

Lésions focales kystiques de l'os

enfant de 7 ans ,traité pour fracture de la diaphyse humérale 2mois plus tôt



diagnostic



évolution à 9 mois

**kyste osseux essentiel
(ou solitaire / unicaméral)**

- kyste intra osseux à parois fines contenant un liquide clair ou hémorragique en cas de fracture
- T bénigne du squelette périphérique la plus fréquente de l'enfant (<20ans)
- asymptomatique / fracture pathologique
- métaphyse des os longs : 50% extrémité sup humérus, du fémur, calcanéum



**kyste osseux essentiel
(ou solitaire / unicaméral)**

- ostéolyse géographique au contact de la plaque de croissance, pouvant souffler la corticale et contenir des arêtes osseuses
- aspect en fond de coquetier (limites nettes)
- fracture : signe de la chute du fragment + niveau hémorragique



évolution

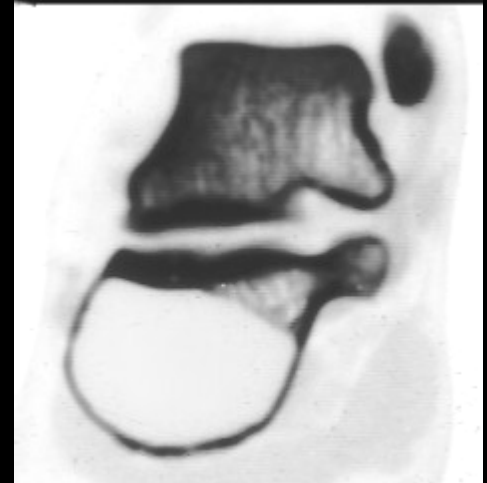
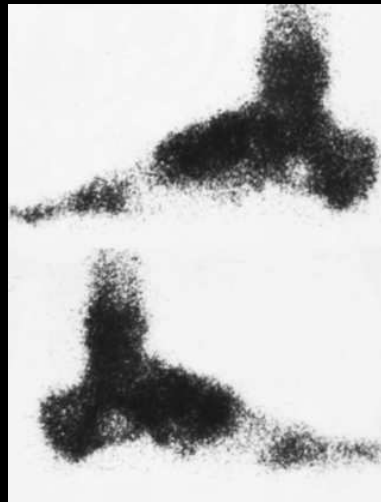
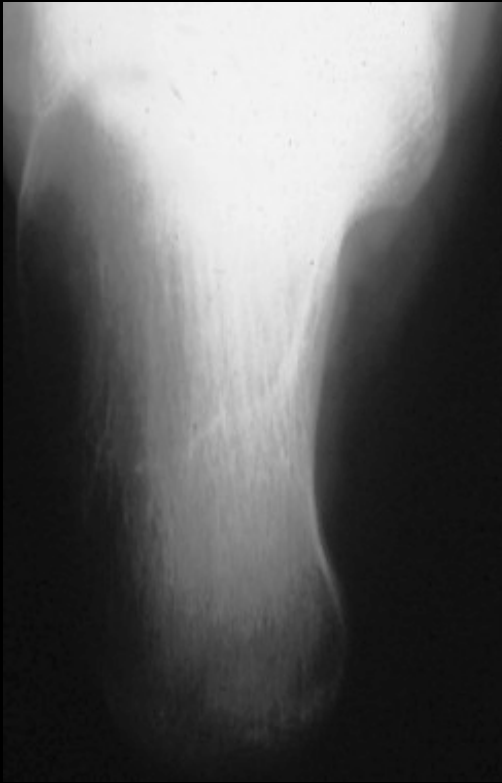
- quiescente
- s' éloigne de la plaque de croissance, devient diaphysaire
- rarement actif
- fracture consolide normalement mais devient alors multiloculaire (arêtes osseuses)



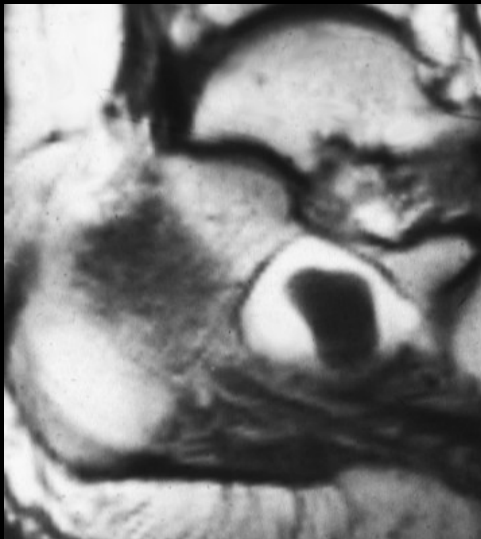
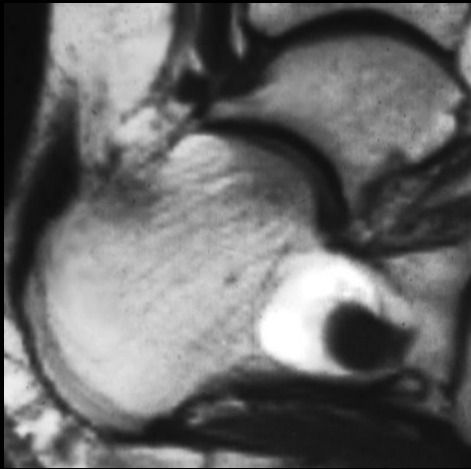
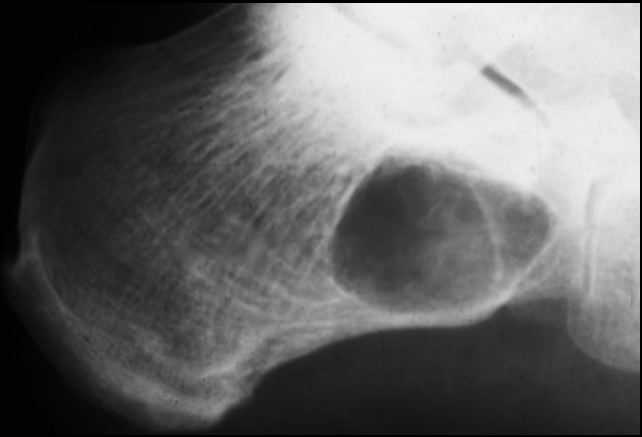
kyste osseux essentiels ; fractures



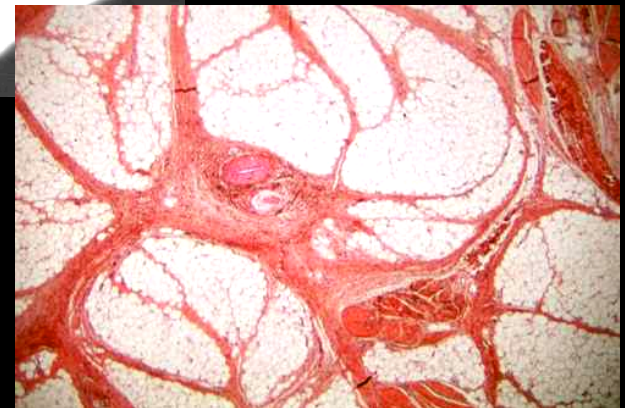
kyste osseux unicameral du calcaneum



kyste osseux unicameral du calcaneum et algodystrophie post fissuraire



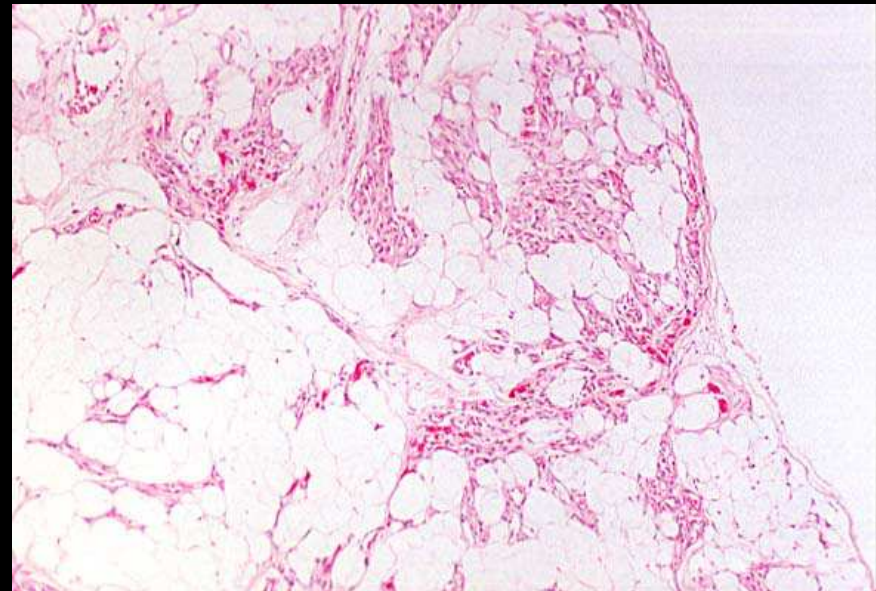
lipome avec "dégénérescence kystique" du calcaneum



lipome du calcaneum

Lipome intra osseux

- adipocytes matures séparés en lobules par de fins septas fibro vasculaires
- 40-60 ans
- asymptomatique
- siège :
 - métaphyse des os longs
 - calcanéum
 - crâne et maxillaire
 - rachis dorso-lombaire et sacrum
 - mains et pieds



- ostéolyse polylobée contenant des crêtes osseuses et parfois des calcifications

- peut souffler la corticale

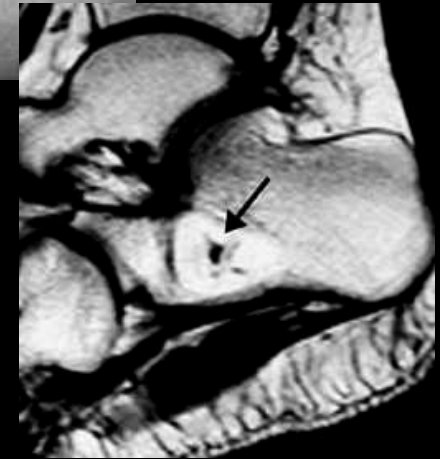
- TDM / IRM : densité négative / signal graisseux

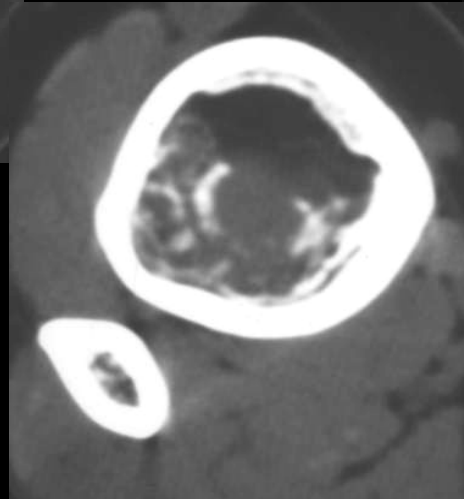
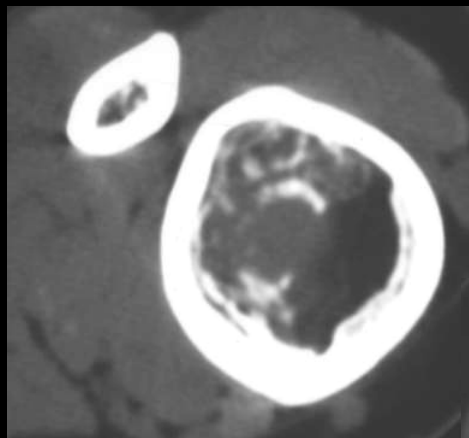
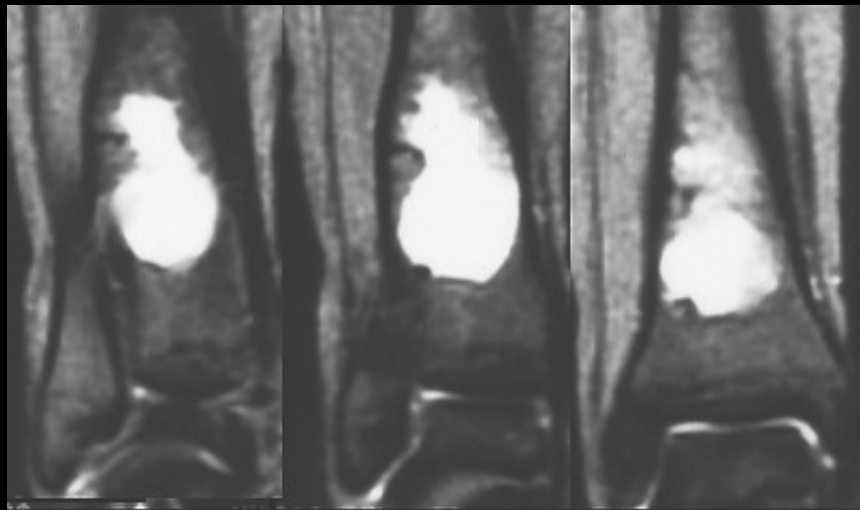
≠ contingent graisseux de certaines lésions (T cellules géantes, angiome, kystes post traumatiques, dysplasie fibreuse, infarctus...)

- **lipome parostéal** : masse graisseuse des os longs accolée à la corticale qui est épaissie et érodée

- **lipome intra cortical** : exceptionnel

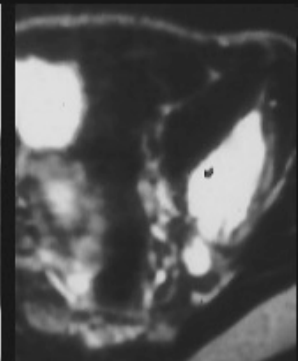
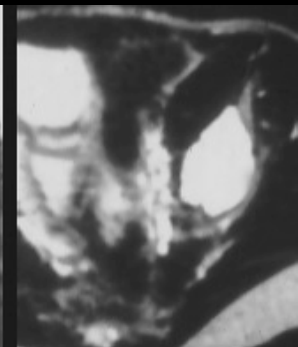
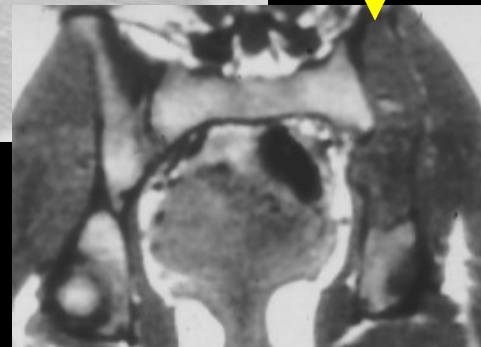
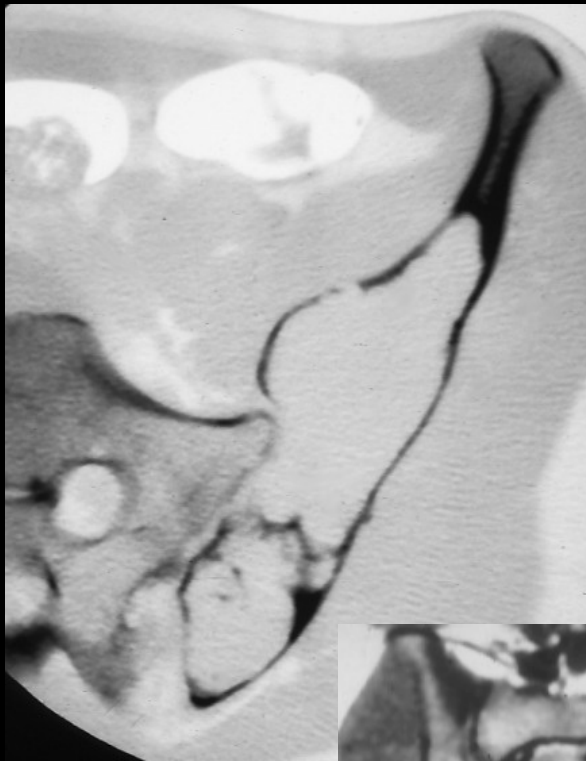
- **lipomatose osseuse** : forme diffuse





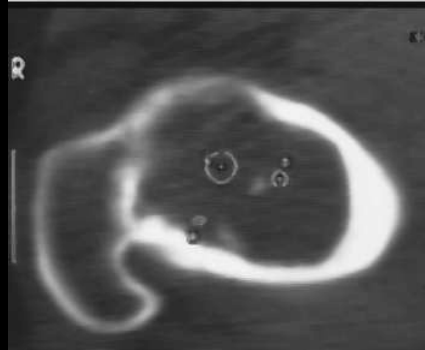
Enfant 11 ans

kyste osseux unicameral ?



