

Urgences abdominales



Pancréatite aiguë

Cas cliniques

Shyu et al, Radiographics 2014; 34:1218-1239

Necrotizing Pancreatitis: Diagnosis, Imaging, and Intervention¹



Owen J. O'Connor et al, AJR:197, September 2011

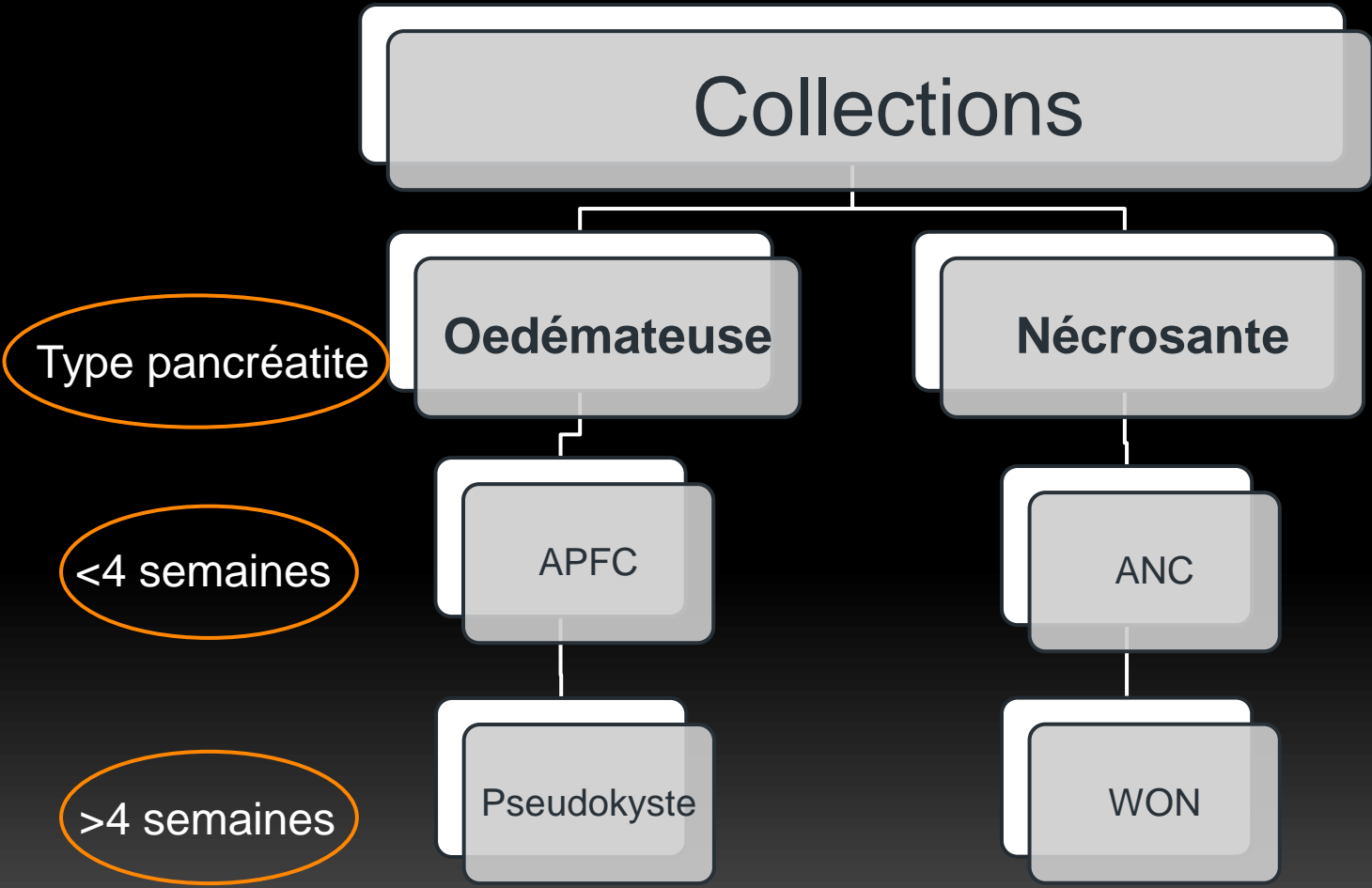
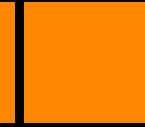
Imaging of the Complications of Acute Pancreatitis

A Clinical and Radiologic Review of Uncommon Types and Causes of Pancreatitis

Alampady Krishna Prasad Shanbhogue, MD, et al

RadioGraphics 2009; 29:1003–1026 • Published online 10.1148/rg.294085748 • Content Code: **GI**

Pancréatite aigue – Atlanta 2012



The Revised Atlanta Classification of Acute Pancreatitis: Its Importance for the Radiologist and Its Effect on Treatment

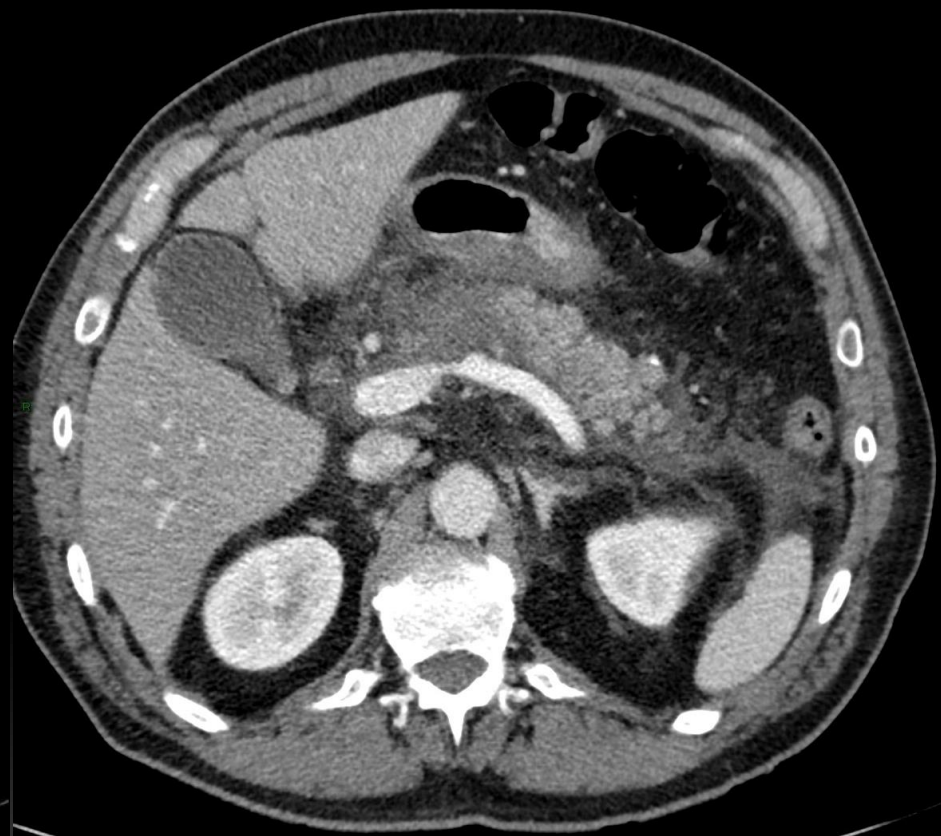
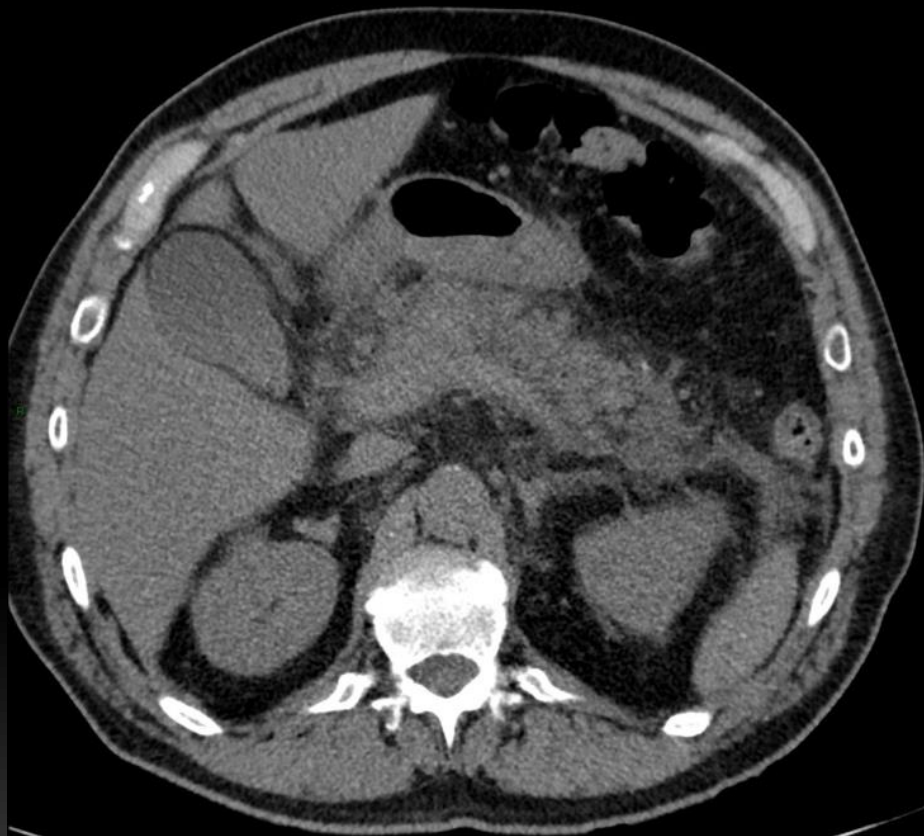
Ruedi F. Thoeni, MD

Radiology 2012

Cas 1

- Patient de 69 ans
- D+ épigastriques et HCD, bili 2, lipases à 823UI/L.
- Demande d'US : exclure obstacle /dilatation des VBIH à l'origine de la pancréatite
- Résultats US : pas de dilatation

