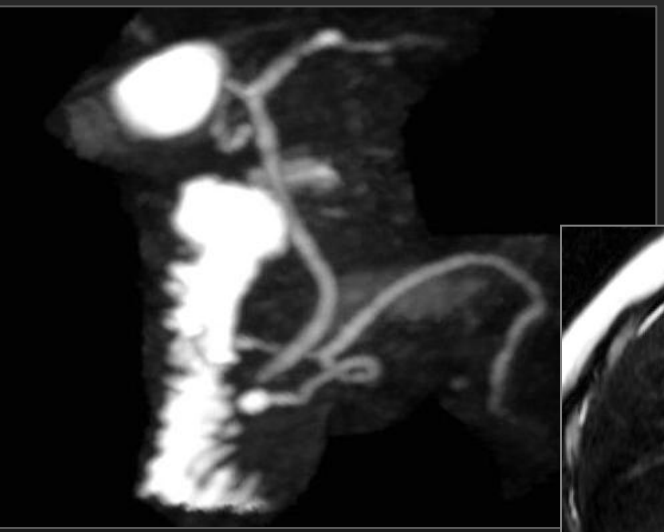
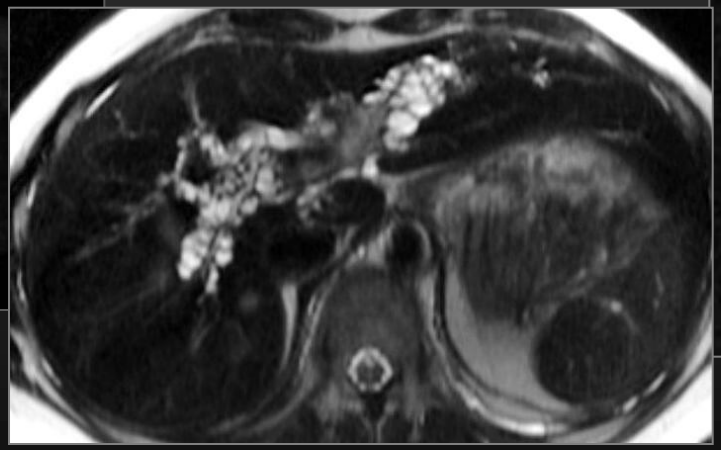
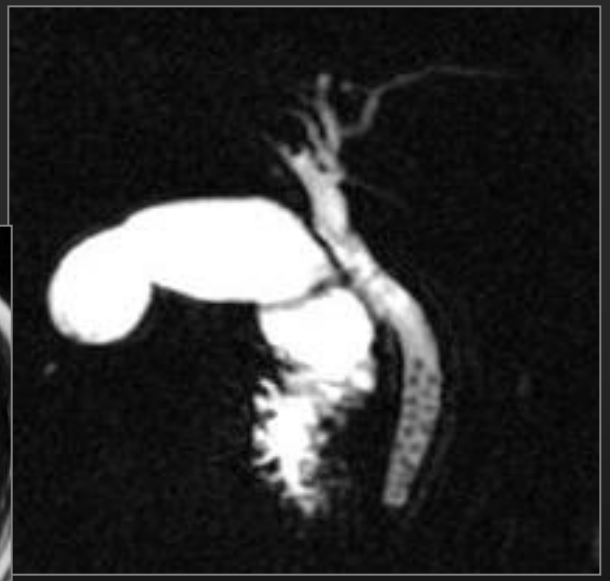
Teaching file

VOIES BILIAIRES

PANCREAS

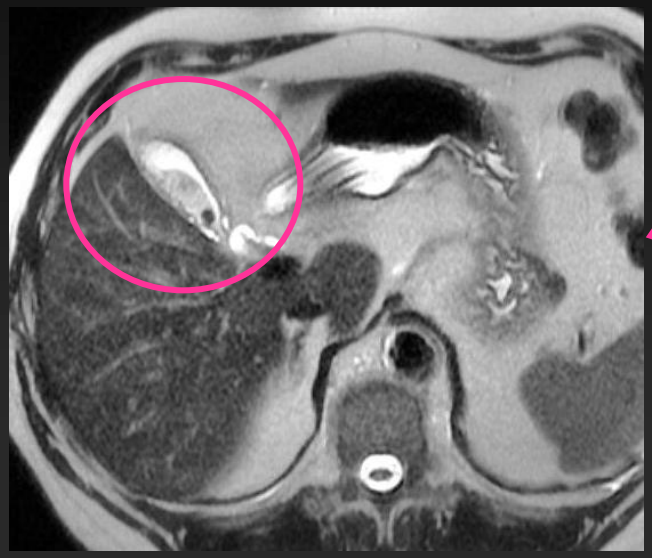


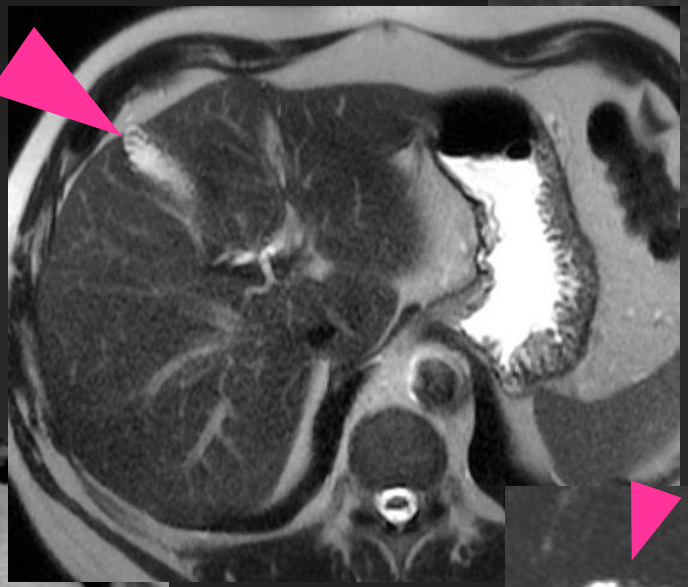


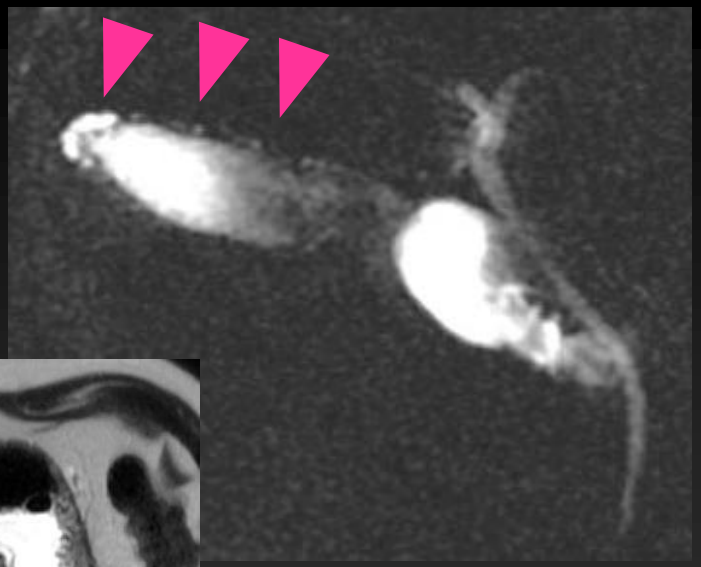


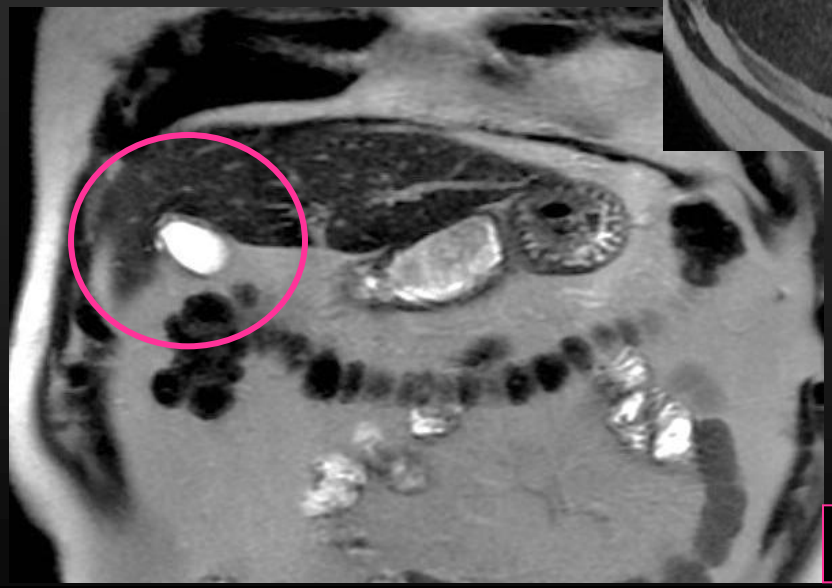
CAS 1

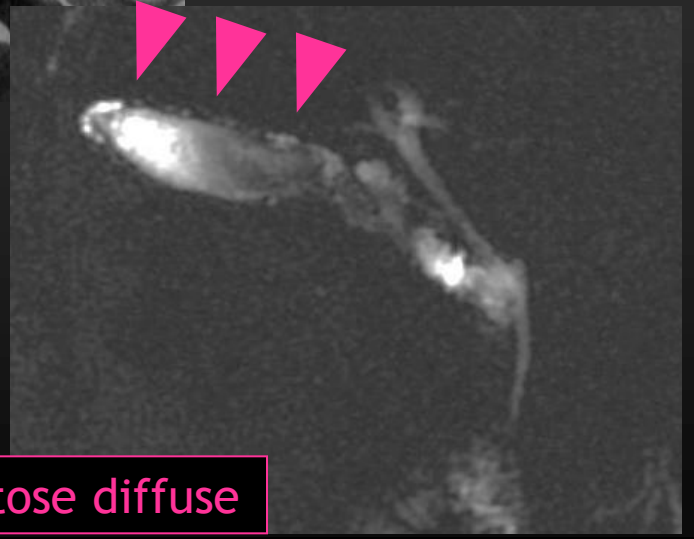
CholangioIRM pour suspicion de migration lithiasique





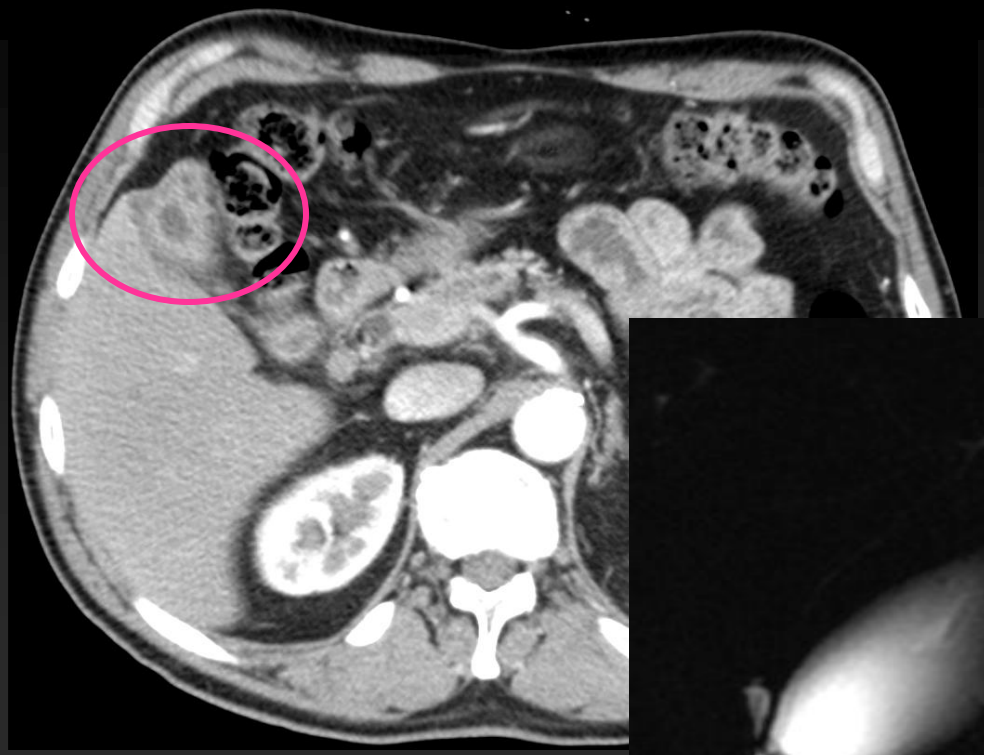


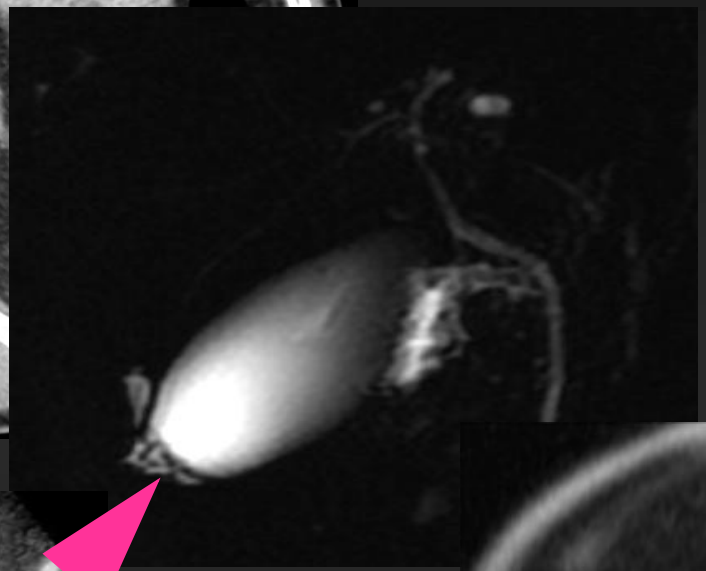


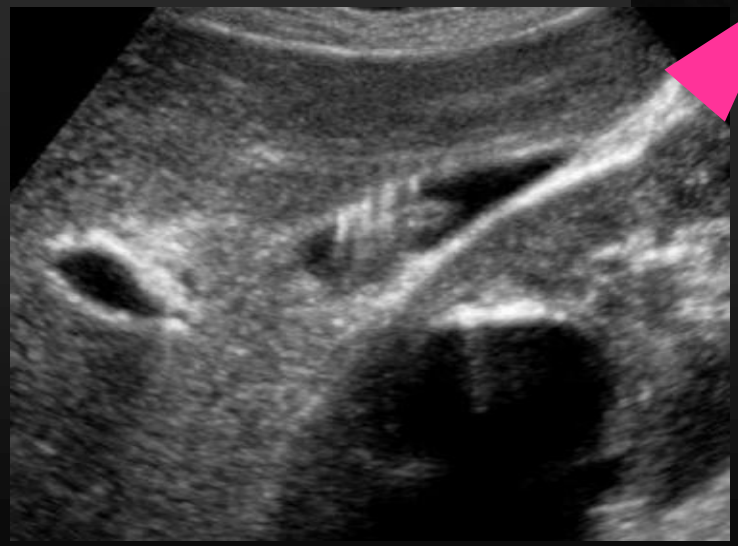


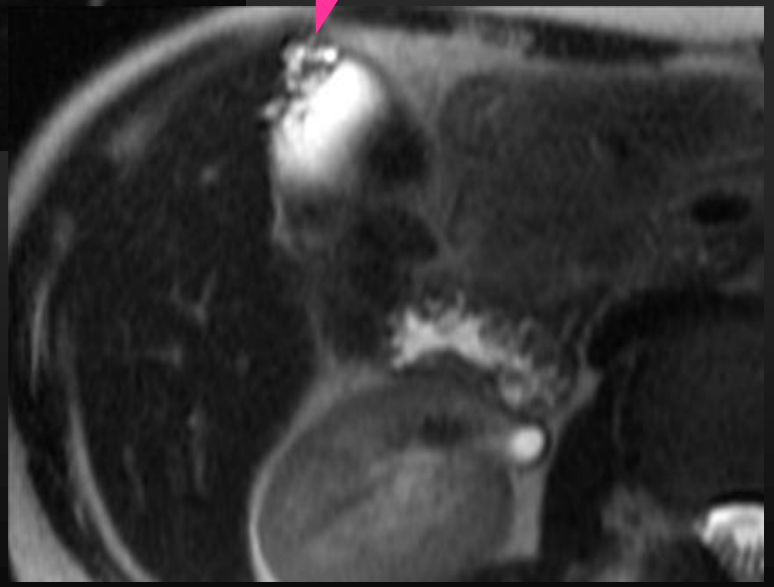
Adénomyomatose diffuse

Adénomyomatose du fond vésiculaire

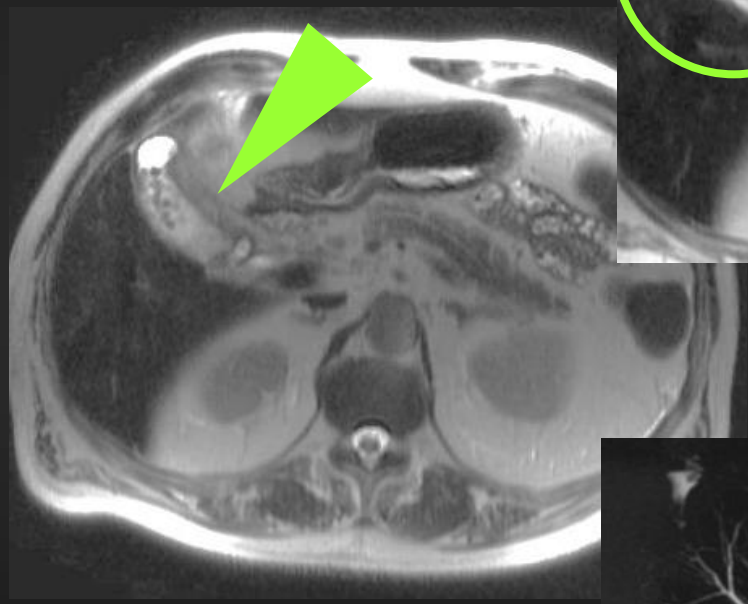


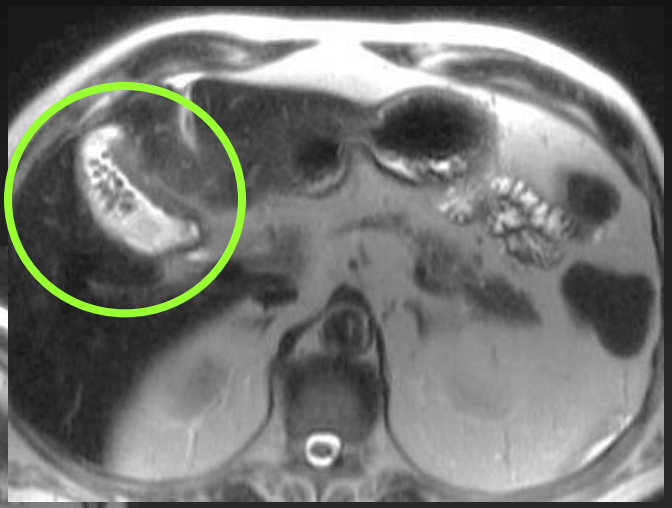


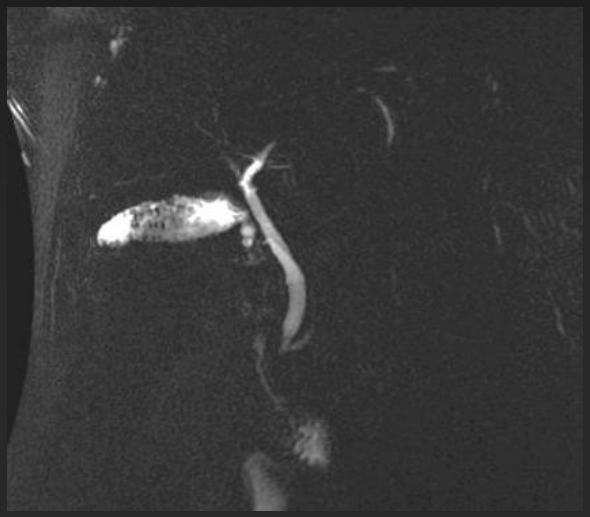


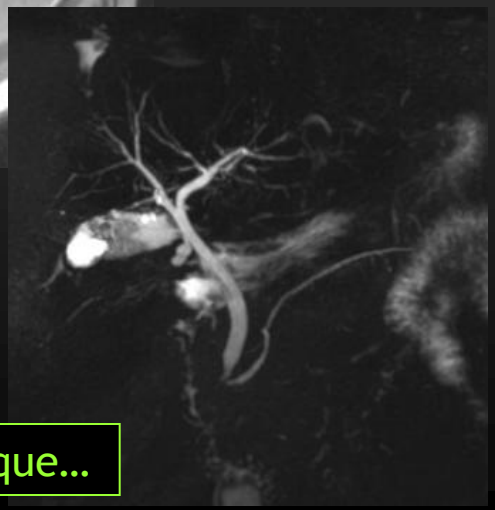


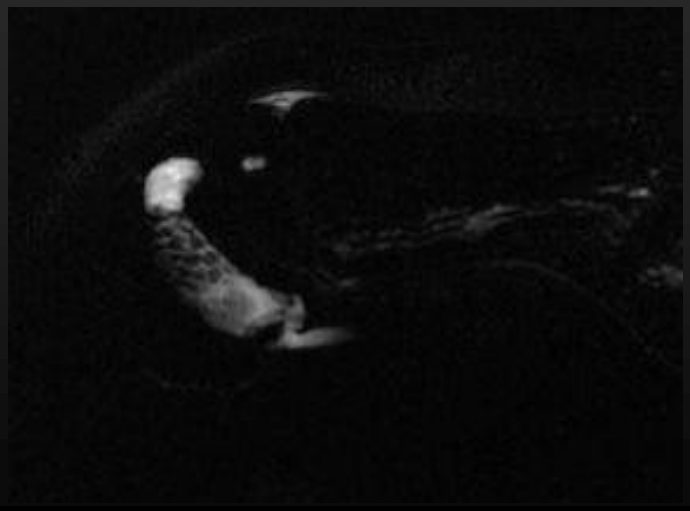
CAS 2
Douleurs de l'hypochondre droit, fièvre.
Pas de calcul visualisé au scanner… cholangioIRM!





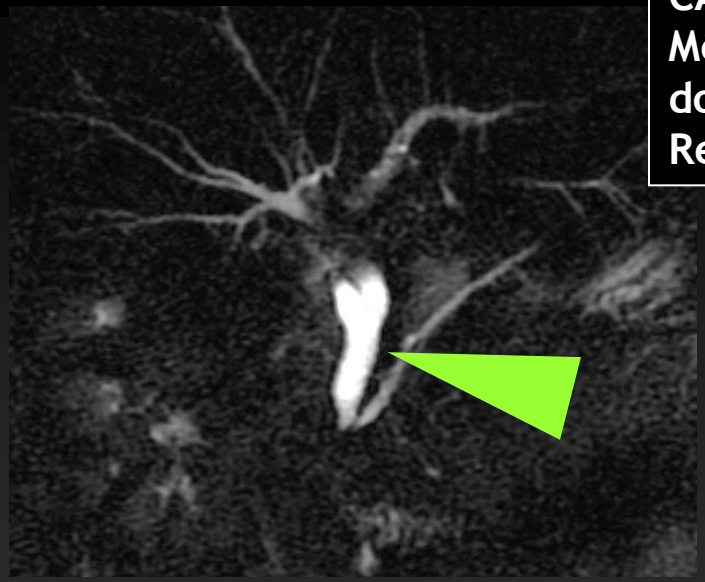


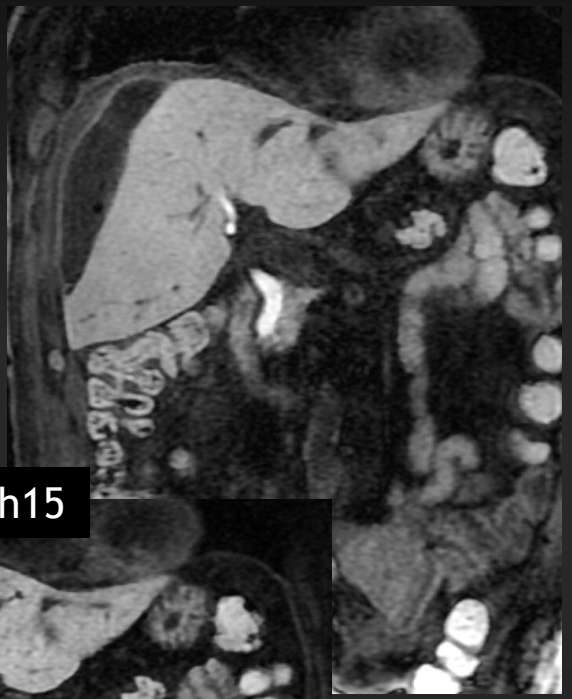


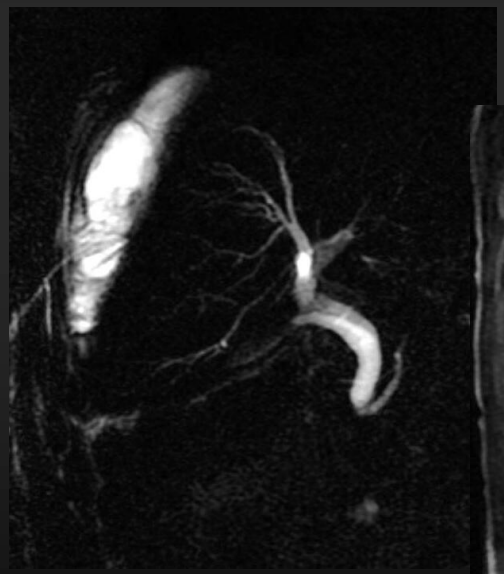


Cholécystite aiguë lithiasique…

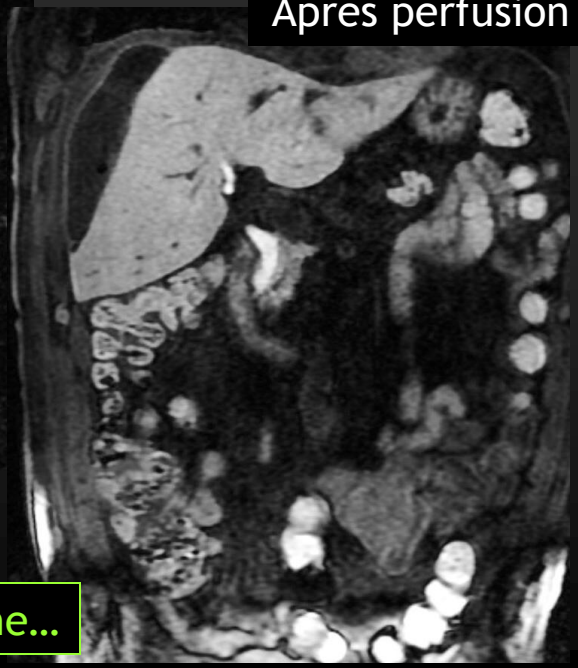
CAS 2
Même patient plusieurs semaines après: persistance de douleurs HCD en post opératoire
Recherche de LVBP…

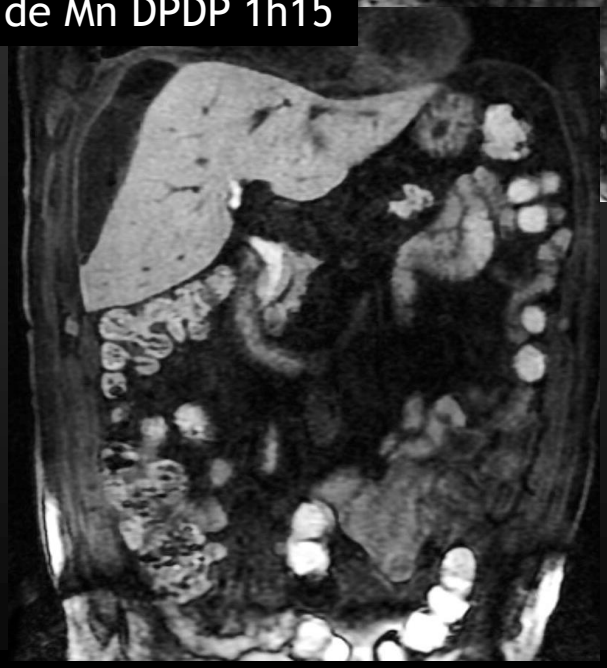






Après perfusion de Mn DPDP 1h15

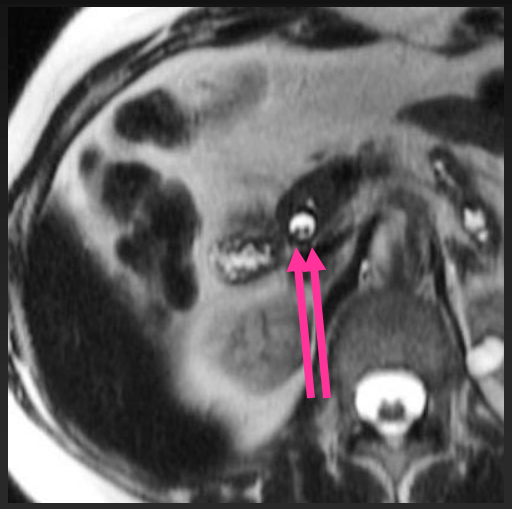
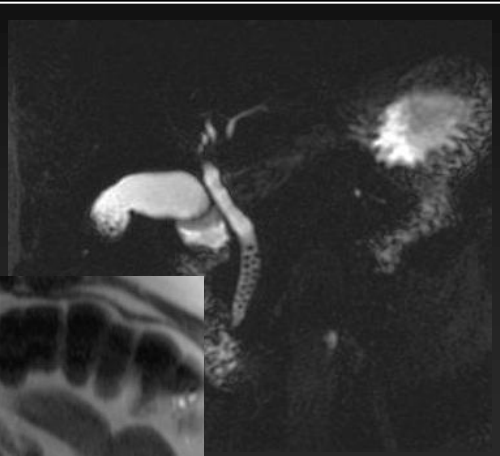


