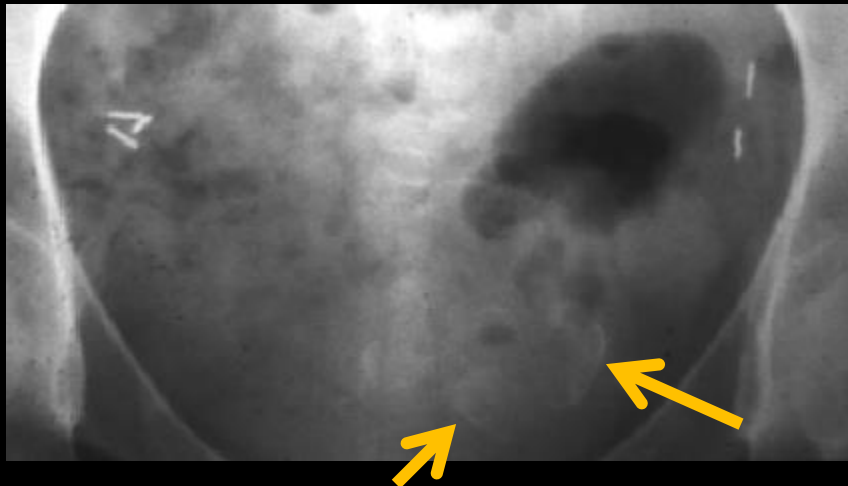


azeee

images - clé, difficultés et pièges et dans les pathologies rares du tube digestif

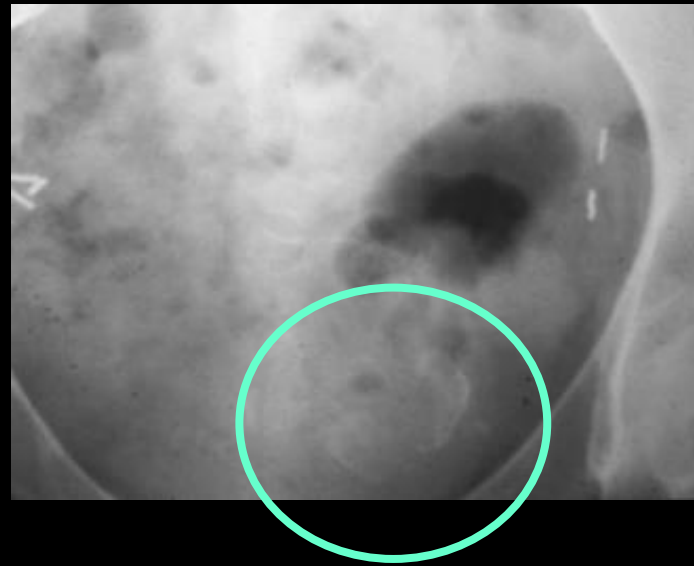
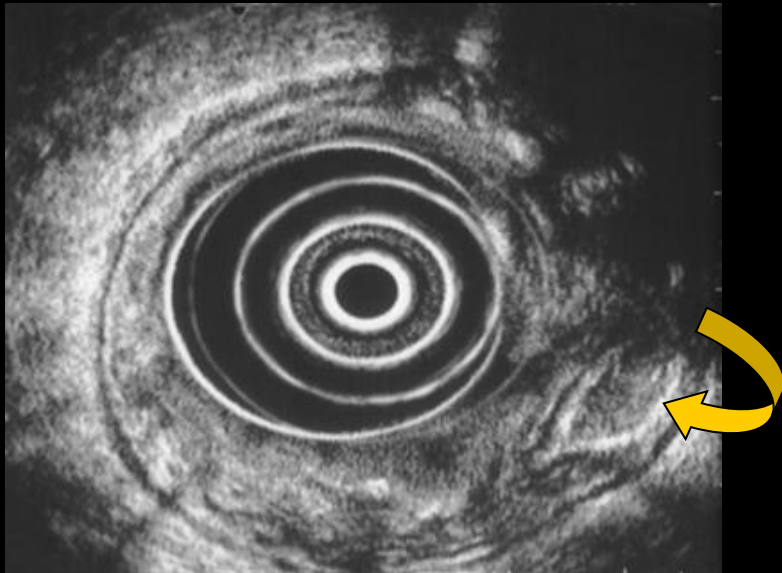
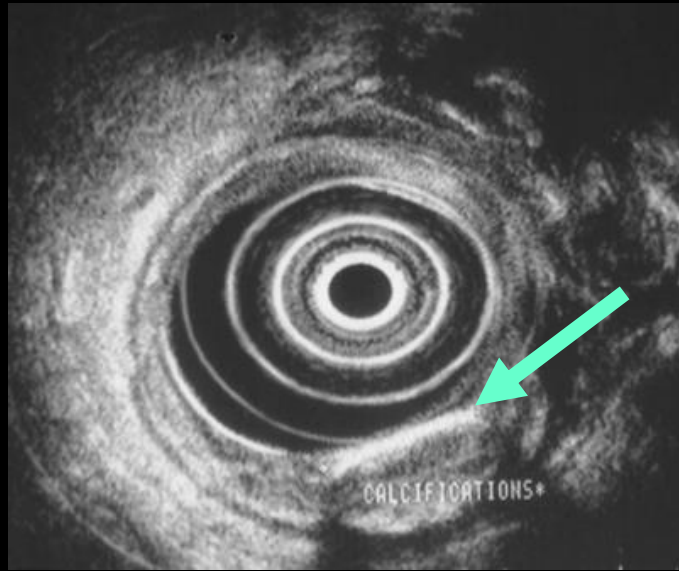
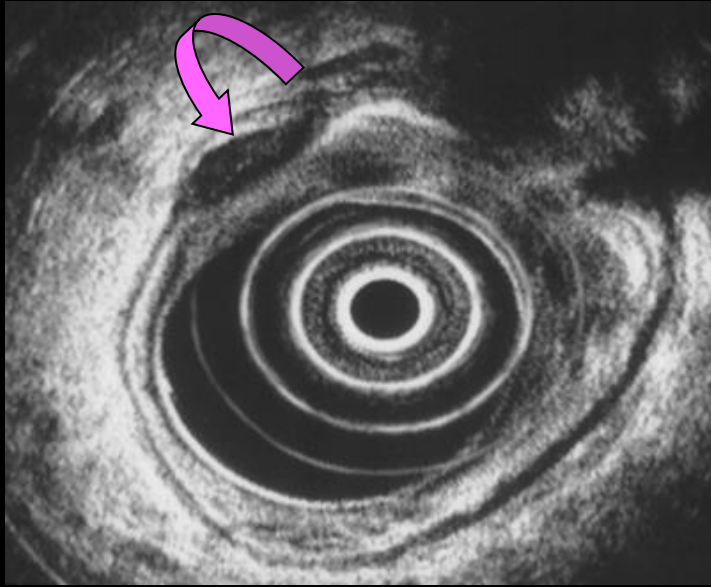
1. Rectum et anus

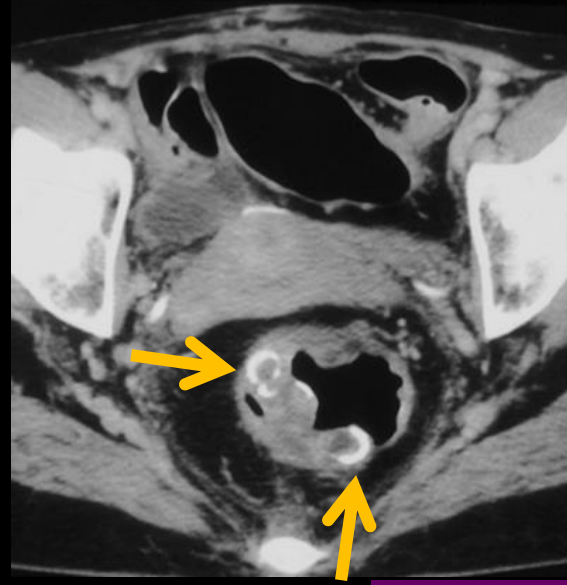
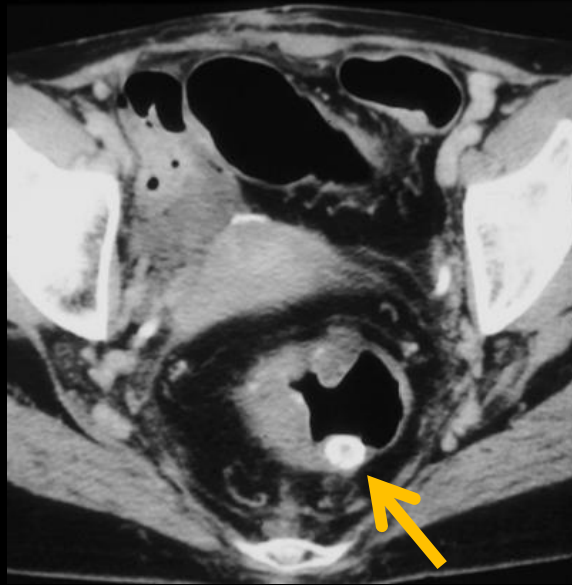


constipée chronique, dyschésique

femme 68 ans, on découvre une tumeur rectale, les biopsies endoscopiques ne mettent pas en évidence de lésion maligne épithéliale, faut-il faire d'autres examens d'imagerie, lesquels et pourquoi





