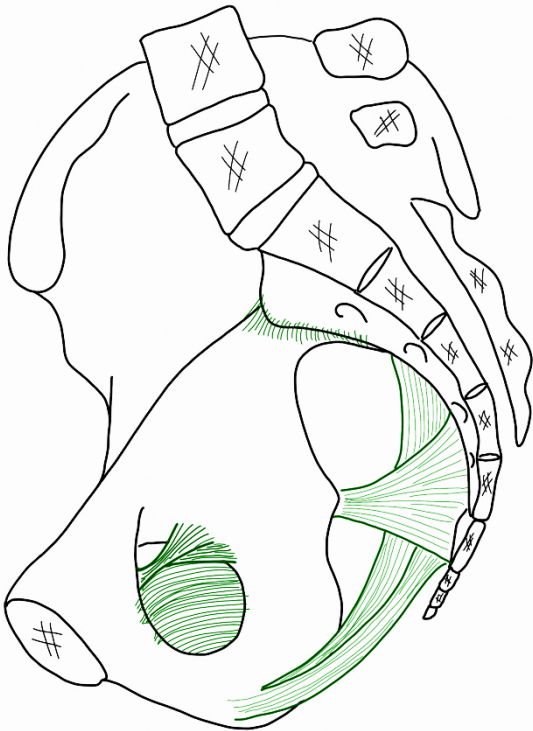
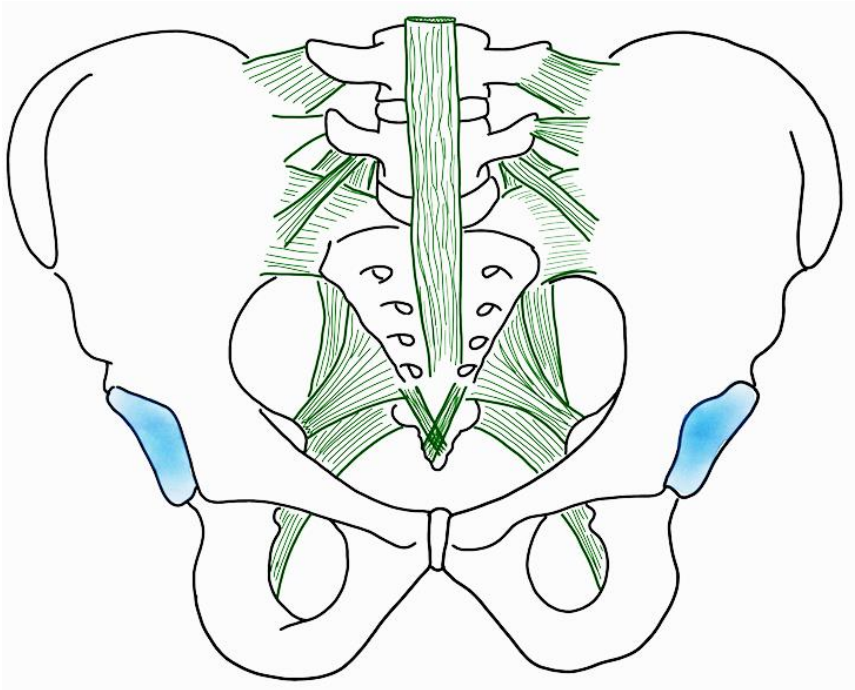
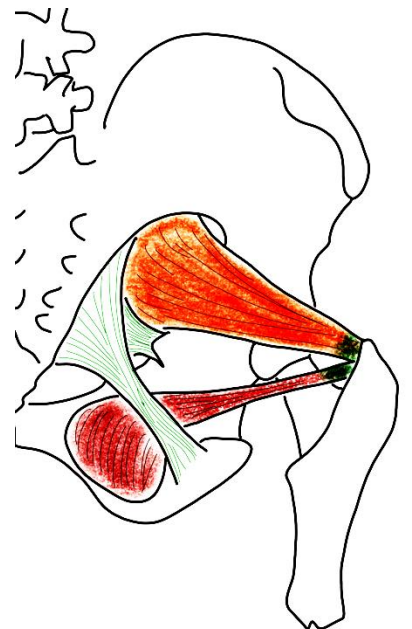
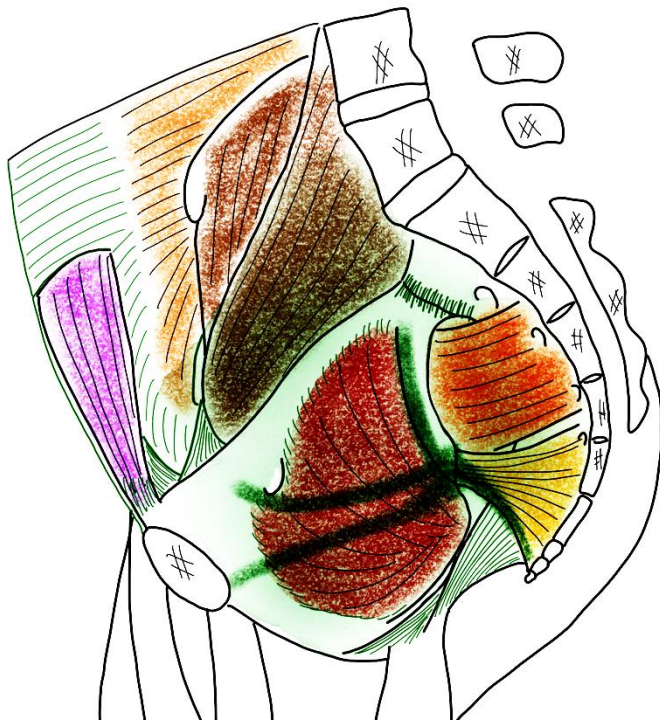


