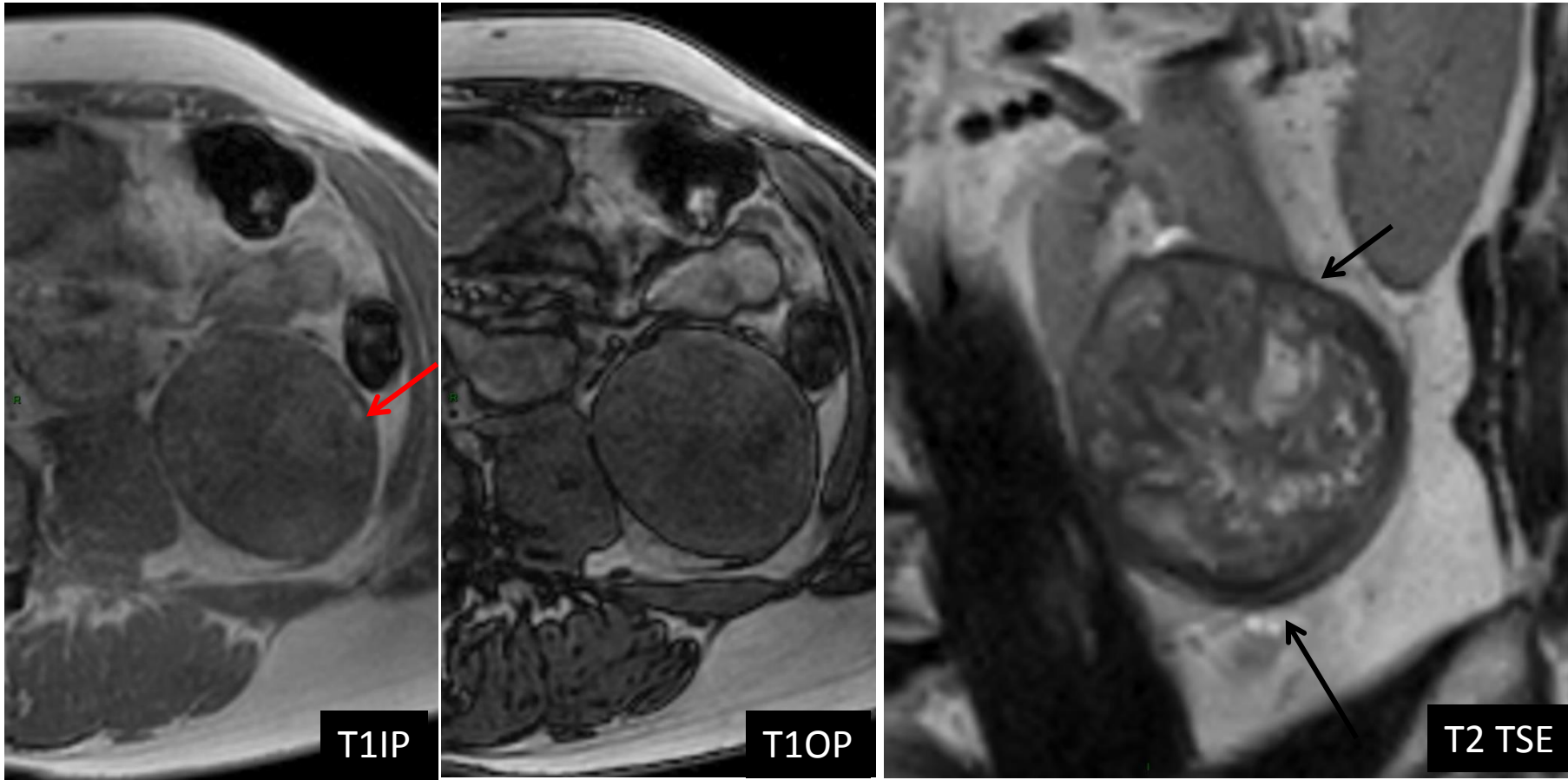


Atelier cours avancé

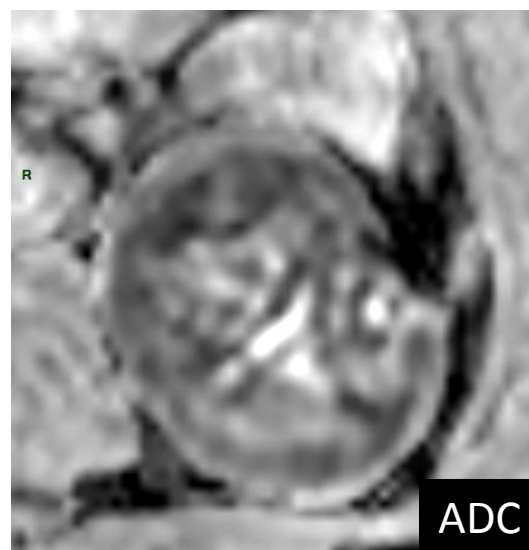
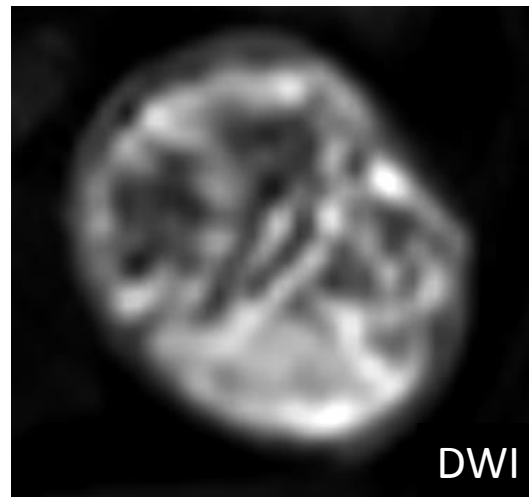
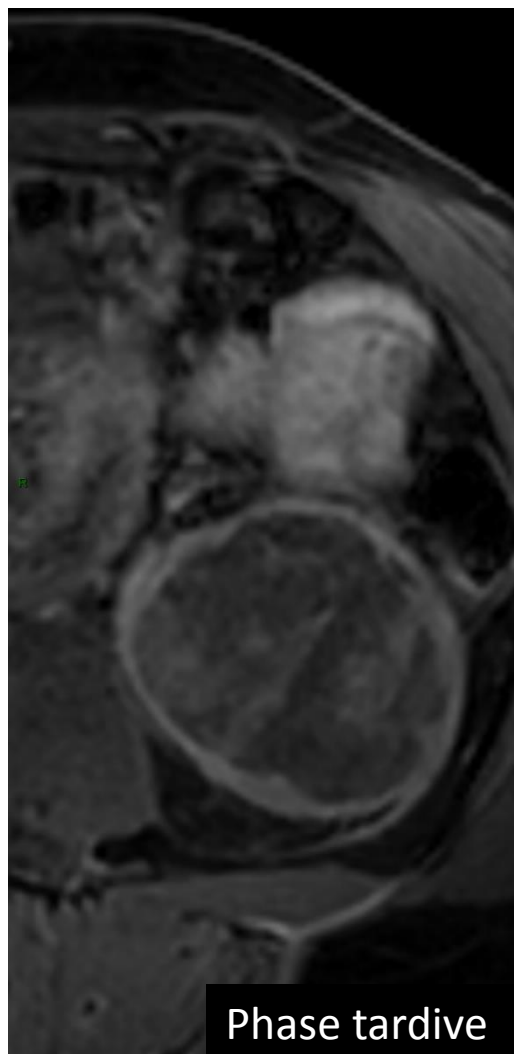
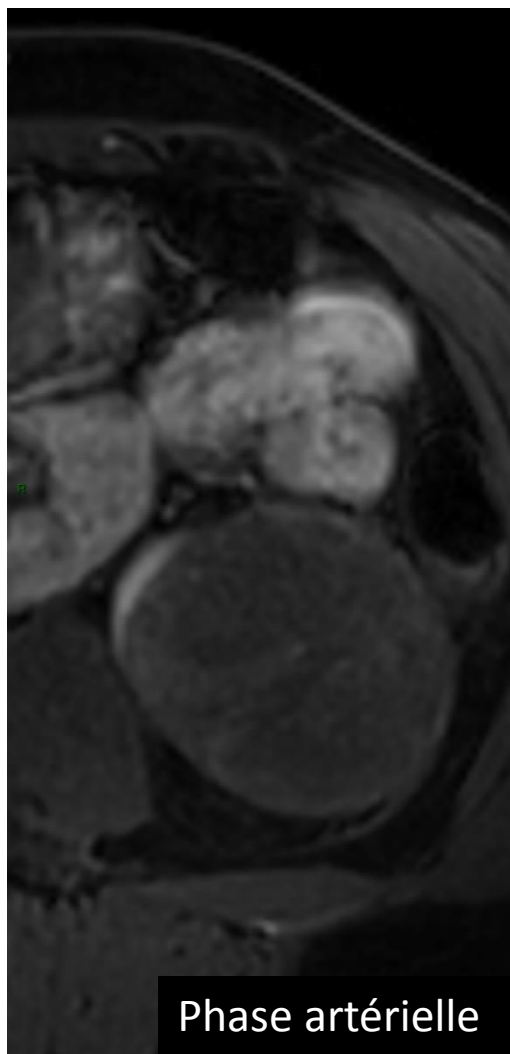
Section urologie

Cas 1 c. papillaire type 1 pT1b



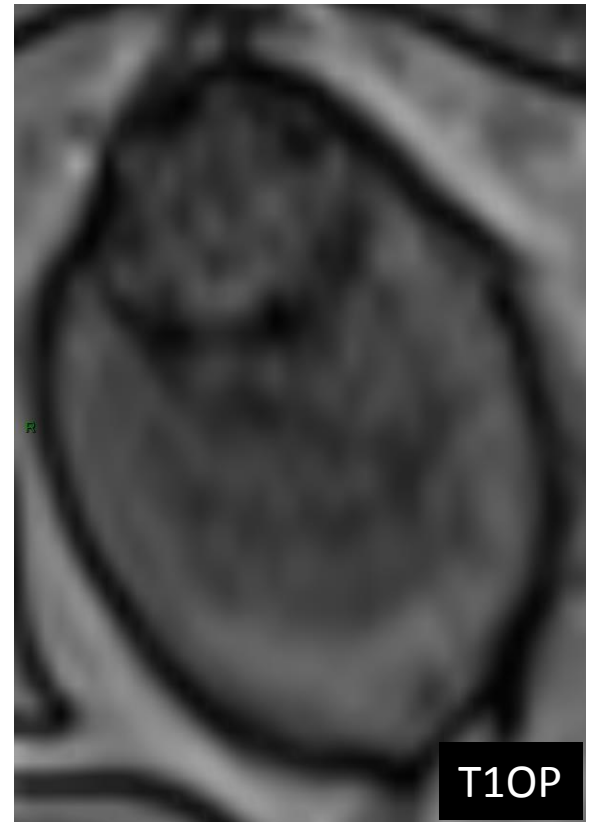
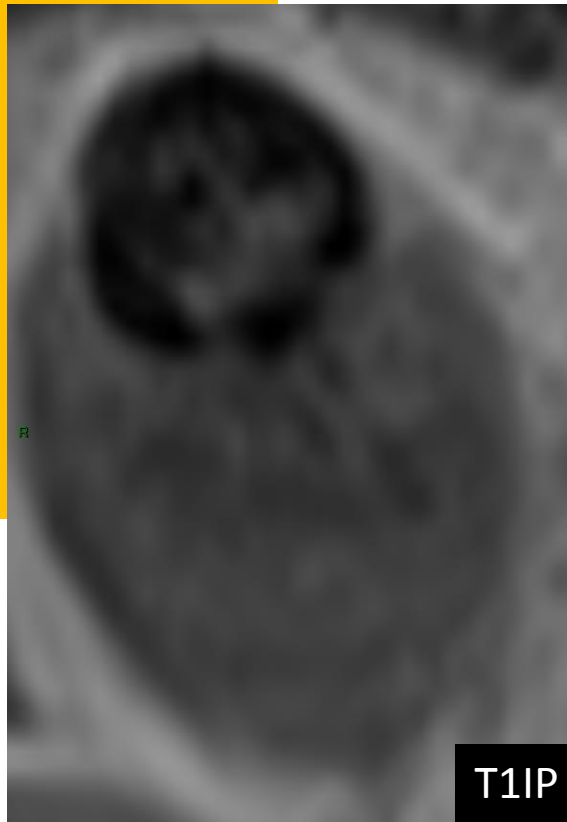
Lésion encapsulée de 7 cm (cT1b) hétérogène avec foyers hémorragiques

Cas 1 c. papillaire type 1 pT1b

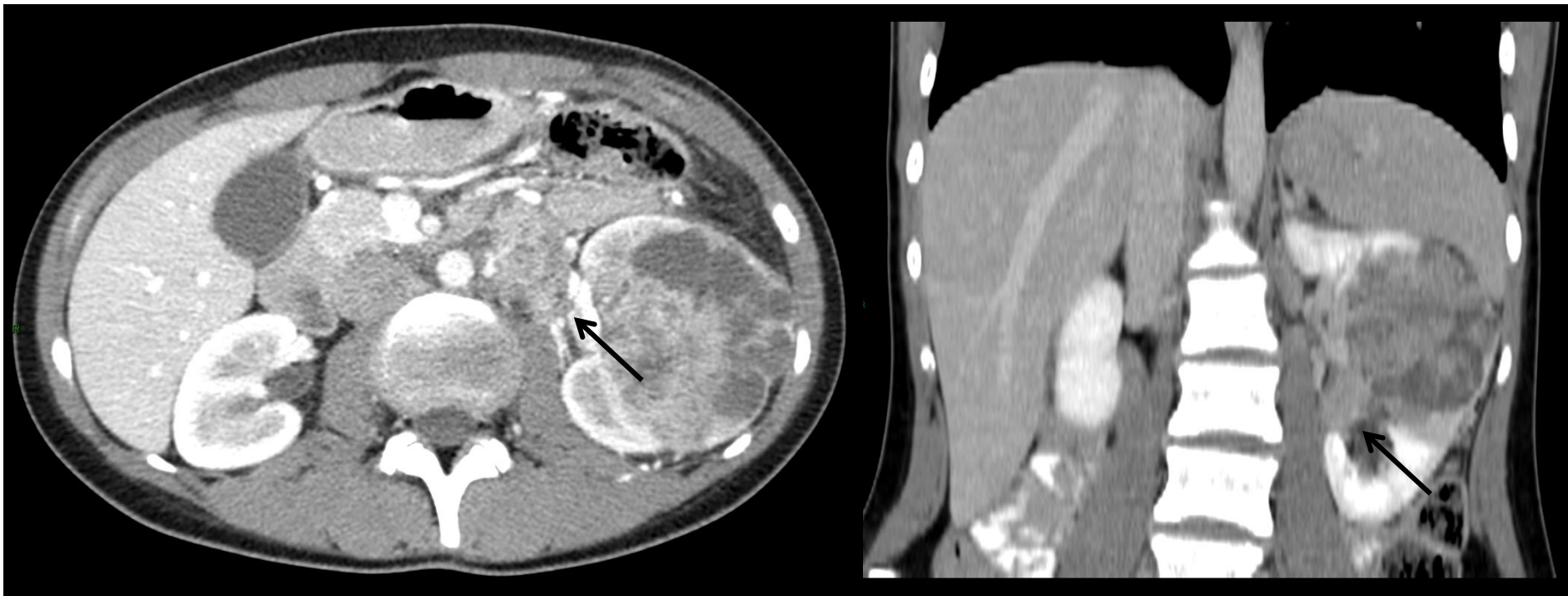


c. Papillaire

*Seuls 40% des lésions
auront
une chute
de signal
sur le T1 OP*



Cas 2 c. papillaire type 2 pT3aN1



Lésion de 7 cm infiltrant le sinus du rein et les calices + adénopathies

Cas 2

- **RCC** : M+ poumons (51% vs <10% c. papillaire).
- **C. papillaire** : M+ ganglionnaires (68% vs 9%)