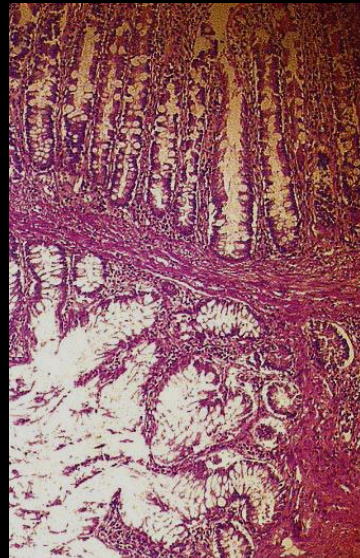
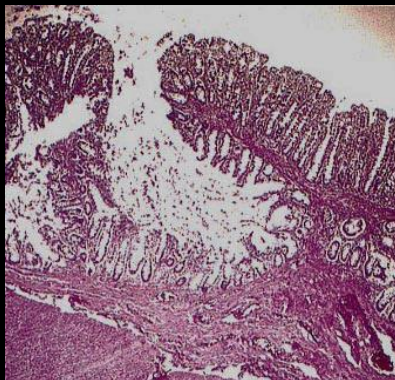
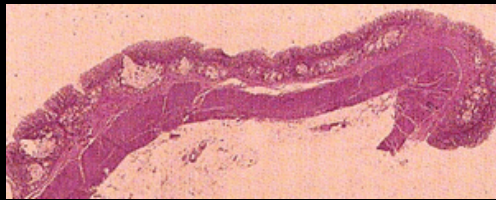


colitis cystica profunda

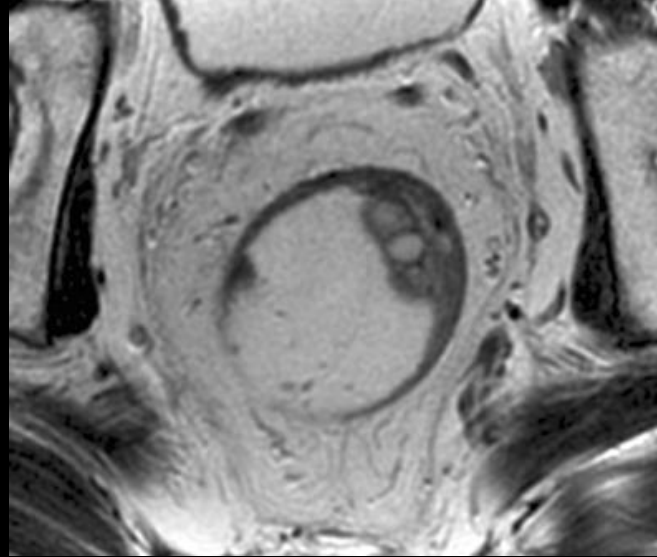
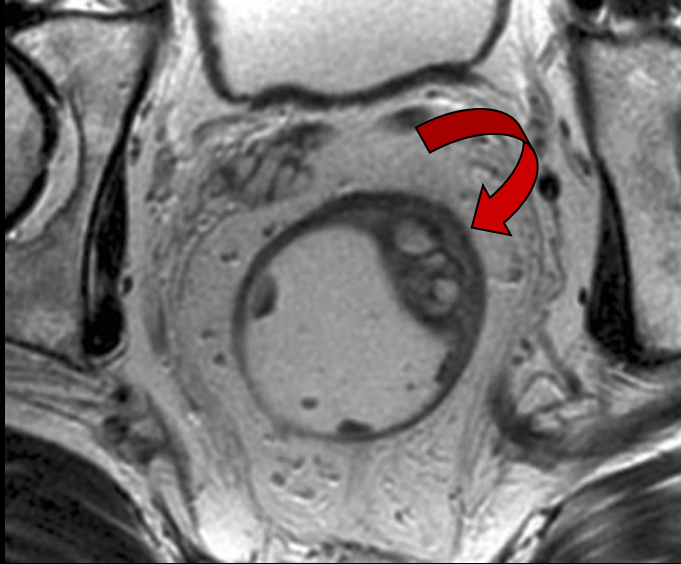
présence de lésions kystiques sous muqueuses ,à contenu mucineux correspondant à inclusions de muqueuse **d'origine mécanique**

observée souvent chez des sujets jeunes constipés chroniques ,dans un contexte de prolapsus muqueux intra anal (forme d'ulcère solitaire du rectum) .

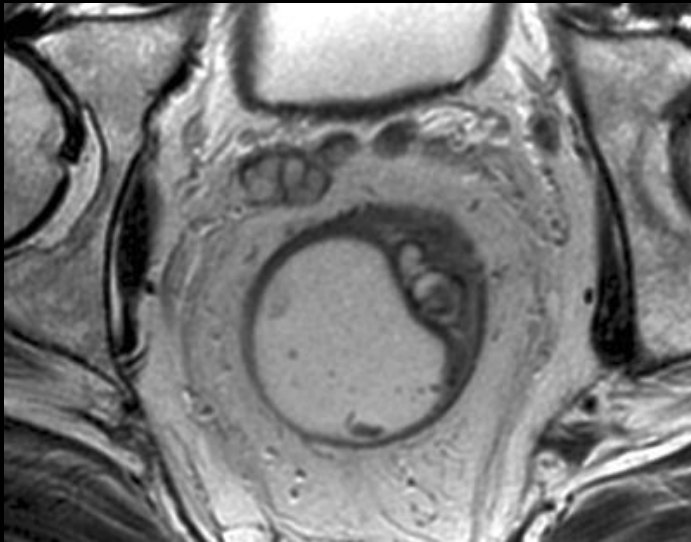
présence de sang dans les selles ;selles glaireuses ,ténésme ...



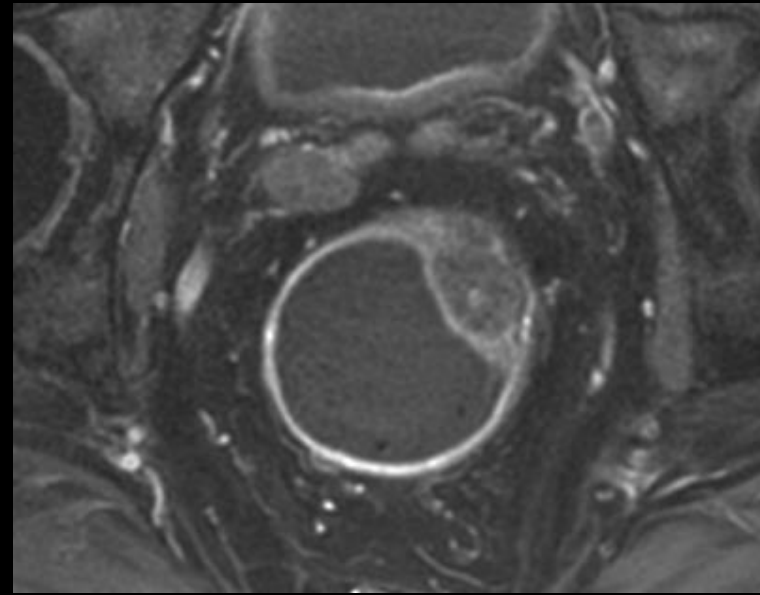
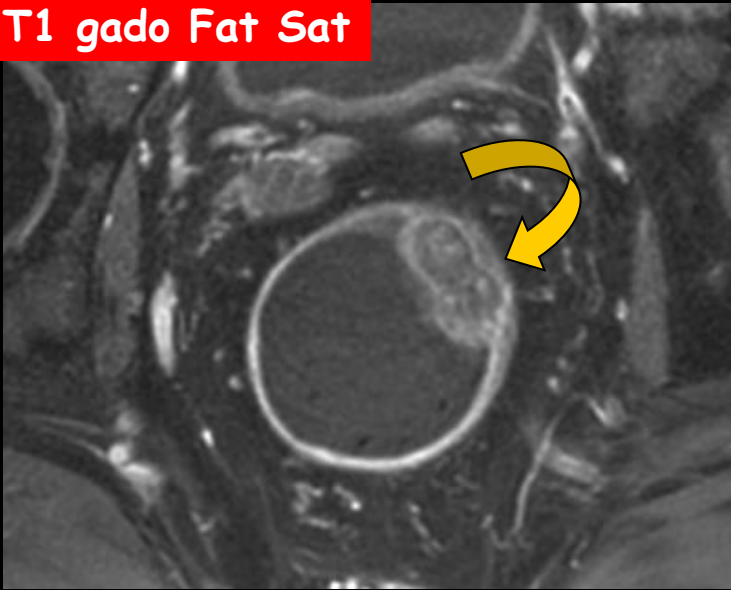
homme 45 ans , cancer colique chez le père , anémie
ferriprive par déperdition chronique.



