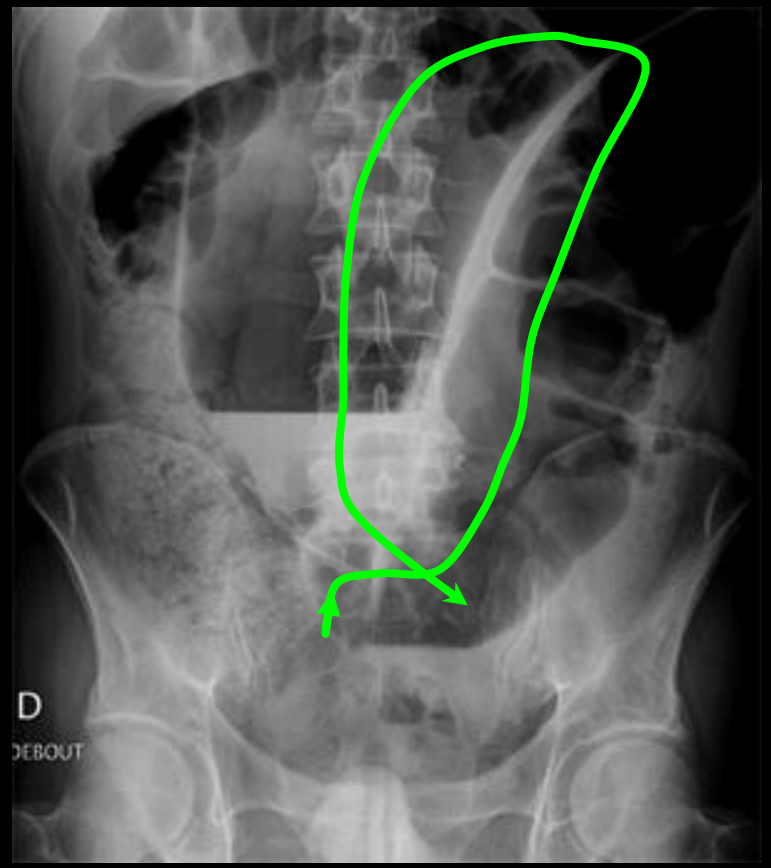
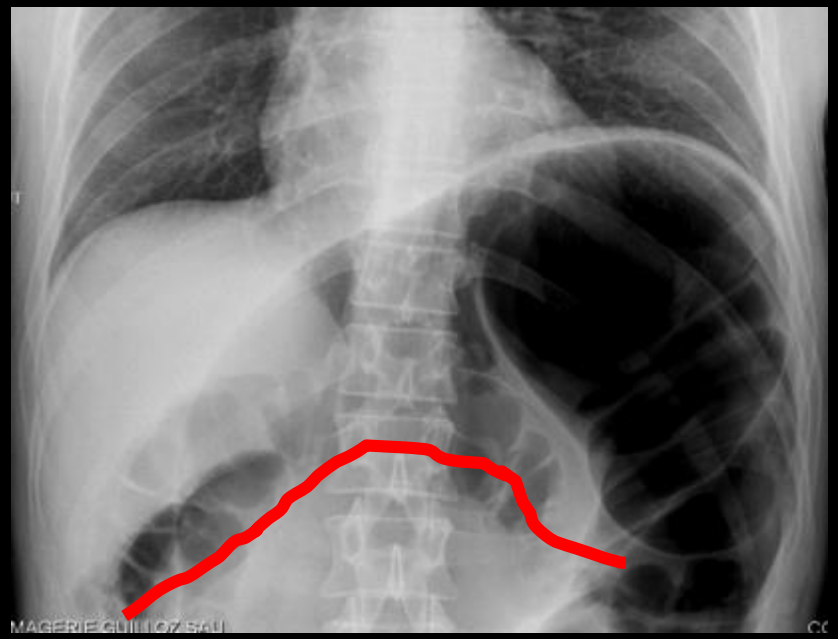
homme 49 douleurs abdominales depuis 15, syndrome occlusif complet sans bruits hydro-aériques à l'auscultation





quels sont les signes à décrire sur ces clichés d' ASP

image "en grain de café"

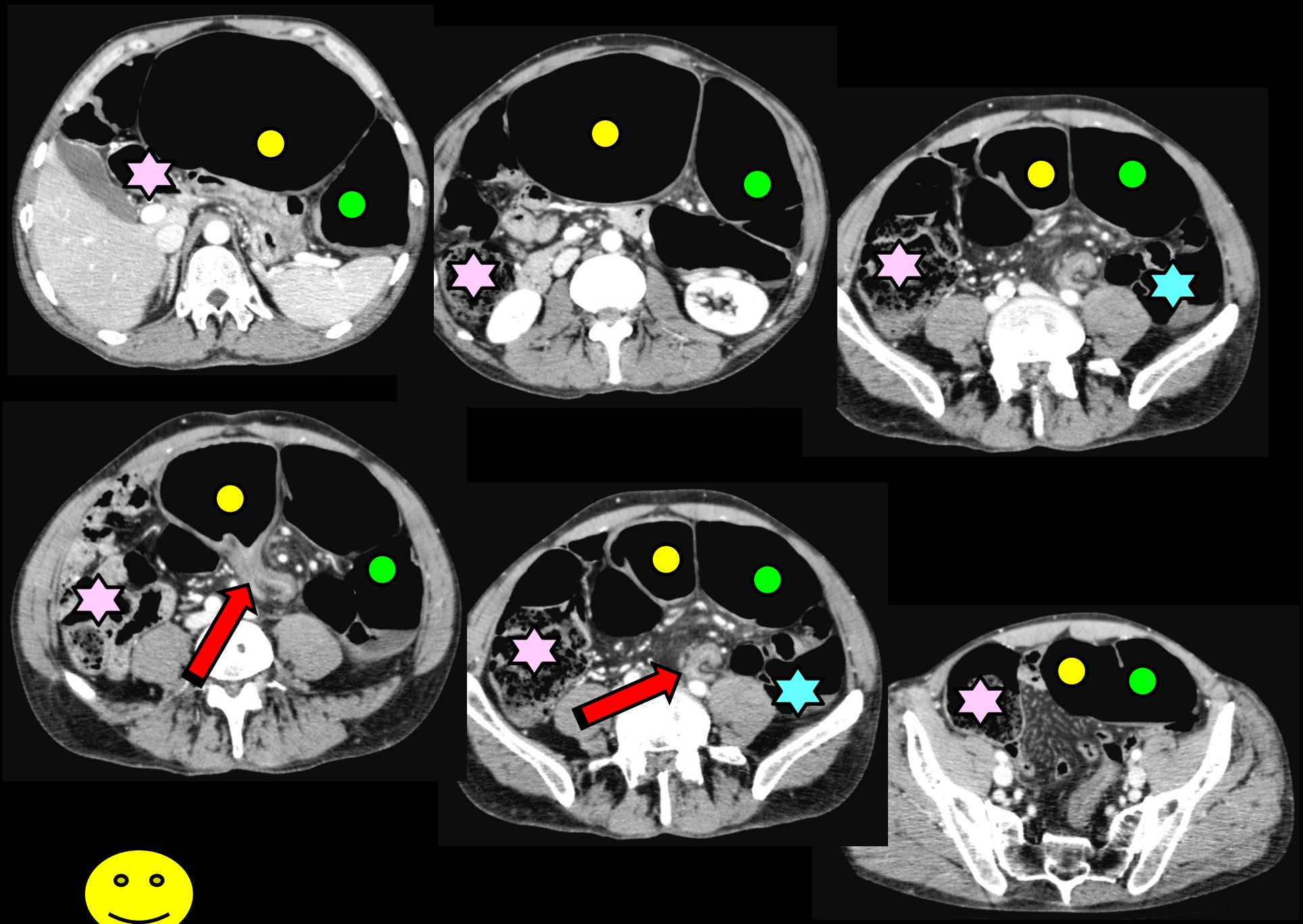
signe de la convergence pelvienne++++

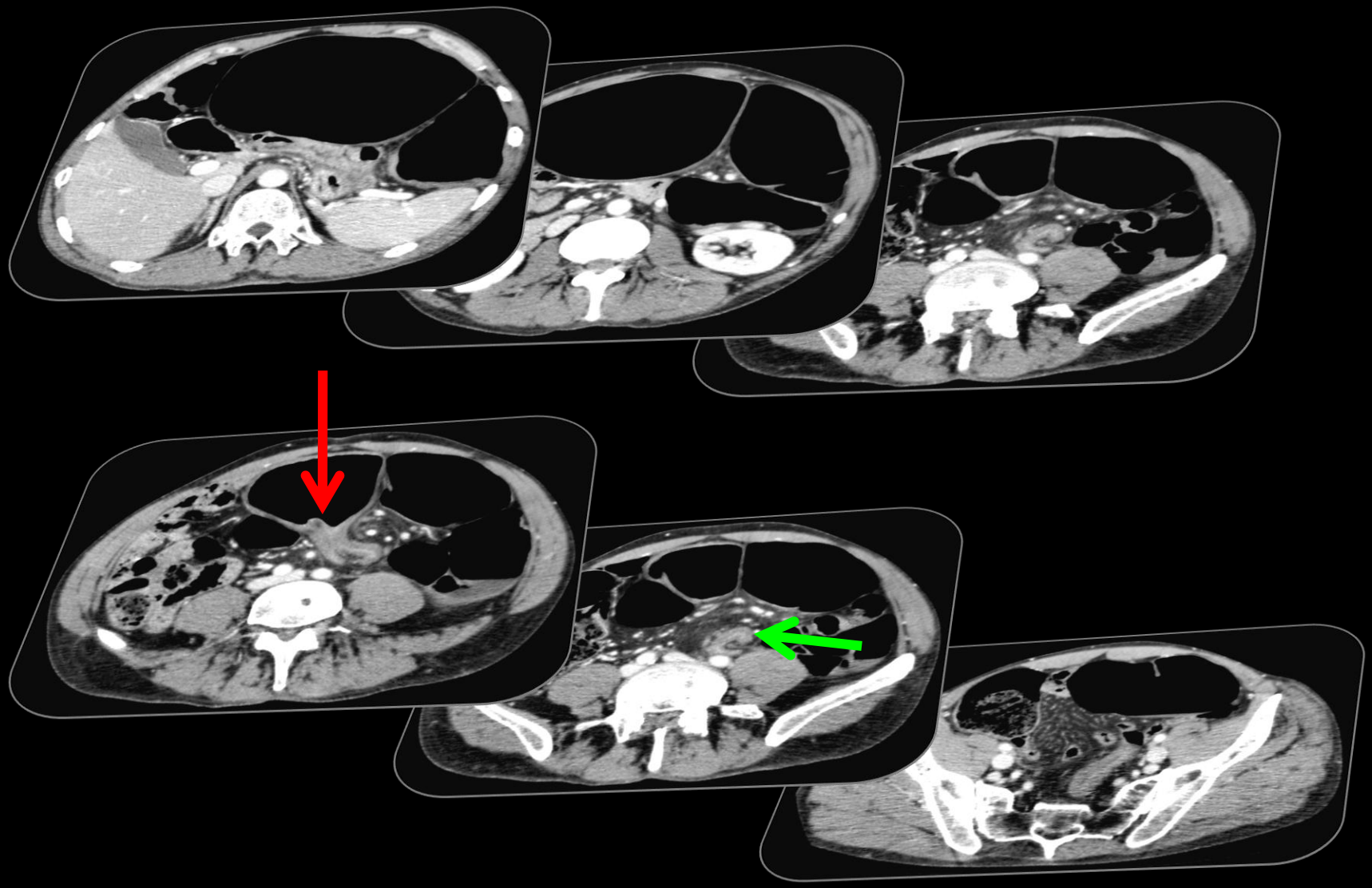
absence de haustratios

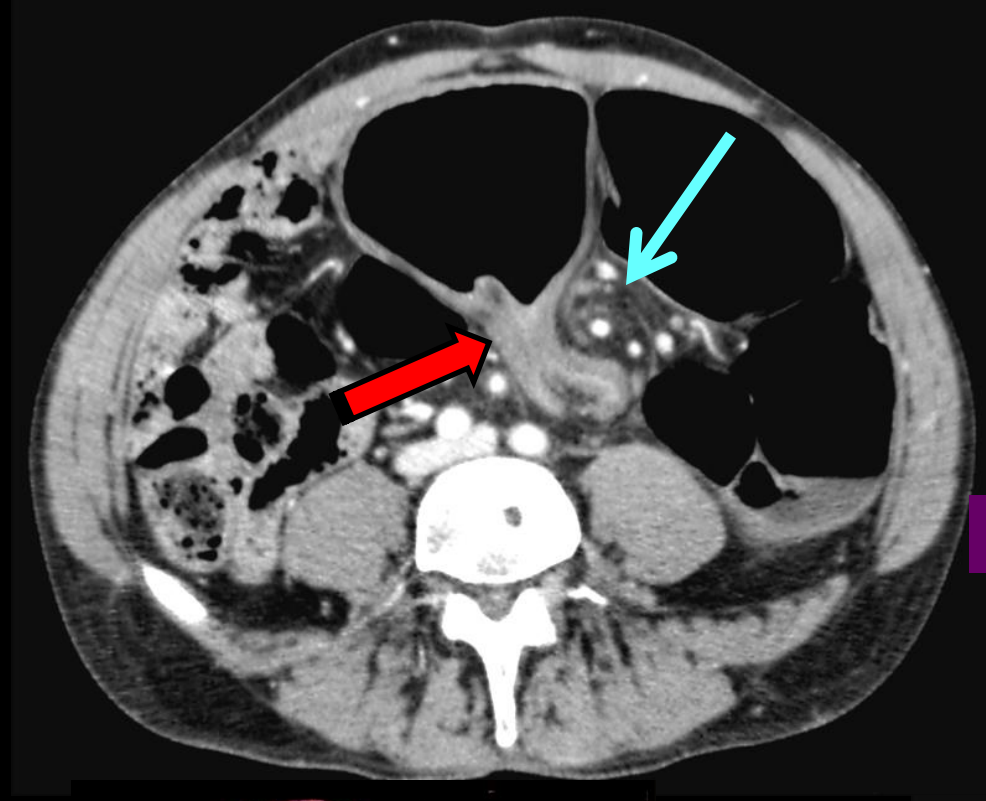
absence de selles

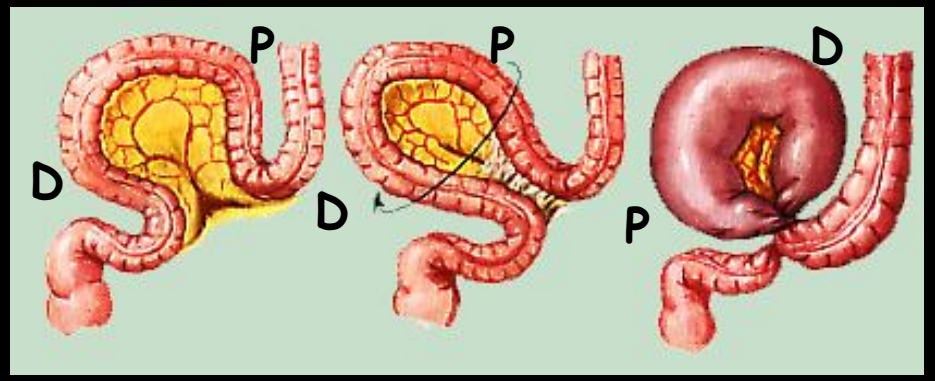
northern exposure sign

sur un cliché en décubitus,le sommet de la boucle simoïdienne ddépasse le colon transverse

