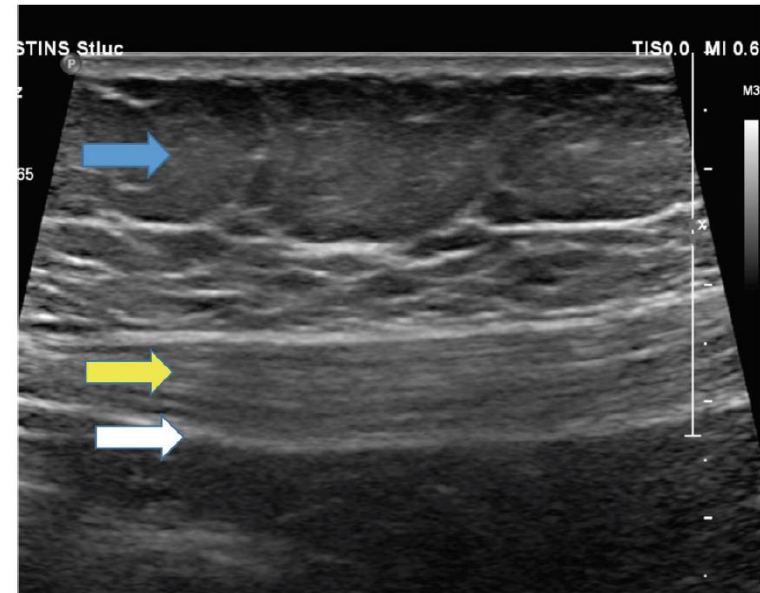
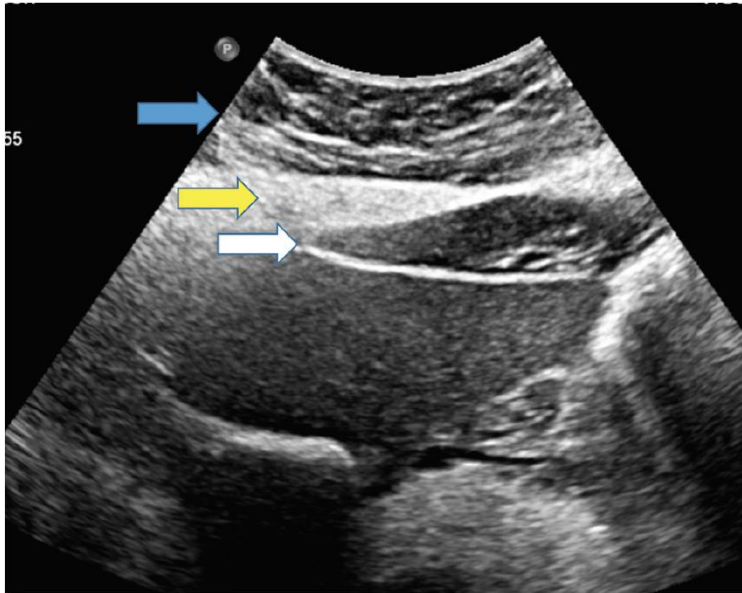


Cavité péritonéale et rétropéritoine

DES

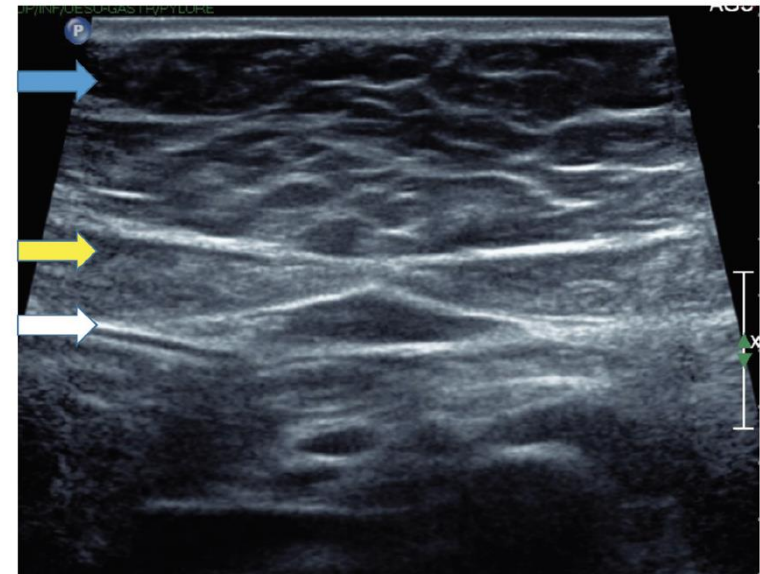
L. Annet

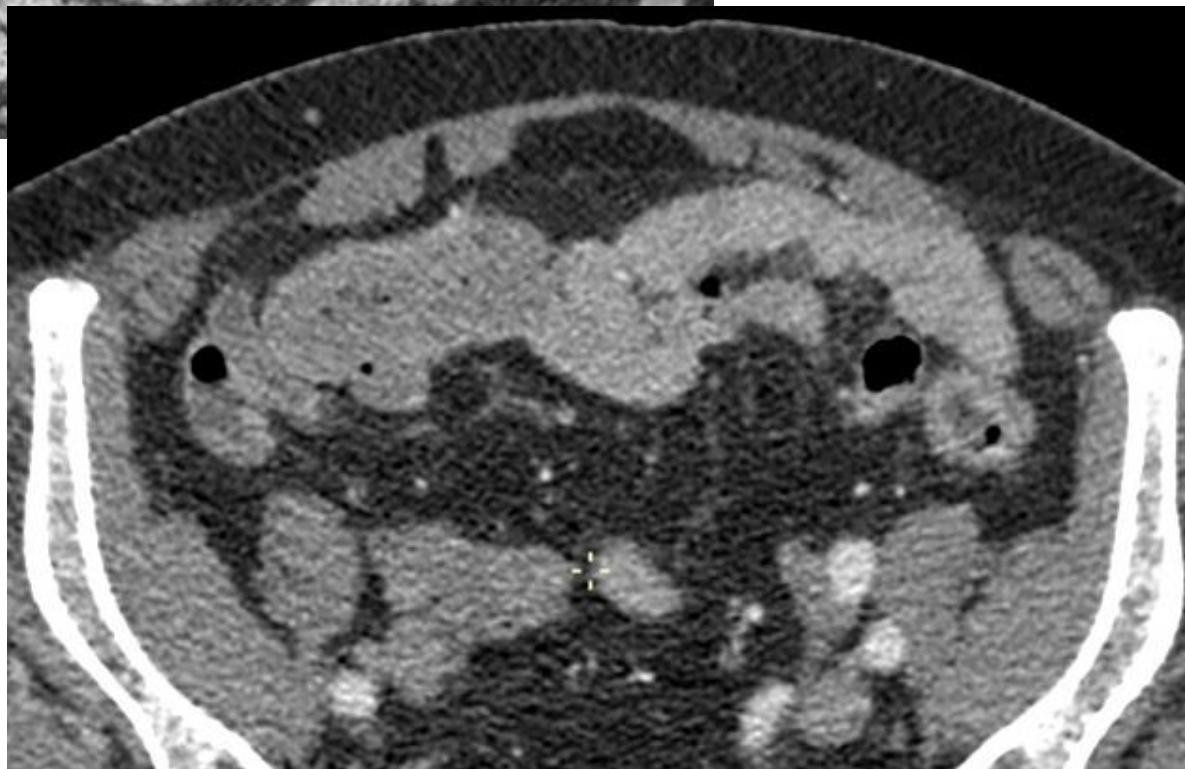
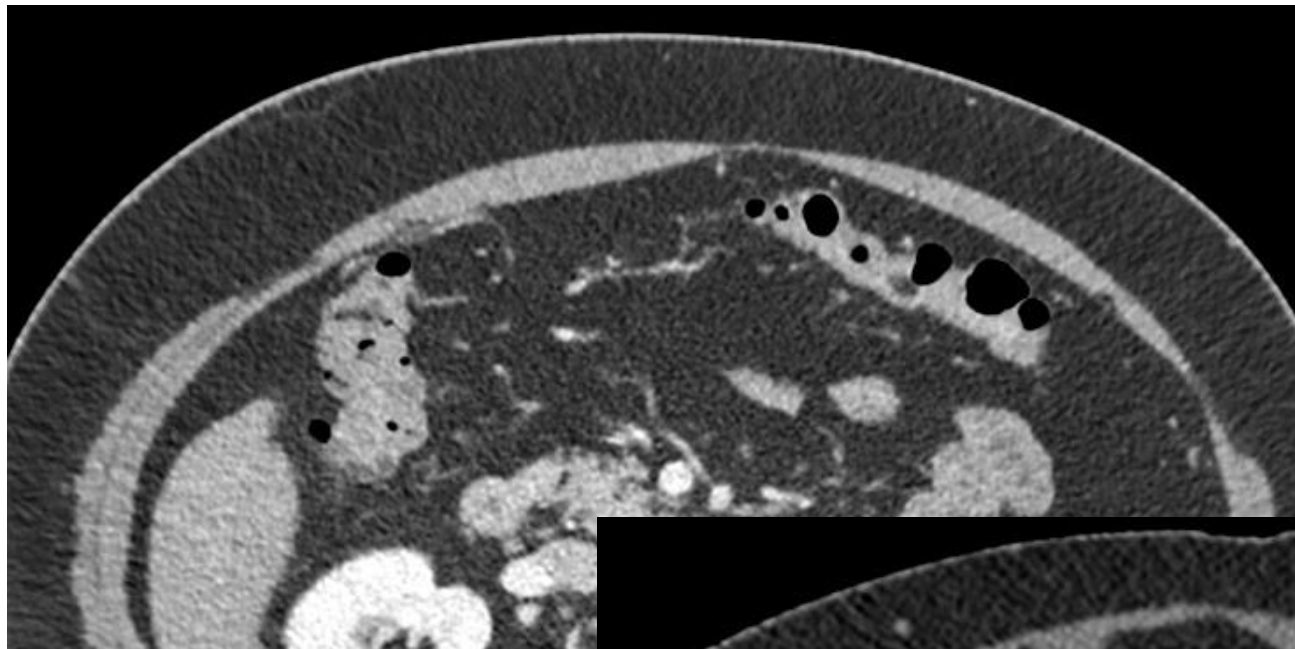
- péritoine :
 - large membrane séreuse
 - deux couches : pariétale et viscérale
 - $< 1\text{mm}$
- cavité péritonéale
 - espace virtuel (petite quantité de liquide)
 - organes intrapéritonéaux : presque entièrement recouverts par le péritoine viscéral
 - organes rétropéritonéaux couverts partiellement par le péritoine pariétal



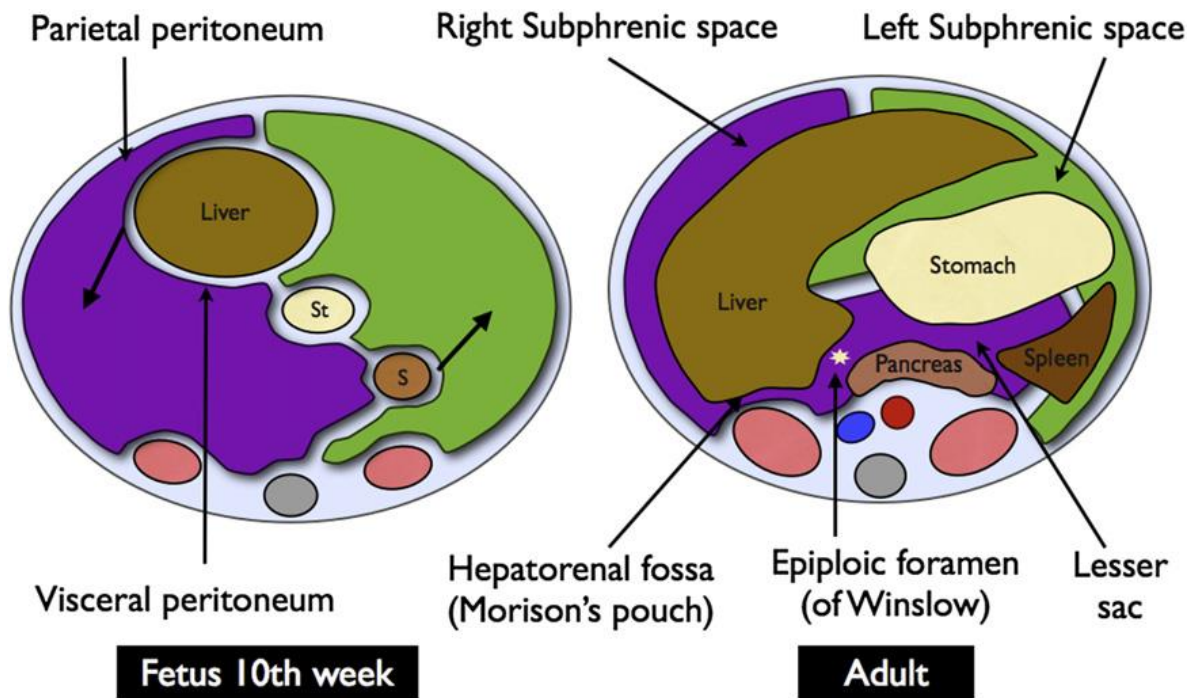
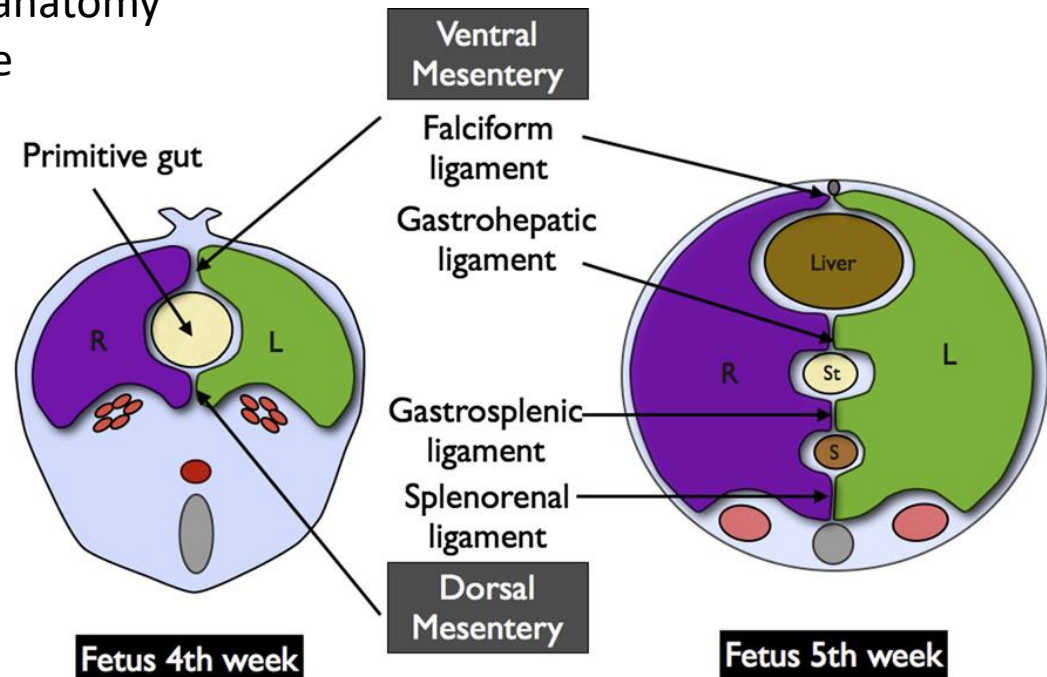
Paroi abdominale normale, en échographie, avec la sonde de haute fréquence :

1. Graisse sous cutanée : flèche bleue
2. Paroi musculaire : flèche jaune
3. Péritoine pariétal : flèche blanche

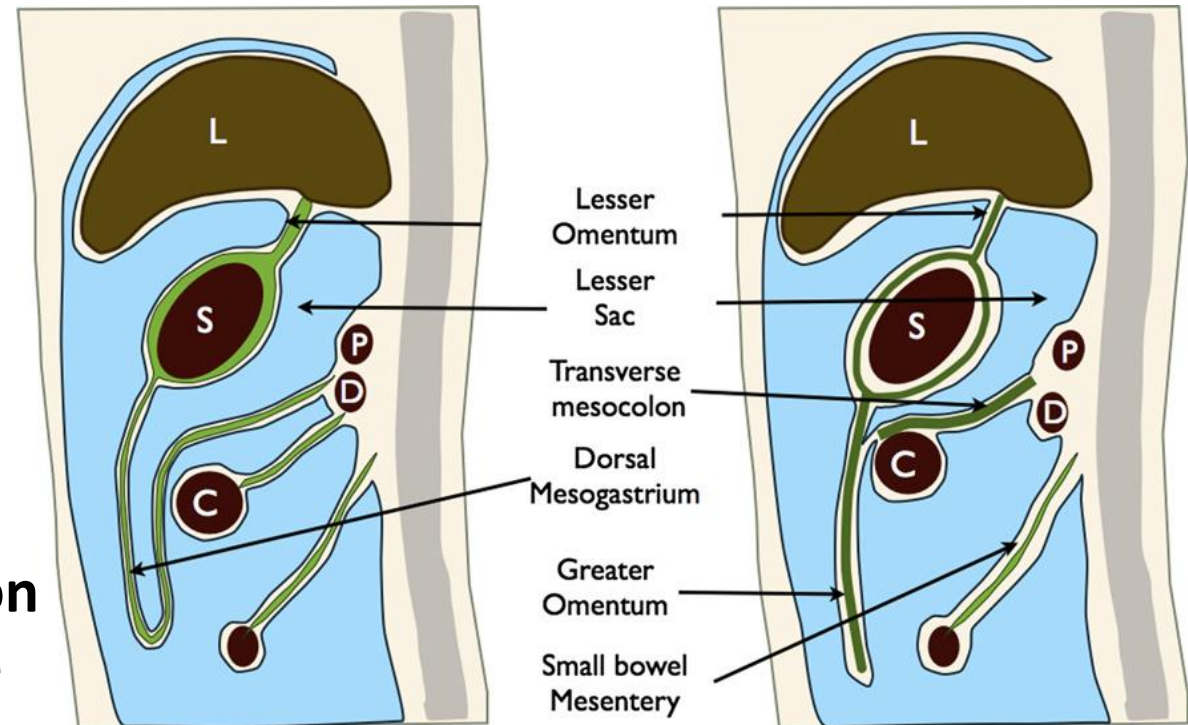




- 3 structures relient les organes entre-eux ou avec la paroi abdominale
 - **mésentère** : double couche de péritoine qui suspend le petit, le grand intestin et le sigmoïde, servant de conduit neuro-vasculaire et lymphatique
 - **ligament** : double couche de péritoine qui supporte une structure dans la cavité péritonéale
 - **omentum** : double couche de péritoine reliant l'estomac et le duodénum proximal aux organes adjacents (grand omentum formé de 4 couches)
- Graisse entre les doubles couches



