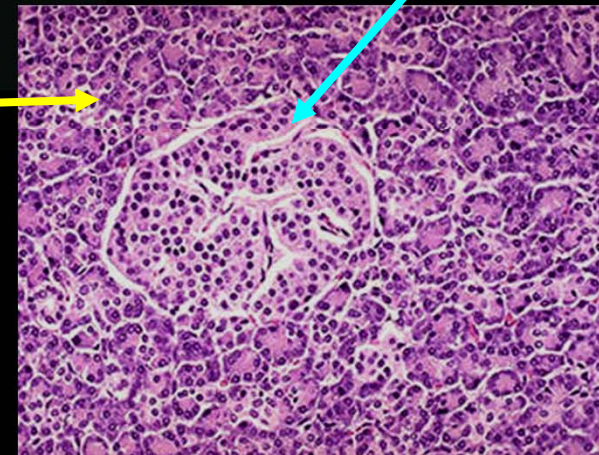


imagerie du pancréas ; généralités

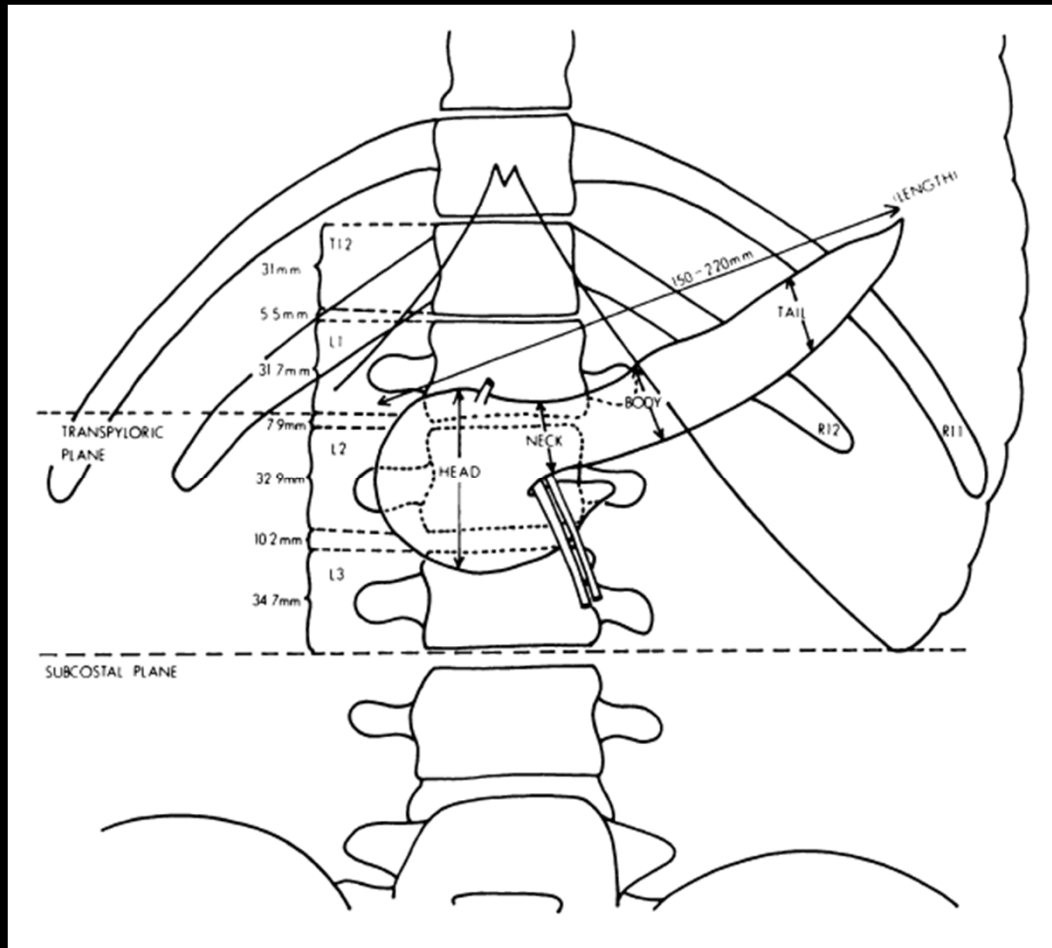
pan créaton
tout en chair !!



ilôt de Langerhans
pancréas
endocrine

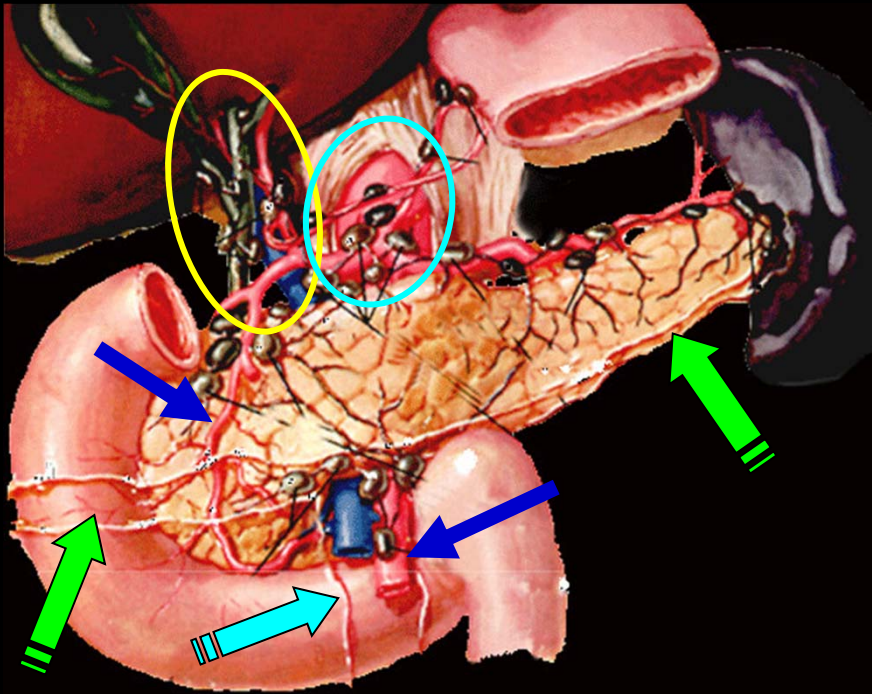


acinis et canaux
excréteurs
pancréas exocrine



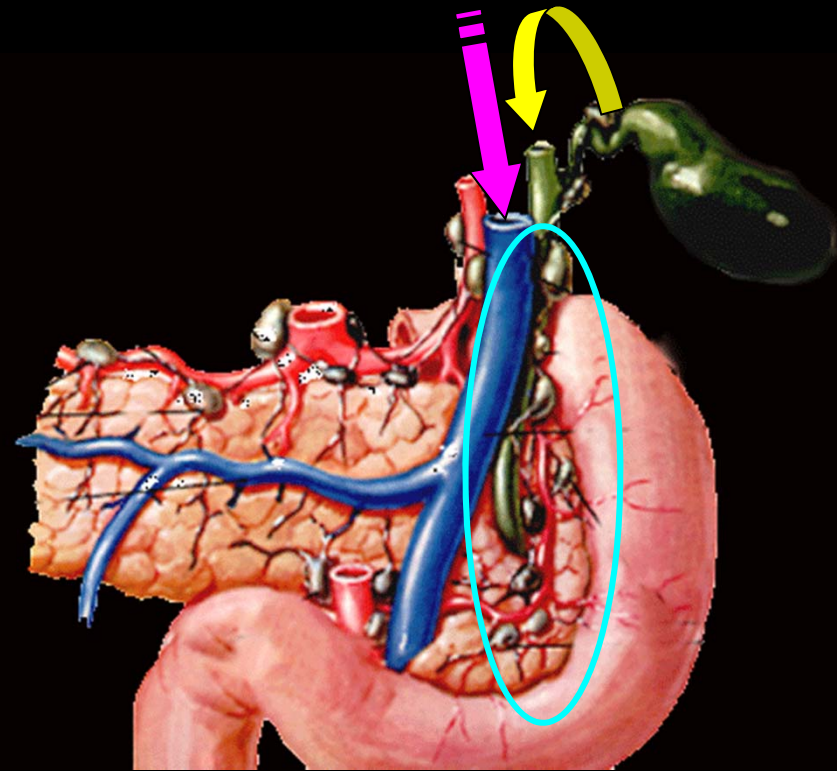
pancréatite
chronique
calcifiante

rappports anatomiques en imagerie par projection



face antérieure

racines du méso colon transverse
 et du mésentère
 TC ; AMS ; arcades pancréatico-
 duodénales
 ganglions lymphatiques
 péri pancréatiques ant.
 coeliaques
 pédicule hépatique



face postérieure

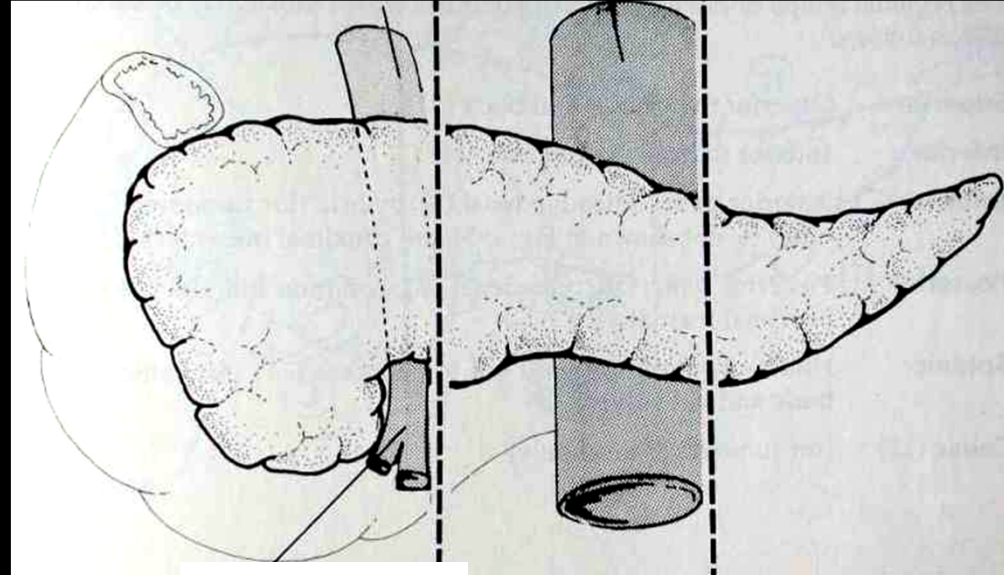
axe veineux mésentérico-portal
 voie biliaire principale basse
 ganglions lymphatiques
 péri pancréatiques post

rappports anatomiques importants

segmentation du pancréas

v. porte

aorte



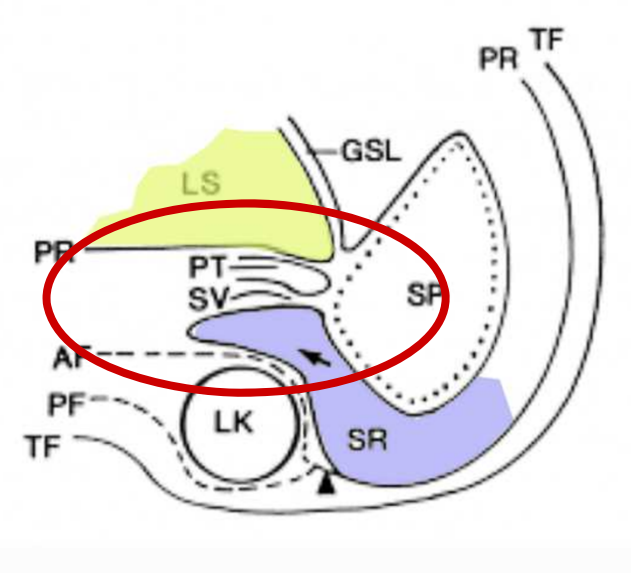
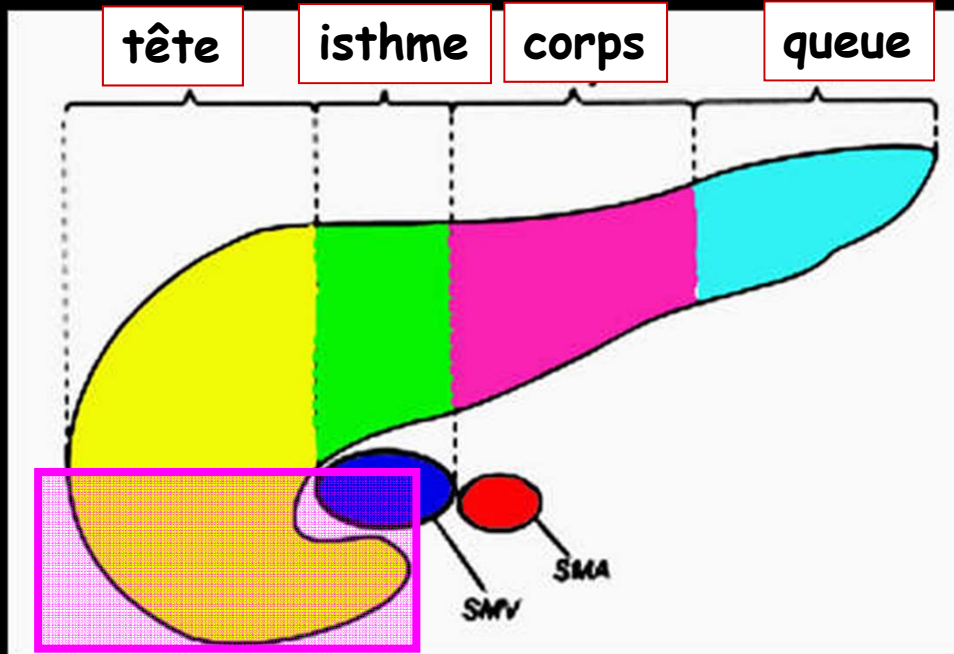
v. més. sup.

