

Radio-anatomie de l'abdomen

PCEM 2

« Le médecin doit être un lettré
d'anatomie » (A Paré)

Pratique quotidienne clinique médicale
et chirurgicale : Imagerie médicale
omniprésente

Imagerie de l'abdomen

Imagerie « En coupes » :

- Tomodensitométrie (scanner) : Rx
- Imagerie par résonance magnétique (IRM)
: Champ magnétique
- Echographie : Ultrasons

Autres types d'imagerie :

- Radiographies sans préparation ou avec opacification digestive : Rx
- Angiographies artérielles et veineuses :
Rx

Imagerie de l'abdomen

Objectifs de l'enseignement :

- Rappels sommaires de l'anatomie des principaux constituants de l'abdomen
- Description de l'anatomie de l'abdomen en tomodensitométrie
- Présentation de quelques corrélations avec d'autres méthodes d'Imagerie
- Présentation de quelques cas pathologiques

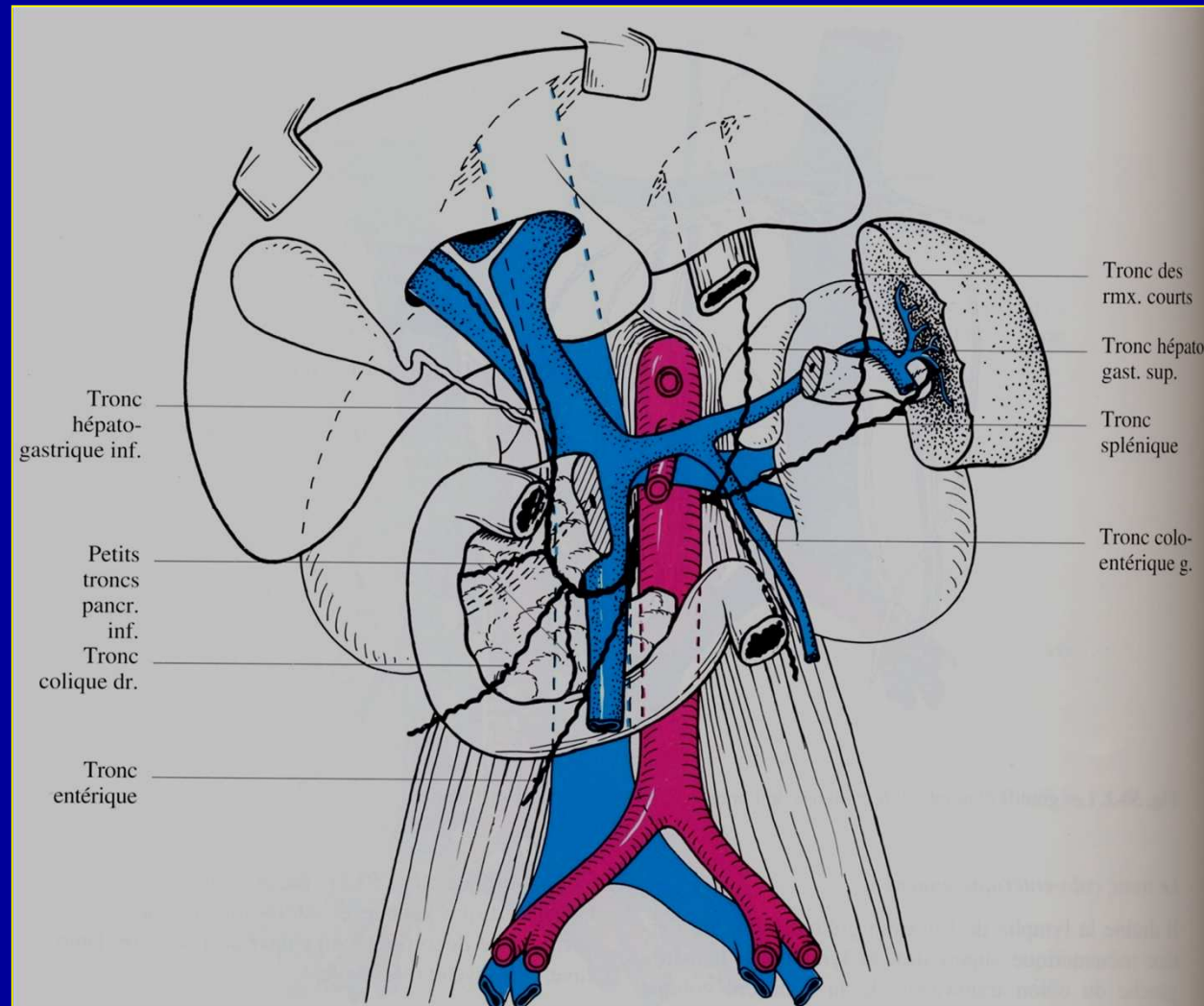
Vascularisation de l'abdomen

1. Organisation générale

- Artérielle
- Veineuse splanchnique
- Veineuse systémique

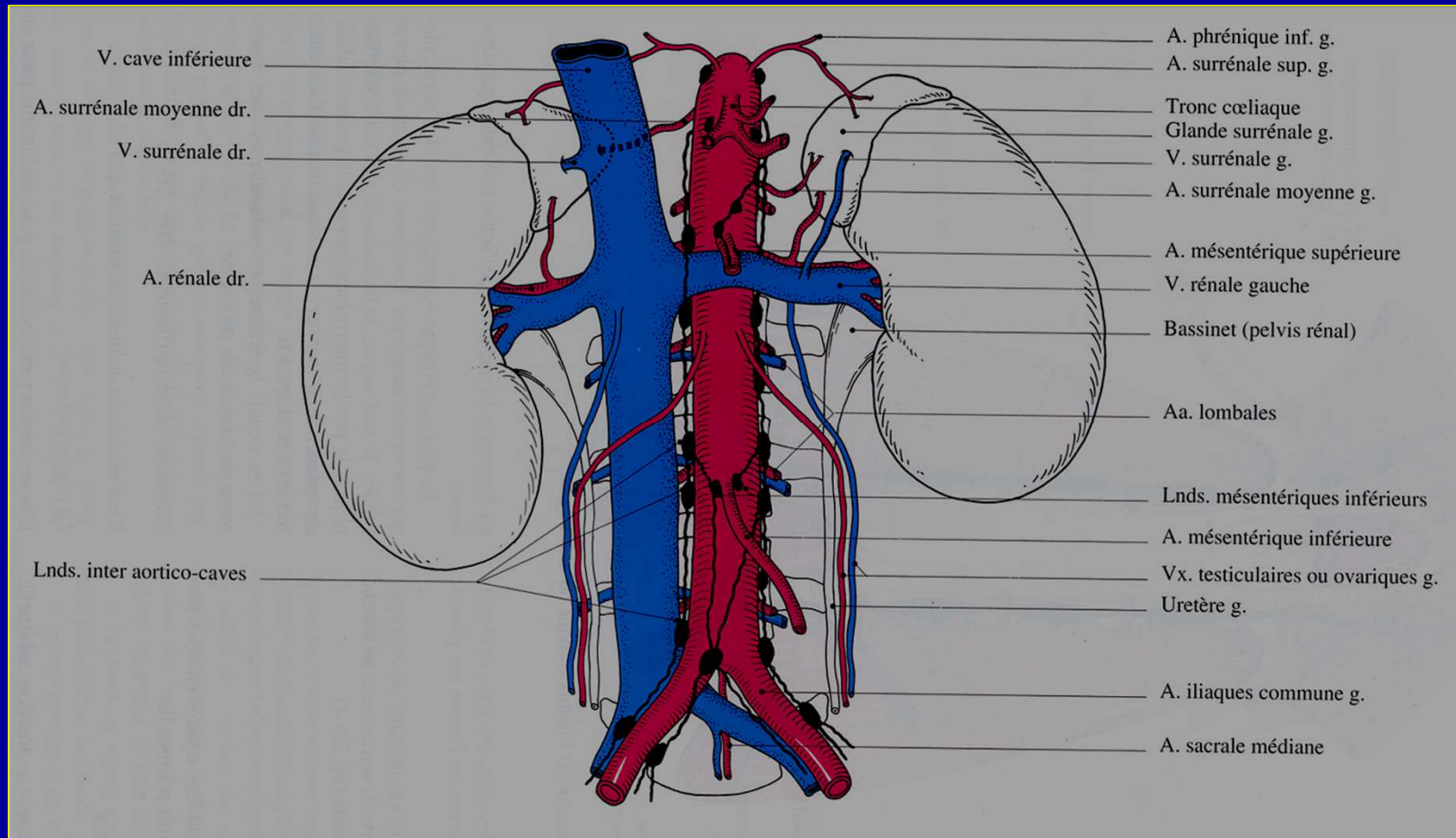
Vascularisation de l'abdomen

1. Organisation générale



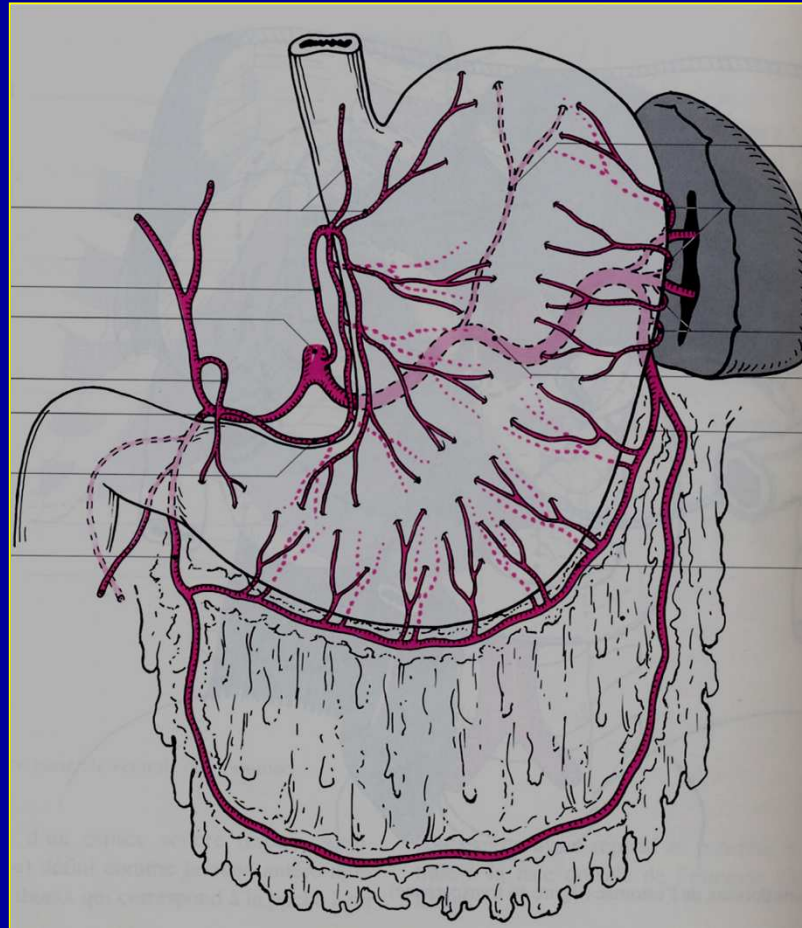
Vascularisation de l'abdomen

2. Vascularisation artérielle générale



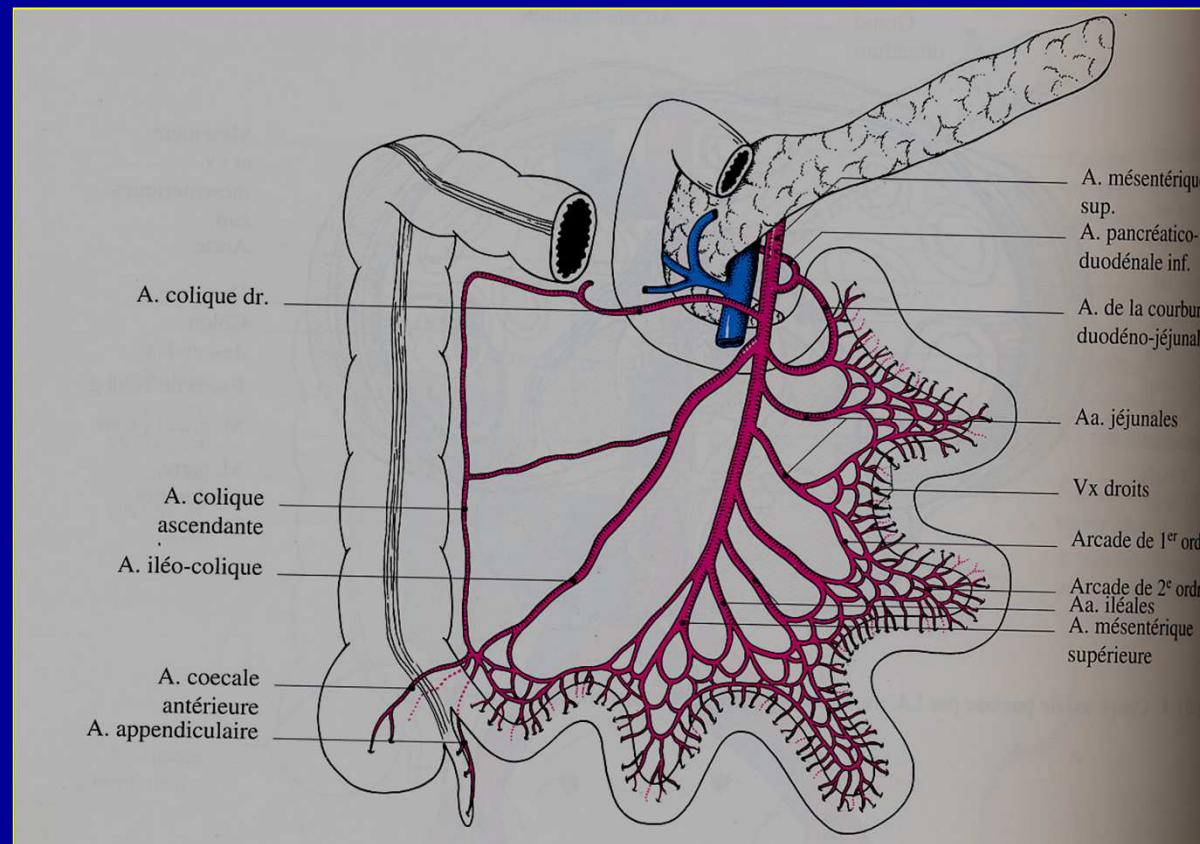
Vascularisation de l'abdomen

3.1 Vascularisation artérielle : Tronc coeliaque



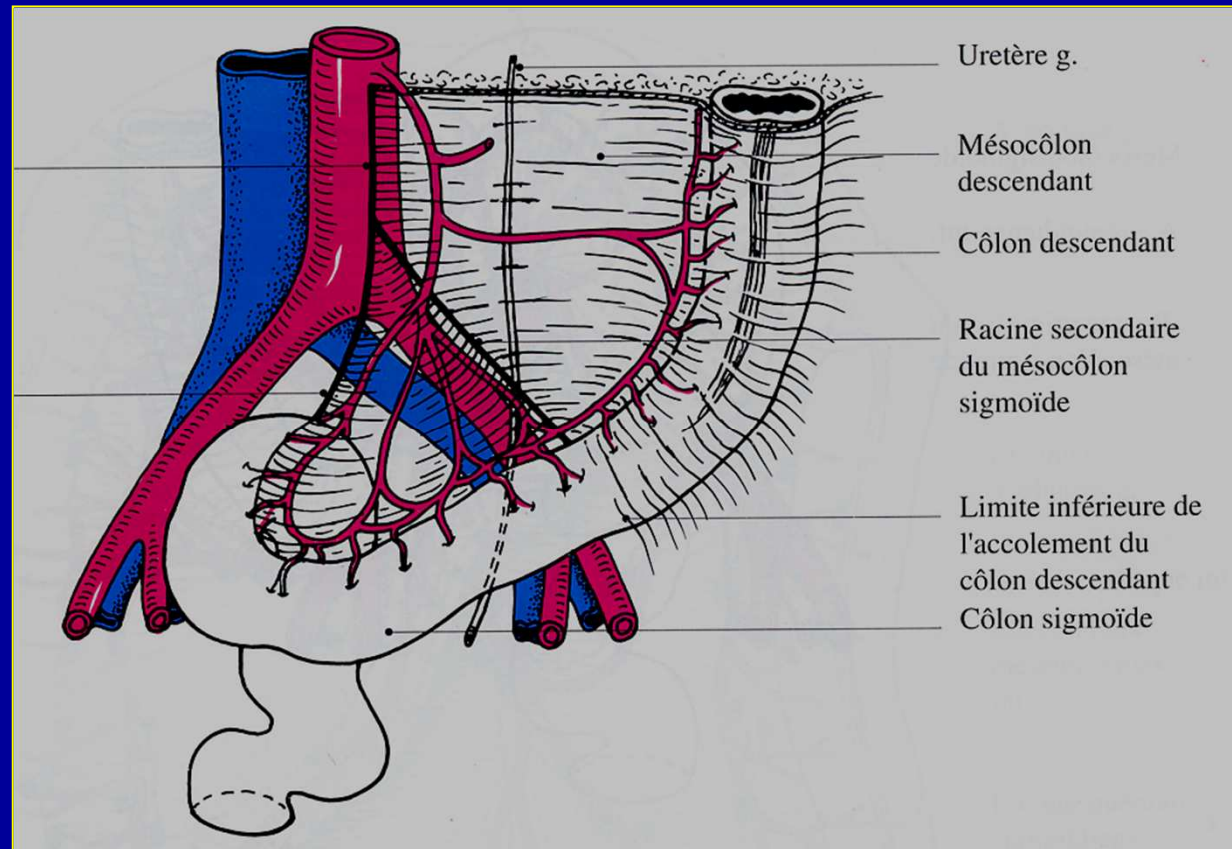
Vascularisation de l'abdomen

3.2 Vascularisation artérielle : AMS



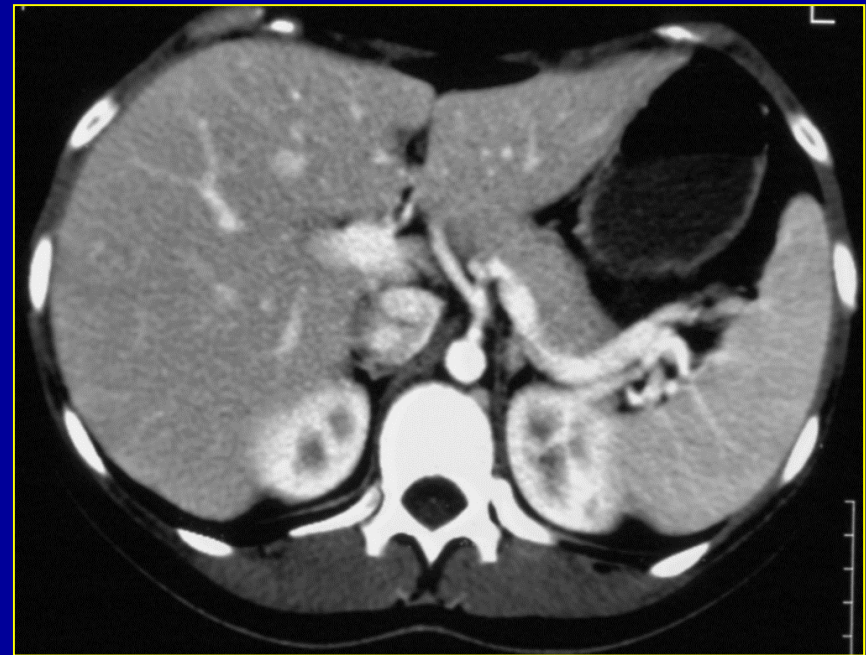
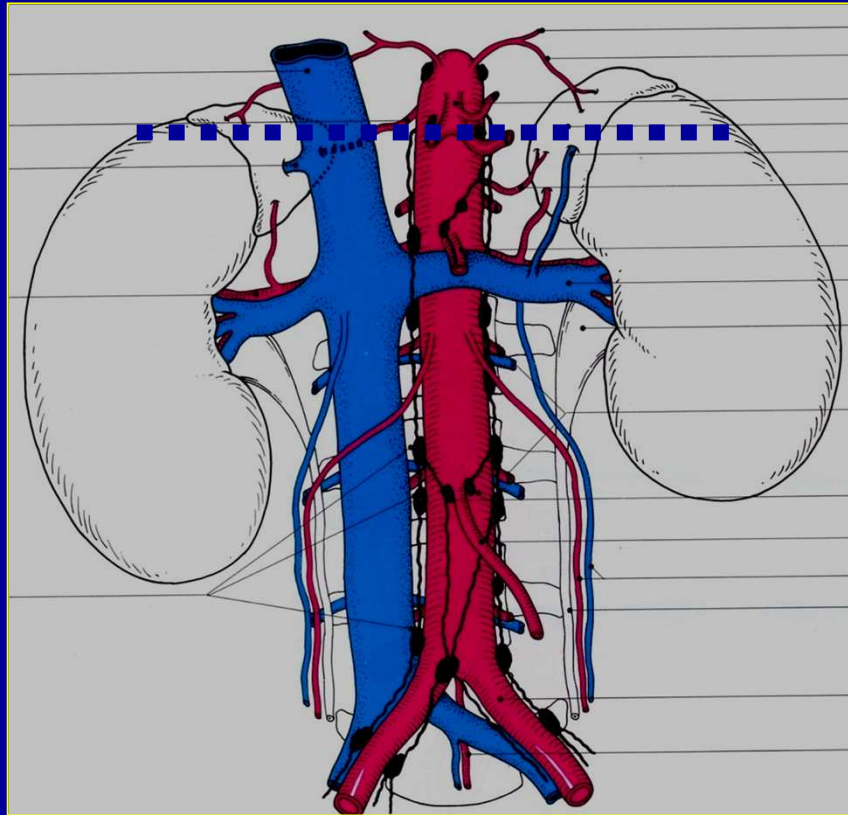
Vascularisation de l'abdomen

3.3 Vascularisation artérielle : AMI



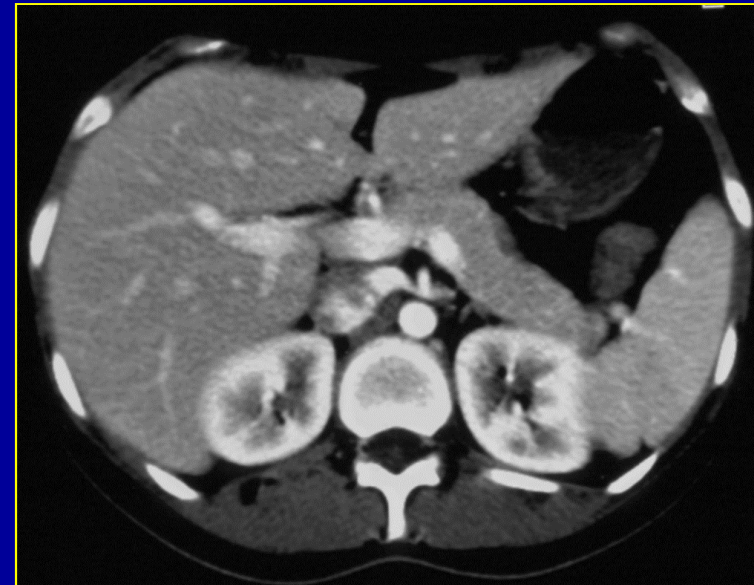
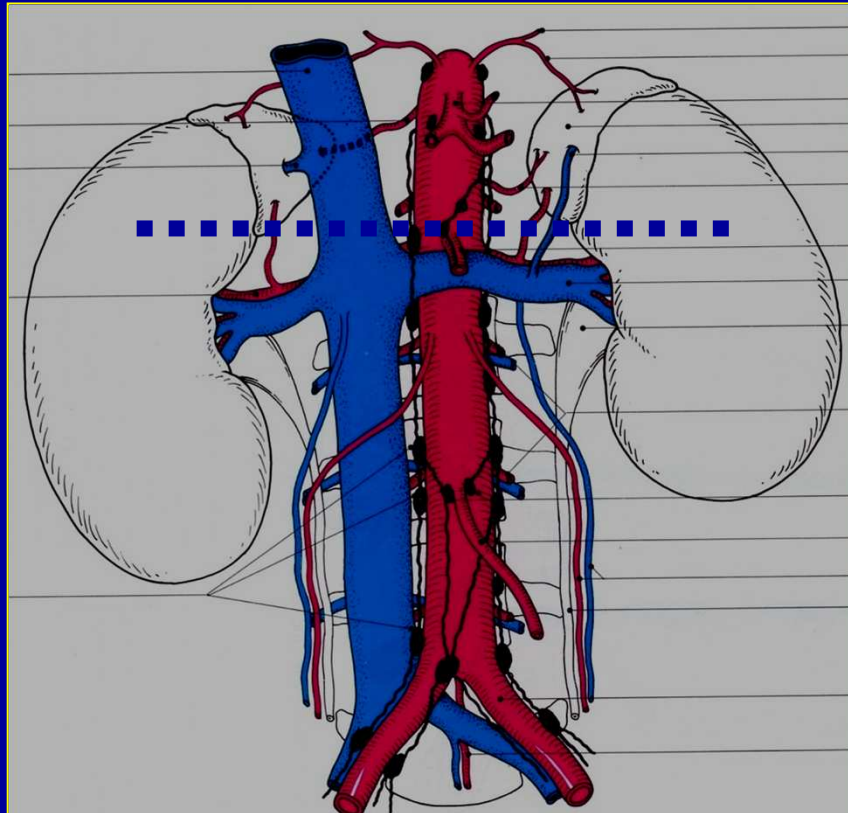
Vascularisation de l'abdomen

3.4 Vascularisation artérielle : Corrélations TDM



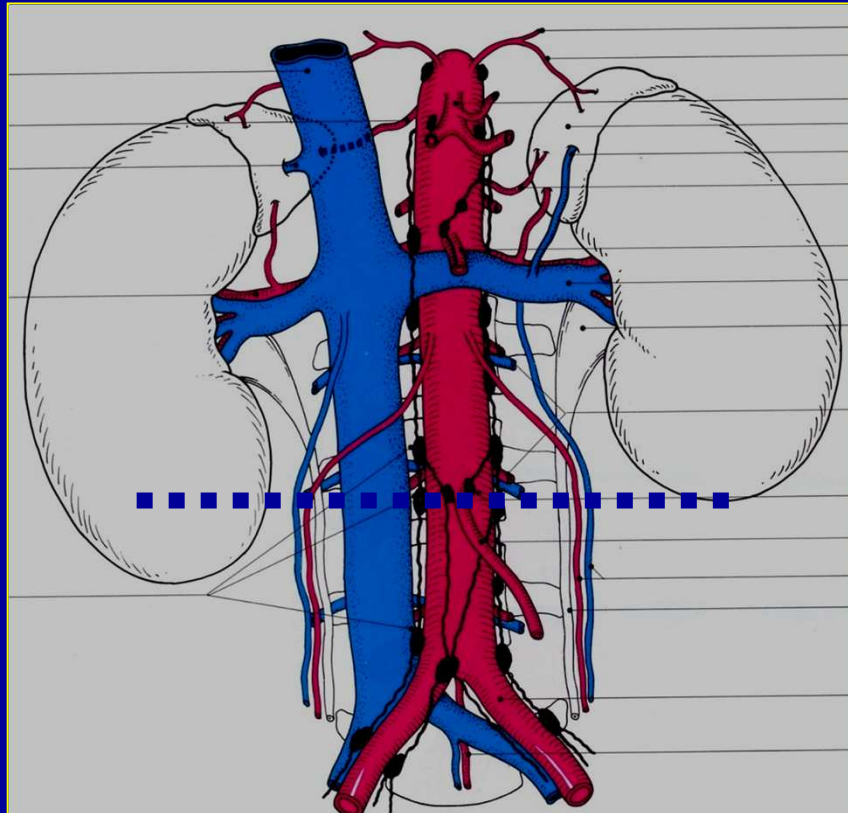
Vascularisation de l'abdomen

3.4 Vascularisation artérielle : Corrélations TDM



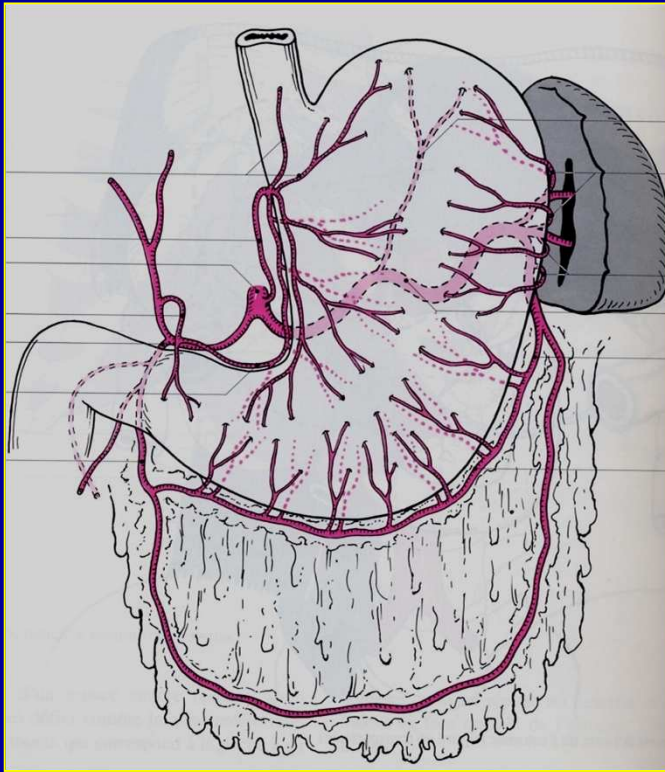
Vascularisation de l'abdomen

3.4 Vascularisation artérielle : Corrélations TDM



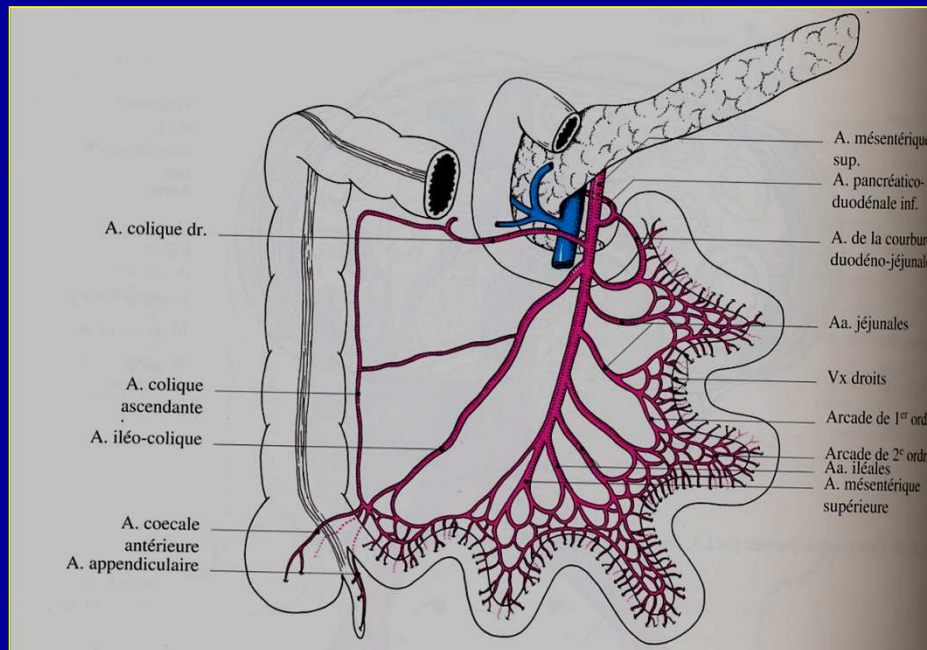
Vascularisation de l'abdomen

3.5 Vascularisation artérielle : Corrélations angiographique TC



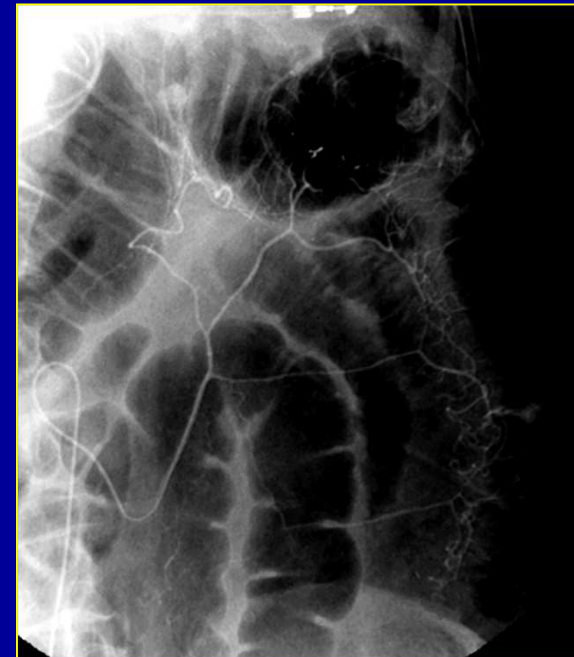
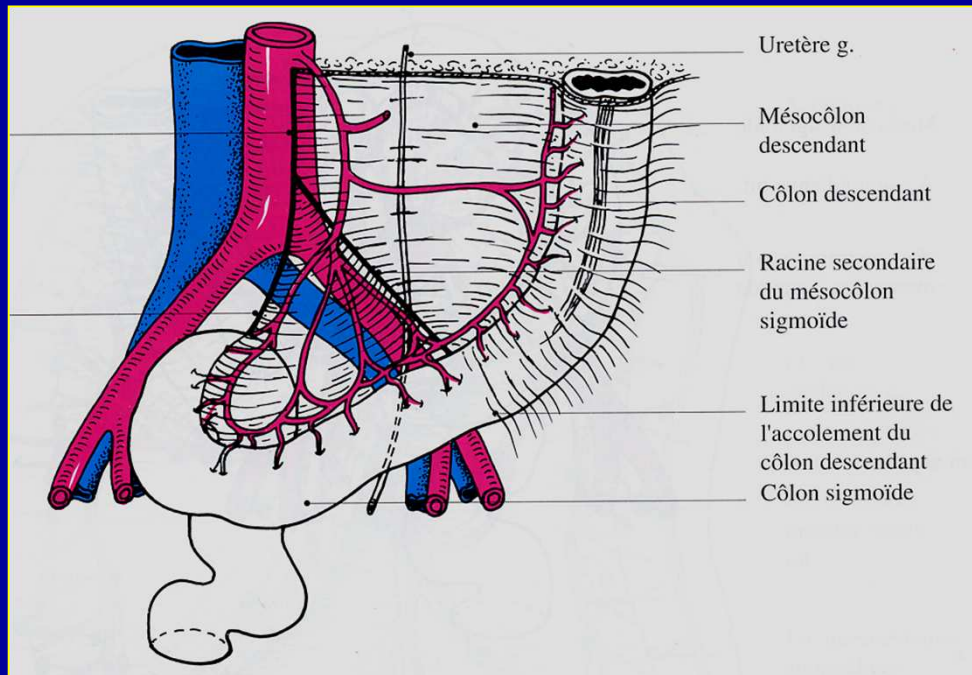
Vascularisation de l'abdomen