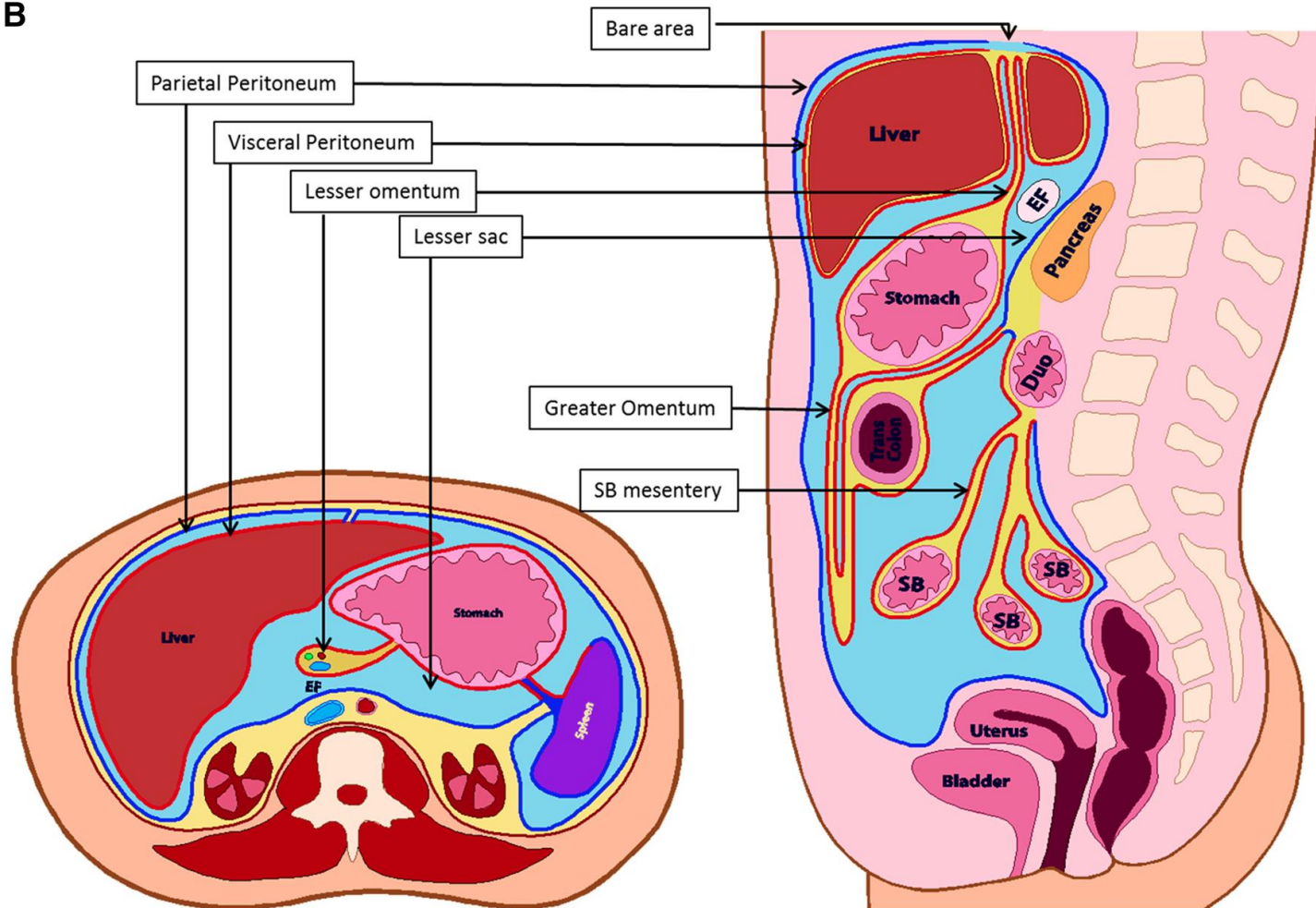
Formation du grand omentum



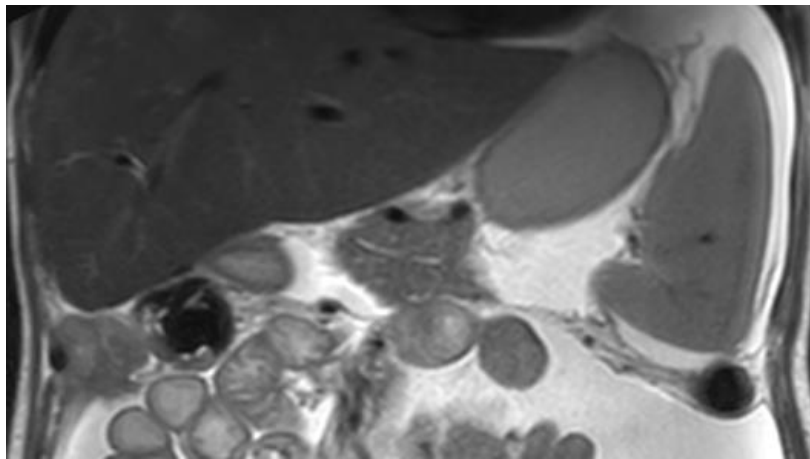
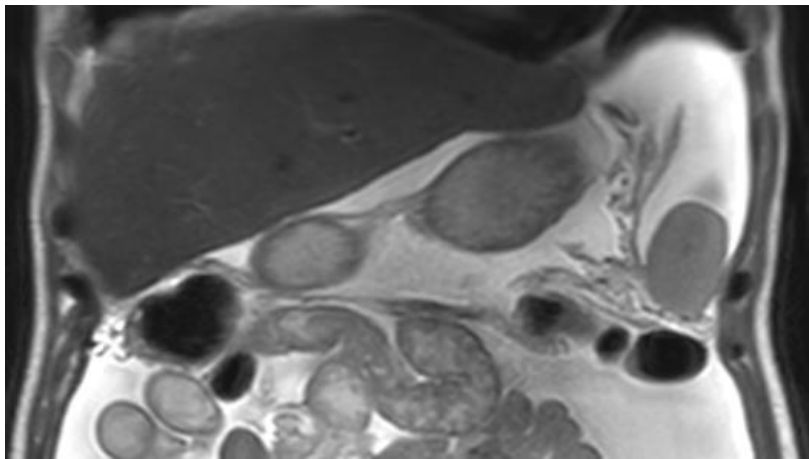
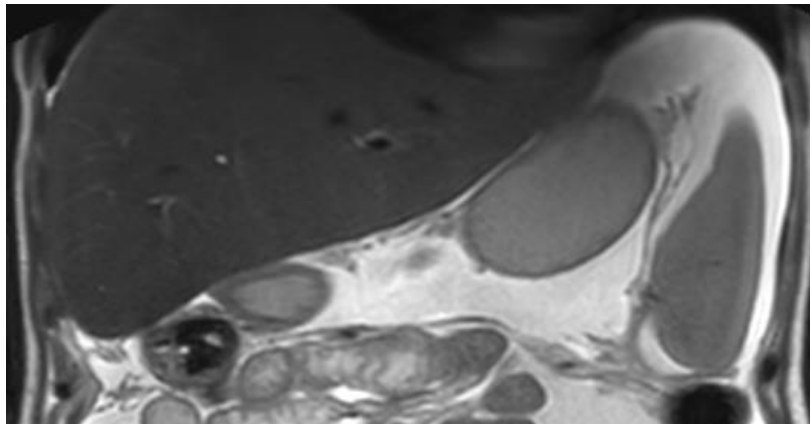
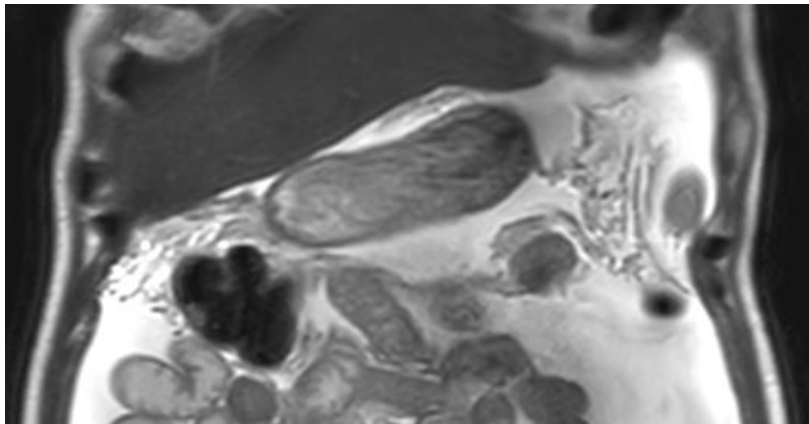
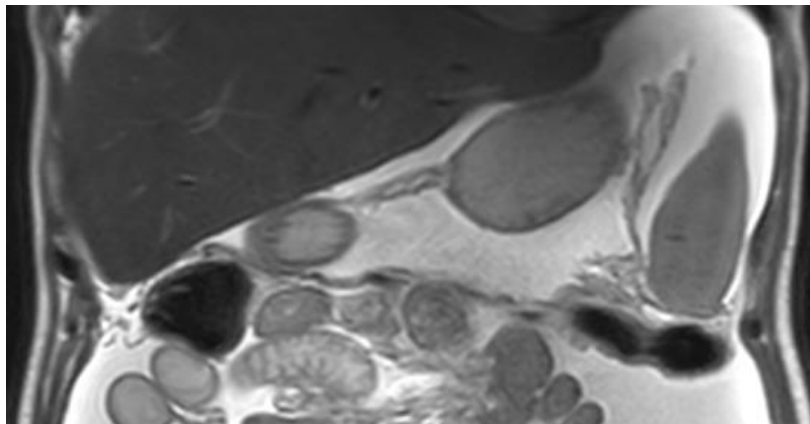
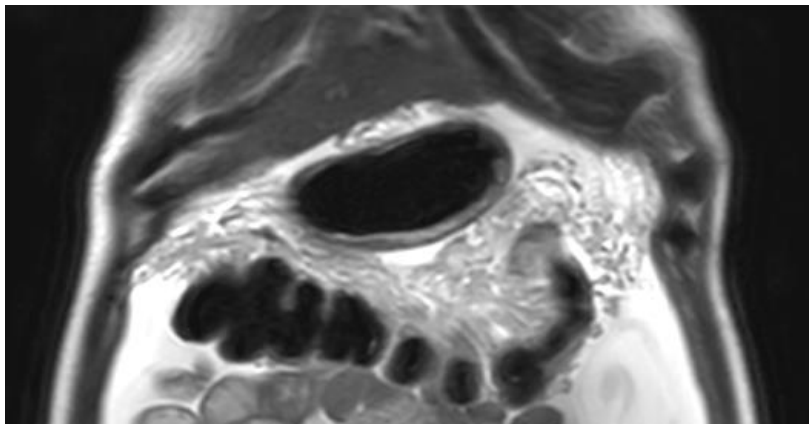
Rôle :

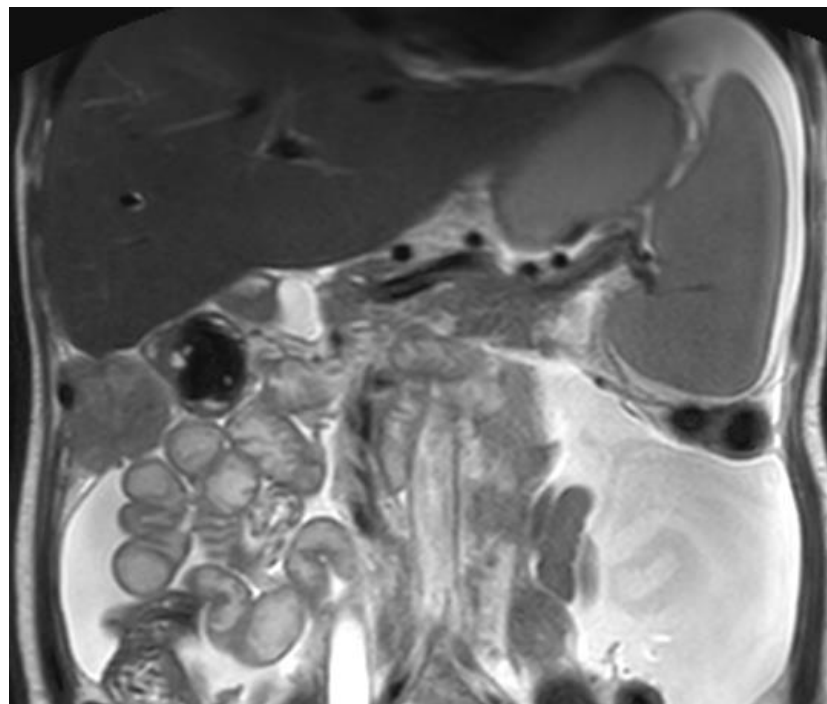
- soutien et **protection**
- **sécrétion** du liquide péritonéal
- **échanges** d'eau et de cristoïdes par voie sanguine; de colloïdes et de particules par voie lymphatique
- capacité d'**adhérence** rapide
- **défense** cellulaire macrophagique et granulomateuse et humorale

