

Le thorax de l'enfant

Particularités radiologiques en urgence

Dana Dumitriu
Renaud Menten
Philippe Clapuyt

- Stratégie d'exploration en pédiatrie

- Cliché standard de face
 - Pas de profil en routine
- Echographie

- CT

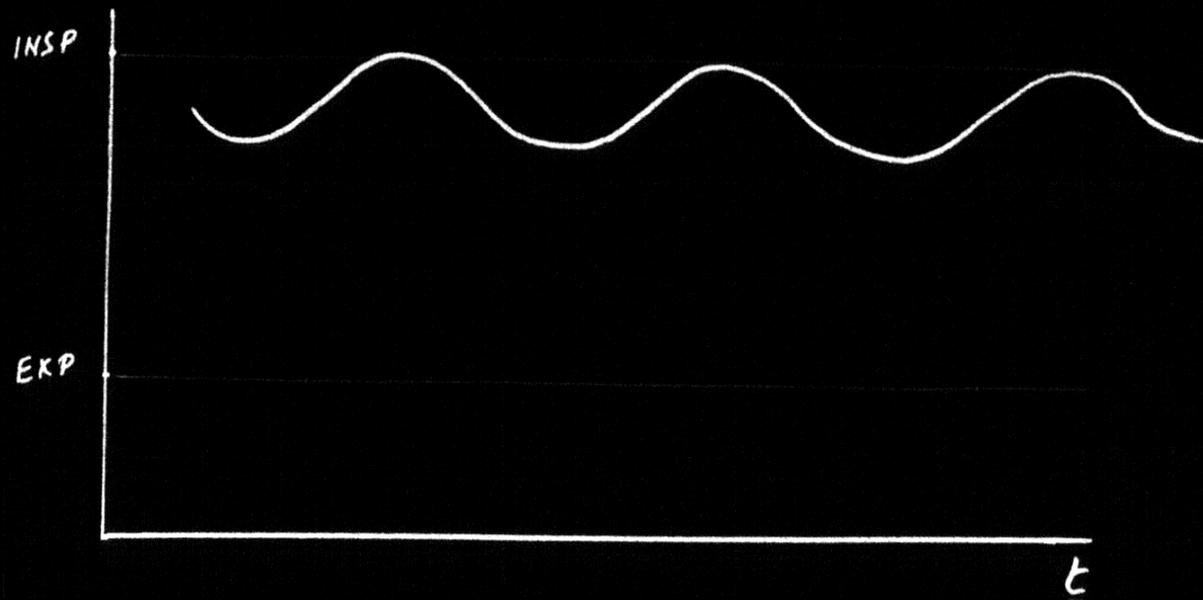
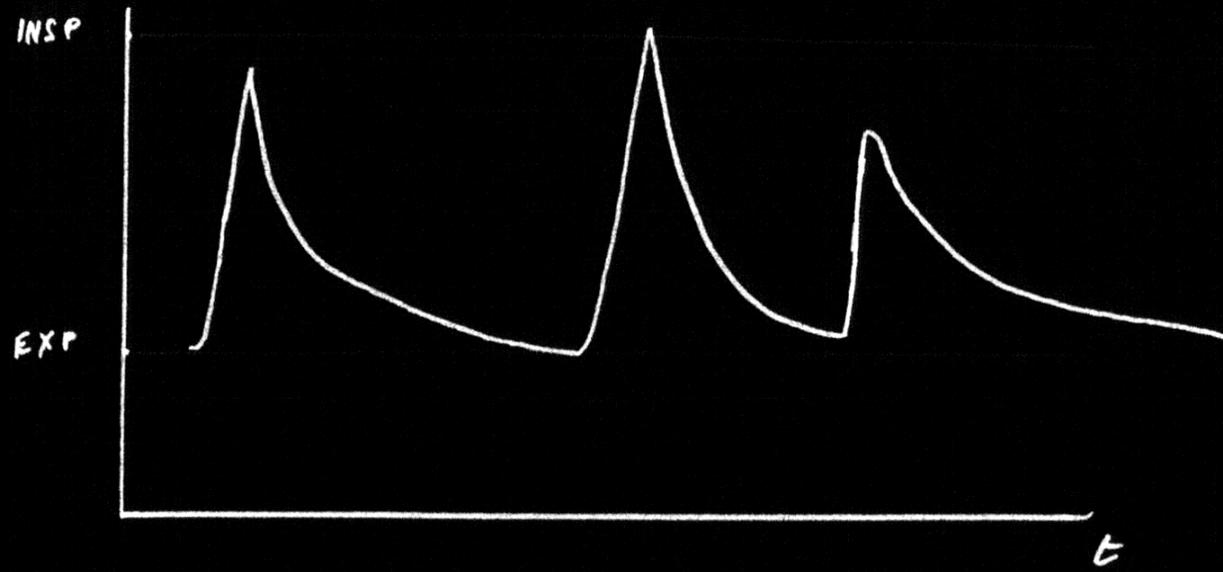
- Radiographie standard
 - Premier moyen d'exploration
 - Utilisée à grande échelle
 - Technique rigoureuse

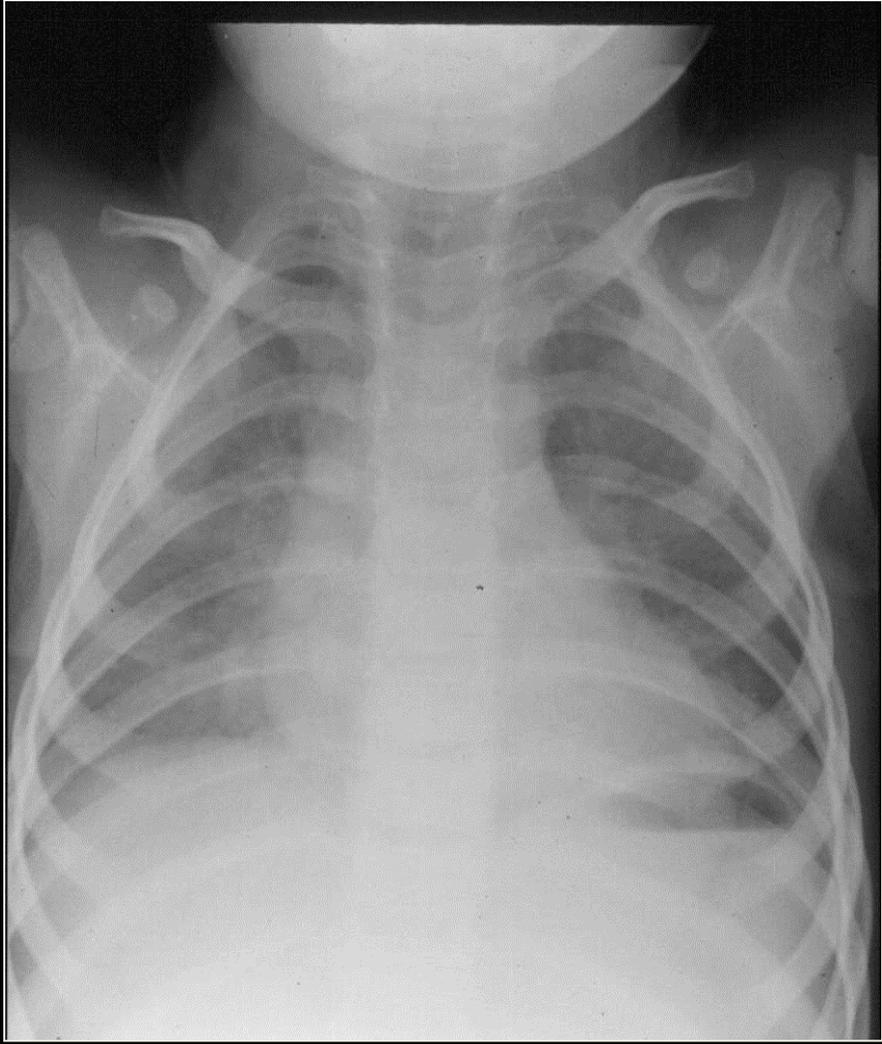
- particularités techniques en pédiatrie

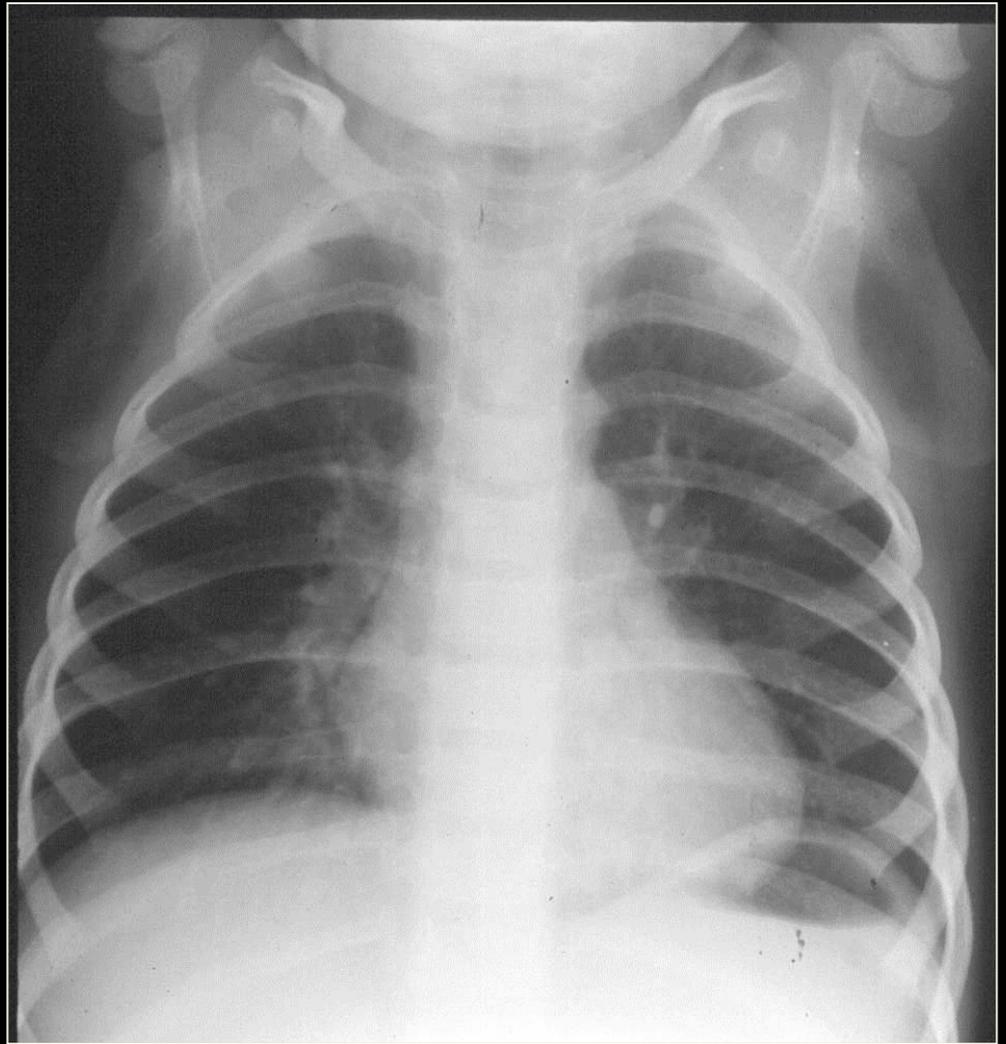
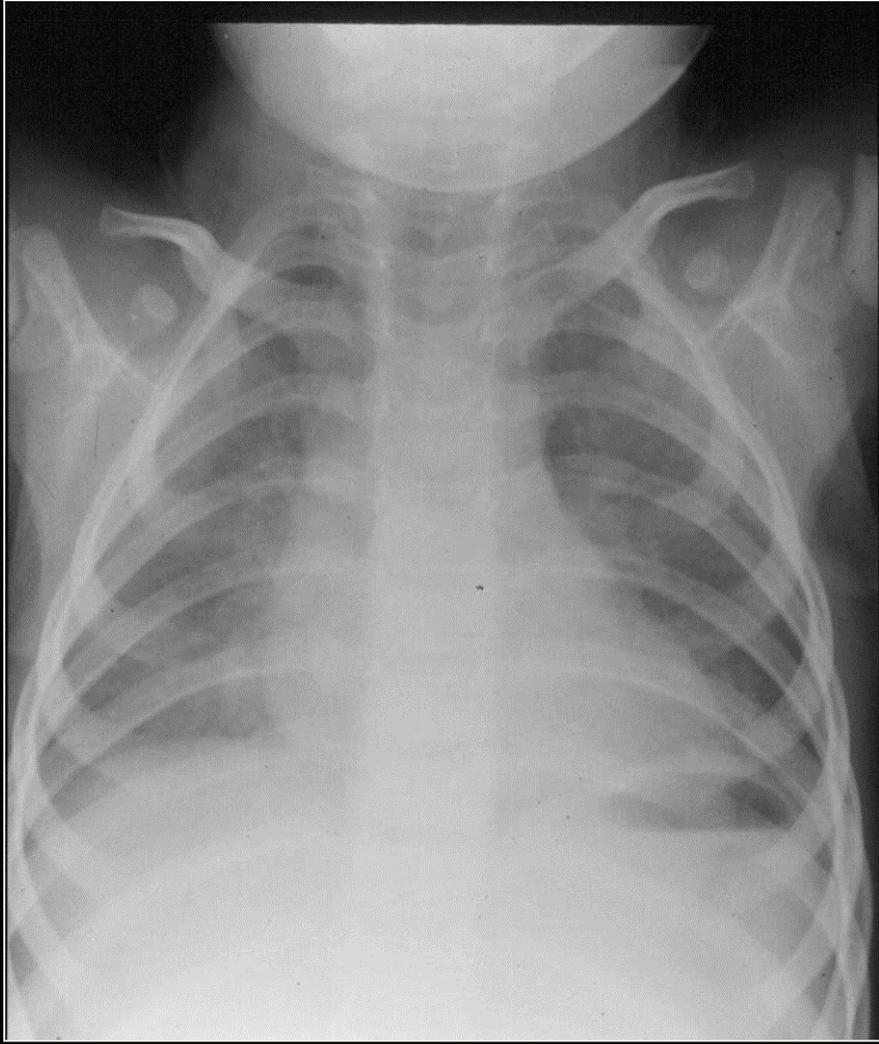
- ≤ 8 – 10 ans :
 - décubitus dorsal
 - dégagement du menton
 - bras le long de la tête
 - face strict
 - ablation de la grille anti-diffusé
 - haut kV > 90 à 105
- > 10 ans : technique « adulte »



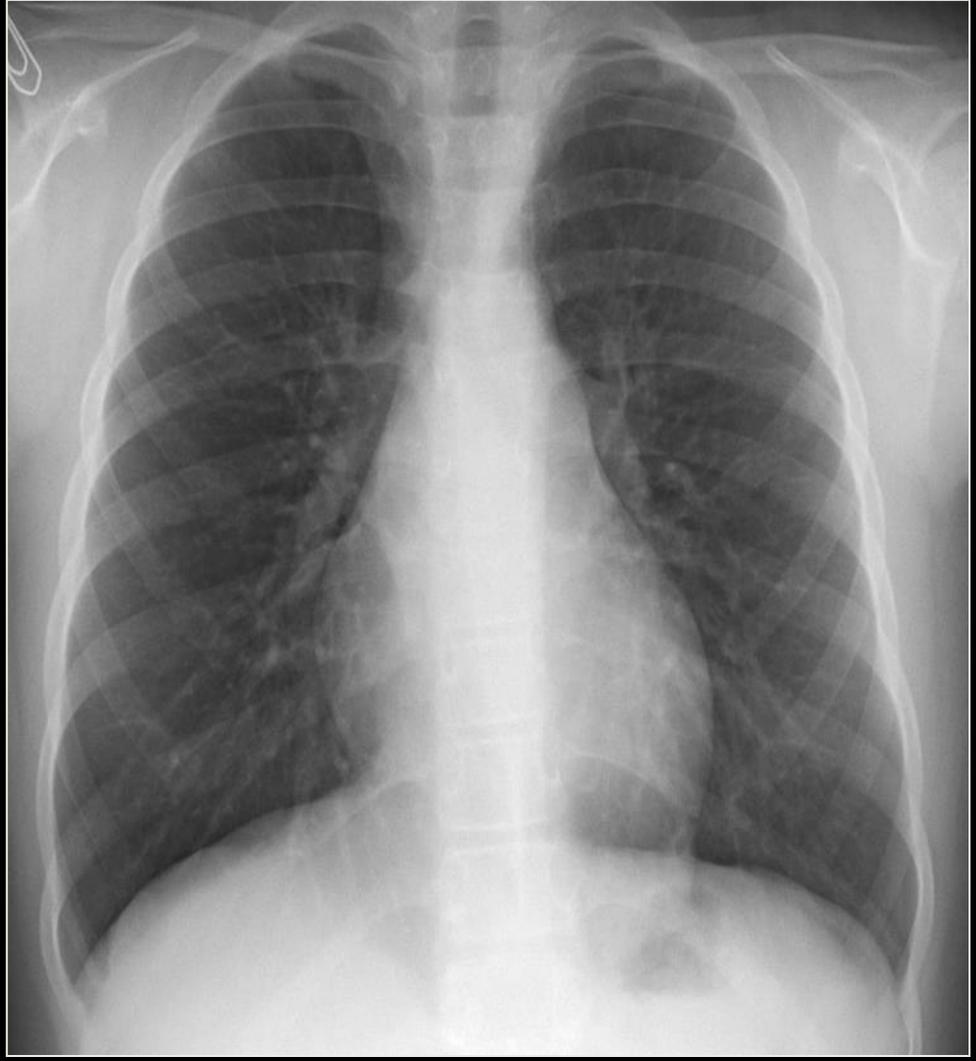
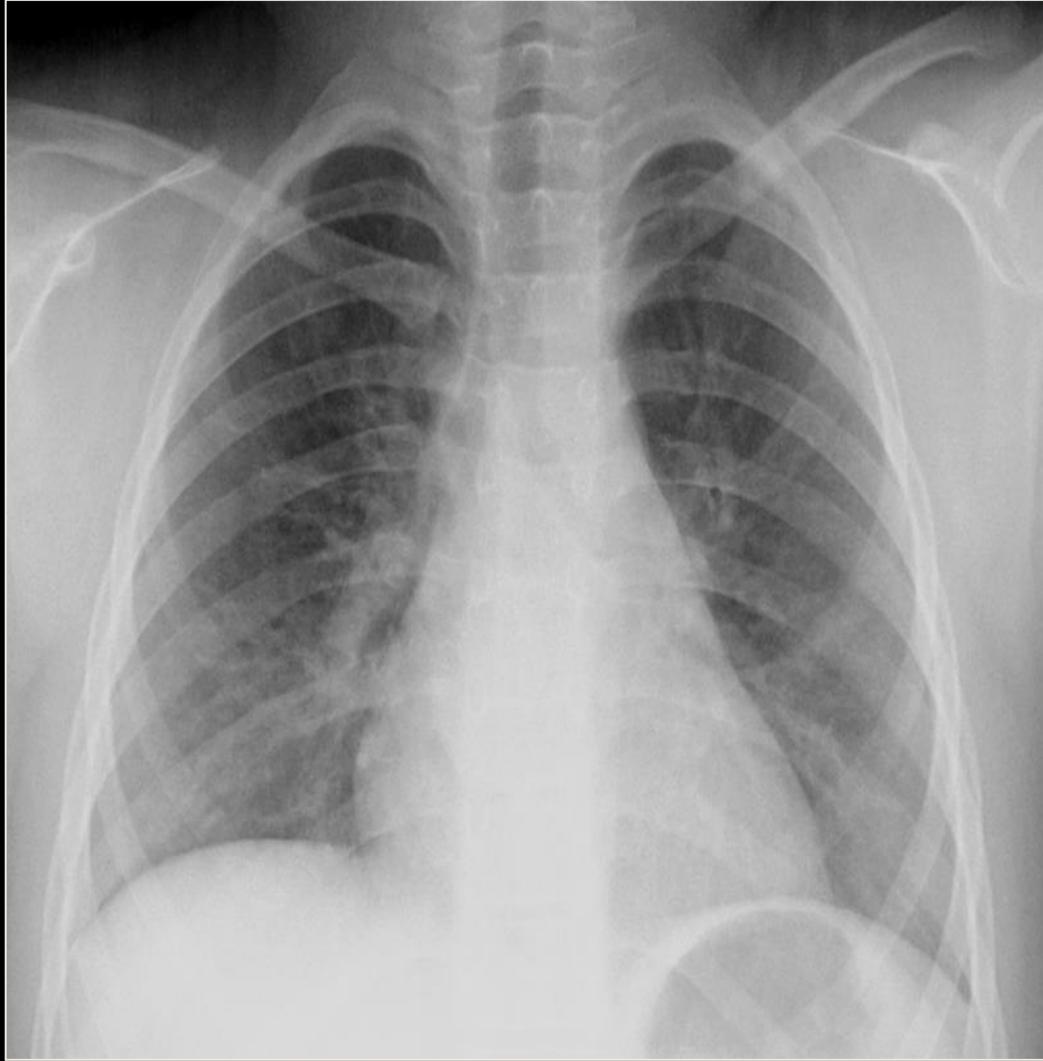










