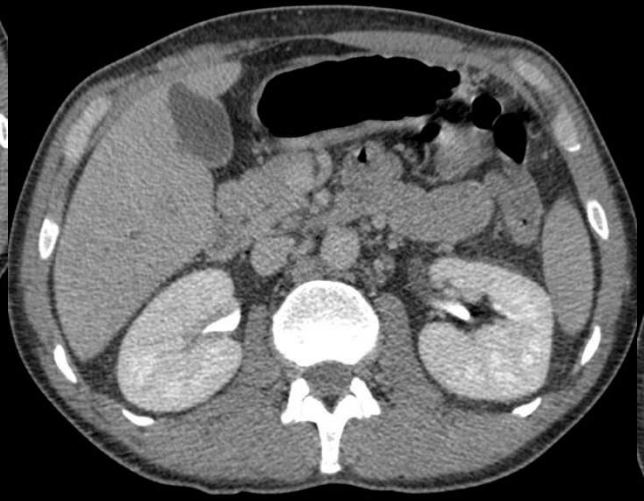
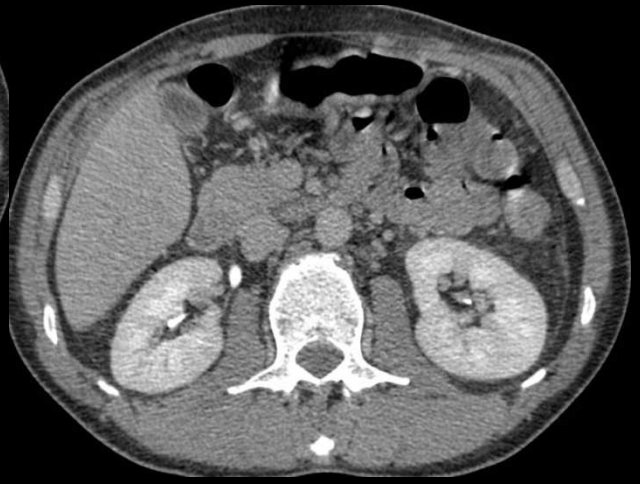


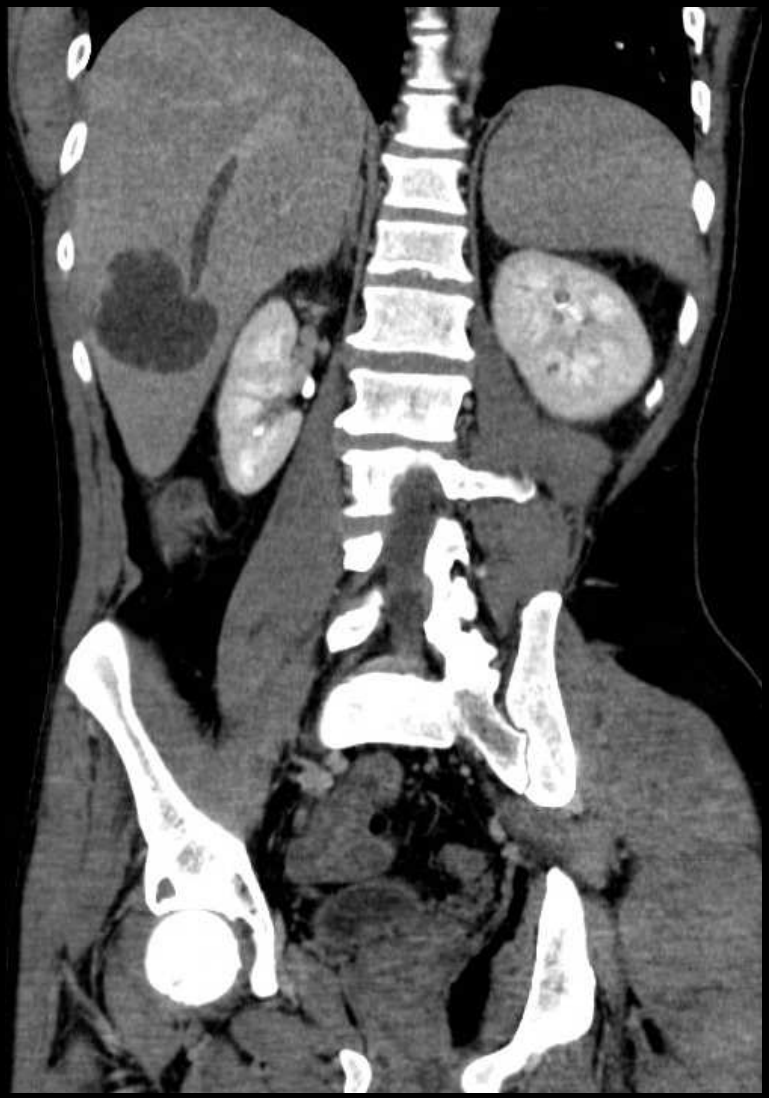


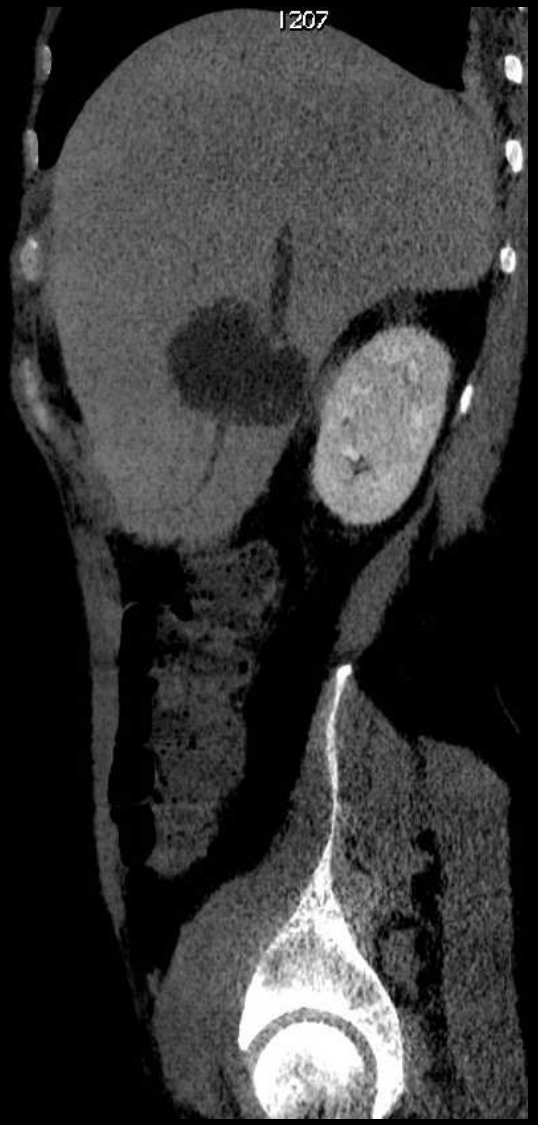




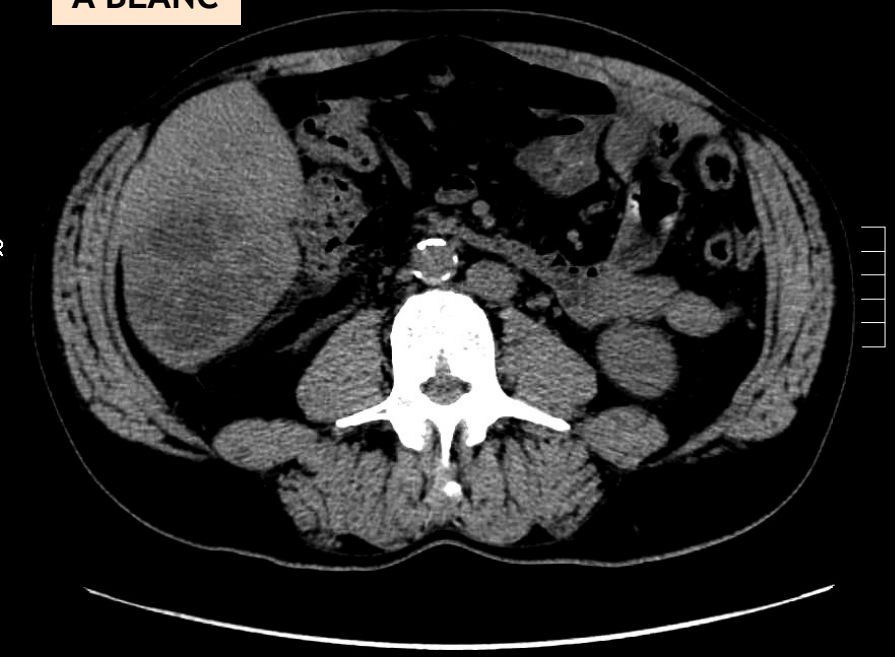







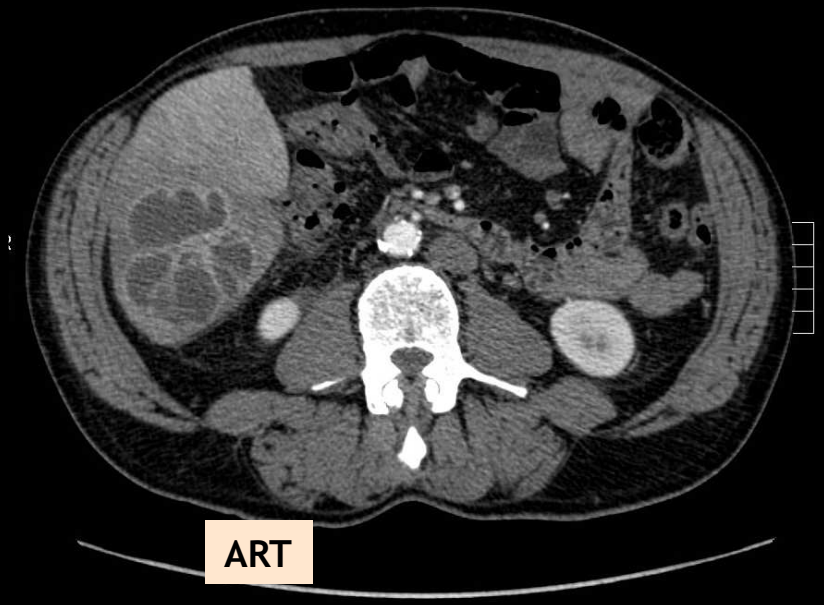




Abcés amibien hépatique du VI
(sérologie +)
Avec thrombose septique de la VSH

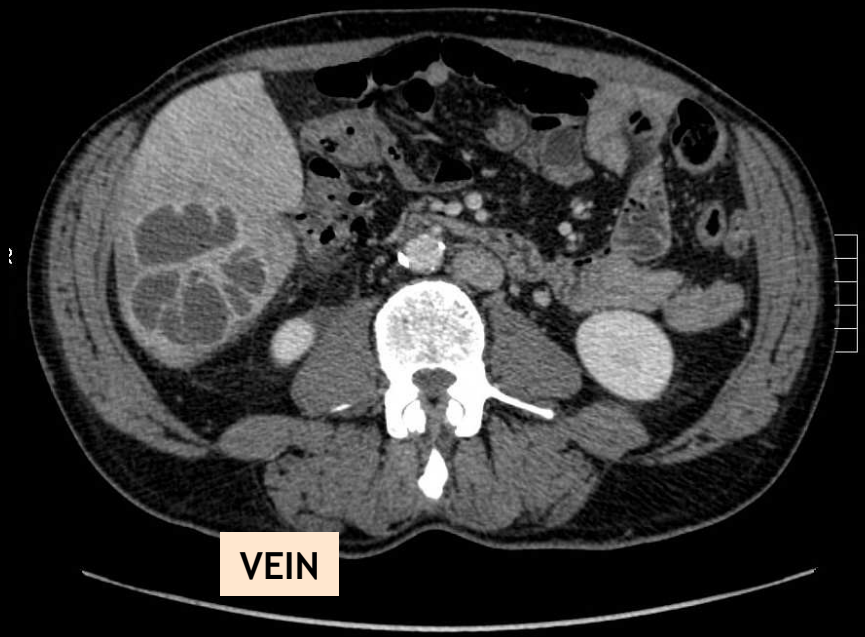
A BLANC



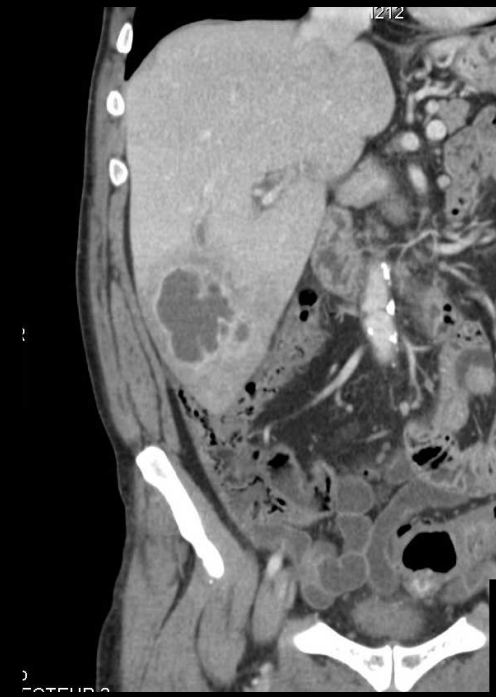
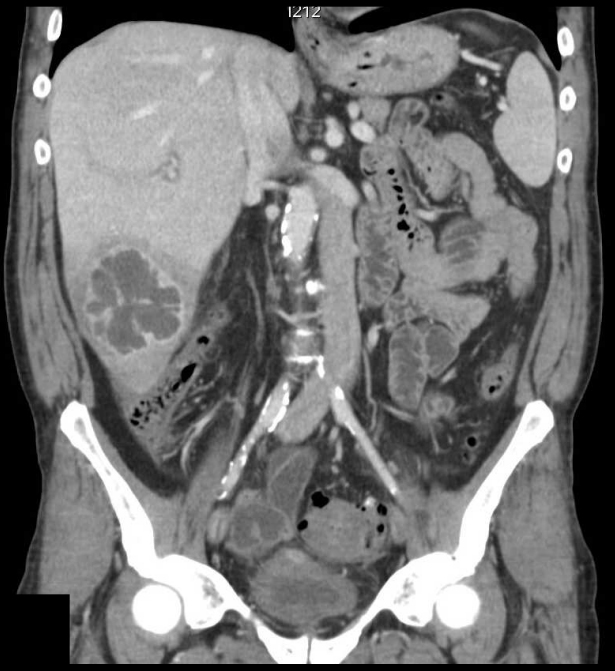
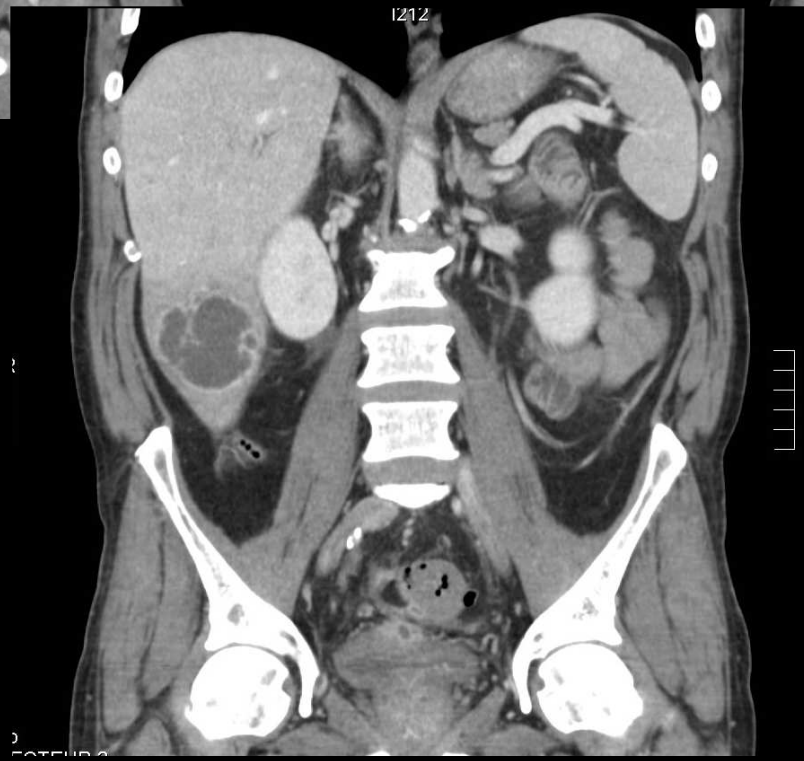


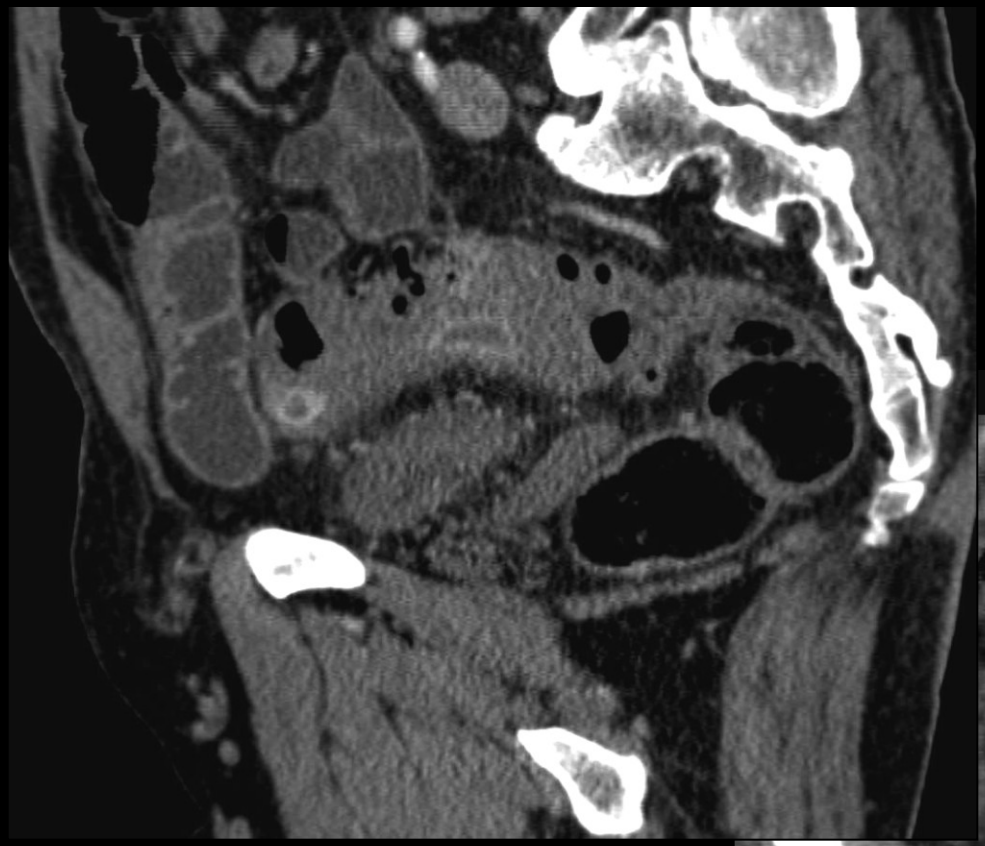
ART

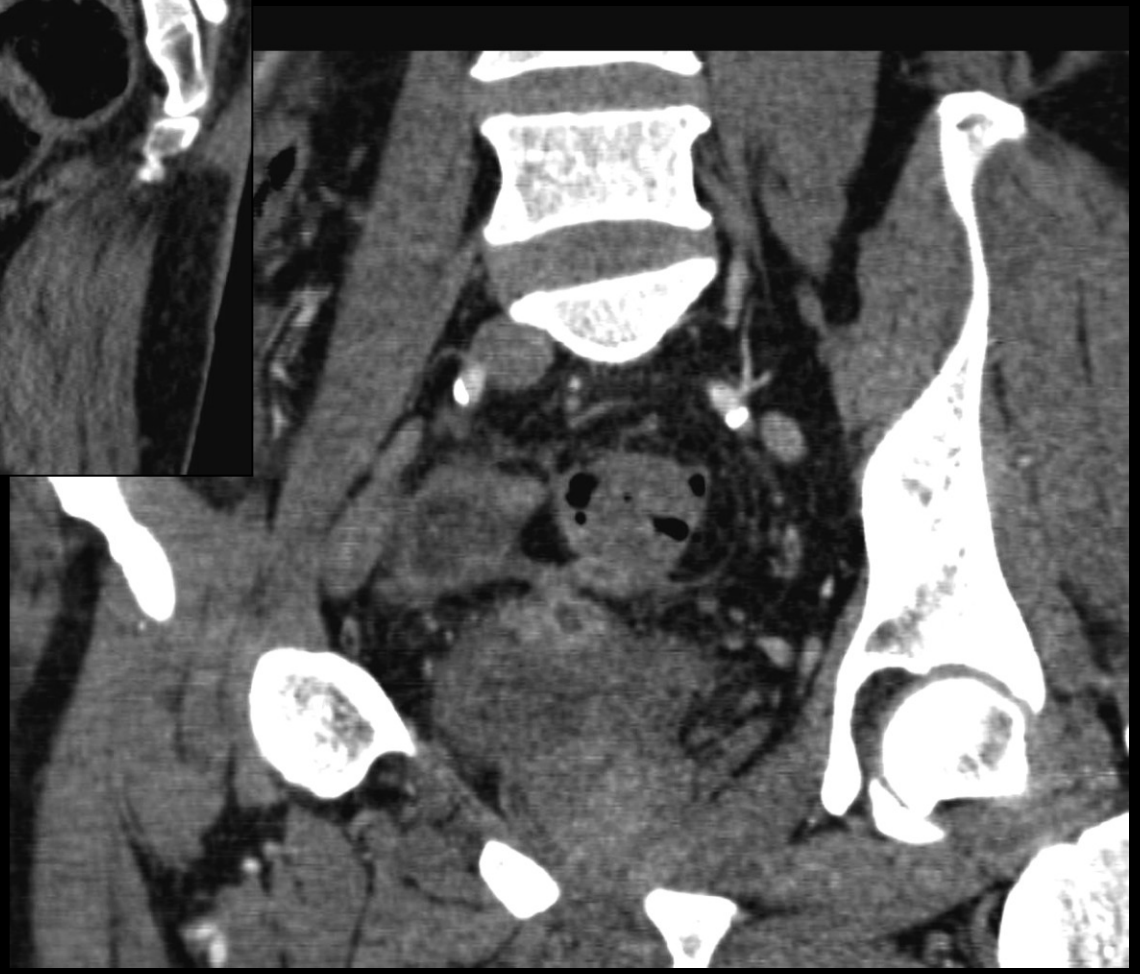
Patiente de 66 ans
Fièvre et douleurs de l'hypochondre droit
petit syndrome diarrhéique



VEIN

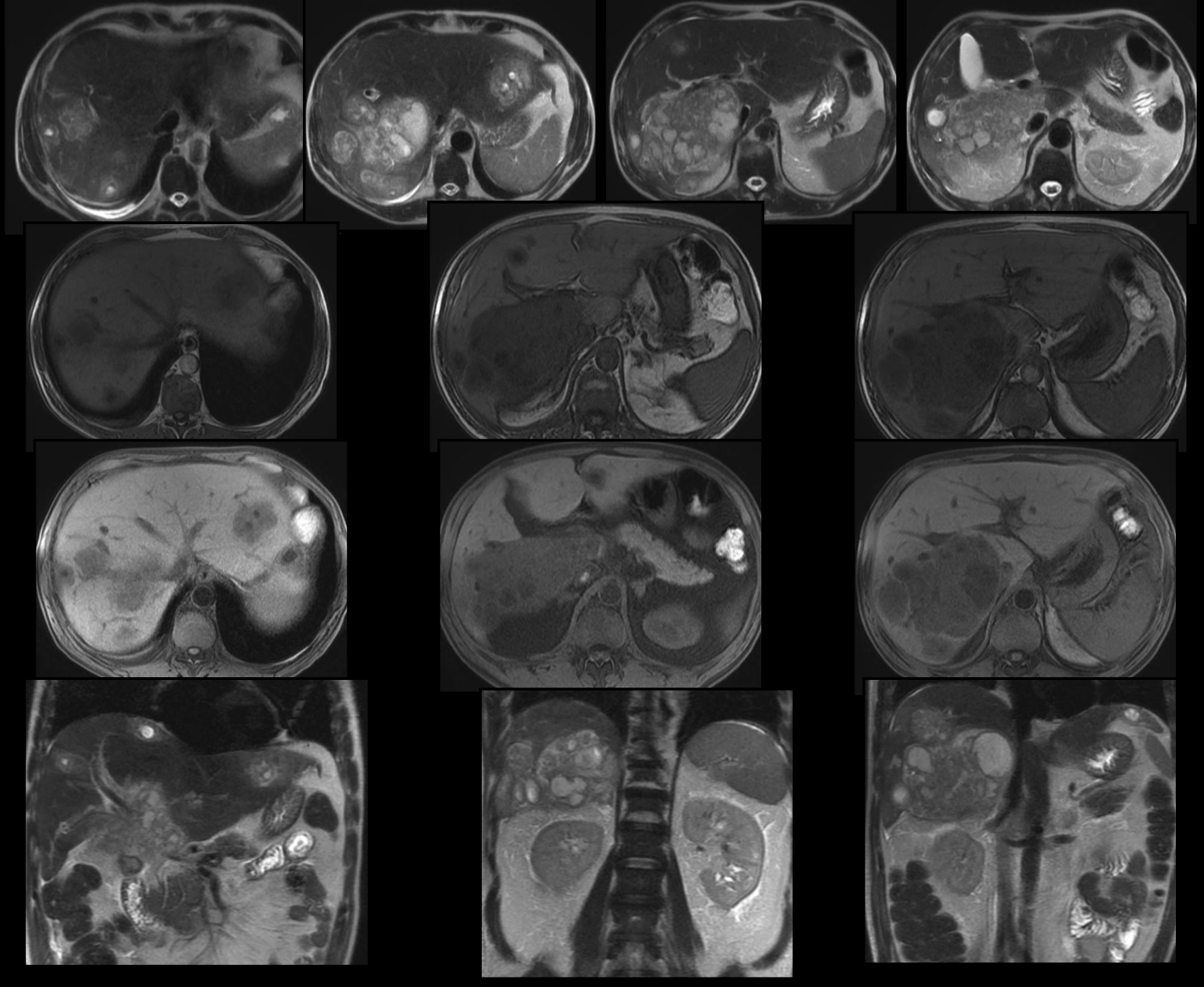




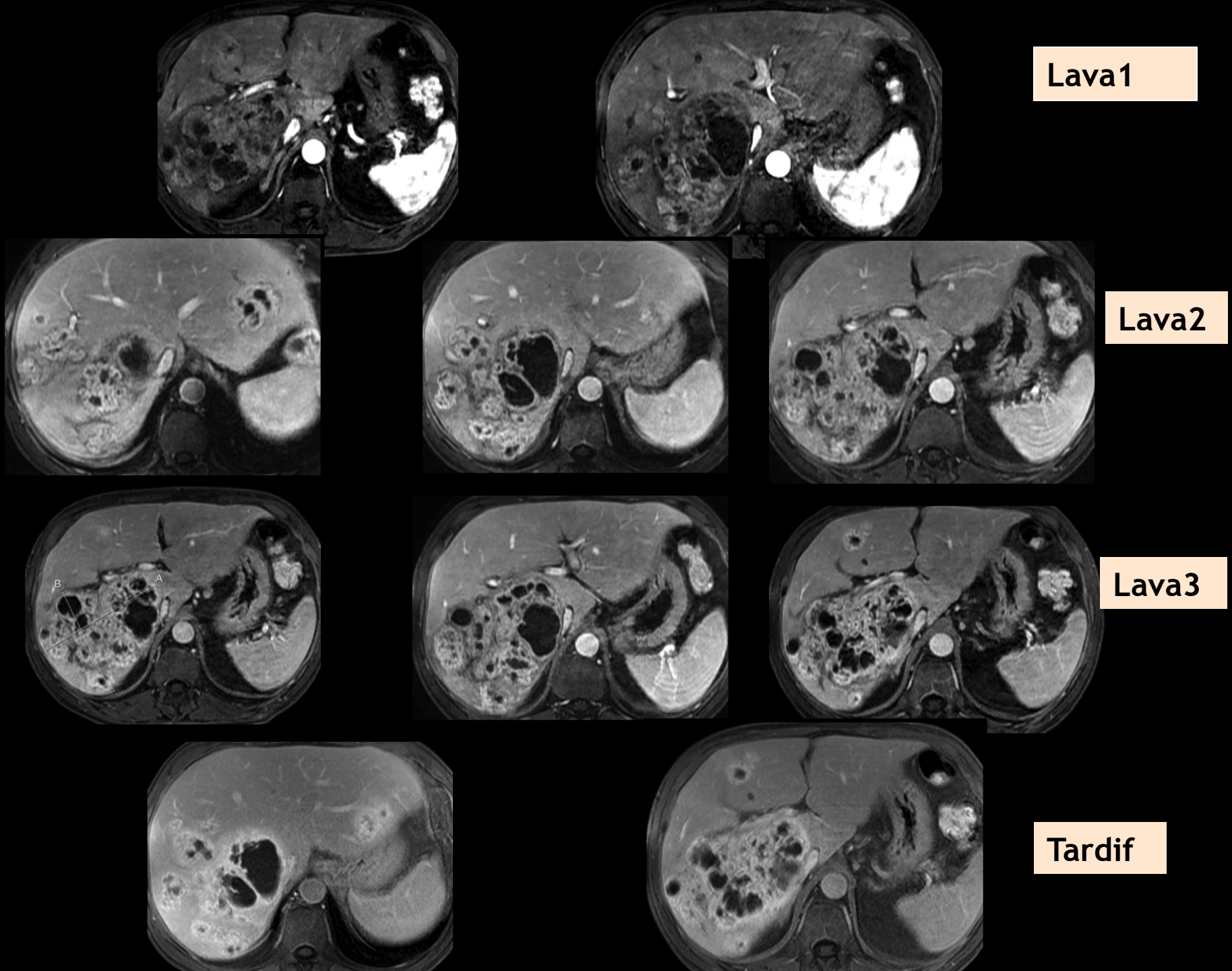




Sigmoïdite diverticulaire compliquée d' abcès locorégionaux et hépatique (segt VI)

- **Homme de 54 ans, habitant dans les Vosges**
- **Hospitalisé en Chir pour douleurs abdominales, avec fièvre et perturbation du bilan hépatique.(cytolyse et cholestase)**
- **Syndrome inflammatoire biologique.**
- **Absence de facteurs de risque.**
- **Sérologies parasitaires négatives.**
- **Echographie: multiples logettes, liquidiennes**
- **Tumeur colique villeuse en cours d'exploration.(Biopsie réalisée au cours d'une coloscopie, en attente de résultats anatomopathologiques).**



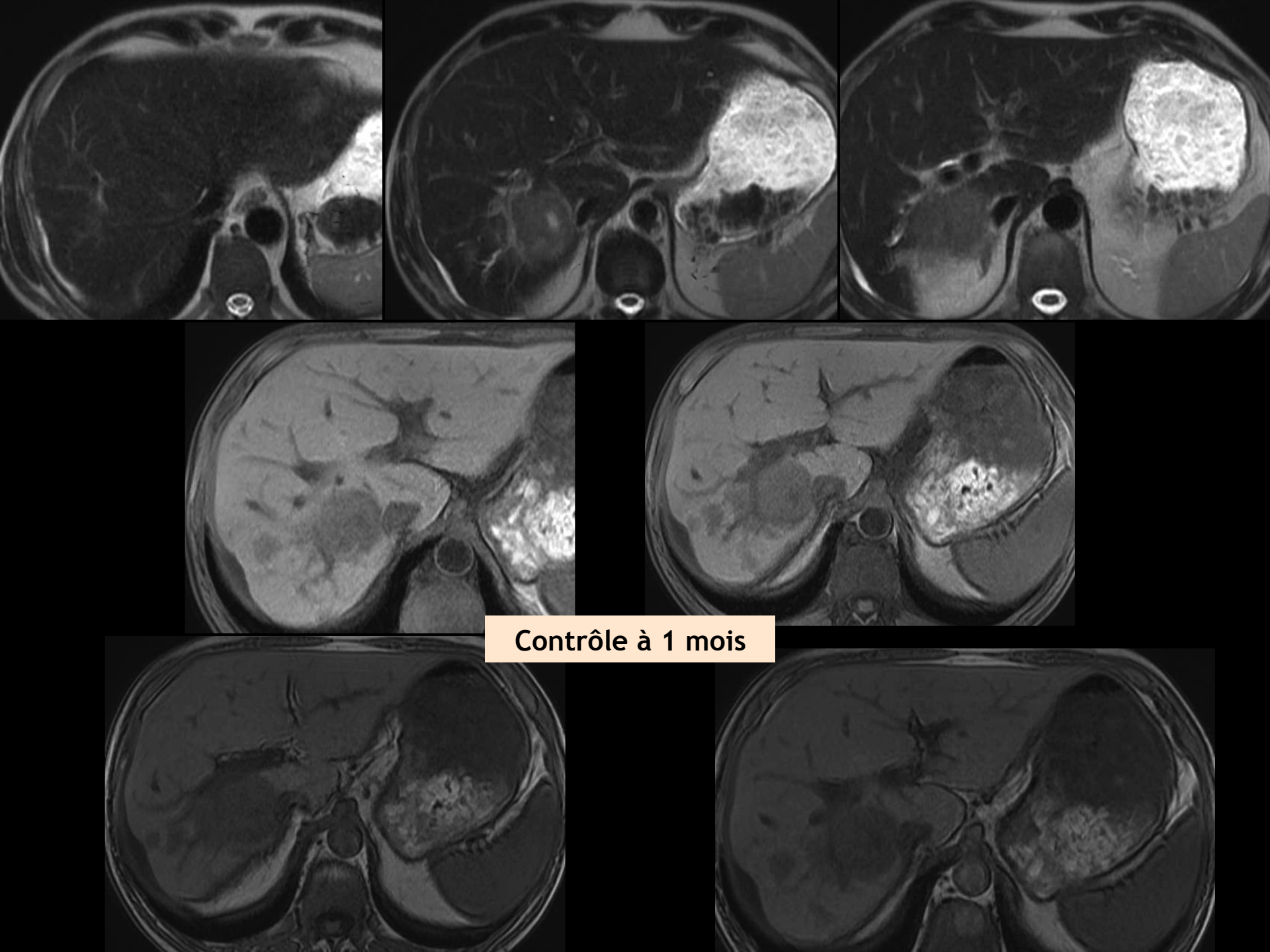

Lava1
Lava2
Lava3
Tardif
B
A

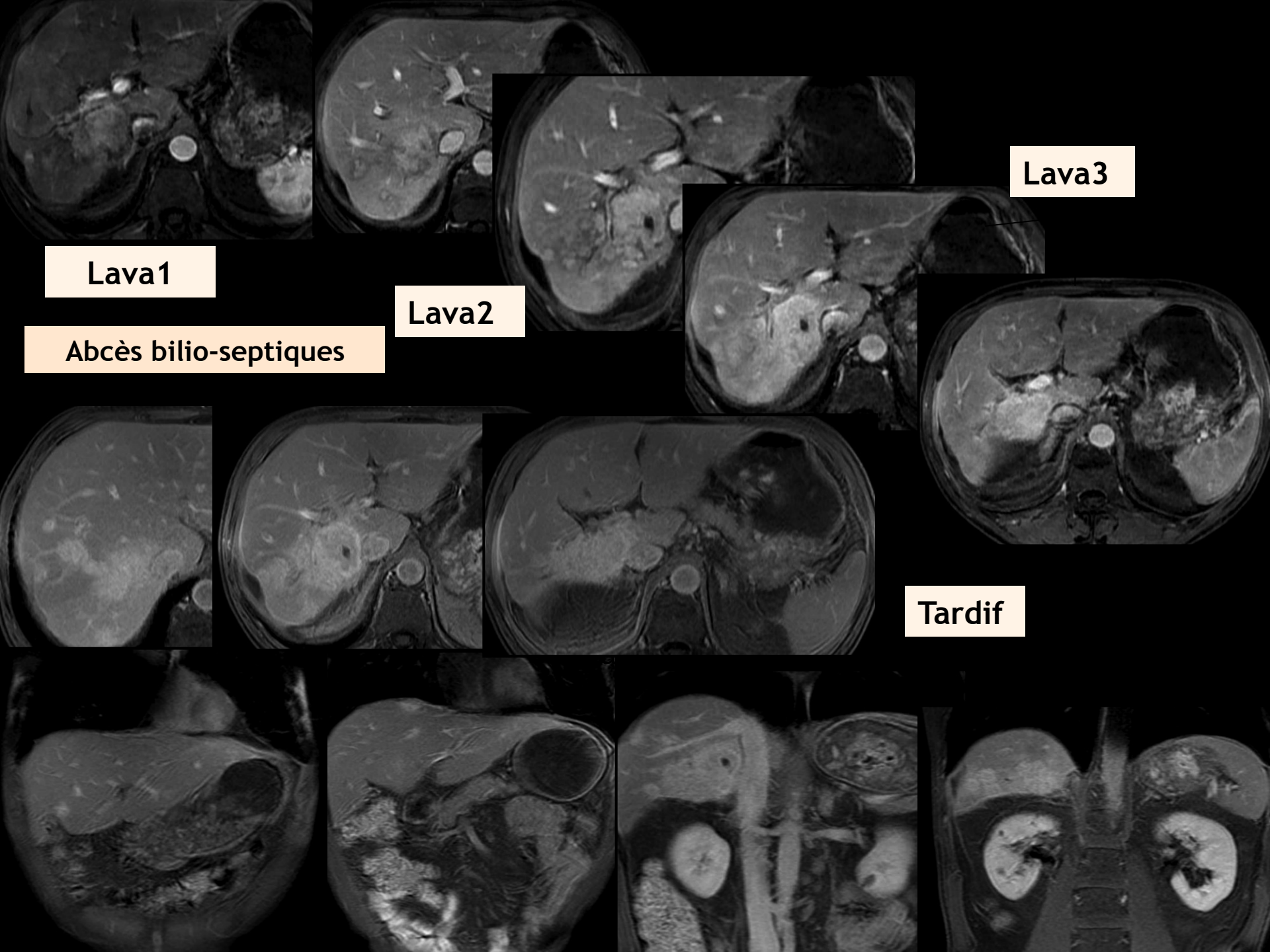
***Ponction échoguidée*: Pas de germes identifiés; Aspect de cholangite aspécifique.**

MAIS !! UNE LESION SECONDAIRE NE PEUT ETRE EXCLUE.

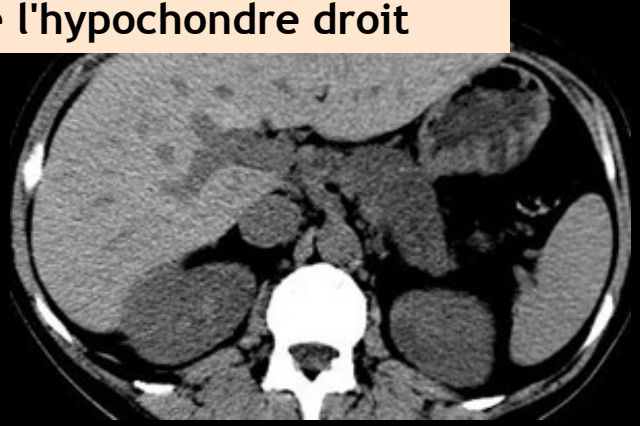
TTT par antibiothérapie.

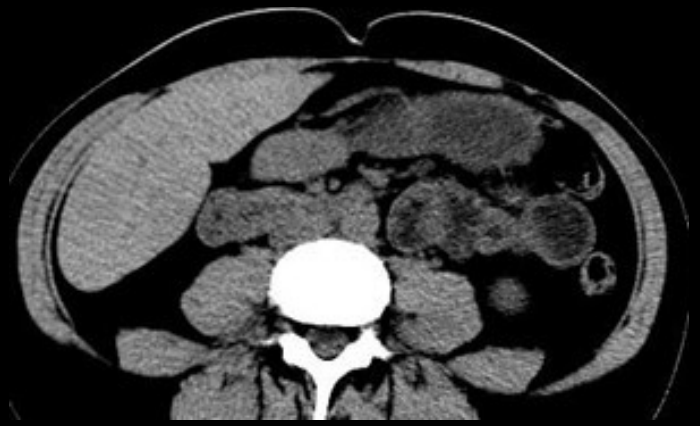
Contrôle à distance. Attente du résulat définitif de l'anapath.

