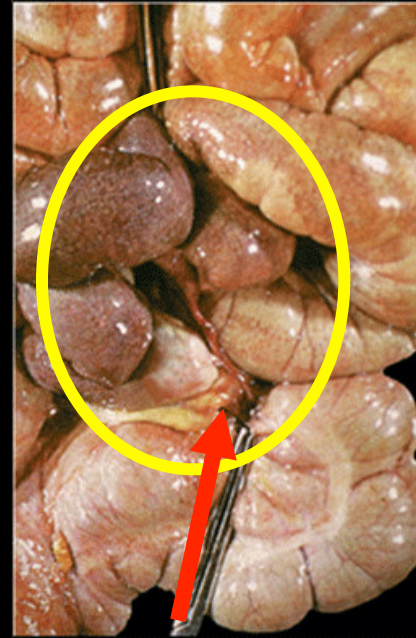


points clés et pièges du diagnostic des occlusions intestinales du grêle

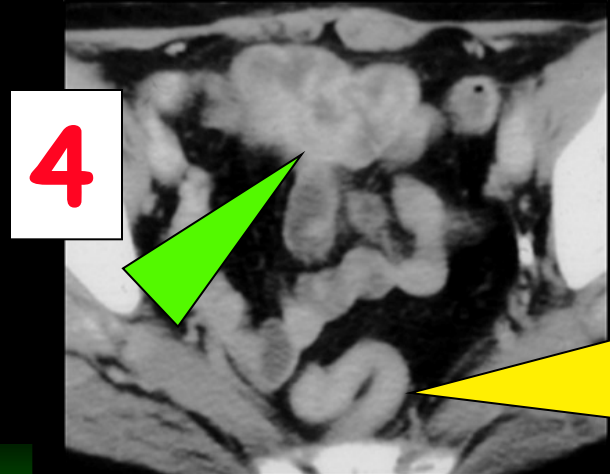
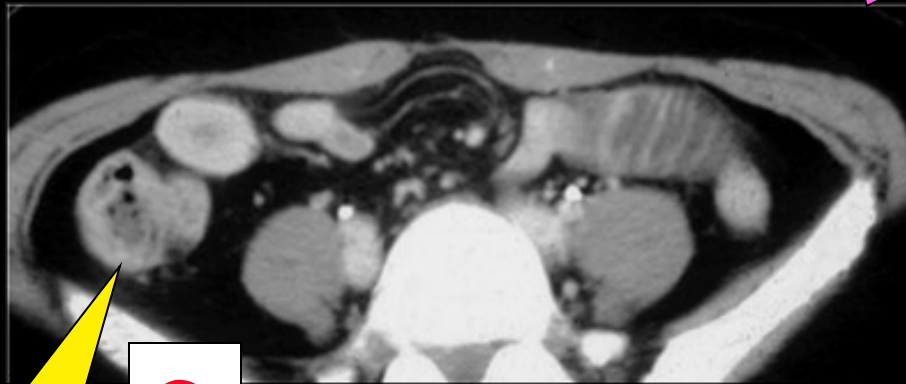
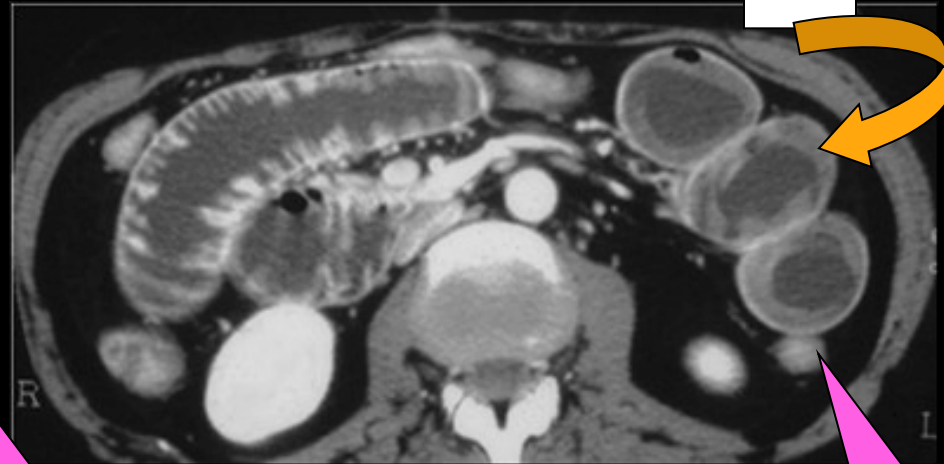
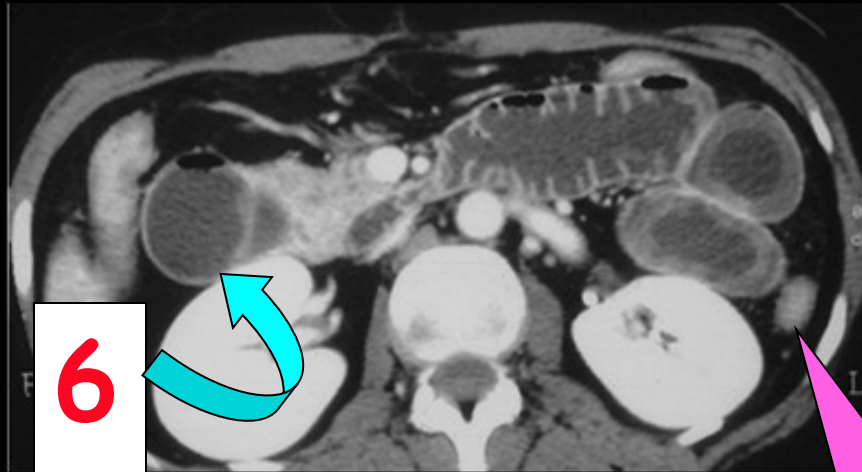


occlusion sur bride ou adhérences **sans** strangulation vasculaire = **problème "mécanique"** (compression extrinsèque de la paroi digestive) en un point



volvulus sur bride **avec** strangulation vasculaire = **problème "ischémique" dominant** (immédiat ou différé) ; compression en 2 points de la paroi digestive

1^{ère} étape: affirmer le syndrome occlusif =
éliminer un ileus fonctionnel , cad affirmer la présence de segments
digestifs non distendus (d'un syndrome sous lésionnel grêle)

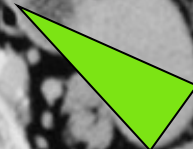
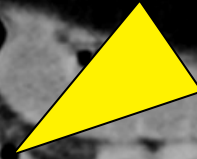


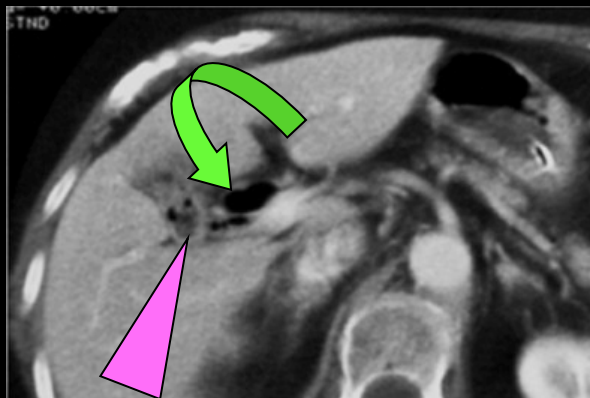
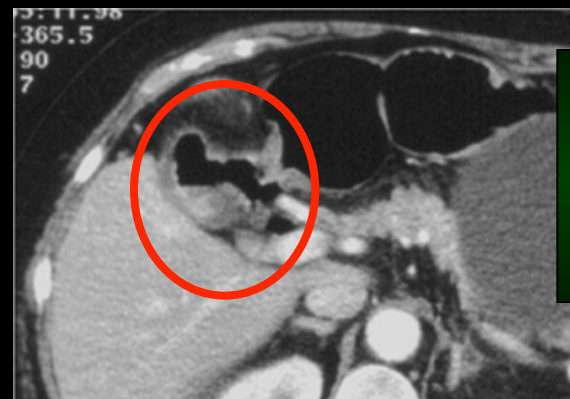
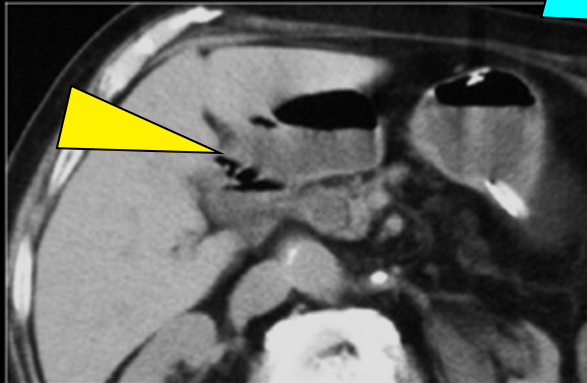
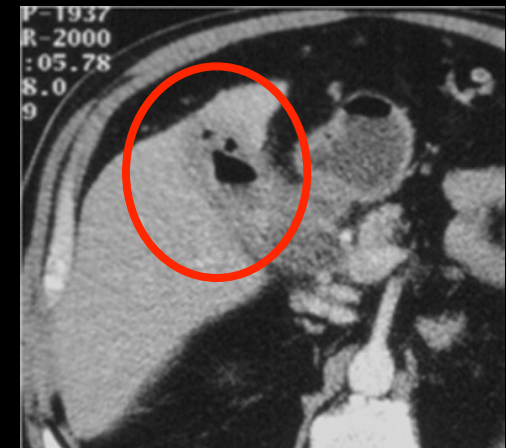
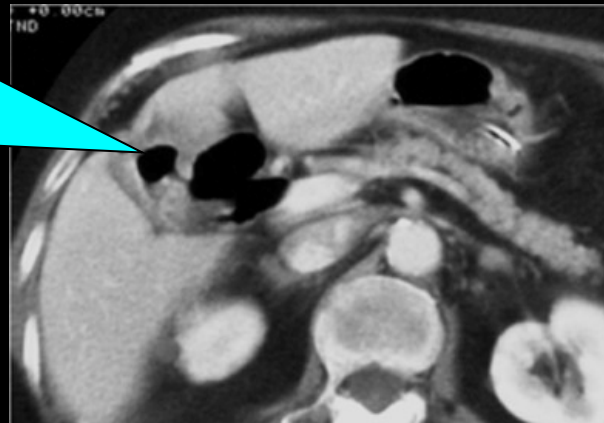
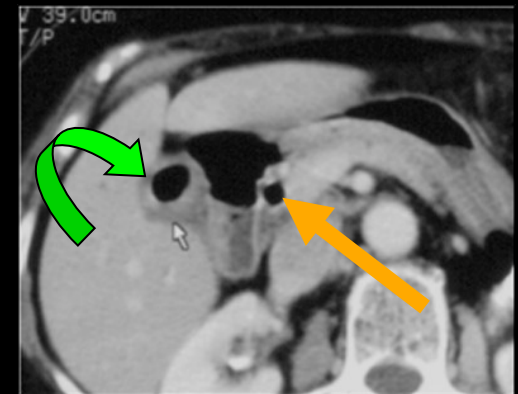
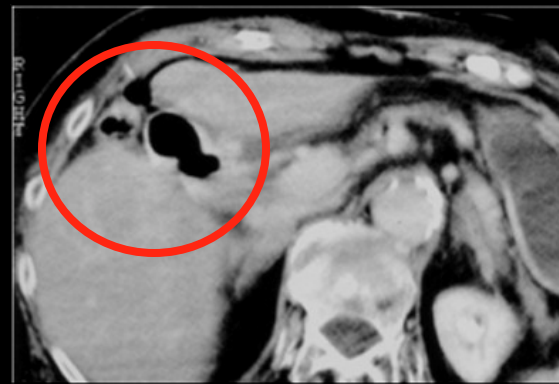
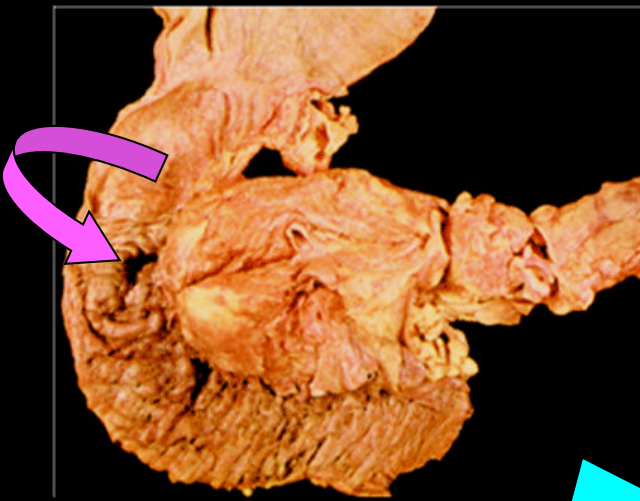
occlusion sur bride sans volvulus

2^{ème} étape: diagnostic étiologique ;

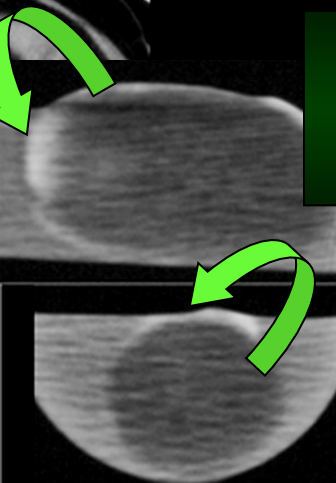
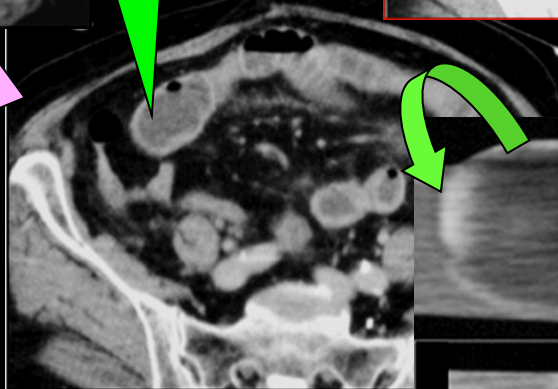
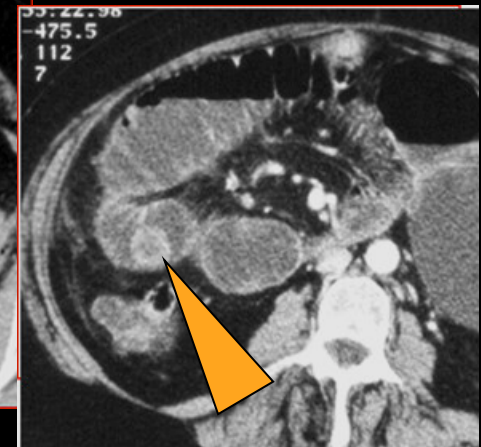
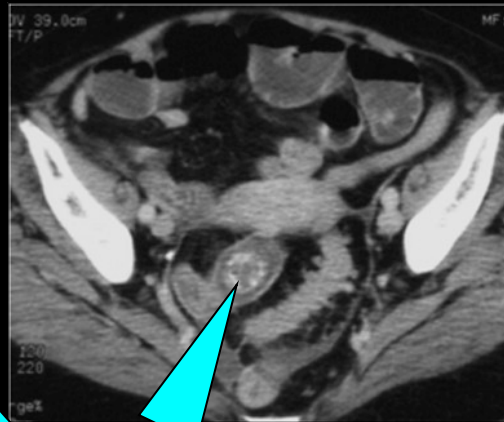
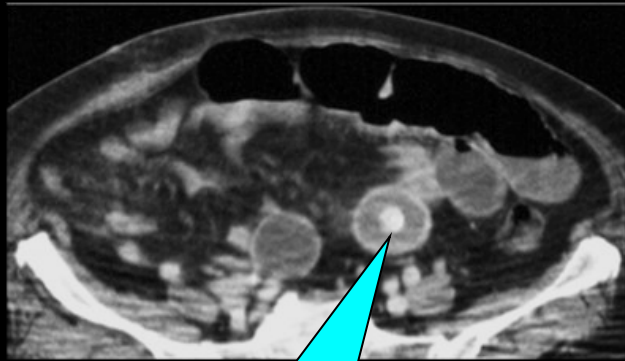
les causes " évidentes " d'occlusion du grêle

1. ileus biliaires

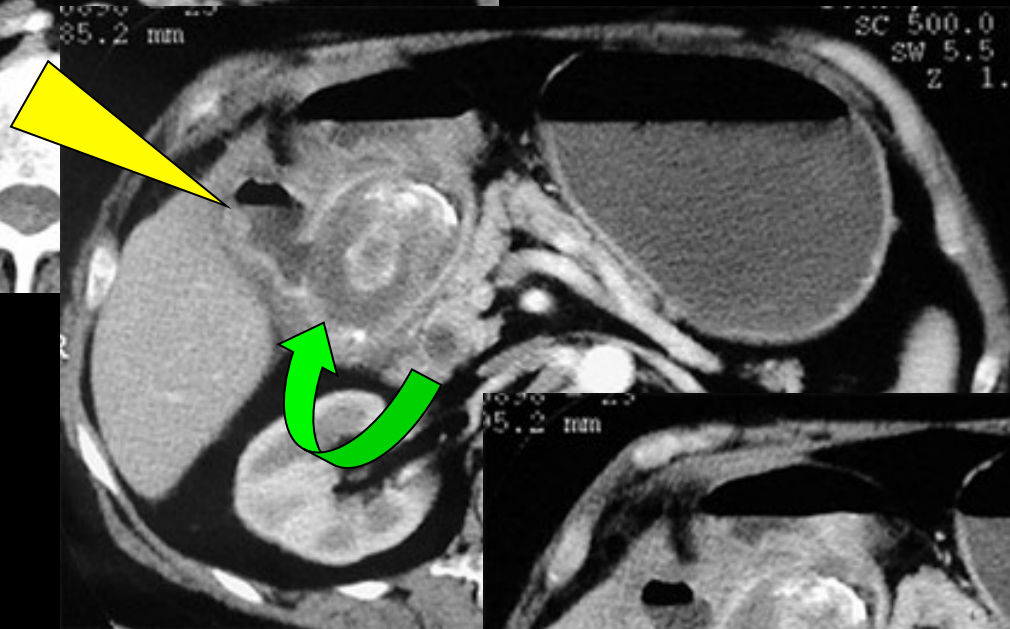
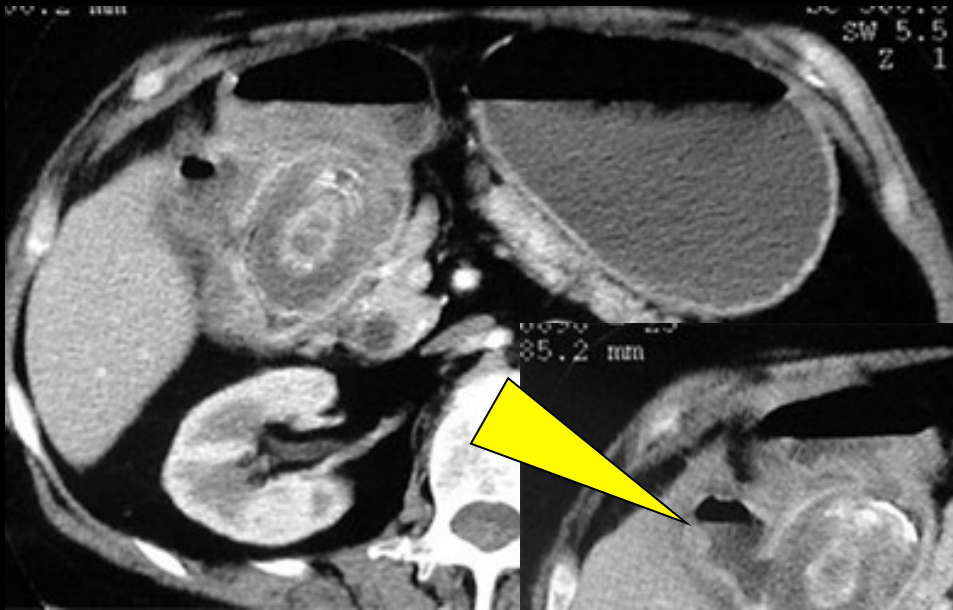




la pneumobilie, (en particulier le pneumocholécyste) est variable et peut manquer !

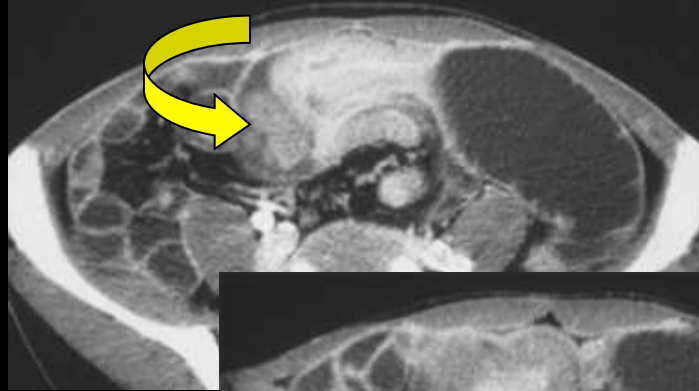


la visibilité du(des)
calcul(s) est fonction du
degré de calcification

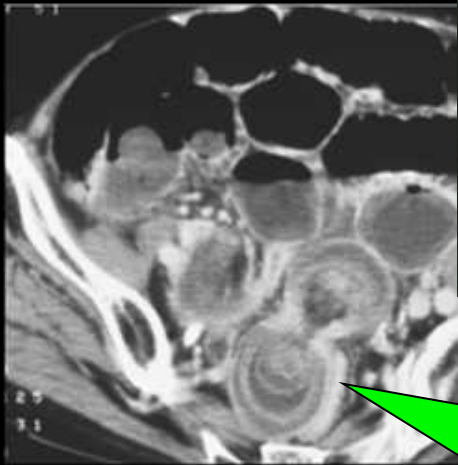


**ileus biliaire duodéna
durcissement épigastrique intermittent de
Bouveret**

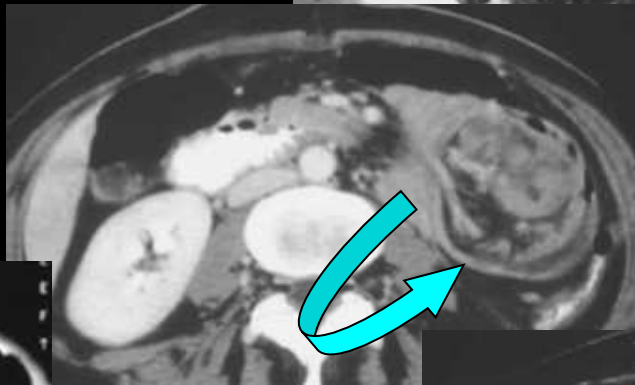
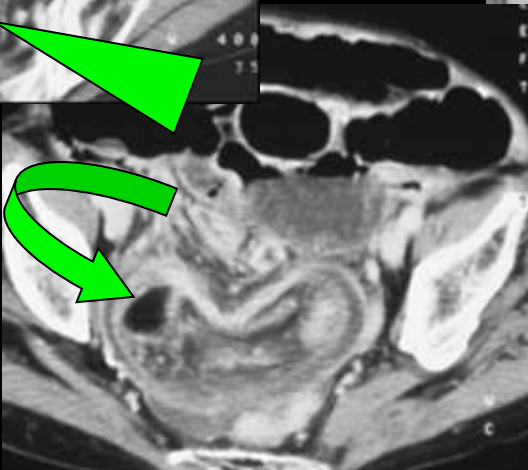
2. invaginations aiguës



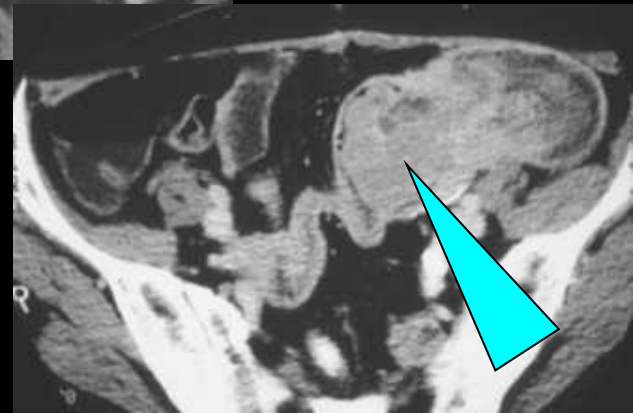
lmnh



lipome

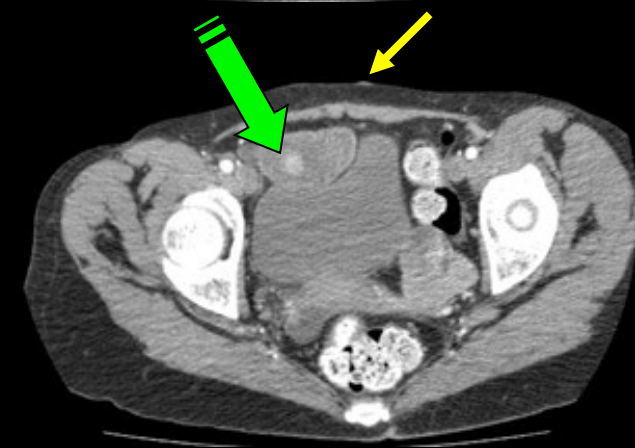
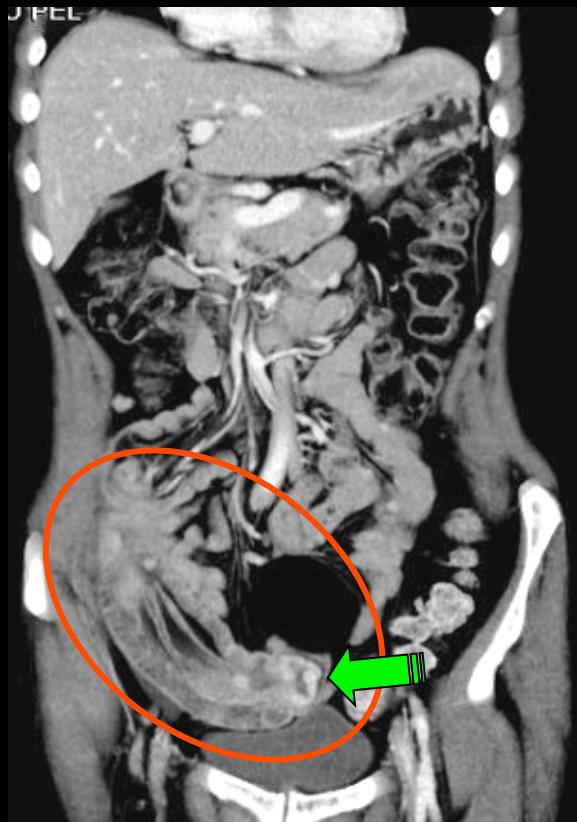
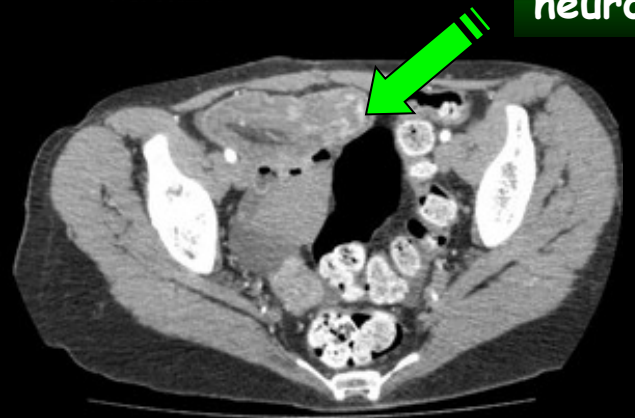


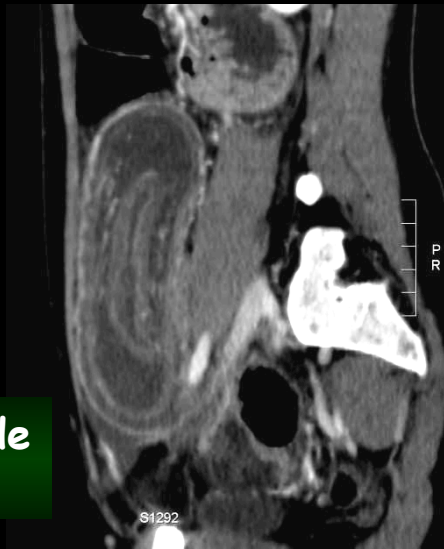
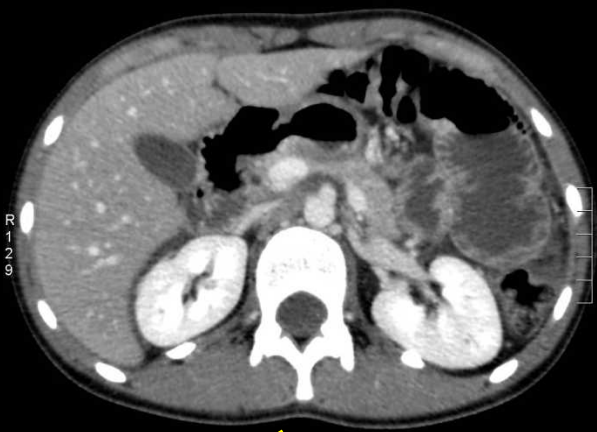
métas
mélanome



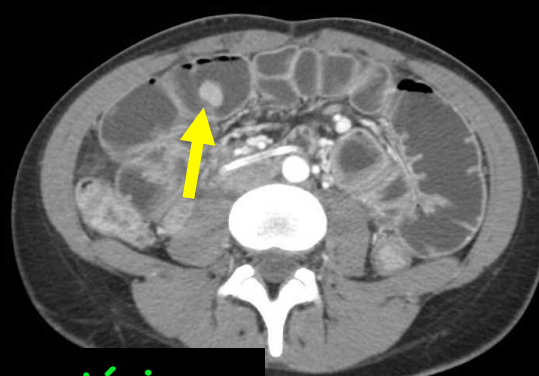
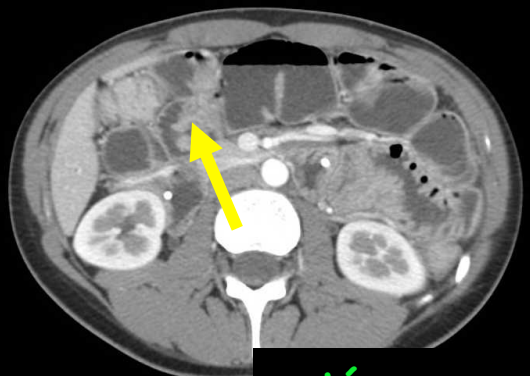


neurofibromatose de type 1 et GIST multiples (5% des cas)



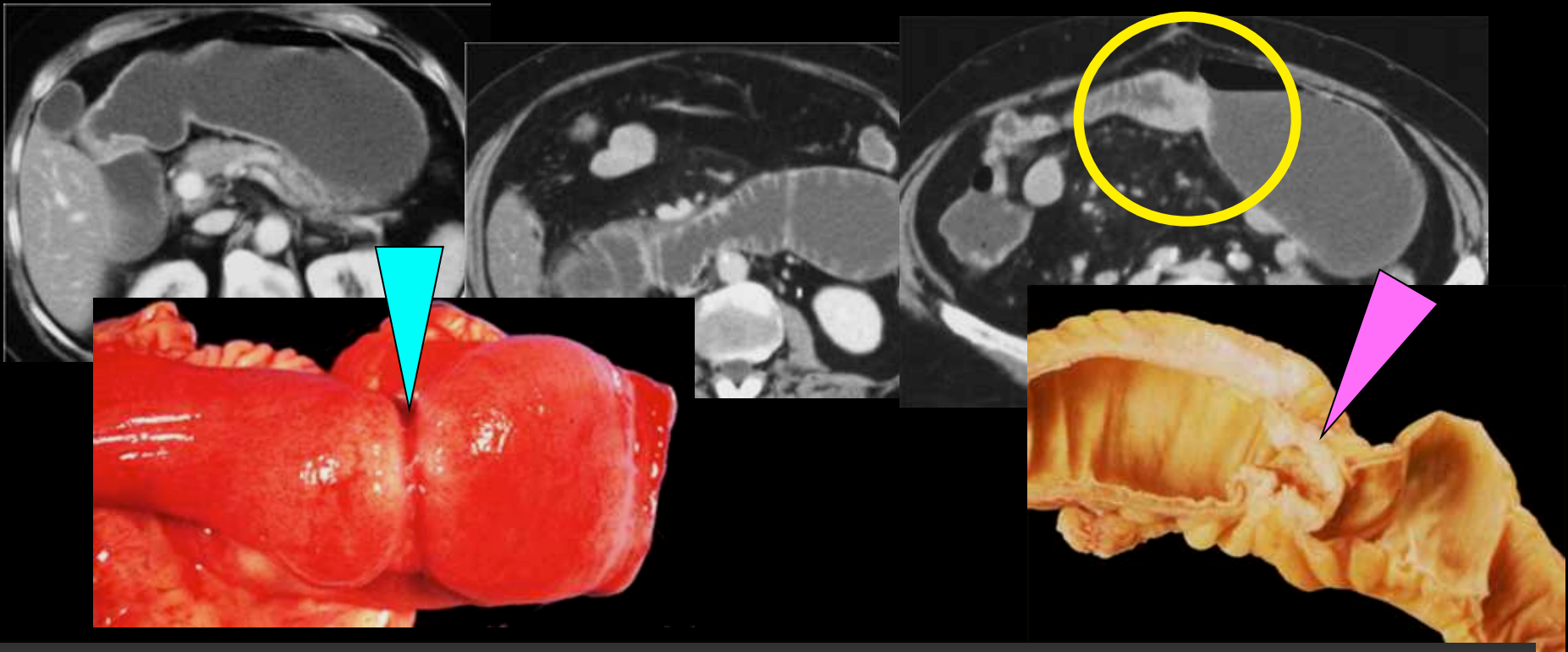


polypose hamartomateuse de Peutz Jeghers Touraine



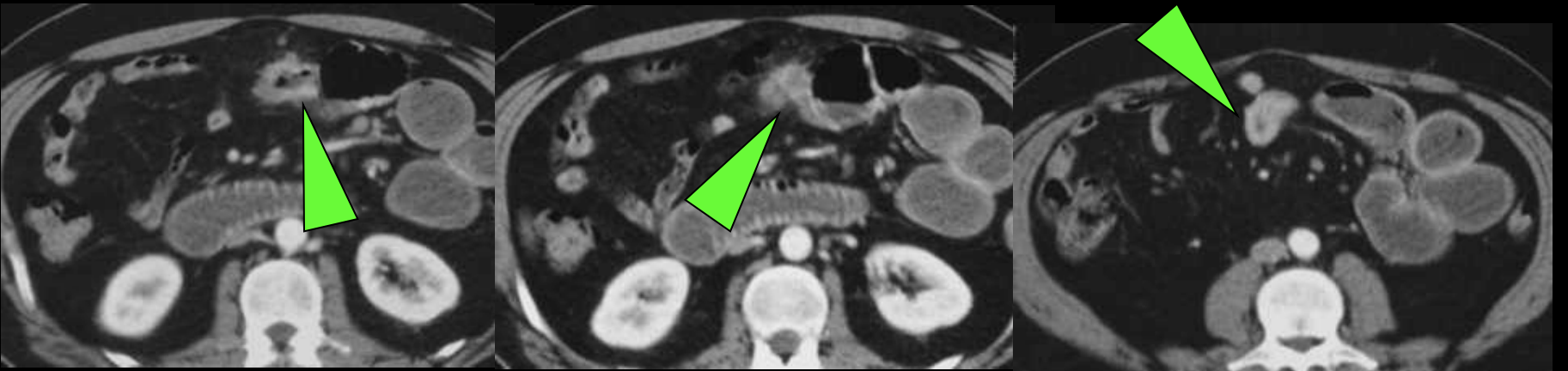
entéroscanner antérieur

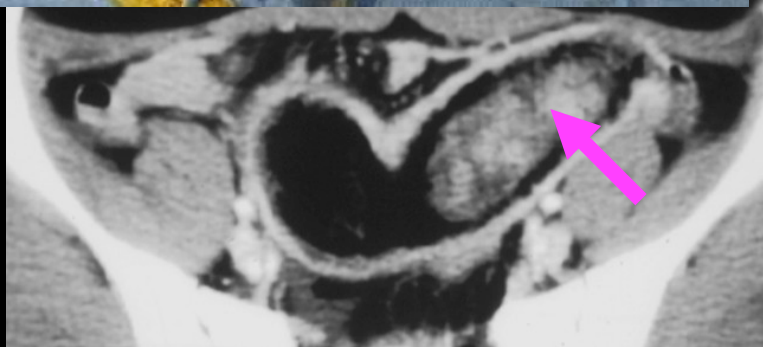
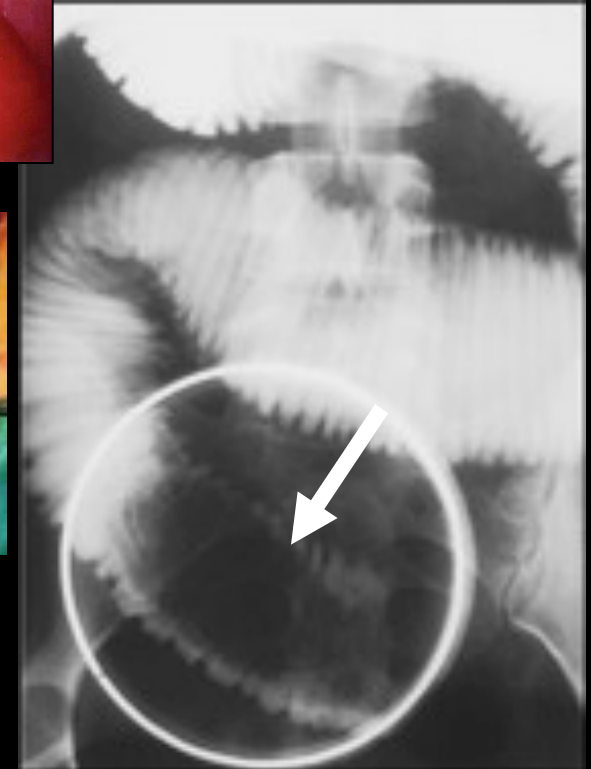
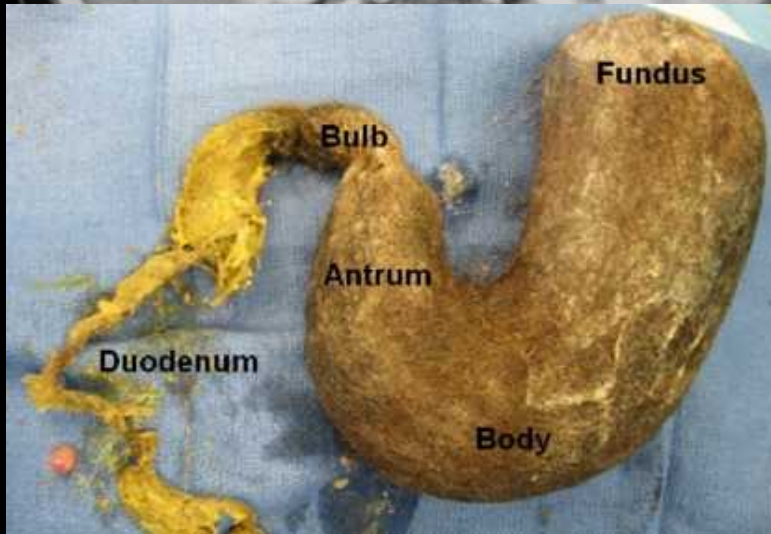
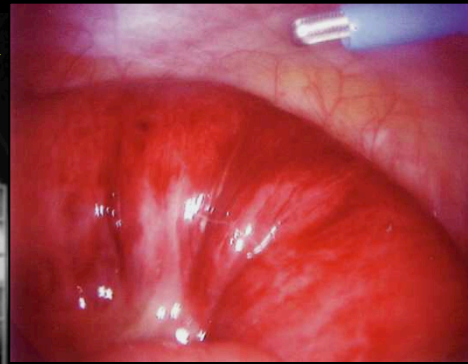
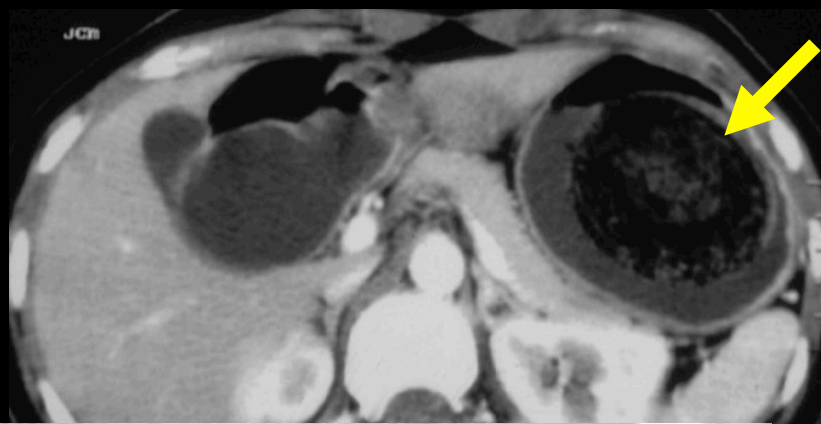