B

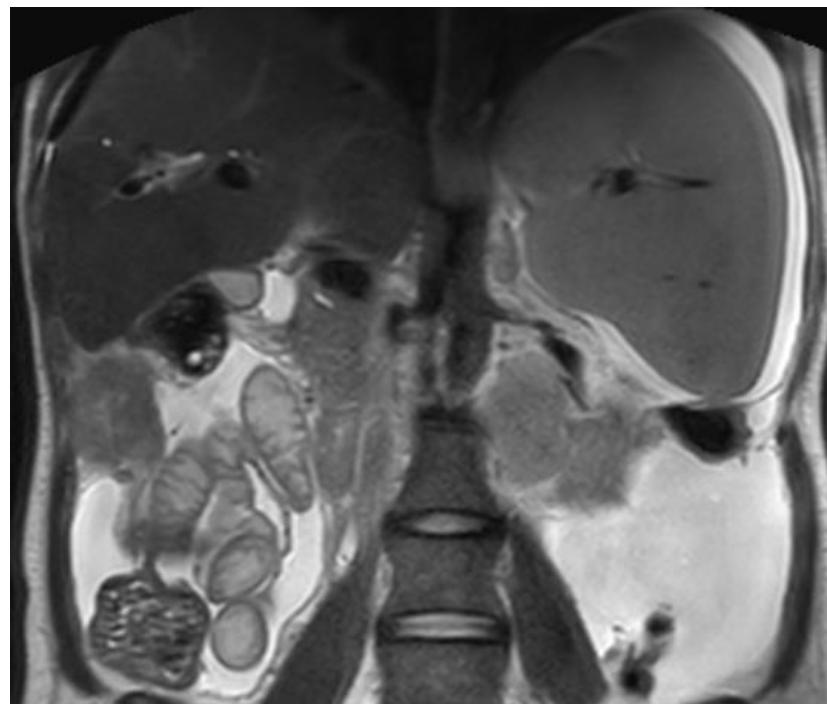


EF= Epiploic foramen; SB= small bowel

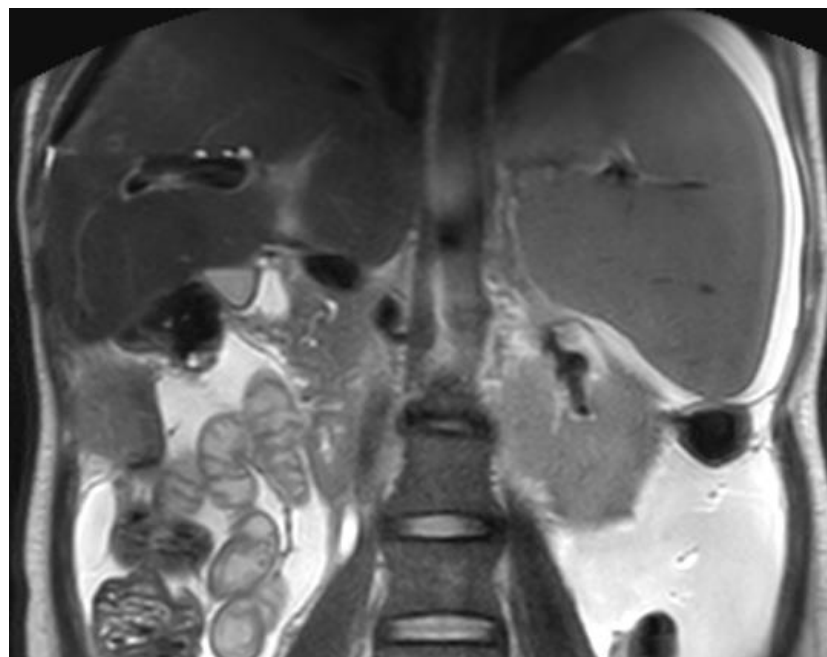




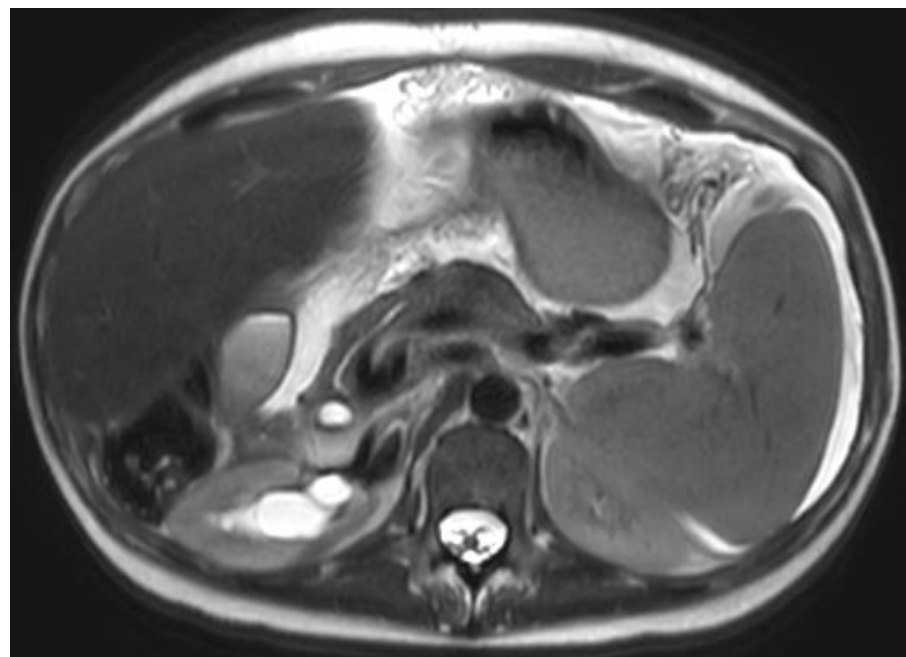
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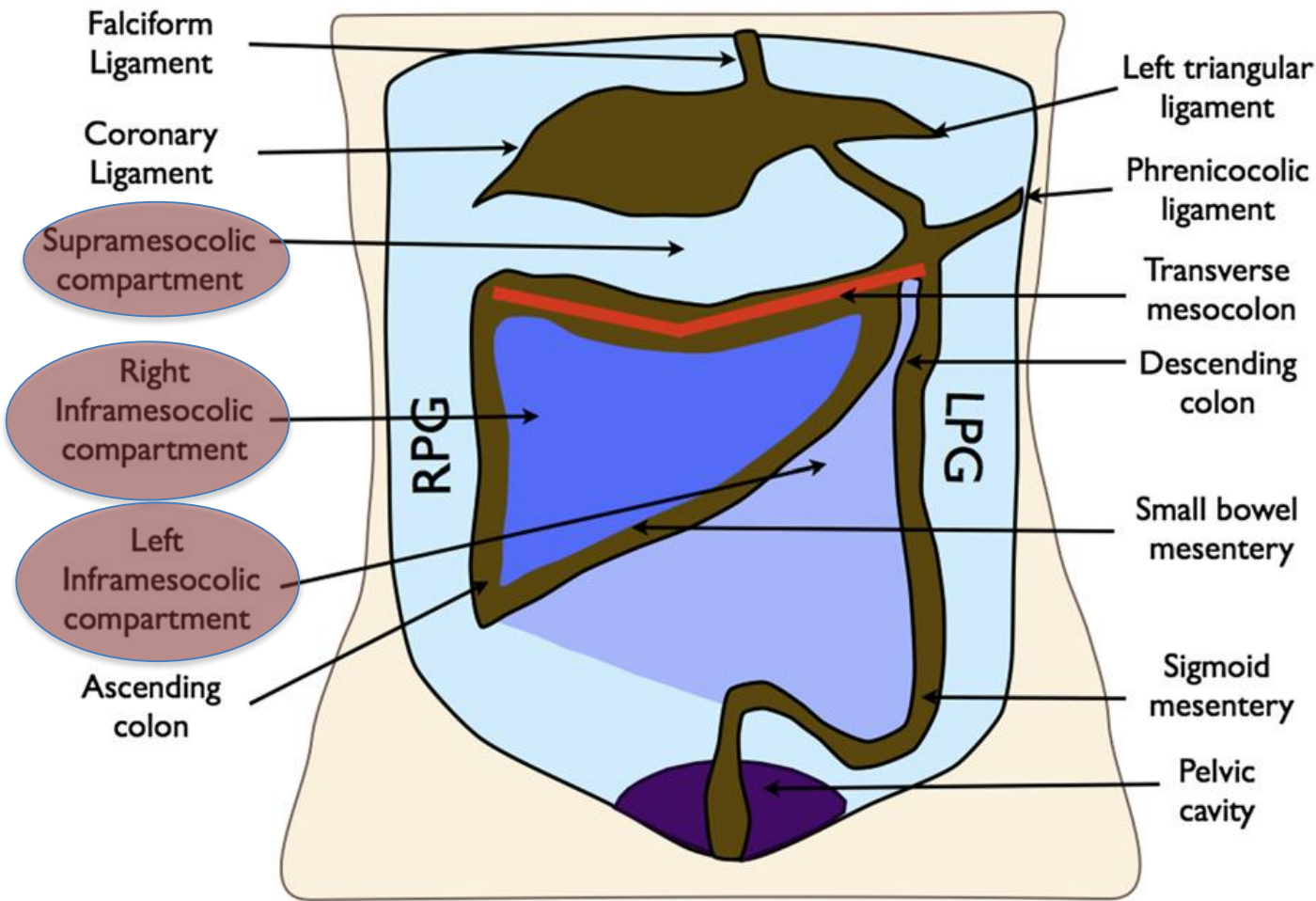
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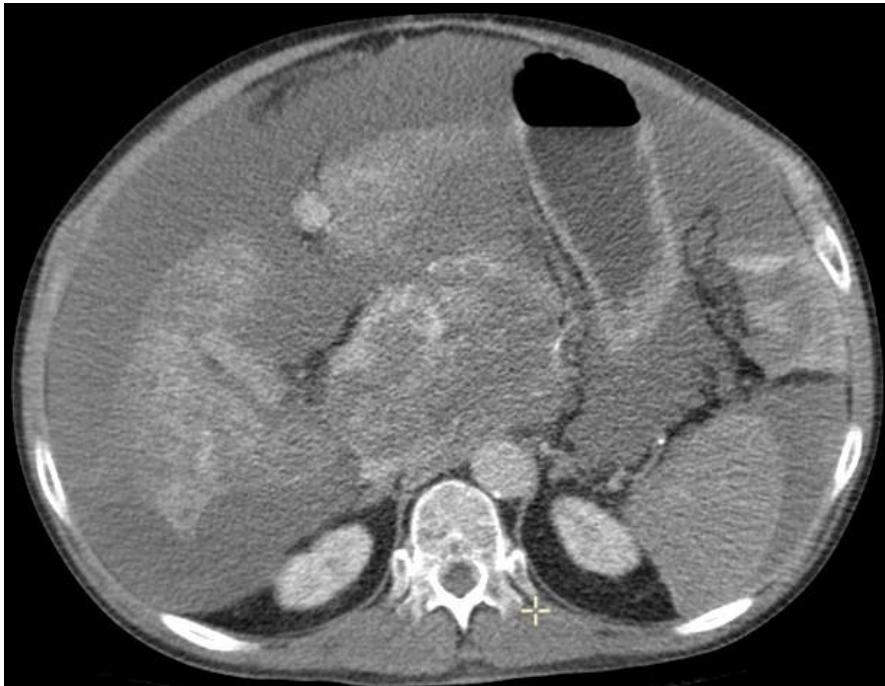


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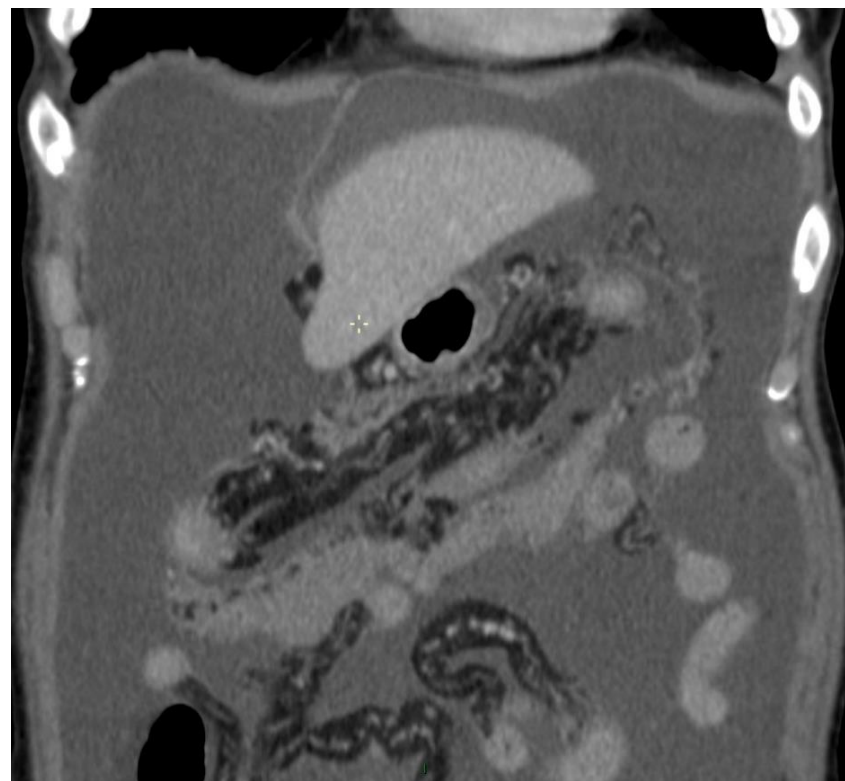
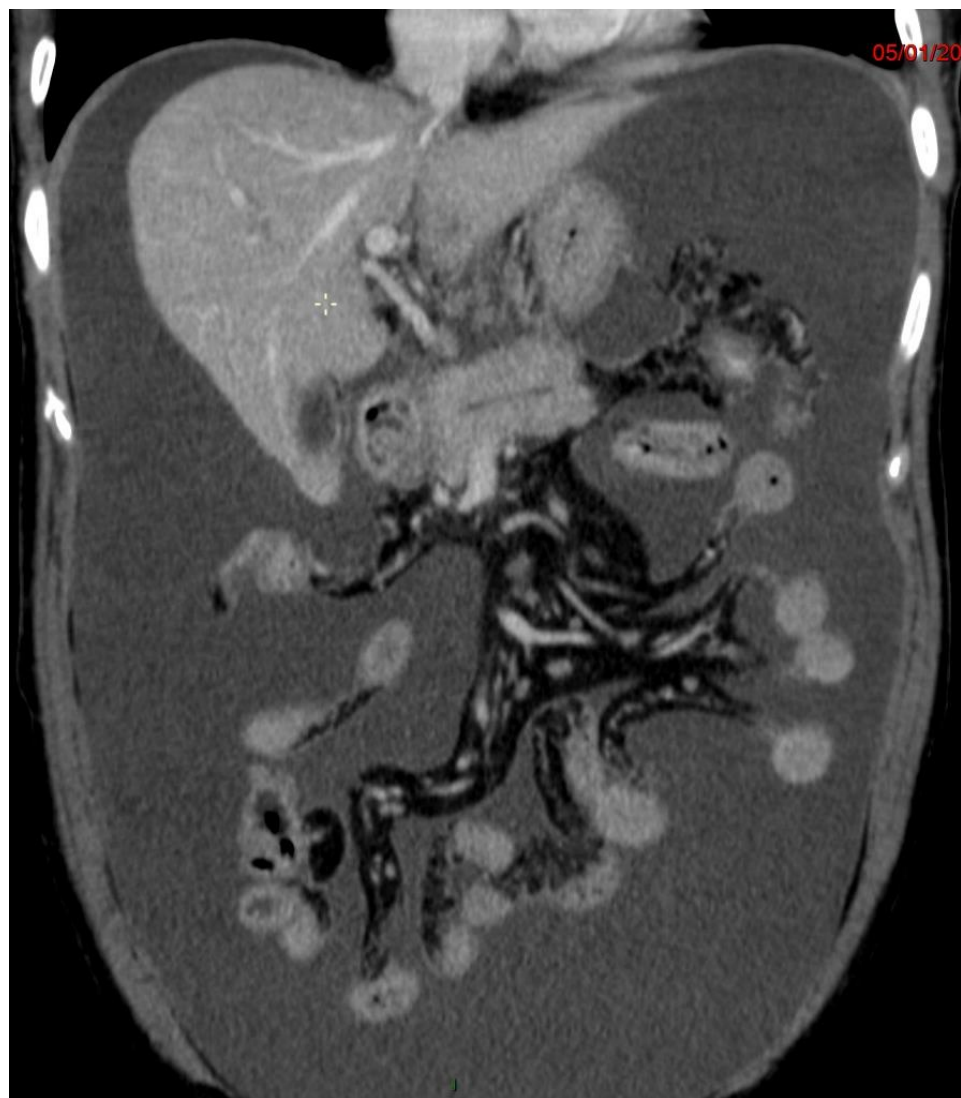
ESPACES PERITONEAUX