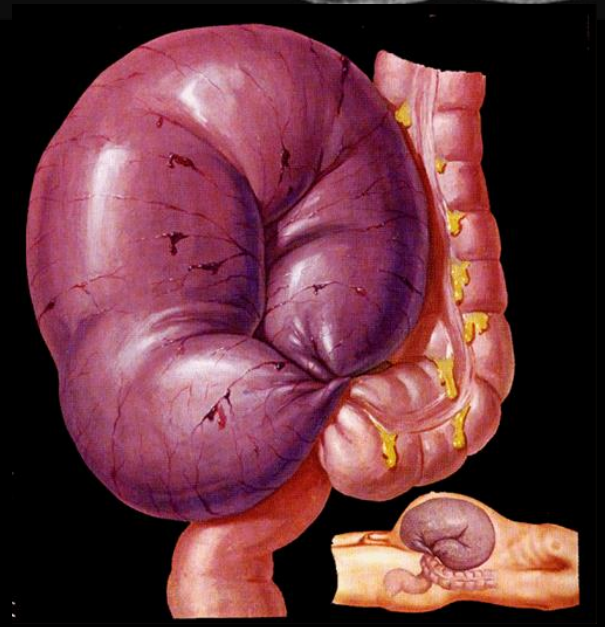


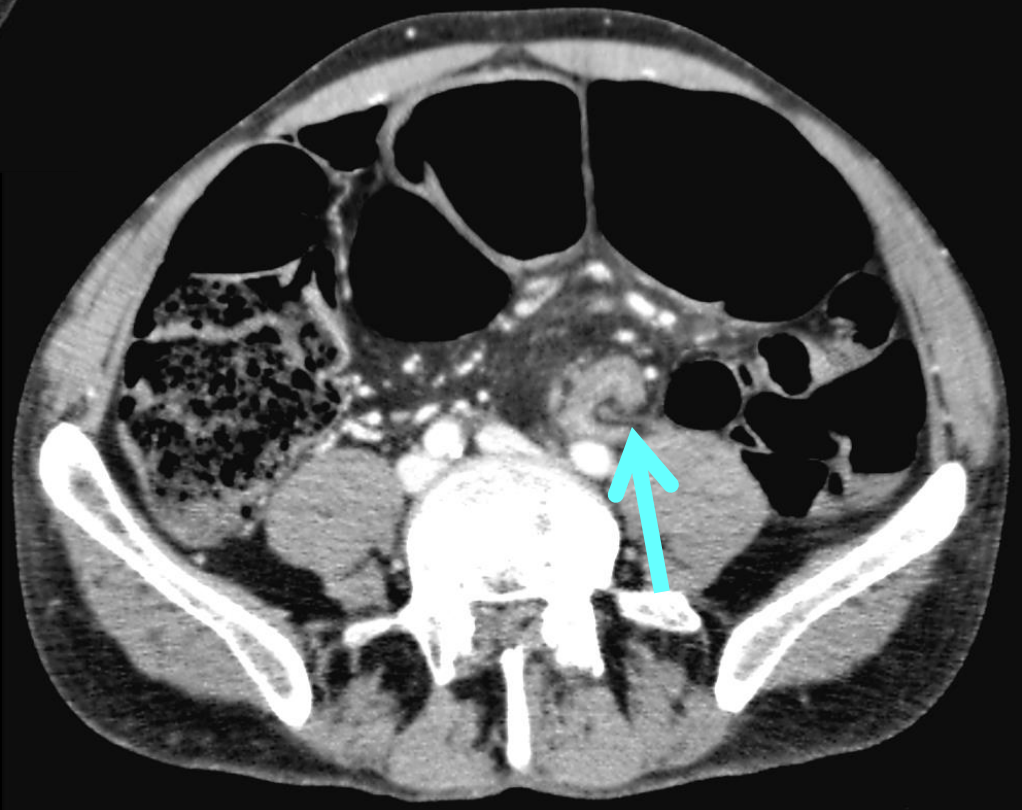






volvulus du sigmoïde mésentérico-axial





Données classiques

forme la plus fréquente des volvulus coliques

exceptionnel chez l'enfant

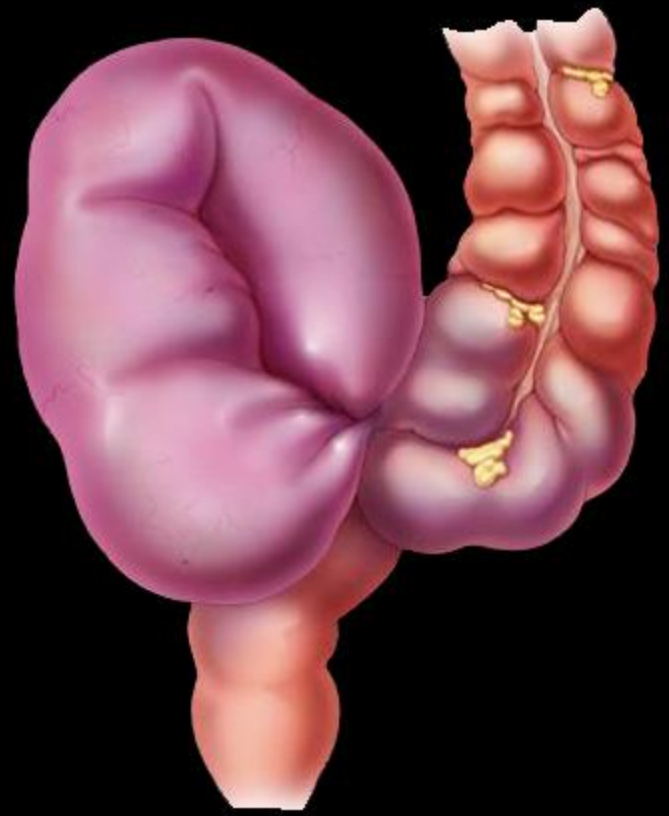
80% des volvulus de l'adulte

âge moyen 40 ans

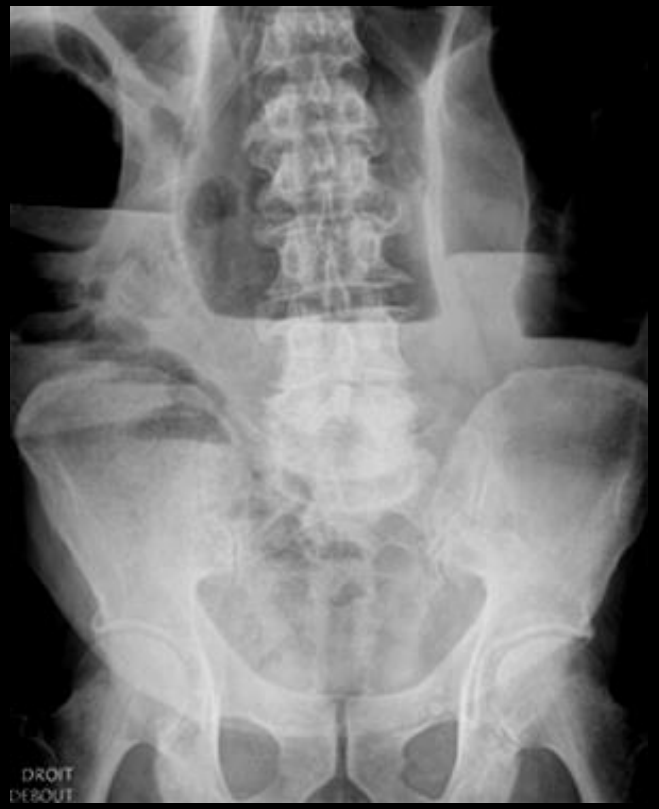
pathologies psychiatriques (20 à 50% de schizophrénie ou démence sénile)

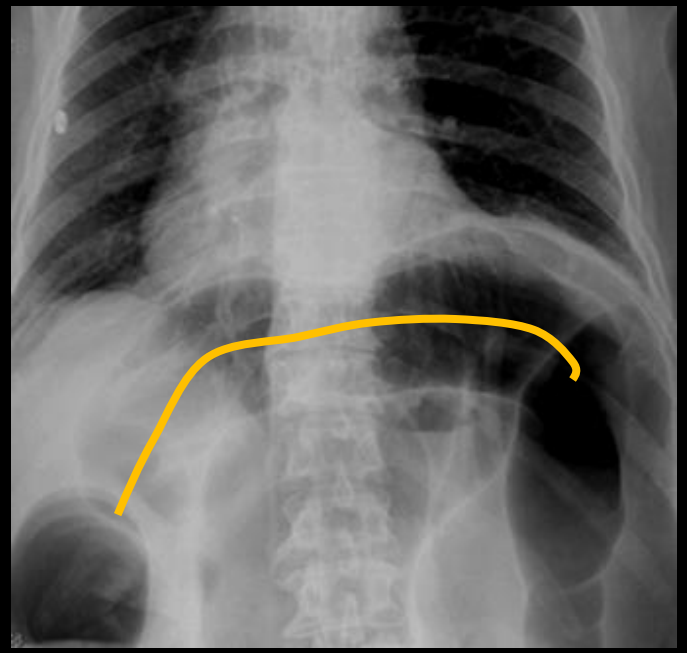
facteurs étiologiques :

- -dolichocôlon "vertical"
- -mésocolon à base étroite
- -régime végétarien
- -…..



homme 78 ans douleurs abdominales ,ballonnement et tympanisme ; pas de selles ni de gaz depuis 3 jours ; pas de nausées ni de vomissements





quels sont les signes à décrire sur ces clichés d'ASP

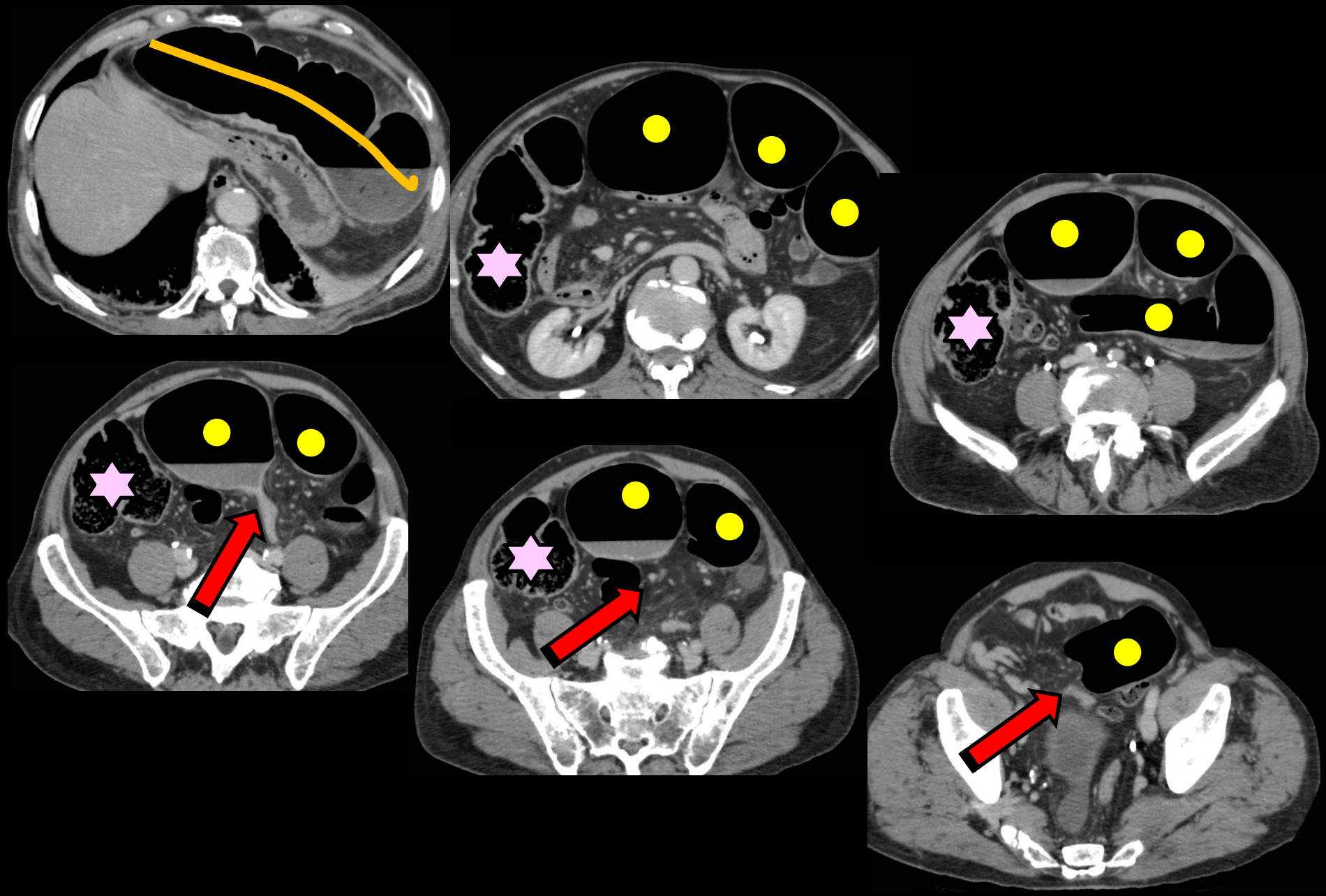
pas d'image "en grain de café"