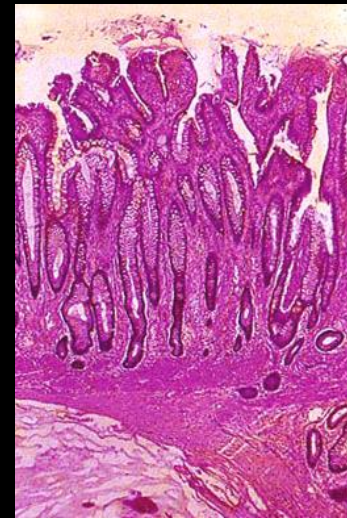
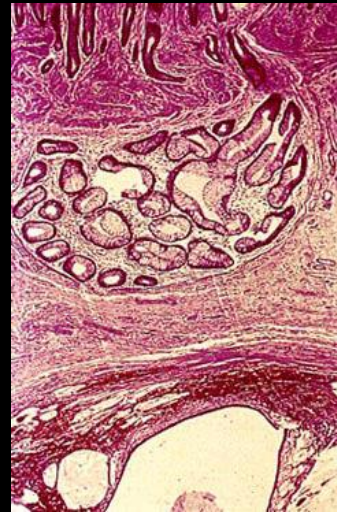
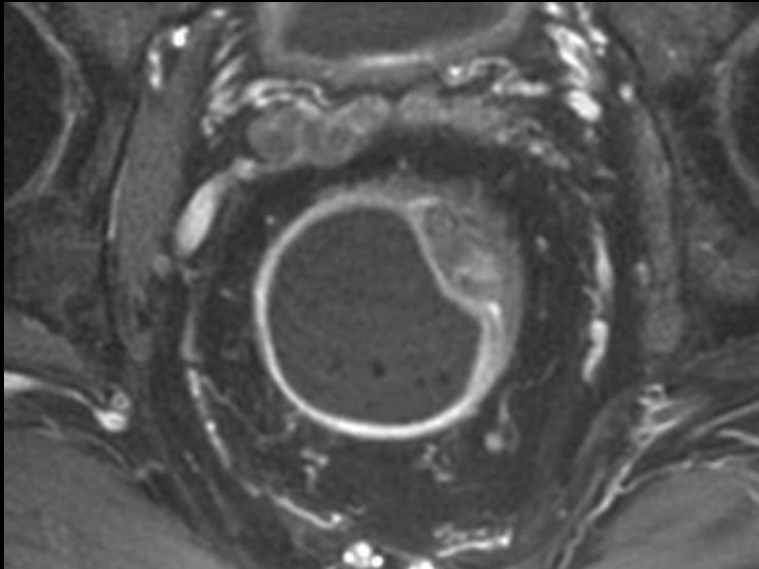
FSE T2



EG T1 gado Fat Sat

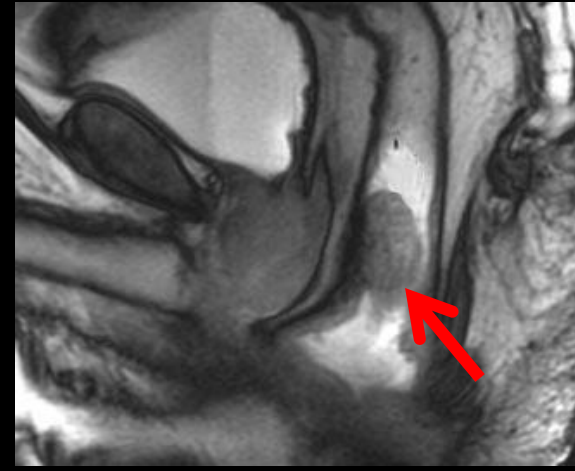
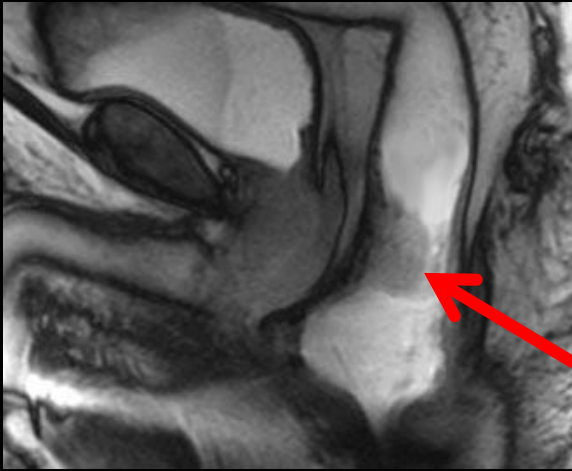


hamartome polypoïde inversé

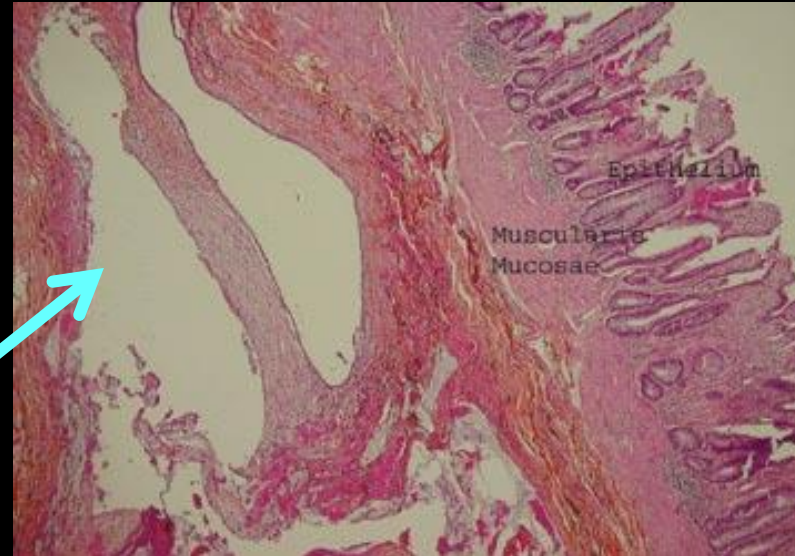
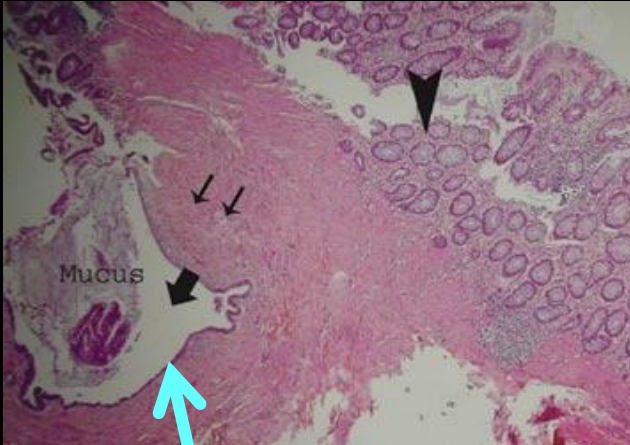


a quel examen d'imagerie peut-on avoir recours pour confirmer la lésion





la déféco-IRM permet d'explorer de façon atraumatique la dynamique d'exonération fécale et de mettre en évidence l'intussusception rectale interne .

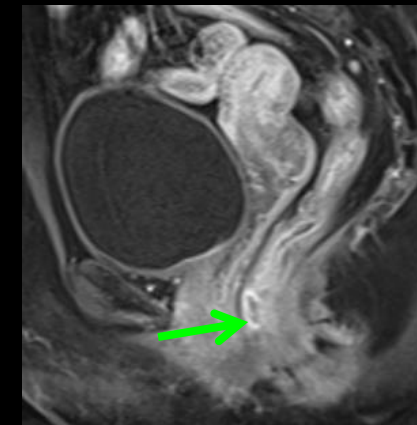
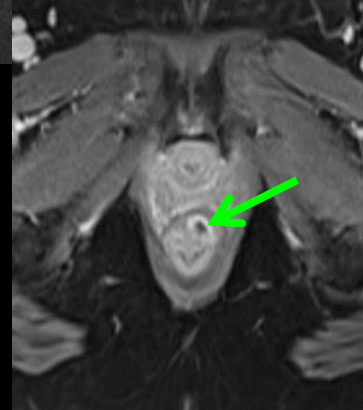
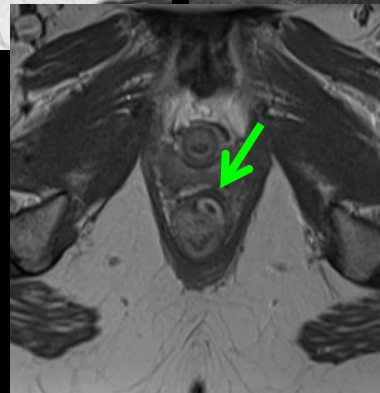
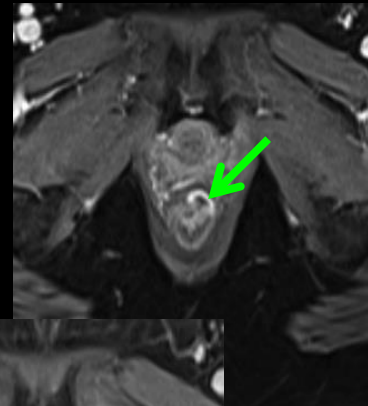
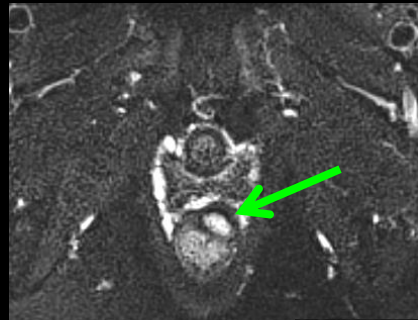
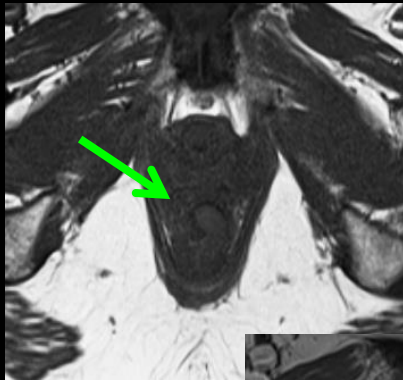


lésions kystique secondaires à l'invagination de muqueuse dans la sous muqueuse ,au delà de la muscularis mucosae

