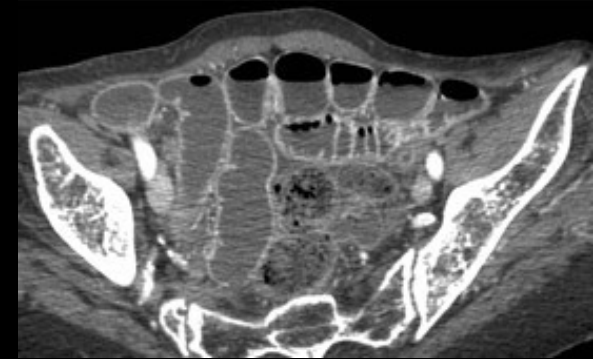
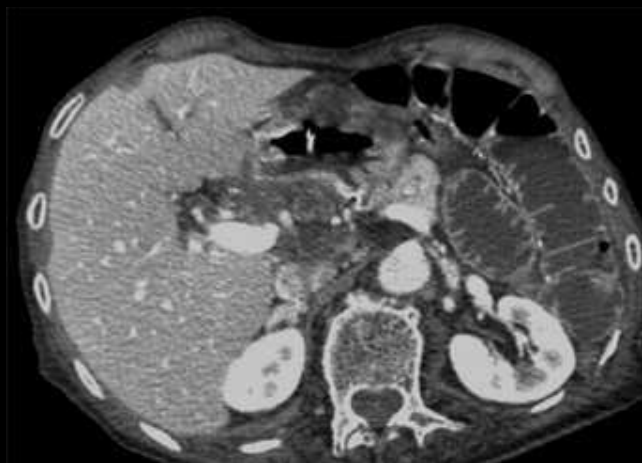
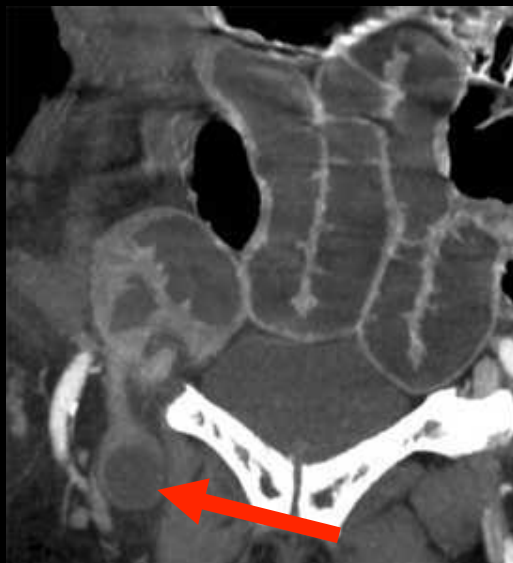
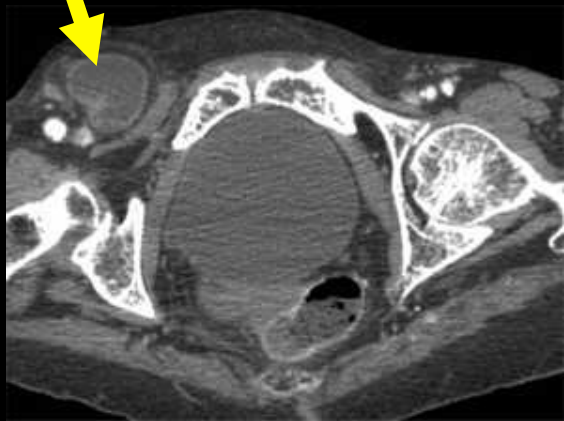
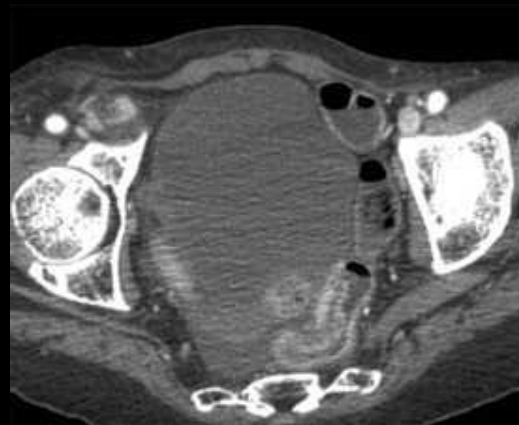


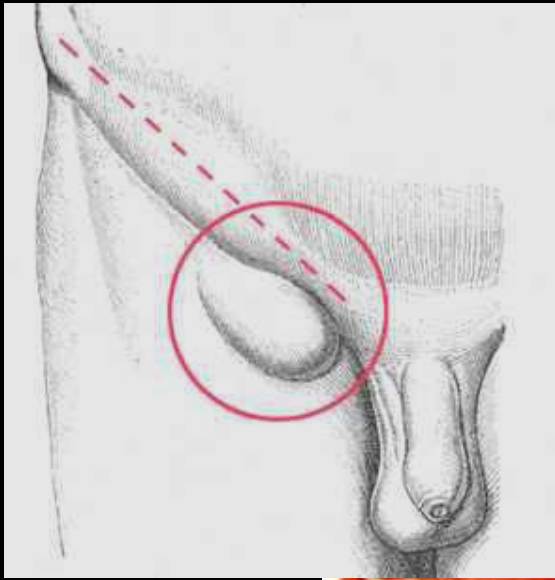
femme 80 ans , tableau de déshydratation avec confusion au SAU ; hospitalisation dans un service de médecine ; vomissements : mise en place d'une aspiration ; 2l de liquide fécaloïde ; masse du creux inguinal droit à l'examen clinique .



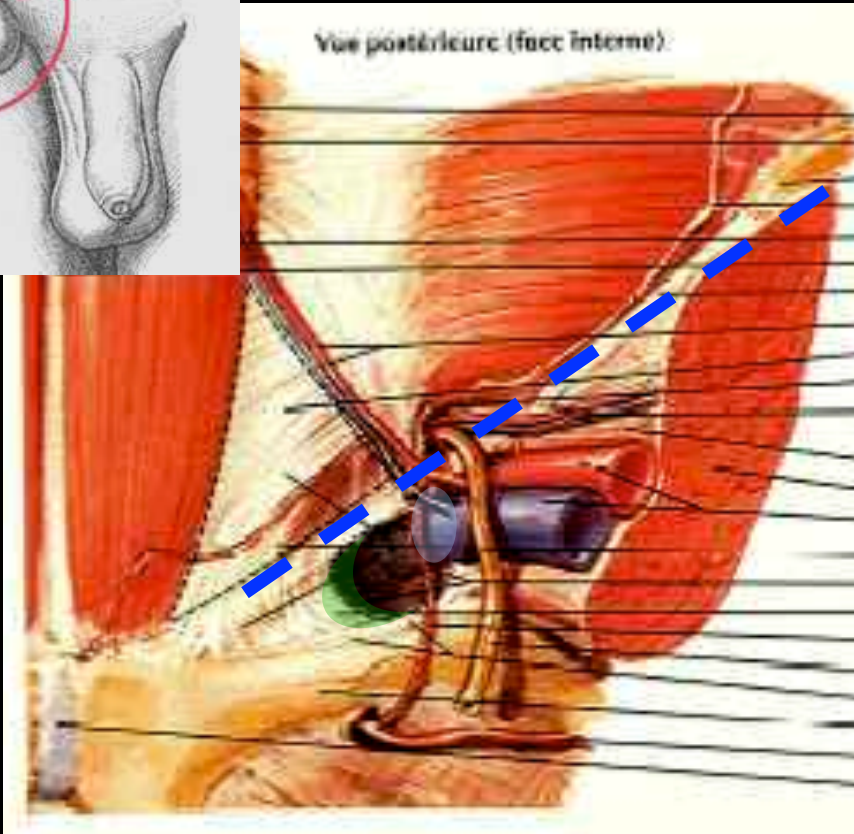


hernie fémorale (crurale) étranglée

# hernie crurale



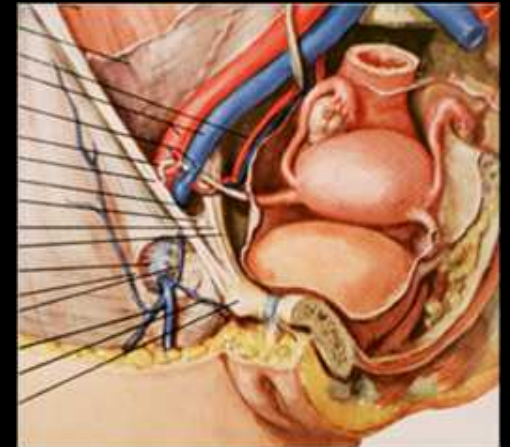
Vue postérieure (face interne).



ligament inguinal

ligament lacunaire (Gimbernat)

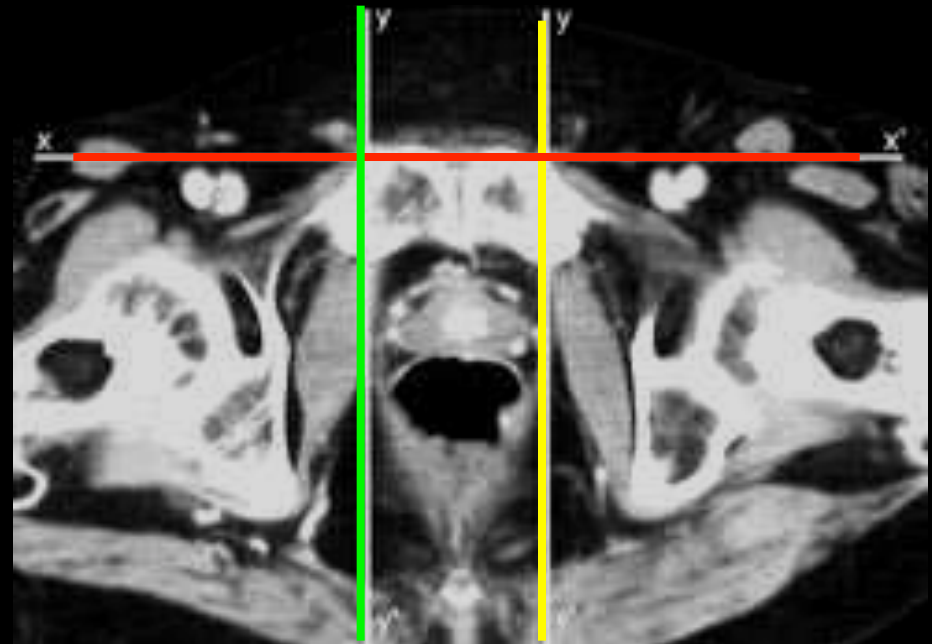
veine fémorale

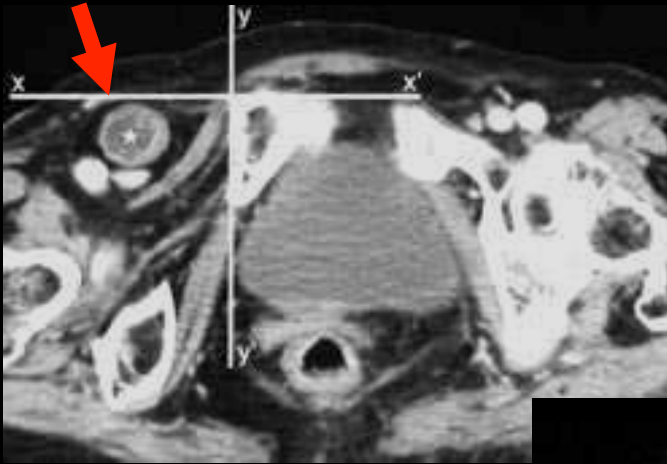


# Value of the pubic tubercle as a CT reference point in groin hernias

E Delabrousse. J Radiol. 2005

- différencier en TDM les hernies de l'aîne : fémorales et inguinales
- repère anatomique: le tubercule du pubis
- analyse rétrospective : 12 dossiers d'occlusion mécanique sur hernie de l'aîne, corrélations chirurgicales

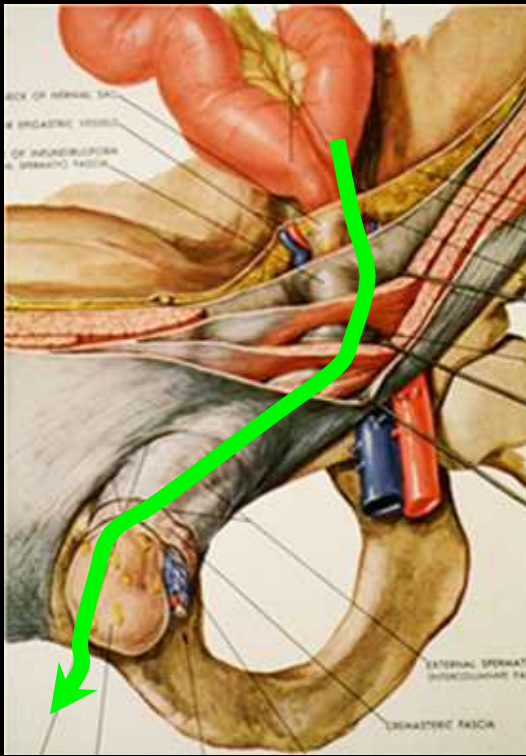




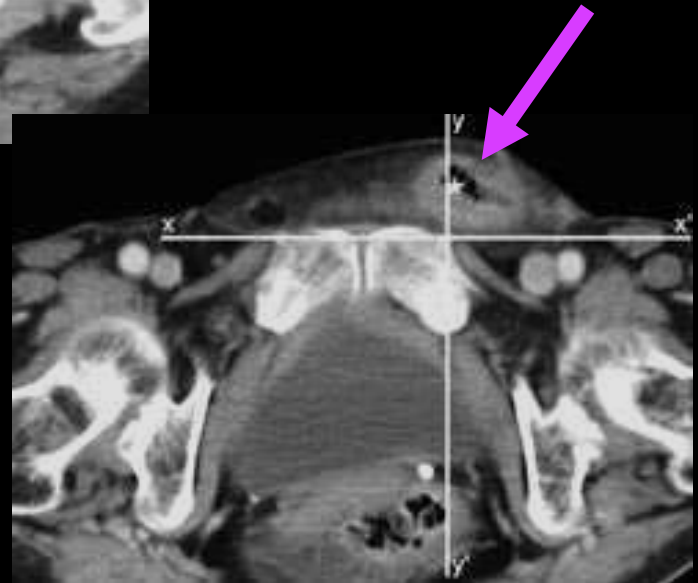
H fémorale



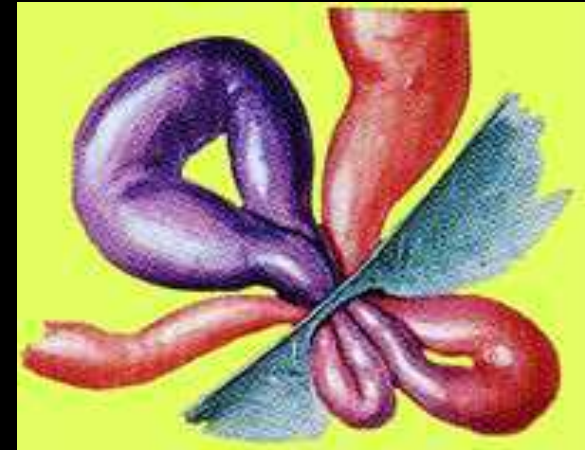
H inguinale directe



H inguinale indirecte (oblique externe)



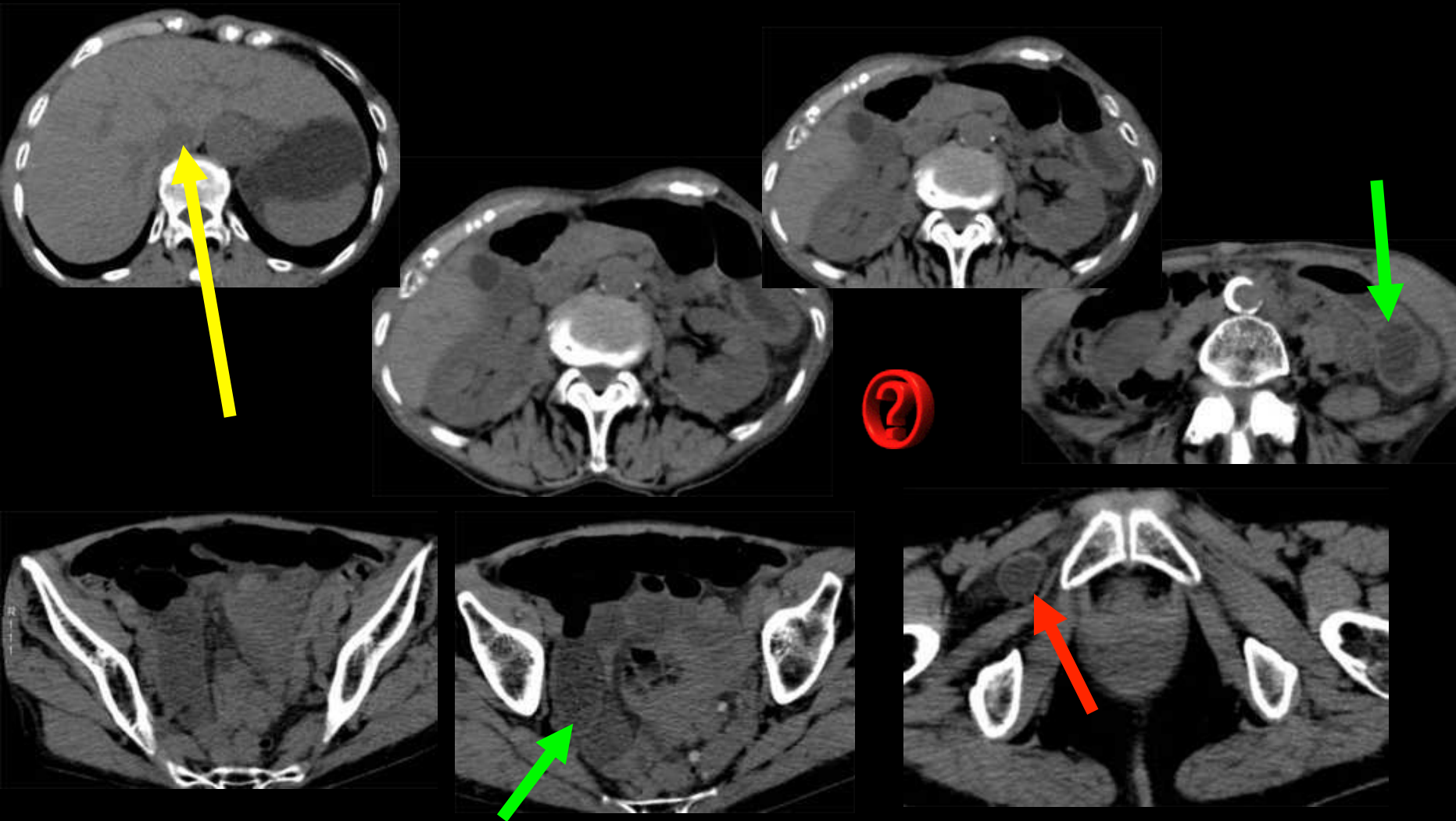
homme 67 ans ,occlusion aiguë avec douleurs inguinales gauches .

