TEP FDG / ORL

Cas Cliniques

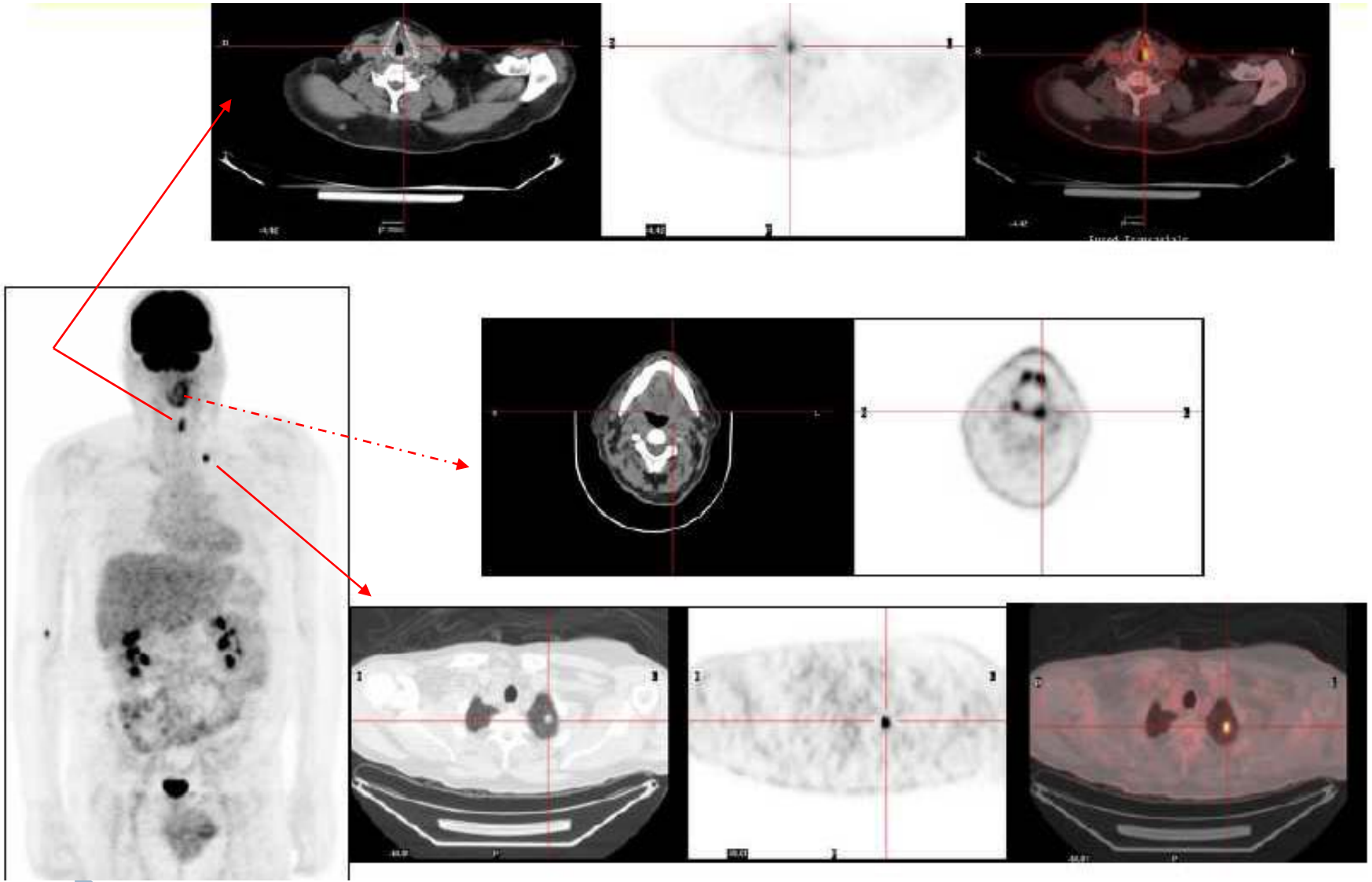
Dr A.VERGER

Place de la TEP dans la prise en charge des tumeurs ORL

- Diagnostic de la tumeur primitive
- ADP métastatique sans primitif retrouvé
- Dans le staging
- Diagnostic de la récidive
- Evaluation de la réponse au traitement
- Aide à la détermination des volumes en Radiothérapie
- Surveillance

- sensibilité de la TEP :
  - 95 % pour le diagnostic de la tumeur primitive
  - 70 à 90 % pour l'atteinte ganglionnaire.
- détecte atteinte à distance
- changement thérapeutique dans 10 % des cas
- ADP sans primitif : mise en évidence du primitif dans 1 cas sur 4 et changement orientation thérapeutique dans 20 % des cas

Patient 1 : bilan extension ?

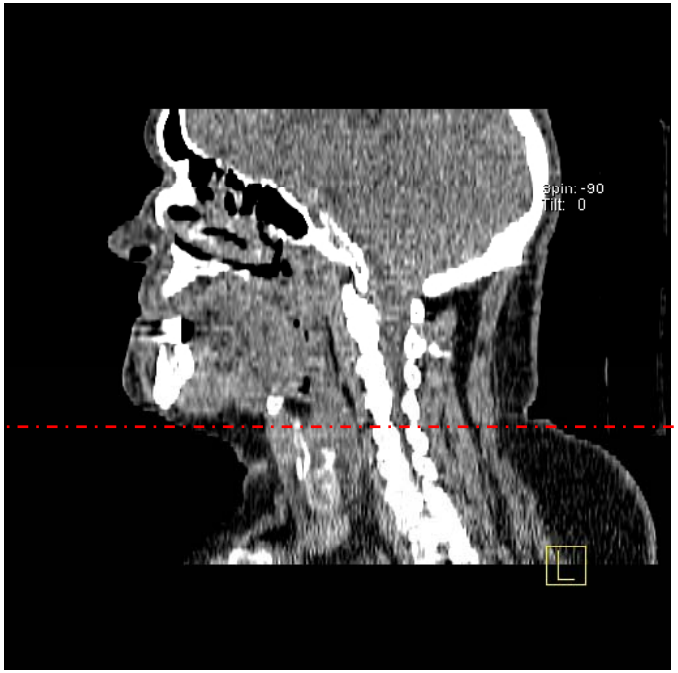


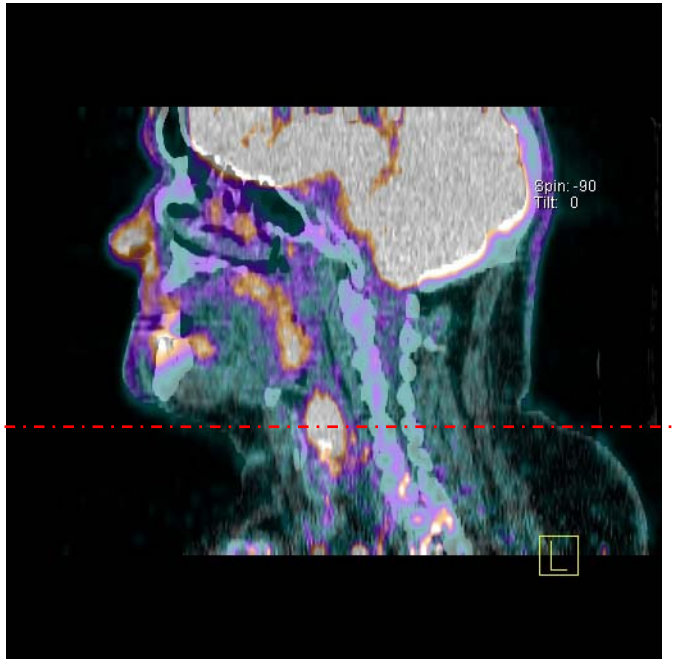
- Lésion laryngée du plan glottique :

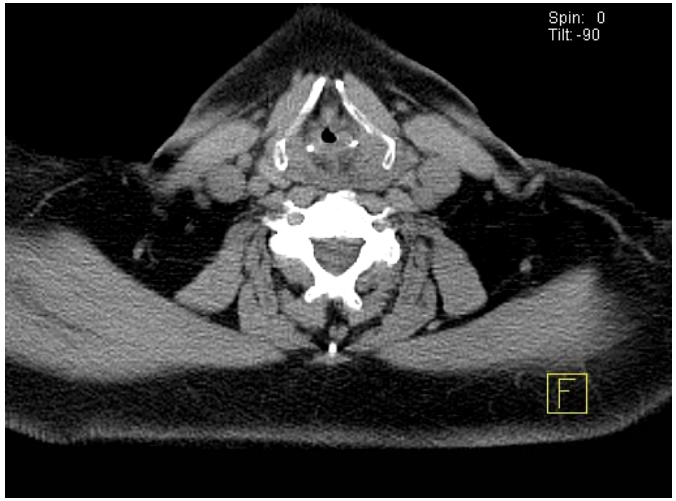
corde vocale gauche

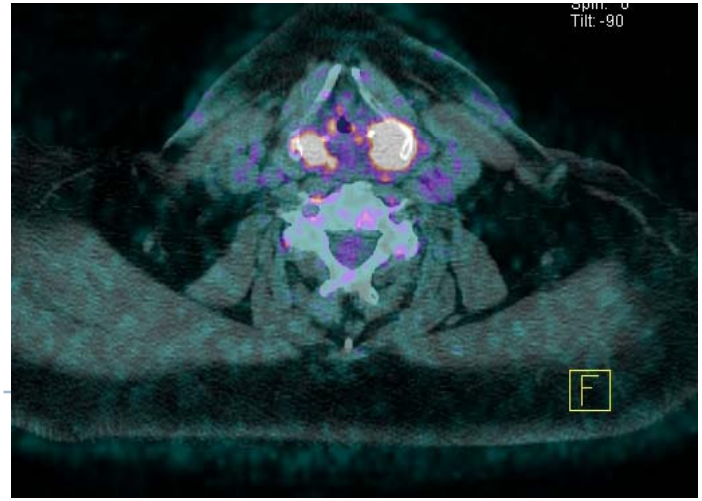
- Hypermétabolisme aspécifique de la sphère ORL (anneau de Waldeyer)
- Nodule pulmonaire hypermétabolique de l'apex gauche

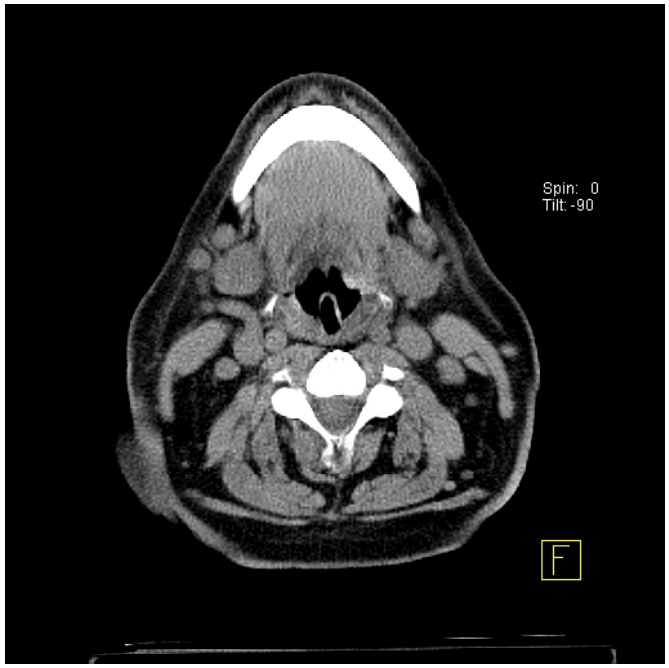
Patient 2







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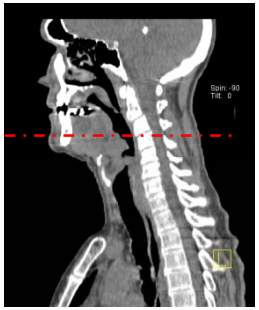