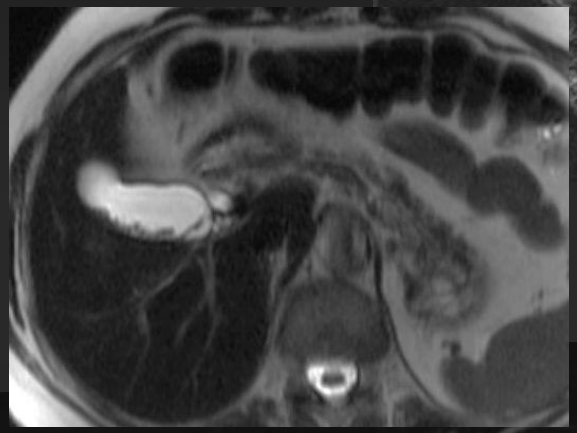
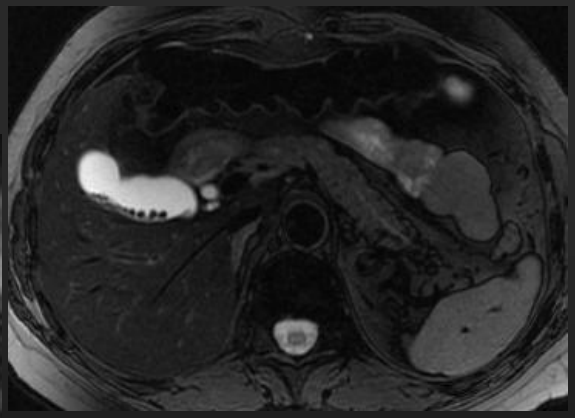
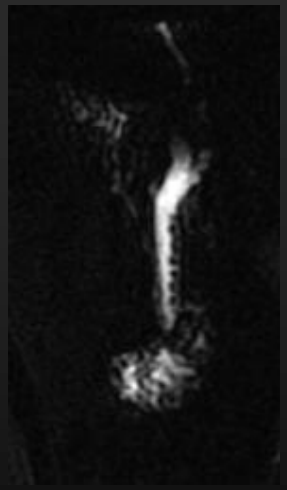
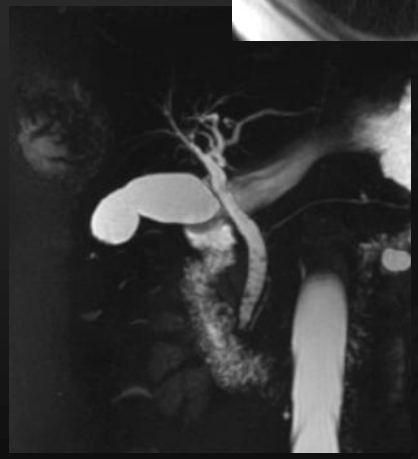
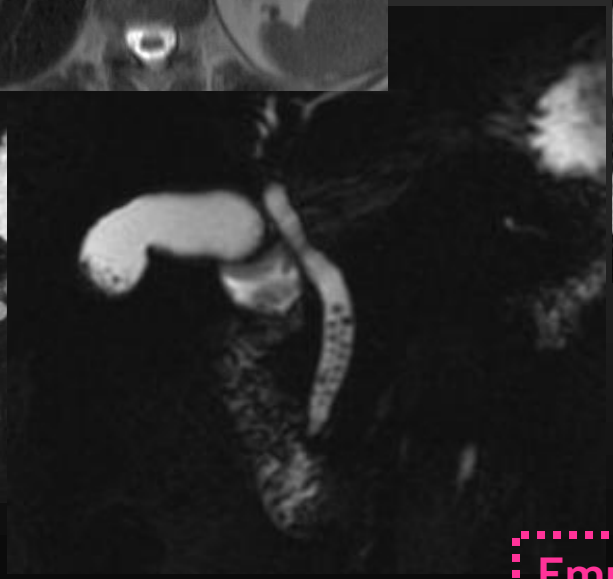


Dysfonction oddienne…

CAS 3

Femme de 55 ans, douleurs intermittentes paroxystiques de l'HCD depuis 6 mois

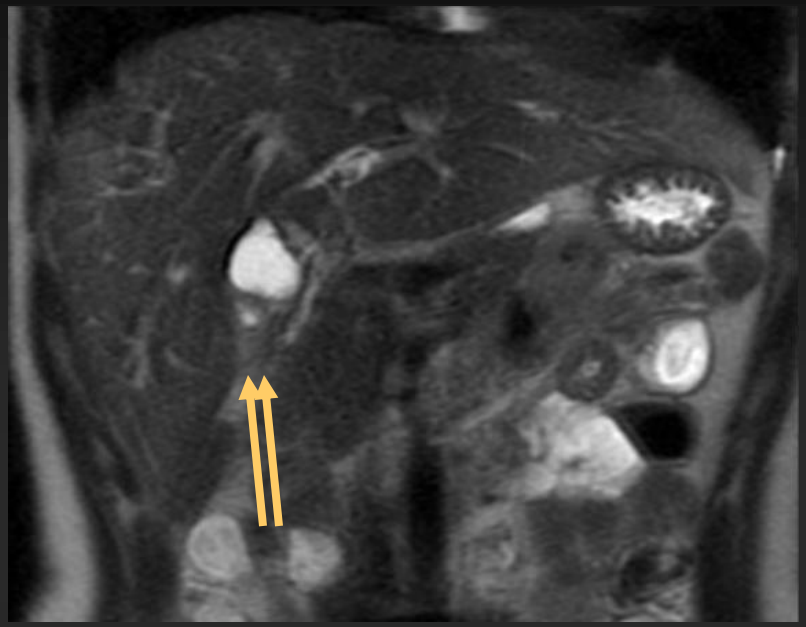



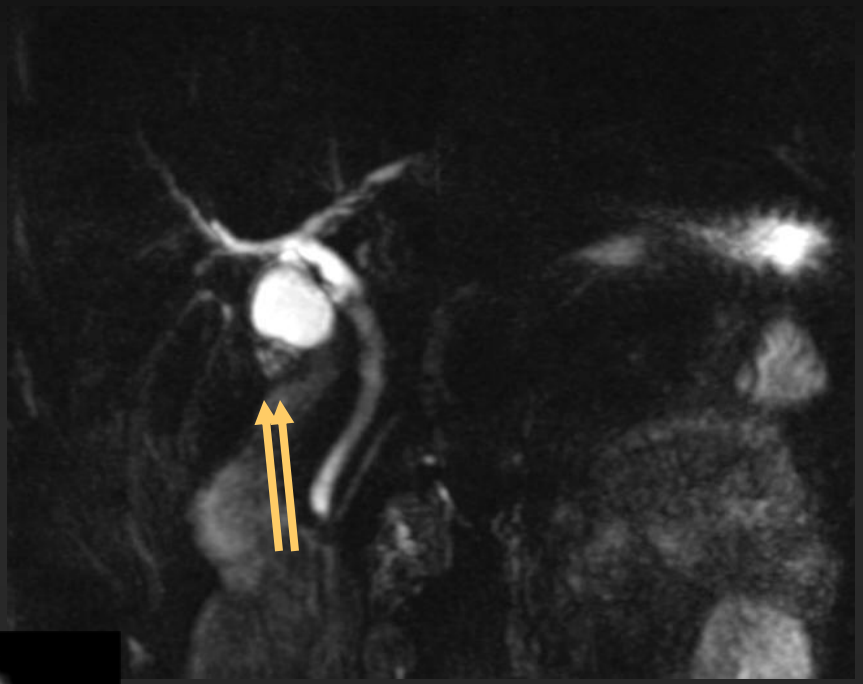






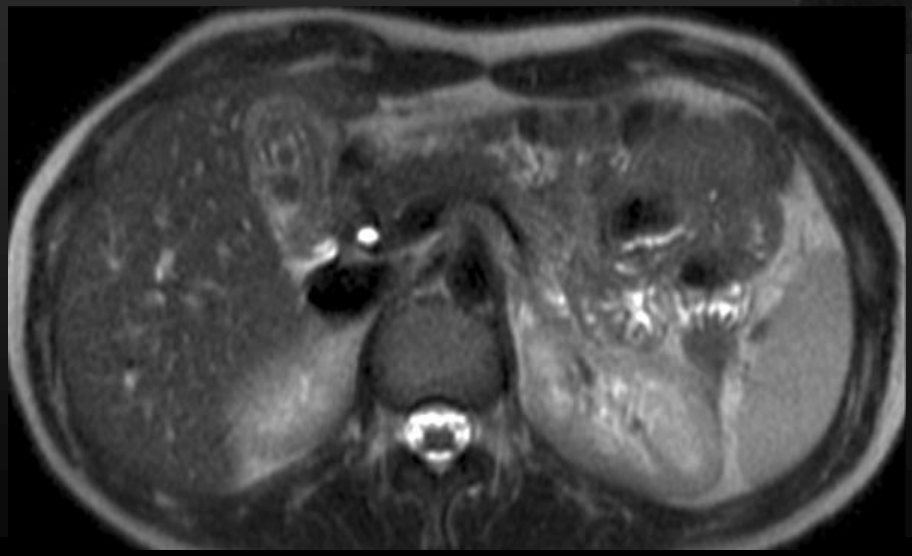
Empierrement de la VBP

CAS 4

Femme 23 ans, cholécystite aiguë, IRM avant chirurgie

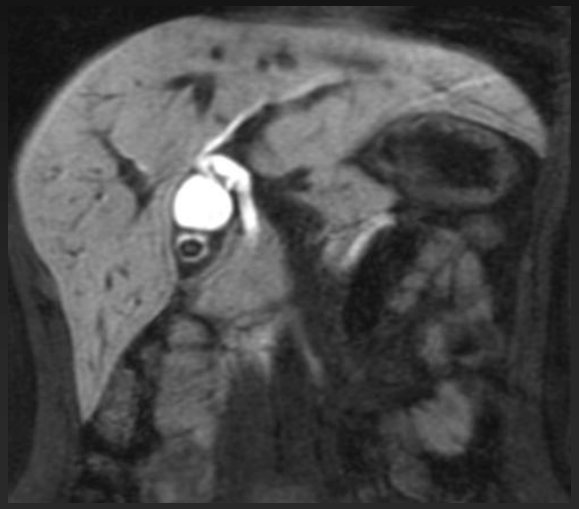


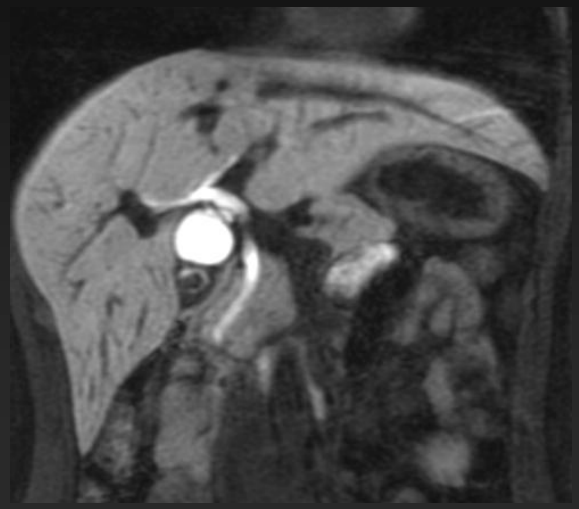


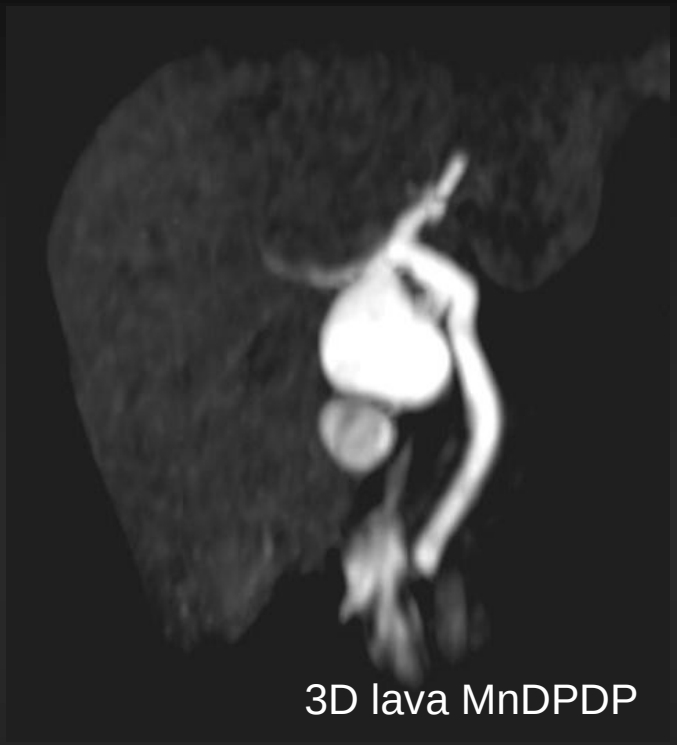


CAS 4

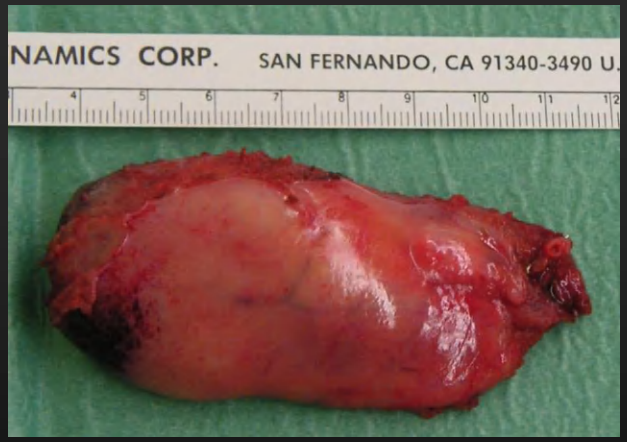
Femme 23 ans, cholécystite aiguë, IRM avant chirurgie

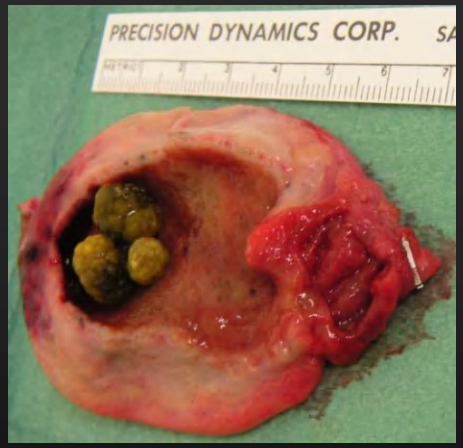


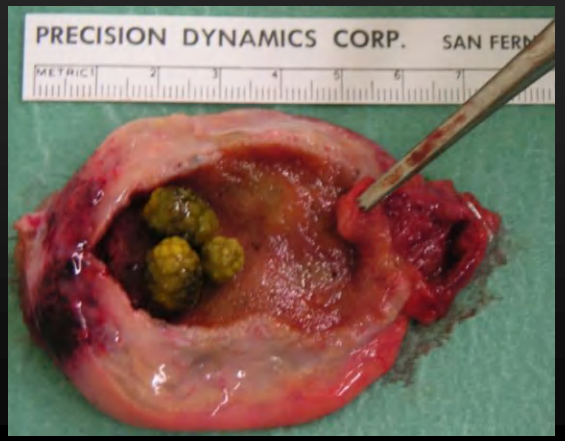




3D lava MnDPDP





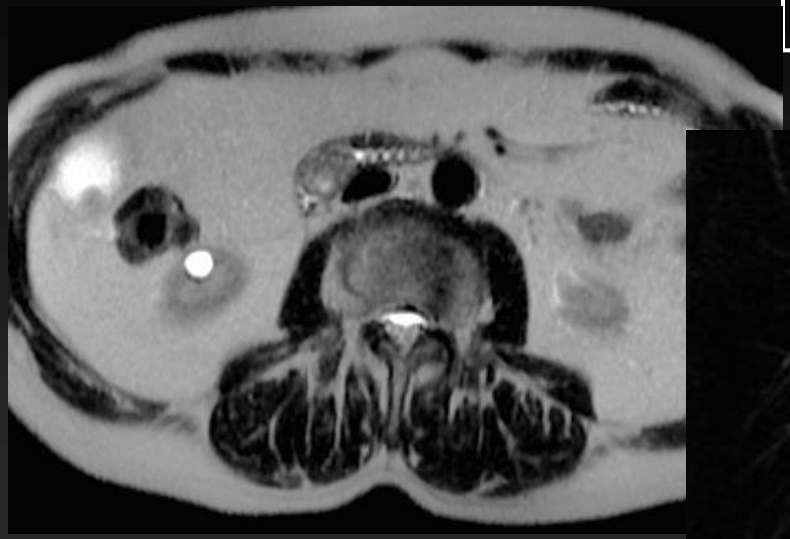


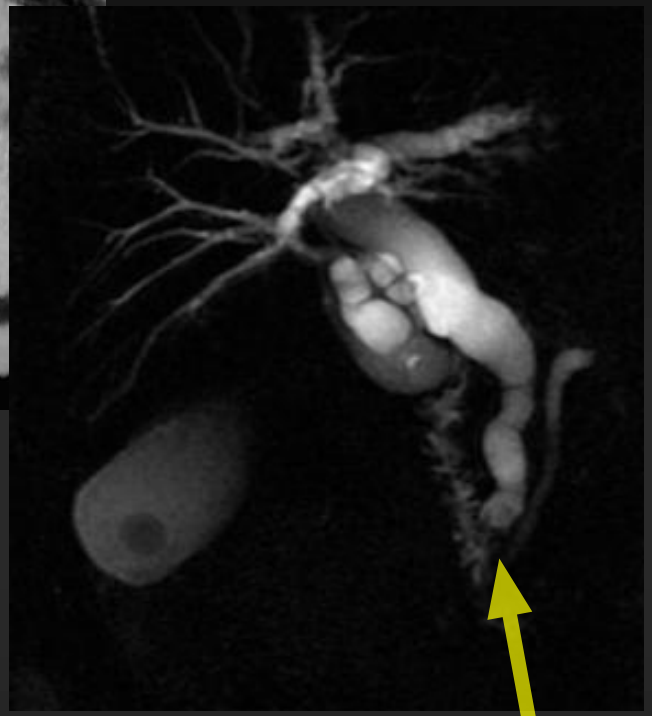
Vésicule à diaphragme

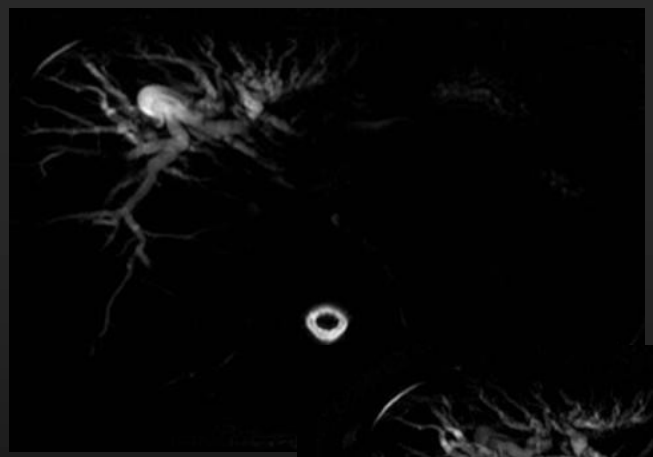
Portion sup : aspect normal sans calcul

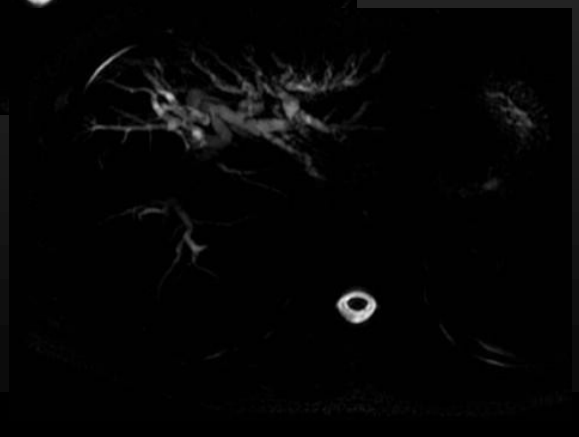
Portion inf : cholécystite chronique + multiples calculs

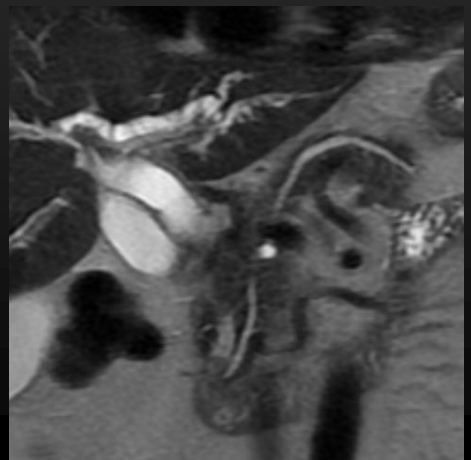
Cas 5
Homme de 72 ans, bilan de cholestase

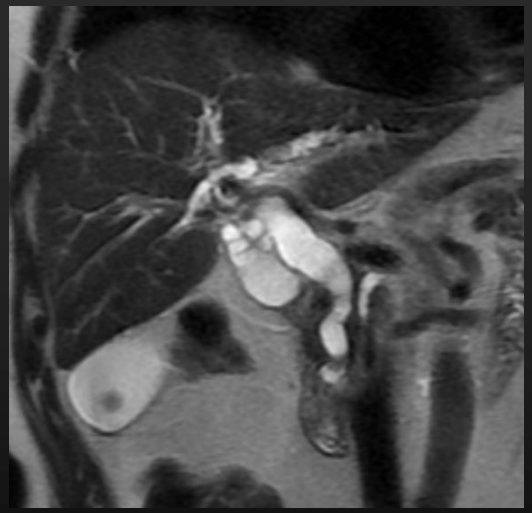


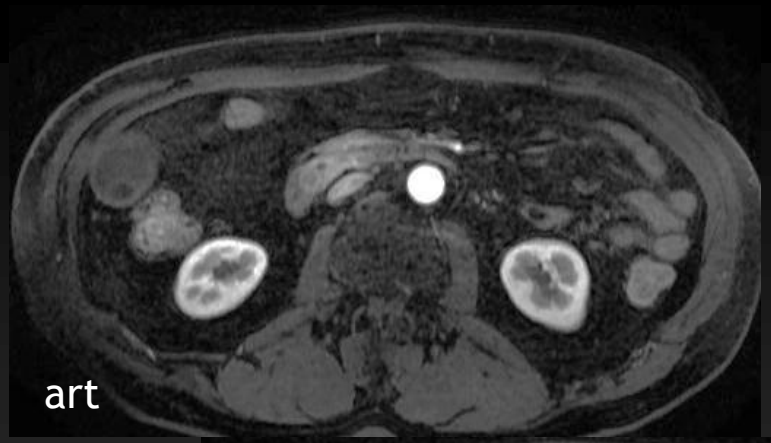


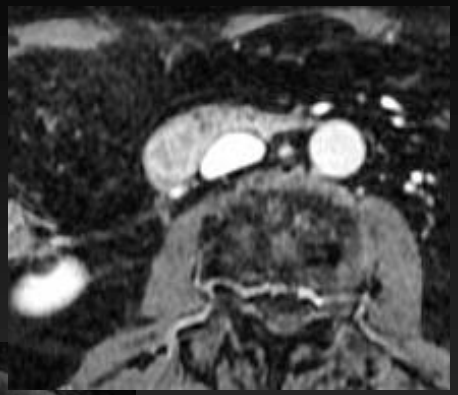


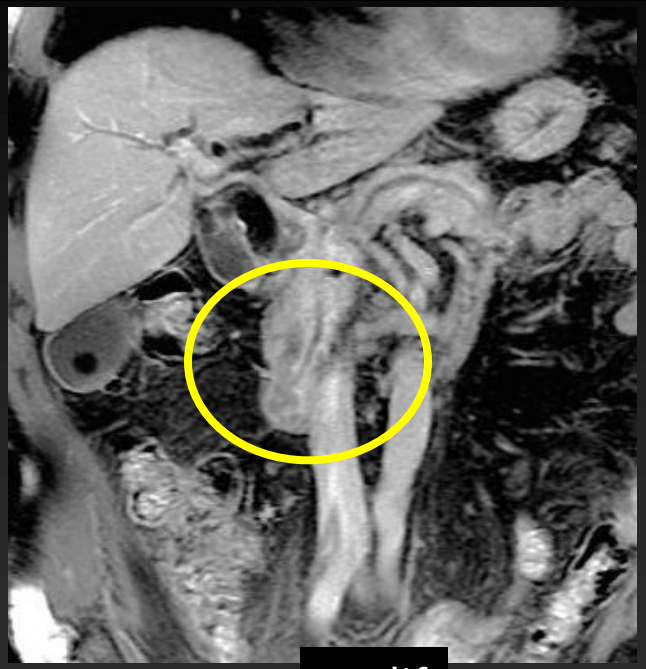












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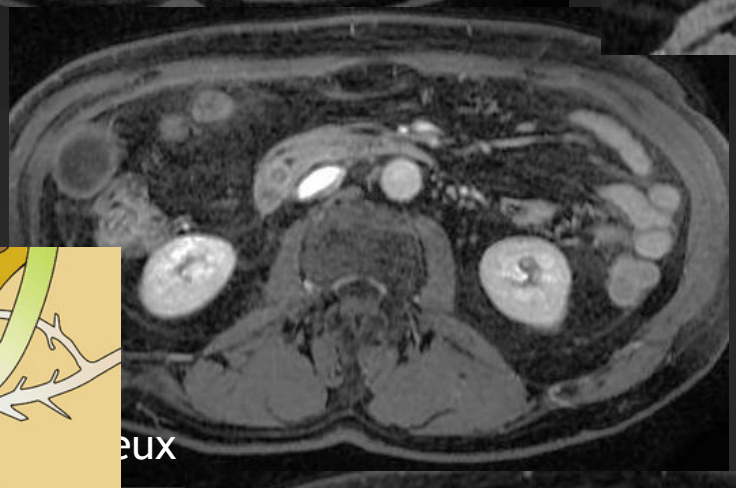
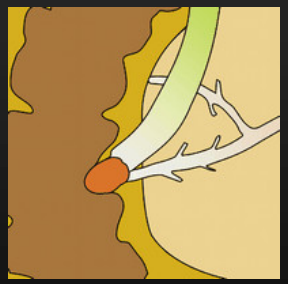
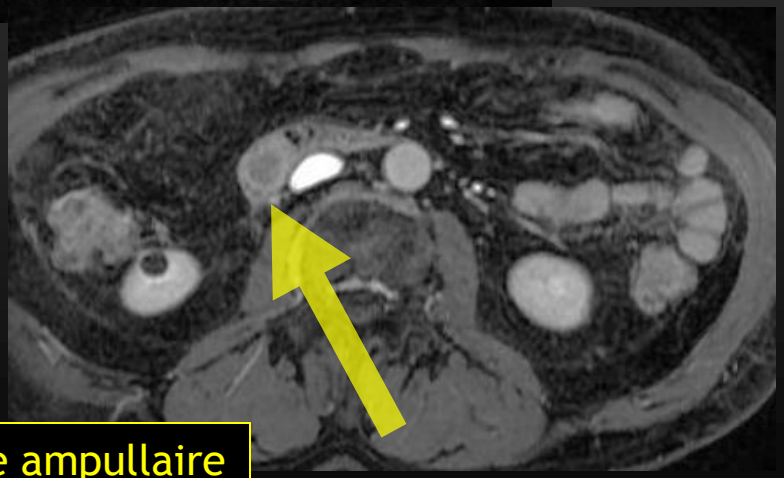
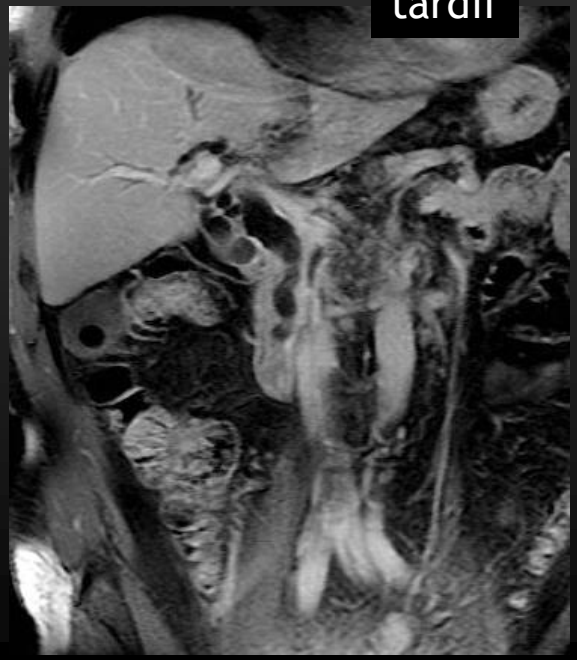
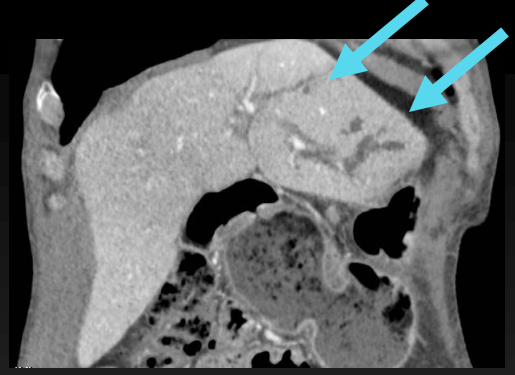








Adénocarcinome ampullaire

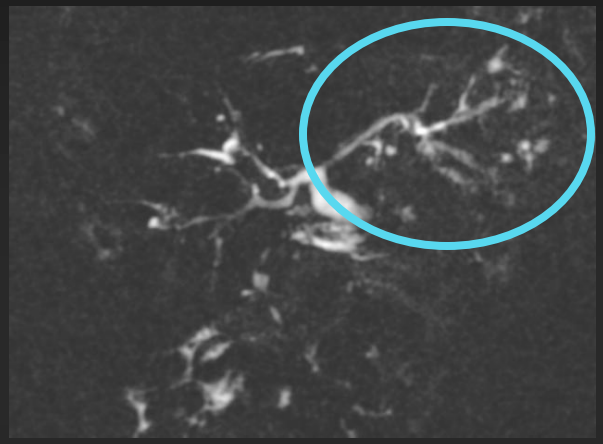


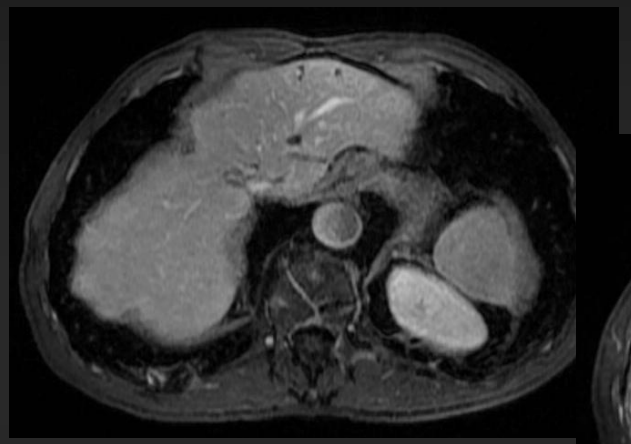
CAS 6

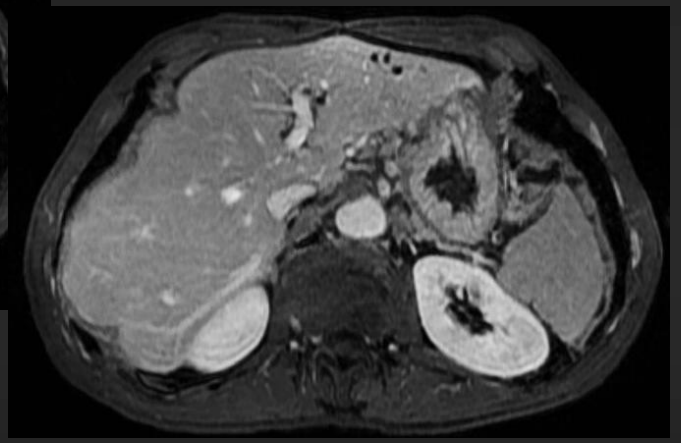
Homme de 63 ans, AEG et douleurs abdominales sans fièvre