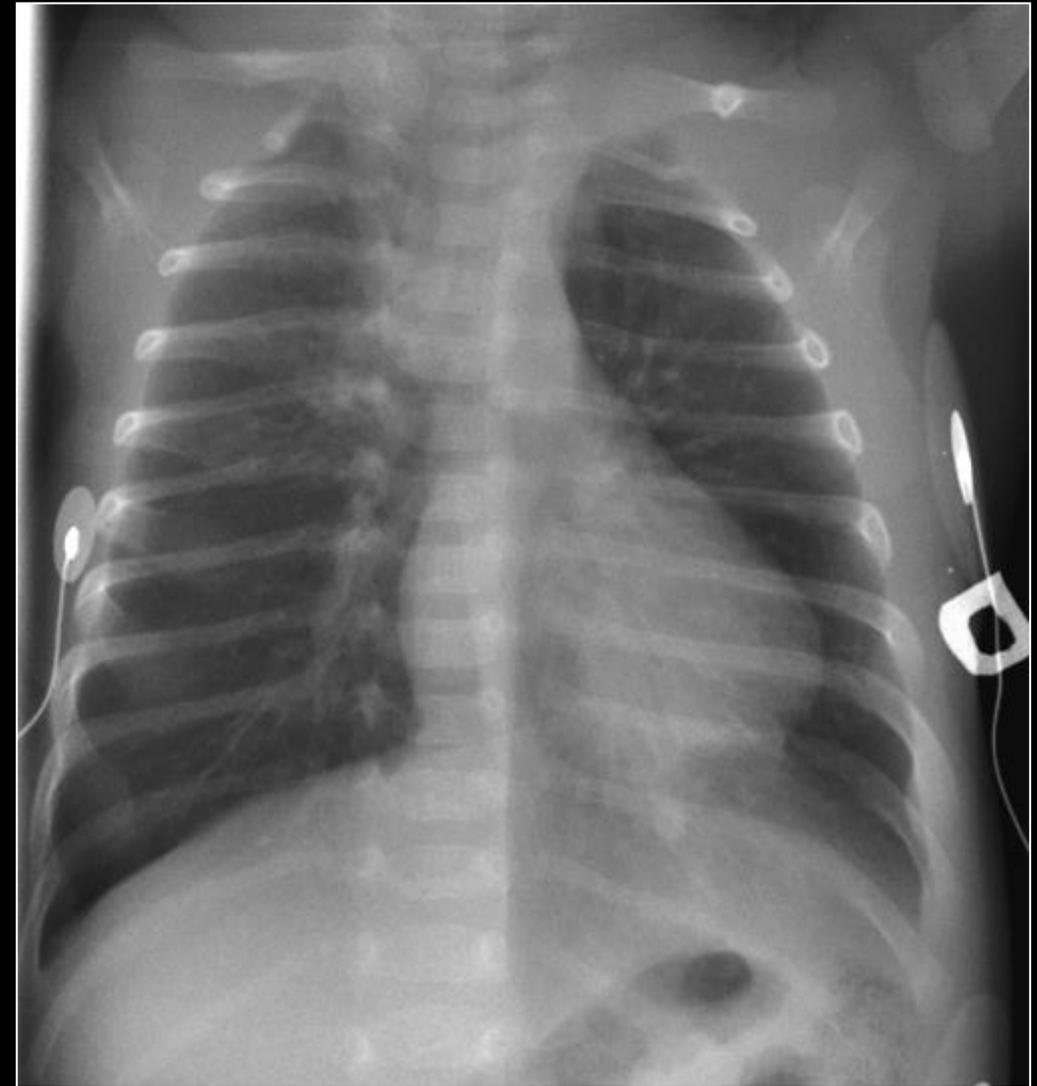


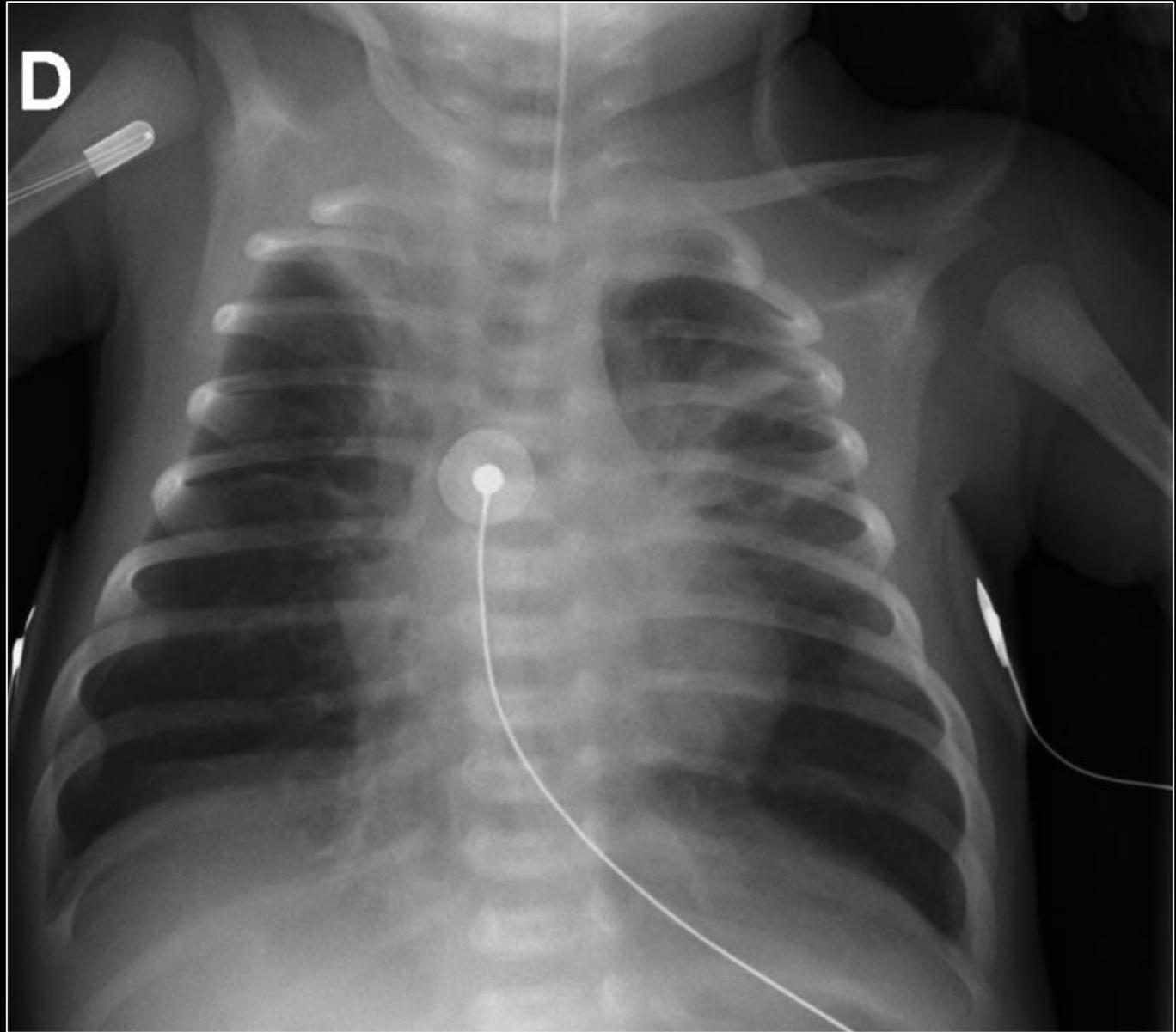
Infection respiratoire

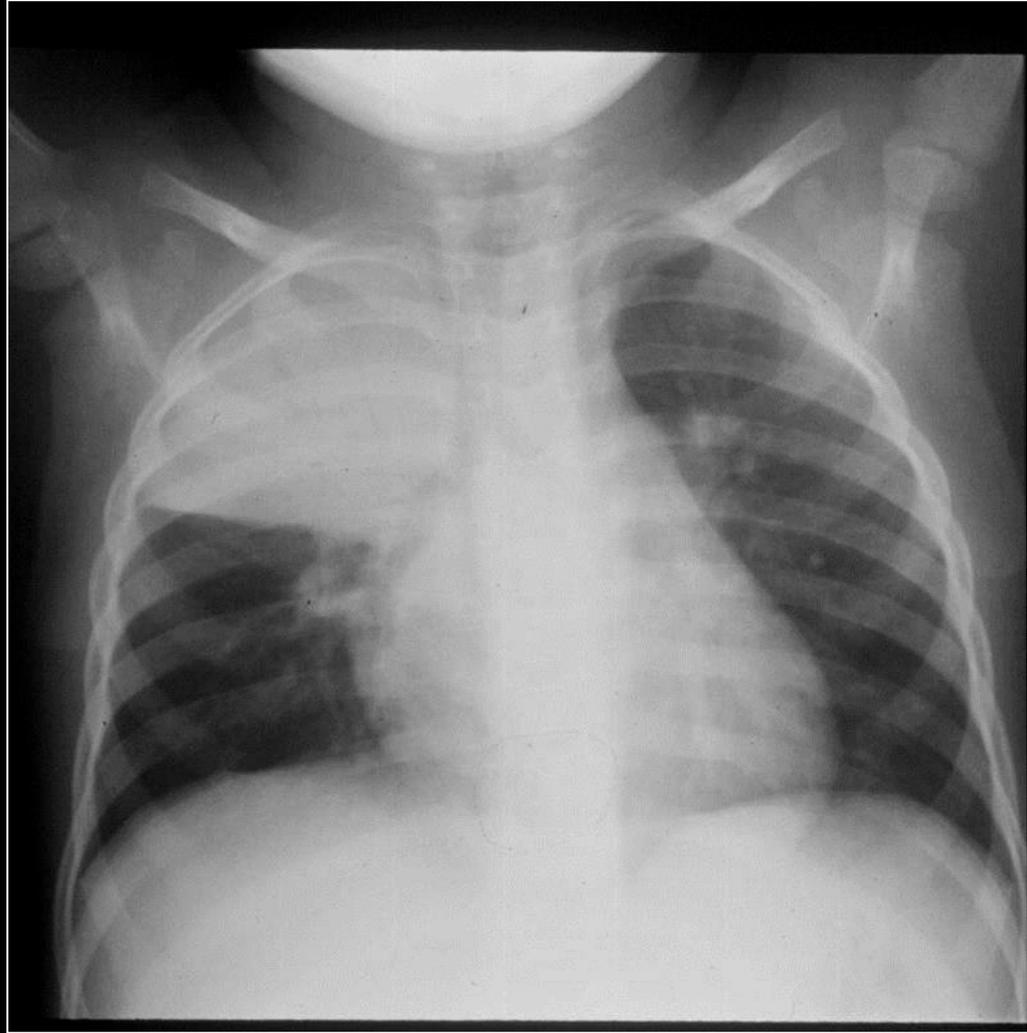
- Intérêt de la radiographie
 - Rechercher une pneumopathie bactérienne
 - Haute valeur prédictive négative

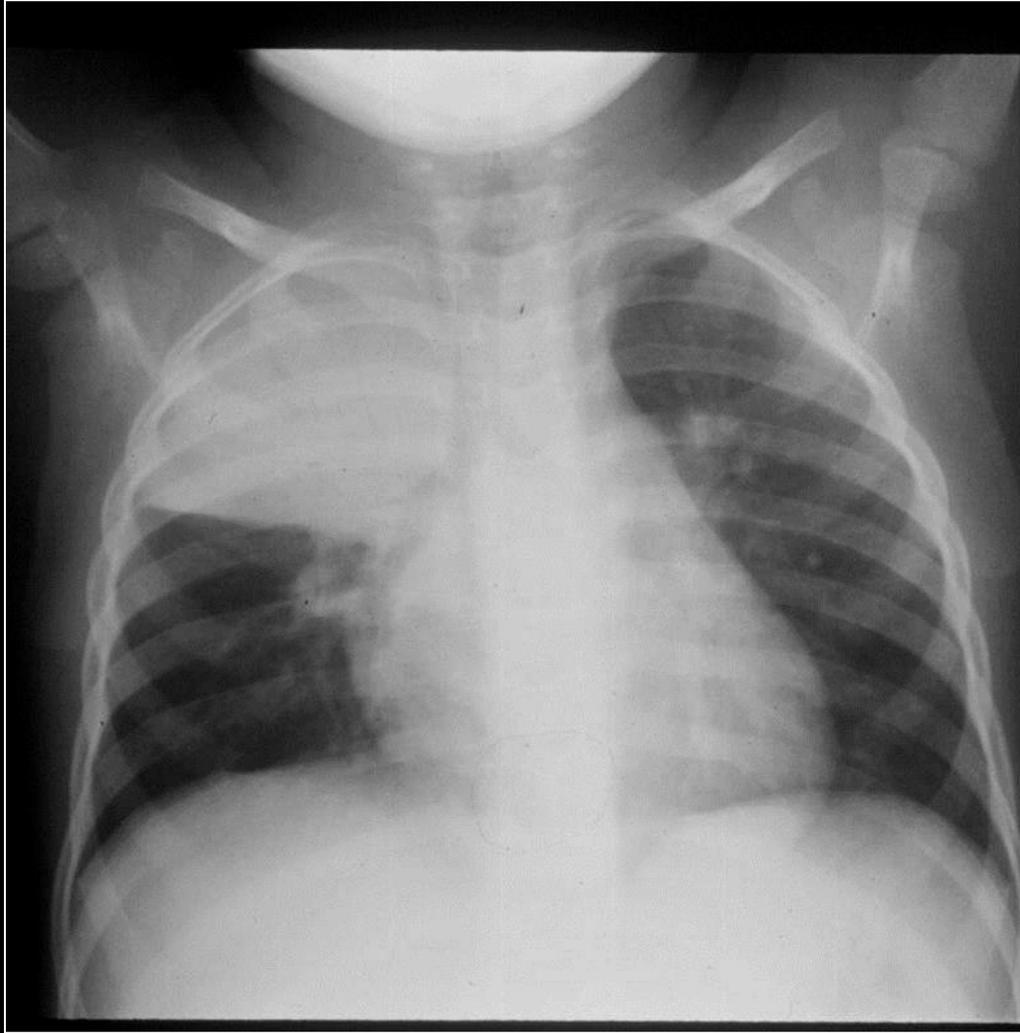


- Spectre radiologique de la bronchiolite
 - hyperinflation
 - épaisissements bronchiques centraux
 - infiltrats péribronchiques parahilaires
 - atélectasies sous-segmentaires

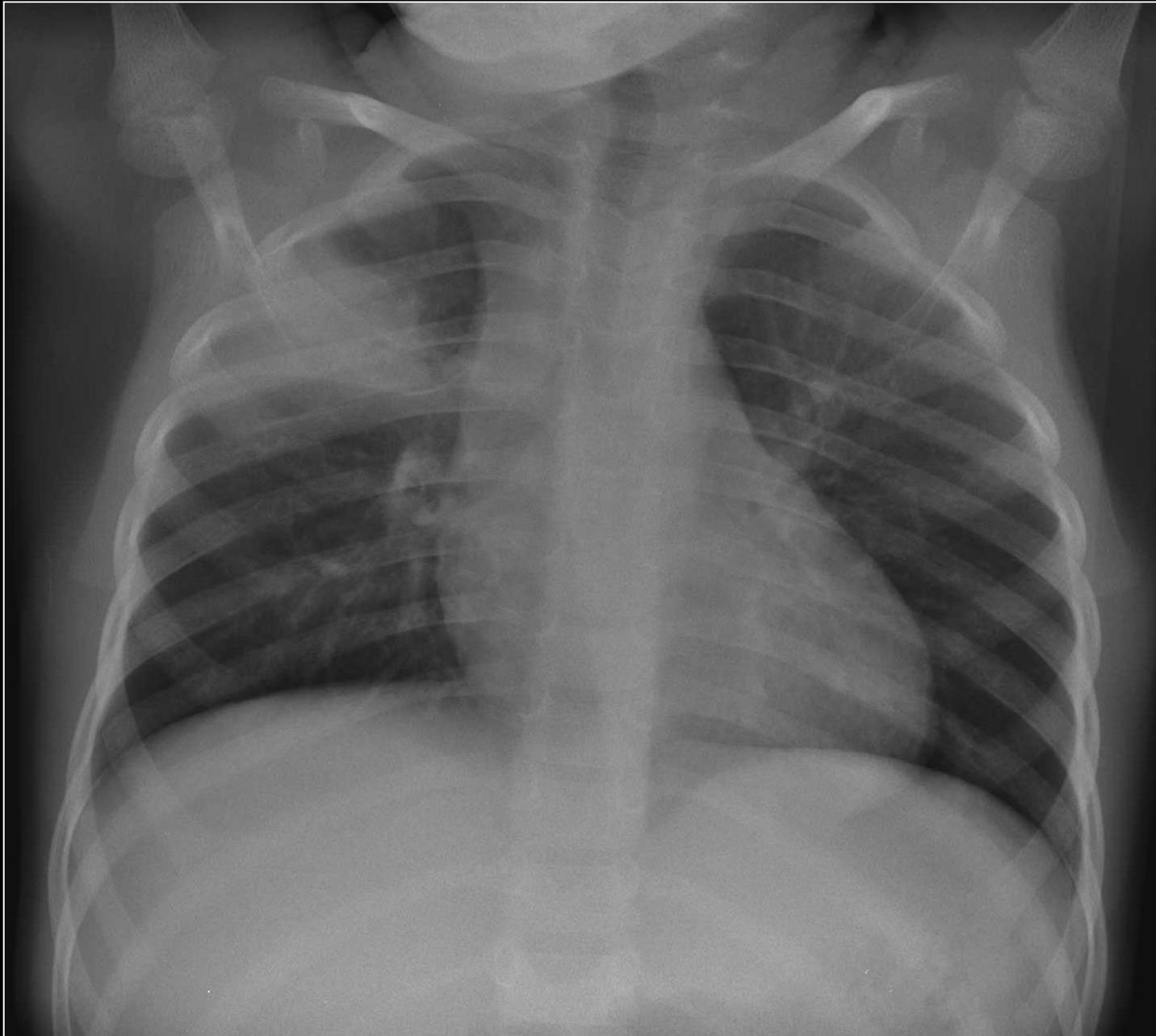


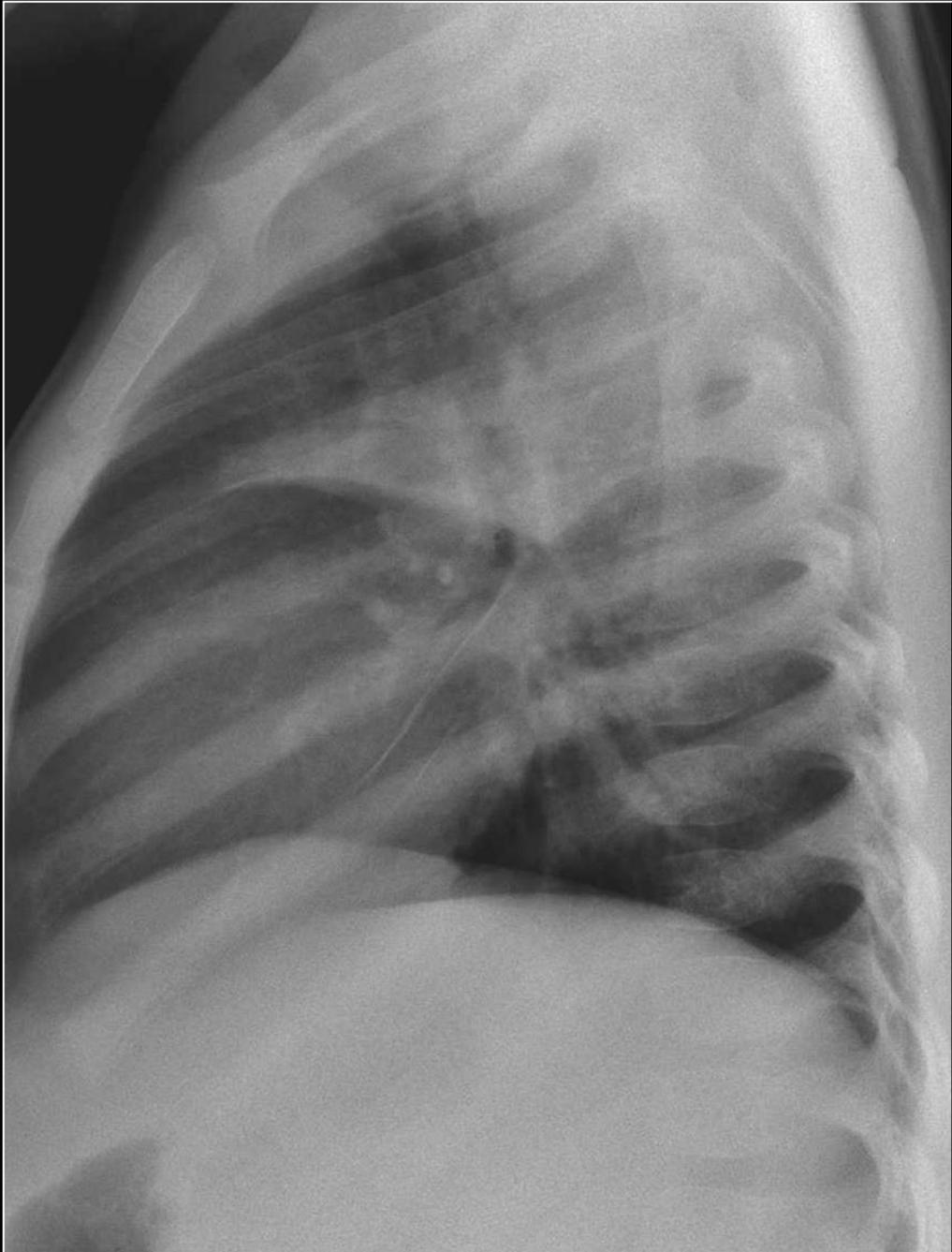


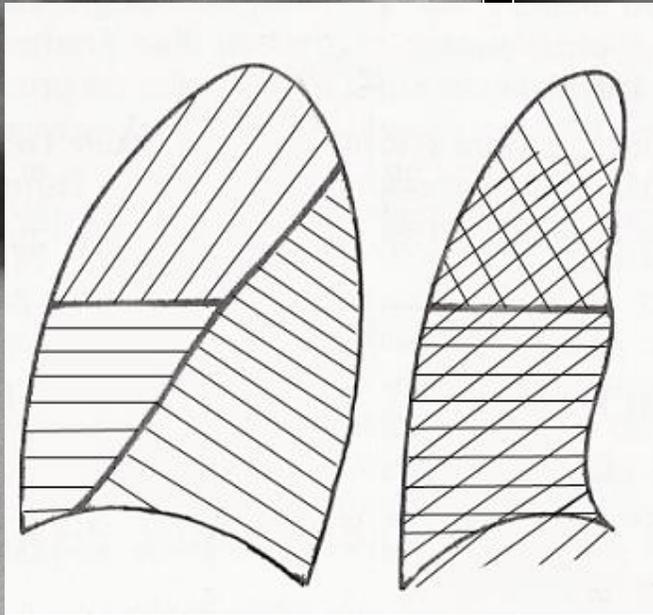
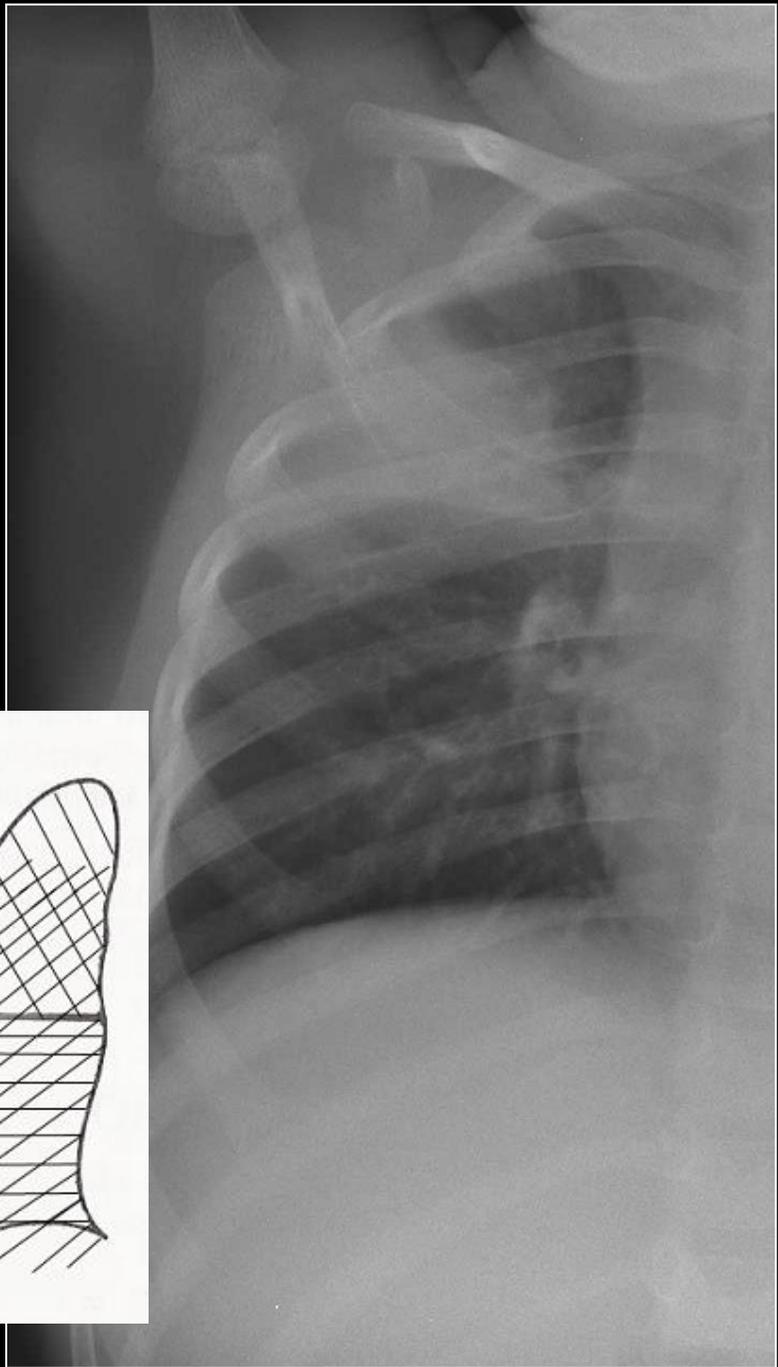
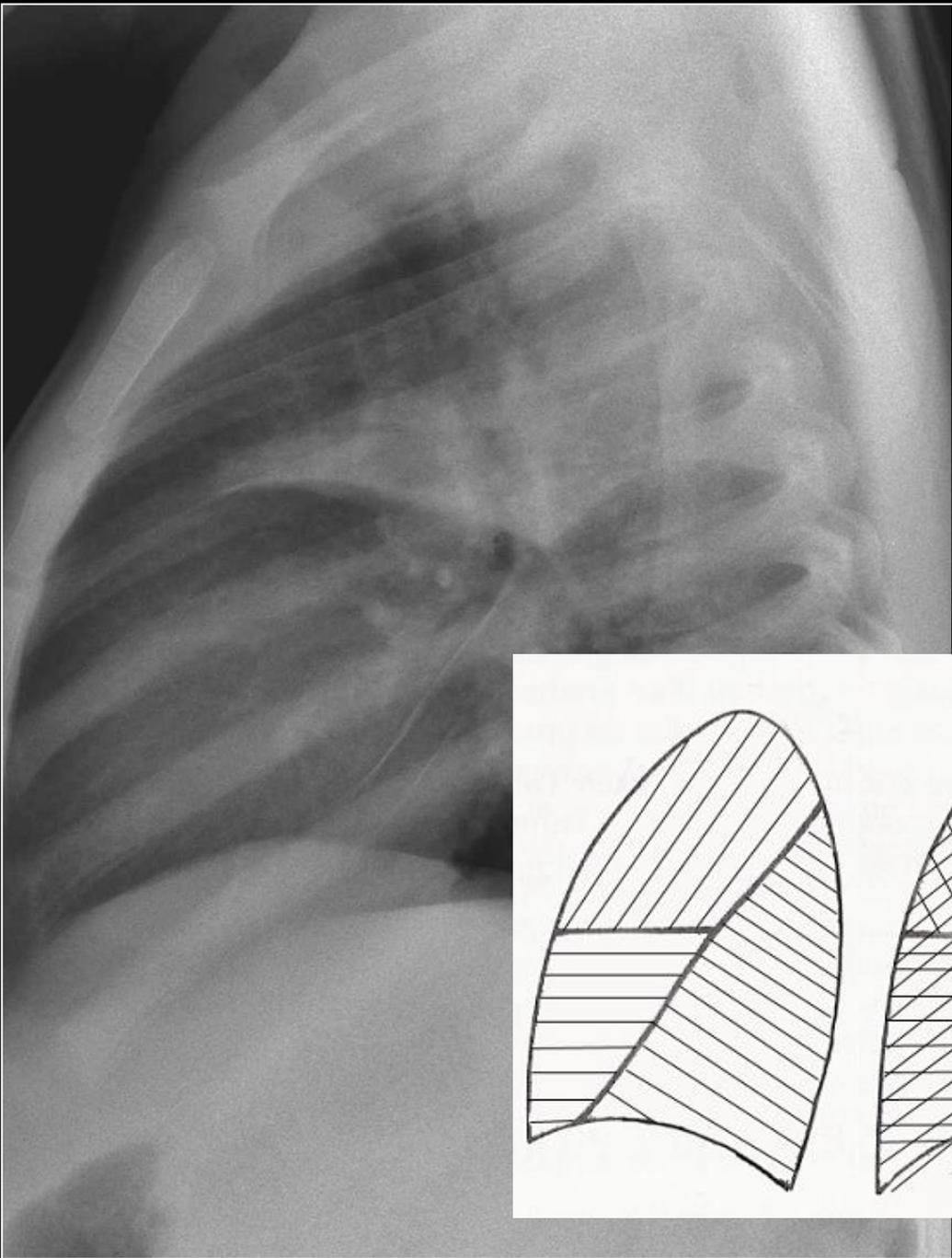