3. sténoses tumorales jéjunales hautes

nap ring adenocarcinoma = lésion circonférentielle courte ou LMNH

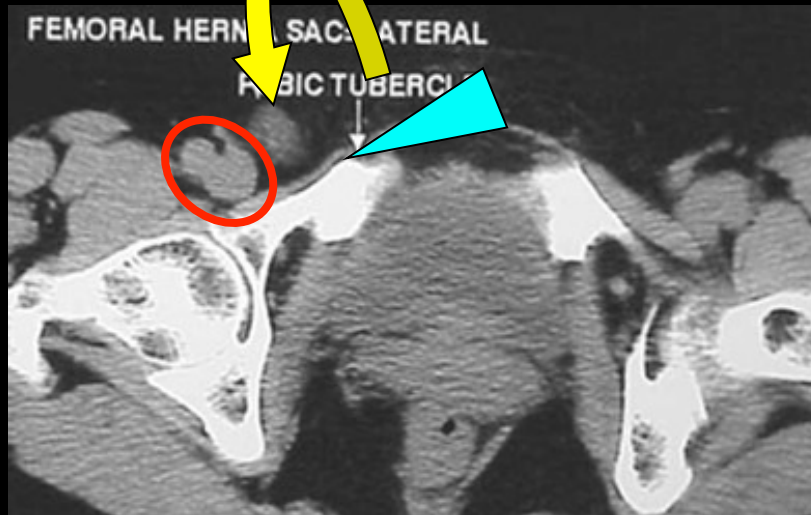
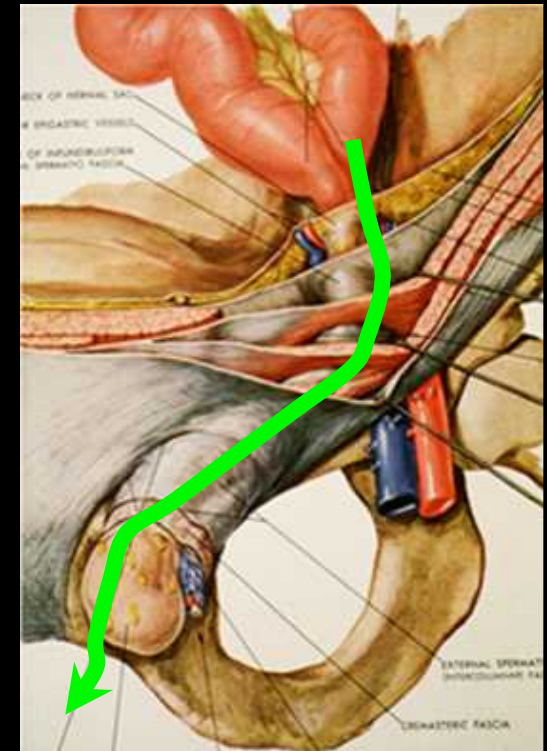
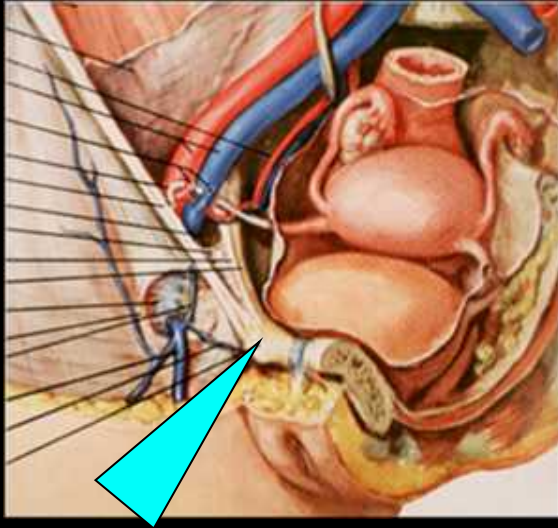


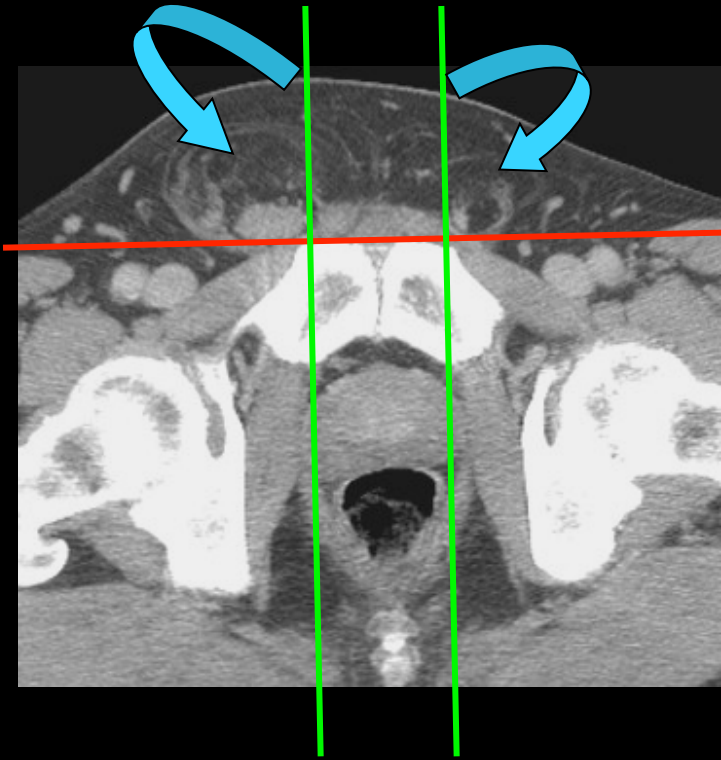
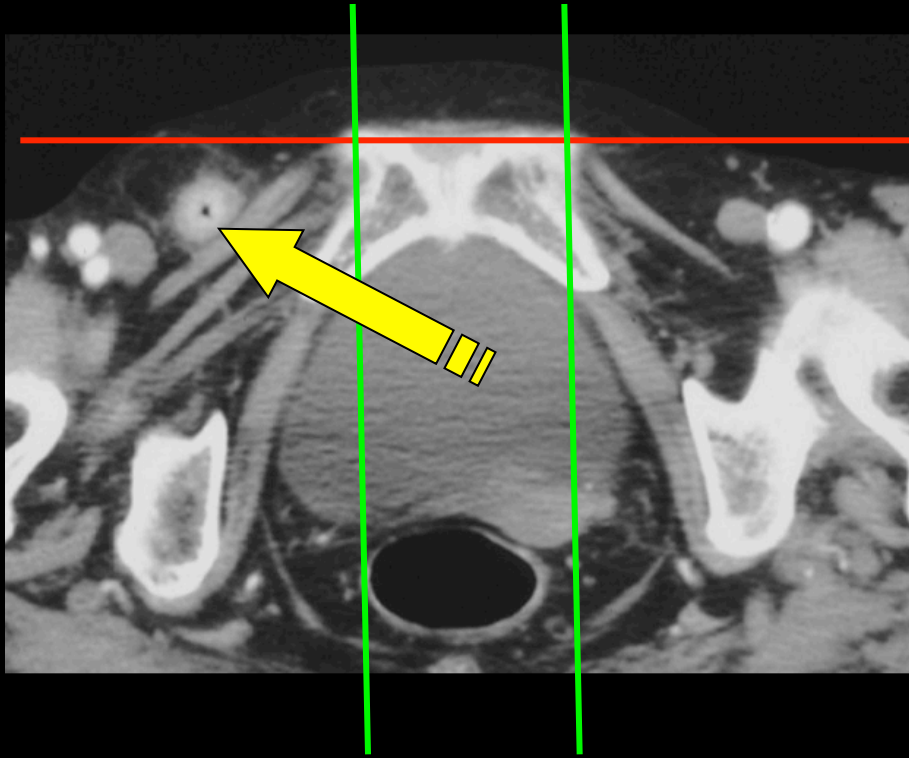


4. bézoards
trichobezoard
jeune fille
trichotillomaniaque

Sd de Rapunzel ou de Raiponce

3^{ème} étape : examen des orifices herniaires +++ région inguino-scrotale ; trous obturateurs ; ligne blanche ; hernies incisionnelles

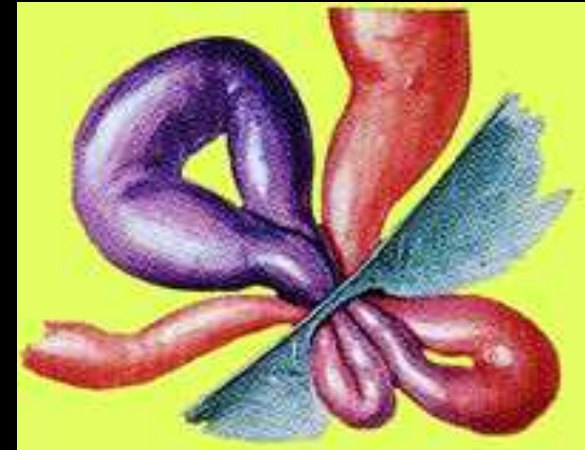




repères orthonormés pour les hernies
de l'aïne

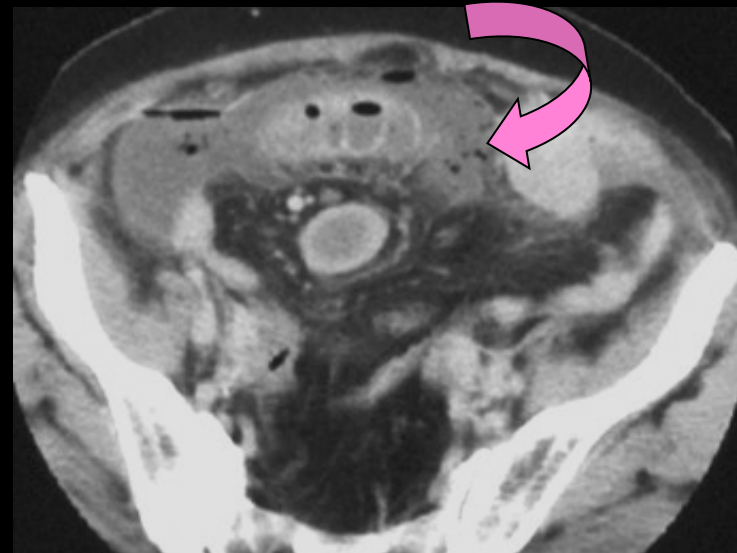
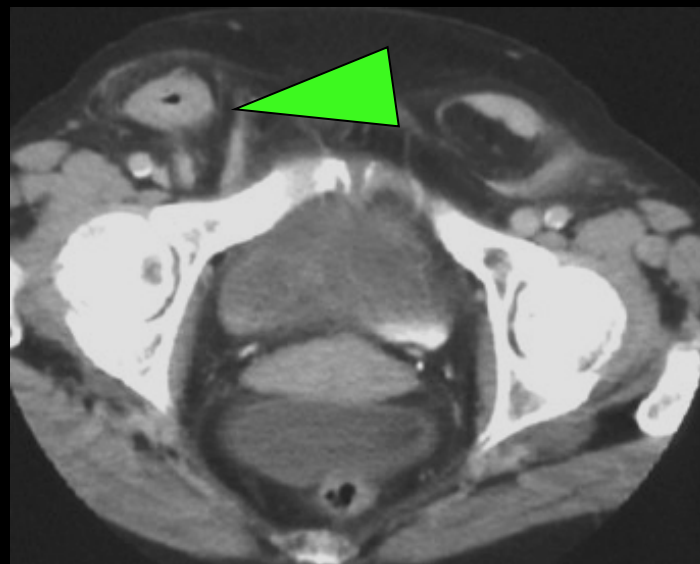
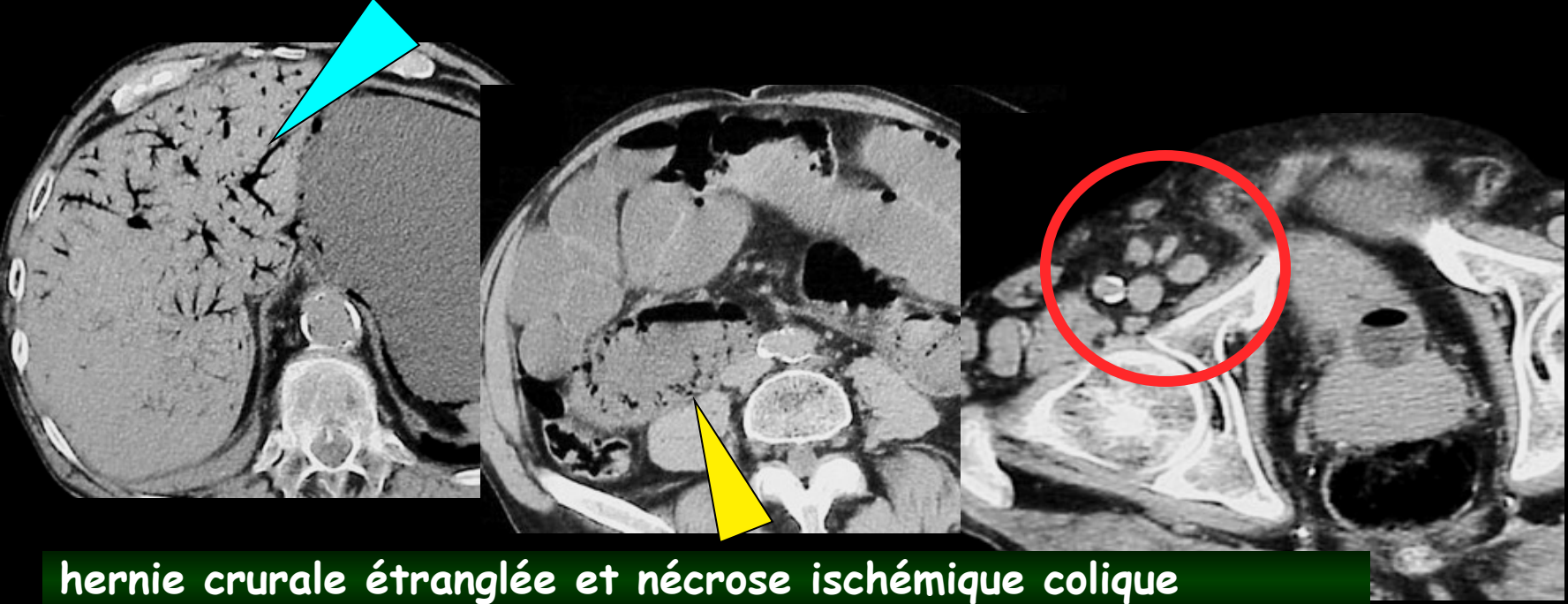
Wechsler et coll : AJR,1989,153,517-521

Delabrousse et coll : J Radiol.2005 ;86:393-8

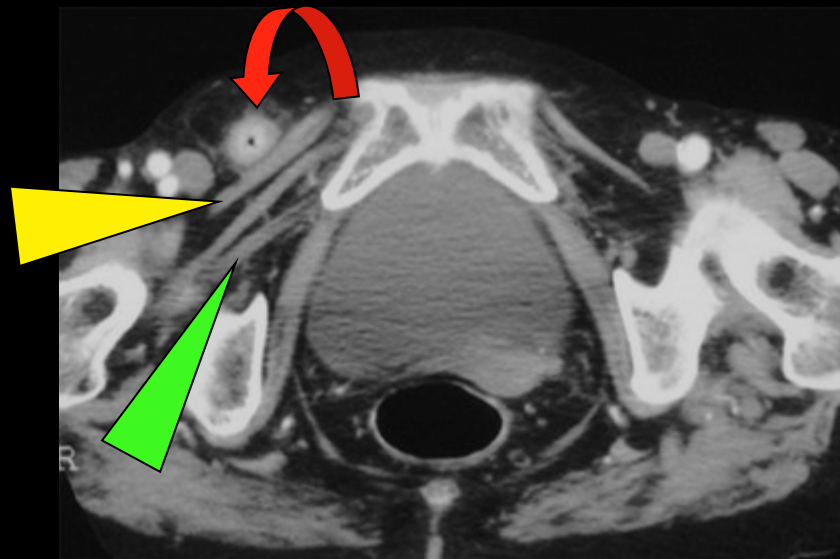
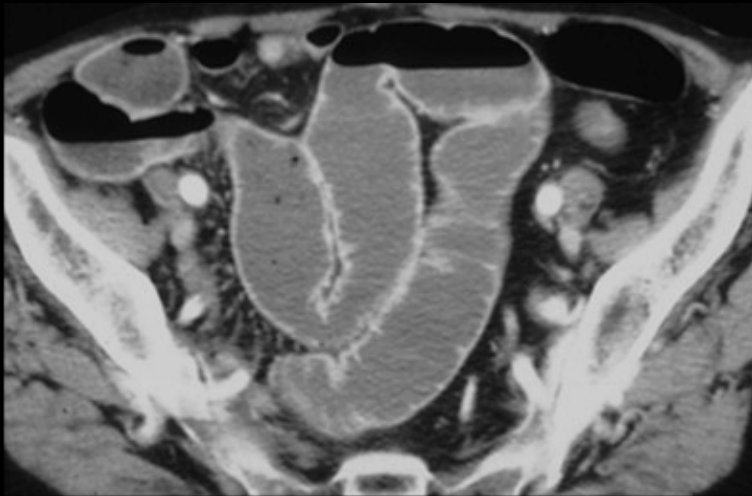


hernie inguinale
hernie en W de
Maydl

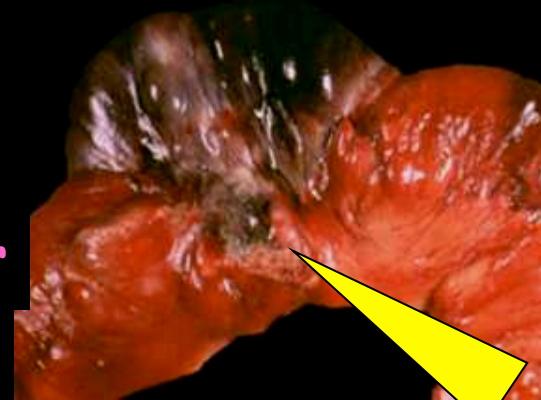
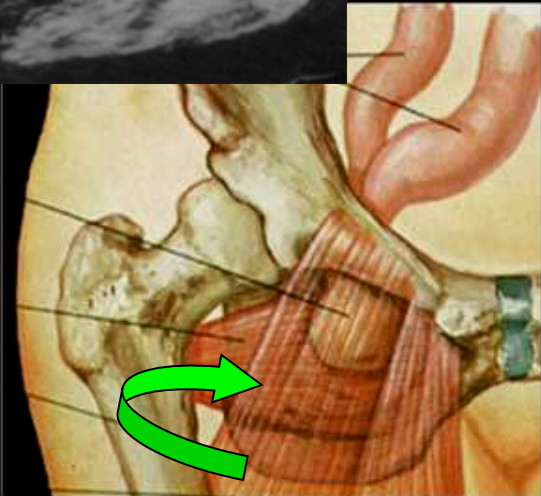
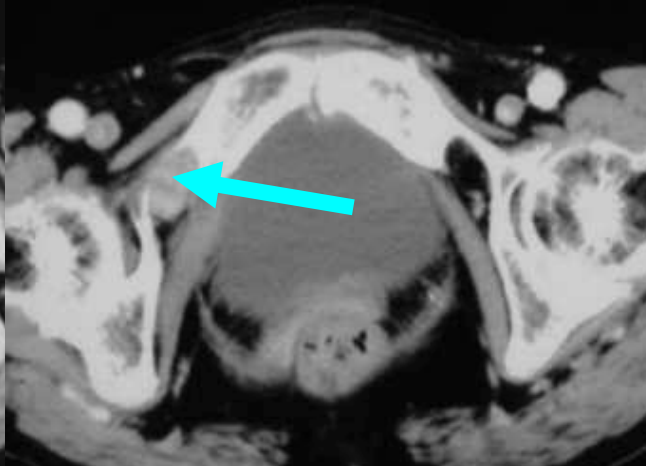
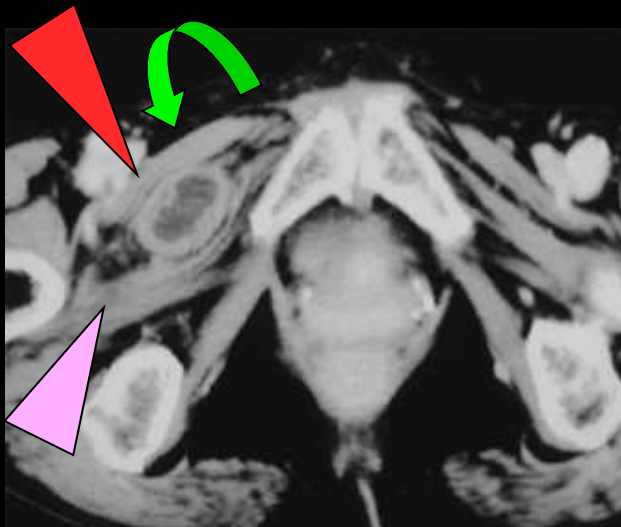
Karel Maydl (1853-1903)



hernie crurale étranglée et nécrose ischémique du grêle

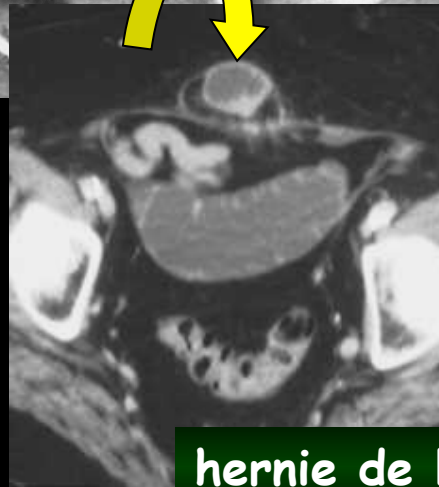
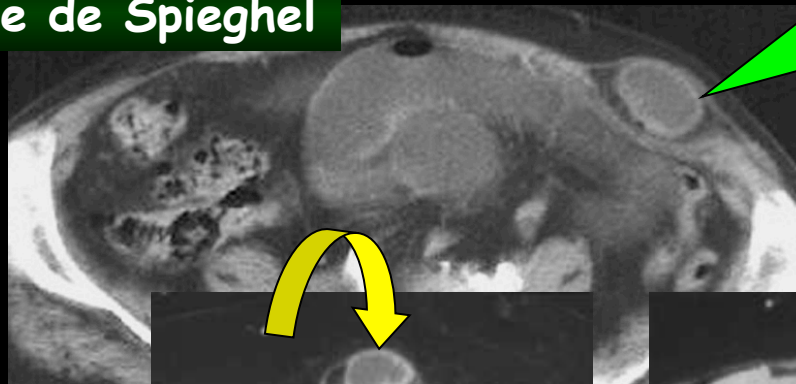
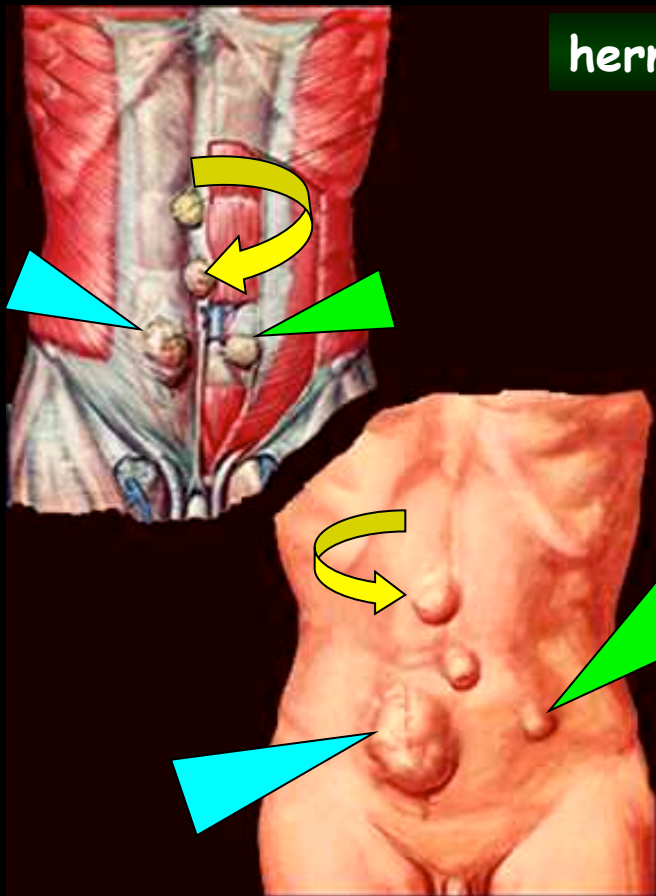


hernie **crurale**, en avant du muscle pectiné !!!

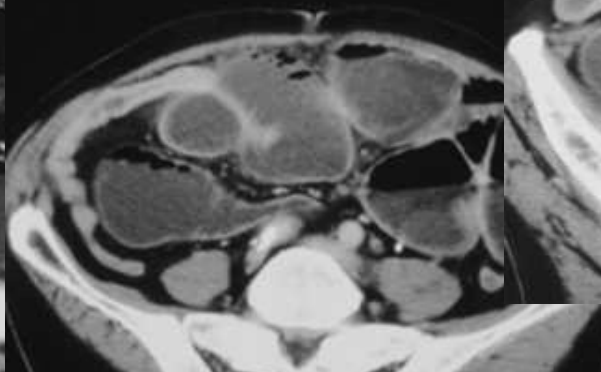


hernie **obturatrice**; pincement latéral= hernie de Richter
Signe de Howship-Romberg ; signe de Hannington-Kiff

hernie de Spiegel



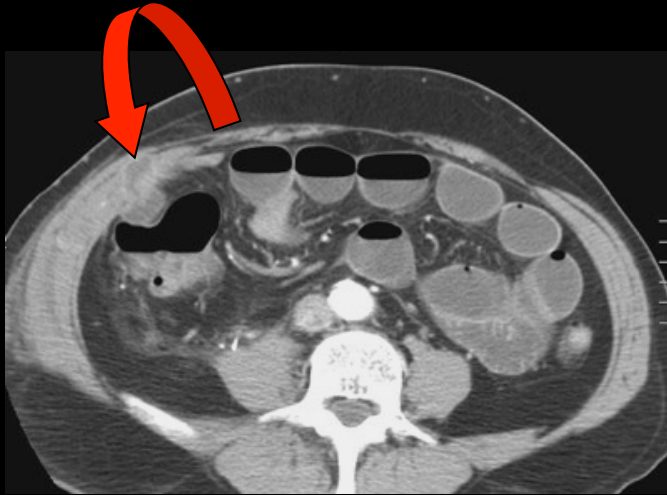
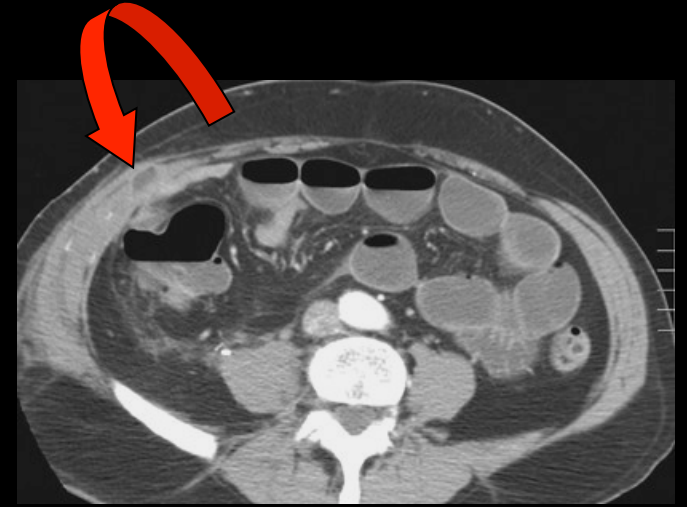
hernie de la ligne blanche



hernie incisionnelle para rectale droite

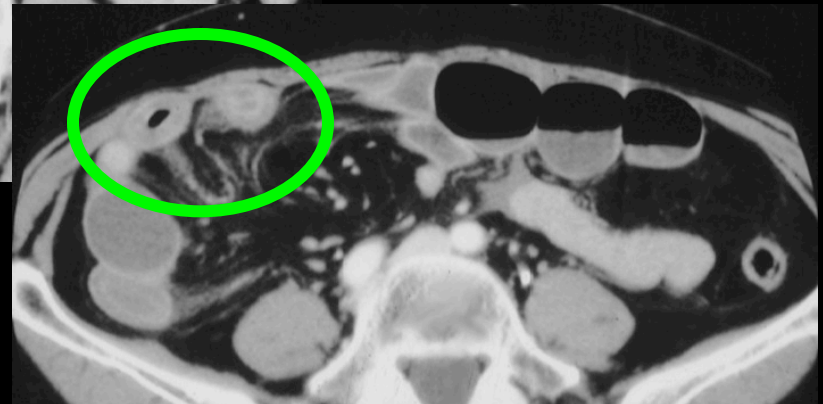
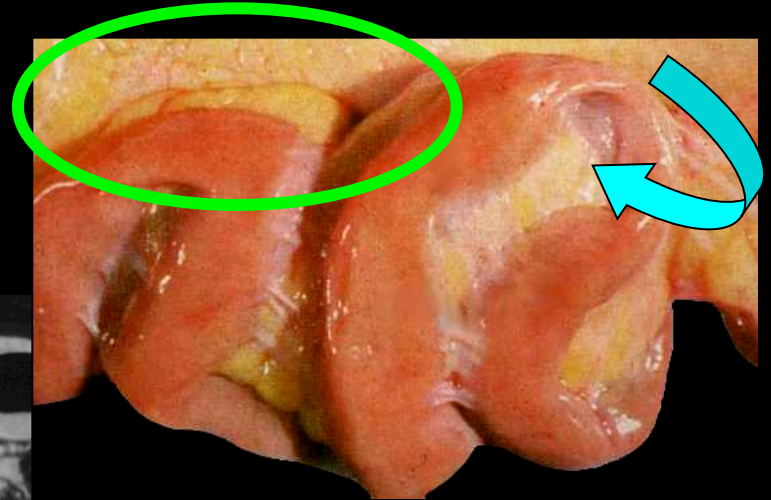
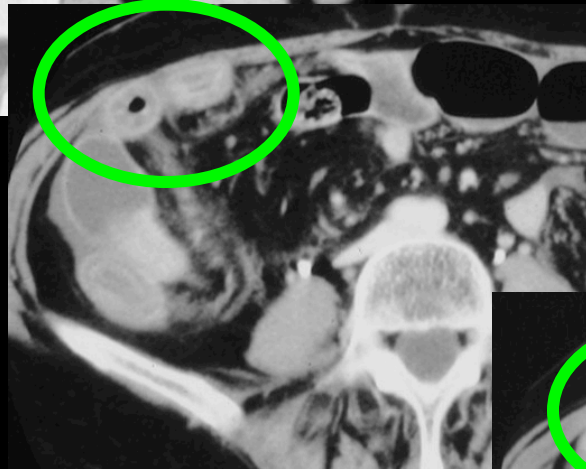
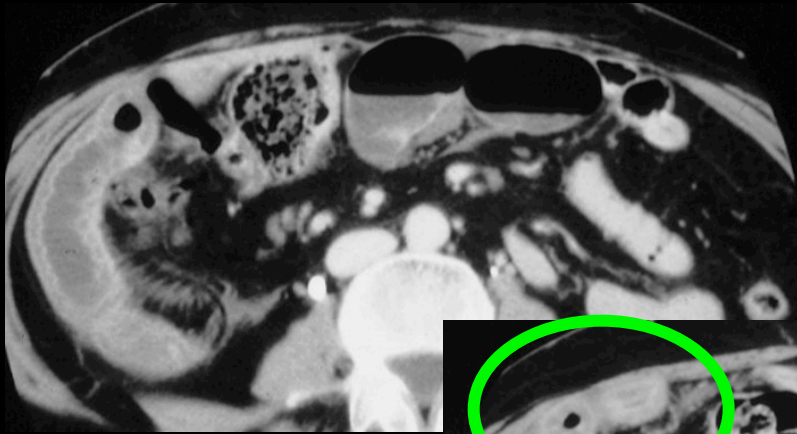


anse incarcerationnée dans un
orifice de coeliochirurgie

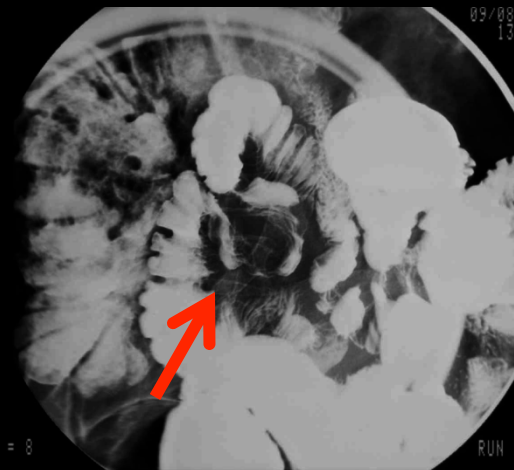
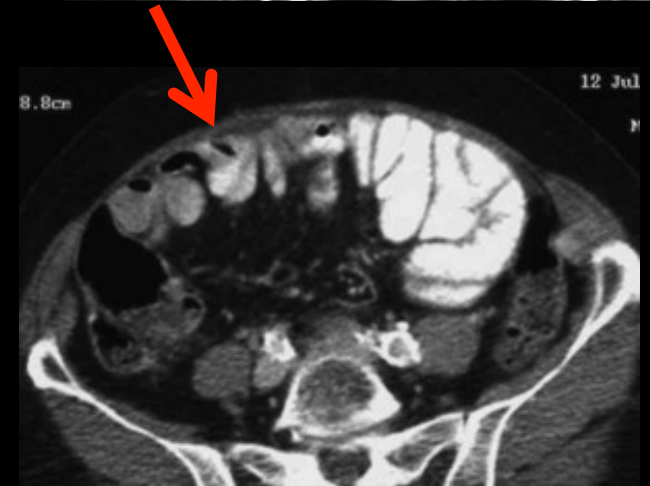
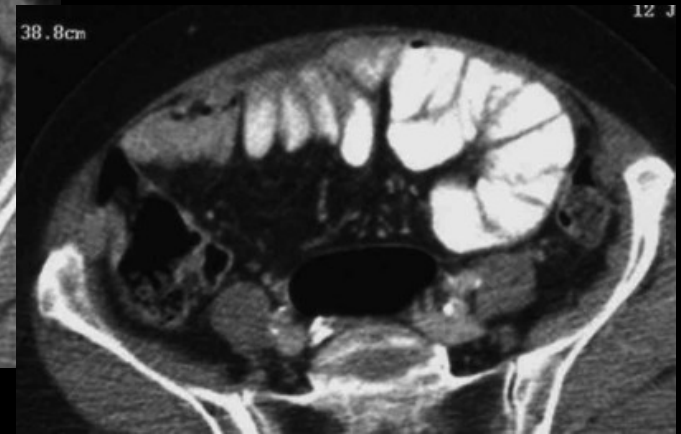
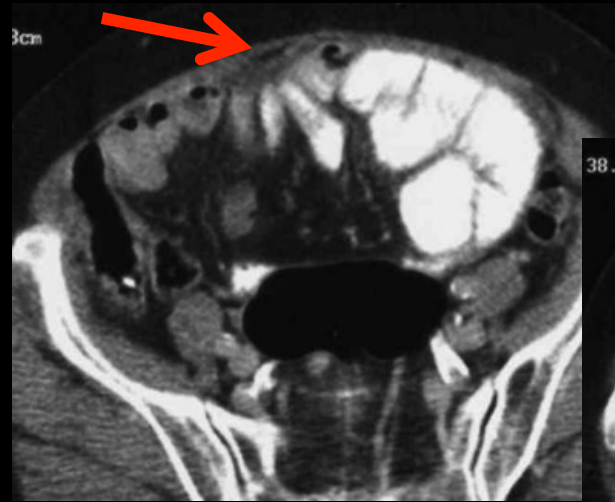


4^{ème} étape : recherche d'une occlusion sur bride et évaluation des signes de « souffrance »

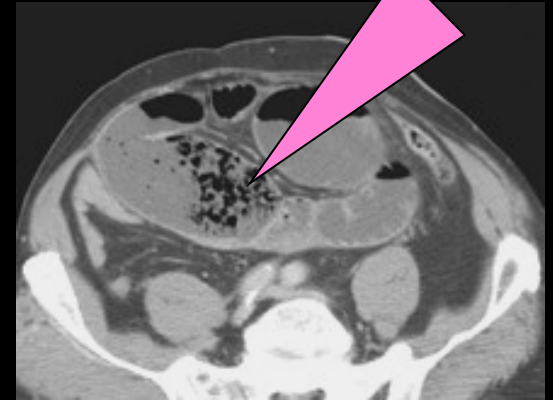
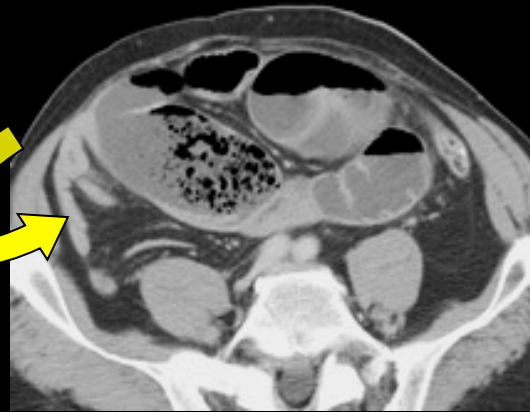
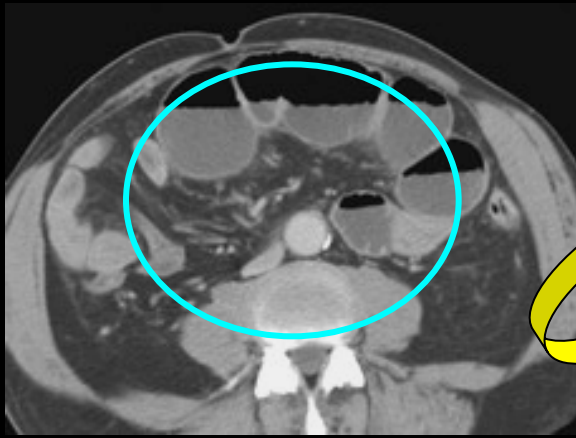
compression extrinsèque simple : adhérences et brides