# ECUE 9 – APPAREIL GÉNITAL

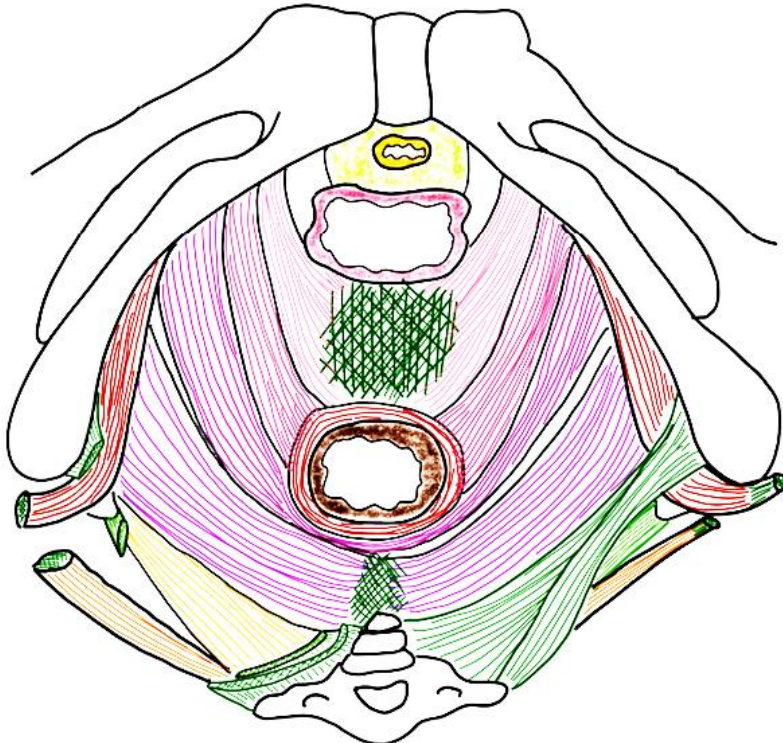
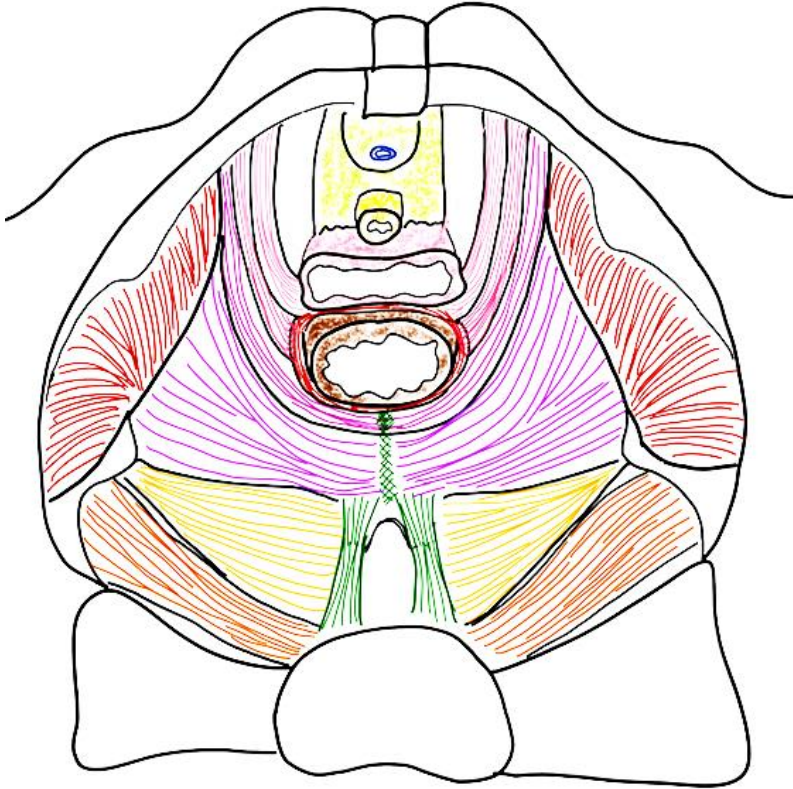
## I/ BASSIN OSSEUX



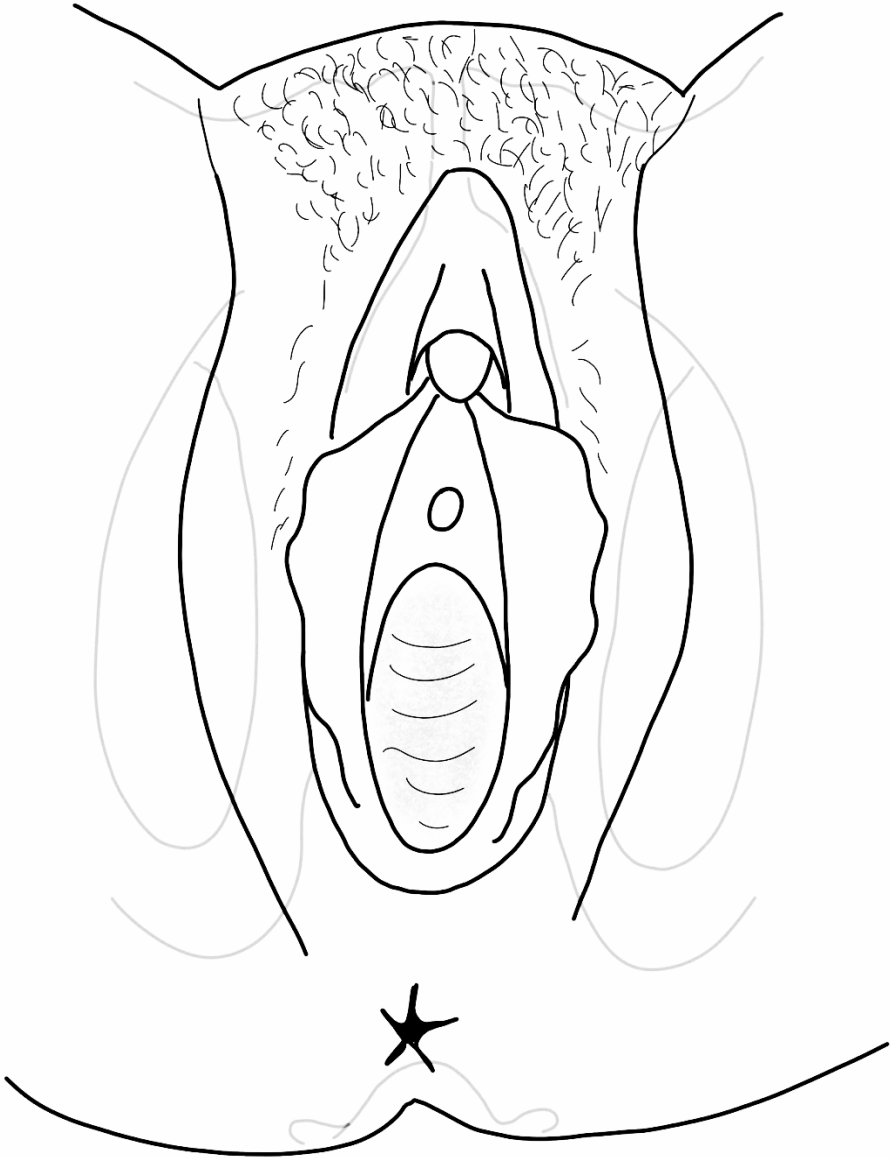
## II/ PAROIS MUSCULO-APONÉVROTIQUES de la cavité pelvienne



