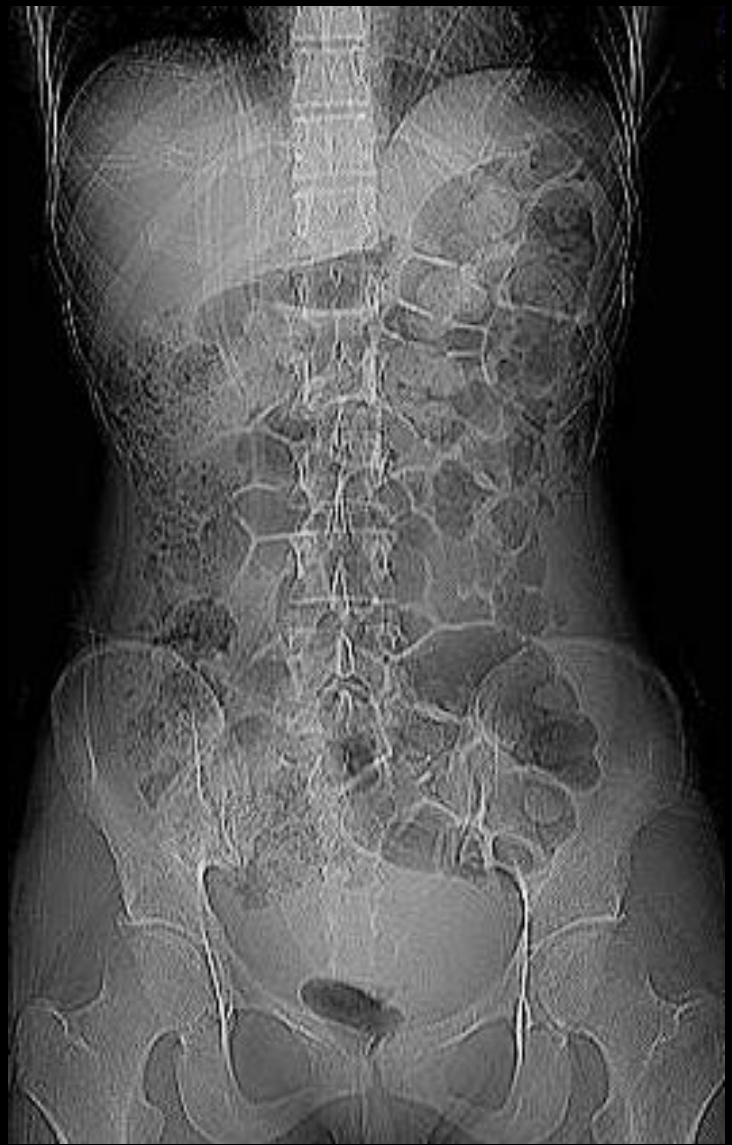
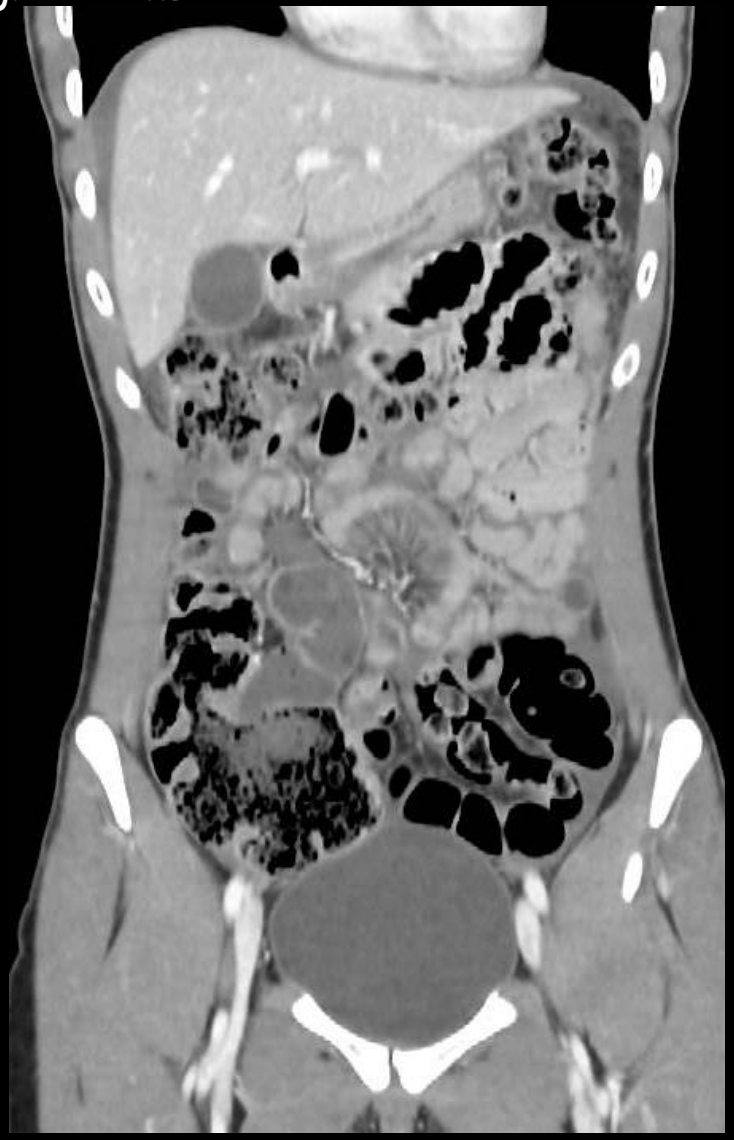
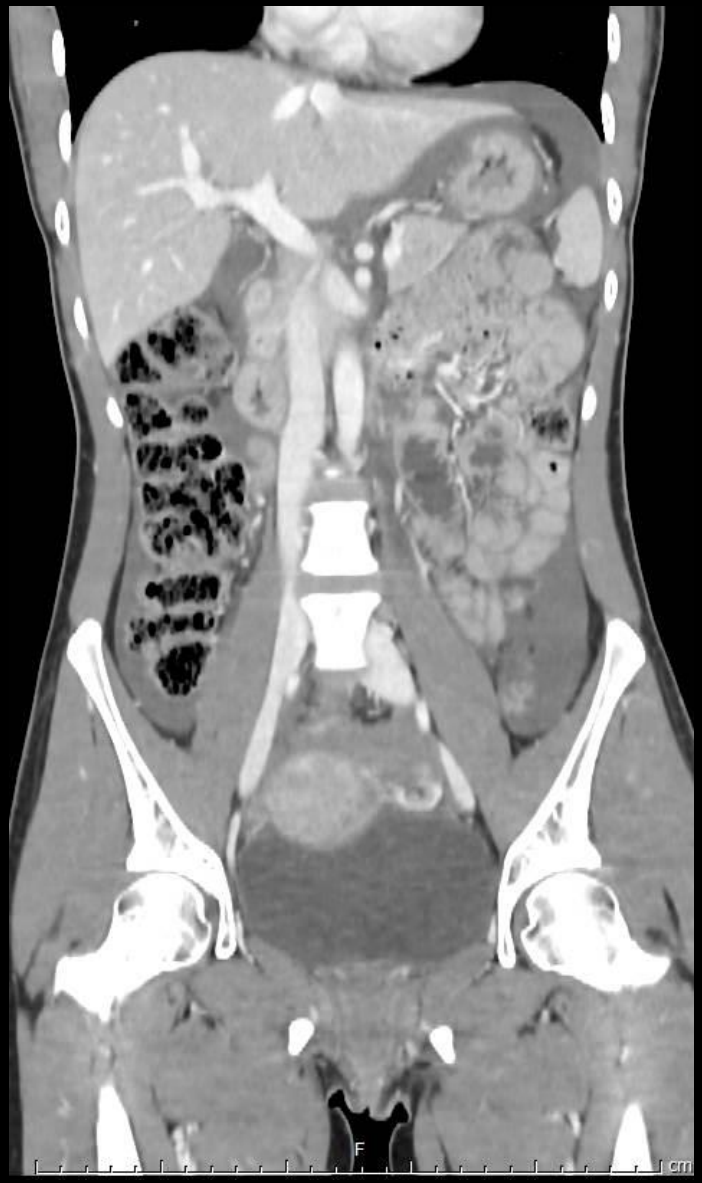
pour l'ECN : une image , un diagnostic

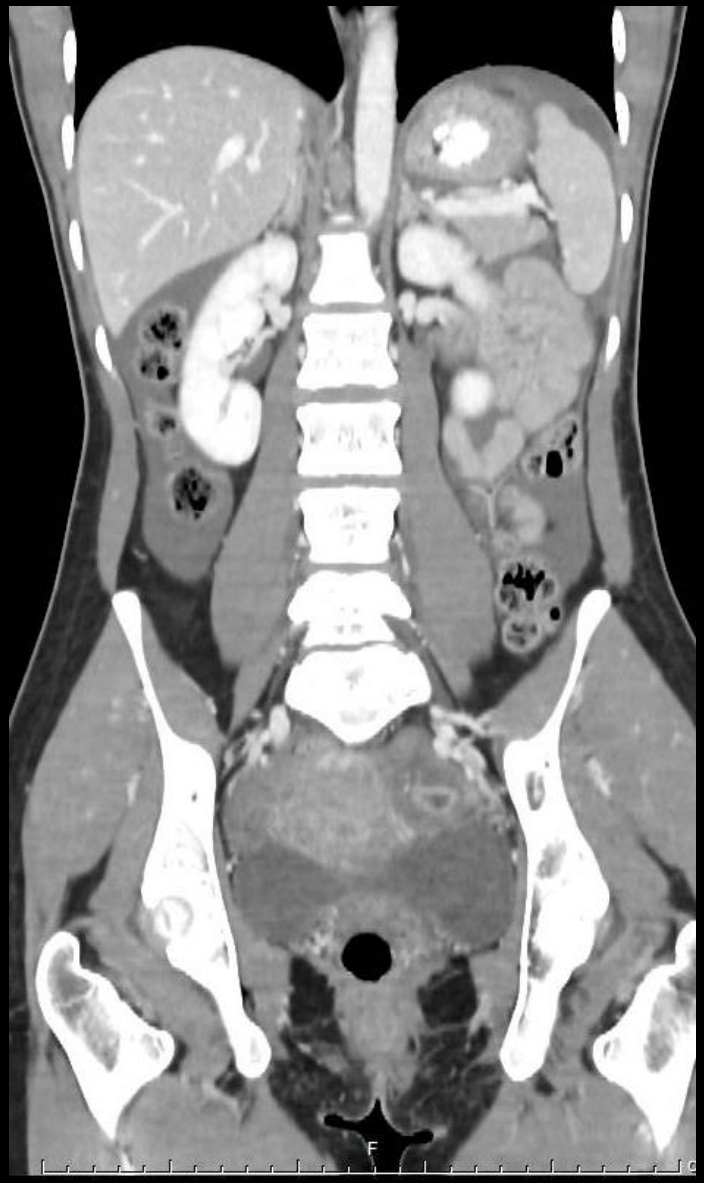
gynécologie

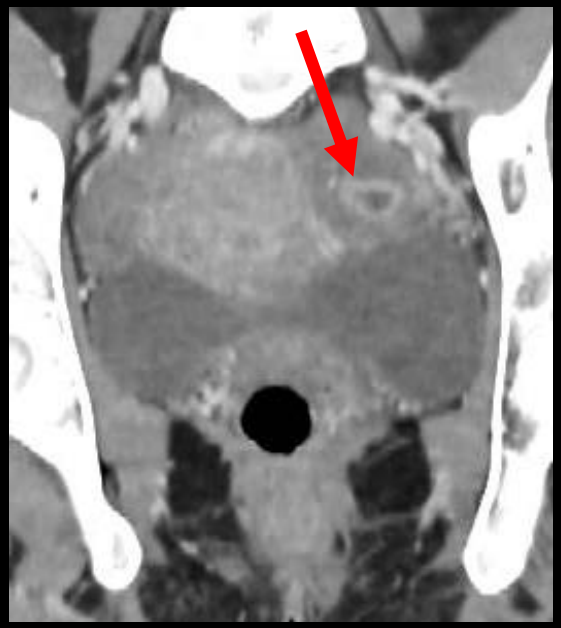
jeune femme 24 ans , syndrome douloureux pelvi-abdominal aigu, ayant débuté brutalement après un rapport sexuel, pâleur , TA 90-50, tachycardie, pas de retard des règles, β HCG normale, Hb 9g/100 mL

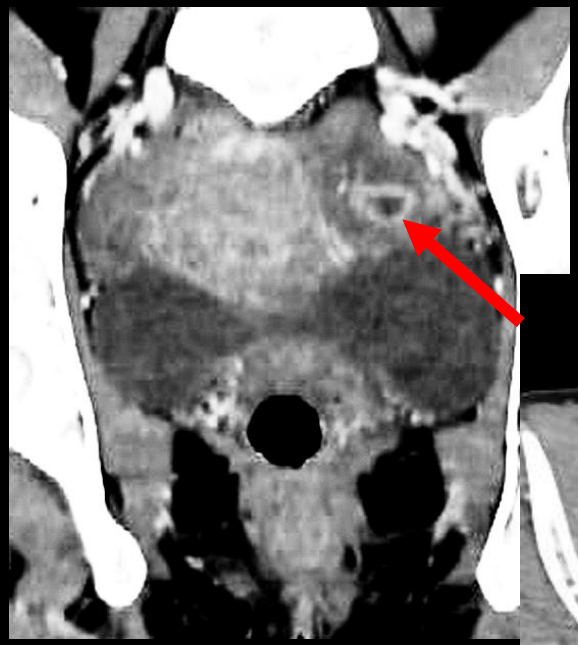


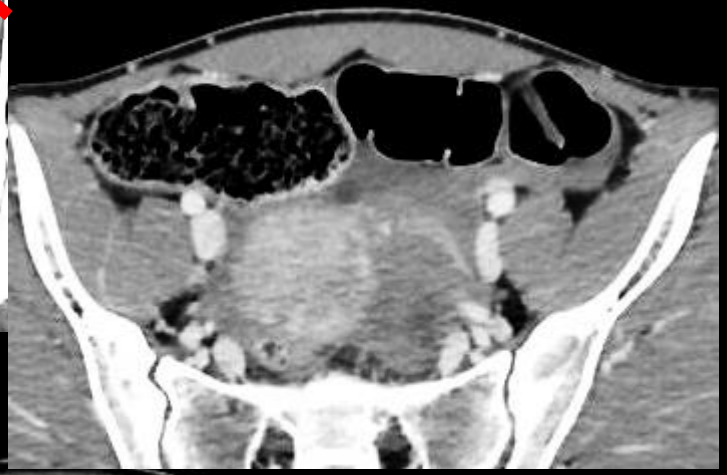


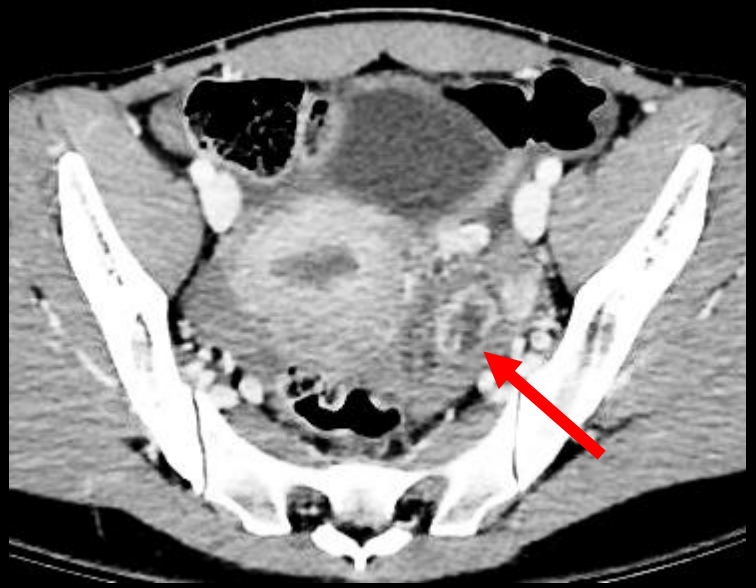


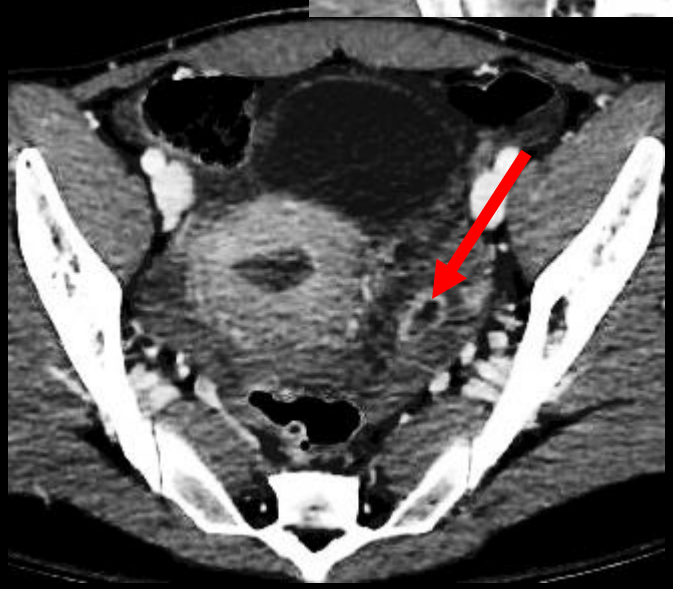


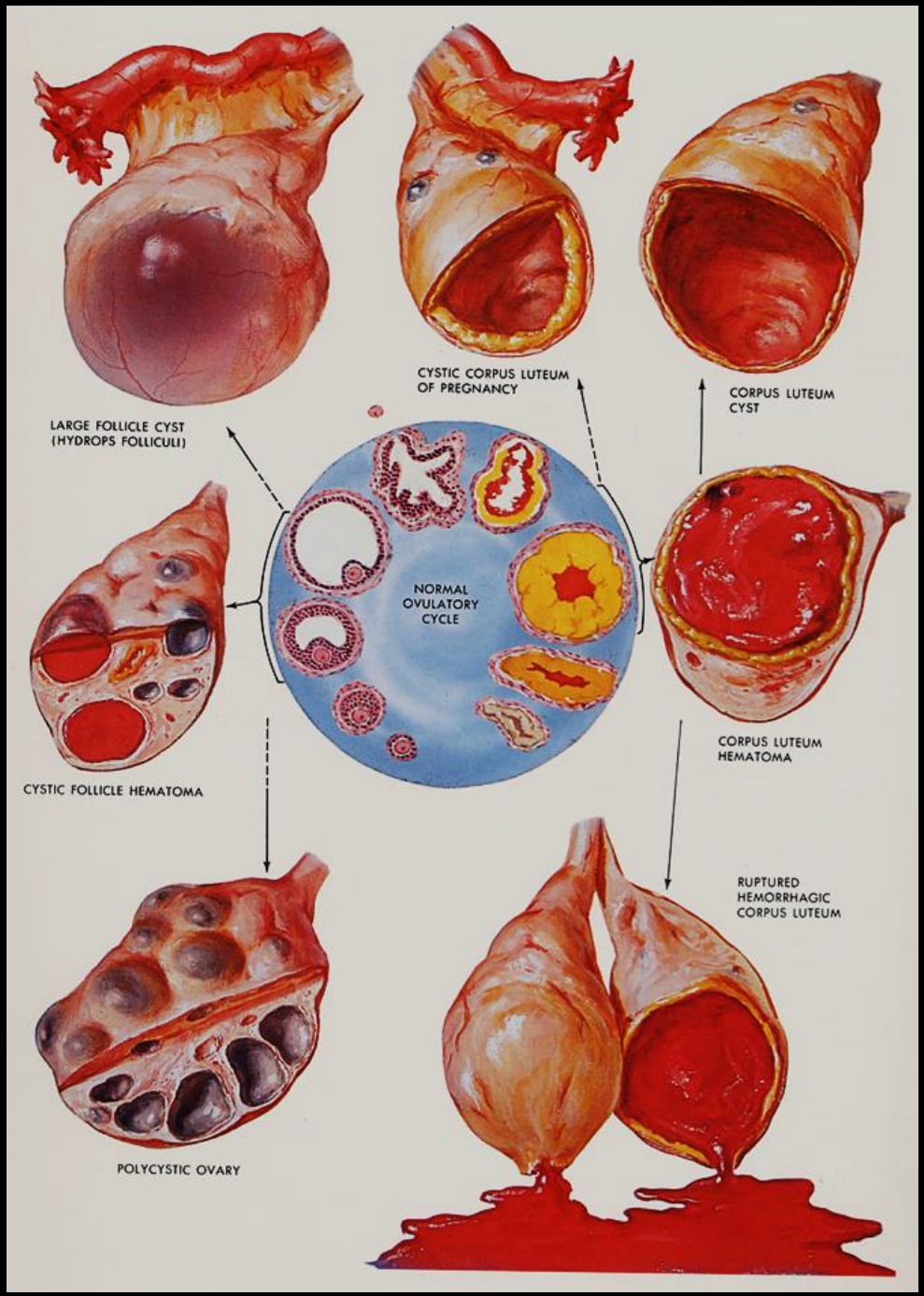










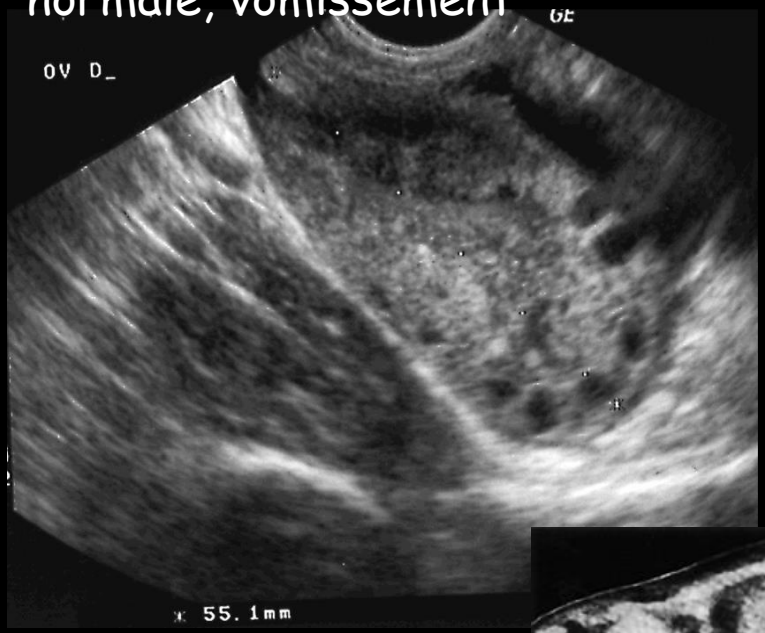


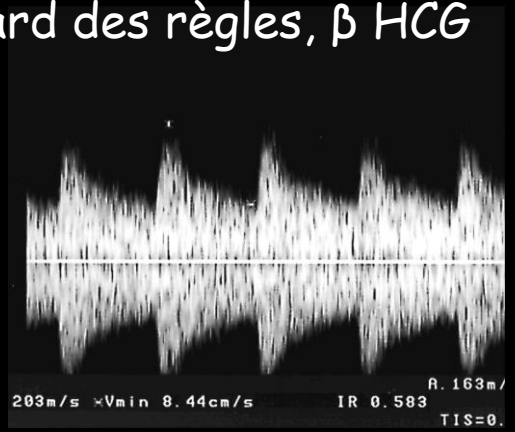
kyste hémorragique,

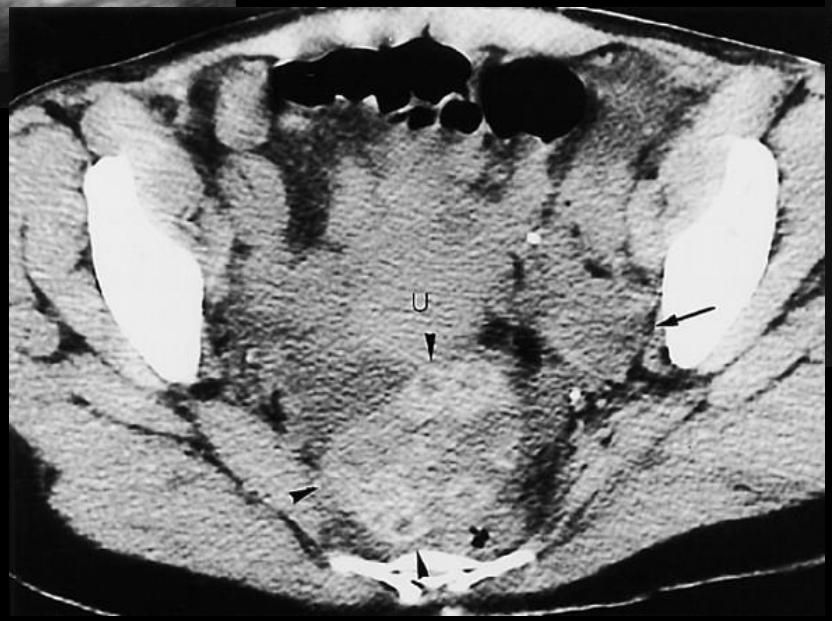
le plus souvent

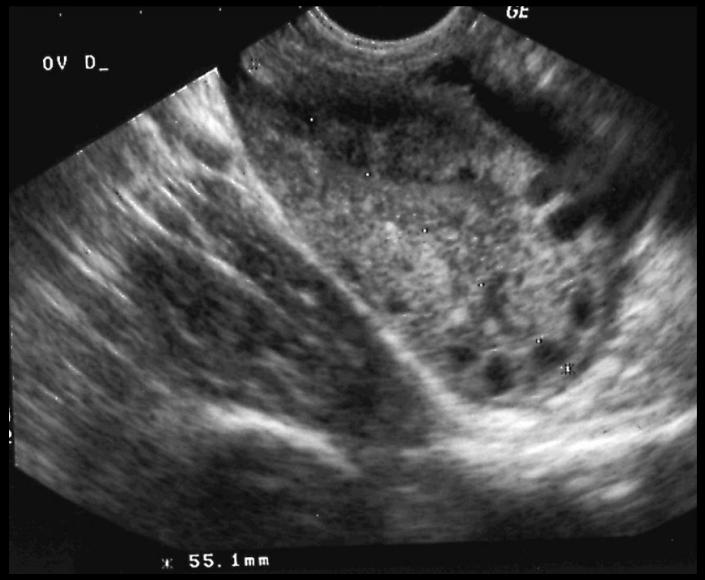
rupture du corps jaune hémorragique

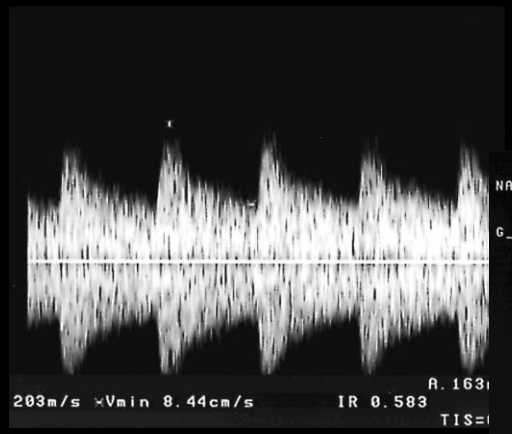
jeune fille 18 ans syndrome douloureux aigu hypogastrique et pelvien de survenue brutale , pâleur ,tachycardie, pas de retard des règles, β HCG normale, vomissement

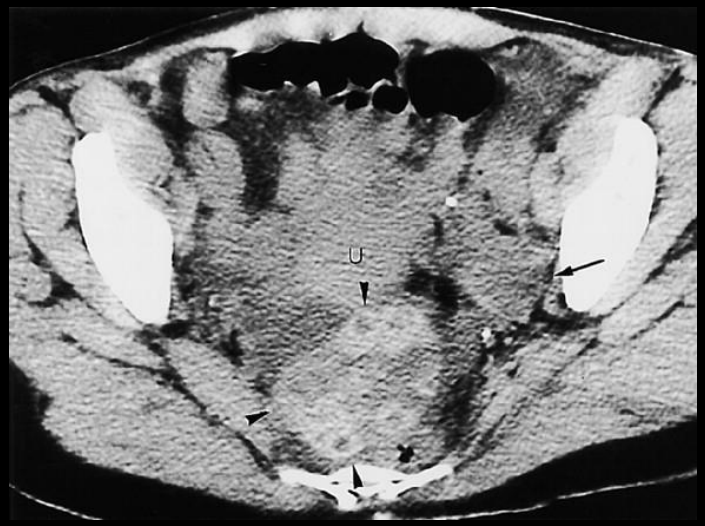




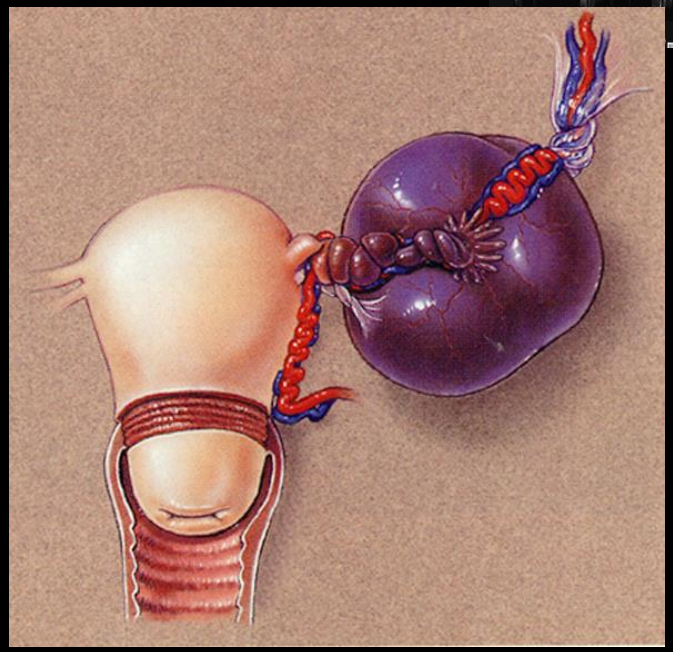




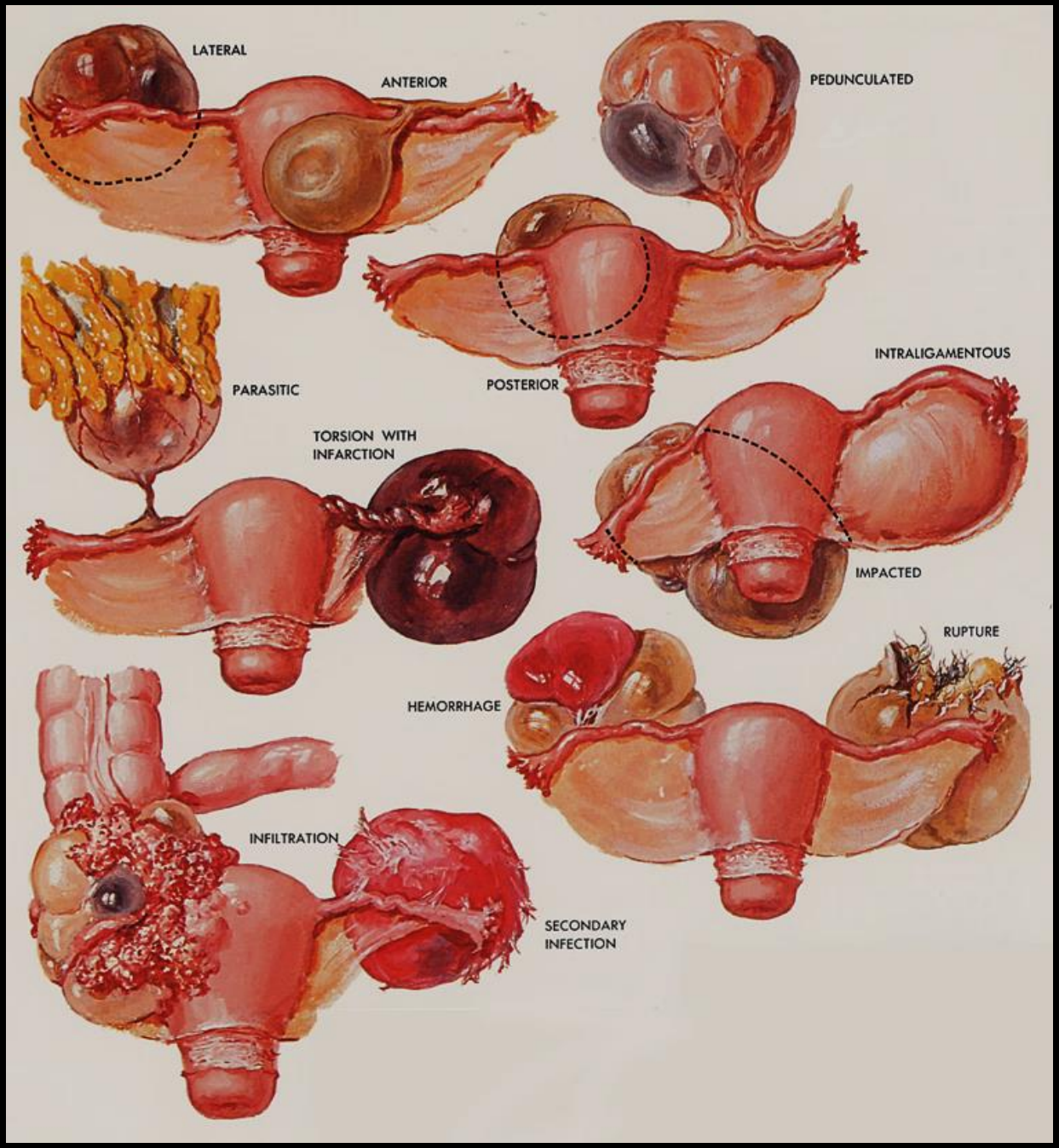




BJR 2001



Torsion d’annexe

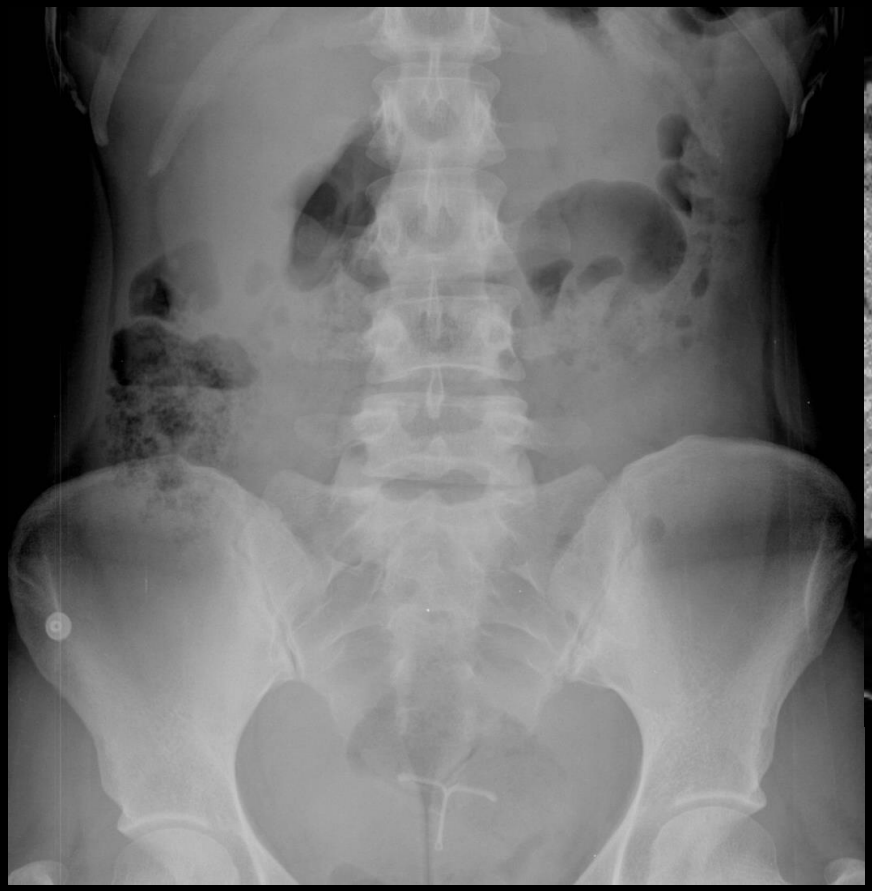

LATERAL
ANTERIOR
PEDUNCULATED
PARASITIC
POSTERIOR
INTRALIGAMENTOUS
TORSION WITH
INFARCTION
IMPACTED
RUPTURE
HEMORRHAGE
INFILTRATION
SECONDARY
INFECTION

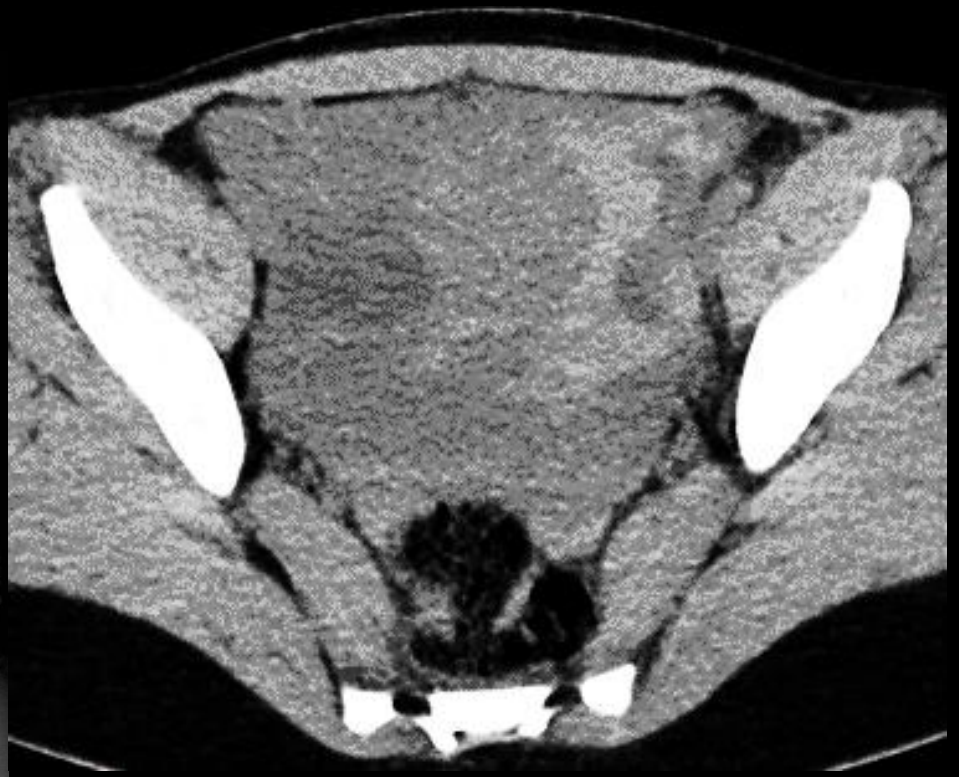
♀ 28 ans , Infirmière SAU, Douleurs abdominales diffuses depuis 36 heures

GB = 17000/mm3, CRP = 13

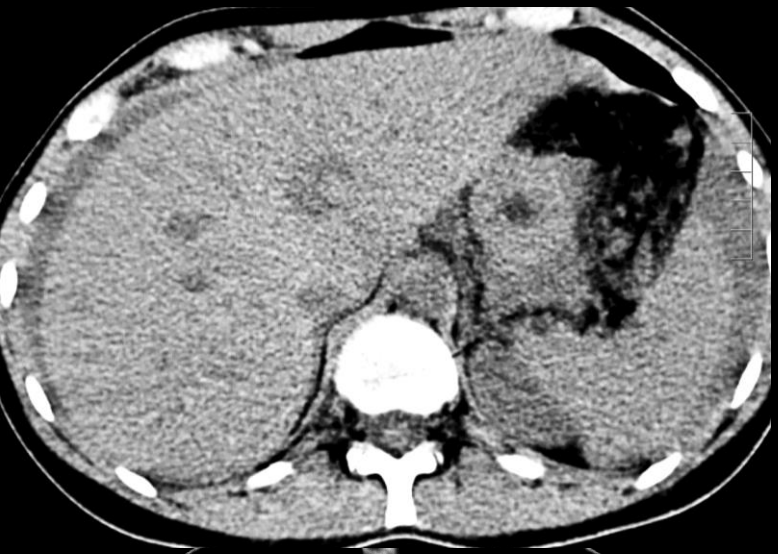
échographie : épanchement péritonéal abondant

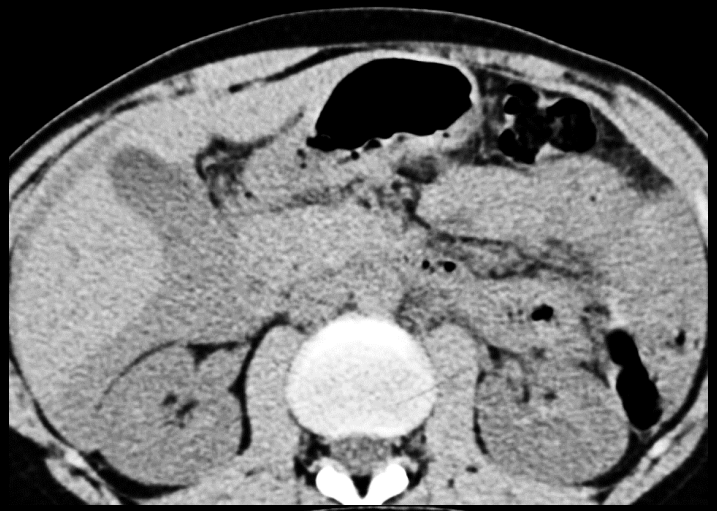
quel renseignement précieux pour le diagnostic peut-on découvrir sur la coupe scanographique

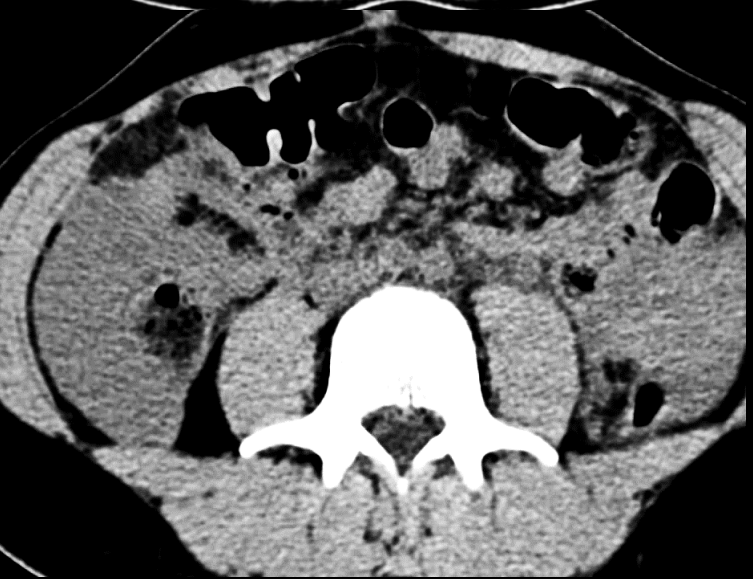


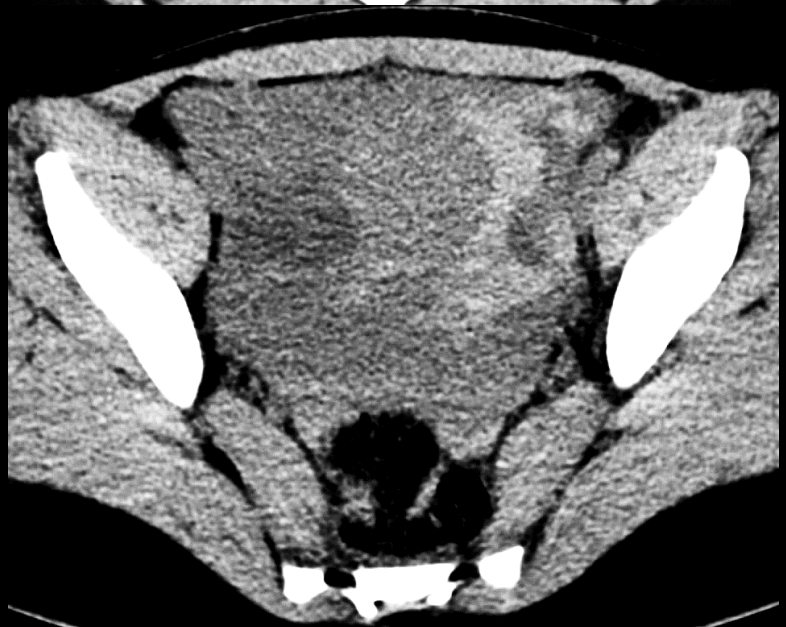


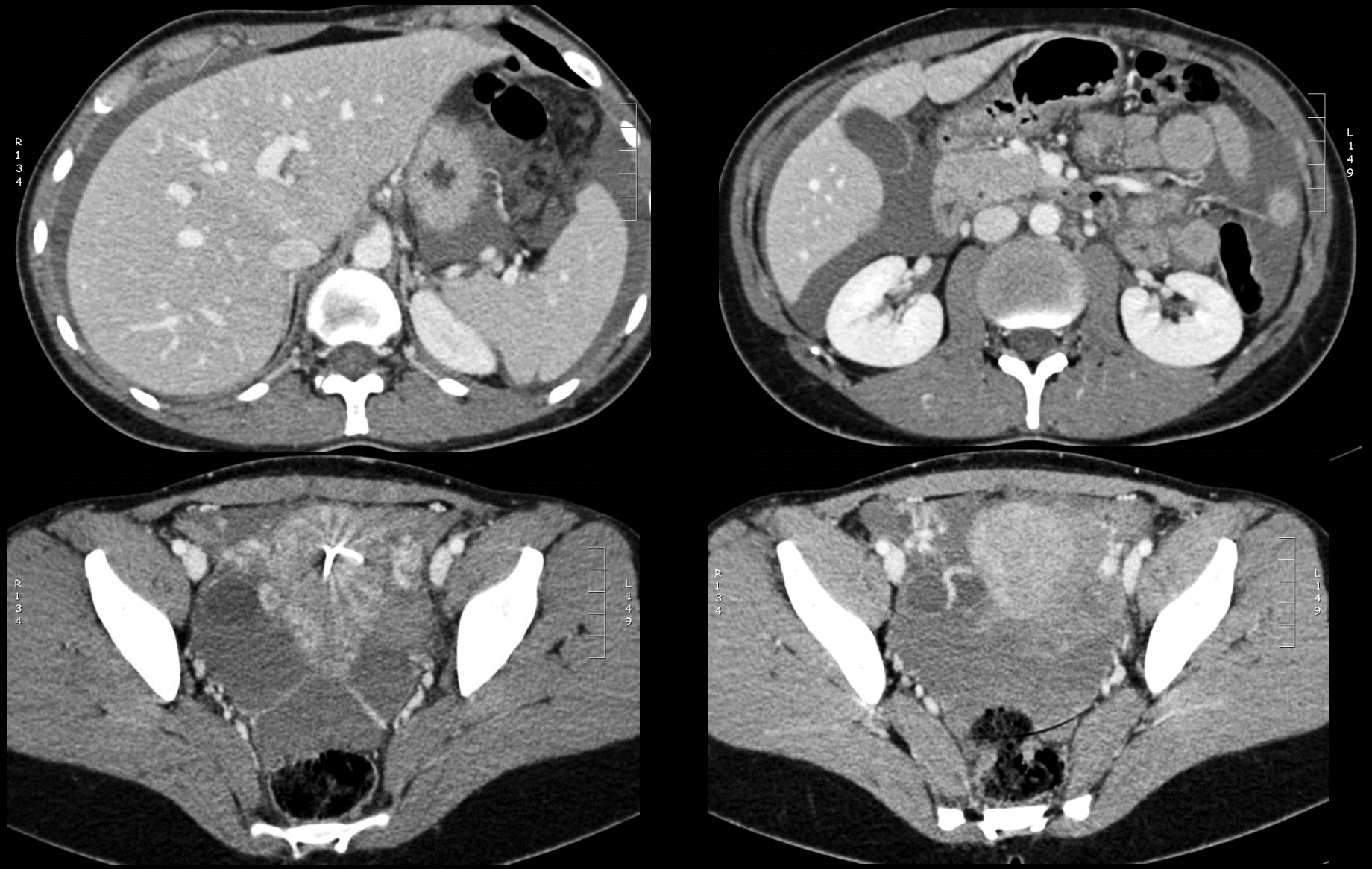
on peut affirmer un hémopéritoine (volutes hyperdenses et sédimentation (hématocrite scanographique) et une anémie aiguë (vaisseaux intrahépatiques spontanément visibles)