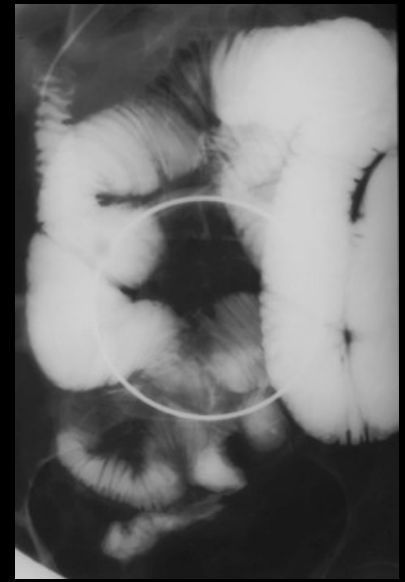
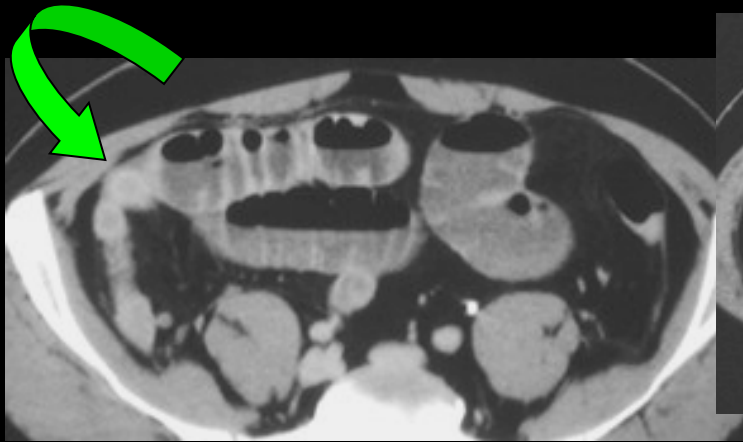
occlusion sur adhérences
intestino-mésentériques



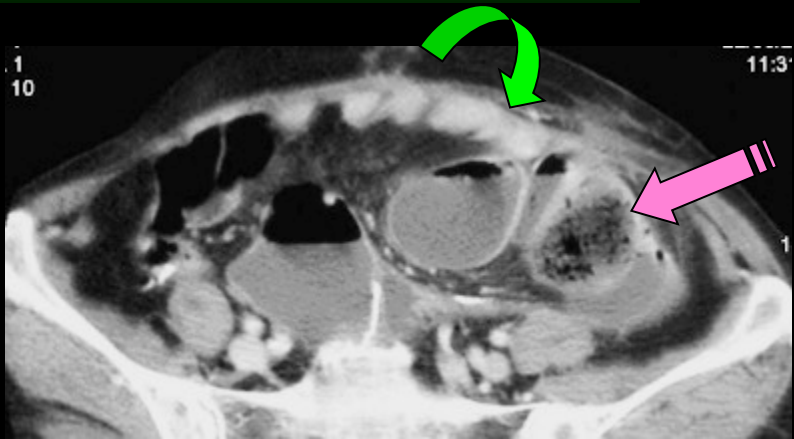
adhérences intestino-mésentériques pariétales antérieures et interanses



occlusion sur **adhérences** intestino-mésentériques ; volvulus chronique
sans images de strangulation ; "pseudo-fèces "

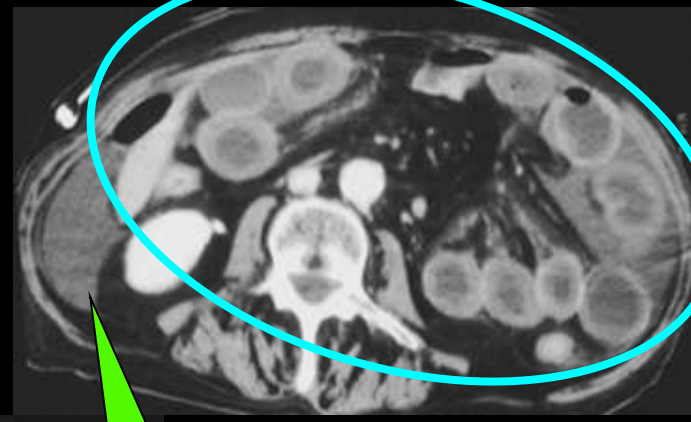
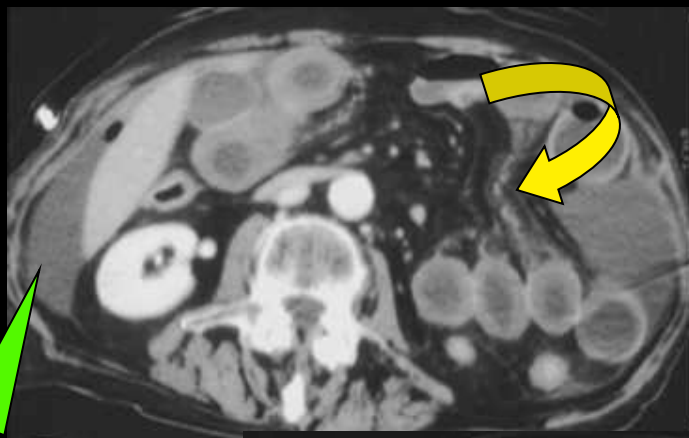
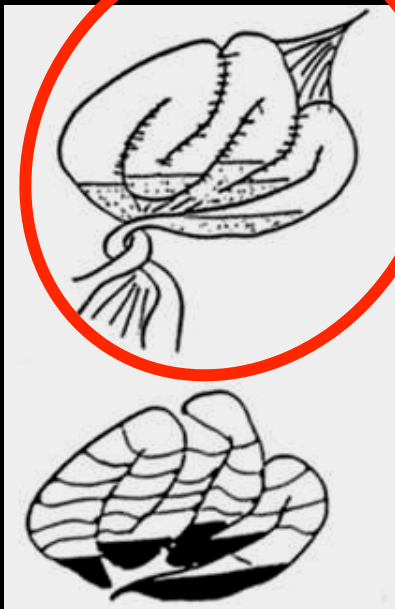


adhérences et **bézoard**

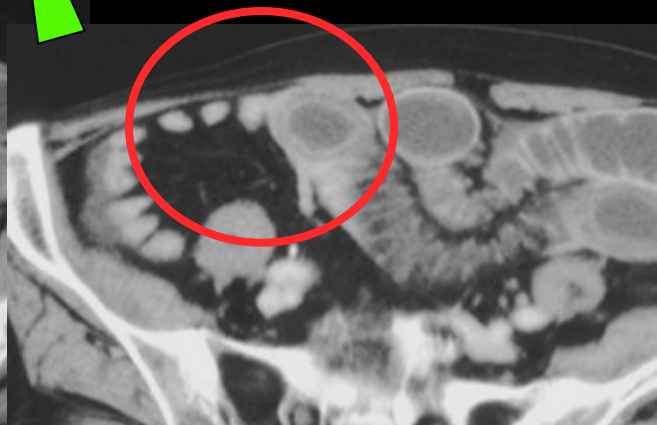
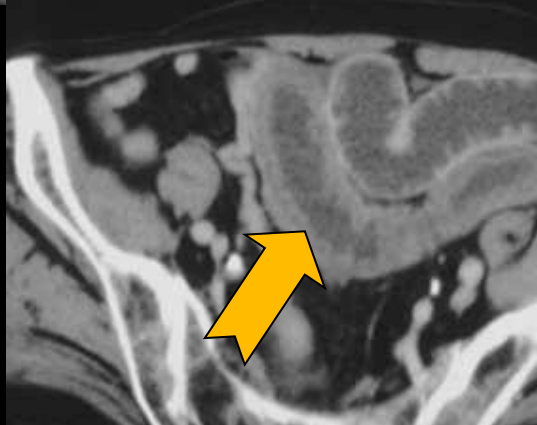


- pas de disposition radiaire des anses
- pas (peu) de « souffrance » vasculaire mésentérique ni intestinale
- **anse comprimée en un seul endroit**
- composante endoluminale associée fréquente (bezoard)

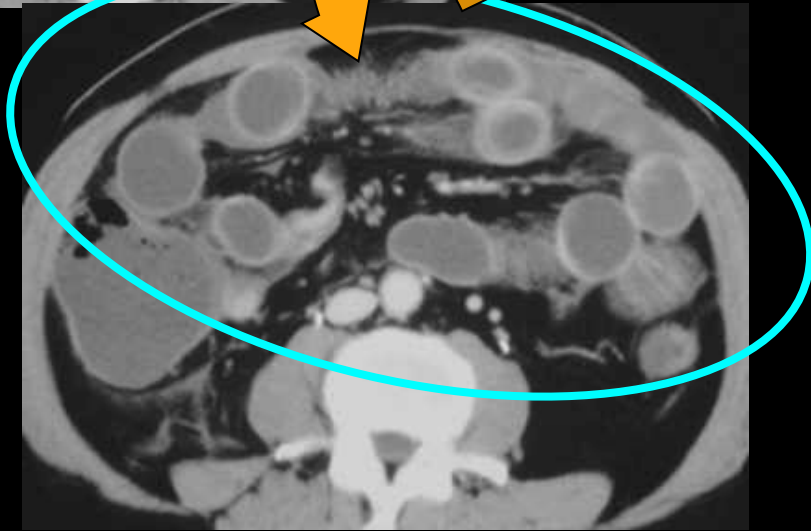
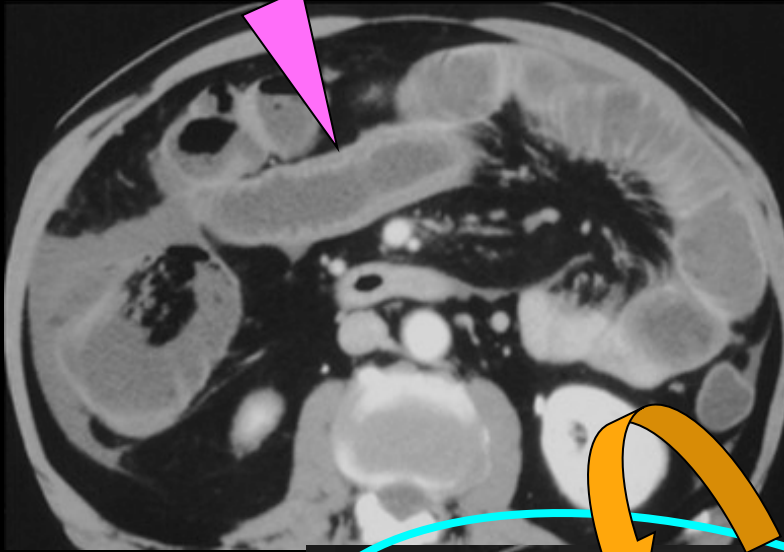
volvulus sur bride



volvulus sur bride
avec signes de congestion
veineuse

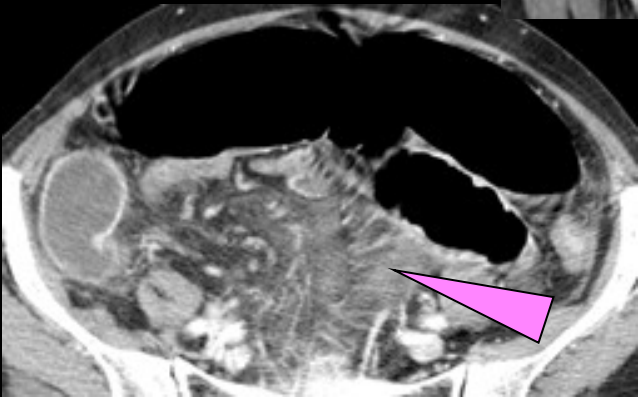
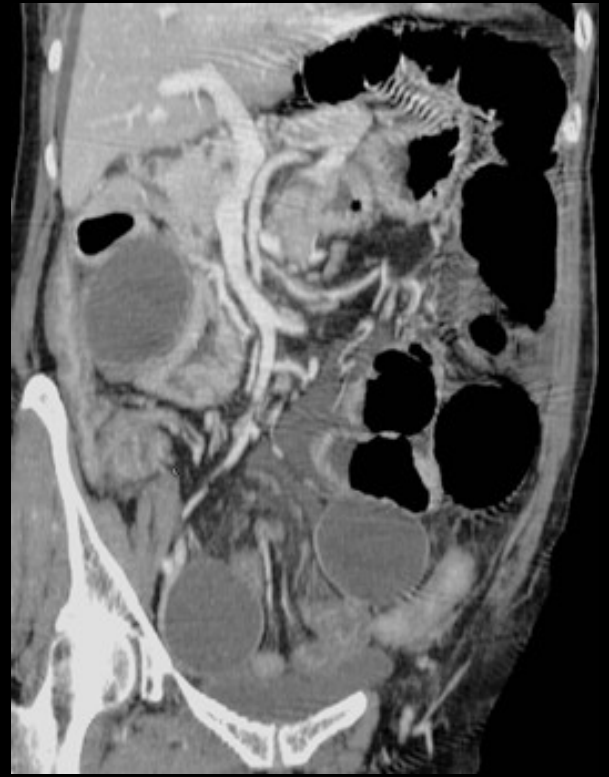
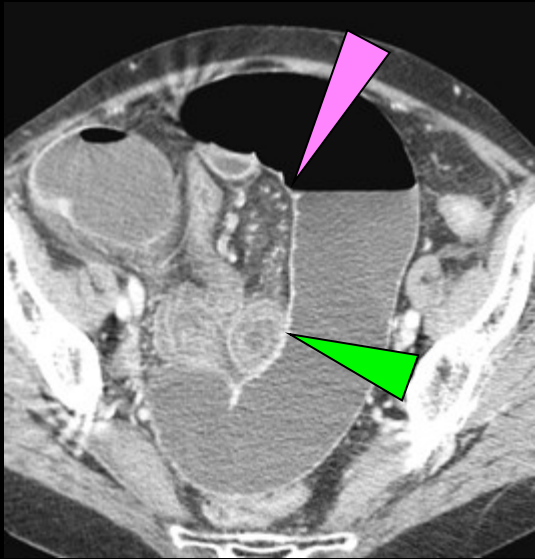


- congestion (oedème) modérée du mésentère (vaisseaux identifiables)
- épaississement circonférentiel des parois (oedème sous muqueux)
- épanchement liquidien péritonéal abondant

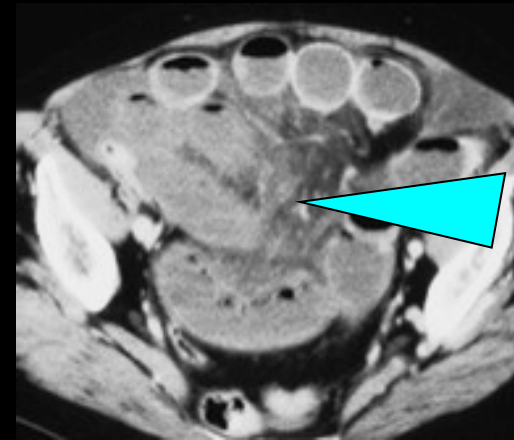


volvulus sur bride
avec signes d'ischémie
subaiguë artérielle
(oedème de la sous
muqueuse)

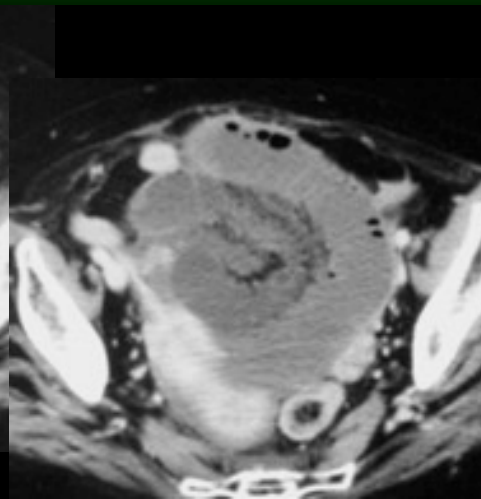
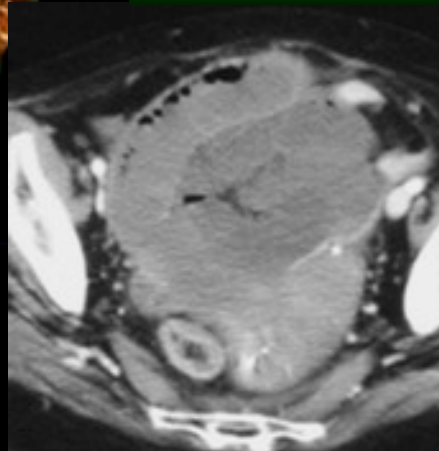
- congestion (oedème) plus marquée du mésentère
- épaississement circonférentiel des parois (oedème sous muqueux)
- pas ou peu d'épanchement liquidien péritonéal



volvulus sur bride de la FID
oedème du mésentère et de la
sous-muqueuse iléale

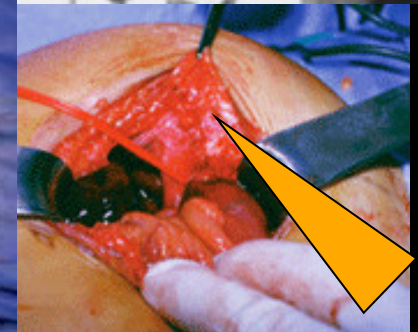
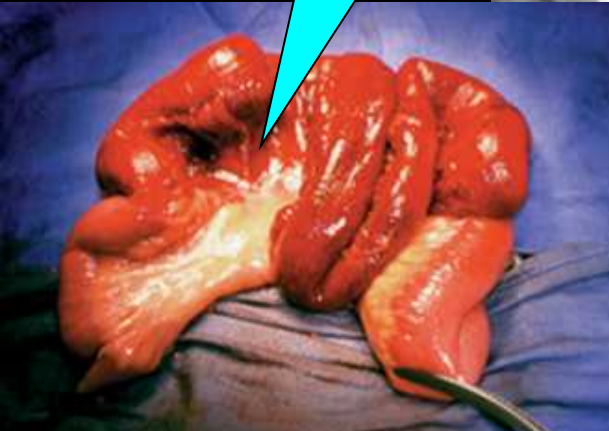
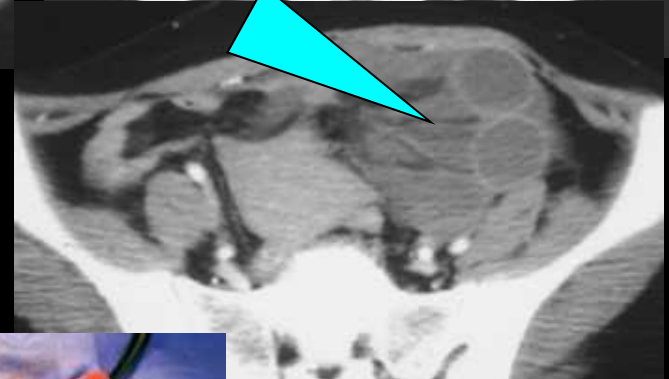
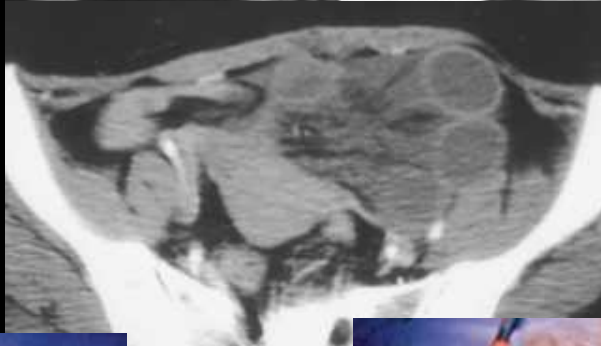
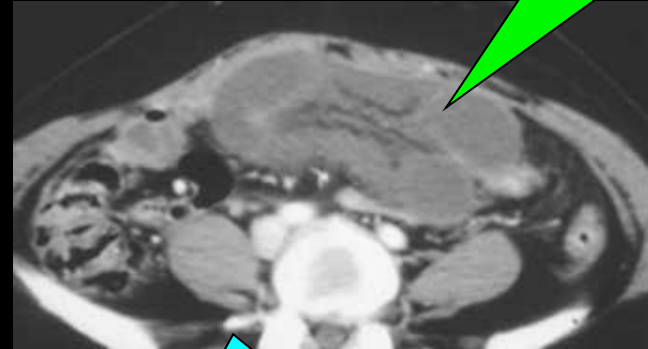
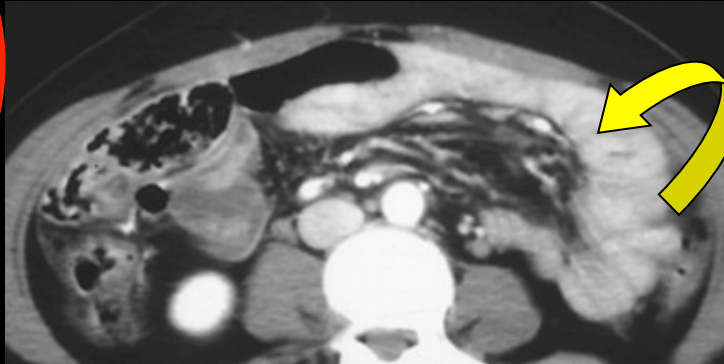
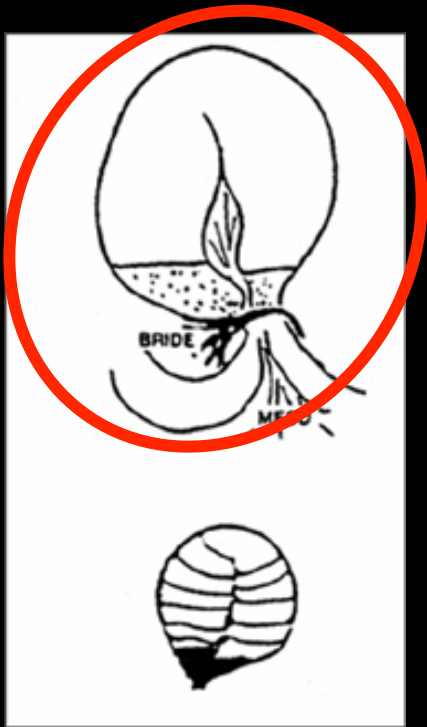


— volvulus sur brides avec signes de nécrose —



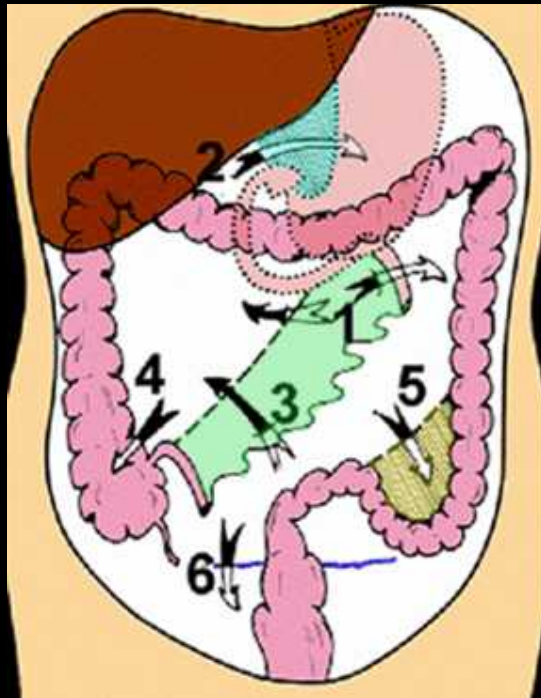
- infiltration **dense** du mésentère (**vaisseaux non identifiables**)
- parois « virtuelles » (amincies et non rehaussées)+/-pneumatose
- pas d'épanchement liquidien péritonéal

anse incarcerated (closed loop obstruction) =
occlusion "à ventre plat"



signes majeurs de nécrose ischémique intestino-mésentérique

▶▶ les hernies internes ; les clés du diagnostic...!



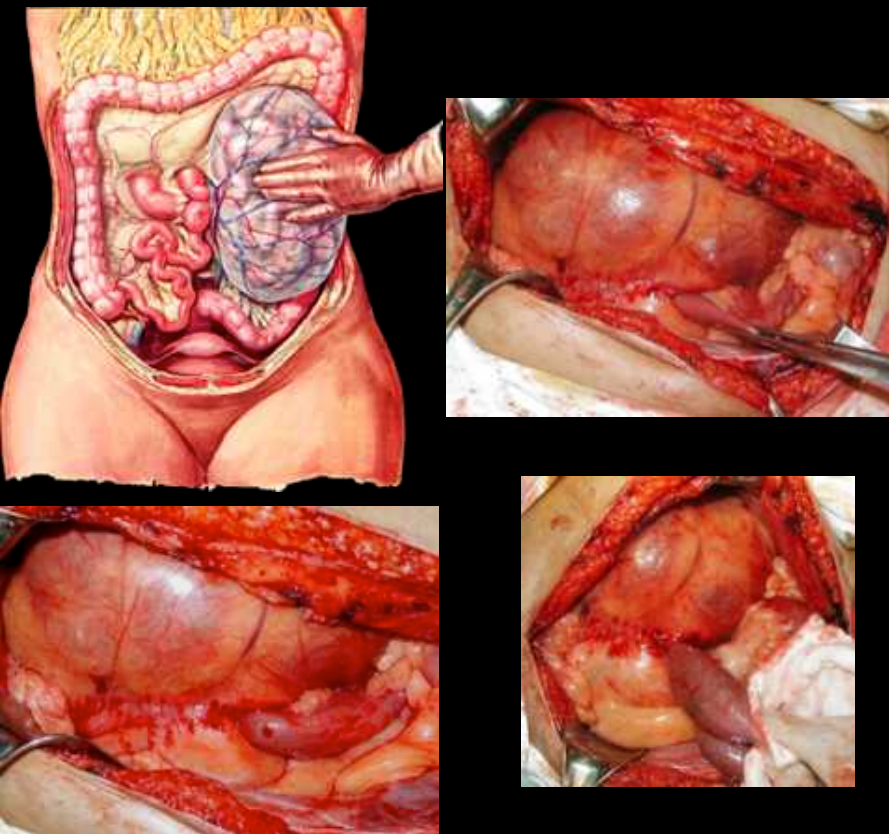
type de hernie

fréquence relative

para duodénales(1)	50 - 55 %
péricalécales(4)	10 - 15 %
transmésentériques(3)	8 - 10 %
foramen de Winslow(2)	6 - 10 %
intersigmoïdiennes(5)	4 - 8 %
pelviennes (6)	6 %
dont ligament large	4 - 5 %

présentation "statistique" classique de Welch

les hernies internes développées dans un orifice normal ou paranormal du péritoine

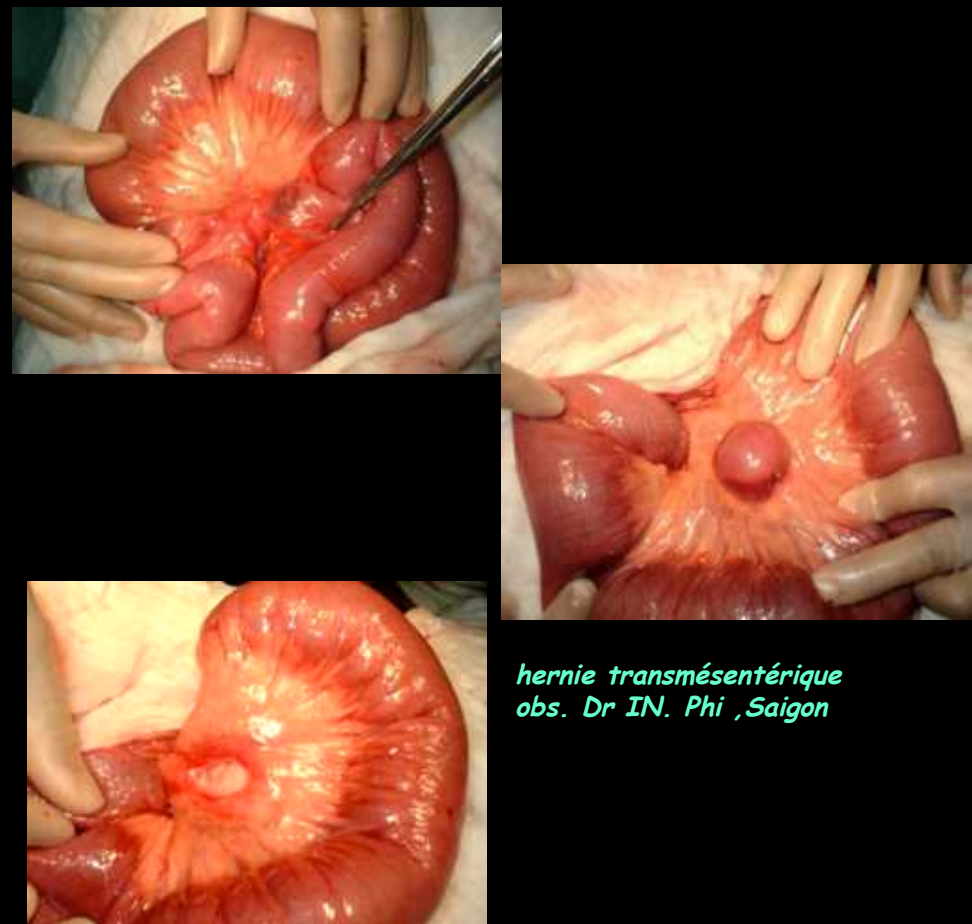


*hernie para duodénale antérieure gauche
obs. Dr IN. Phi ,Saigon*

-à ce groupe appartiennent:

- .les hernies **du foramen omental**
- .les hernies **para duodénales antérieures D et G**
- .les hernies **rétro et para caecales**
- .les hernies **inter sigmoïdiennes**

les hernies internes développées à travers un orifice anormal du péritoine



*hernie transmésentérique
obs. Dr IN. Phi ,Saigon*

à ce groupe appartiennent:

- les hernies du ligament falciforme
- les **hernies trans mésentériques, trans omentales, trans mésocoliques**
- les hernies **du ligament large**
- les hernies **para vésicales et para rectale**

les hernies internes développées dans un orifice normal ou paranormal du péritoine

ce sont les formes dont le diagnostic est le plus simple car :

-les anses intéressées par le processus herniaire se présentent sous un aspect "sac like" sphérique ou ovoïde, à lui seul très évocateur

-les sièges possibles de ces hernies sont bien connus :

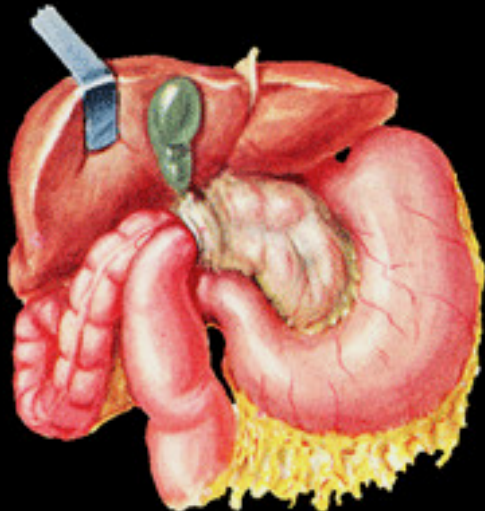
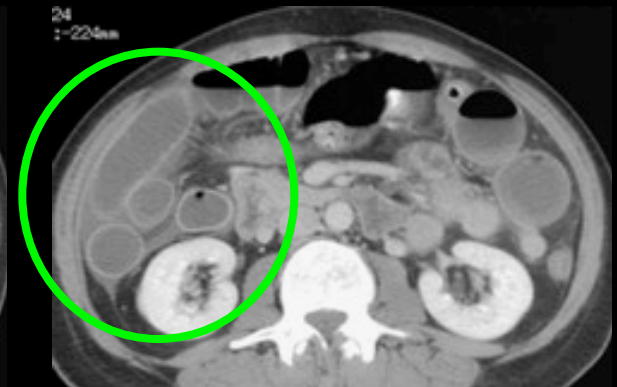
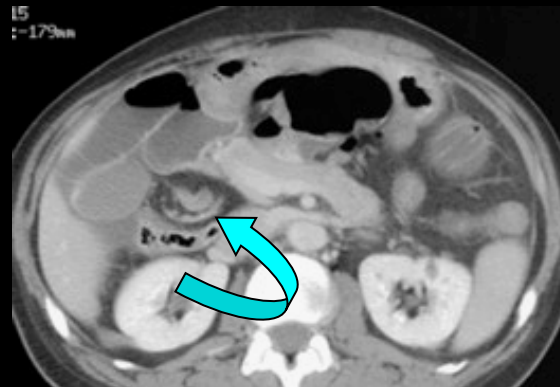
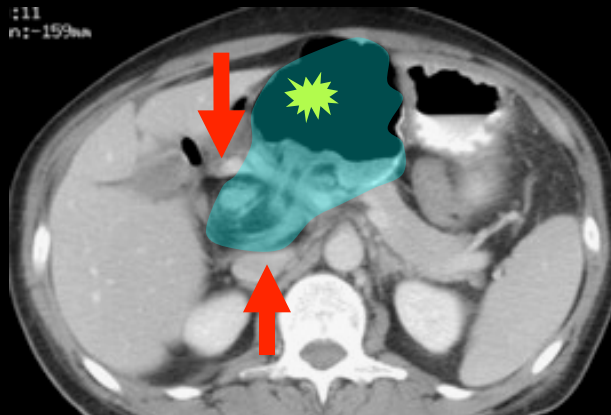
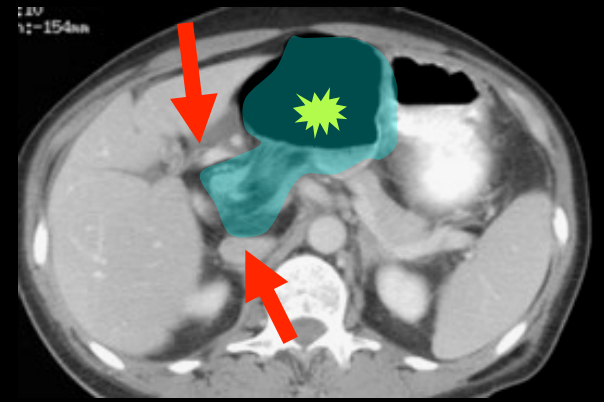
hernies du hiatus omental

hernies paraduodénales antérieures G et D

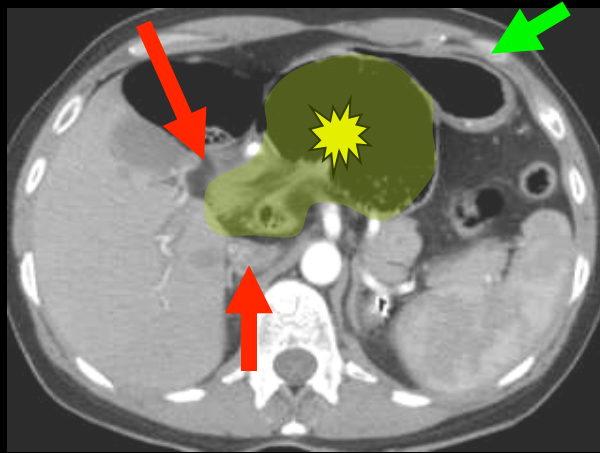
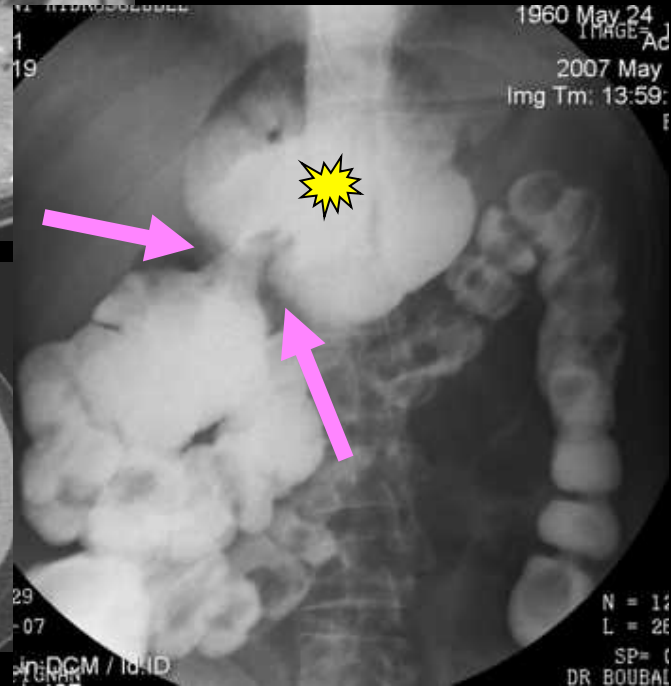
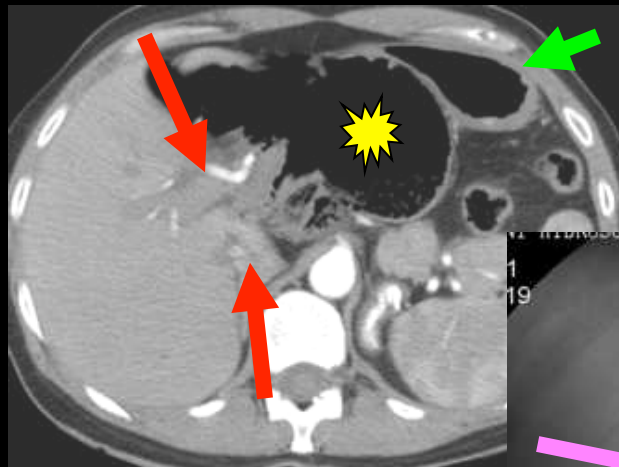
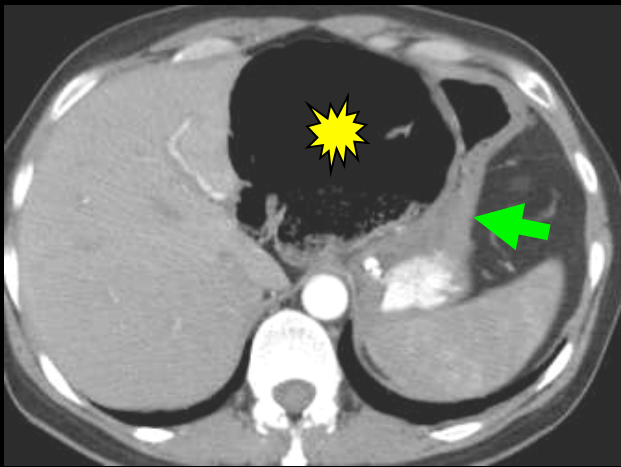
hernies péri caecales

hernies intersigmoïdiennes

-il existe des repères vasculaires précis dans la plupart des cas qui permettent une identification certaine du type de hernie en cause



hernie du foramen omental
(hiatus de Winslow), à
contenu caecal
hernie de Blandin