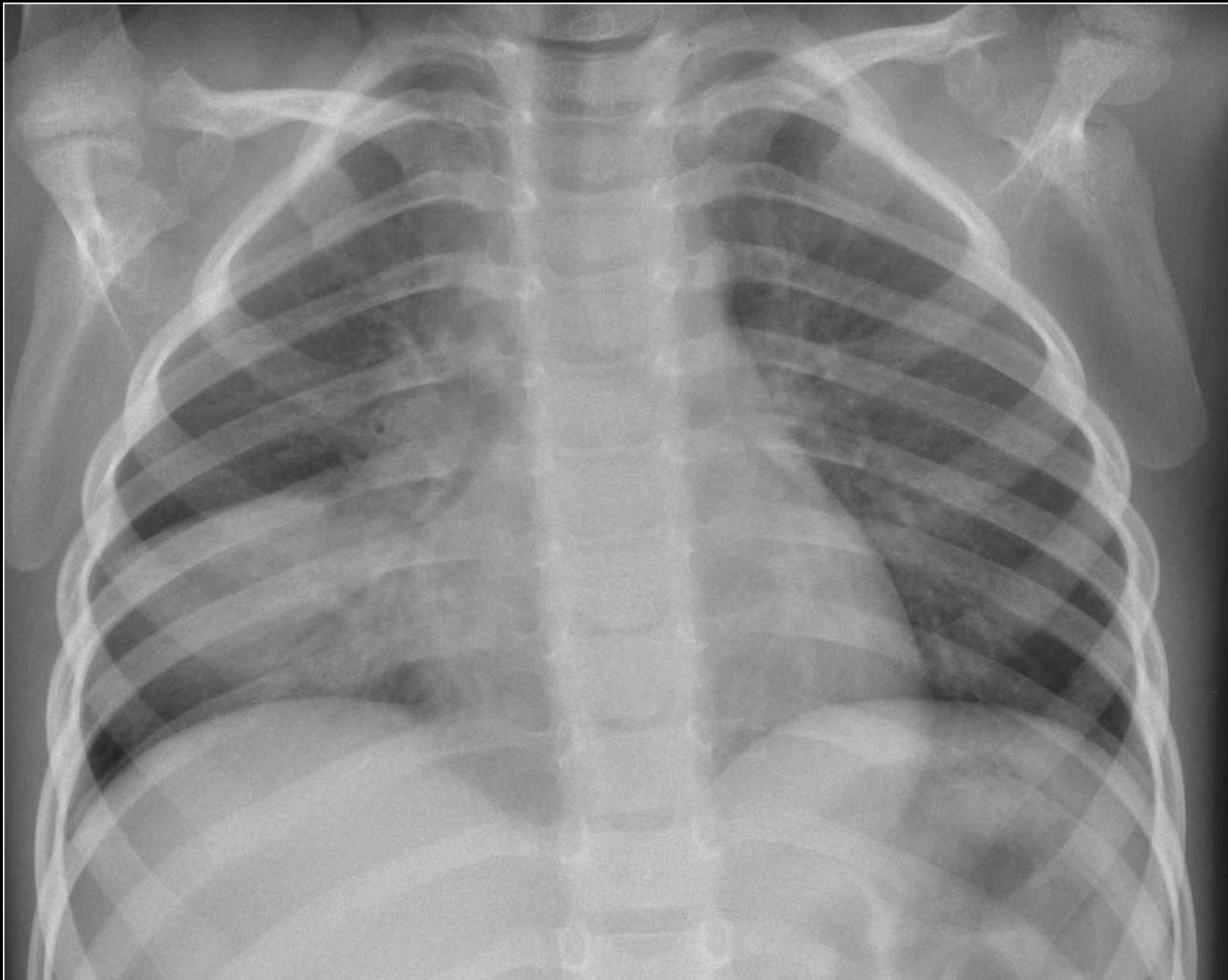


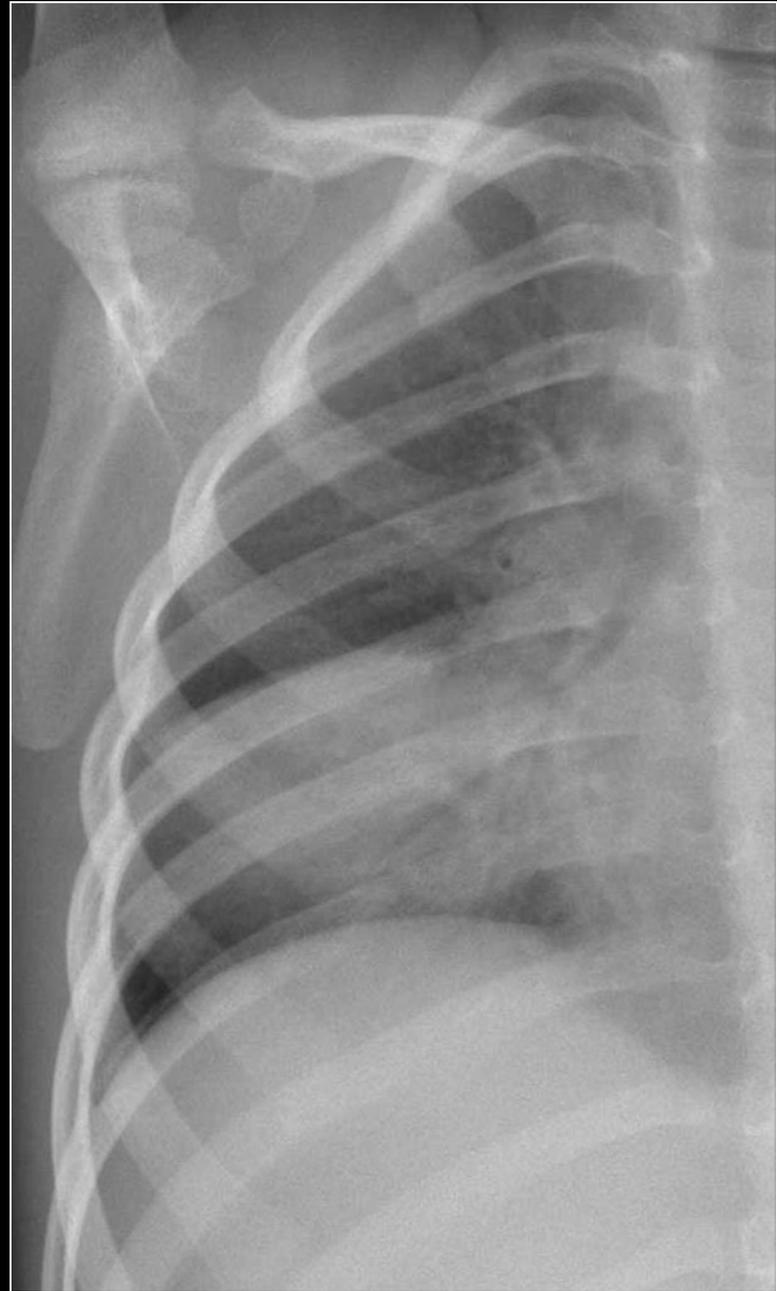
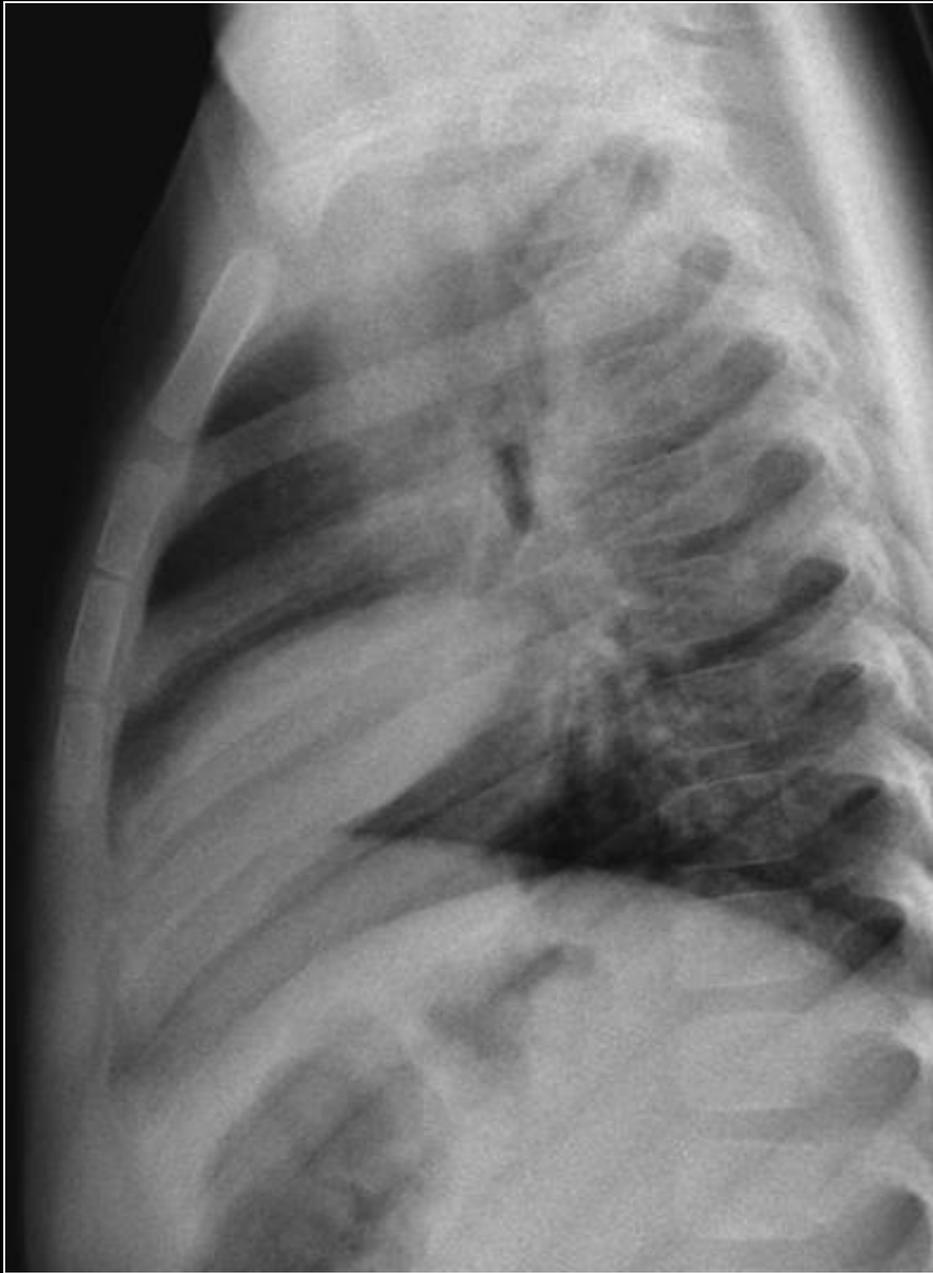
Profil ?

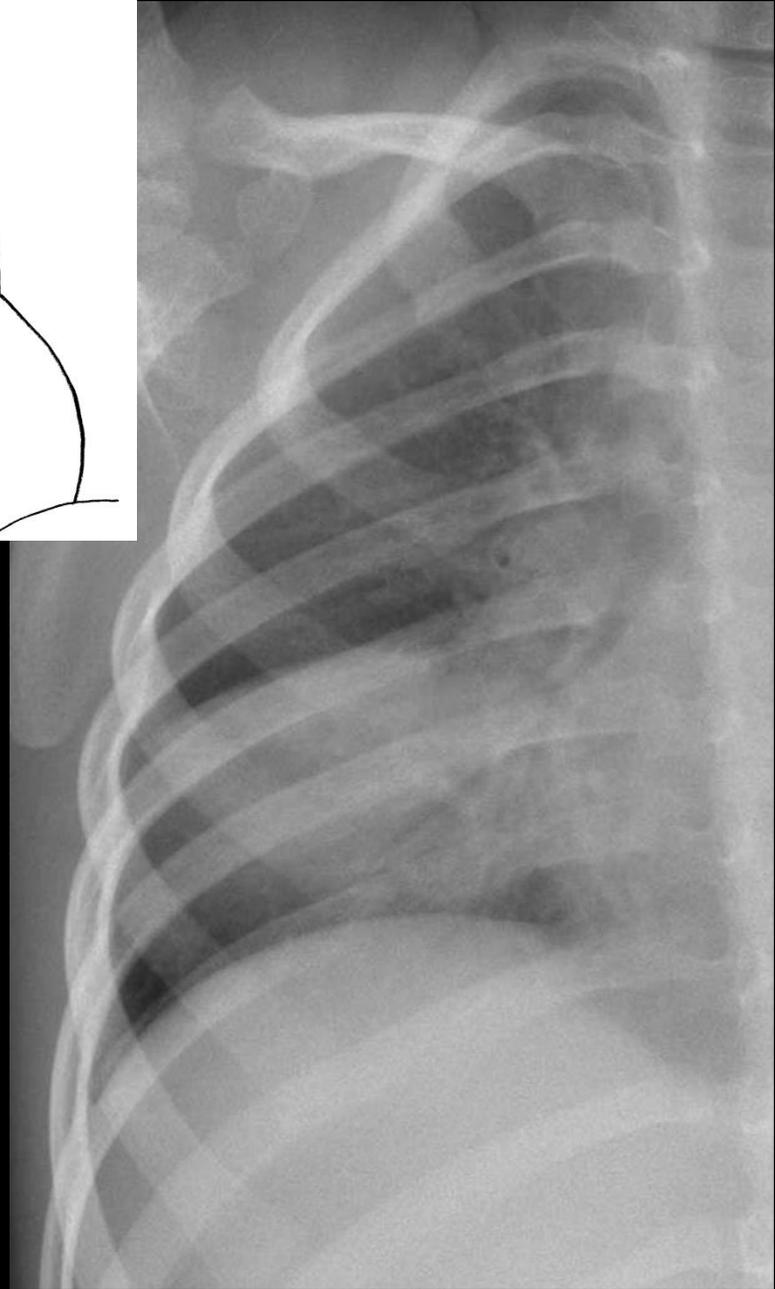
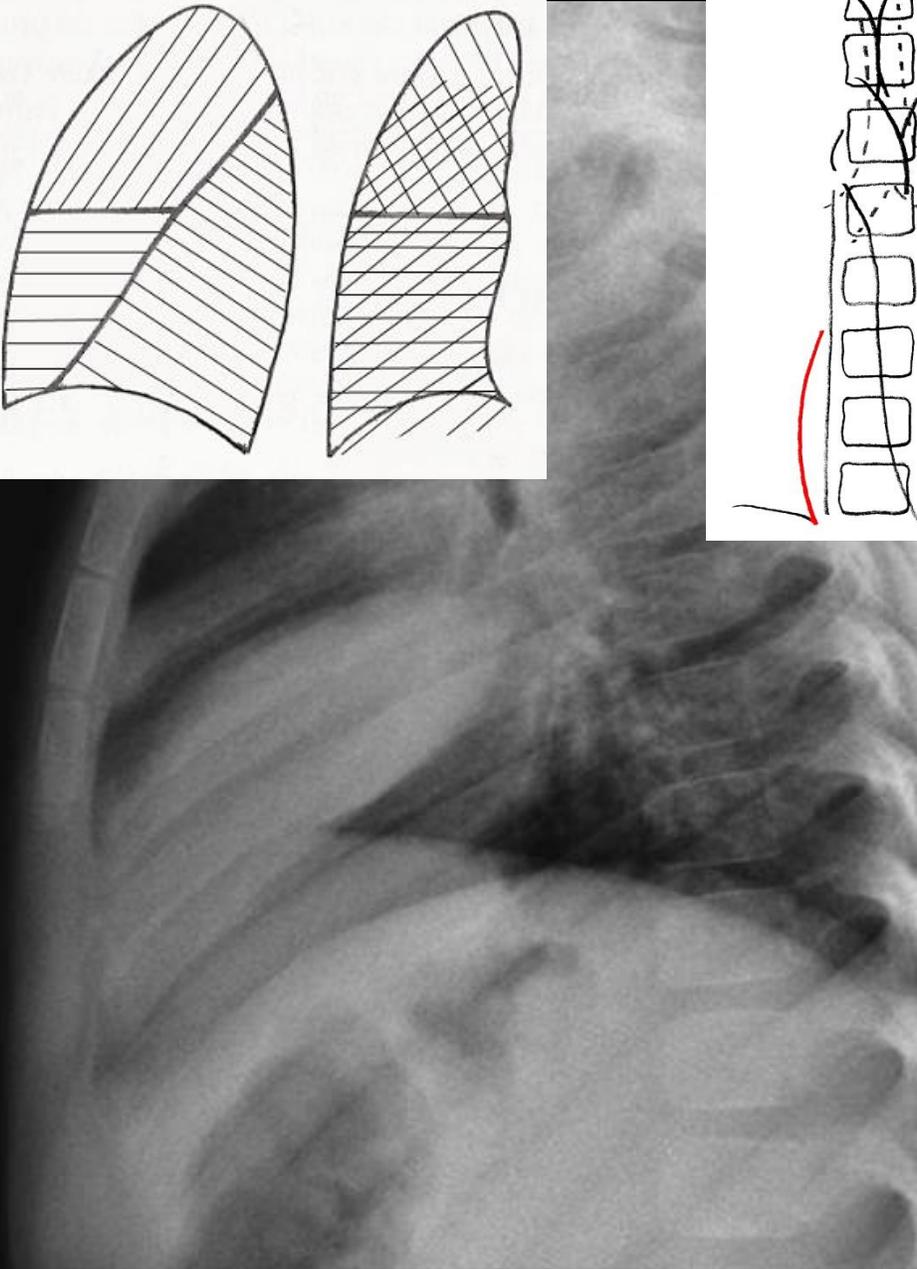
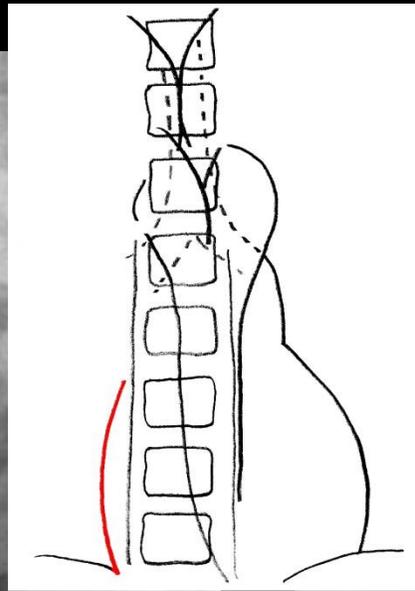
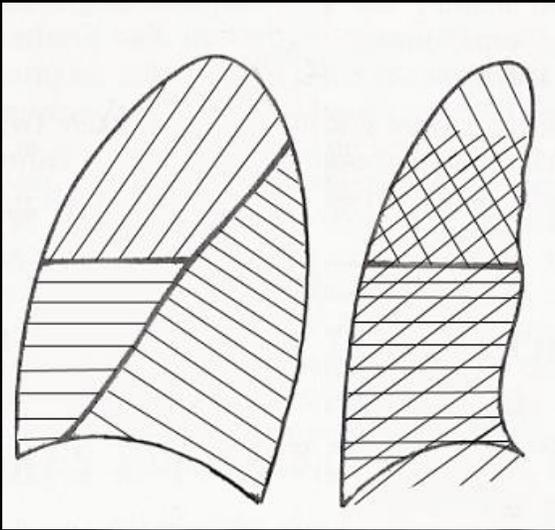