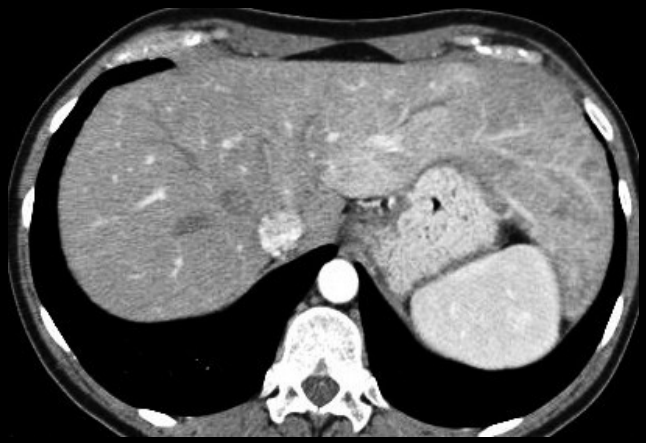

Contrôle à 1 mois

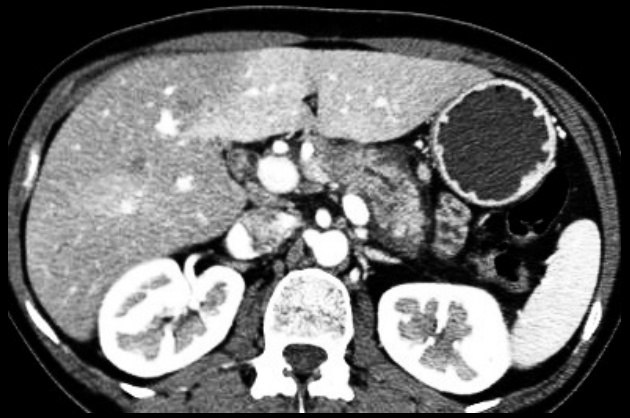

Lava1
Lava2
Lava3
Abcès bilio-septiques
Tardif

Jeune femme 44 ans , sous CO,
douleurs de l'hypochondre droit

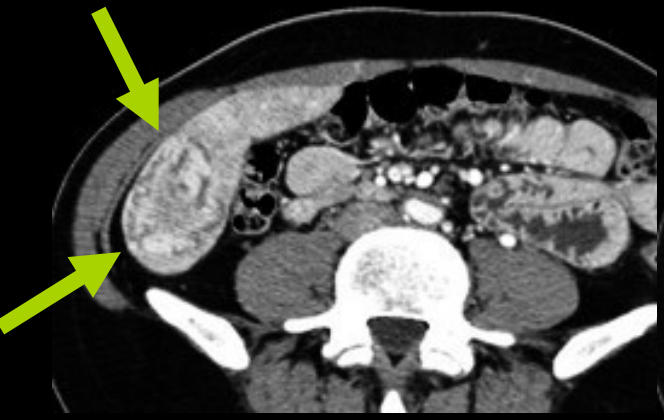


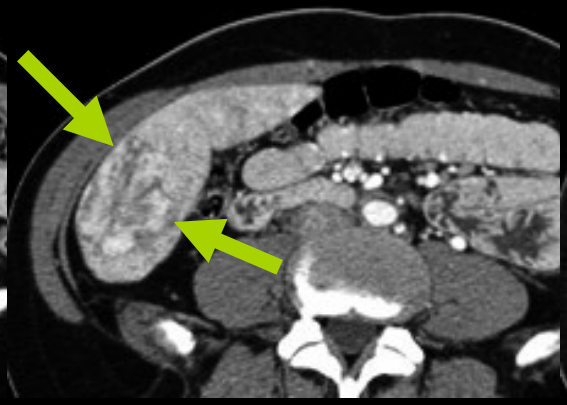


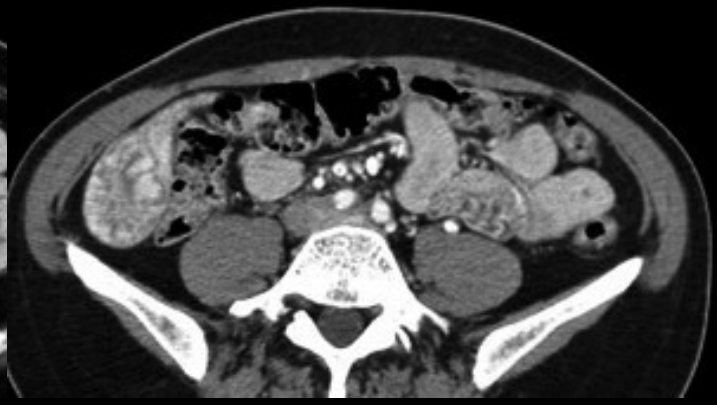




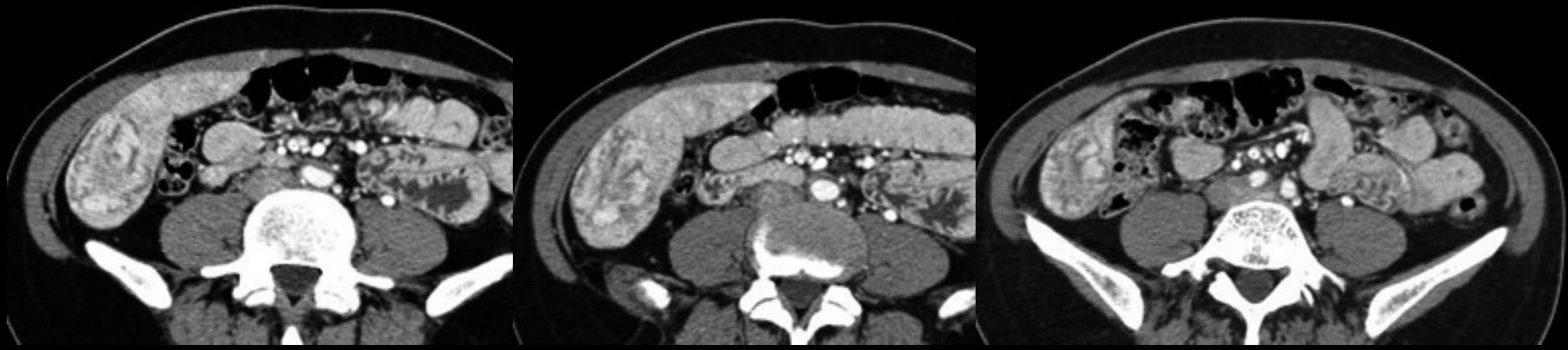
troubles perfusionnels
transitoires
THAD



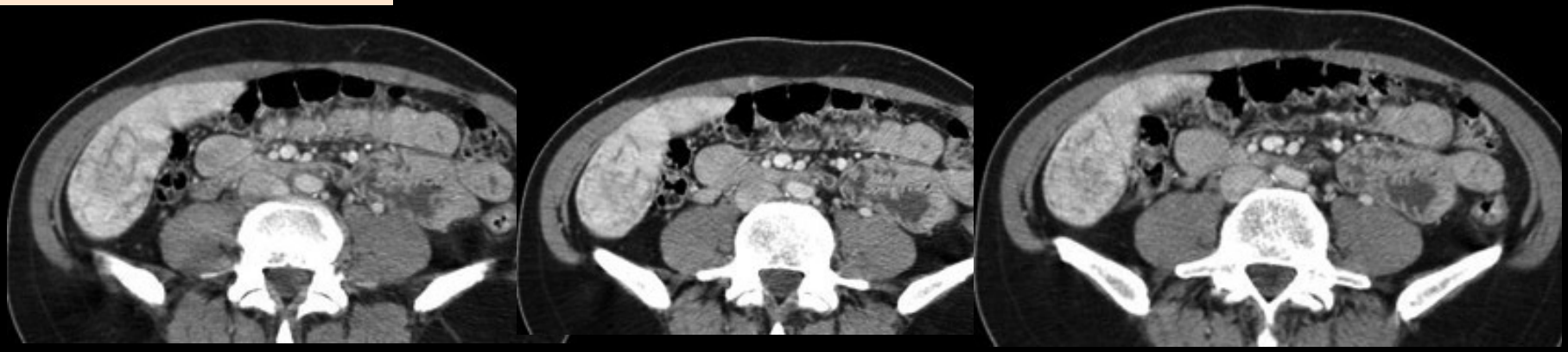




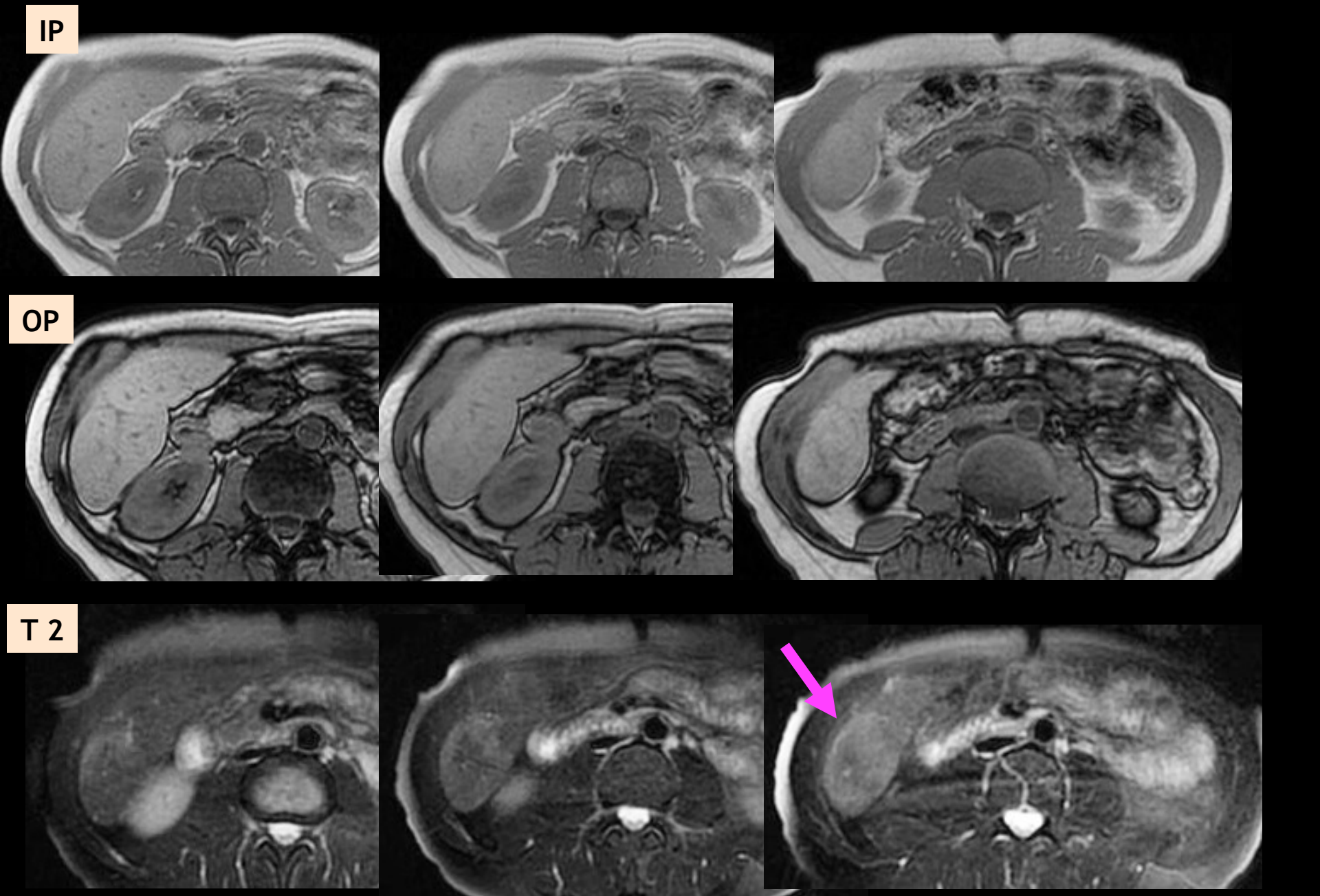
1er passage 50 s

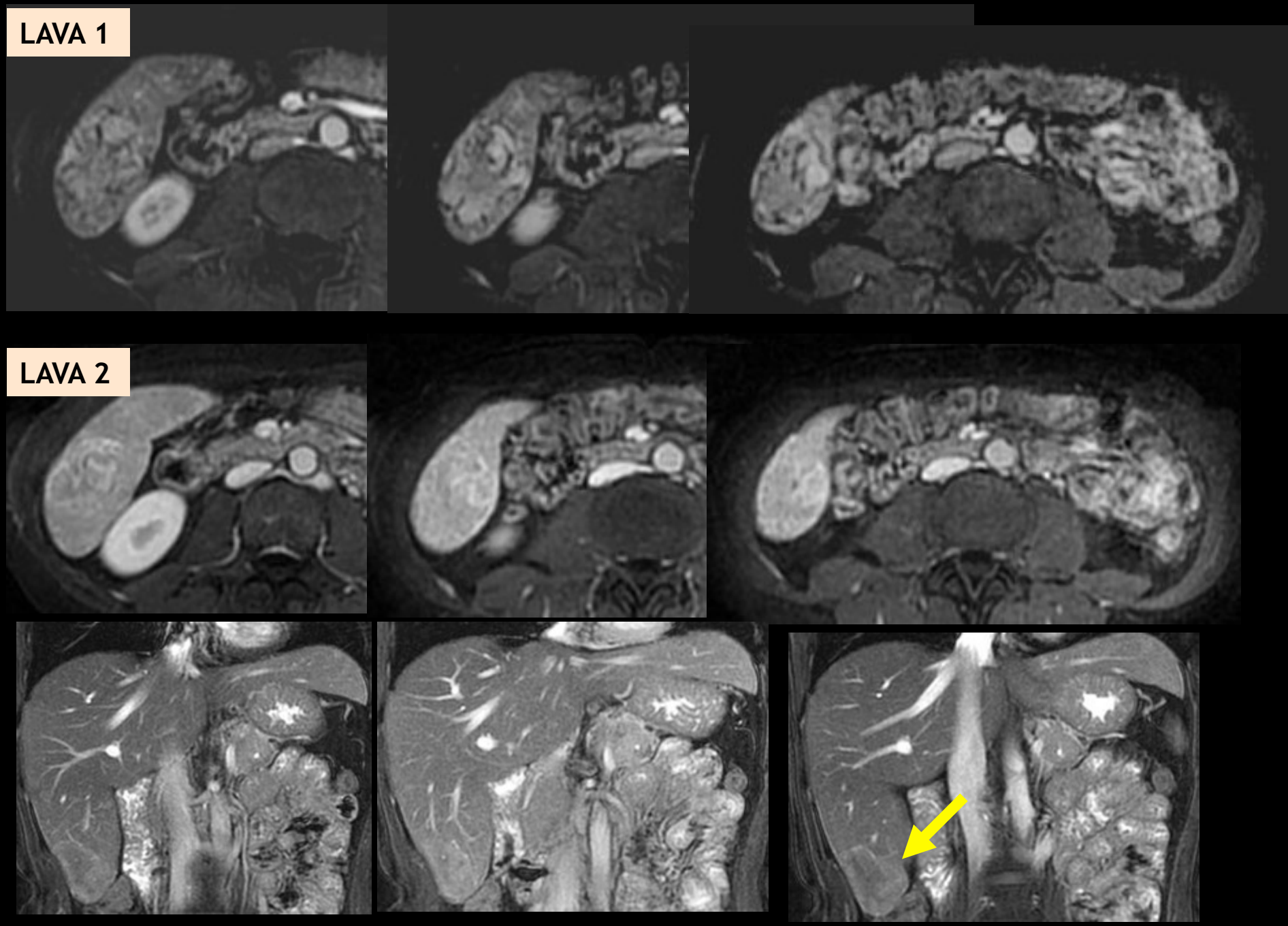


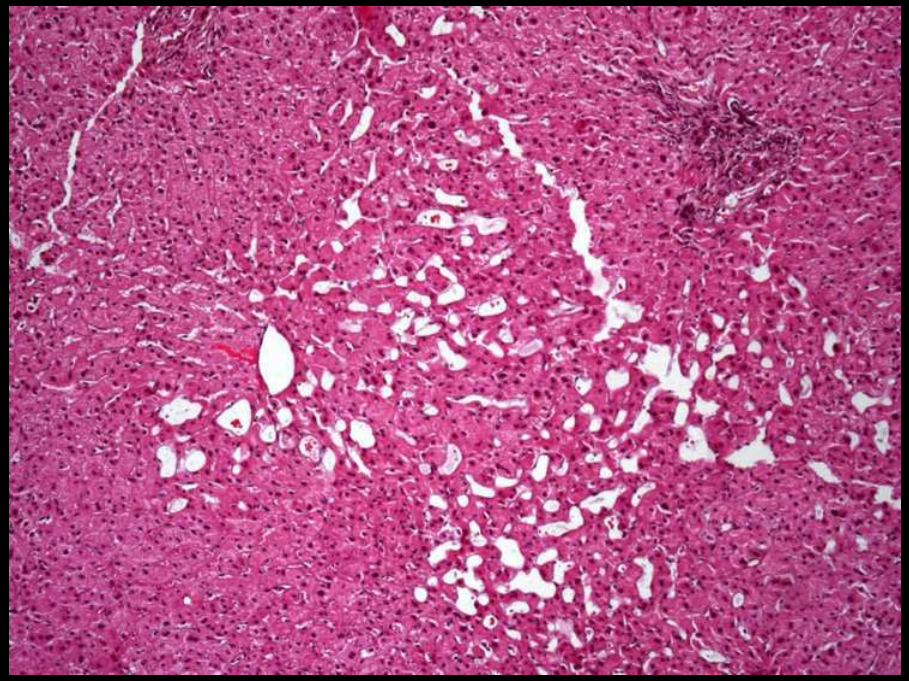
2ème passage 80 s

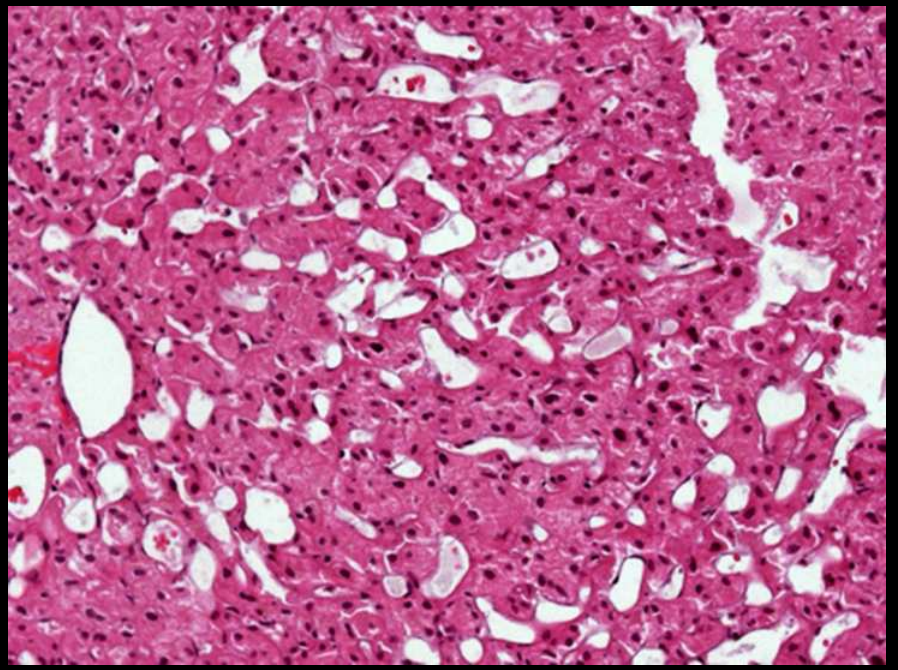


lésion focale du segment 6 , avec rehaussement "rubanné" initial s'homogénéisant ensuite


IP
OP
T 2


LAVA 1
LAVA 2





Diagnostic ana path :
HNF avec importantes lésions stéatosique ; présence de zones

adénome télangiectasique

-télangiectasique c.a.d comportant une ectasie des sinusoïdes (phlebectasie) ou péliose (si lésions de la barrière endothéliale)

-prédominance féminine

-après contraception orale de longue durée

-obésité BMI élevé

-révélation fortuite ou hémorragie

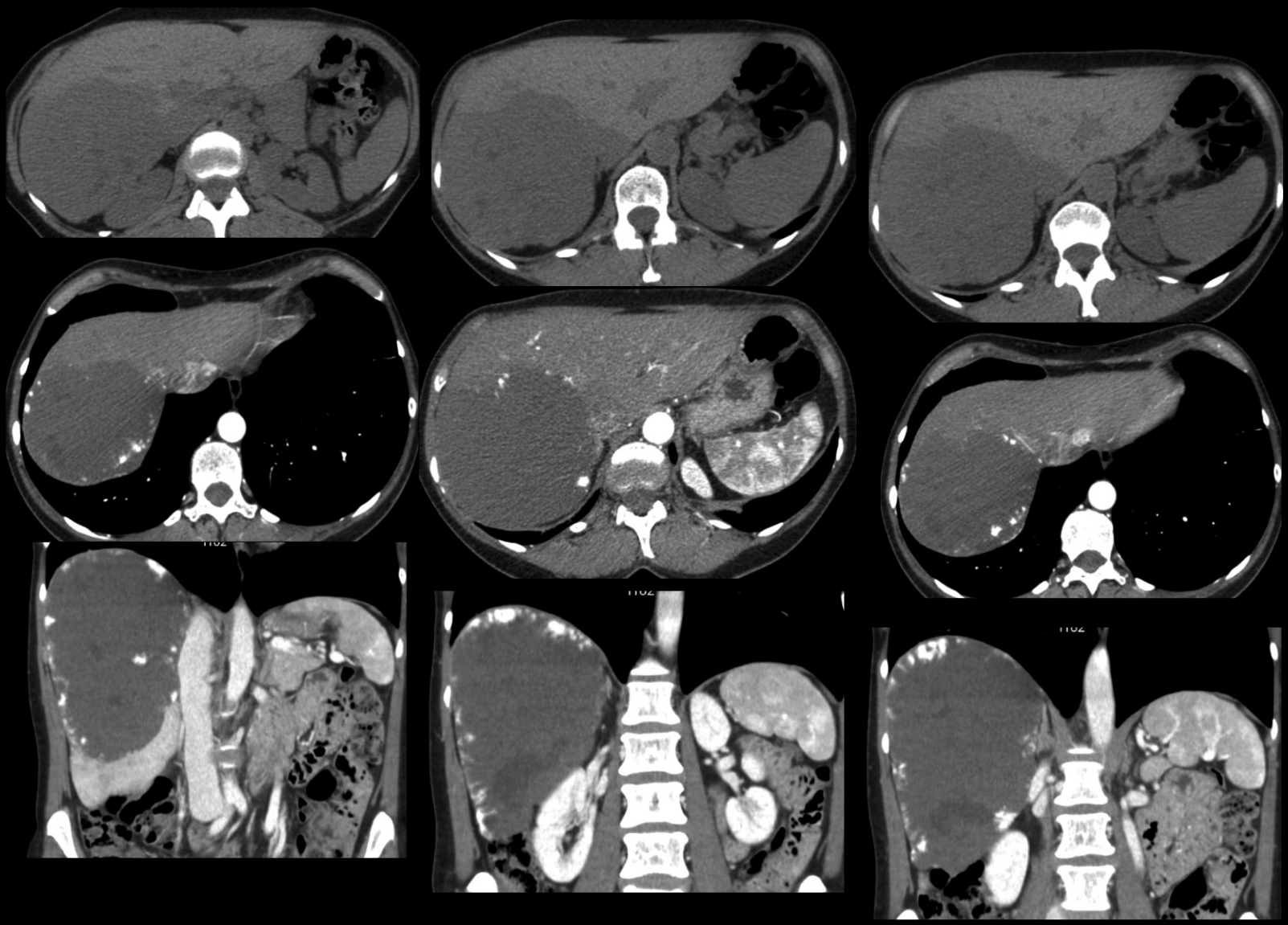
-élévation des GGT et des PA , AFP normale

-<u>sd inflammatoire dans 90% des cas</u> :fibrinogène, VS , CRP élevés ,qui disparaît avec l'ablation de la lésion

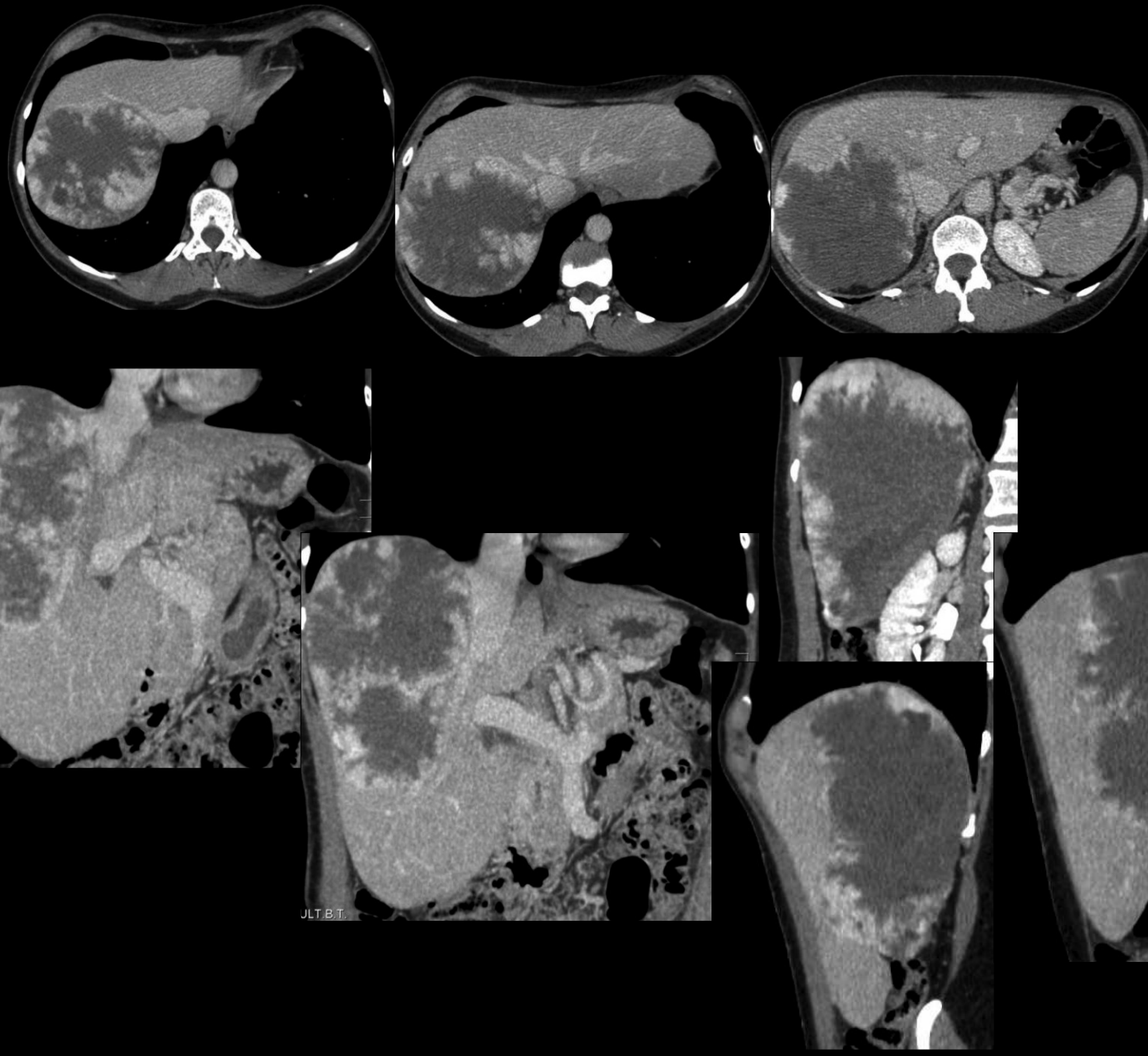
-stéatose intra lésionnelle

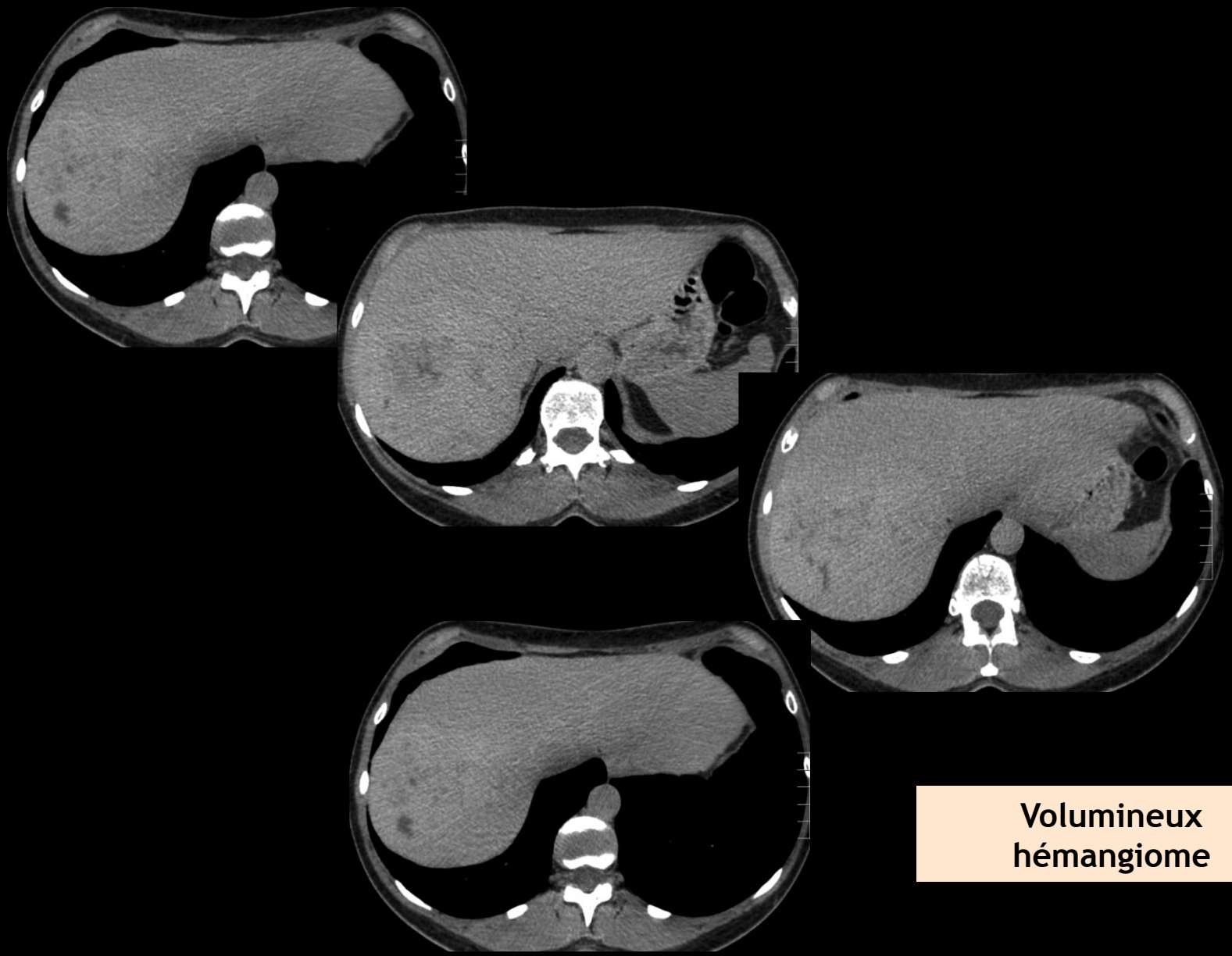
-stéatose du foie non tumoral fréquente

-Potentiel malin

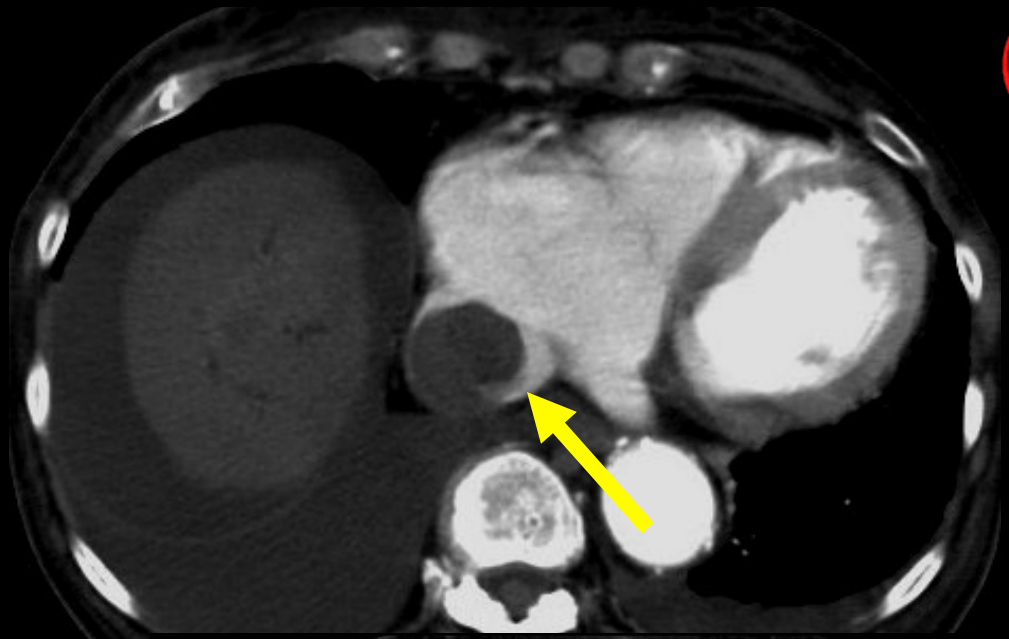


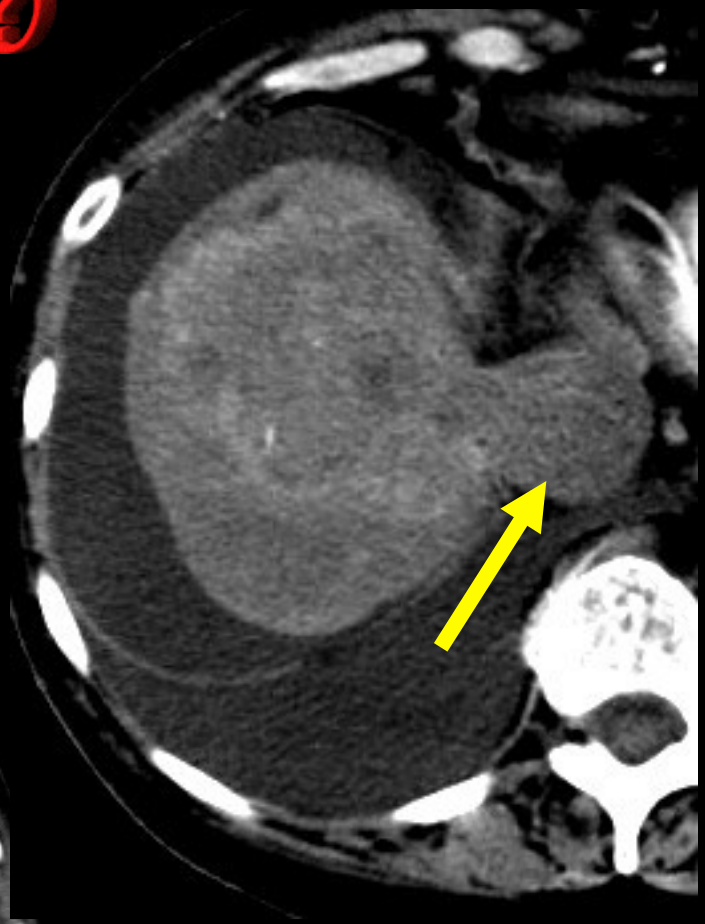
Femme 58 ans, il y a 2 mois : voyage au KENYA, consulte pour 2 épisodes douloureux de l'HCD.
Aux urgences, réalisation d'une échographie concluant « volumineuse masse tumorale du lobe D, hétérogène, avec calcifications centrales ».
Aucun ATCD médico-chirurgical, pas de TRT.
Pas d'AEG, aucun signe fonctionnel, examen clinique normal

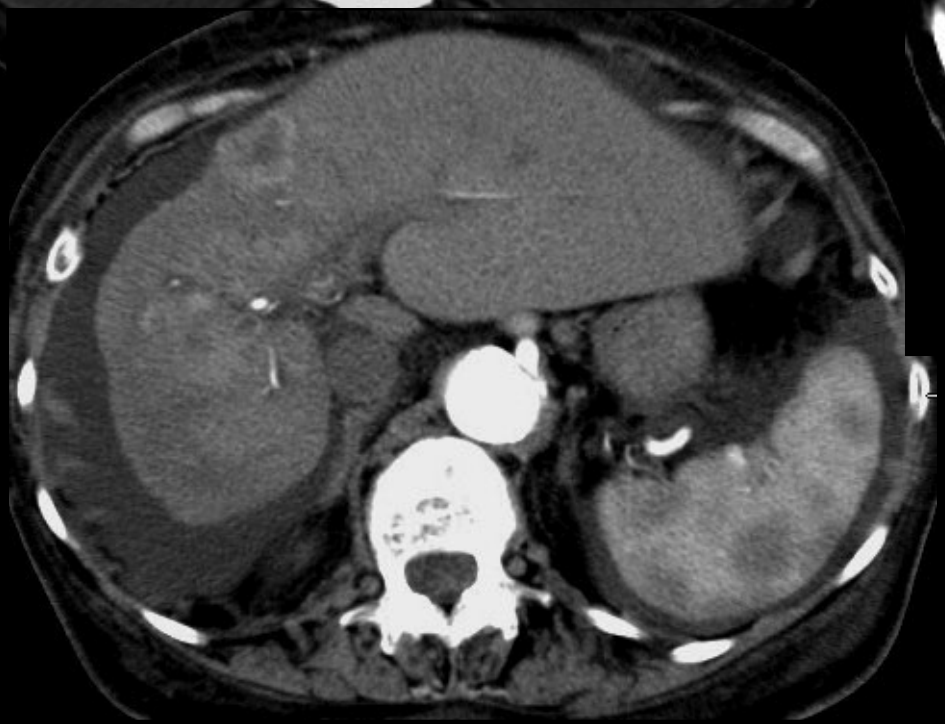




Volumineux hémangiome

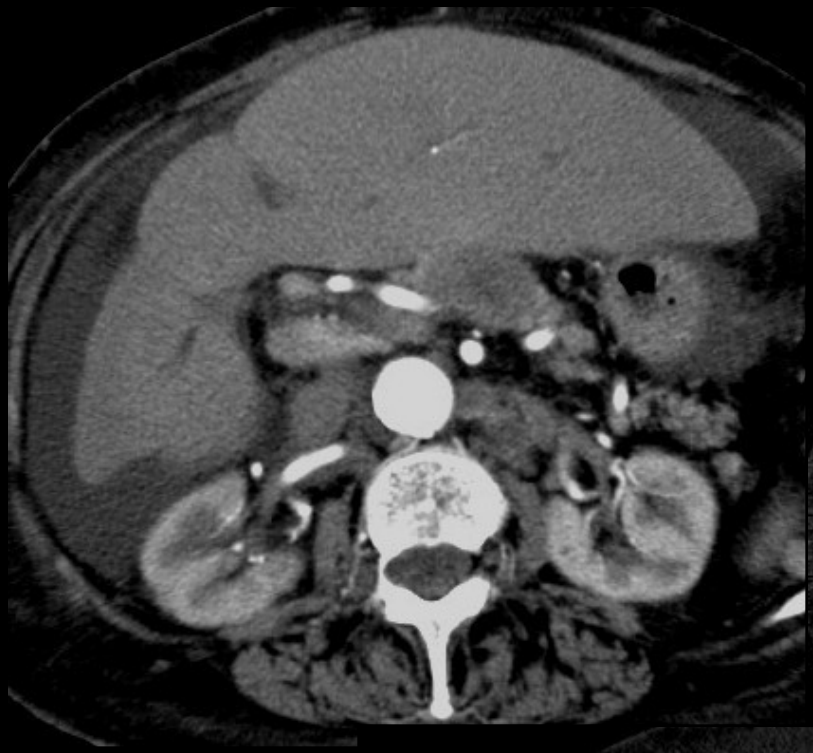
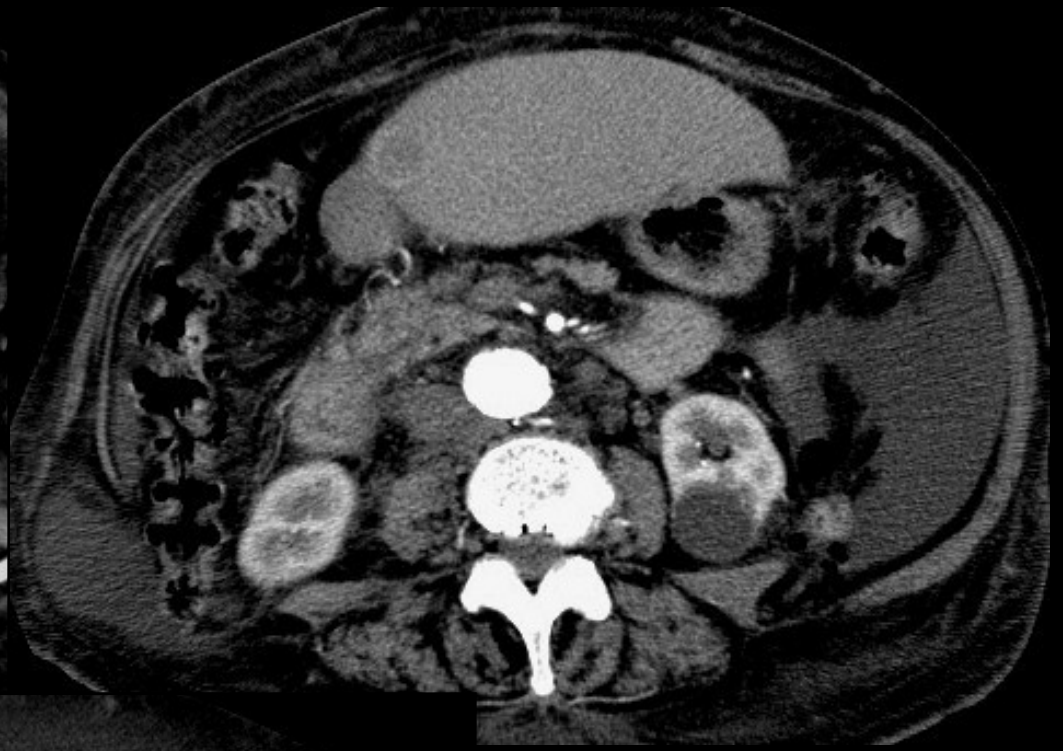
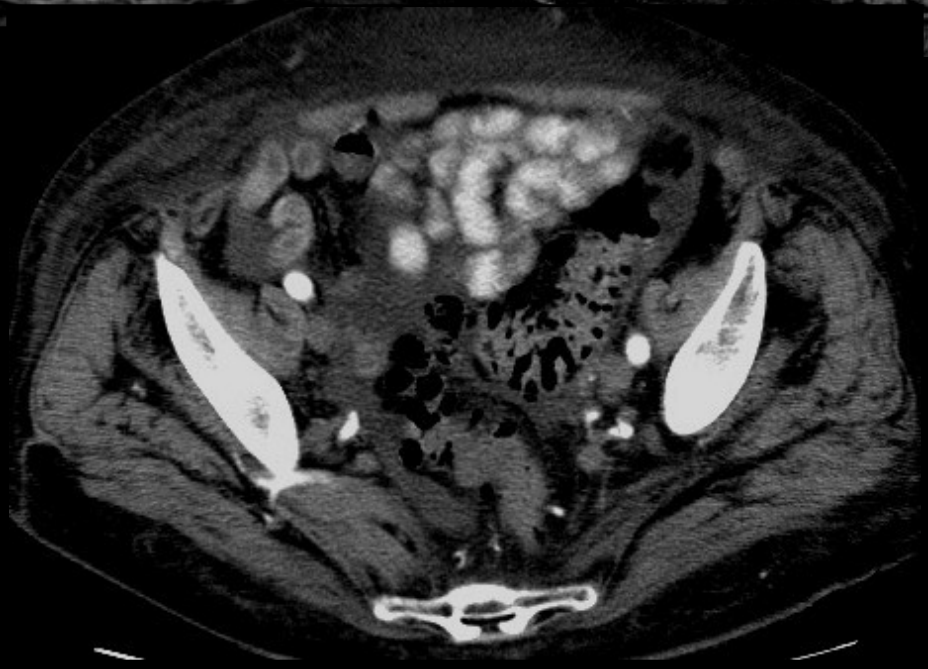