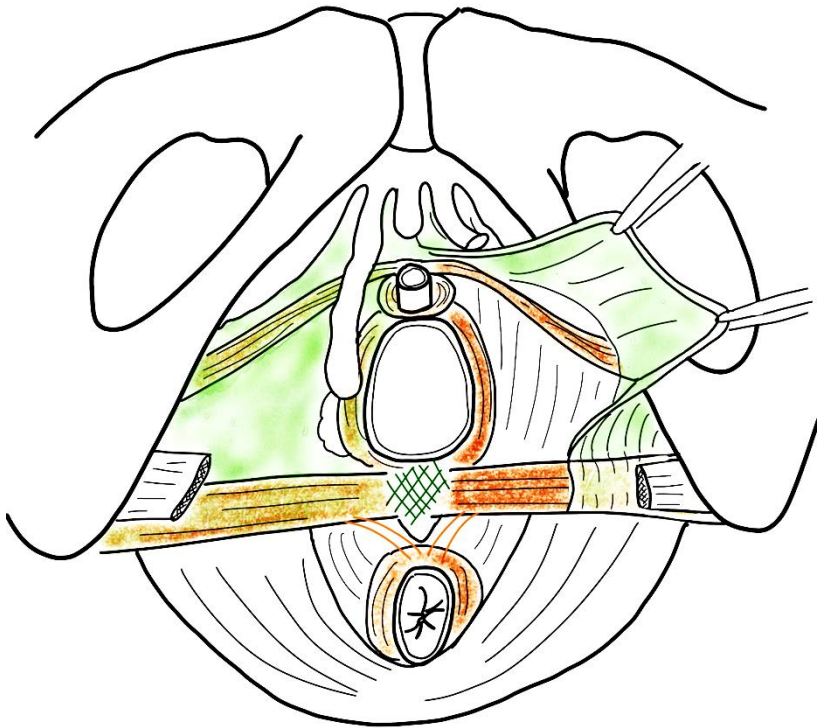
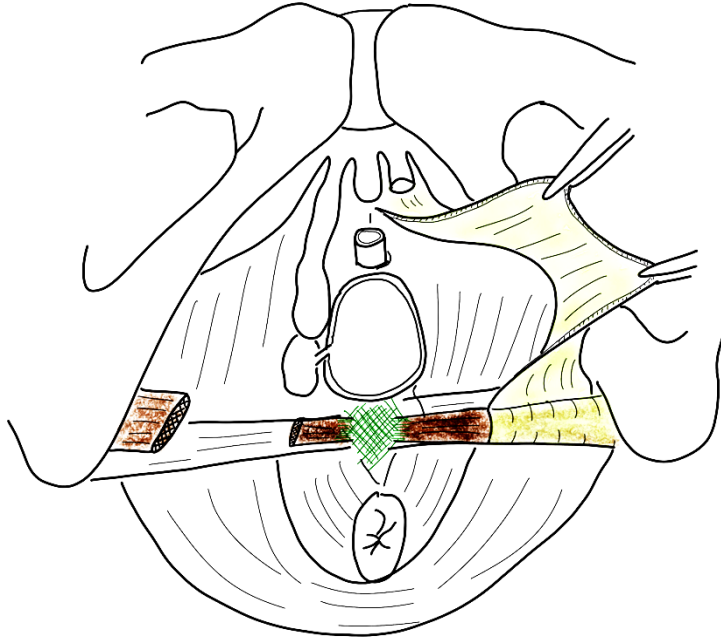
### III/ PLANCHER (DIAPHRAGME) PELVIEN



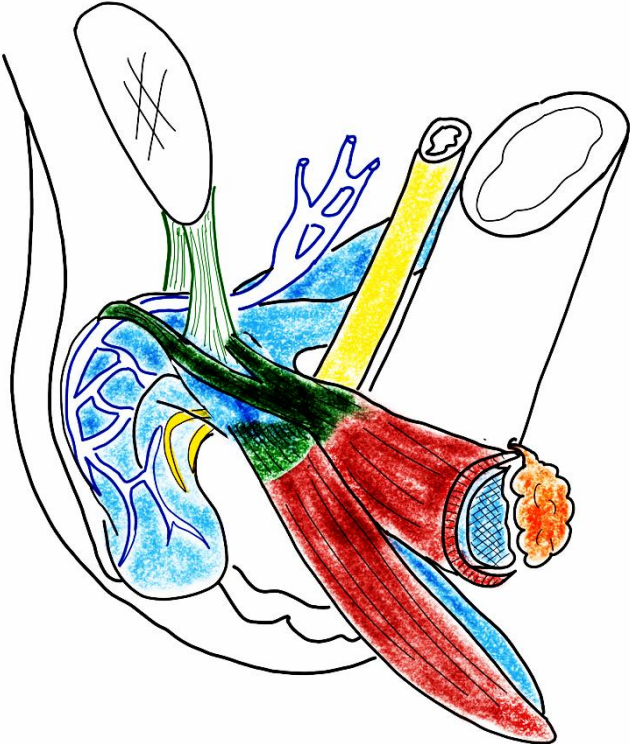
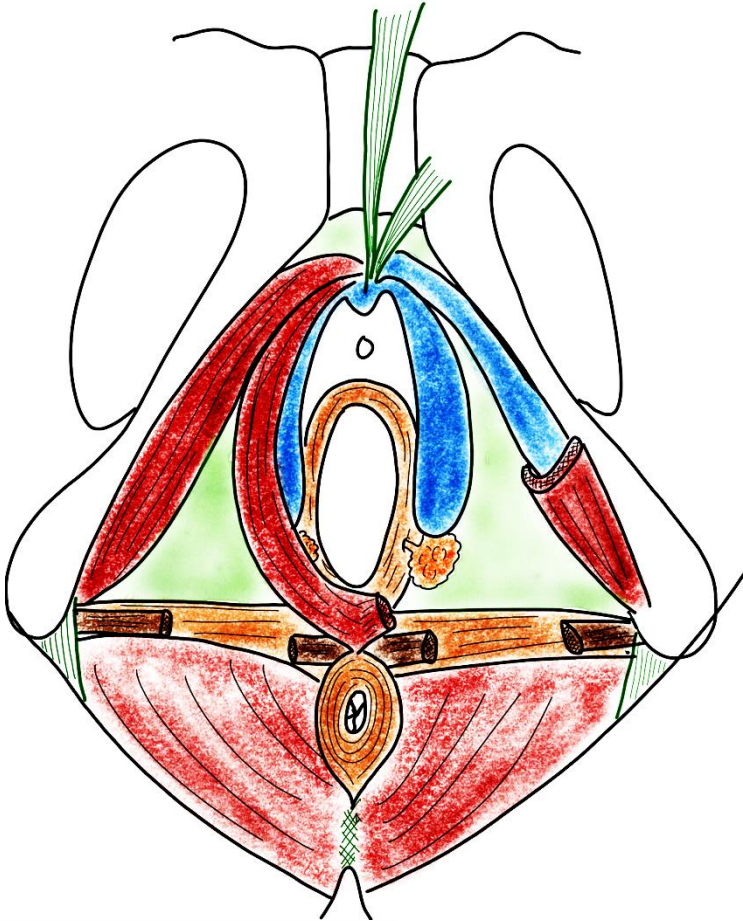
**IV/ ANATOMIE DE SURFACE du périnée de la femme**