3.6 Vascularisation artérielle : Corrélations angiographique AMS



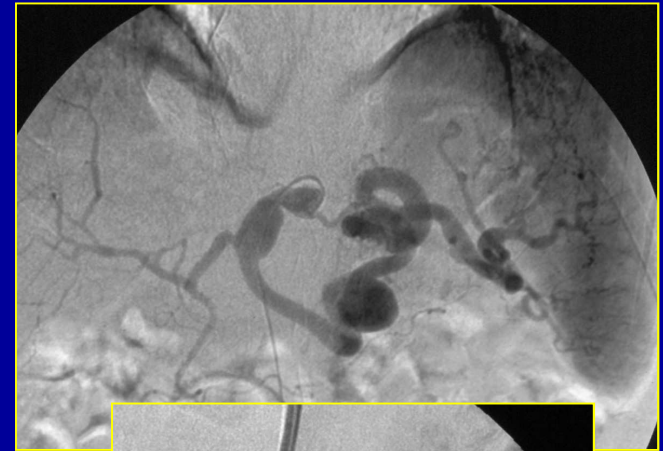
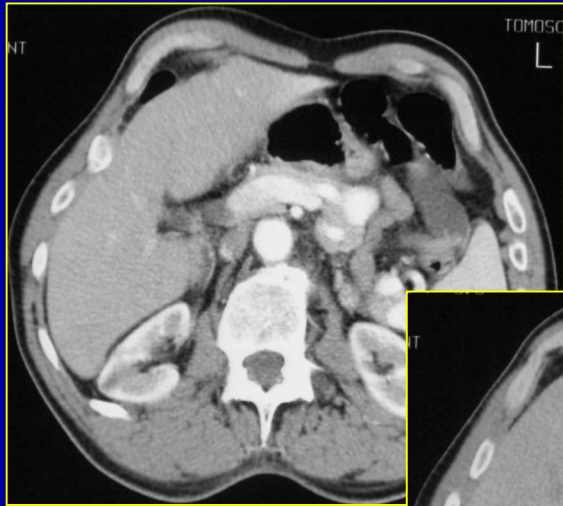
Vascularisation de l'abdomen

3.7 Vascularisation artérielle : Corrélations angiographique AMI



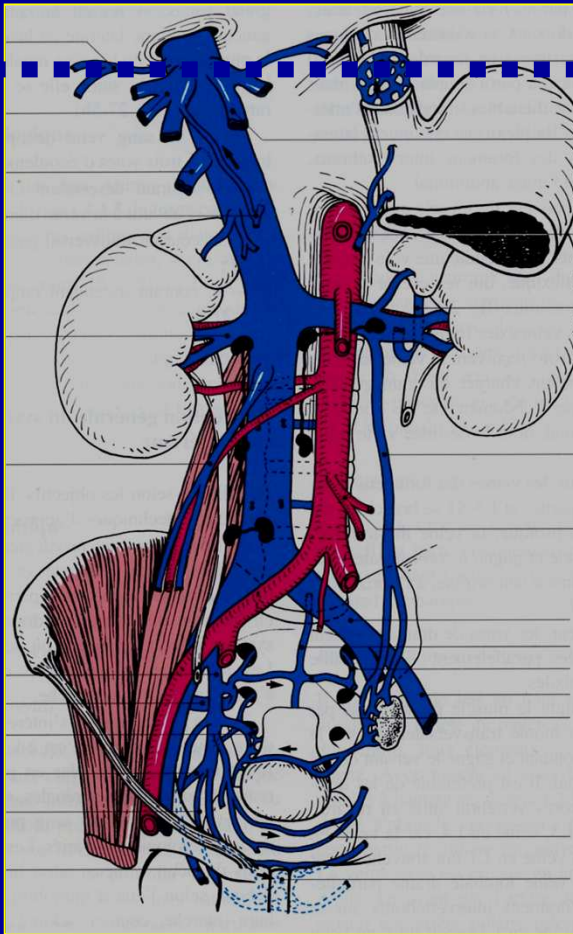
Vascularisation de l'abdomen

3.8 Vascularisation artérielle : Cas pathologique (anévrisme splénique)



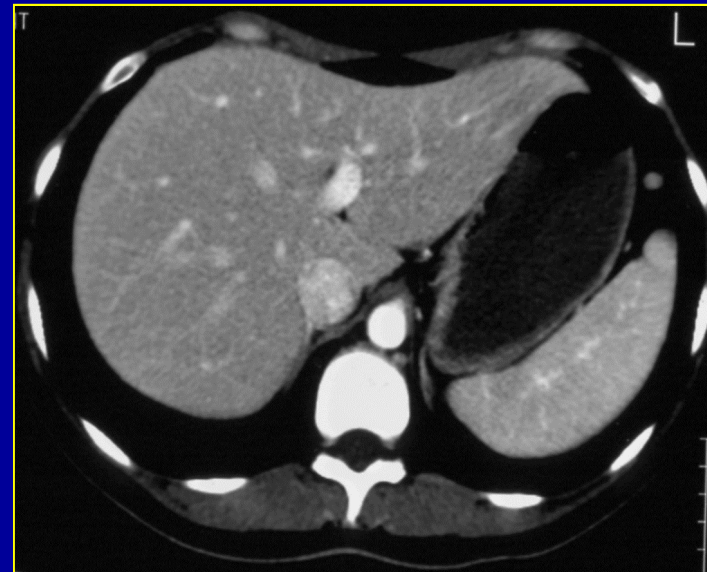
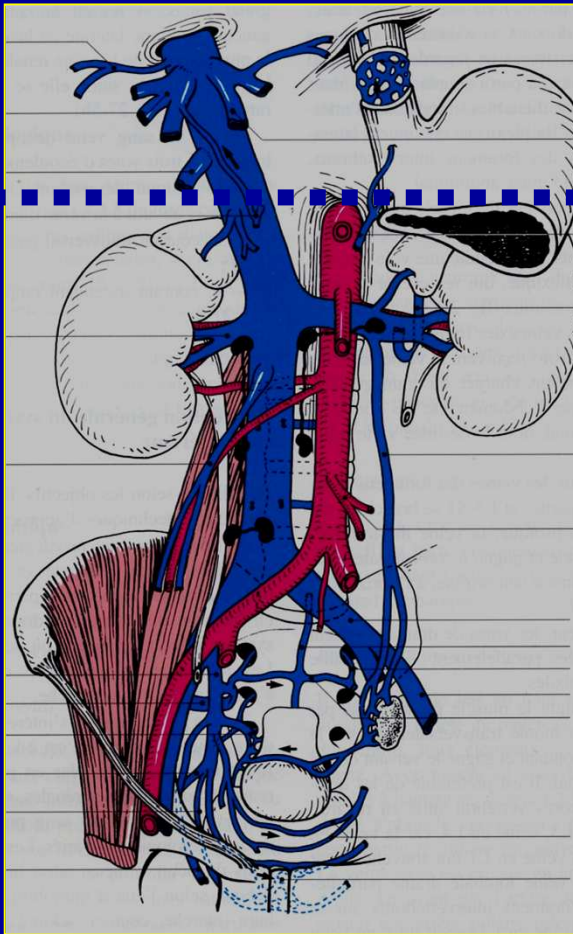
Vascularisation de l'abdomen

4.2. Vascularisation veineuse systémique - corrélations TDM



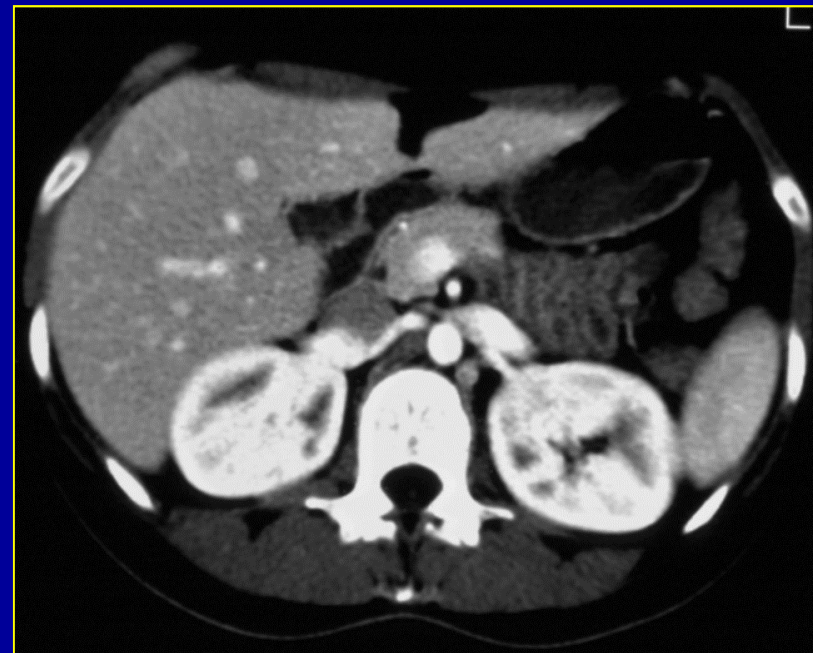
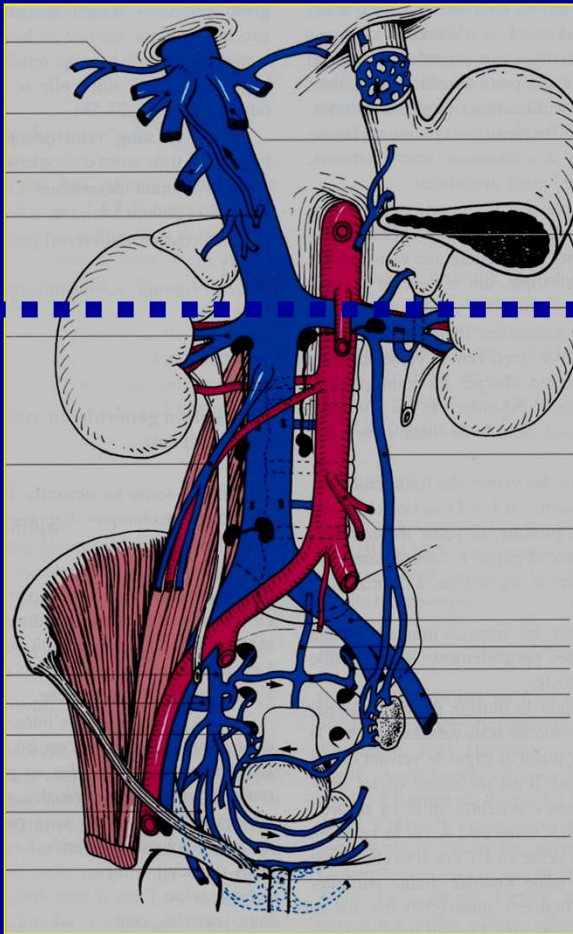
Vascularisation de l'abdomen

4.2. Vascularisation veineuse systémique - corrélations TDM



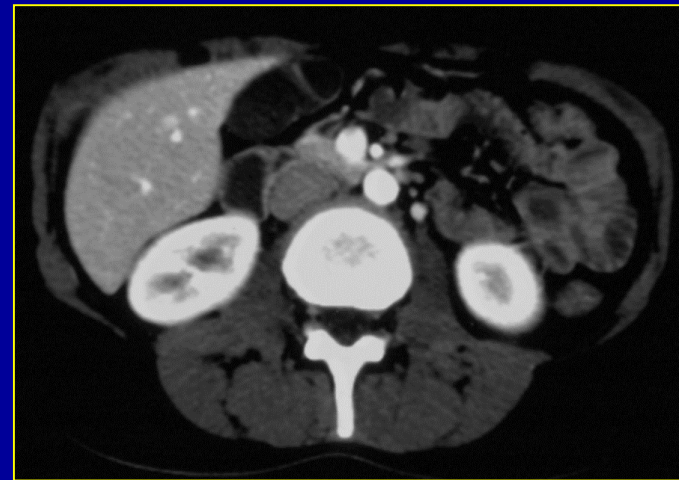
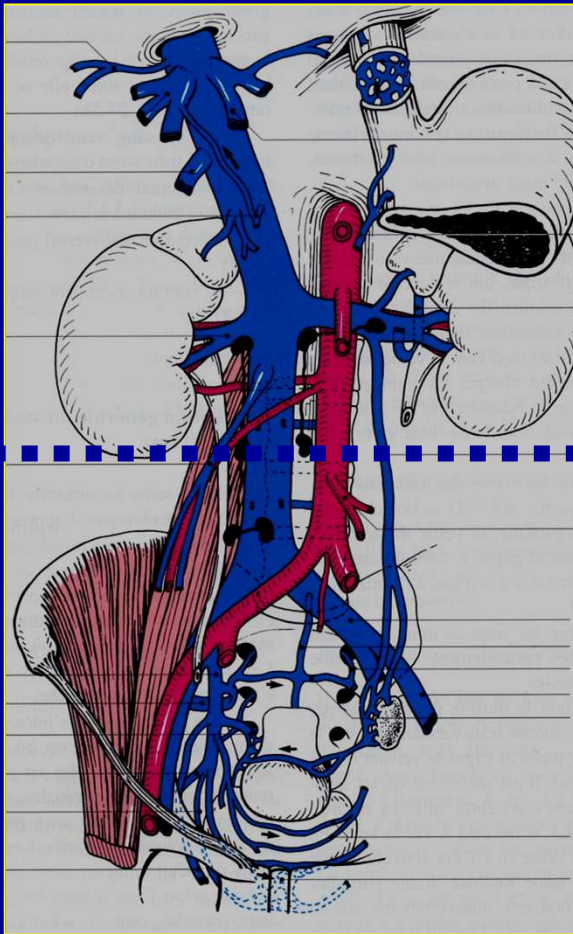
Vascularisation de l'abdomen

4.2. Vascularisation veineuse systémique - corrélations TDM



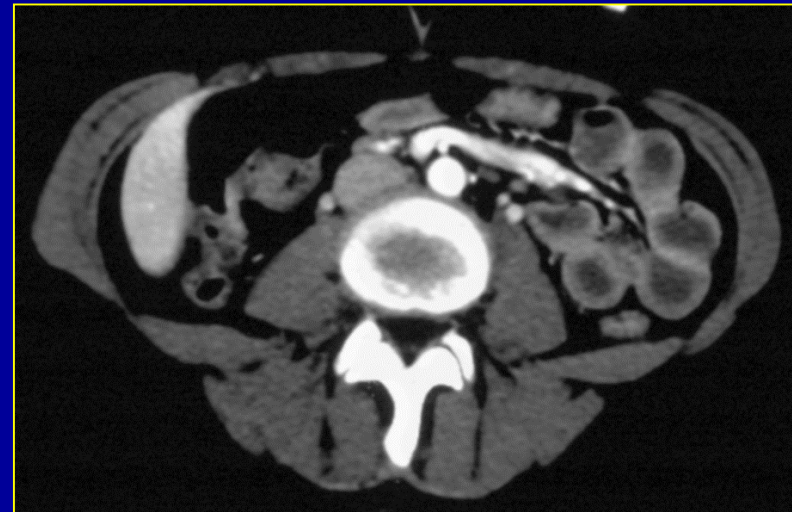
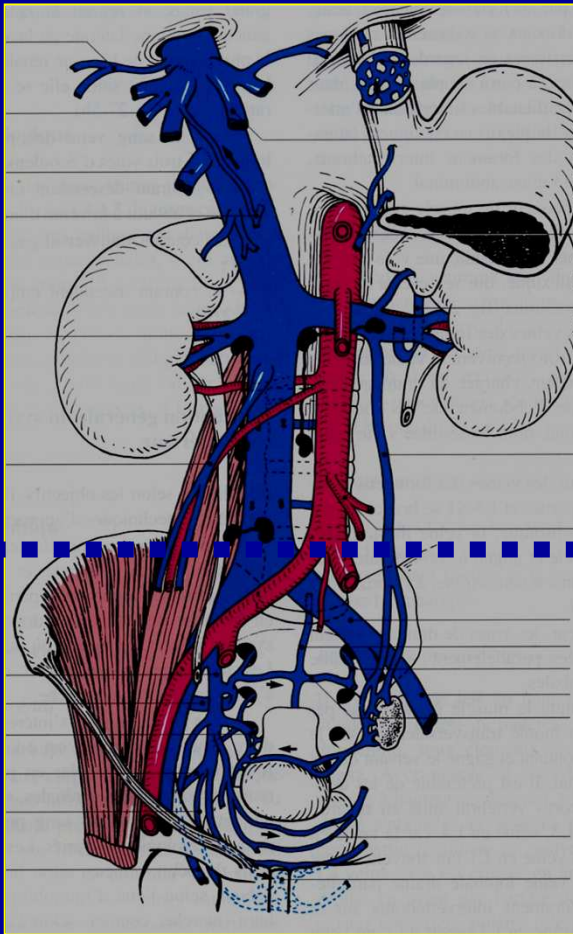
Vascularisation de l'abdomen

4.2. Vascularisation veineuse systémique - corrélations TDM



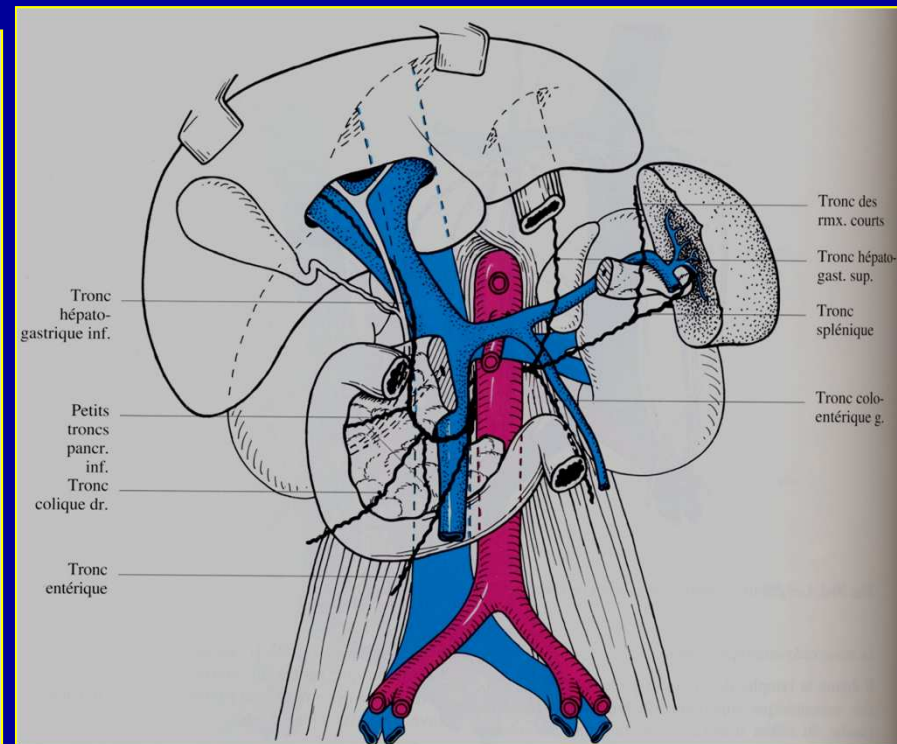
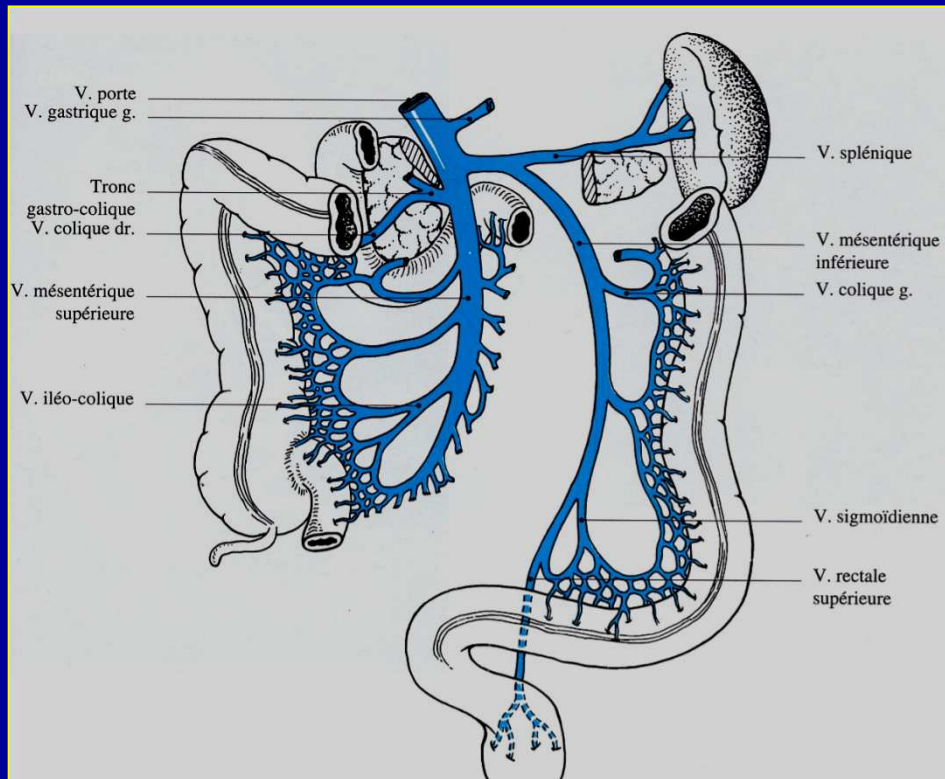
Vascularisation de l'abdomen

4.2. Vascularisation veineuse systémique - corrélations TDM



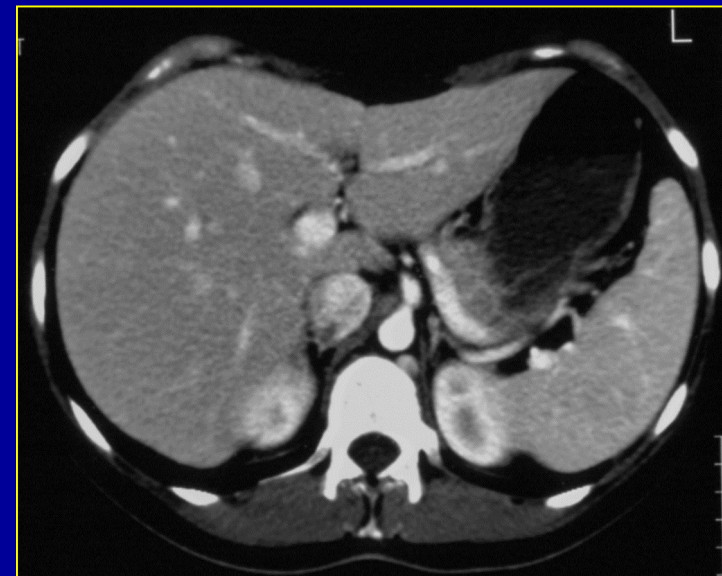
Vascularisation de l'abdomen

5.1. Vascularisation veineuse splanchnique



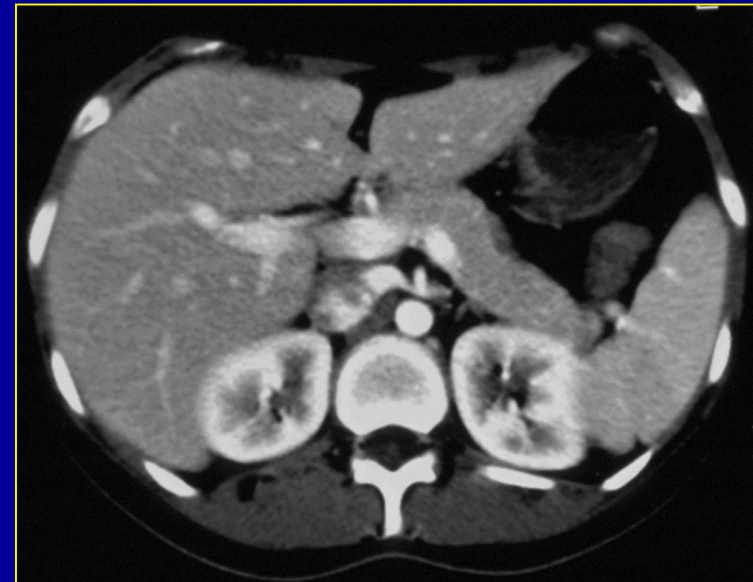
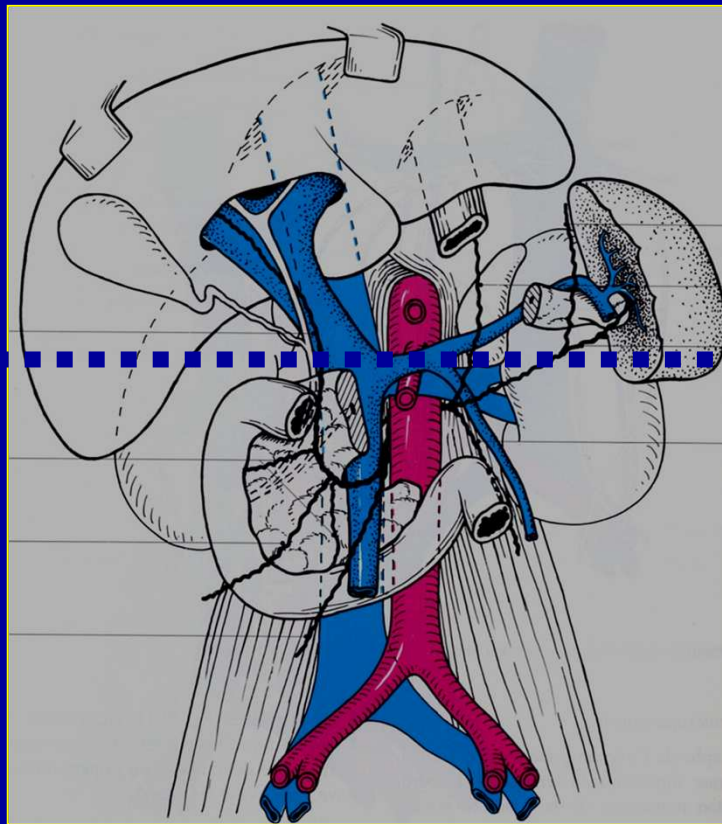
Vascularisation de l'abdomen

5.2. Vascularisation veineuse splanchnique - corrélations TDM



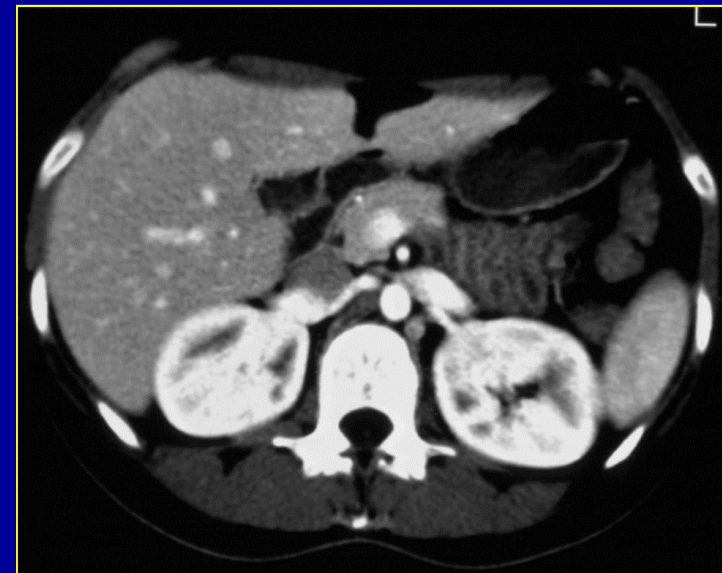
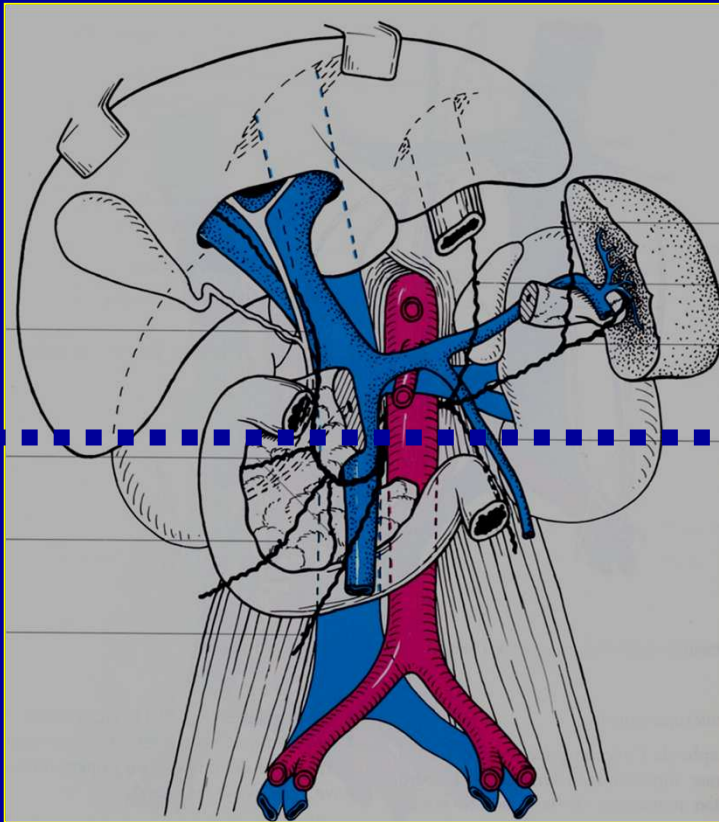
Vascularisation de l'abdomen

5.2. Vascularisation veineuse splanchnique - corrélations TDM



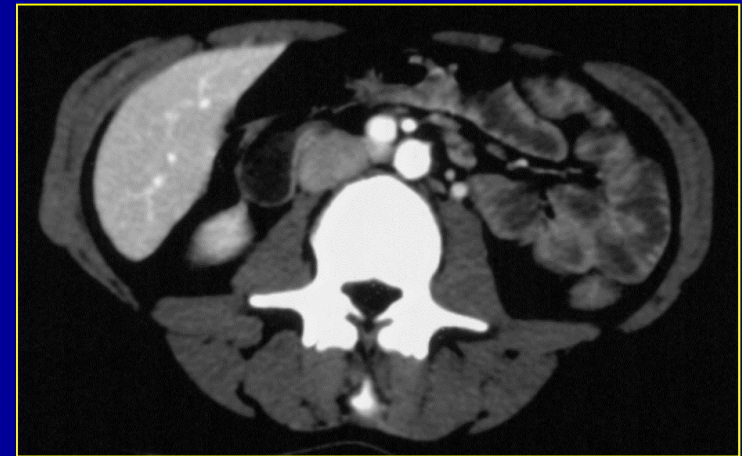
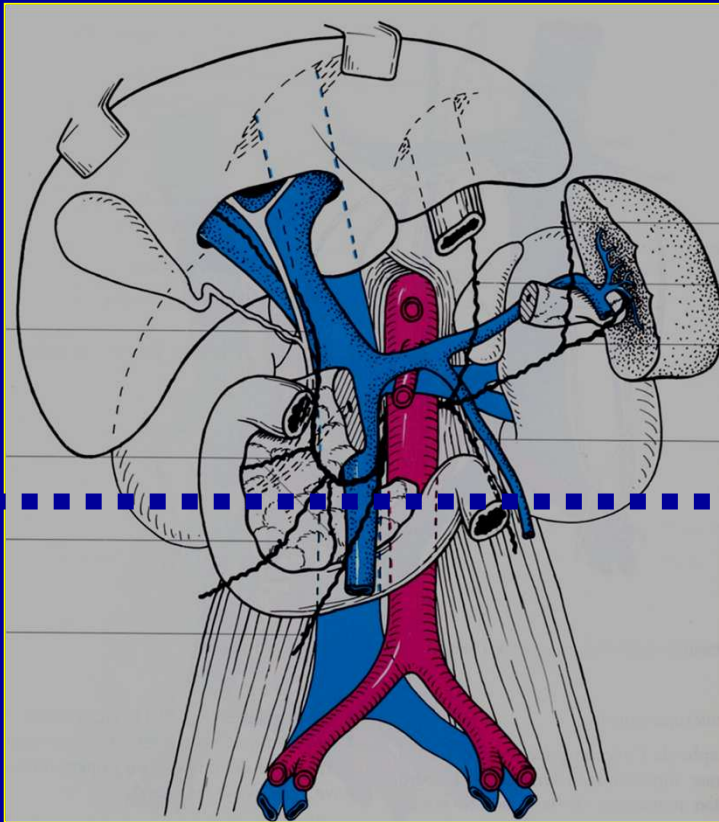
Vascularisation de l'abdomen

