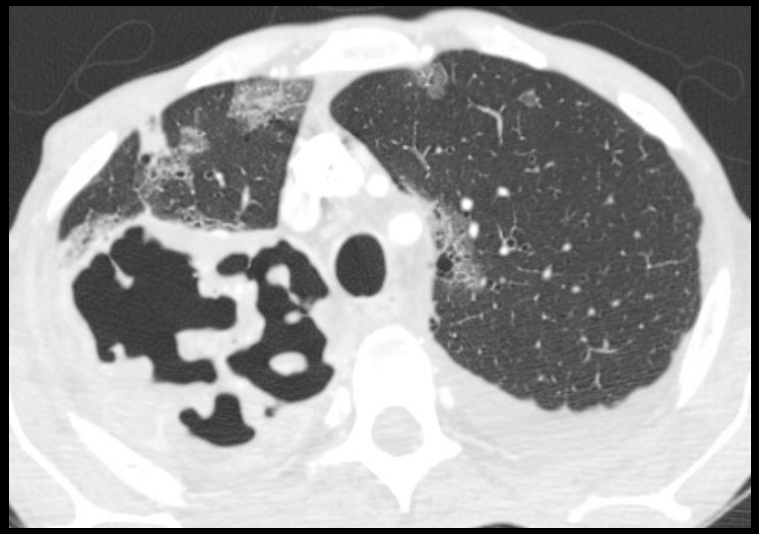
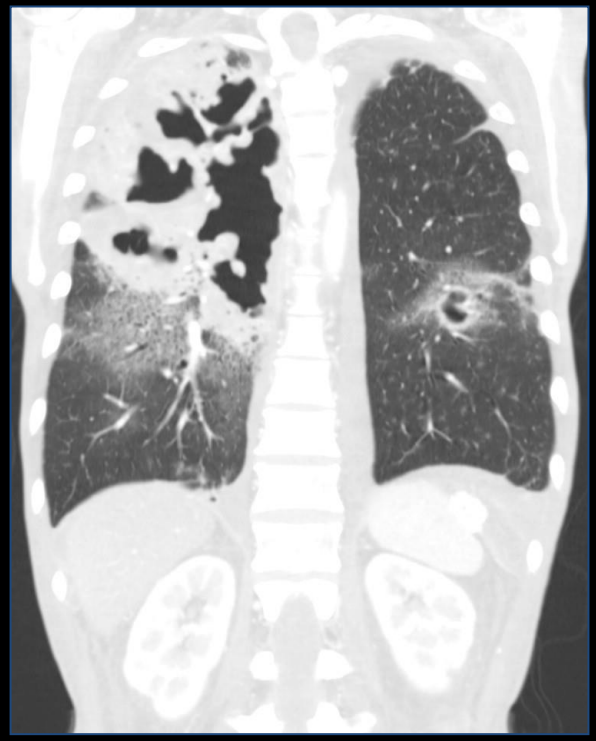
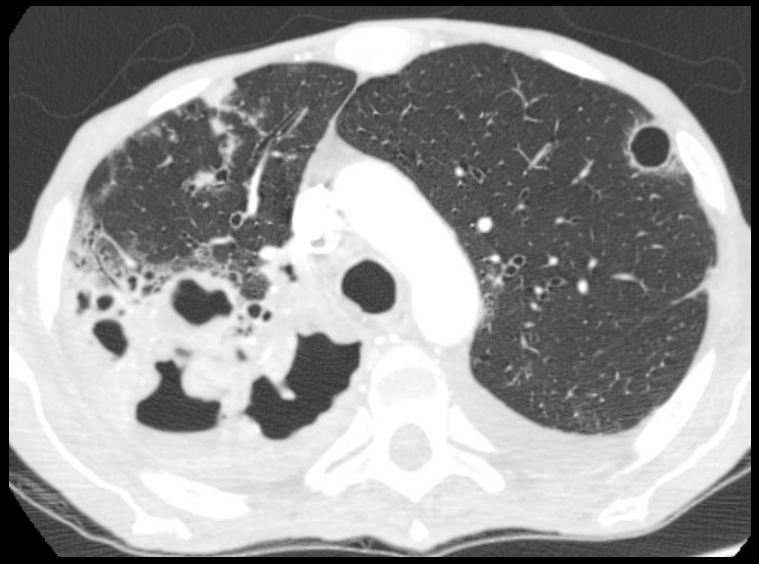
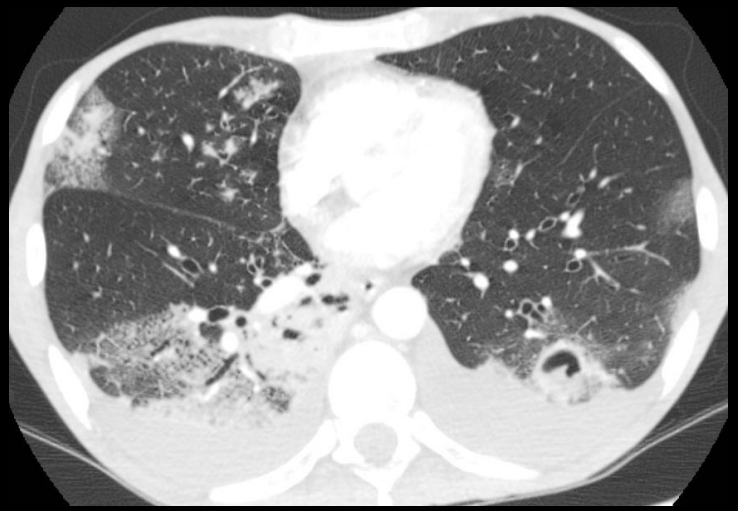
Cas 11



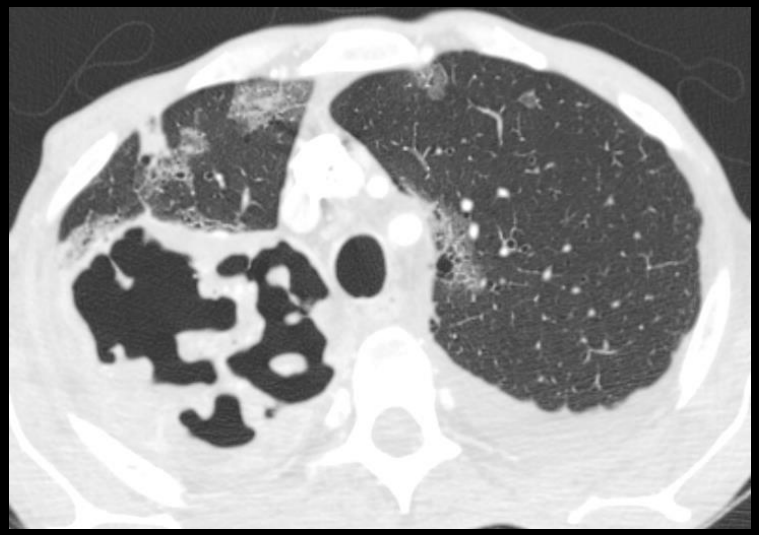


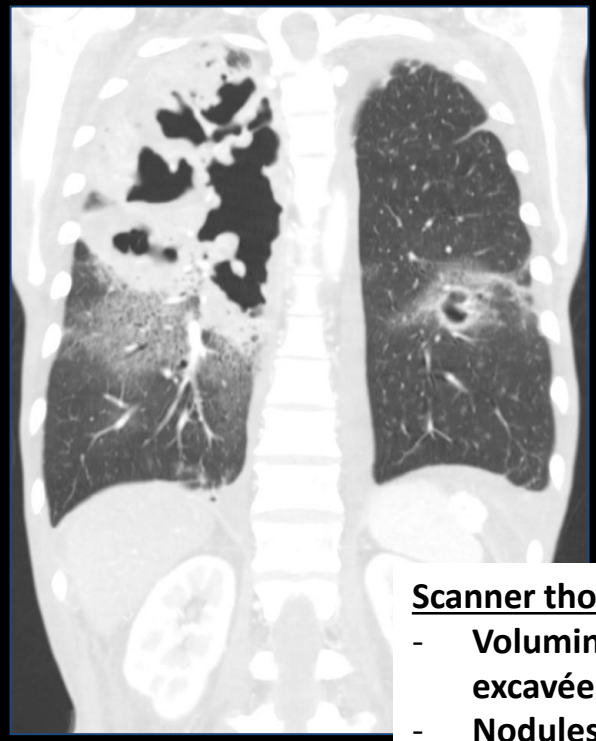


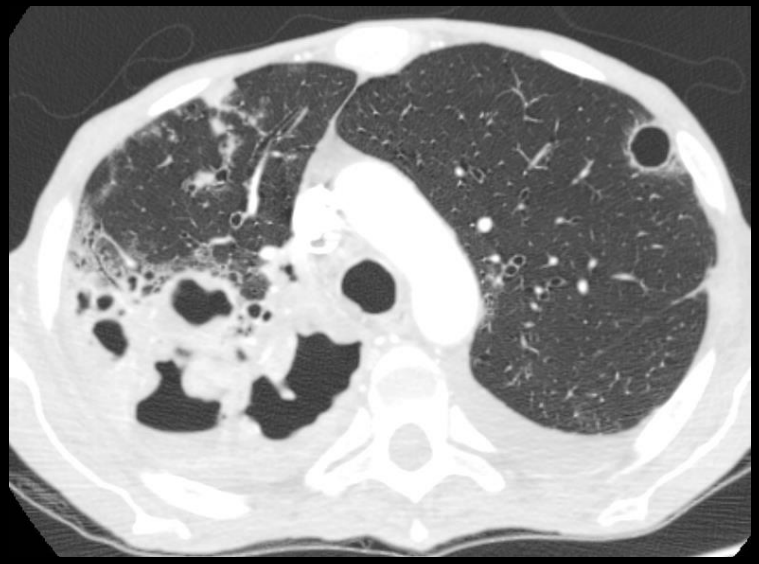


Patient de 52 ans
Douleur thoracique, fièvre, sueurs nocturnes

Cas 11

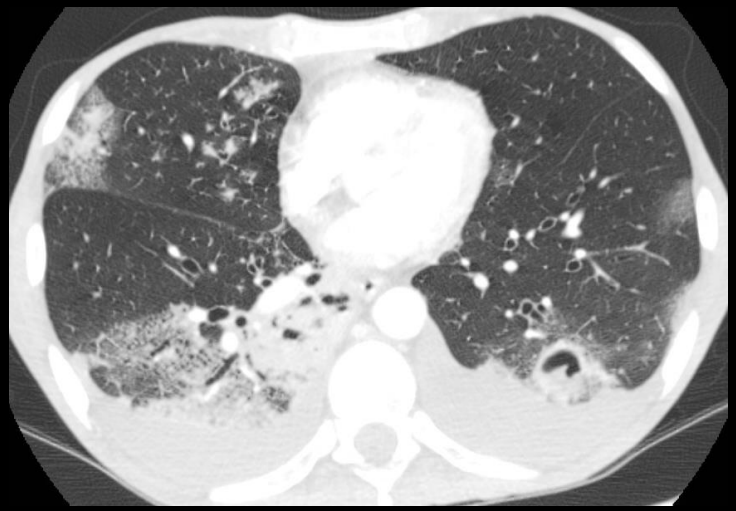






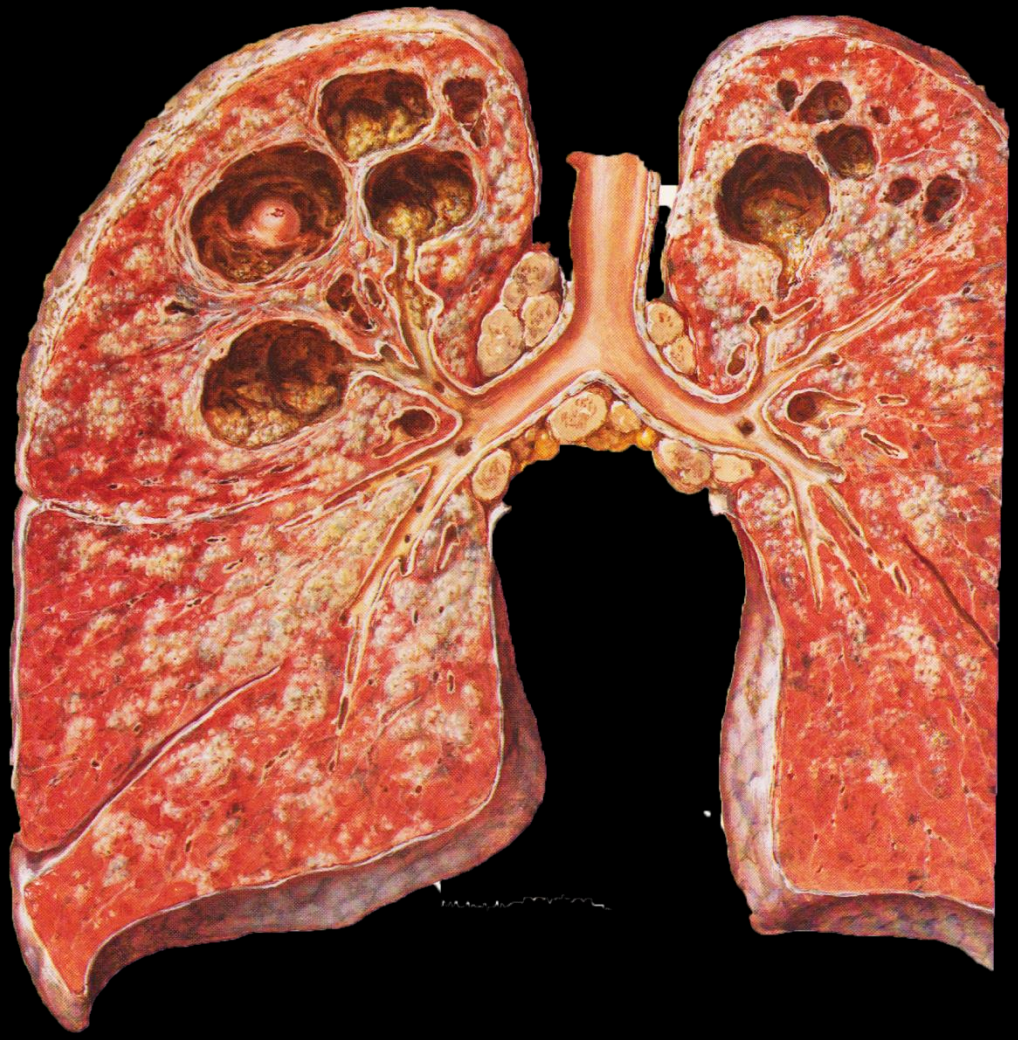
Scanner thoracique sans IV

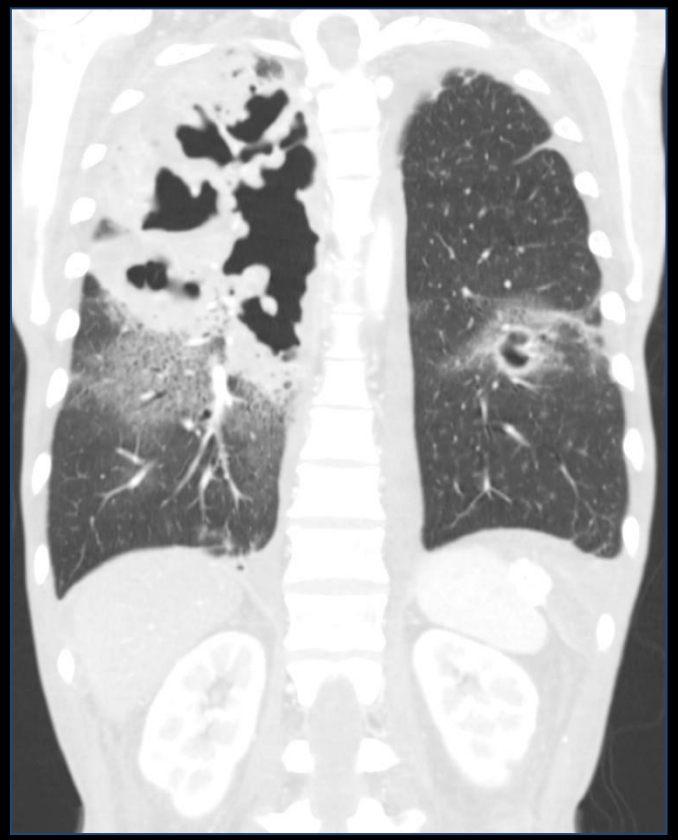
- Volumineuse masse apicale droite excavée + lésions excavées gauches
- Nodules de répartition bronchiolitique
- Foyers de condensation + plages de verre dépolies
- Epanchement pleural

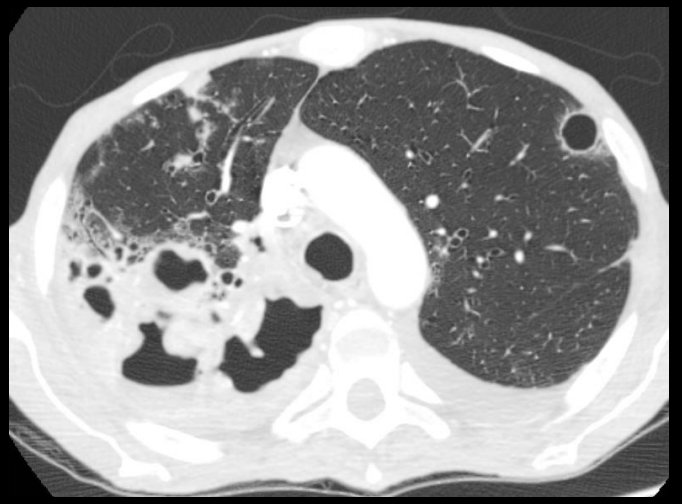


Patient de 52 ans
Douleur thoracique, fièvre, sueurs nocturnes

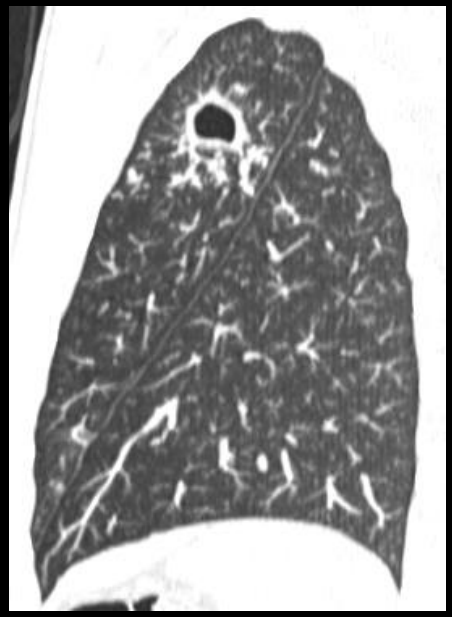
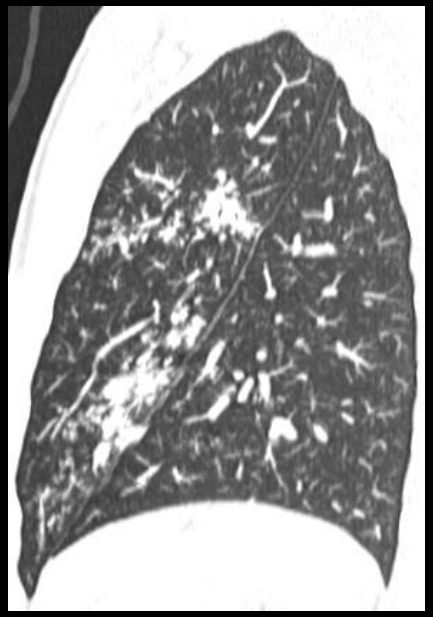
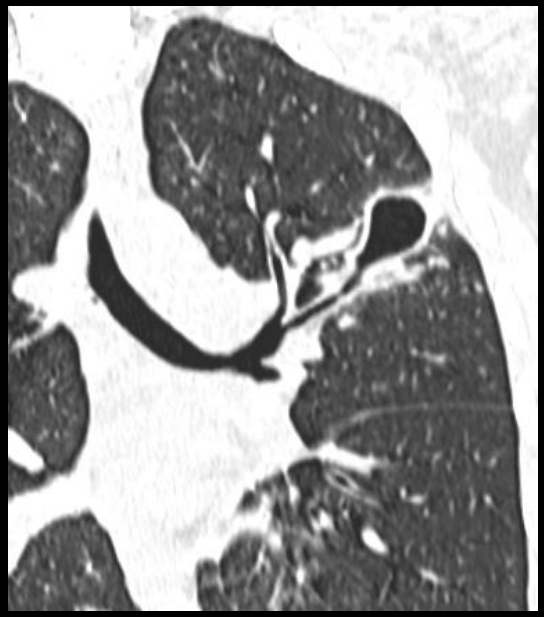
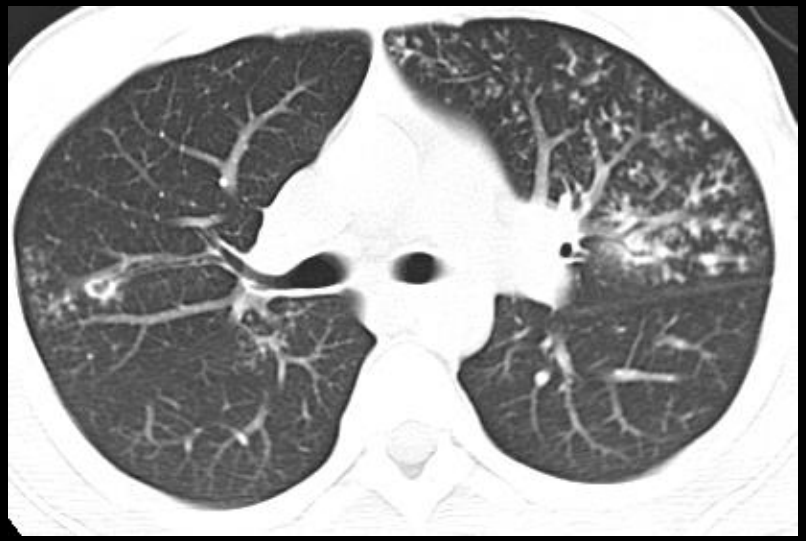
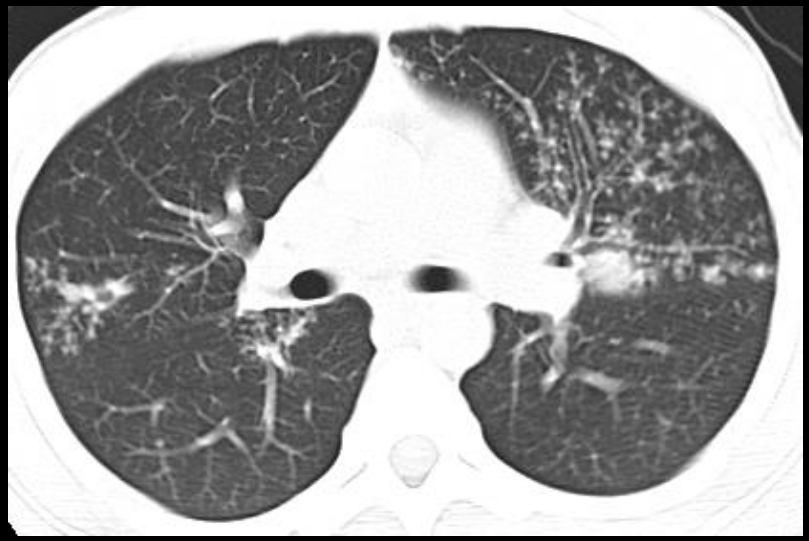
Tuberculose pulmonaire







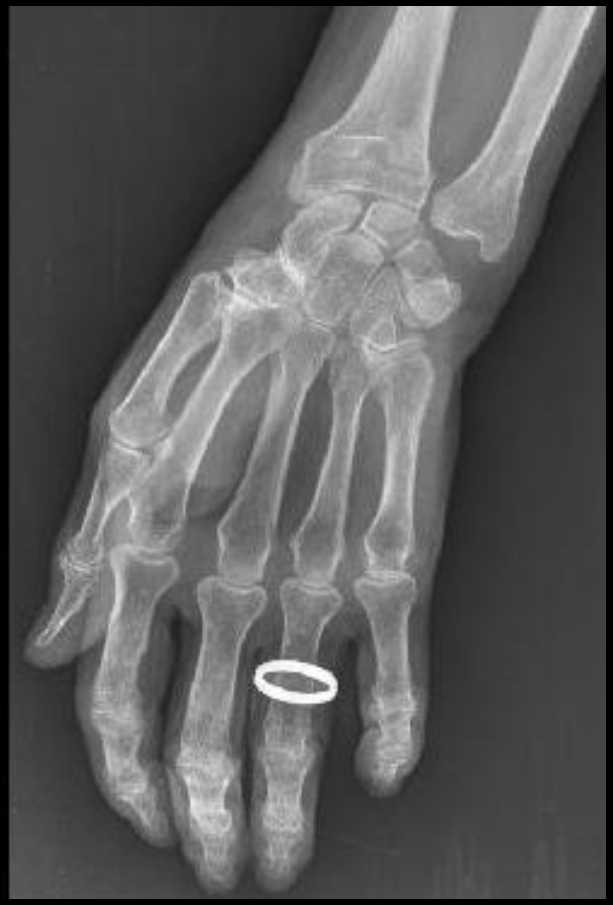
Tuberculose pulmonaire

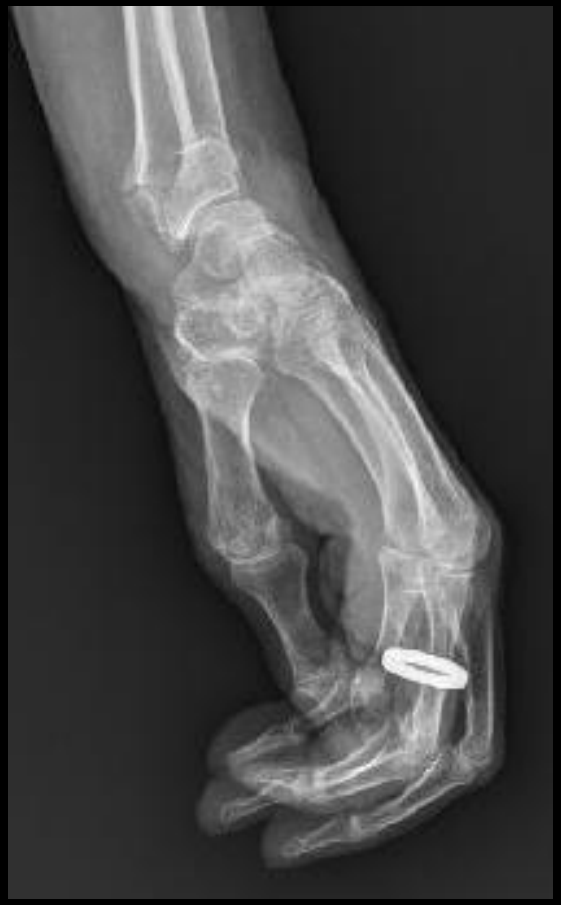






Foyers de bronchiolites : aspect d'arbre en bourgeon

Cas12

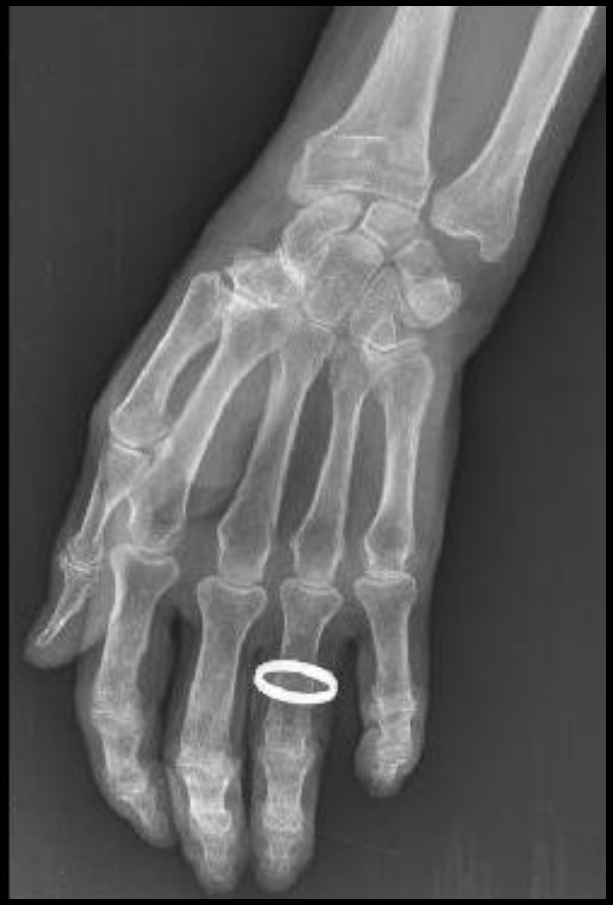
Femme de 57 ans, chute en arrière avec traumatisme du poignet gauche