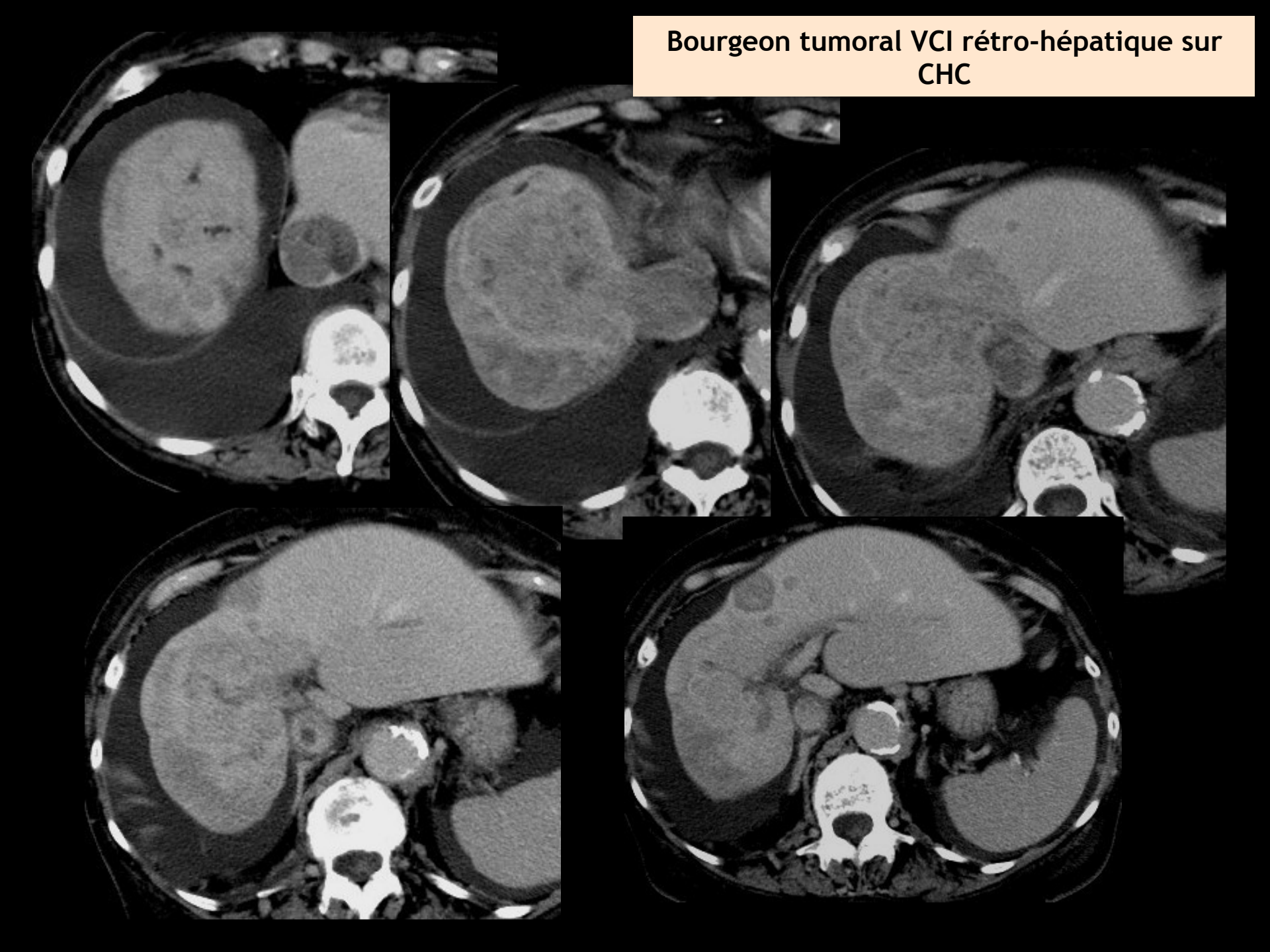


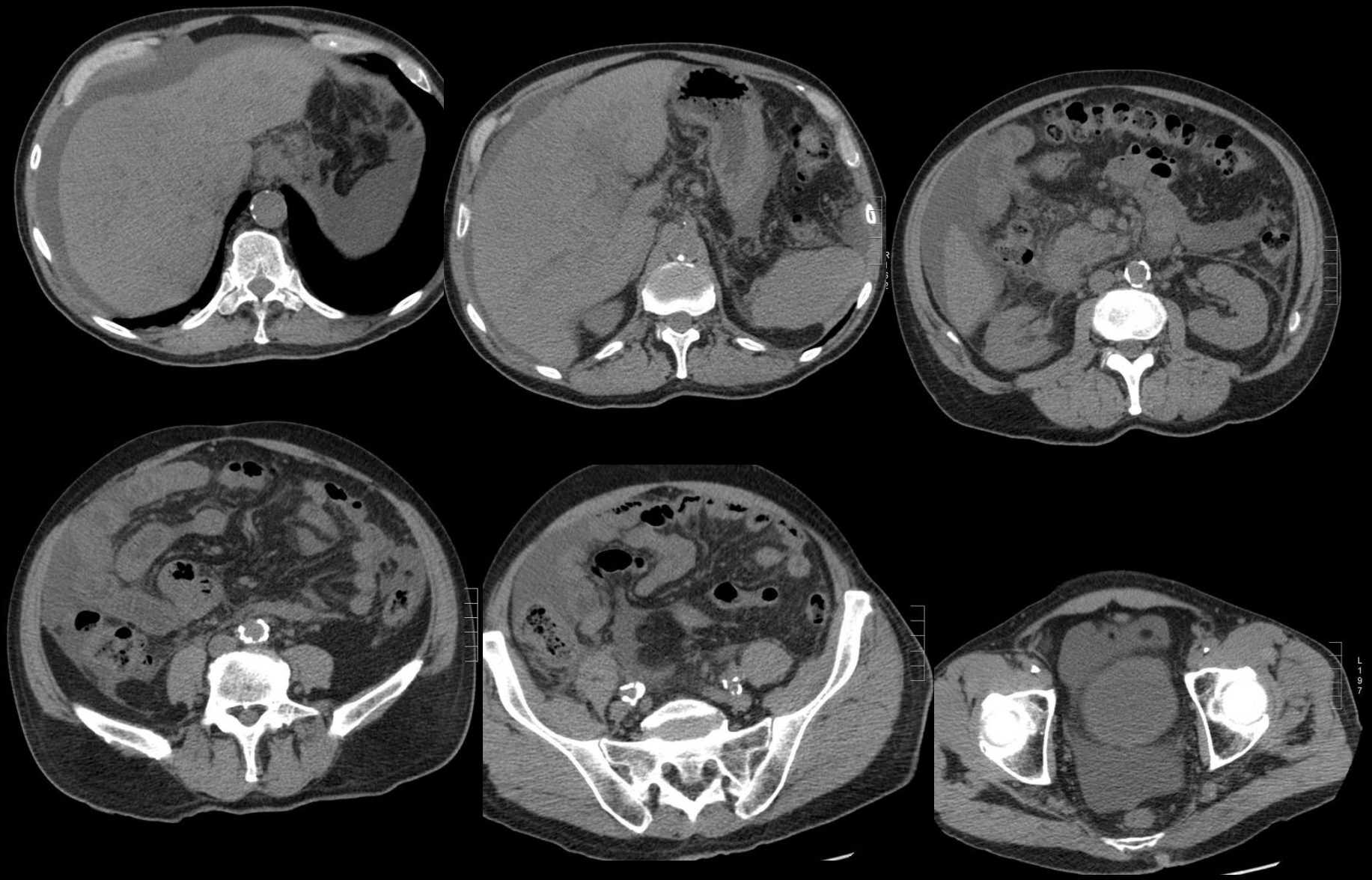
Femme / 80 ans

Masse épigastrique

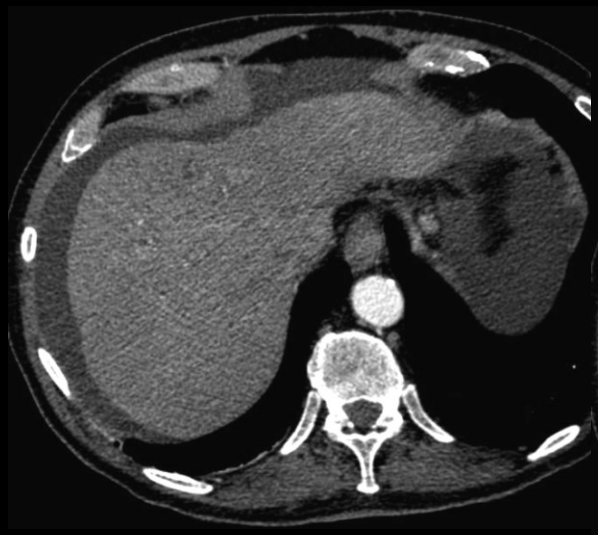
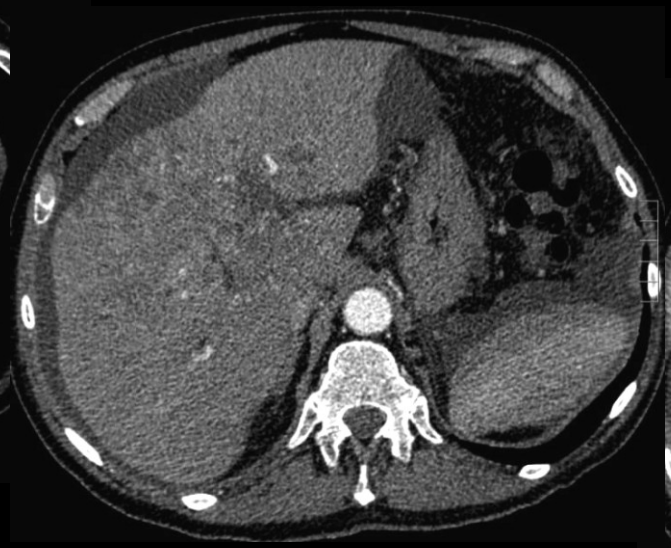
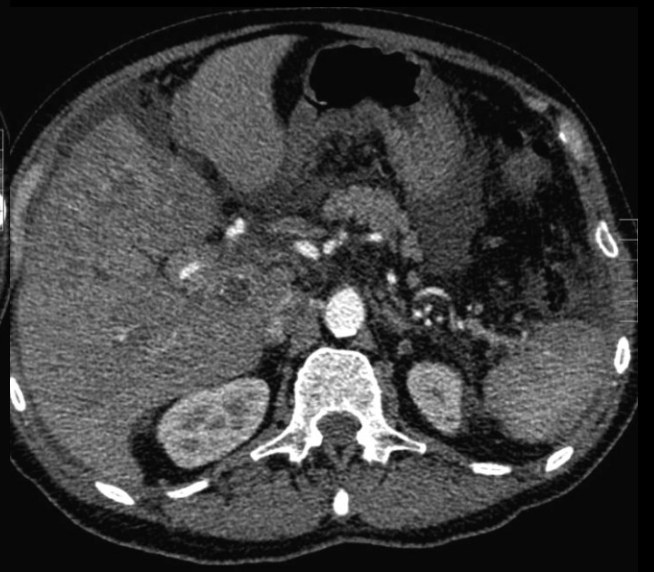
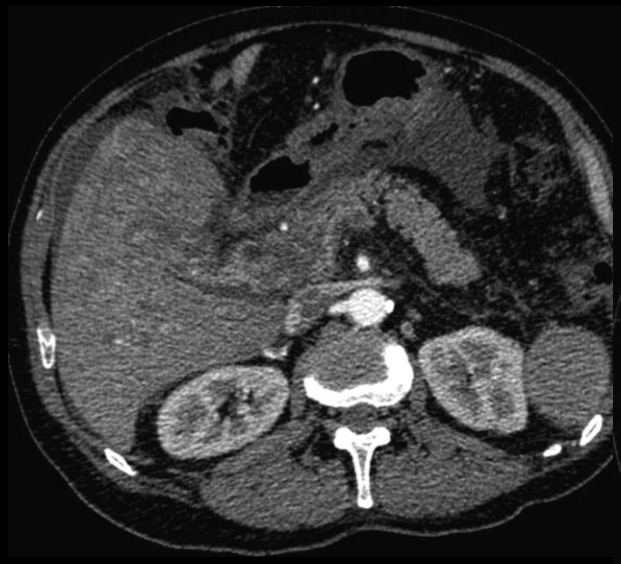
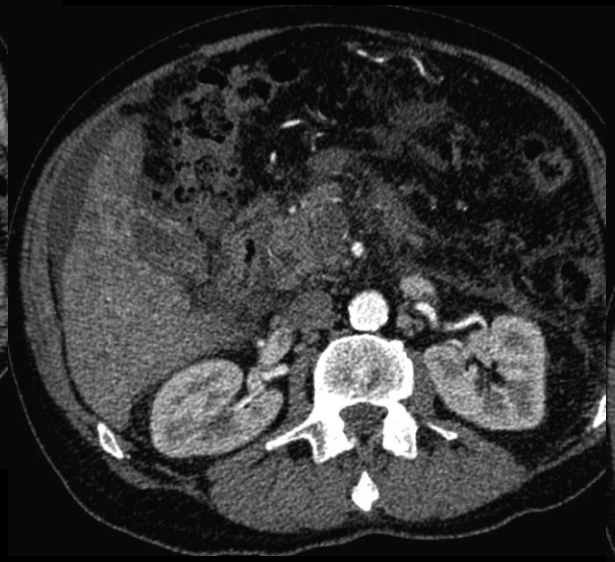
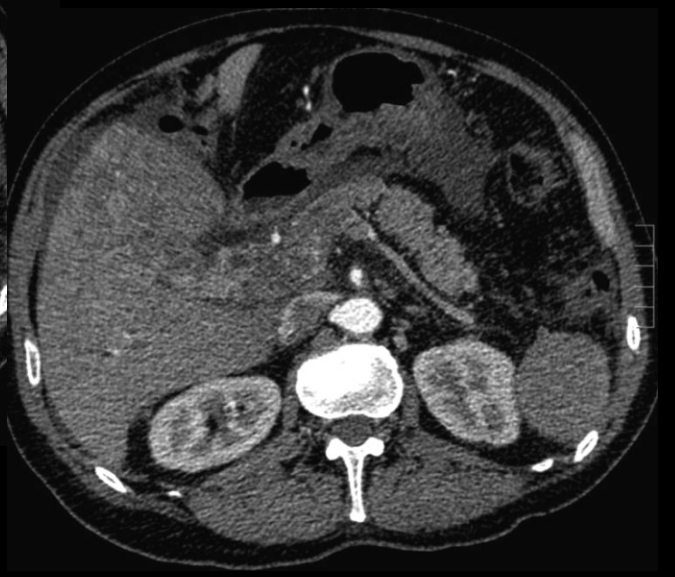
Bourgeon tumoral VCI rétro-hépatique sur CHC

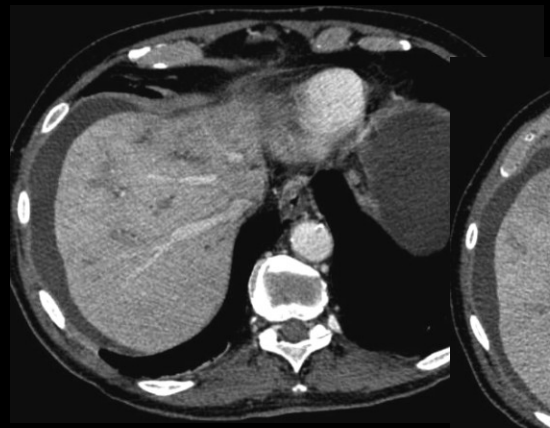
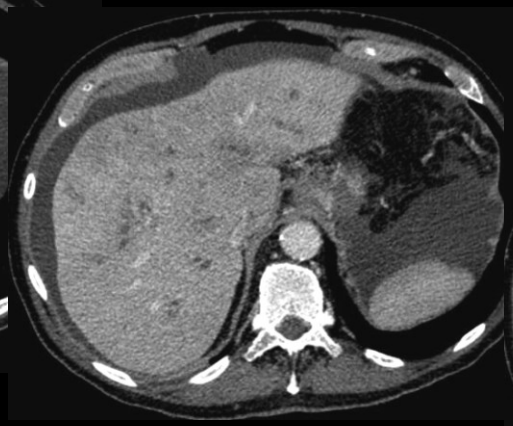
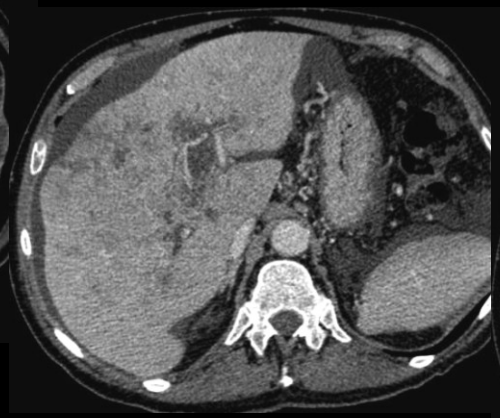
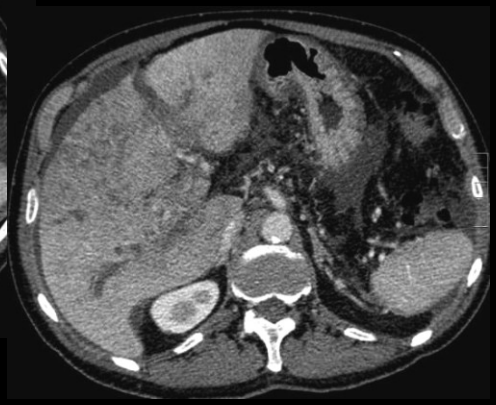
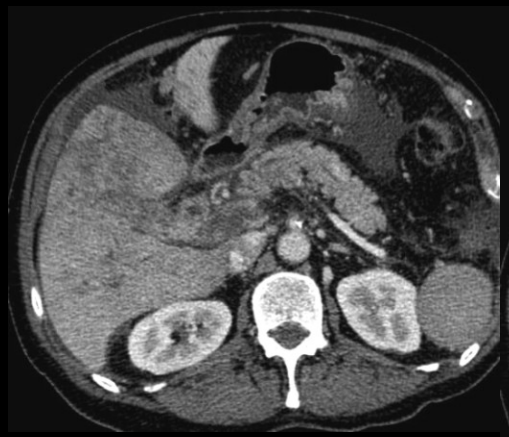
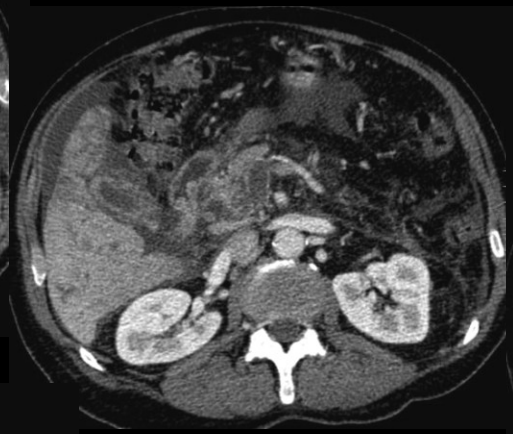
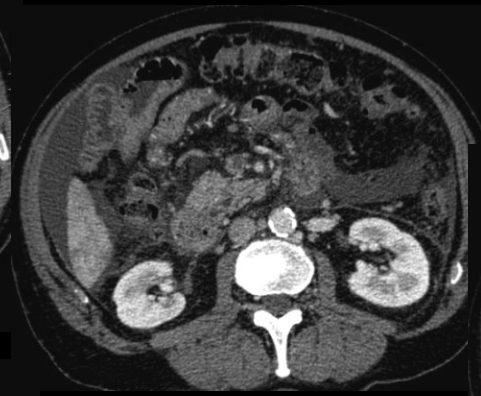
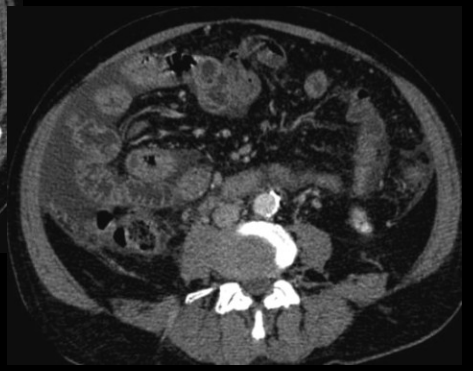
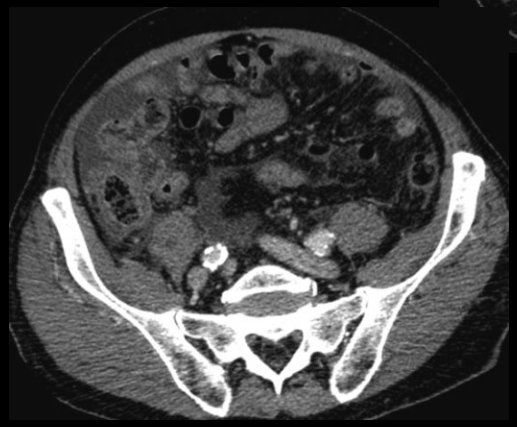
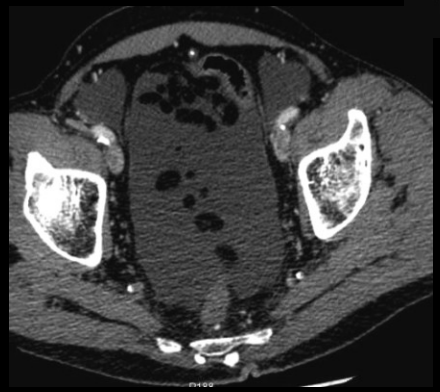


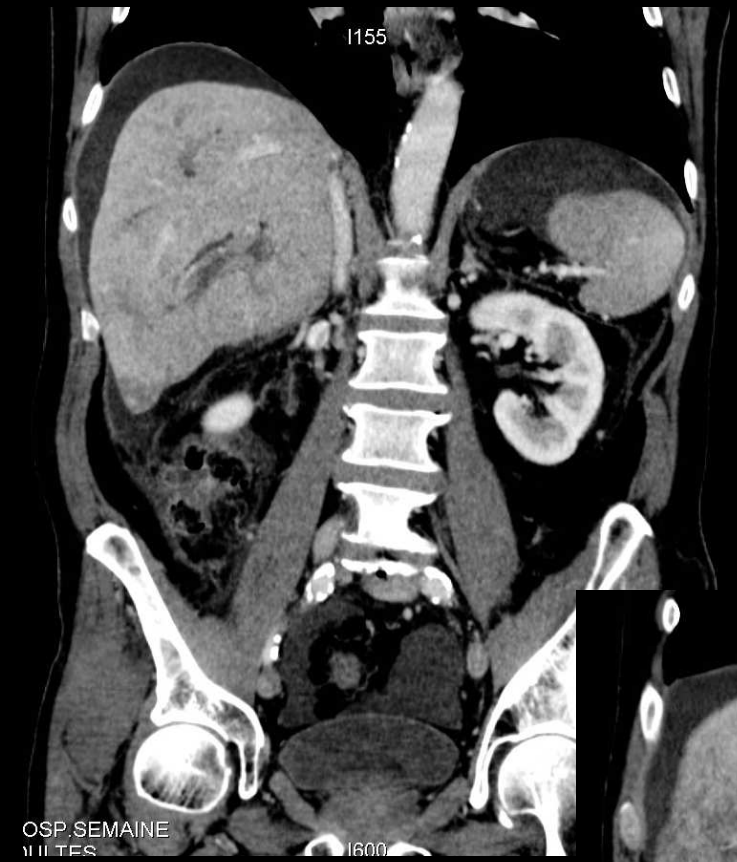


H – 72 ANS

DOULEURS ABDOMINALES – CYTOLYSE HEPATIQUE - CHOLESTASE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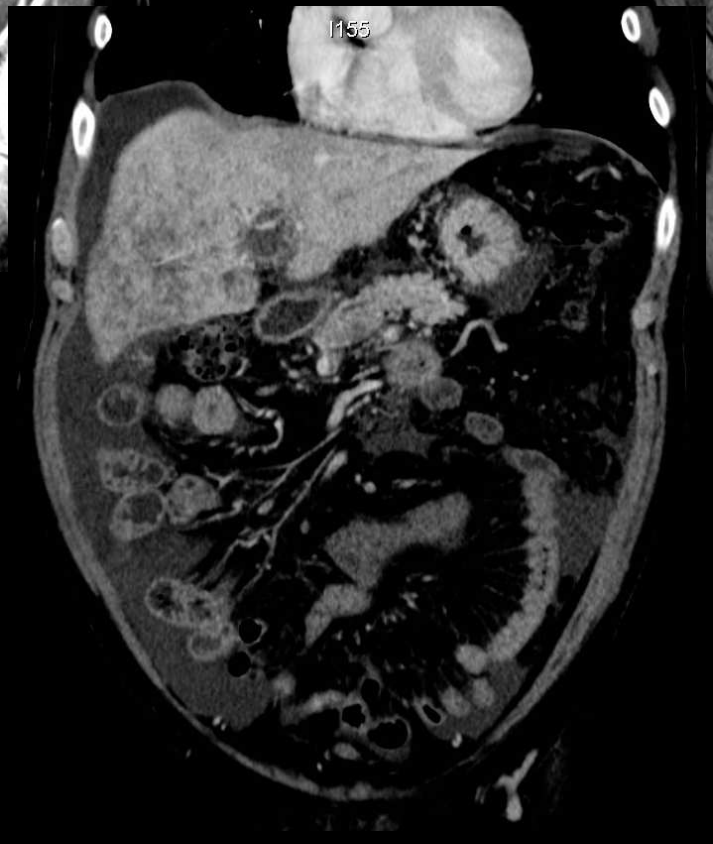
OSP.SEMAINE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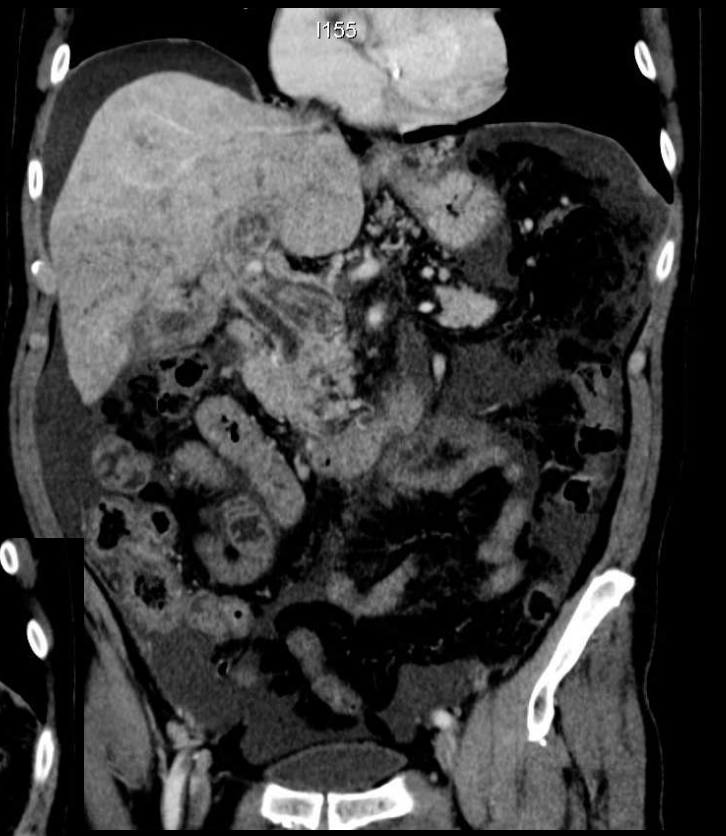
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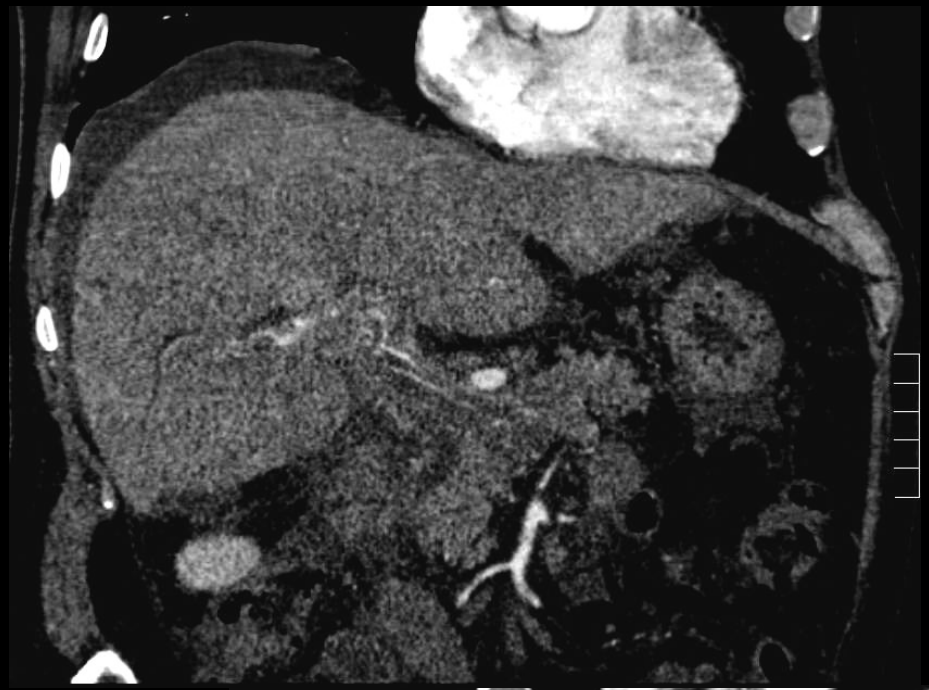