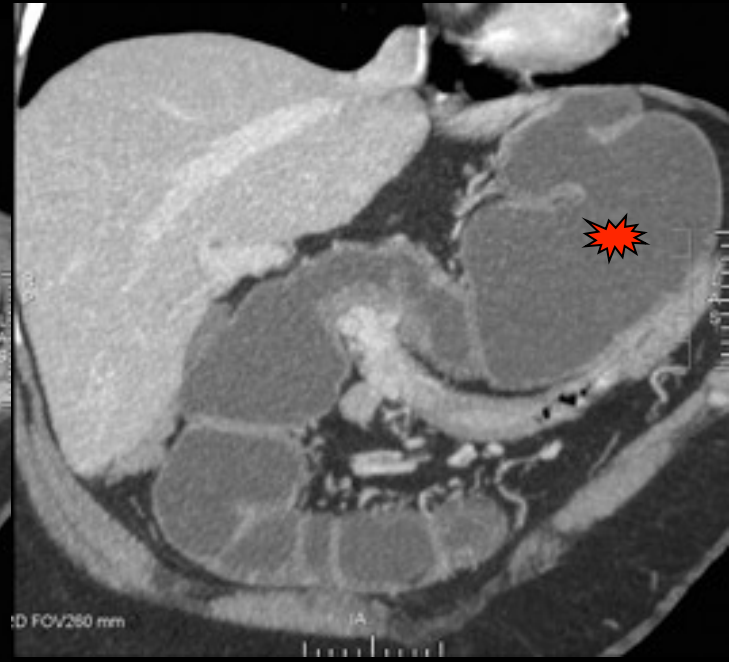
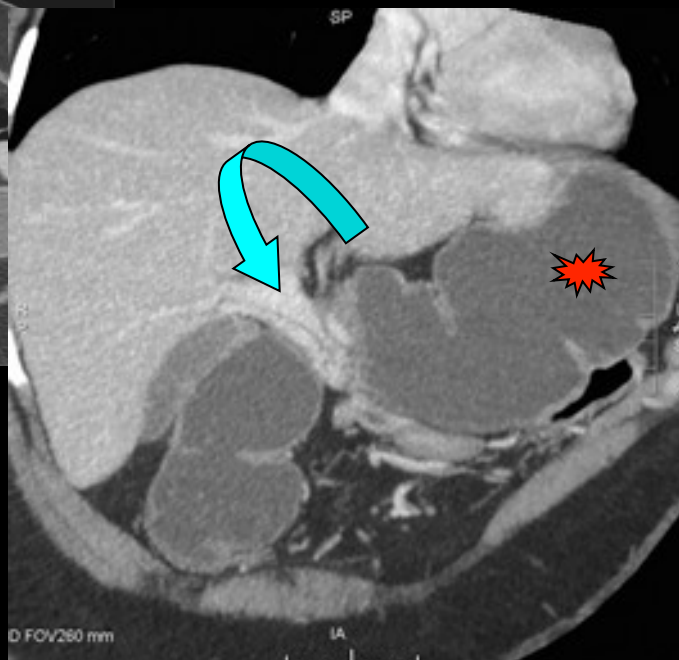
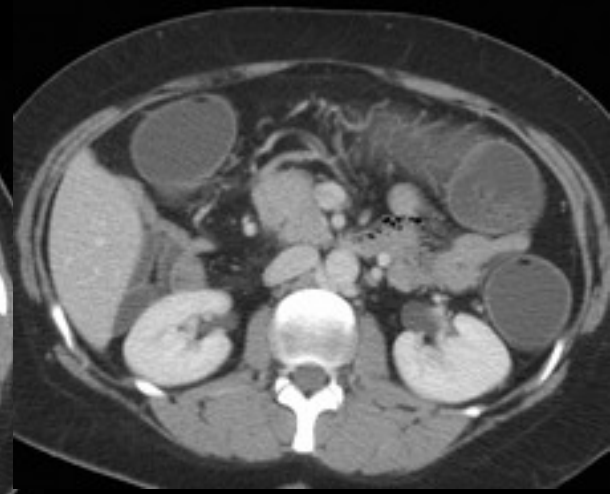
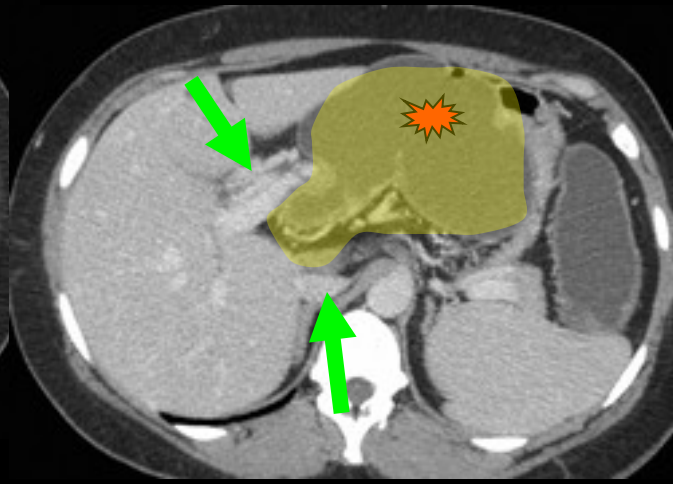
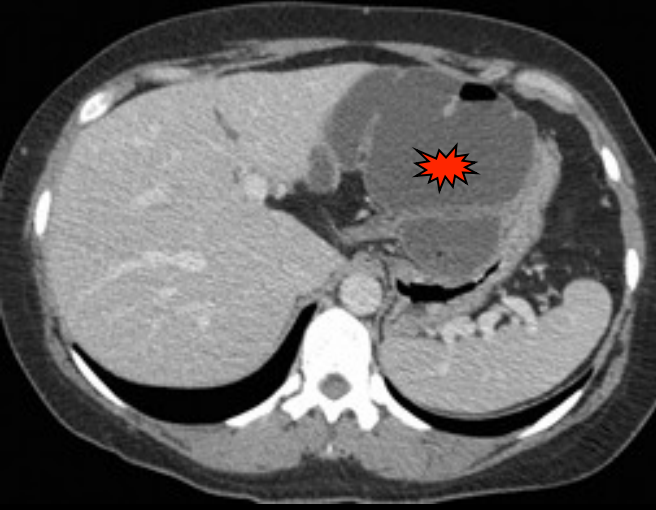


femme 47 ans



hernie du foramen omental (hiatus de Winslow) , à contenu caecal
hernie de Blandin

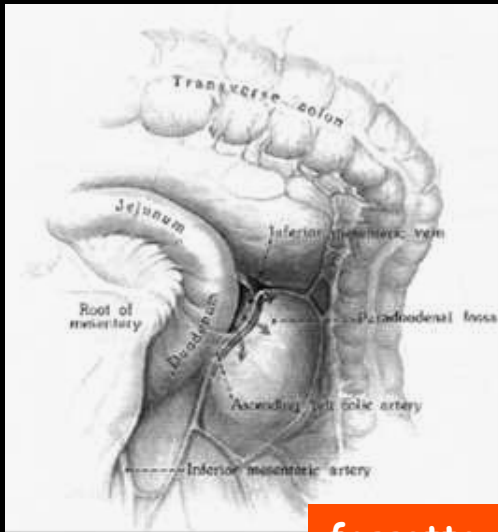
Obs. JL Bertrand CH Perpignan



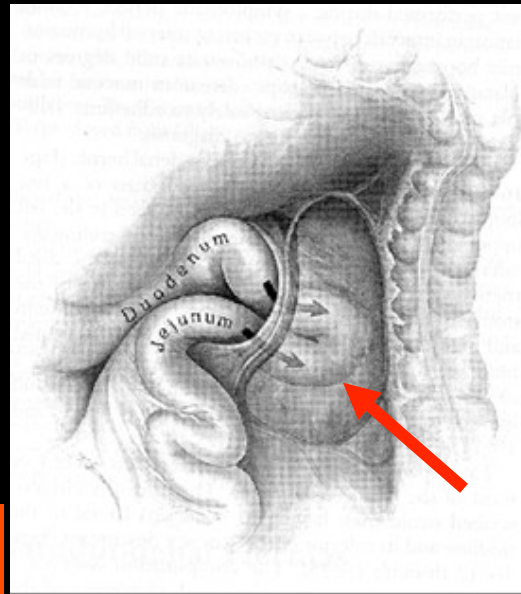
femme 35 ans
colo CT à l'eau

hernie du foramen omentale (hiatus de Winslow) à contenu caecal (hernie de Blandin) + déhiscence du petit omentum

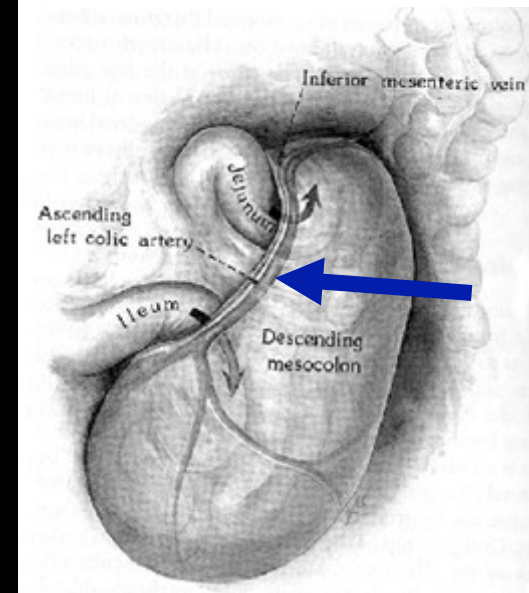
hernies para duodénales antérieures gauches



fossette de Landzert



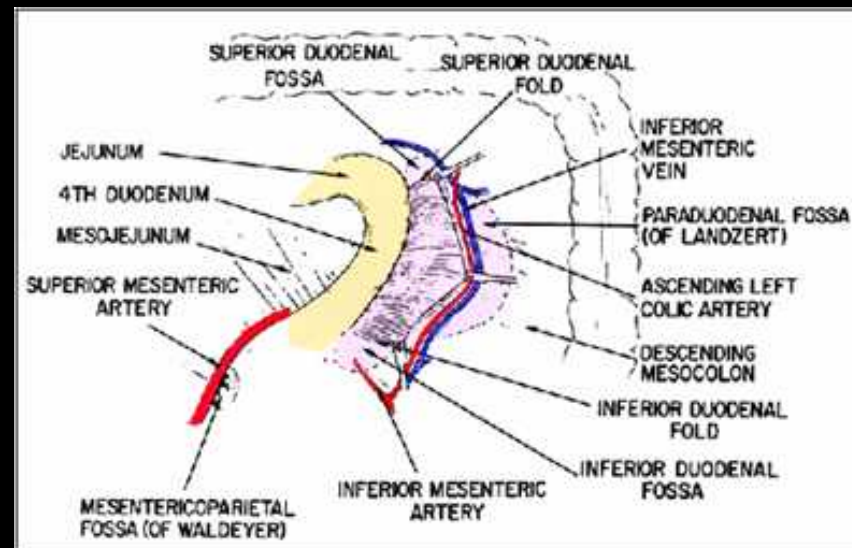
MEYERS MA. Internal hernia
in: MEYERS MA ed *Dynamic radiology of the abdomen*
5th ed. .New York, NY: Springer-Verlag,
2000;711-748



ce sont les formes théoriquement les plus fréquentes

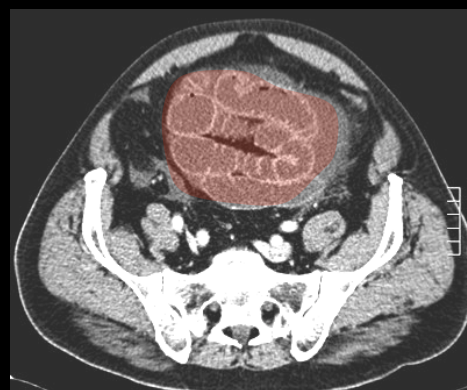
elles se développent sous l'action du péristaltisme intestinal dans un décollement progressif du fascia de Toldt gauche à partir de la **fossette para duodénale de Landzert**

Le repère vasculaire essentiel est **la veine mésentérique inférieure** qui passe en avant du collet ou du sac



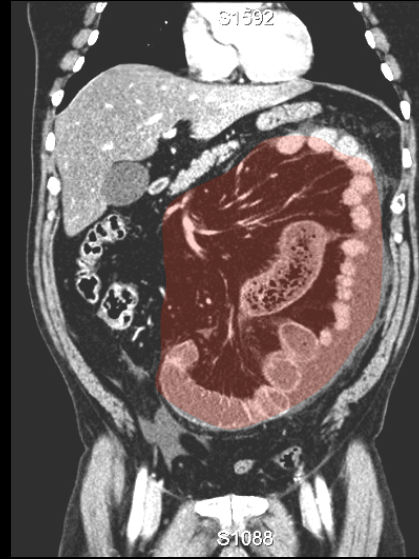
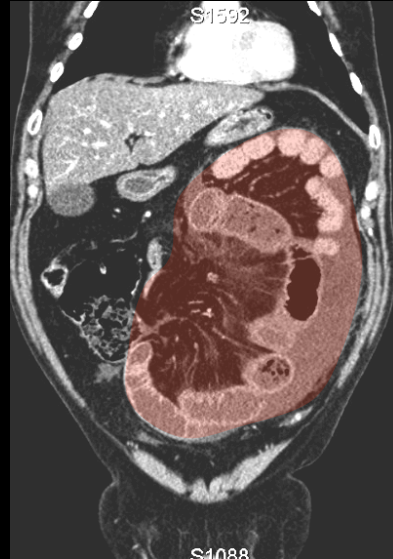
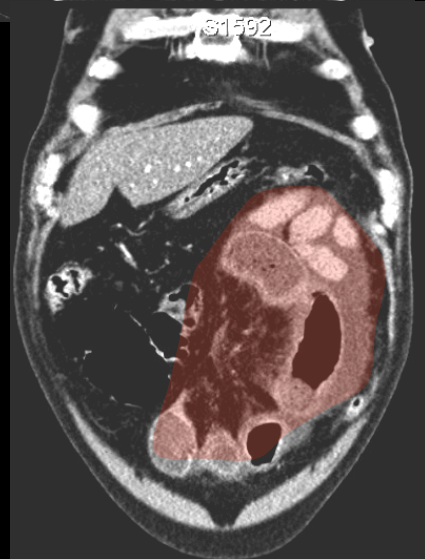


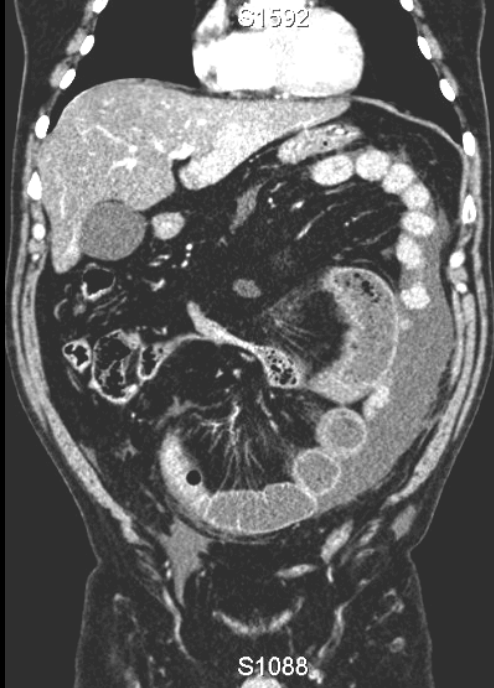
Obs Dr Brigitte
CHAUFOUR-HIGEL
Service Pr L. Pierot
CHRU Maison Blanche
REIMS

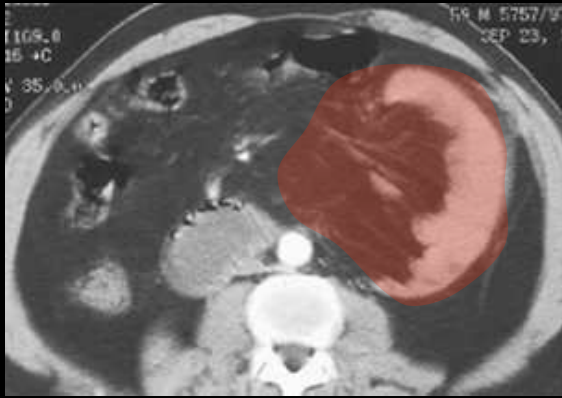
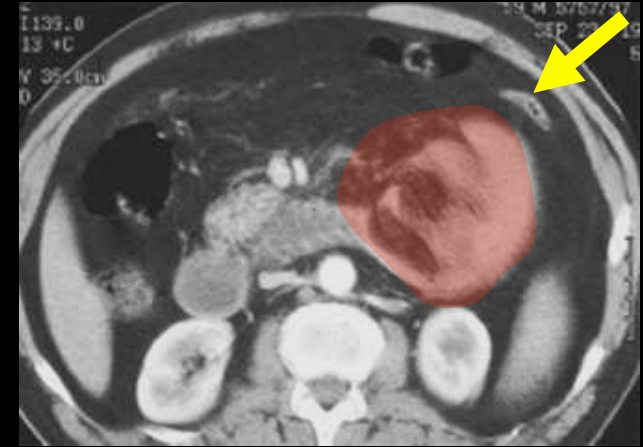
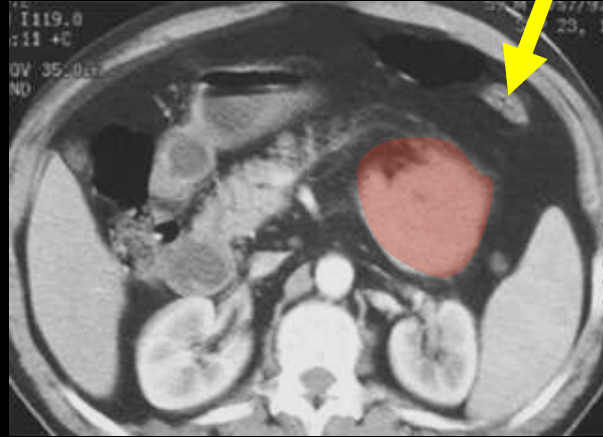
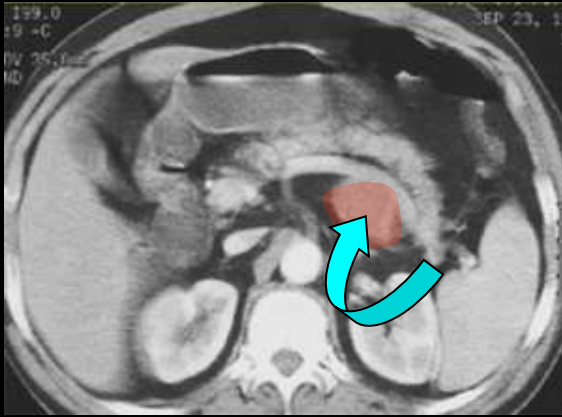


Homme 64 ans éthylique ; épisode
aigu subocclusif algique ; résolution
spontanée en quelques heures

Bilan biologique hépatique perturbé ;
endoscopies digestives gastro-
duodénale et colique sans particularités

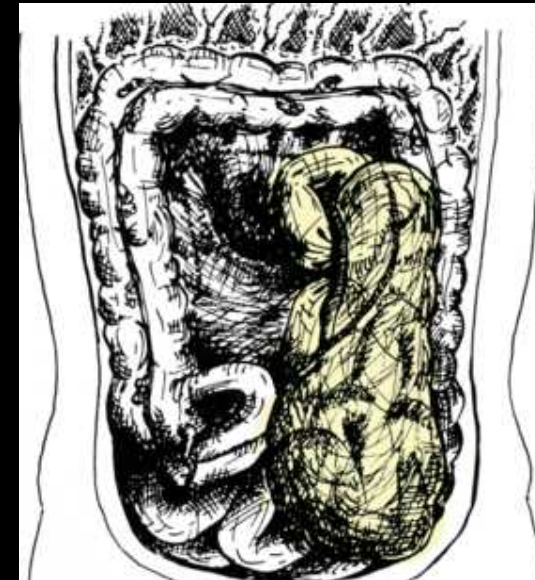






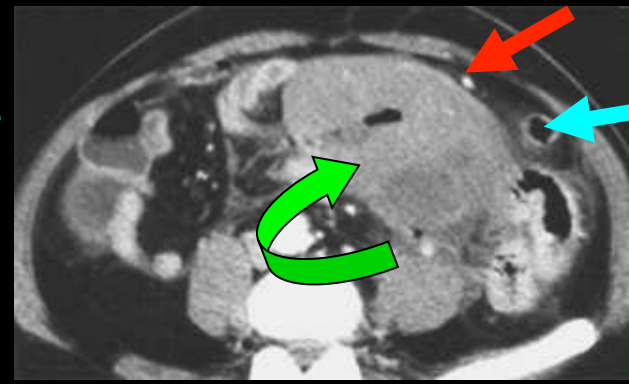
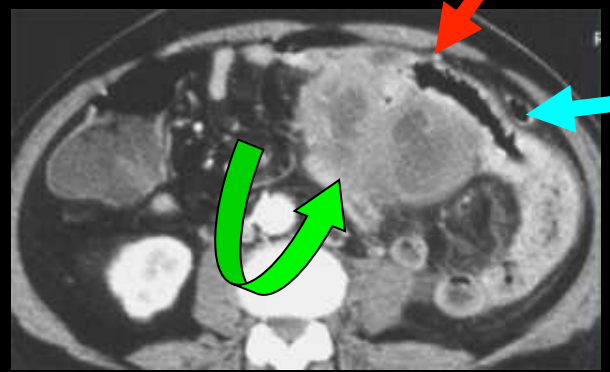
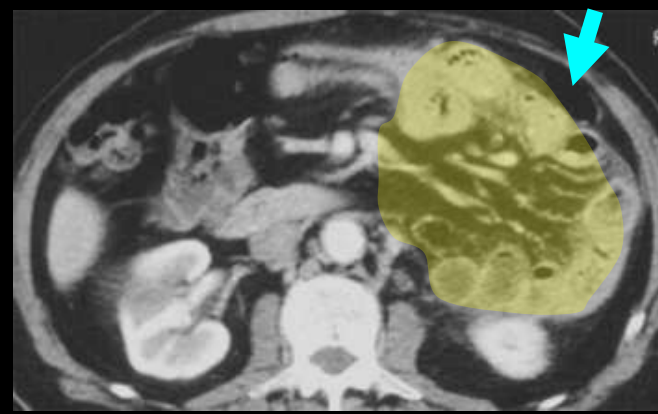
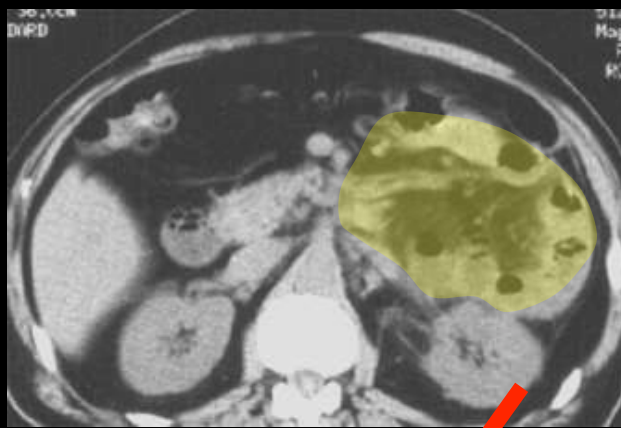
obs. G Genin CH Annecy

hernie para-duodénale antérieure gauche



CT of internal hernias
 TAKEYAMA N, GOKAN T, OHGIYA Y and
 all.
 Radiographics ;2005;25:997-1015

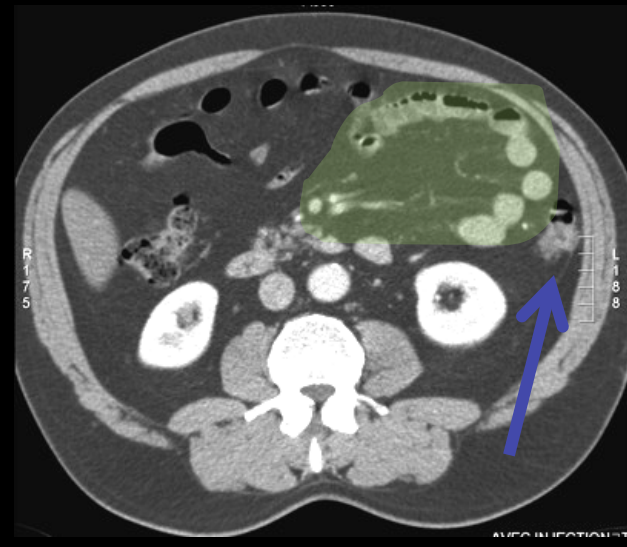
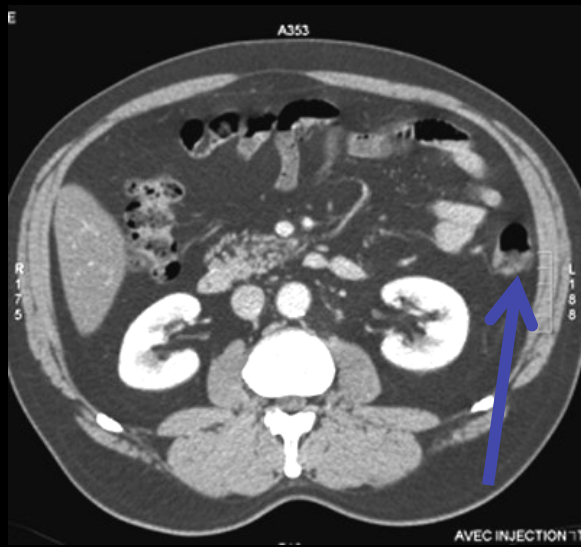
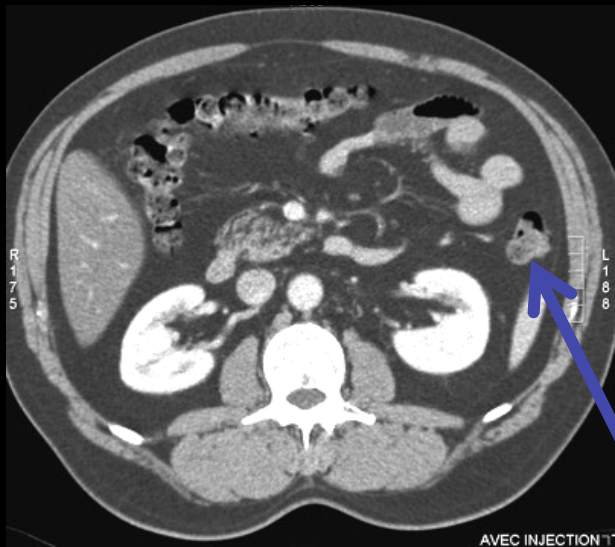
Les hernies internes de l'abdomen , à propos de 14 cas
 D. GULLINO, O. GIORDANO, E. GULLINO
 J. Chir 1993,130,179-95



évidemment, vous avez bien vu qu'il existe en plus une **tumeur stromale** du grêle sur une des anses herniées !!!

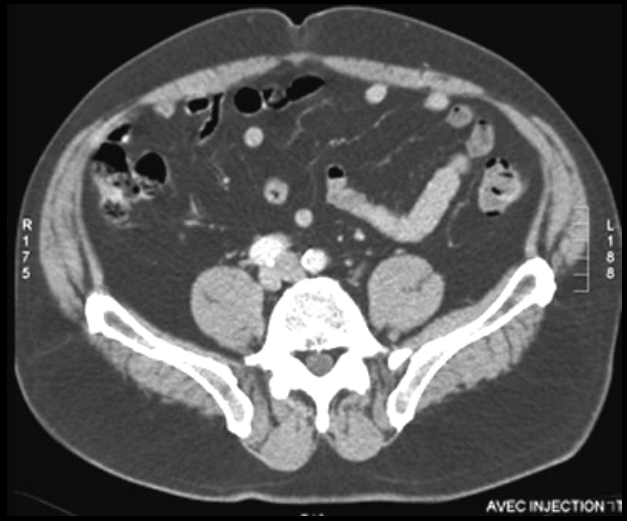
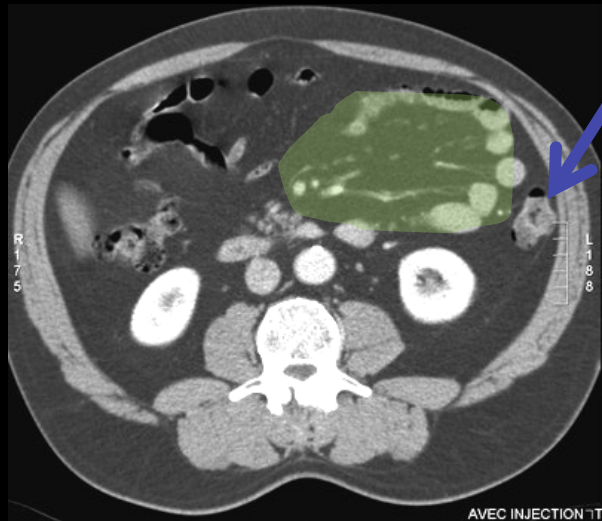
hernie para-duodénale antérieure gauche

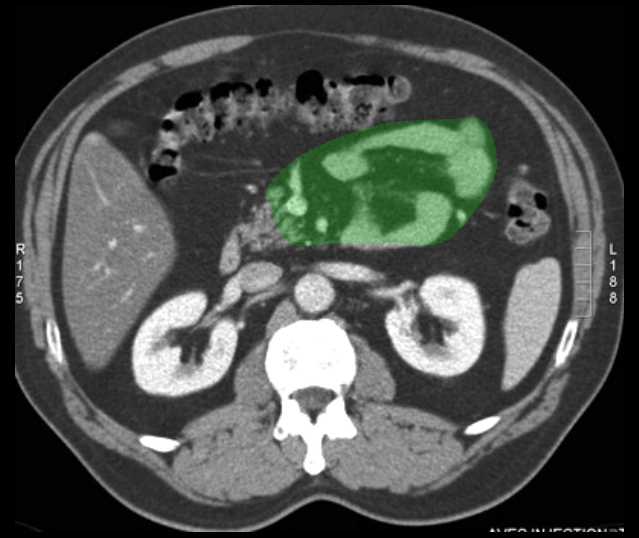
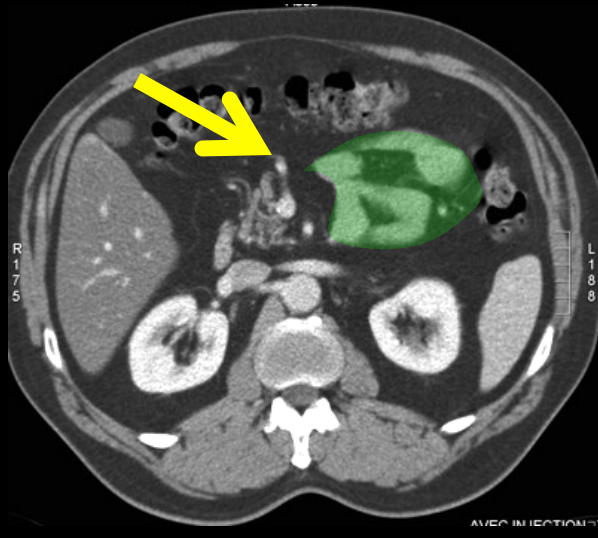
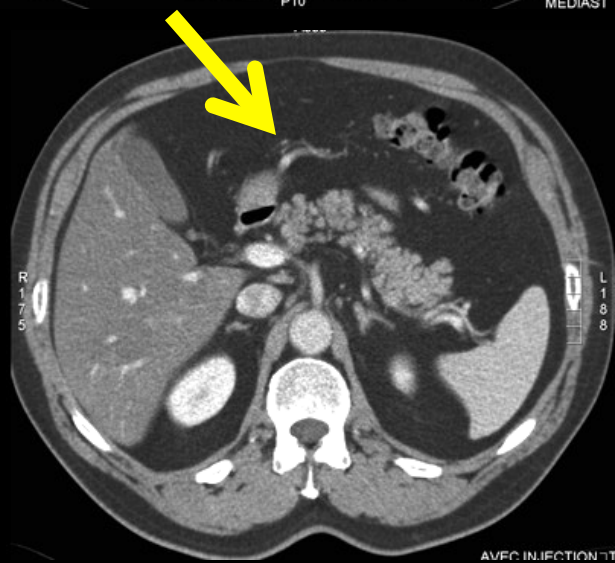
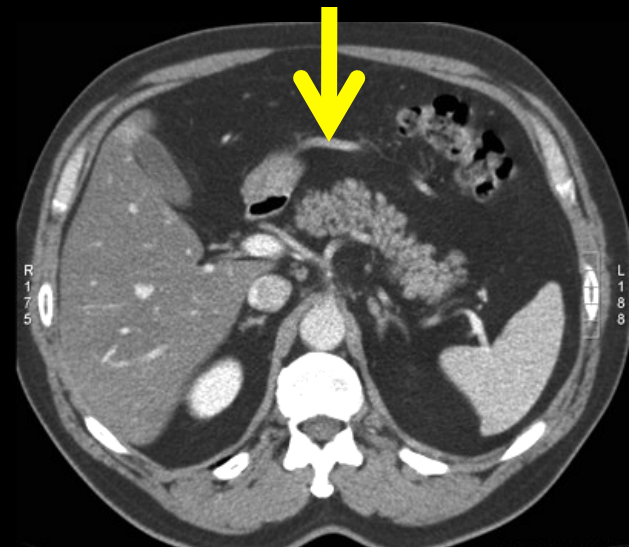
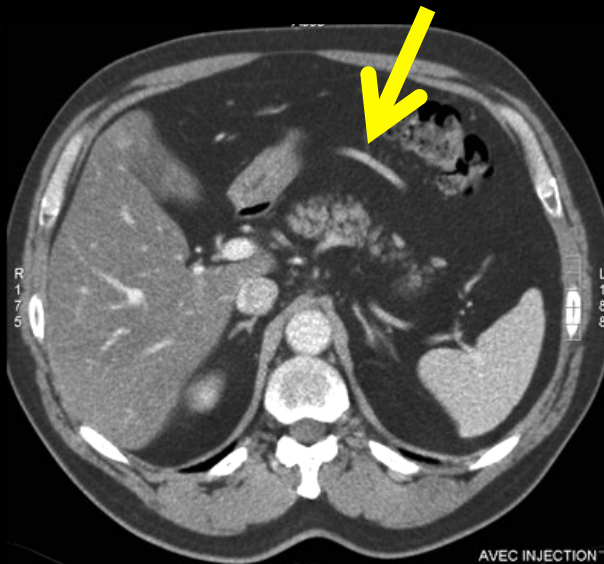
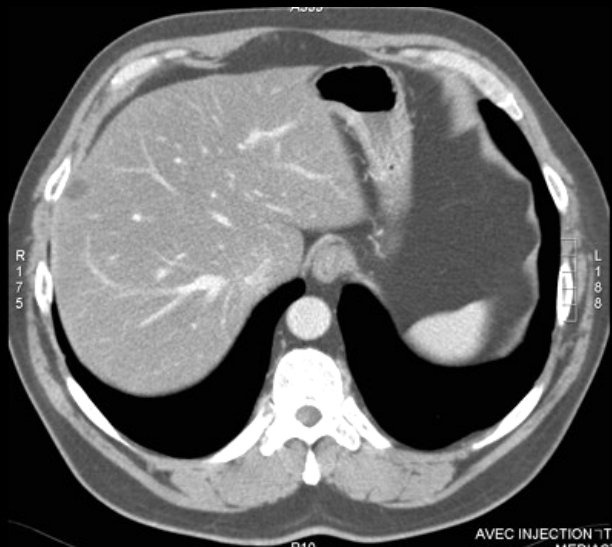
obs. E. Teil CHU Grenoble

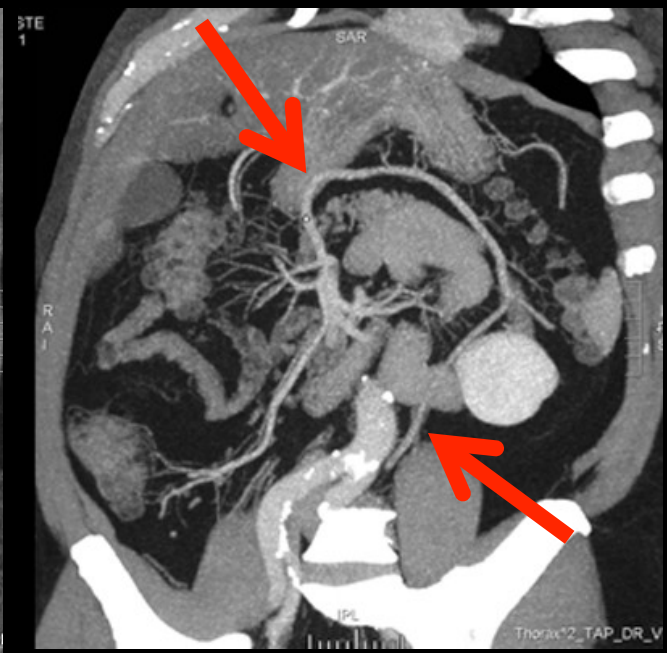
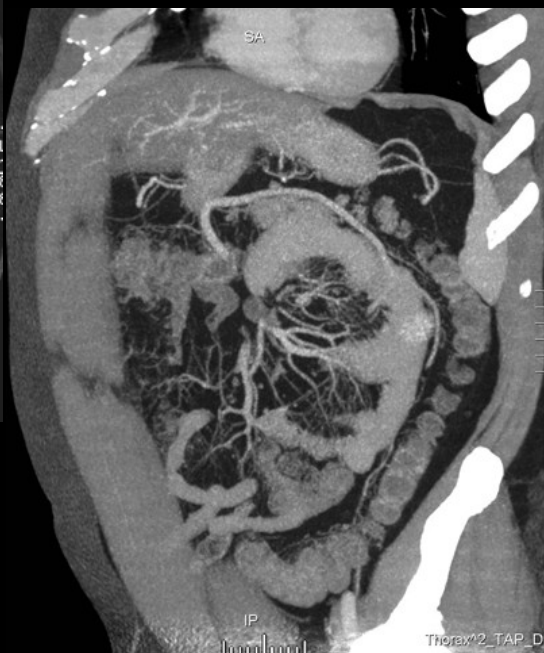
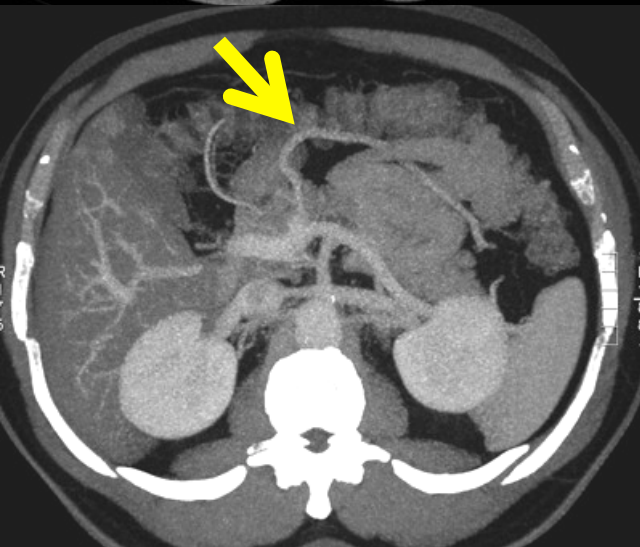
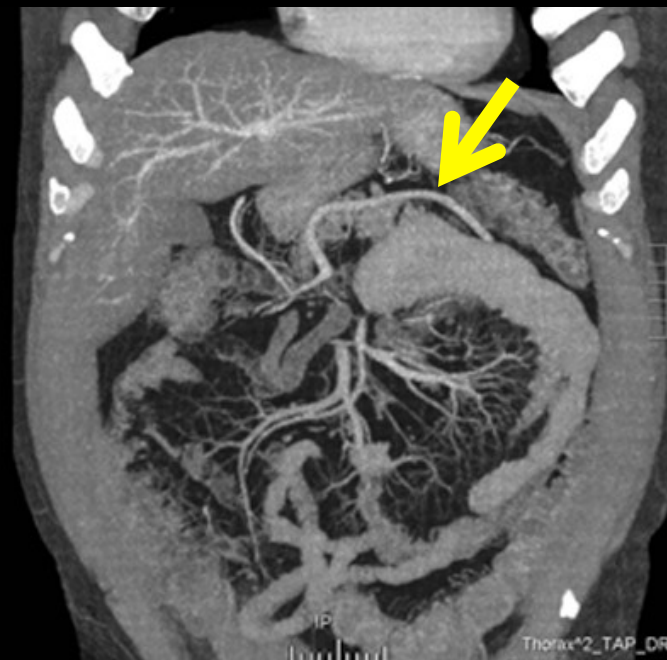
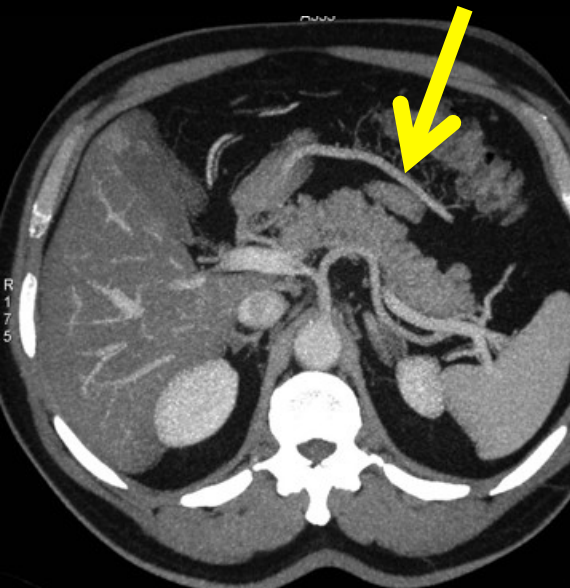