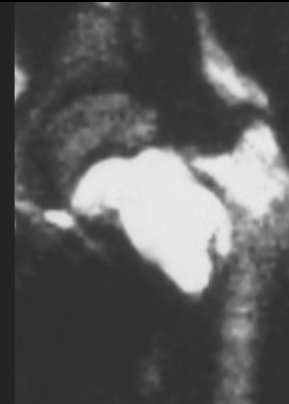
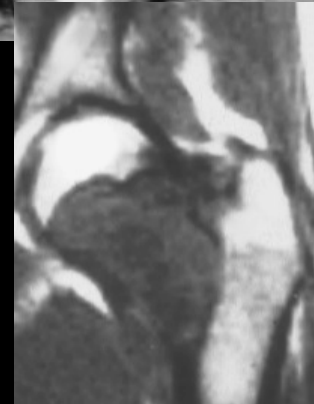
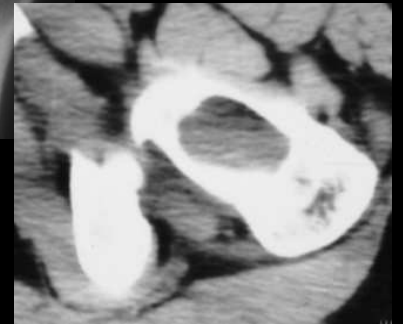
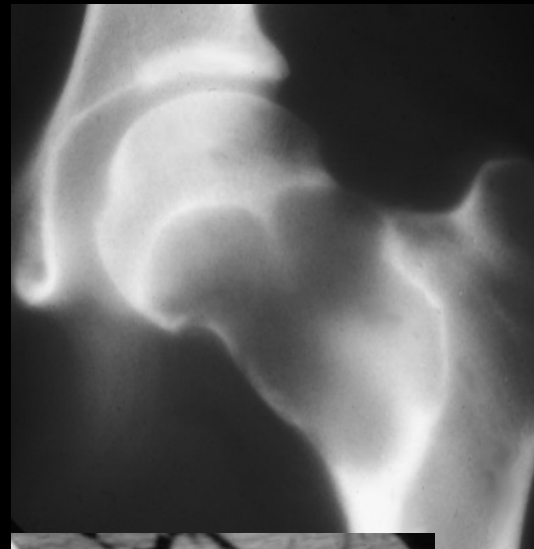
Jeune fille 19 ans

kyste osseux unicameral ?



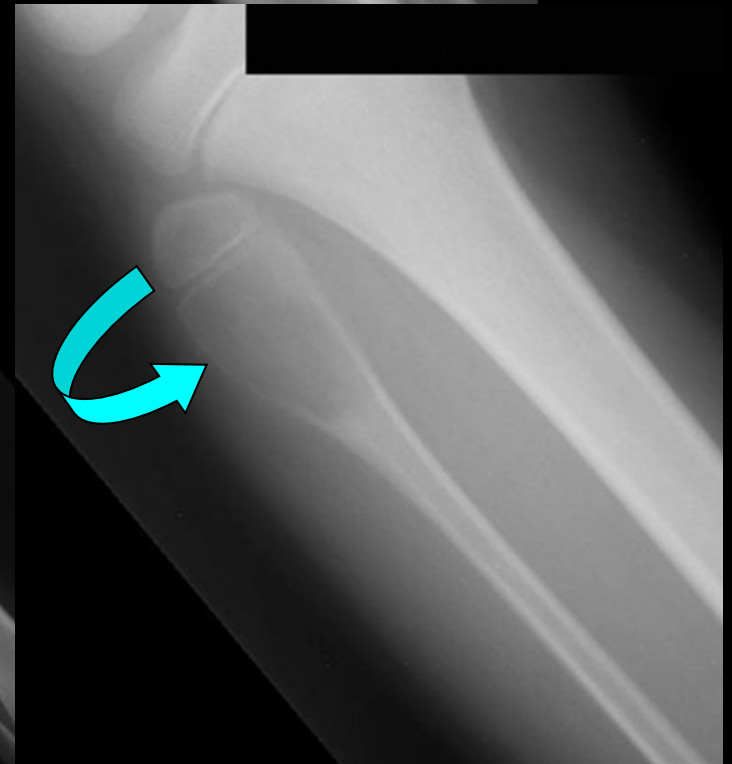
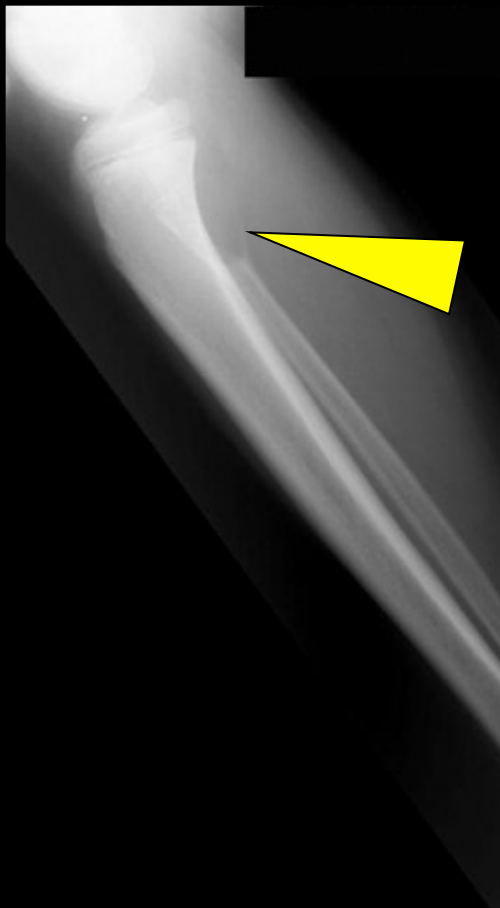
homme 32 ans

kyste osseux unicameral ?




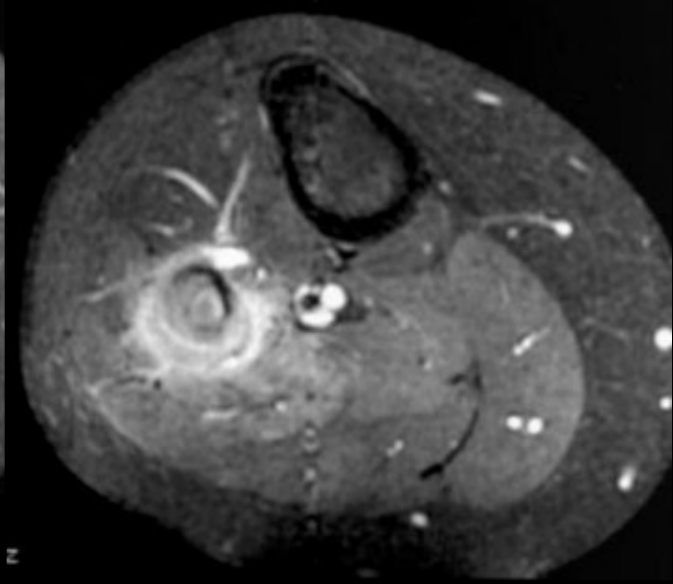
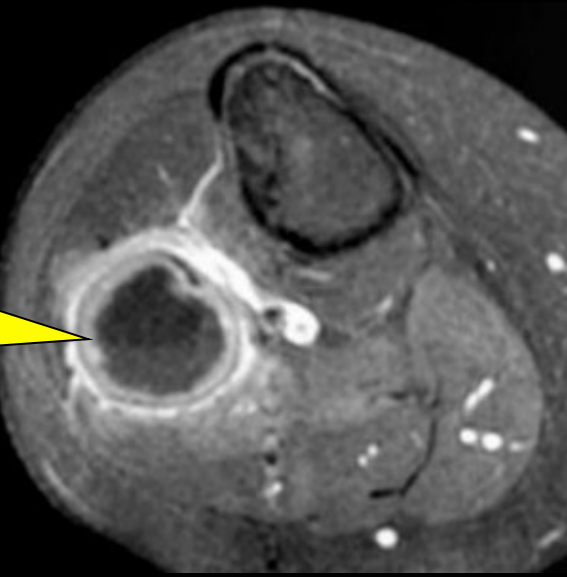
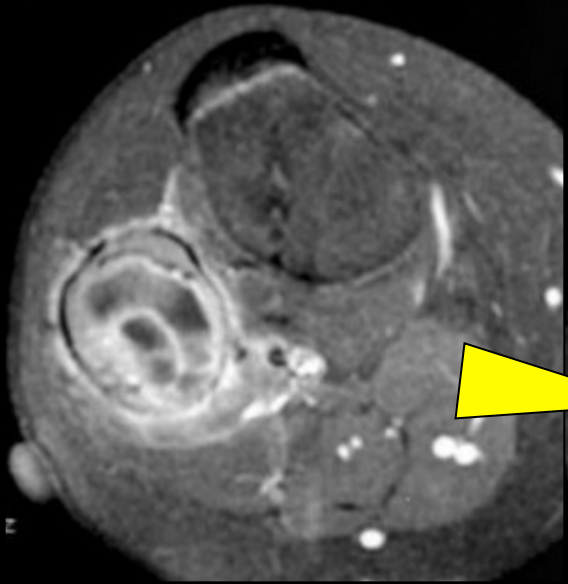
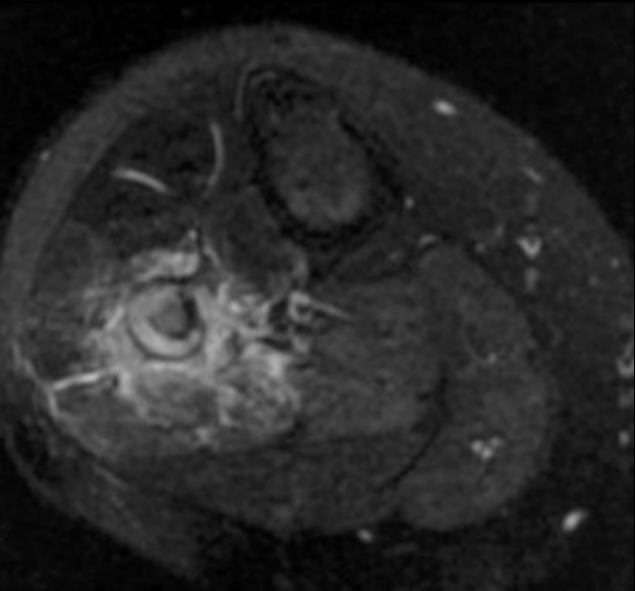
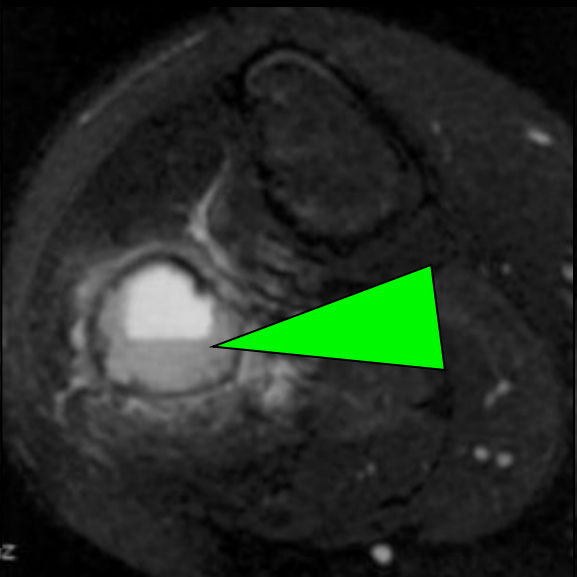
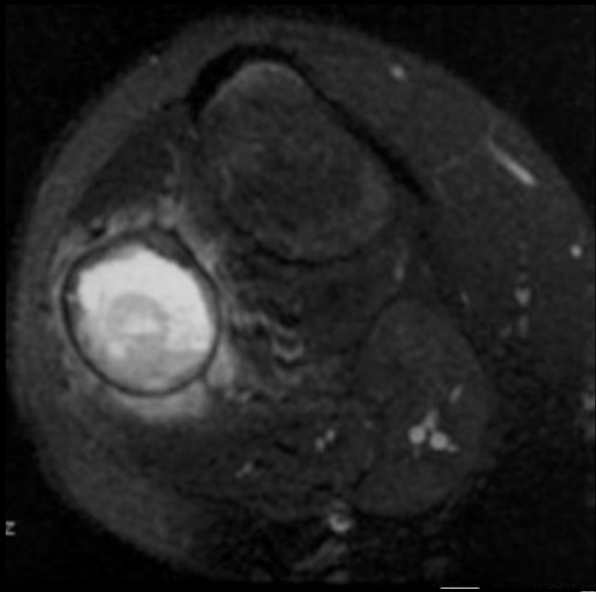
jeune fille 20 ans

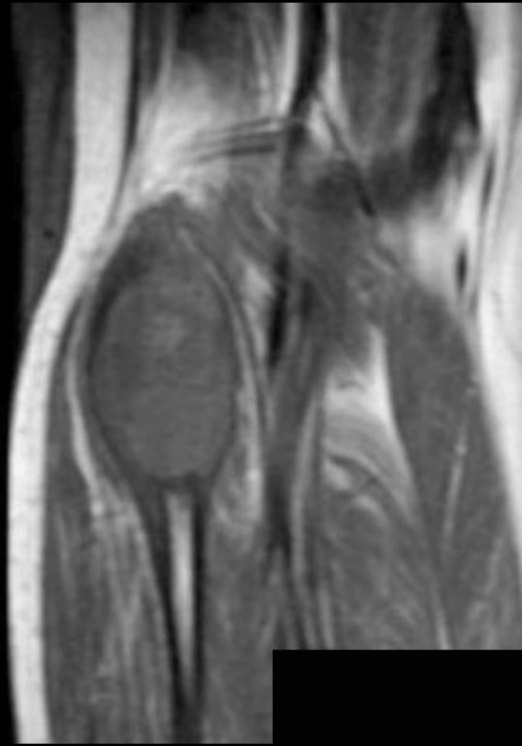
kyste osseux unicameral ?



jeune fille 14 ans

diagnostic(s) 





kyste osseux anévrysmal du péroné



kyste osseux anévrysmal

lésion contenant de nombreuses logettes remplies de sang

- 10% des T osseuse bénignes
- < 20 ans
- antécédent traumatique retrouvé dans 75% des cas
- siège :
 - métaphyse des os longs
 - arc postérieur des vertèbres
 - bassin

- lacune excentrée contenant des cloisons, "soufflant" la corticale qui est amincie
- peut augmenter rapidement de volume
- TDM / IRM : retrouve la fine lamelle corticale rejetée en périphérie, niveau hématique
- TTT chirurgical