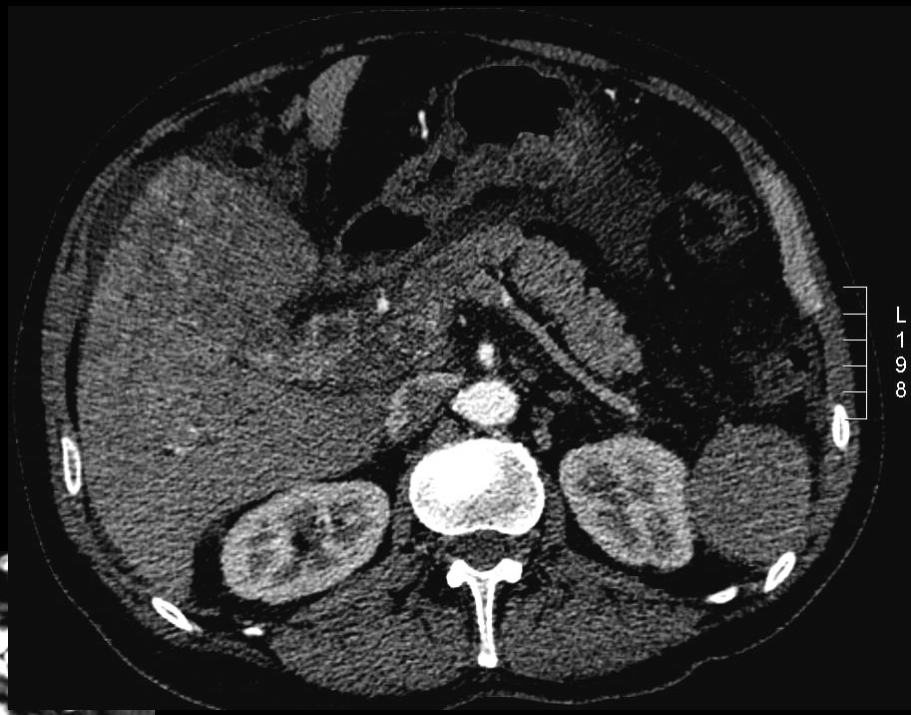
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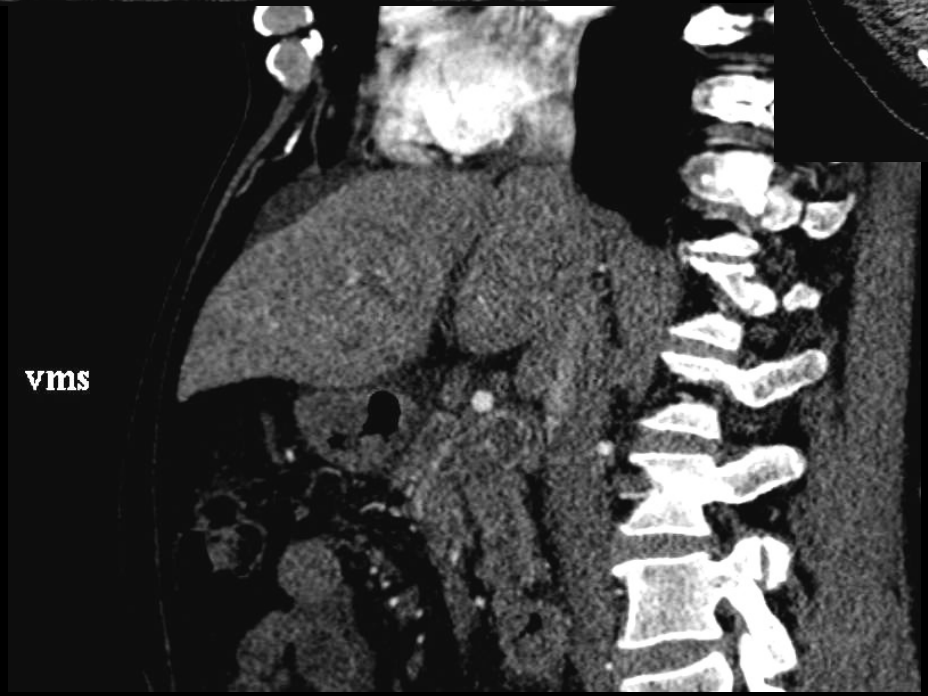
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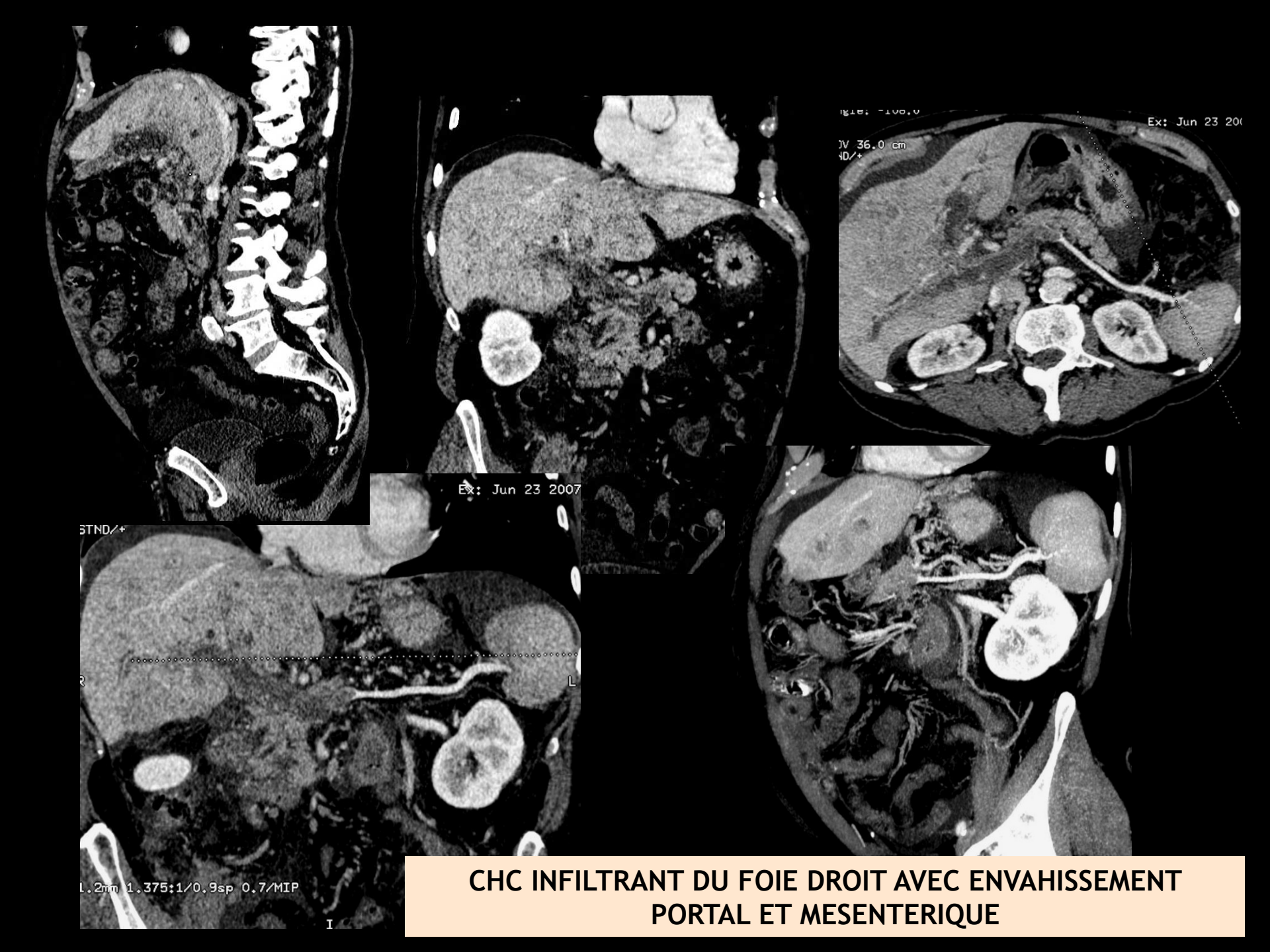
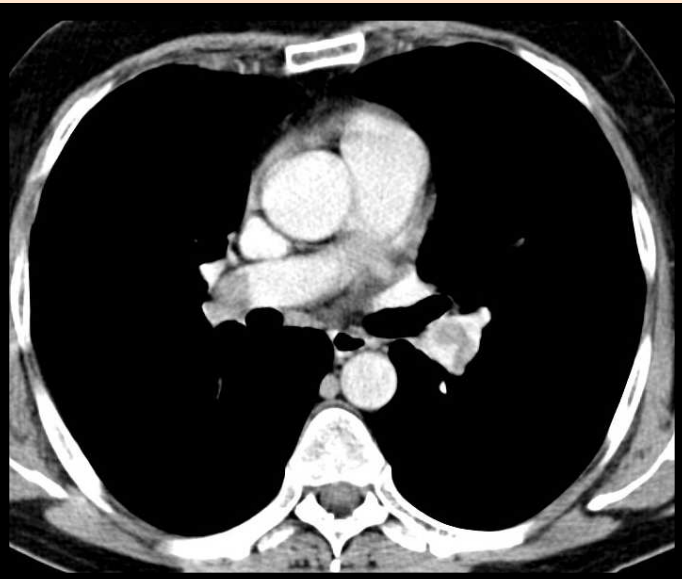
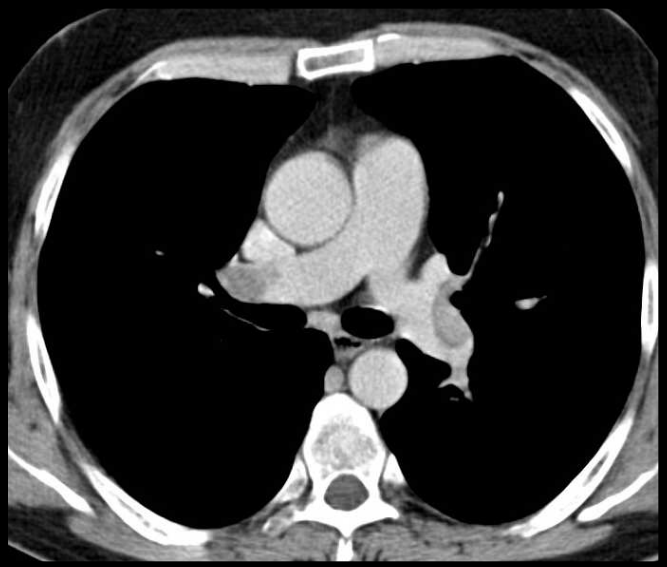
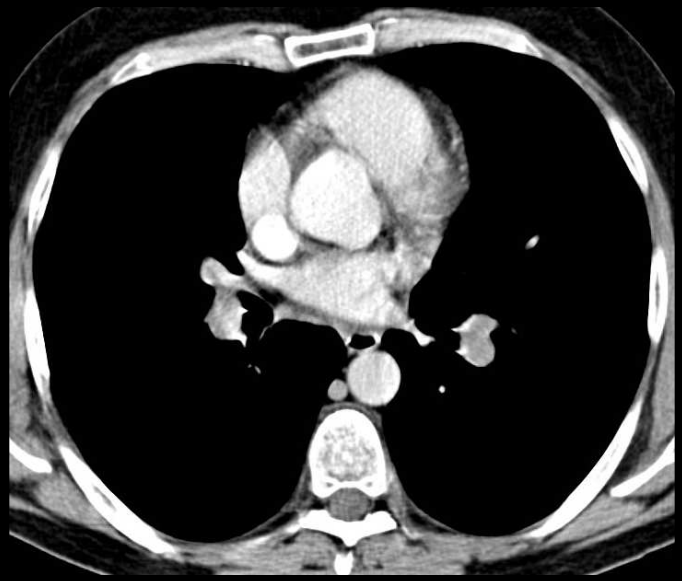
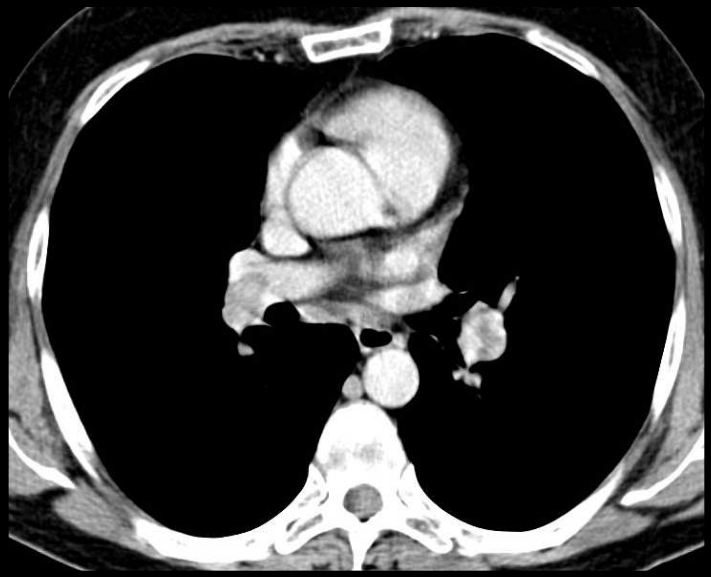
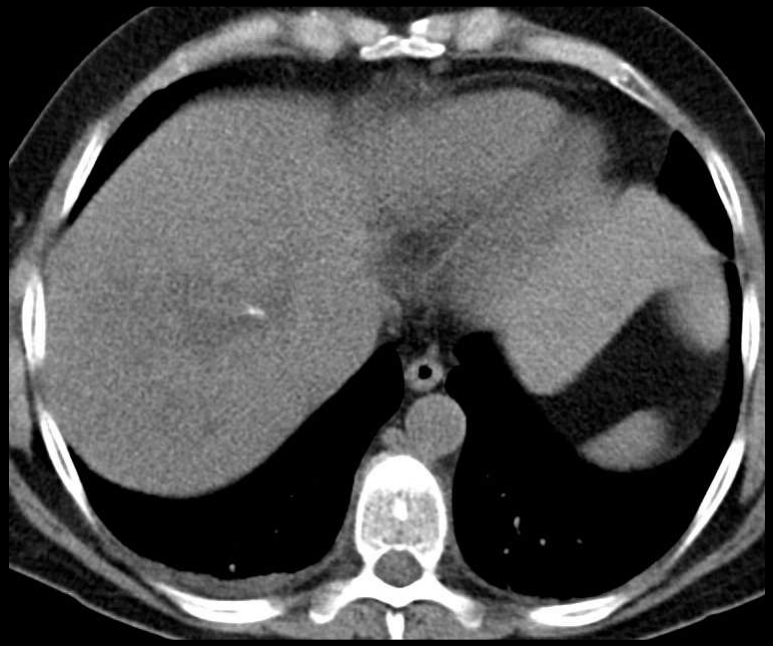
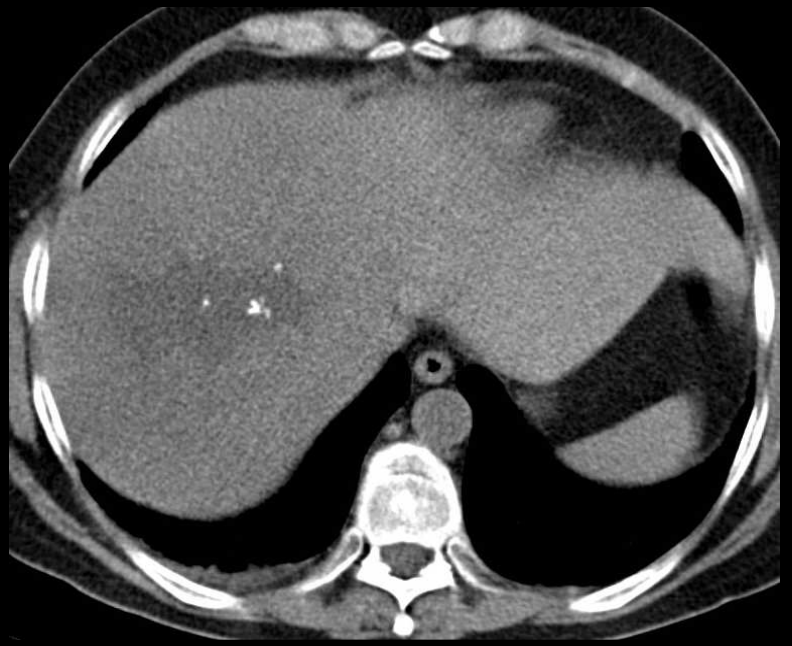
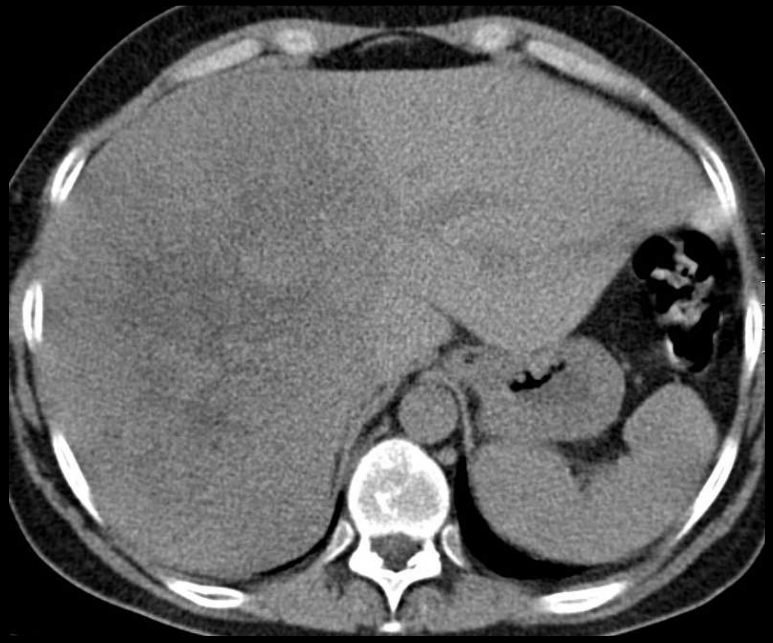
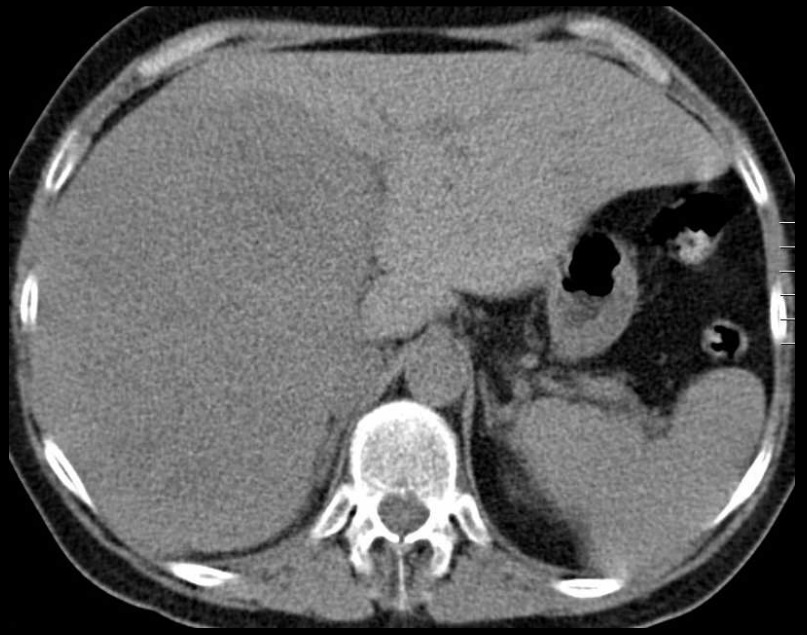
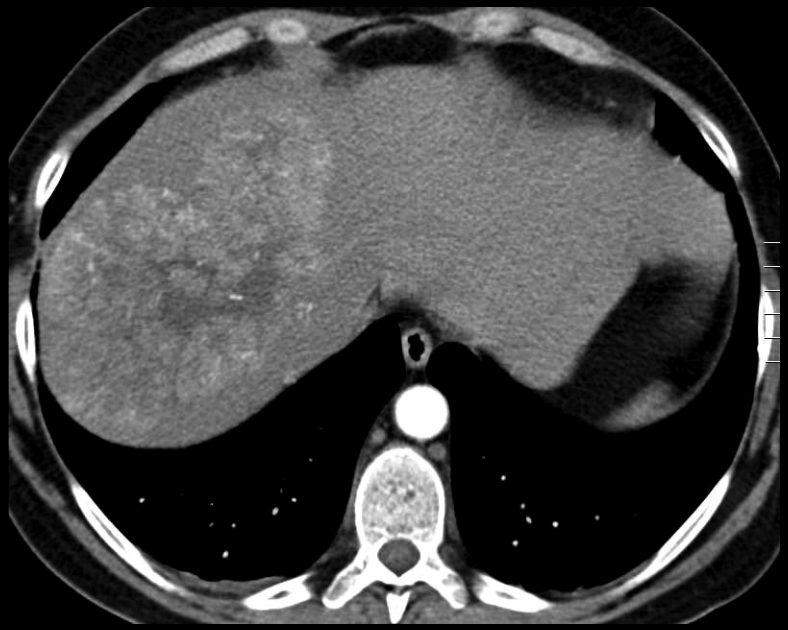


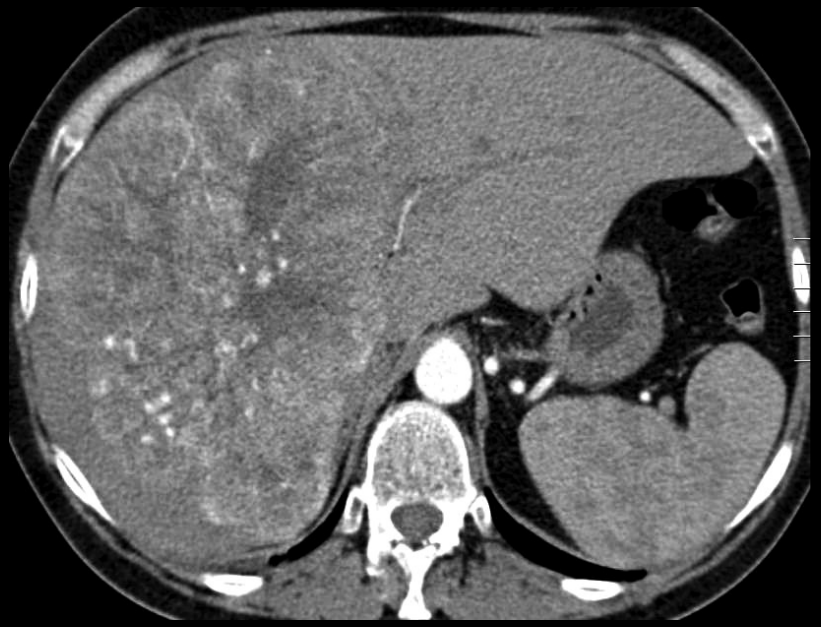
CHC INFILTRANT DU FOIE DROIT AVEC ENVAHISSEMENT PORTAL ET MESENTERIQUE

Homme 38 ans
Douleurs thoraciques, dyspnée, tachycardie
D.Dimères > 1500
Embolie pulmonaire ?

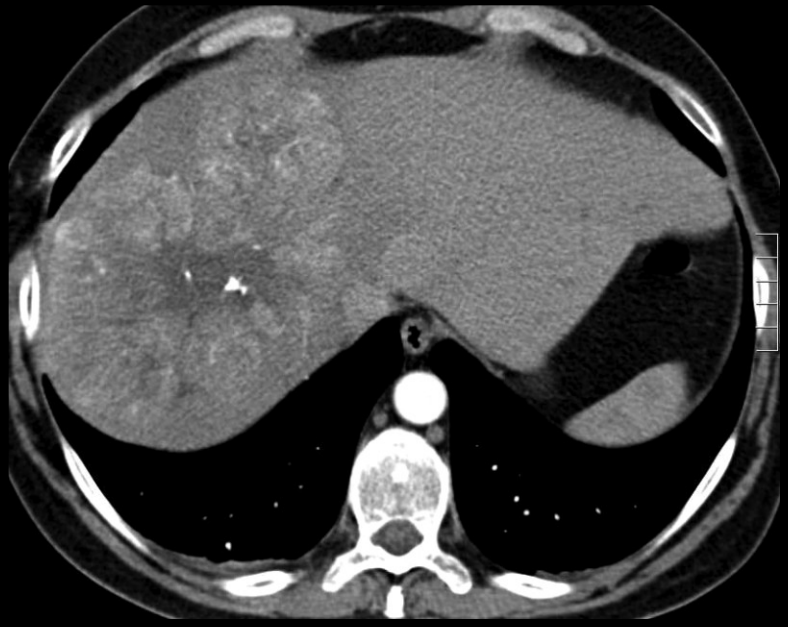





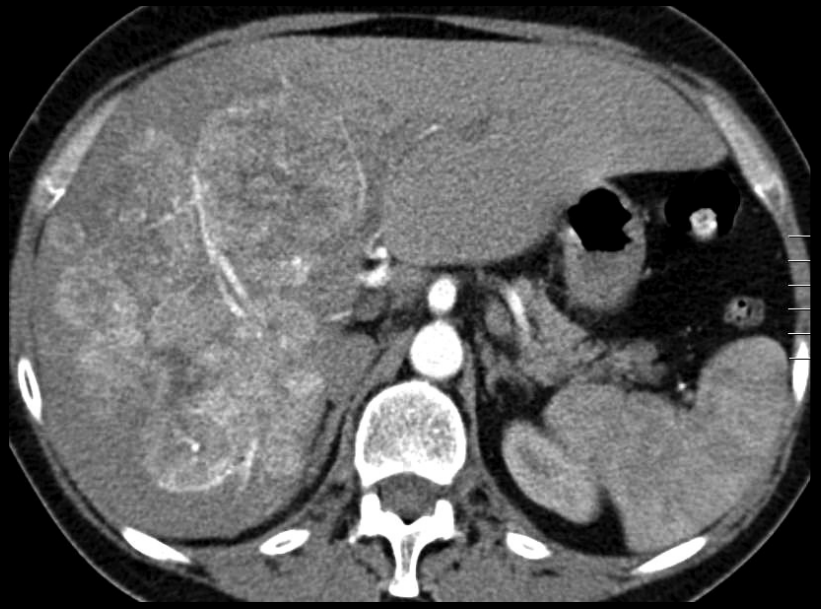





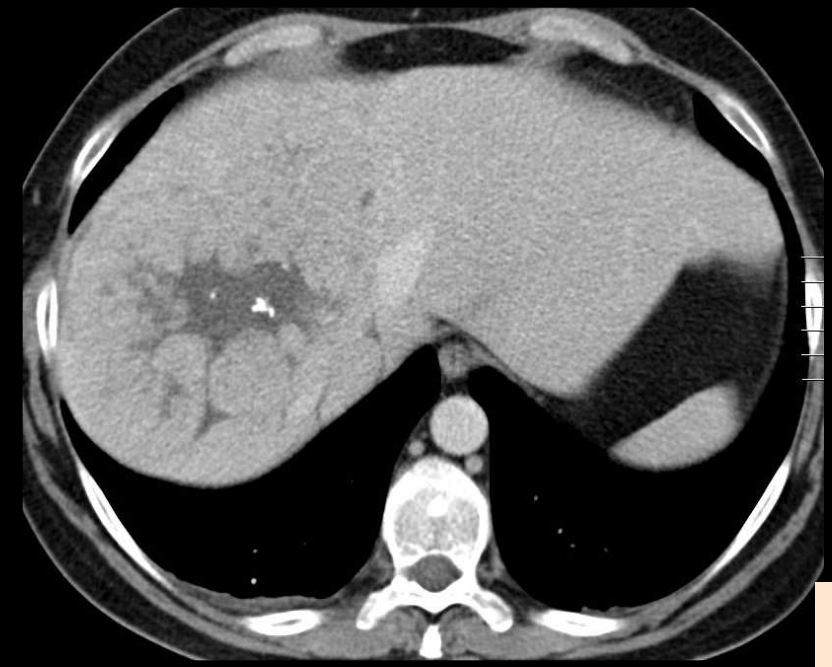


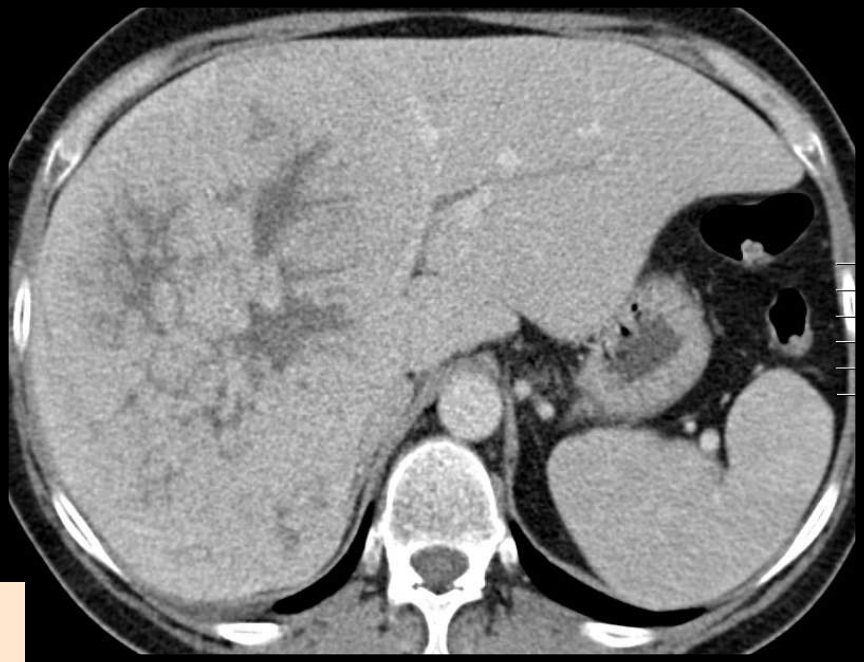


Temps artériel

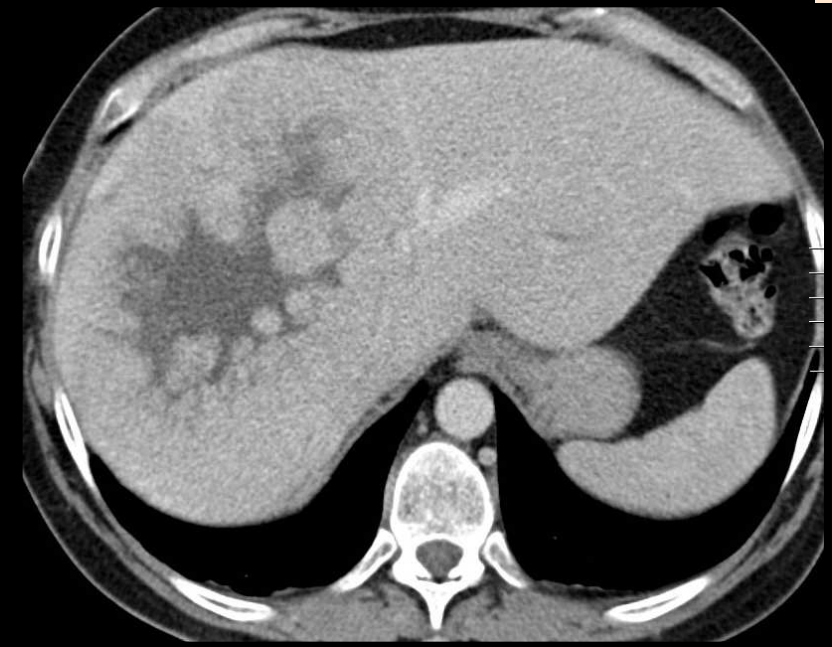


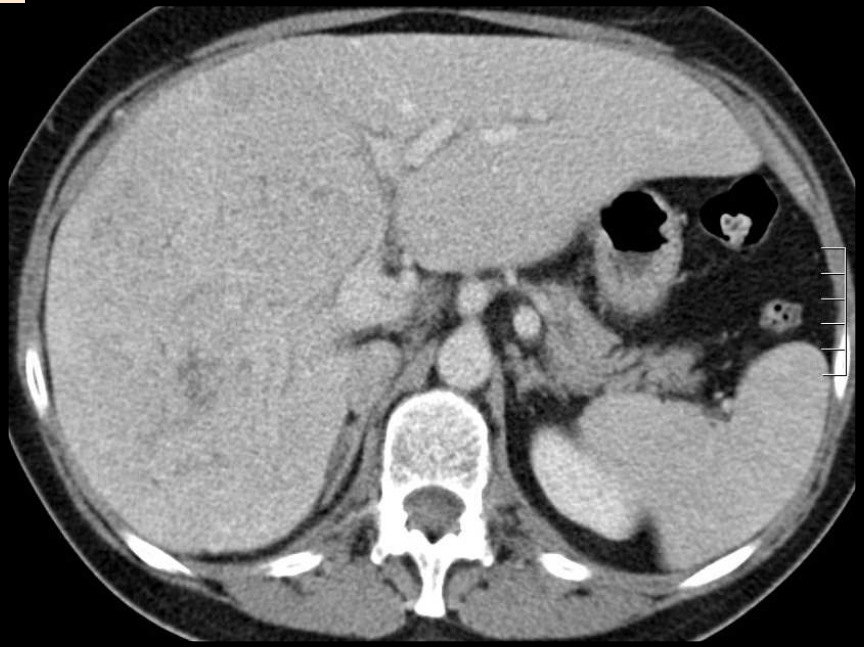


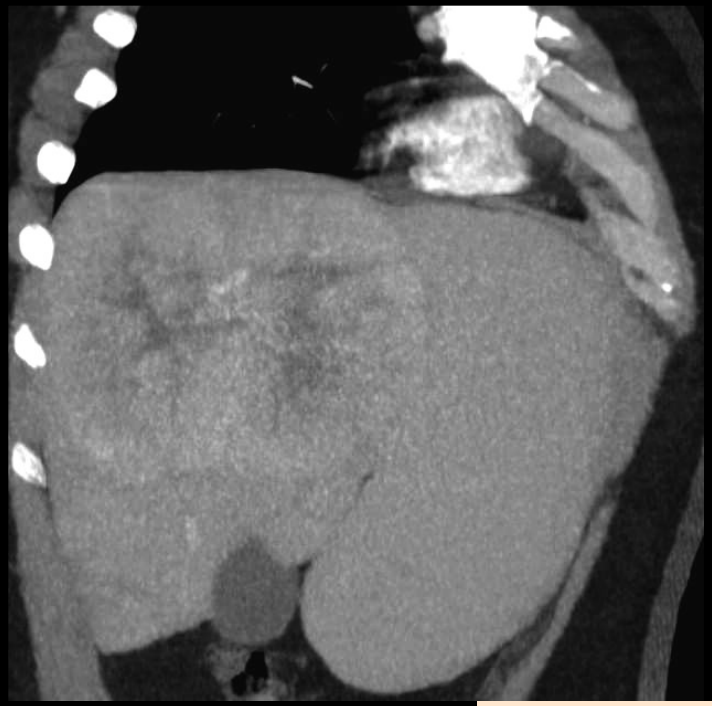


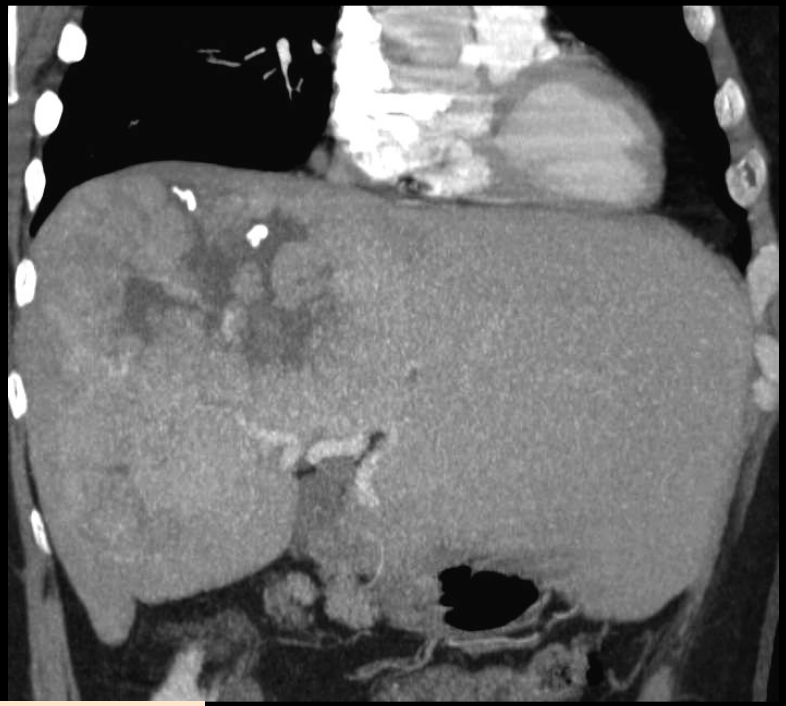


Temps veineux

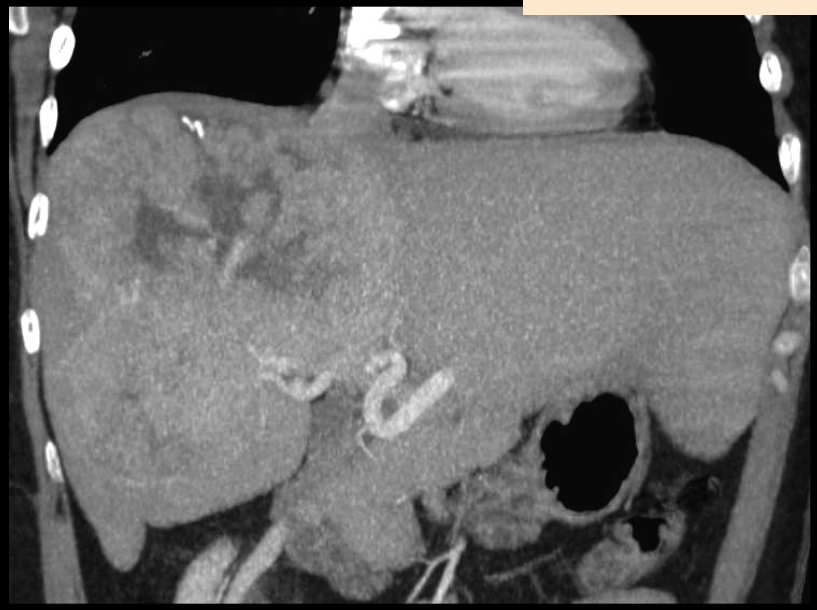


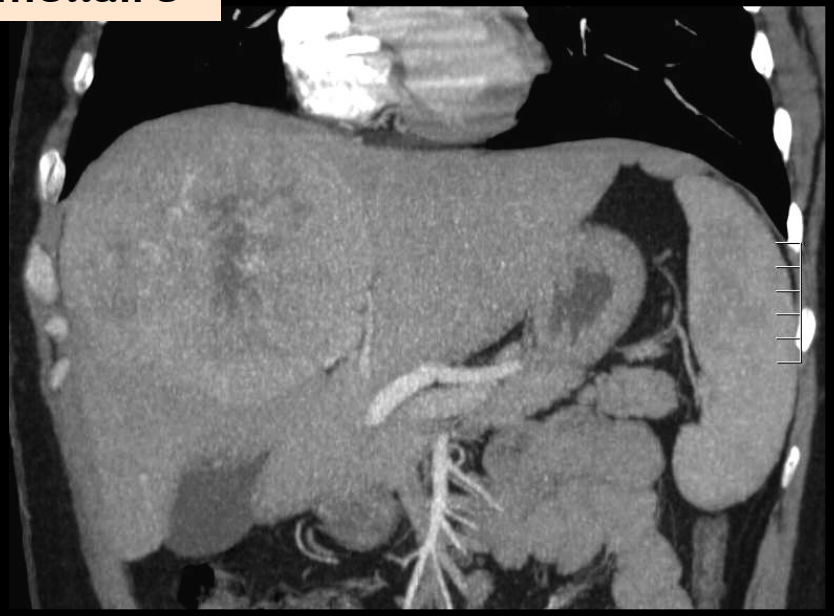


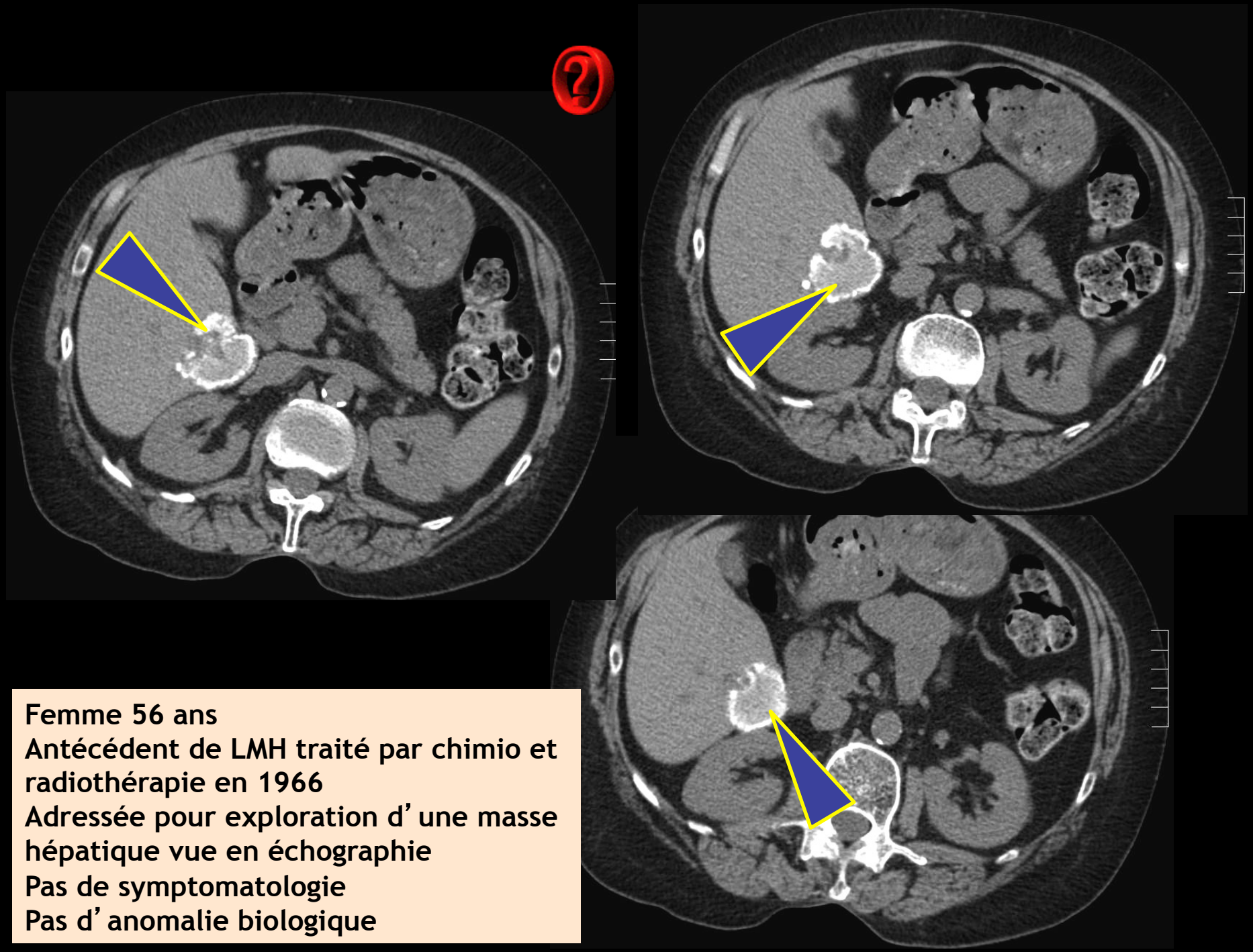




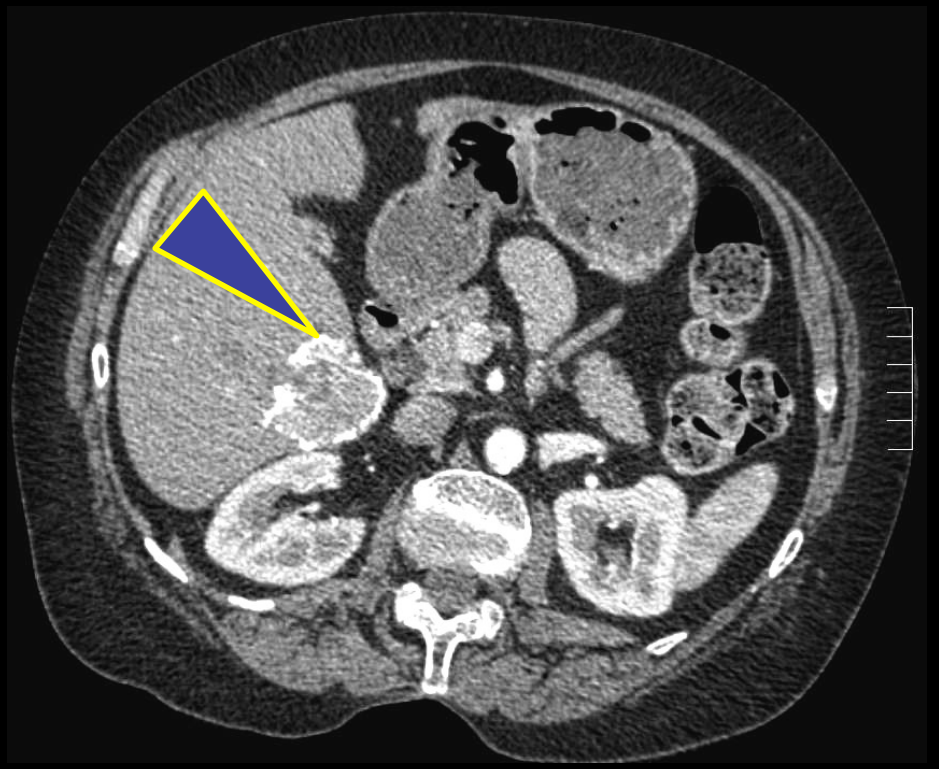
carcinome fibro-lamellaire

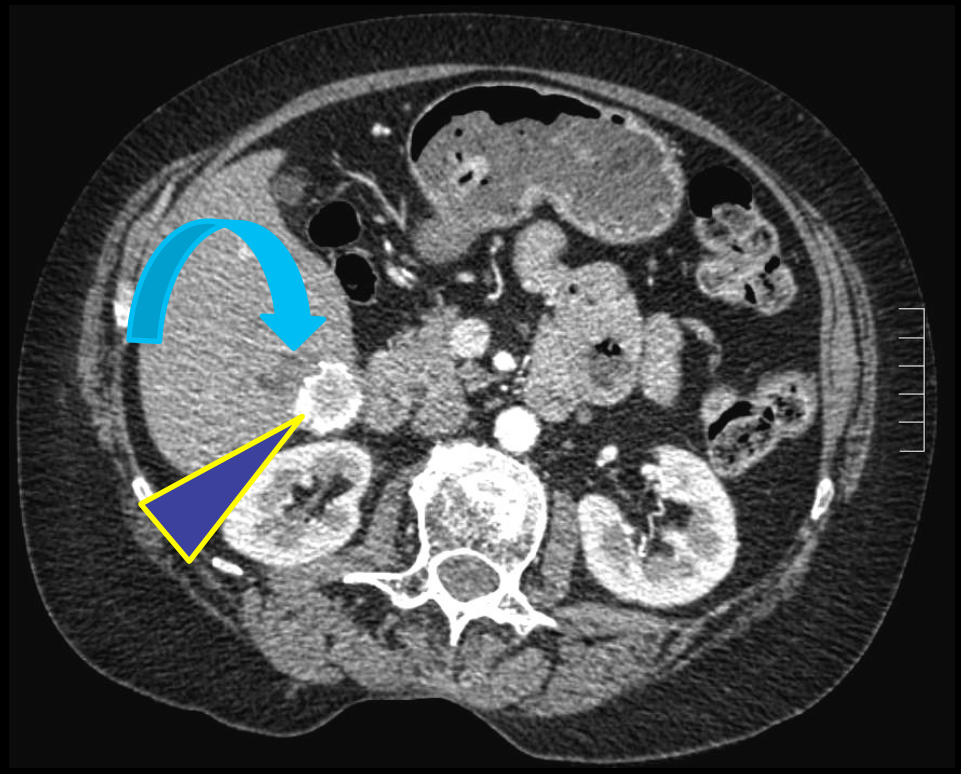


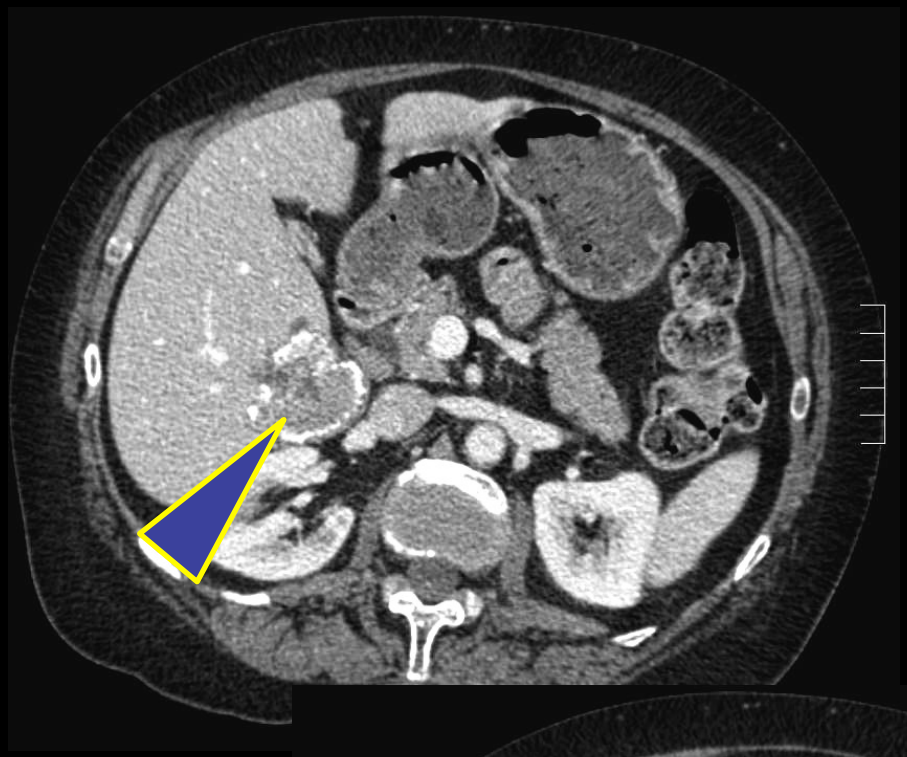


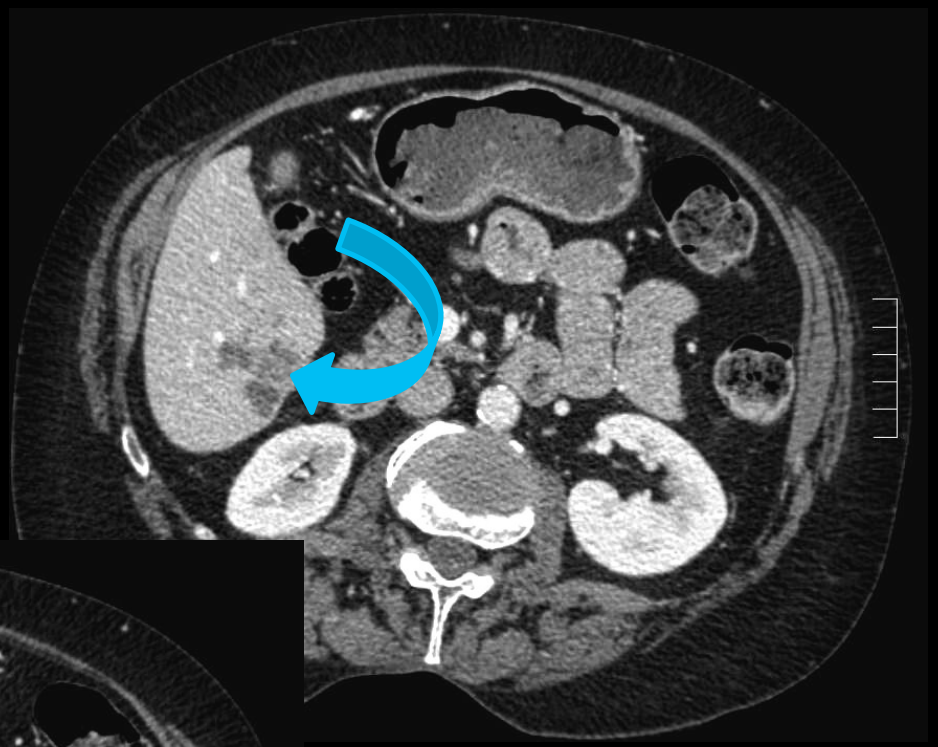


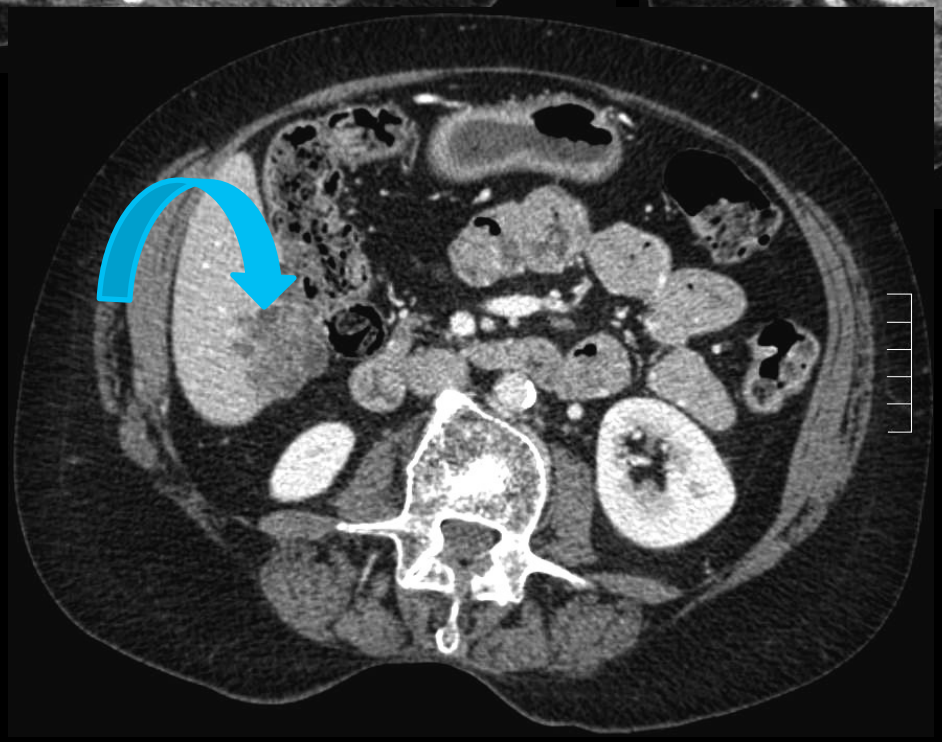
Femme 56 ans
Antécédent de LMH traité par chimio et radiothérapie en 1966
Adressée pour exploration d' une masse hépatique vue en échographie
Pas de symptomatologie
Pas d' anomalie biologique