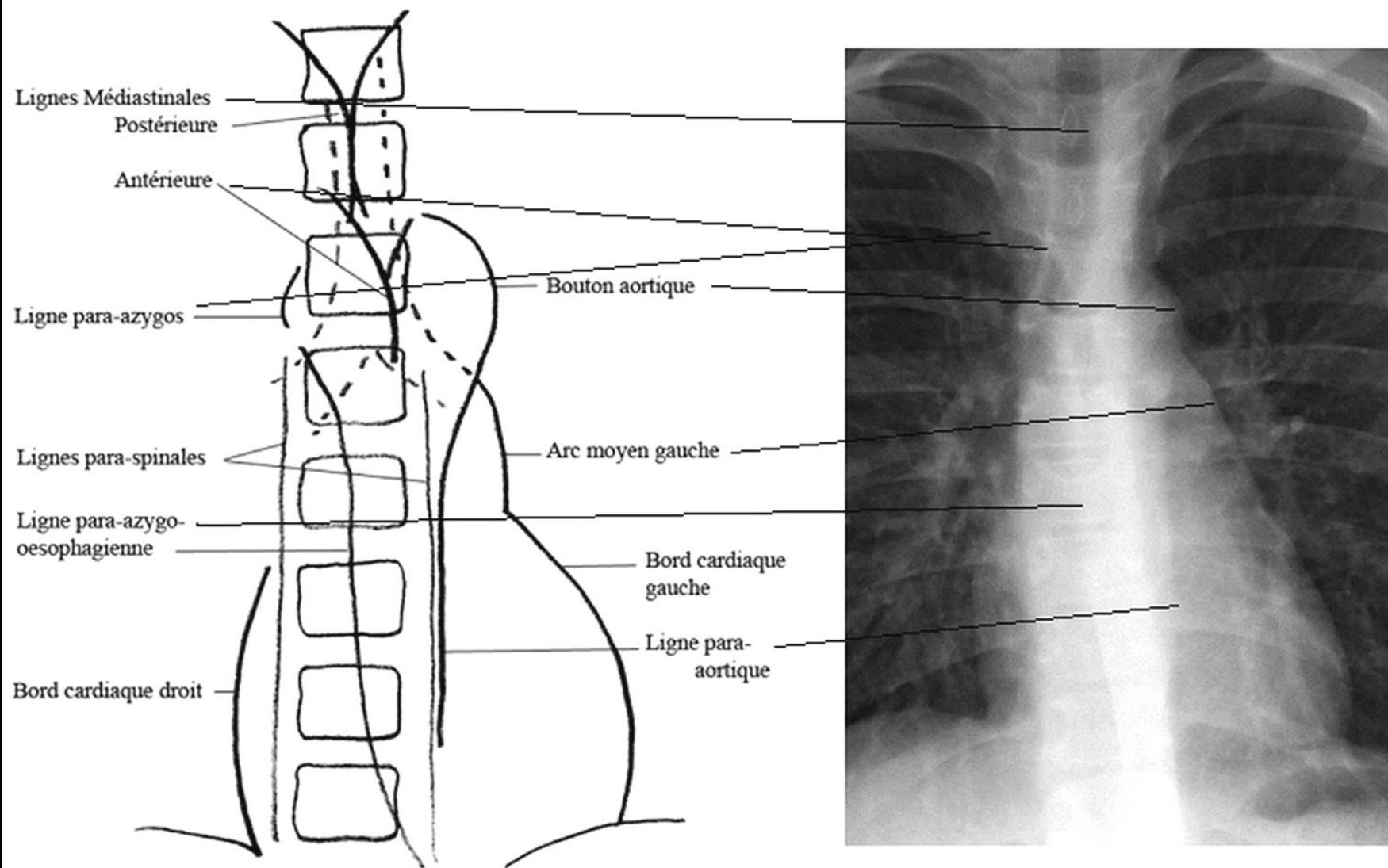






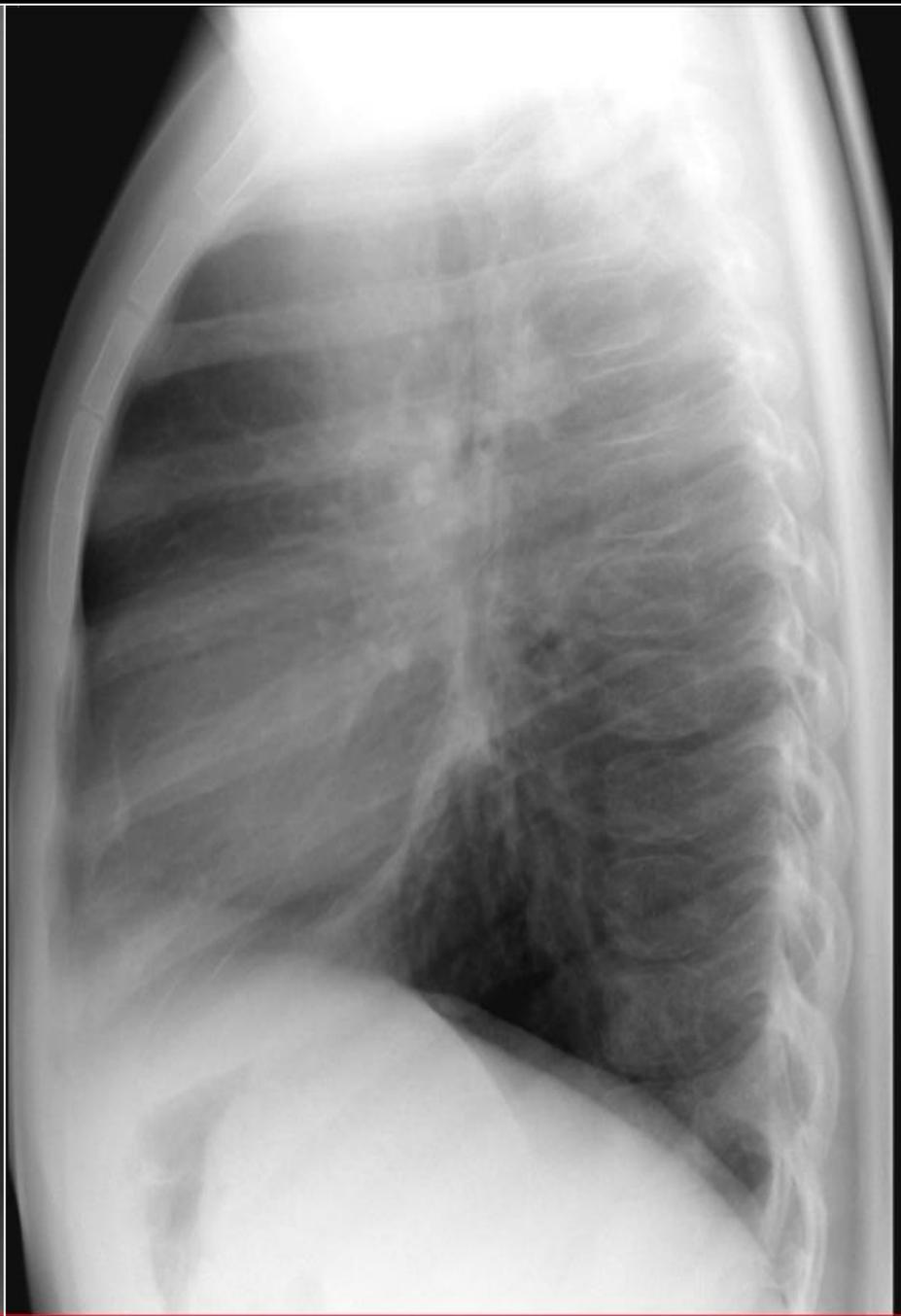


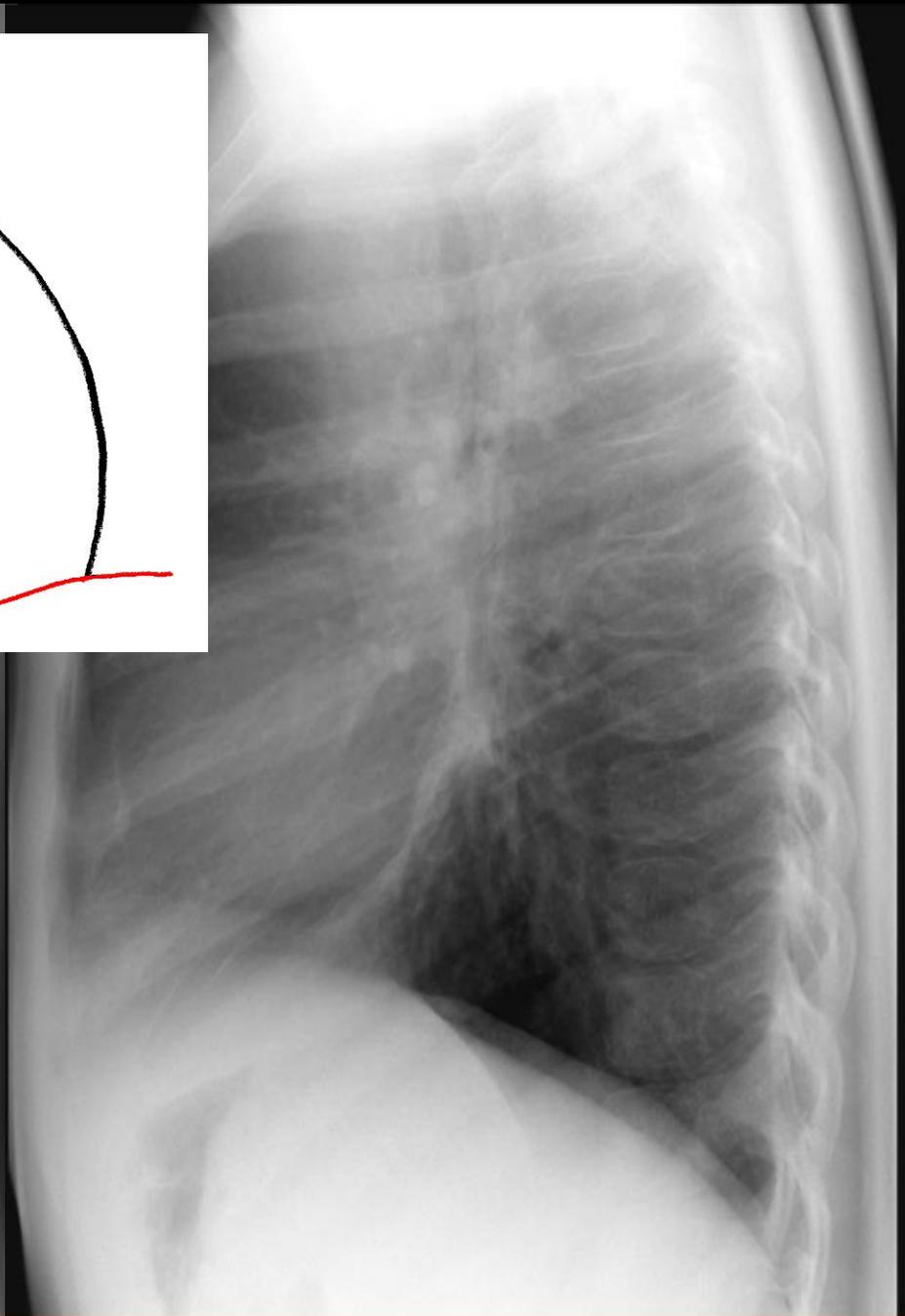
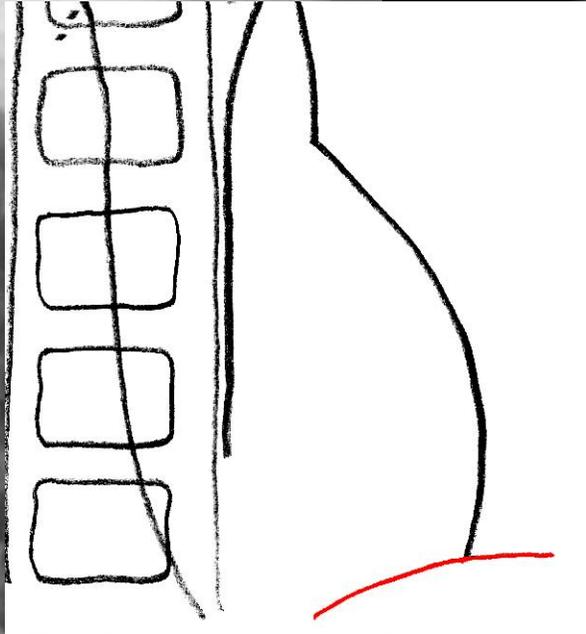
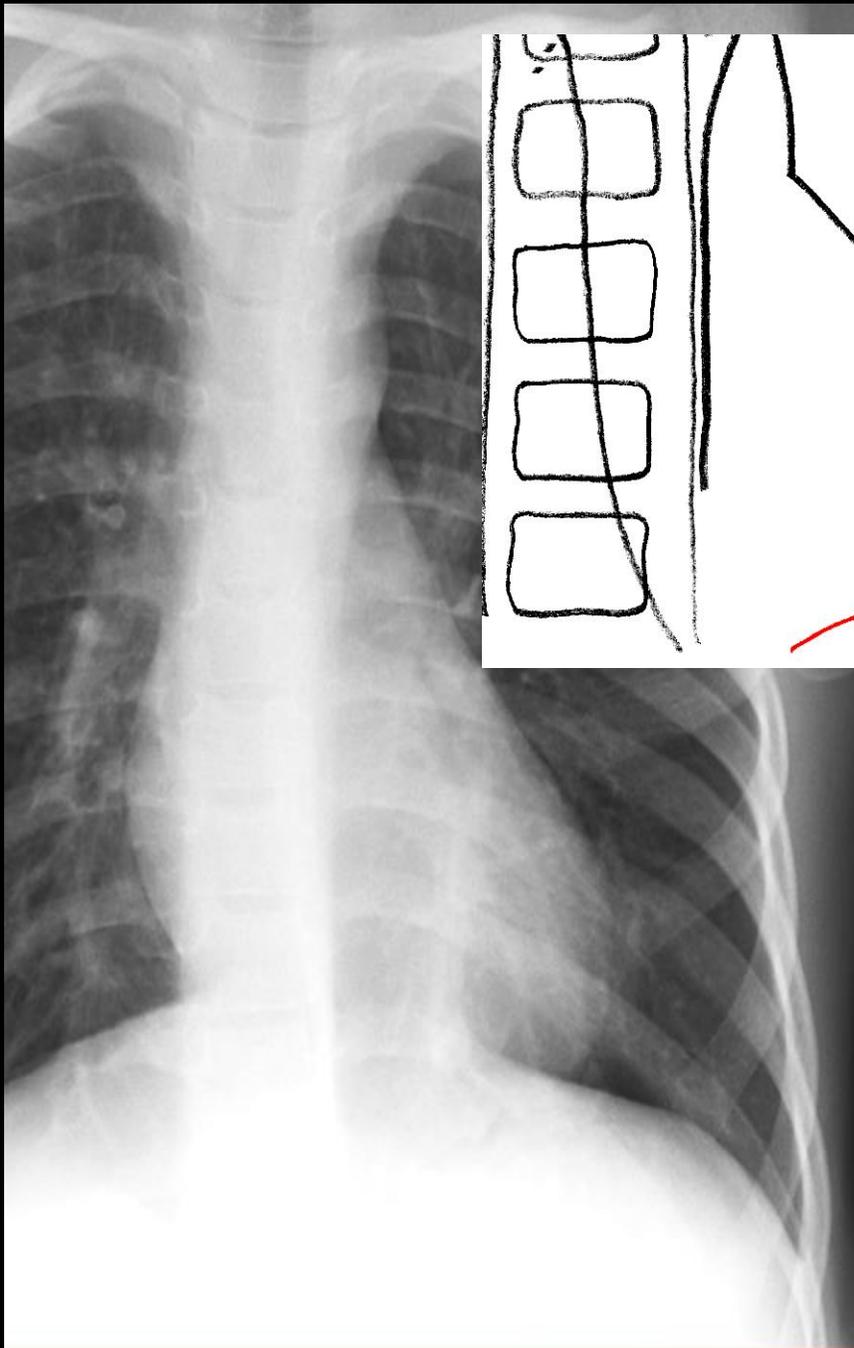


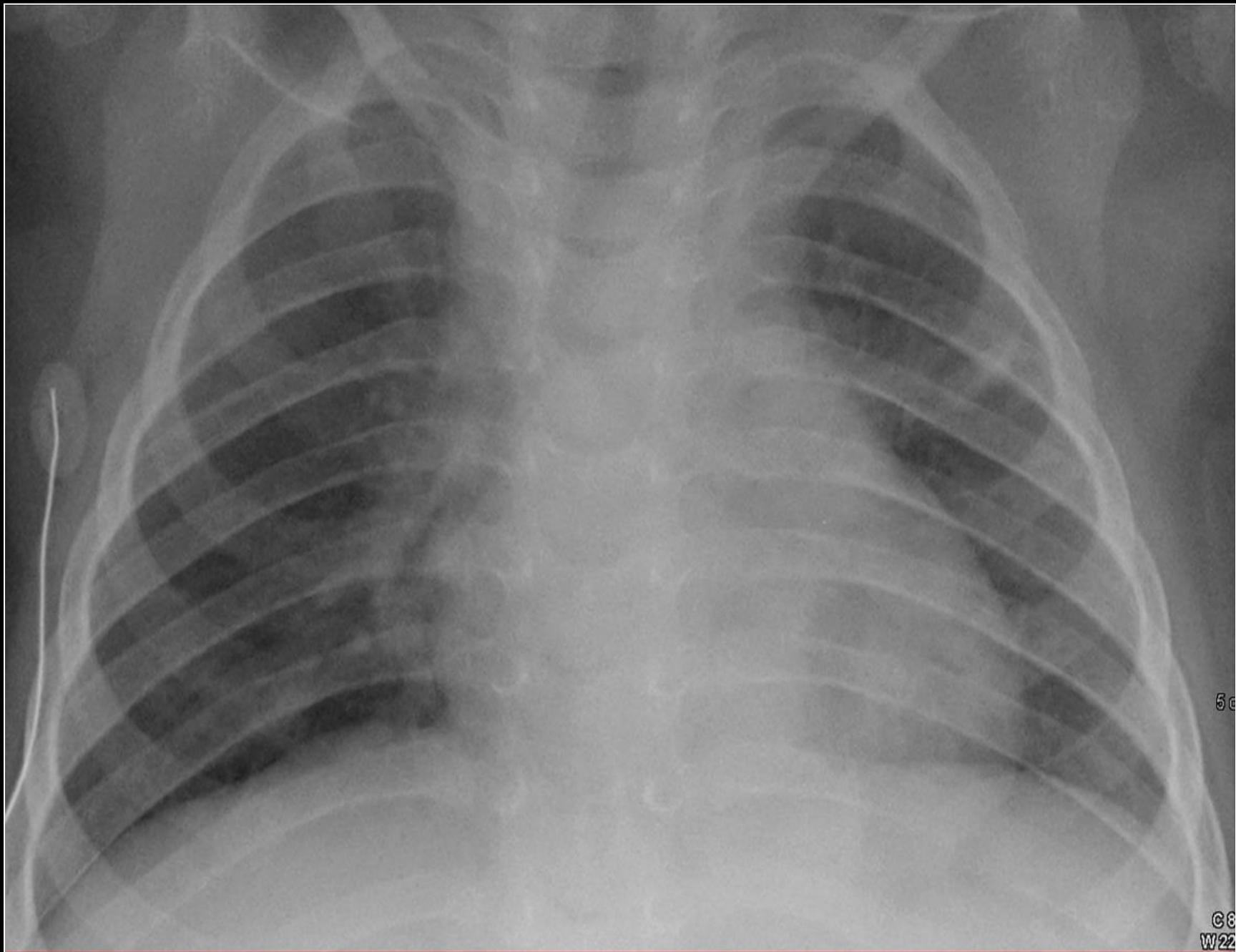


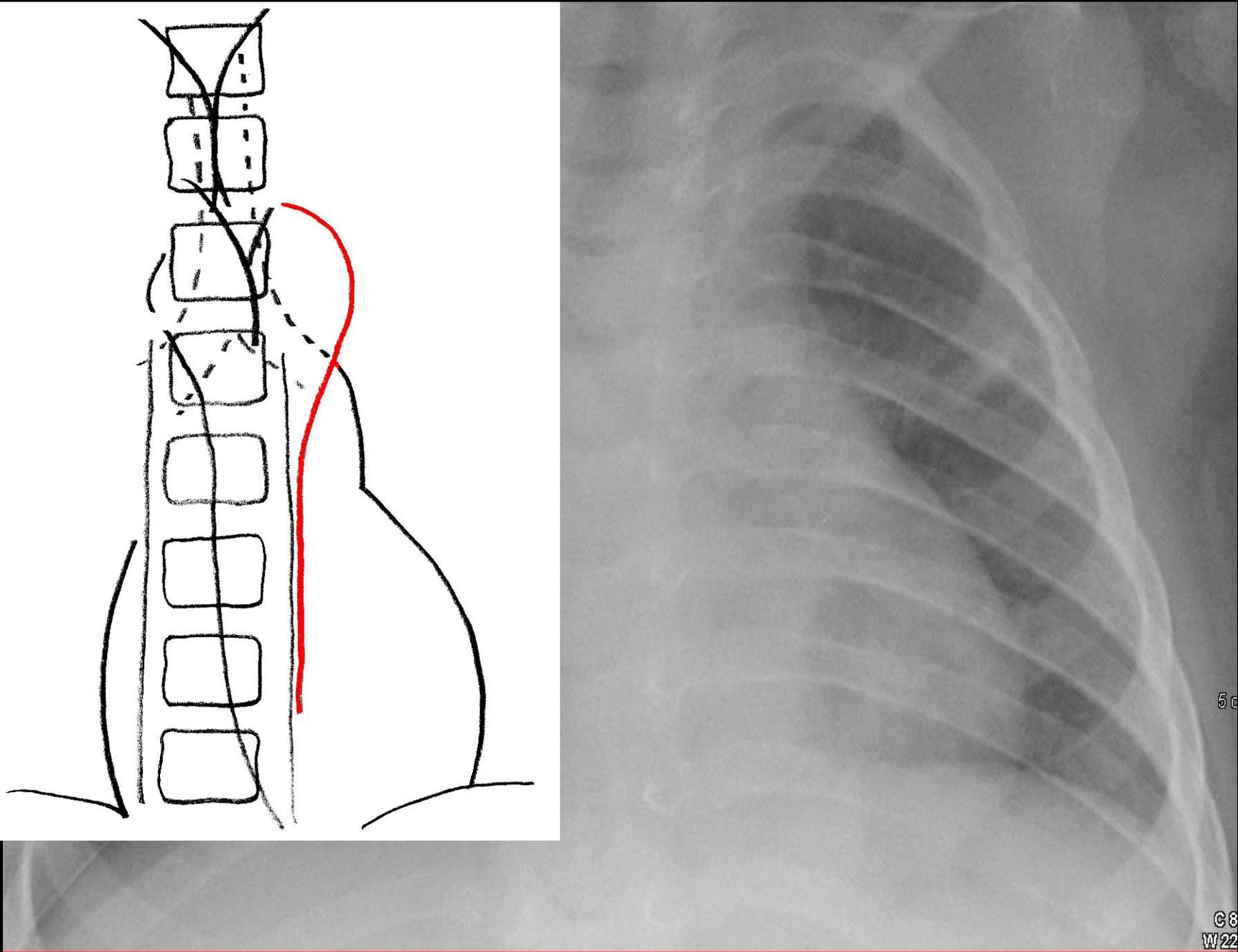
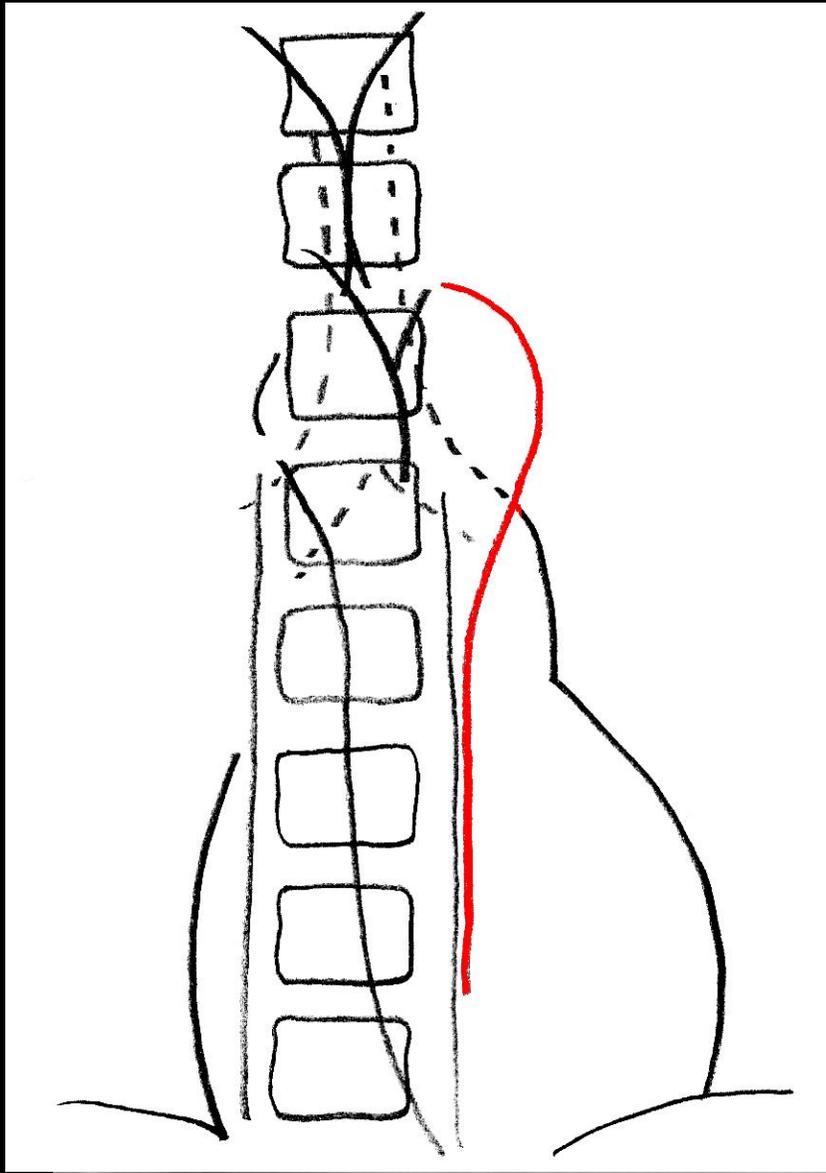
(D'après Remy-Capdeville-Coussement)

