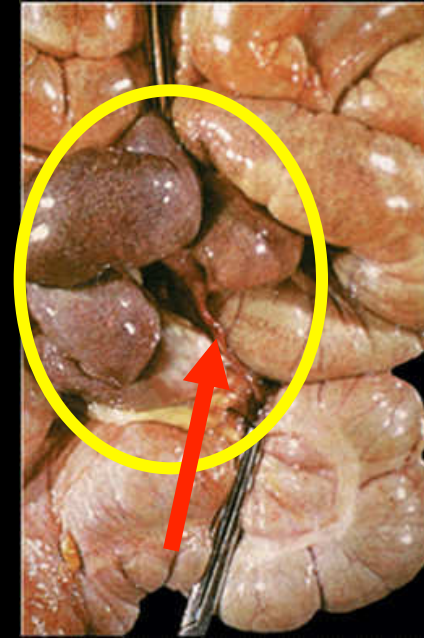


# points clés et pièges du diagnostic des occlusions intestinales du grêle

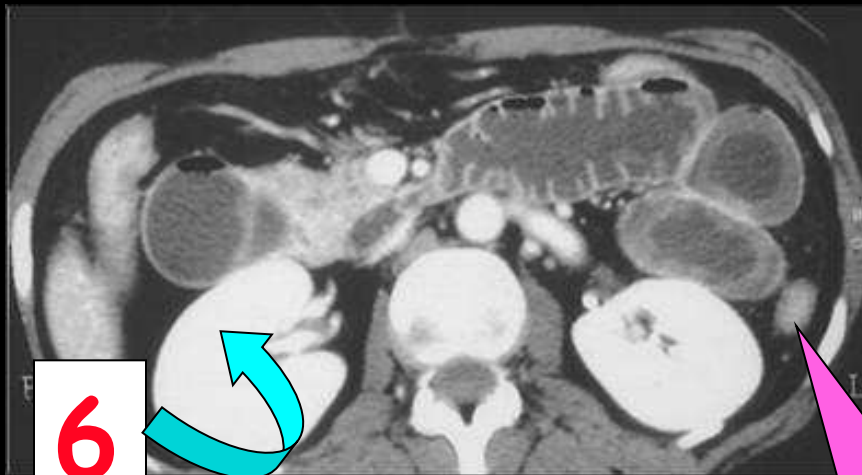


occlusion sur bride ou adhérences **sans**  
strangulation vasculaire = **problème**  
"mécanique" (compression  
extrinsèque de la paroi digestive  
en un seul point)

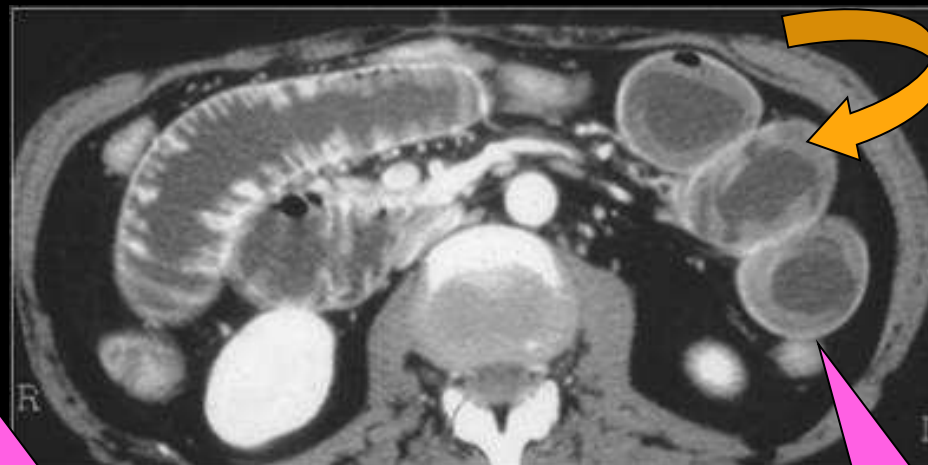
volvulus sur bride **avec** strangulation  
vasculaire = **problème "ischémique"**  
**dominant**, immédiat ou différé .  
(compression de la paroi digestive  
en 2 points distants)

1<sup>ère</sup> étape: **affirmer le syndrome occlusif** =  
éliminer un ileus fonctionnel , cad **affirmer la présence de segments  
digestifs non distendus ( d'un syndrome sous lésionnel grêle )**

5



6

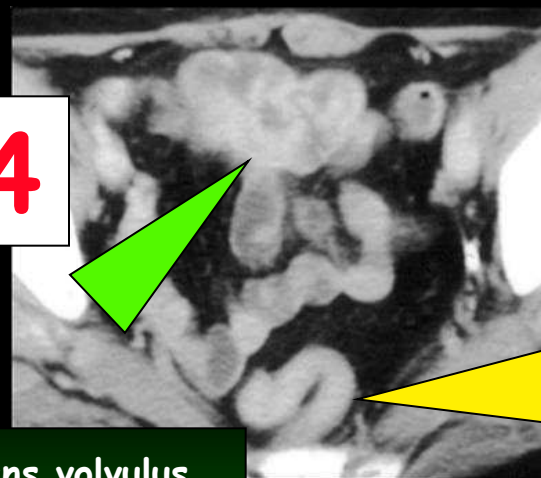


2



3

4



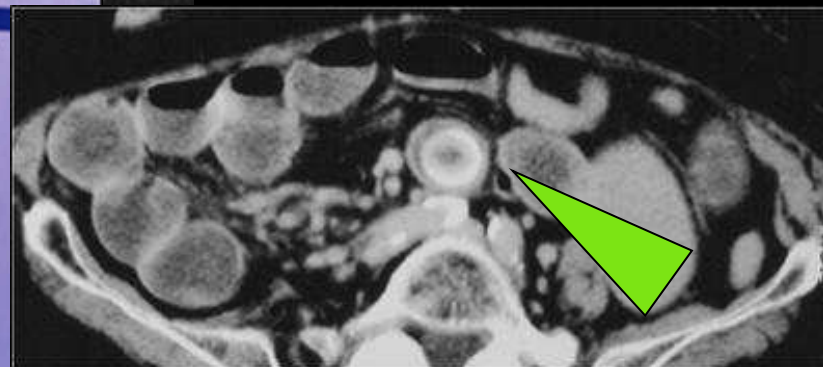
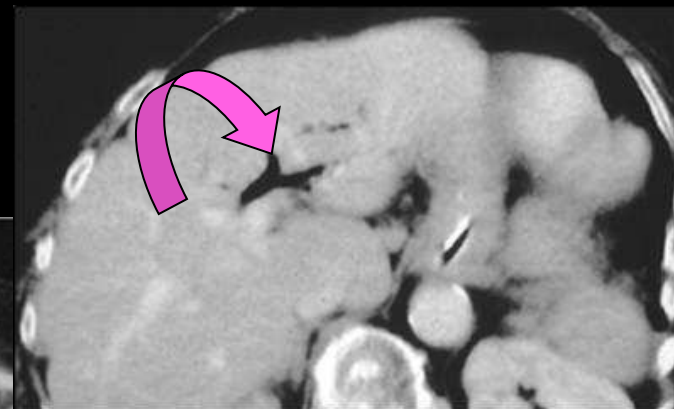
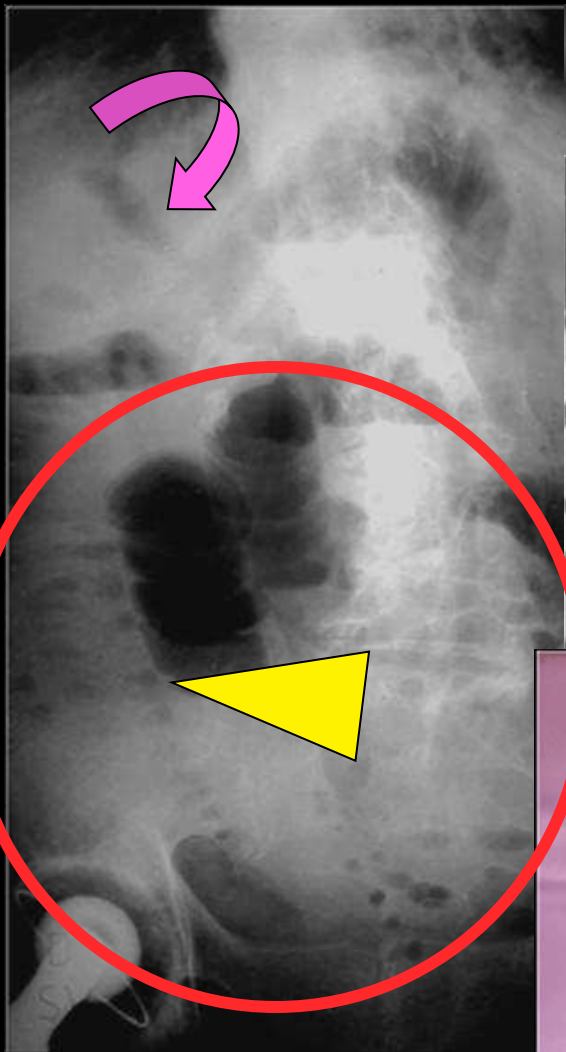
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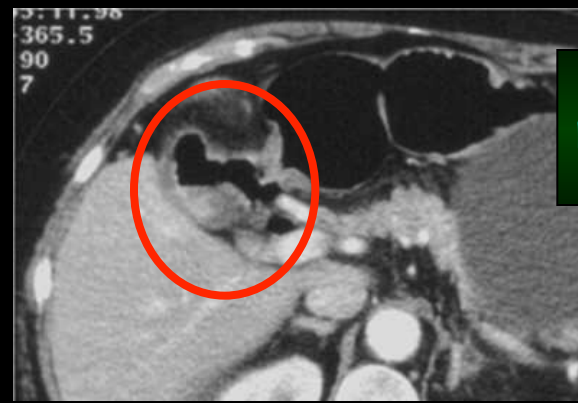
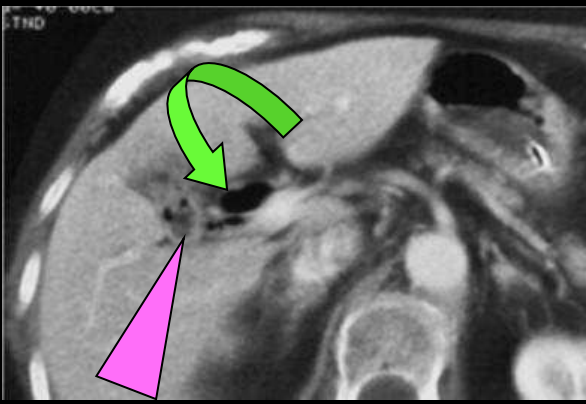
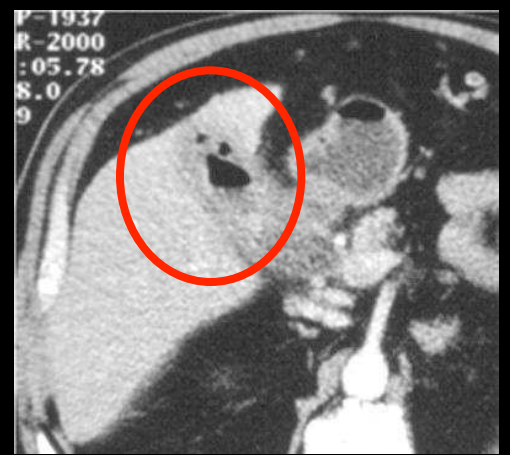
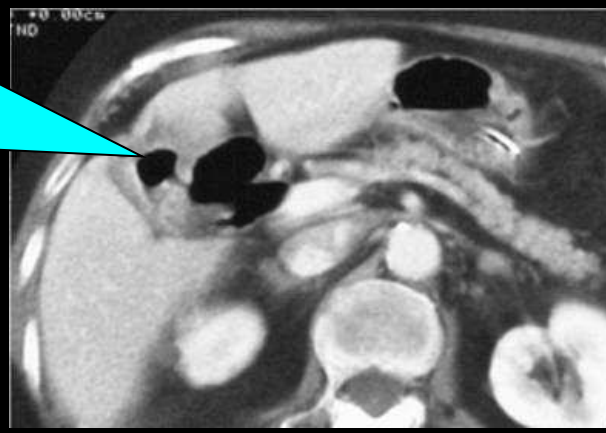
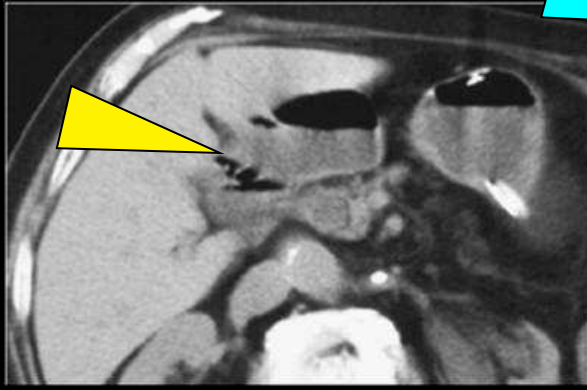
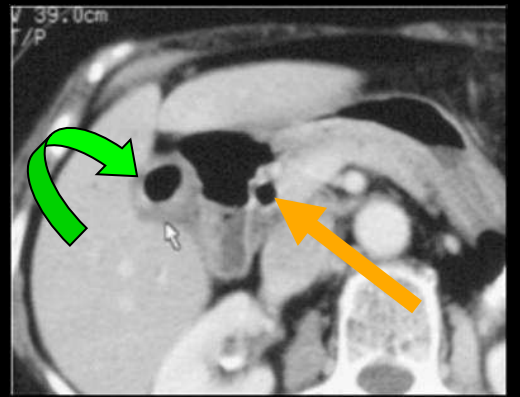
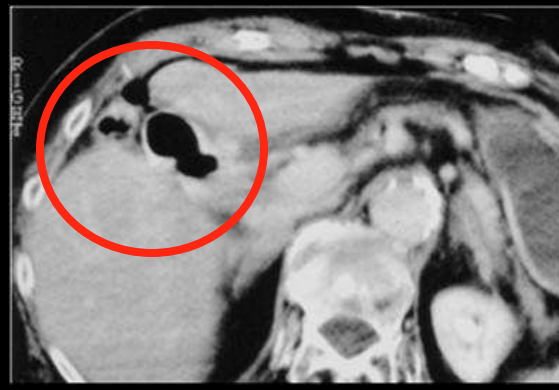
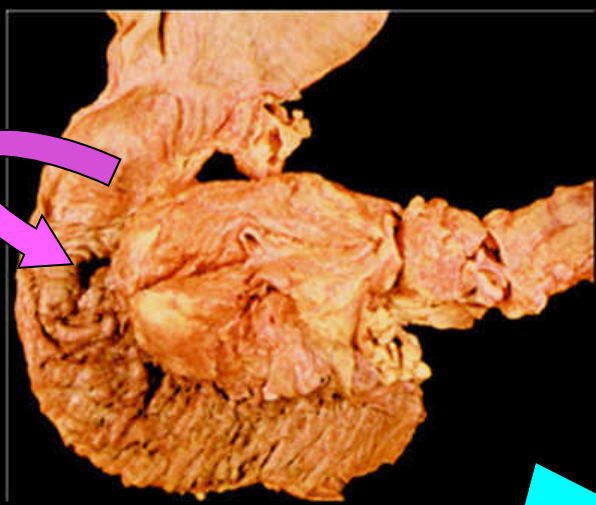
Occlusion **de haut grade** sur bride , sans volvulus

Signe de l'empreinte grasseuse **fat notch sign**

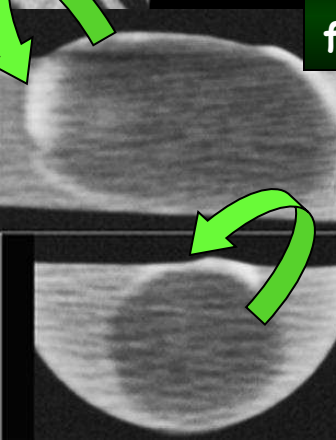
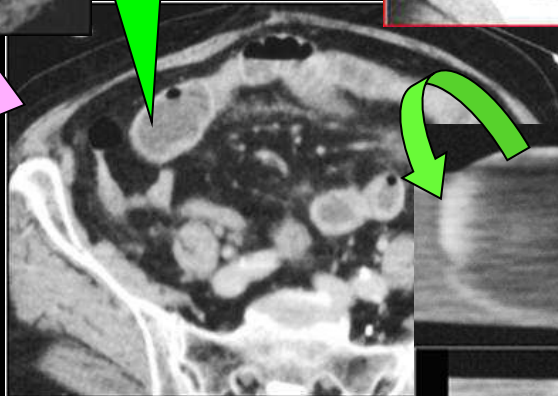
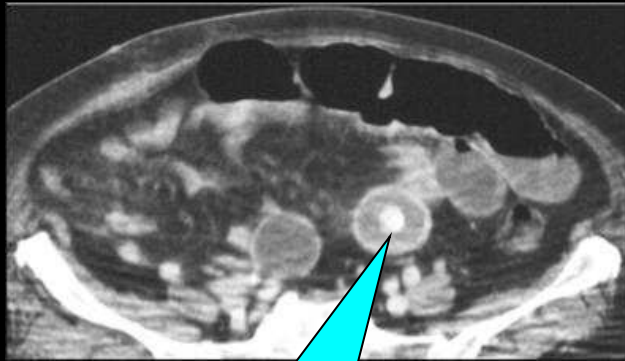
# 2<sup>ème</sup> étape: diagnostic étiologique -les causes " évidentes " d'occlusion du grêle

1. ileus biliaires

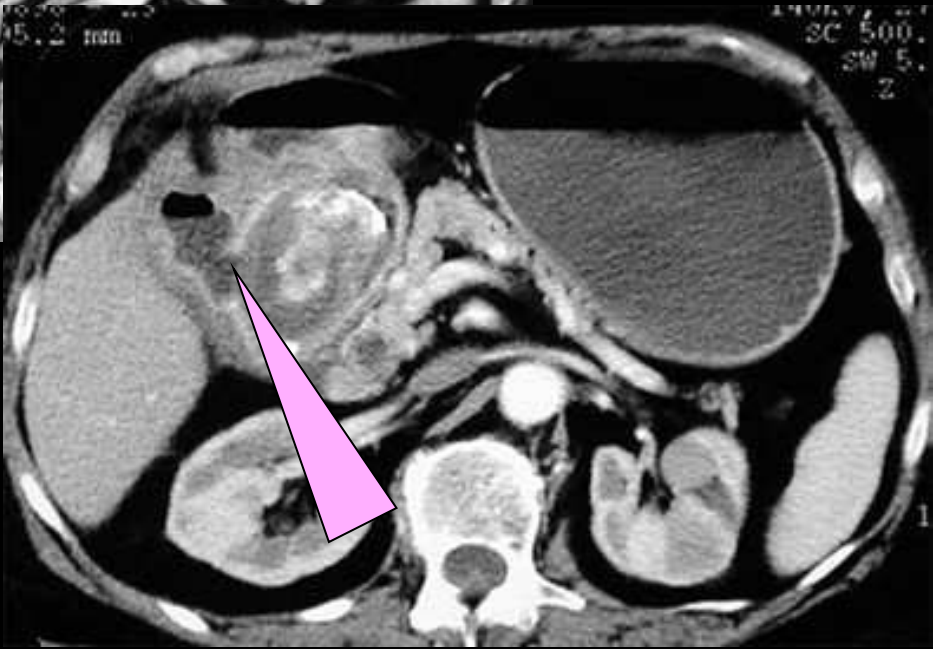
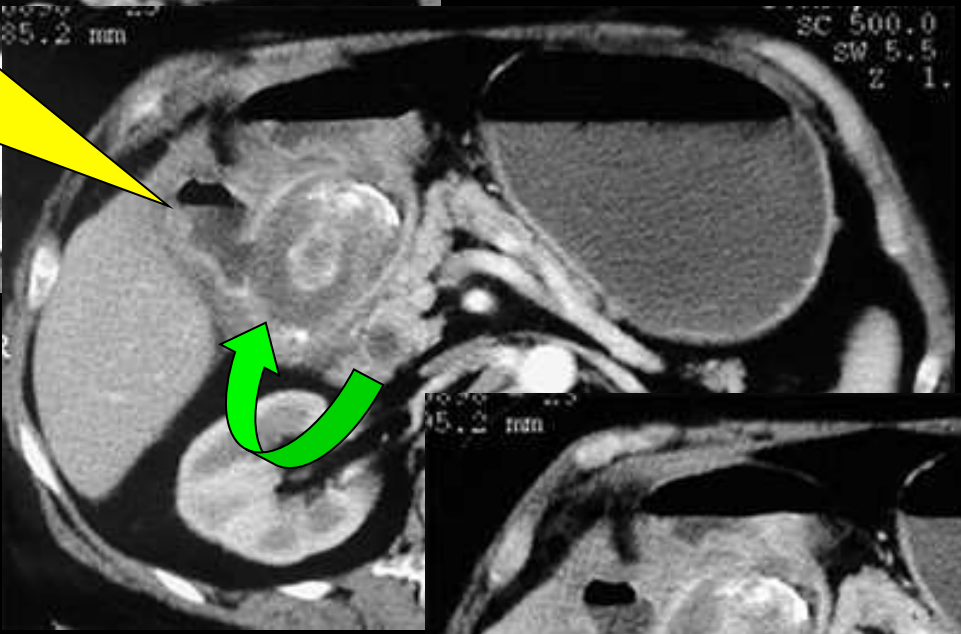
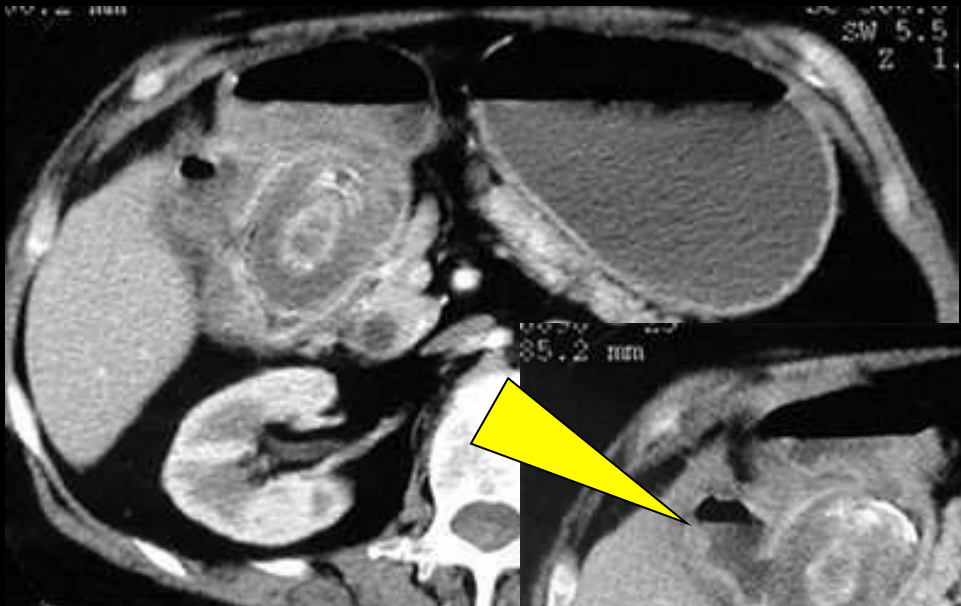




la pneumobilie, (en particulier le pneumocholécyste) est variable et peut manquer !

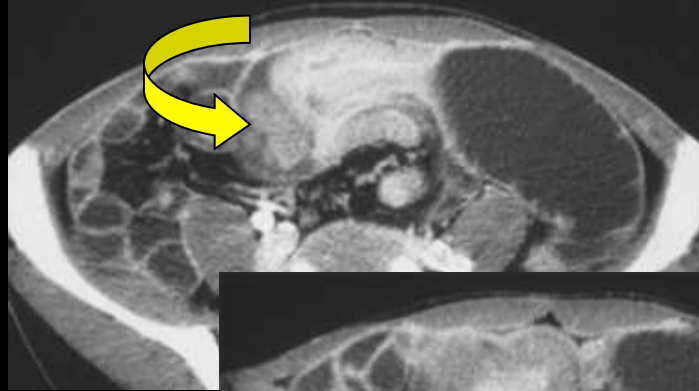


la visibilité du(des) calcul(s) est fonction du degré de calcification

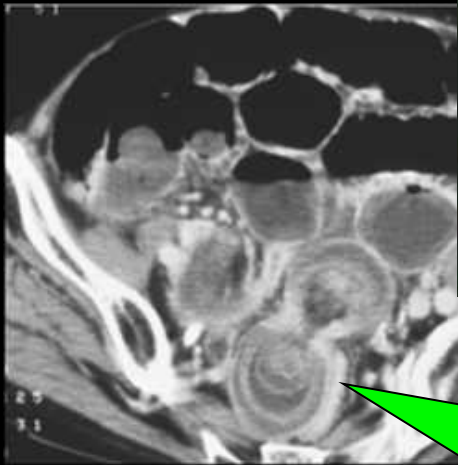


ileus biliaire duodénel  
Syndrome de Bouveret

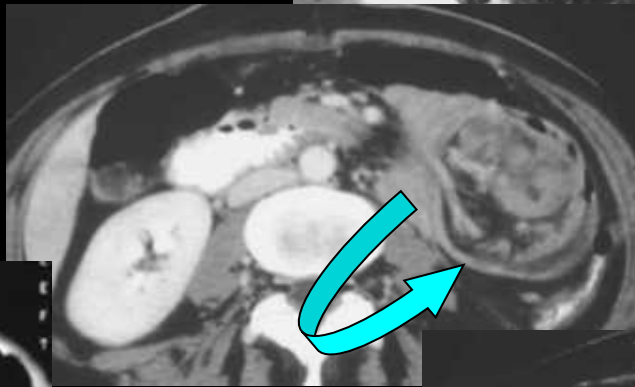
## 2. invaginations intestinales aiguës



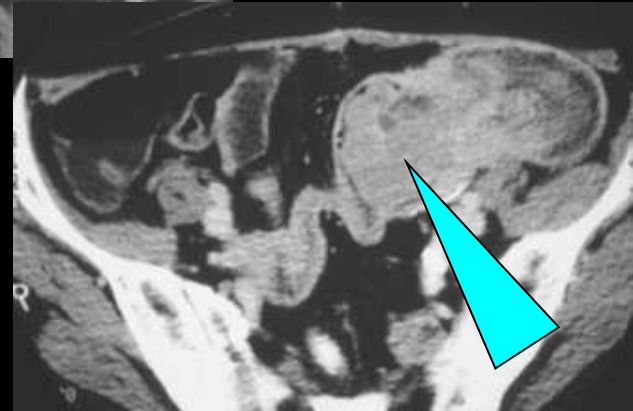
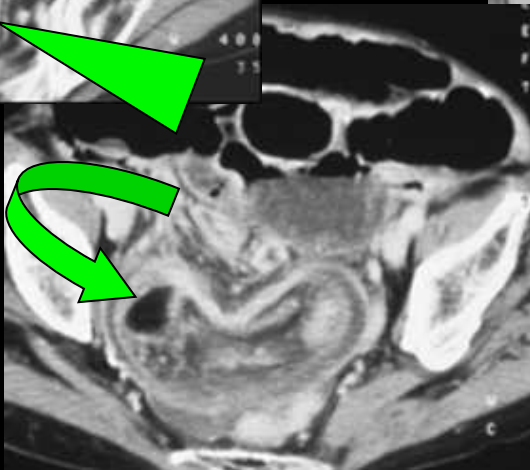
lmnh

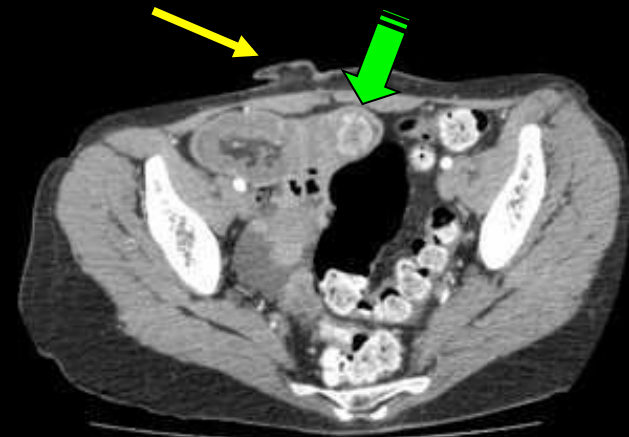
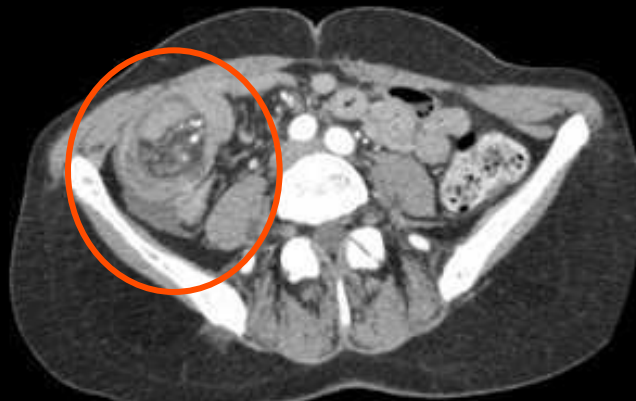


lipome

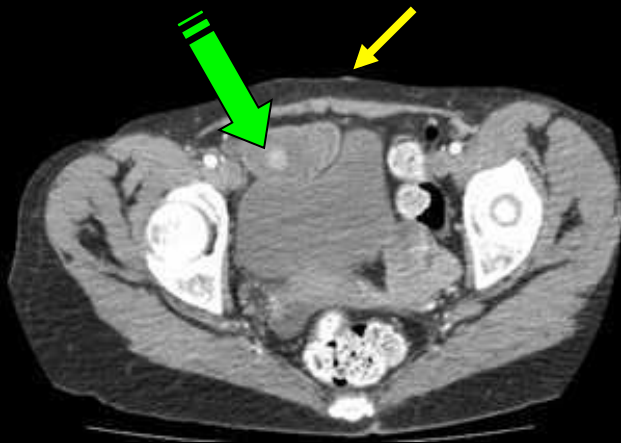


métas  
mélanome



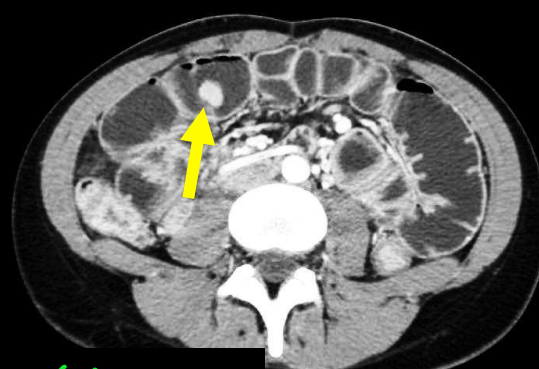
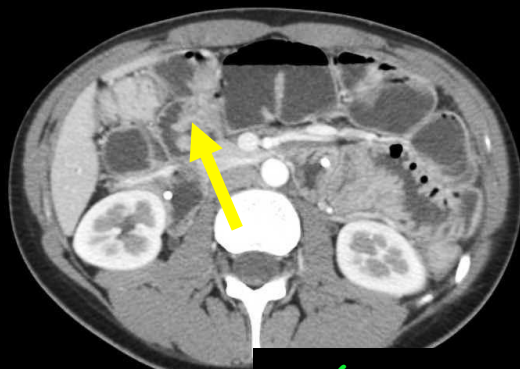


neurofibromatose de type 1 et GIST multiples (5% des cas )



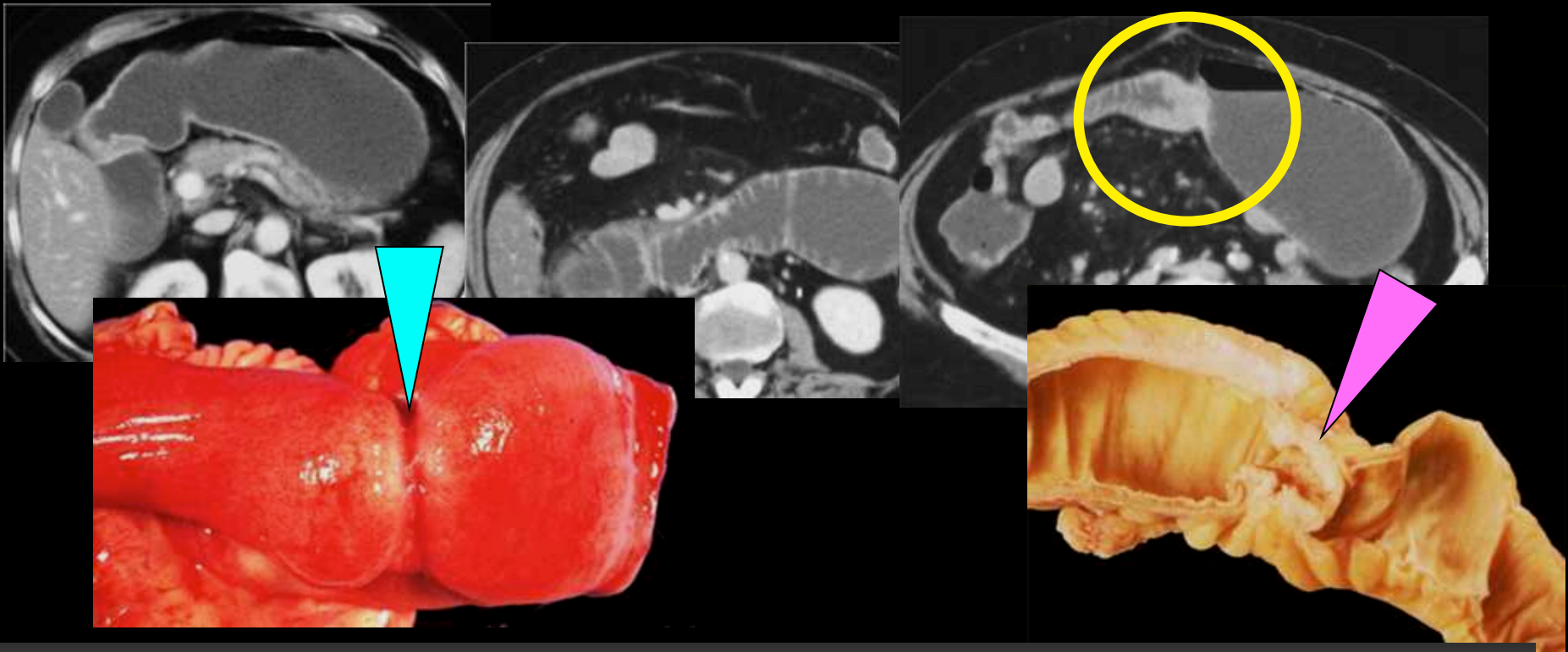


polypose hamartomateuse de Peutz Jeghers Touraine



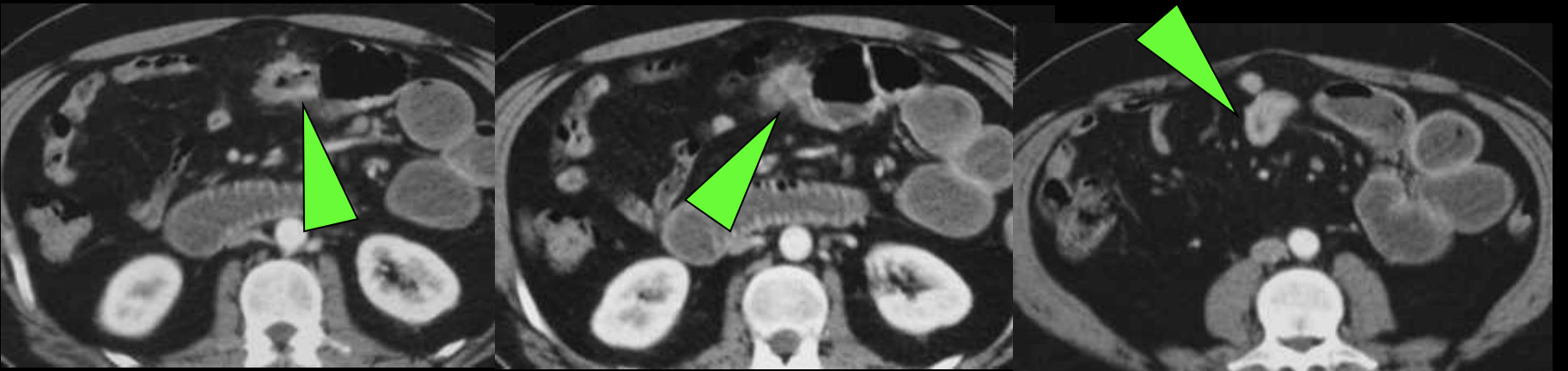
entéroscanner antérieur

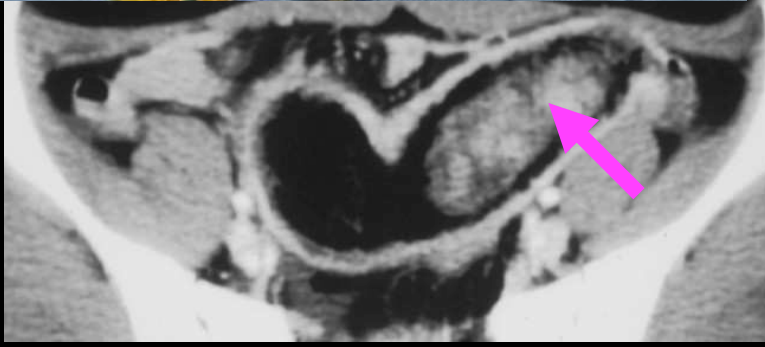
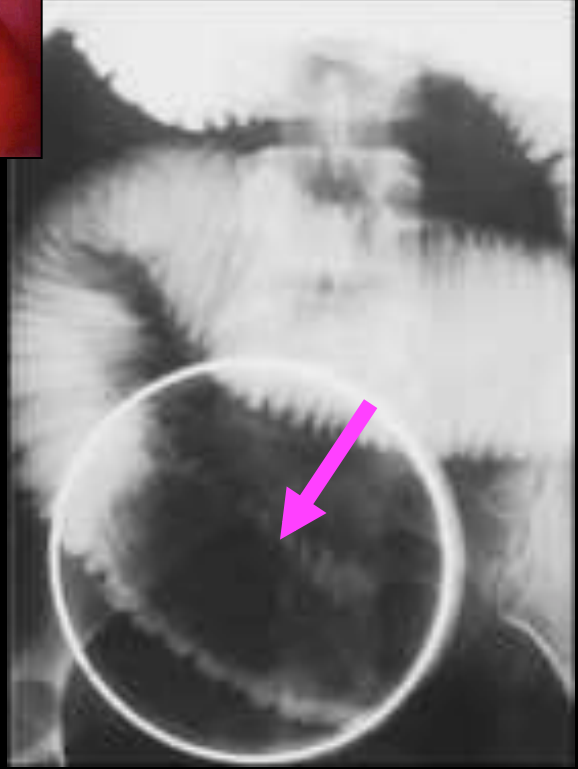
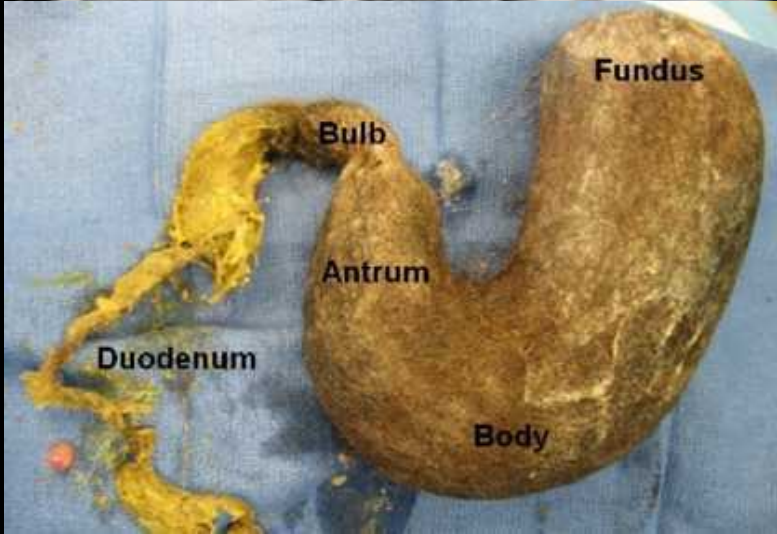
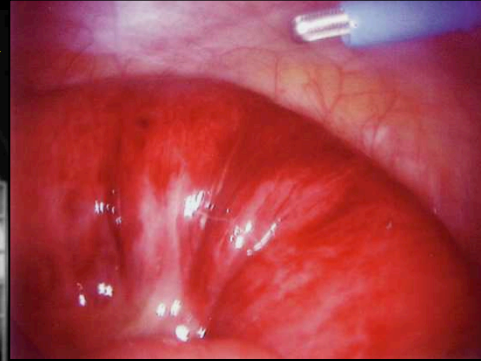
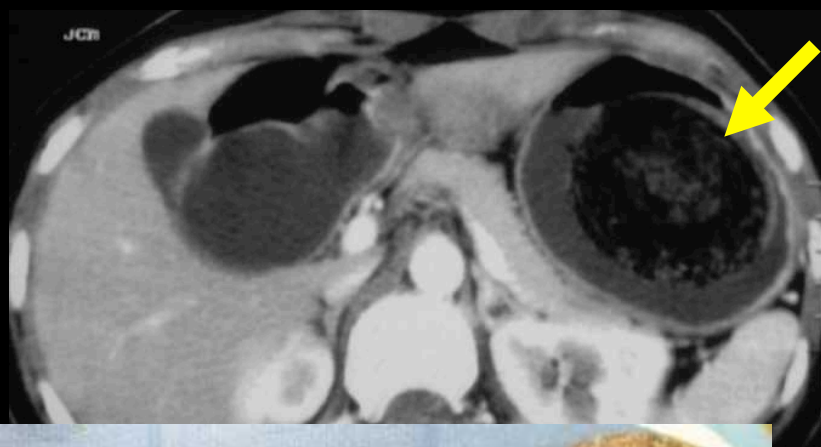