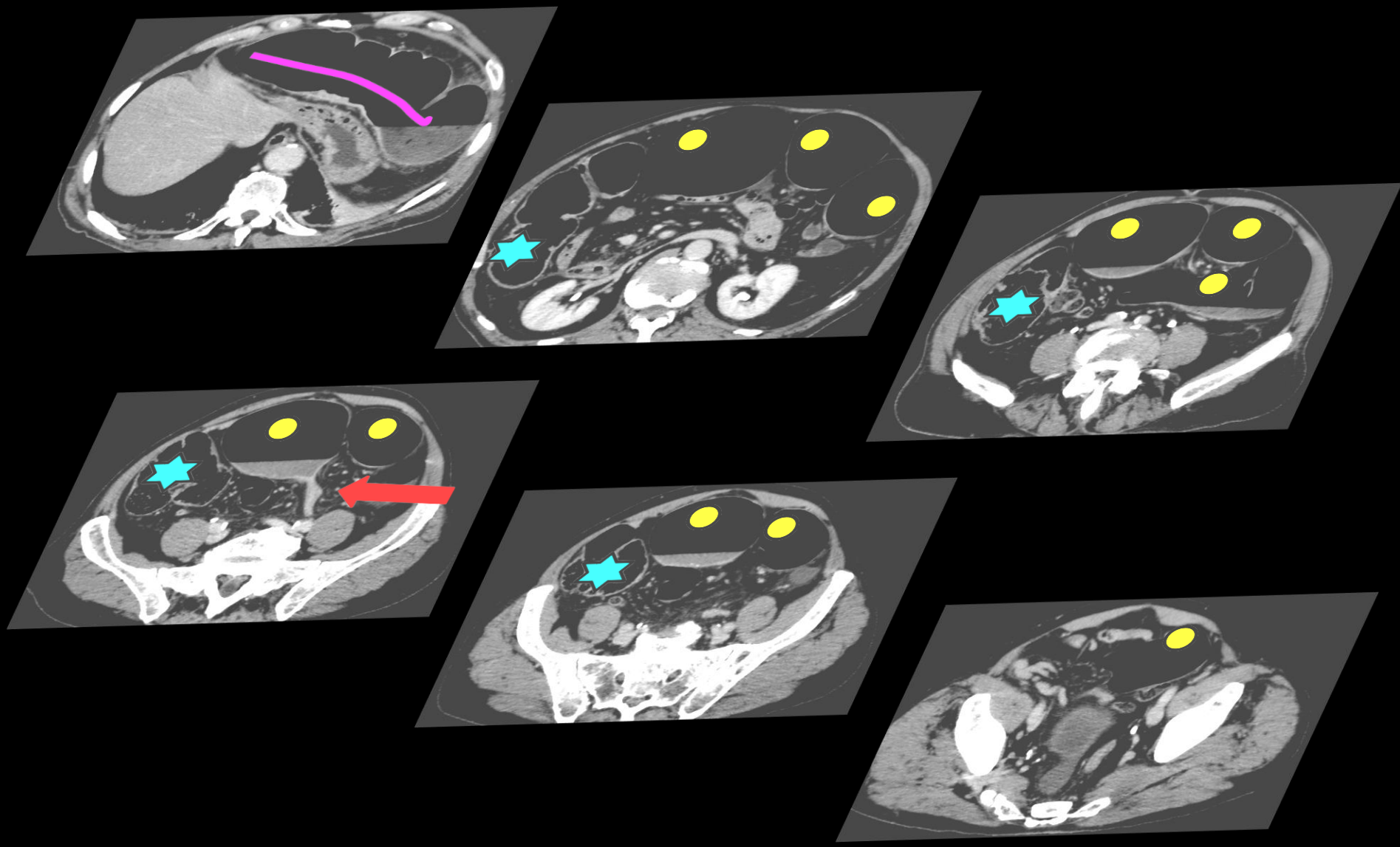
pas de signe de la convergence pelvienne++++

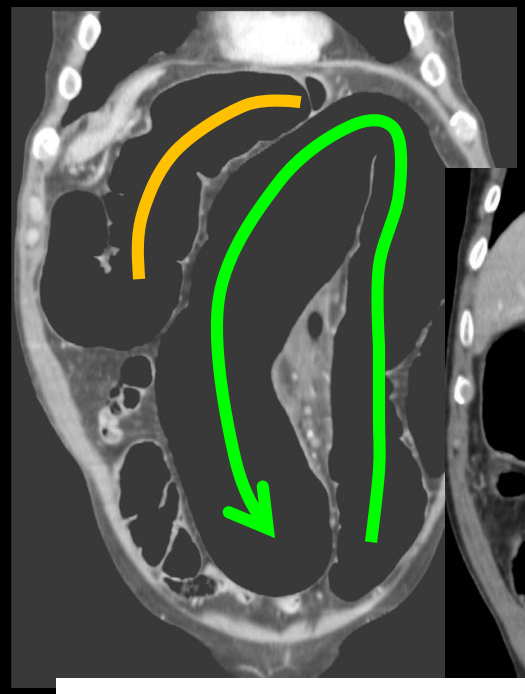
absence de haustratios

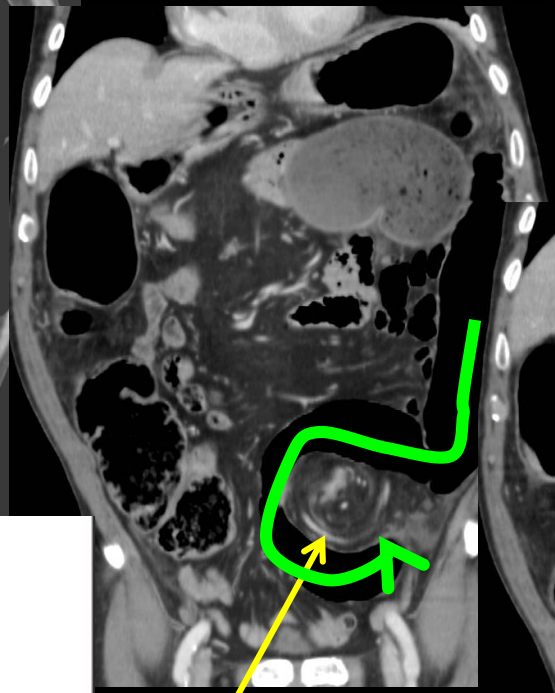
absence de selles

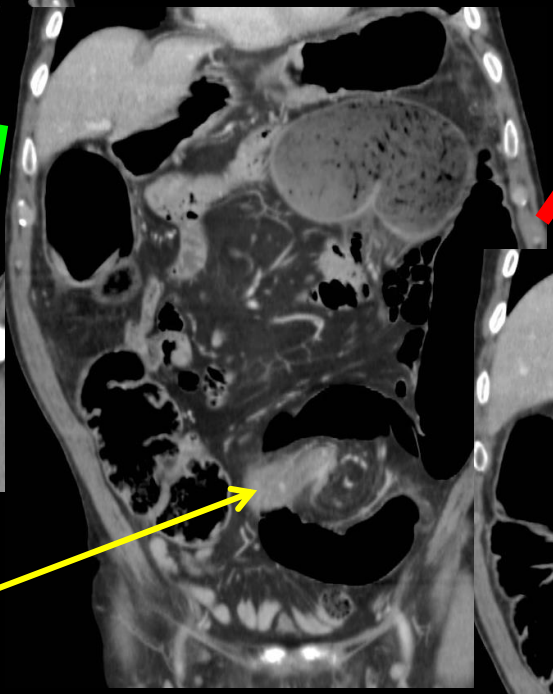
pas de northern exposure sign

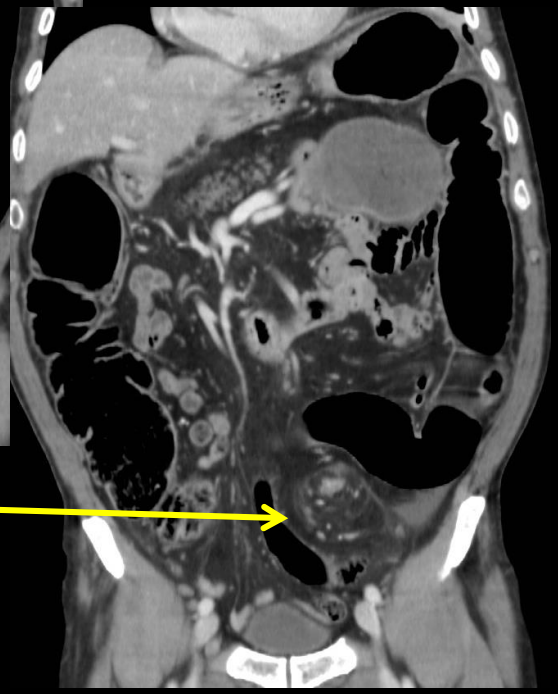










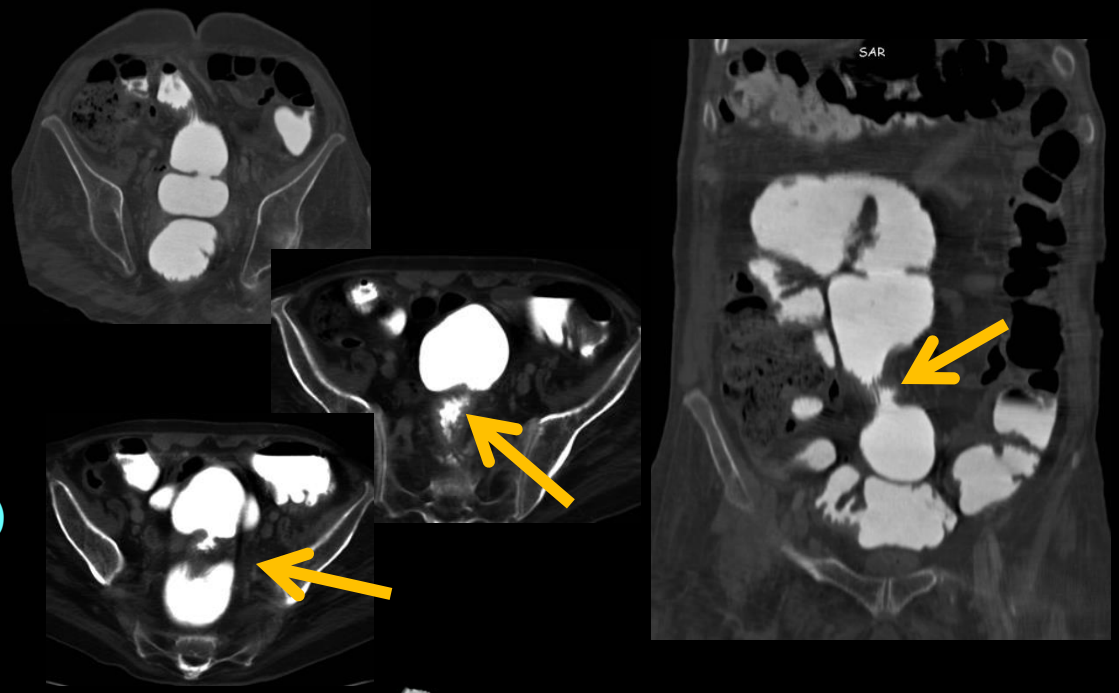


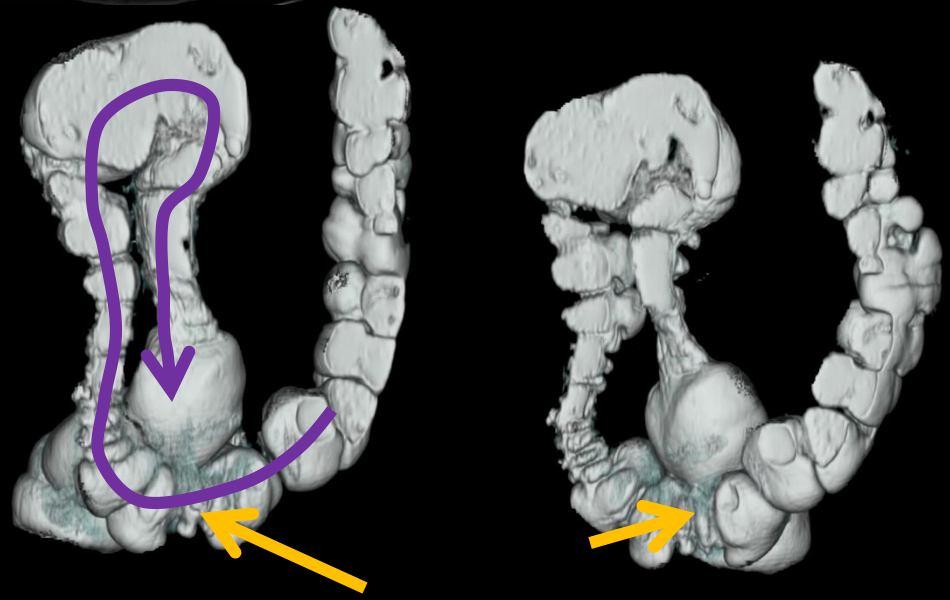
volvulus du sigmoïde organo-axial

E Delabrousse et coll. (J Radiol 2010 ; 91:213-220) ont étudié 23 cas rétrospectifs et ont pu préciser des données "épidémiologiques "

le volvulus organo-axial du sigmoïde touche une population plus âgée (en moyenne de 10 ans)

il est de pronostic plus sévère avec un risque de récidive plus élevé et un nombre plus important d'interventions chirurgicales surtout lorsque le degré de rotation est de 380°





volvulus du sigmoïde organo-axial ;CT opaque 3D VR

Tableau II
Analyse statistique selon le type de volvulus.