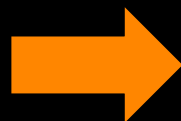
09/03/16



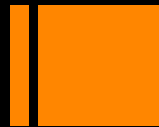
22/04/16



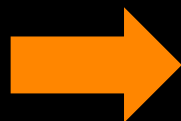
09/03/16



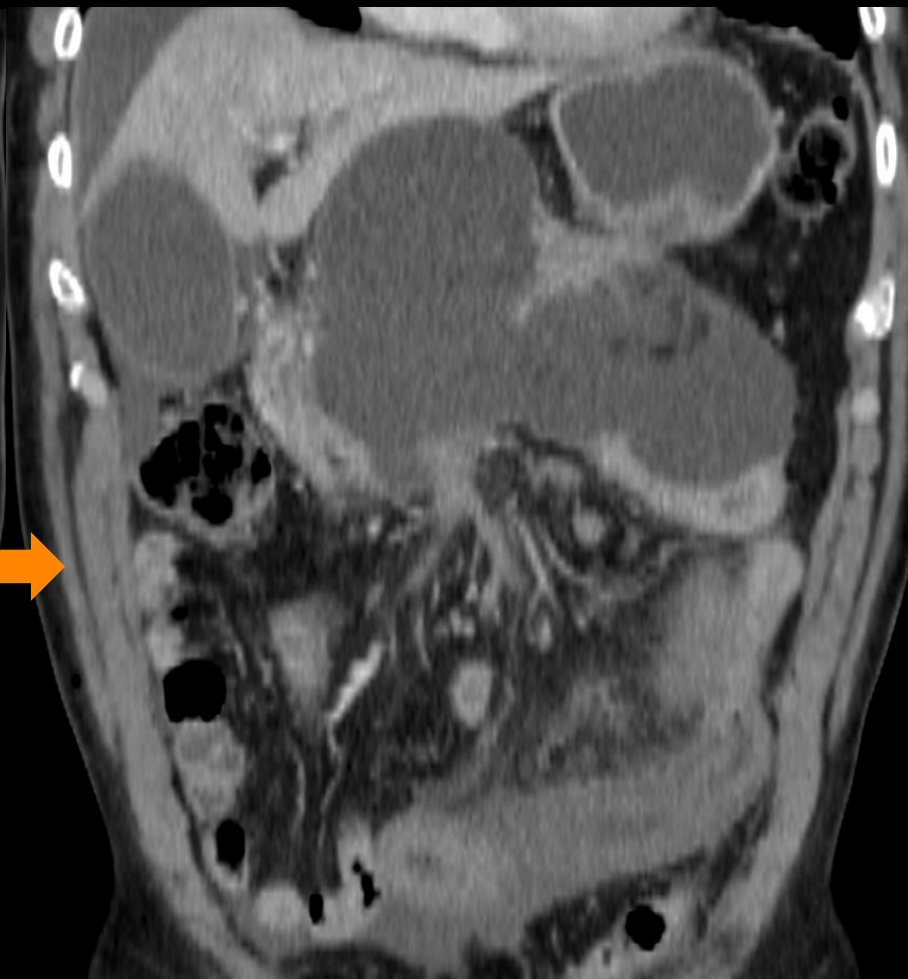
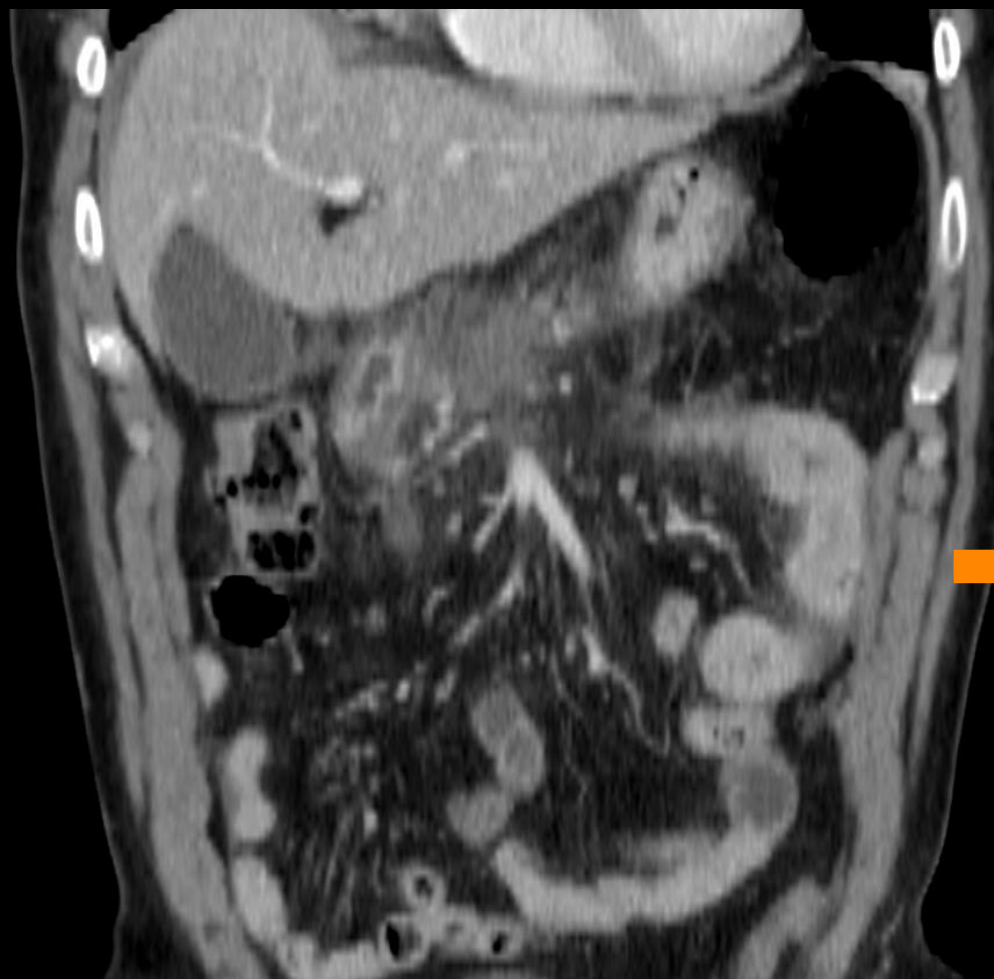
26/03/16



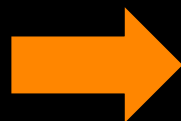
09/03/16



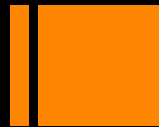
26/03/16



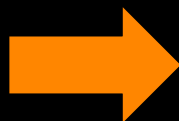
09/03/16



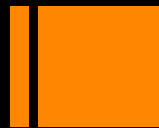
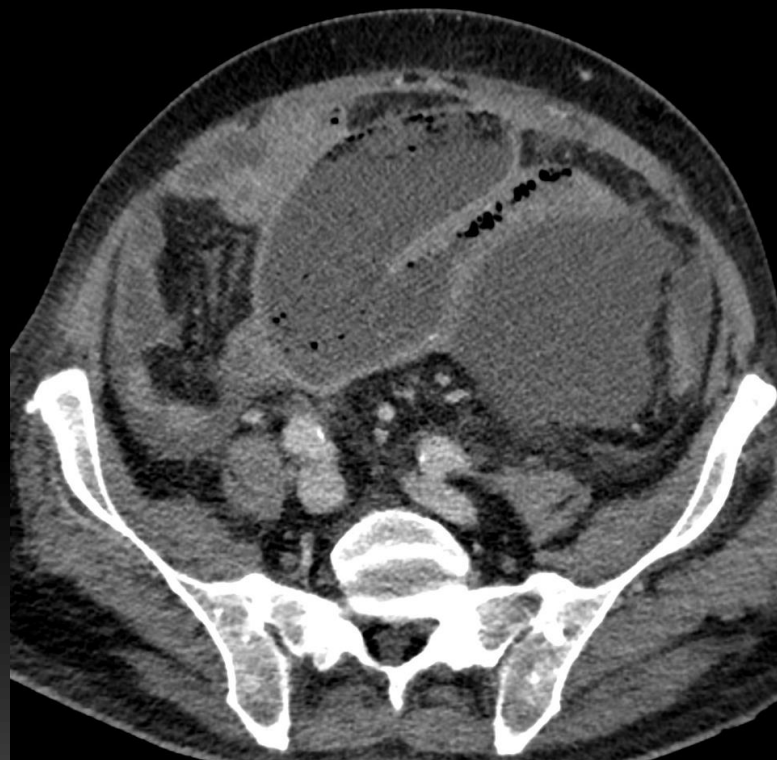
31/03/16



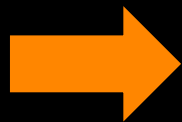
31/03/16



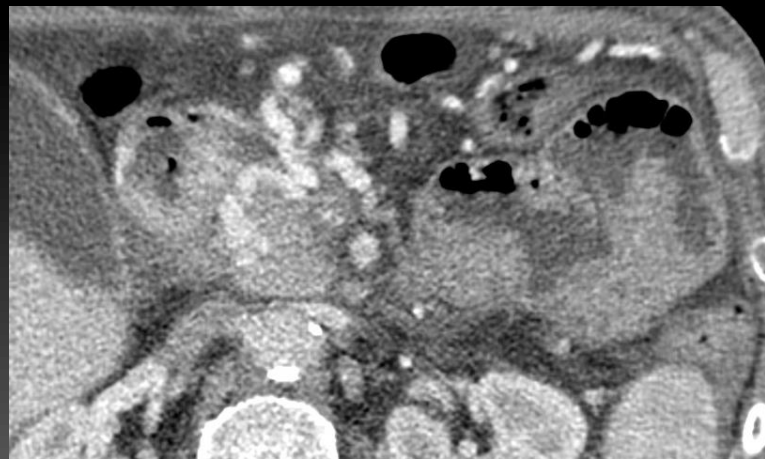
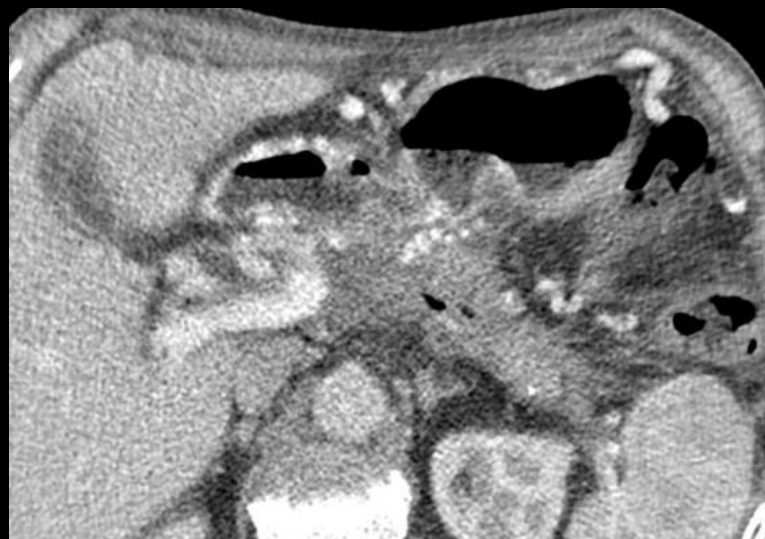
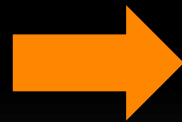
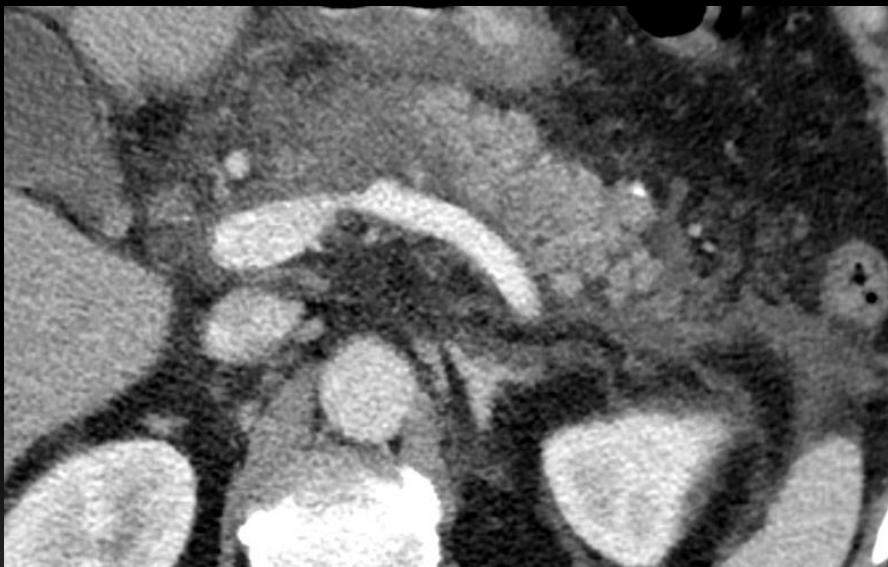
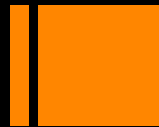
31/04/16