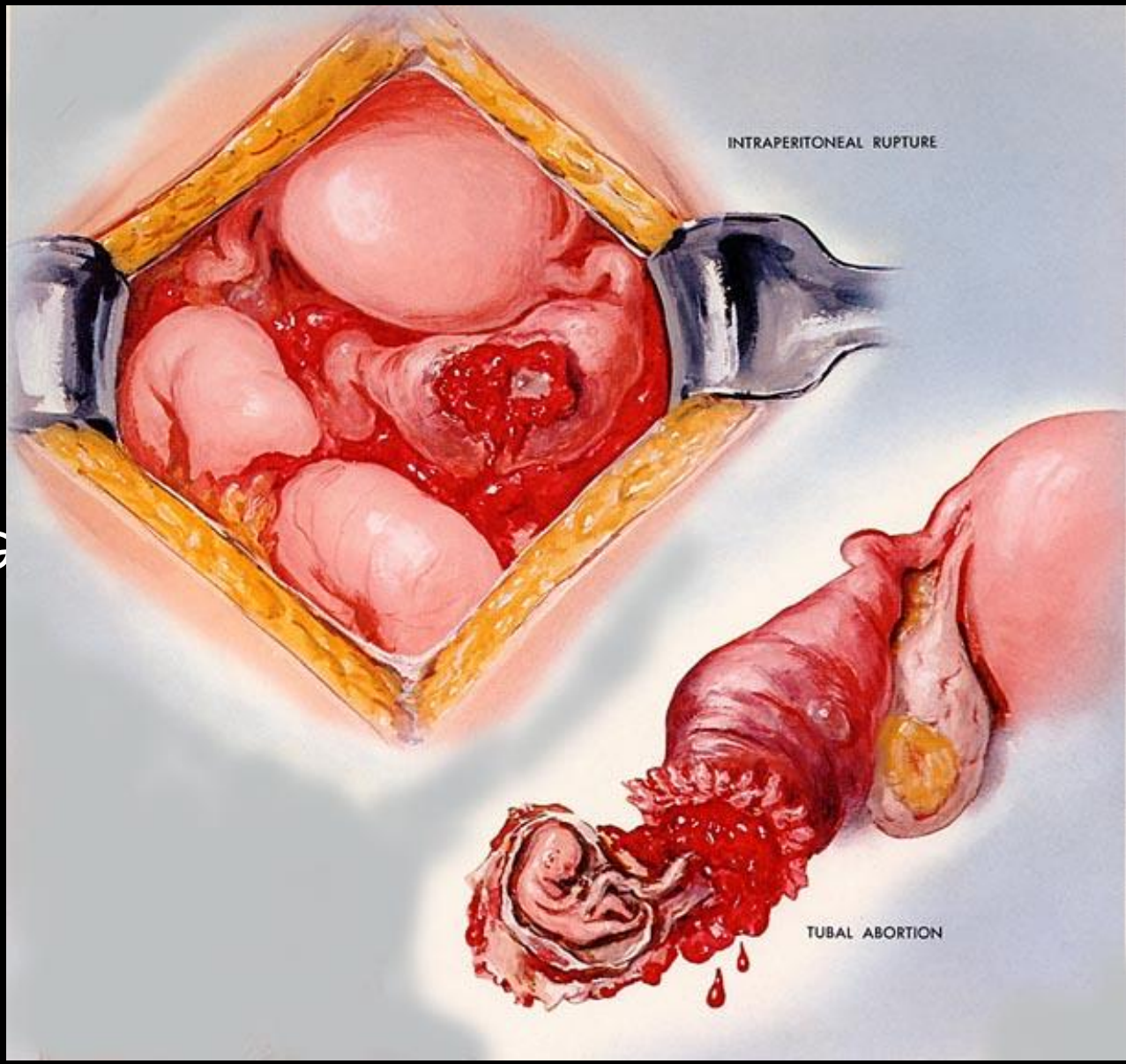


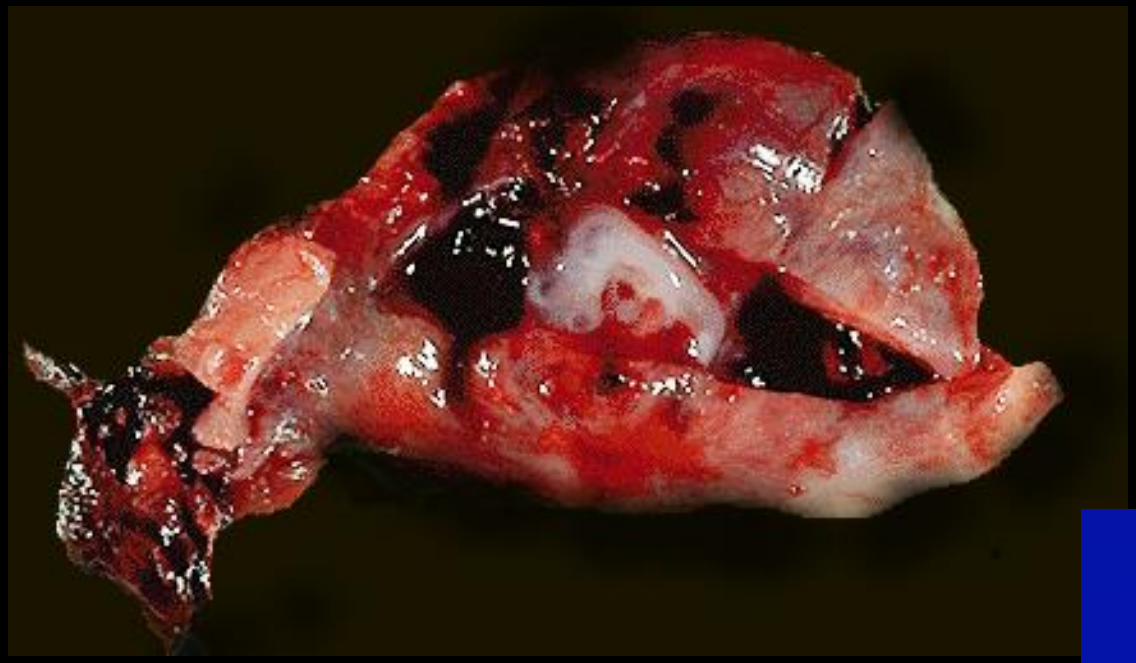


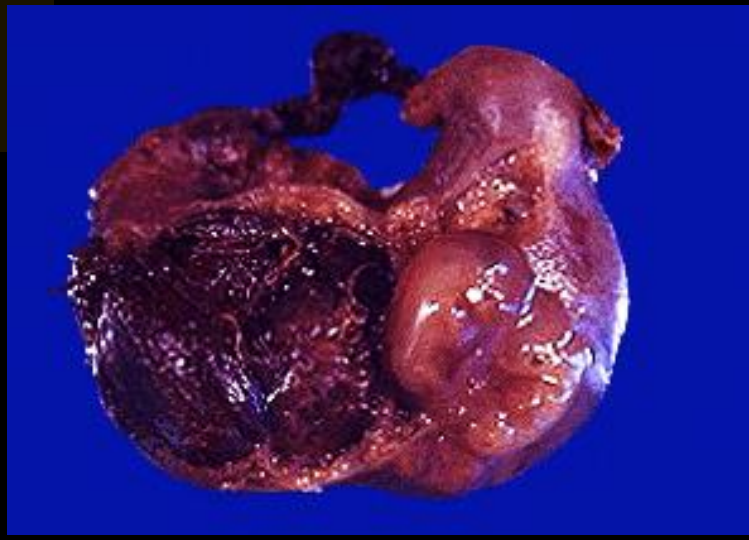
sur les coupes injectées on objective un DIU et une infiltration hématique de l'annexe gauche

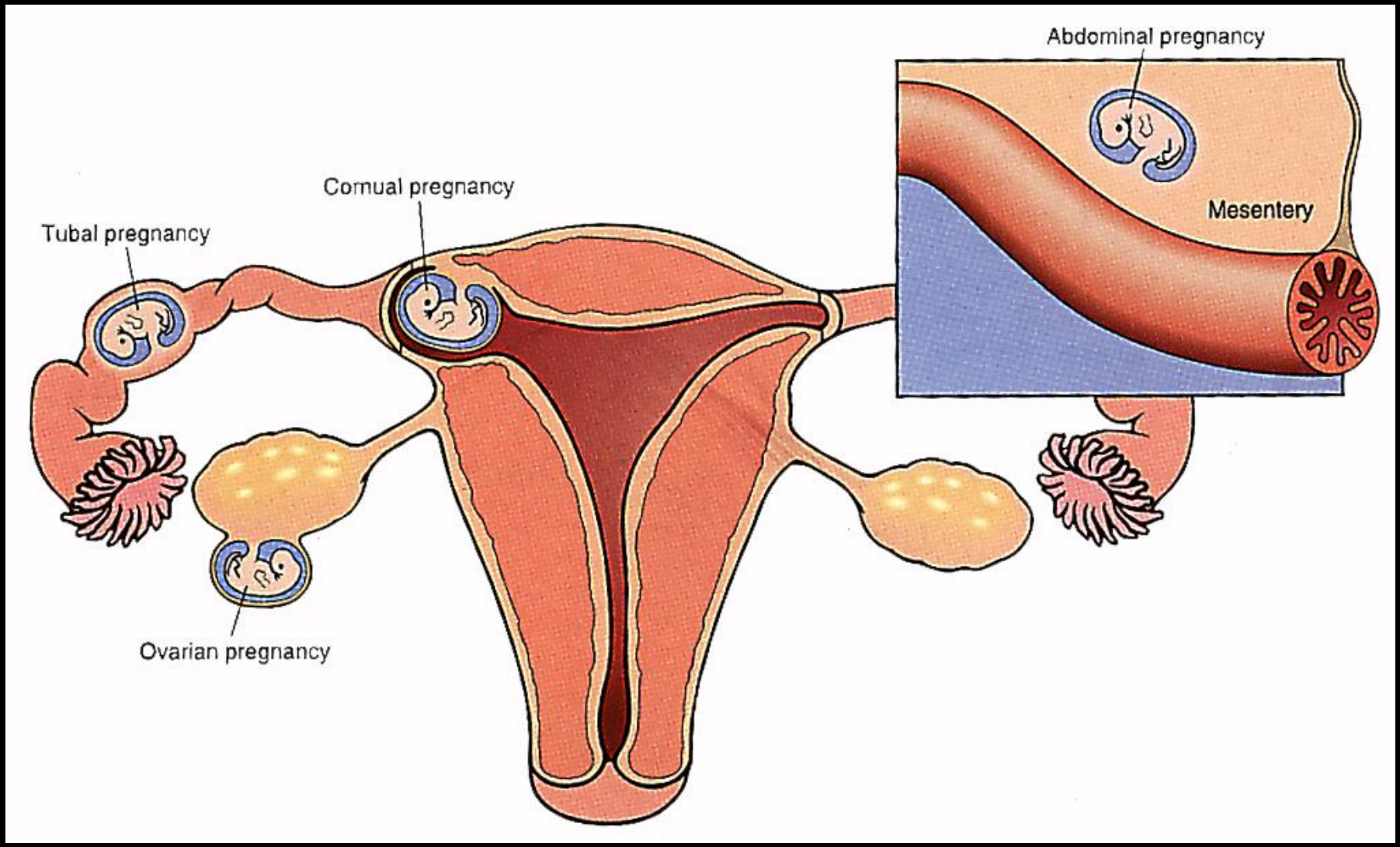
sur les coupes injectées on objective un DIU et une infiltration hématique de l'annexe gauche

le dosage des béta HCG n'avait pas été jugé utile initialement en raison de la présence du DIU…….



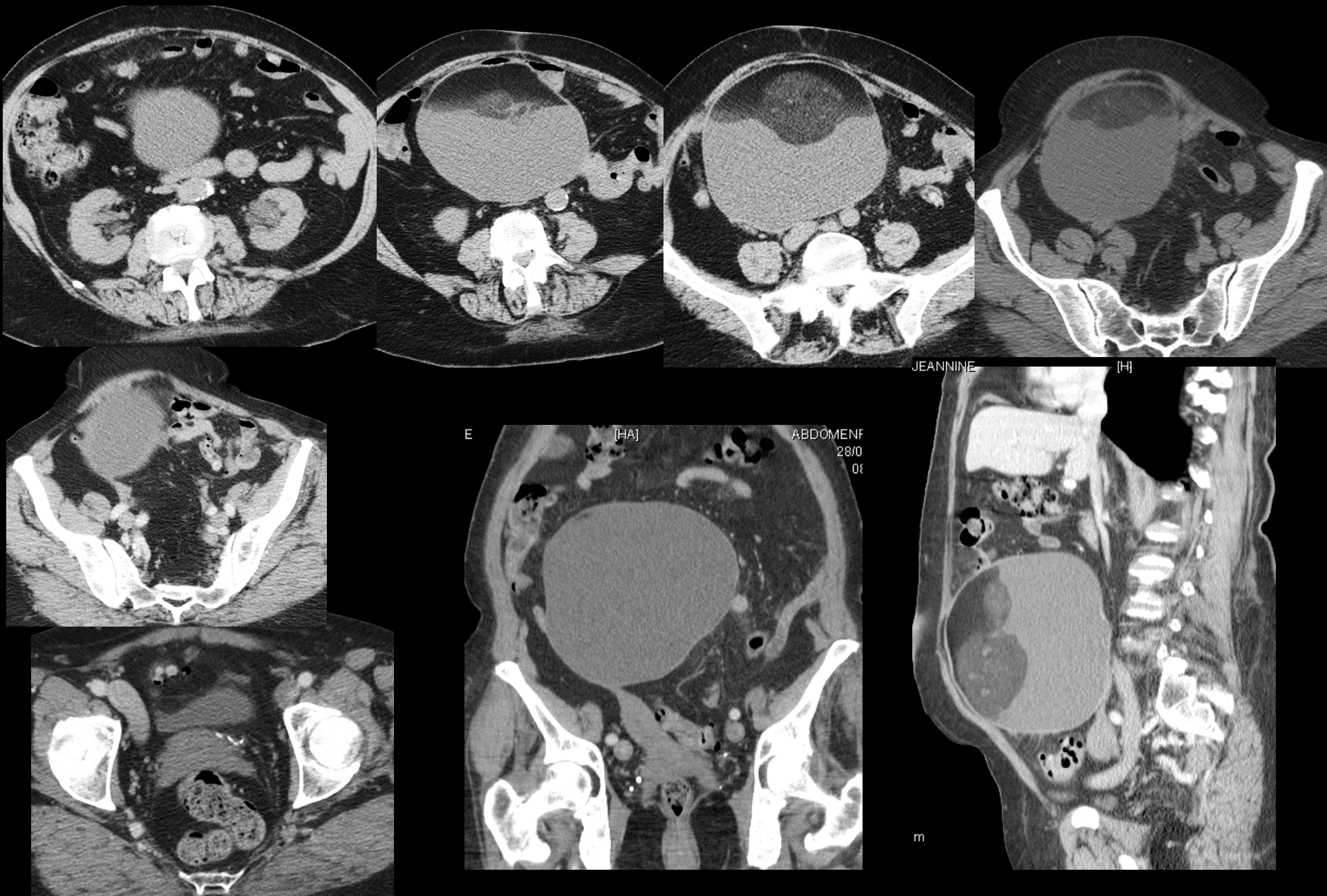




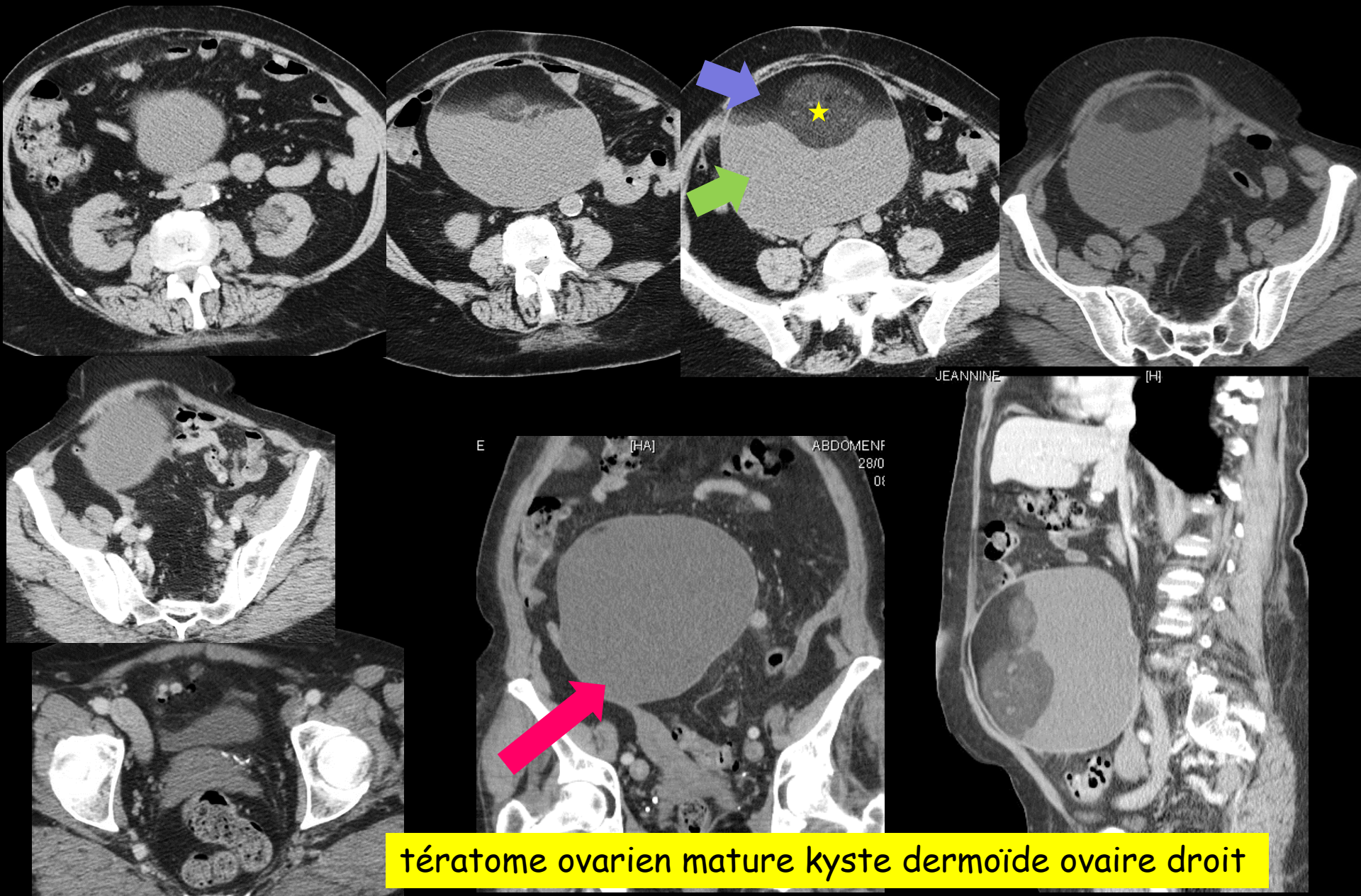


GEU formes topographiques

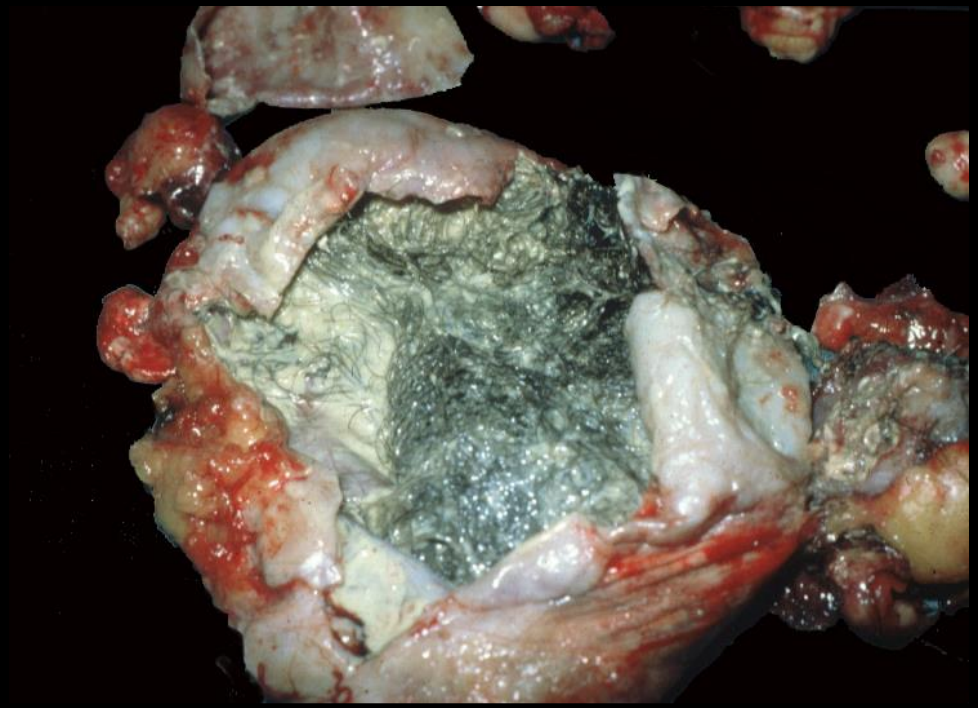
Femme de 74 ans, palpation d'une masse abdominale

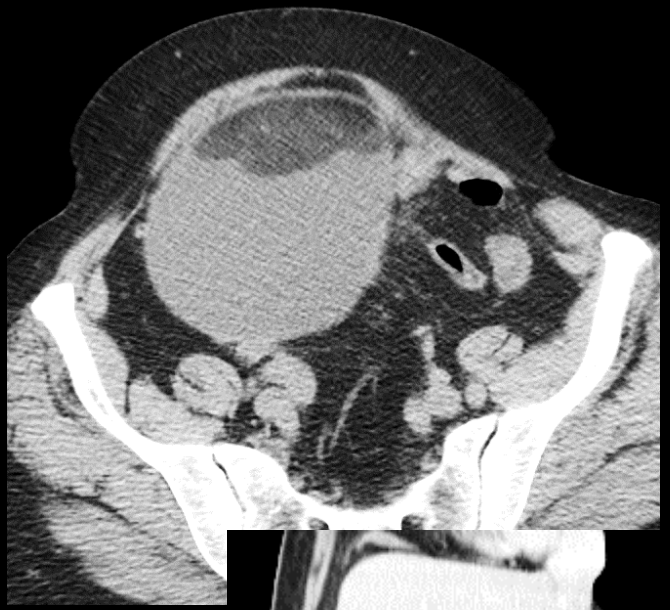


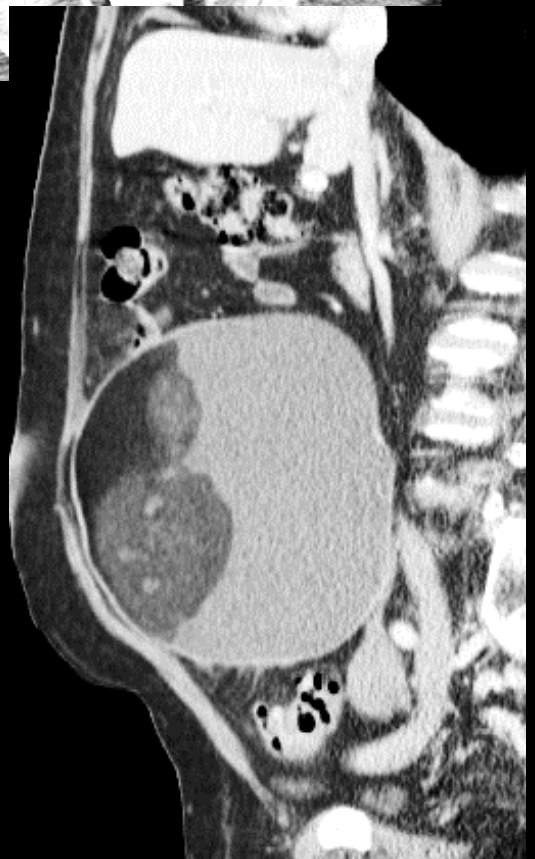
Femme de 74 ans, palpation d'une masse abdominale

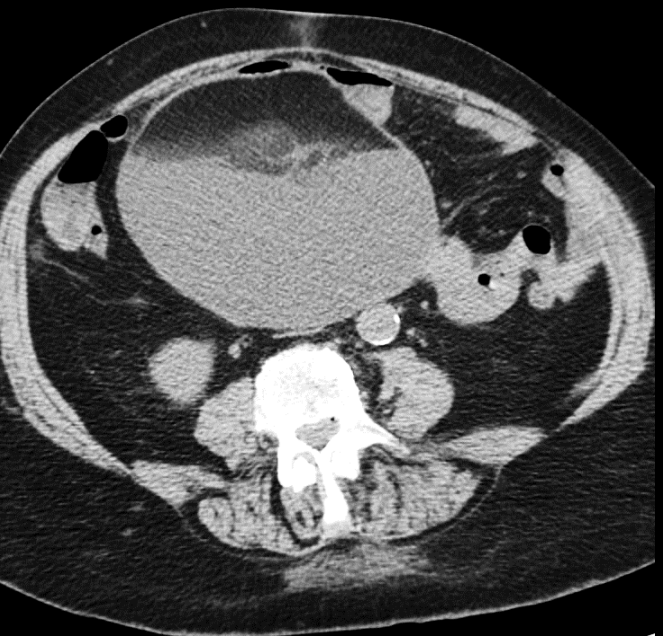


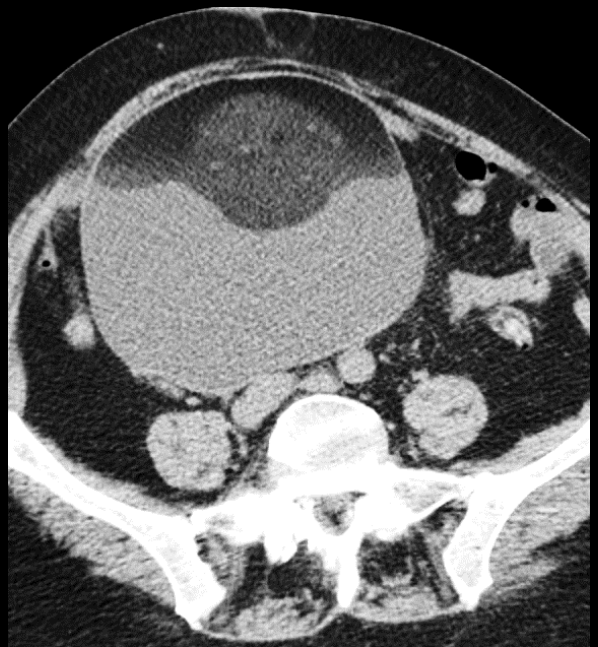
tératome ovarien mature kyste dermoïde ovaire droit

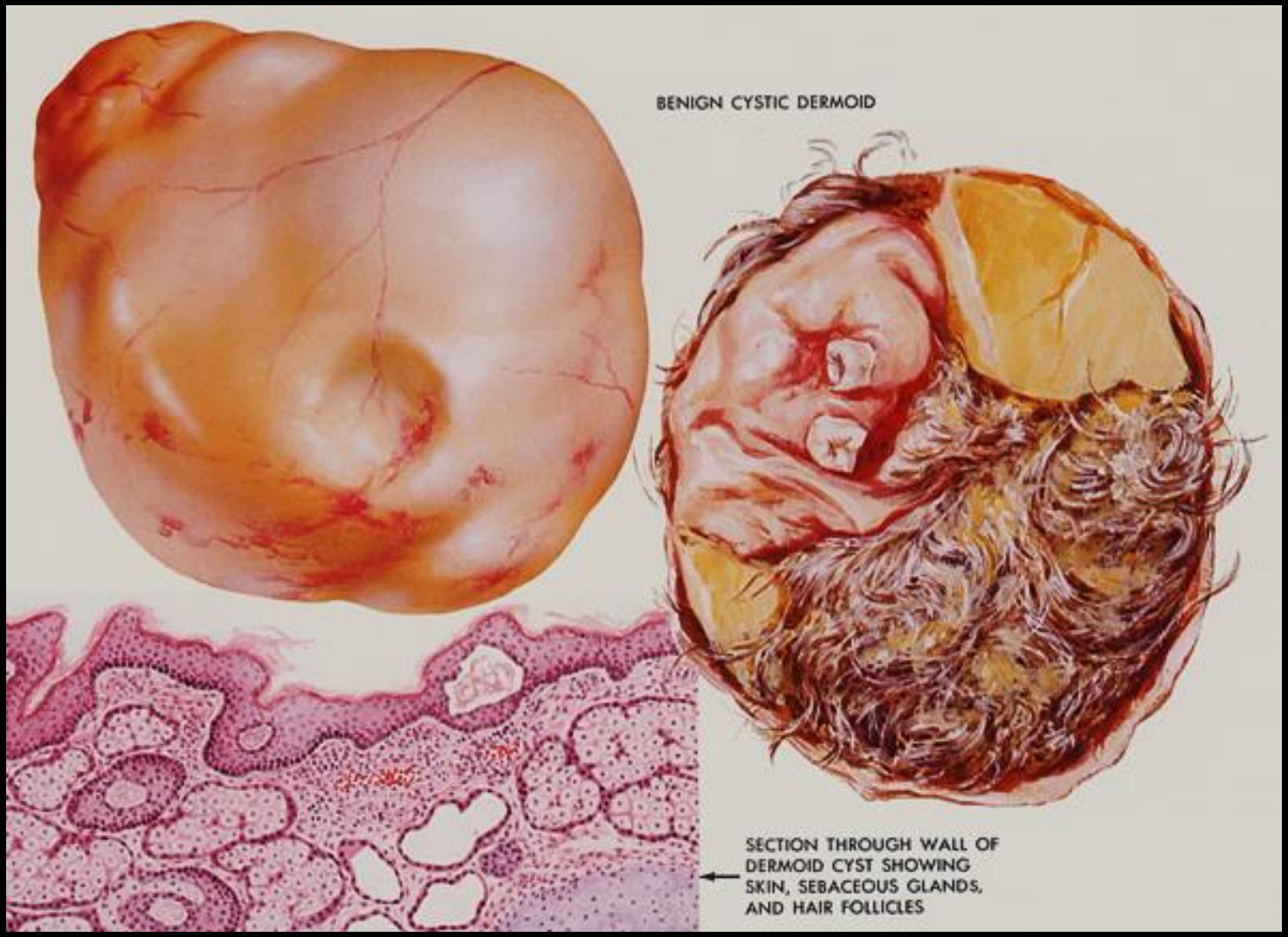


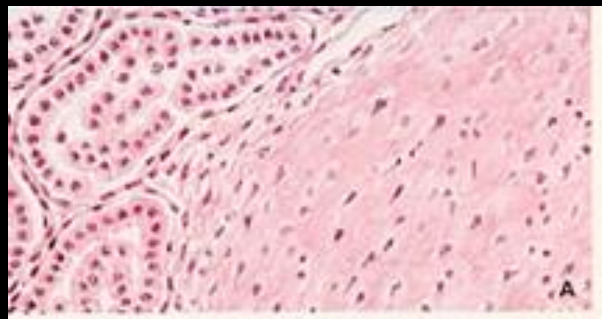


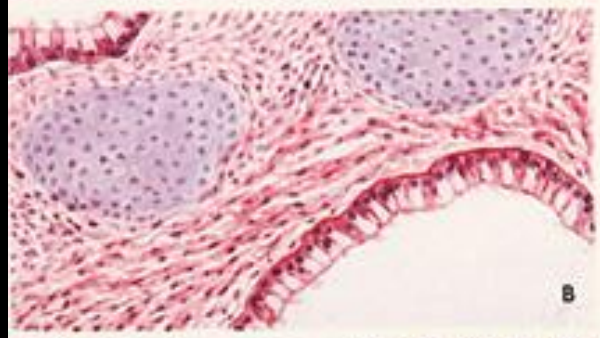


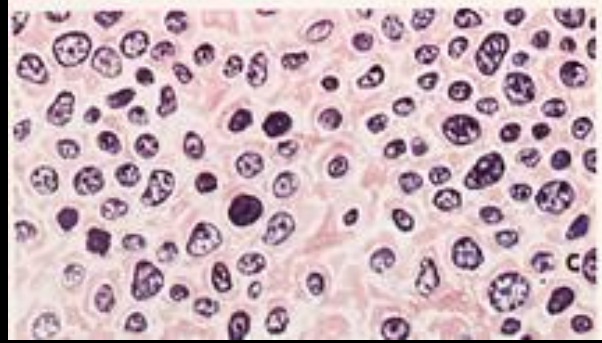




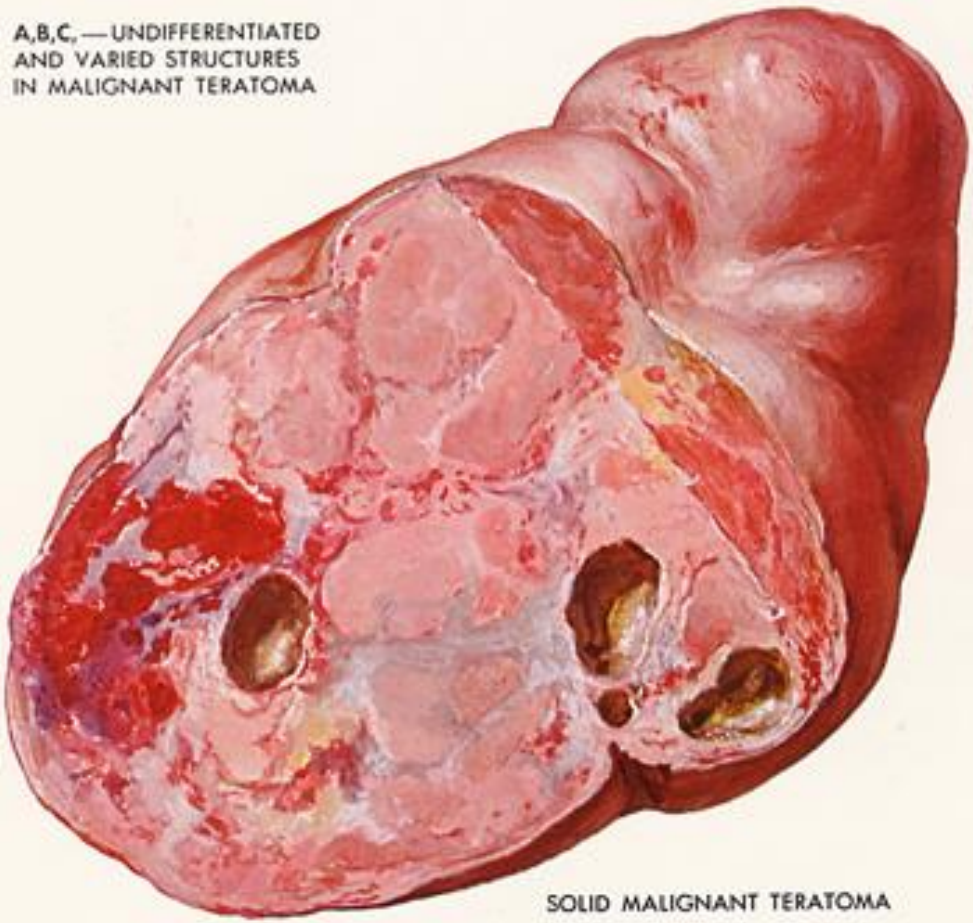

BENIGN CYSTIC DERMOID
SECTION THROUGH WALL OF DERMOID CYST SHOWING SKIN, SEBACEOUS GLANDS, AND HAIR FOLLICLES





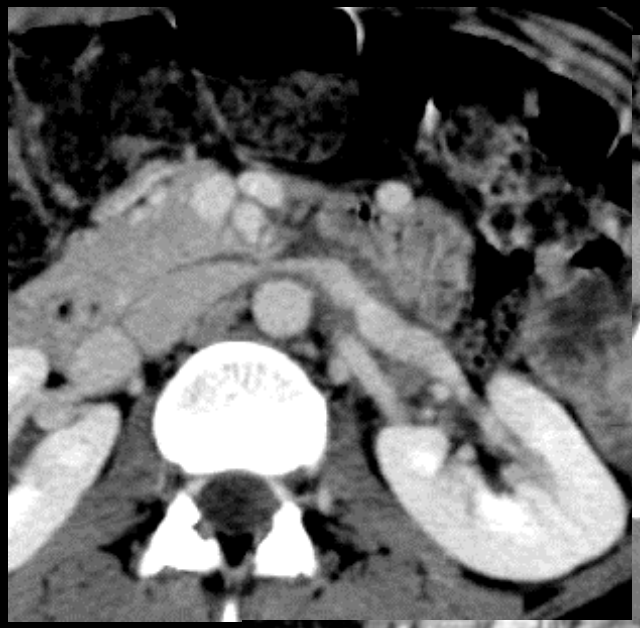
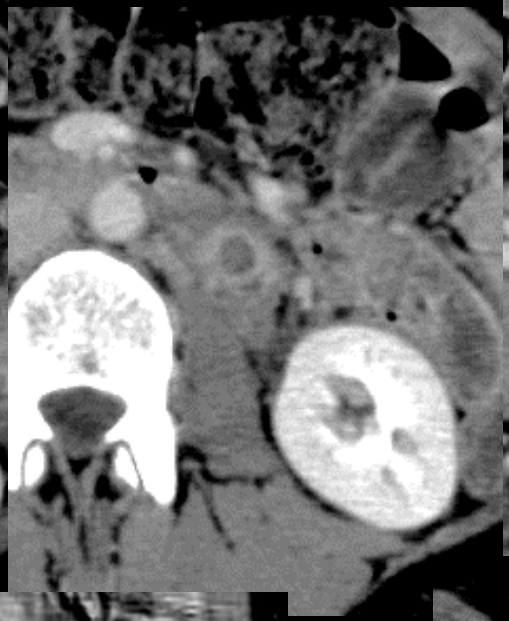
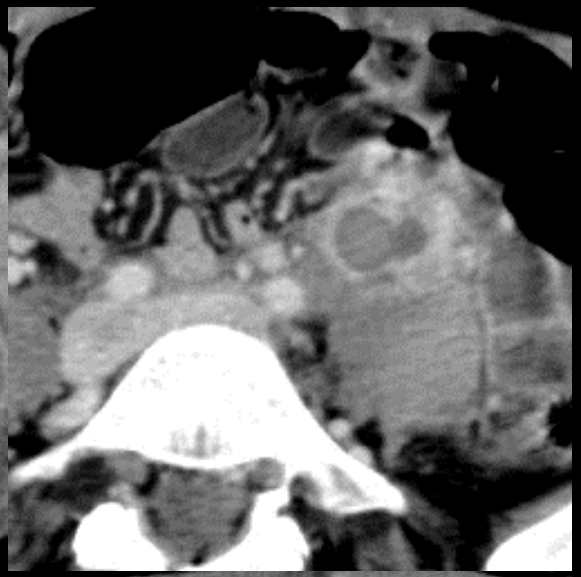
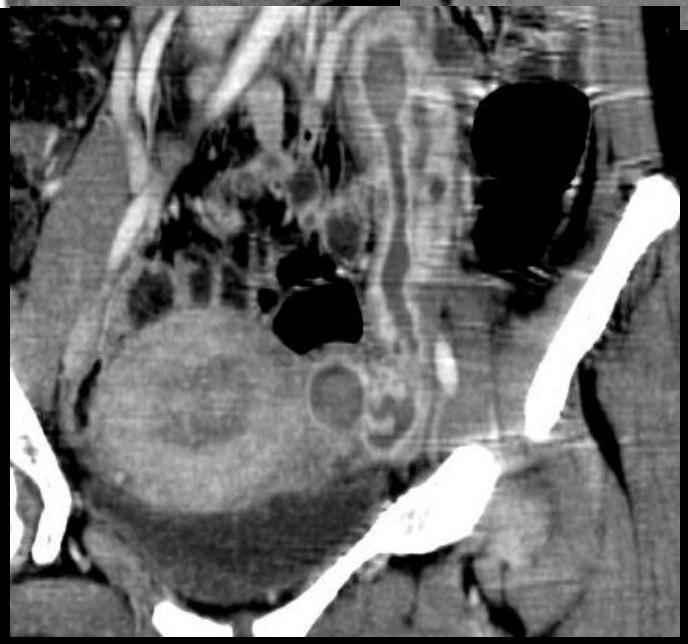
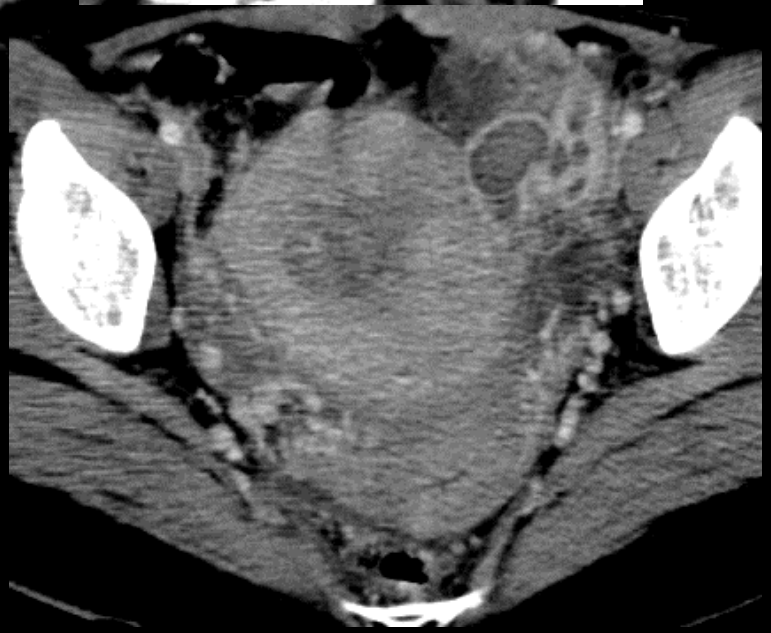


A,B,C, — UNDIFFERENTIATED AND VARIED STRUCTURES IN MALIGNANT TERATOMA

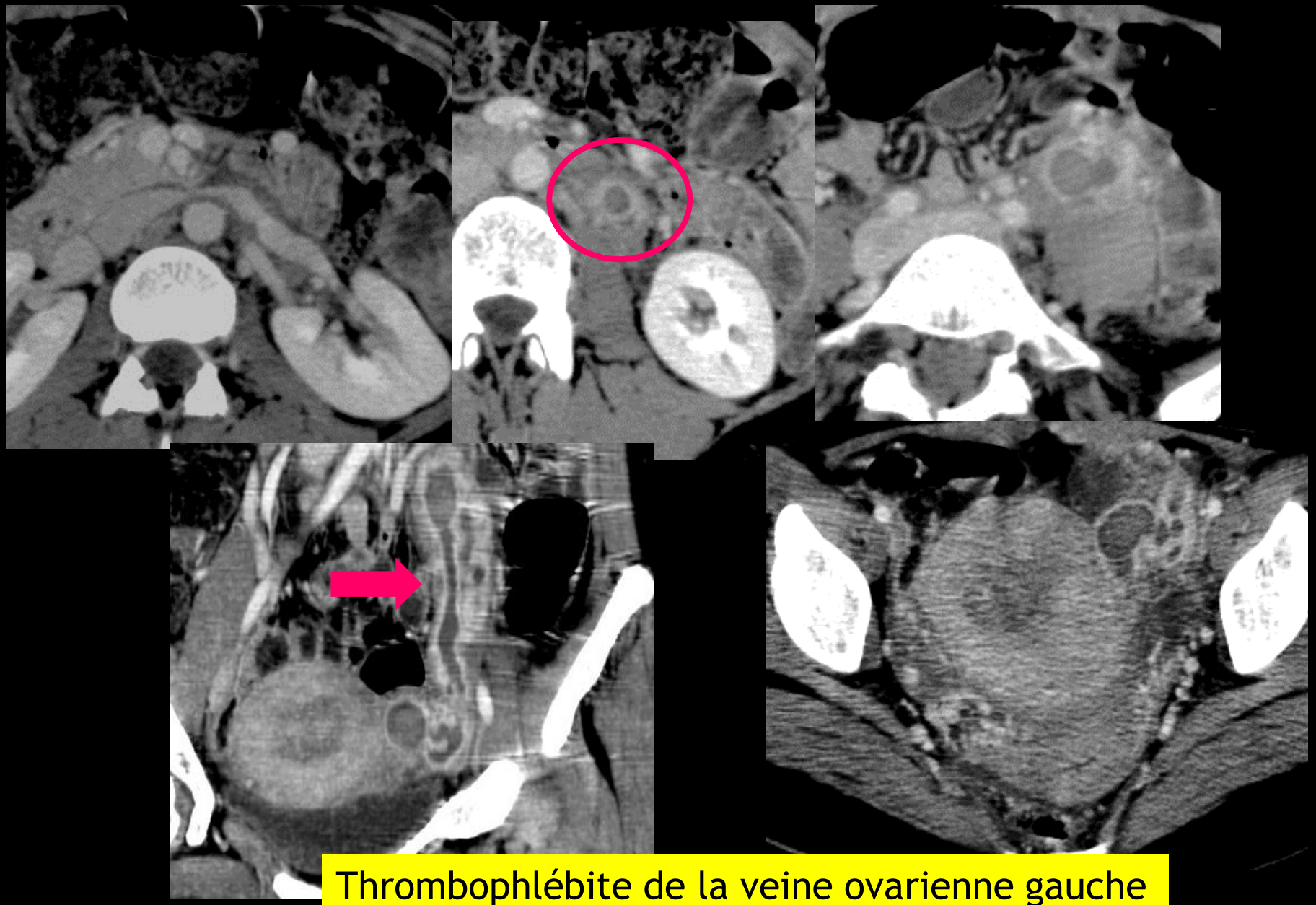


SOLID MALIGNANT TERATOMA

Femme de 30 ans, post-partum, fièvre et douleur abdominale

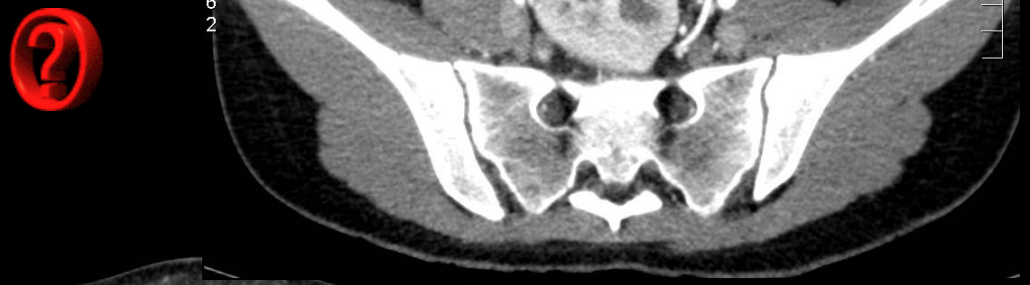






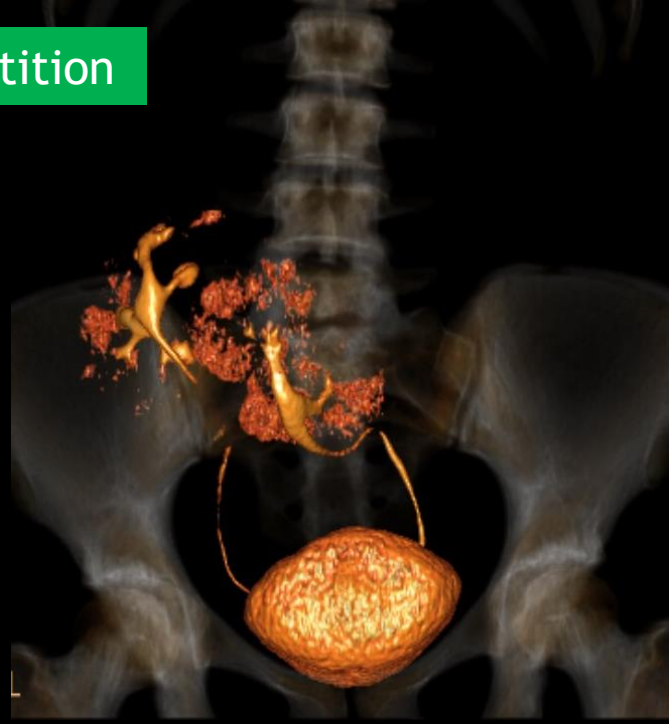
Femme de 30 ans, post-partum, fièvre et douleur abdominale

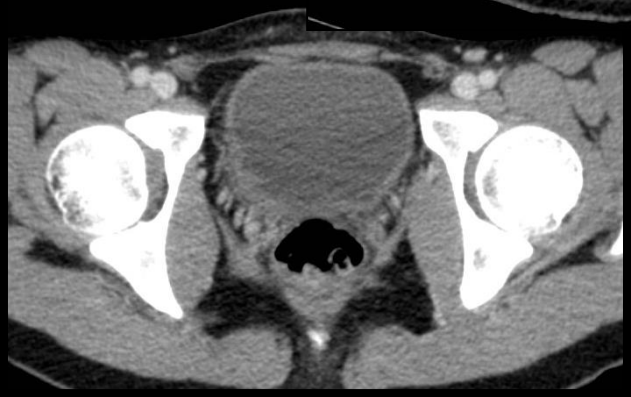


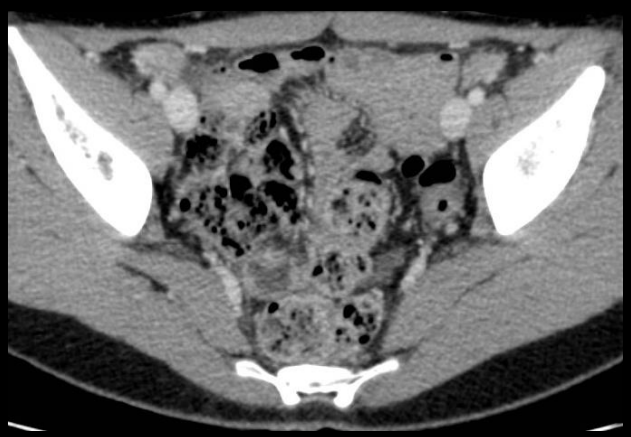
Thrombophlébite de la veine ovarienne gauche

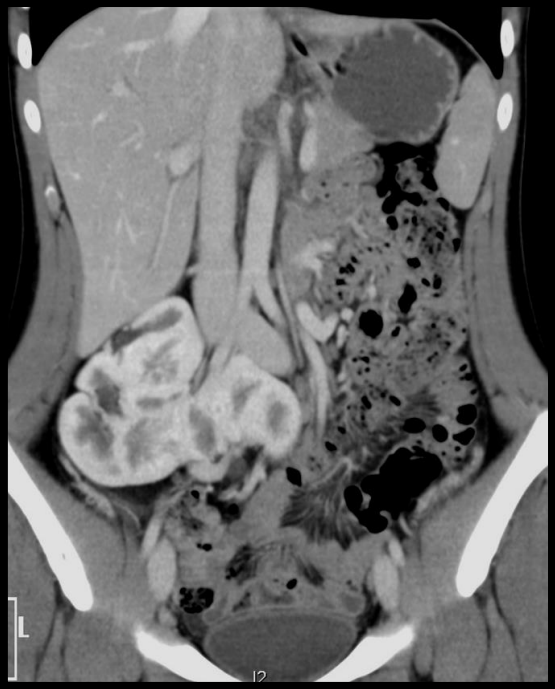
JF de 15 ans, bilan d'infection urinaire à répétition