Homme 56 ans vigneron ; douleurs abdominales atypiques

*Obs Dr J Garnon
DES Strasbourg
CH Colmar*

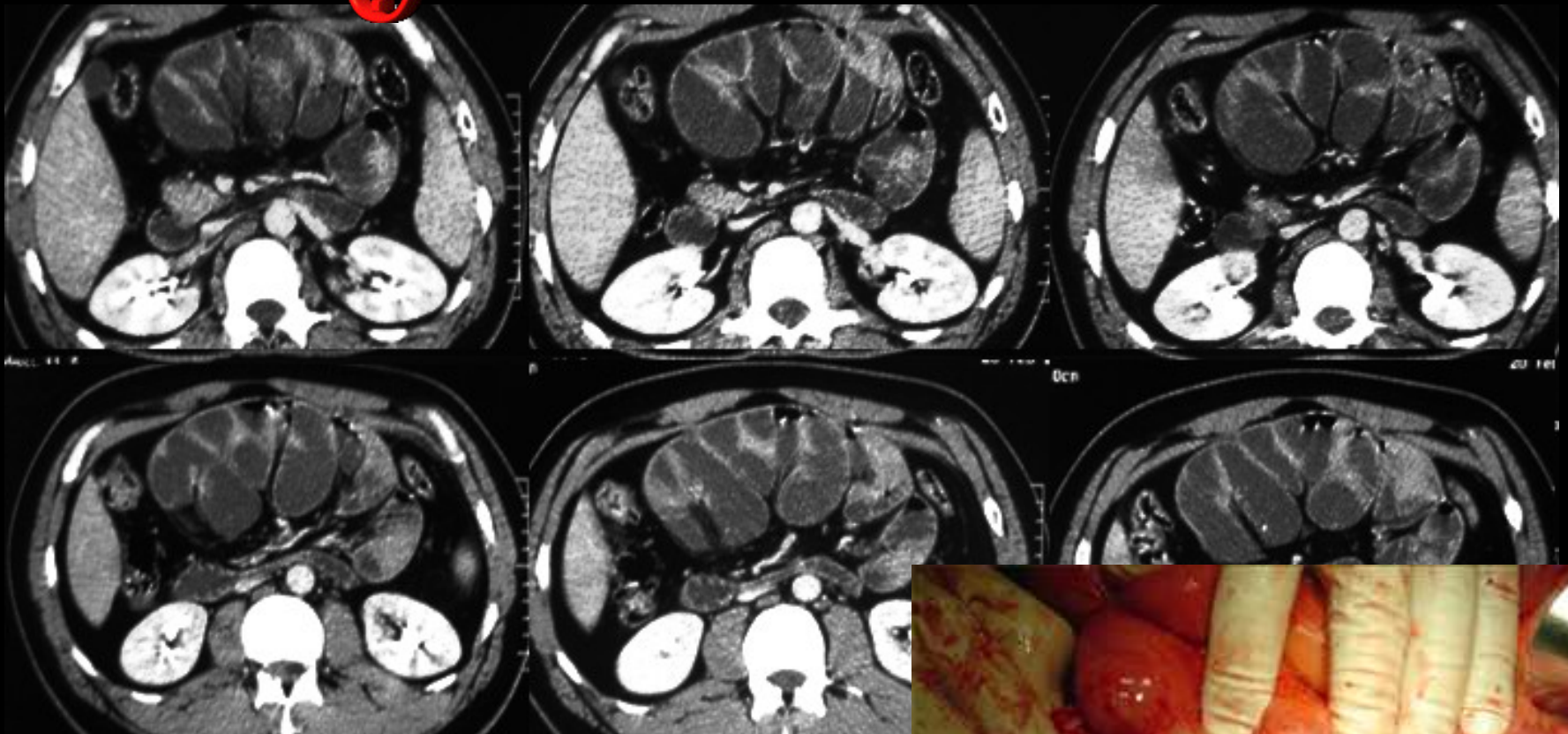






VMI "circonscrivant"
"le collet herniaire"
et se jetant dans la
VMS

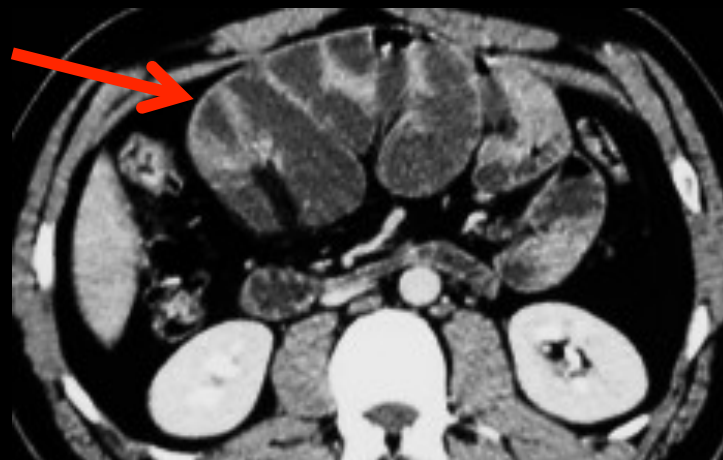
Jeune homme 25 ans sans antécédents , syndrome occlusif aigu révélateur ;quel est votre diagnostic



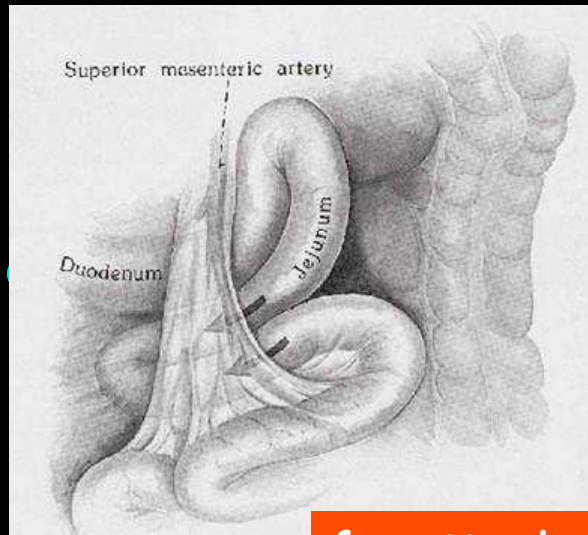
abdominal cocoon ,péritonite sclérosante ,péritonite encapsulante



Ne pas confondre !!!!



hernies para duodénales antérieures droites

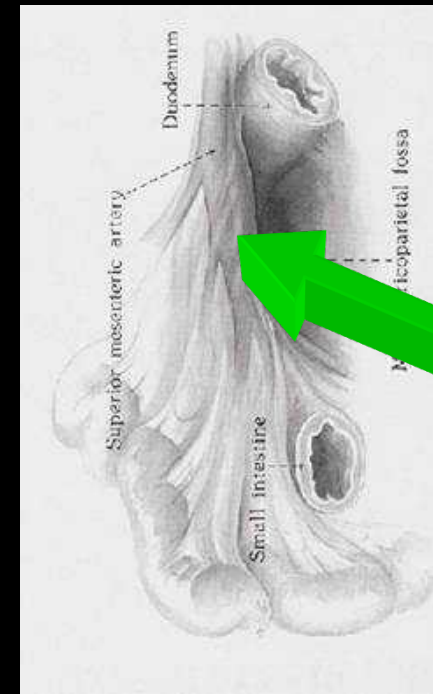


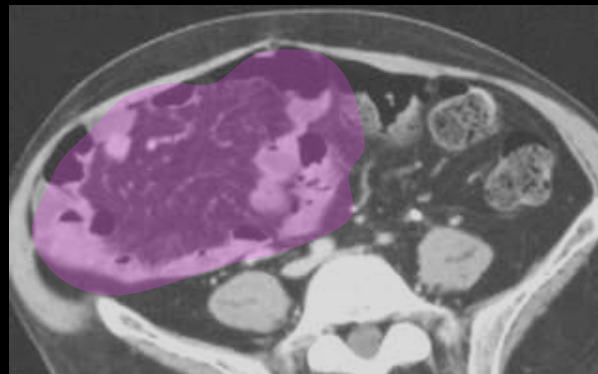
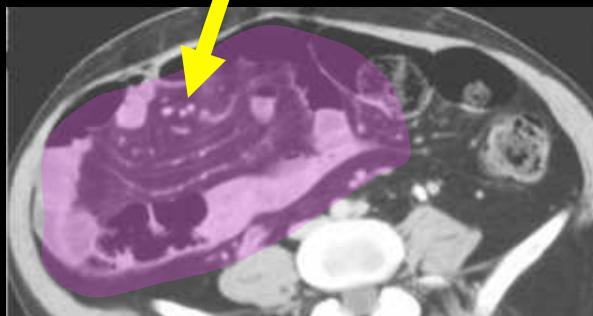
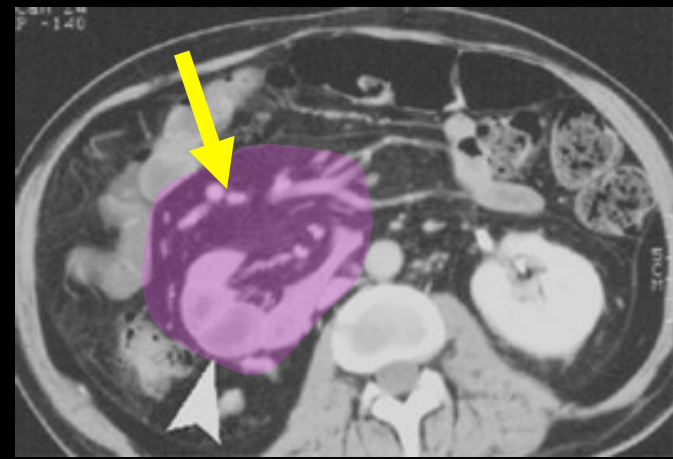
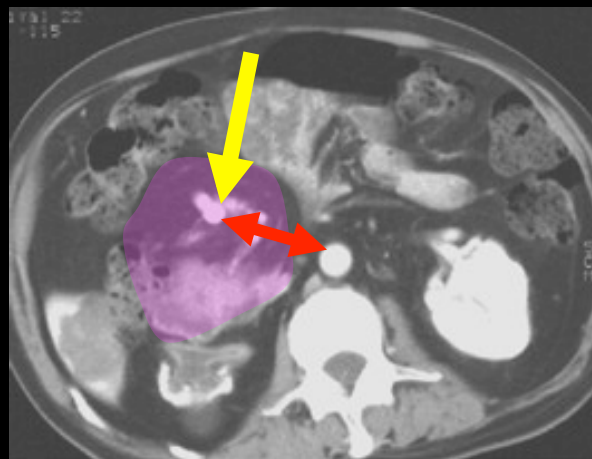
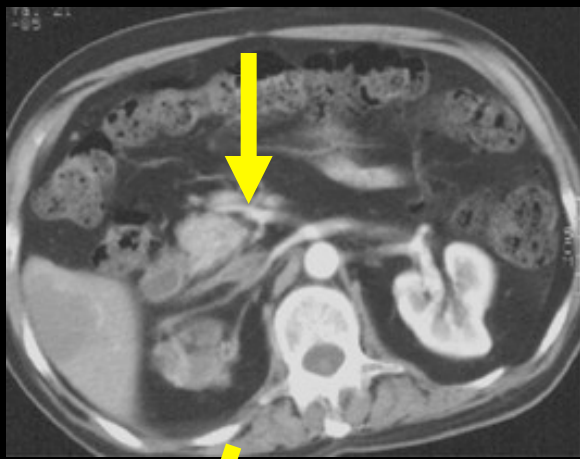
fossette de Waldeyer

beaucoup moins fréquentes que leurs homologues
contro latérales

elles se développent sous l'action du
péristaltisme intestinal dans un décollement
progressif sous la racine du mésentère ,à partir
de la **fossette de Waldeyer**

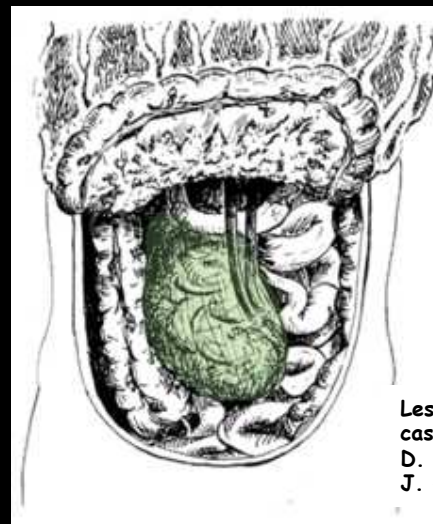
le repère vasculaire essentiel est l'**artère
mésentérique supérieure** qui passe en avant du
collet herniaire



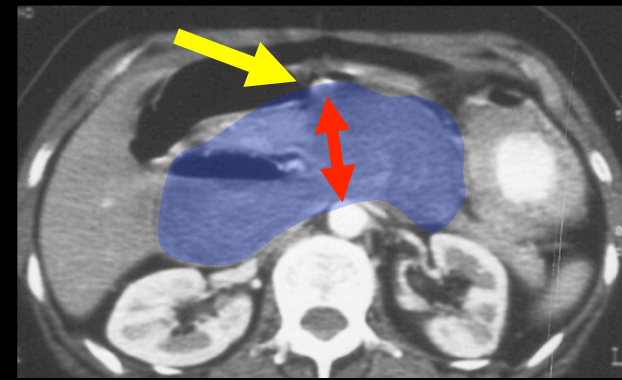
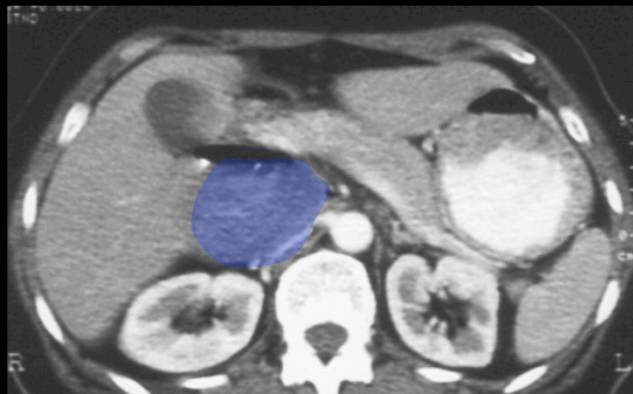


hernie para-duodénale
antérieure droite

obs. CHU Nancy-Brabois



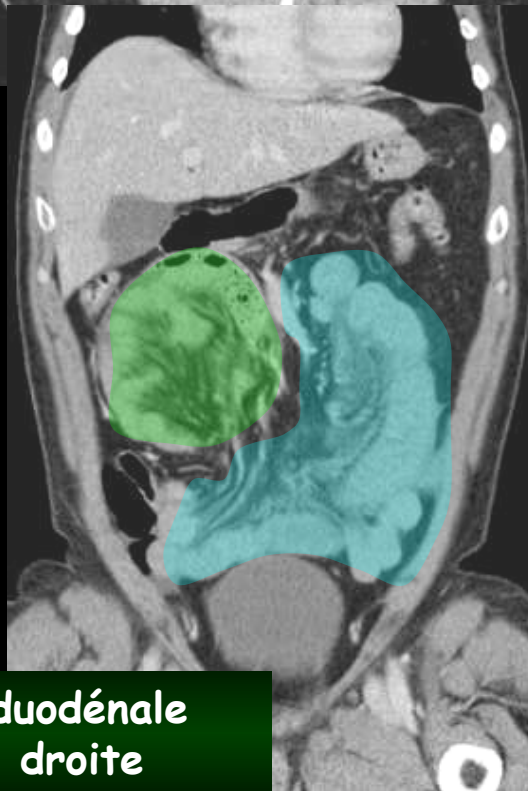
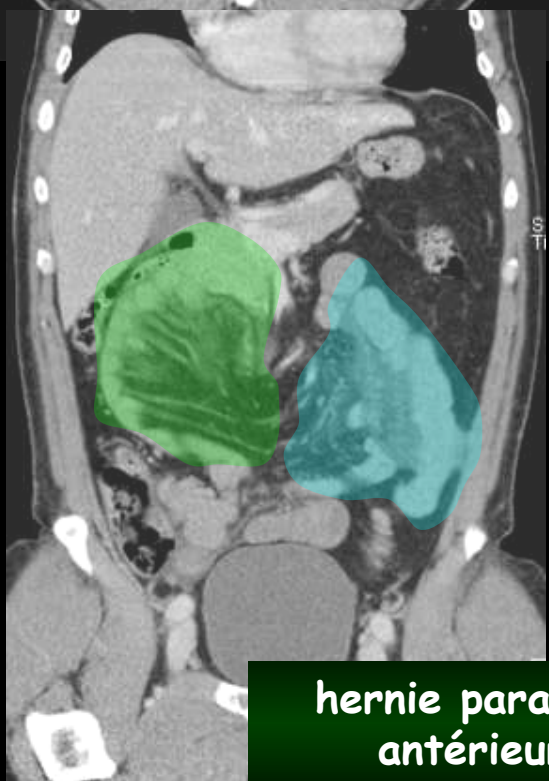
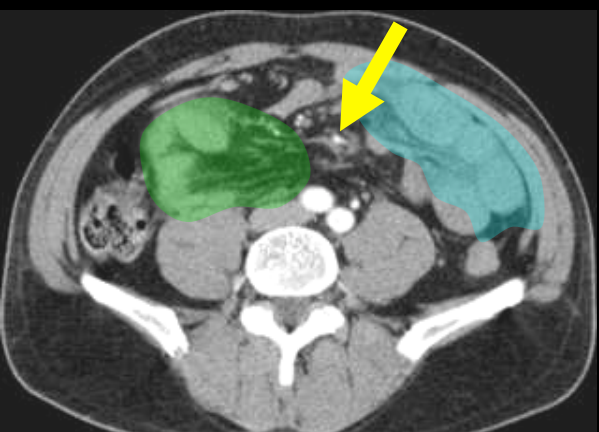
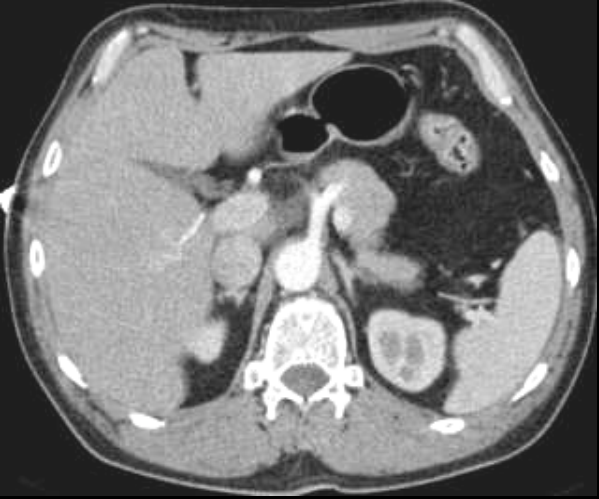
Les hernies internes de l'abdomen , à propos de 14 cas
D. GULLINO, O. GIORDANO, E. GULLINO
J. Chir 1993,130,179-95



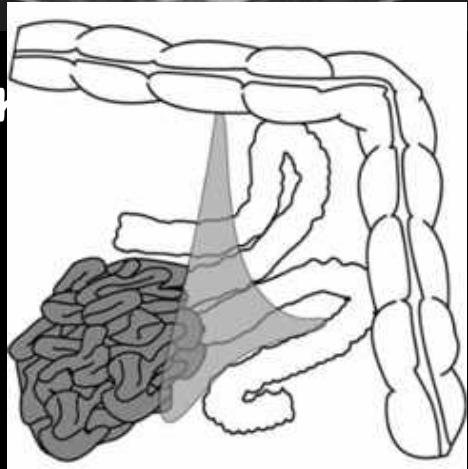
hernie para-duodénale antérieure droite

obs. CHU Nancy-Brabois

NB :lors d'une première intervention , le chirurgien n'avait pas fait le diagnostic;
les choses ne sont pas forcément évidentes, même à ventre ouvert ...

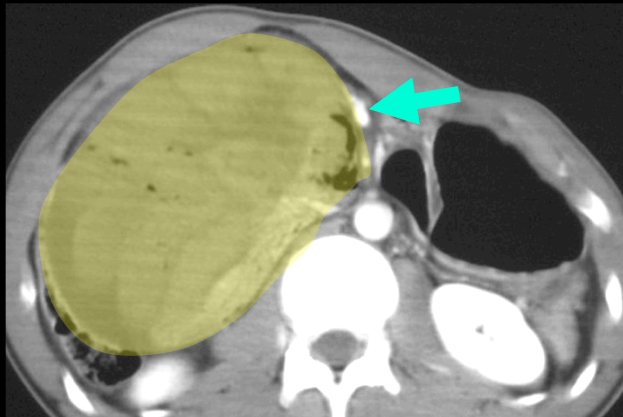
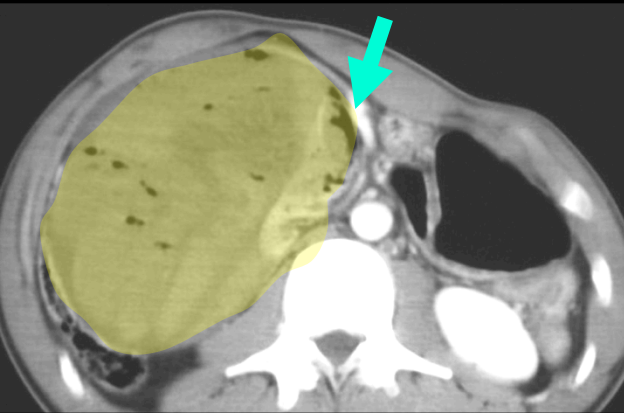
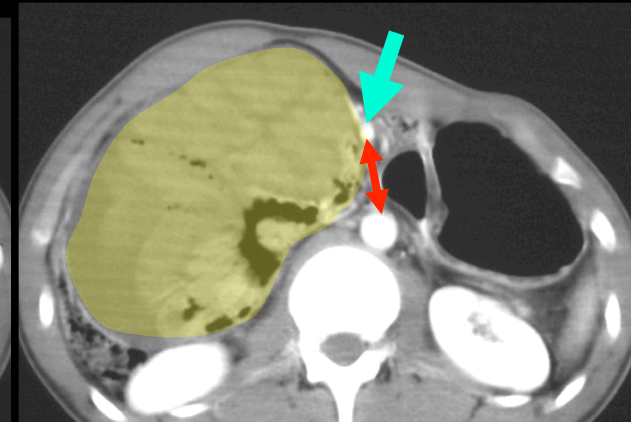
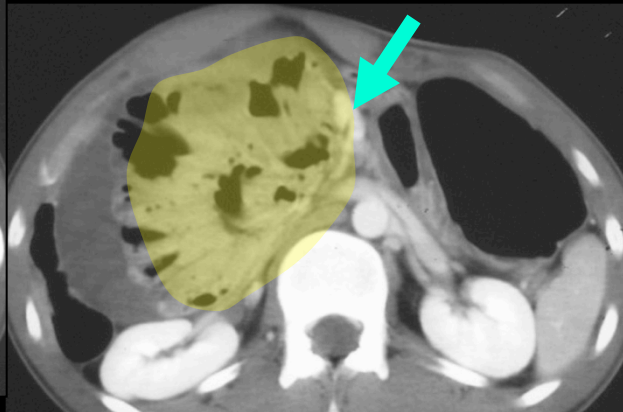


**hernie para-duodénale
antérieure droite**



**NB :le collet herniaire se situe plus bas qu'habituellement;
le degré de strangulation veineuse est pratiquement
identique sur les anses herniaires et sur les anses
afférentes**

obs. CHU Nancy-Brabois



enfant 10 ans

hernie para-duodénale antérieure droite étranglée
avec nécrose ischémique des anses herniaires

obs. JM. Bruel et coll. CHU Montpellier

hernies péri caecales (hernies de Rieux)

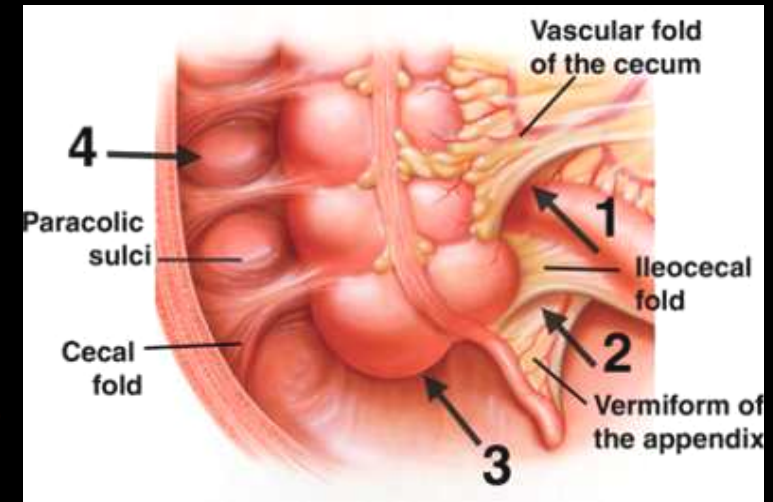
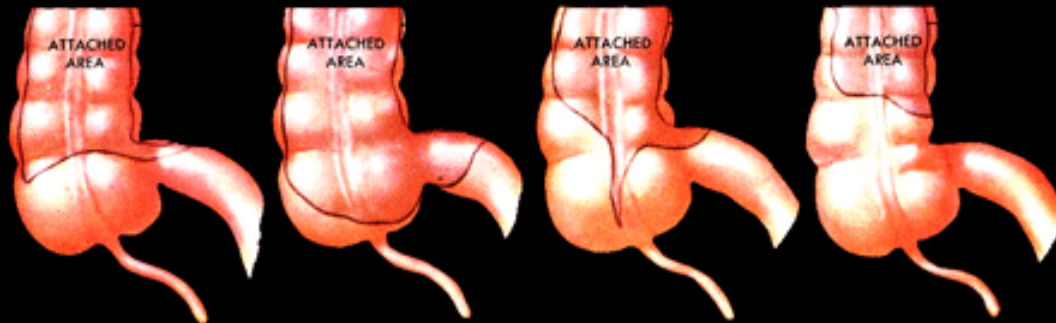
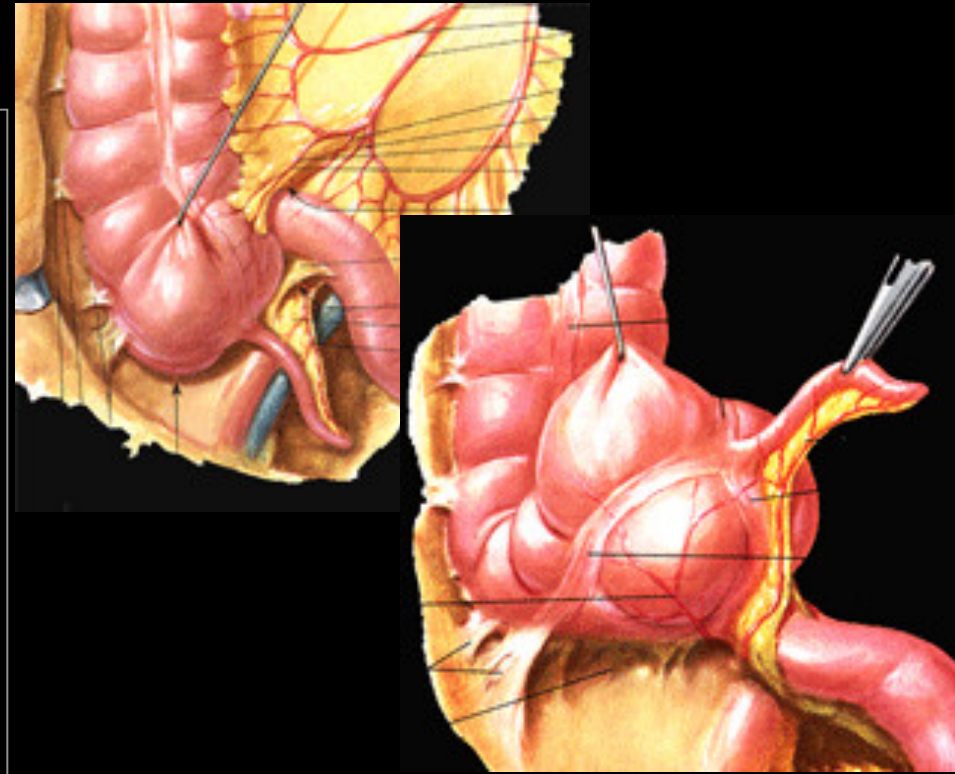
10 à 15 % de l'ensemble des hernies internes

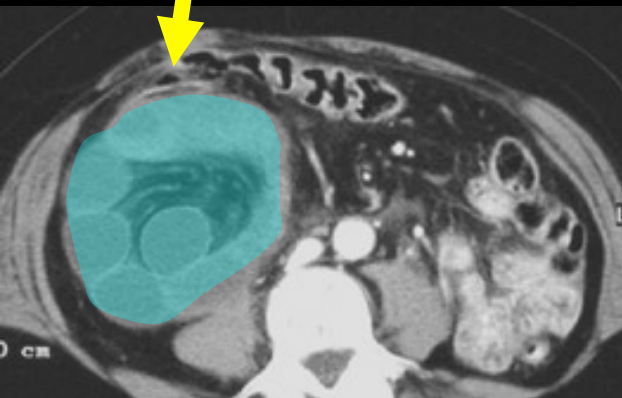
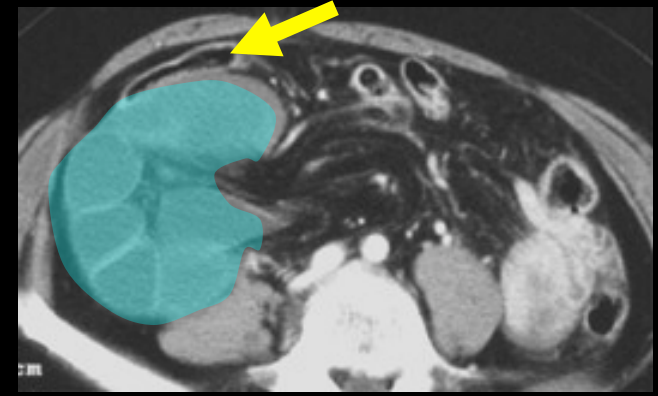
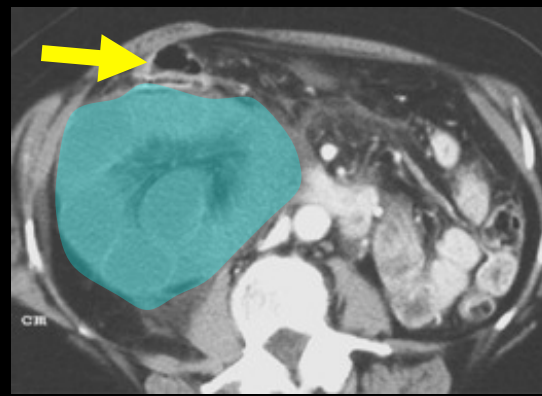
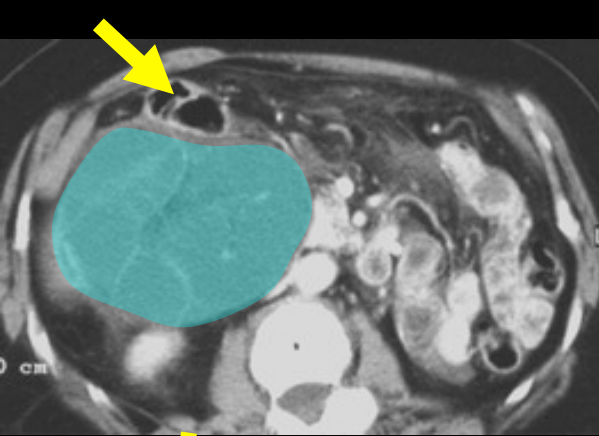
nombreuses dénominations : hernies iléo-coliques, rétro-cæcales, iléo-cæcales, para-cæcales

4 fossettes péri-cæcales décrites, congénitales ou acquise (post-chirurgicales)

contenu herniaire généralement iléal, enfermé dans un sac ovoïde ou sphérique développé par décollement du fascia de Toldt droit sous l'action du péristaltisme intestinal

les rapports avec le caeco-ascendant sont primordiaux à étudier +++ pour affirmer le diagnostic et préciser le type de hernie en cause

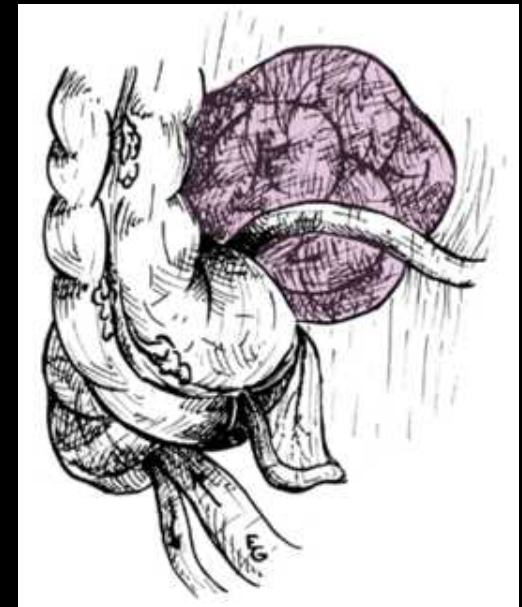




hernie rétro-cæcale étranglée

c'est la disposition rétro caeco colique des anses qui permet de conclure formellement à une hernie rétro caecale et d'éliminer l'hypothèse d'un volvulus sur bride de la fosse iliaque droite

obs. *CHU Nancy-Brabois*



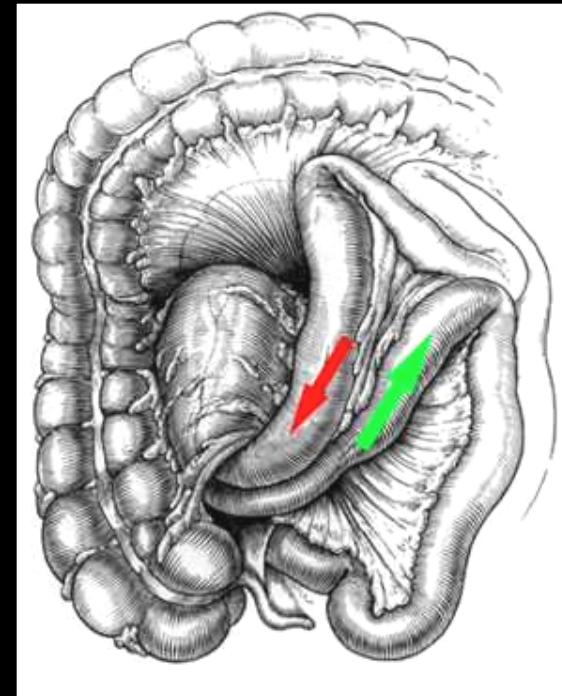
Les hernies internes de l'abdomen , à propos de 14 cas
D. GULLINO, O. GIORDANO, E. GULLINO
J. Chir 1993,130,179-95

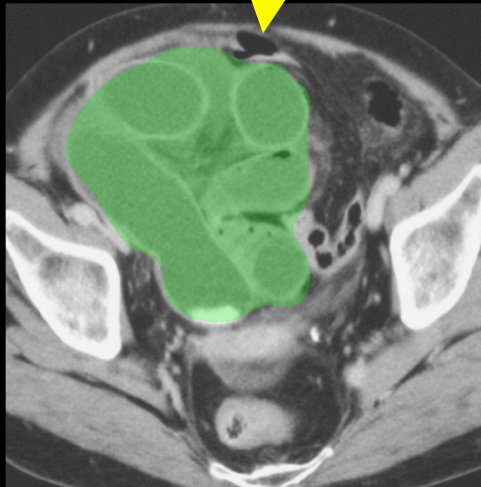
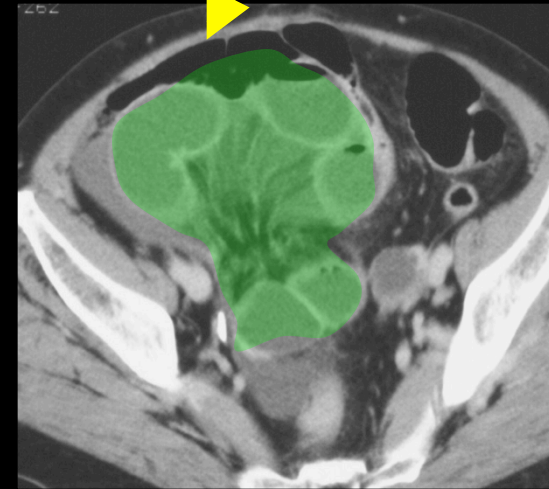
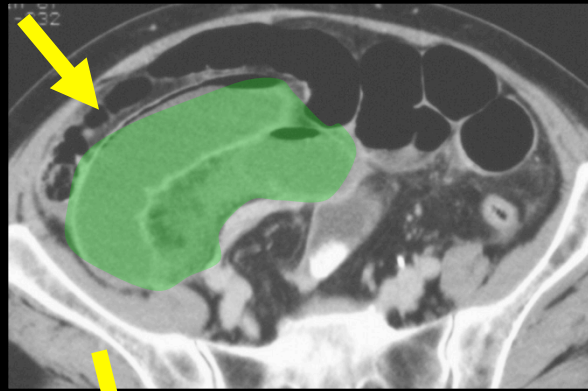
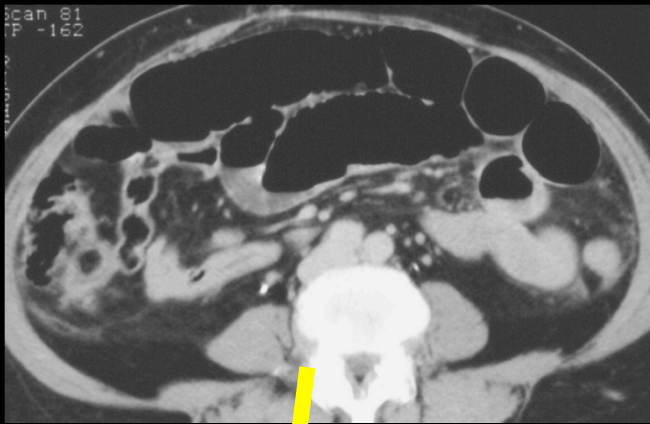


femme 44 ans

hernie para caecale interne

Congenital internal hernia as a cause of small bowel obstruction: CT findings in 11 adult patients
R ZISSIN,, M HERTZ,, G GAYER,, H PARAN, A OSADCHY.
Brit J Radiol 2005,78,796-802





femme 62 ans

obs. CHU Nancy-Brabois

hernie rétro-cæcale étranglée

la présence d'anses grêles en arrière du caecum peut être observée dans les caeco-ascendants "flottants" par défaut d'accolement plus ou moins étendu du fascia de Toldt droit

c'est le **refoulement avec effet de masse sur la paroi colique** par les anses grêles distendues qui permet d'affirmer que ces anses sont bien dans un sac herniaire du mésocolon droit .