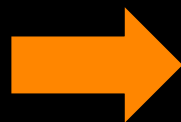
03/16



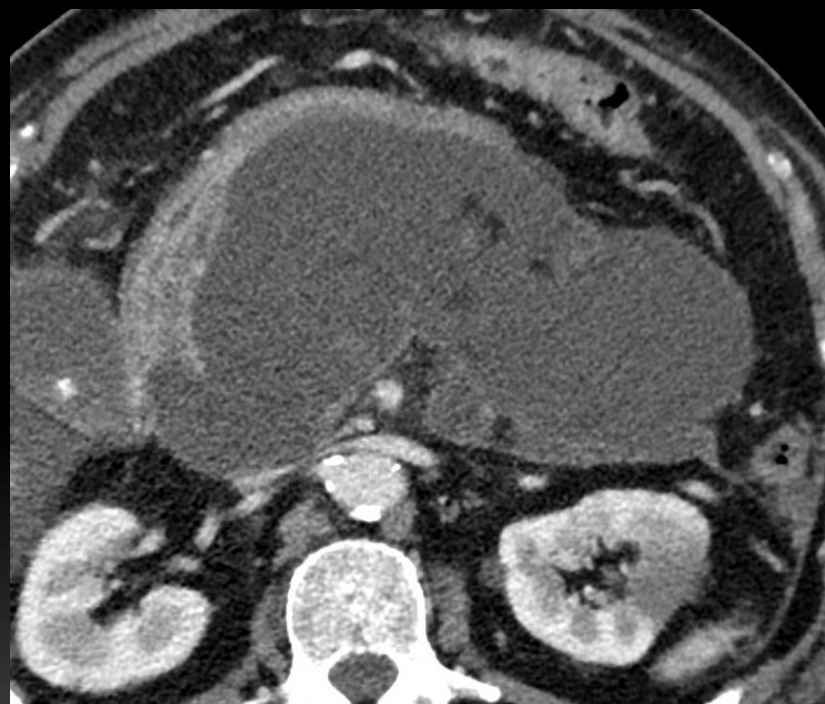
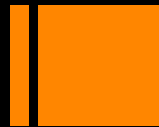
08/16

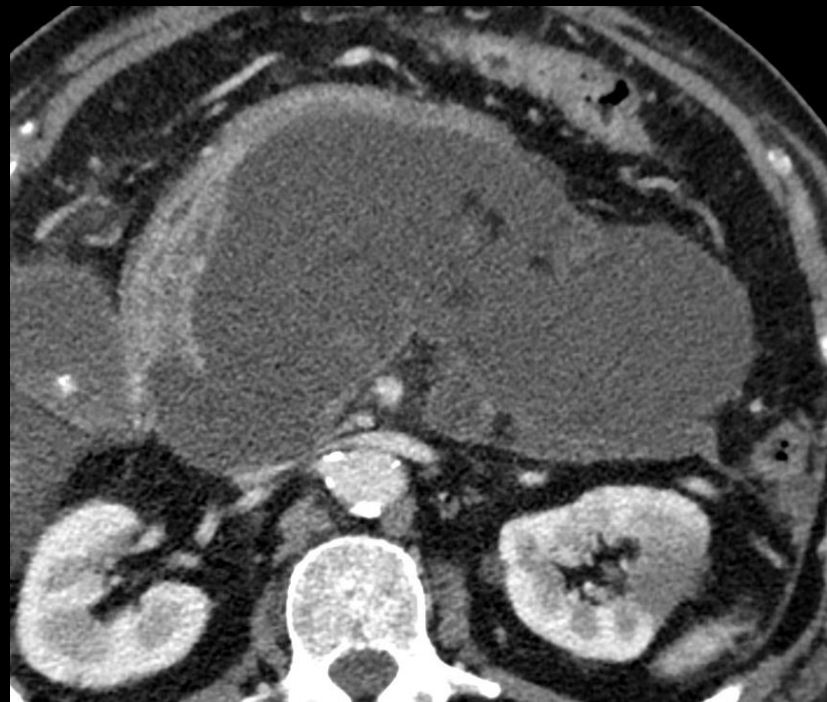
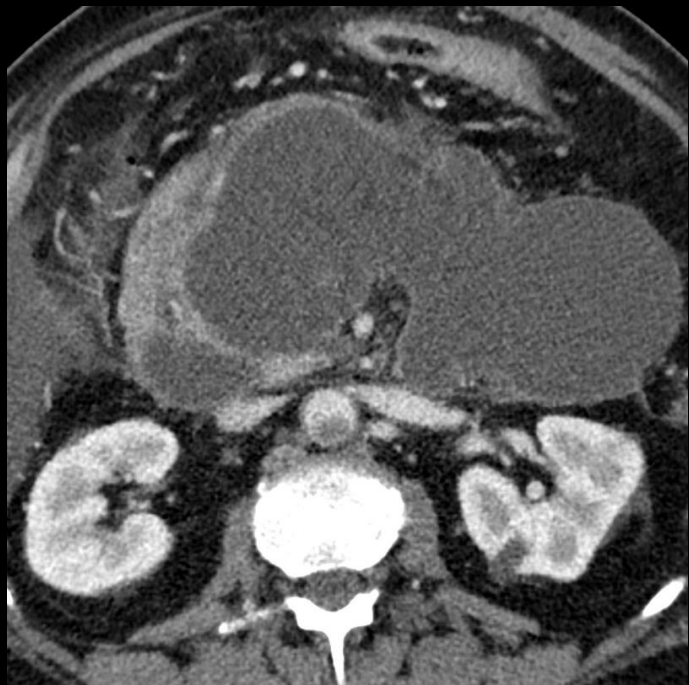


9/03/16



26/03/16

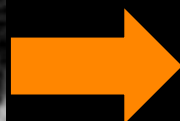
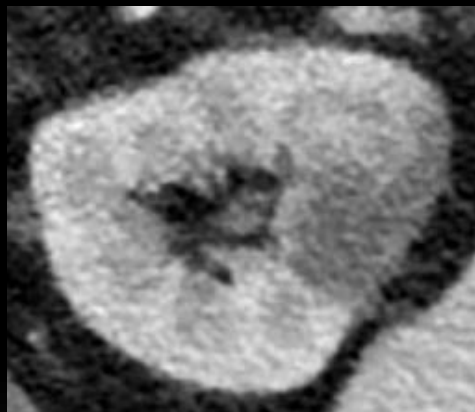
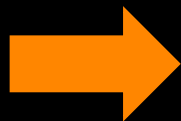
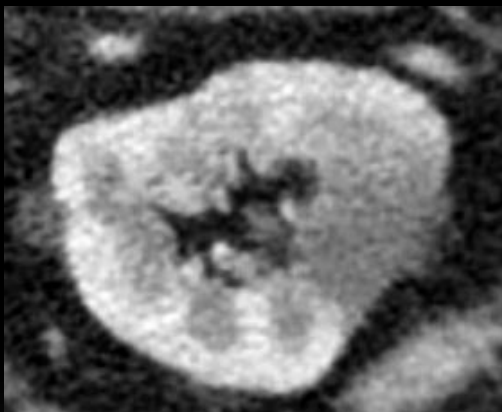
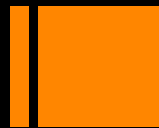




26/03

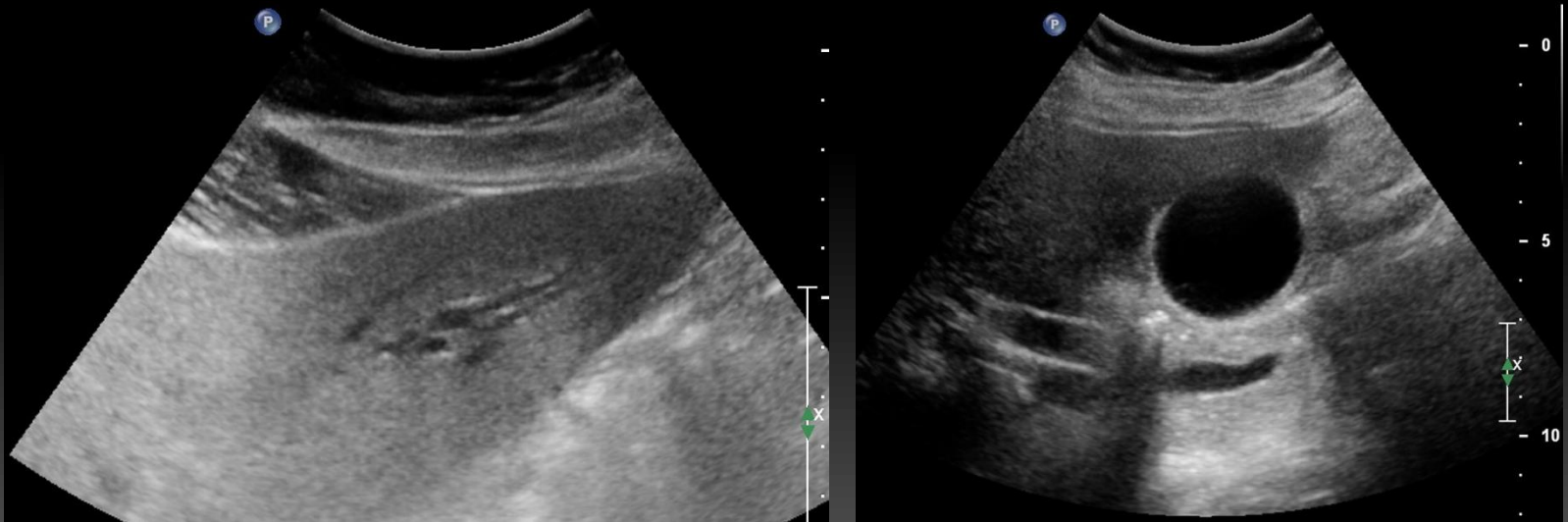
31/03

30/08

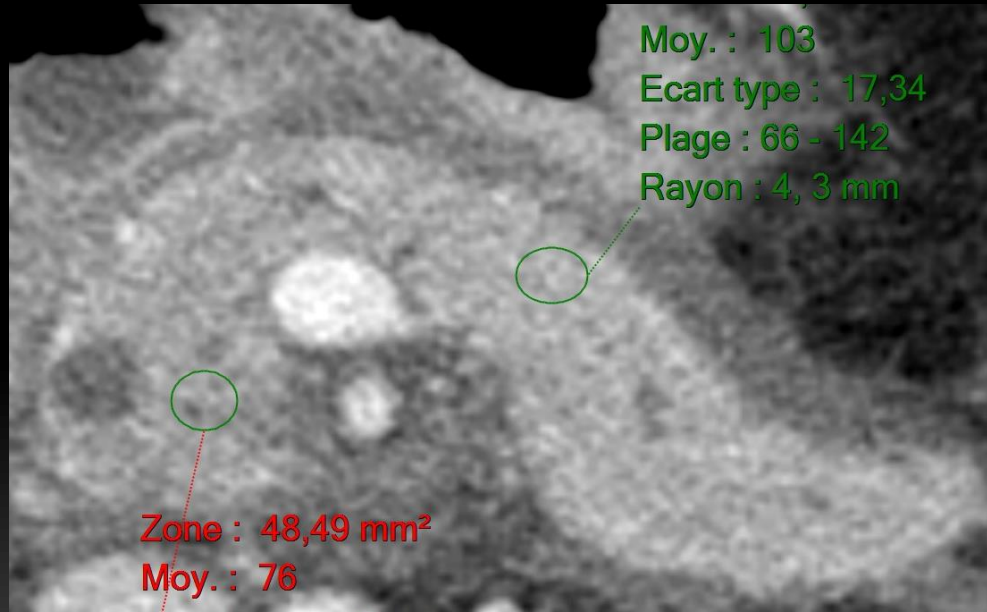
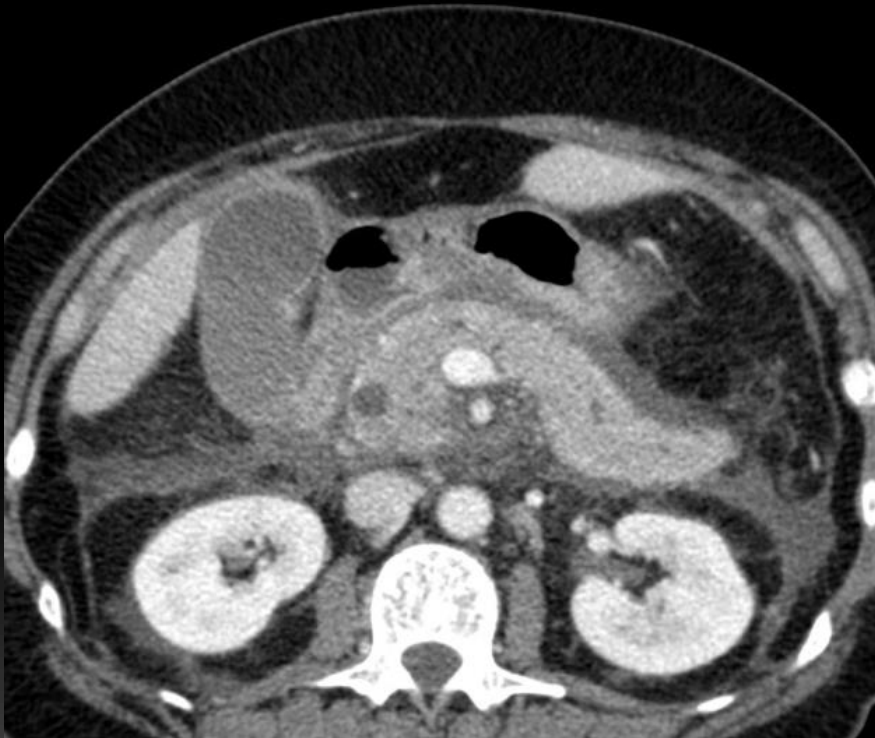
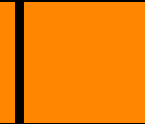