### 3. sténoses tumorales jéjunales hautes

nap ring adenocarcinoma = lésion circonférentielle courte ou LMNH



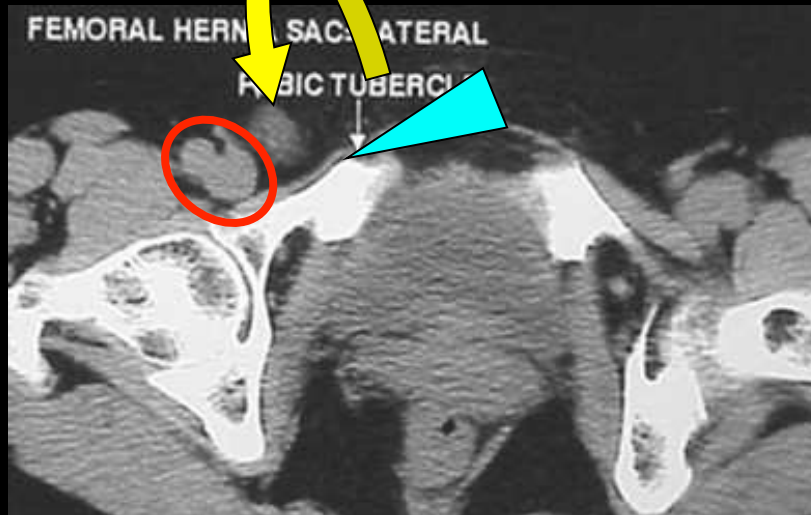
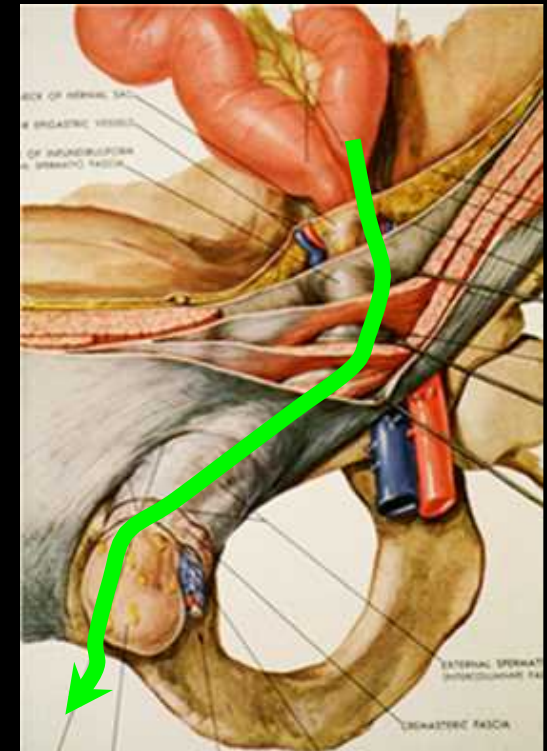
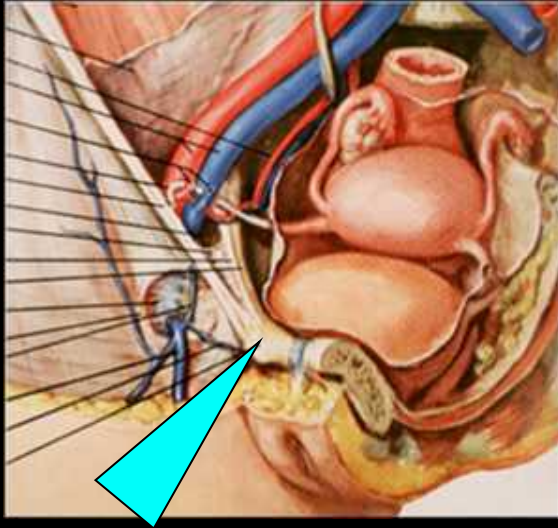


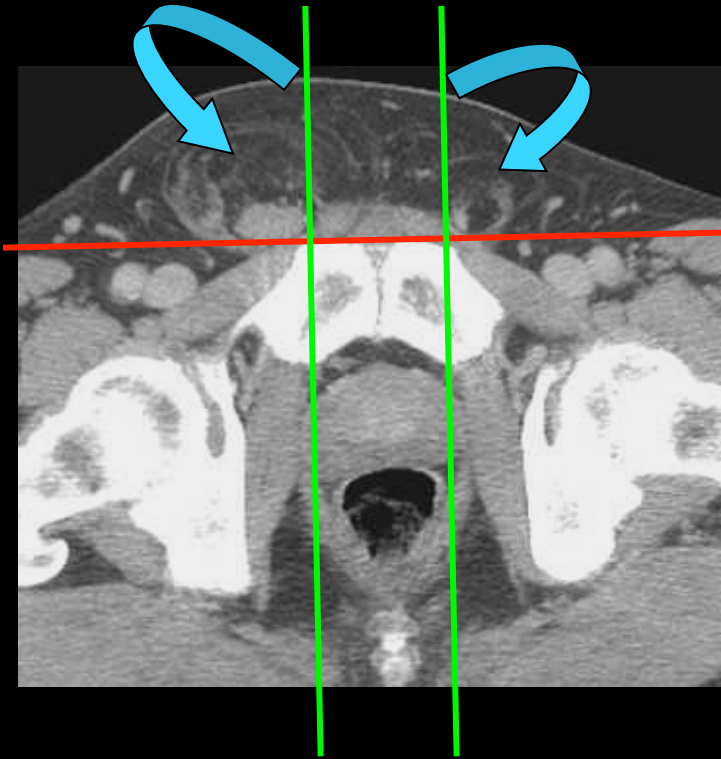
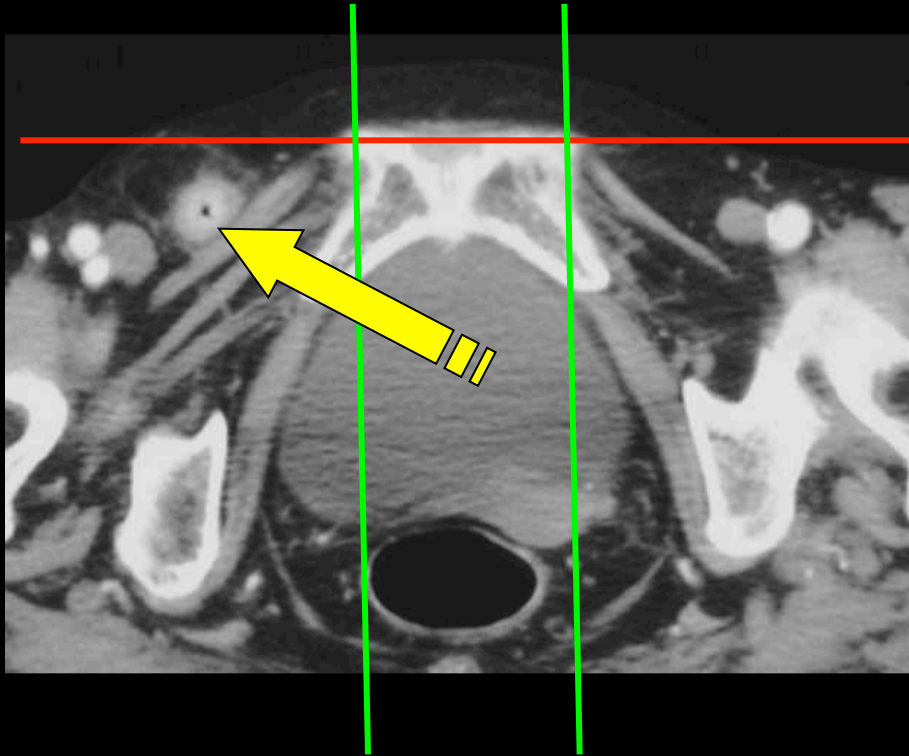
4. bézoards  
trichobezoard  
jeune fille  
trichotillomaniaque

Sd de Rapunzel ou de Raiponce

### 3<sup>ème</sup> étape : examen des orifices herniaires +++

région inguino-scrotale ; trous obturateurs ; ligne blanche ;  
hernies incisionnelles

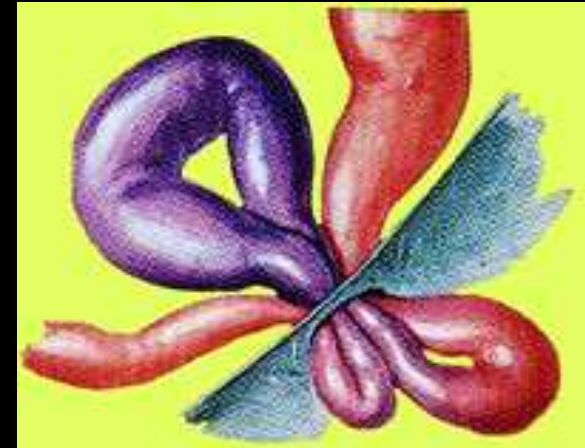




repères orthonormés pour les hernies de l'aine

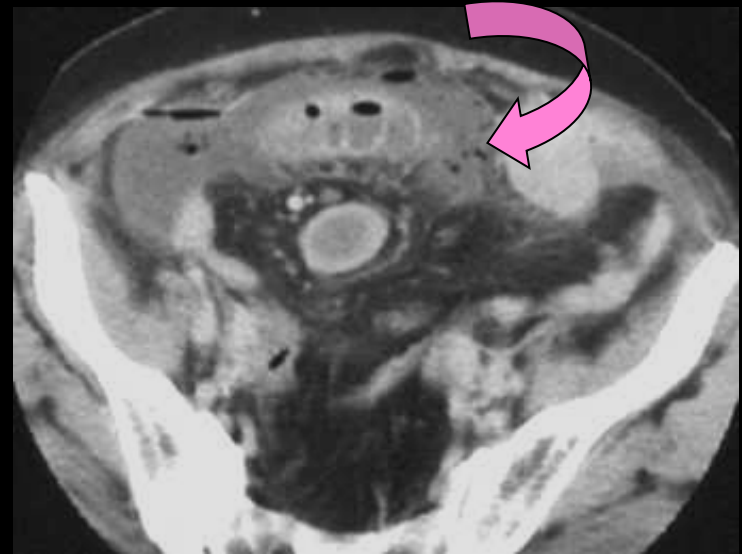
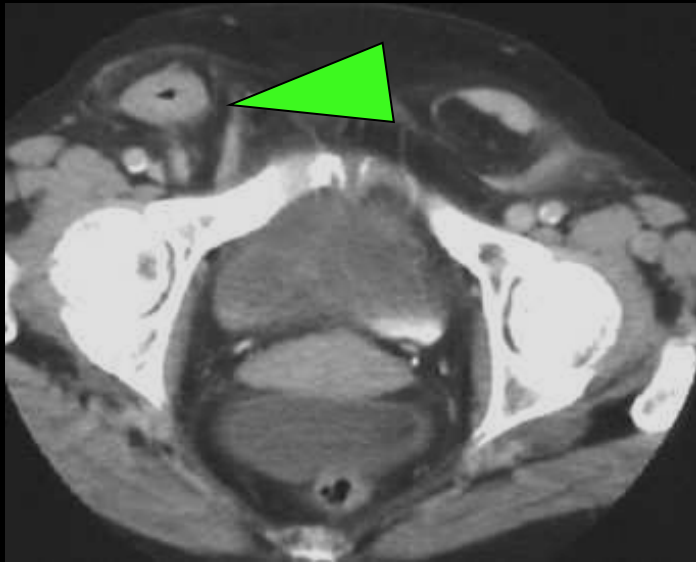
Wechsler et coll : AJR,1989,153,517-521

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

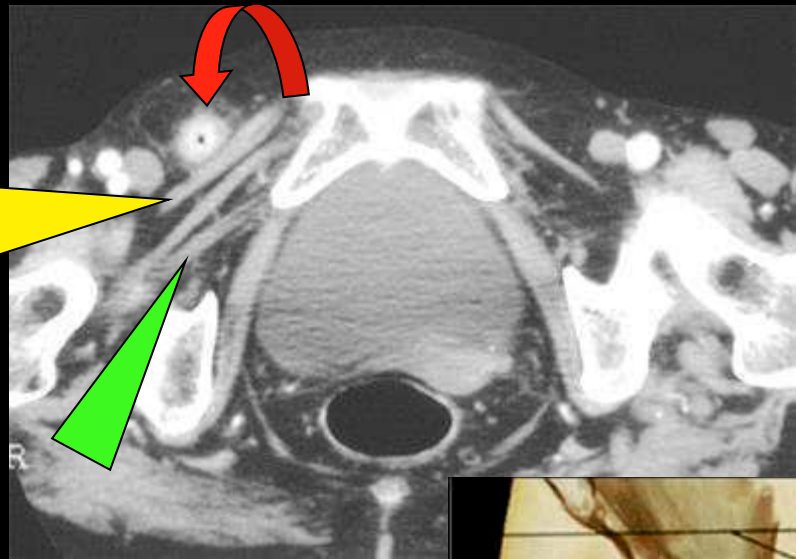


hernie inguinale  
hernie en W de  
Maydl

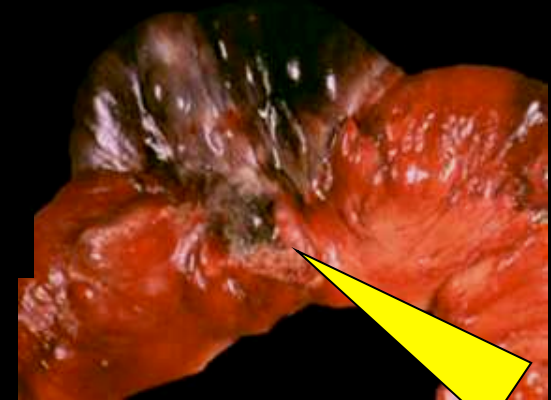
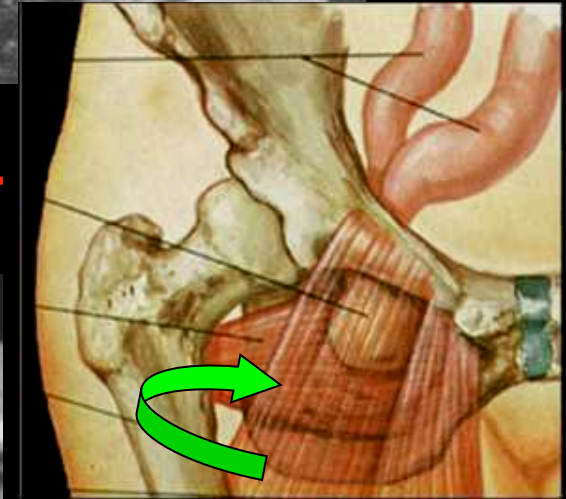
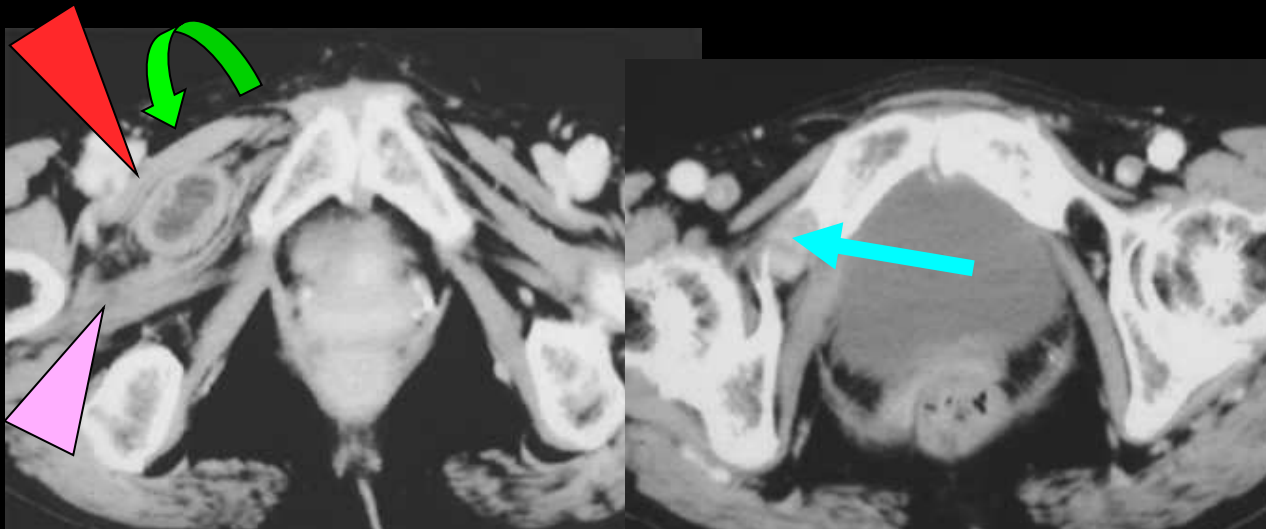
Karel Maydl (1853-1903 )



hernie crurale étranglée et nécrose ischémique avec perforation du grêle d'amont en situation intrapéritonéale



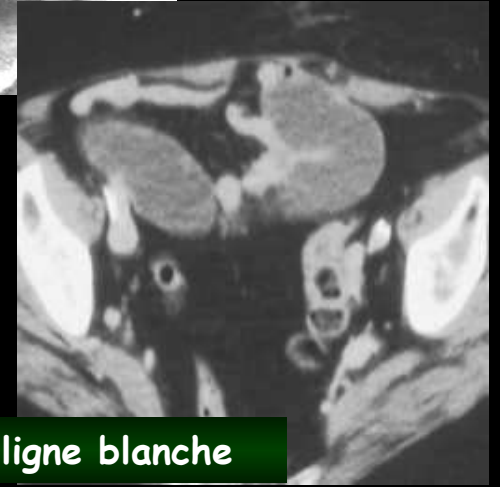
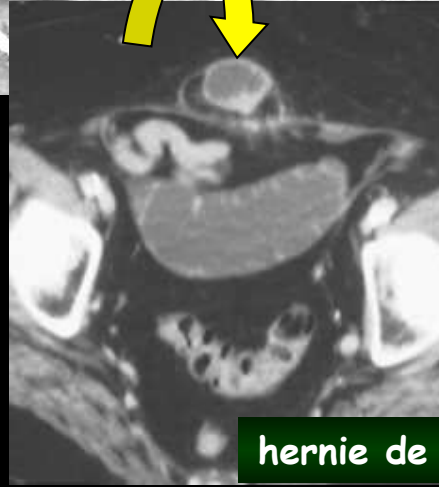
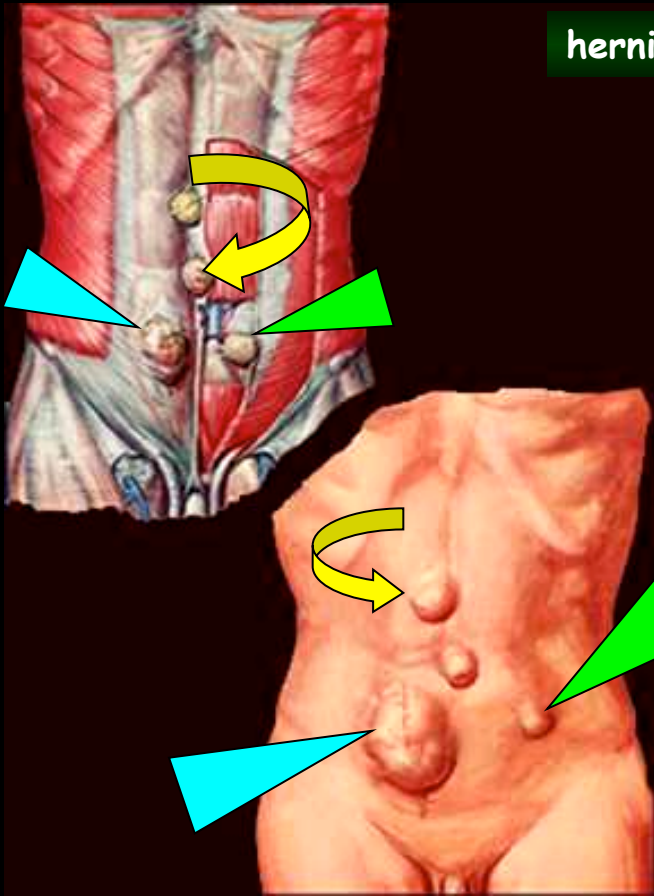
hernie **crurale**, en avant du **muscle pectiné** !!!



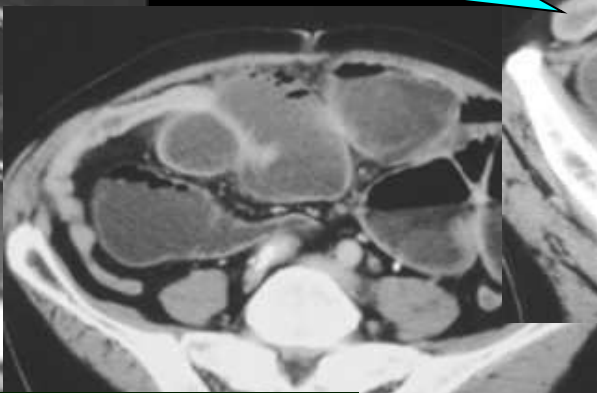
hernie **obturatrice**; pincement latéral= **hernie de Richter**

Signe de Howship-Romberg ; signe de Hannington-Kiff

hernie de Spiegel



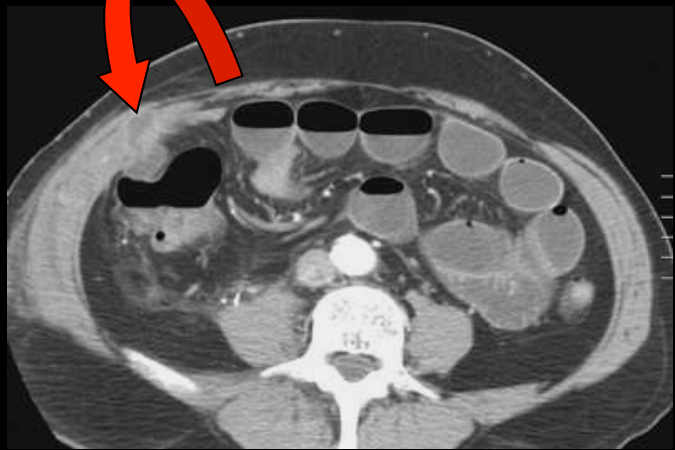
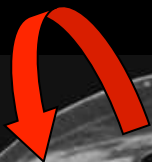
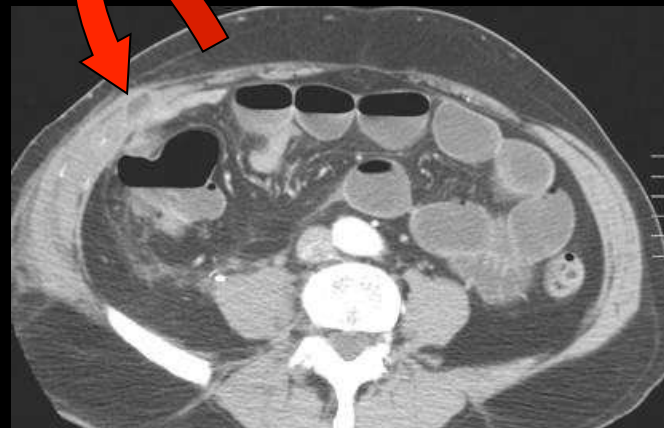
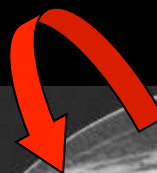
hernie de la ligne blanche



hernie incisionnelle para rectale droite

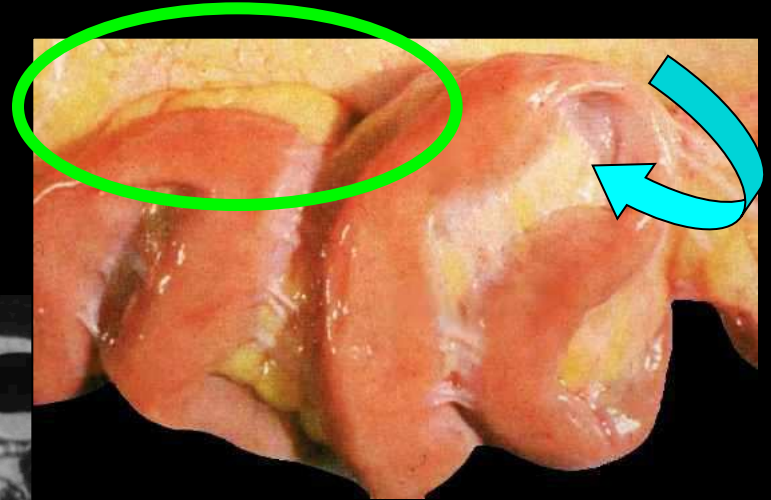
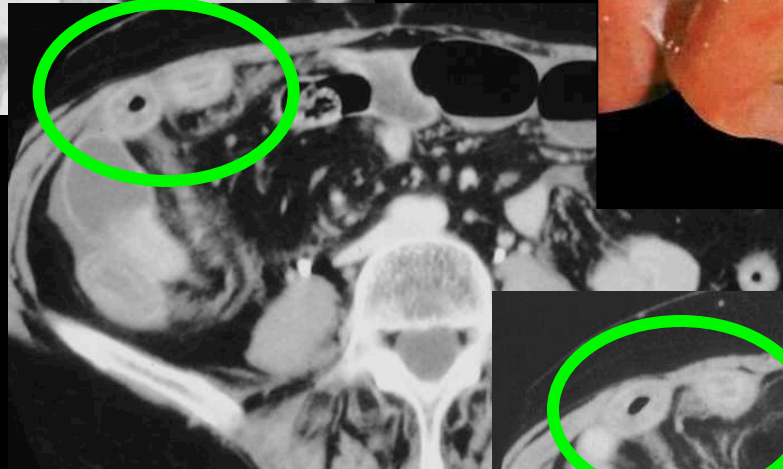


anse incarcerationnée dans un orifice de coeliochirurgie

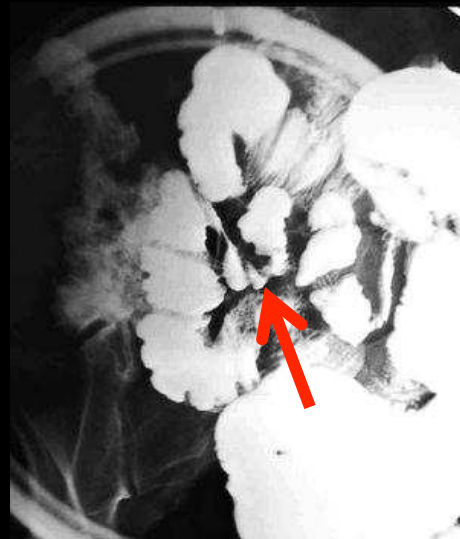
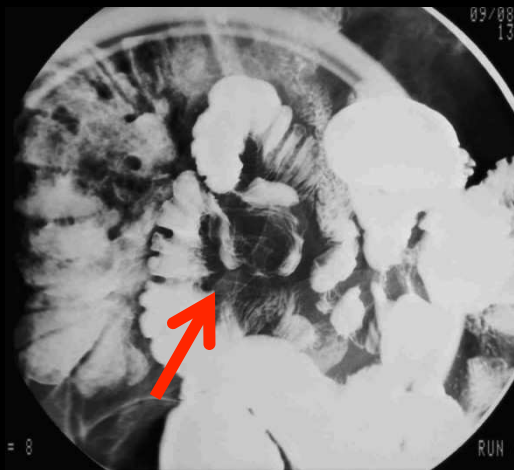
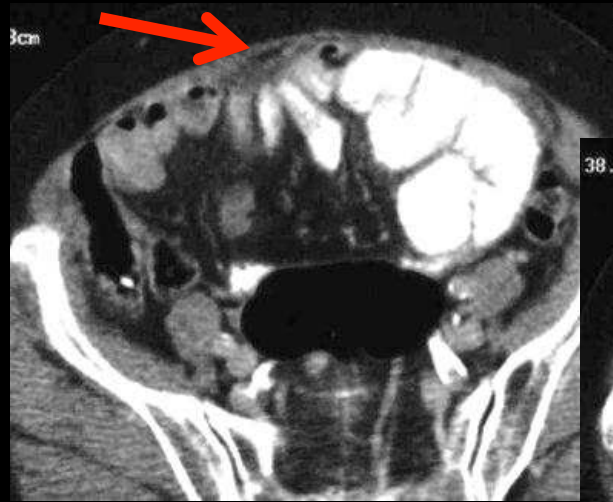


4<sup>ème</sup> étape : recherche d'une occlusion sur bride ou adhérences  
et évaluation des signes de "souffrance "

compression extrinsèque simple : adhérences et brides



Occlusion de bas grade sur  
adhérences intestino-mésentériques



Occlusion de bas grade sur **adhérences** intestino-mésentériques pariétales antérieures et interanses

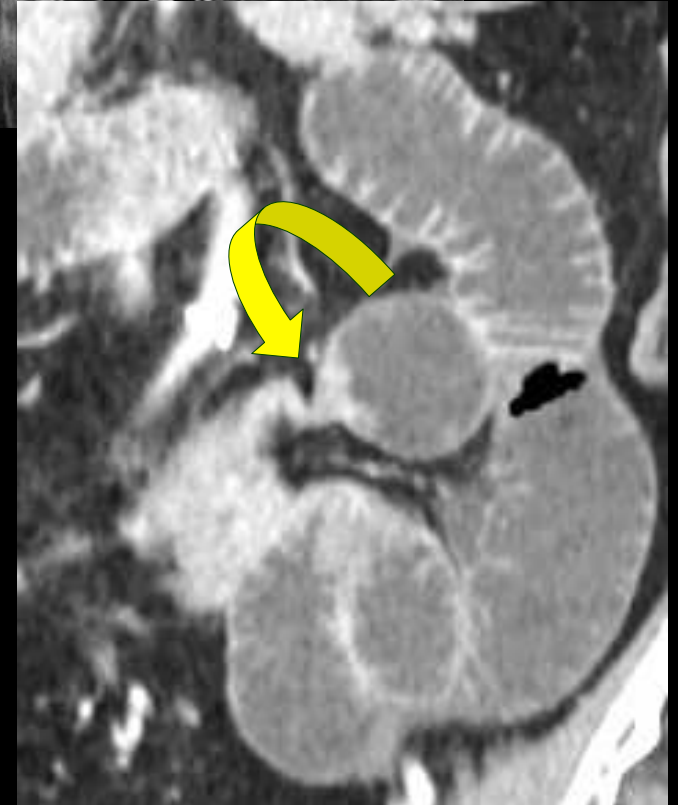
Femme 61 ans , antécédent de procto-colectomie  
pour polypose adénomateuse recto-colique familiale

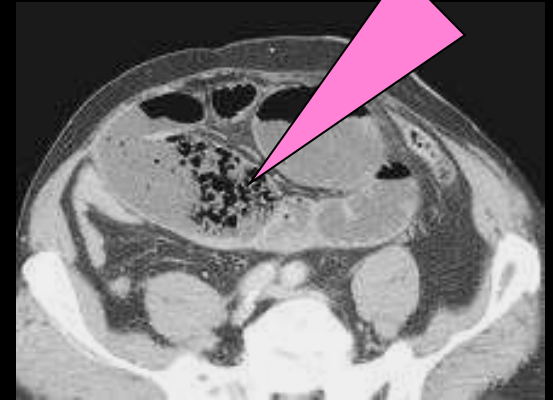


occlusion de haut-grade ,  
jéjunale haute

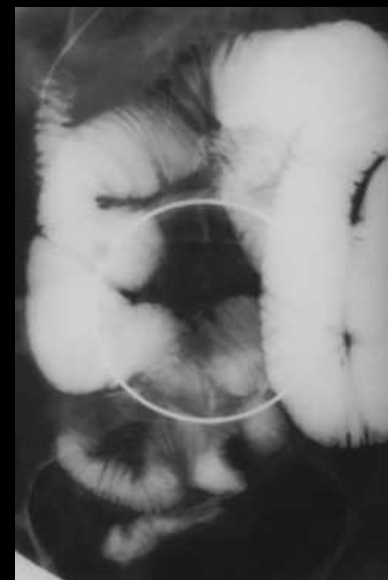
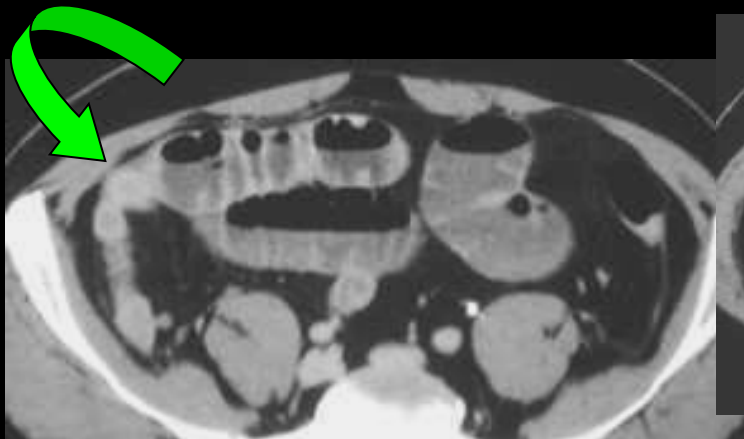
signe du bec

signe de l'empreinte  
graisseuse (fat notch sign)