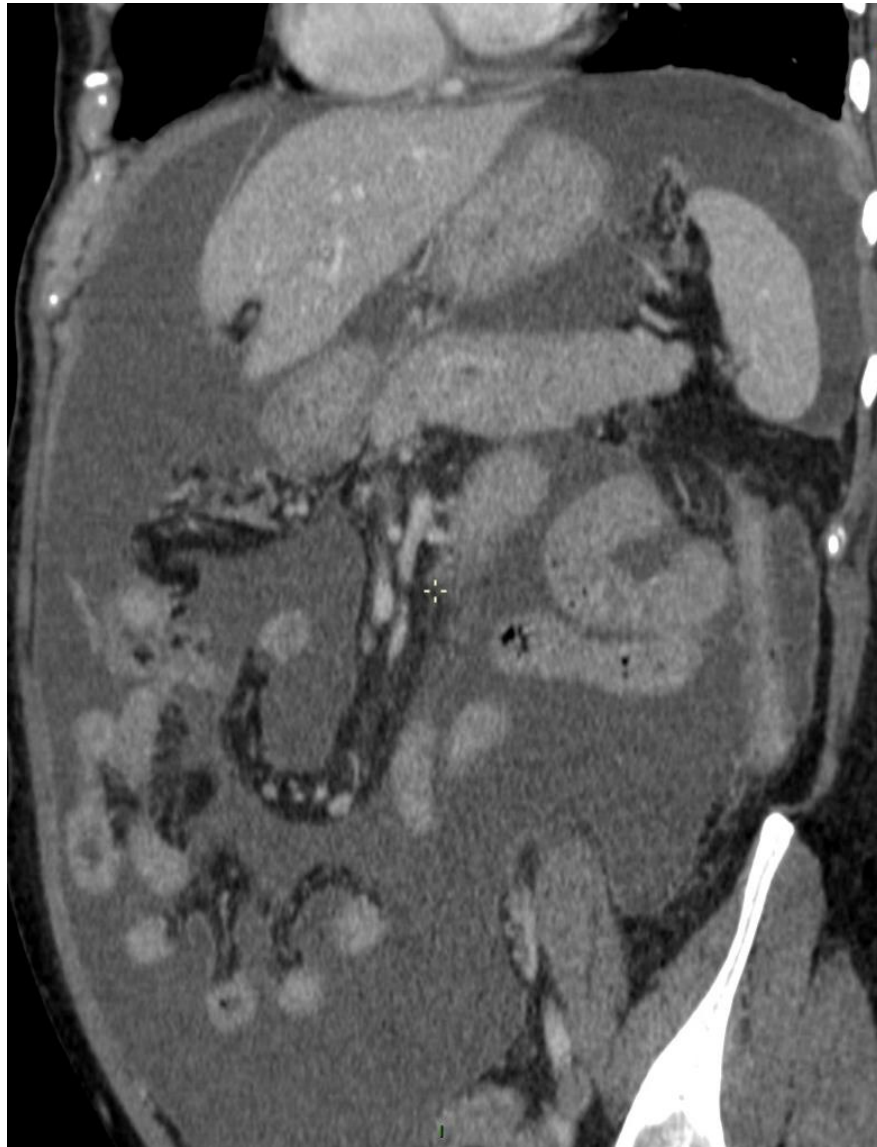


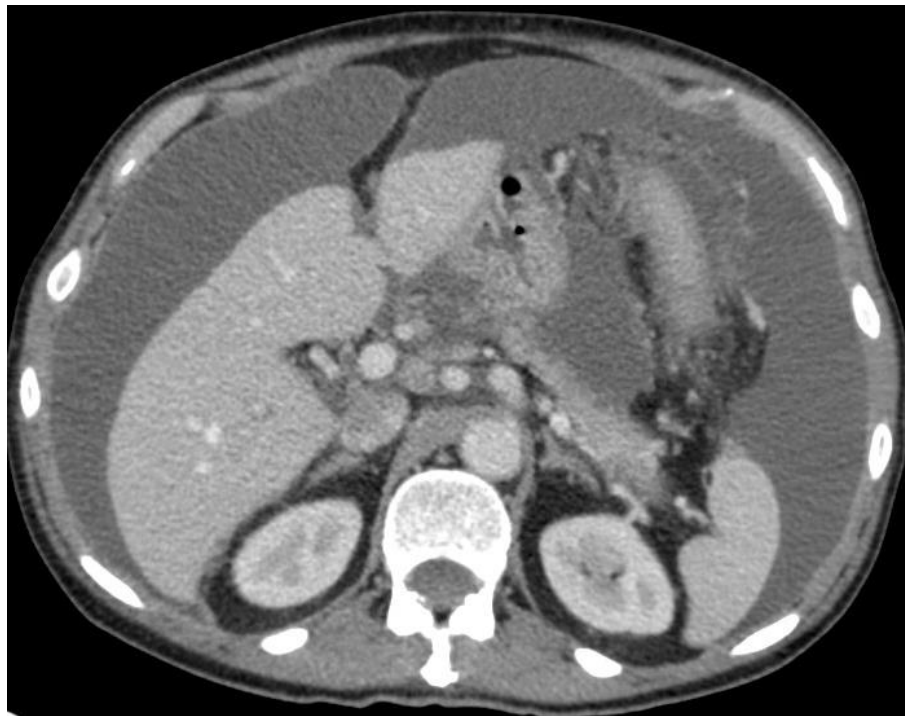


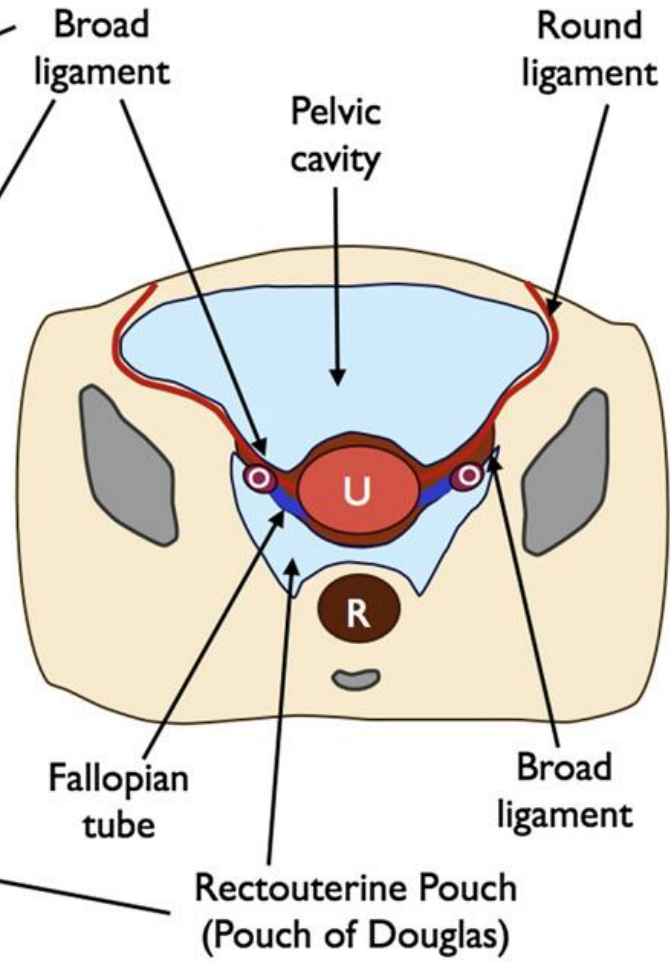
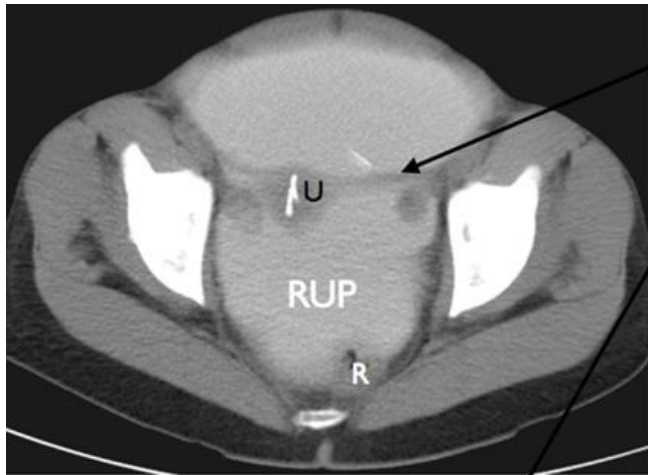


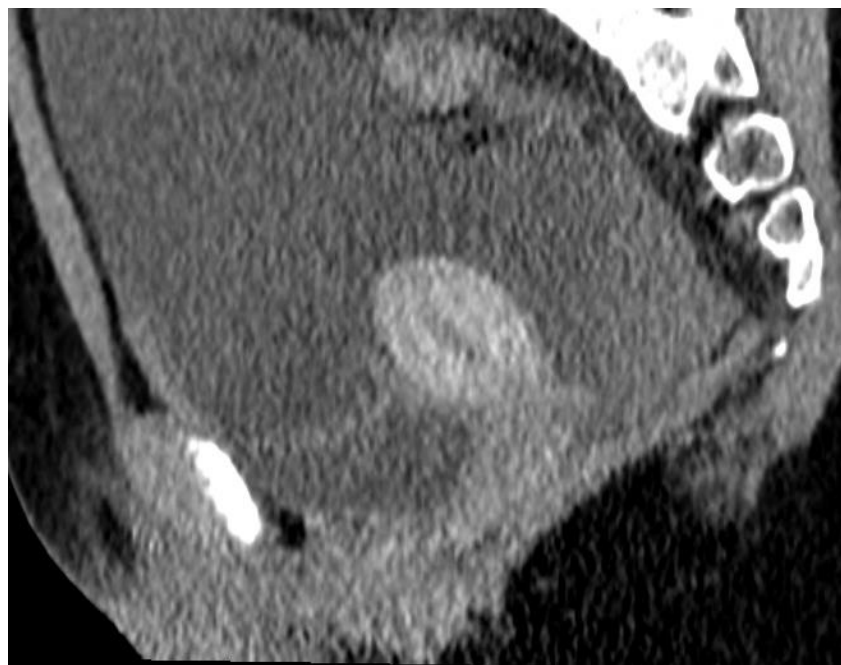
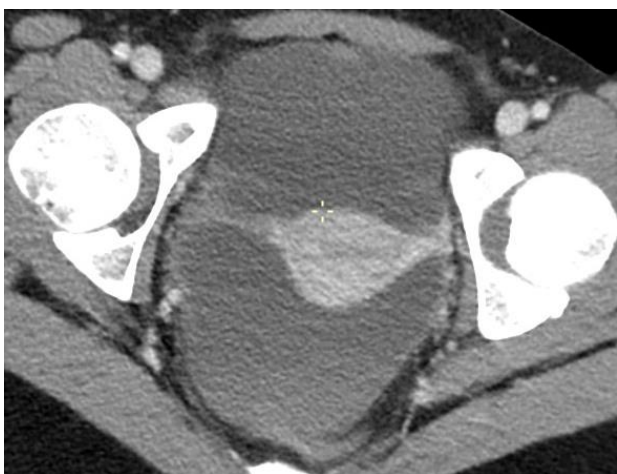
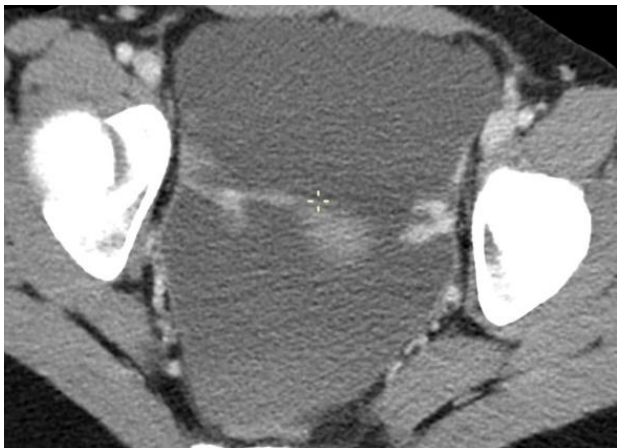
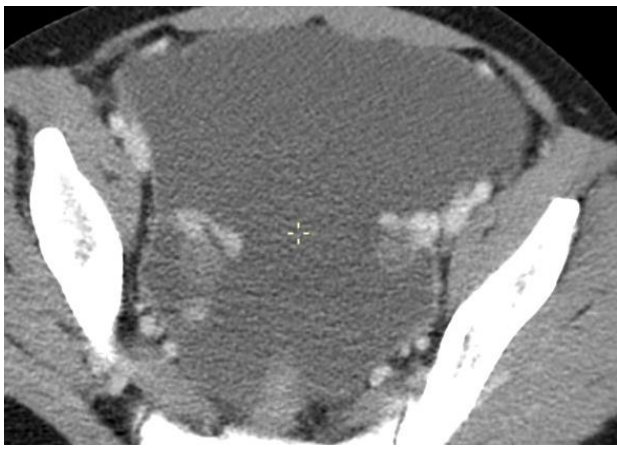


















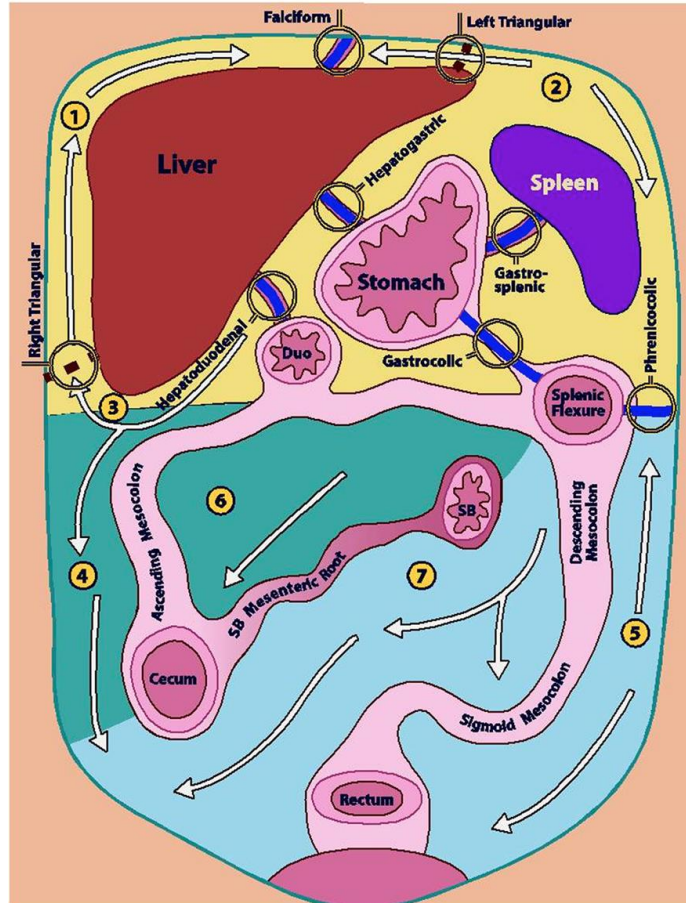
CIRCULATION DES FLUIDES

sécrétion de fluide

- mouvement sans frictions des organes (défense bactérienne locale)
- transport des liquides

circulation céphalique continue via les changements de pression dus à la respiration et au péristaltisme intestinal

clearance via les lymphatiques sous-phréniques et du grand omentum

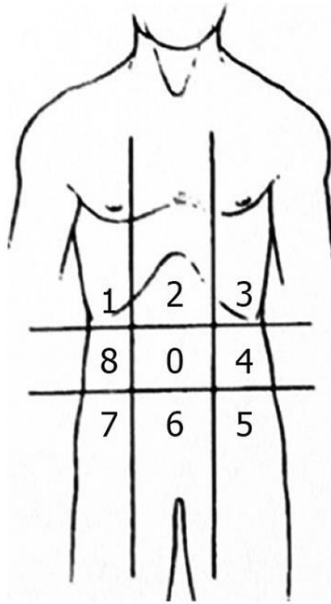


- 1= Right subphrenic space
- 2= Left subphrenic space
- 3= Right subhepatic space
- 4= Right paracolic gutter
- 5= Left paracolic gutter
- 6= Right infracolic space
- 7= Left infracolic space

○ = Ligaments

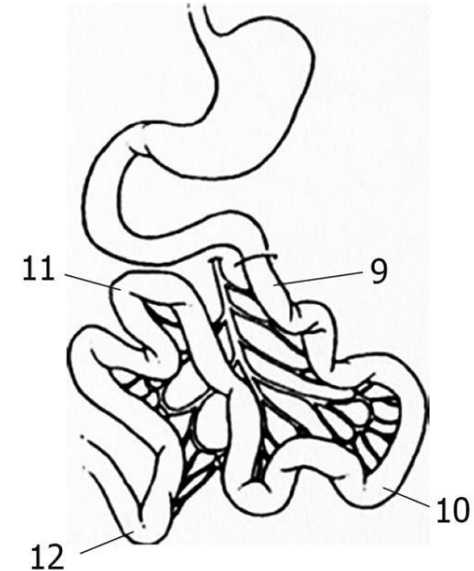
Carcinomatose péritonéale

- CT
 - Sensibilité par patient : 82 – 93 %
 - Sensibilité par lésion : 25-93%
- Varie selon la localisation (FID,FIG,sous-diaphragmatique,tube digestif) et la taille des implants
- Expérience du radiologue
- Erreur d'interprétation (DD implant de carcinomatose et métastase hépatique, DD implant de carcinomatose et ganglion)



Regions	Lesion size
0 Central	_____
1 Right upper	_____
2 Epigastrium	_____
3 Left upper	_____
4 Left flank	_____
5 Left lower	_____
6 Pelvis	_____
7 Right lower	_____
8 Right flank	_____
9 Upper jejunum	_____
10 Lower jejunum	_____
11 Upper ileum	_____
12 Lower ileum	_____

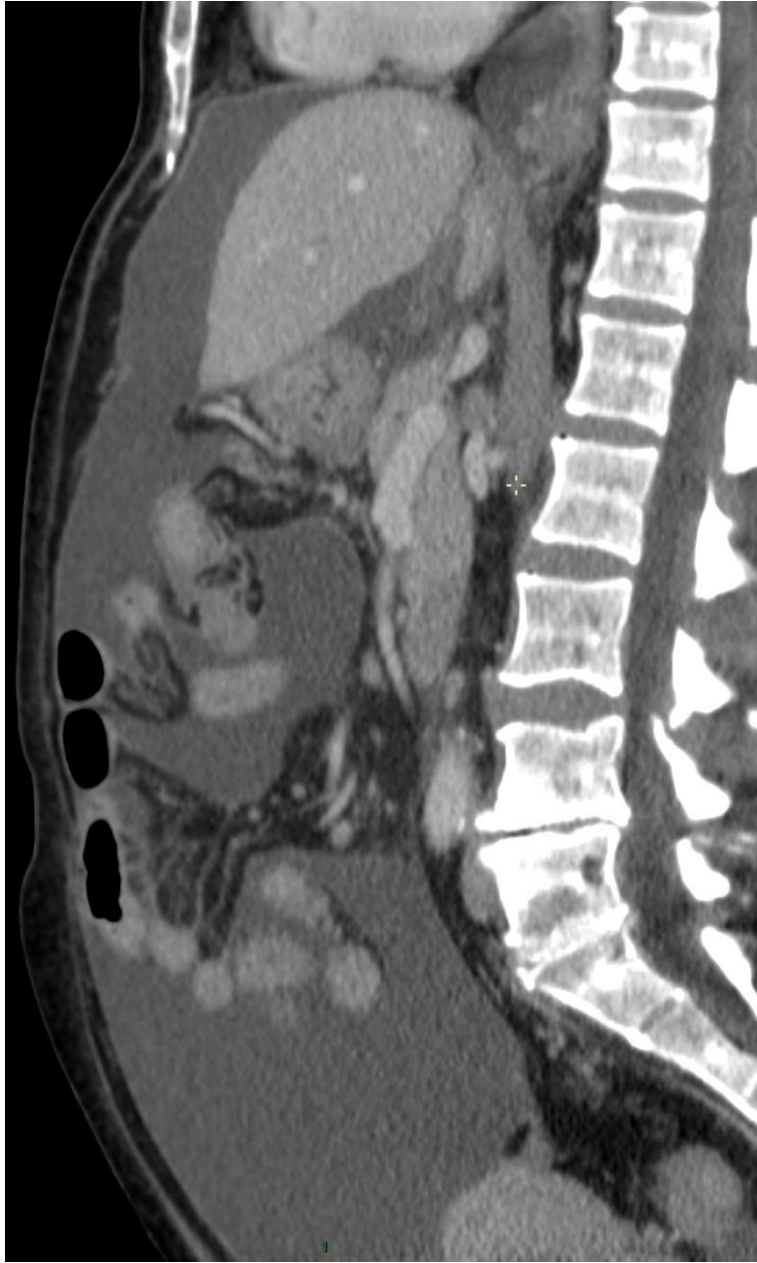
Lesion size score
LS 0 No tumor seen
LS 1 Tumor up to 0.5 cm
LS 2 Tumor up to 5.0 cm
LS 3 Tumor > 5.0 cm or confluence