5.2. Vascularisation veineuse splanchnique - corrélations TDM



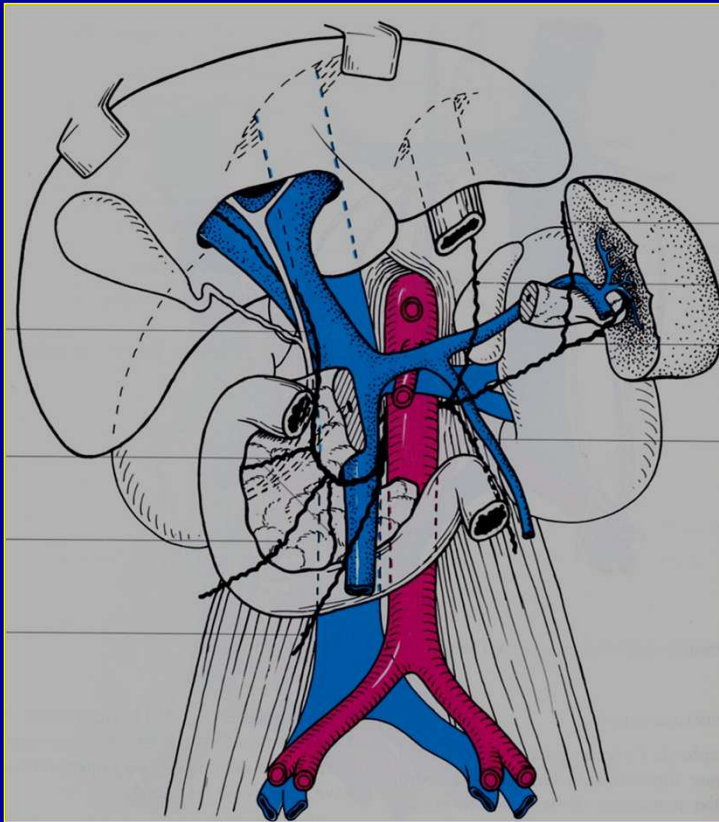
Vascularisation de l'abdomen

5.2. Vascularisation veineuse splanchnique - corrélations TDM



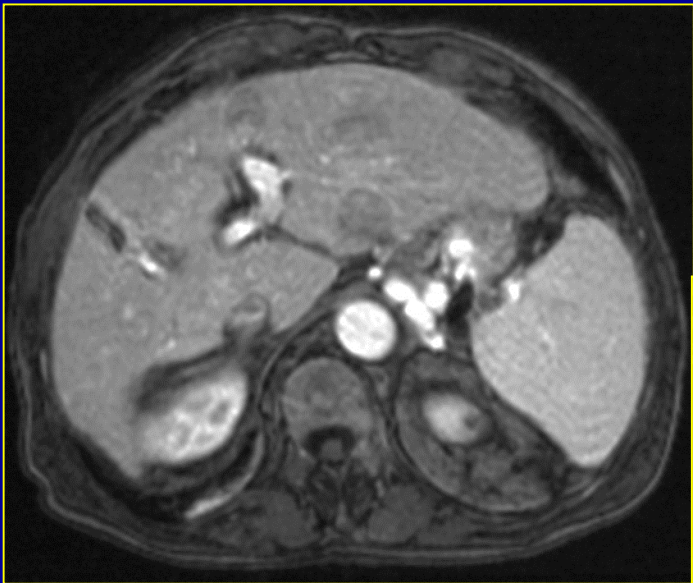
Vascularisation de l'abdomen

5.3. Vascularisation veineuse splanchnique - corrélations angiographiques



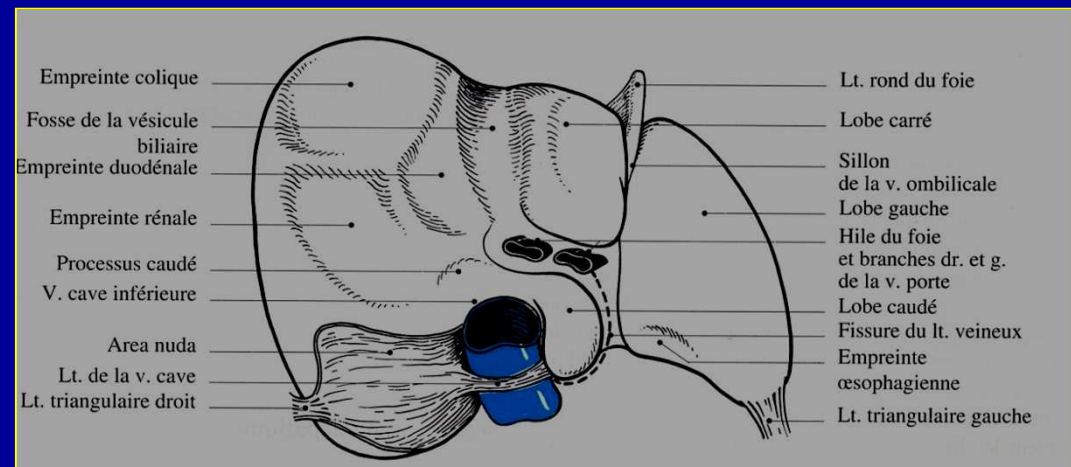
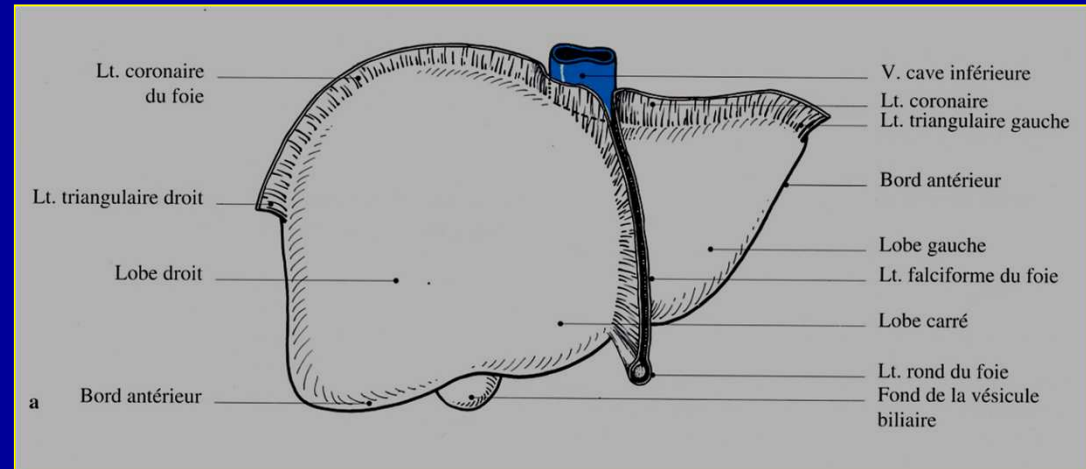
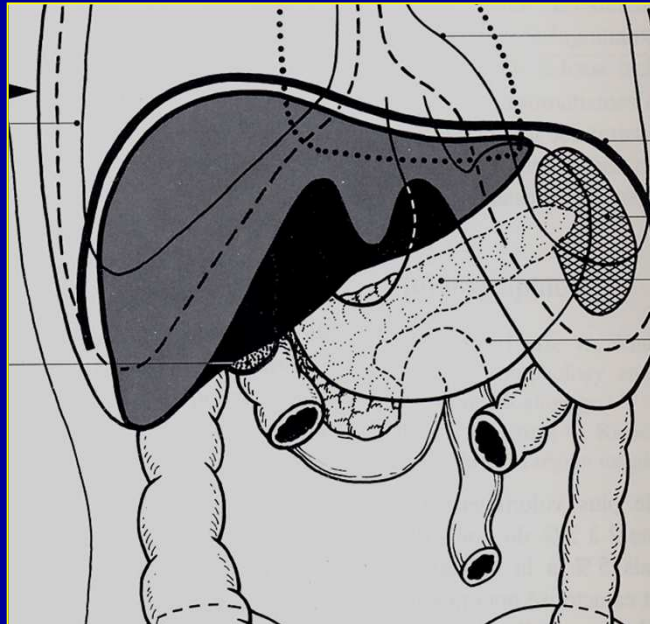
Vascularisation de l'abdomen

5.4. Vascularisation veineuse splanchnique - cas pathologique - varices oesophagiennes



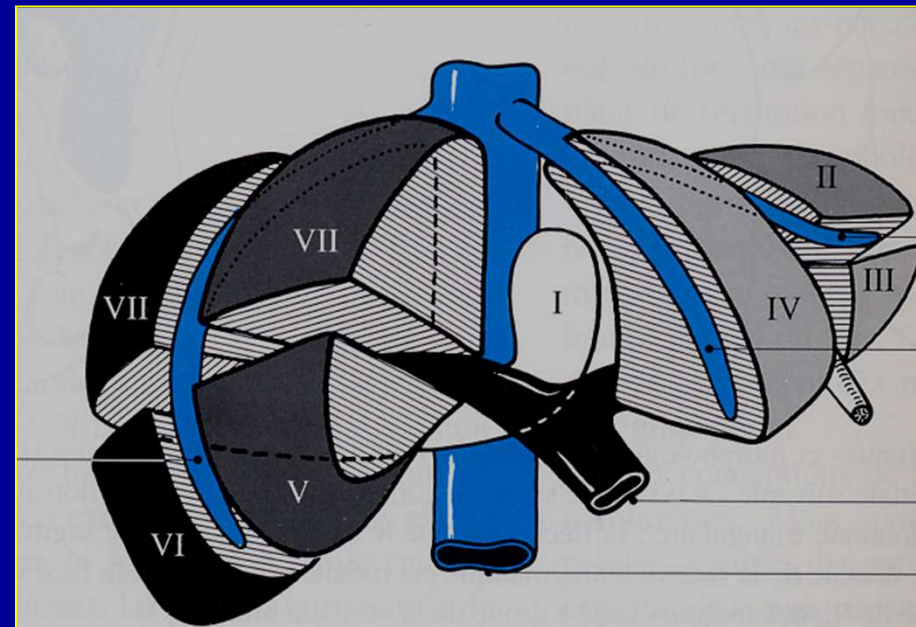
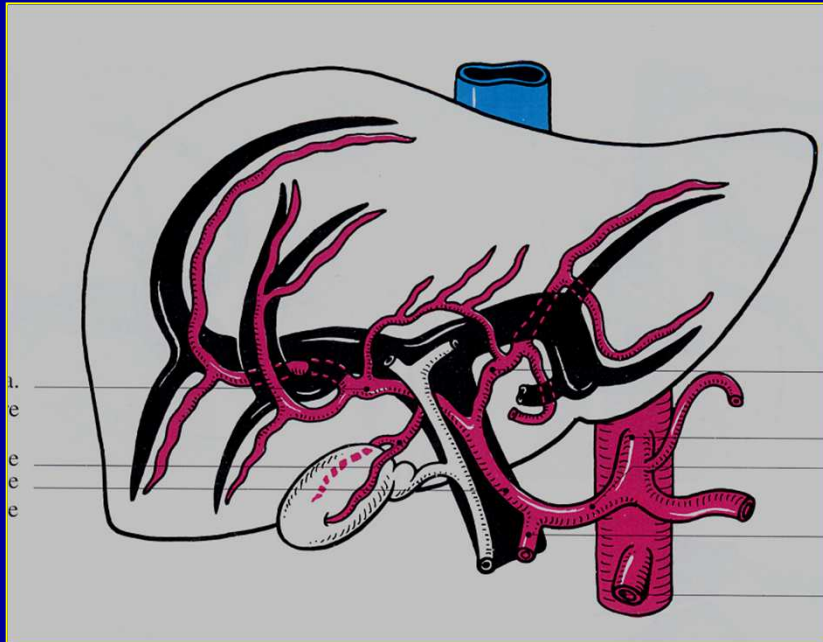
Foie

1. Anatomie générale



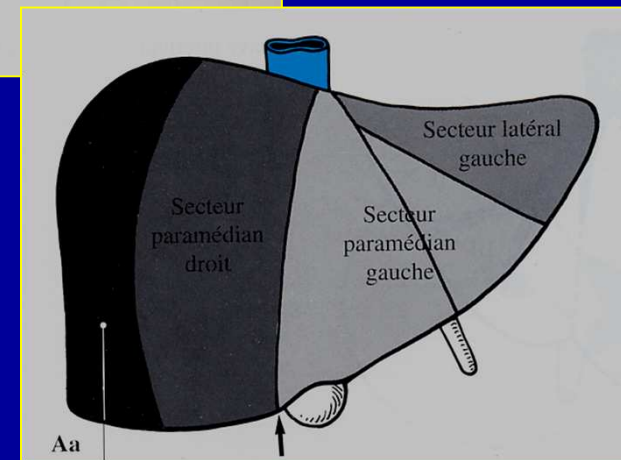
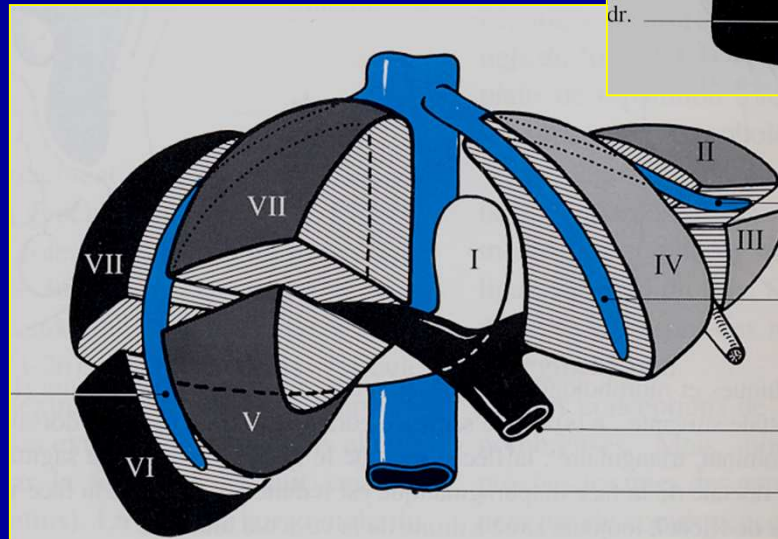
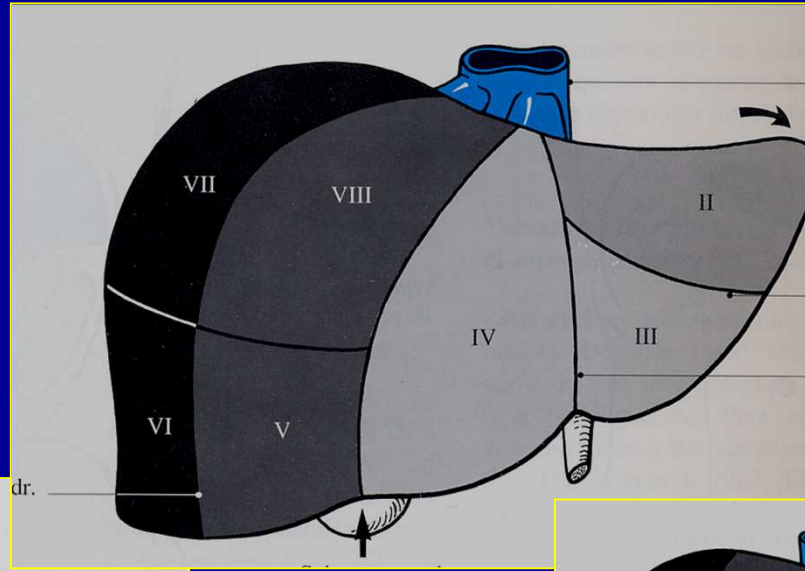
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2. Vascularisation



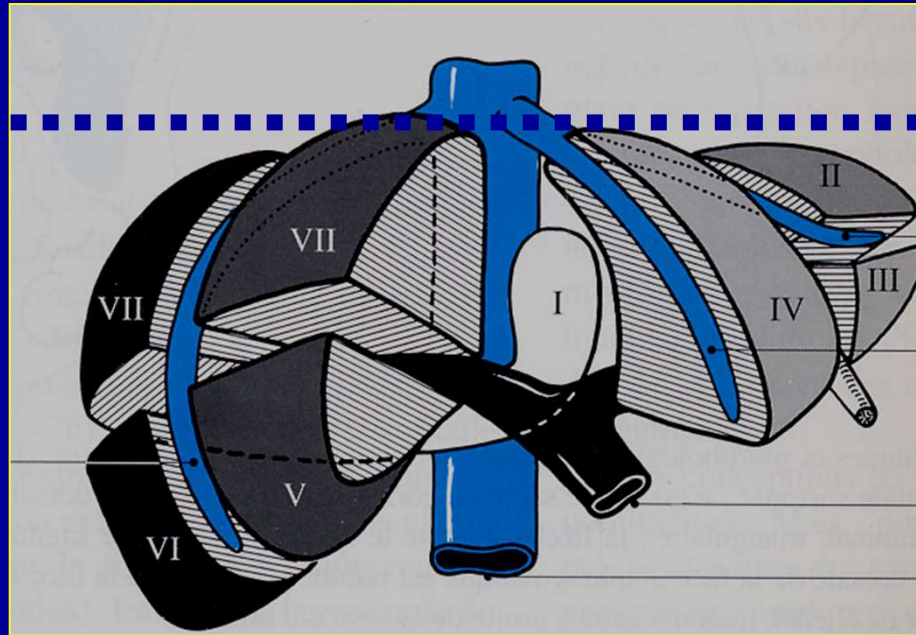
Foie

3. Segmentation



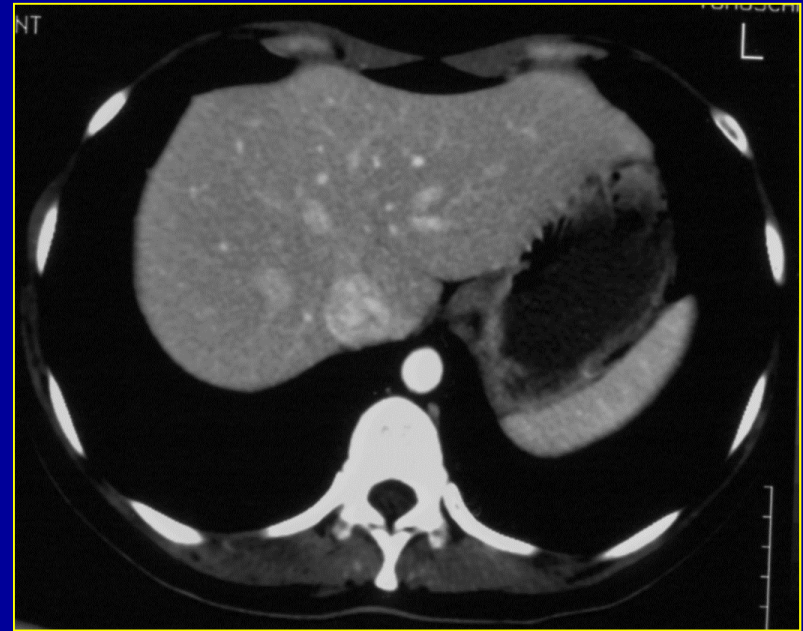
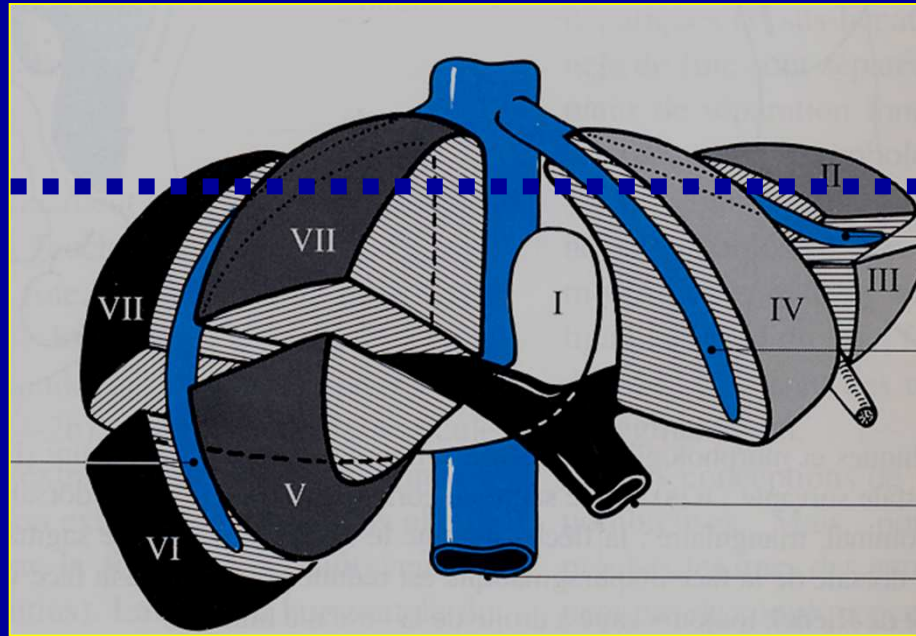
Foie

4. Corrélations TDM



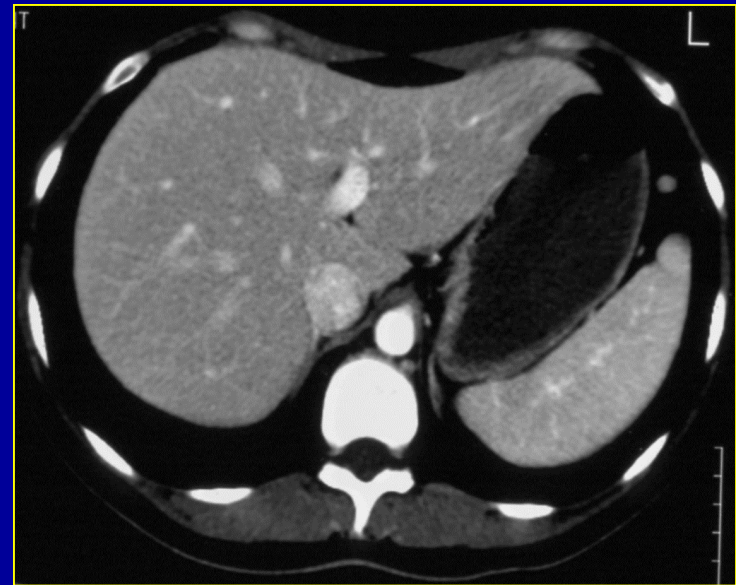
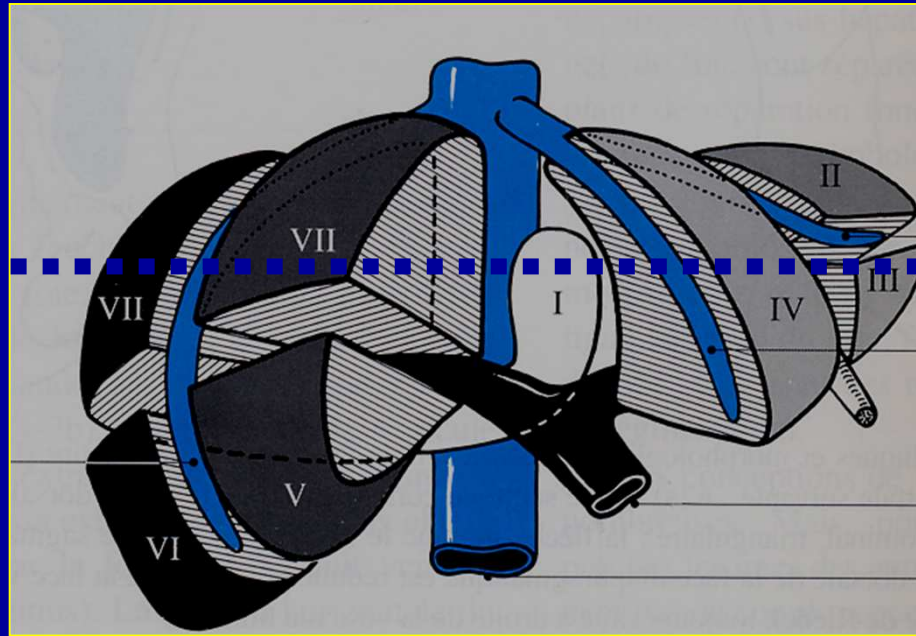
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4. Corrélations TDM



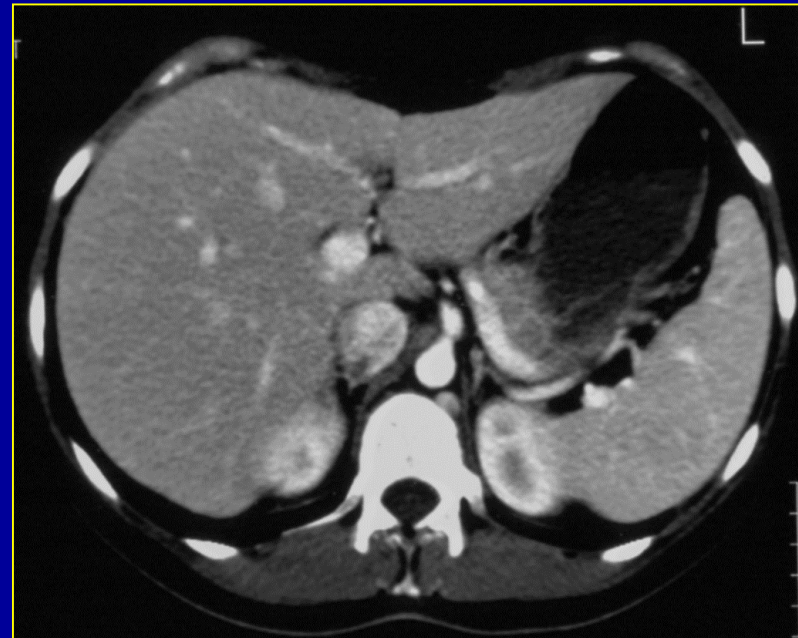
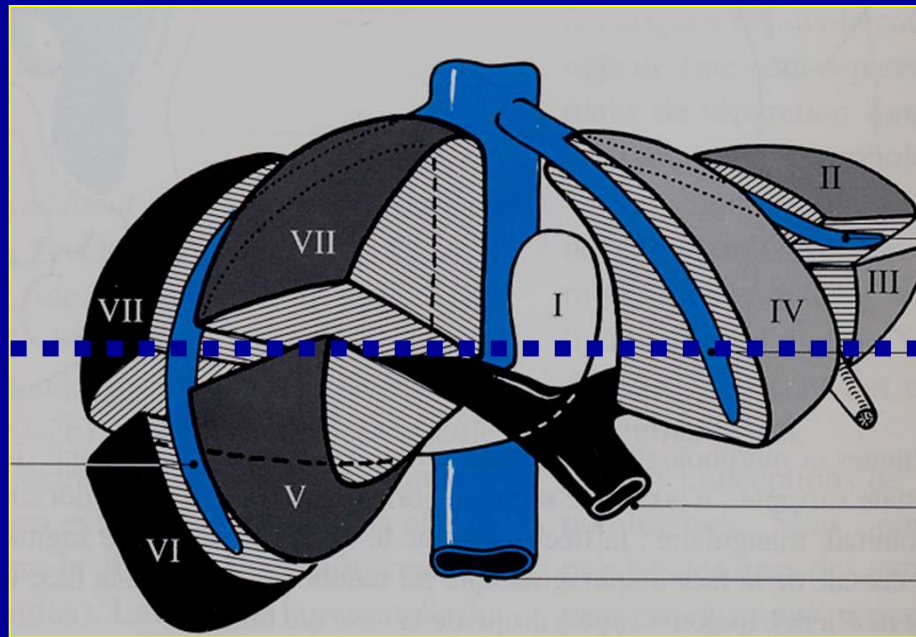
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4. Corrélations TDM



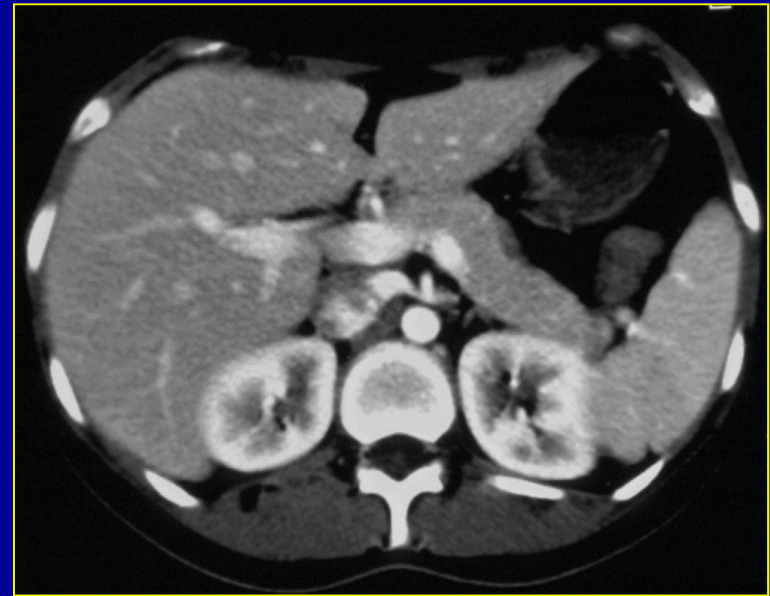
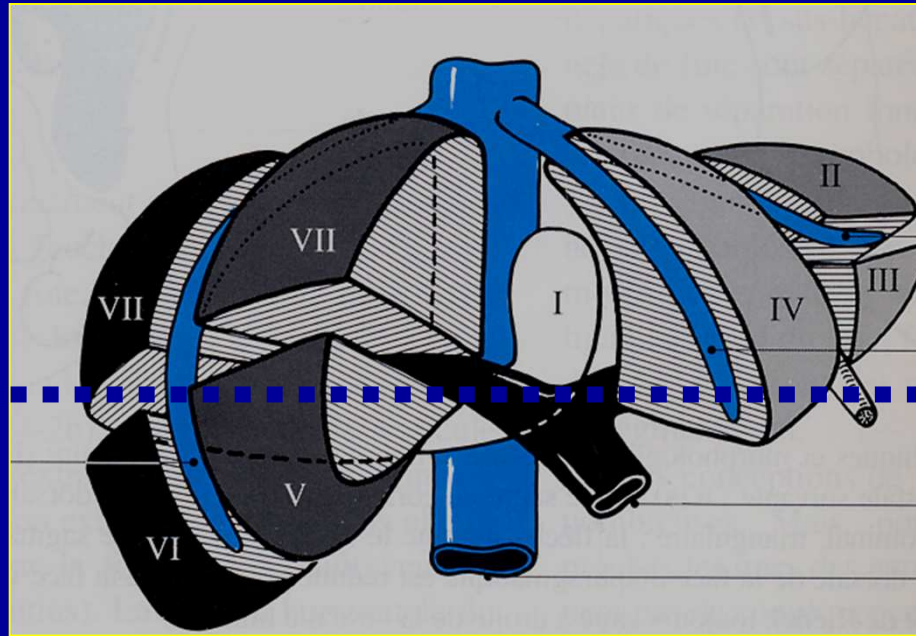
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4. Corrélations TDM



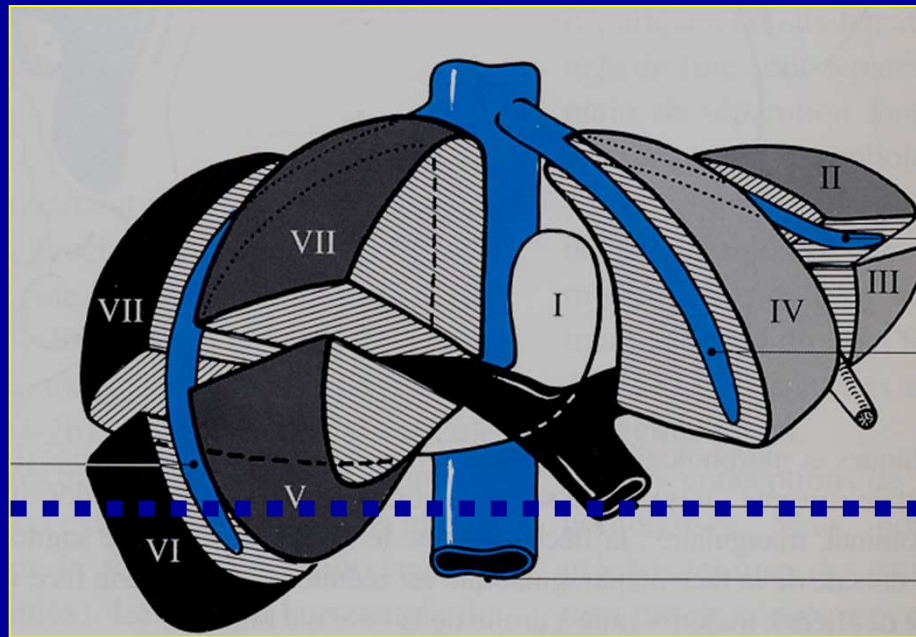
Foie

4. Corrélations TDM



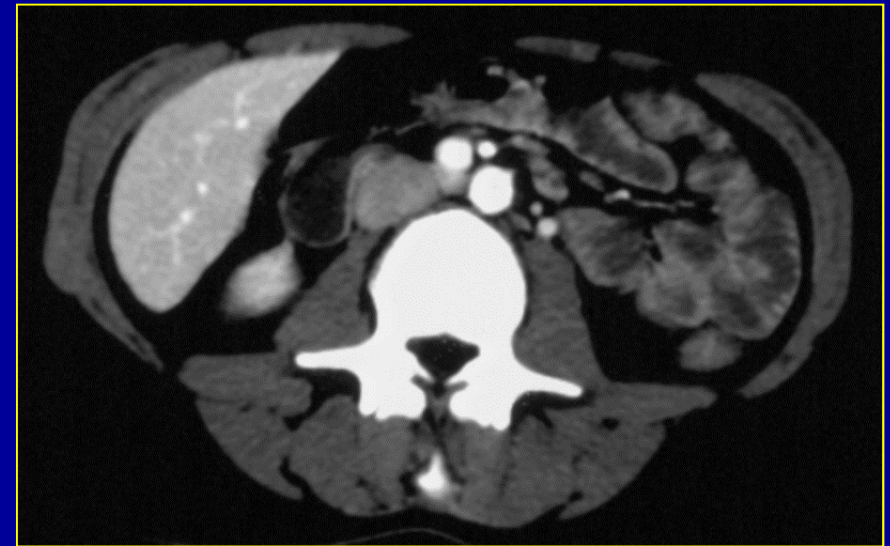
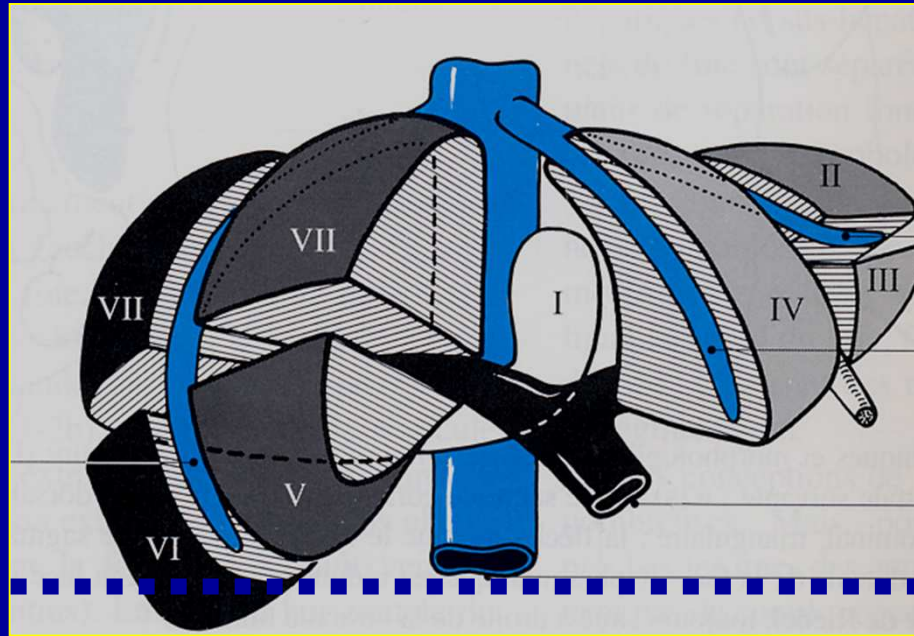
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4. Corrélations TDM



Foie

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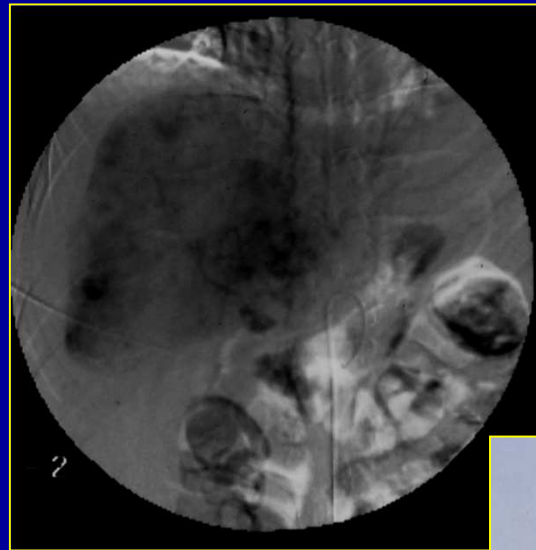
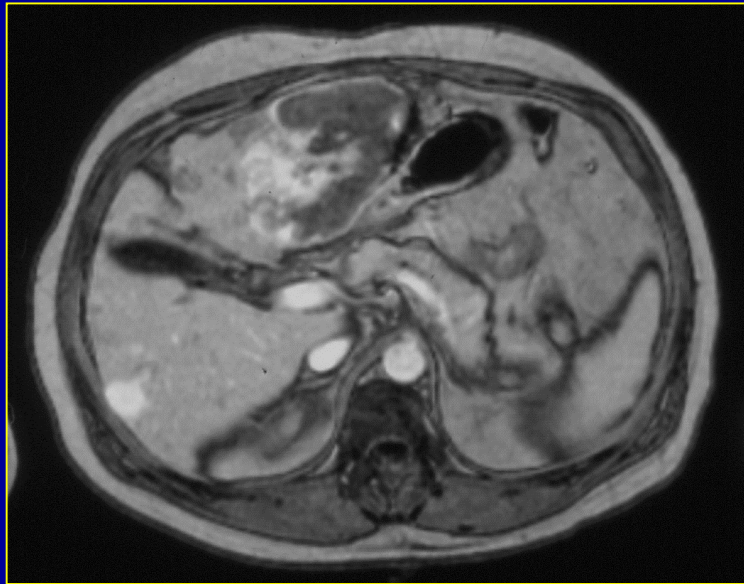
Foie