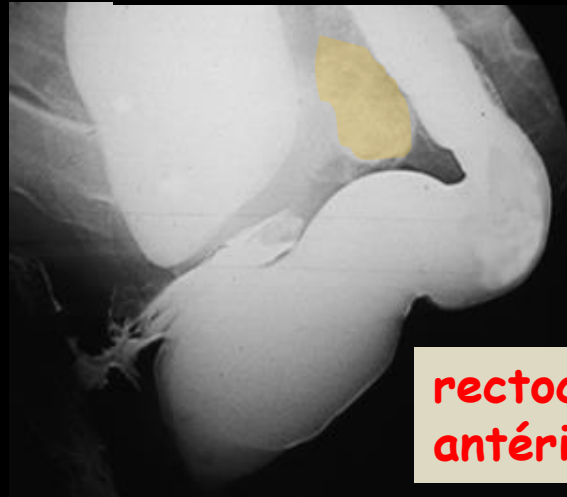
jeune femme 38 ans traitée depuis 10 ans pour maladie de Crohn
rectale ,inquiète par la persistance de sang dans les selles .



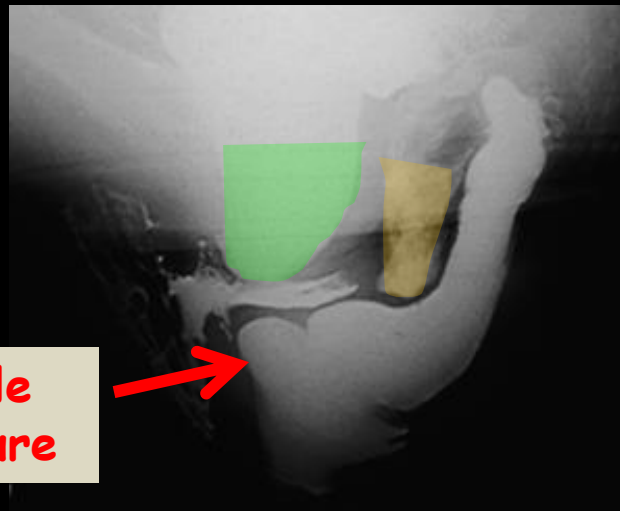
hamartome polypoïde inversé



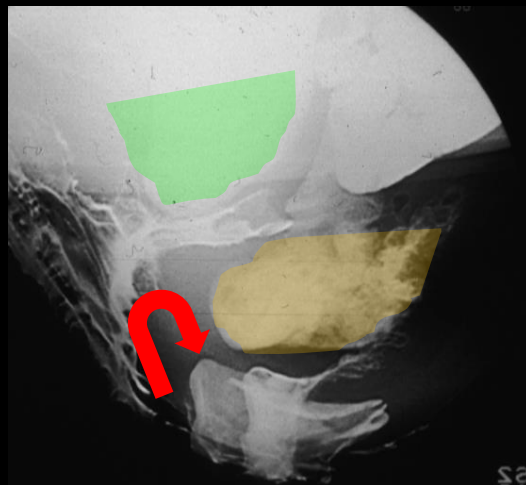
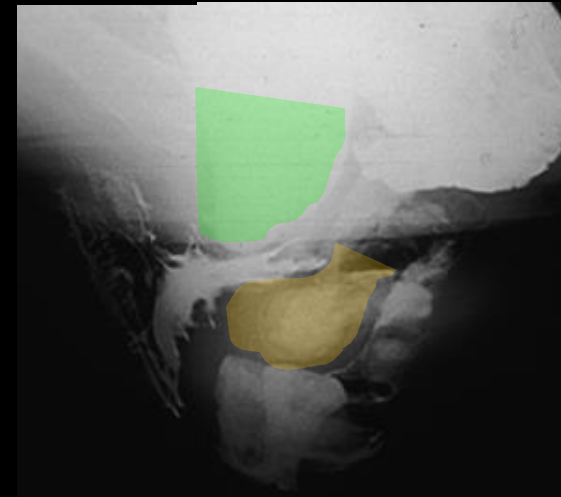
femme 54 ans ,multipare ,dyschésique . Emissions rectales
glaireuses et douleurs . **colpocystodéféographie**



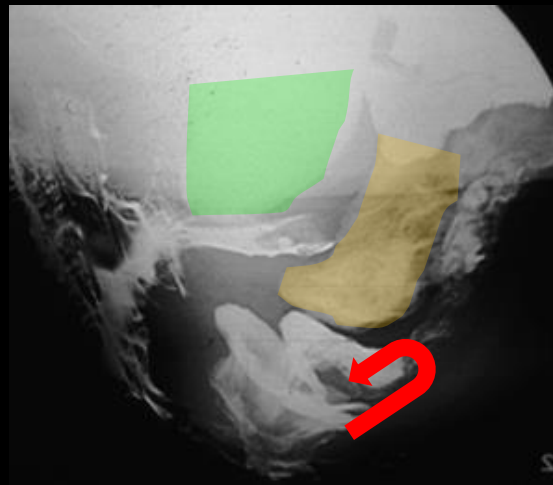
**rectocèle
antérieure**



vessie cystocèle



élytrocèle

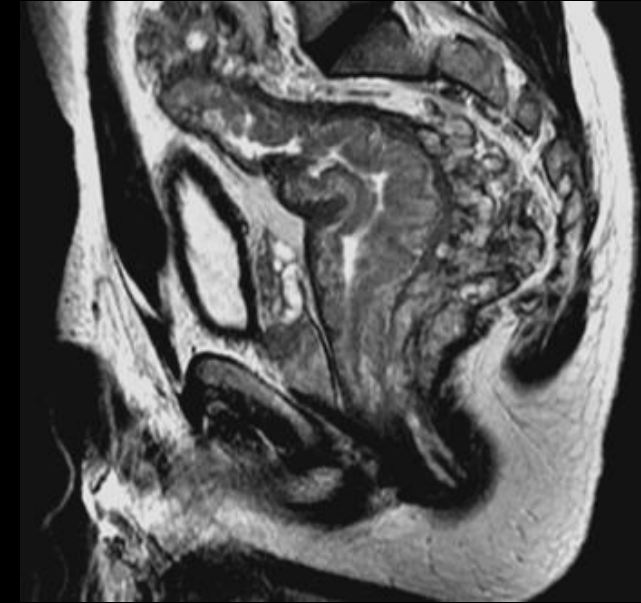
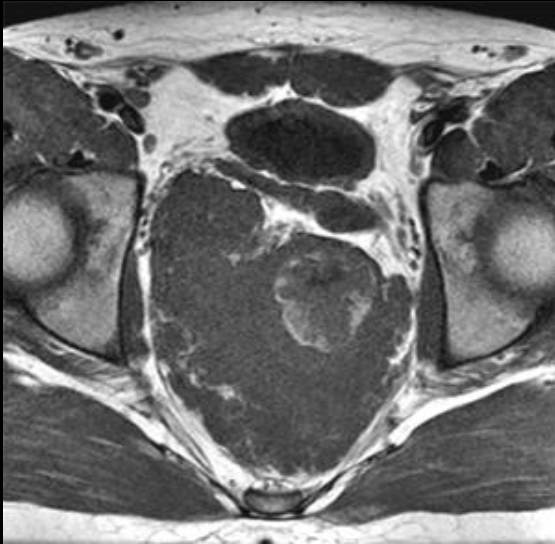