Cas 2

- Femme de 55 ans
- Douleurs épigastriques, cytolyse et cholestase – lipase nl
- Demande US : suspicion de lithiase cholédocienne



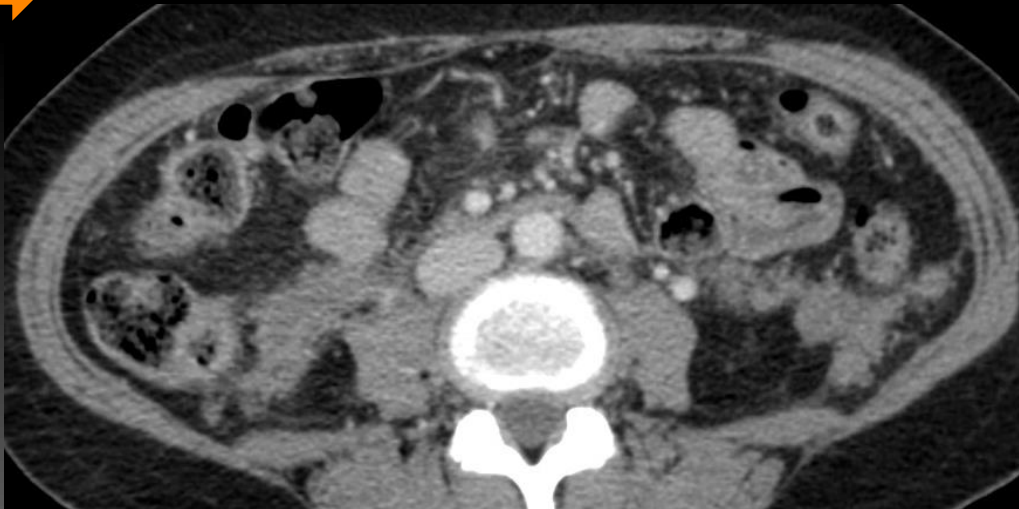
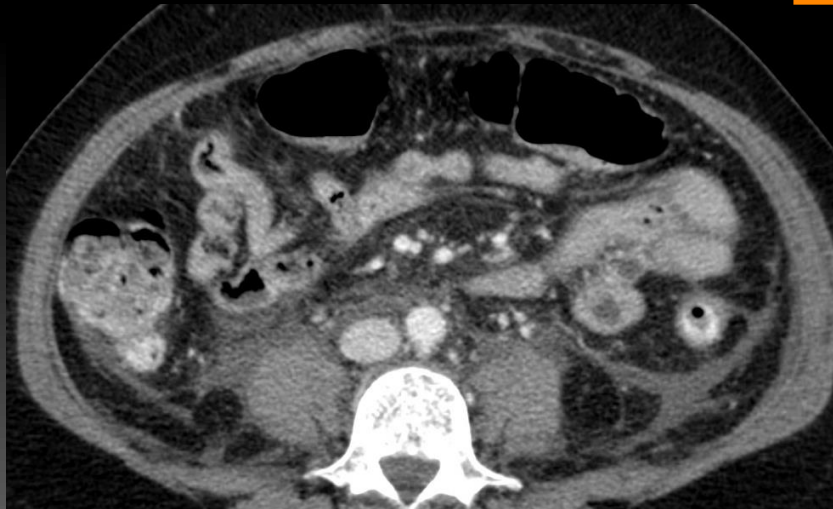
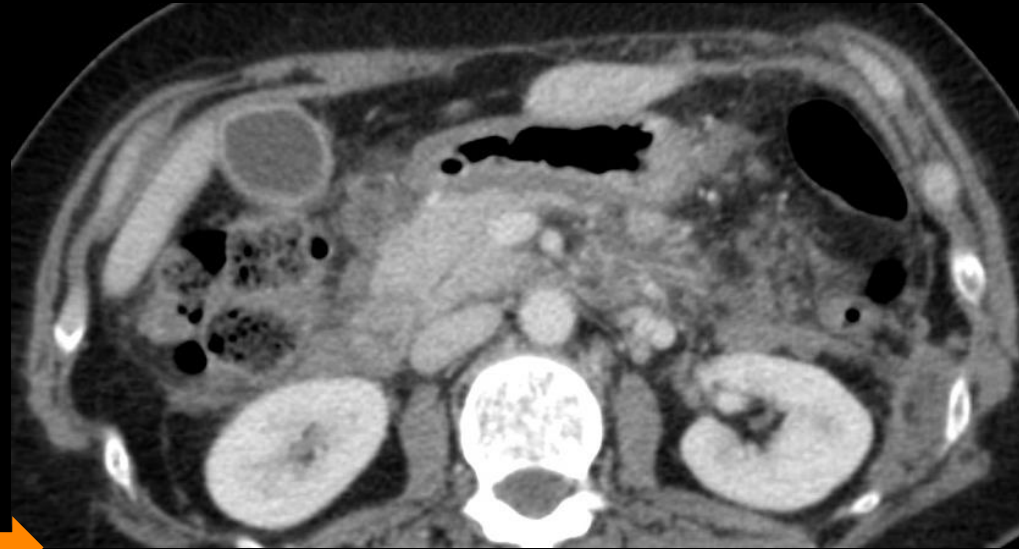
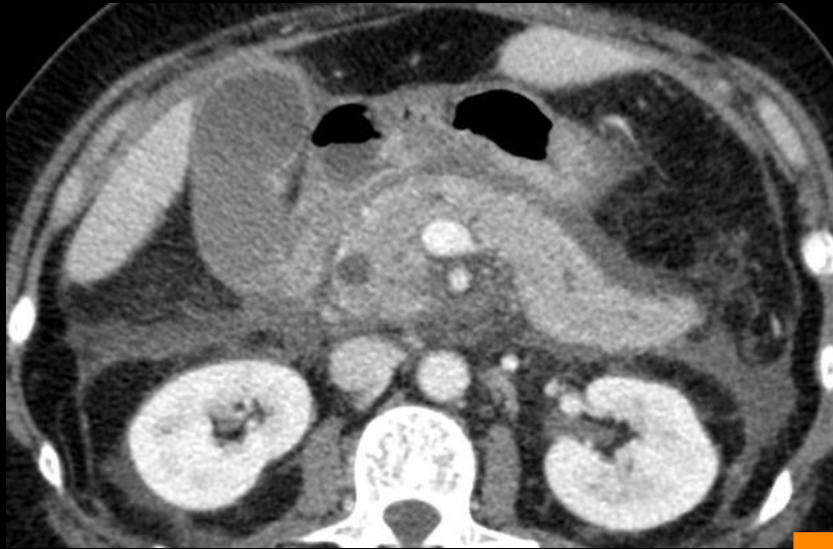
21/08/14 – CT 2j post ERCP



Evolution

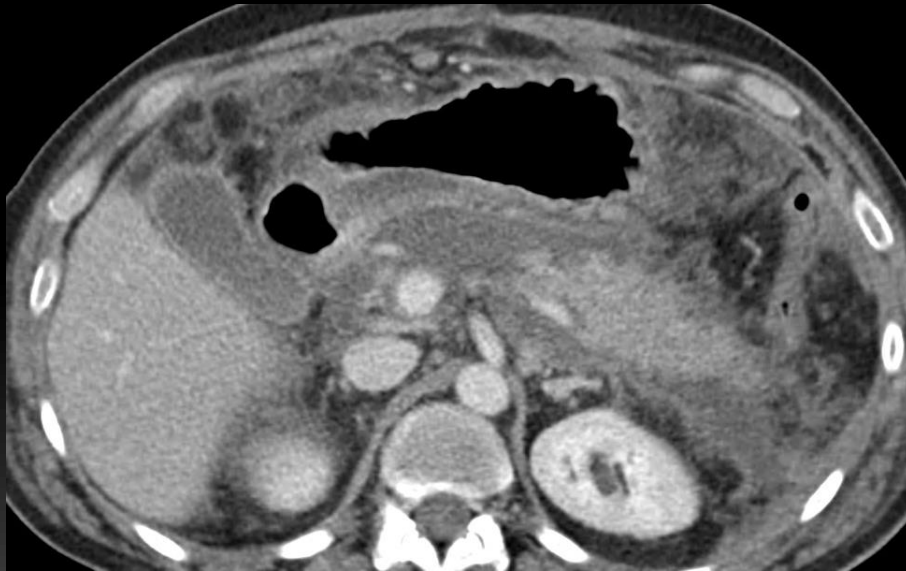
18/08/14

29/09/14

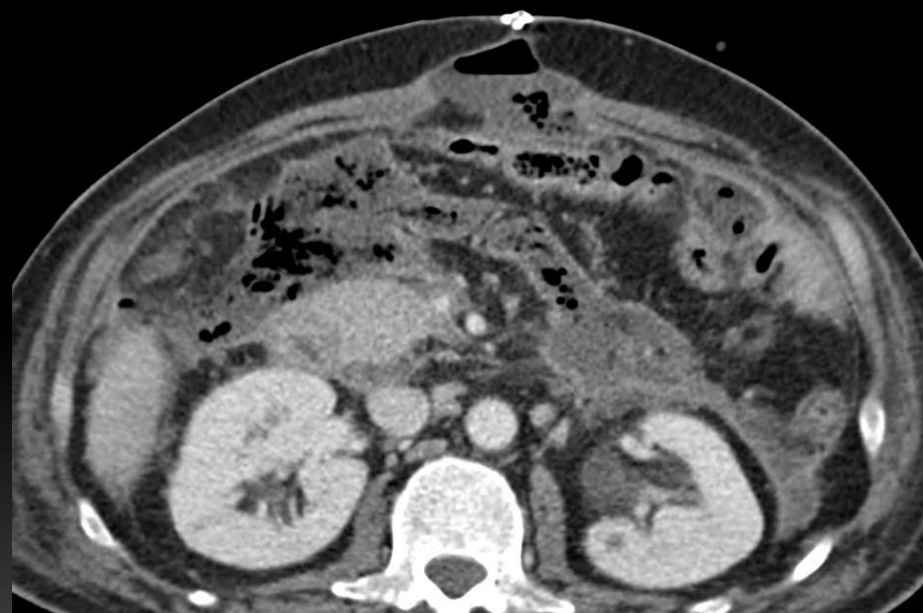
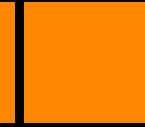