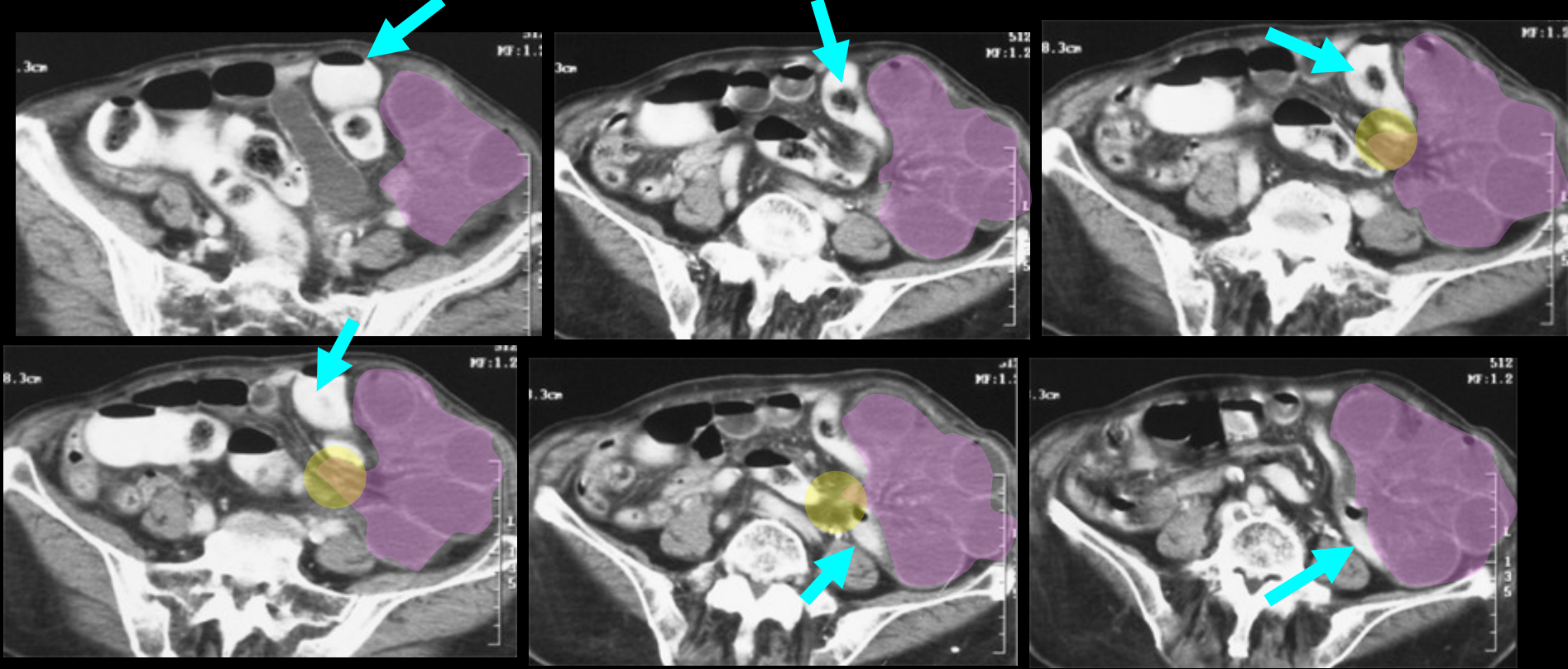
hernies inter sigmoïdiennes

elles sont exceptionnelles, bien que la fossette inter sigmoïdienne soit présente chez plus de 70% de sujets

c'est le méso colon pelvien (en forme de tente) qui se distend progressivement sous l'action du péristaltisme des anses grêles, formant un **sac herniaire sphérique ou ovoïde** dans lequel elles vont se trouver piégées

c'est donc seulement la forme du sac herniaire qui permet de différencier les **hernies inter sigmoïdiennes** des **hernies trans méso sigmoïdiennes** (rupture complète du méso sigmoïde) ou des **hernies inter méso sigmoïdiennes** (dans lesquelles l'anse herniée déchire un seul feuillet du méso sigmoïde et se développe entre les 2 feuillets de ce méso).



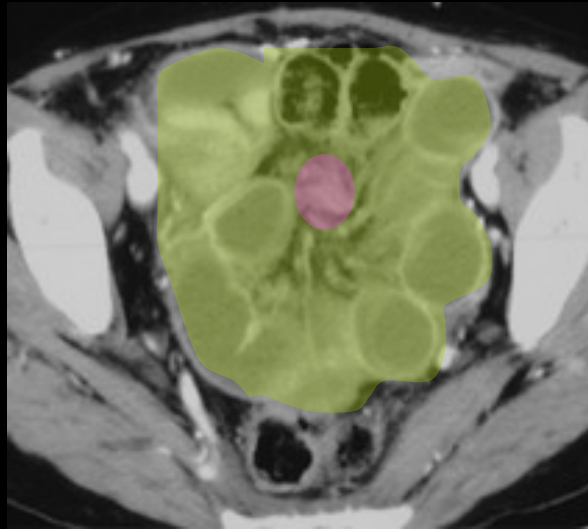
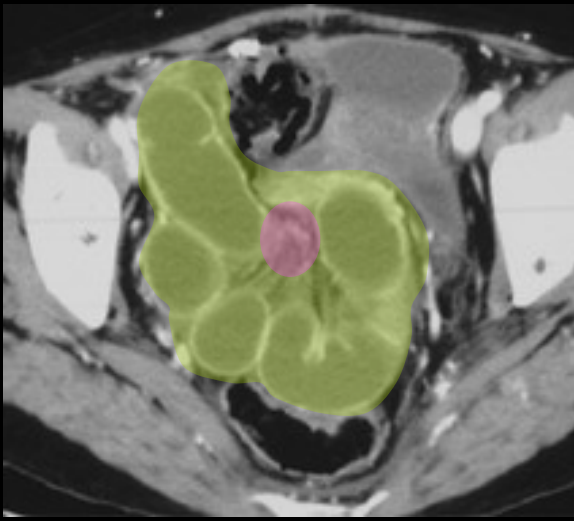


femme 41 ans

hernie inter sigmoïdienne

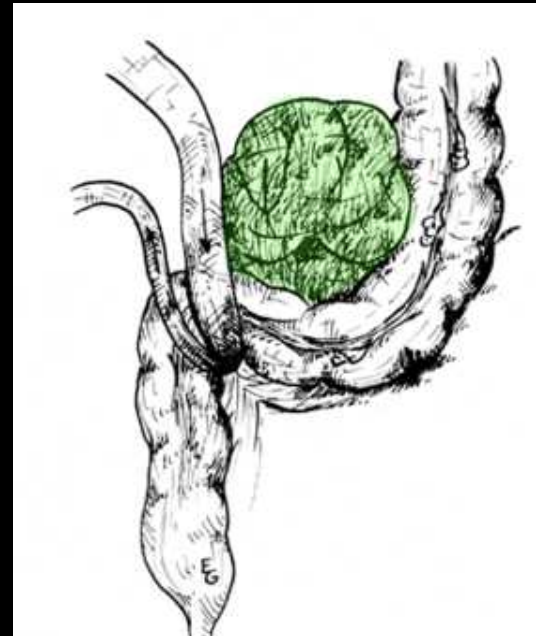


Internal abdominal herniations
MATHIEU D., LUCIANI A.
AJR ;2004, 183:397-404



hernie inter sigmoïdienne

obs. CHU Nancy-
Brabois



Les hernies internes de l'abdomen , à propos de 14 cas

D. GULLINO, O. GIORDANO, E. GULLINO
J. Chir 1993,130,179-95

3-les hernies internes développées à travers un orifice anormal du péritoine

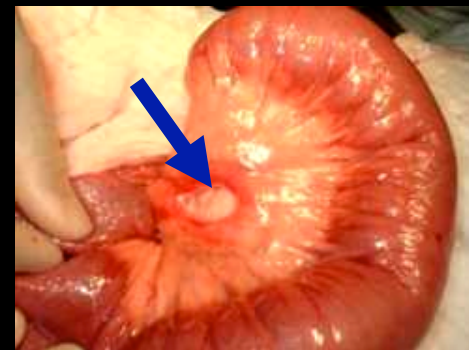
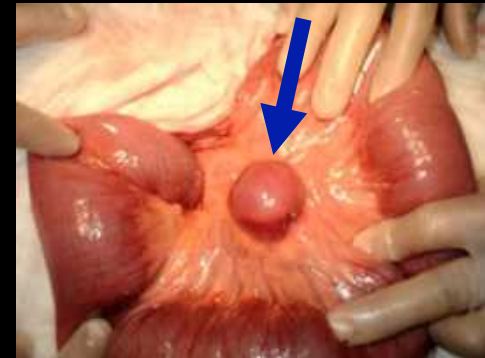
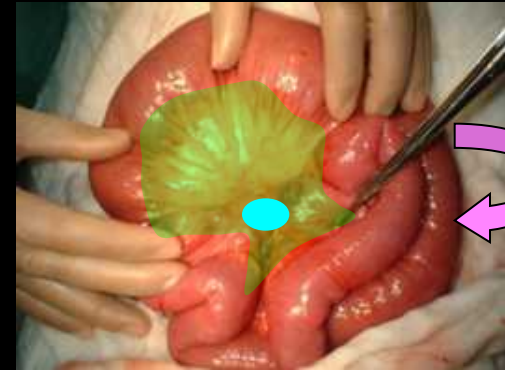
ce sont les formes dont le diagnostic est le plus délicat car :

-les anses intéressées par le processus herniaire ne se présentent pas sous un aspect "sac like" évocateur, mais au contraire **simulent en tous points un volvulus du grêle sur obstacle mécanique extrinsèque** (bride péritonéale ou adhérences intestino-mésentériques).

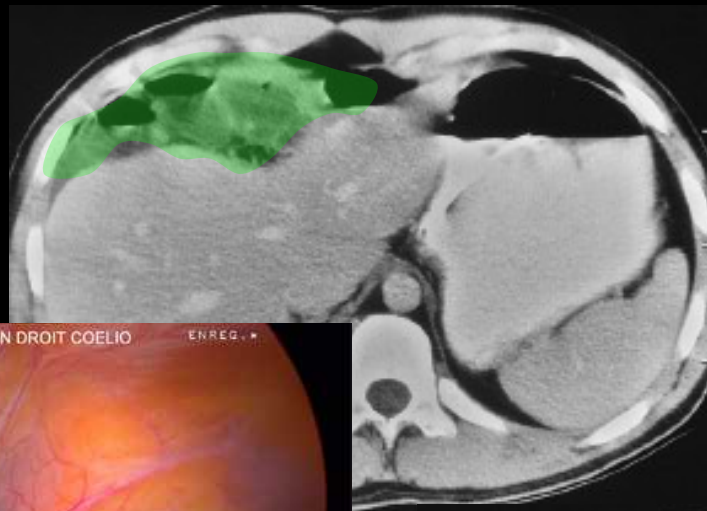
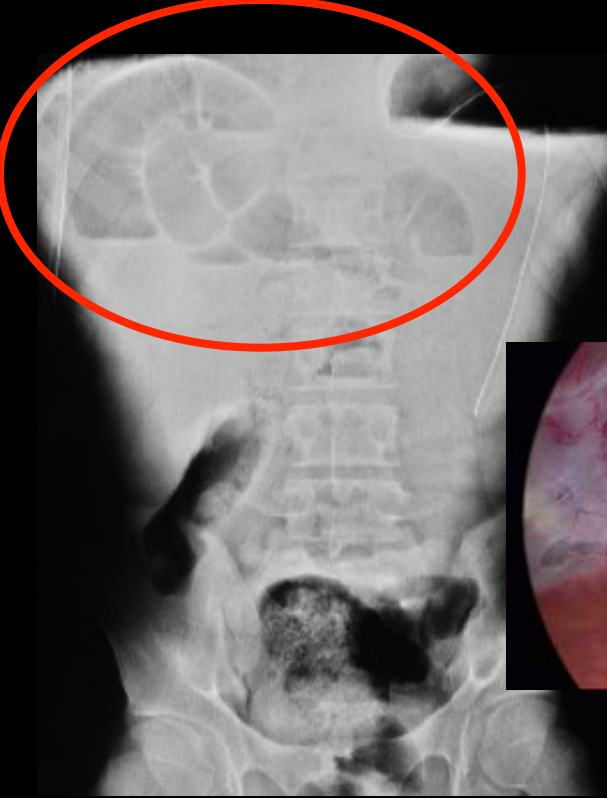
-c'est par la détermination la plus précise possible du **du point de convergence des plis mésentériques des anses distendues en disposition radiaire** qui doit attirer l'attention ,ainsi que le contexte de survenue .

-les principaux types sont :

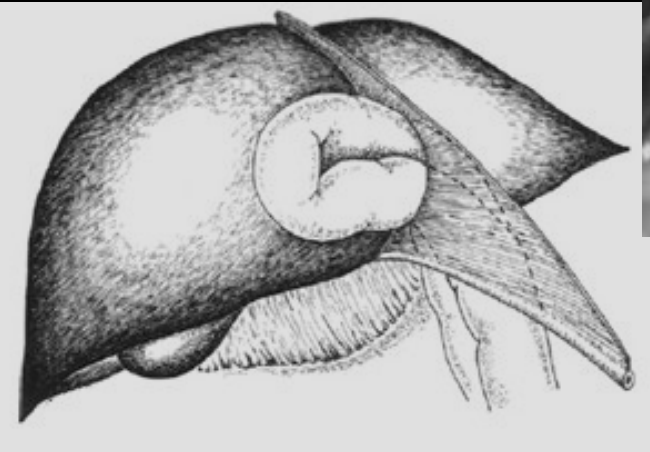
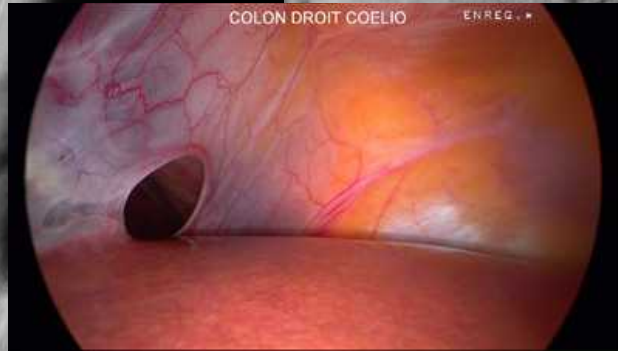
- .les hernies du ligament falciforme
- .les hernies trans mésentériques
- .les hernies trans omentales
- .les hernies du ligament large
- .les hernies para vésicales et para rectales



*hernie transmésentérique
obs. Dr IN. Phi ,Saigon*



homme 19 ans

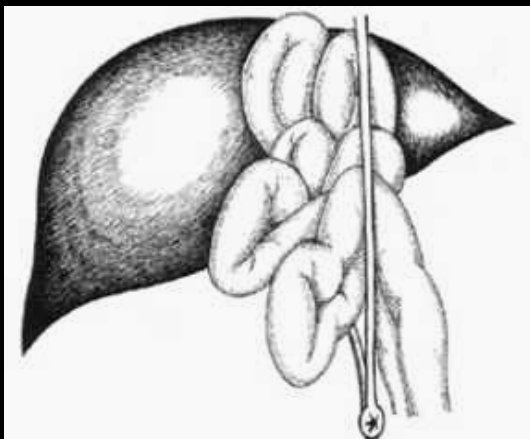
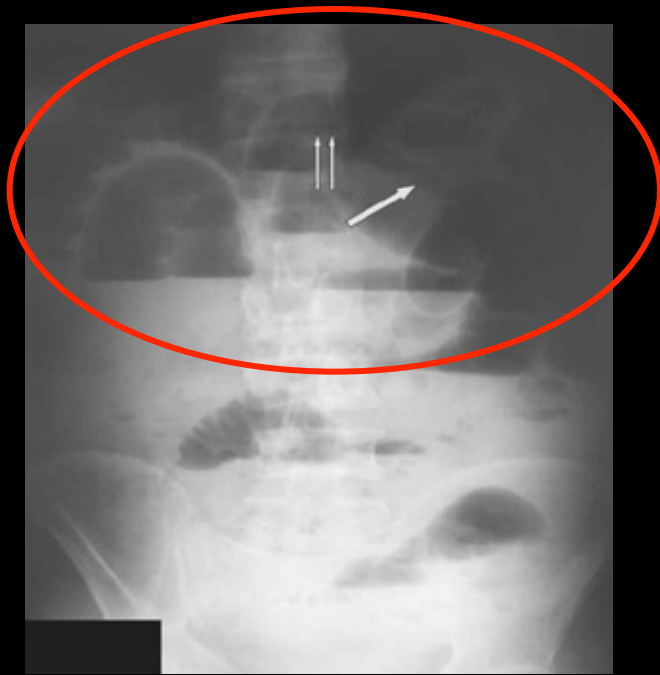


hernie du ligament falciforme

Das Fenster im Ligamentum falciforme Ein seltener Fall einer Hernierung des Dünndarms durch das Ligamentum falciforme
S.VORBURGER, M.ZUBER, J.C. RENGGLI K.SCHNABEL
Chirurg. 2000,71:466-468



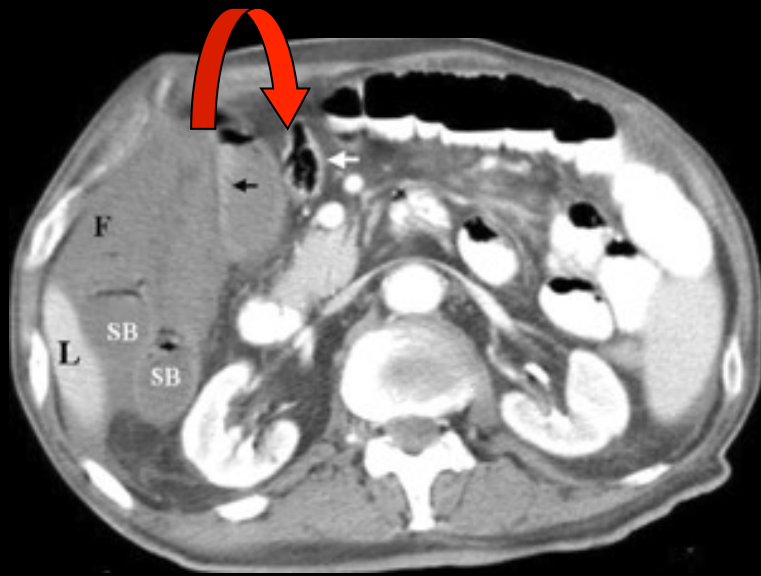
NB: dans le cas présenté, le sens de la hernie (de droite à gauche) est l'inverse de celui figuré sur le schéma



homme 47 ans

Internal herniation through a defect in the falciform ligament: a case report and review of the world literature
 S. WISEMAN
 Hernia, 2000, 4:117-20

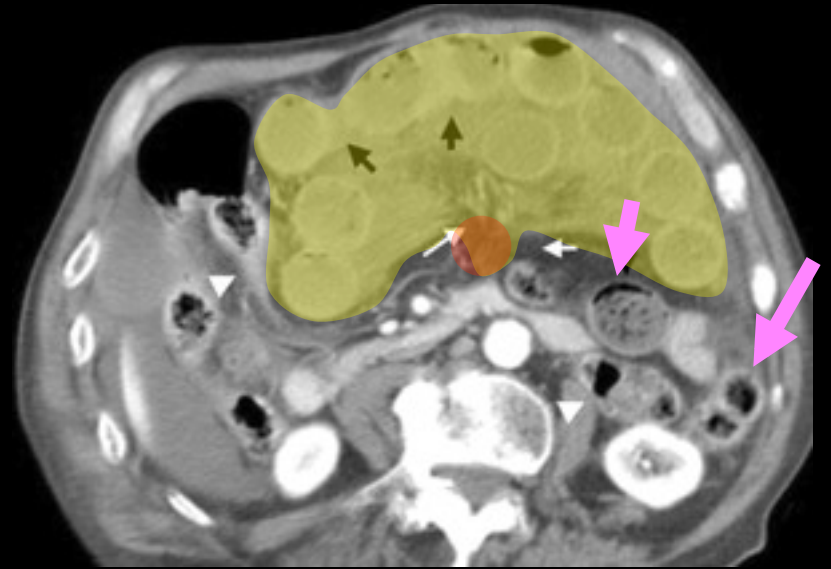
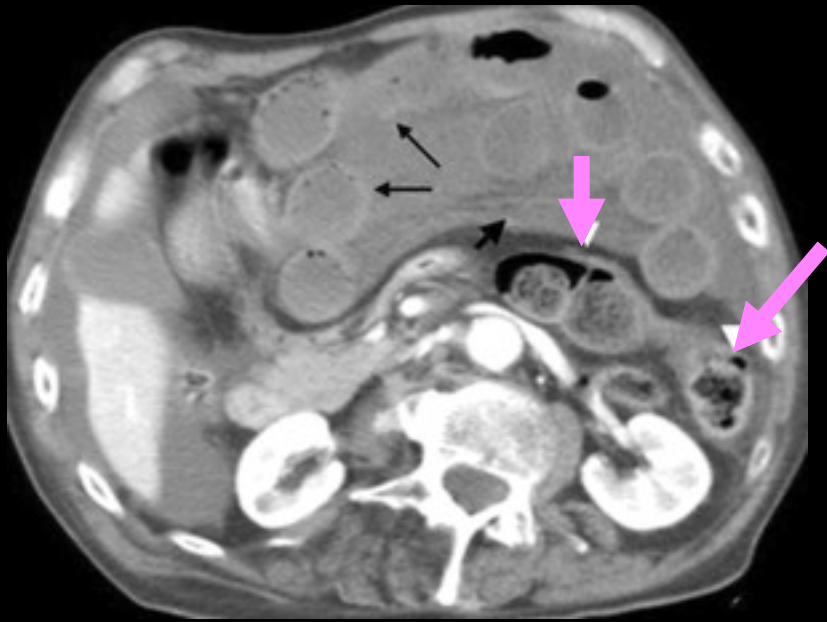
hernie du ligament falciforme



homme 91ans

hernie transmésentérique

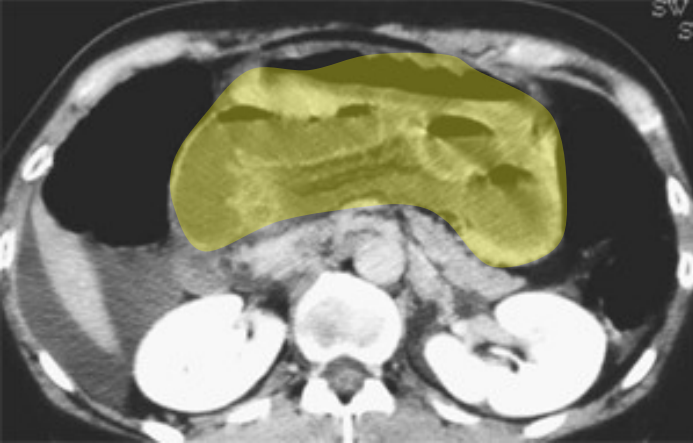
Congenital internal hernia as a cause of small bowel obstruction:
CT findings in 11 adult patients
R ZISSIN,, M HERTZ,, G GAYER,, H PARAN, A OSADCHY.
Brit J Radiol 2005,78,796-802



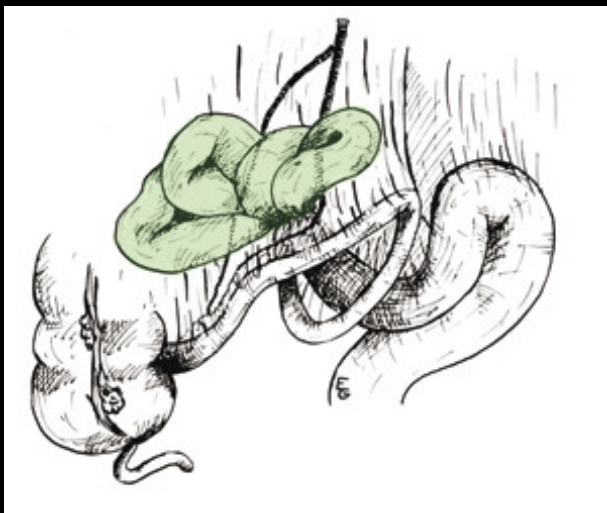
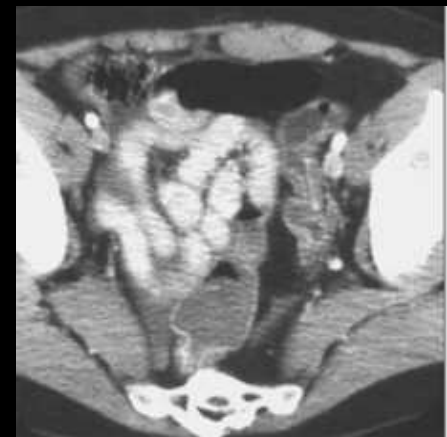
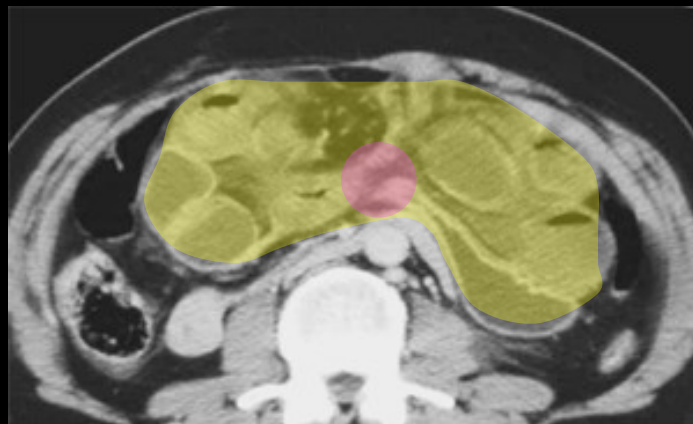
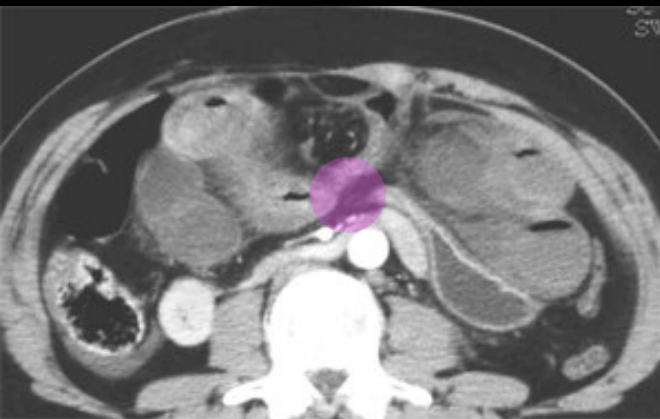
homme 95ans

hernie transmésentérique

Congenital internal hernia as a cause of small bowel obstruction: CT findings in 11 adult patients
R ZISSIN,, M HERTZ,, G GAYER,, H PARAN, A OSADCHY.
Brit J Radiol 2005,78,796-802



femme 38ans



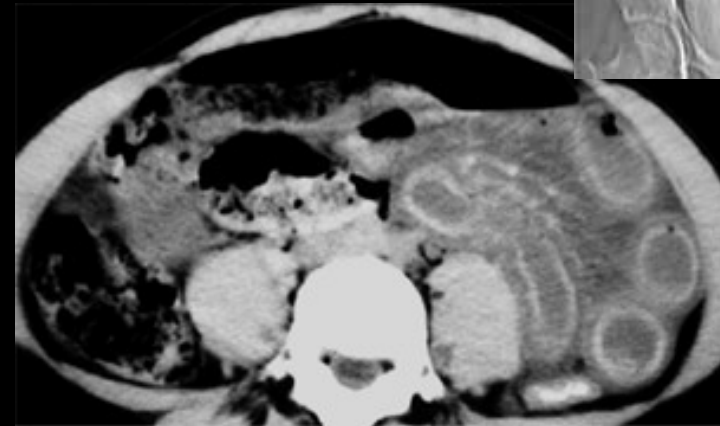
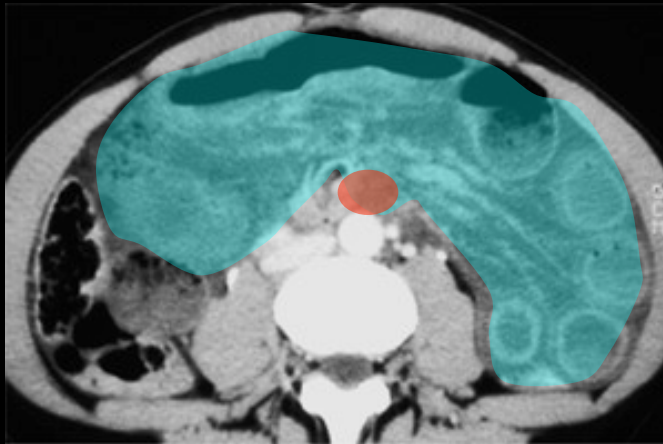
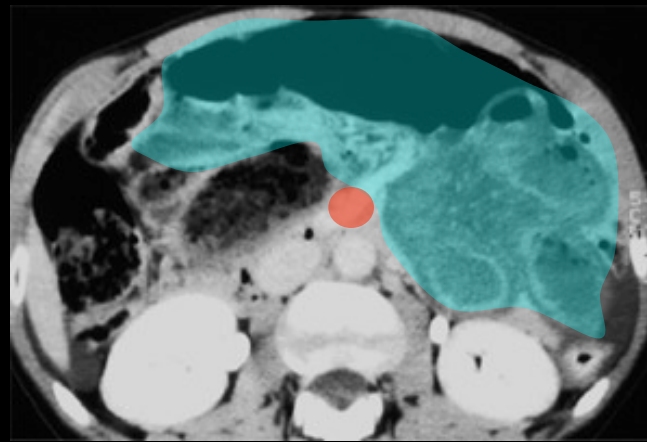
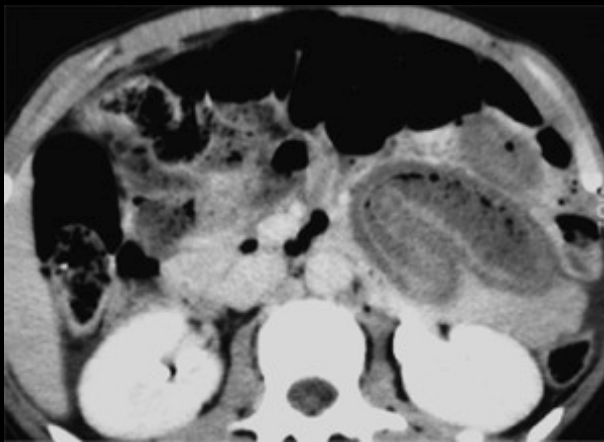
hernie transmésentérique

obs. M. Deneuille CHR Metz

schéma d'une hernie
transmésentérique dans la zone
avasculaire de Trèves

Les hernies internes de l'abdomen , à propos de 14
cas
D. GULLINO, O. GIORDANO, E. GULLINO
J. Chir 1993,130,179-95



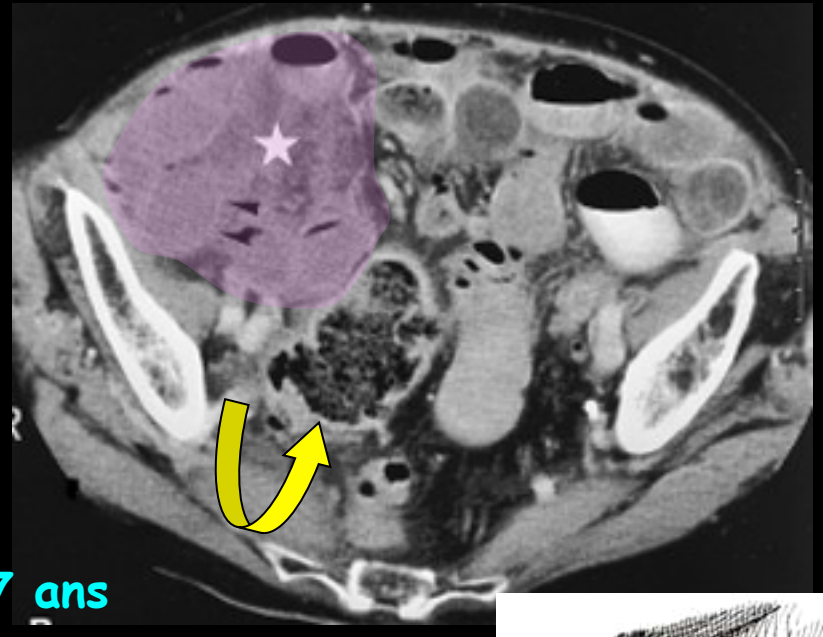
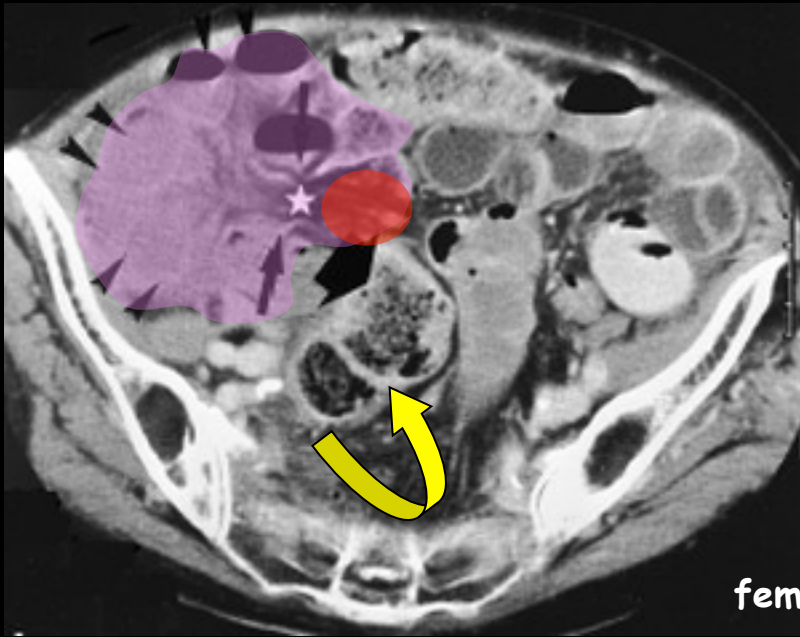


jeune fille **13 ans**

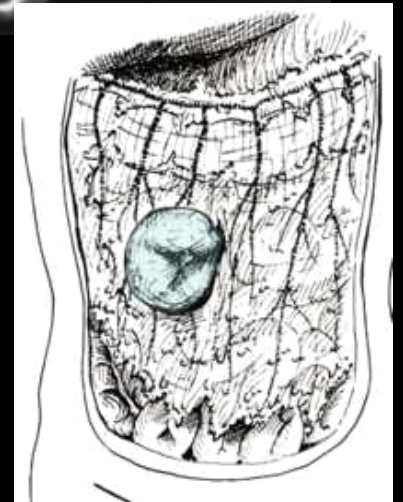
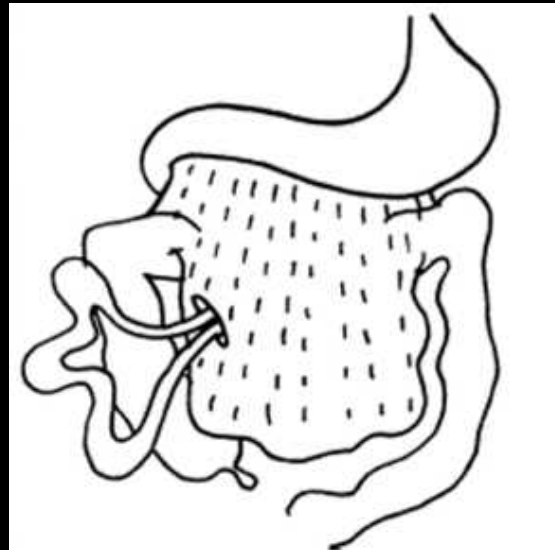
hernie transmésentérique

résection de 2.50m d'intestin grêle

obs. CHU Nancy-Brabois



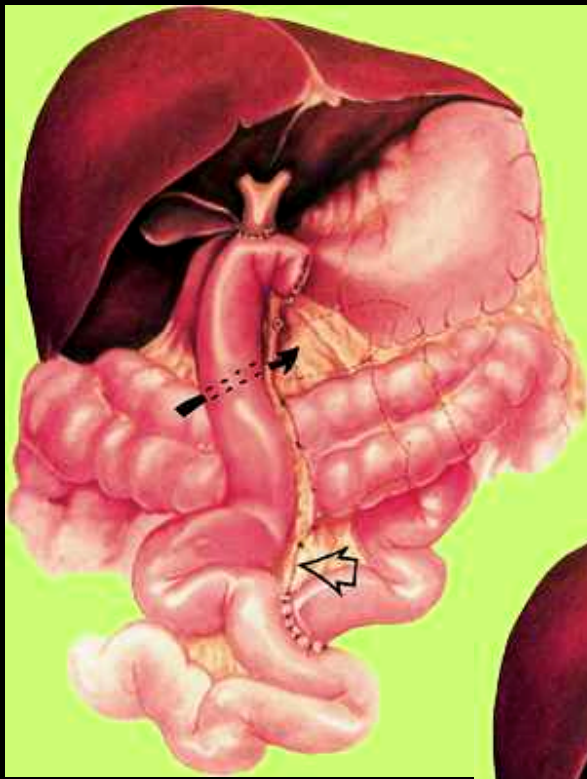
femme 87 ans



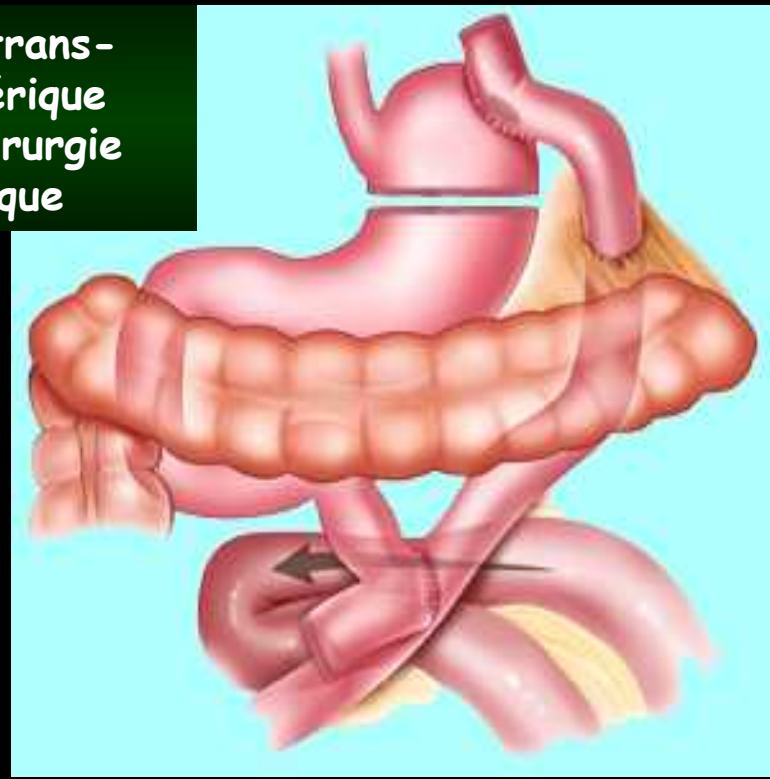
Les hernies internes de l'abdomen ,
à propos de 14 cas
D. GULLINO, O. GIORDANO, E.
GULLINO
J. Chir 1993,130,179-95

Strangulated transomental hernia: CT findings
E. DELABROUSSE, M. COUVREUR, O. SAGUET, B. HEYD, S.
BRUNELLE, B. KASTLER
Abdominal Imaging ; 2001,26:89-88