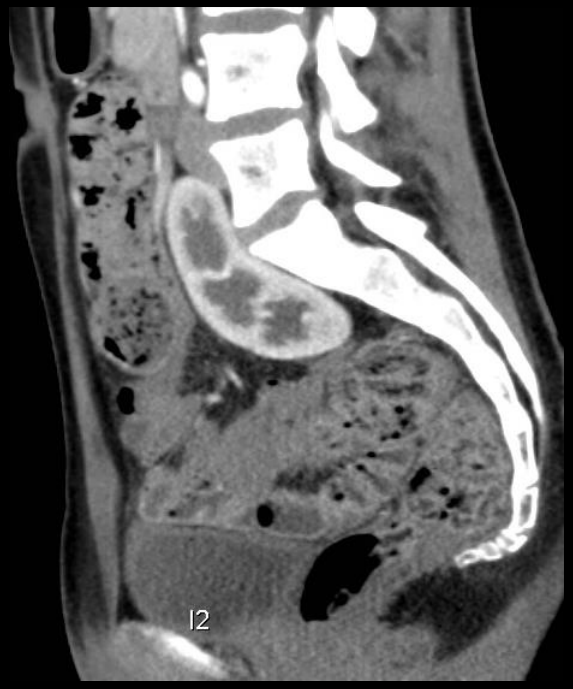




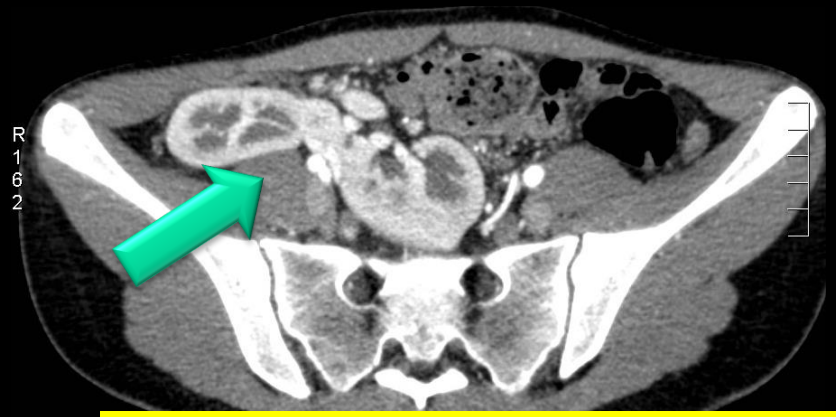


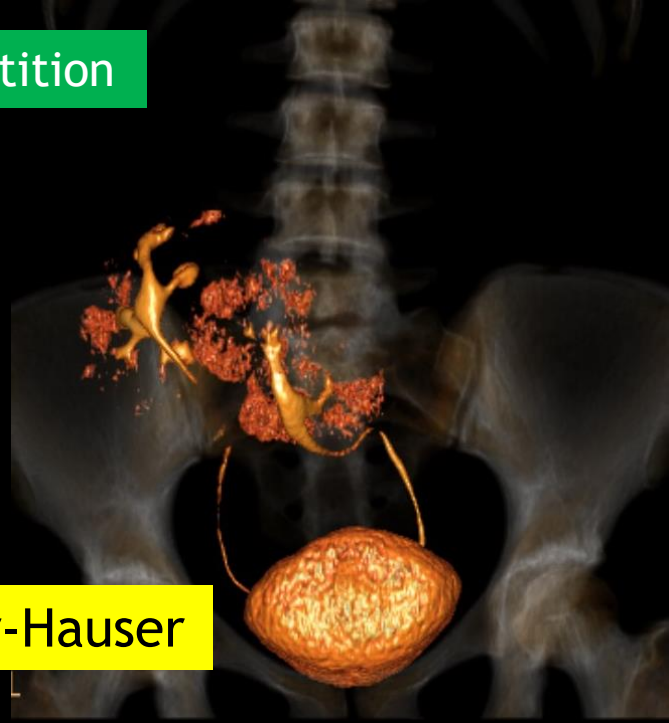




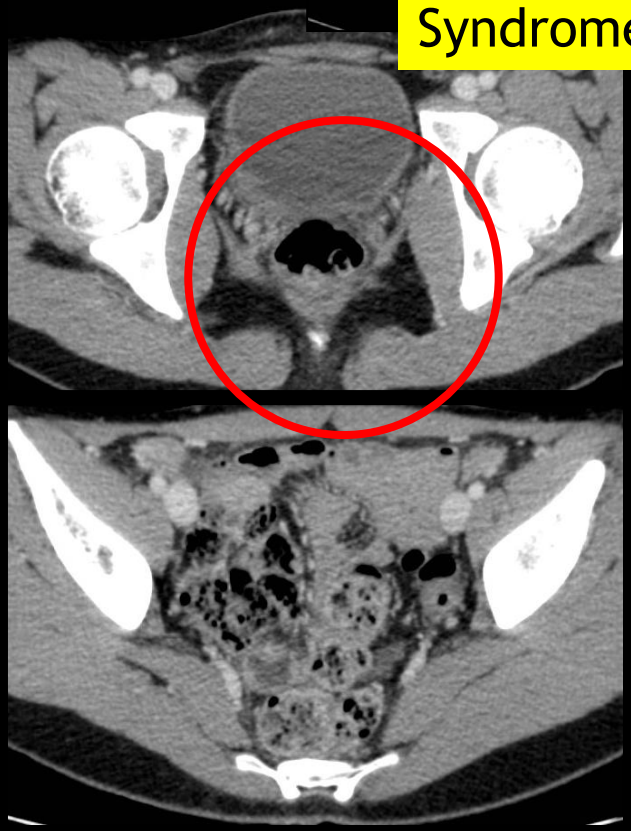


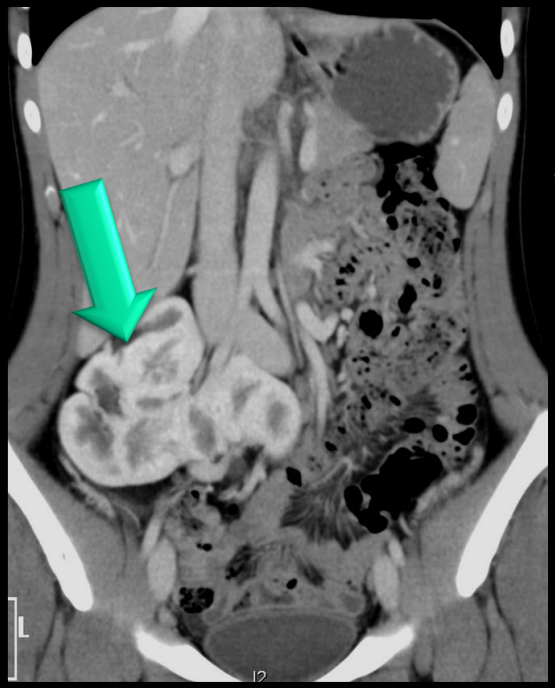
JF de 15 ans, bilan d'infection urinaire à répétition

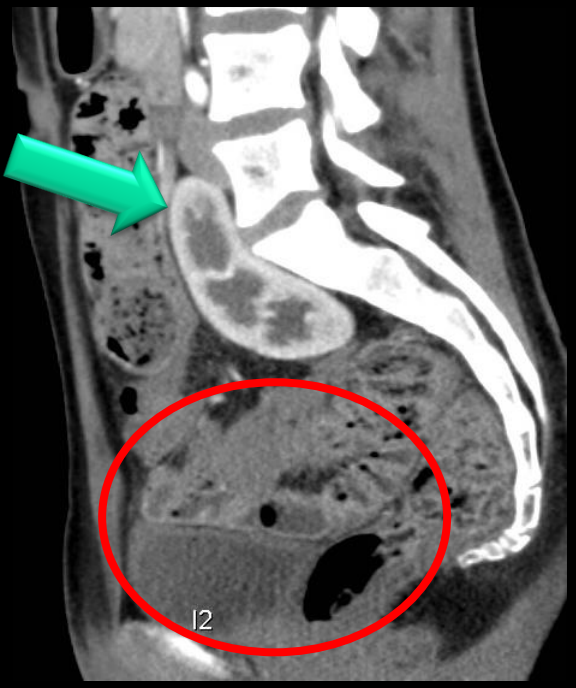


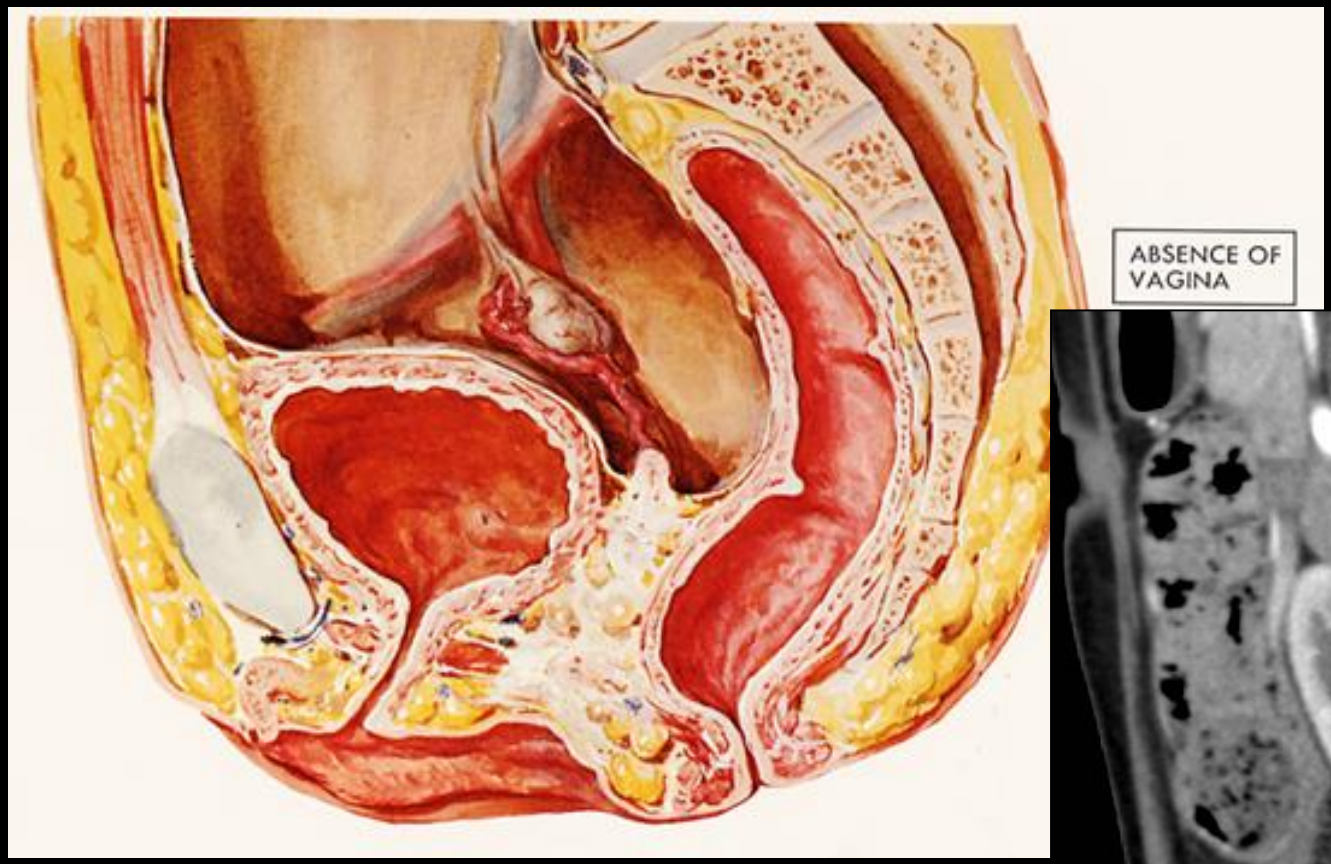


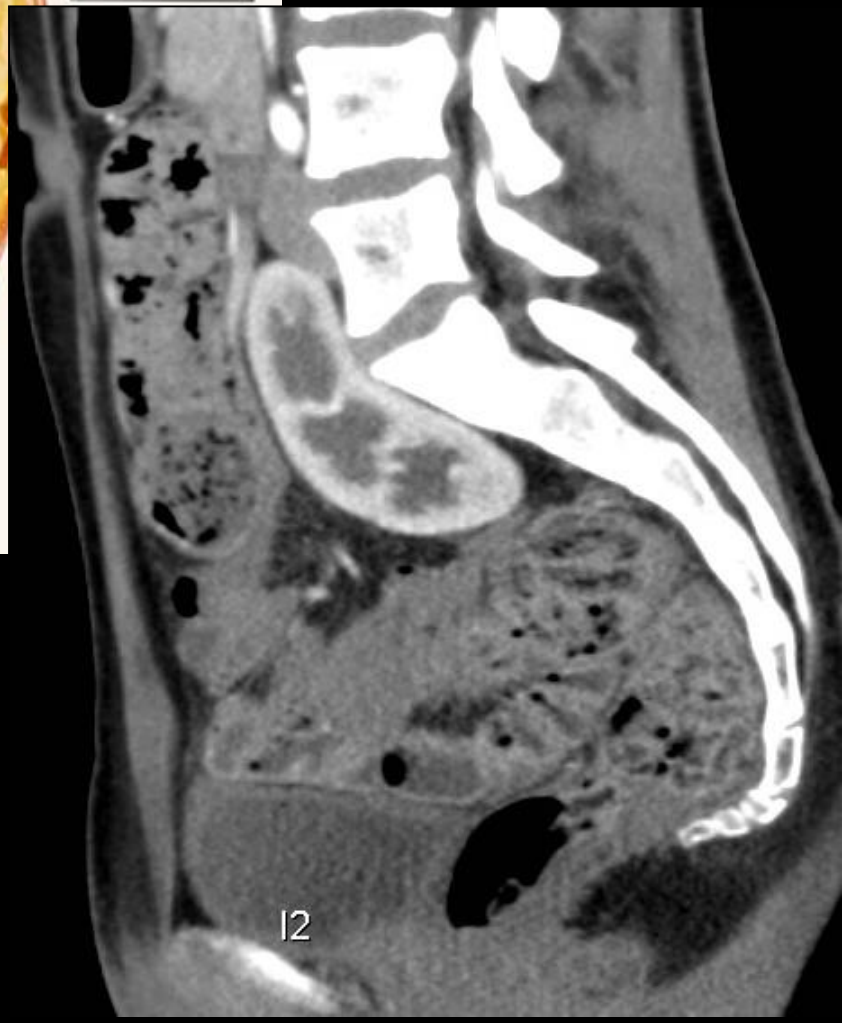
Syndrome de Rokitanski-Küster-Hauser



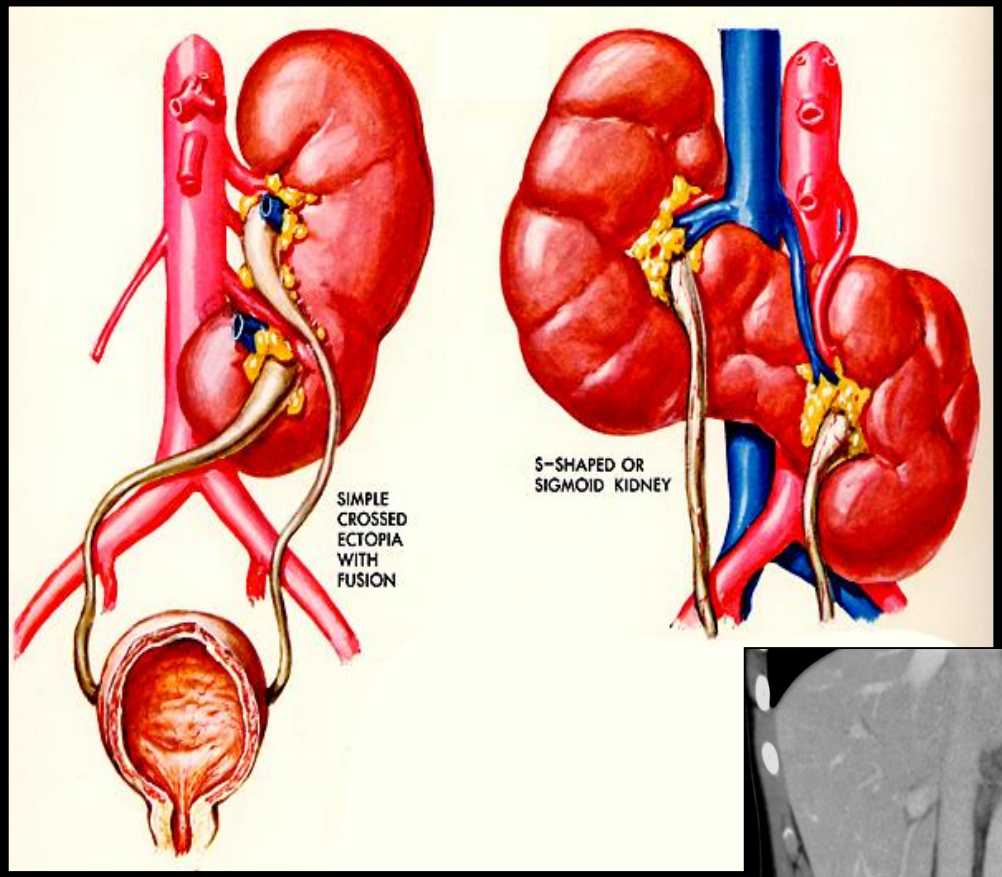


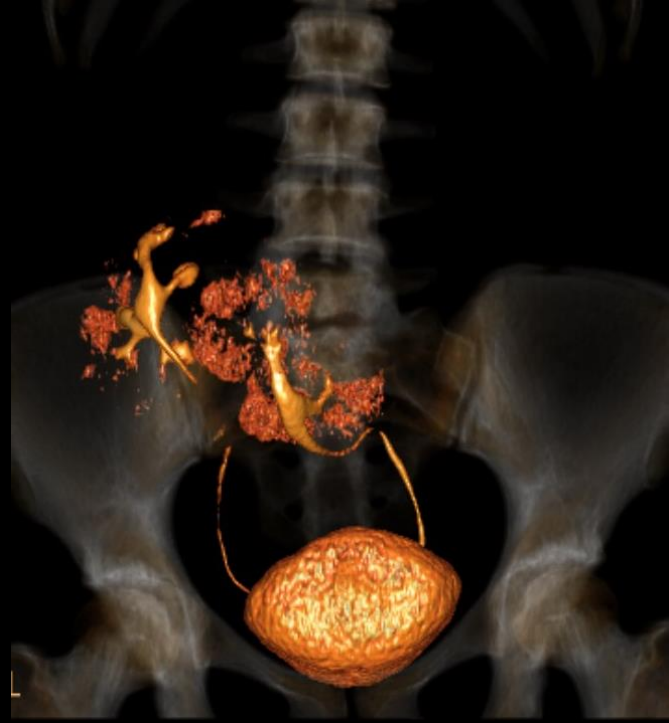


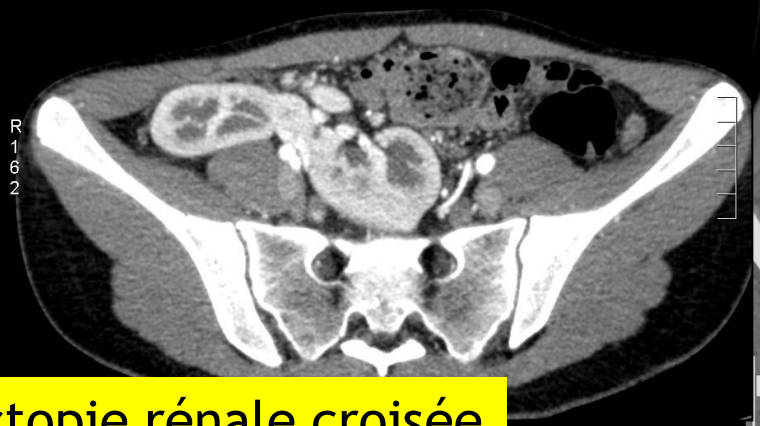


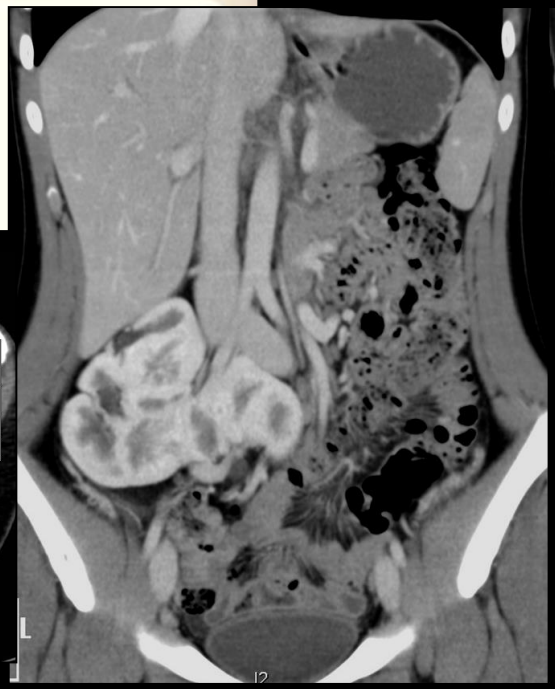


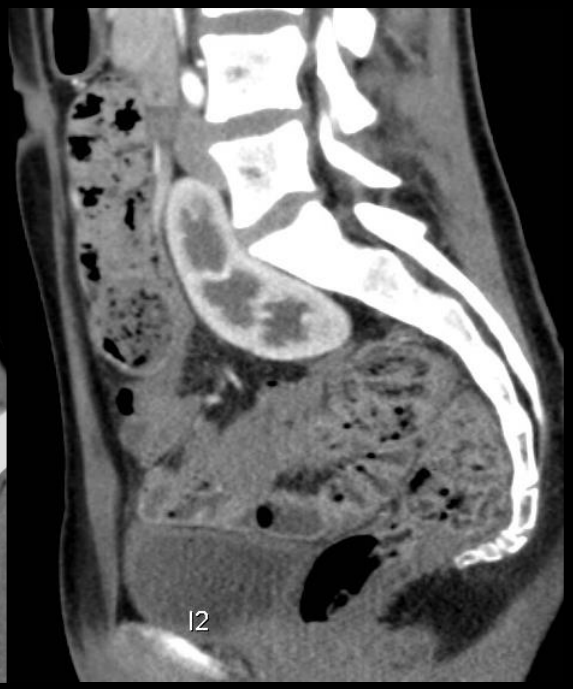
Syndrome de Rokitanski-Küster-Hauser



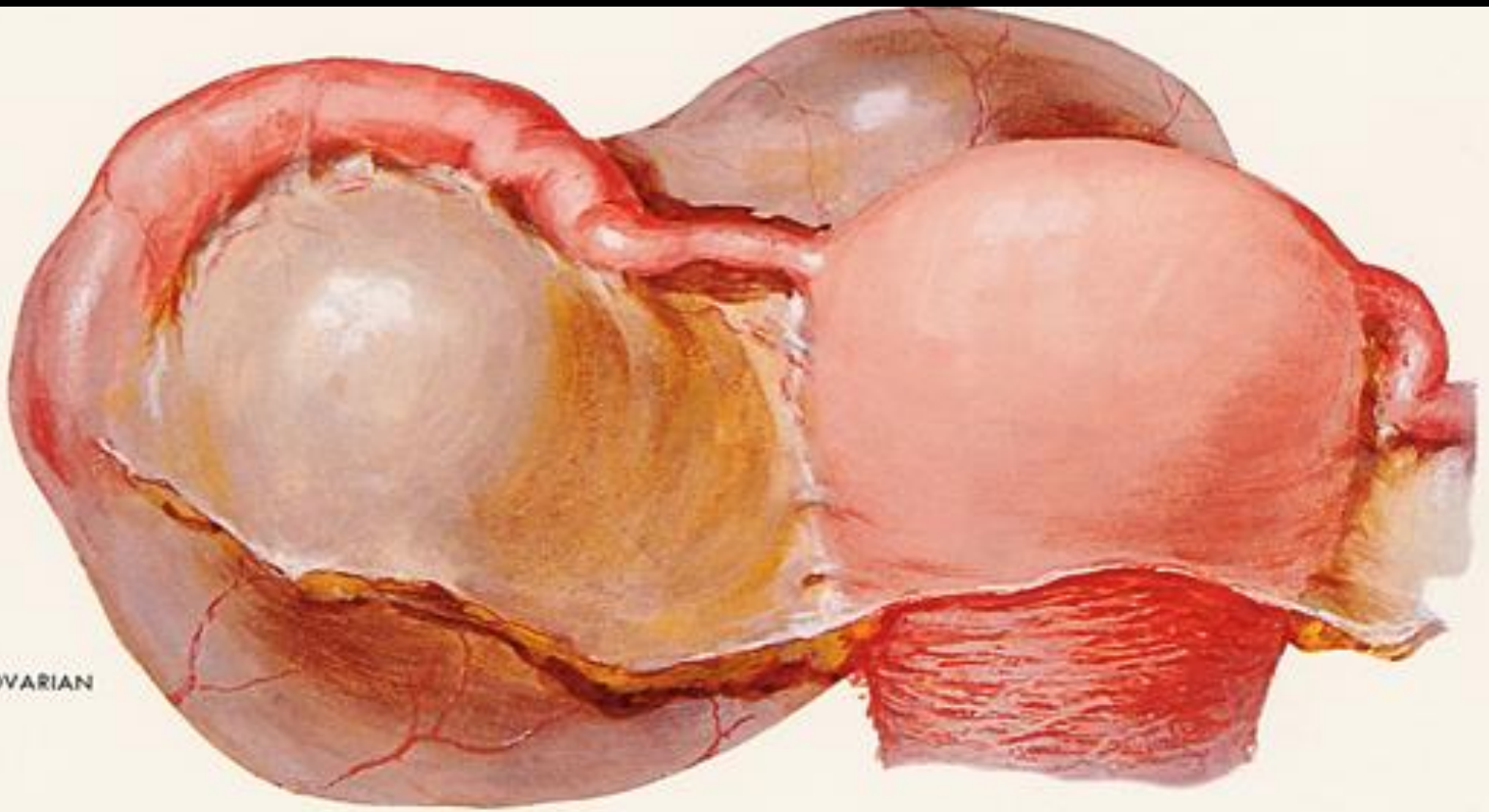




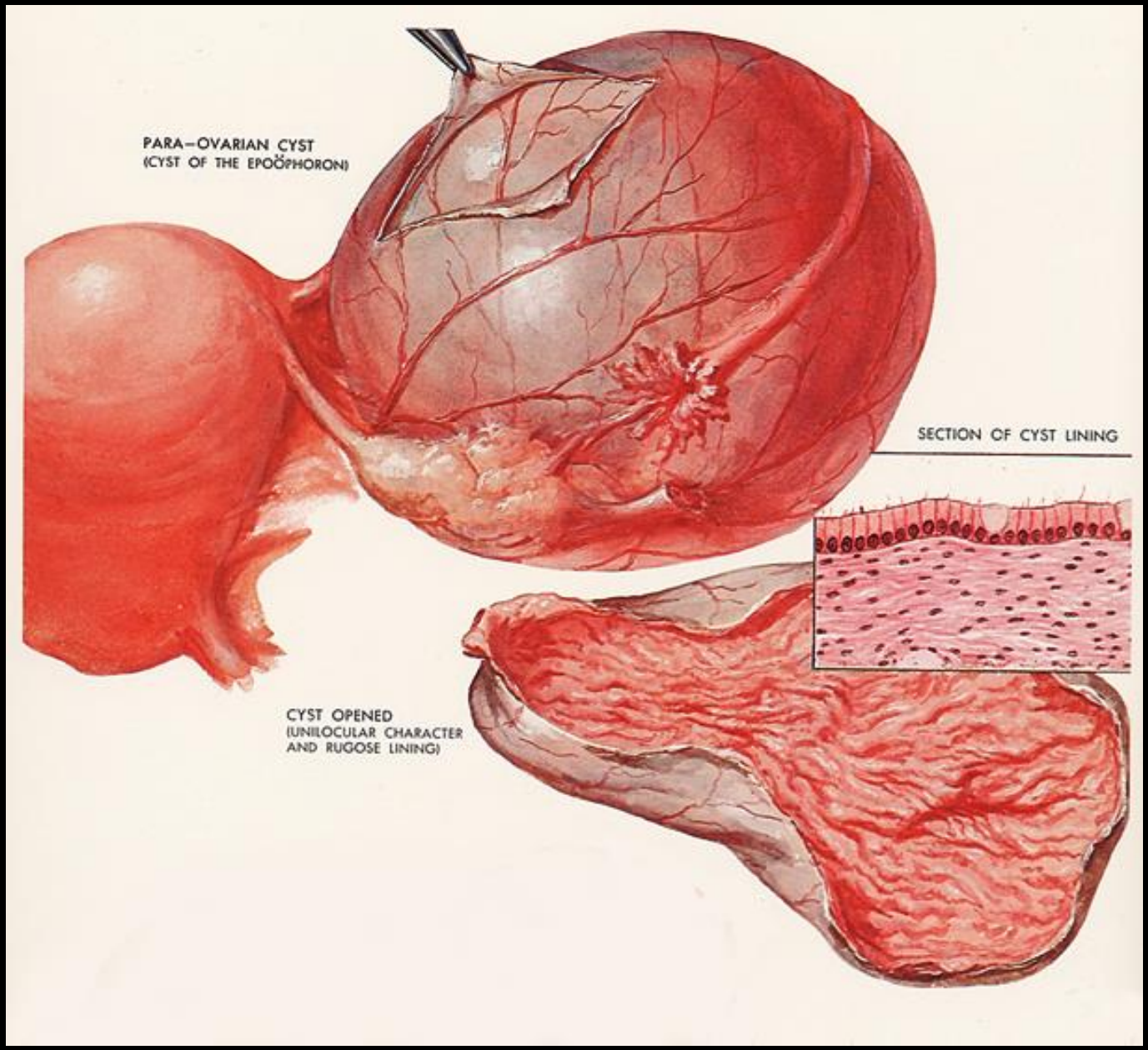


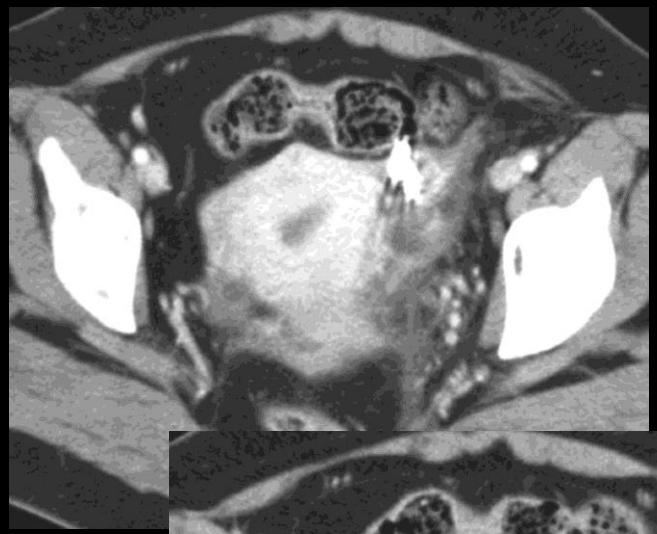
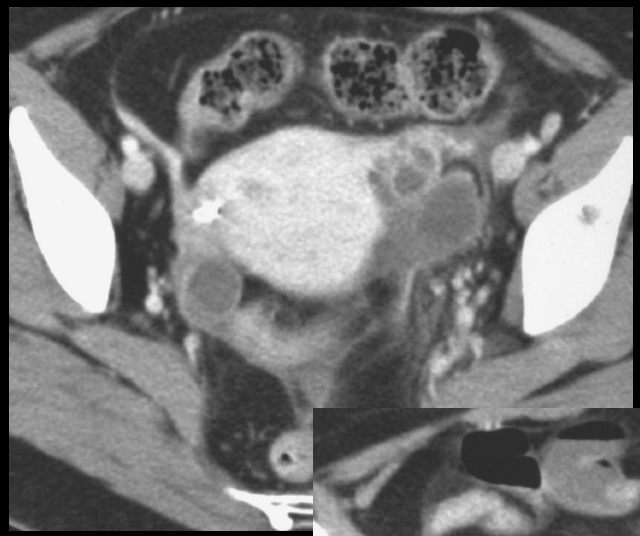
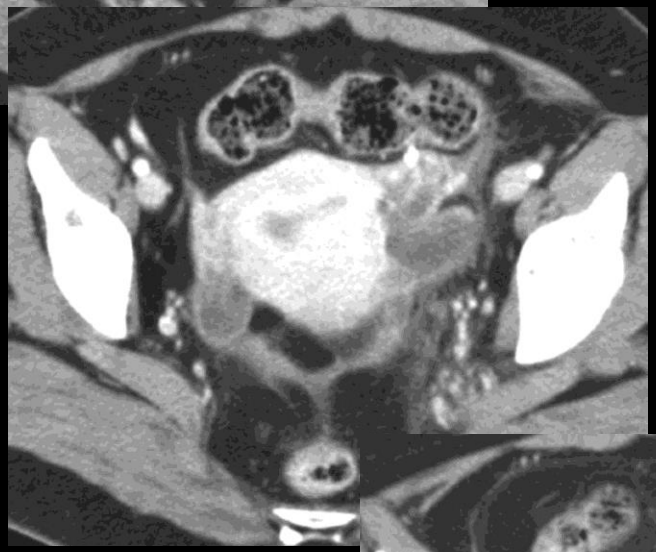
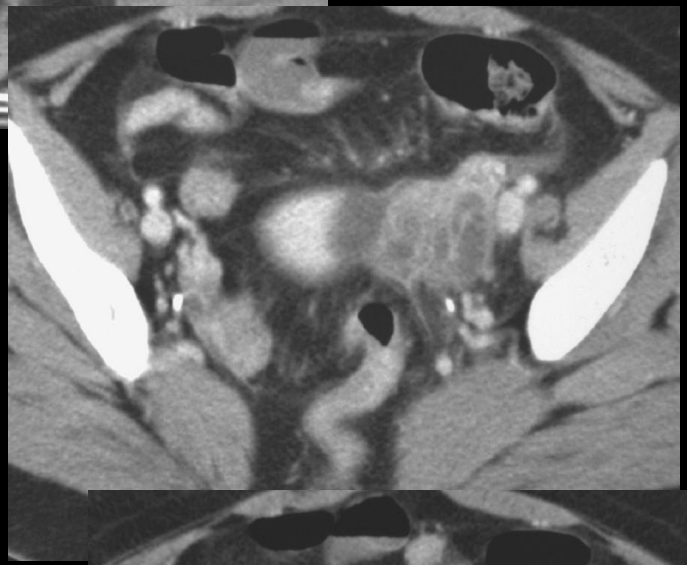


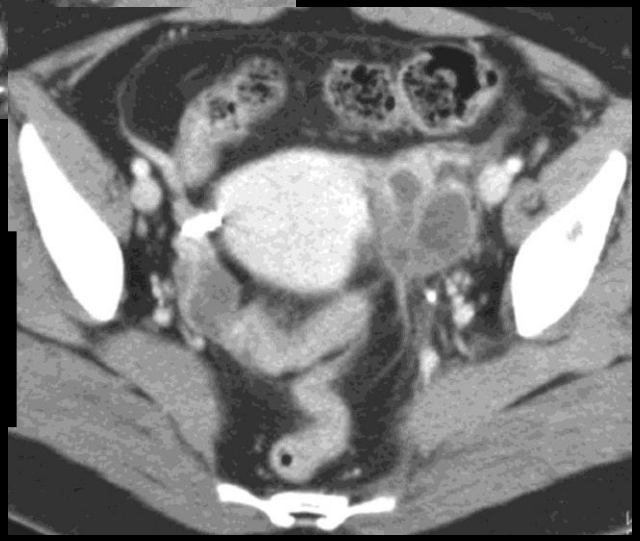
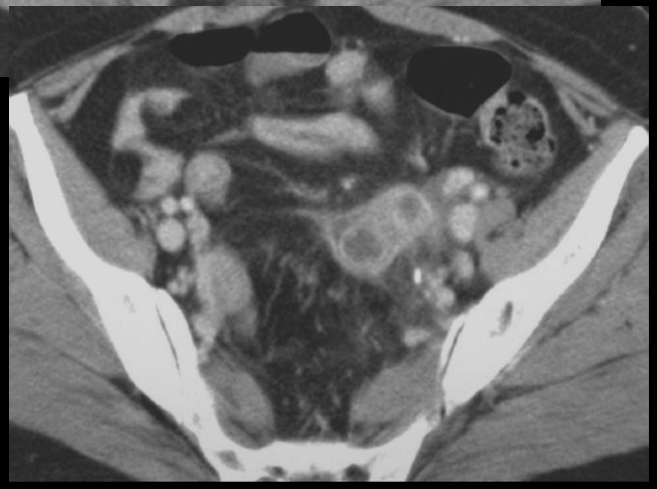
ectopie rénale croisée



LARGE
TUBO-OVARIAN
CYST

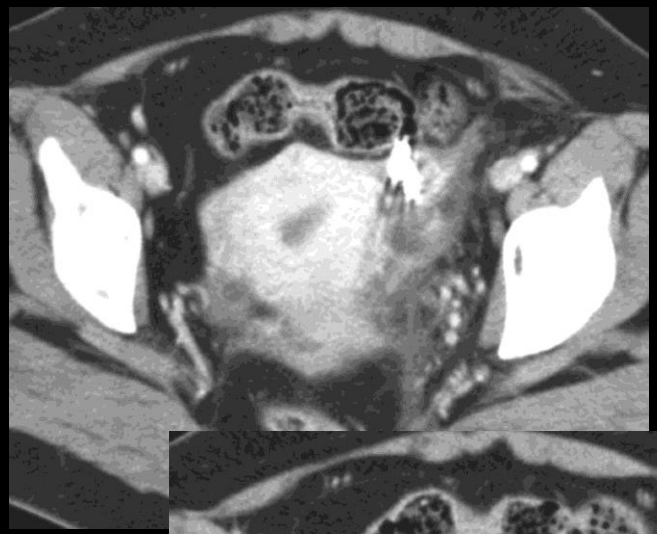
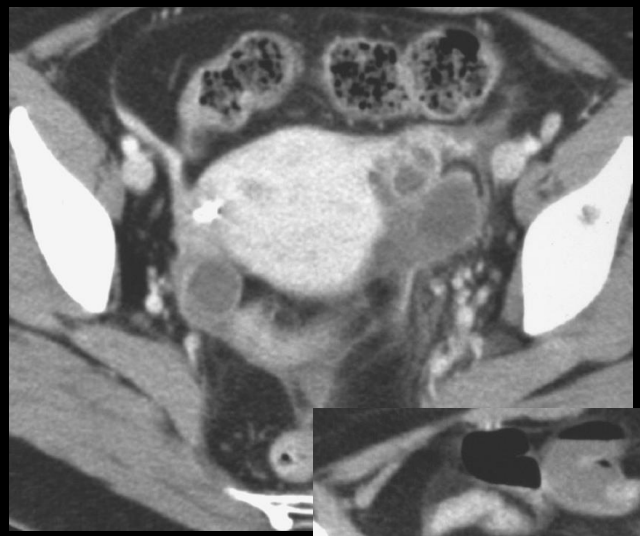
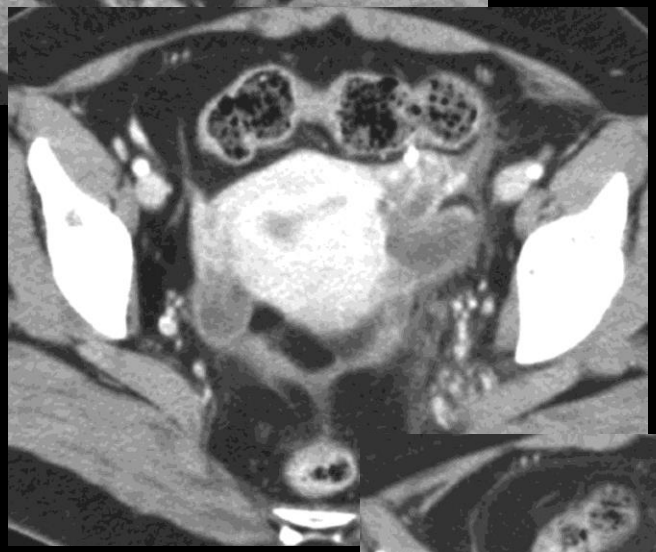
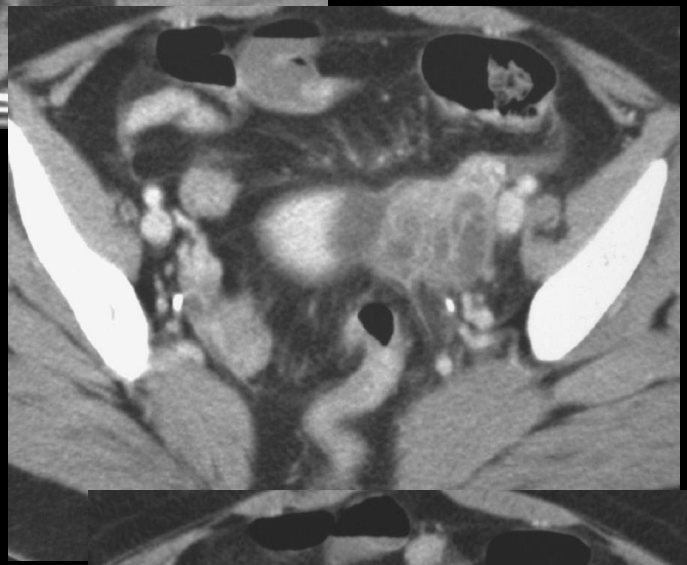
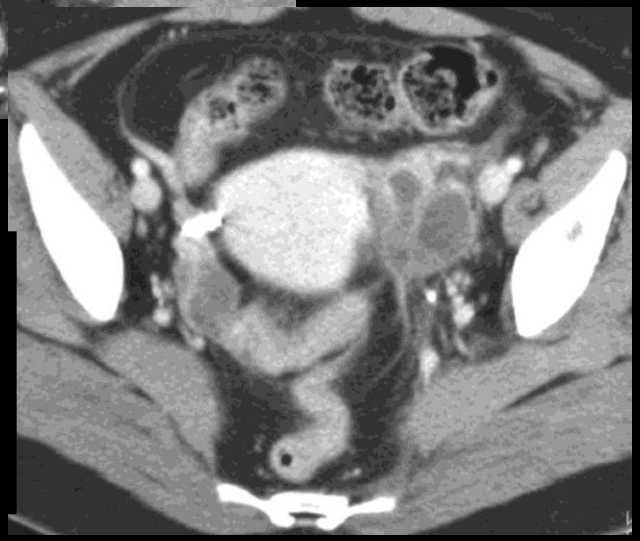
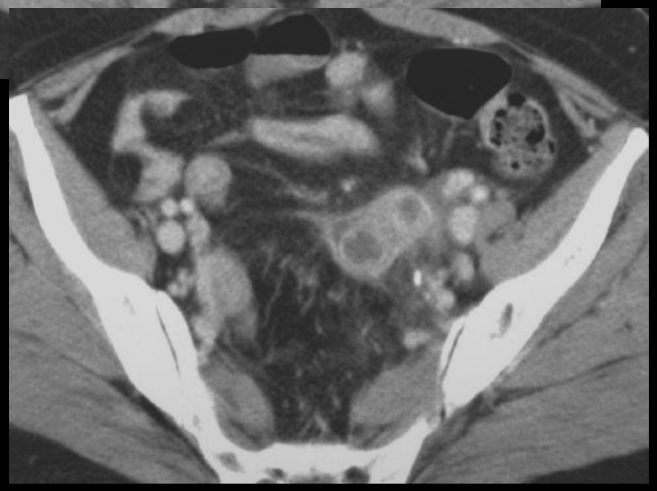

PARA–OVARIAN CYST
(CYST OF THE EPOÖPHORON)
SECTION OF CYST LINING
CYST OPENED
(UNILOCULAR CHARACTER
AND RUGOSE LINING)

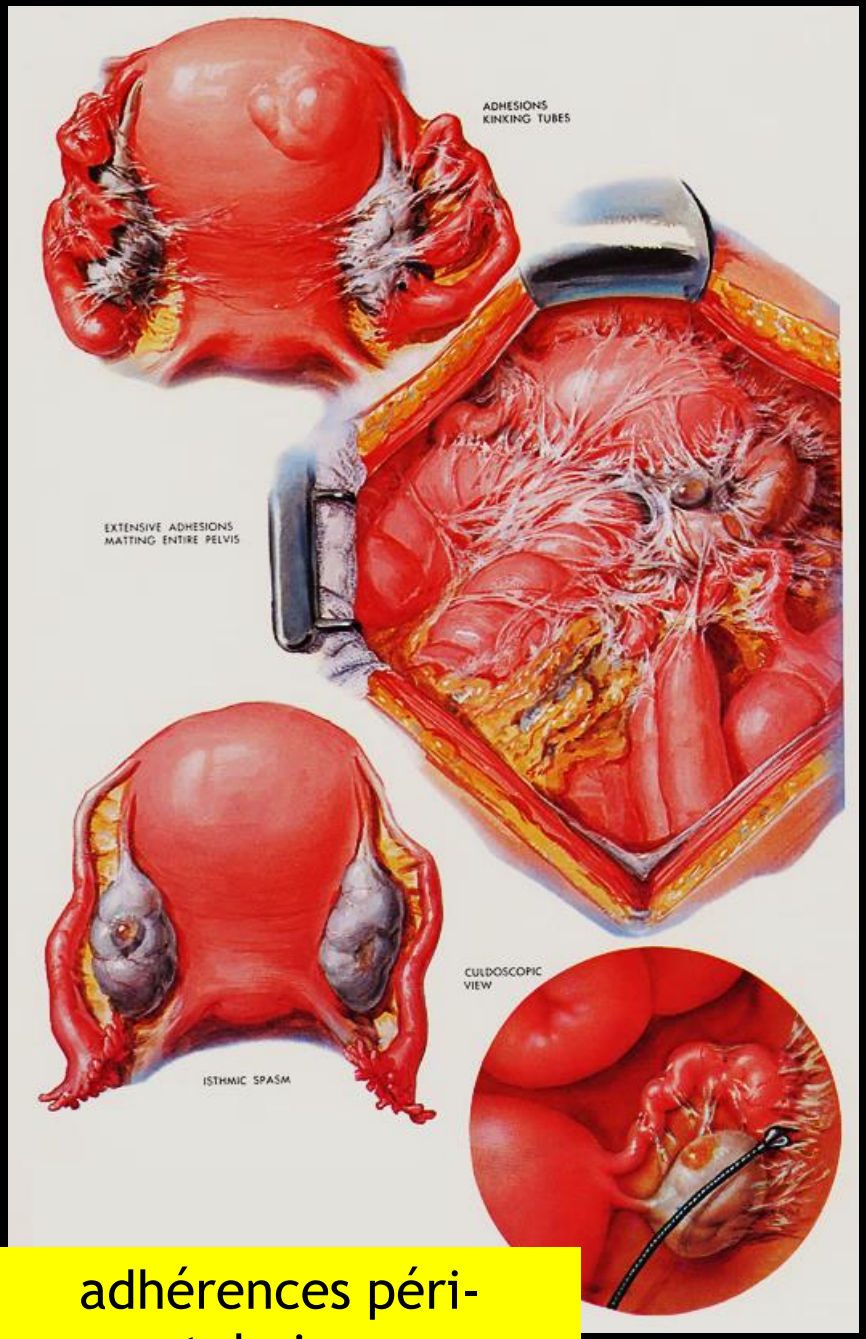



douleurs pelviennes

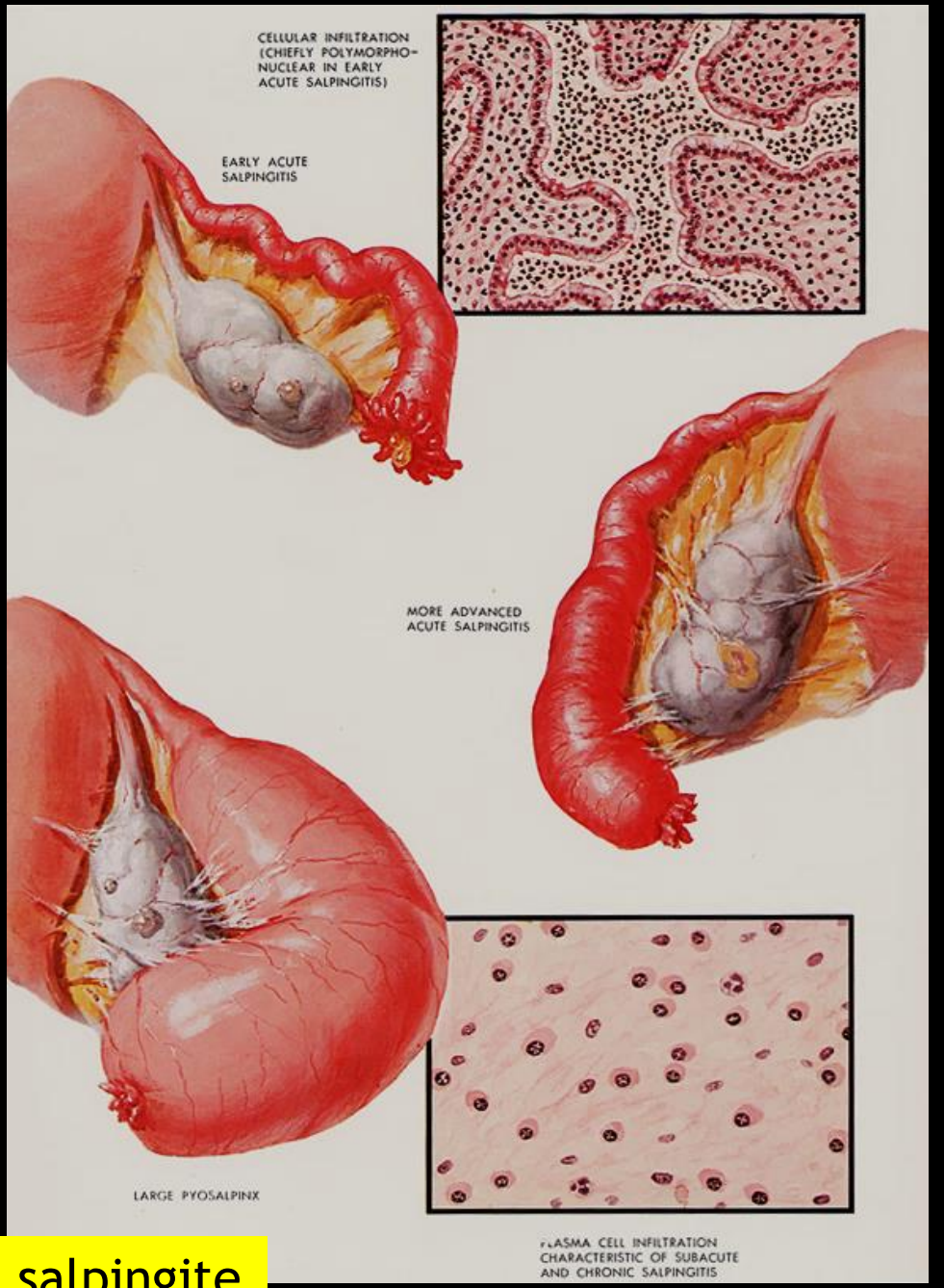
syndrome infectieux

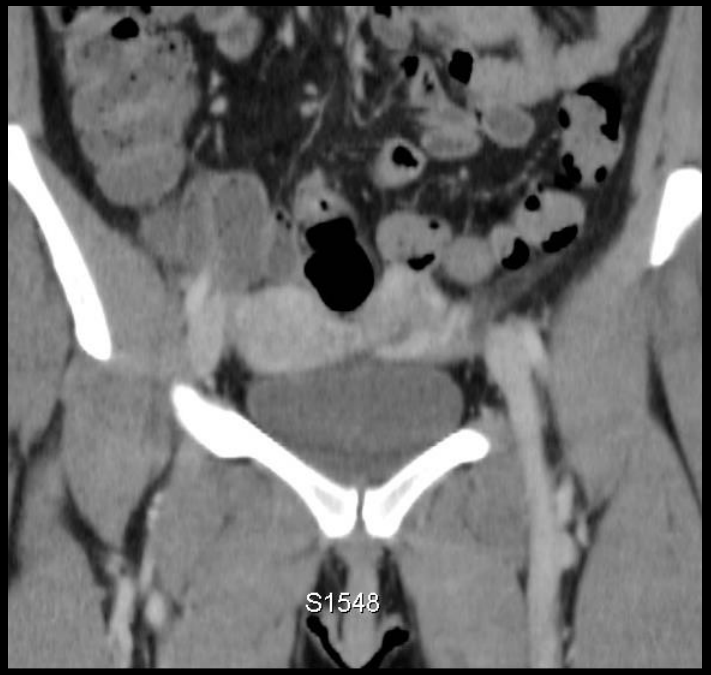
salpingite bilatérale
et abcès tubo-ovarien
gauche