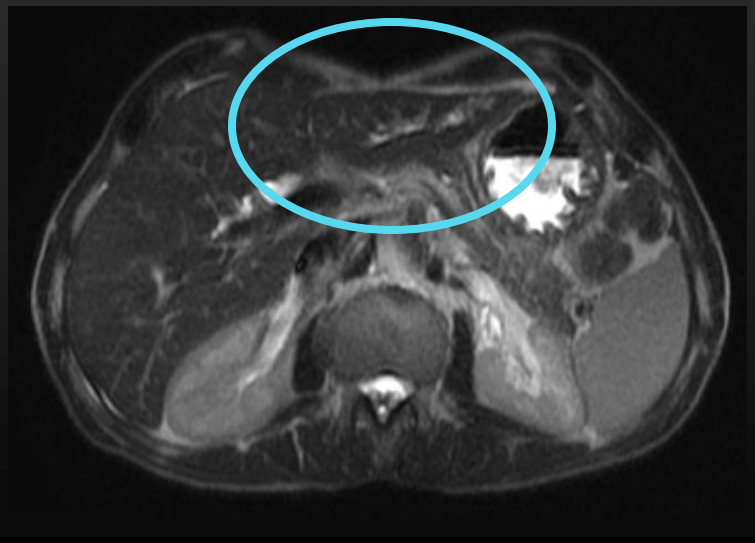
ATCD cholecystectomie

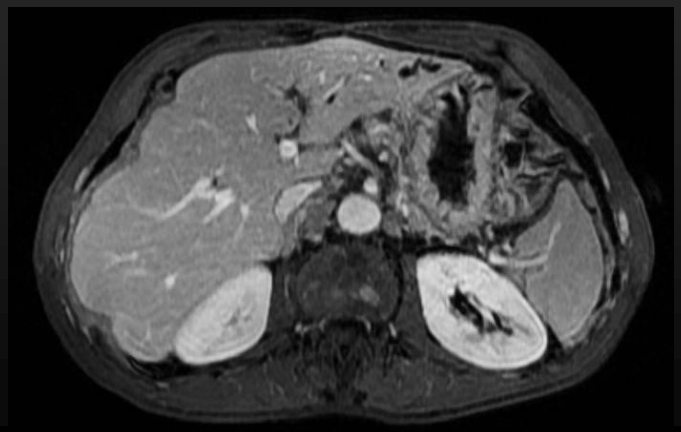
CT: dilatation des VBIH gauches

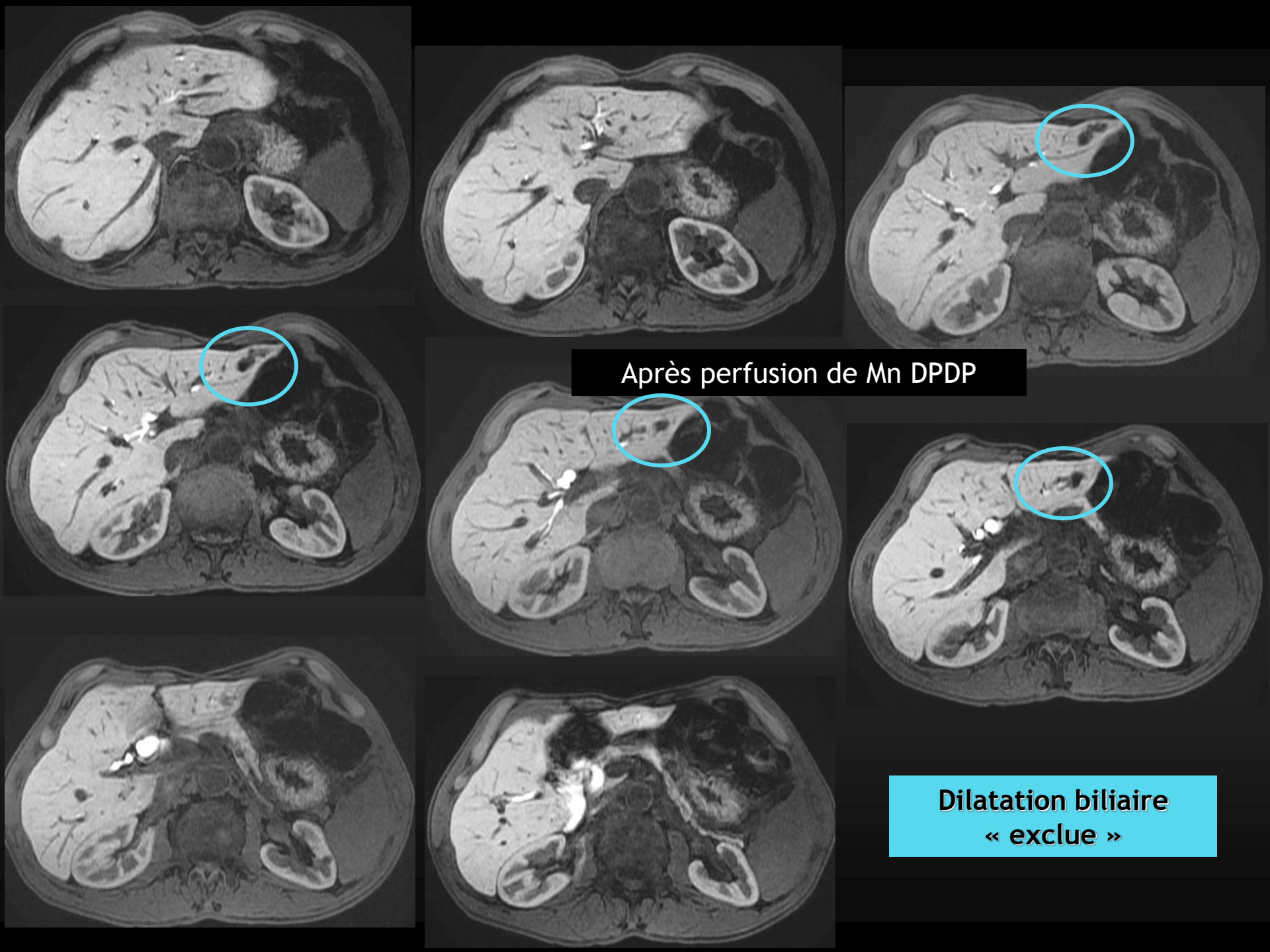






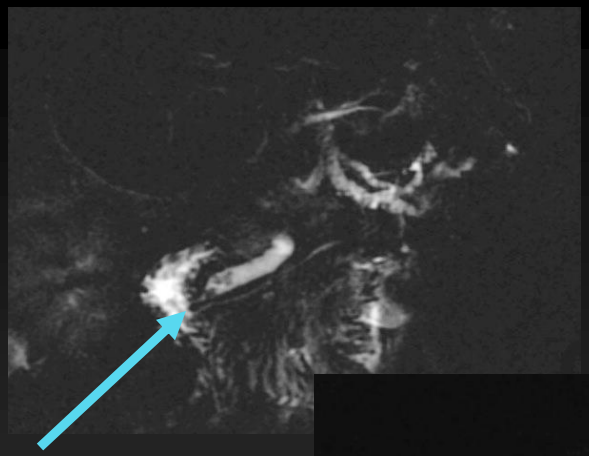


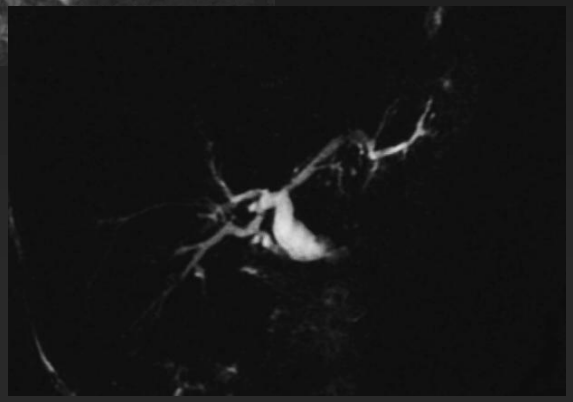


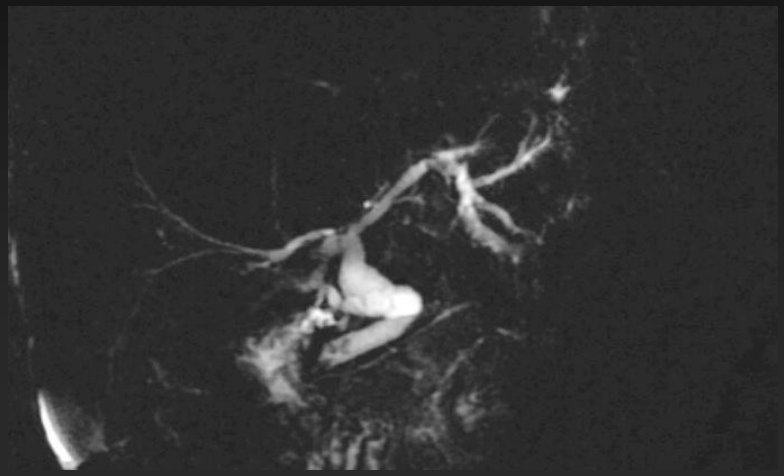

Après perfusion de Mn DPDP
Dilatation biliaire
« exclue »

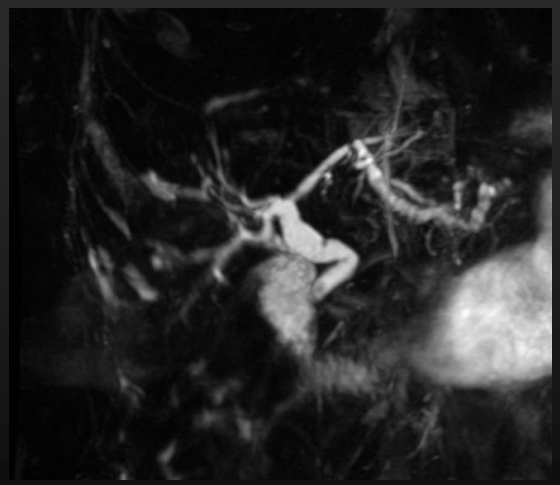
CAS 6

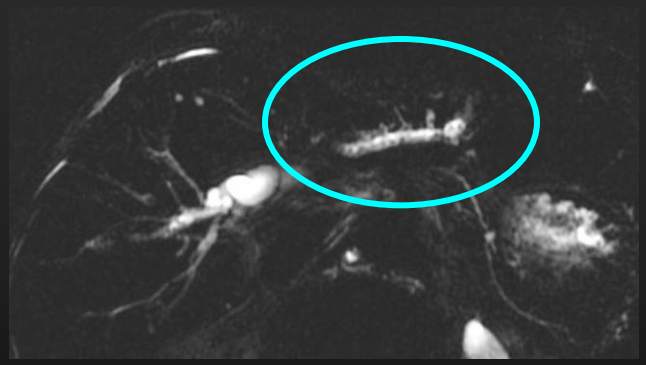
Persistance des douleurs, biologie normale…

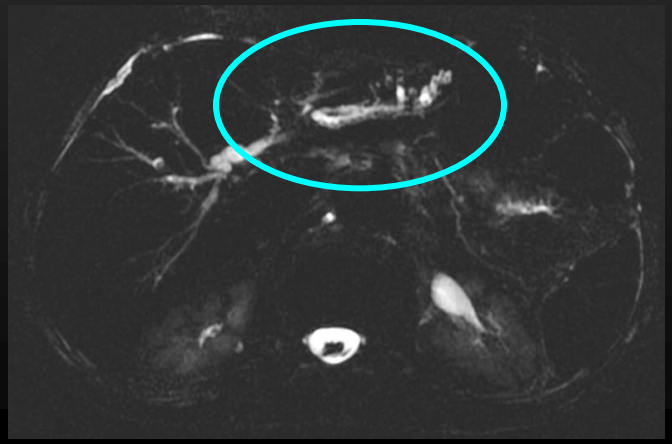








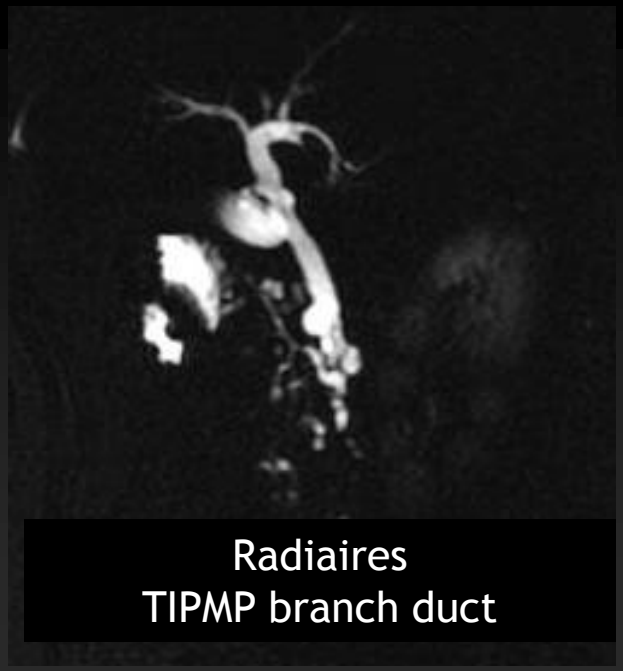




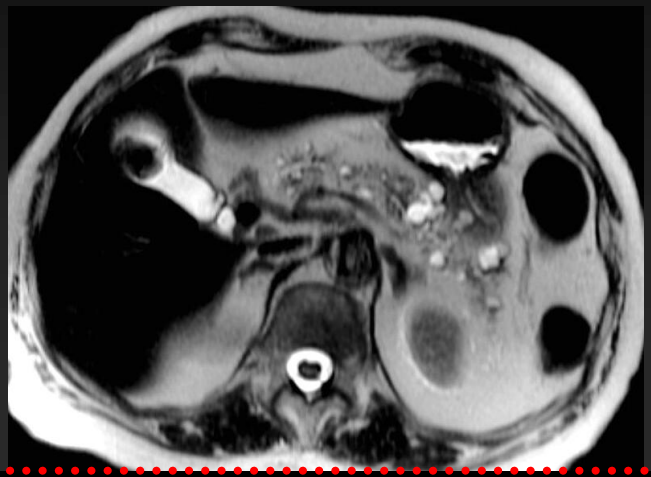
Lithiase des canaux biliaires intra-hépatiques G

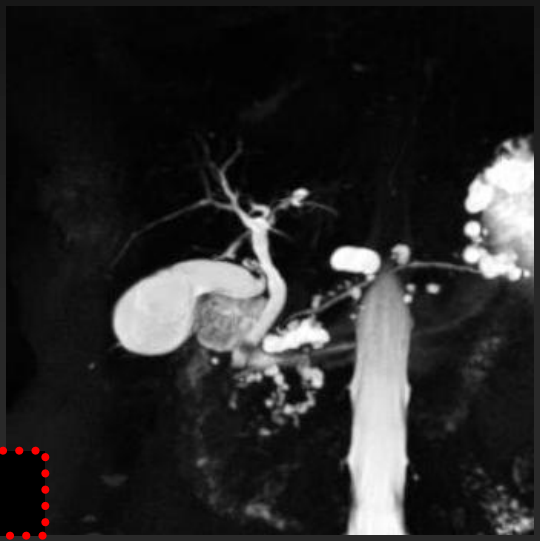
CAS 7

Femme de 85 ans, bilan morphologique à 1 mois d'une cholécystite aiguë.

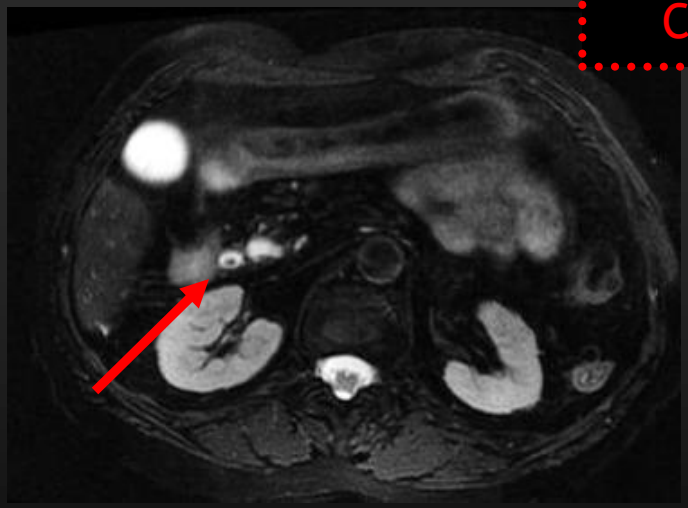


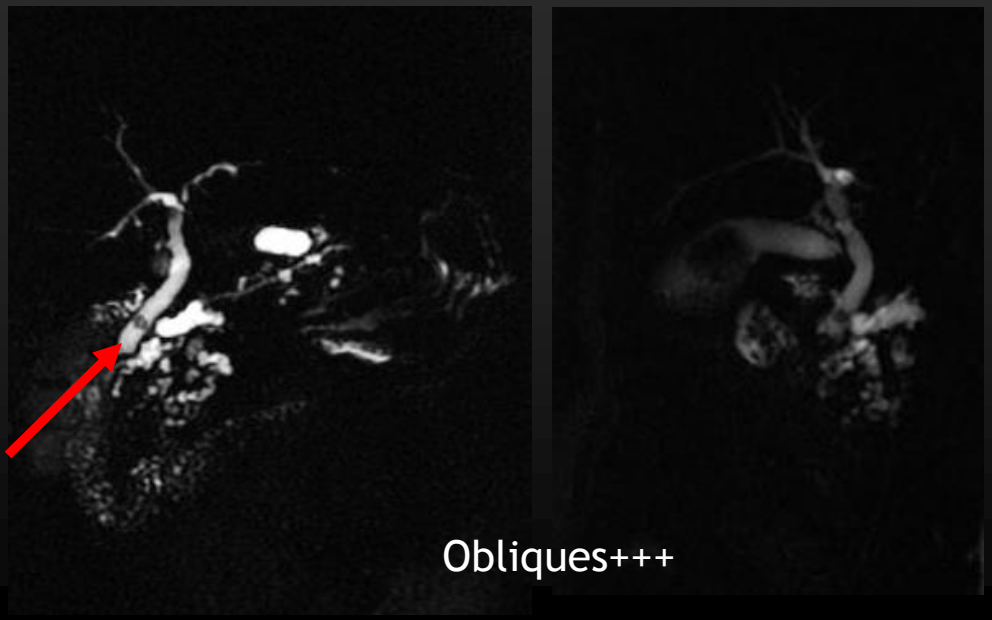
Radiaires
TIPMP branch duct





Calcul enclavé du cholédoque



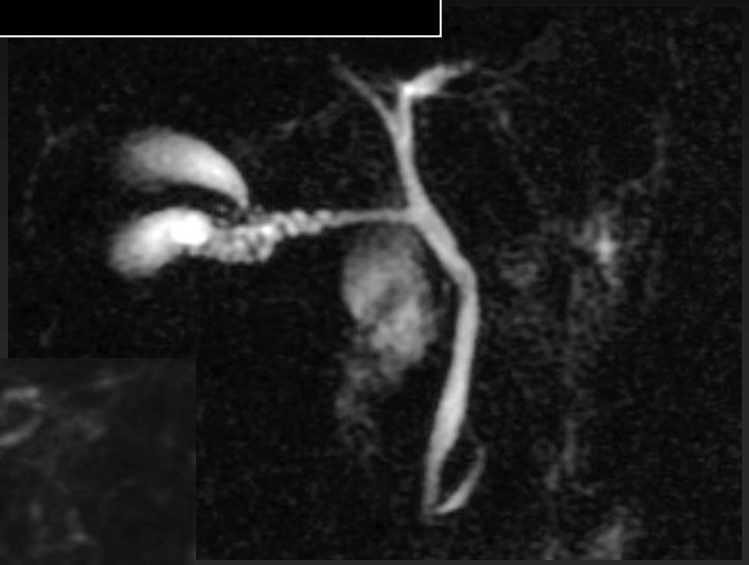


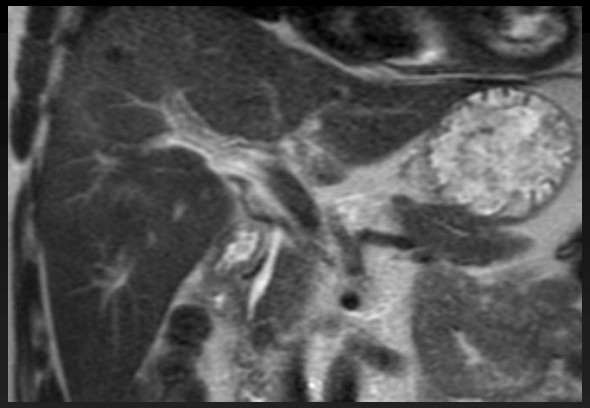
Obliques+++

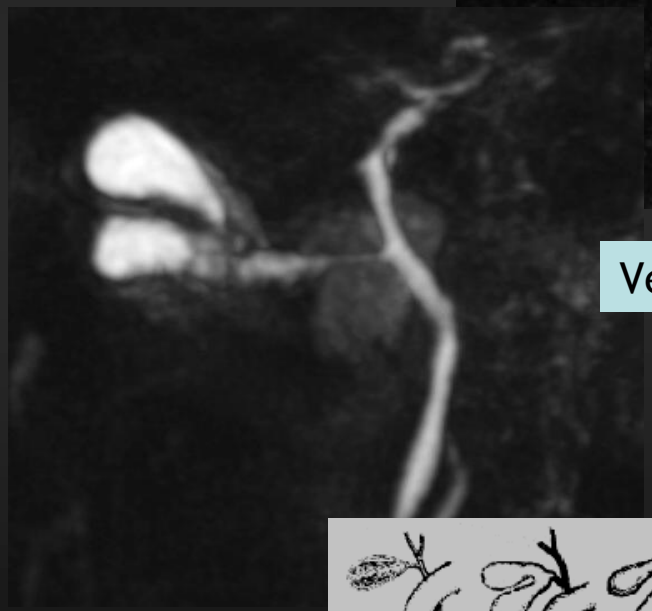
CAS 8

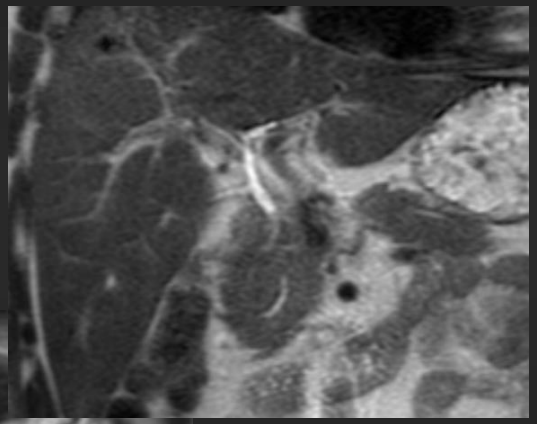
Homme 49 ans

Coliques hépatiques récidivantes

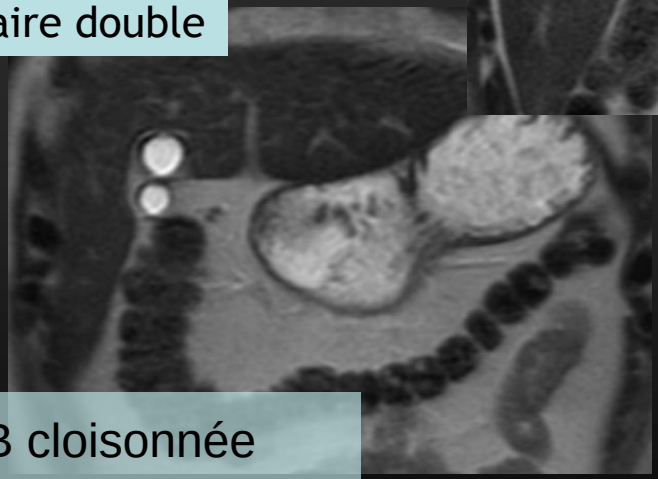


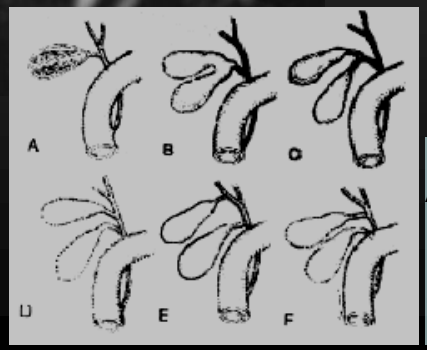






Vésicule biliaire double

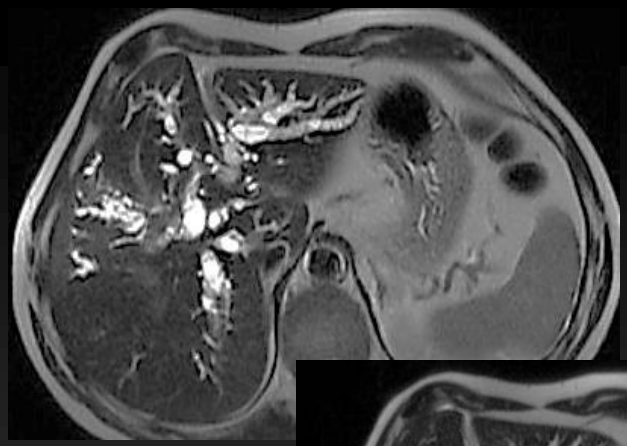


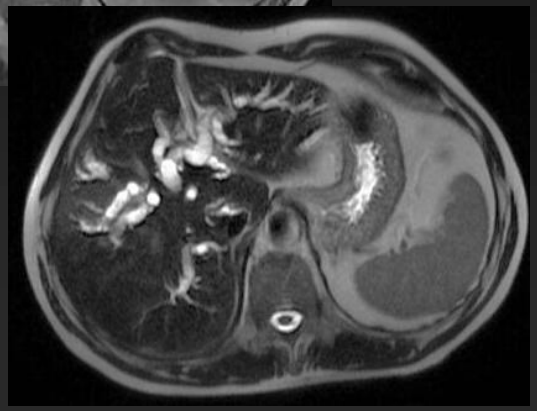


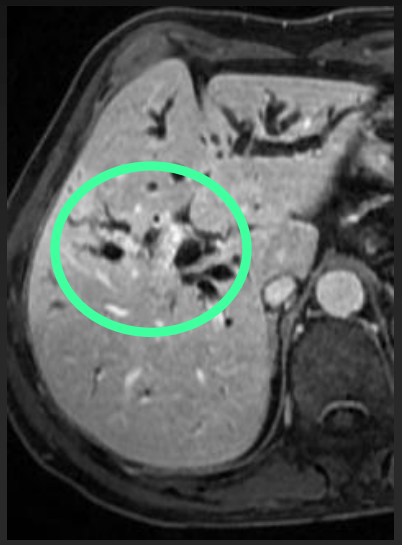
A : VB cloisonnée
B : VB bilobée
C-F : VB double

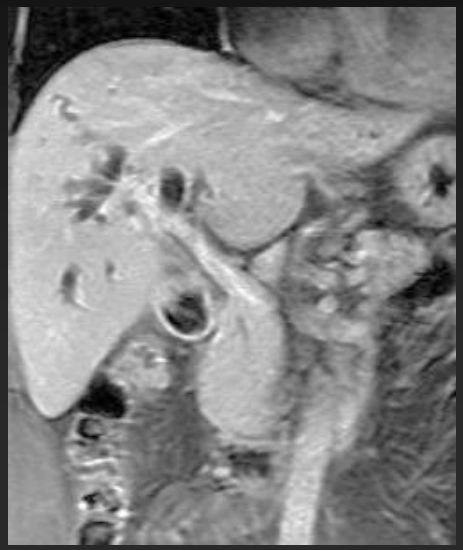
CAS 9

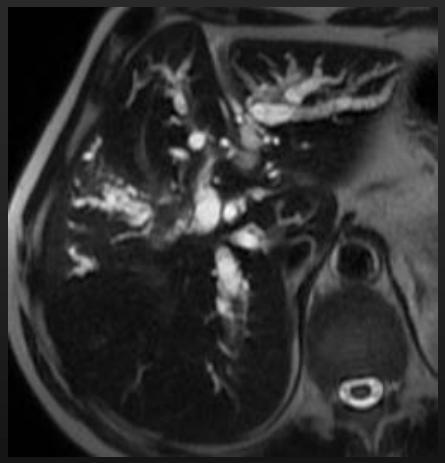
Bilan d'ictère rétentionnel chez un patient éthylo tabagique de 56 ans

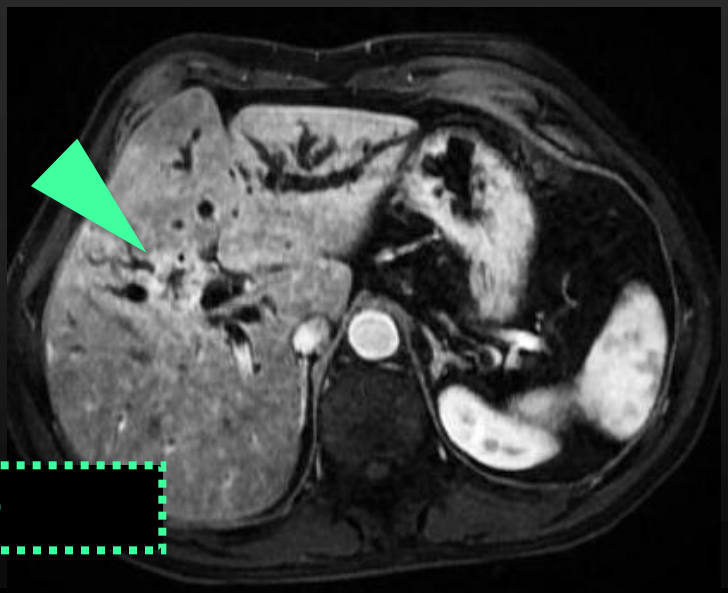


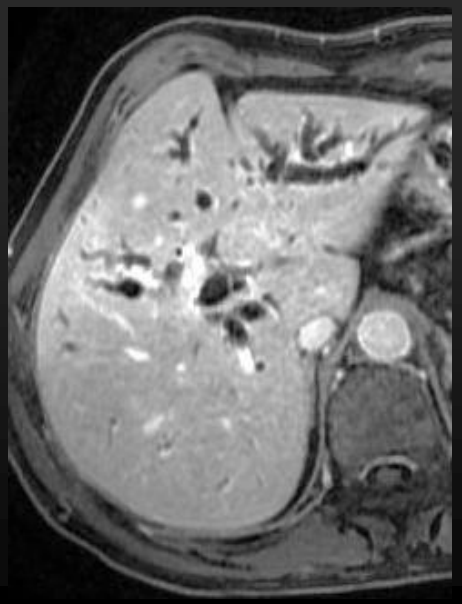






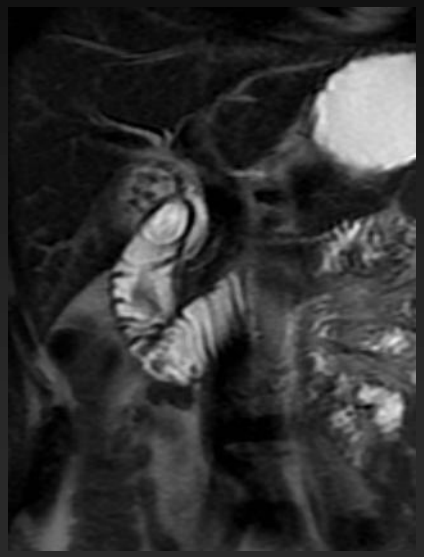


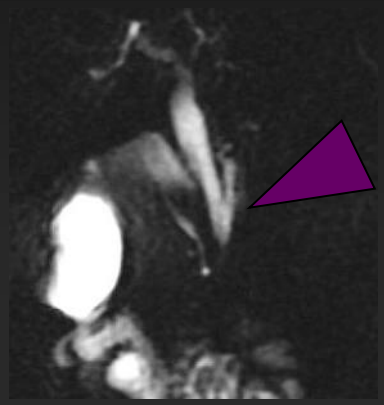




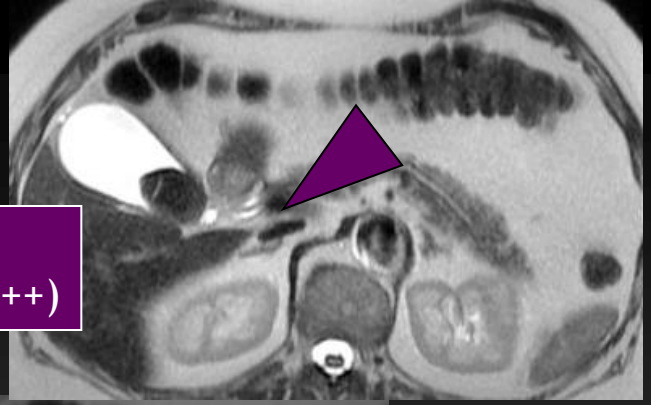
Cholangiocarcinome

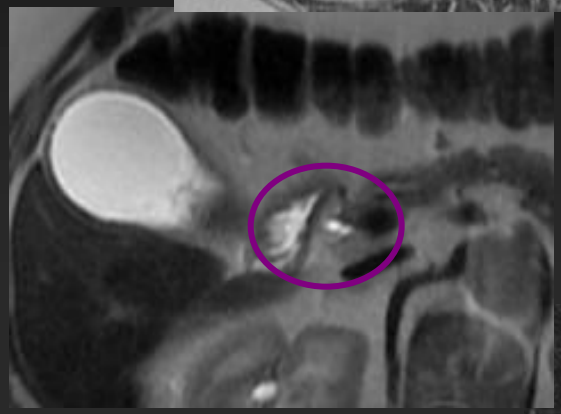
CAS 10
Variantes de la normale…

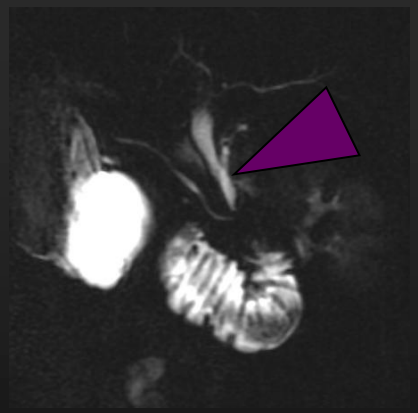


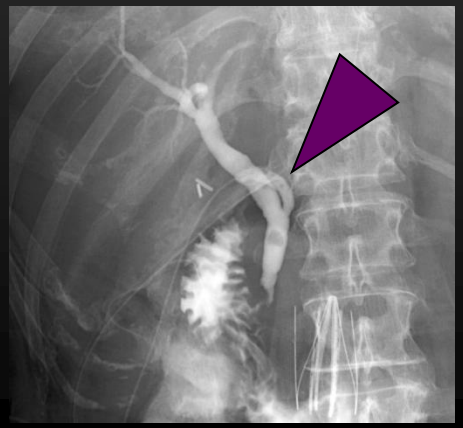


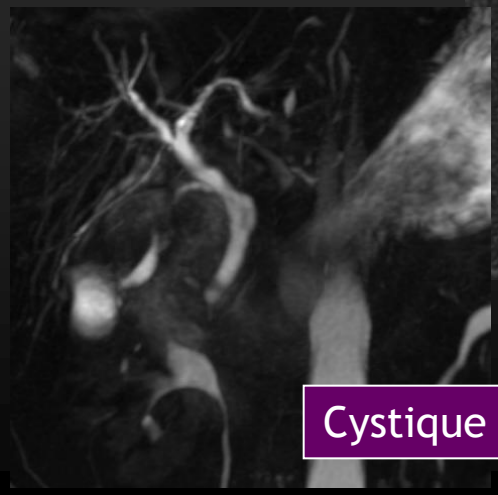
Cystique bas inséré
(avt cholecystectomie++)