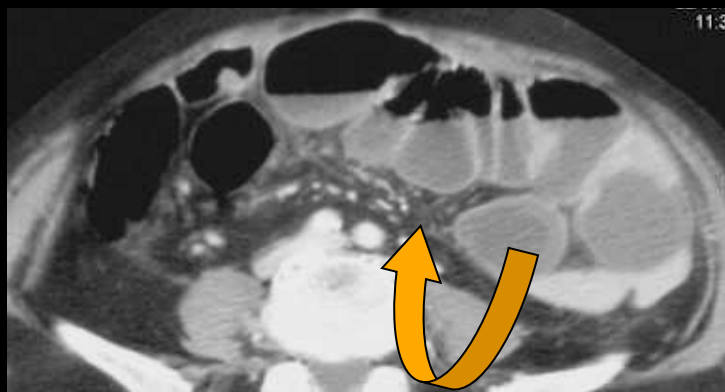
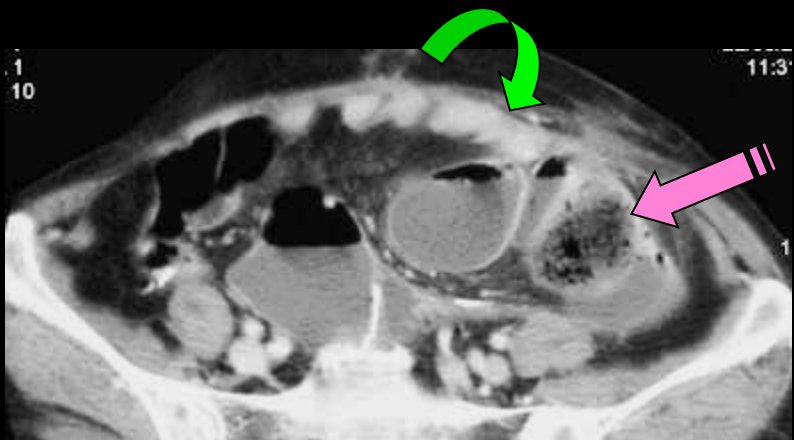




Occlusion de haut grade sur bride ou **adhérences** intestino-mésentériques sans images de strangulation ; "pseudo-fèces" valeur localisatrice pour le site de l'obstacle

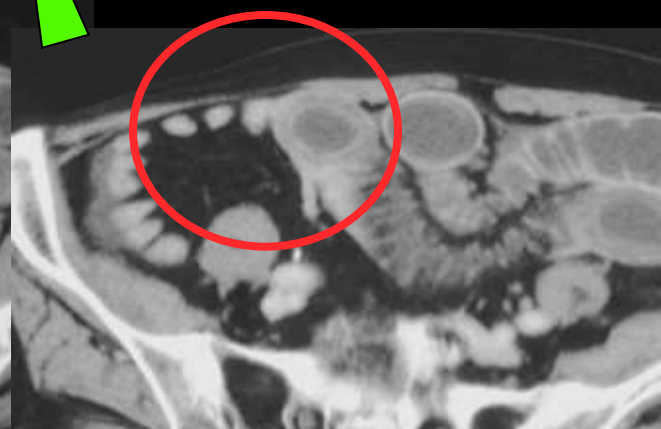
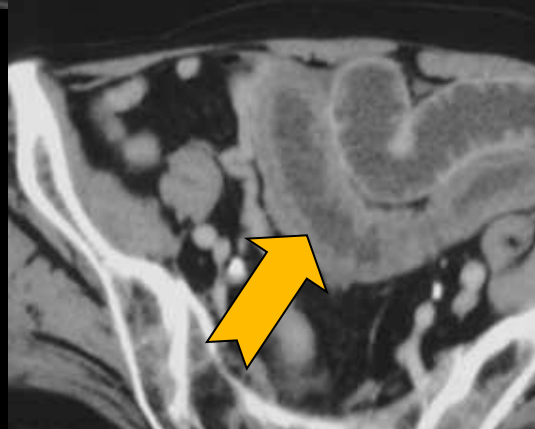
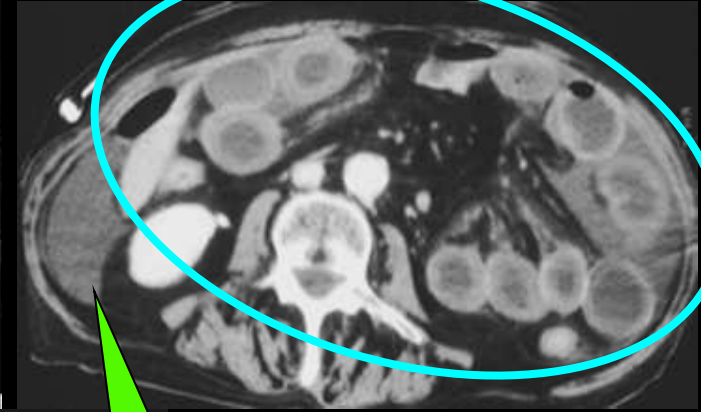
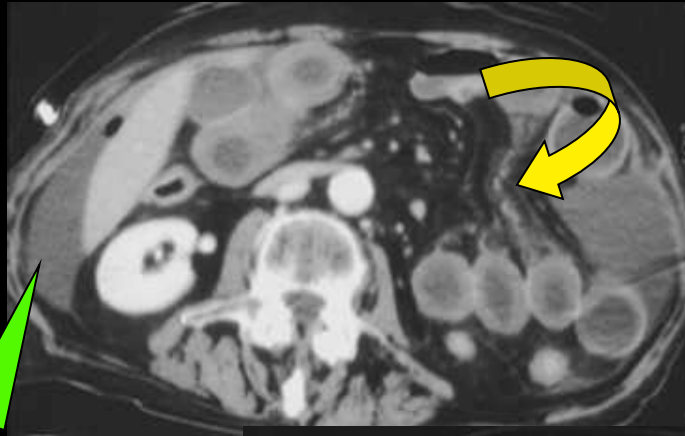
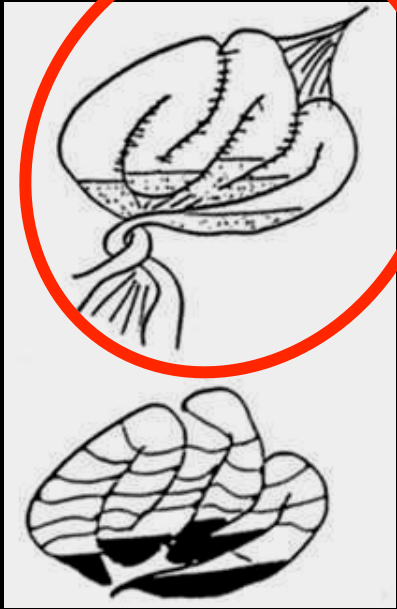


adhérences et **bézoard** ,occlusion de haut grade



- 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

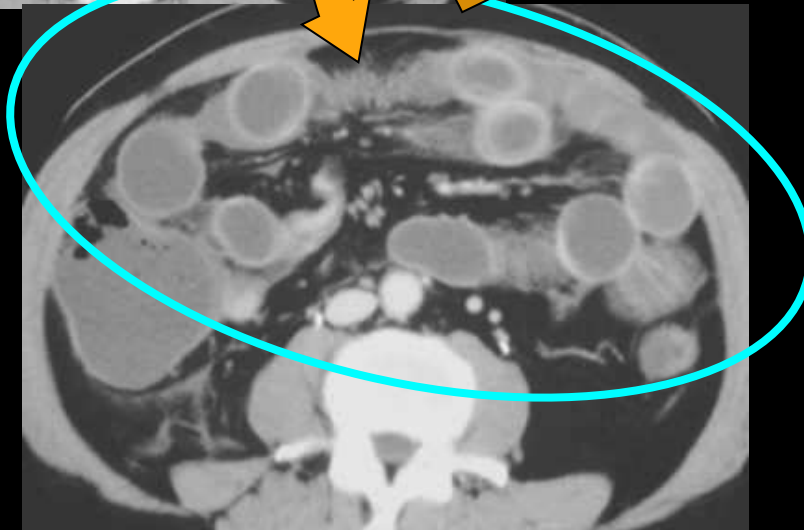
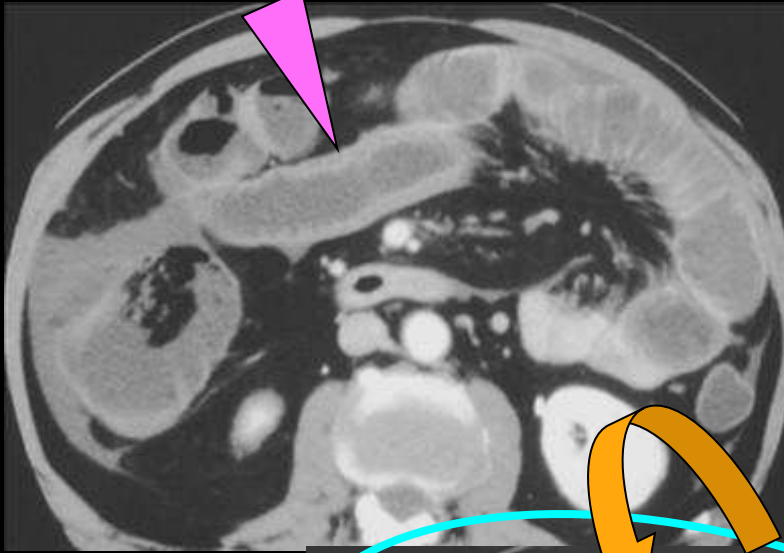


volvulus sur bride  
avec signes de congestion veineuse

-congestion (oedème) modérée du mésentère( vaisseaux identifiables)

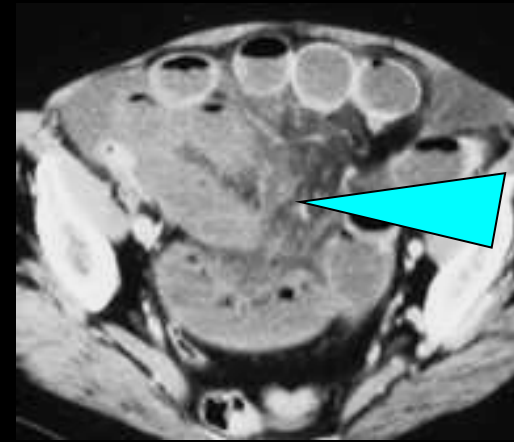
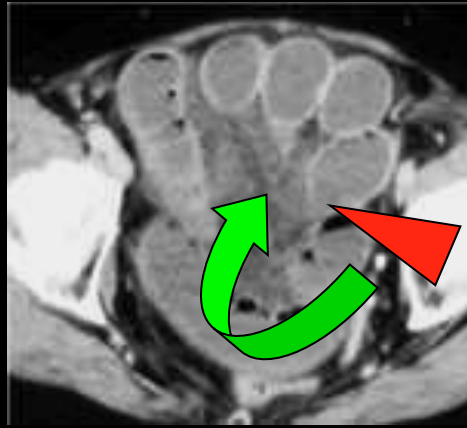
-épaississement circonférentiel des parois (oedème sous muqueux)

-épanchement liquidien péritonéal abondant

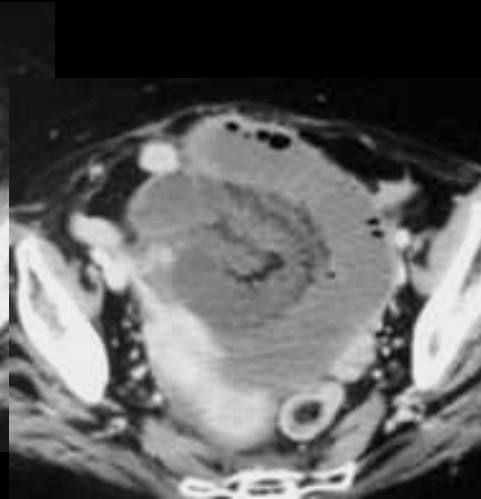
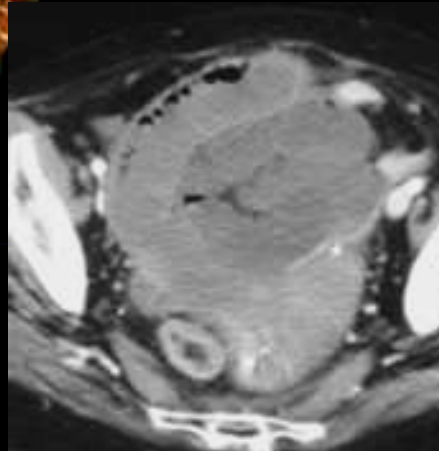


volvulus sur bride avec signes d'ischémie subaiguë artérielle (oedème de la sous muqueuse)

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

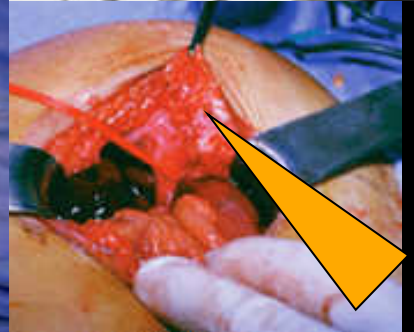
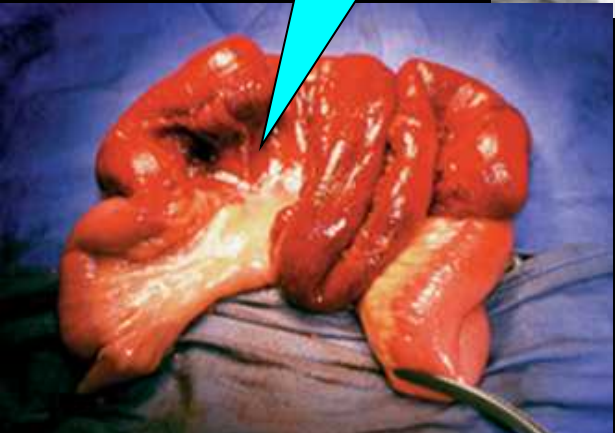
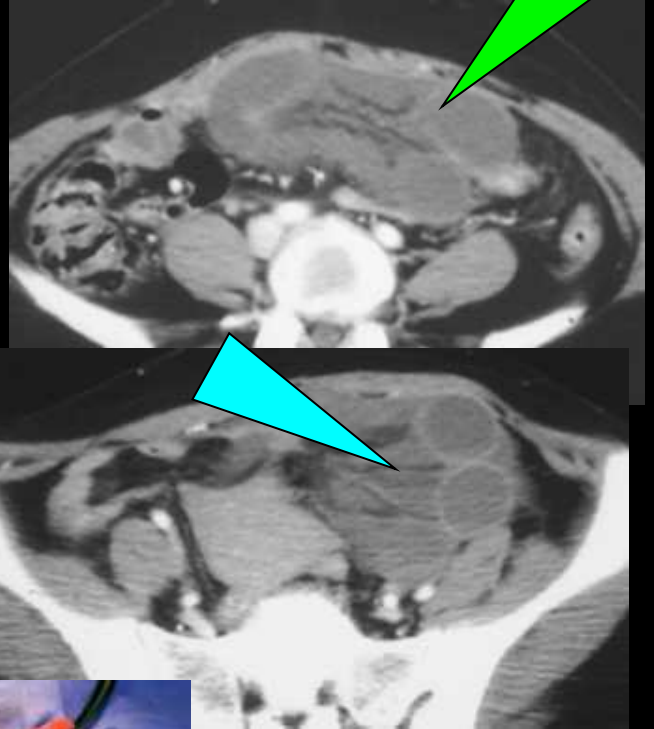
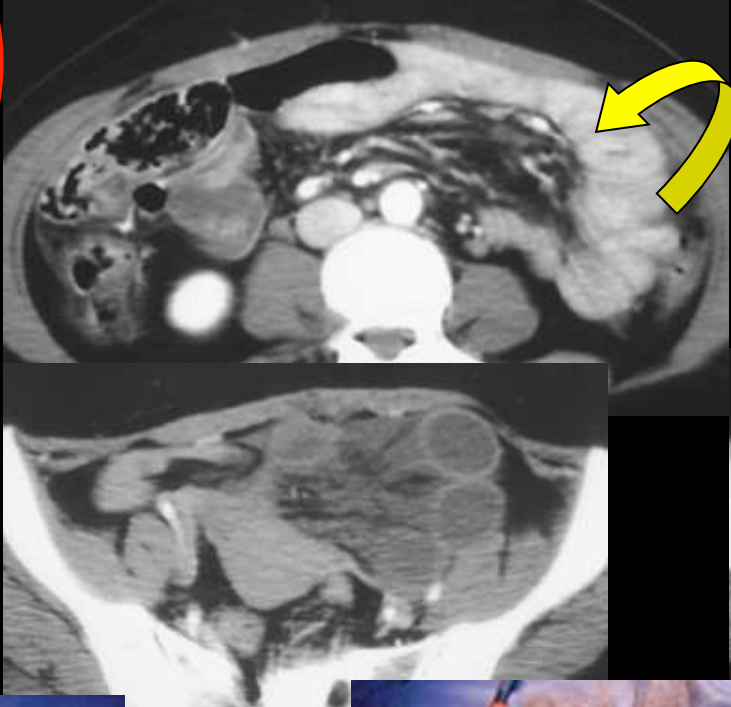
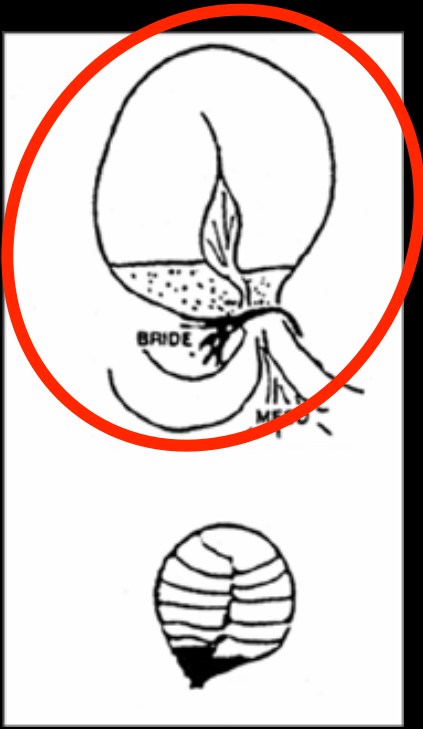


volvulus sur bride avec signes de nécrose intestino-mésentérique



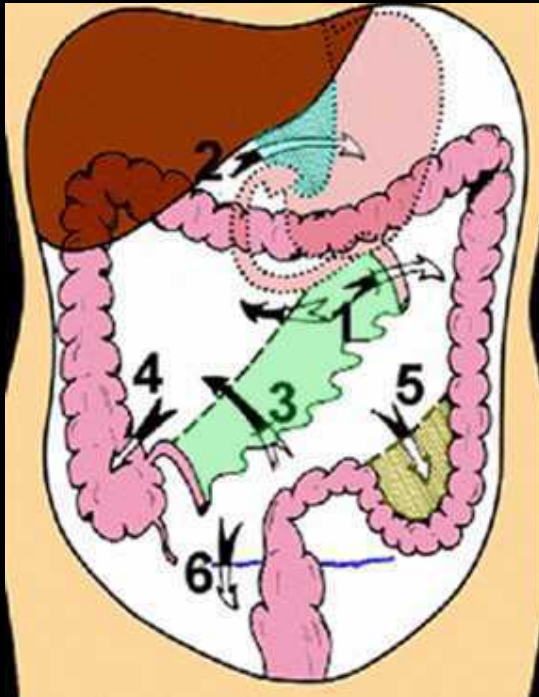
- infiltration **dense** du mésentère (**vaisseaux non identifiables**)
- parois « virtuelles » (amincies et non rehaussées)+/-pneumatose
- pas d'épanchement liquidien péritonéal

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



signes majeurs de nécrose ischémique intestino-mésentérique

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



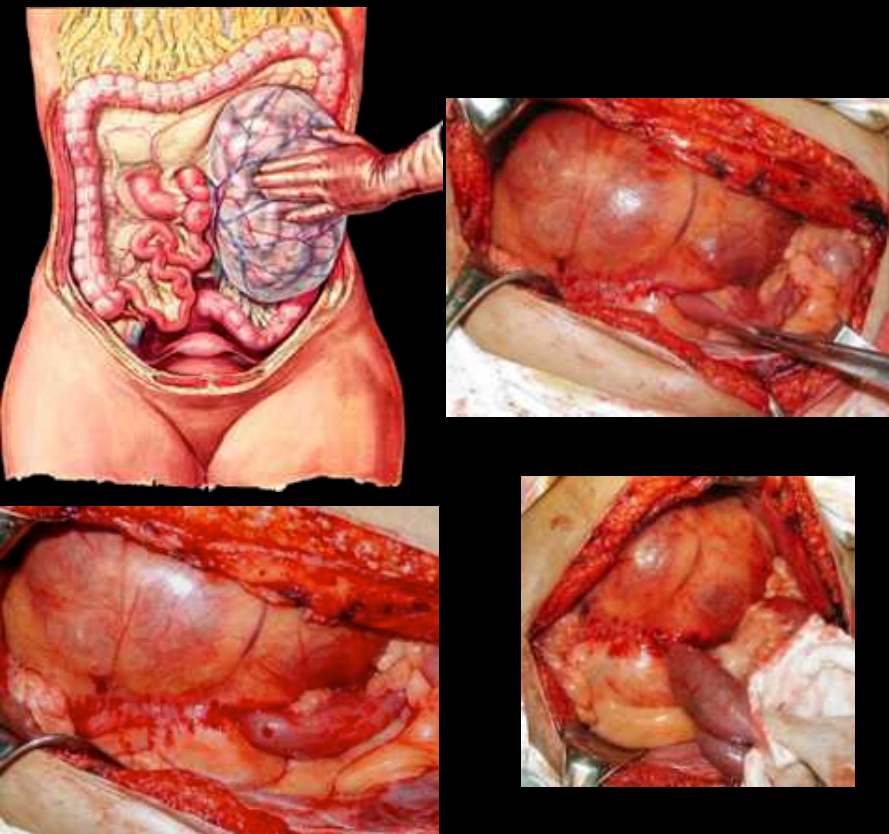
## type de hernie

## 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

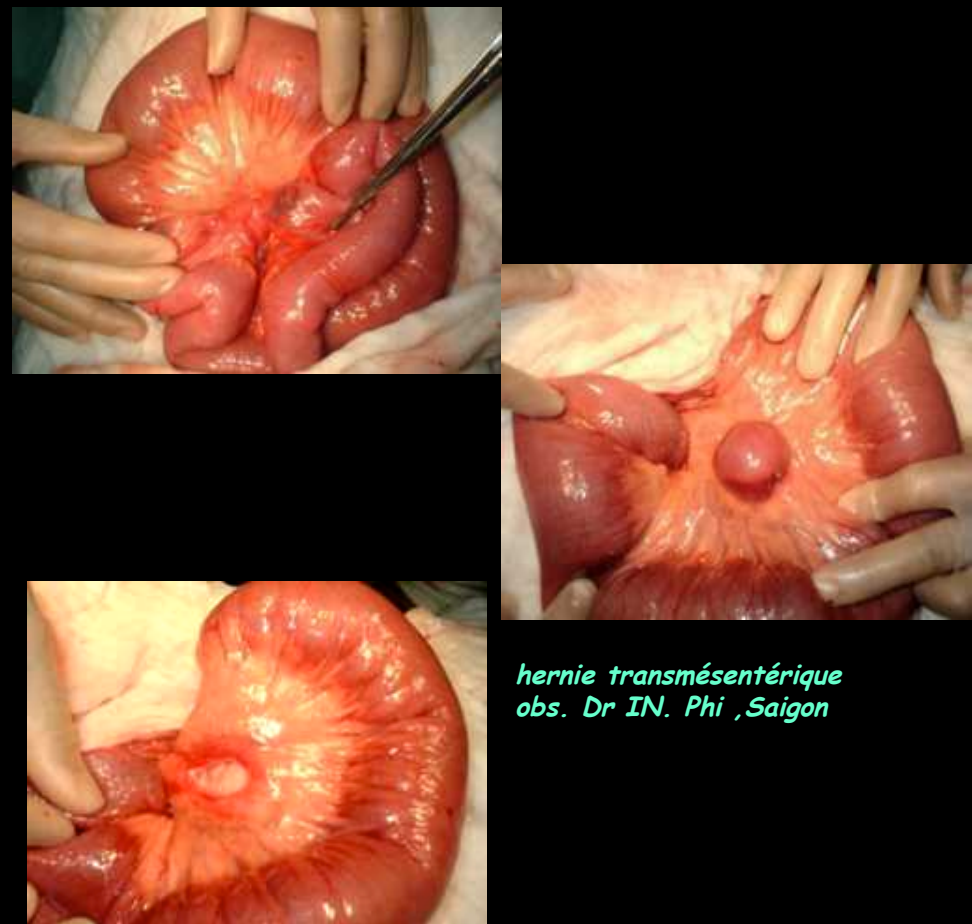


*hernie para duodénale antérieure gauche  
obs. Dr IN. Phi ,Saigon*

-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 :

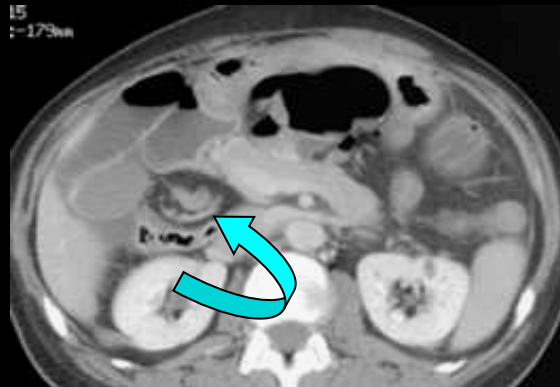
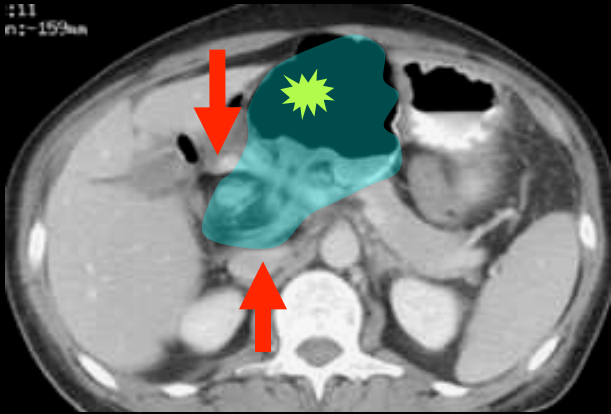
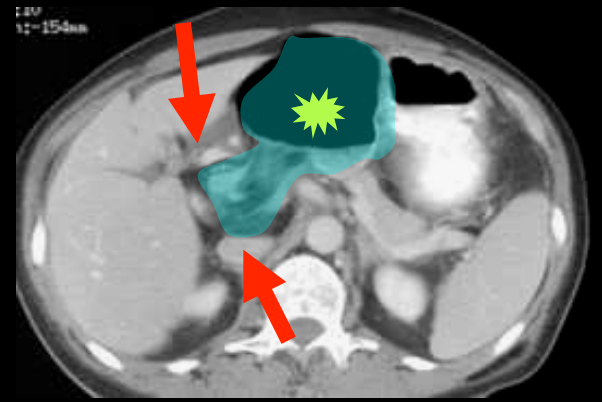
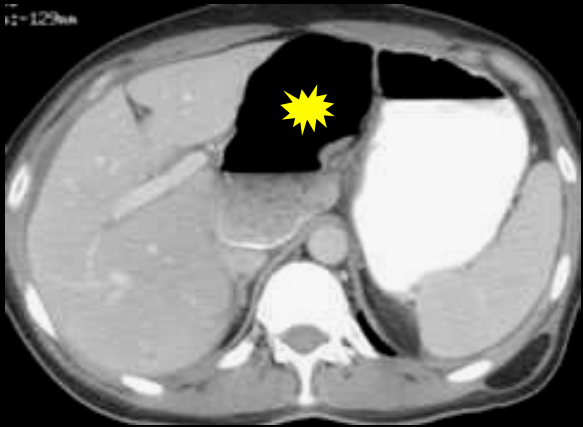
hernies du hiatus omental

hernies paraduodénales antérieures G et D

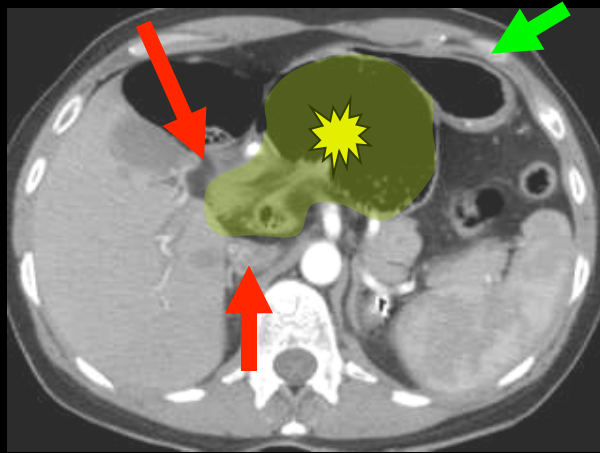
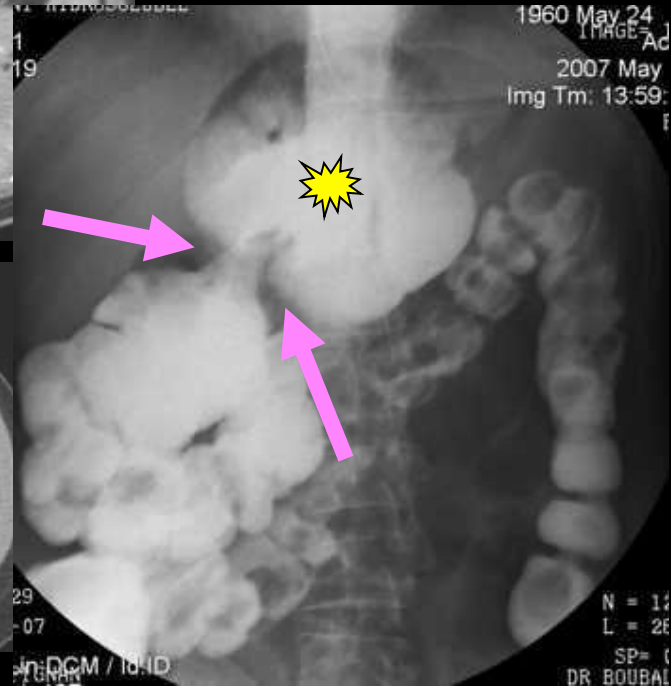
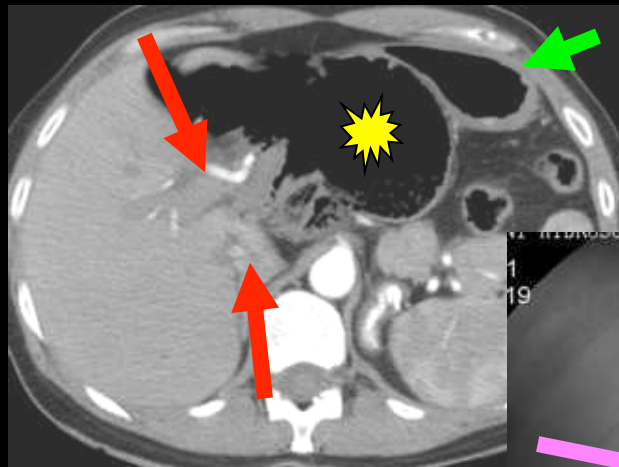
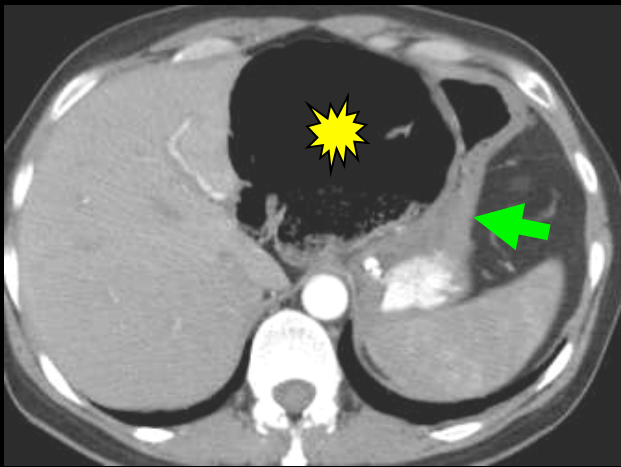
hernies péri caecales

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

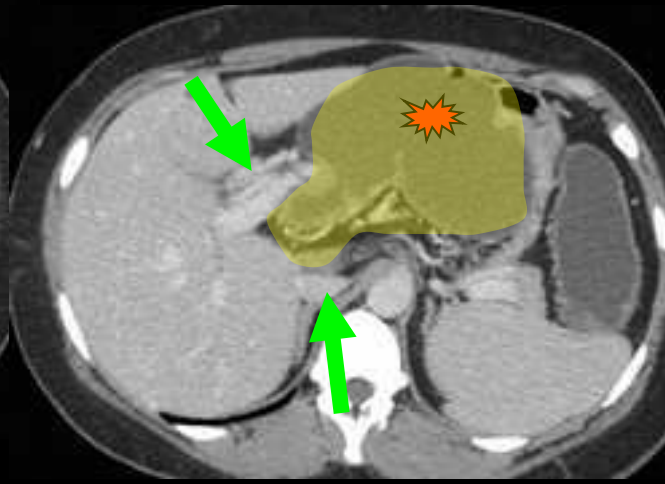


femme 47 ans



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

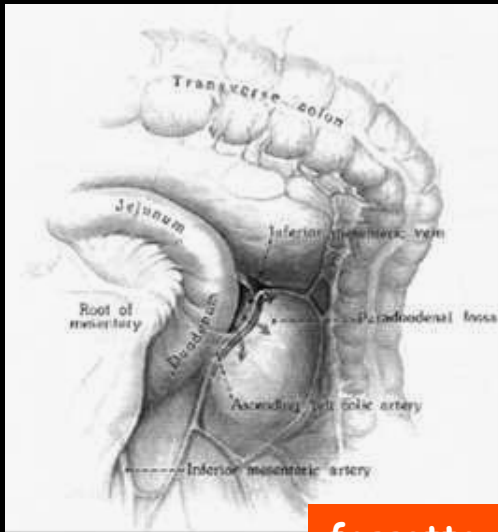
Obs. JL Bertrand CH Perpignan



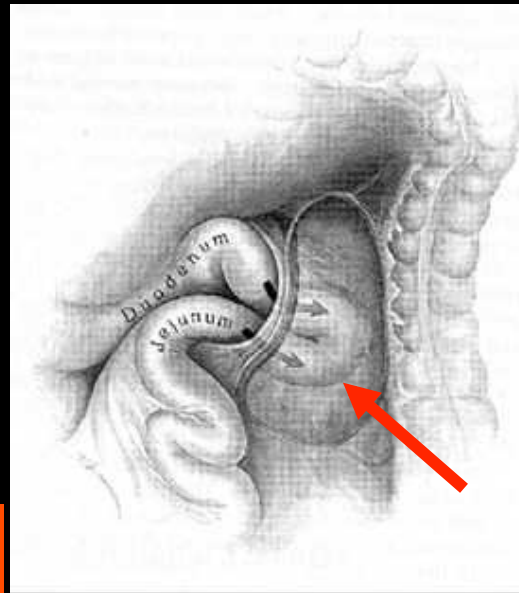
femme 35 ans  
colo CT à l'eau

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

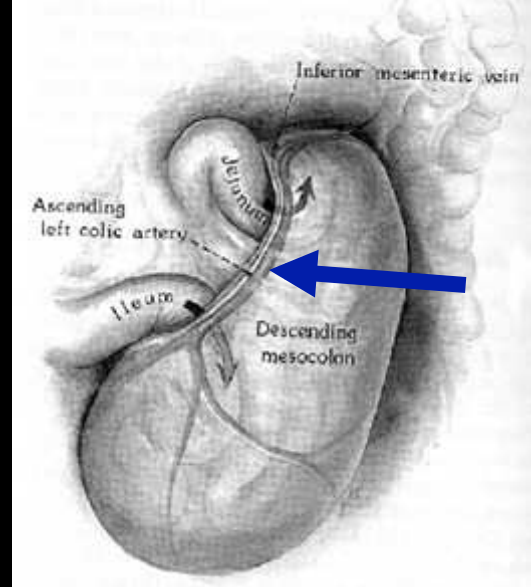
# hernies para duodénales antérieures gauches