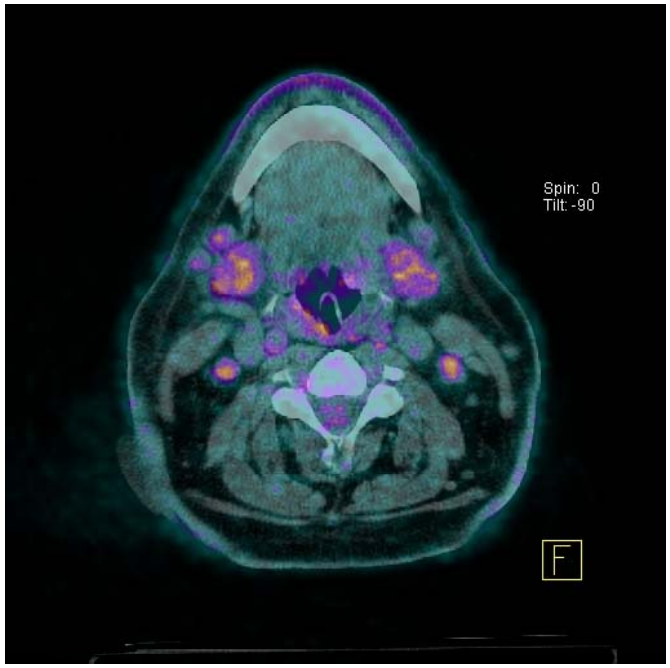
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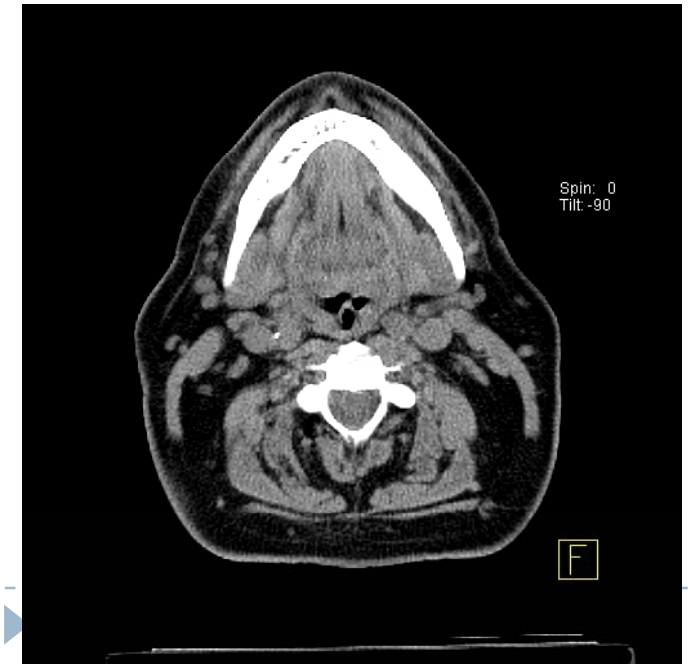
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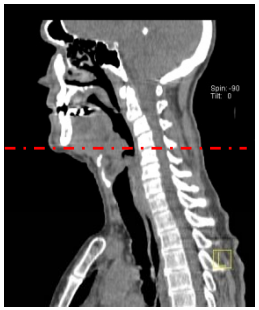

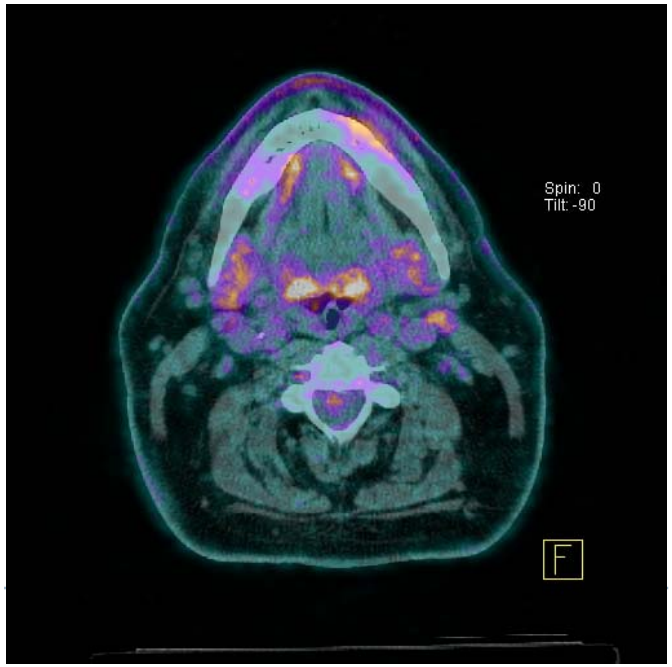
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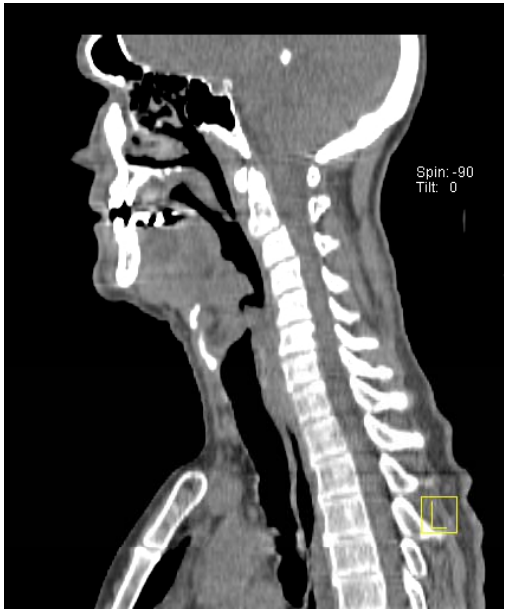
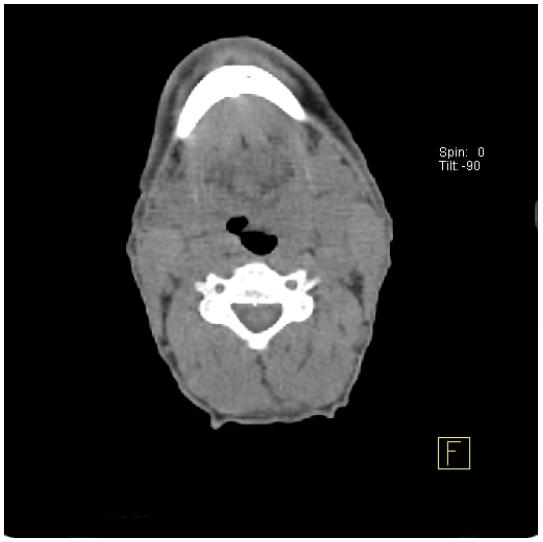
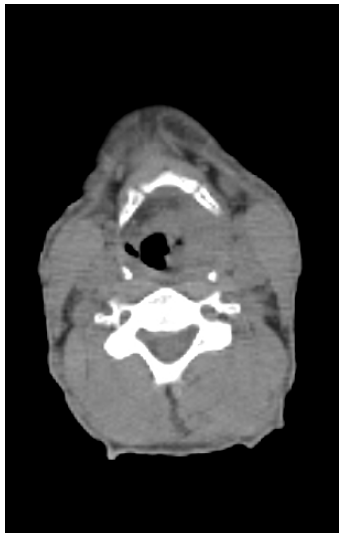
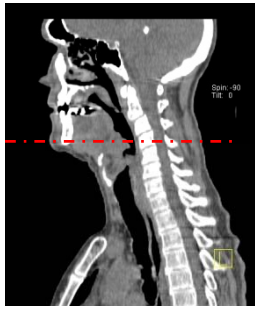
- Localisations hypermétaboliques hypopharyngées G > D
- ADP hypermétaboliques Ib bilatérales, II a gauche et II b droites et gauches

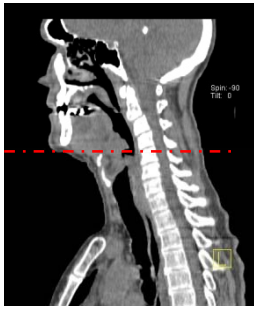
Patient 3

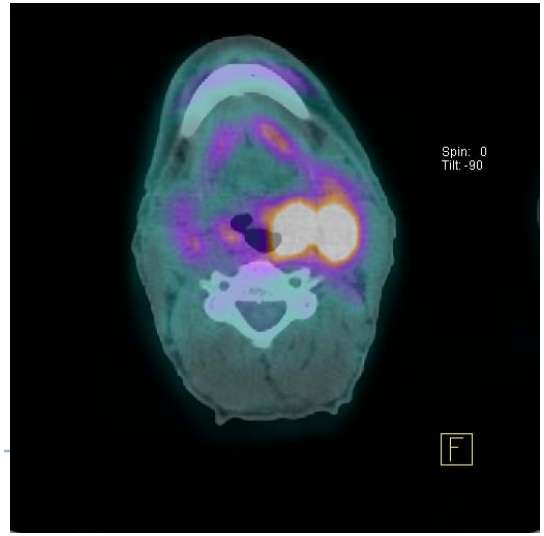


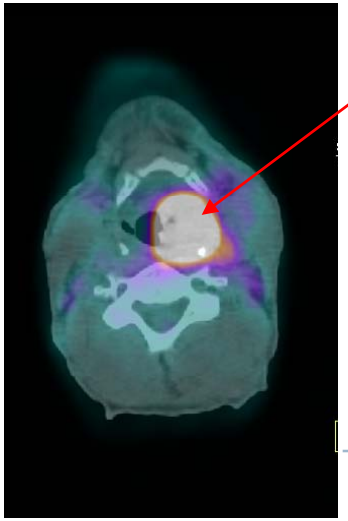








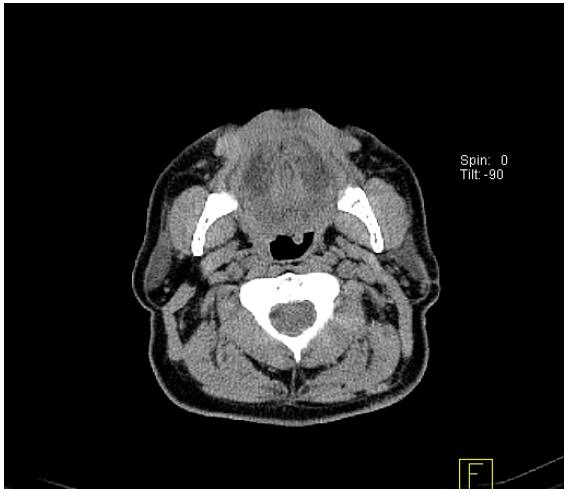


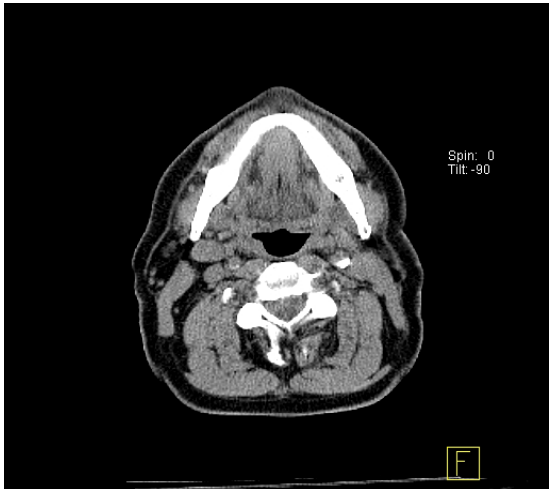


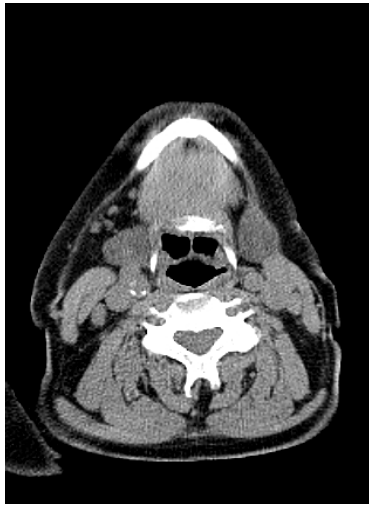
Lésion initiale

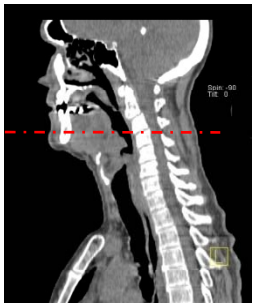
- Lésion hypermétabolique du sinus piriforme G avec extension au larynx (bande ventriculaire?) et à l'oropharynx (sillon amygdalo-glosse G).
- Volumineuse ADP hypermétabolique du groupe II gauche