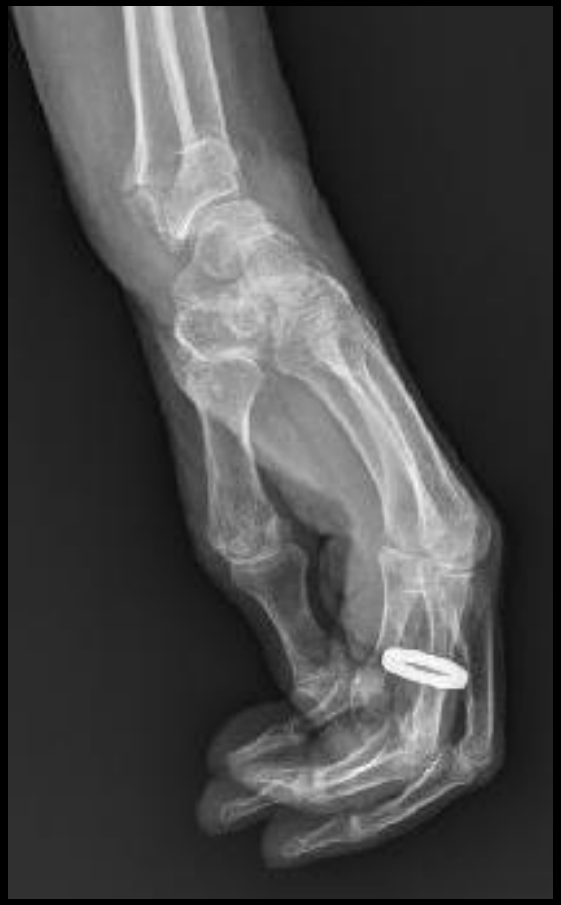




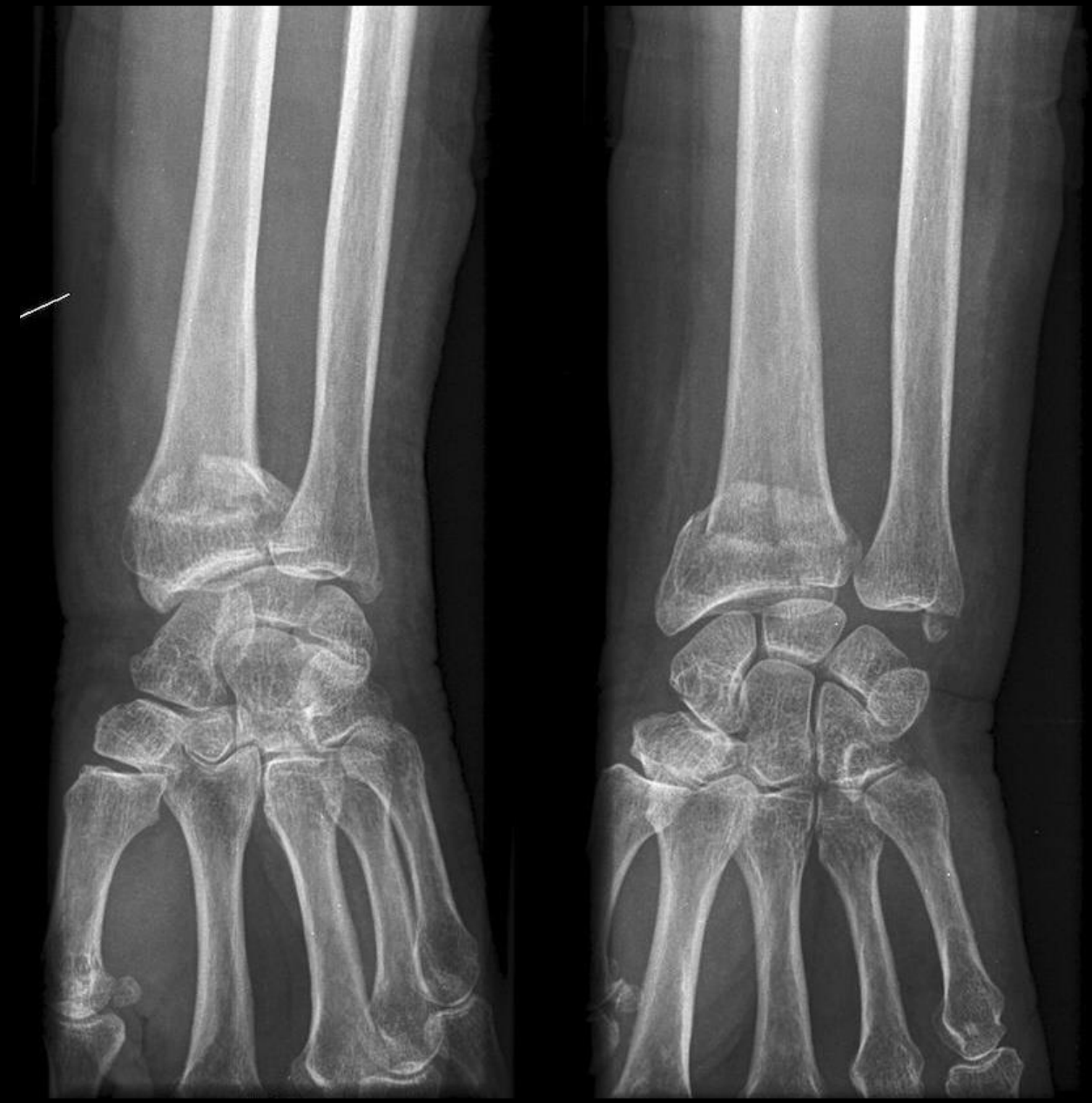
Cas12

Femme de 57 ans, chute en arrière avec traumatisme du poignet gauche





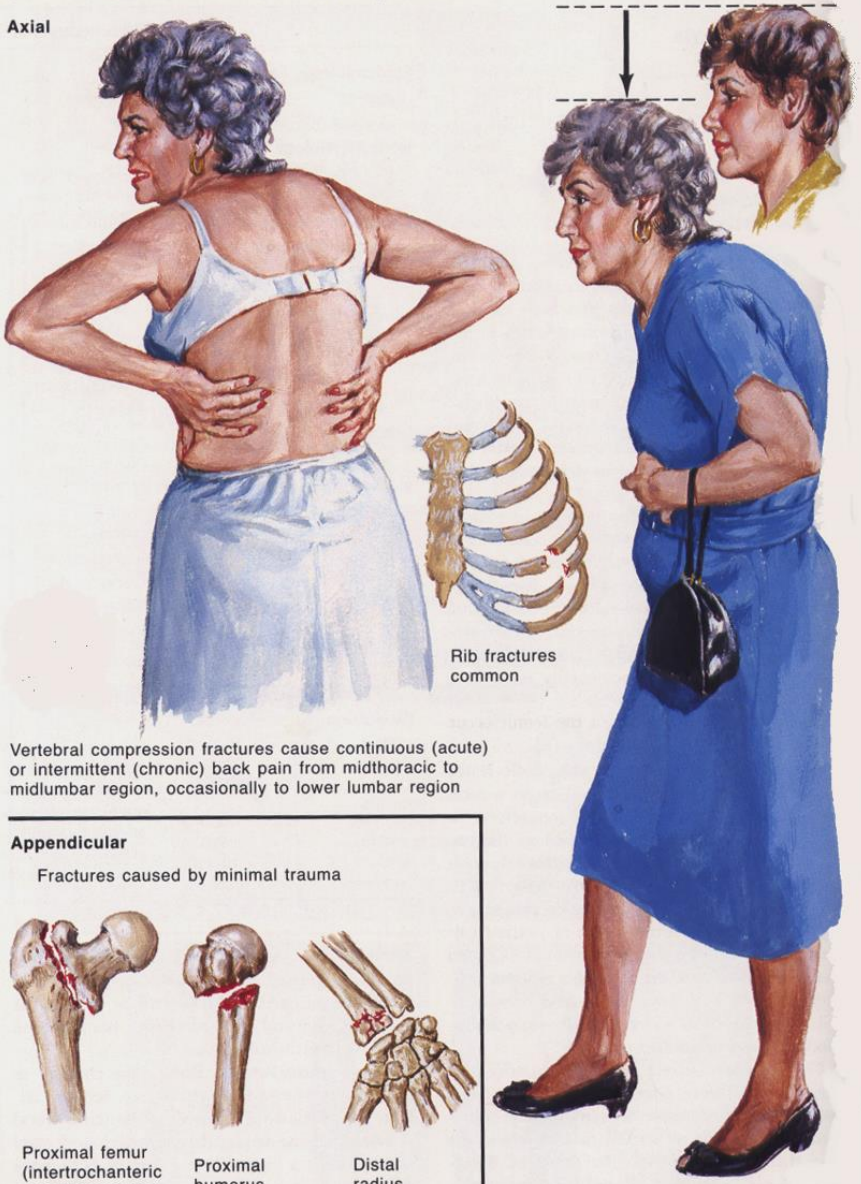
- **Fracture de l'extrémité inférieure du radius gauche**
- **Extra-articulaire**
- **Bascule dorsale du fragment distal, horizontalisation de la ligne bi-styloïdienne.**
- **Inversion de l'index radio ulnaire distal.**
- **Fracture de Pouteau-Colles**



Fracture de Gérard Marchand

Clinical Manifestations of Osteoporosis

Axial



Rib fractures common

Vertebral compression fractures cause continuous (acute) or intermittent (chronic) back pain from midthoracic to midlumbar region, occasionally to lower lumbar region

Appendicular

Fractures caused by minimal trauma

Proximal femur (intertrochanteric or intracapsular) | Proximal humerus | Distal radius

Most common types

Progressive thoracic kyphosis, or dowager's hump, with loss of height and abdominal protrusion

Causes of Osteoporosis

Disuse

Prolonged bed rest or general inactivity

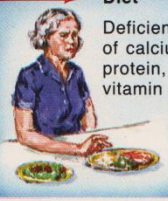
Prolonged casting or splinting (localized osteoporosis)

Algodystrophy

Paralysis (paraplegia, quadriplegia, hemiplegia, lower motor neuron disease)

Space travel (weightlessness)

Diet



Deficiency of calcium, protein, vitamin C

Alcoholism

Anorexia nervosa

Drugs

Heparin

Metho-trexate

Ethanol

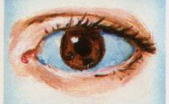
Glucocorticoids

Idiopathy

Adolescent (10–18 yrs)

Middle-aged male

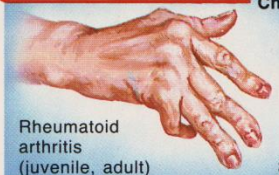
Genetic disorders



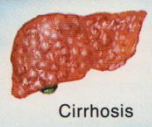
Osteogenesis imperfecta

Homocystinuria

Chronic illness



Rheumatoid arthritis (juvenile, adult)



Cirrhosis

Sarcoidosis

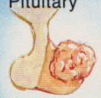
Renal tubular acidosis

Neoplasms

Bone marrow tumors (myeloma, lymphoma, leukemia, mast-cell)

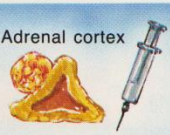
Endocrine abnormalities

Pituitary



ACTH hyper-secretion, tumor

Adrenal cortex



Glucocorticoid excess (hyperplasia, tumor, iatrogenic)

Ovary

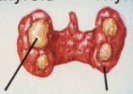
Estrogen deficiency (postmenopausal, genetic, ovariectomy)

Testis

Testosterone deficiency (genetic, castration, ?age)

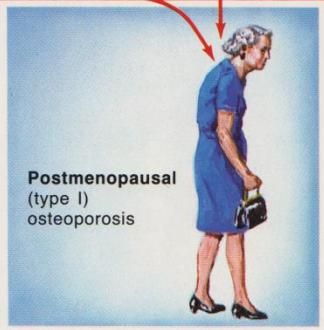
Parathyroid

Thyroid

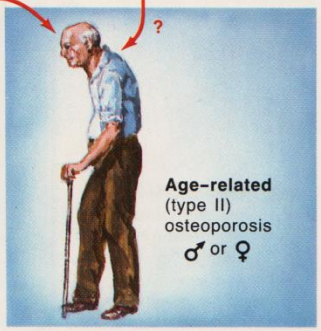


Hyperpara-thyroidism (primary, secondary)

Hyper-thyroidism



Postmenopausal (type I) osteoporosis



Age-related (type II) osteoporosis

♂ or ♀

F. Netter M.D.

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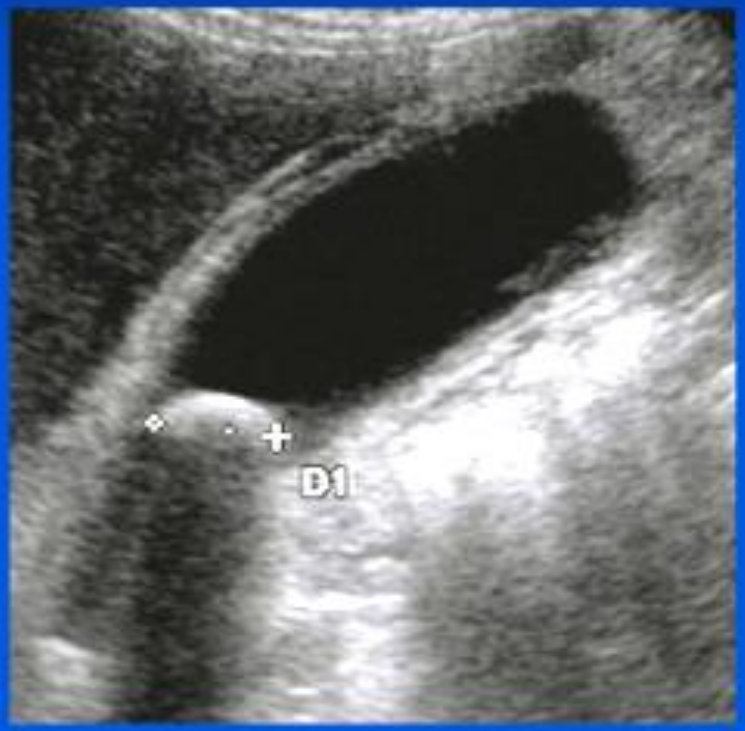
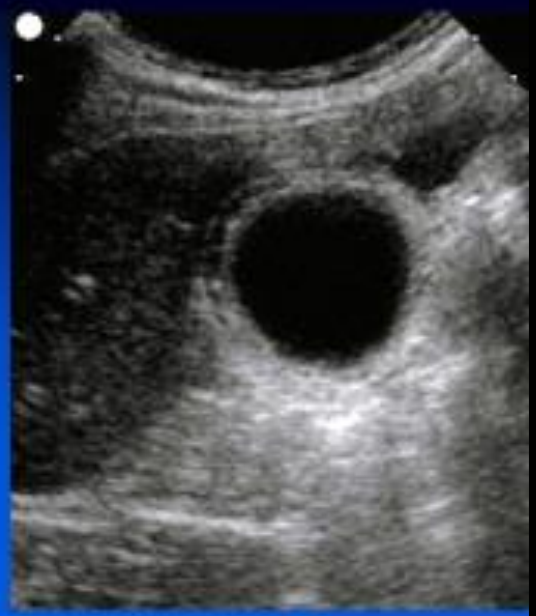
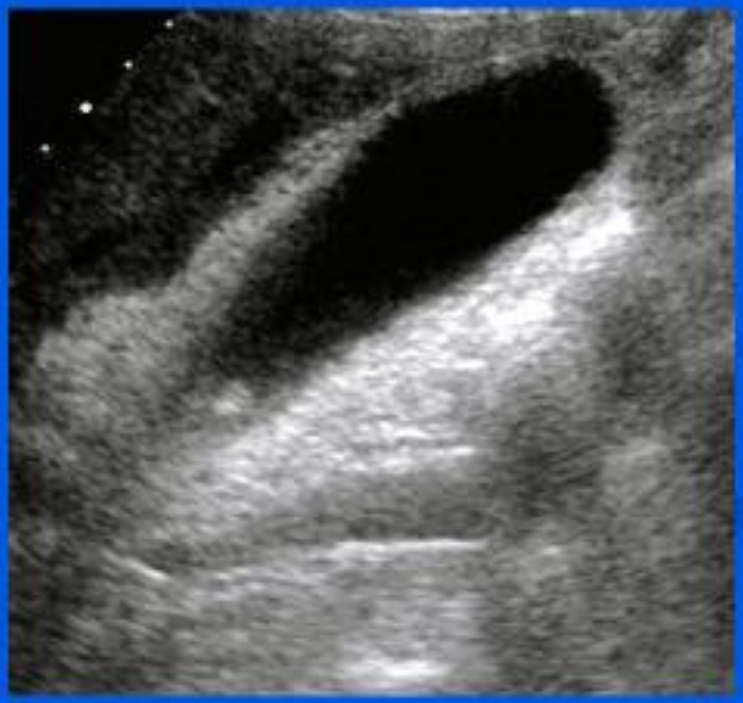
Cas 13

