

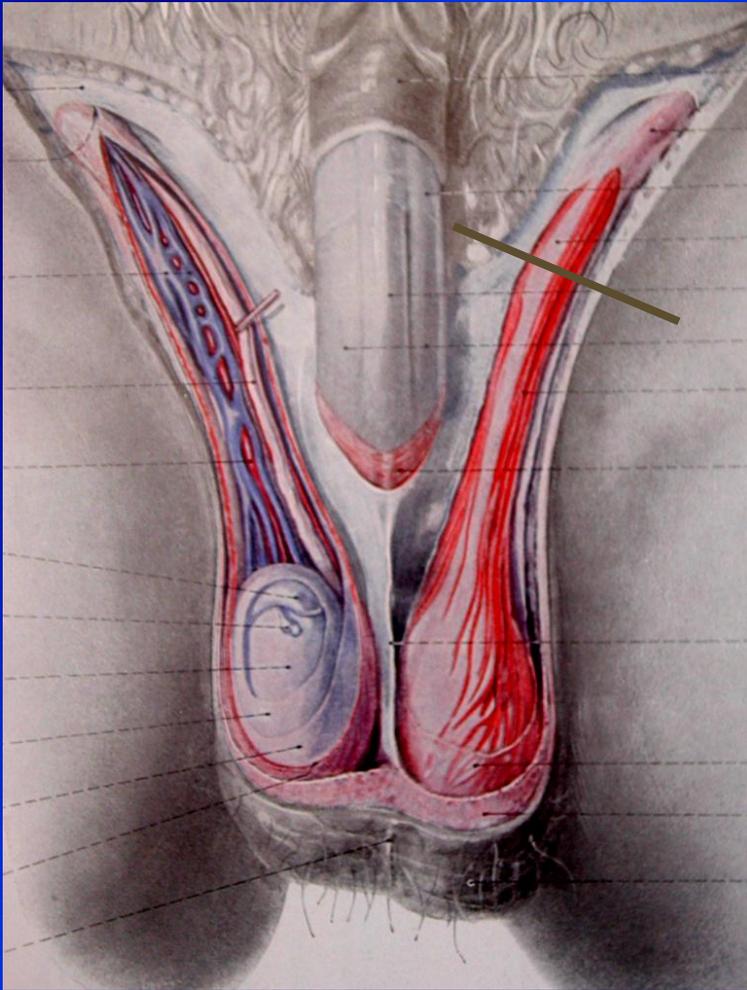
Echographie du scrotum adulte : les fondamentaux en pathologie non aiguë

Thierry Puttemans
Imagerie Médicale
Clinique-Saint-Pierre
Ottignies - Belgique

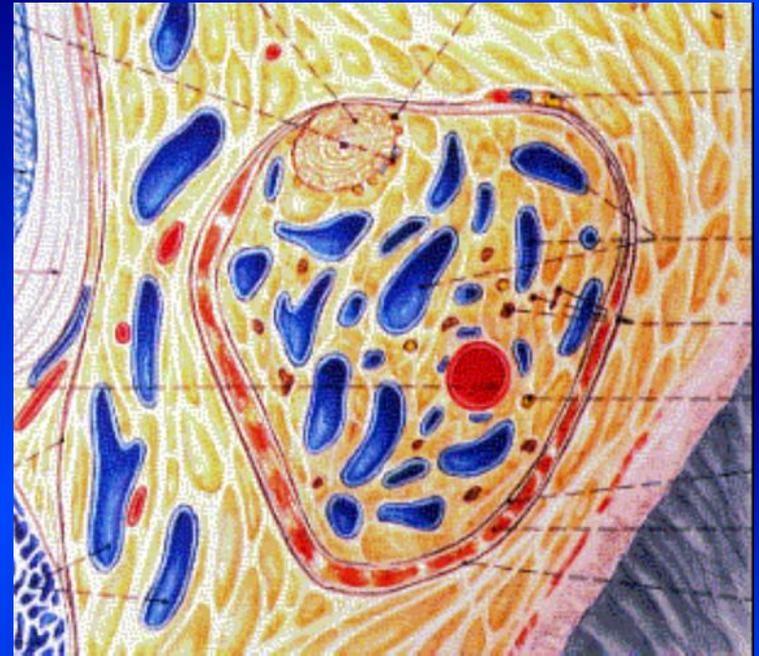


Echoanatomie normale et variantes

Cordon spermatique et enveloppes scrotales

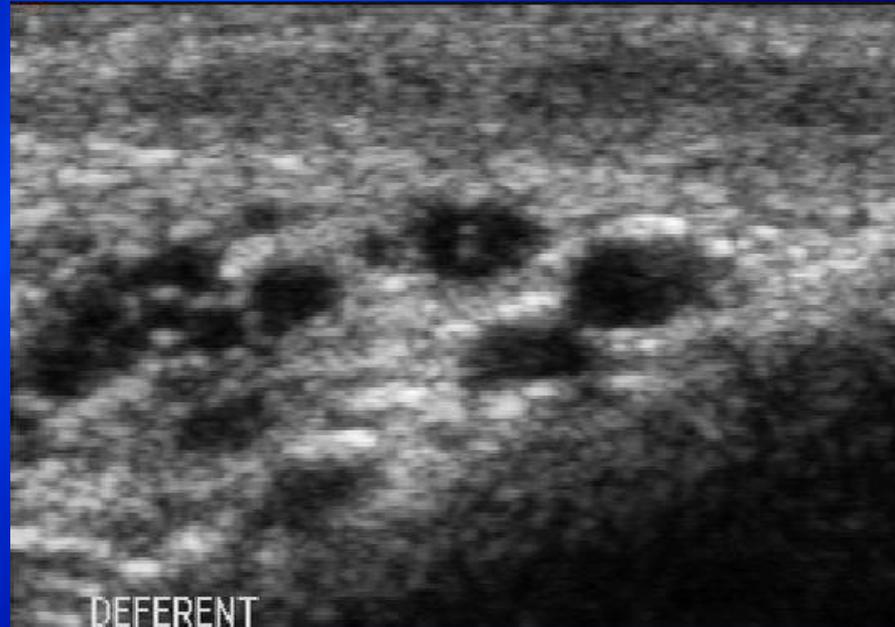


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Sobotta Tome 2 p234

Cordon spermatique : aspect normal

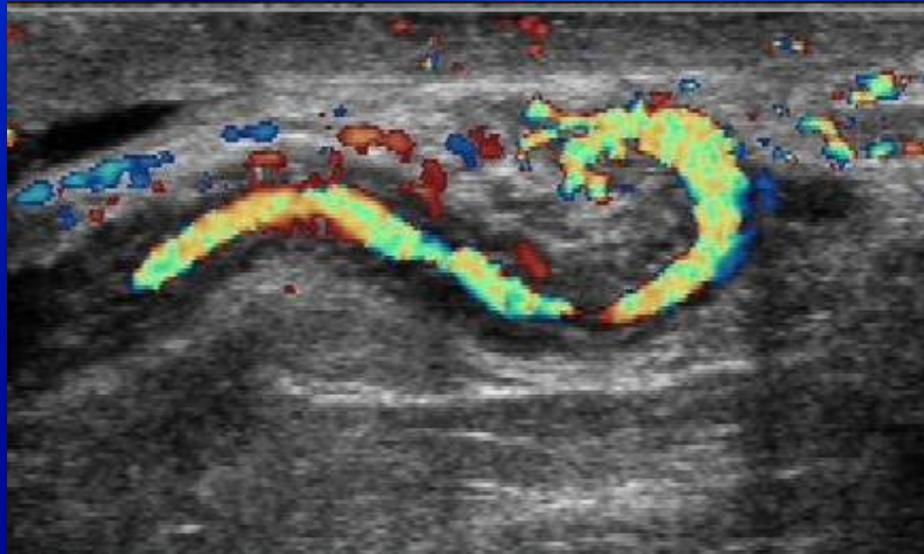


😊 Vaisseaux (A et V) + déférent

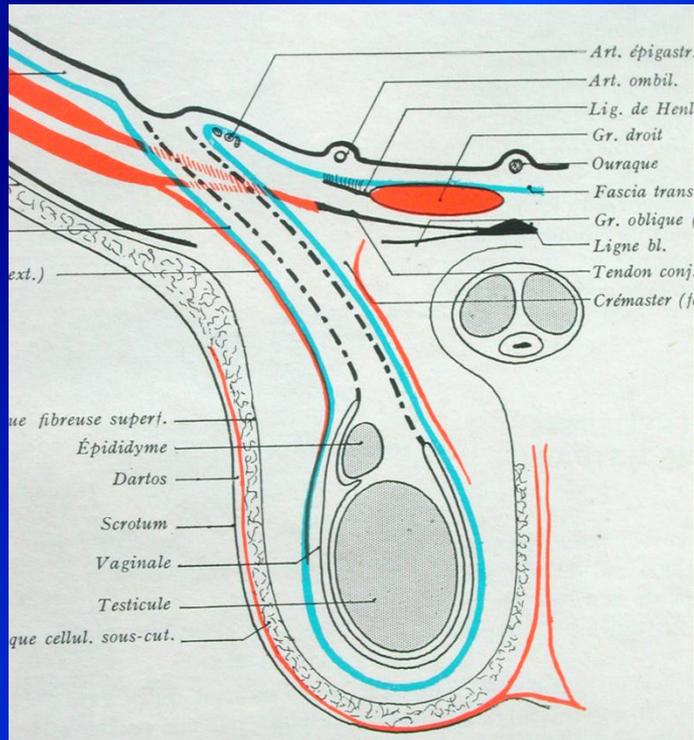
😞 • ligament de Cloquet
• lymphatiques
• nerfs

😞 • muscle dartos
• tunique fibreuse superficielle
• muscle crémaster
• tunique fibreuse profonde
• tunique vaginale

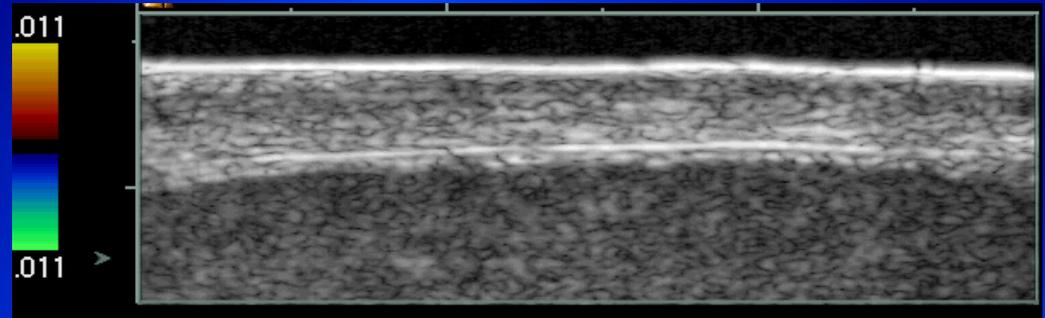
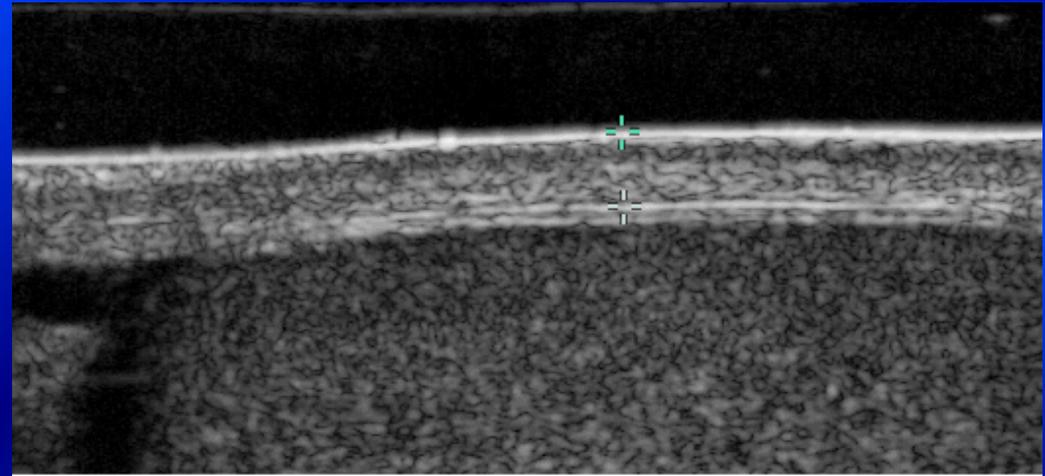
Cordon spermatique : variante



Enveloppes : aspect normal

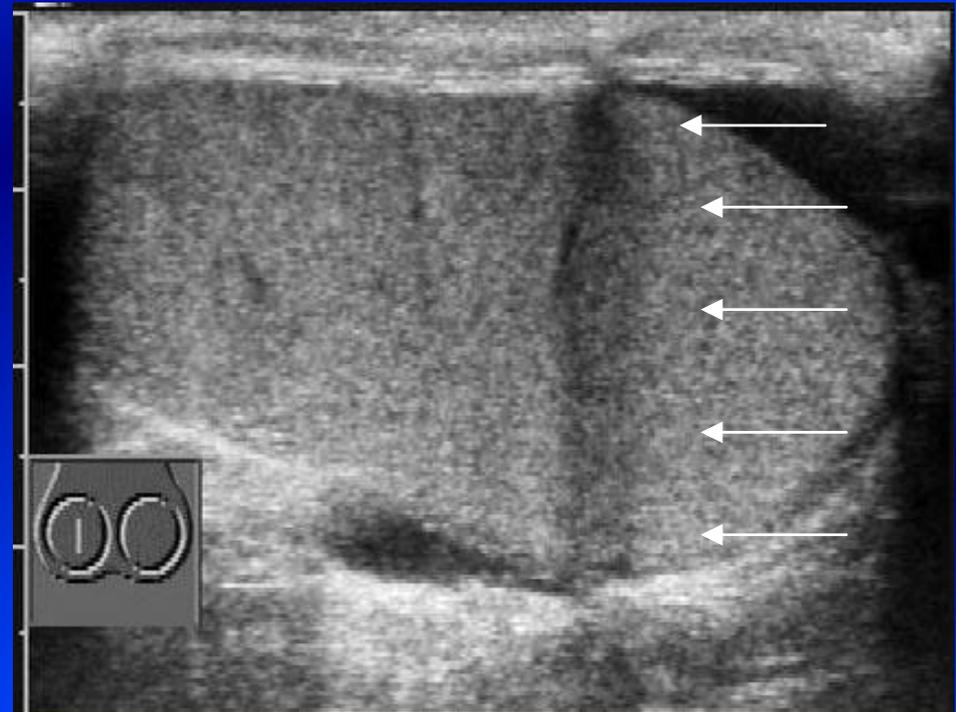


H.Rouvière T2 p580

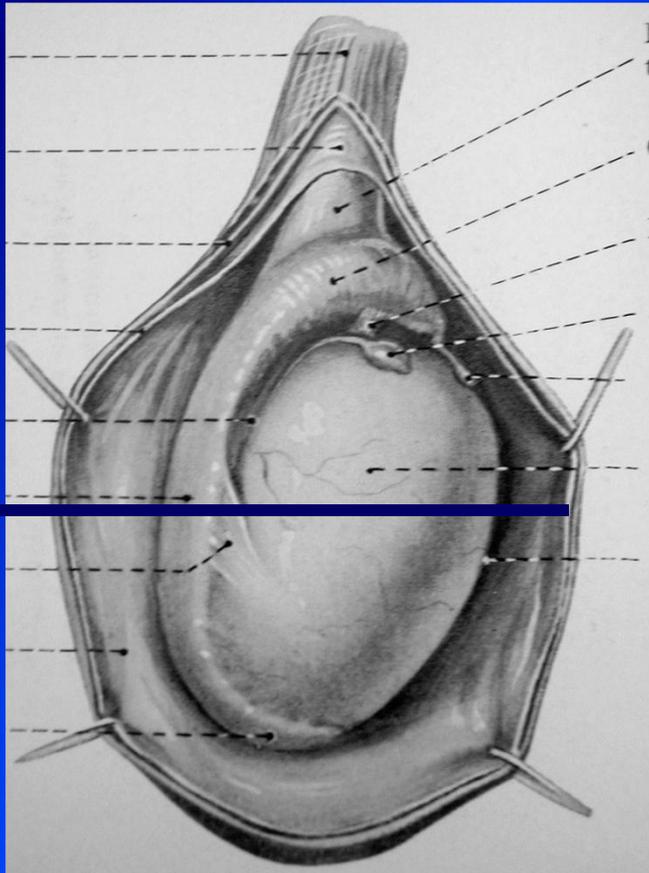


- couches cutanées
- tunique vaginale

Enveloppes : variante



Sac scrotal : aspect normal



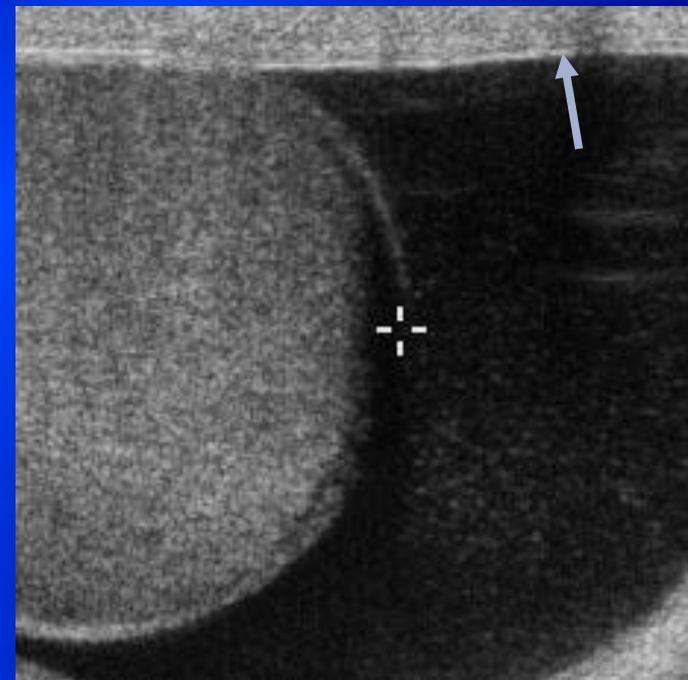
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- albuginée
- vaginale pariétale



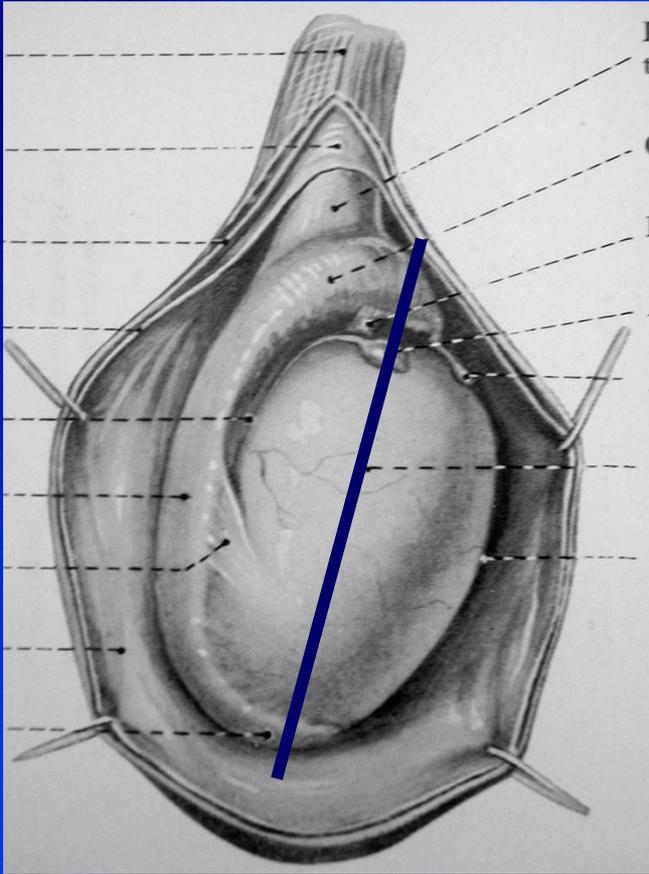
<http://ect.dowstate.edu/courseware/haonline/labs>





😊 ligament scrotal

Testicule



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<http://ect.dowstate.edu/courseware/haonline/labs>

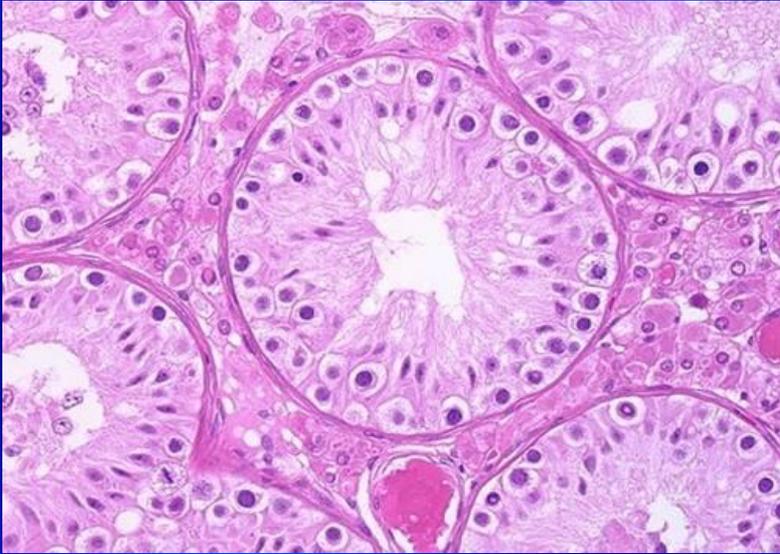
Testicule : volume normal

	<i>Volume testiculaire (ml)</i> (L x I x E) x 0,71
Normal (US)	15 - 30
Normal (Prader)	36
Sujet infertile	9 - 19
Azoospermie sécrétoire	< 10 D+G

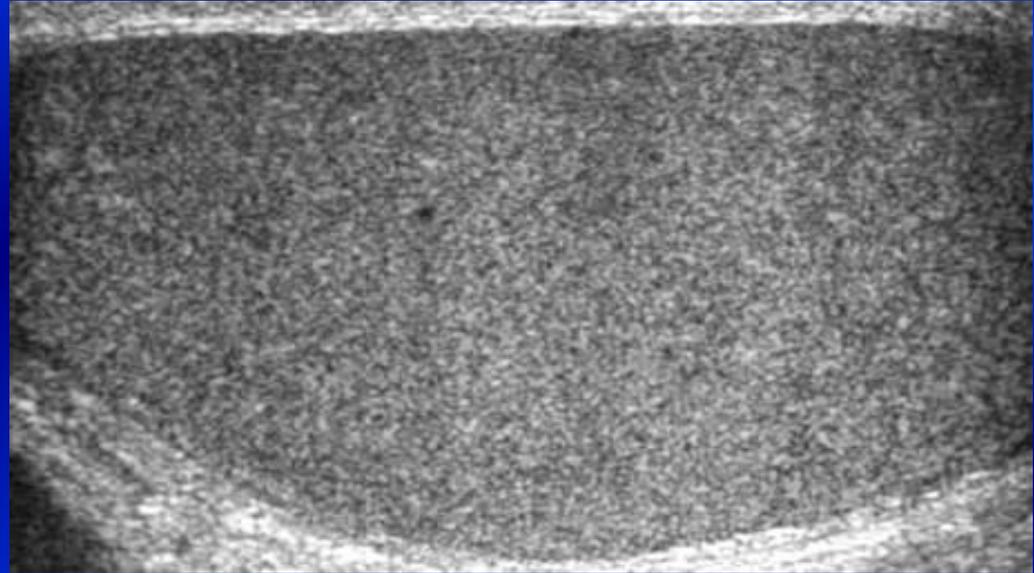
corrélation entre diminution de volume et
diminution du nombre de spermatozoïdes et perte de fonction