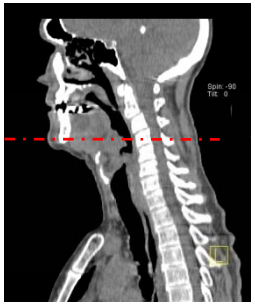
Patient 4 : bilan ADP

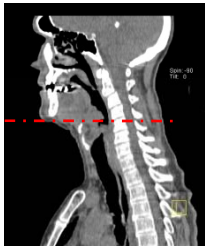


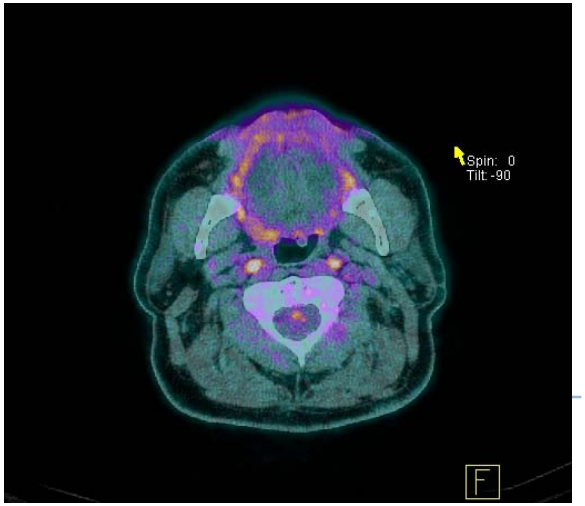


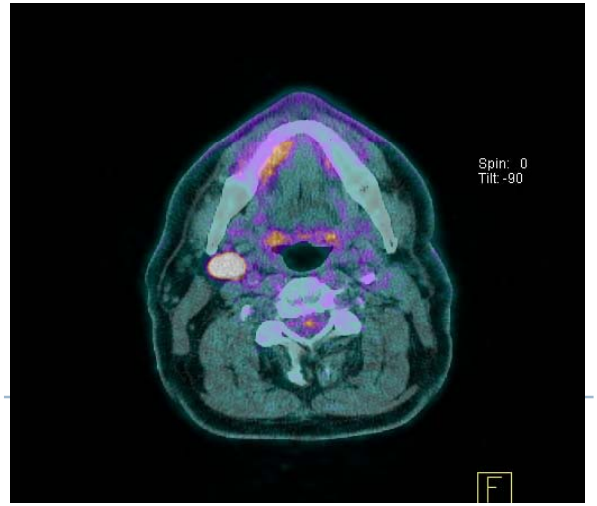


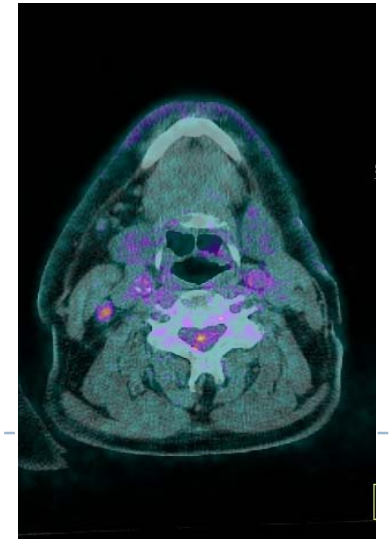






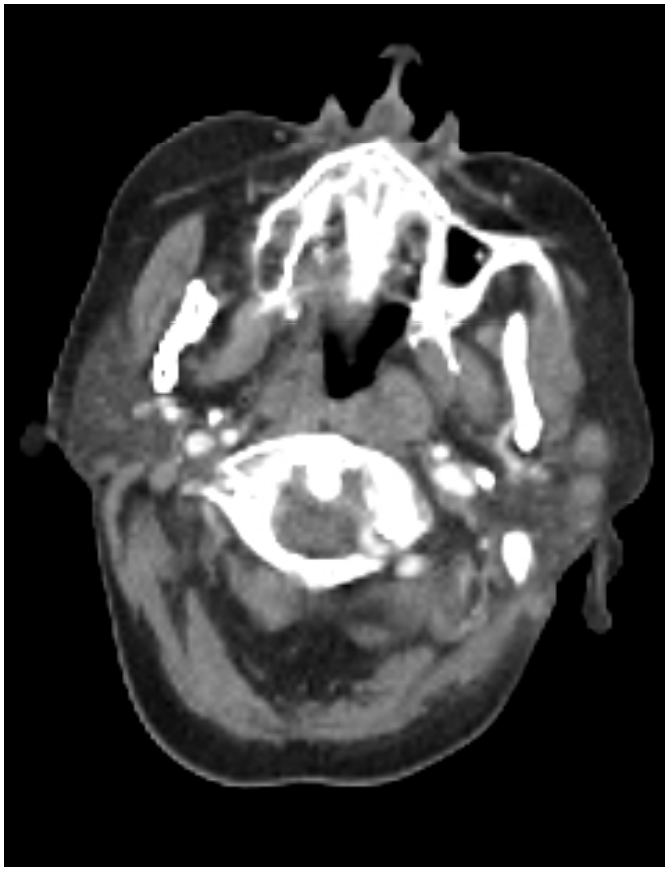


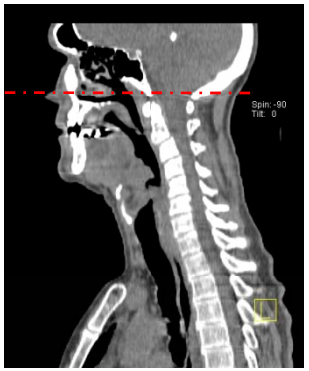


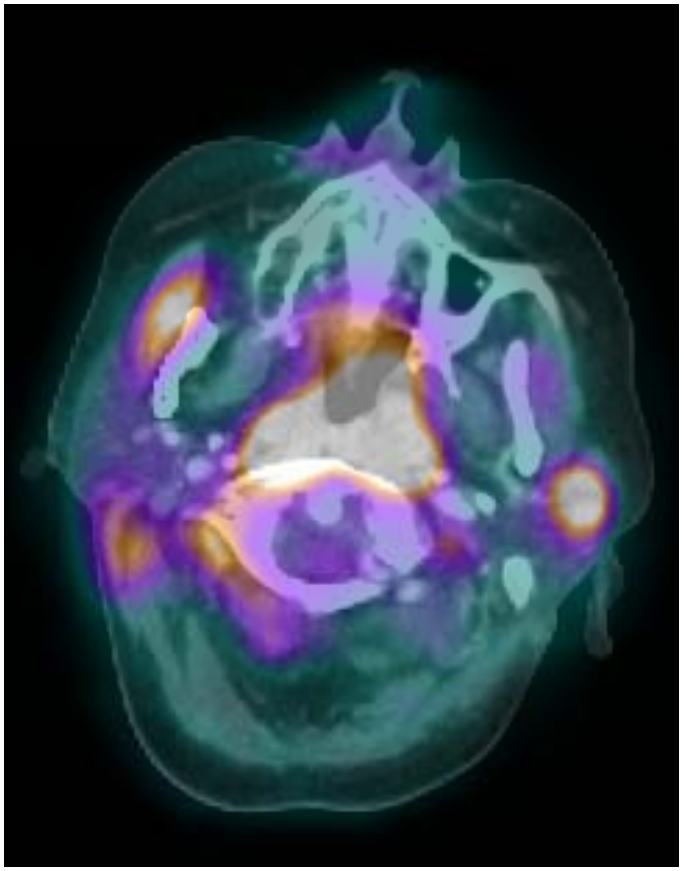


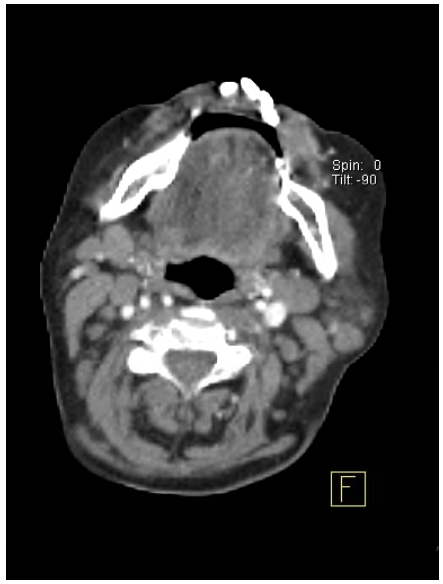
- ADP hypermétaboliques des groupes IIa et IIb droites + rétro-pharyngées

Patient 5





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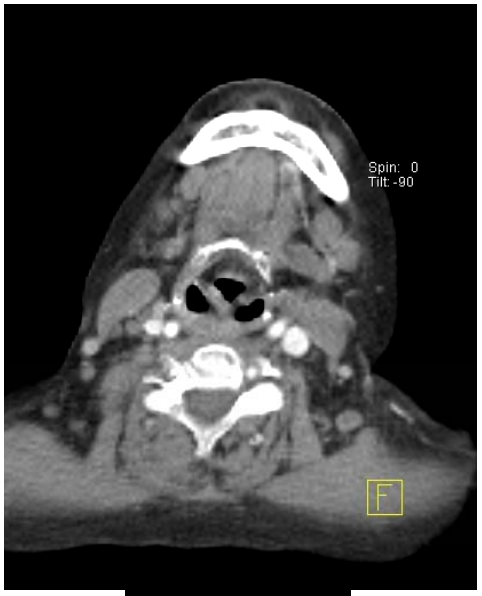
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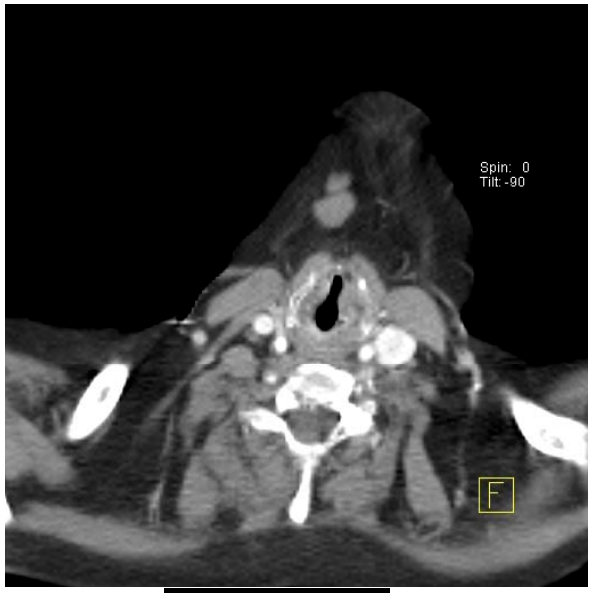
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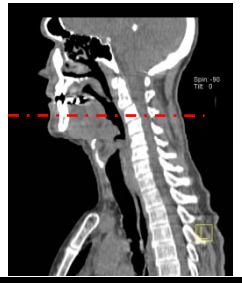