Patiente de 48 ans, surcharge pondérale
Fièvre et douleur de l'hypocondre droit



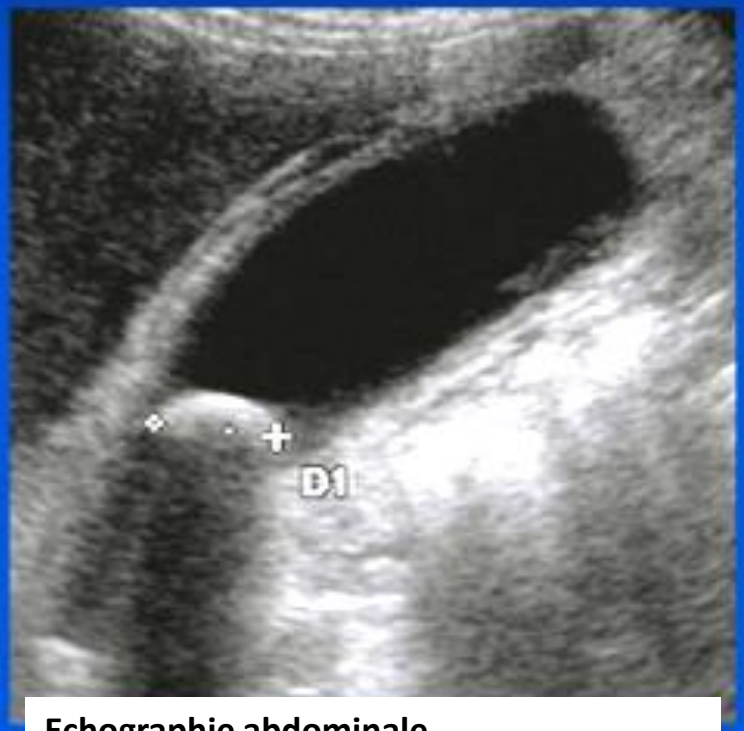


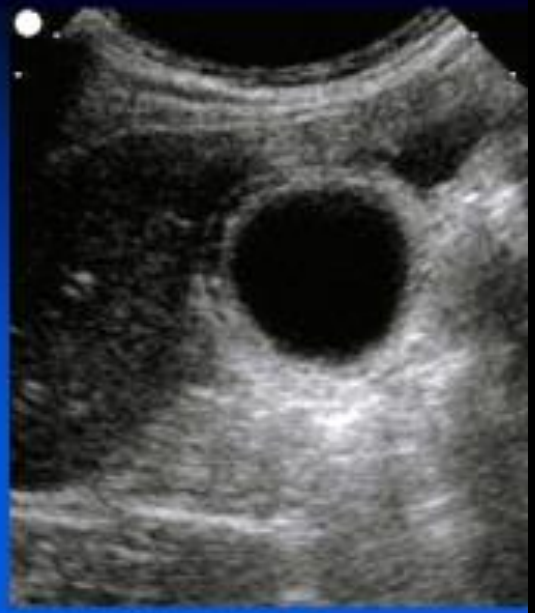


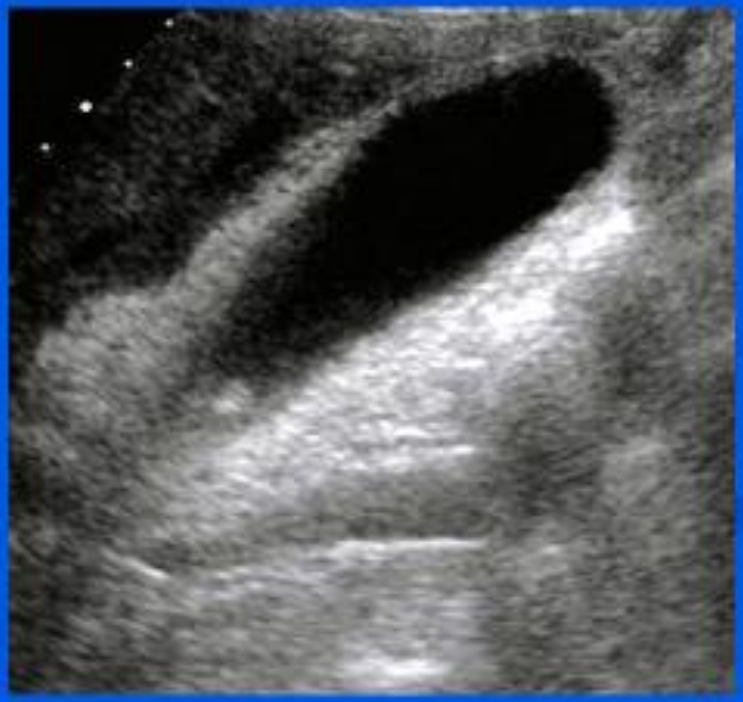
Cas 13

Patiente de 48 ans, surcharge pondérale
Fièvre et douleur de l'hypocondre droit

Cholécystite aiguë





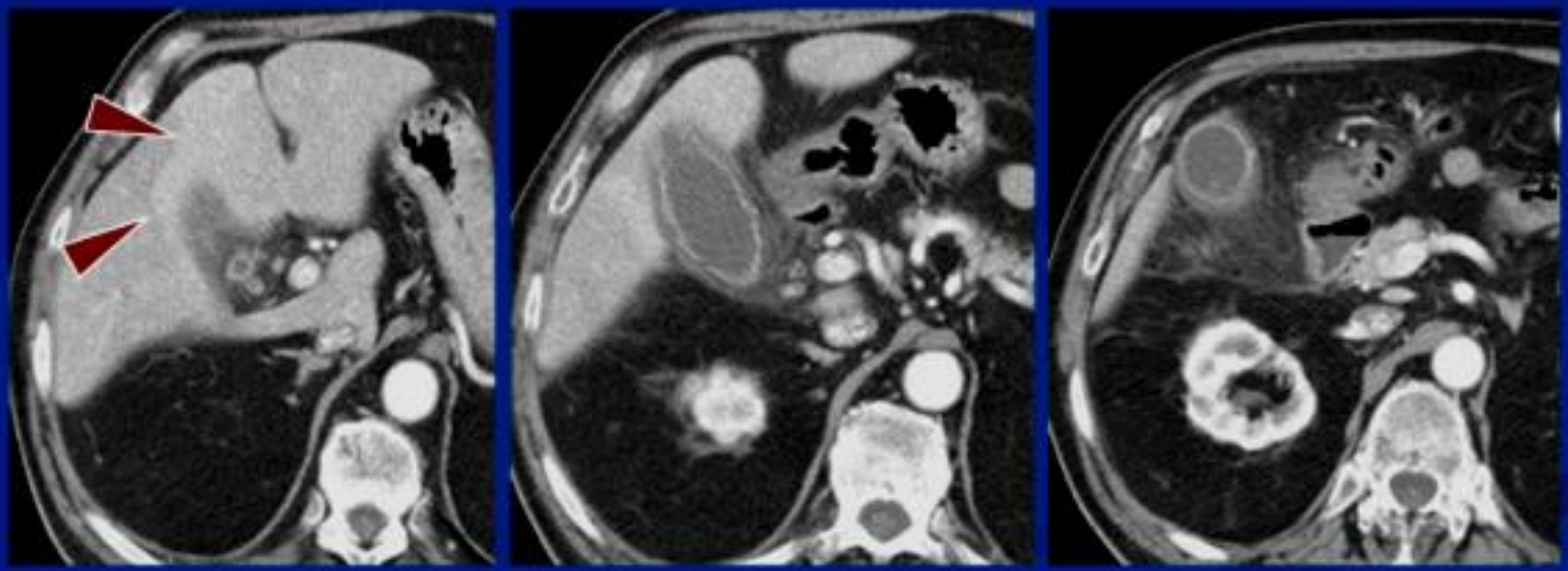


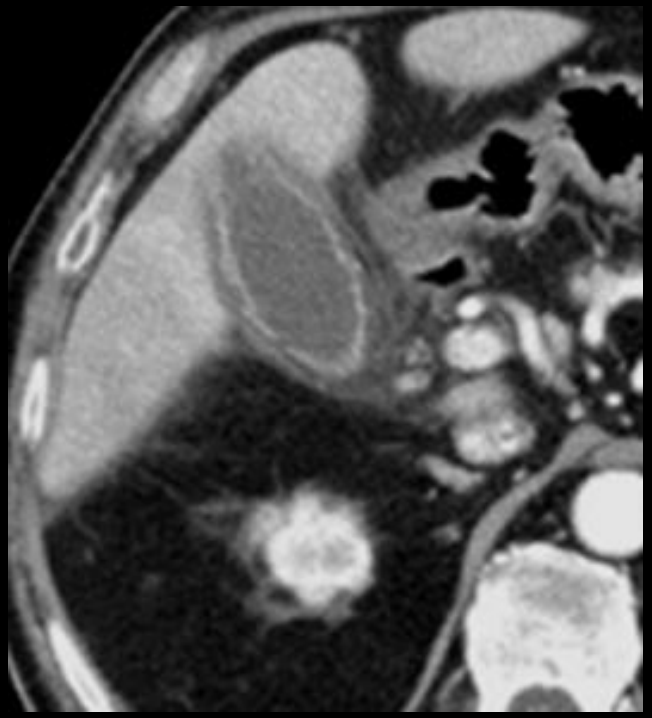
Echographie abdominale

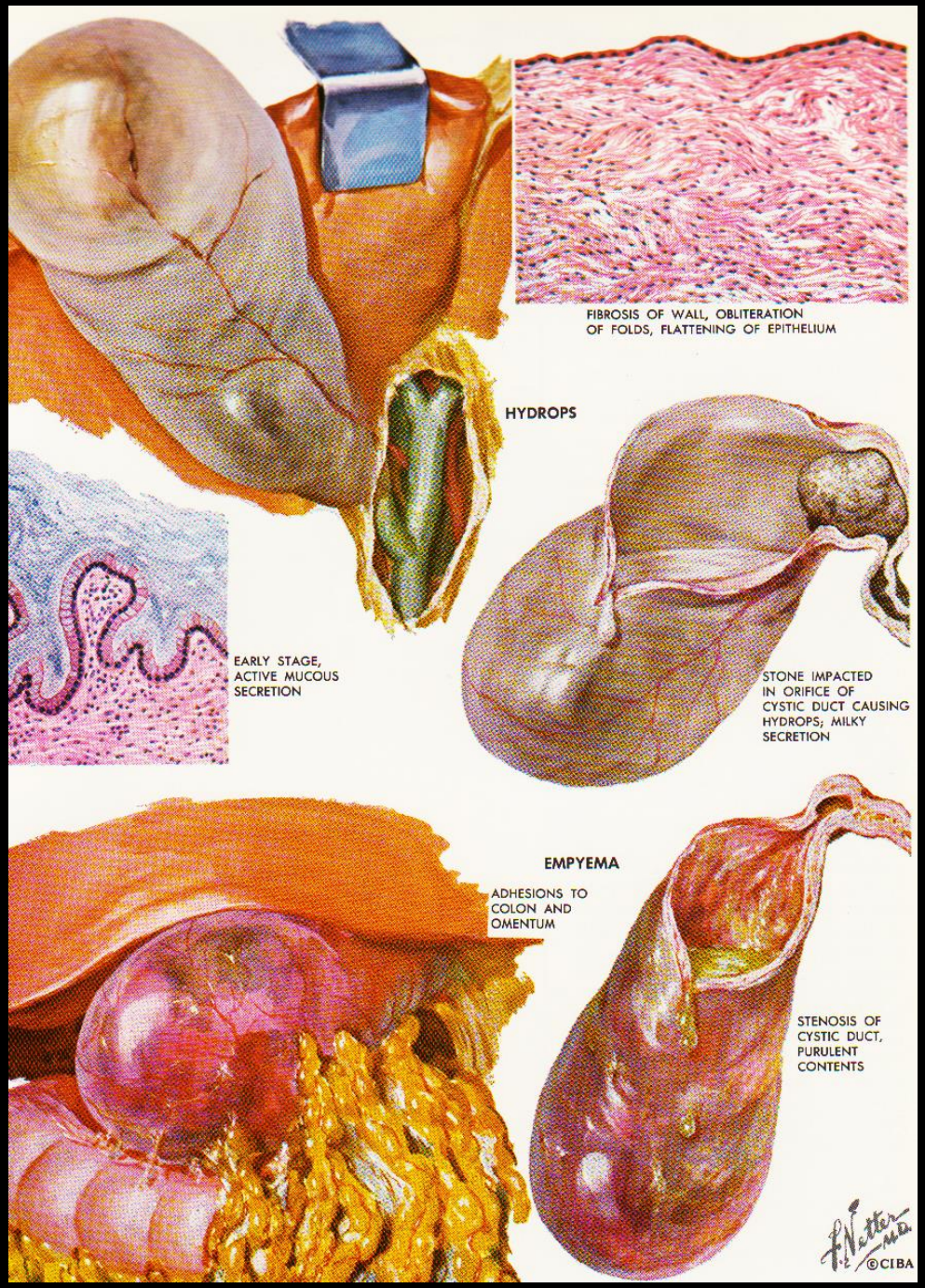
- **Distension de la vésicule biliaire**
- **Épaississement pariétal**
- **Calcul vésiculaire avec cône d'ombre postérieur**
- **Murphy +**

TDM :

- **Infiltration inflammatoire locale de la graisse**
- **Bile hyperdense**
- **Épaississement pariétal**
- **calcul (+/-) => Cholécystite alithiasique**
- **trouble de la perfusion hépatique de contiguïté**
- **diagnostic des complications +++: collections péri vésiculaires**






FIBROSIS OF WALL, OBLITERATION OF FOLDS, FLATTENING OF EPITHELIUM
HYDROPS
EARLY STAGE, ACTIVE MUCOUS SECRETION
STONE IMPACTED IN ORIFICE OF CYSTIC DUCT CAUSING HYDROPS; MILKY SECRETION
EMPYEMA
ADHESIONS TO COLON AND OMENTUM
STENOSIS OF CYSTIC DUCT, PURULENT CONTENTS
F. Netter M.D.
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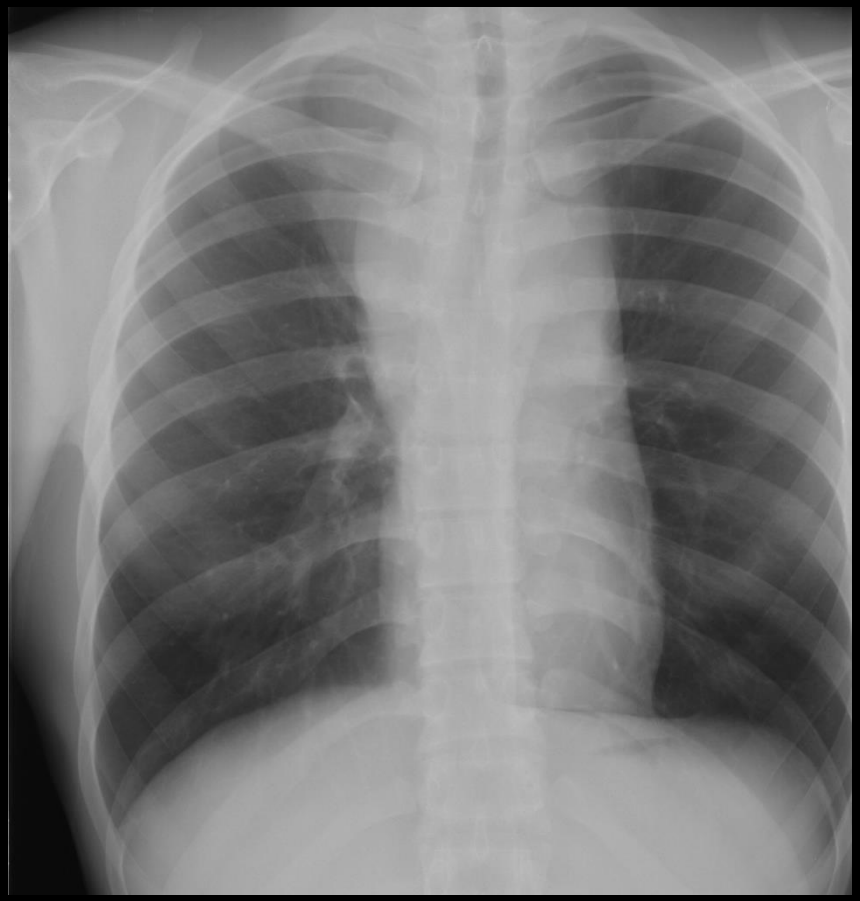
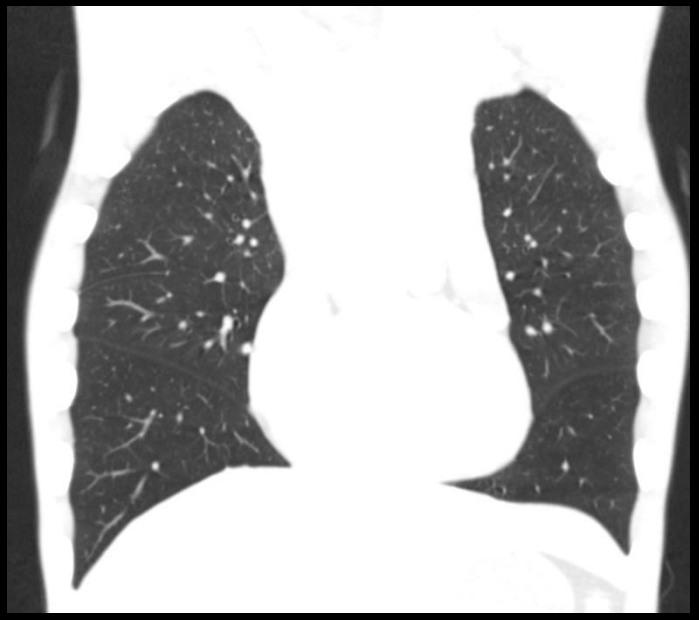
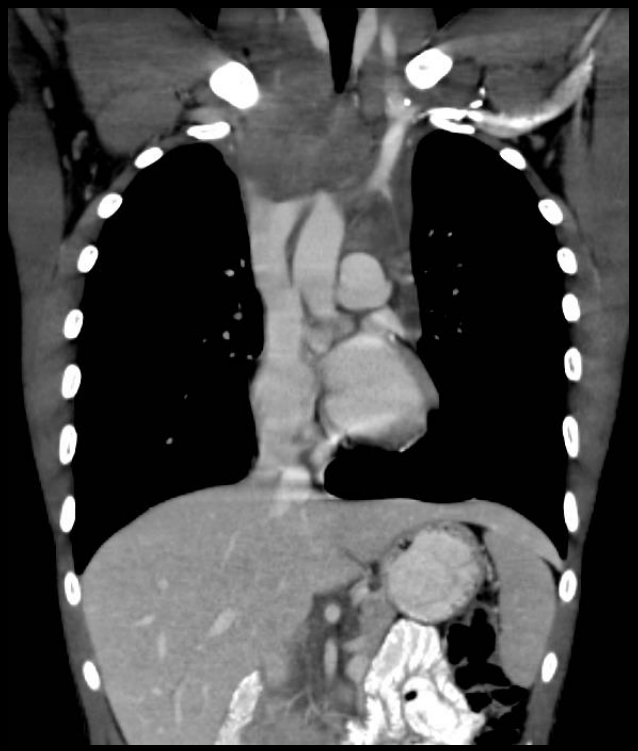
Cas 14

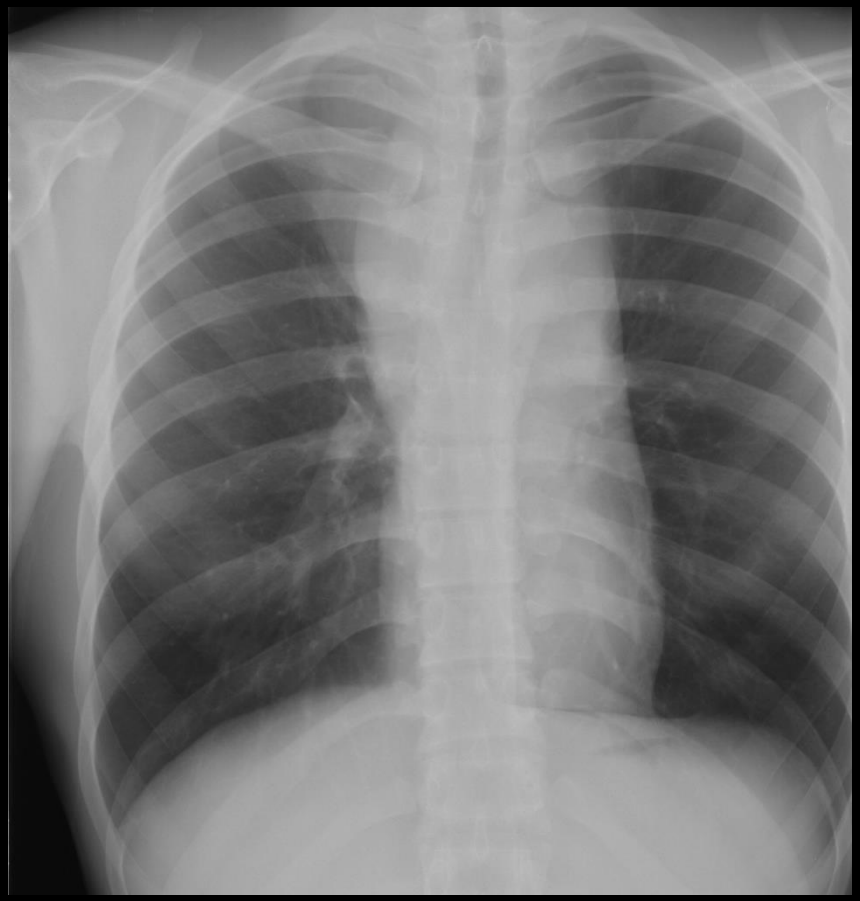


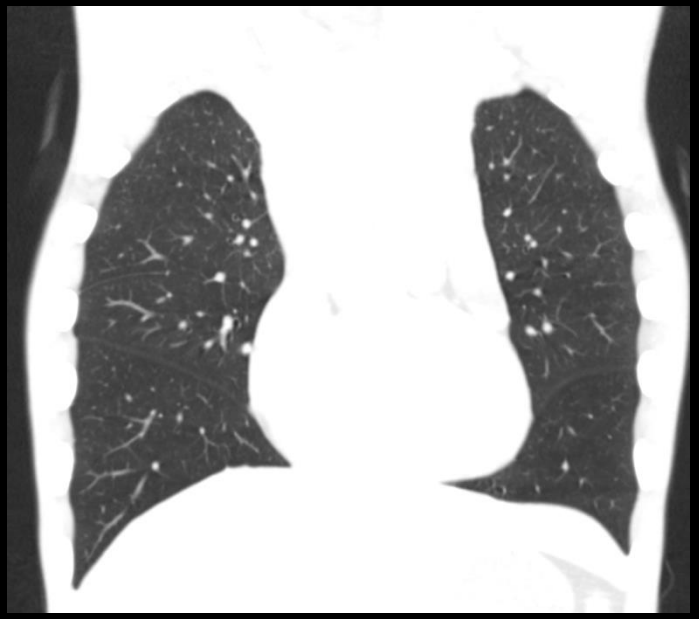


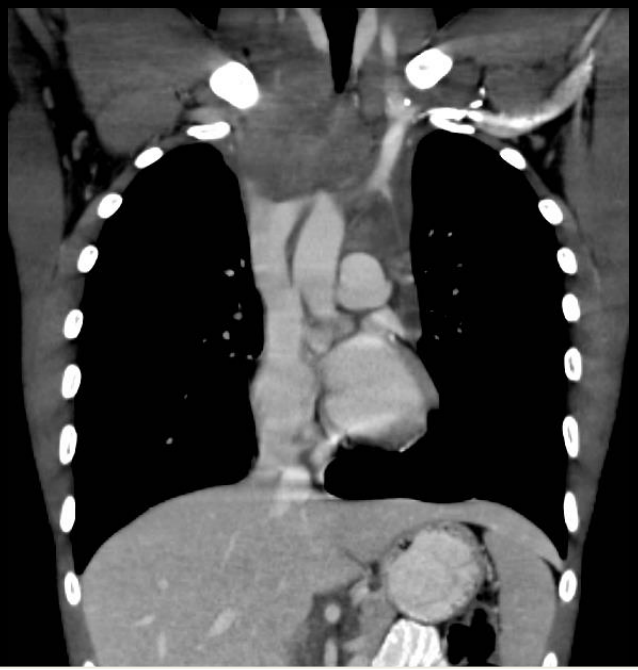


21 ans , asthénie, amaigrissement , sueurs nocturnes avec poussées fébriles

Cas 14

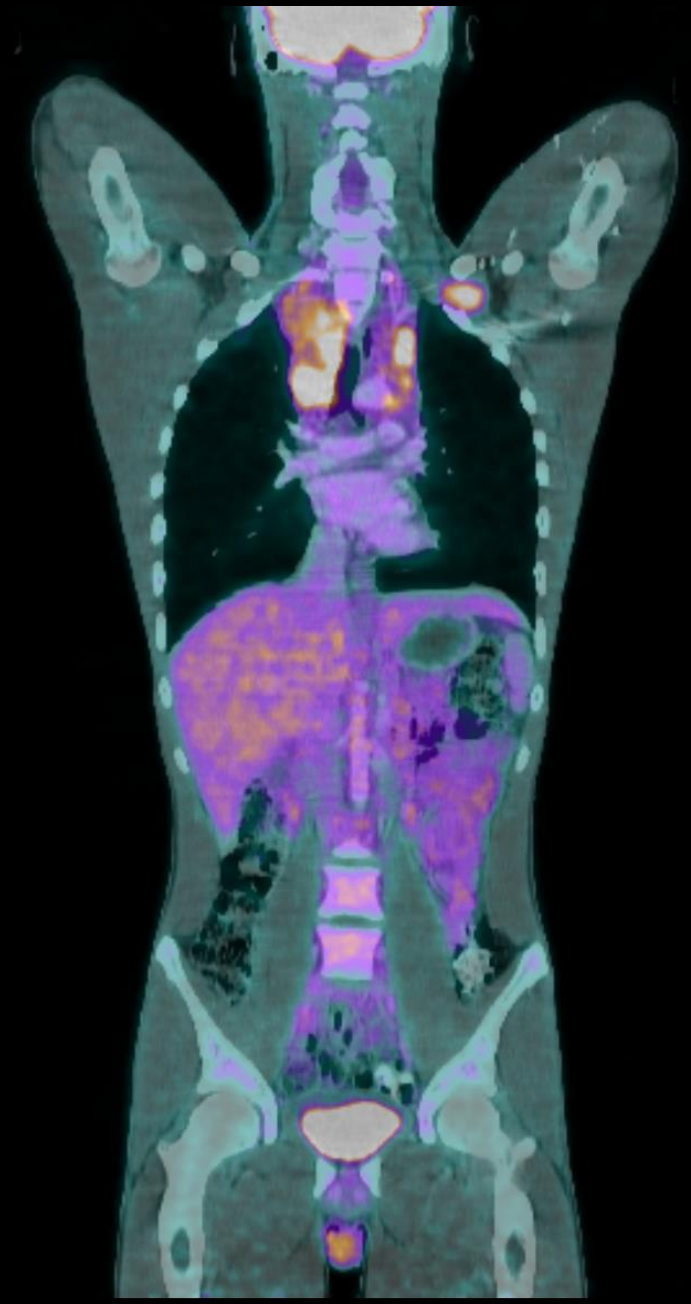






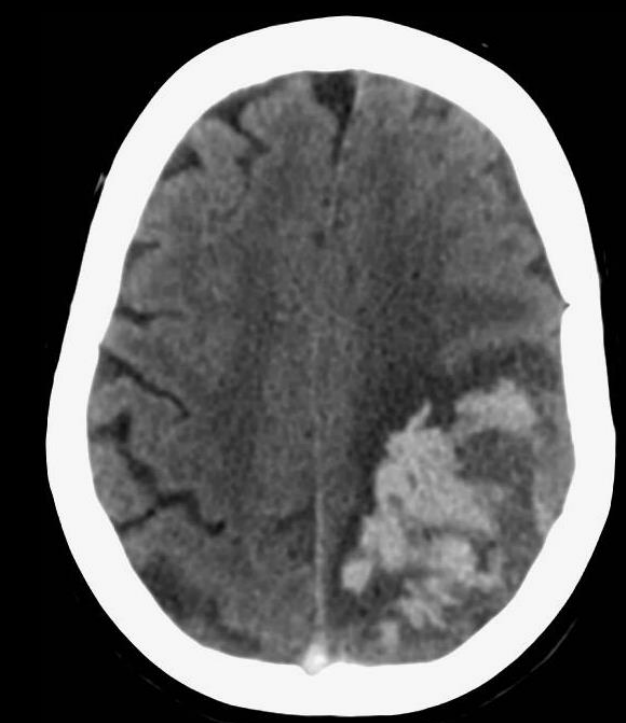
-Elargissement du médiastin supérieur
-Aspect de médiastin en cheminée
-Pas de compression trachéale visible.

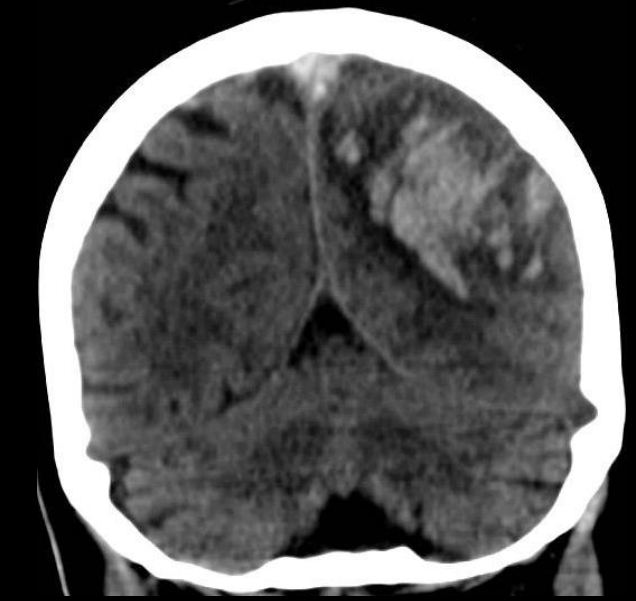
Polyadénopathies médiastinales supérieures et sus-claviculaires gauche

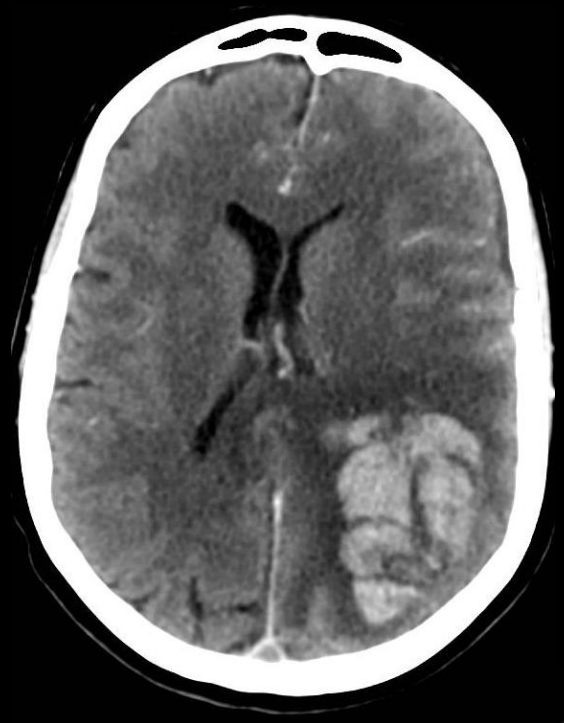


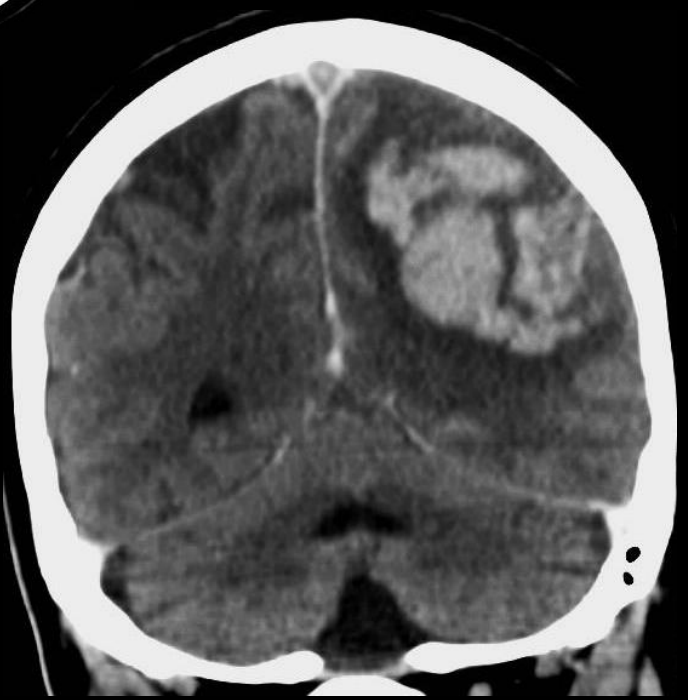
- Maladie de Hodgkin
- Stade II sus-diaphragmatique