tête

isthme

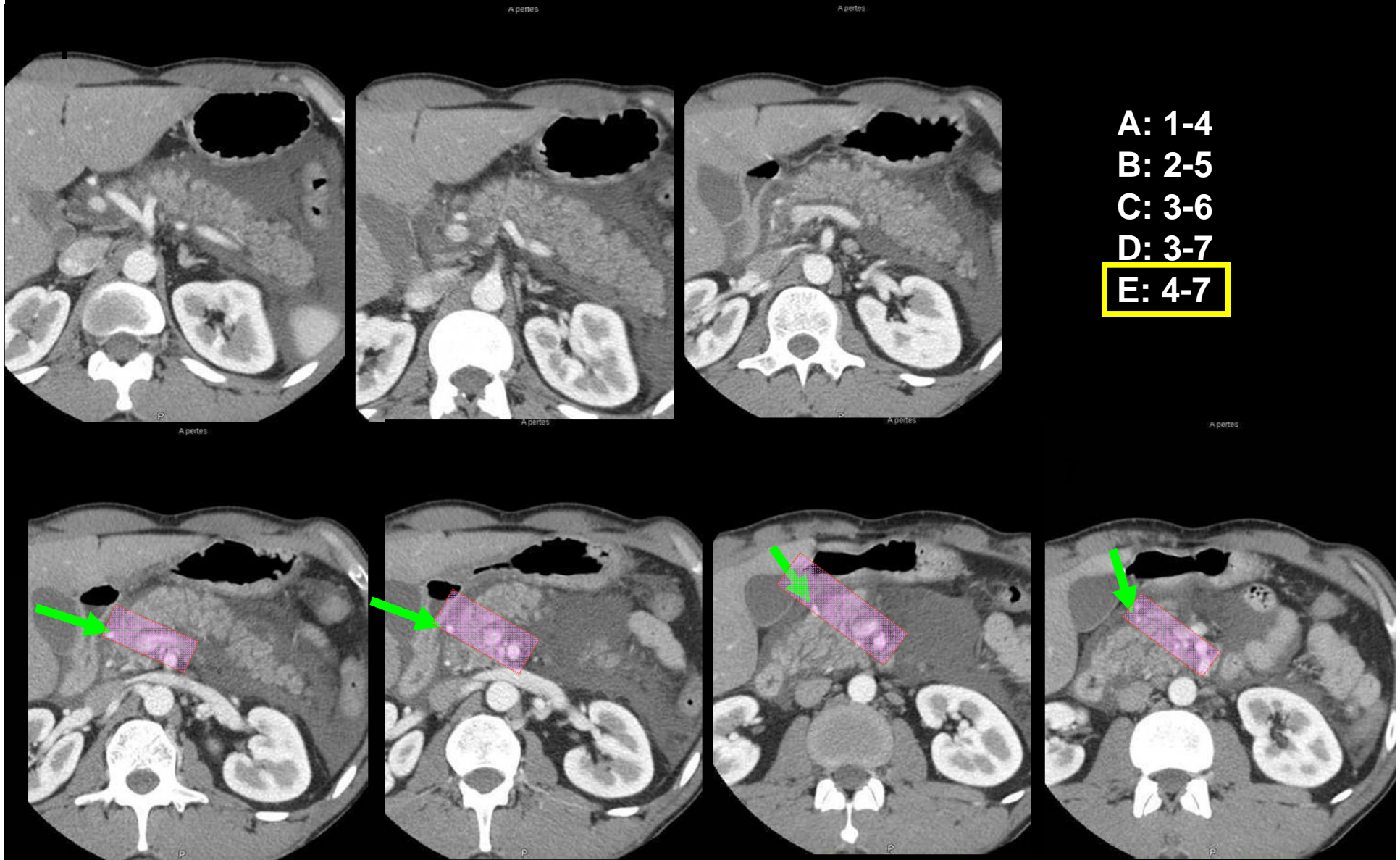
corps

queue



récessus splénique

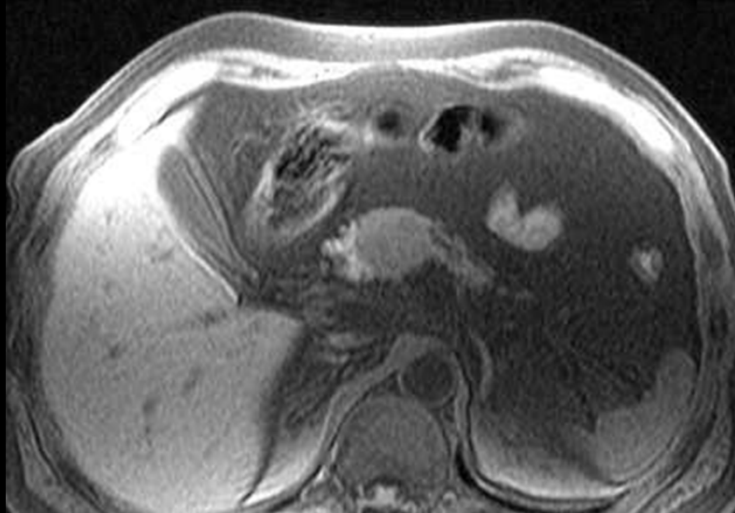
QUIZ: sur quelles coupes commence et finit l'isthme du pancréas ?



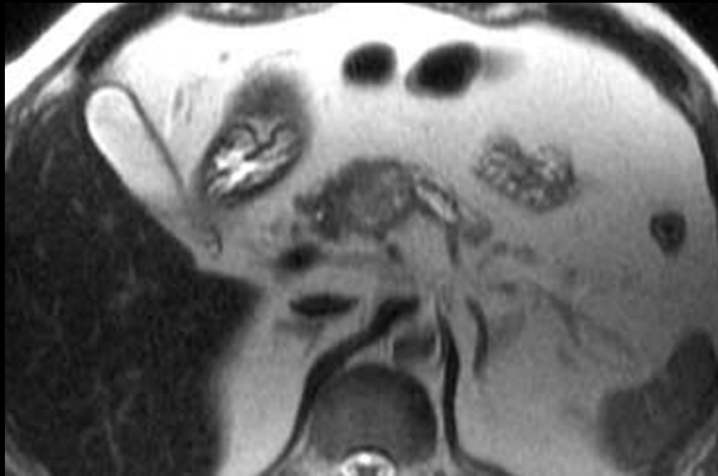
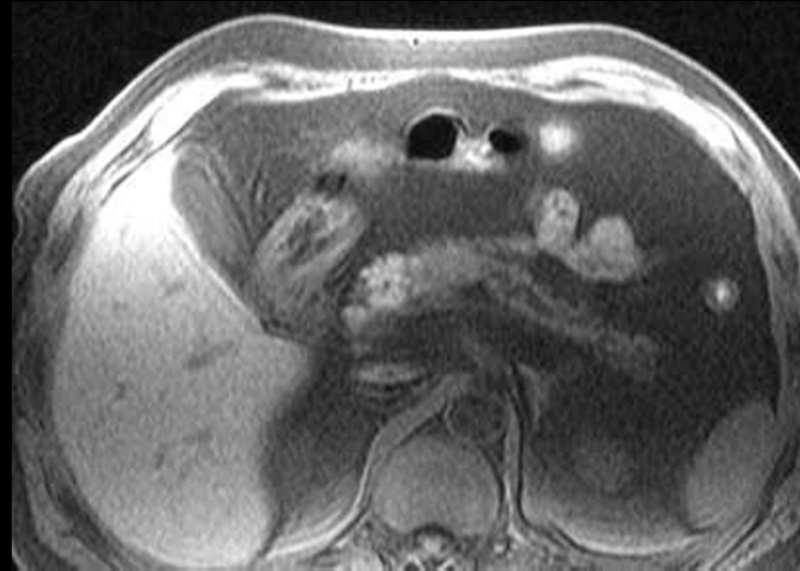
- A: 1-4
- B: 2-5
- C: 3-6
- D: 3-7
- E: 4-7**