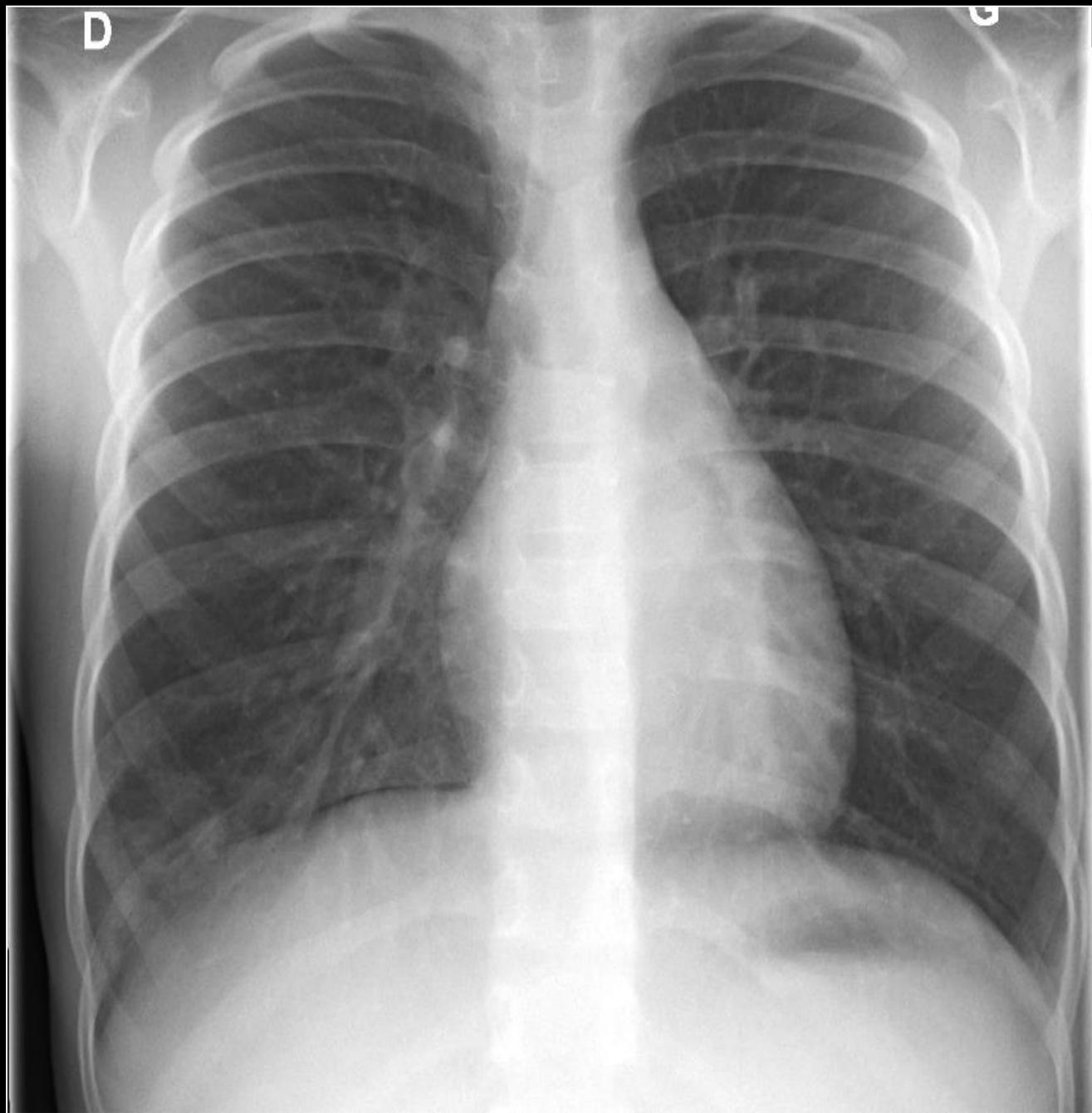


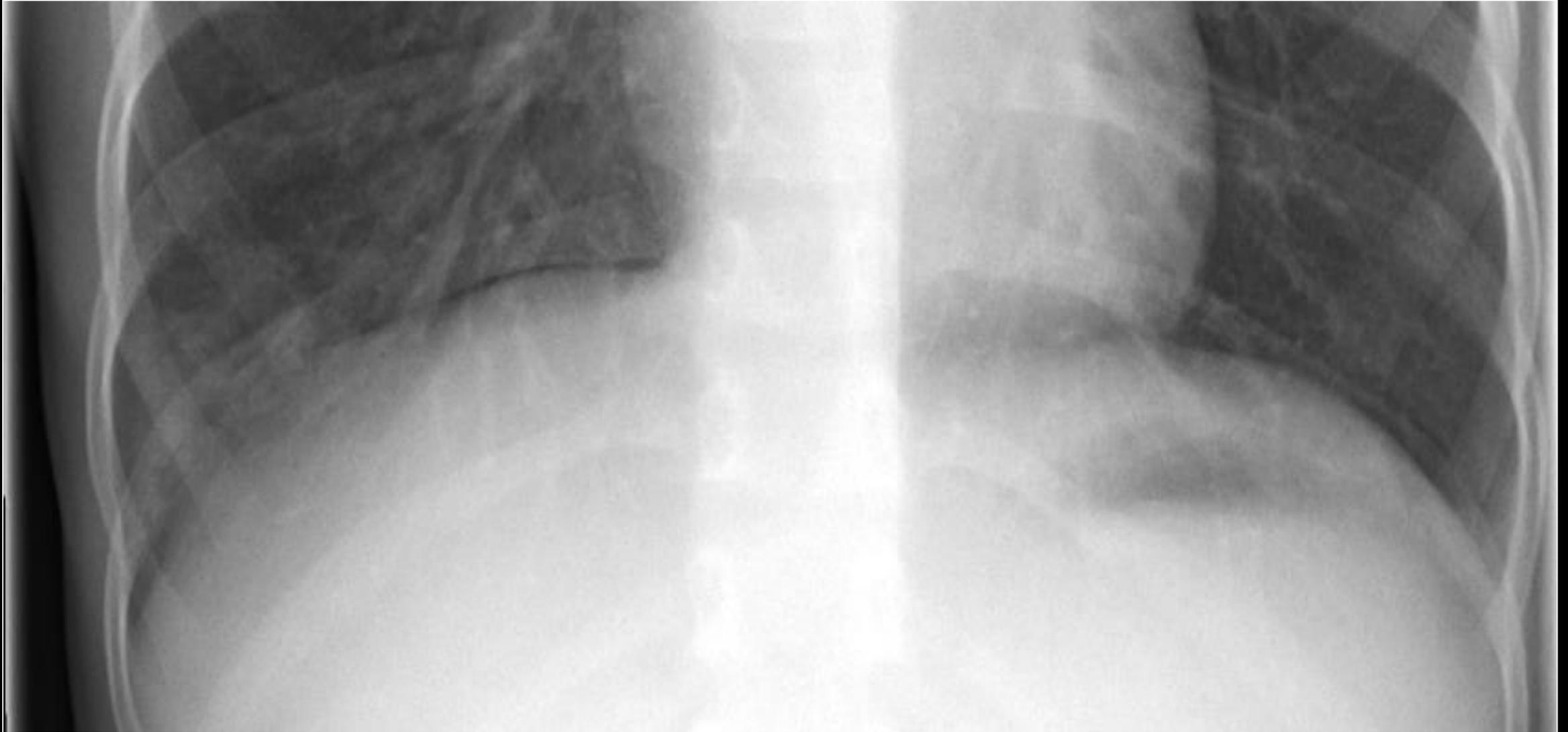


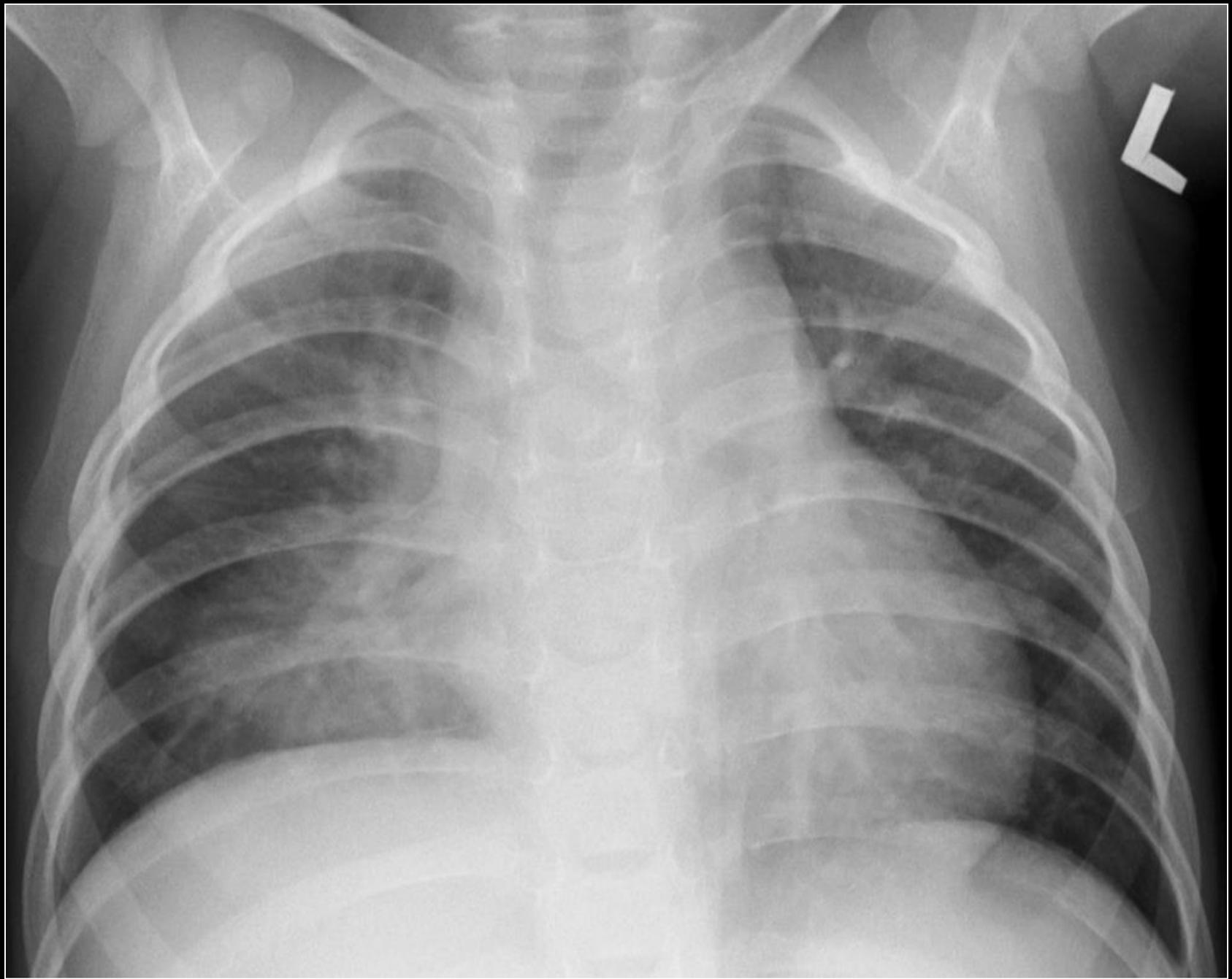


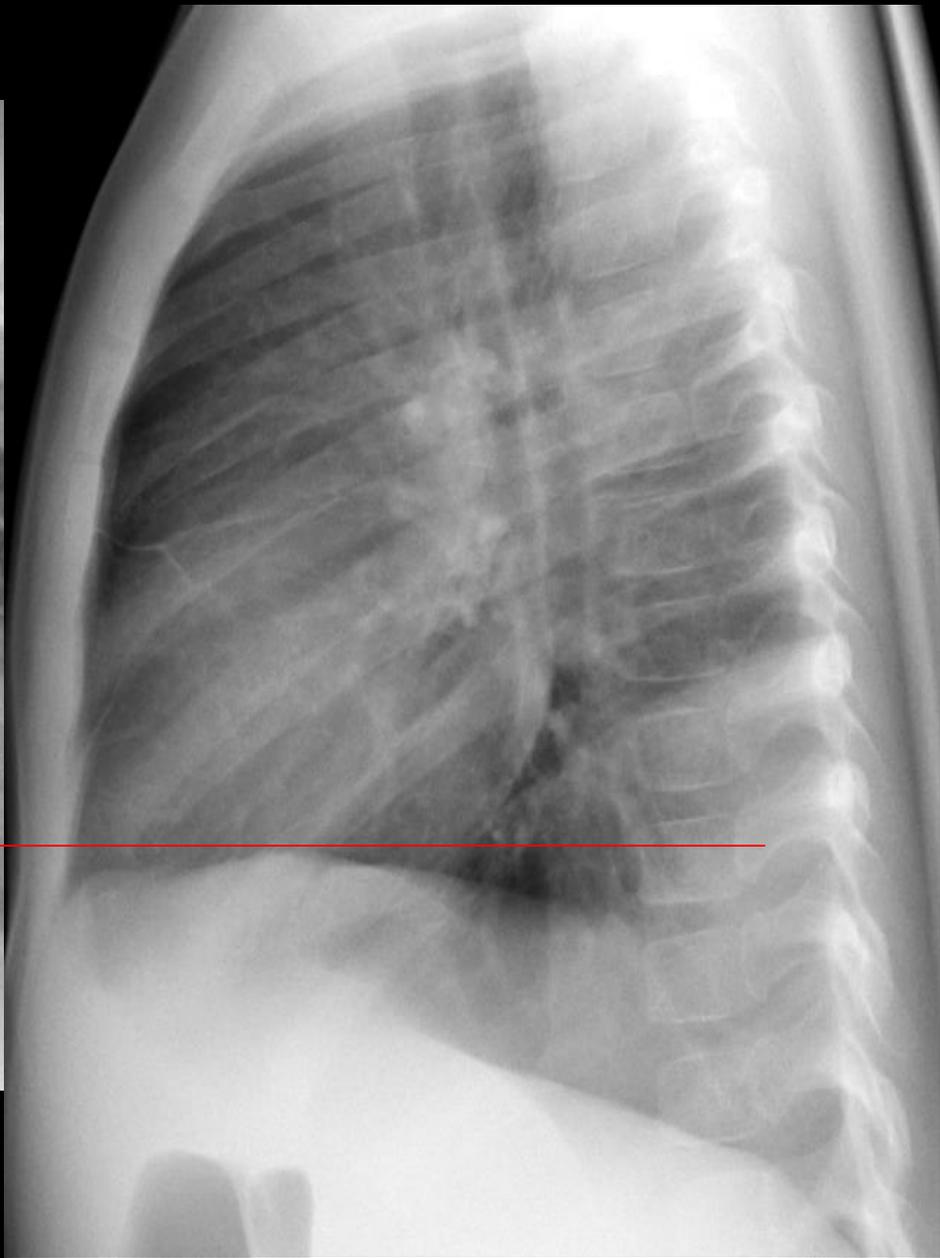
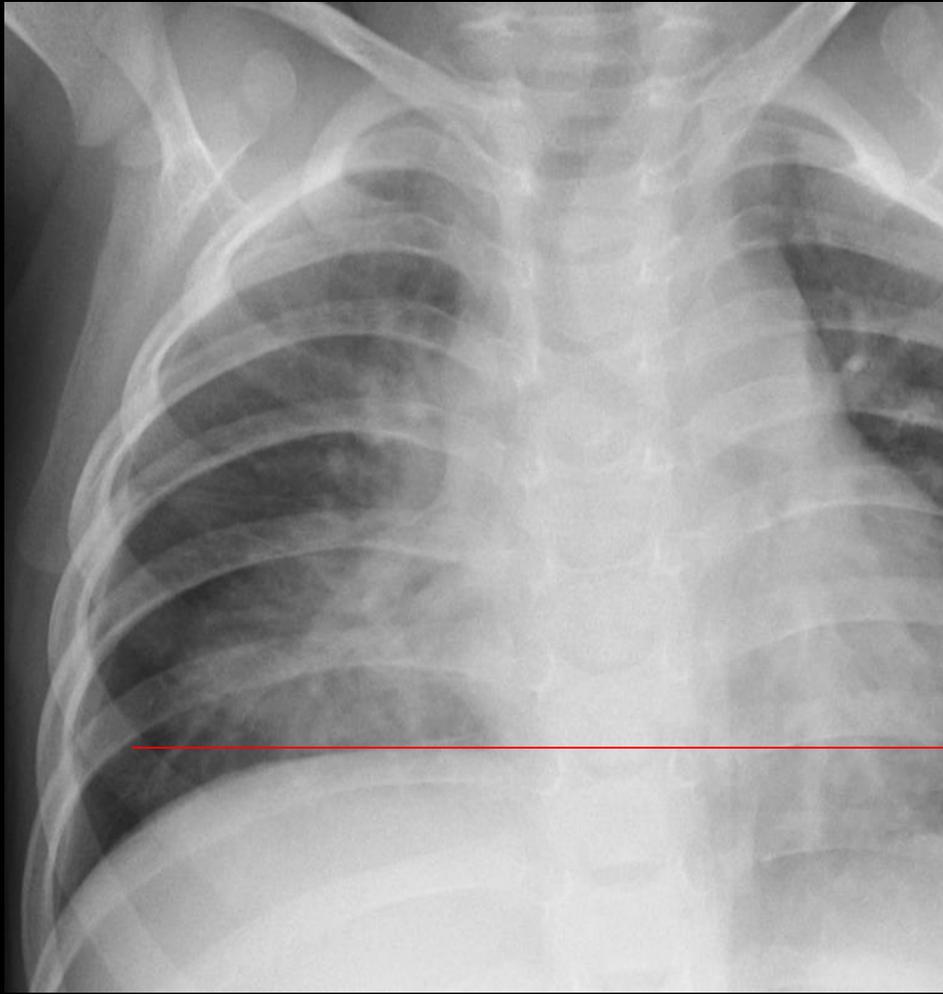