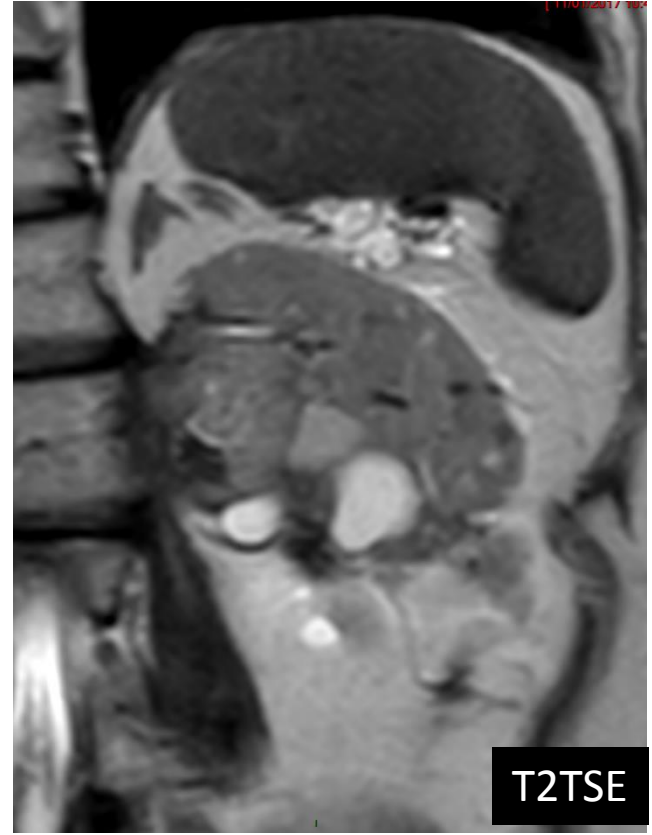
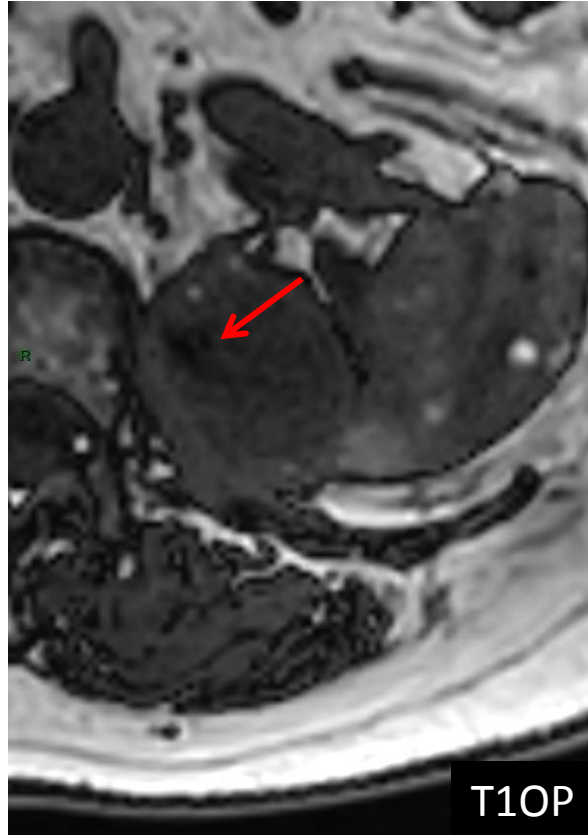
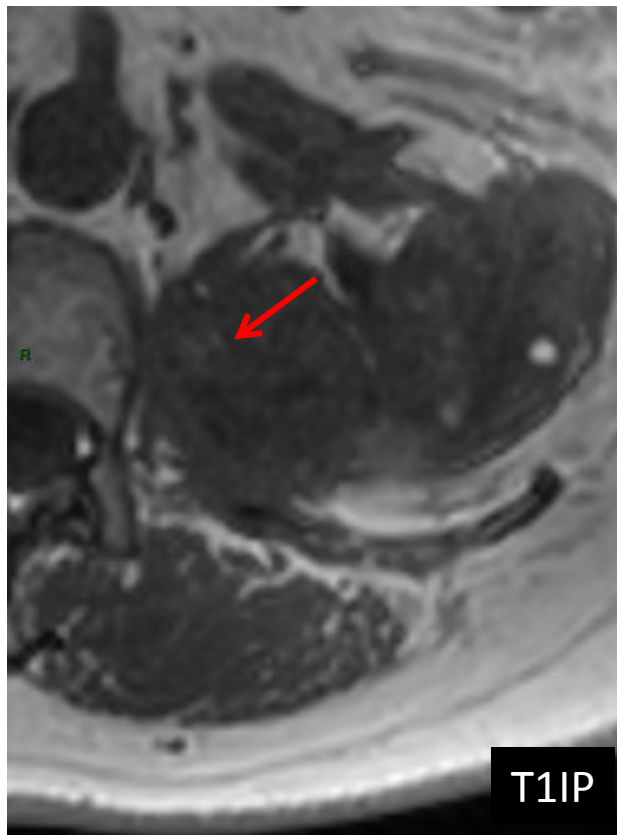
Peut être héréditaire

**Subtypes of Renal Cell Carcinoma
Different Onset and Sites of Metastatic
Disease**

*Andrew A. Renshaw, MD,1 and Jerome P.
Richie, MD2*

**Anatomic Pathology / METASTATIC RENAL CELL
CARCINOMA**

Cas 3 – RCC cT4



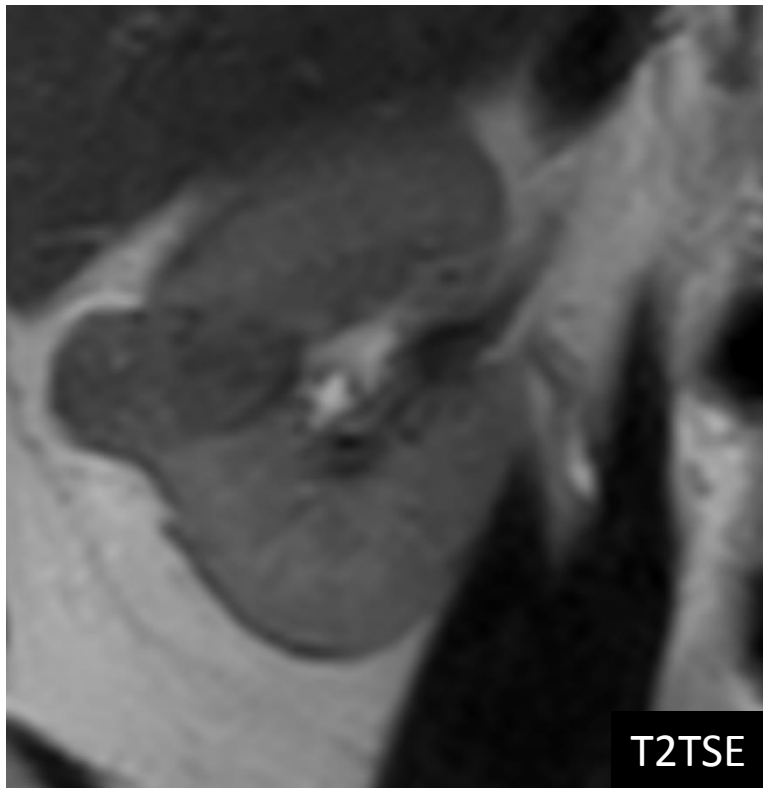
Lésion avec chute de signal sur le T1 OP - graisse intra cellulaire

[10.2214/AJR.14.13245](https://pubs.rsna.org/doi/10.2214/AJR.14.13245)

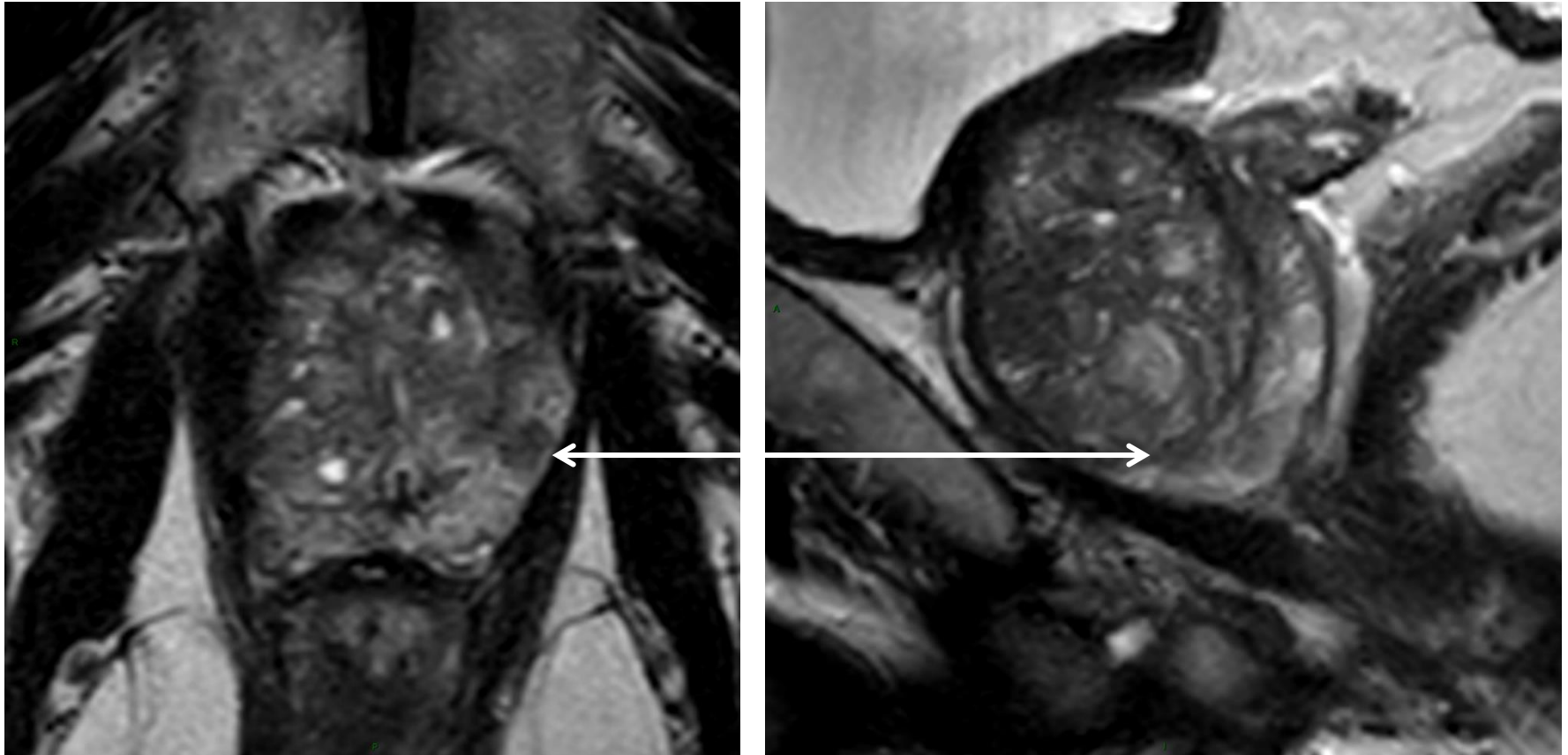
Chute de signal OP >20% -> très spécifique RCC

Cas 3 – RCC cT4

- Différence avec l'AML pauvre en graisse

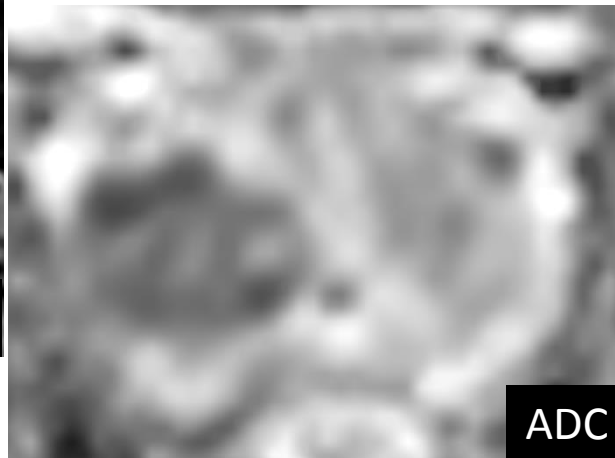
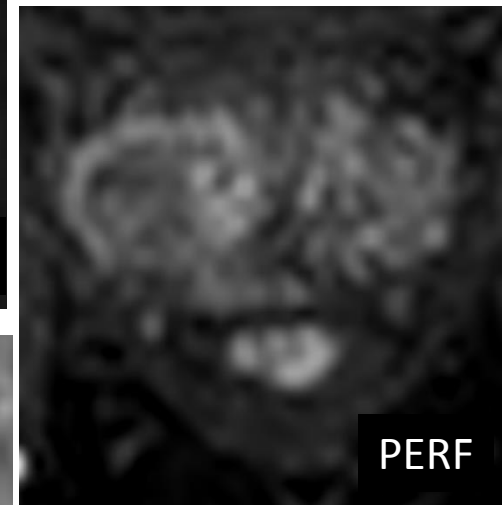
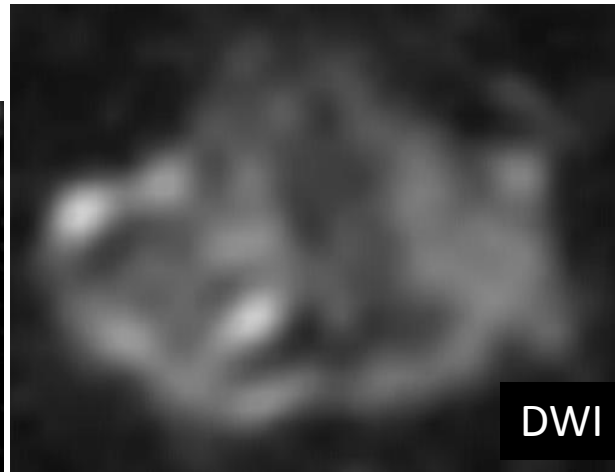
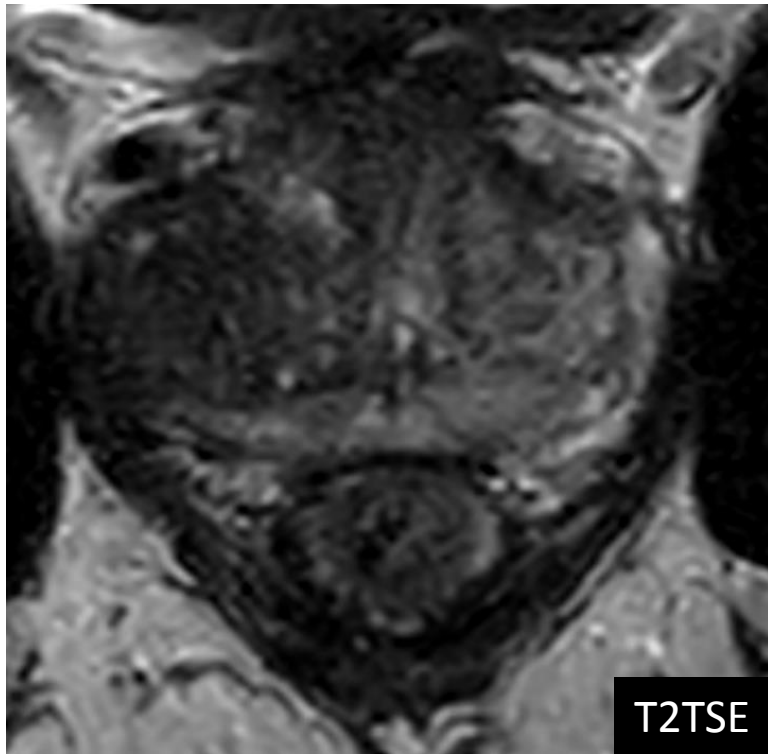