**intussusception
rectale interne**



**syndrome d'ulcère
solitaire du rectum**

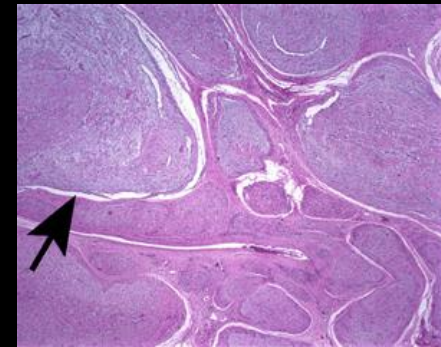
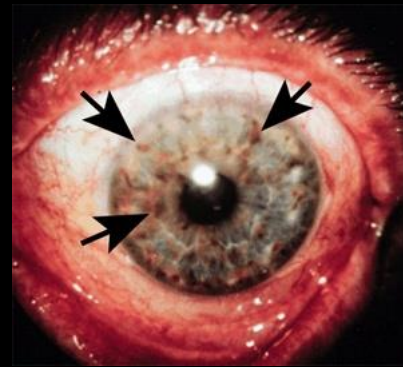
jeune homme 27 ans ,vague gêne pelvienne
,lésion stable depuis 2 ans



Obs . C Aube et C Ridereau-Zins CHU Angers



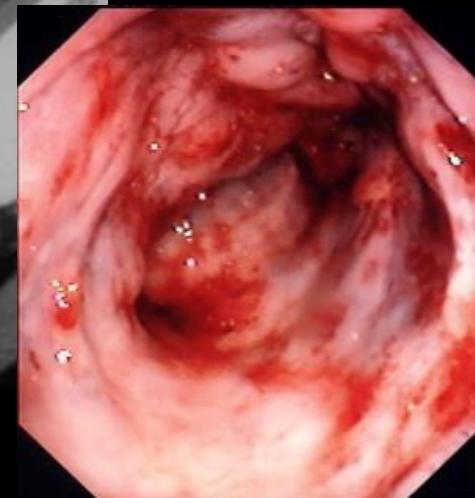
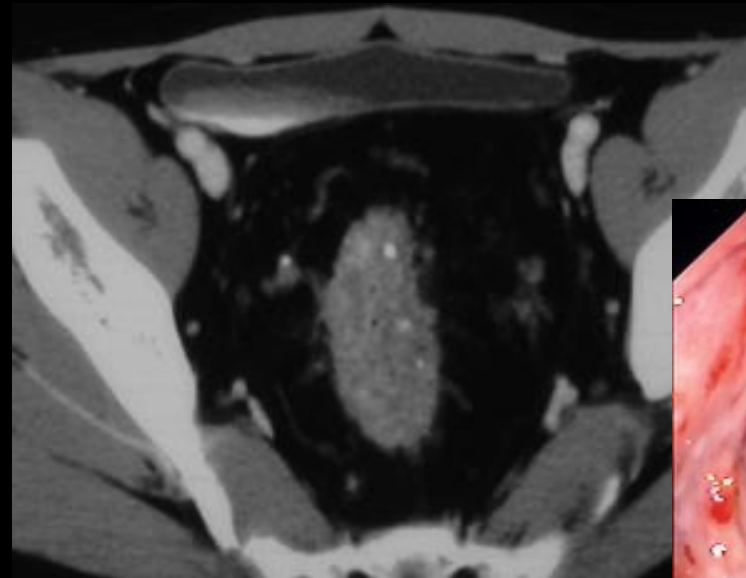
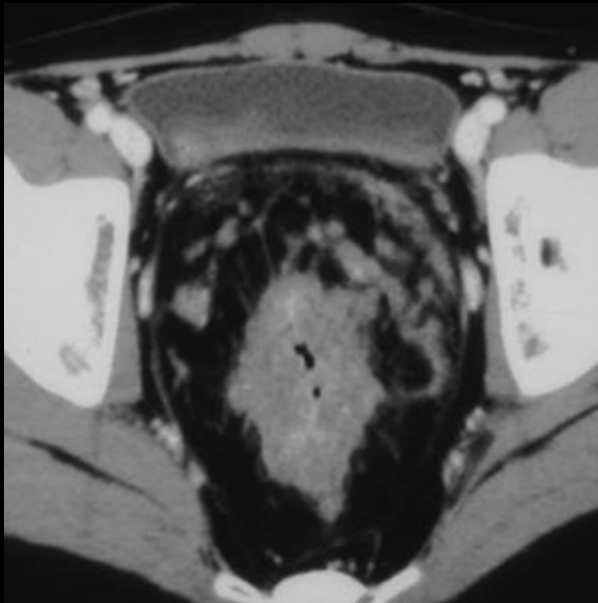
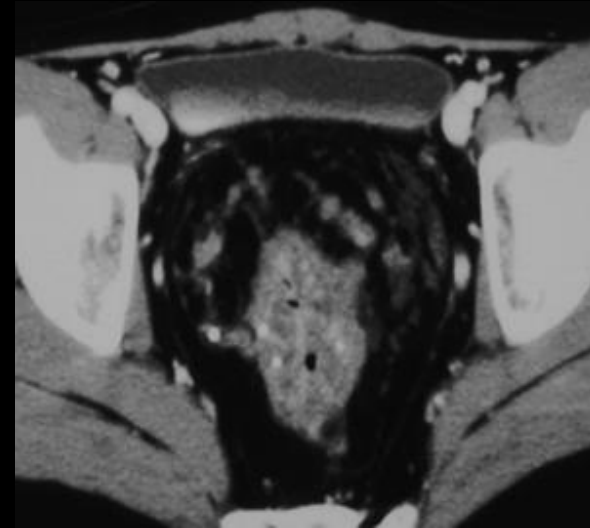
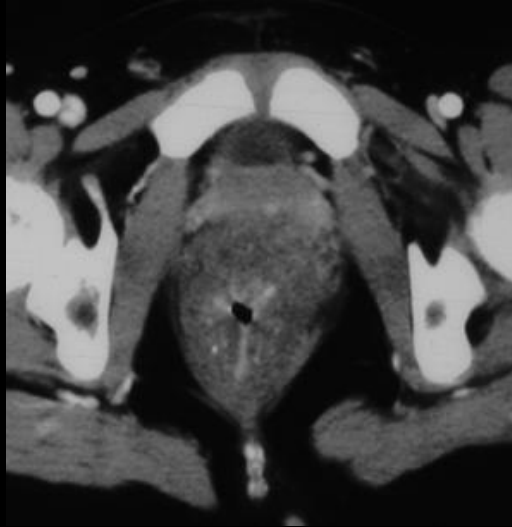
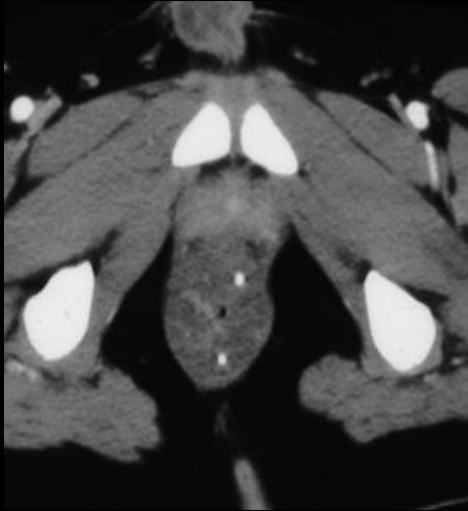
névrome plexiforme péri rectal . neurofibromatose de type I



nodules de Lisch

neurofibromes cutanés et
taches café au lait

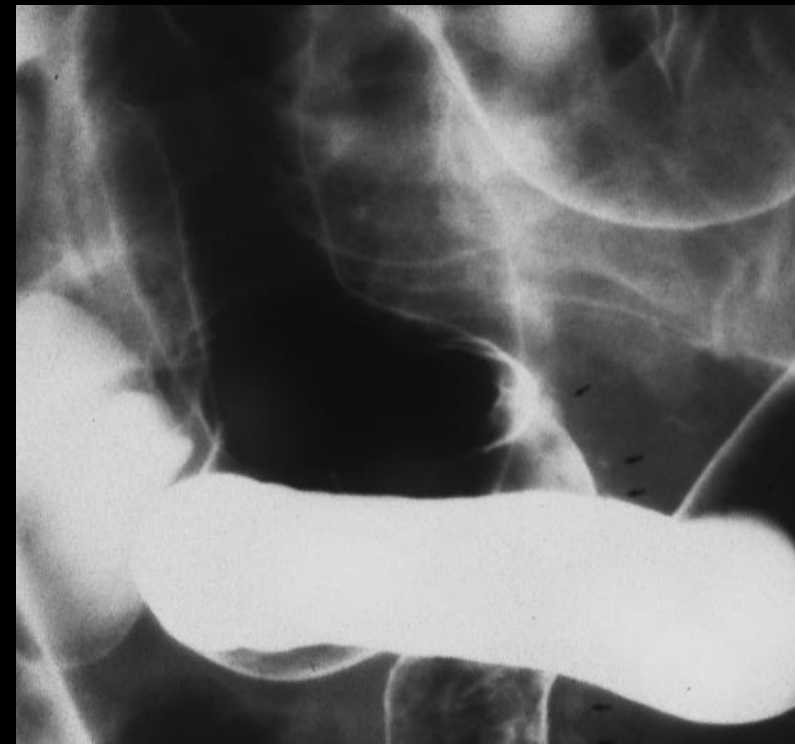
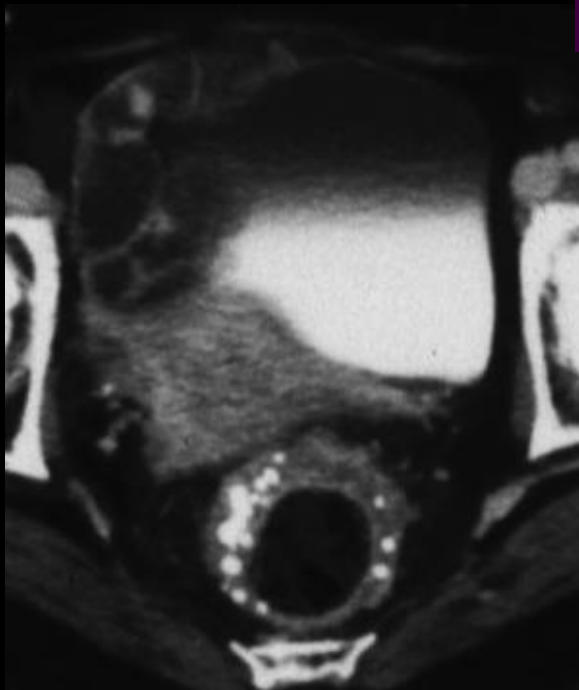
garçon 17 ans rectorragies chroniques