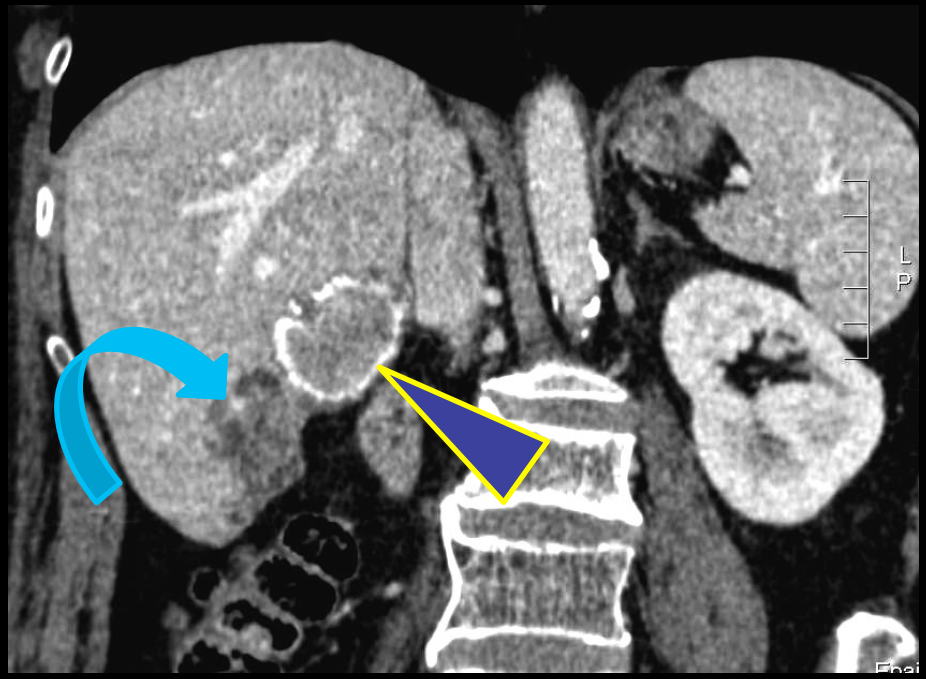


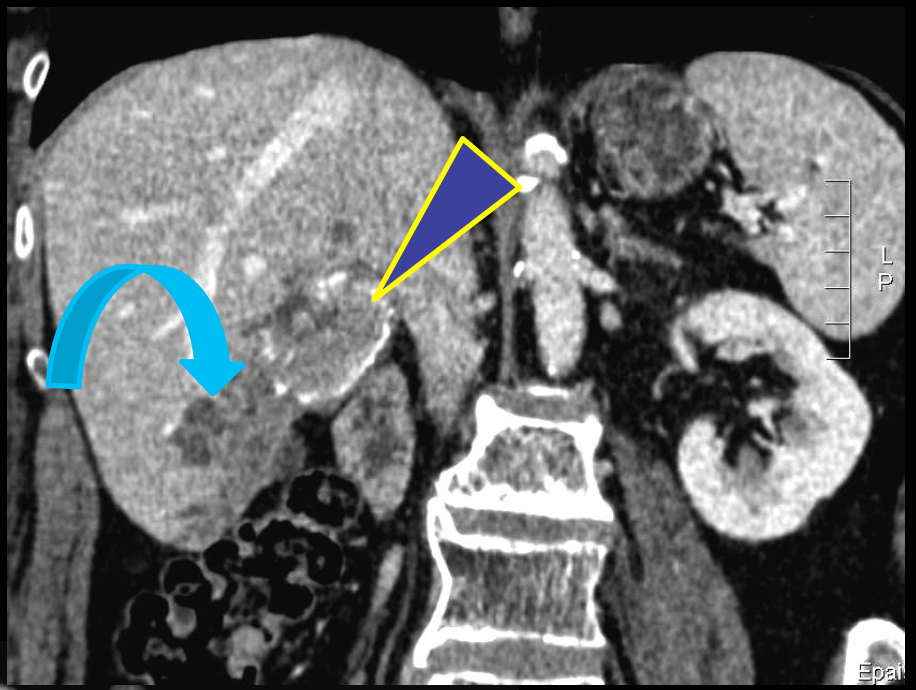


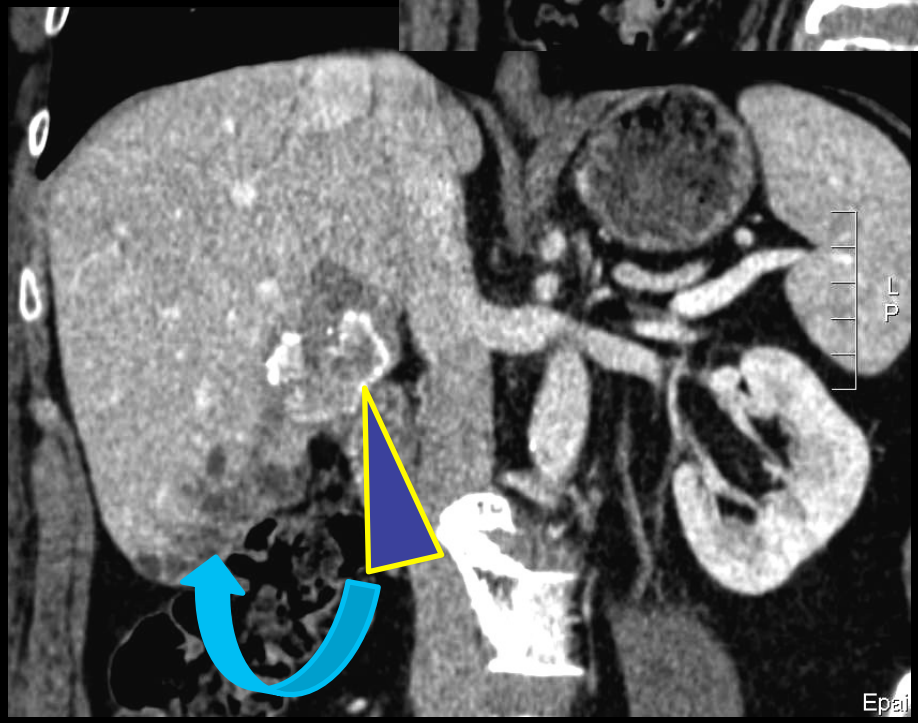


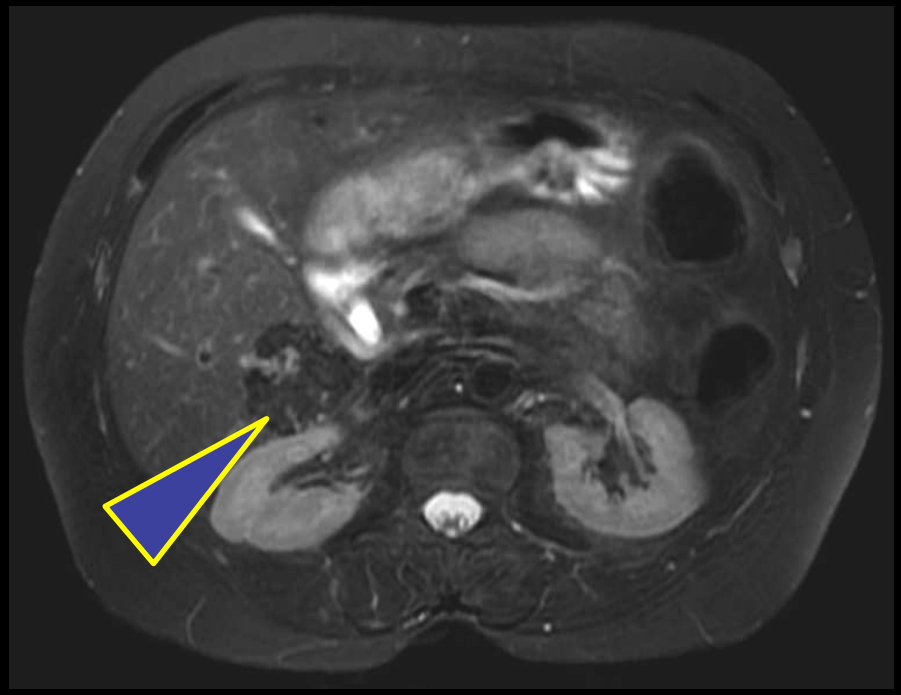


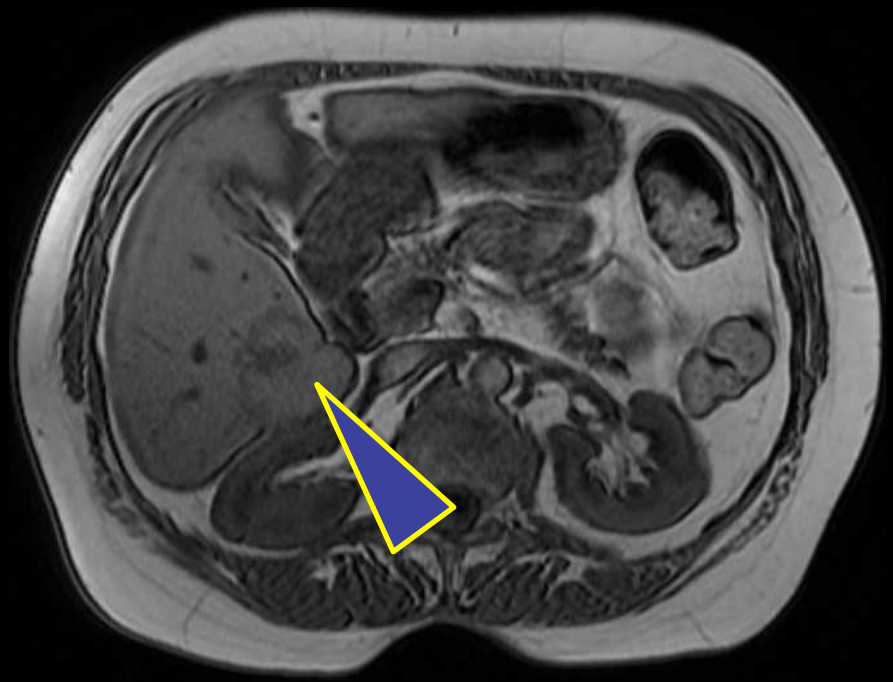




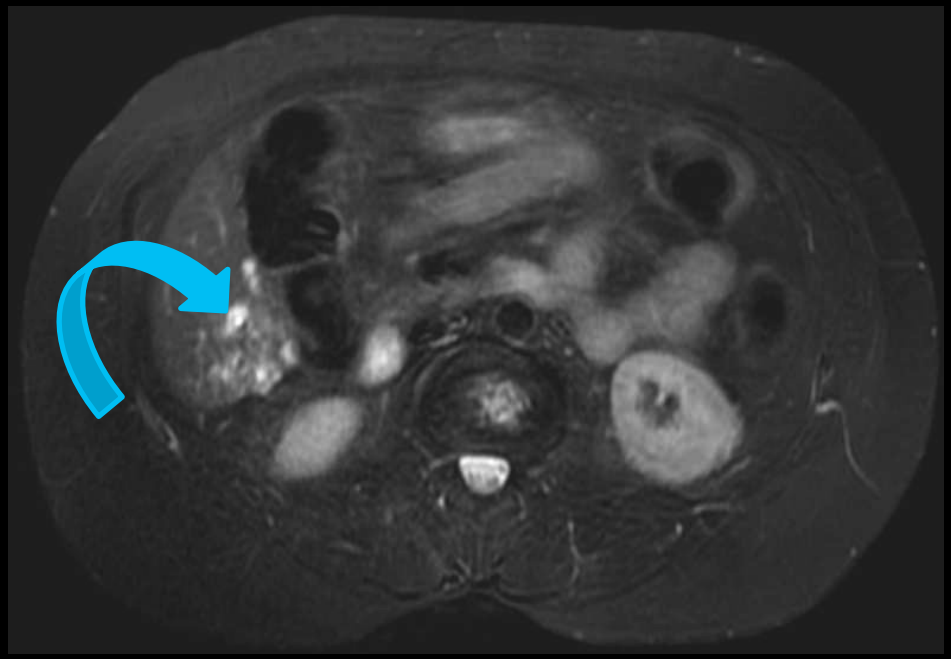








Ax T1



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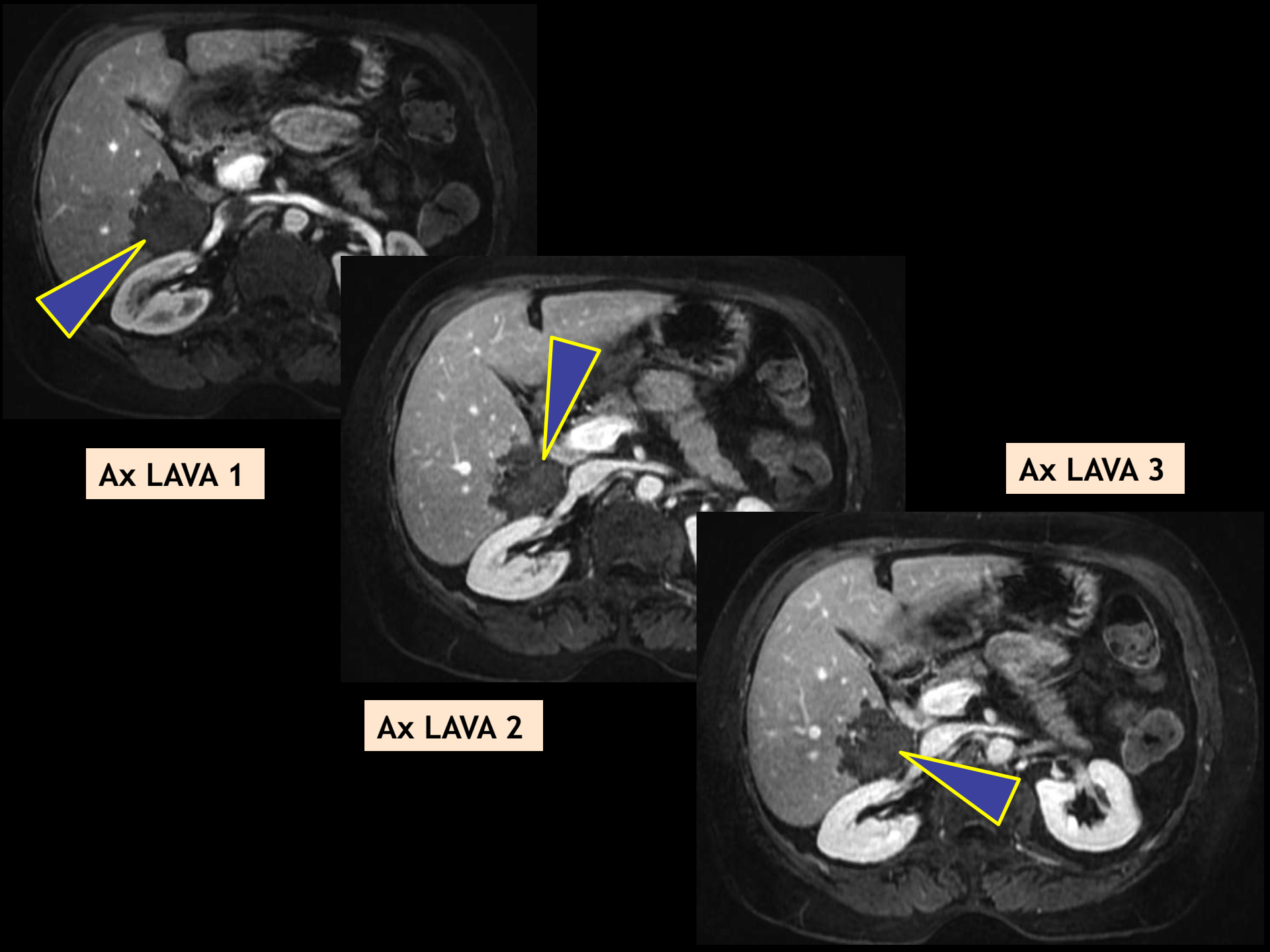
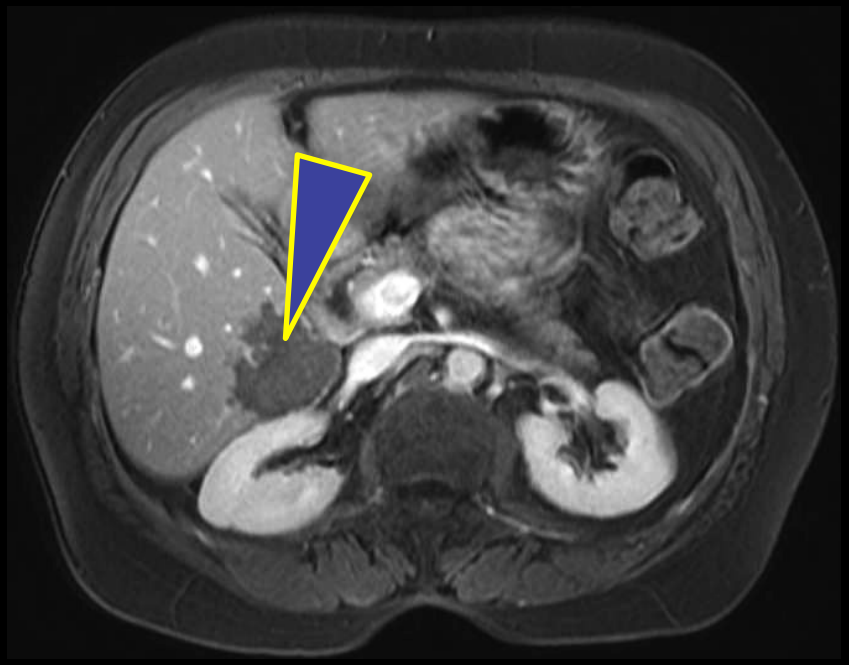
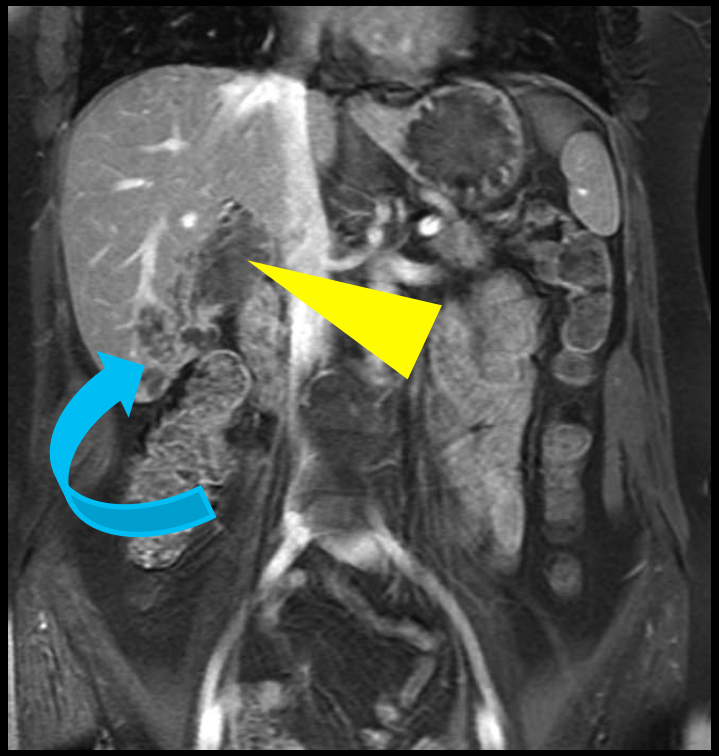
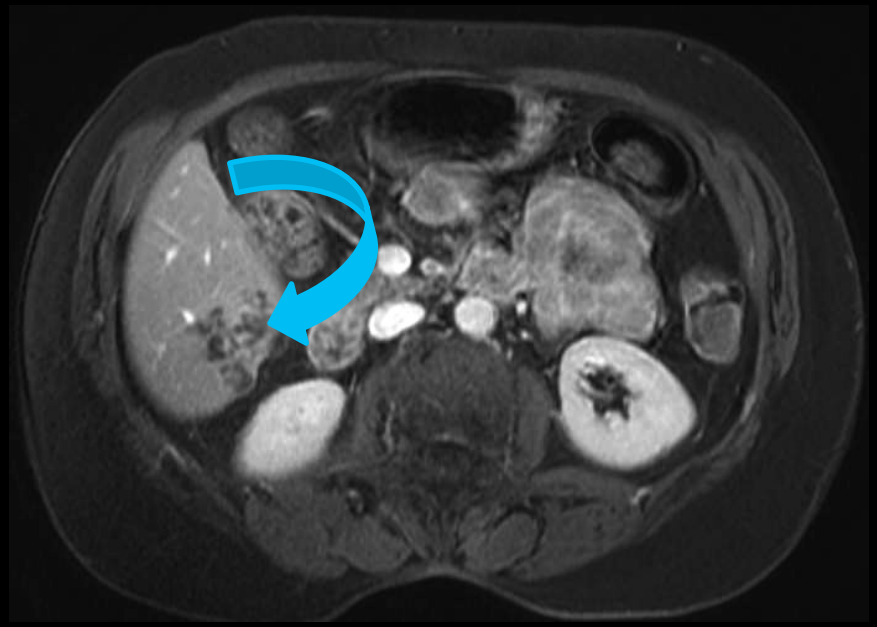
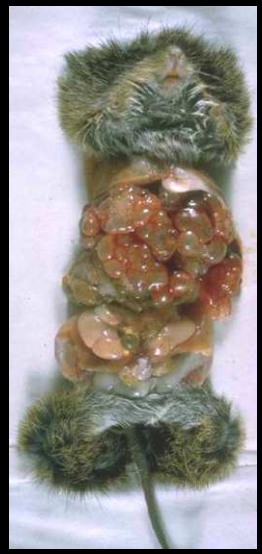

Ax LAVA 1
Ax LAVA 2
Ax LAVA 3

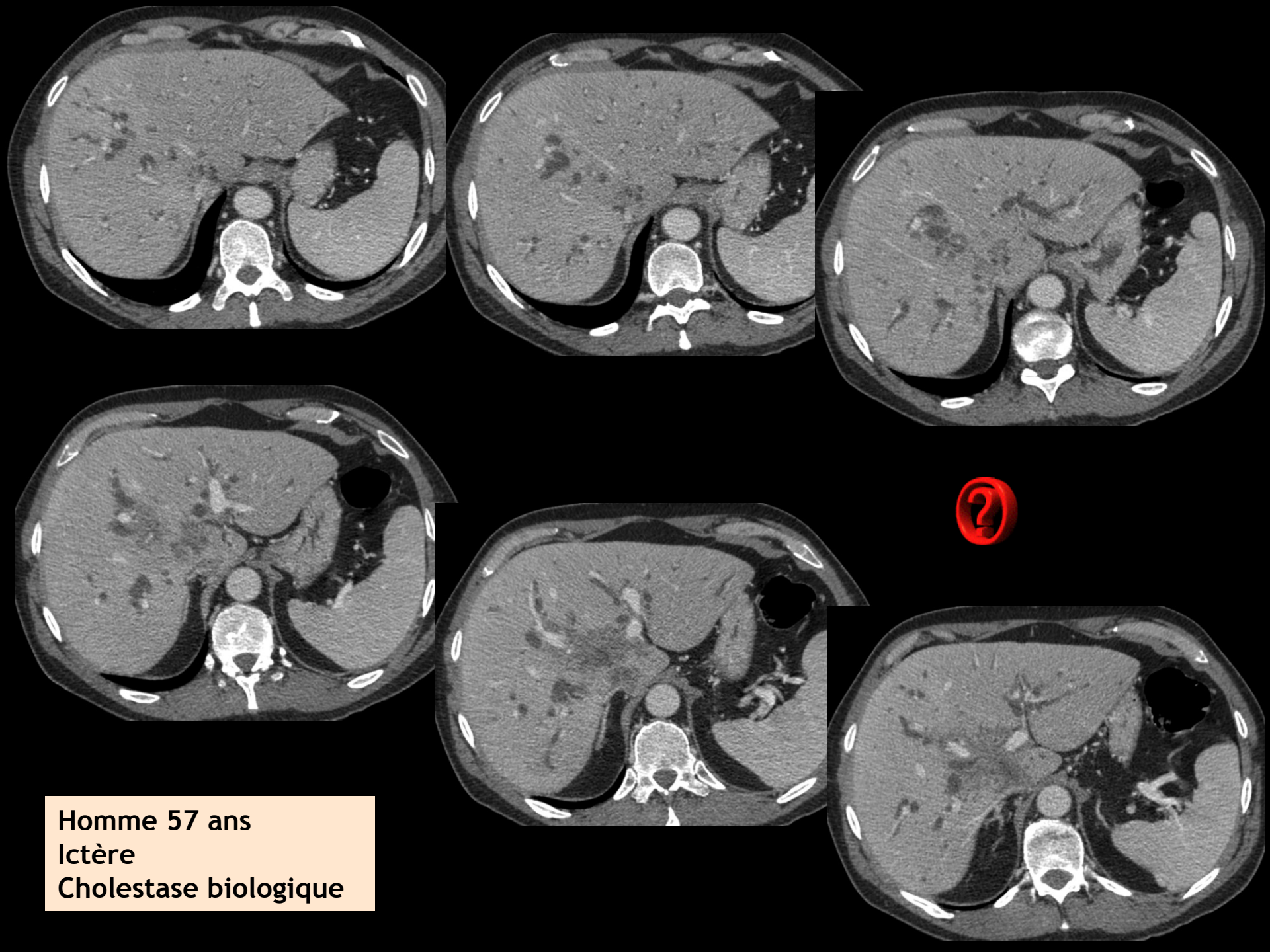




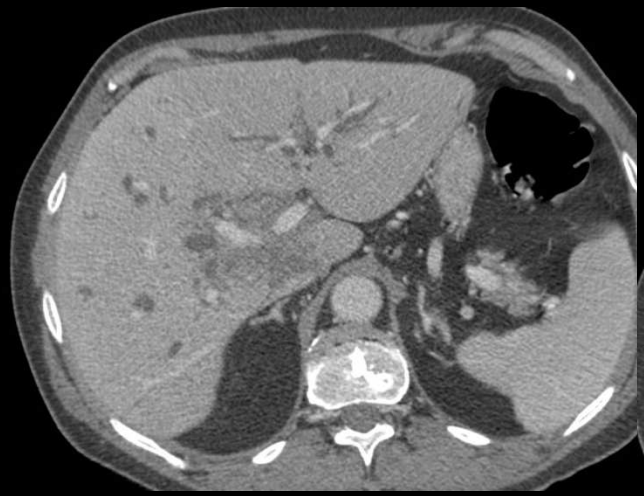
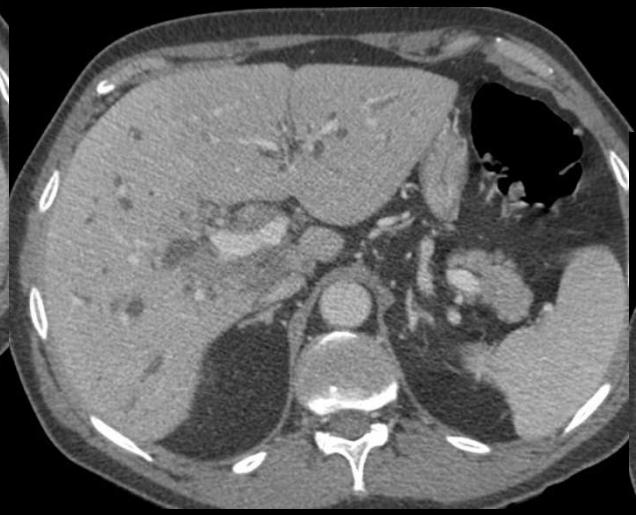
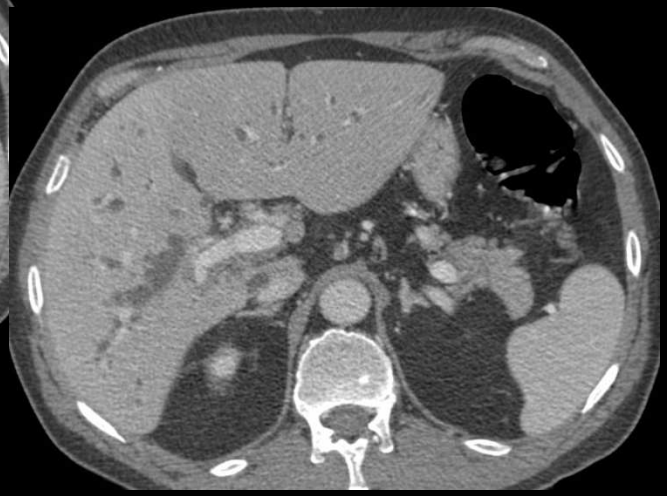
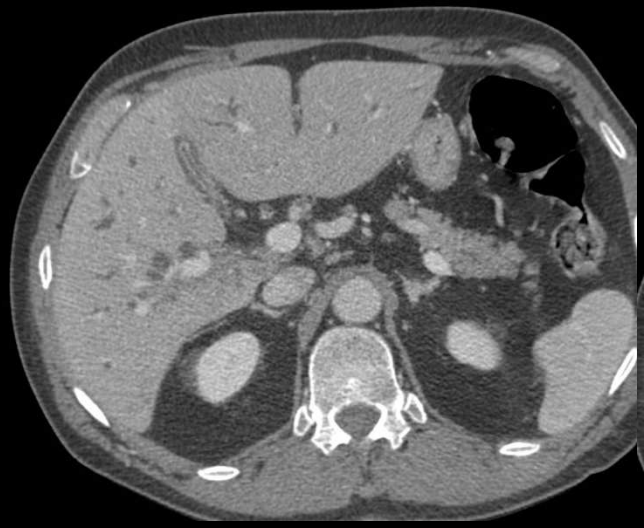
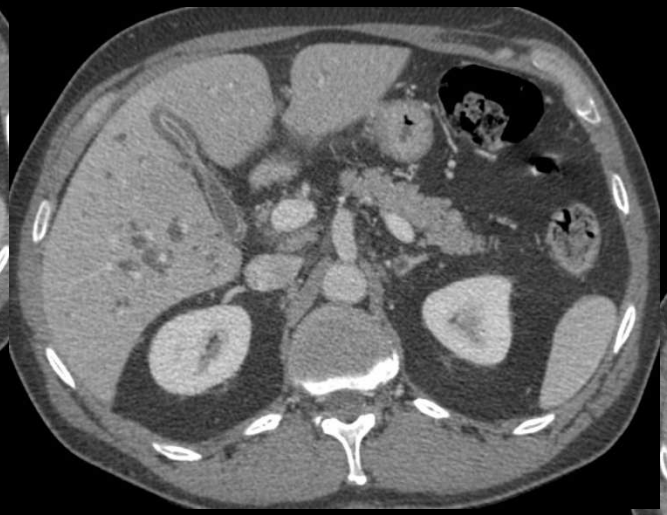
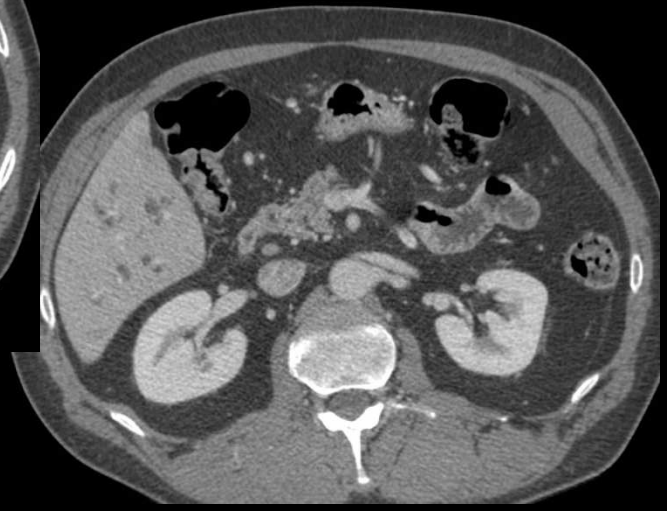


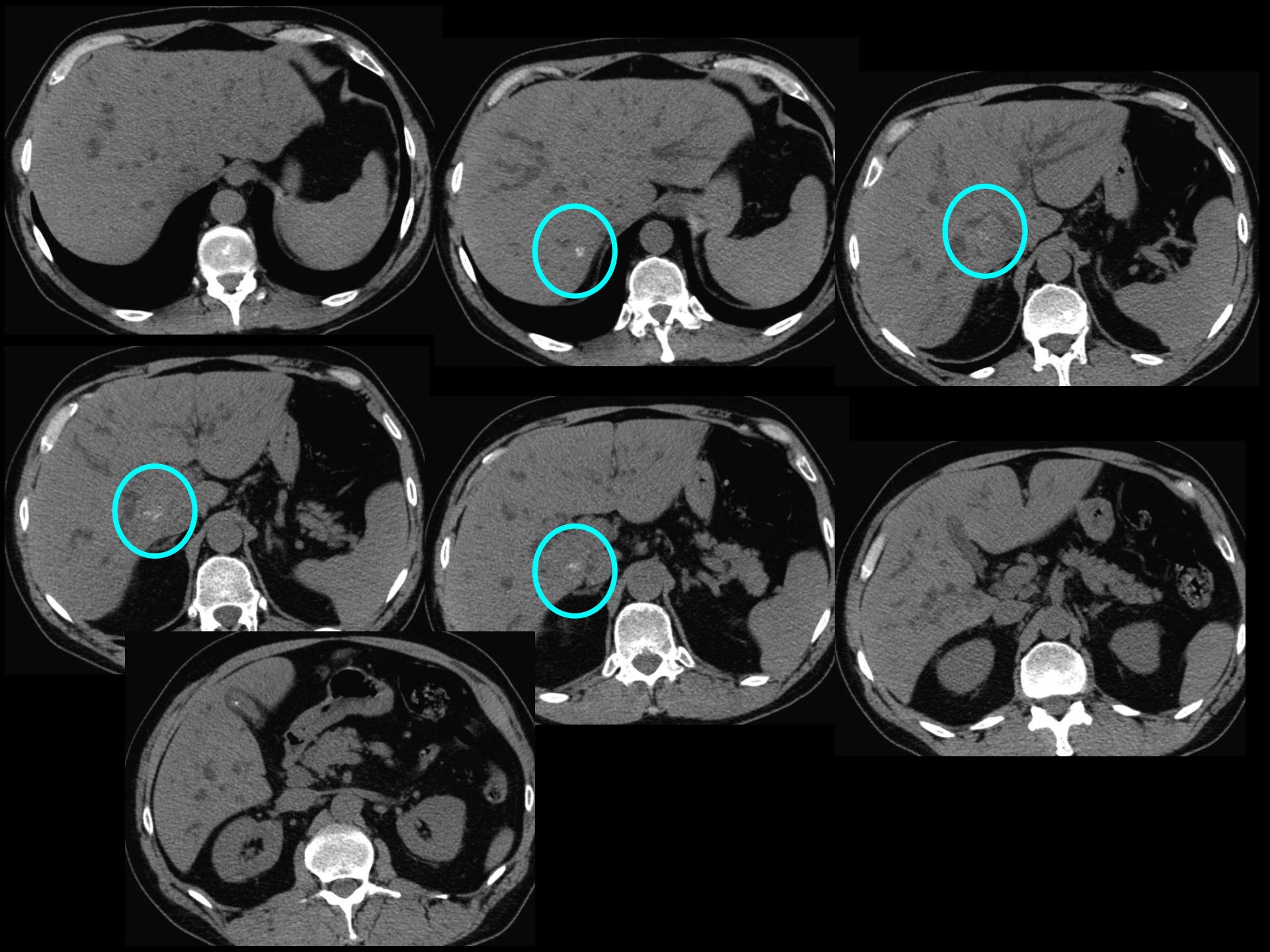
Echinococcus multilocularis

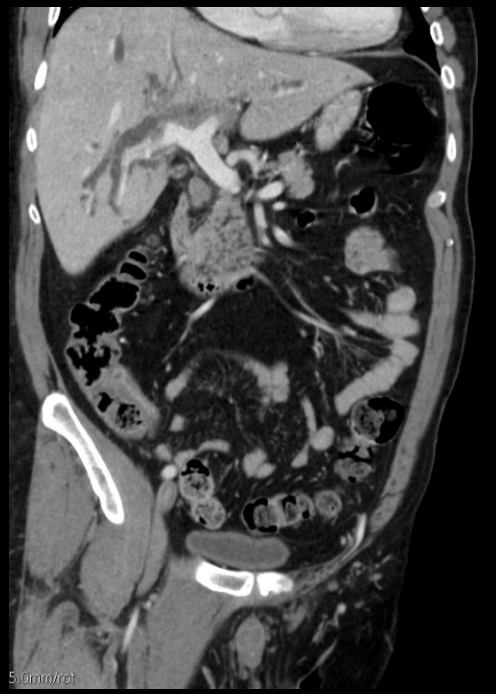




Homme 57 ans
Ictère
Cholestase biologique

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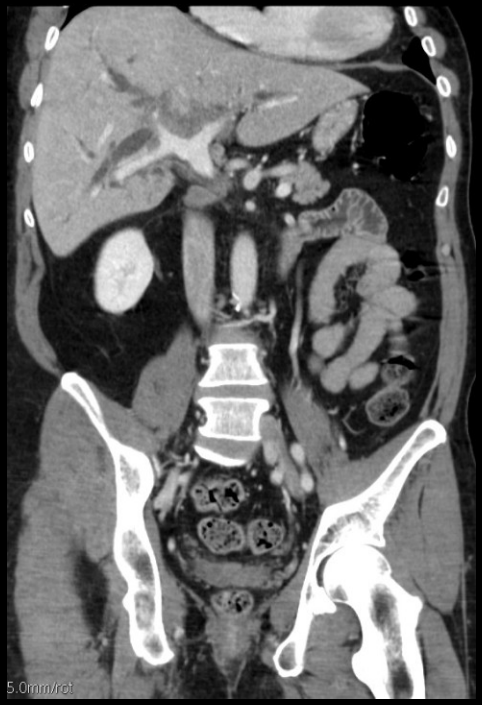
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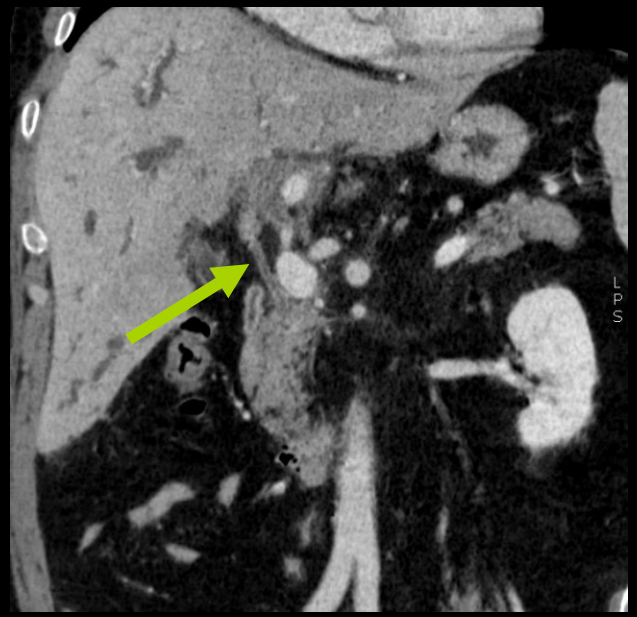
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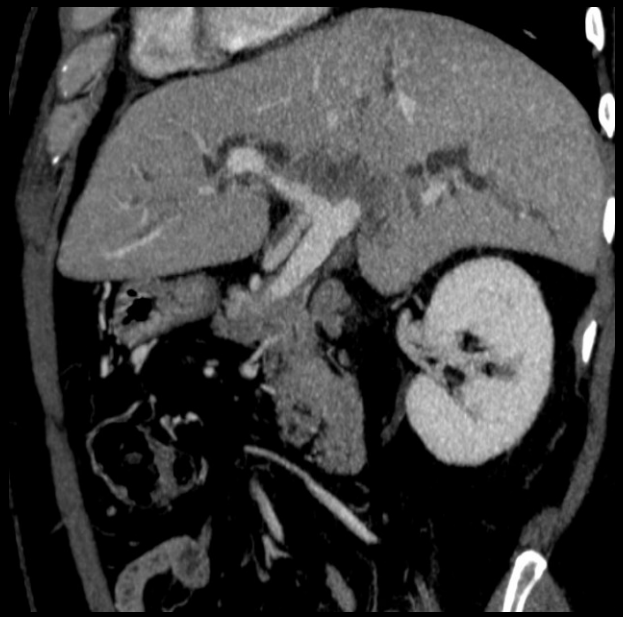