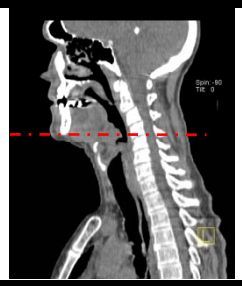

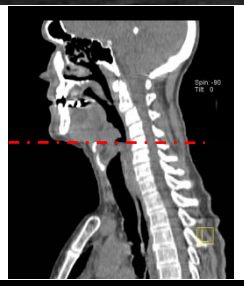

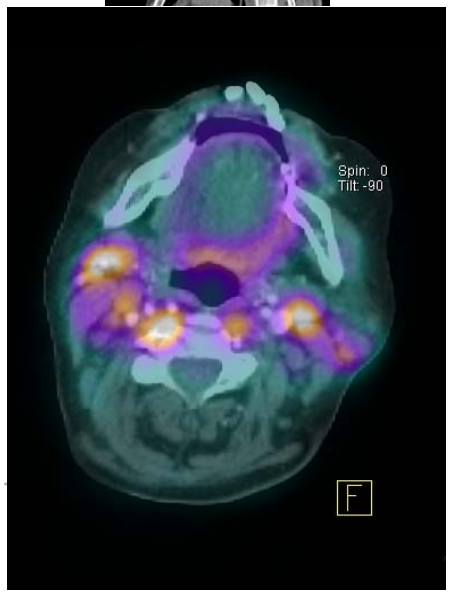
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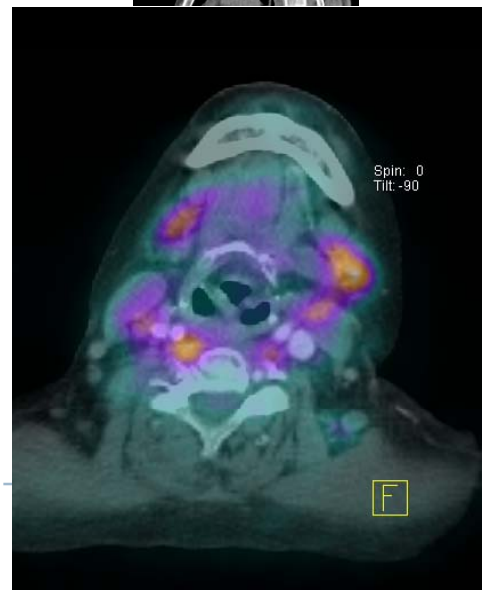
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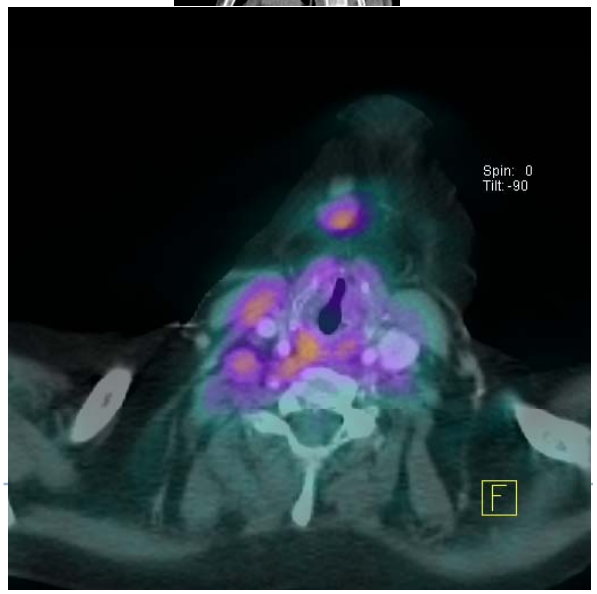
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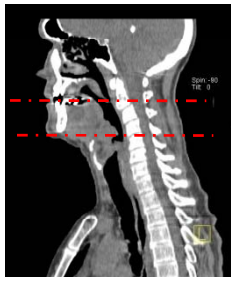
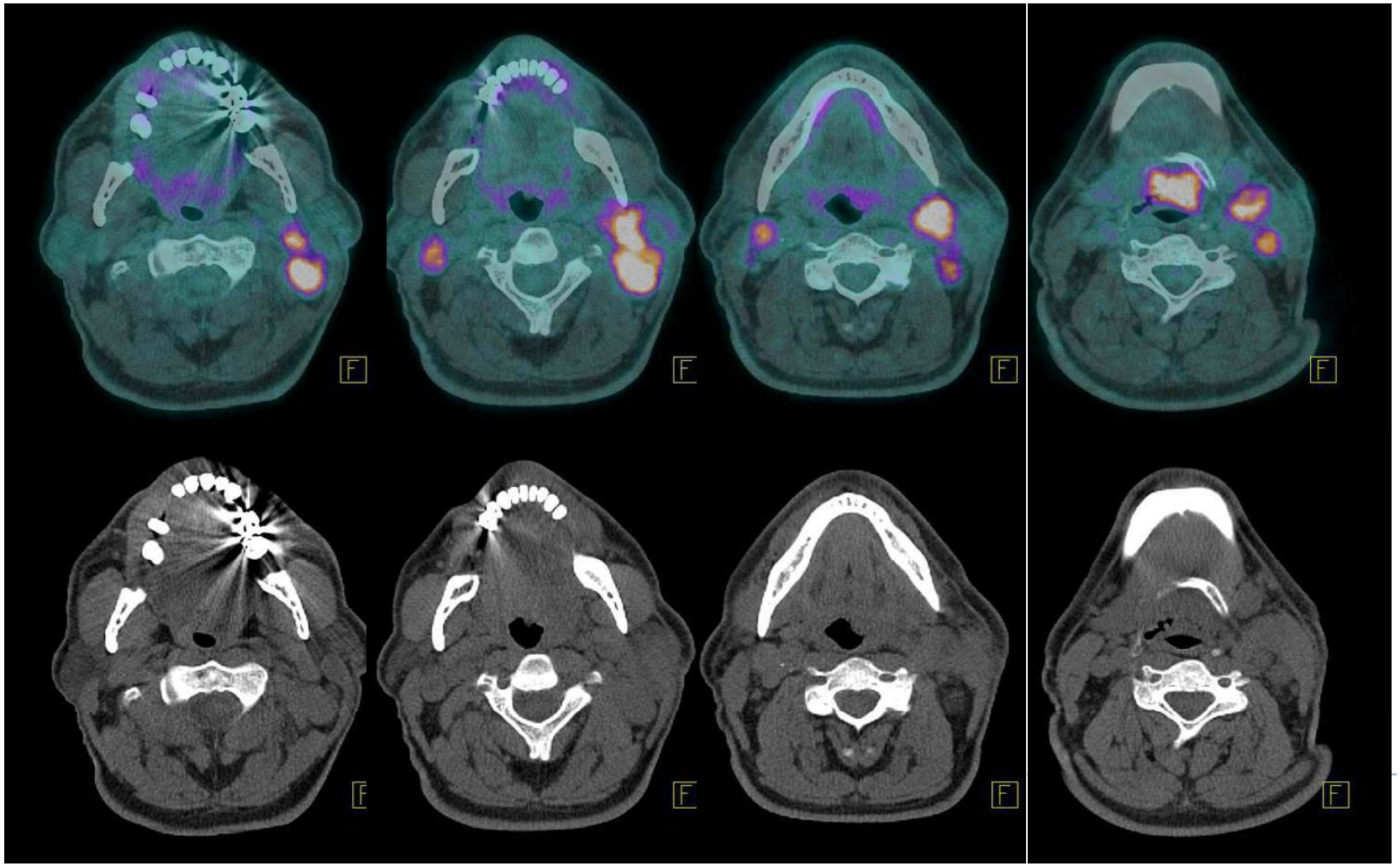
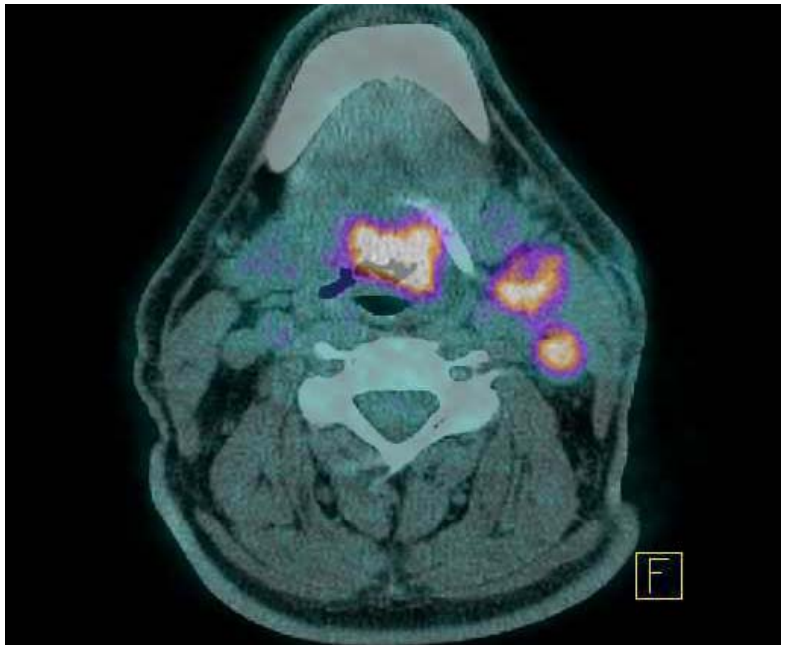
- Lésion hypermétabolique du nasopharynx
- ADP hypermétaboliques des groupes Ia droit, Ib, II a et b, Va droite
- ADP hypermétabolique parotidienne gauche + rétro-pharyngées