Moon MH, Kim SH, Cho JY, et al (2006) Scrotal US for evaluation of infertile men with azoospermia. Radiology 239:168-73

Testicule : aspect normal

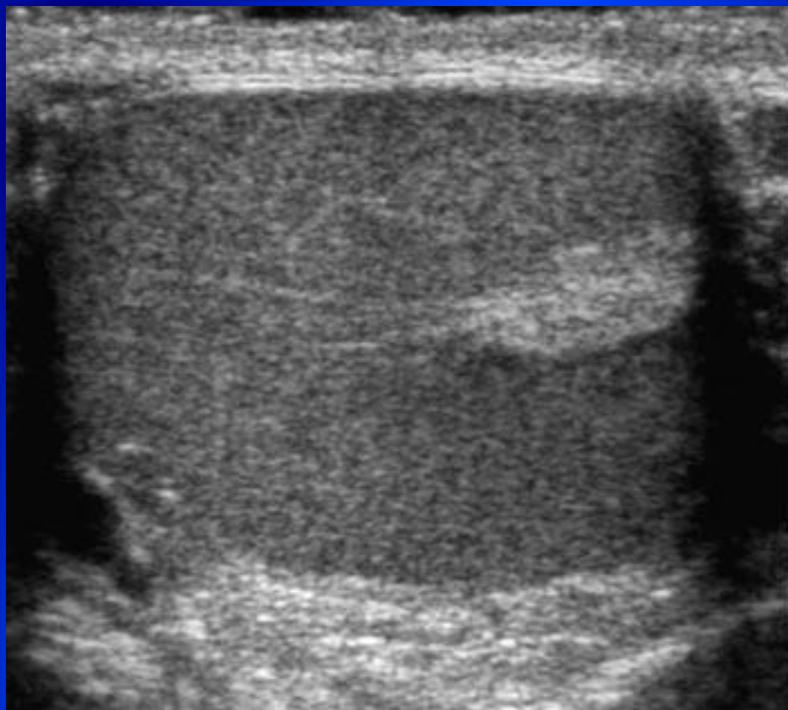


pulpe testiculaire

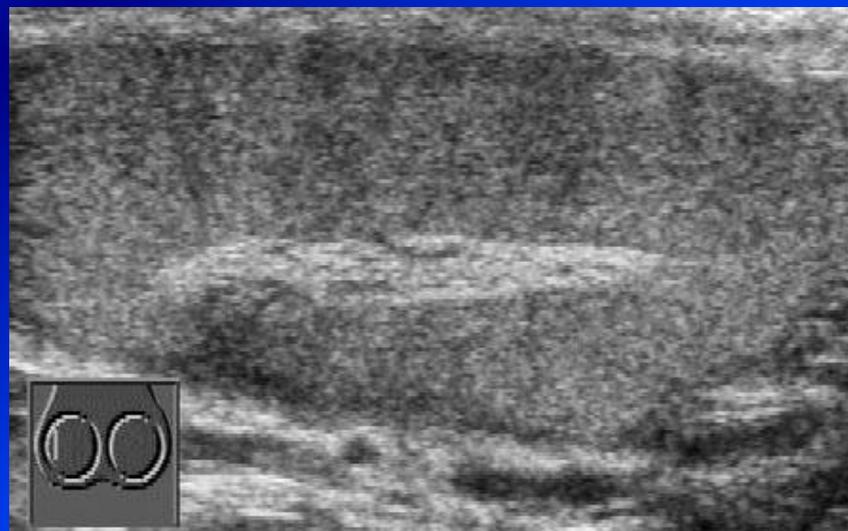


- tubes séminifères
- cellules de la lignée germinale
- cellules de Leydig et Sertoli
- petits vaisseaux intratesticulaires

Testicule : aspect normal



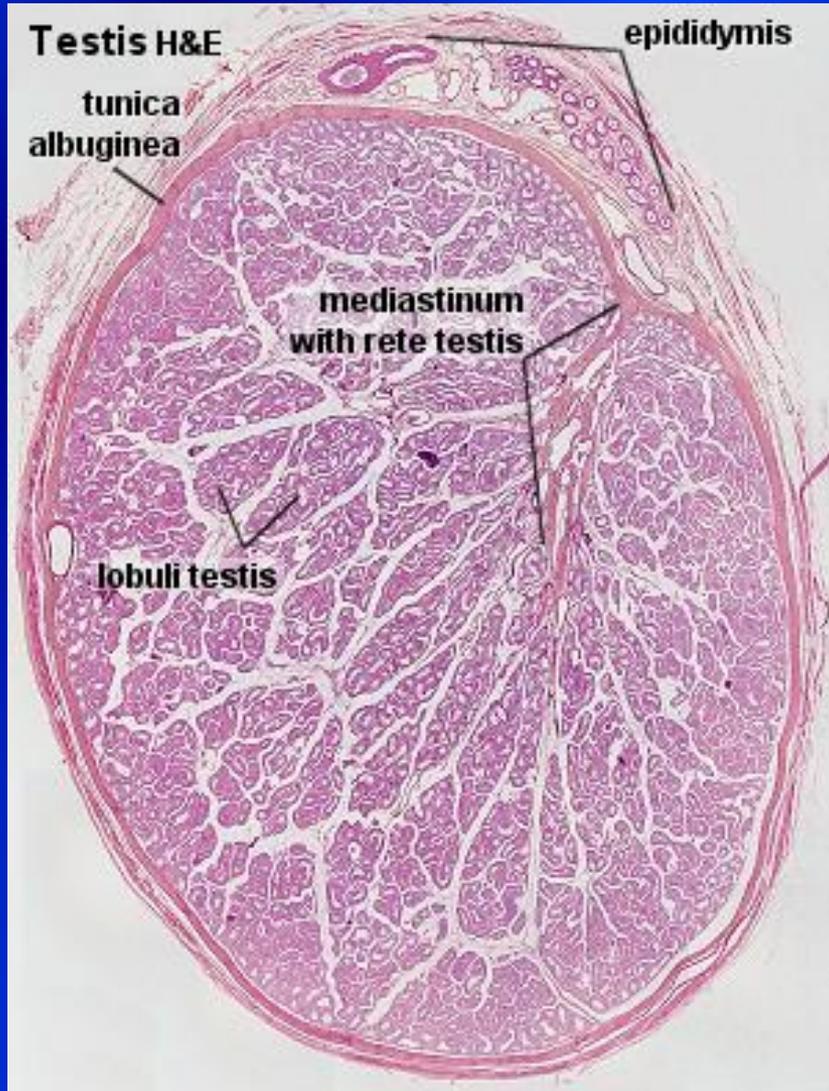
Médiastin ou hile testiculaire



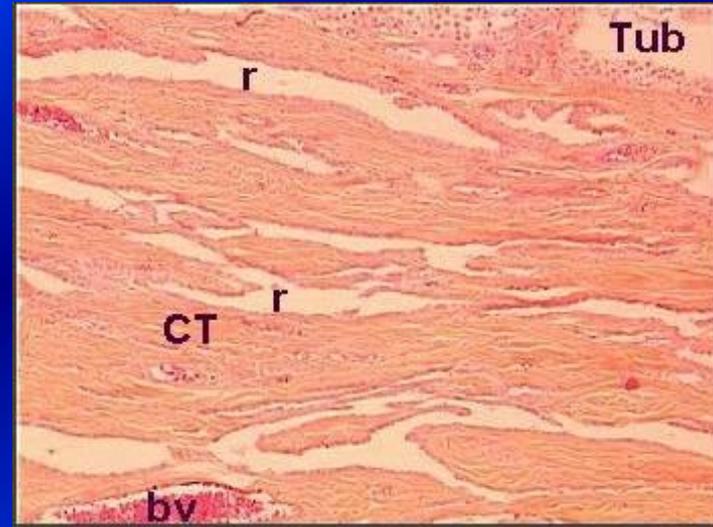
😊 corps de Highmore
septa interlobulaires

😞 tubes droits
rete testis

rete testis

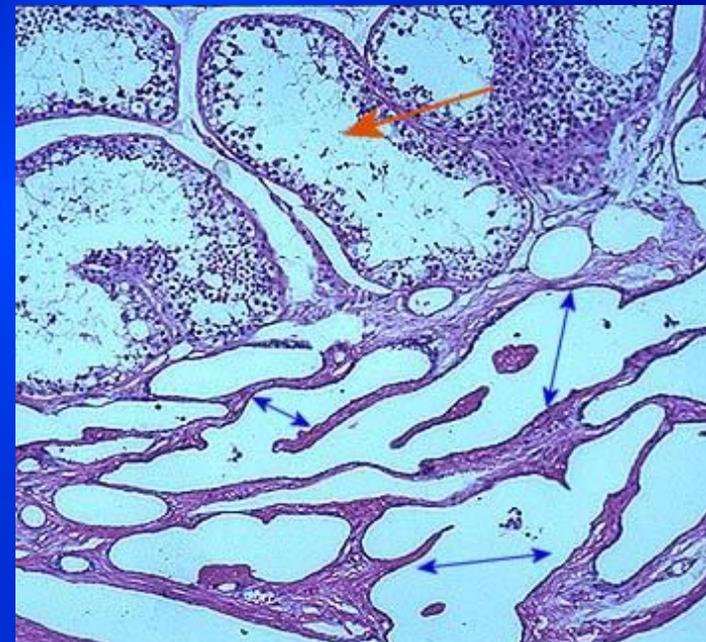


www.lab.anhb.uwa.edu.au



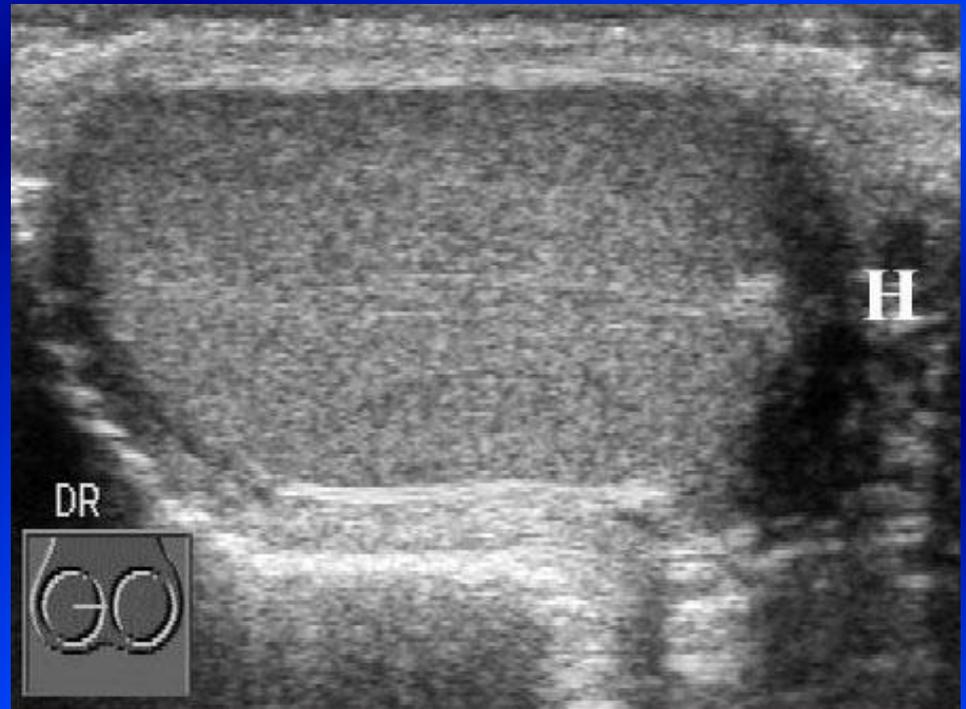
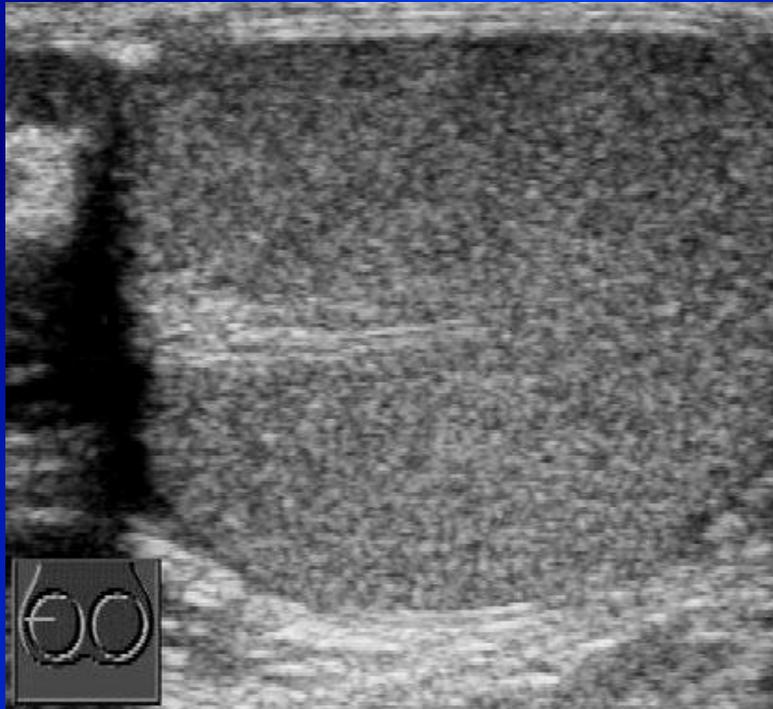
Web Histologie Dr Y.Wassef

courseweb.edteched.uotawa.ca/medicine-histology

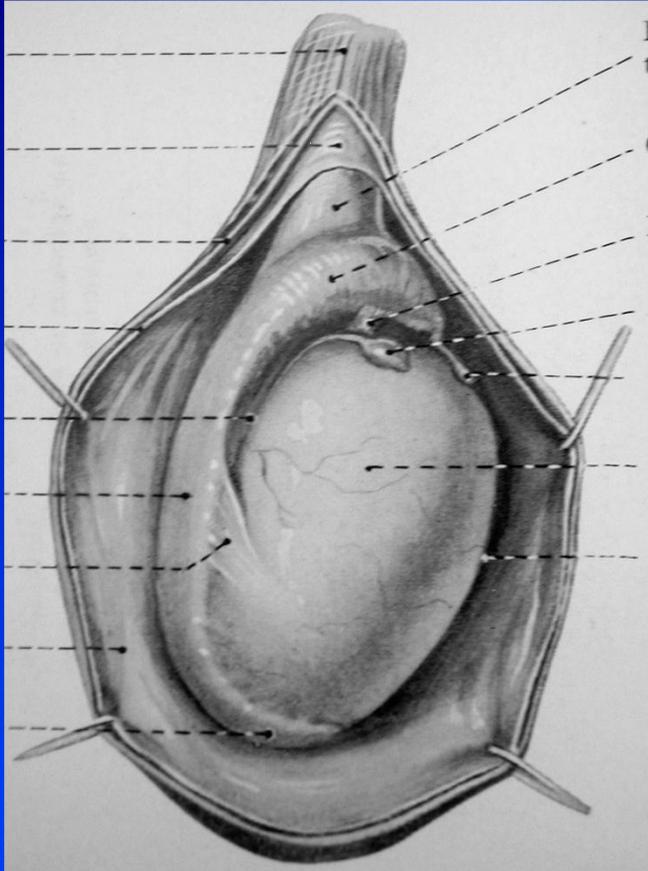


<http://www3.umdj.edu/histsweb/lab16/lab16rectiandrete.html>

Corps de Highmore : variante



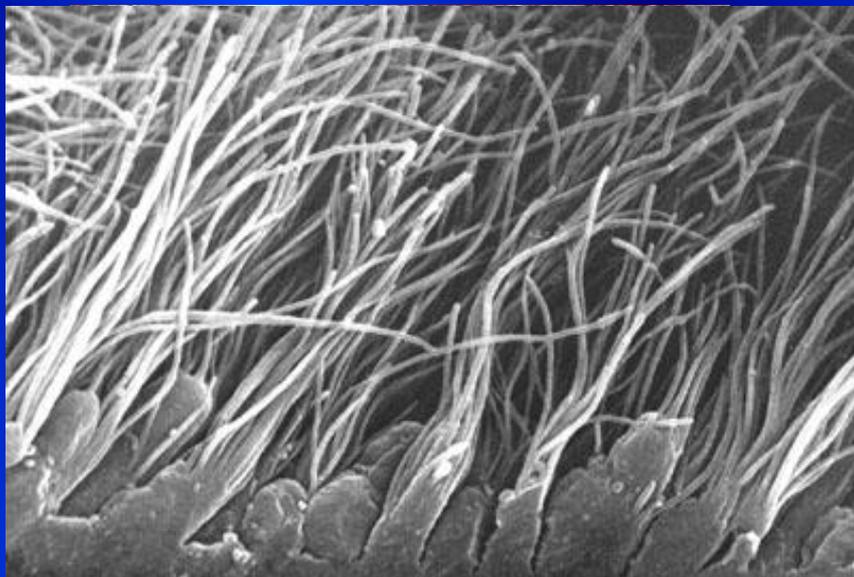
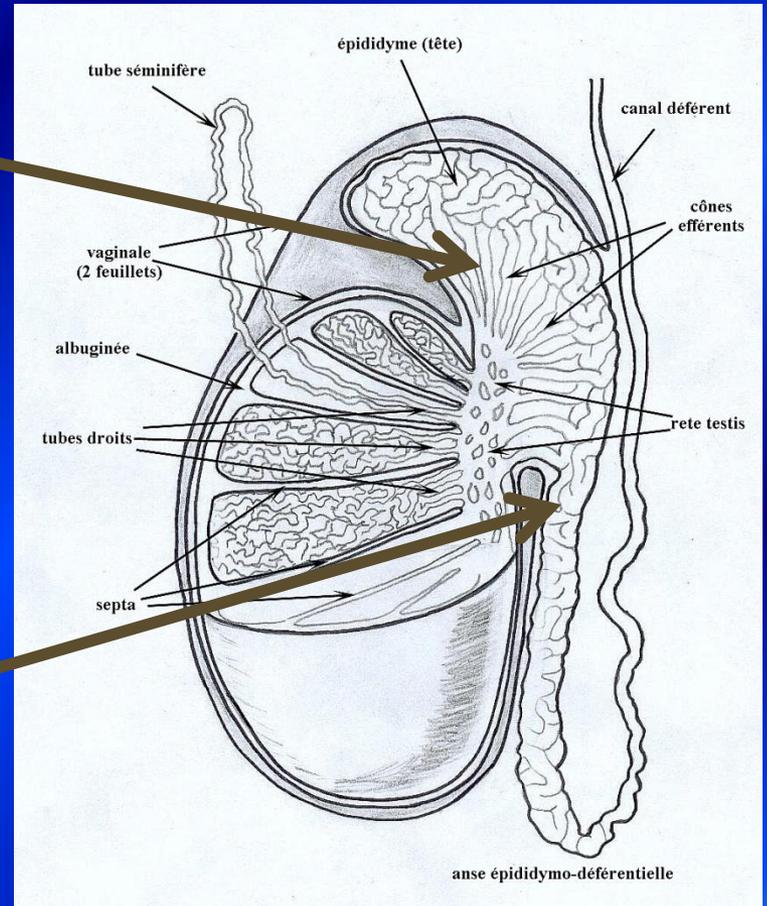
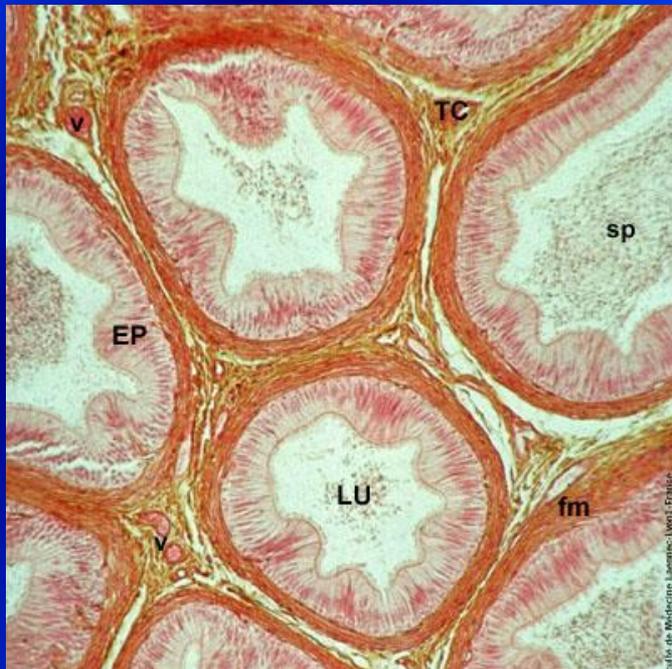
Complexe épидидymo-déférentiel

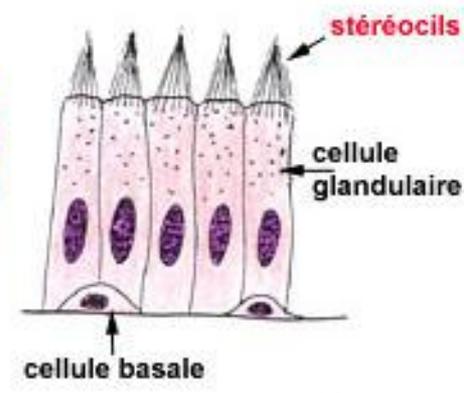
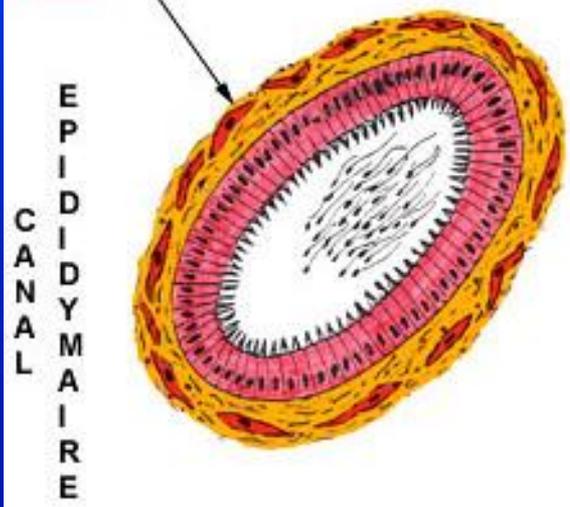
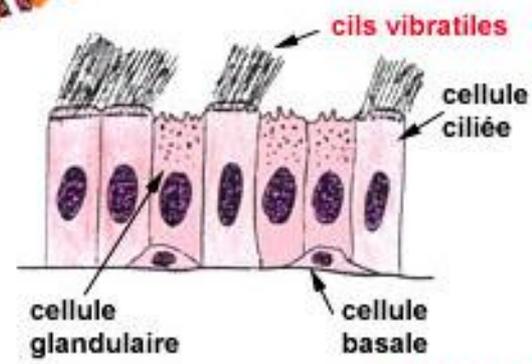
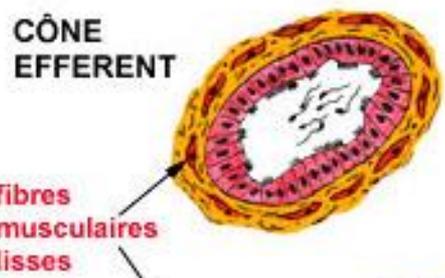
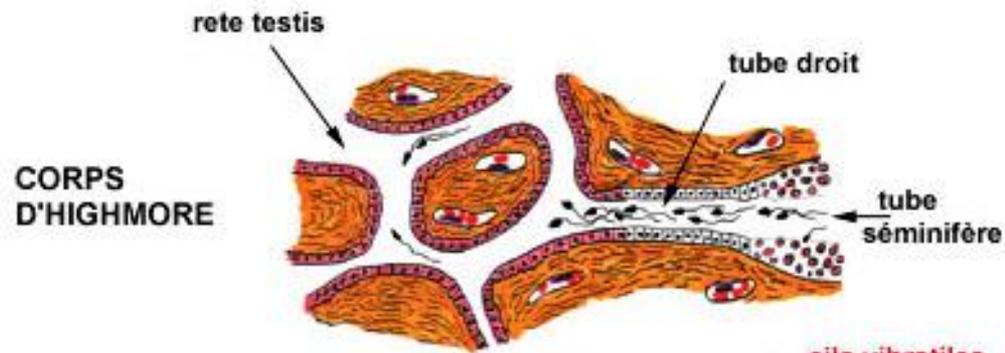