Cas 3

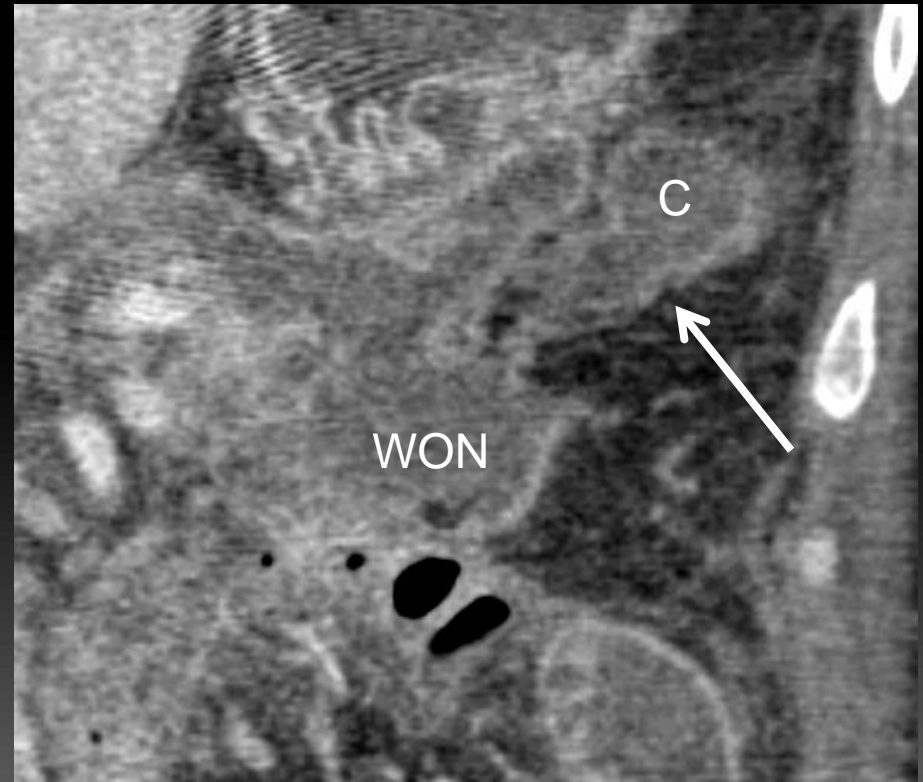
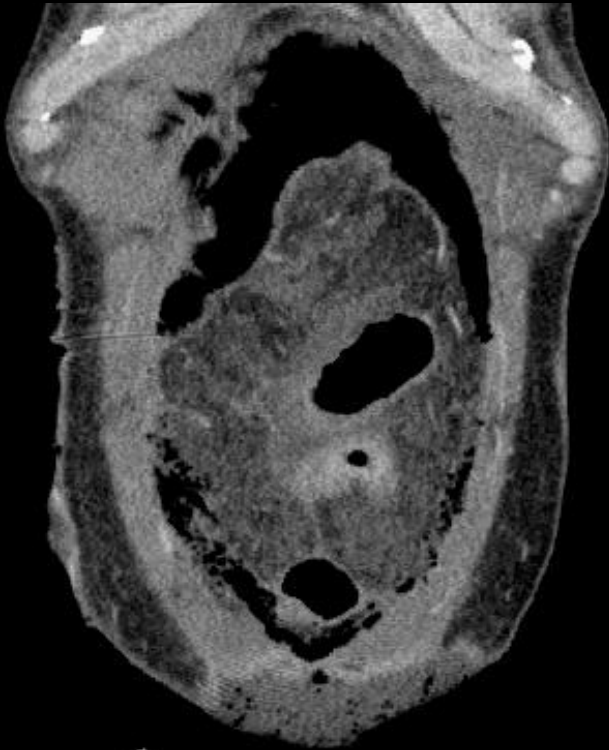
- Patient de 56 ans – transfert 1 mois d'une résection d'un polype duodénal + pancréatite dans le décours



Evolution



Autre patient, autre complication ...



Cas 4-5 même pathologie imagerie différente

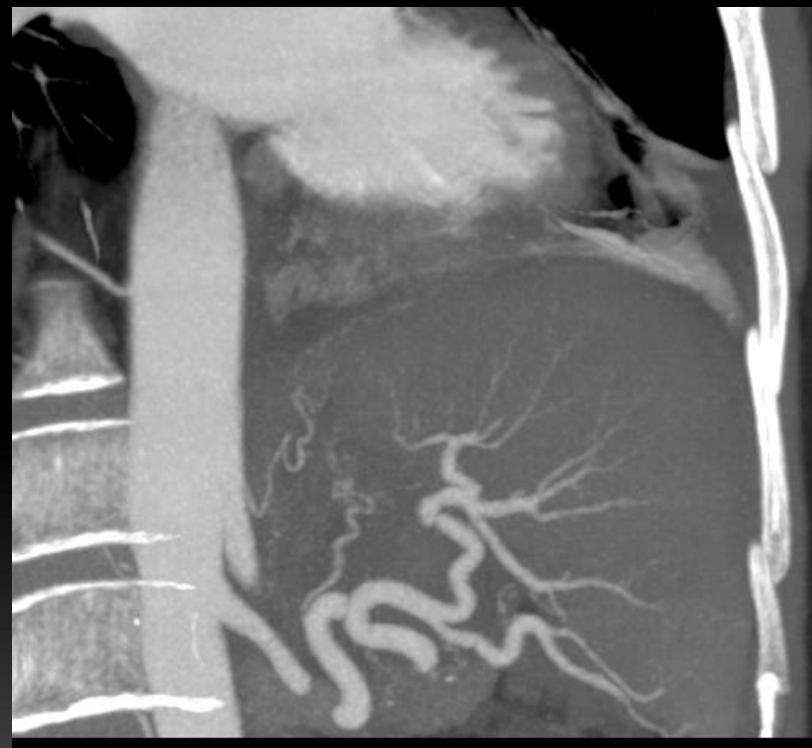
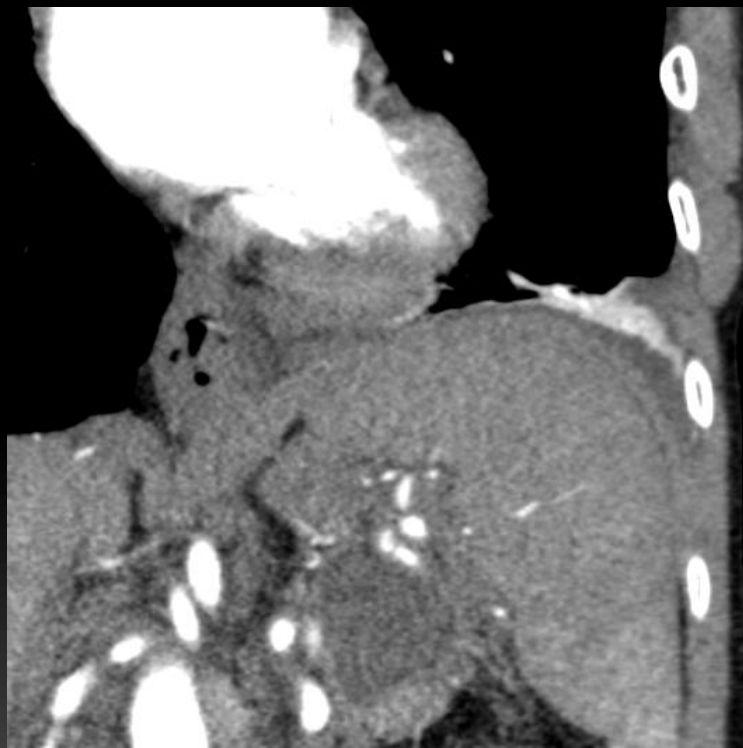
- Patient 21 ans –
pancréatite à répétition –
éthylisme chronique
- CT à distance



- Patiente 54 ans – D+
thoracique respiration-
dépendante – pancréatite
chronique Ca++ éthylisme
chronique

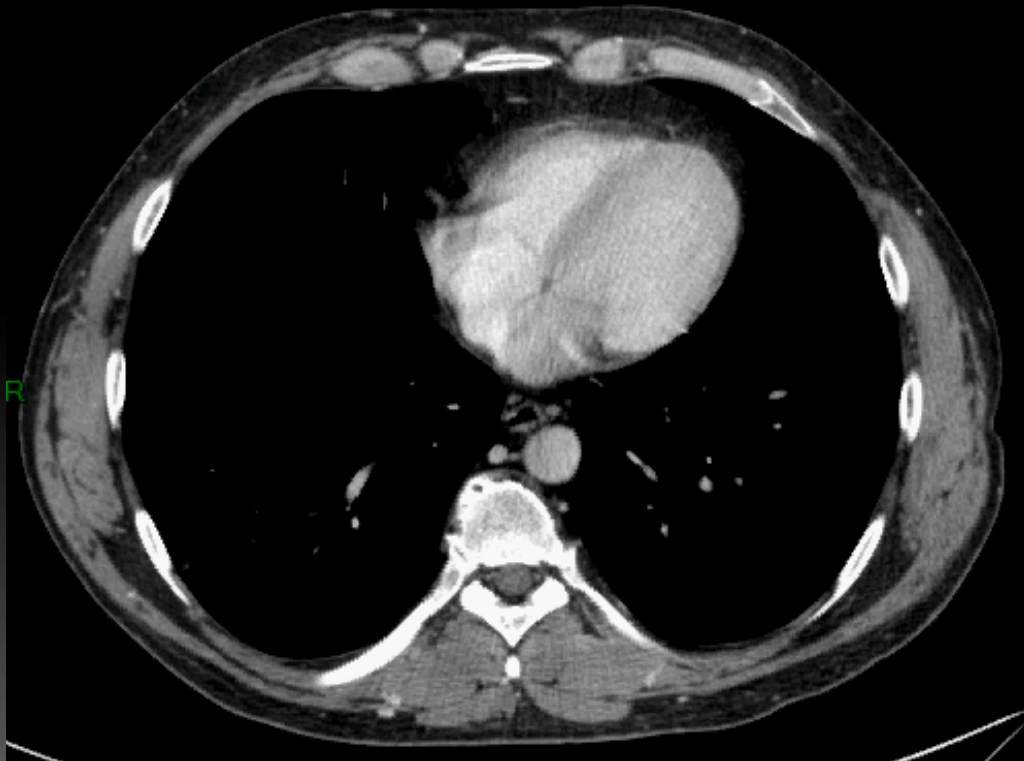


! Complications vasculaires !

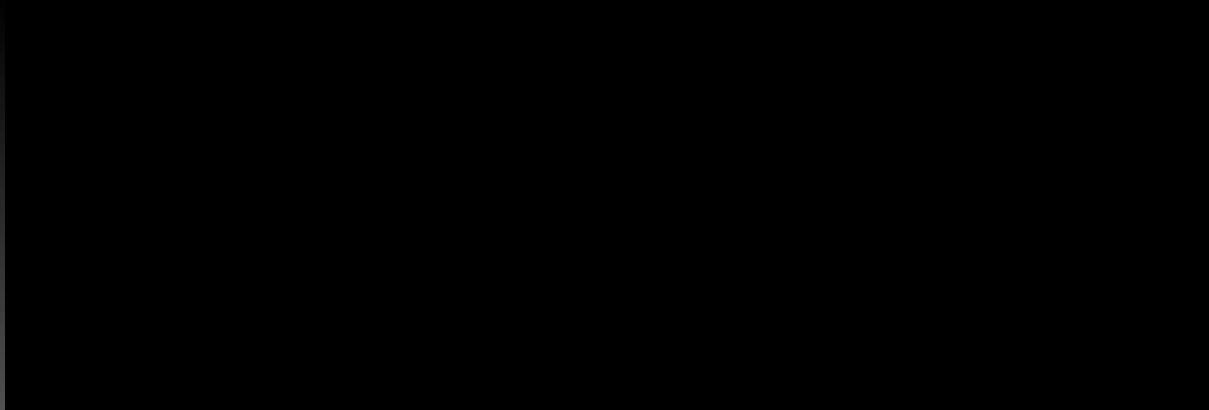
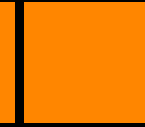