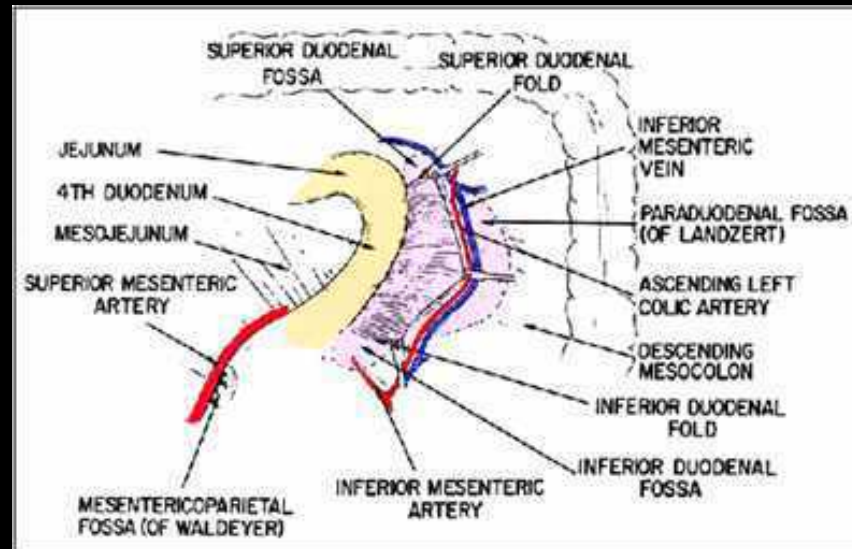
fosse de Landzert



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

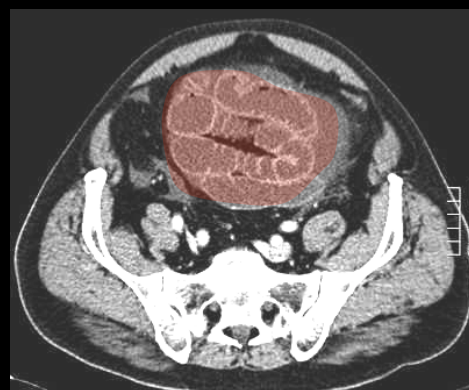


ce sont les formes théoriquement les plus fréquentes  
elles se développent sous l'action du péristaltisme intestinal dans un décollement progressif du fascia de Toldt gauche à partir de la **fosse para duodénale de Landzert**  
Le repère vasculaire essentiel est **la veine mésentérique inférieure** qui passe en avant du collet ou du sac



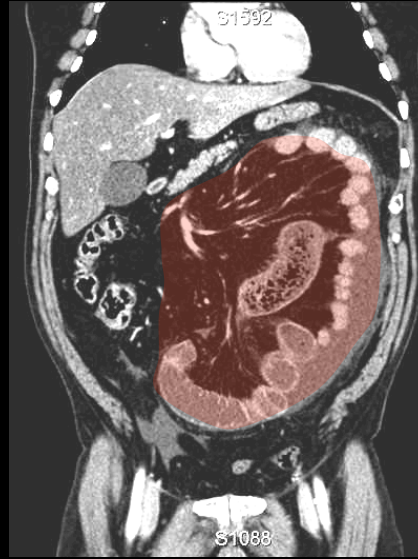
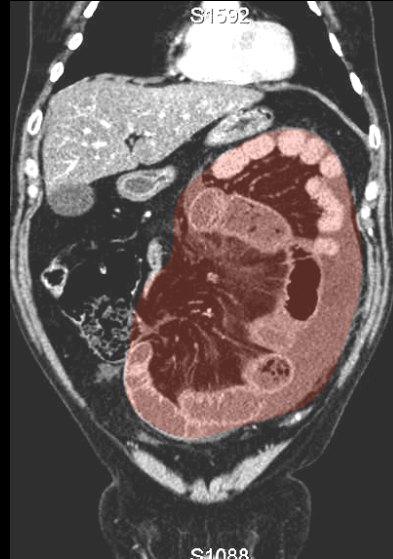
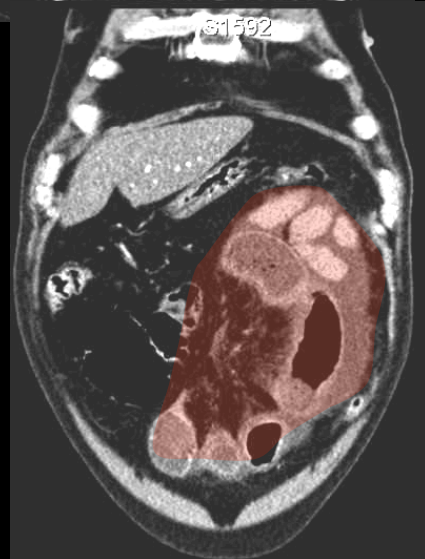


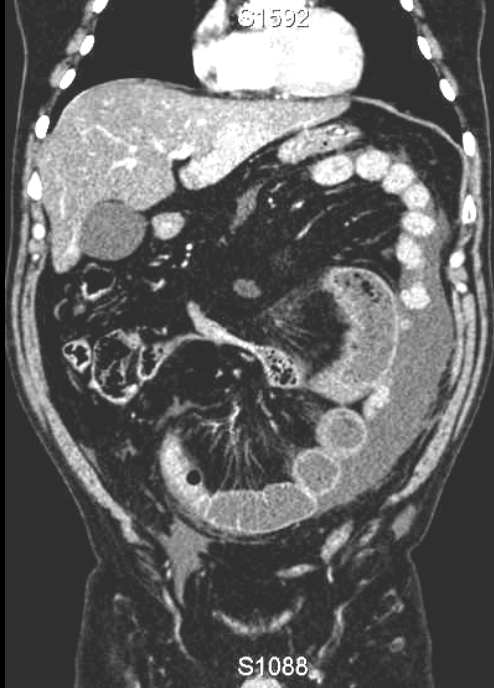
Obs Dr Brigitte  
CHAUFOUR-HIGEL  
Service Pr L. Pierot  
CHRU Maison Blanche  
REIMS

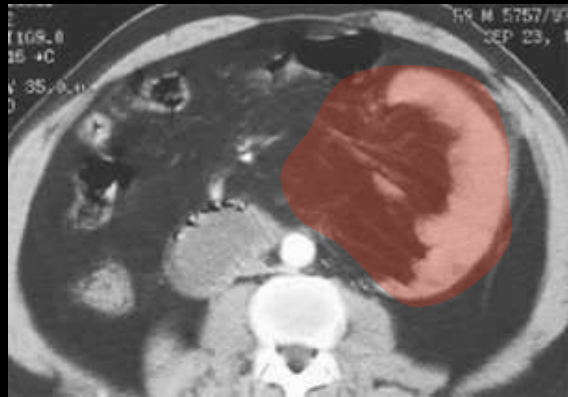
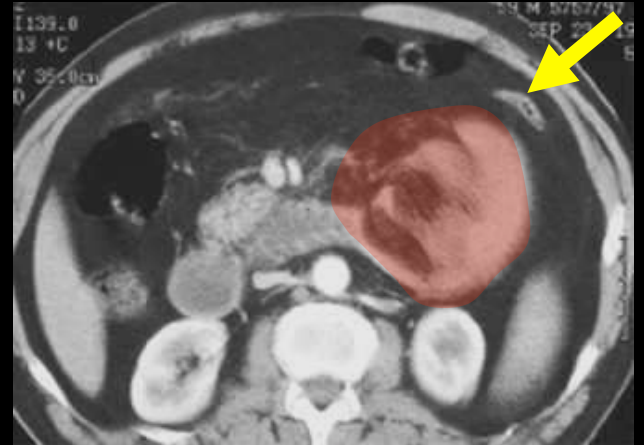
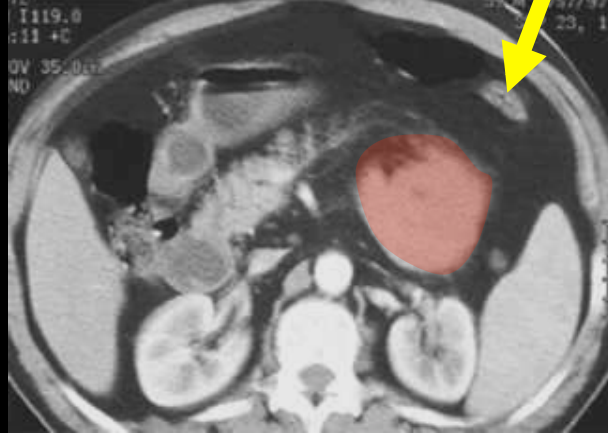
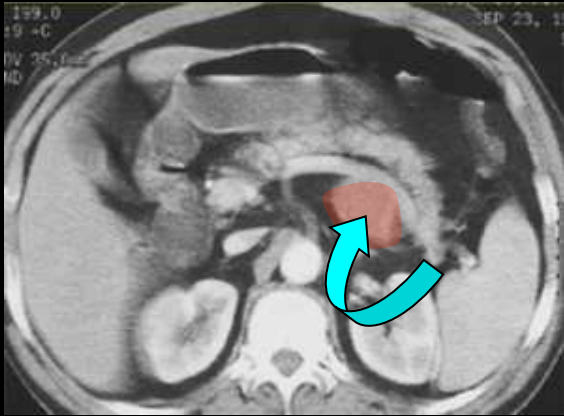


Homme 64 ans éthylique ; épisode  
aigu subocclusif algique ; résolution  
spontanée en quelques heures

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





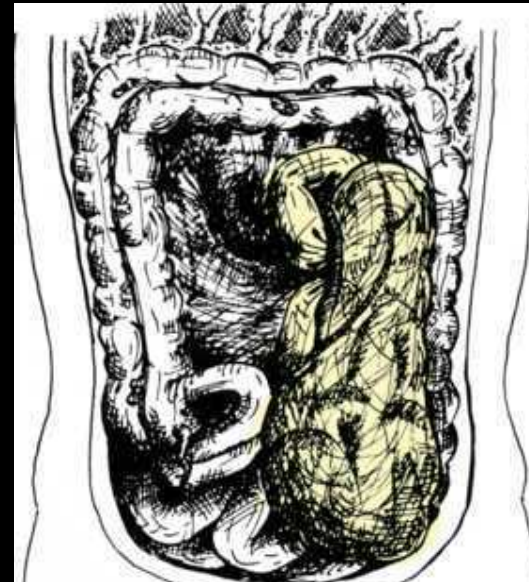


obs. G Genin CH Annecy

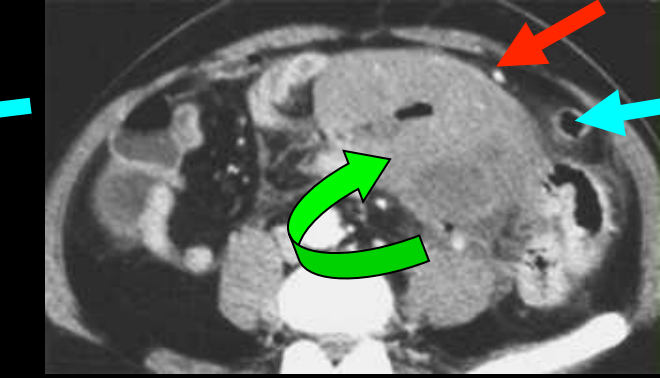
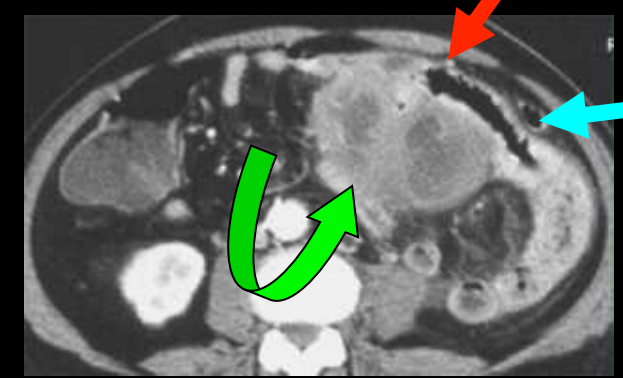
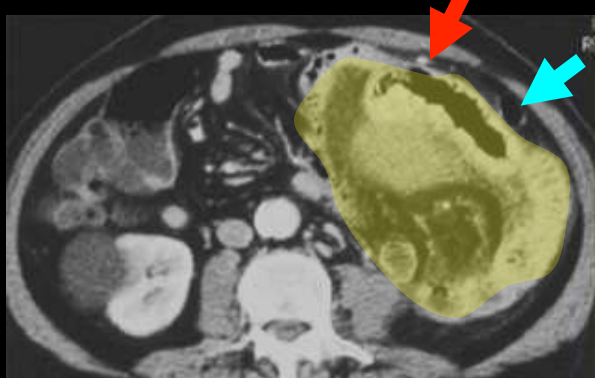
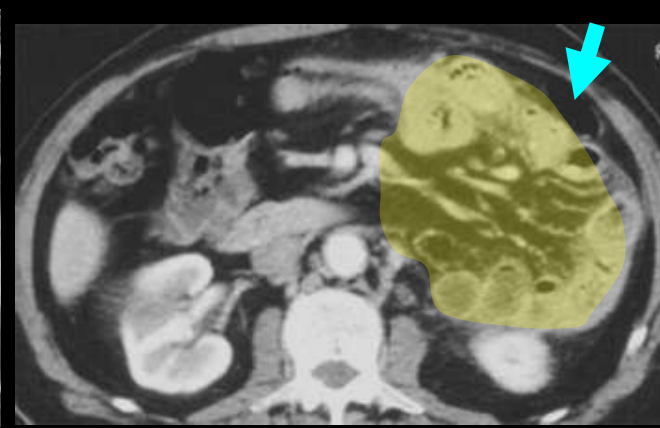
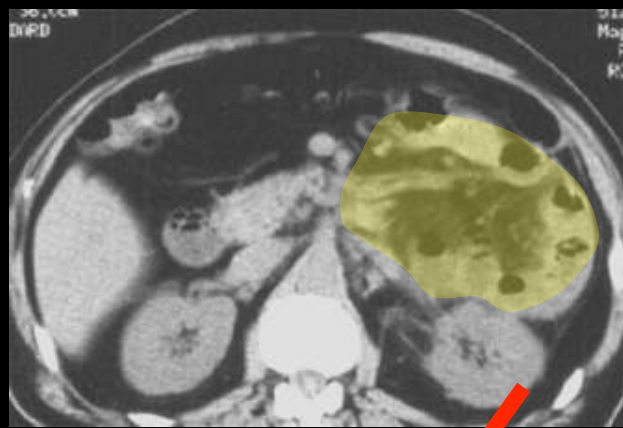
**hernie para-duodénale antérieure gauche**



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



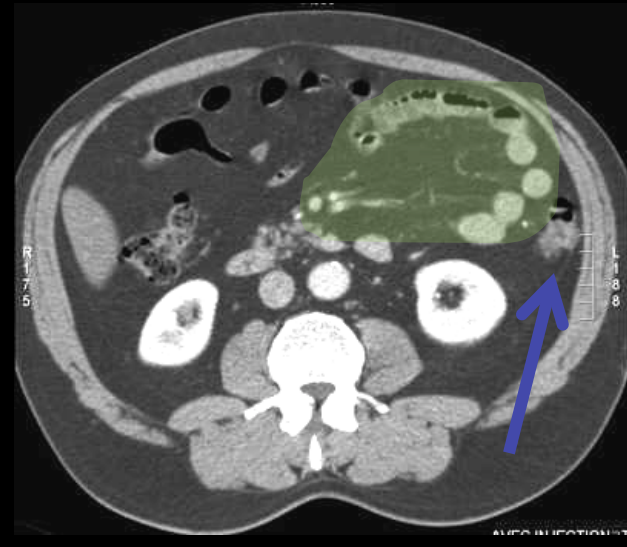
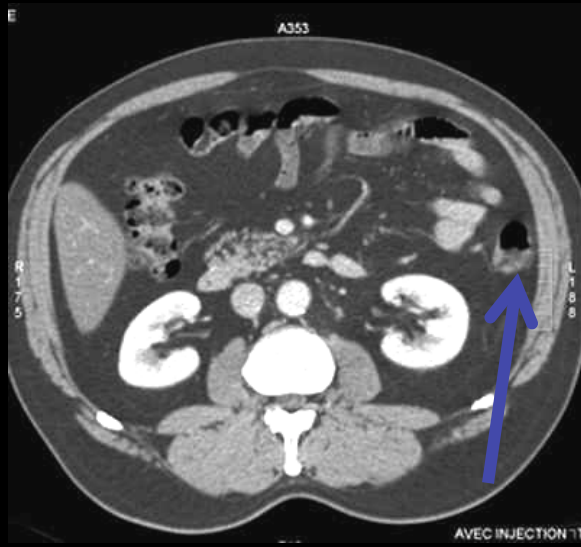
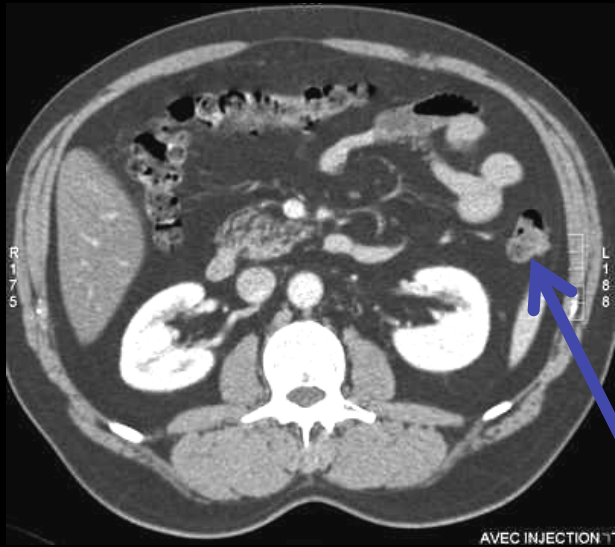
Les hernies internes de l'abdomen , à propos de 14 cas  
D. GULLINO, O. GIORDANO, E. GULLINO  
J. Chir 1993,130,179-95



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

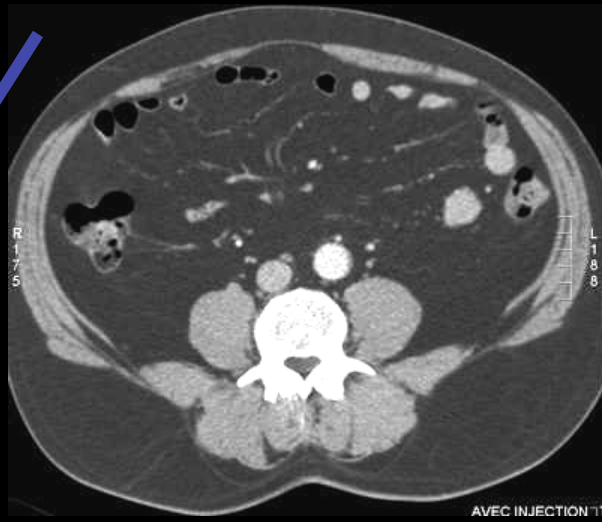
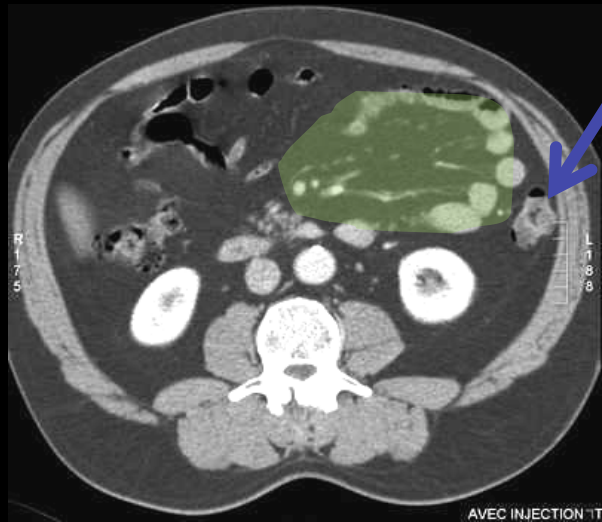
hernie para-duodénale antérieure gauche

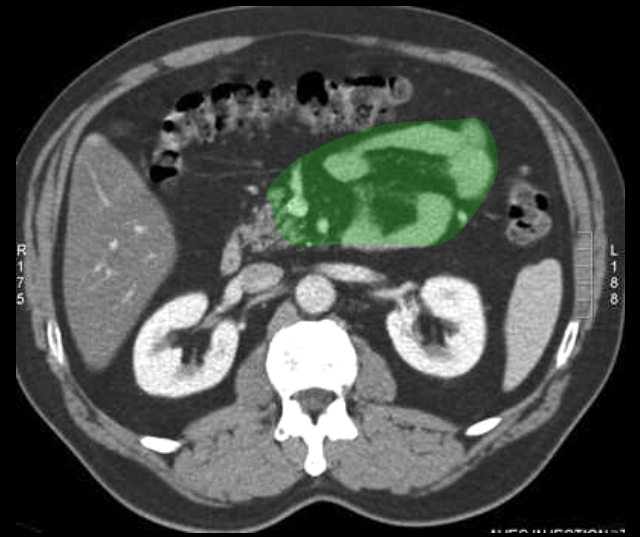
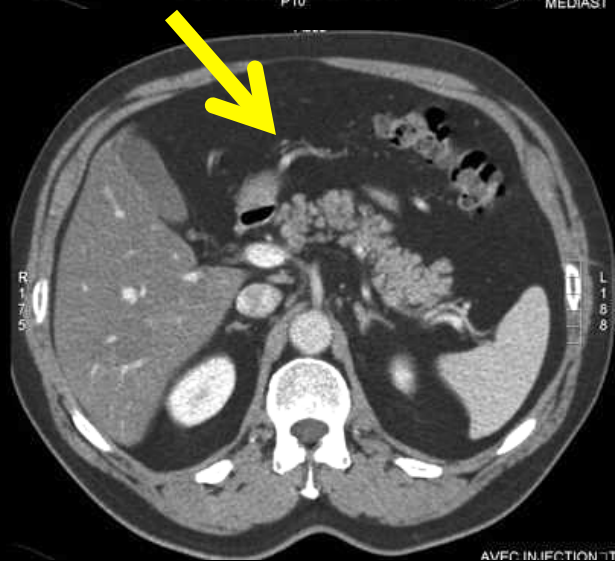
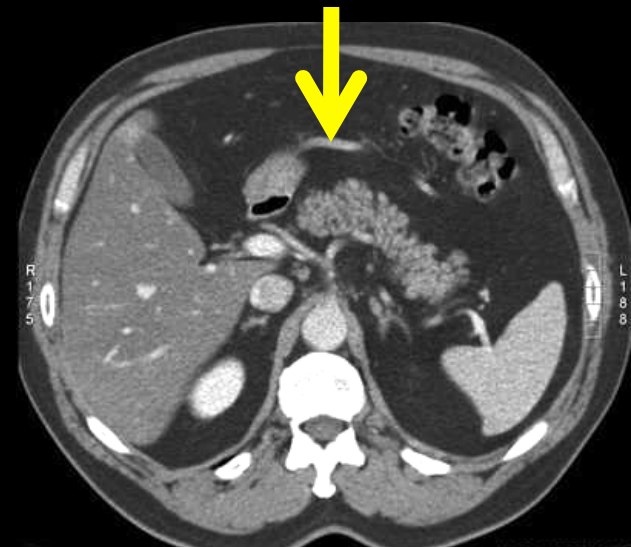
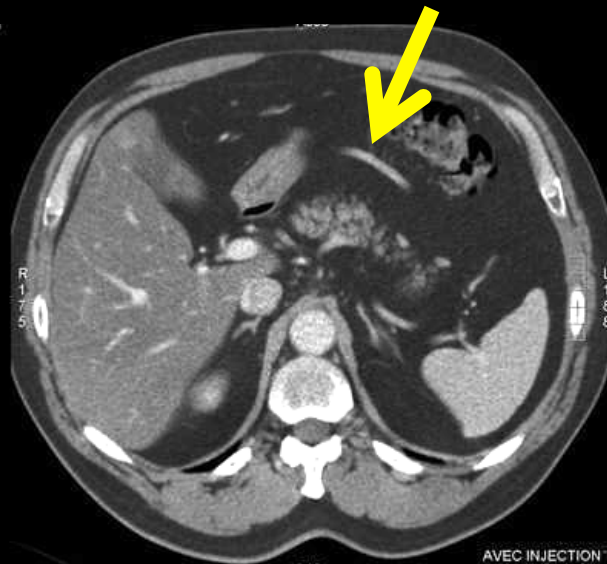
obs. E. Teil CHU Grenoble

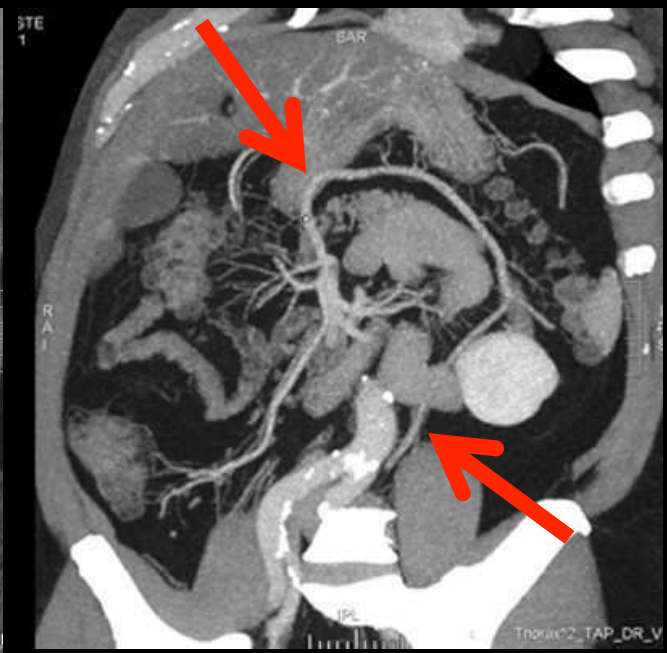
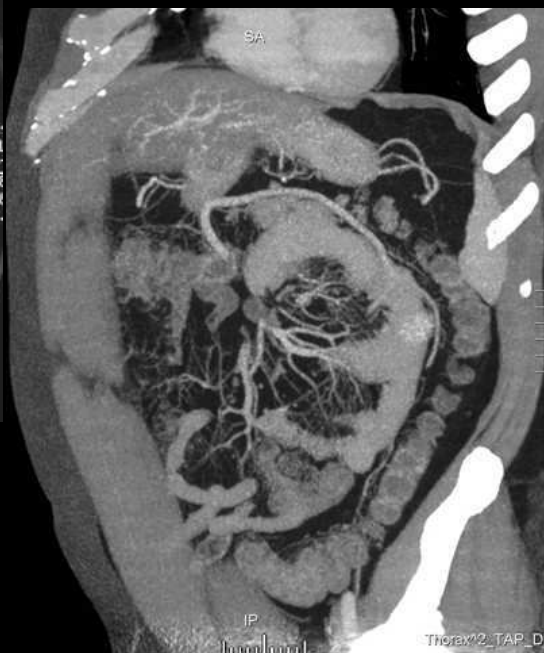
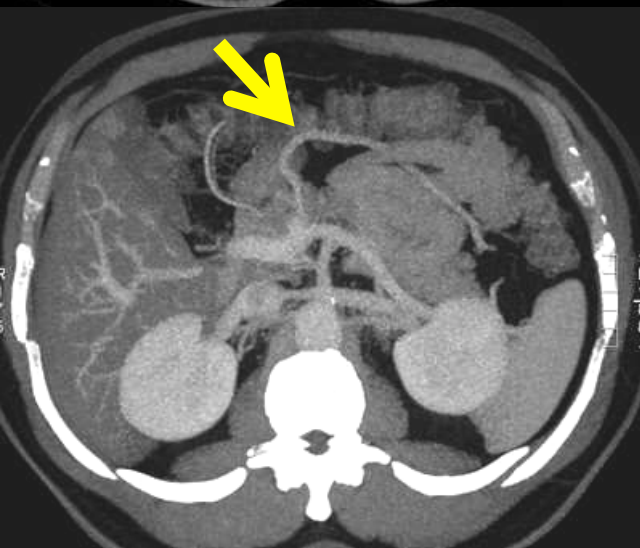
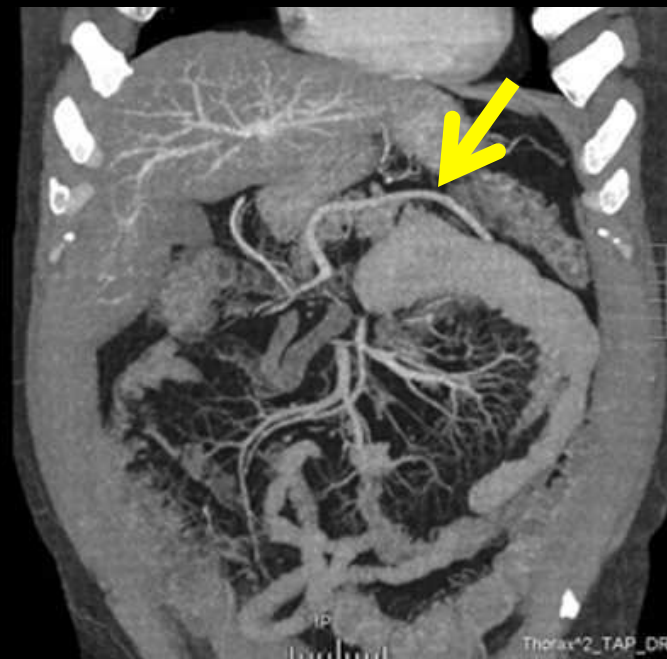
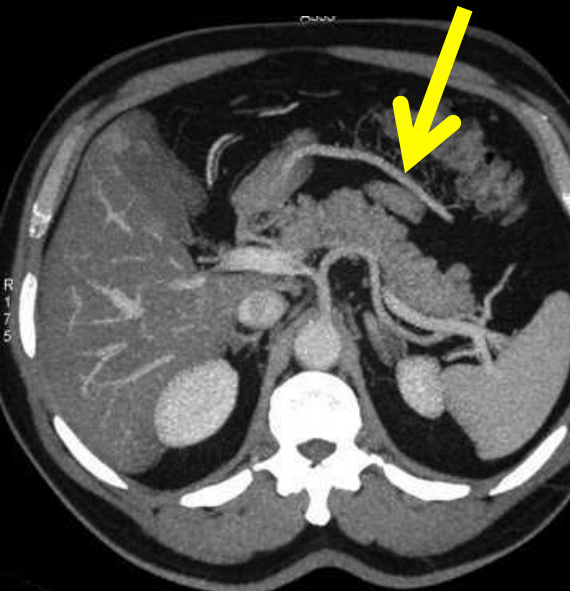


Homme 56 ans vigneron ; douleurs abdominales atypiques

*Obs Dr J Garnon  
DES Strasbourg  
CH Colmar*

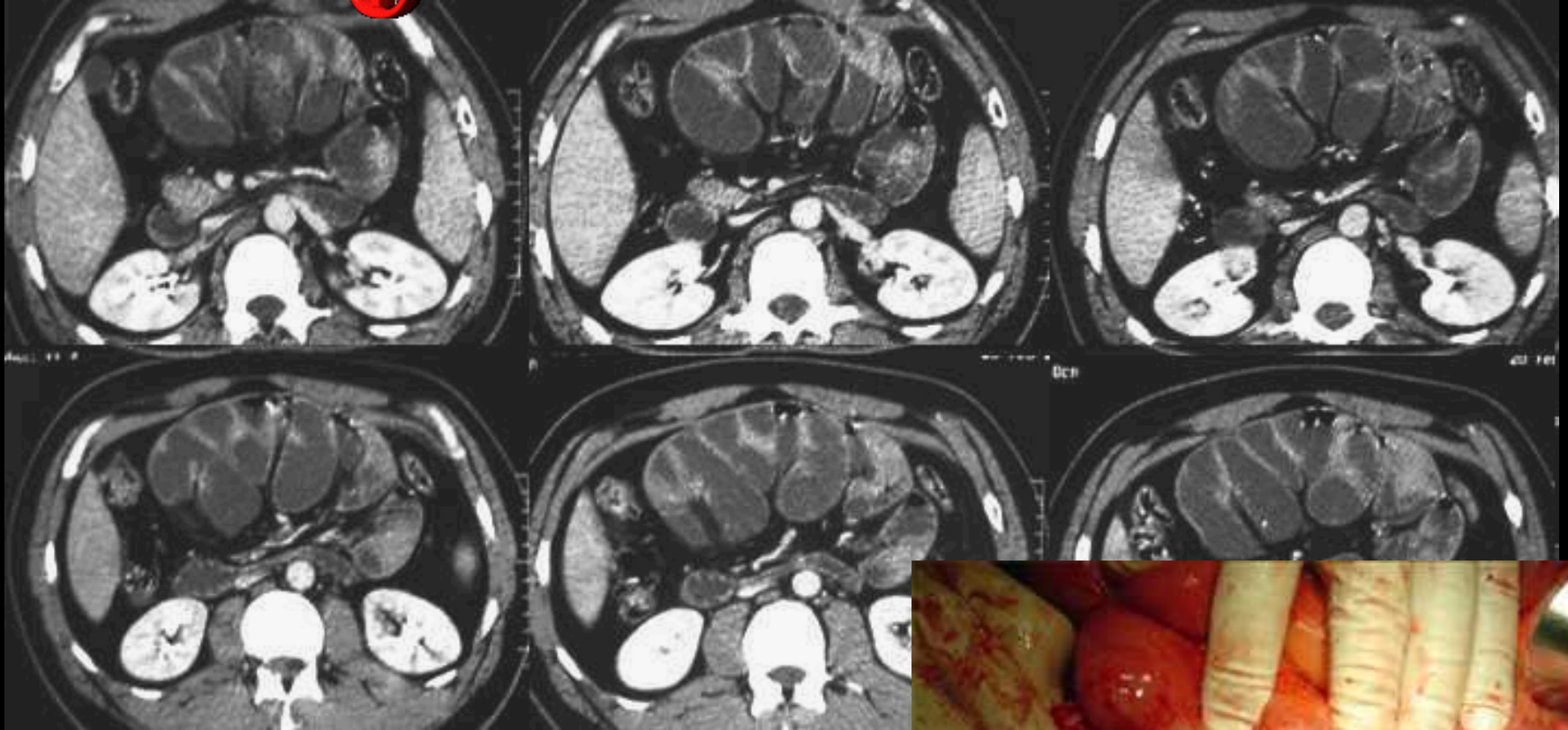






veine mésentérique inférieure "circonscrivant" le collet herniaire et se jetant dans la veine mésentérique supérieure

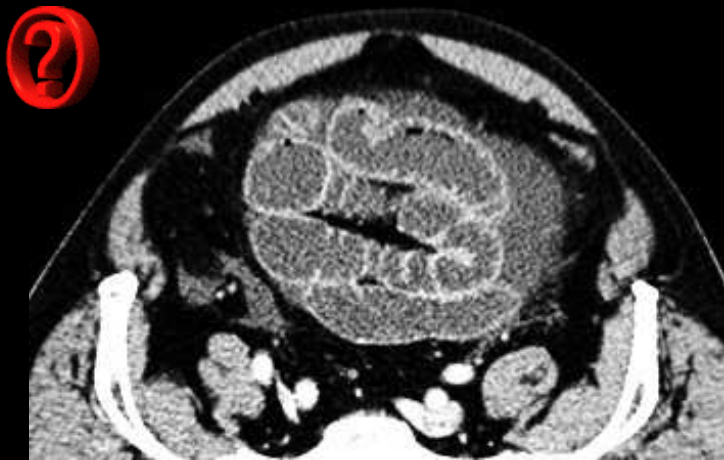
Jeune homme 25 ans sans antécédents , syndrome occlusif aigu révélateur ;quel est votre diagnostic



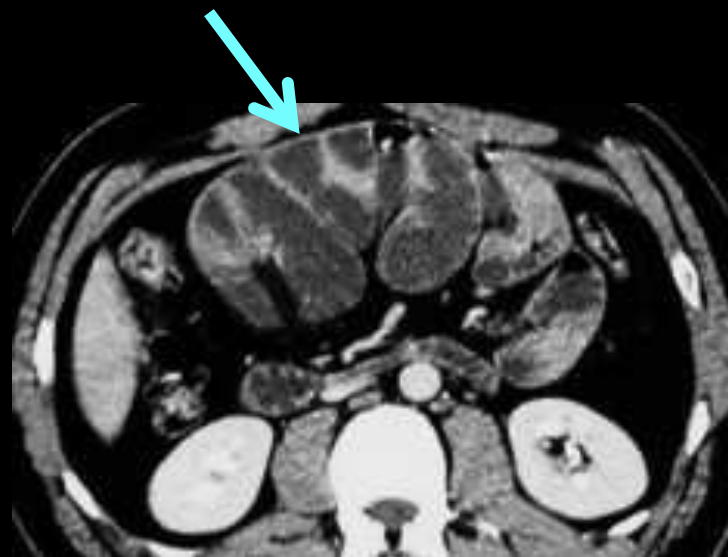
abdominal cocoon ,péritonite sclérosante ,péritonite encapsulante



attention ...ne pas confondre !!!!