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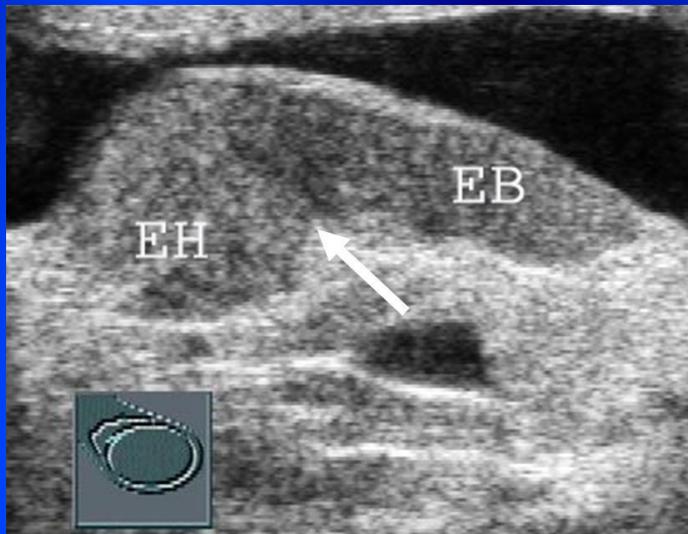
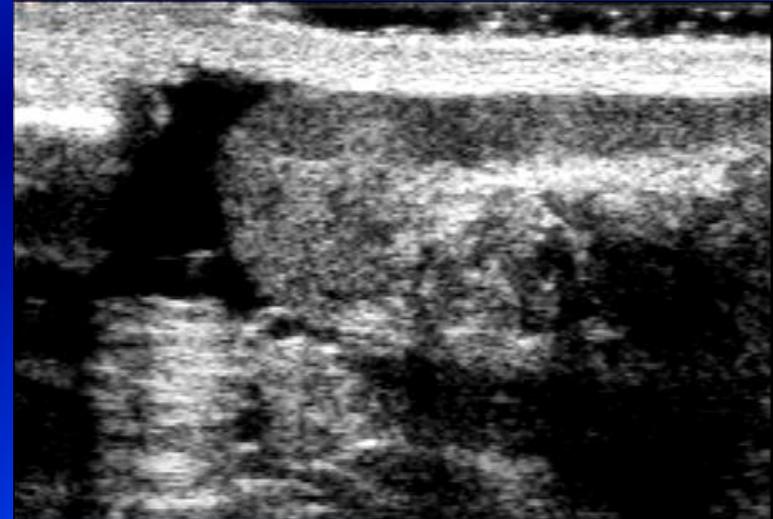
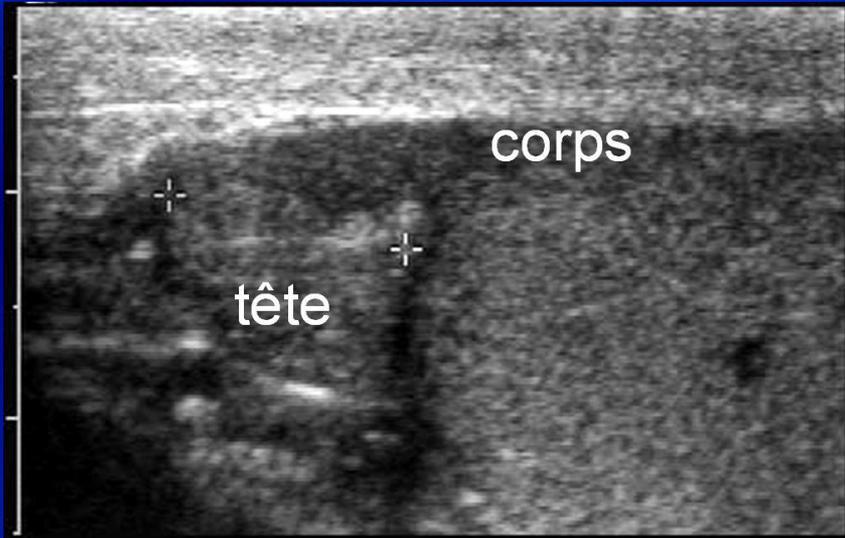


<http://ect.dowstate.edu/courseware/haonline/labs>





Tête épидидymaire : aspect normal



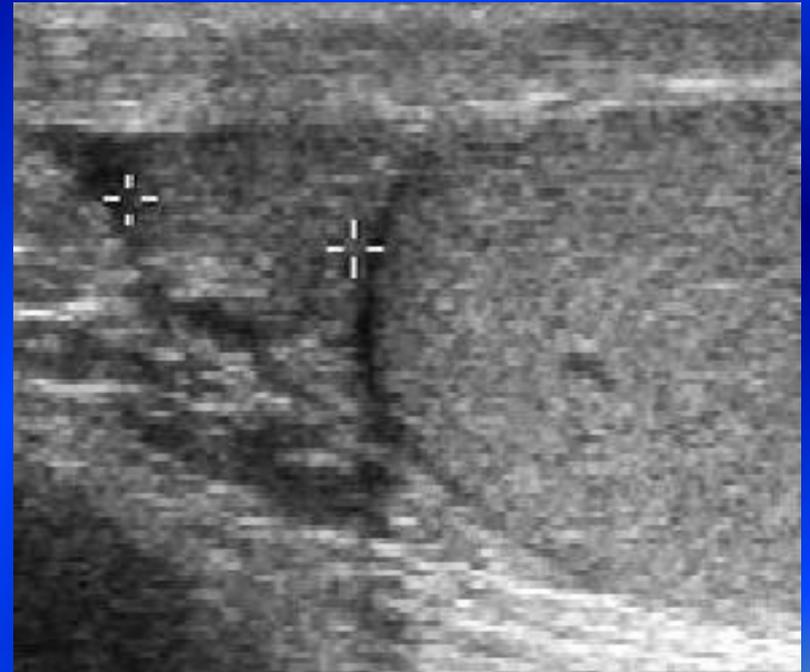
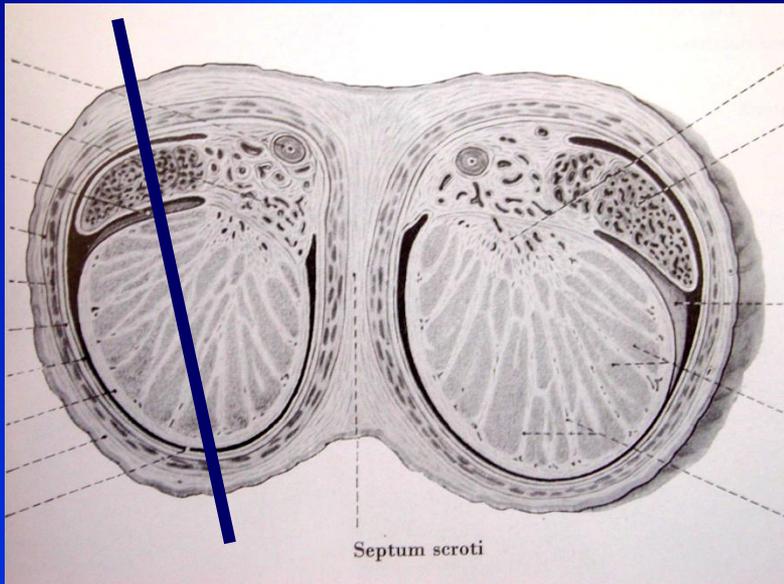
😊 tête épидидymaire

☹️ • cônes efférents
• tube épидидymaire

Tête épидidymaire : aspect normal

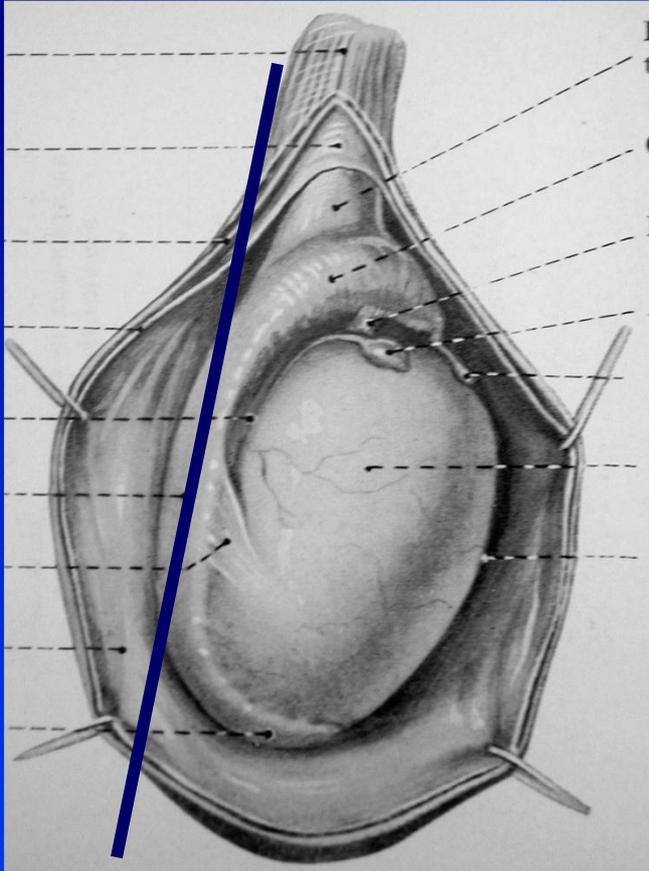
Globus major

7.5 +/- 1.6 mm



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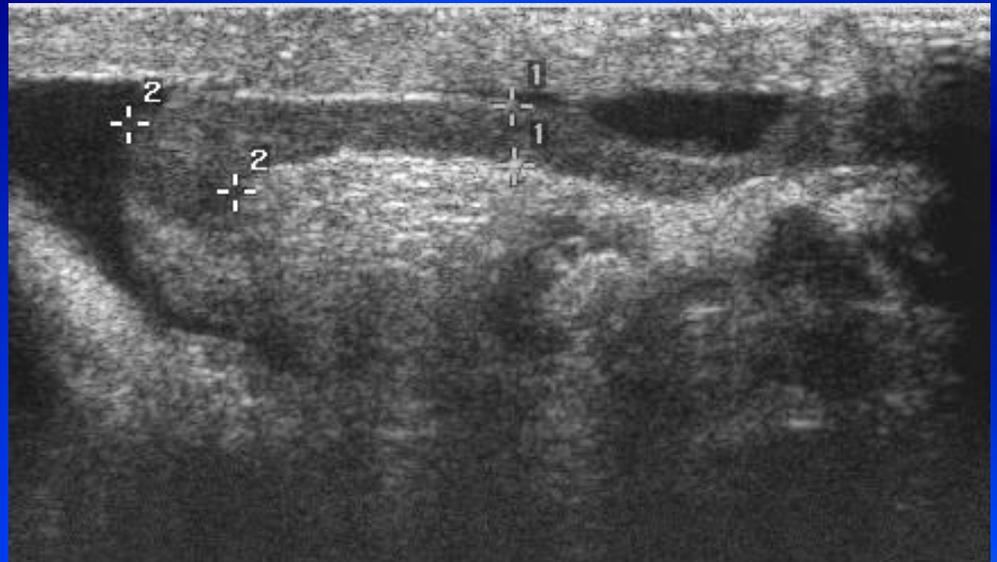
Corps épидidymaire : aspect normal



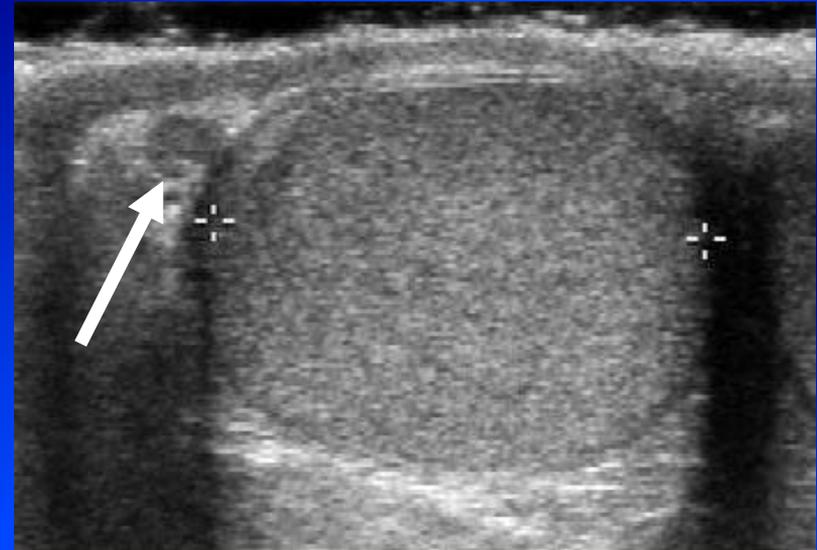
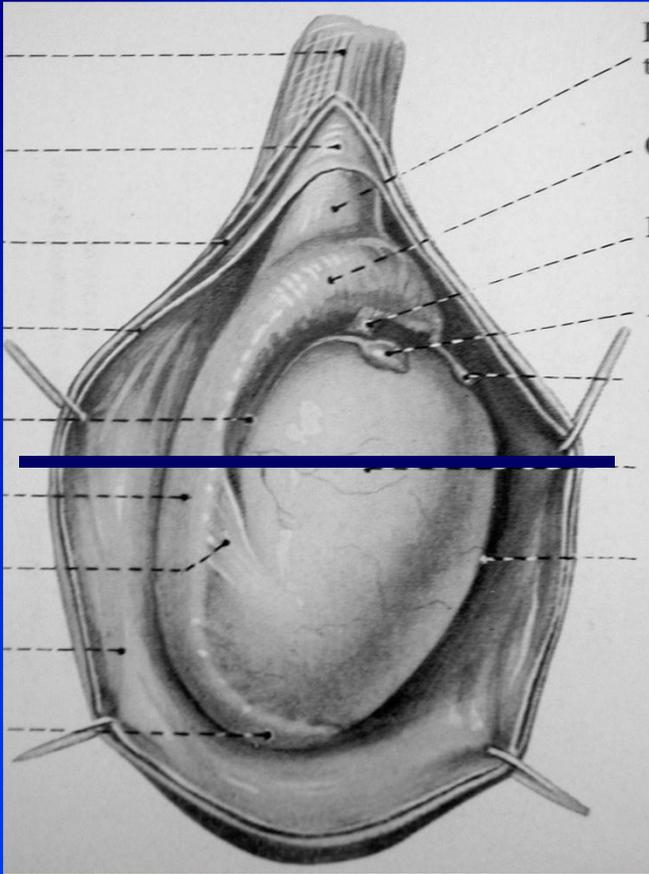
G. Wolf-Heidegger Vol.II p142

Corps épидidymaire

3.1 +/- 0.8 mm



Corps épididymaire : aspect normal

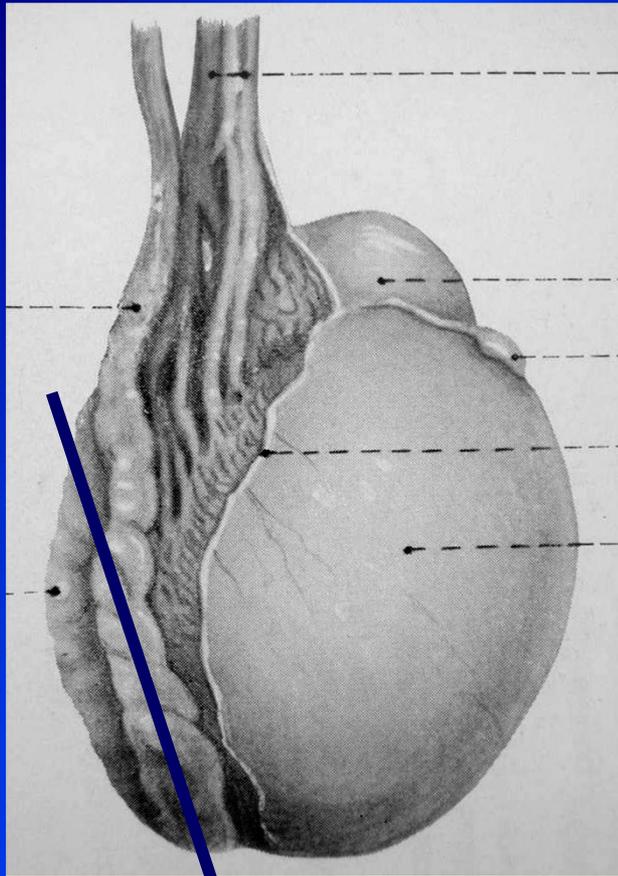


G. Wolf-Heidegger Vol.II p142

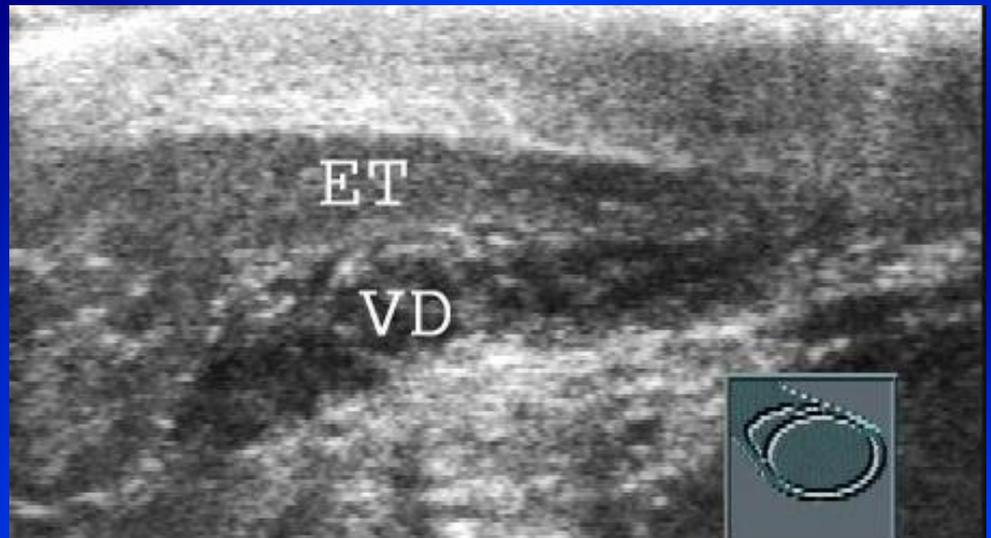
Corps épидidymaire : variante

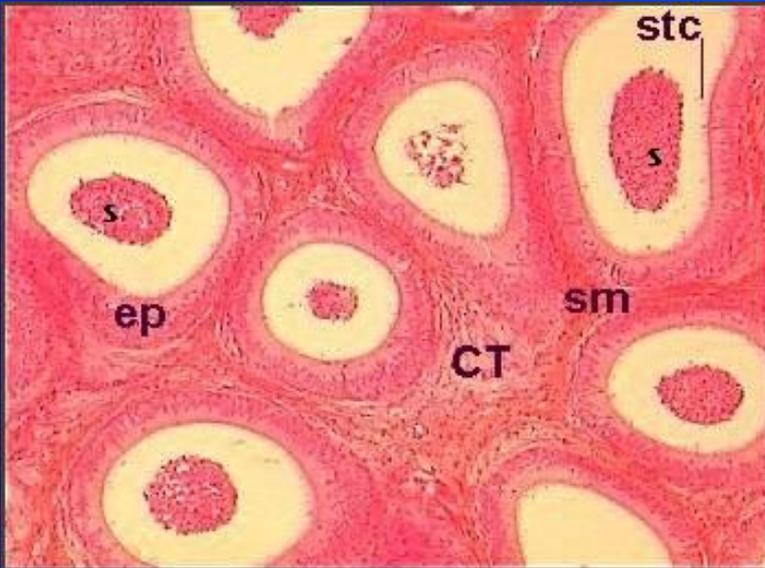


Anse épидидymo-déférentielle : aspect normal



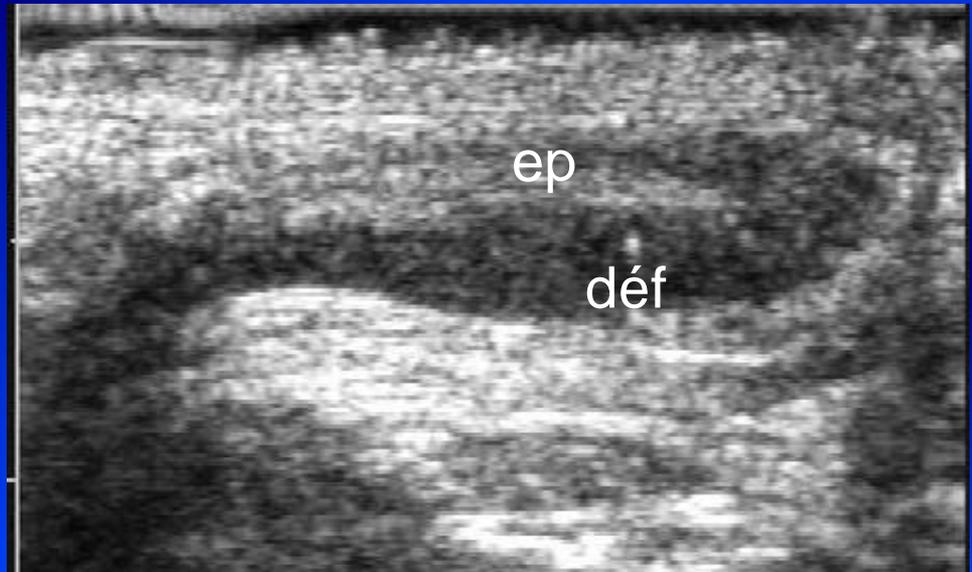
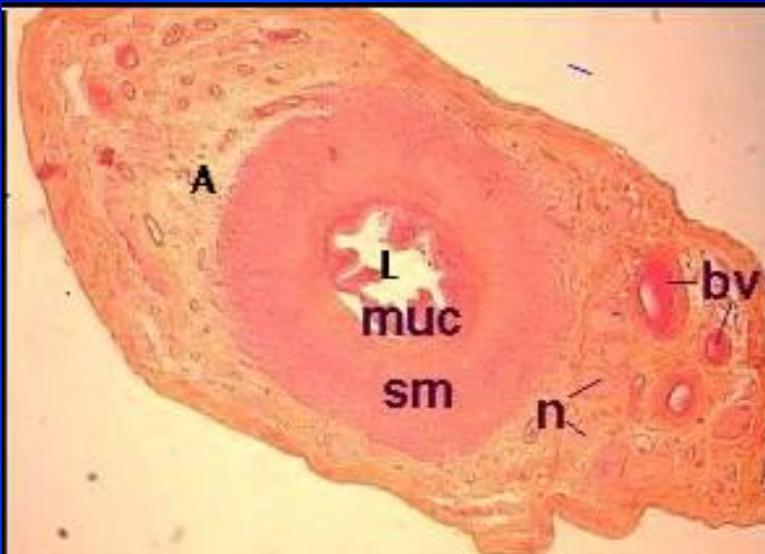
G. Wolf-Heidegger Vol.II p142