5. Cas pathologique : Tumeur bénigne (hémangiome caverneux)



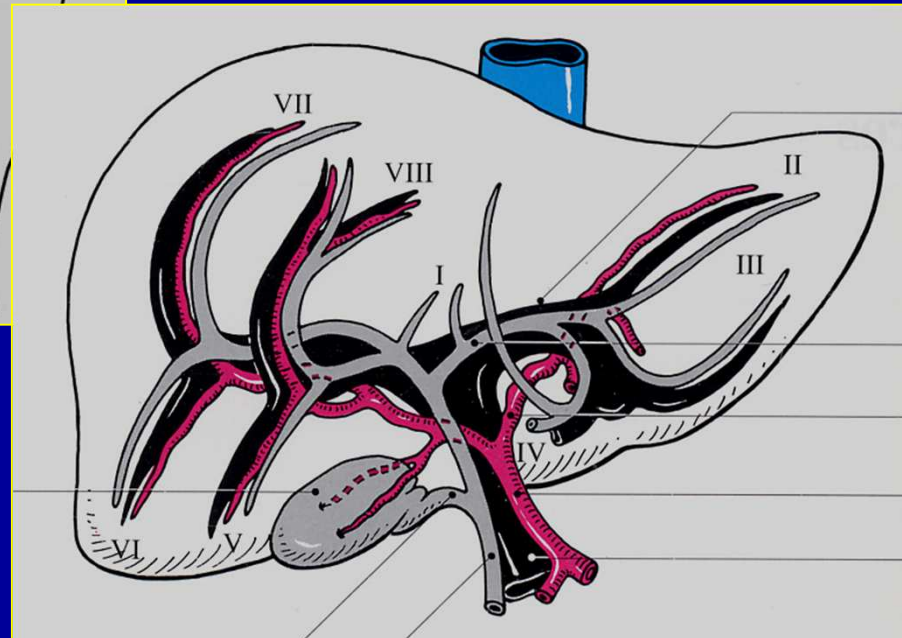
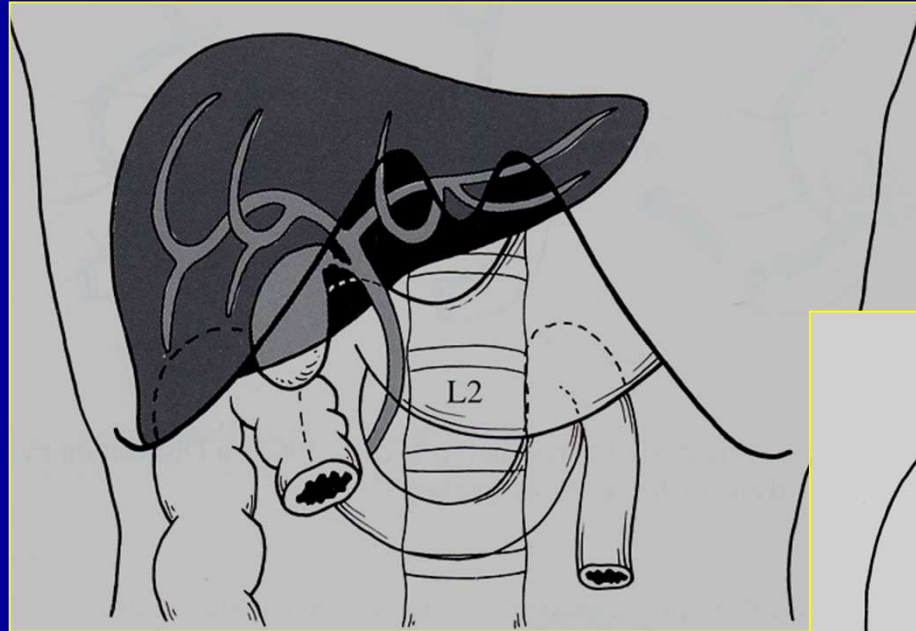
Foie

5. Cas pathologique : Tumeurs malignes (angiosarcomes)



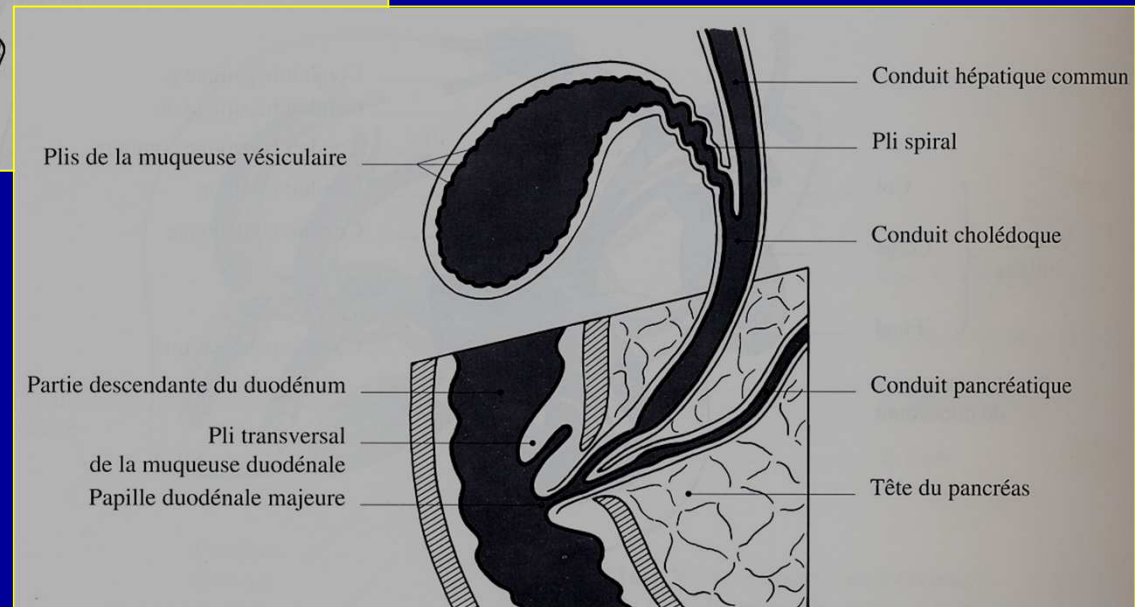
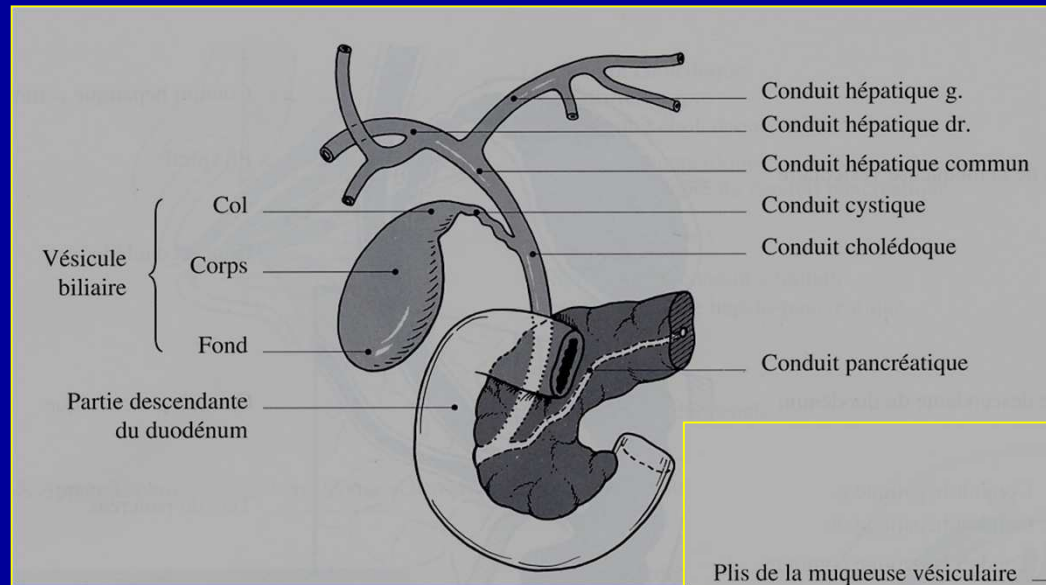
Voies biliaires

1. Anatomie générale



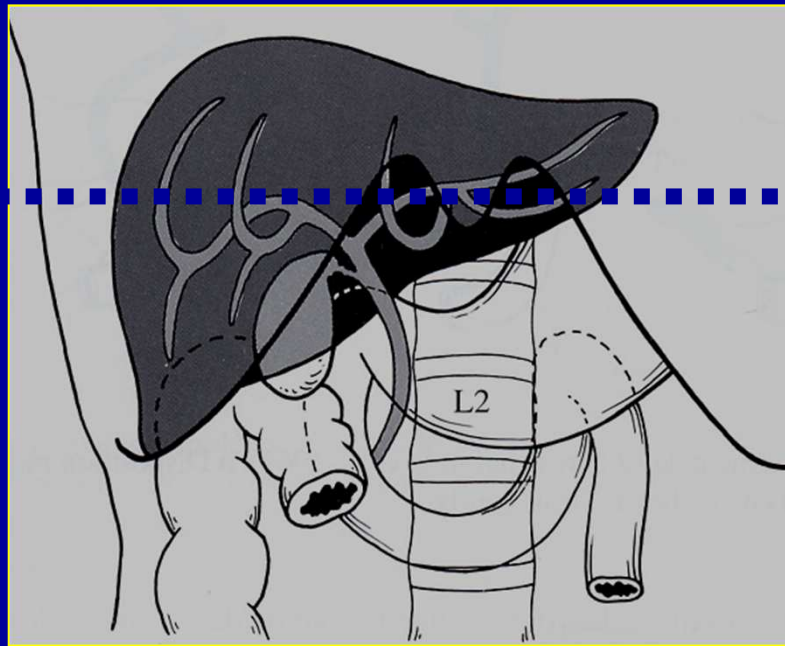
Voies biliaires

1. Anatomie générale



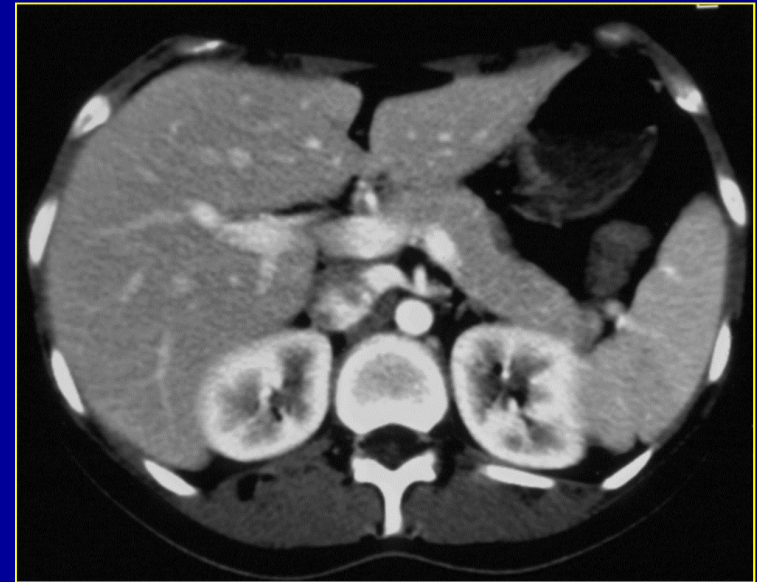
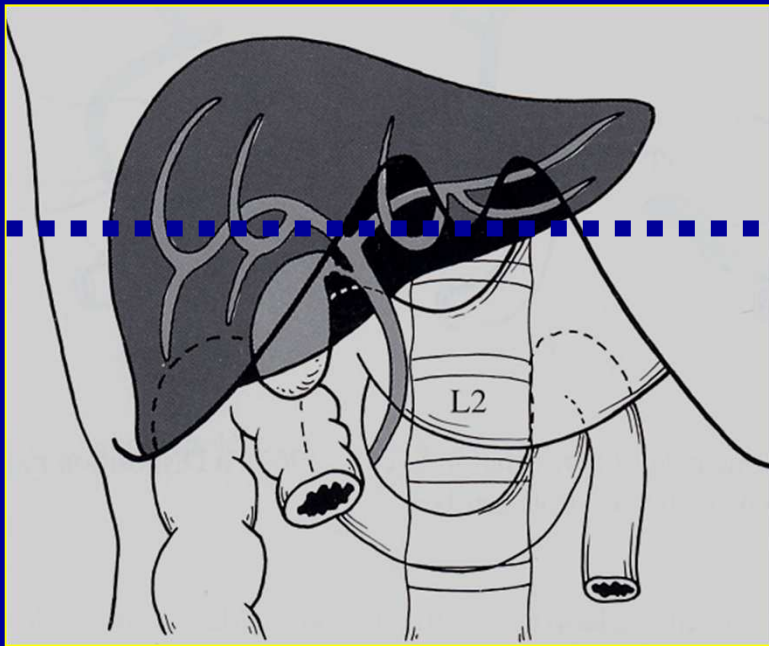
Voies biliaires

2. Corrélations TDM



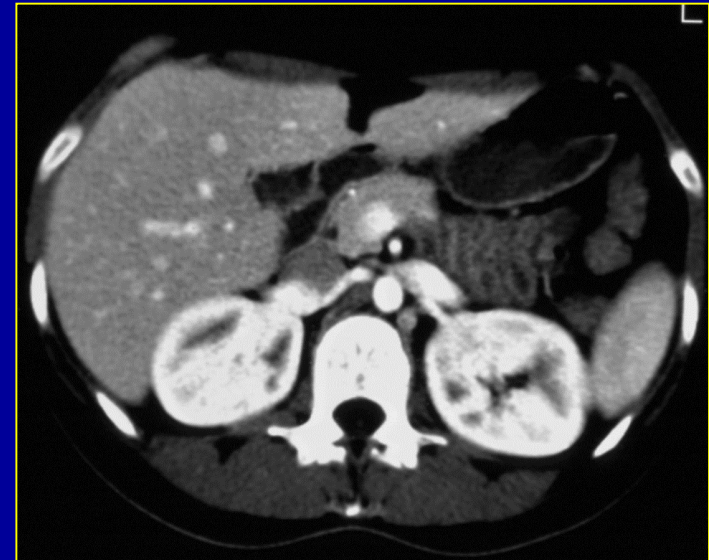
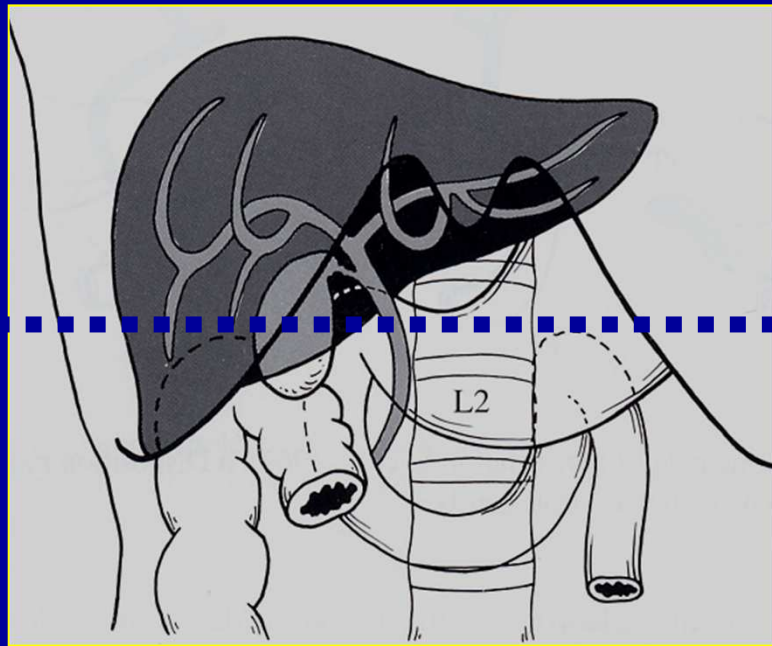
Voies biliaires

2. Corrélations TDM



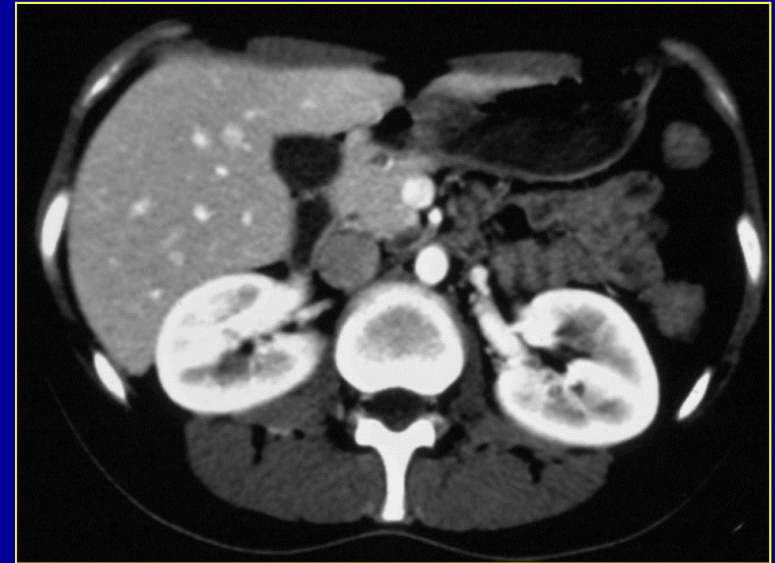
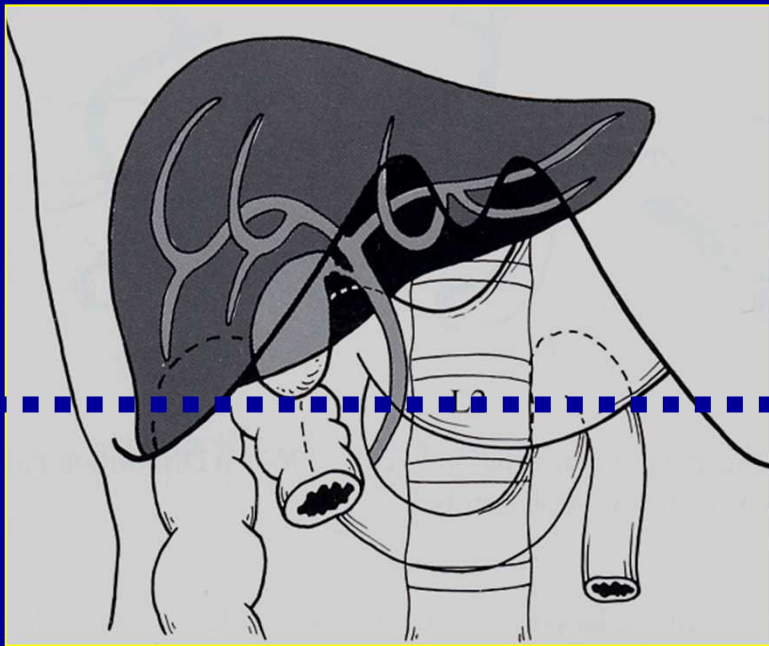
Voies biliaires

2. Corrélations TDM



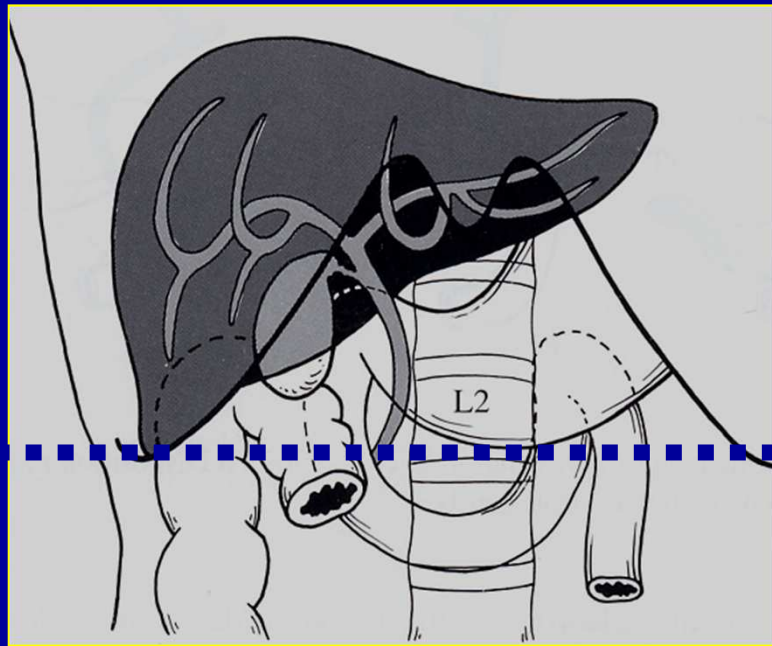
Voies biliaires

2. Corrélations TDM



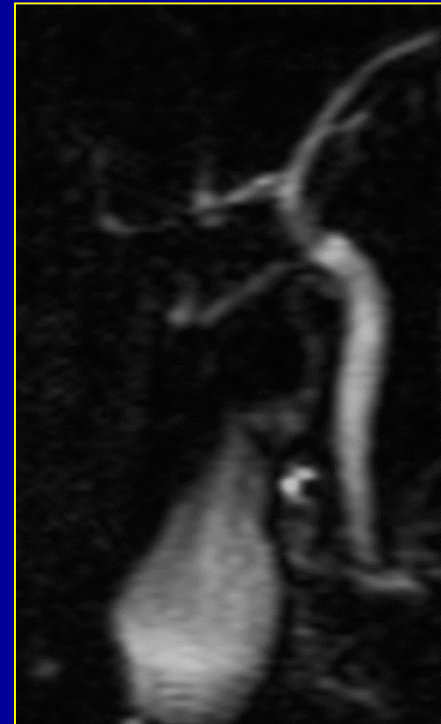
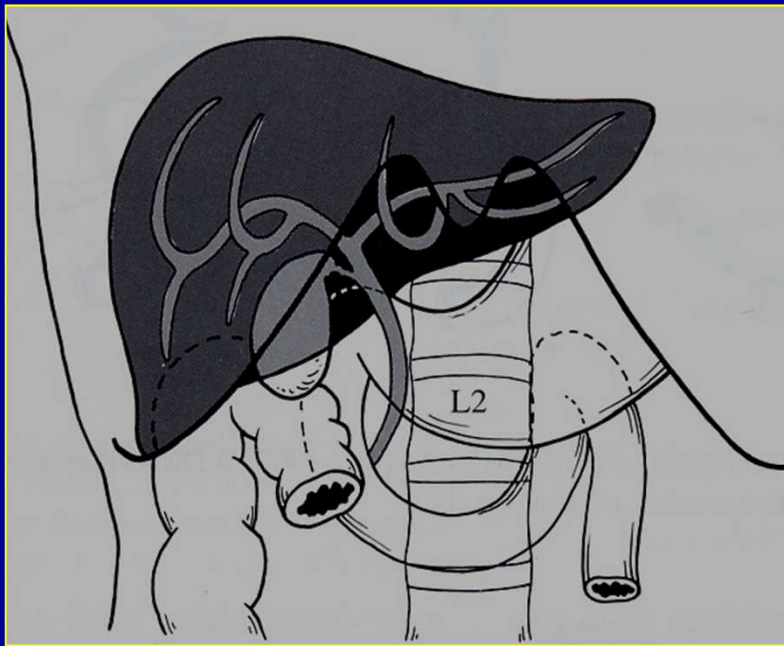
Voies biliaires

2. Corrélations TDM



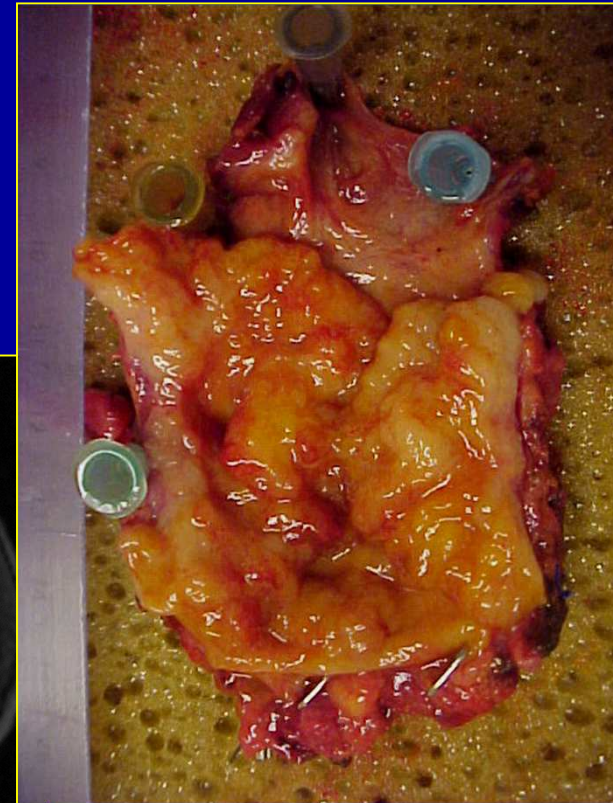
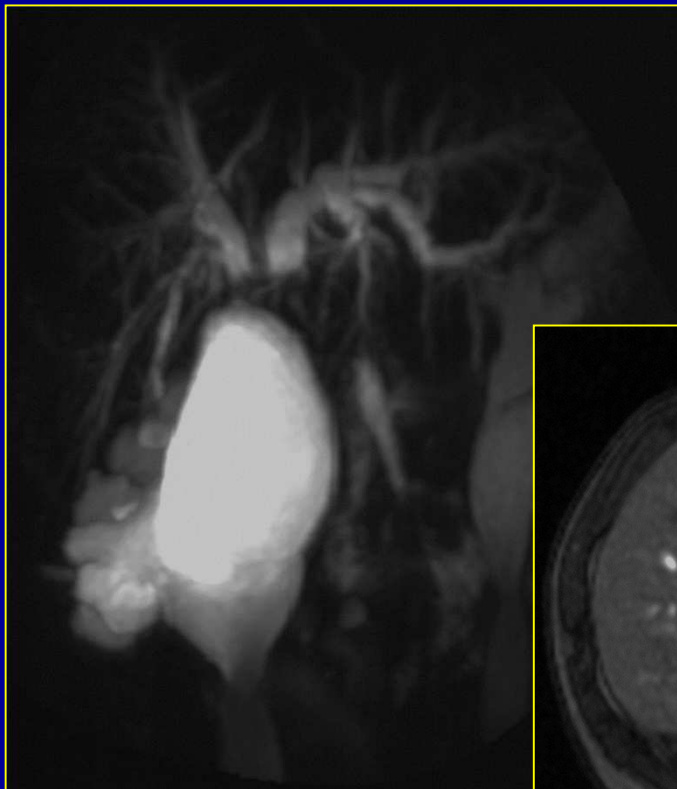
Voies biliaires

3. Corrélations avec IRM



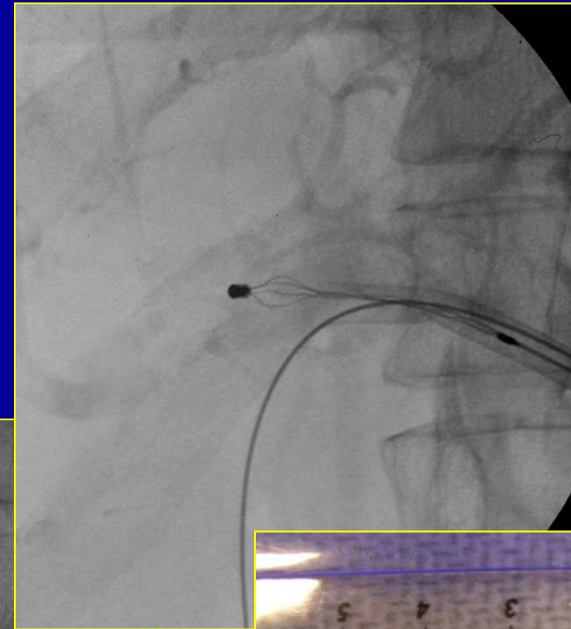
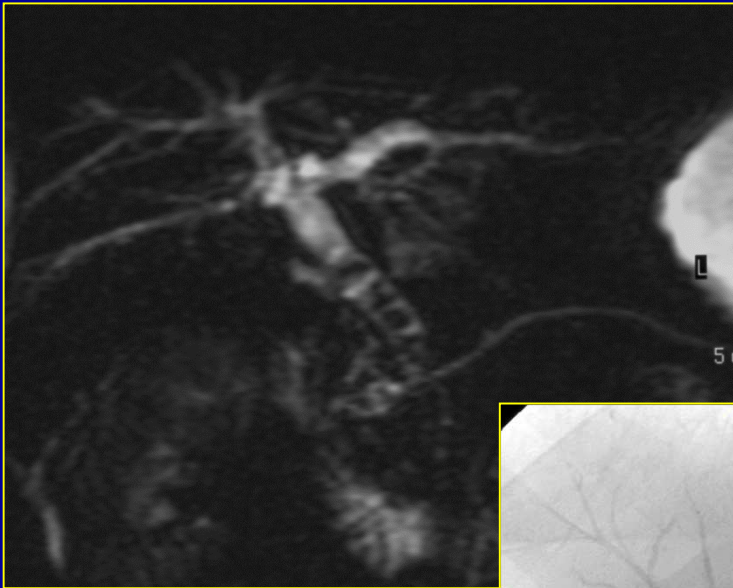
Voies biliaires

3. Cas pathologique (cholangiocarcinome)



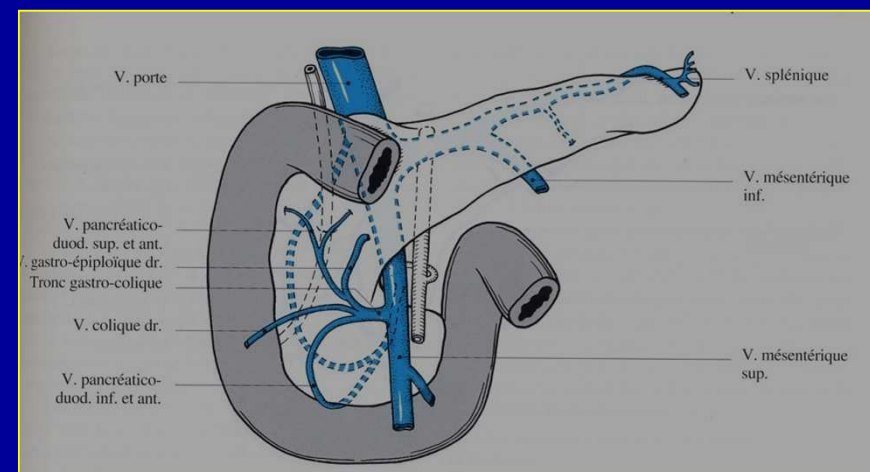
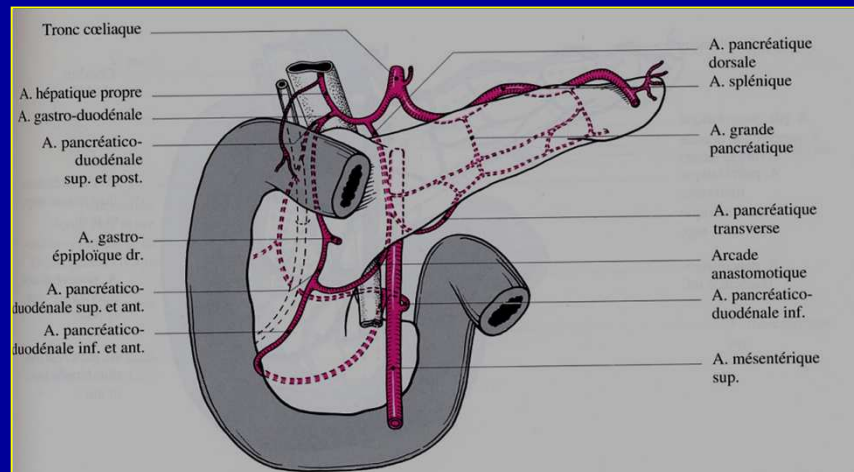
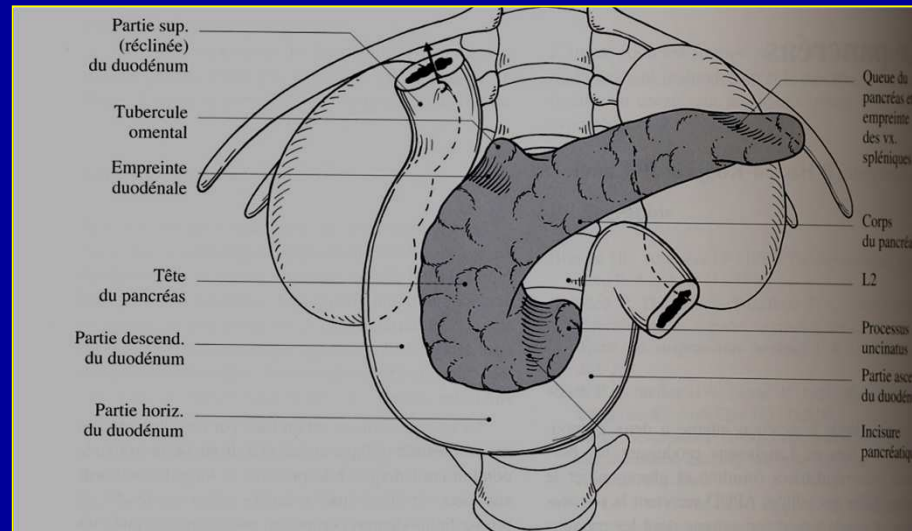
Voies biliaires

3. Cas pathologique (lithiases)



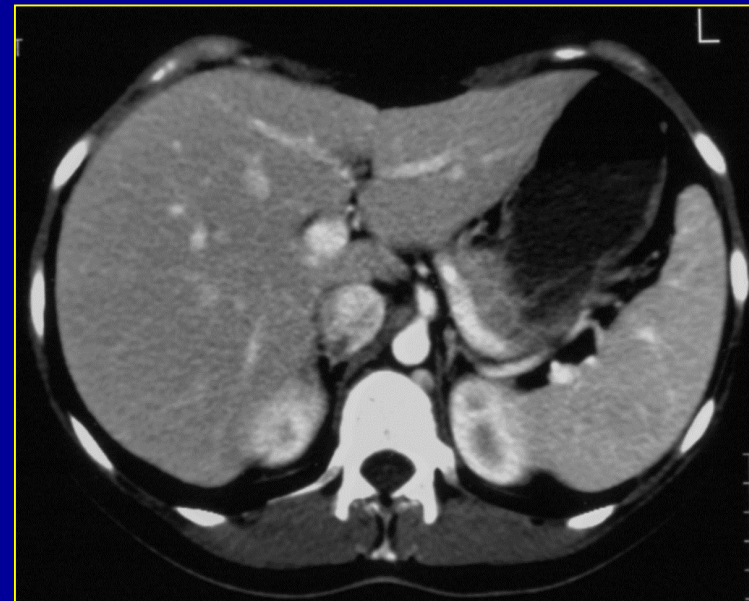
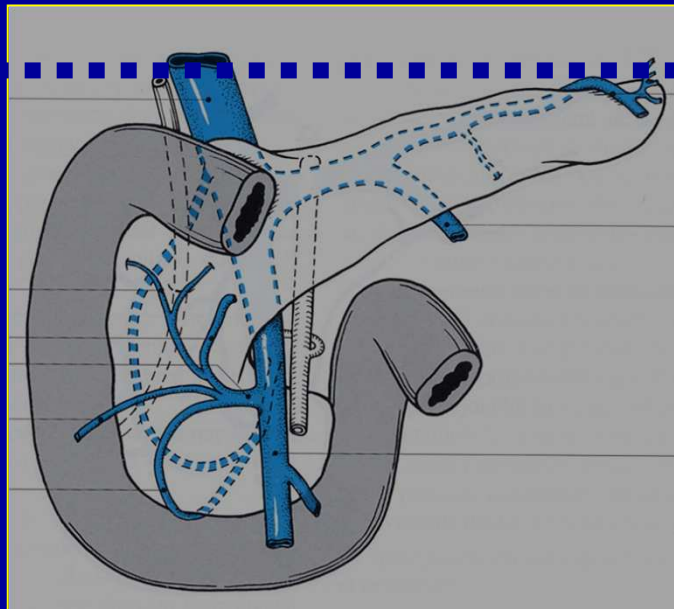
Pancréas