Lésion corps, isthme ou tête

doit-on faire une DPC ou une
spléno-pancréatectomie gauche-
droite



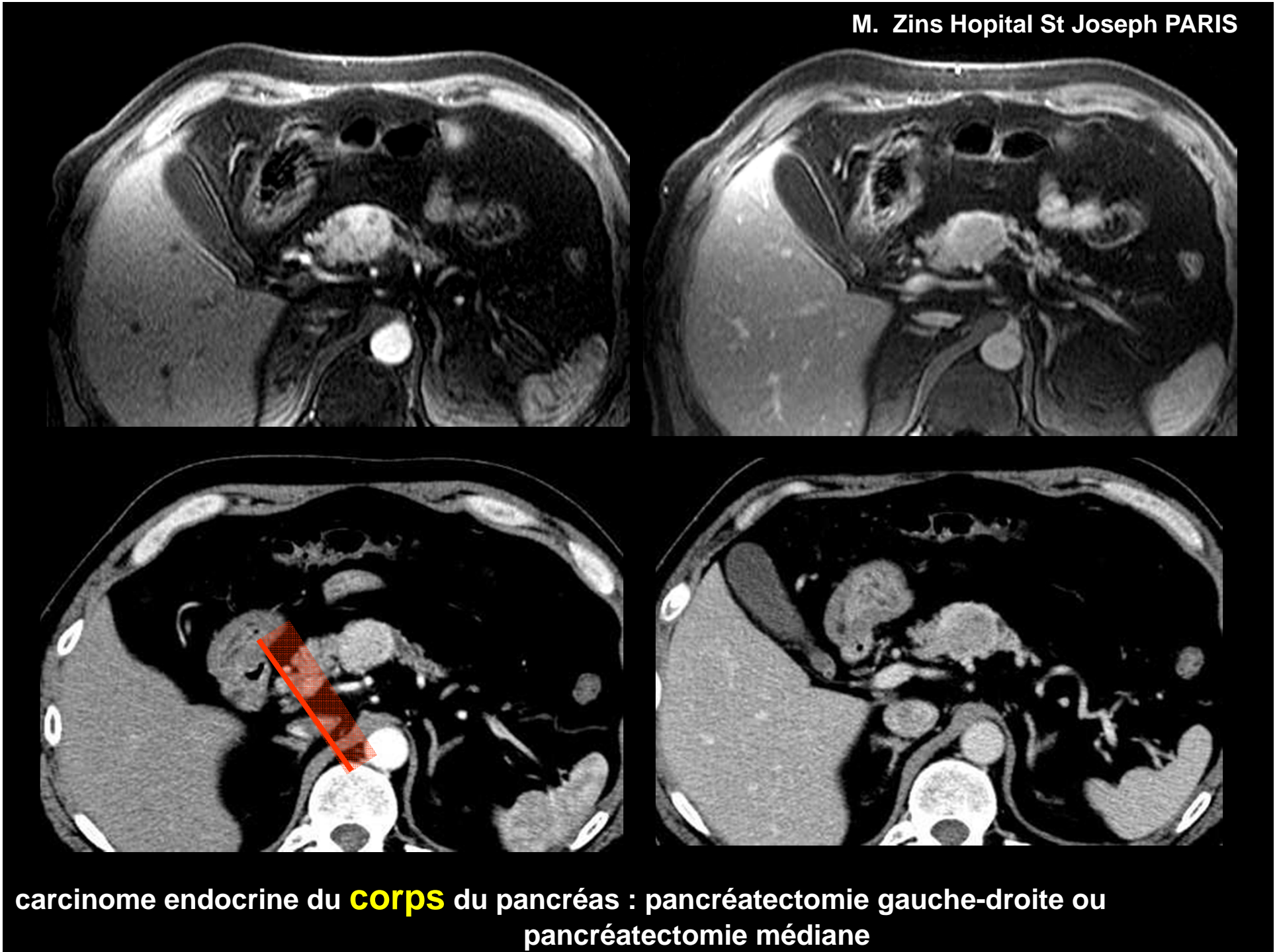
T2 Fat Sat



T2 TE eff court

tumeur endocrine du pancréas

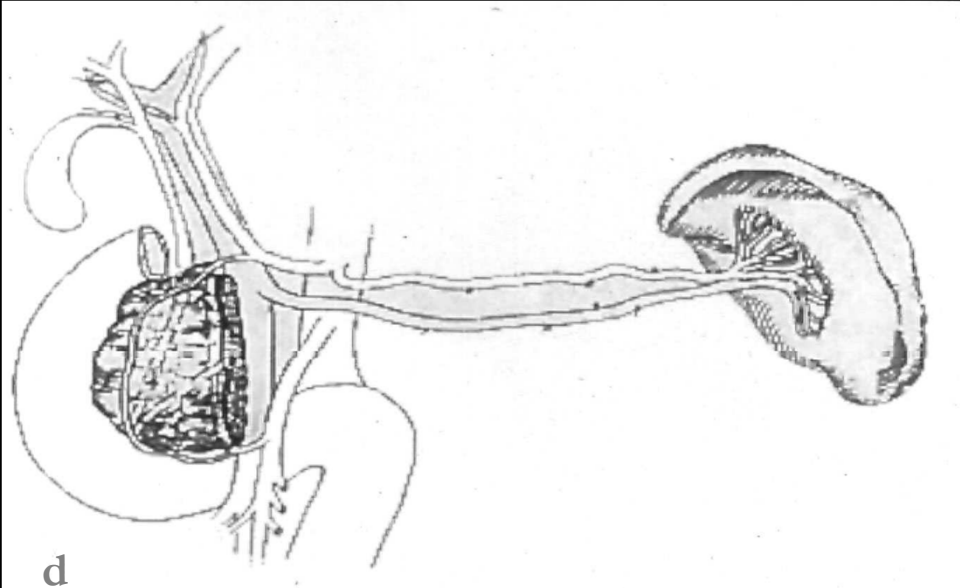
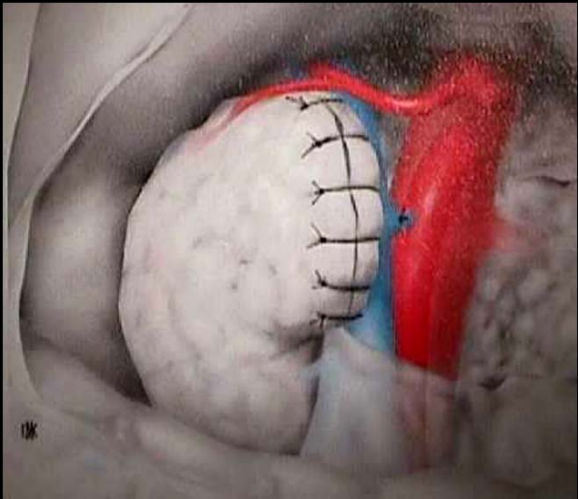
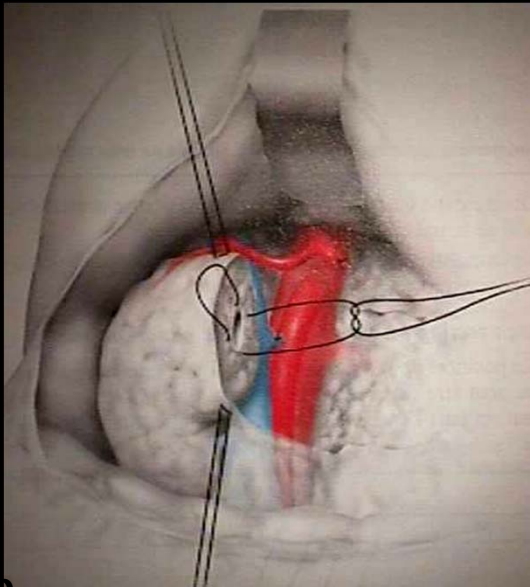
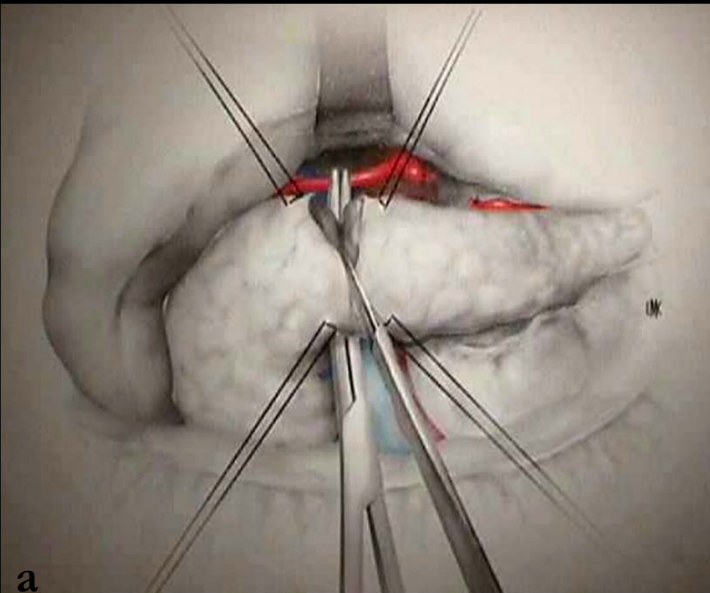
M. Zins Hopital St Joseph PARIS



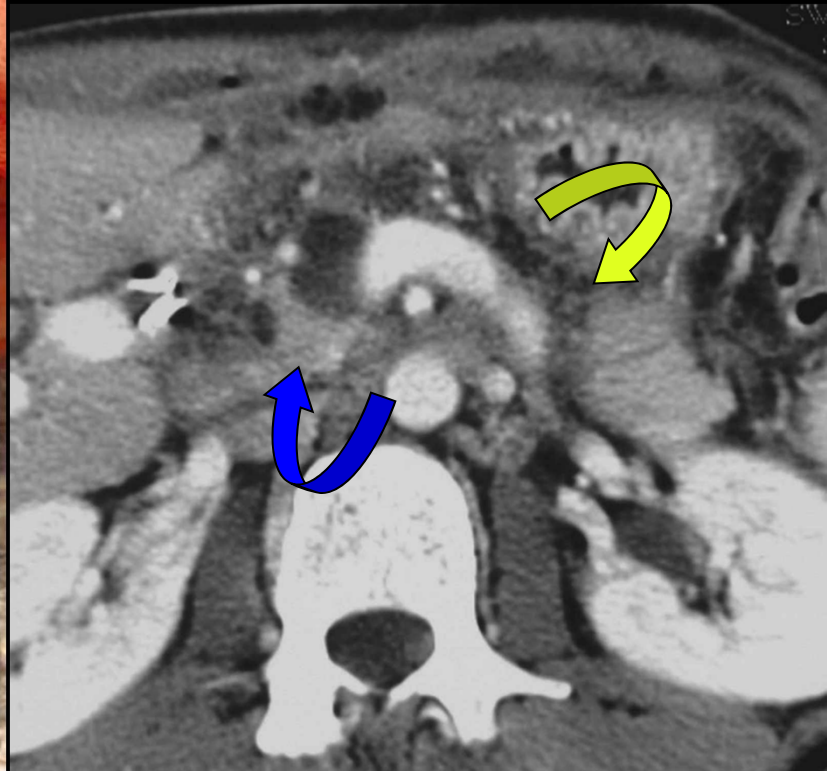
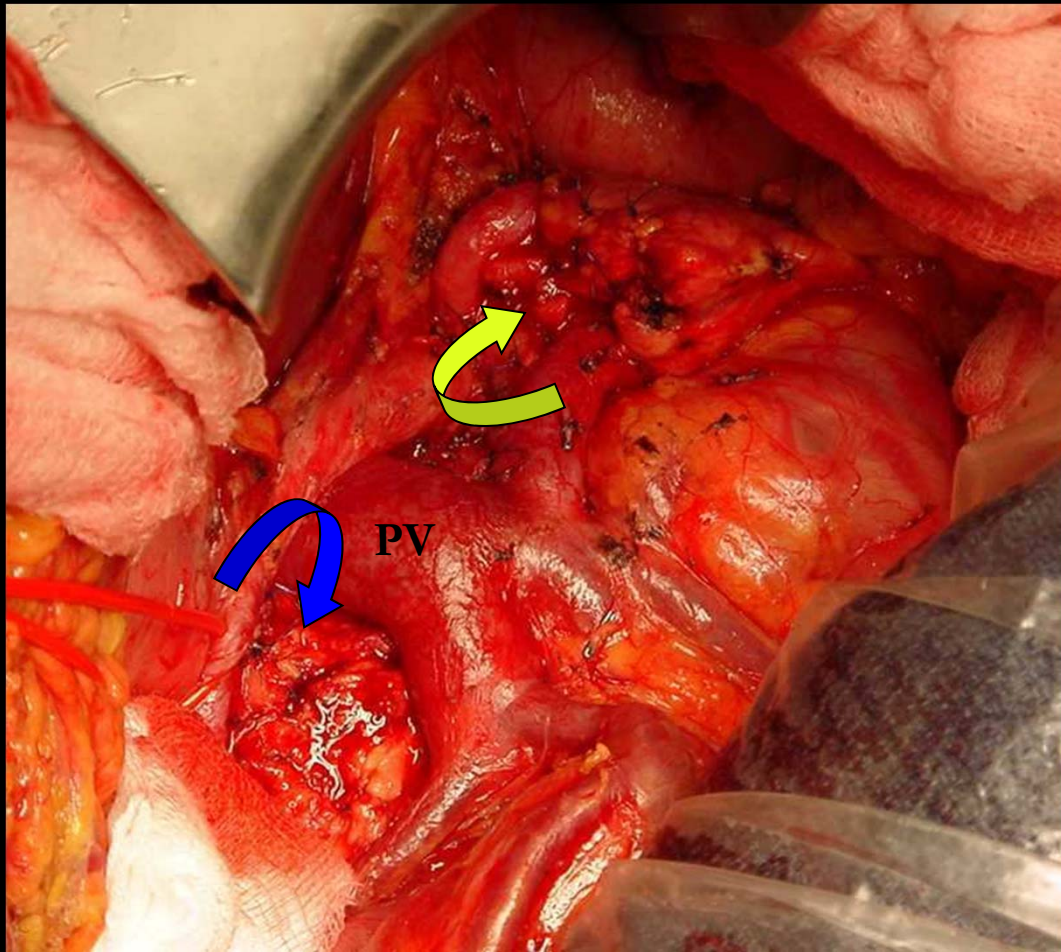
carcinome endocrine du **corps** du pancréas : pancréatectomie gauche-droite ou pancréatectomie médiane

pancreatectomie gauche

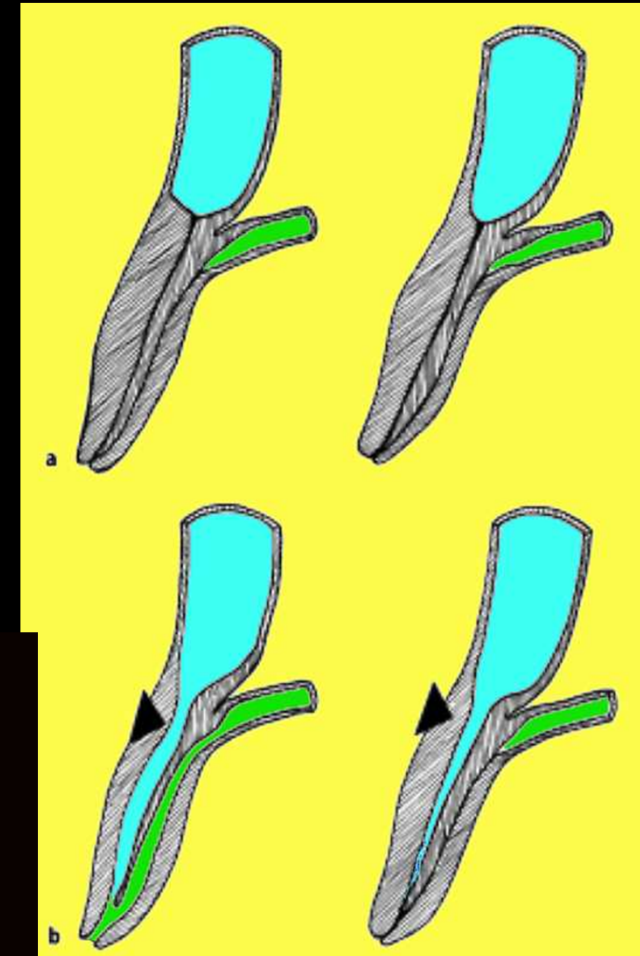
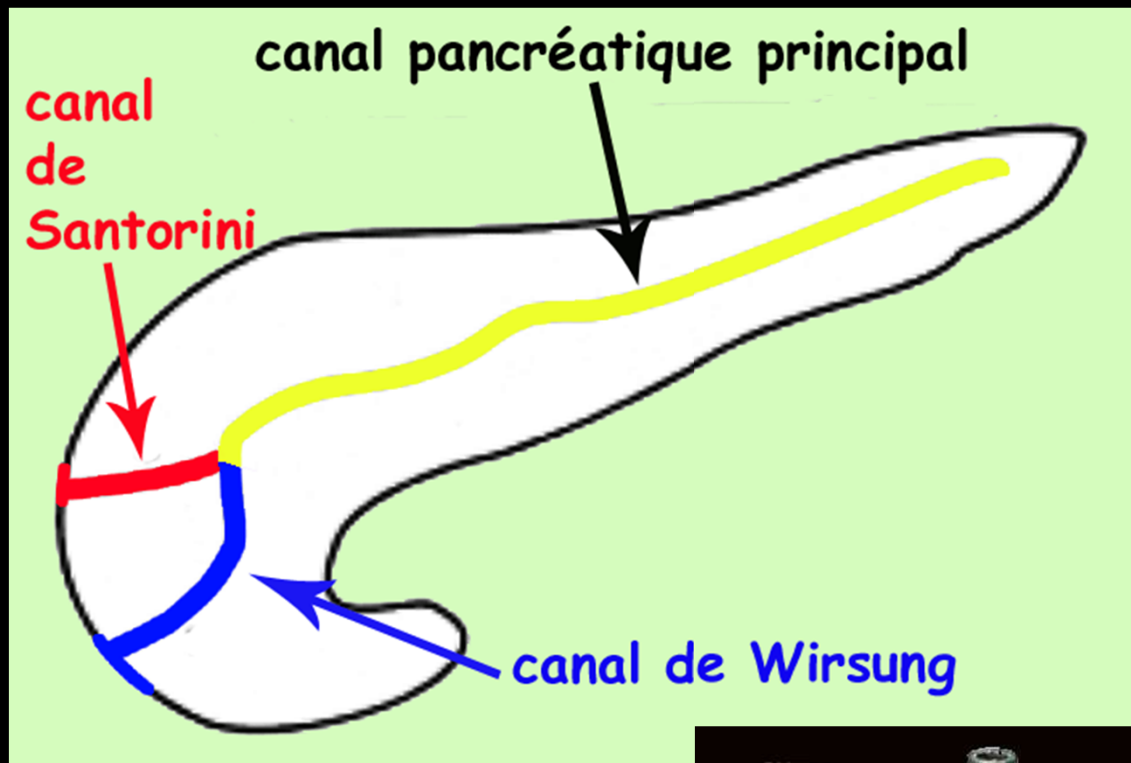
M. Zins Hopital St Joseph PARIS