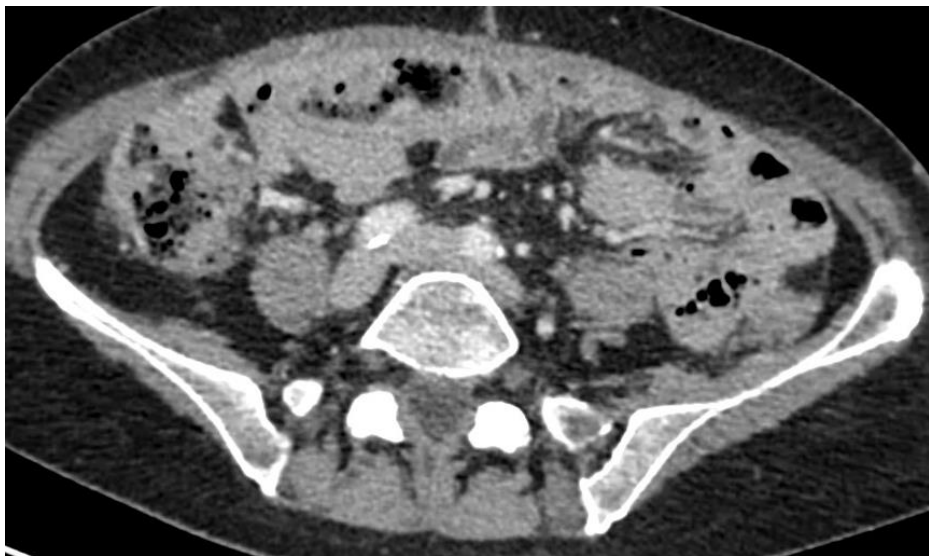


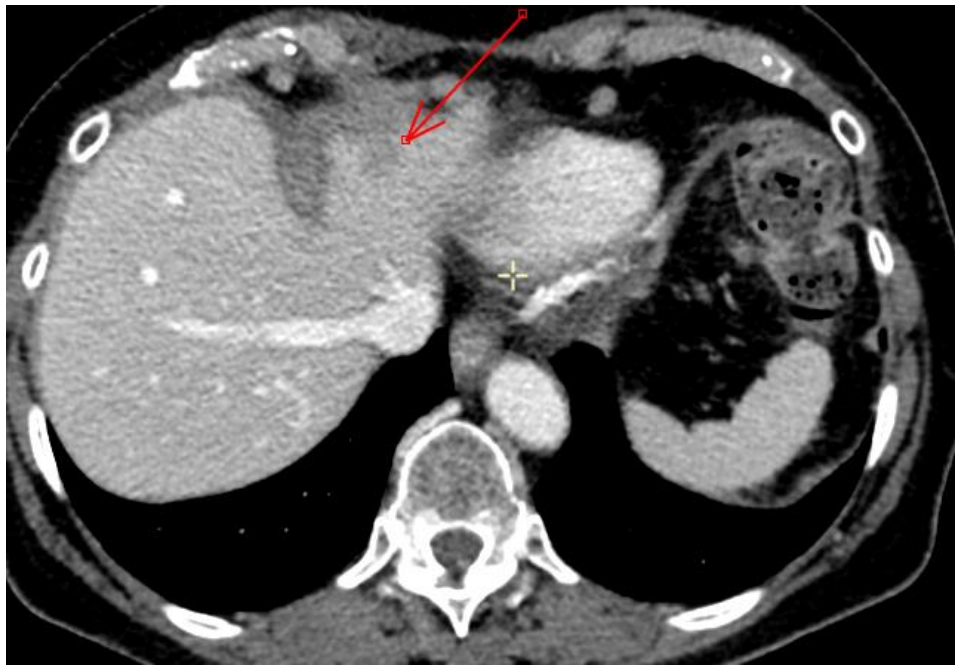
Sugar's baker score ou PCI

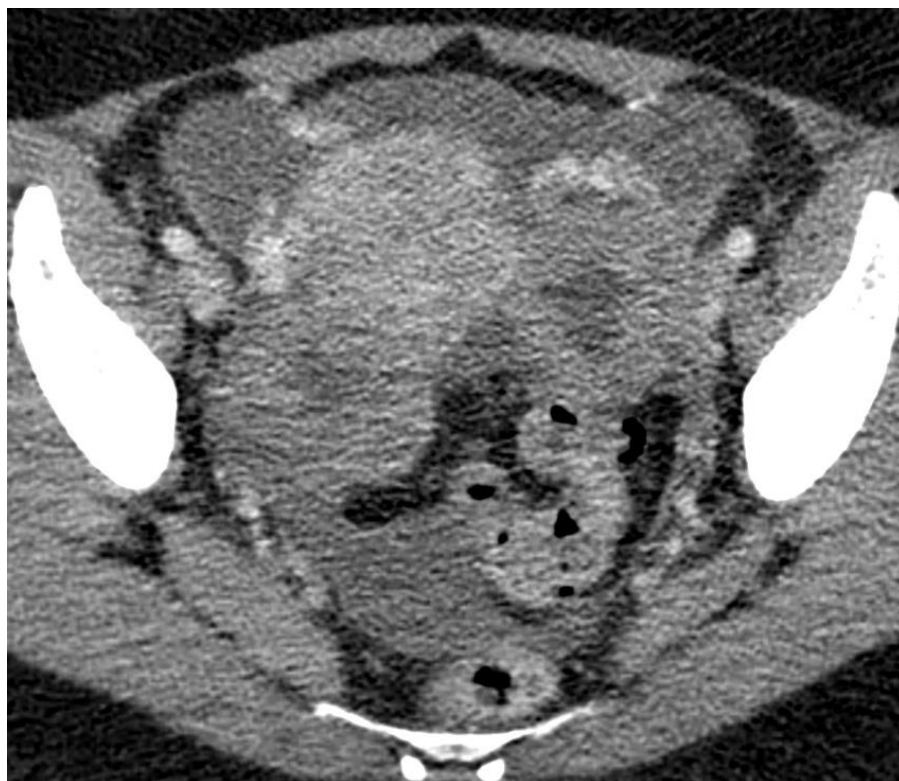
< 12 : opérable, 12-15 : opérabilité décidée au staff multidisciplinaire, patient inopérable si > 15 et / ou **envahissement de la racine du mésentère**, du **ligament gastro-hépatique** (petit omentum), **envahissement étendu de l'intestin grêle** (longueur résiduelle estimée < 120 cm), **ganglion inaccessible**, **métastases à distance inopérables**

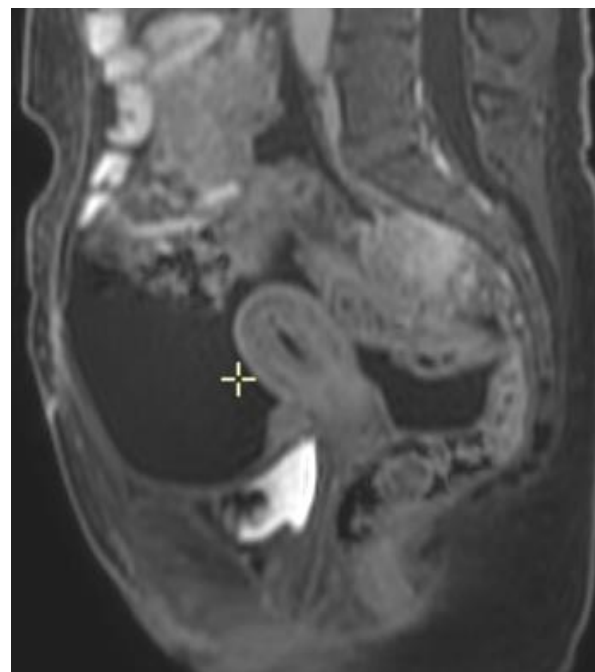
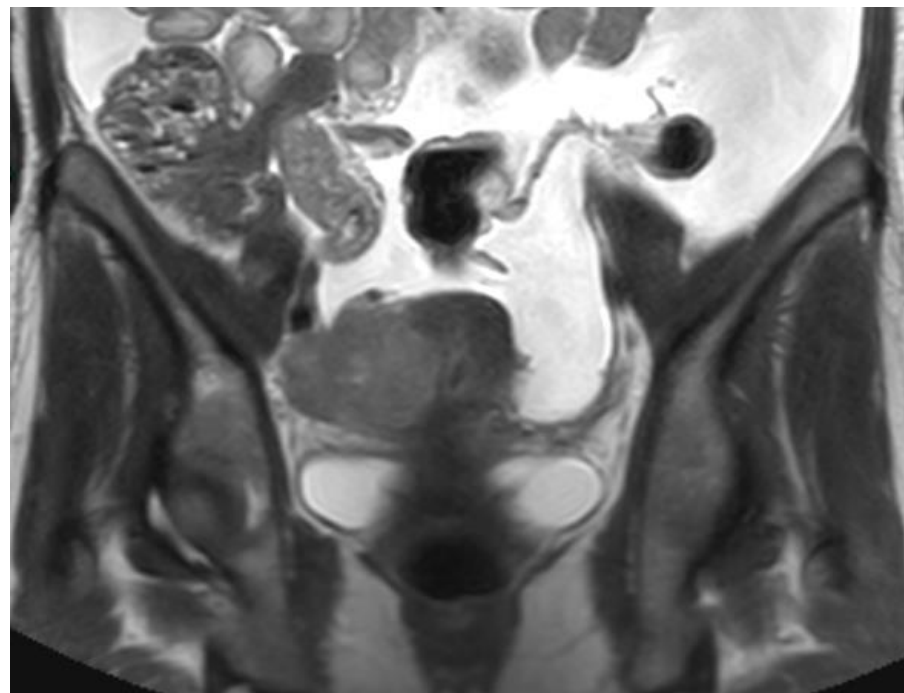
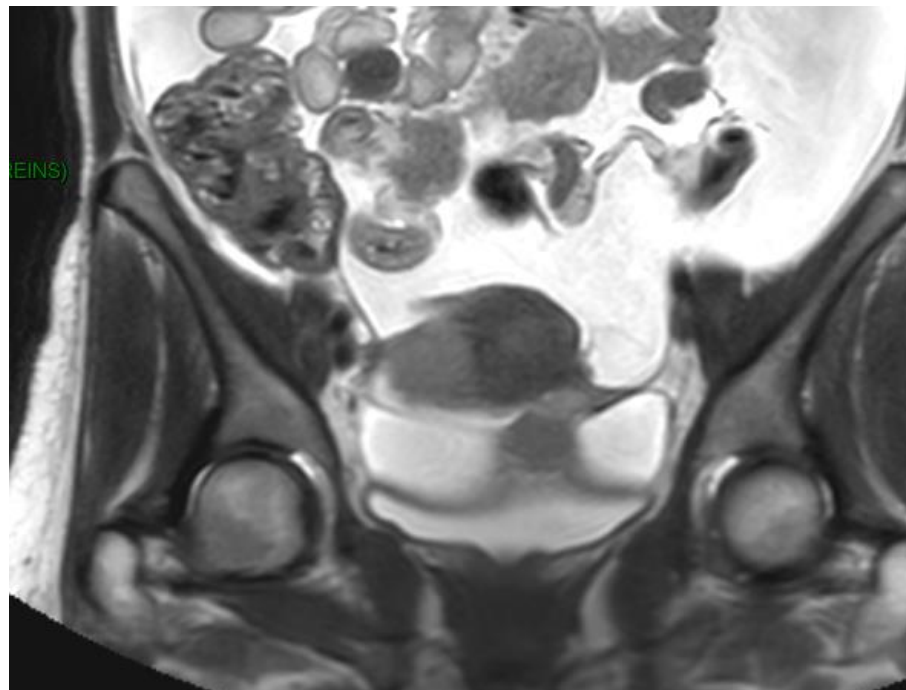
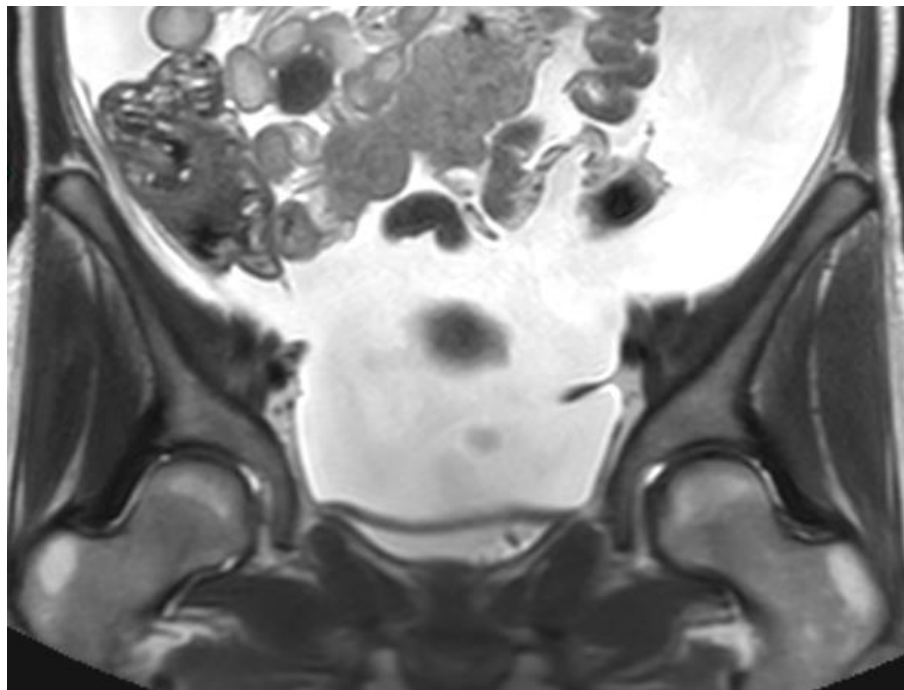


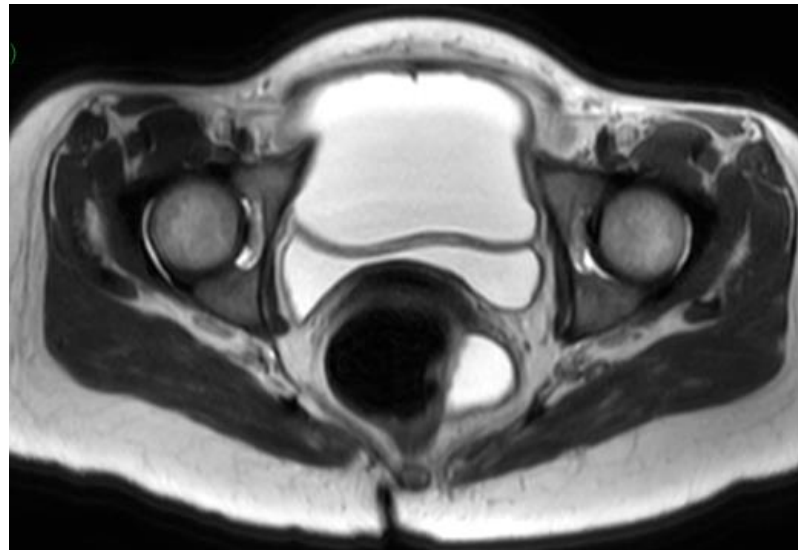
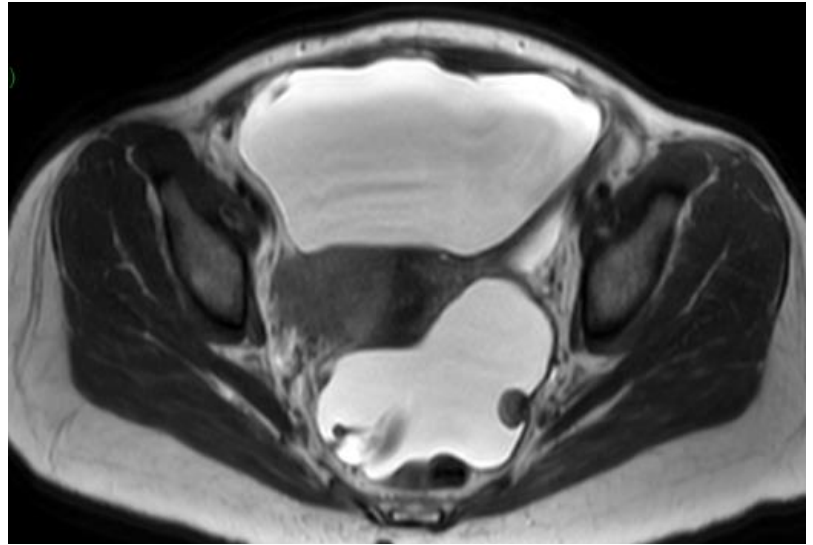
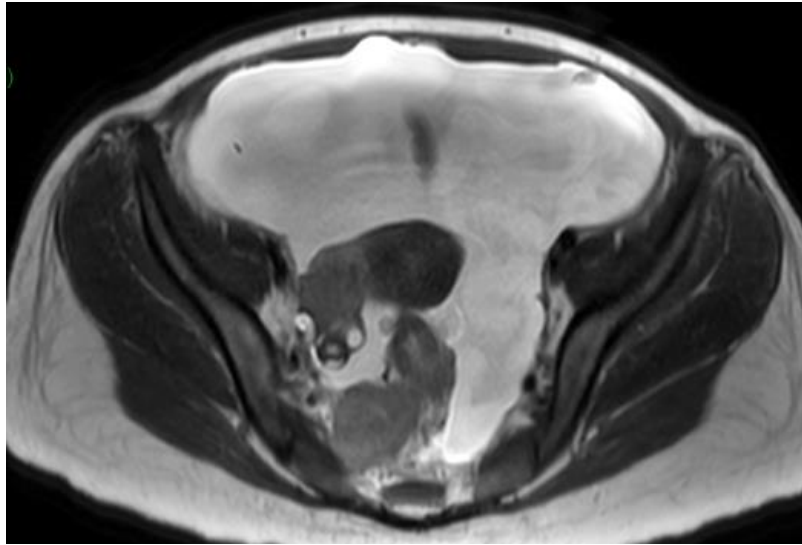