hernie paraduodénale  
antérieure gauche

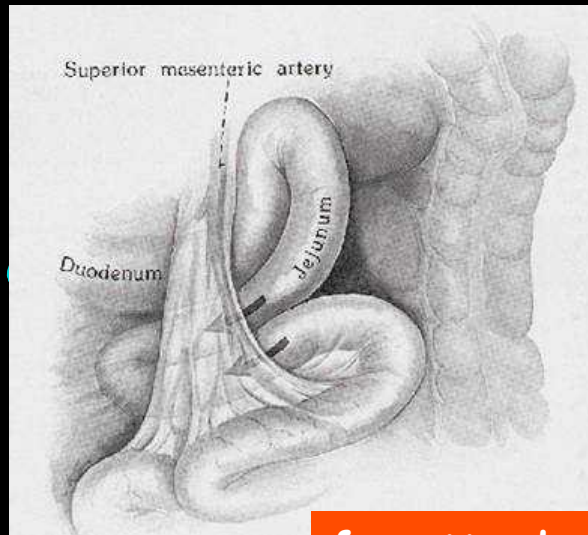


péritonite ancapsulante  
sclérosante



adhérences intestino-mésentériques  
pariétales antérieures et interanses

# hernies para duodénales antérieures droites

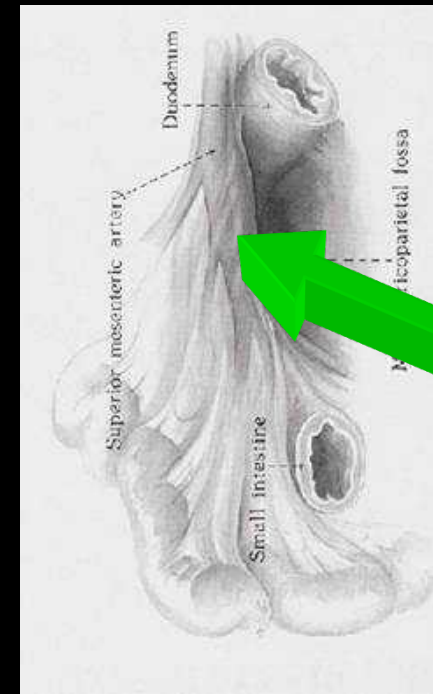


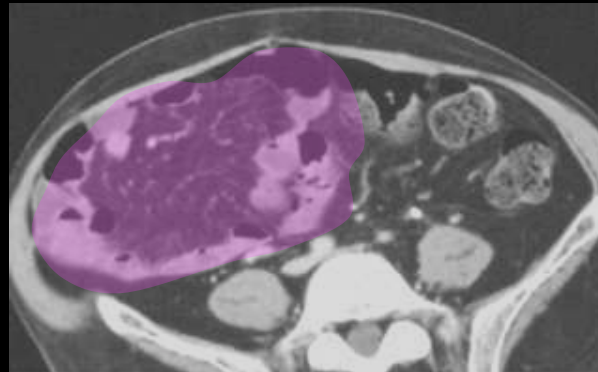
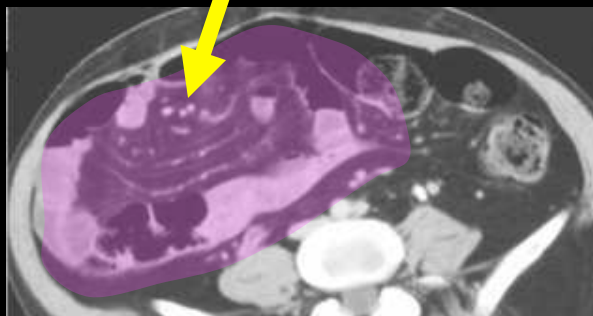
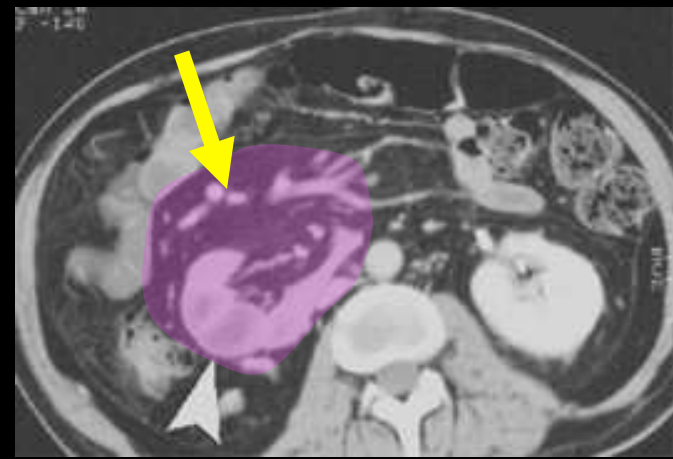
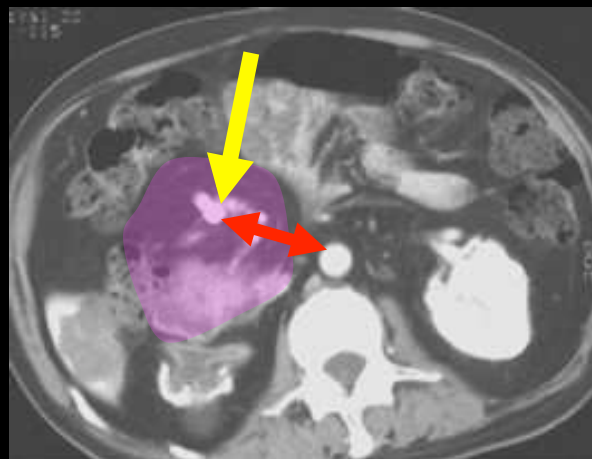
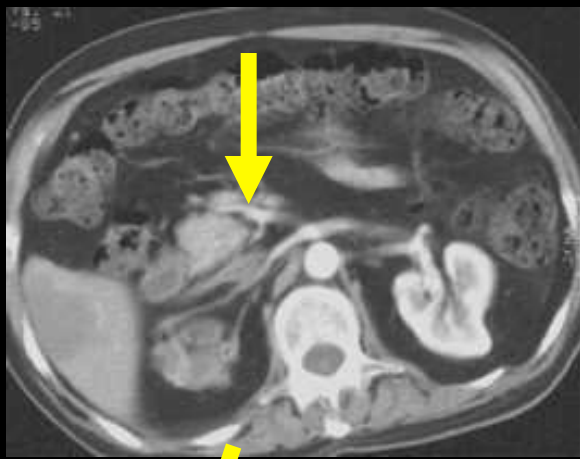
fossette de Waldeyer

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**

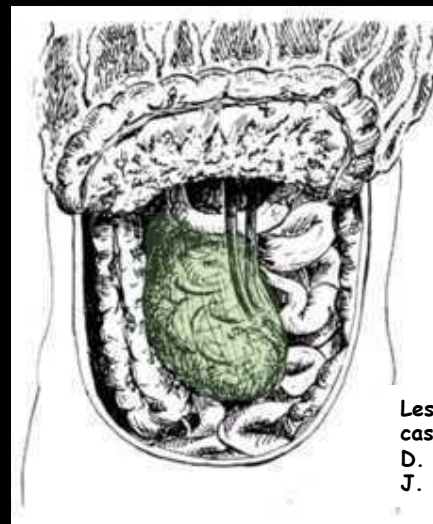
le repère vasculaire essentiel est l'**artère  
mésentérique supérieure** qui passe en avant du  
collet herniaire



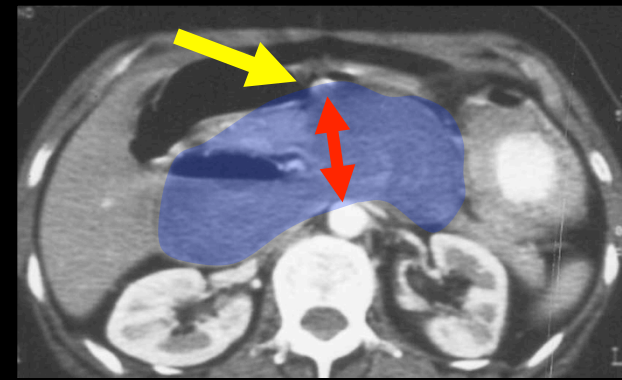
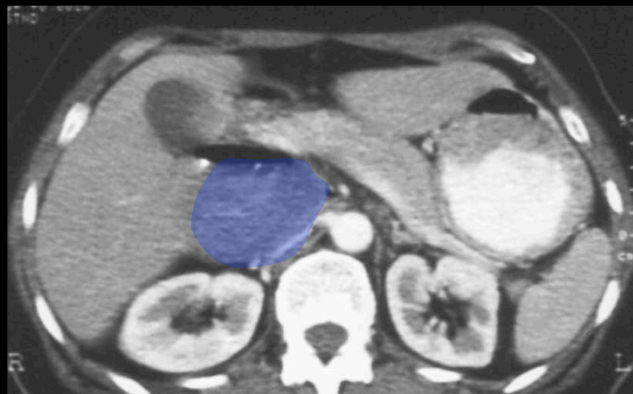


**hernie para-duodénale  
antérieure droite**

*obs. CHU Nancy-Brabois*



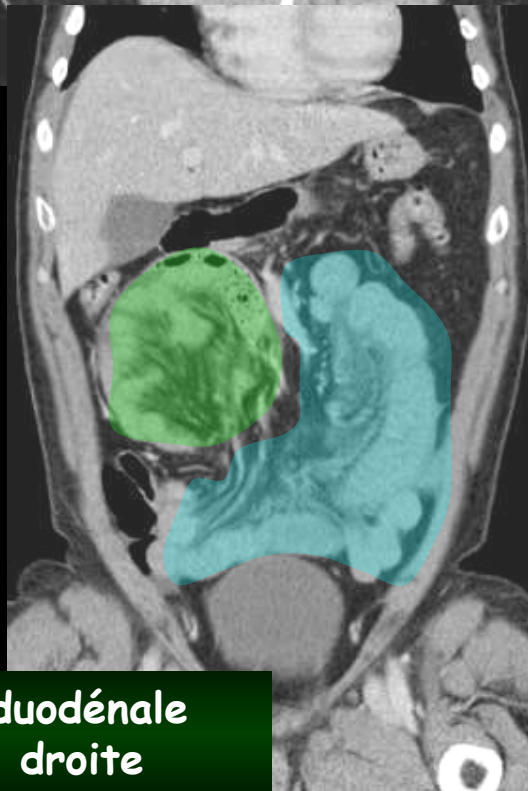
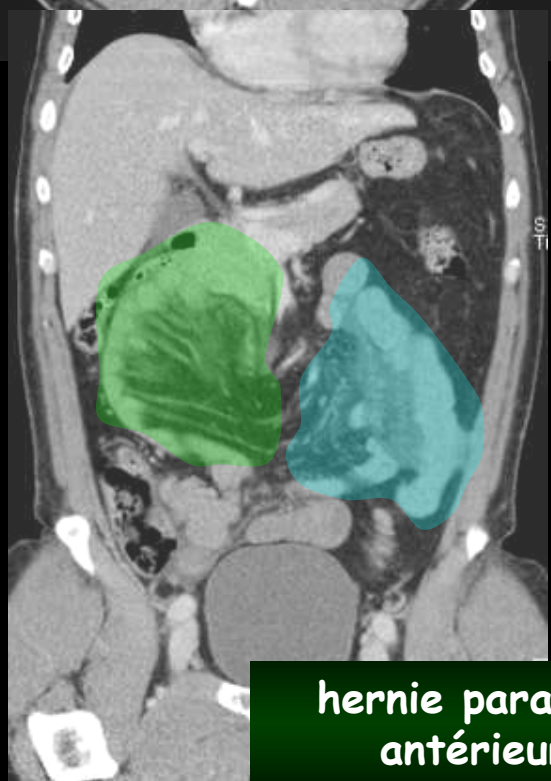
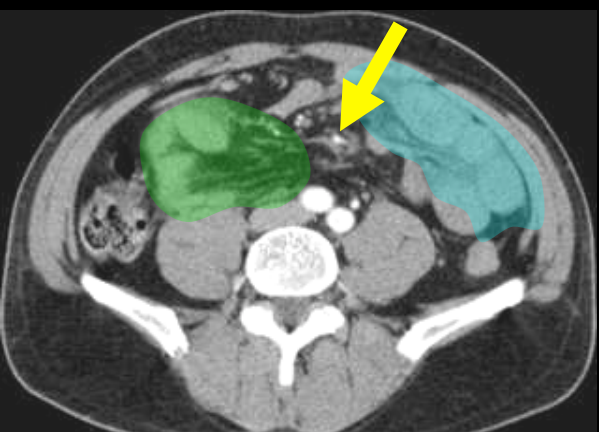
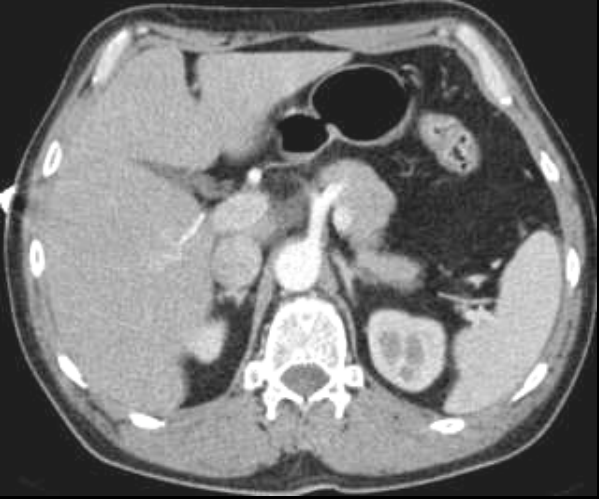
Les hernies internes de l'abdomen , à propos de 14 cas  
D. GULLINO, O. GIORDANO, E. GULLINO  
J. Chir 1993,130,179-95



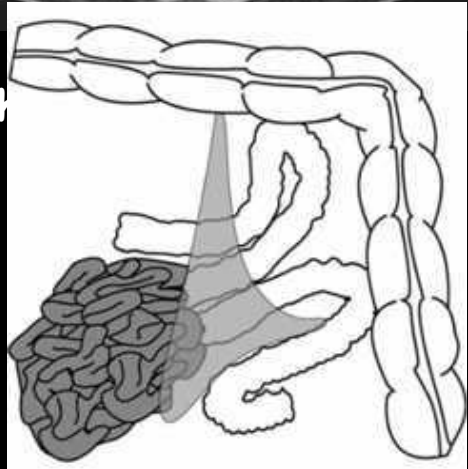
hernie para-duodénale antérieure droite

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 ...

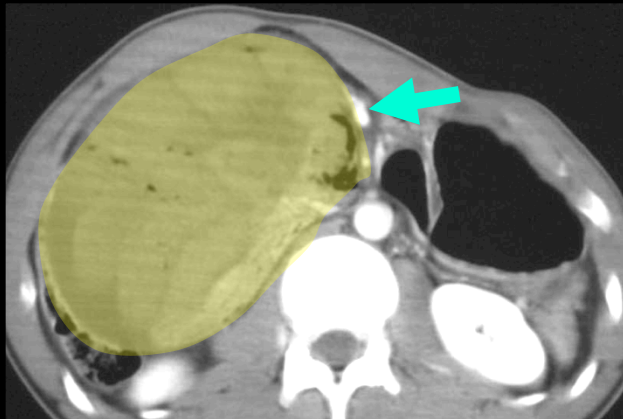
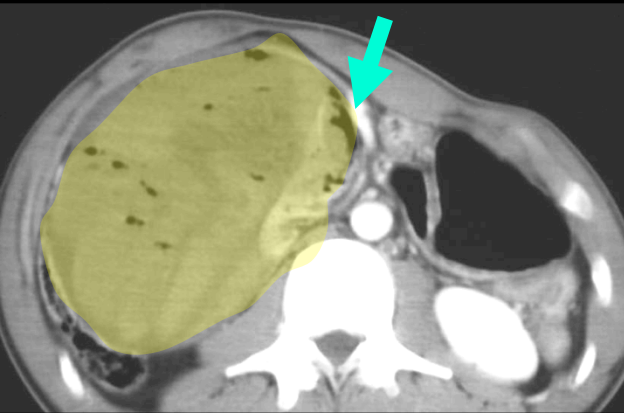
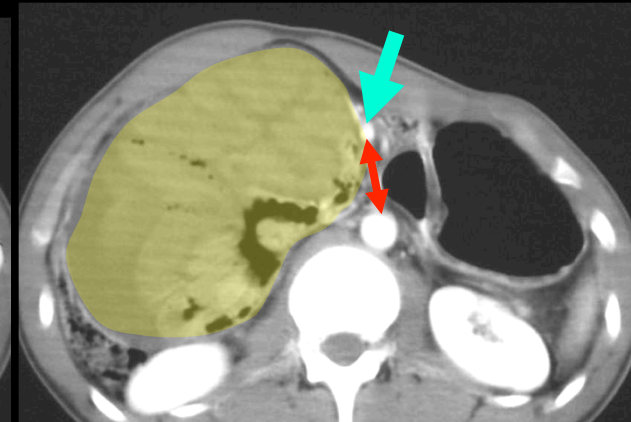
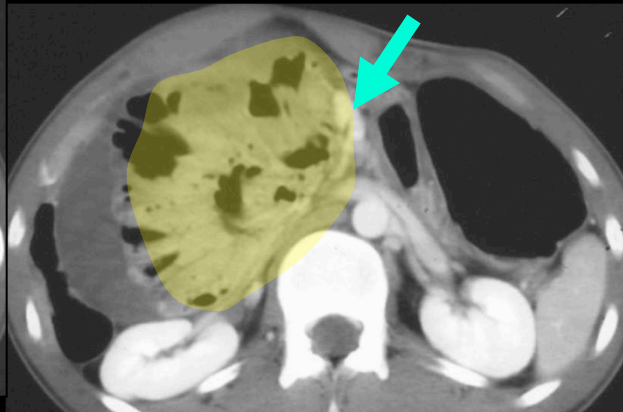


**hernie para-duodénale  
antérieure droite**



**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)

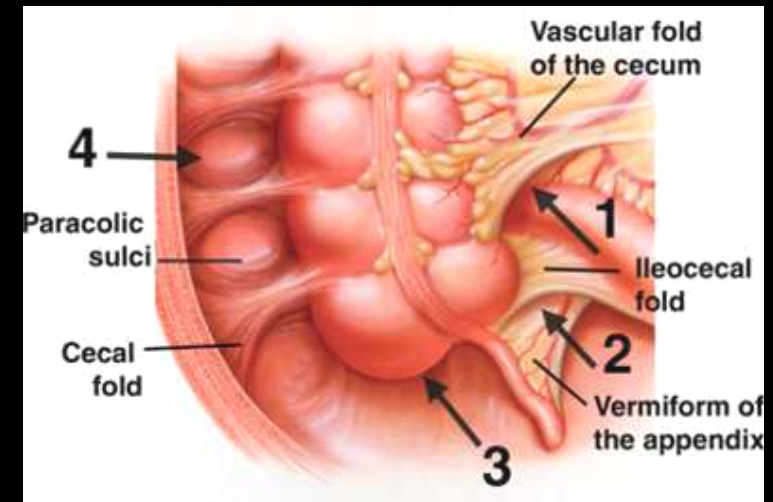
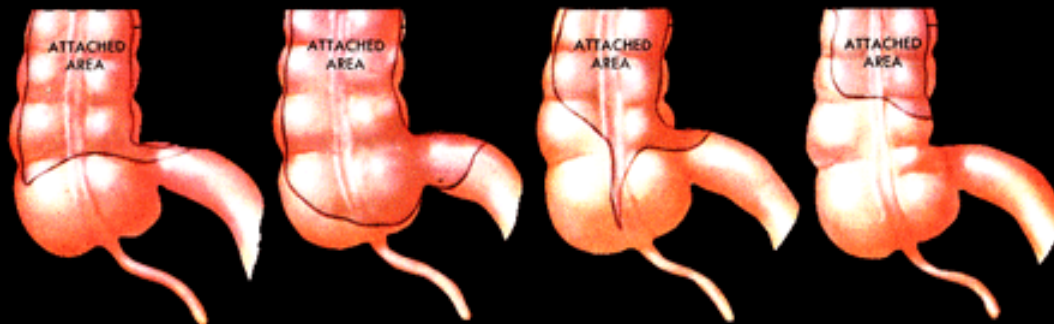
10 à 15 % de l'ensemble des hernies internes

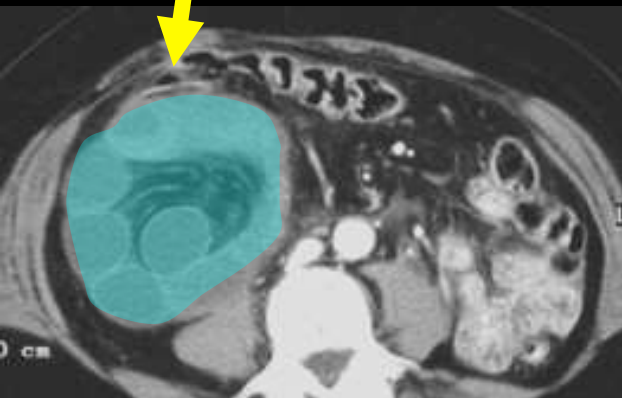
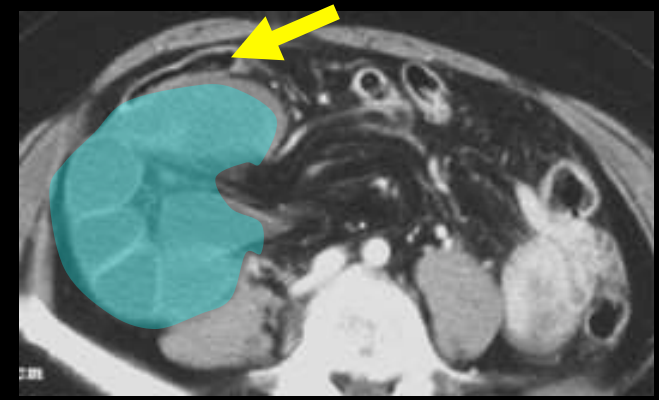
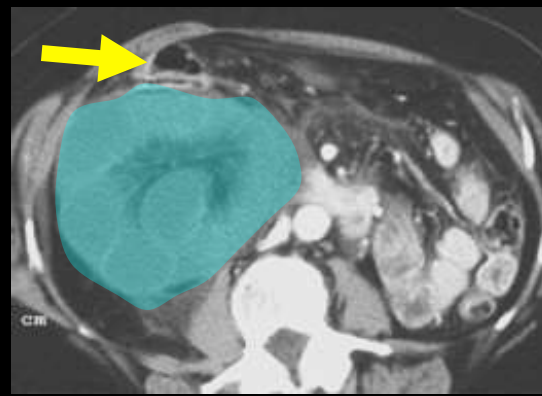
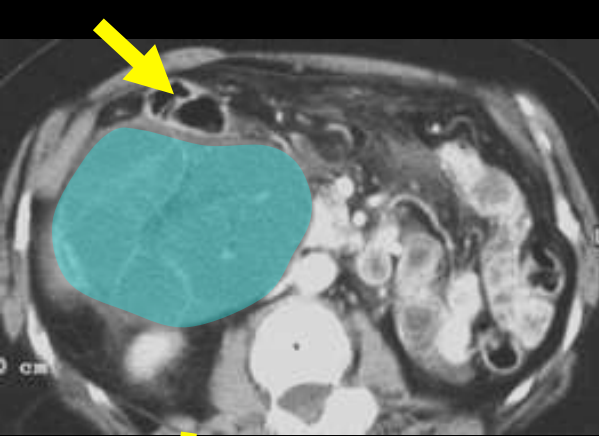
nombreuses dénominations : hernies iléo-coliques, rétro-cæcales, iléo-cæcales, para-cæcales

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

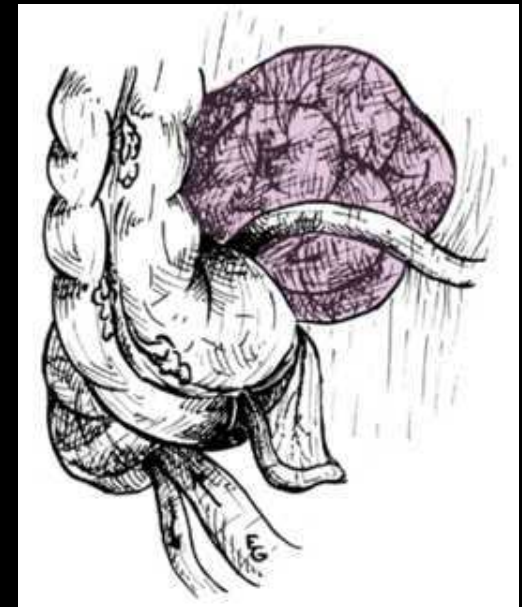




## hernie rétro-cœcale étranglée

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*



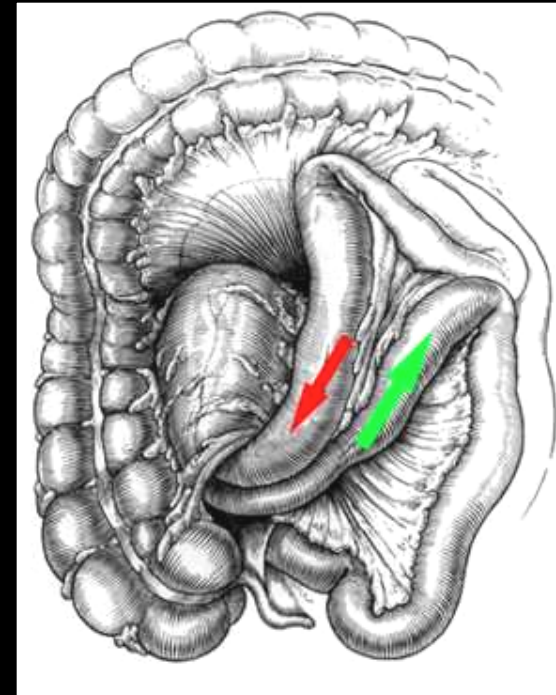
Les hernies internes de l'abdomen , à propos de 14 cas  
D. GULLINO, O. GIORDANO, E. GULLINO  
J. Chir 1993,130,179-95

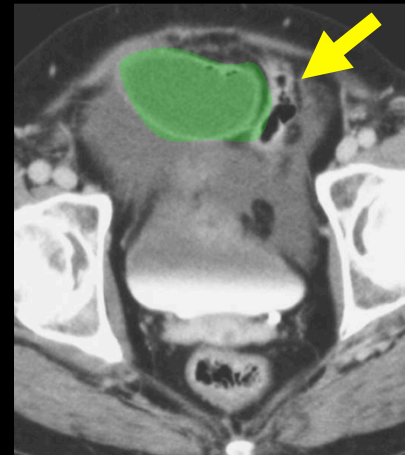
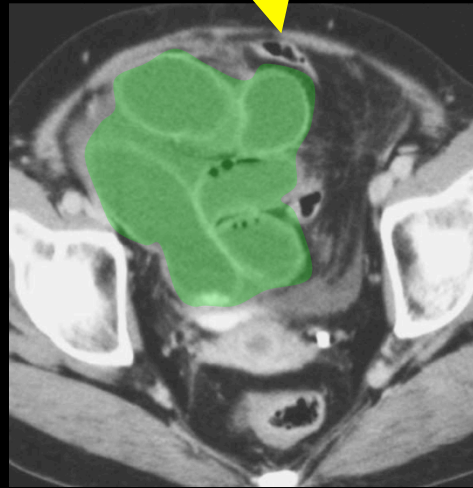
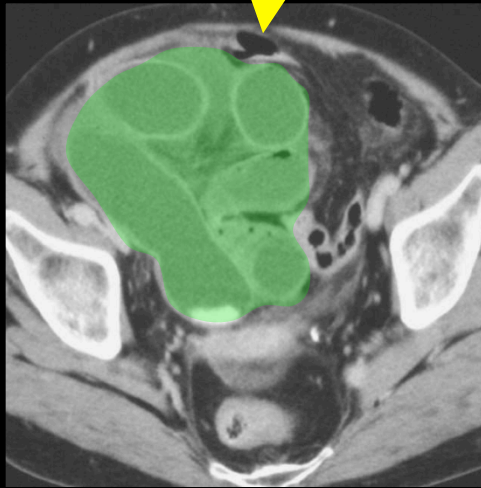
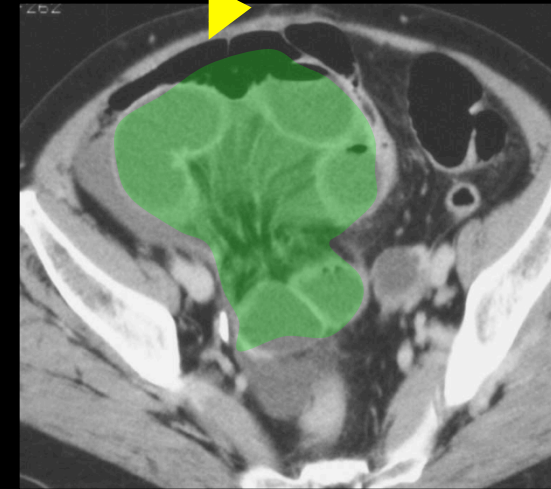
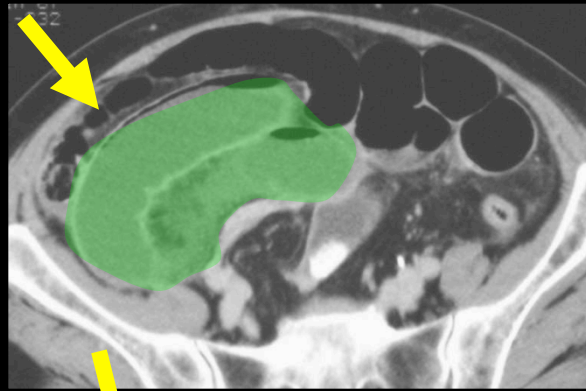
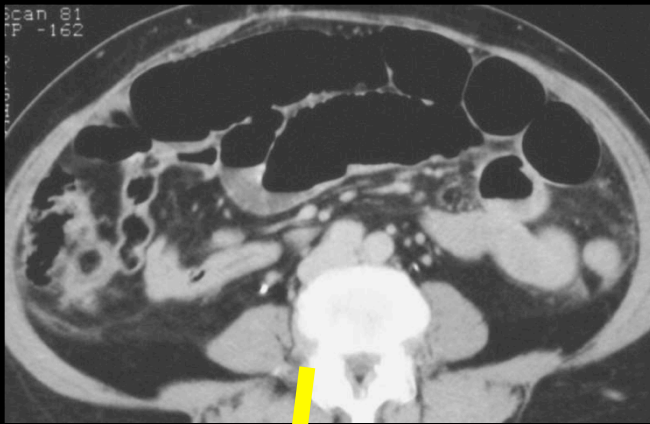


femme 44 ans

**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-cœcale 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 .

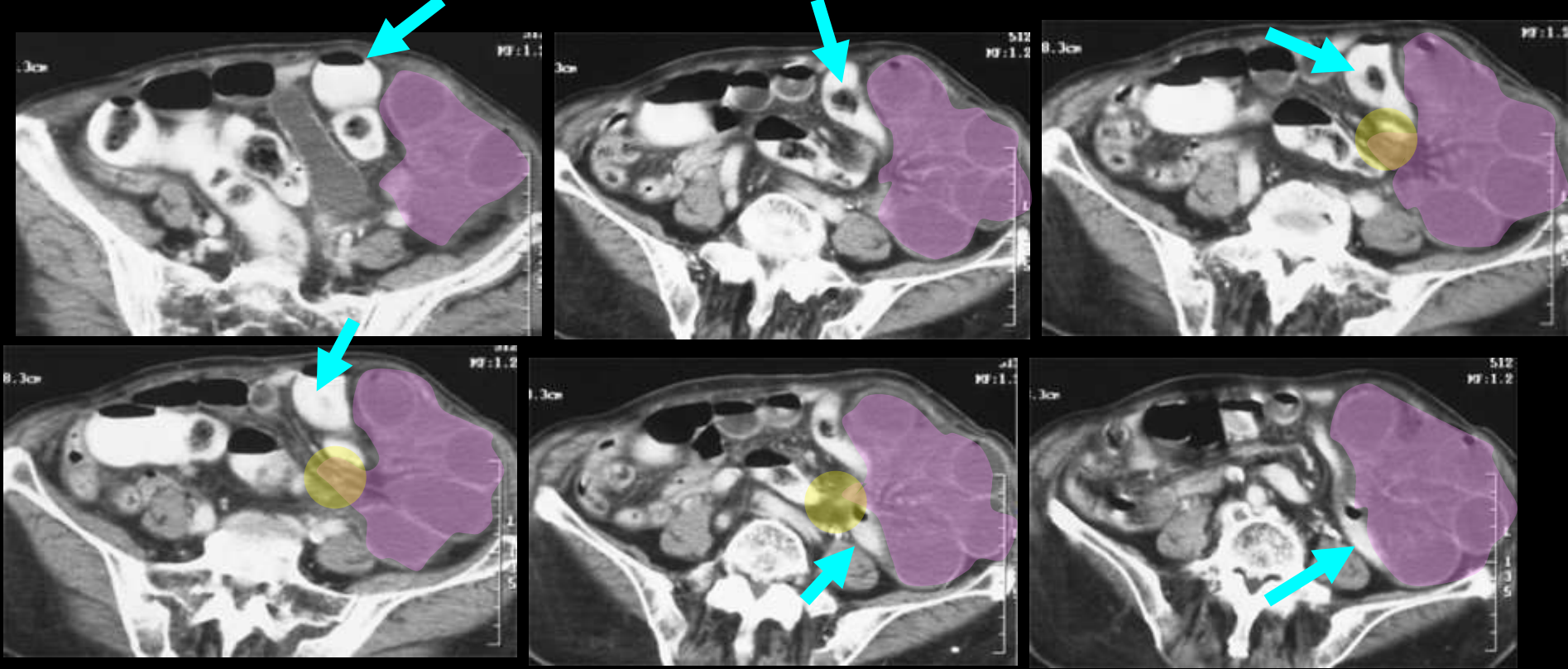
## hernies inter sigmoïdiennes

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).



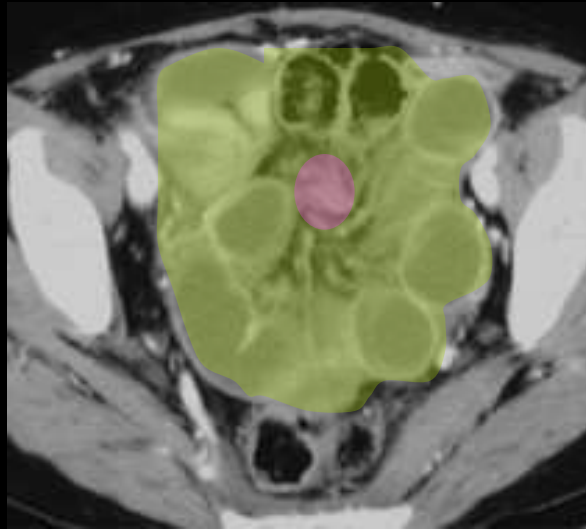
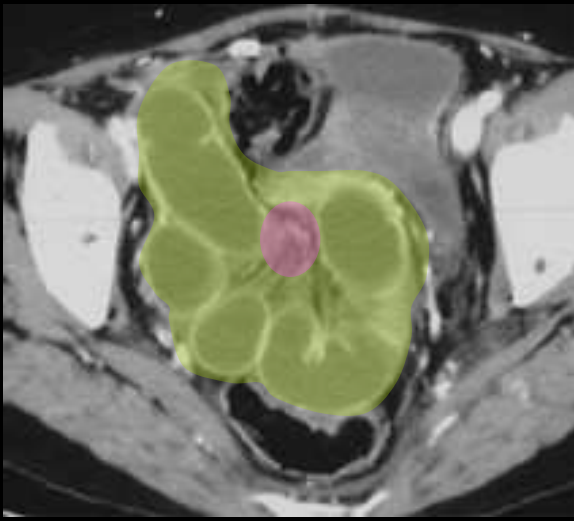


femme 41 ans

hernie inter sigmoïdienne

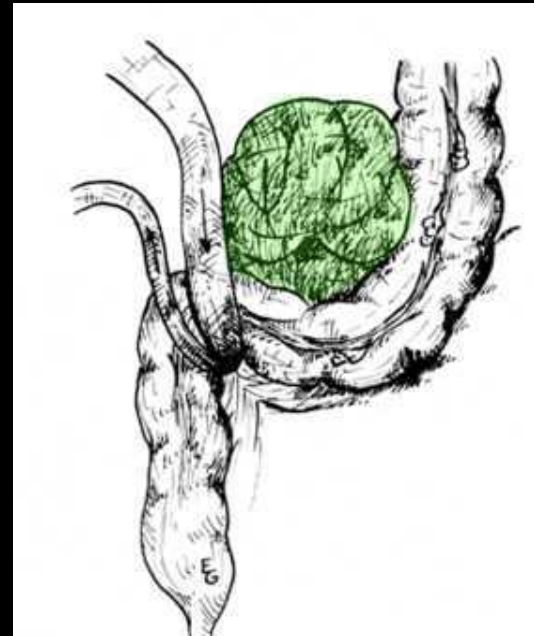


Internal abdominal herniations  
MATHIEU D., LUCIANI A.  
AJR ;2004, 183:397-404



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

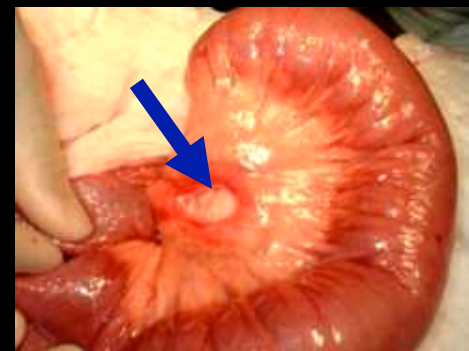
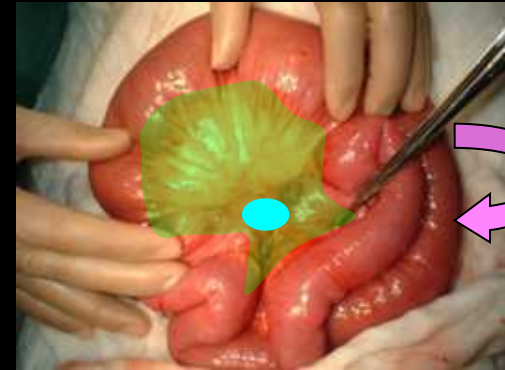
ce sont les formes dont le diagnostic est le plus délicat car :

-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 ).