adhérences péri-tubaires



salpingite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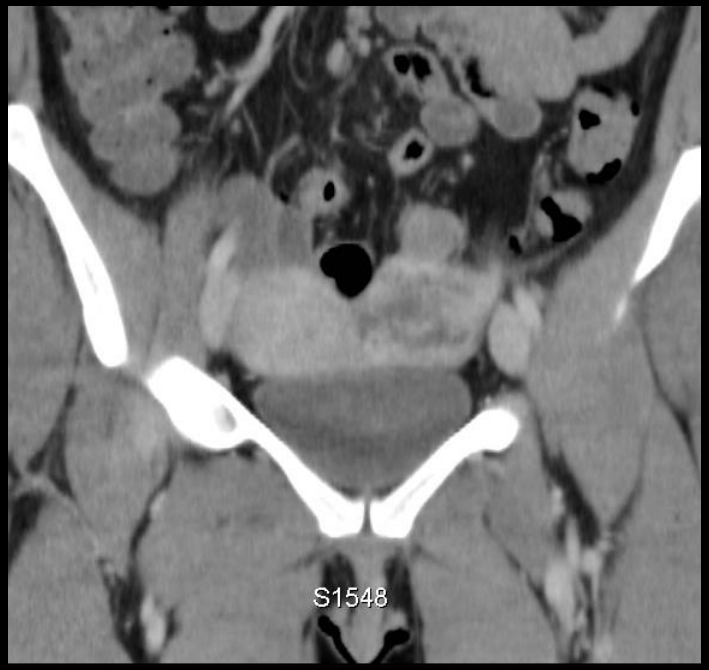
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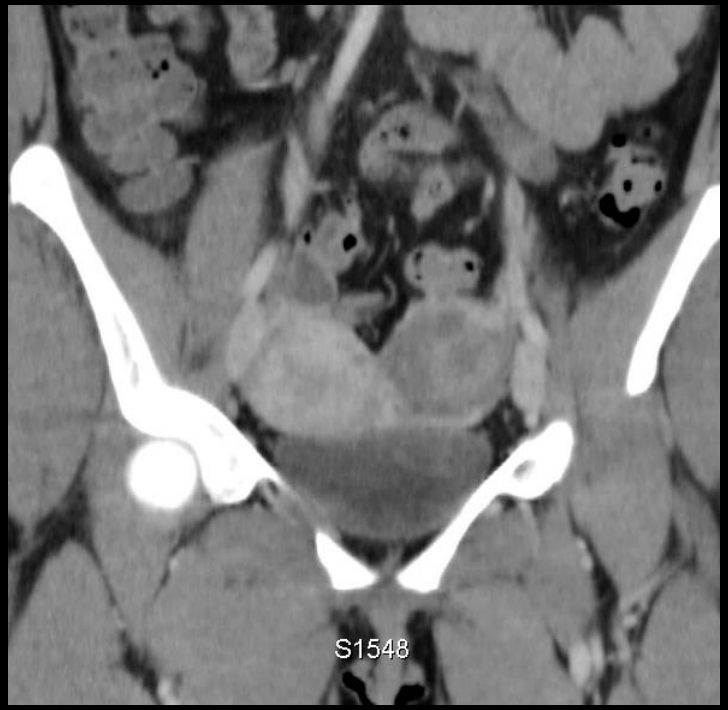
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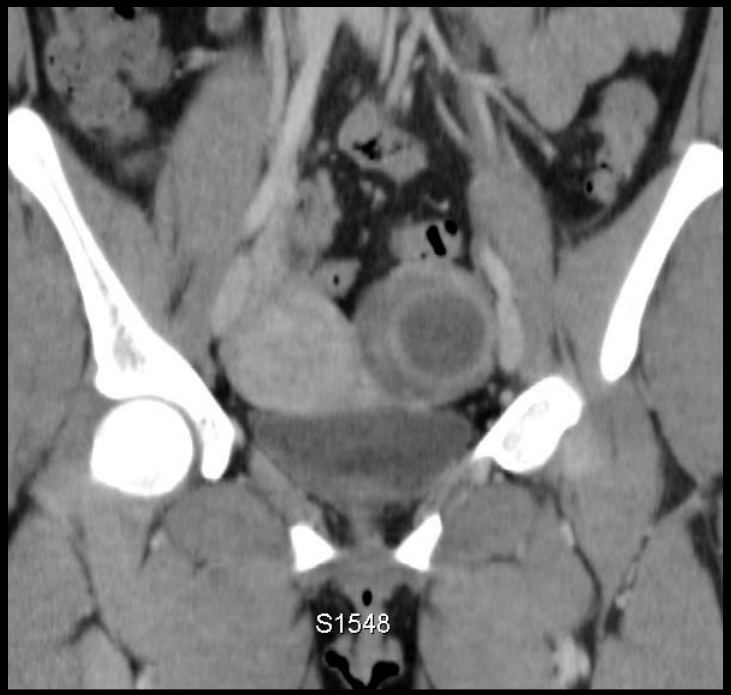
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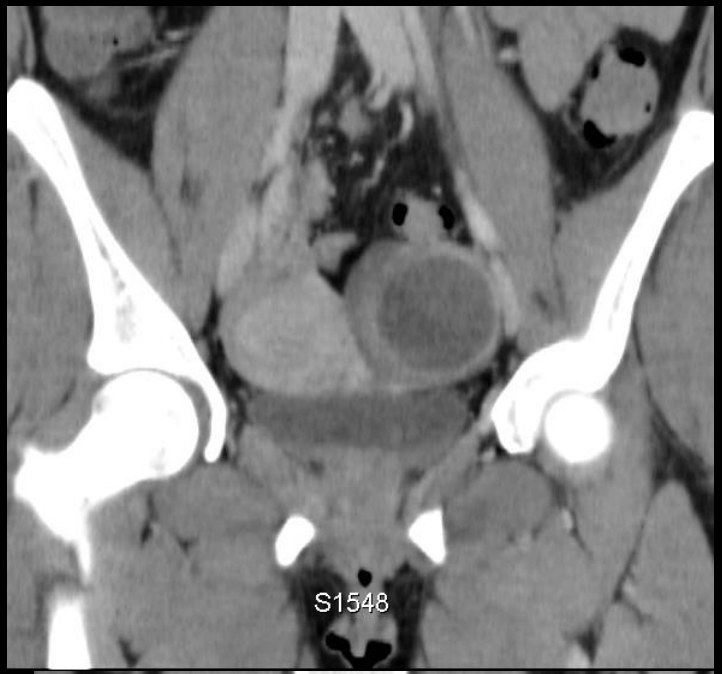
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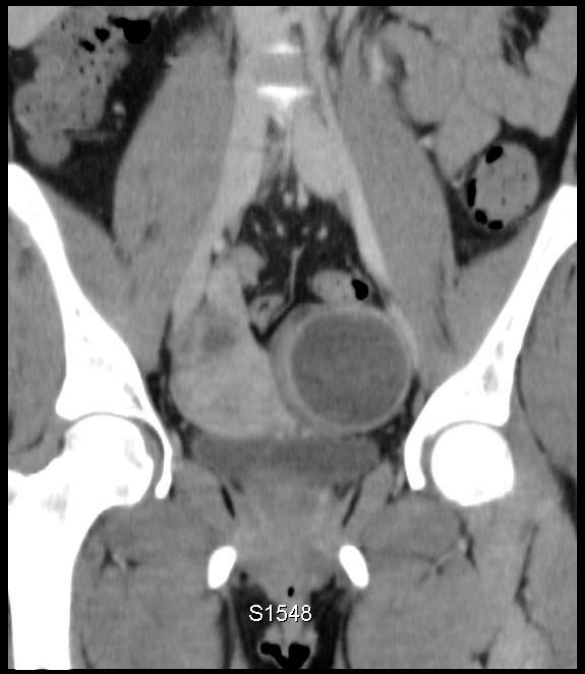
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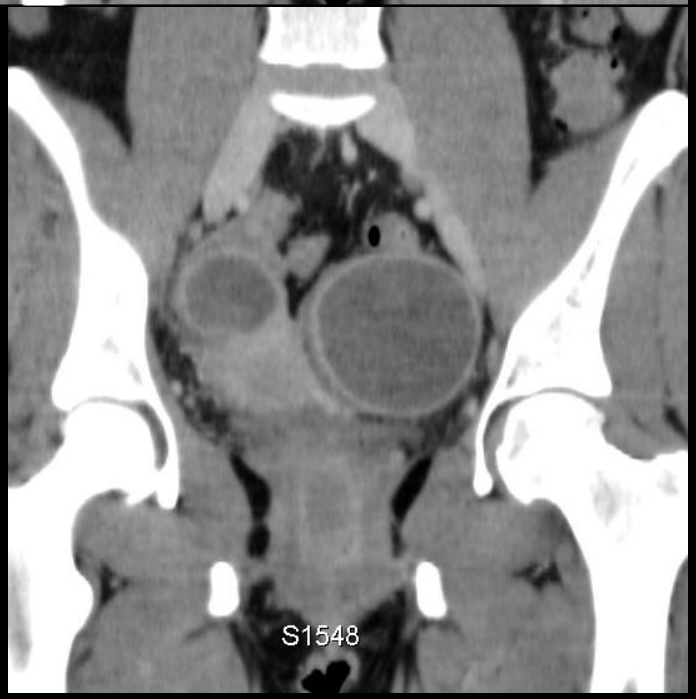
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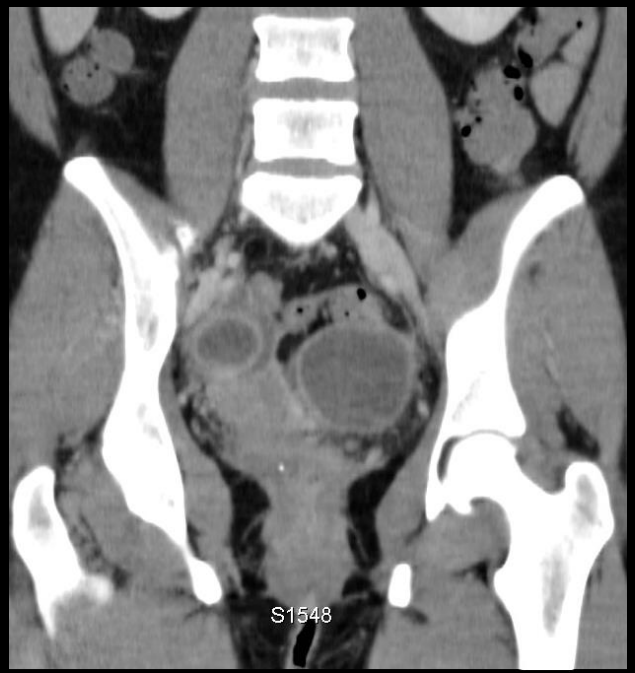
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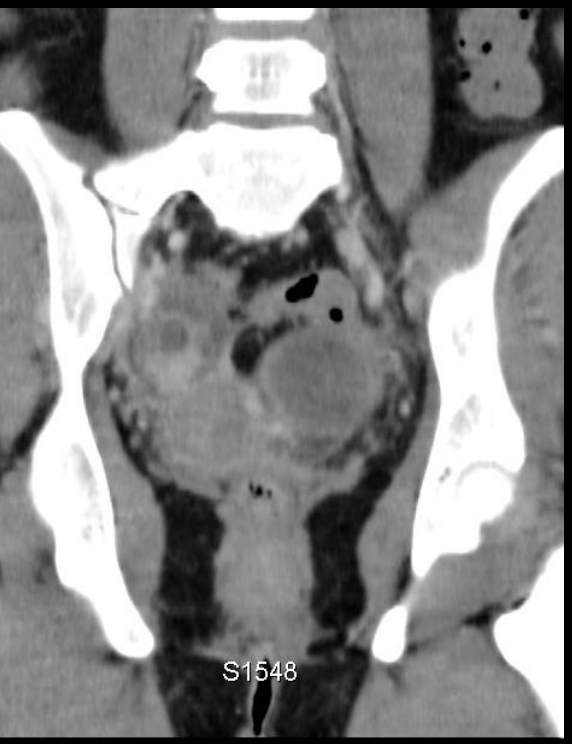
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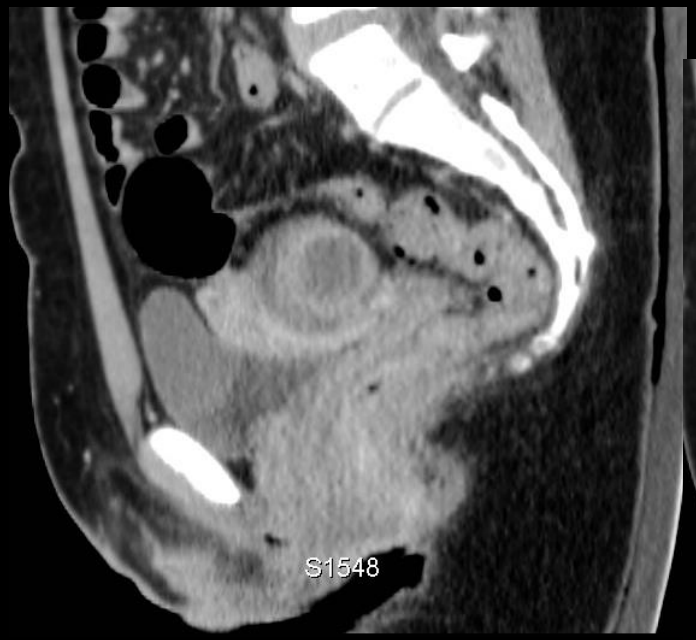
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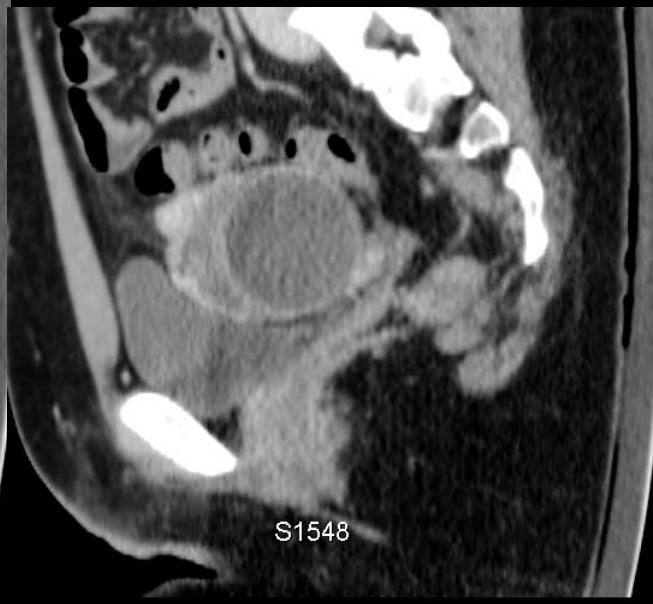
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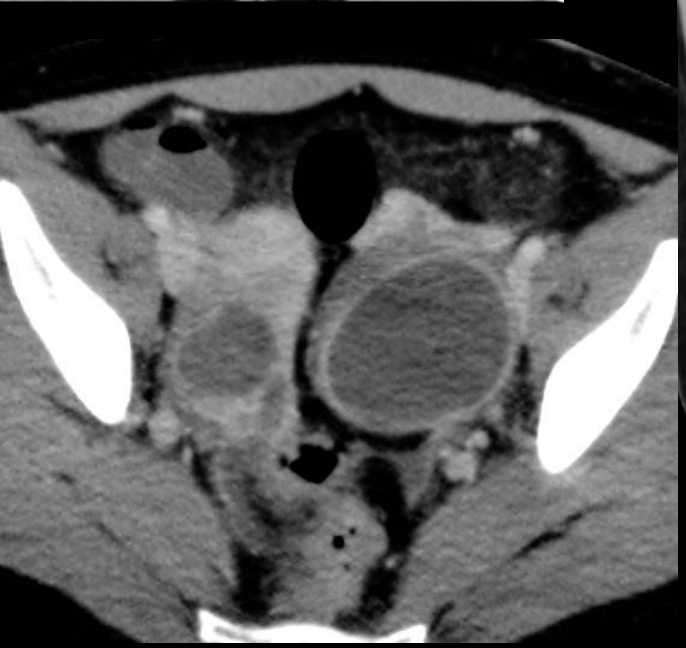

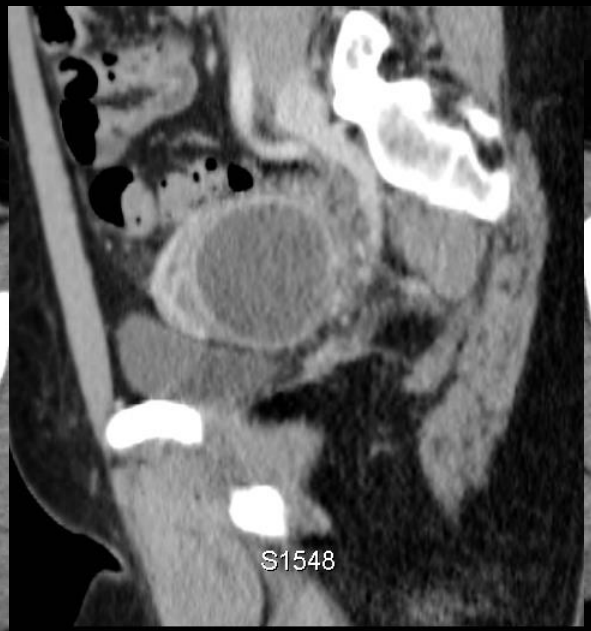
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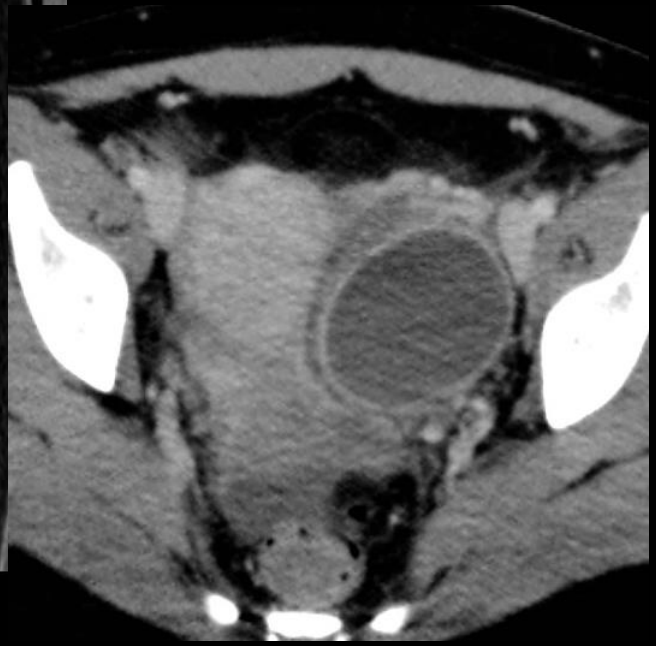
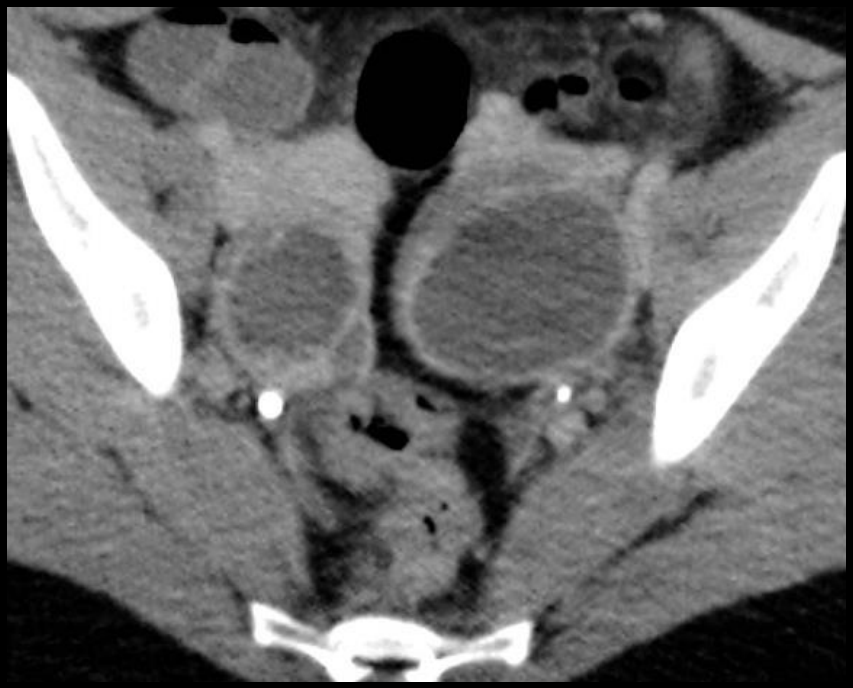
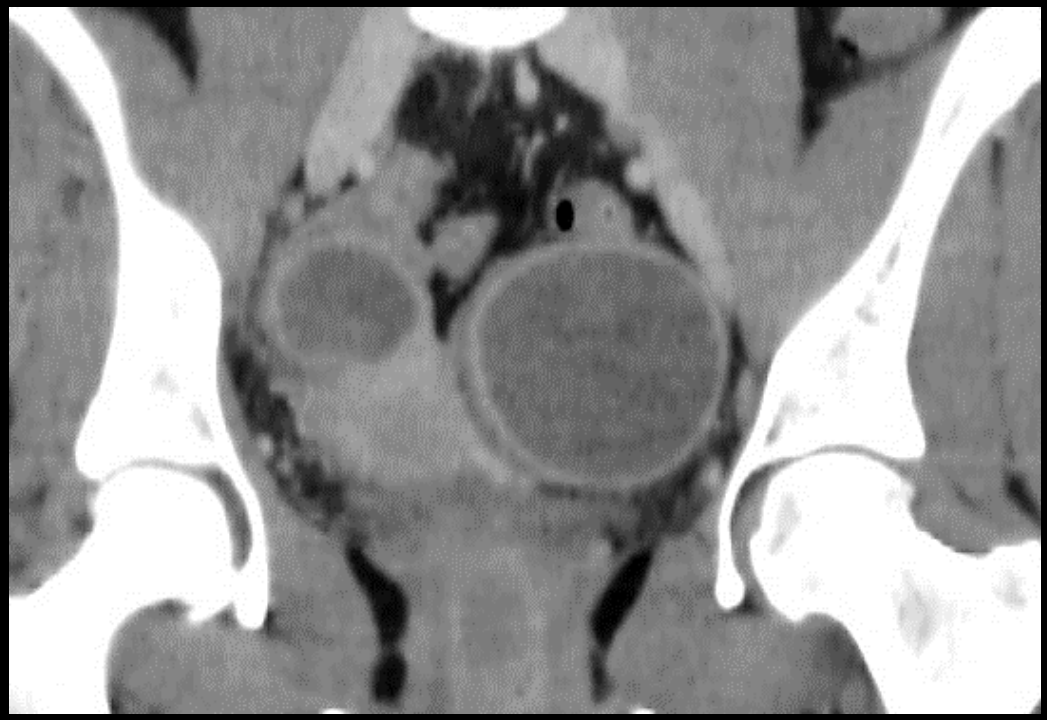
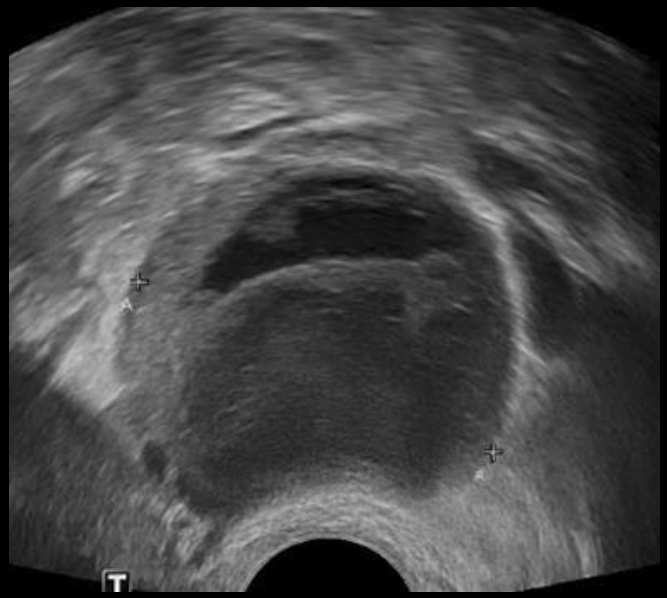
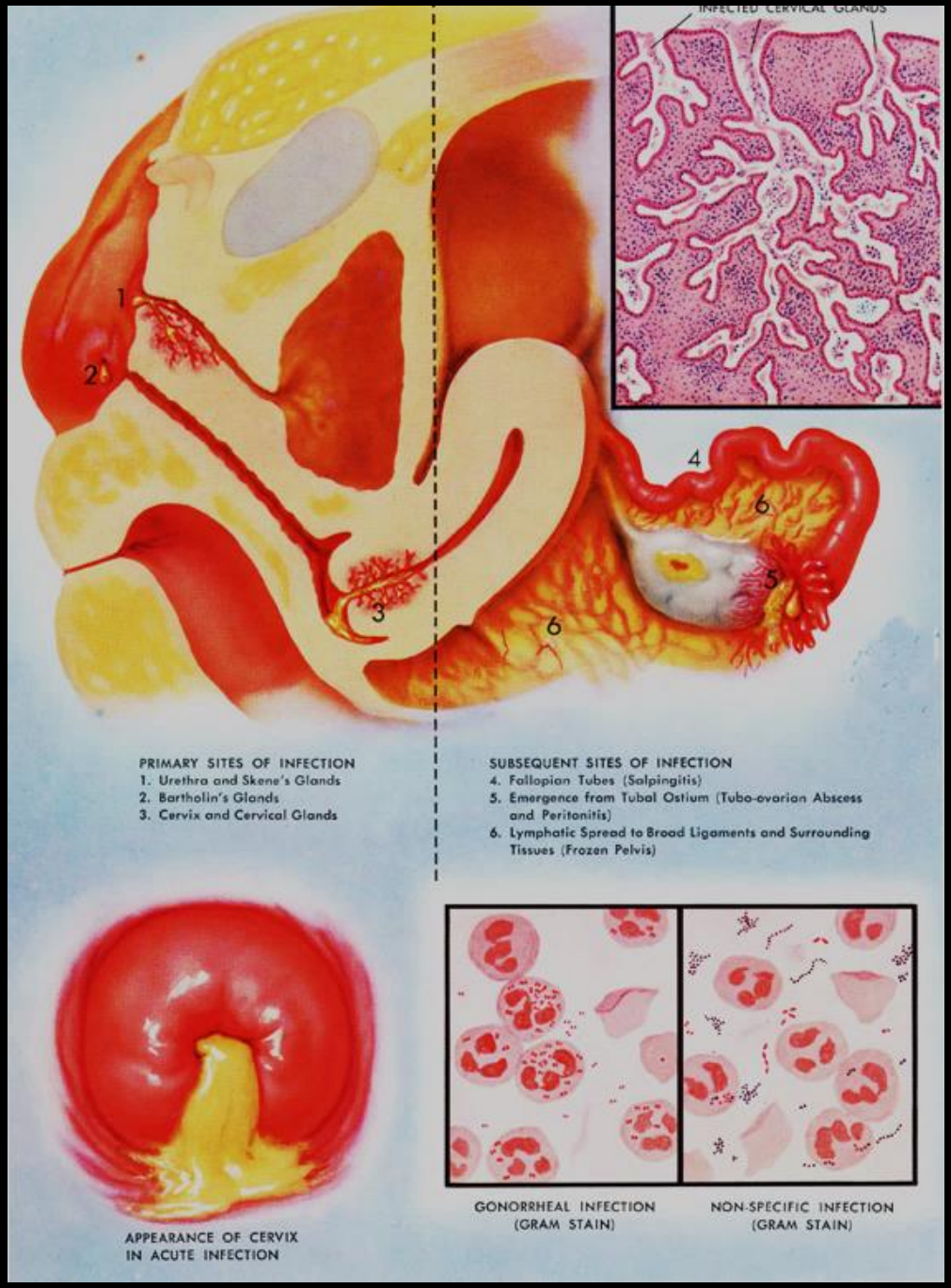


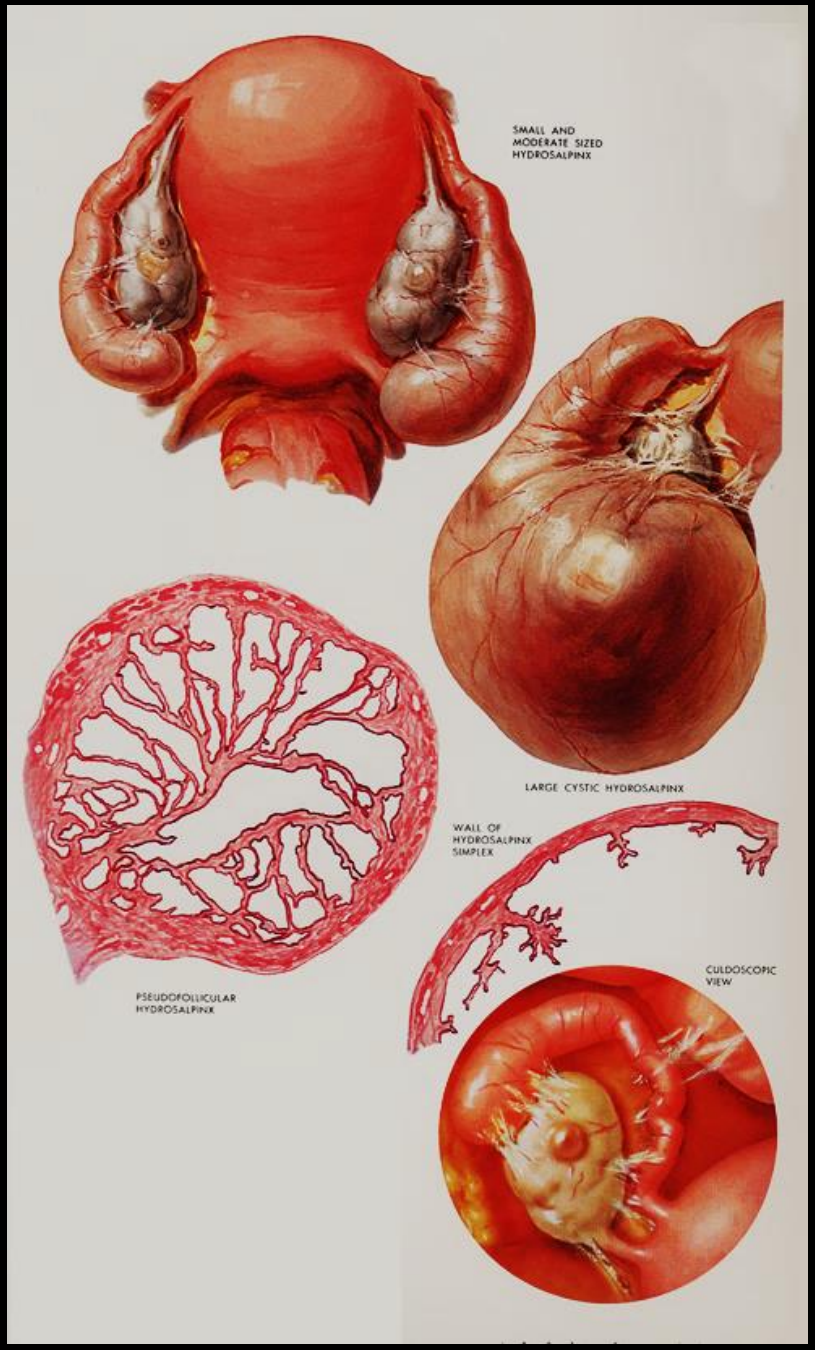


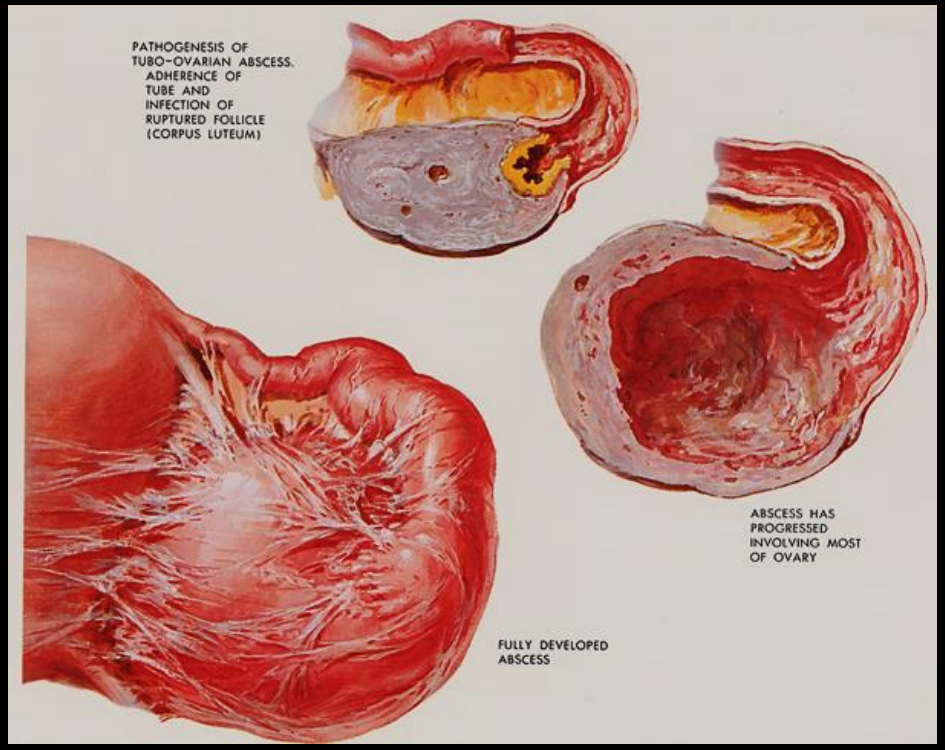




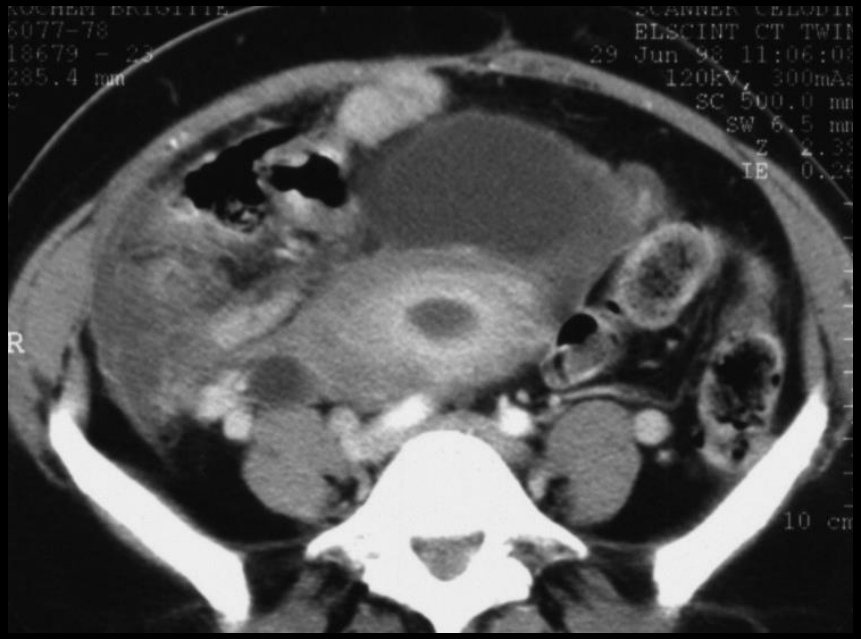


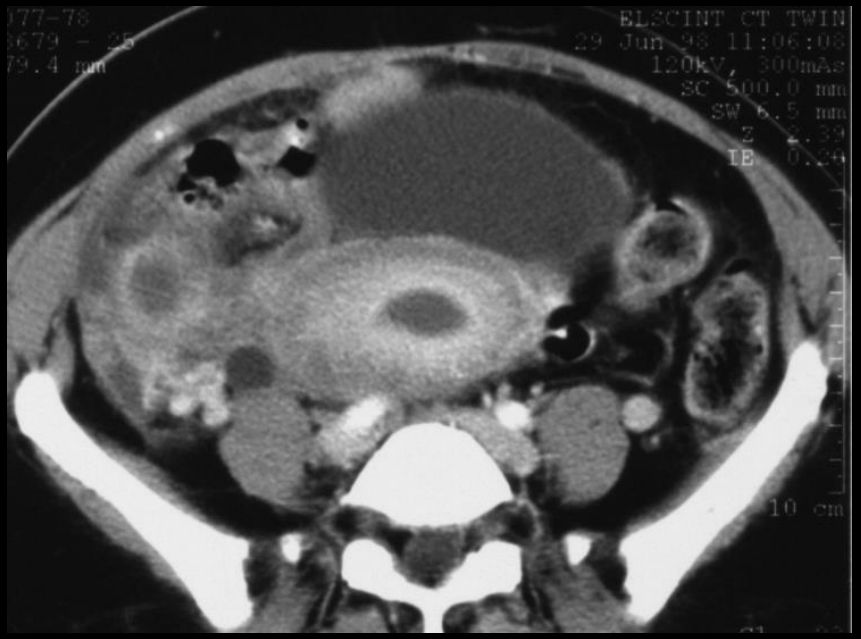
infections génitales basses
physiopathologie