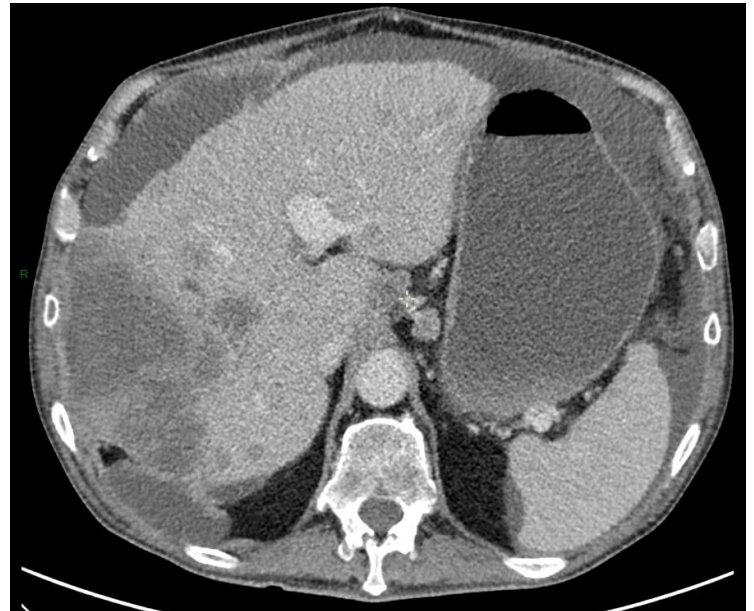
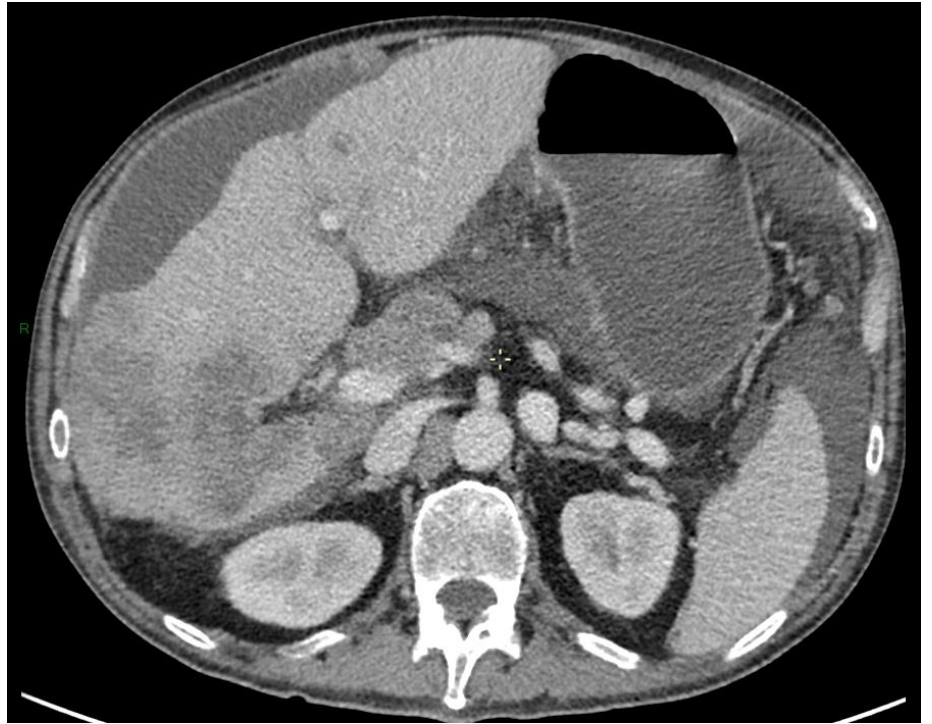


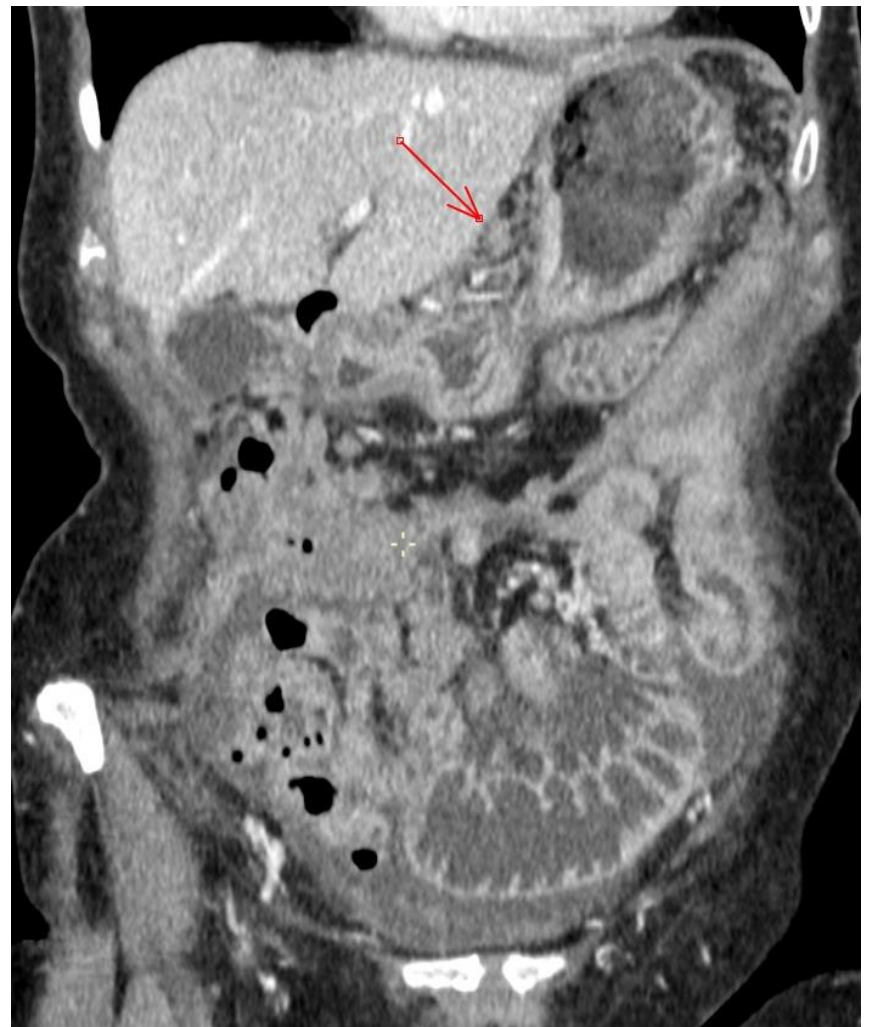












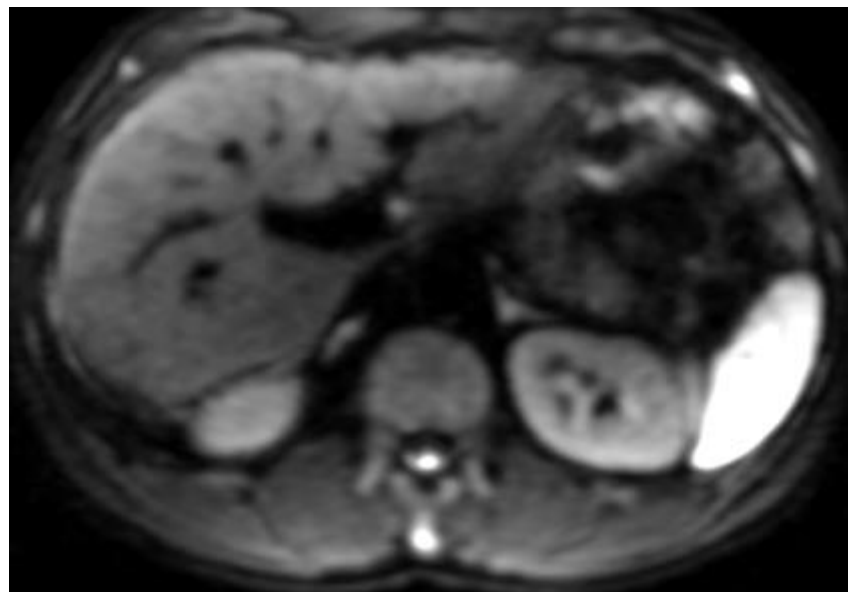
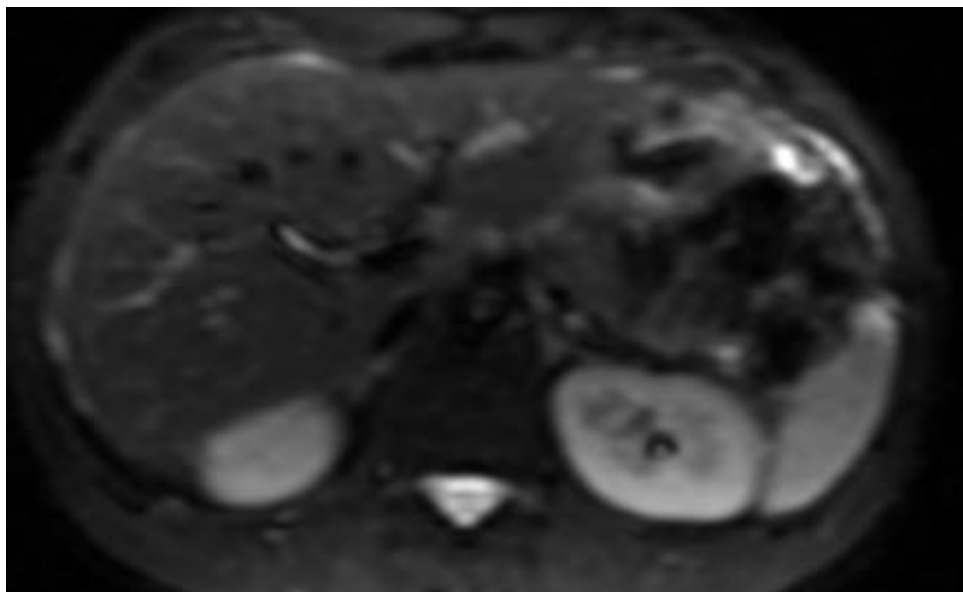


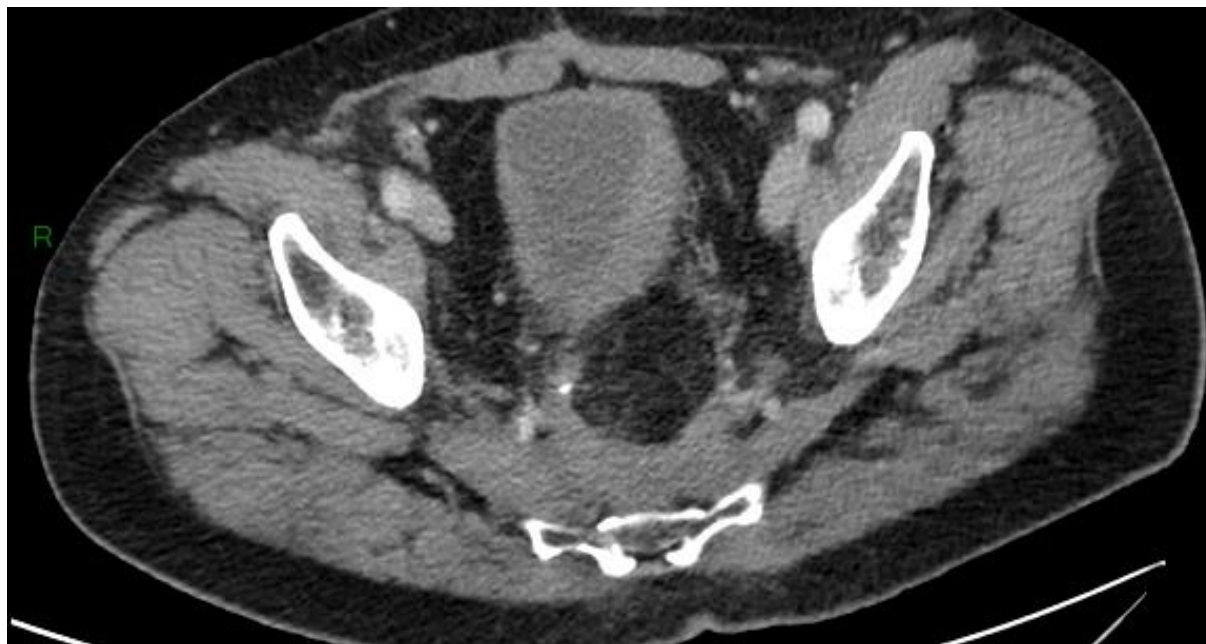
Lymphome péritonéal

Eunhye Yoo, Joo Hee Kim, et al
Radiographics 2007;27:707-720

IRM ou CT

- IRM meilleur contraste
- Supprime l'ascite (b élevé)
- Bien pour sites difficiles (coupole diaphragmatique, anses digestives (!faux +), pelvis)
- ! T2 shine through, lésions calcifiées!

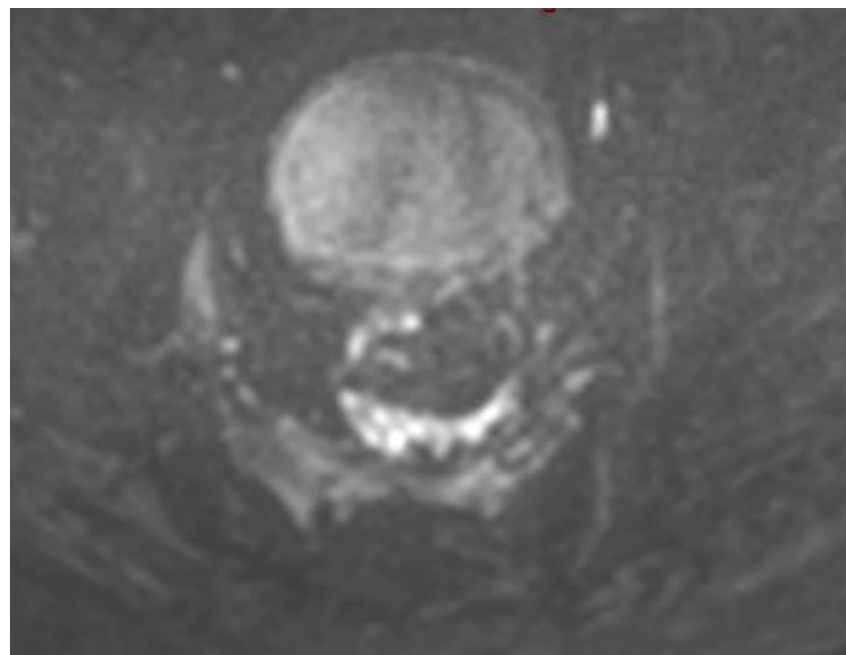
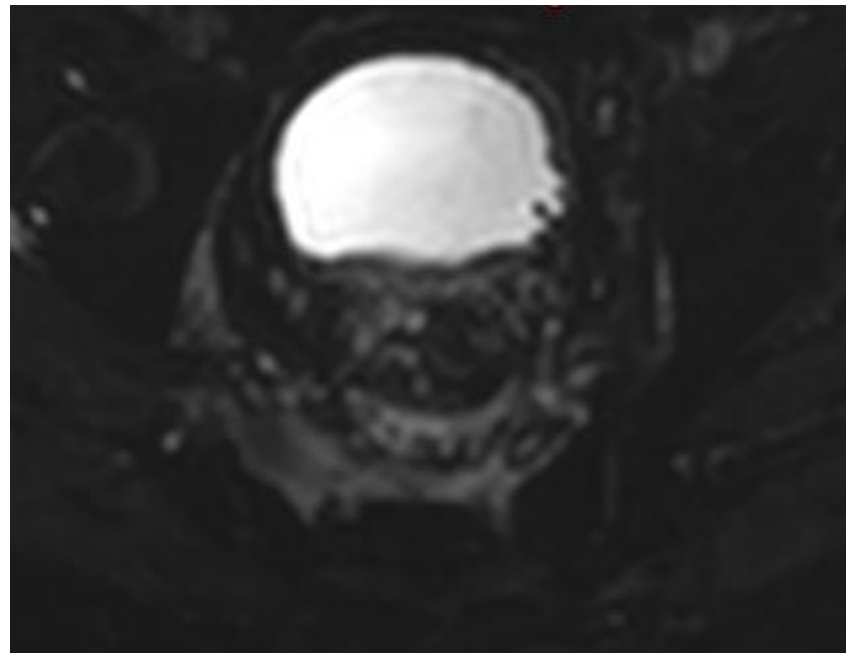