Cas 4 – Pi-RADS 2(ZP)/Pi-RADS1 (ZT)



Extension de l'adénome au sein de la ZP

Cas 5 – Pi-RADS 3 (ZT)



Prostatite granulomateuse

Cas 5 – Pi-RADS 3 (ZT)

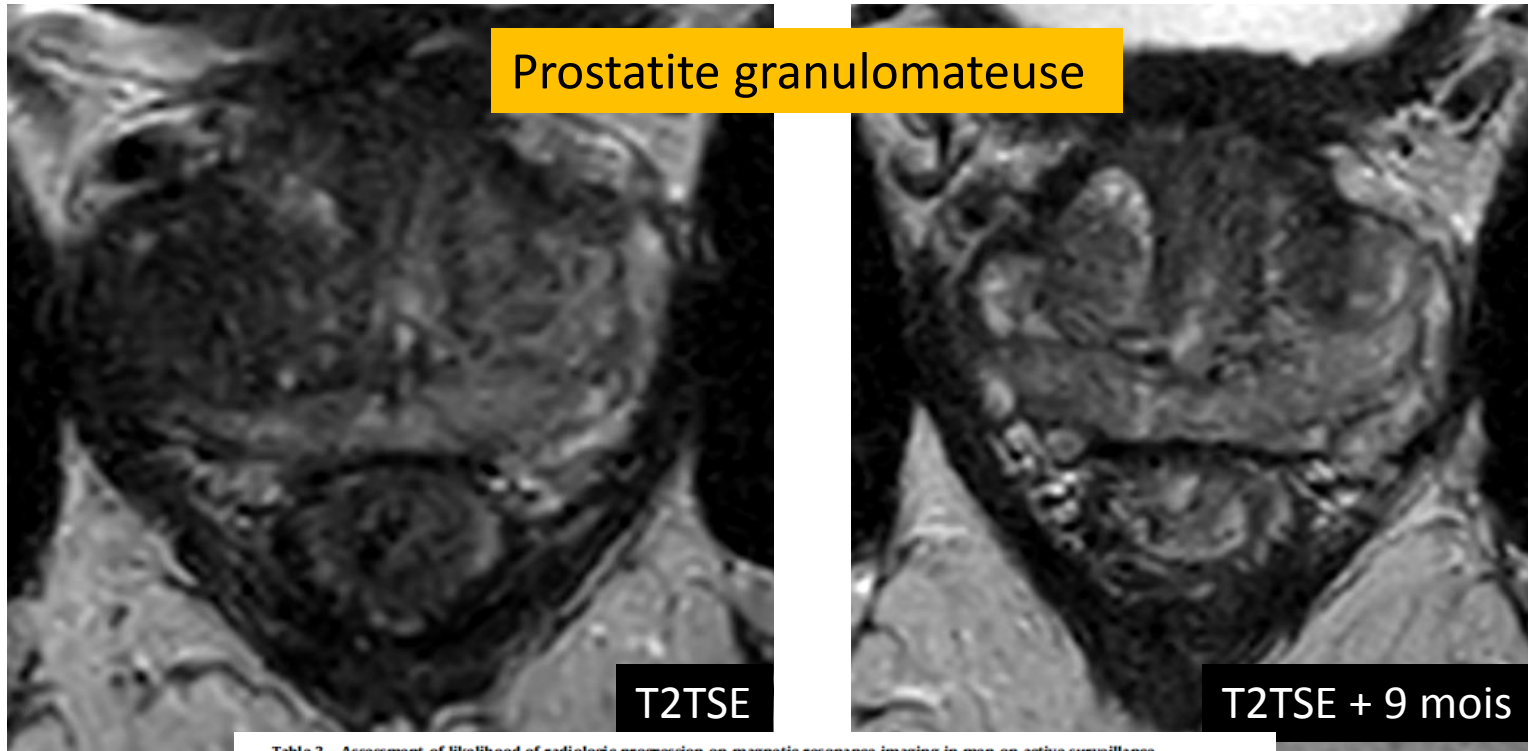


Table 3 – Assessment of likelihood of radiologic progression on magnetic resonance imaging in men on active surveillance

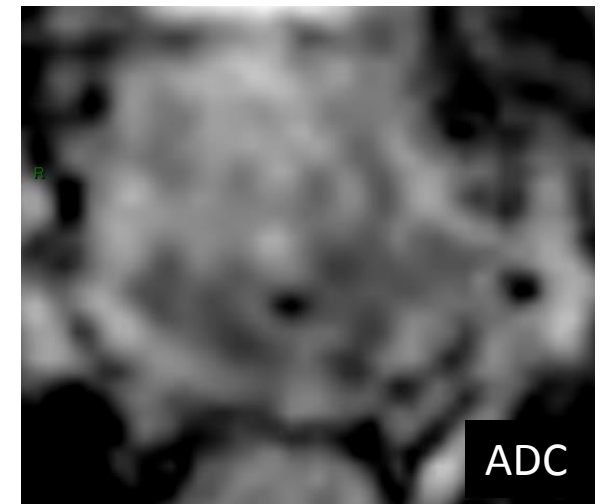
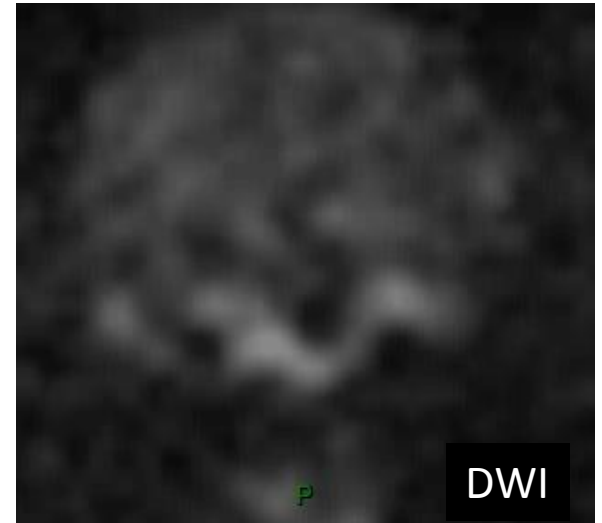
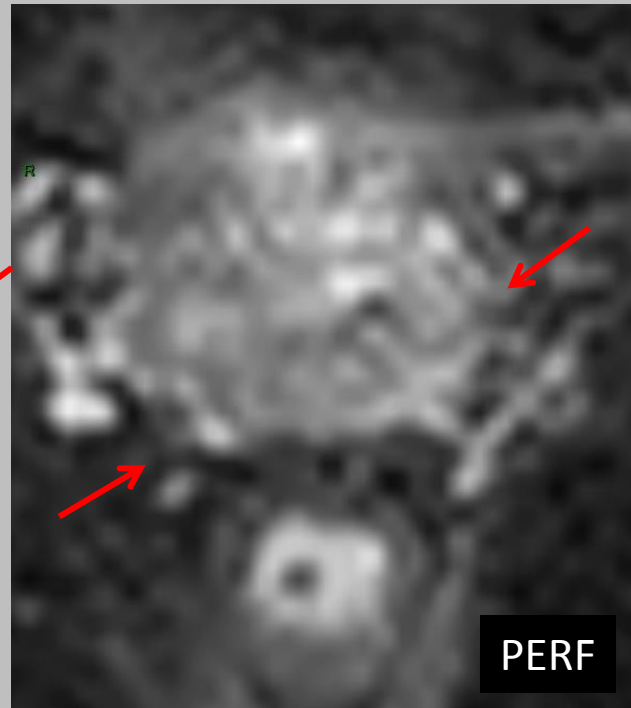
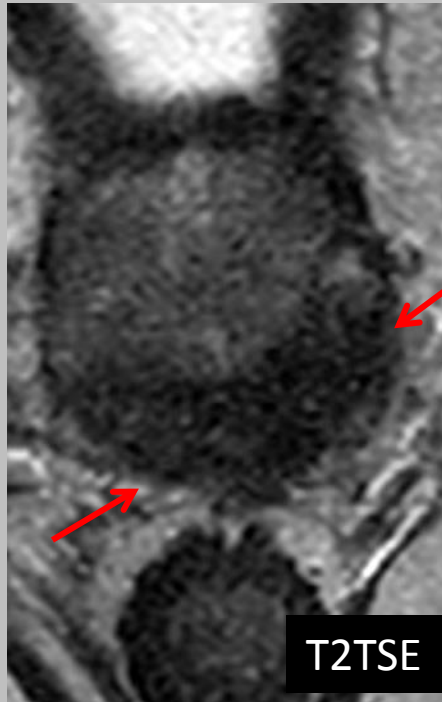
Likert	Assessment of likelihood of radiologic progression	Example
1	Resolution of previous features suspicious on MRI	Previously enhancing area no longer enhances
2	Reduction in volume and/or conspicuity of previous features suspicious on MRI	Reduction in size of previously seen lesion that remains suspicious for clinically significant disease
3	Stable MRI appearance: no new focal/diffuse lesions	Either no suspicious features or all lesions stable in size and appearance
4	Significant increase in size and/or conspicuity of features suspicious for prostate cancer	Lesion becomes visible on diffusion-weighted imaging; significant increase in size of previously seen lesion
5	Definitive radiologic stage progression	Appearance of extracapsular extension, seminal vesicle involvement, lymph node involvement, or bone metastasis

MRI = magnetic resonance imaging.

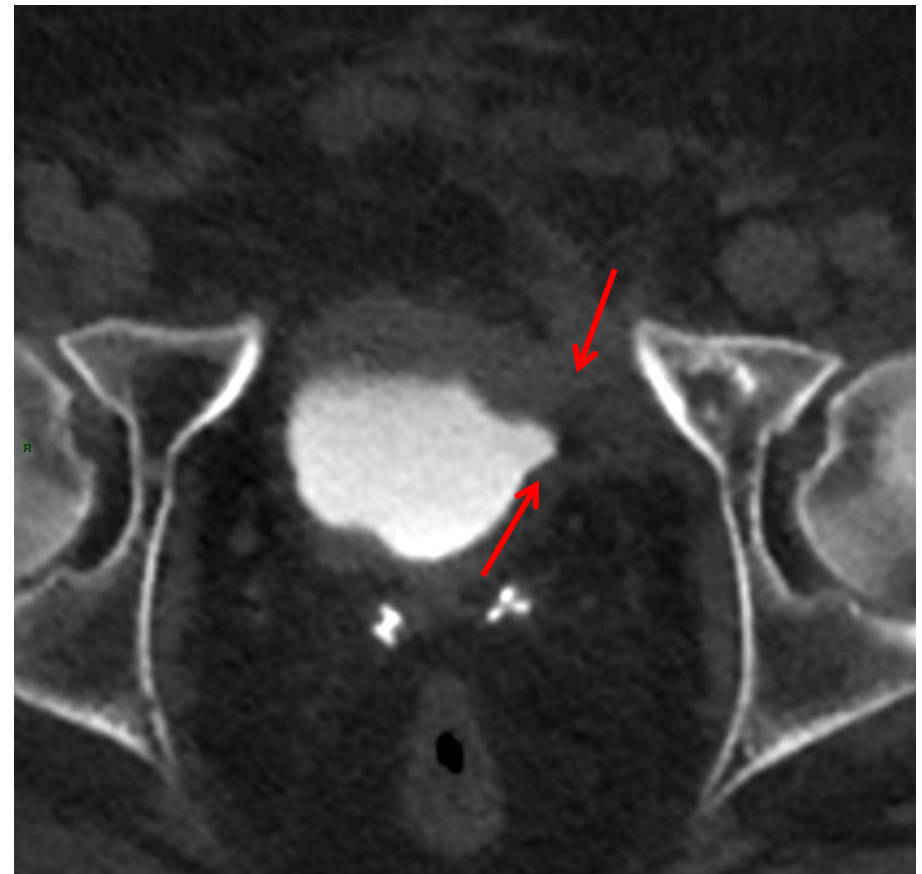
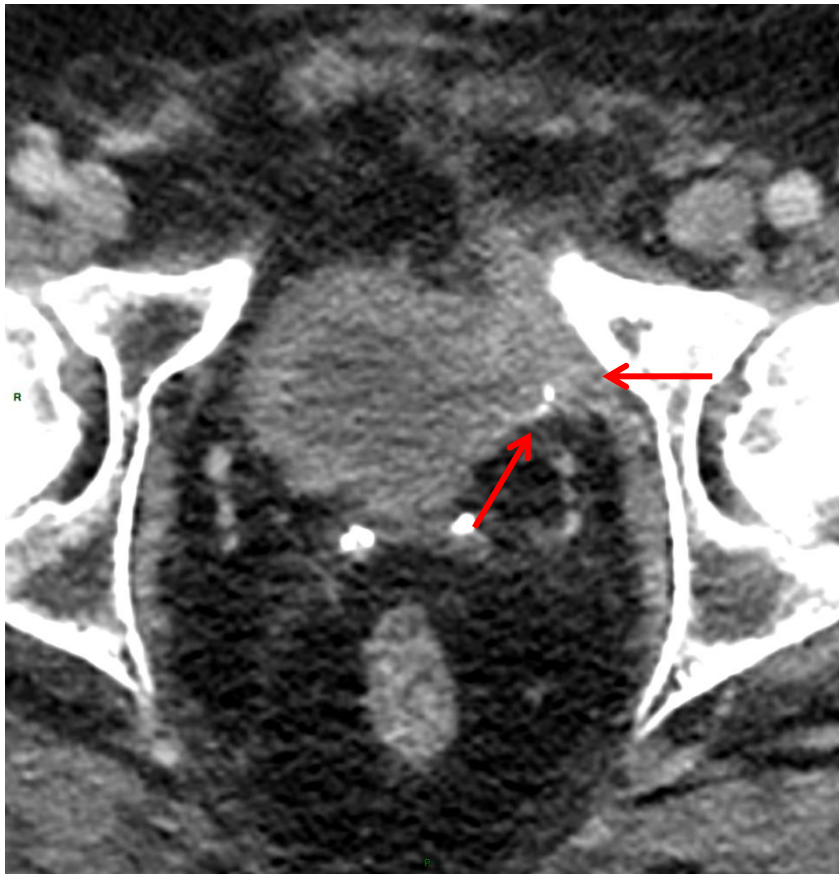
Guidelines PRECISE