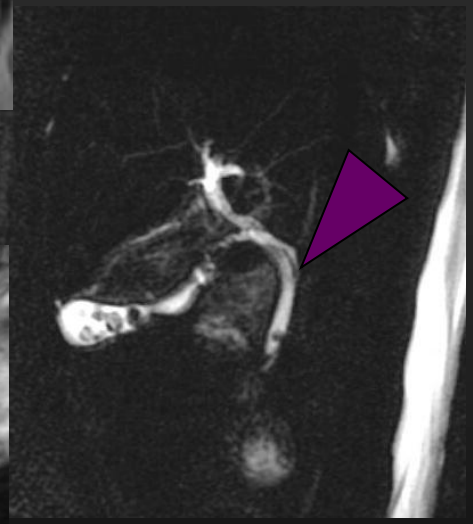






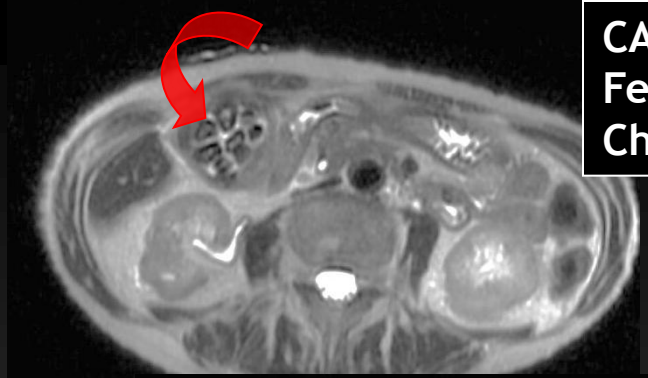


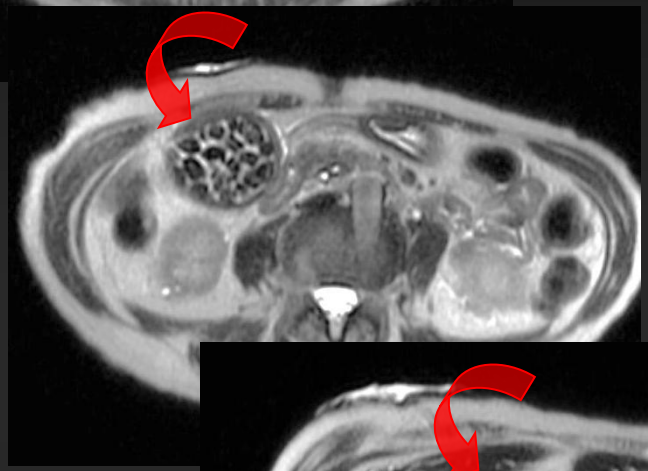


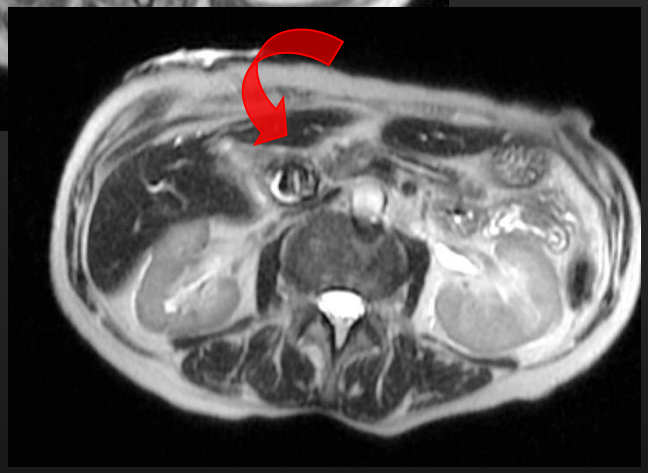


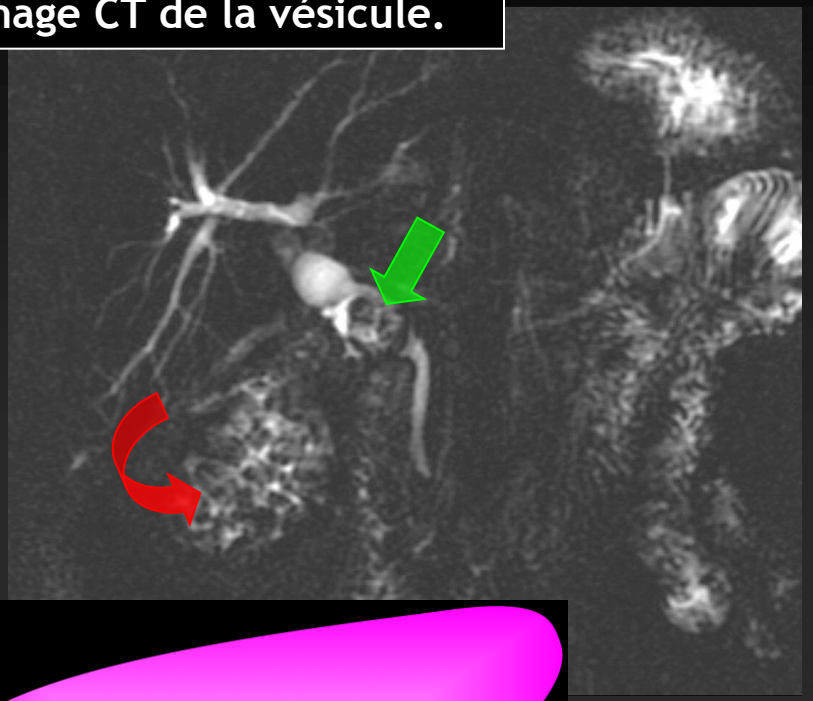
Cystique médialement inséré

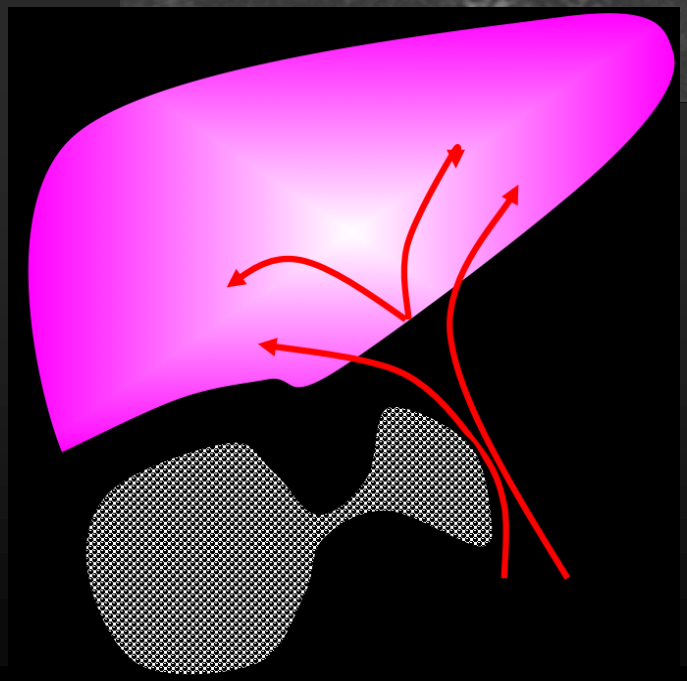
CAS 11
Femme de 69 ans.
Cholécystite aiguë, drainage CT de la vésicule.





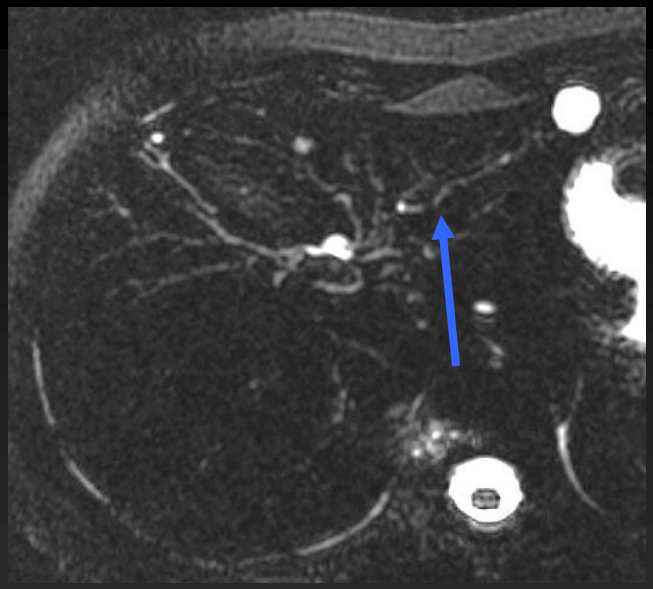


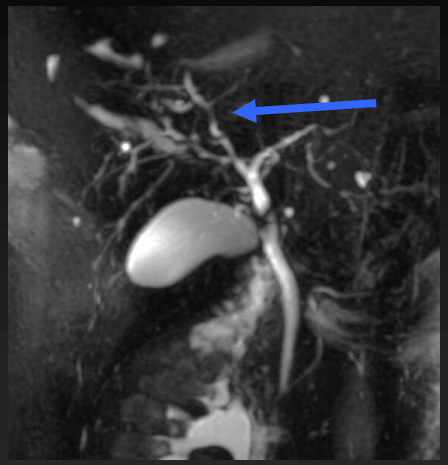


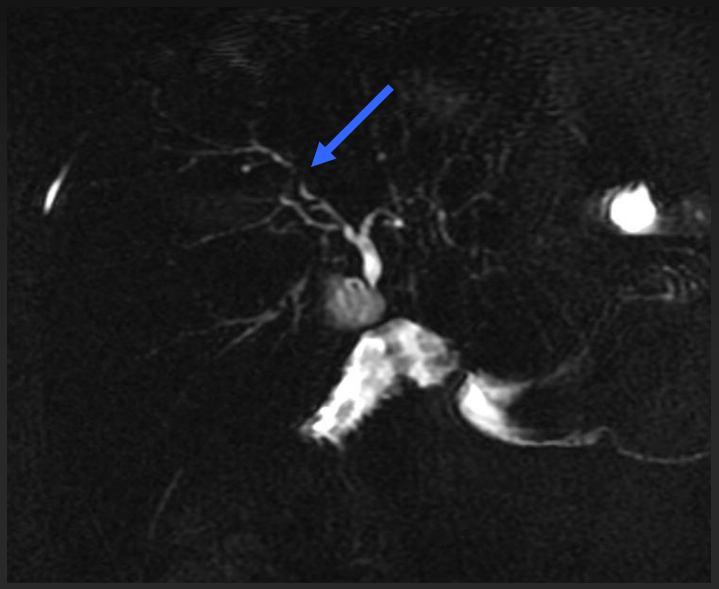


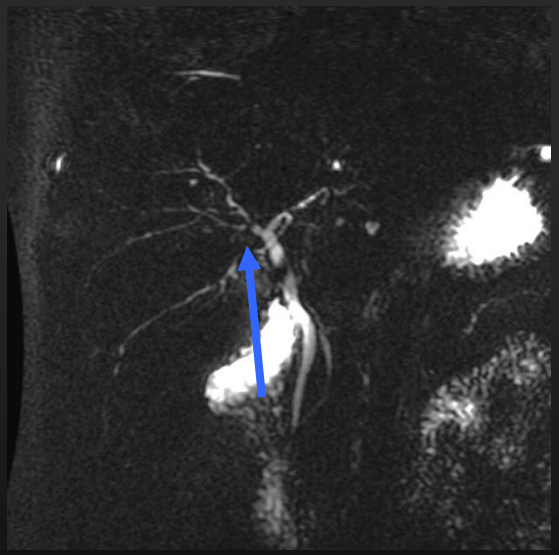
Syndrome de Mirizzi sur empierrement du cystique

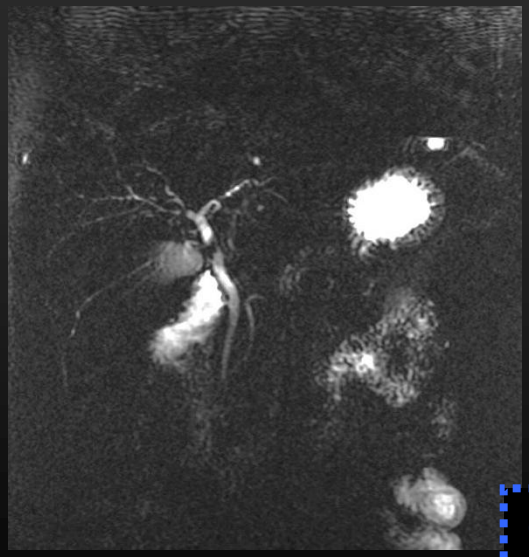
CAS 12
Femme 42 ans, suivie pour maladie de Crohn

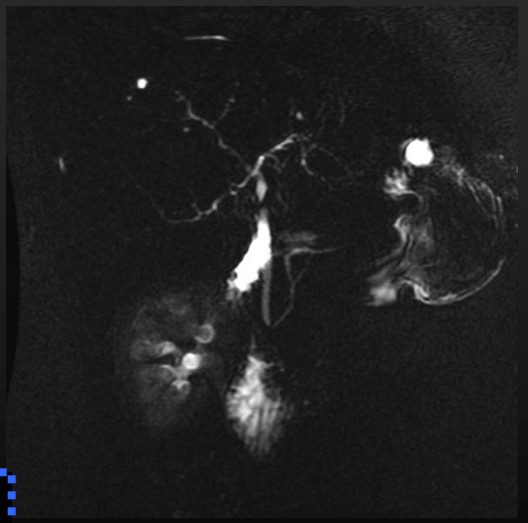




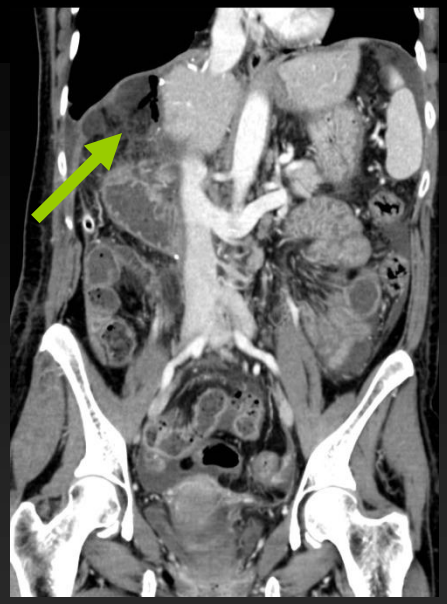




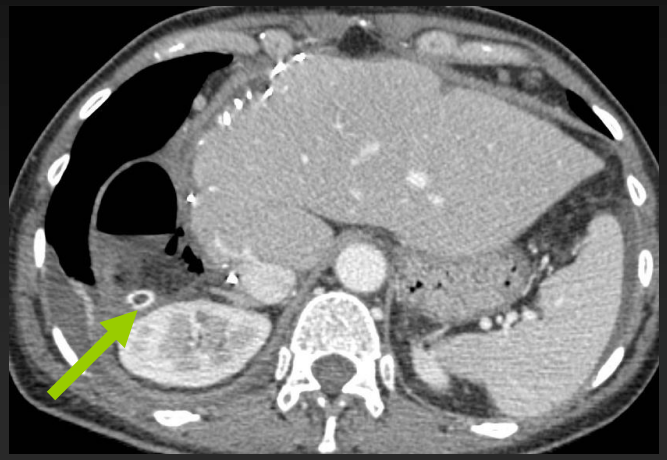


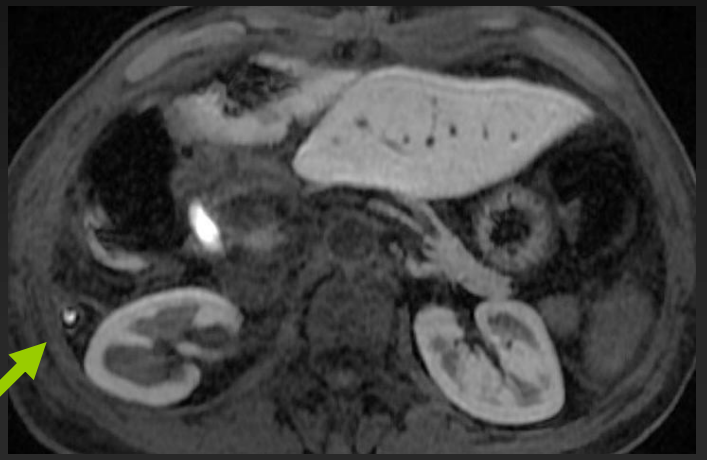


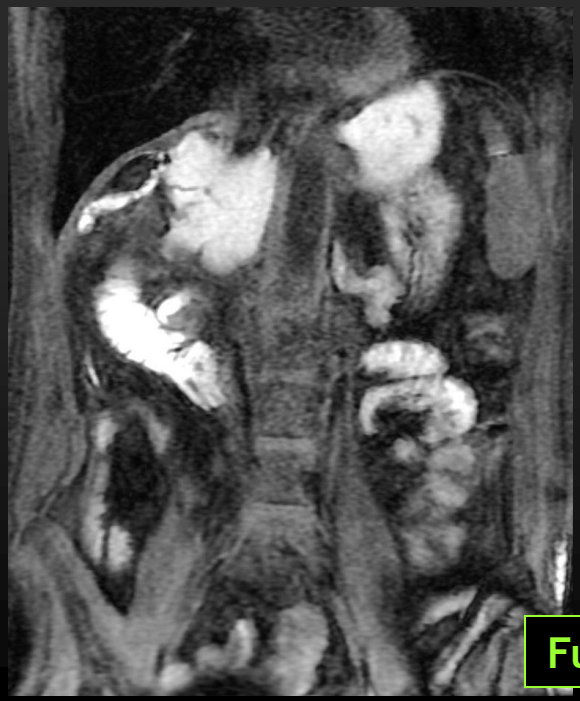
Cholangite sclérosante primitive

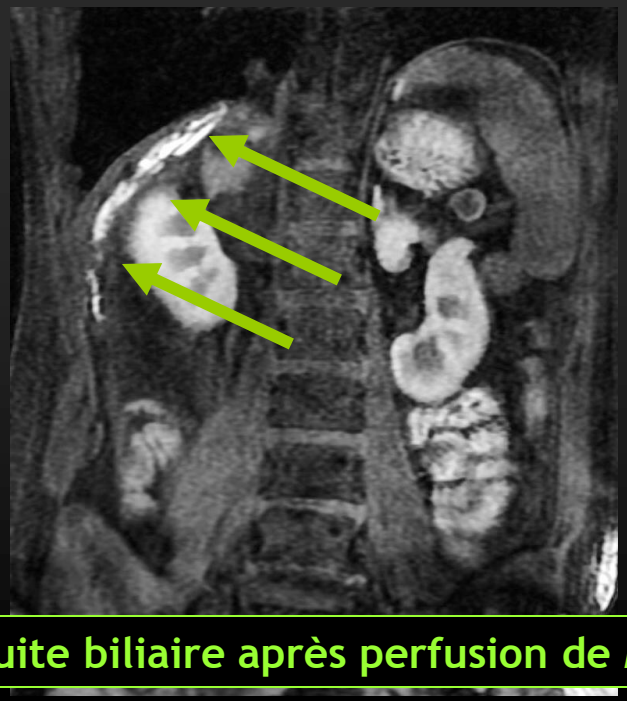


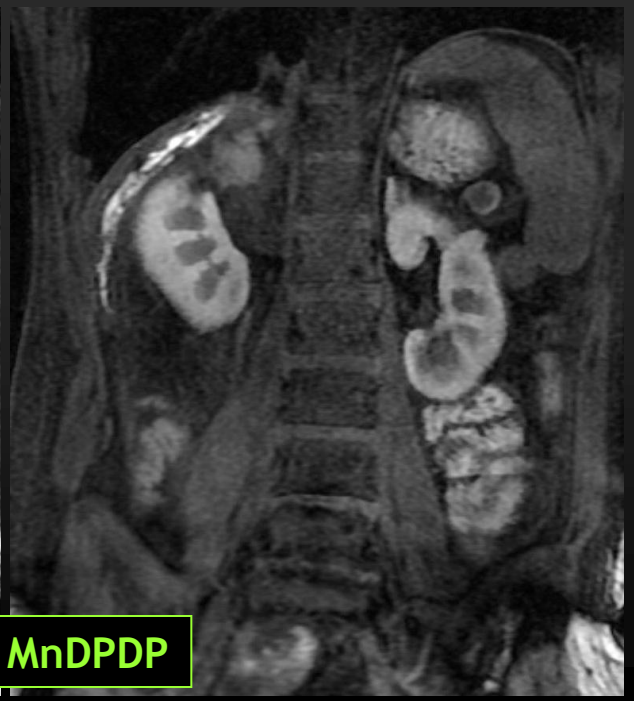
CAS 13
Patiente fébrile J7 post métastasectomie hépatique





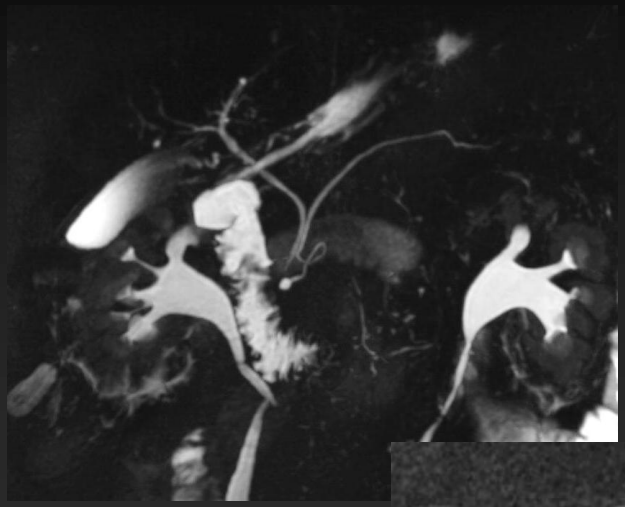


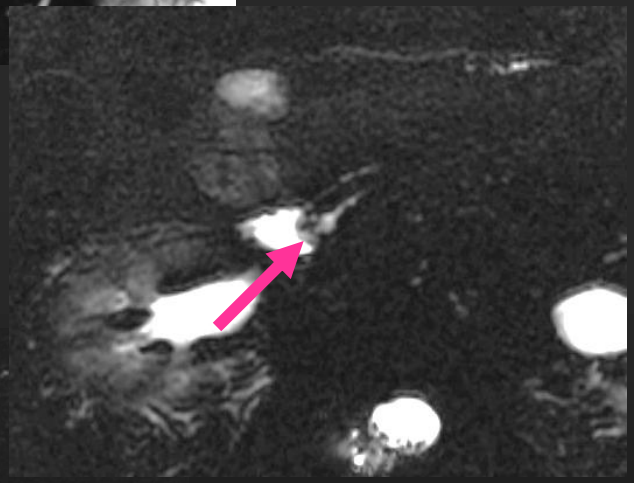


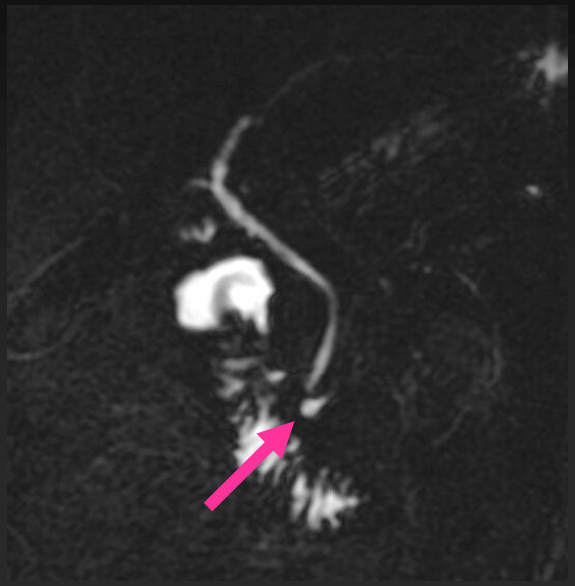


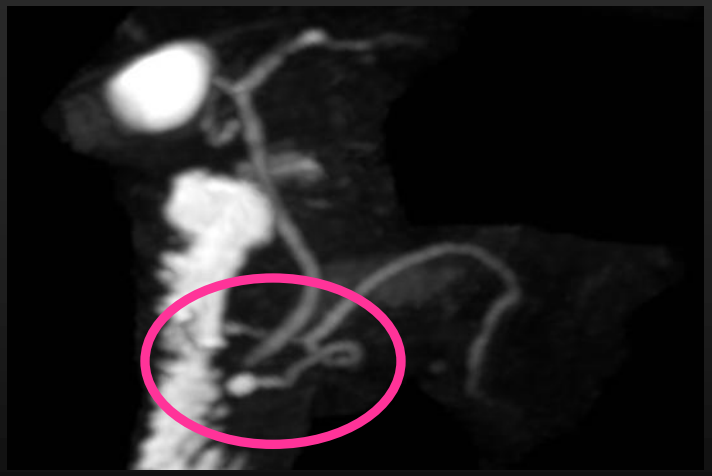
Fuite biliaire après perfusion de MnDPDP