Cas 15

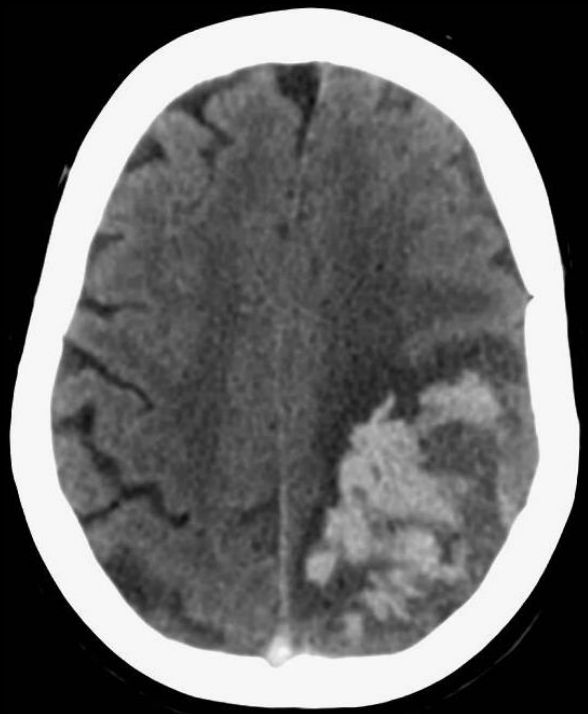


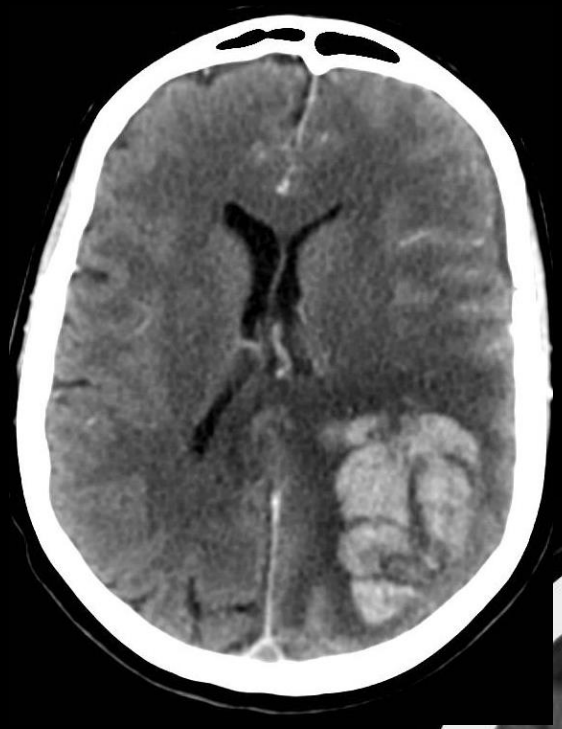


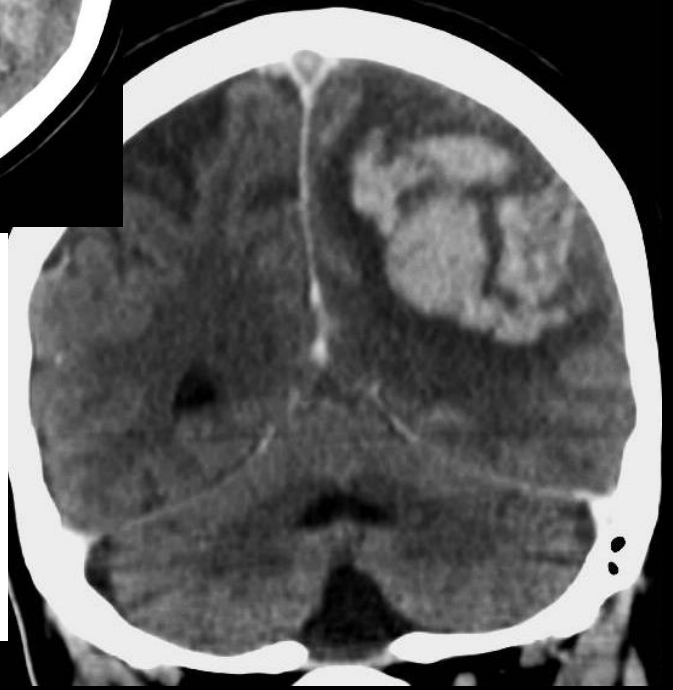


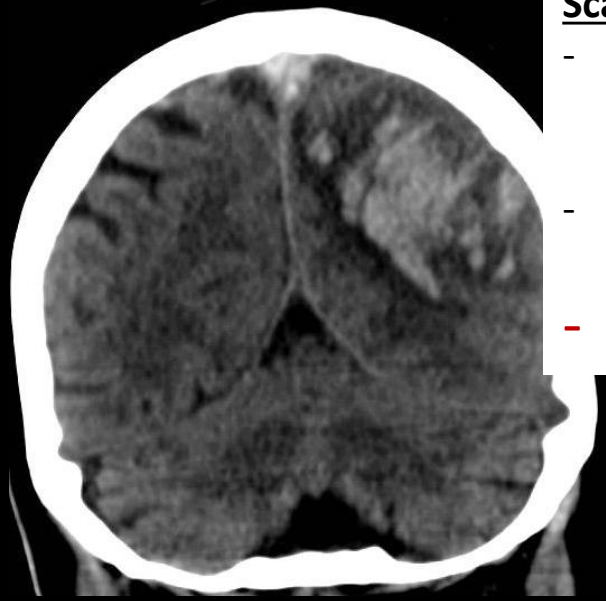


Cas 15





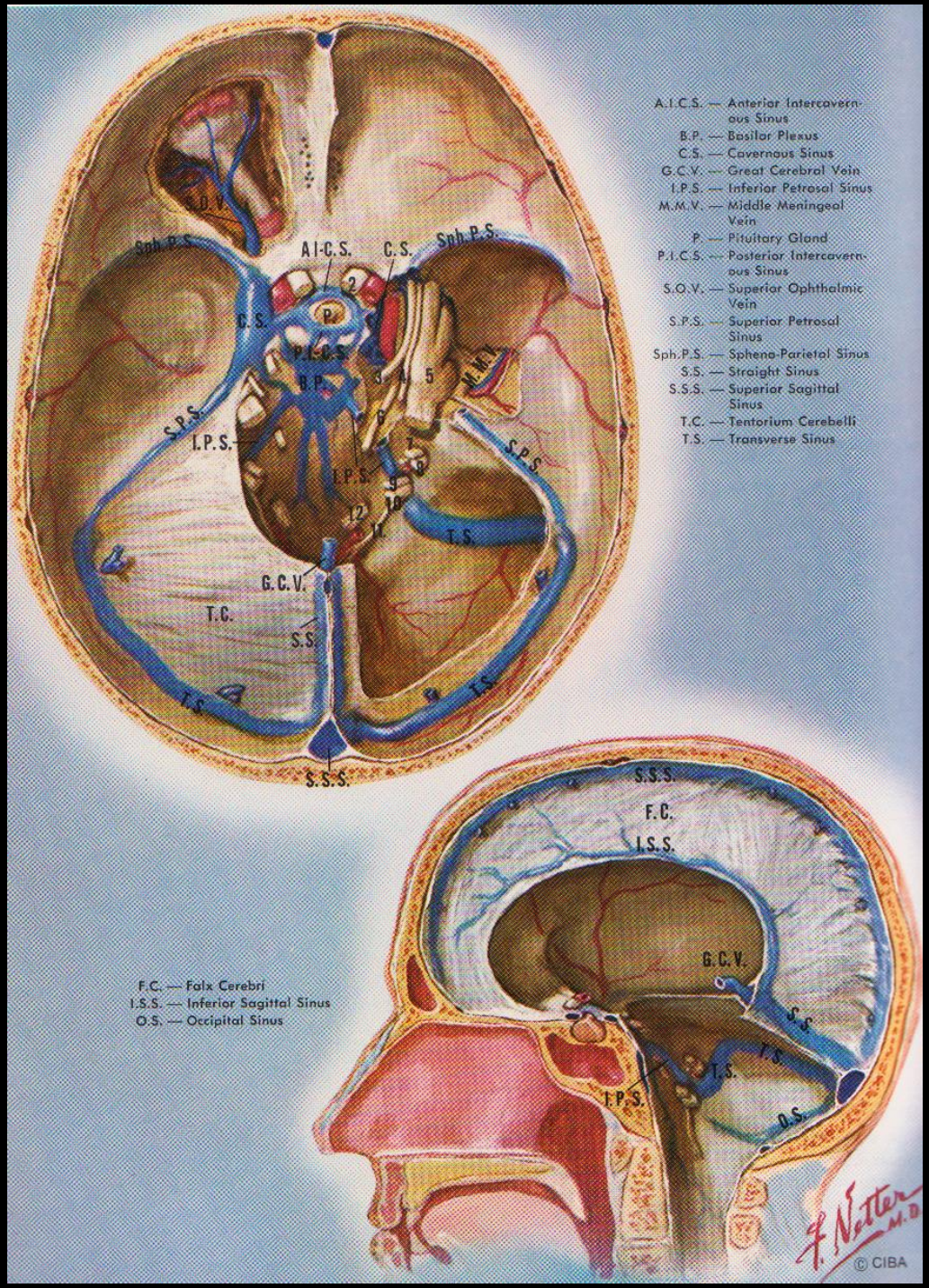


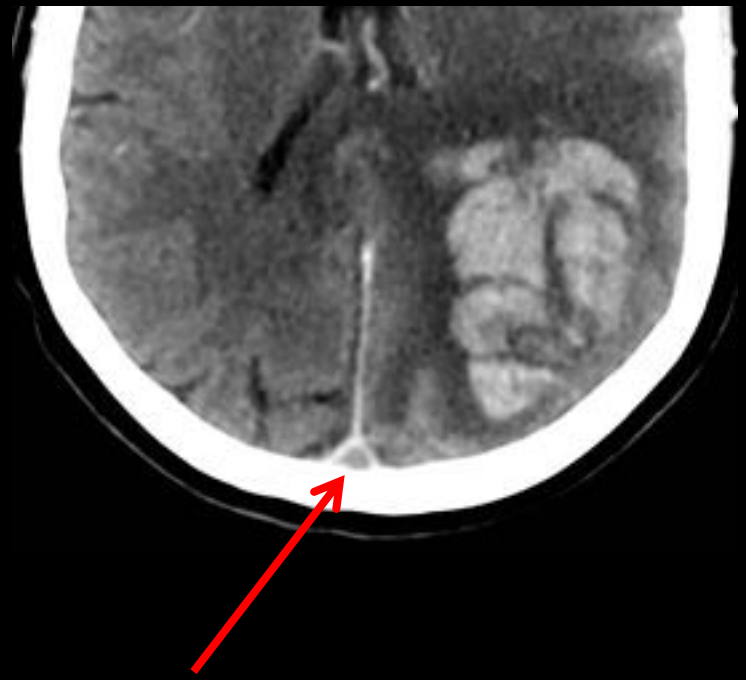


Scanner cérébral sans et avec IV

- Hématome intra parenchymateux pariétal gauche
- Hyperdensité spontanée du sinus longitudinal supérieur
- **Signe du Delta**

Thrombophlébite cérébrale compliqué d'un hématome intra parenchymateux

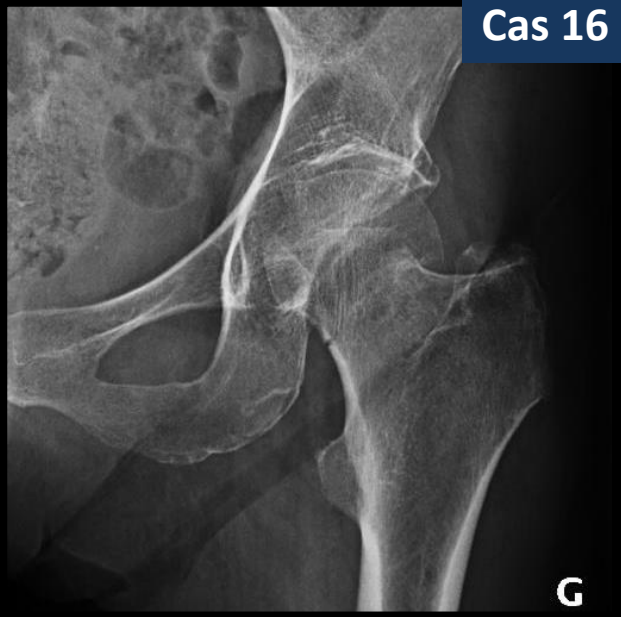

A.I.C.S. — Anterior Intercavernous Sinus
B.P. — Basilar Plexus
C.S. — Cavernous Sinus
G.C.V. — Great Cerebral Vein
I.P.S. — Inferior Petrosal Sinus
M.M.V. — Middle Meningeal Vein
P. — Pituitary Gland
P.I.C.S. — Posterior Intercavernous Sinus
S.O.V. — Superior Ophthalmic Vein
S.P.S. — Superior Petrosal Sinus
Sph.P.S. — Sphena-Parietal Sinus
S.S. — Straight Sinus
S.S.S. — Superior Sagittal Sinus
T.C. — Tentorium Cerebelli
T.S. — Transverse Sinus
F.C. — Falx Cerebri
I.S.S. — Inferior Sagittal Sinus
O.S. — Occipital Sinus
M.D.V.
Sph.P.S.
A.I.C.S.
C.S.
Sph.P.S.
C.S.
P.
P.I.C.S.
B.P.
M.M.V.
S.P.S.
I.P.S.
S.P.S.
I.P.S.
T.S.
G.C.V.
T.C.
S.S.
T.S.
T.S.
S.S.S.
S.S.S.
F.C.
I.S.S.
G.C.V.
S.S.
T.S.
I.P.S.
O.S.
F. Netter M.D.
© CIBA

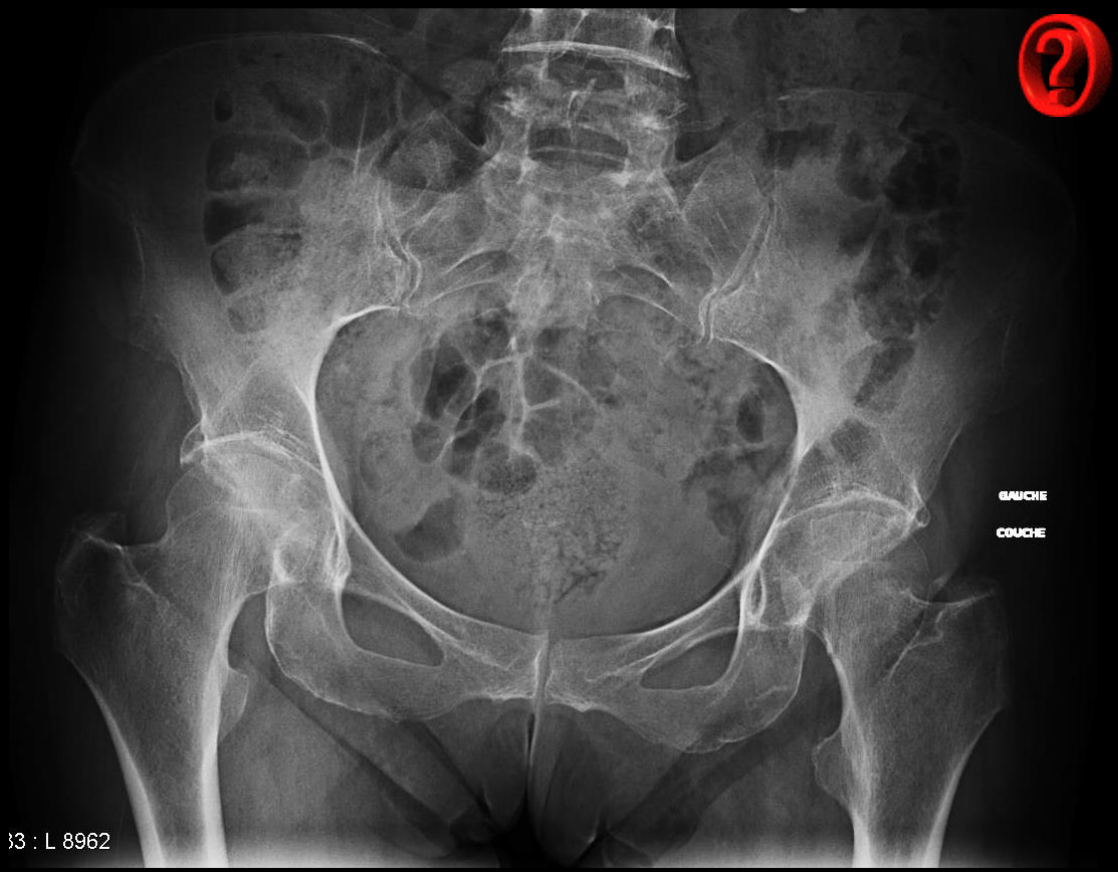


Cas 16

- Femme de 68 ans, chute sur le côté gauche de sa hauteur.

- Impotence complète à la marche avec douleur de hanche gauche.





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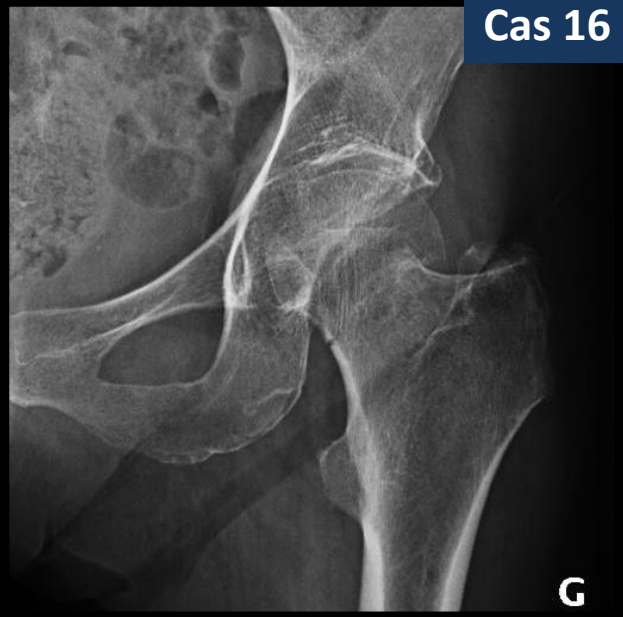
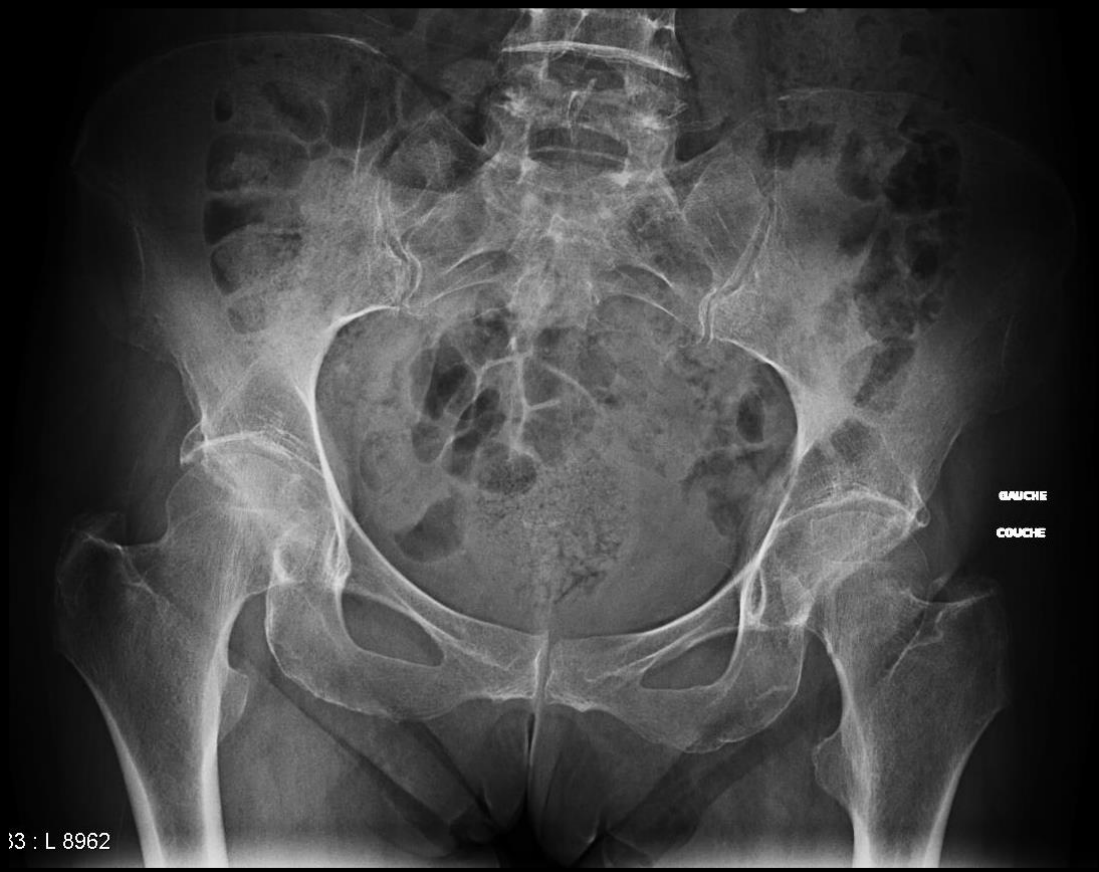
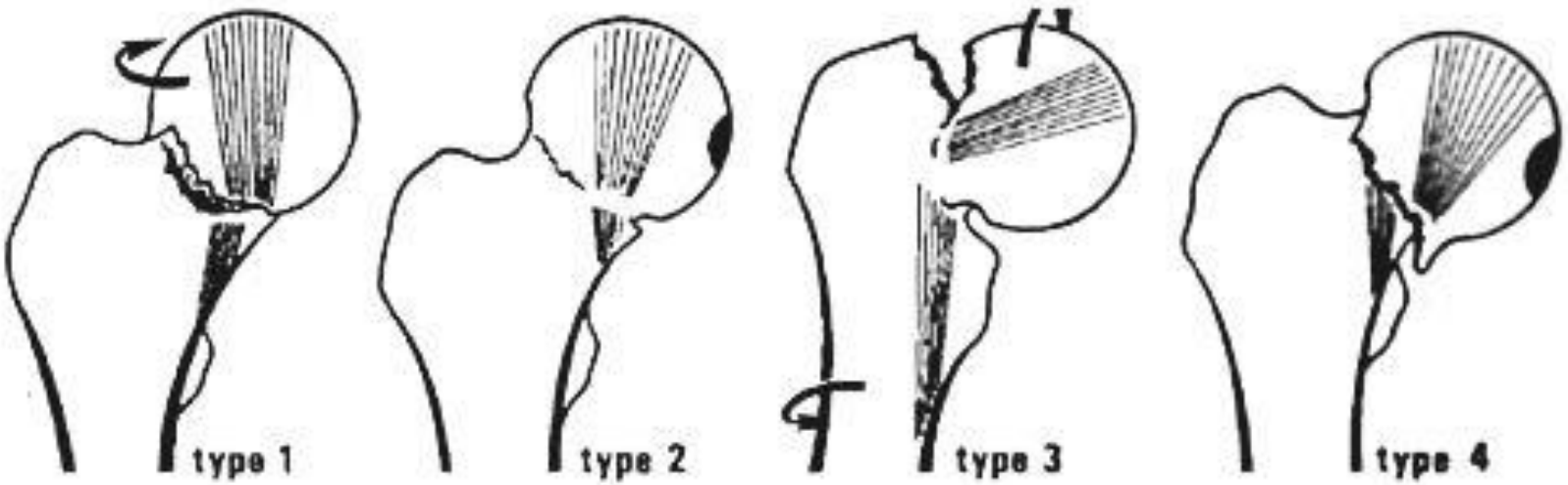




- Fracture du col fémoral gauche (cervicale vraie)

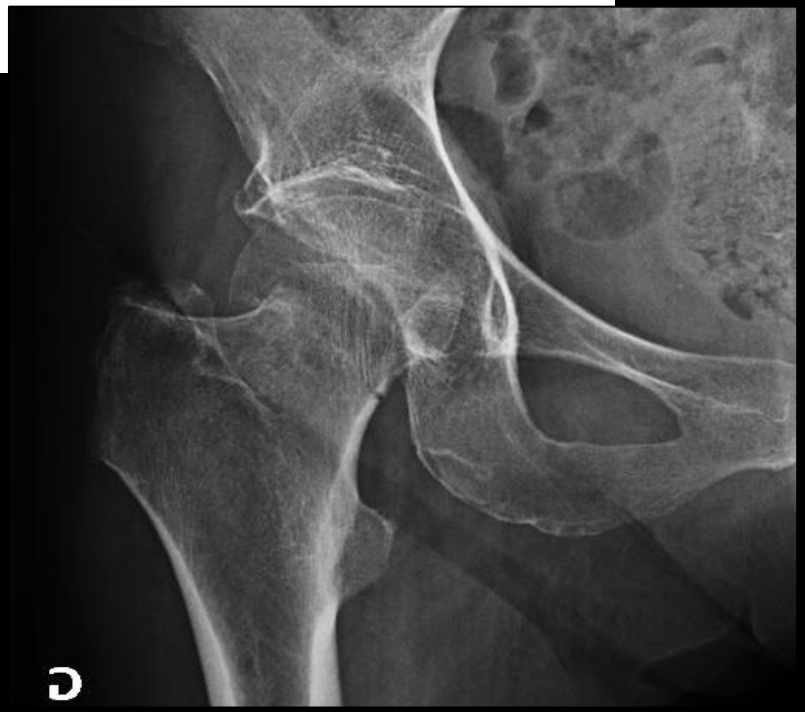
- Engrainée en valgus (verticalisation des travées osseuses)

- Garden I.