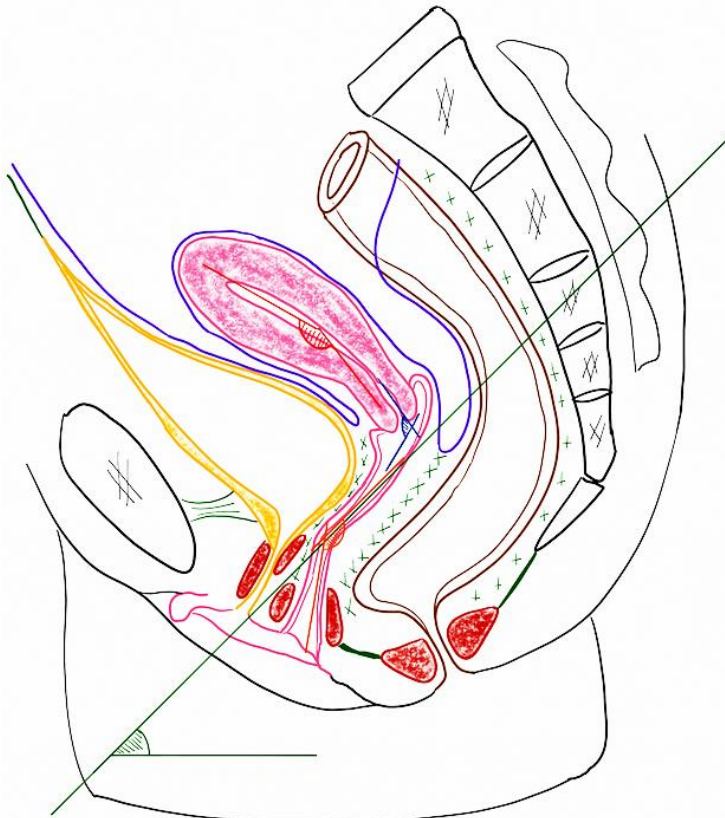
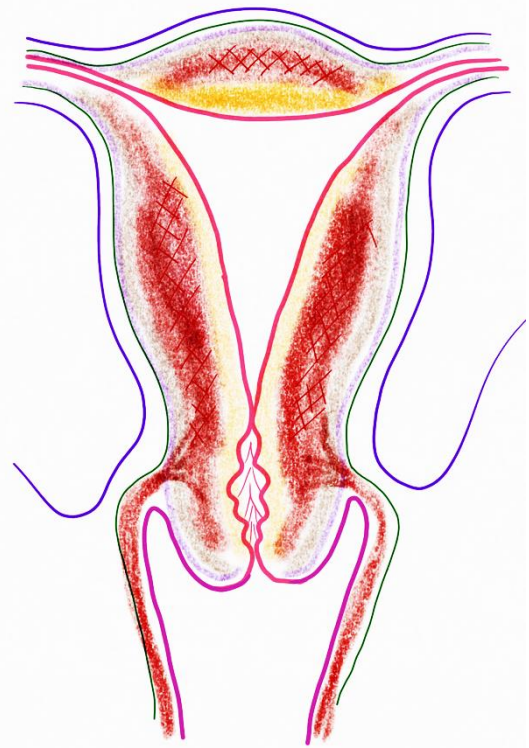
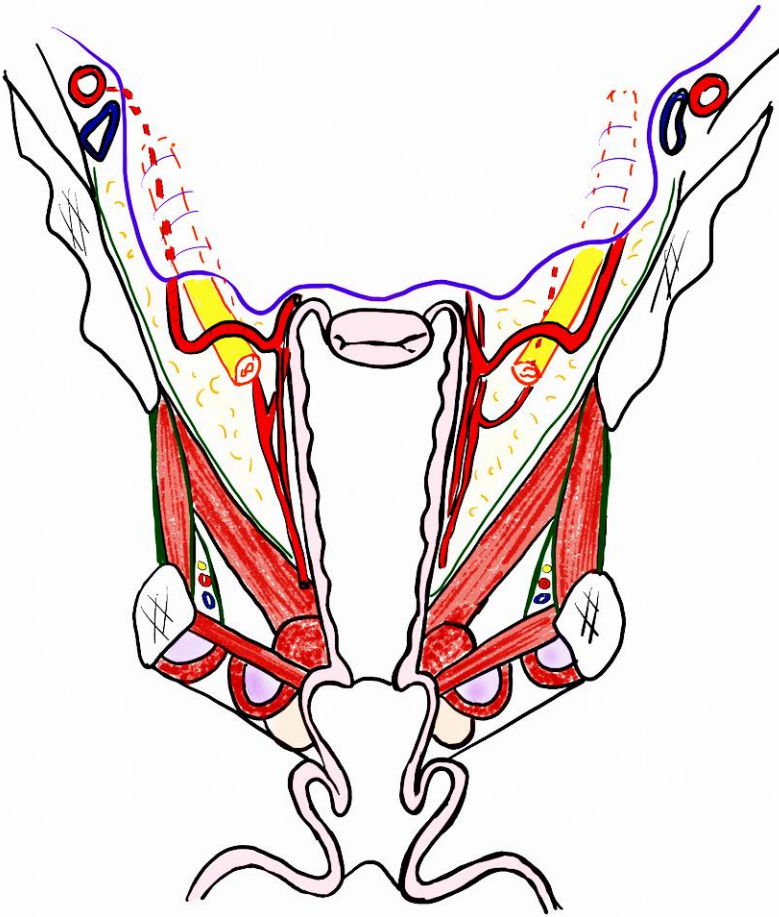
# IV/ DIAPHRAGME URO-GÉNITAL