Patient 6 : recherche de primitif devant ADP



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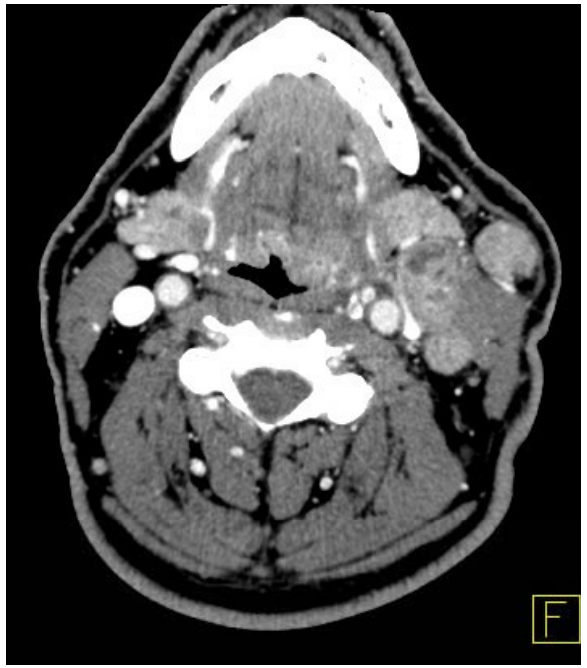
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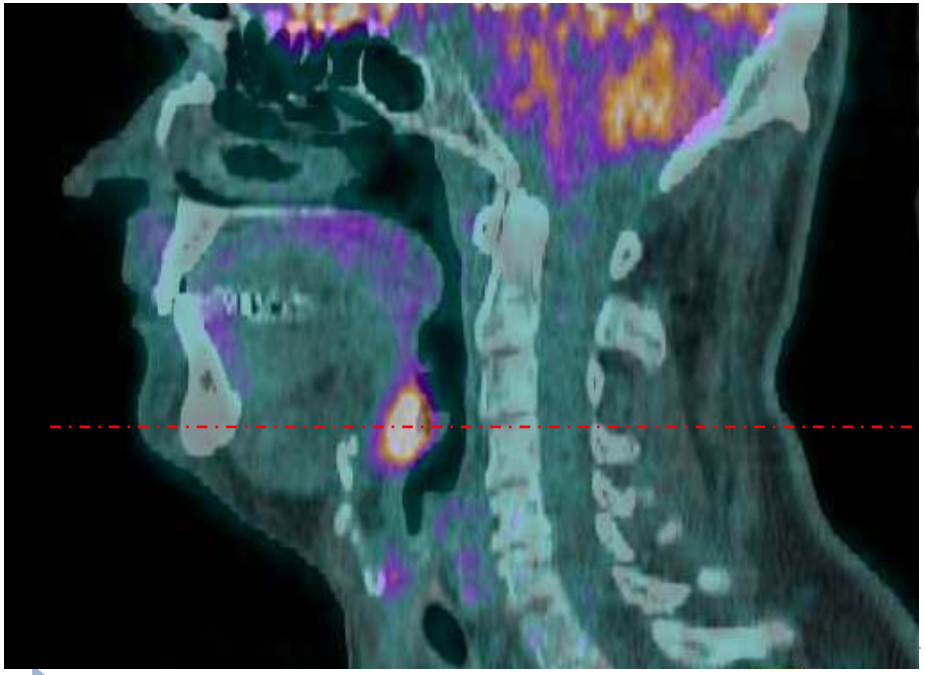
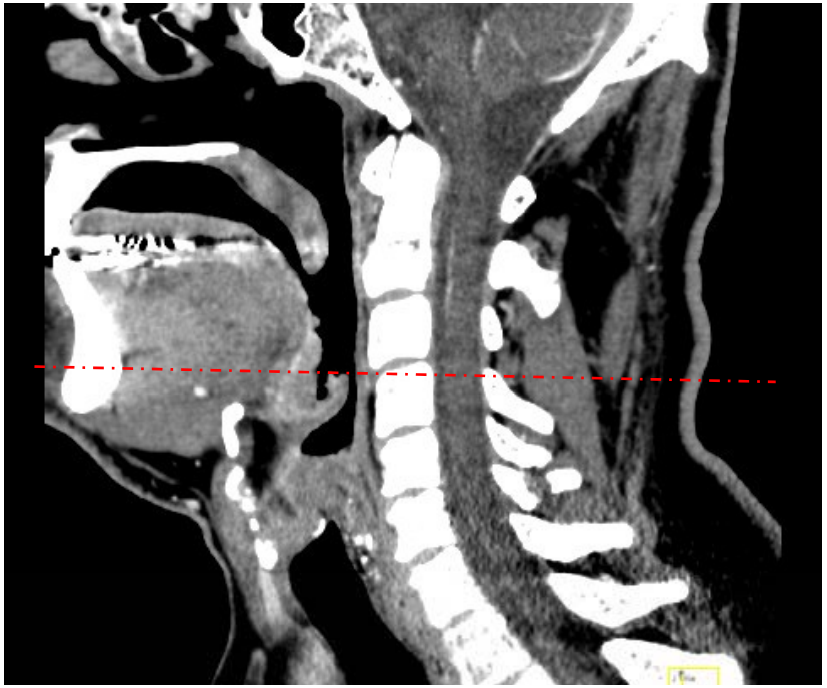
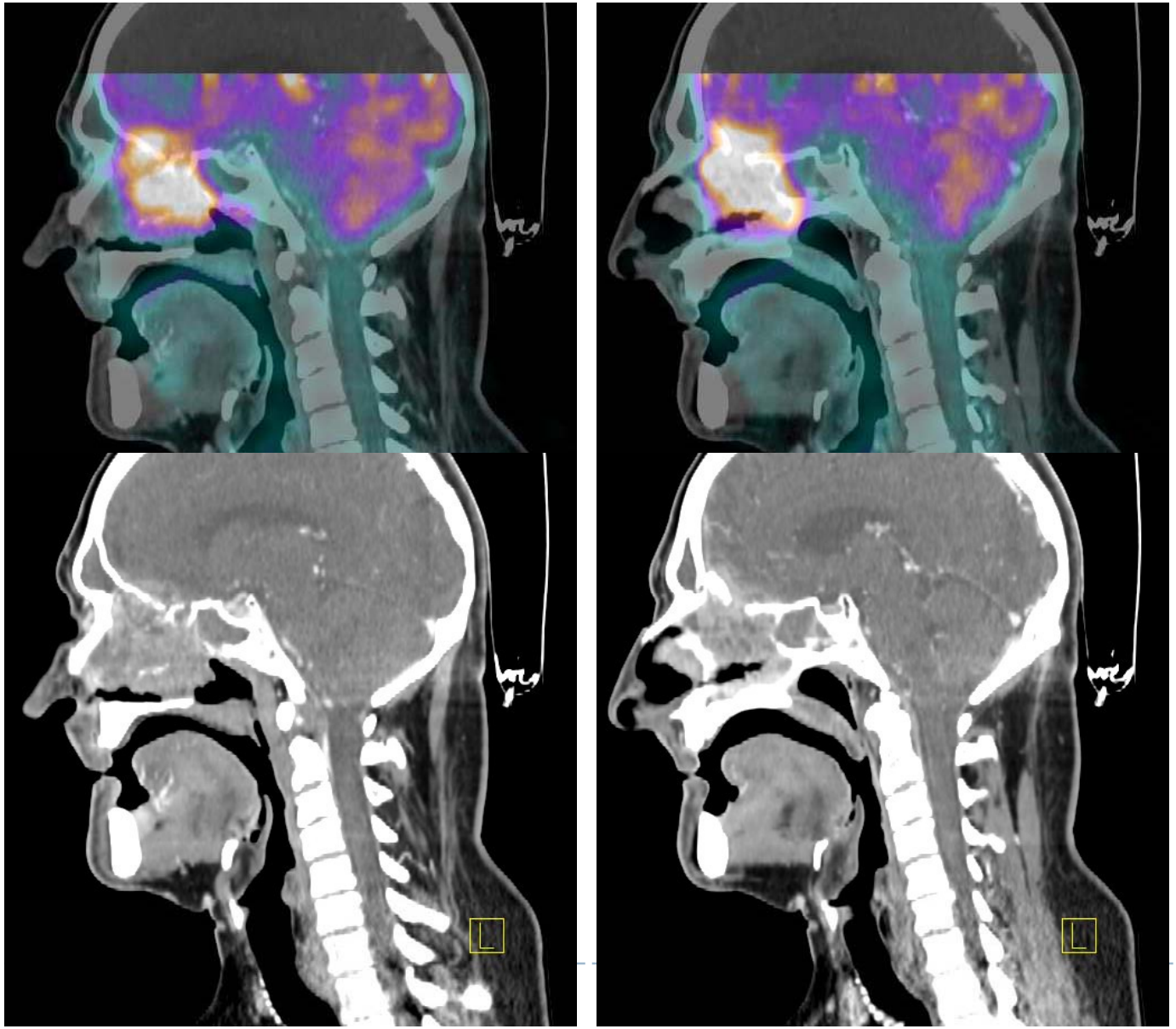
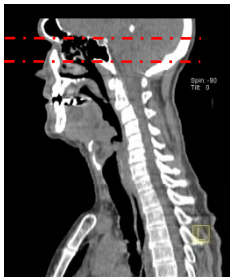


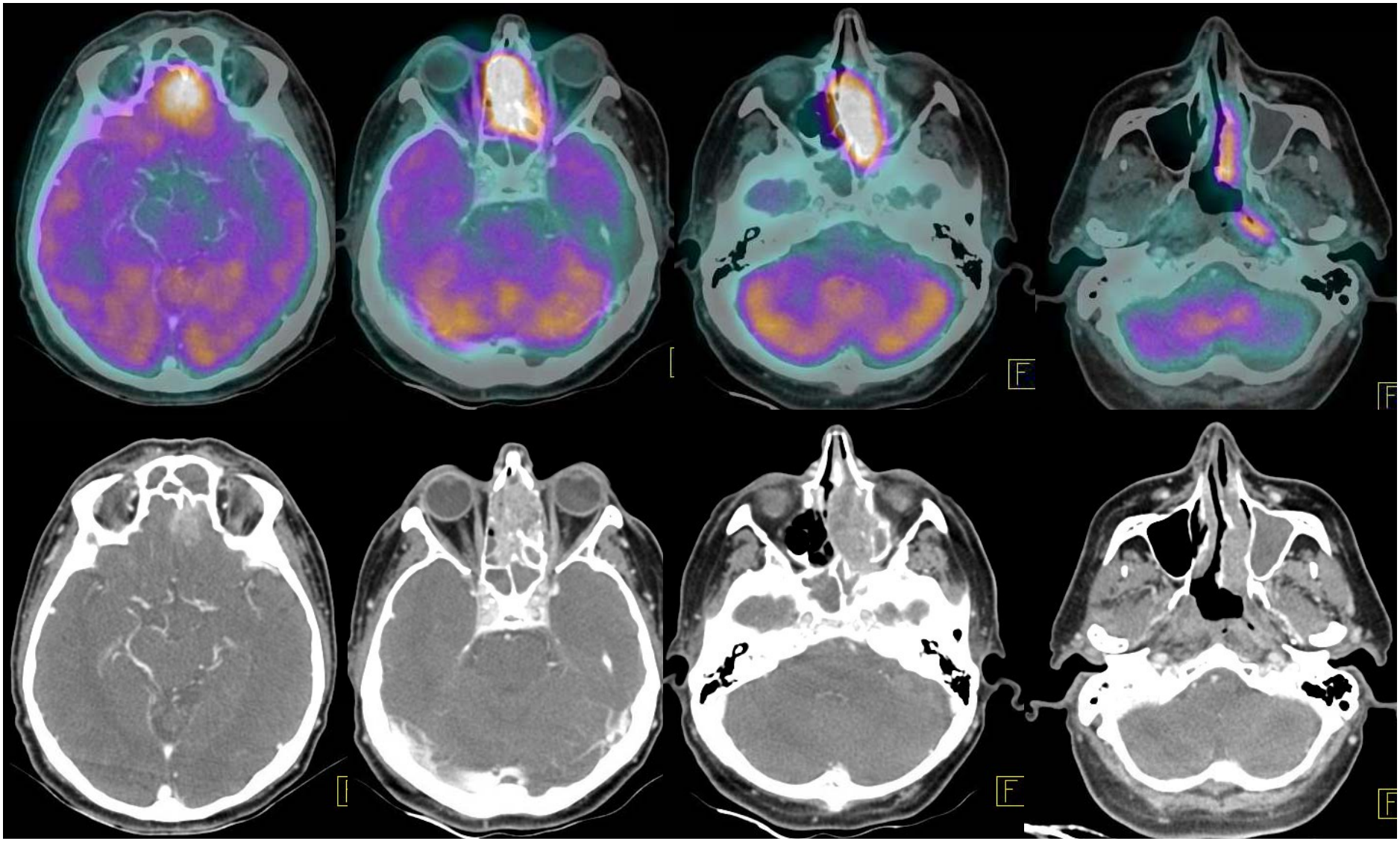


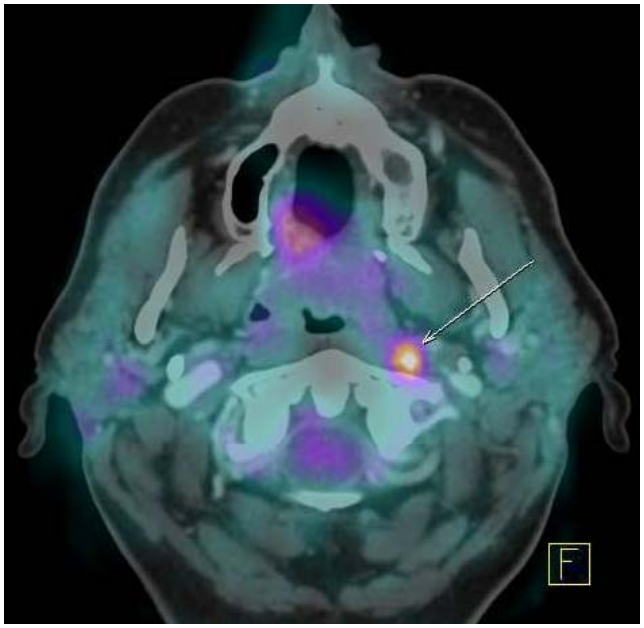
- Lésion hypermétabolique de la base de langue s'étendant au repli glosso-épiglottique (oropharynx)
- ADP hypermétaboliques des groupes II a et b bilatérales.