Cas 6 – récurrence post brachy

Séquences clés : perfusion et T2



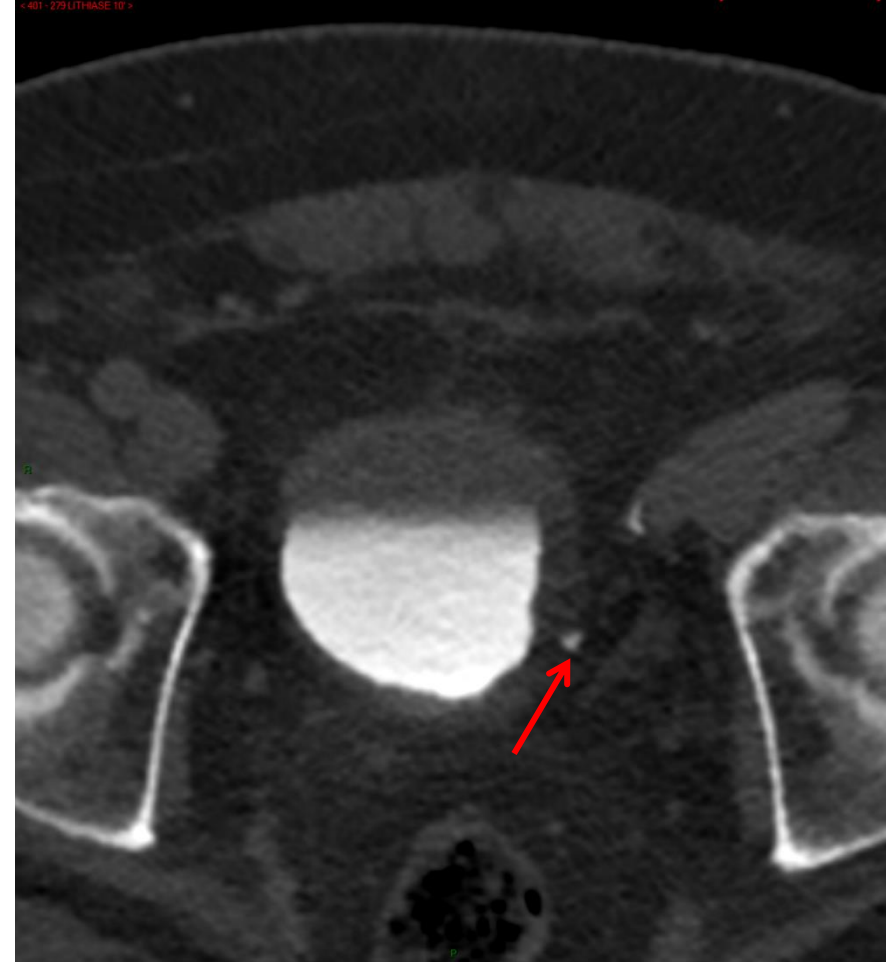
Cas 7 – statut post TURBT



Post TURBT, réactions postopératoires rendant le staging difficile
Overstaging dans 15-35%

EAU supplément
2010

Cas 7 – ypT1



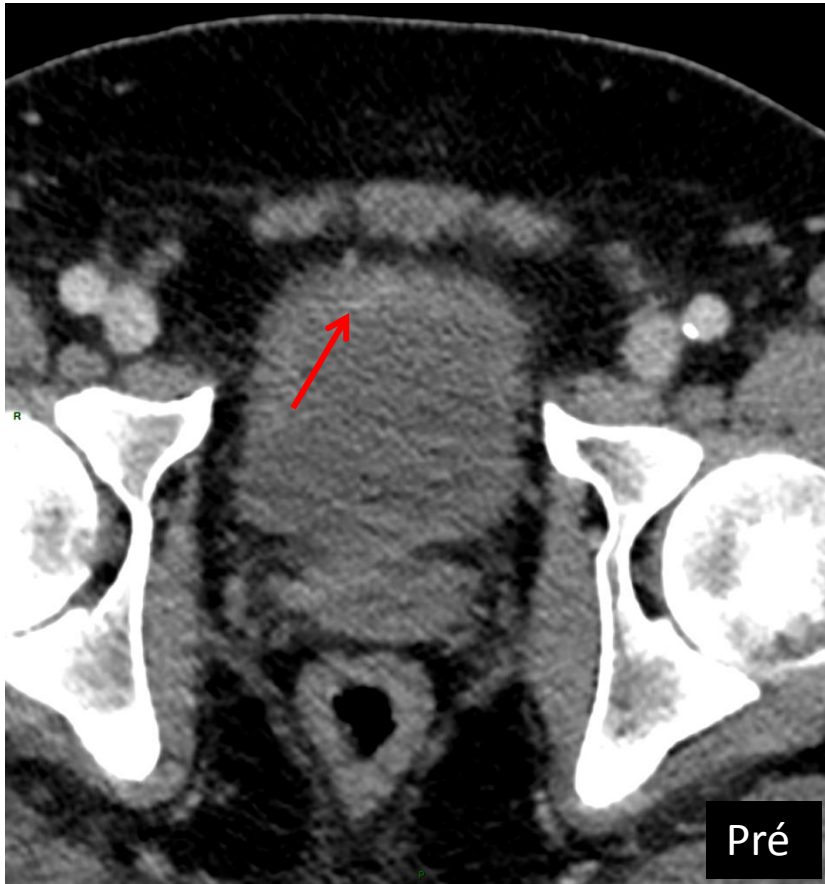
Post TURBT, IRM > CT cf. Vi-RADS

Cas 7 – ypT1 CT vs IRM



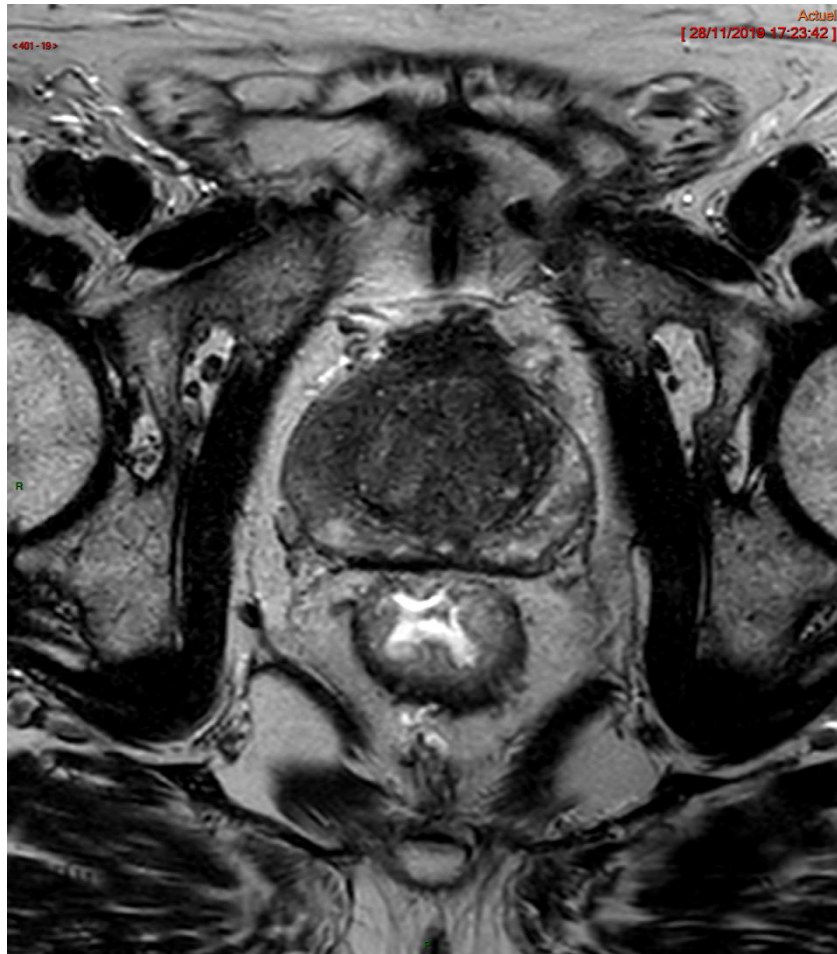
Vi-RADS (T2 3 plans, DWI et DCE)

Cas 8 – ypT2



Post TURBT avec injection de Lipiodol
But : guidage la radiothérapie

Cas 9 – surveillance active



Cas 9 – surveillance active

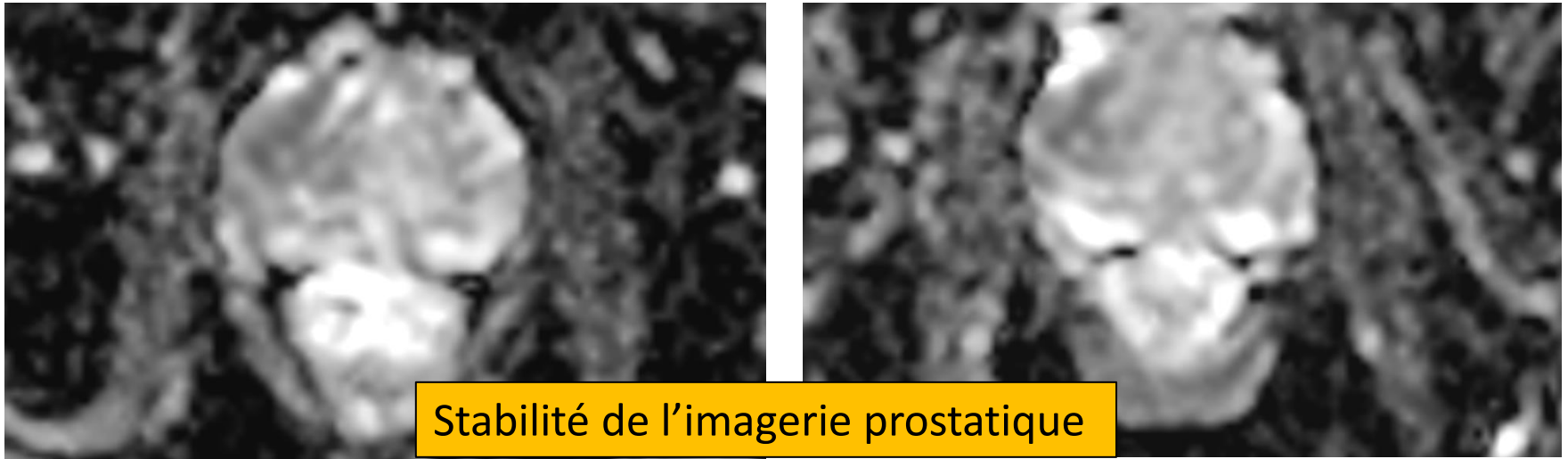


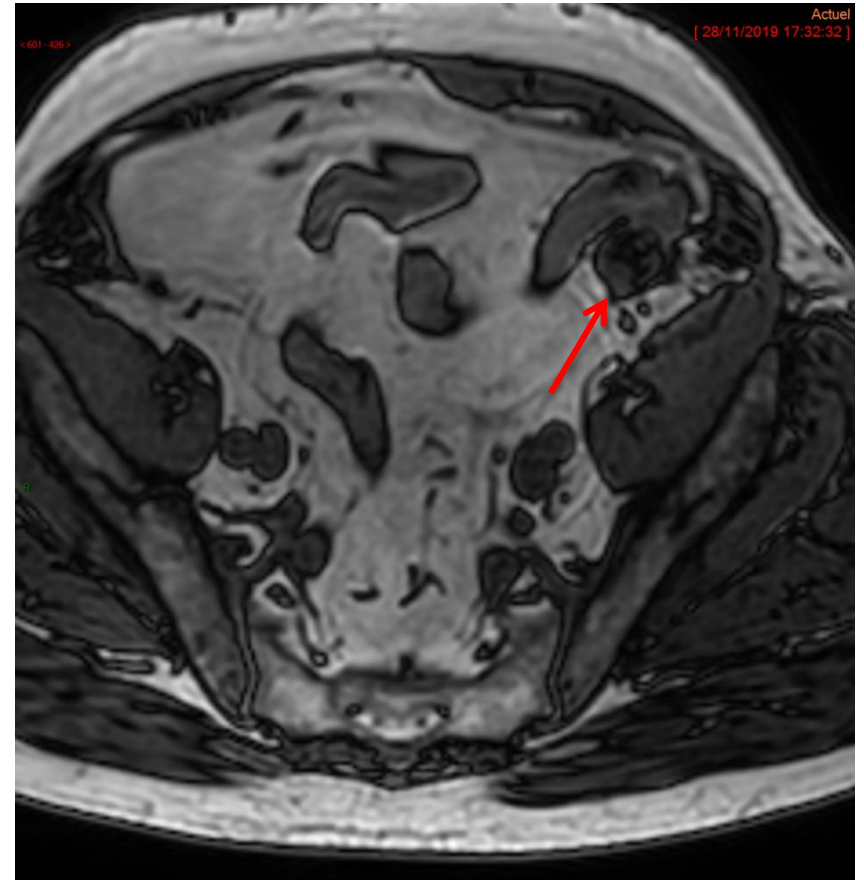
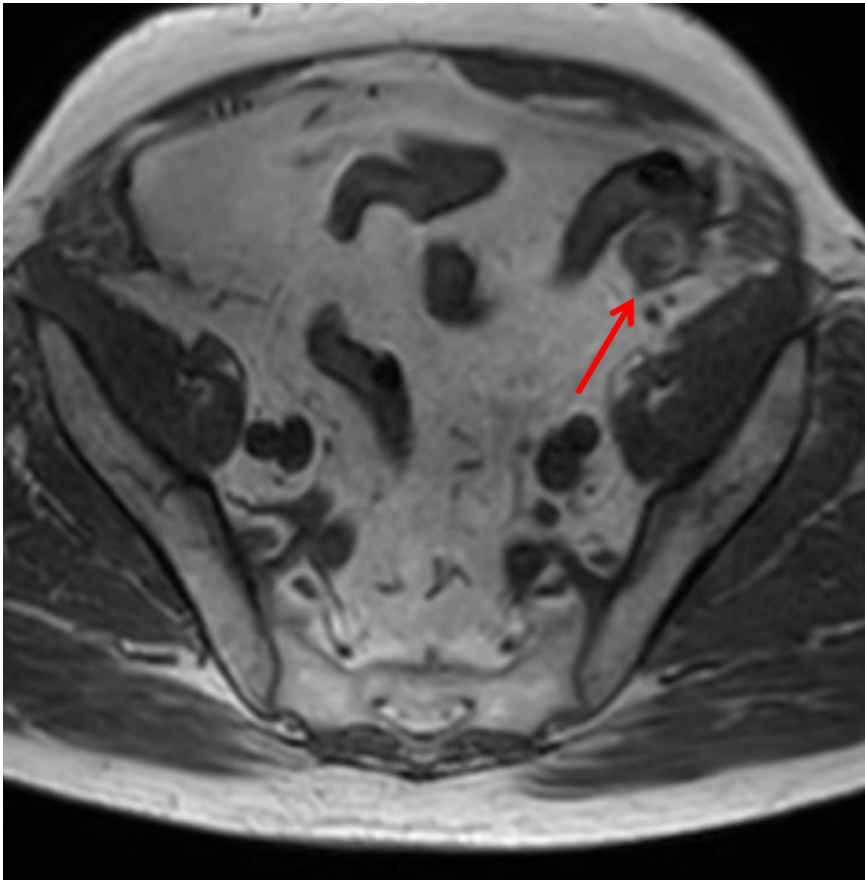
Table 3 – Assessment of likelihood of radiologic progression on magnetic resonance imaging in men on active surveillance

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MRI = magnetic resonance imaging.