1. Anatomie générale



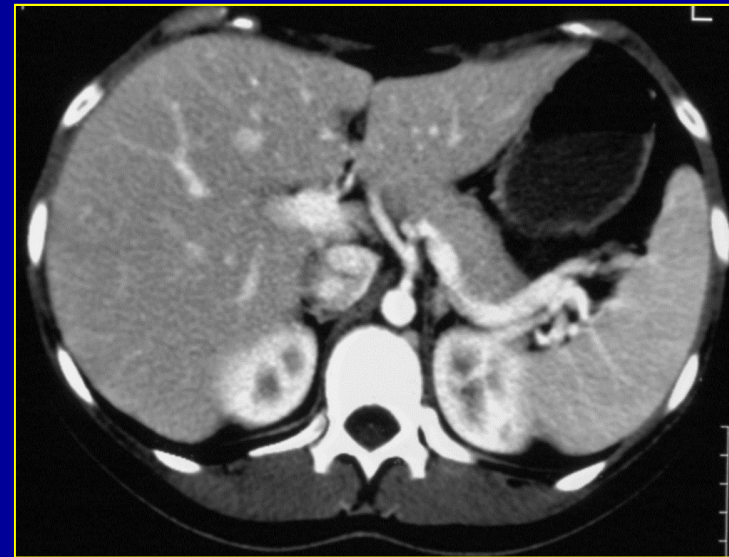
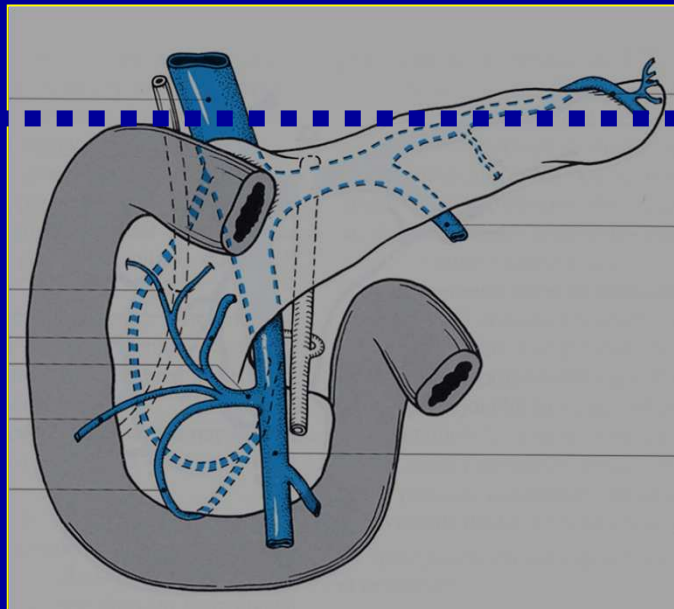
Pancréas

2. Corrélations TDM



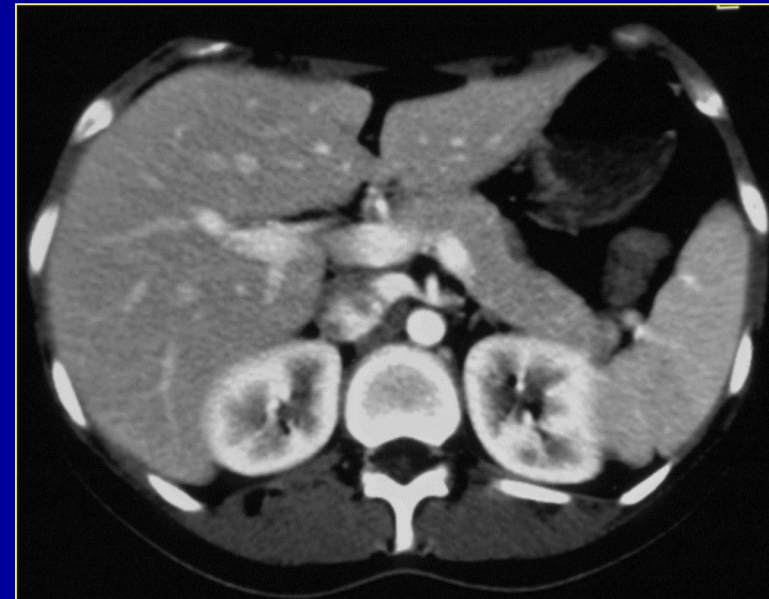
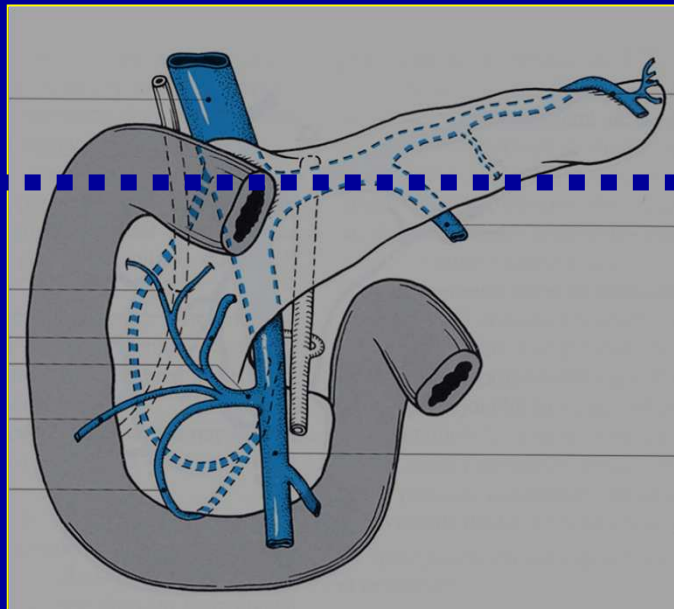
Pancréas

2. Corrélations TDM



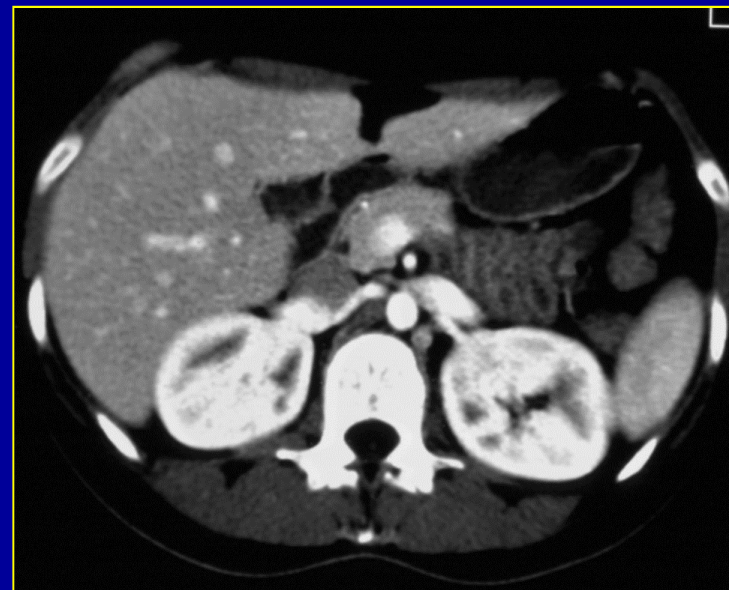
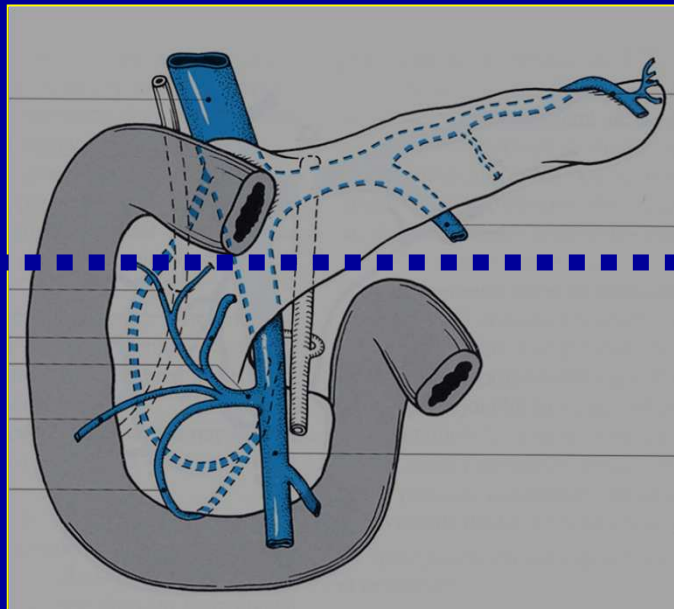
Pancréas

2. Corrélations TDM



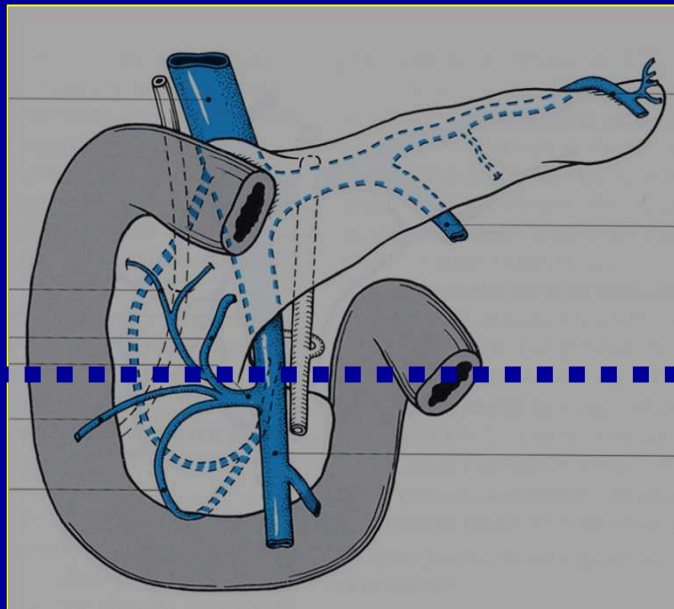
Pancréas

2. Corrélations TDM



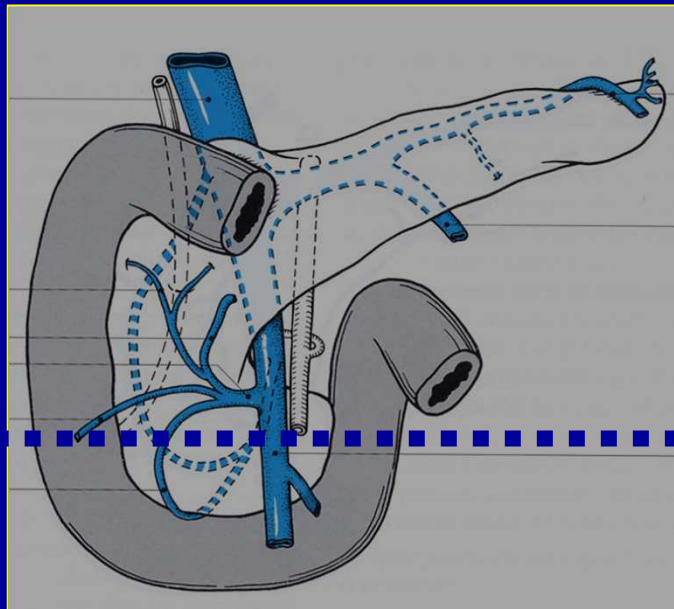
Pancréas

2. Corrélations TDM



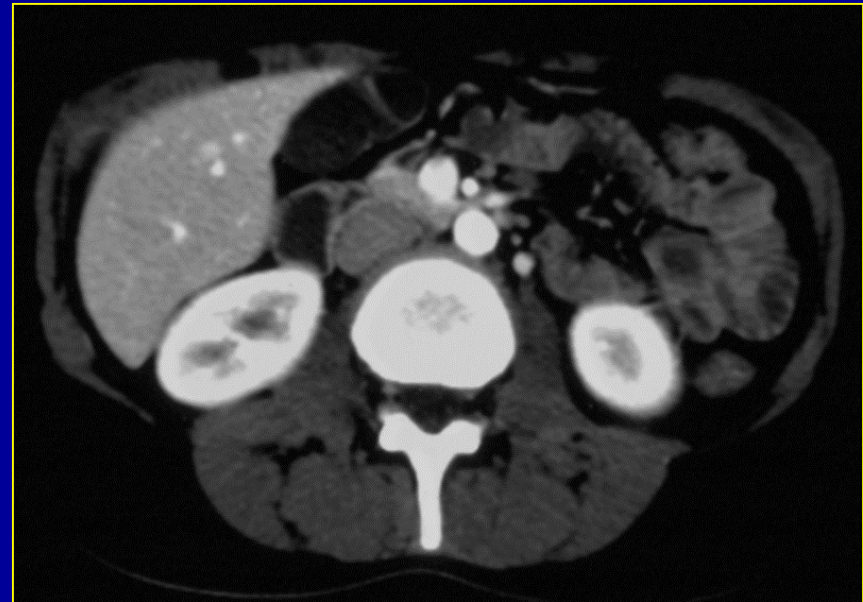
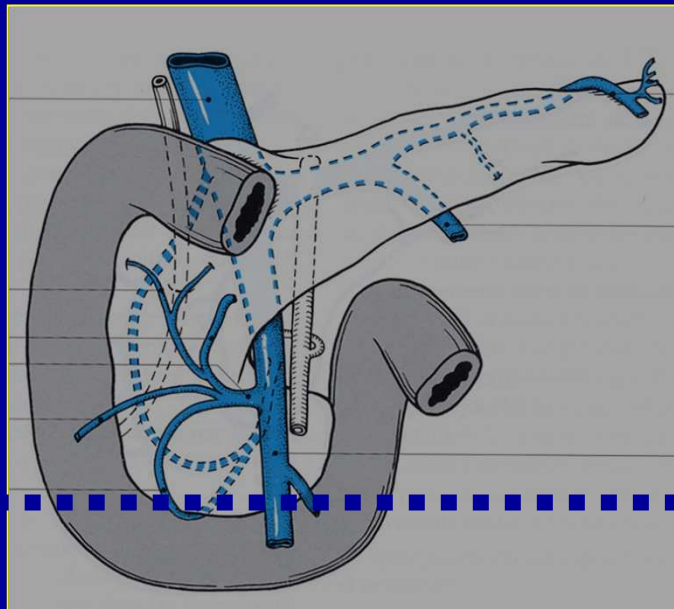
Pancréas

2. Corrélations TDM



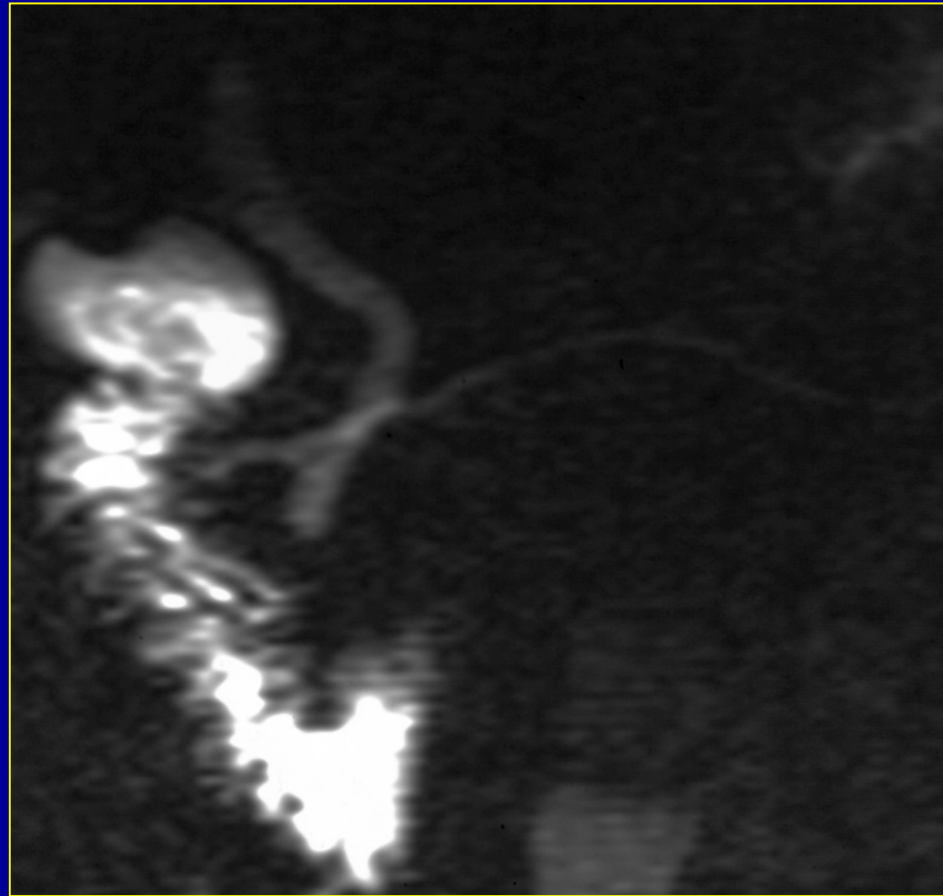
Pancréas

2. Corrélations TDM



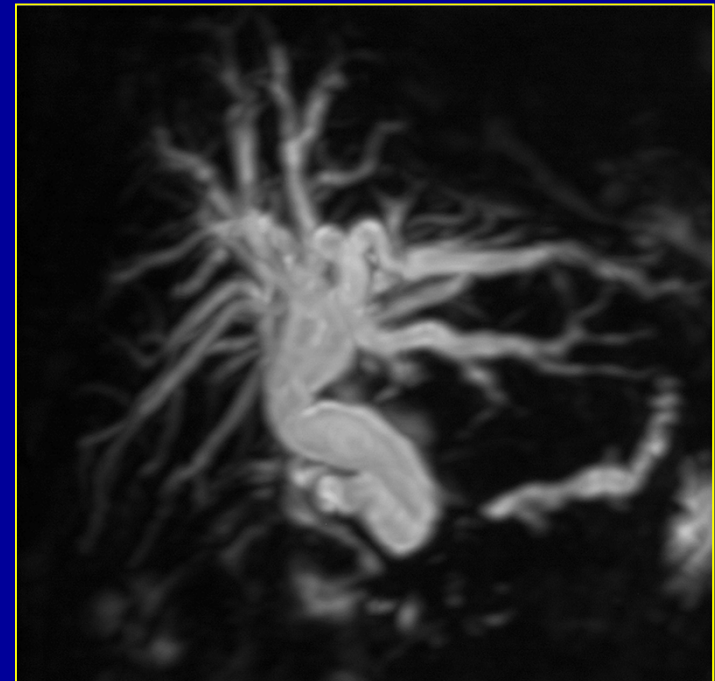
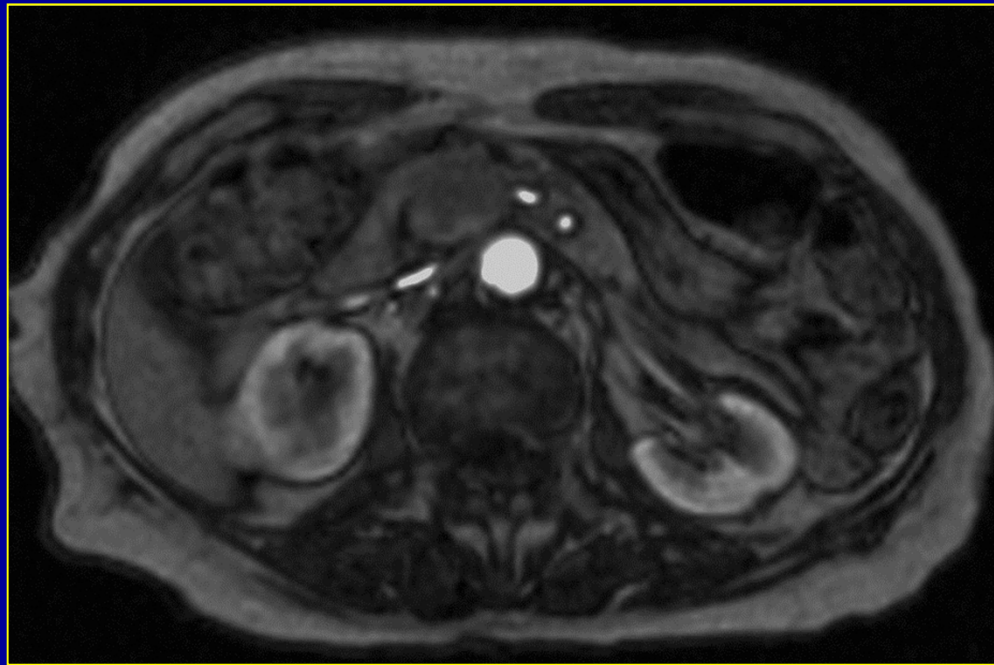
Pancréas

3. Corrélations avec IRM



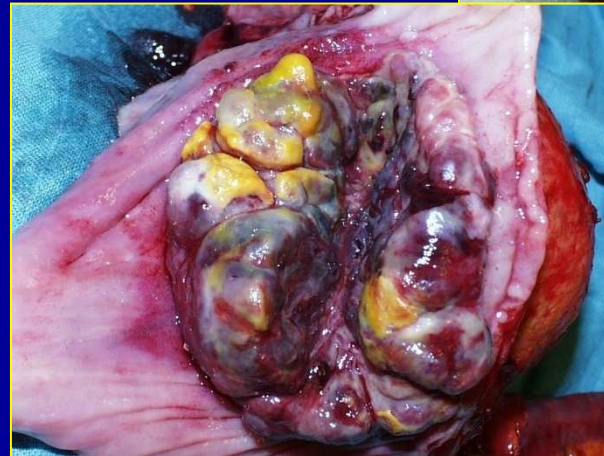
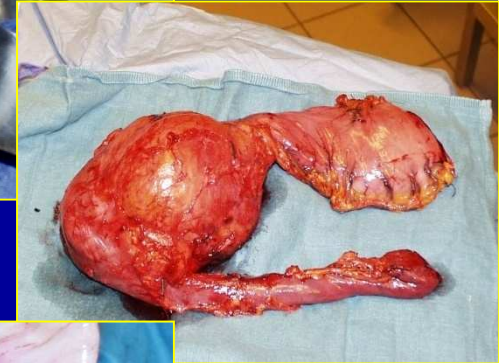
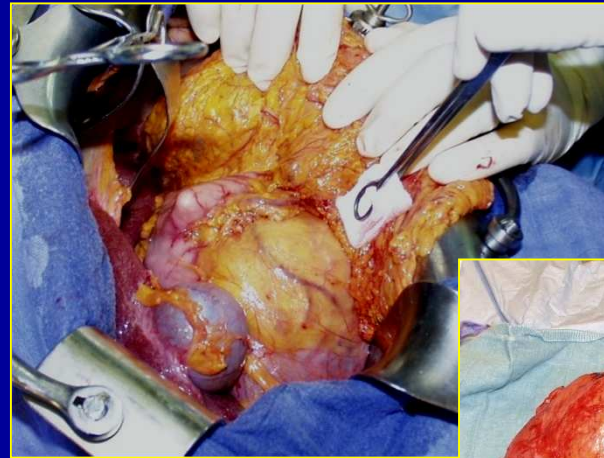
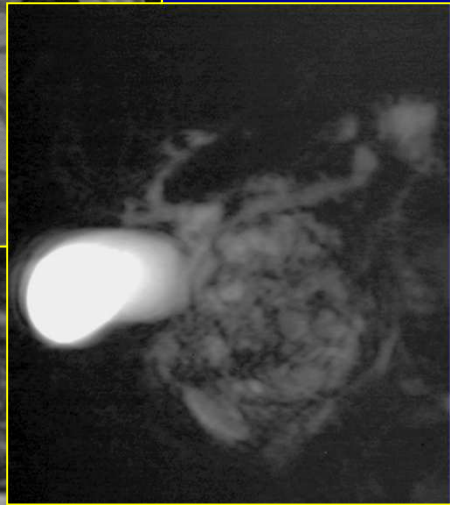
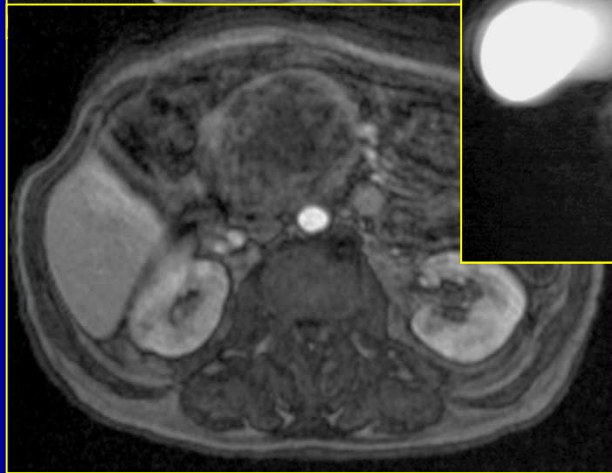
Pancréas

4. Cas pathologiques (adénocarcinome)



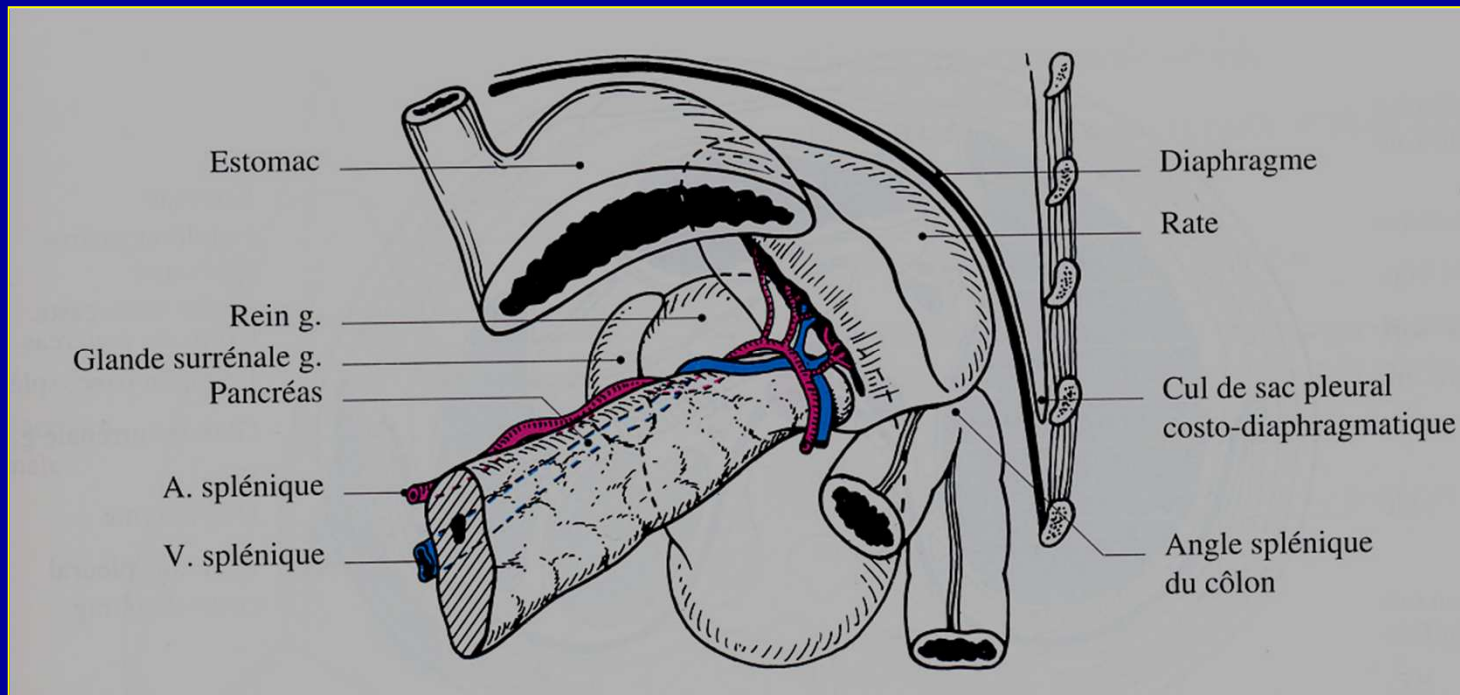
Pancréas

4. Cas pathologiques (carcinome)



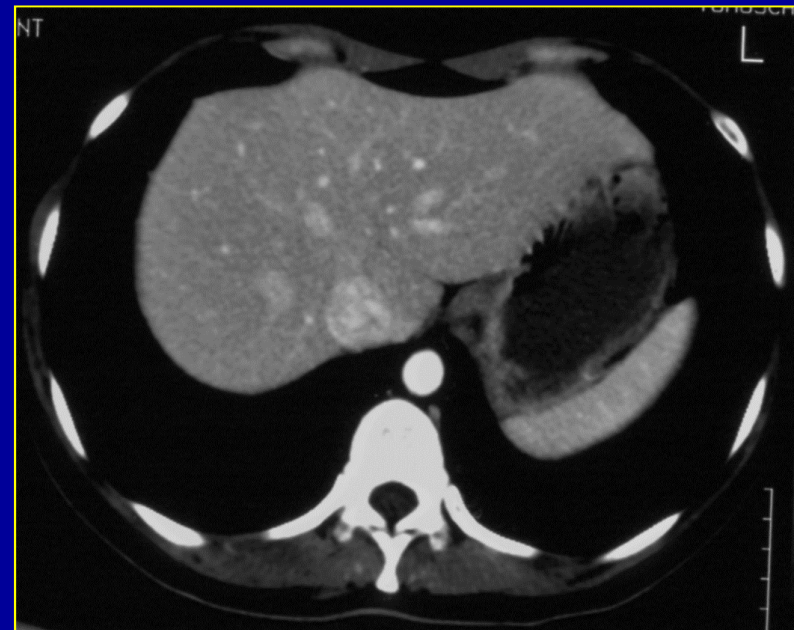
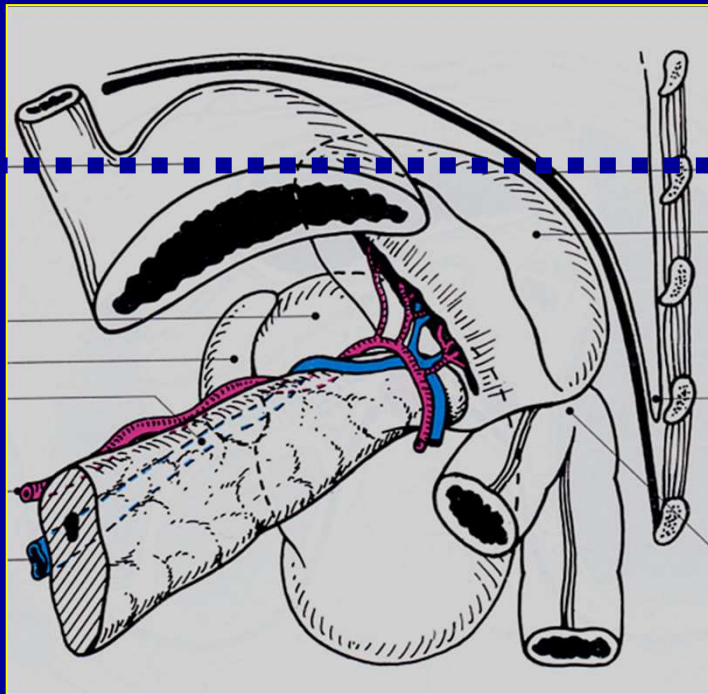
Rate

1. Anatomie générale



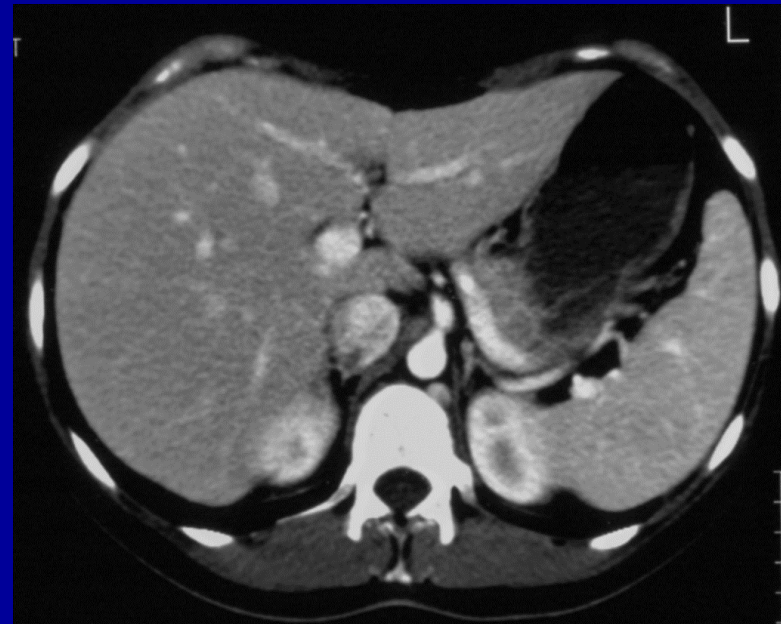
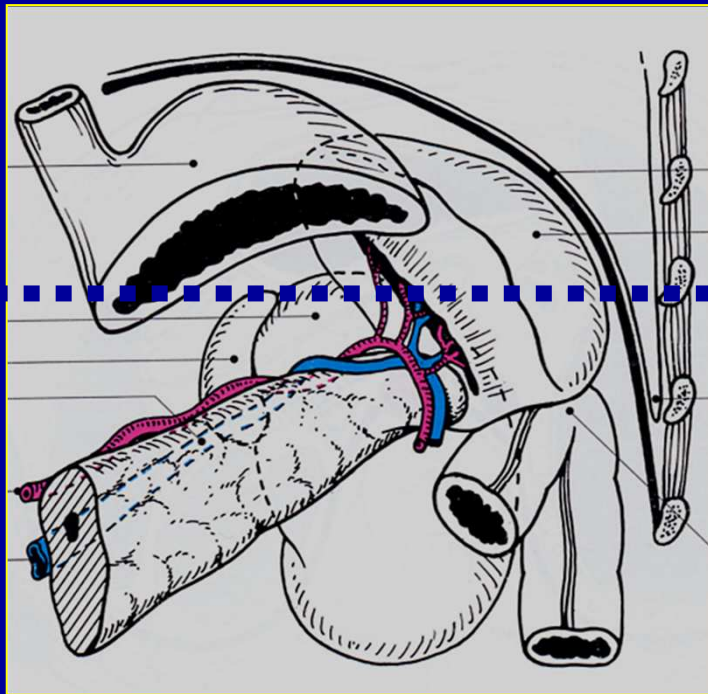
Rate

2. Corrélations TDM



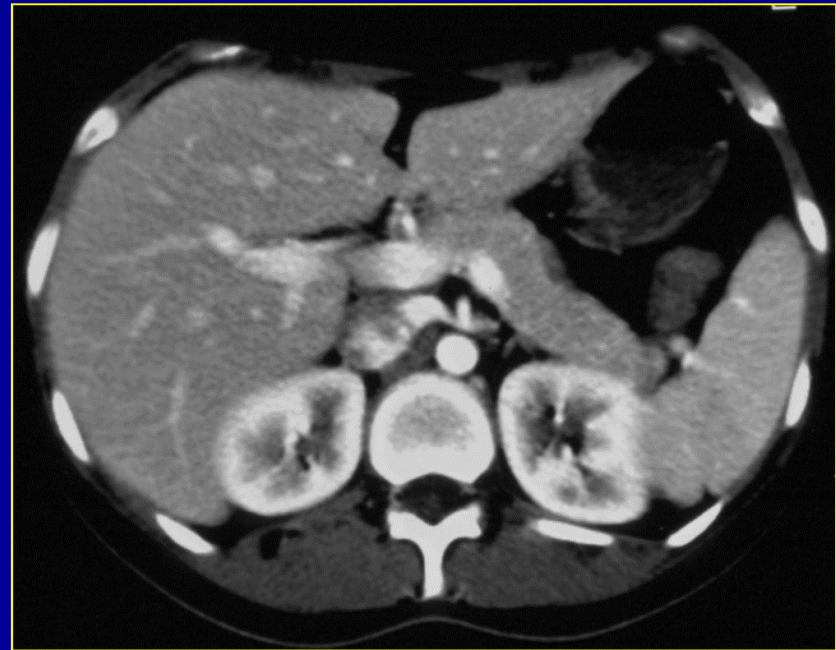
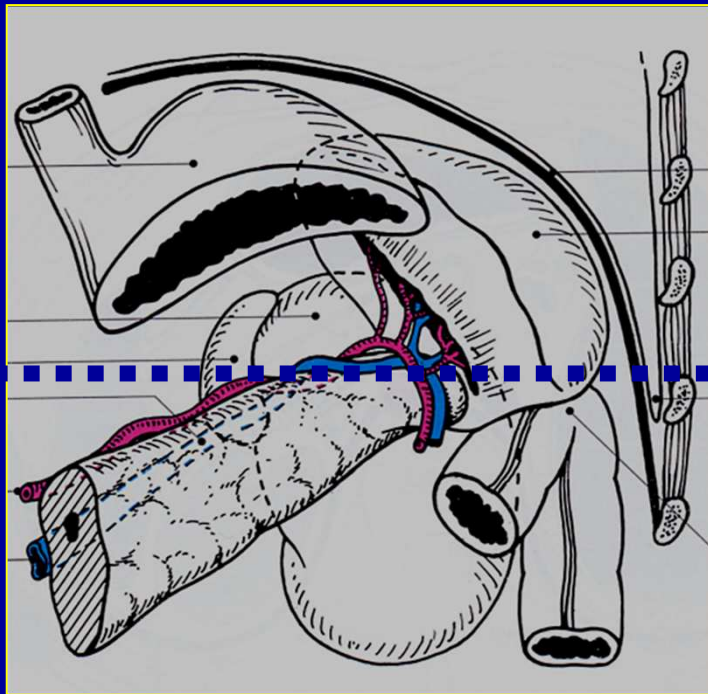
Rate