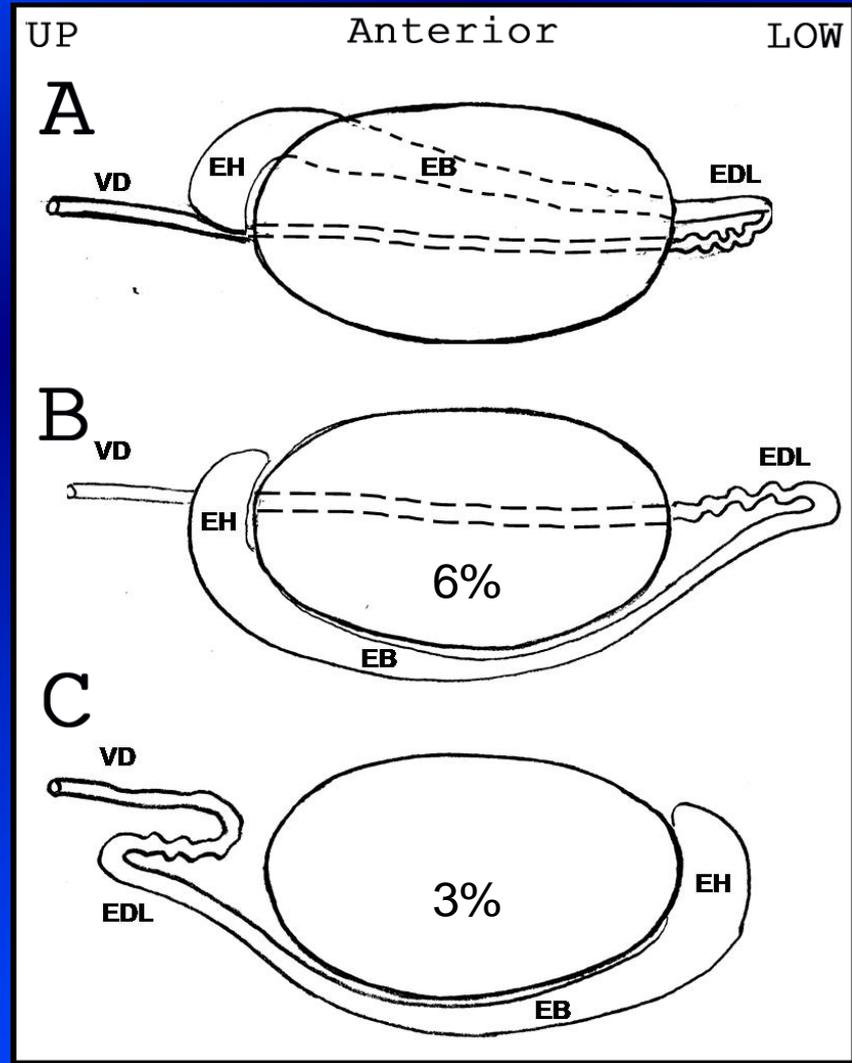
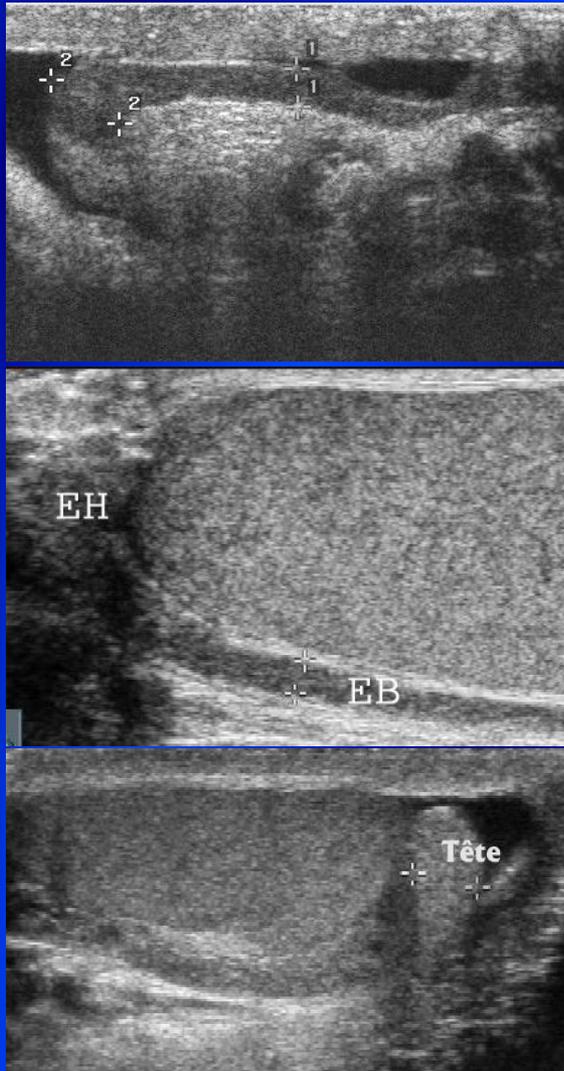


Globus minor

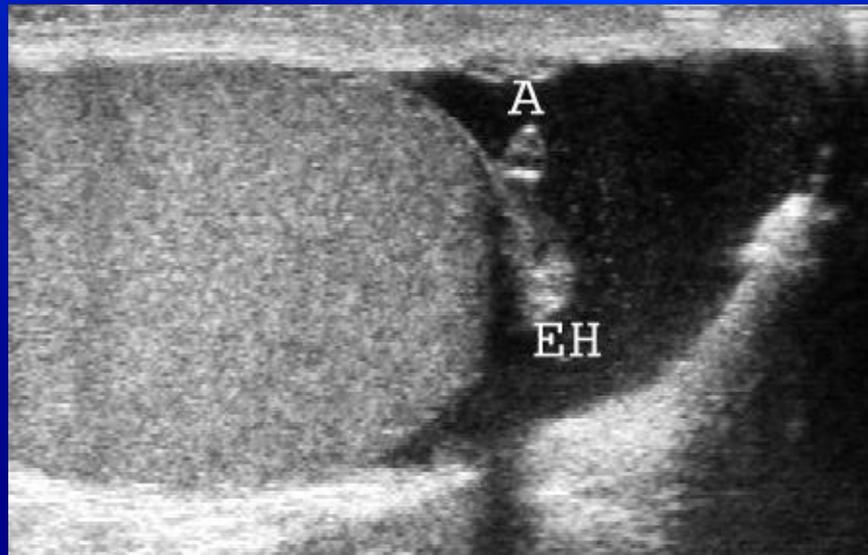
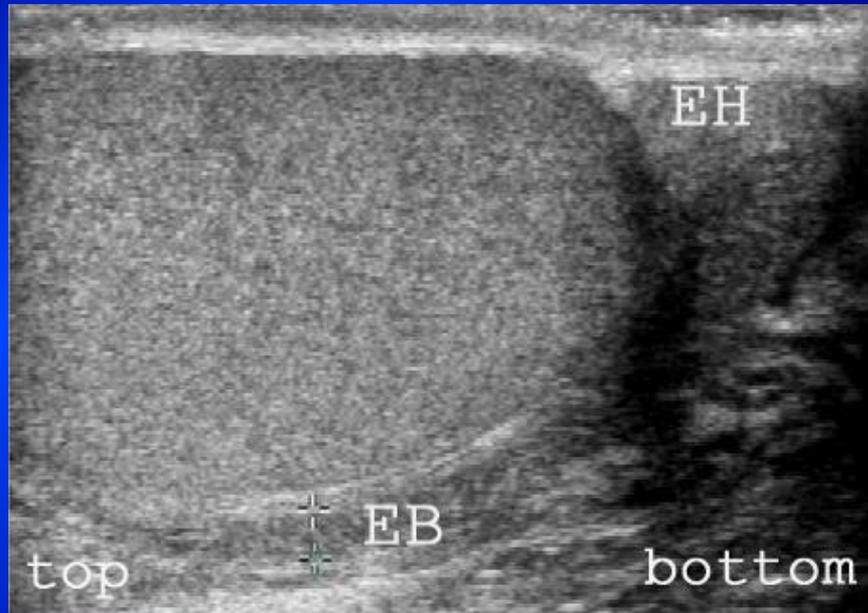
7.2 +/- 1.3 mm



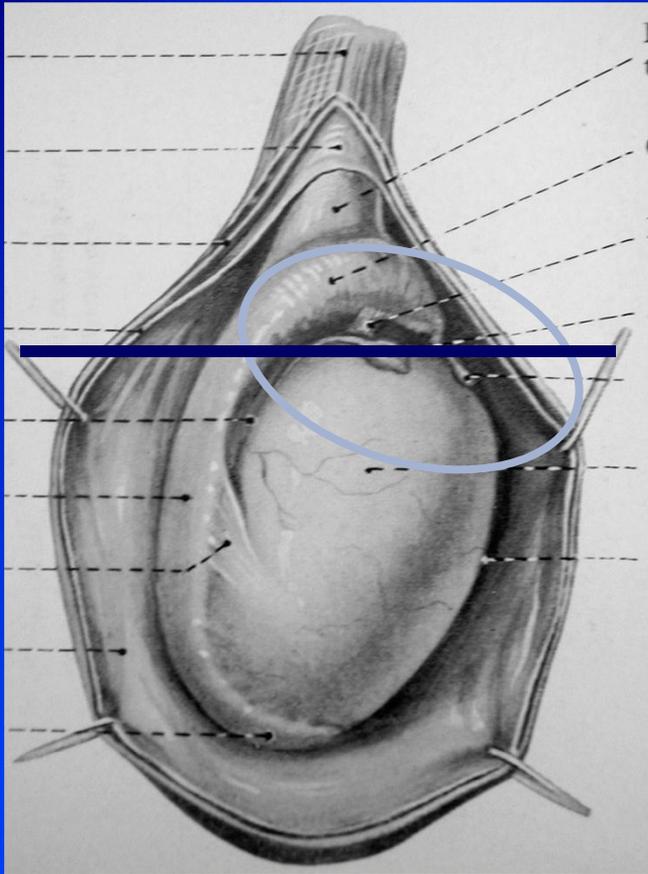
Complexe épидидymo-déférentiel : variantes de position



Puttemans T, Delvigne A, Murillo D. Normal and variant appearances of the adult epididymis and vas deferens on high-resolution sonography. J Clin Ultrasound. 2006 Oct;34(8):385-92.



Annexes testiculaires : aspect normal

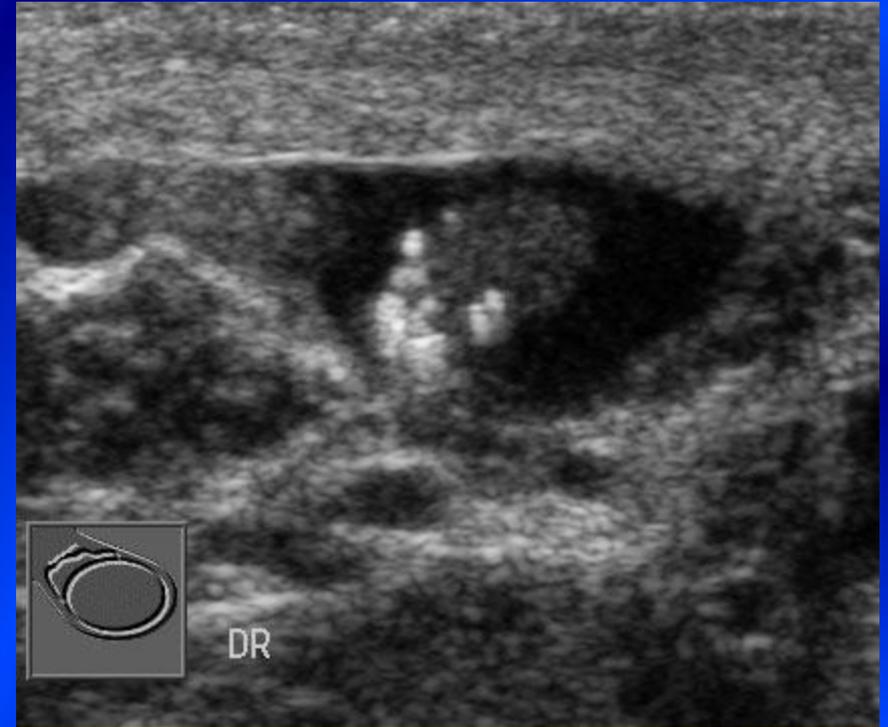
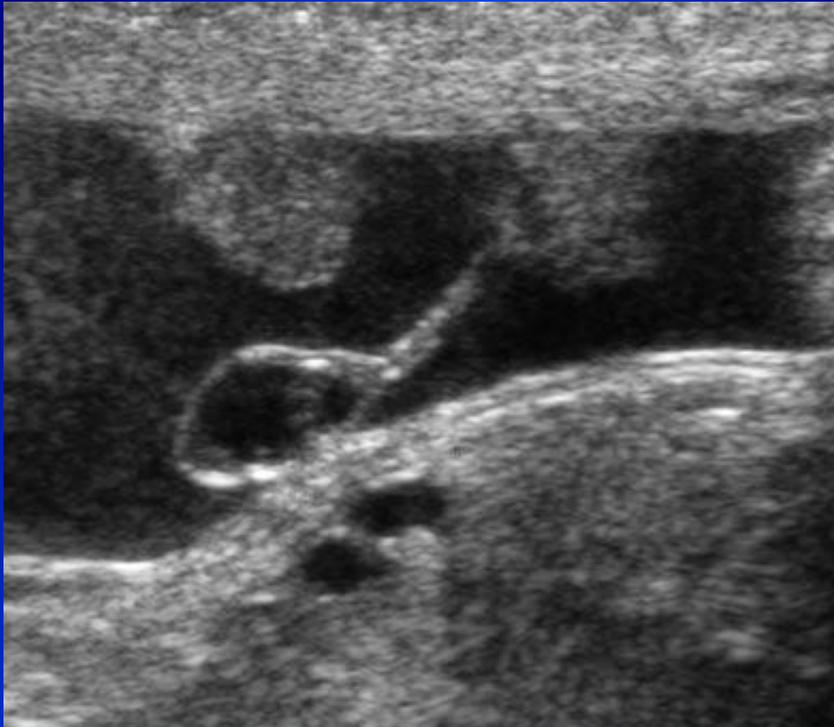


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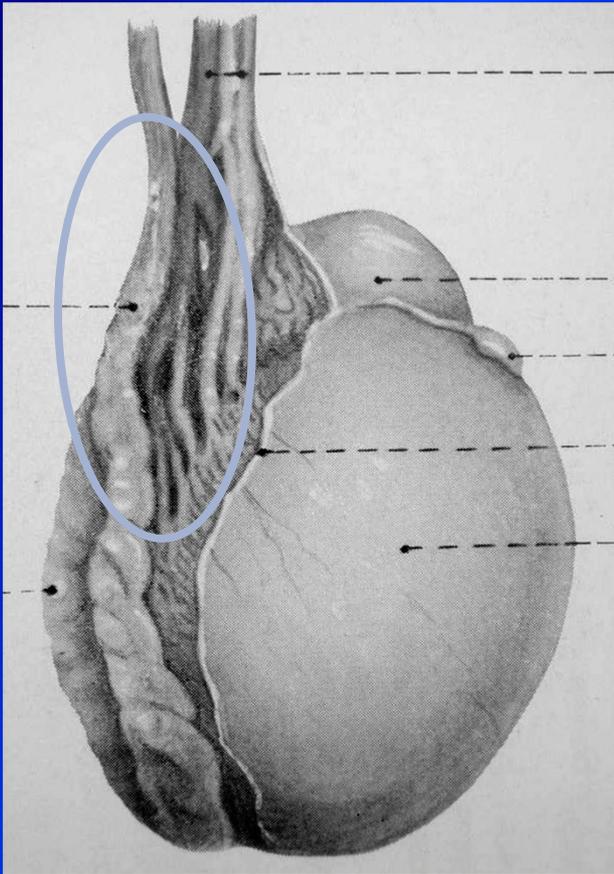


- organe de Giraldes
- canaux de Haller

Annexes testiculaires : variantes

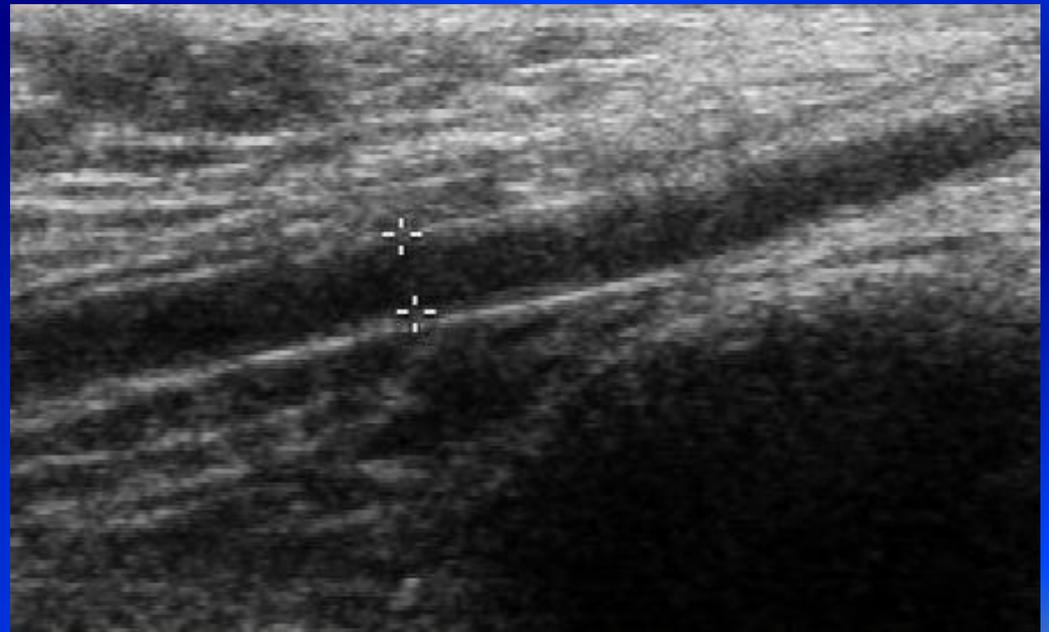


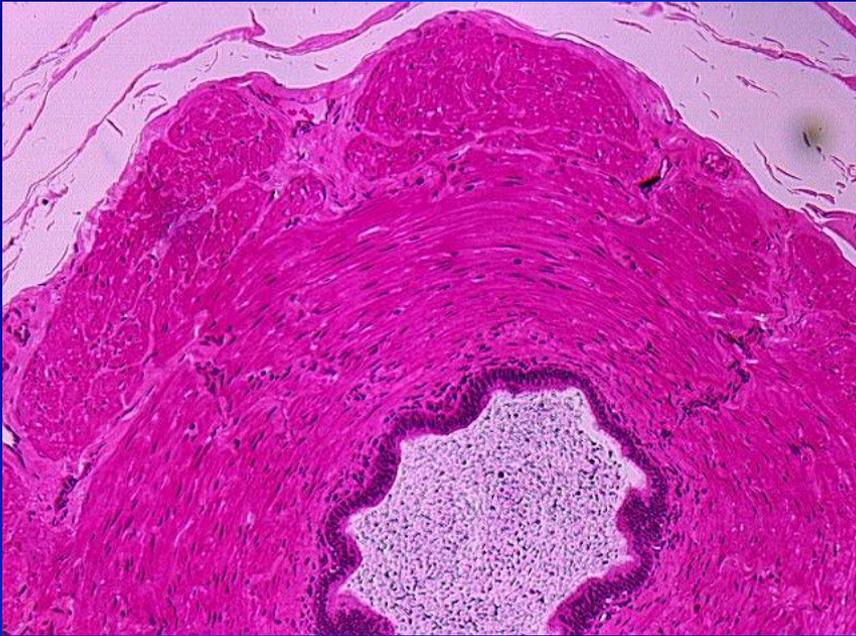
Canal déférent : aspect normal



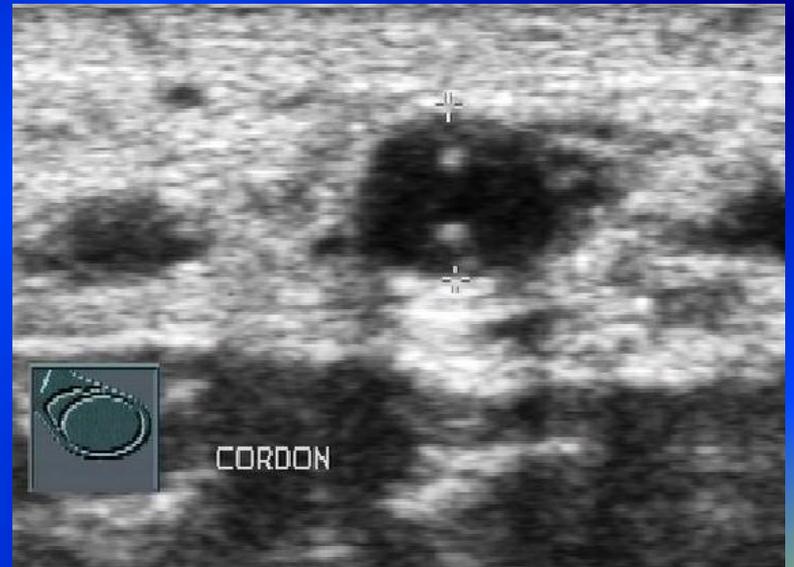
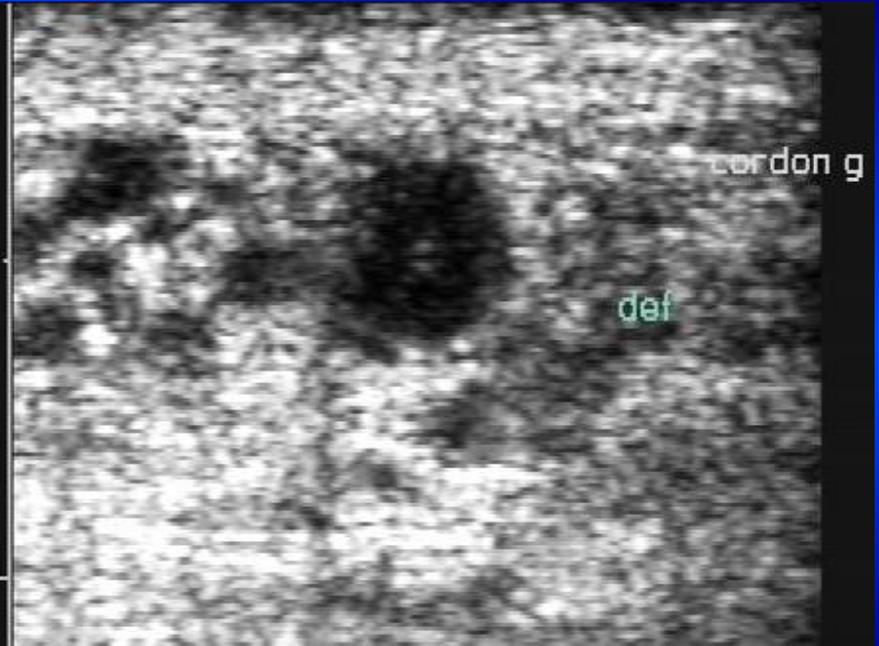
Vas deferens