CAS 14
Douleurs du flanc droit chez un homme de 62 ans



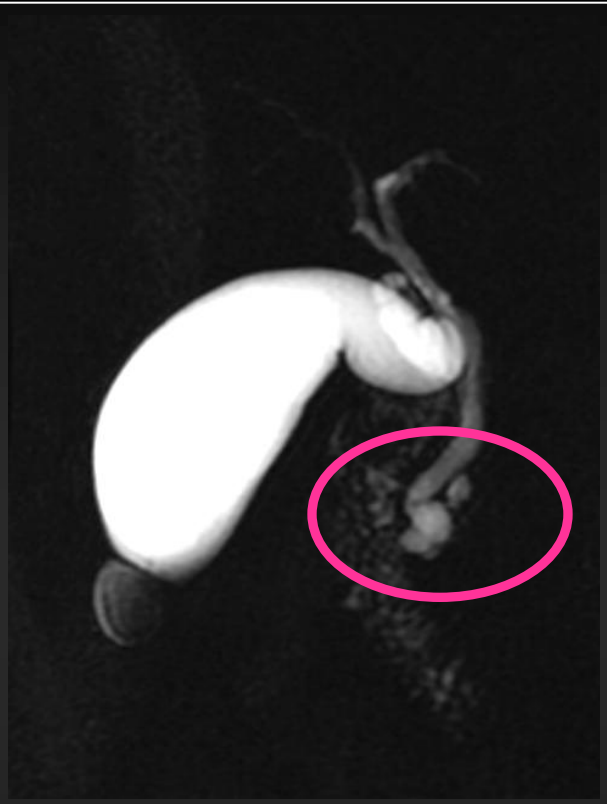


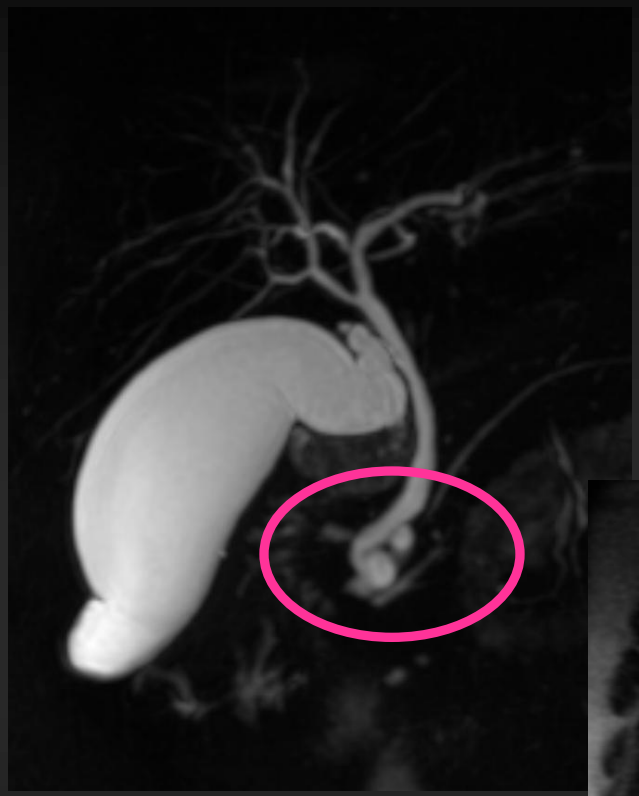


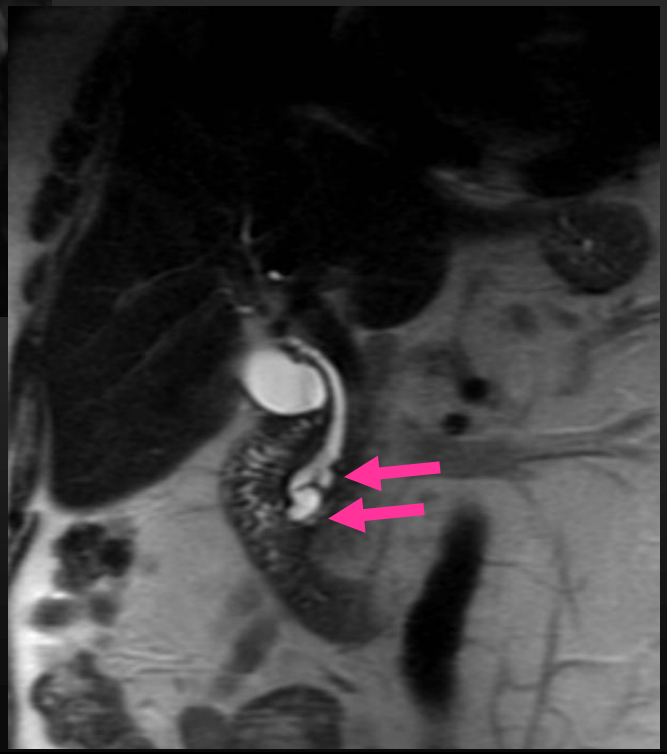


Cholédococèle et aspect tortueux du Wirsung

Exemple 2
Bilan à la recherche de calcul de la VBP

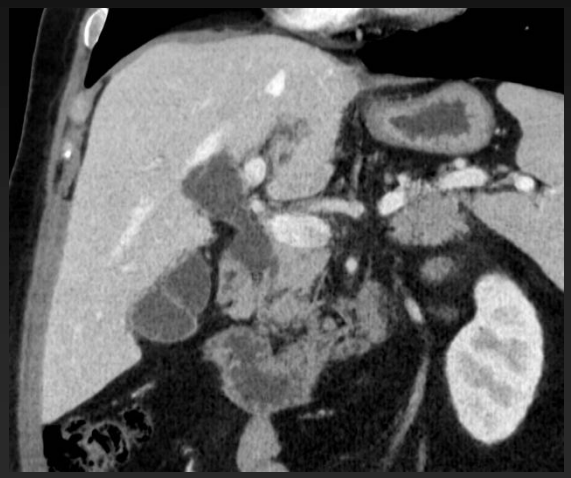


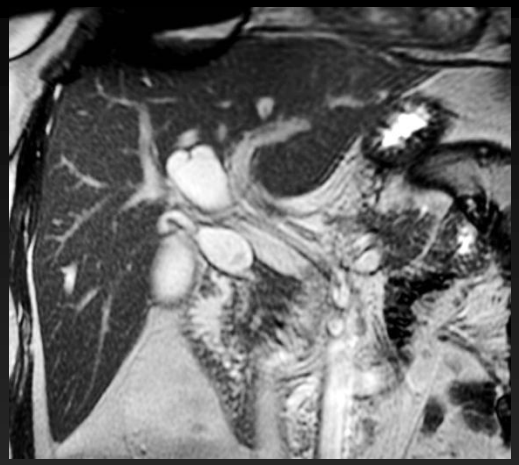


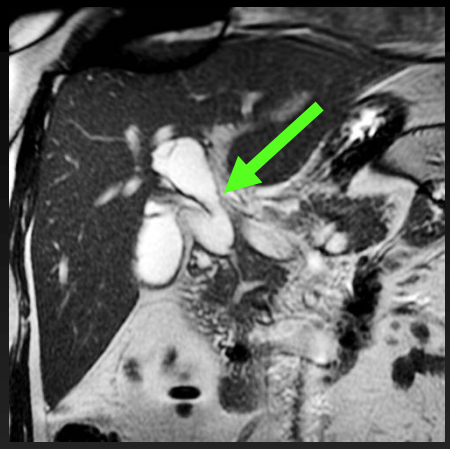


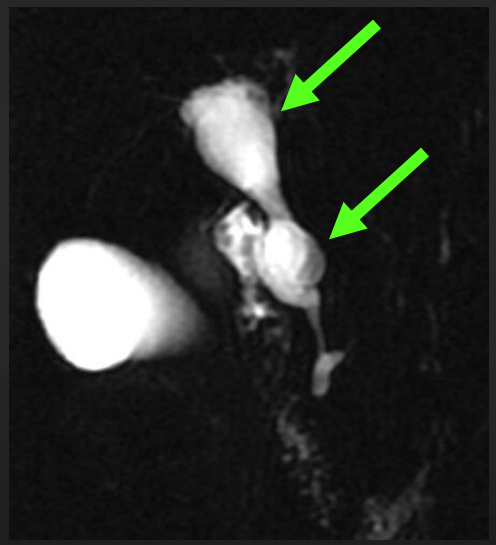
2 Cholédococèles

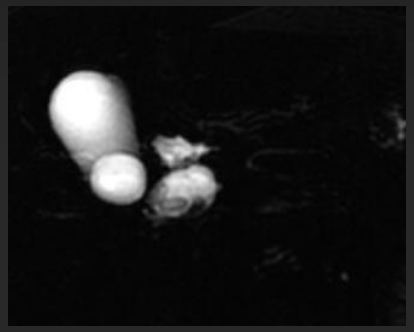
CAS 15
Patiente de 31 ans
Dilatation kystique de la VBP

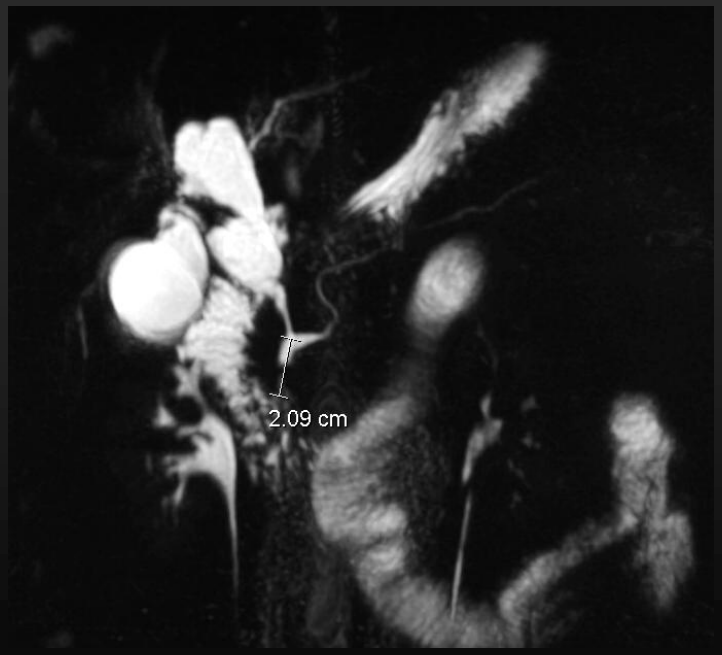


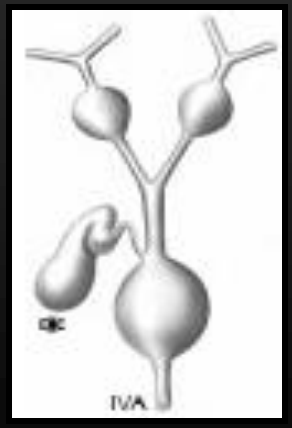






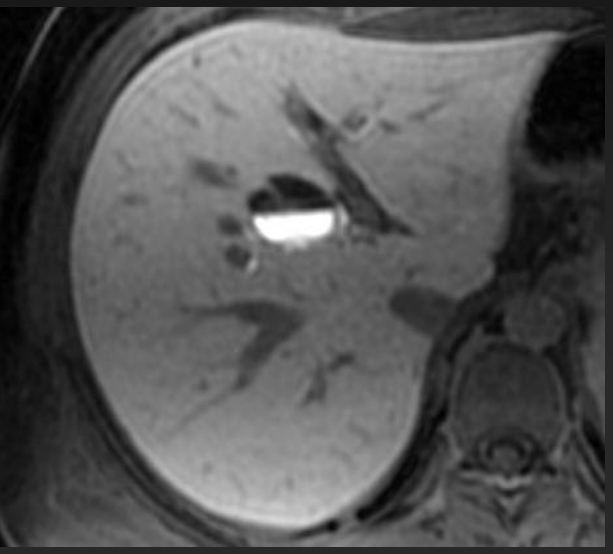


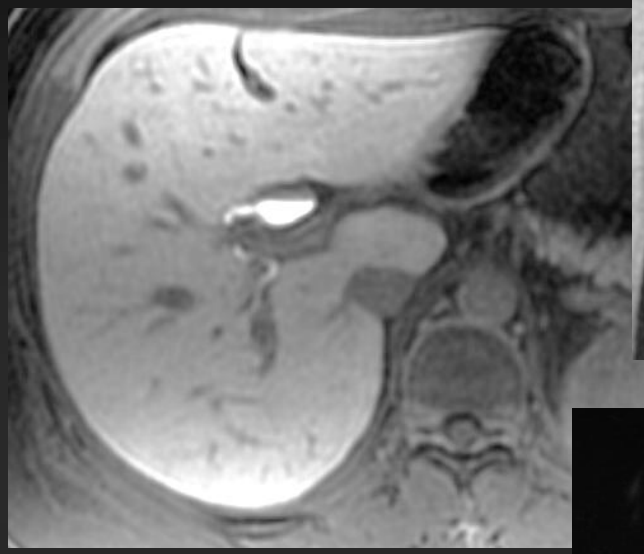


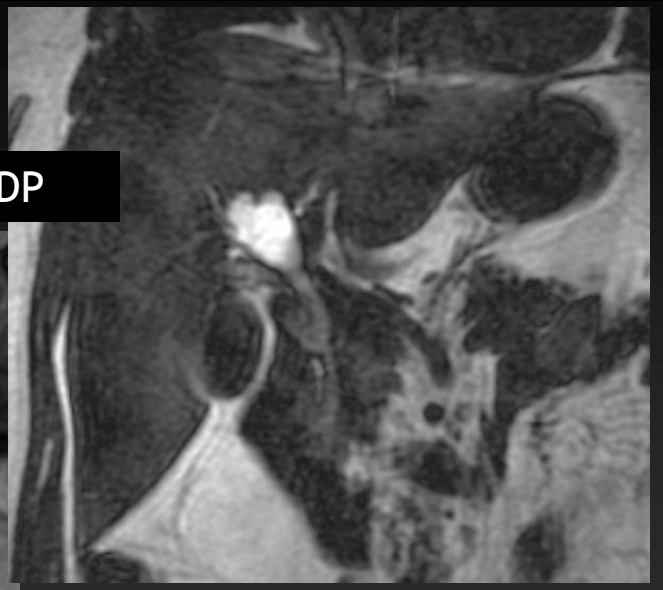


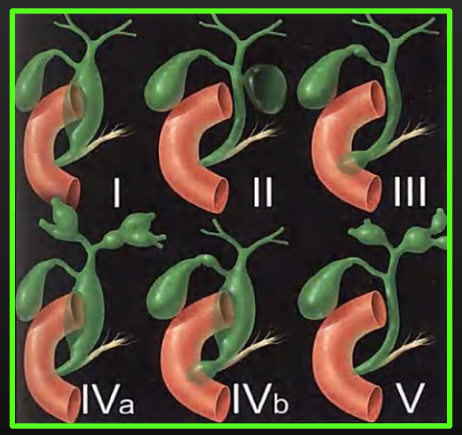
CAS 15
Patiente de 31 ans
Dilatation kystique de la VBP

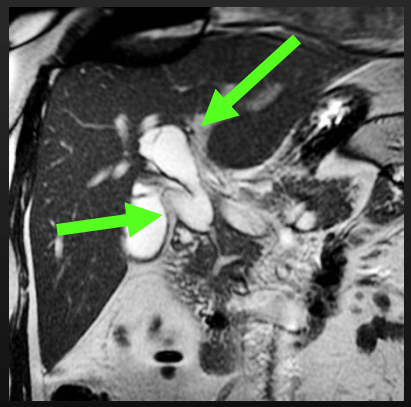
Après perfusion de Mn DPDP

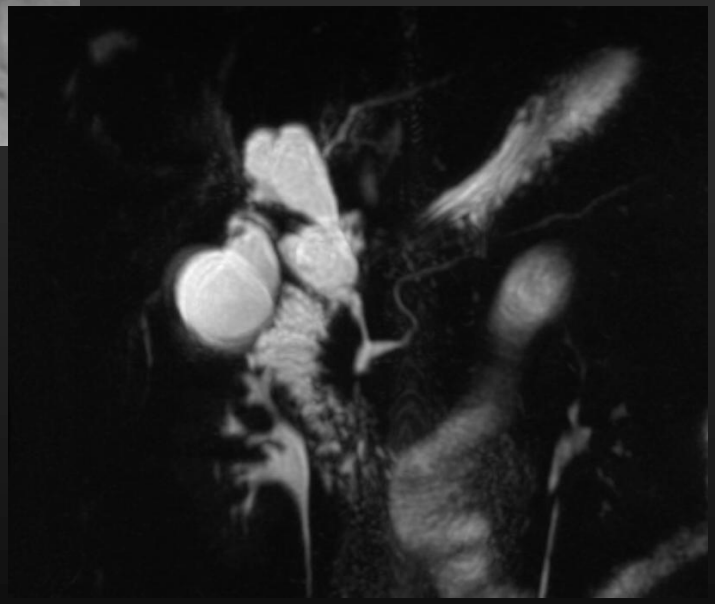






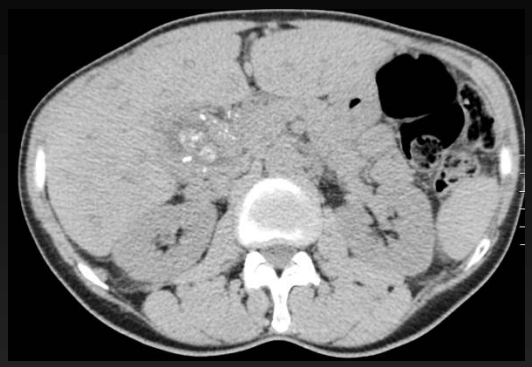


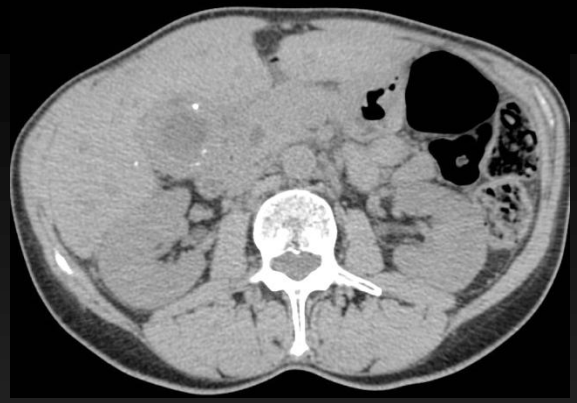


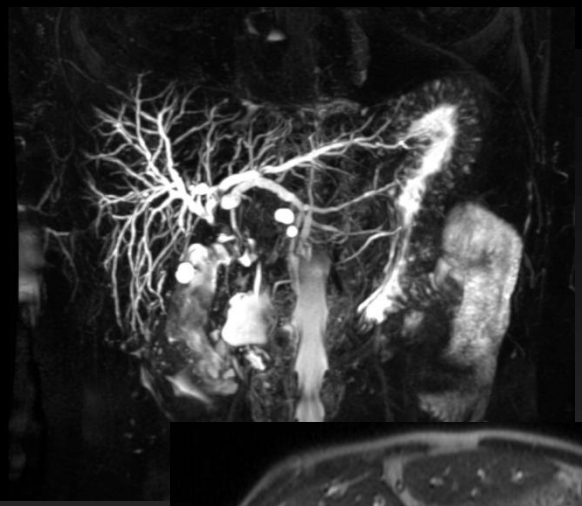


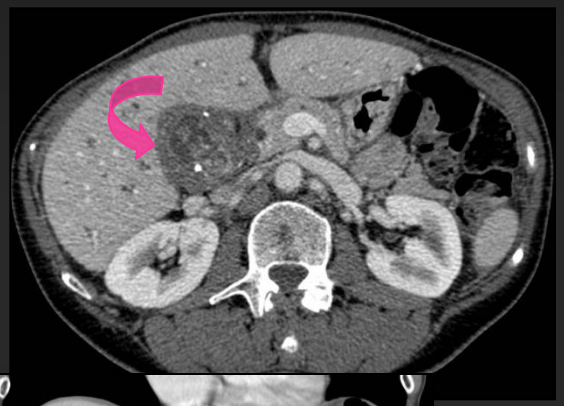
Kyste du cholédoque IVa selon la classification de Todani

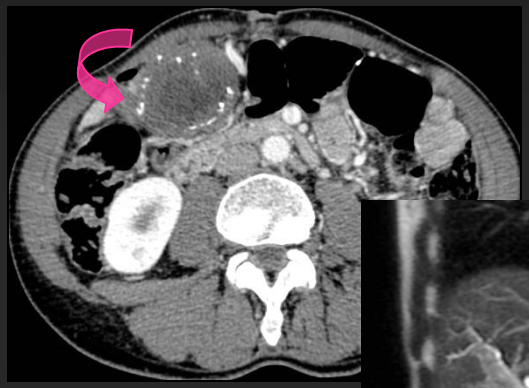
CAS 16

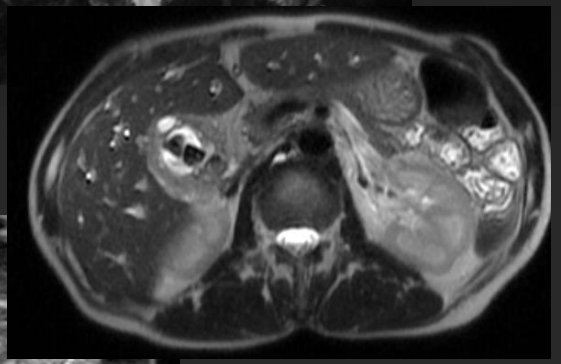


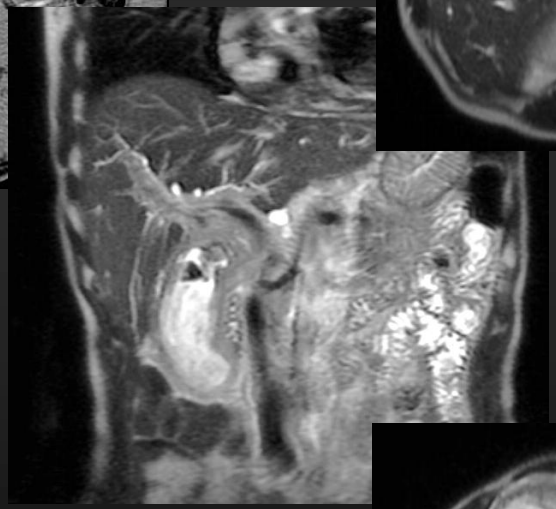


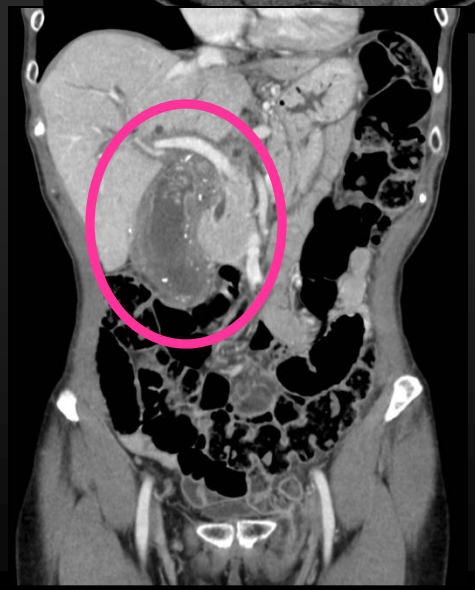


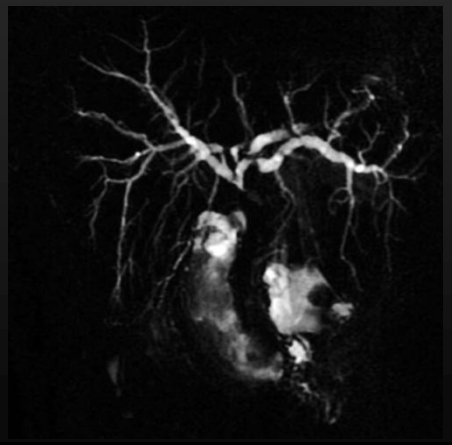


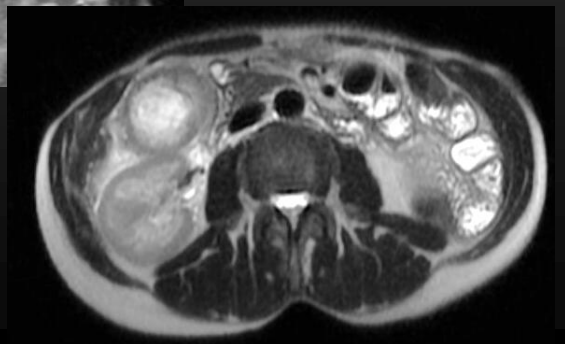




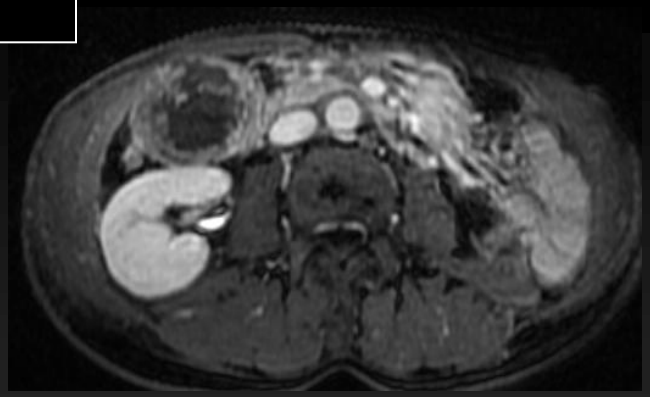


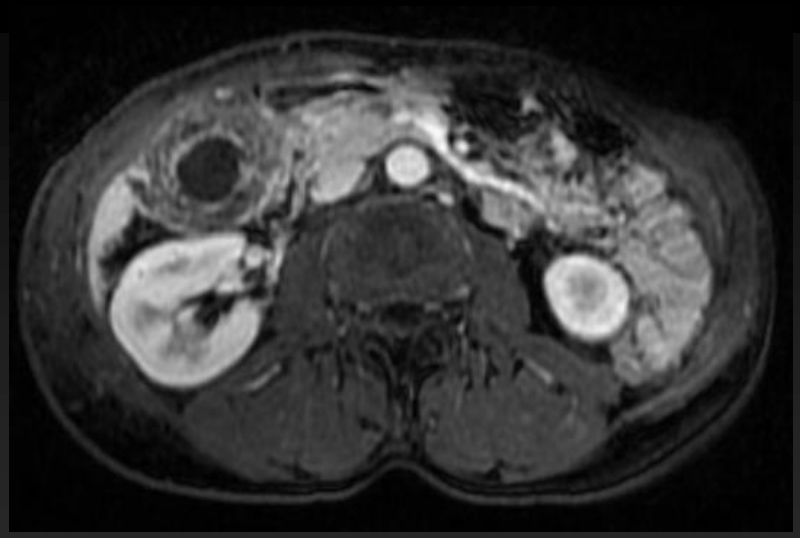


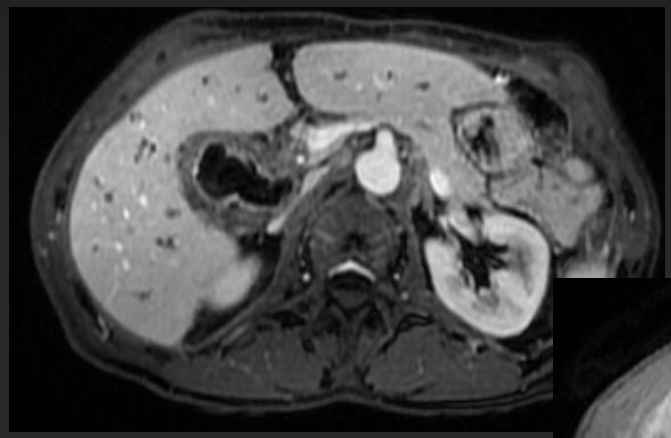




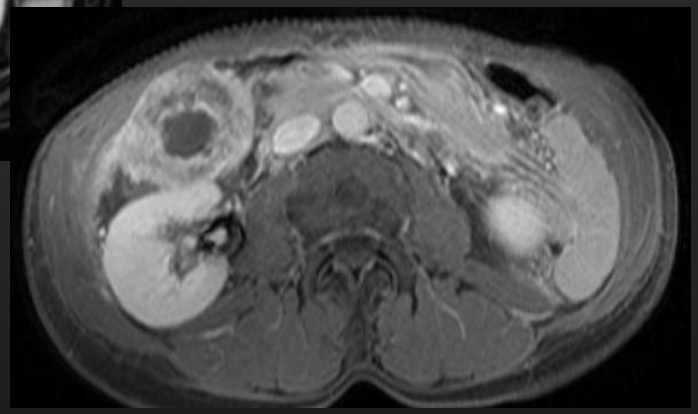
CAS 16

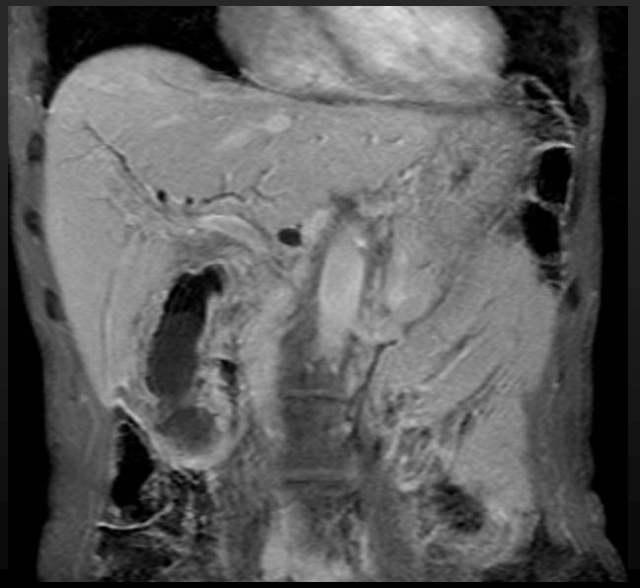






Lava portal + tardif

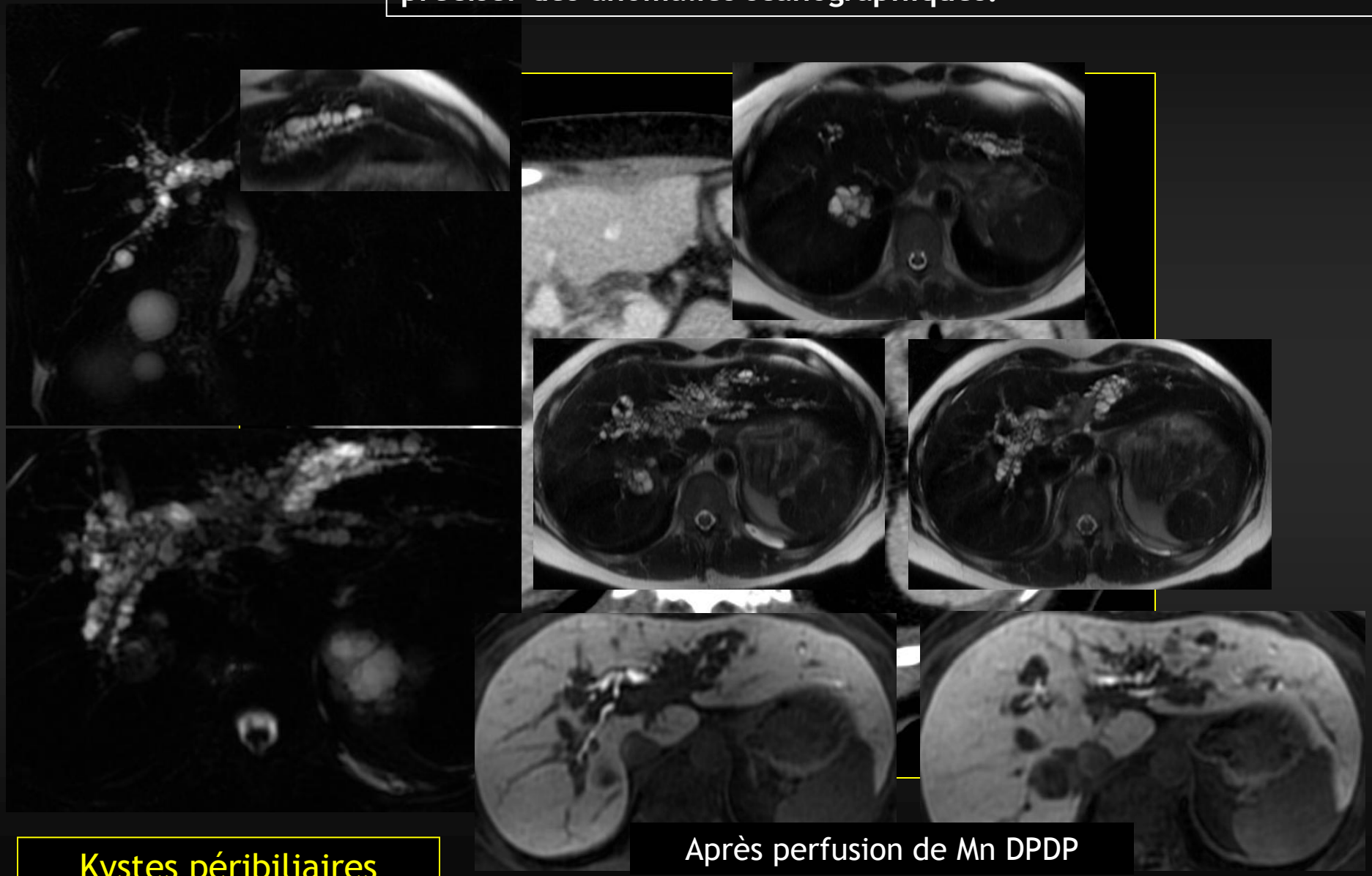




Adénocarcinome mucineux de la vésicule

CAS 18

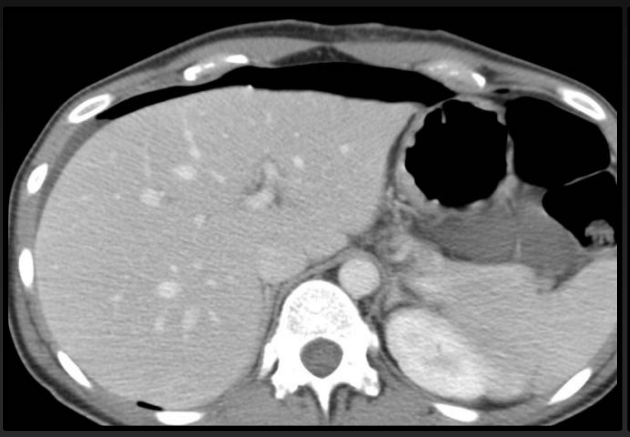
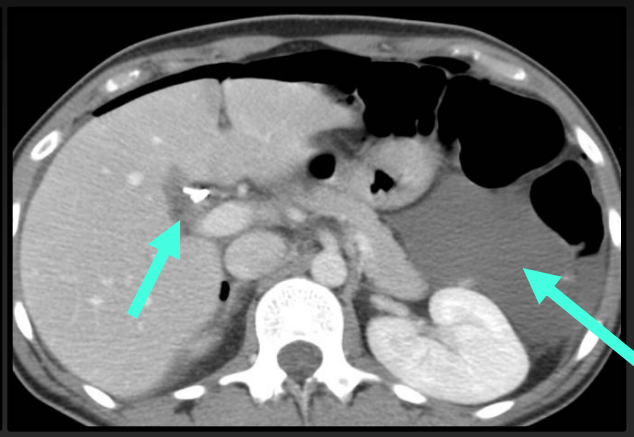
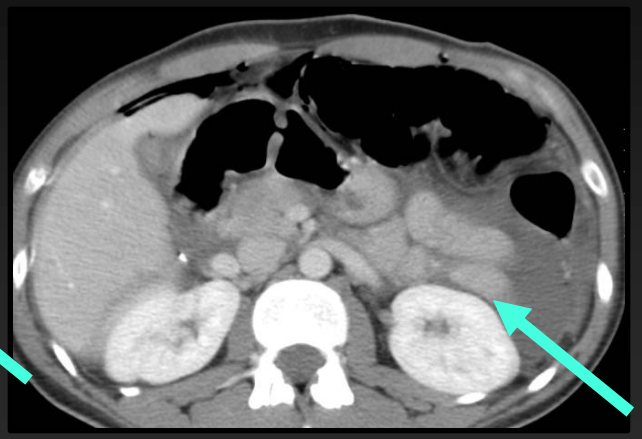
Patiente suivie pour PK rénale. IRM en complément pour préciser des anomalies scanographiques.