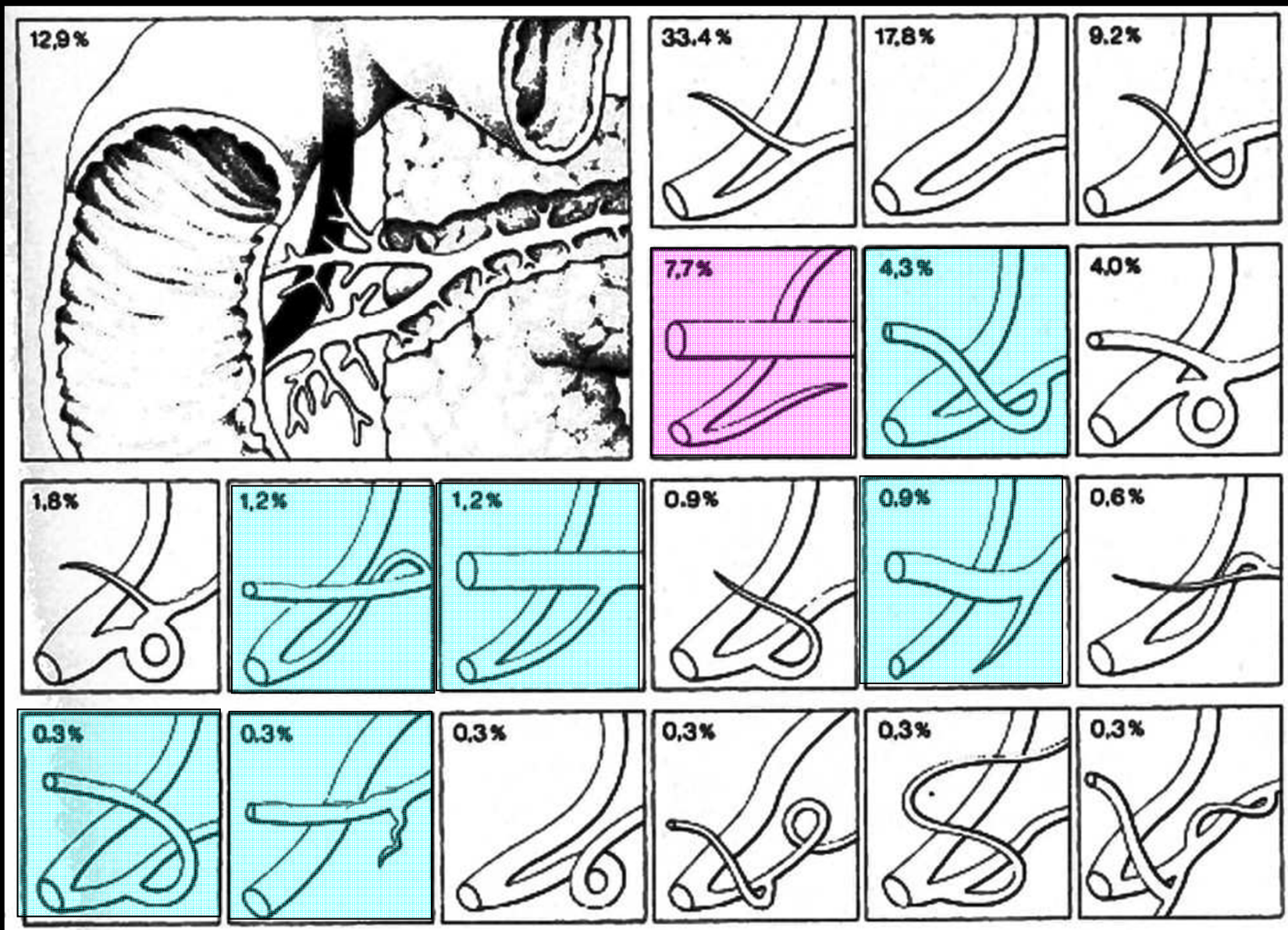
pancréatectomie médiane



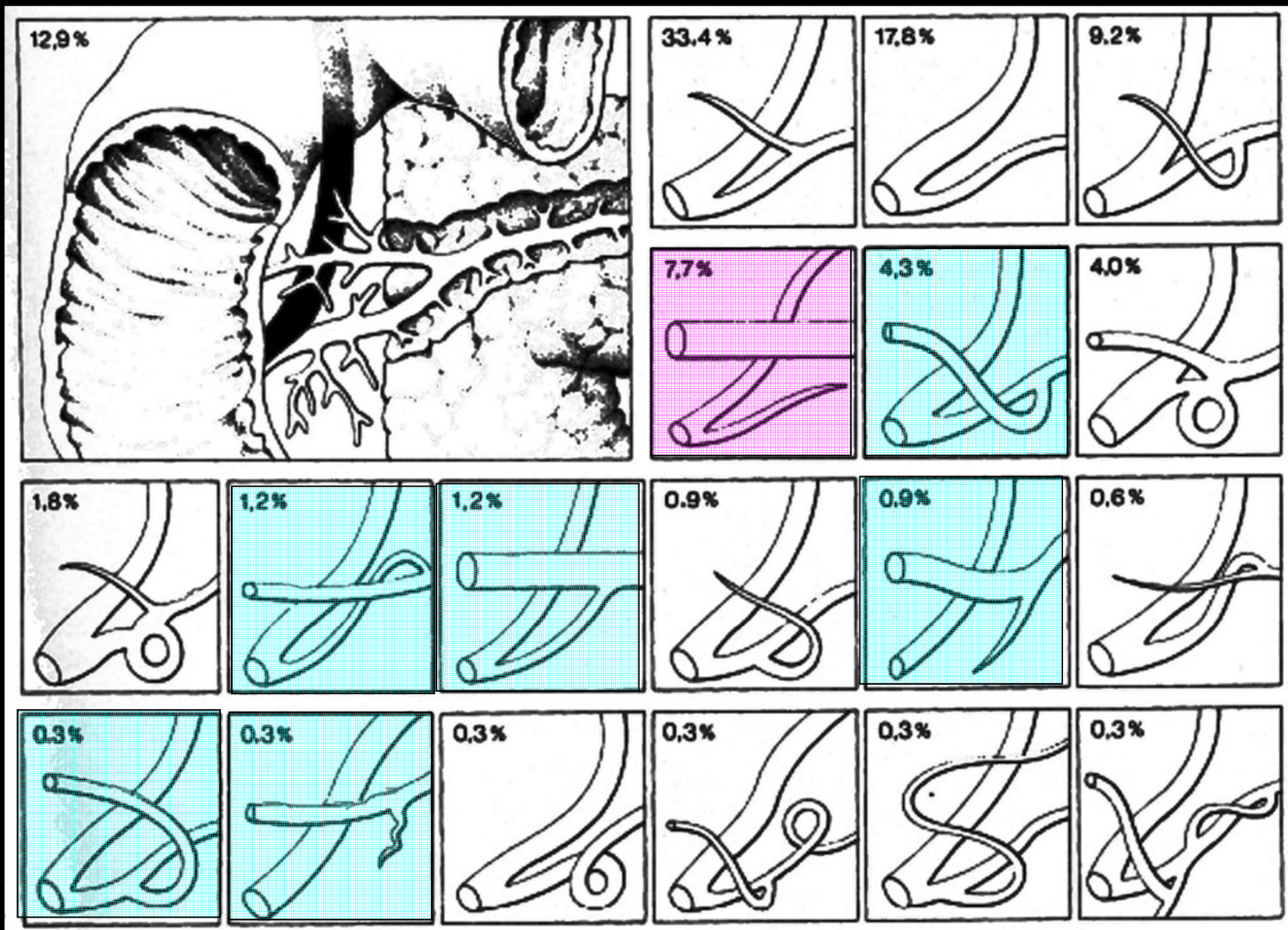
canaux excréteurs du pancréas



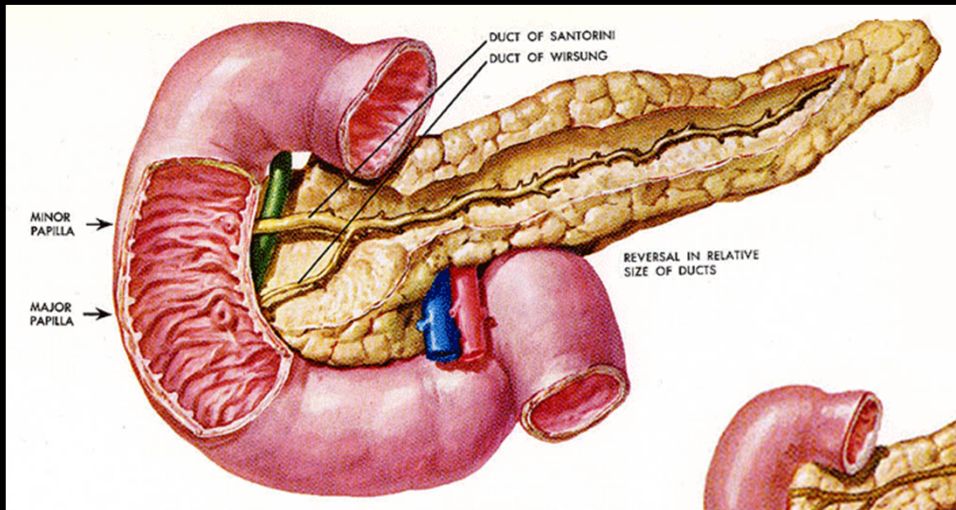
ampoule de Vater et sphincters propres bilio-pancréatiques