1.9 +/- 0.3 mm

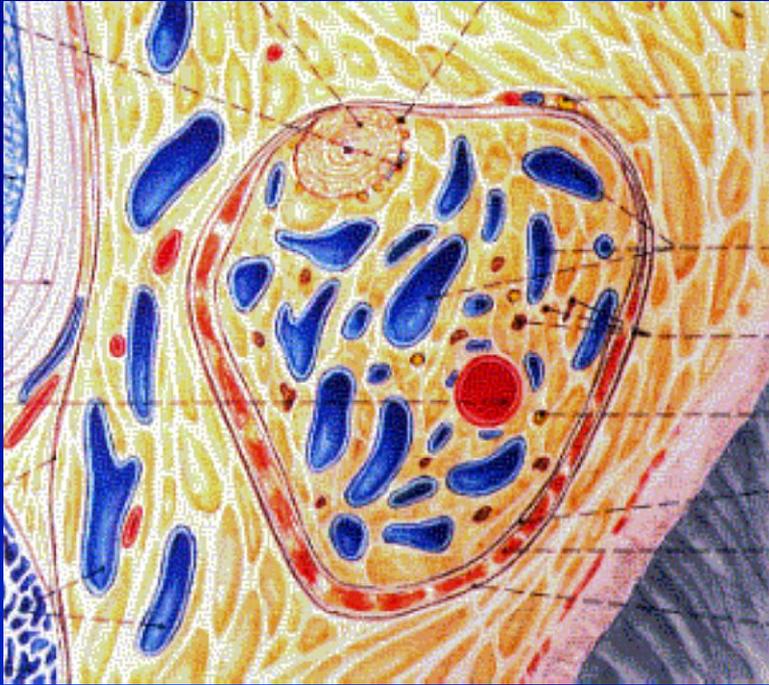




http://cellbio.utmb.edu/microanatomy/Male_Reproductive



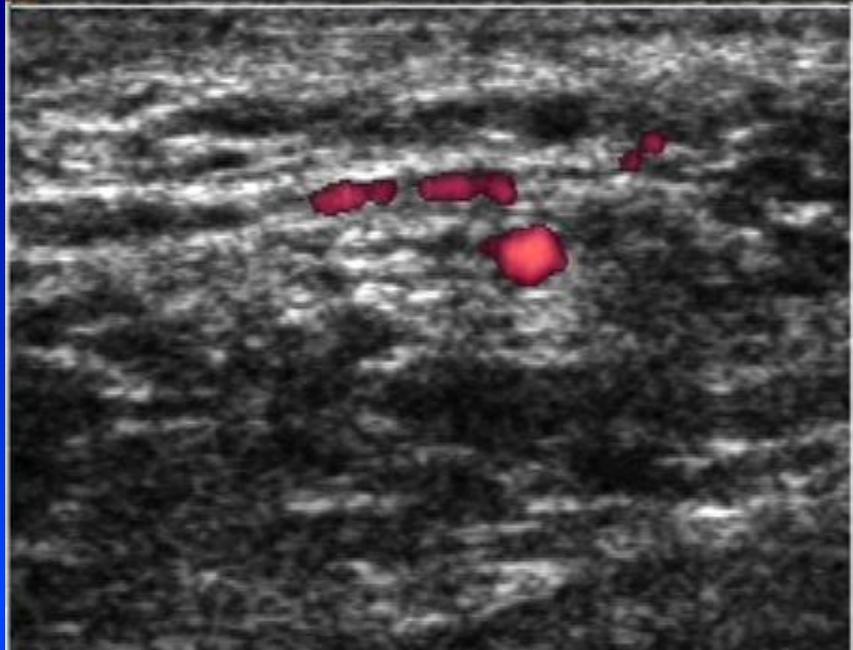
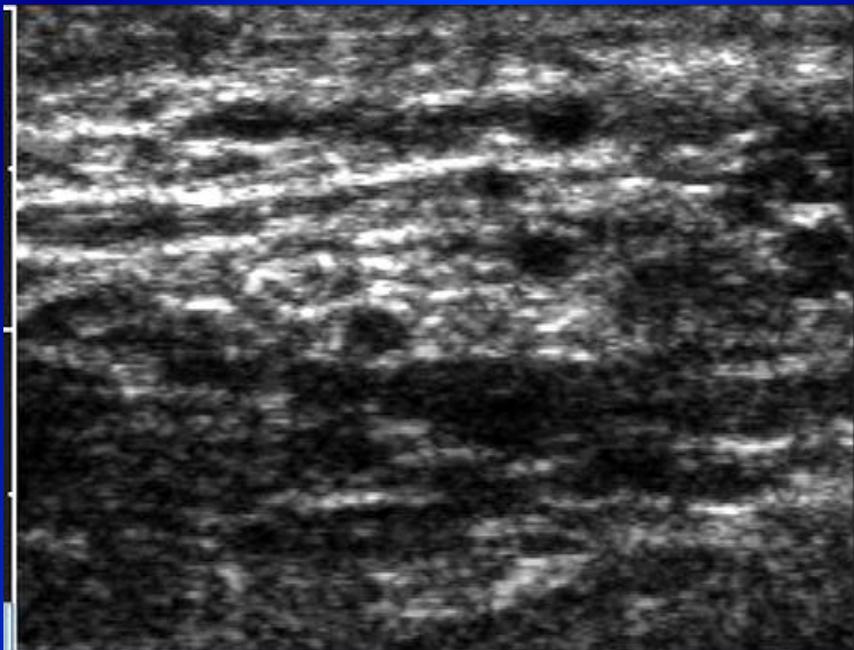
Canal déférent : diagnostic différentiel

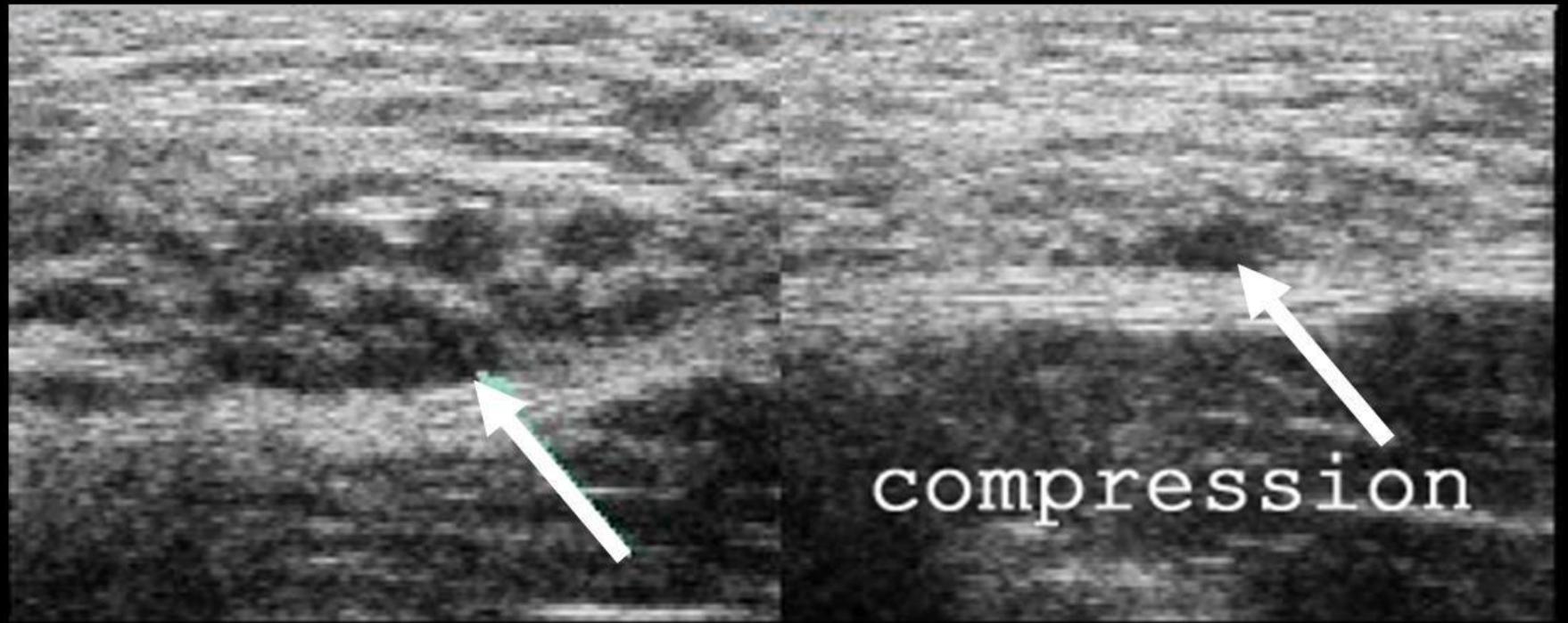


Sobotta Tome 2 p234



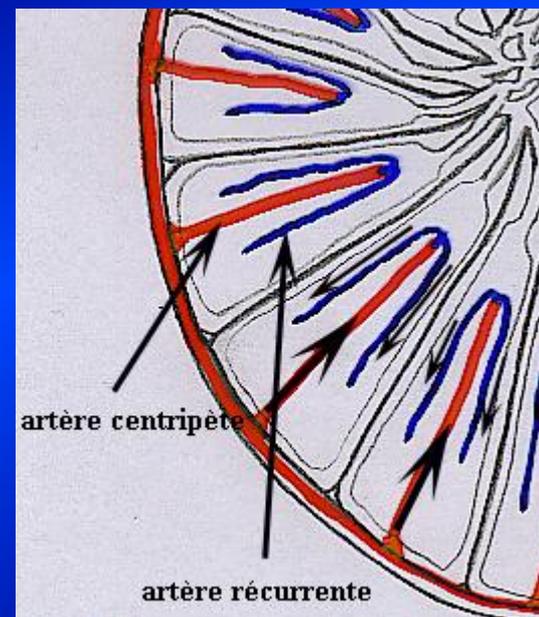
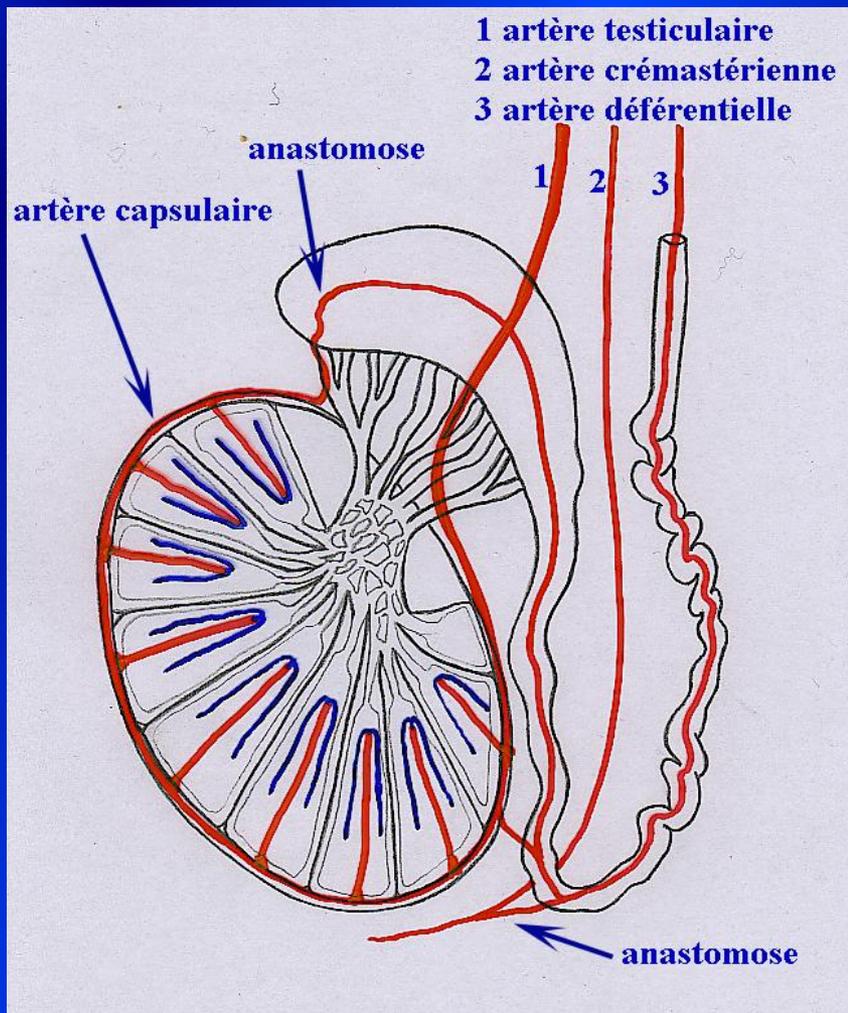
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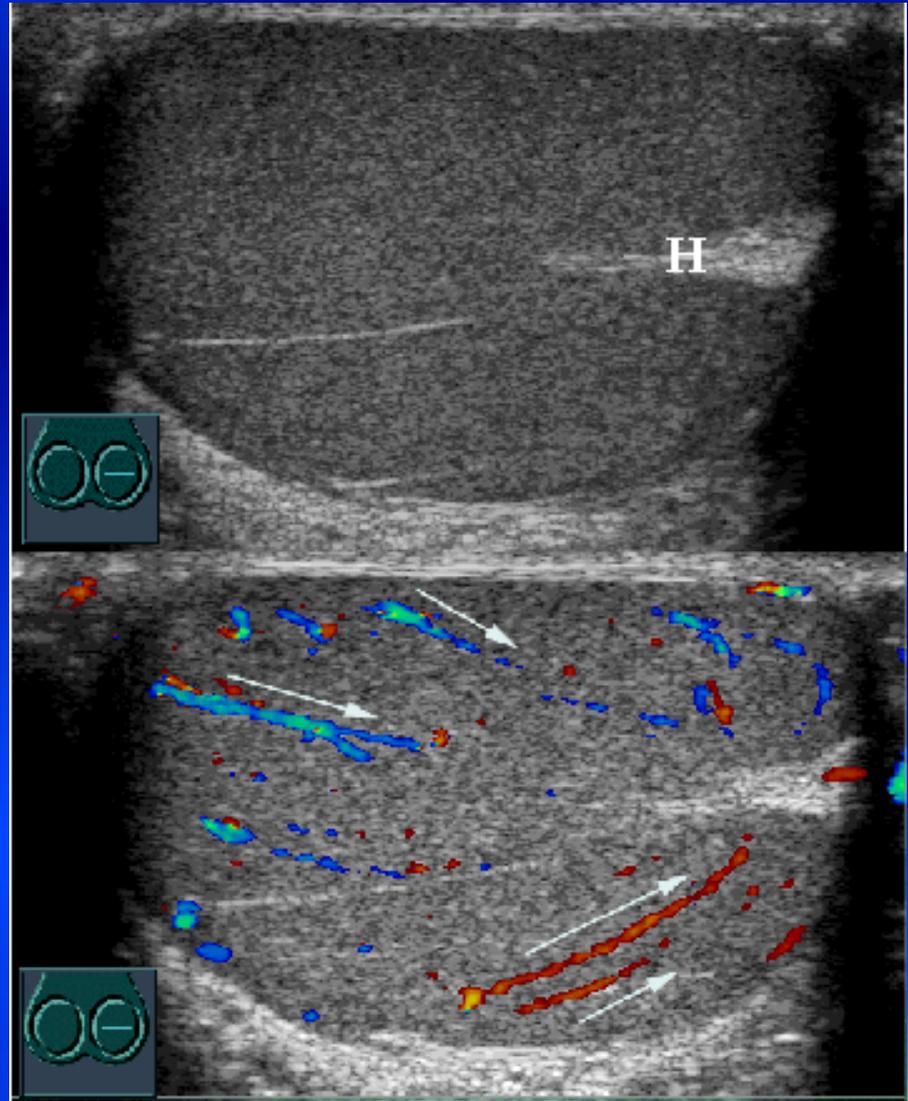
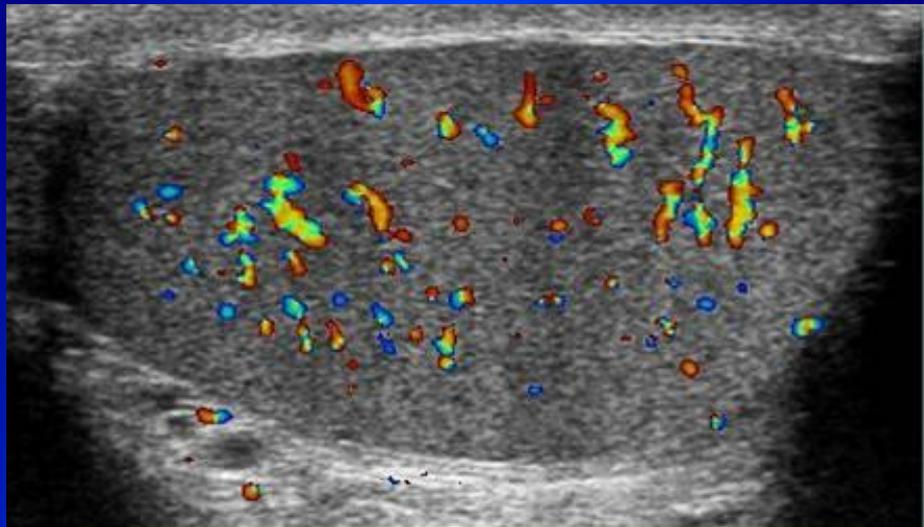




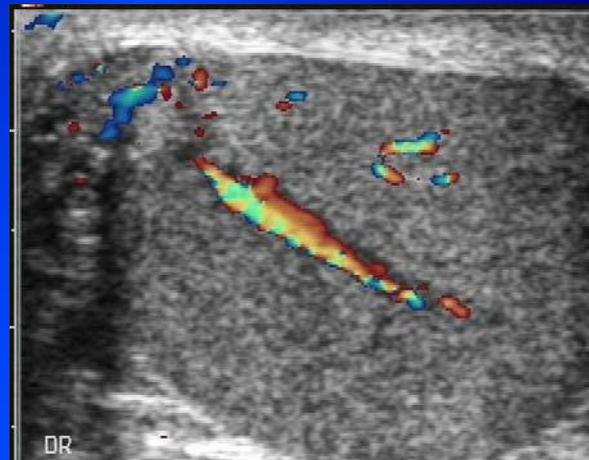
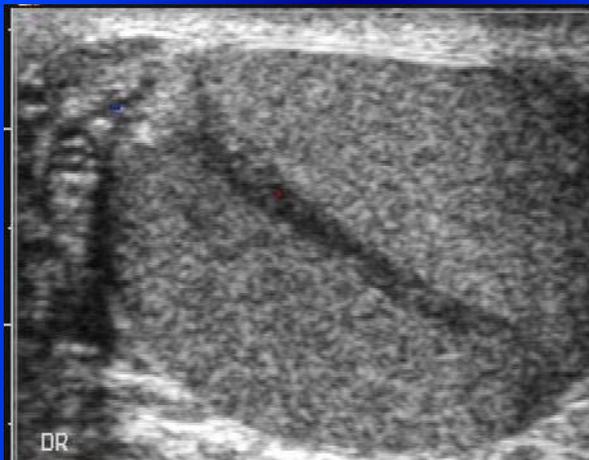
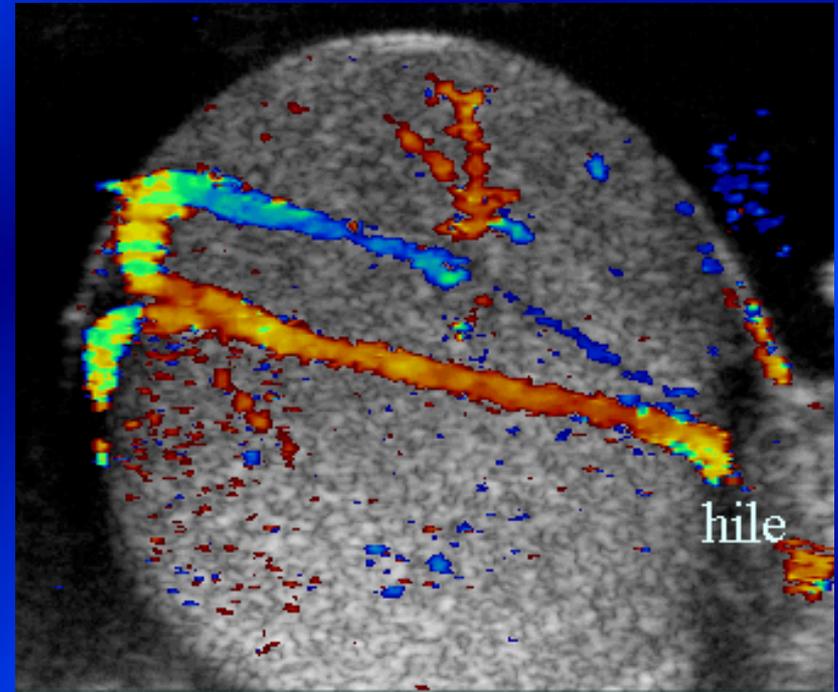
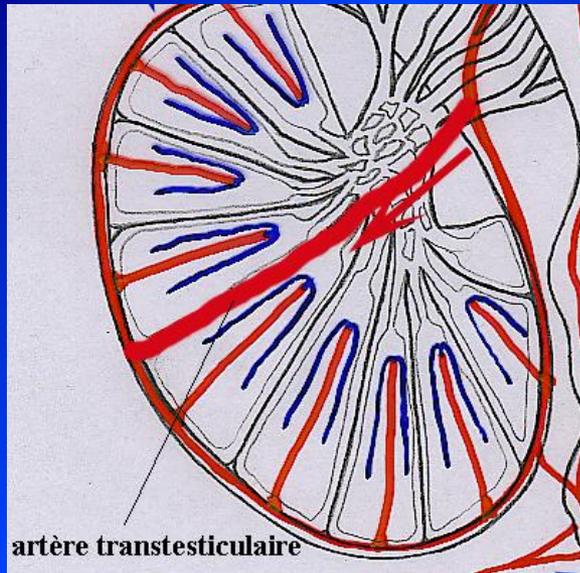
compression