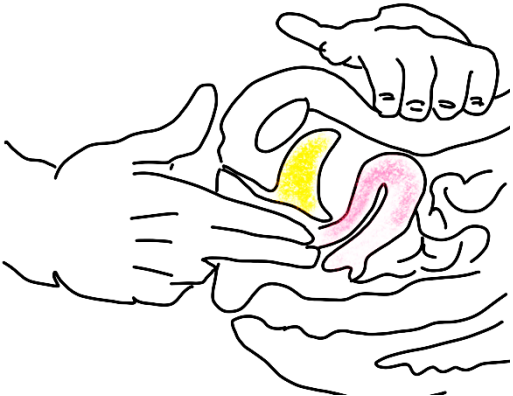
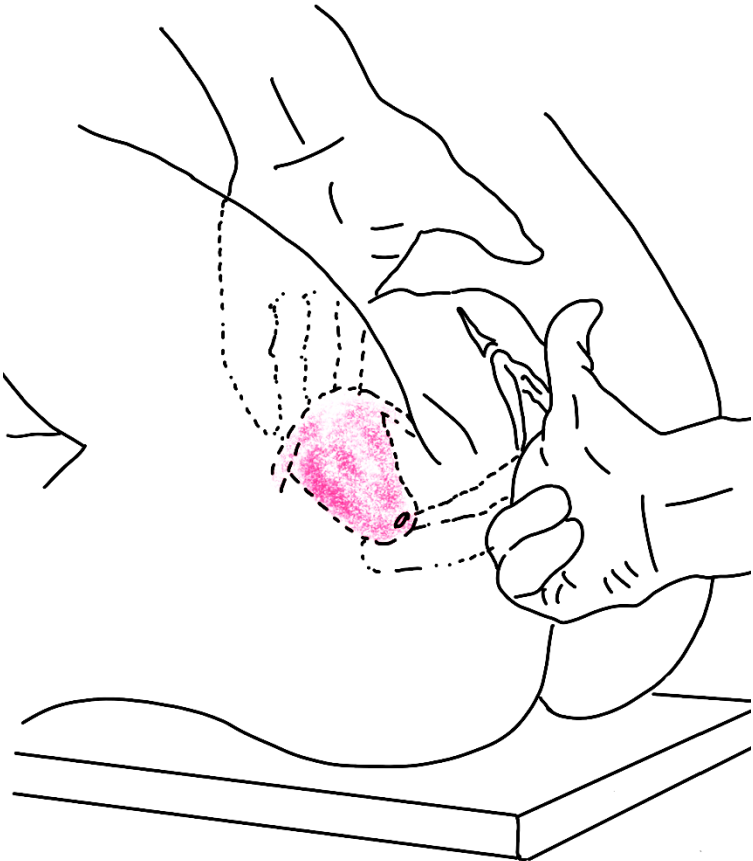
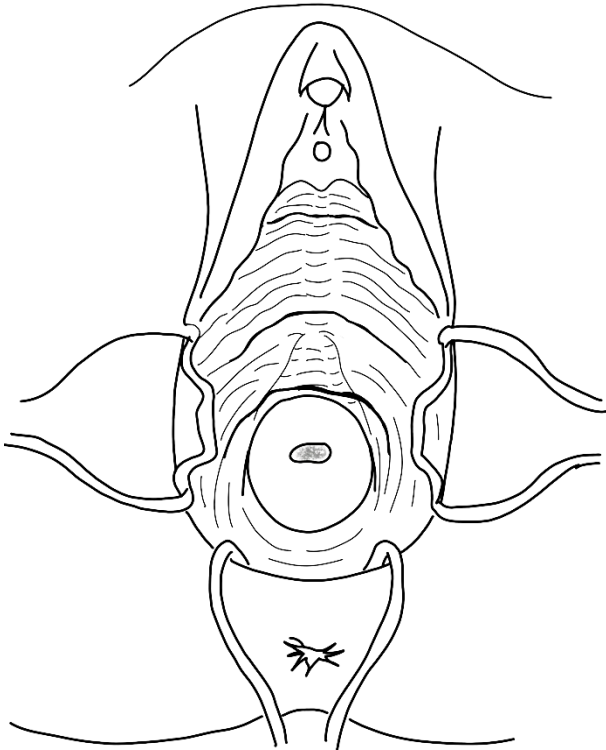
V/ APPAREIL VULVAIRE



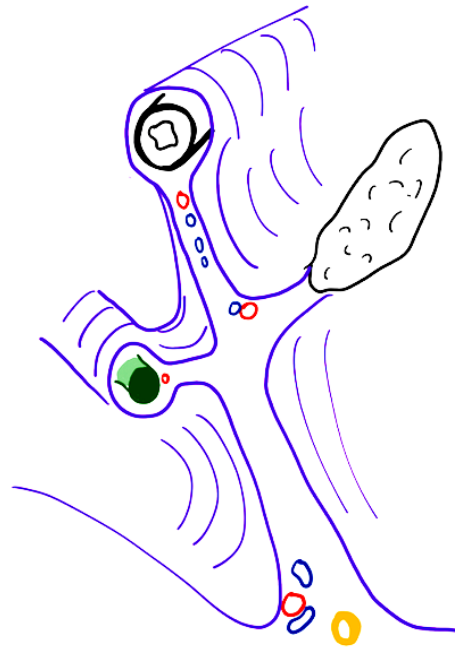
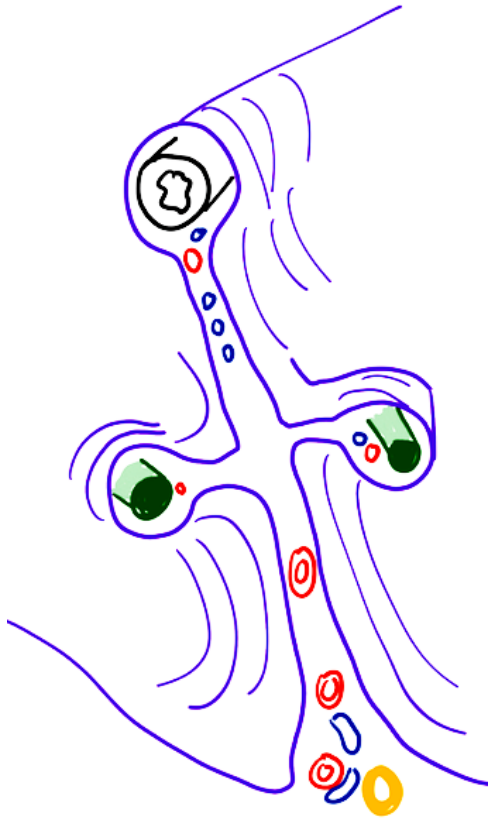
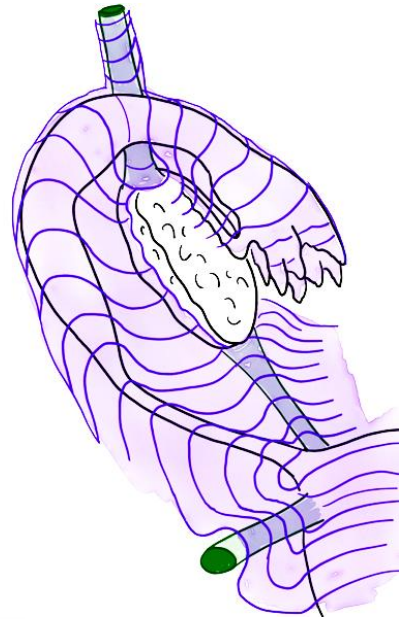
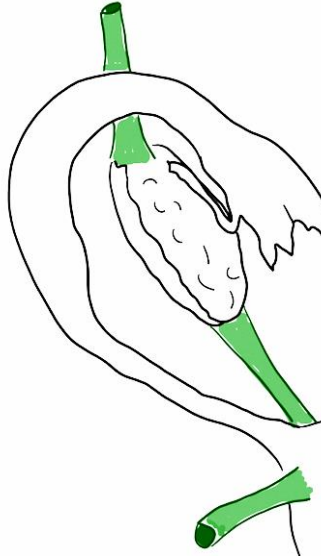
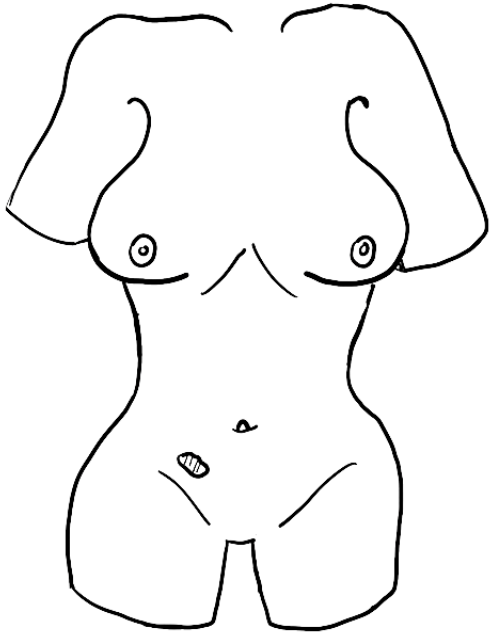
# VI/ VAGIN – UTERUS