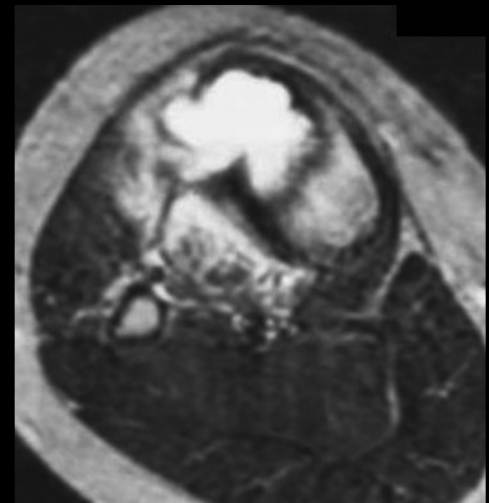
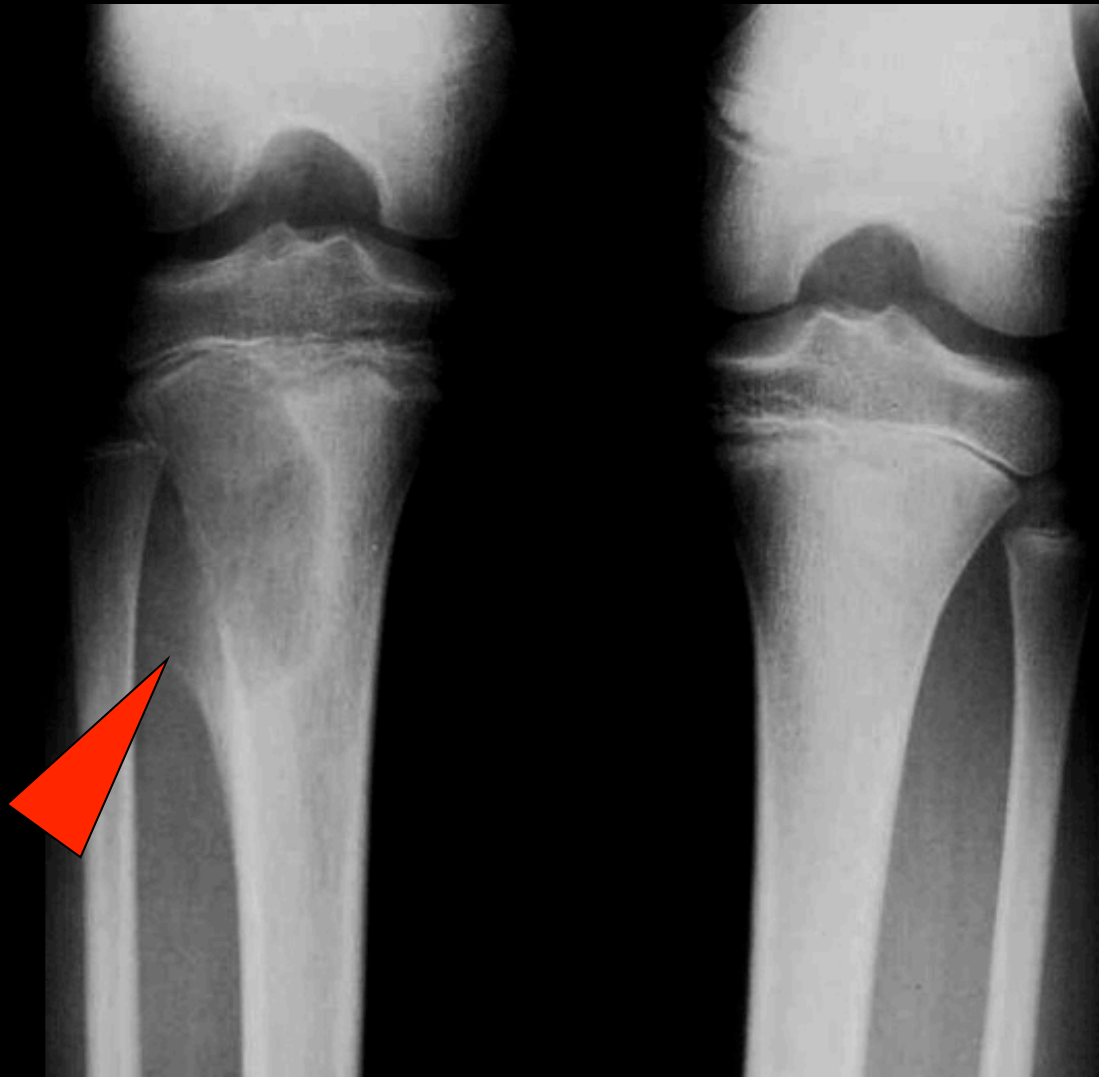
kyste osseux anévrysmal du péroné



kyste osseux anévrysmal du radius



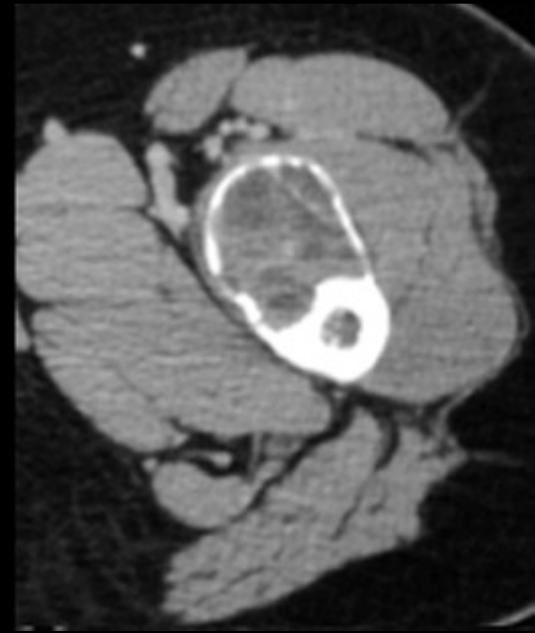
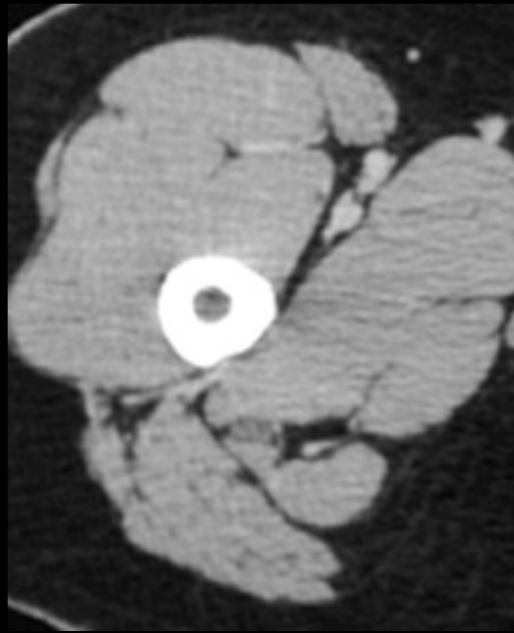
kyste osseux anévrysmal de l'ulna



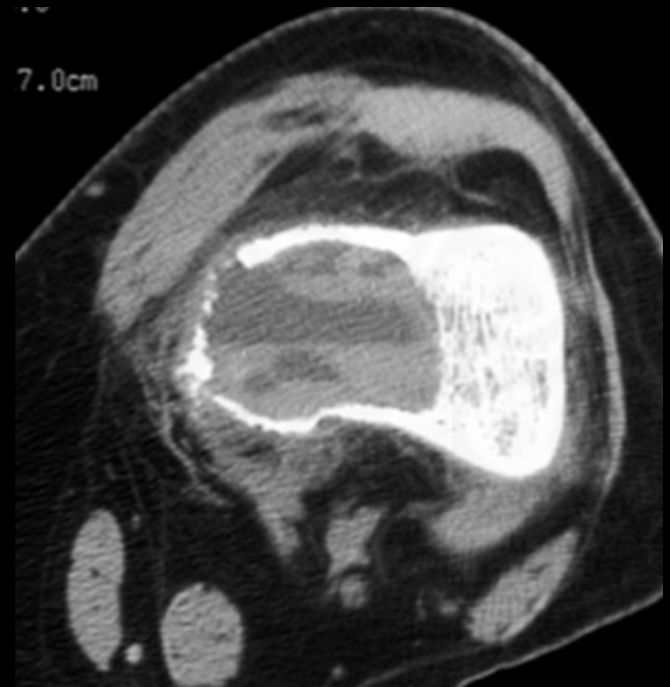
kyste osseux anévrysmal du tibia avec fissure



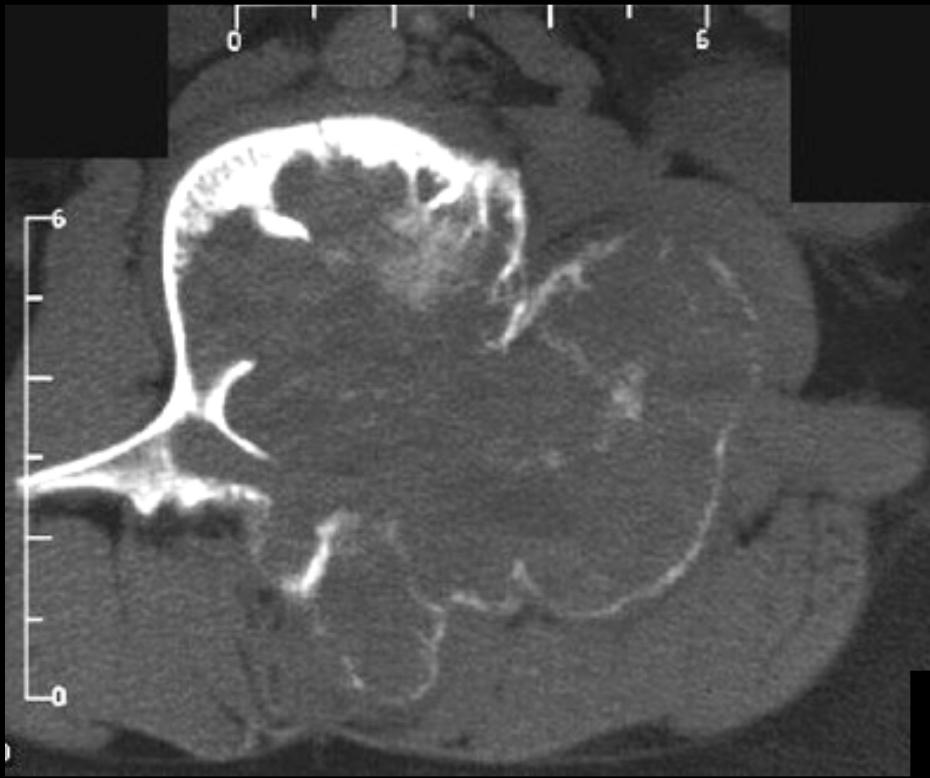
kyste osseux anévrysmal du tibia avec fissure



7.0cm



kyste osseux anévrysmal du fémur



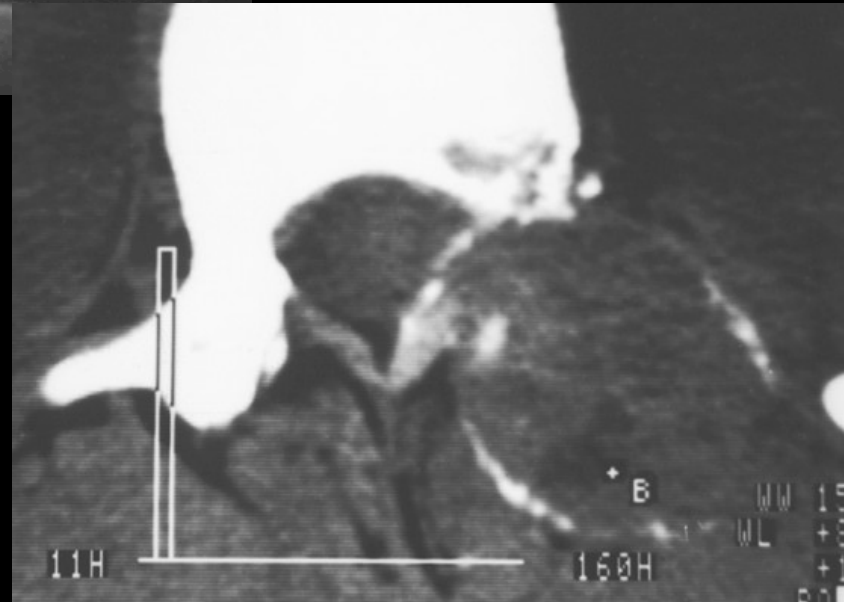
kyste osseux anévrysmal de L2

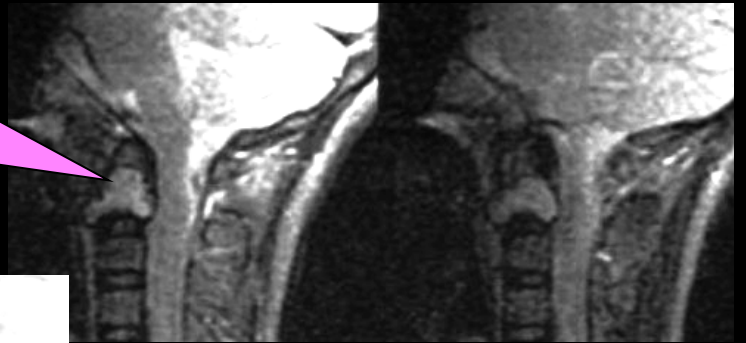
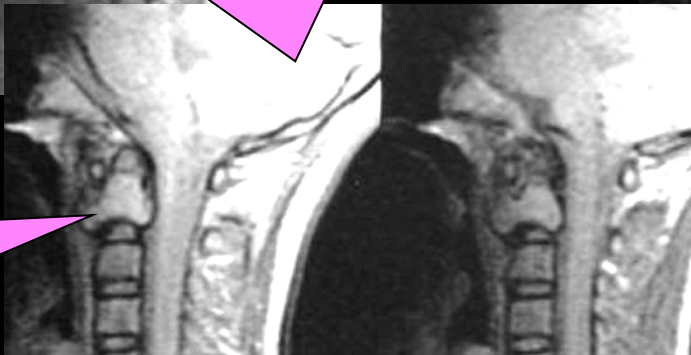
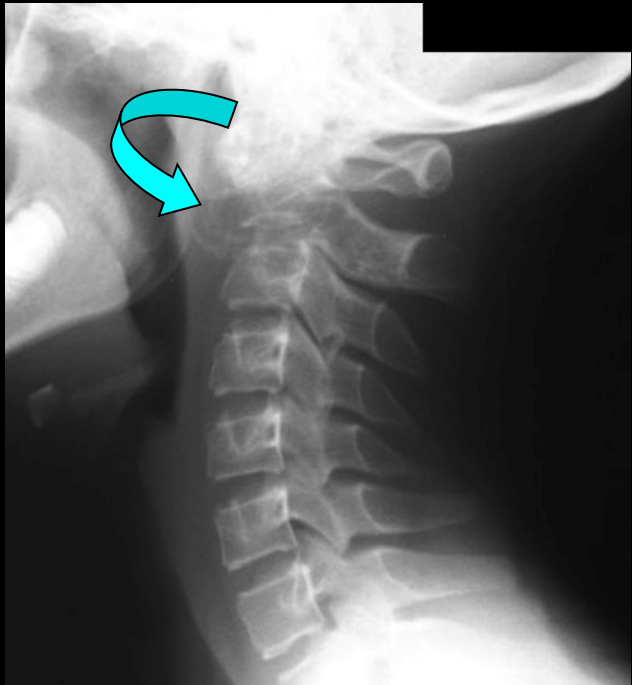




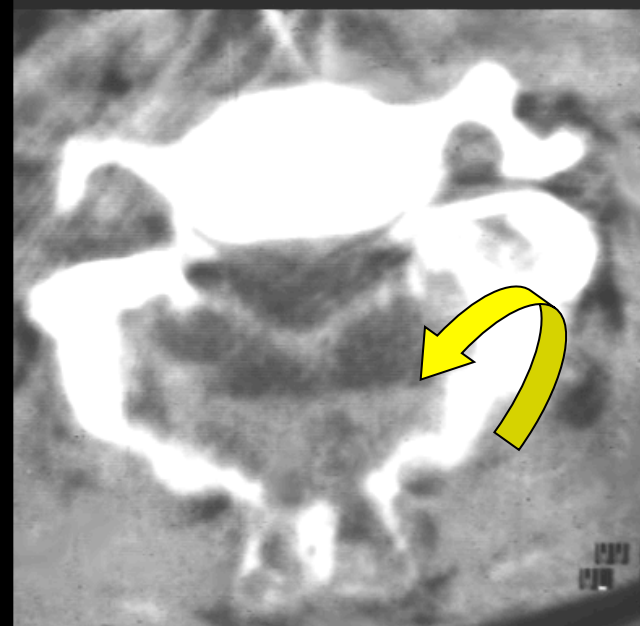
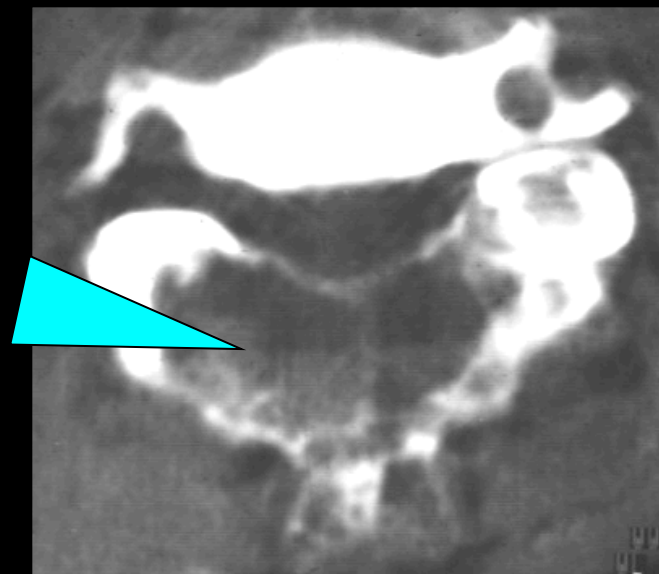
garçon 13 ans