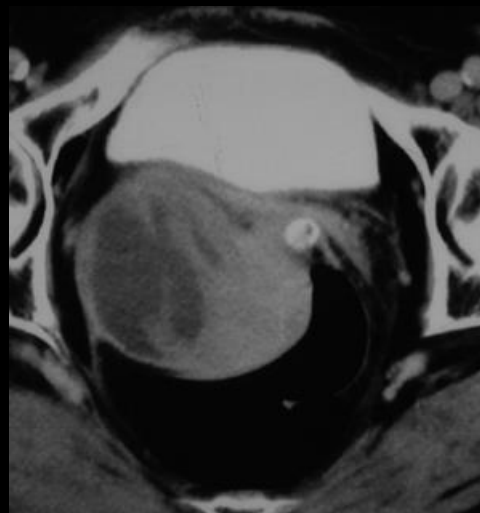
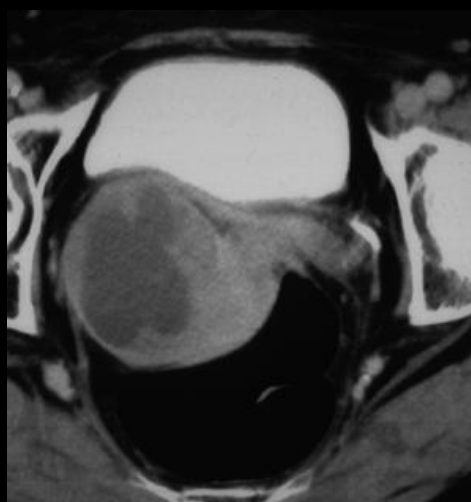
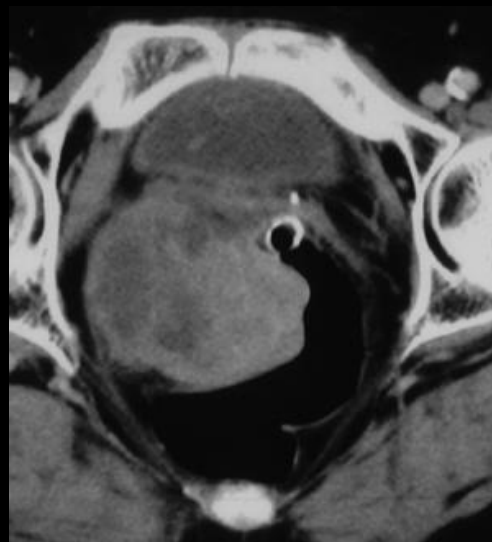
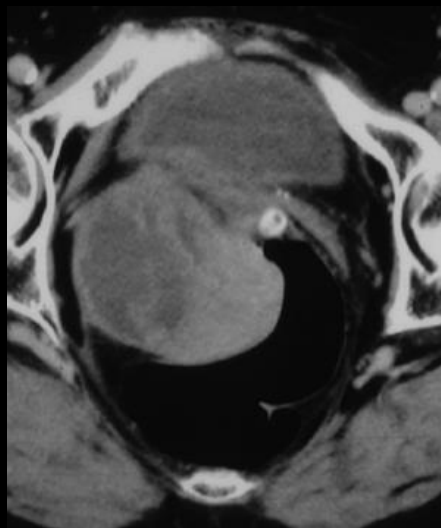
angiome de la paroi rectale

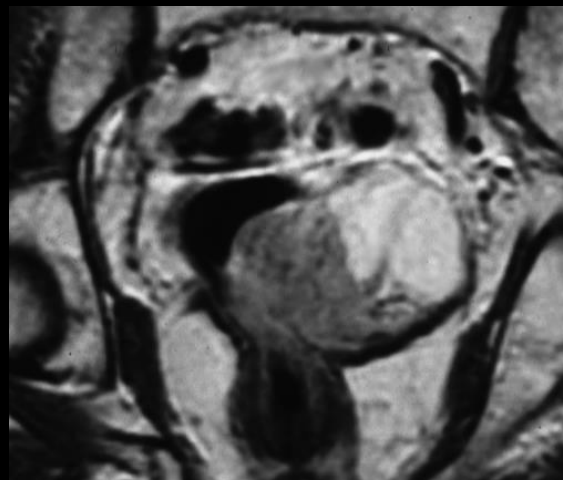
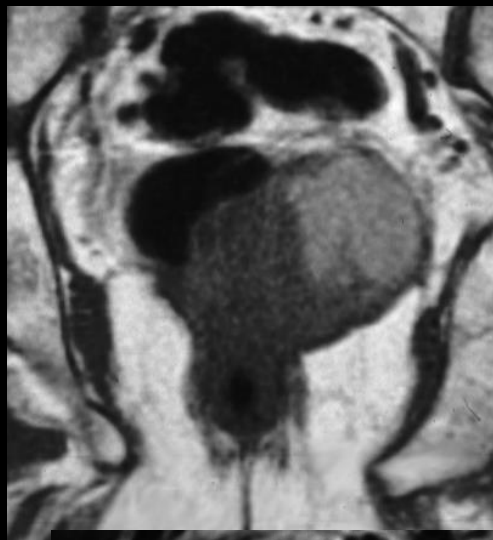


angiome de la paroi rectale

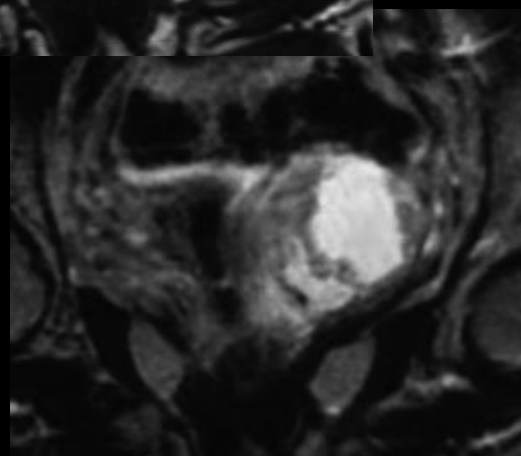
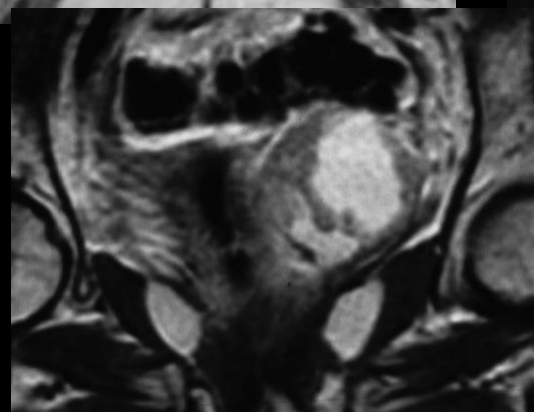