Cas 6

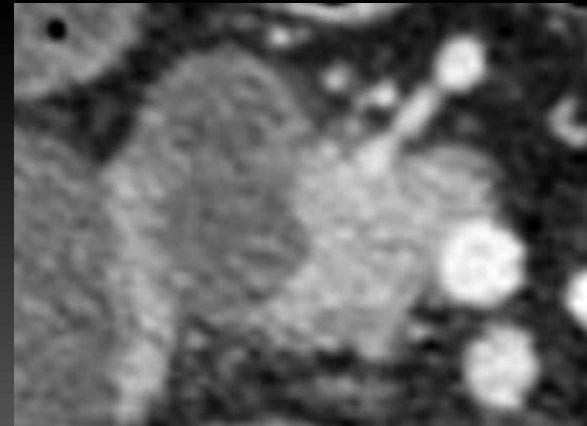
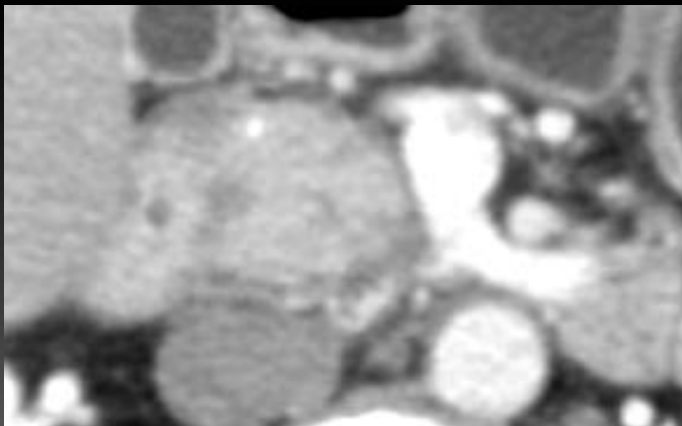
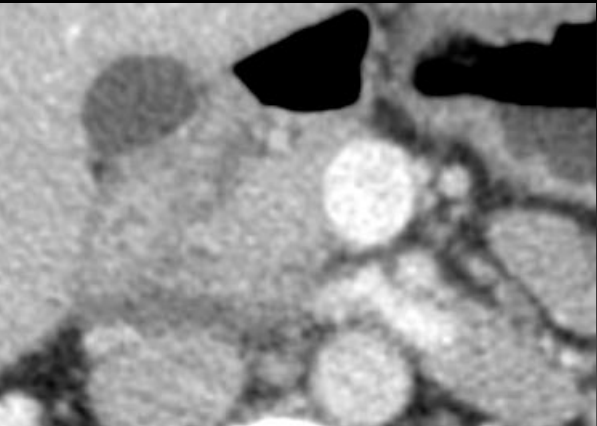
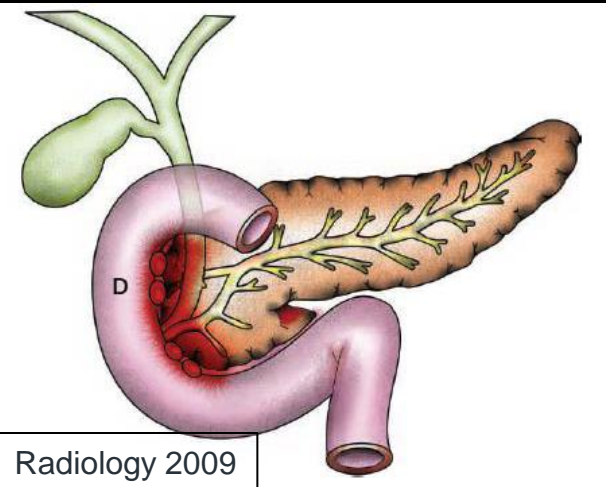
- 41 ans, éthyliste chronique, admis aux urgences pour douleur abdominale -09/2014



Evolution 06/2016



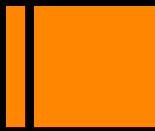
Pancréatite « paraduodénale »





Résumé pancréatite aigue

- Différenciation pancréatite œdémateuse et nécrosante
- Différenciation pseudo-kyste - wall off necrosis
- Recherche des complications
- Etiologie



Crise de colique néphrétique non tumorale

Cas cliniques

What the Radiologist Needs to Know About Urolithiasis

What the Radiologist Needs to Know About Urolithiasis: Part I— Pathogenesis, Types, Assessment, and Variant Anatomy

New and Evolving Concepts in the Imaging and Management of Urolithiasis: Urologists' Perspective

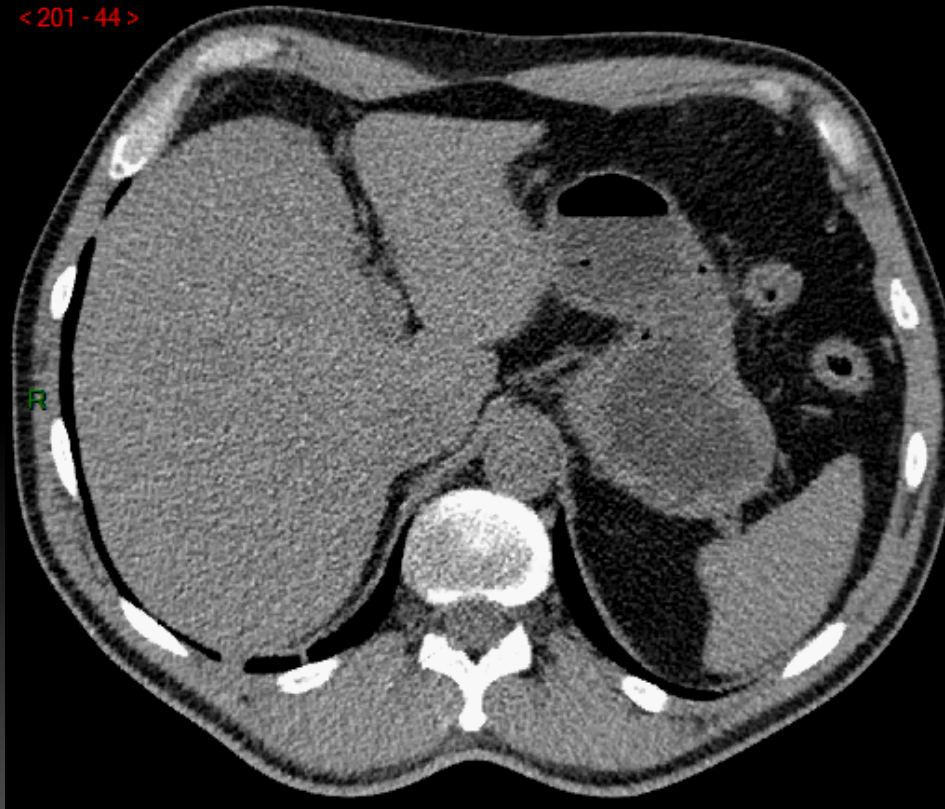
Avinash R. Kambadakone, MD, FRCR • Brian H. Eisner, MD • Onofrio Antonio Catalano, MD • Dushyant V. Sahani, MD

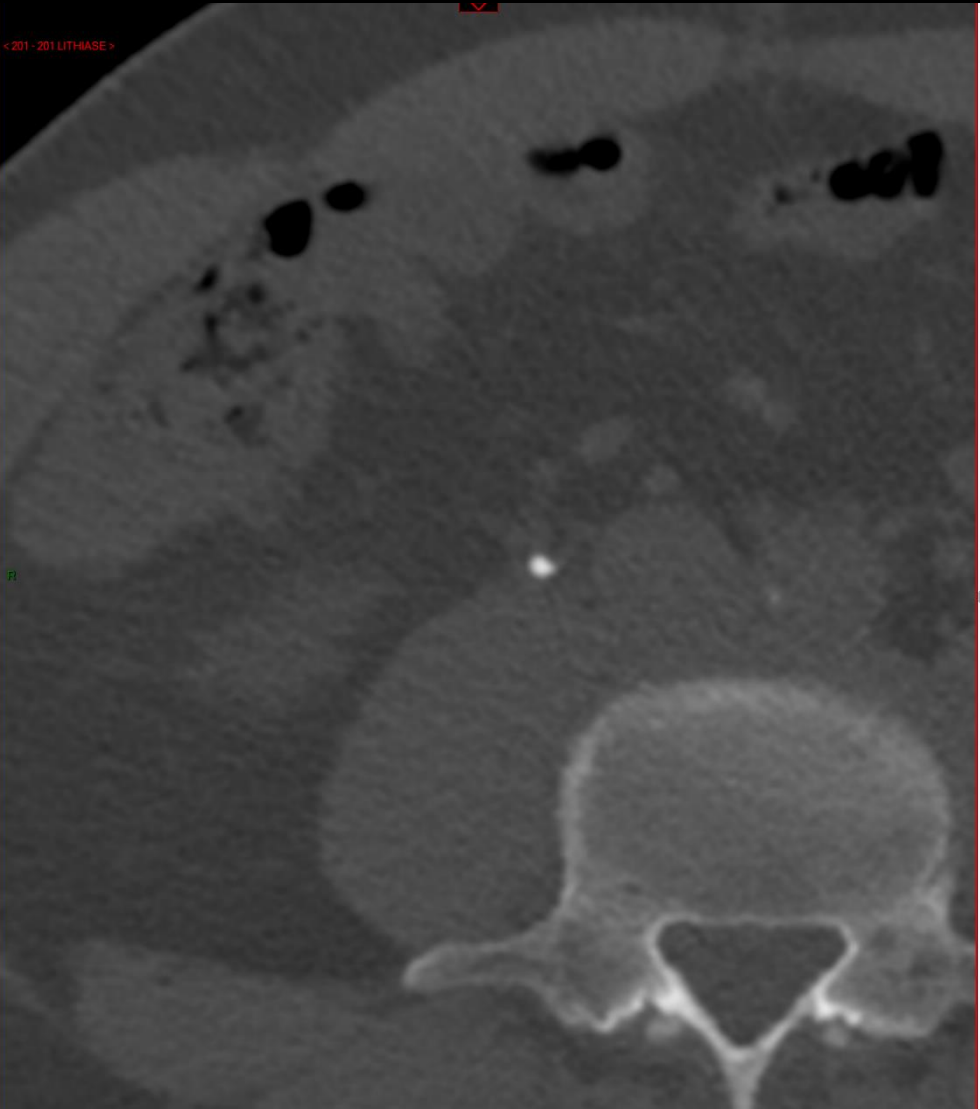
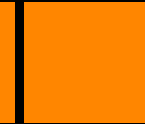
RadioGraphics 2010; 30:603–623 • Published online 10.1148/rg.303095146 • Content Codes: **CT** **GU**

Cas 1

- Patient 55 ans – CCN droite

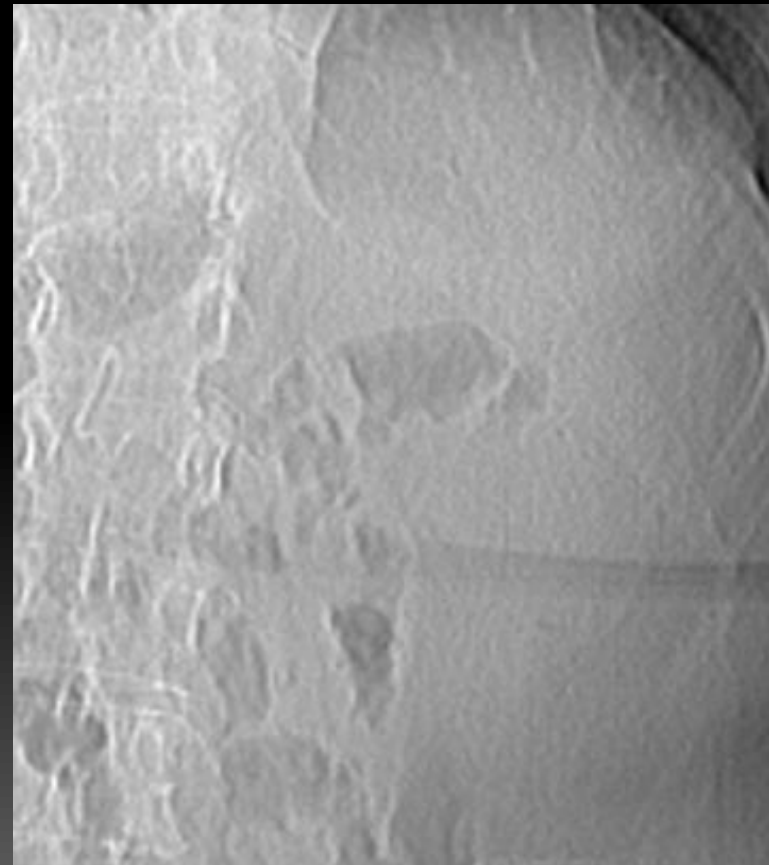
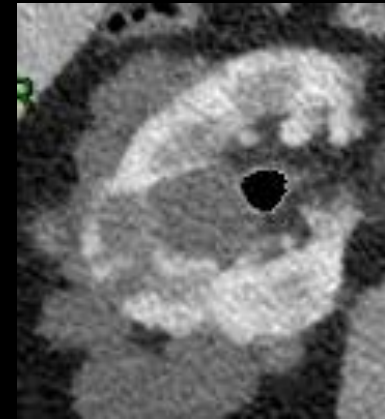
< 201 - 44 >