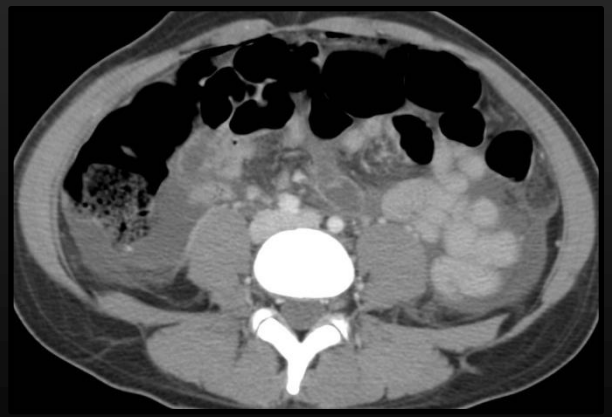
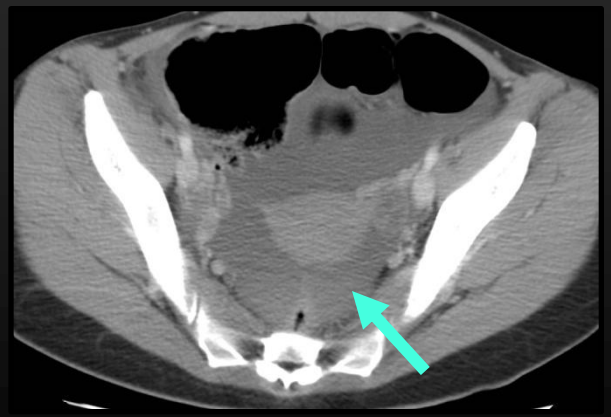
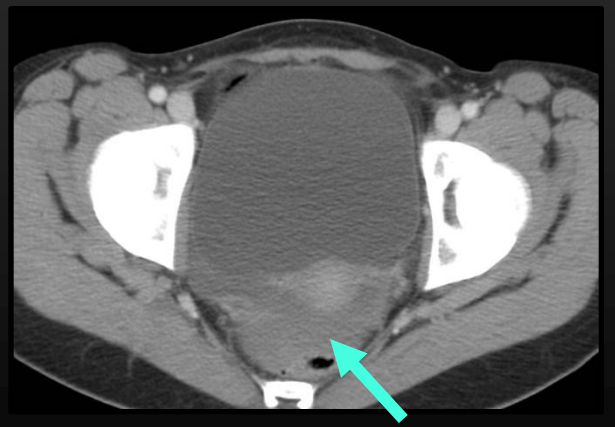
Kystes péribiliaires

Après perfusion de Mn DPDP

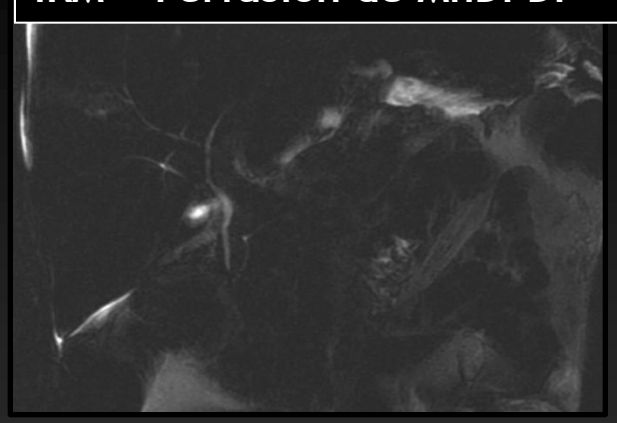
CAS 19
Femme 32 ans, DA post cholécystectomie J2

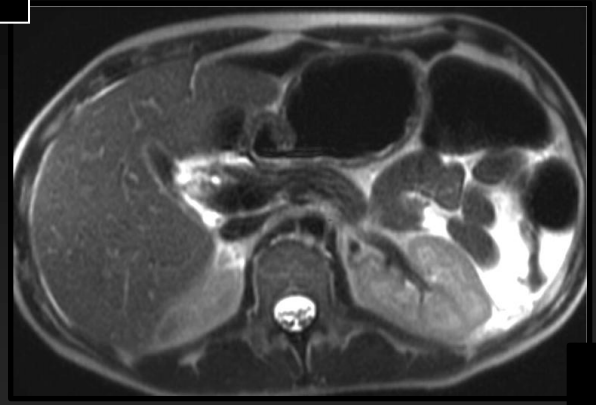




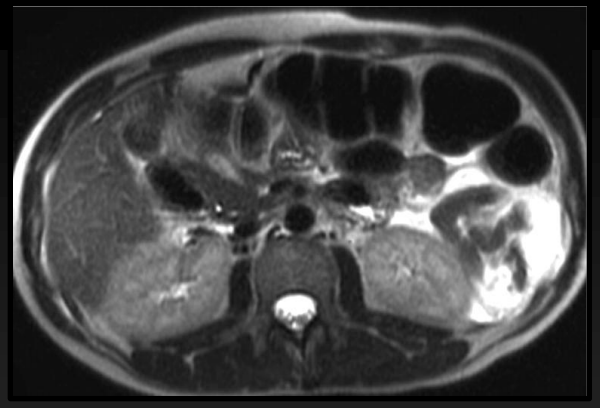
Suspicion de fuite biliaire
Moyen simple de confirmer l'hypothèse ?