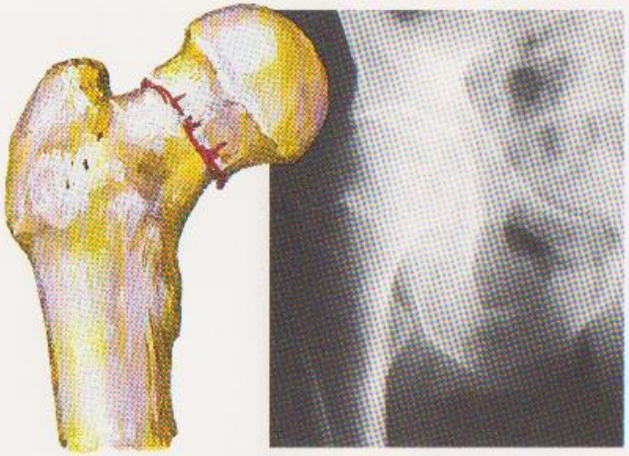


CLASSIFICATION DE GARDEN

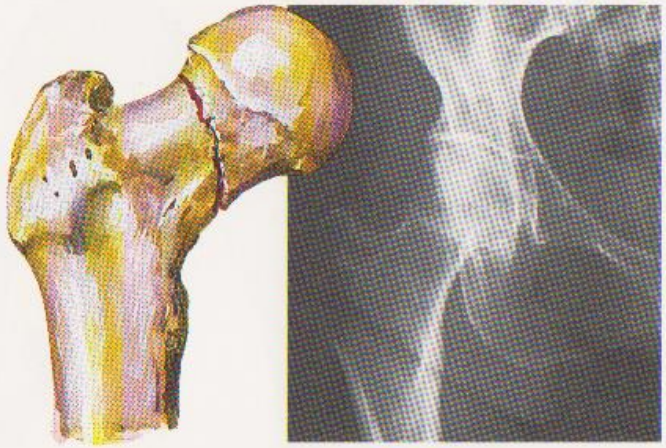
1961



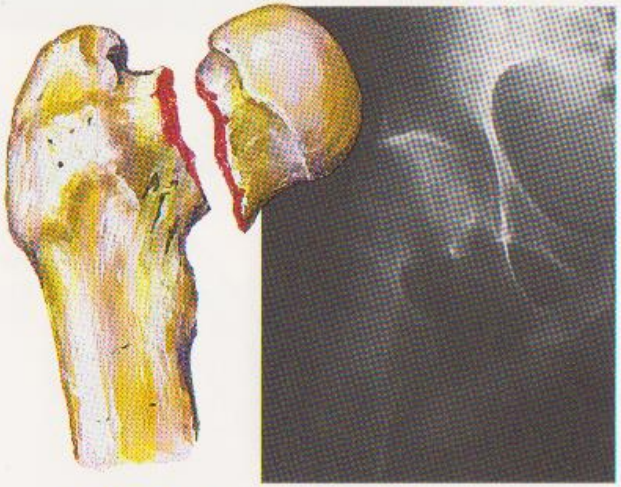
Intracapsular Fracture of Femoral Neck



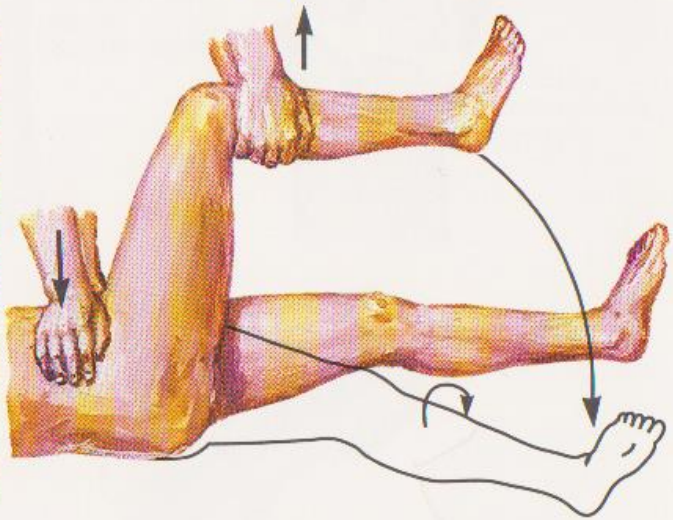
Impacted fracture



Nondisplaced fracture



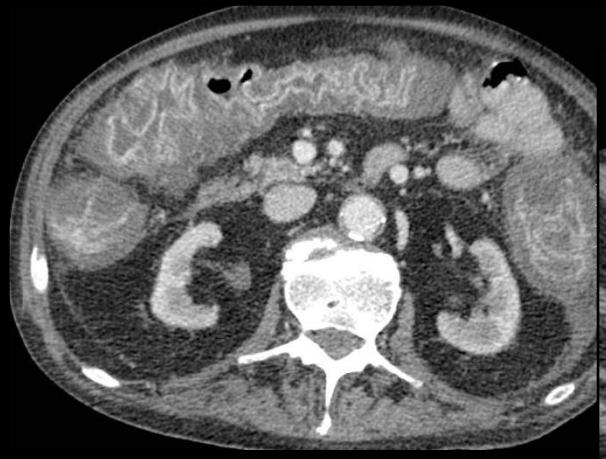
Displaced fracture. Vertical fracture line generally suggests poorer prognosis

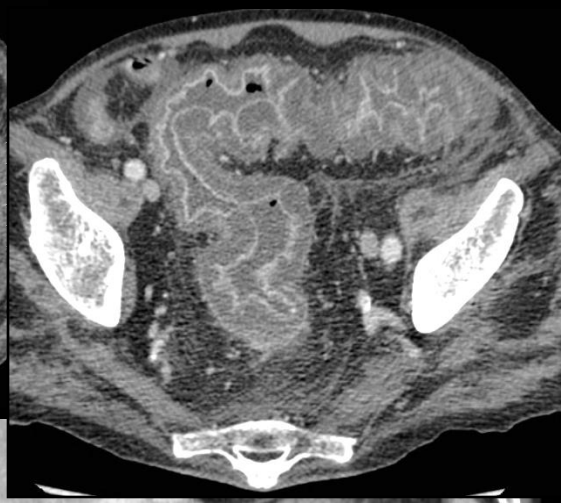


Reduction of displaced fracture with Leadbetter maneuver. With knee flexed, slightly abducted limb slowly flexed to 90°, and upward traction applied as assistant fixes pelvis. Limb then gently extended, adducted, and internally rotated. (Near-perfect reduction essential)

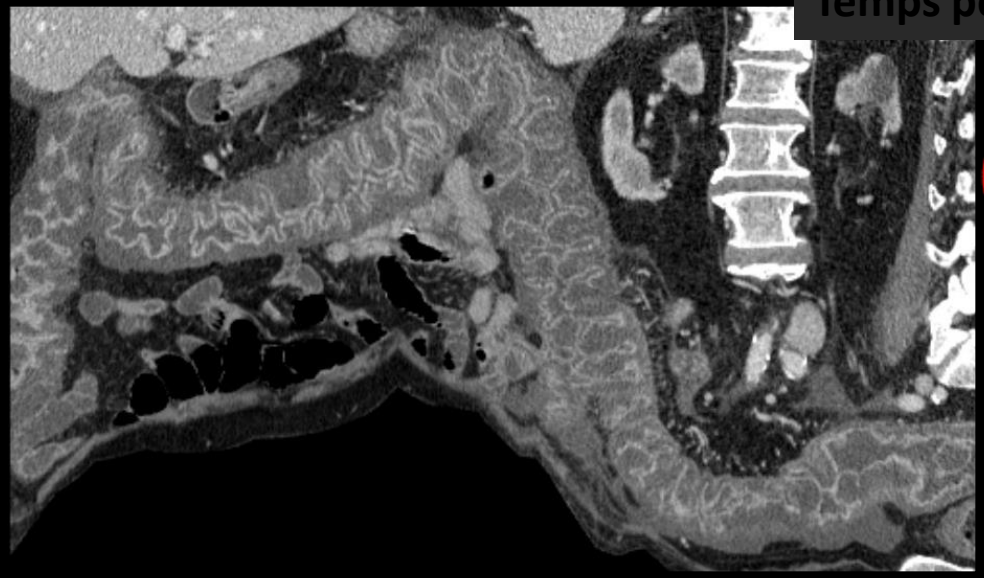
Cas 17

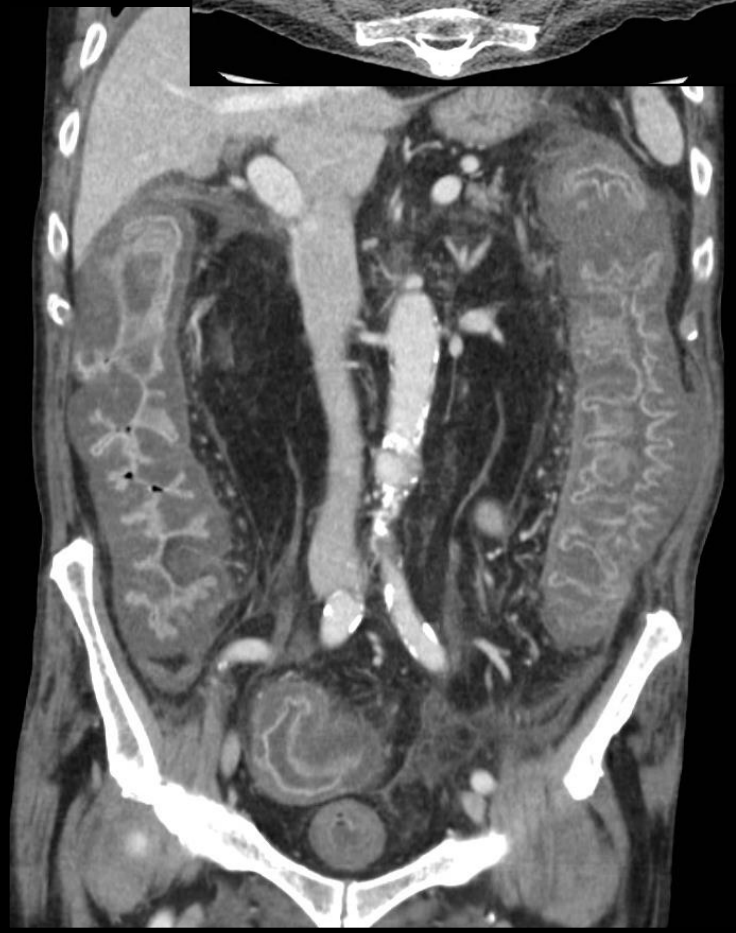
- Diarrhée fébrile depuis 10 jours
- ATCD : diabète, Polyarthrite rhumatoïde sous Cortancyl





Temps portal





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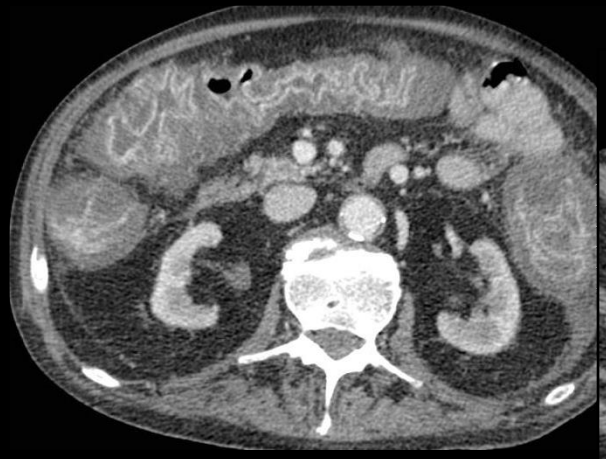
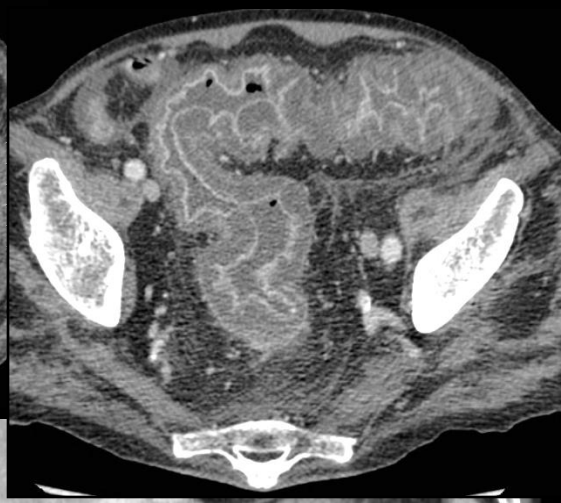
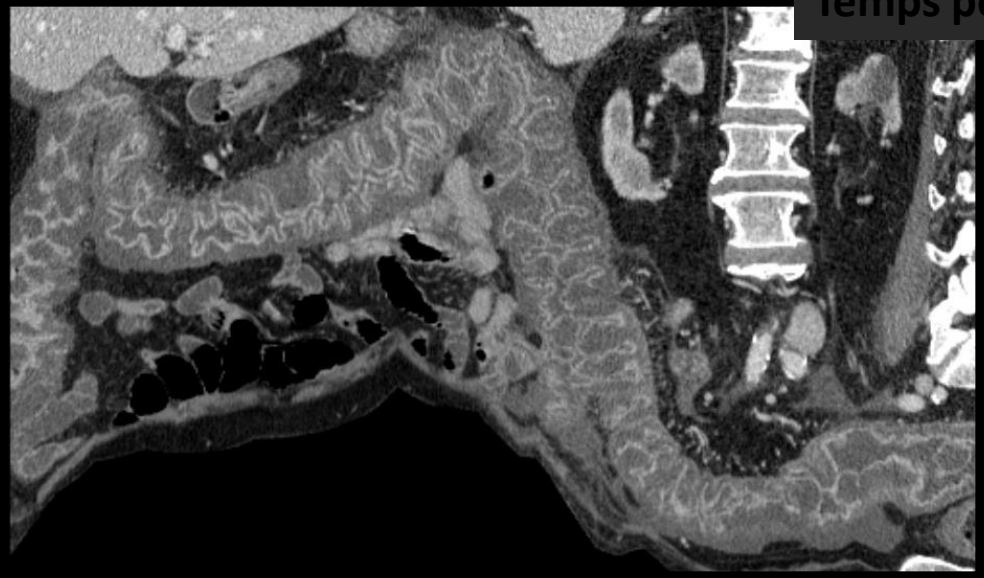
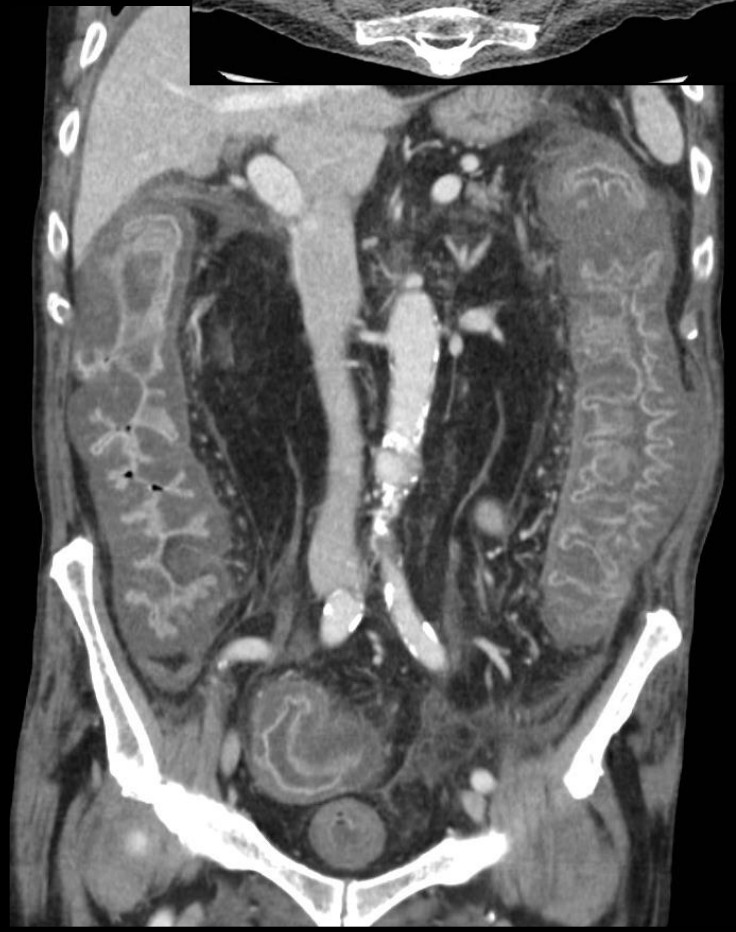