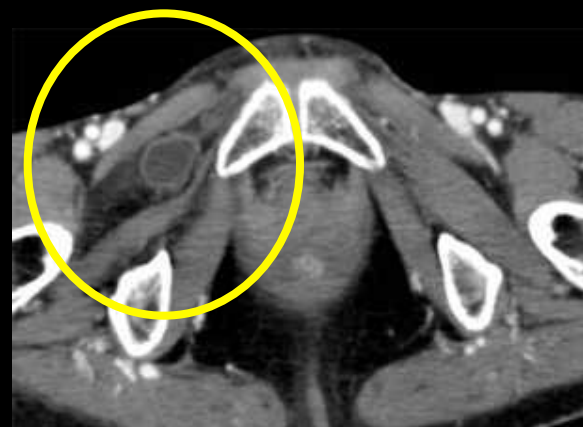
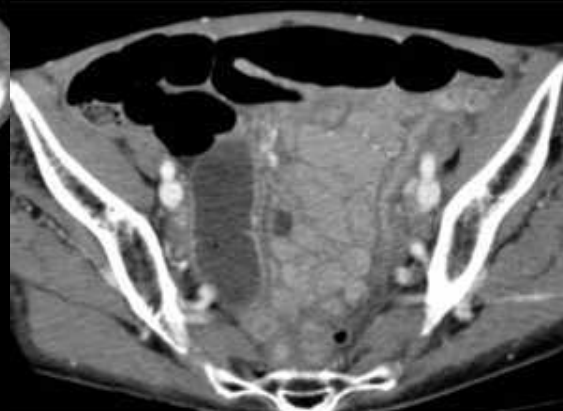
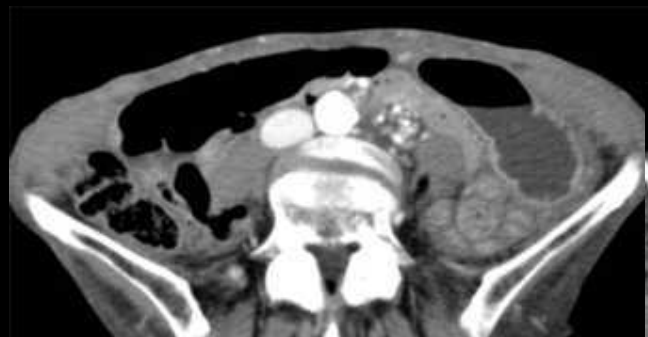
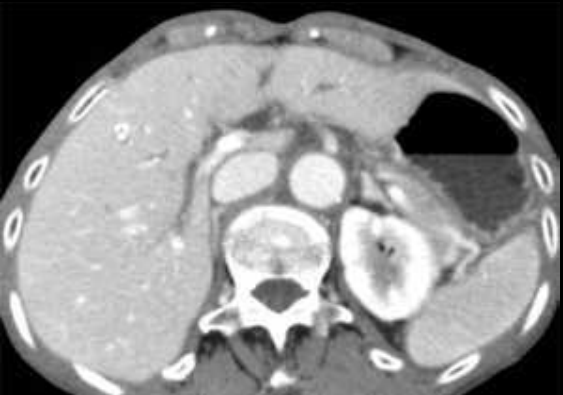


hernie inguinale  
hernie en W de  
Maydl

Karel Maydl (1853-1903 )

femme 74 ans ; maigre, 5 enfants , constipée chronique . Occlusion avec douleurs  
inguinales droites et douleurs de la face interne du genou droit



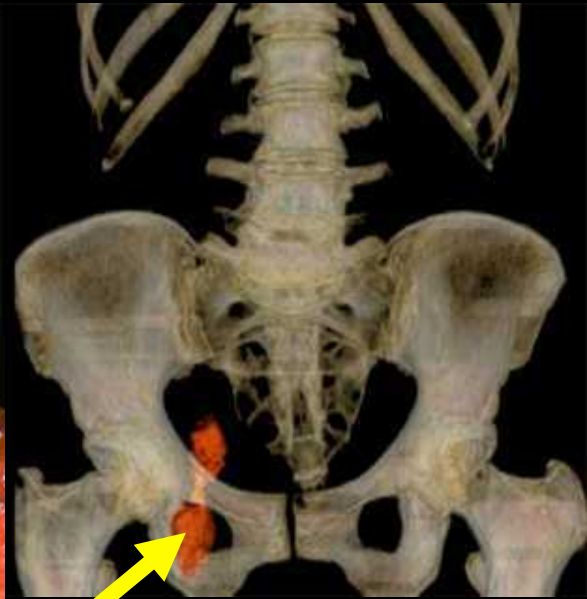
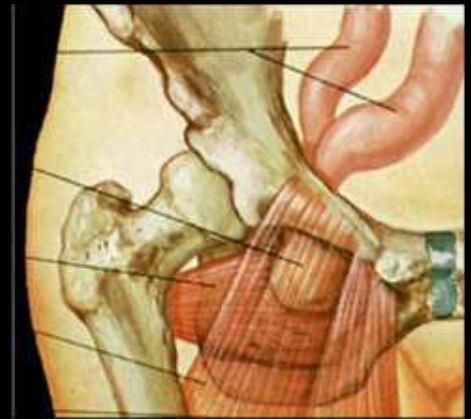


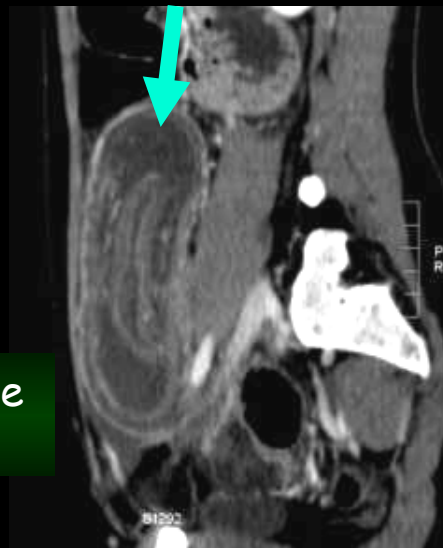


occlusion du grêle sur hernie obturatrice ;  
anémie ; signe de Howship-Romberg

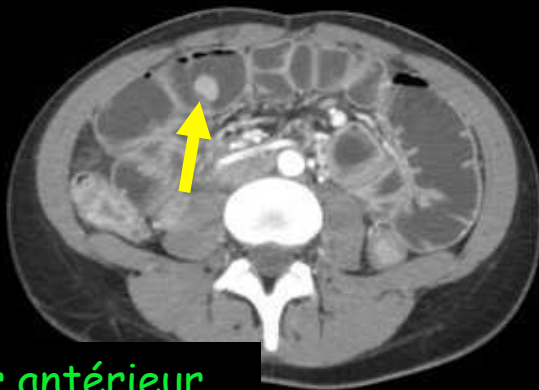
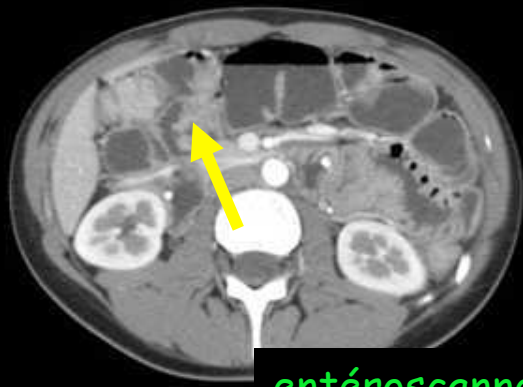


intervention 6 heures plus tard; hernie de Richter (pincement latéral ; réduction simple sans résection.





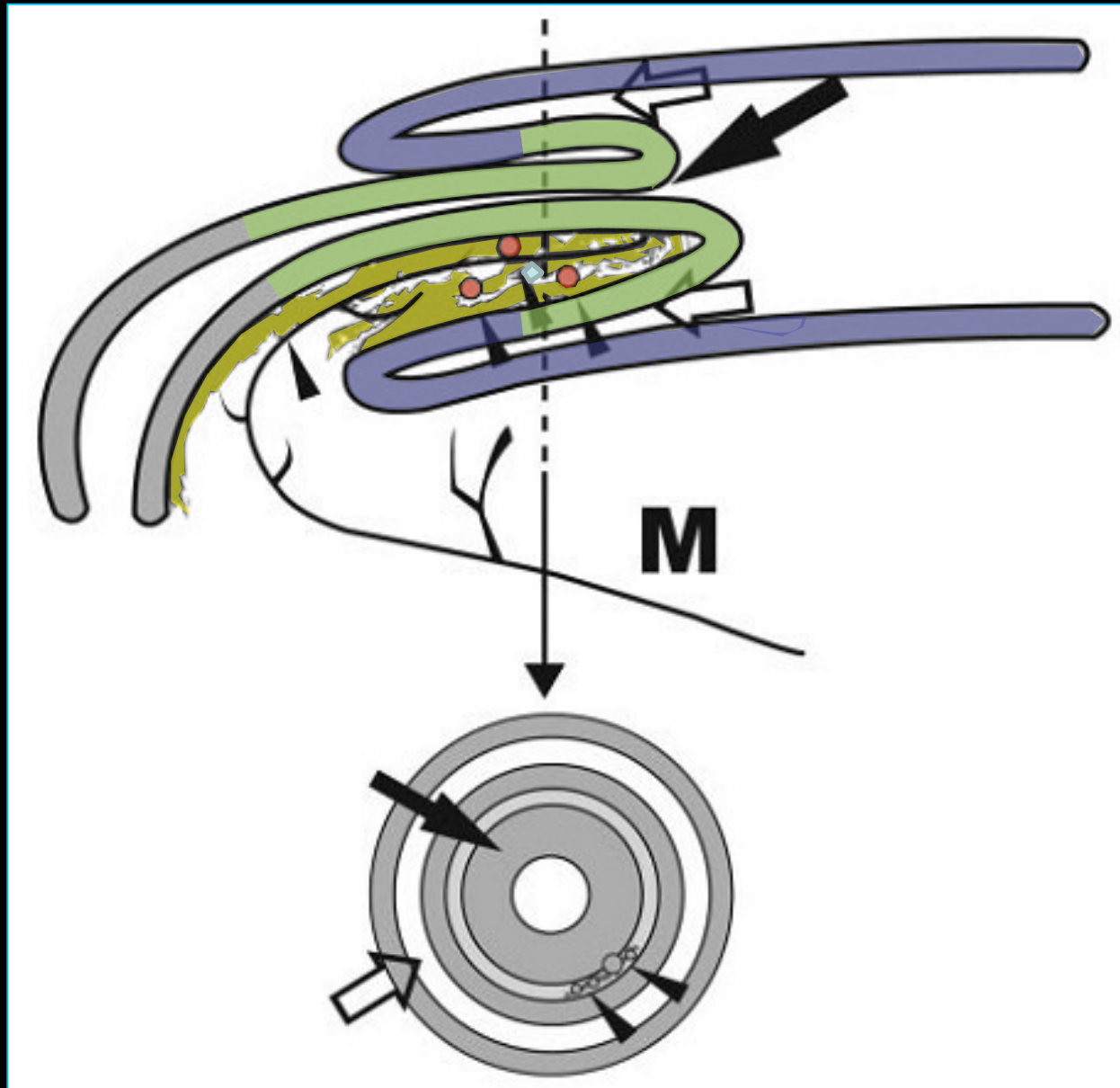
polypose hamartomateuse de Peutz Jeghers Touraine



entéroscanner antérieur

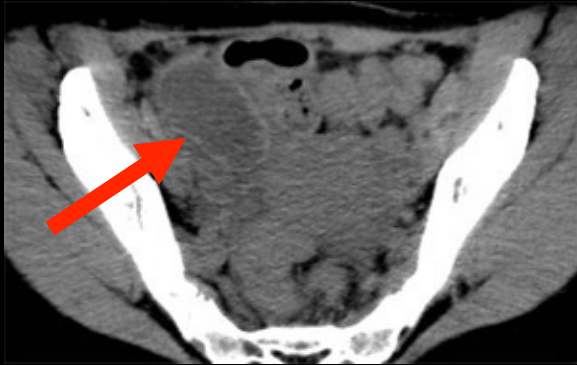


Syndrme occlusif aigu hyperalgique chez une jeune femme

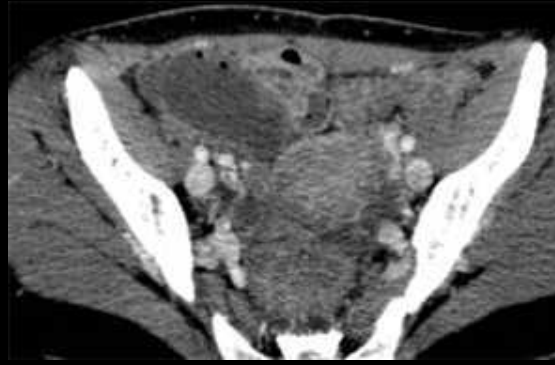


Adult Intestinal Intussusception: CT Appearances and Identification of a Causative Lead Point, RadioGraphics 2006, YoungH.Kim and coll., 2006; 26 : 733-744

femme de 34 ans .douleur brutale et défense en FID, vomissements  
GB 12000, T° 37, BHCg - ATCD de péritonite appendiculaire (1985)



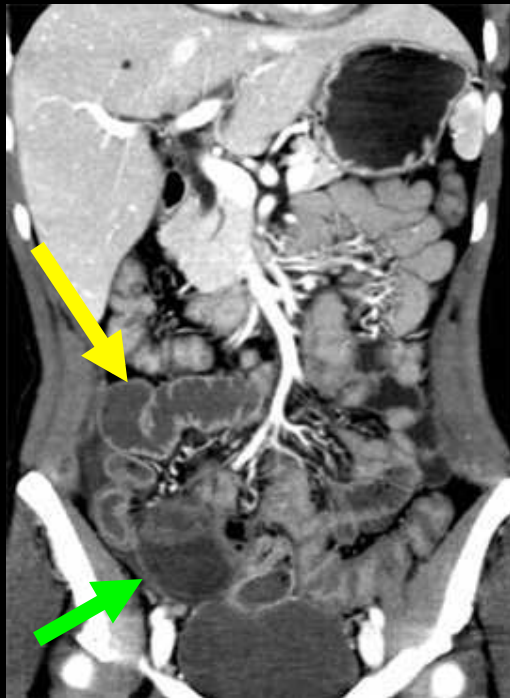
avant injection



45 s après injection

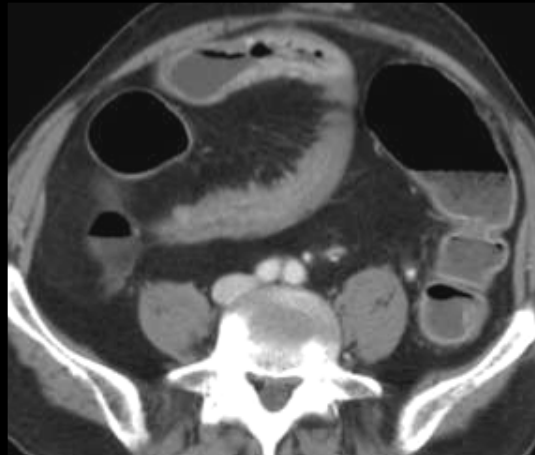
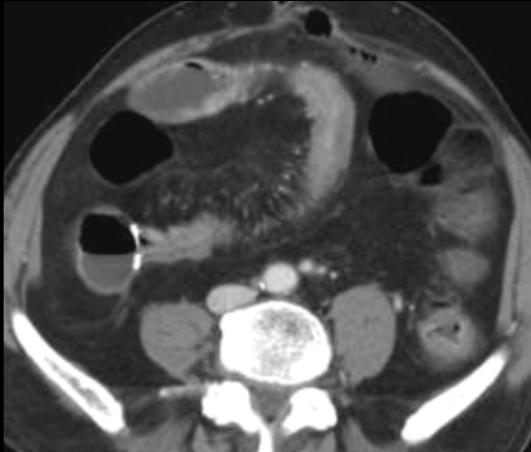
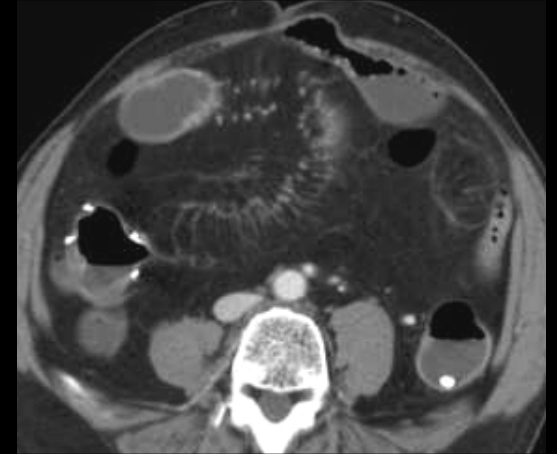
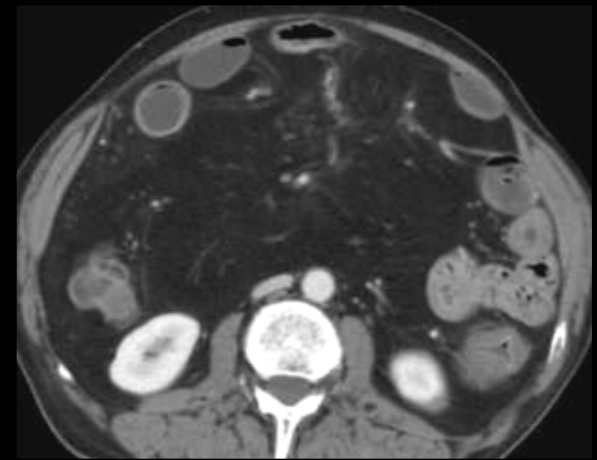
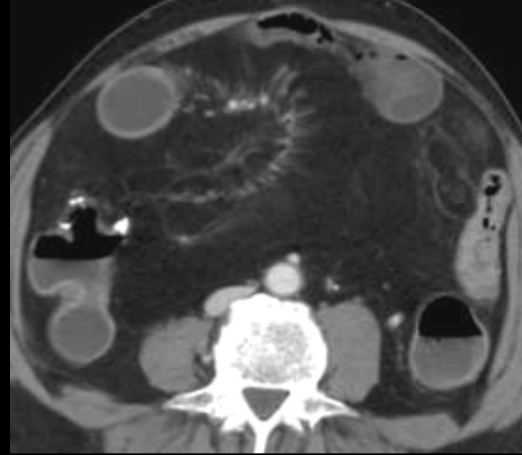
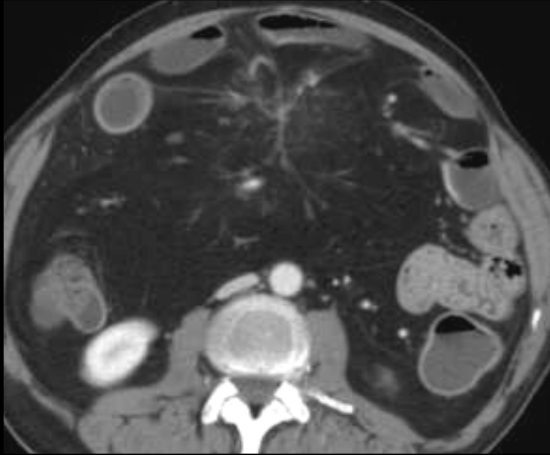


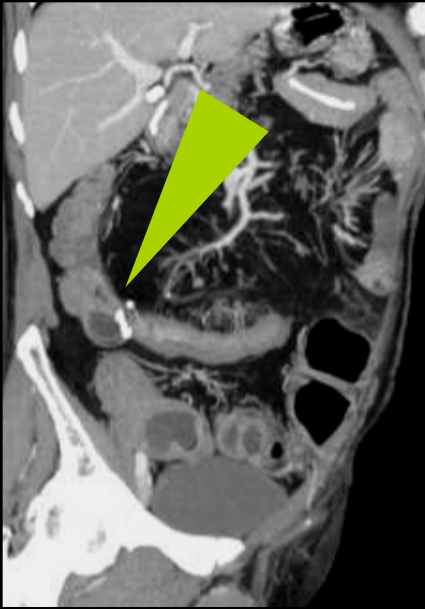
70 s après injection



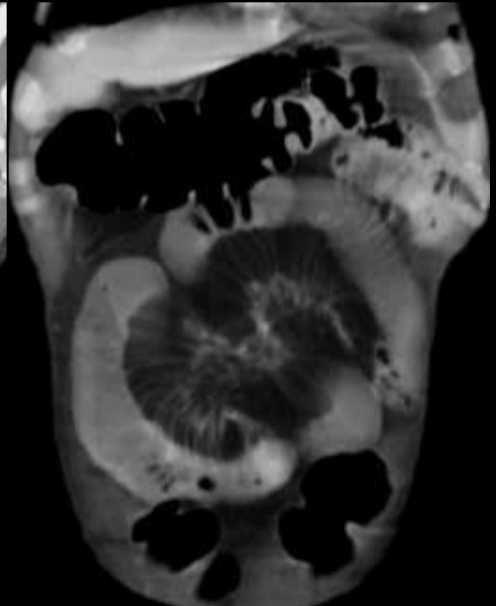
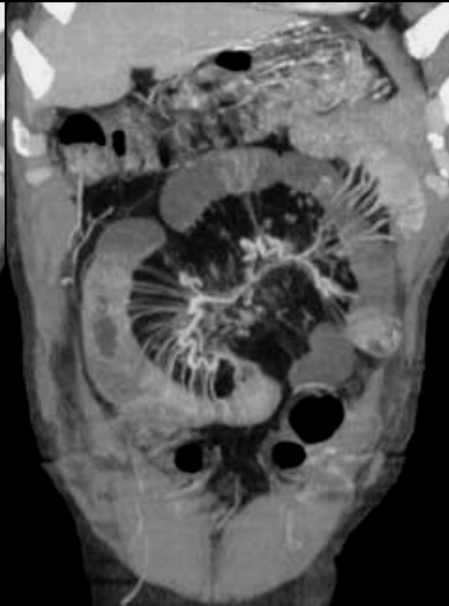
occlusion "à ventre plat" sur anse fermée avec strangulation et nécrose ischémique transmurale

homme 39 ans ; antécédents chirurgicaux digestifs ;  
douleurs abdominales avec syndrome de Koenig