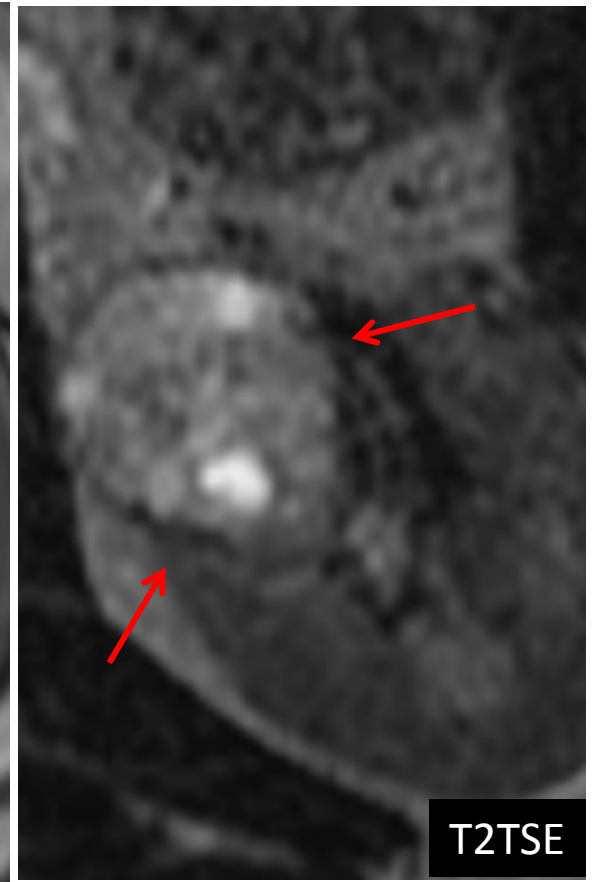
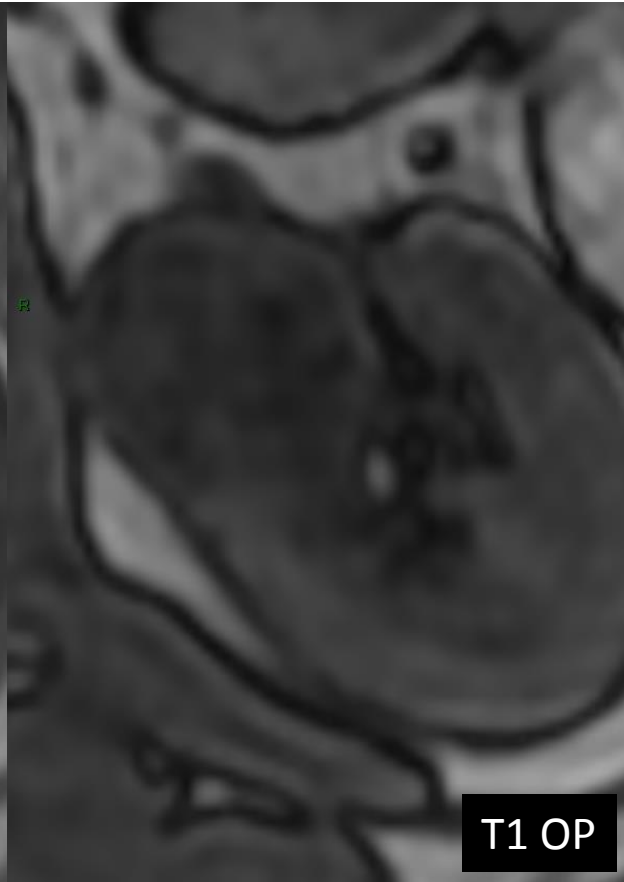
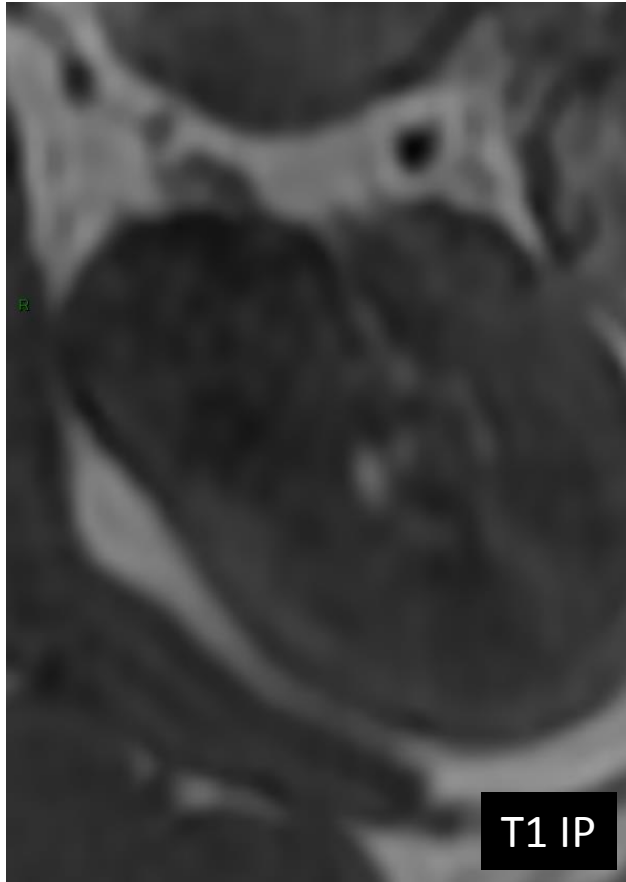
Guidelines PRECISE

Cas 9 – nodules carcinomateuse

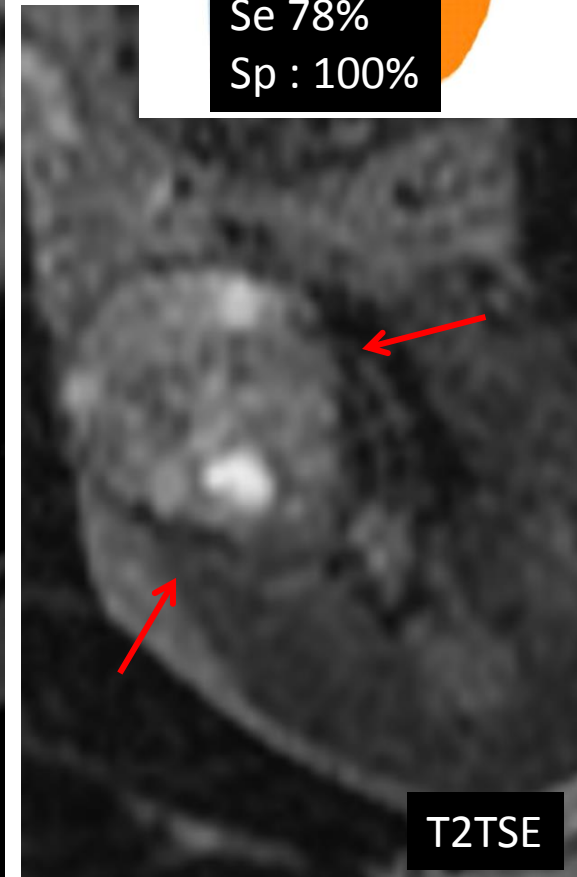
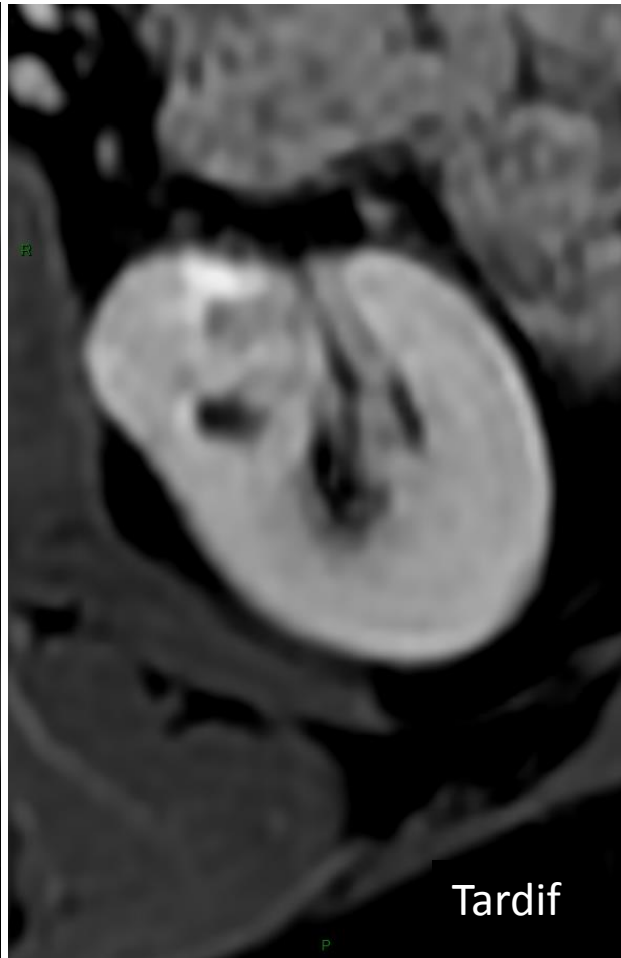
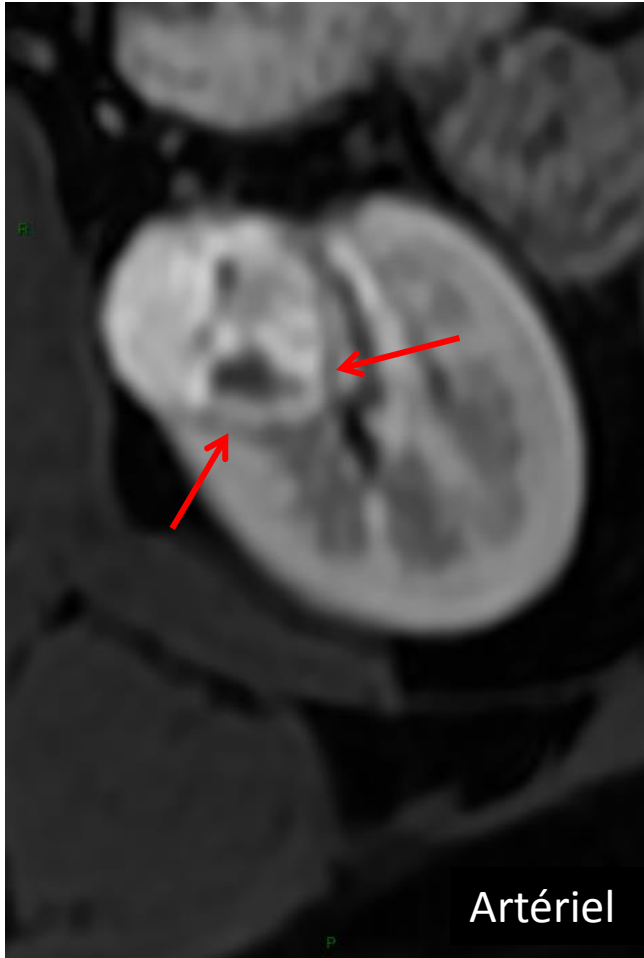
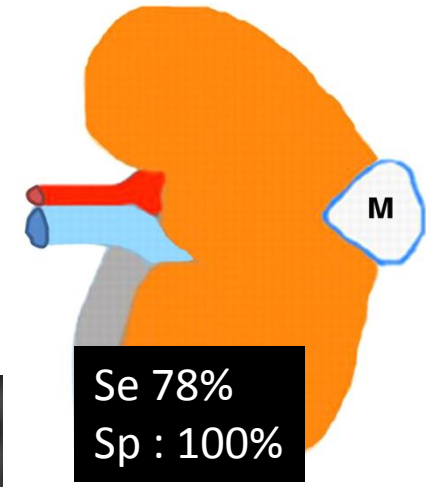


Graisse intracellulaire : RCC, HCC, (AML/myélolipome, liposarcome)