		Volvulus mésentérico-axial n = 6 (%)	Volvulus organo-axial n = 17 (%)	*p*
Caractéristiques de la population	Ratio hommes/femmes	1	1,8	0,64
	Âge moyen	63 ans et 2 mois	76 ans et 6 mois	0,047
	Institutionnalisation, alitement	4 (66,7)	8 (47,1)	0,64
	Traitement diminuant le péristaltisme	2 (33,3)	7 (41,2)	1
Analyse TDM	Northern exposure sign	6 (100)	13 (76)	0,54
	Degré de rotation = 180°	5 (83,3)	11 (64,7)	0,62
	Degré de rotation = 360°	1 (16,7)	6 (35,3)	0,62
	Diamètre de l'anse volvulée	10,1 cm	9,2 cm	0,26
	Épanchement intrapéritonéal	2 (33,3)	12 (70,6)	0,16
	Signes de souffrance pariétale au scanner	1 (16,7)	2 (11,8)	1
Traitement et évolution	Traitement endoscopique initial	4 (66,7)	13 (76,5)	0,63
	Récidive après endoscopie	0	10 (76,9)	0,015
	Chirurgie en urgence	1 (16,7)	10 (58,8)	0,28
	Chirurgie réglée	2 (33,3)	0	
	Récidive après chirurgie	1 (33,3)	0	
	Décès	0	1 (5,9)	
	Lésions ischémiques à l'examen histologique	1 (16,7)	7 (41,2)	0,51

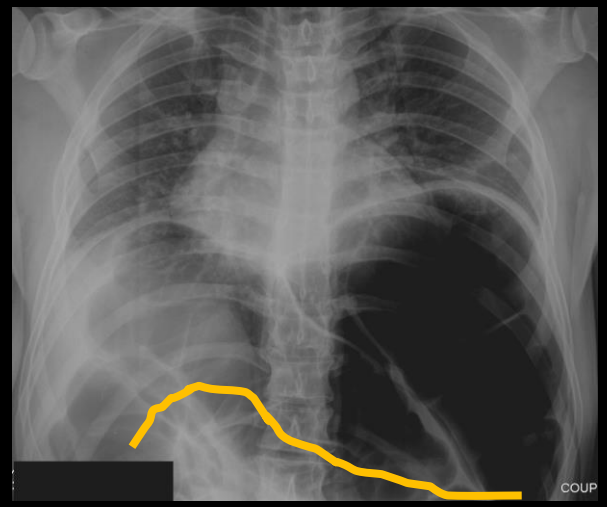
J Radiol 2010;91:213-20

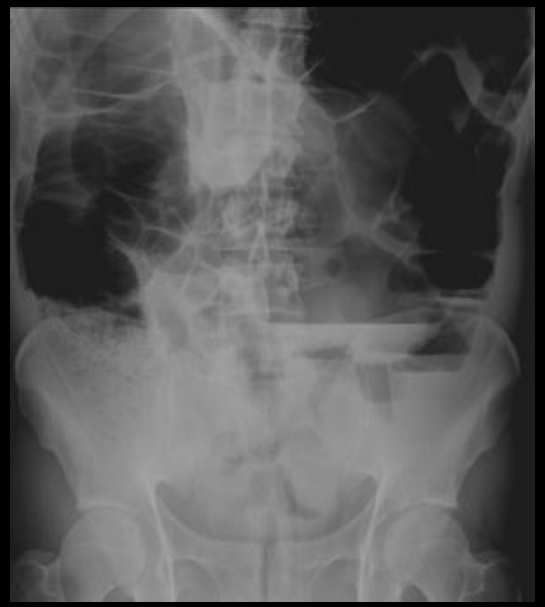
article original digestif

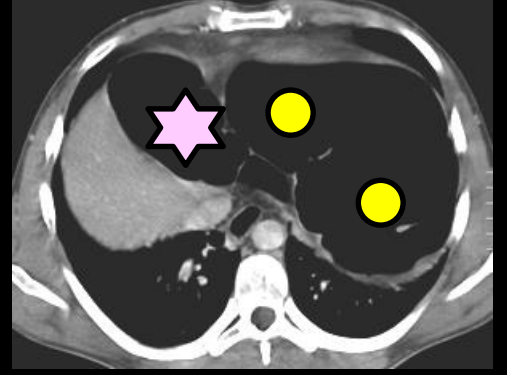
Apport du scanner multi-détecteurs dans la prise en charge des volvulus du sigmoïde

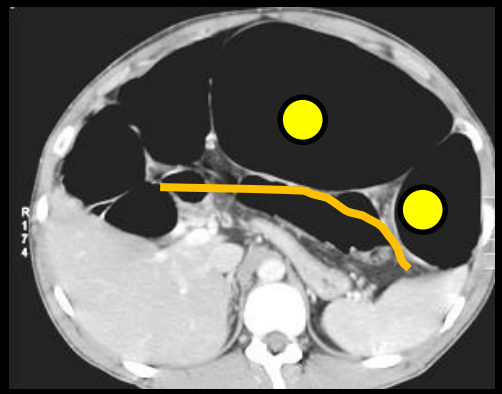
C Bernard (1), J Lubrano (2), V Moulin (1), G Mantion (2), B Kastler (1) et E Delabrousse (1)

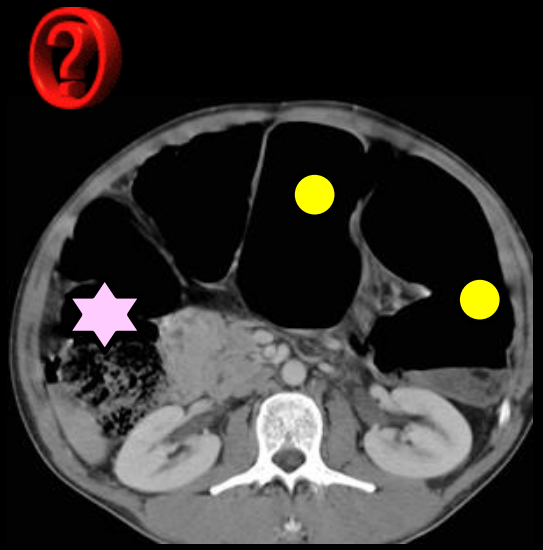
homme 24 ans,vivant en institution , état général altéré; douleur abdominale diffuse,pas de défense ; arrêt du transit depuis 3 jours,; pas de vomissements,

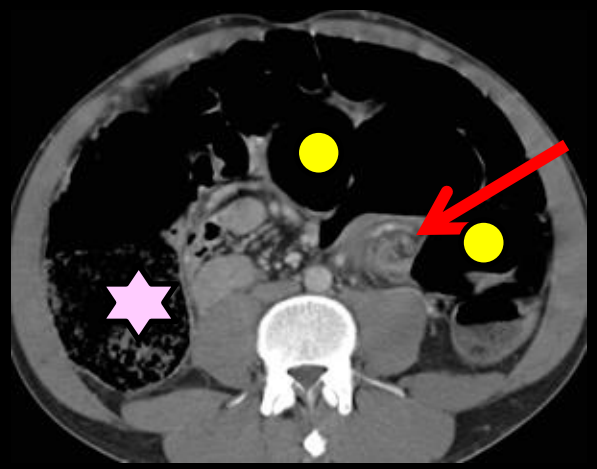


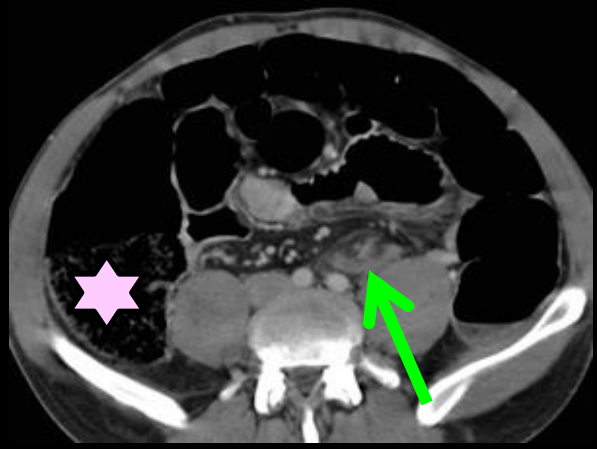


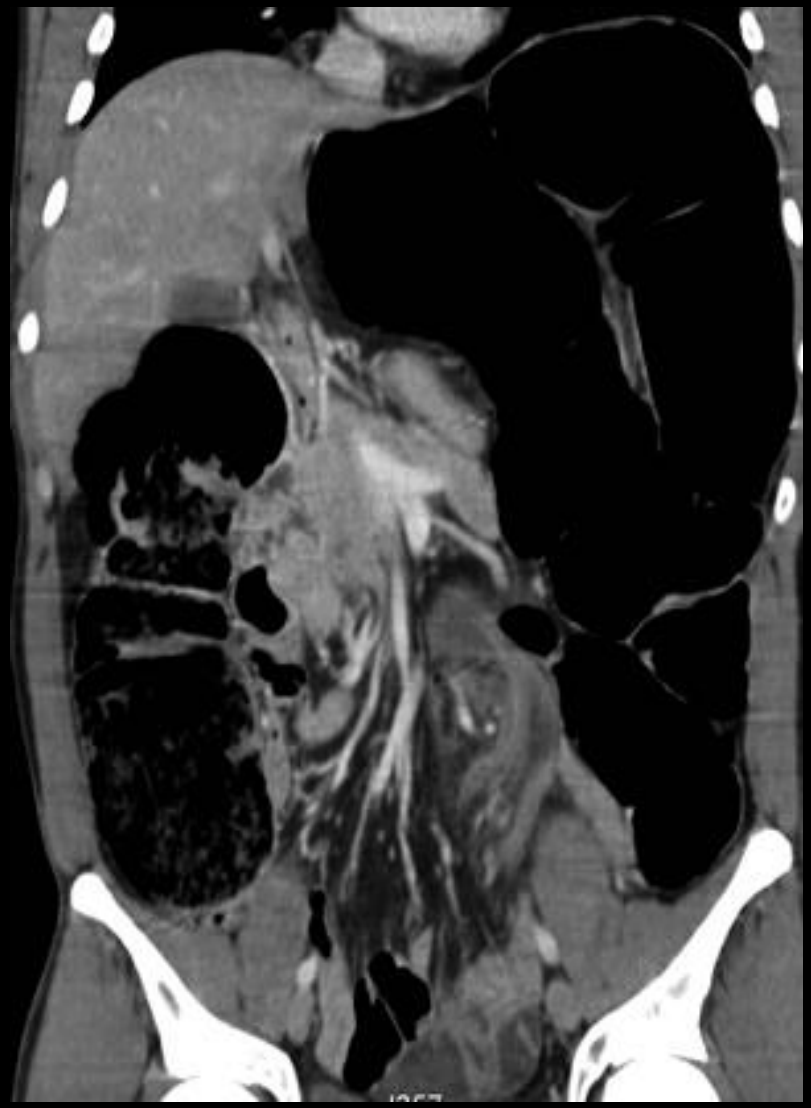


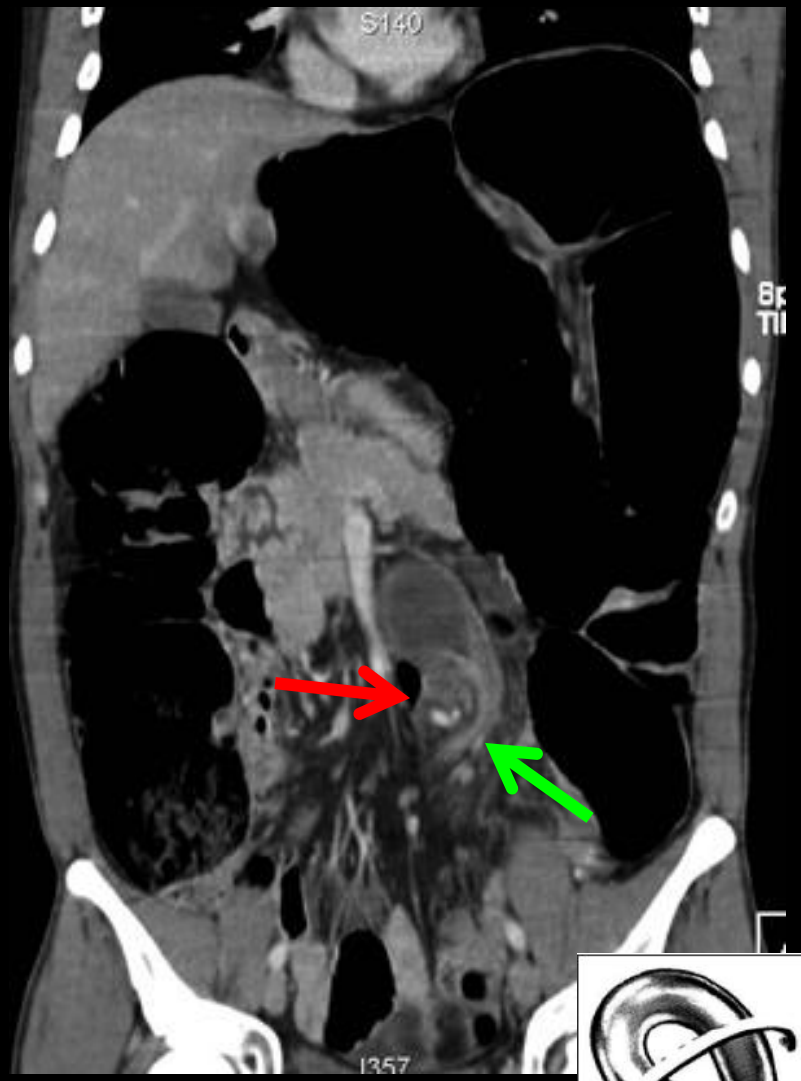








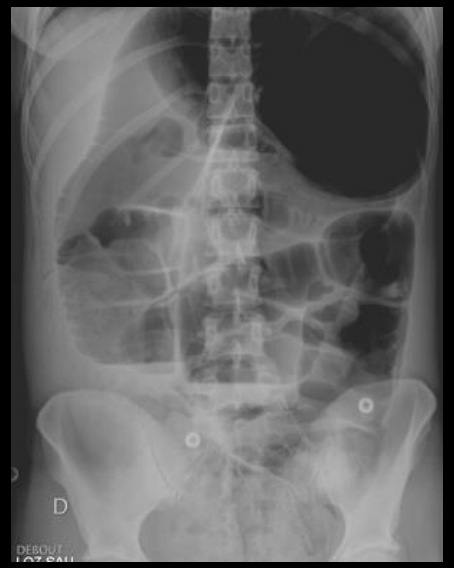


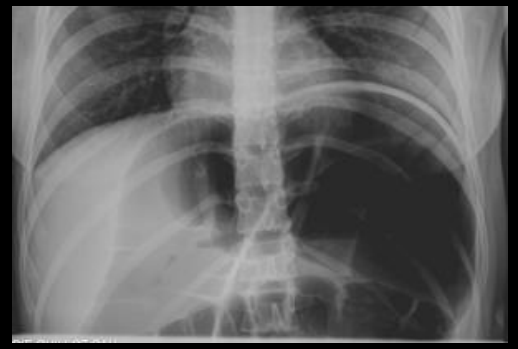


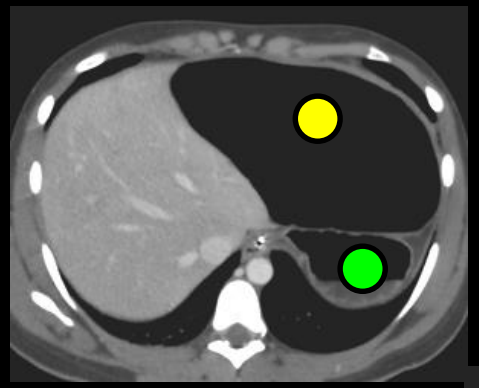
northern exposure sign présent
grain de café latéralisé à gauche
croisement des jambes à l'étage pelvien haut