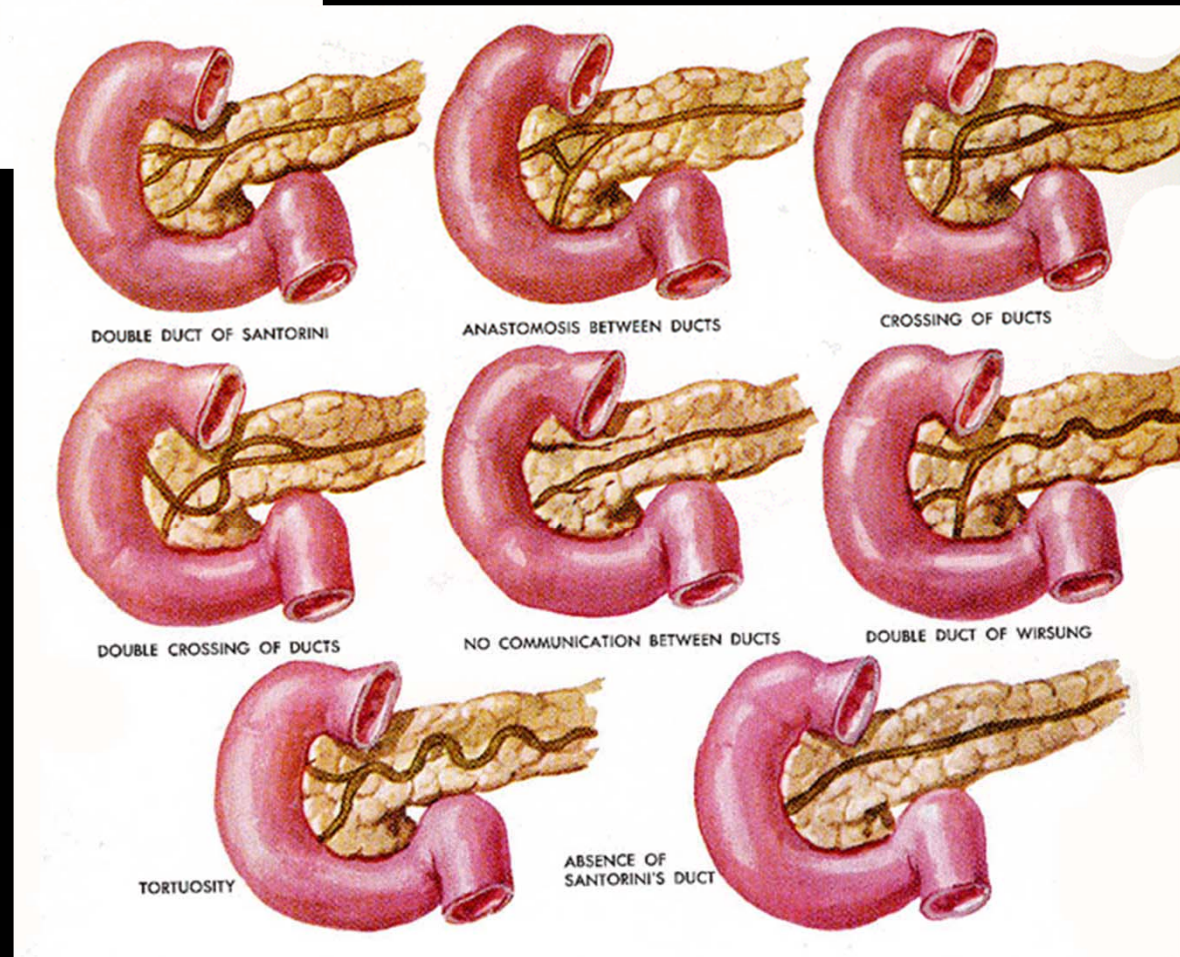
variations canales pancréatiques

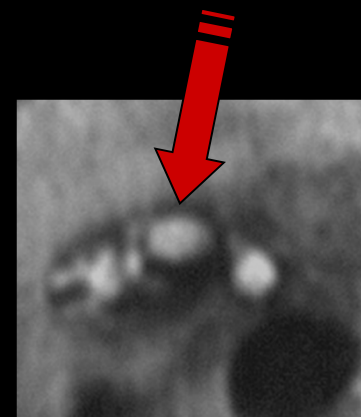


variations canales pancréatiques



variations canales pancréatiques



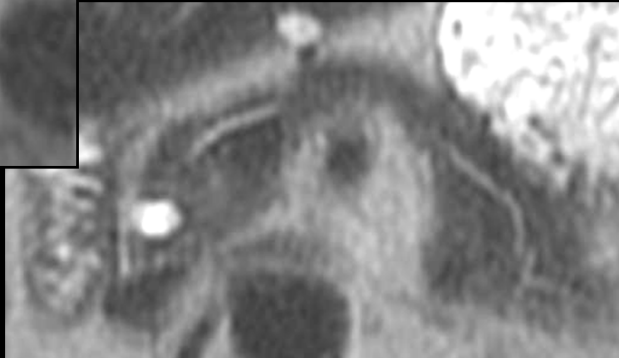
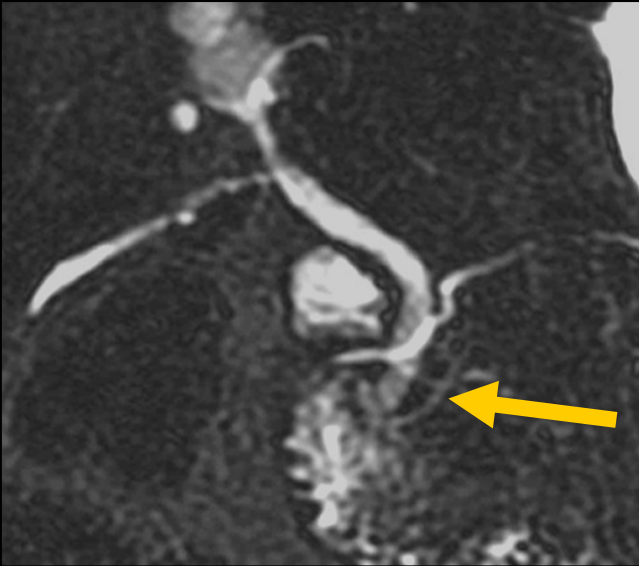
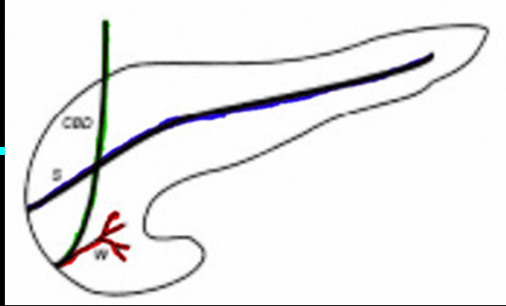