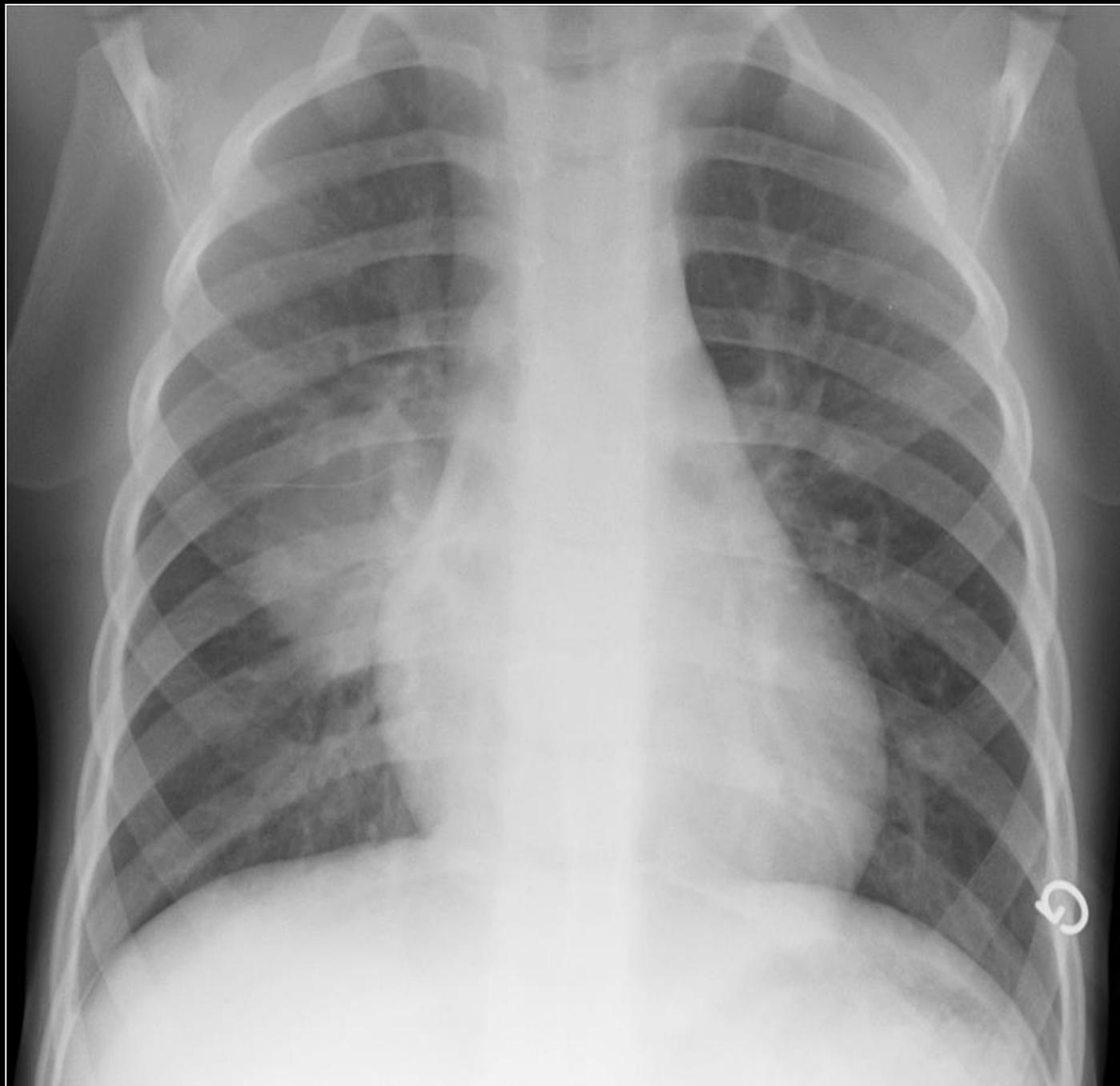


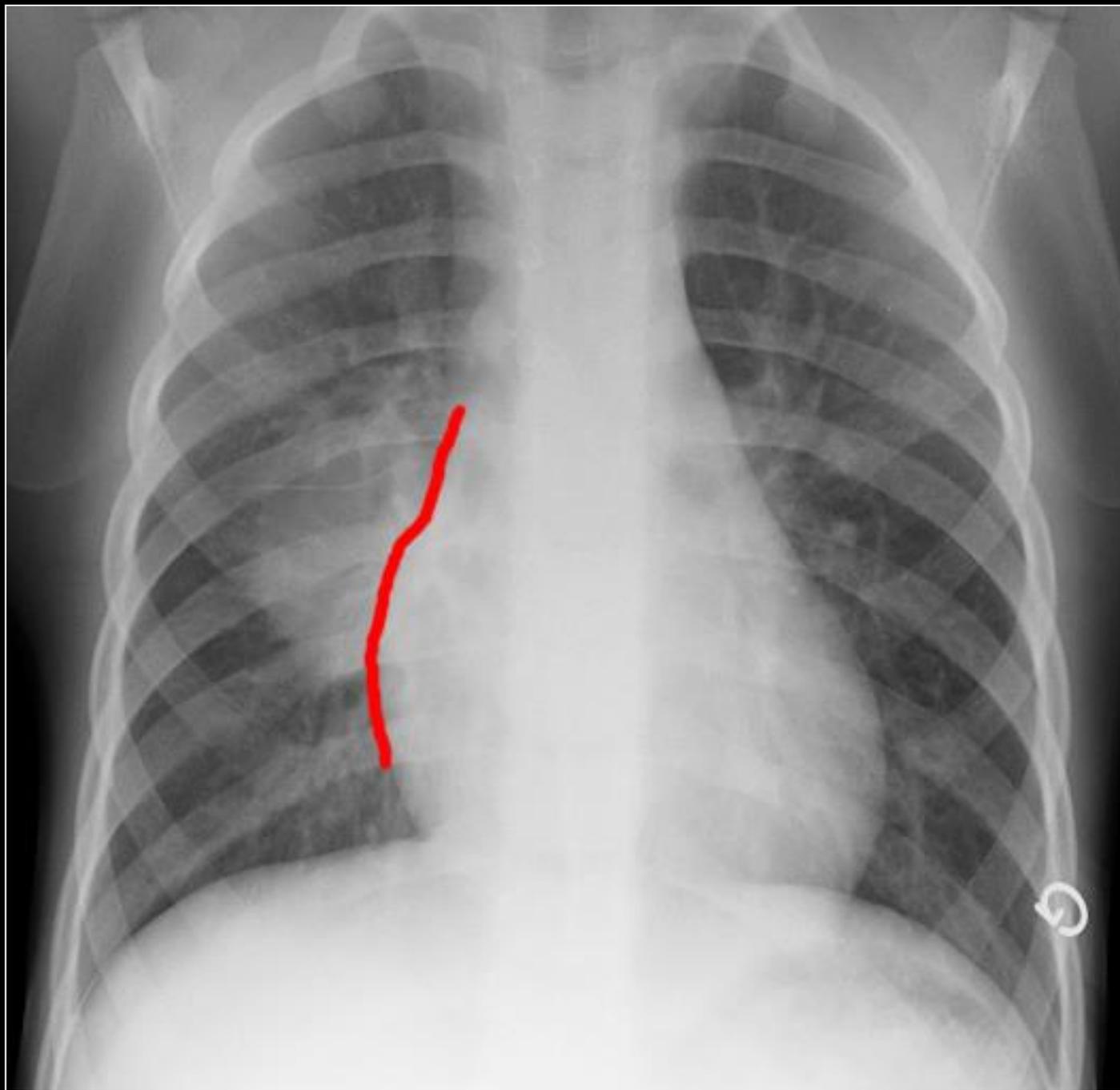


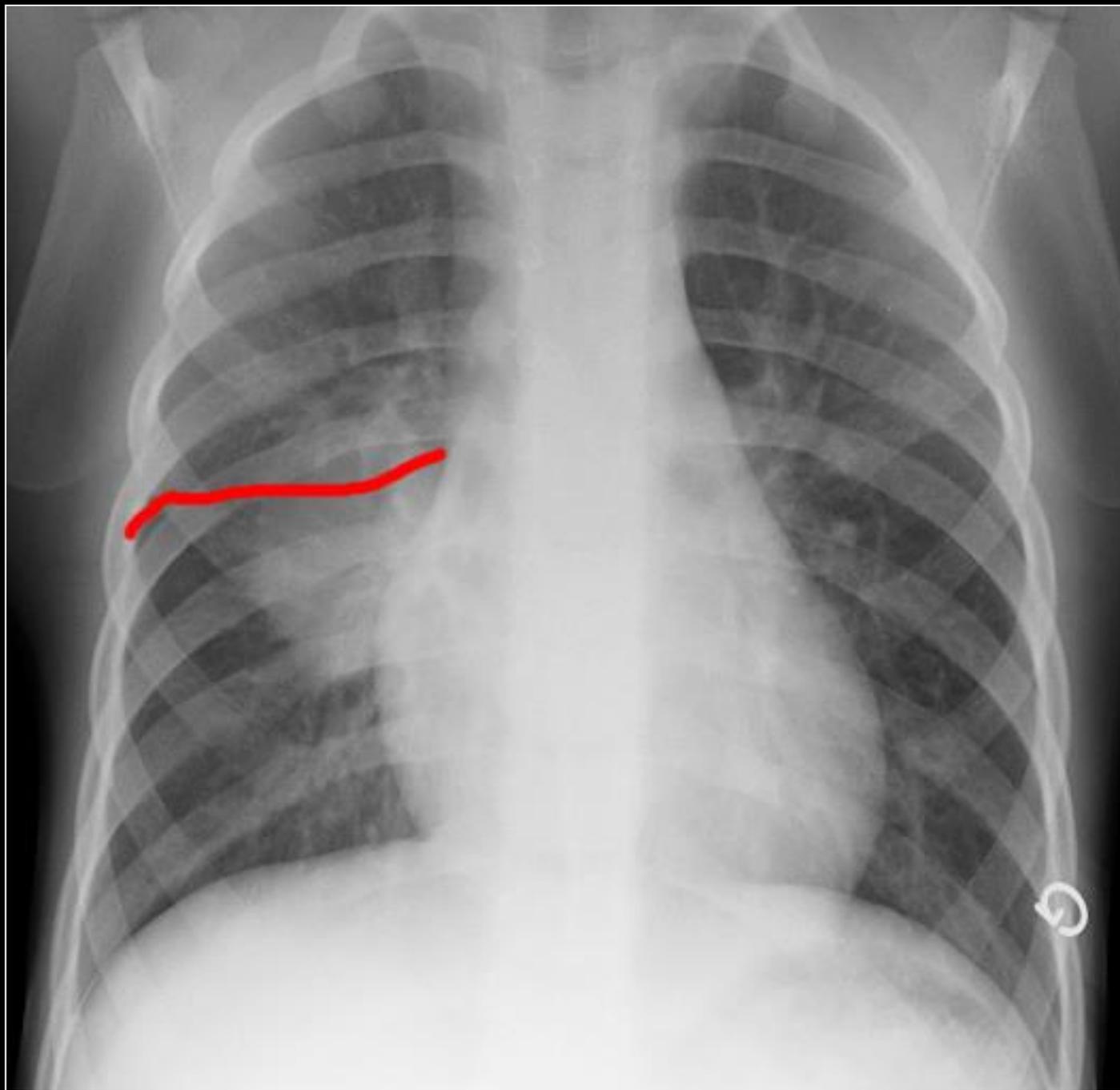


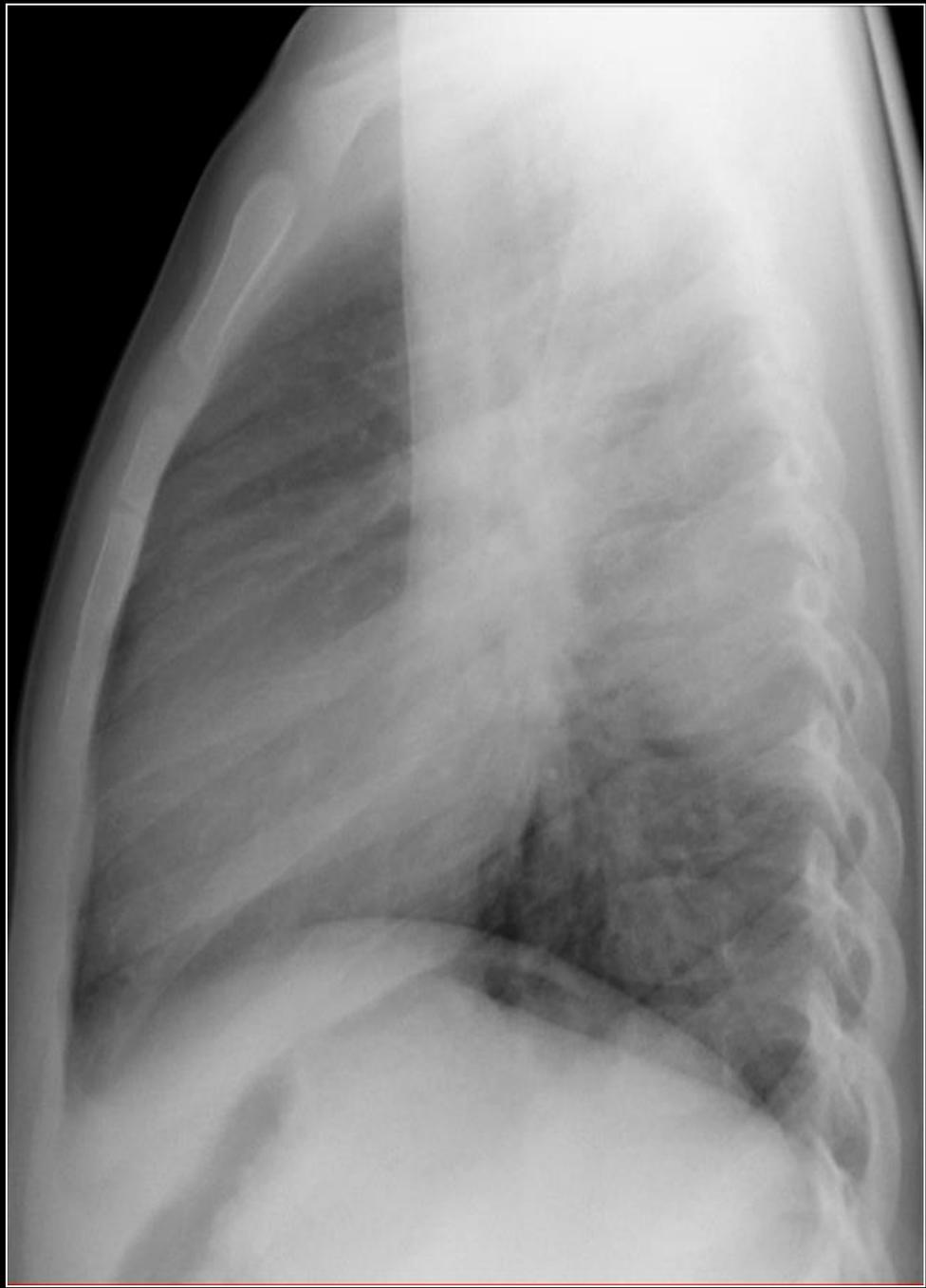










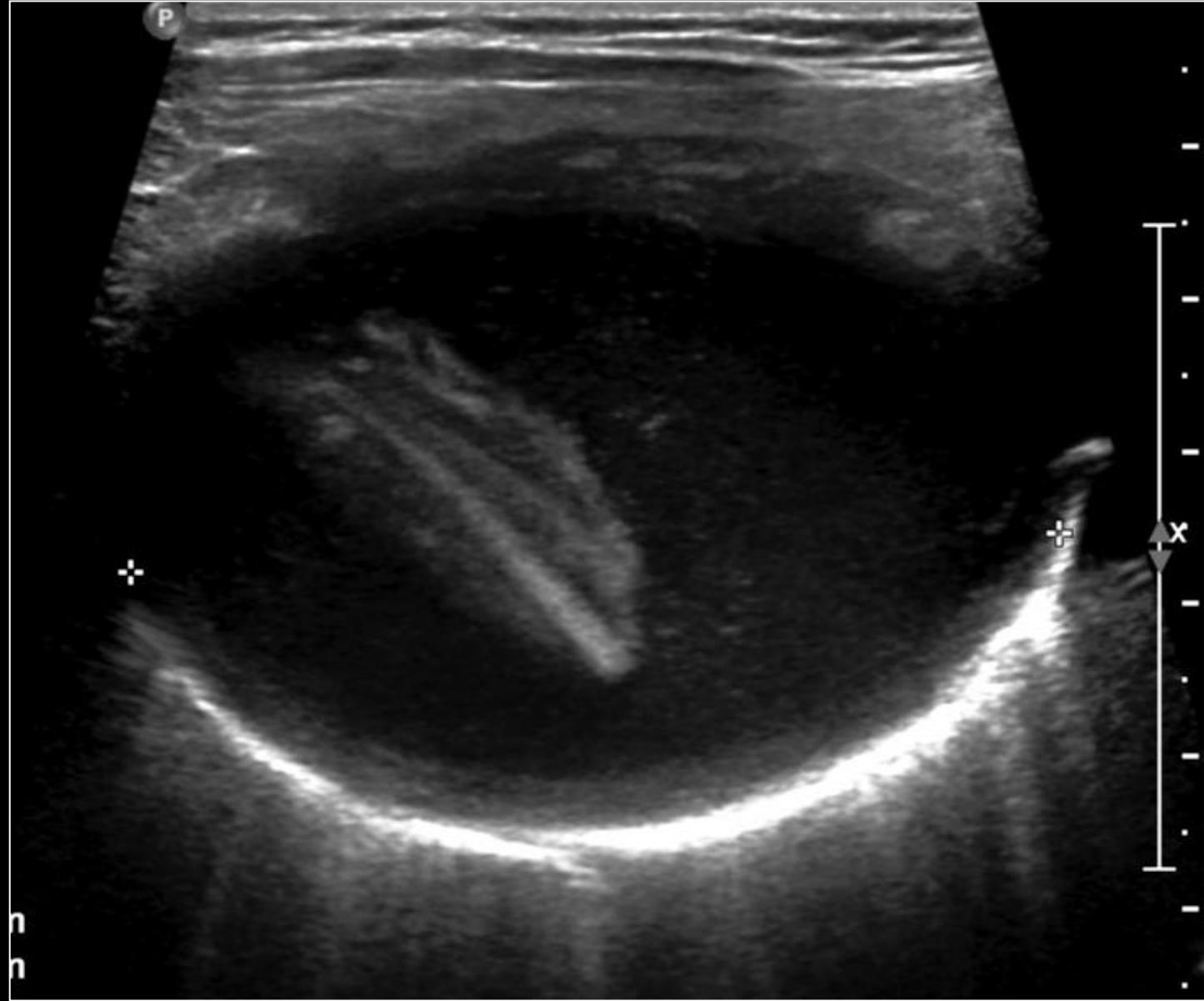


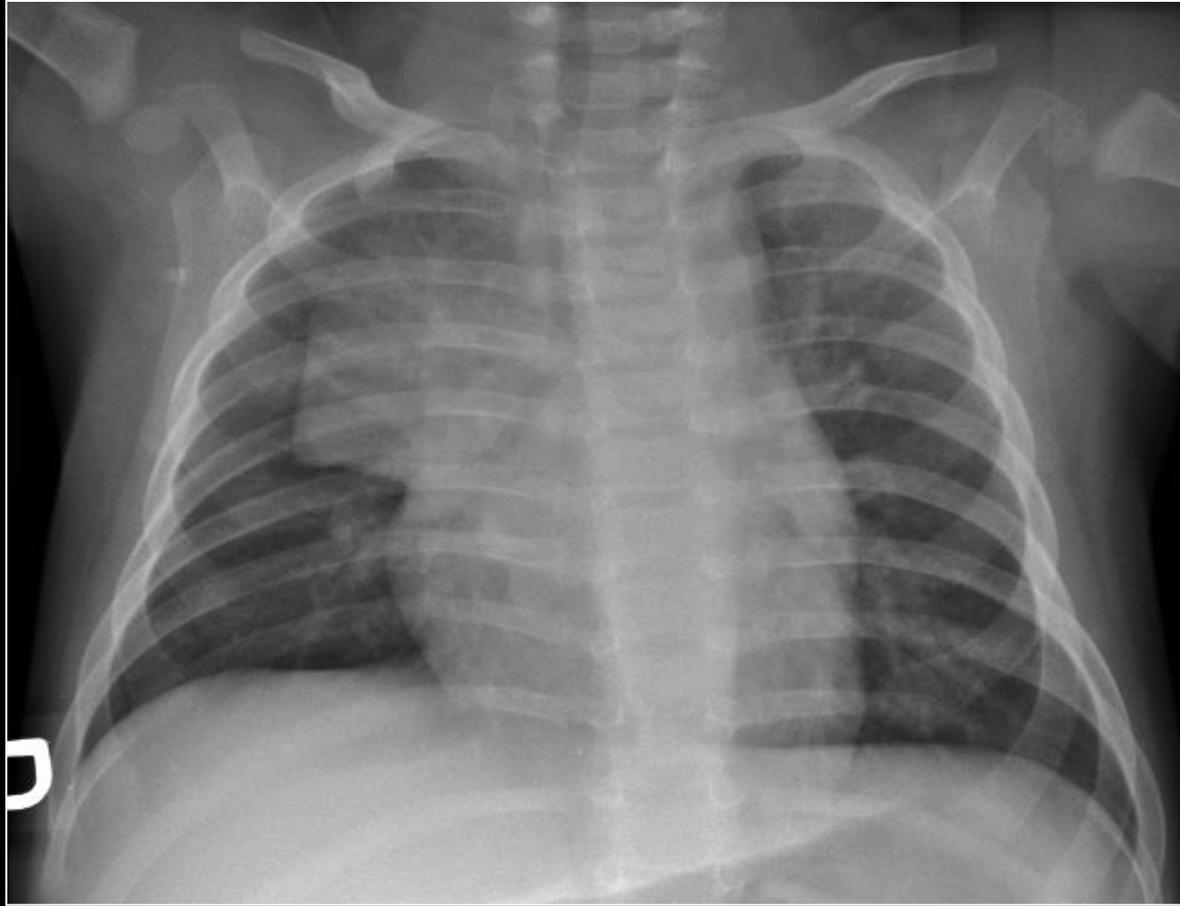
- Pneumonie ronde :

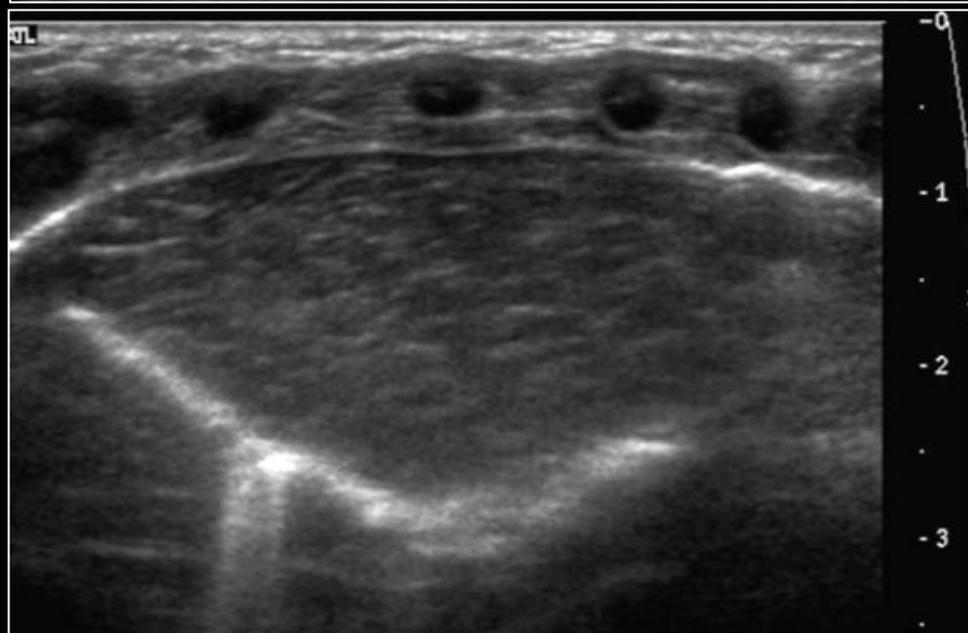
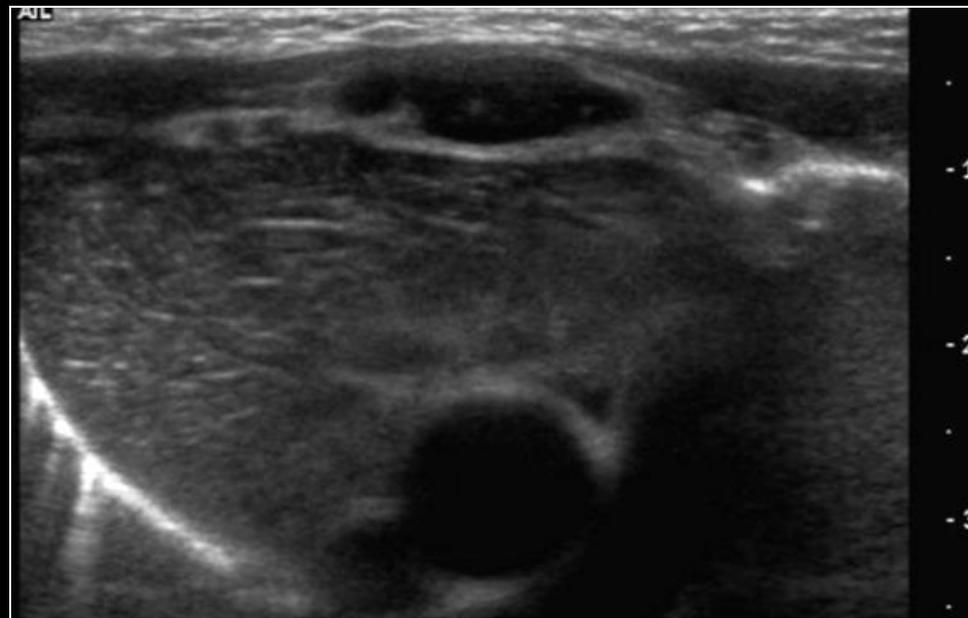
! souvent pneumocoque dans un contexte
d'immunodépression

- rougeole
- corticoïdes
- Chimiothérapie
- Souvent postérieure

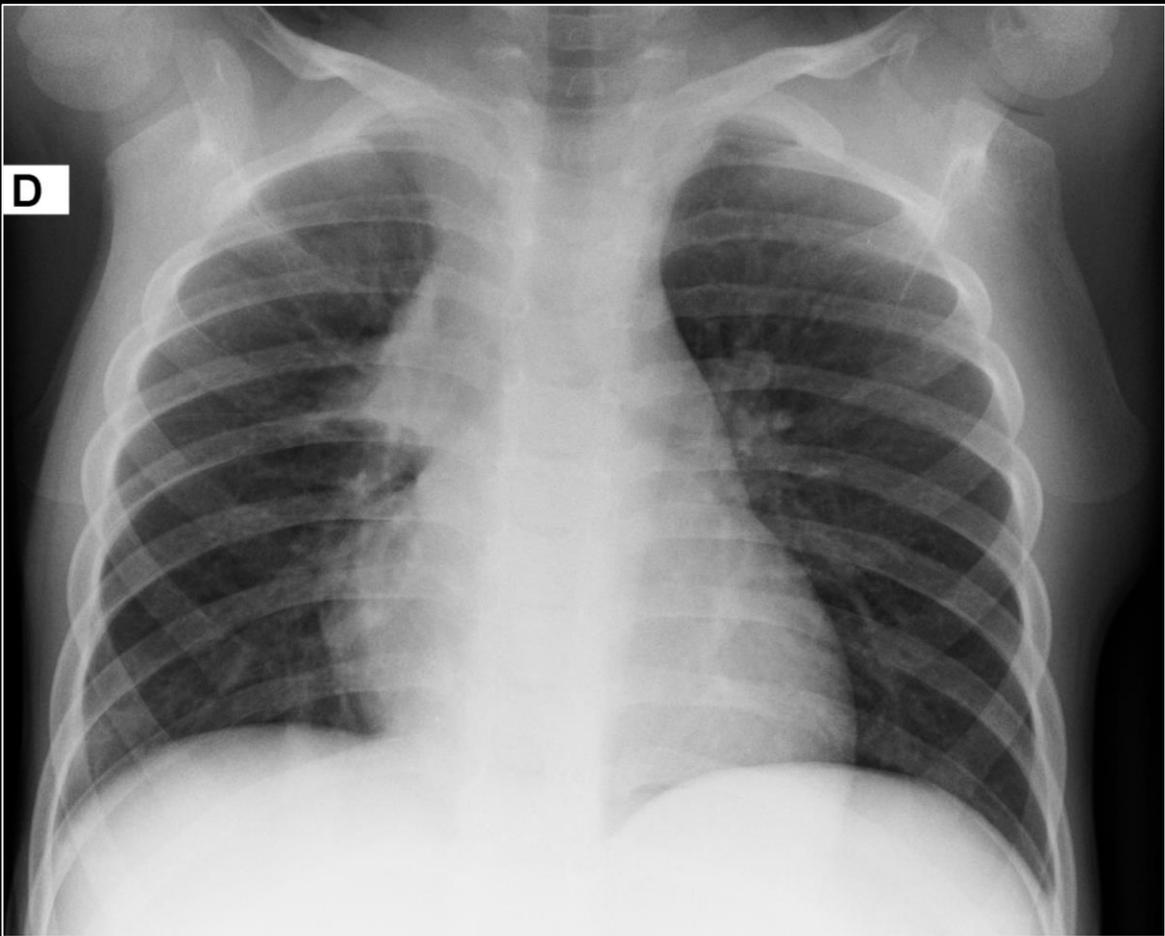


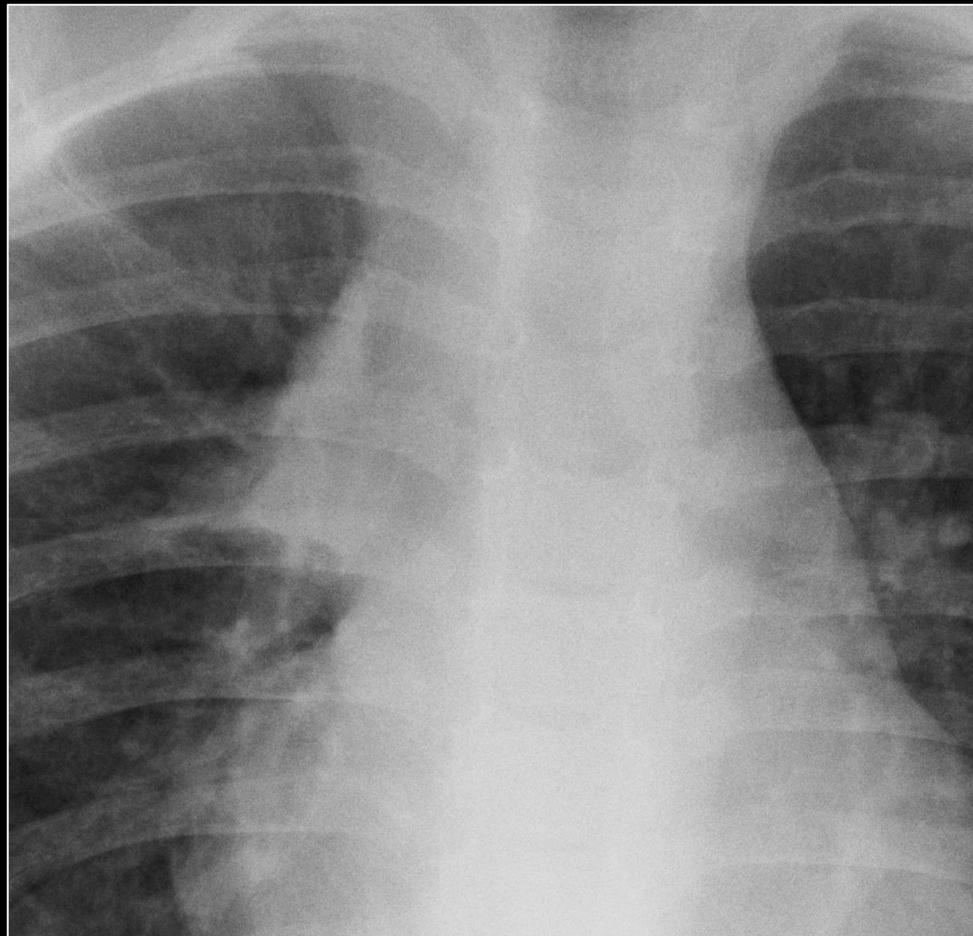
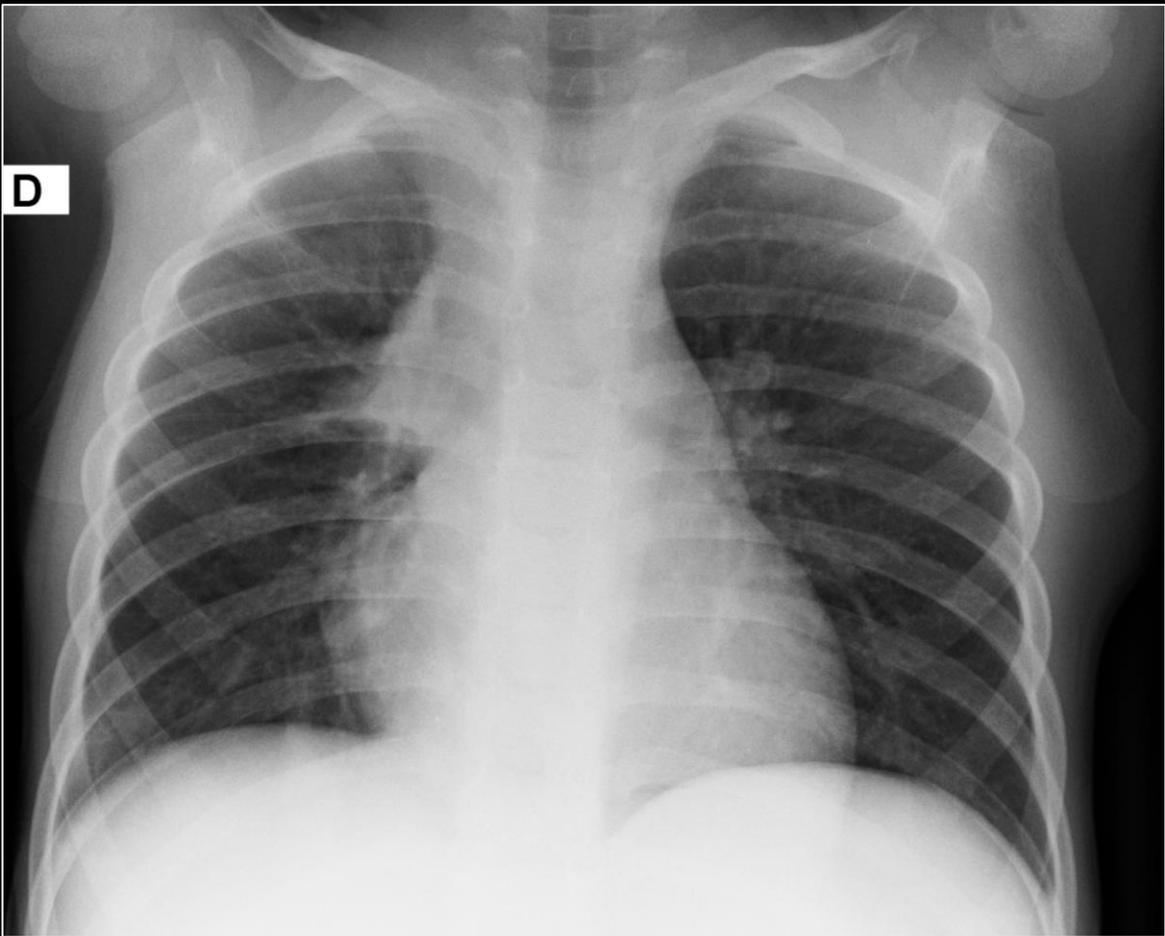


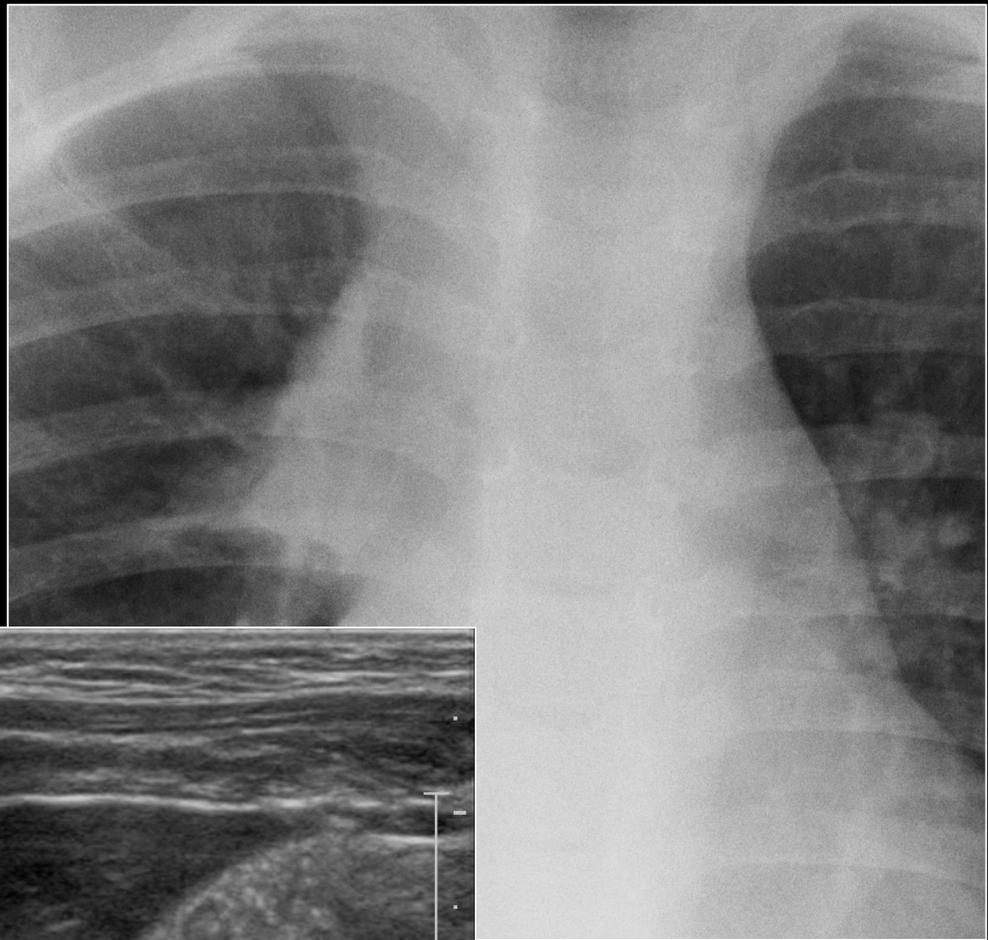




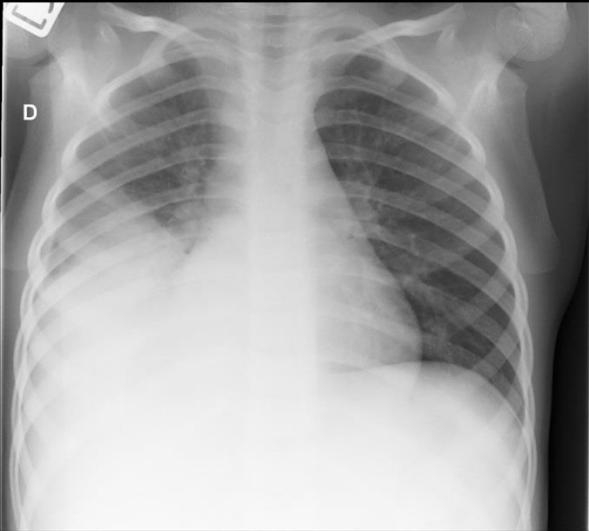
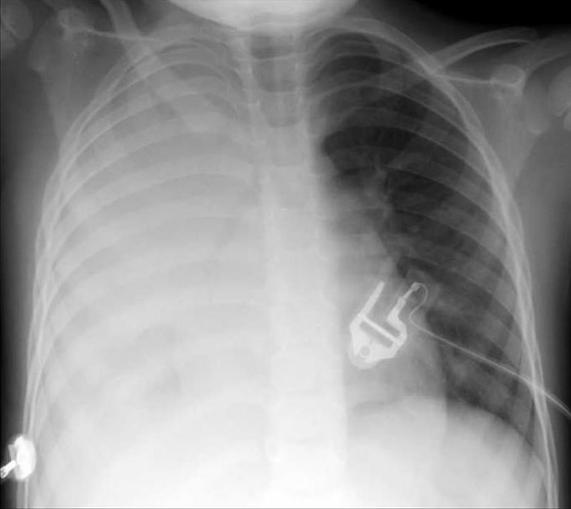
thymus normal