kyste osseux anévrysmal de L1

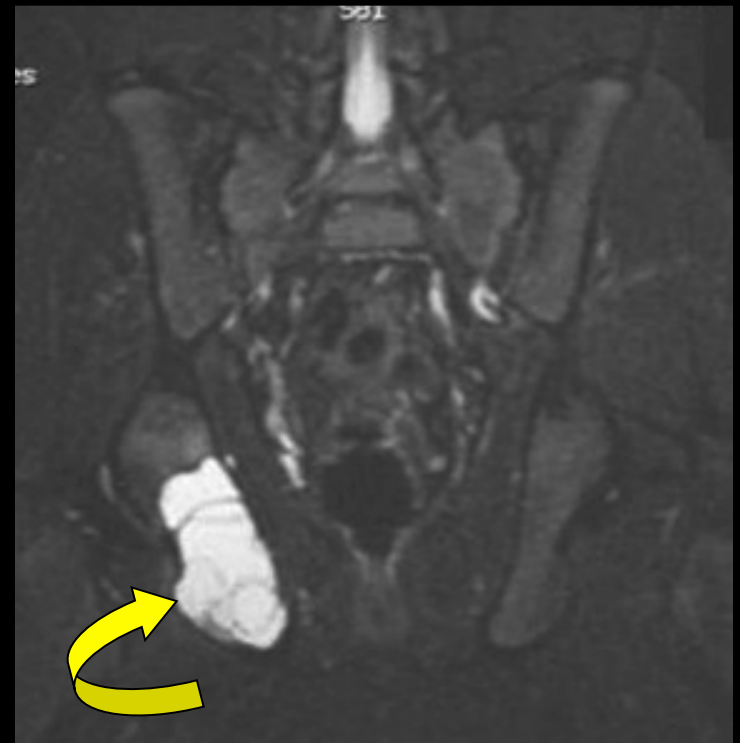
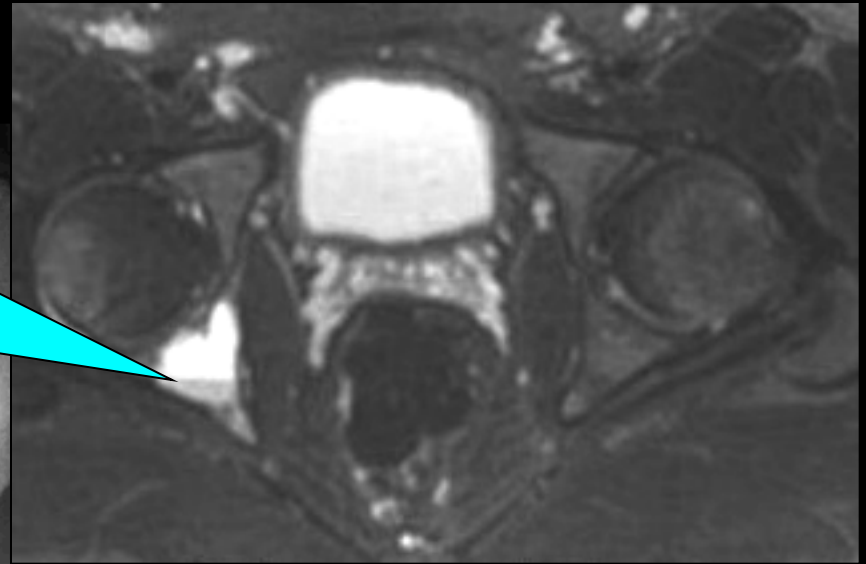
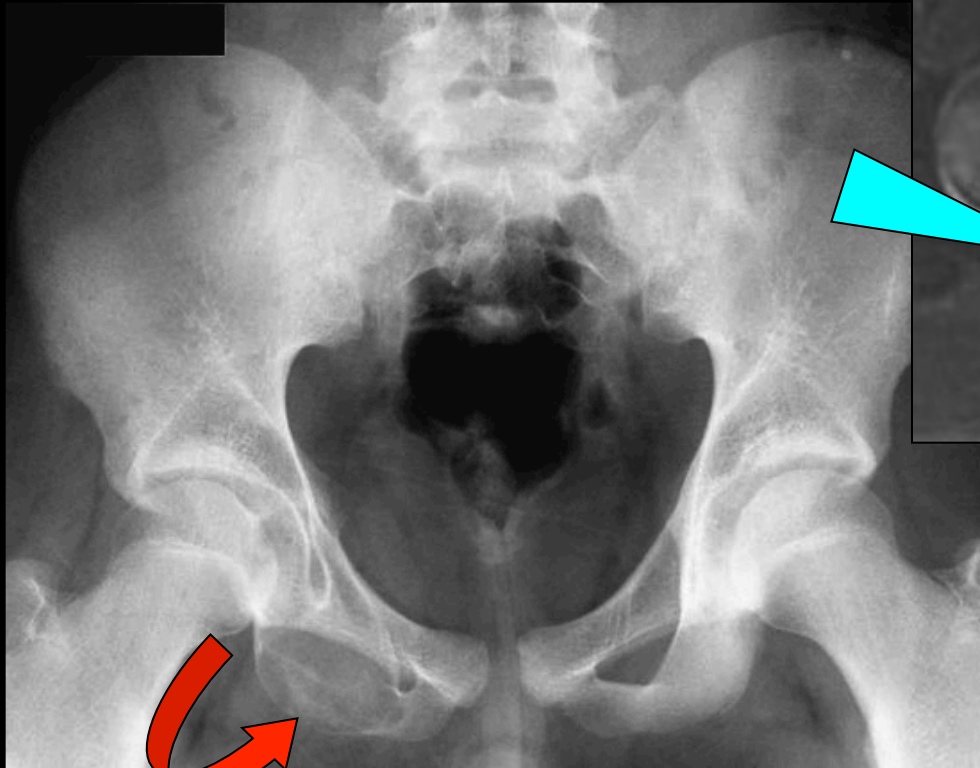




kyste osseux anévrysmal
de l'apophyse odontoïde

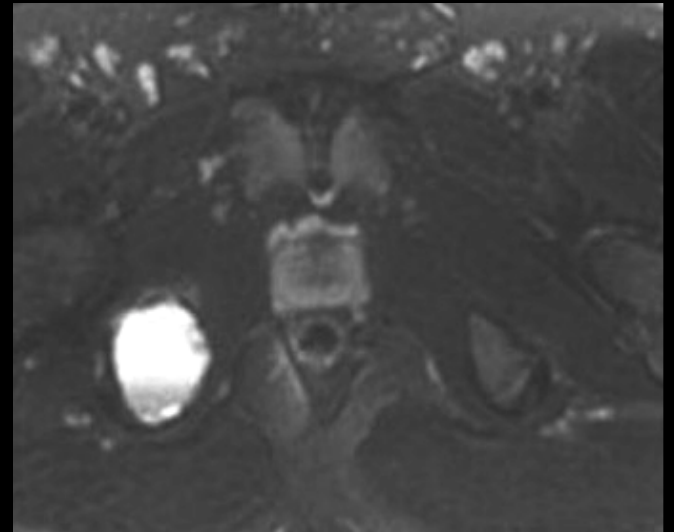
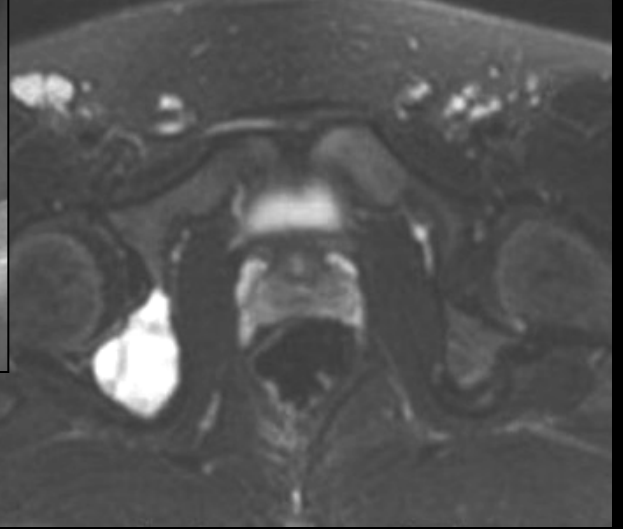
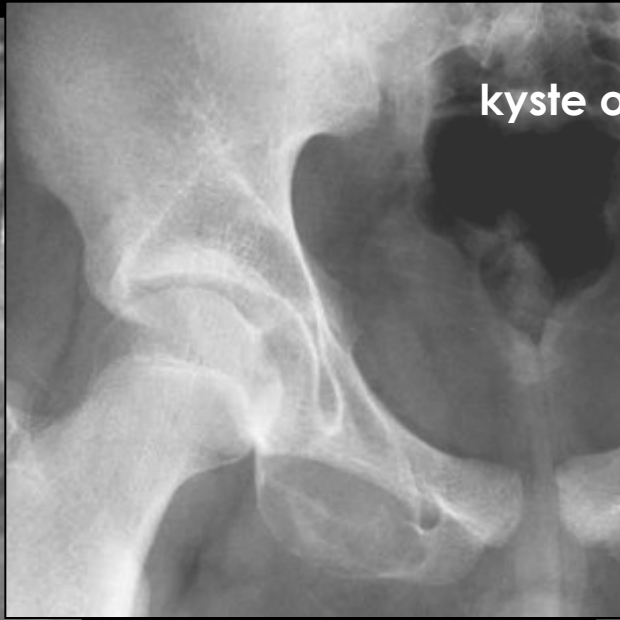


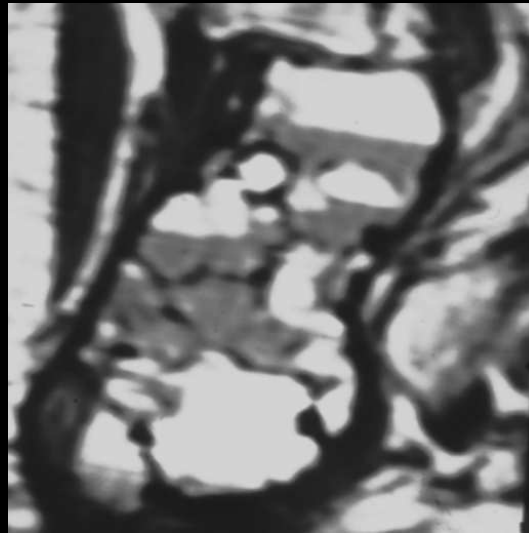
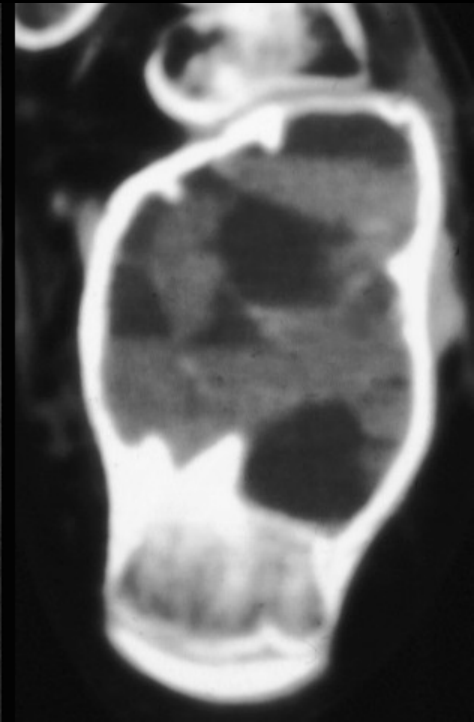
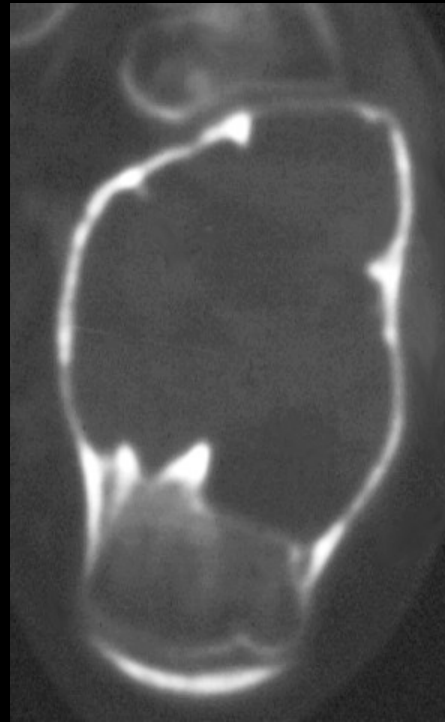
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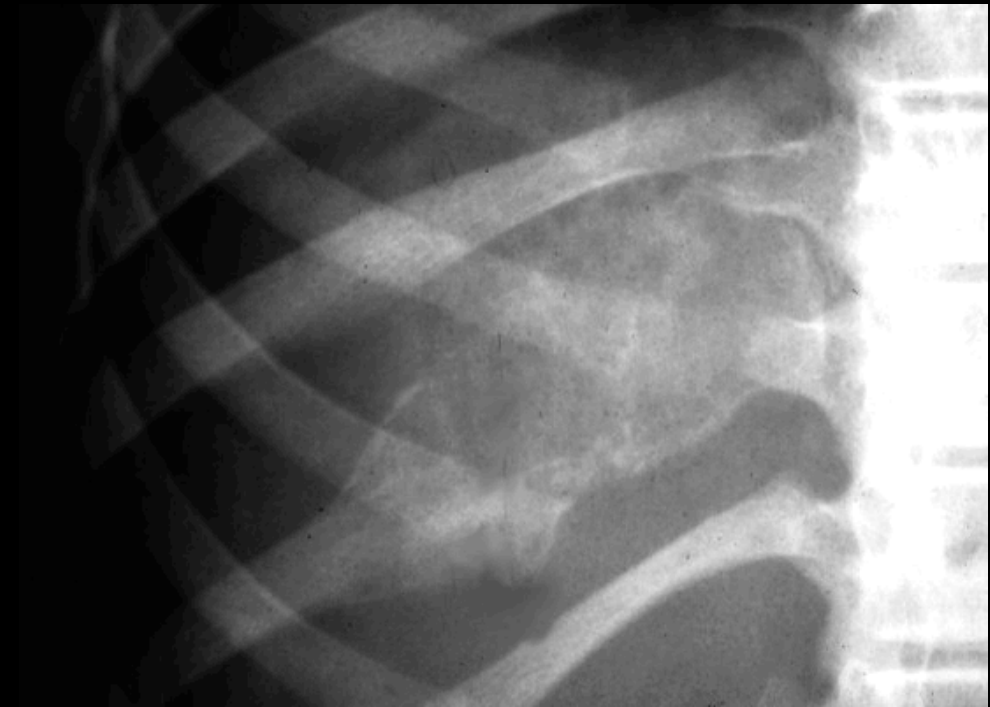
kyste osseux anévrysmal de l'ischion

kyste osseux anévrysmal de l'ischion



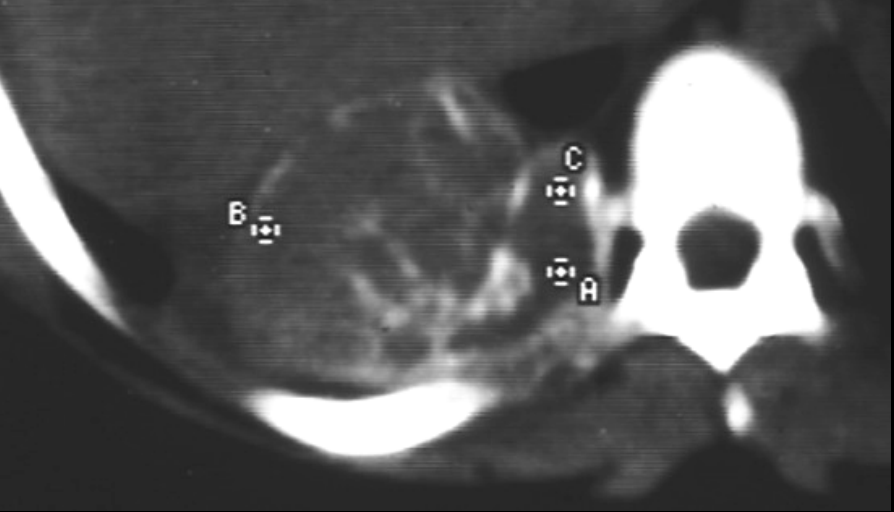
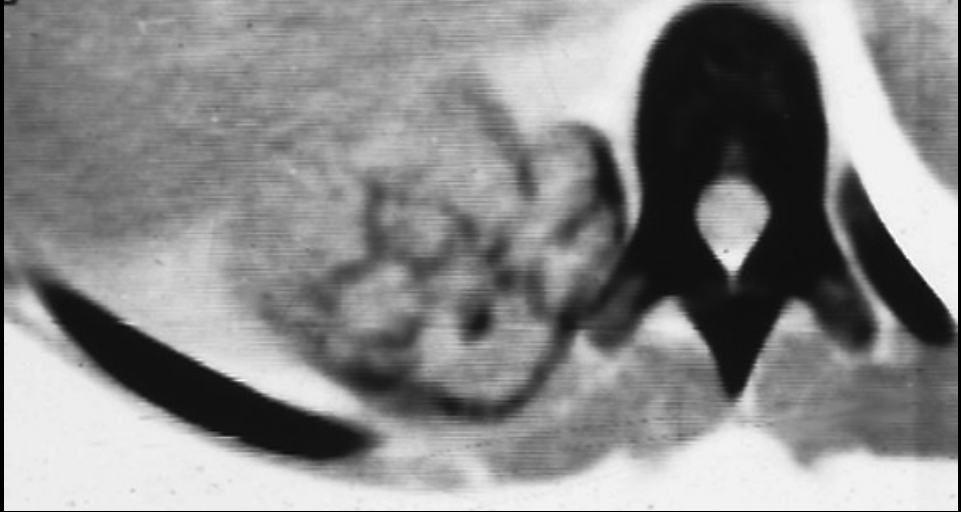