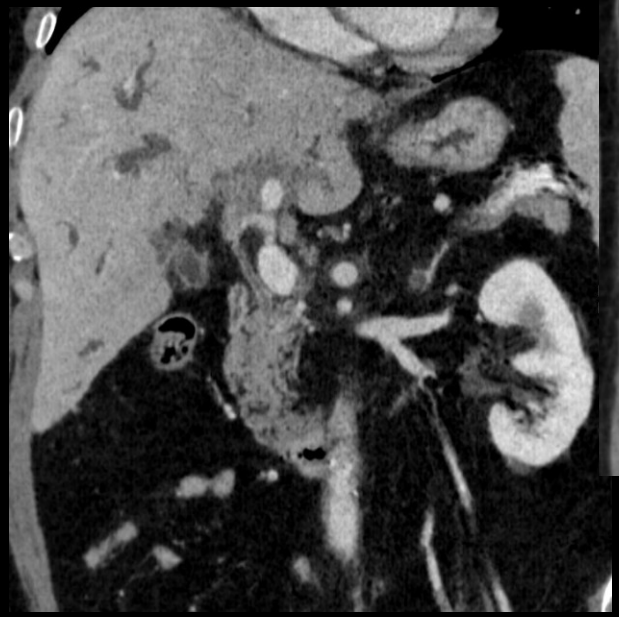

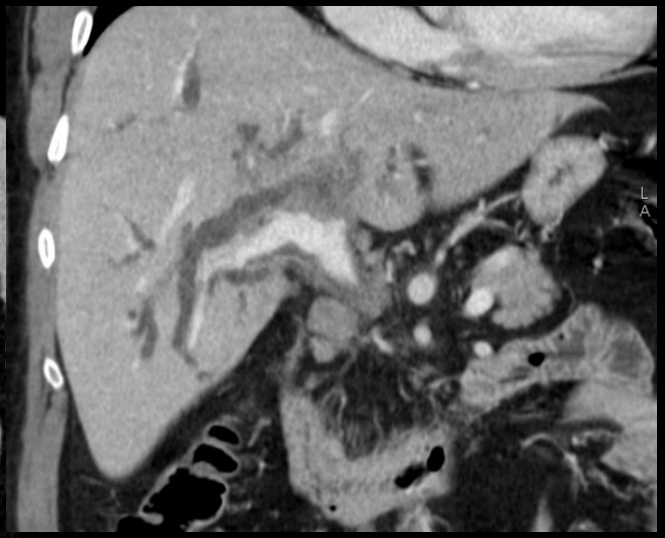
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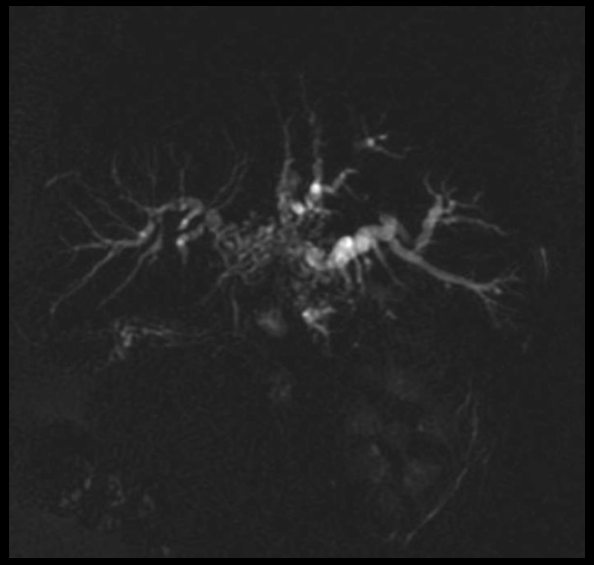
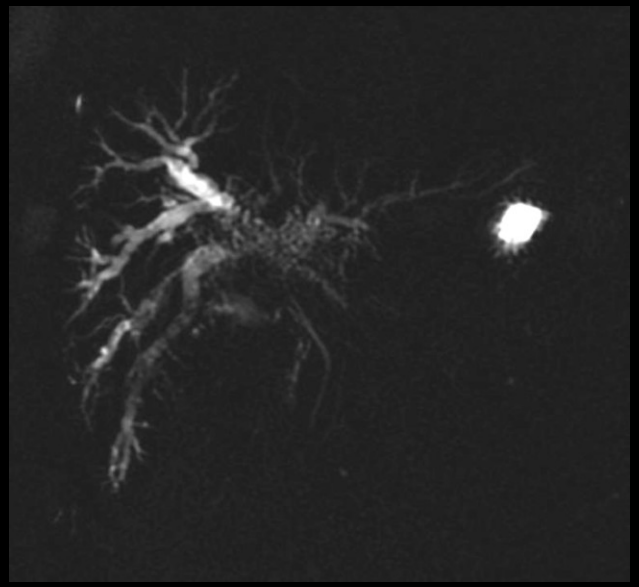
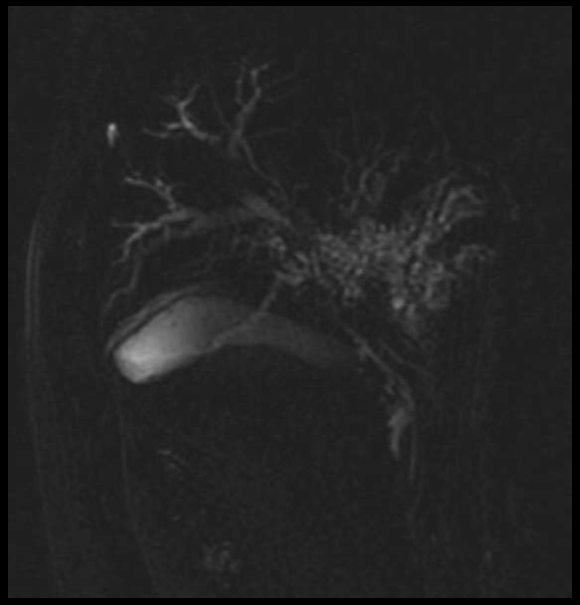
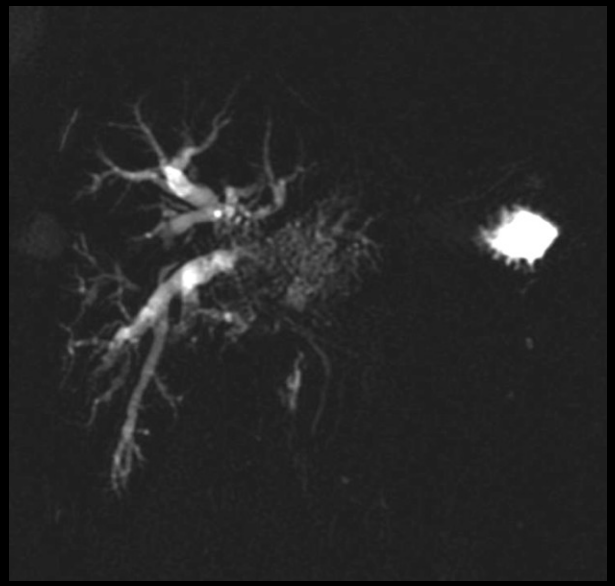
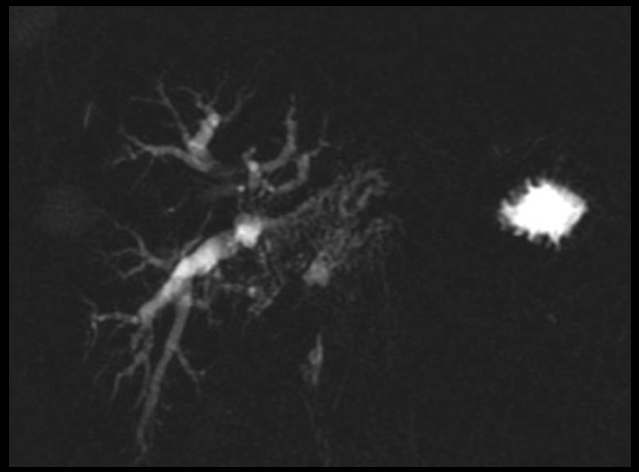
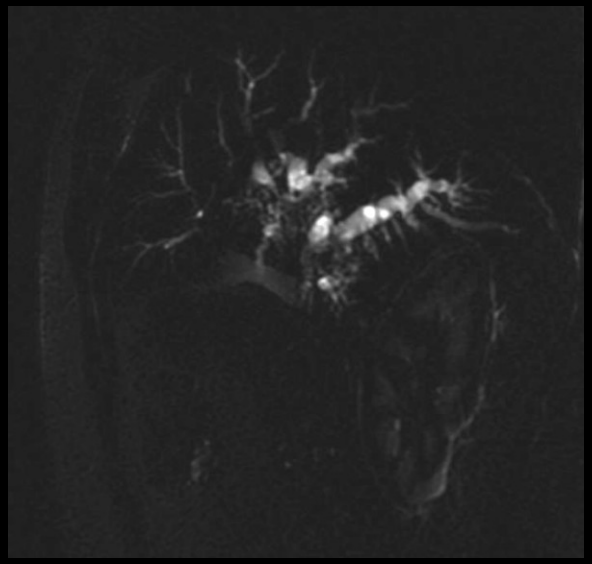
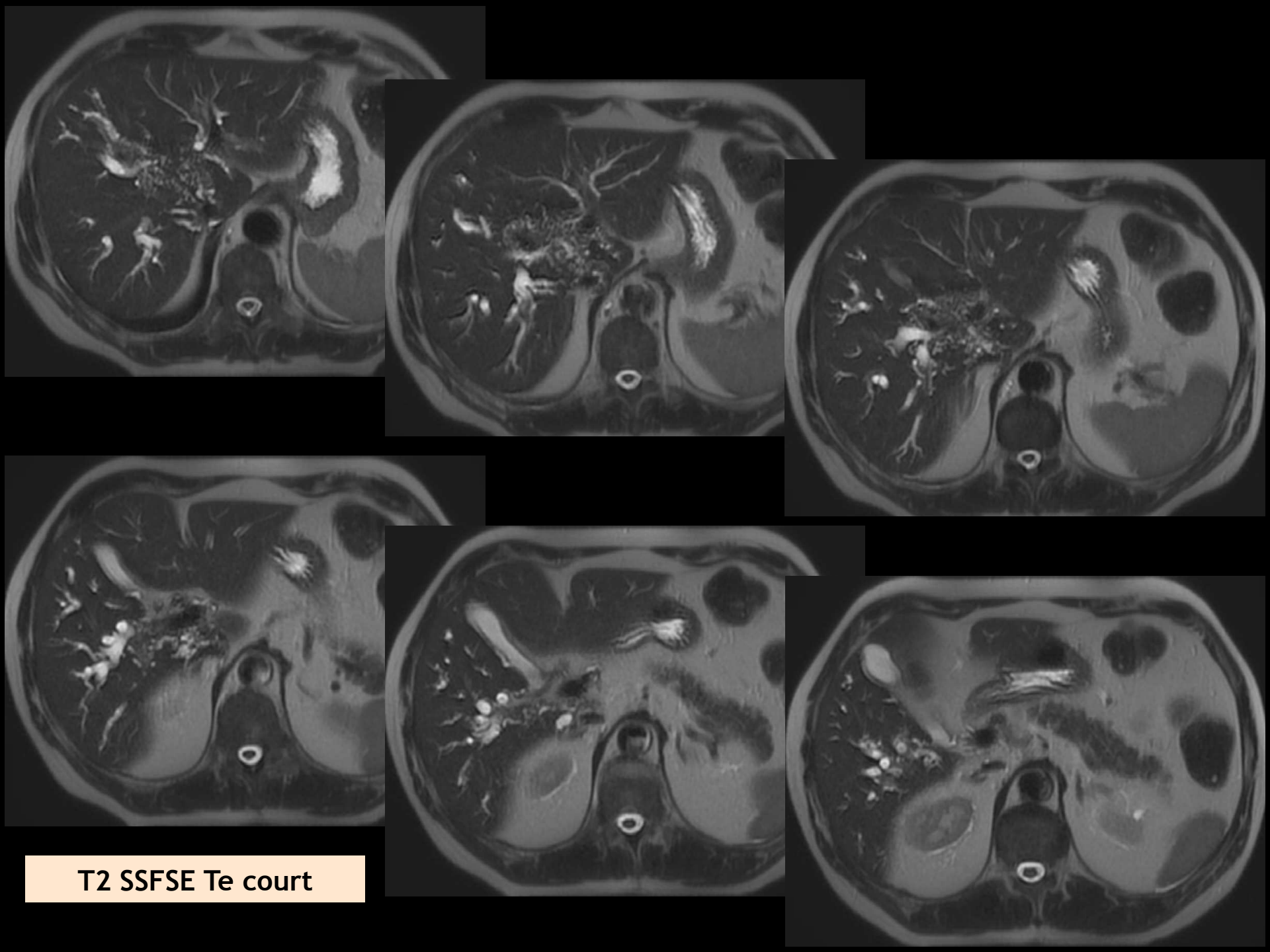







Radiaires Te Long



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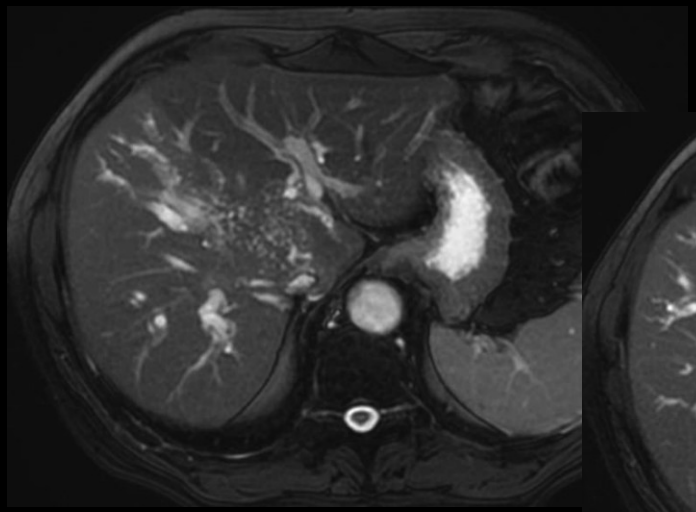
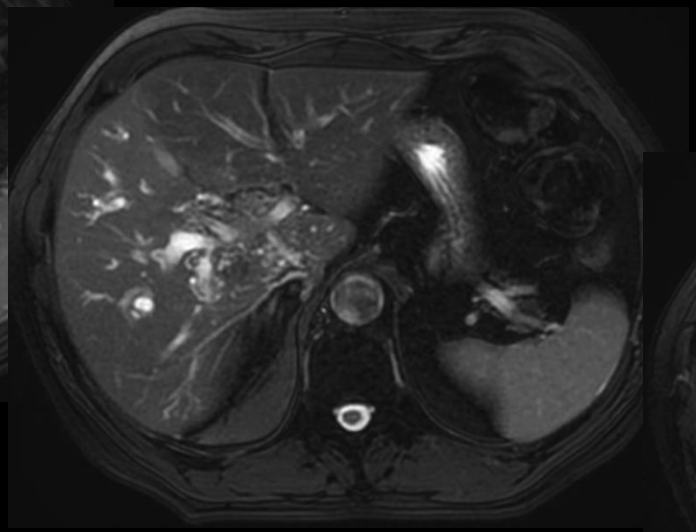
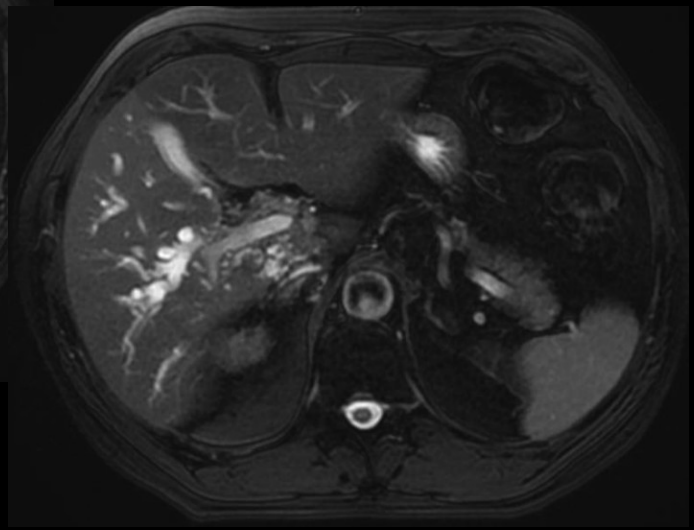
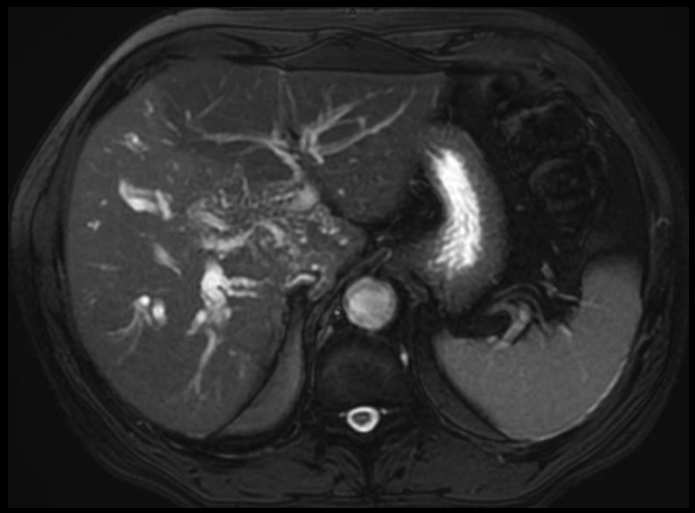
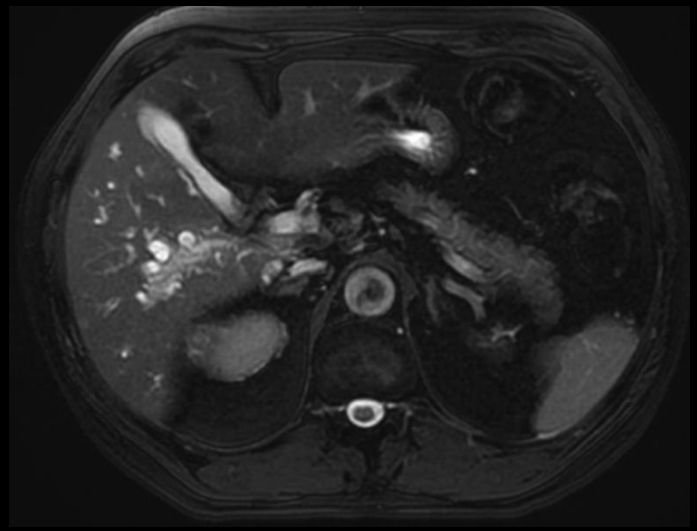

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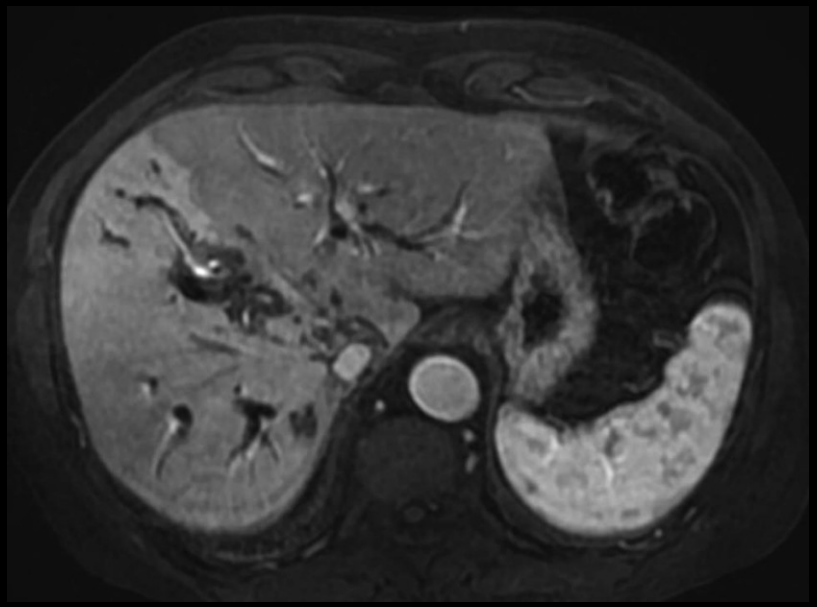
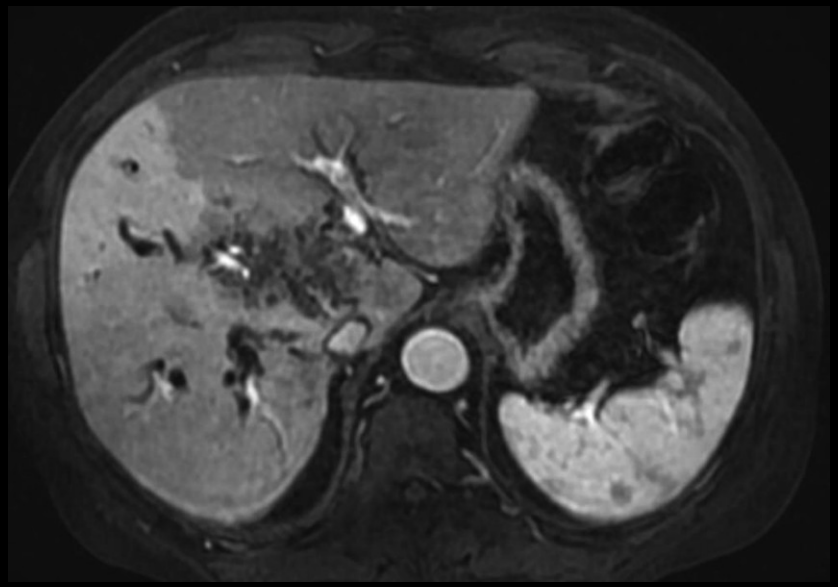
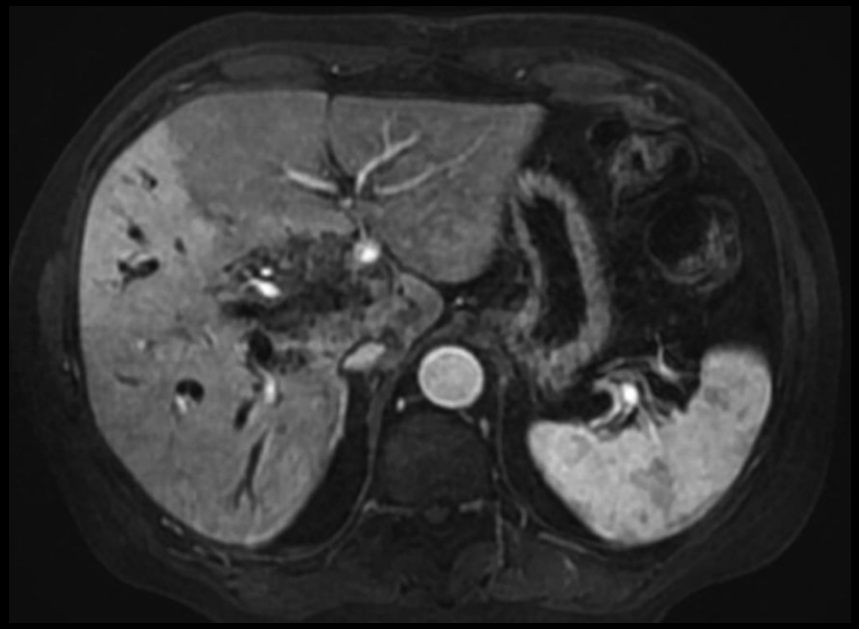
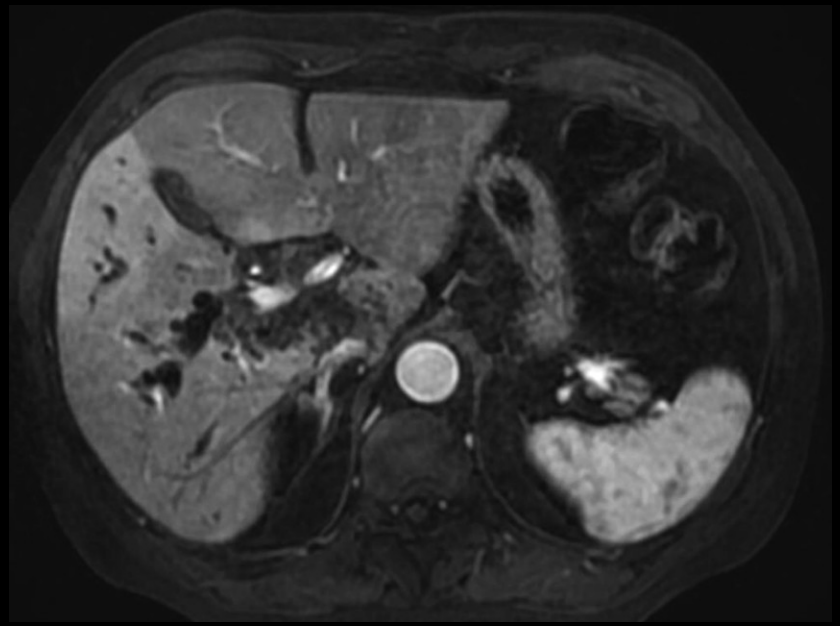
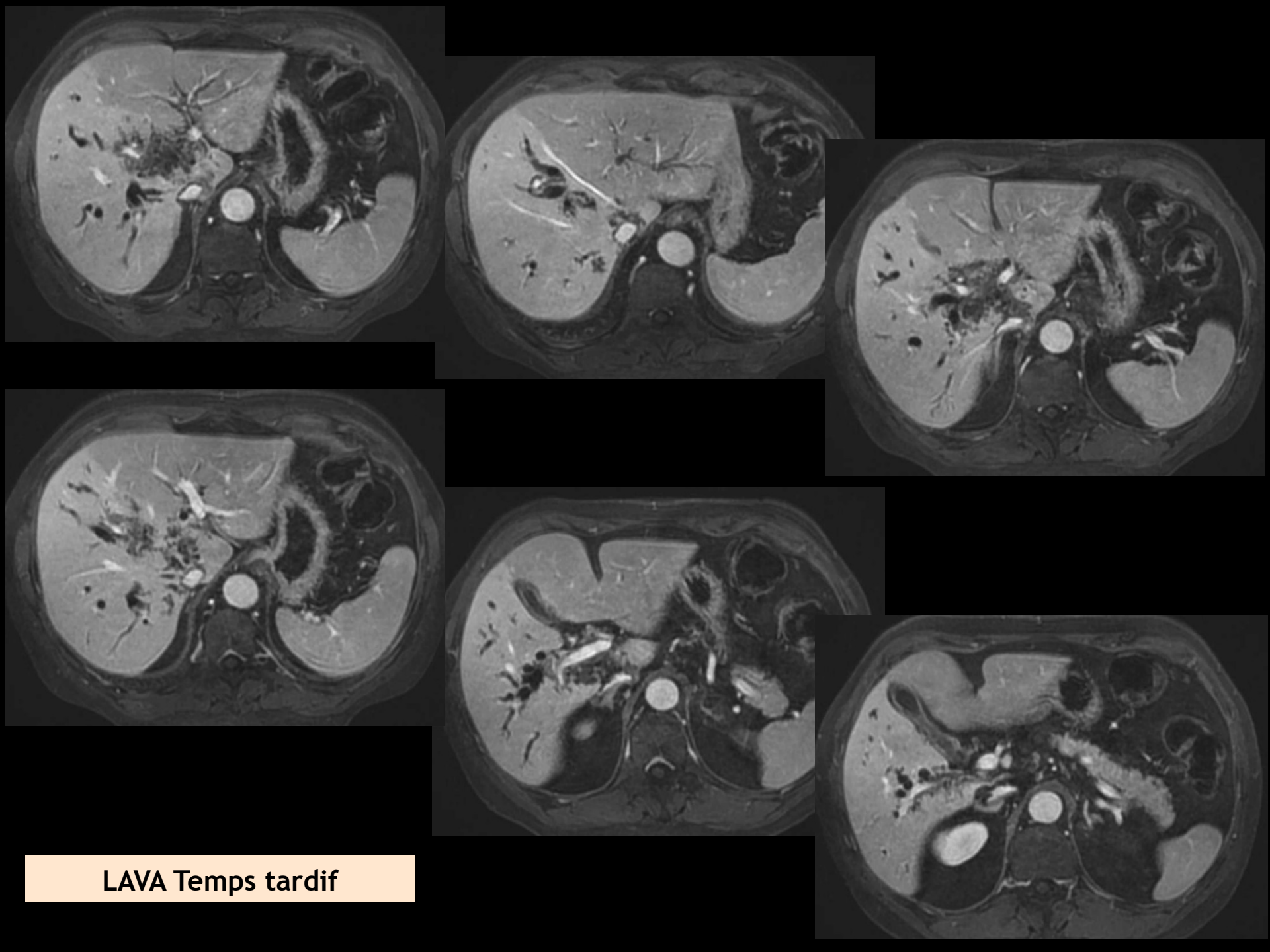
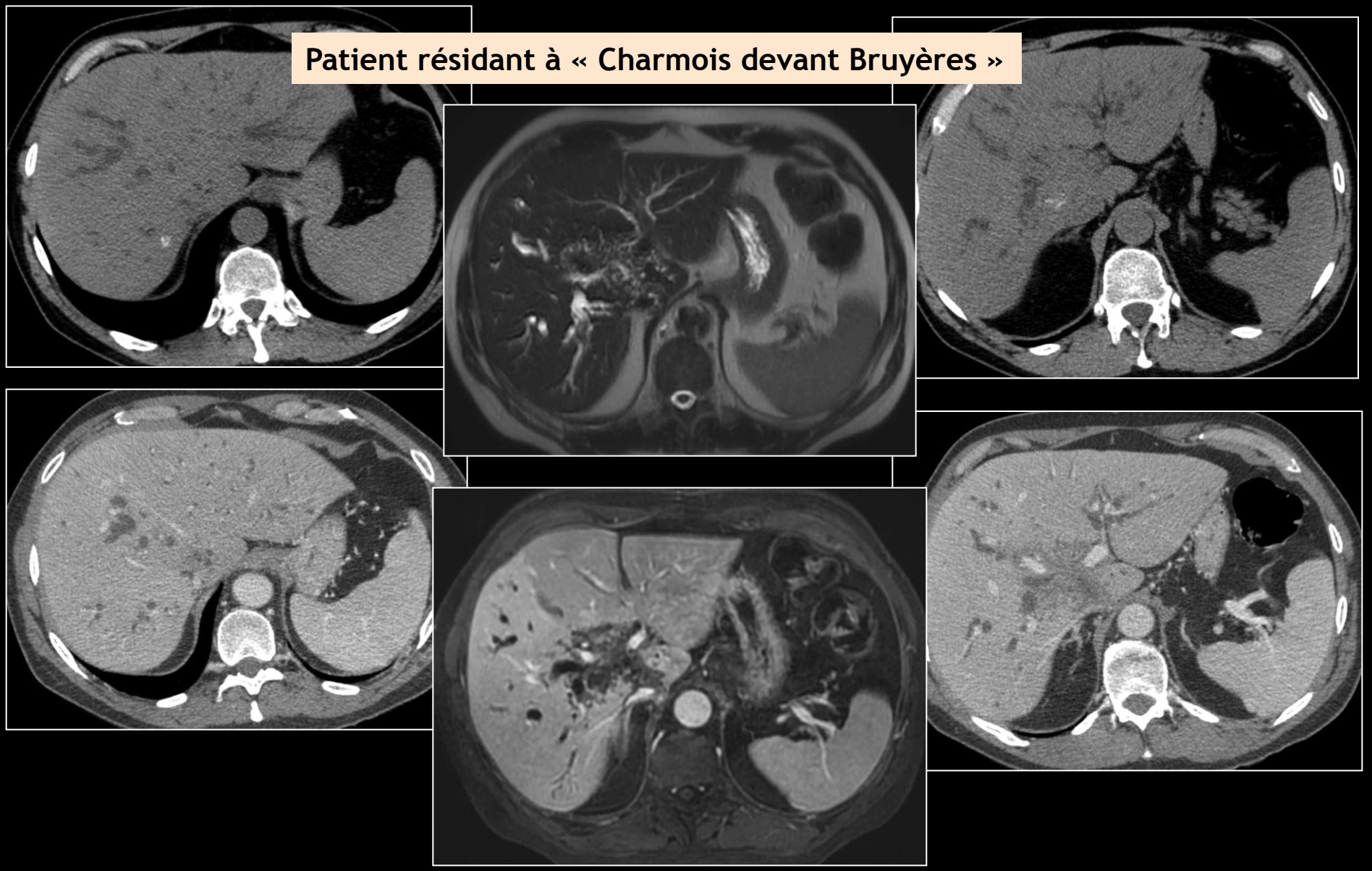





LAVA temps précoce

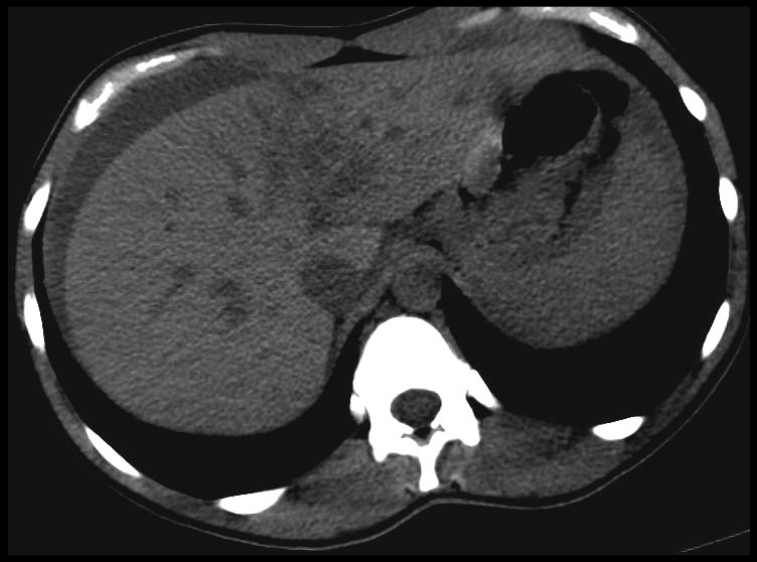
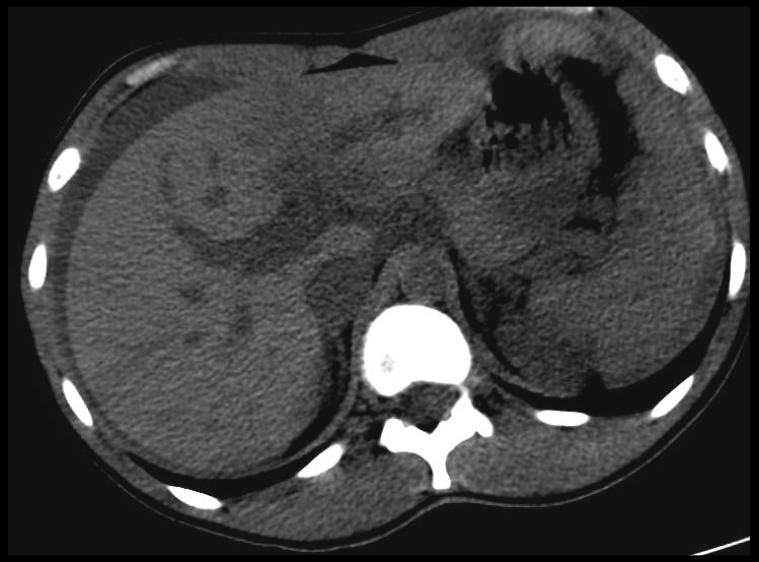
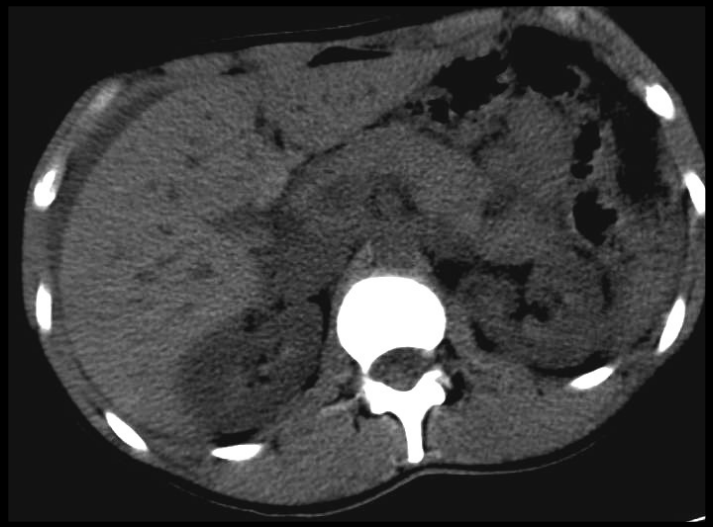
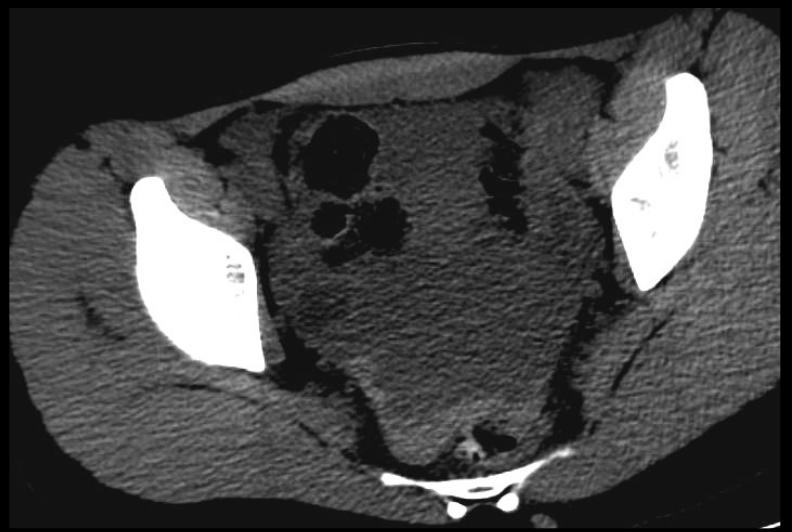