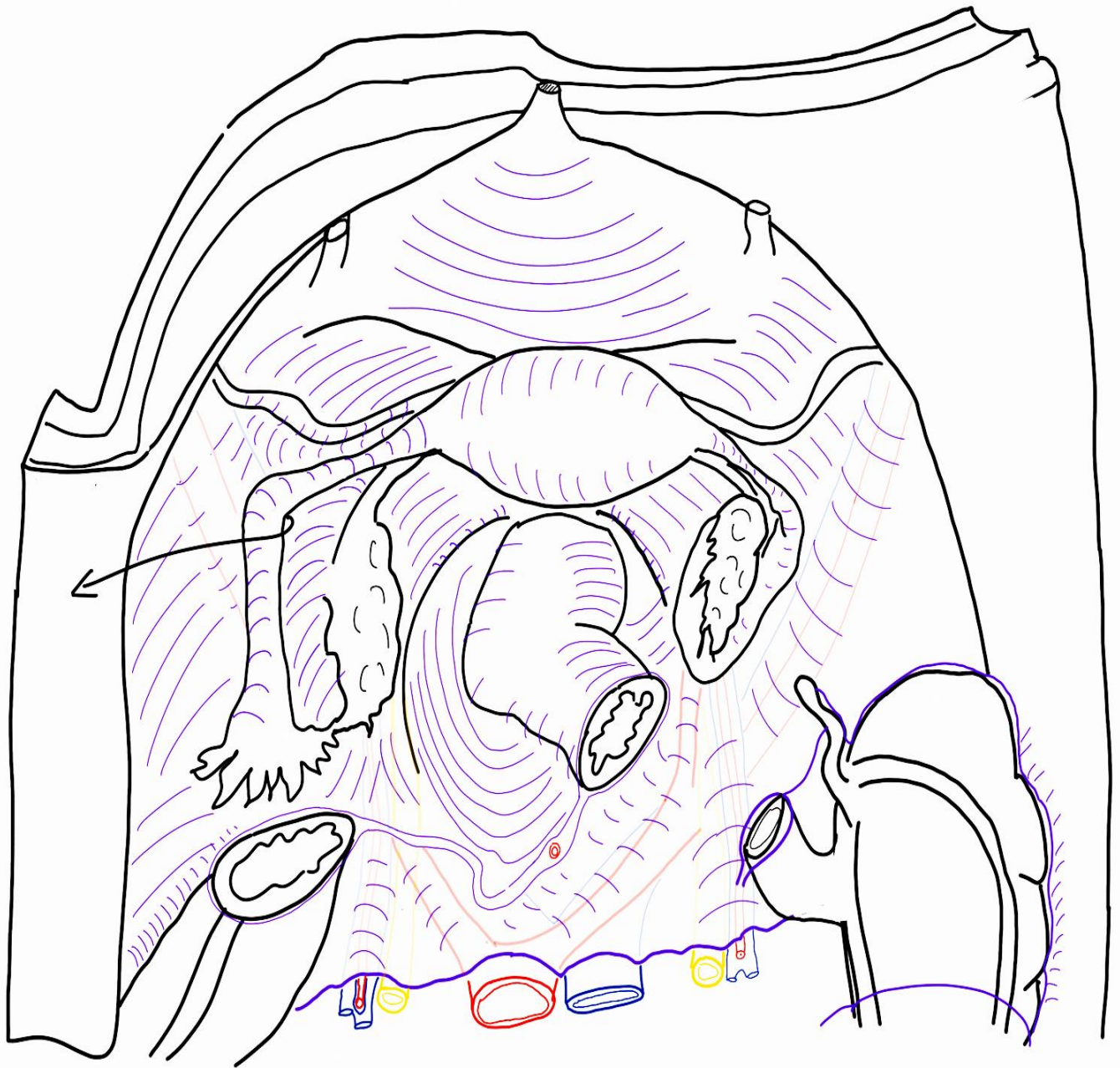
# VII/ EXAMEN CLINIQUE GYNÉCOLOGIQUE



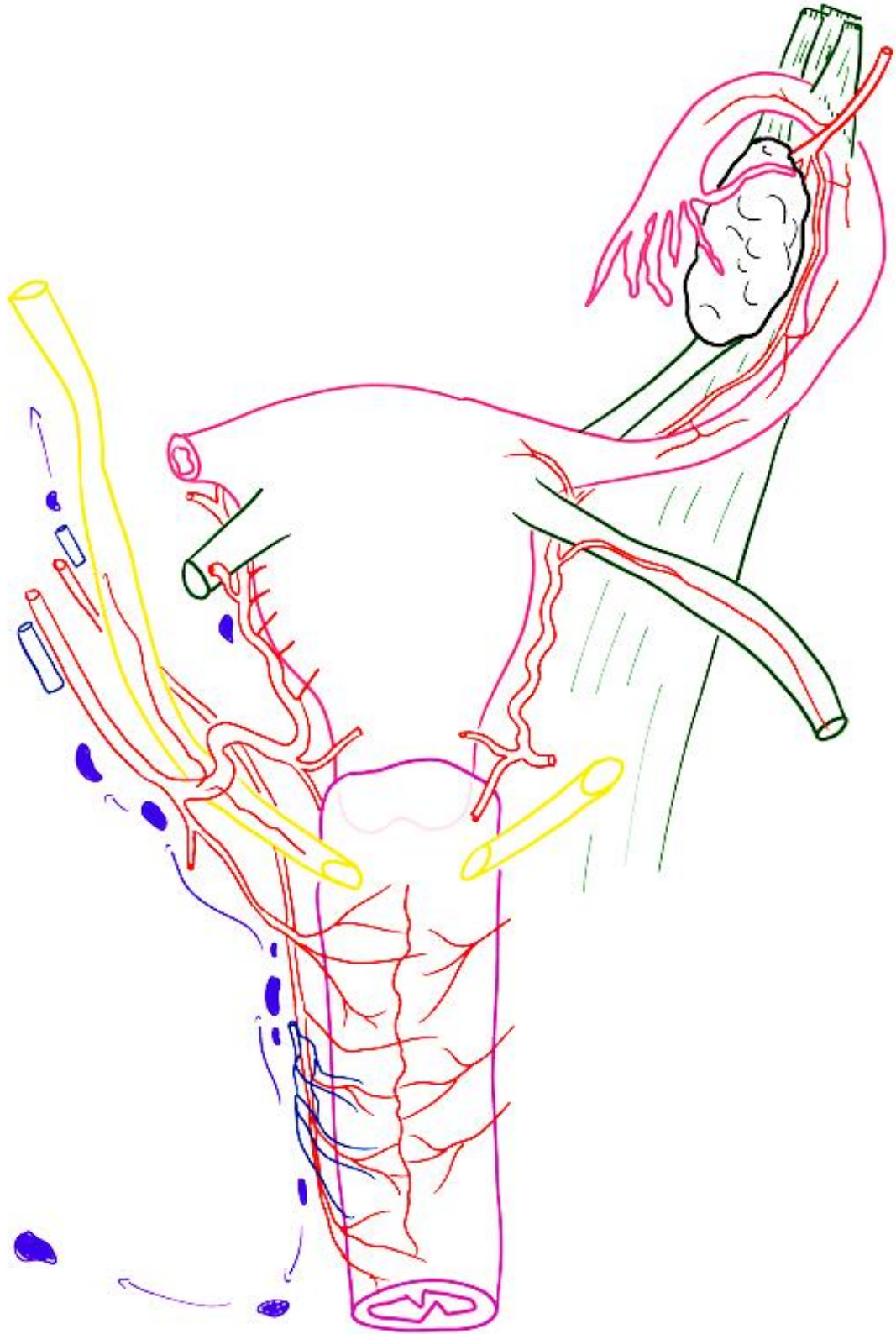
# VIII/ ANNEXES DE L'UTÉRUS – LIGAMENT LARGE