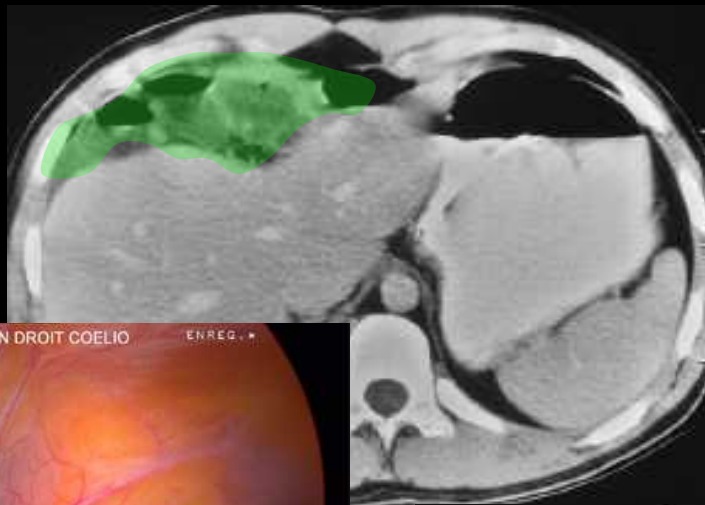
-c'est par la détermination la plus précise possible du **du point de convergence des plis mésentériques des anses distendues en disposition radiaire** qui doit attirer l'attention ,ainsi que le contexte de survenue .

-les principaux types sont :

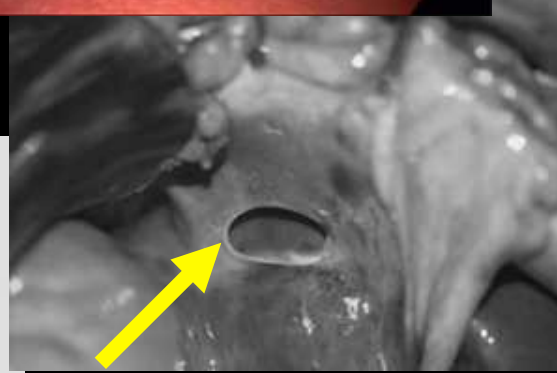
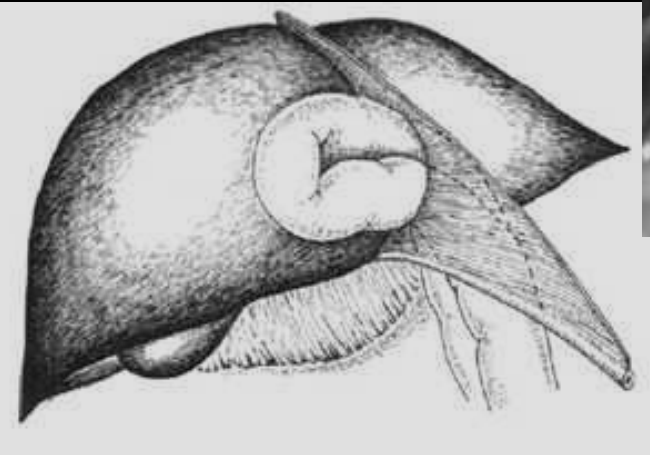
- .les hernies du ligament falciforme
- .les hernies trans mésentériques
- .les hernies trans omentales
- .les hernies du ligament large
- .les hernies para vésicales et para rectales



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



homme 19 ans

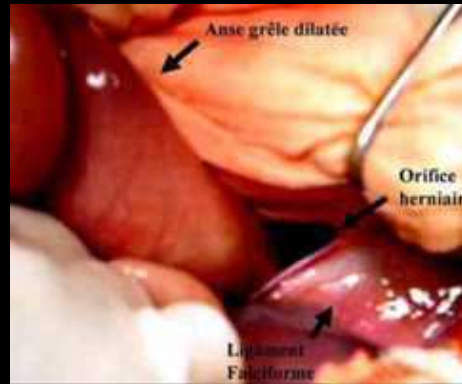
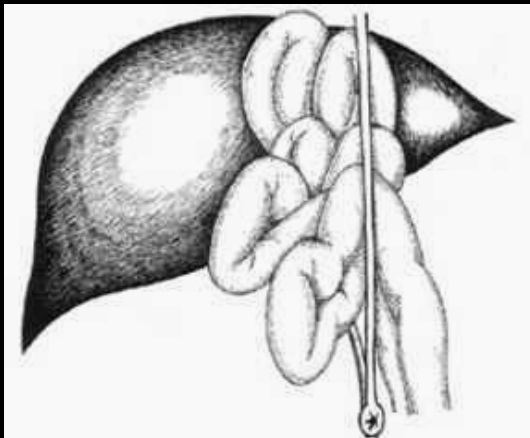
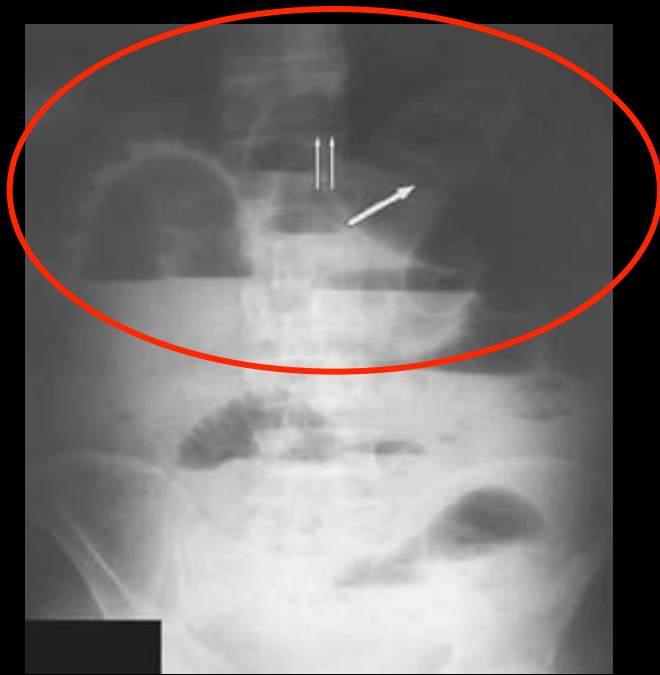


### hernie du ligament falciforme

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



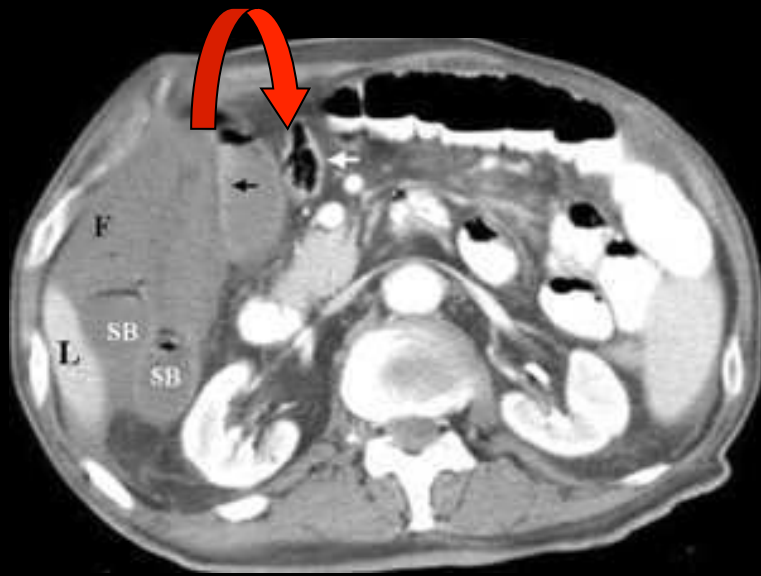
NB: dans le cas présenté , le sens de la hernie (de droite à gauche) est l'inverse de celui figuré sur le schéma



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

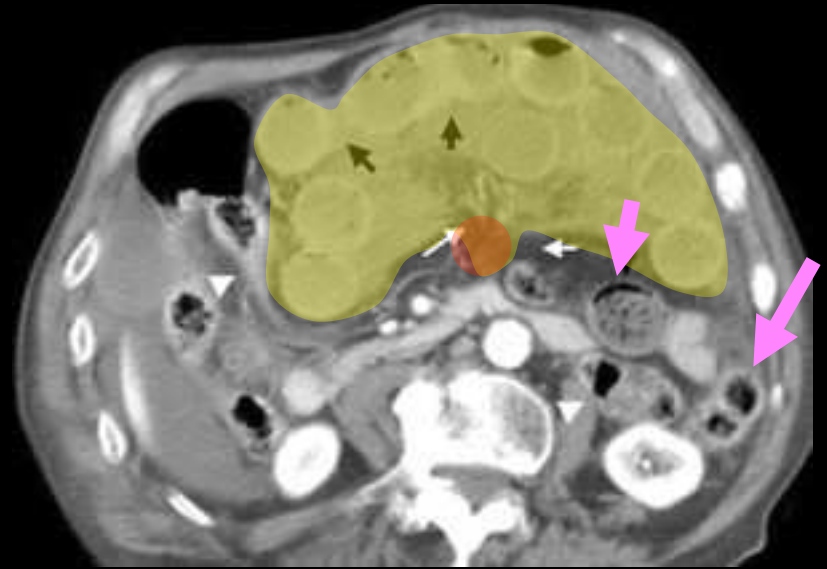
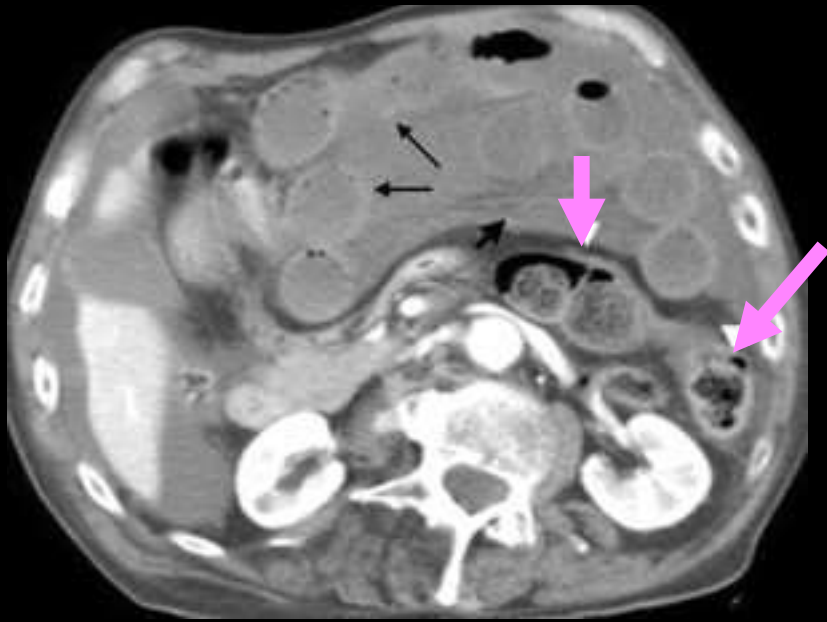
hernie du ligament falciforme



homme 91ans

hernie transmésentérique

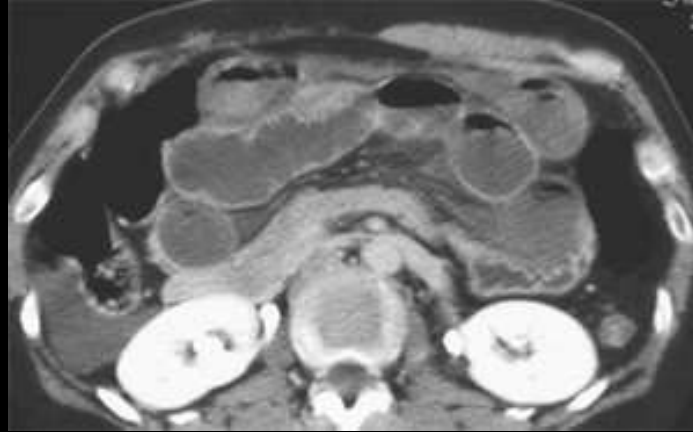
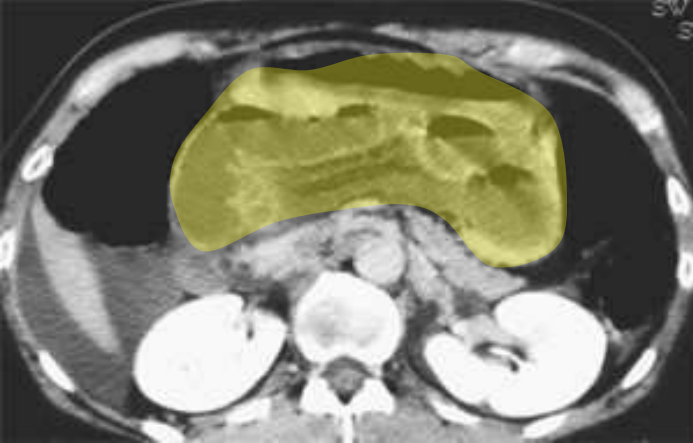
Congenital internal hernia as a cause of small bowel obstruction:  
CT findings in 11 adult patients  
R ZISSIN,, M HERTZ,, G GAYER,, H PARAN, A OSADCHY.  
Brit J Radiol 2005,78,796-802



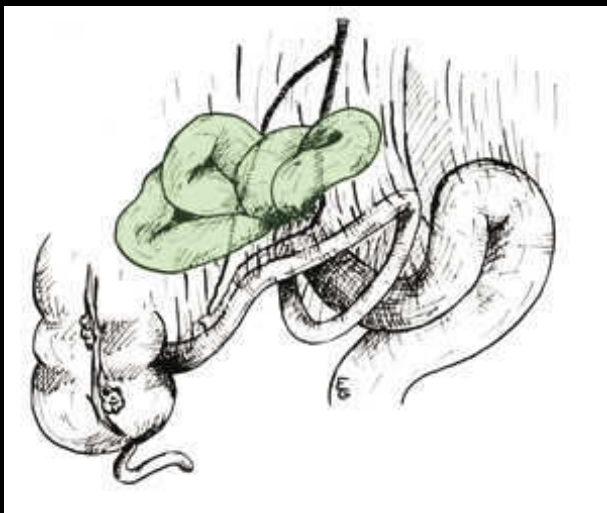
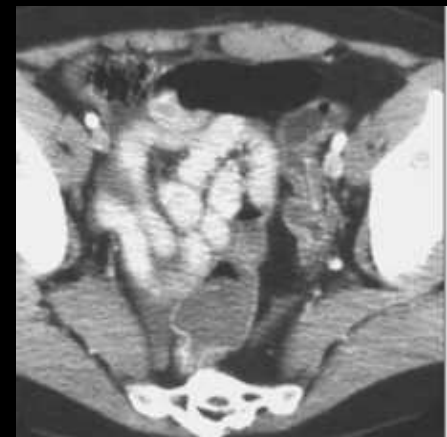
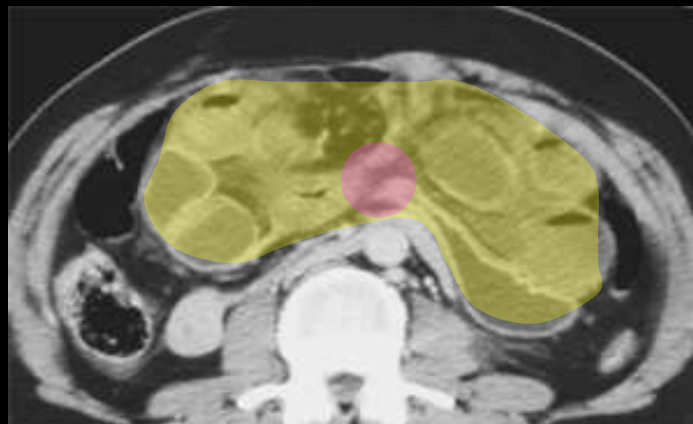
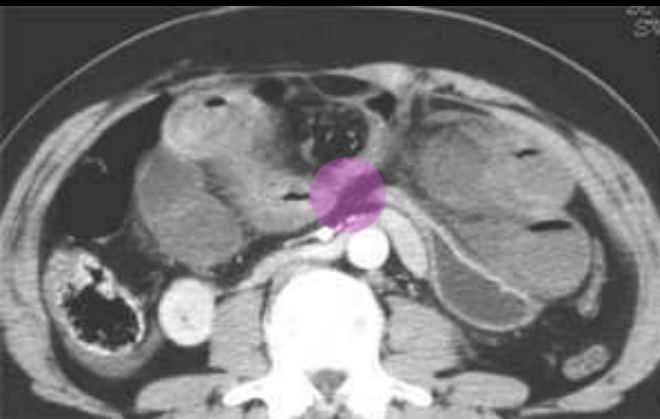
homme 95ans

## 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



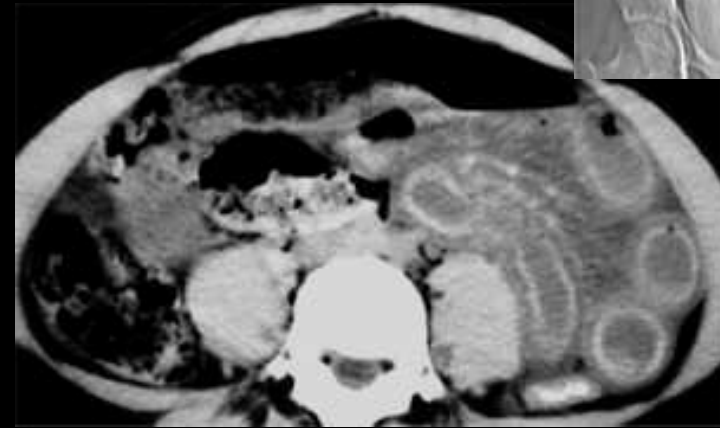
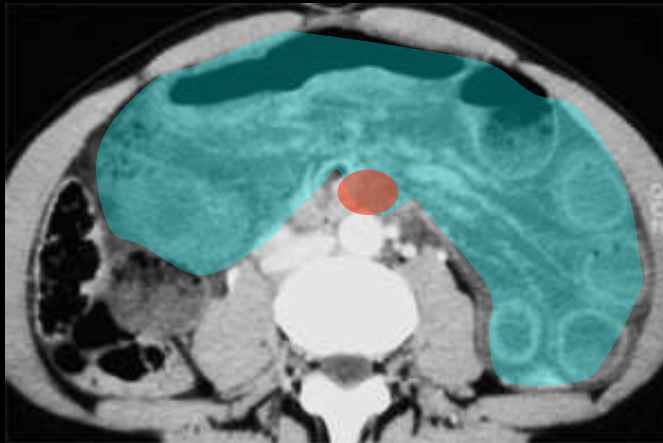
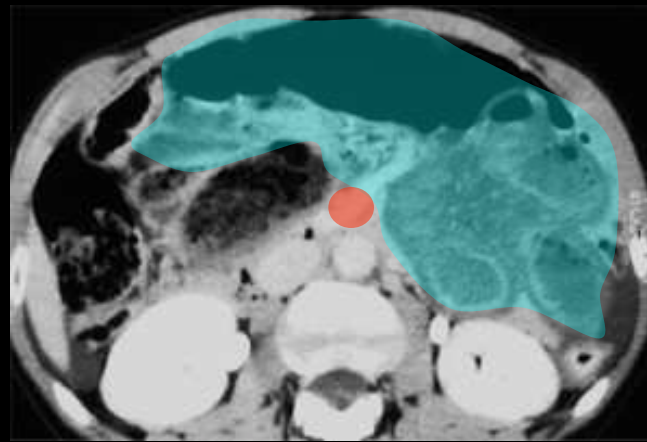
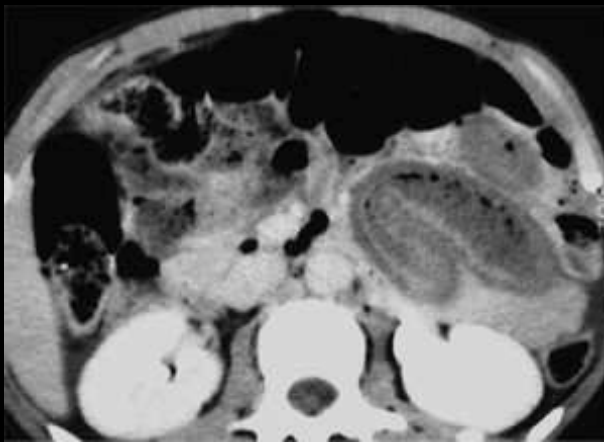
## hernie transmésentérique

*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



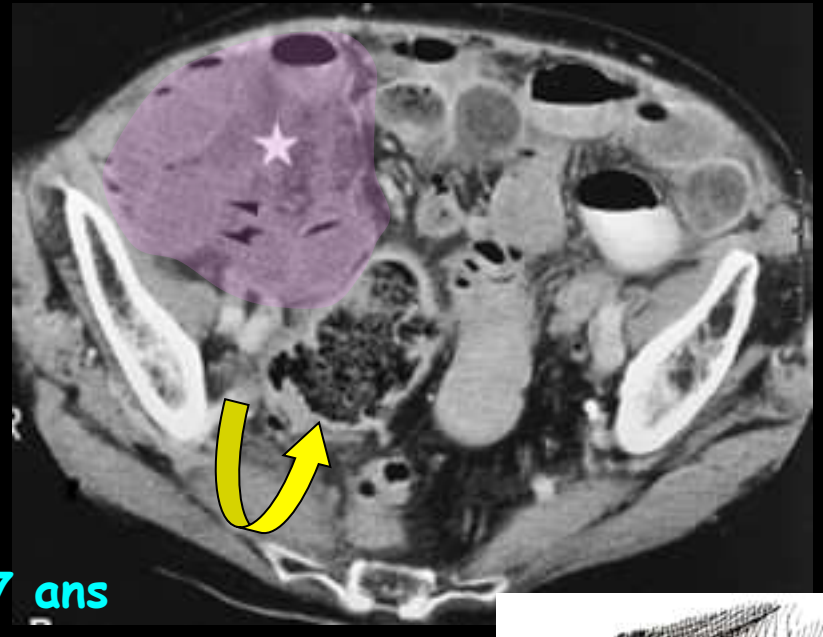
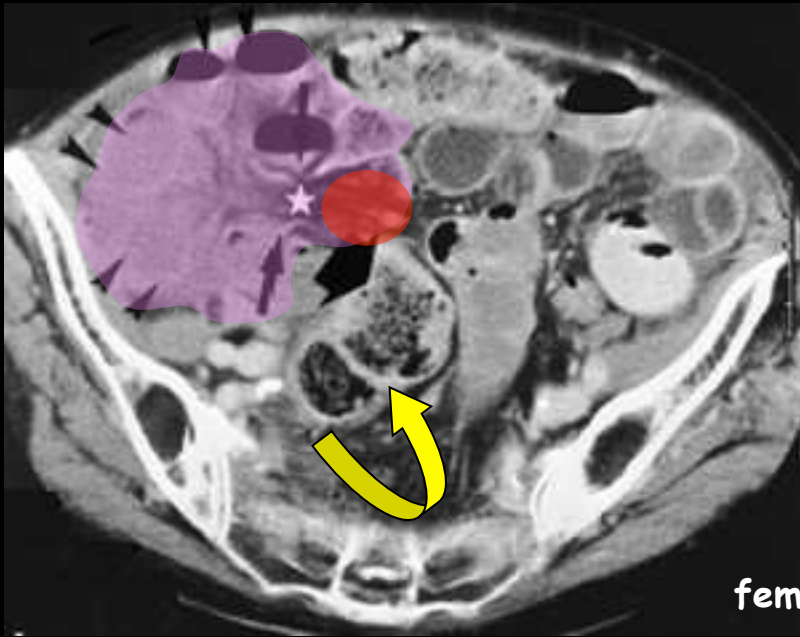


jeune fille **13 ans**

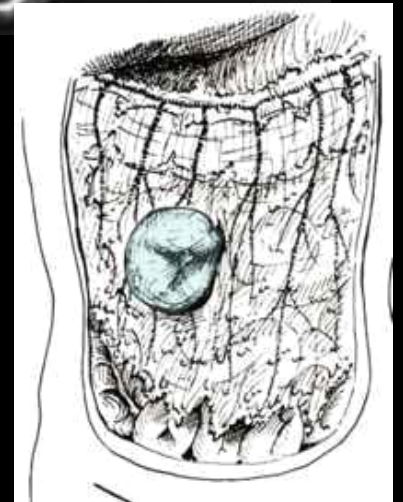
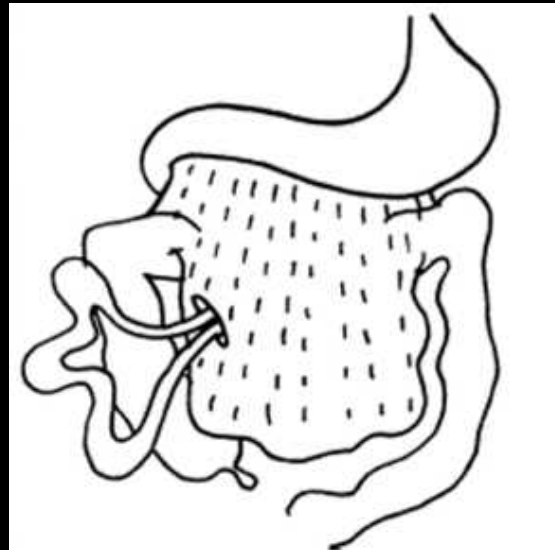
**hernie transmésentérique**

résection de 2.50m d'intestin grêle

*obs. CHU Nancy-Brabois*



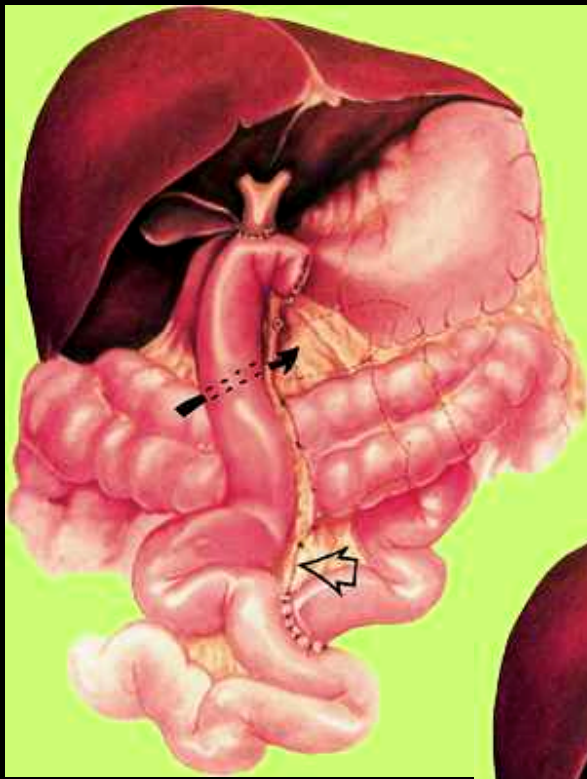
femme 87 ans



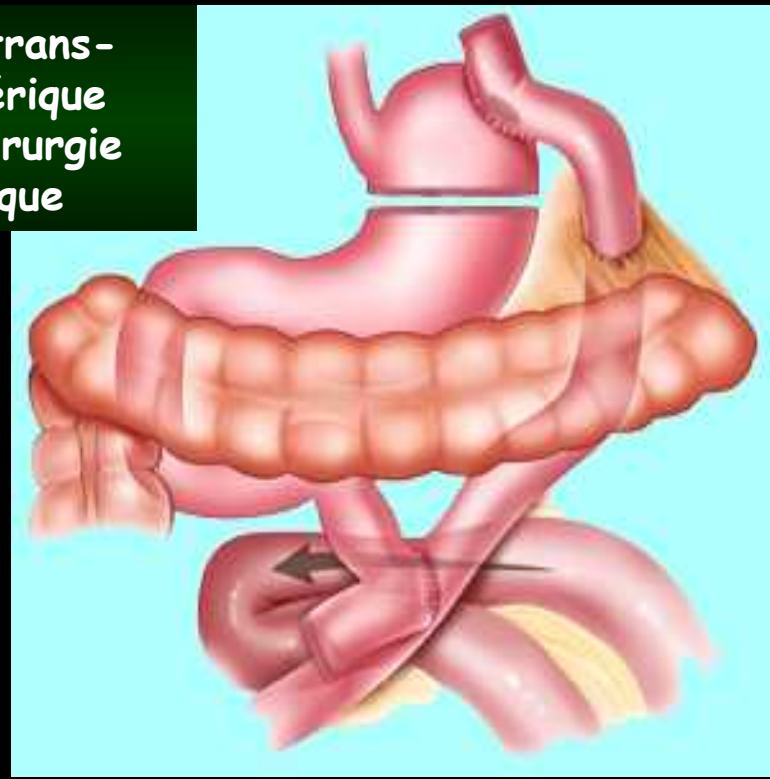
Les hernies internes de l'abdomen ,  
à propos de 14 cas  
D. GULLINO, O. GIORDANO, E.  
GULLINO  
J. Chir 1993,130,179-95

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

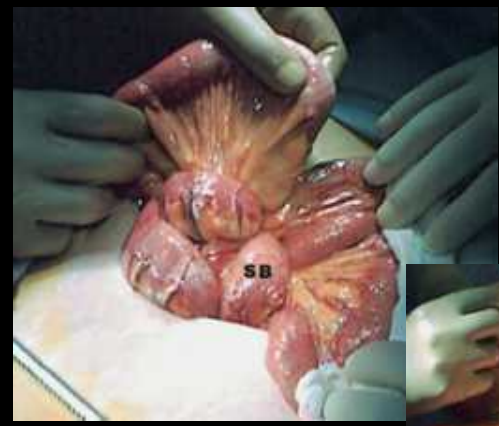
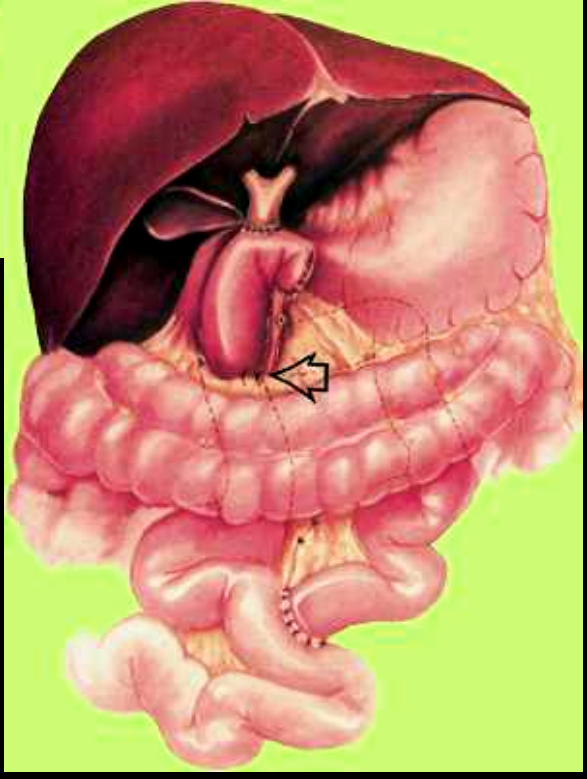
hernie trans omentale



hernie trans-  
mésentérique  
post chirurgie  
bariâtrique



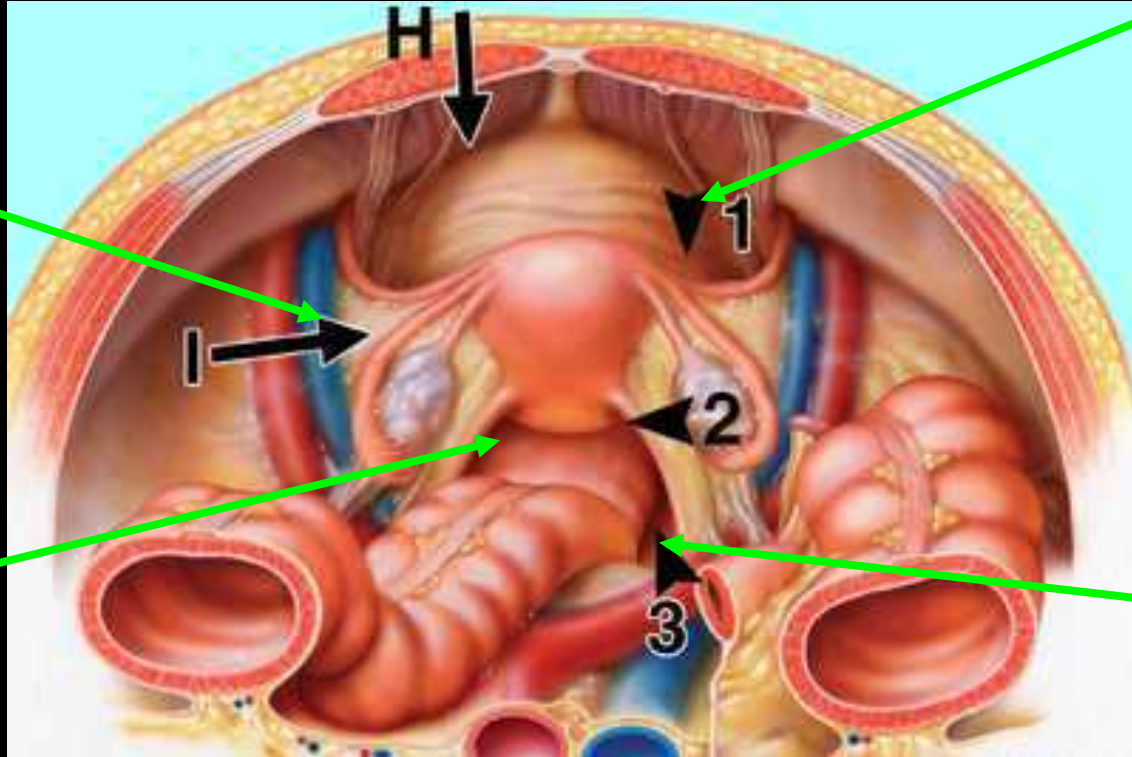
hernie trans-  
mésentérique post  
transplantation  
hépatique  
orthotopique



# hernies internes pelviennes

## hernies para vésicales

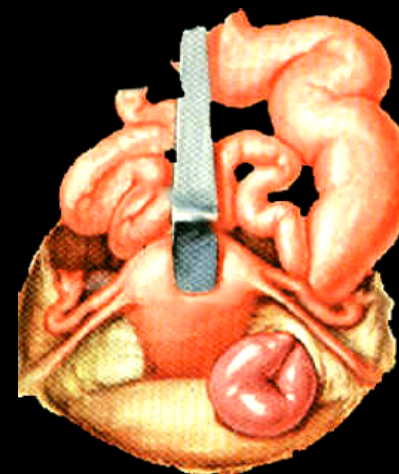
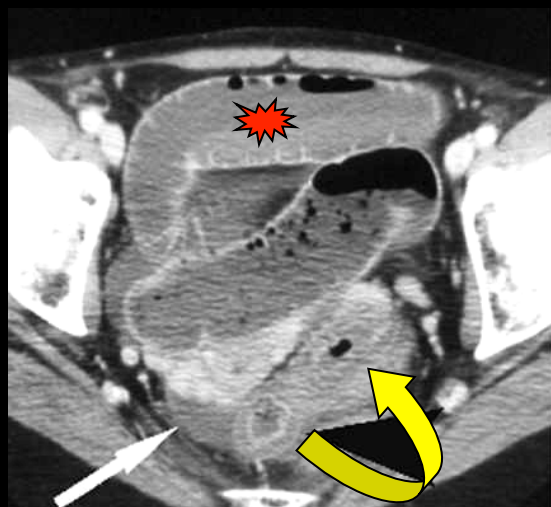
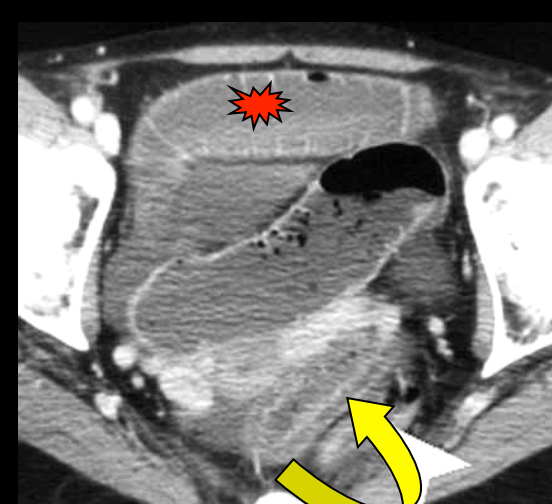
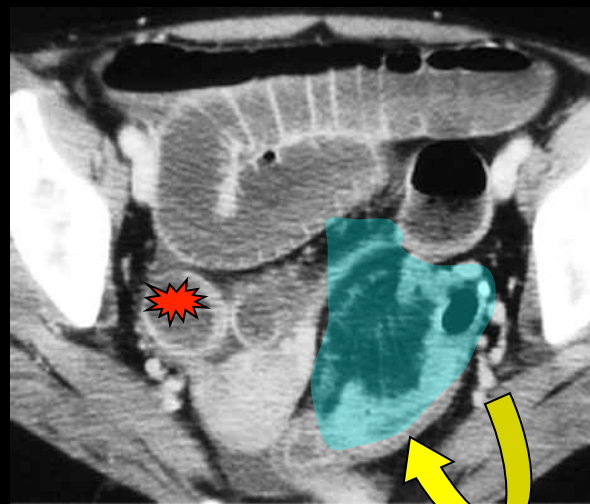
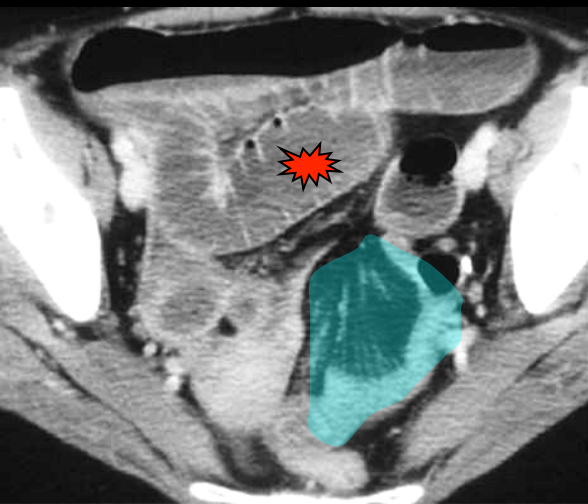
## hernies du ligament large