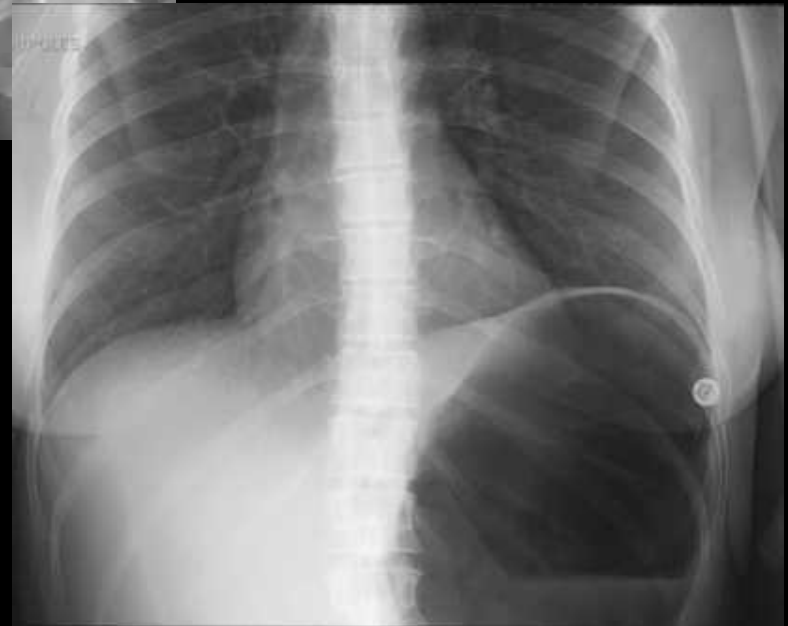


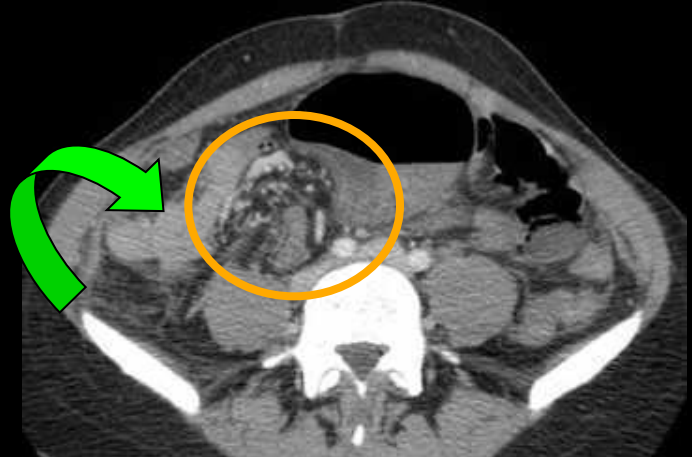
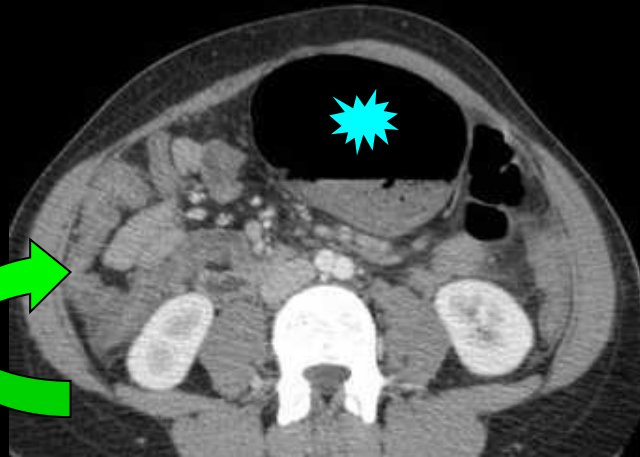
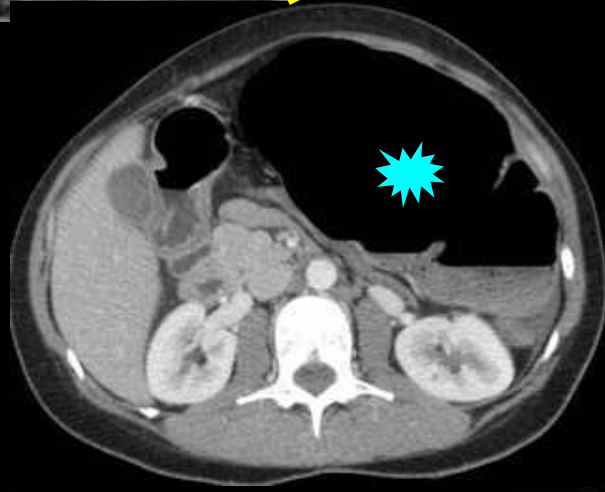
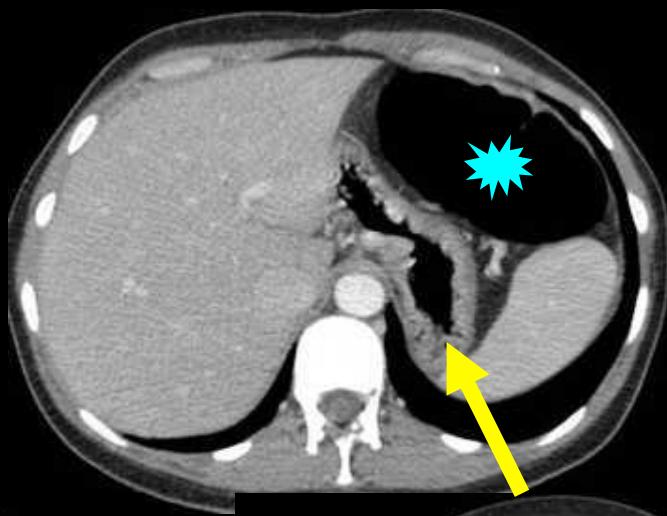
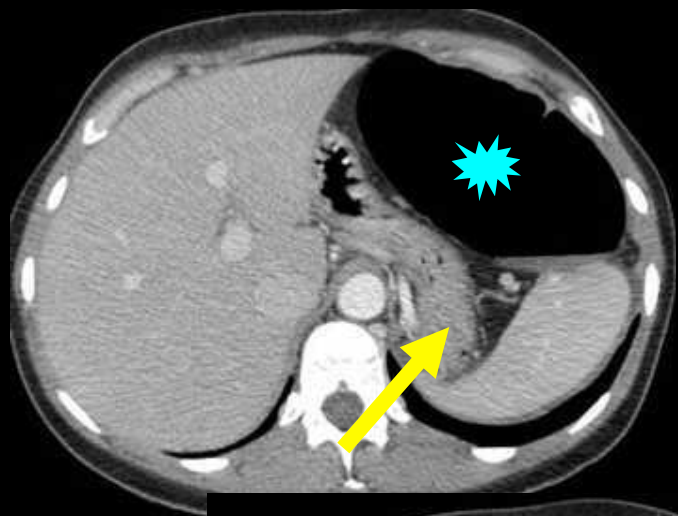


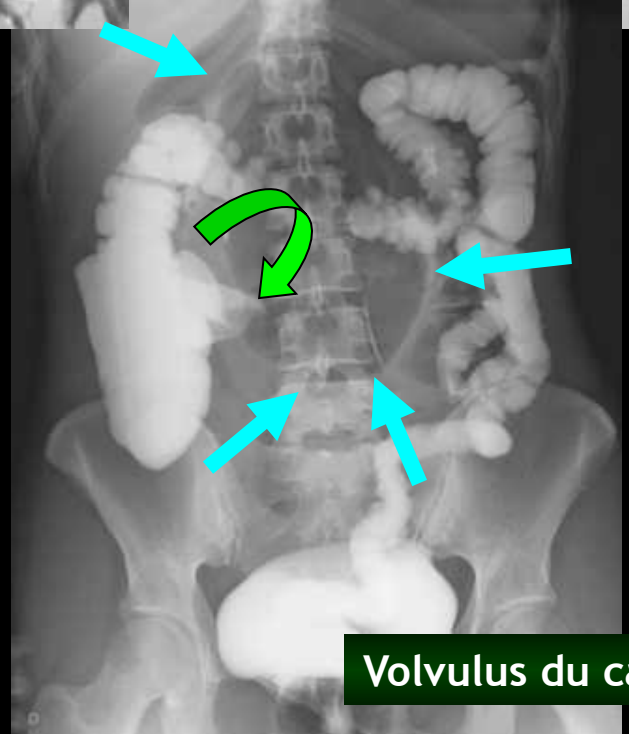
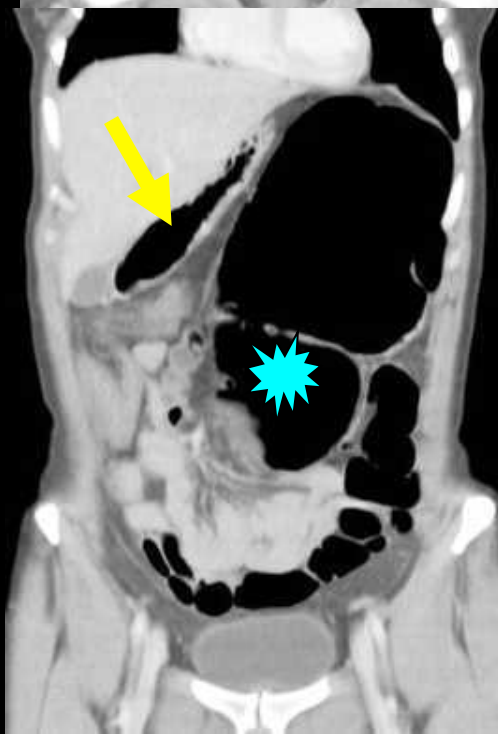
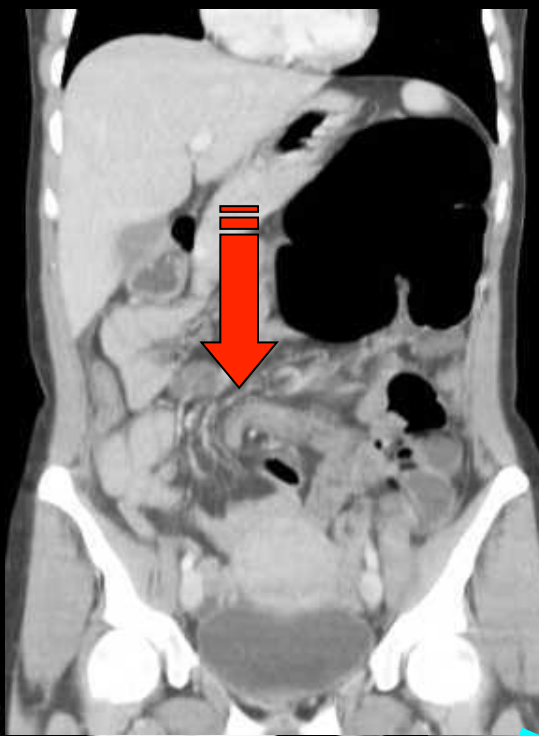
récidive inflammatoire iléale distale sur maladie de Crohn ; après iléo colectomie droite



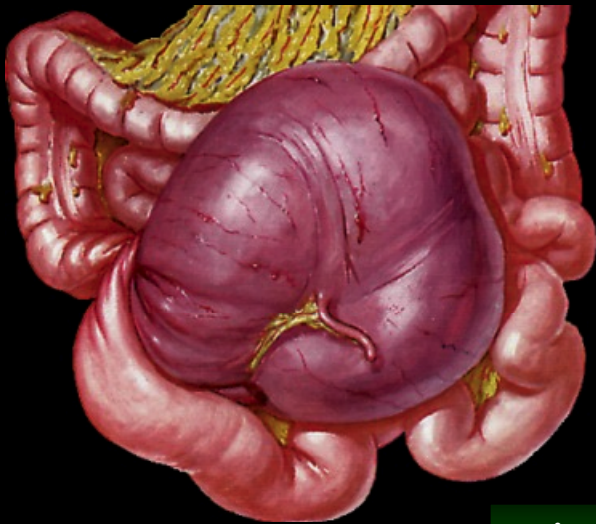
femme 35 ans douleurs épigastriques aiguës , vomissements



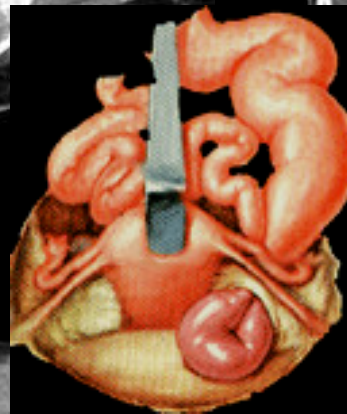
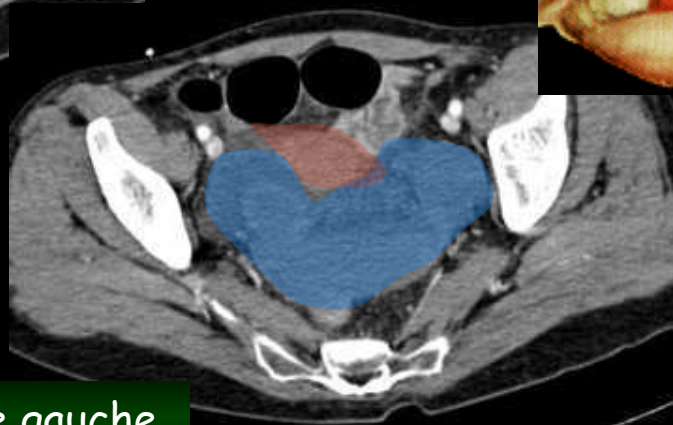
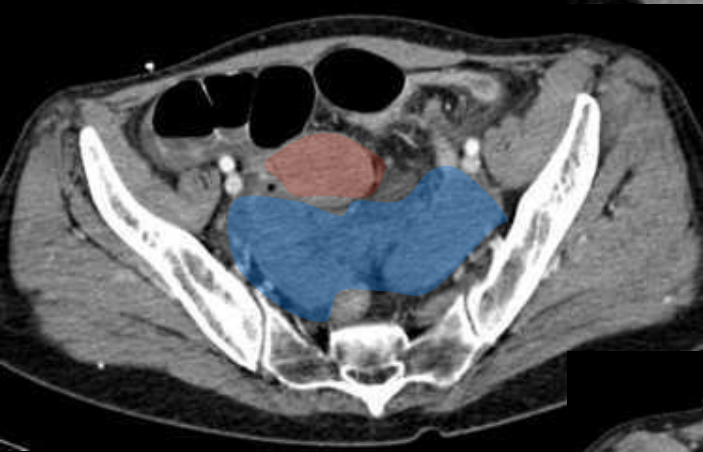




**Volvulus du cæcum**



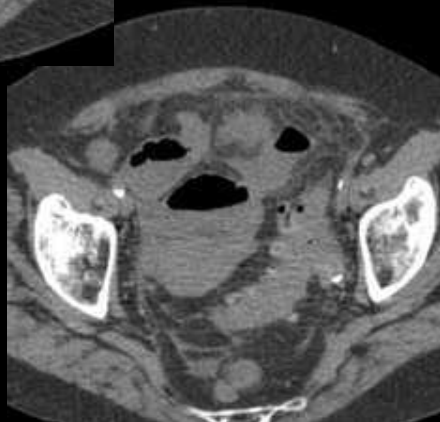
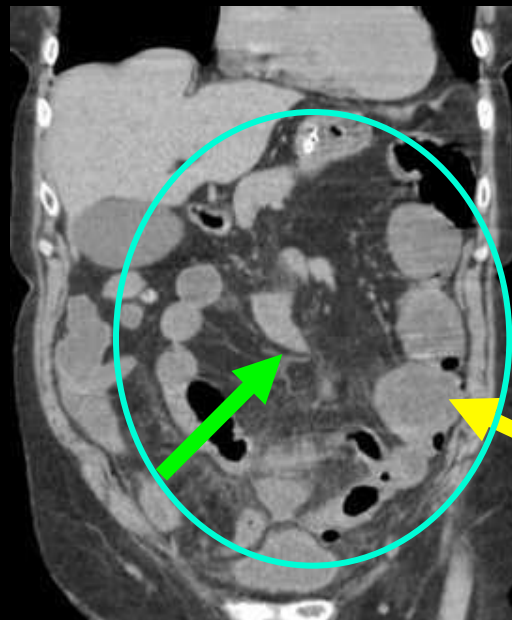
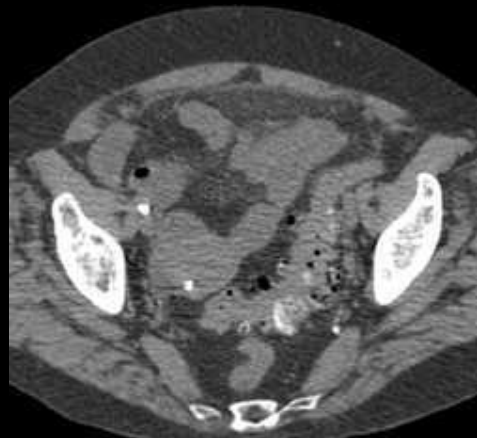
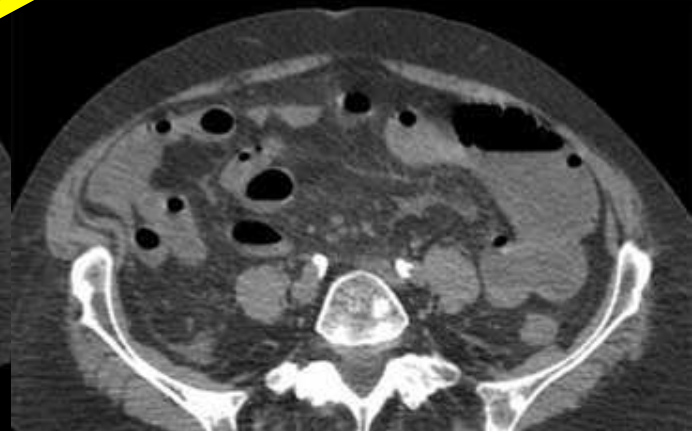
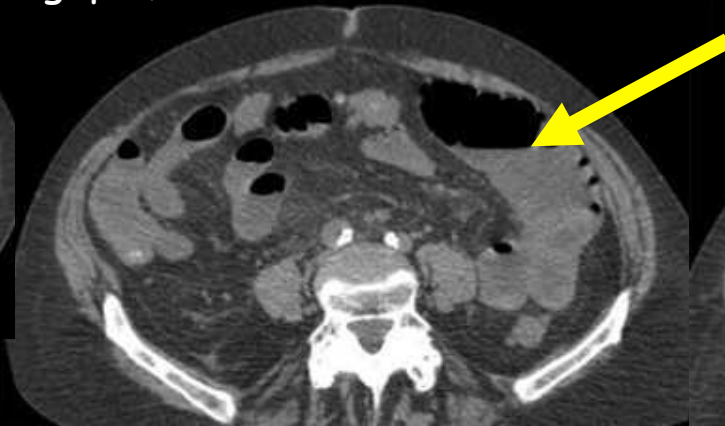
volvulus du cæcum