2. Corrélations TDM



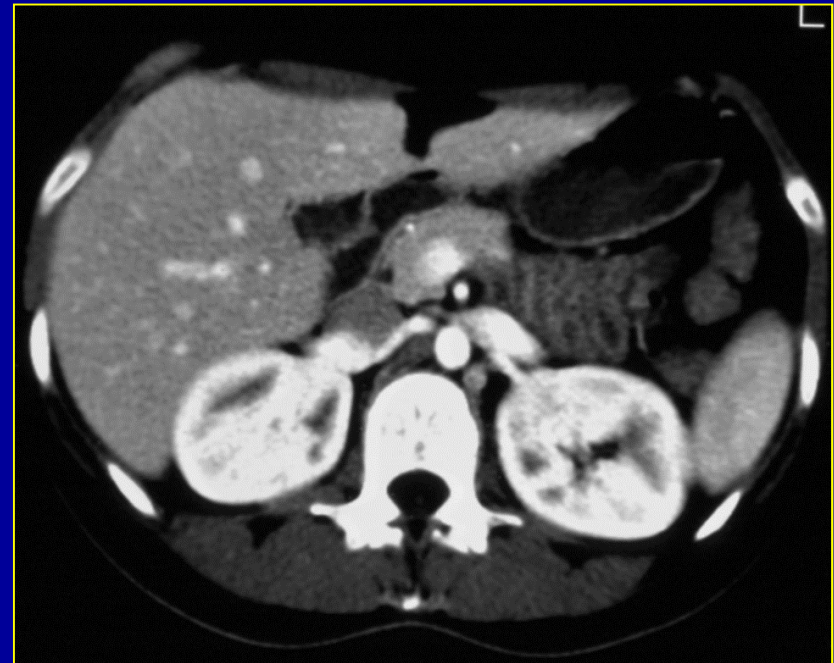
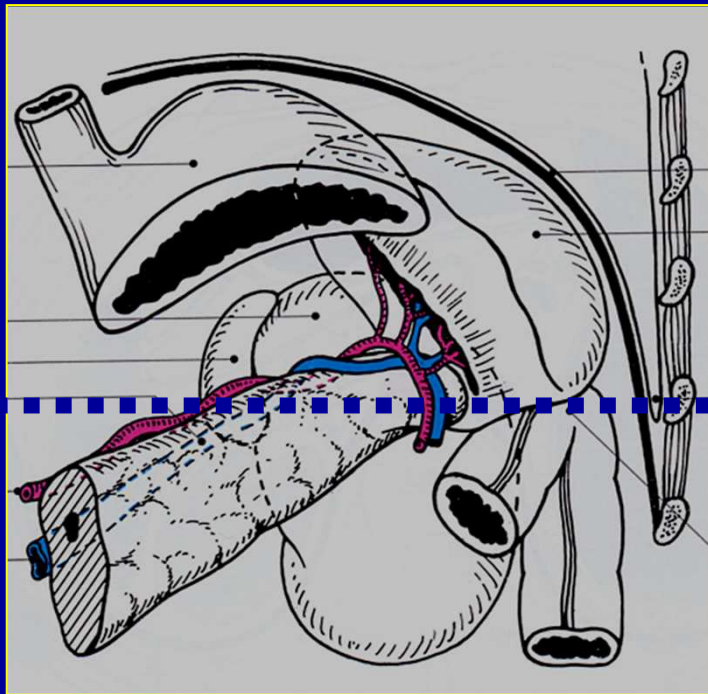
Rate

2. Corrélations TDM



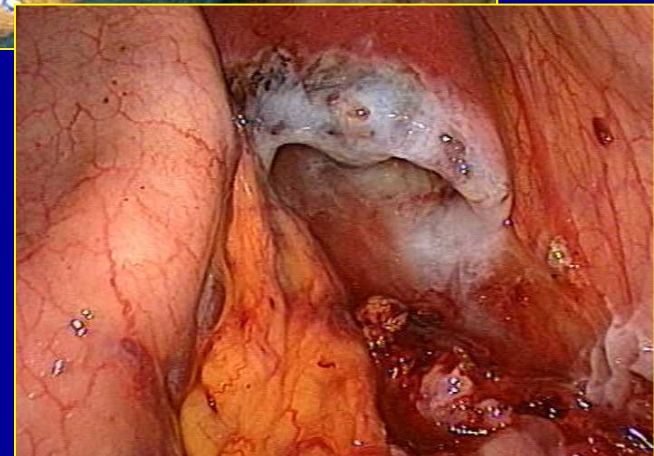
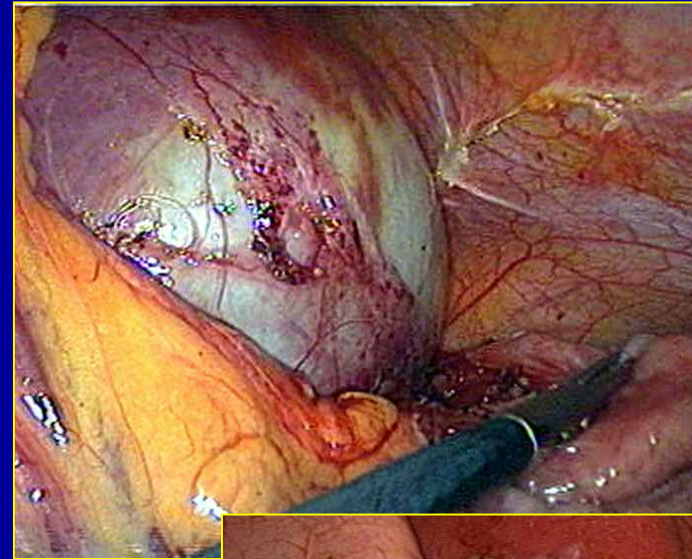
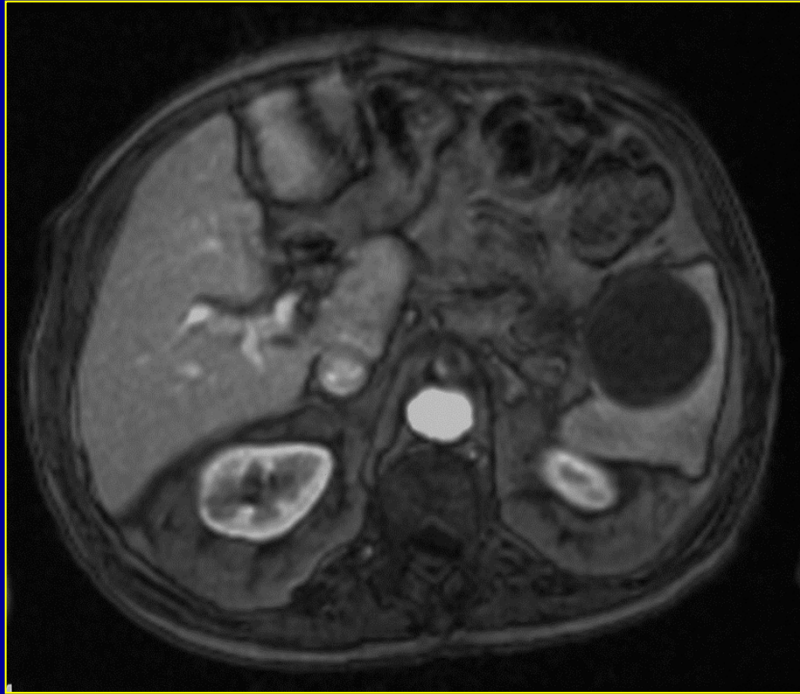
Rate

2. Corrélations TDM



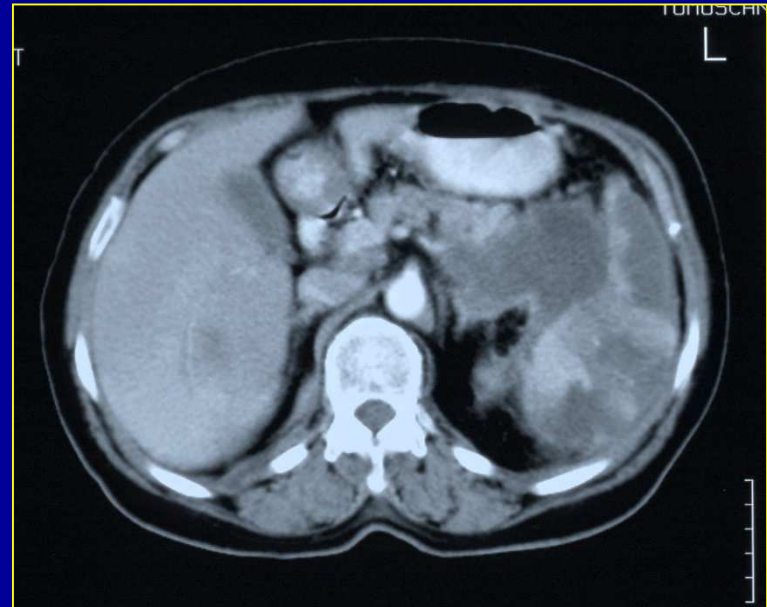
Rate

3. Cas pathologique (kyste)



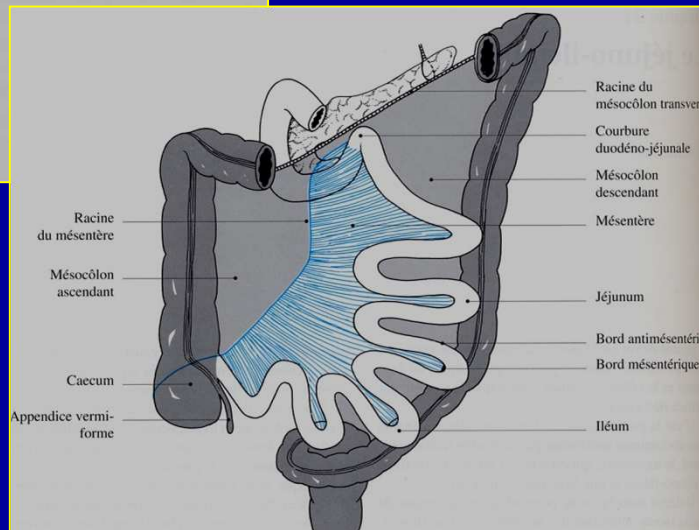
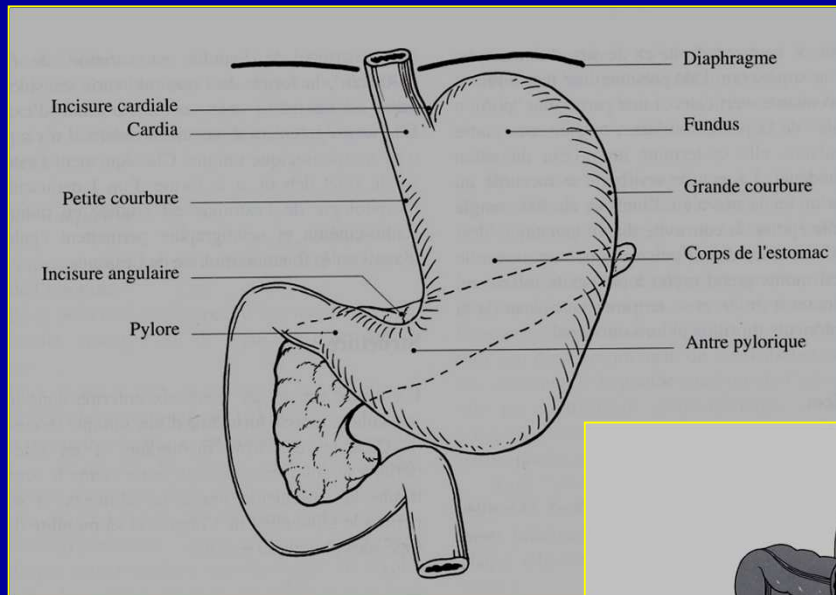
Rate

3. Cas pathologique (angiome, infarctus sur compression tumorale)



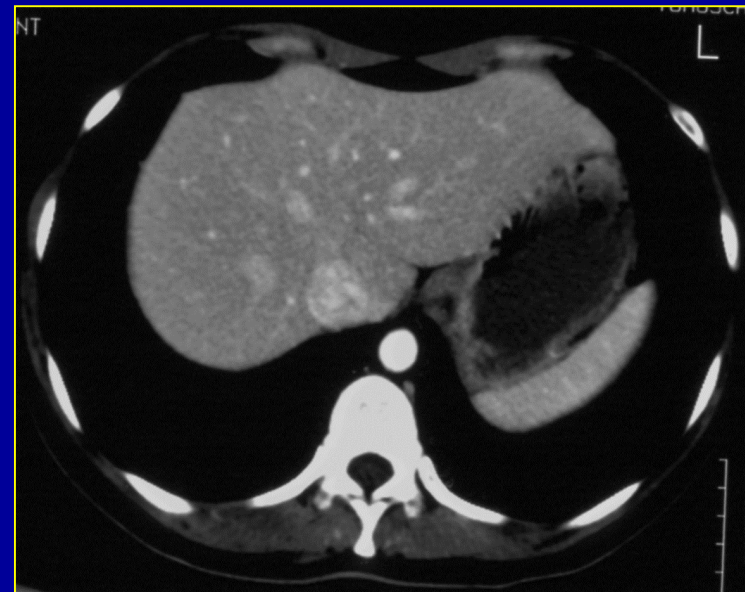
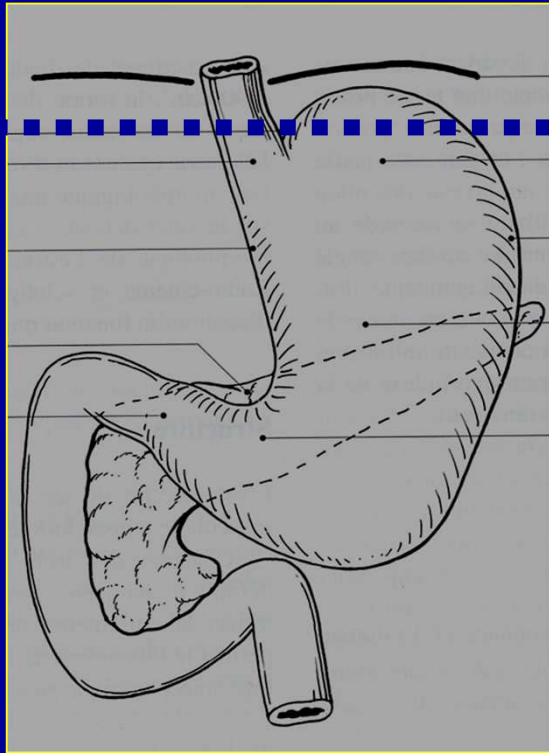
Tube digestif

1. Anatomie générale



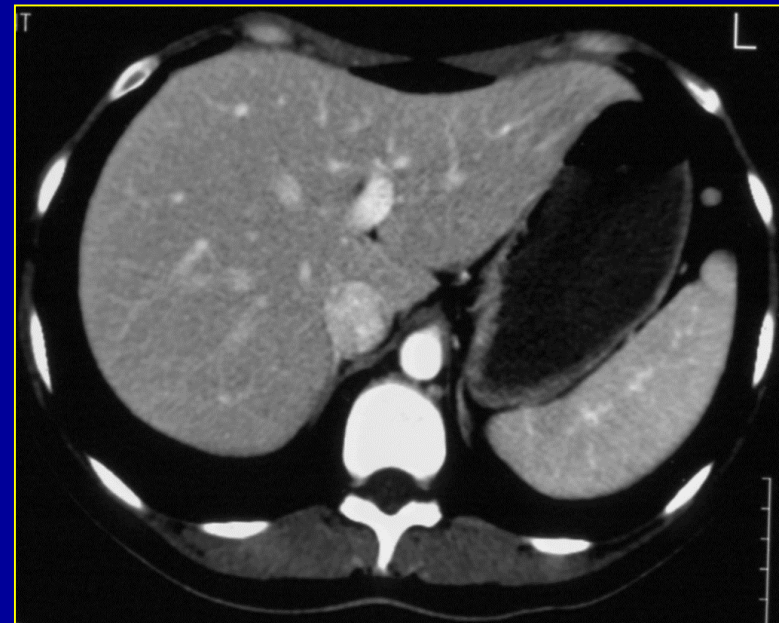
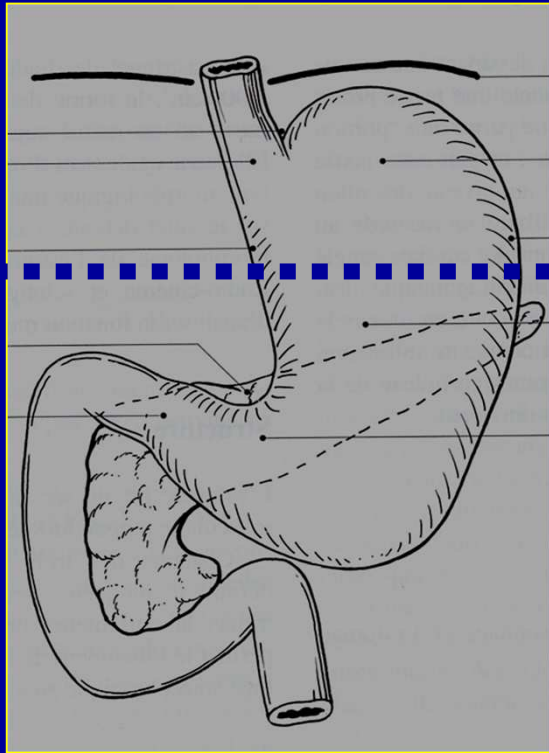
Tube digestif

2. Corrélations TDM estomac-duodénum



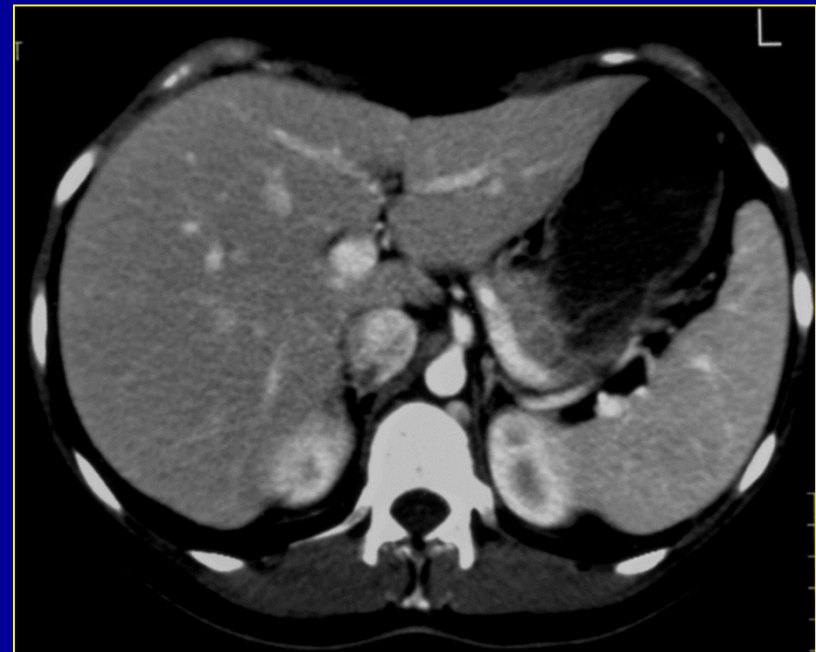
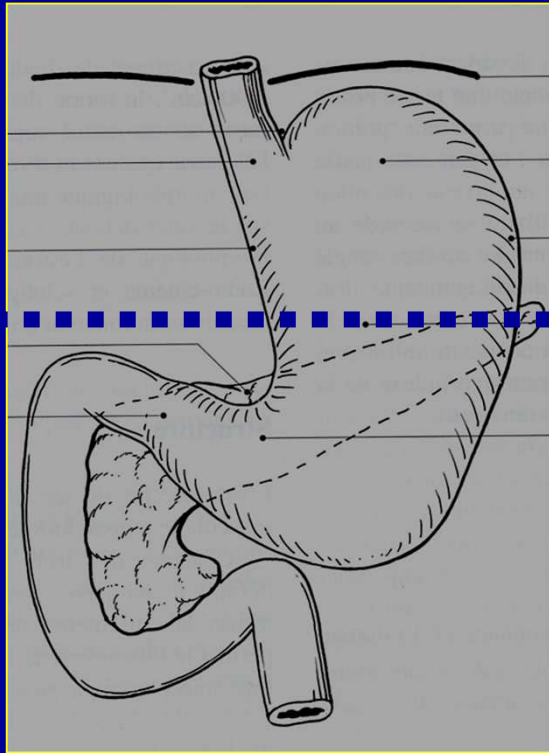
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2. Corrélations TDM estomac-duodénum



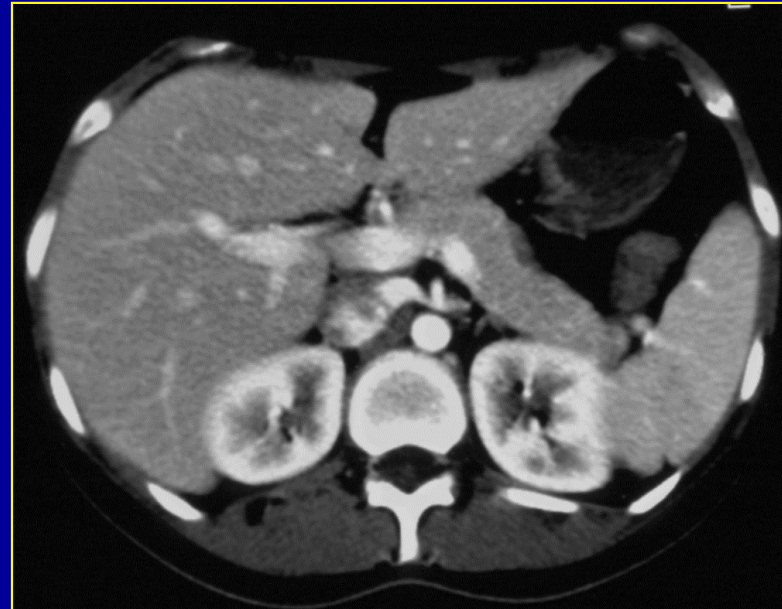
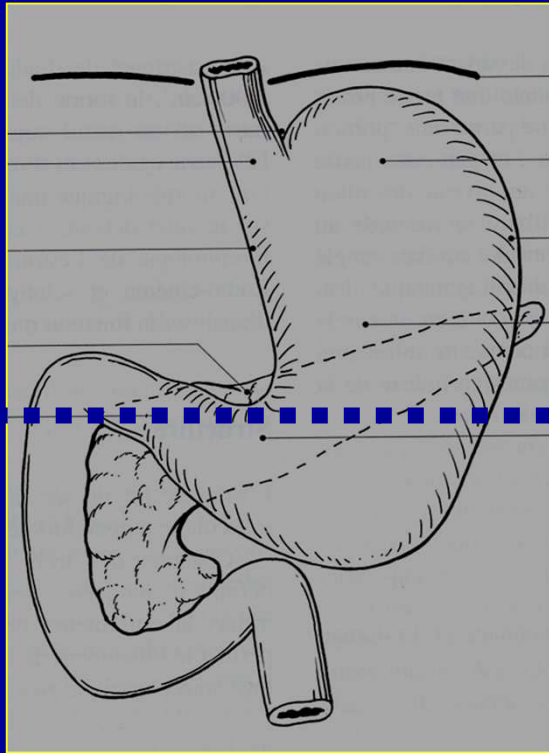
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2. Corrélations TDM estomac-duodénum



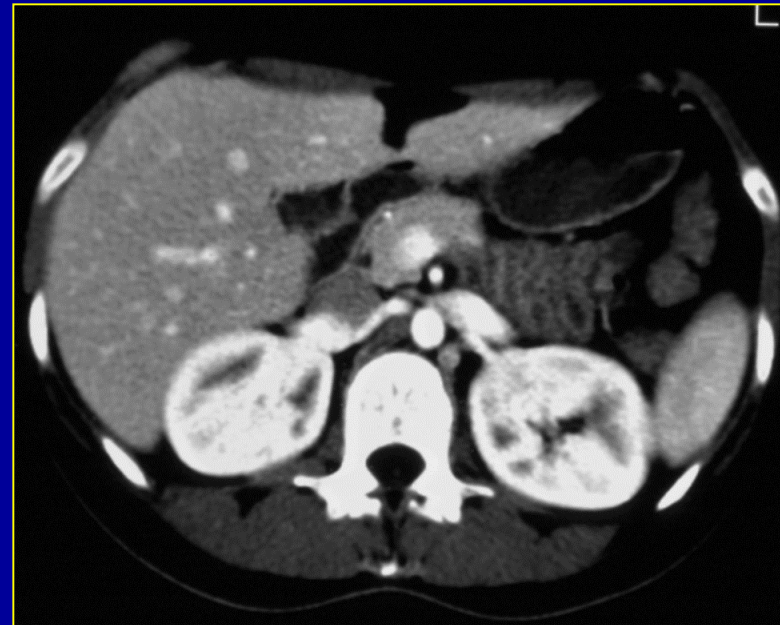
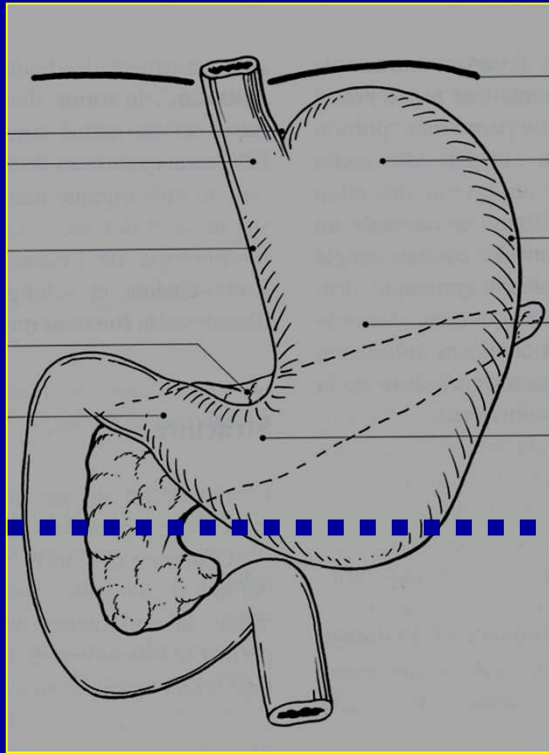
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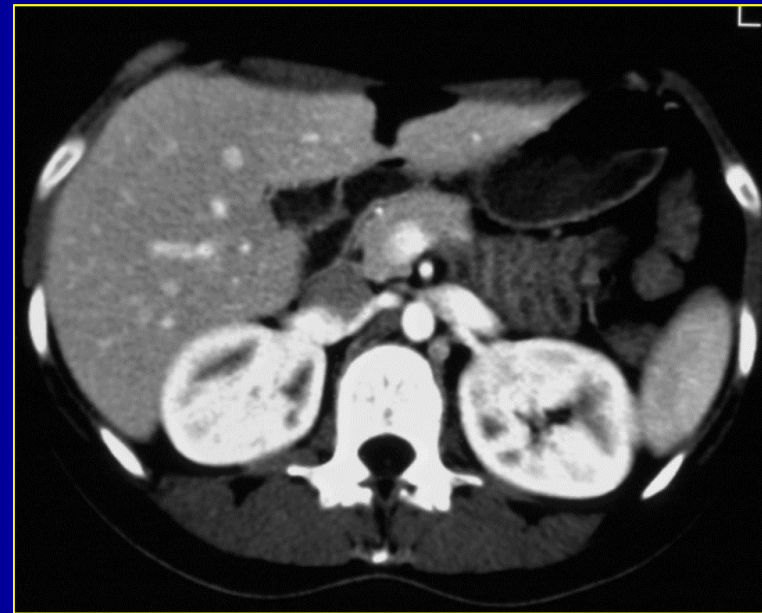
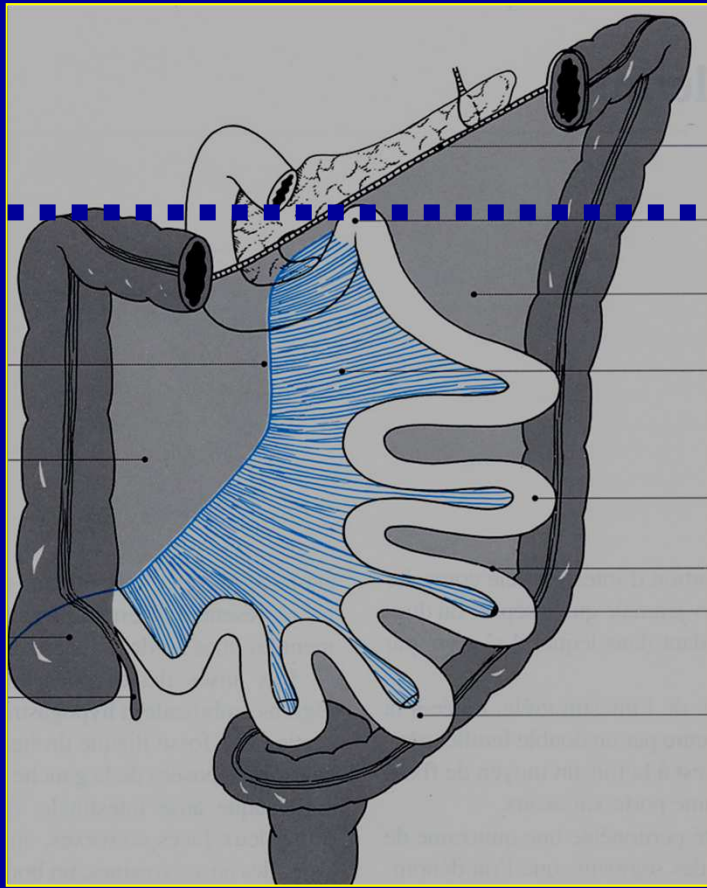
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2. Corrélations TDM estomac-duodénum



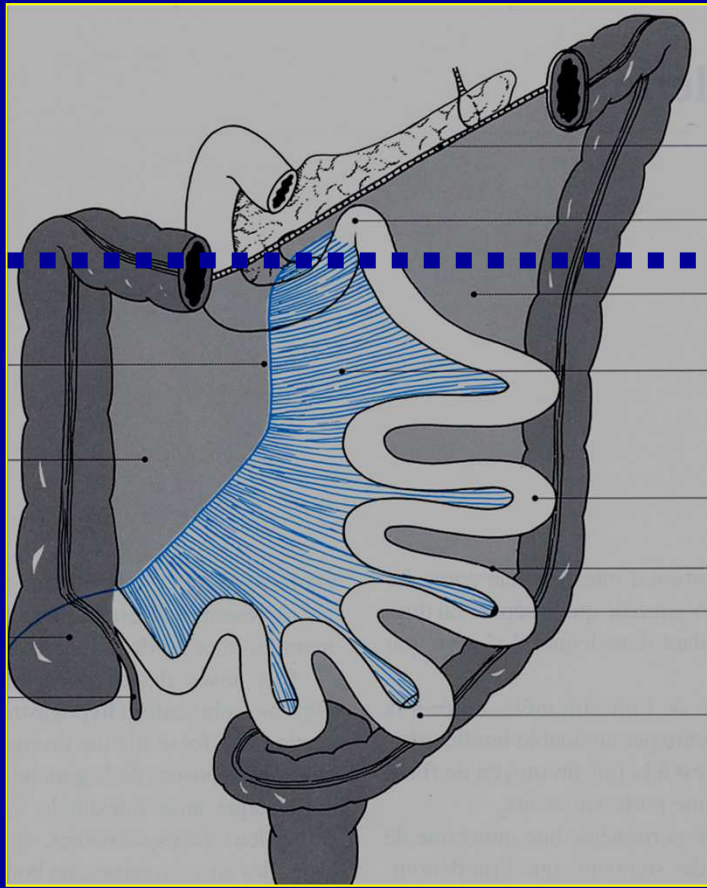
Tube digestif

3. Corrélations TDM grêle-colon



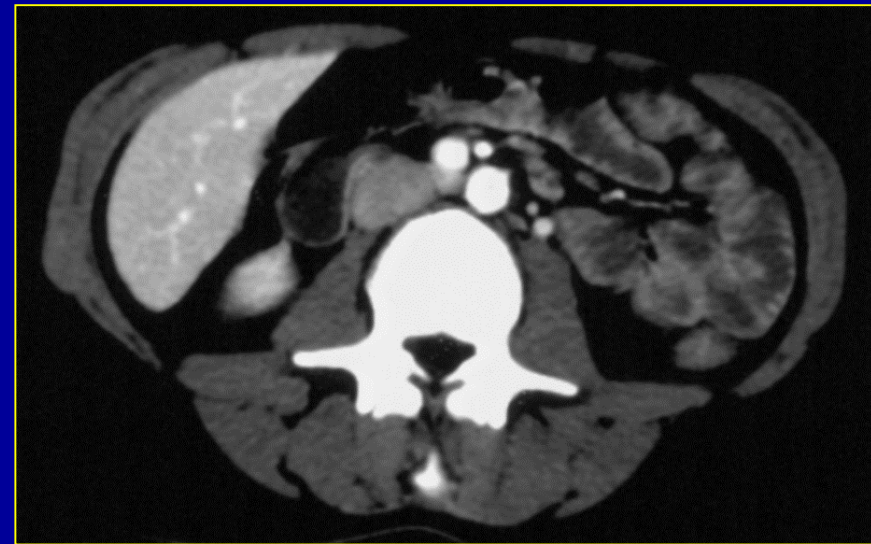
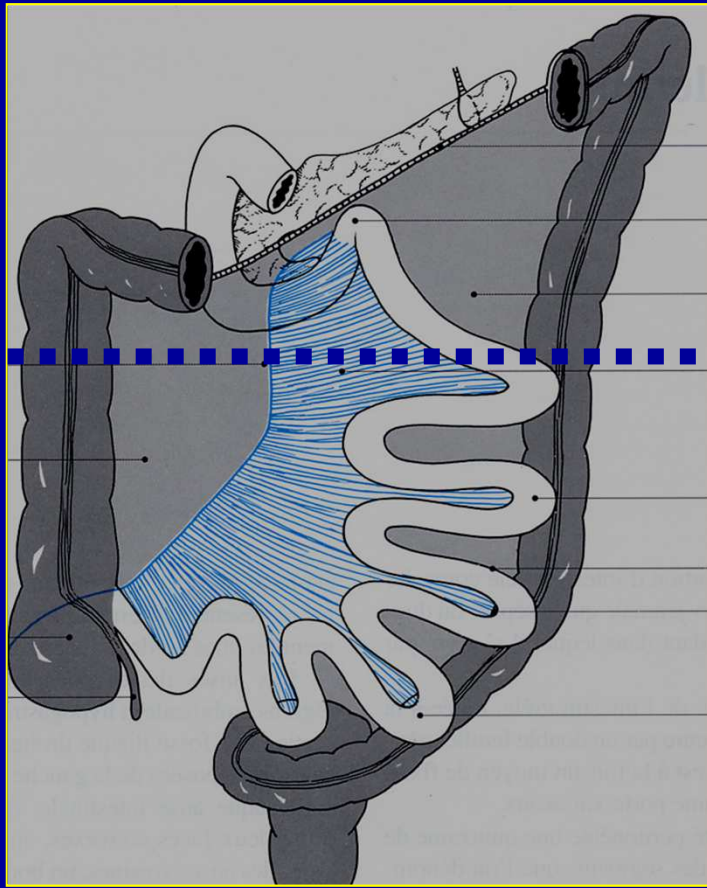
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3. Corrélations TDM grêle-colon