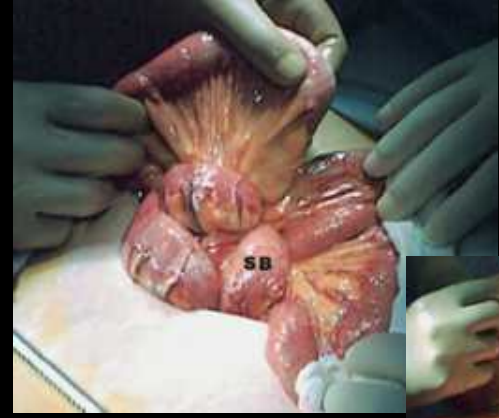
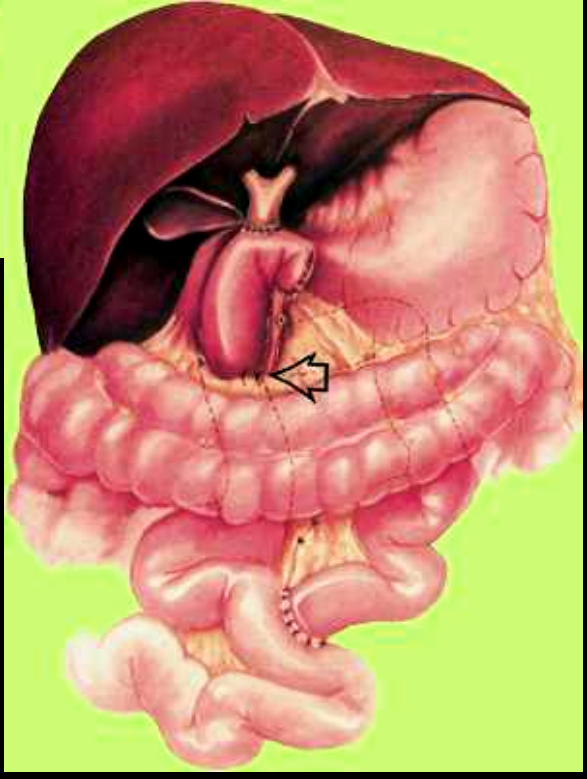
hernie trans omentale



hernie trans-
mésentérique
post chirurgie
bariâtrique



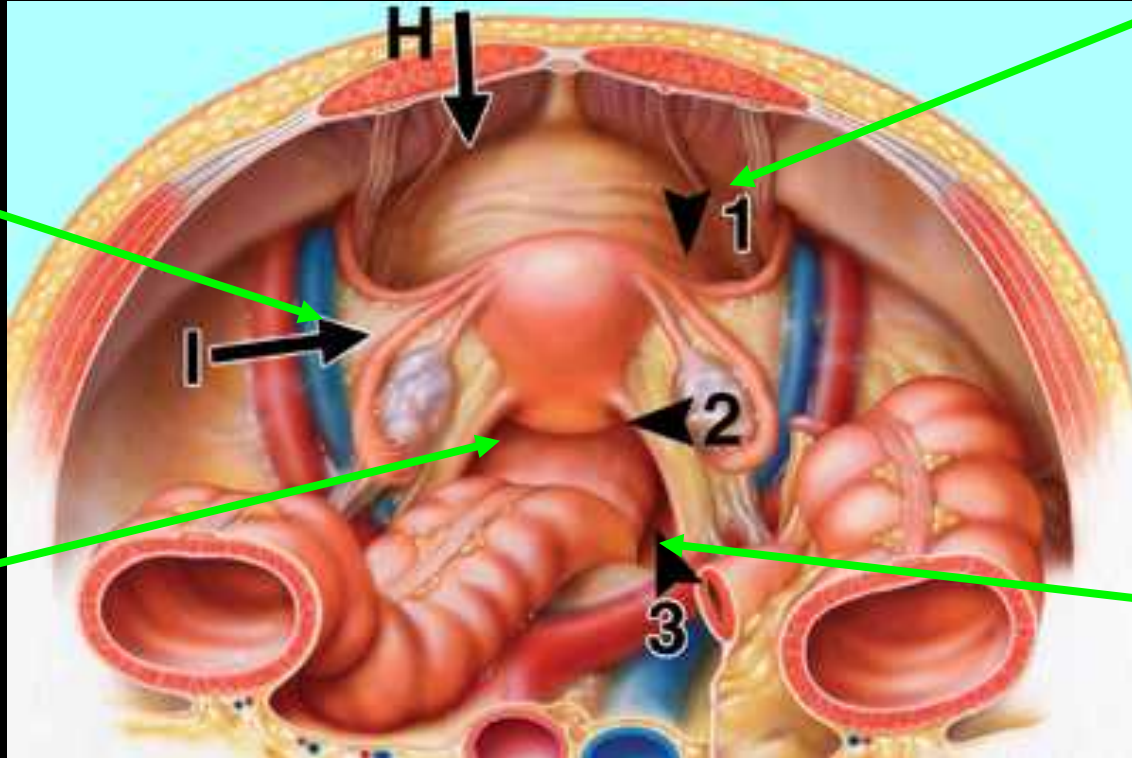
hernie trans-
mésentérique post
transplantation
hépatique
orthotopique



hernies internes pelviennes

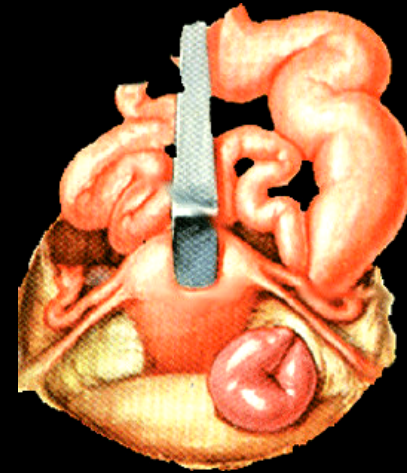
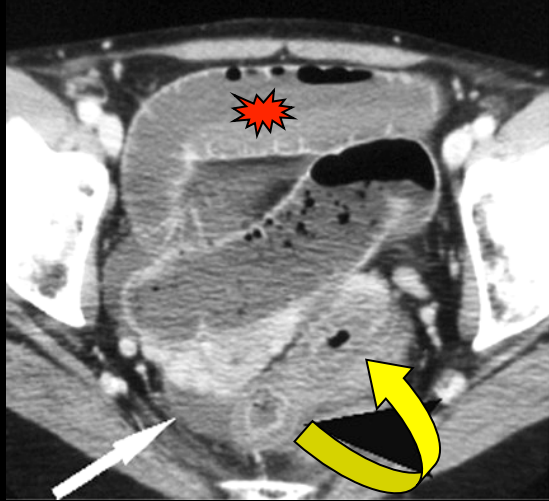
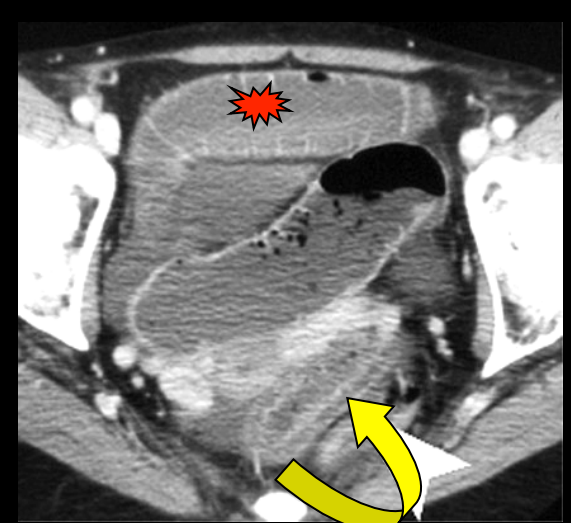
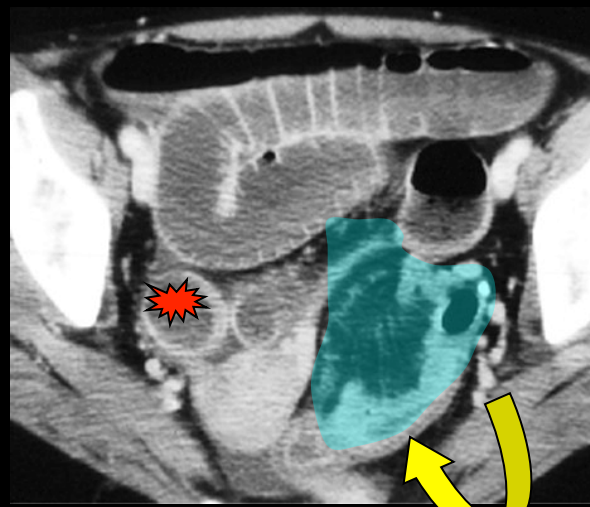
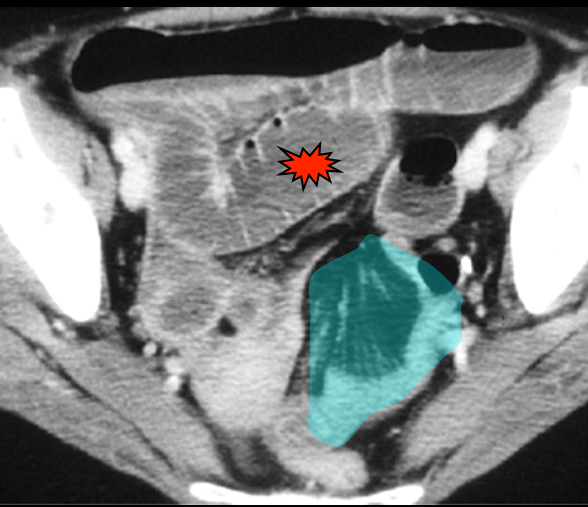
hernies para vésicales

hernies du ligament large



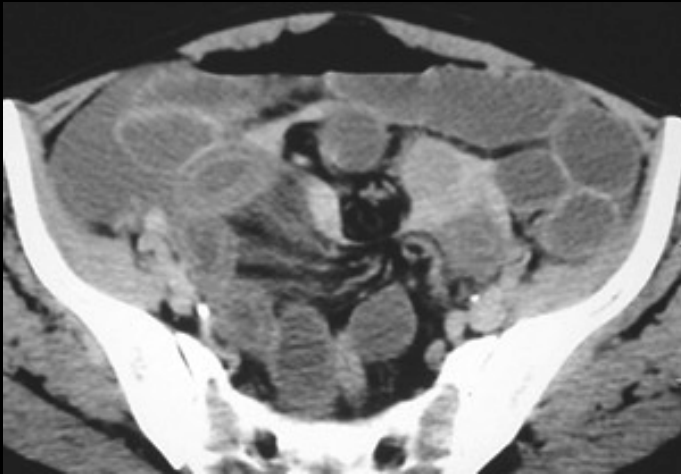
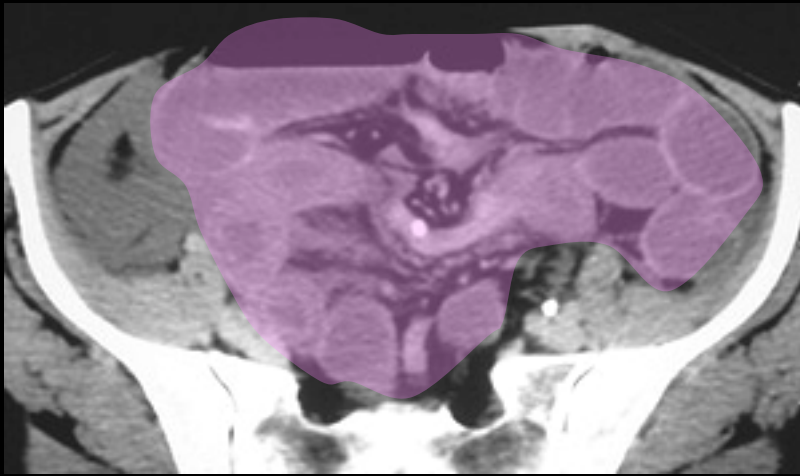
hernies du cul de sac de Douglas

hernies de la fossette péri-rectale



hernie du ligament large G

obs. J Pringot et coll. UCL Bruxelles



hernie du ligament large gauche

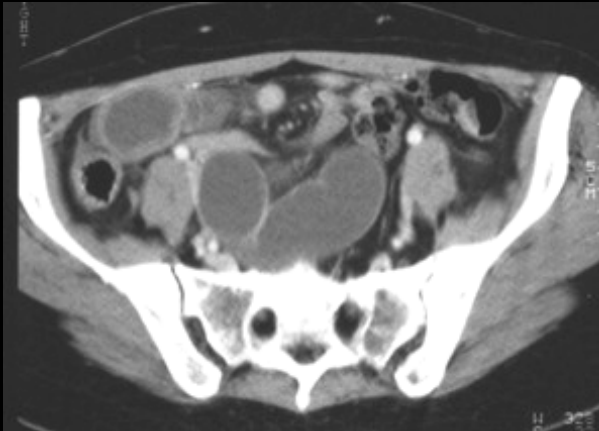
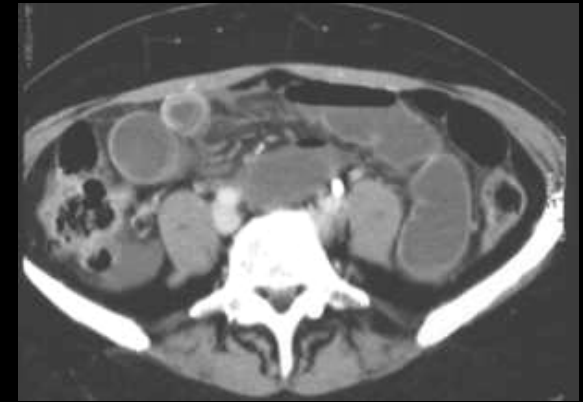
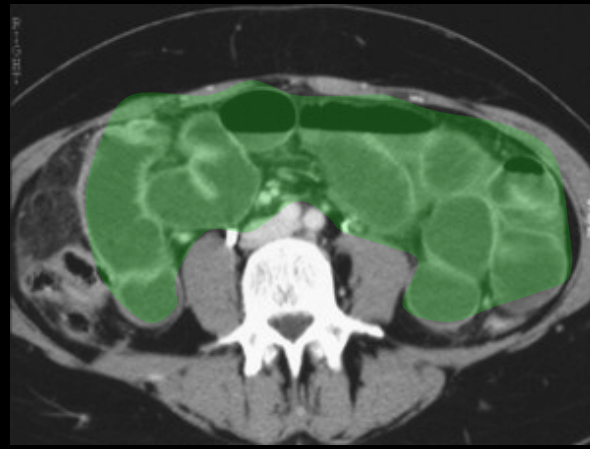
femme 65 ans

obs. CHU Nancy-Brabois



schéma d'une hernie interne du ligament large droit

Les hernies internes de l'abdomen ,
à propos de 14 cas
D. GULLINO, O. GIORDANO, E.
GULLINO
J. Chir 1993,130,179-95



femme 48 ans

hernie du ligament large gauche

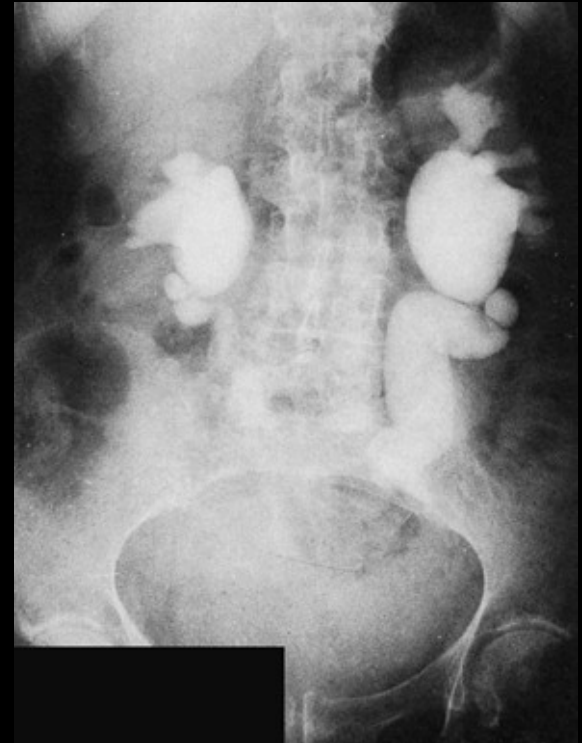
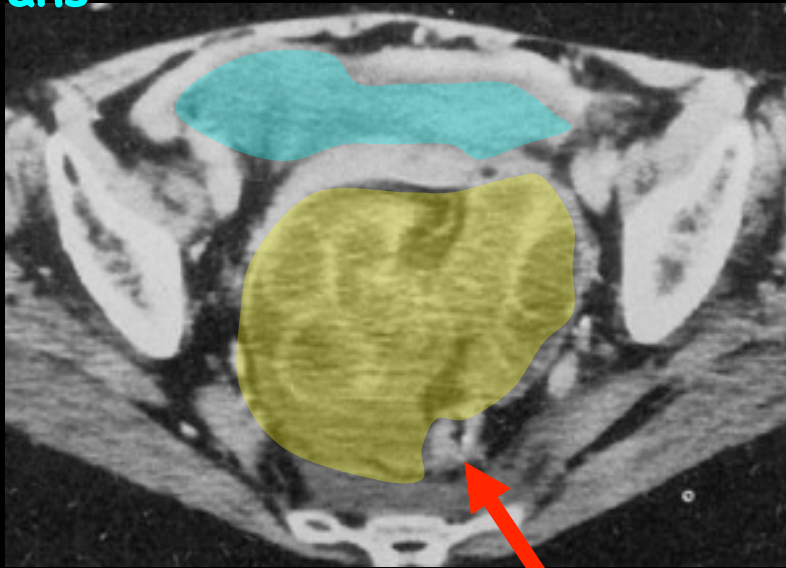
dans les hernies du ligament large , la brèche peut siéger :

- sous le ligament rond
- entre le mésosalpinx et le mésovarium
- a travers tout le ligament large

CT of internal hernias
TAKEYAMA N, GOKAN T, OHGIYA Y, SATOH S, I HASHIZUME,
MD, HATAYA K., KUSHIRO H., NAKANISHI M., KUSANO M.,
MUNECHIKA H.,
RadioGraphics ;2005,25:997-1015



femme 76 ans



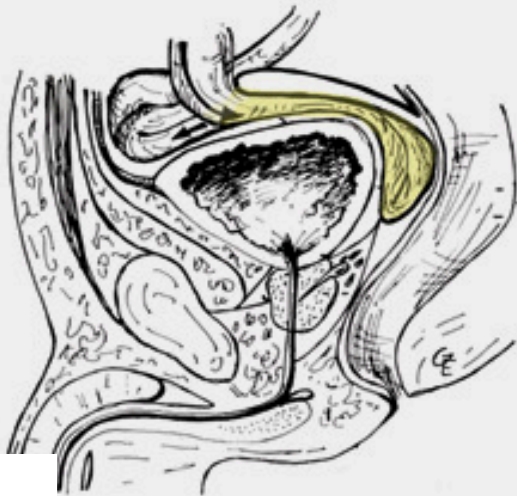
hernie du cul de sac de Douglas

Demonstration by computed tomography of a case of internal small bowel herniation
J. C. HOFFEL, J. ZIMBERGER, B. POCARD, C. HOFFEL
Brit J Radiol, 1992, 66:1045-6

hernie pré vésicale



hernie latéro ou para vésicale



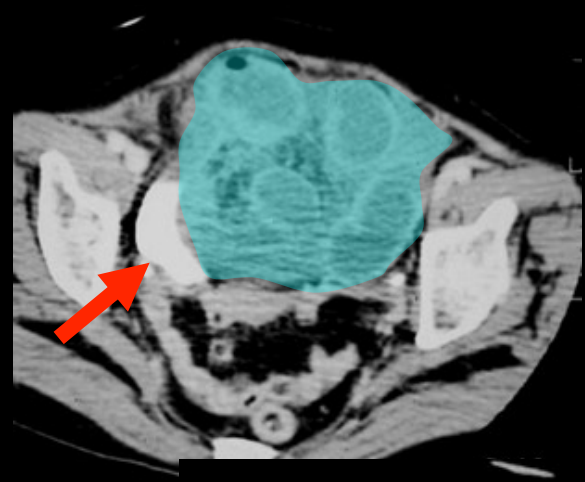
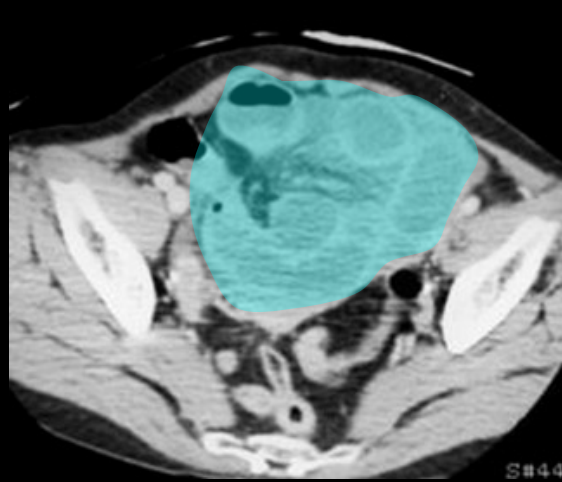
hernie rétro vésicale



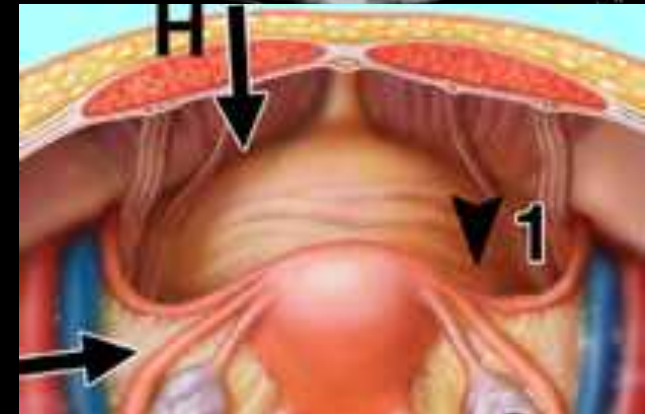
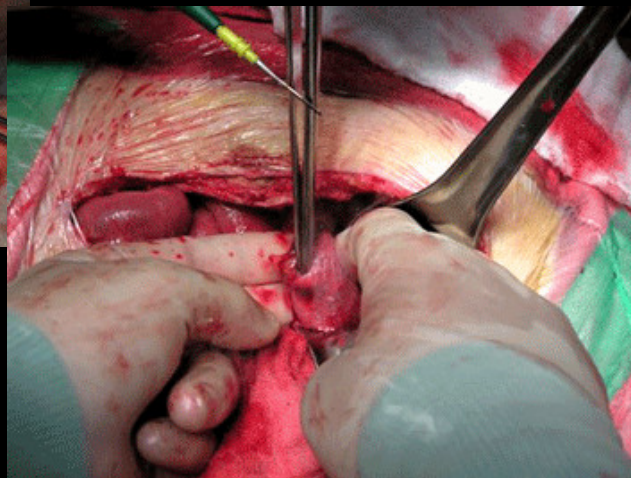
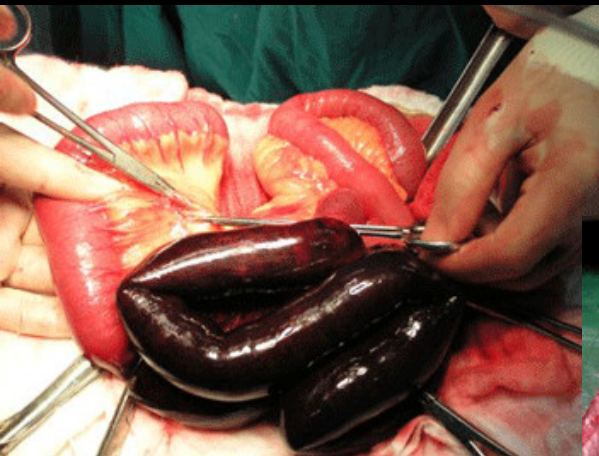
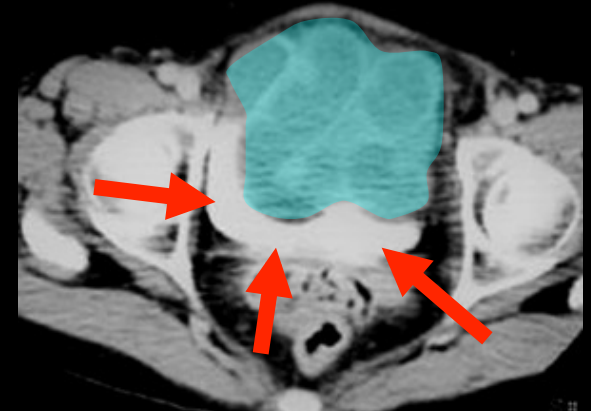
hernie sus intra vésicale

hernies supra vésicales

Les hernies internes de l'abdomen , à propos de 14 cas
D. GULLINO, O. GIORDANO, E. GULLINO
J. Chir 1993,130,179-95



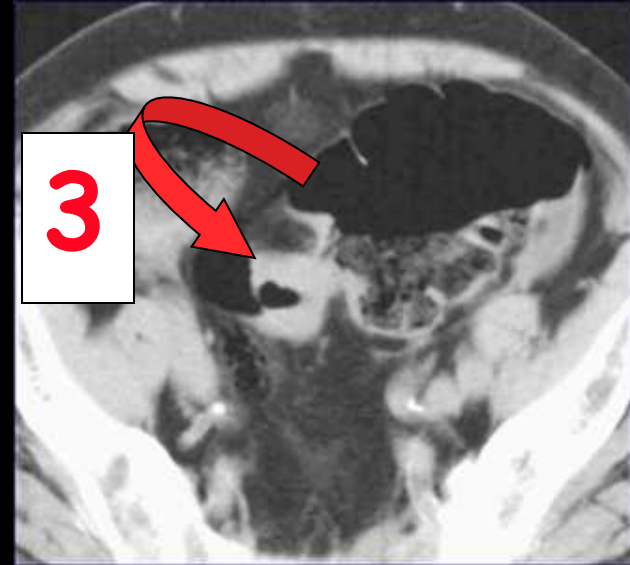
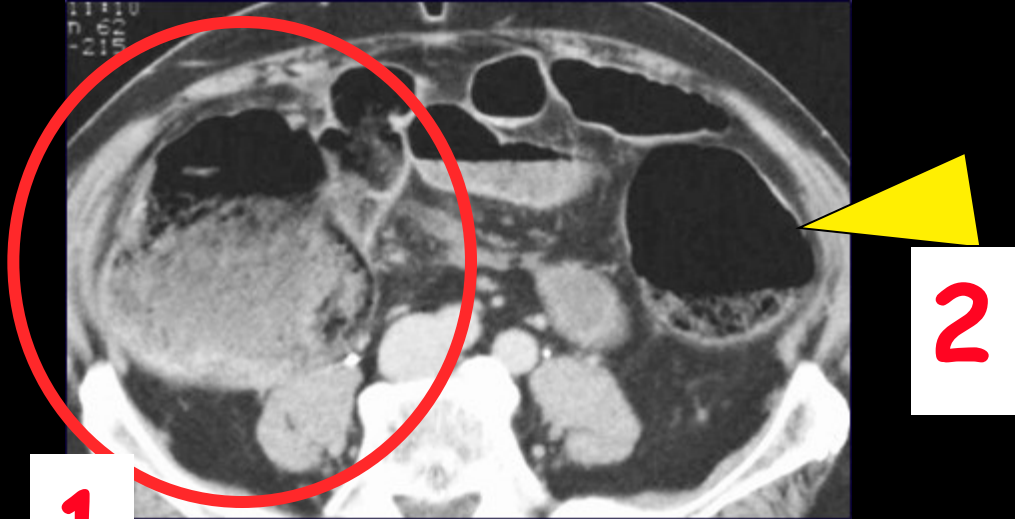
hernie interne
para vésicale antérieure
(pré vésicale)
avec nécrose ischémique
du grêle incarcéré



obs. IN. Phi Saigon

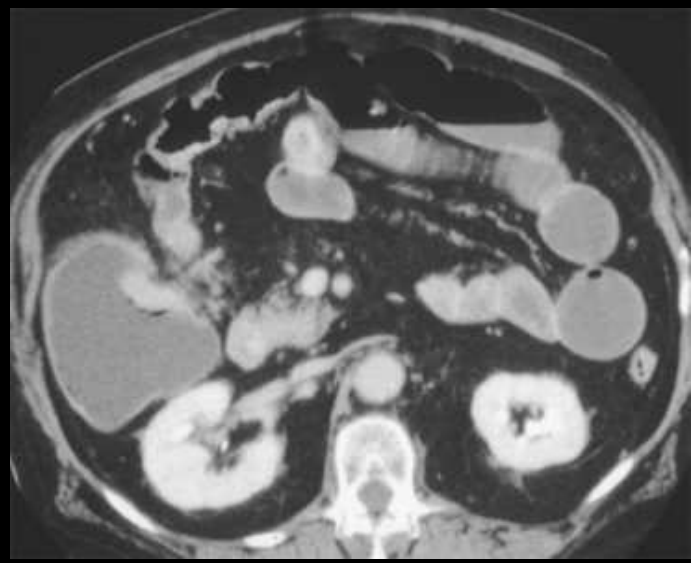
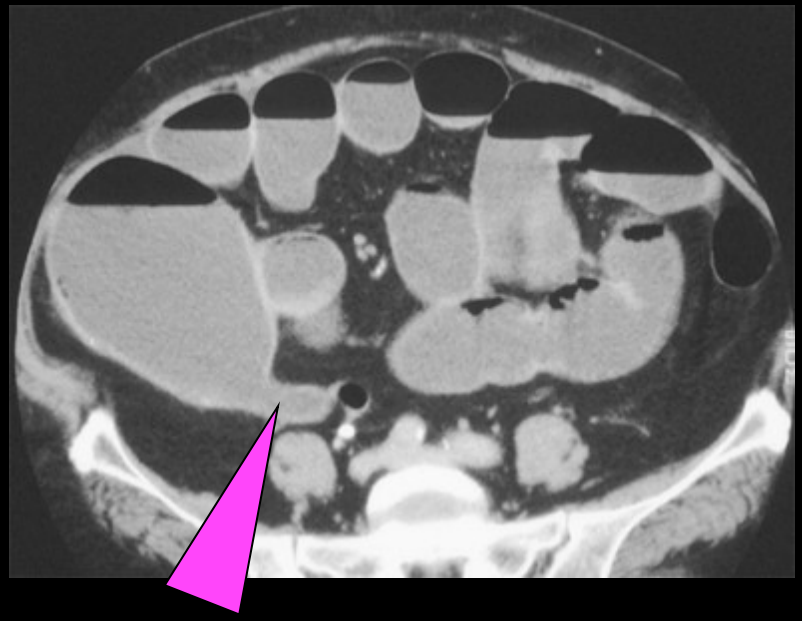
Points clés et pièges des **occlusions coliques**

3a. ne pas méconnaître une occlusion basse devant un abdomen ballonné avec " dyspepsie" ± constipation !!!

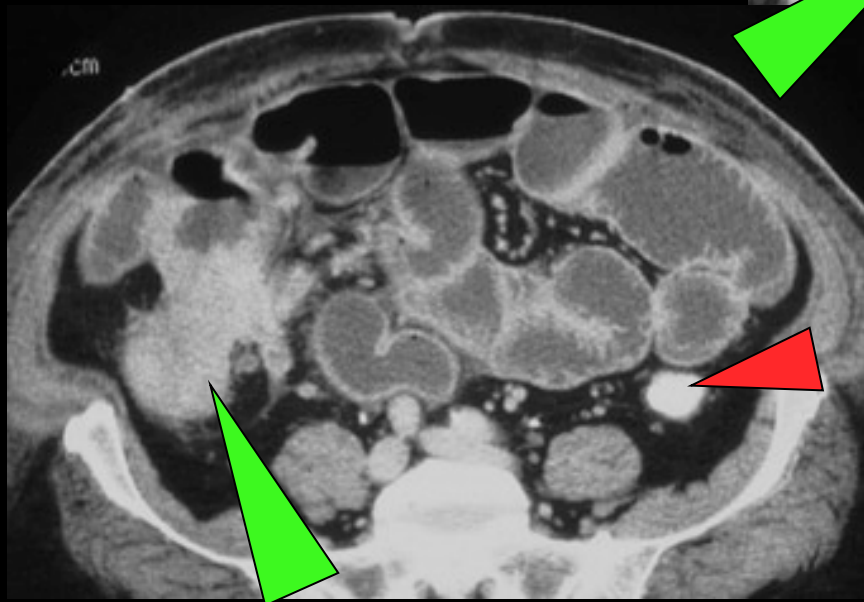
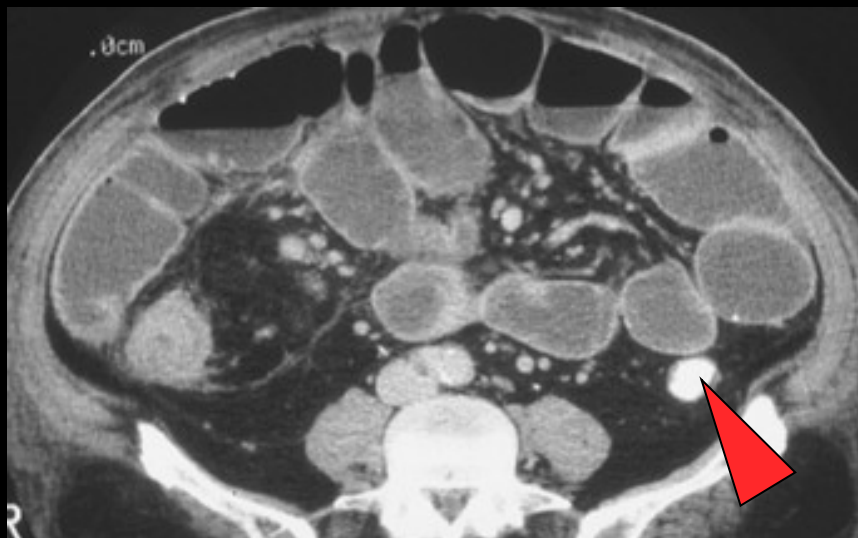


la **distension cœcale** avec **stase stercorale** est la clé du diagnostic des occlusions basses !!!

occlusion sur ADK du sigmoïde

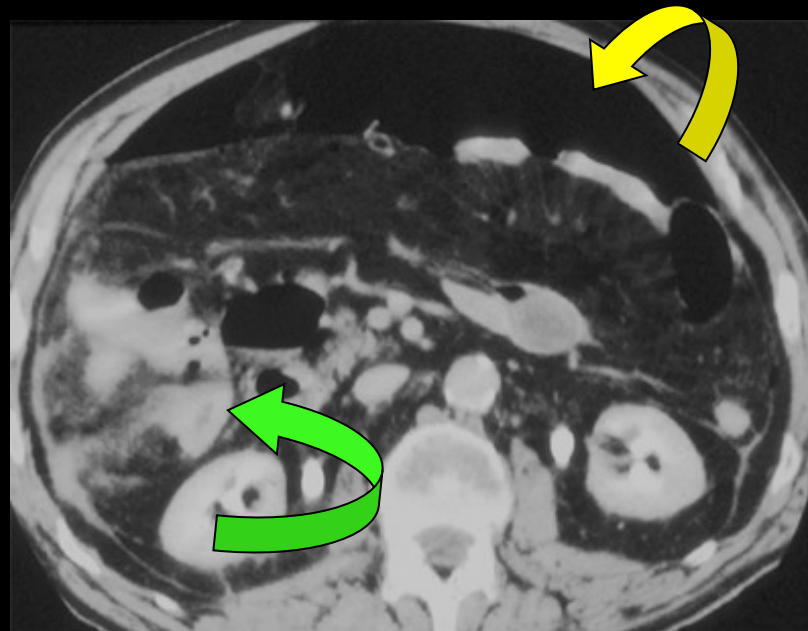
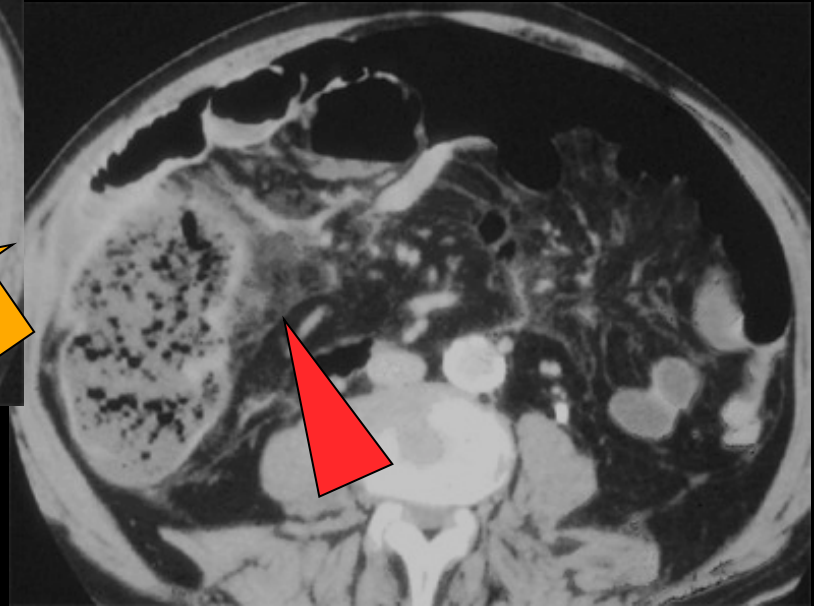
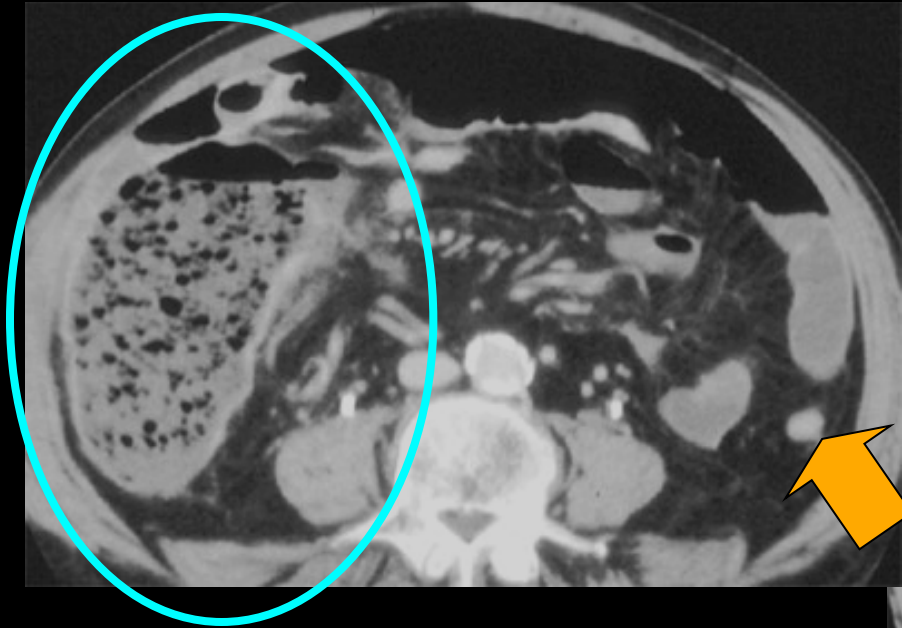