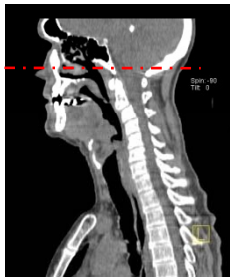
Patient 7

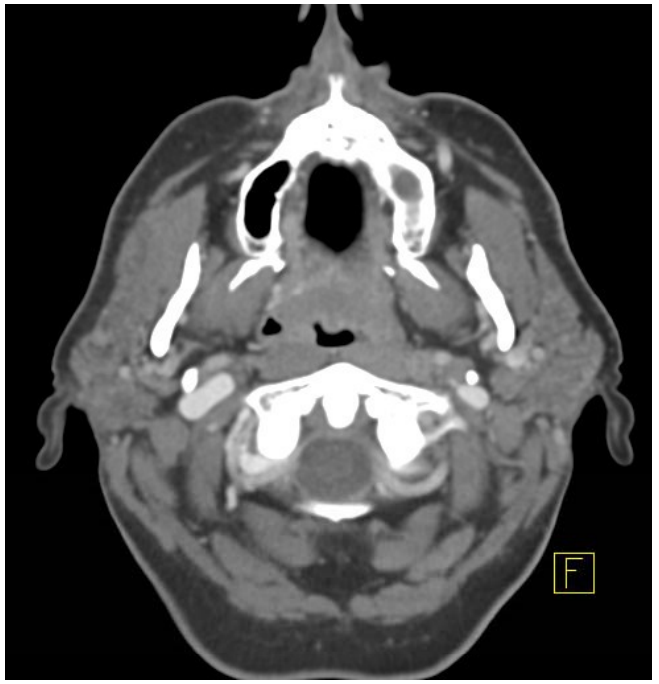


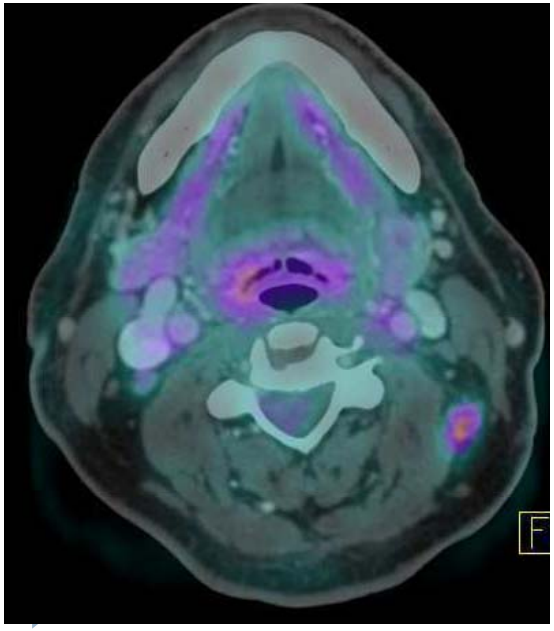


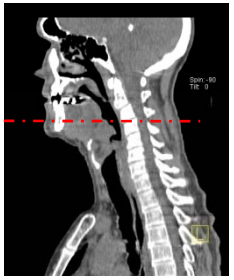


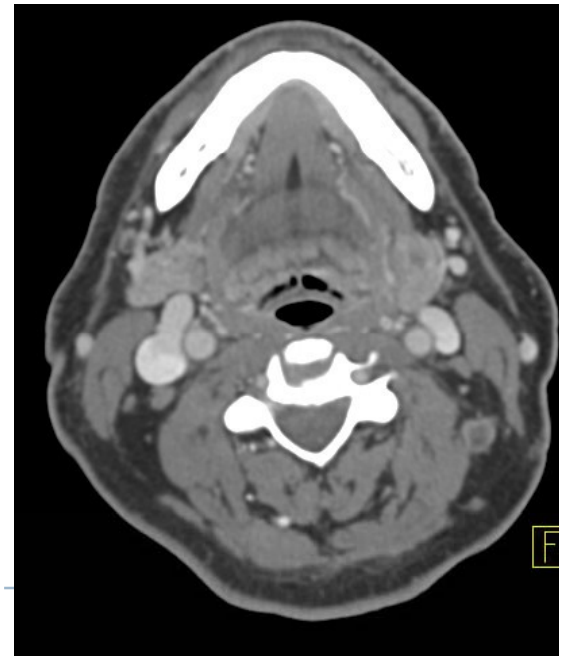






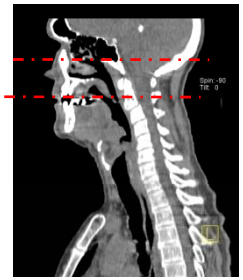


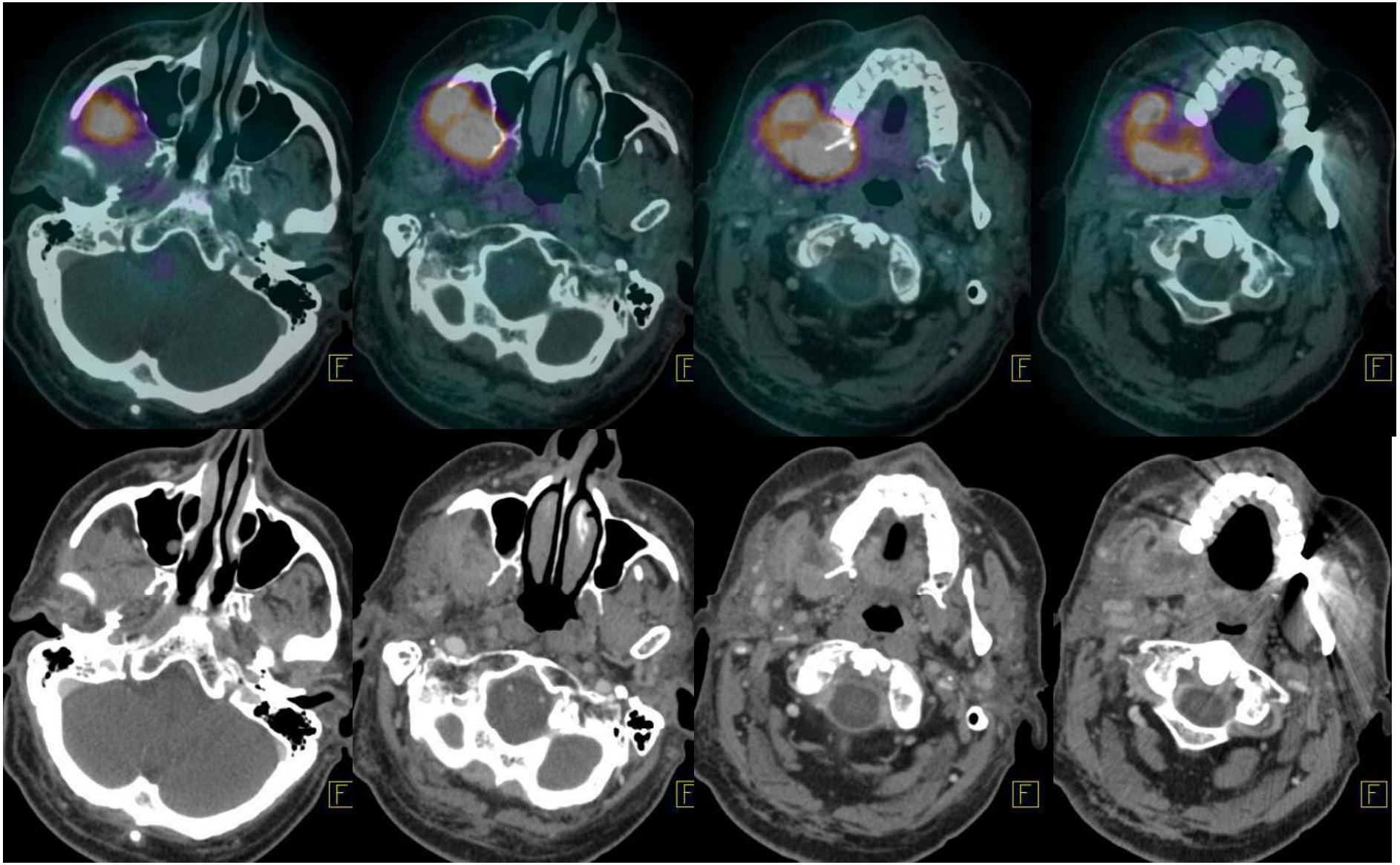


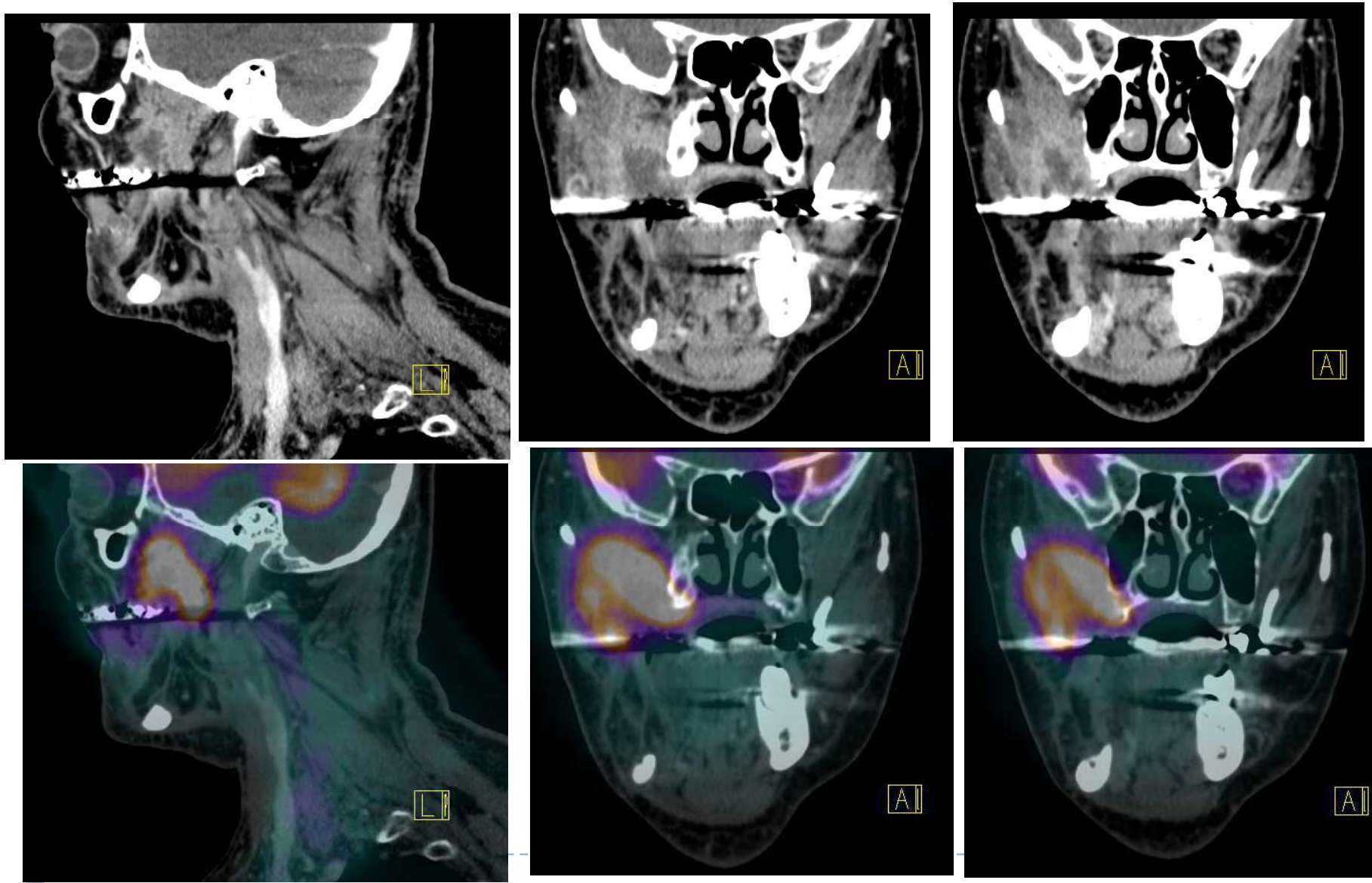


- Lésion hypermétabolique éthmoïdale débordant sur la base du crâne +/- sur la fosse nasale gauche.
- ADP hypermétabolique rétropharyngée G
- ADP hypermétabolique du groupe Va G.