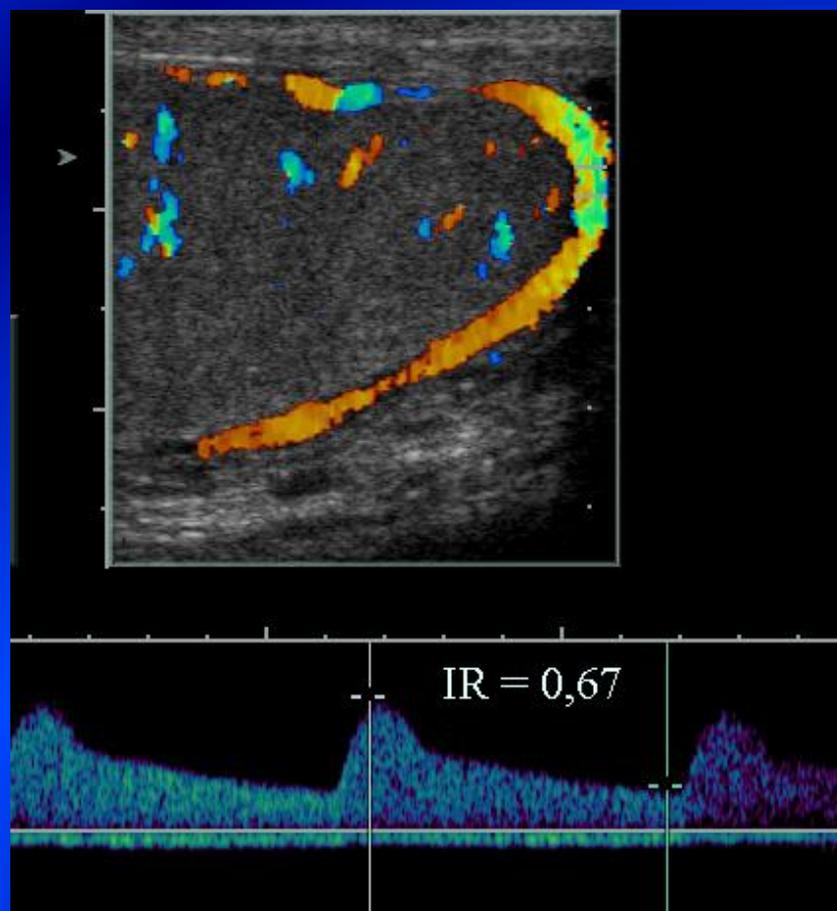
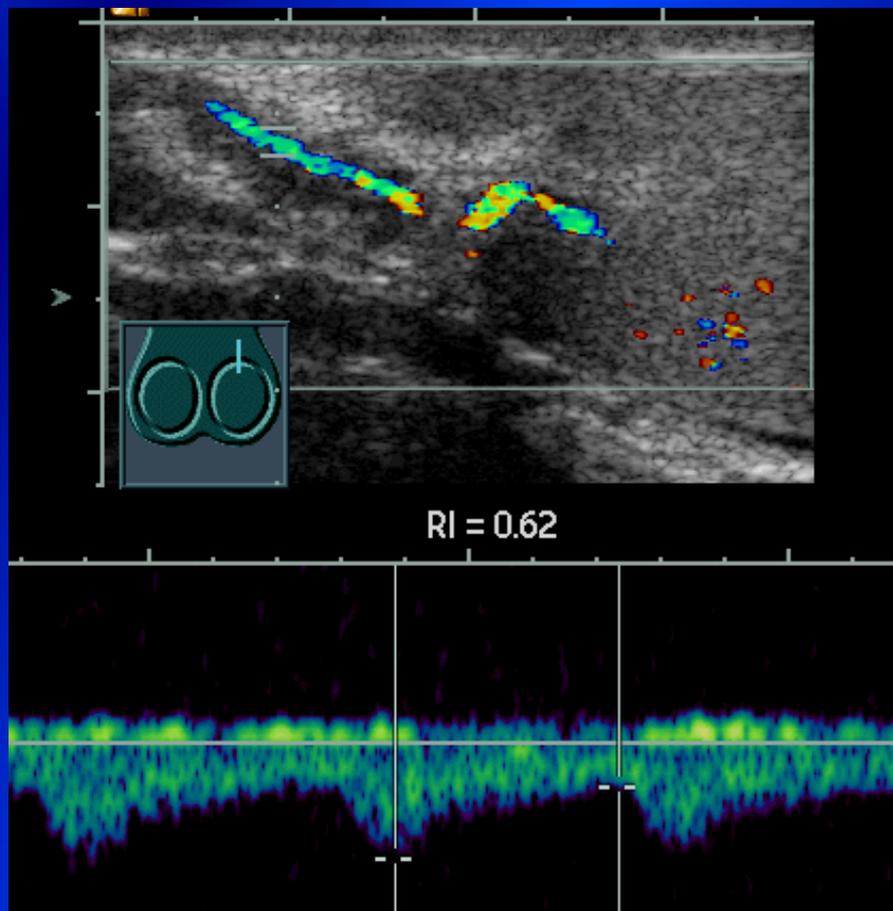
Vascularisation épiddidymo-testiculaire

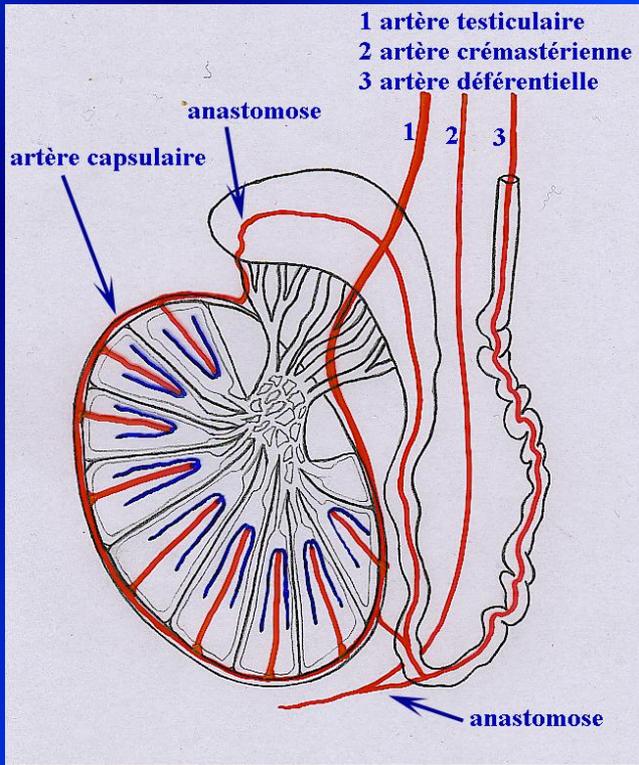




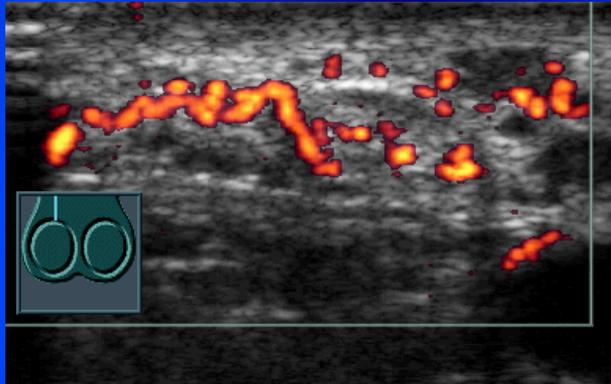
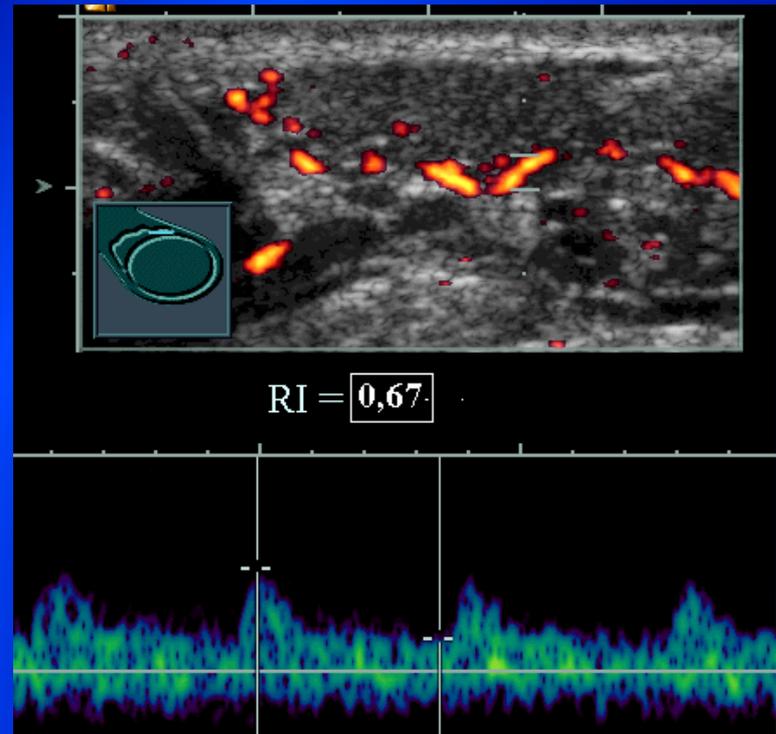
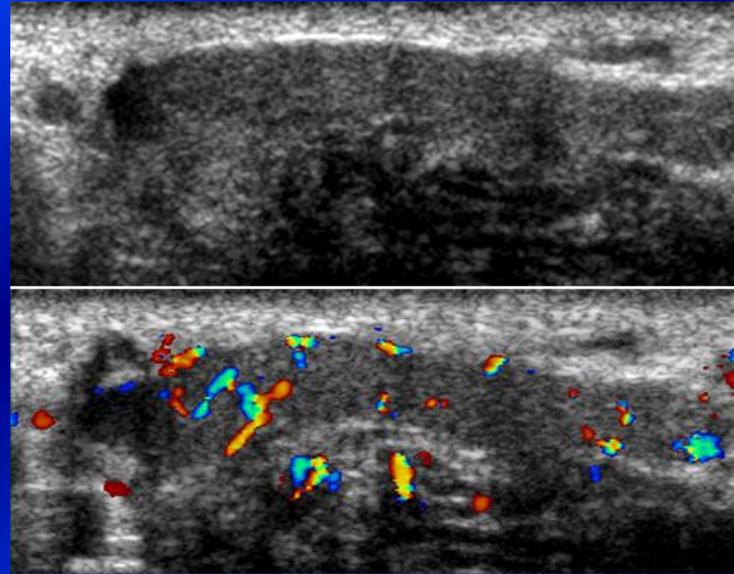
Vascularisation : variante





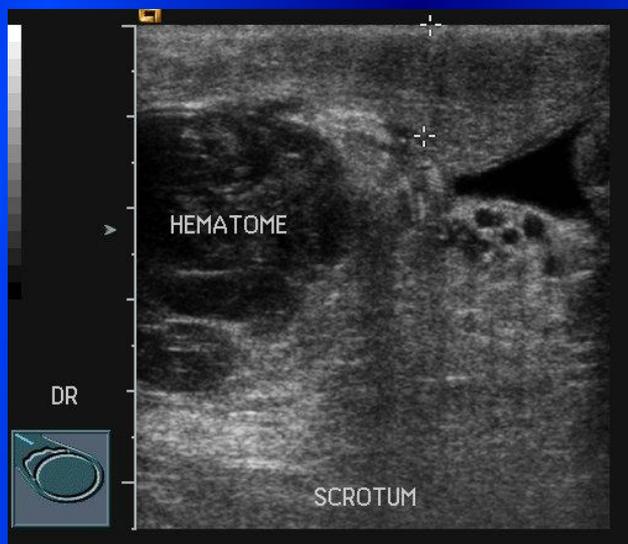


artère épiddymaire



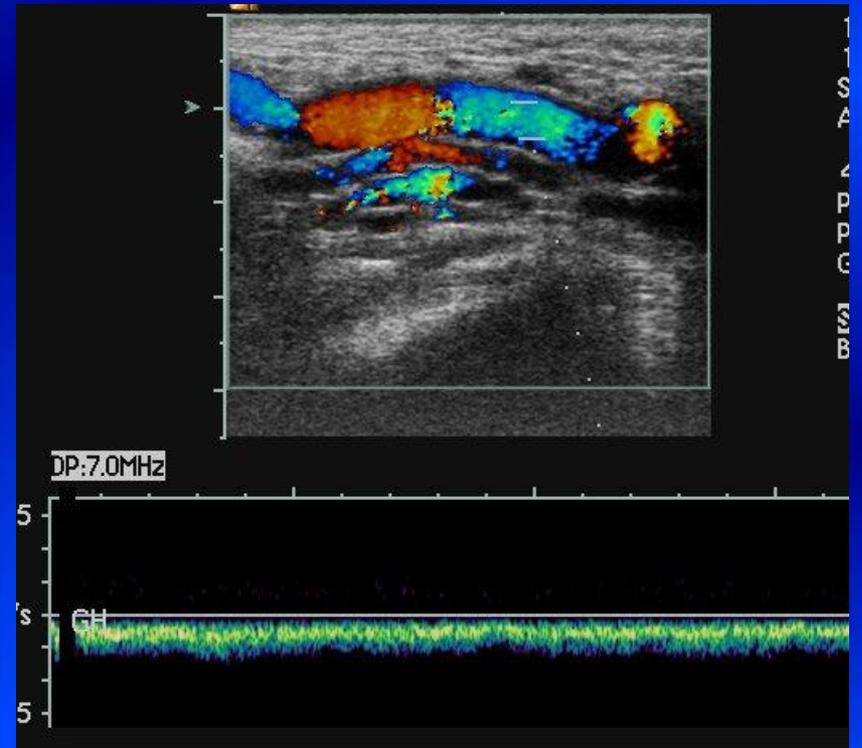
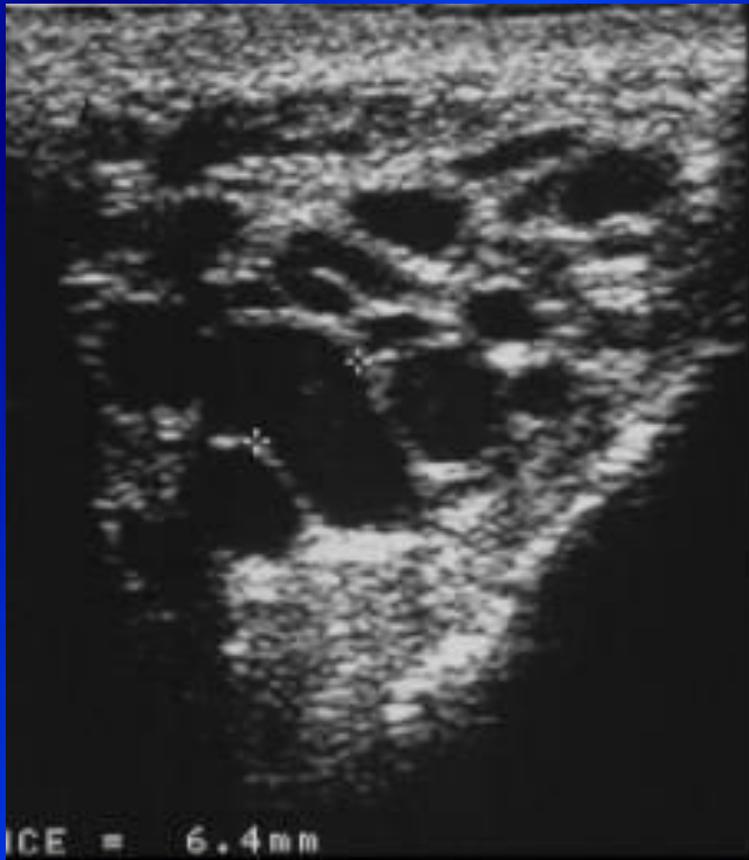
Quelques aspects anormaux typiques

Cordon spermatique : aspects anormaux typiques

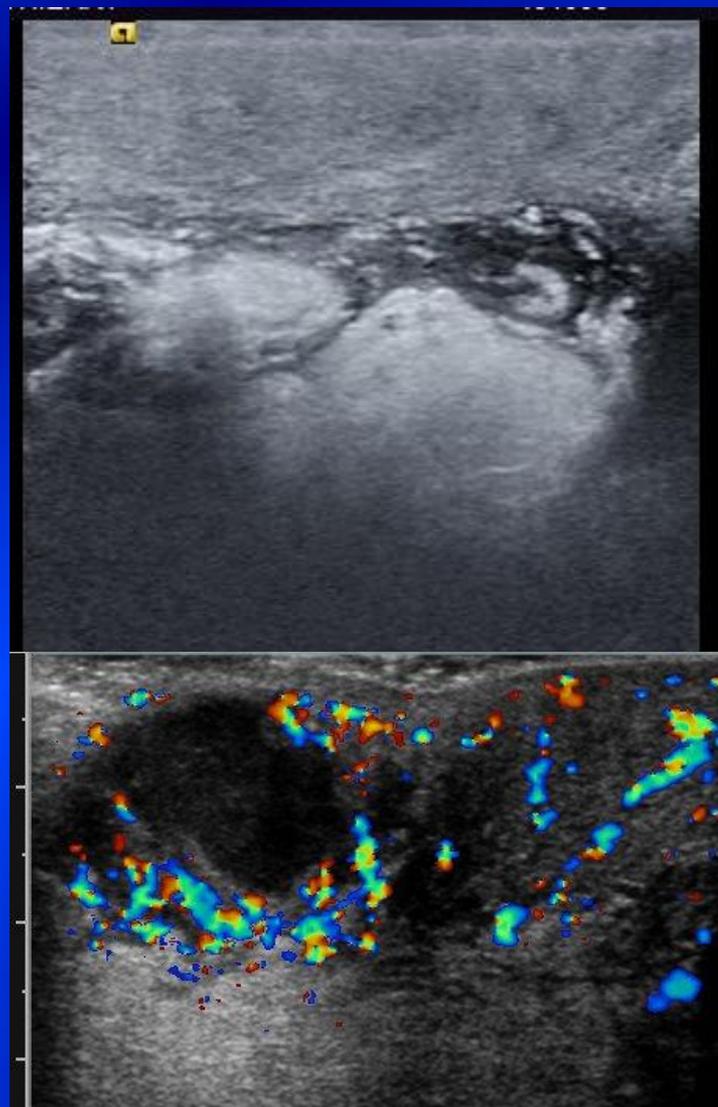
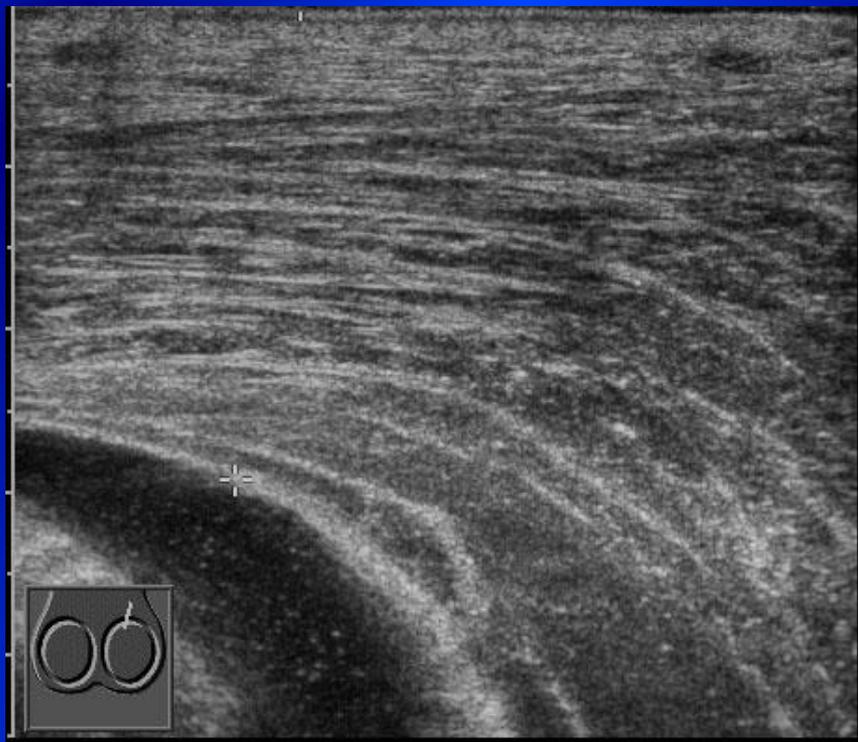


Cordon spermatique : aspects anormaux typiques

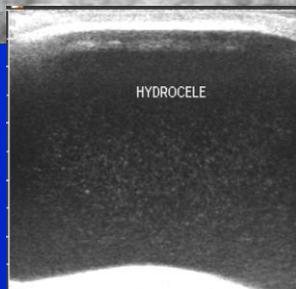
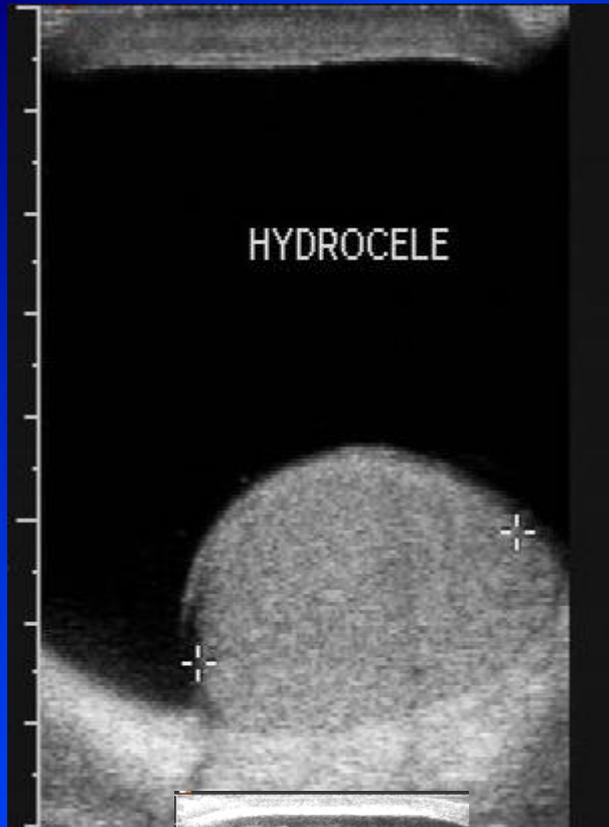