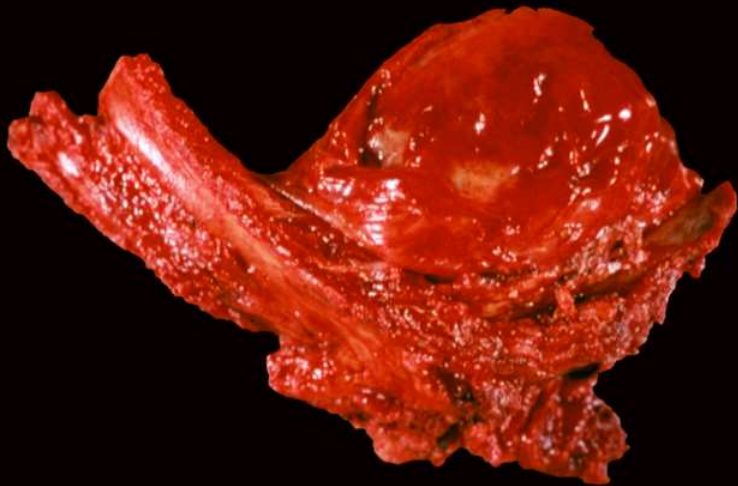
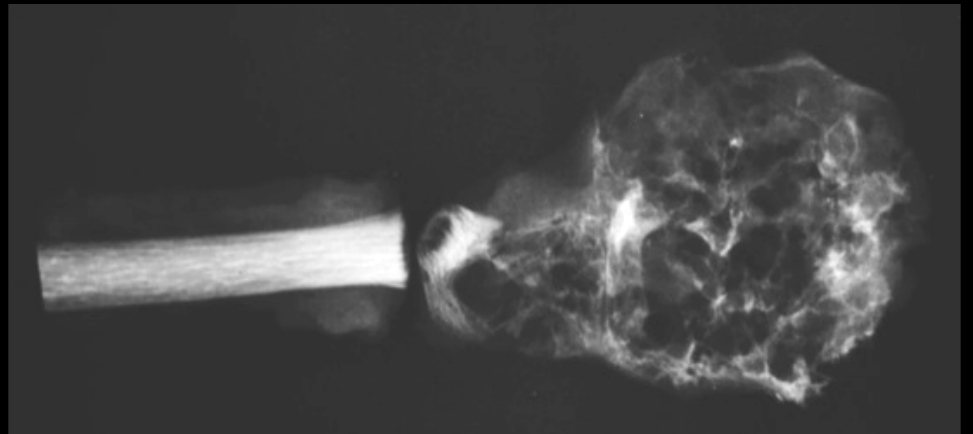
kyste osseux anévrysmal de l'astragale



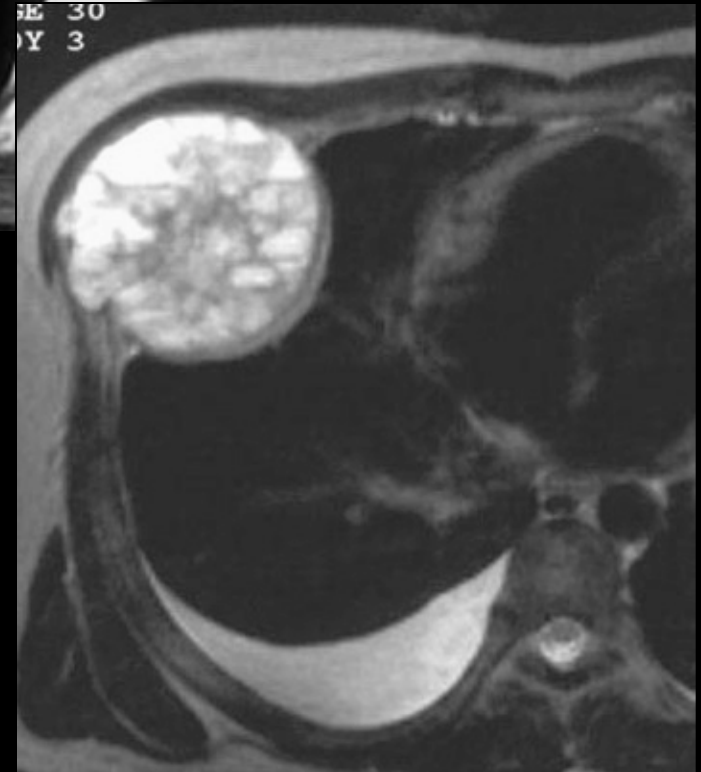
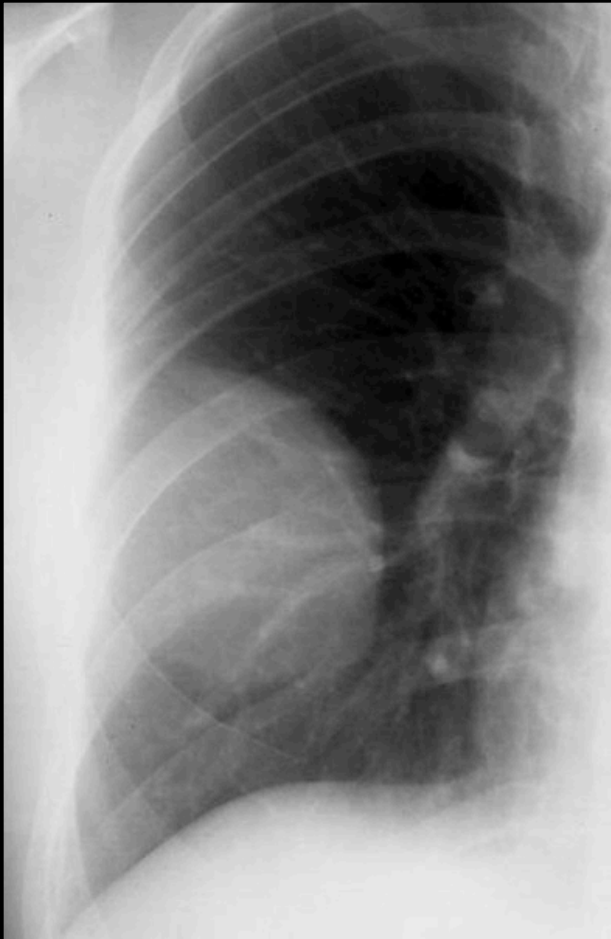
**jeune fille 15 ans ; pleurésie révélatrice ;
ponction hémorragique ,ana path :
ostéosarcome sur une biopsie**

Exérèse de la pièce ana path : KOA



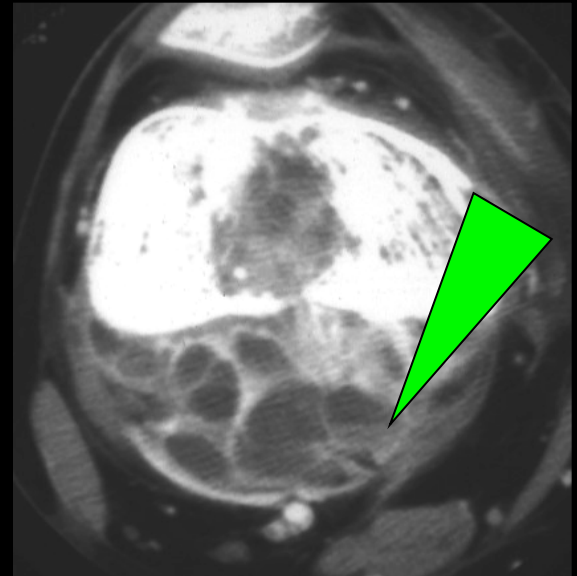
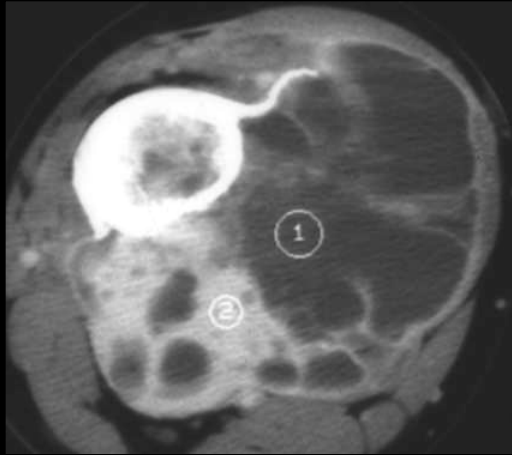


kyste osseux anévrysmal costal

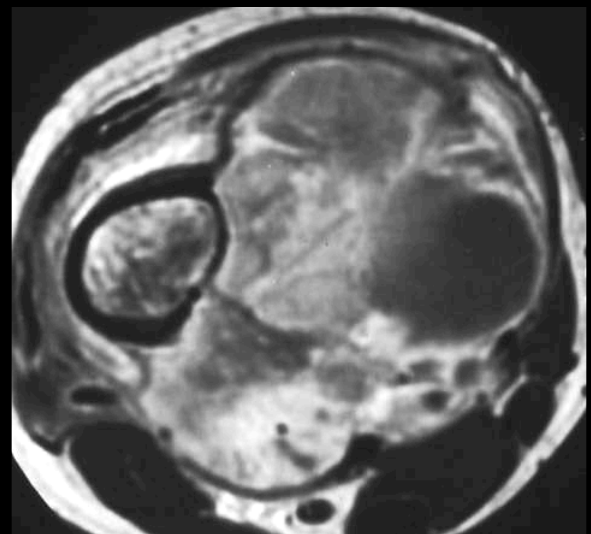
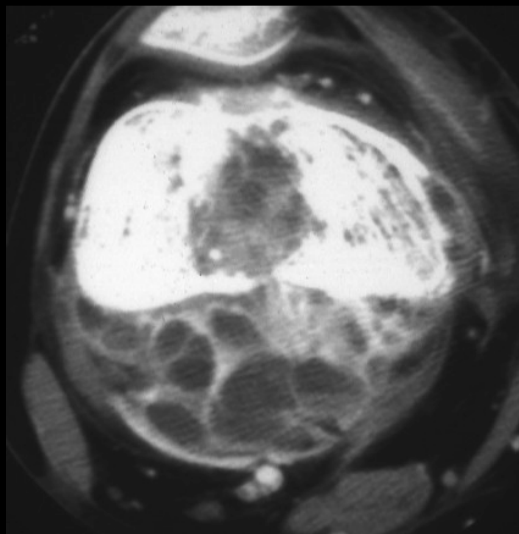
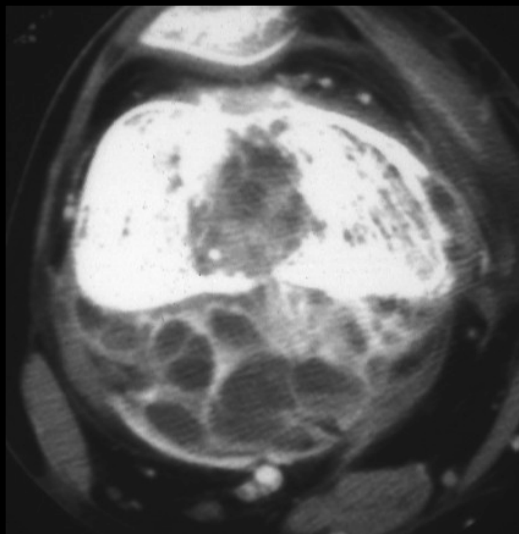


garçon 18 ans

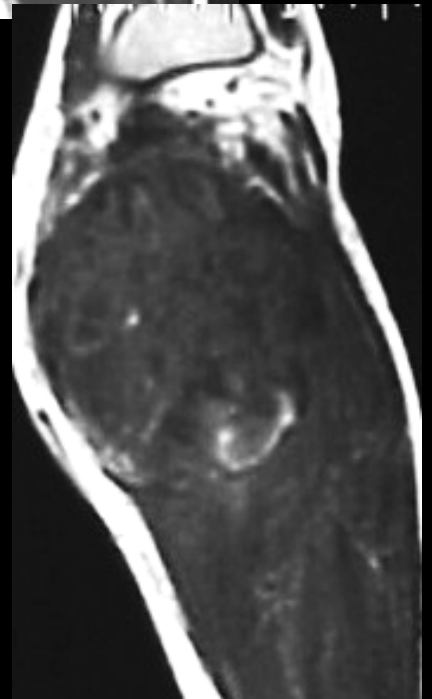
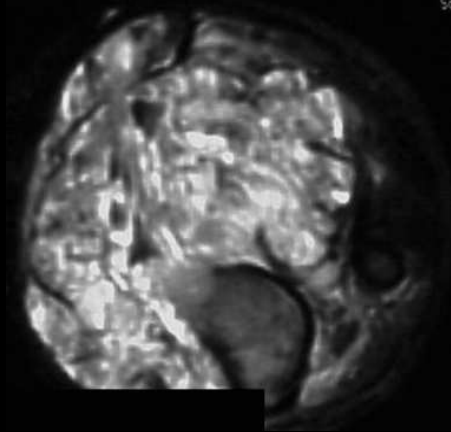
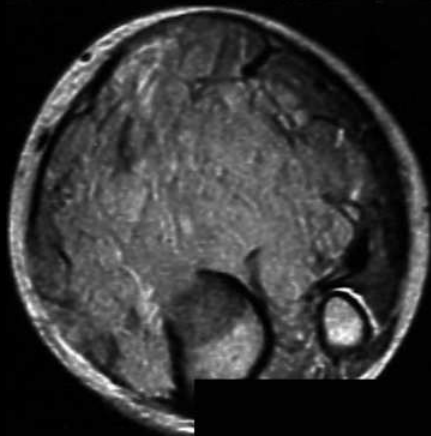
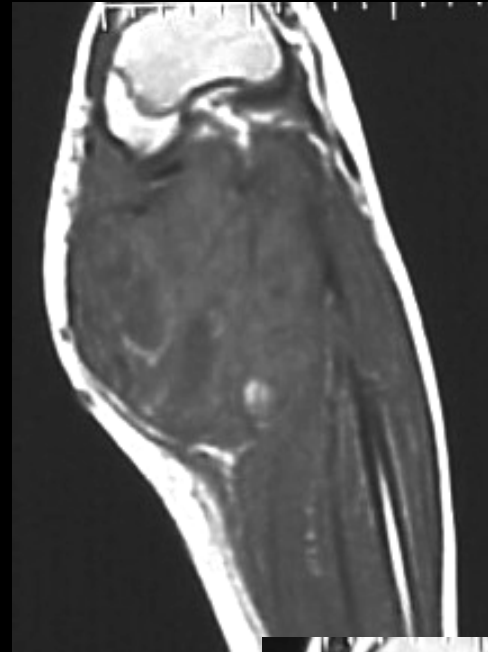
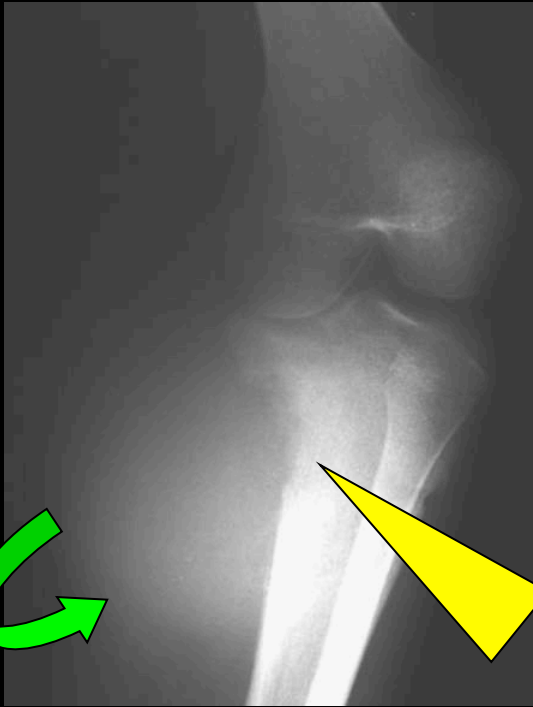
kyste osseux anévrysmal costal