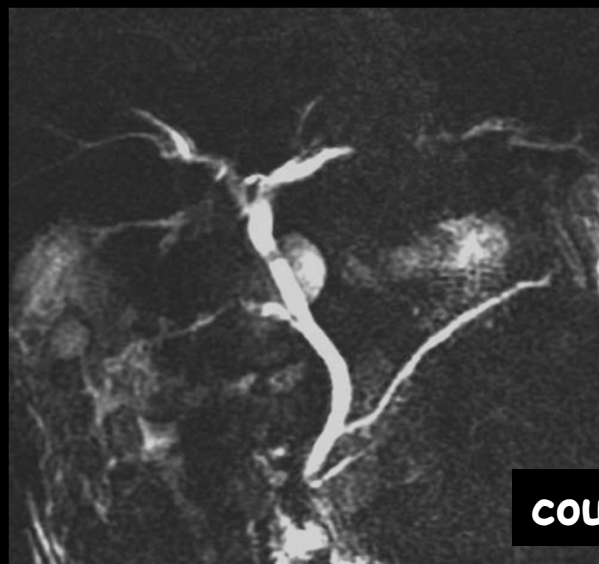
adénomyome du
bas-fond vésical

canal pancréatique dorsal dominant + Santorinicèle

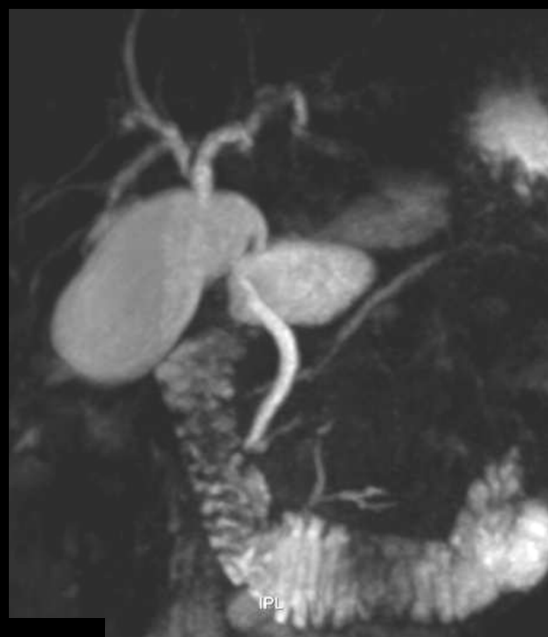


pancréas divisum





coupe épaisse

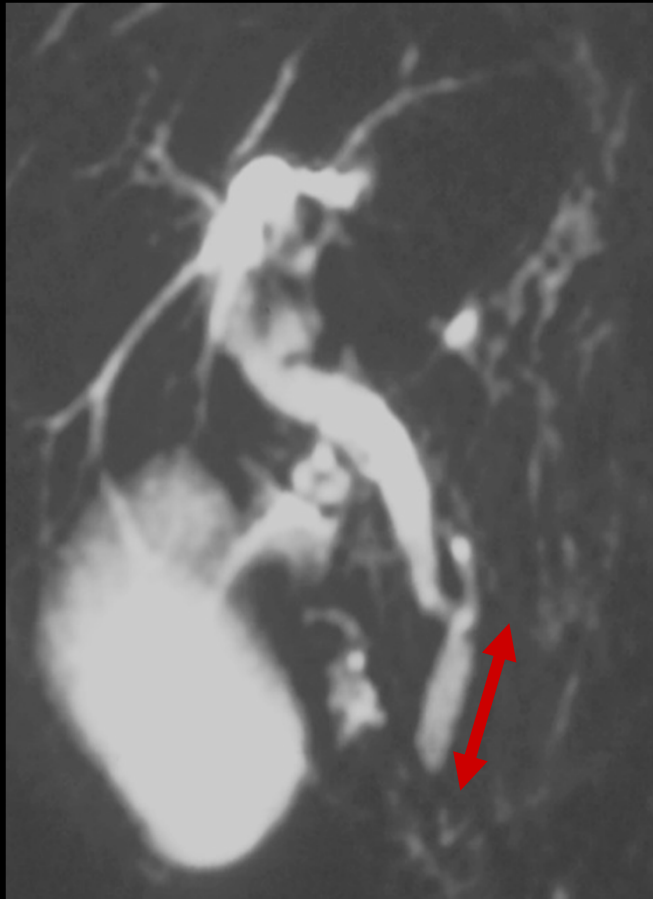


MIP 3D

pancréas divisum

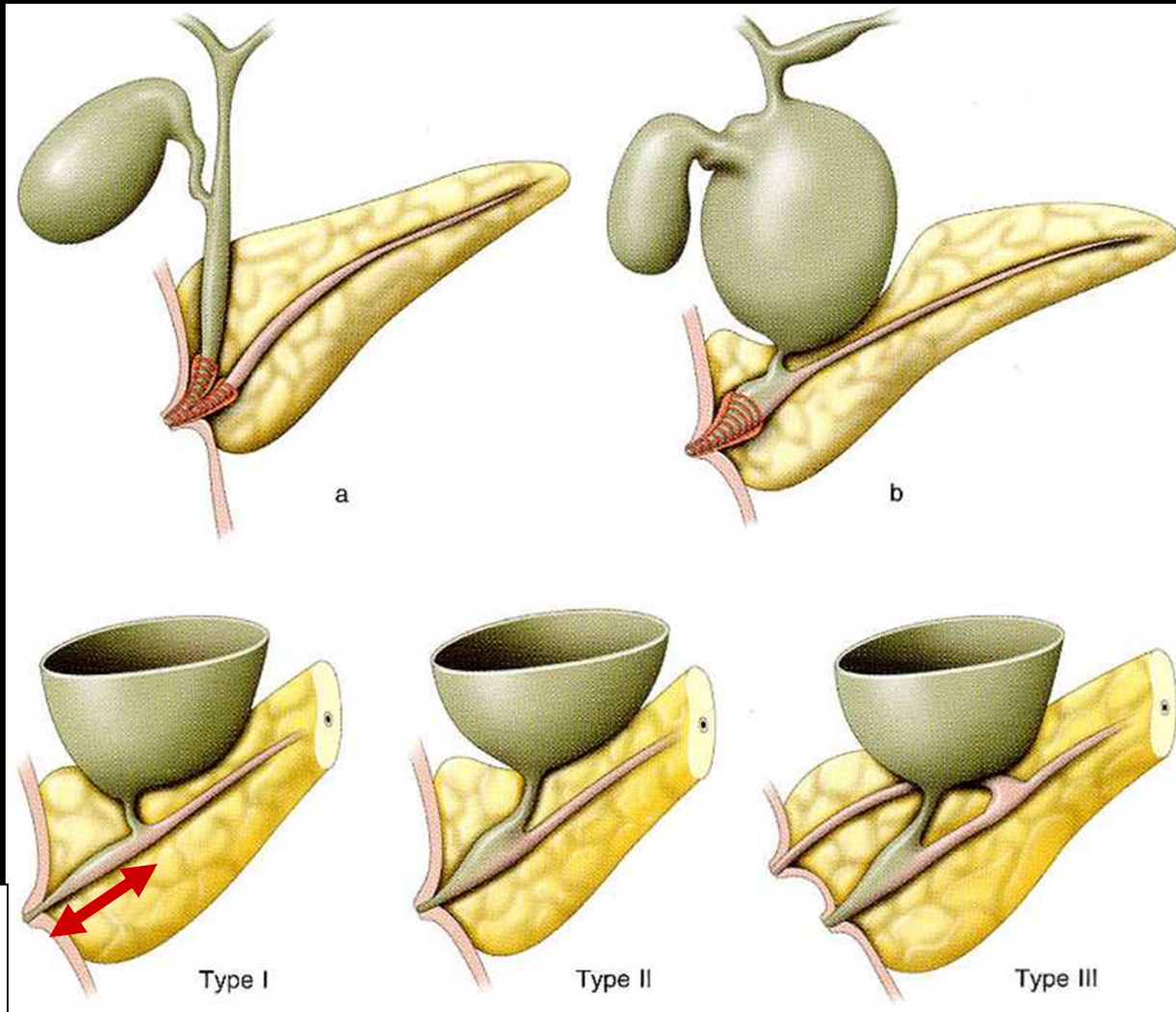


MIP 3D



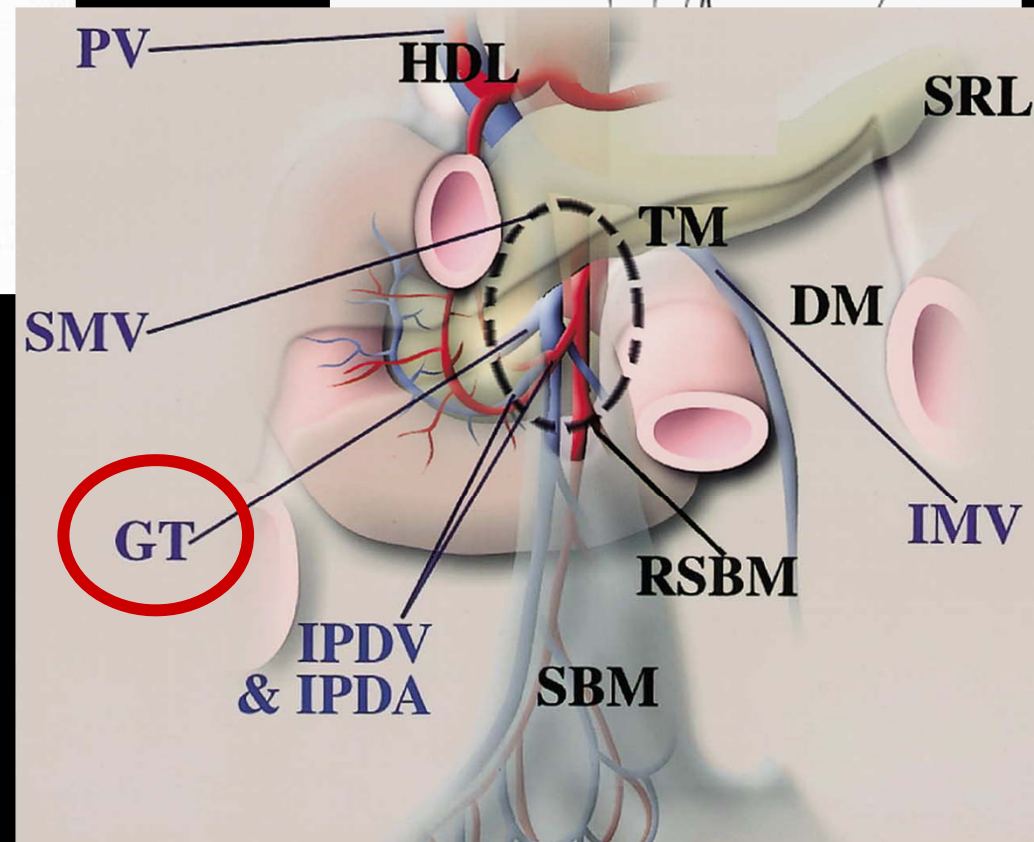
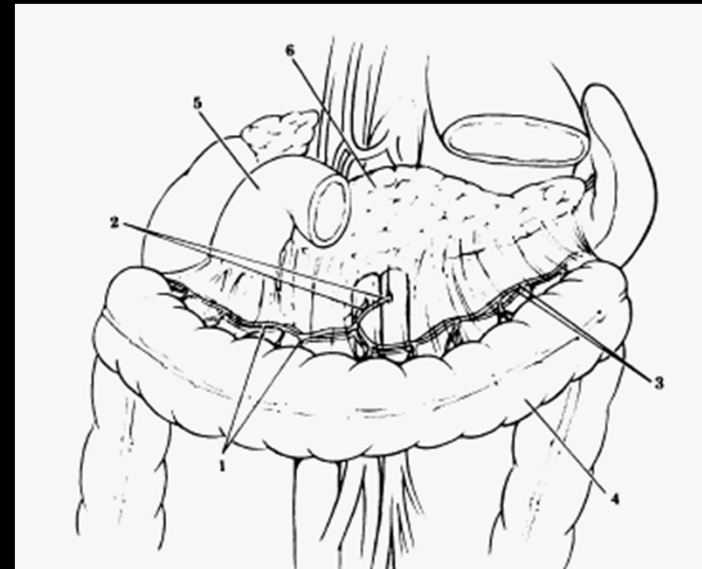
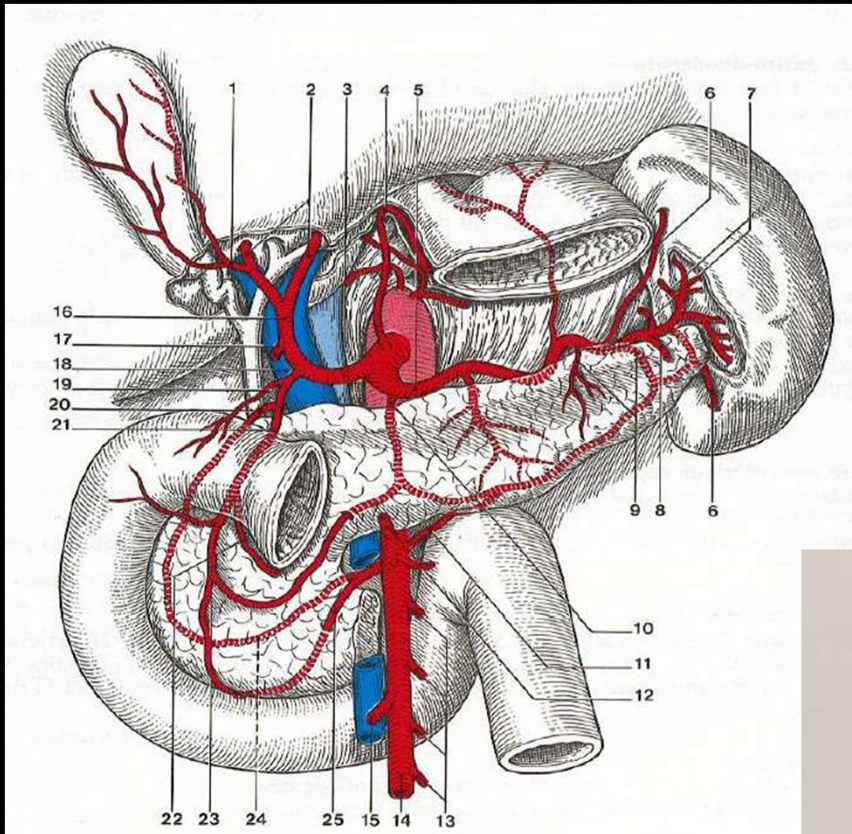
canal commun long (long common channel)
± angle de jonction des canaux bilio-pancréatiques anormal

pathogénie des kystes du cholédoque (reflux pancéato-biliaire)
pancréatites aiguës ??
lithogénèse dans la VBP ???



long
common
channel

jonction canalaire pancréato-biliaire



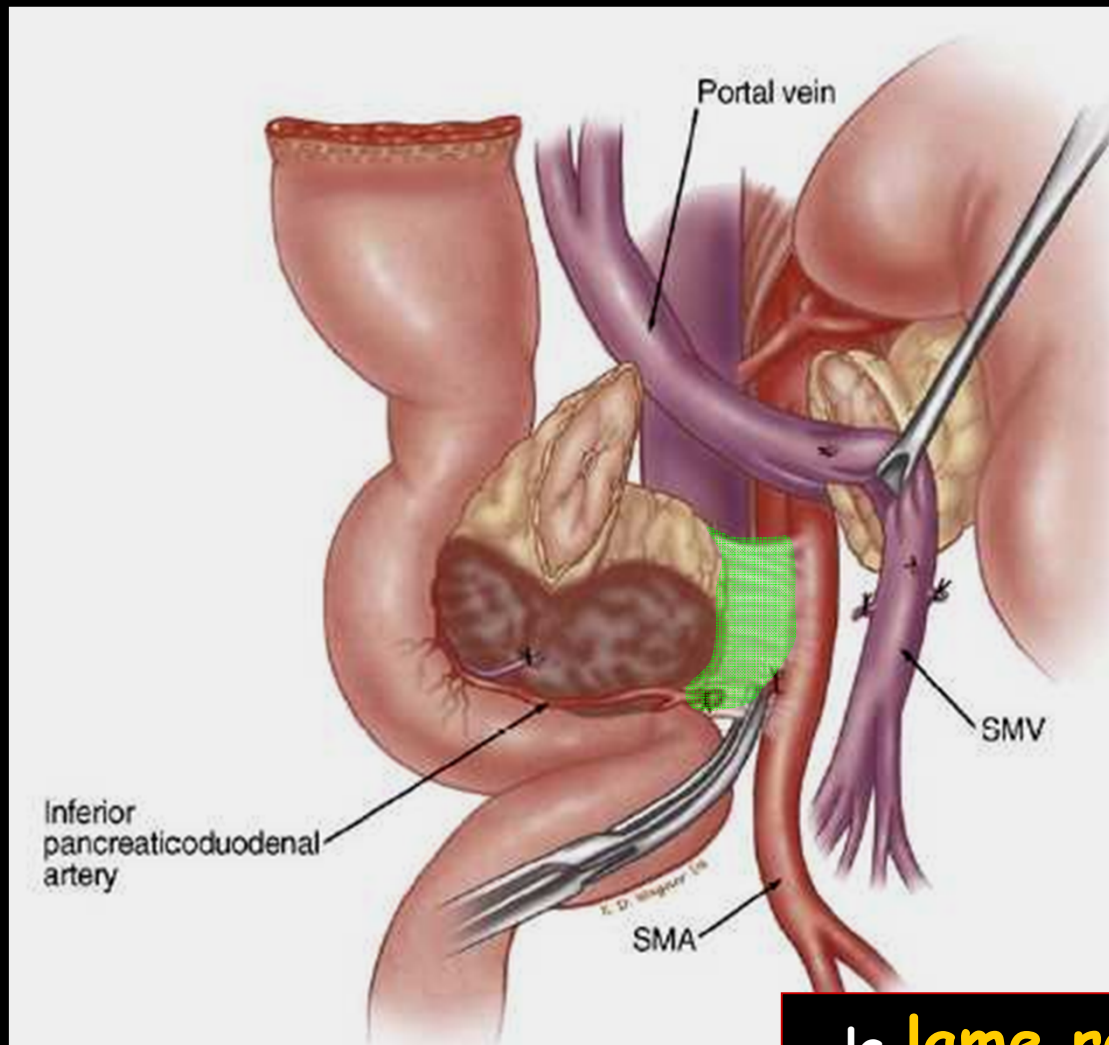
rappports vasculaires

veineux +++

tronc veineux gastro-colique

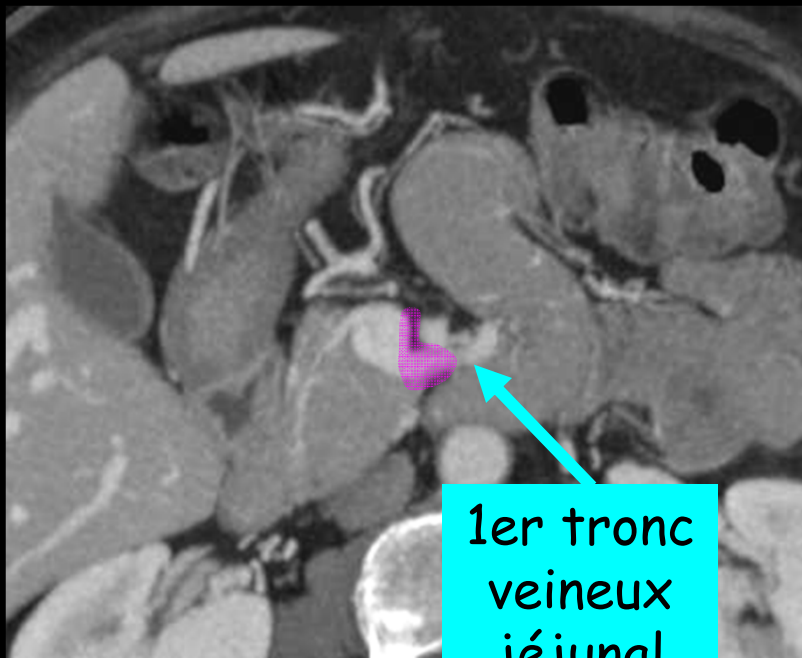
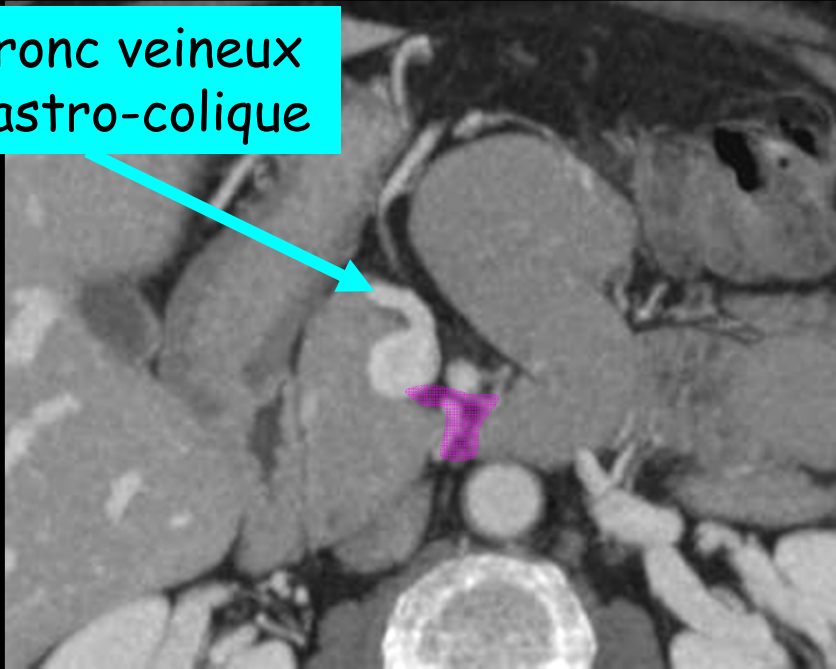
artériels :