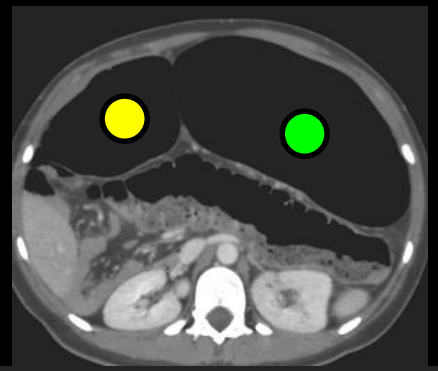
volvulus mésentérico-axial

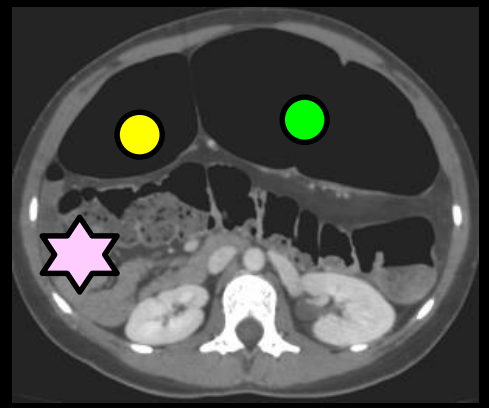
jeune femme 20 ans , syndrome occlusif avec ballonnement abdominal

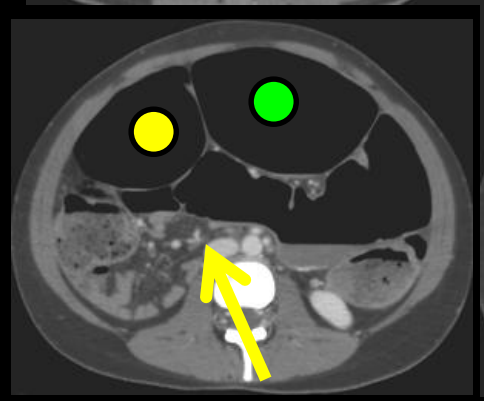


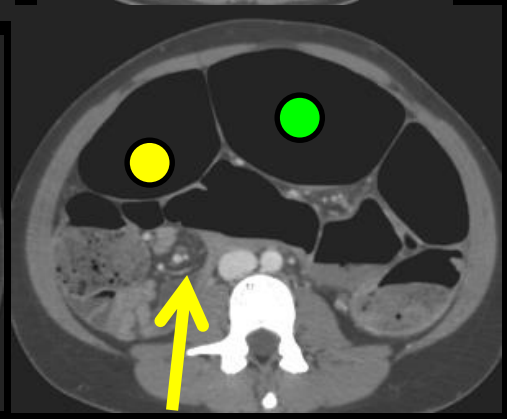


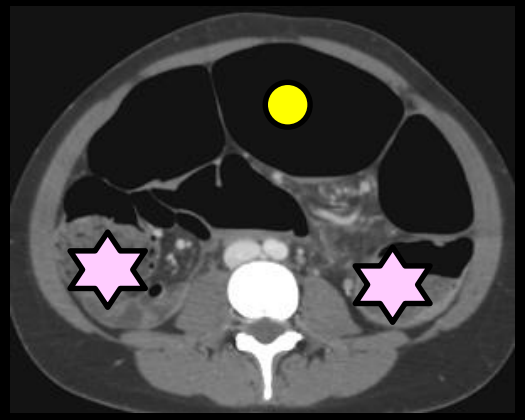


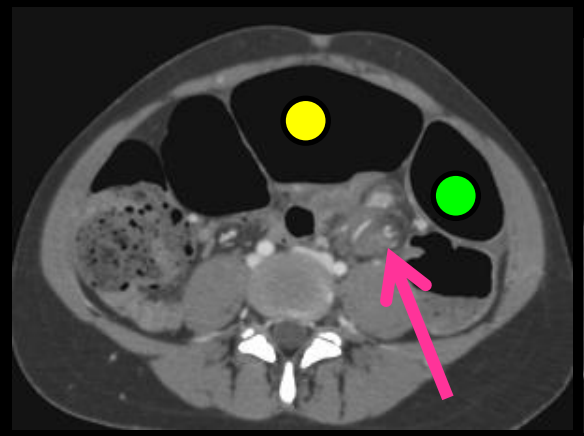


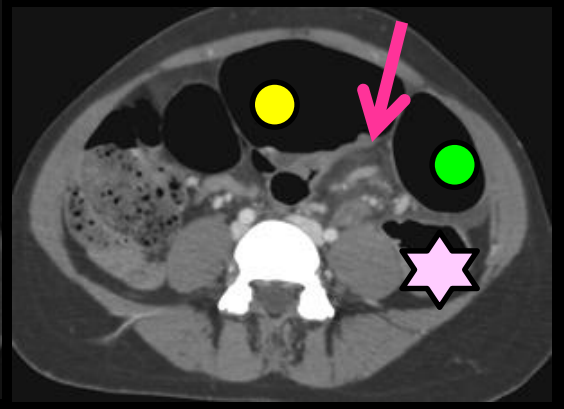


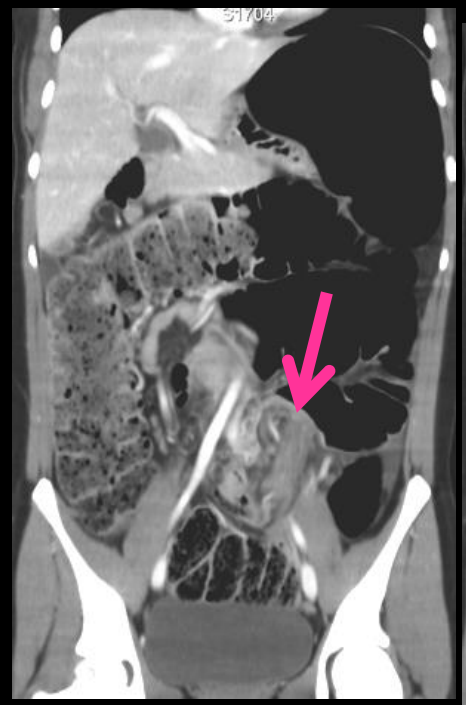
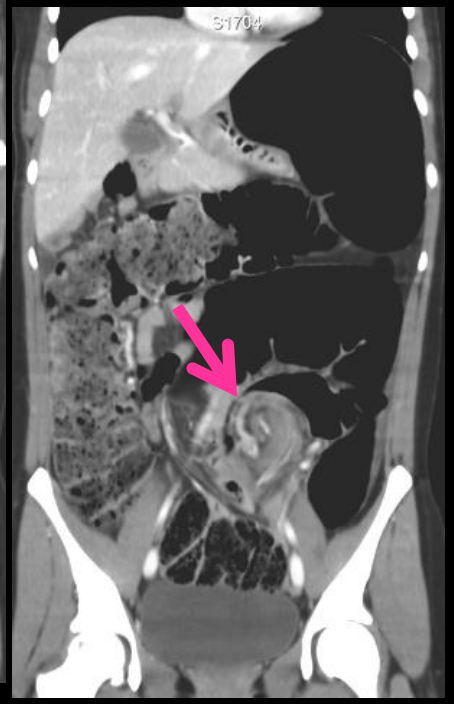
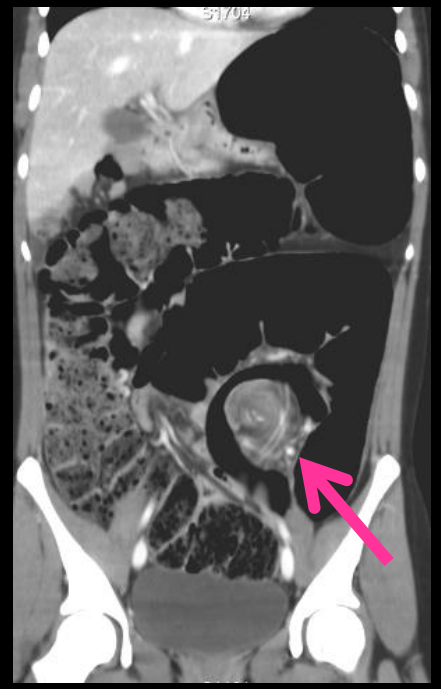
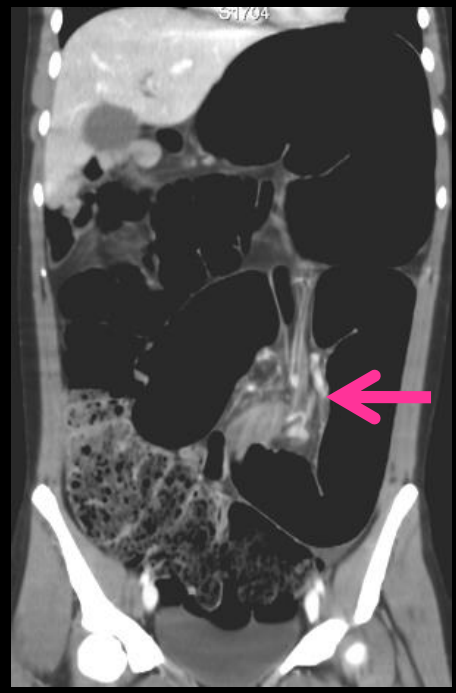
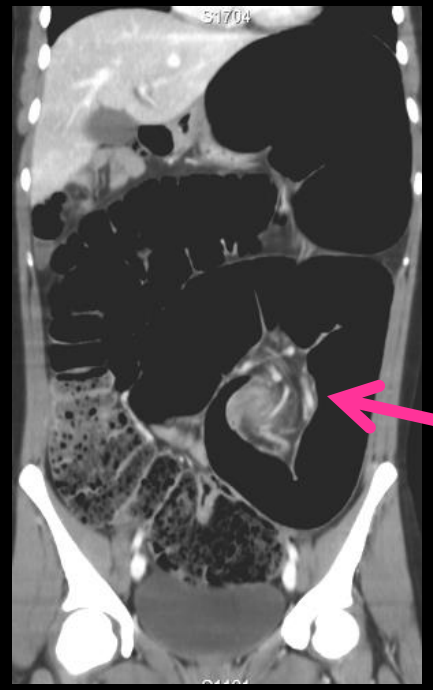
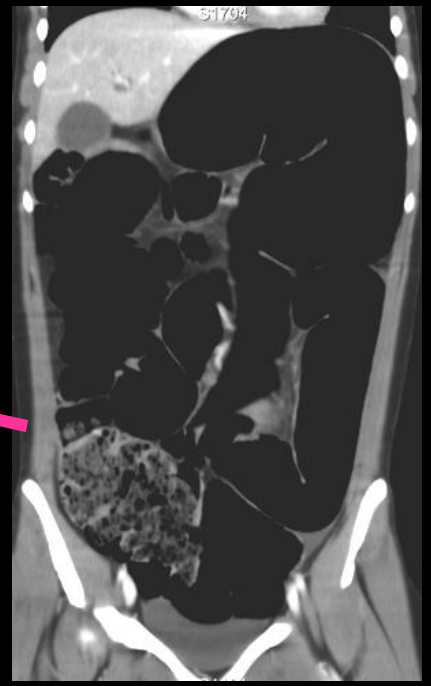
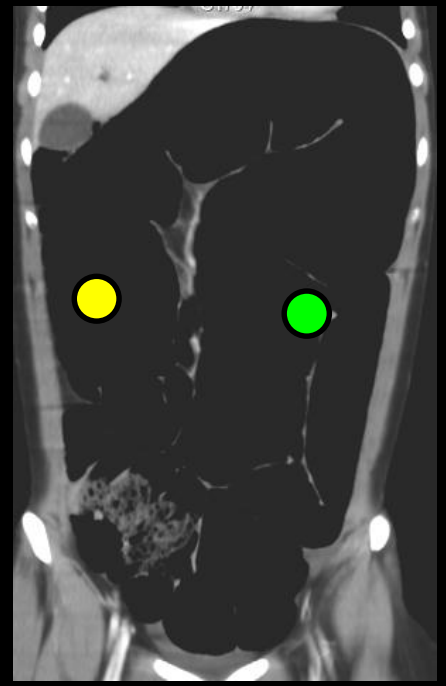