## hernies du cul de sac de Douglas

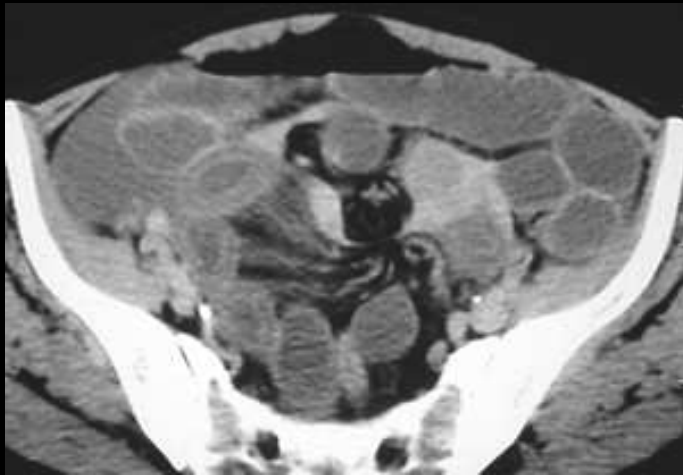
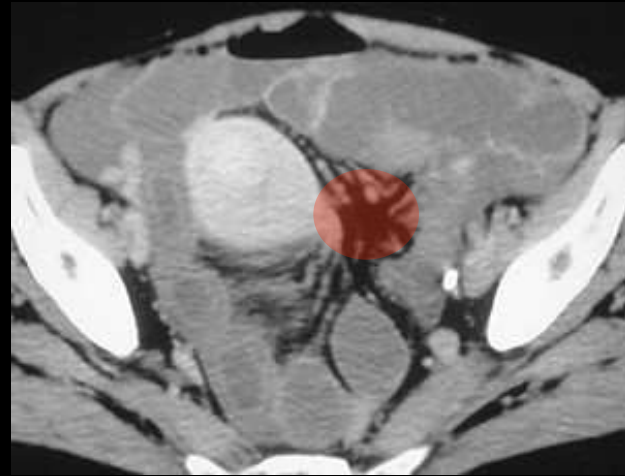
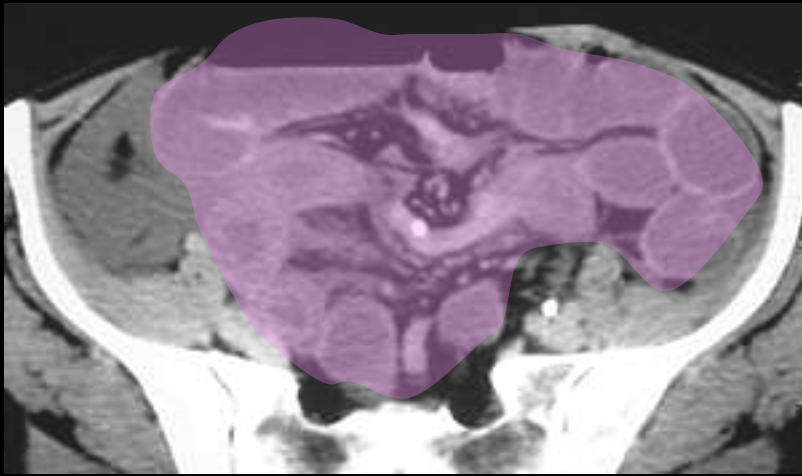
## hernies de la fossette péri-rectale

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



hernie du ligament large G

obs. J Pringot et coll. UCL Bruxelles



hernie du ligament large gauche

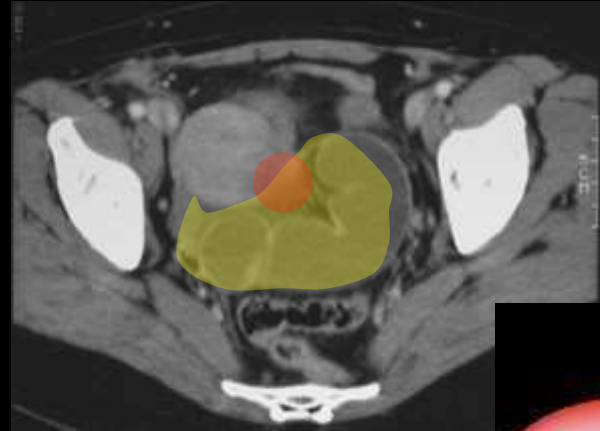
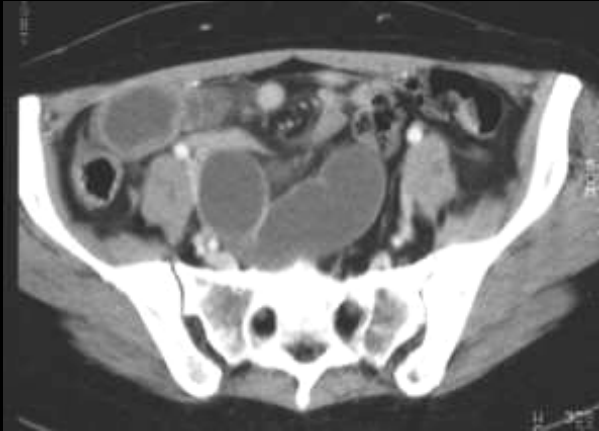
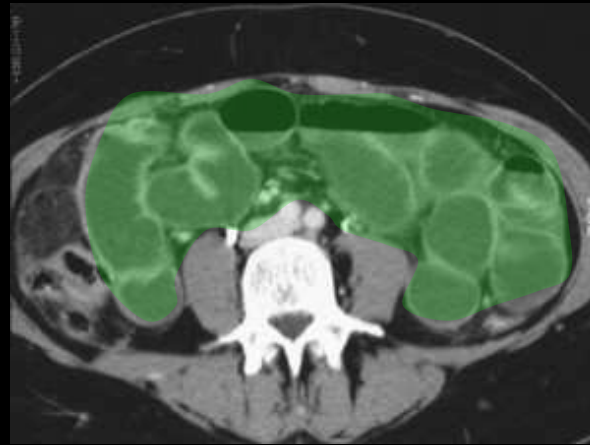
femme 65 ans

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

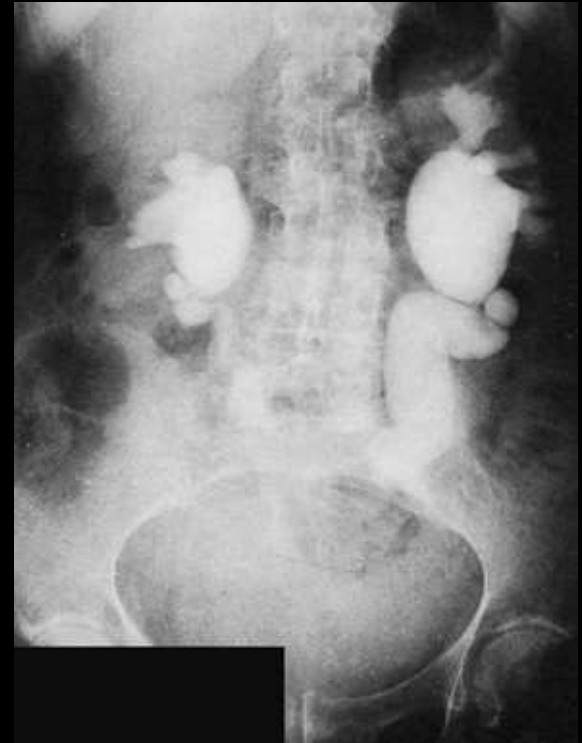
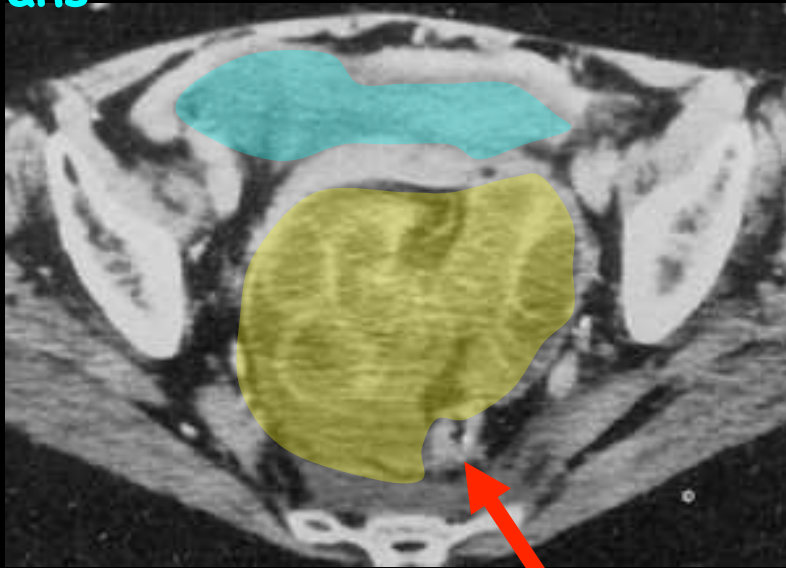
## hernie du ligament large gauche

- 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



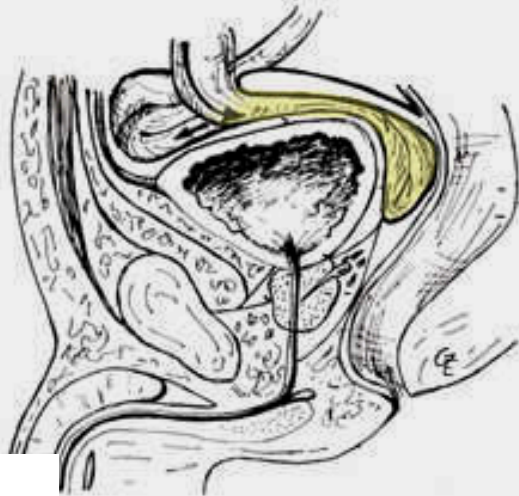
## hernie du cul de sac de Douglas

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

**hernie pré vésicale**



**hernie latéro ou para vésicale**



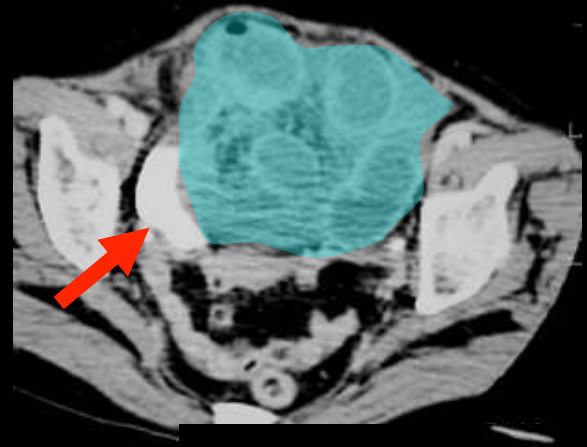
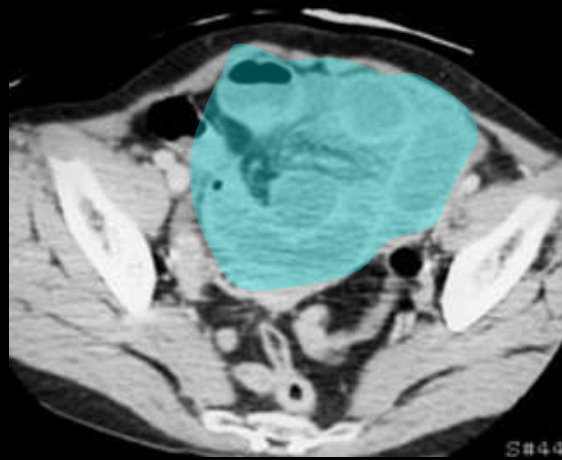
**hernie rétro vésicale**



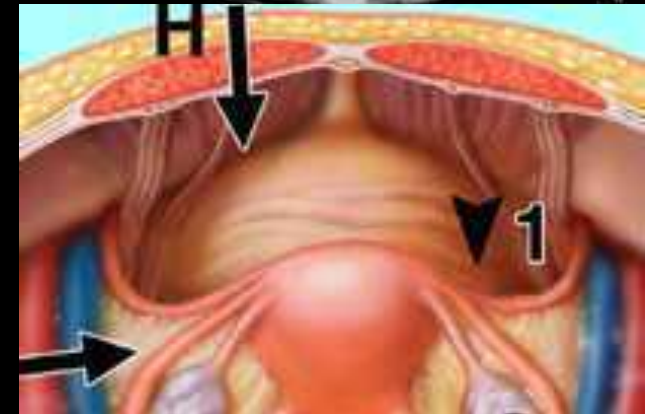
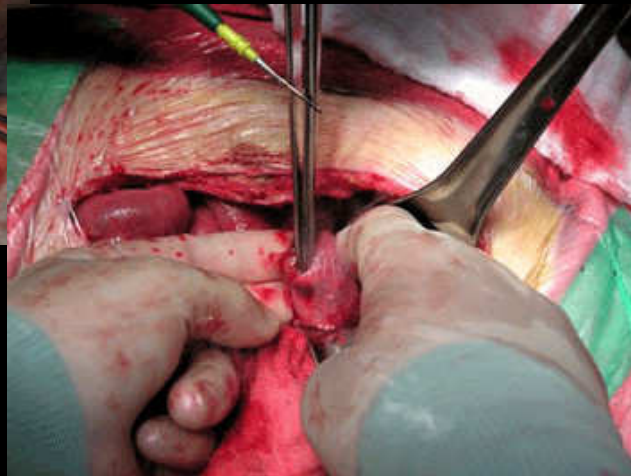
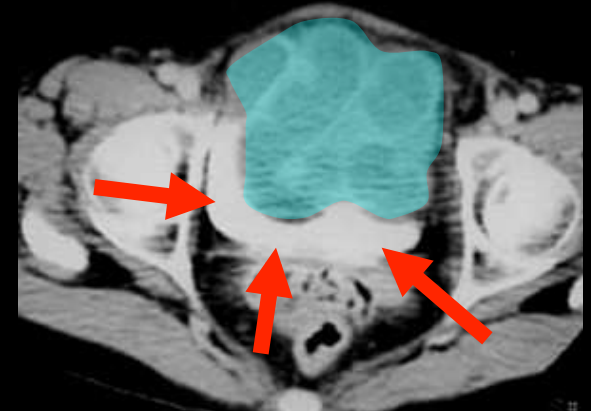
**hernie sus intra vésicale**

**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



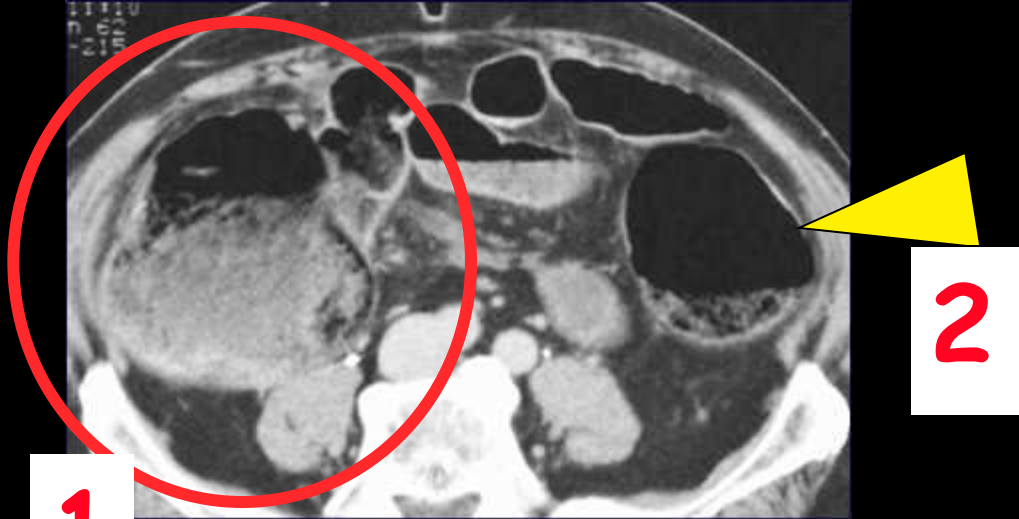
hernie interne  
para vésicale antérieure  
(pré vésicale )  
avec nécrose ischémique  
du grêle incarcéré



obs. IN. Phi Saigon

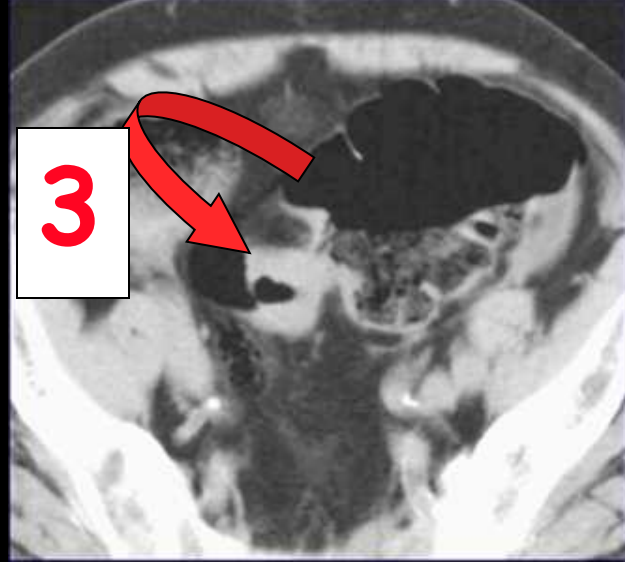
# Points clés et pièges des occlusions coliques

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

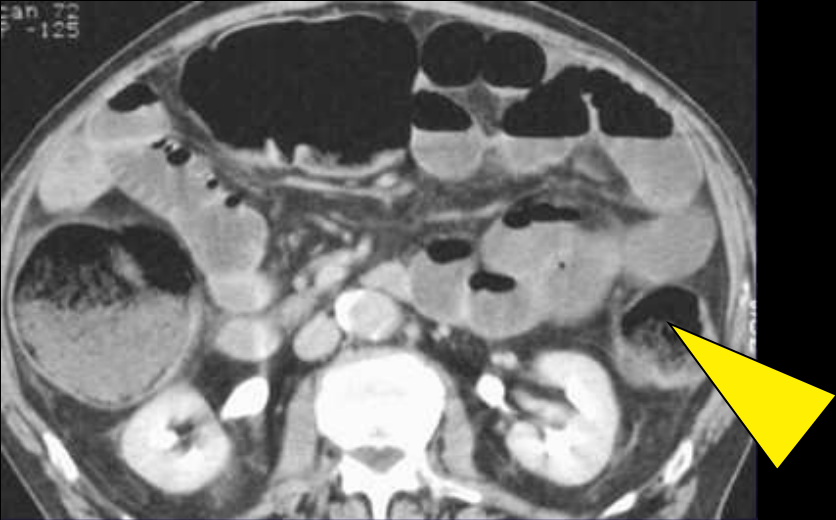


1

2

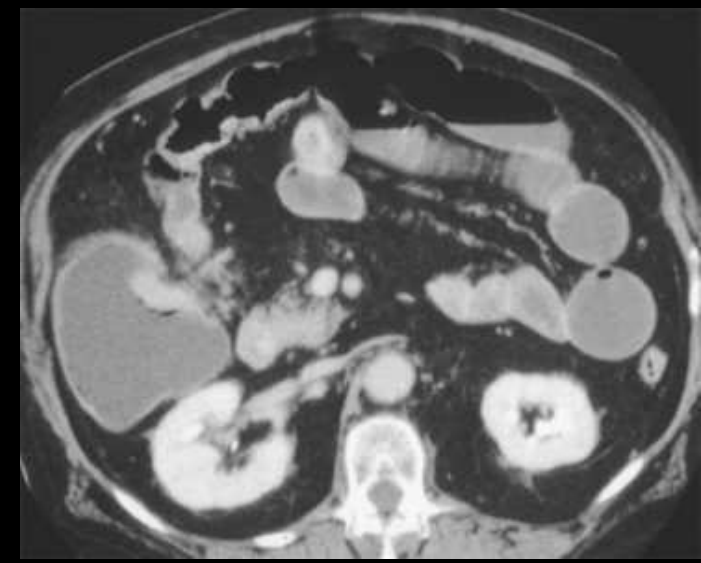
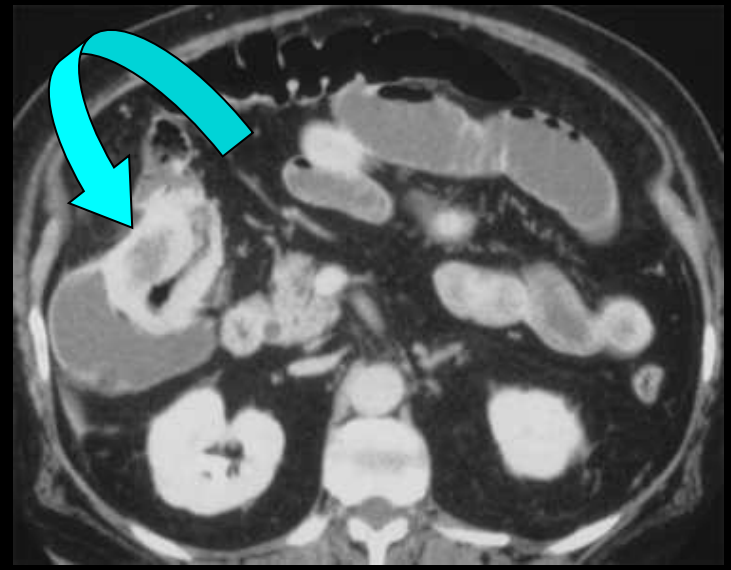
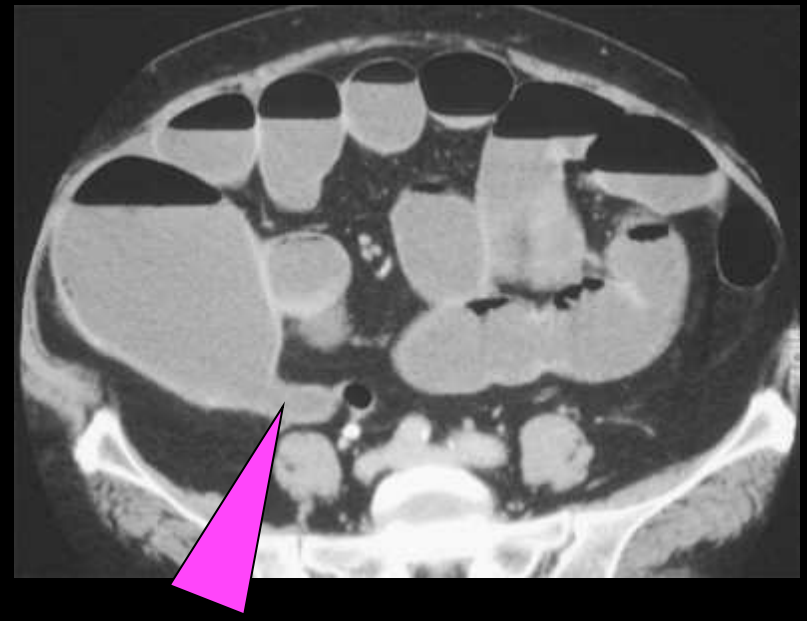


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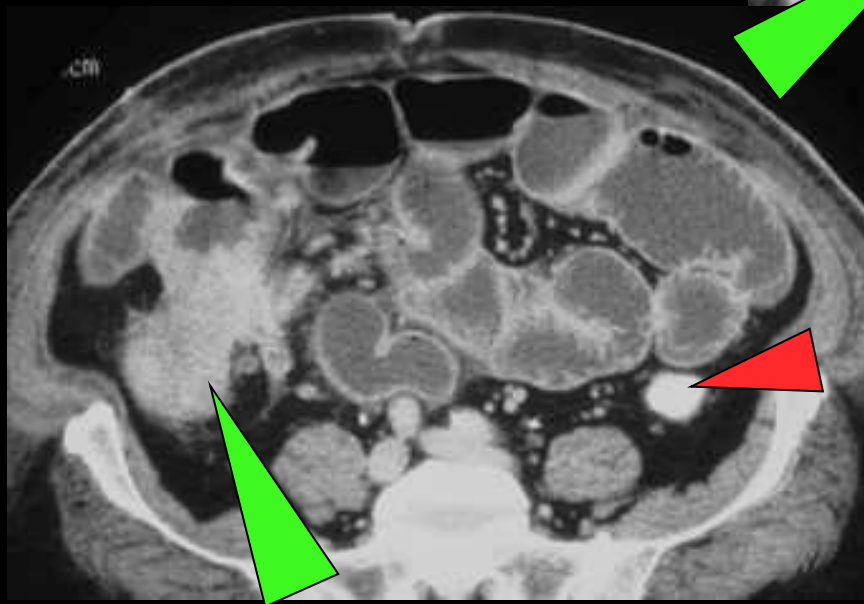
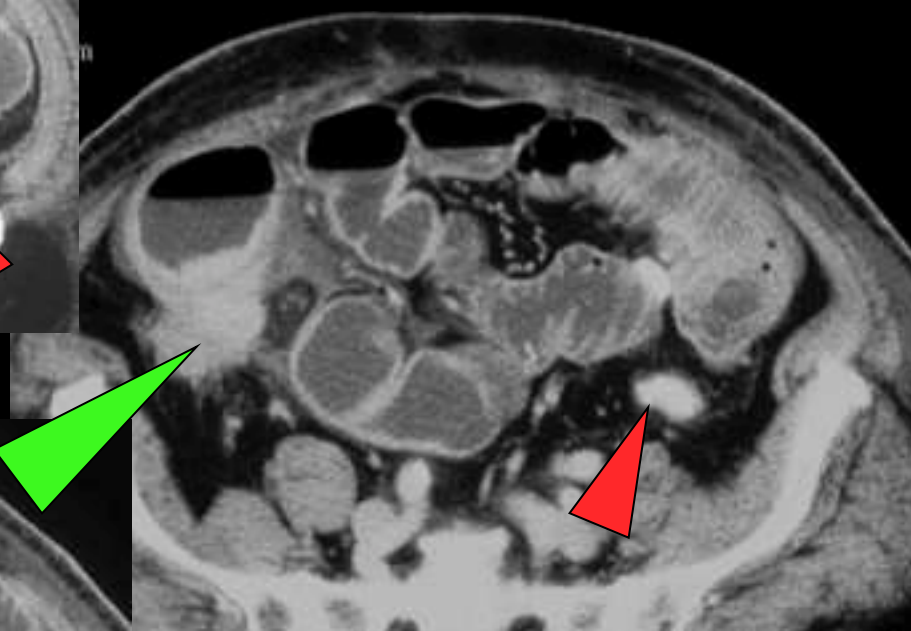
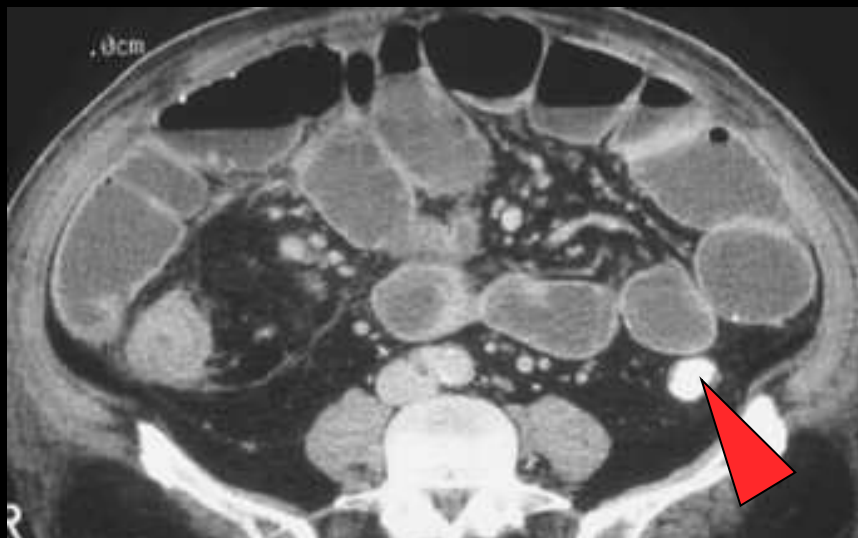


la distension cœcale avec stase stercorale est la clé du diagnostic des occlusions basses !!!

occlusion sur ADK du sigmoïde

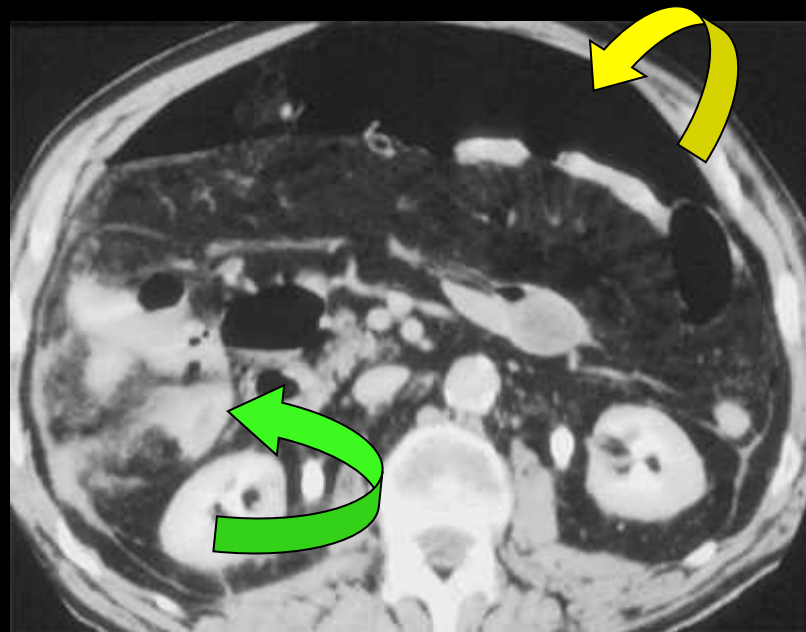
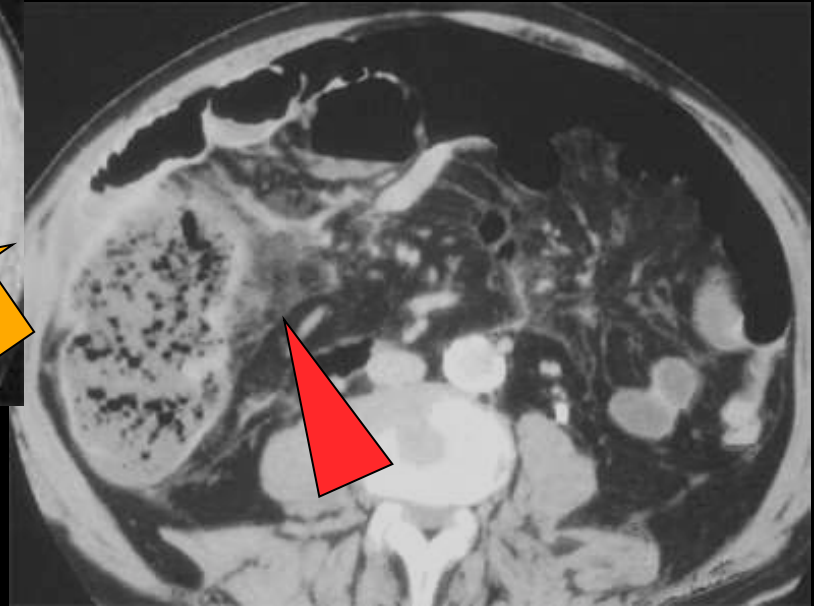
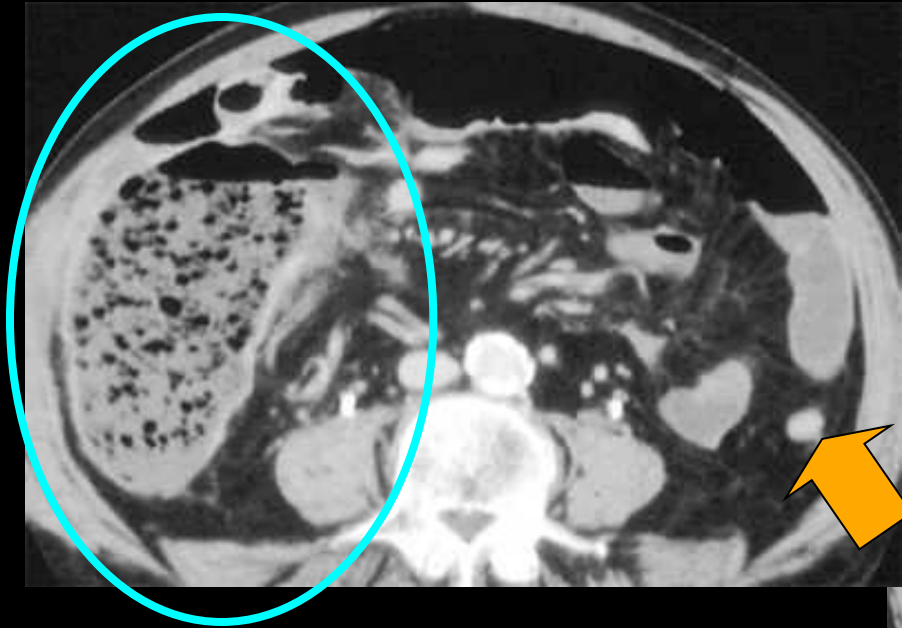


occlusion sur ADK de l'angle droit

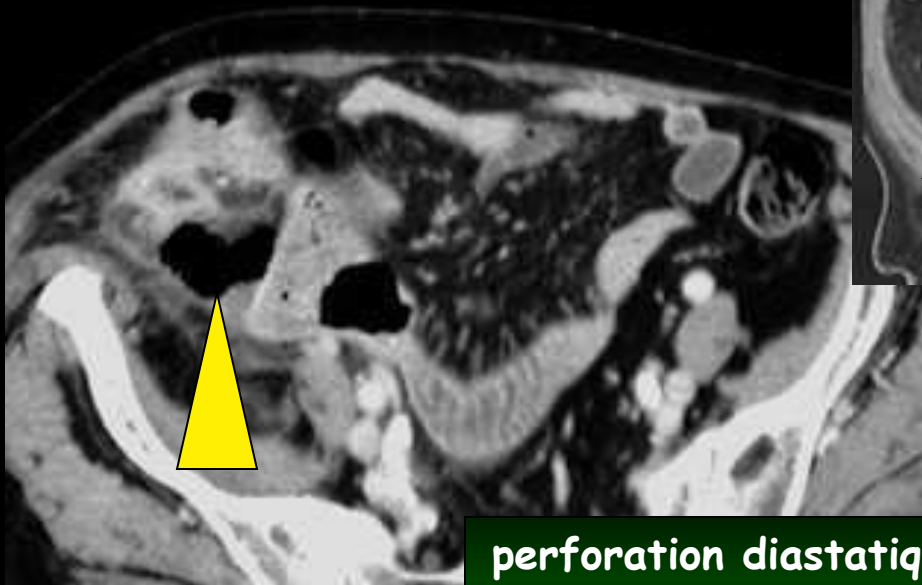
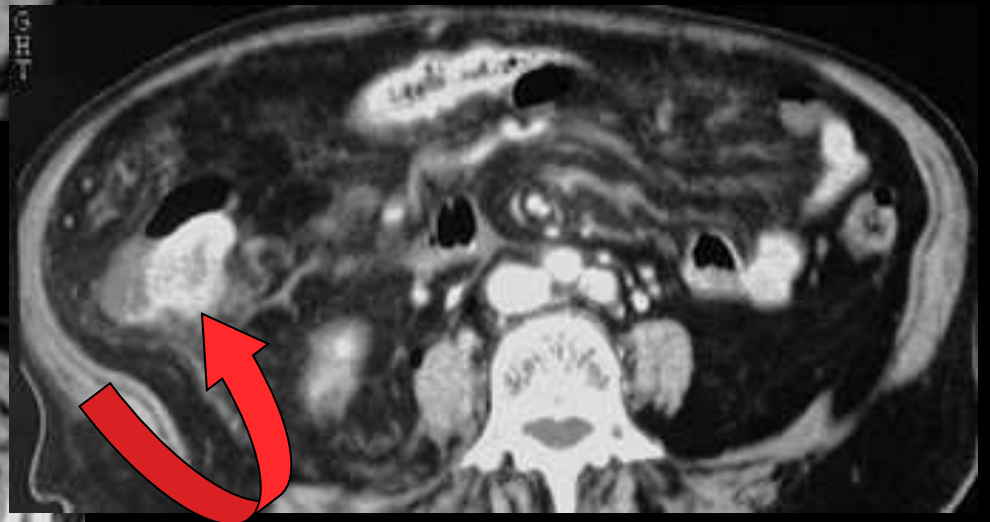
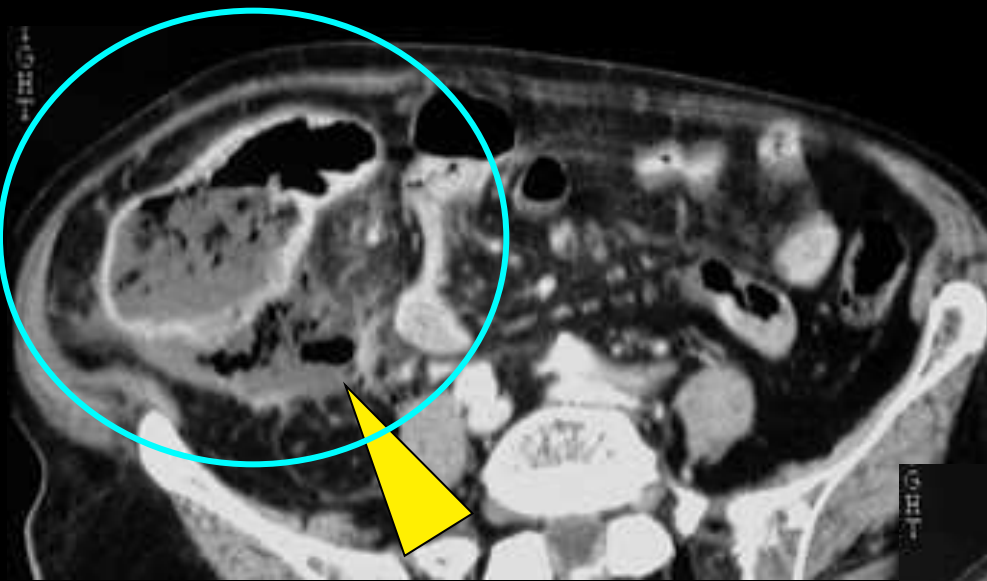