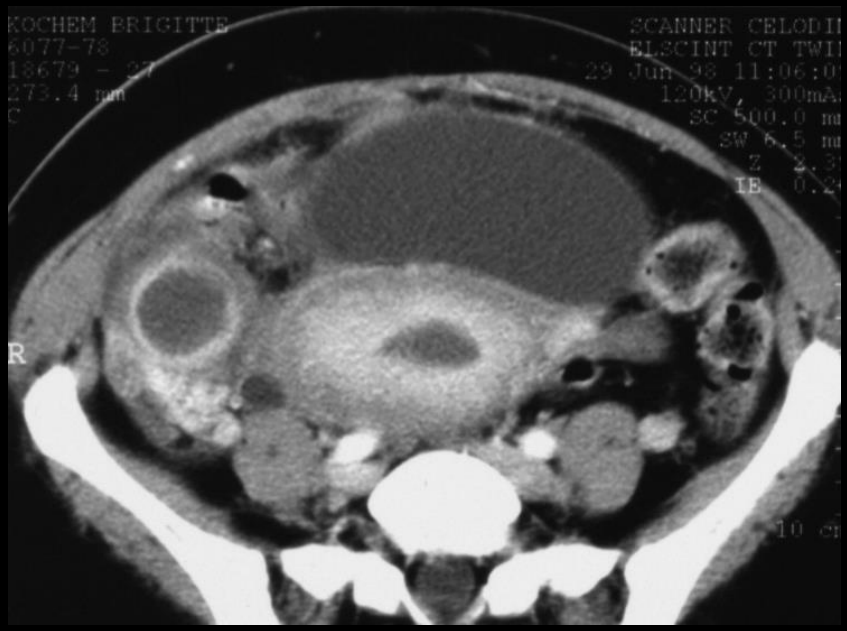


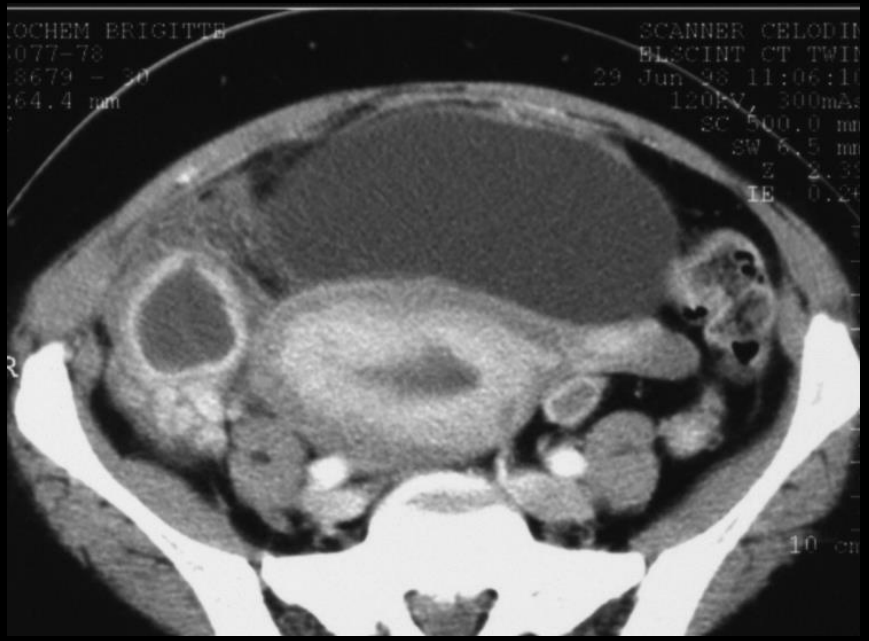


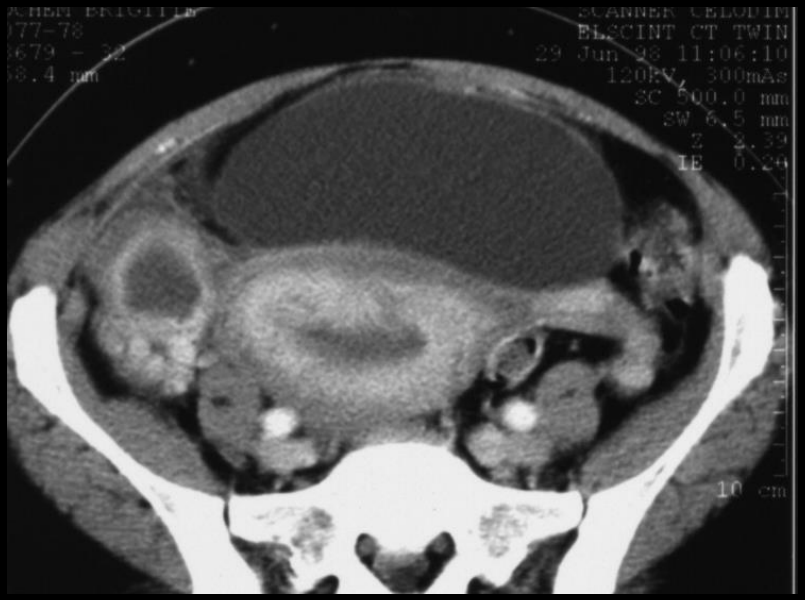
salpingite et abcès tubo-ovarien

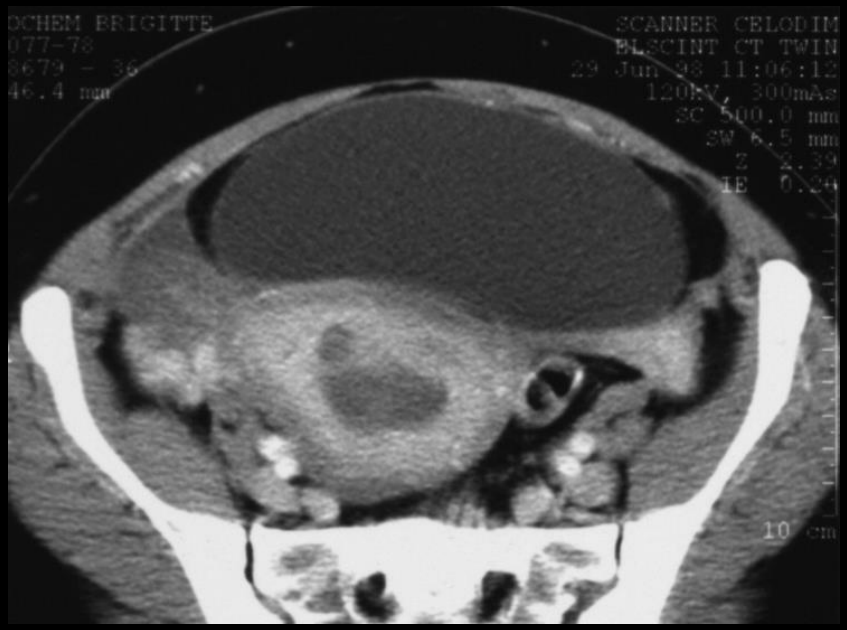

ELSCINT CT TWIN
10 cm

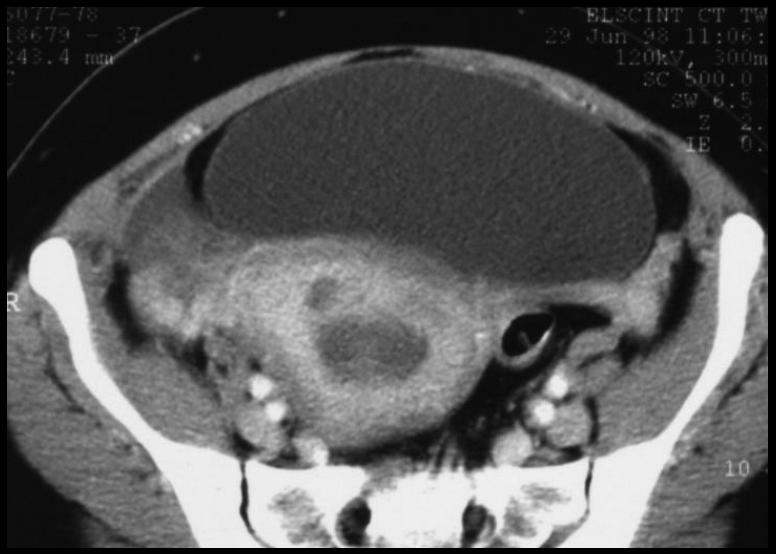

ELSCINT CT TWIN
10 cm

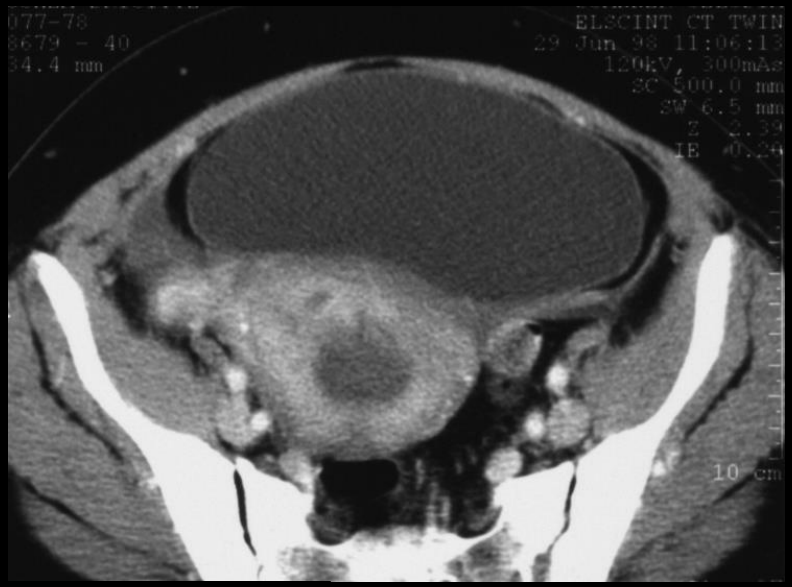

KOCHEM BRIGITTE
SCANNER CELODIN
ELSCINT CT TWIN
10 cm


SCANNER CELODIN
10 cm

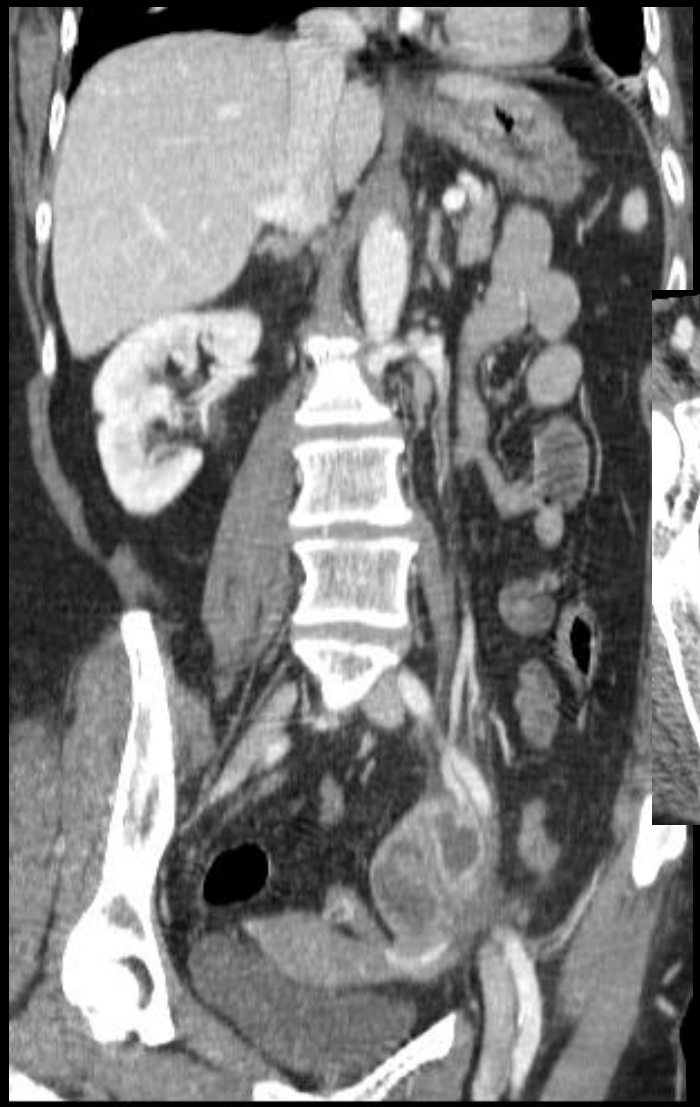


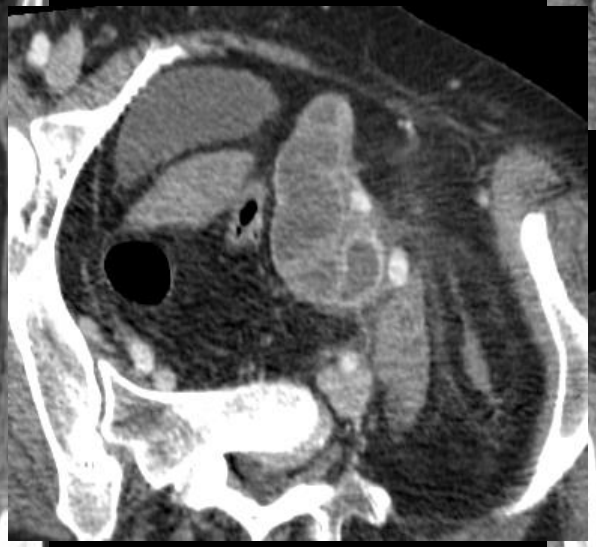


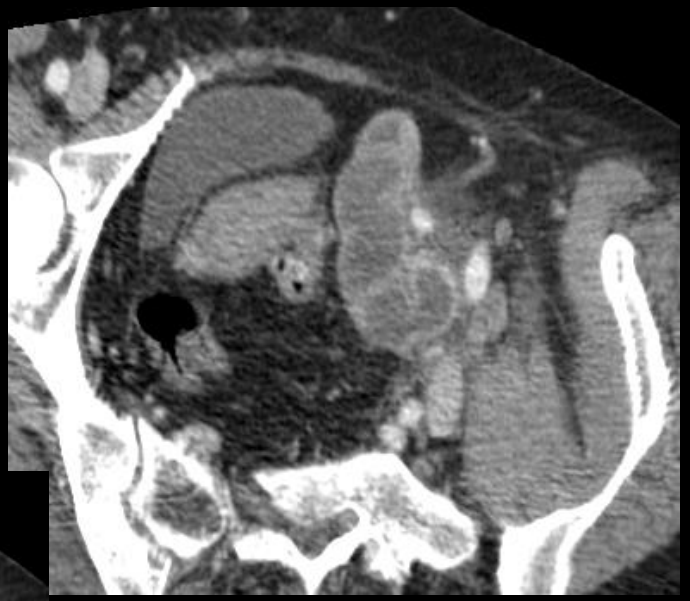


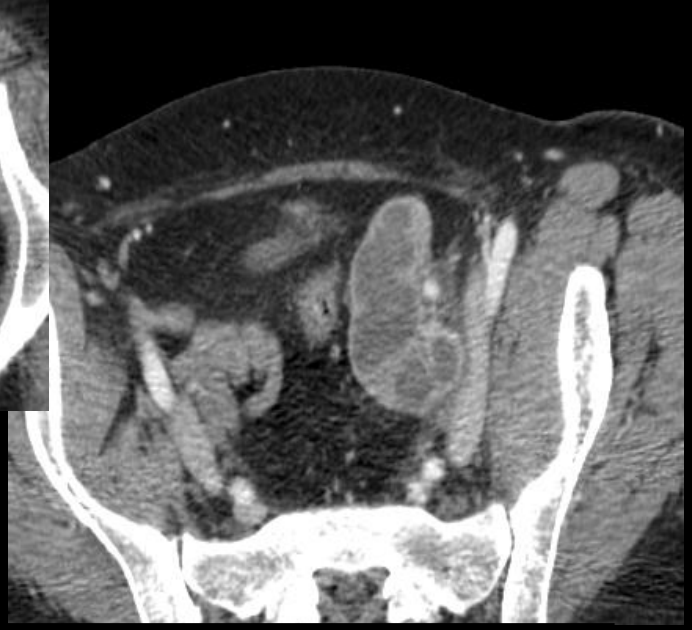


abcès tubo-ovarien droit post-partum

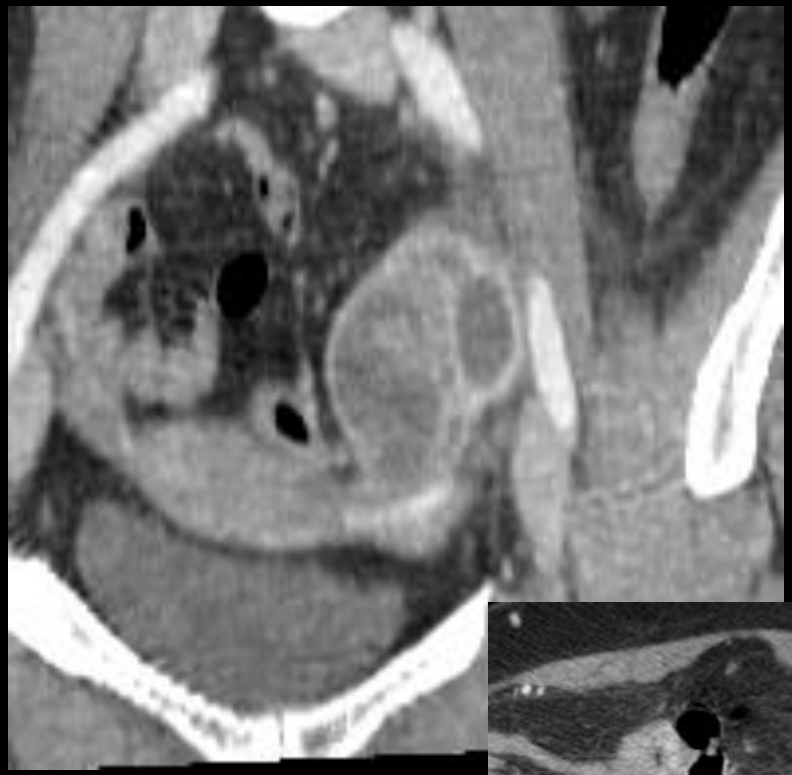


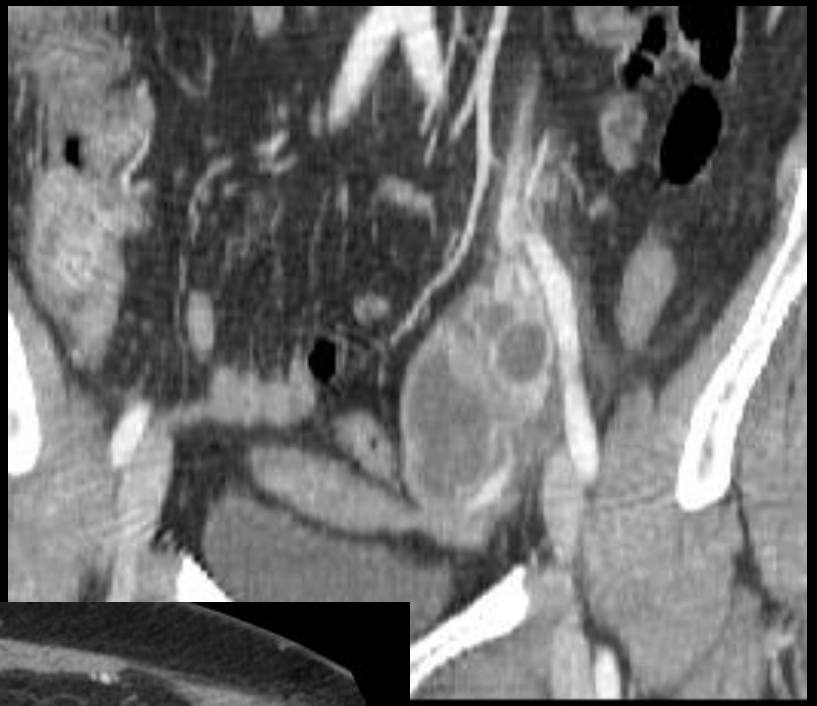


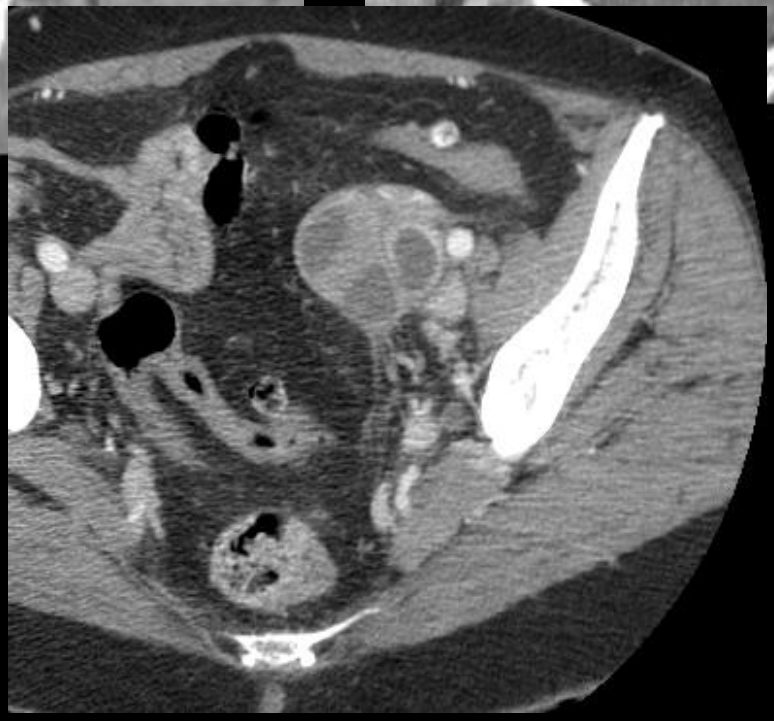


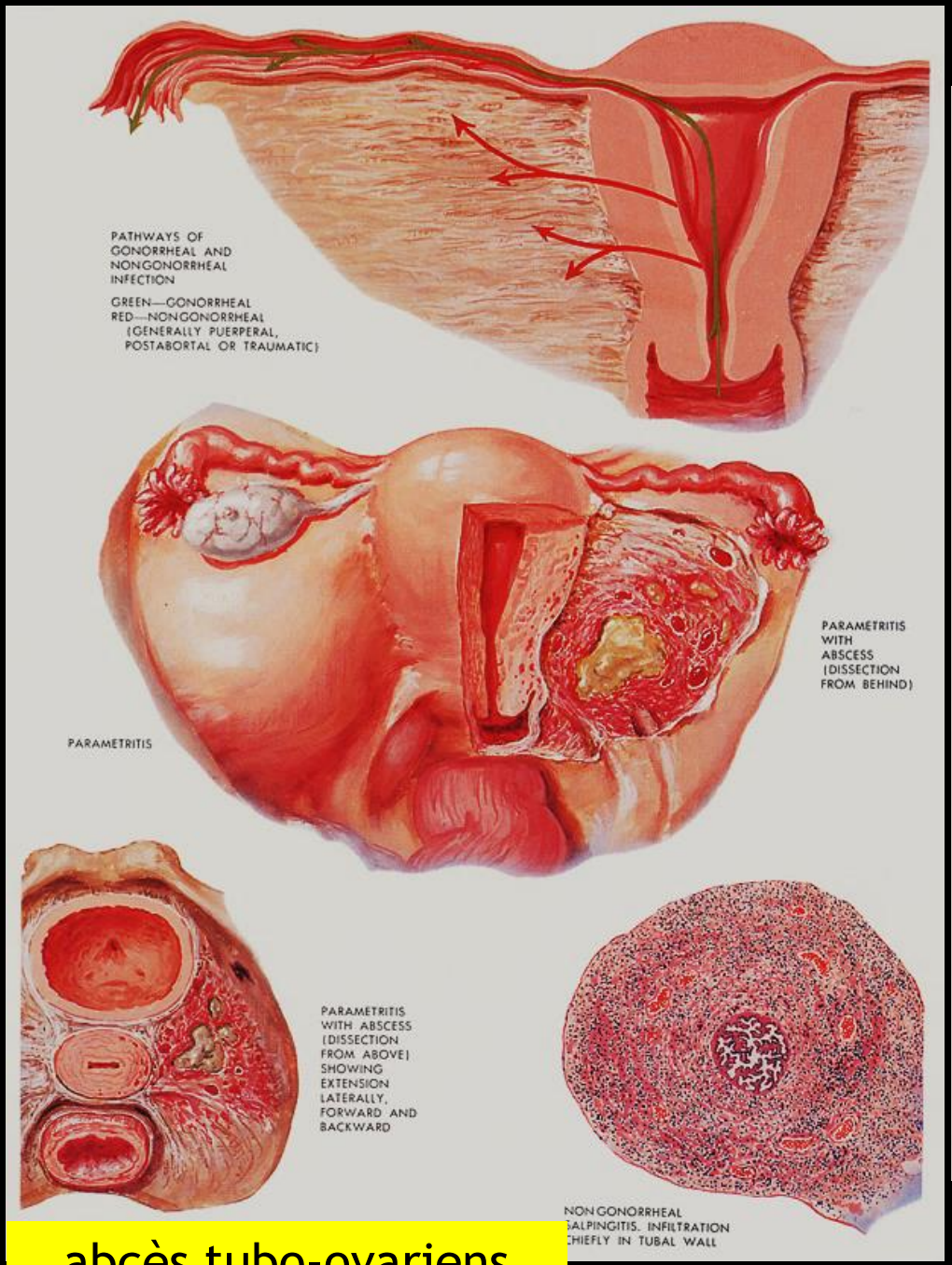


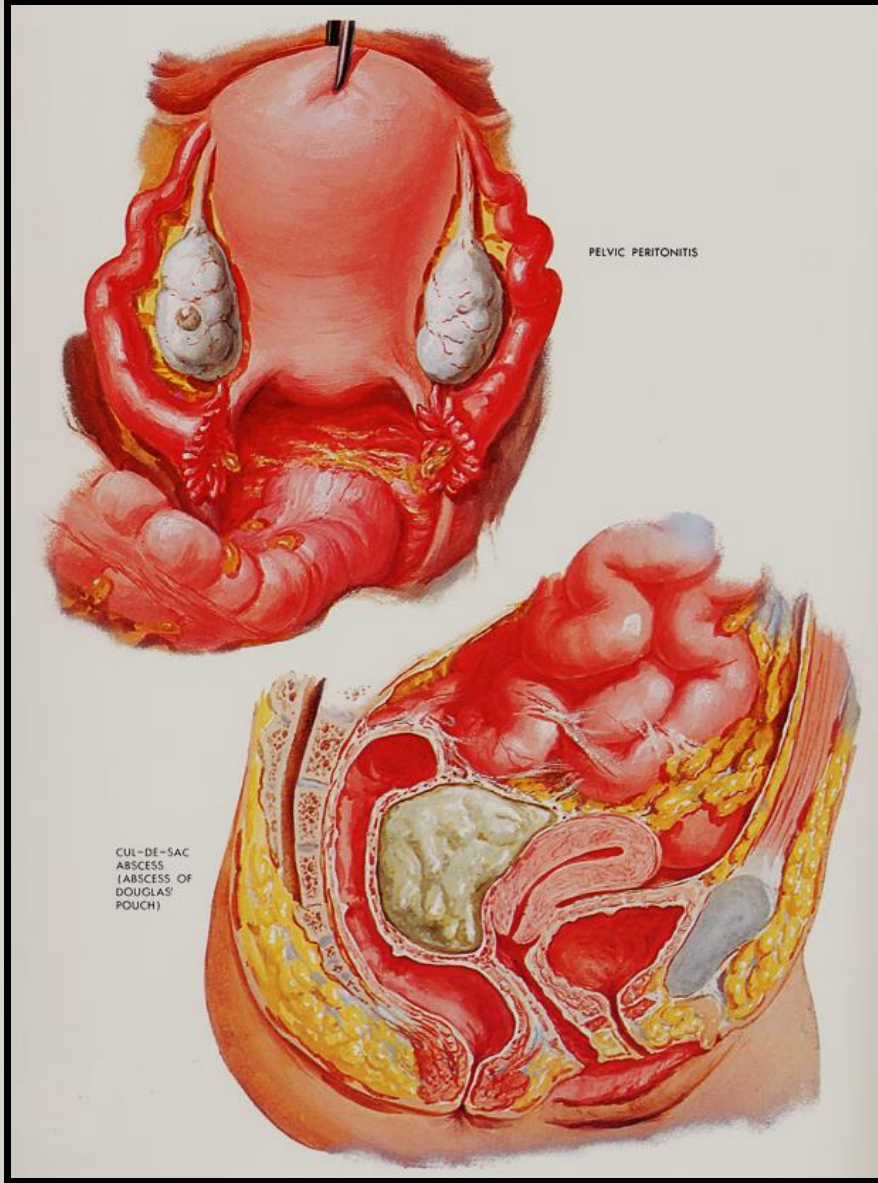
douleurs pelviennes gauches , CRP élevée







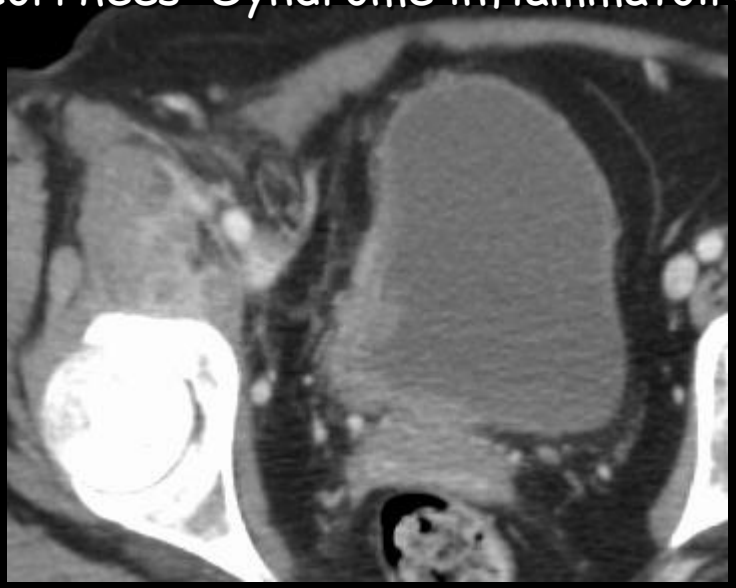


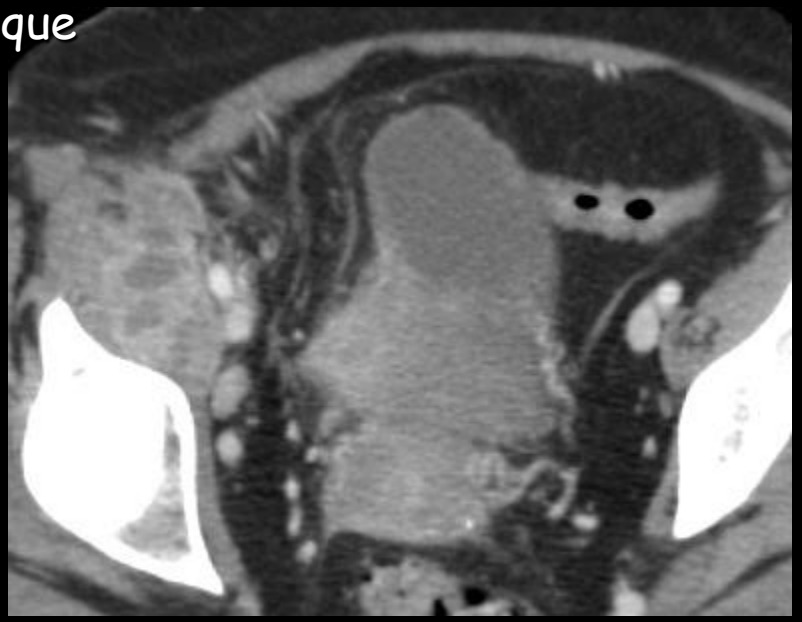


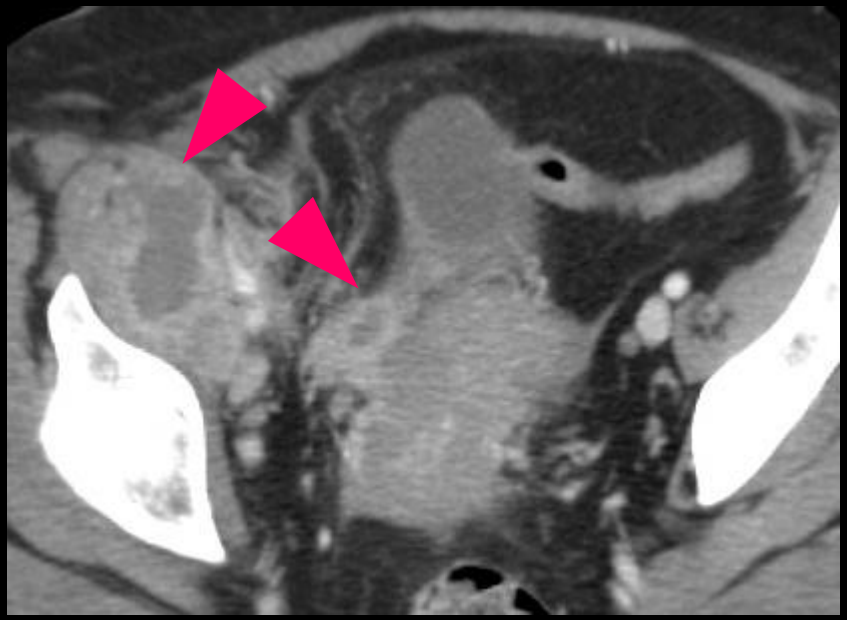
abcès tubo-ovariens

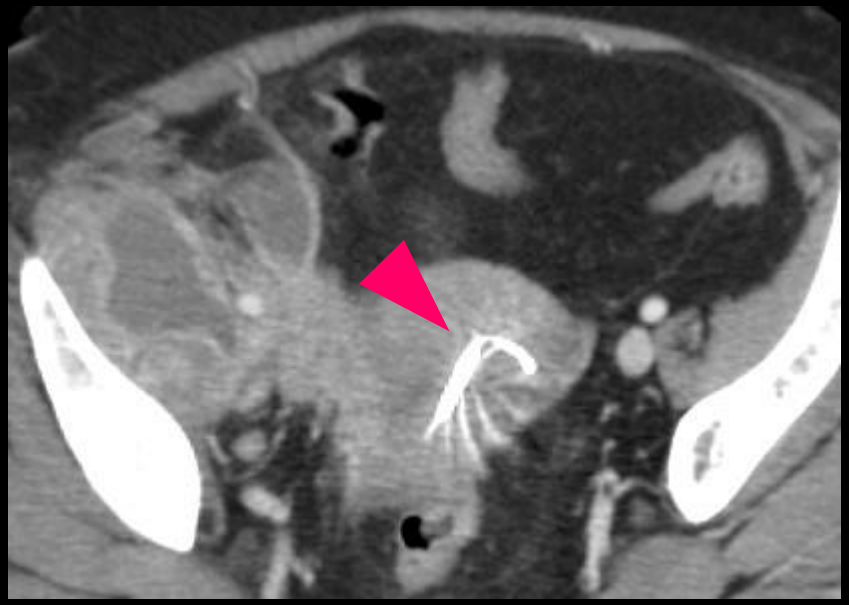
Patiente de 52 ans Douleurs pelviennes depuis 1 mois

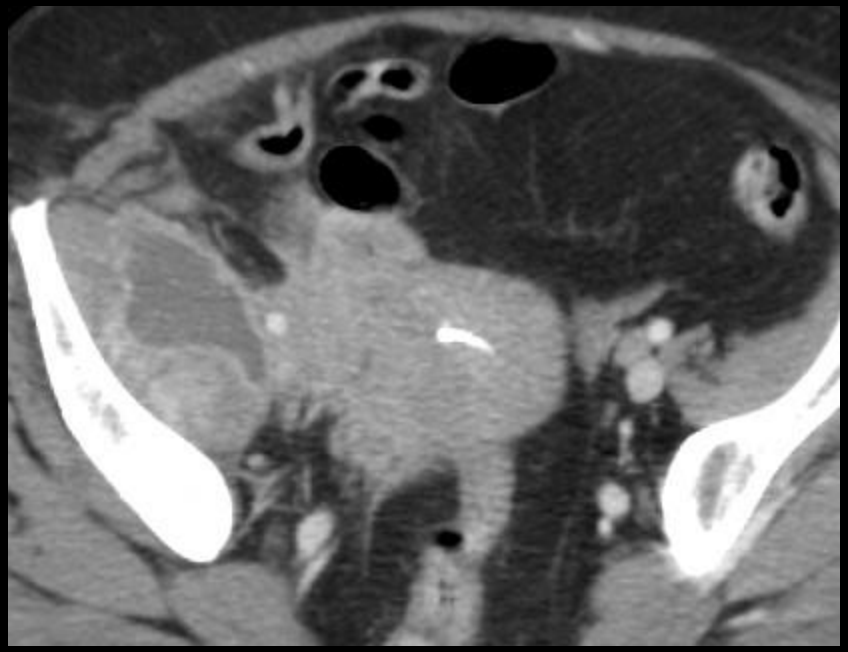
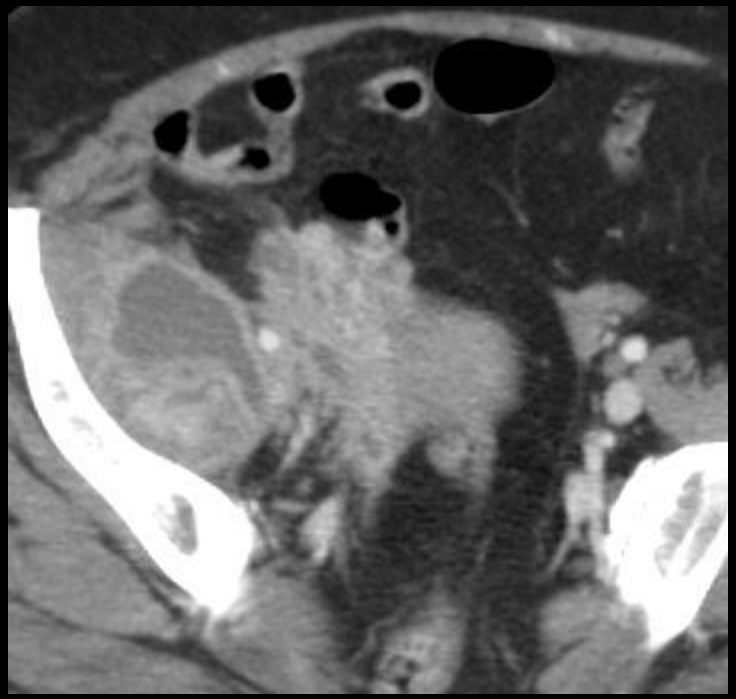
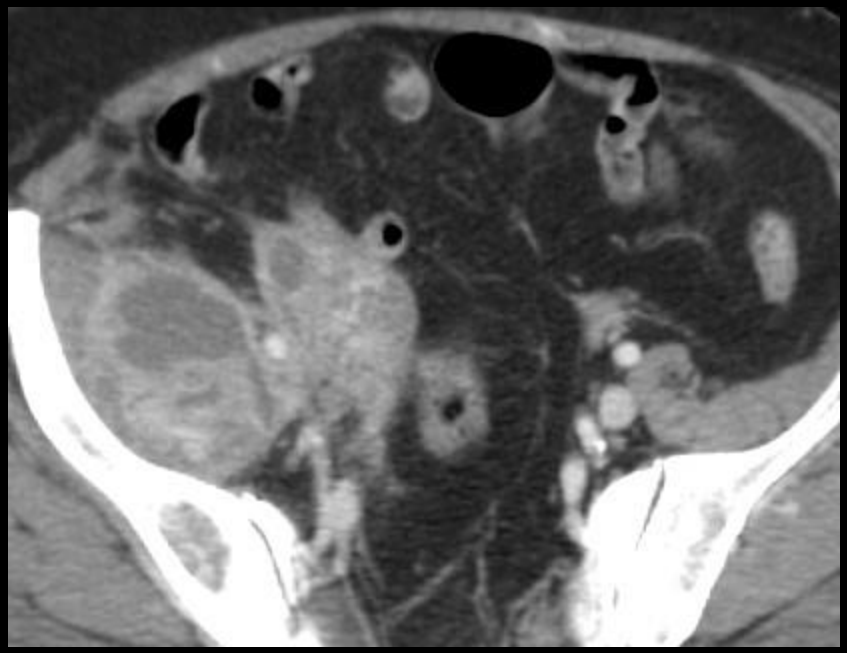
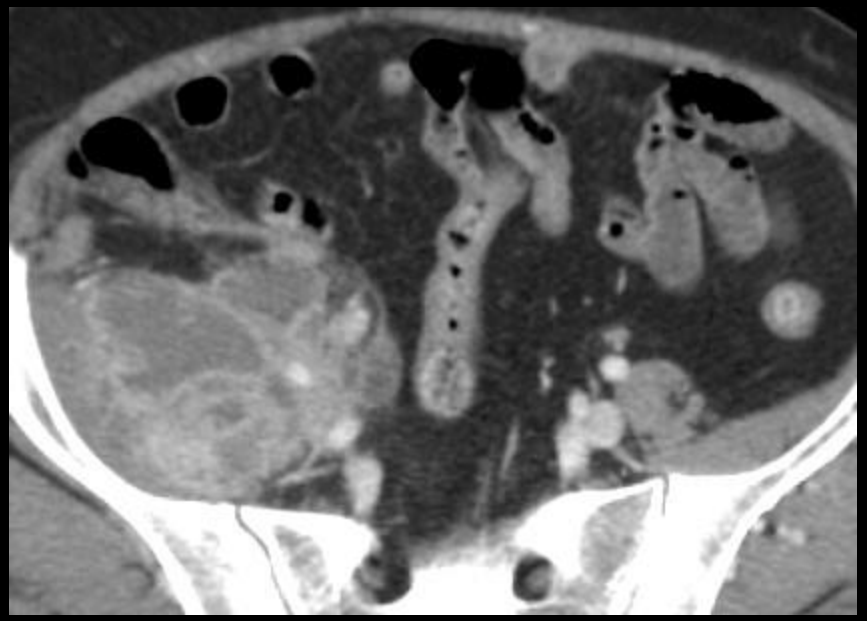
Leucorrhées Syndrome inflammatoire biologique

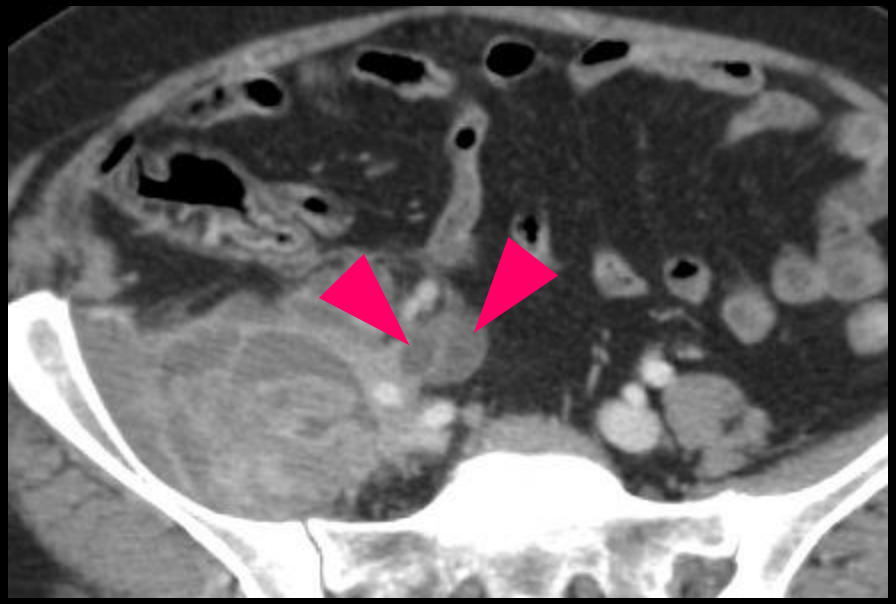


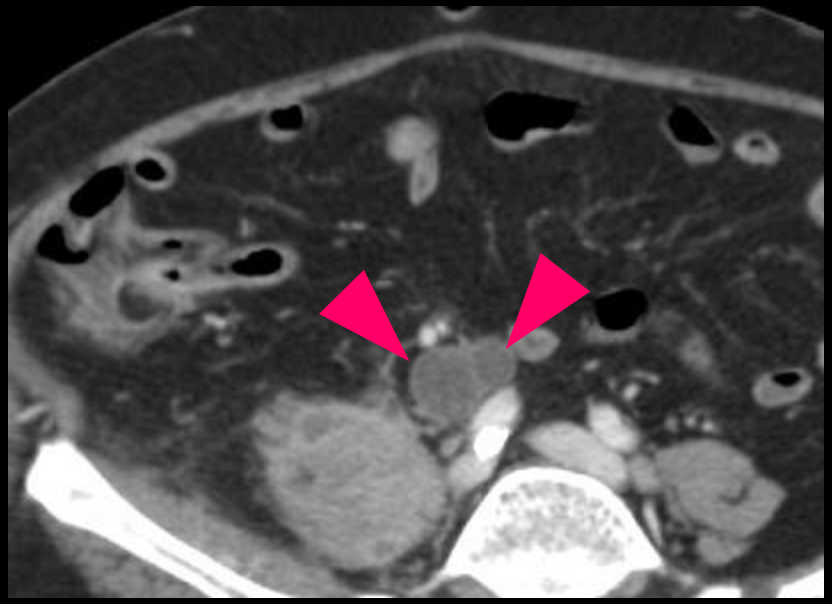


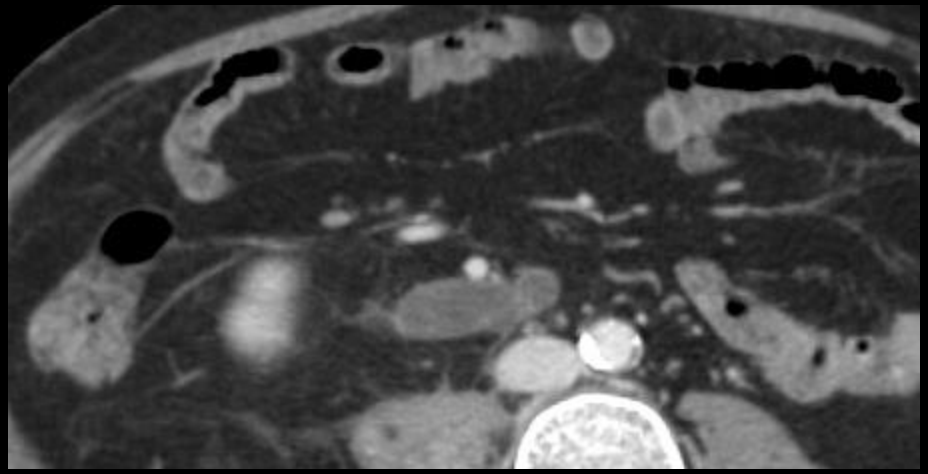


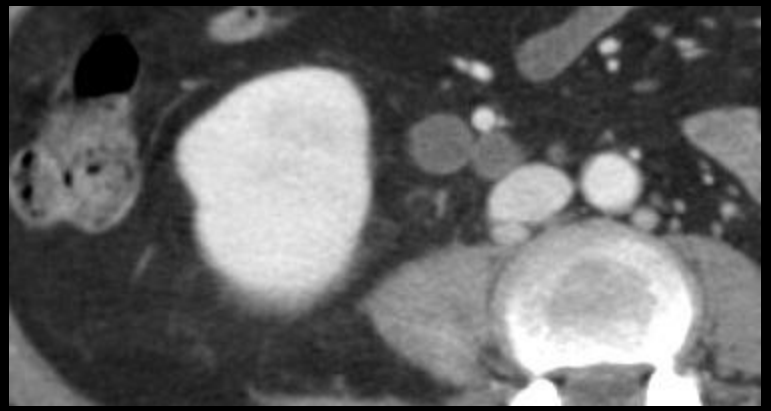


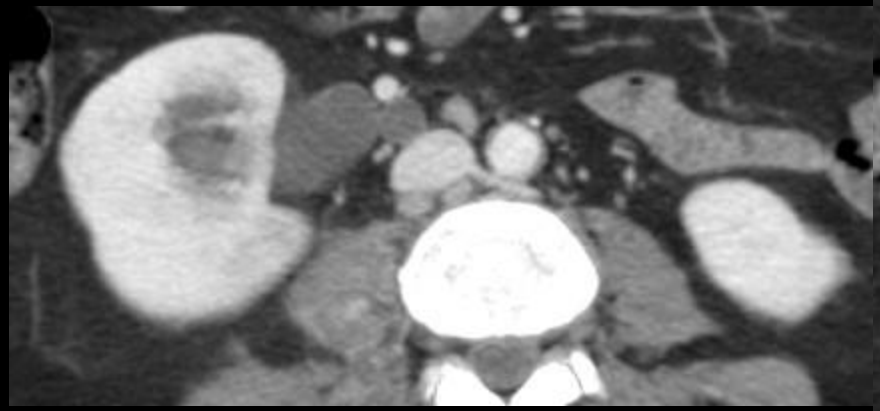





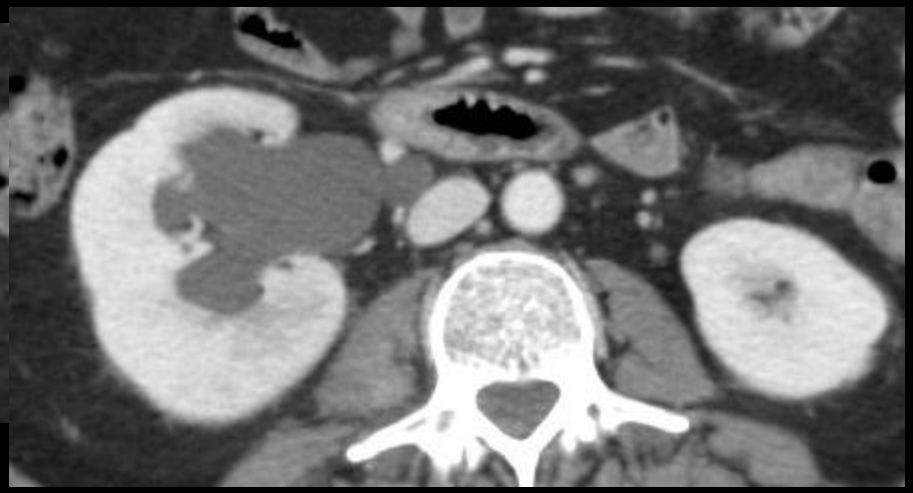


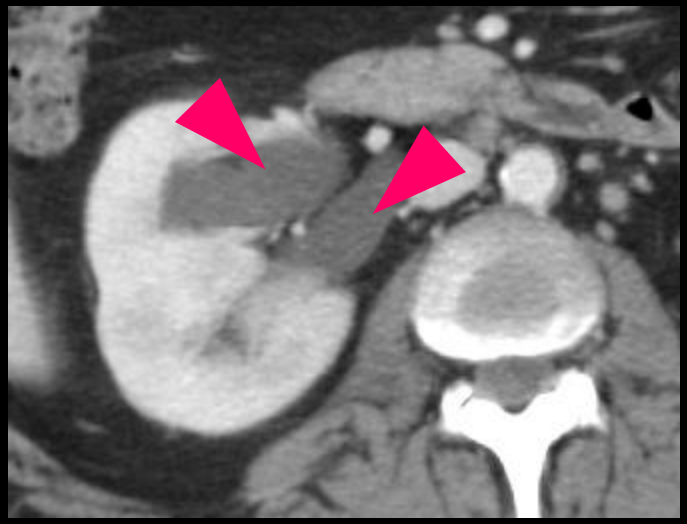


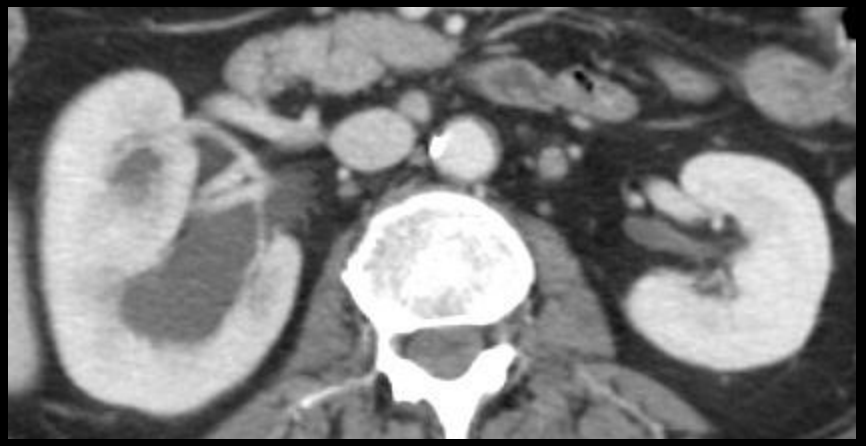


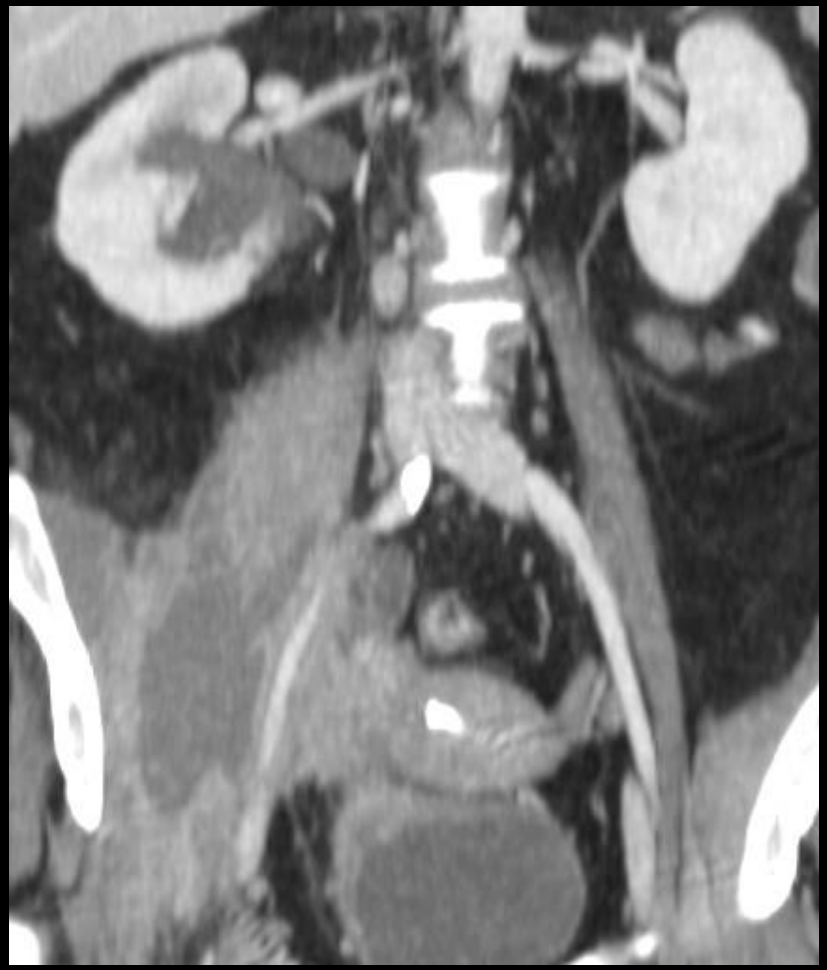


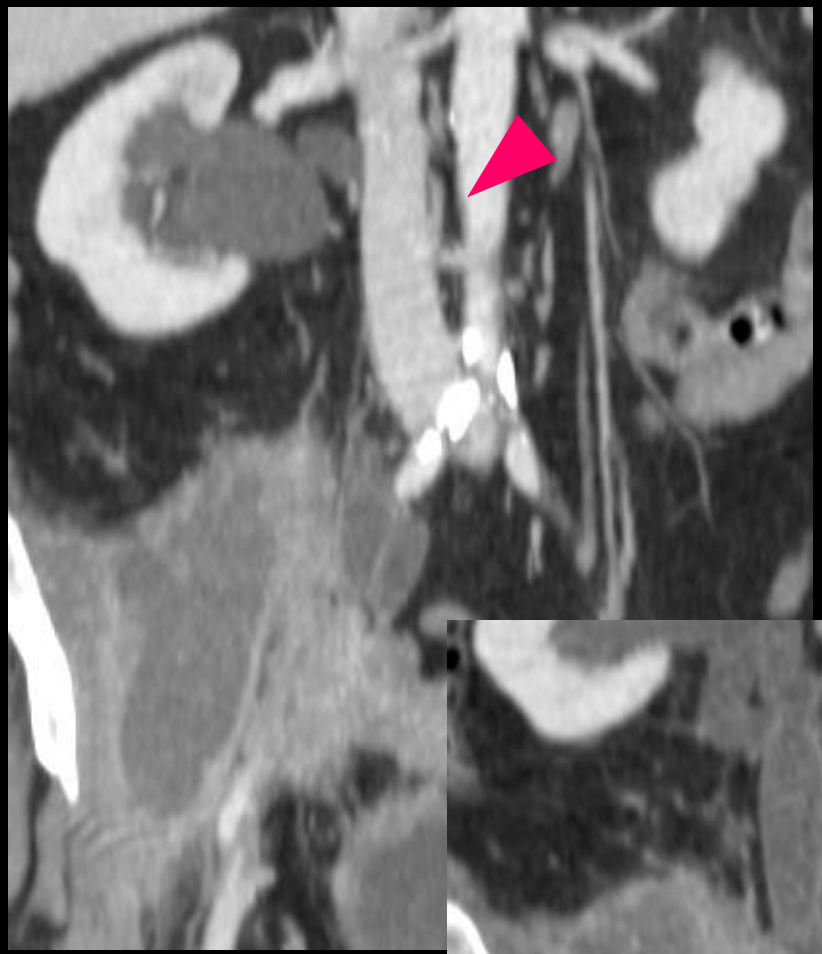


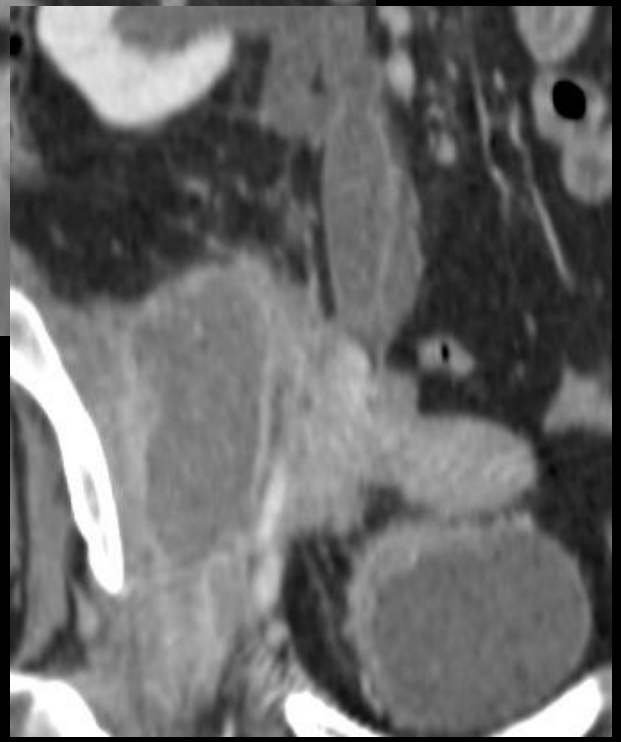


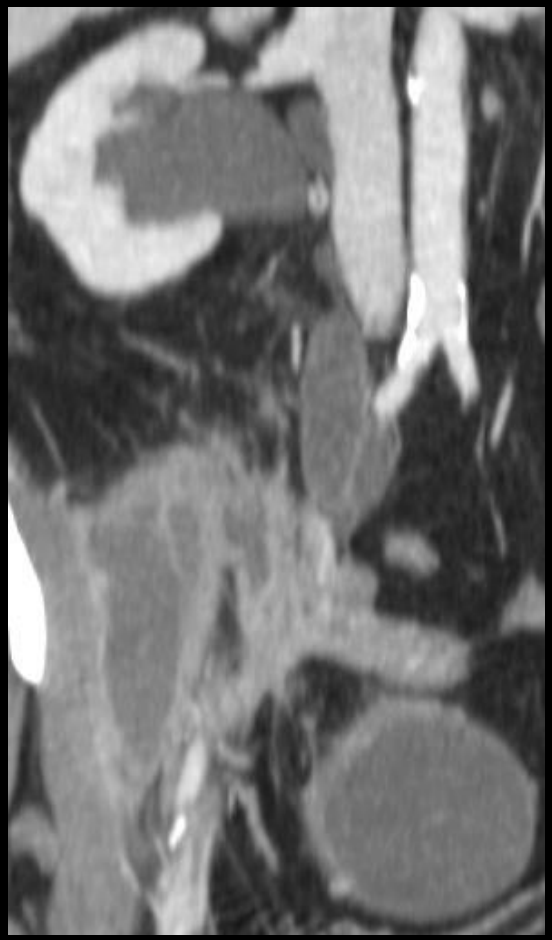


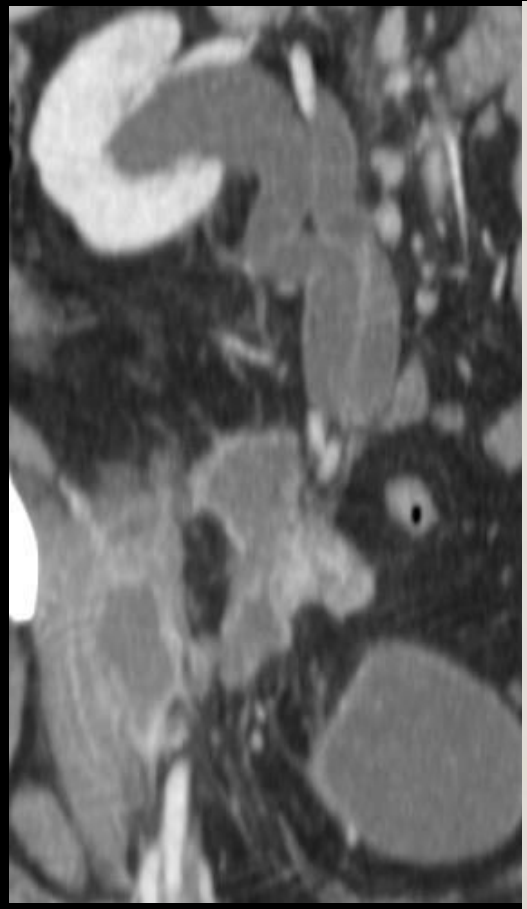


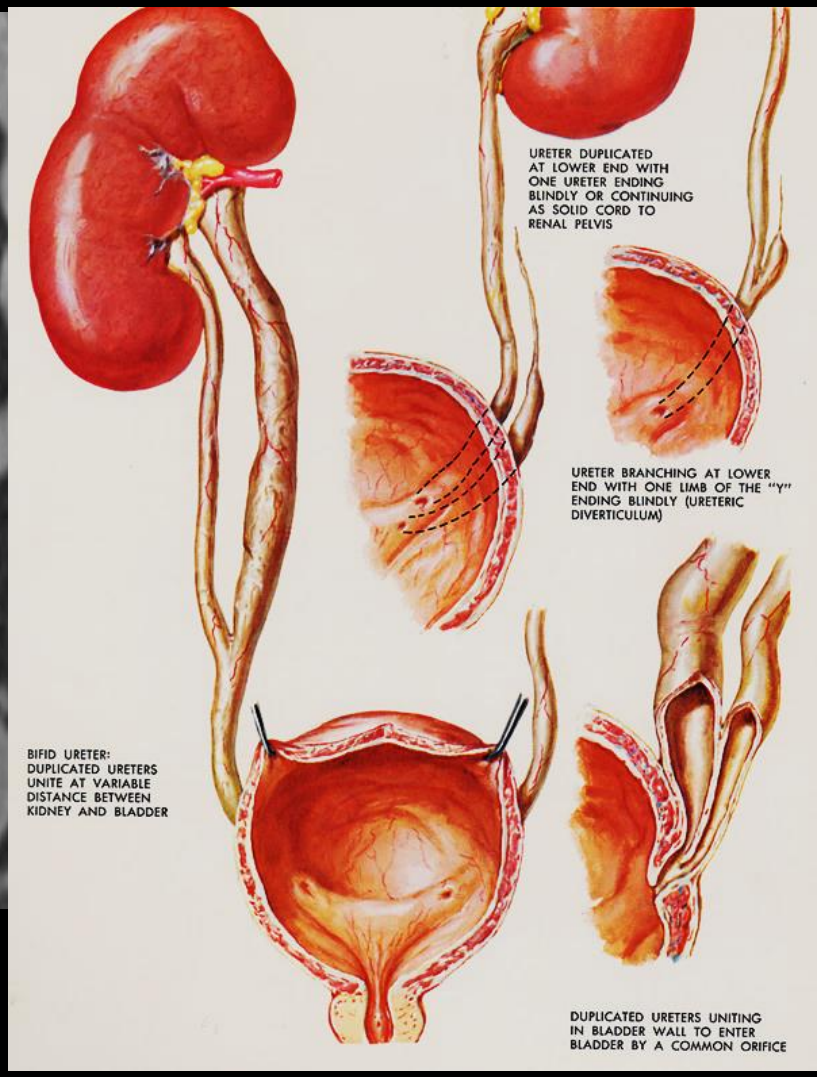




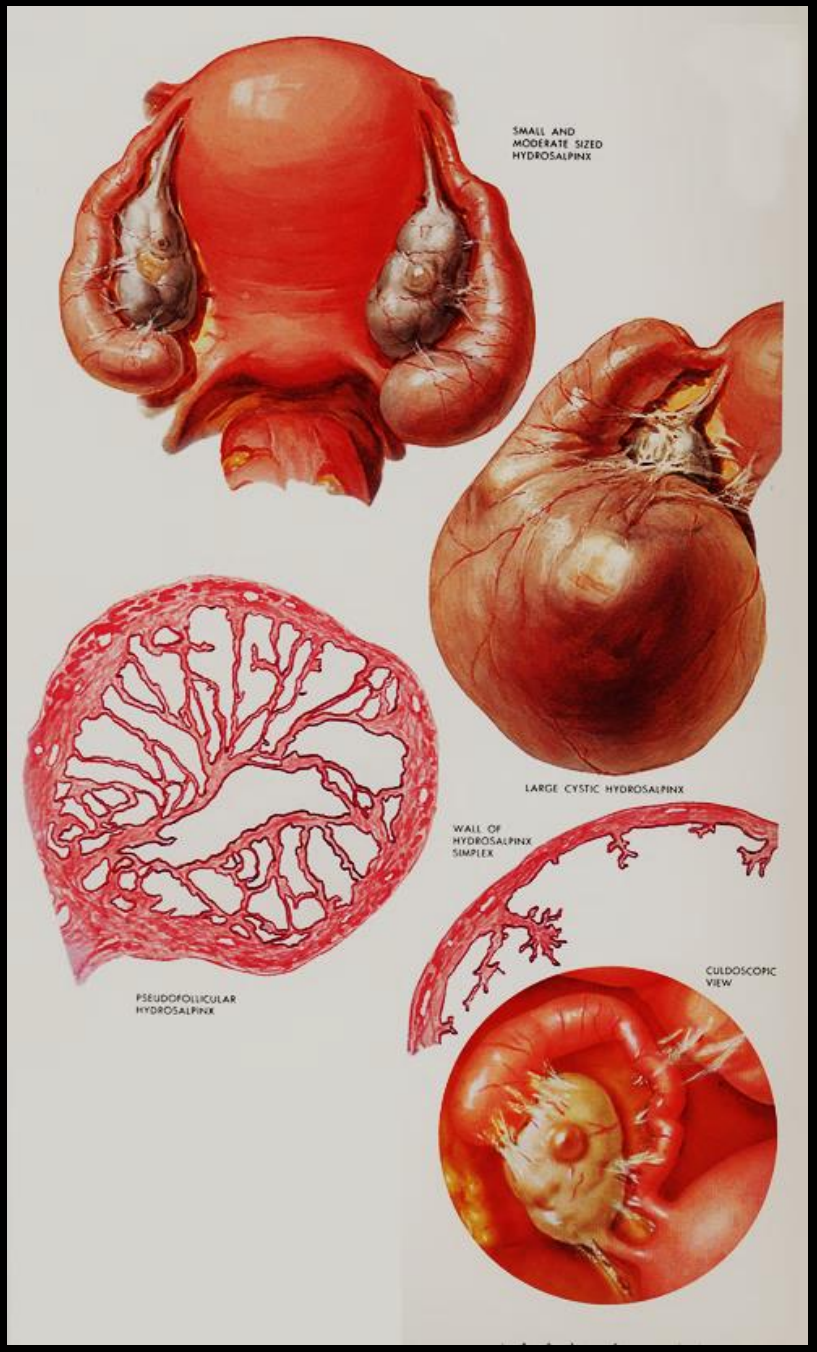






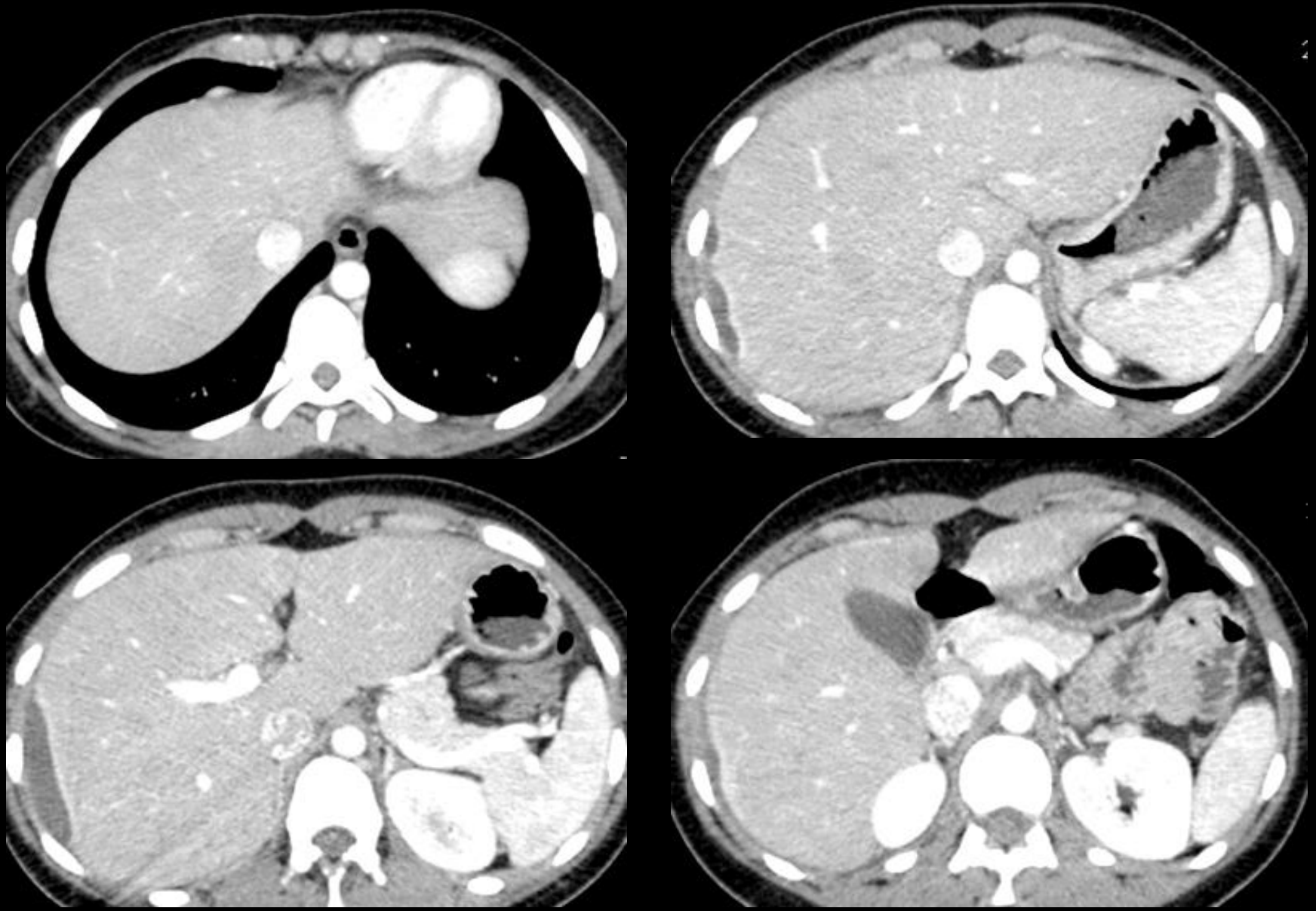


abcès tubo-ovarien "organisé", étendu à la paroi pelvienne, sur DIU (à 52 ans …); probable **actinomycose** – système excréteur urinaire double de type bifidité

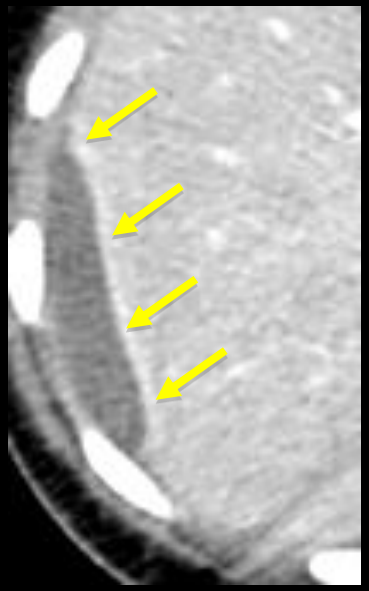

SMALL AND
MODERATE SIZED
HYDROSALPINX
LARGE CYSTIC HYDROSALPINX
WALL OF
HYDROSALPINX
SIMPLEX
CULDOSCOPIC
VIEW
PSEUDOFOLLICULAR
HYDROSALPINX

salpingite

Patiente de 26 ans.
Douleurs abdomino pelviennes fébriles mal systématisées, latéralisées à droite.
Appendicite aigüe?