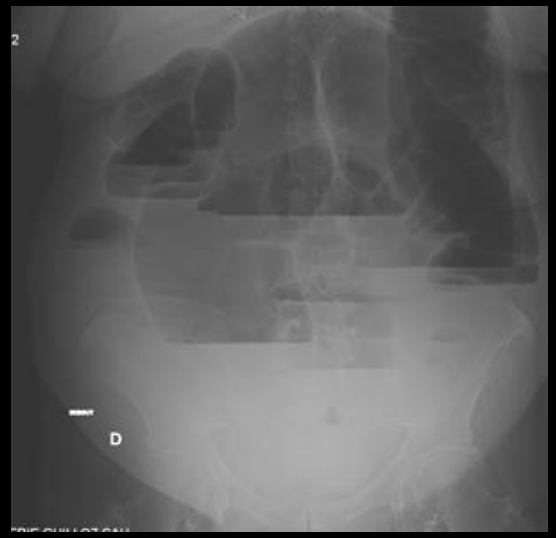


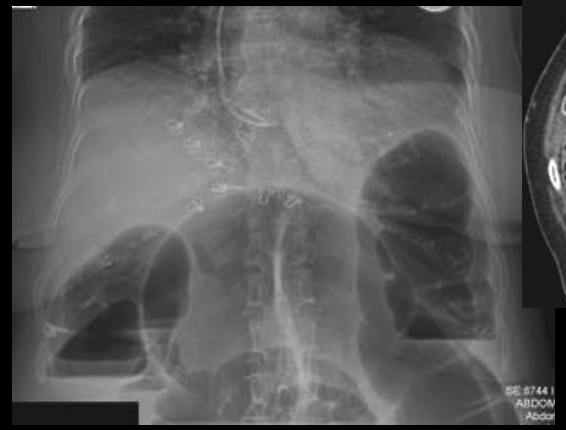


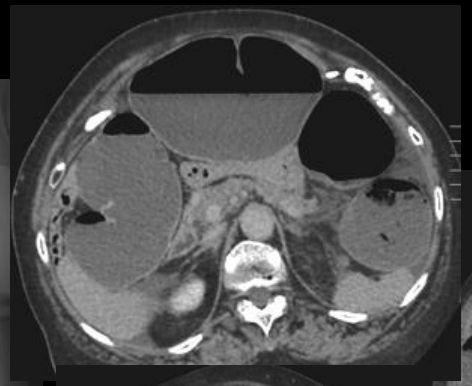








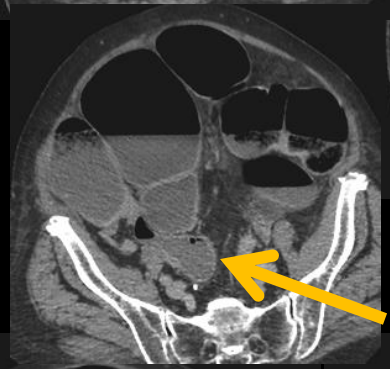

volvulus mesentérico -axial

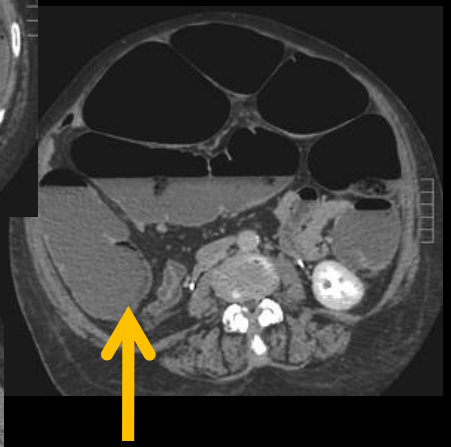
femme 85 ans , météorisme abdominal douloureux , arrêt des matières et des gaz , vomissements fécaloïdes

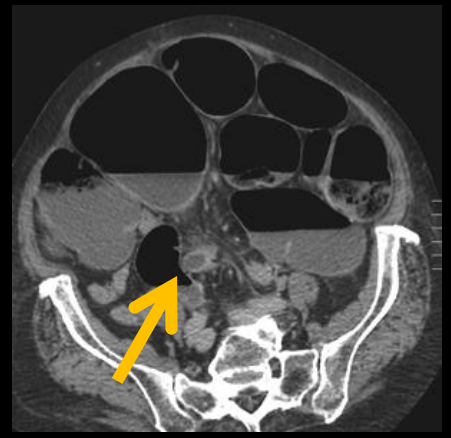


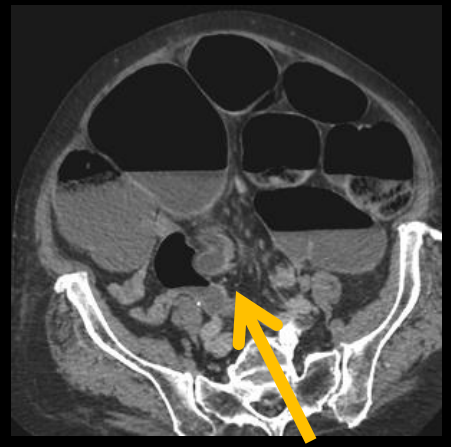


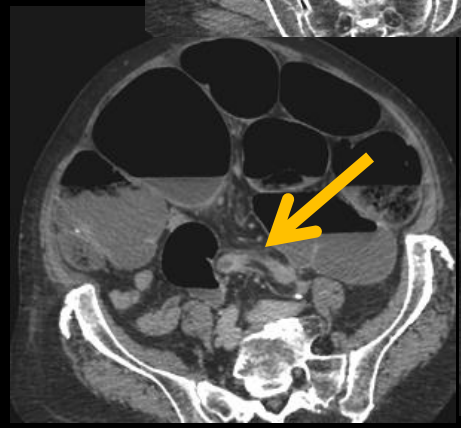


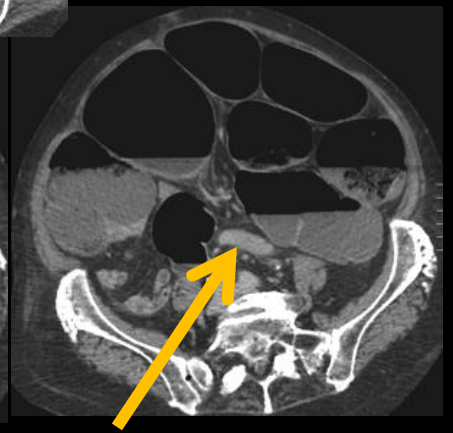


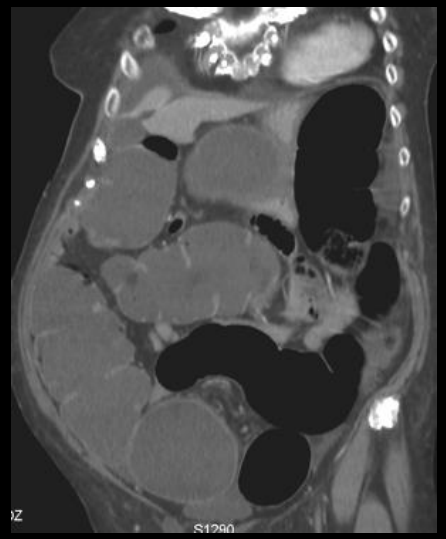
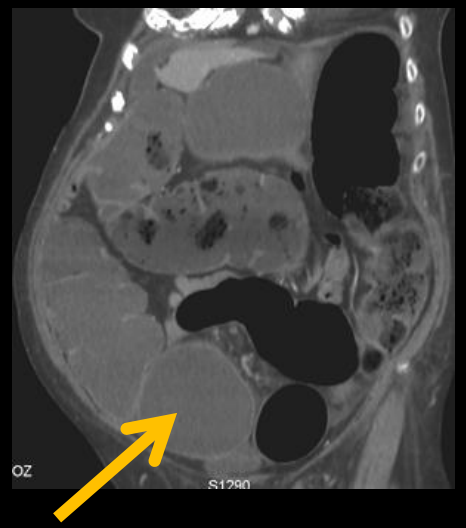
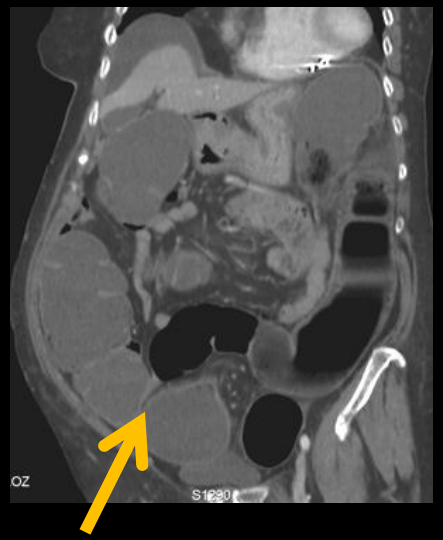
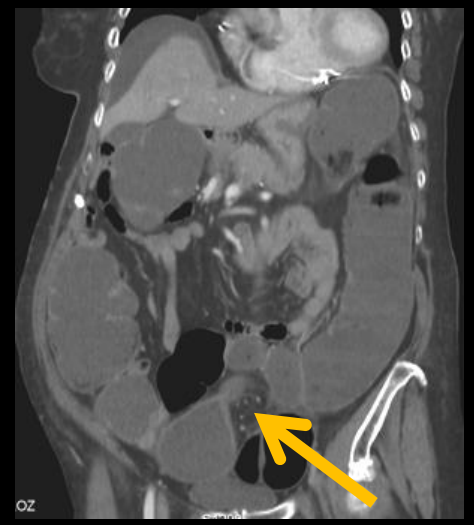
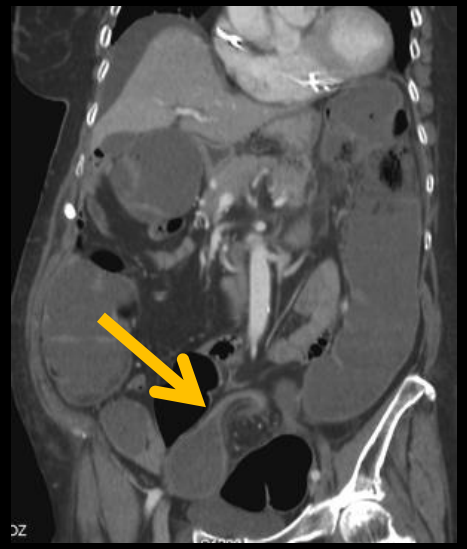
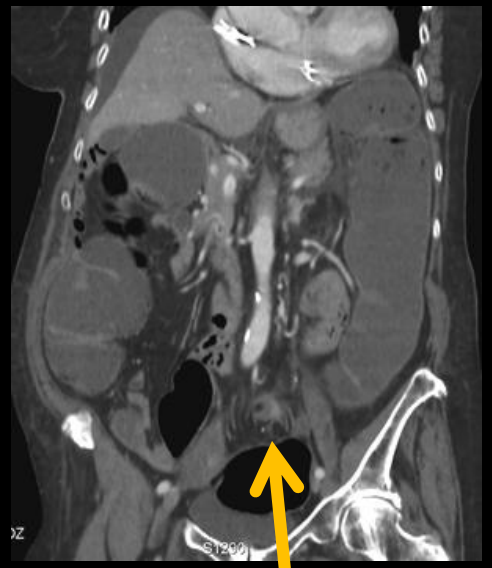
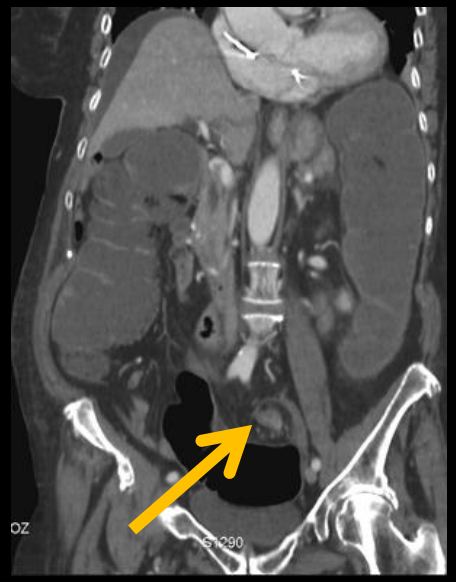
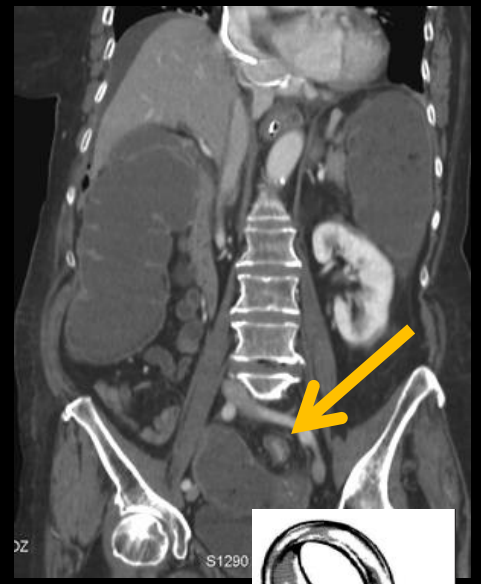








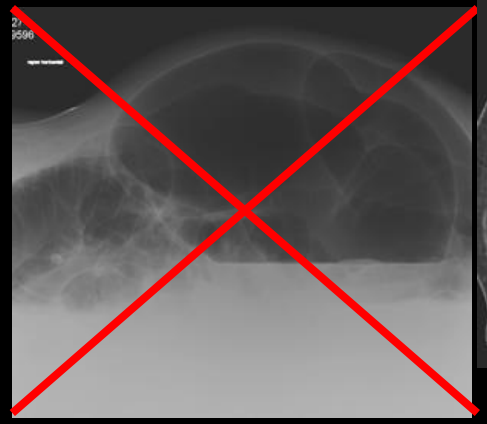


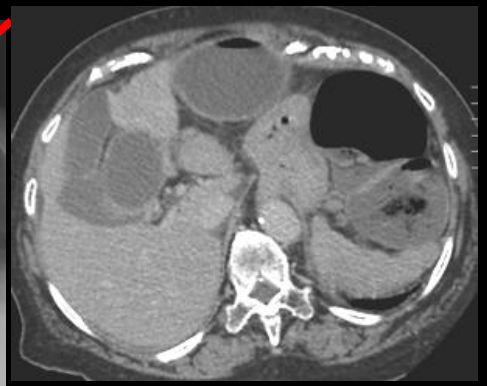









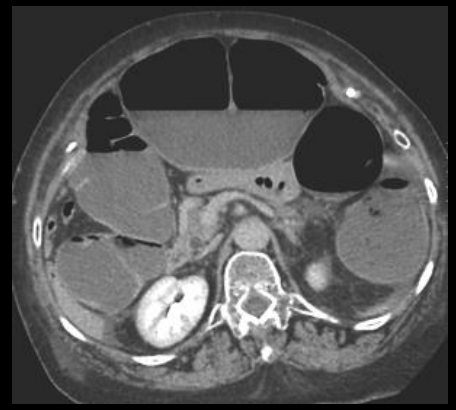
northern exposure sign absent
pas de grain de café
pas de croisement des jambes à l'étage pelvien
dolichocolon gauche"traversant l'abdomen"