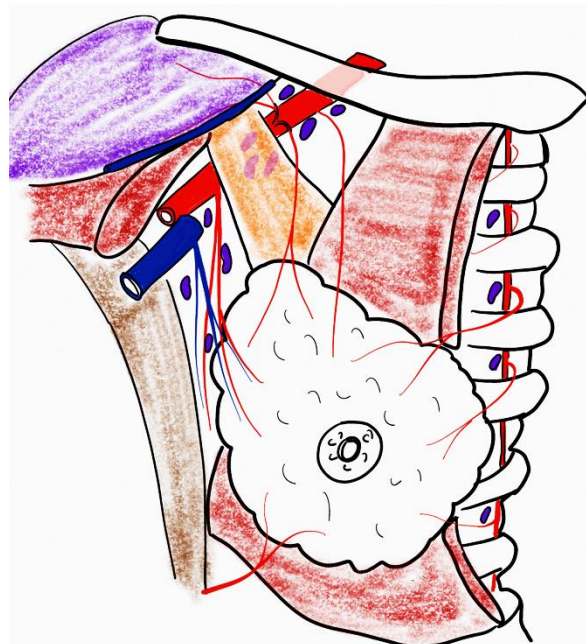
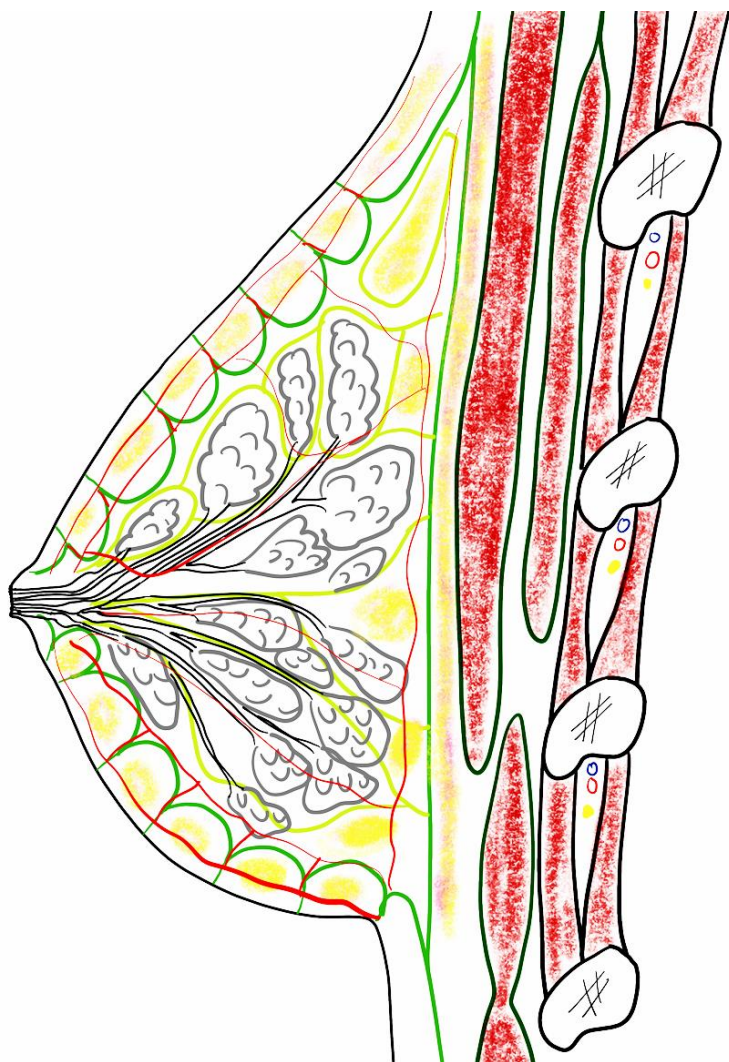
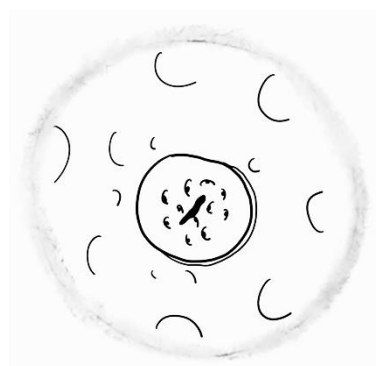
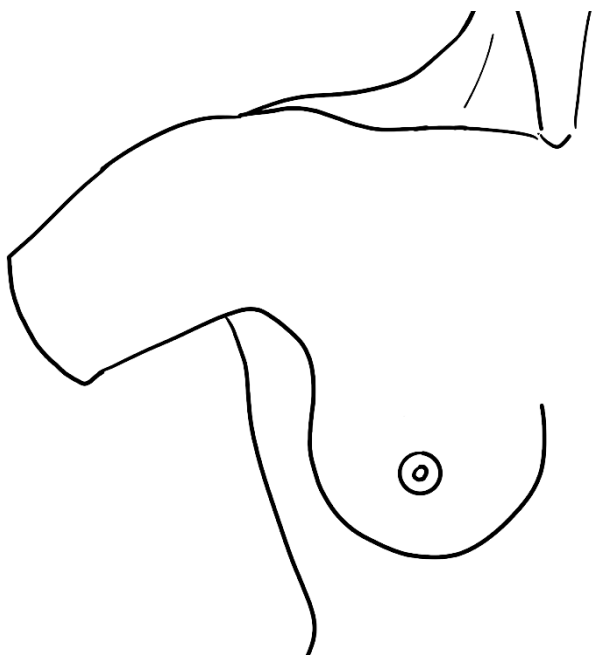
# IX/ RAPPORTS