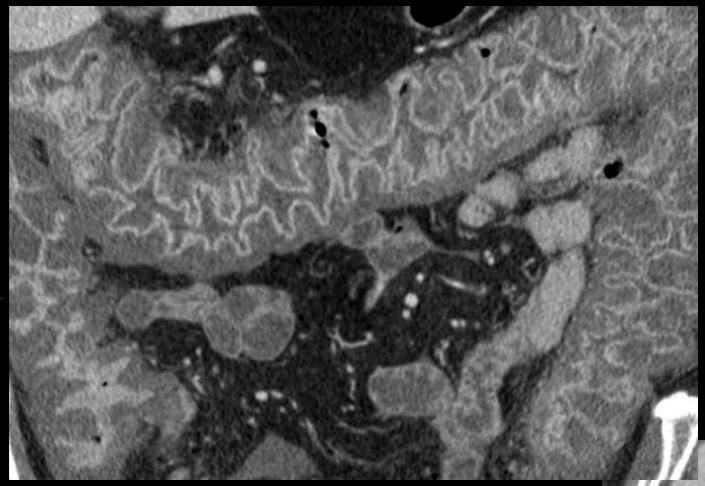


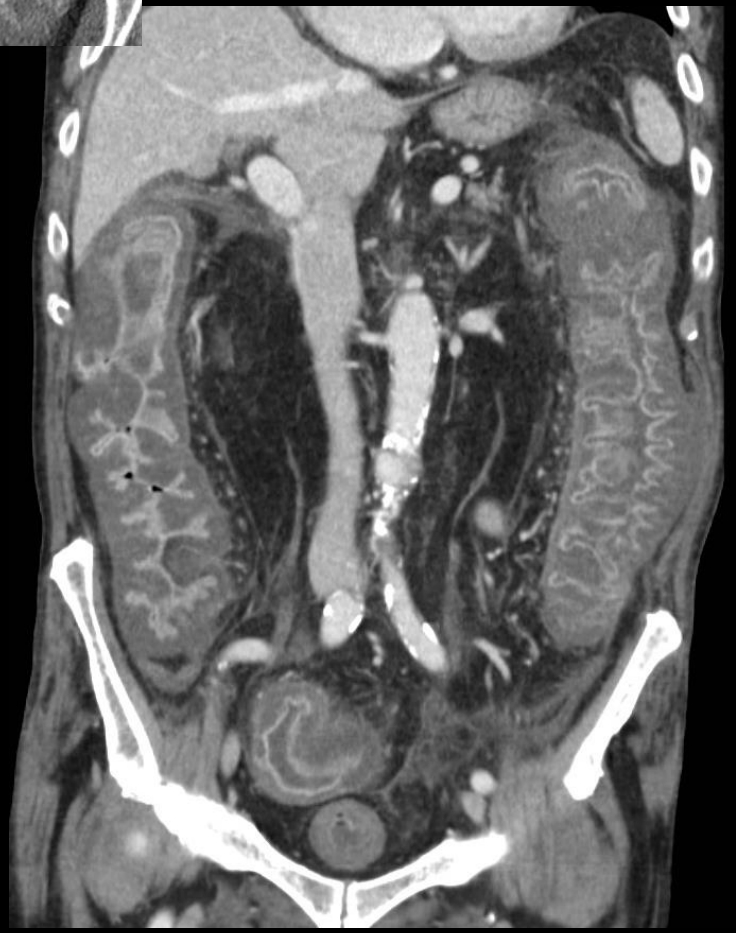
Temps portal



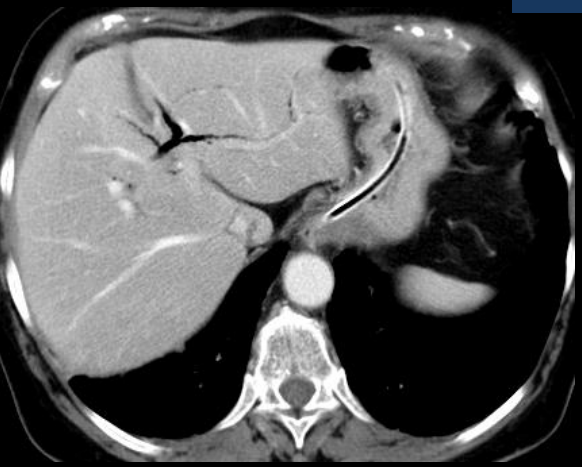


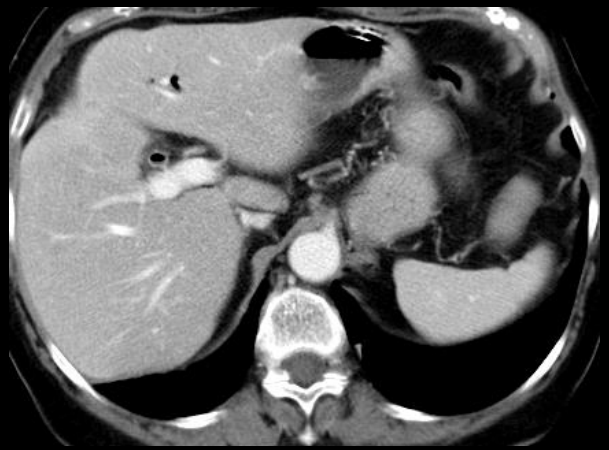
Colite pseudo-membraneuse

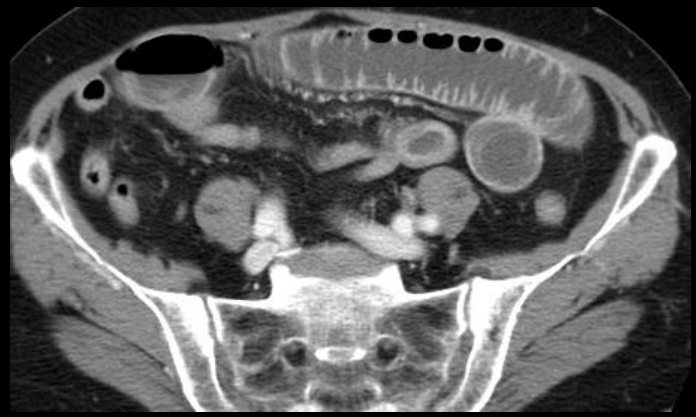


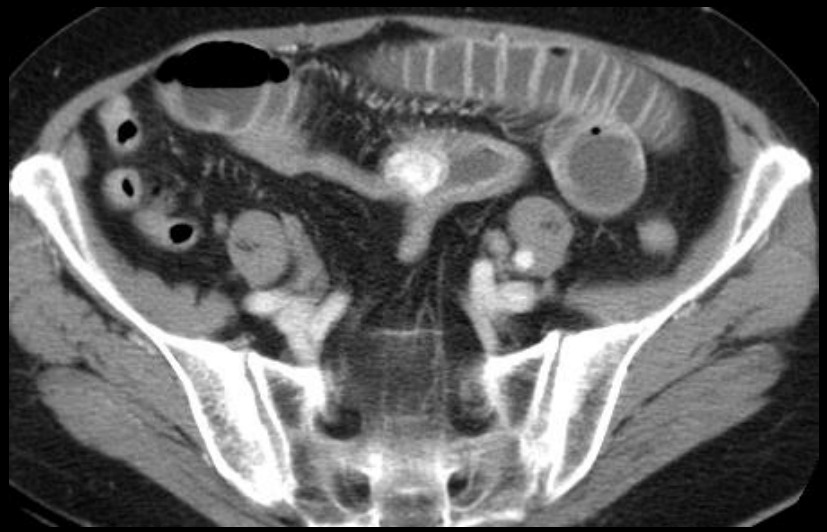


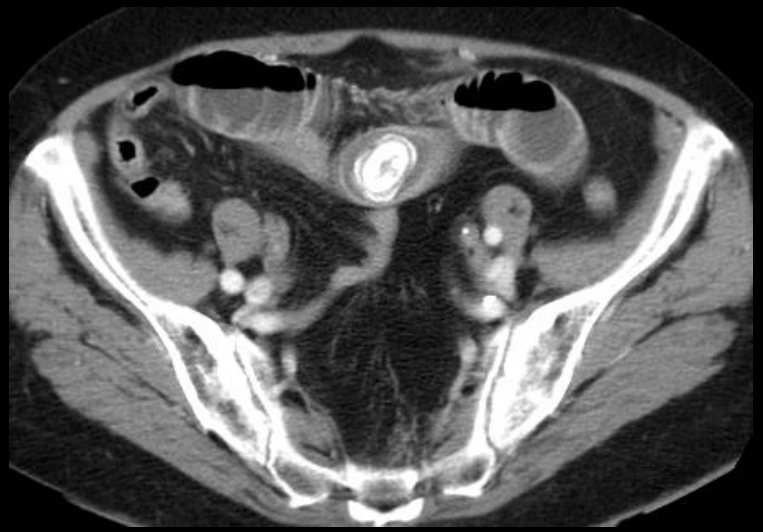
Cas 18



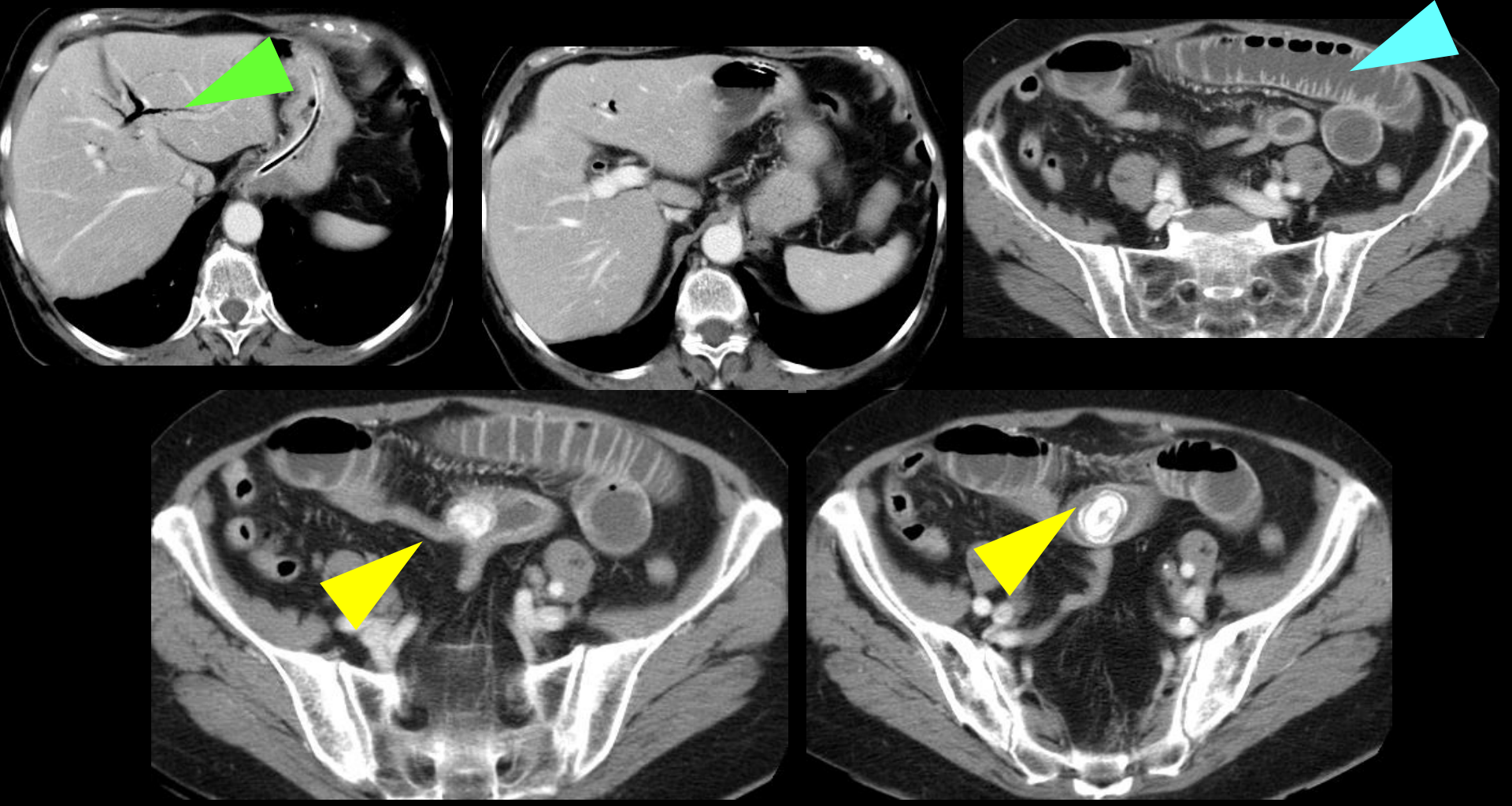








Femme 74 ans. Syndrome occlusif

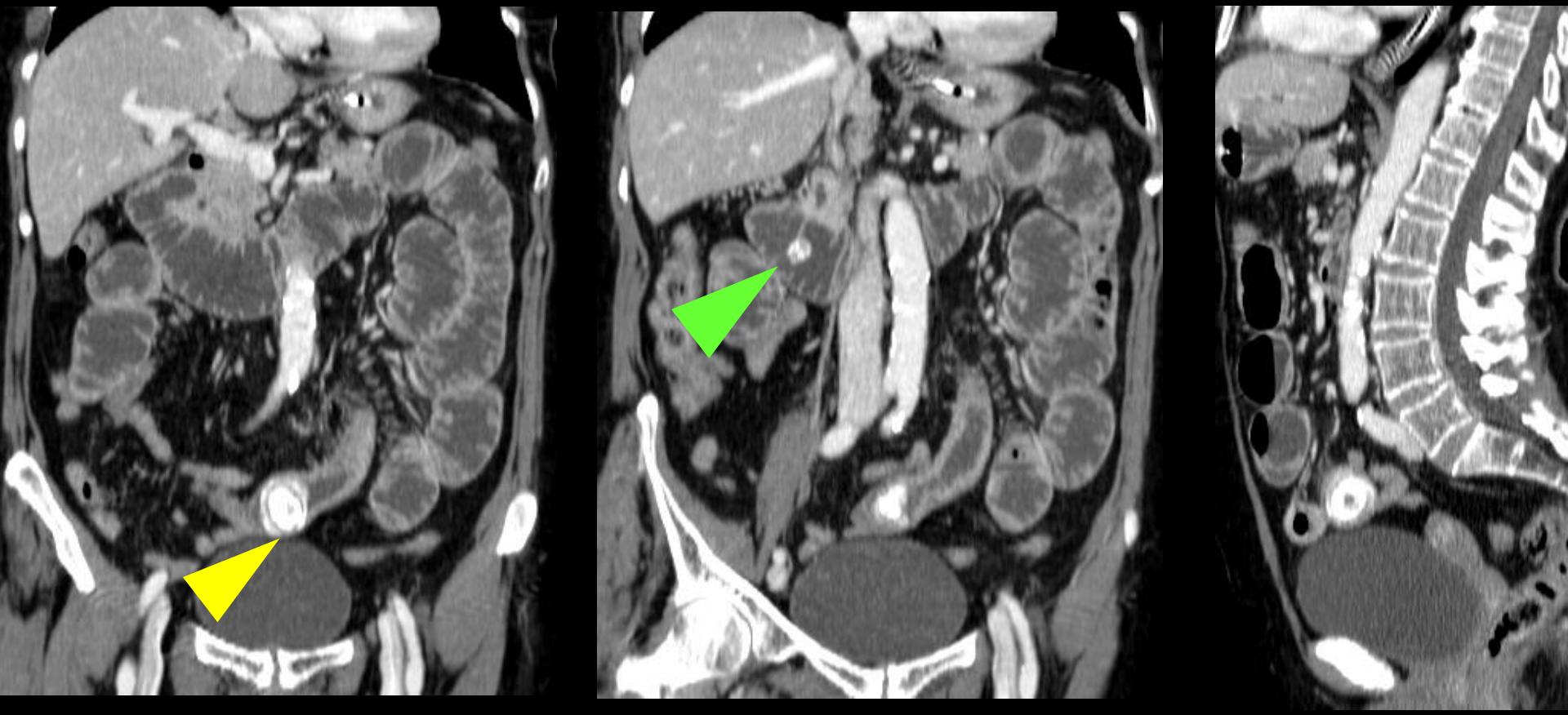


Femme 74 ans. Syndrome occlusif

-Syndrome occlusif du grêle
-calcul calcifié au sein du grêle
-aérobilie

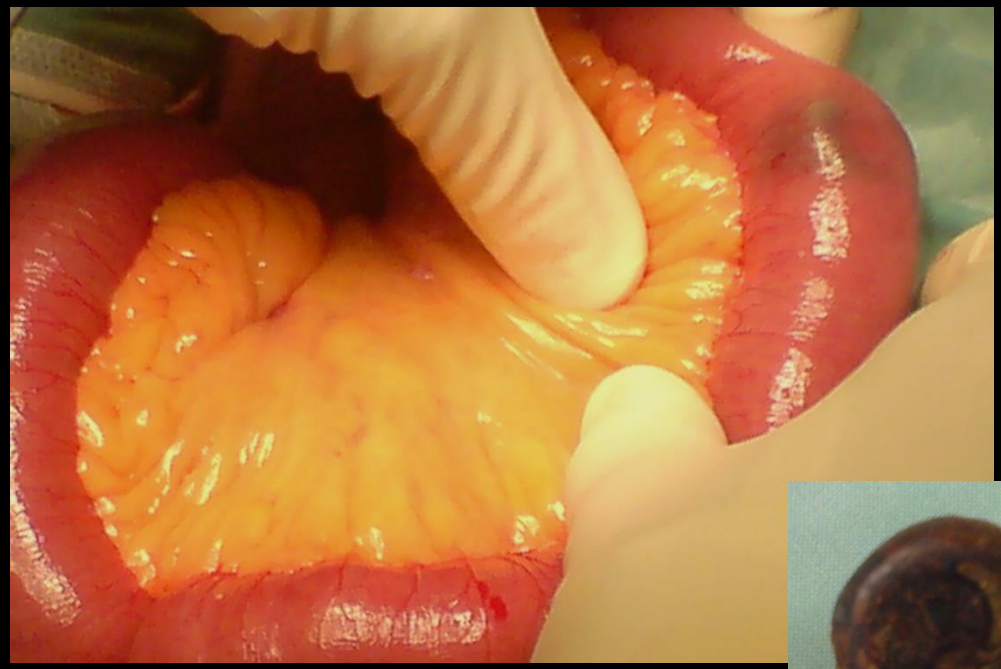
Iléus biliaire

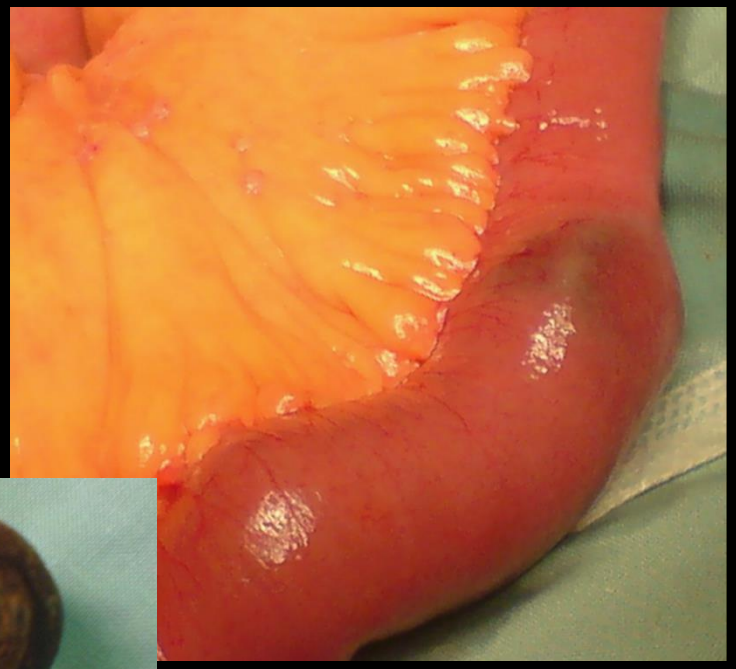
Cas 18



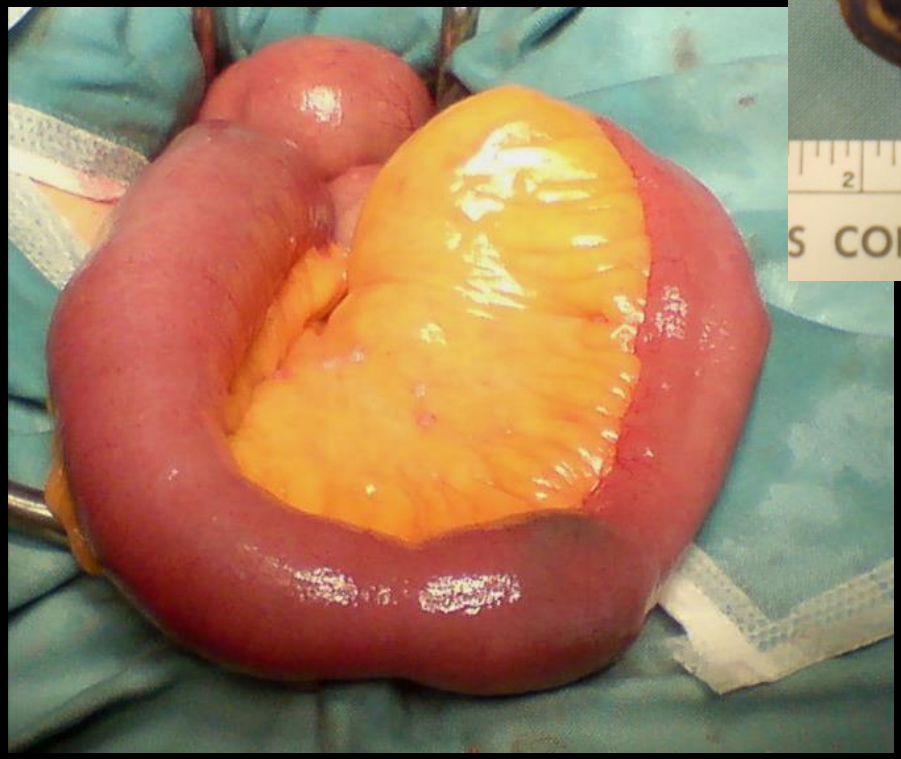
ILEUS BILIAIRE

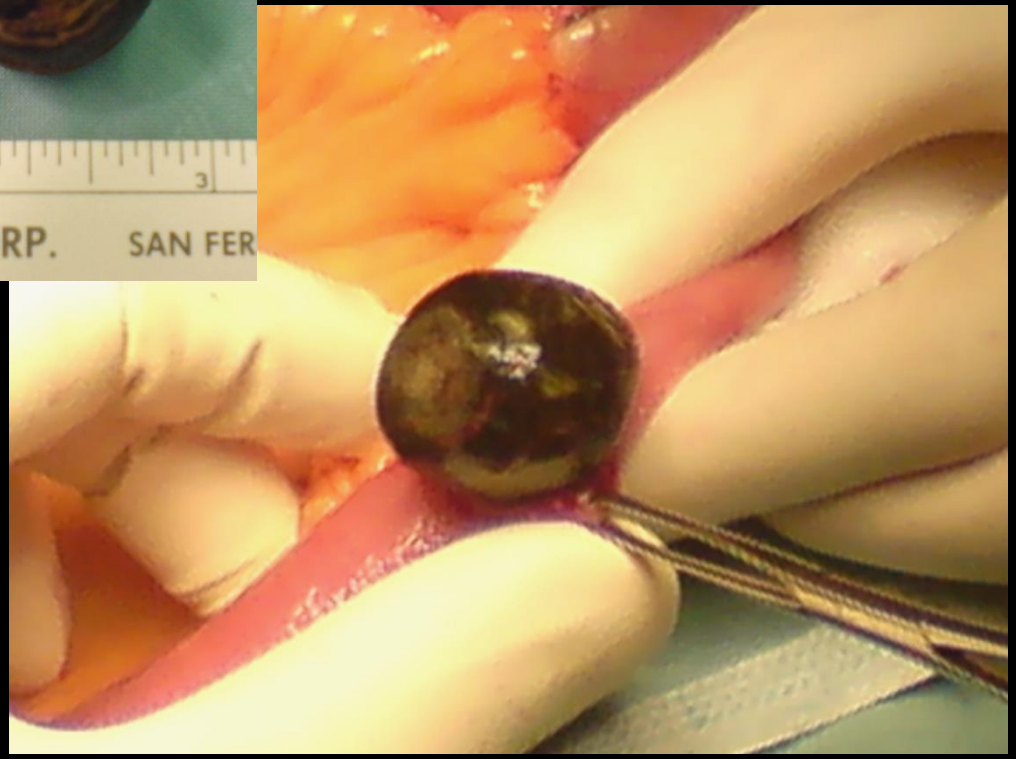
- ⇒ **Calcul d'origine biliaire enclavé au niveau jéjunal**
- ⇒ **Distension du grêle d'amont**
- ⇒ **2ème calcul biliaire en D3**

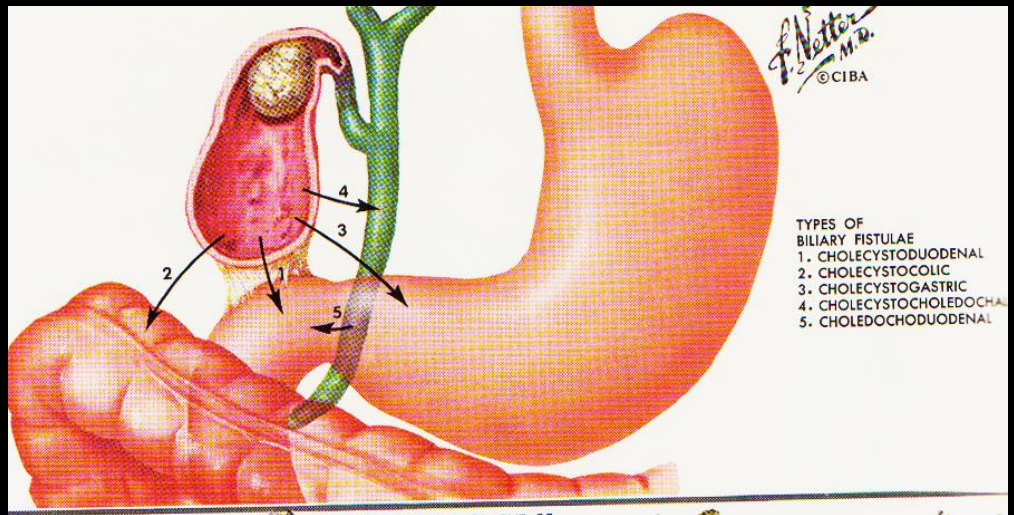





2
3
S CORP.
SAN FER







F. Netter M.D.
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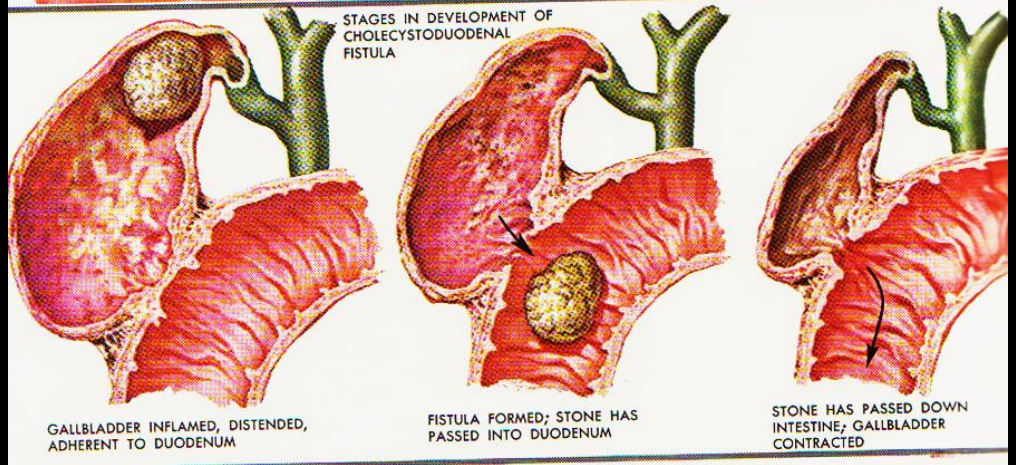
TYPES OF
BILIARY FISTULAE
1. CHOLECYSTODUODENAL
2. CHOLECYSTOCOLIC
3. CHOLECYSTOGASTRIC
4. CHOLECYSTOCHOLEDOCHAL
5. CHOLEDOCHODUODENAL

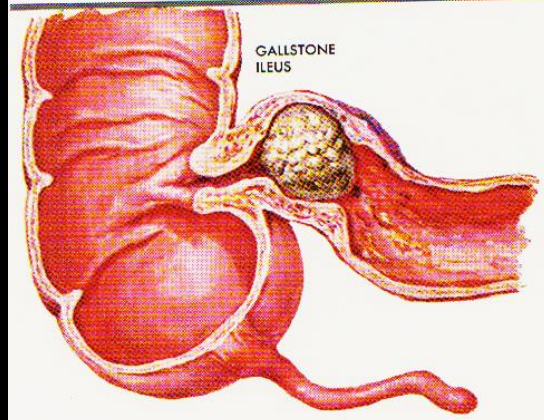
STAGES IN DEVELOPMENT OF CHOLECYSTODUODENAL FISTULA



GALLBLADDER INFLAMED, DISTENDED, ADHERENT TO DUODENUM

FISTULA FORMED; STONE HAS PASSED INTO DUODENUM

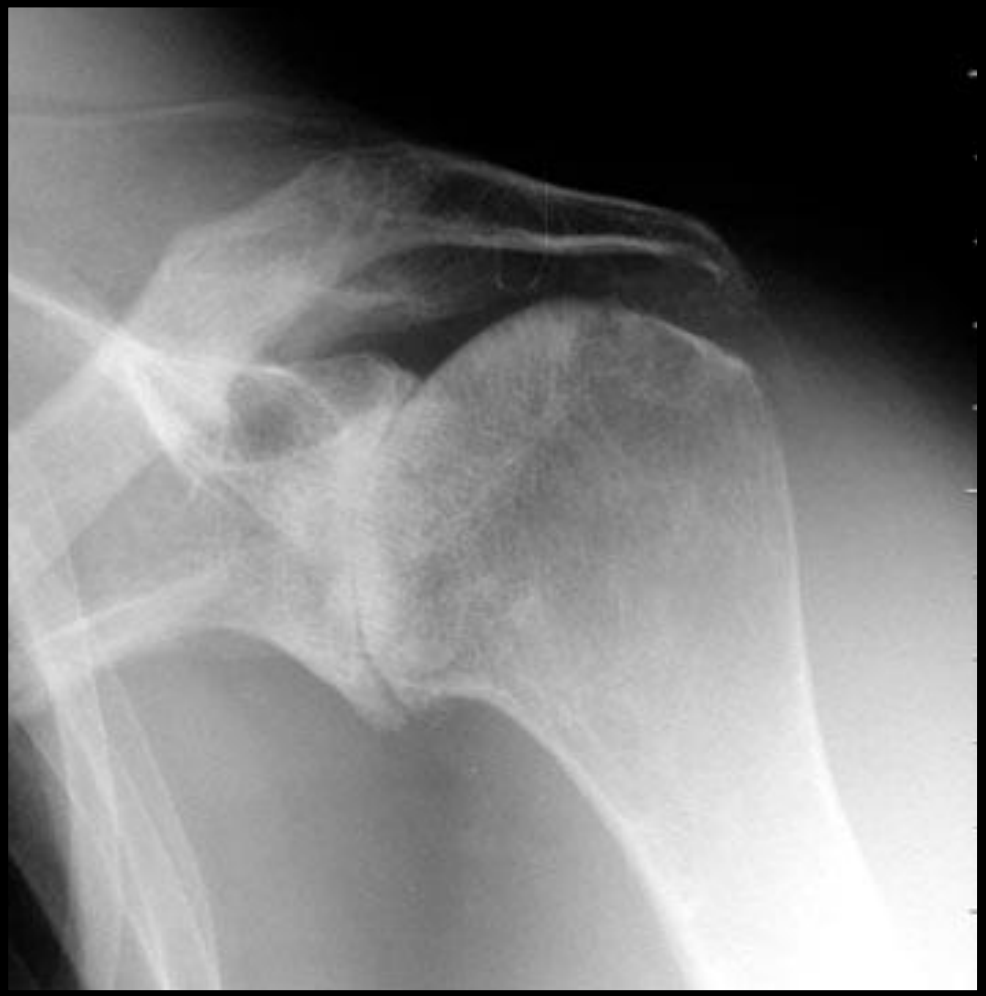
STONE HAS PASSED DOWN INTESTINE; GALLBLADDER CONTRACTED



GALLSTONE ILEUS

Cas 19

- Homme de 47 ans, maçon
- Douleurs chroniques de l'épaule gauche récemment aggravées avec limitation des amplitudes articulaires.



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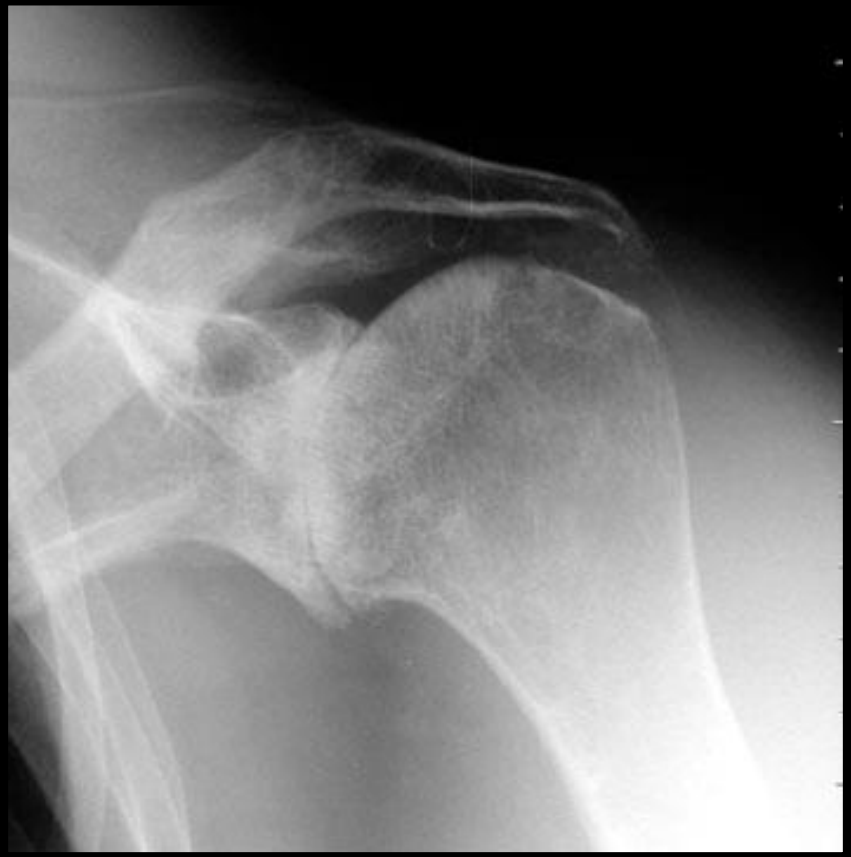
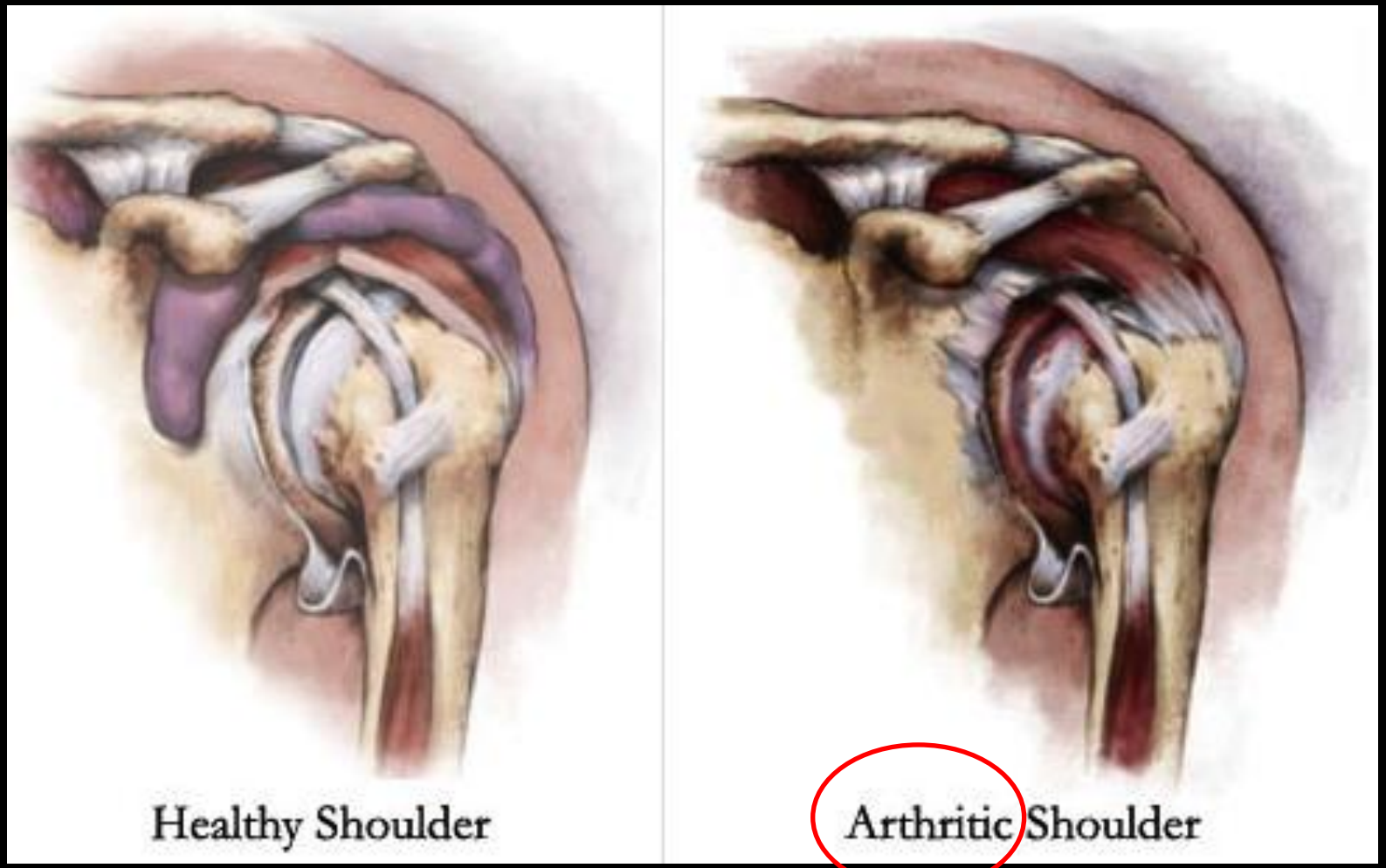
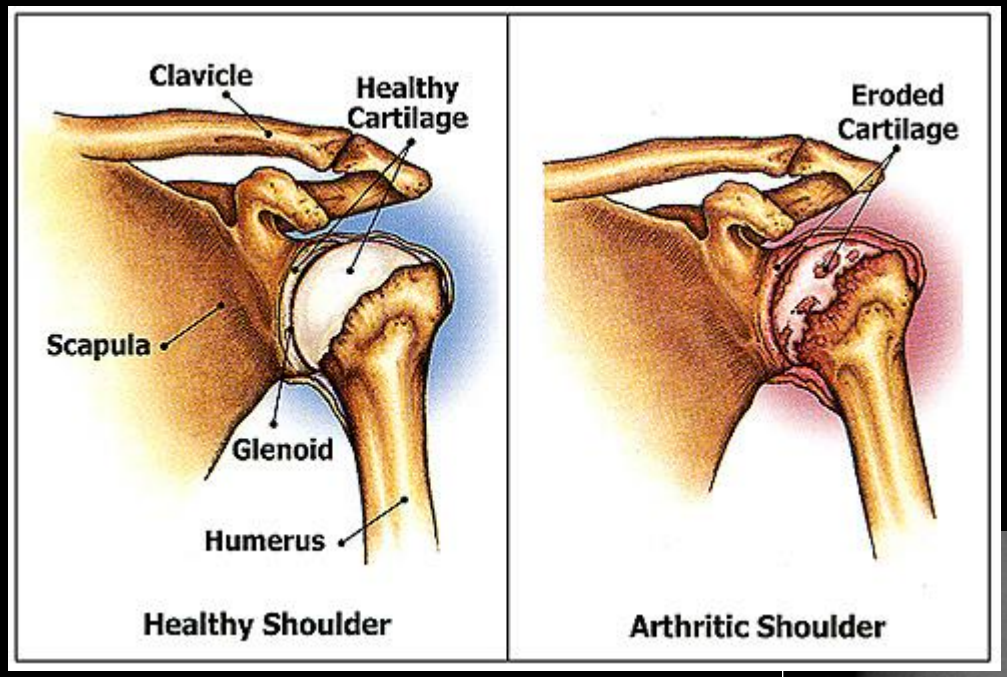
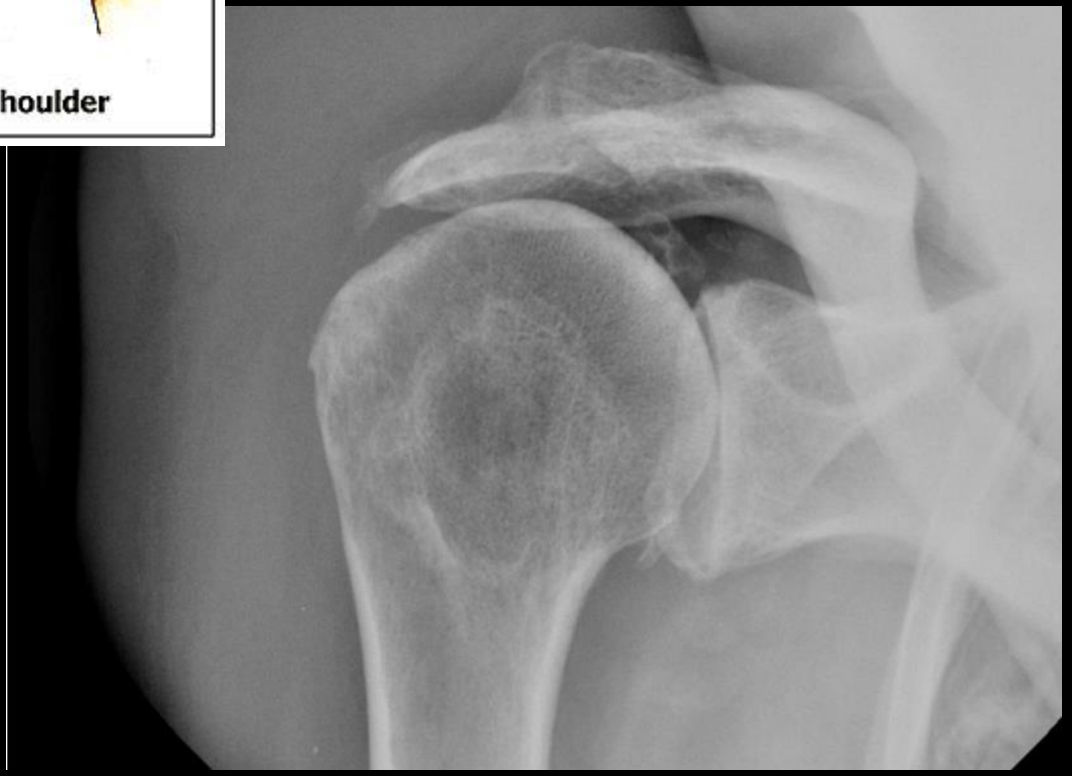