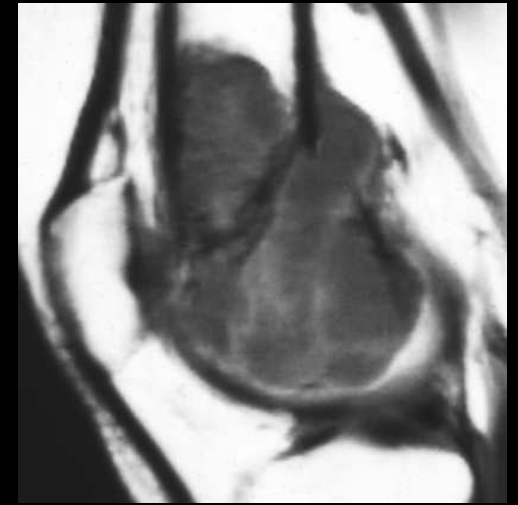
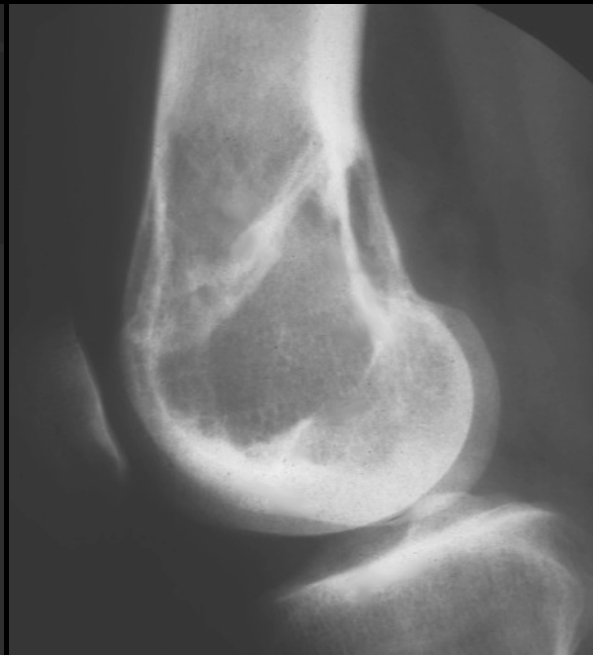
garçon 15 ans
diagnostic(s)



**ostéosarcome
télangiectasique**

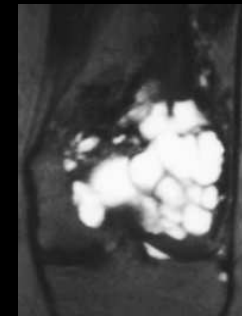
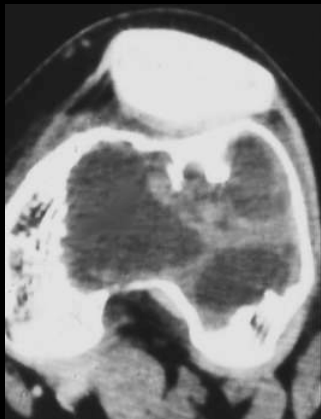
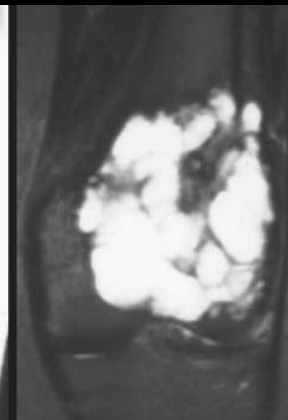


**ostéosarcome
télangiectasique**

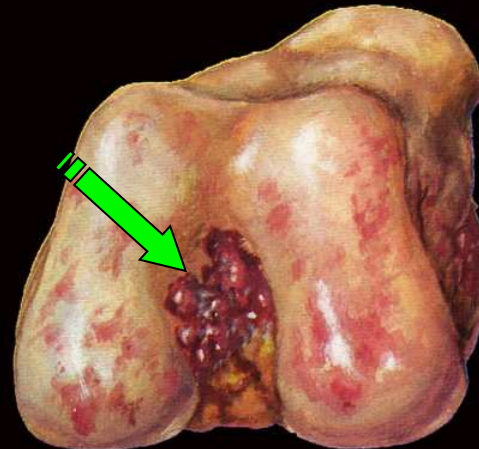
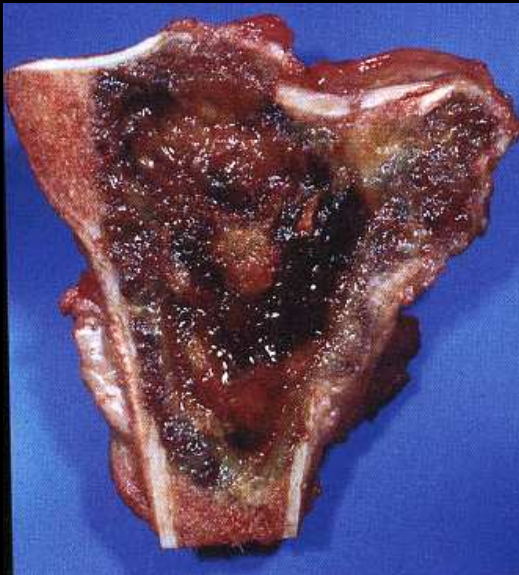
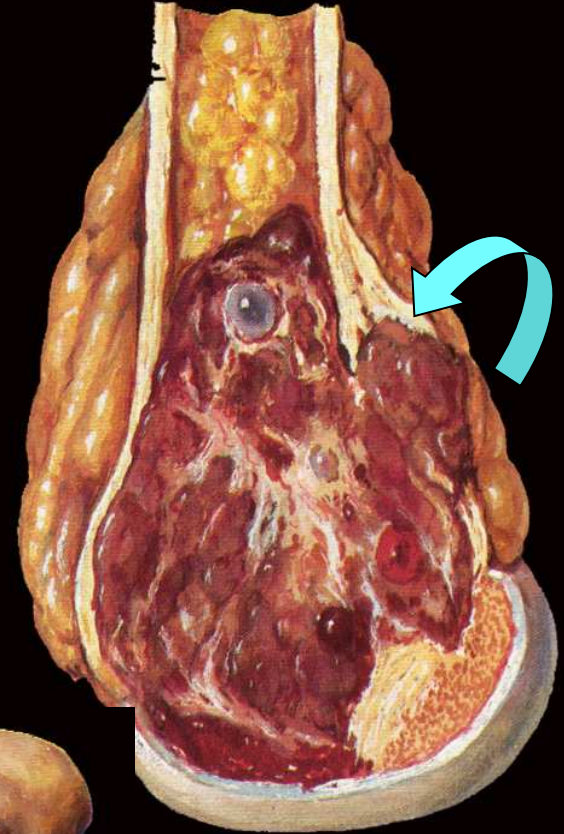
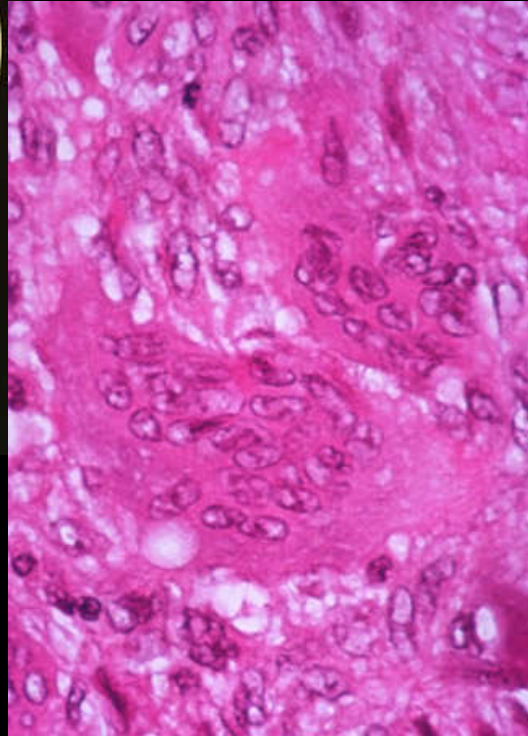


jeune fille 22 ans

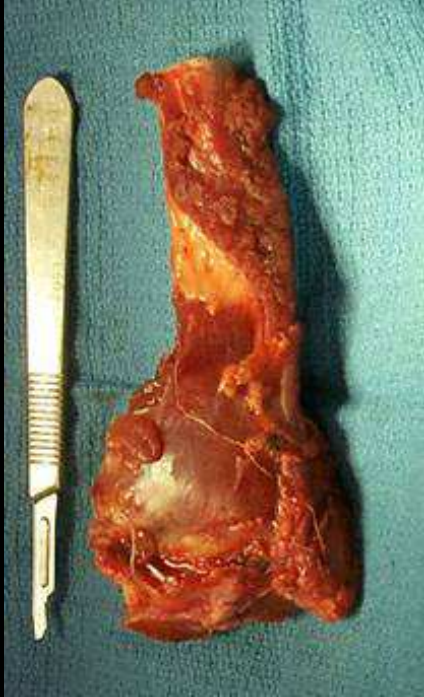
diagnostic(s)



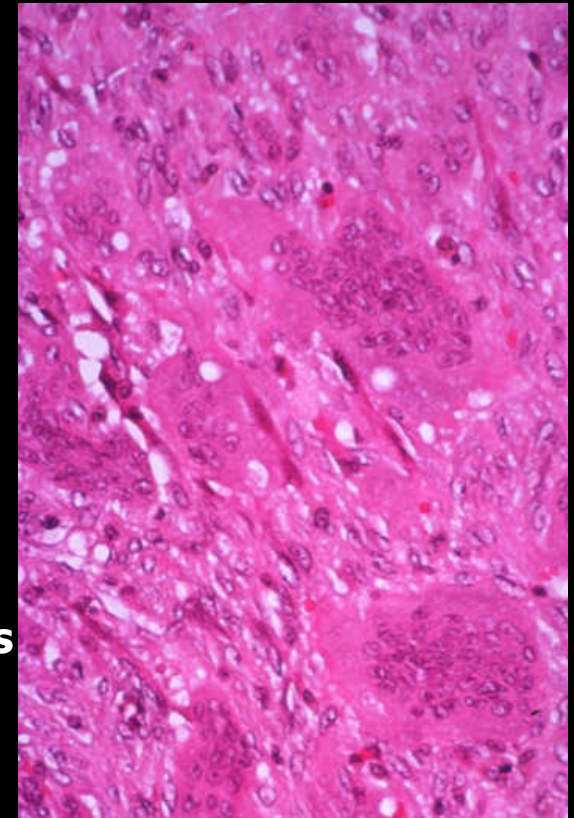
tumeurs à cellules géantes

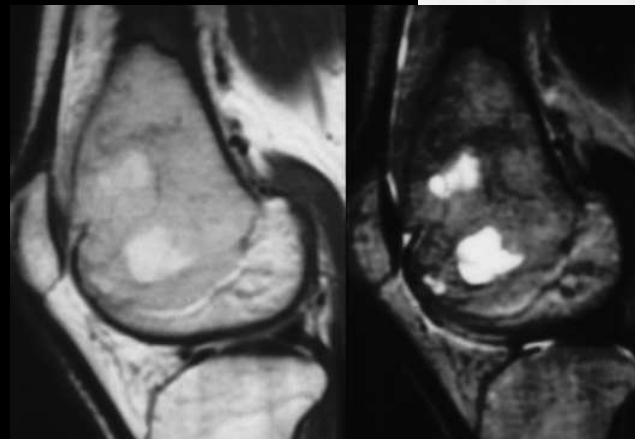
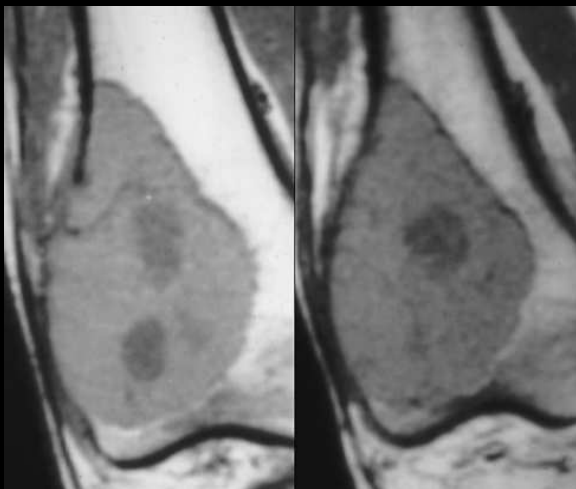
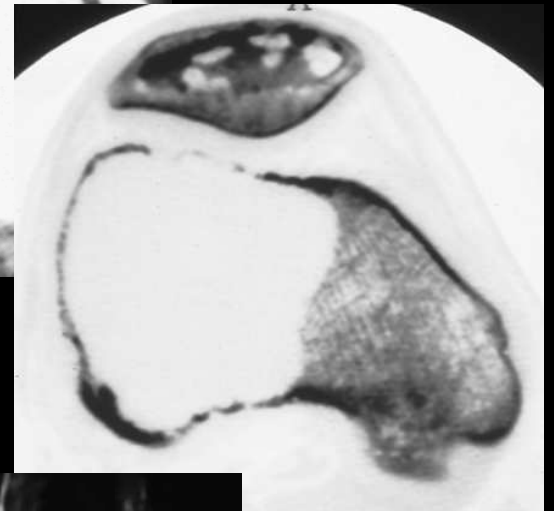
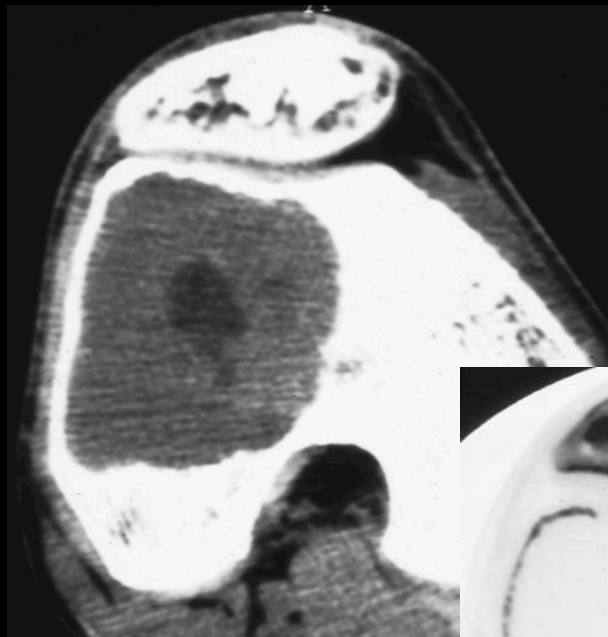


tumeurs à cellules géantes

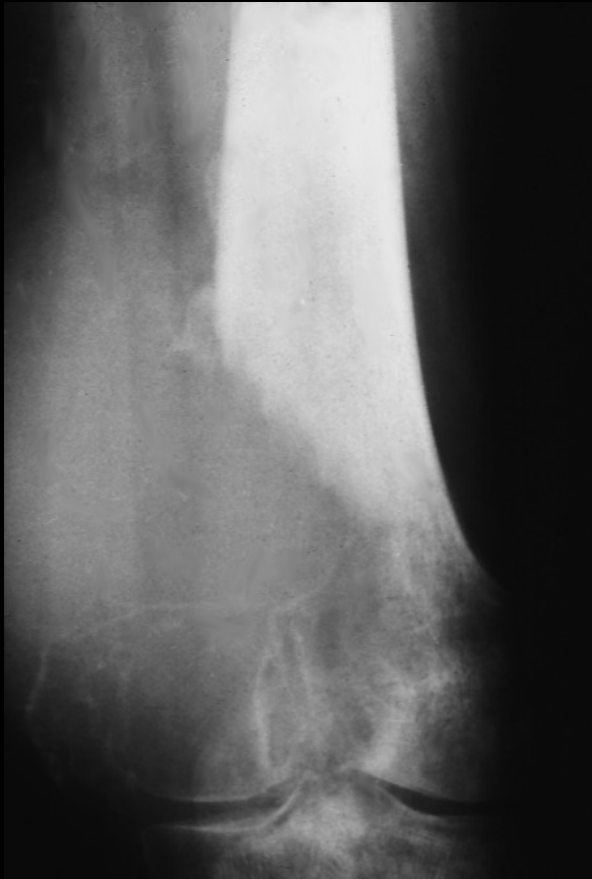


- tumeur à myéloplaxes; ostéoclastome
- frontière bénignité / malignité : faite de cellules stromales mononucléées et de cellules géantes multinucléées
- fréquente : 21% des T osseuses bénignes
- adulte jeune** après soudure de la plaque de croissance **après 20 ans , début de la 3^{ème} décennie ++++** (par opposition avec le KOA (2^{ème} décennie)
- siège : **85% épiphyse des os longs (membres inférieurs +++)** : prés du genou / loin du coude