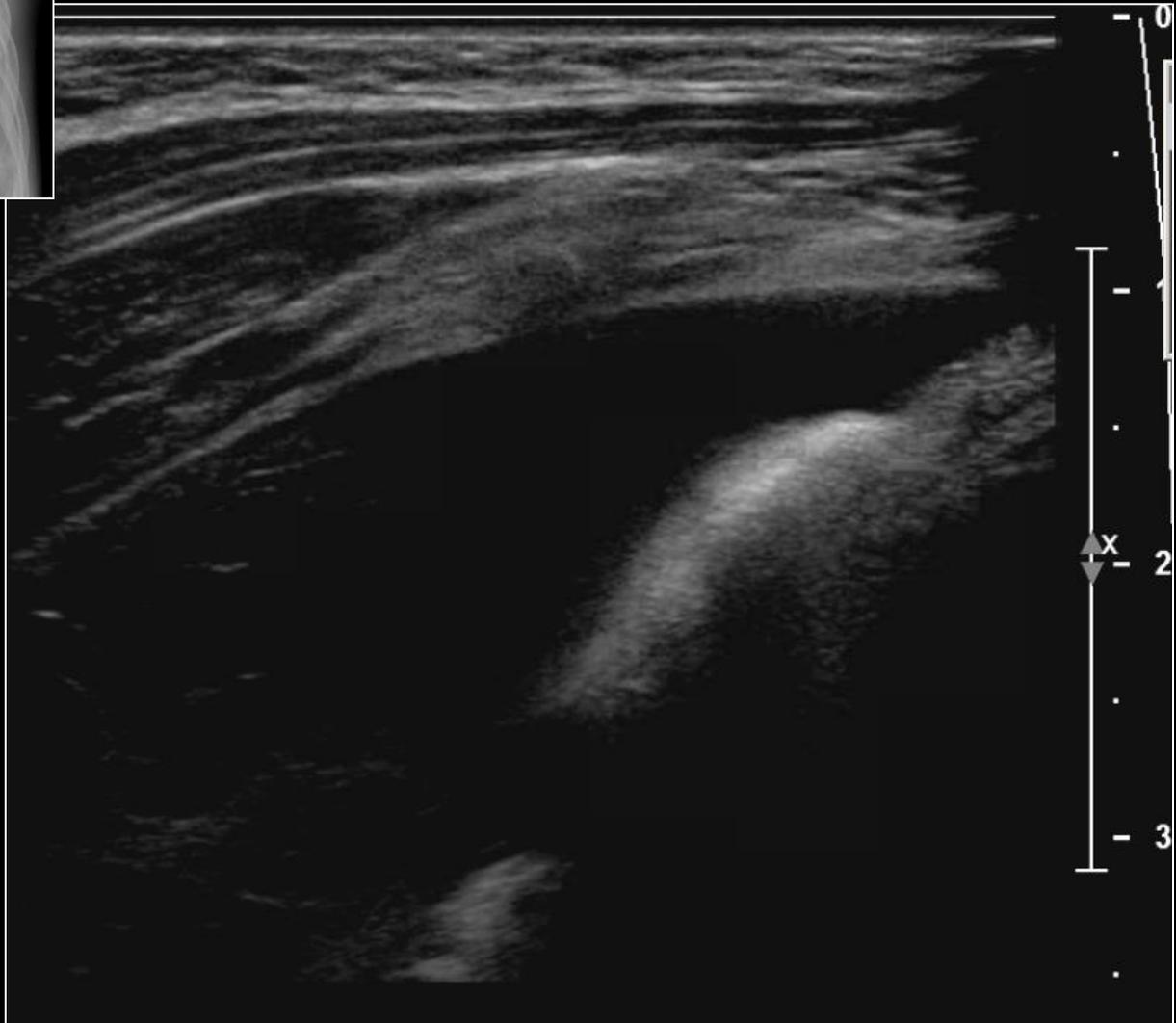
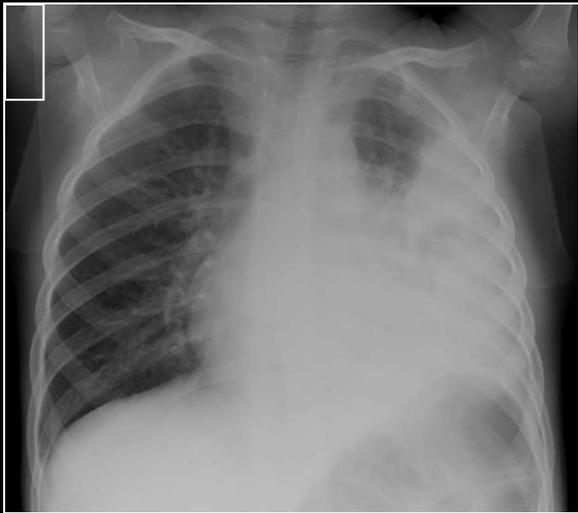


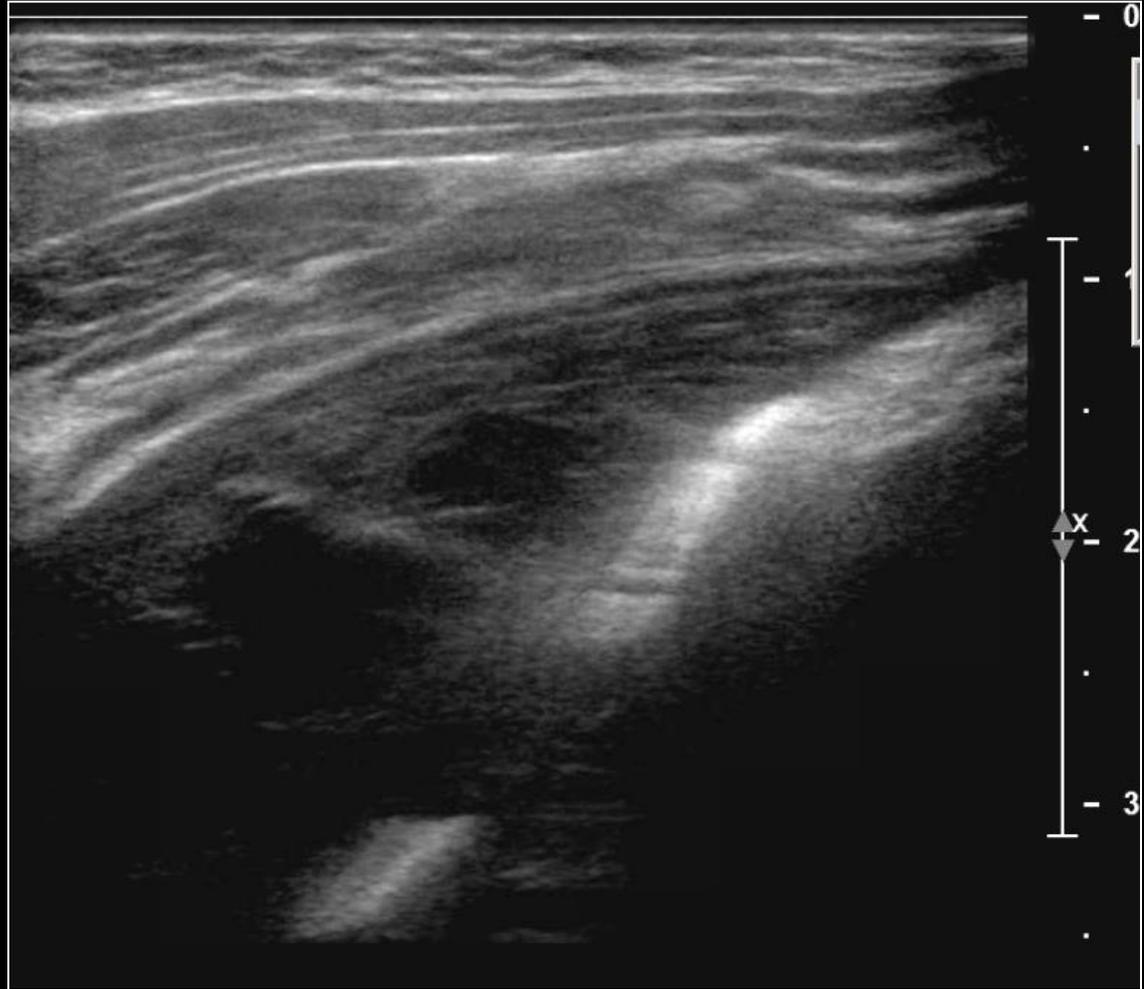
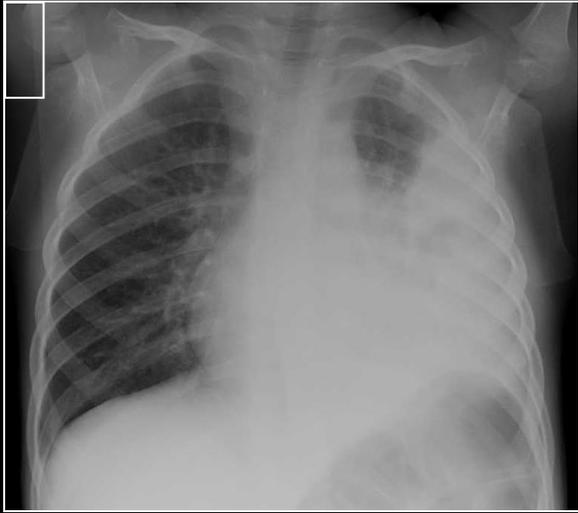


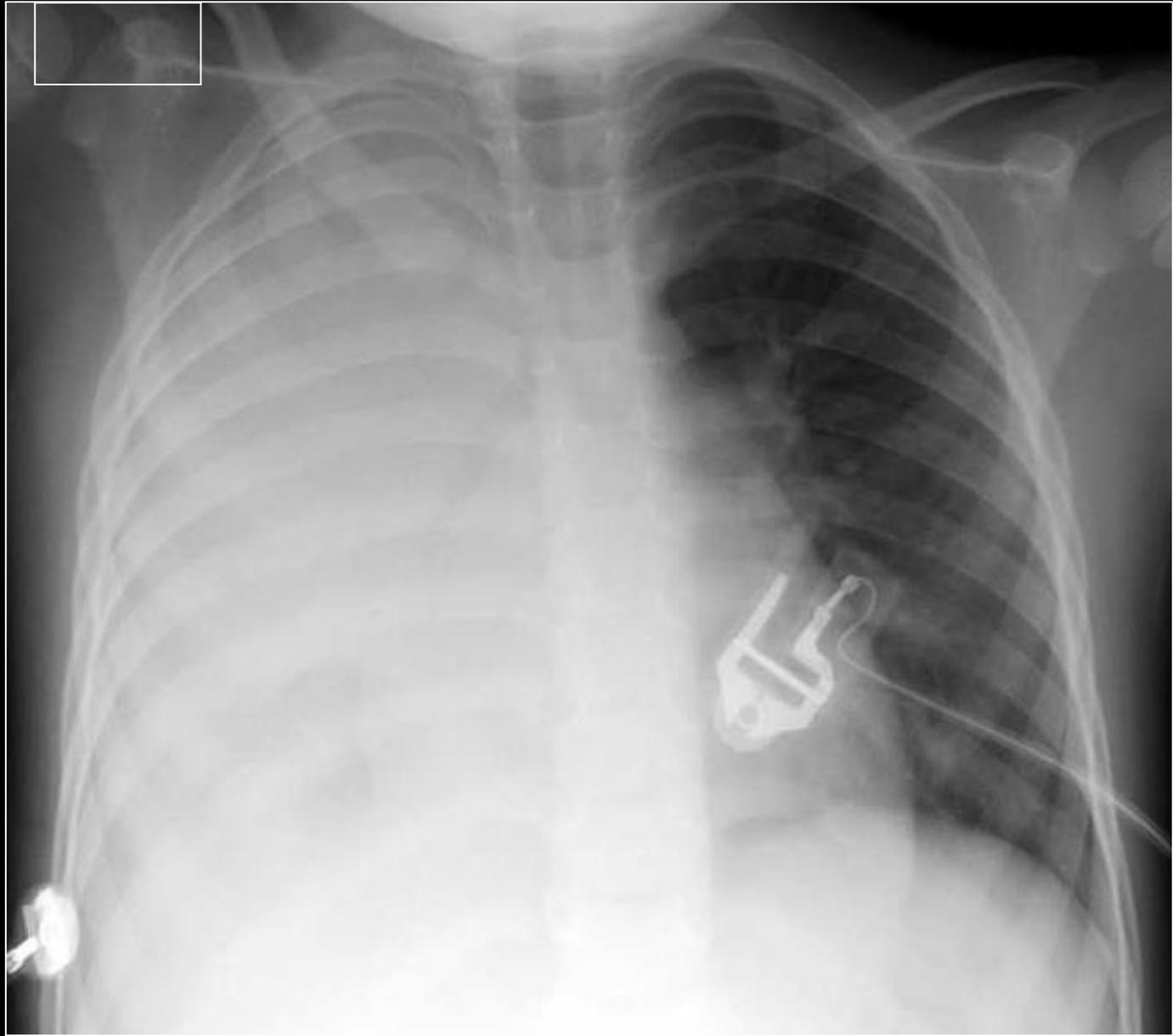
Champ pulmonaire aux deux tiers dense

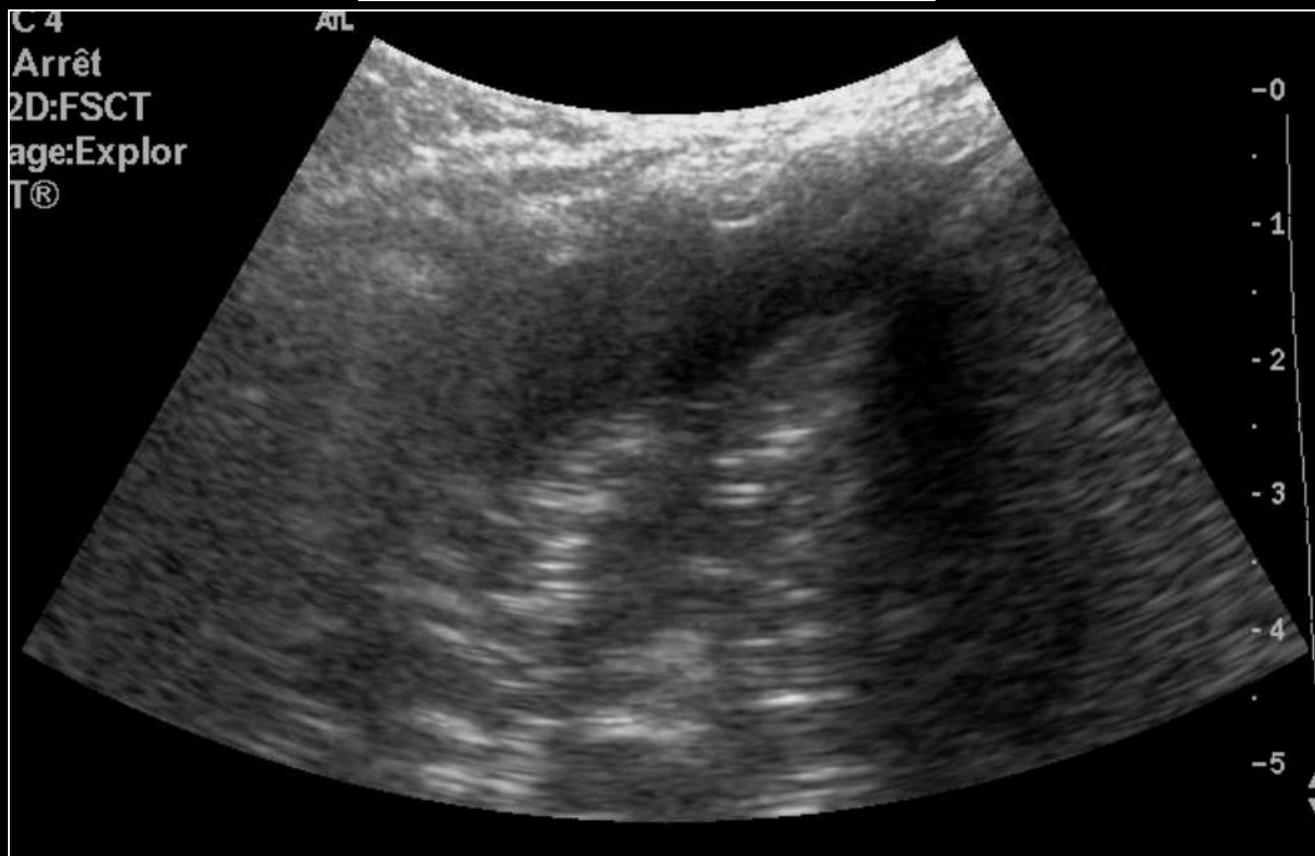
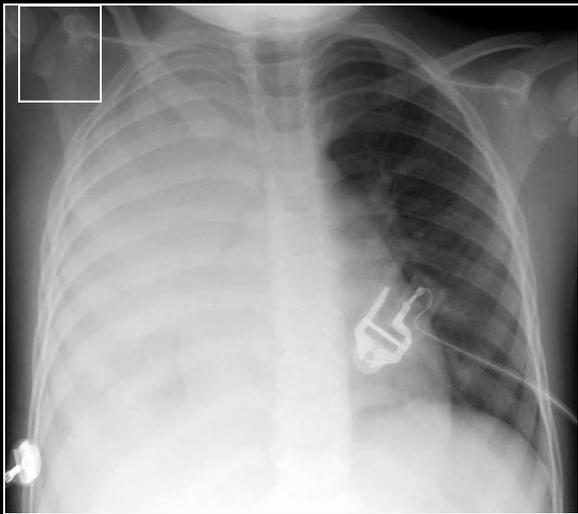






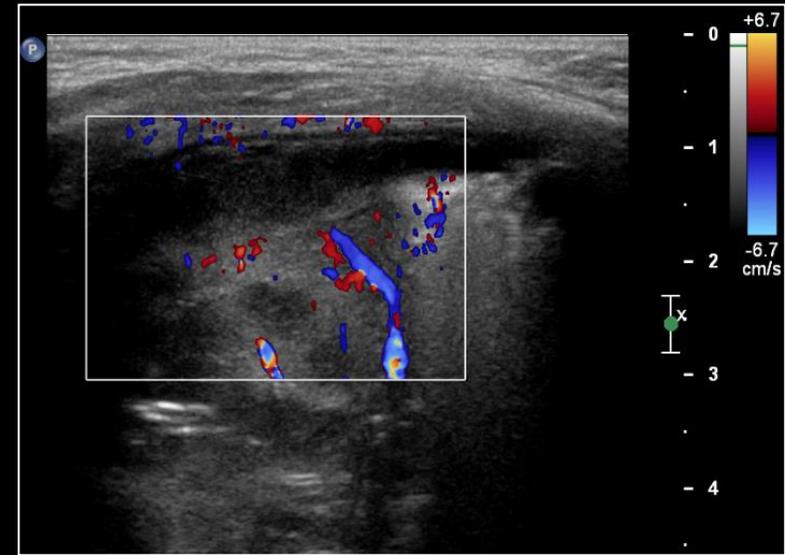
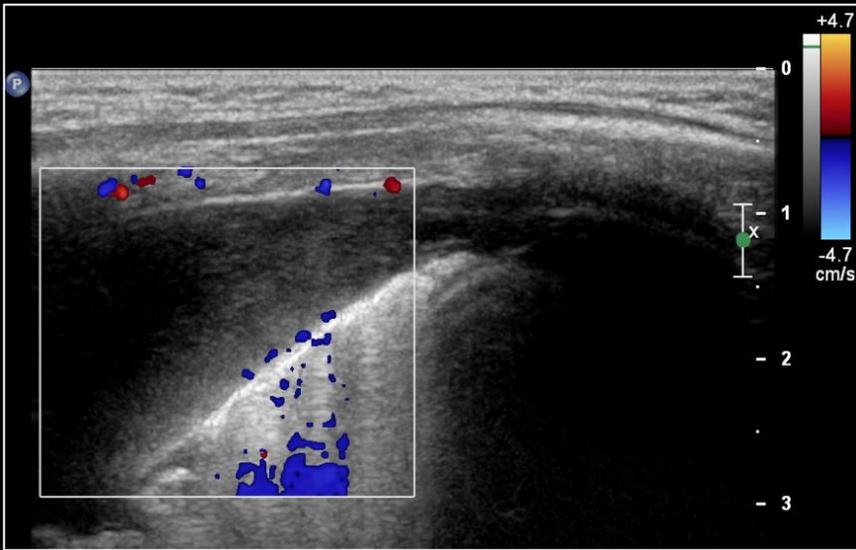
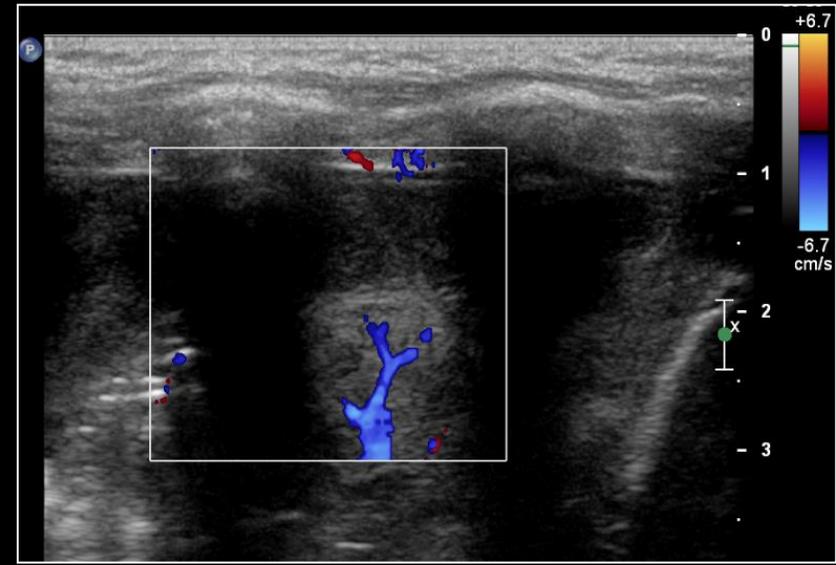
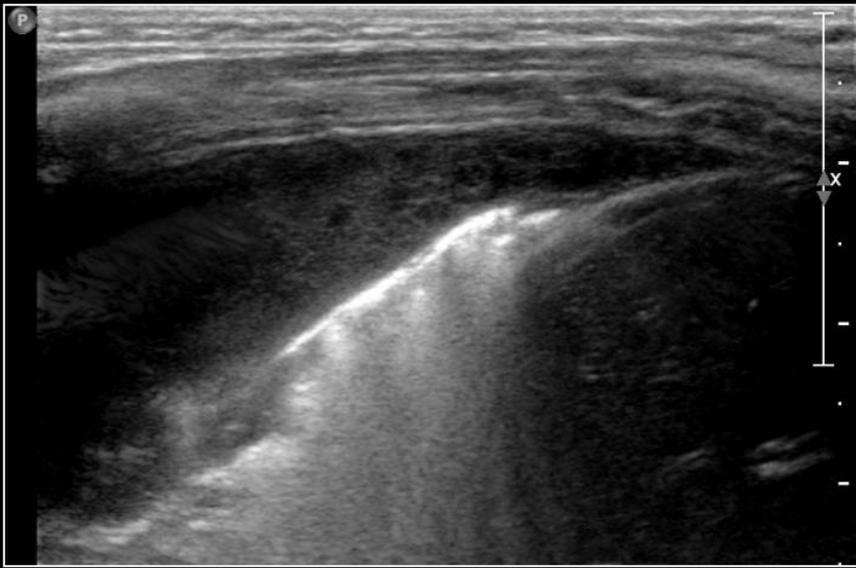