femme 44 ans ;anémie ; masse à contours lisses au TR





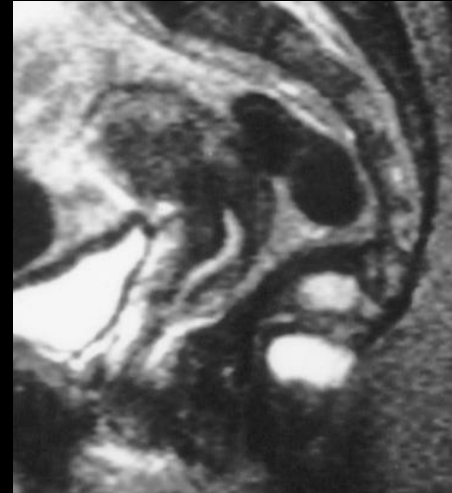
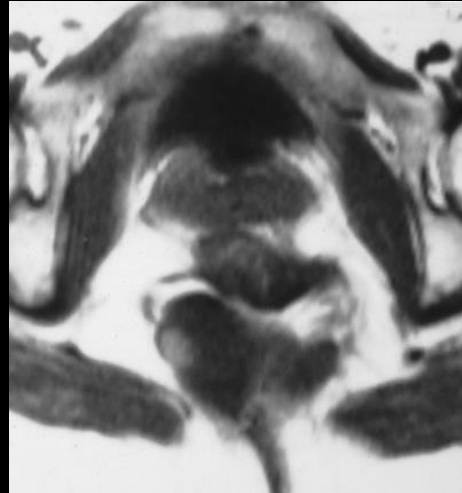
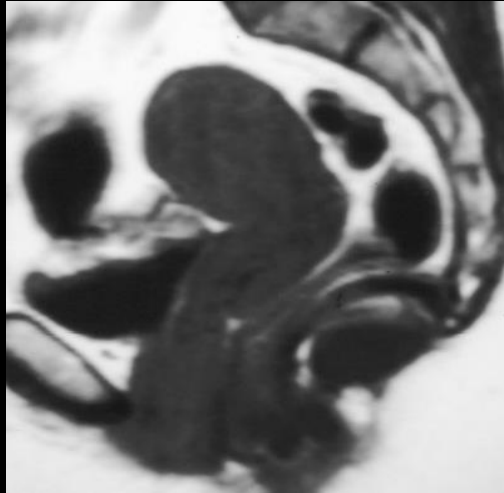
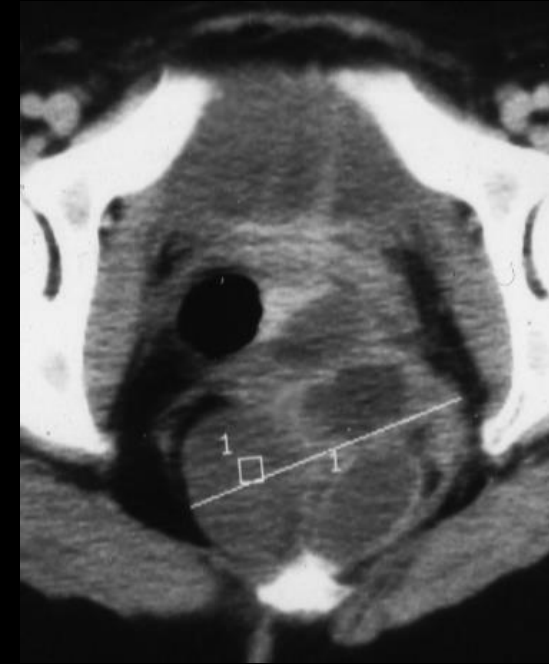
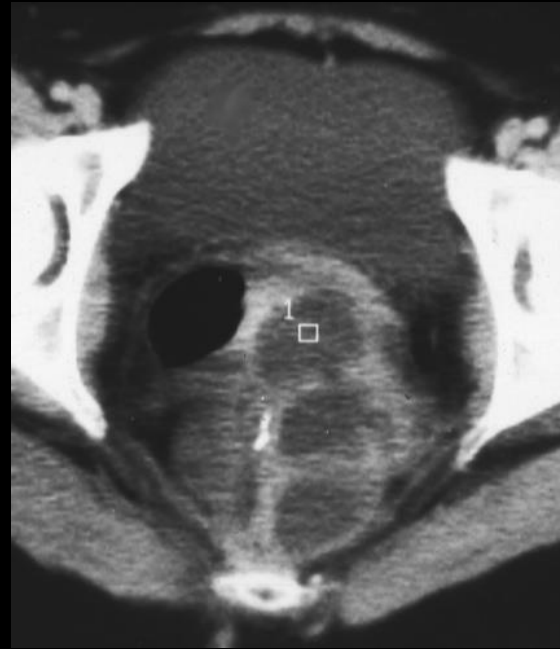
CD 117 +

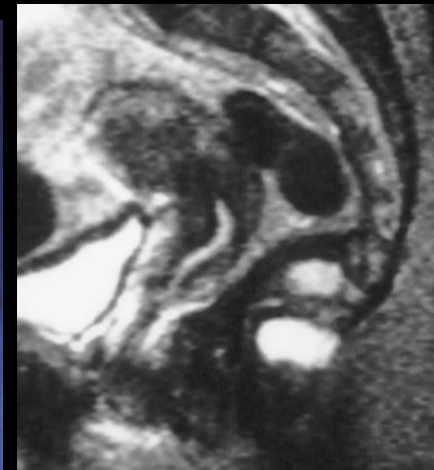
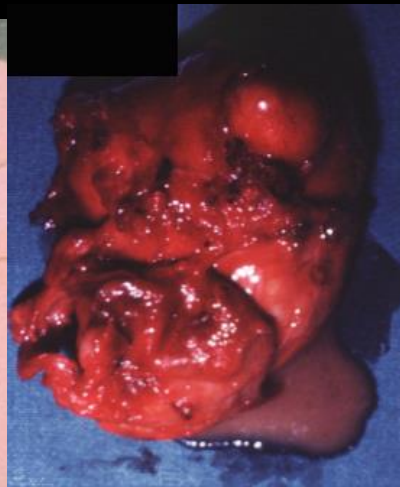
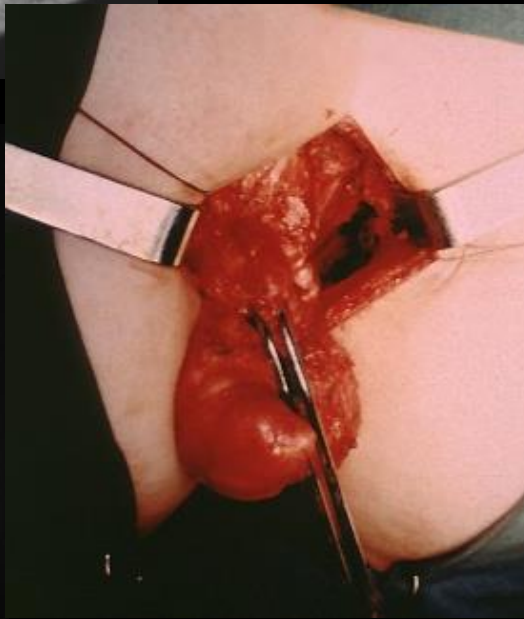
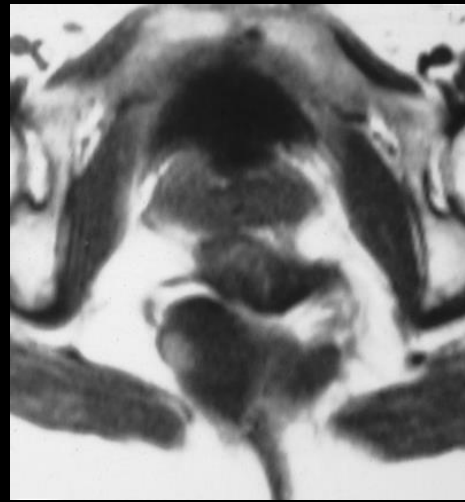
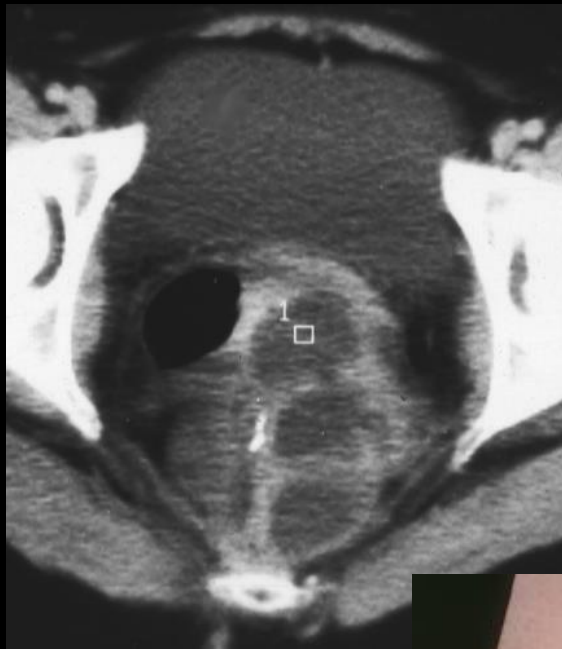


Site of primary GIST	Number/percentage
Stomach	18 (62.1%)
Fundus	7
Body	11
Antrum	0
Small bowel	9 (31%)
Duodenum	3
Jejunum	4
Ileum	2
Anorectum	2 (6.9%)
Oesophagus, colon, mesentery, omentum or retroperitoneum	0

GIST rectale

femme , 36 ans sensation de gêne pelvienne postérieure ;masse dépressible au TR sans lésion muqueuse



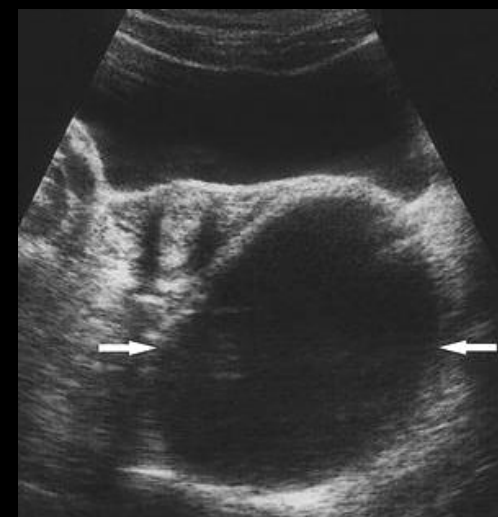


hamartome kystique rétro rectal (tail gut cyst)