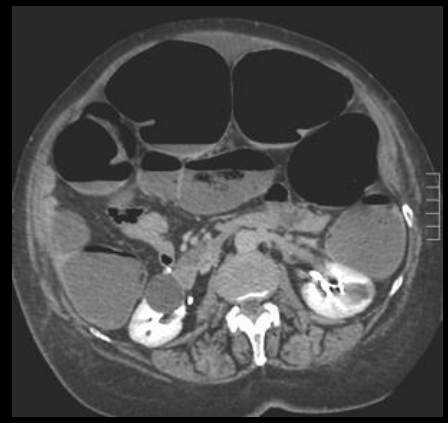
volvulus organo-axial

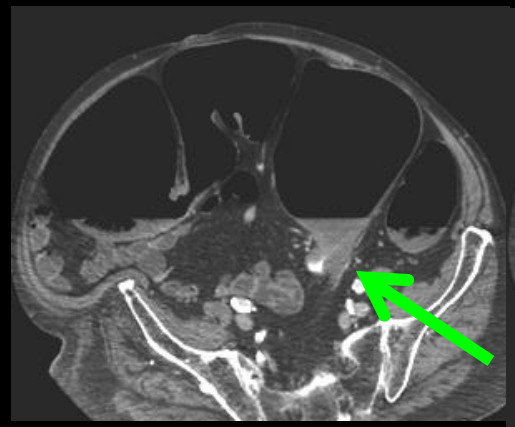
homme 83 ans , météorisme abdominal douloureux , arrêt des matières et des gaz , vomissements fécaloïdes

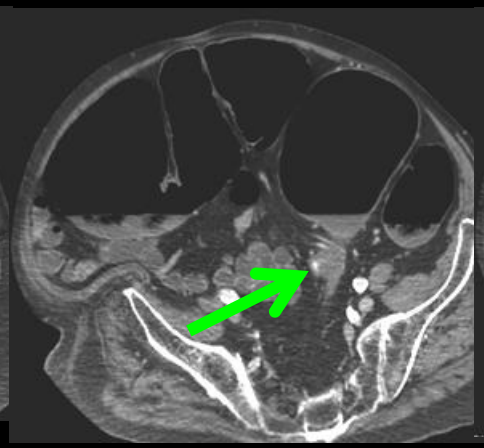


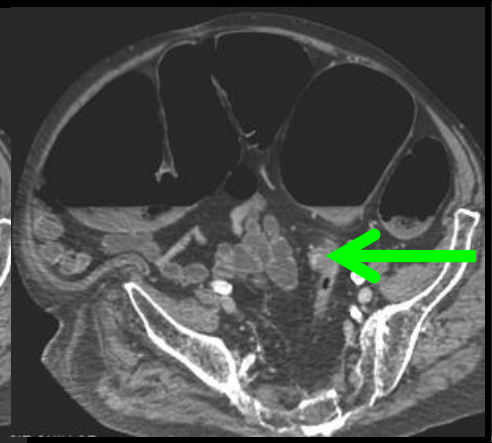


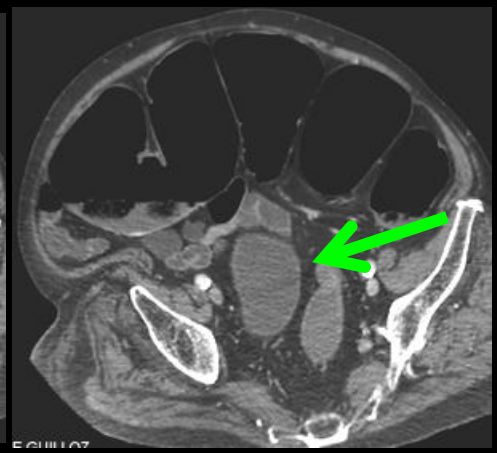






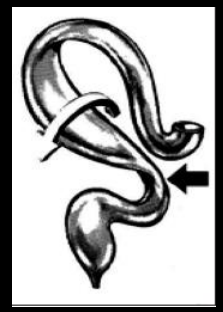


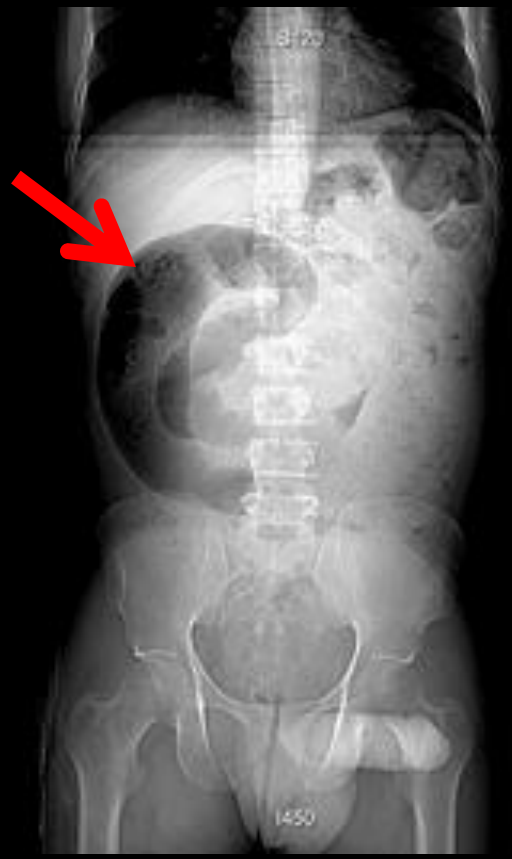


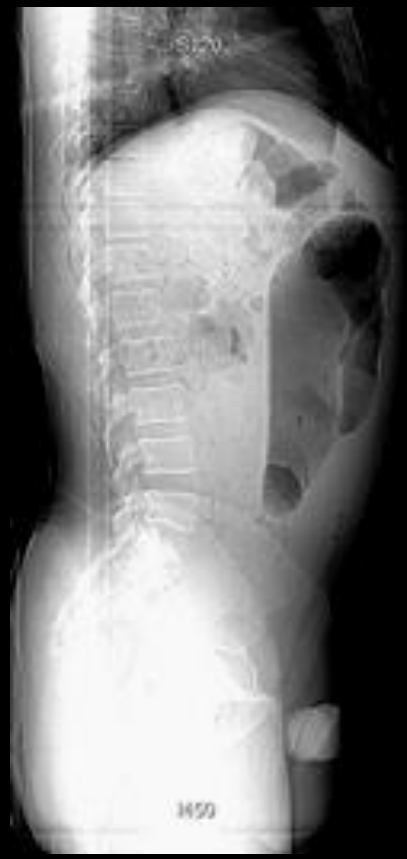


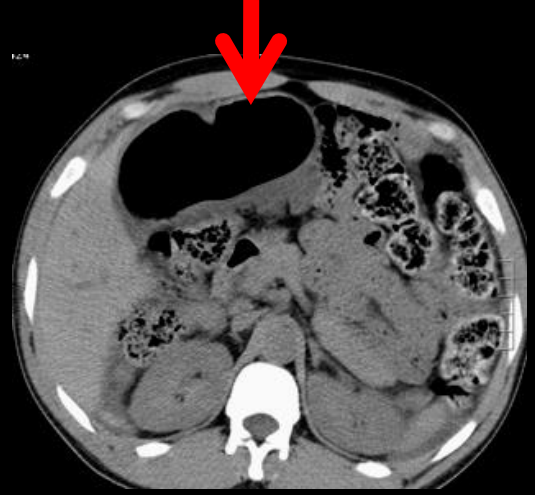
une seule image "en bec d'oiseau"
pas de croisement de jambes à l'étage pelvien

volvulus organo-axial

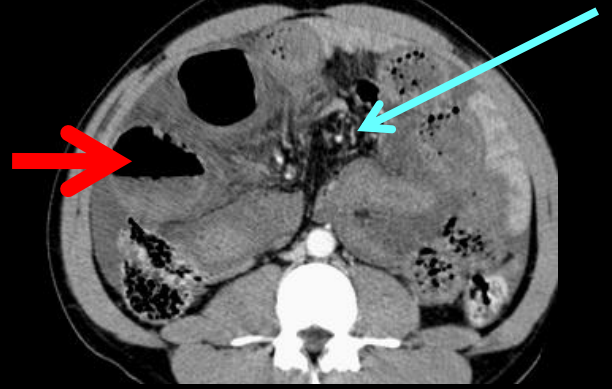


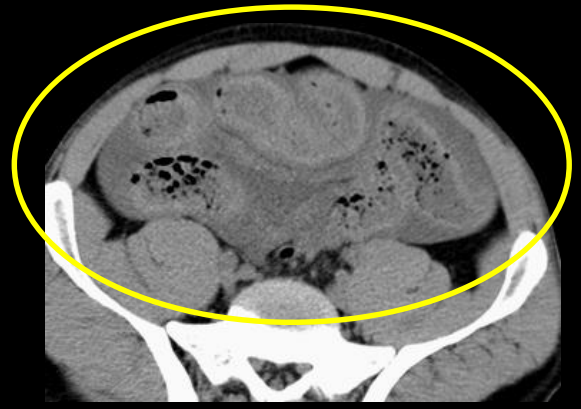






avant injection

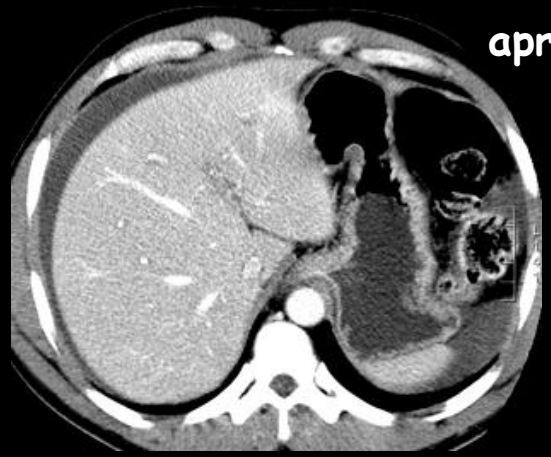


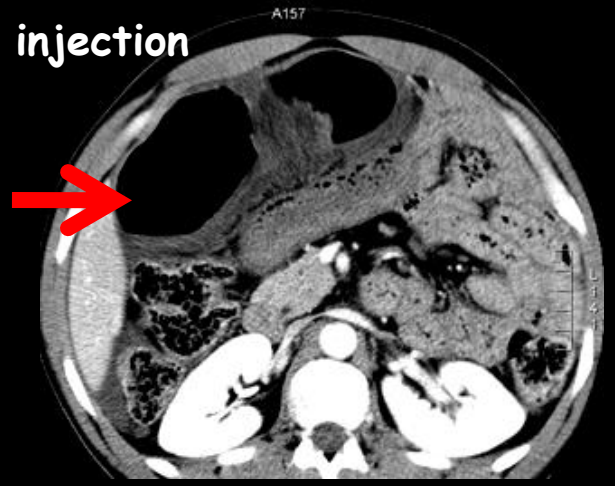


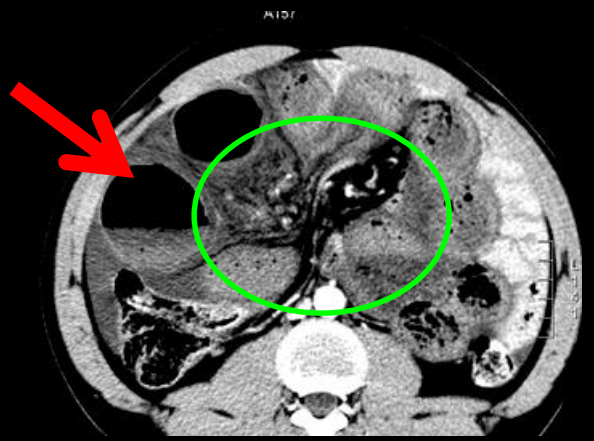
homme 34 ans ; africain ;syndrome occlusif hyperalgique ,de survenue brutale, état de choc .