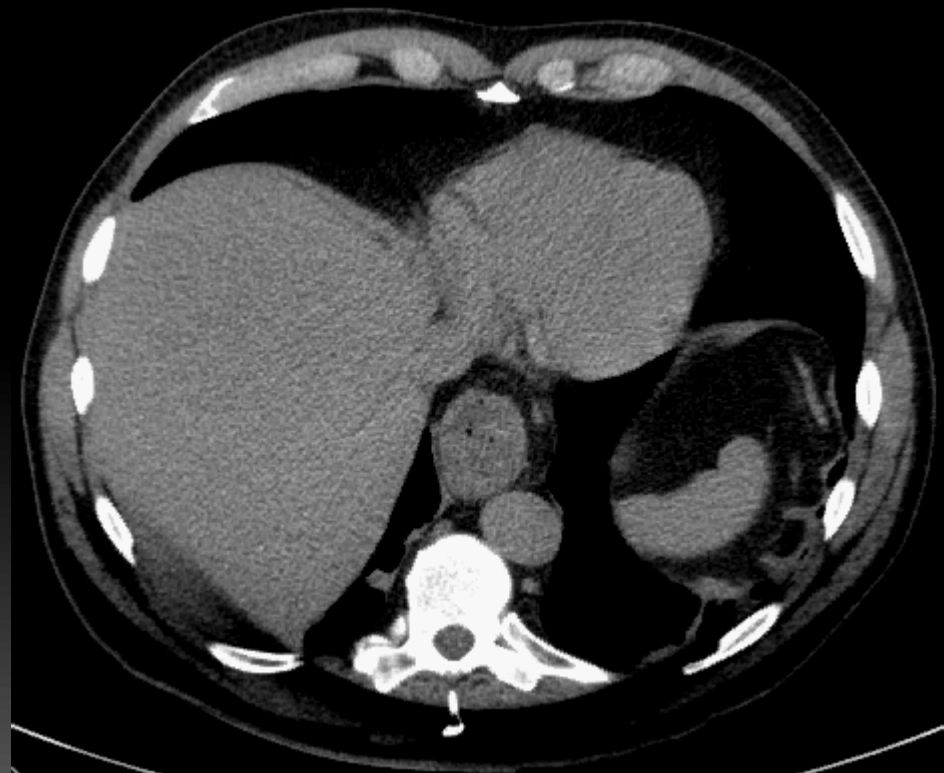
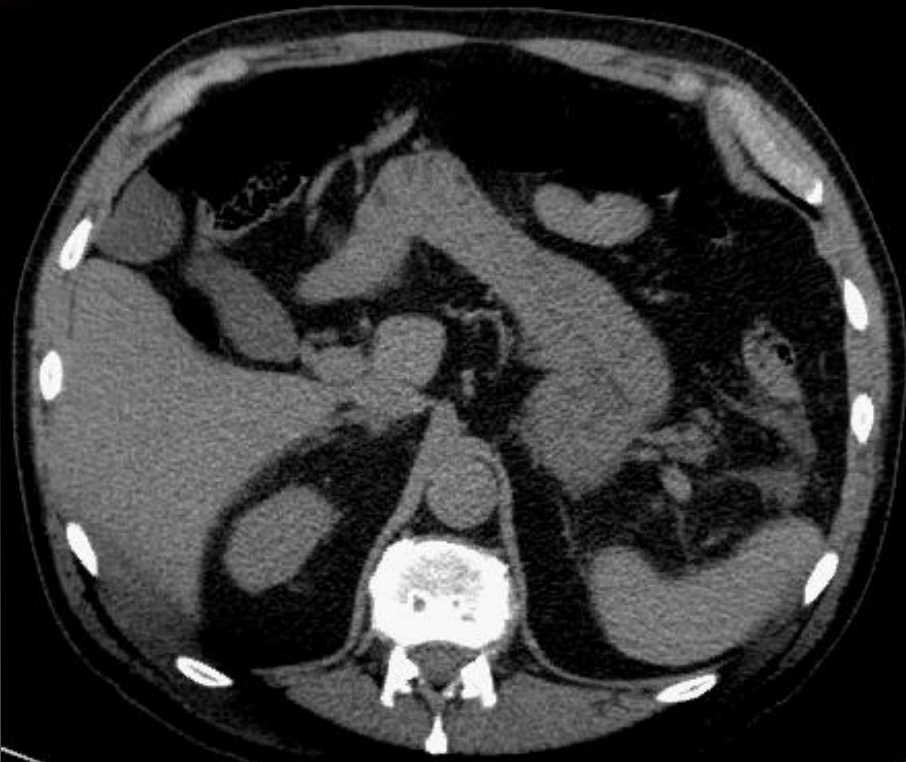
Zone : 0.6 mm²
Moy. : 1364
Ecart type : 110.9
Plage : 1217 - 1494
Rayon : 0 mm

Zone : 3.7 mm²
Moy. : 377
Ecart type : 14.2
Plage : 350 - 398
Rayon : 1 mm

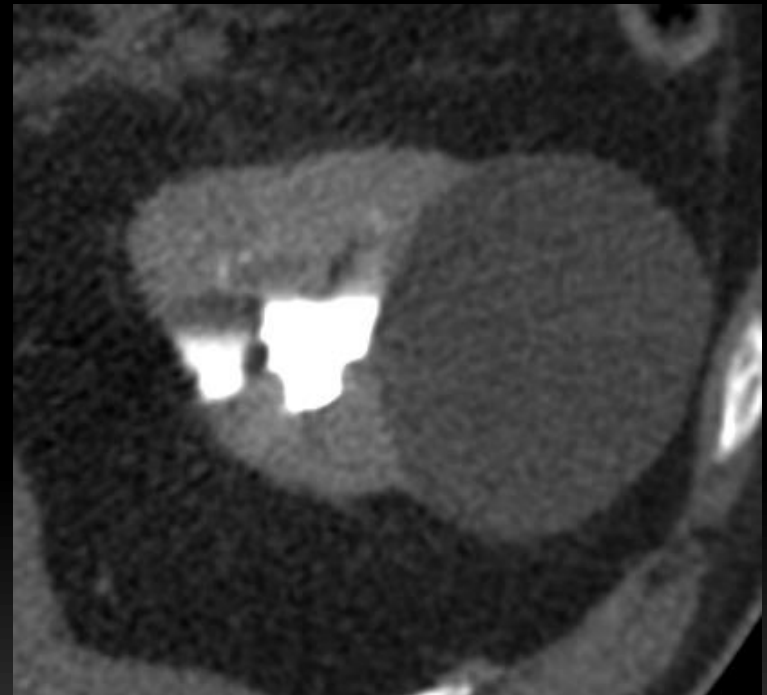
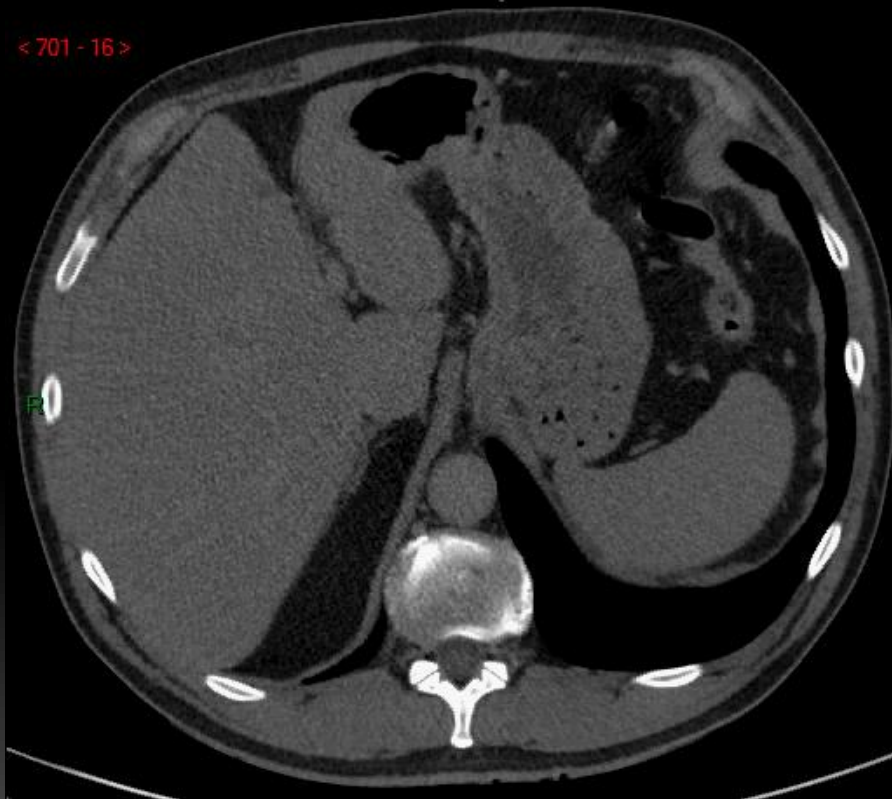
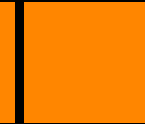


Cas 2

- Patient de 65 ans - Crise de CCN Gh



Evolution





Résumé colique néphrétique

- Taille et densité du calcul (a. urique?) – visibilité sur le SCOUT?
 - si pas de calcul : recherche autre cause?
- Localisation
- Signes secondaires



D+ HCD

Cas cliniques

Imaging Evaluation for Acute Pain in the Right Upper Quadrant¹

*Anthony E. Hanbidge, MB, BCh, FRCPC • Philip M. Buckler, MD
Martin E. O'Malley, MD, FRCPC • Stephanie R. Wilson, MD, FRCPC*

**Abdominal
Imaging**

© Springer Science+Business Media, LLC 2010
Published online: 28 April 2010

Abdom Imaging (2011) 36:174-178
DOI: 10.1007/s00261-010-9612-x

Discrimination of gangrenous from uncomplicated acute cholecystitis: Accuracy of CT findings

Cheng-Hsien Wu, Chien-Cheng Chen, Chao-Jan Wang, Yon-Cheong Wong,
Li-Jen Wang, Chen-Chih Huang, Wan-Chak Lo, Huan-Wu Chen

Division of Emergency and Critical Care Radiology, Department of Medical Imaging and Intervention, Chang Gung Memorial Hospital, Chang Gung University, 5, Fu-Hsing Street, Gueishan, Taoyuan 333, Taiwan, ROC

Imagerie des épaissements de la paroi
vésiculaire

M Zins (1), I Boulay-Coletta (1), V Molinié (2), B Mercier-Pageyral (1), M-C Jullès (1), M Rodallec (1),
E Petit (1) et J-L Berrod (3)