Cas 10 - oncocytome



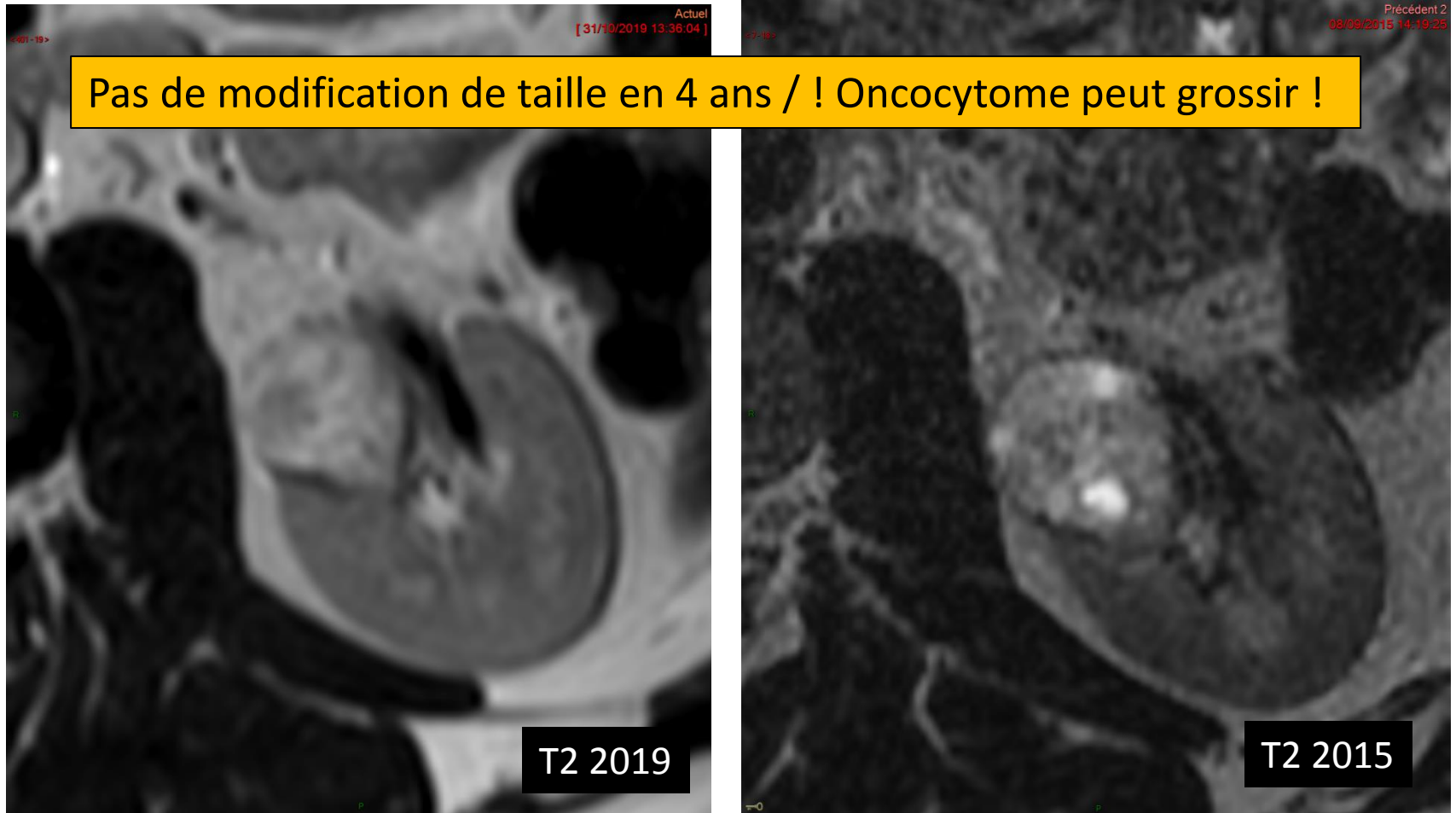
Cas 10- oncocytome



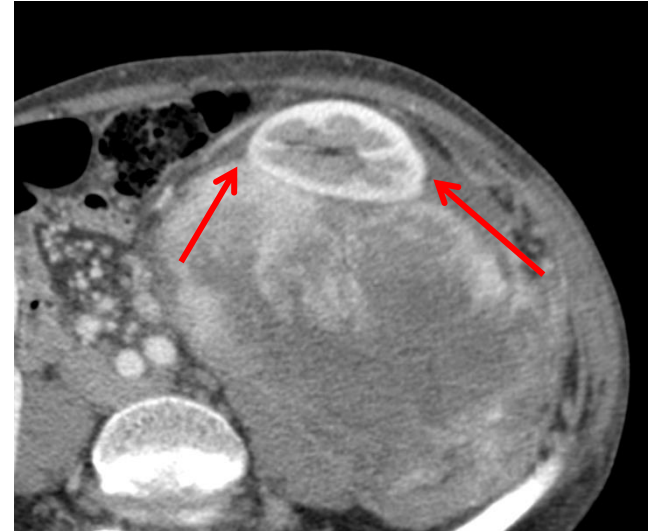
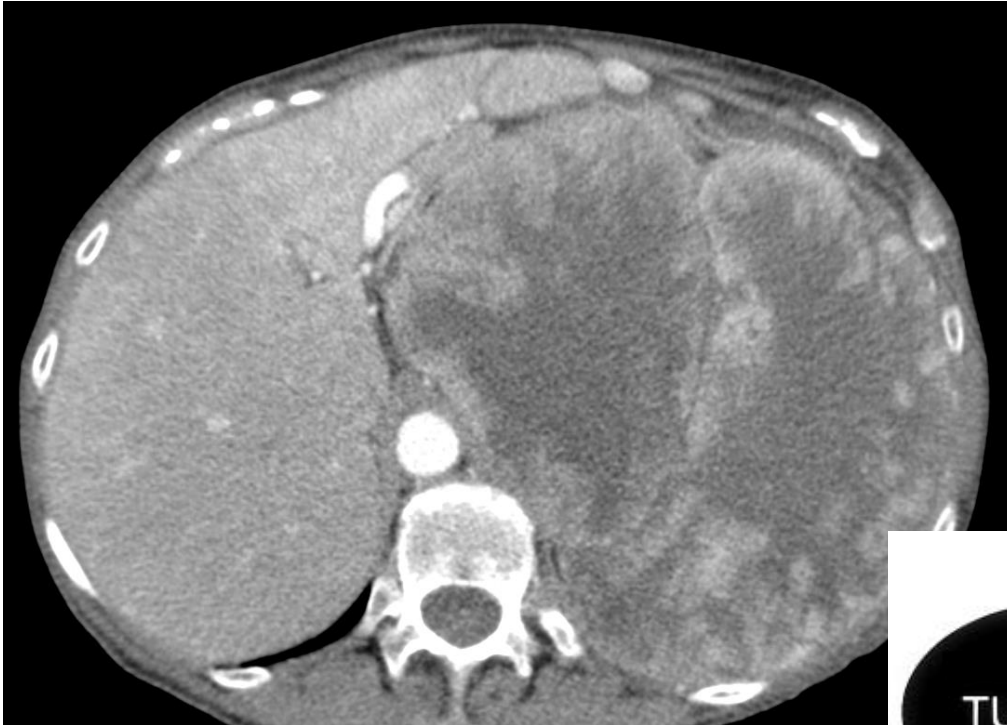
Signe du cornet de glace : lésion bénigne - oncocytome

Verna et al. 2010

Cas 10 - Oncocytome

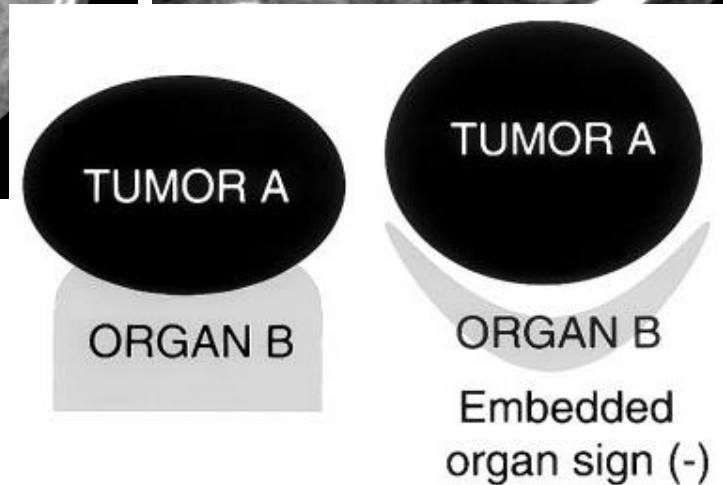


Cas 11 – liposarcome RP



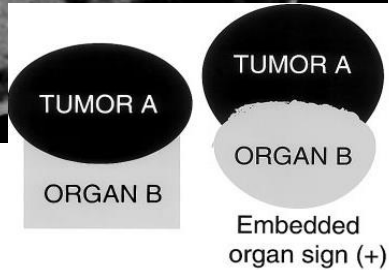
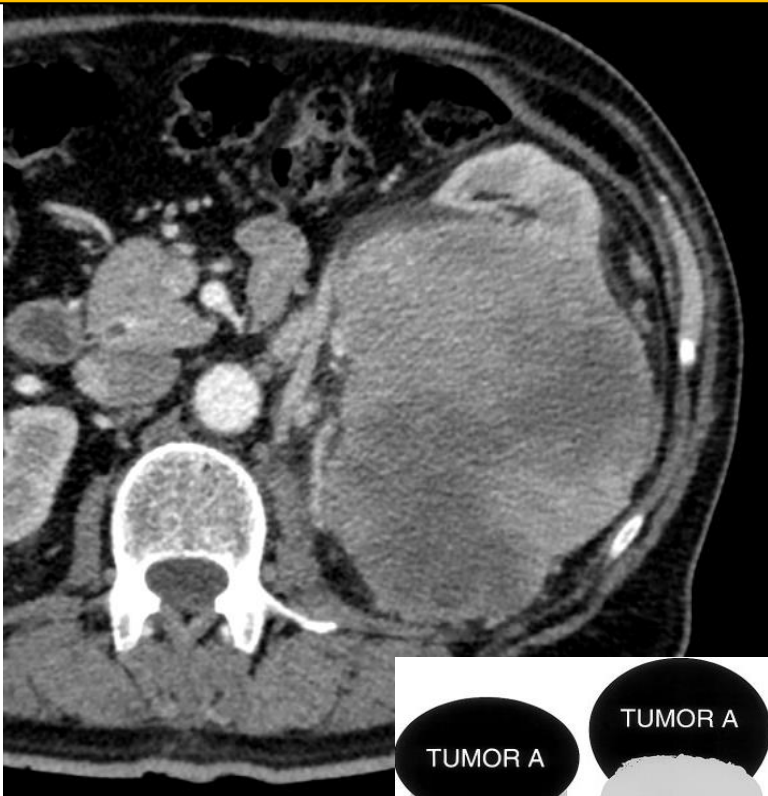
Lésion rétro-péritonéale

Nécessite une chirurgie extensive
-> biopsie !

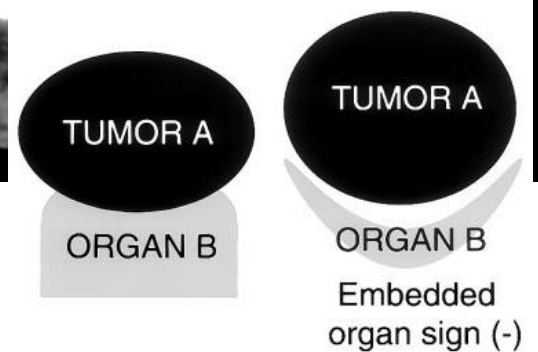
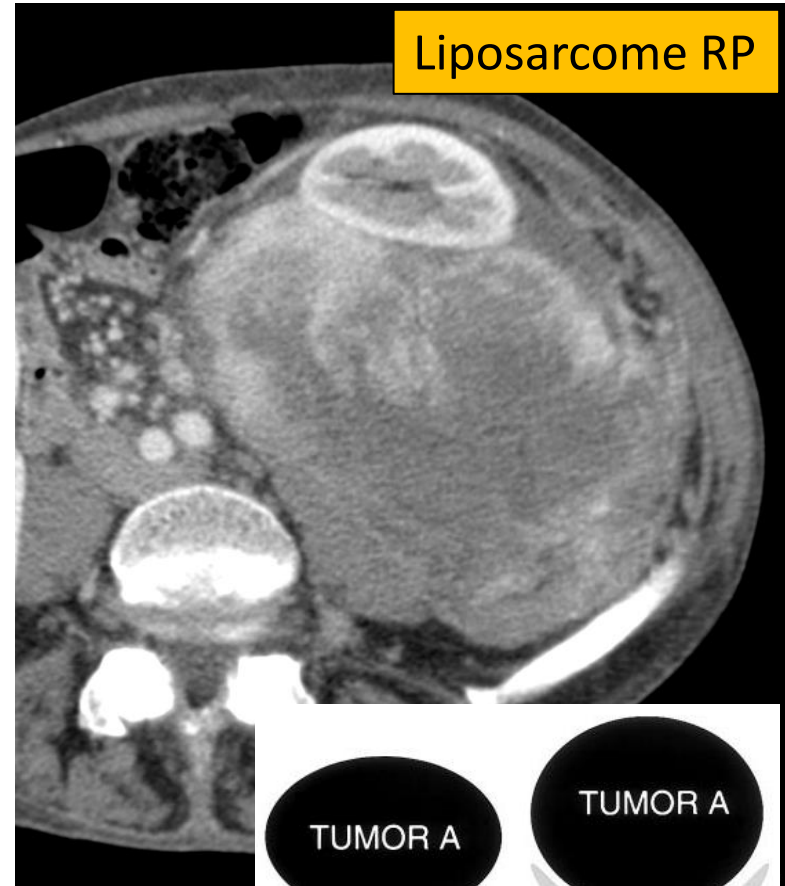