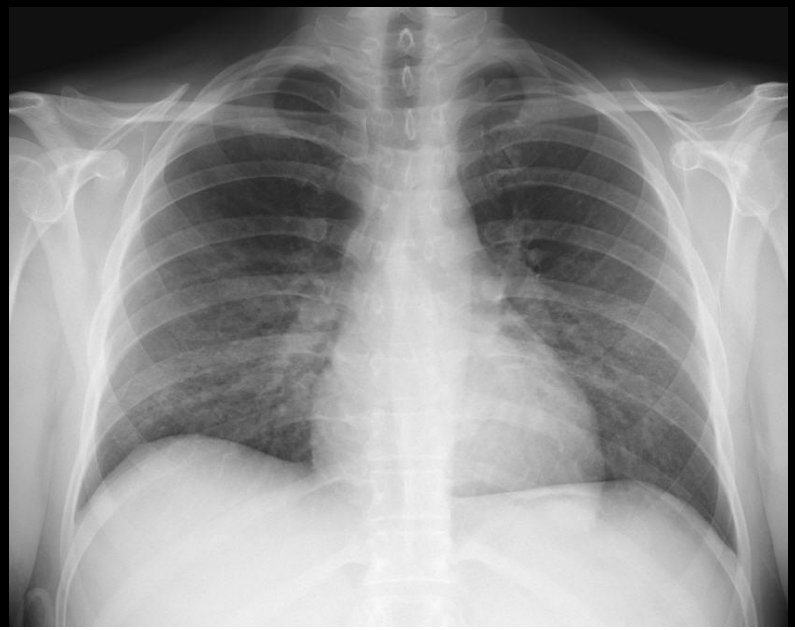
- Déformation céphalique humérale avec aplatissement de la tête.
- Production osseuse de la glène (ostéophytes)
- Respect du cintre gléno-huméral
- Respect de l'interligne huméro-acromial

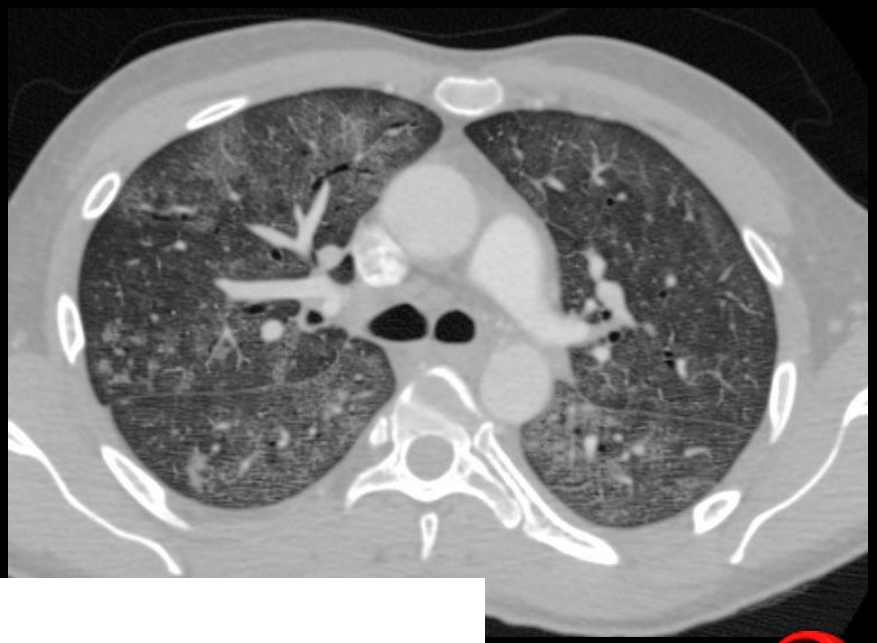
Omarthrose centrée primitive


Healthy Shoulder
Arthritic Shoulder

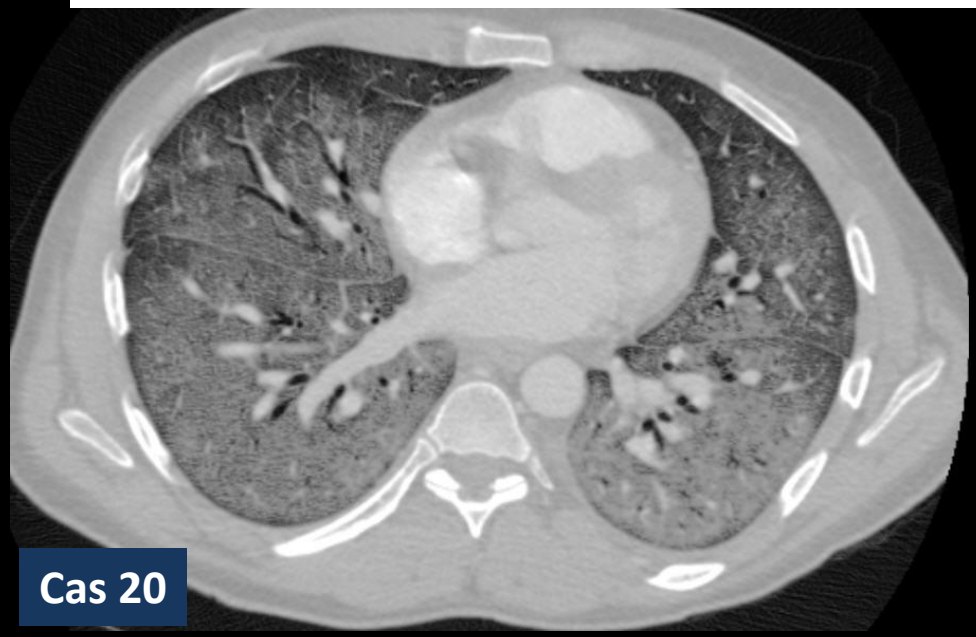

Clavicle
Healthy Cartilage
Scapula
Glenoid
Humerus
Healthy Shoulder
Eroded Cartilage
Arthritic Shoulder

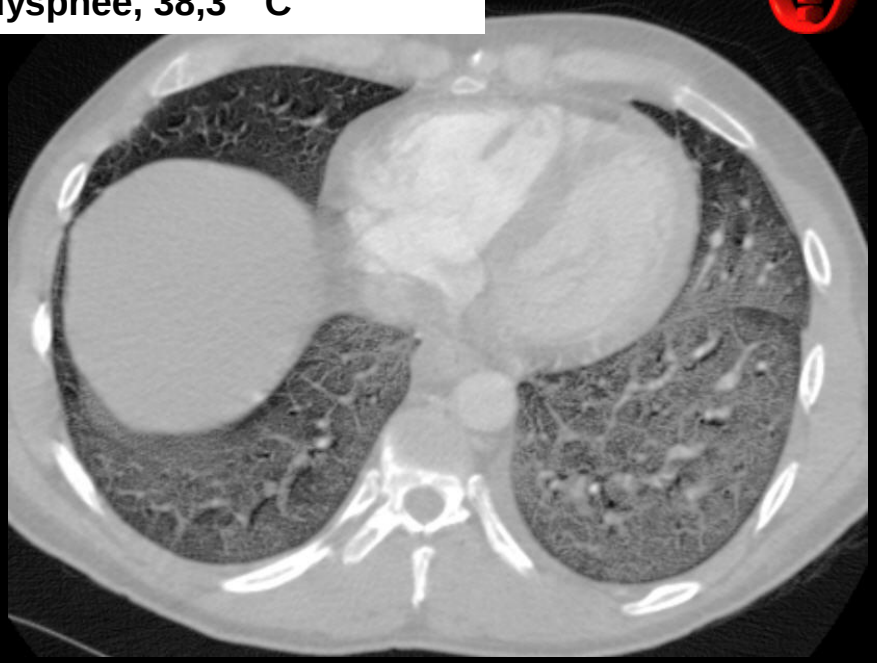




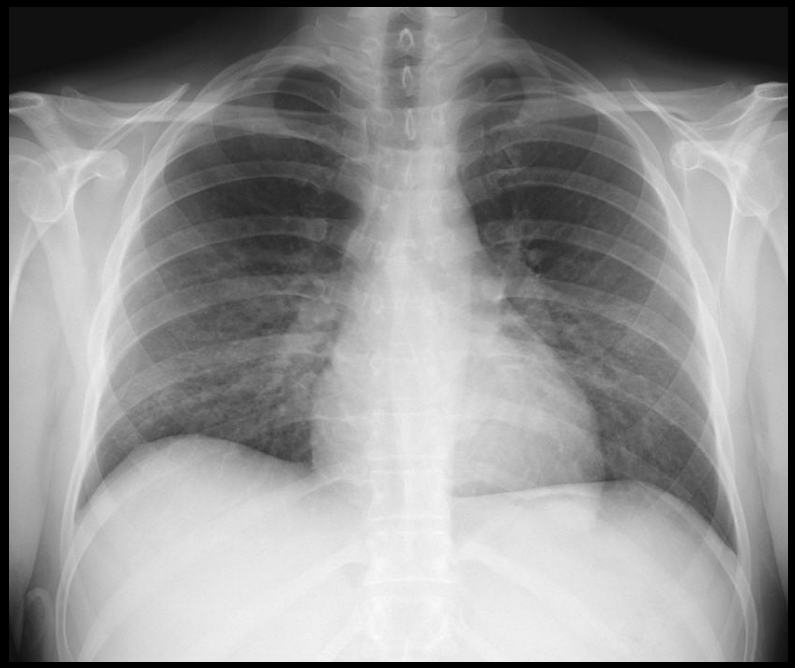


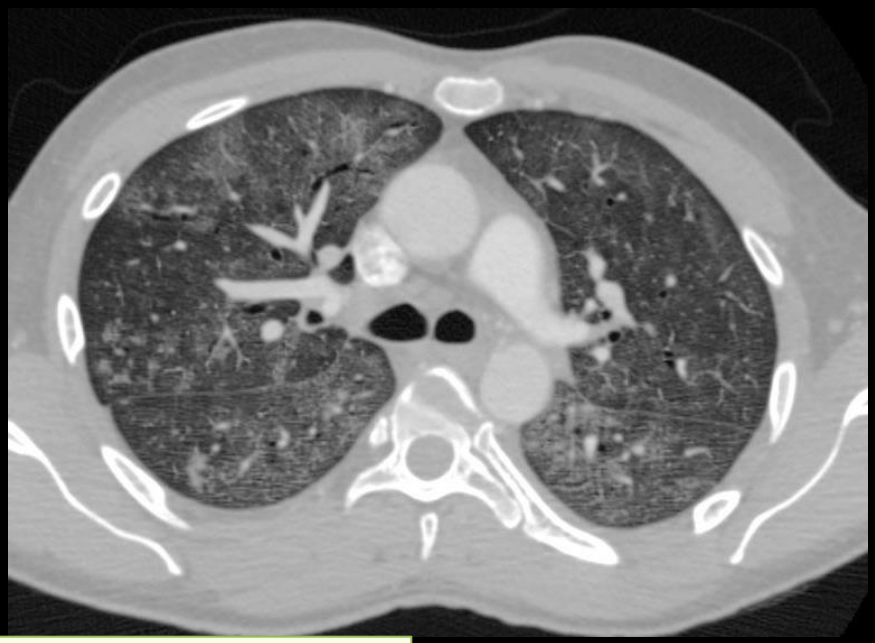
Homme de 37 ans, pas d'ATCD
Tabagisme actif
Pneumopathie aiguë hypoxémiante : toux sèche, dyspnée, 38,3° C



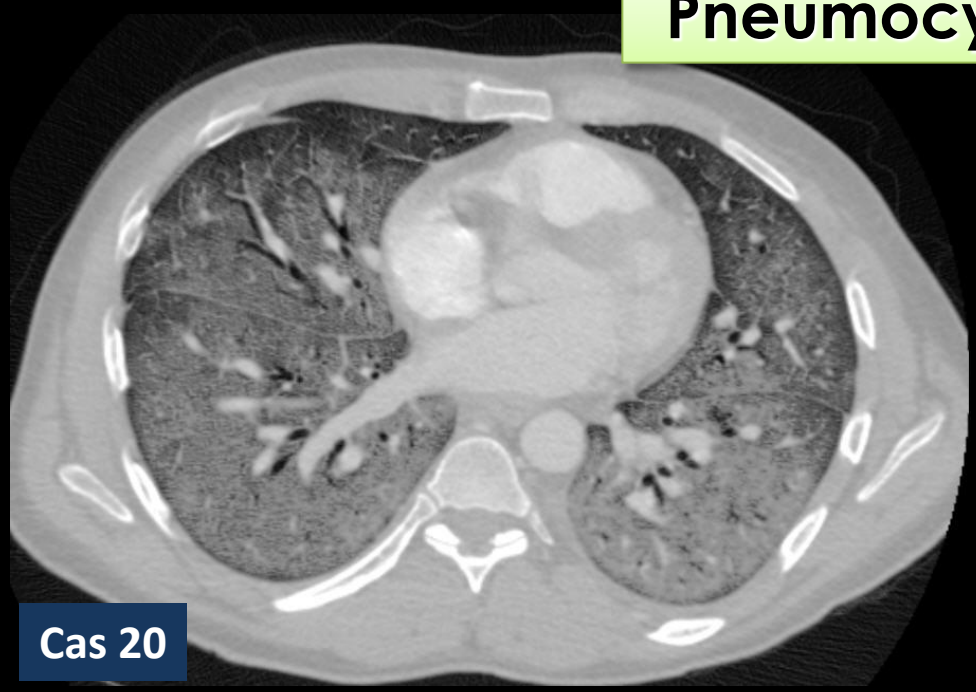


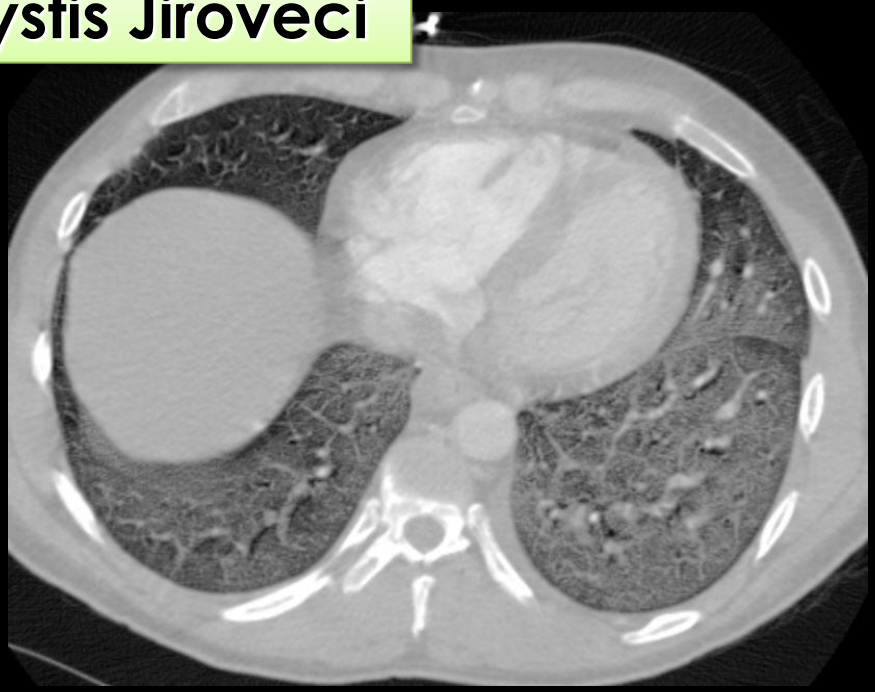
Cas 20



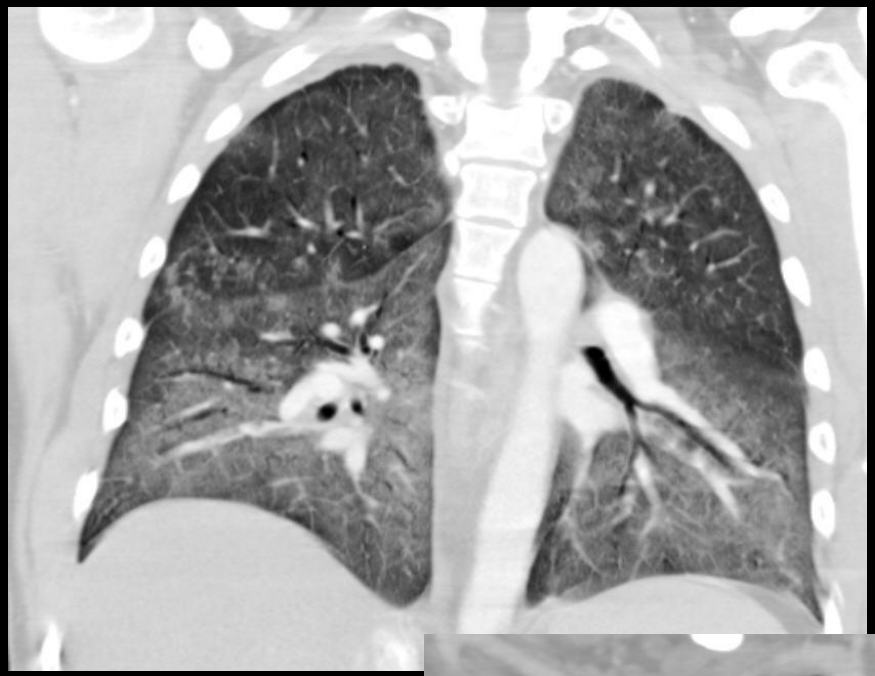


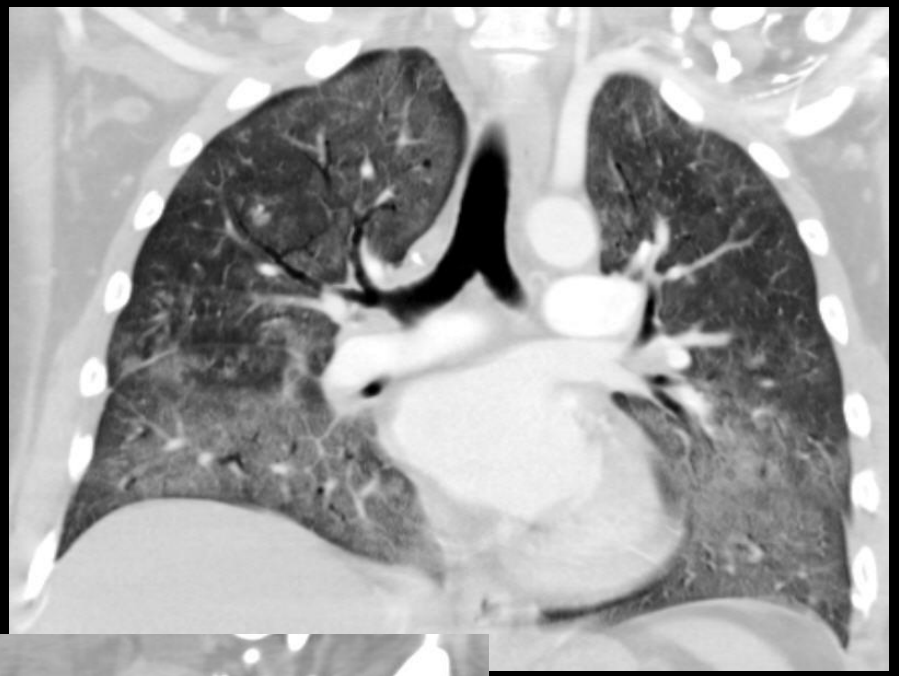
Pneumocystis Jiroveci

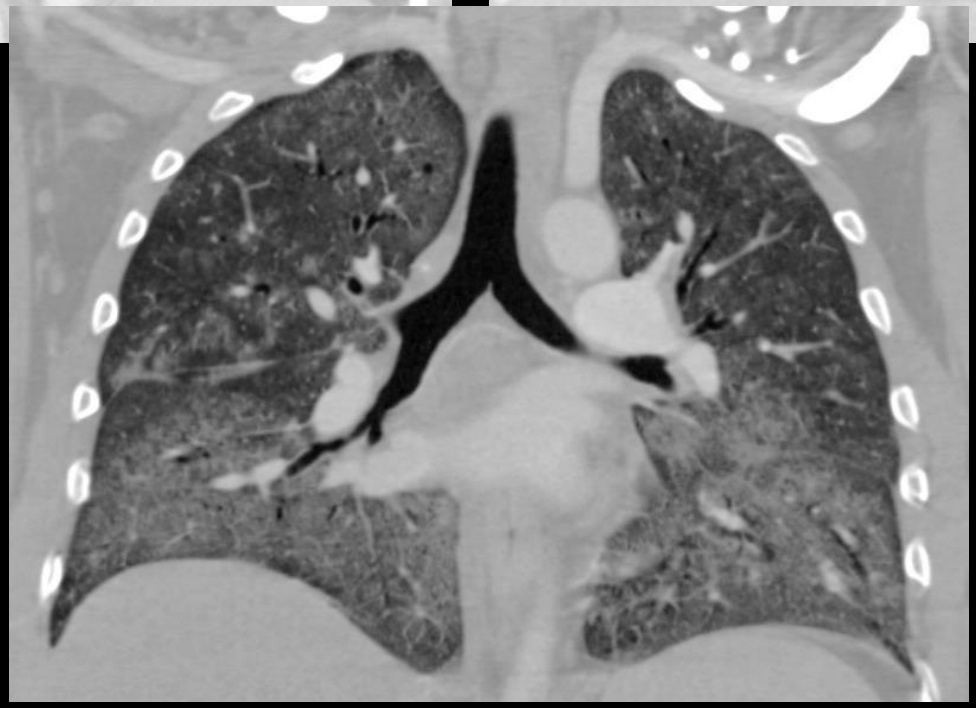




Cas 20

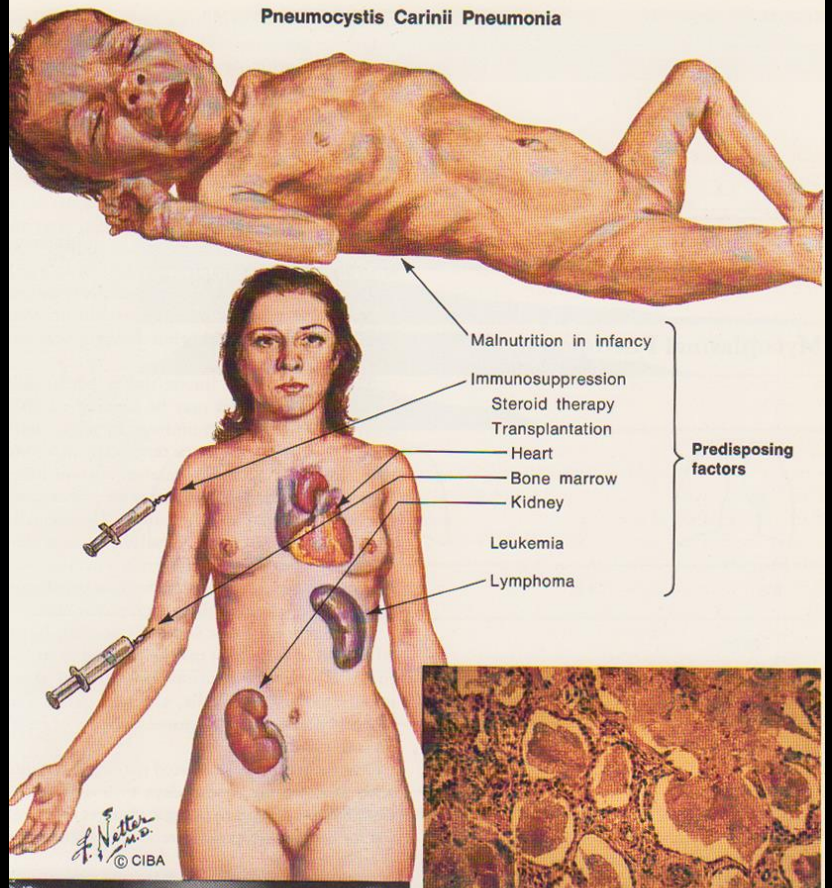




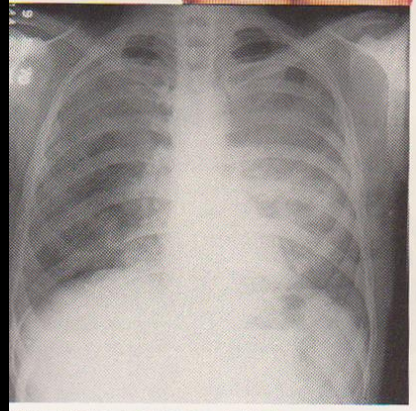


Diagnostic différentiel: CMV , grippe, mycoplasme

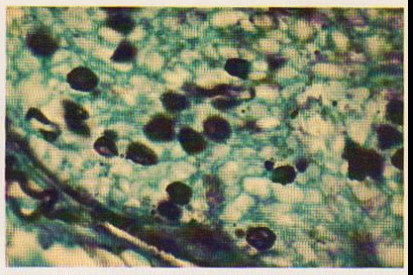
Pneumocystis Carinii Pneumonia



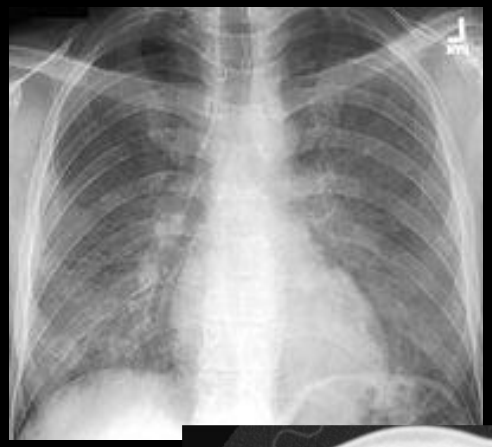
Interstitial lymphocyte and plasma cell infiltration with foamy exudate in alveoli