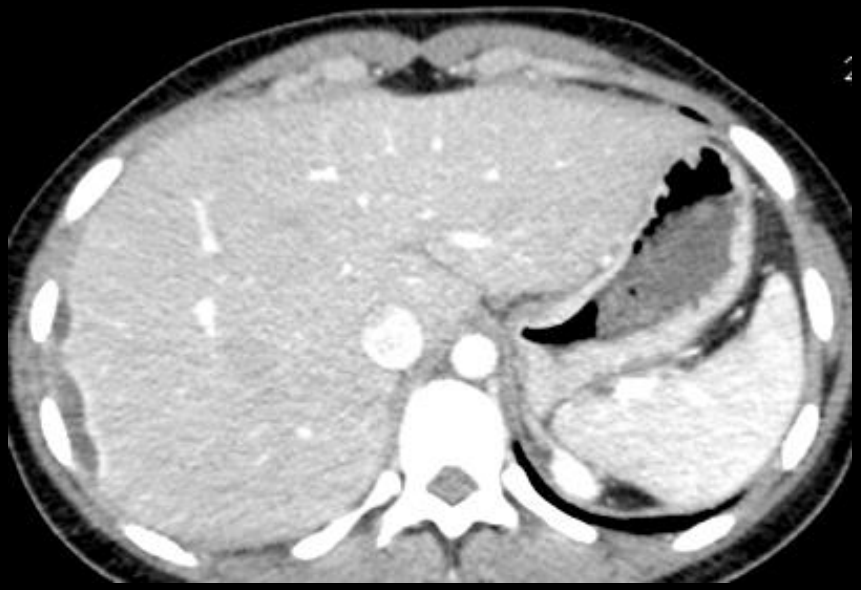


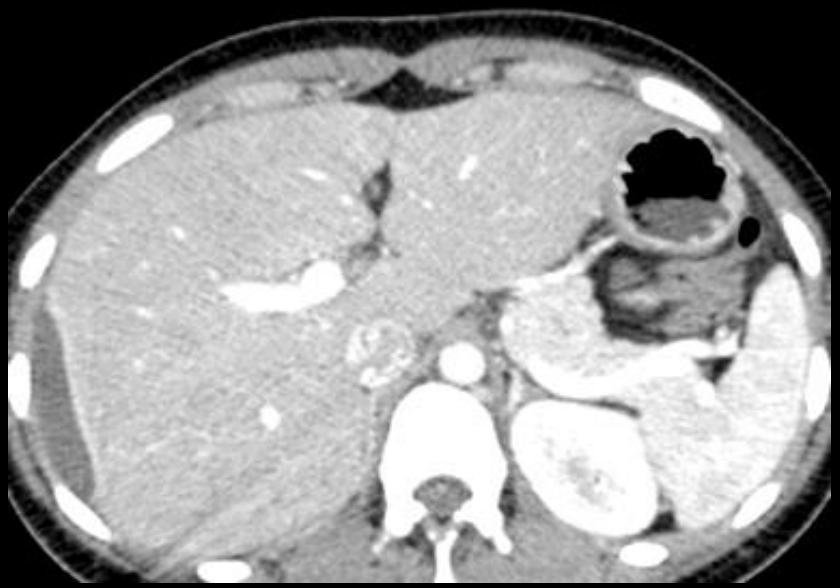
Patiente de 26 ans.
Douleurs abdomino pelviennes mal systématisées, plutôt latéralisées à droite.
Appendicite aigüe?

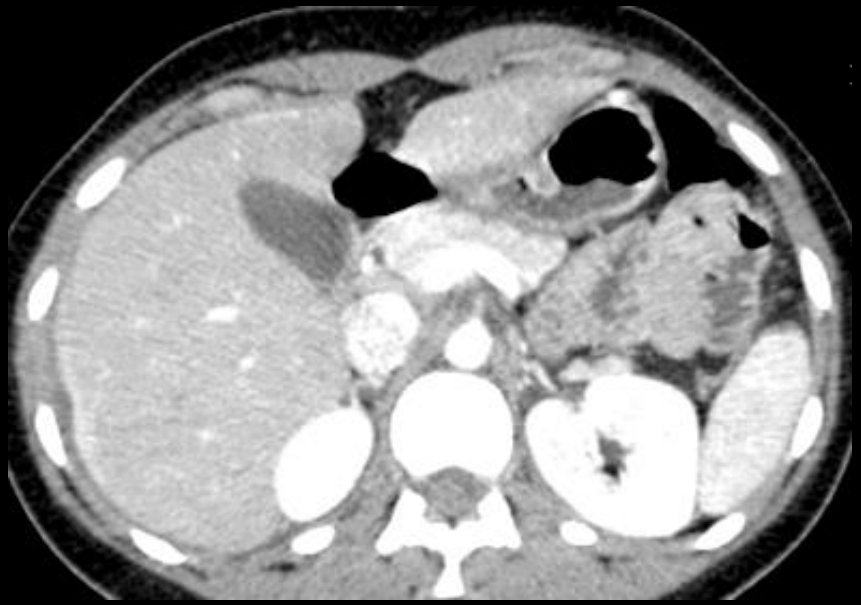


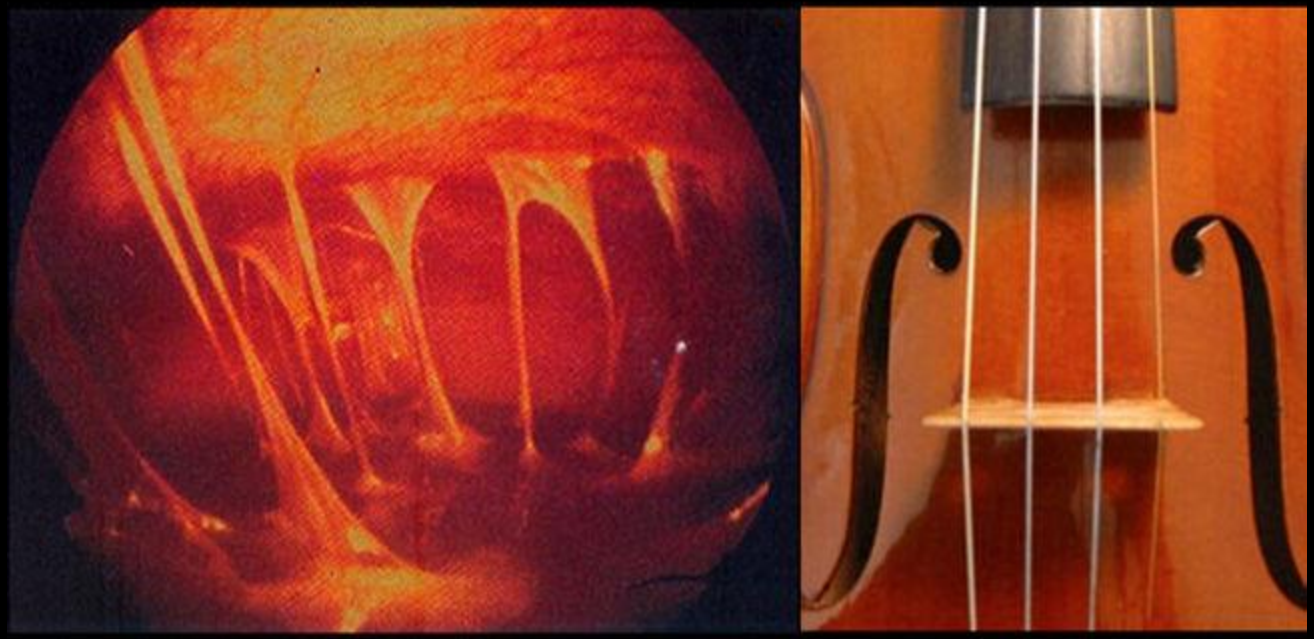
Collection péri hépatique bien limitée.

Intense prise de contraste capsulaire en regard.

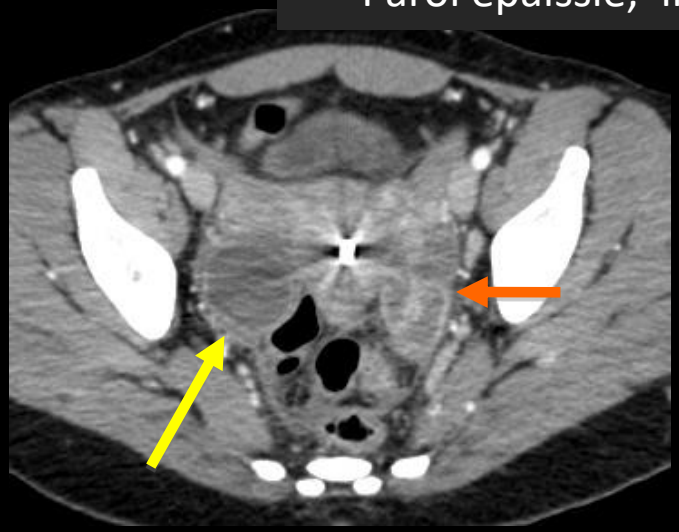


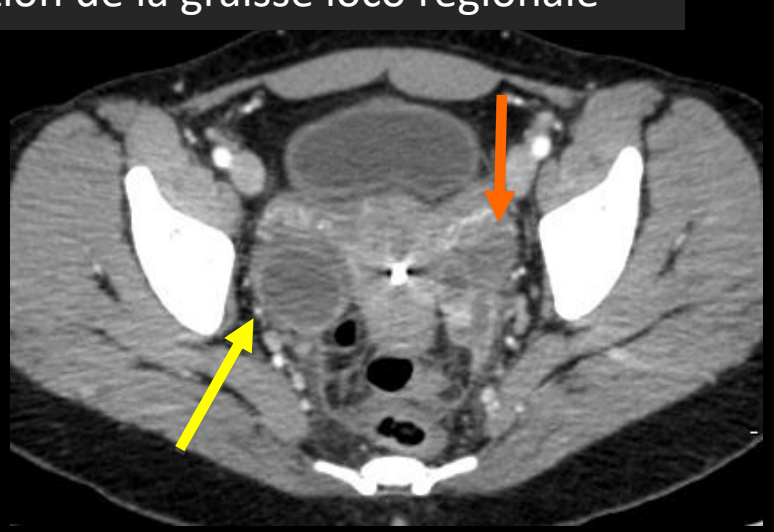


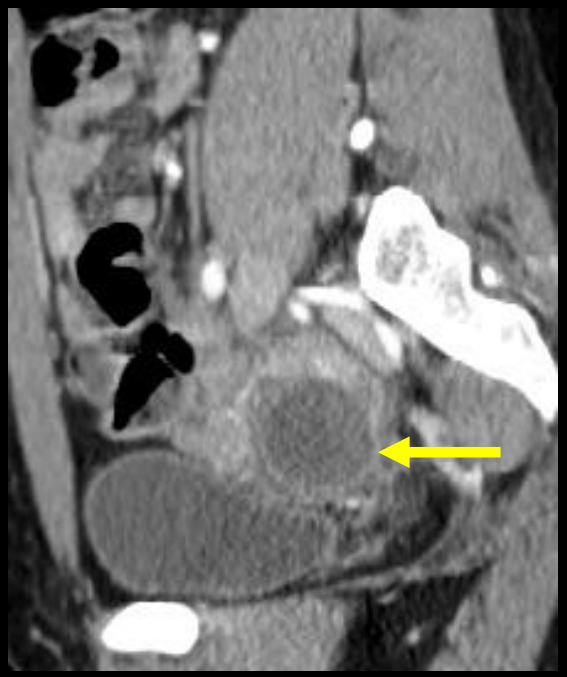


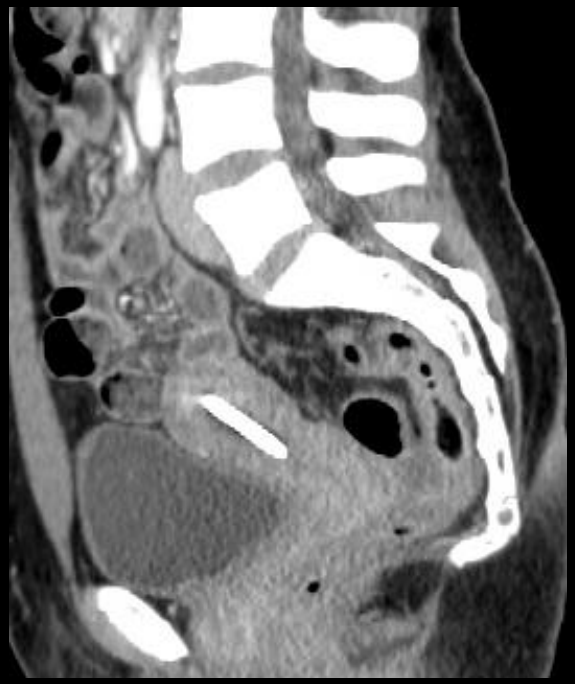


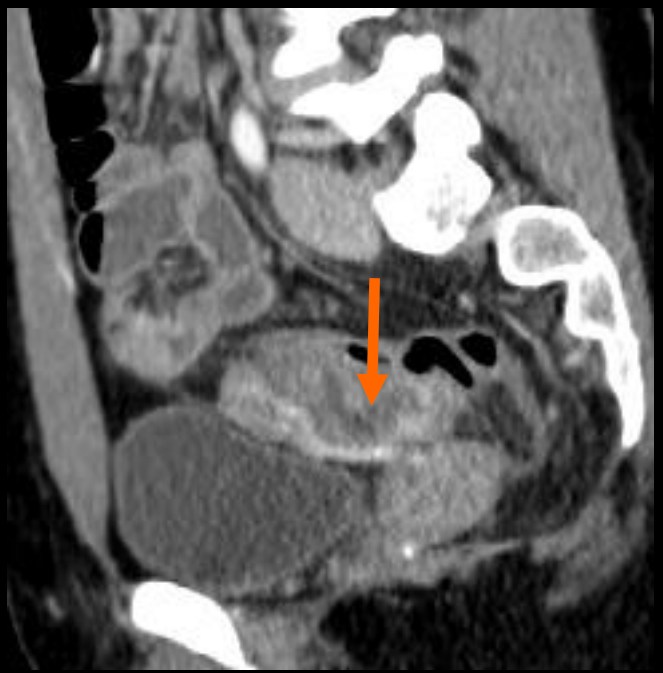
DIU , Abcès tubo ovarien gauche
Hydrosalpinx droit « réchauffé » par une infection récente
Paroi épaissie, infiltration de la graisse loco régionale



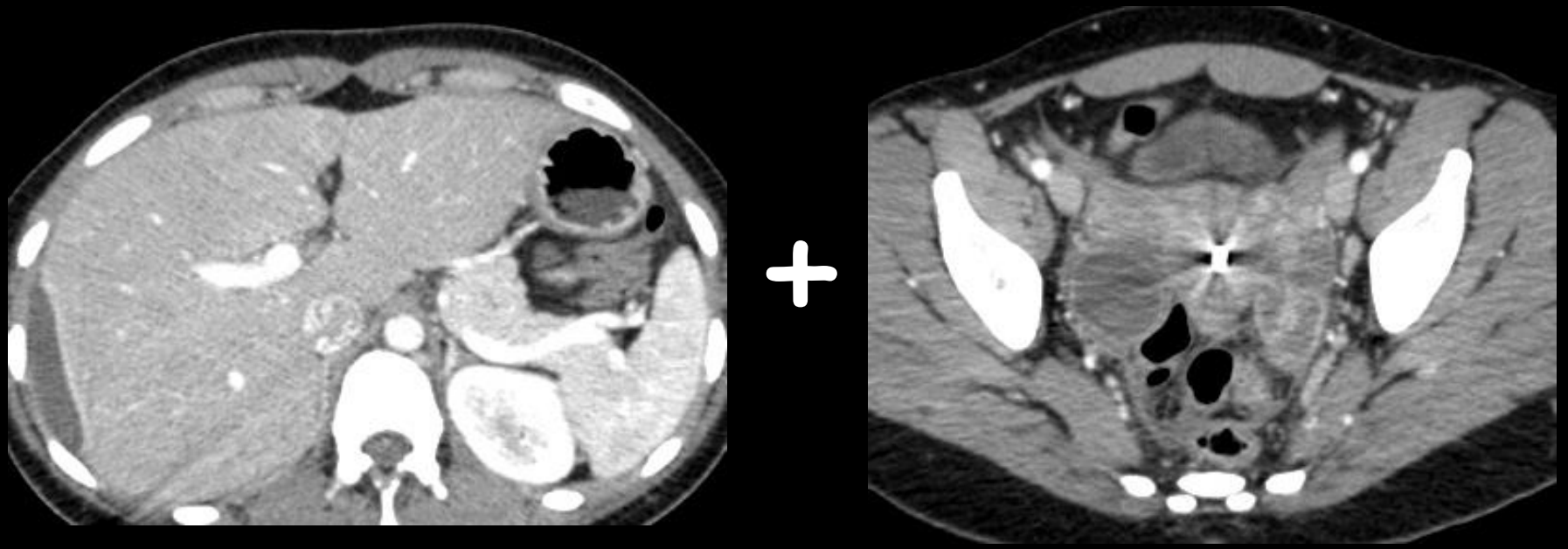






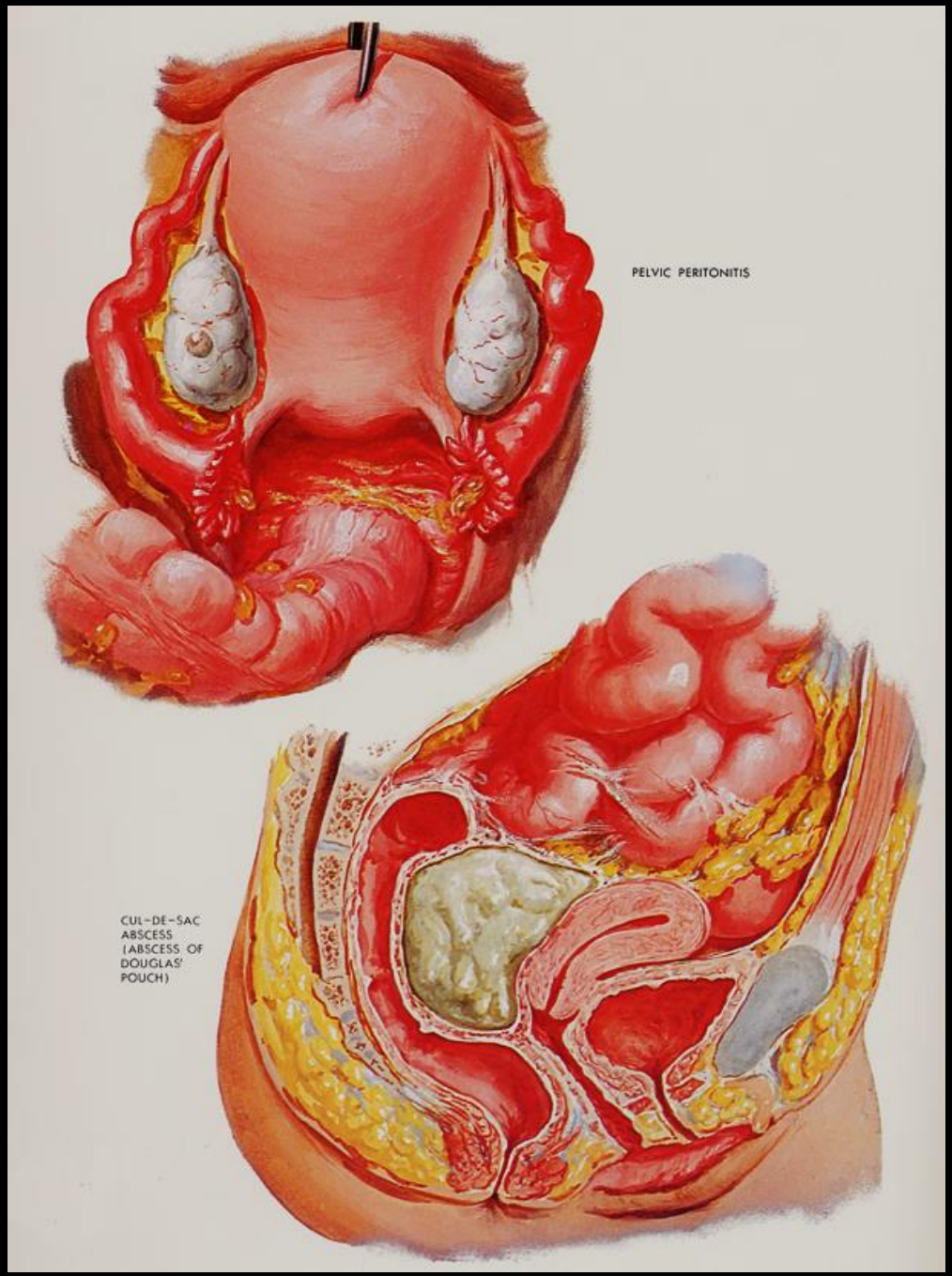


Un diagnostic….

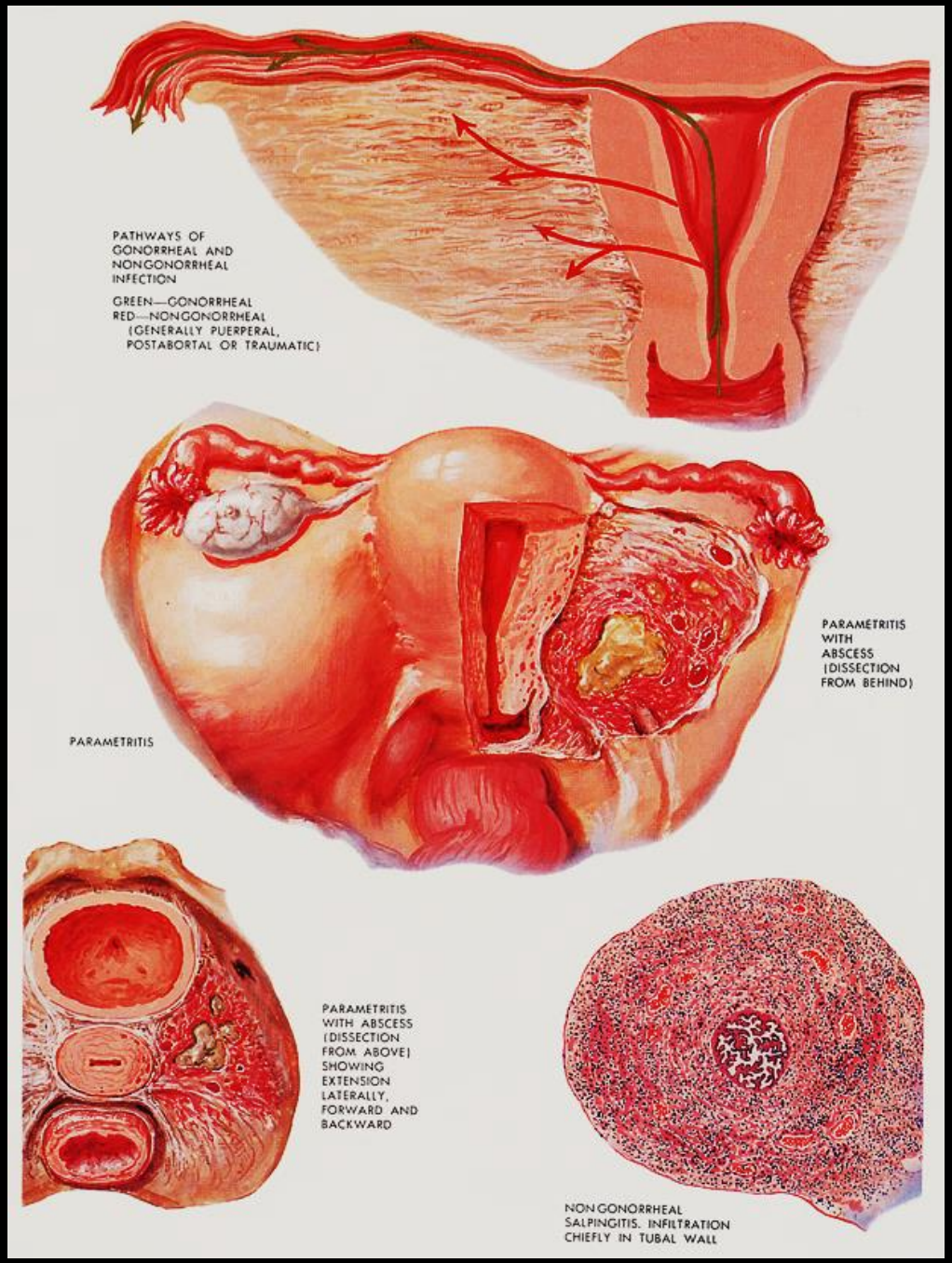


= **Syndrome de Fitz-Hugh-Curtis**

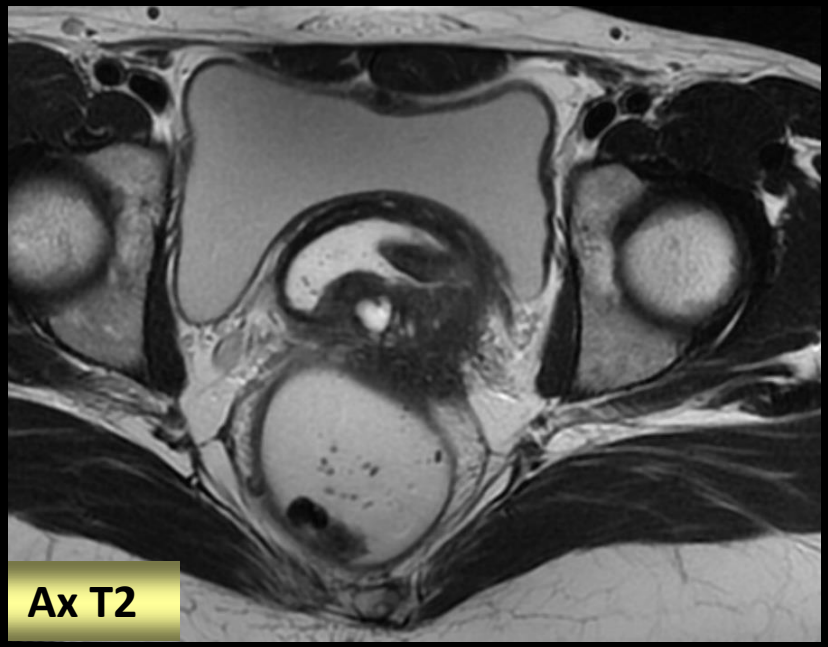
Confirmation d’une infection génitale basse à
Chlamydia trachomatis

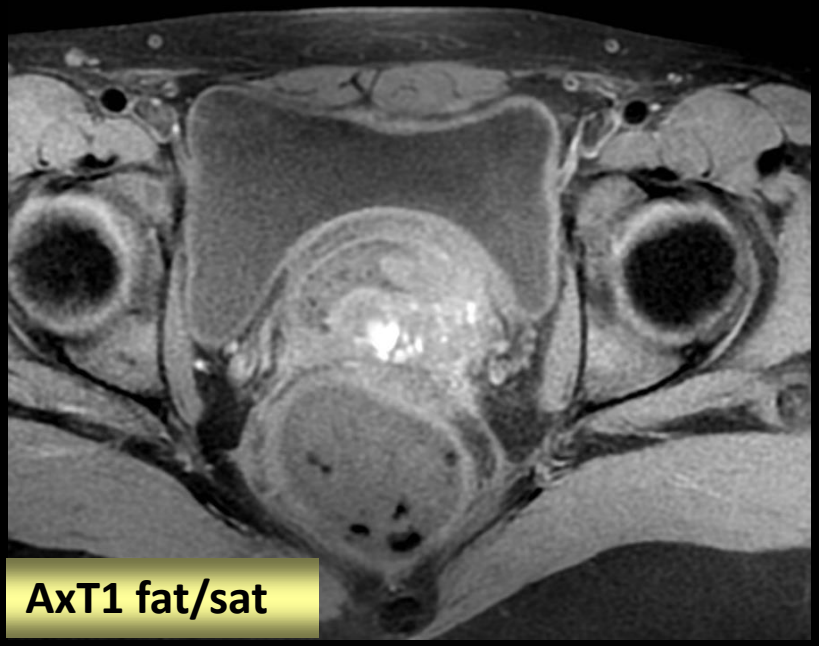


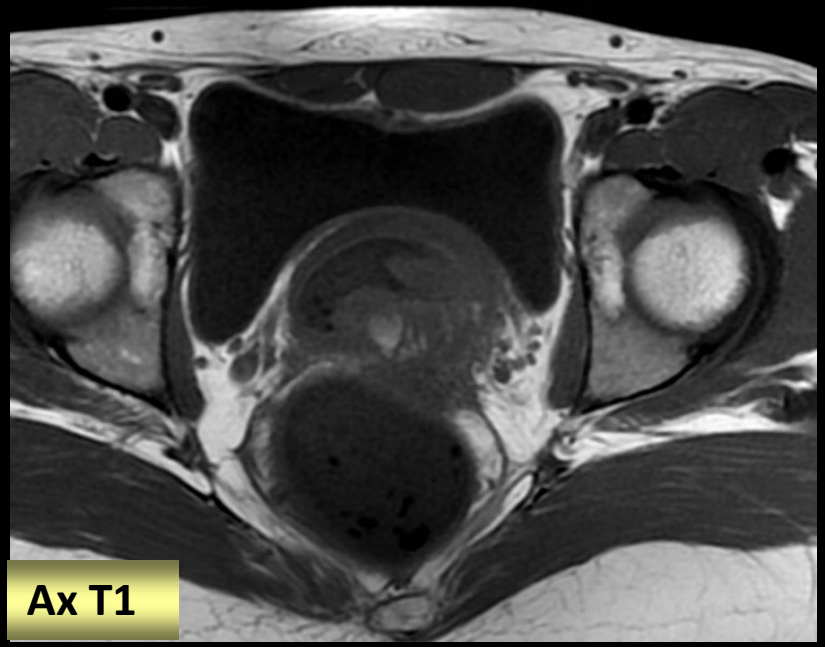
salpingite,
pelvipéritonite

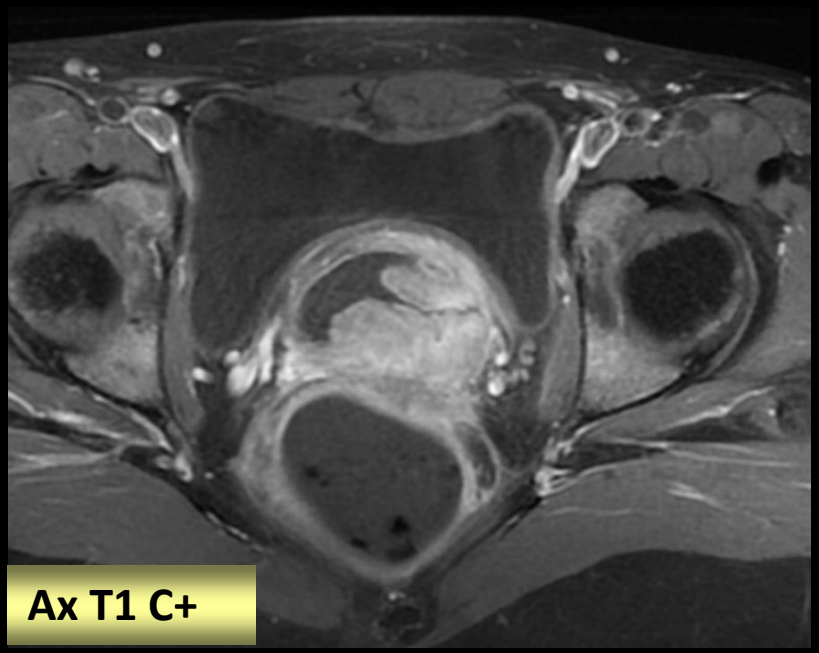


salpingite, abcès tubo-ovarien

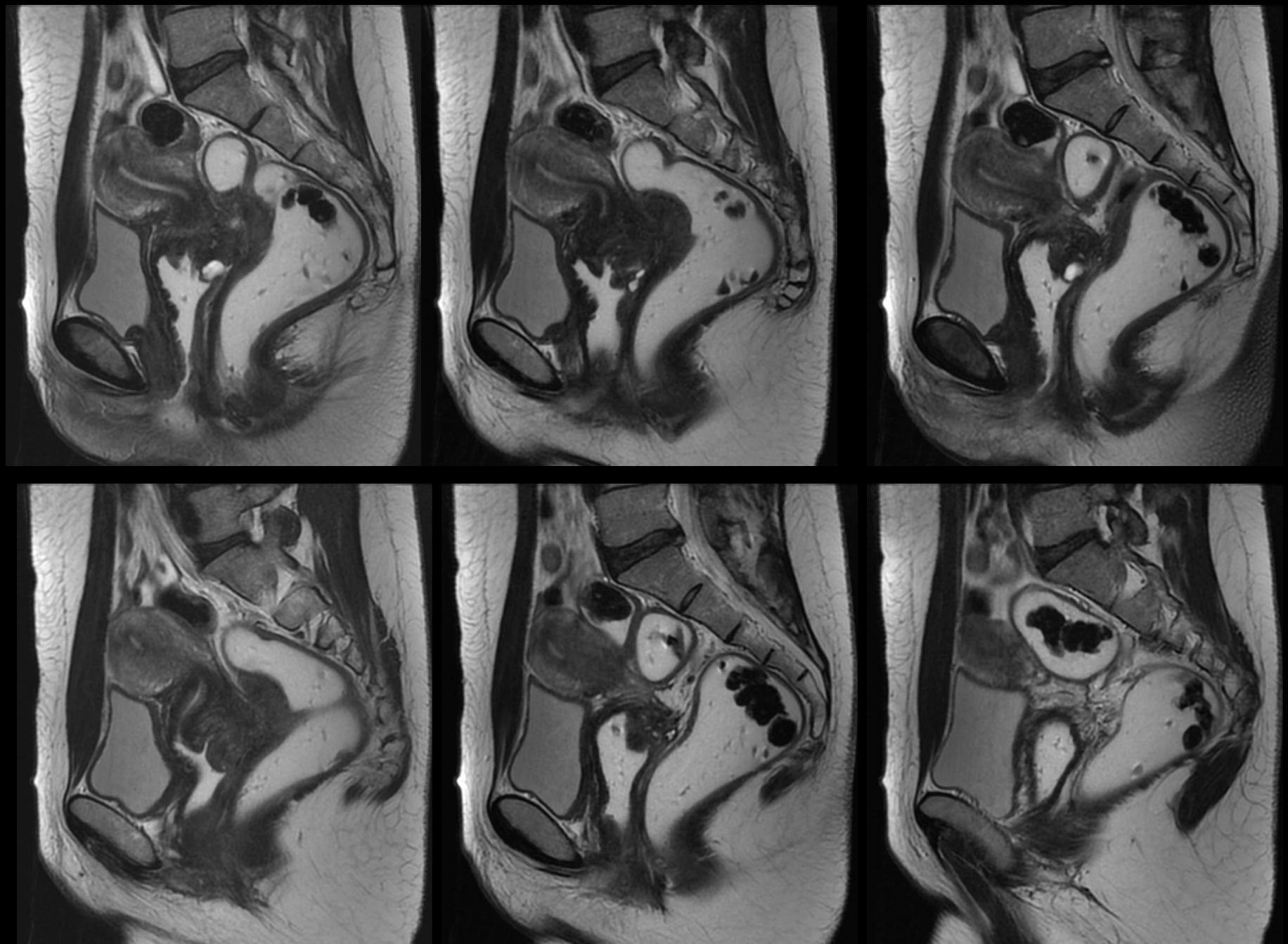

Ax T2

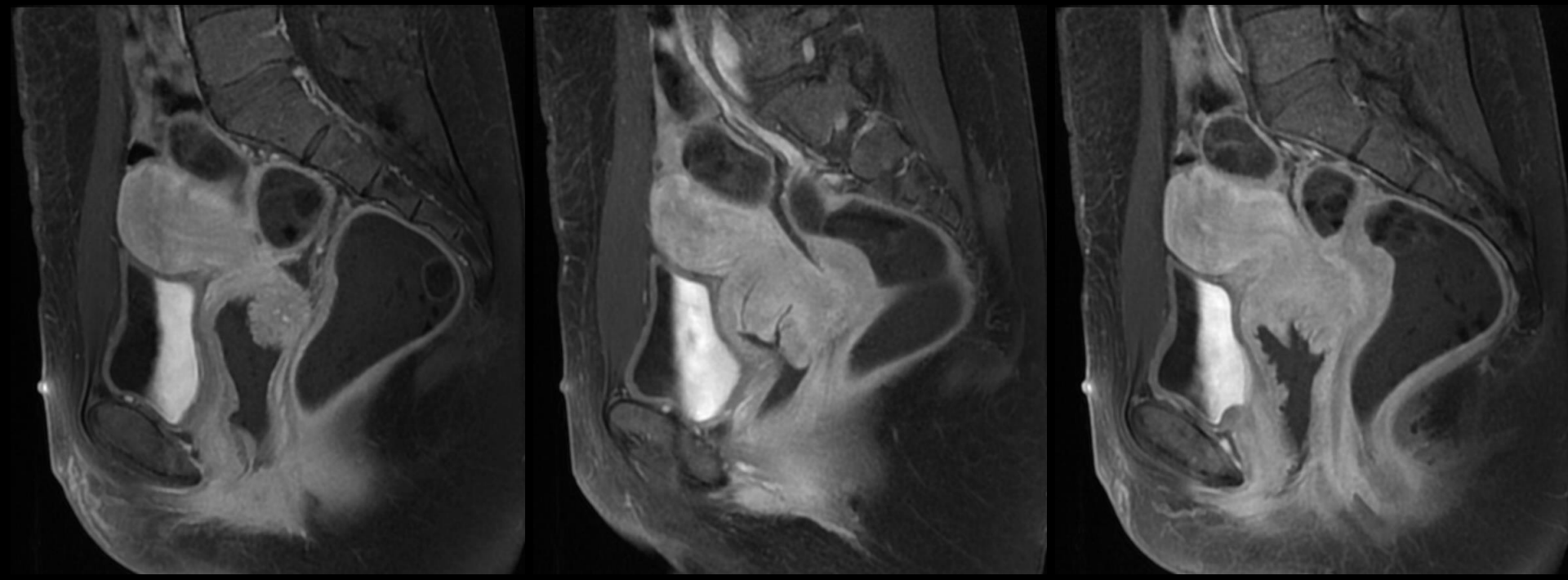

AxT1 fat/sat

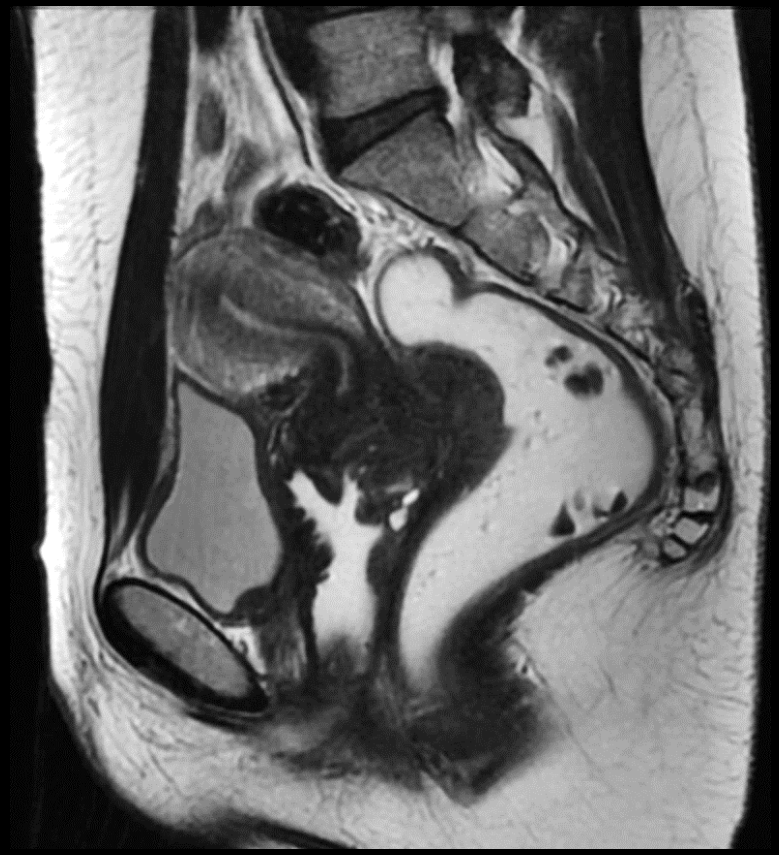

Ax T1

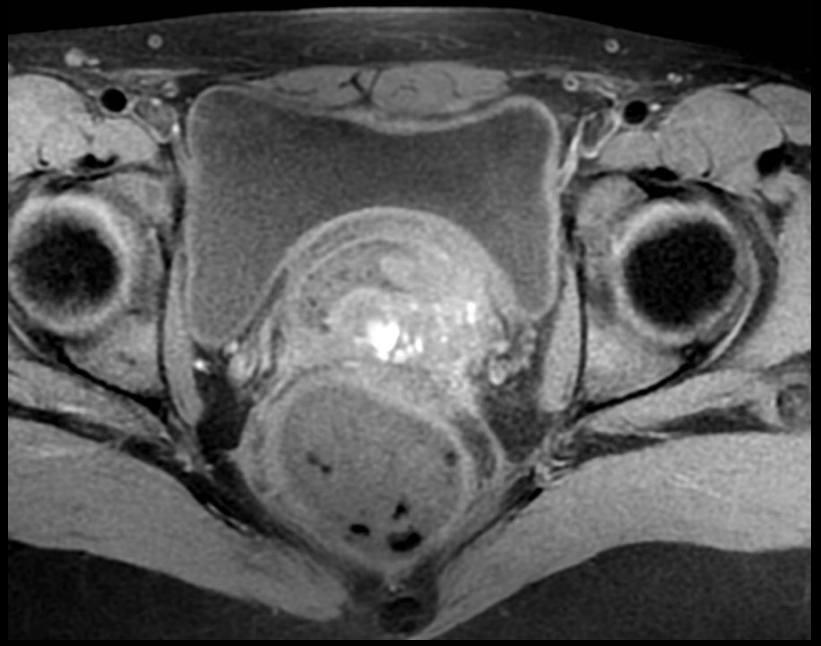

Ax T1 C+

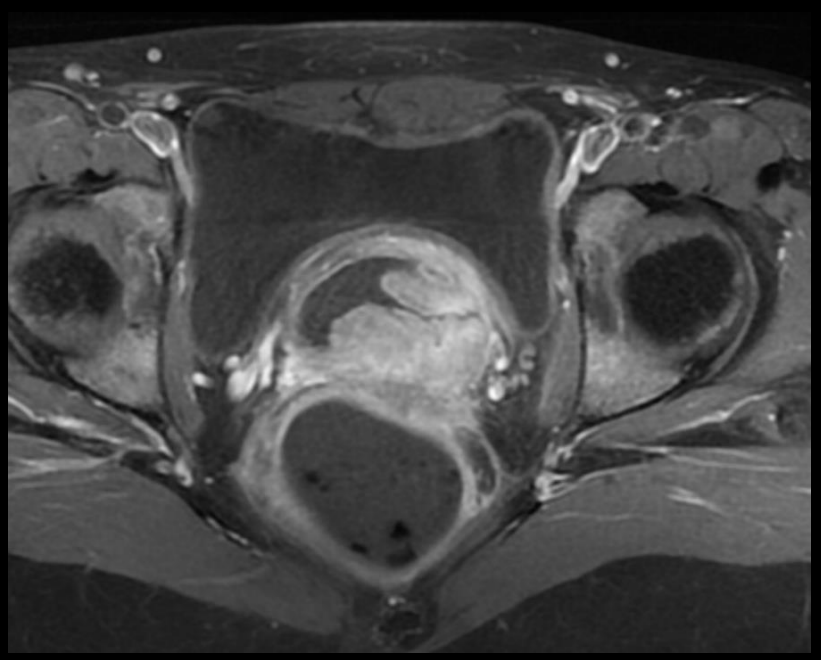
- Métrorragies. Dyspareunies.