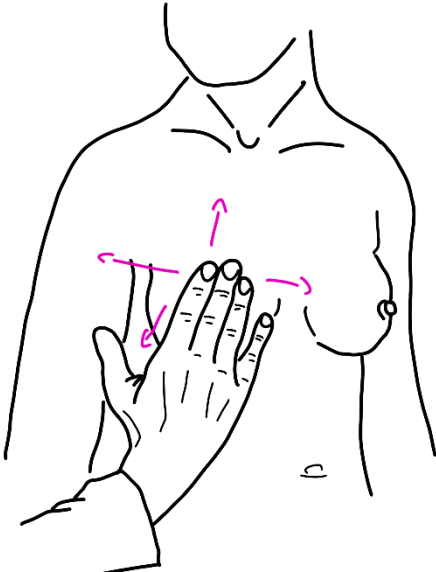
# X/ VASCULARISATION DE L'APPAREIL GÉNITAL DE LA FEMME



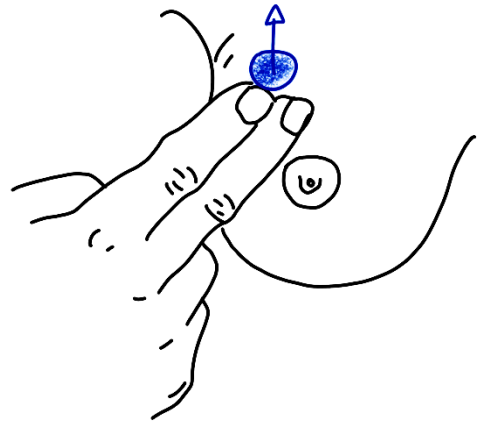
# XI/ GLANDE MAMMAIRE



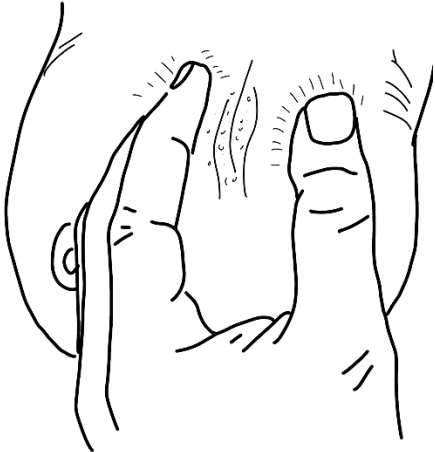
## XII/ SÉMIOLOGIE MAMMAIRE



**Téchnique de palpation** de la glande mammaire : la main, à plat, fait **rouler le sein** sur le grill costal 1/ patiente couchée 2/ debout



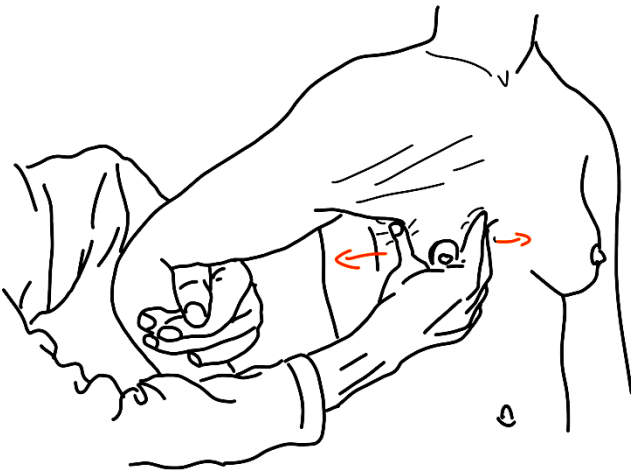
**Signe du ressaut** : tumeur ronde et mobile par rapport aux plans de couverture



**Recherche d'une adhérence** forte entre le nodule et la peau par la **manœuvre du plissement**.

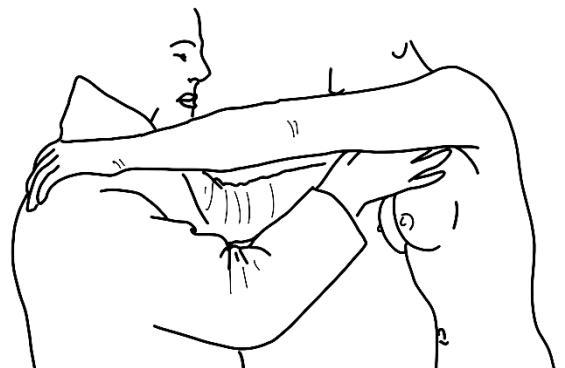


**Signe de la peau d'orange**



### **Manœuvre de Tillaux**

L'adduction contrariée du bras entraîne une contraction du grand pectoral. On peut alors étudier l'adhérence de la glande mammaire au pla musculo-aponévrotique profond qui est mis en tension.



### **Recherche d'adénopathies axillaires**

La patiente se place face à l'examineur (trice), en posant ses 2 mains sur ses épaules