Patient 8 : recherche de récidive



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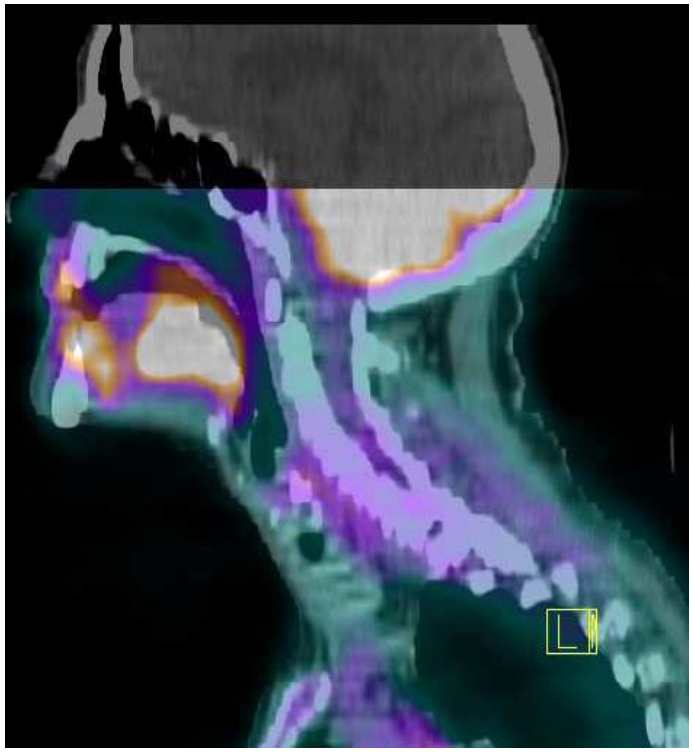
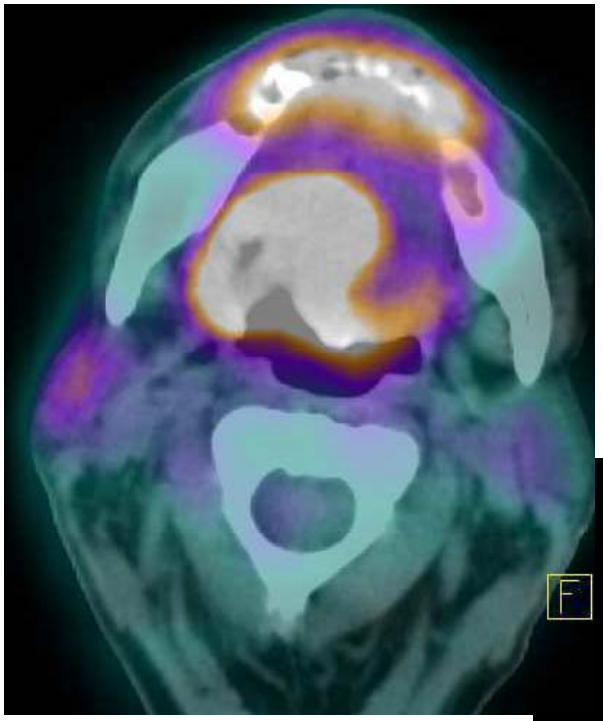
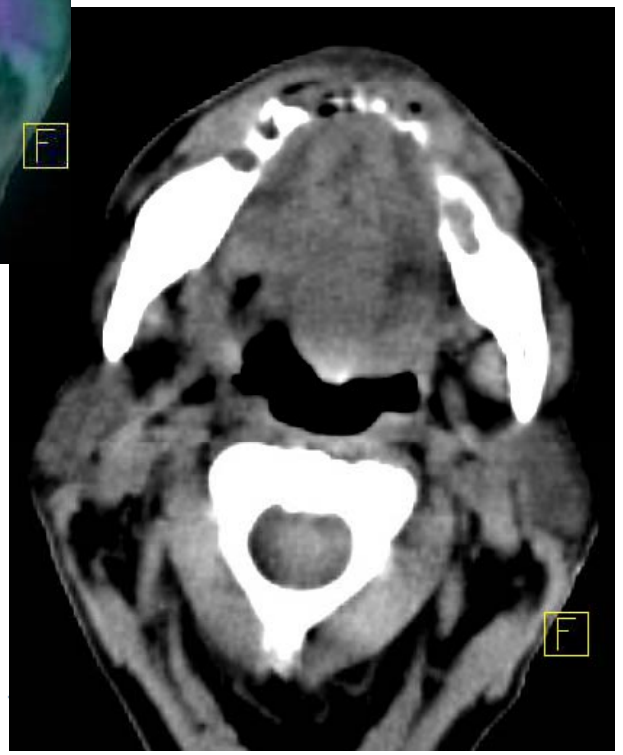
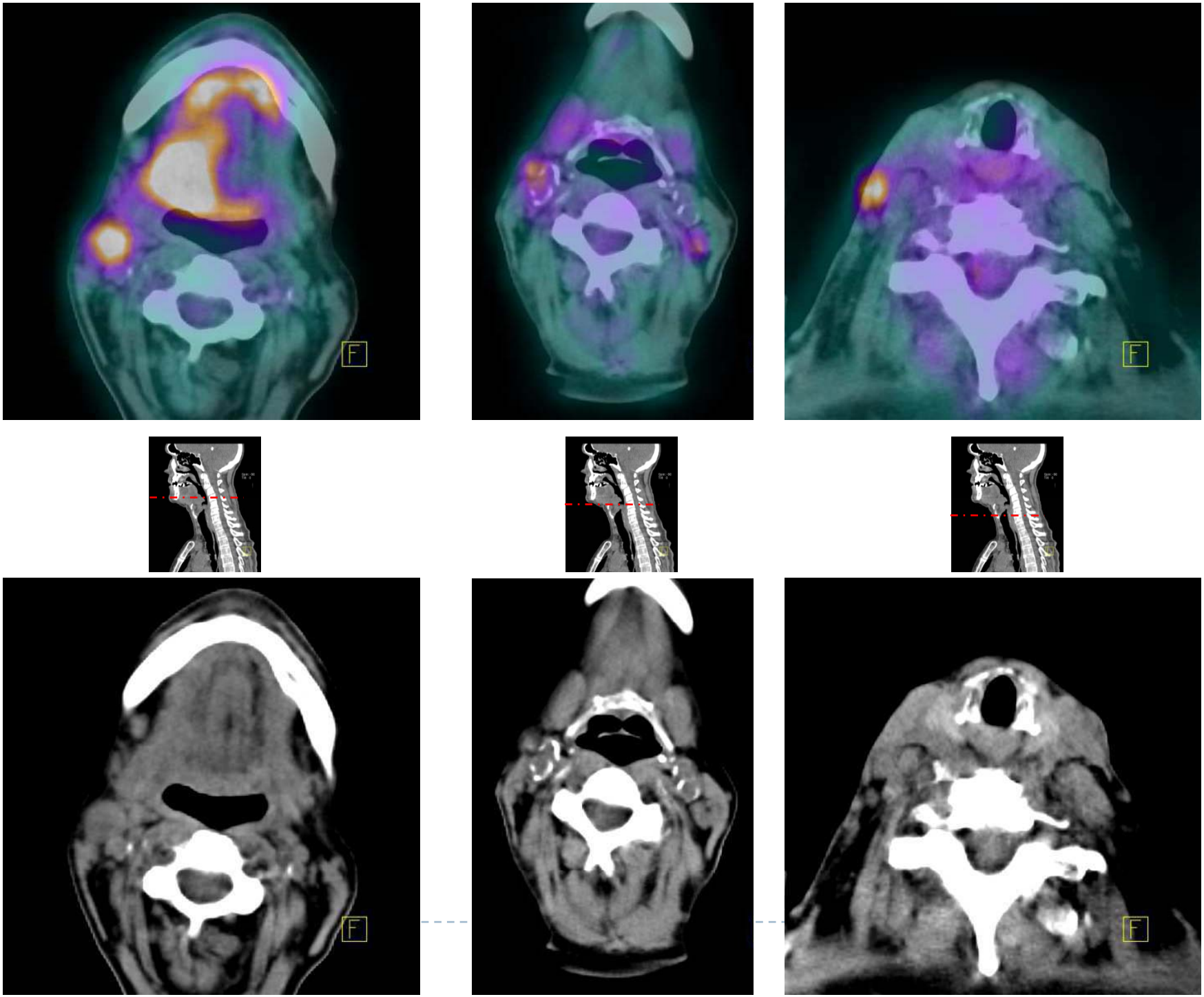
- Récidive d’une lésion de l’oropharynx : tumeur du triangle rétro-molaire s’étendant à la fosse infra-temporale.

Patient 9



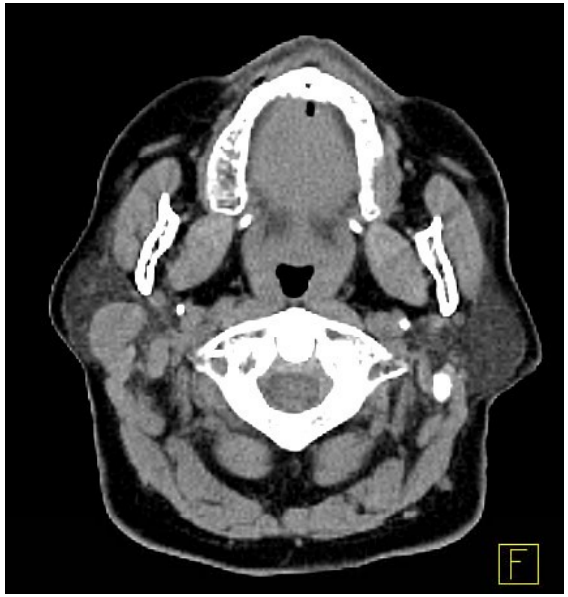


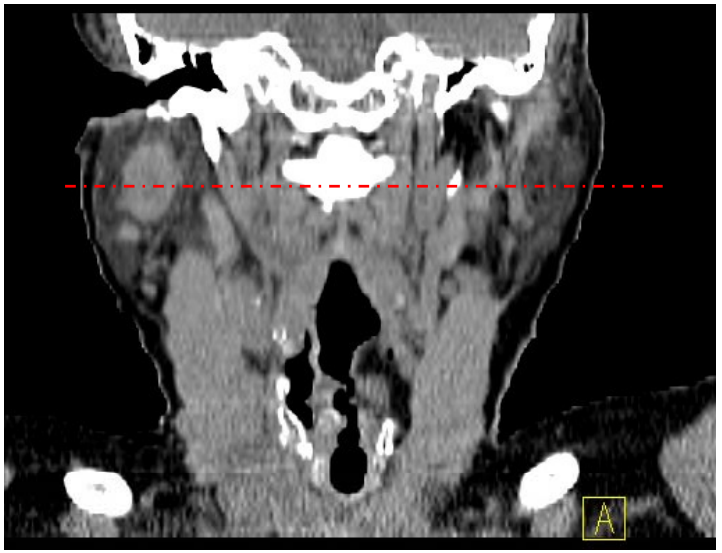


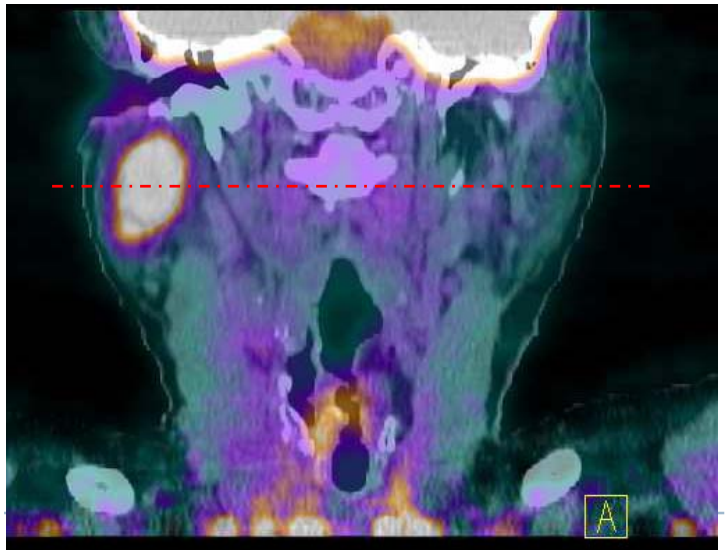


- Lésion hypermétabolique de l’oropharynx (base de langue s’étendant au sillon amygdalo-glosse droit et dépassant la ligne médiane).
- ADP hypermétaboliques IIa droite, IIb gauche et Va droit.