lame rétro portale +++



la lame rétro-portale s'étend du bord droit du tronc de l'AMS au bord gauche du processus unciné ; elle se situe à la face postérieure du carrefour mésarico-splénique et de l'origine du tronc porte

tronc veineux
gastro-colique

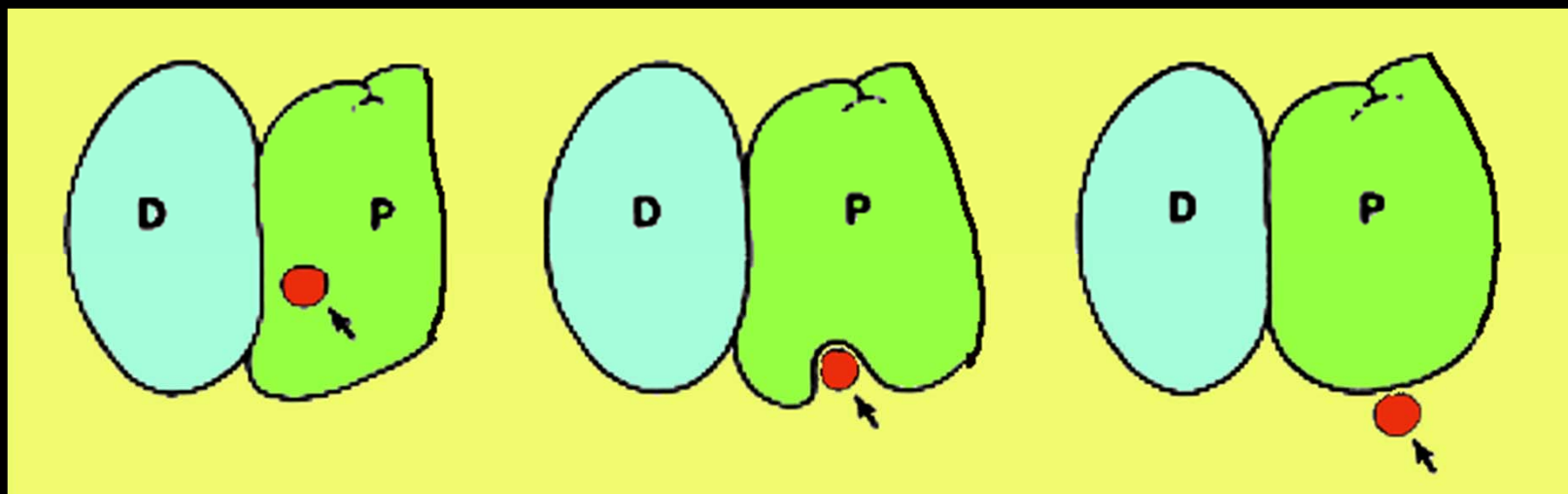
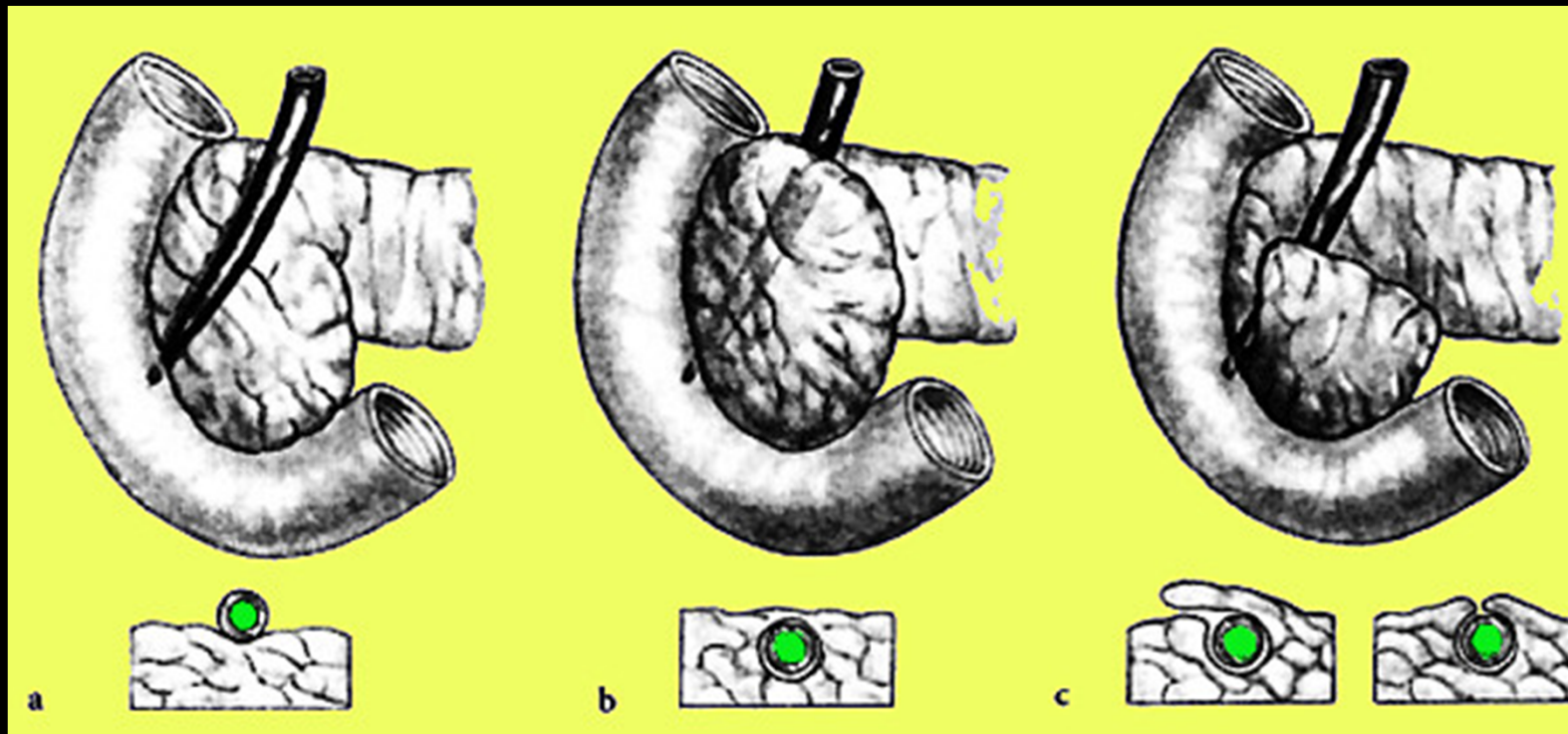


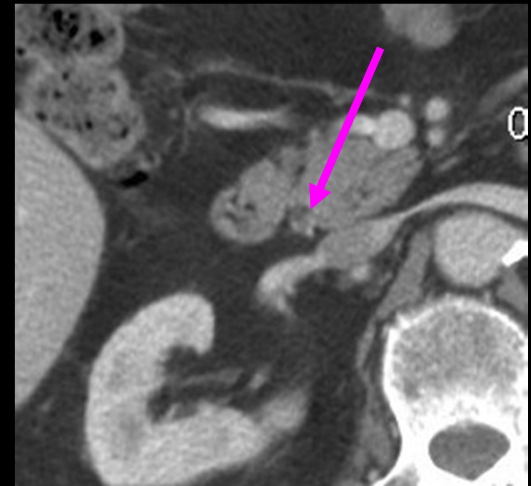
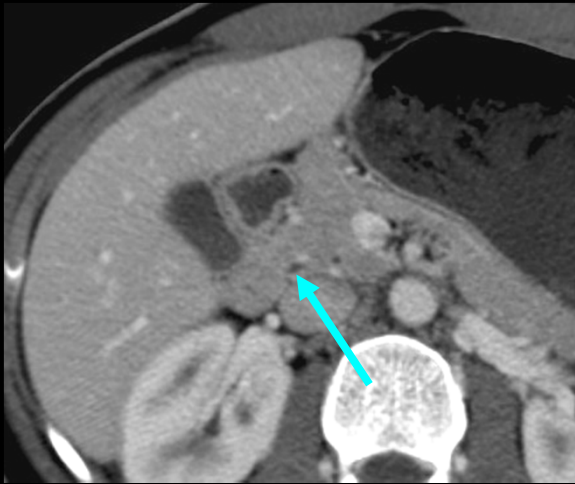
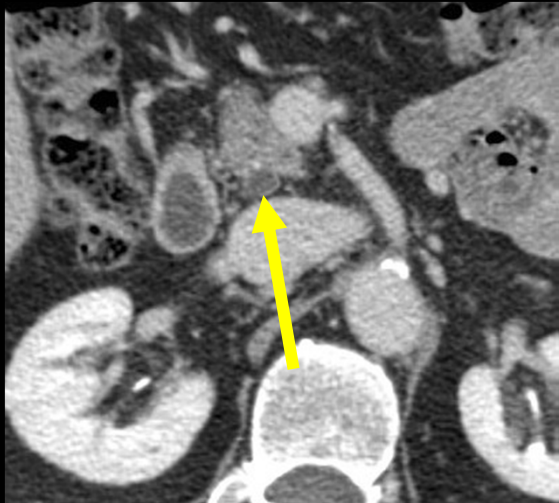
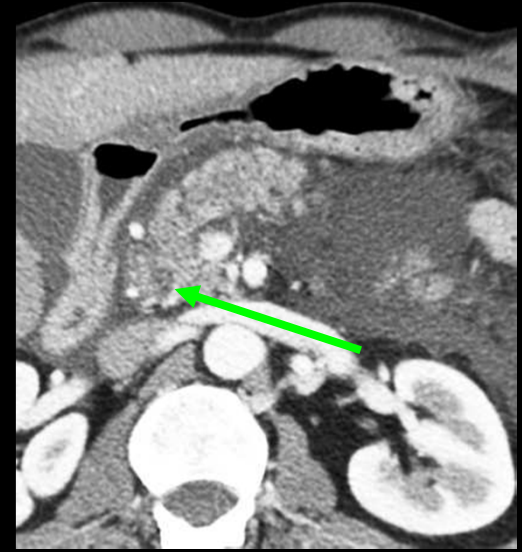
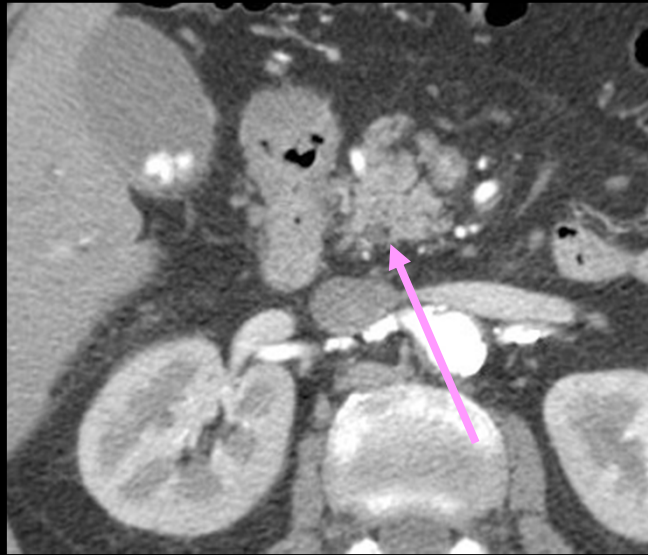
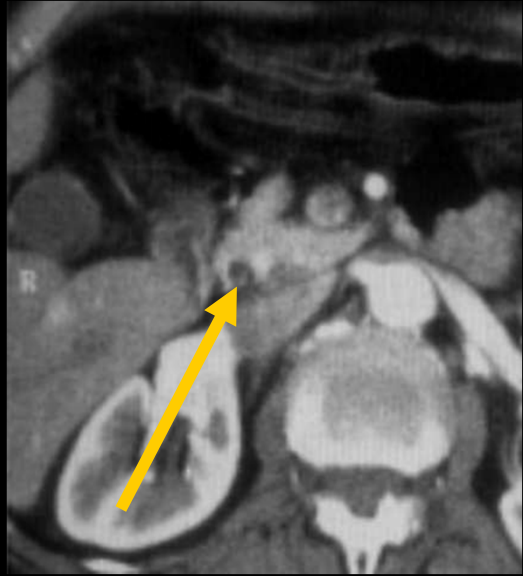
1er tronc
veineux
jéjunal