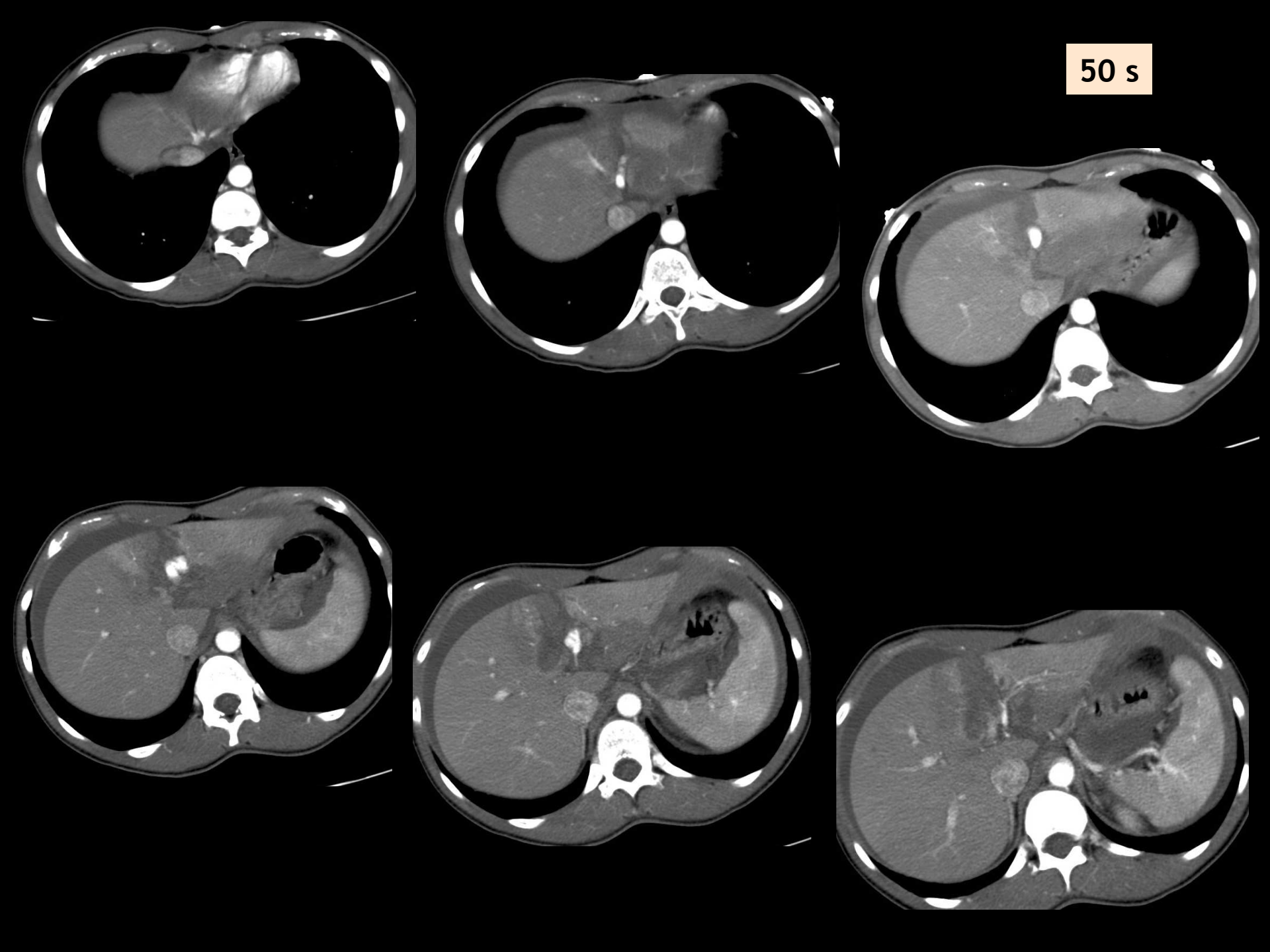
LAVA Temps tardif



Echinococcose alvéolaire (*E.granulosus*)

Jeune femme de 21 ans
Chute de cheval
Echo en ville : epanchement liquidien peritoneal
Douleurs abdominales diffuses, hémodynamique stable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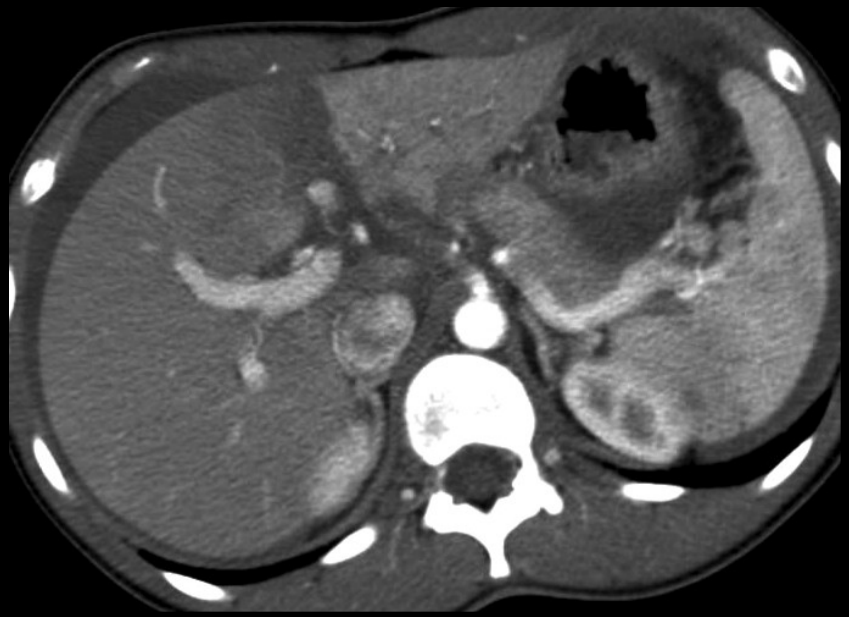
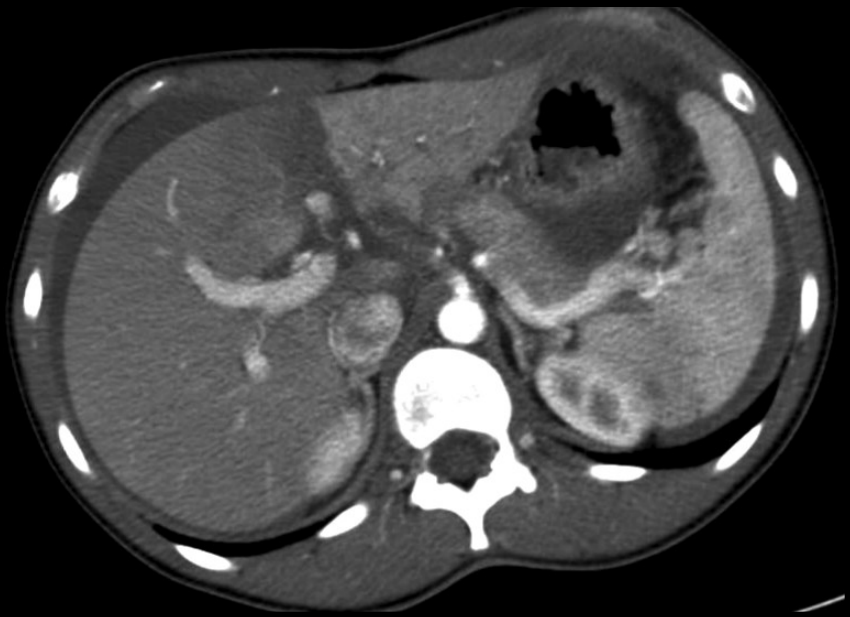
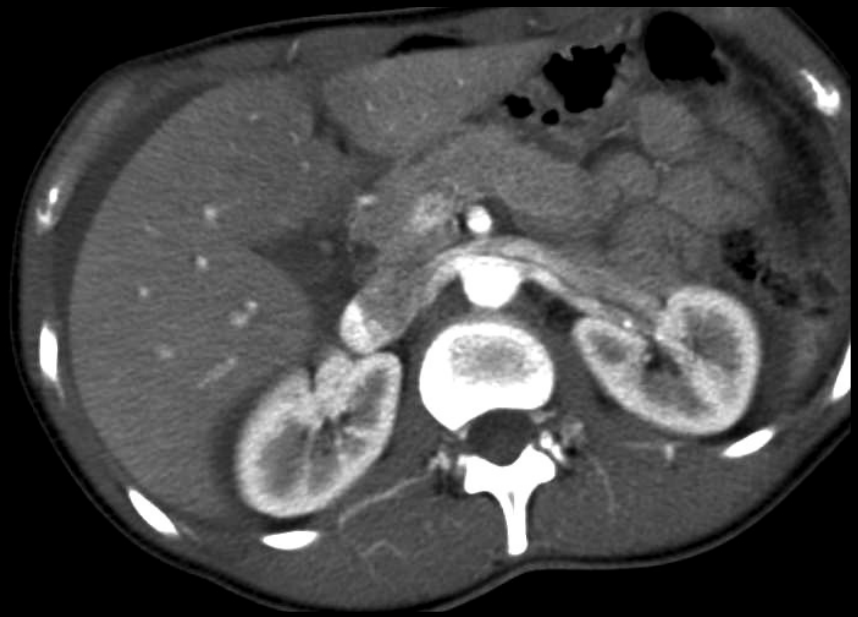
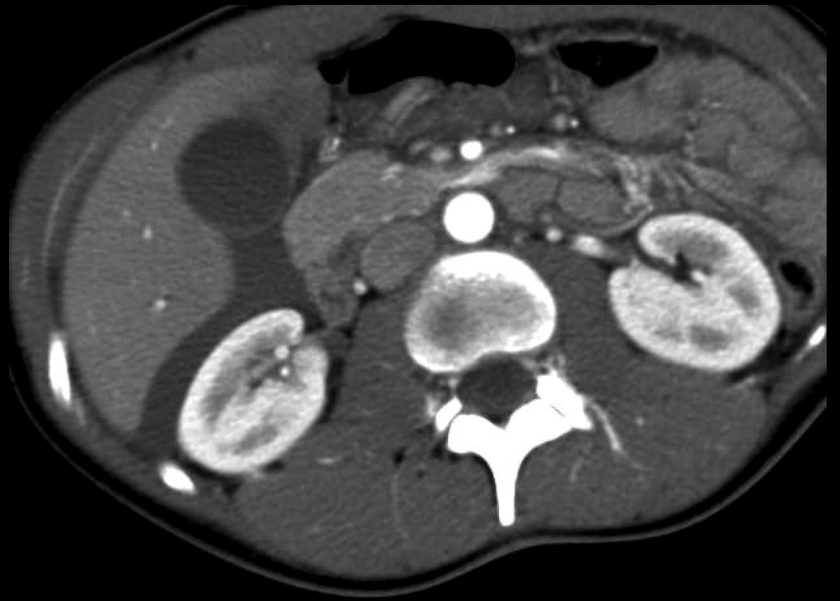
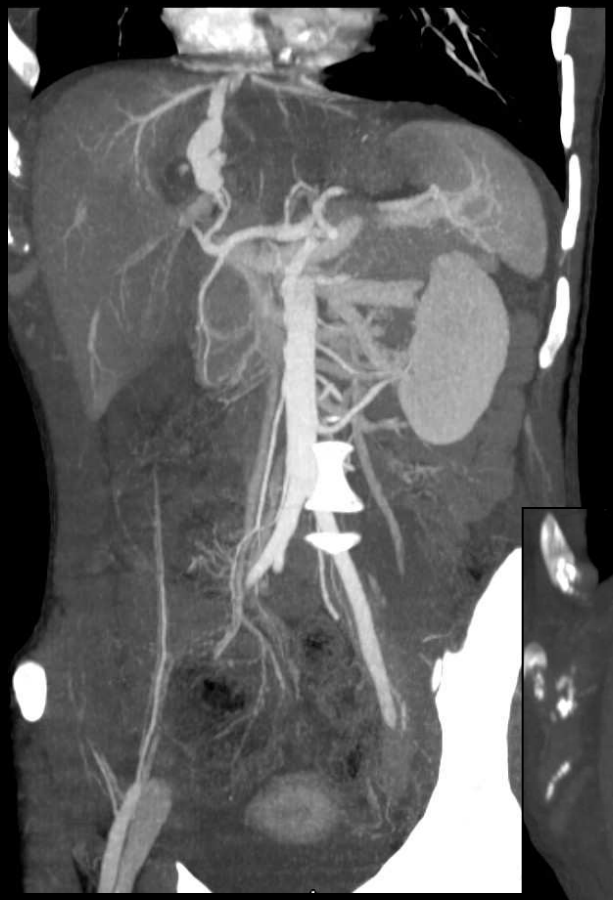
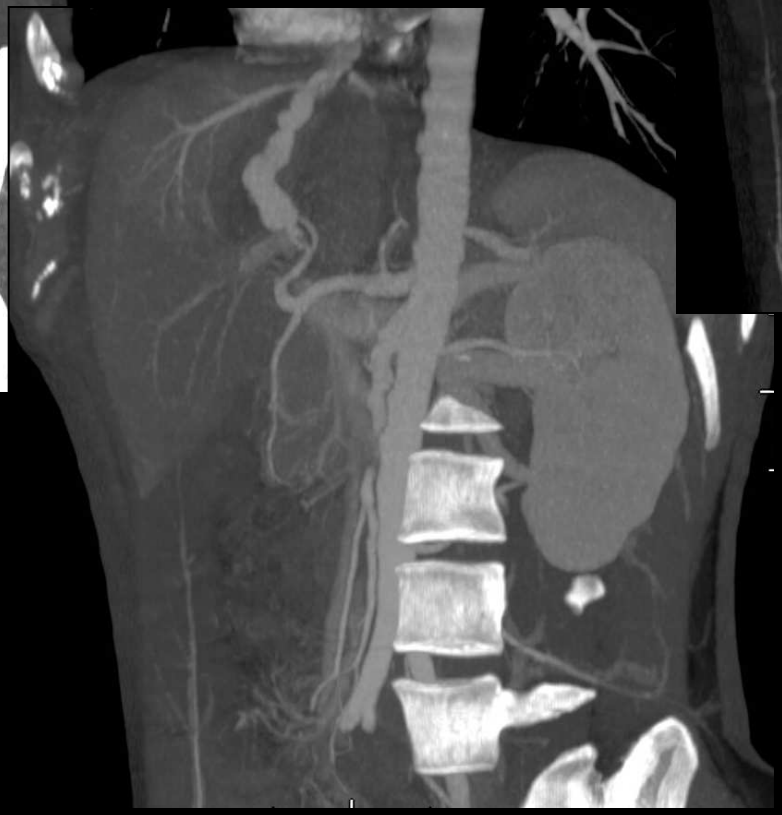
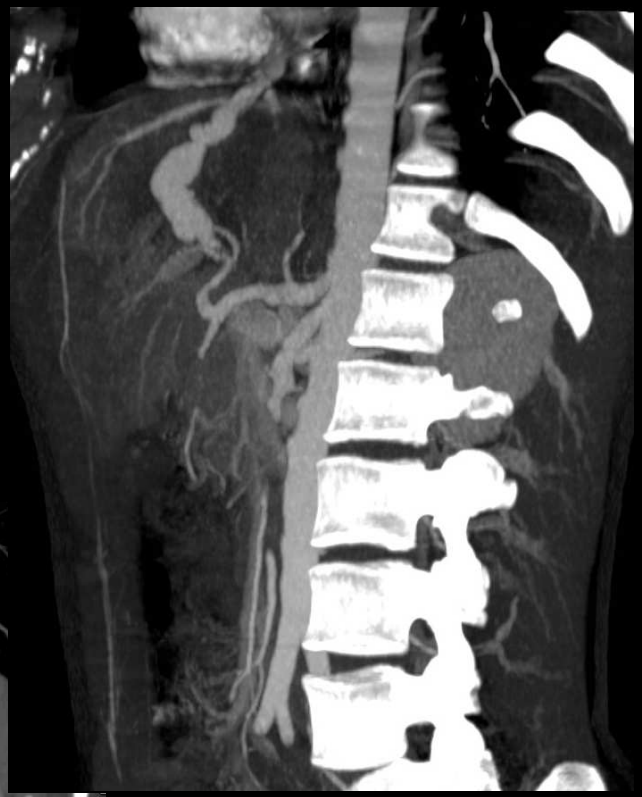
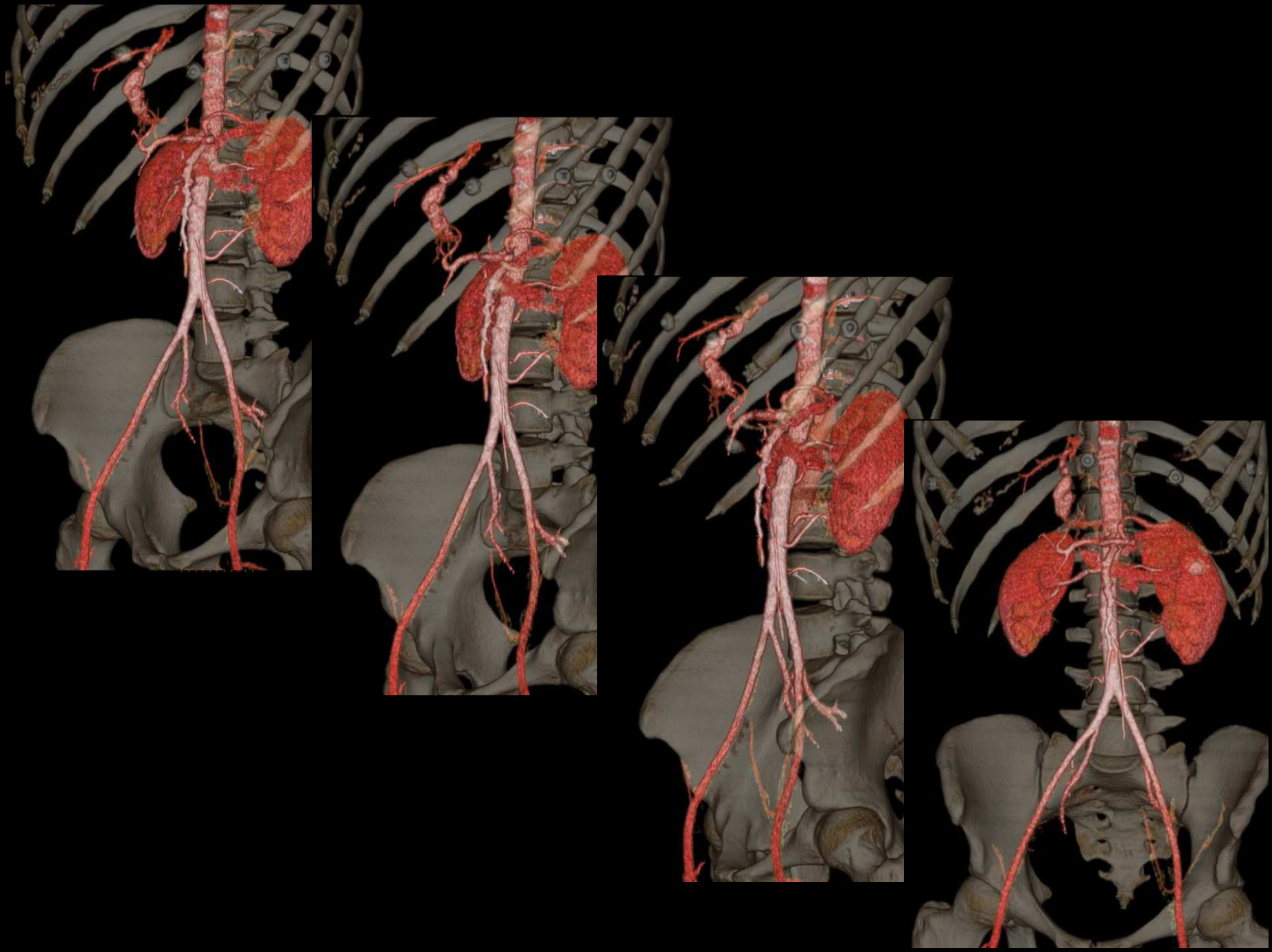
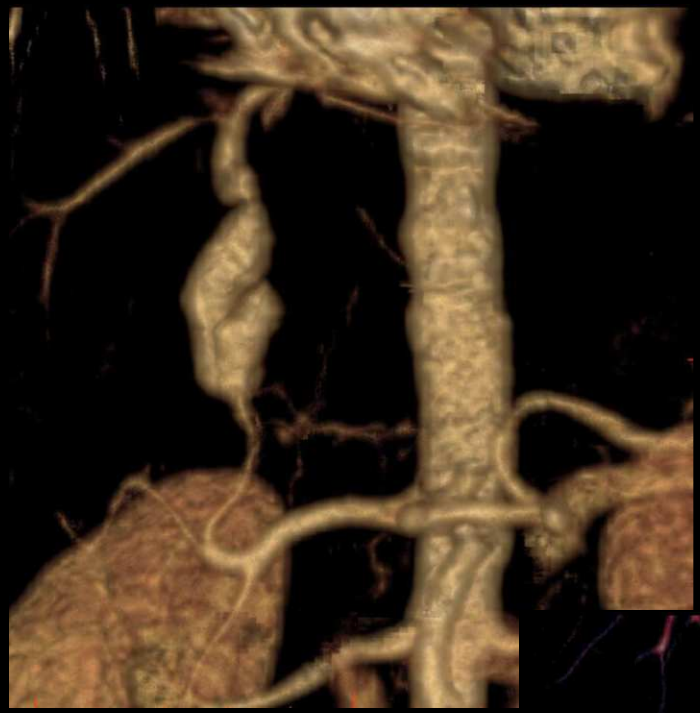





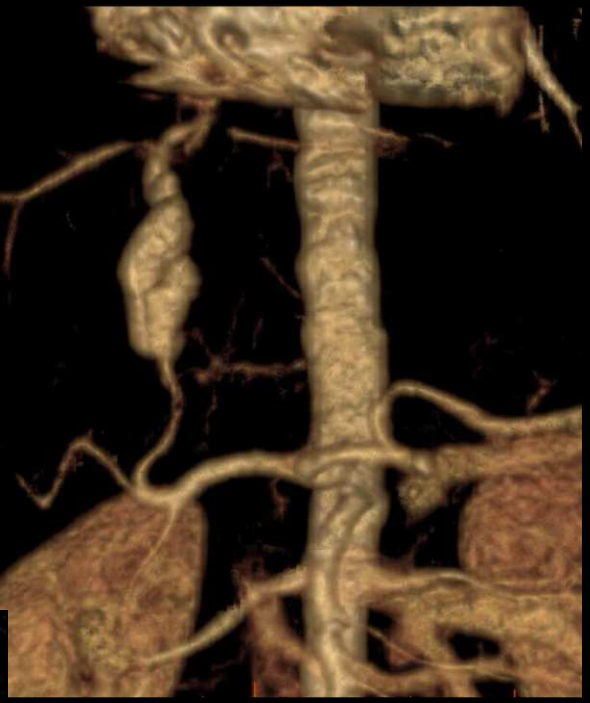


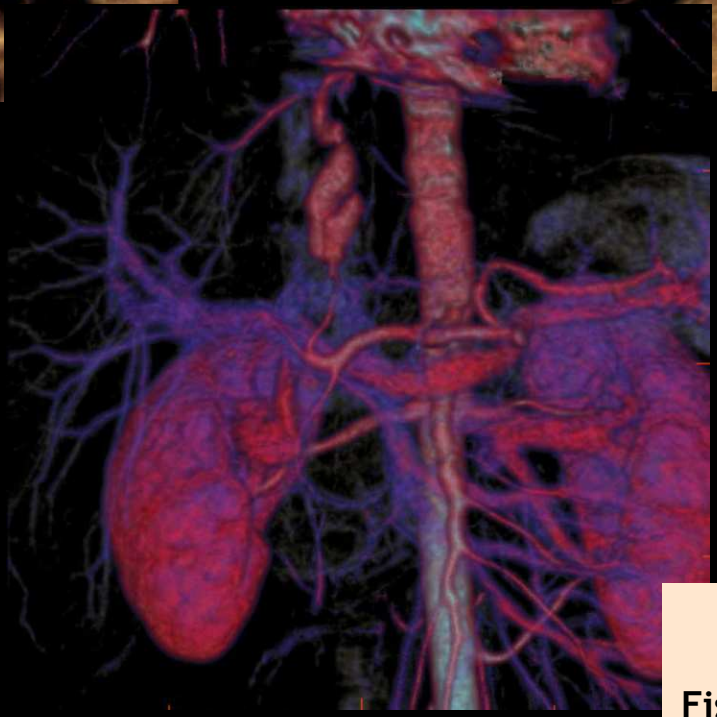






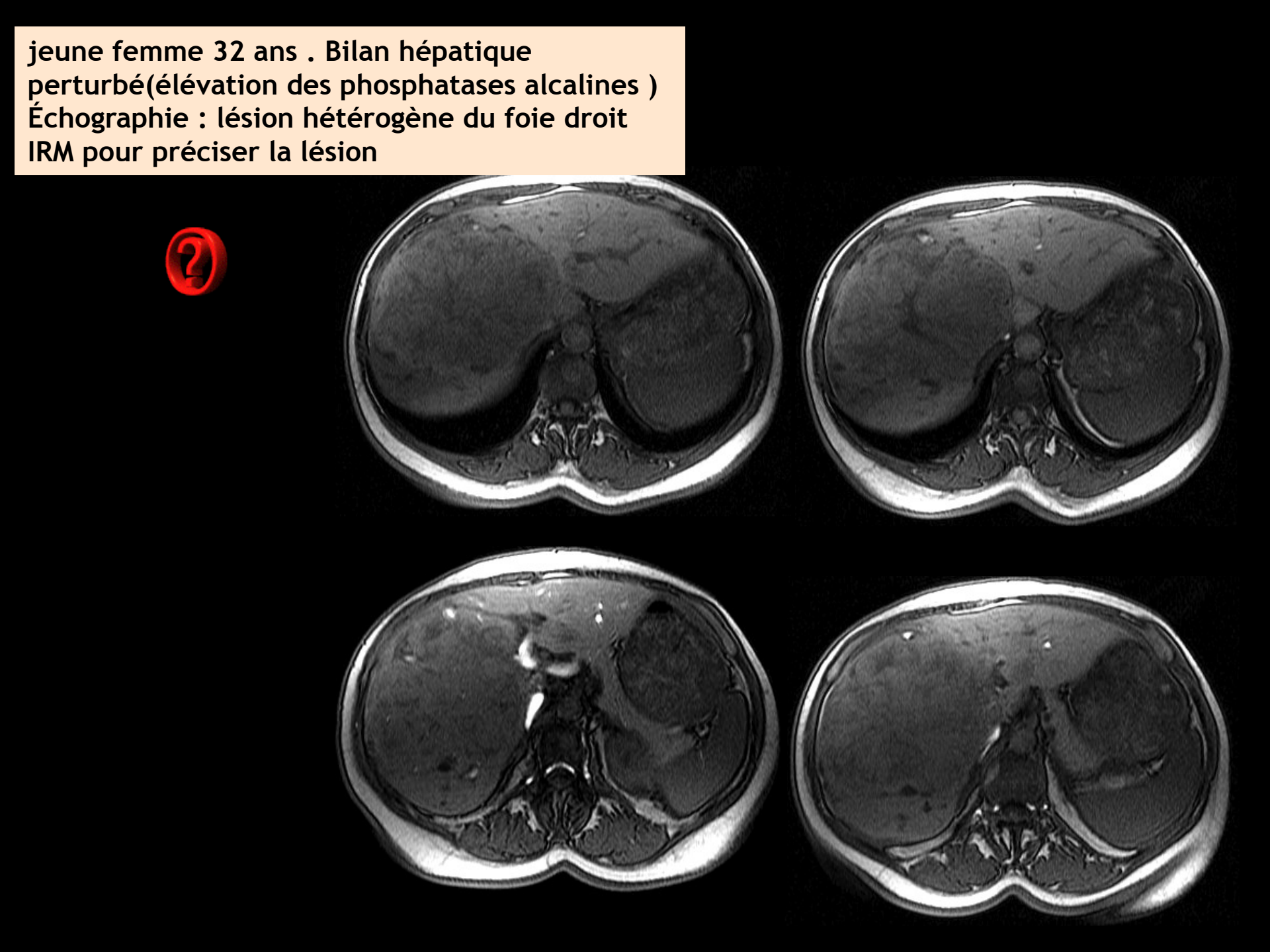


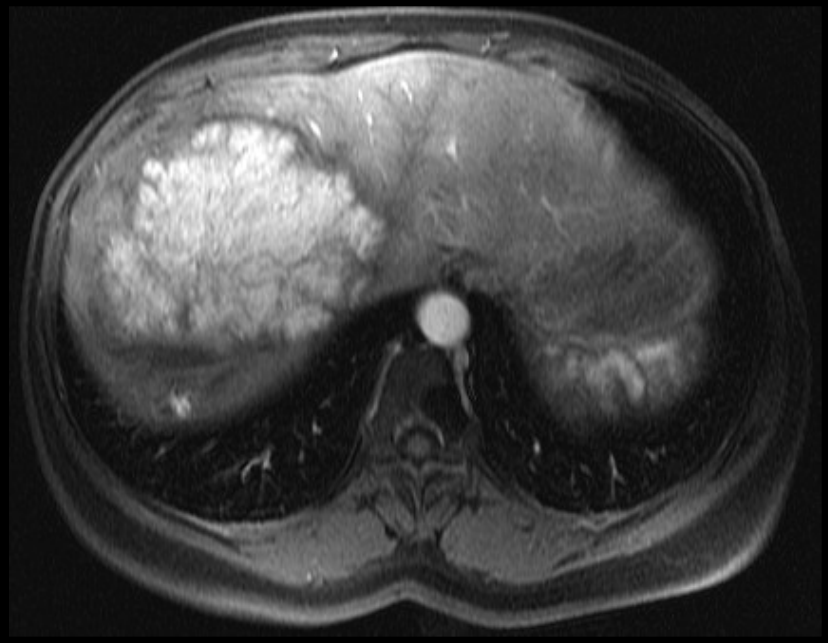
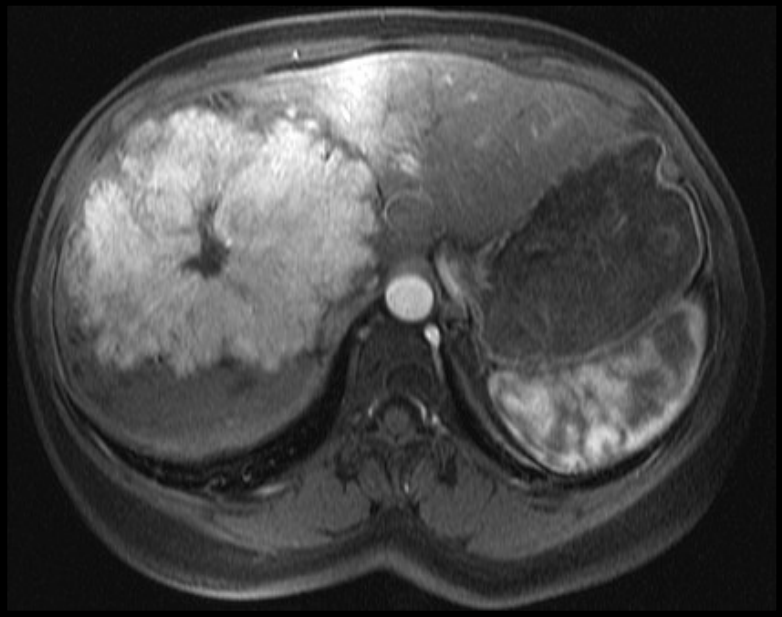
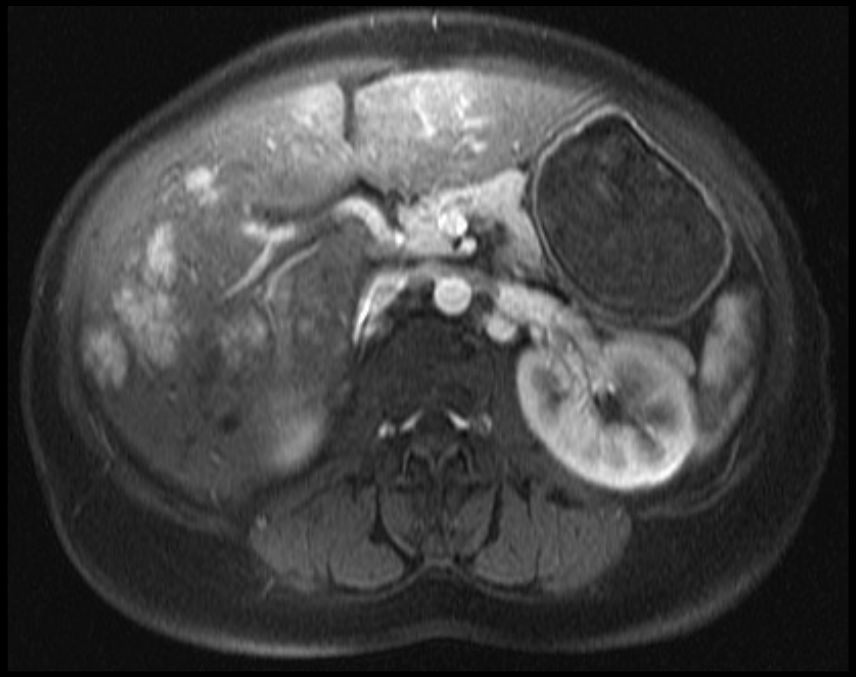
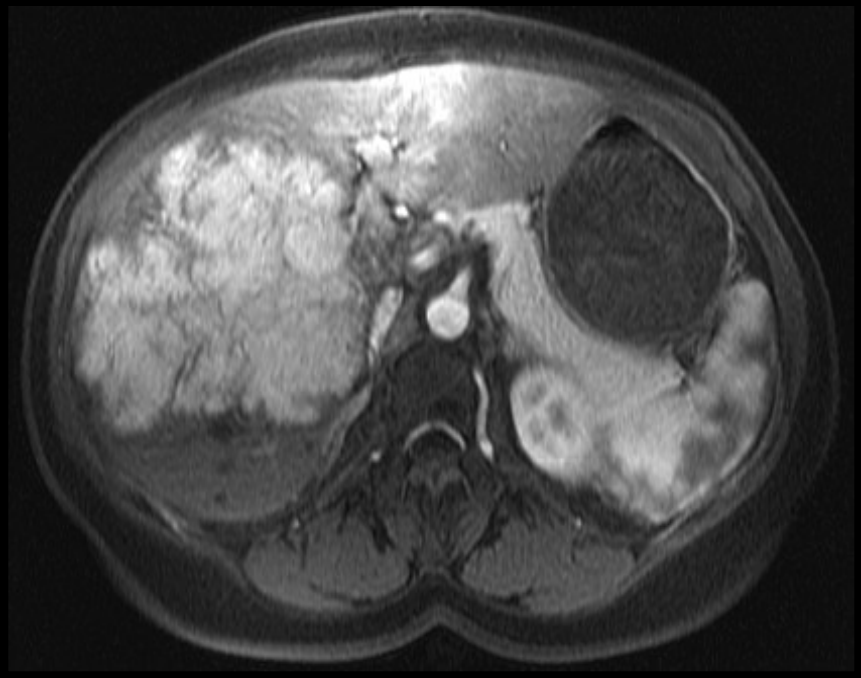


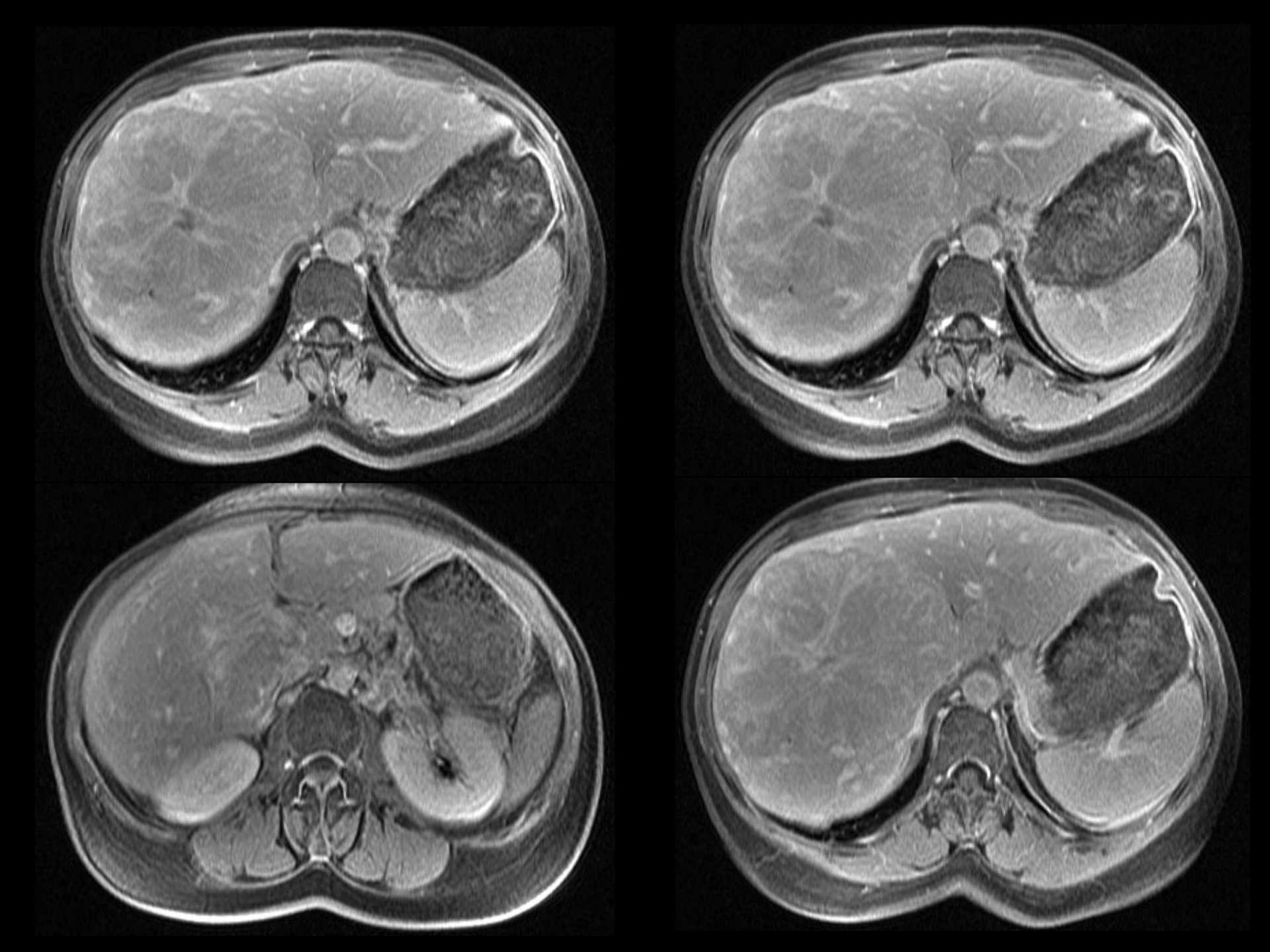


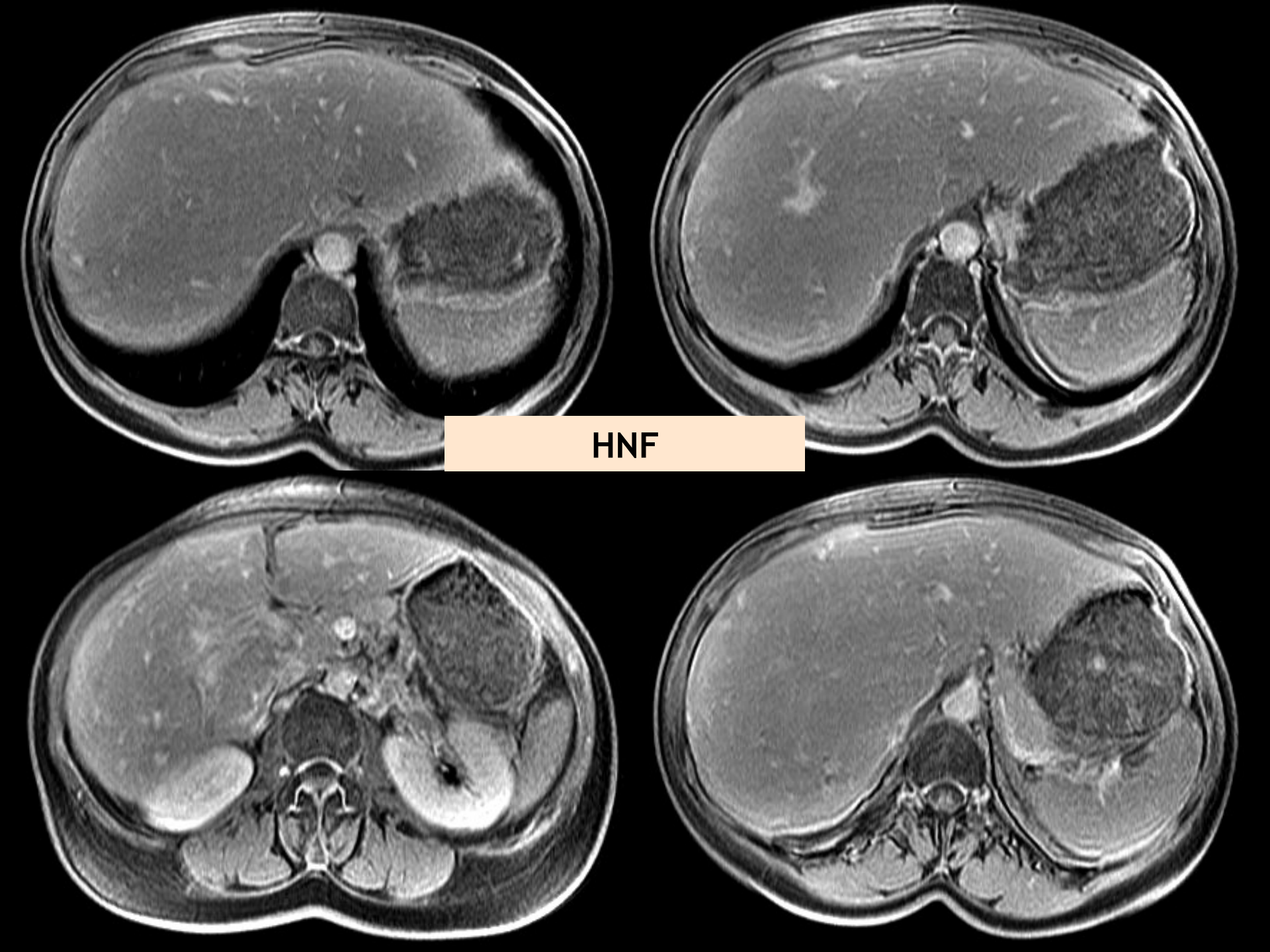
Faux anévrysme d' une branche de l' artère hépatique Fistulisé dans une veine hépatique

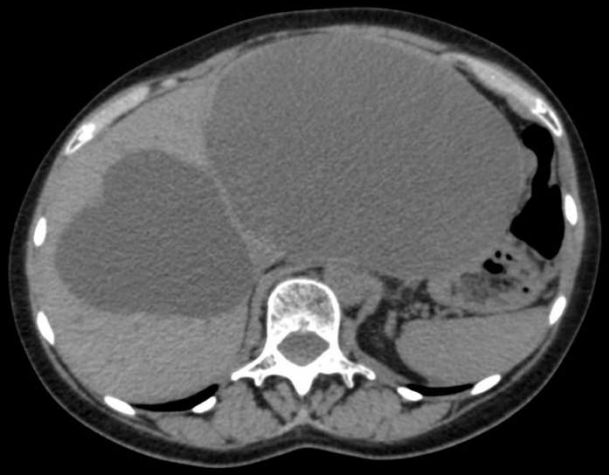
jeune femme 32 ans . Bilan hépatique perturbé(élévation des phosphatases alcalines)
Échographie : lésion hétérogène du foie droit
IRM pour préciser la lésion