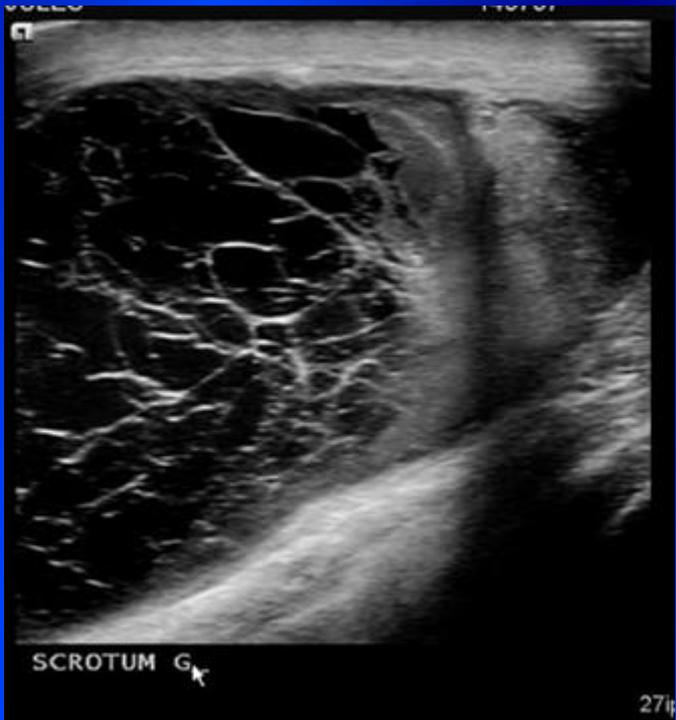
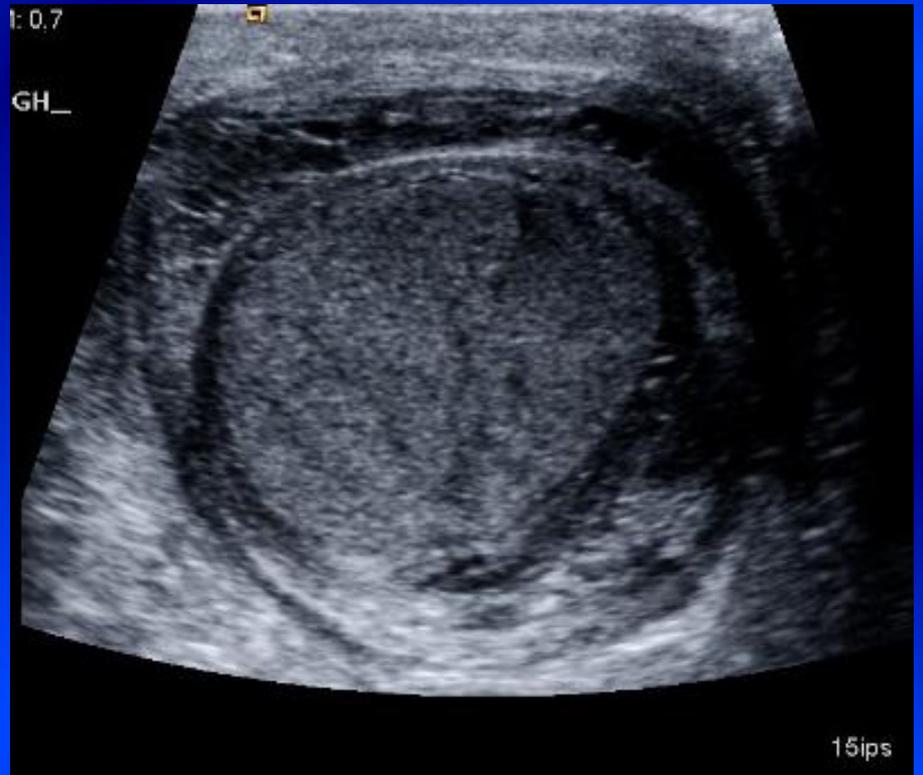
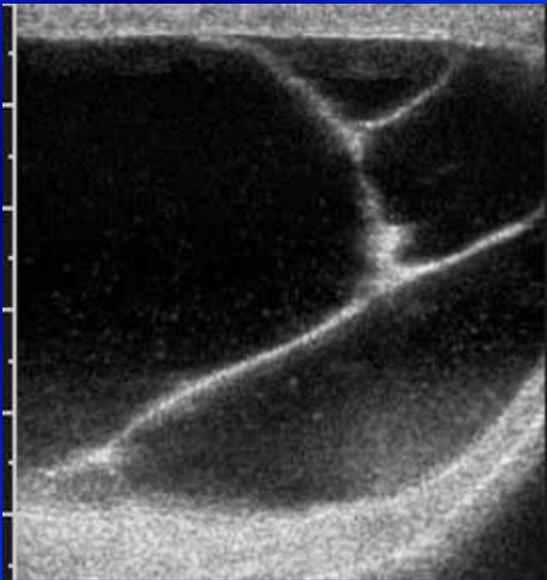


Enveloppes : aspects anormaux typiques



Sac scrotal : aspects anormaux typiques





Testicule : aspects anormaux typiques

Augmentation de volume testiculaire



Séminome géant

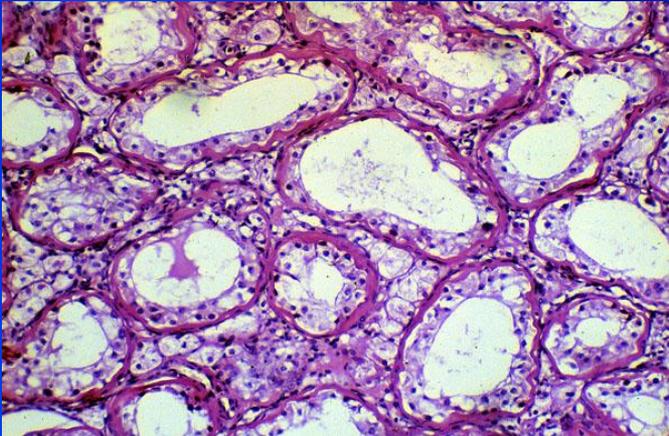
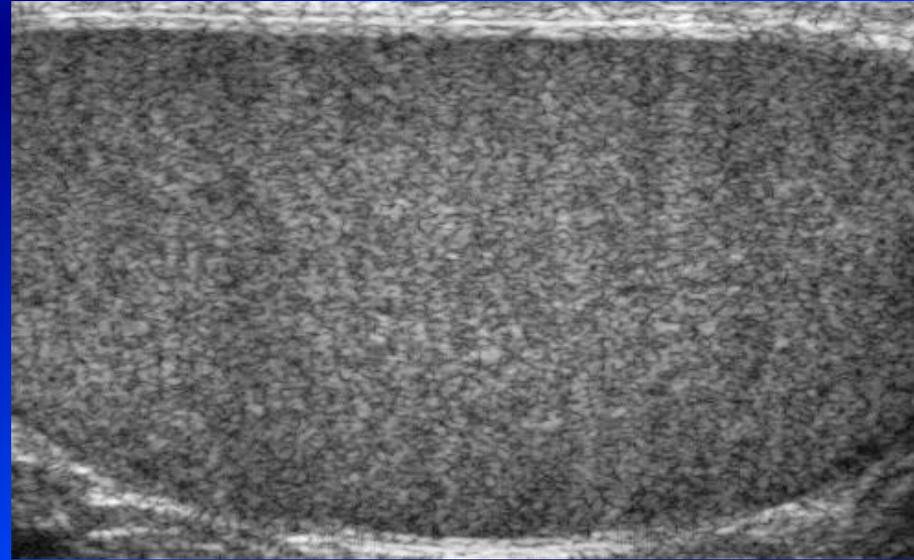
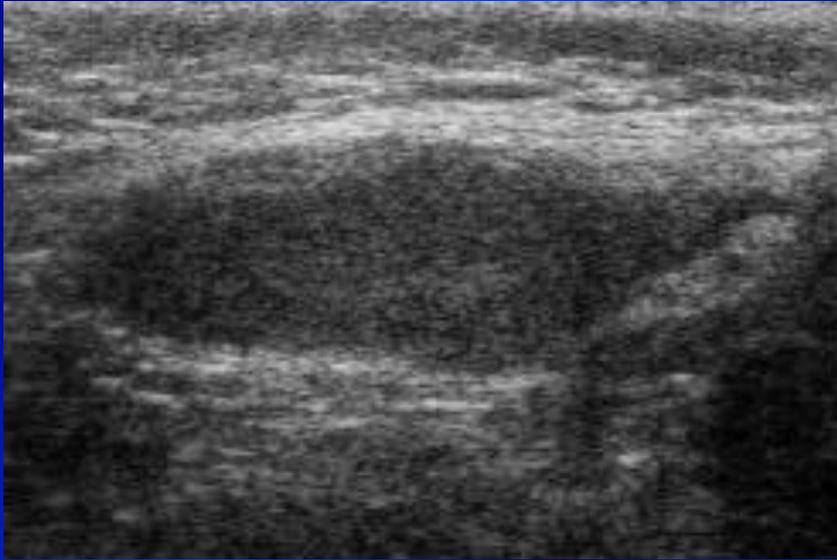


Lymphome

Tumeurs

Testicule : aspects anormaux typiques

Diminution de volume testiculaire



Cryptorchidie / atrophie

→ micronodule difficile à détecter



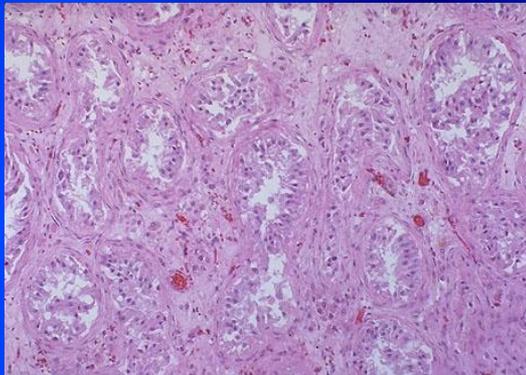
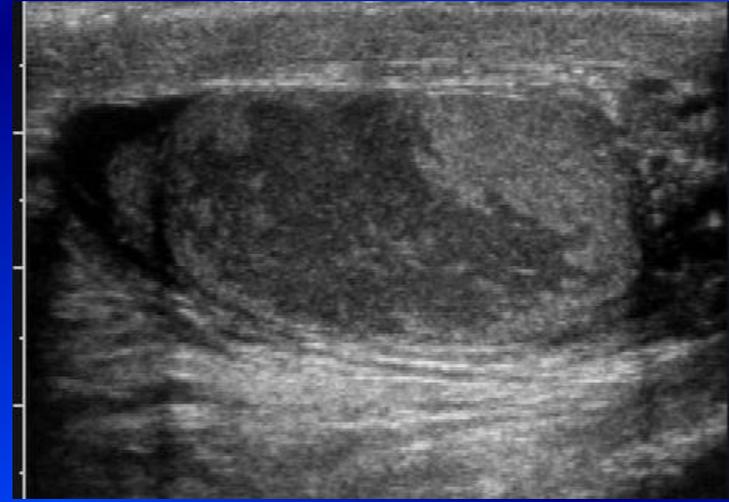
échographie = excellente méthode de localisation

- patients obèses
- si ATCD de chirurgie inguinale

RMN = utile en cas de cryptorchidie avec T intra-abdominal

Testicule : aspects anormaux typiques

Anomalie d'échogénicité testiculaire



Séquelles ischémiques / infectieuses

degré d'hétérogénéité corrélé négativement avec qualité du sperme



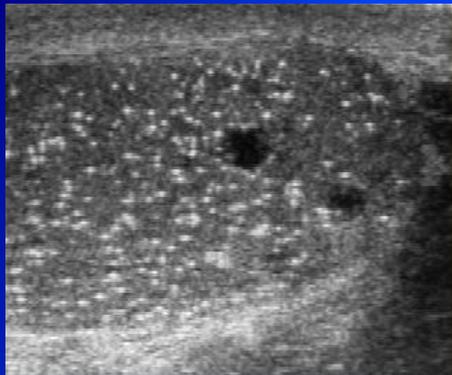
Nodule testiculaire

↔ *hypoéchogène* : utile pour détection sauf si cryptorchidie

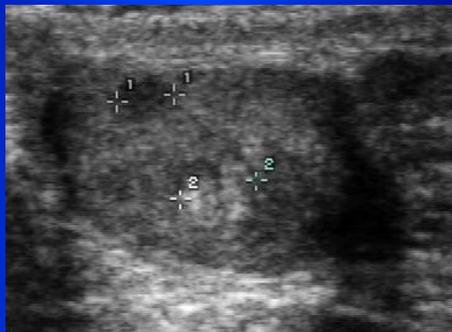


unique, < 5 mm « Incidentalome »

surveillance



multiple, < 5 mm

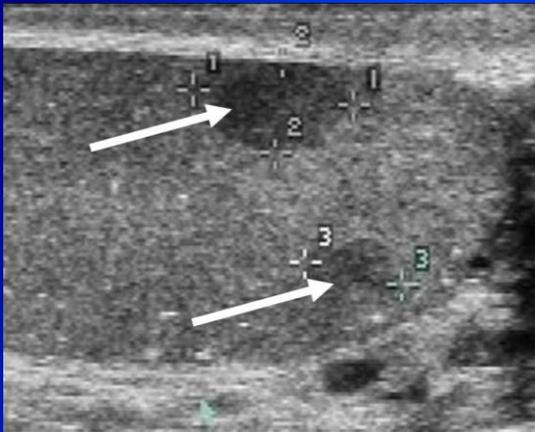


multiple, échogénicité variable, petite taille



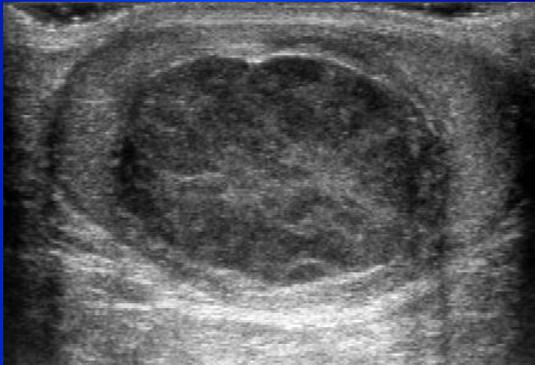
unique, > 5 mm

biopsie/exérèse d'emblée

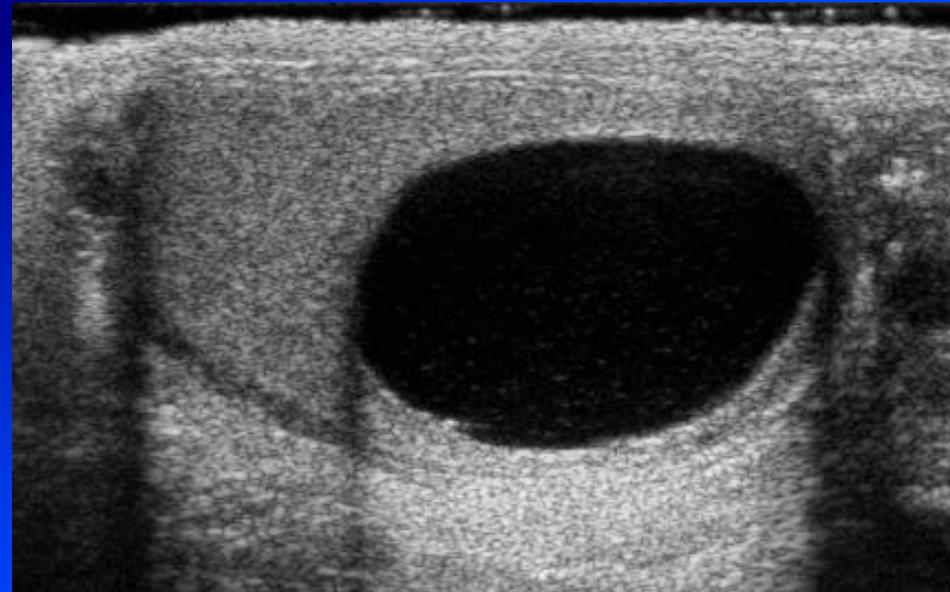


multiple, = ou > 5 mm

exérèse systématique



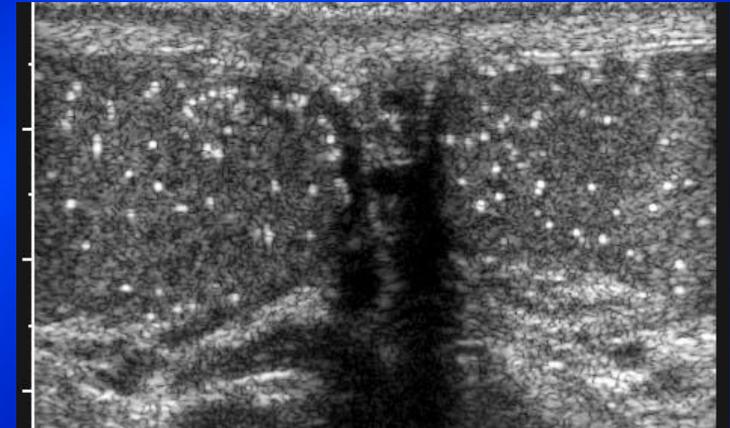
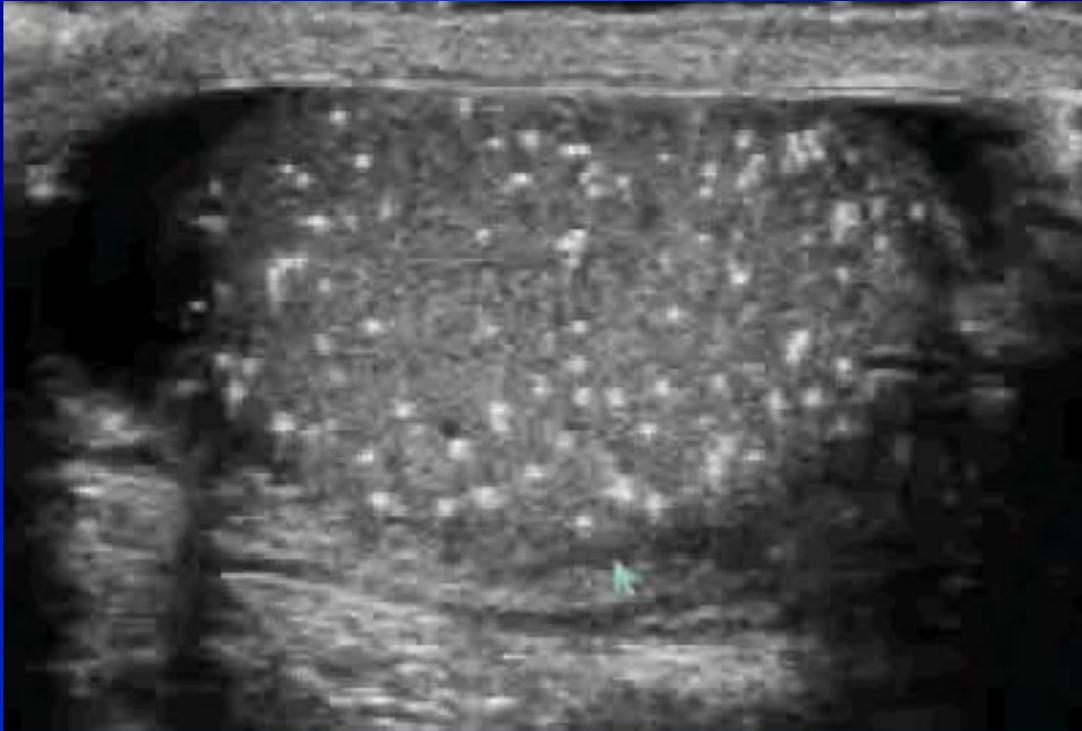
unique, > 1 cm



Kyste testiculaire

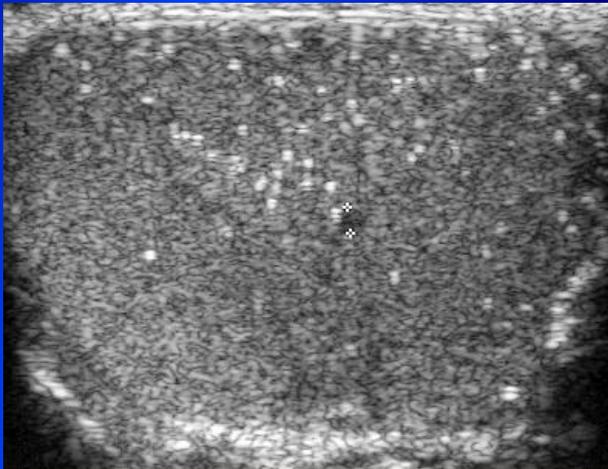
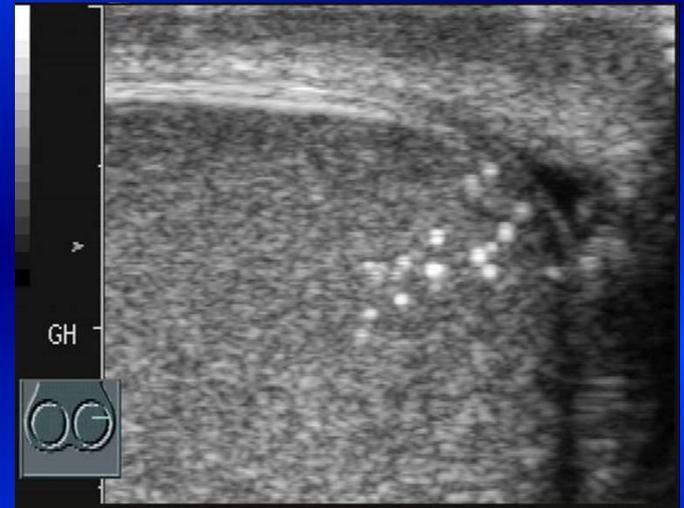
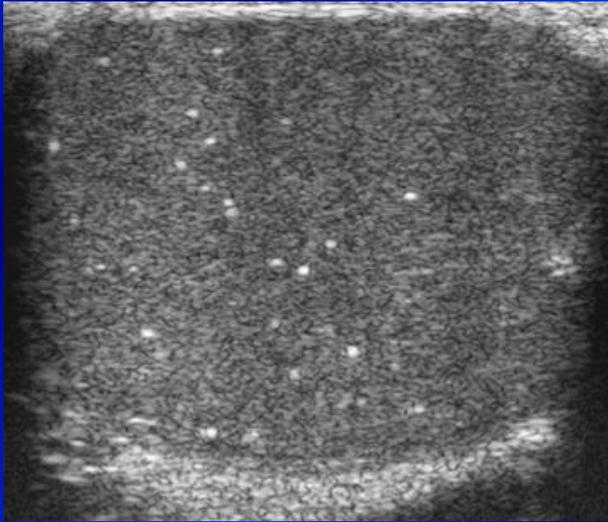
Testicule : aspects anormaux typiques

Anomalie d'échostructure testiculaire

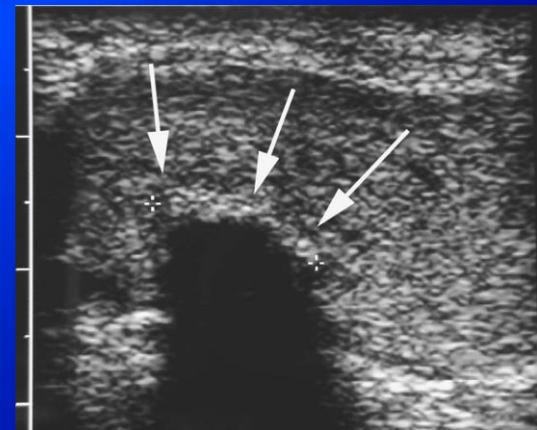


microcalcifications intratesticulaires (MT)