occlusion sur ADK de l'angle droit

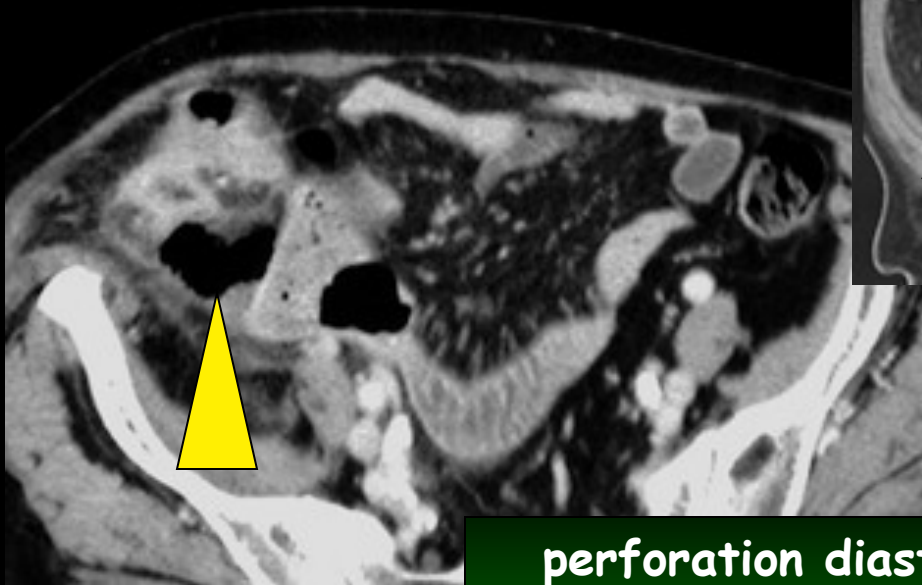
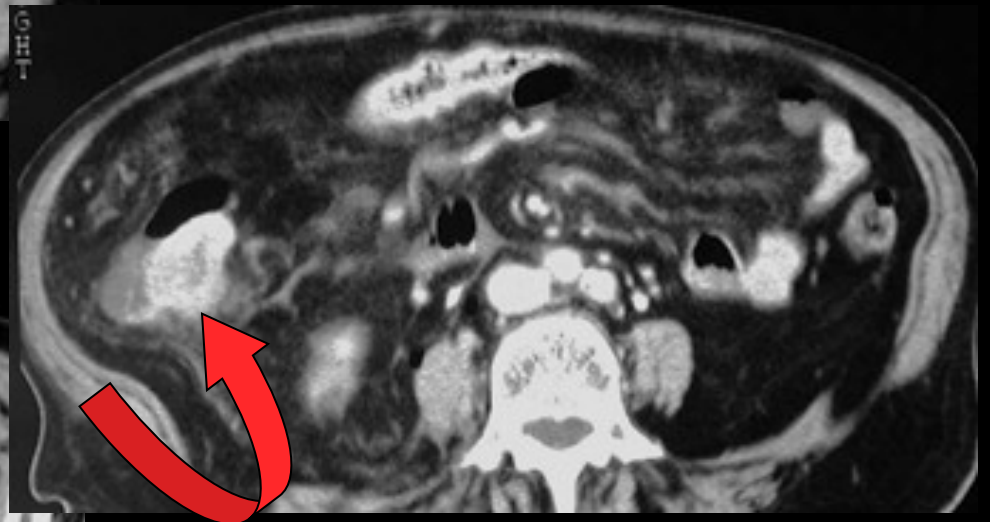
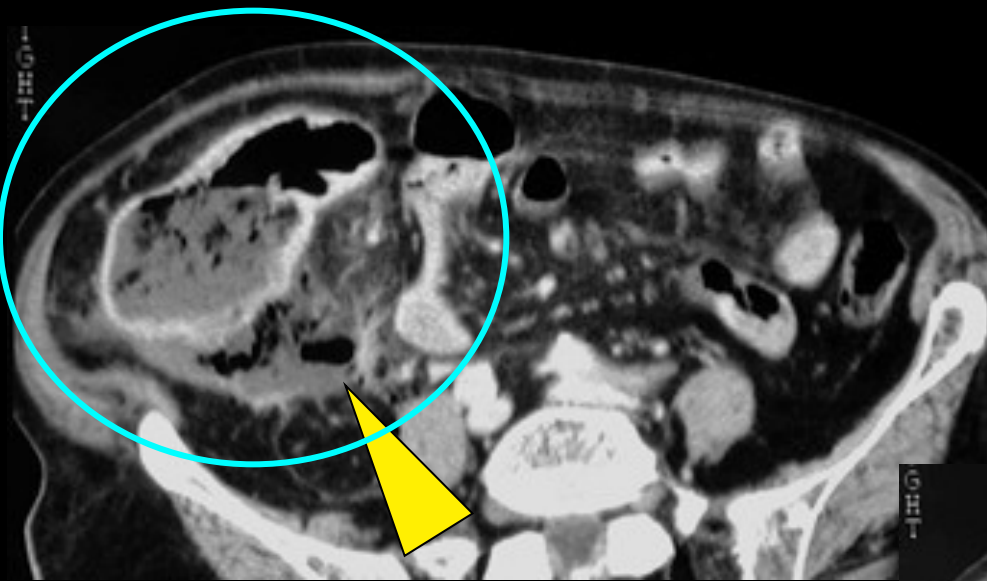


adénocarcinome cæcal et
occlusion d'amont

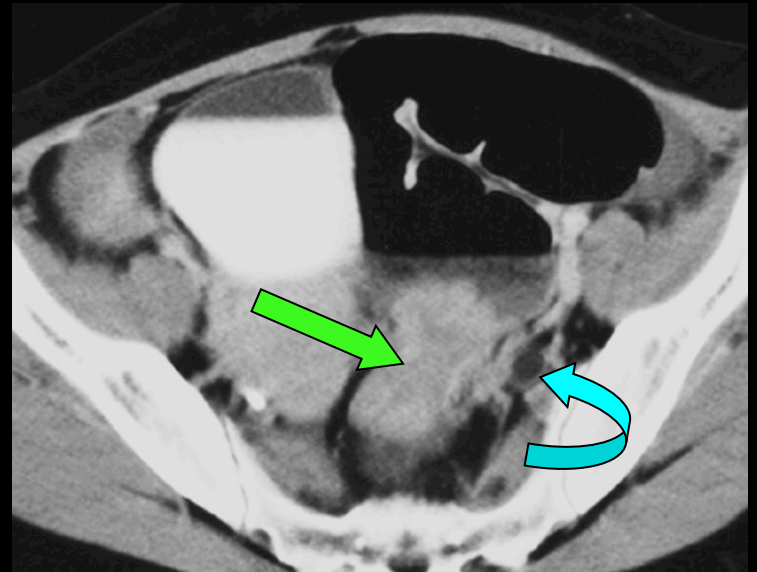
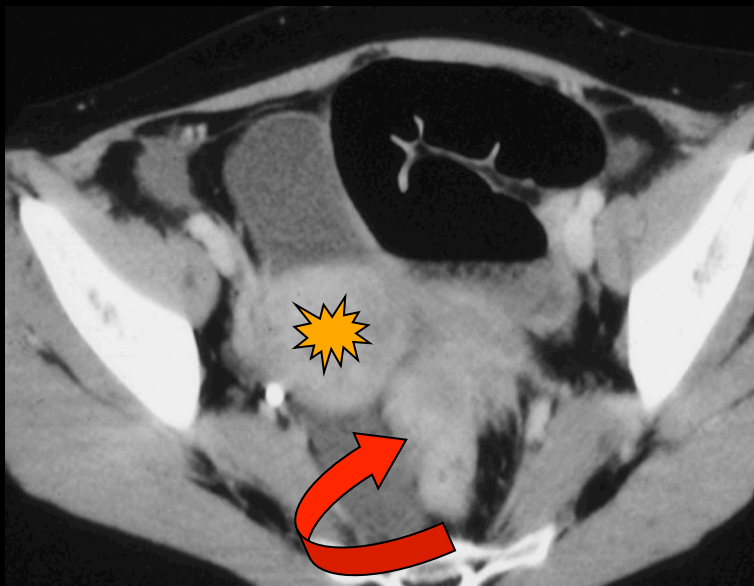
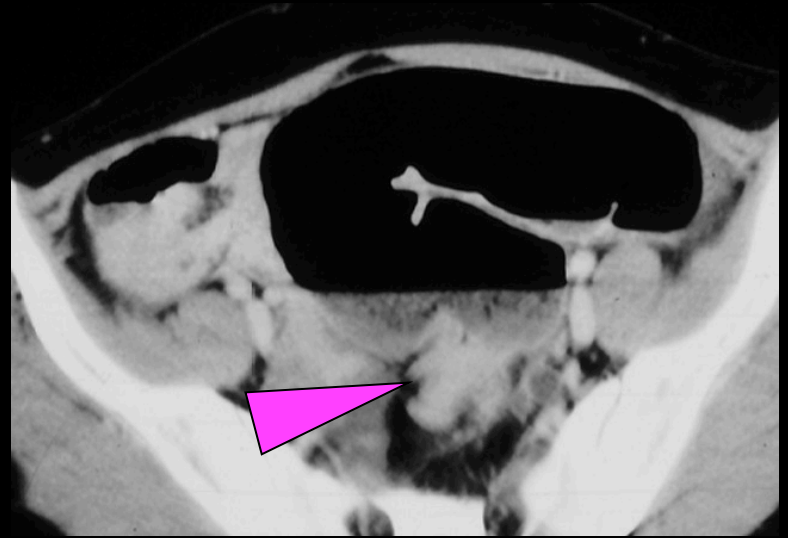
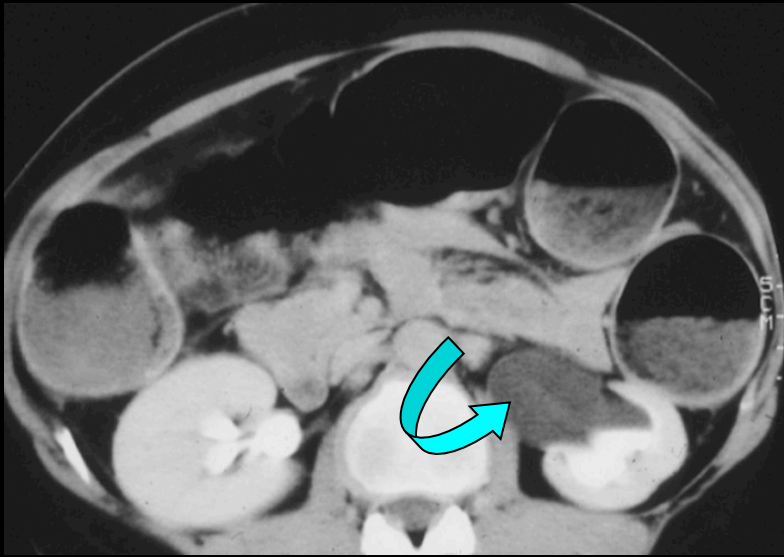
occlusion colique avec valvule de Bauhin continente : **ATTENTION !!!**



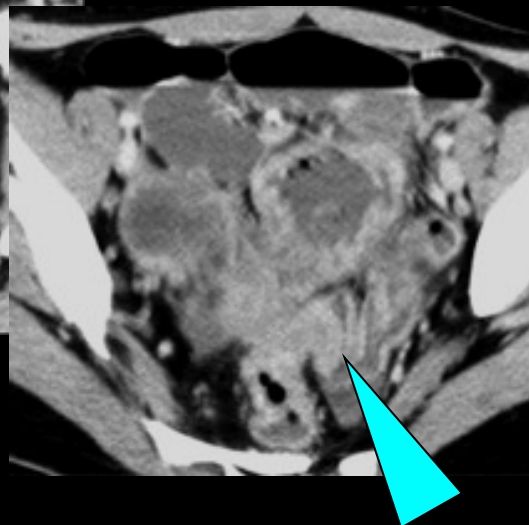
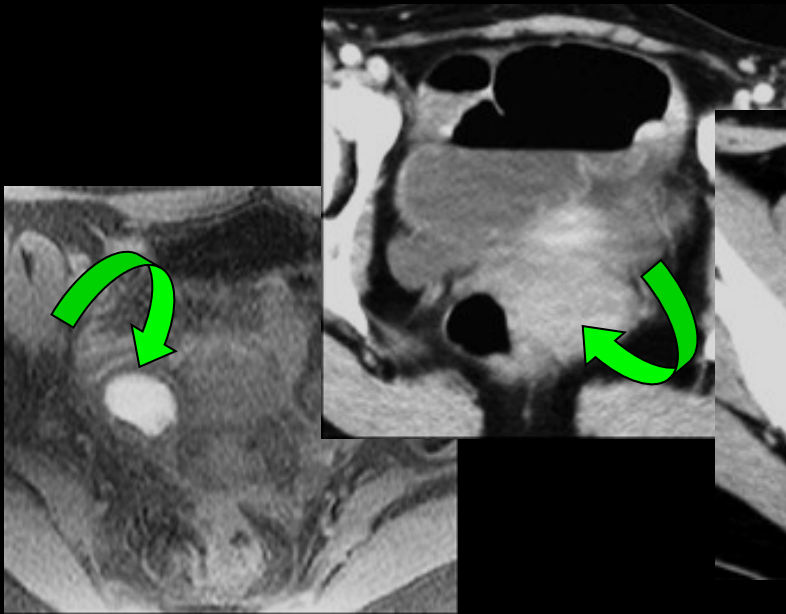
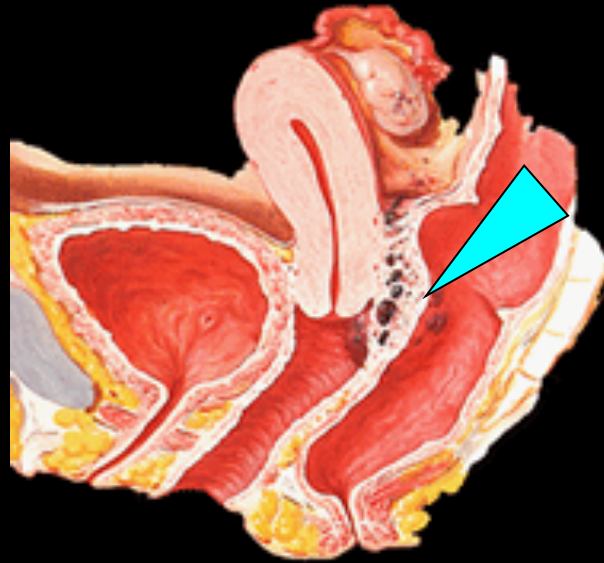
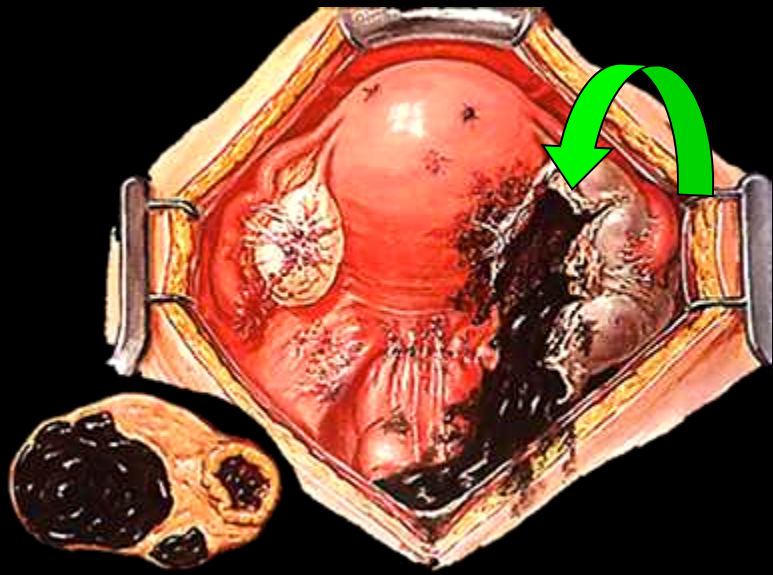
perforation diastatique sur
adénocarcinome de l'angle droit



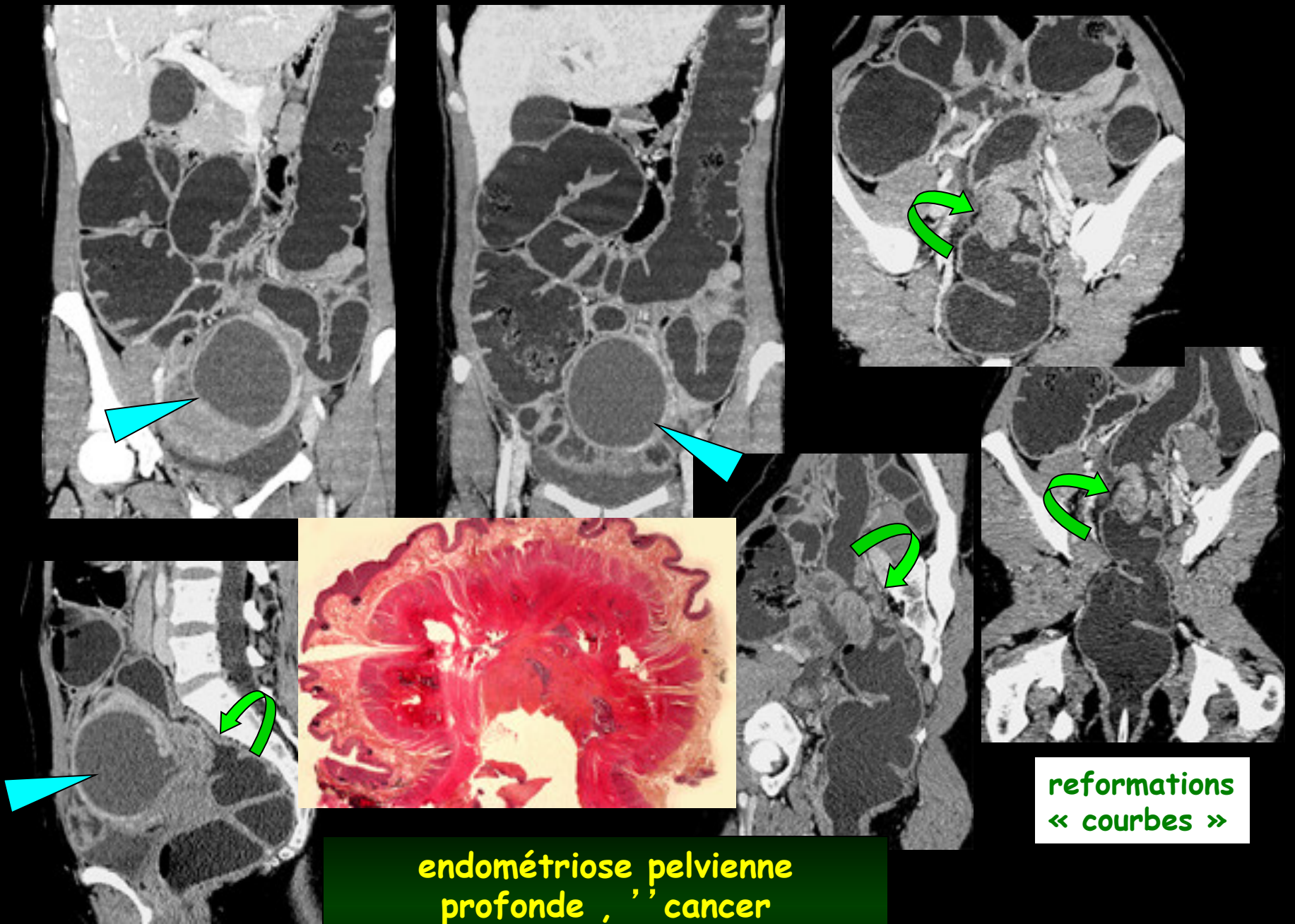
perforation diastatique « couverte » sur ADK
sténosant du colon ascendant



endométriose pelvienne profonde

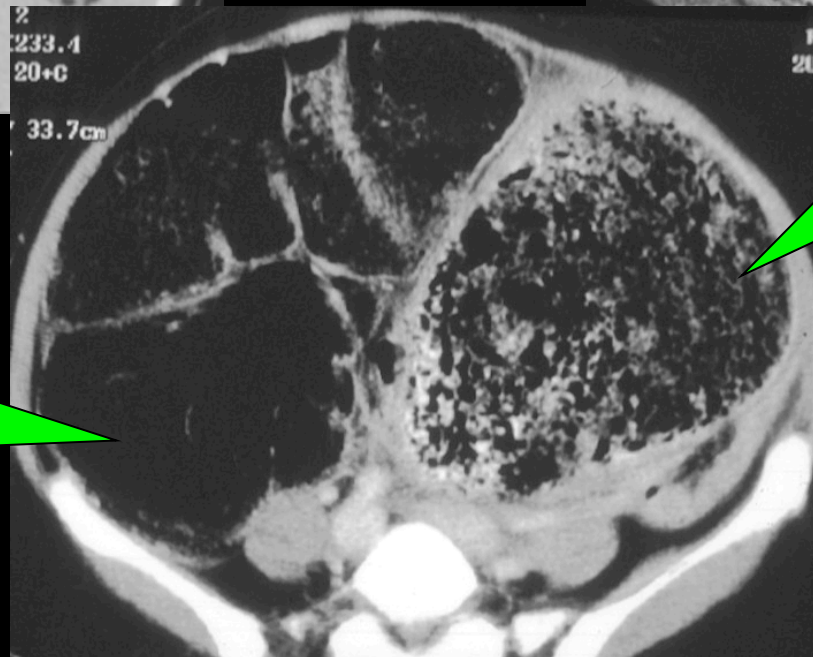
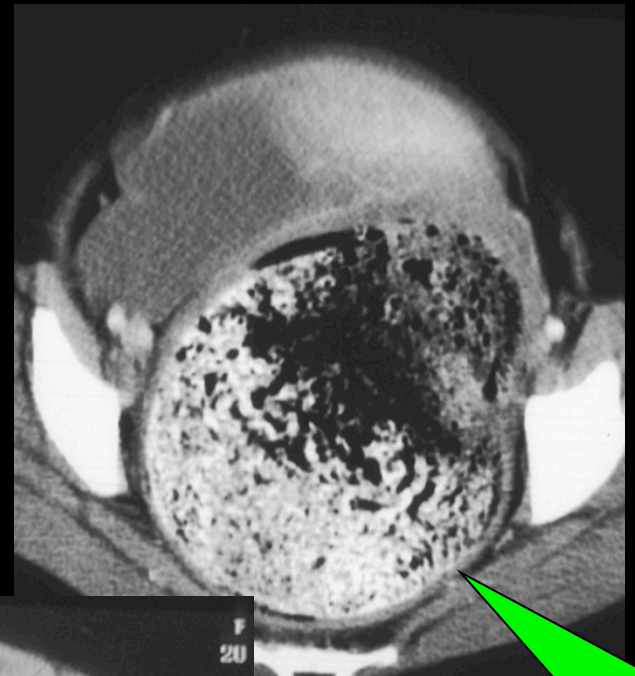
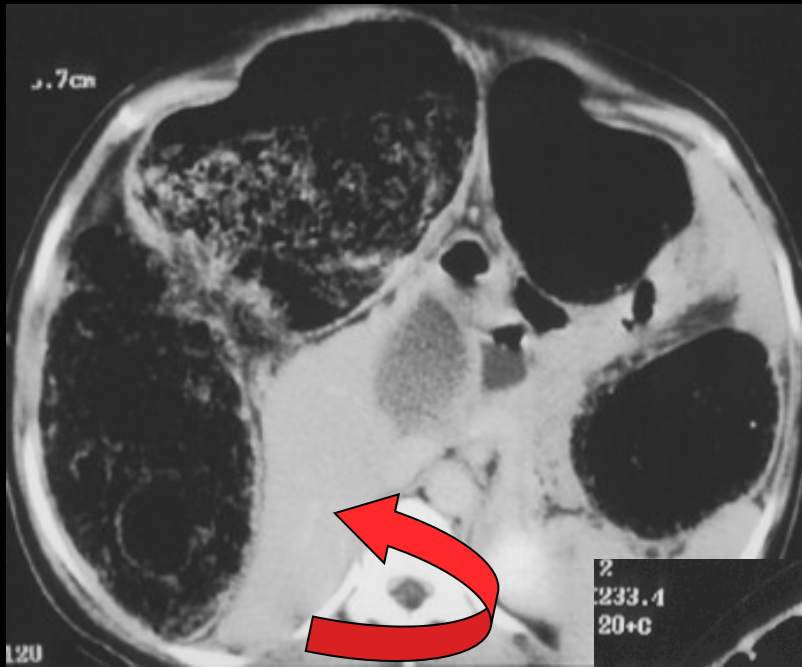


endométriose pelvienne profonde; endométriome ovarien

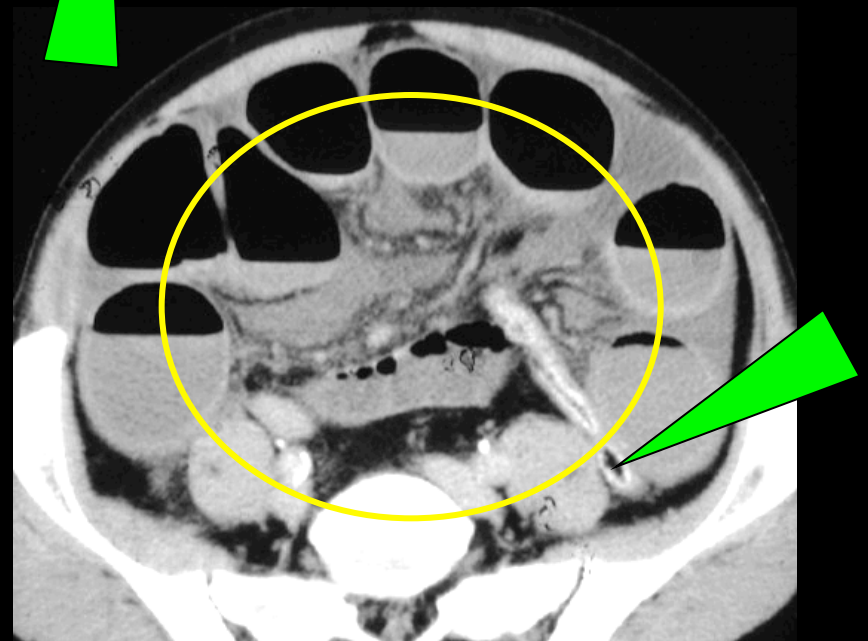
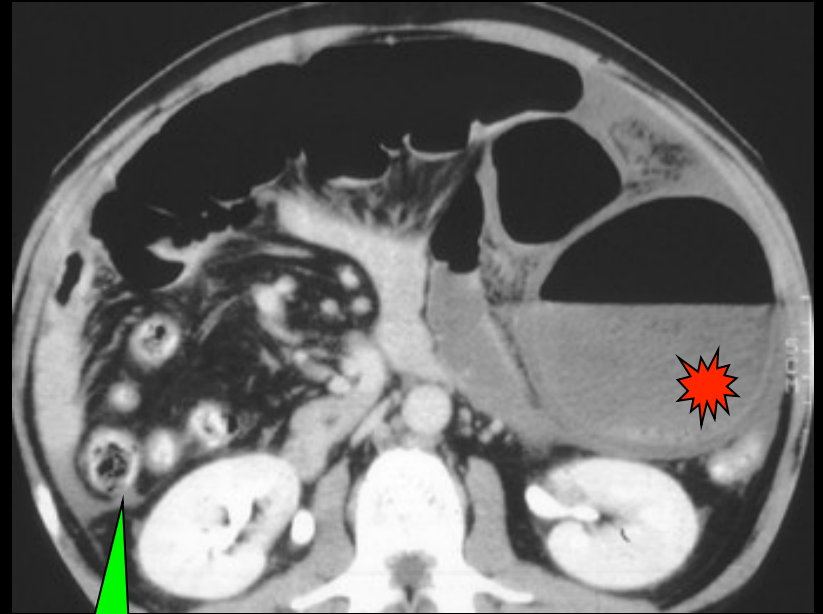
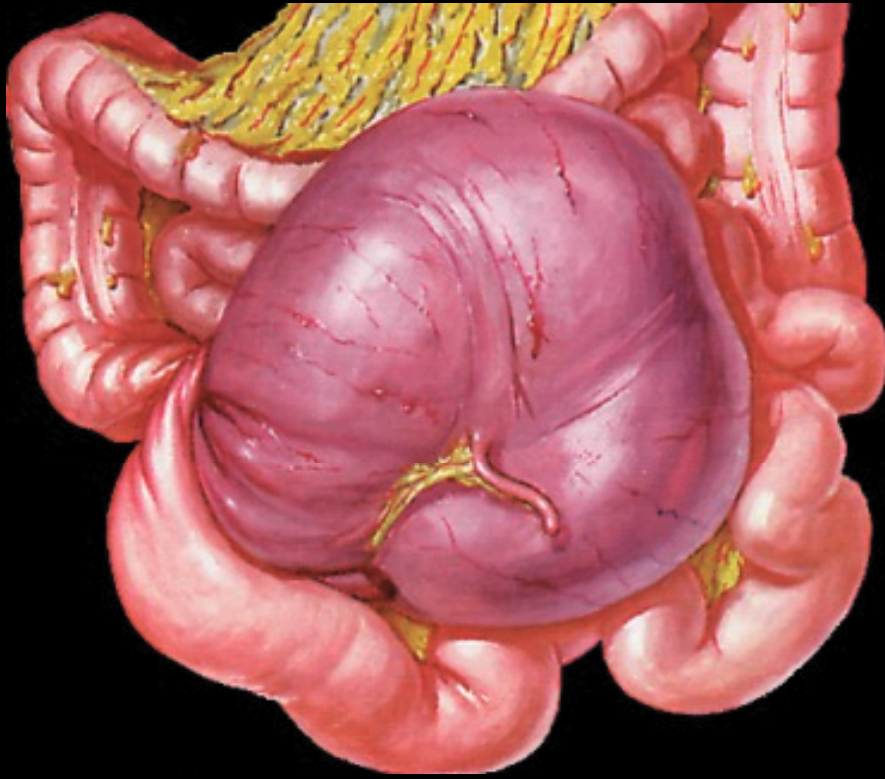


endométriose pelvienne
profonde, "cancer
bénin !!"; endométriome
ovarien +++

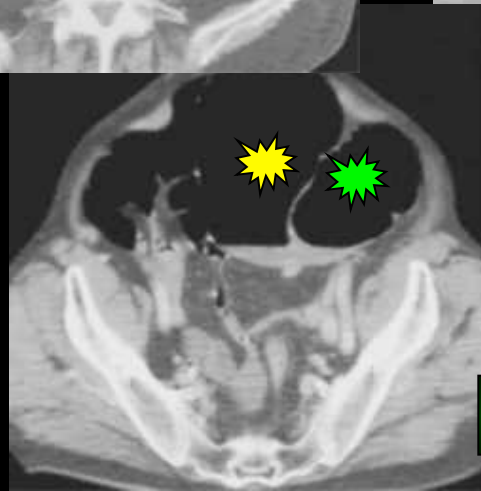
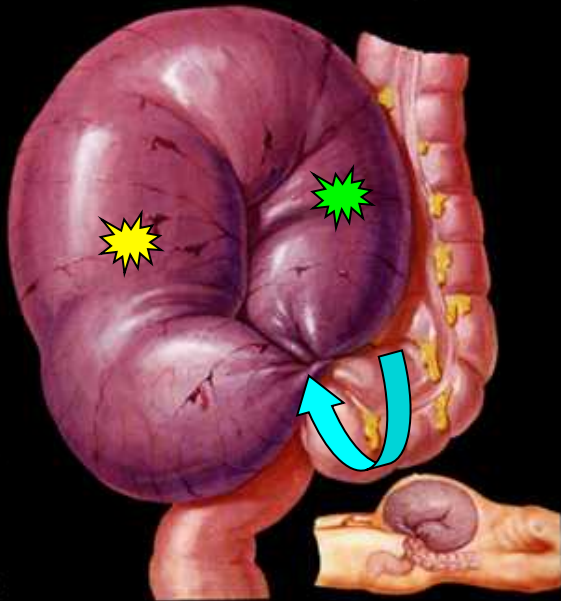
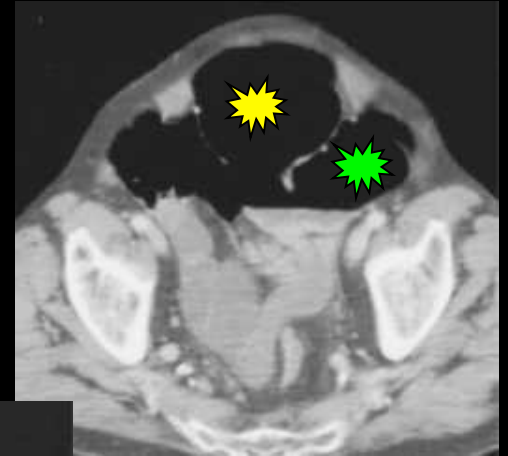
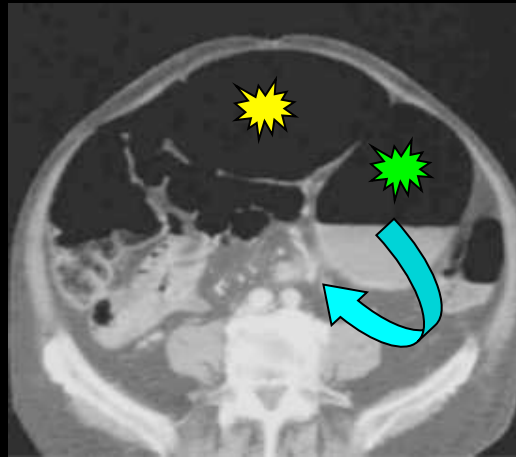
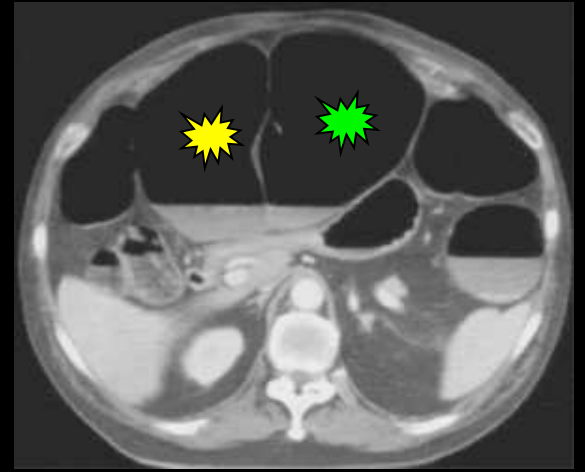
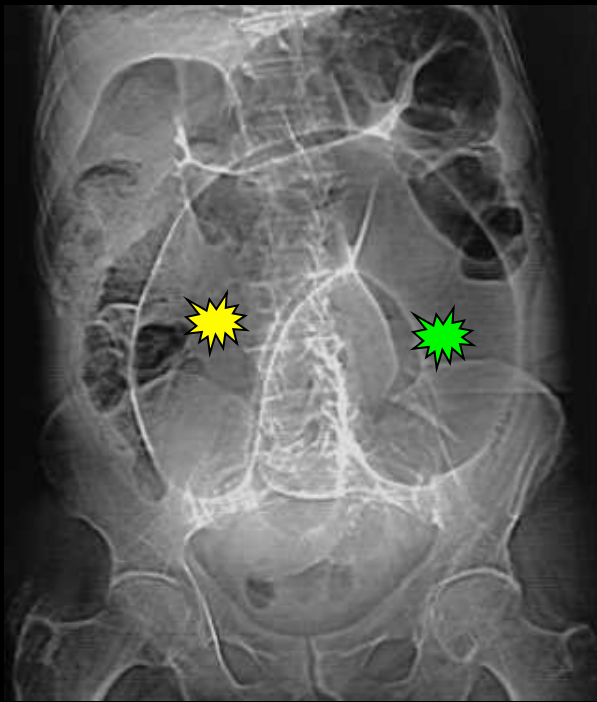
reformations
« courbes »



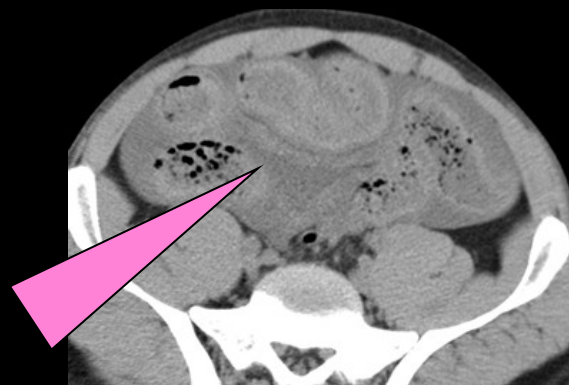
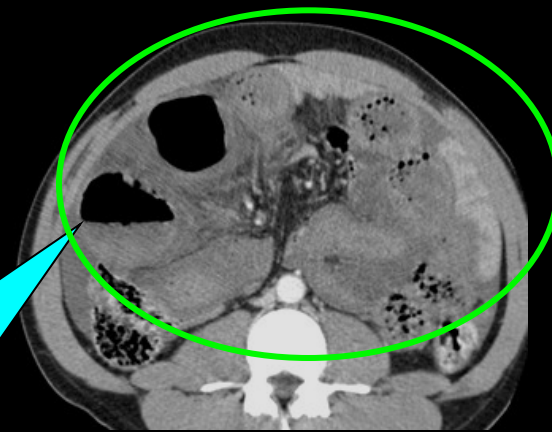
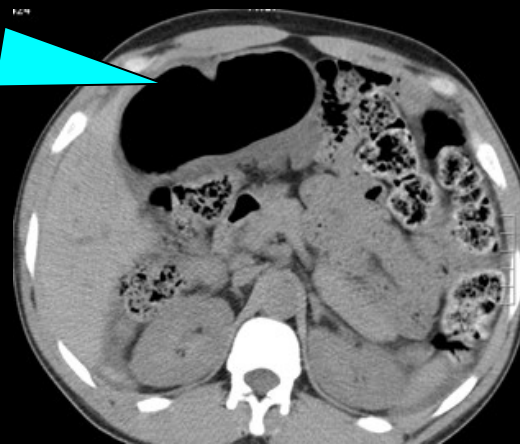
dolichocôlon neuroleptiques



volvulus du cæcum (et du grêle)

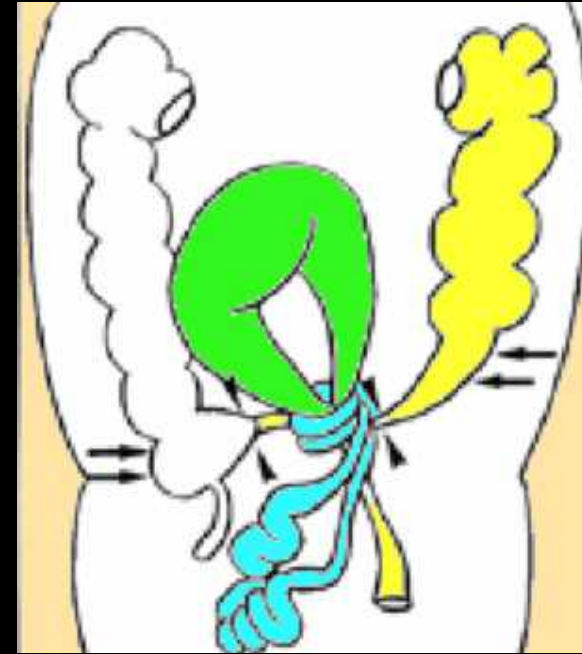
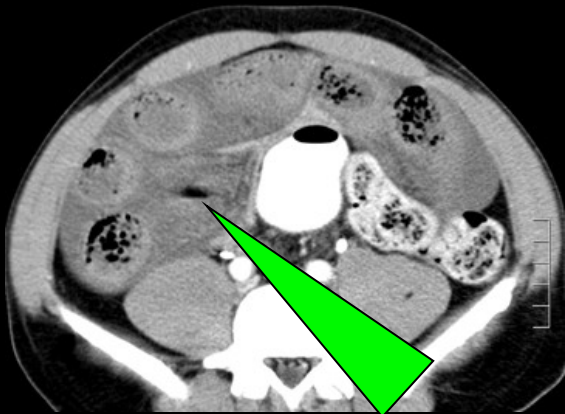
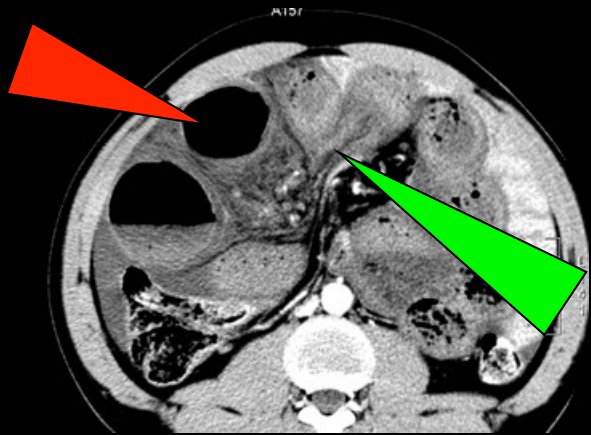
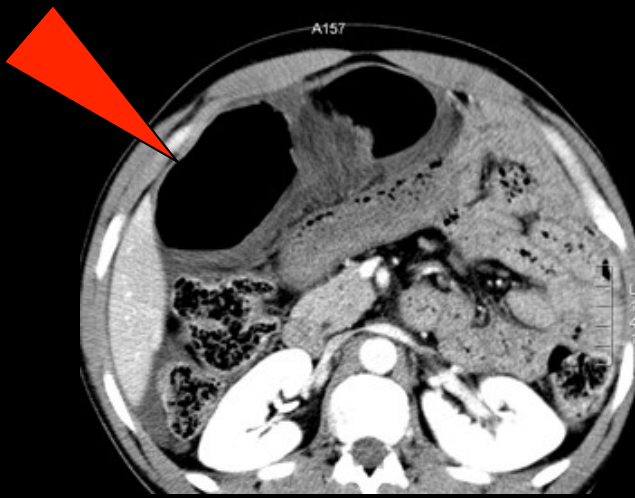


volvulus du sigmoïde



homme 34 ans ; africain

Obs. Marc Zins Hôpital St Joseph Paris



noeud iléo-
sigmoïdien ; iléo-
sigmoid knot