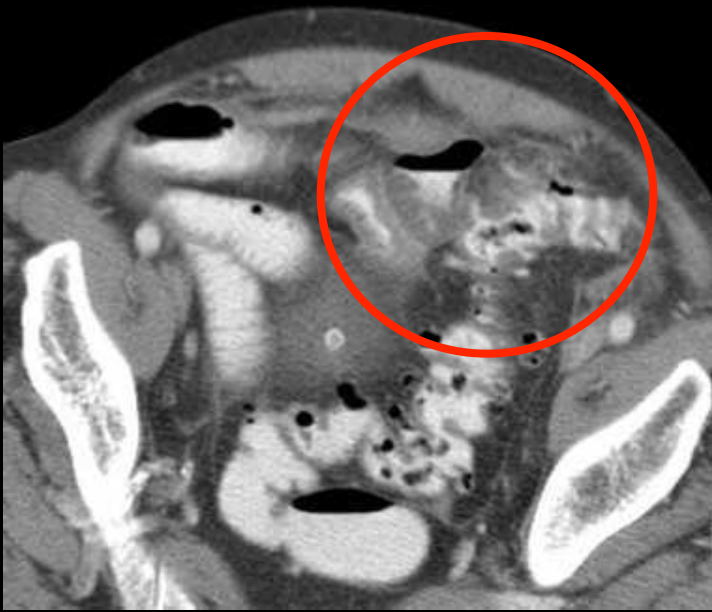
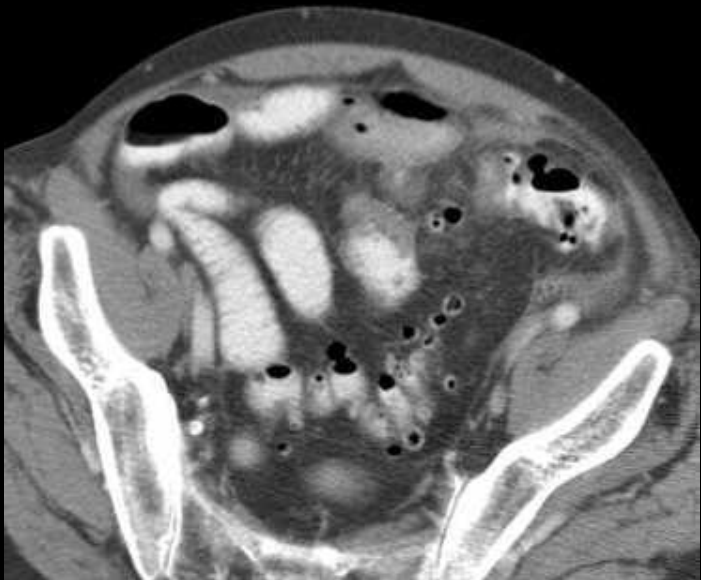
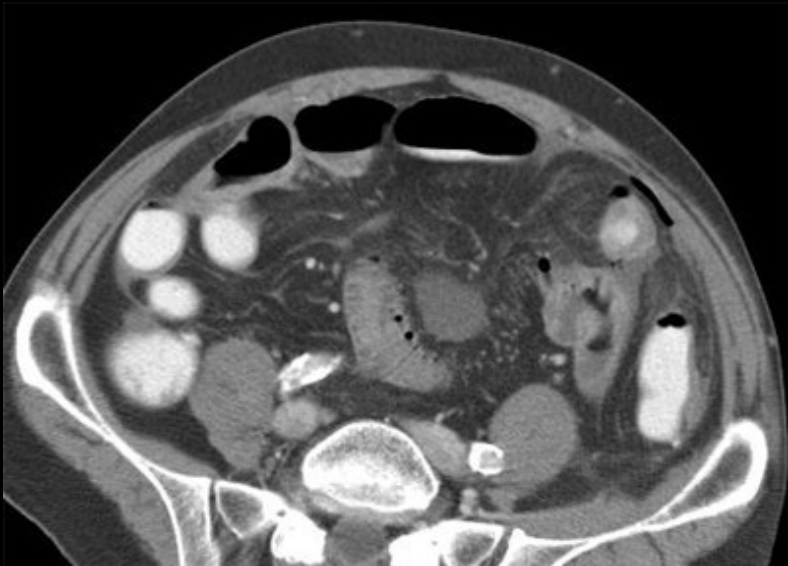
hernie du ligament large gauche

femme 72 ans ; ATCD : appendicectomie .Douleurs abdominales, vomissements,  
fièvre

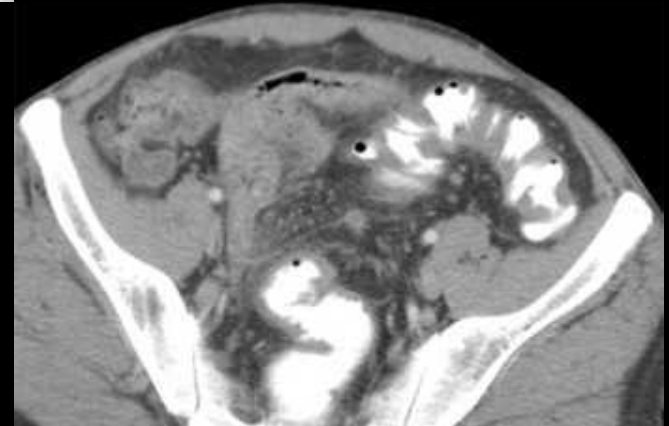
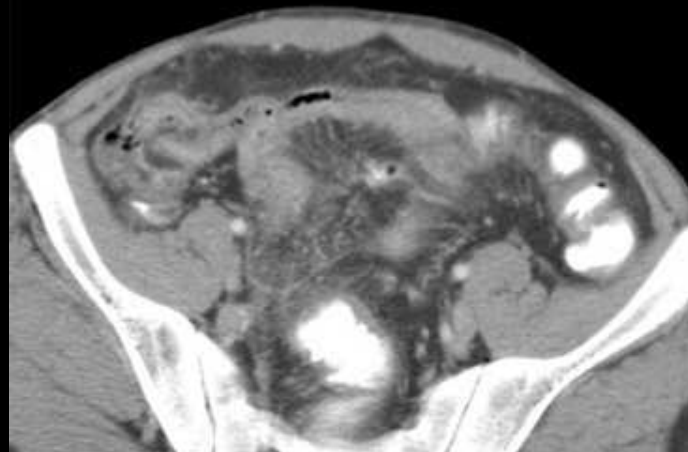
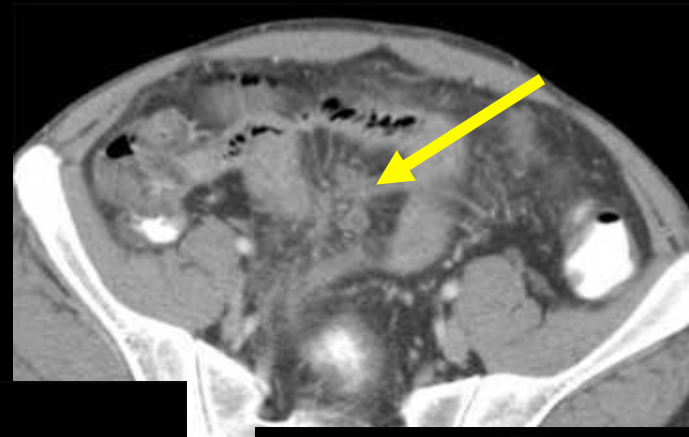
Syndrme infectieux biologique, insuffisance rénale. Occlusion du grêle fébrile



occlusion du  
grêle sur  
"périviscérite"  
sigmoïdienne  
d'origine  
diverticulaire

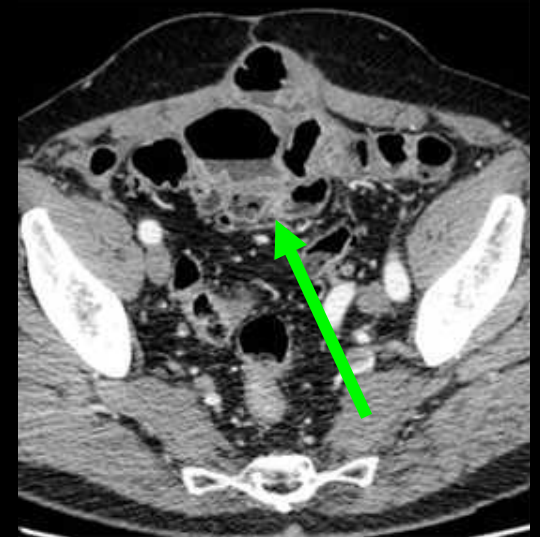
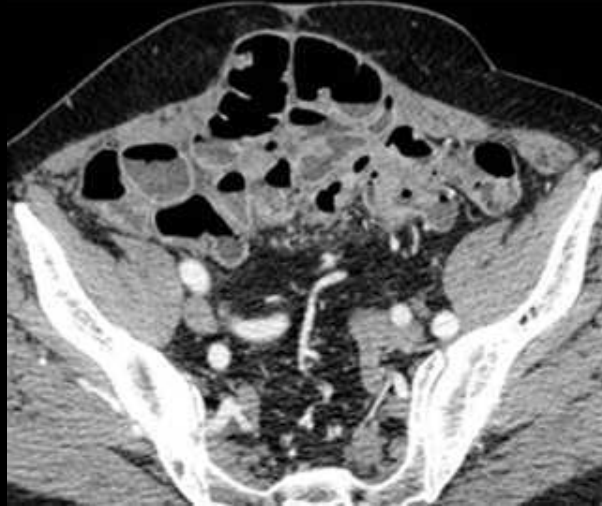
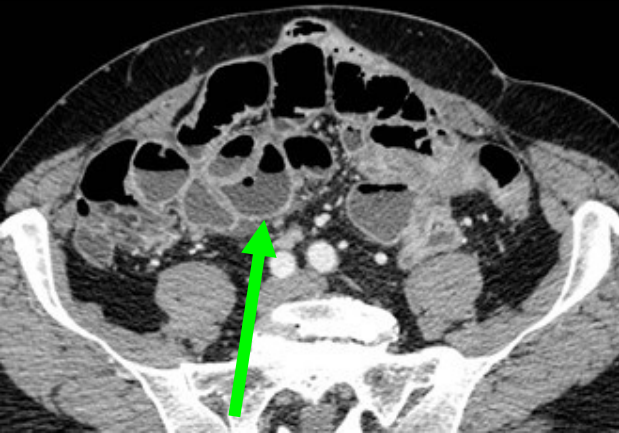


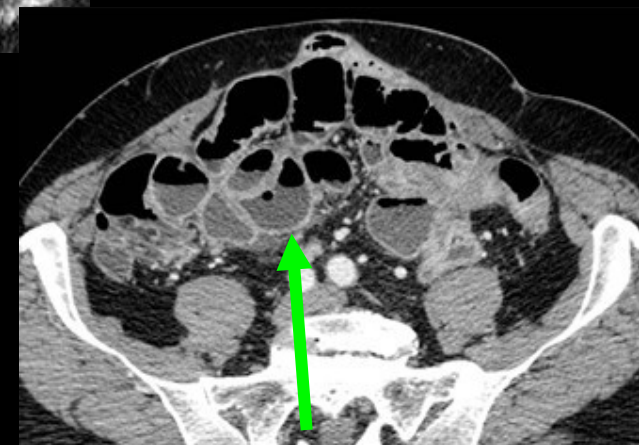
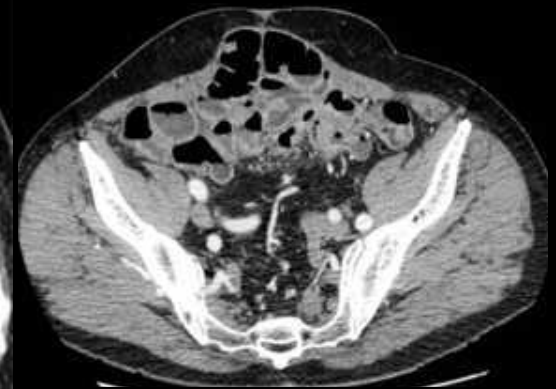
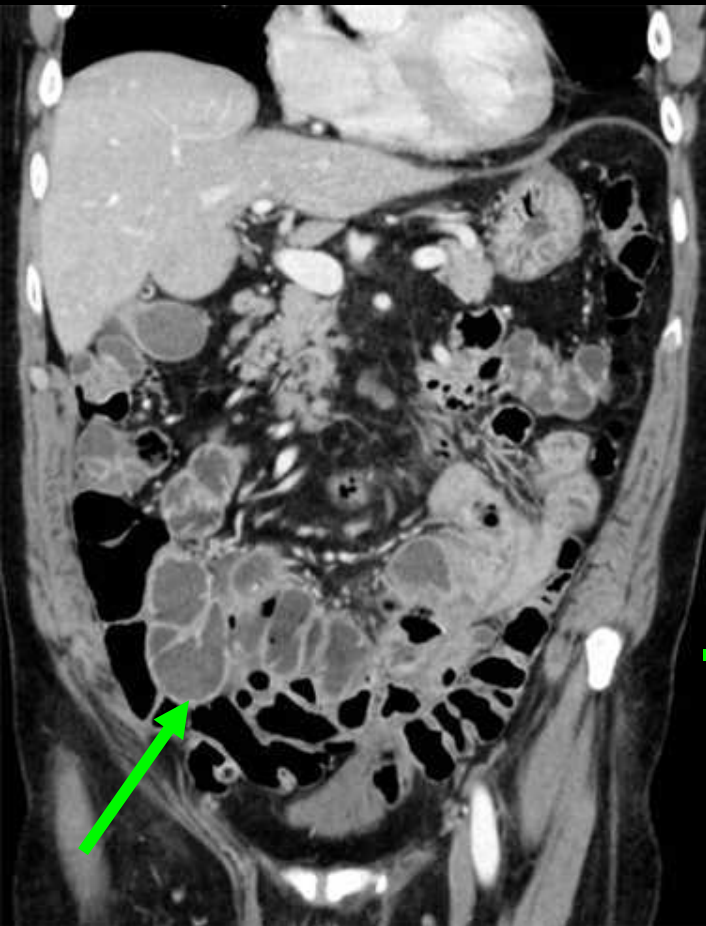
occlusion du grêle sur "périveriscérite" sigmoïdienne d'origine diverticulaire



occlusion du grêle sur "pérviscérite" sigmoïdienne d'origine diverticulaire

homme 67ans ; antécédents d'appendicectomie ; cure d'éventration, épisodes douloureux "subocclusifs" itératifs.

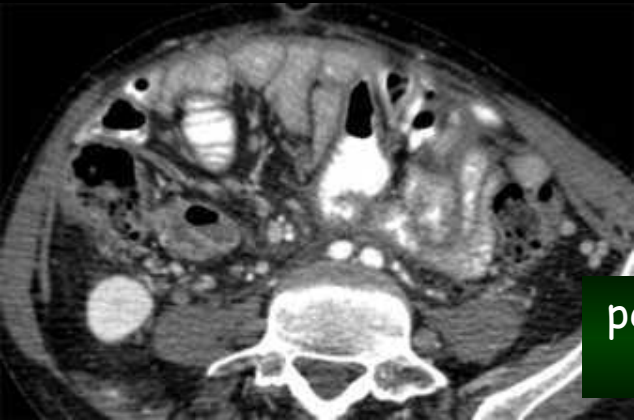
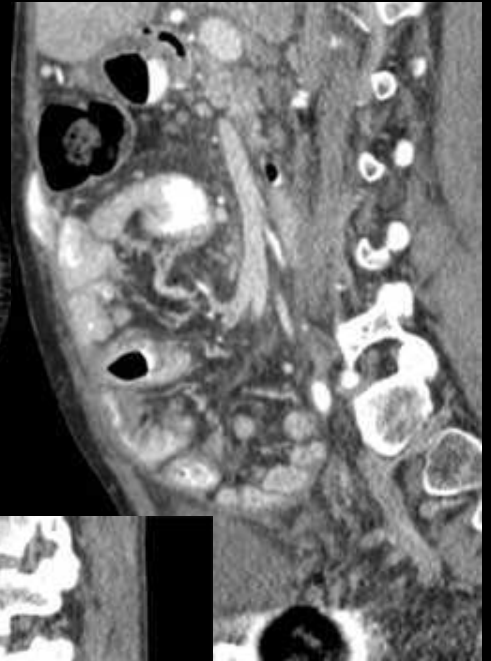




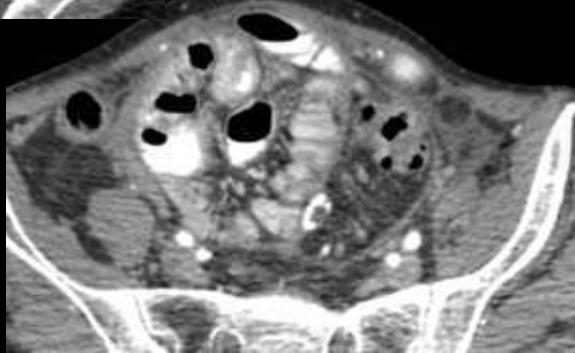
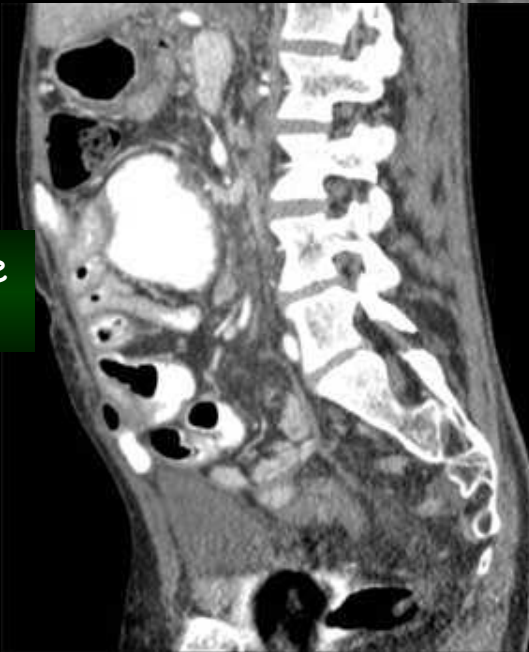
adhérences intestino-mésentériques post chirurgicales

à la paroi abdominale antérieure et interanses

homme de 43 ans. , ATCD de cirrhose éthylique, triple dérivations bilio-pancréatique et digestive ; bilan pré-op pour jéjunostomie d'alimentation



péritonite encapsulante  
"abdominal cocoon"



## péritonite sclérosante encapsulée.

- description et terminologie d'"abdominal cocoon" ; 1978  
Foo et al.

-étiologie:

chirurgie abdominale,  
péritonite,

**dialyse péritonéale** ( 1.4-7.3% ) ,

prise de practolol.  
idiopathique.

-imagerie:

concentration des anses grêles au milieu de l'abdomen

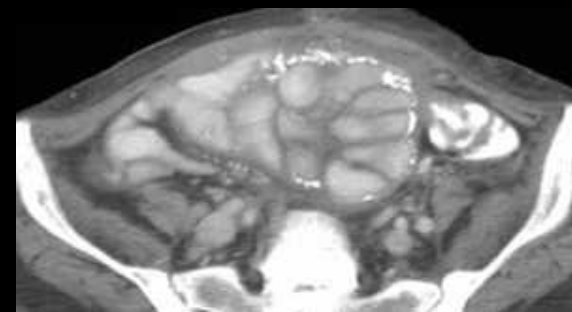
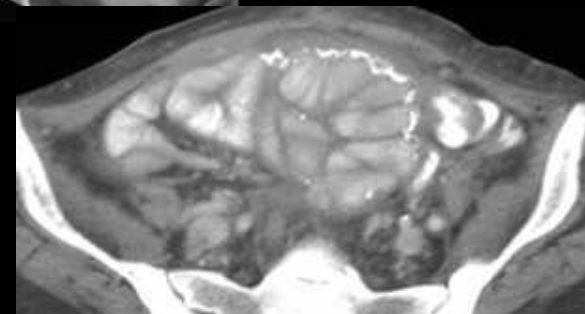
épaississement pariétal, ascite,

calcifications péritonéales ,  
adénopathies réactionnelles.

aspect "en chou fleur " sur les opacifications  
digestives et/ou le CT .

-traitement : chirurgical ...? préventif.... ??