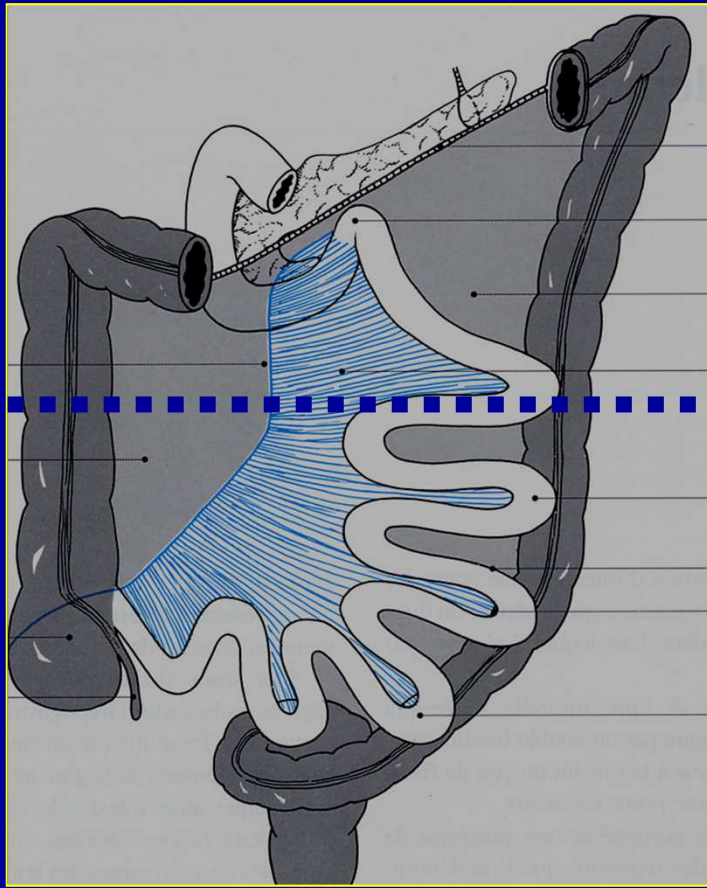
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3. Corrélations TDM grêle-colon



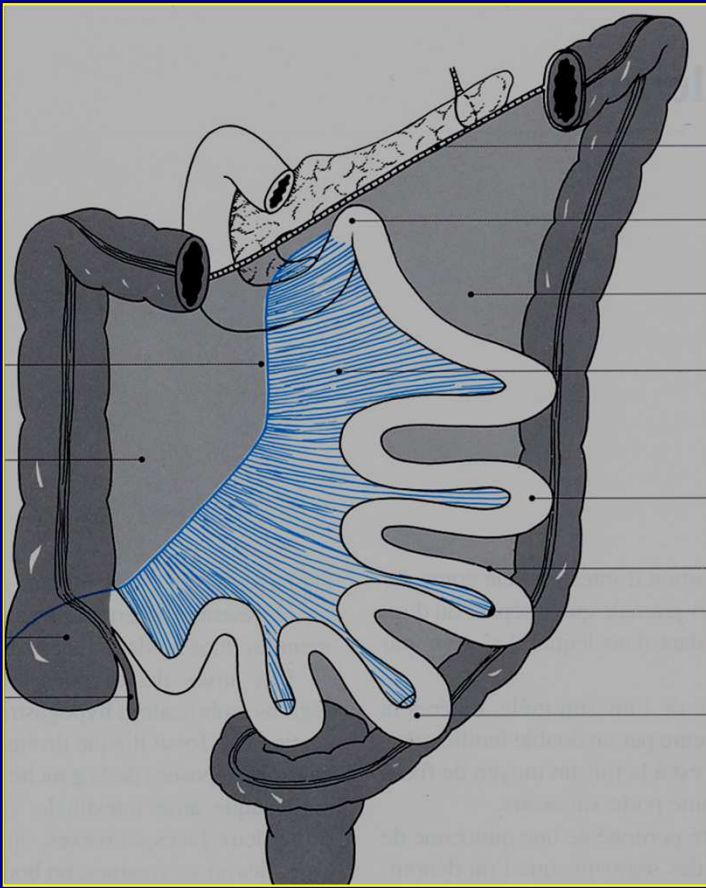
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3. Corrélations TDM grêle-colon



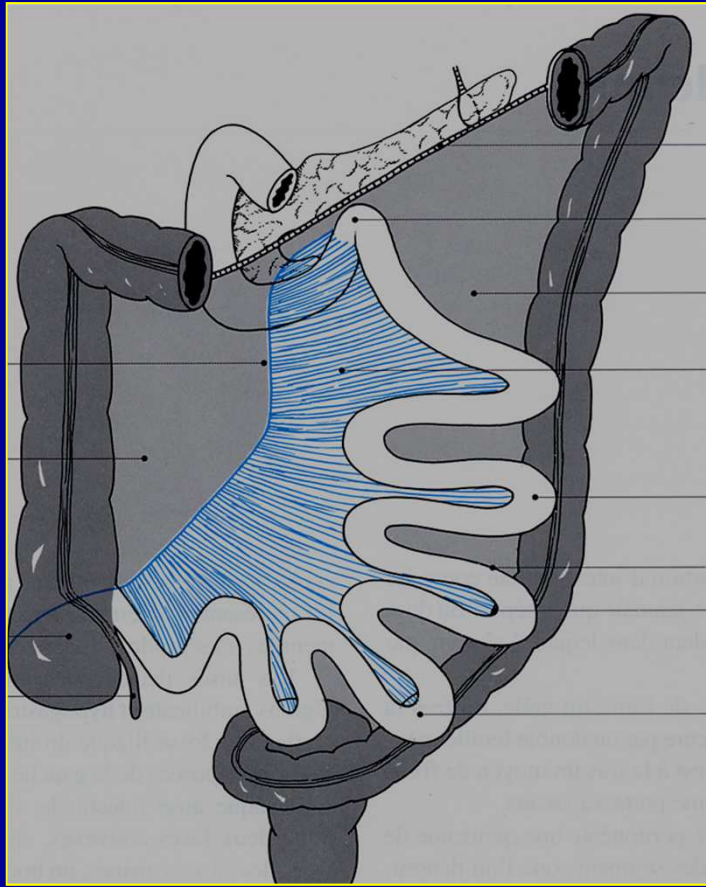
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4. Corrélations transit du grêle



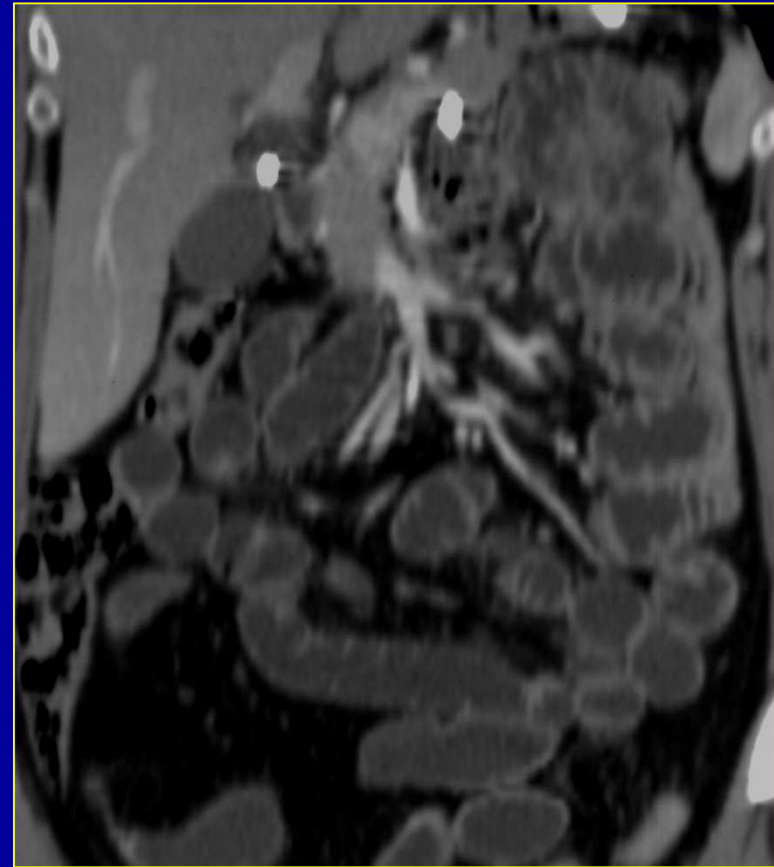
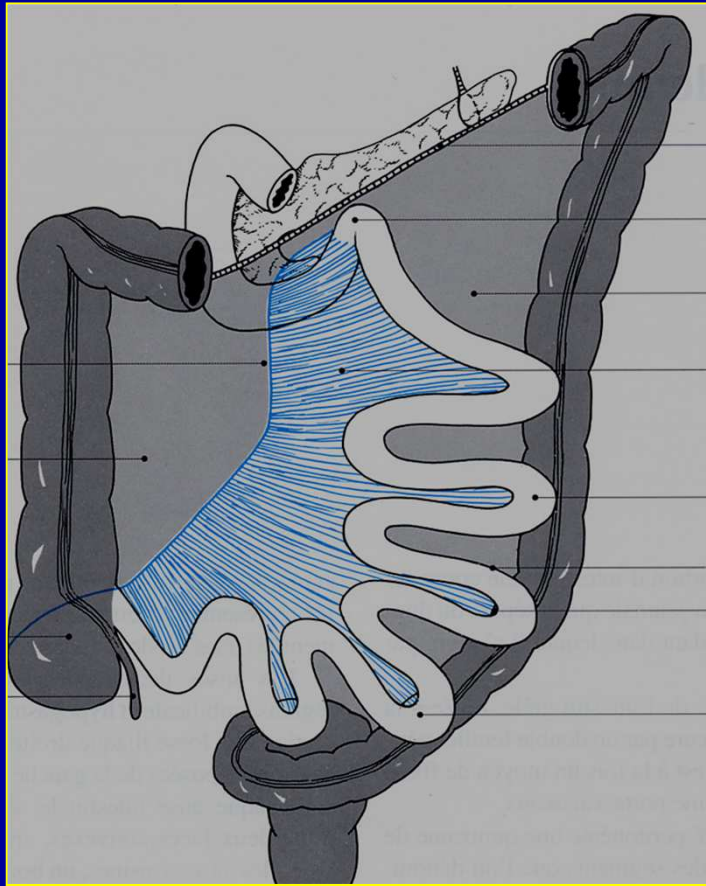
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4. Corrélations transit du grêle



Tube digestif

4. Corrélations reconstruction frontale TDM



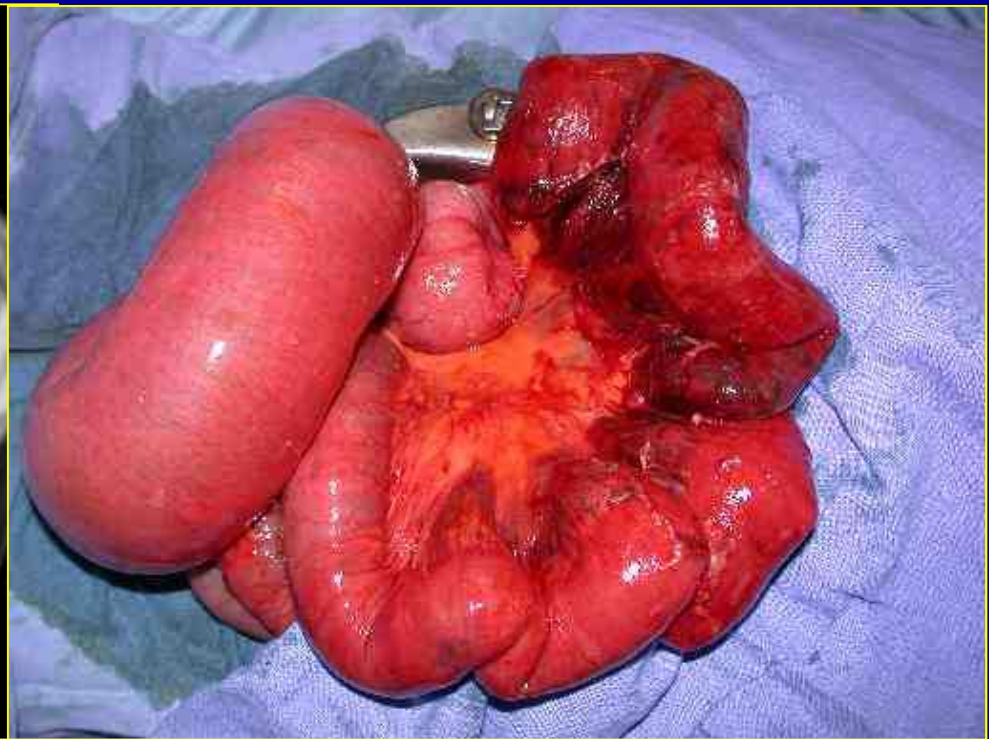
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5. Cas pathologiques (tumeur neuro-endocrine avec occlusion)



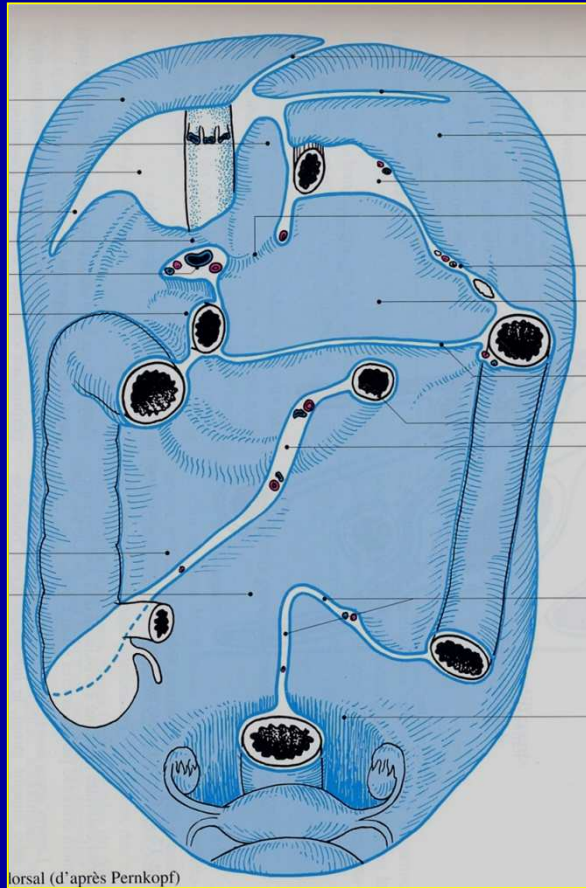
Tube digestif

5. Cas pathologiques (occlusion sur bride avec volvulus)



Péritoine

1. Anatomie générale



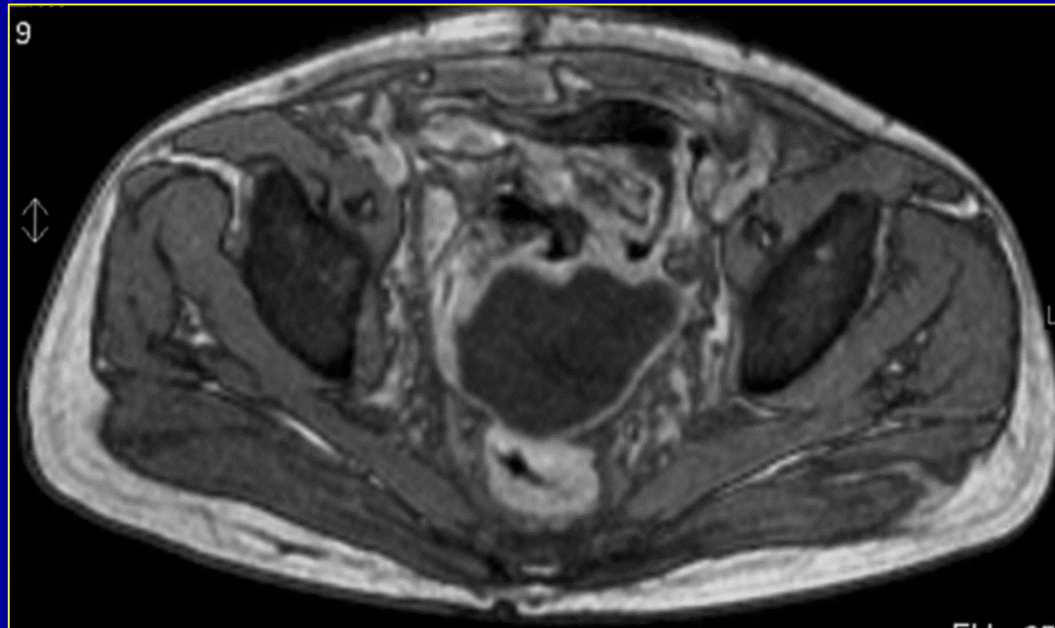
Péritoine

2. Corrélations TDM

Le péritoine normal n'est pas visible avec les différentes méthodes d'imagerie non invasives. Il peut être identifié dans certaines circonstances pathologiques (tumeurs péritonéales, épanchement intra péritonéal)

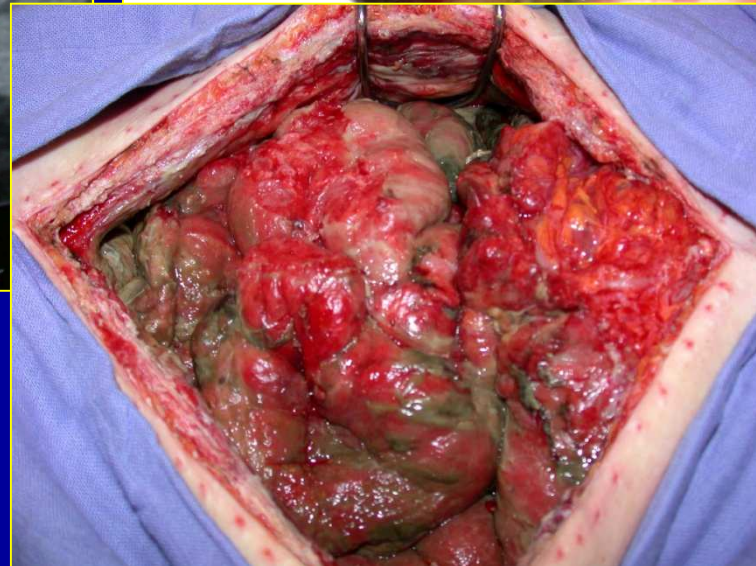
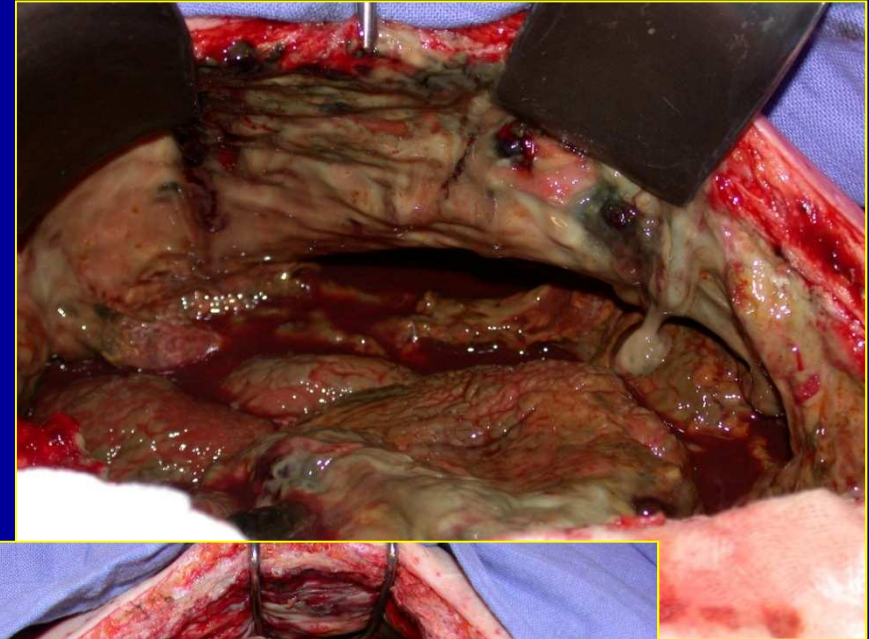
Péritoine

3. Cas pathologiques (abcès dans le cul de sac de Douglas)



Péritoine

3. Cas pathologiques (péritonite)



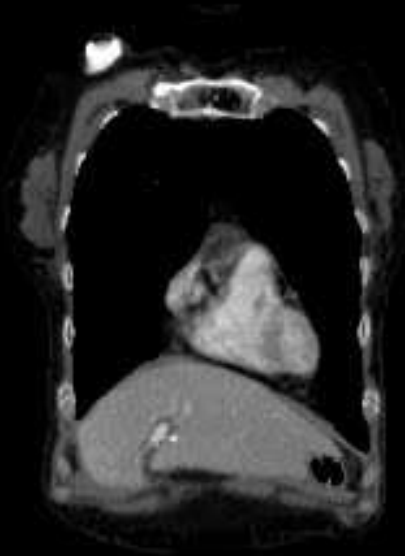
S 140

Ex: 31131 M239558
Se: 602 RFMT
Im: 22+C

Mar 17 2010
04:05:42 P M

R
2
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1678

WW: 484WL: 132

S 140

Ex: 31131 M239558
Se: 602 RFMT
Im: 28+C

Mar 17 2010
04:05:42 P M



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2
8
6

1678

WW: 484WL: 134

S 140

Ex: 31131.M239558
Se: 602 RFMT
Im: 36+C

Mar 17 2010
04:05:42 P M



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1678

WW: 484WL: 134

S 140

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Mar 17 2010
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R
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1678

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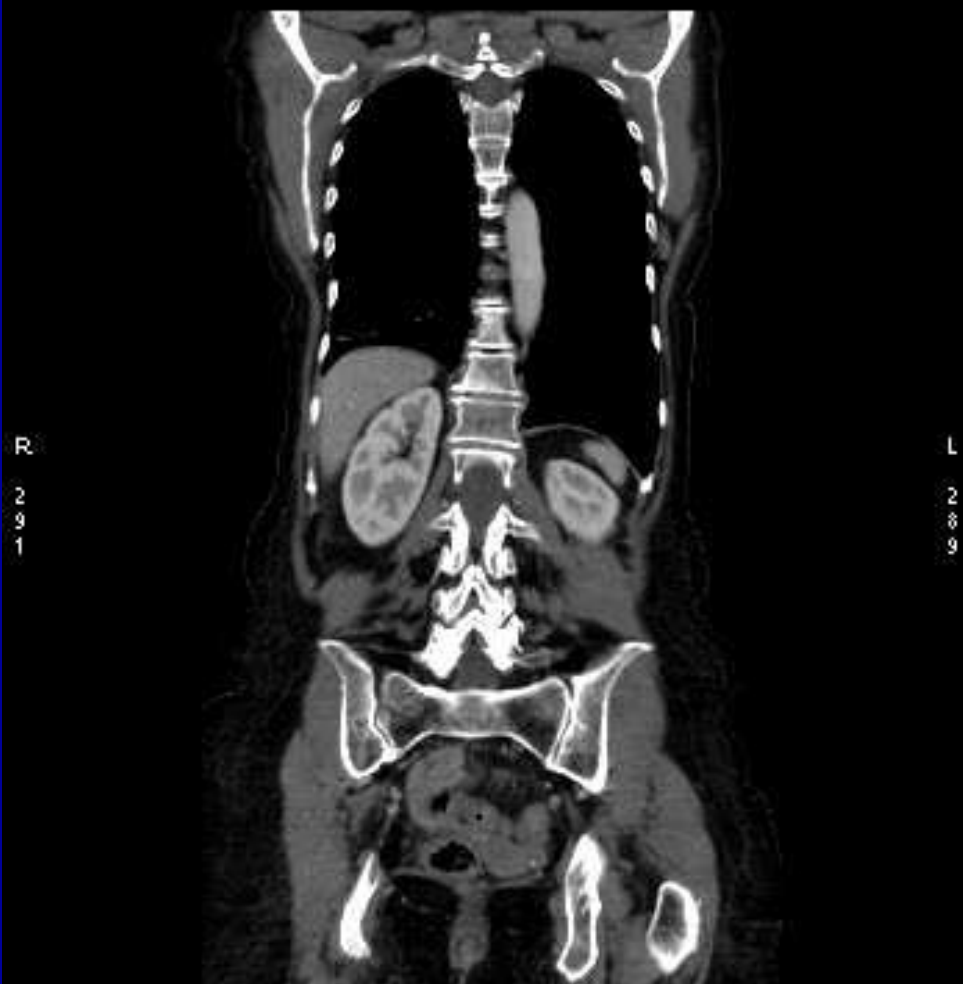
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Mar 17 2010
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1678

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S 124

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Mar 17 2010
03:27:06 PM



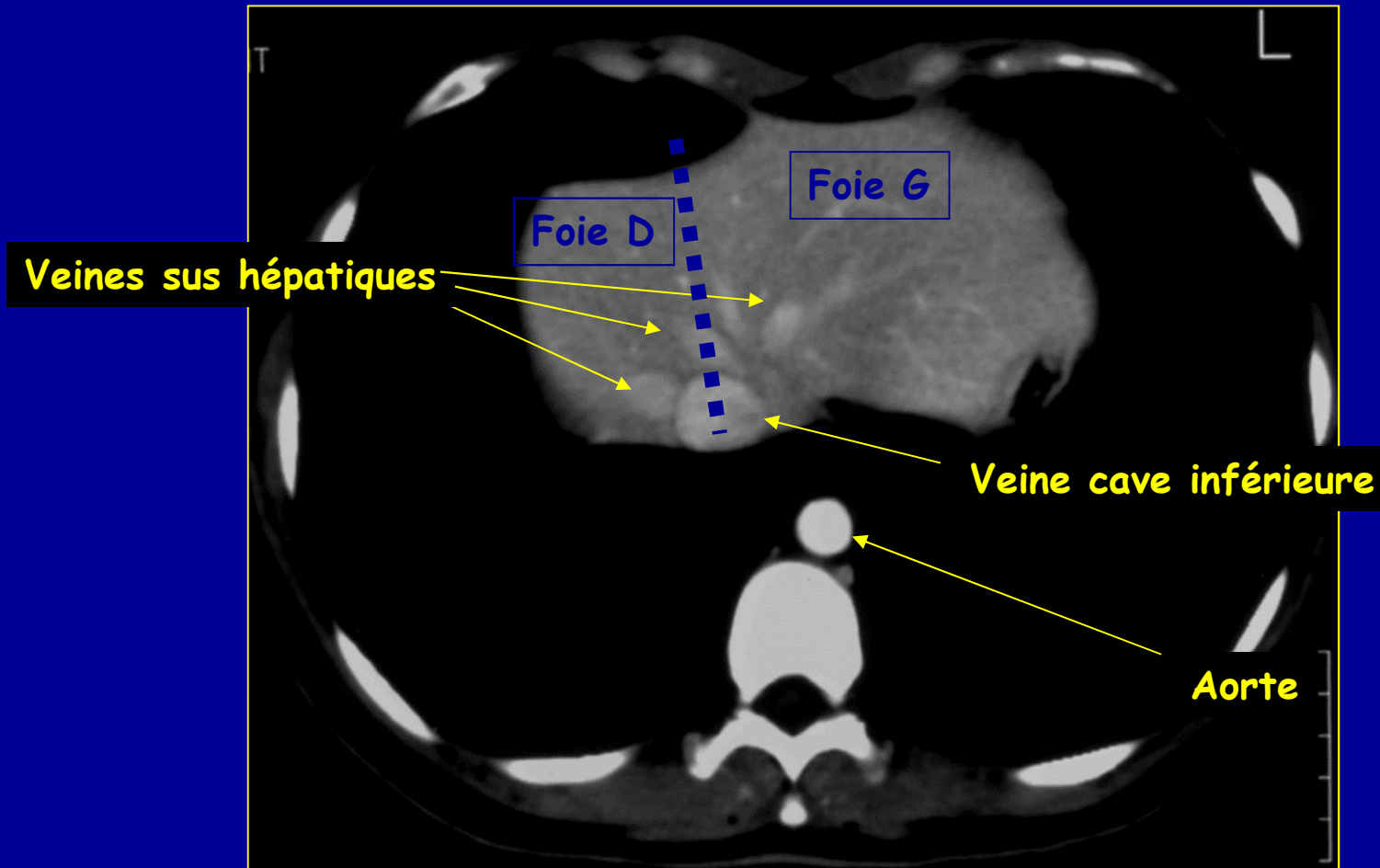
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4
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2
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9