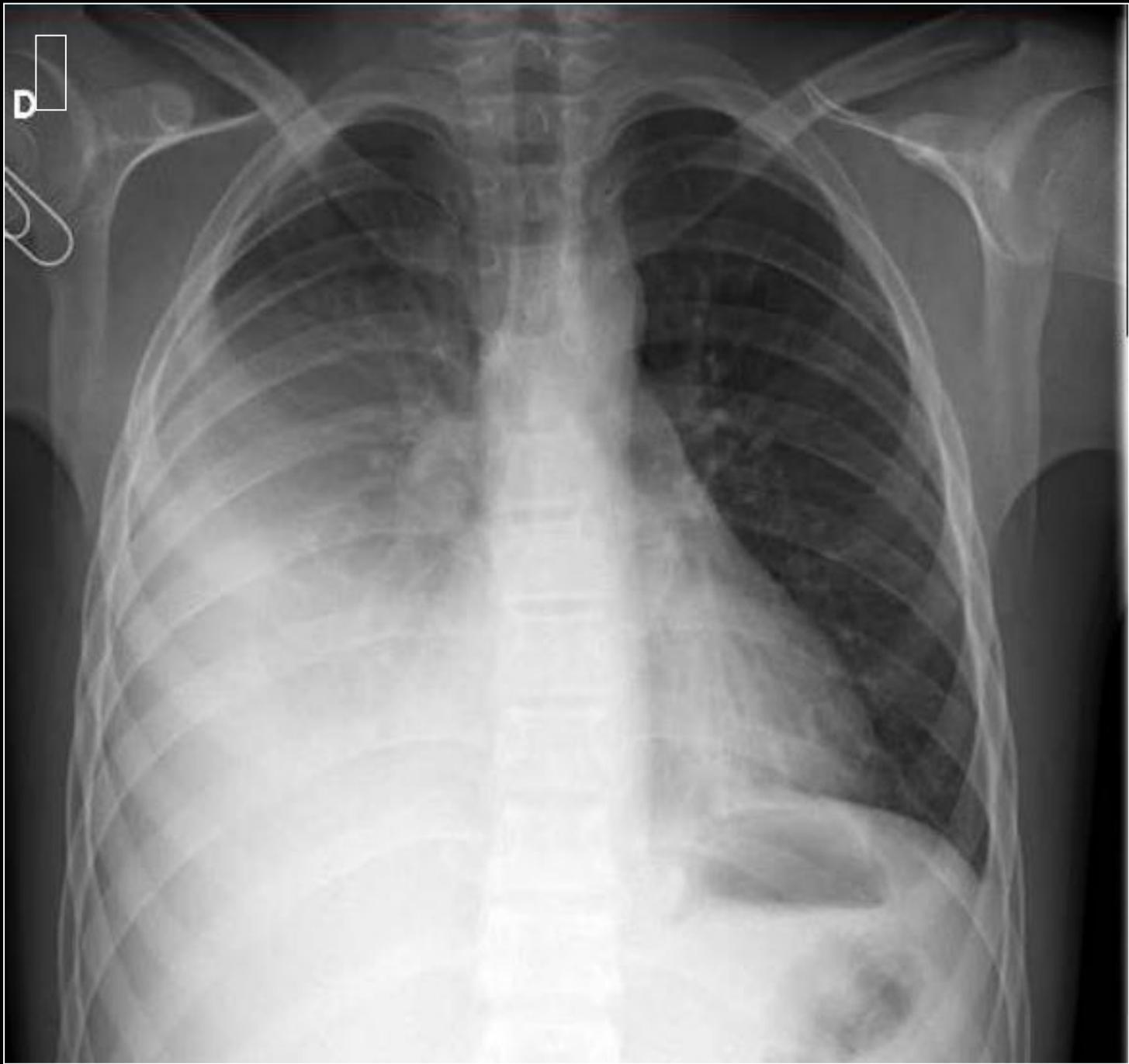


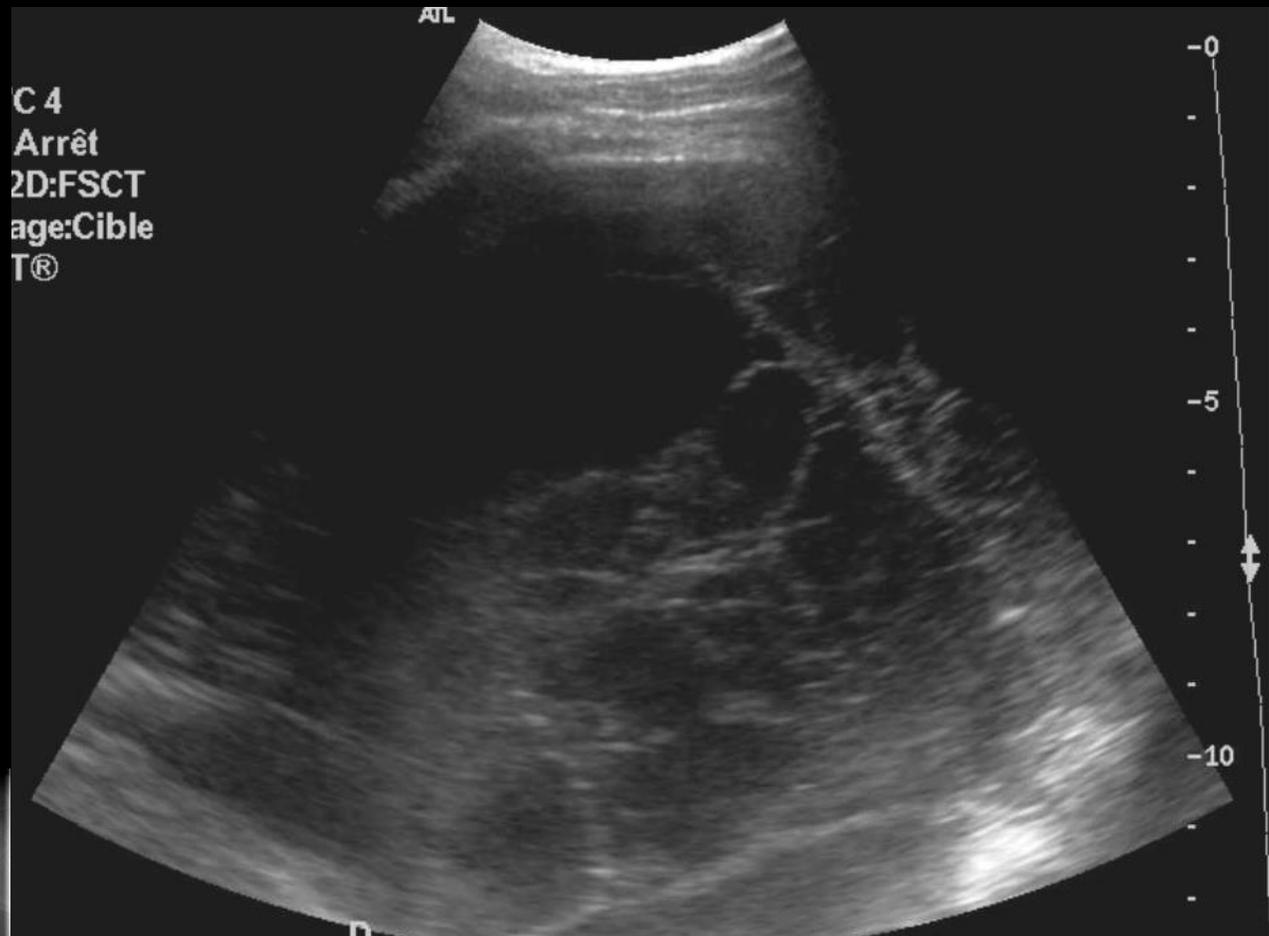


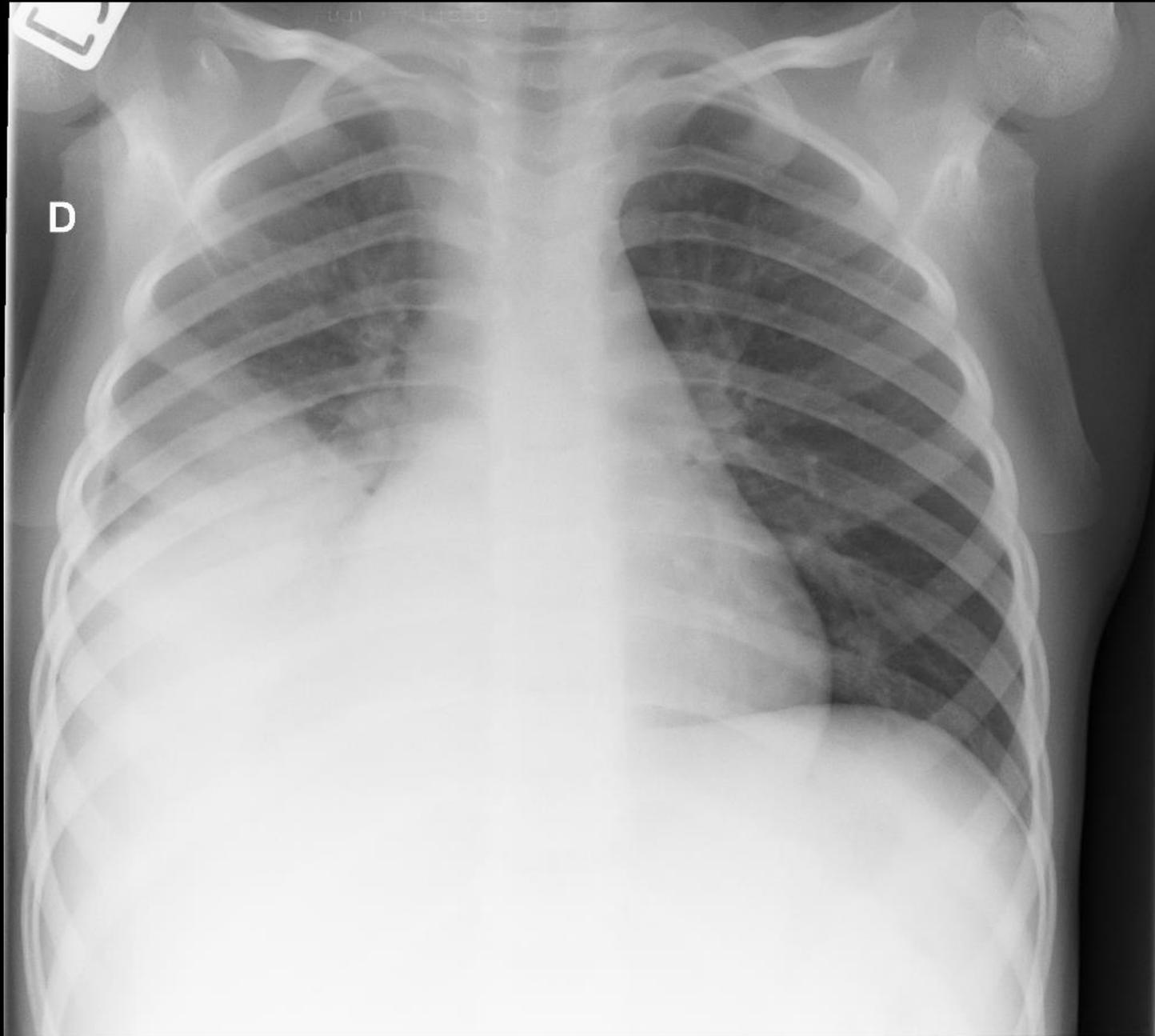


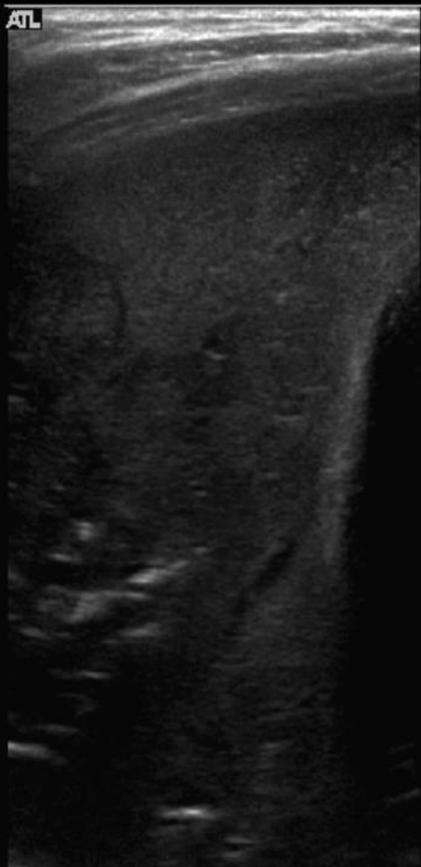


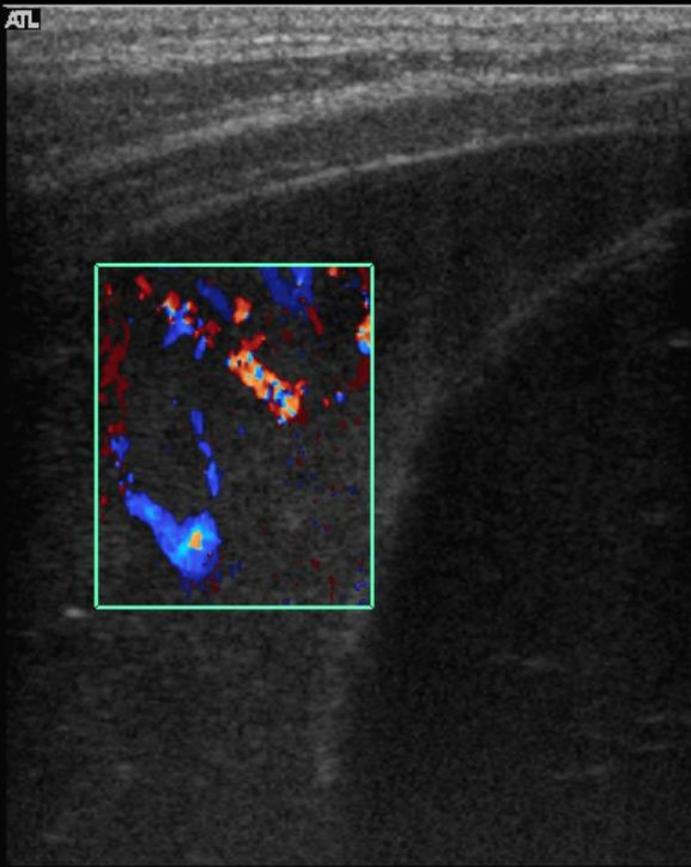
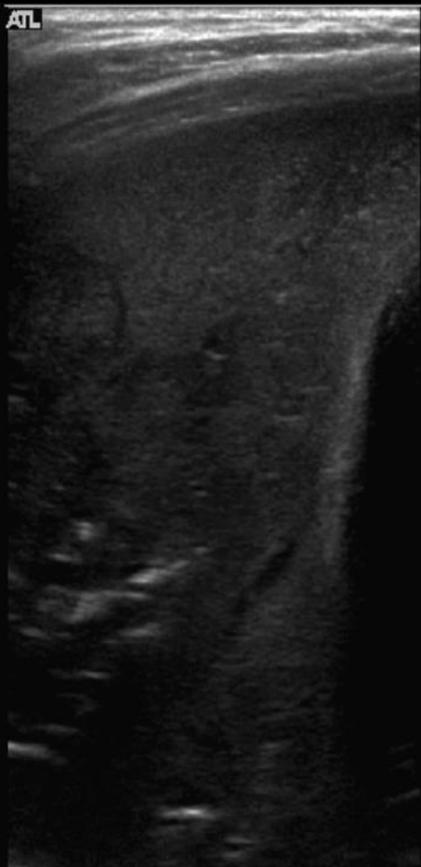


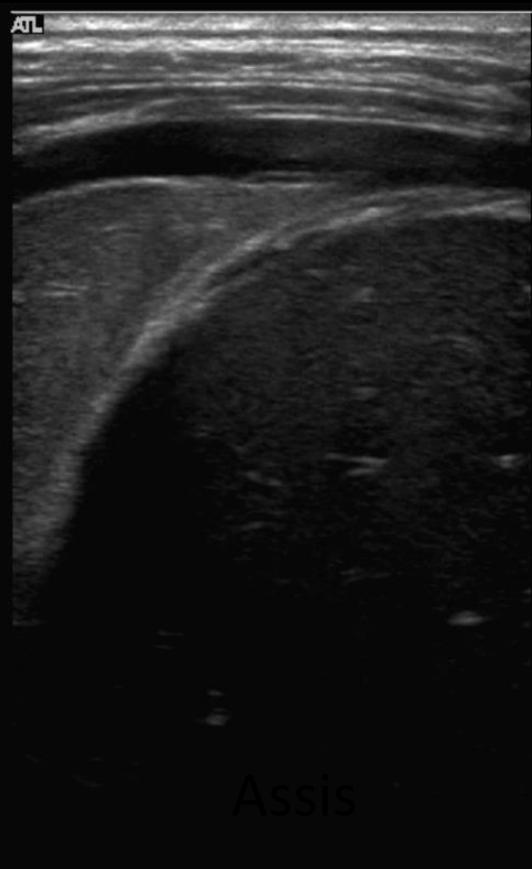
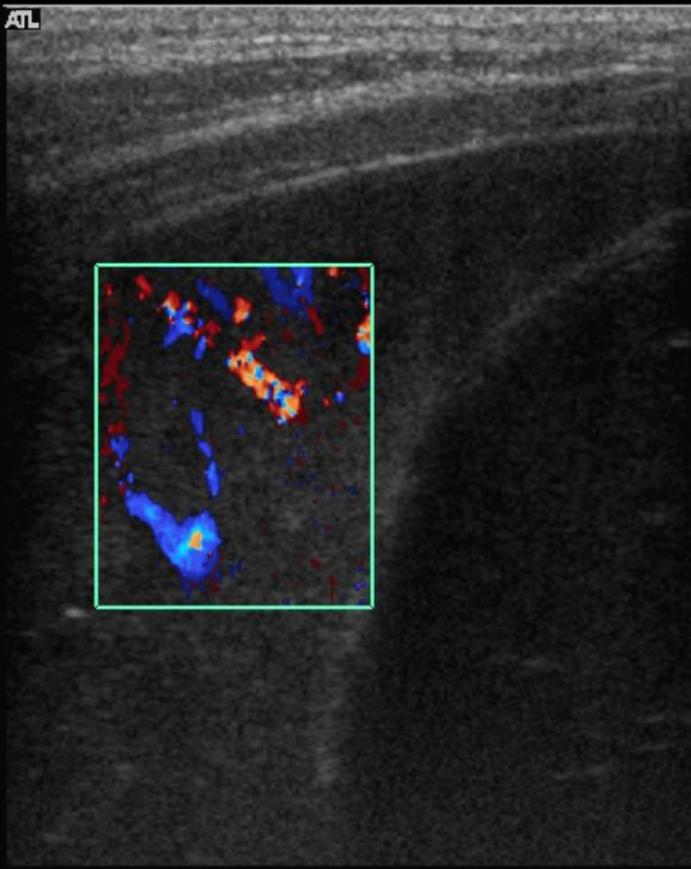
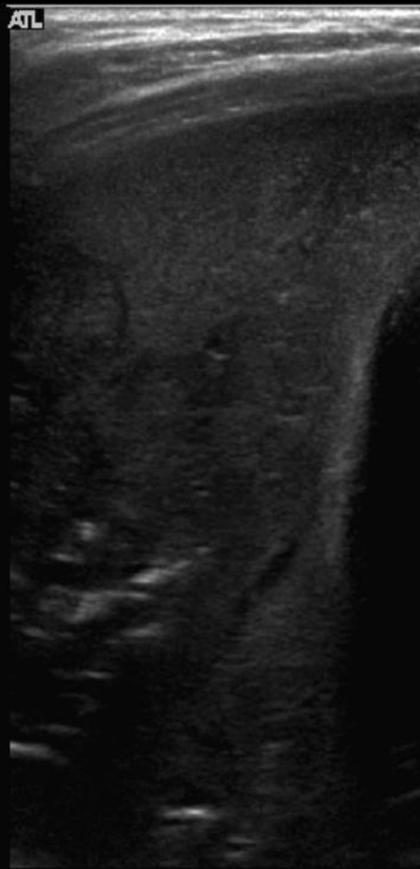




















Une situation très classique : champ pulmonaire aux deux tiers dense

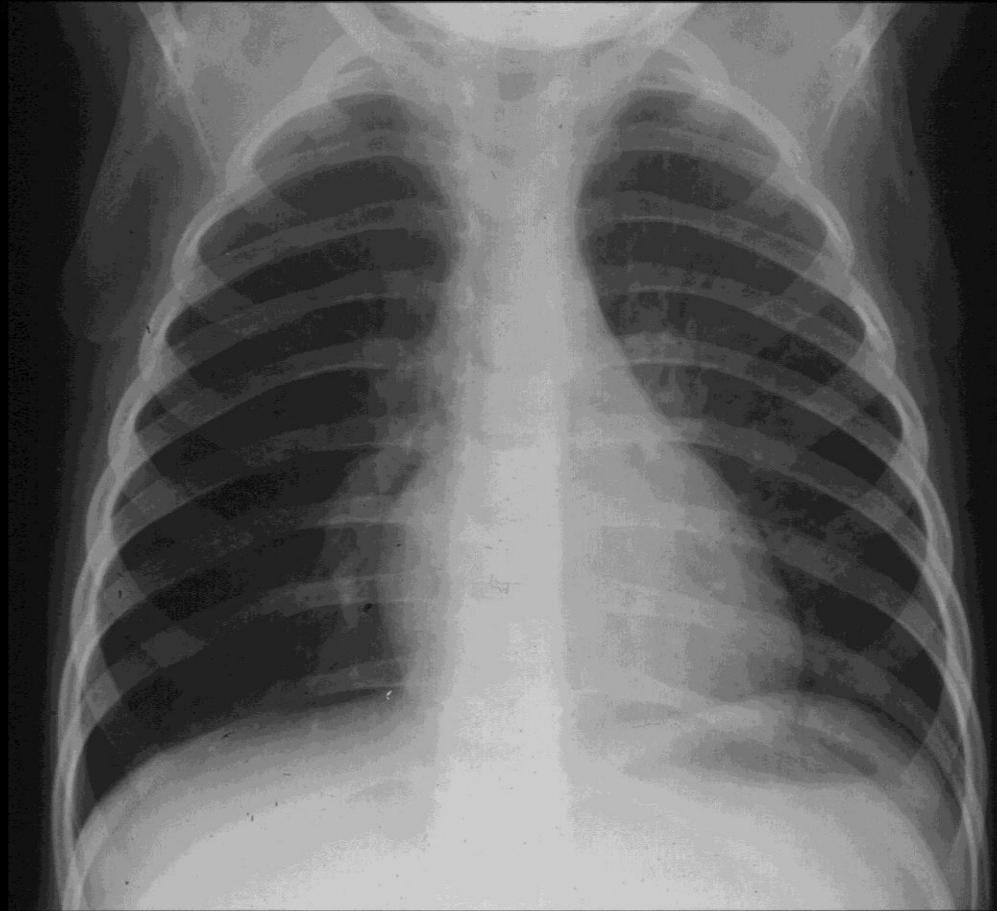
Importance pour la prise en charge de distinguer ces différentes situations :

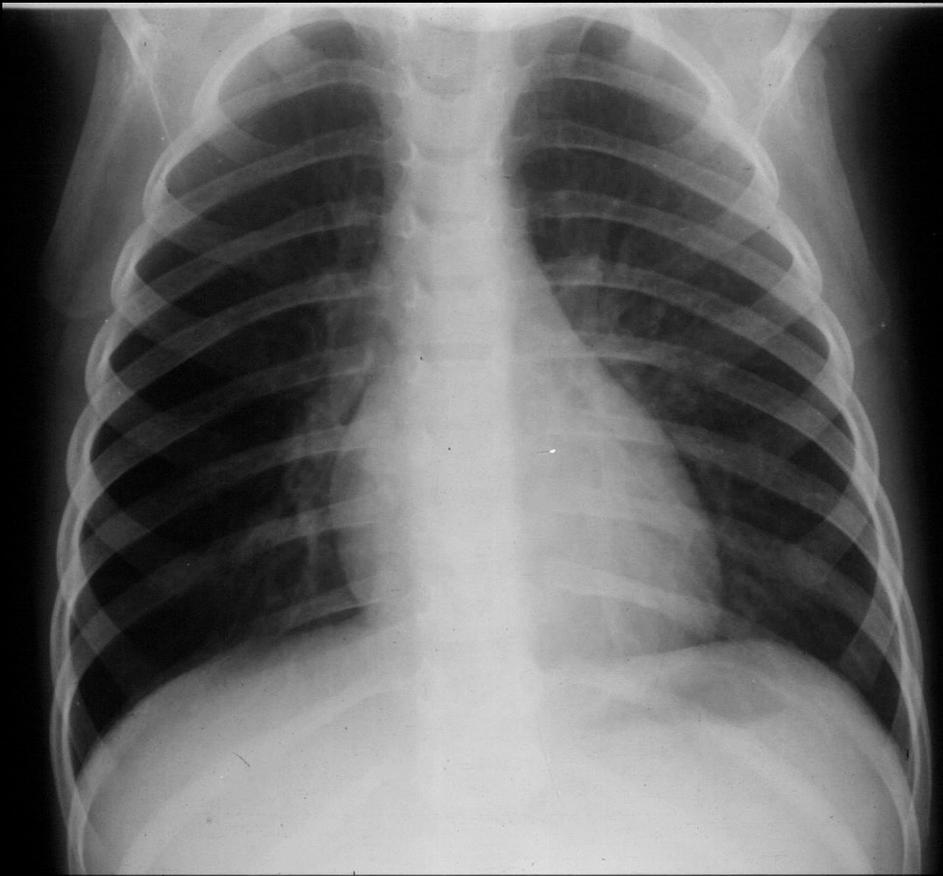
- Densification pneumonique, peu ou pas d'épanchement
- Densification pneumonique et épanchement liquidien significatif
 - Ponctionnable ? Importance des cloisons ?
! Technique ! Augmenter le gain !
- Tumeur

2 ANS

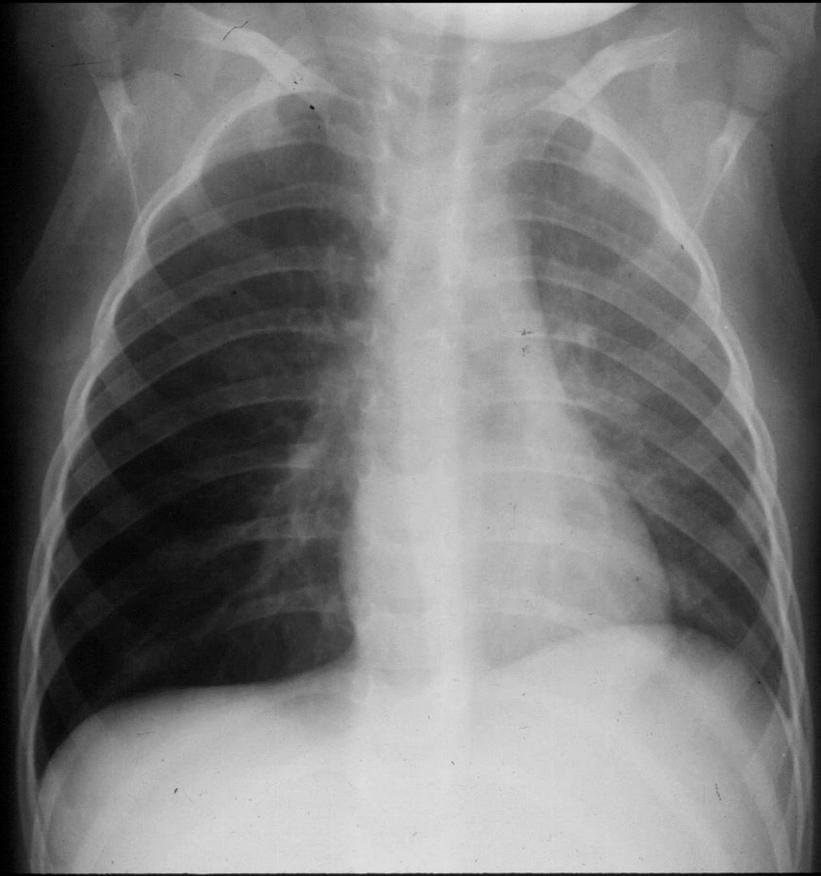
TOUX IRRITATIVE DEPUIS HIER.

PAS DE TEMPERATURE





inspi.



expi.