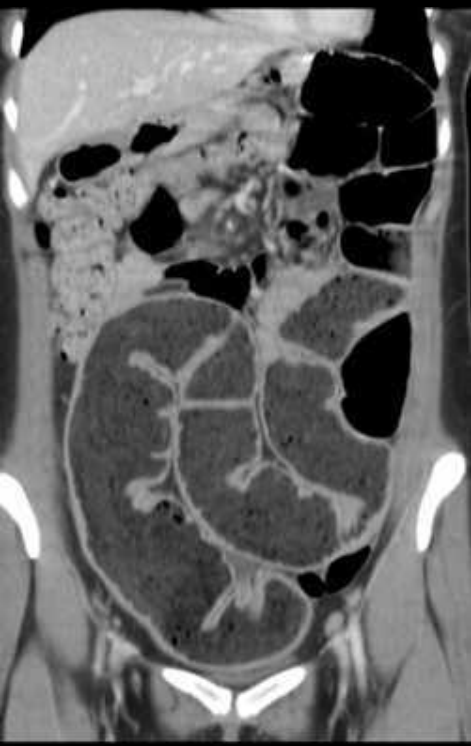


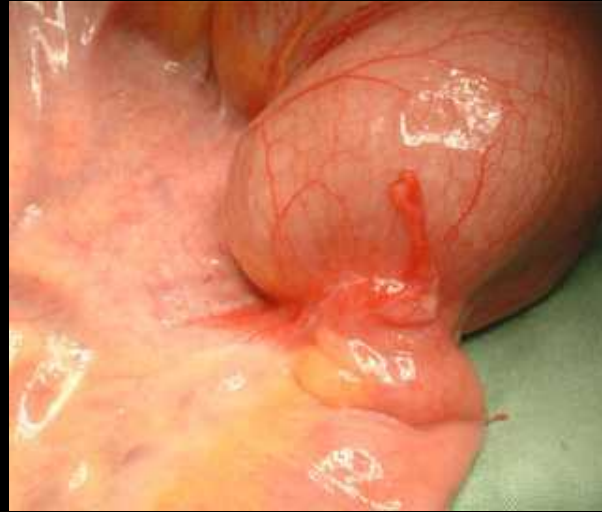
dialyse péritonéale

péritonites encapsulantes ; "abdominal cocoons"

jeune femme 25 ans ,,syndrome occlusif ,apyrétique, douleurs de la fosse iliaque droite



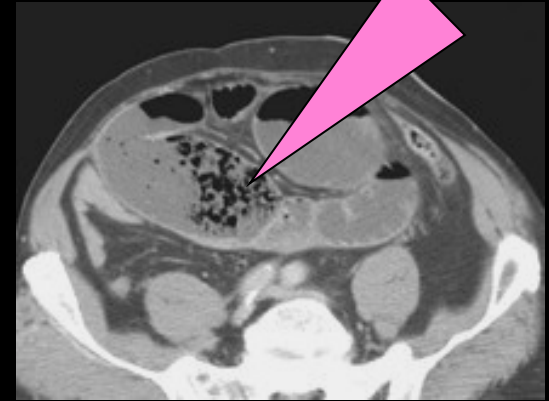
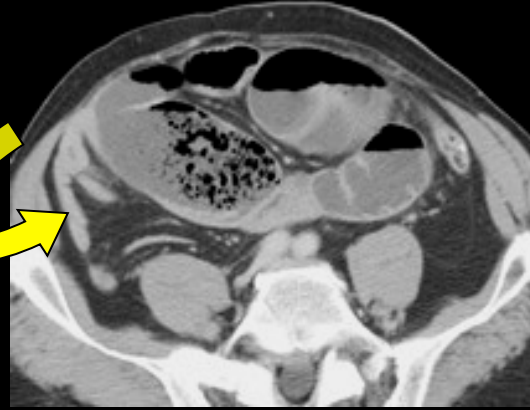
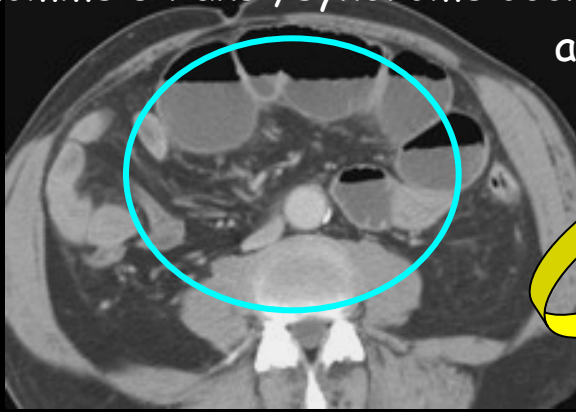




mélanome malin primitif du grêle ( des tissus mous)

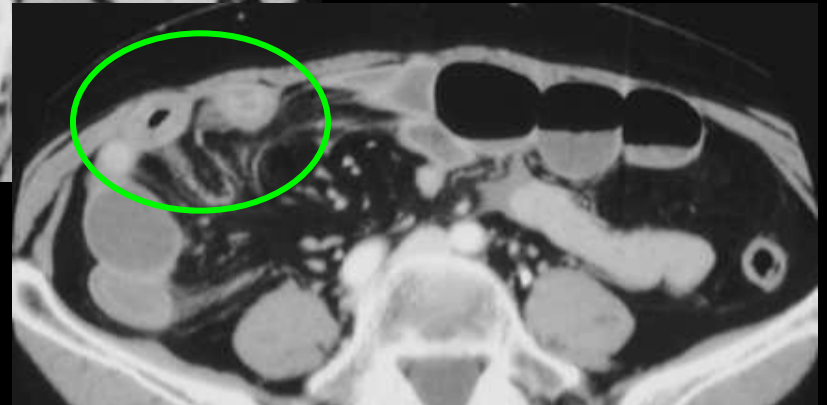
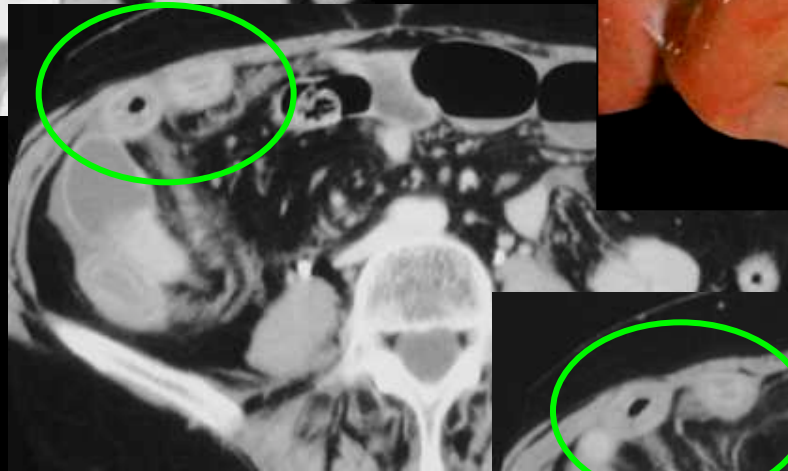
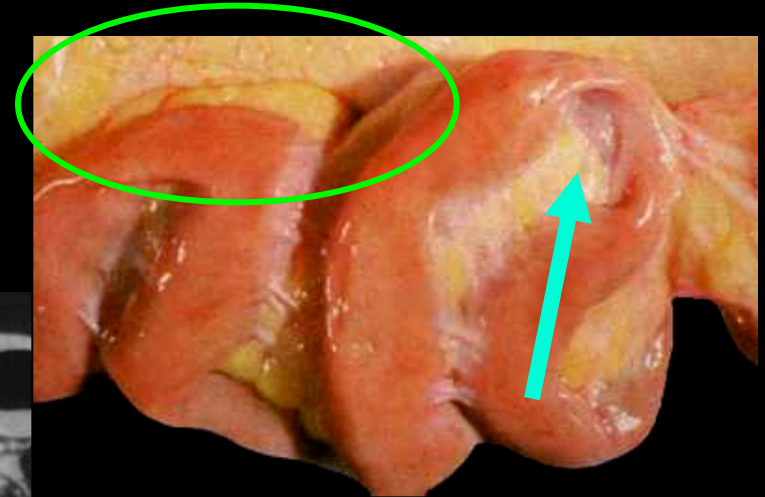
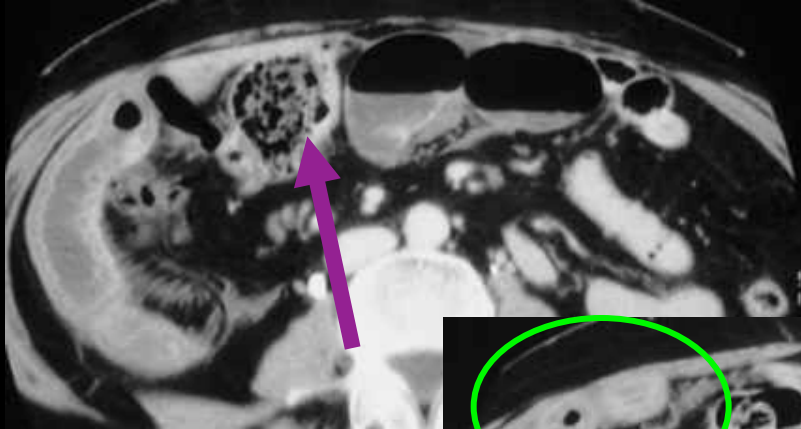
- **6 cas rapportés de mélanome malin primitif dans cette localisation grêle**
- **Septembre 2005 Venkataraman et al.**
  - Jeune fille 25 ans : douleurs abdominales et troubles du transit
  - Transit du grêle et CVE
  - Scanner
  - Terrain jeunes adultes
  - Sites habituels : tendons et aponévroses (95%)
  - Tractus digestif : duodénum, iléon, **colon** ,estomac
  - Extension ganglionnaire +++++ et hépatiques
  - Pour cette localisation : pas de facteur pronostique de gravité

homme 54 ans , syndrome occlusif ,apyrétique, douleurs de la fosse iliaque droite  
antécédents d'appendicectomie



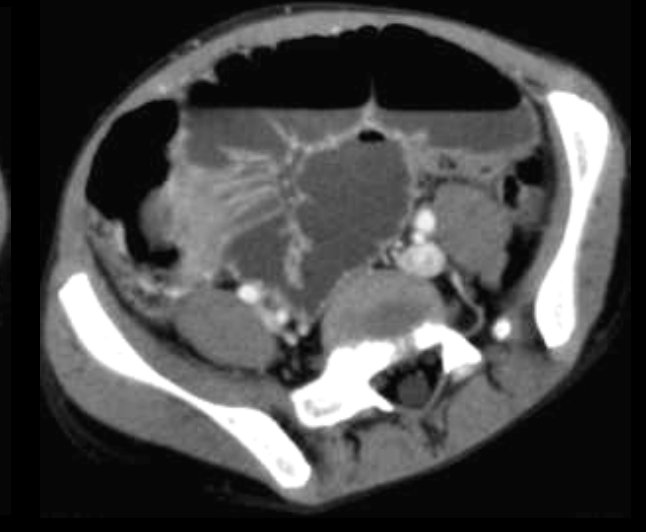
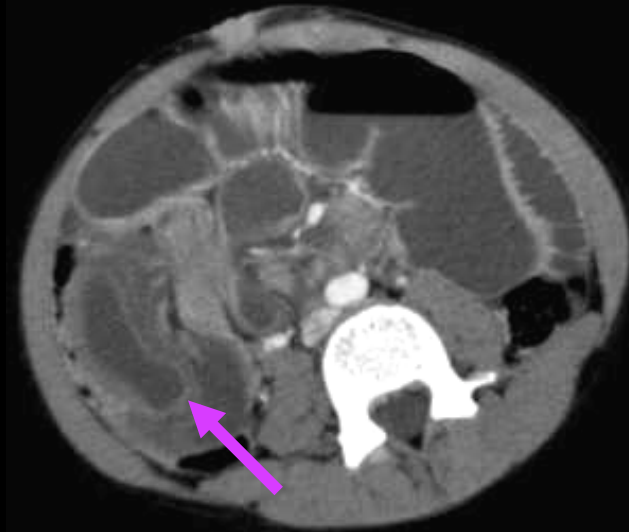
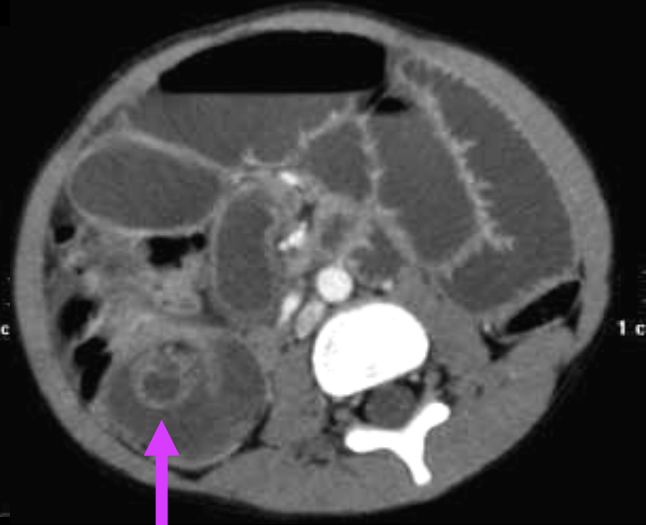
occlusion sur **adhérences** intestino-mésentériques ; volvulus chronique  
sans images de strangulation ; "**pseudo-fèces** "

compression extrinsèque simple : adhérences et brides

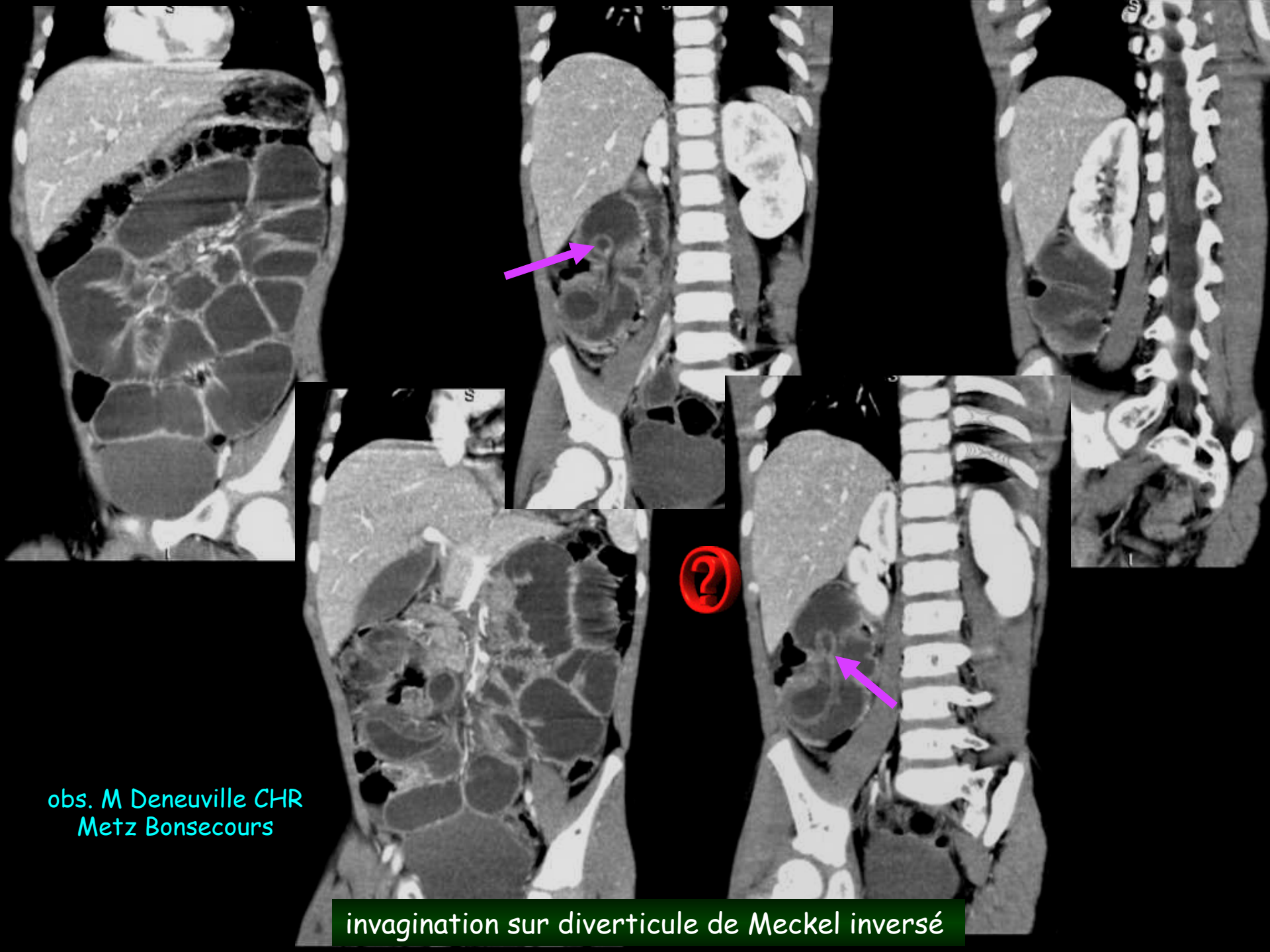


occlusion sur **adhérences** intestino-mésentériques ; le plus souvent multifactorielle +++

enfant 8 ans syndrome occlusif de survenue brutale ; tableau hyperalgique

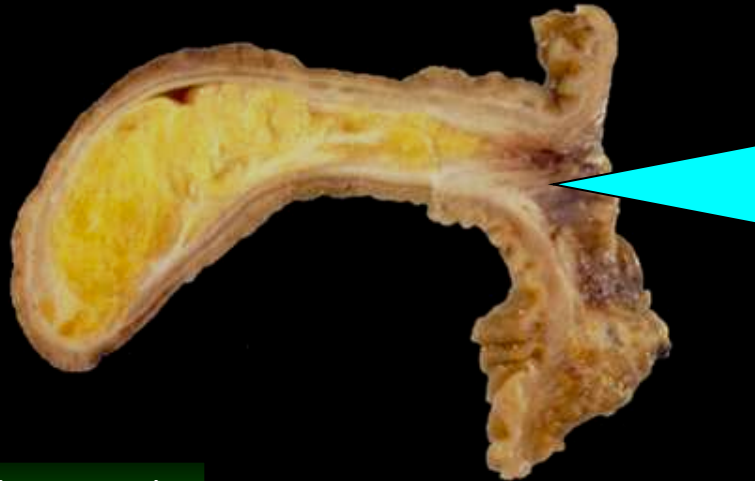
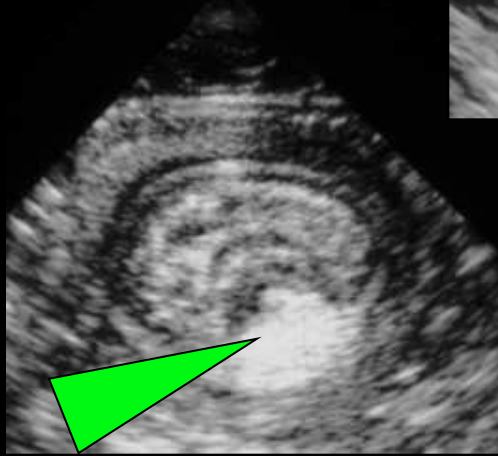
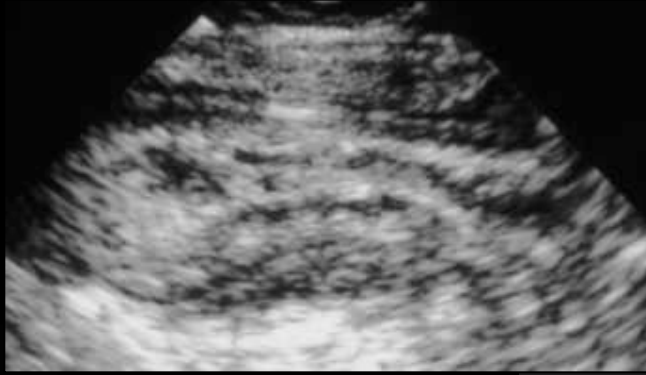


obs. M Deneuille CHR Metz Bonsecours



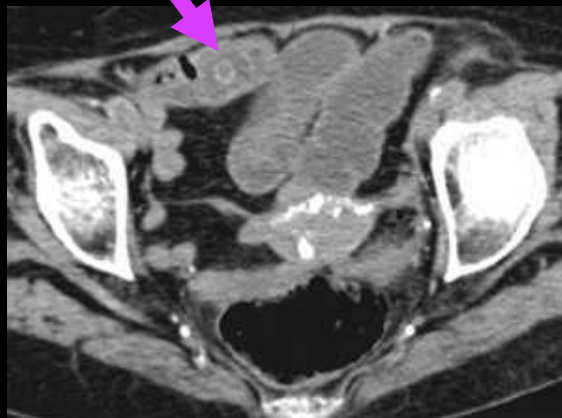
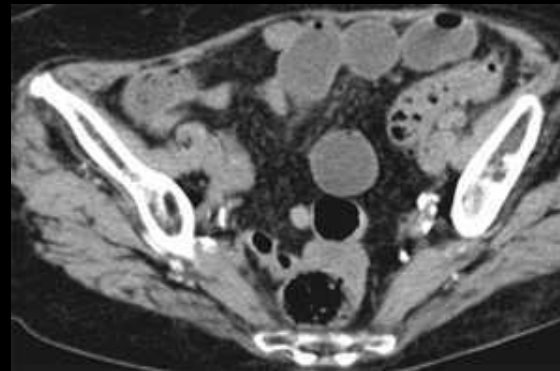
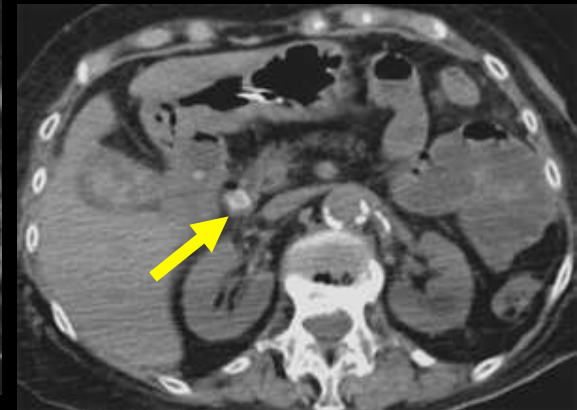
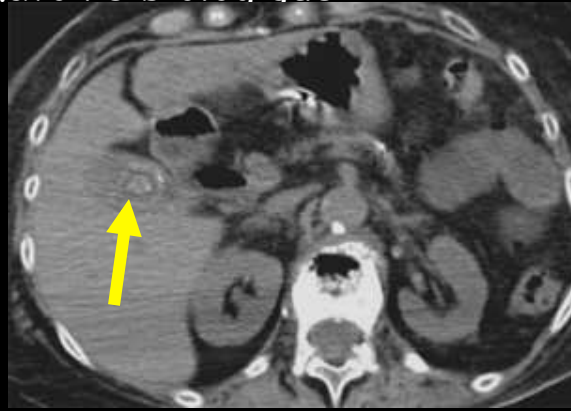
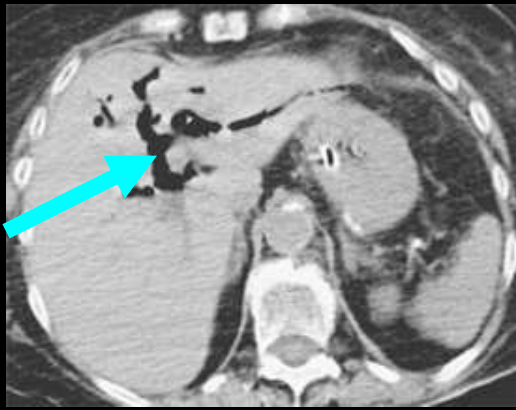
obs. M Deneuille CHR  
Metz Bonsecours