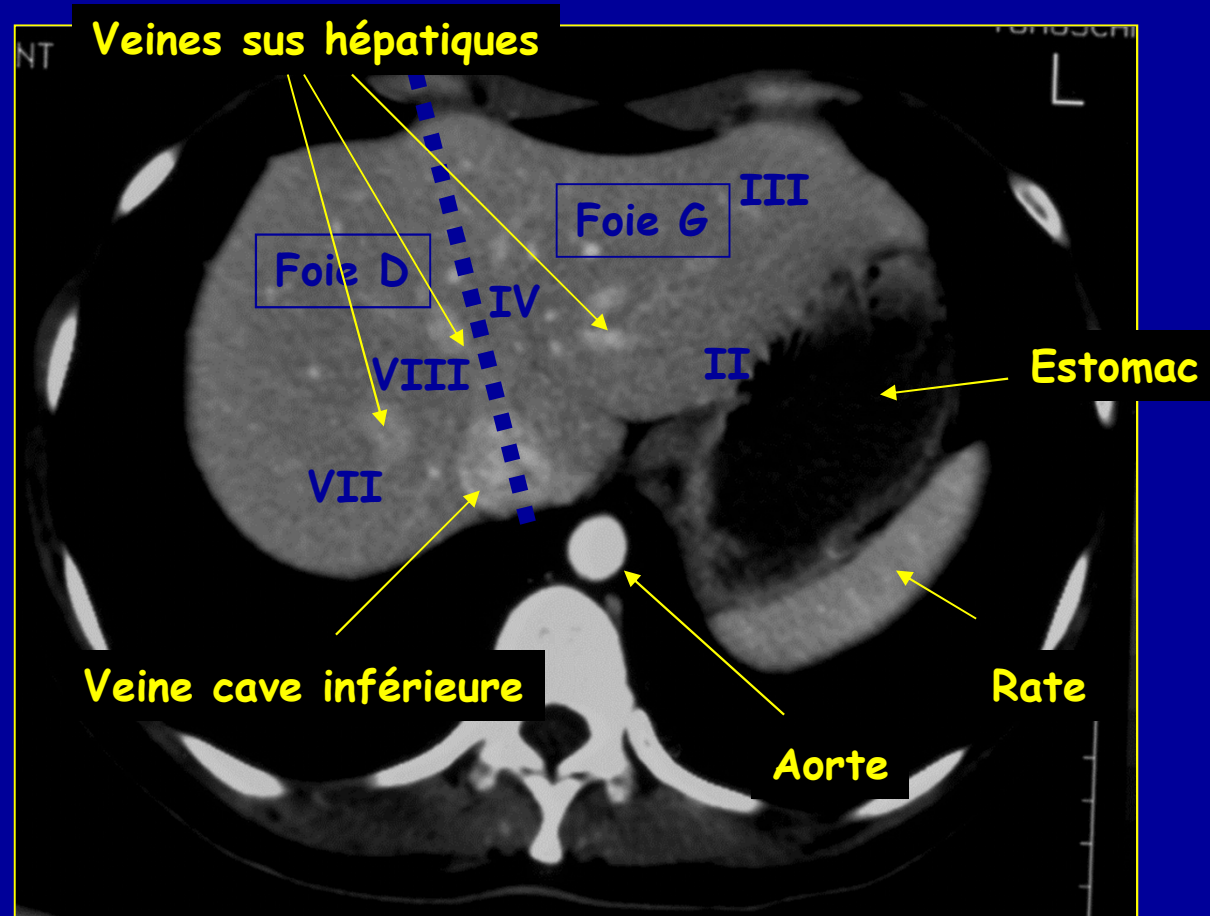
I 521

WW: 385 WL: 105

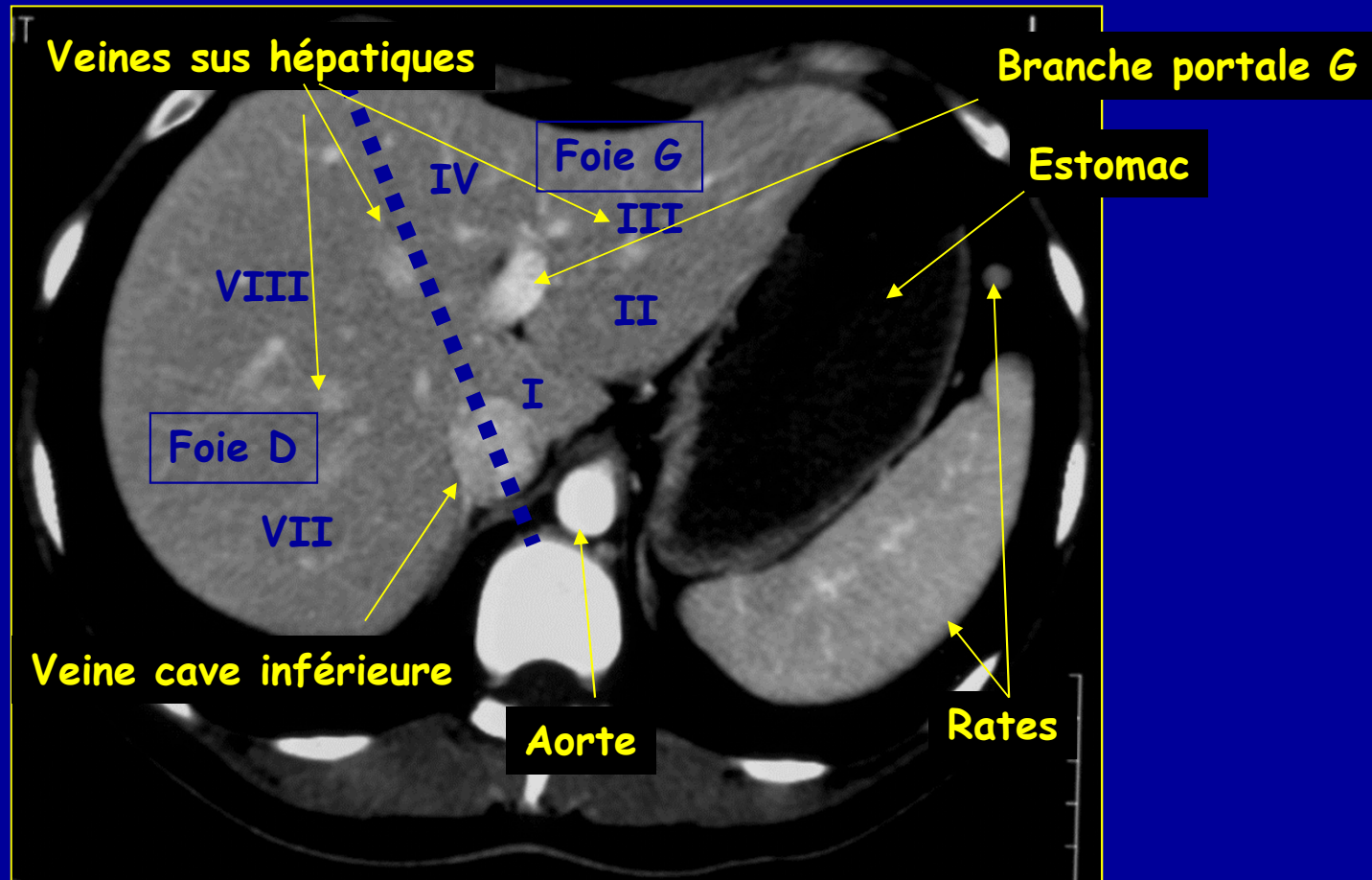
Révision des coupes TDM



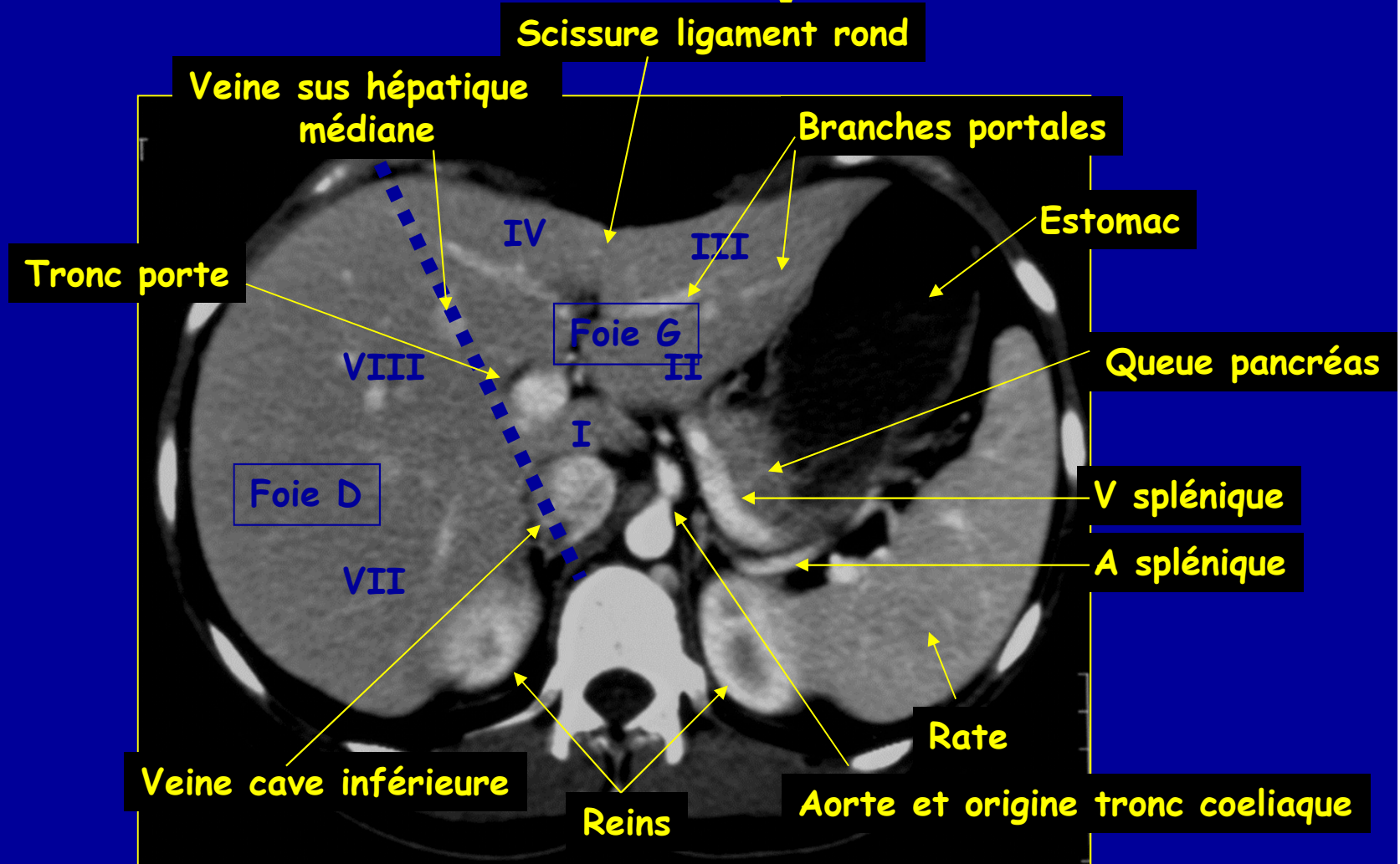
Révision des coupes TDM



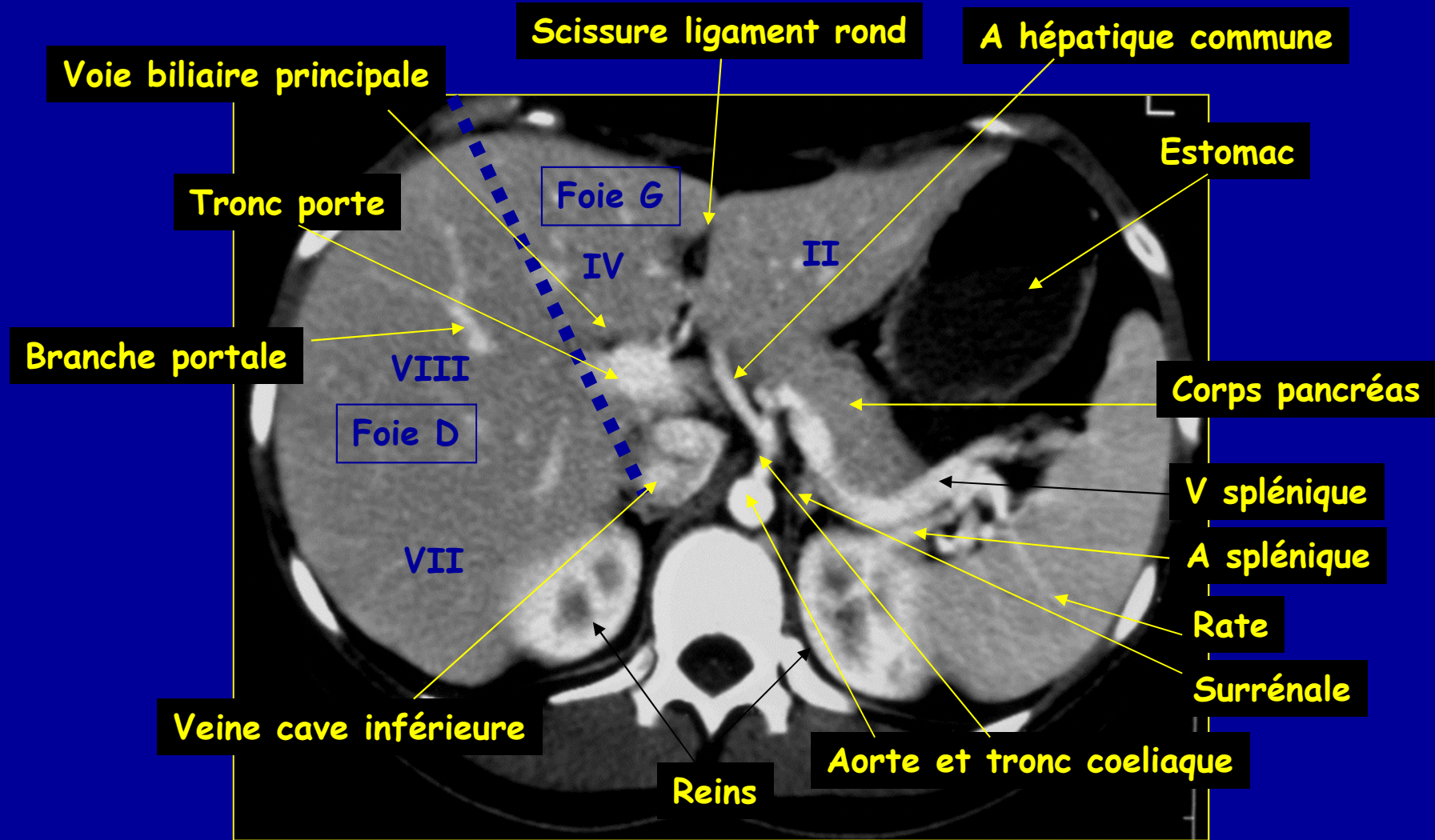
Révision des coupes TDM



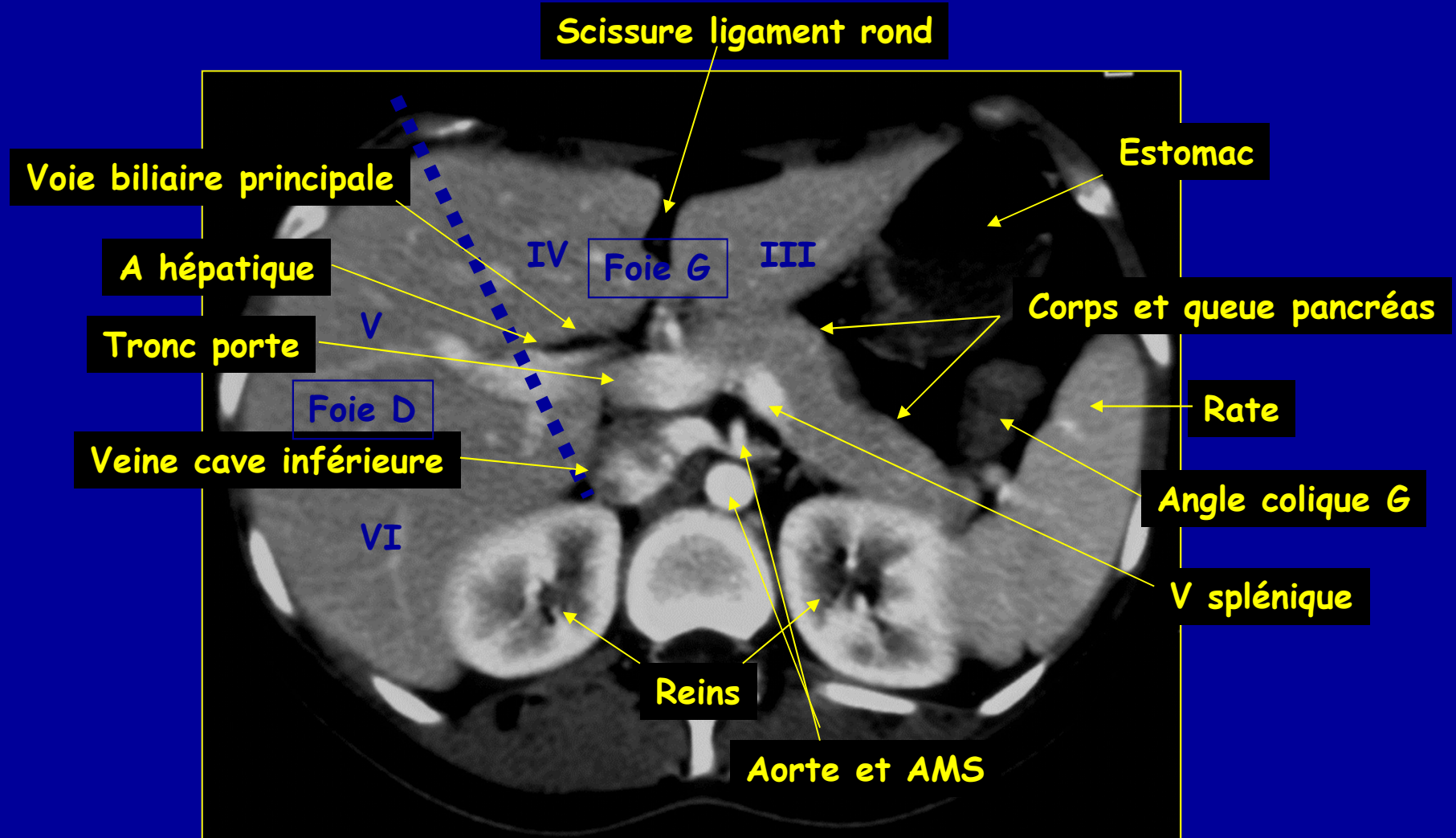
Révision des coupes TDM



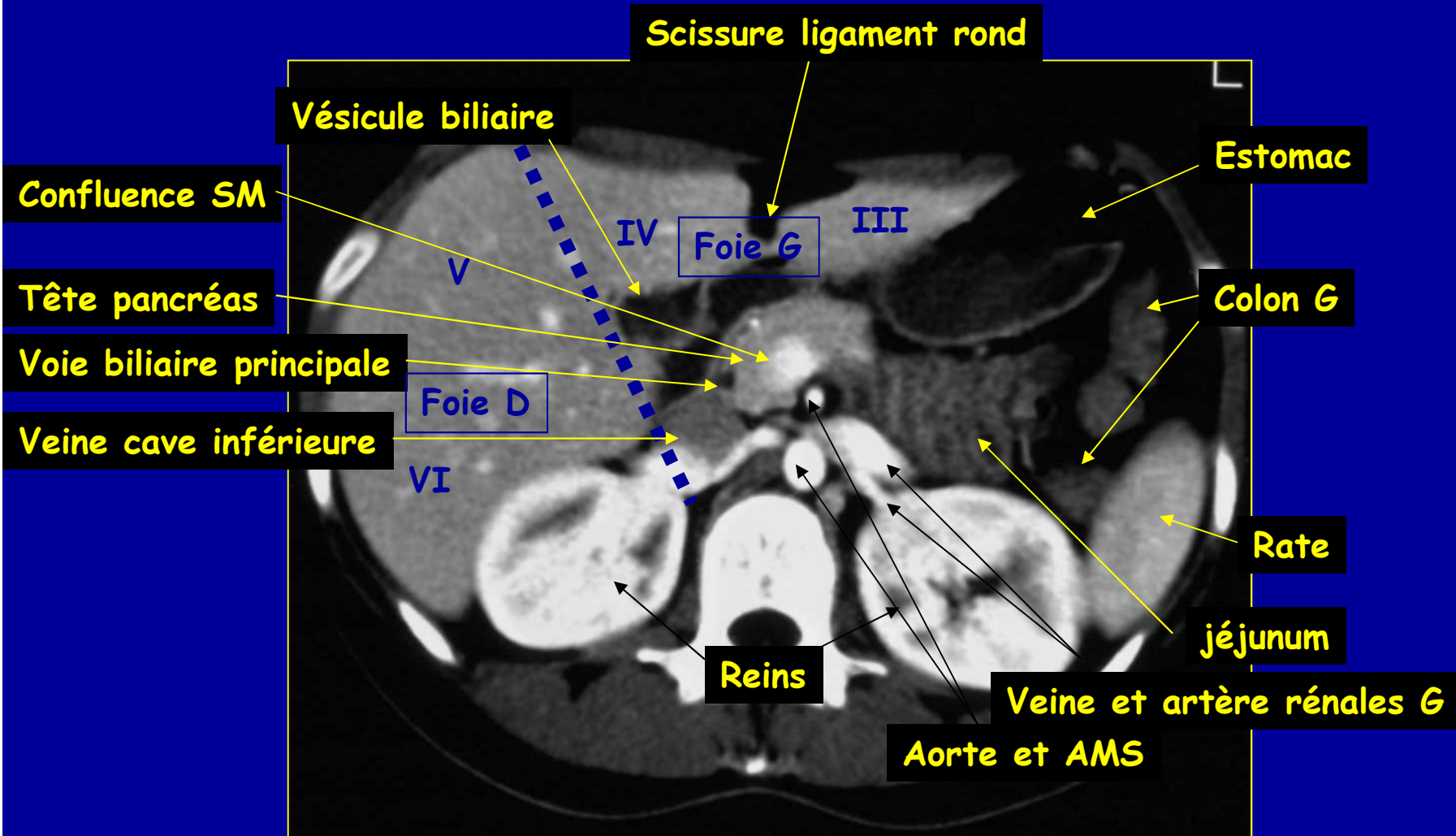
Révision des coupes TDM



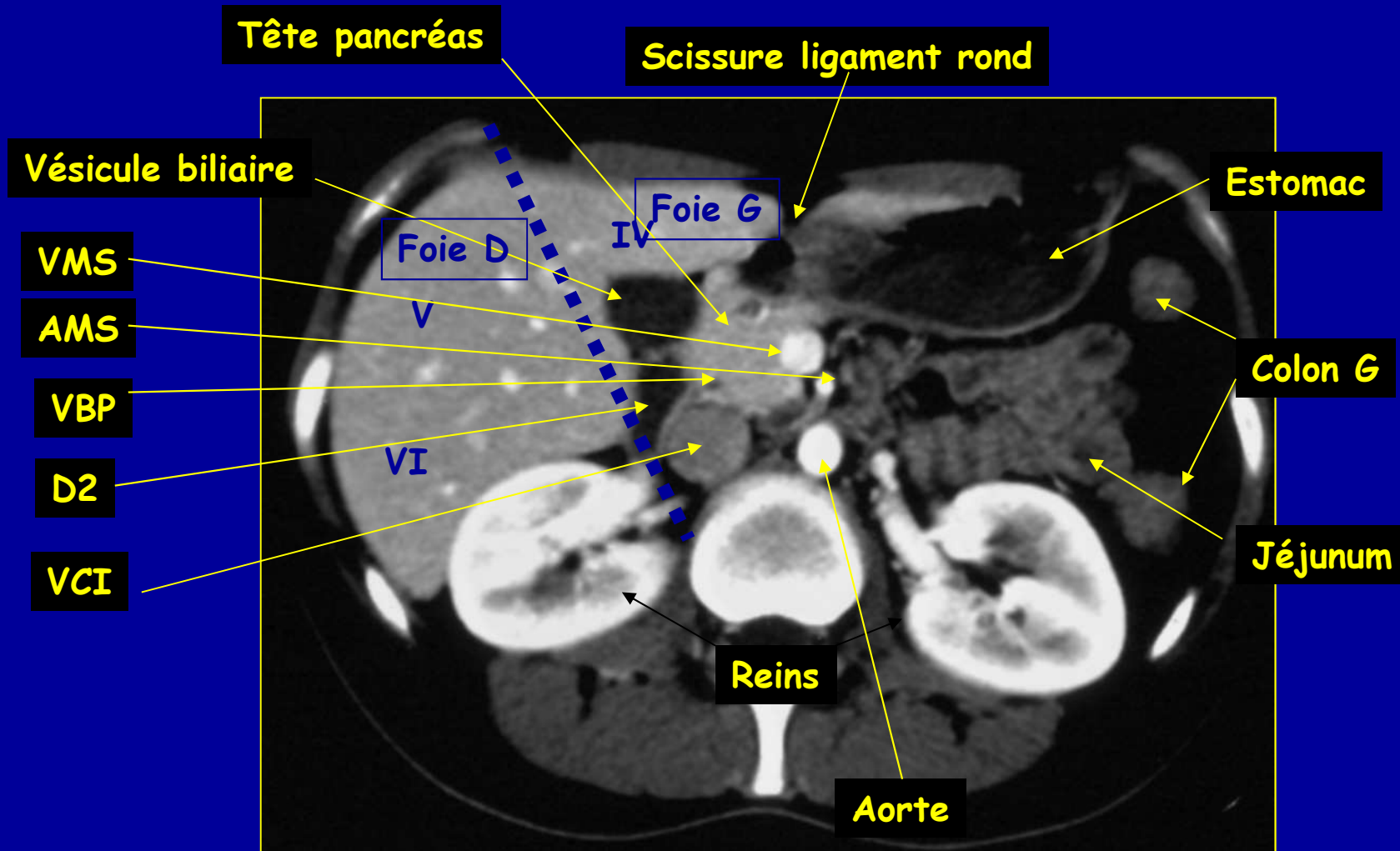
Révision des coupes TDM



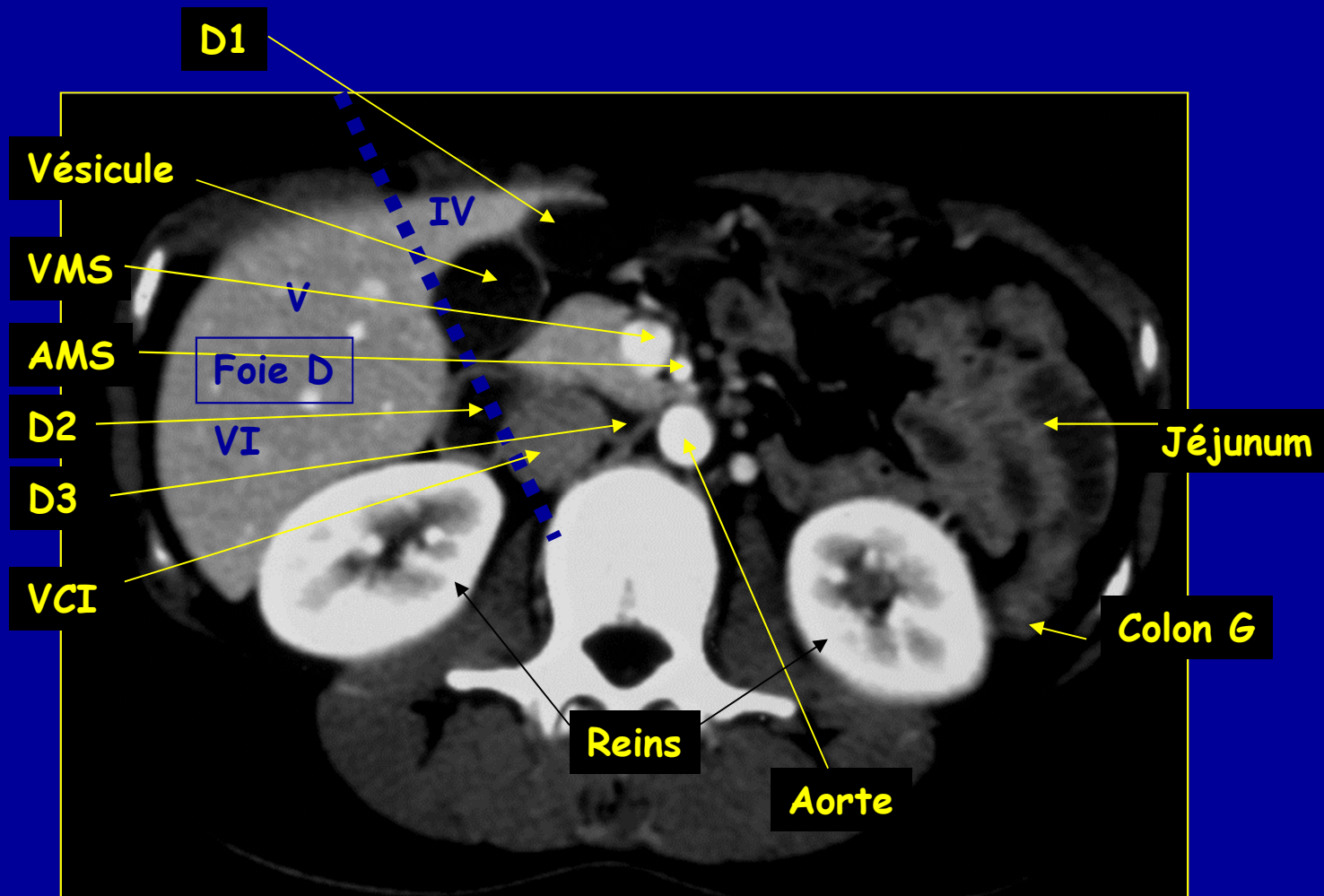
Révision des coupes TDM



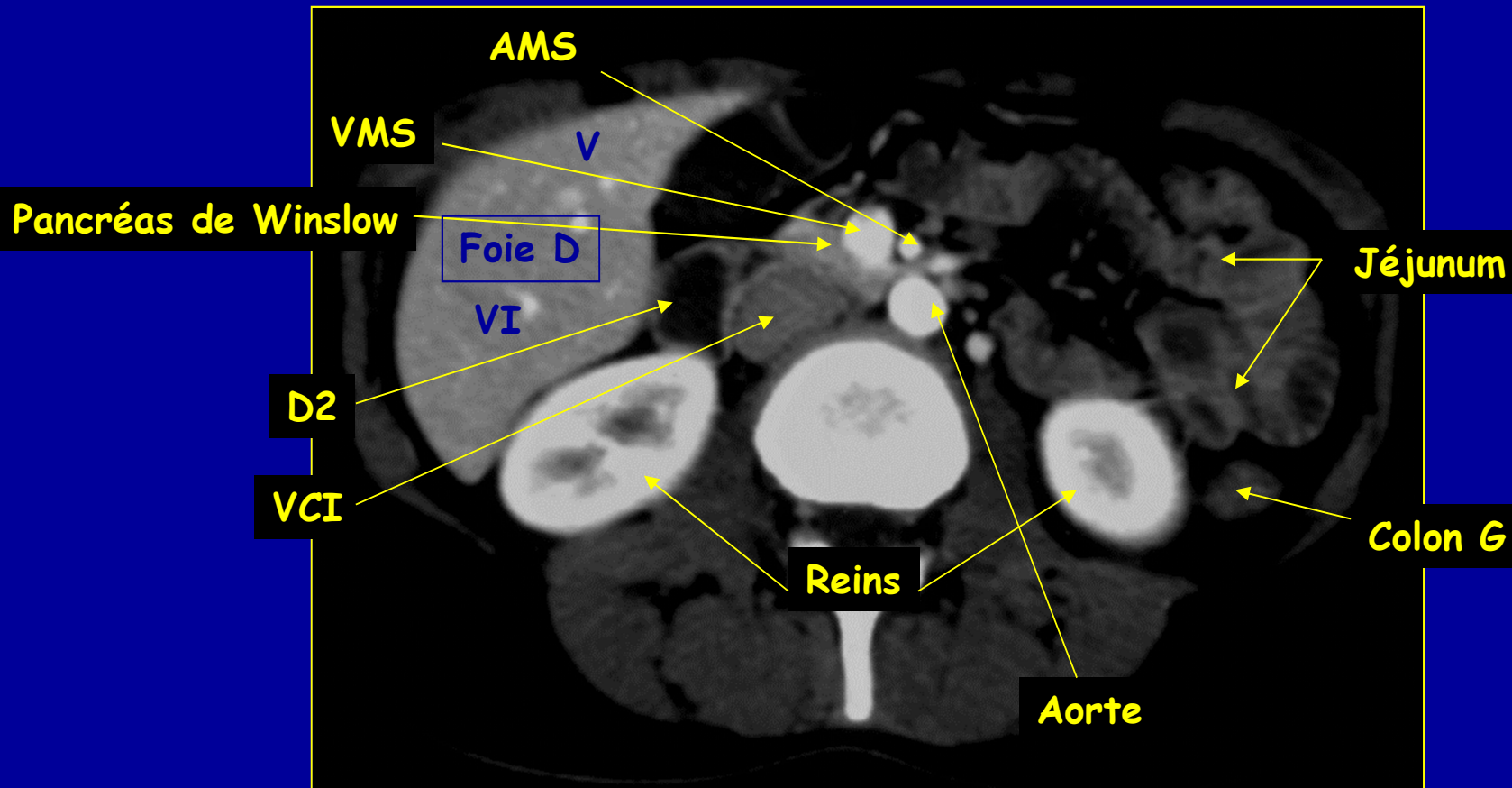
Révision des coupes TDM



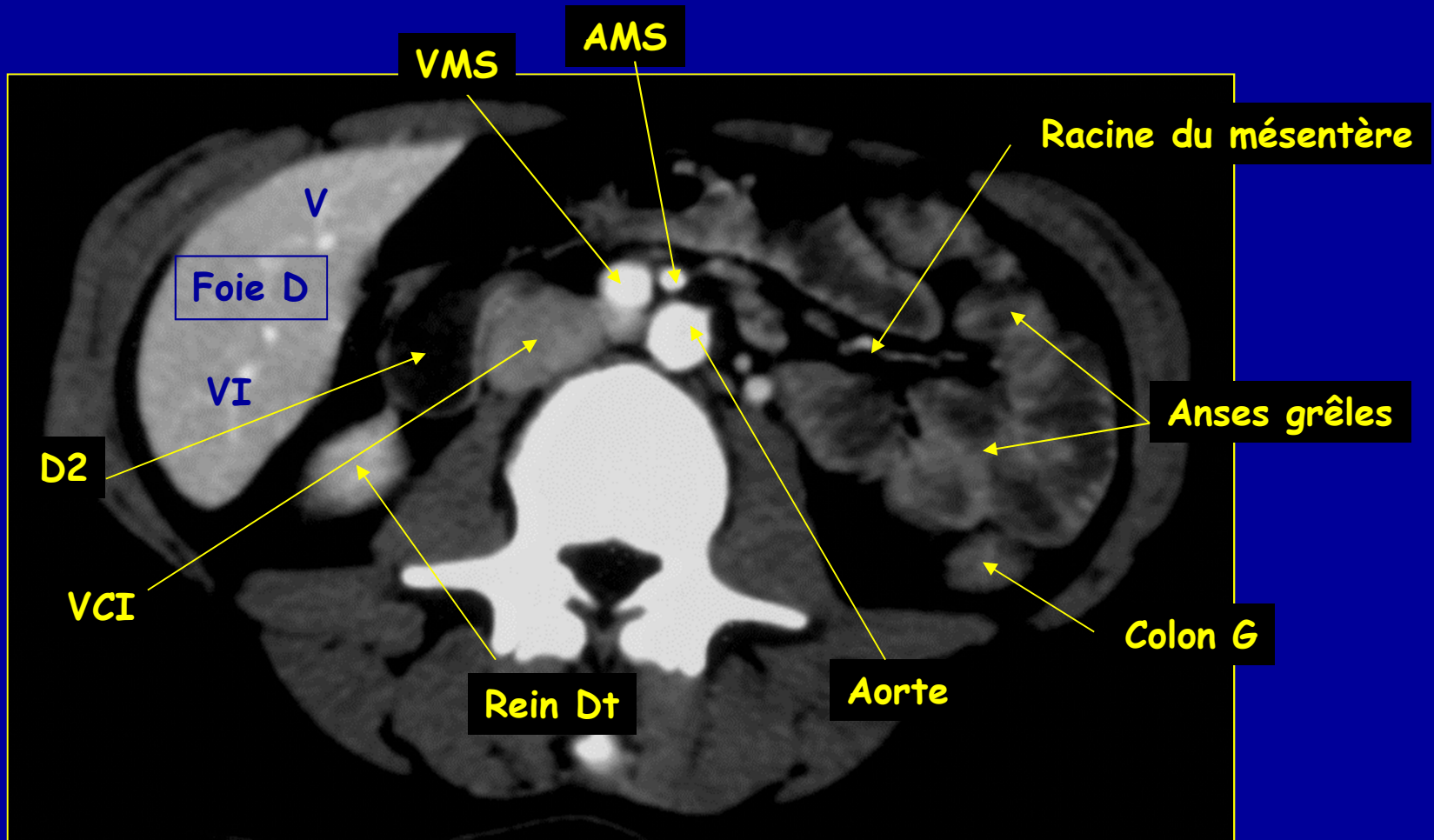
Révision des coupes TDM



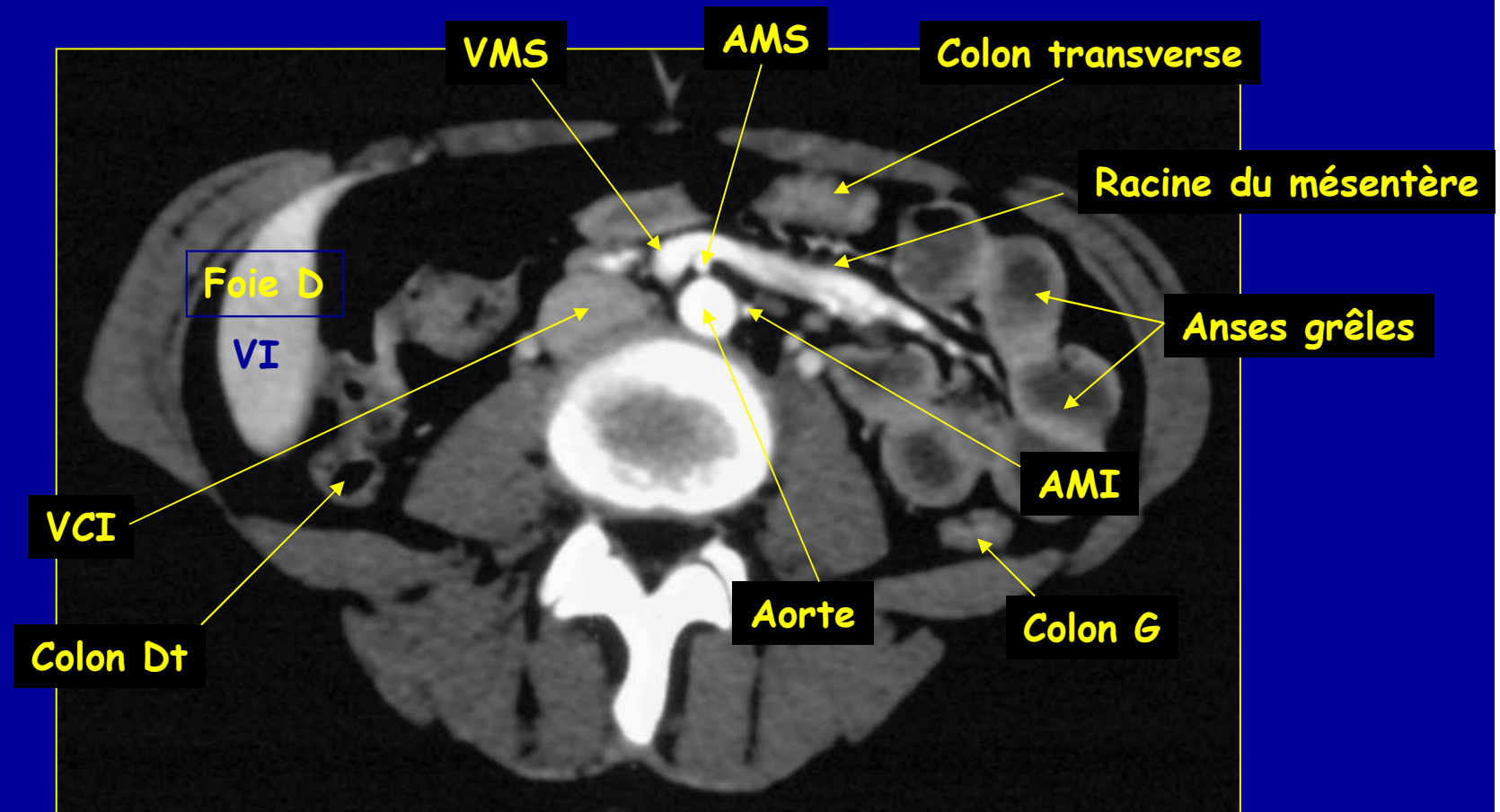
Révision des coupes TDM



Révision des coupes TDM



Révision des coupes TDM





ASP