adénocarcinome cæcal et  
occlusion d'amont

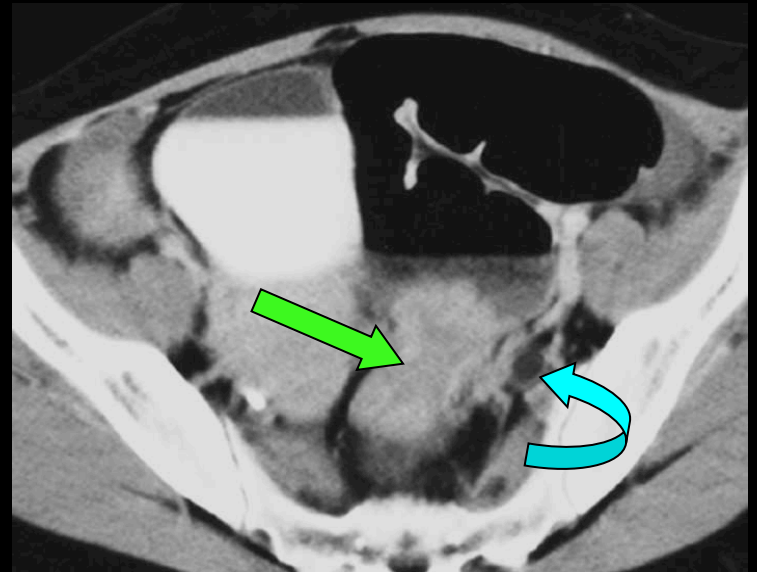
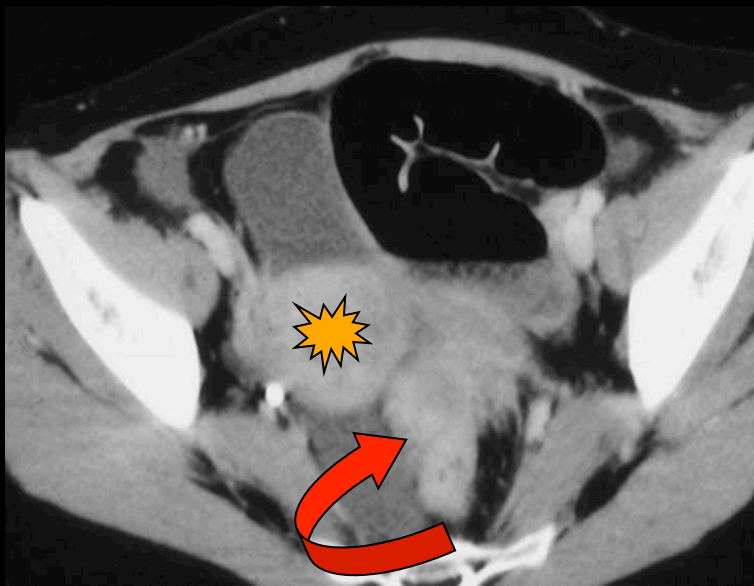
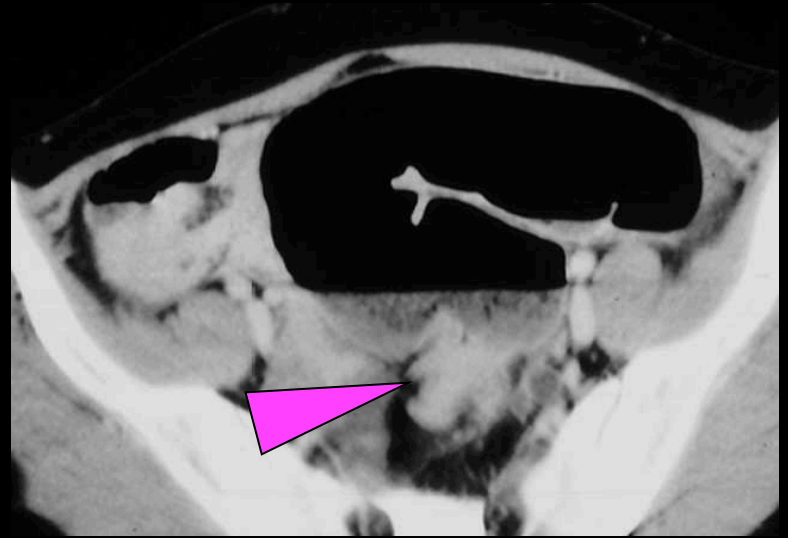
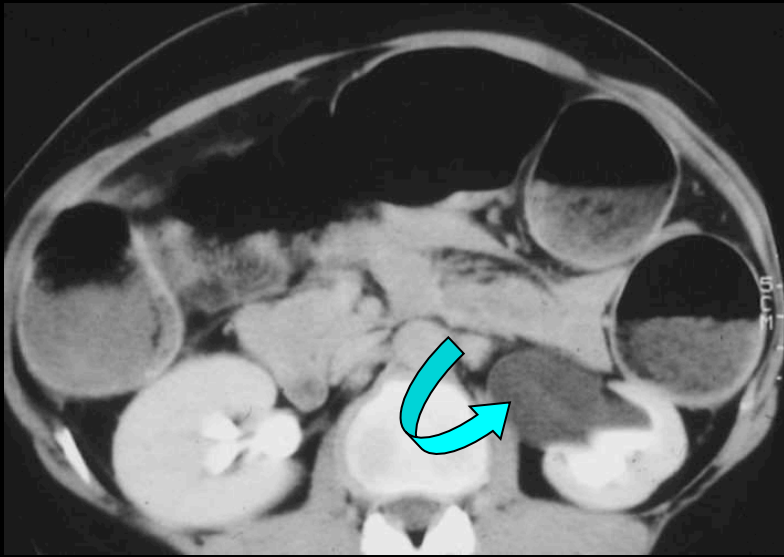
occlusion colique avec valvule de Bauhin continente : **ATTENTION !!!**



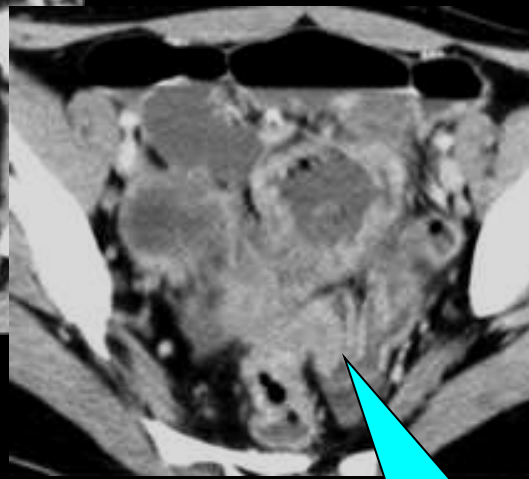
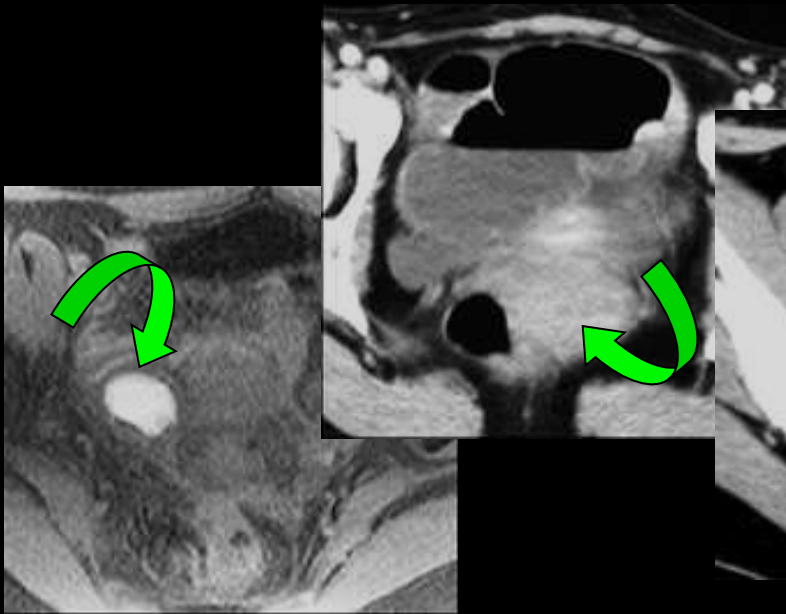
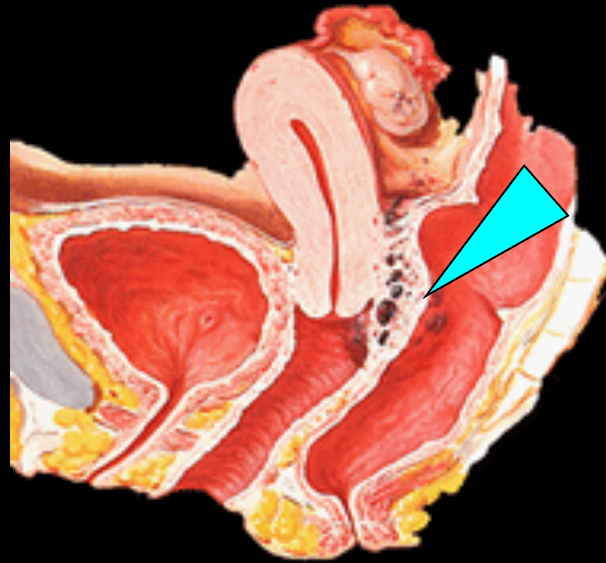
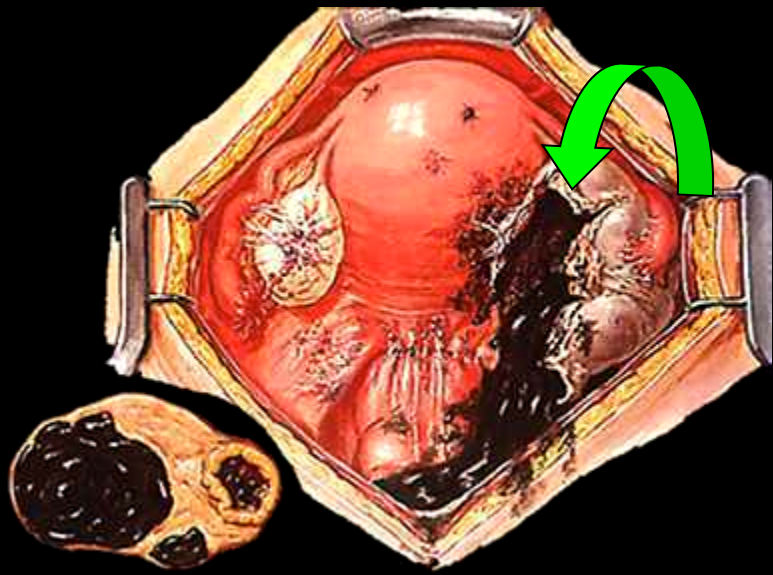
perforation diastatique sur  
adénocarcinome de l'angle droit



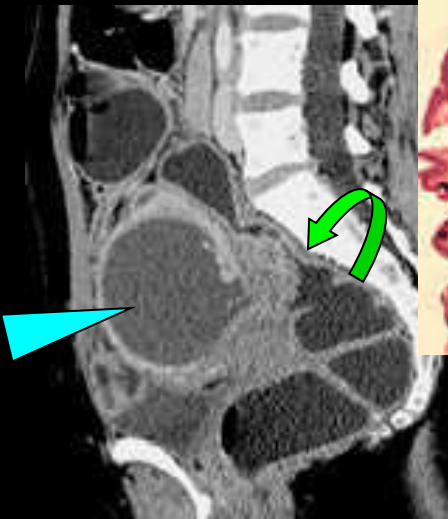
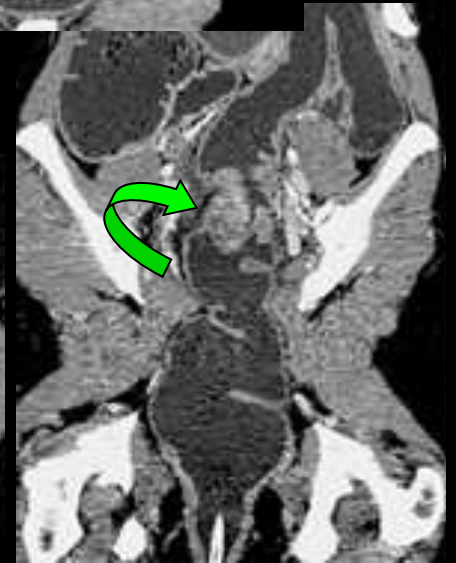
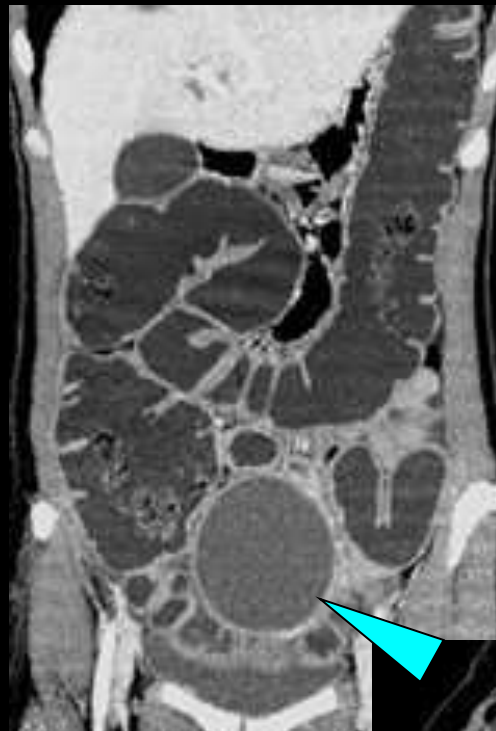
perforation diastatique "couverte" sur ADK sténosant du colon ascendant



endométriose pelvienne profonde

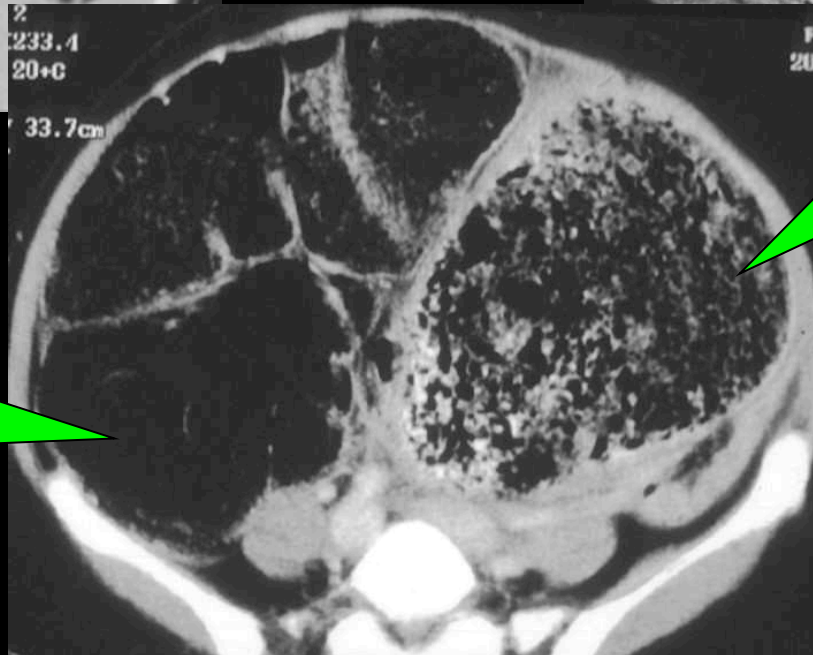
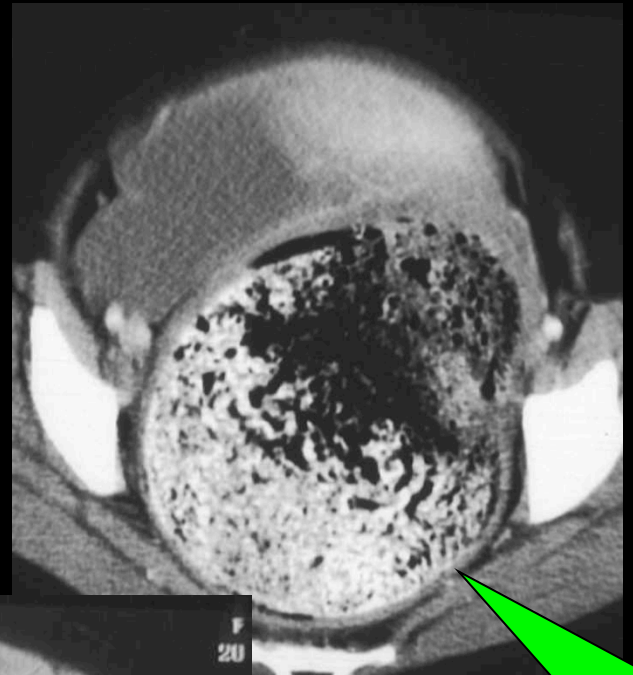
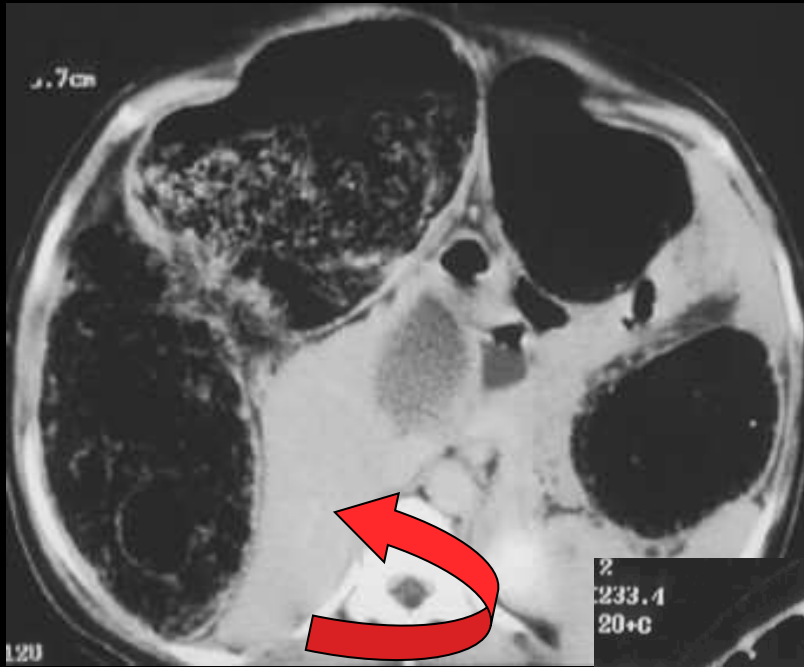


**endométriose pelvienne profonde; endométriome ovarien**

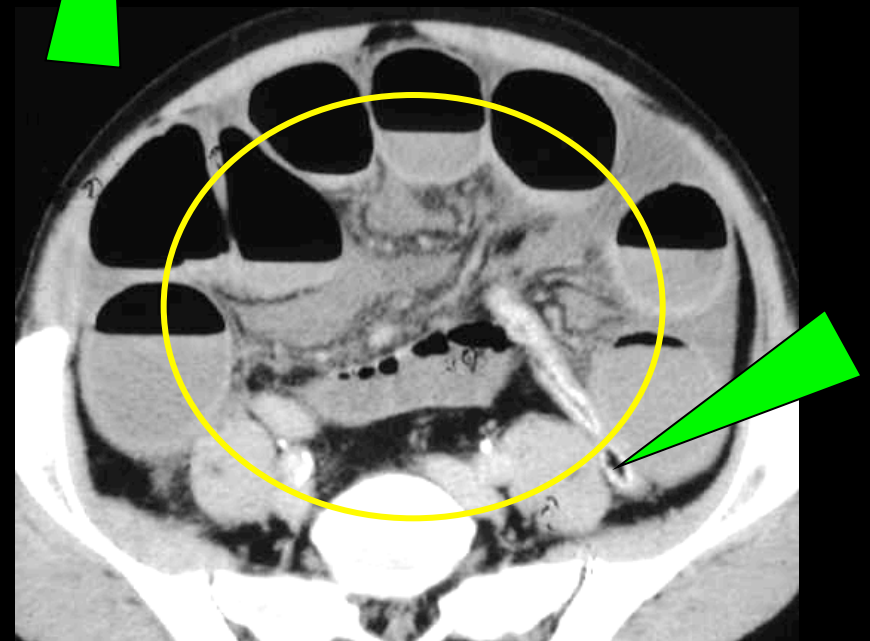
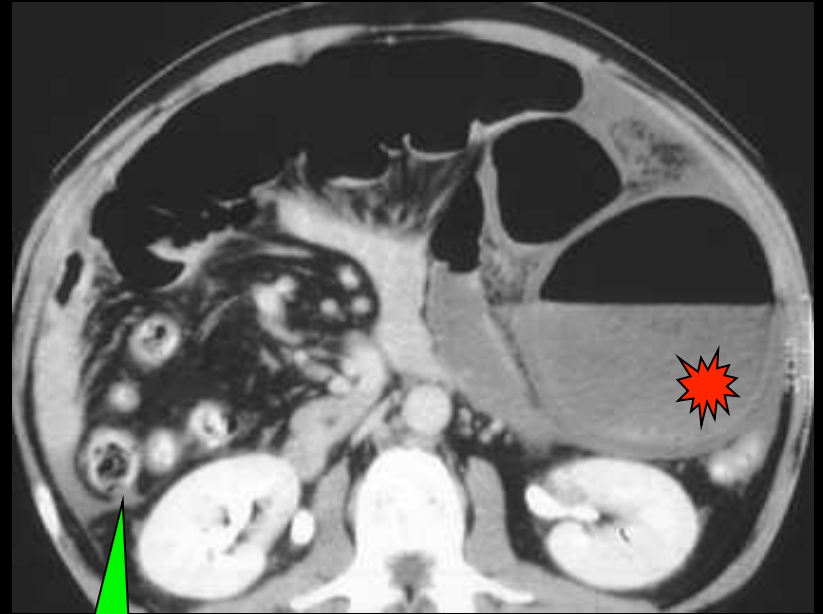
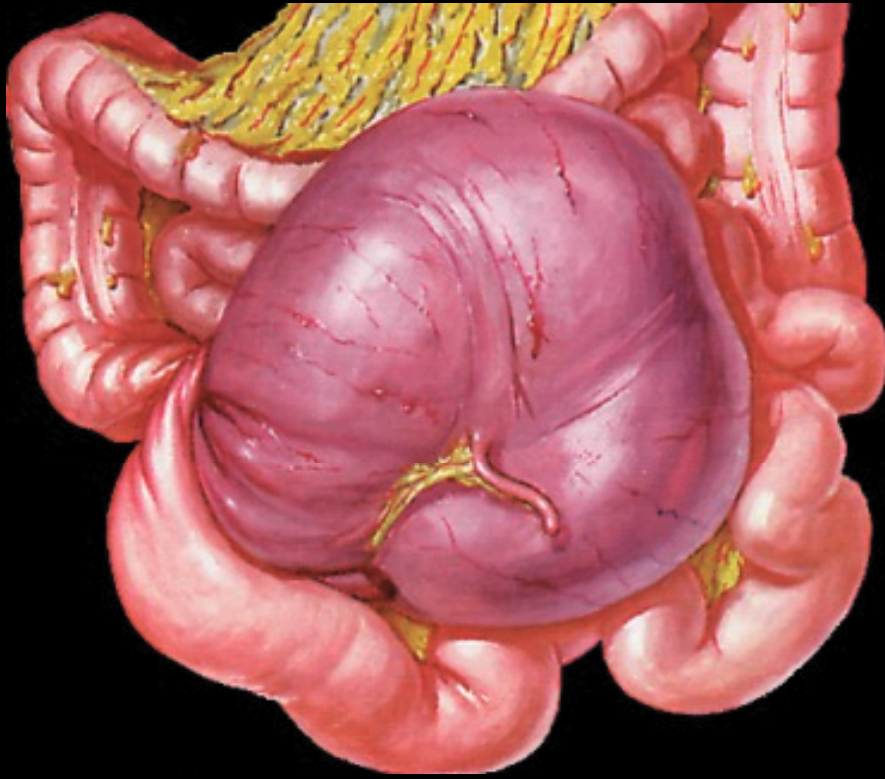


**endométriose pelvienne  
profonde , " cancer bénin !! " ;  
endométriome ovarien +++**

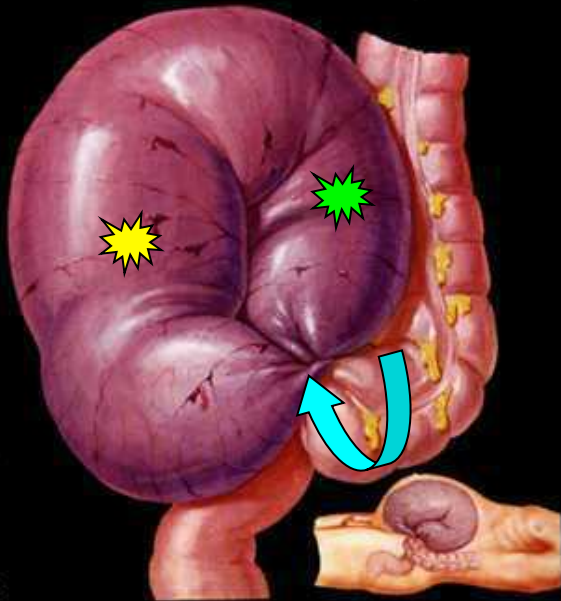
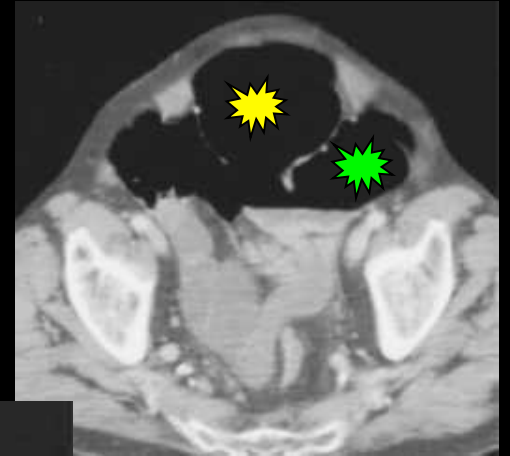
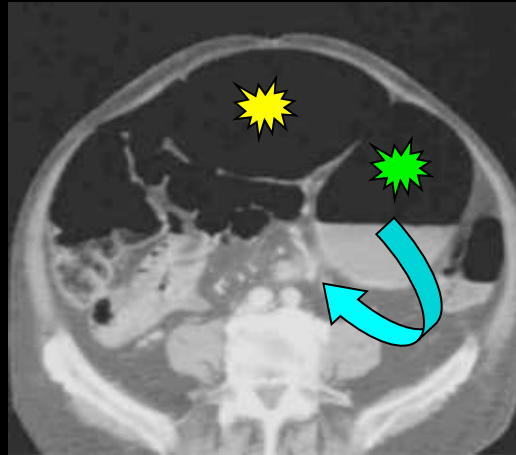
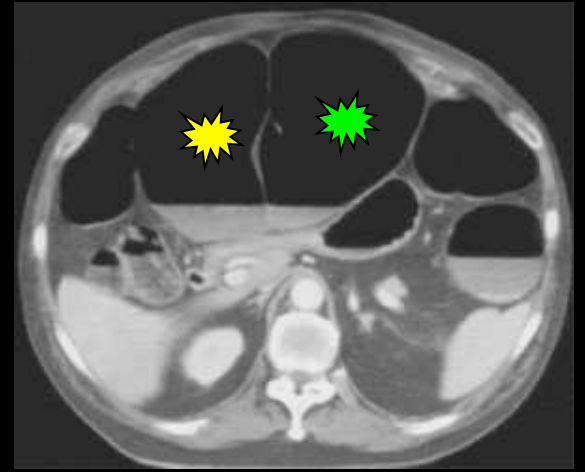
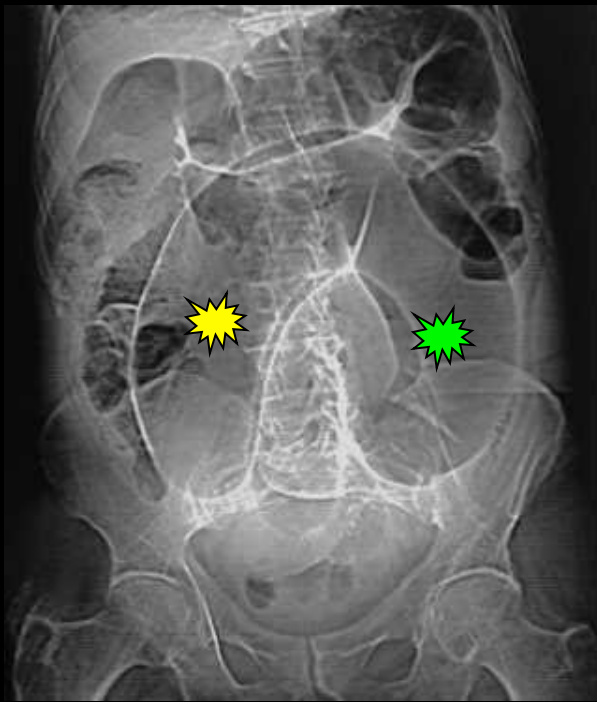
**reformations  
« courbes »**



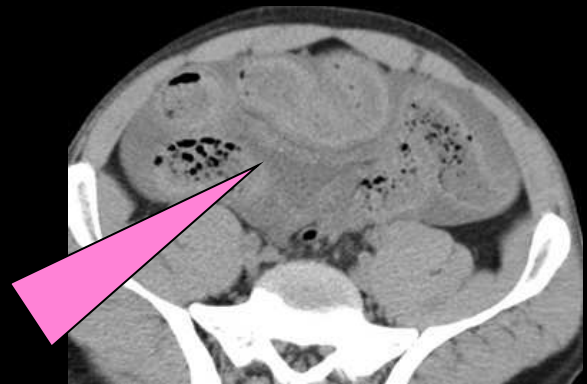
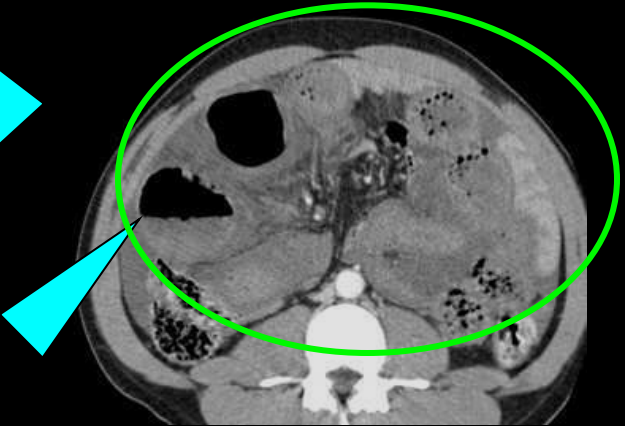
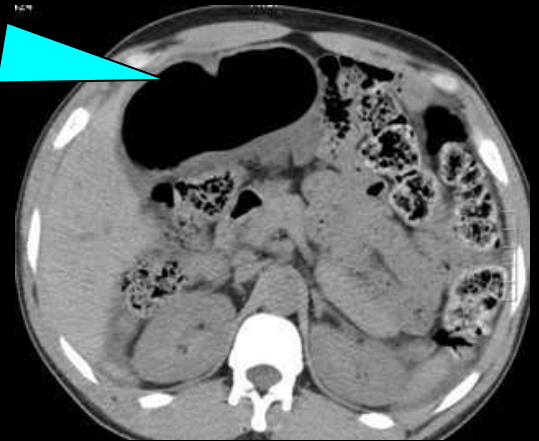
dolichocôlon des neuroleptiques



volvulus du cæcum (et du grêle)

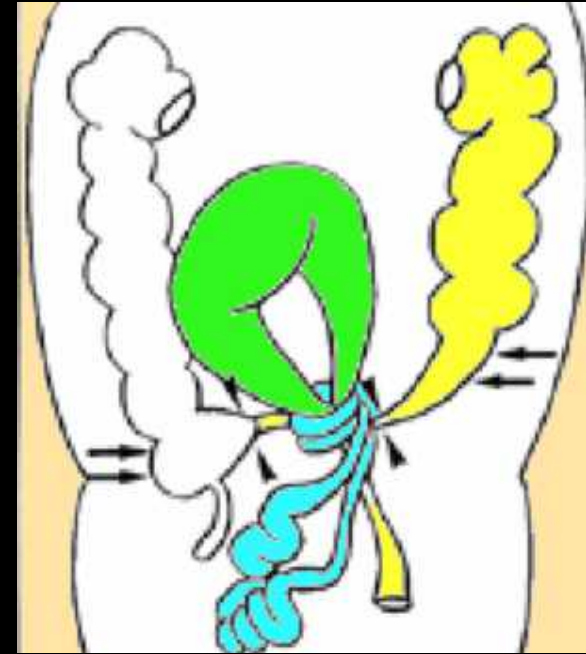
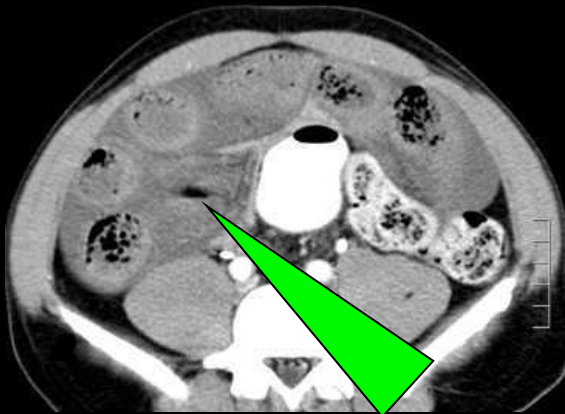
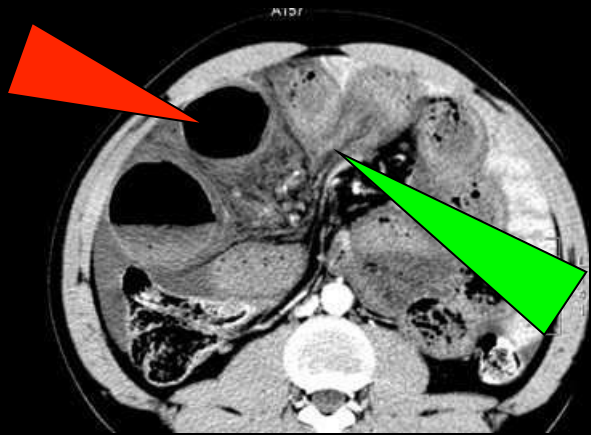
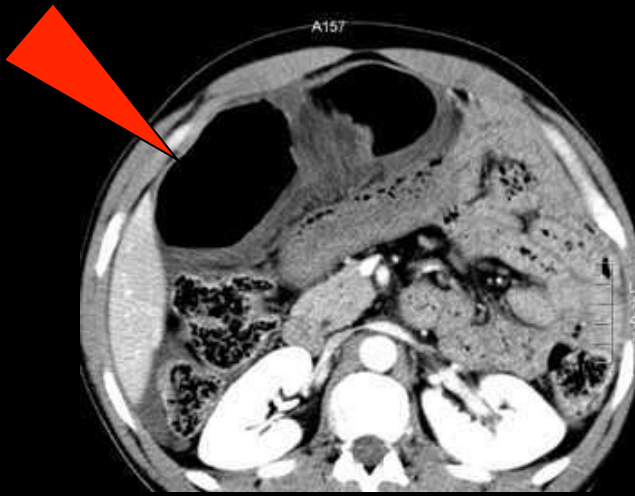


**volvulus mésentérico-axial du sigmoïde**



homme 34 ans ; africain

*Obs. Marc Zins Hôpital St Joseph Paris*



noeud iléo-sigmoïdien ; iléo-sigmoid knot

merci de votre attention