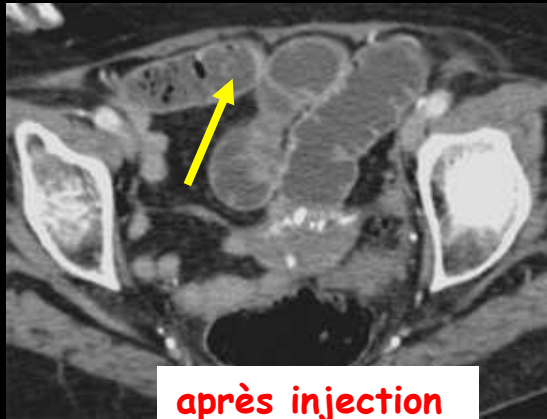
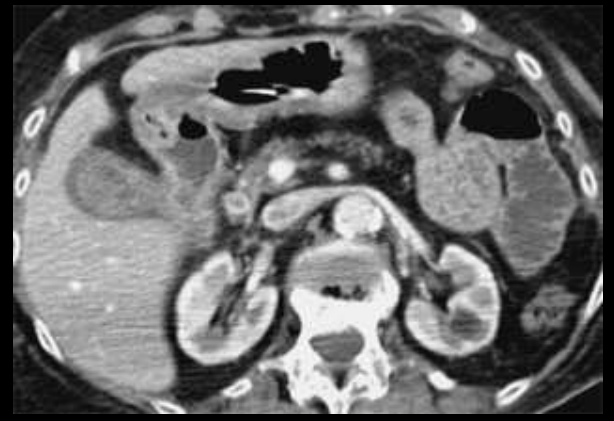
invagination sur diverticule de Meckel inversé



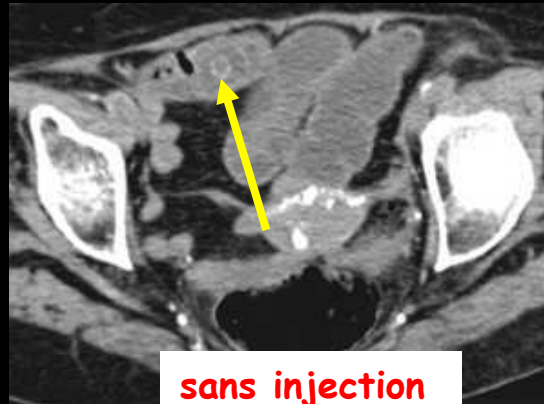
invagination sur diverticule de Meckel inversé

femme 86 ans ,douleurs de l'hypochondre droit et syndrome occlusif ; pas de fièvre  
ni de syndrome inflammatoire biologique

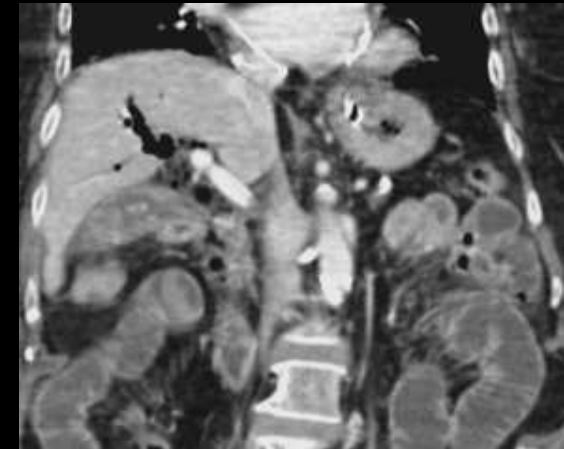




après injection

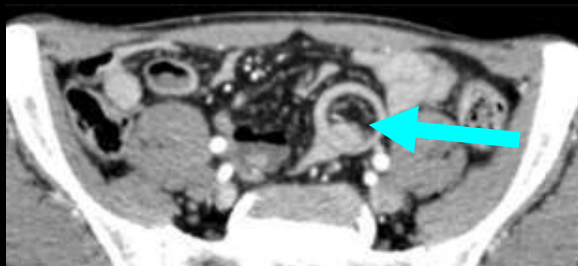
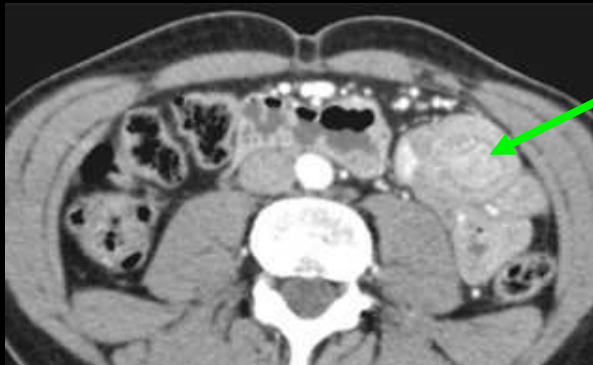


sans injection



ileus biliaire ; comptez les calculs !!!

homme de 49 ans. , épisodes douloureux abdominaux aigus itératifs , cédant spontanément ou sous l'action des antispasmodiques



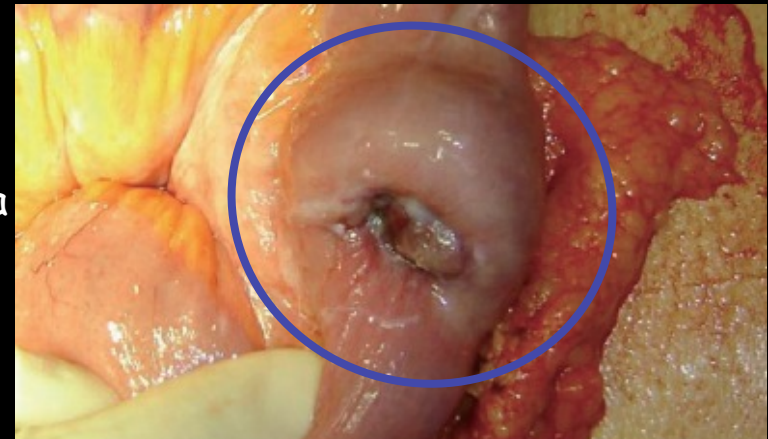
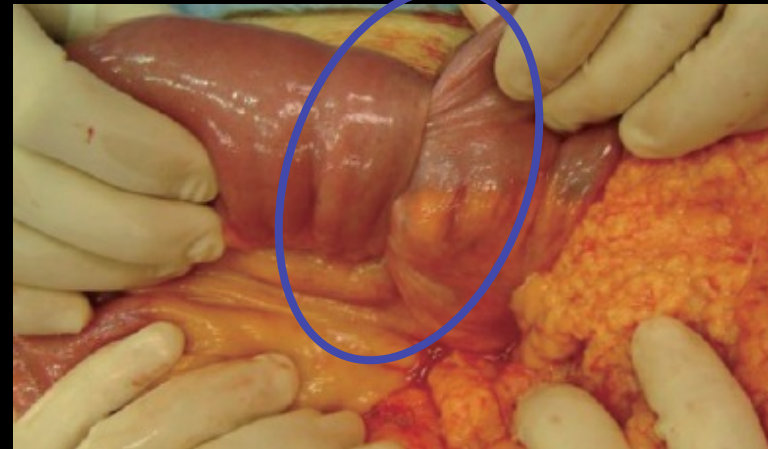
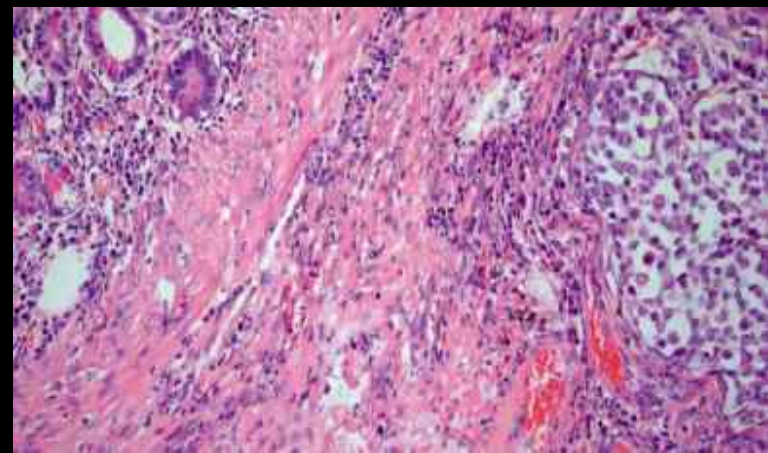
invaginations multiples sur métastases de mélanome

métastases digestives de mélanome :

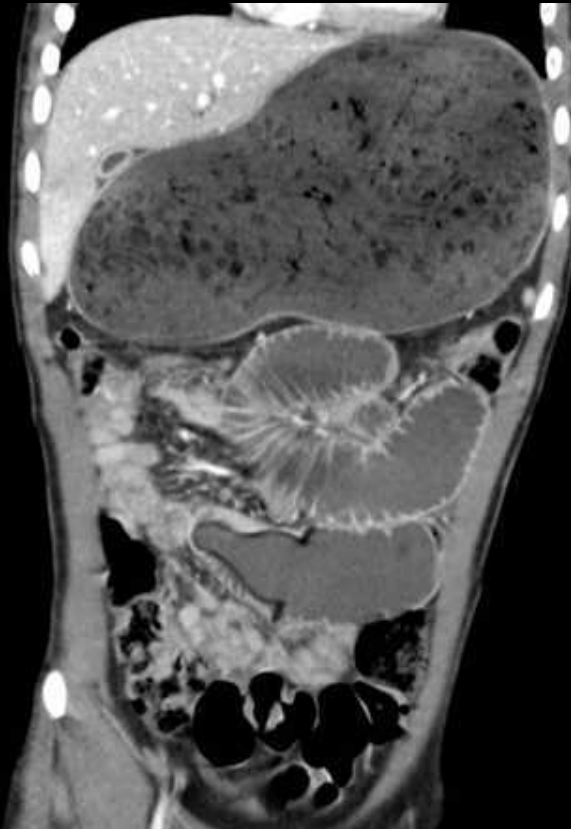
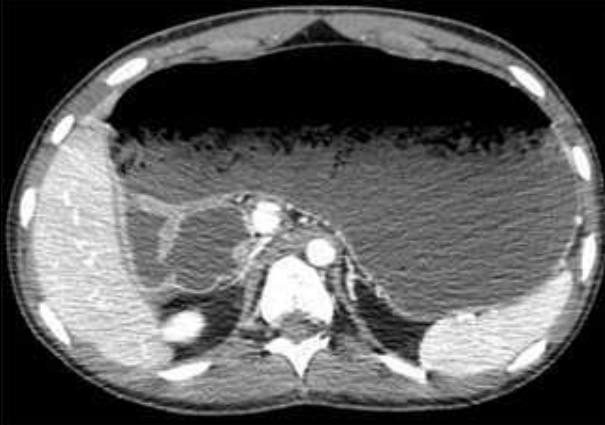
- 50% des séries autopsiques
- 5% symptomatiques (saignements chroniques avec anémie, sub-occlusions)

patiente de 45 ans, nausées + vomissements, amaigrissement de 5kg. Pas de néoplasie connue. Pas de primitif retrouvé.

Jejuno-jejunal invagination due to intestinal melanoma  
Giuseppe Resta and coll, *World J Gastroenterol* 2007  
; 13: 310-312



jeune garçon 17 ans , vomissements importants soulageant des crises douloureuses abdominales survenues depuis 36 heures

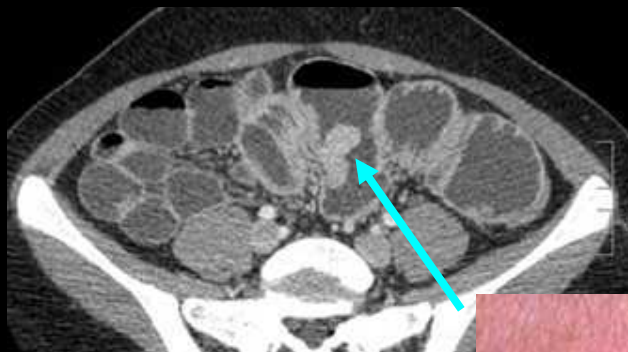


enfant autiste ... non sevré

jeune femme 27 ans , crises douloureuses abdominales récurrentes



entéros scanner  
par entéroclyse

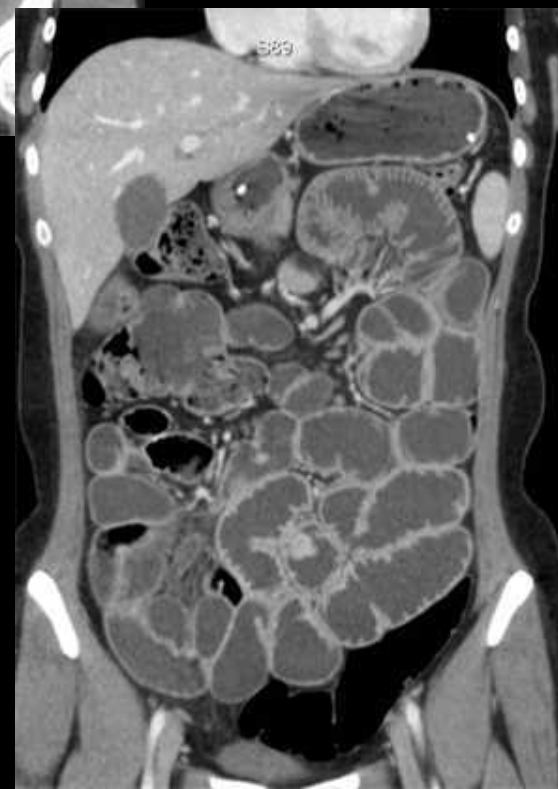


polypose hamartomateuse de Peutz-Jeghers-Touraine



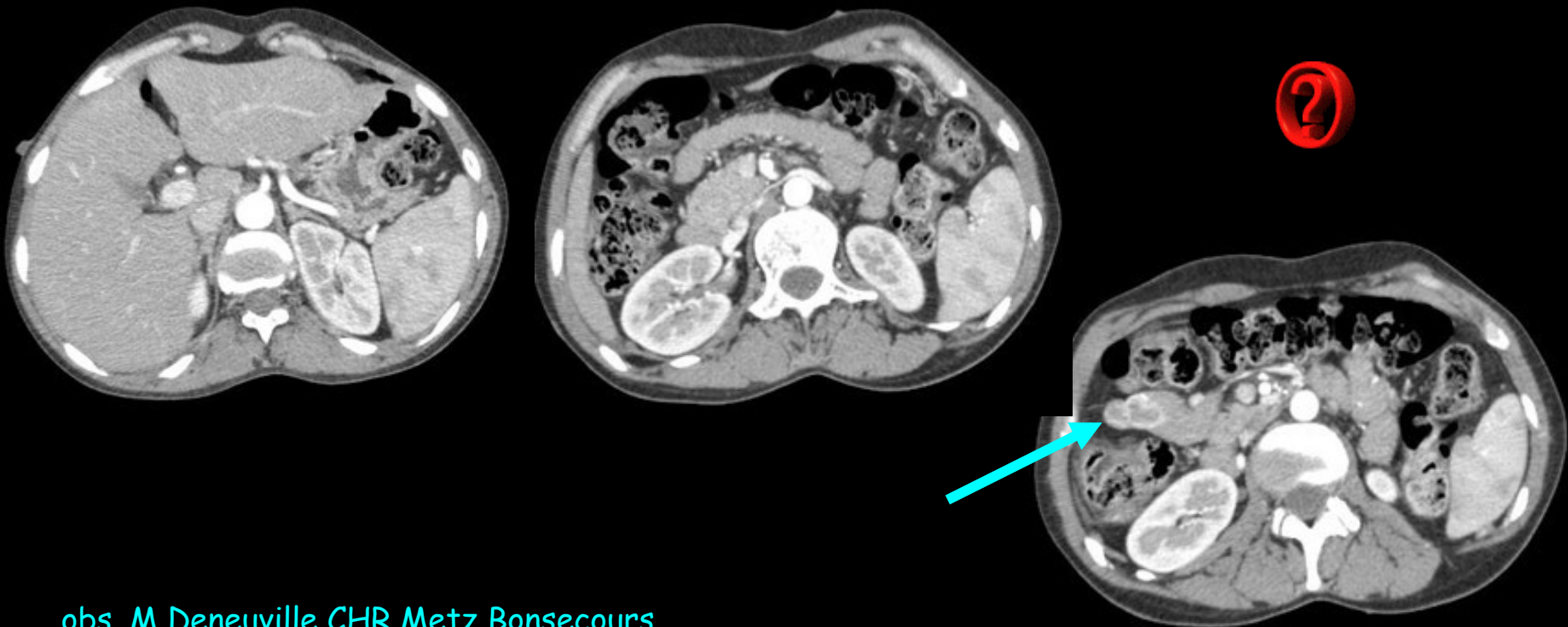
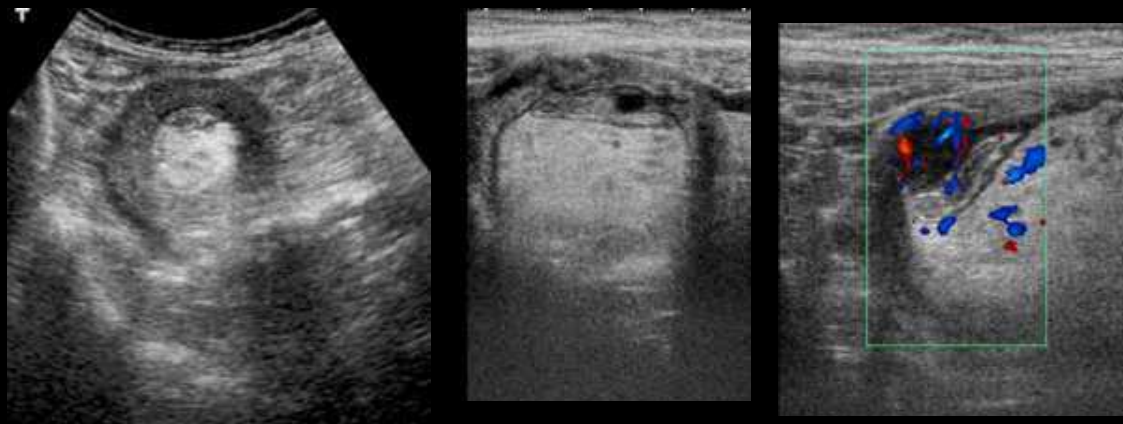