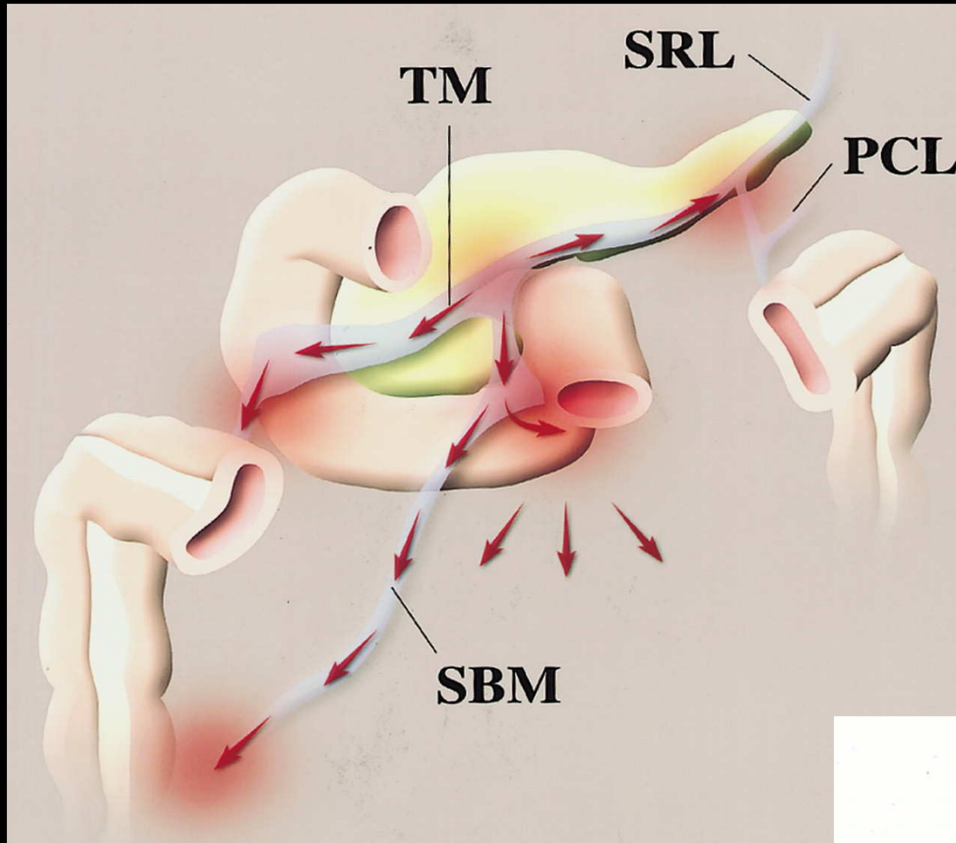


lame rétro-portale droite

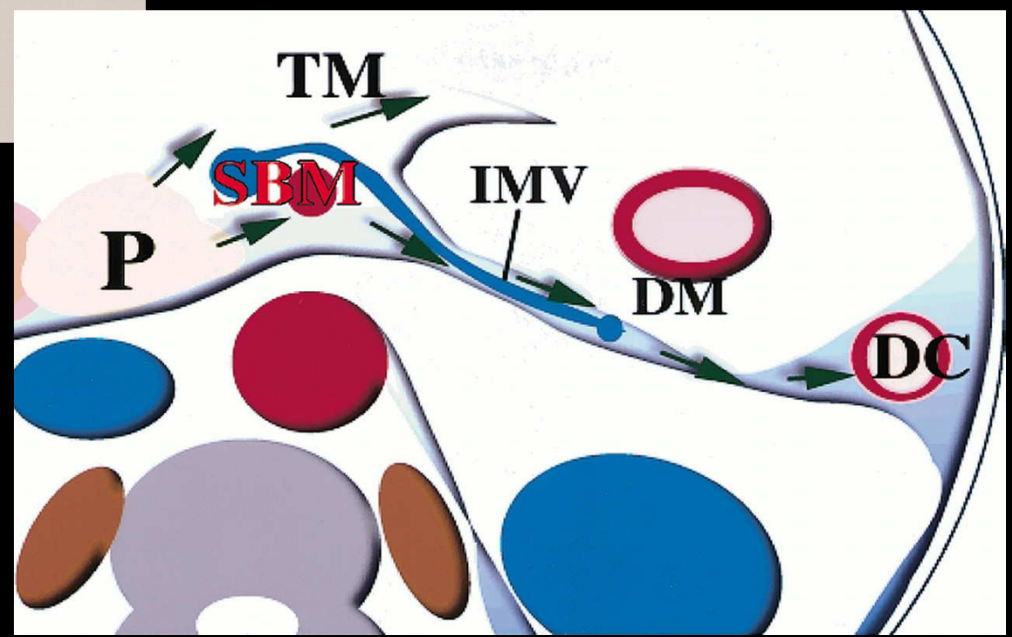
trajet pré ou intra pancréatique du bas cholédoque

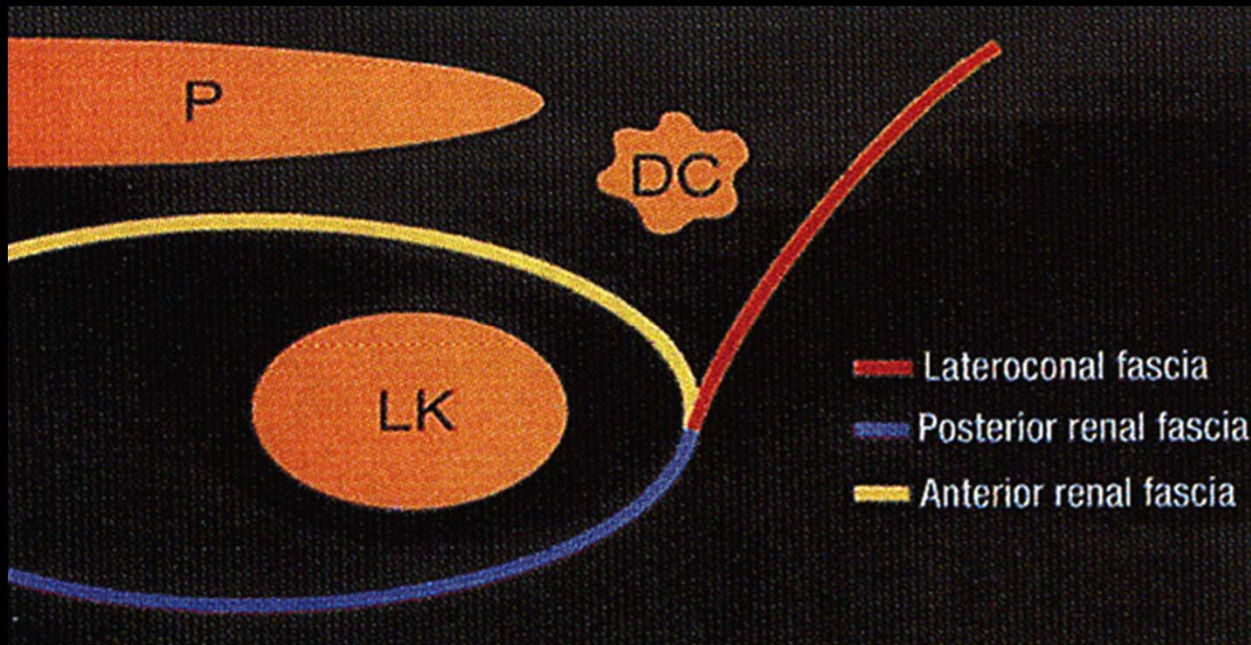






voies de diffusion des fluides
liquidiens pancréatiques ;
espace sous péritonéaux péri
pancréatiques

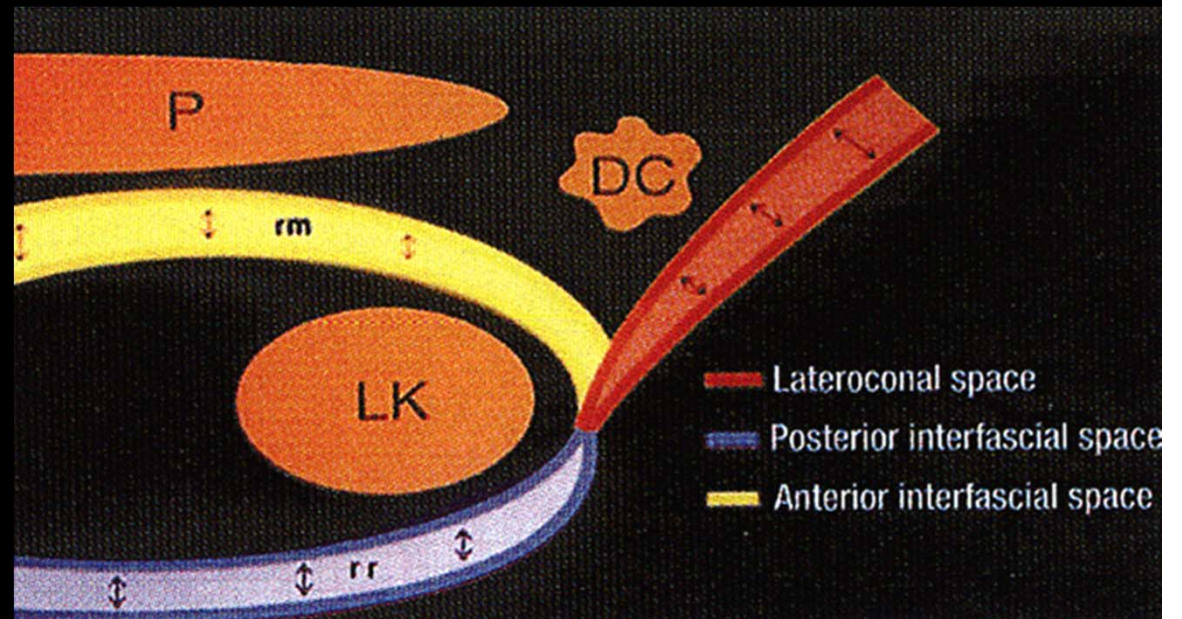


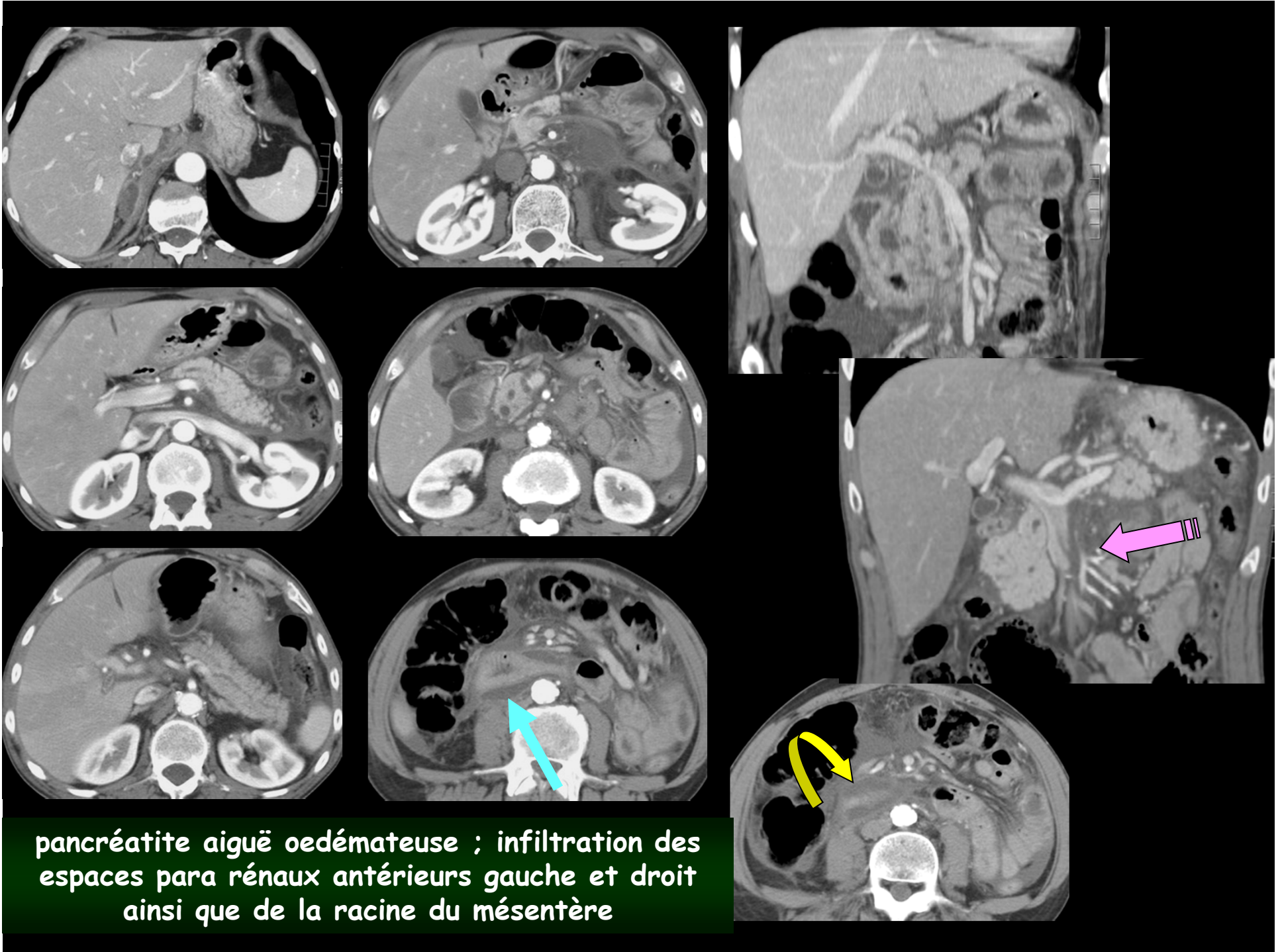


les espaces interfasciaux :

- antérieur ou fascia pré rénal
- postérieur ou fascia rétro rénal

sont des espaces de diffusion expansibles par les collections liquidiennes aiguës péri pancréatiques





plexus nerveux péri pancréatiques