Cas 11 – liposarcome RP

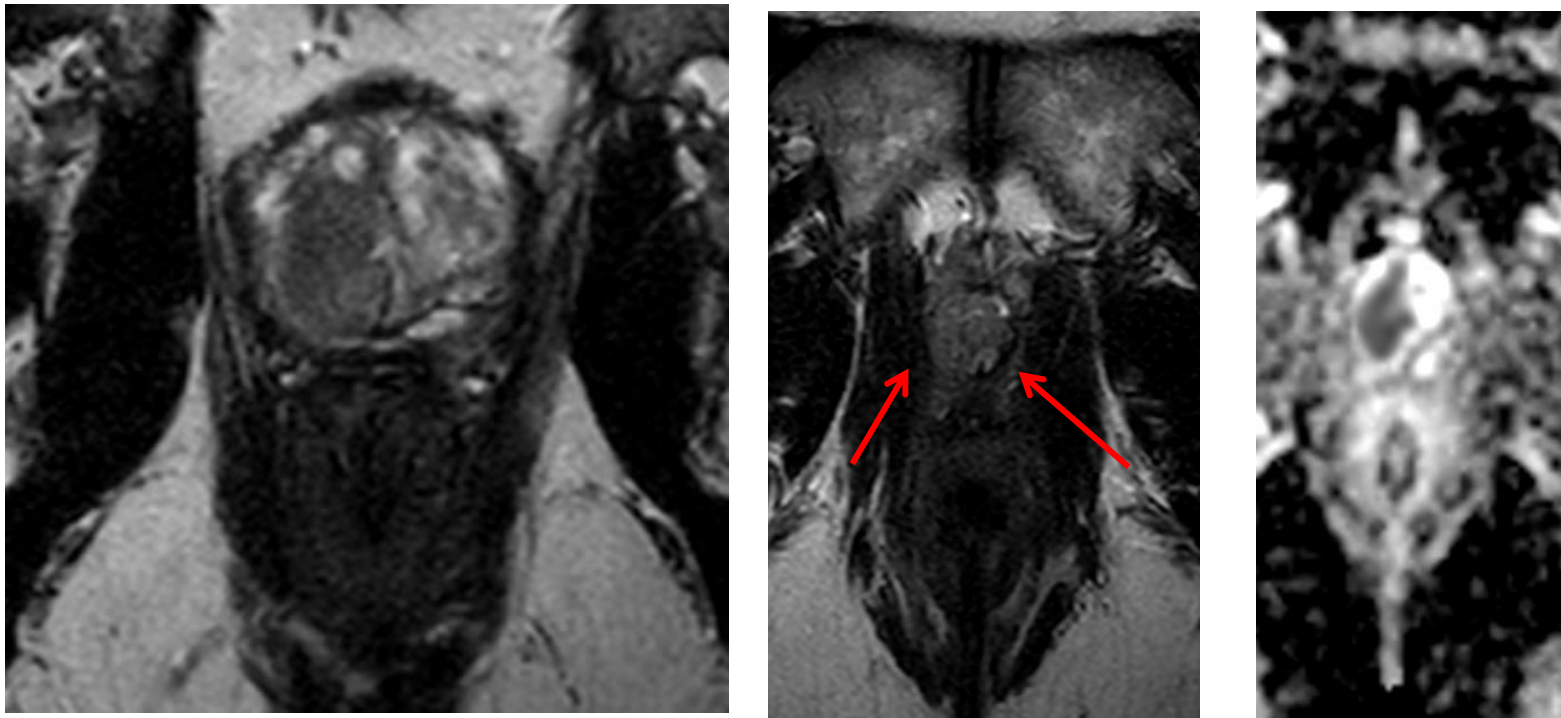
Transformation sarcomatoide RCC



Liposarcome RP



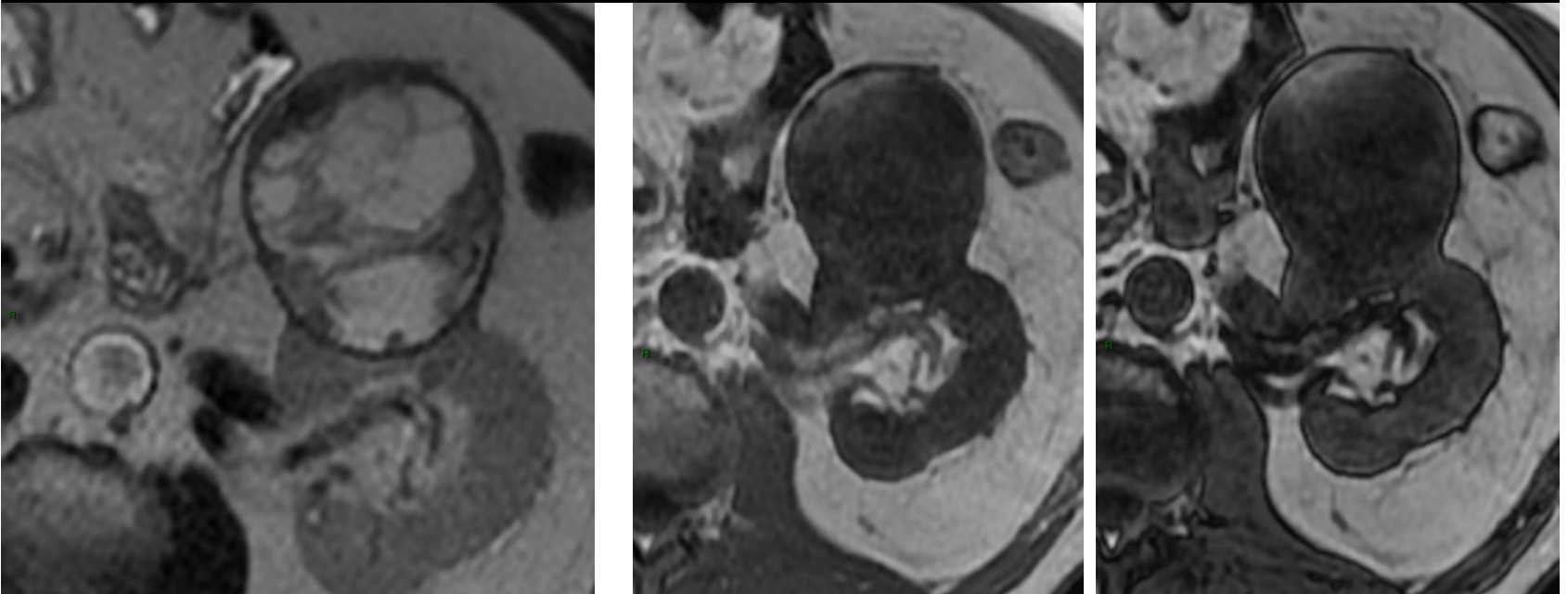
Cas 12 – Pi-RADS 5 TZ (sphincter)



! Infiltration du sphincter -> classé cT4

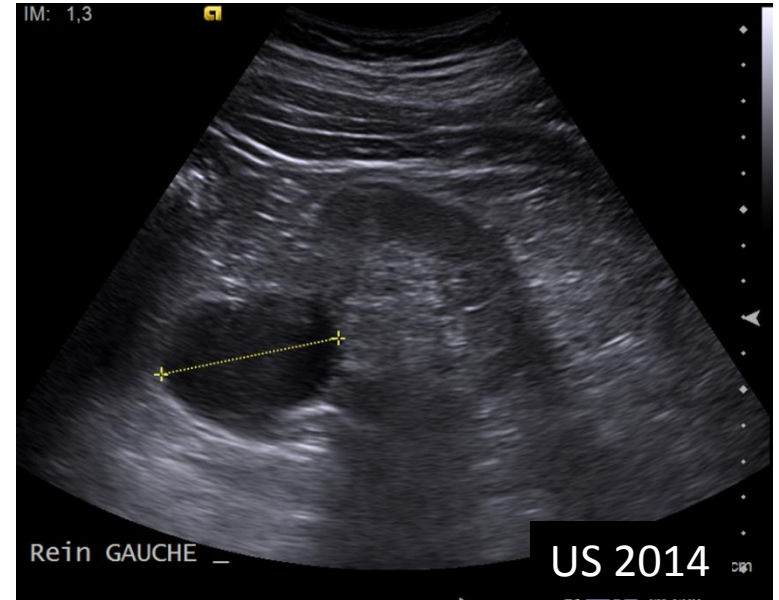
Cas 13- Bosniak 2F

Bosniak v2019 – Magnetic Resonance



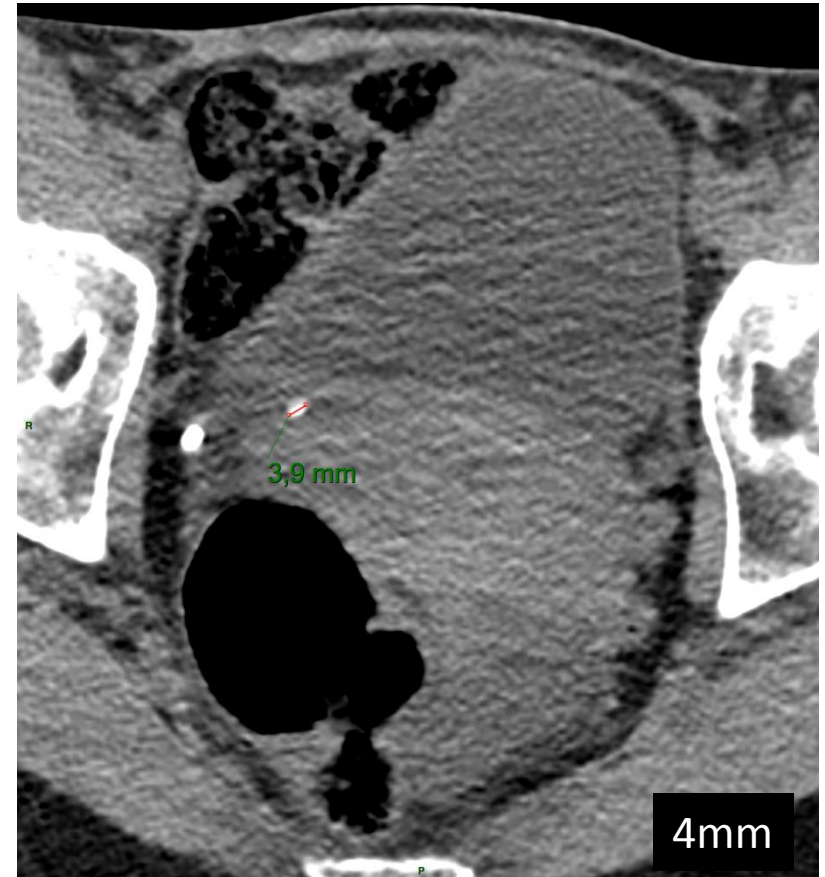
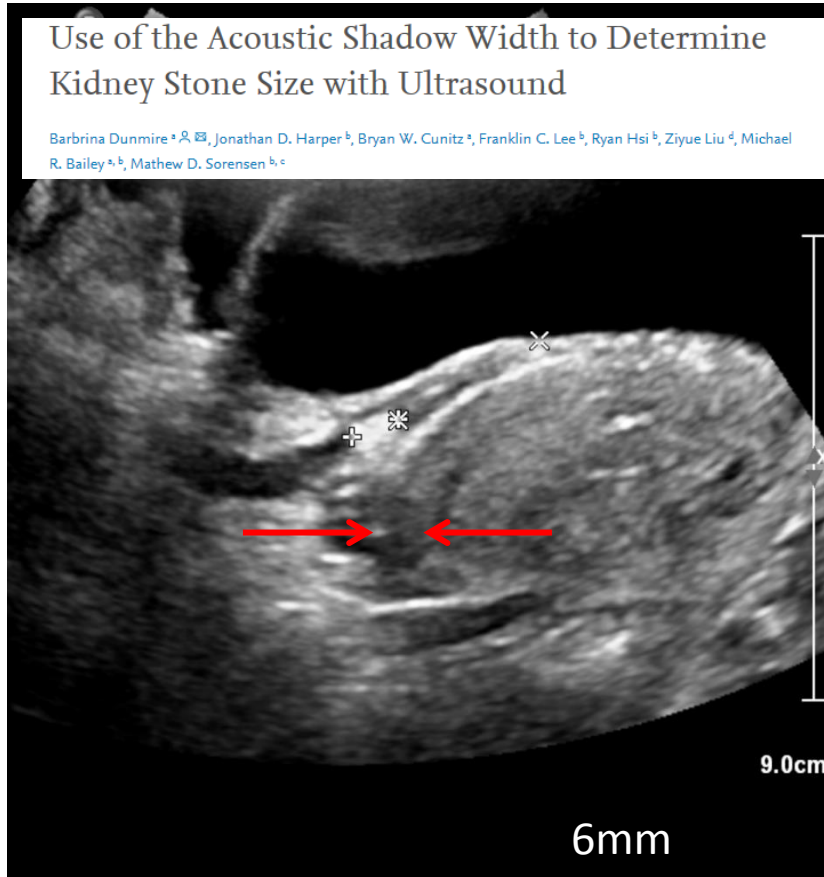
Class IIF: masses that are heterogeneously hyperintense on fat saturated T1W

Cas 13 - Bosniak 2F



**! Toujours rapatrier ou demander les examens antérieurs du patient !
kyste simple en 2014**

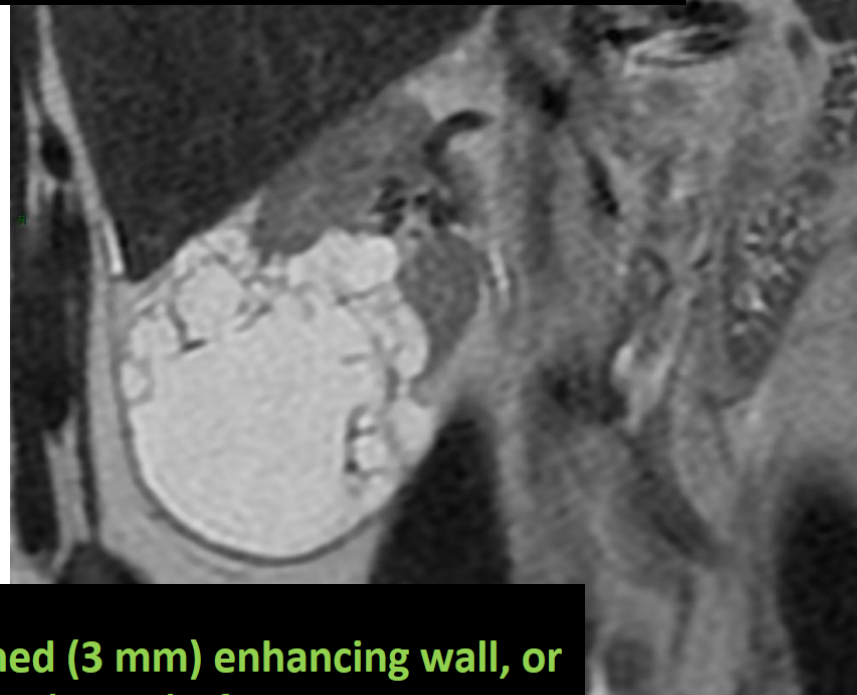
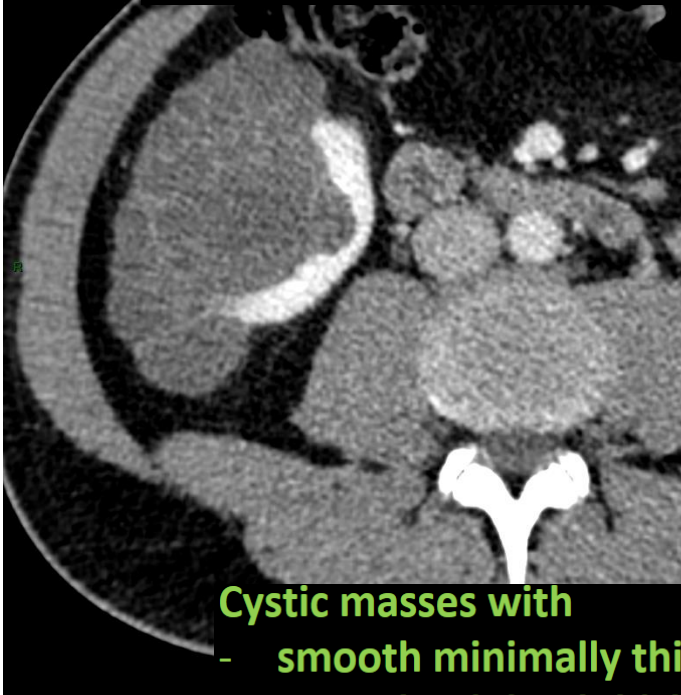
Cas 14 – lithiase urinaire