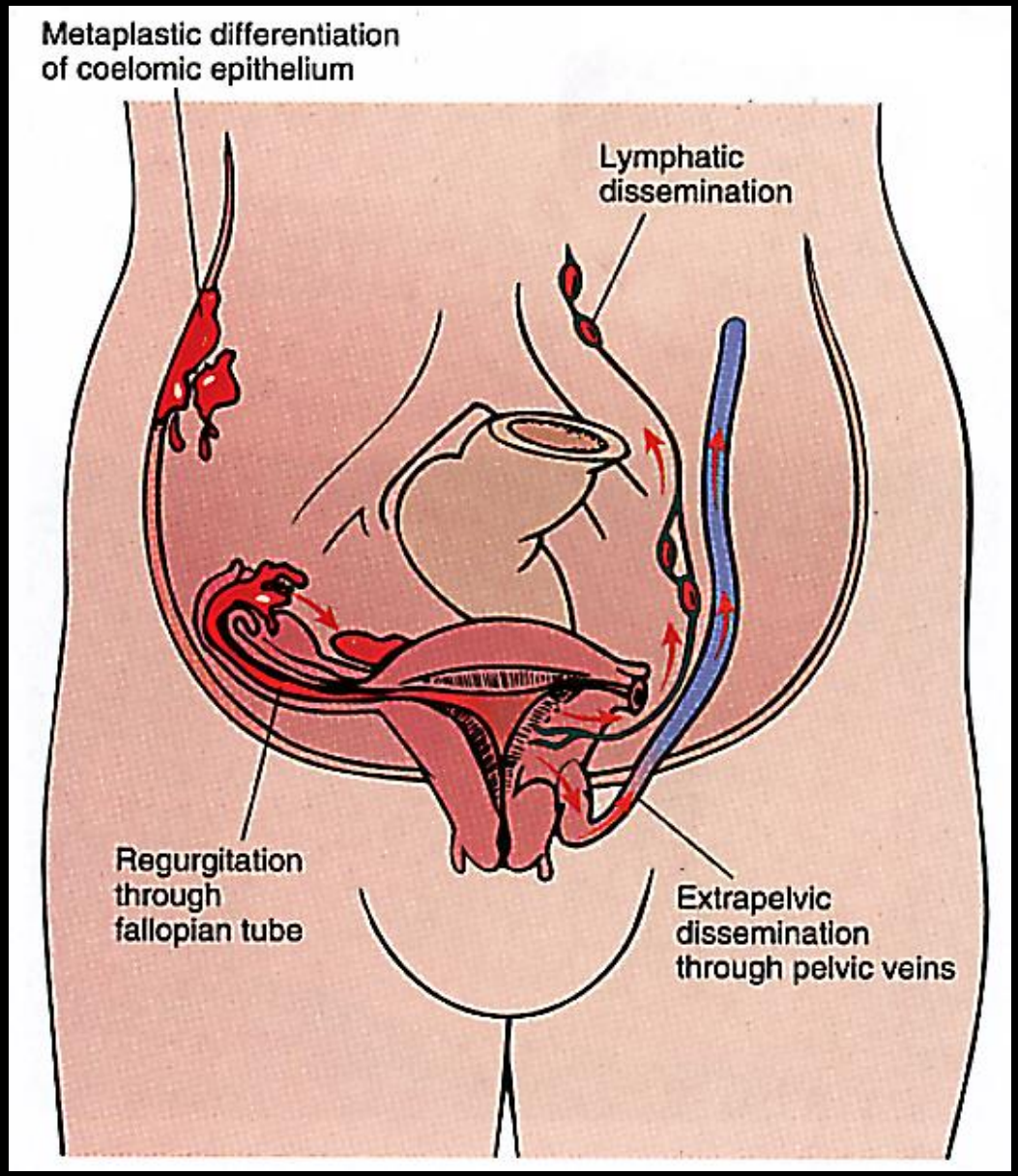


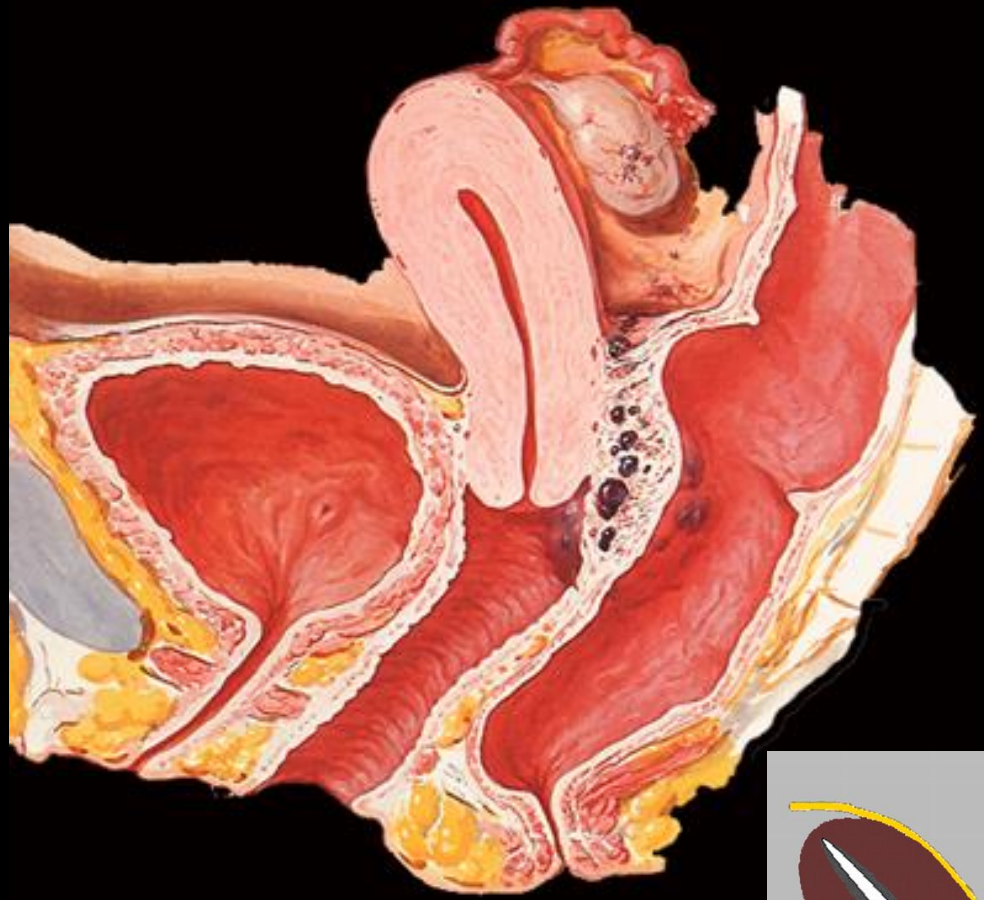




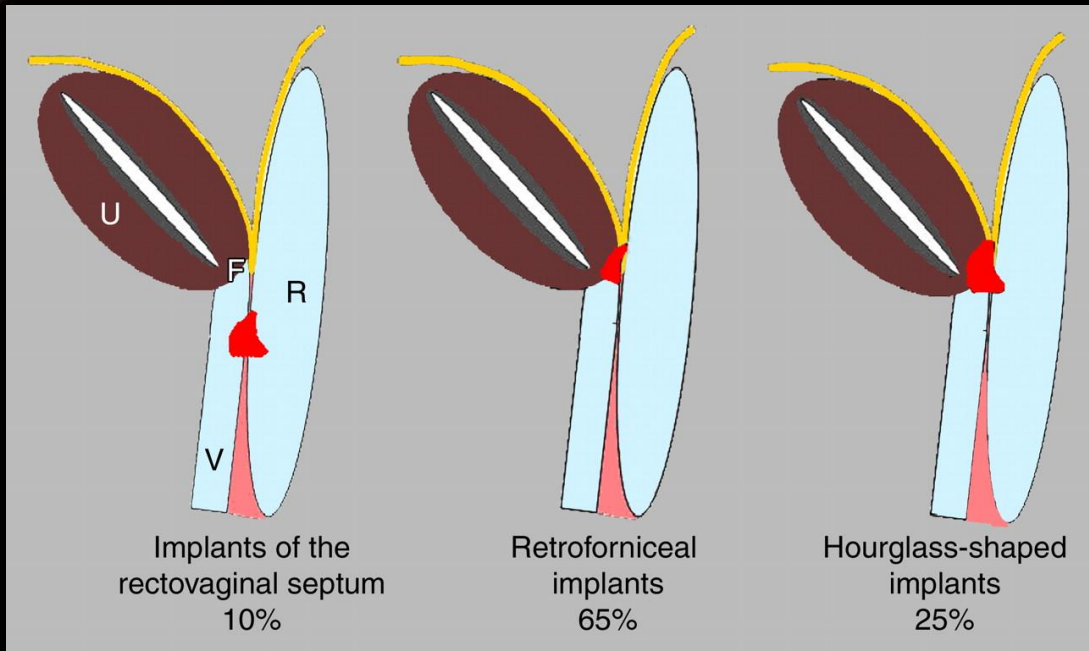


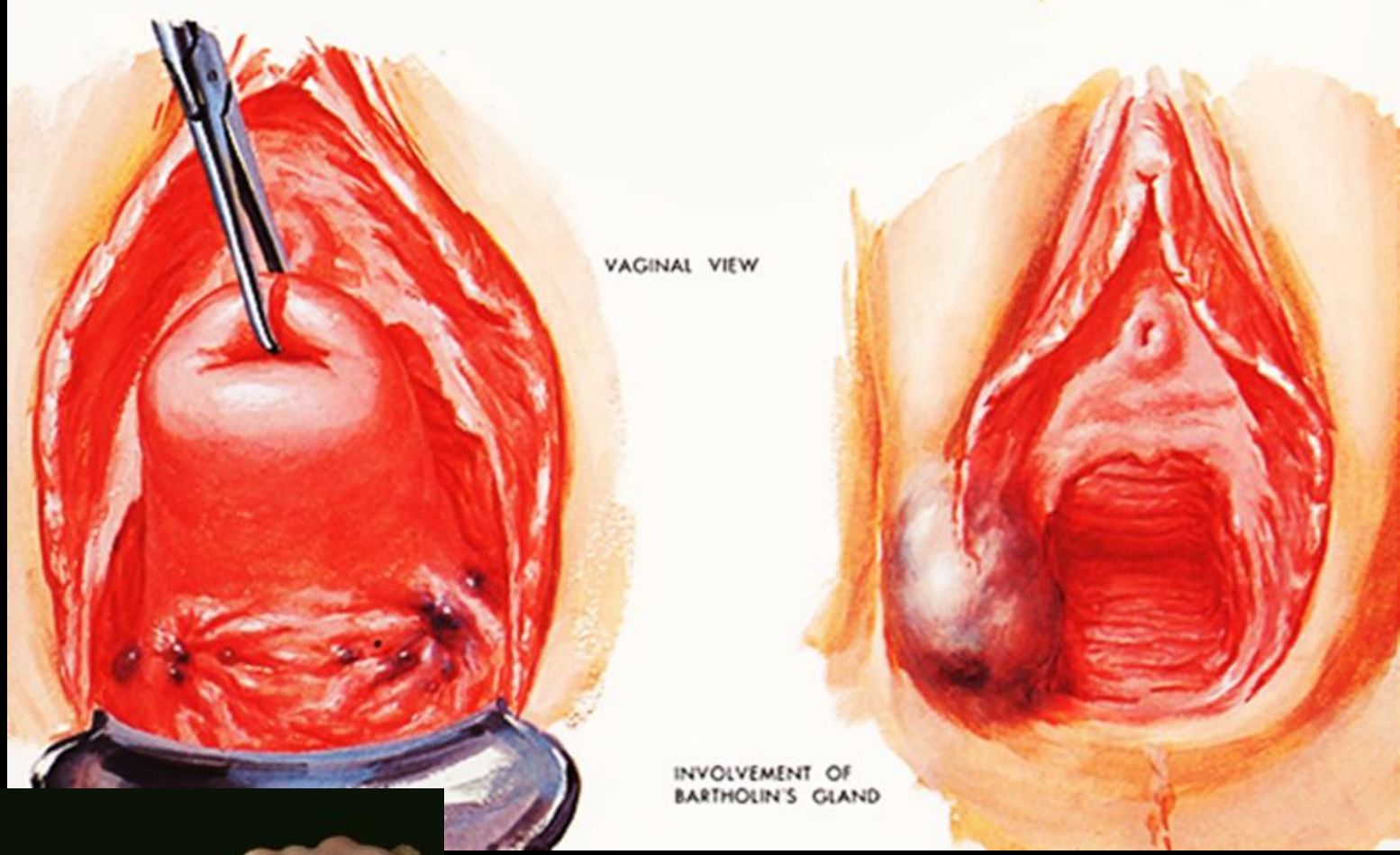
Endométriose pelvienne profonde avec extension sous muqueuse à la paroi antérieure de la charnière recto-sigmoïdienne.

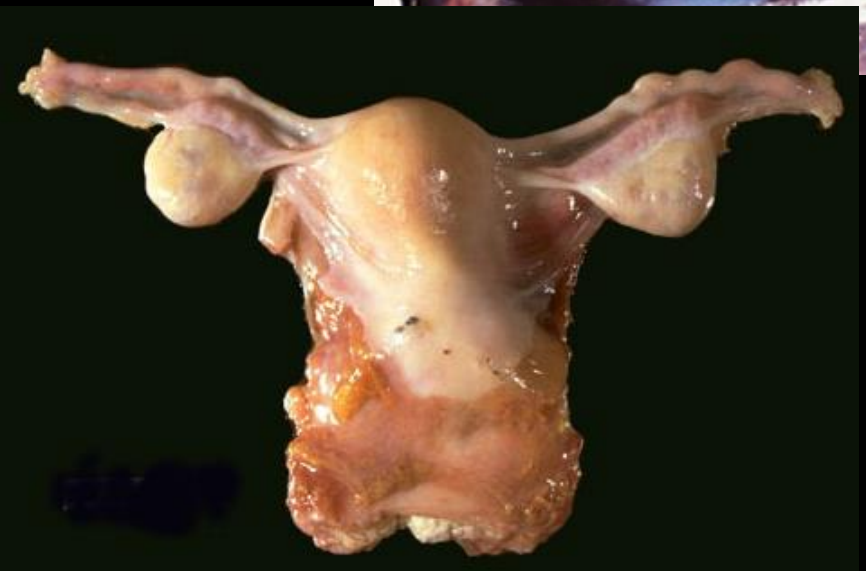

Metaplastic differentiation
of coelomic epithelium
Lymphatic
dissemination
Regurgitation
through
fallopian tube
Extrapelvic
dissemination
through pelvic veins

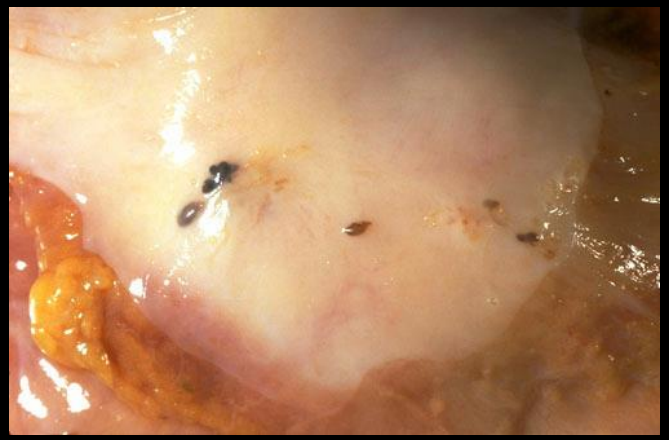


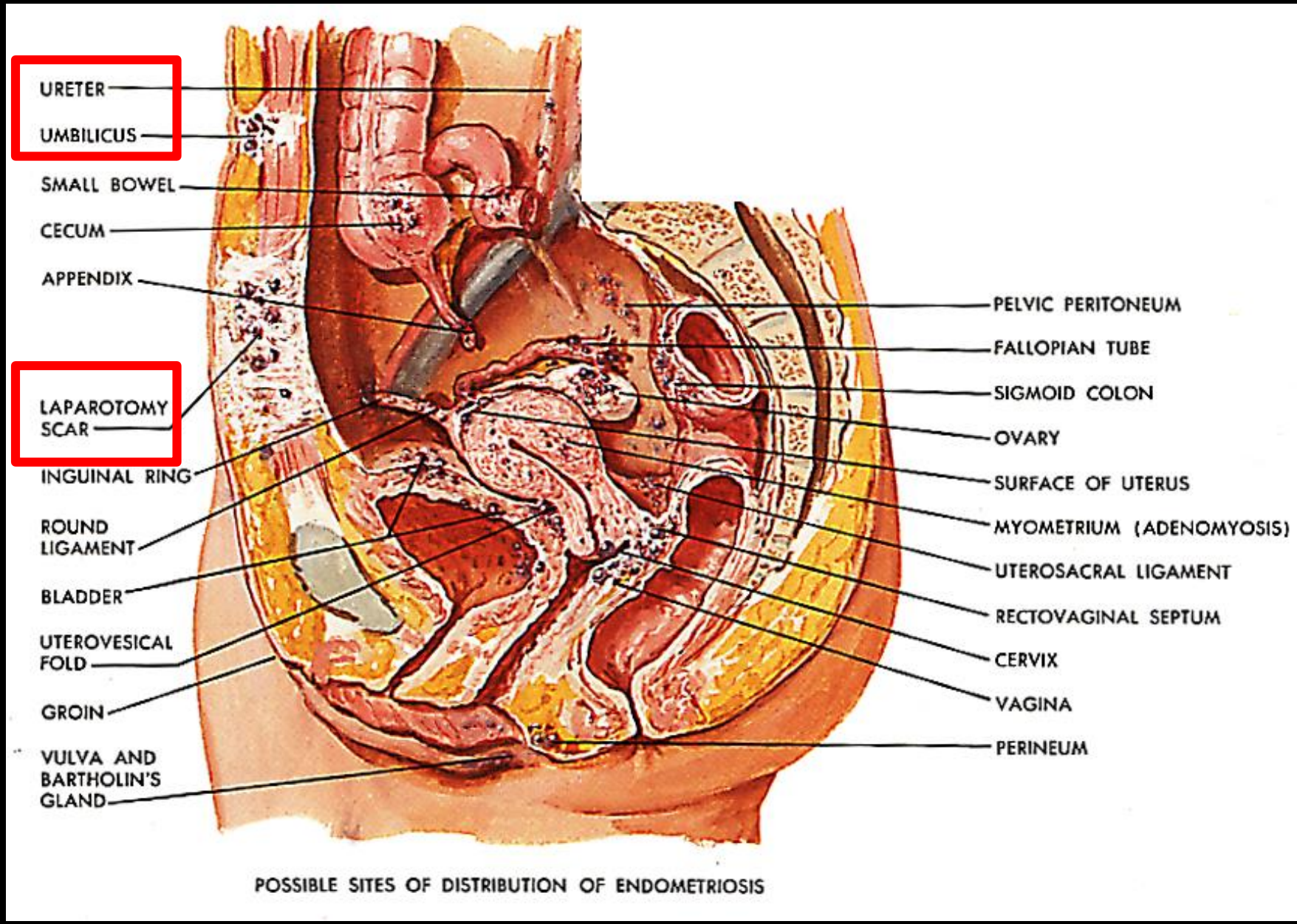
Classification des atteintes du septum recto-vaginal



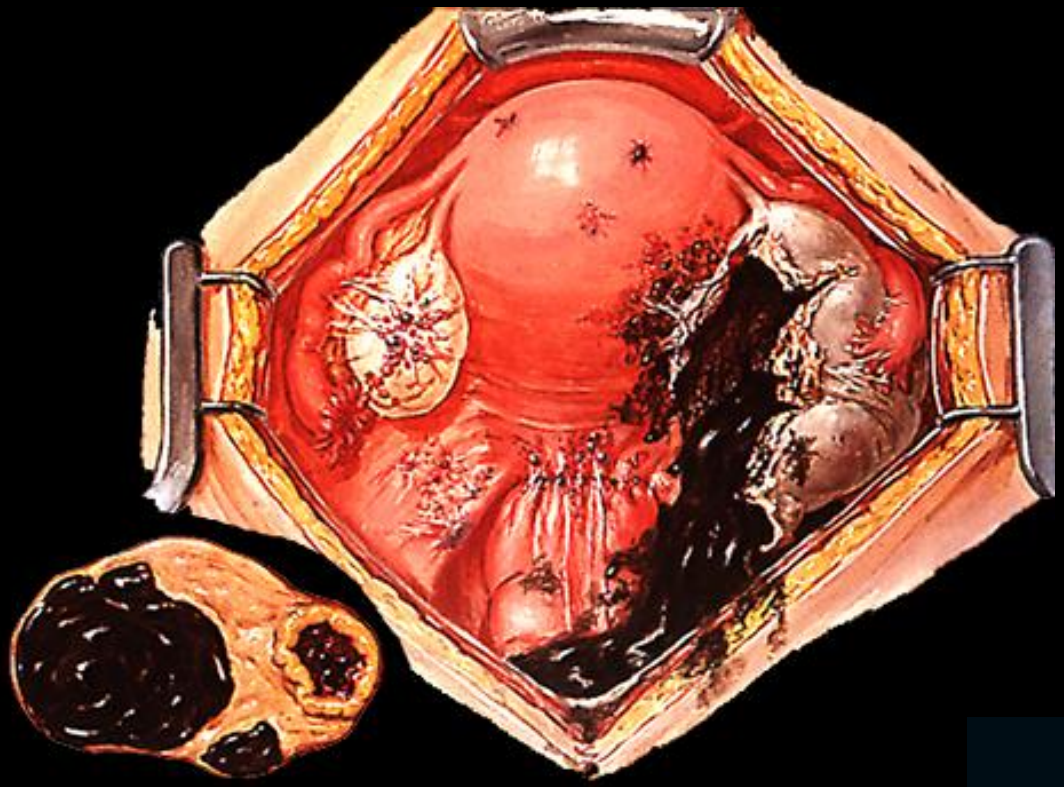

VAGINAL VIEW
INVOLVEMENT OF
BARTHOLIN'S GLAND

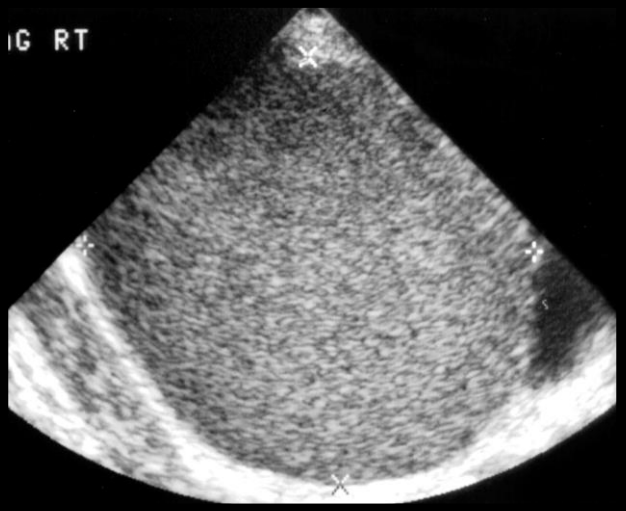






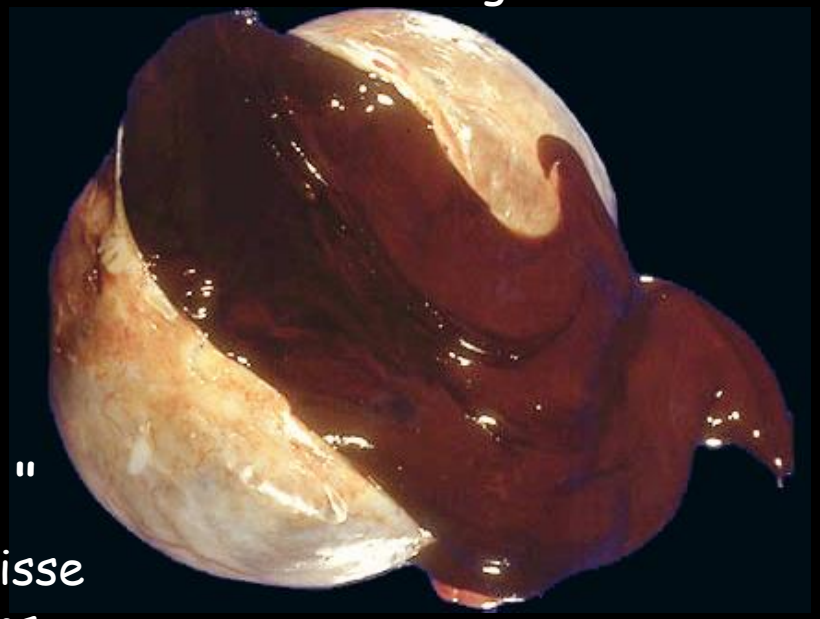
POSSIBLE SITES OF DISTRIBUTION OF ENDOMETRIOSIS

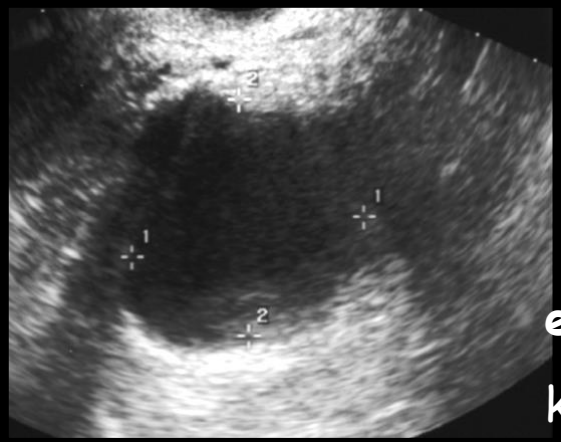




endométriome jeune

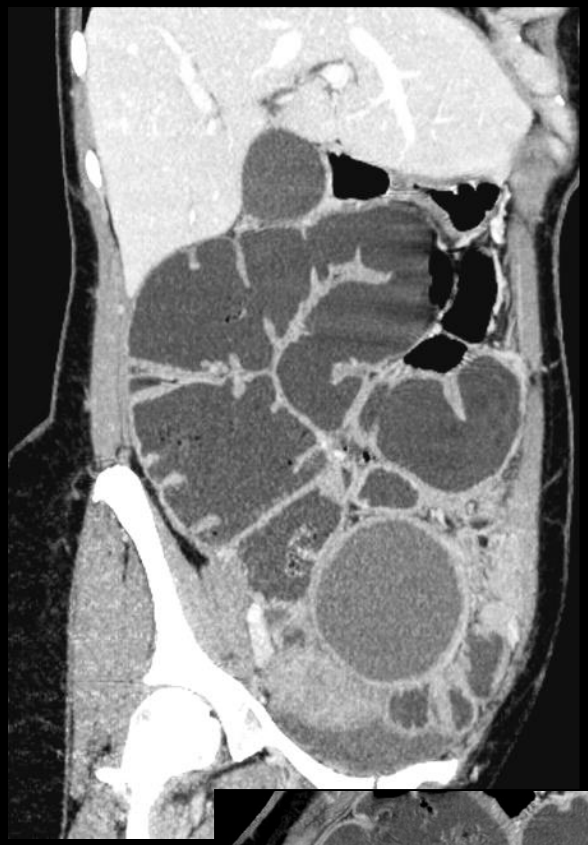
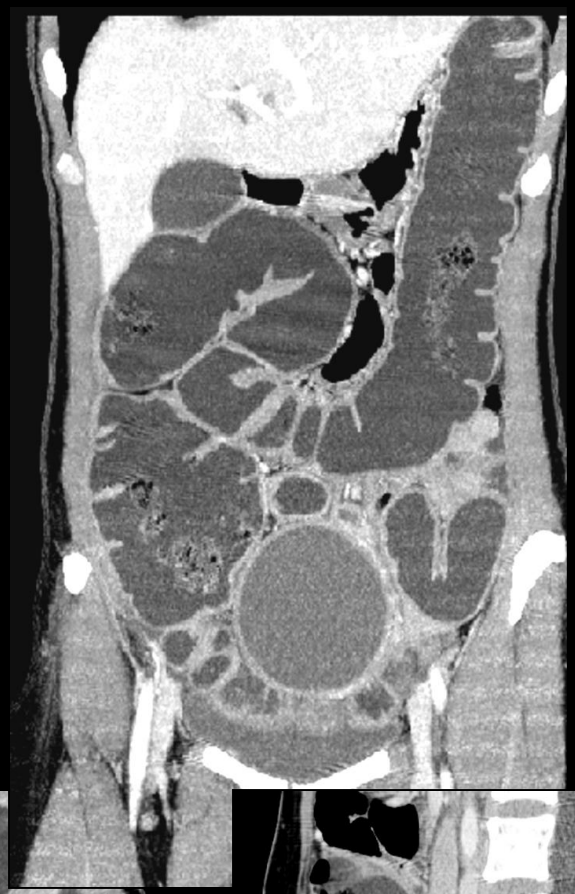
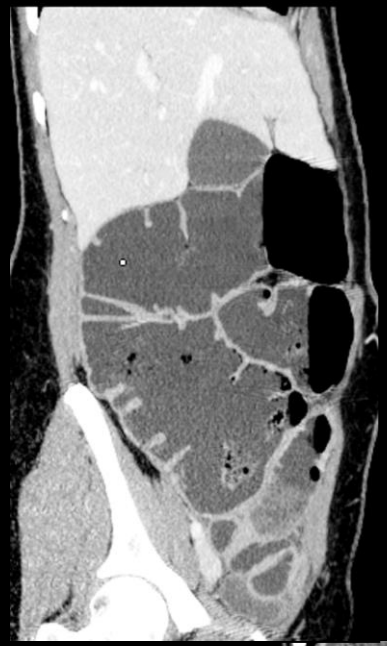
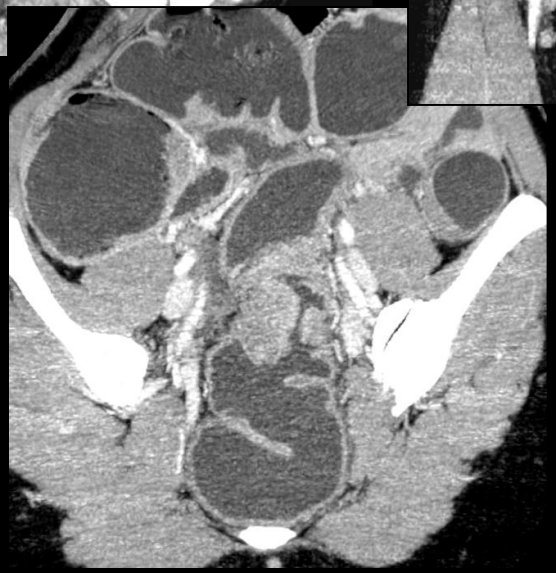
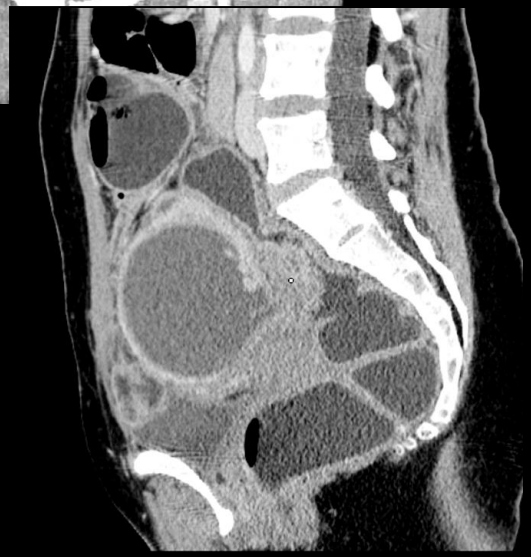
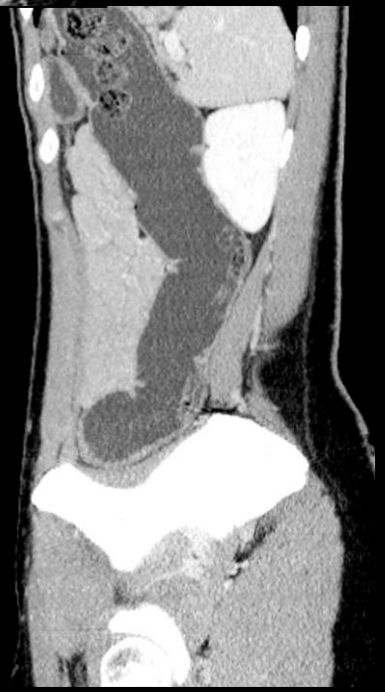
kyste à paroi fine , arrondi , finement échogène

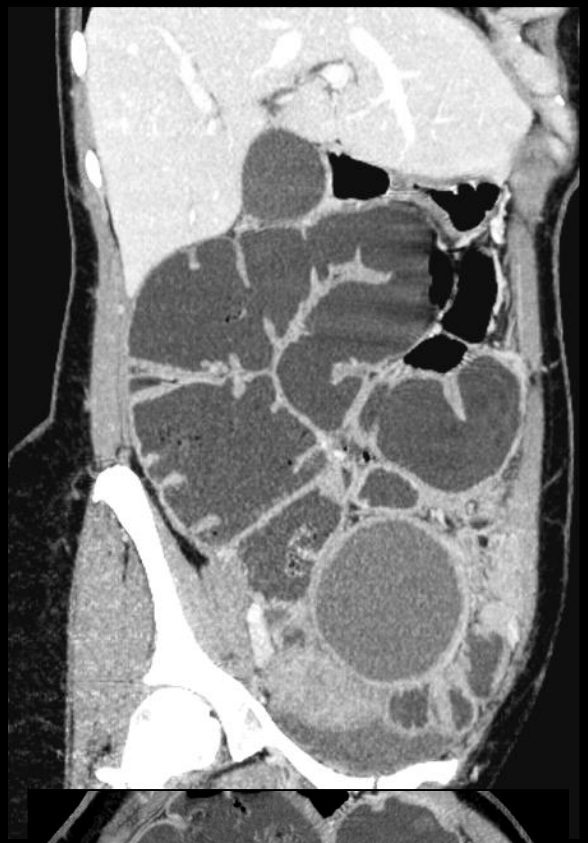


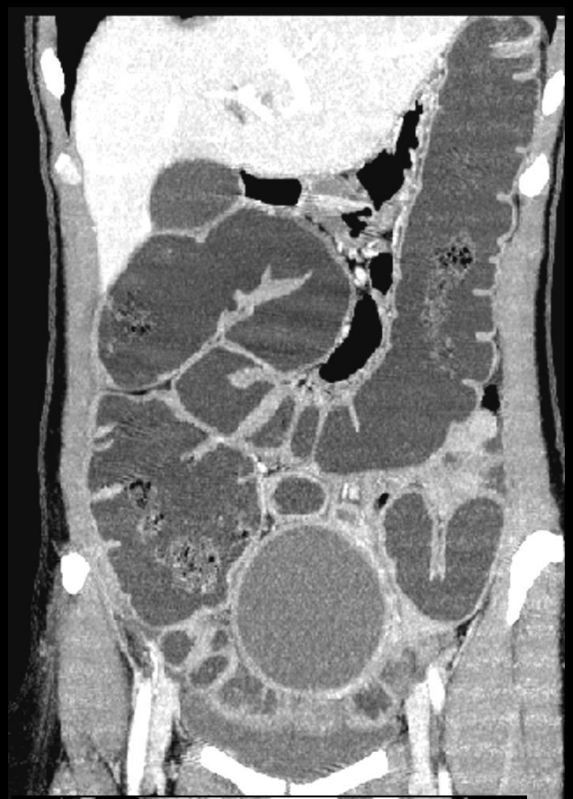


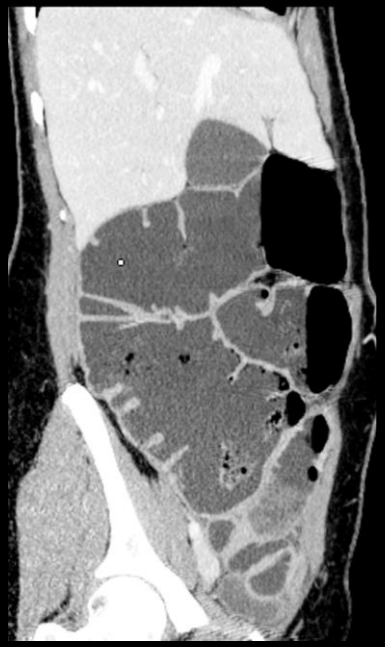
endométriome "vieilli "

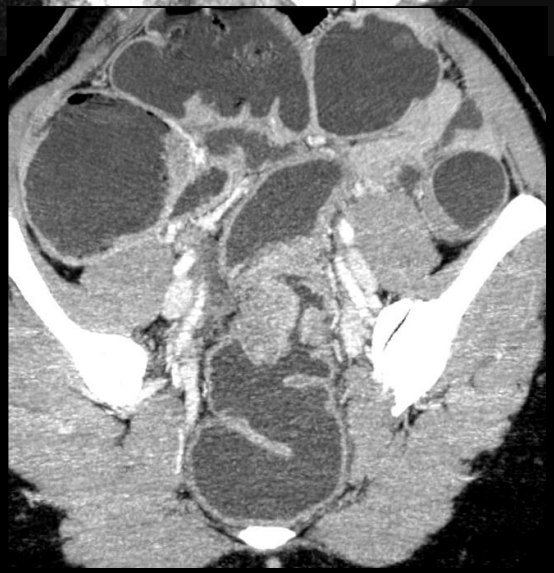
kyste à paroi plus épaisse ;échos déclives,cloisons….

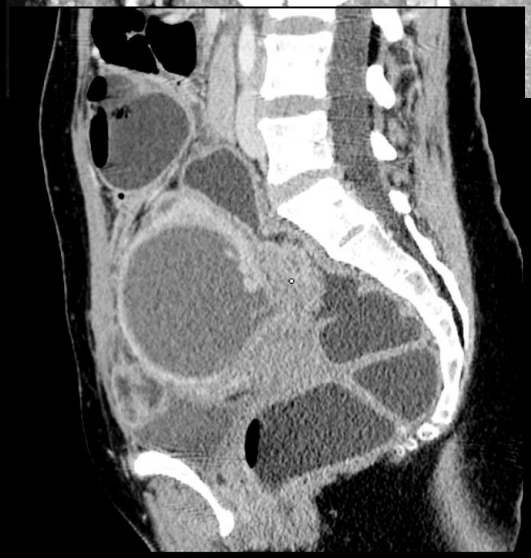













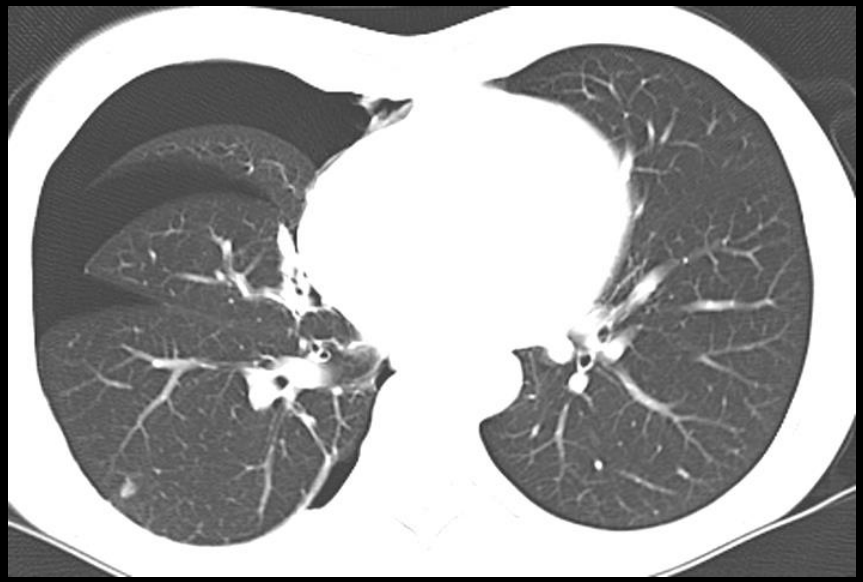


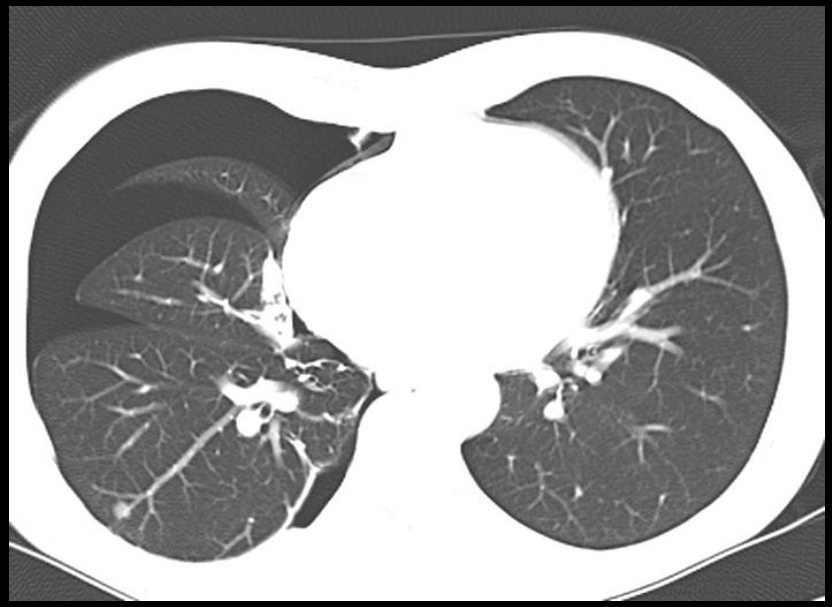


endométriose pelvienne profonde;extension à la face antérieure de la charnière recto-sigmoïdienne

endométriome ovarien droit

....





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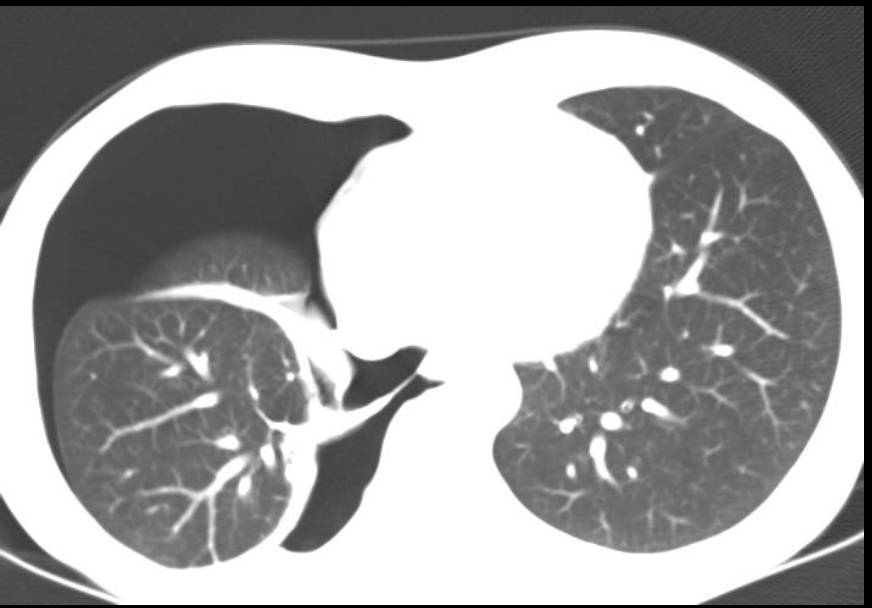
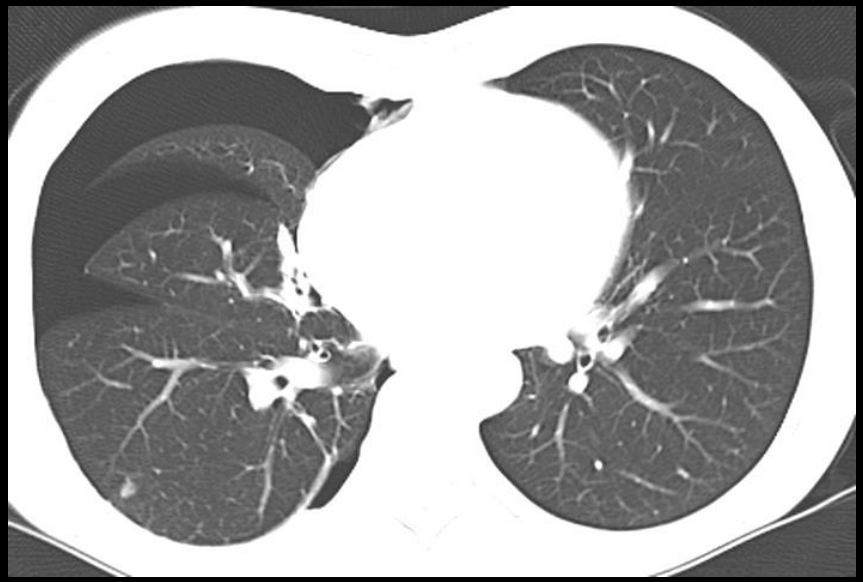
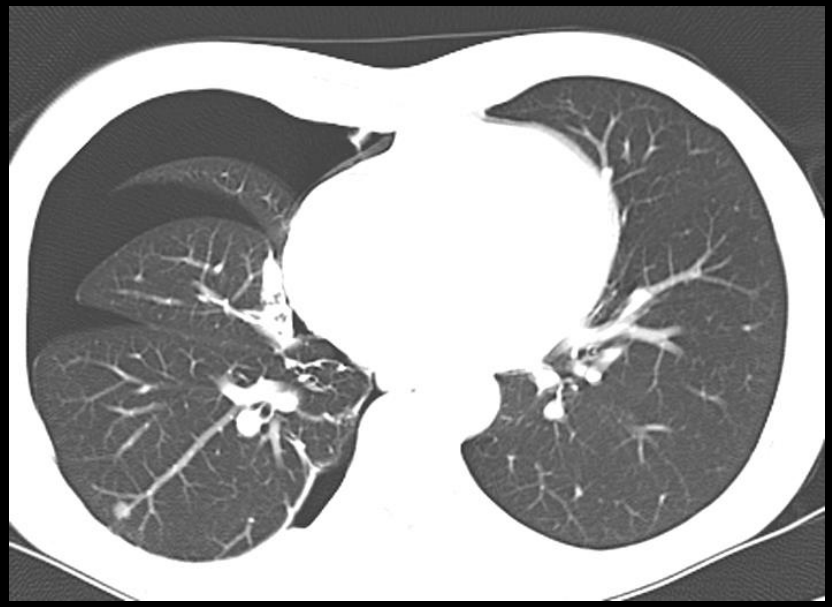
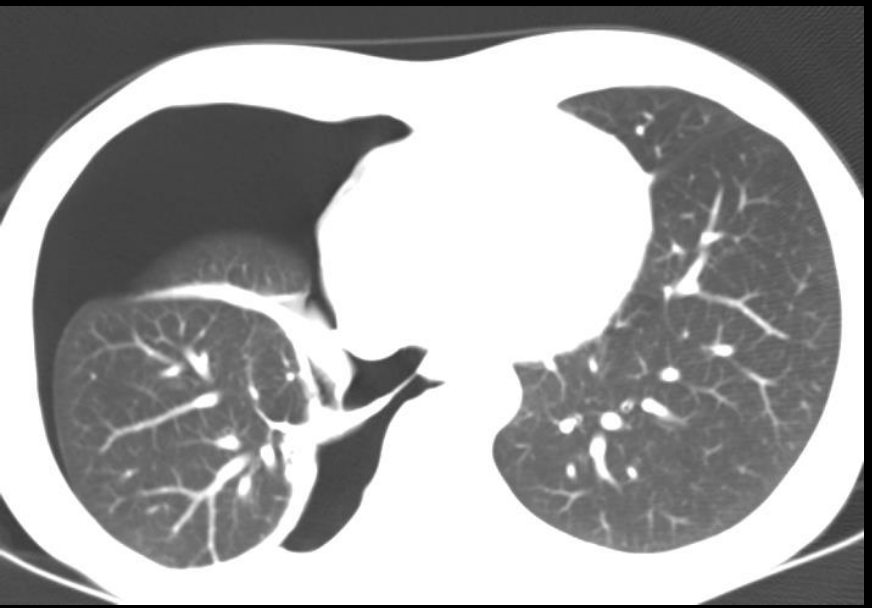
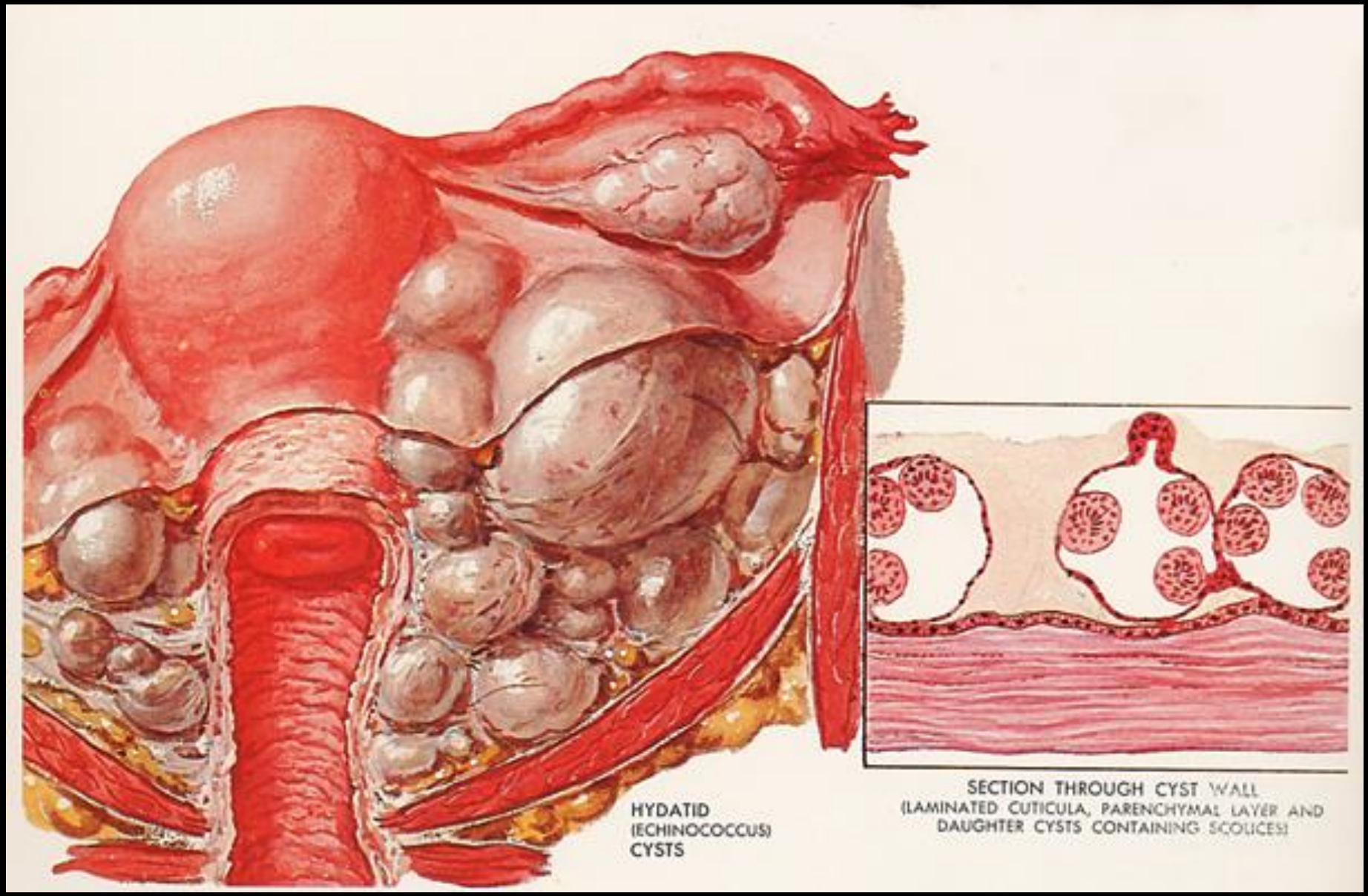