Patient 10

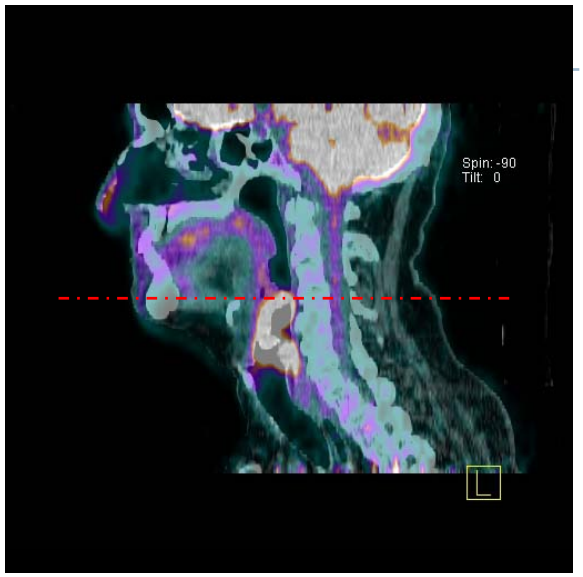






- Lésion hypermétabolique de la parotide D

Patient 11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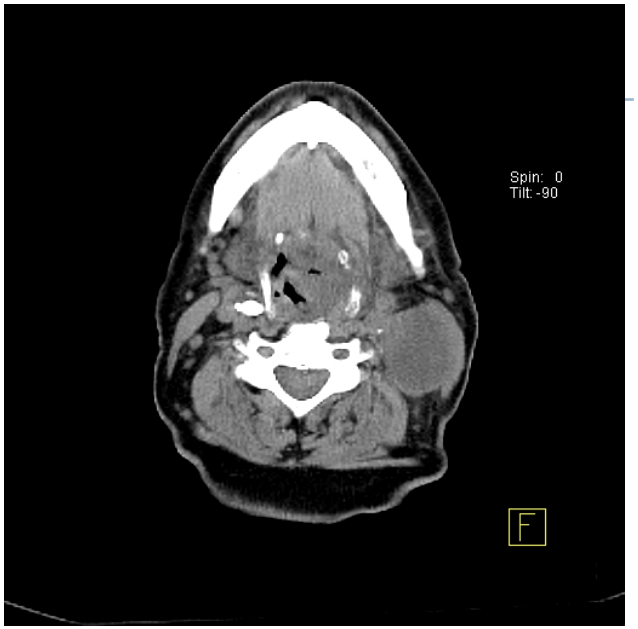
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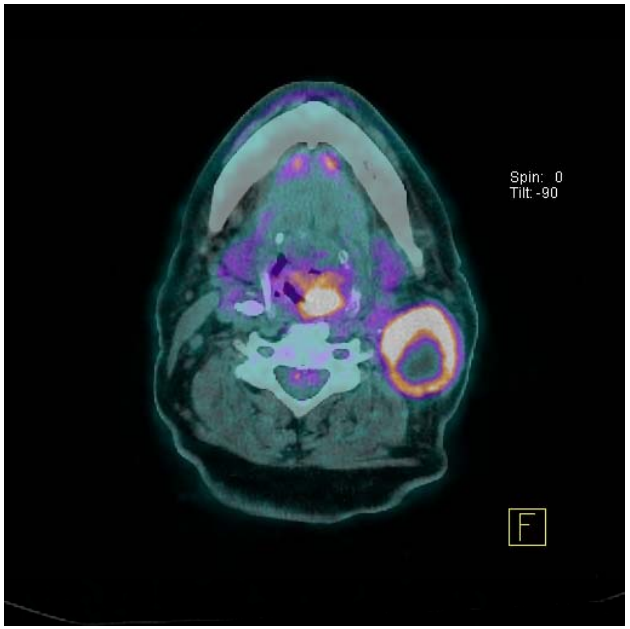
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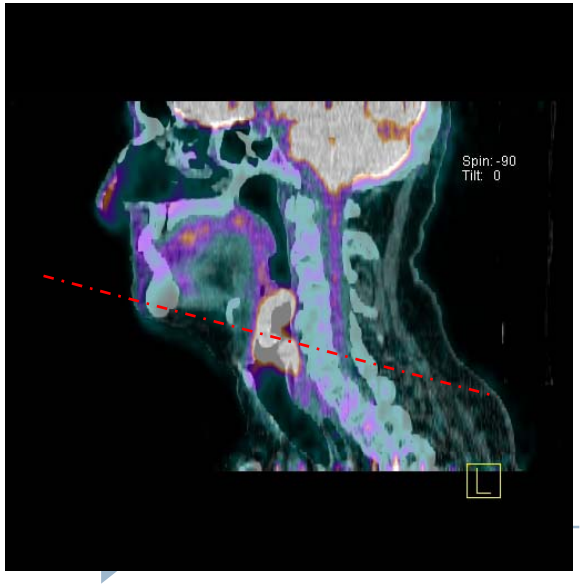
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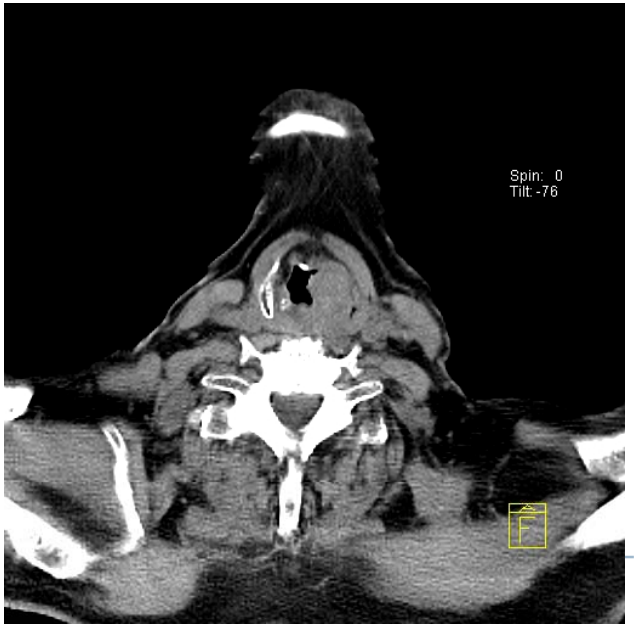
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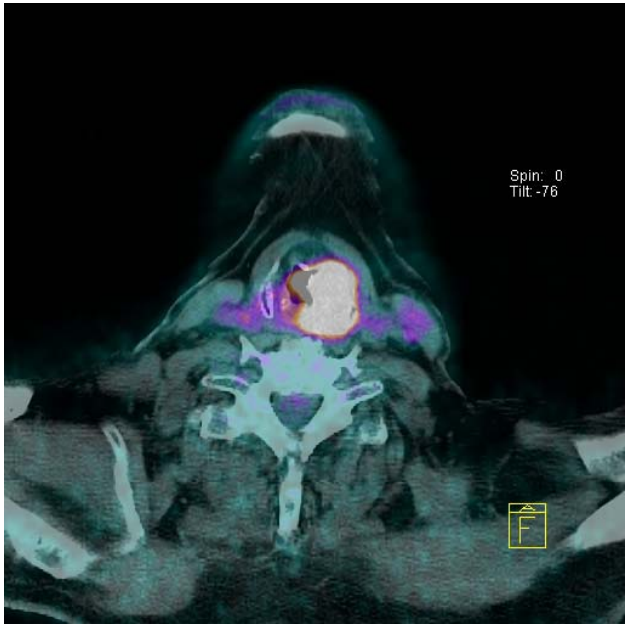
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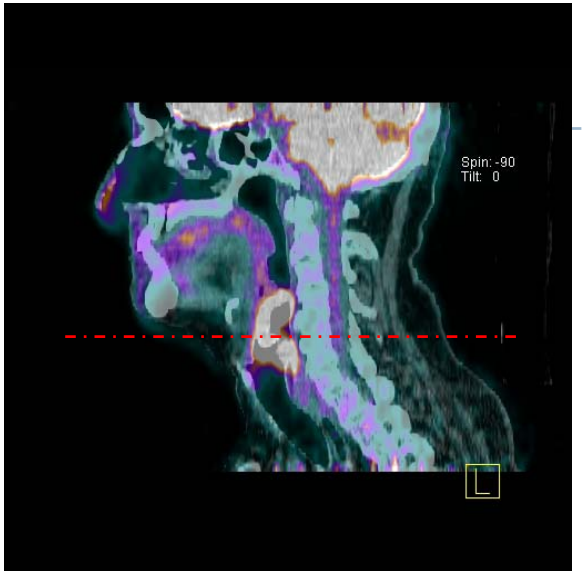
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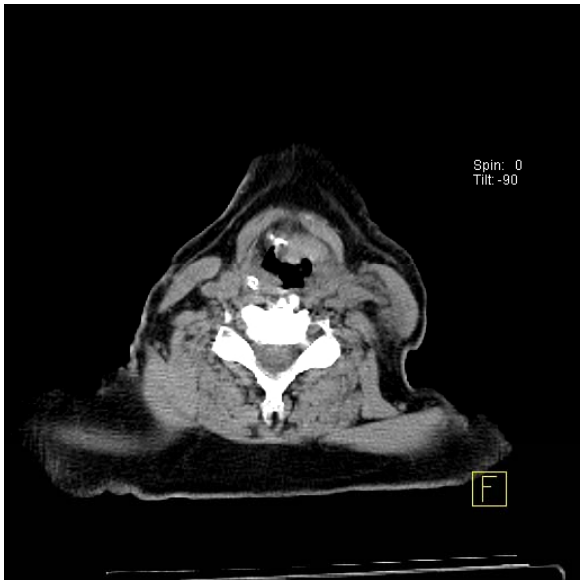
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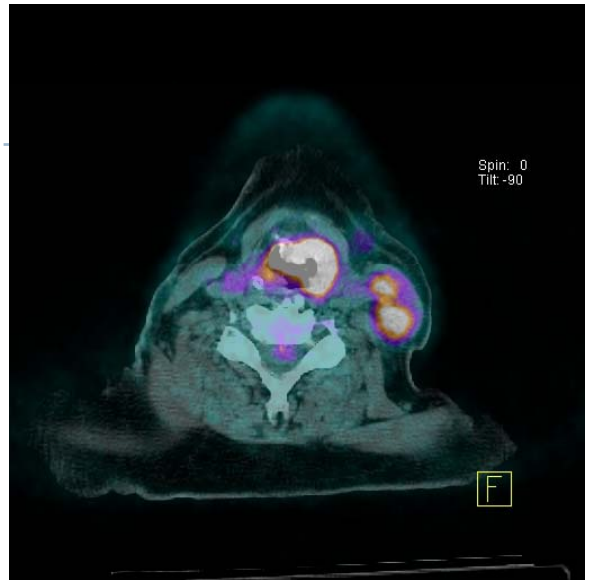
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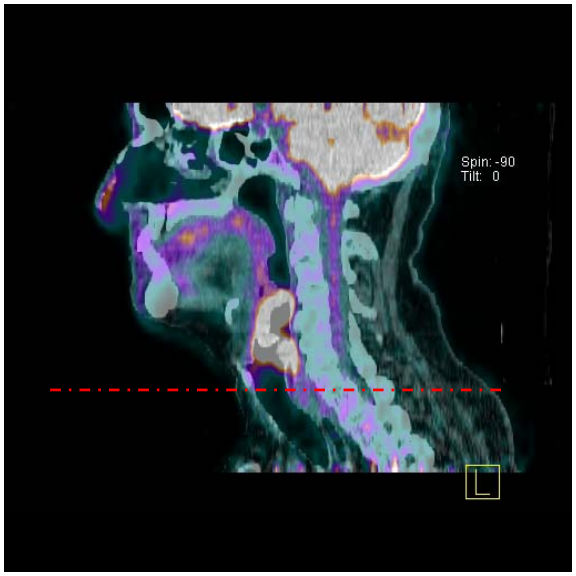
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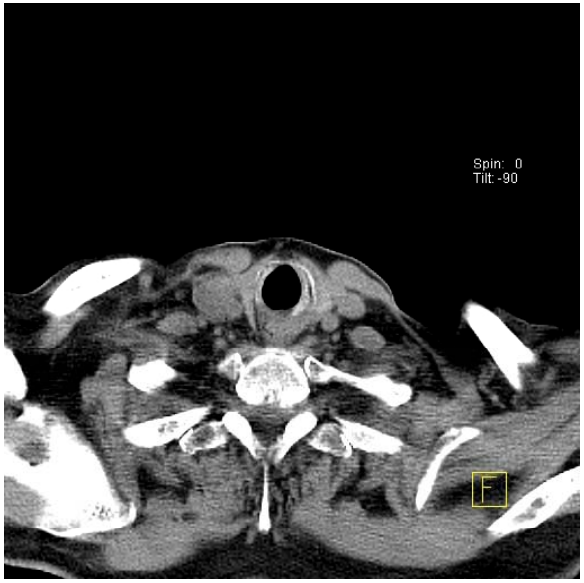
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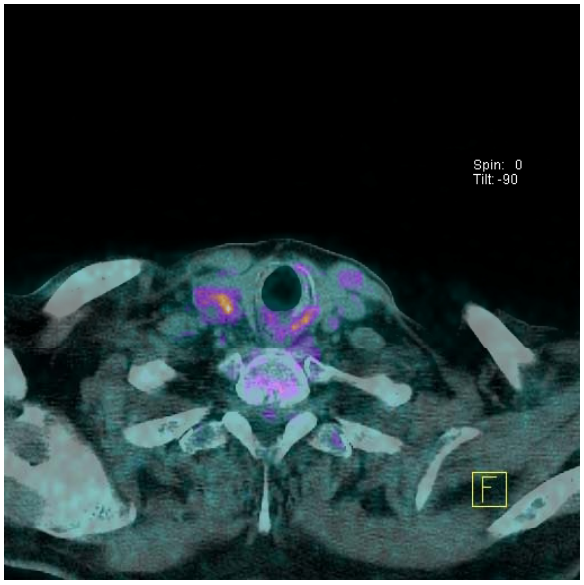
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Tilt: -90
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- Lésion hypermétabolique pharyngo-laryngée gauche de l'étage glottique, envahissant le cartilage thyroïde (aile gauche) et s'étendant au carrefour des 3 replis en haut et à la paroi pharyngée postérieure en arrière, franchissant la ligne médiane.
- ADP hypermétaboliques des groupes II gauche (centro-nécrotique), et des groupes III gauches et IV droit (centro-nécrotique).