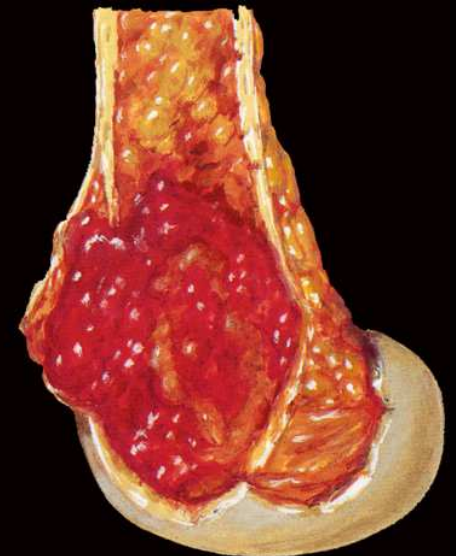
tumeur à cellules géantes ! Homme 24 ans



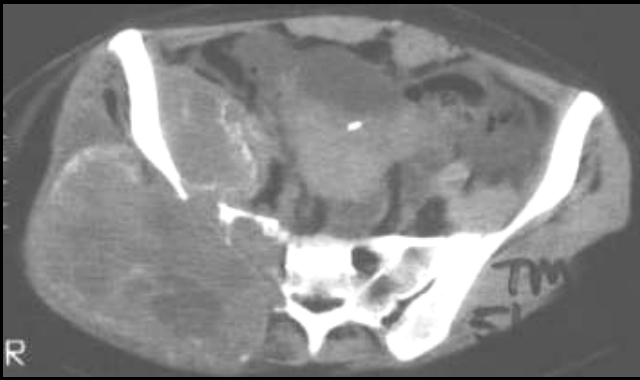
tumeurs à cellules géantes à forte agressivité biologique
ostéolyse géographique à contours de type I C



TCG et fracture pathologique

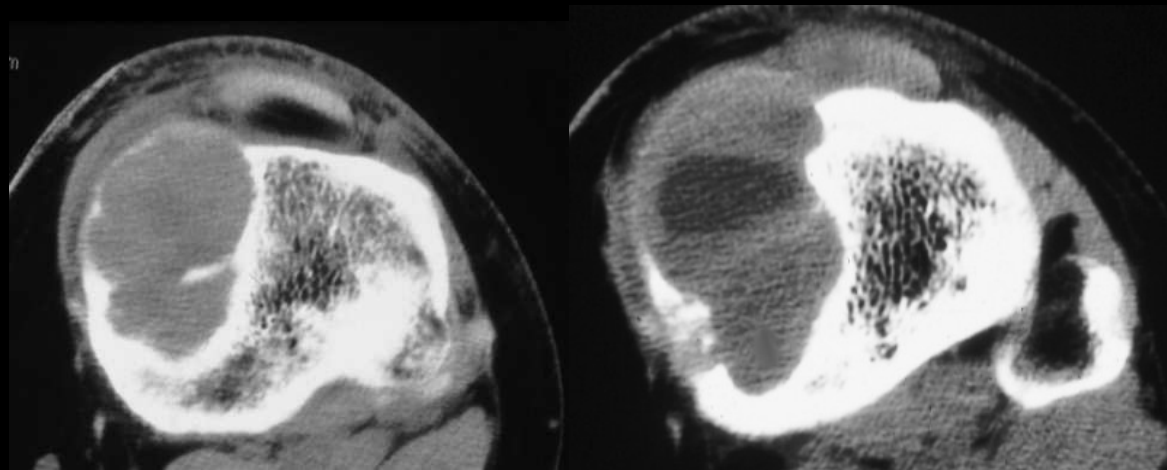


sarcome à cellules géantes



- lacune métaphyso-épiphysaire excentrée avec cloisons de refend
- souffle la corticale
- si maligne : rupture corticale, réaction périostée spiculaire, éperon de Codman, parties molles

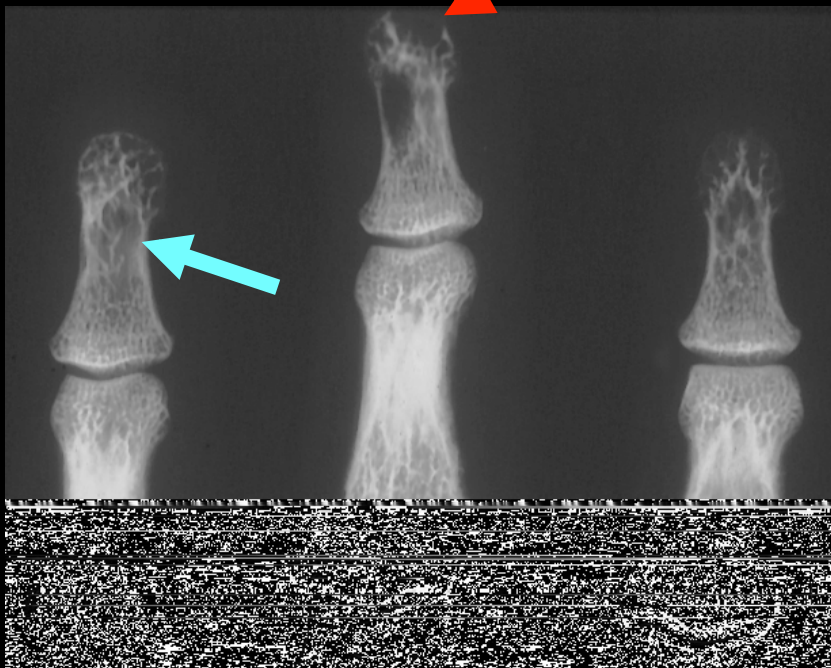
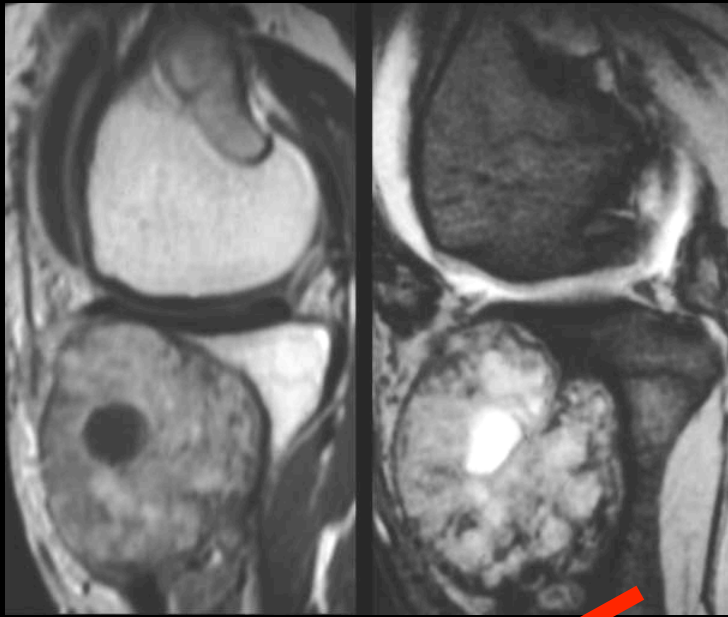




femme 33 ans ; multiples tumeurs : fémur , rotule, tibia
...
pas de cancer primitif décelable

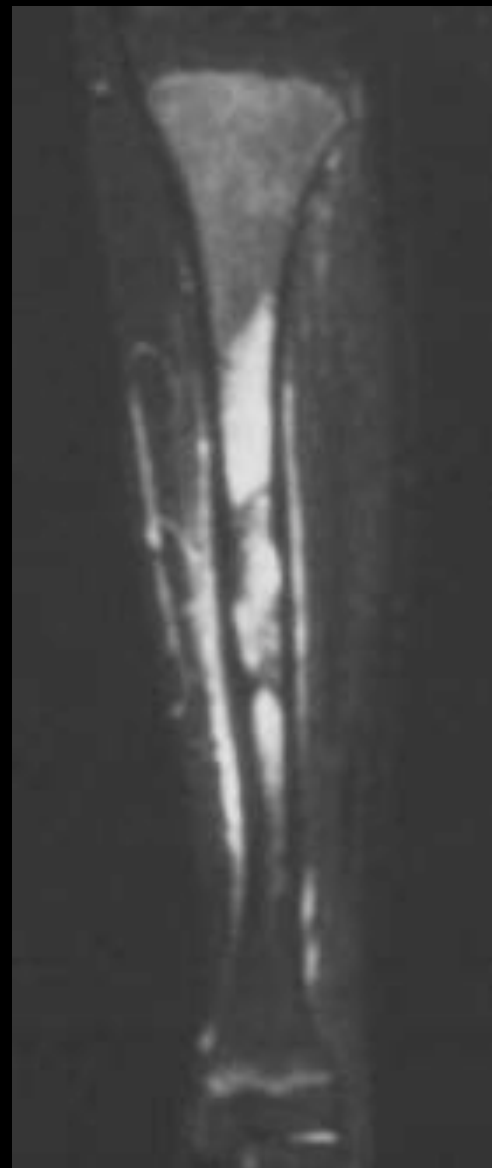
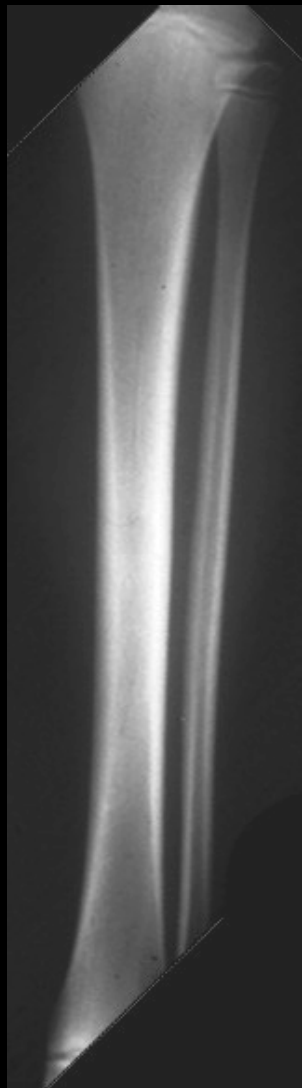
Quel(s) examen(s) complémentaire(s) prescrire





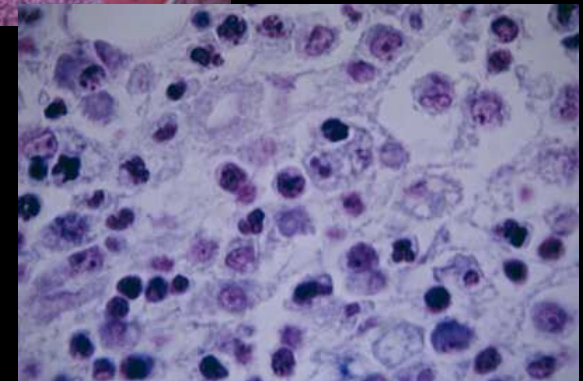
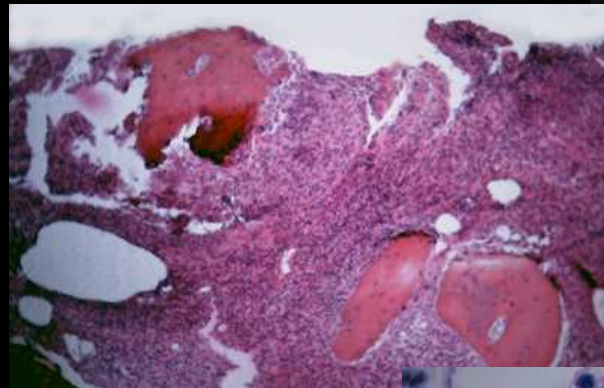
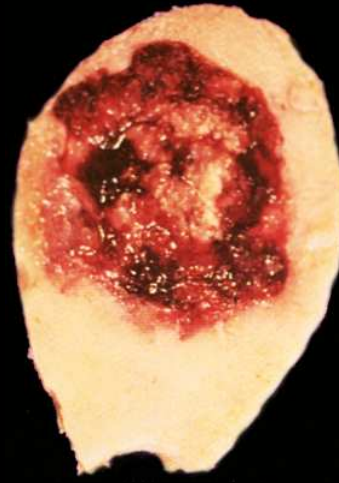
Bien entendu une calcémie puisqu'il s'agit d'un **hyperparathyroïdisme primaire**, avec un **adénome parathyroïdien cliniquement palpable**.....

11 ans douleurs persistantes du tibia ; pas de syndrome infectieux



granulome éosinophile

- lésions non spécifiques
- crâne : lésions à limites épaisses, à bord biseauté
- pelvis : mal délimitées
- rachis : corps vertébral
- os longs : lésions centro médullaires avec scalloping endostéal et possible réaction périostée
- diagnostic différentiel : Ewing, ostéosarcome, ostéomyélite, LMNH, métastases (chez les sujets plus âgés !)



- = histiocytose X (granulomatose à cellules de Langerhans)

- prolifération localisée d'histiocytes

- lésions osseuses et pulmonaires

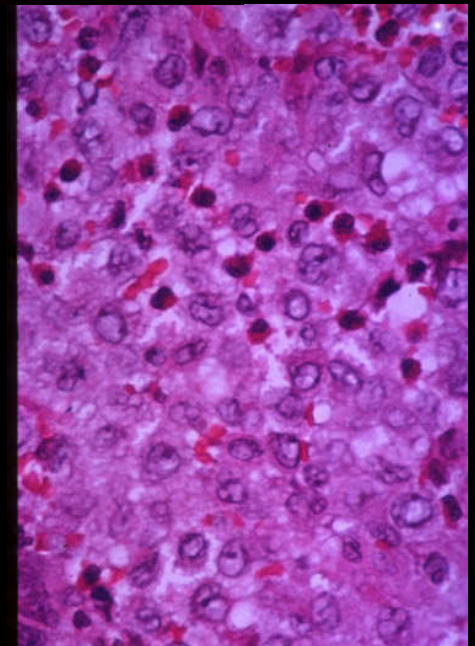
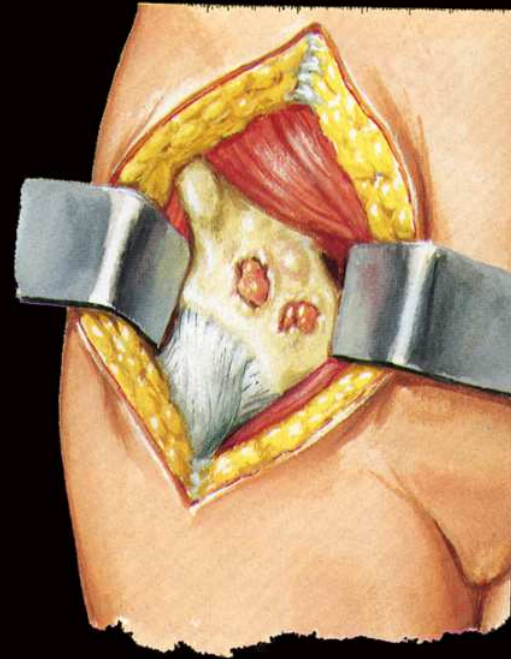
- enfants 5-10 ans, 2H/ 1F