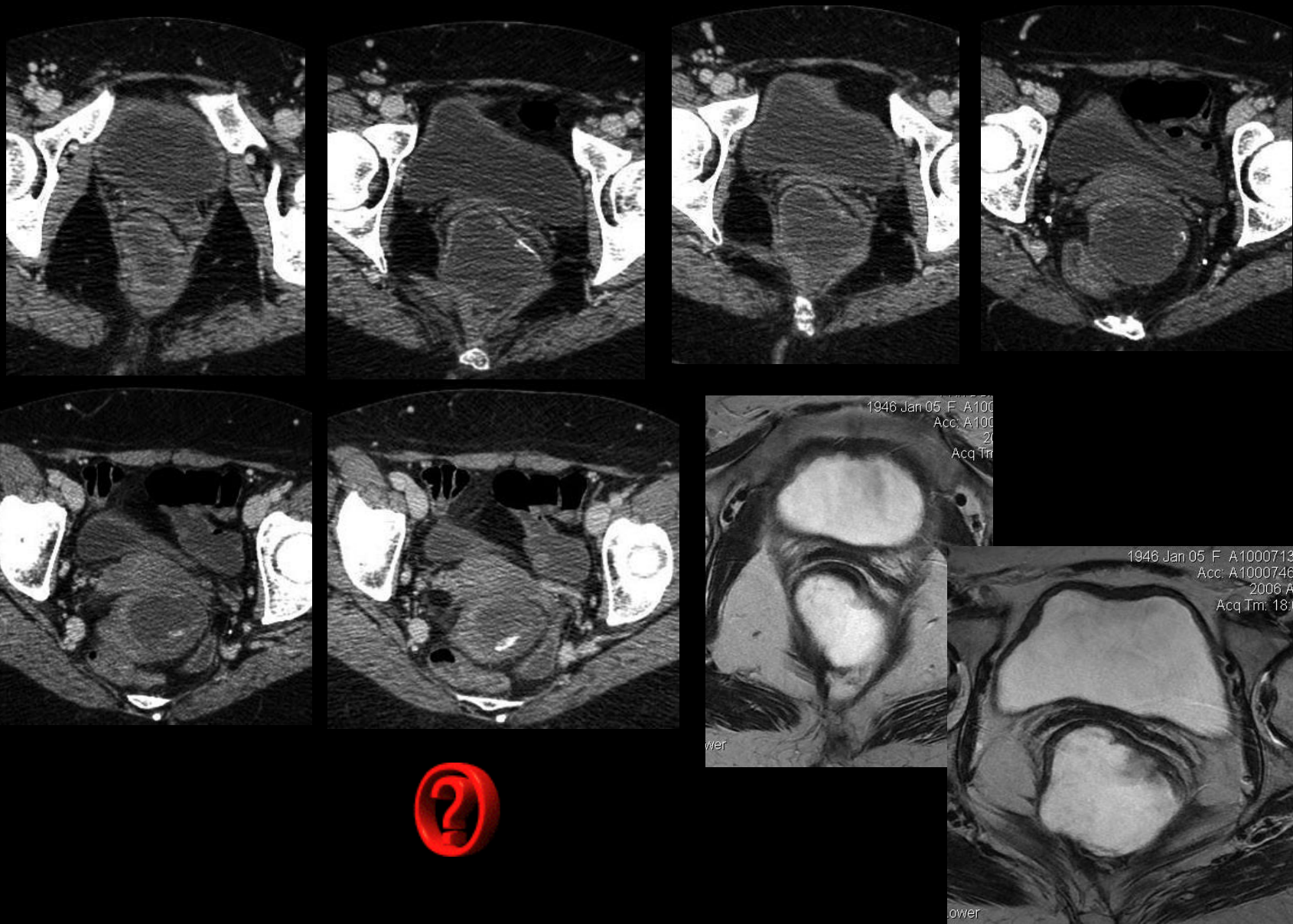
L. Menassa-Moussa
H. Kano
A. Checrallah
J. Abboud
M. Ghossein

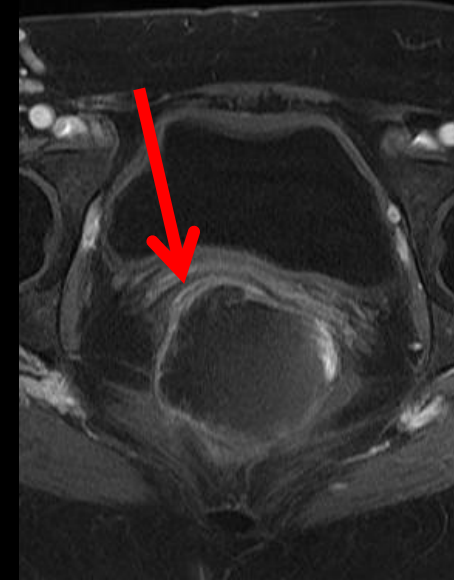
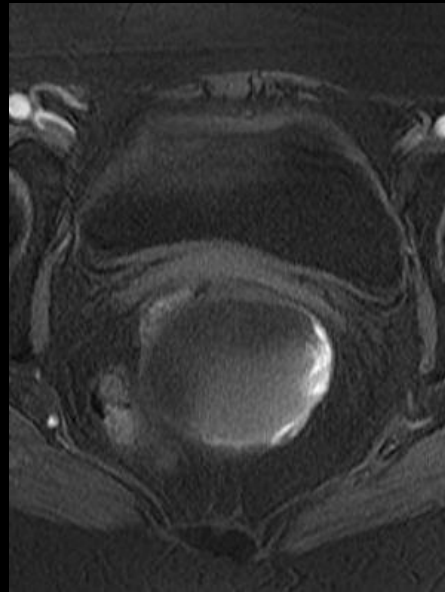
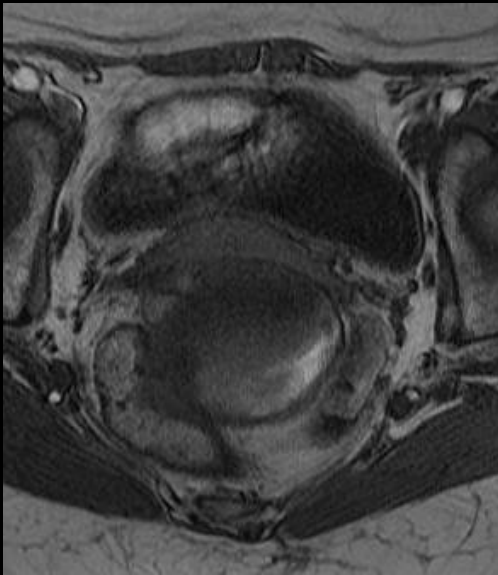
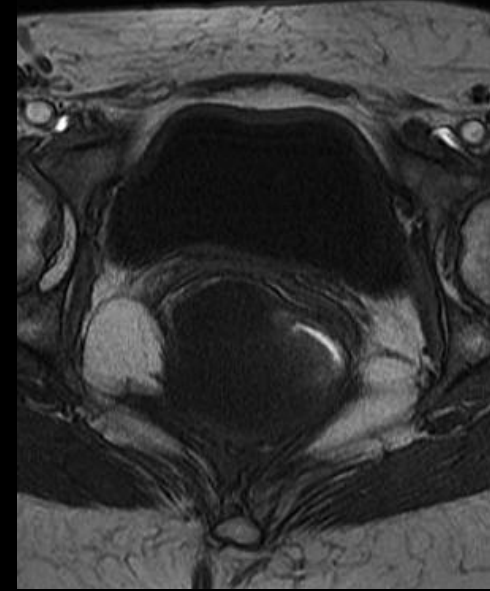
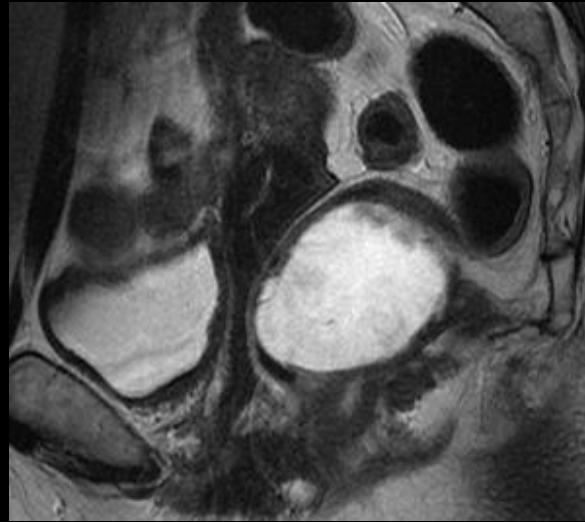
CT and MR findings of a retrorectal cystic hamartoma confused with an adnexal mass on ultrasound

femme , 28 ans , bilan d'hirsutisme



femme, 60 ans , gêne à la défécation , baisse de l'état général





adénocarcinome mucineux rectal