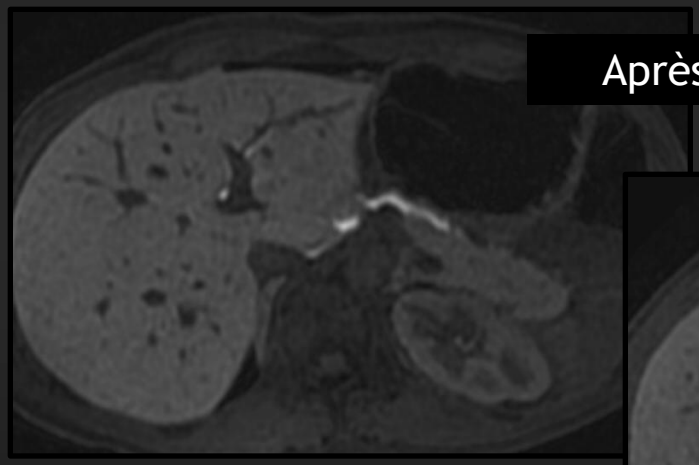
Cas 19
IRM + Perfusion de MnDPDP

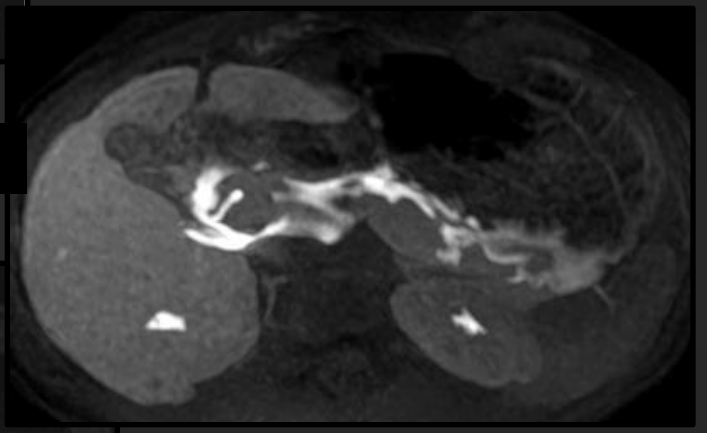


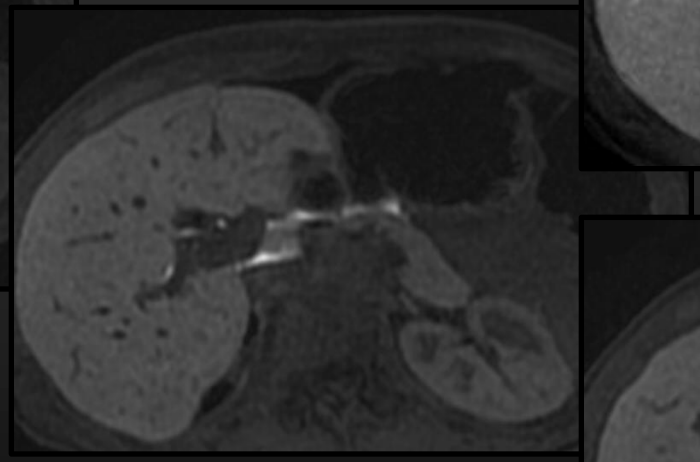


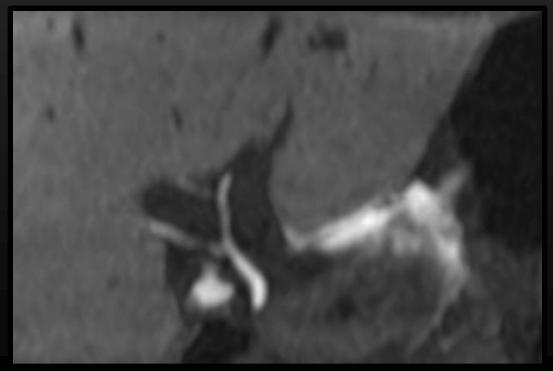


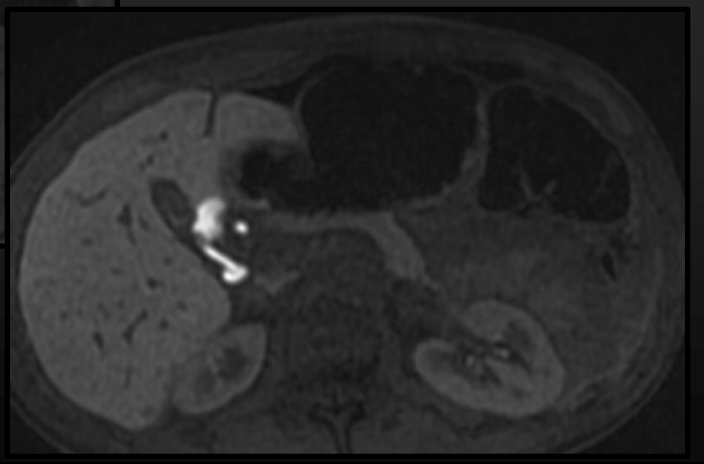
Après perfusion de Mn DPDP







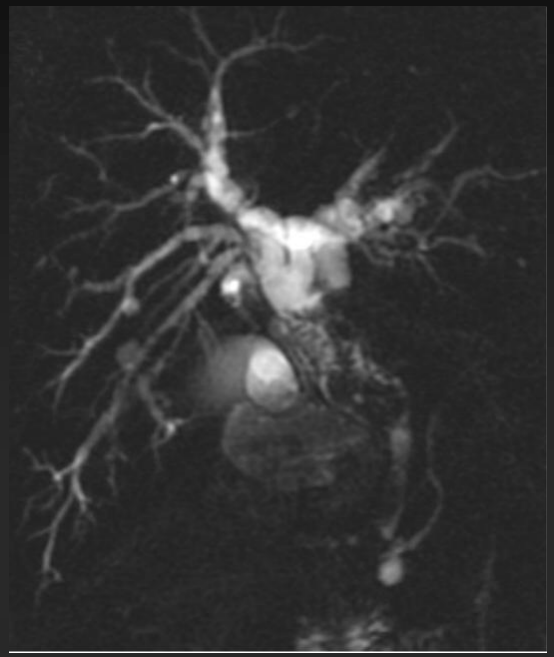


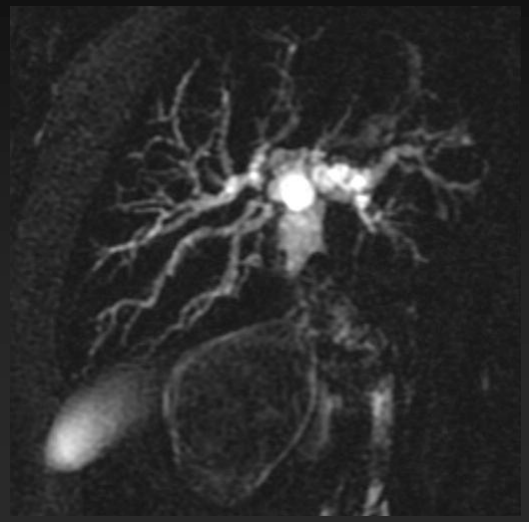


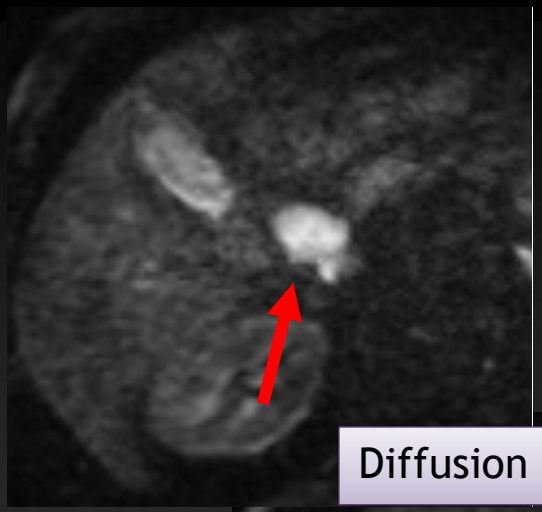
Cholépéritoine

CAS 20

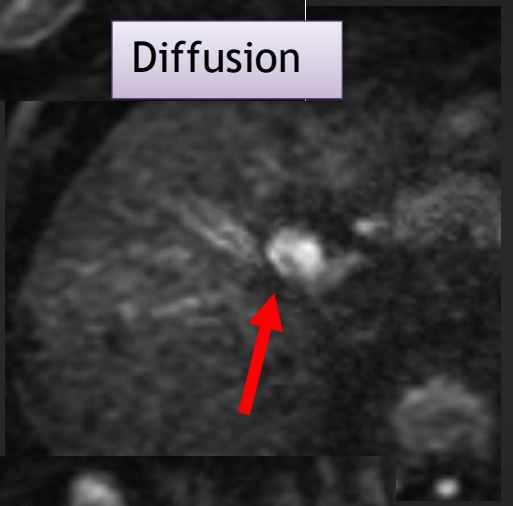
Homme 66 ans, ictère

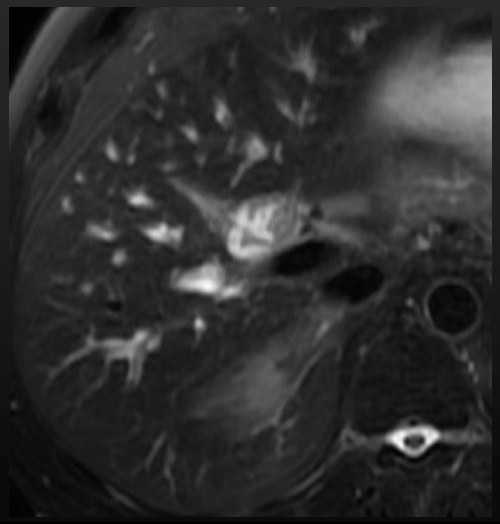


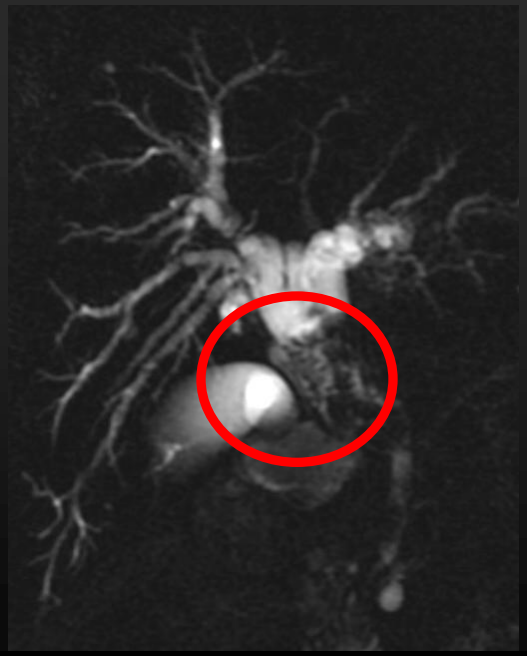


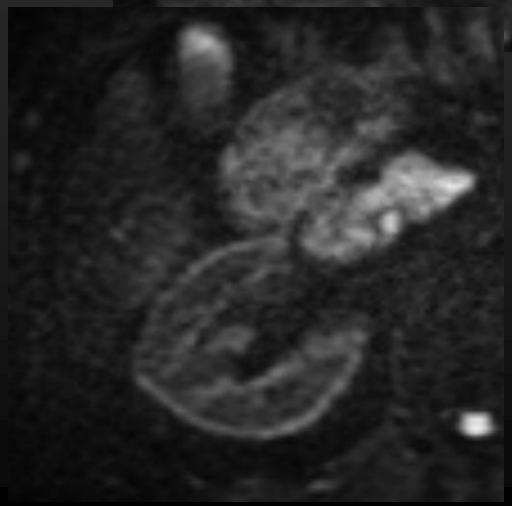


Diffusion



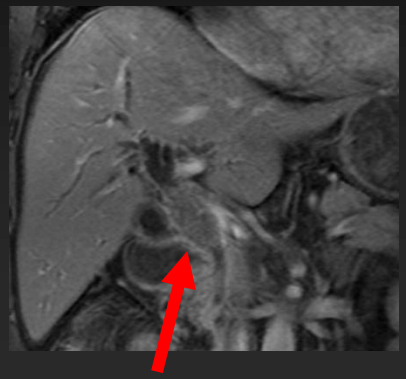


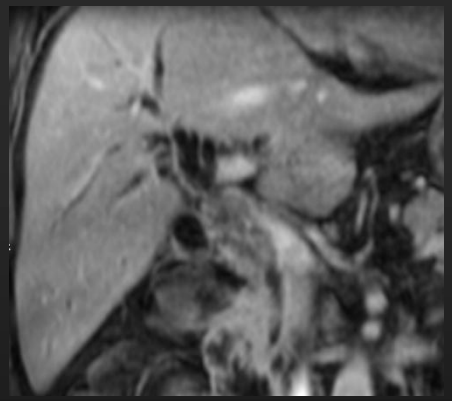


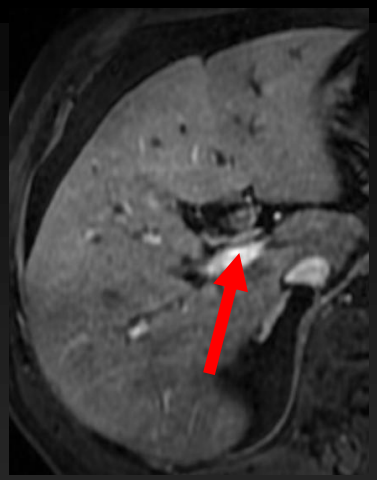


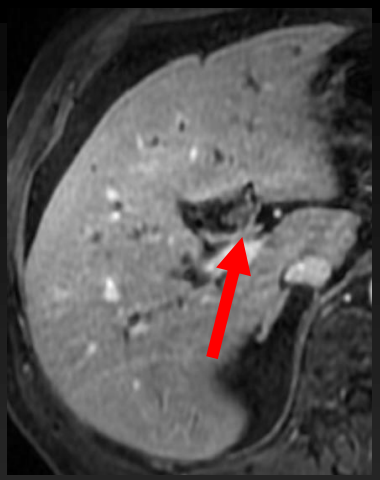
CAS 20

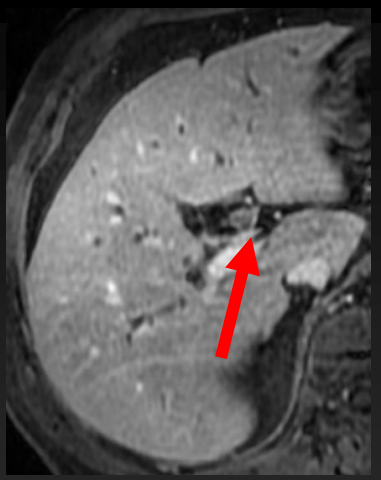
Homme 66 ans, ictère

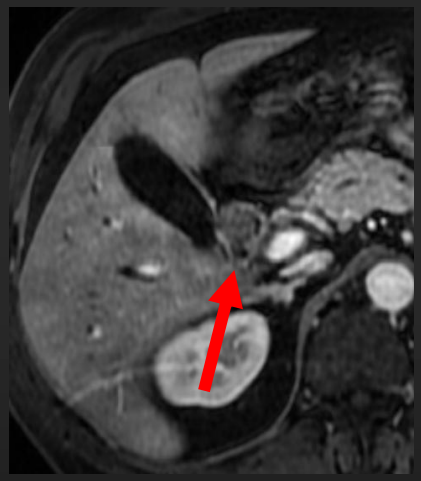


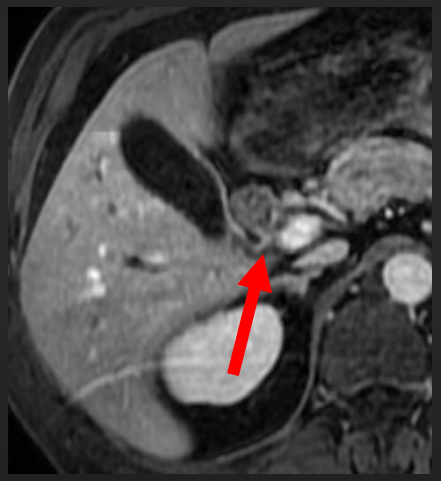


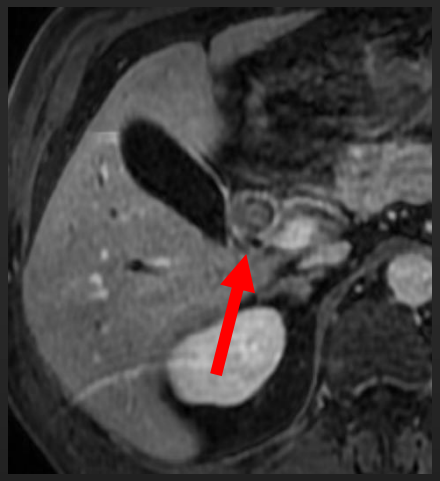


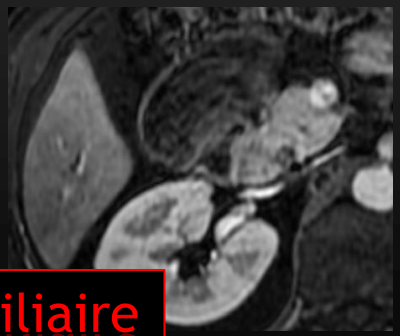


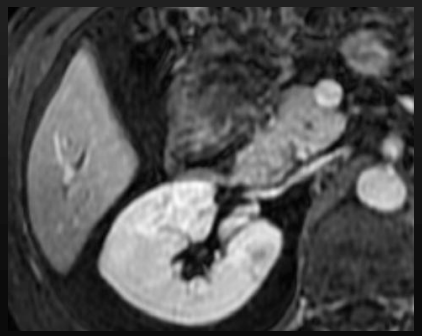


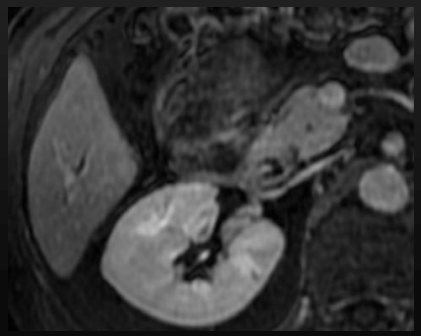




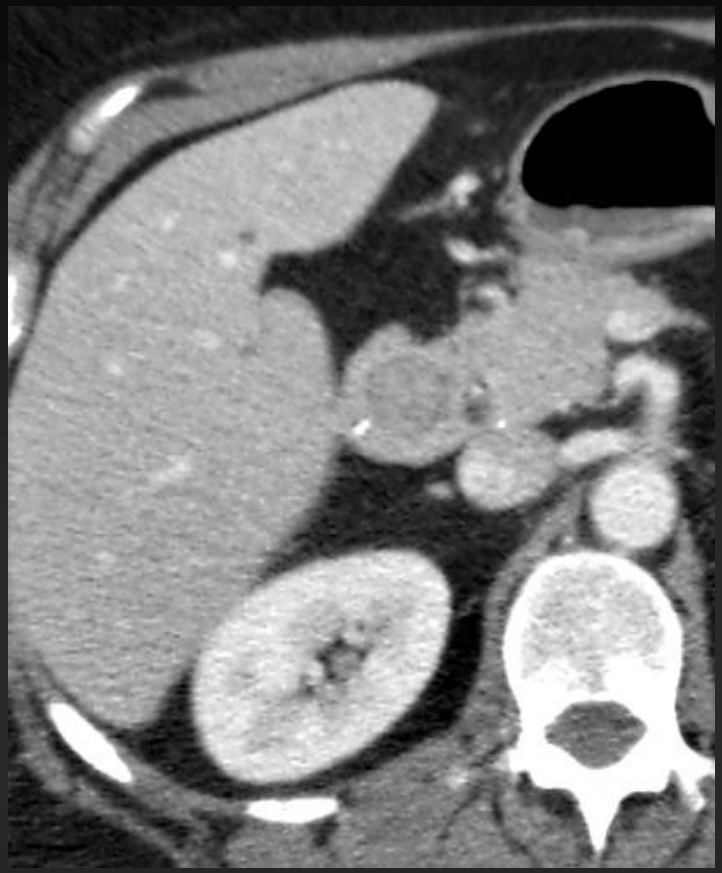


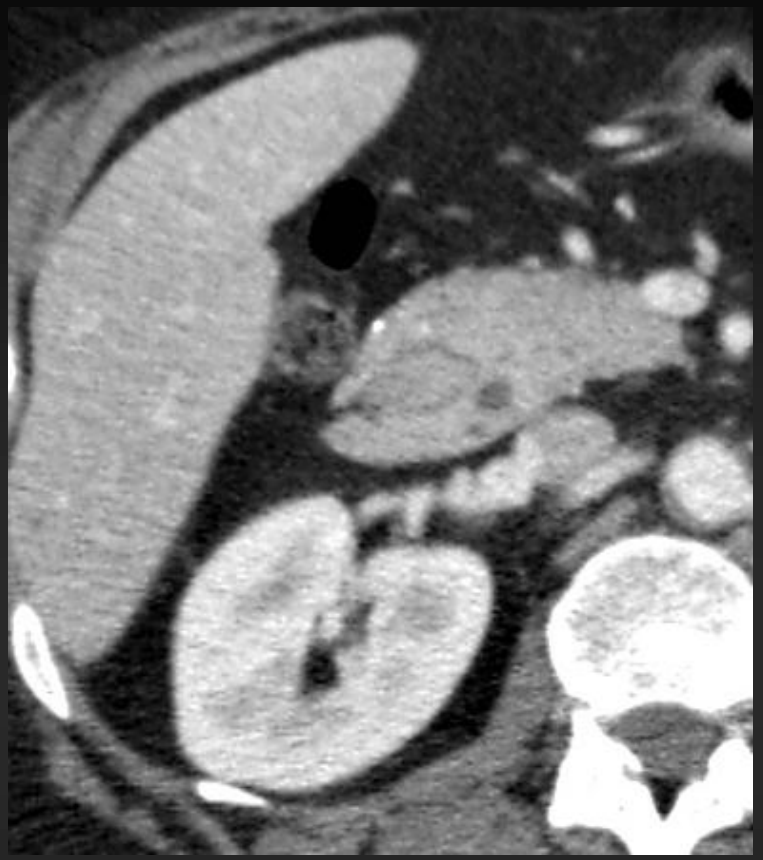


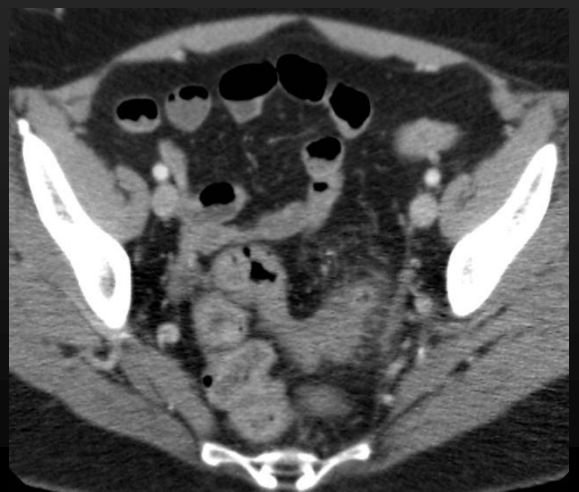




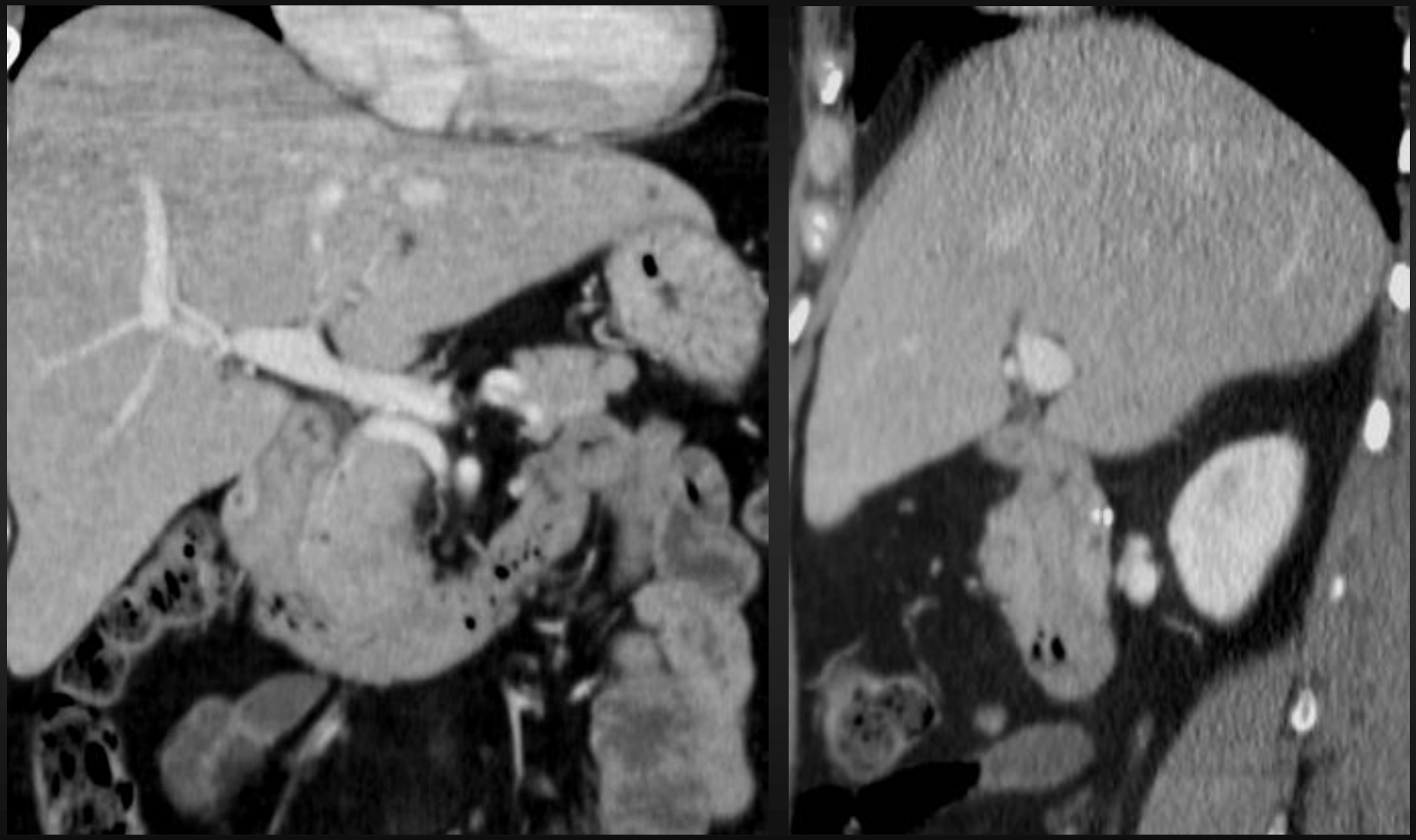
Papillomatose endobiliaire

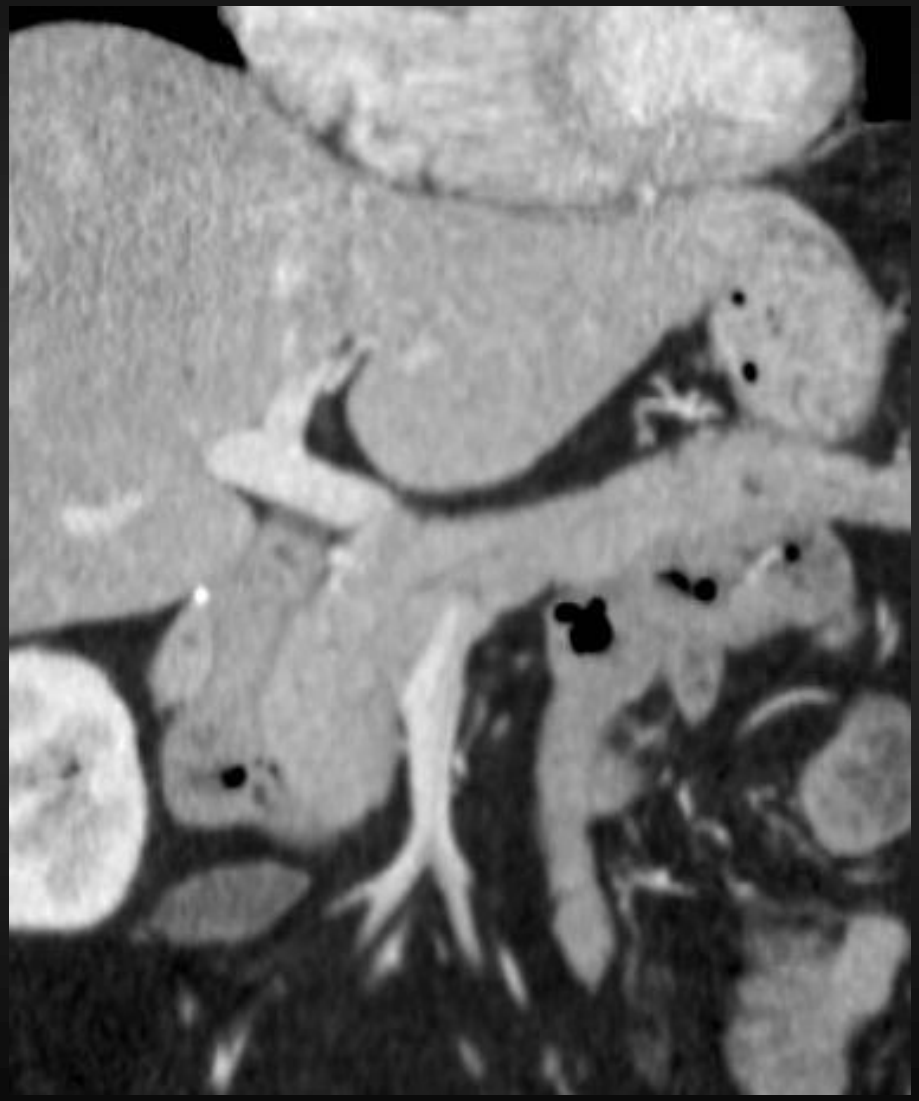


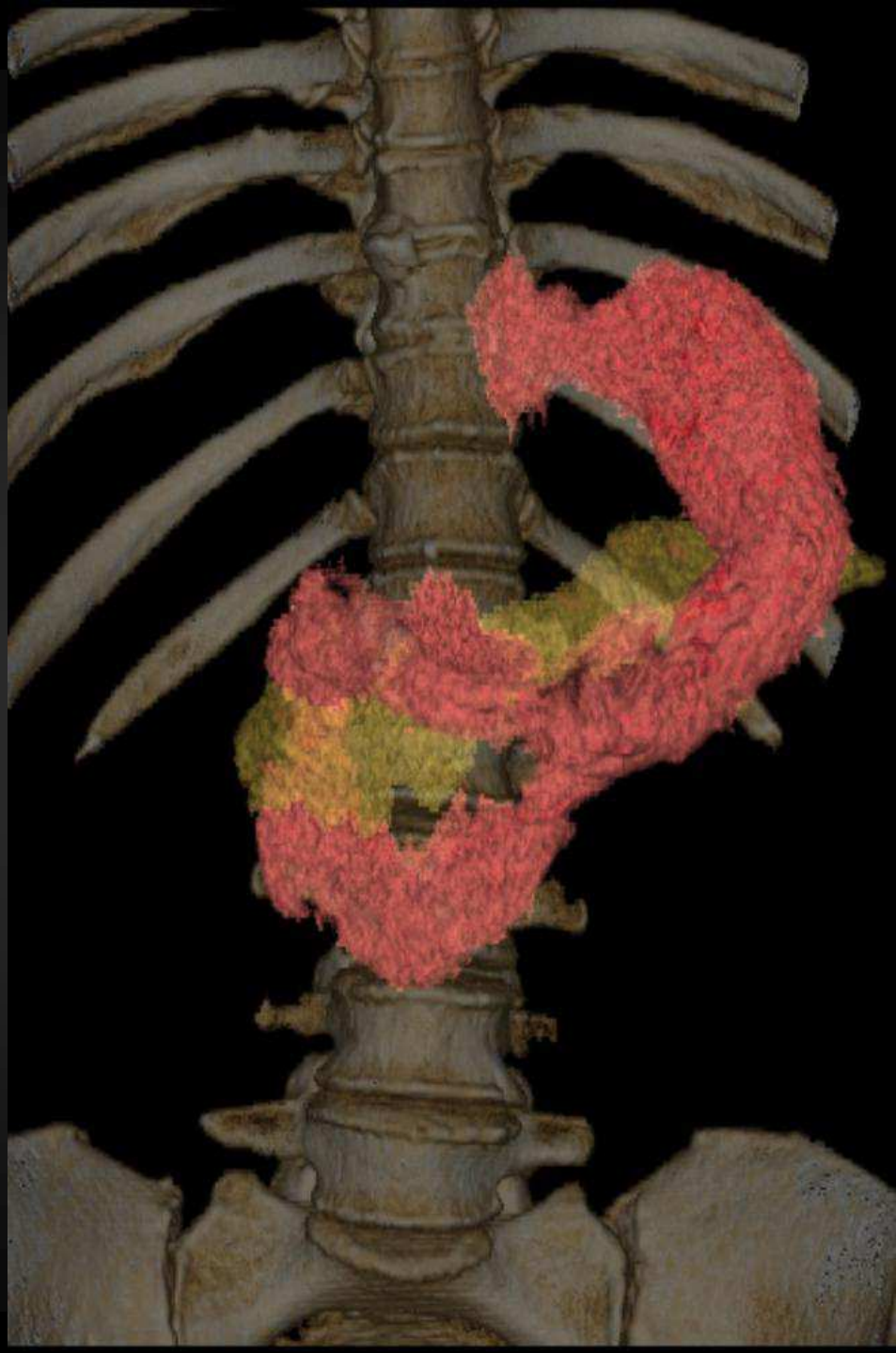




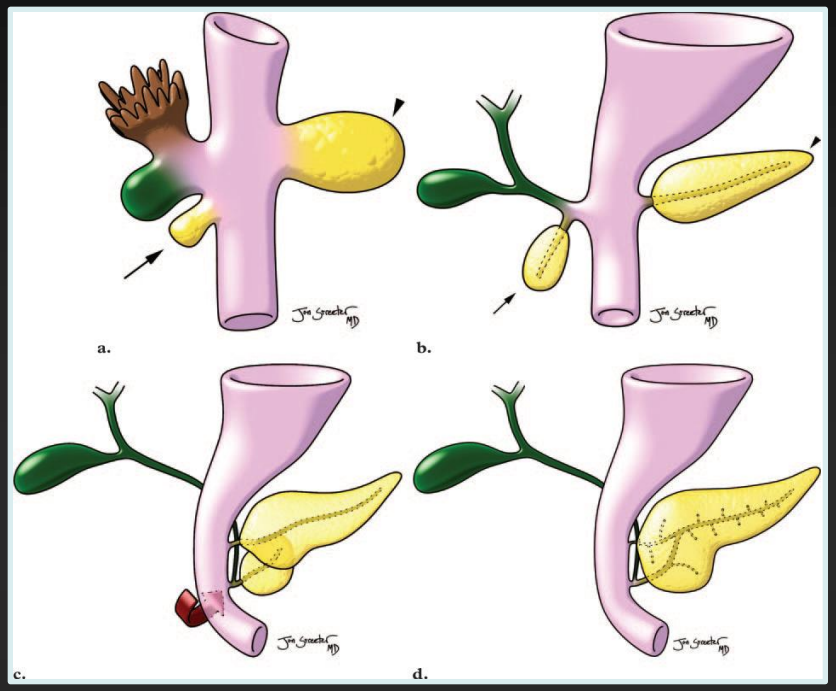
Patiente de 48 ans
Sigmoïdite perforée-bouchée

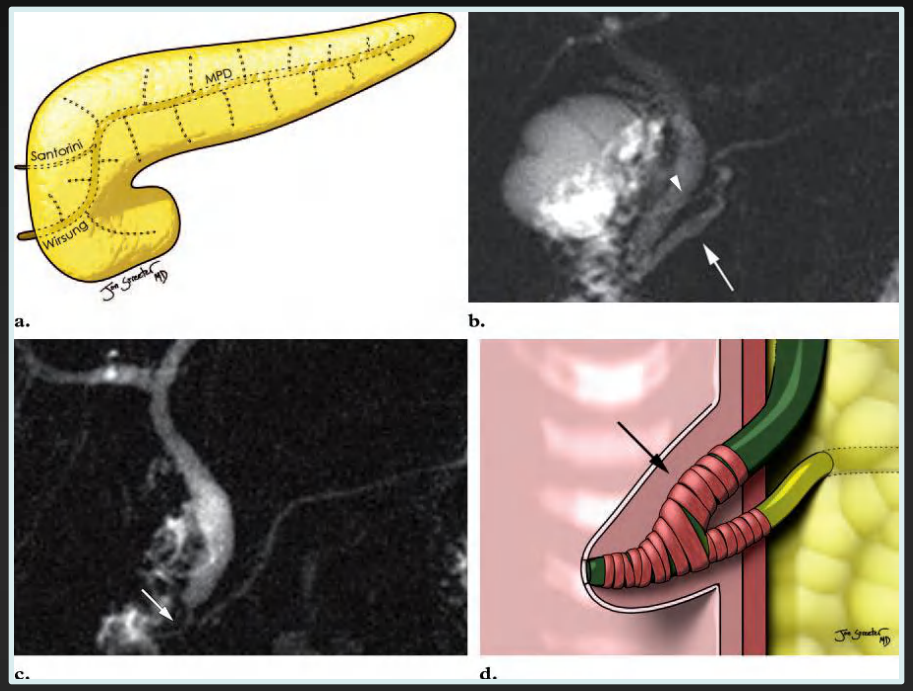


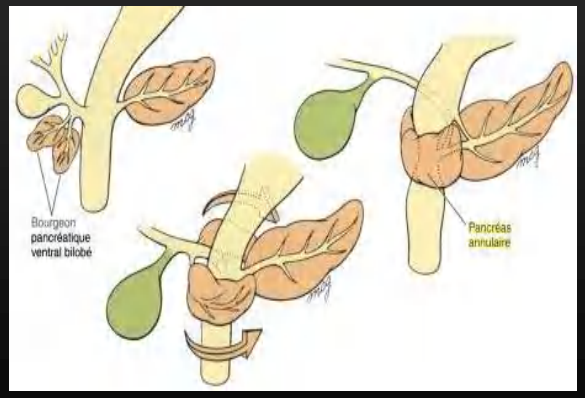


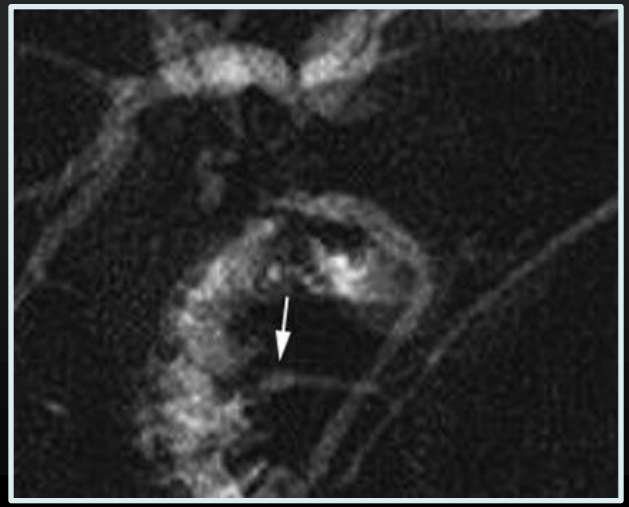


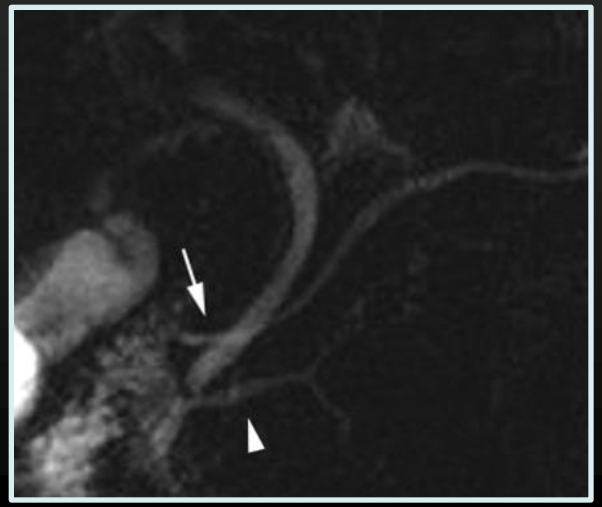
PANCRÉAS ANNULAIRE





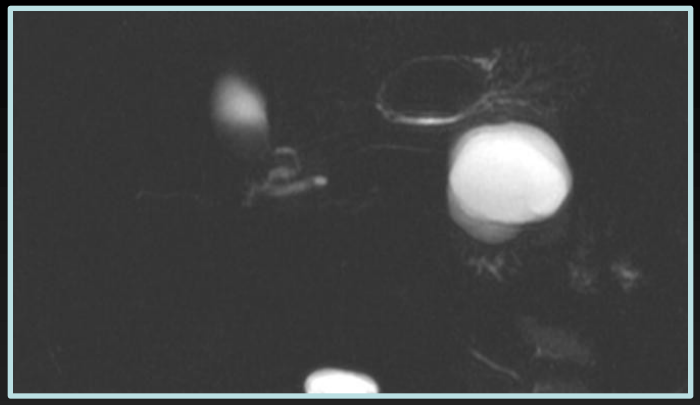


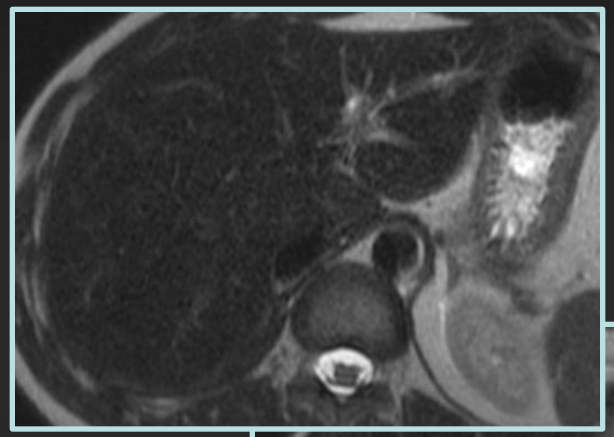


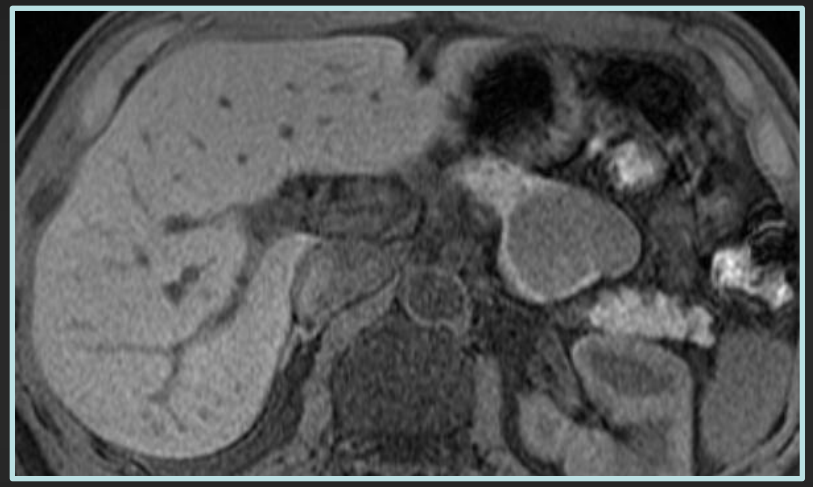


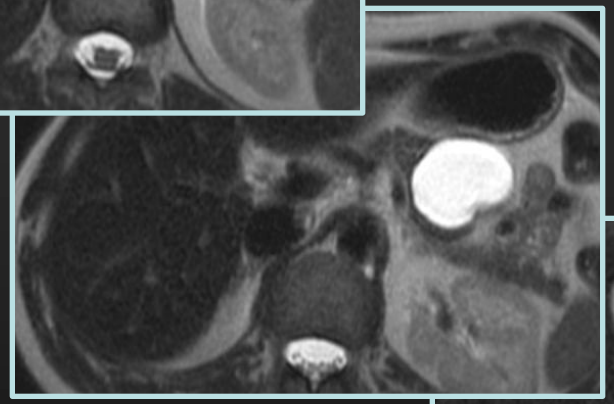
Cas n°10

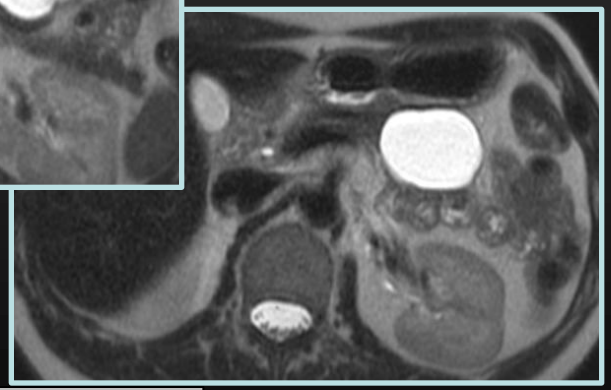
HOMME 31 ANS
LÉSION KYSTIQUE
ABDOMINALE
DÉCOUVERTE FORTUITE



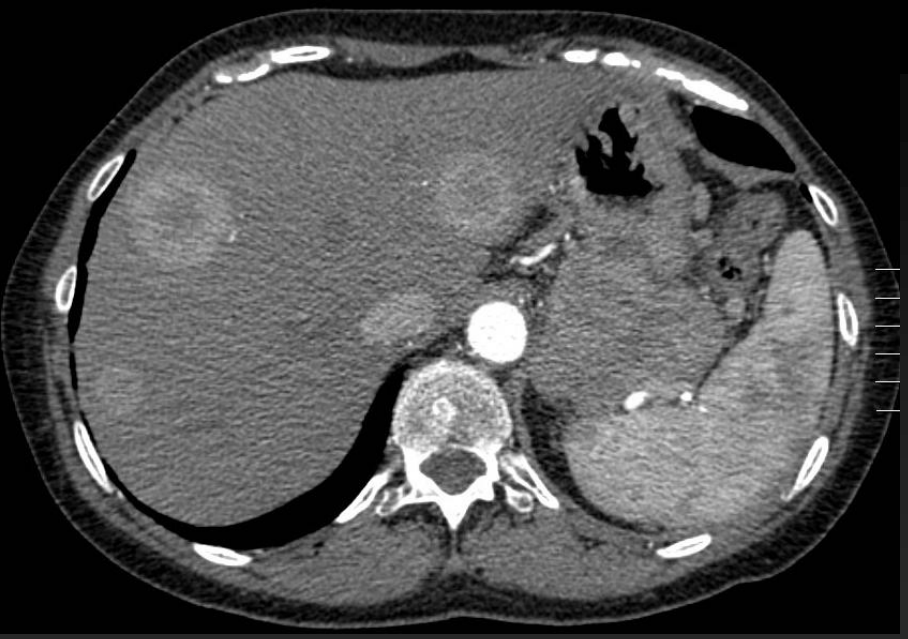


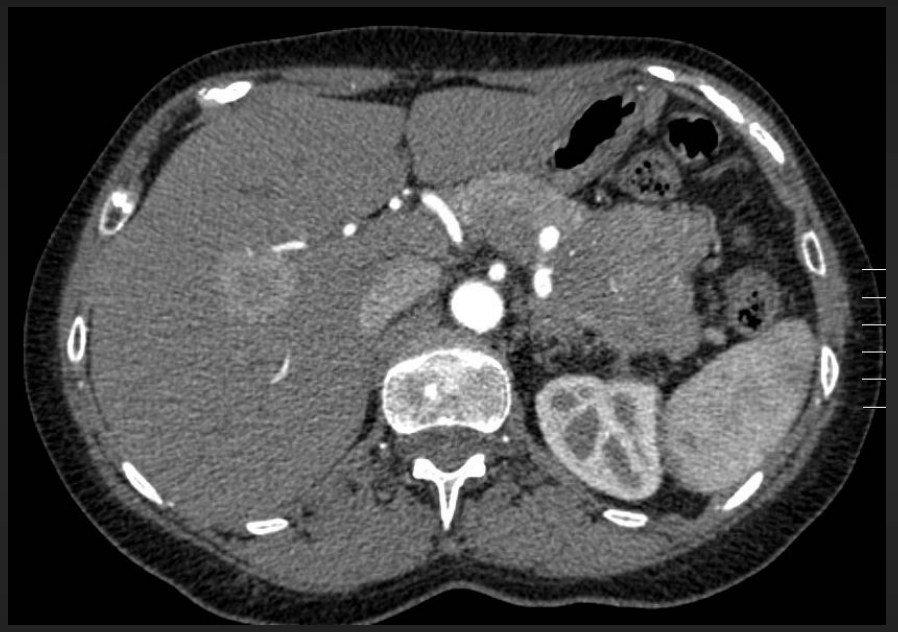


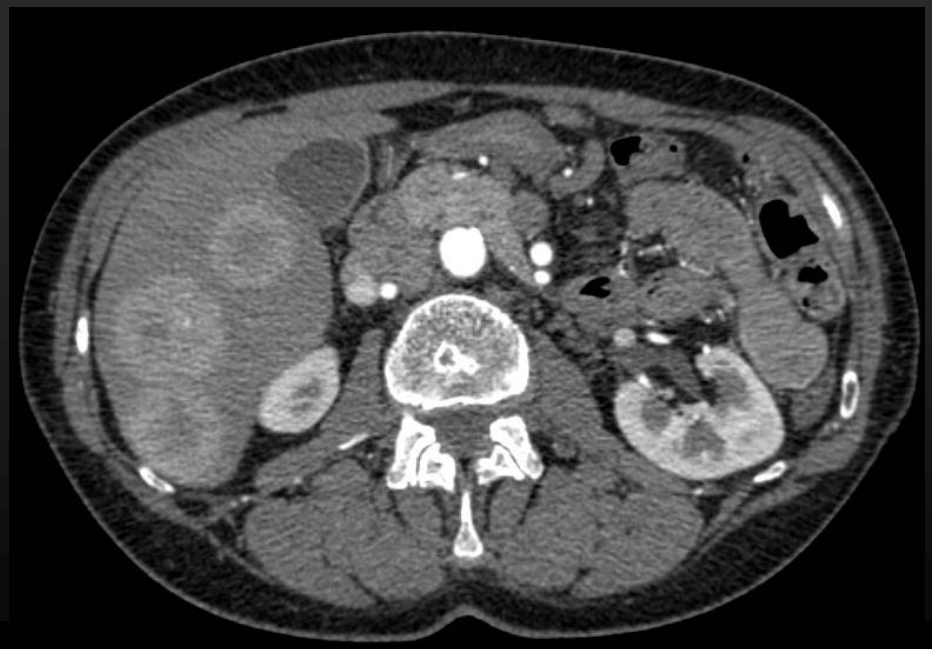




CYSTADÉNOME MUCINEUX

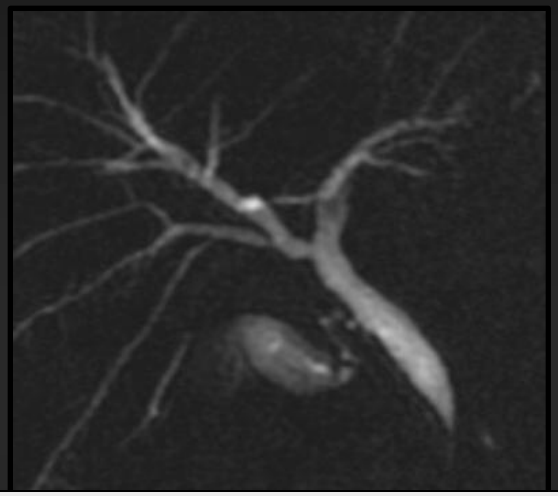


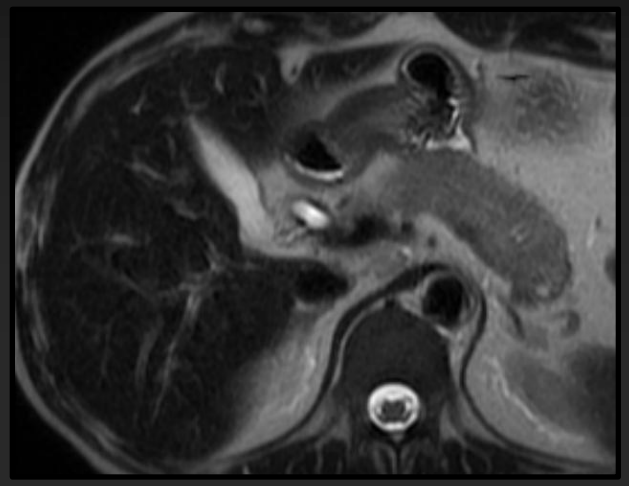


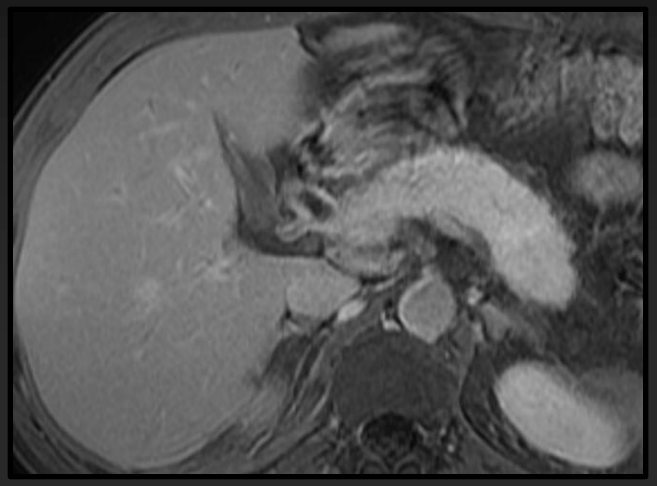


TNE bien différenciée
Synapto +
CD 56 +
Chromogranine -

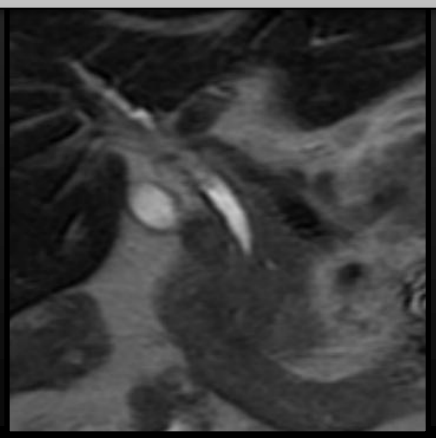
FEMME 38 ANS
PANCRÉATITE CLINIQUE
DILATATION DES VOIES BILIAIRES À L'ÉCHO







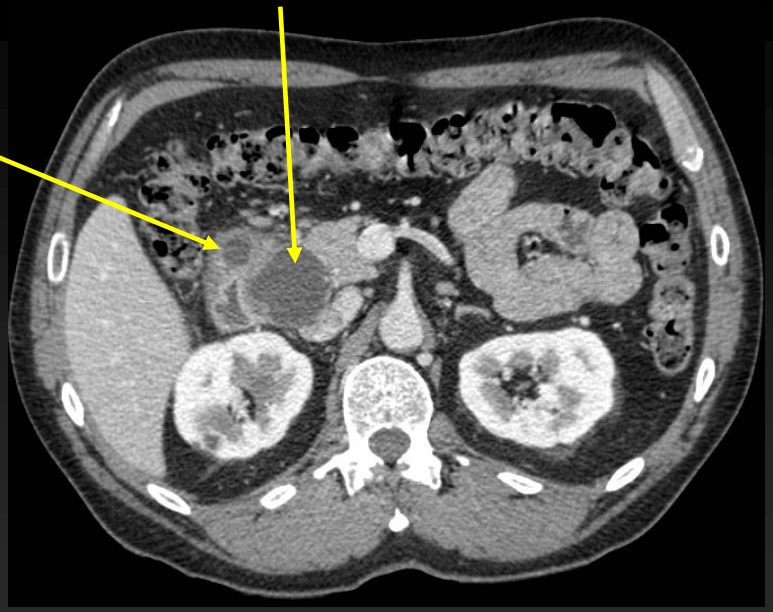
Sténose fine, effilée et centrée
Étiologie bénigne.