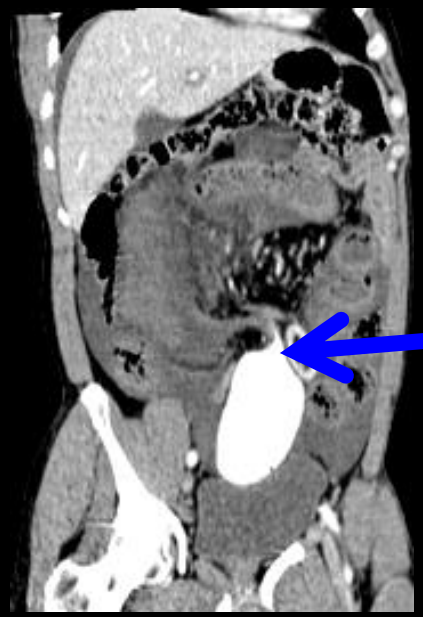
Obs. Marc Zins
Hôpital St Joseph Paris

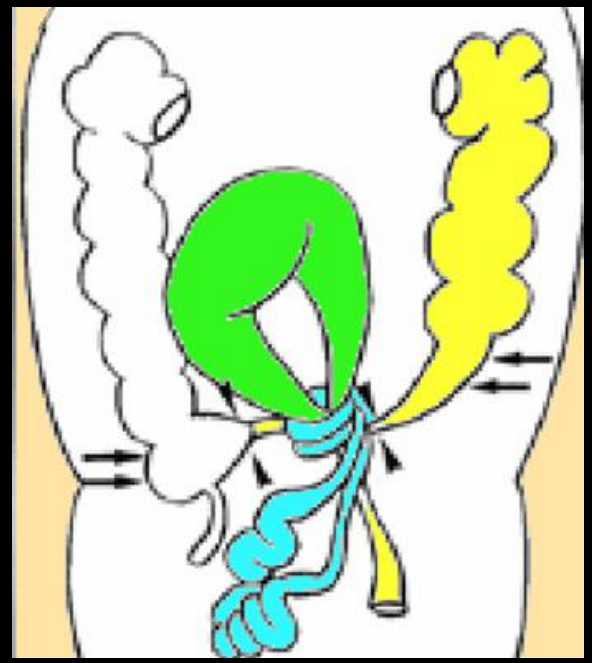
après injection





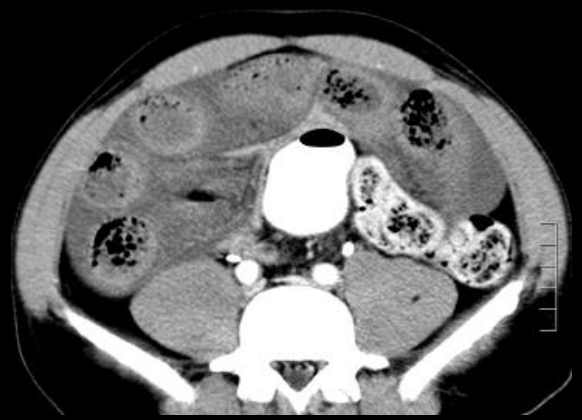




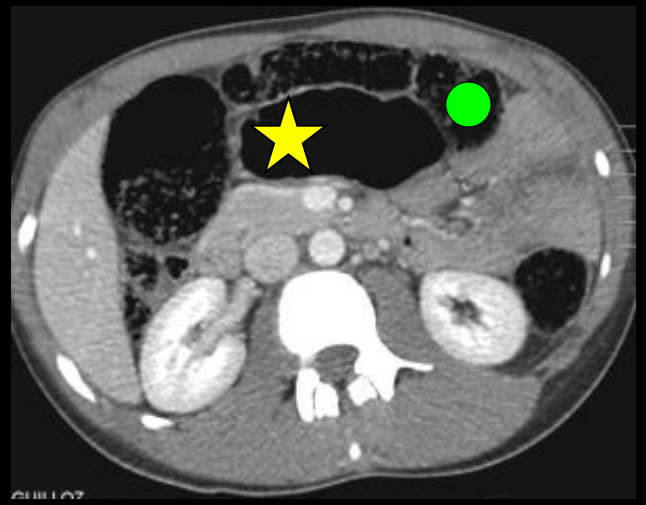


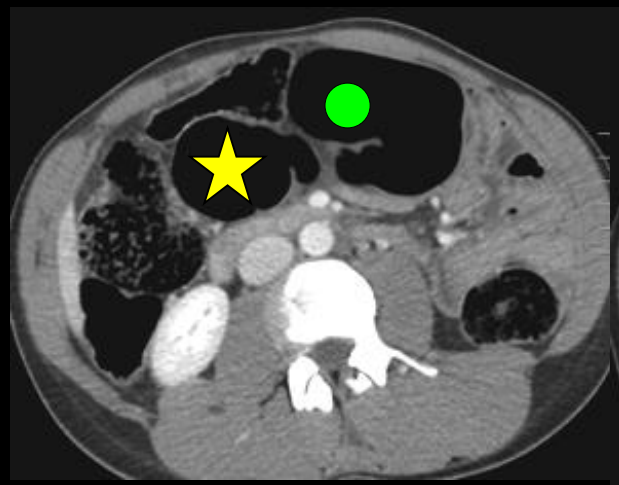
?

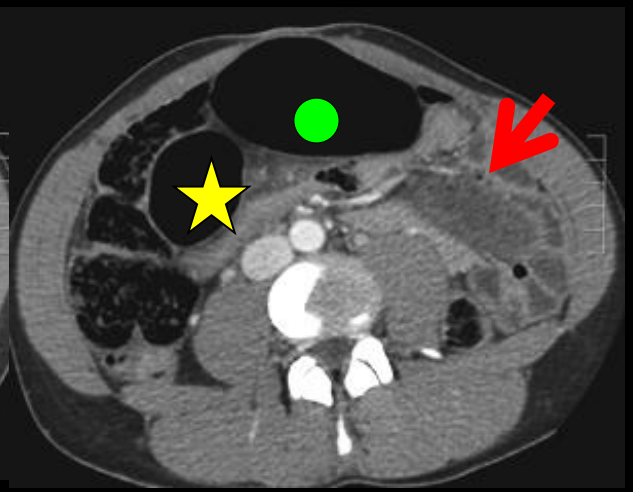
nœud iléo-sigmoïdien;
iléo-sigmoid knot
double volvulus

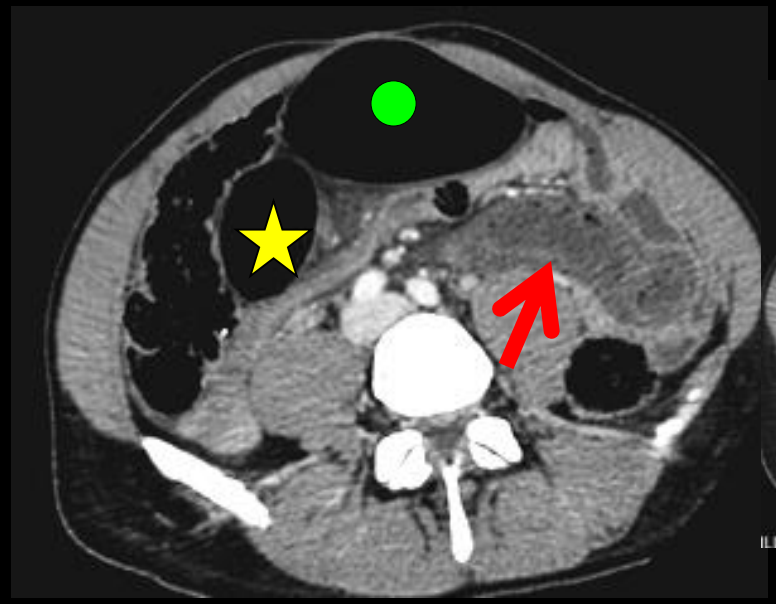


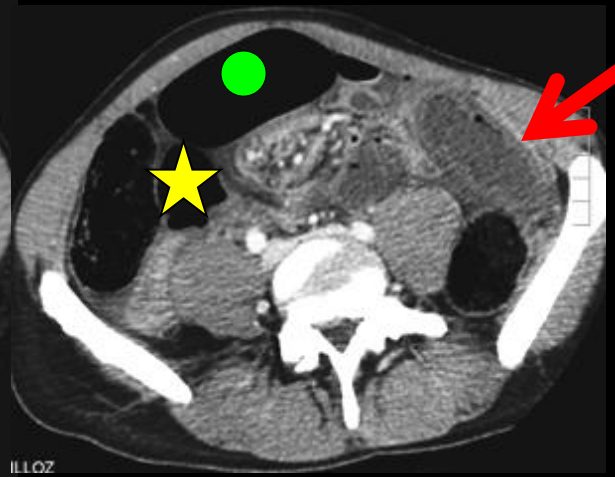
jeune femme 32 ans ;syndrome occlusif hyperalgique de survenue brutale ,sans fièvre

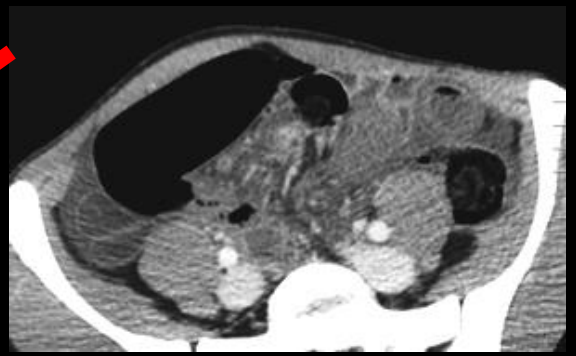


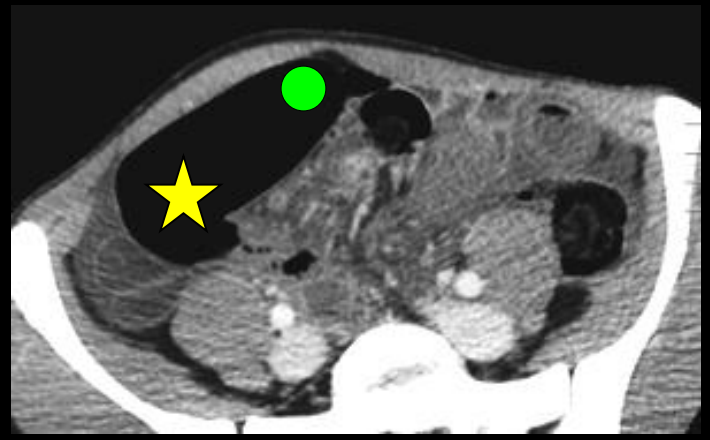


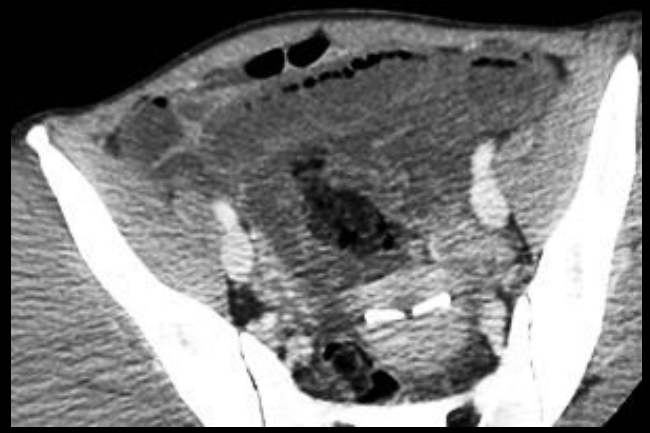


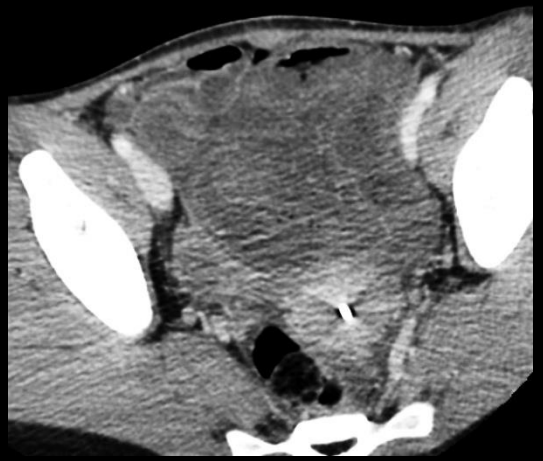


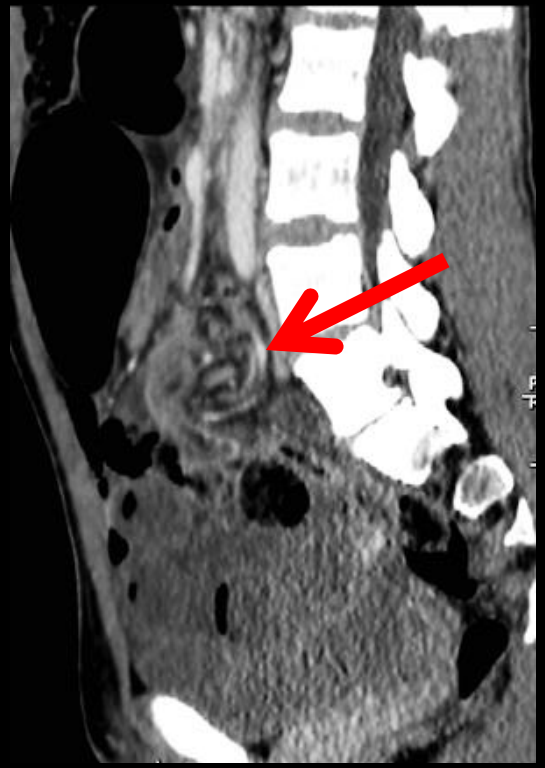


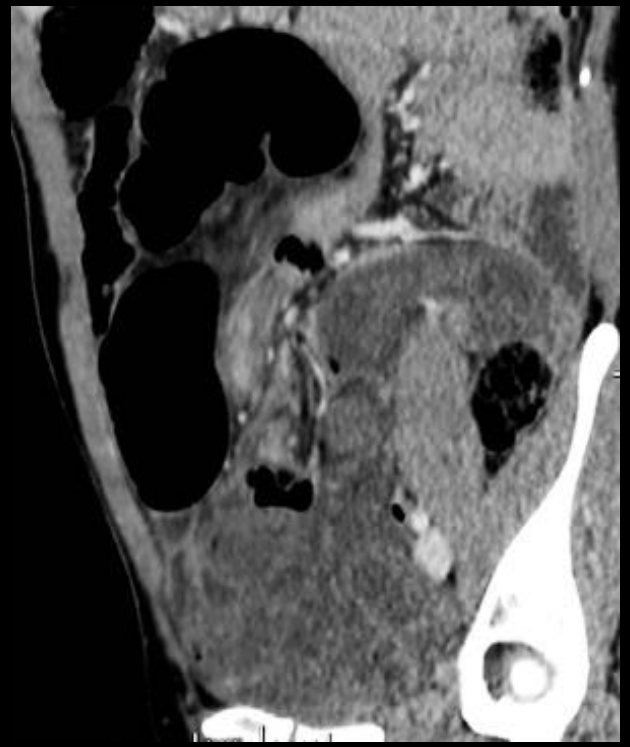












nœud iléo-sigmoïdien;
iléo-sigmoid knot
double volvulus
chez une autochtone

take home message

-les volvulus du sigmoïde répondent probablement à 2 mécanismes ,comme les autres volvulus (caecum,estomac)

-le volvulus mésentérico-axial correspond à la description classique et comporte :

. une distension majeure d'un dolichosigmoïde vertical dont la conséquence est le "northern exposure sign"

.un croisement des jambes à l'étage pelvien (avec 2 becs) , à l'origine de l'image "en grain de café" sur l'ASP (couché! ! !)

-le volvulus organo-axial est nettement plus fréquent , en particulier chez le sujet âgé. Il comporte un seul bec correspondant au site de la torsion et une distension du colon d'amont qui traverse l'abdomen sans converger vers le pelvis , ce qui explique l'absence de "grain de café" sur l'ASP.

-le double volvulus ou nœud iléo-sigmoïdien associe un volvulus du grêle et un volvulus organo-axial du sigmoïde ; le premier étant à l'origine du second le plus souvent .