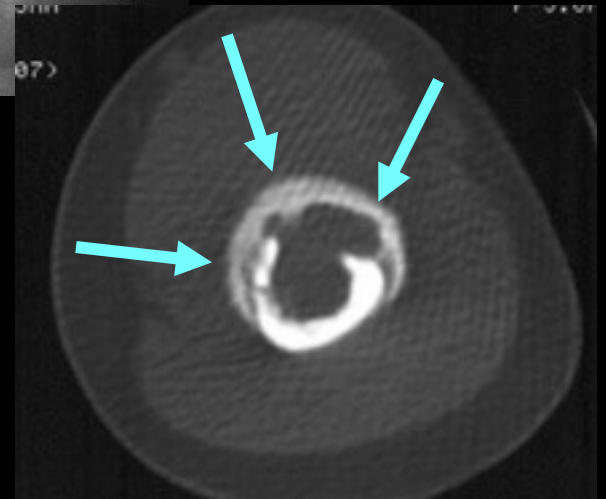
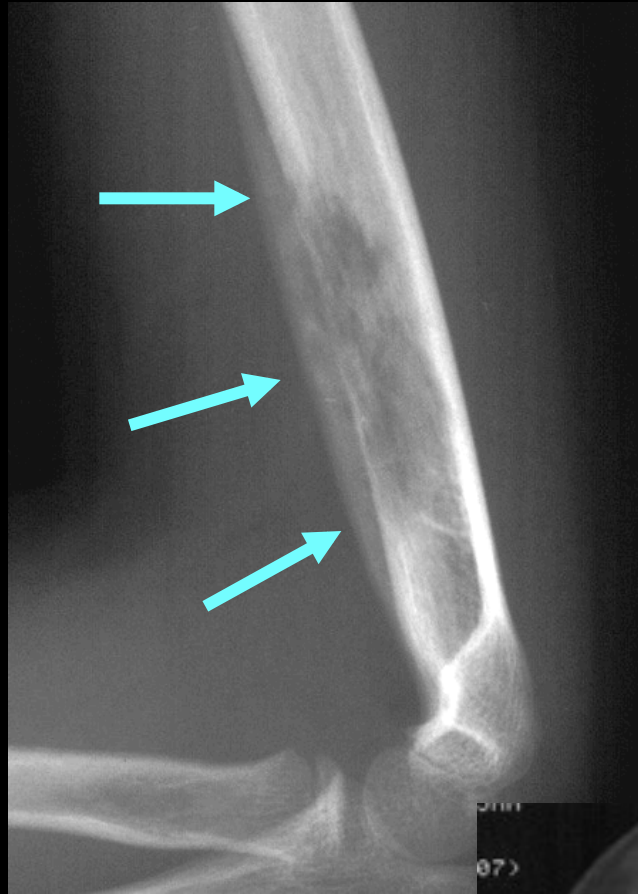
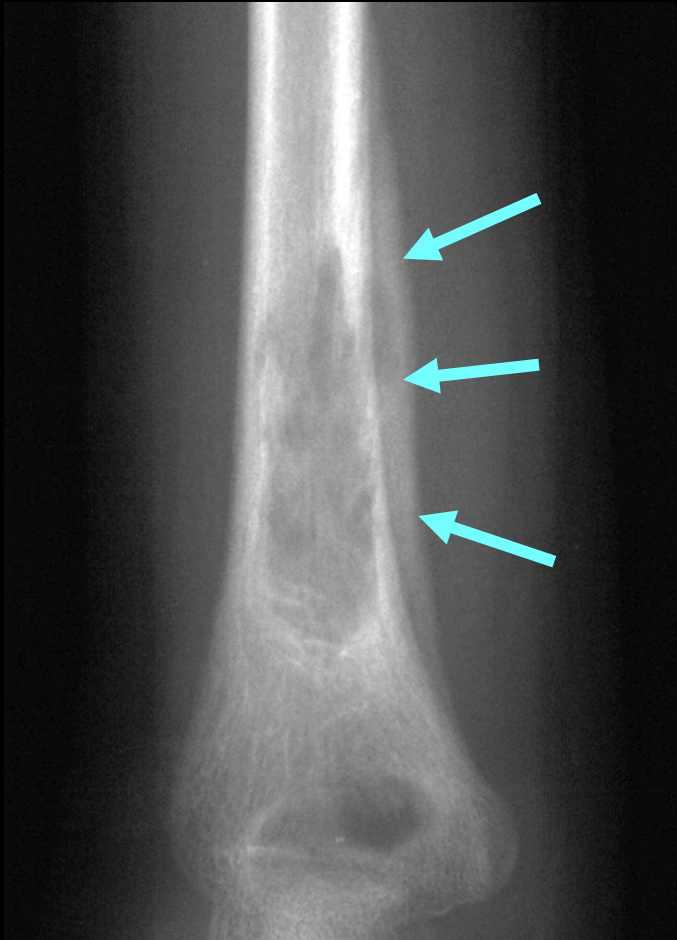
- généralement : tuméfaction douloureuse

- siège : crâne, mandibule, rachis, os longs

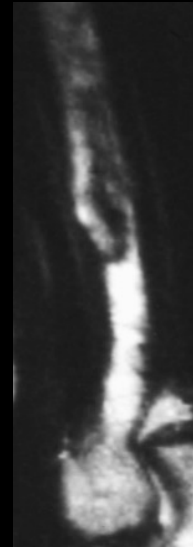
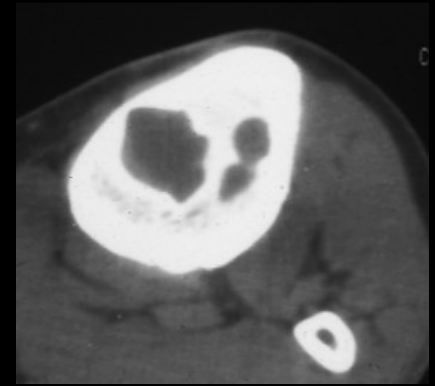
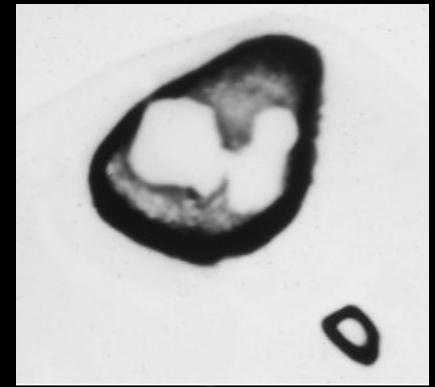
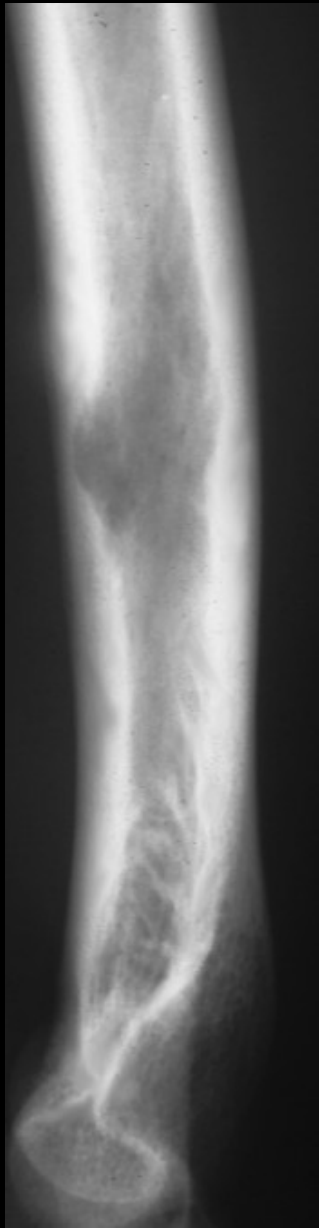
- **Sd Letterer-Siwe** : forme systémique fulminante (10% des cas), enfants <3 ans, fatal

- **Sd Hand-Schuller-Christian** : forme systémique chronique de l'adulte ; triade diabète insipide / exophtalmie / lésions crâniennes



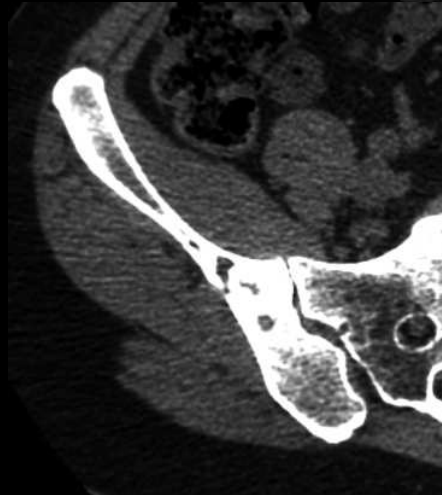
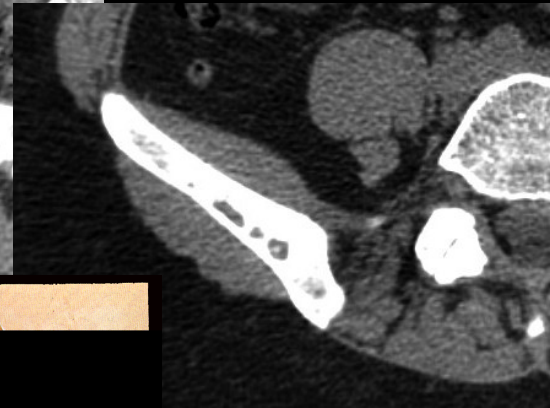
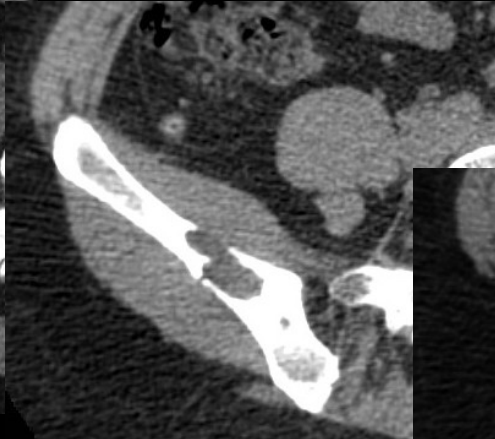
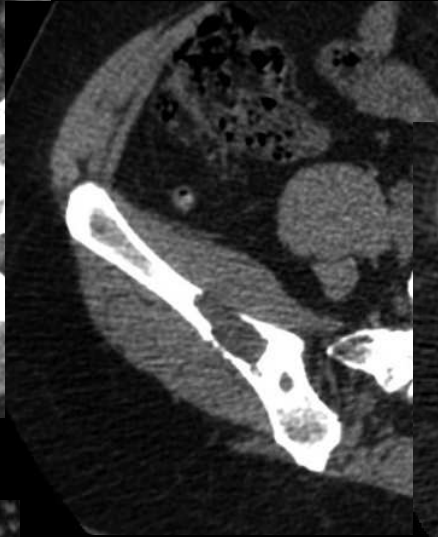
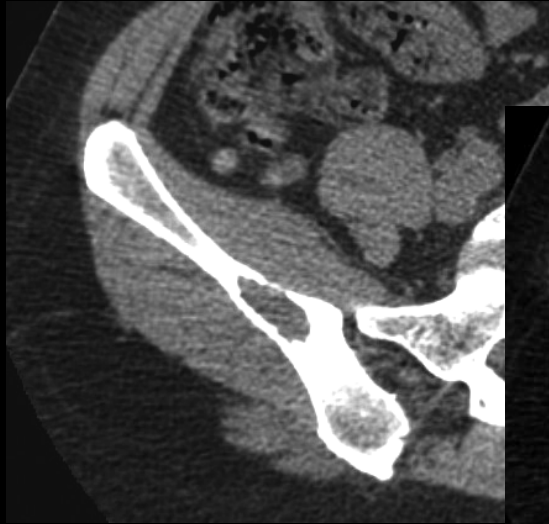


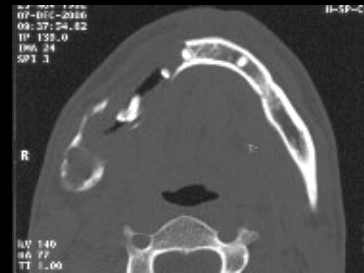
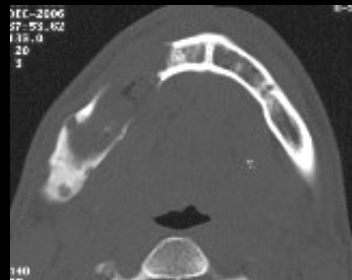
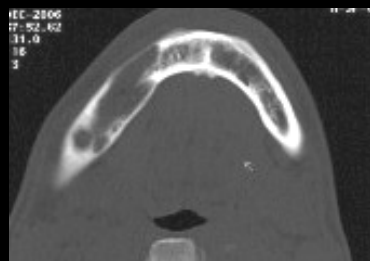
granulome à éosinophilie



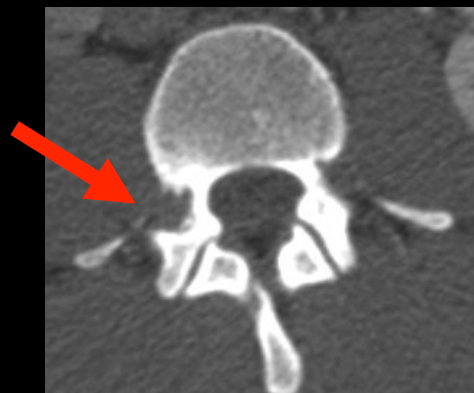
granulome à éosinophilie ,adulte 35 ans

femme 42 ans , maladie de Hand-Schuller-Christian connue ,traitée évolution péjorative persistante malgré une chimiothérapie lourde



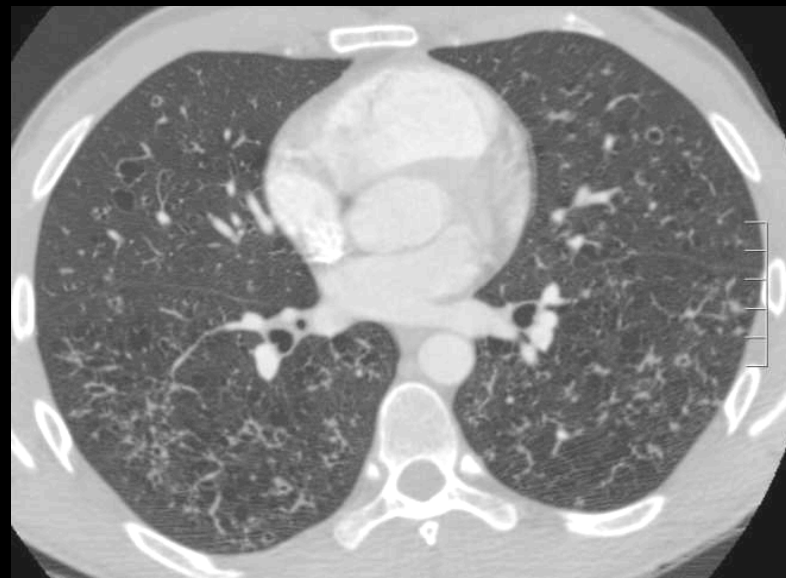
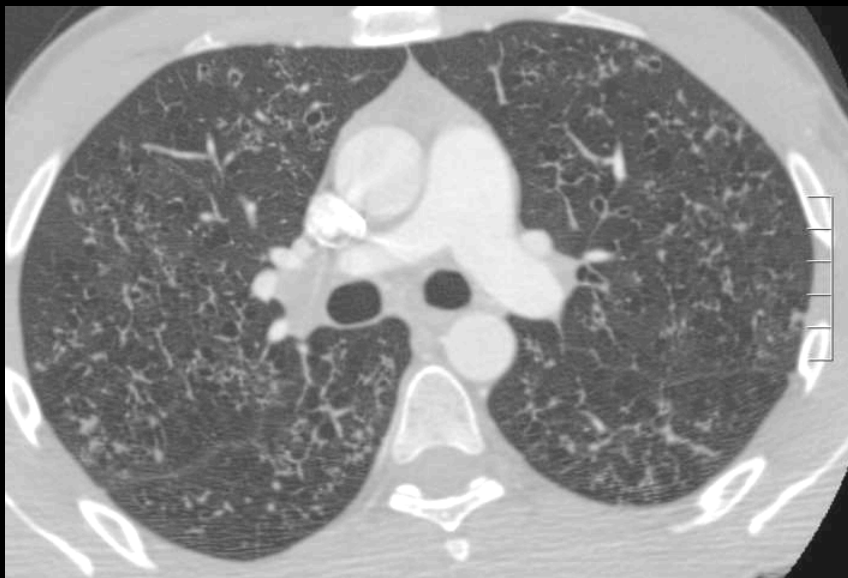


homme 24 ans , exèrèse d'une tumeur kystique du maxillaire inférieur droit :granulome à cellules de Langerhans



Maladie de hand-Schuller-Christian : histiocytose à cellules de Langerhans ;





**Maladie de hand-Schuller-Christian : histiocytose à cellules de Langerhans ;
atteinte systémique**