Cas 15 – néphrome kystique

Bosniak v2019 – Magnetic Resonance

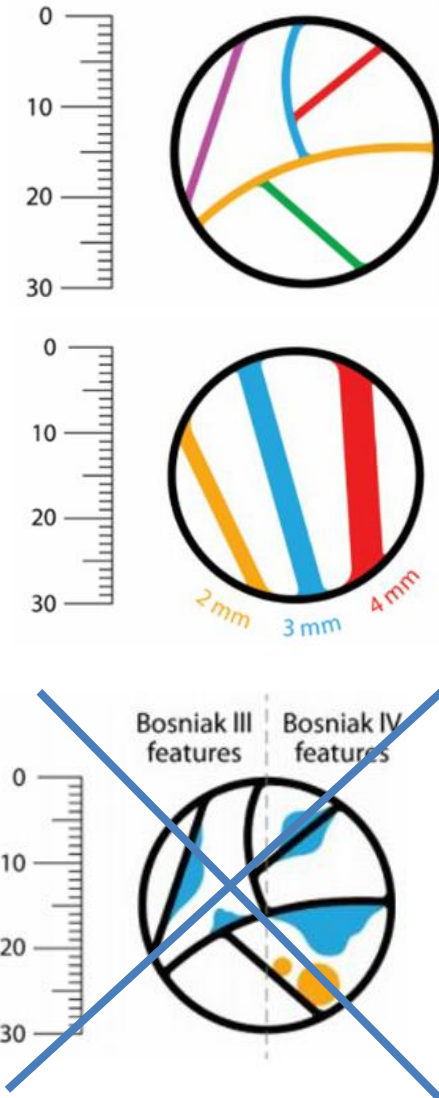
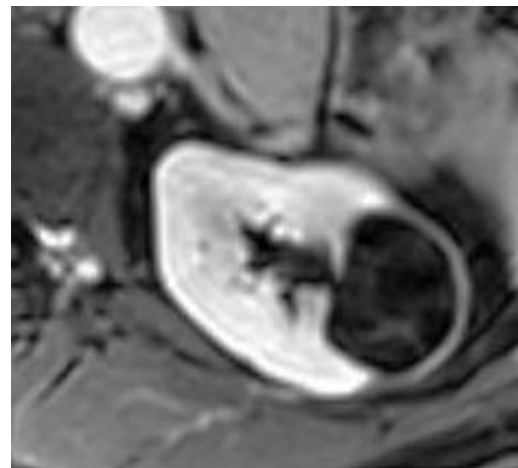
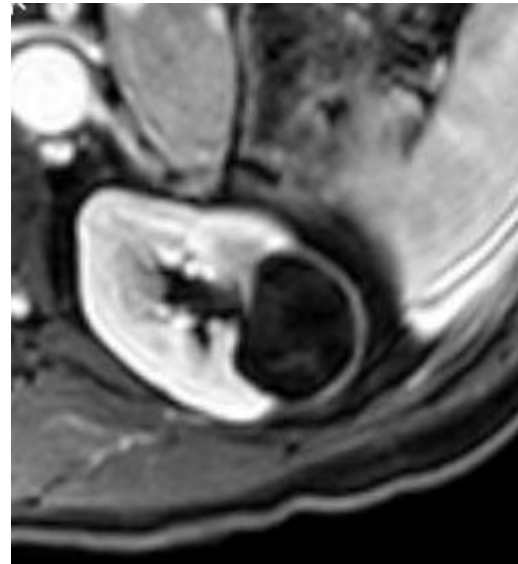
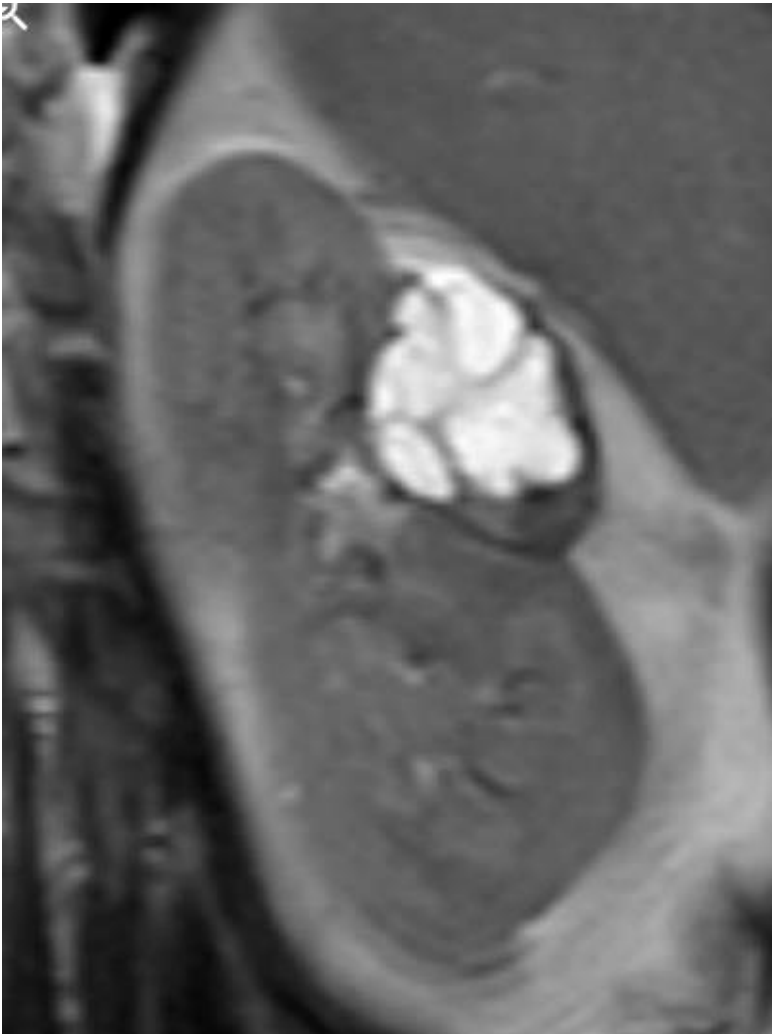
Class IIF - Two variants: septated cysts



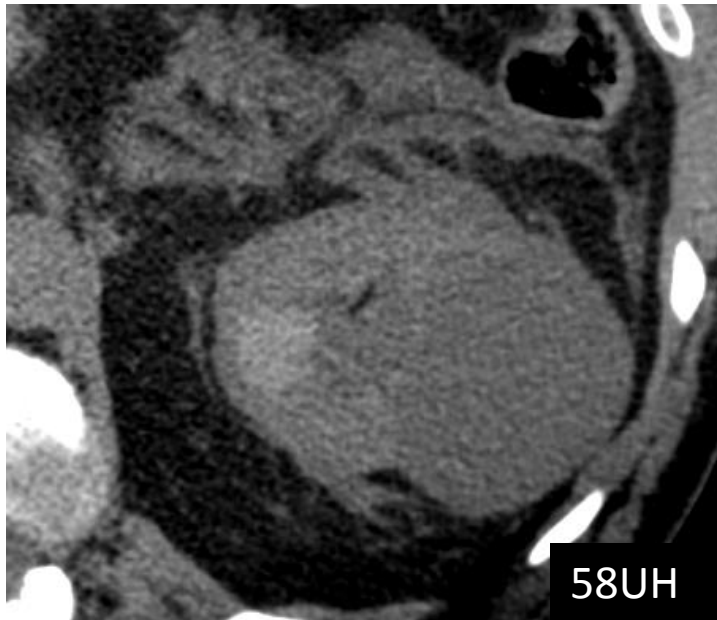
Cystic masses with

- smooth minimally thickened (3 mm) enhancing wall, or
- smooth minimal thickening (3 mm) of one or more enhancing septa, or
- many (≥ 4) smooth thin enhancing septa

Cas 15 – autre néphrome kystique



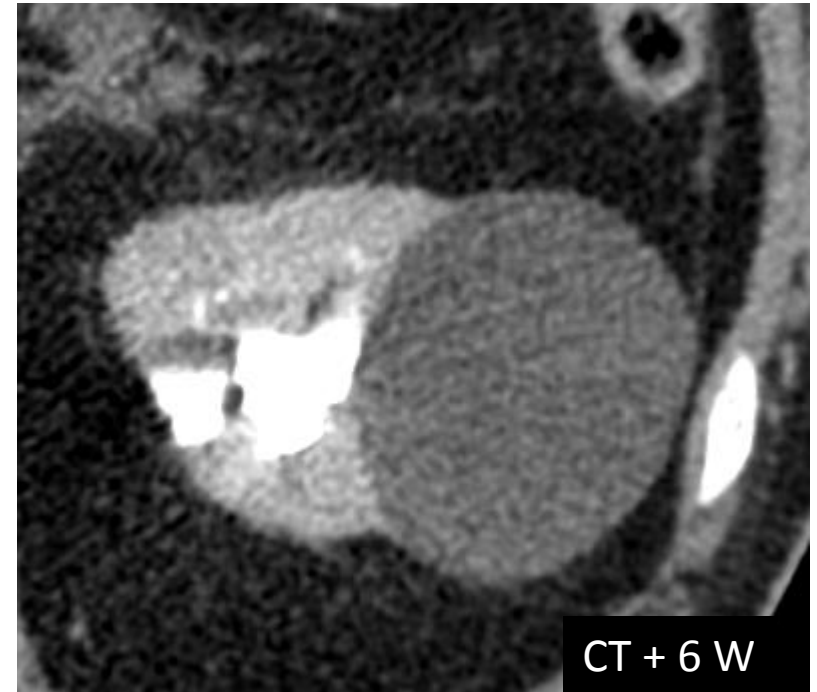
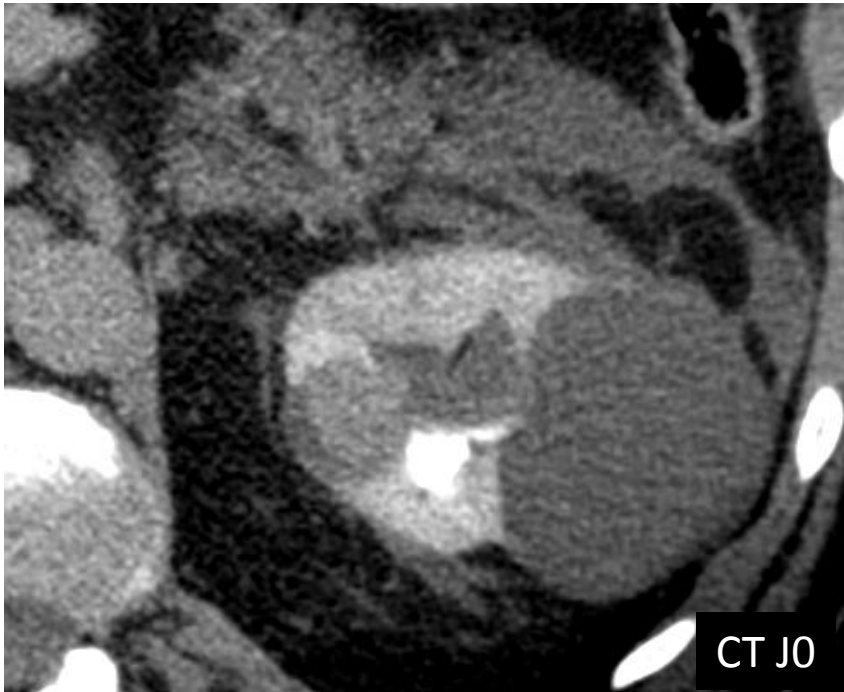
CAS 16 – diverticule caliciel



Caillotage
Pas de rehaussement



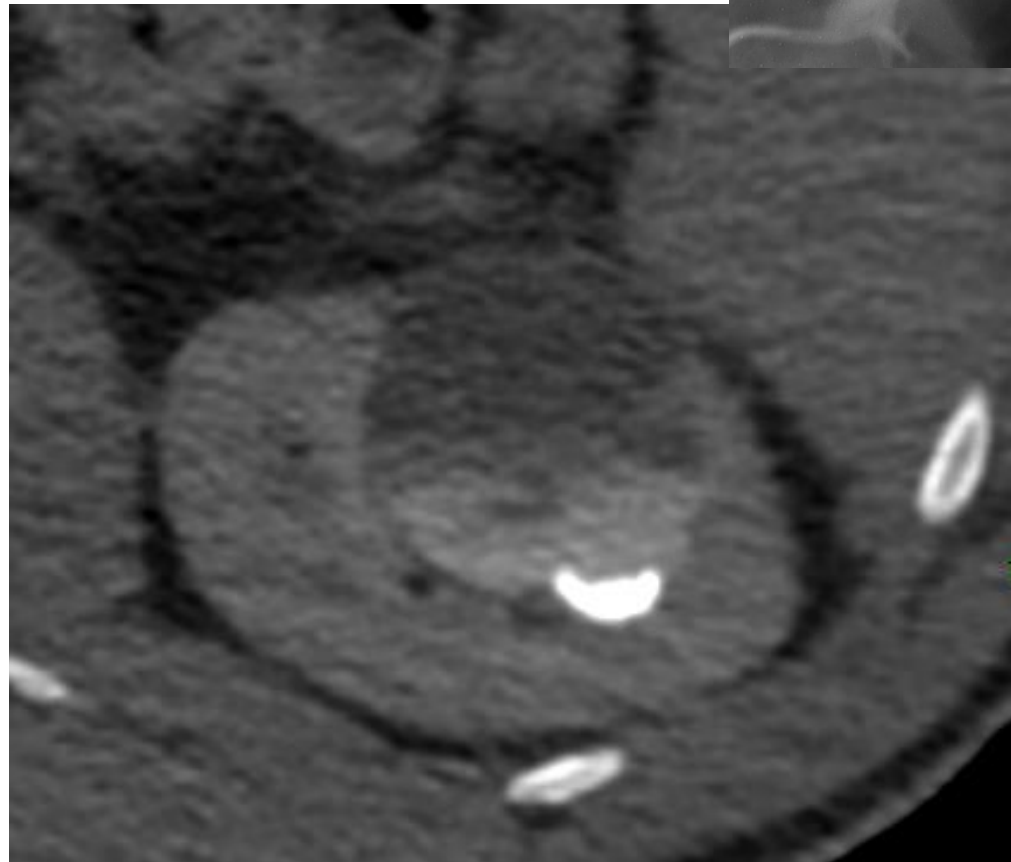
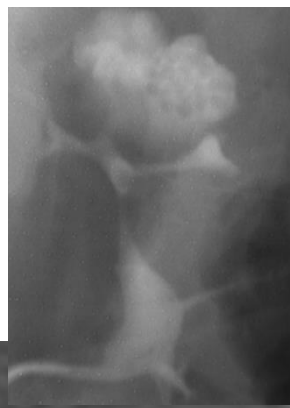
CAS 16 – diverticule caliciel



Complications : 1/3 à 1/2 D+,
infection urinaire et **hématurie**
50% sédiment lithiasique

Diagnostic : communication
avec l'arbre urinaire

CAS 16 – diverticule caliciel



Complications : 1/3 à 1/2 D+,
infection urinaire et hématurie
50% **sédiment lithiasique**