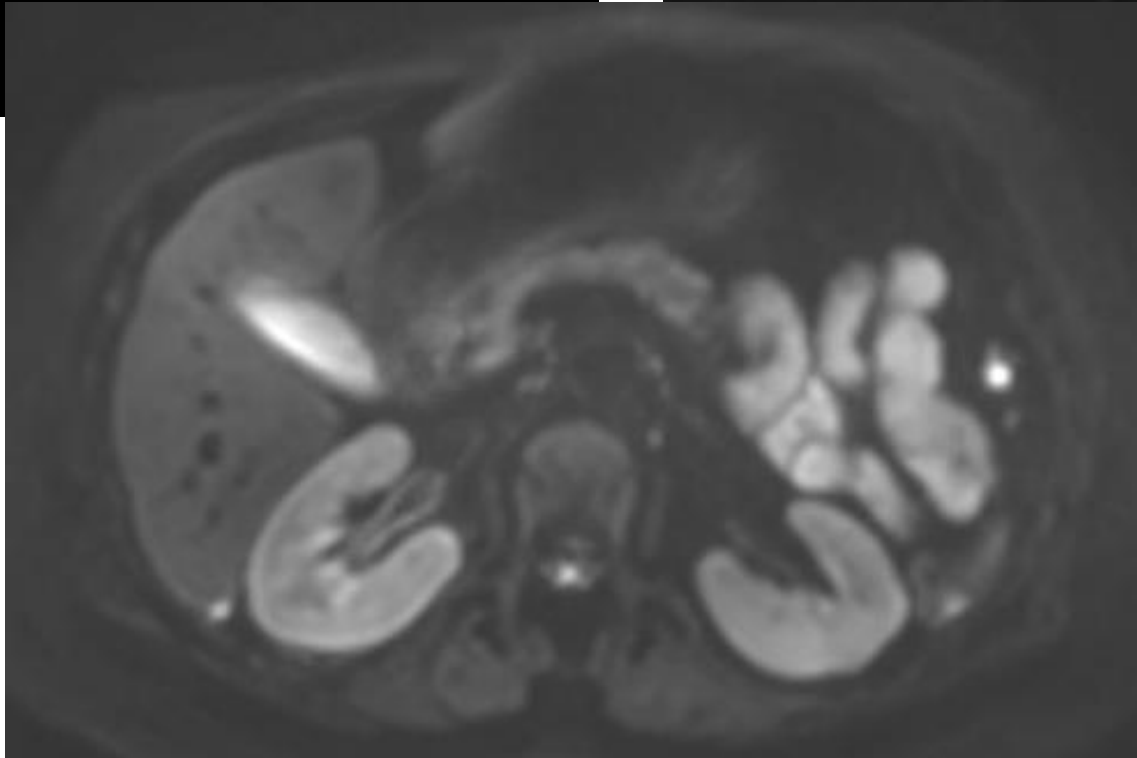
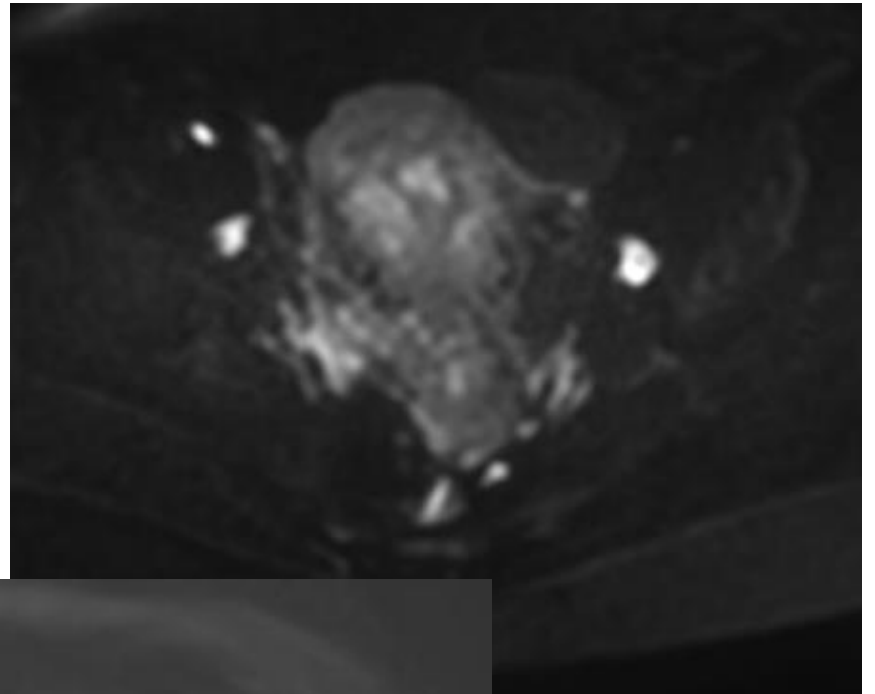
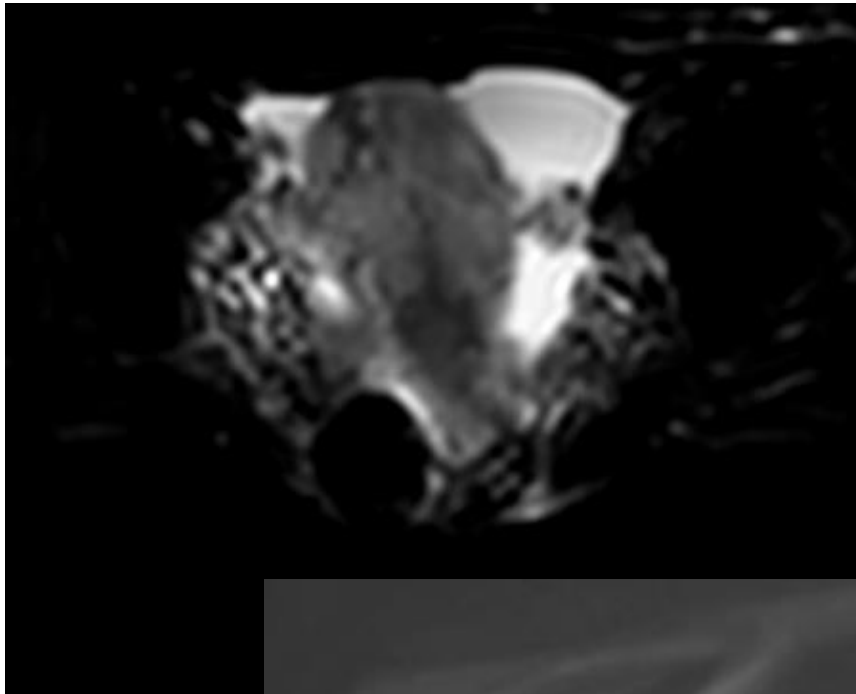


Juin

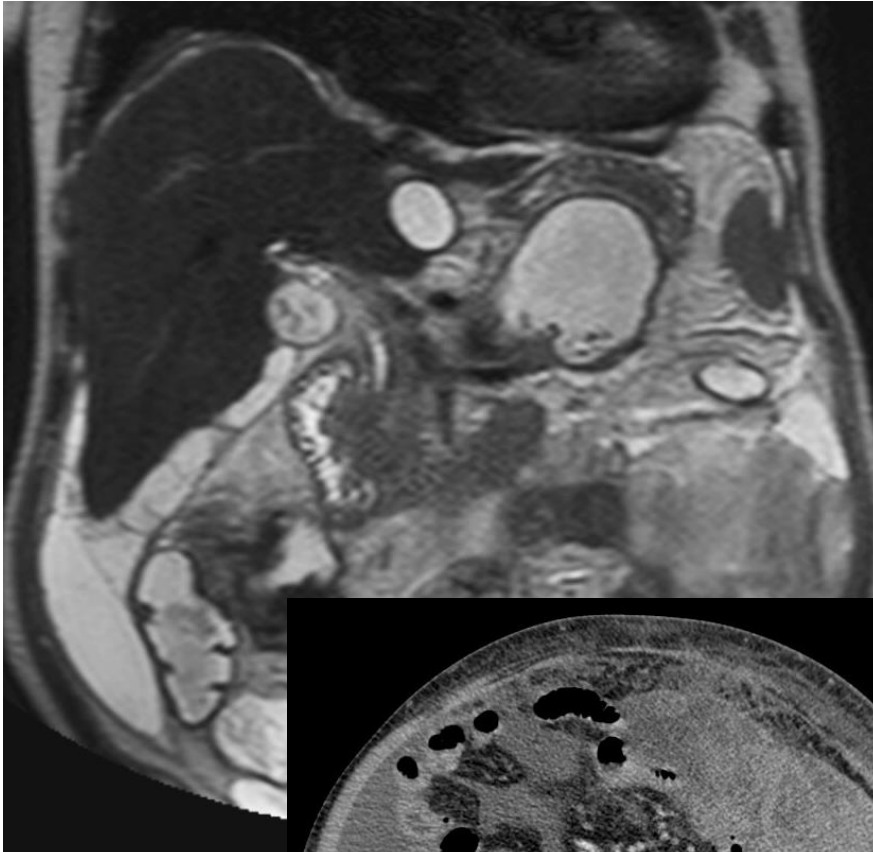


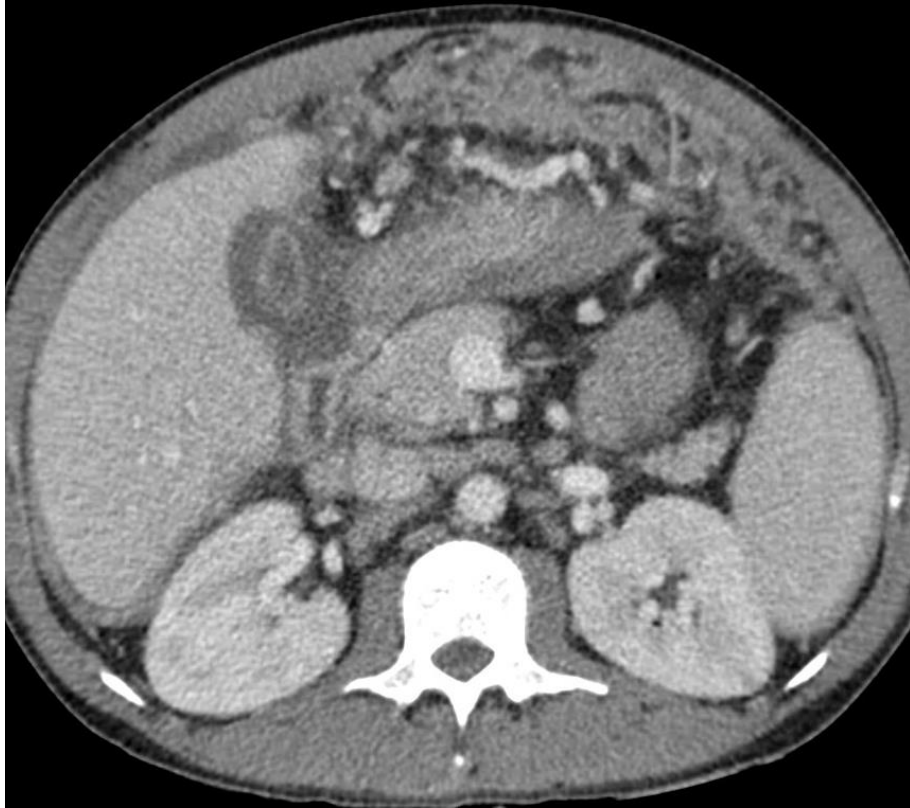
Janvier





PERITONITE





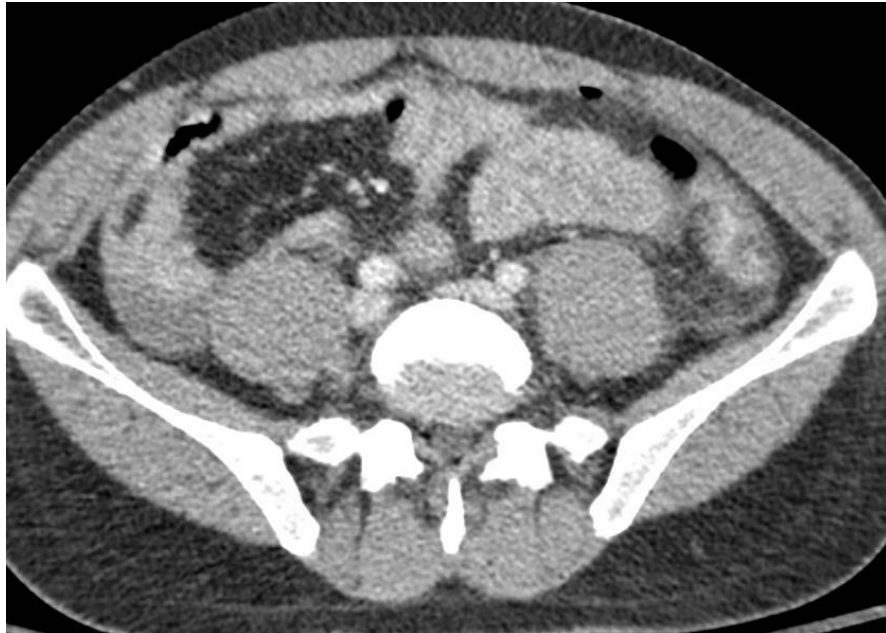
Péritonite tuberculeuse
CT-OR (Omental Ring) : (sensibilité 85% et spécificité 96%)