HNF



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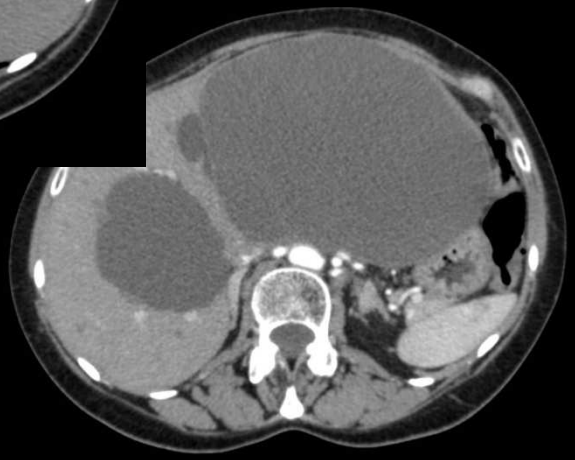
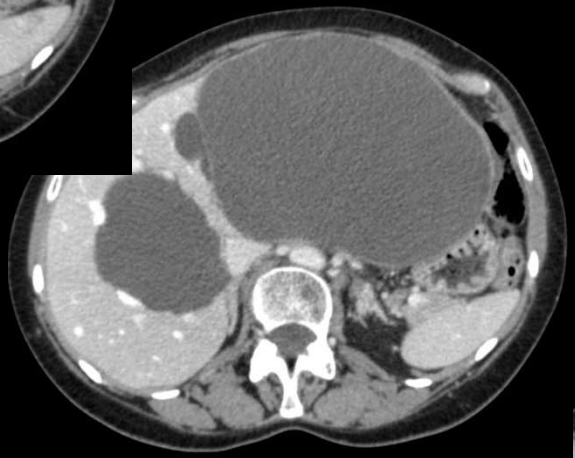
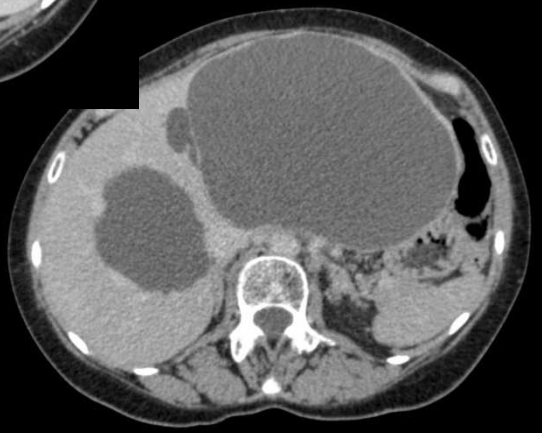


Art

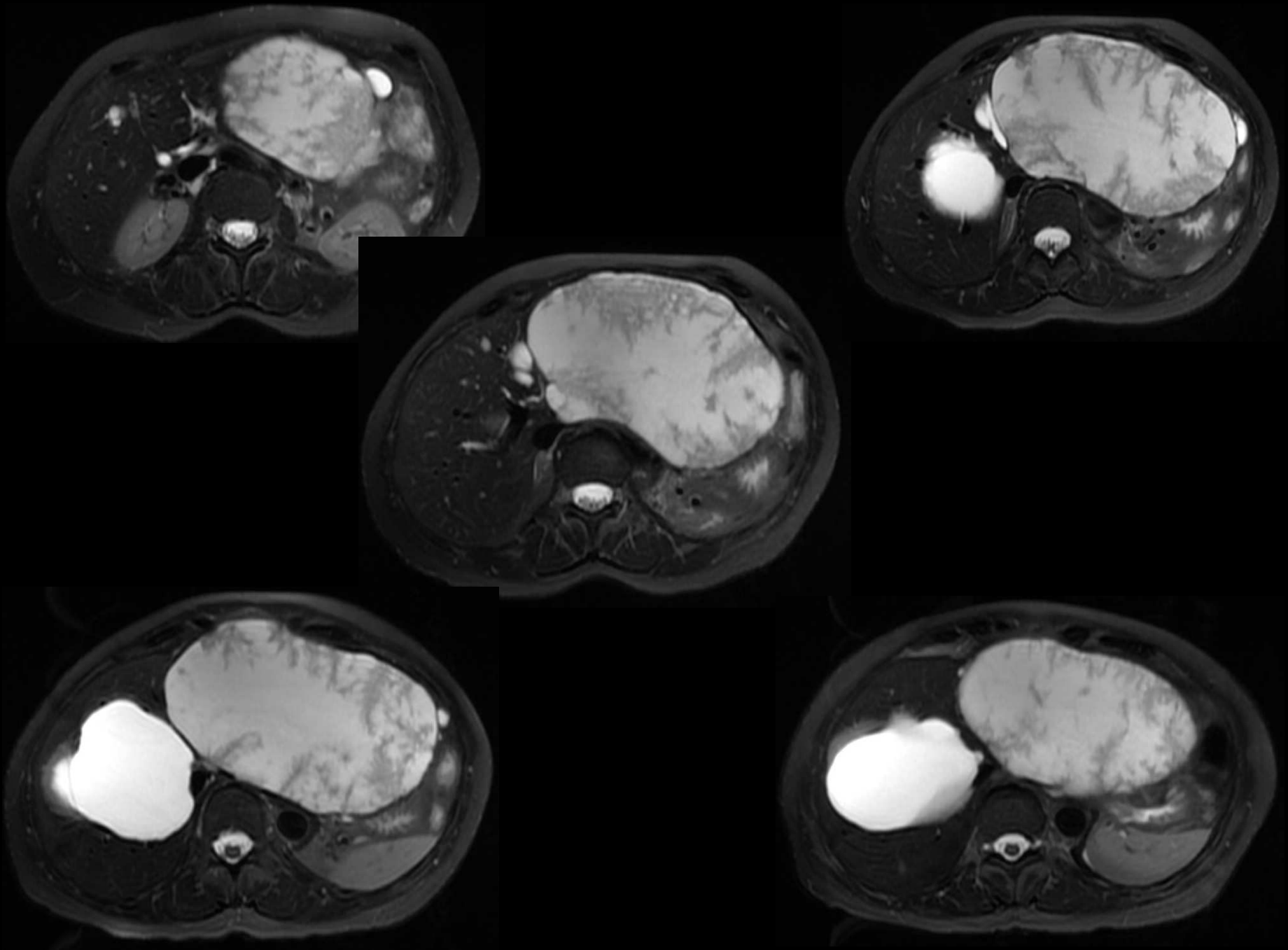


Port

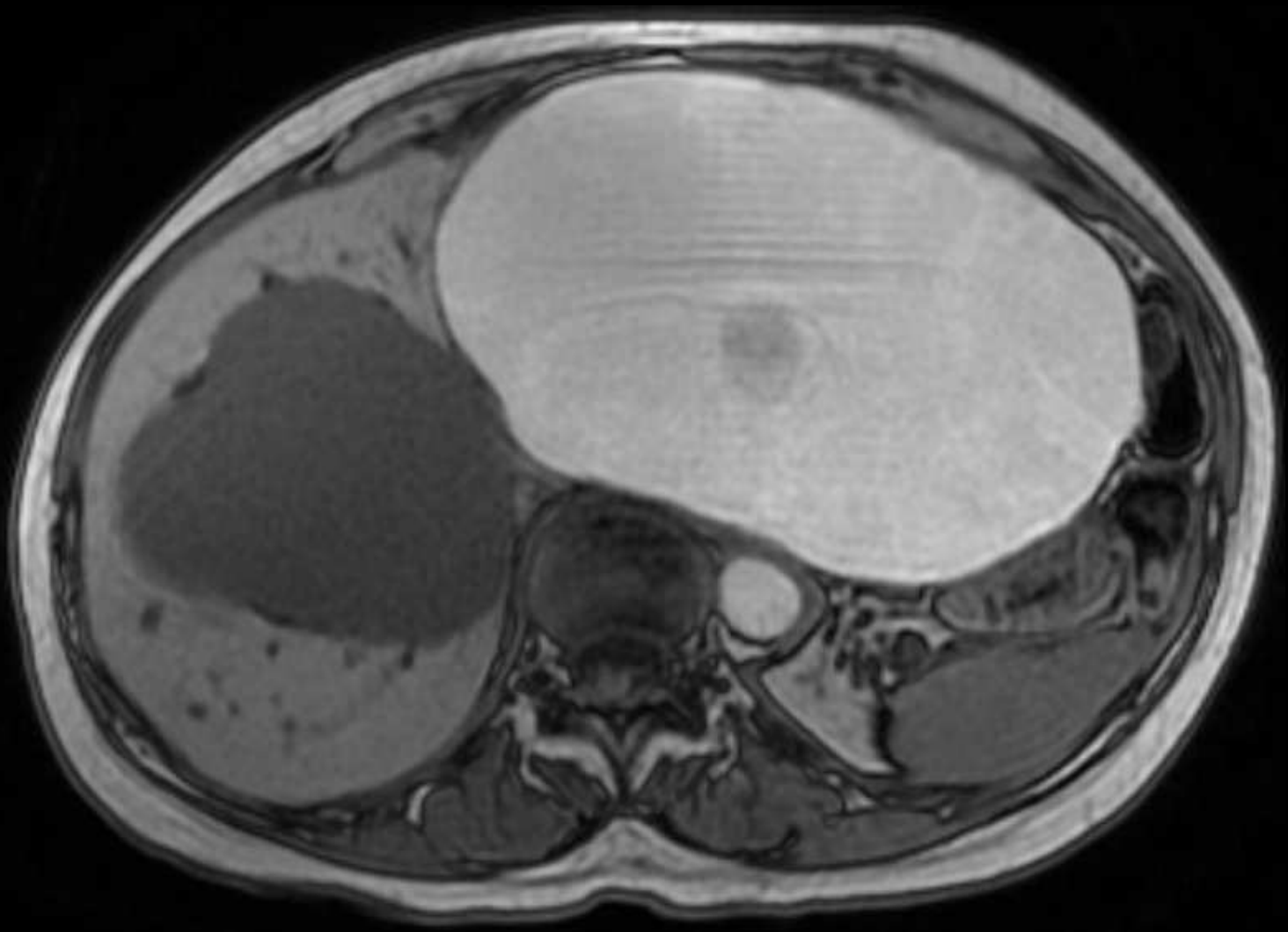


Tard

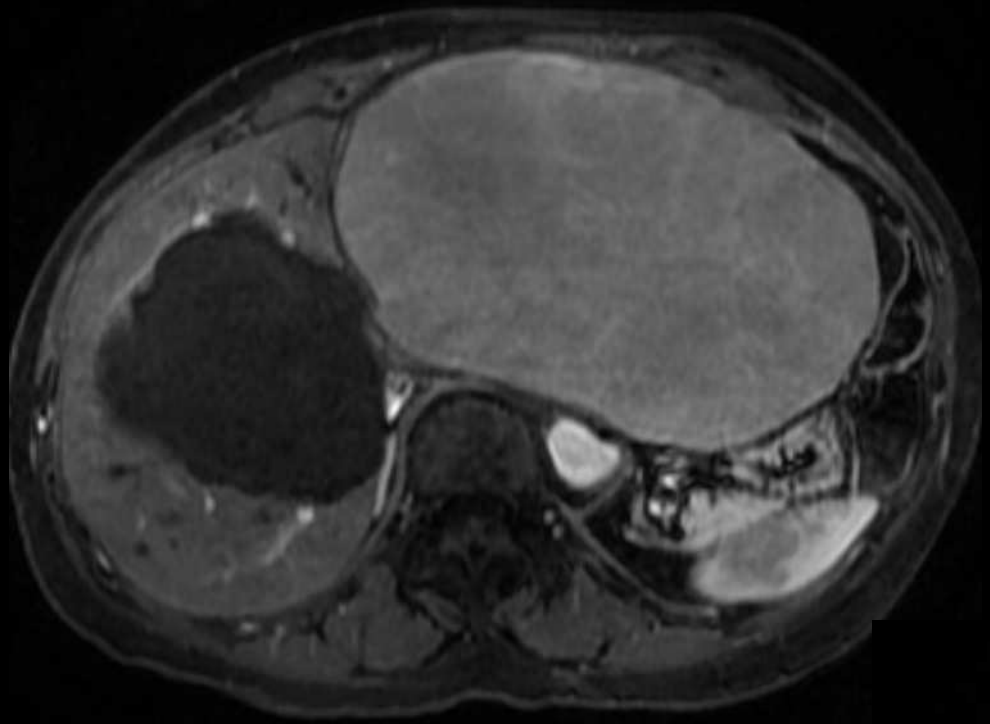
Patiente de 57 ans
Pas d'ATCD
Douleurs épigastriques, dysphagie



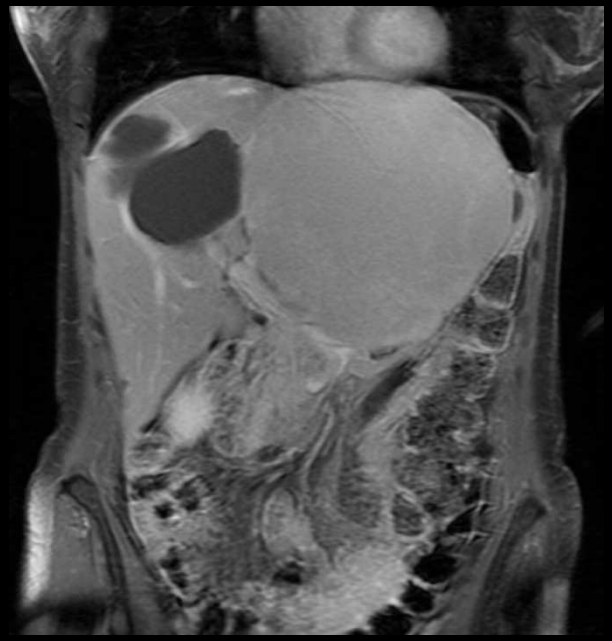
T1

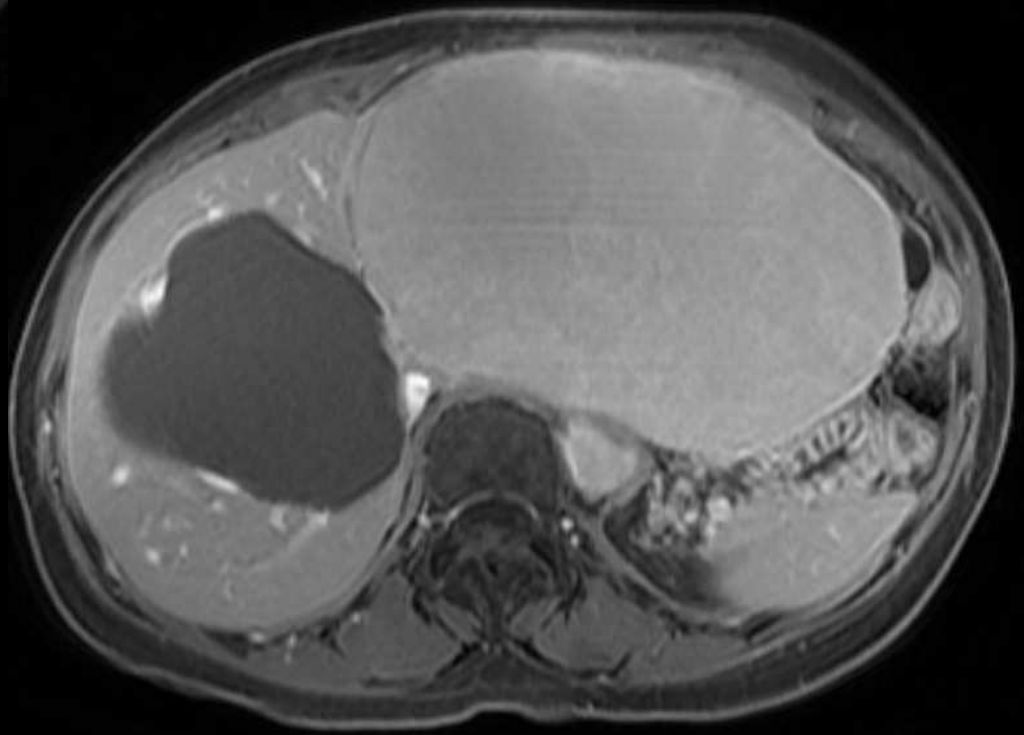


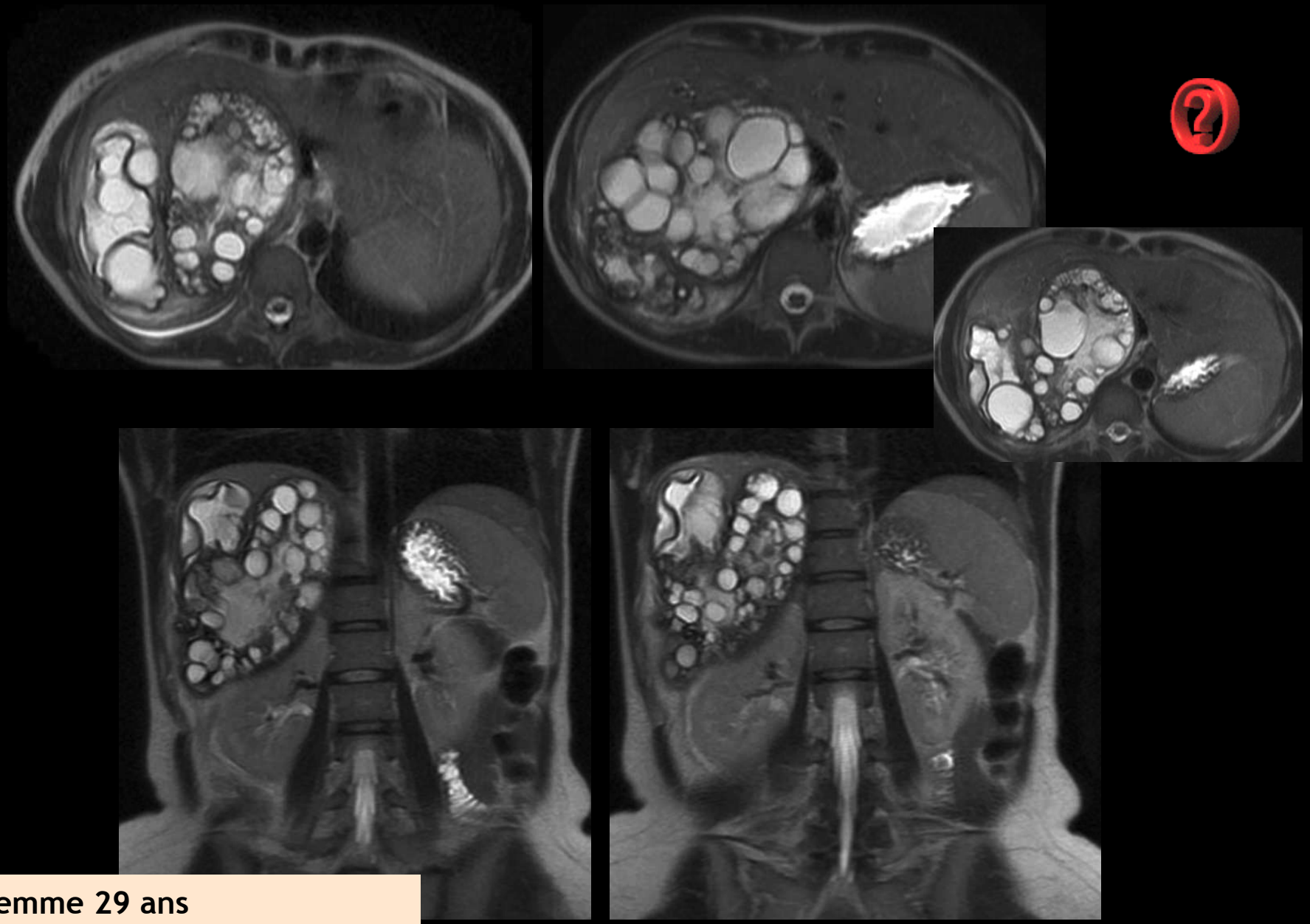
IV Gado



Kyste bilaire hémorragique

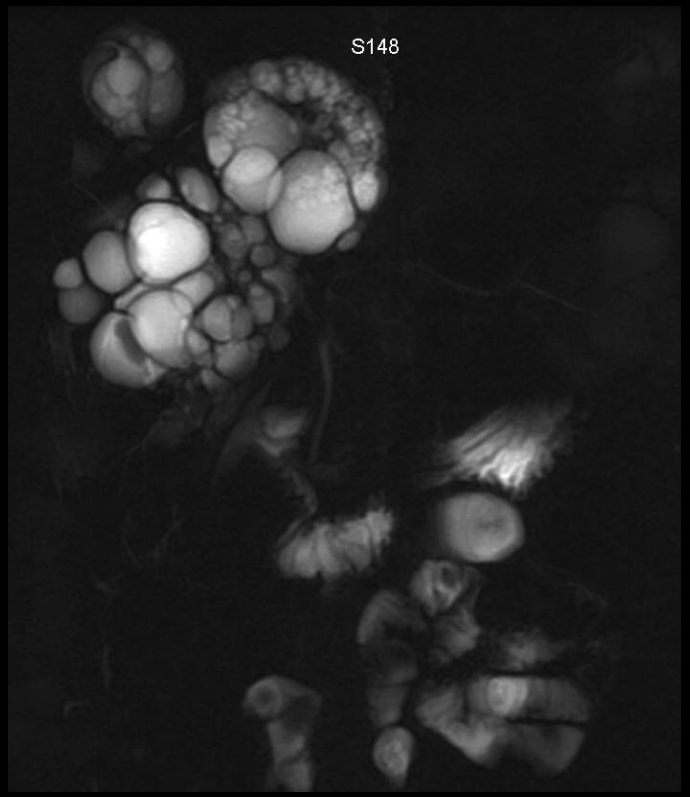


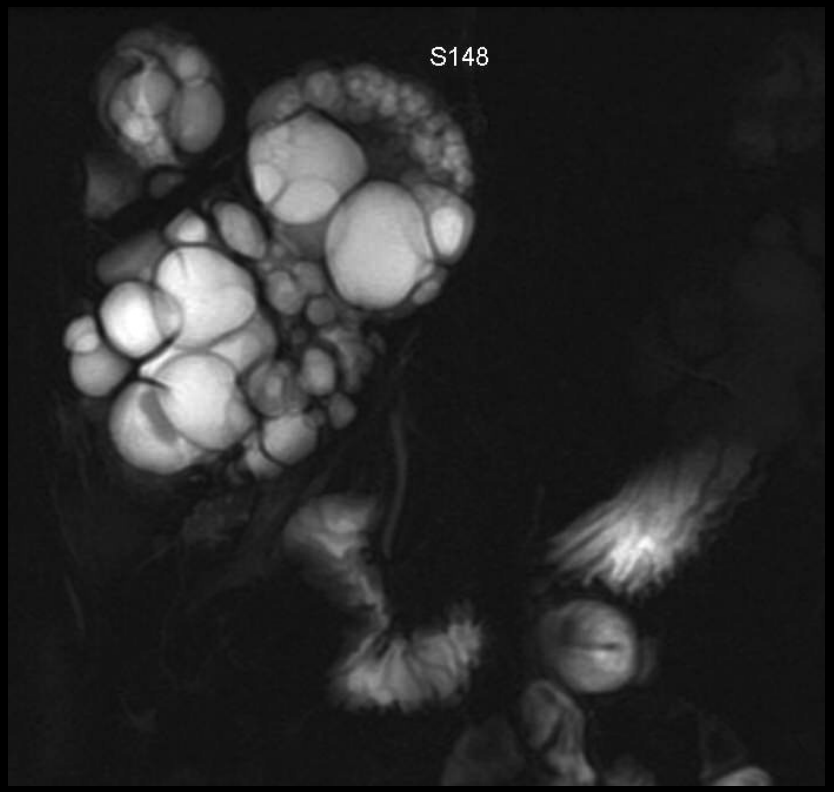


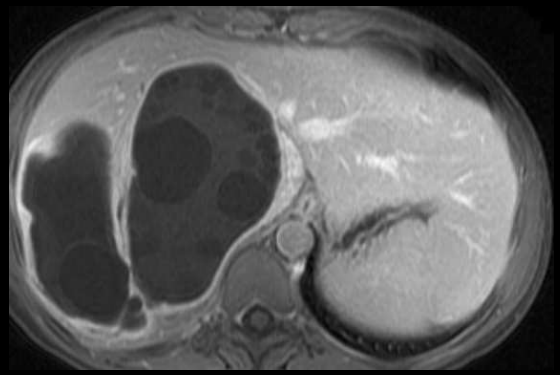


Femme 29 ans

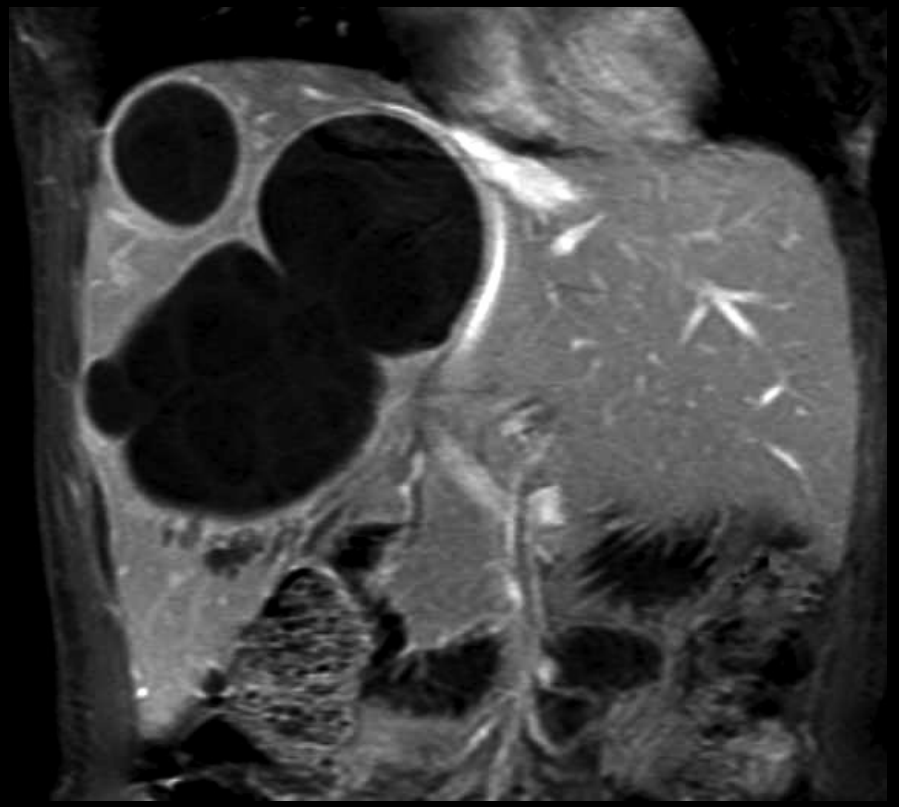
Douleurs hypochondre droit

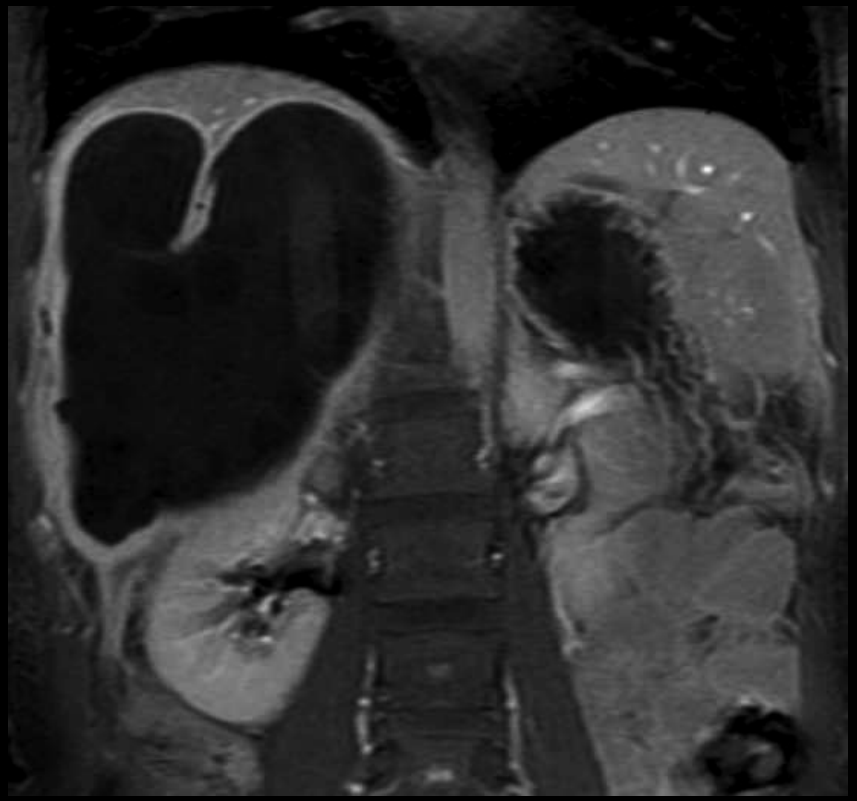

S148

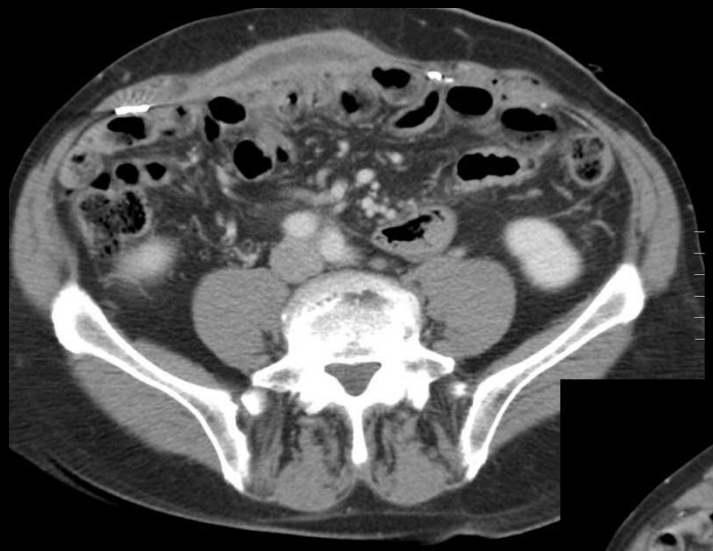

S148

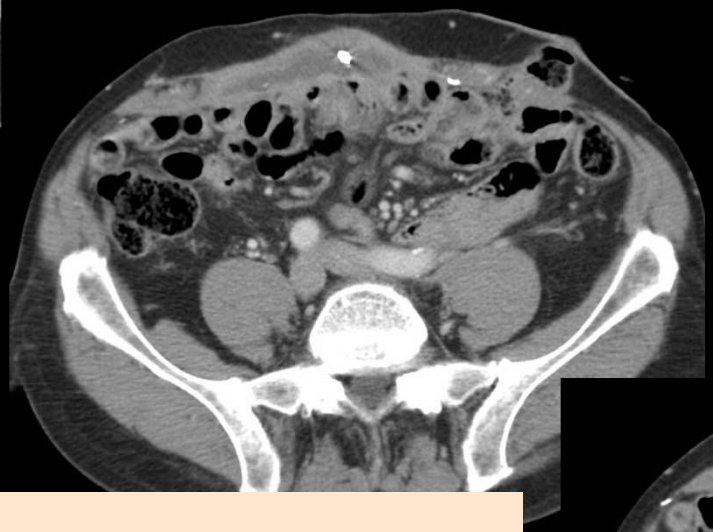


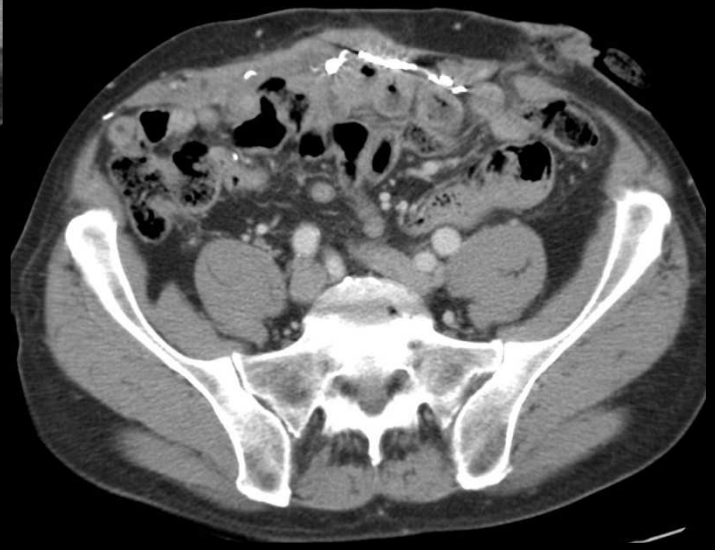
Kyste hydatique



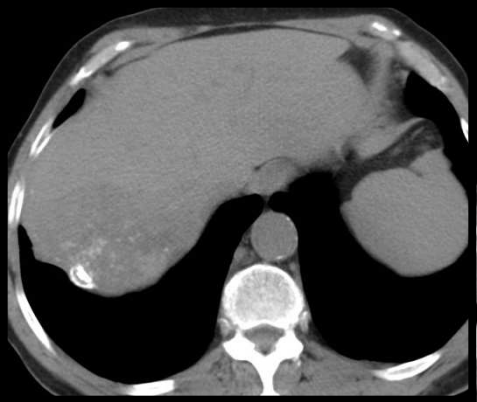
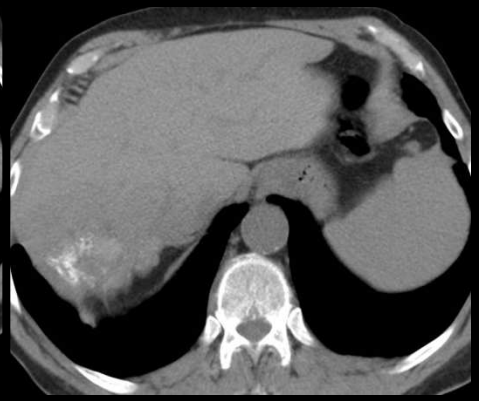
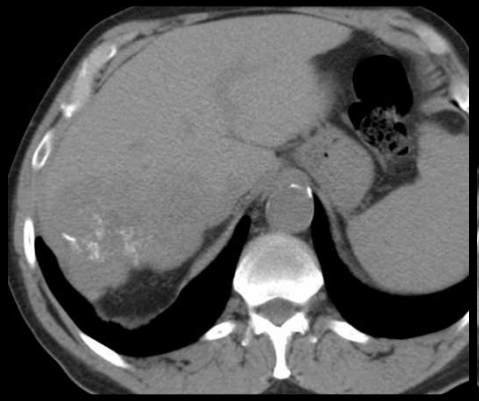
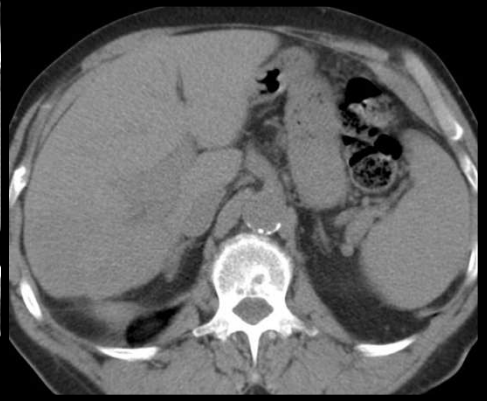
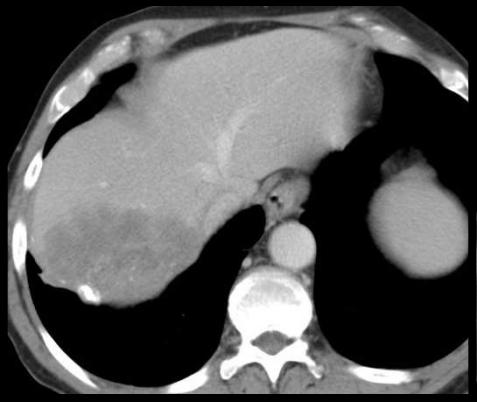
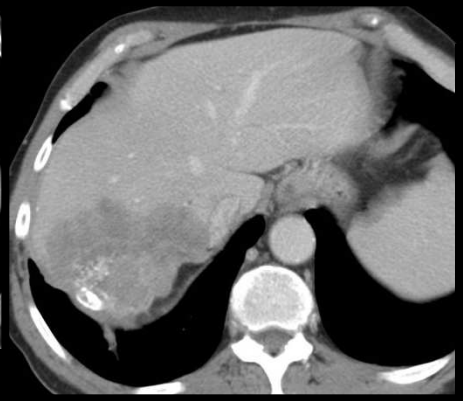
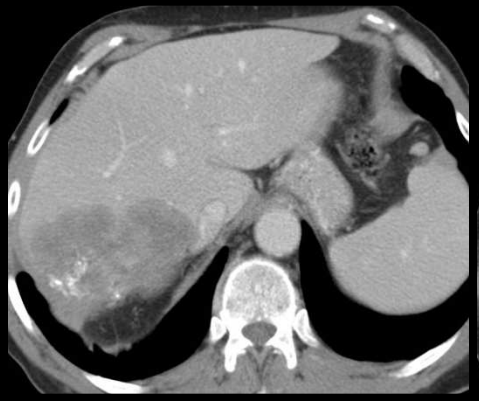
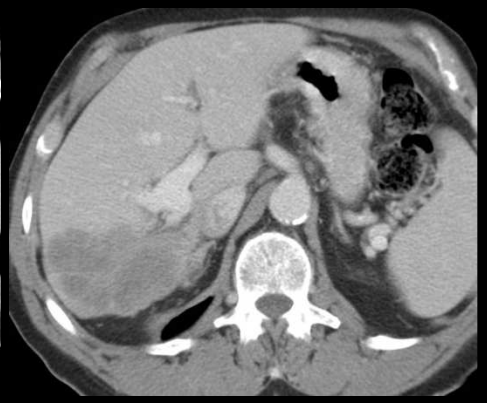


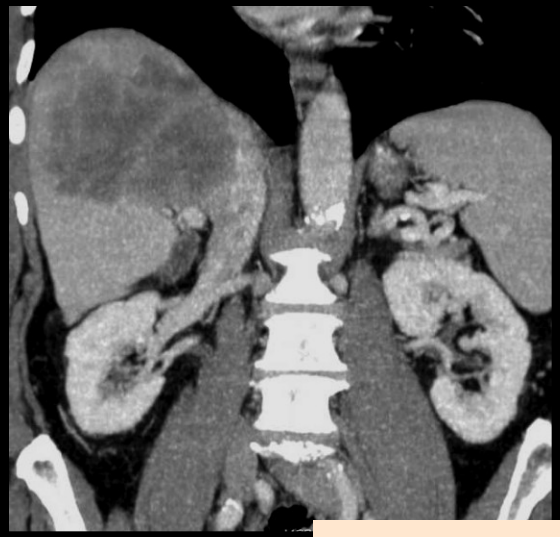
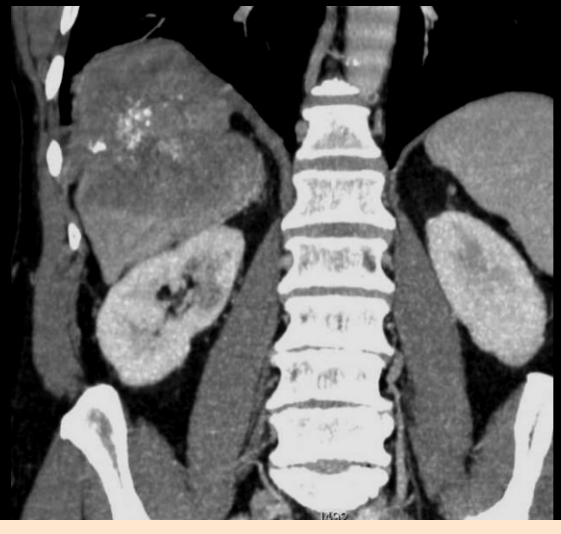
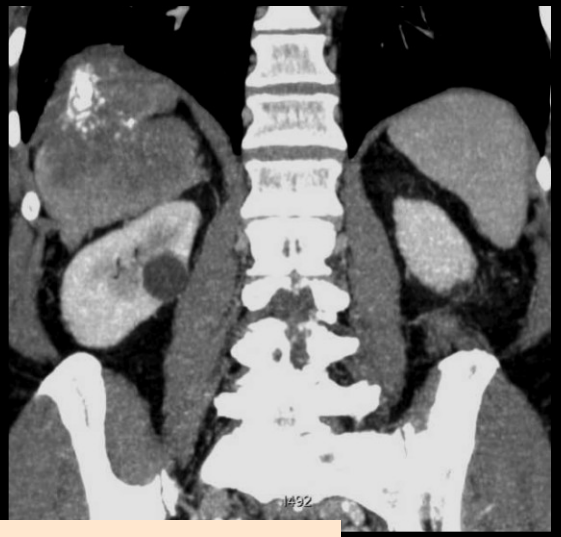






Homme, 71 ans
Résection-anastomose colique G en 1993 pour ADK, puis Hartmann définitif suite à une péritonite sur fistule anastomotique
Éventration médiane opérée en 1995, abcédation récidivante sur plaque, fistule cutanée
Inflammation, suppuration de la cicatrice de laparotomie

BIOPSIE: Métastase « psammomateuse » d' ADK lieberkunien bien différencié coliue opéré 2 ans auparavant