Entité de Backus (1994)



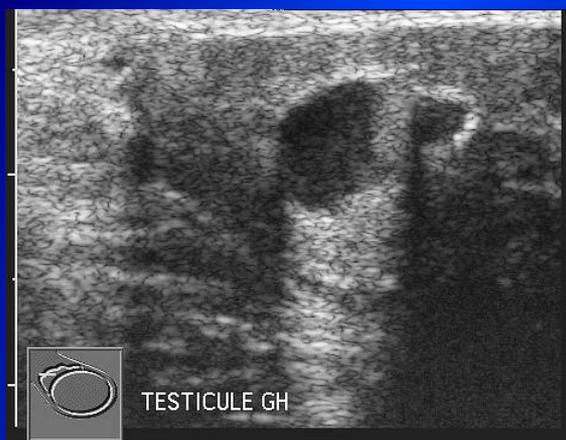
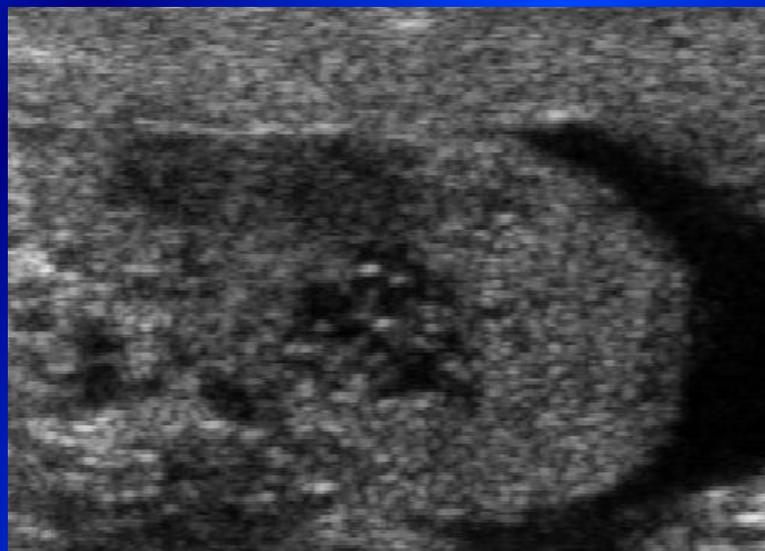
microcalcifications intratesticulaires



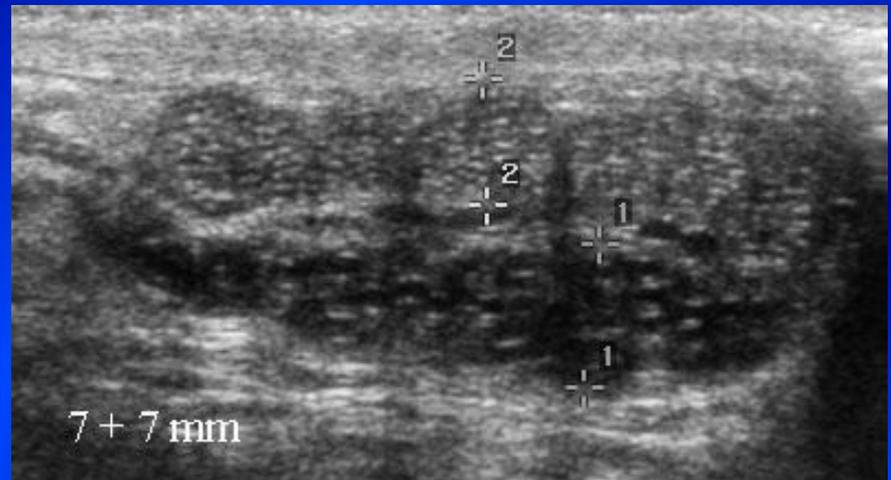
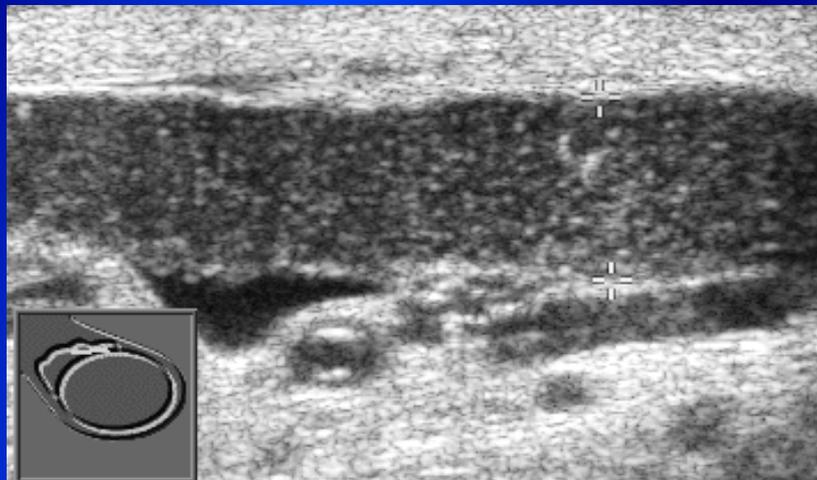
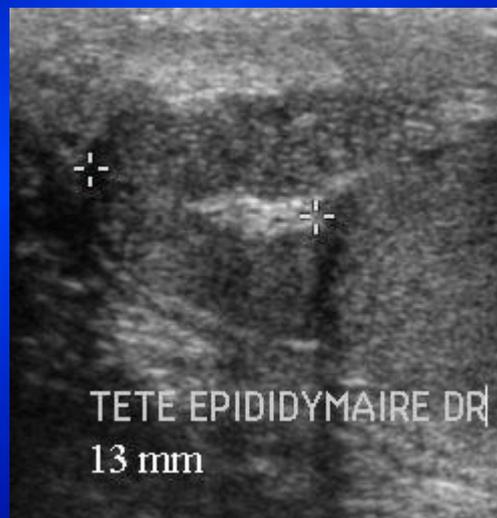
microcalcifications intratesticulaires

Anomalie morphologique du tube

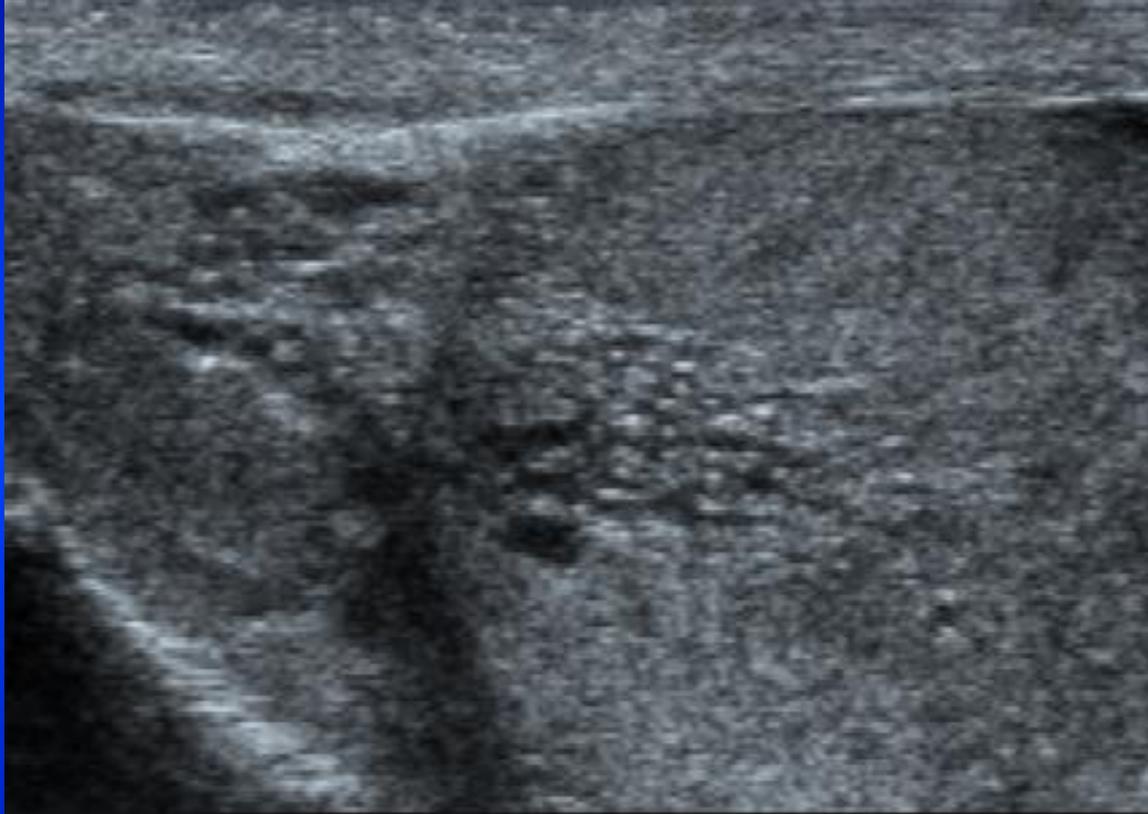
Epididyme : aspects anormaux typiques



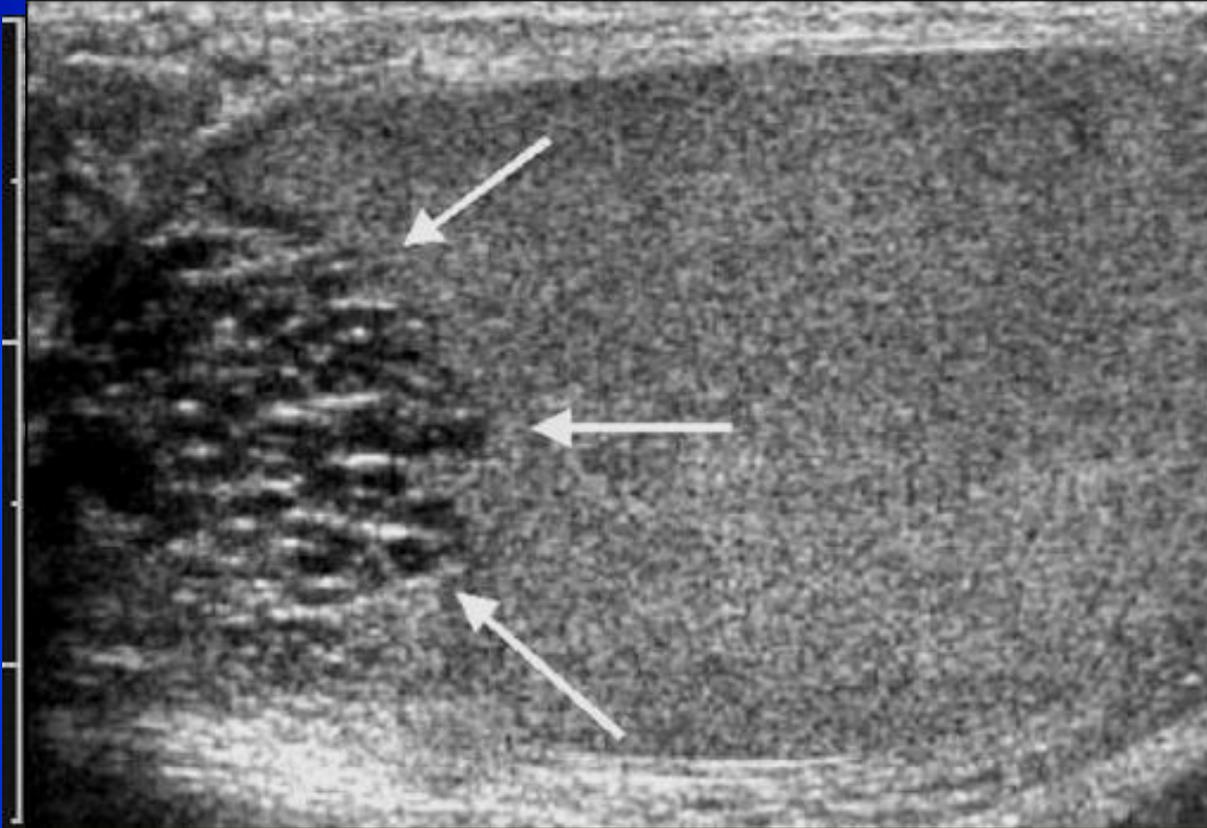
dilatations microkystiques / spermatocele



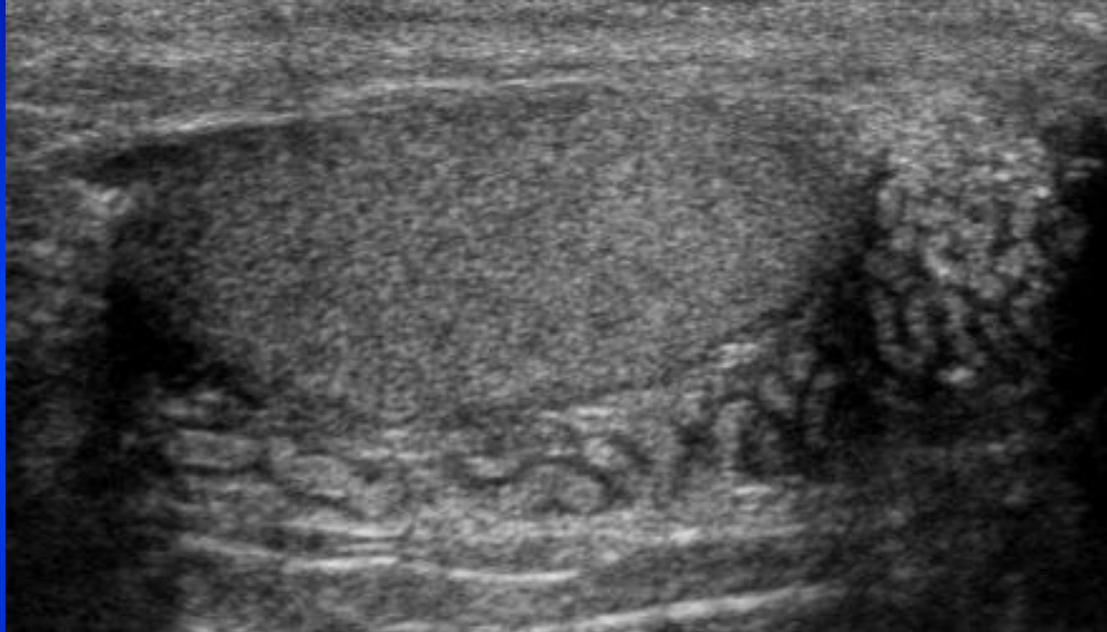
dilatation épидидymaire globale



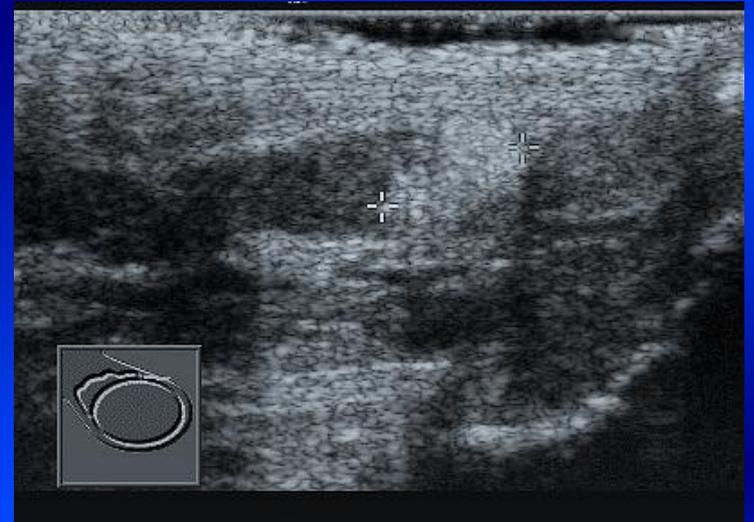
dilatation épидидymaire localisée



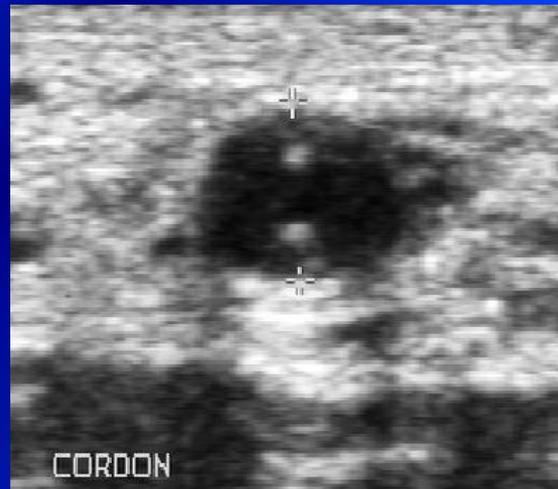
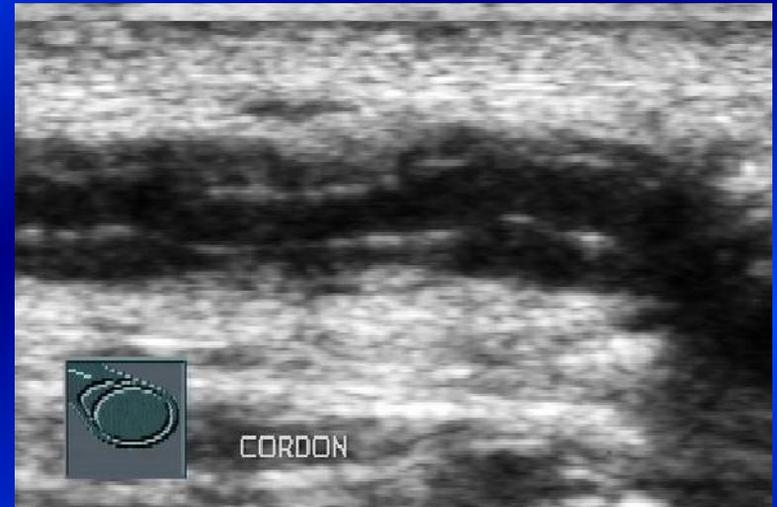
Ectasie du rete testis



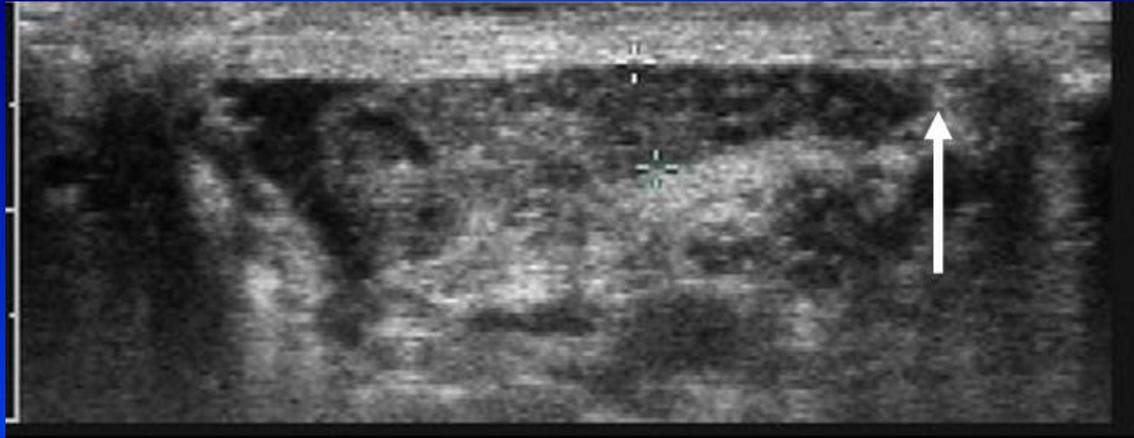
stase épидидymaire



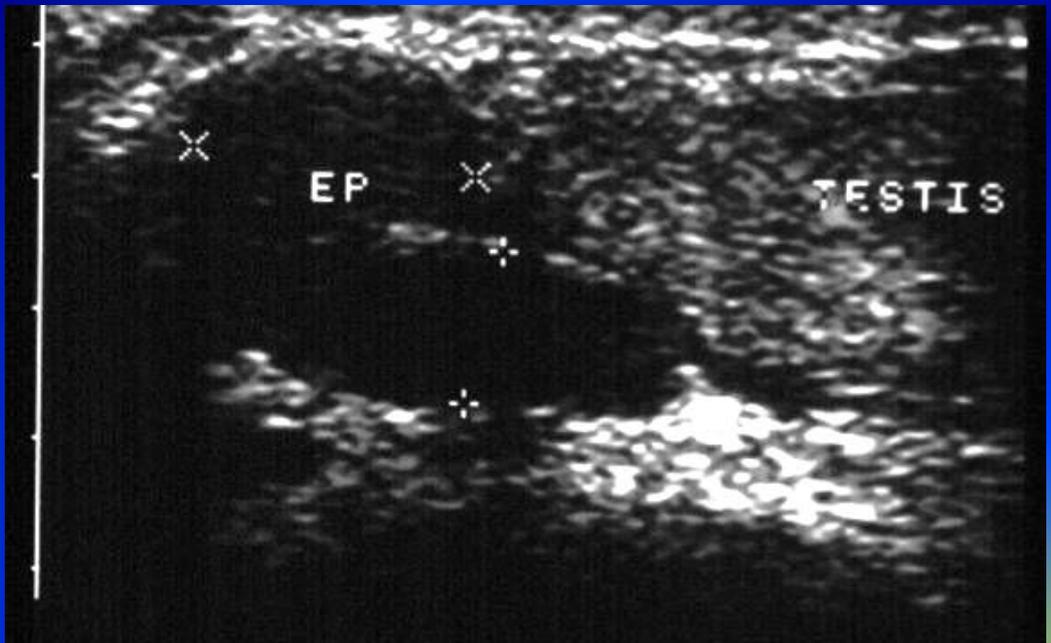
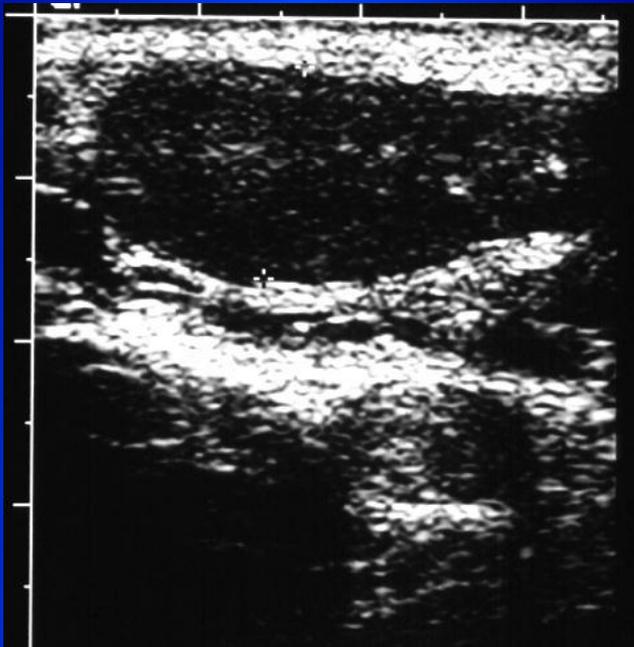
microcalcification, masse pseudo-inflammatoire



dilatation du segment scrotal du canal déférent



CBAVD



Conclusion