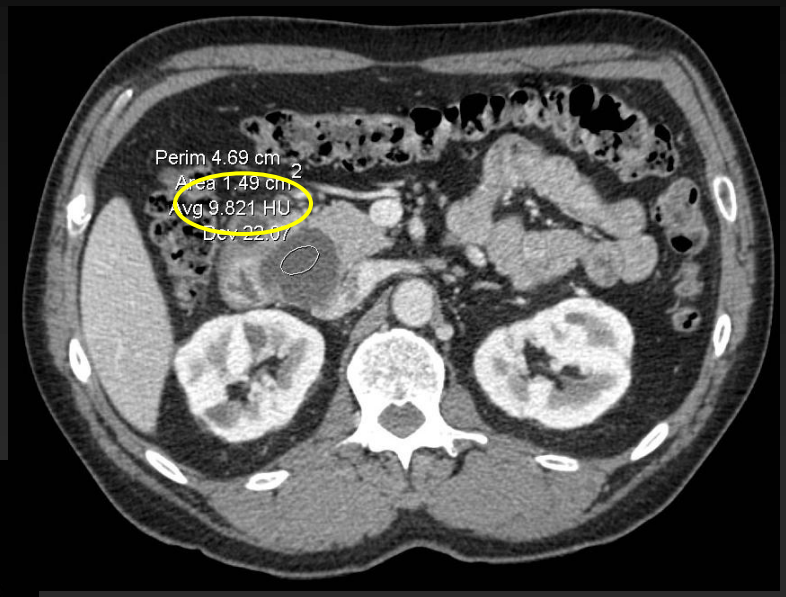


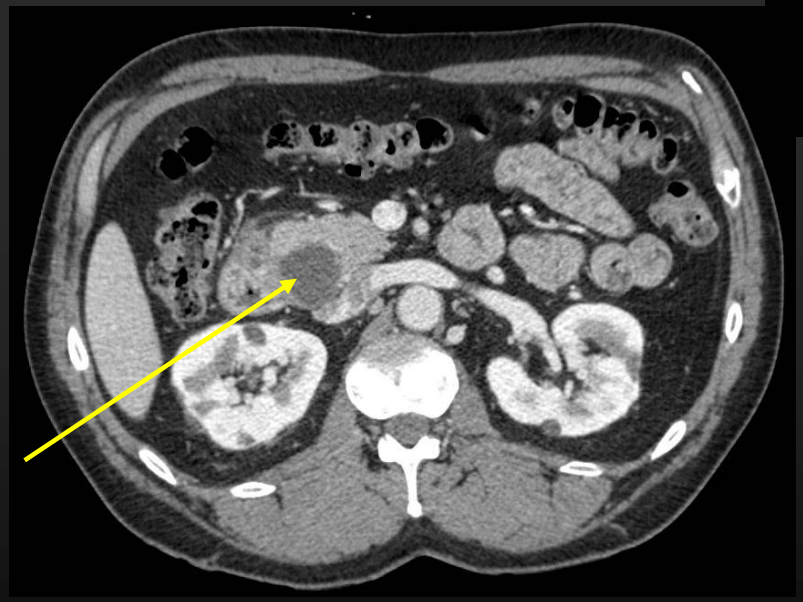
Œdème et rehaussement global du pancréas
Halo hypointense péri pancréatique
Non visualisation du canal pancréatique principal (CPP)

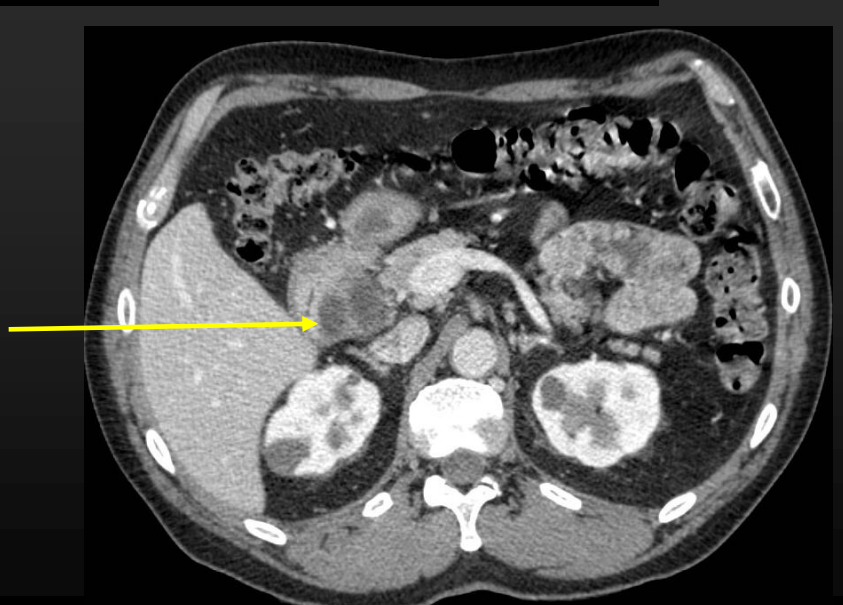
Pancréatite auto immune

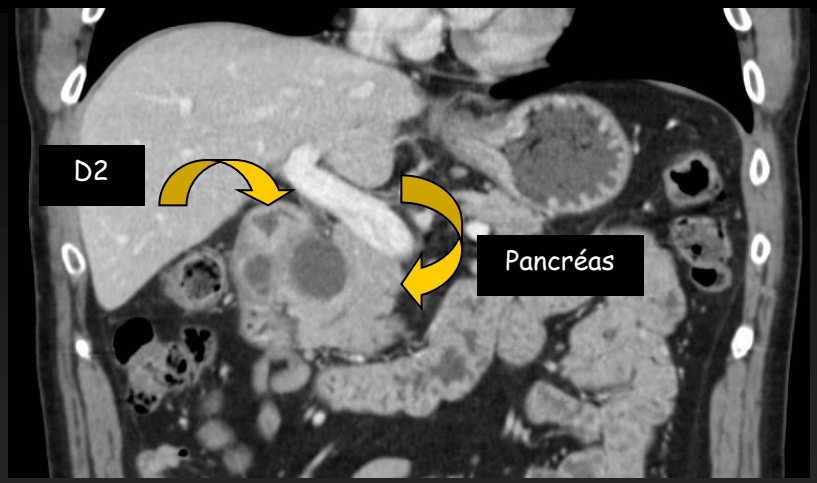
Patient de 61ans
Bilan de douleurs abdominales chroniques depuis 2007

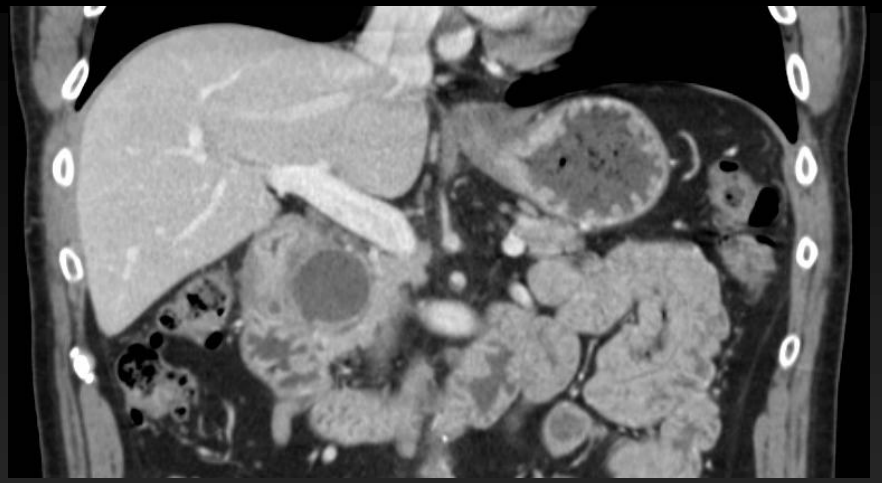


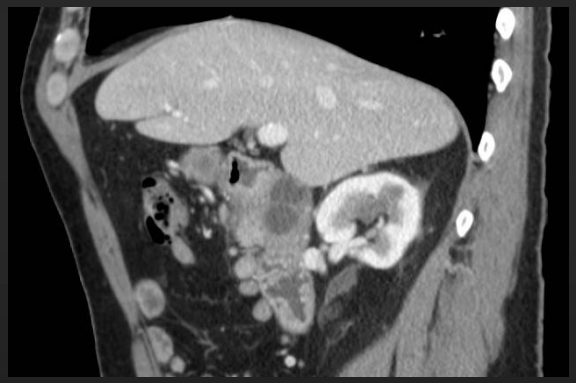


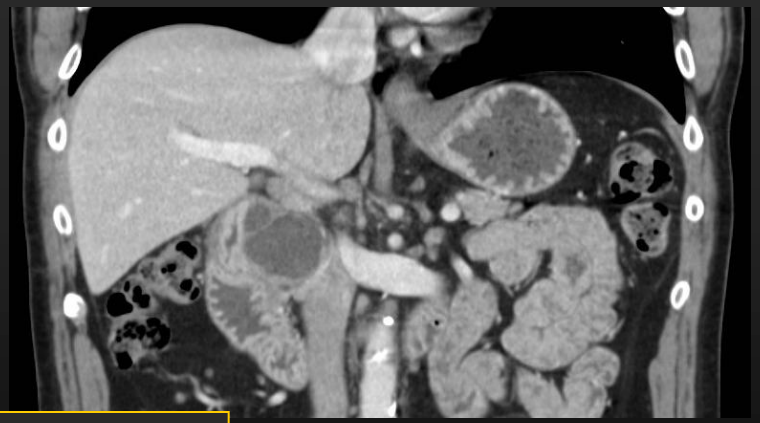


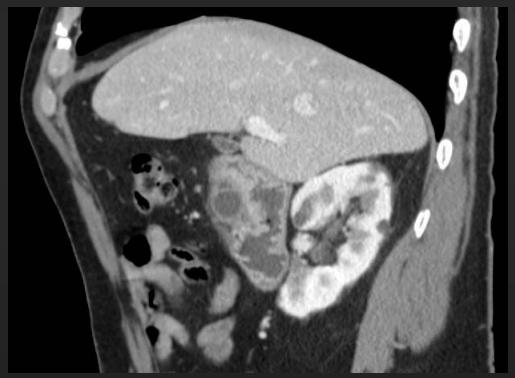






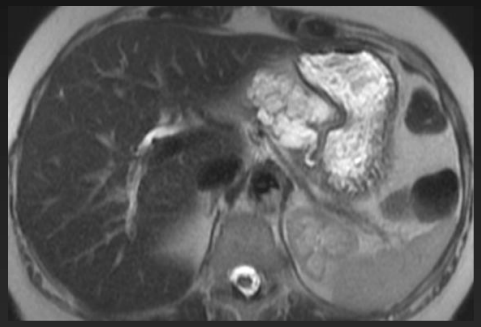


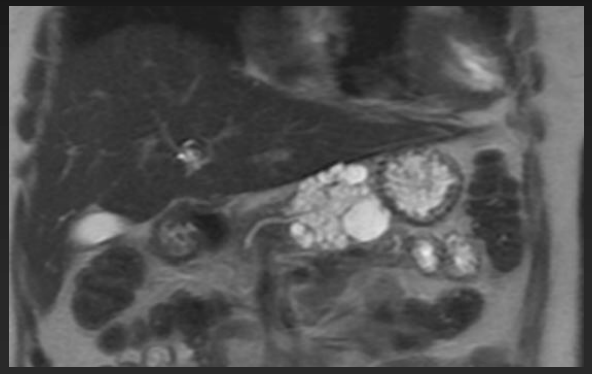


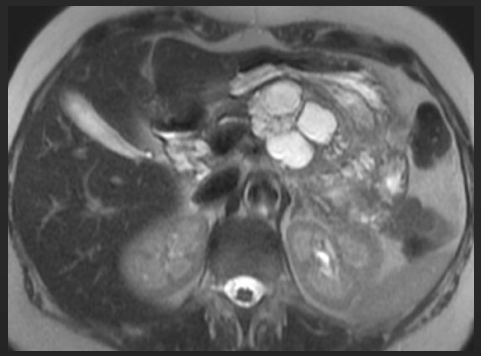


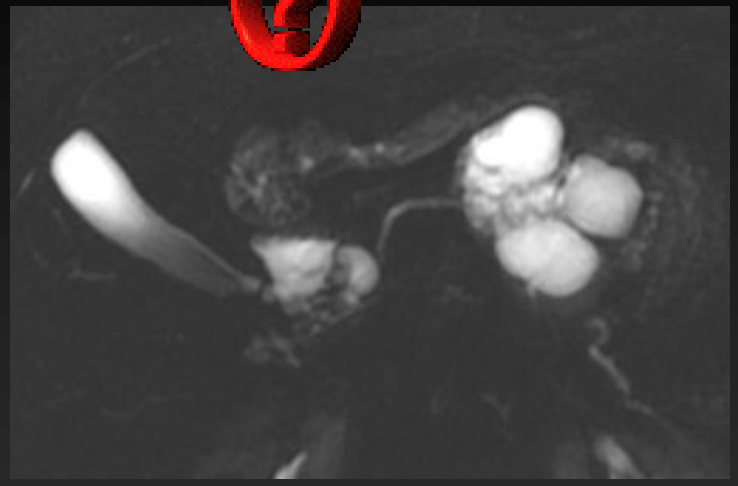
dystrophie kystique du 2ème duodénum
sur pancréas aberrant

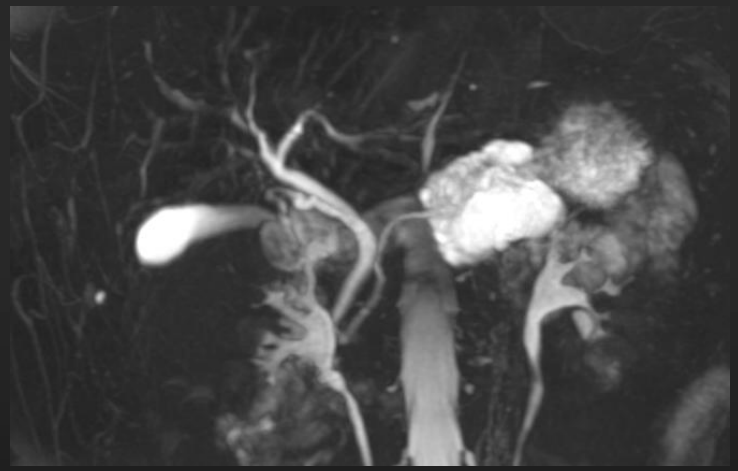
Homme 87 ans
Masse pancréatique à l'écho



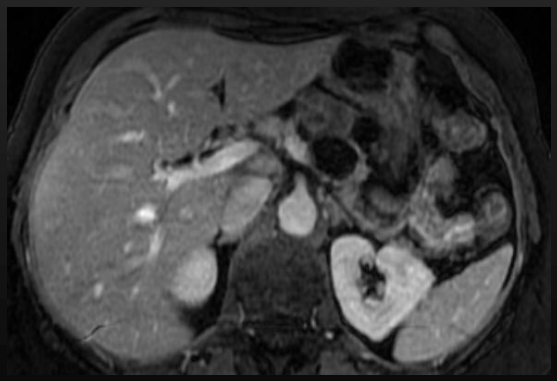


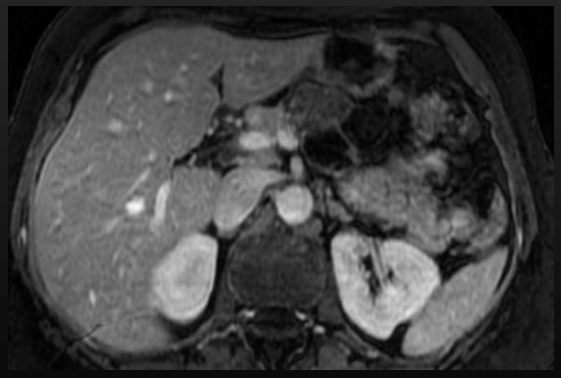




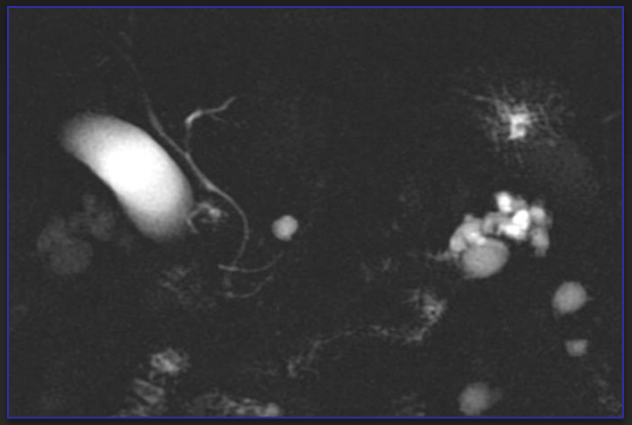
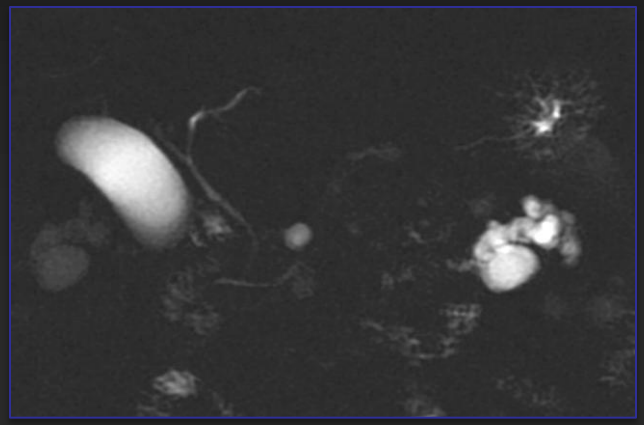
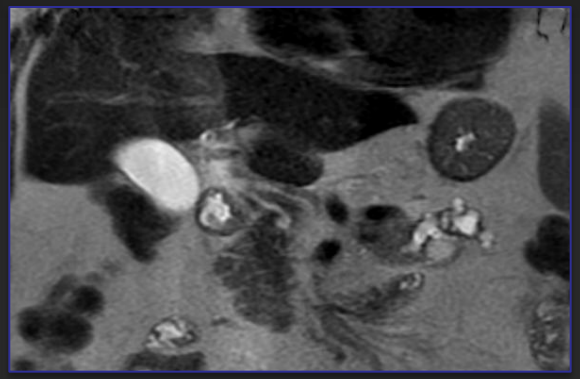
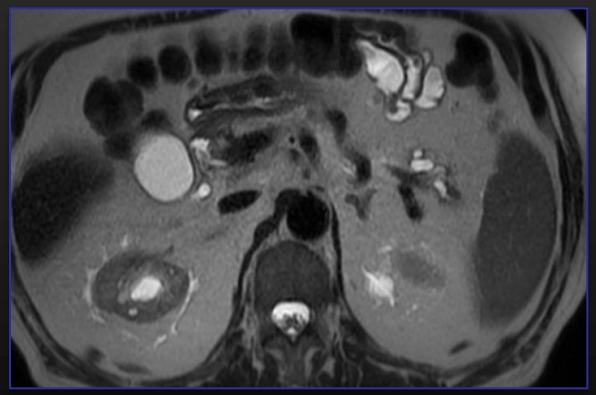
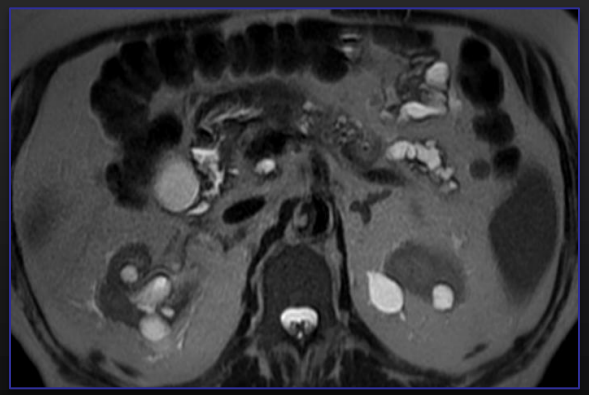
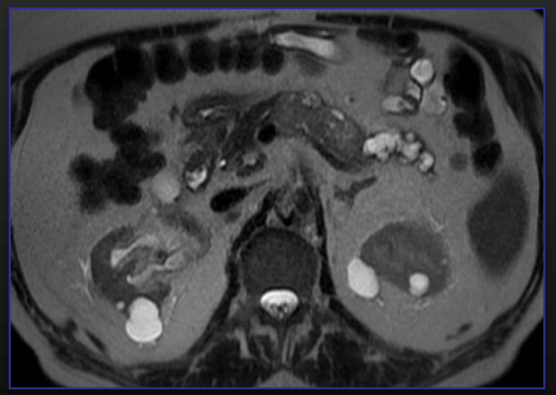


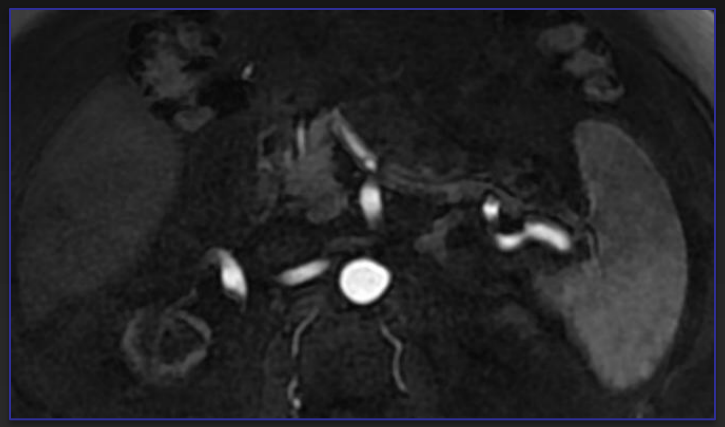
Cystadénome séreux pancréatique

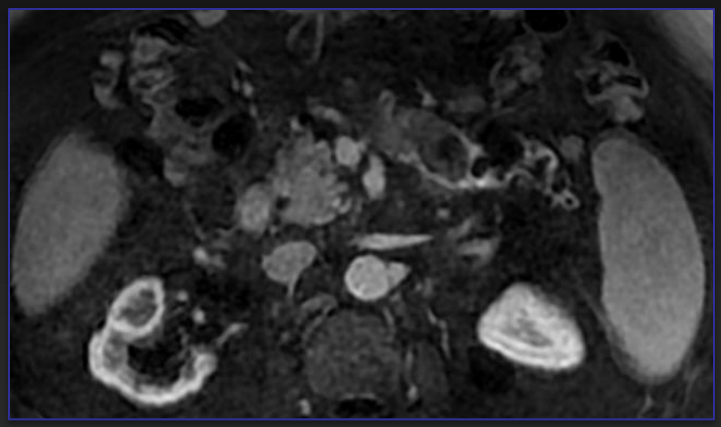


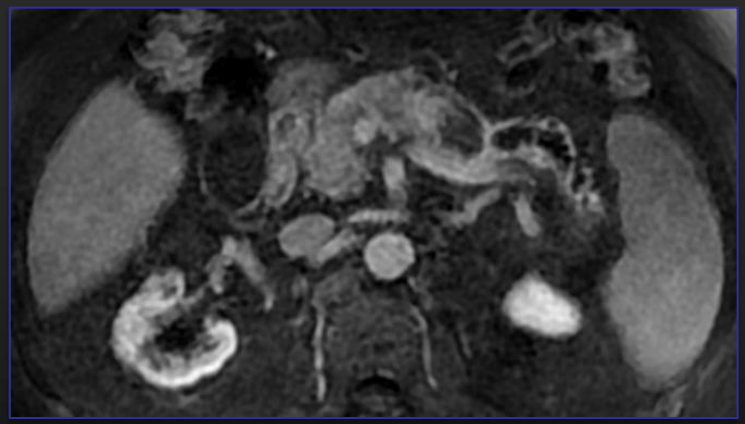


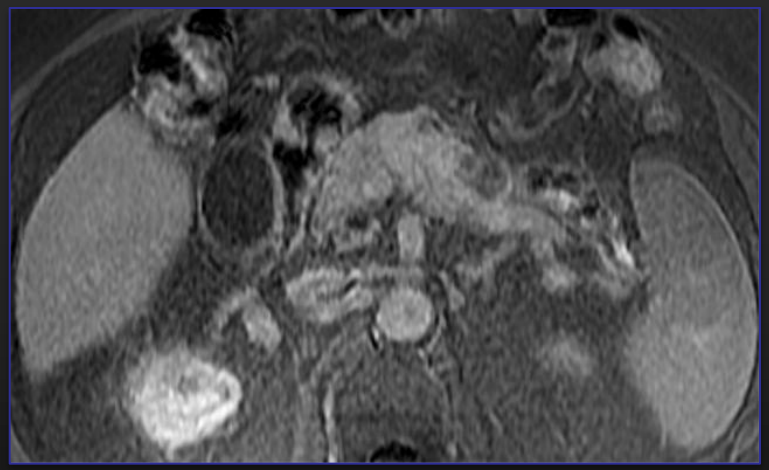
HOMME 71 ANS

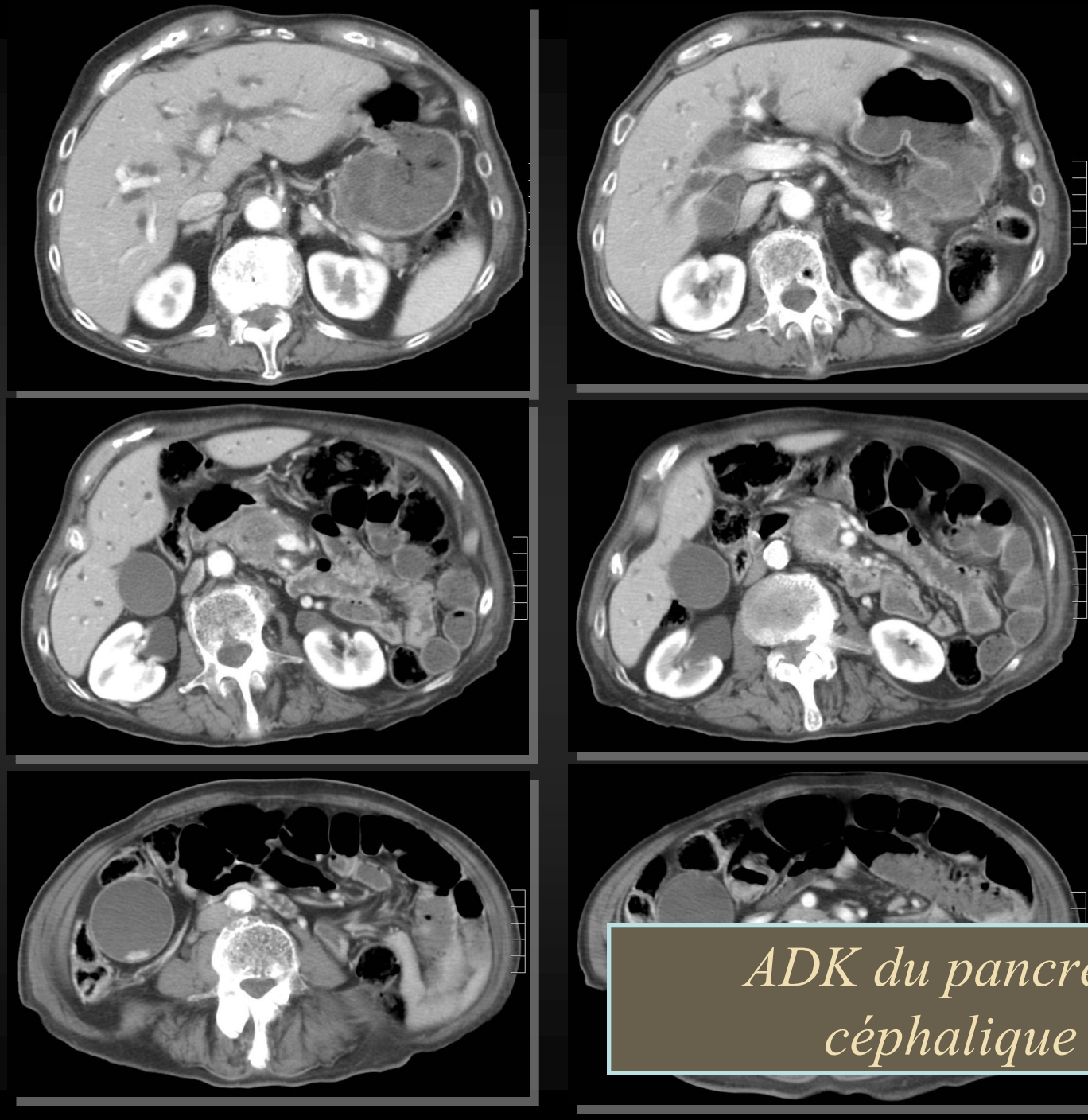




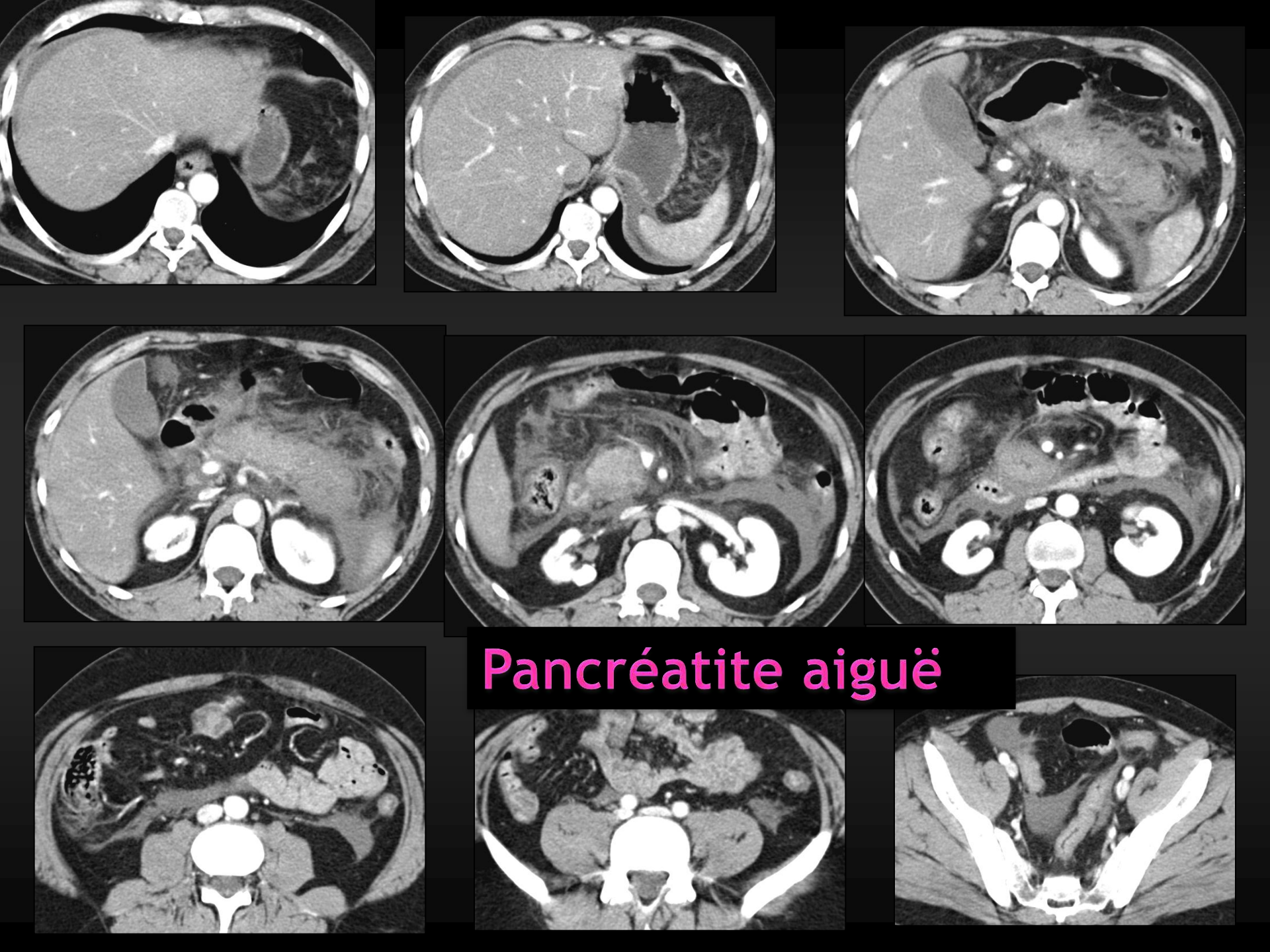




Adénocarcinome corporéal



ADK du pancréas céphalique


Pancréatite aiguë