Hémopéritoine post-traumatique



après quelques jours

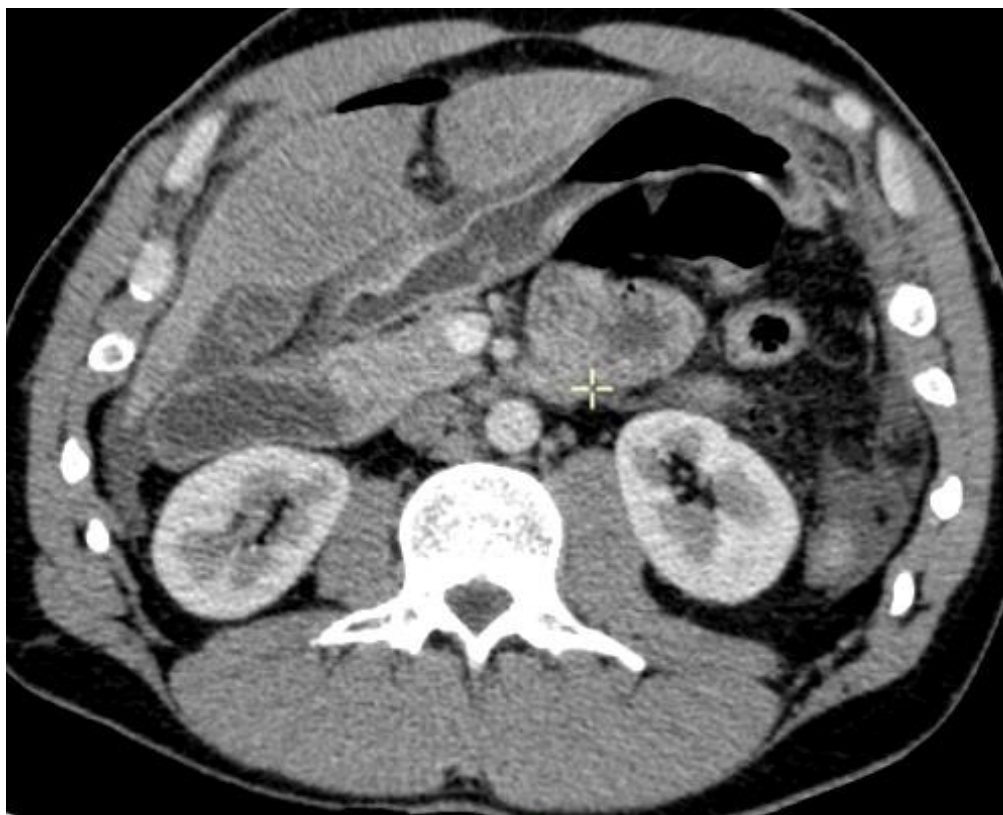


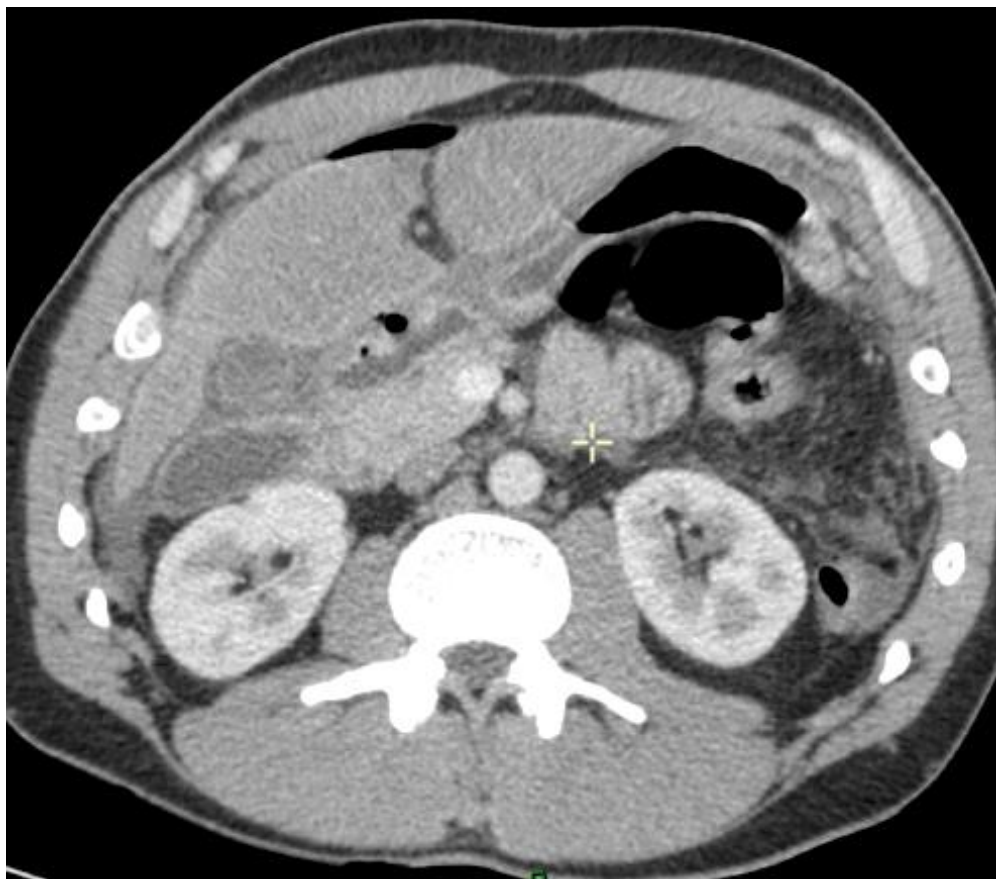


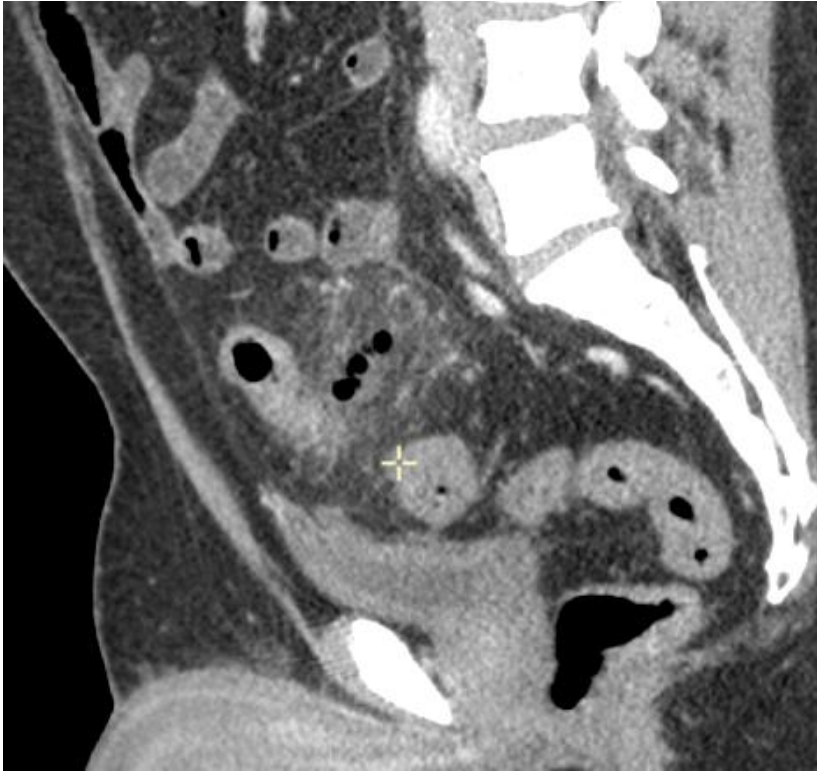


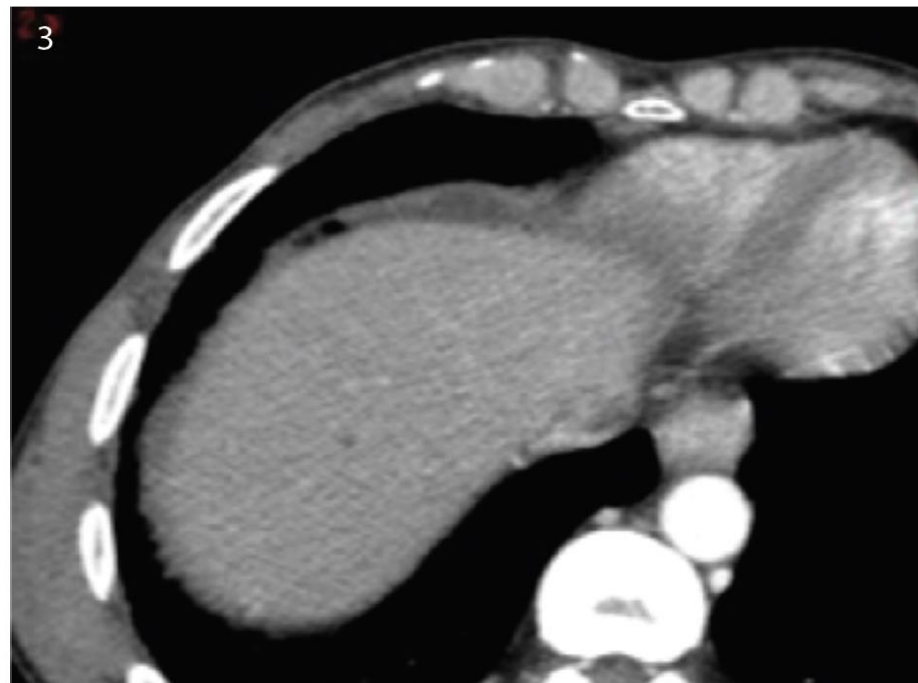
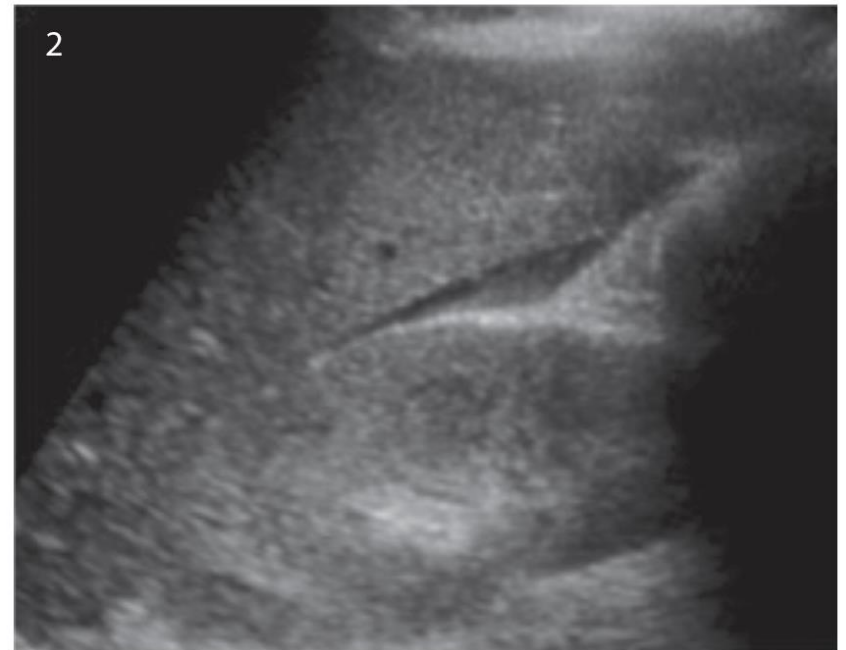
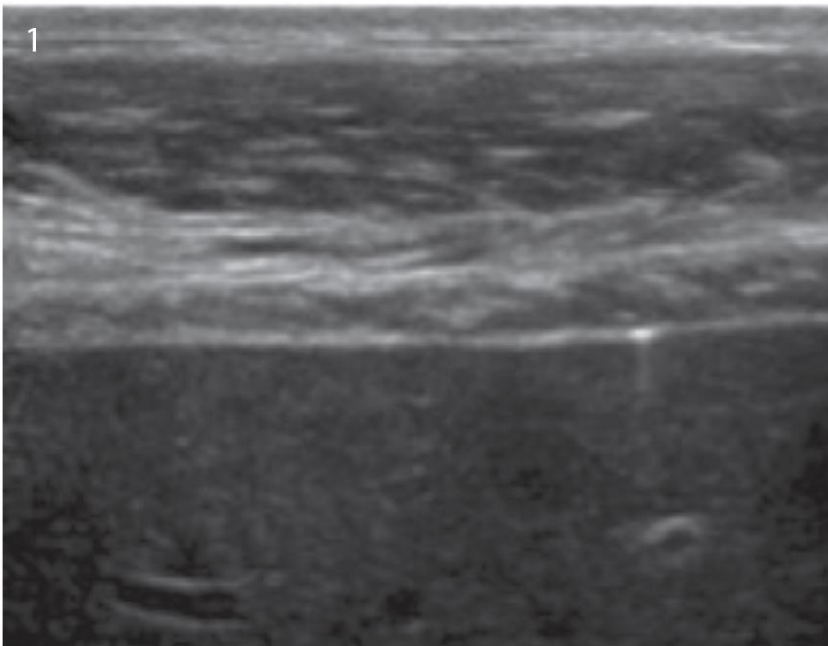






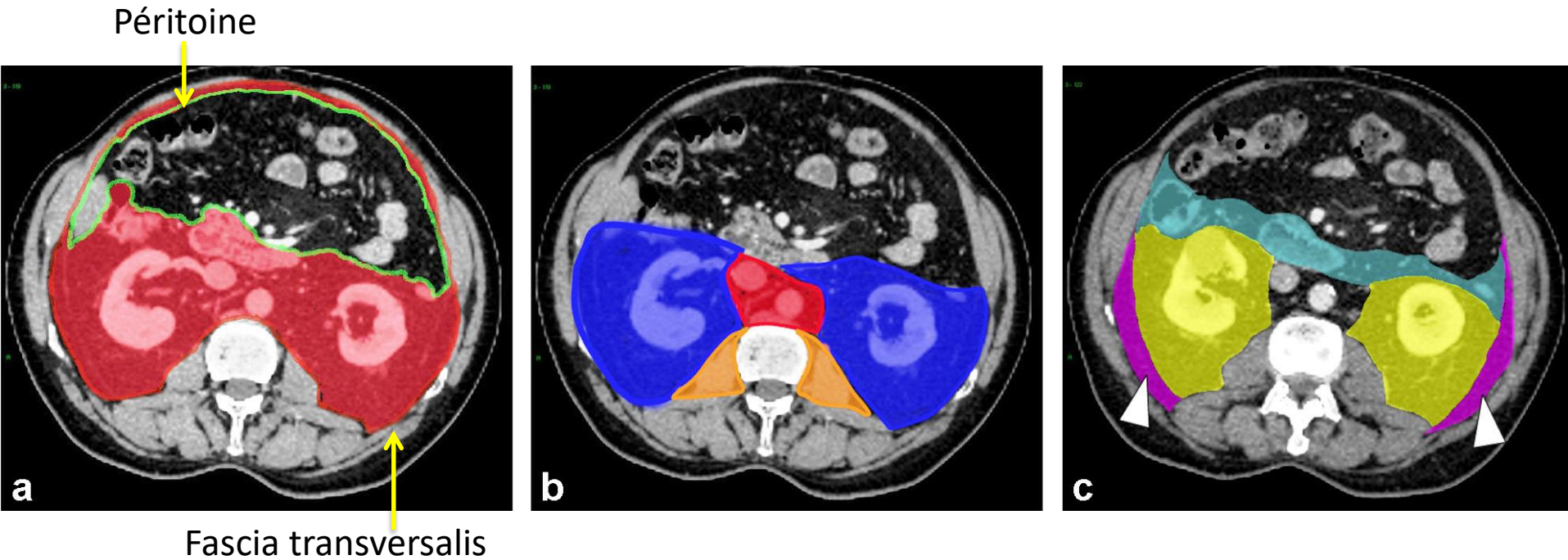




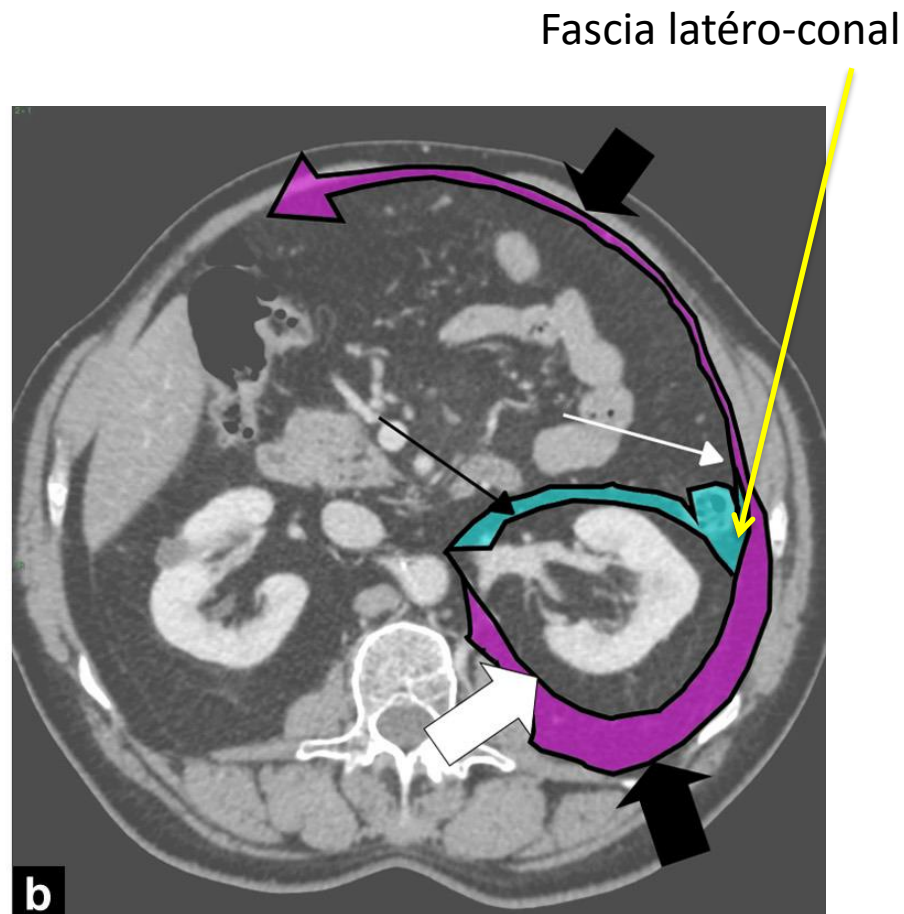
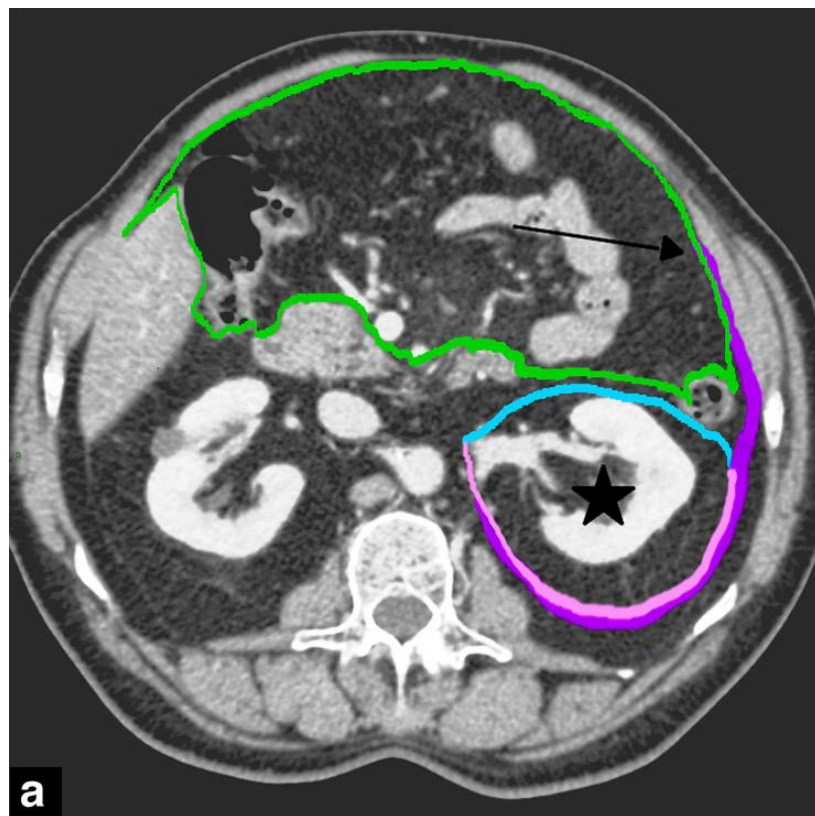


Professeur E. Danse

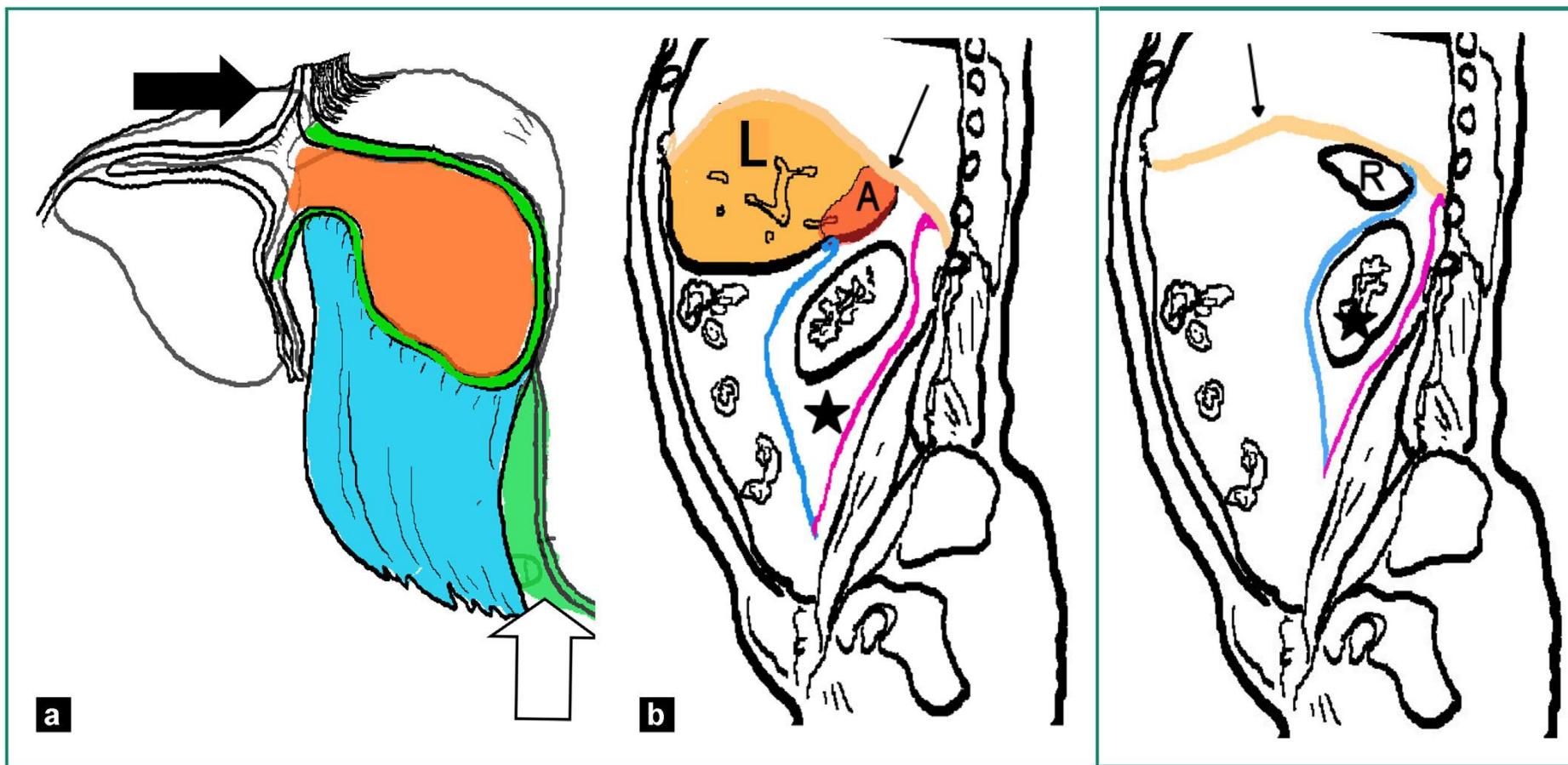
RETROPERITOINE



Radioanatomy of the retroperitoneal space. A. Coffin, I. Boulay-Coletta, et al. Diagnostic and interventional Imaging (2015) 96, 171-186



Radioanatomy of the retroperitoneal space. A. Coffin, I. Boulay-Coletta, et al. Diagnostic and interventional Imaging (2015) 96, 171-186



Radioanatomy of the retroperitoneal space. A. Coffin, I. Boulay-Coletta, et al. Diagnostic and interventional Imaging (2015) 96, 171-186