Diagnostic échographique +++

Murphy échographique

Épaississement pariétal > 3 mm

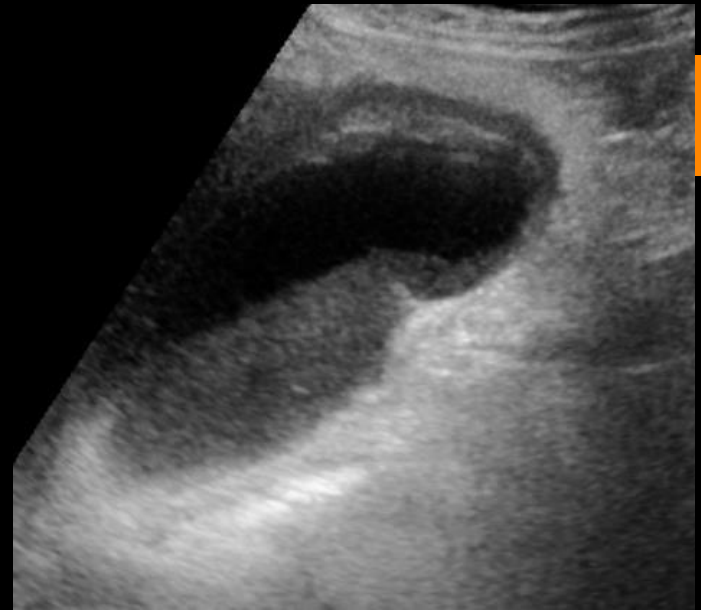
Hydops vésiculaire (> 4 cm Tr)

Calculs vésiculaires

VPP 92%

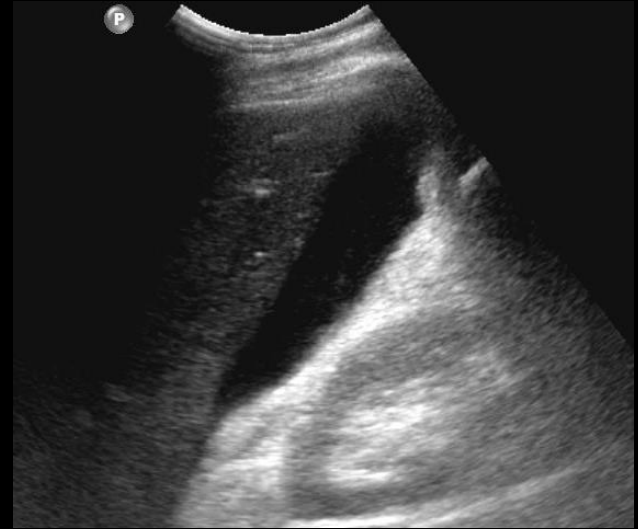
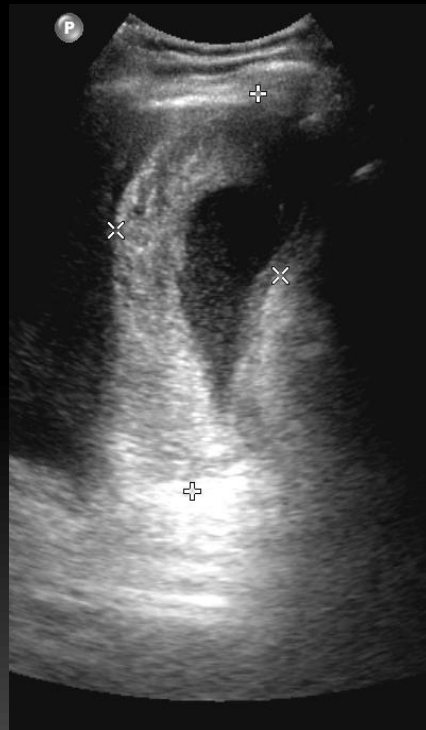
Cas 1

2D
52%
C 51
P Bas
HGén



Cas 2

- H 79 ans
- Evolution cholécystite aigue, DEG



Diagnostic échographique

Cholécystite aiguë simple

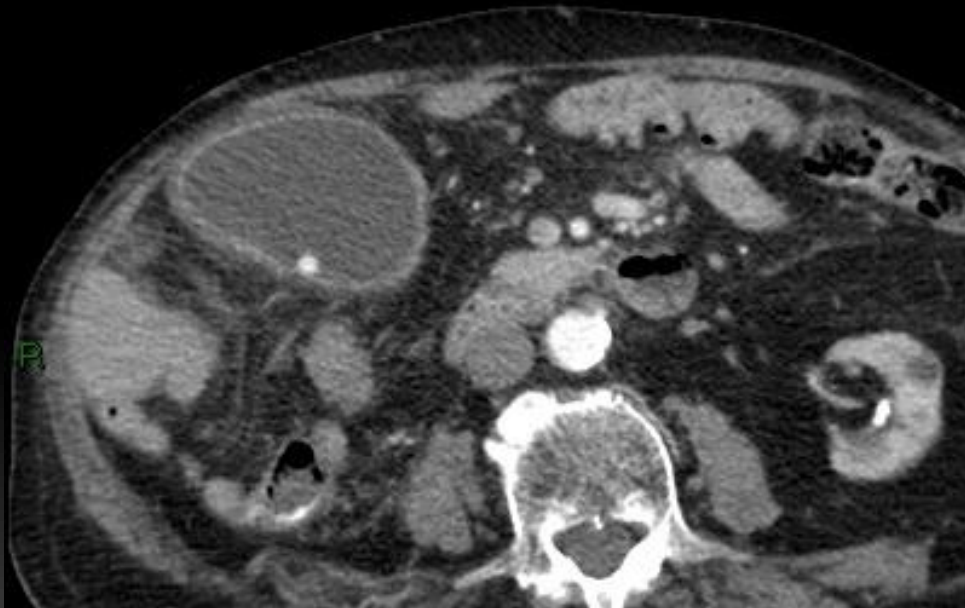


Cholécystite gangréneuse



Diagnostic échographique

Cholécystite aiguë simple



Cholécystite compliquée



Cas 4

- Patiente 50 ans – D+ HCD

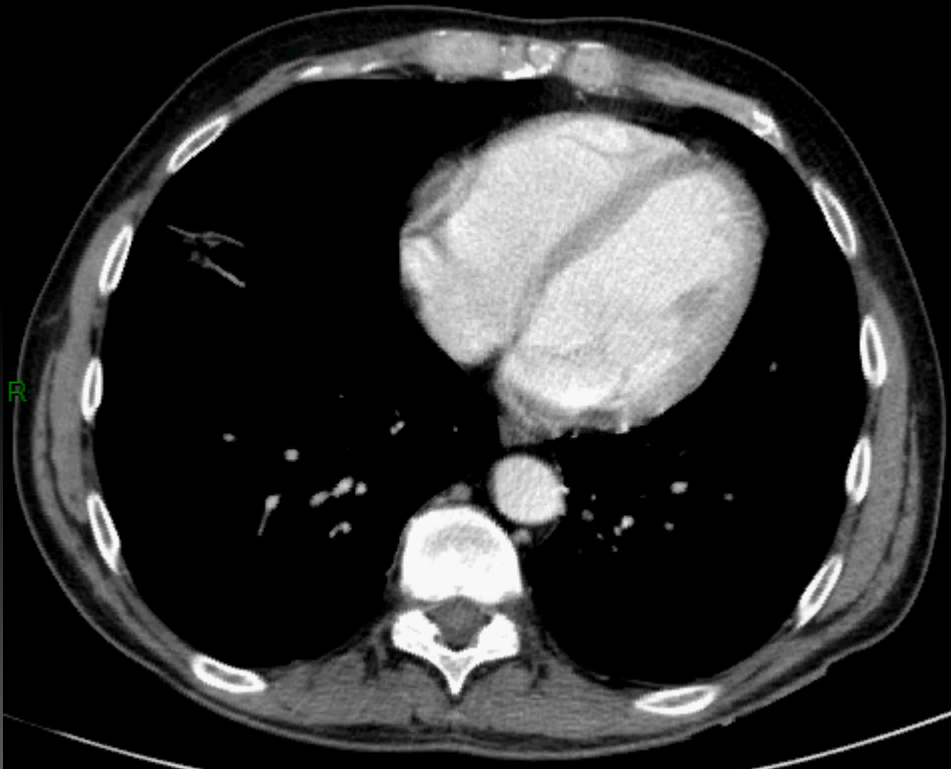
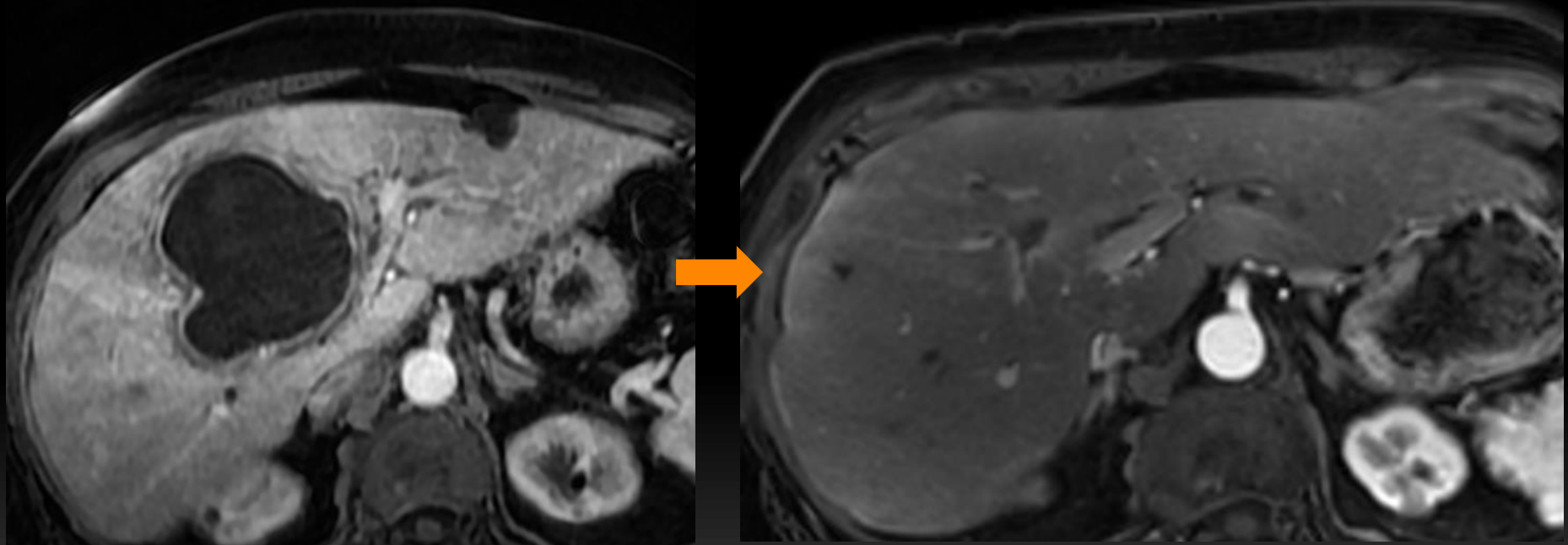


Image US d'un autre patient

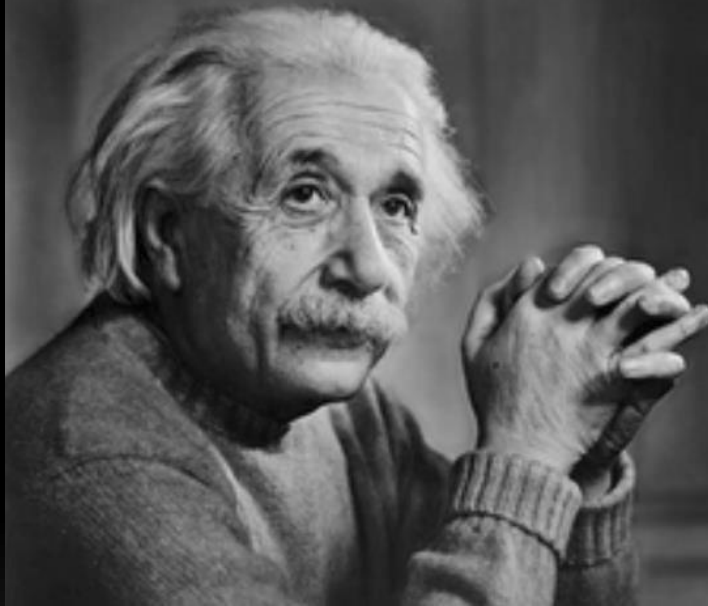


Évolution post drainage



If you can't explain it **simply**, you don't understand it well enough.

– Albert Einstein



bref. c'est fini