entéros scanner  
par entéroclyse

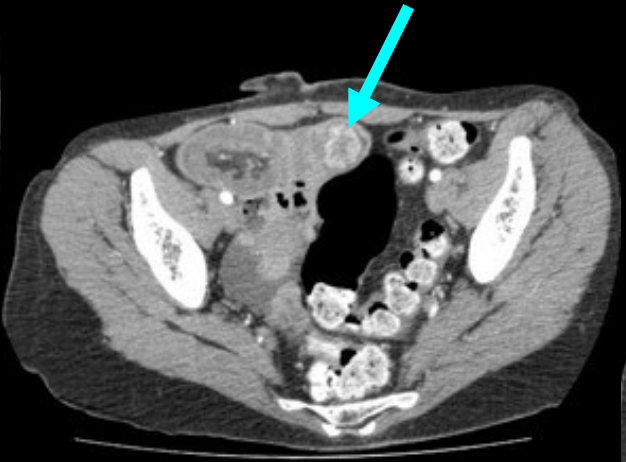


polypose  
hamartomateuse  
de Peutz-  
Jeghers-Touraine

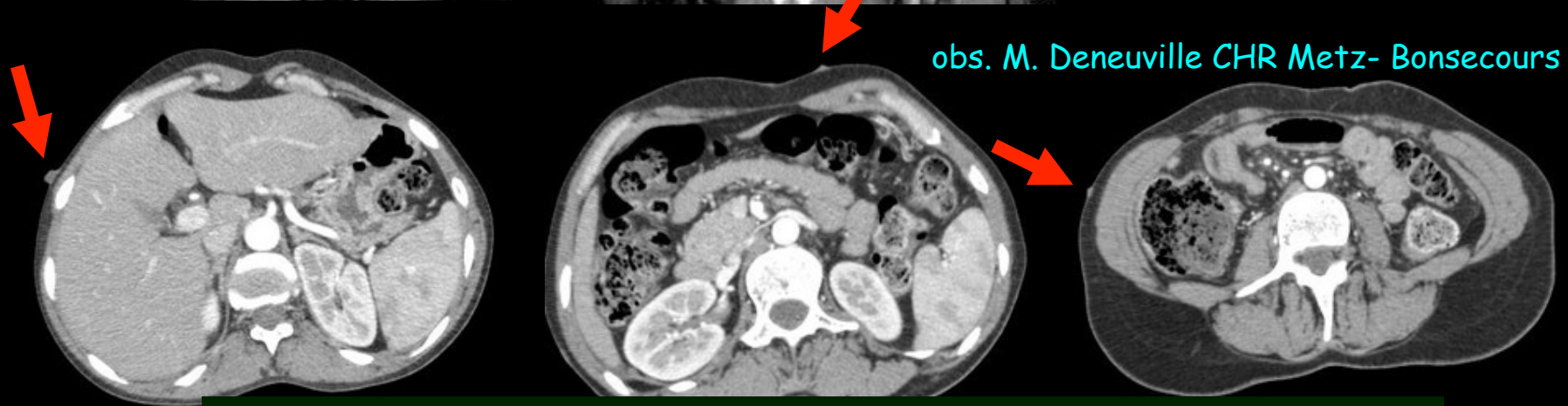
femme 38 ans , d'origine portugaise; douleurs abdominales évoluant par crises , depuis plusieurs années



obs. M Deneuille CHR Metz Bonsecours



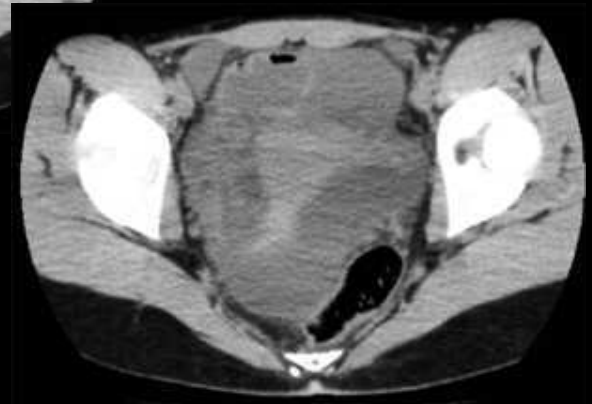
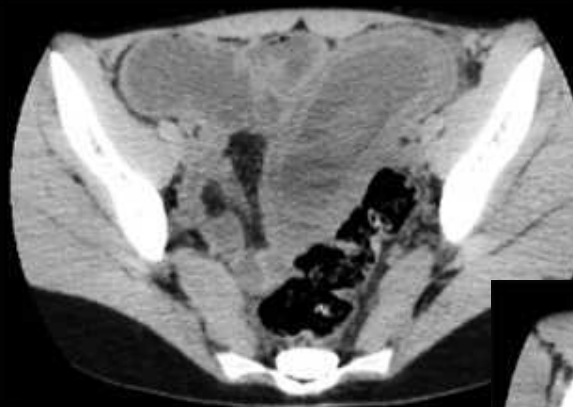
obs. M Deneuille CHR Metz Bonsecours

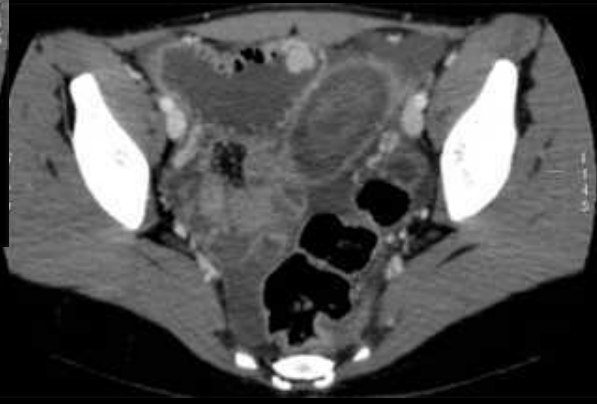
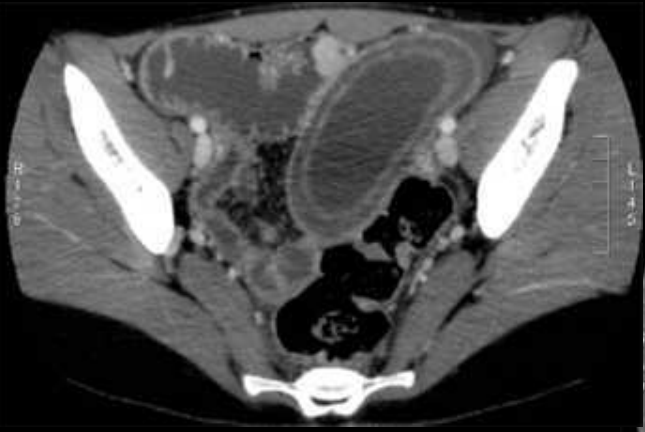
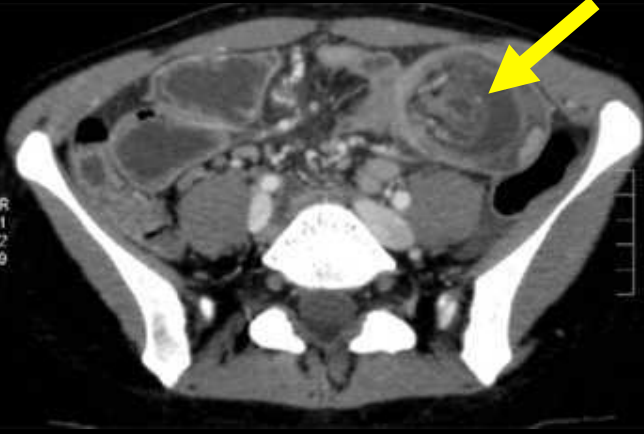
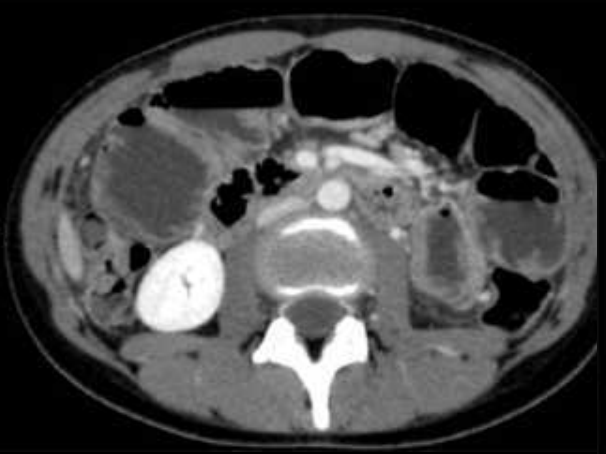


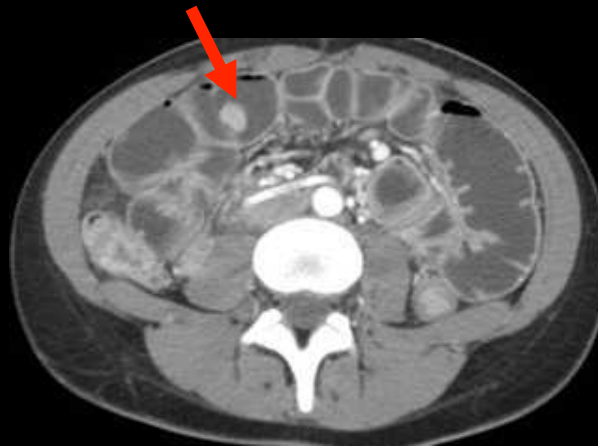
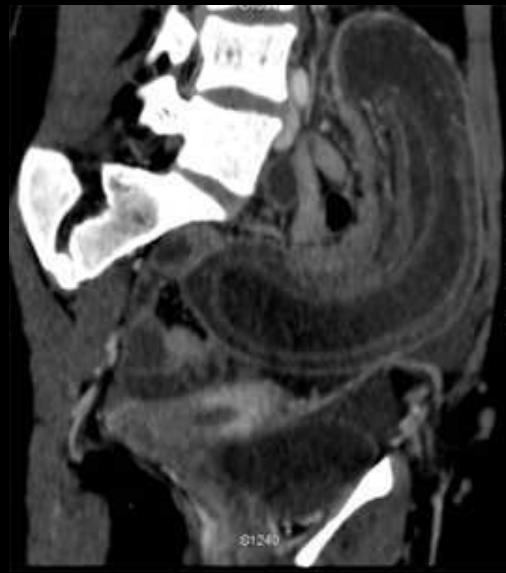
GIST (neurofibromes) multiples dans une neurofibromatose de type I



femme de 21 ans , douleurs épigastriques aiguës, puis de la FIG .Vomissements fécaloïdes, distension abdominale. abdomen souple



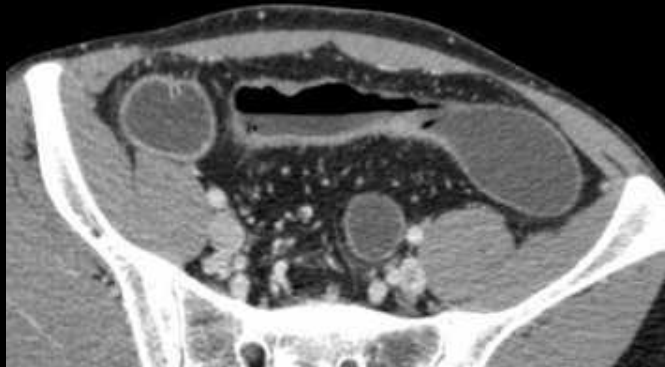
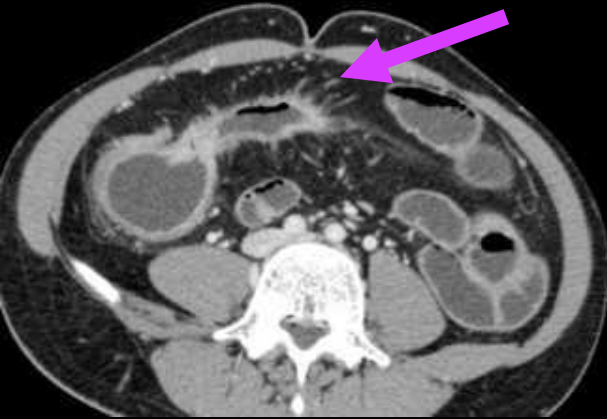




entéroscanner 1 an auparavant

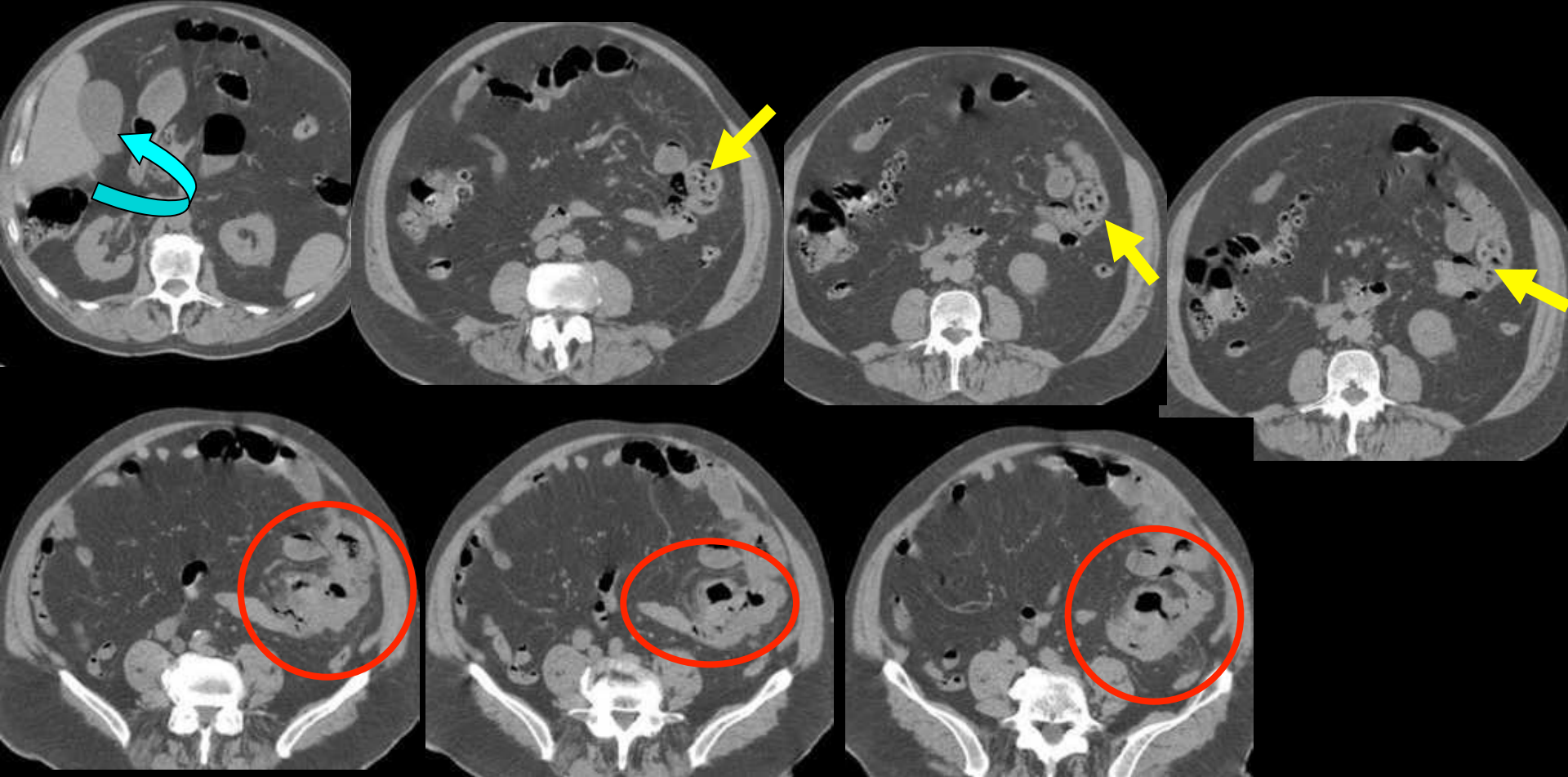
invagination aiguë avec nécrose ischémique de l'intussusceptum sur polypose hamartomateuse de Peutz-Jeghers

homme de 23 ans , ne se plaignant de rien sur le plan clinique (déli de sa maladie, connue depuis plusieurs années )

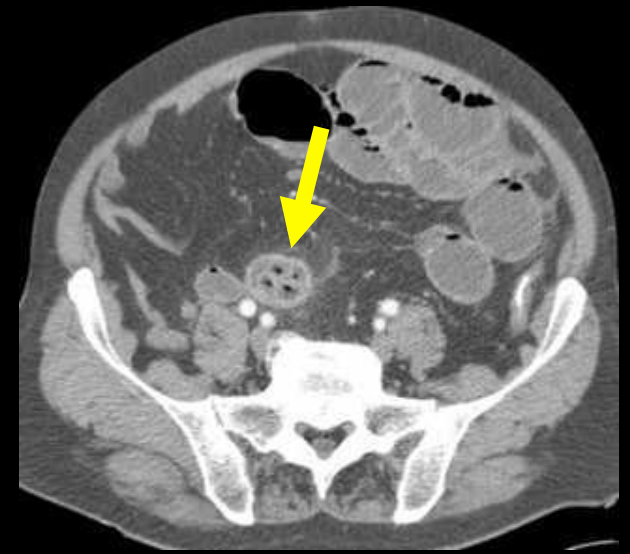
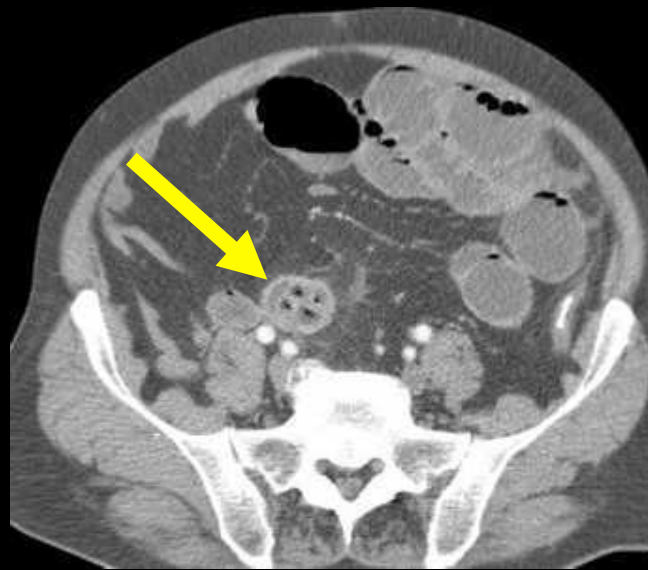


sténose fibreuse étendue sur maladie de Crohn

homme . 75 ans , sans antécédent chirurgical abdominal ; choc septique et douleurs para ombilicales gauches précédés d'un épisode fébrile douloureux 8 jours auparavant.  
Hospitalisation ; épisodes occlusifs transitoires itératifs pendant 13 jours , toujours dans un contexte fébrile



obs. C. Lassalle Langres



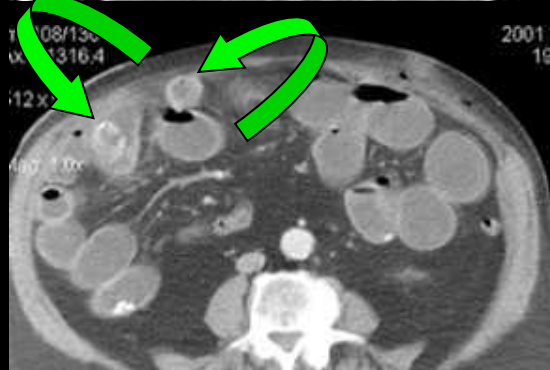
ASP et scanner au cours d'un épisode occlusif !!



obs. C. Lassalle Langres

coprolithe "térapyle" développé dans un diverticule du grêle, responsable d'une diverticulite puis d'un syndrome occlusif par migration dans l'intestin d'aval