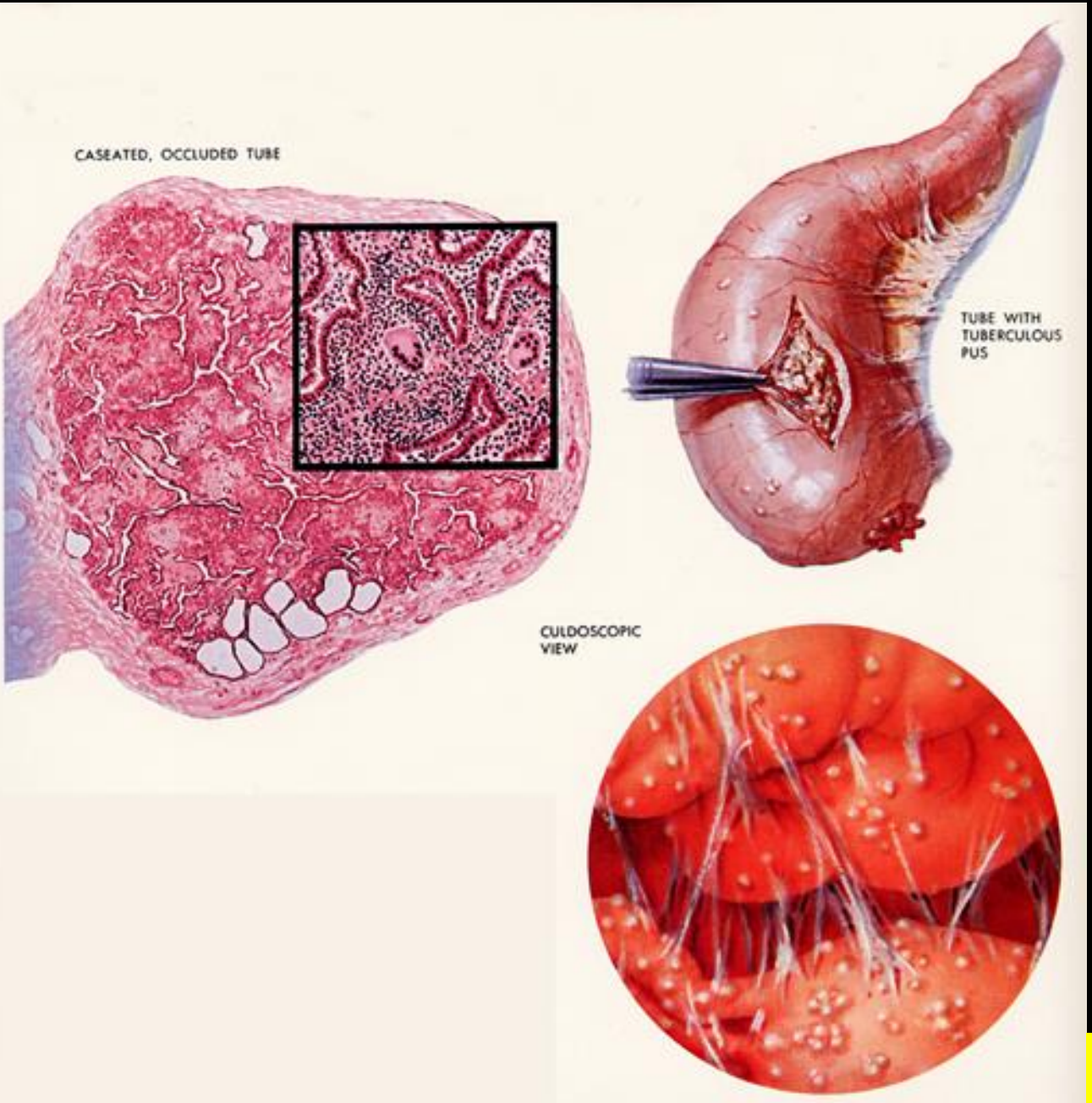




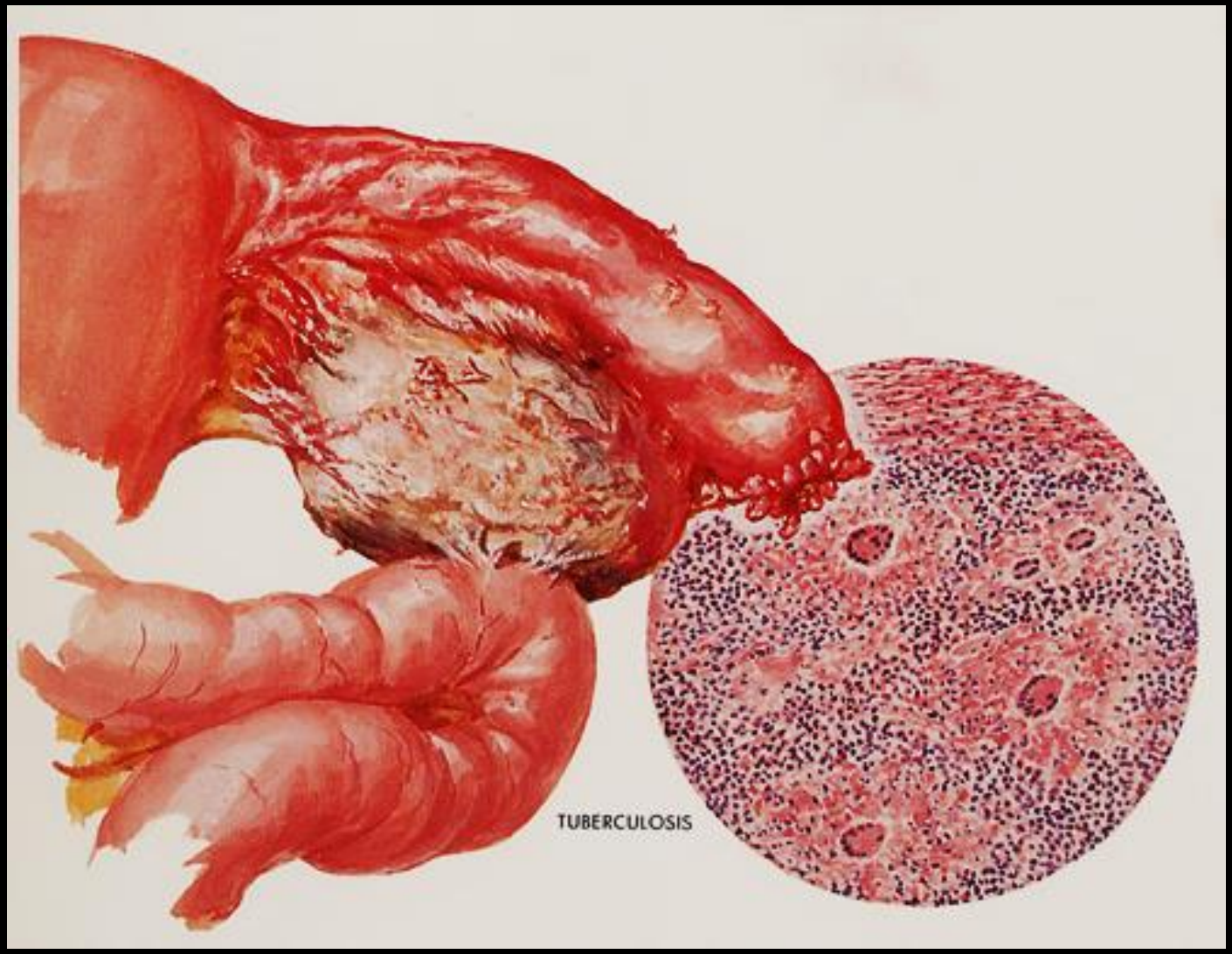
pneumothorax cataménial sur endométriose sous pleurale….



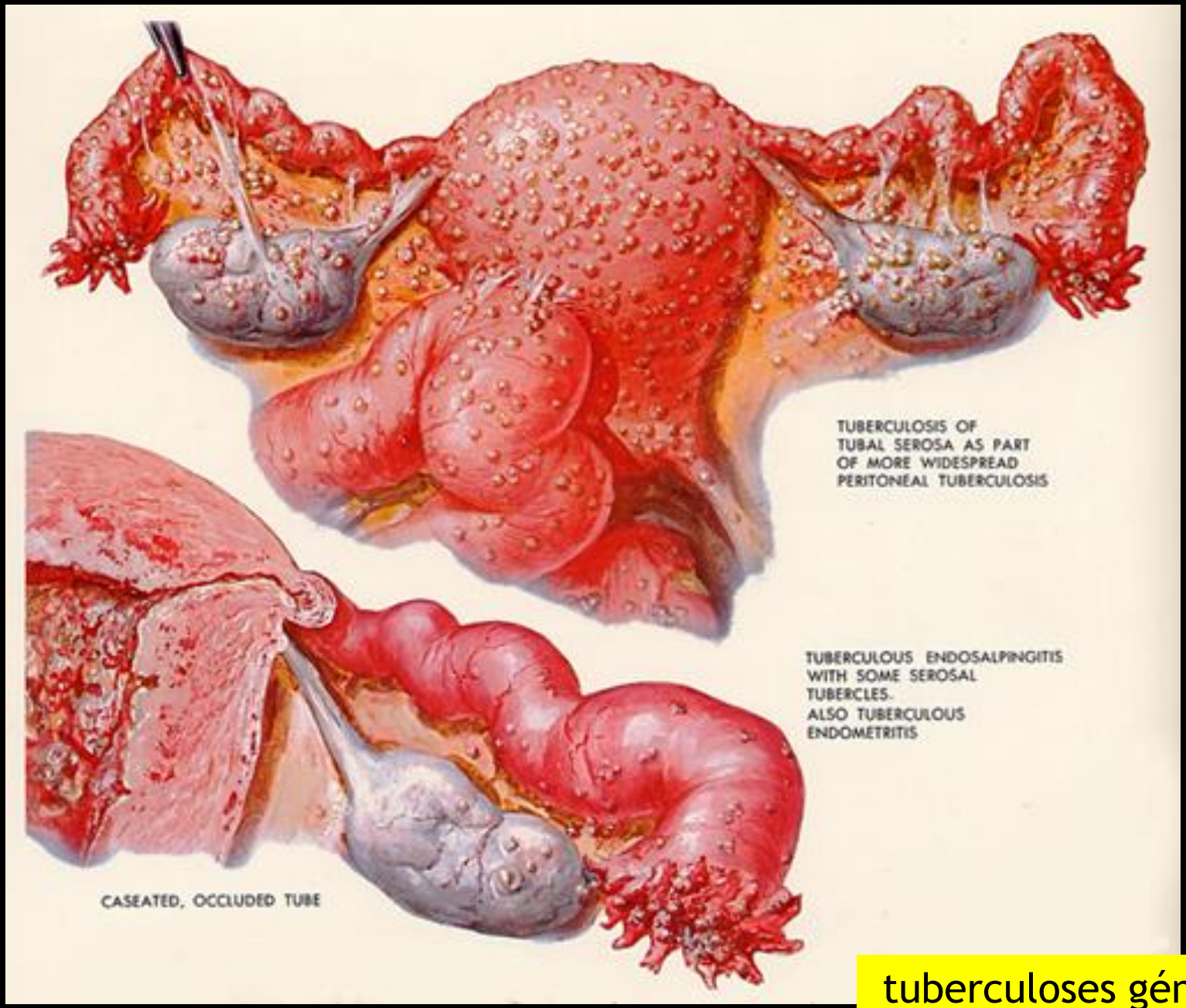
kystes hydatiques
pelvi-péritonéaux



tuberculose génitale

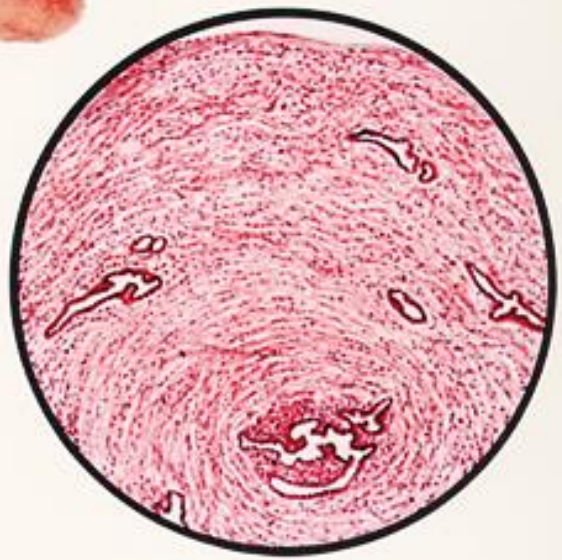


abcès tuberculeux tubaire

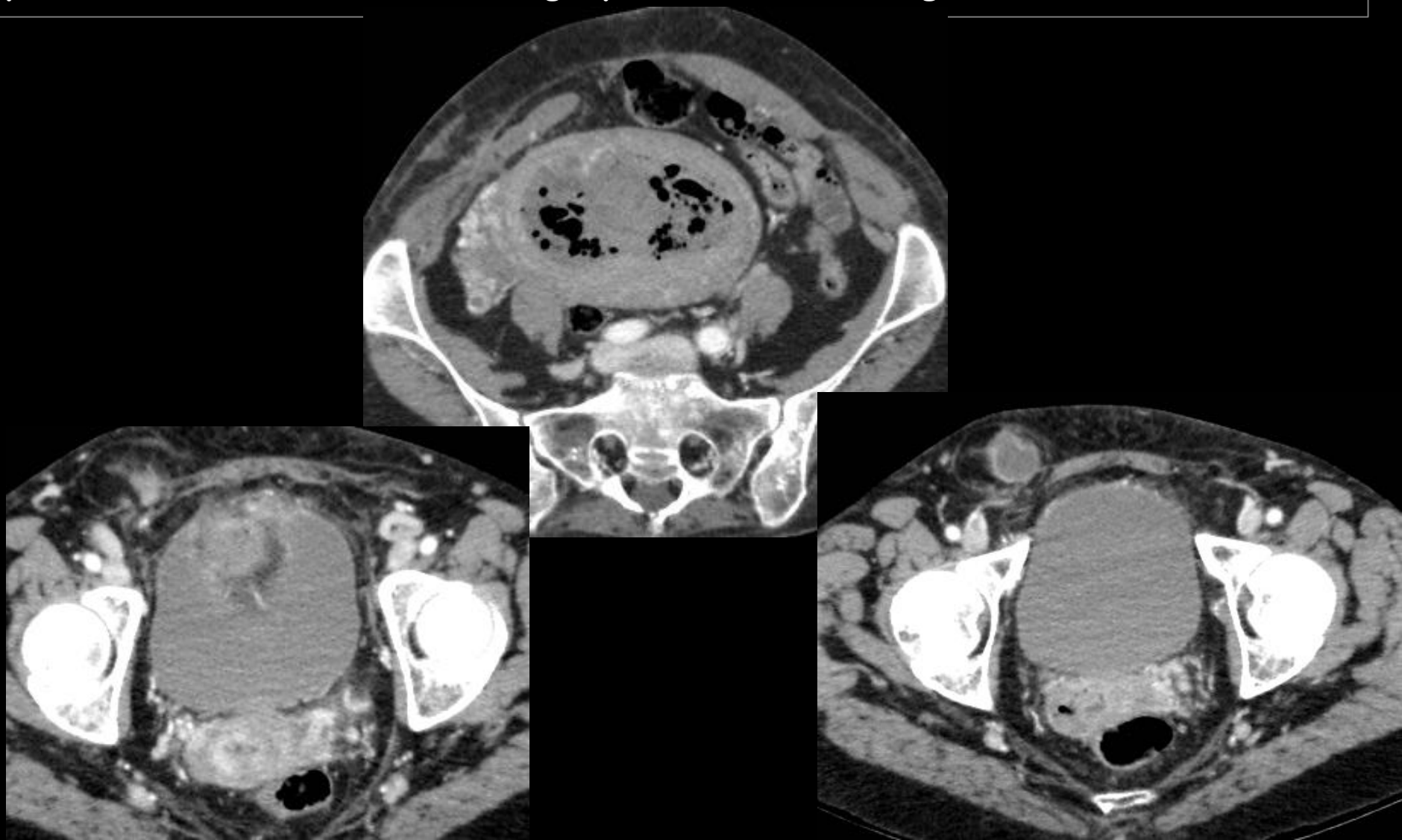


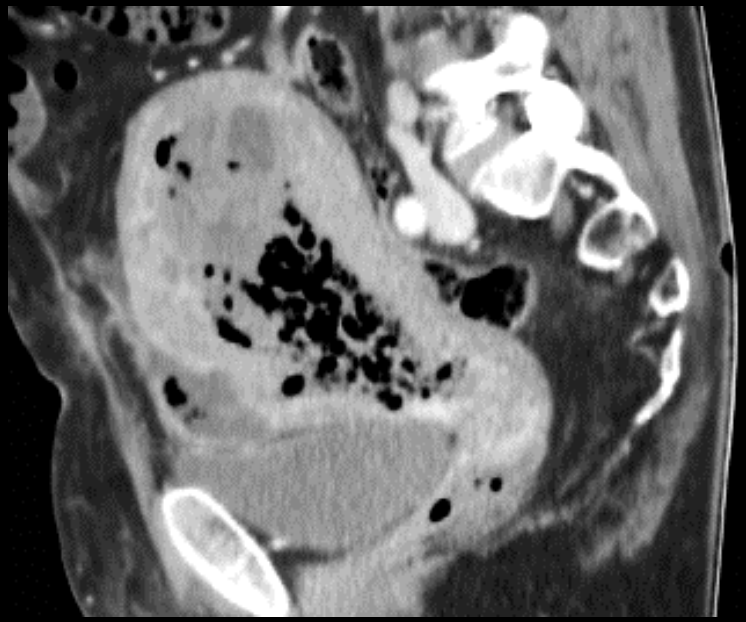
tuberculoses génitales

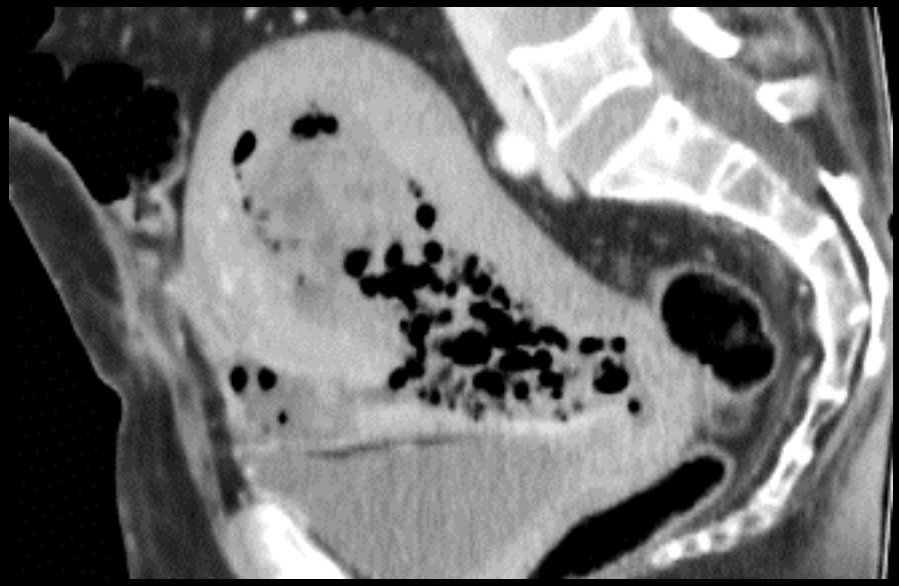
SALPINGITIS
ISTHMICA NODOSA

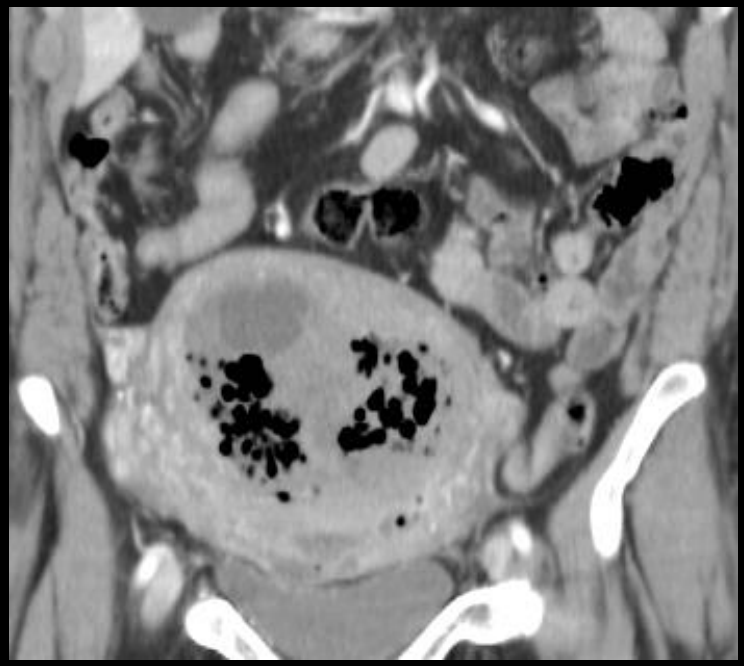


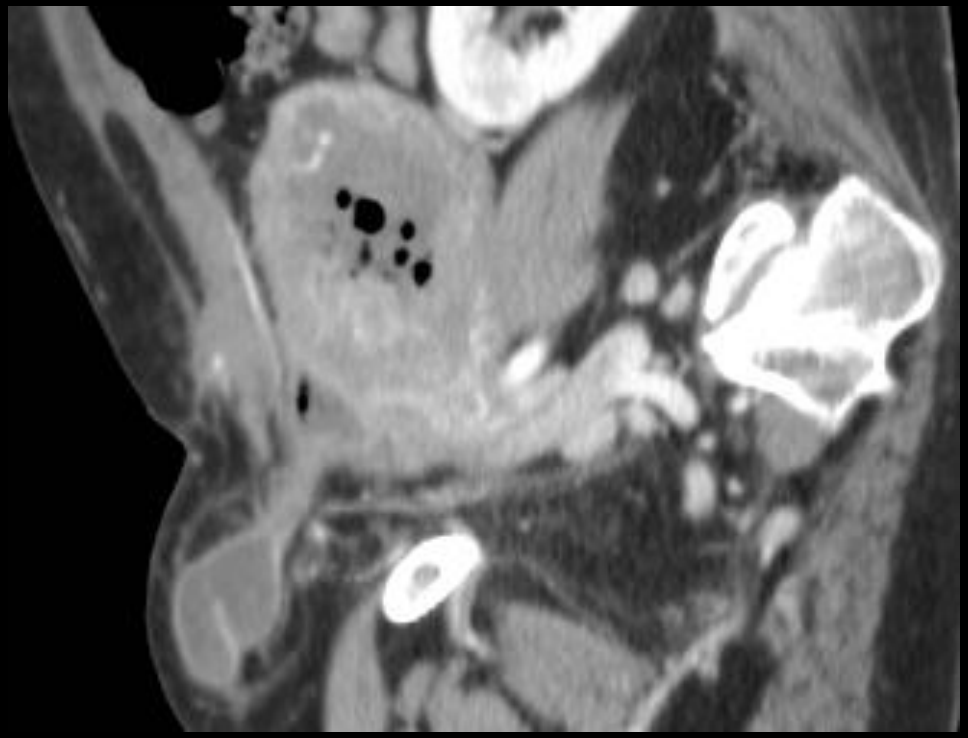
Femme de 34ans, atteinte d'un LED multicompliqué, J8 post-césarienne, douleurs lombaires et abdominales, syndrome inflammatoire biologique sans porte d'entrée retrouvée, échographie, RP, ECBU négative

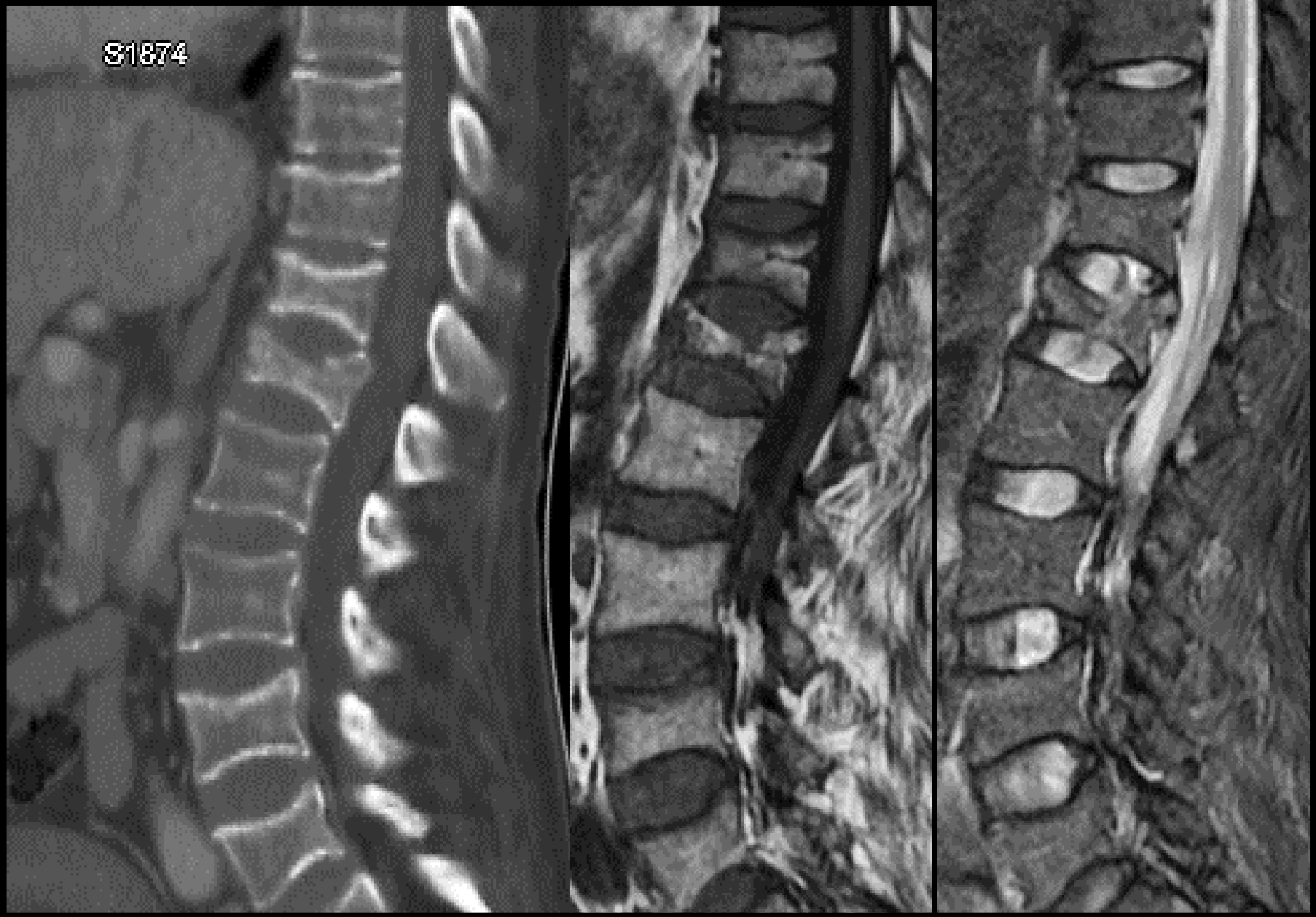






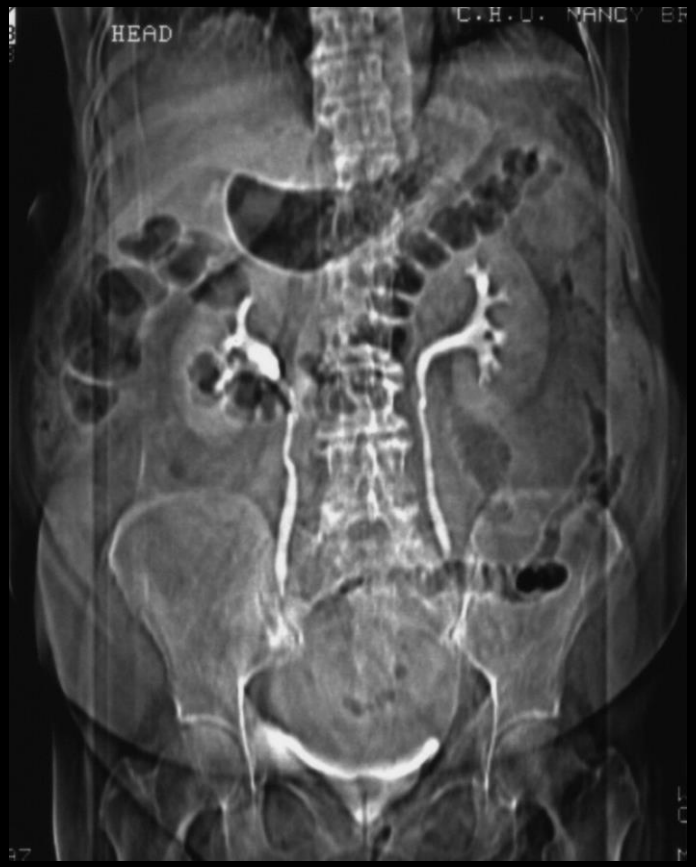


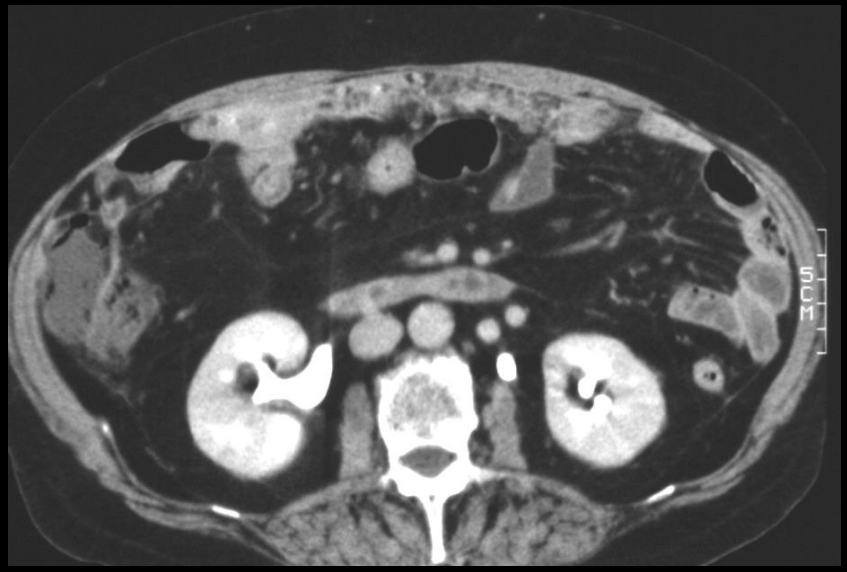


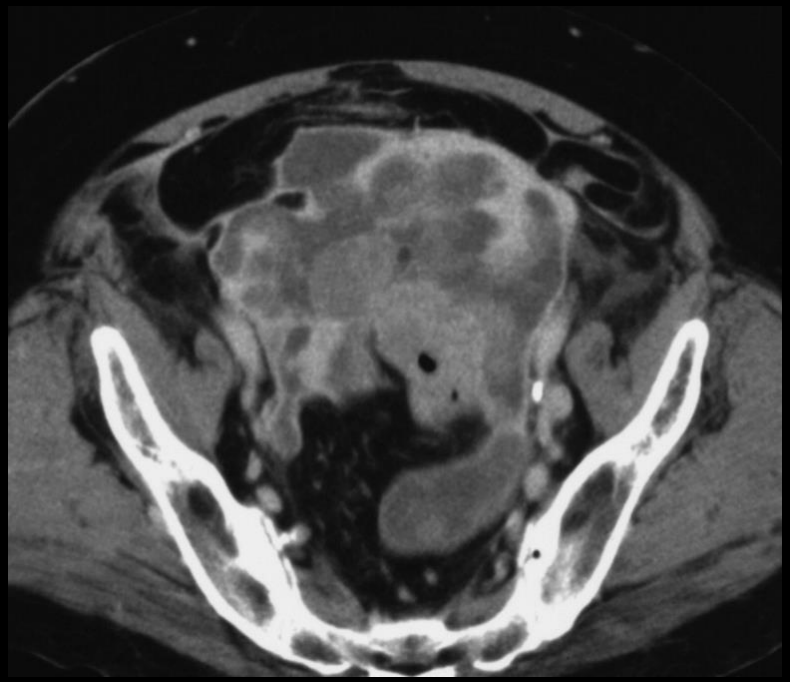


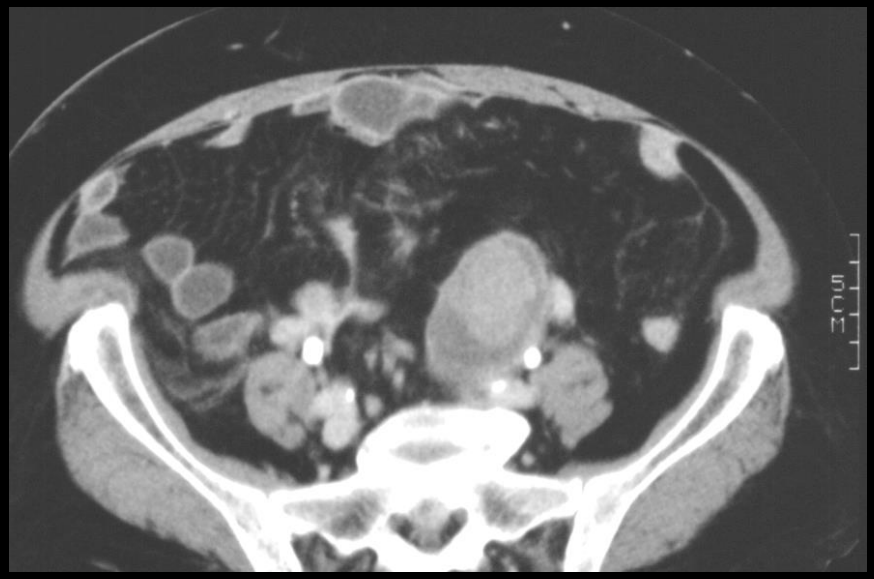
endométrite post-césarienne; hernie inguinale oblique externe , ostéoporose cortisonique+++

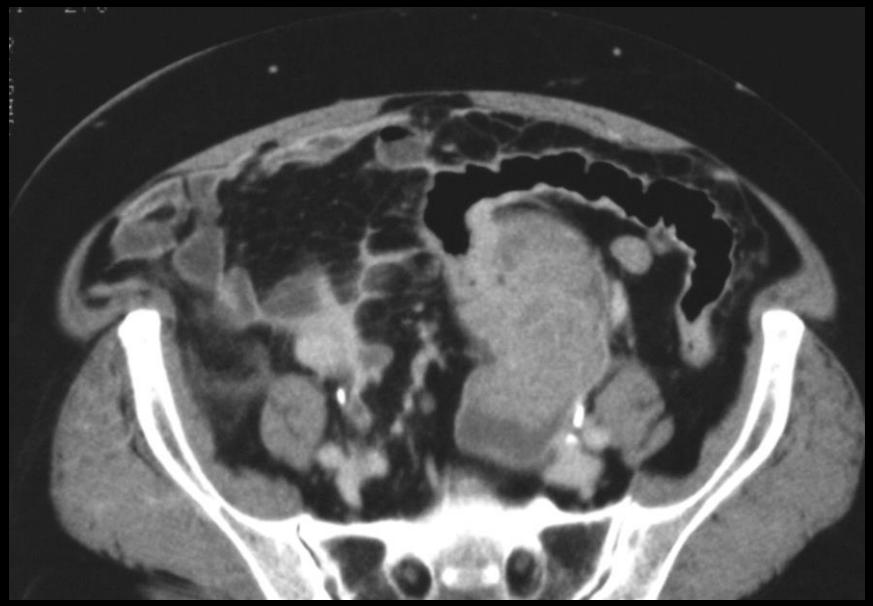
femme 71 ans ;baisse de l'état général;
pesanteurs abdominales

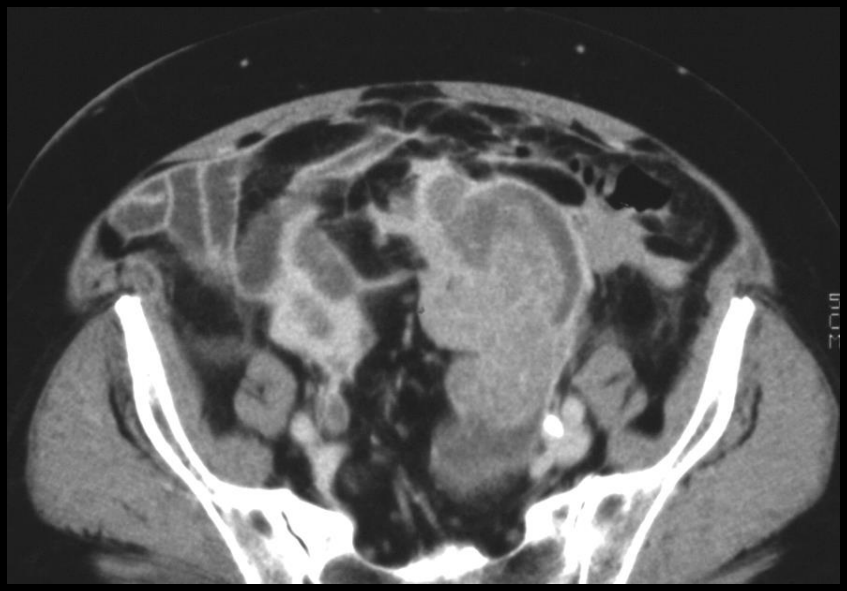


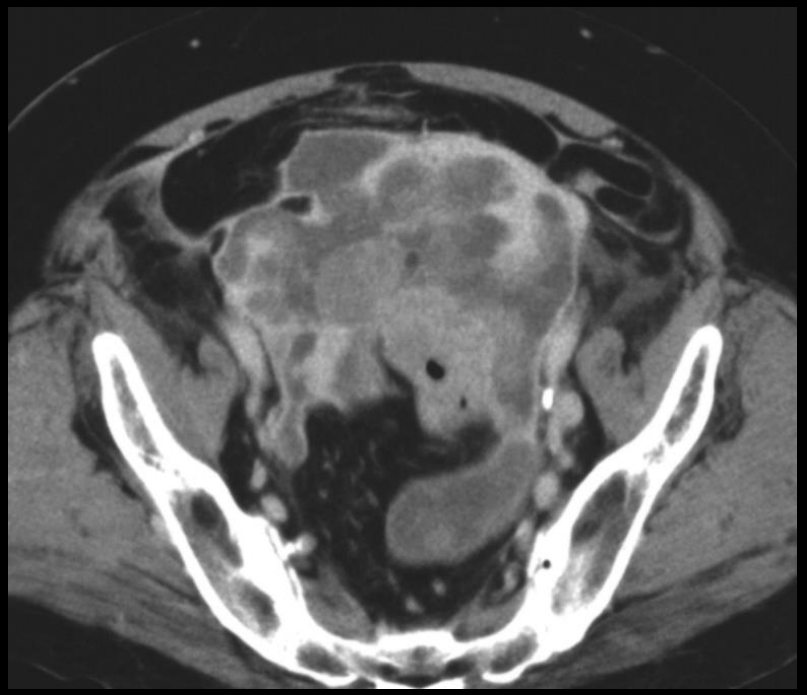


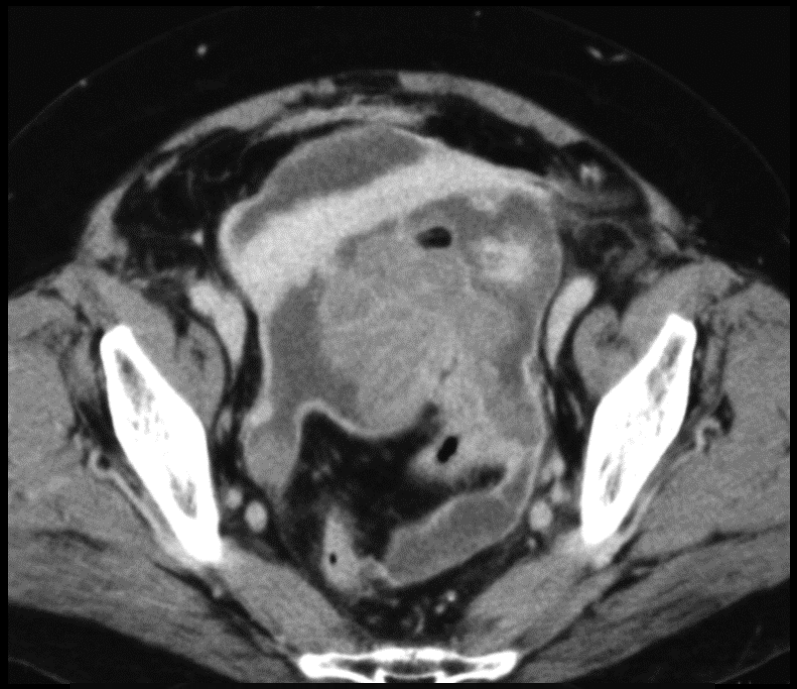


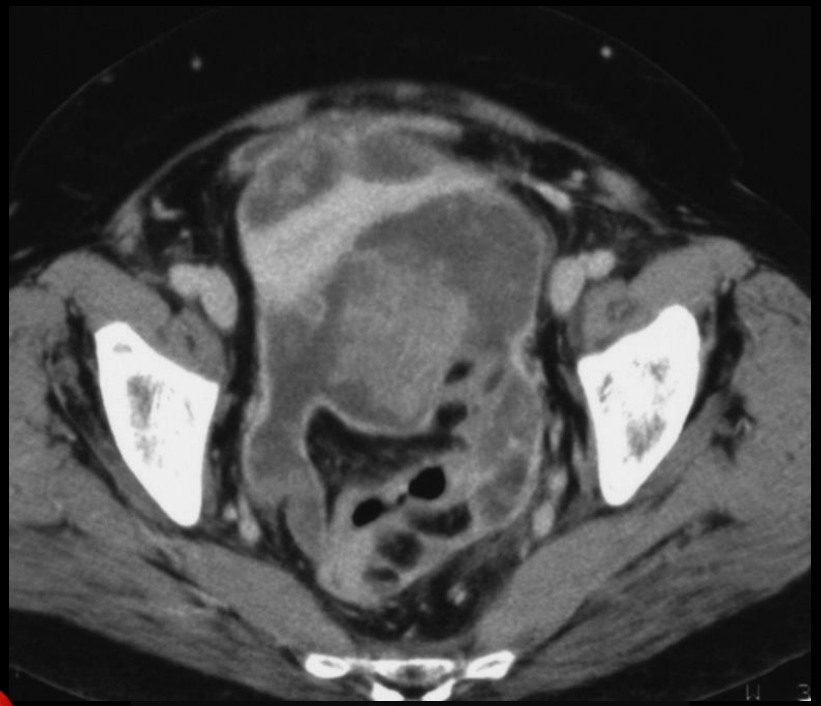


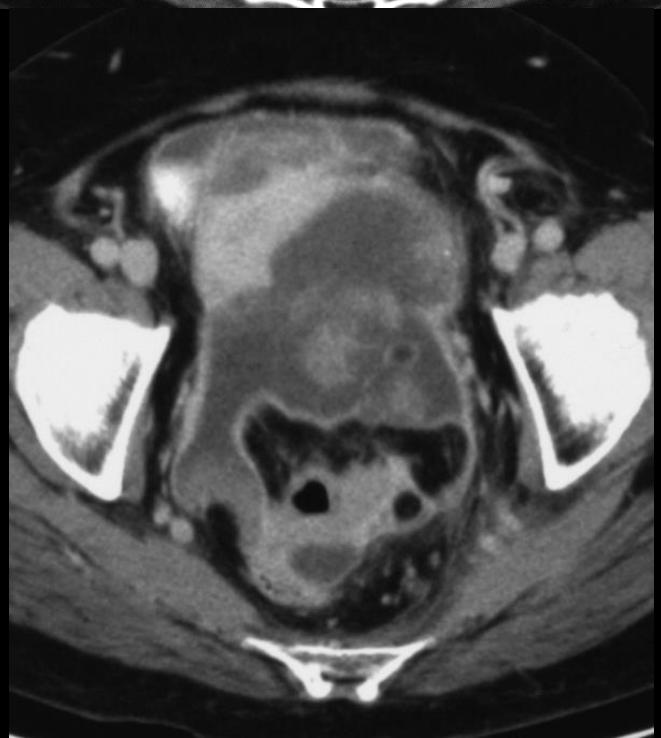


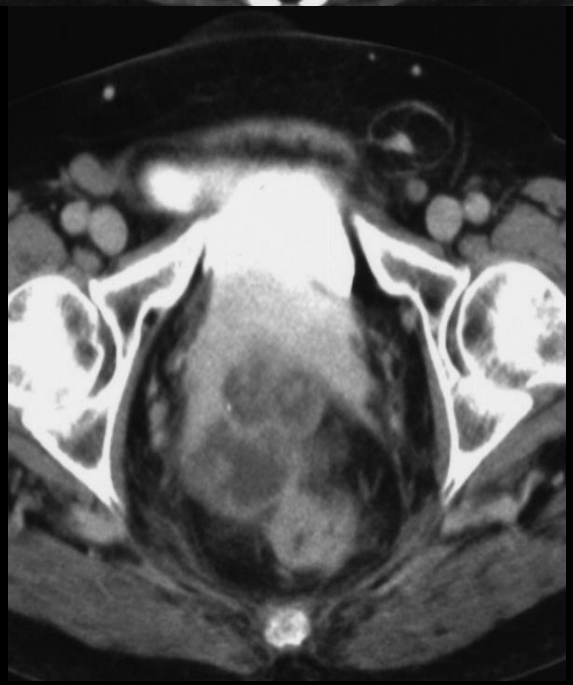


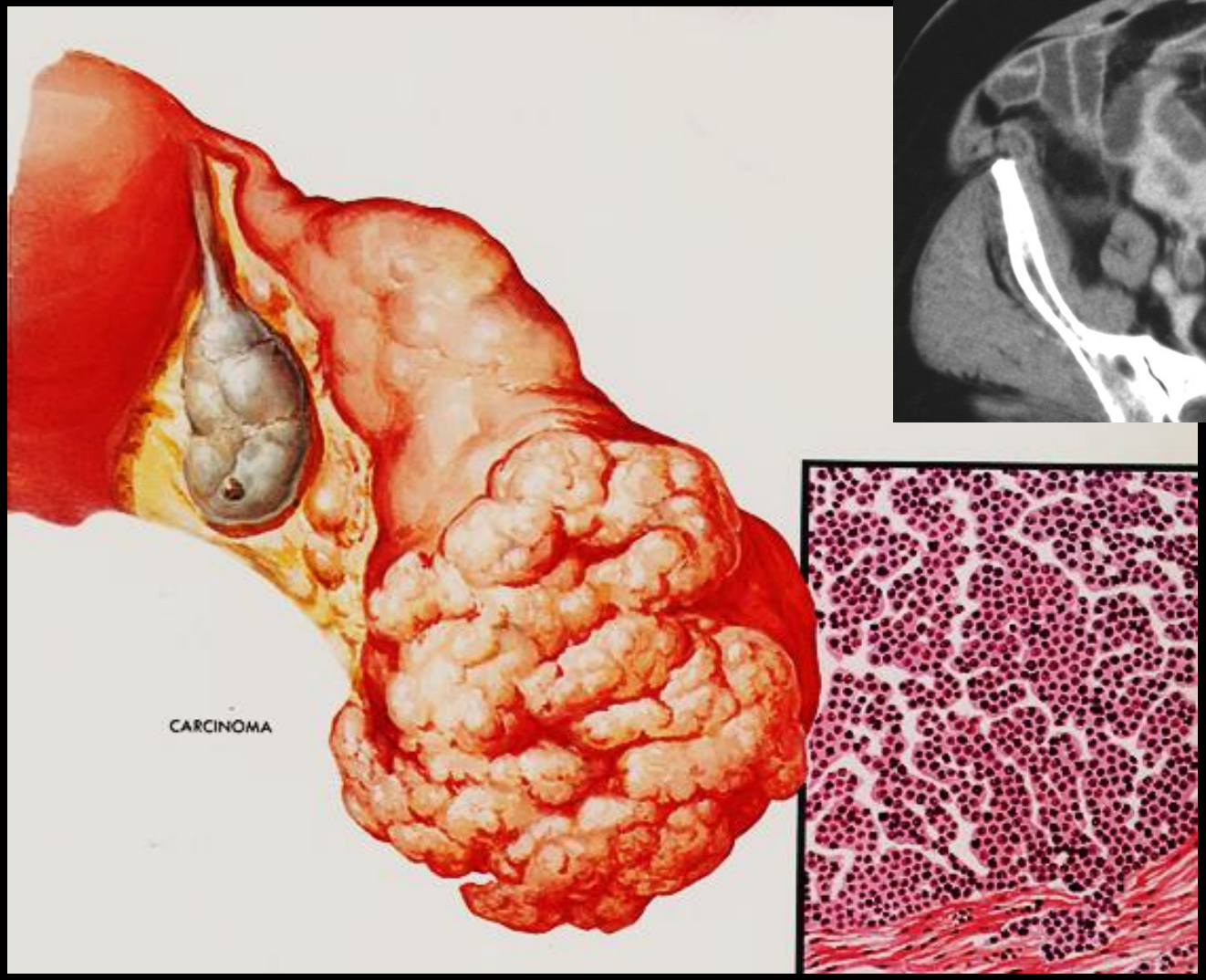


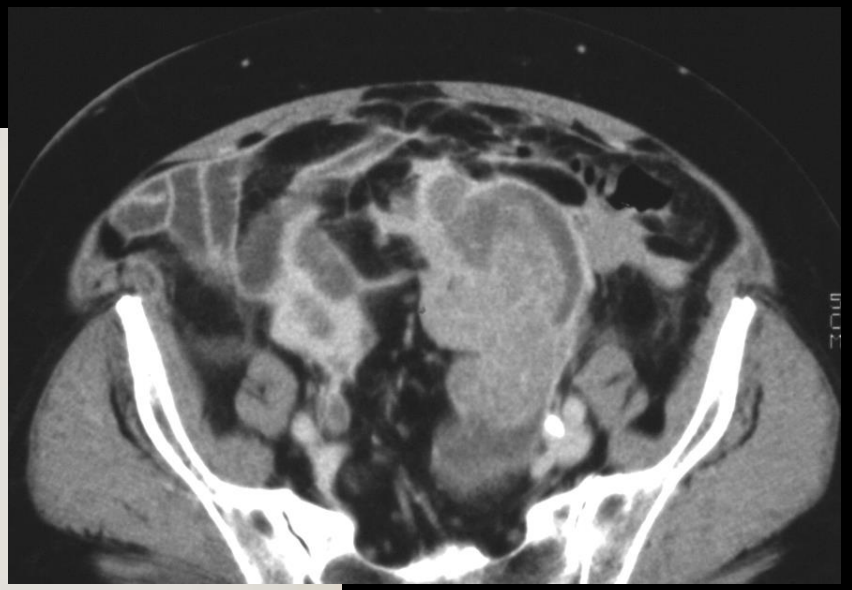












carcinome tubaire