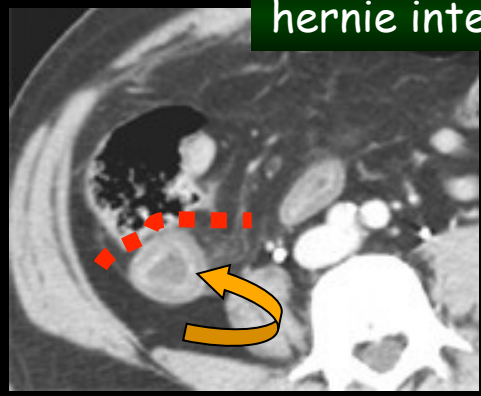
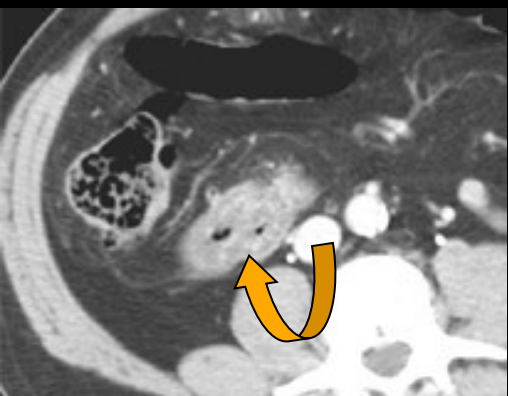
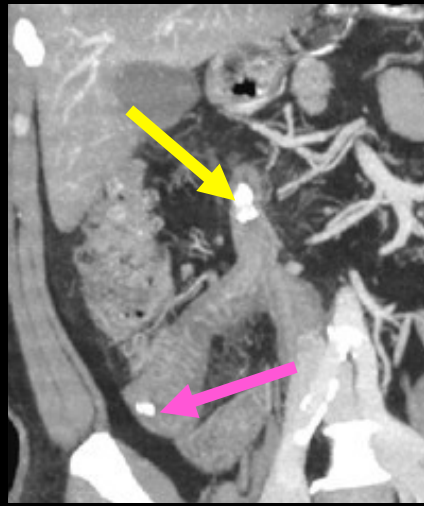
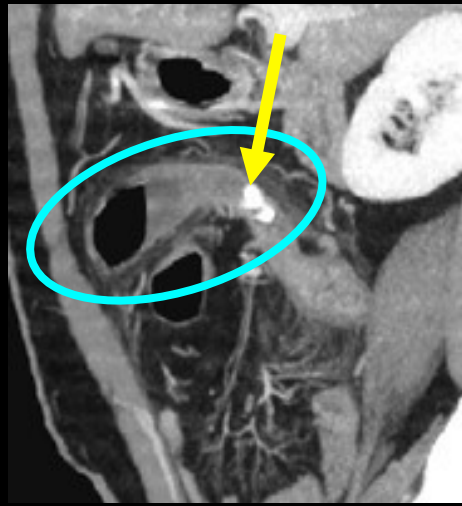
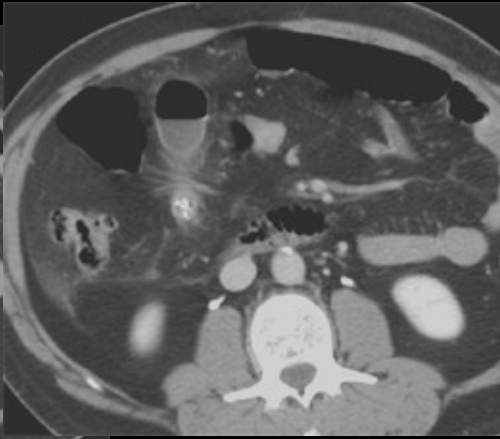
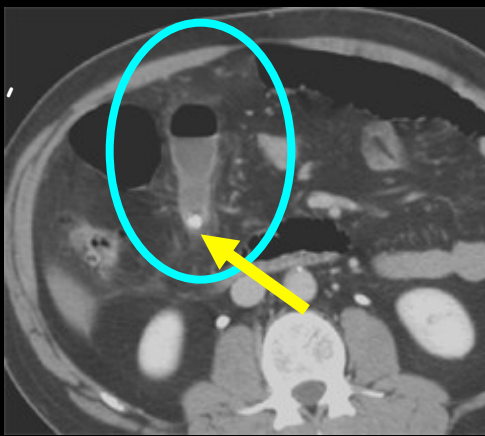
# homme 29 ans syndrome occlusif fébrile



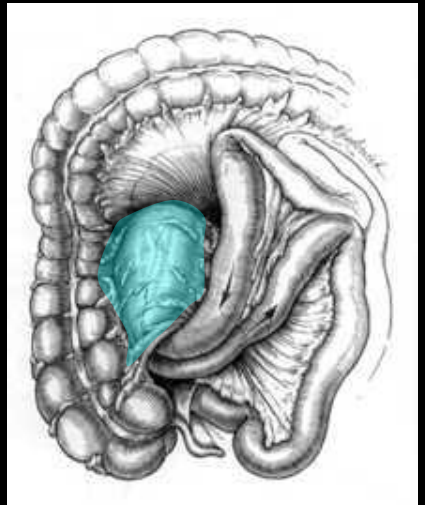
coprolithes issus d'un diverticule de Meckel géant

obs. I.N Phi Saïgon

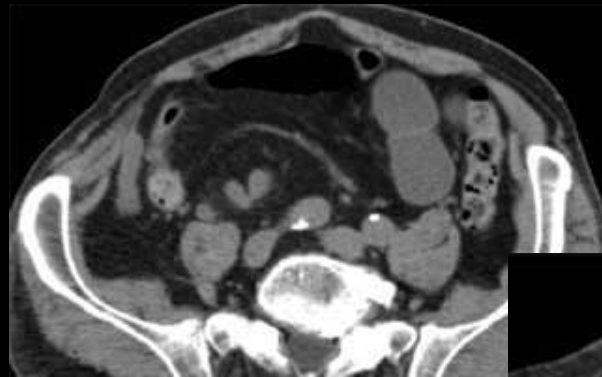
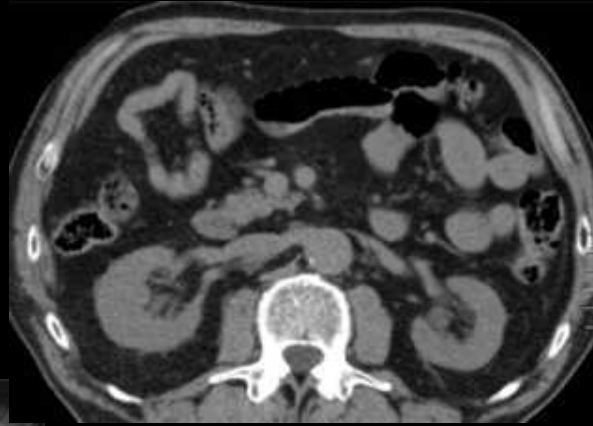
homme 52 ans ,  
sd occlusif  
fébrile

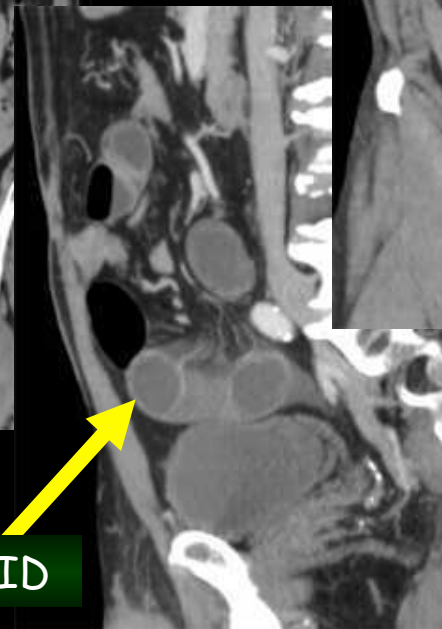
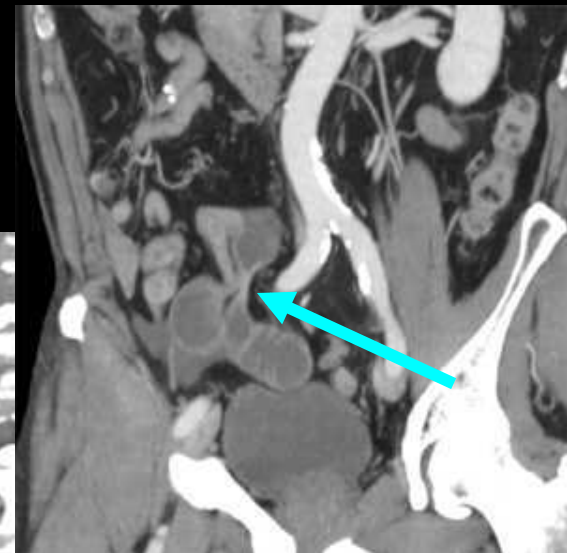
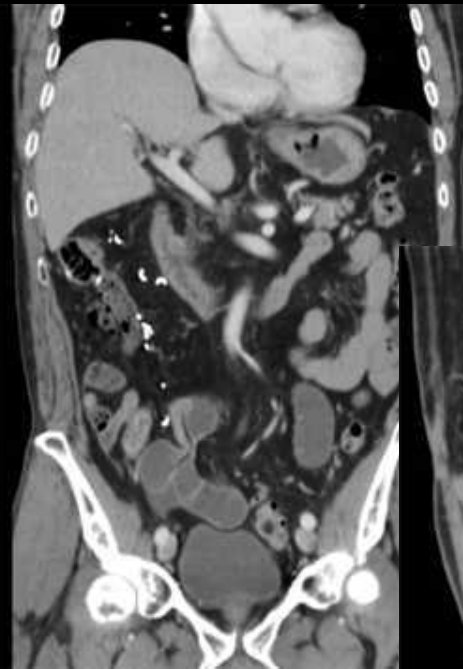
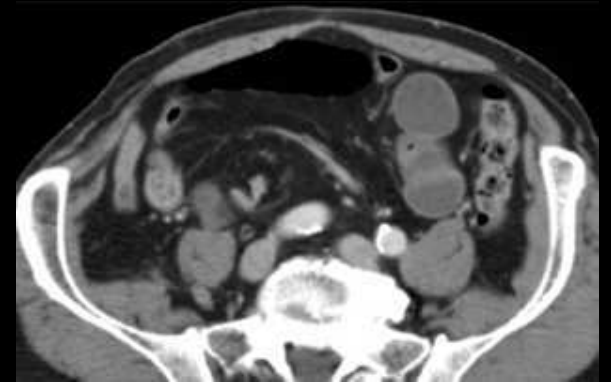
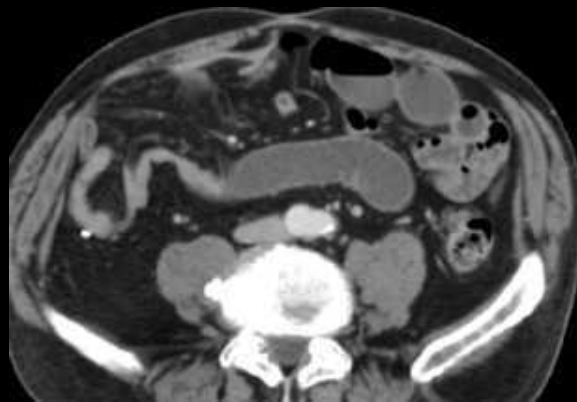
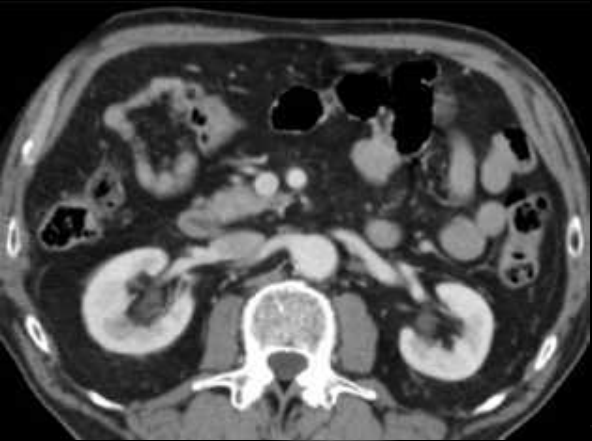


hernie interne rétro caecale !!!



homme , 69 ans , douleurs abdominales aiguës a 1 heure u matin  
antécédents de chirurgie colique droite , cholangiocarcinome ,, hernie inguinale droite



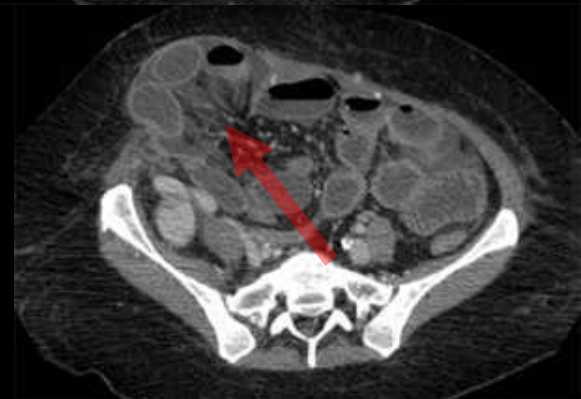
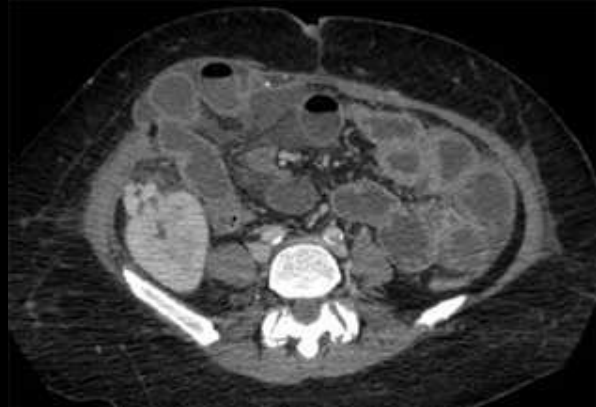


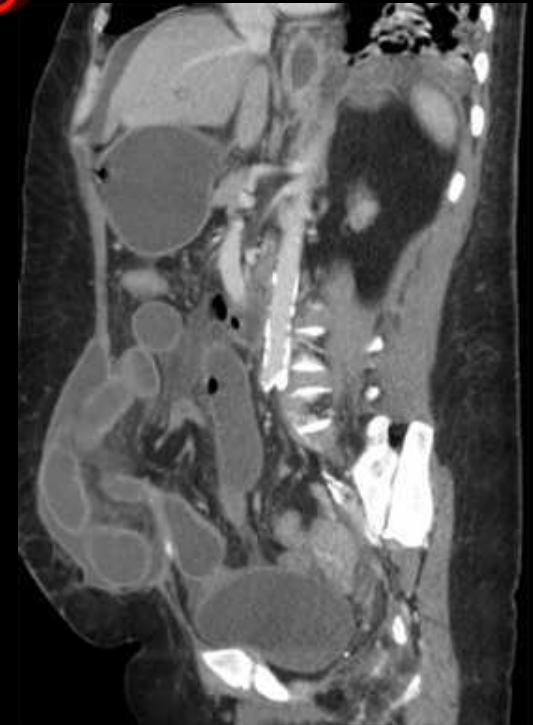
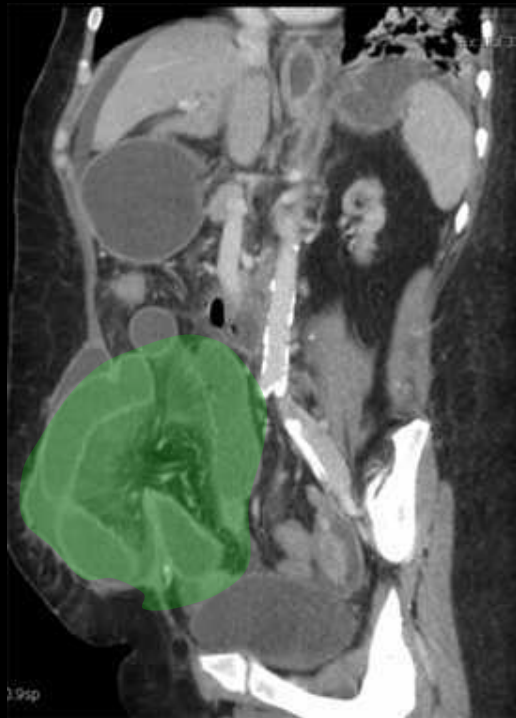
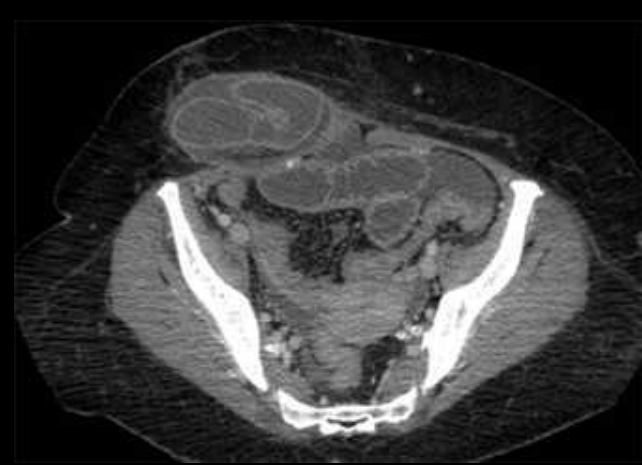
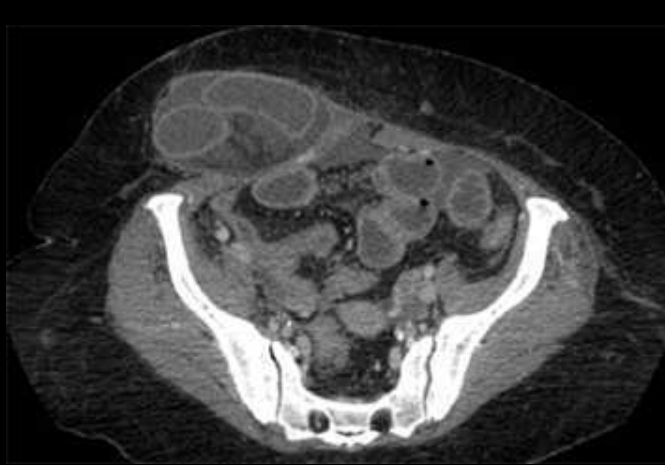
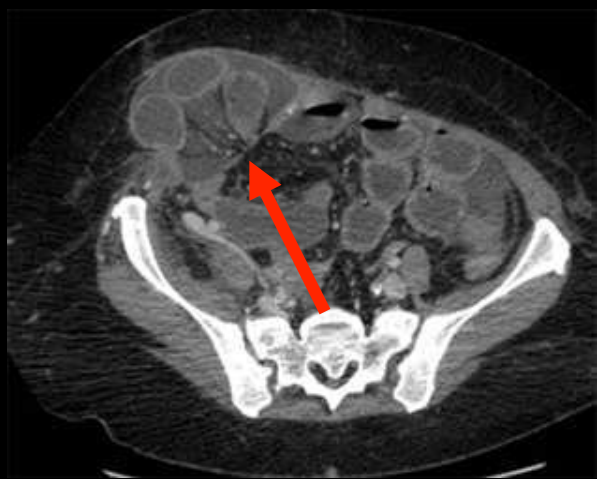
occlusion "à ventre plat" ; volvulus sur bride de la FID

patiente de 54 ans , transplantation rénale en fosse iliaque droite 5 mois auparavant . Depuis 5 jours : douleur en FID (sans défense), diarrhées, , syndrome inflammatoire biologique.

Depuis ce jour, résolution des douleurs mais apparition d'un syndrome occlusif clinique.



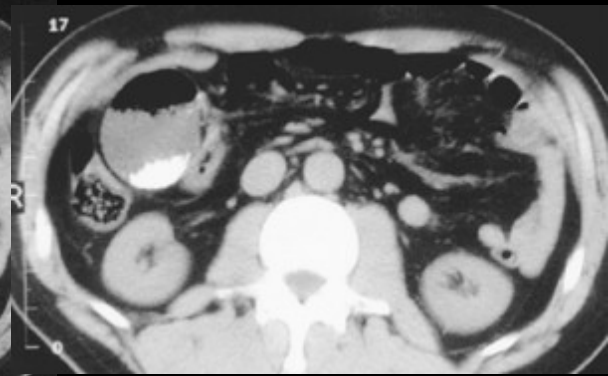
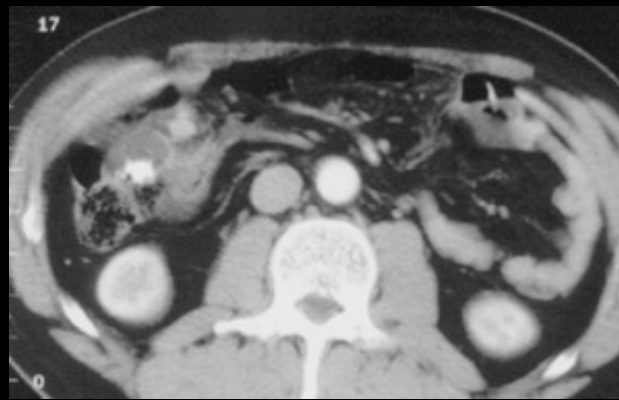
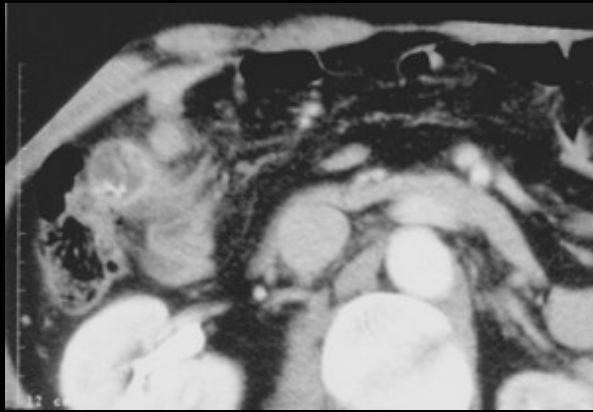




volvulus sur bride de la fosse iliaque droite, développé dans une hernie incisionnelle ...!!!

H. 37 ans , douleurs abdominales sans syndrome infectieux

obs. G. Schmutz Strasbourg



coprolithes dans un diverticule de Meckel géant