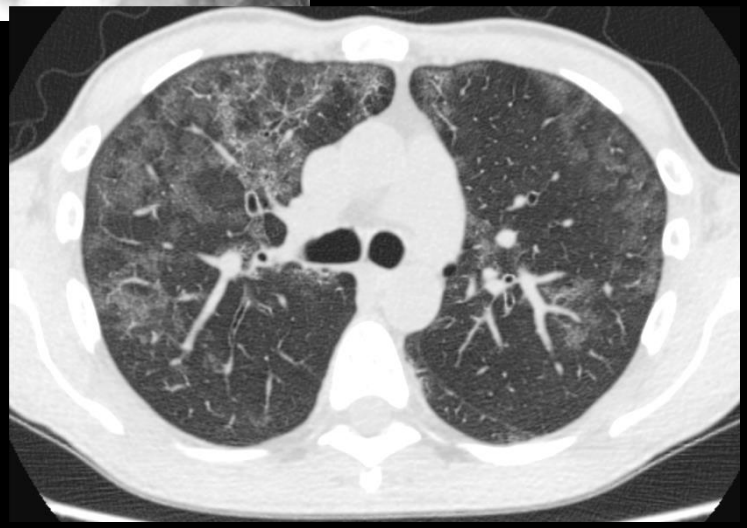


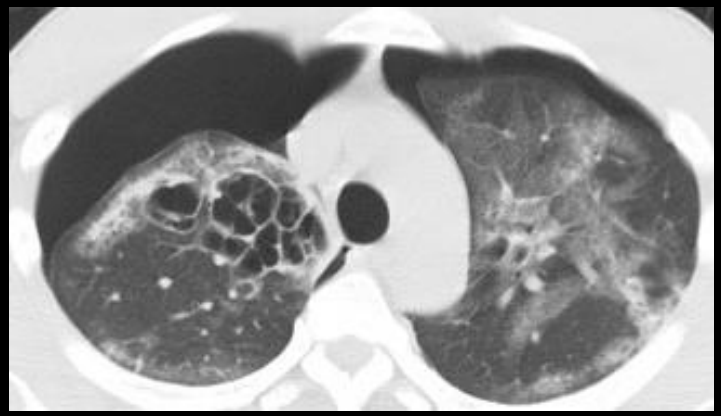
iffuse bilateral pulmonary infiltrates



Methenamine $AgNo_3$ stain showing *Pneumocystis* organisms in lung (black spots)

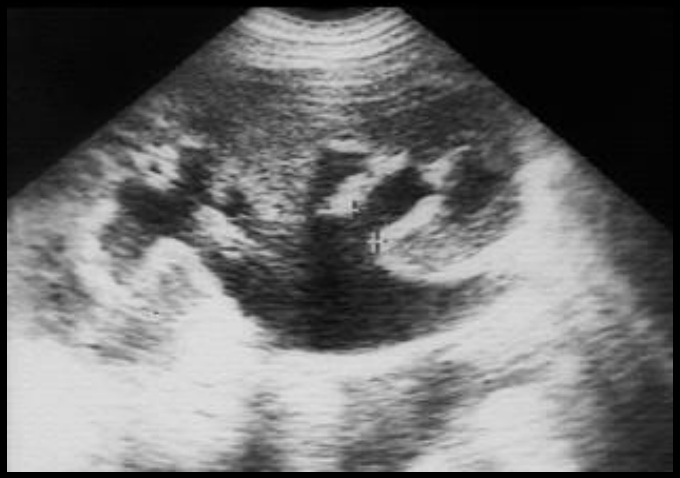


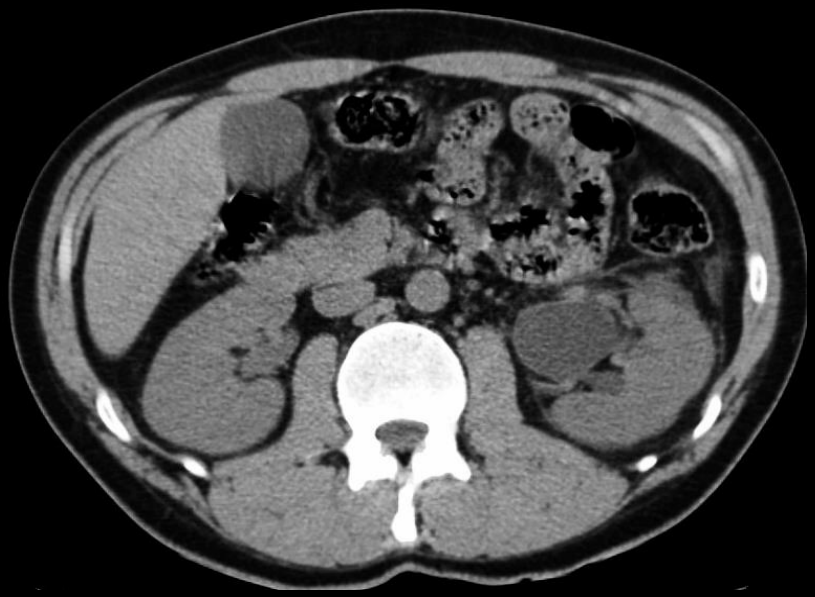


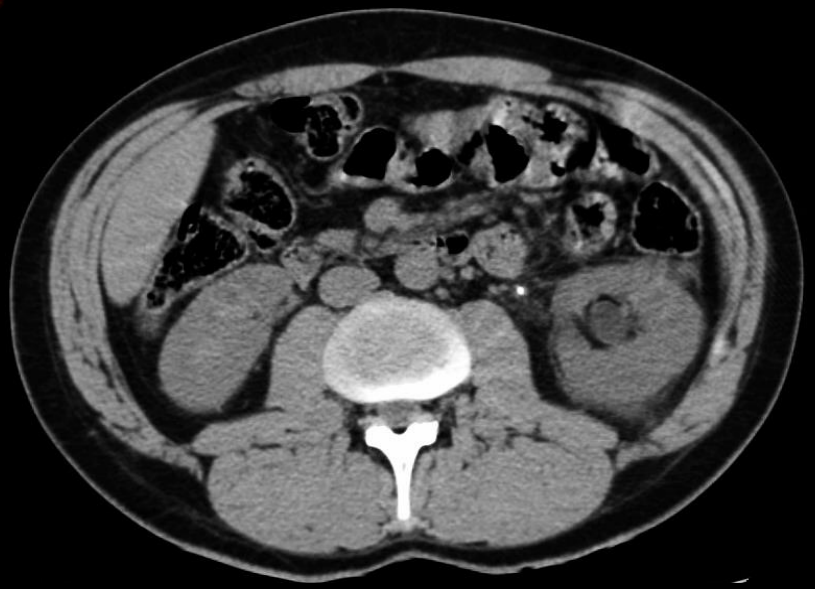


Cas 21

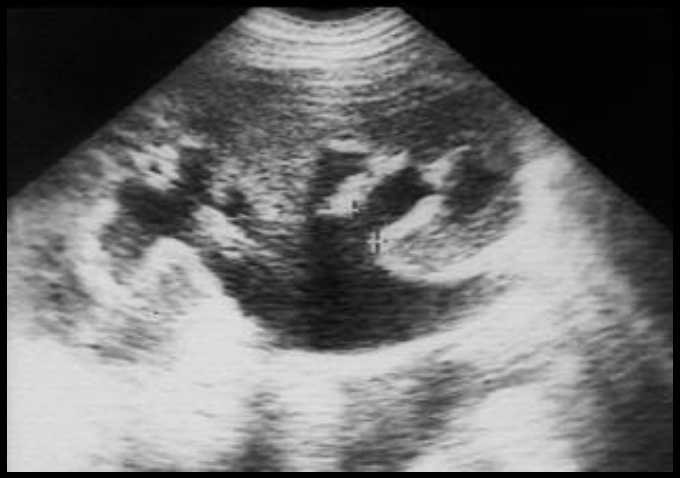
Homme de 32 ans, pas d'ATCD
Douleur lombaire gauche
Pas de fièvre
BU: hématurie







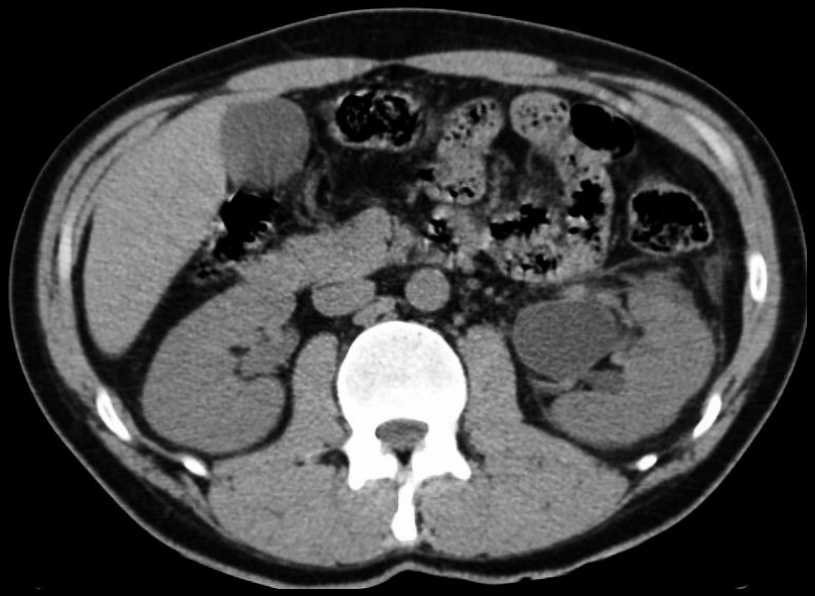
Cas 21

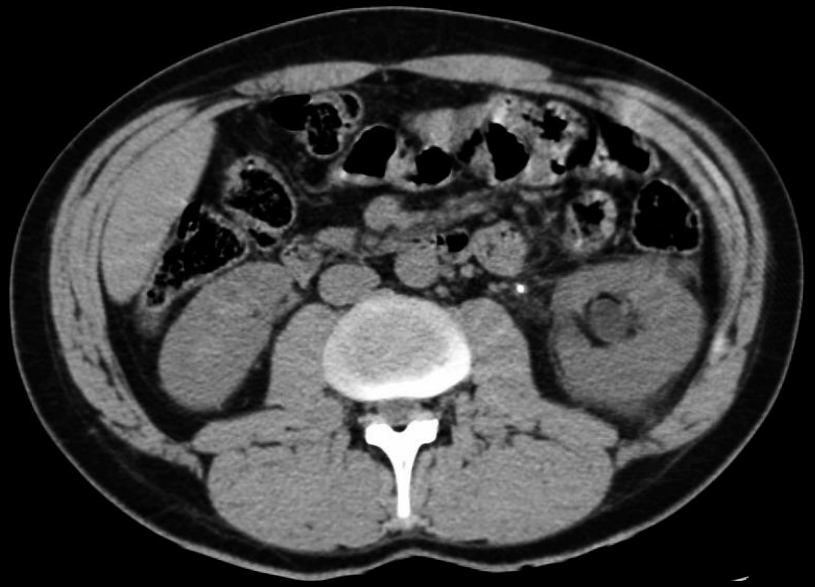


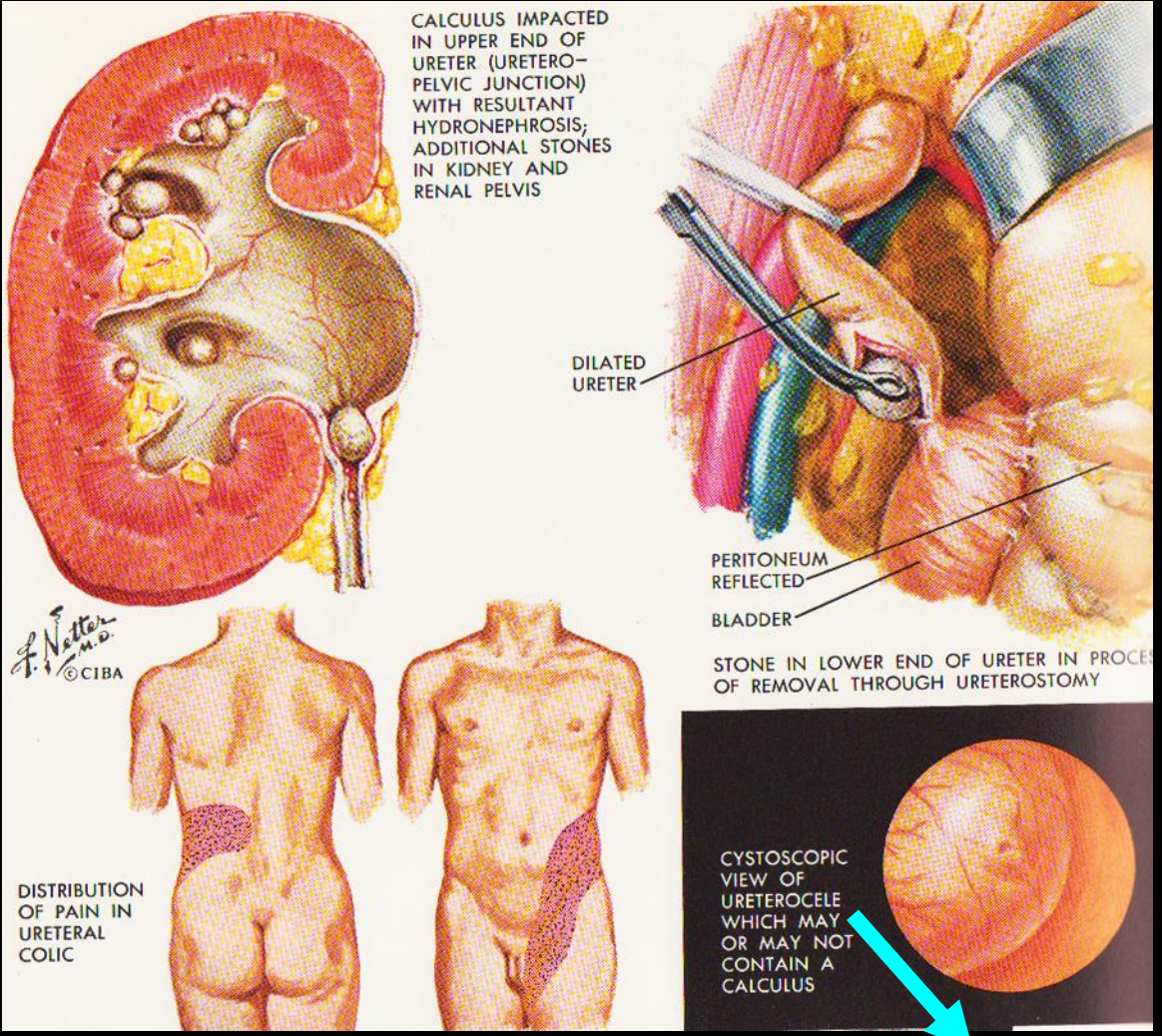
Homme de 32 ans, pas d'ATCD
Douleur lombaire gauche
Pas de fièvre
BU: hématurie

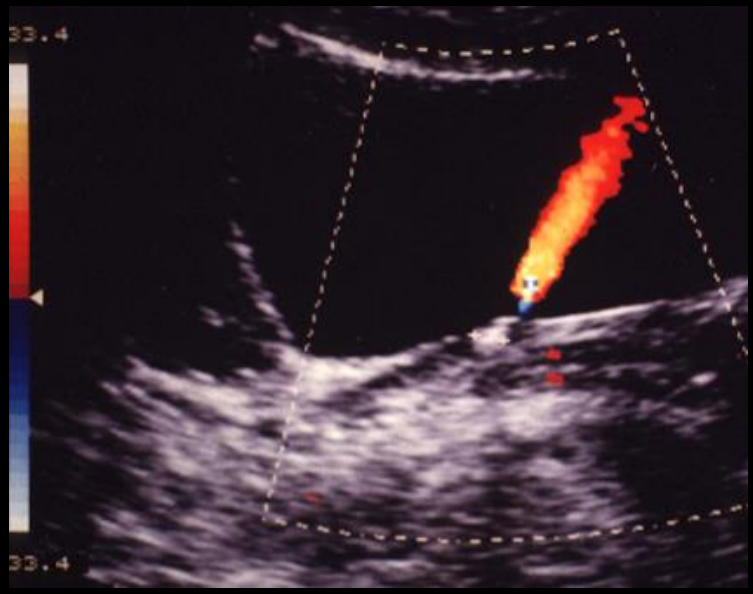
<u>Scanner abdomino pelvien non injecté</u>
Plan axial
Dilatation des cavités pyélocalicielle du rein gauche
Calcul radioopaque à la jonction pyélo-urétérale

Colique néphrétique gauche









calcul partiellement obstructif du méat urétéral ; jet urinaire accéléré

Cas 22

Patient de 63 ans
Tabagisme actif à 50 PA
Crachats hémptoïques

Cas 22

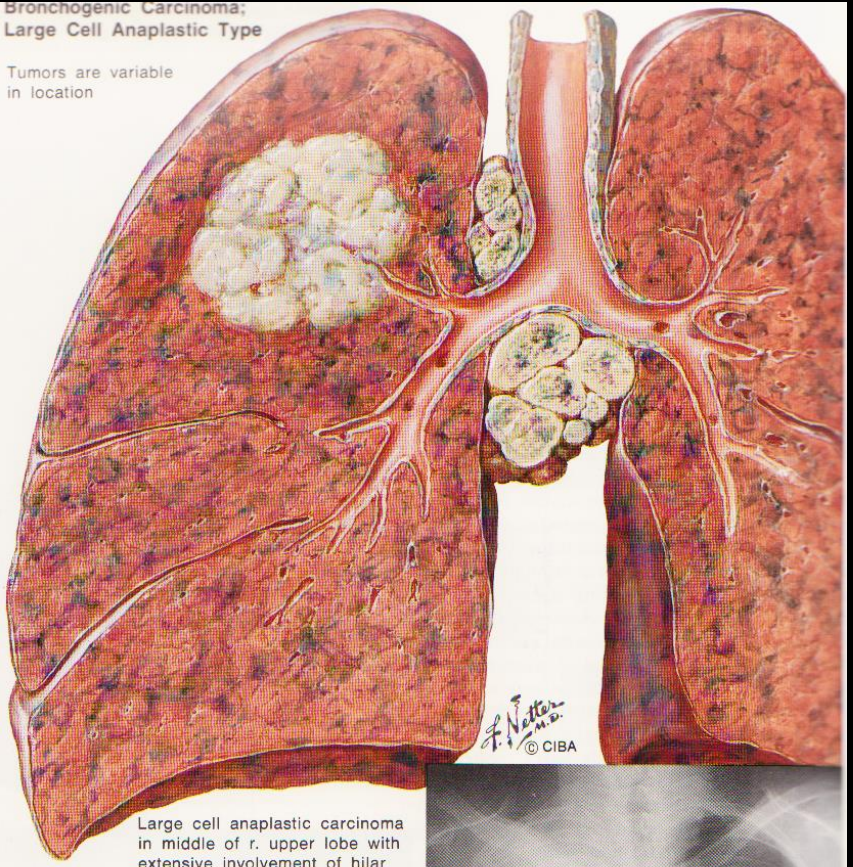
Patient de 63 ans
Tabagisme actif à 50 PA
Crachats hémptoïques

<u>Radiographie thoracique de face</u>

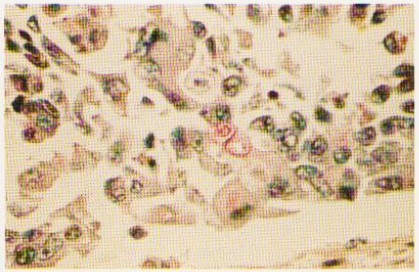
- **Emphysème sévère avec volumineuse bulle de l'apex droit**
- **Opacité pulmonaire gauche, hilaire, hétérogène**

Bronchogenic Carcinoma; Large Cell Anaplastic Type

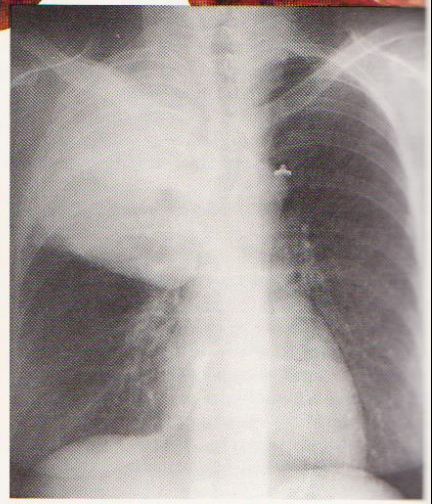
Tumors are variable in location



Large cell anaplastic carcinoma in middle of r. upper lobe with extensive involvement of hilar and carinal nodes. Distortion of trachea and widening of carina

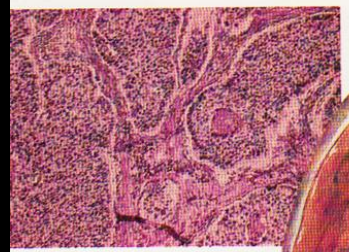


Tumor composed of large multinucleated cells without evidence of differentiation toward gland formation or squamous epithelium. These cells produce mucin (stained red). Some tumors may be composed of large clear cells containing glycogen

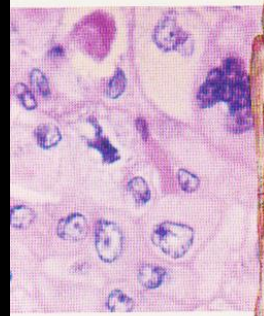


Atelectasis of r. upper lobe obscuring carcinoma which has obstructed stem of main bronchus

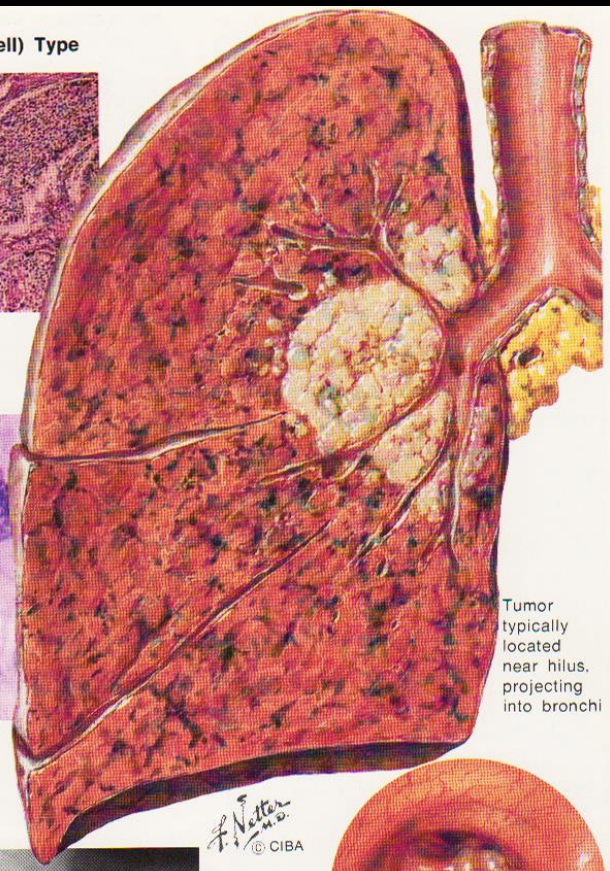
ronchogenic Carcinoma: pidermoid (Squamous Cell) Type



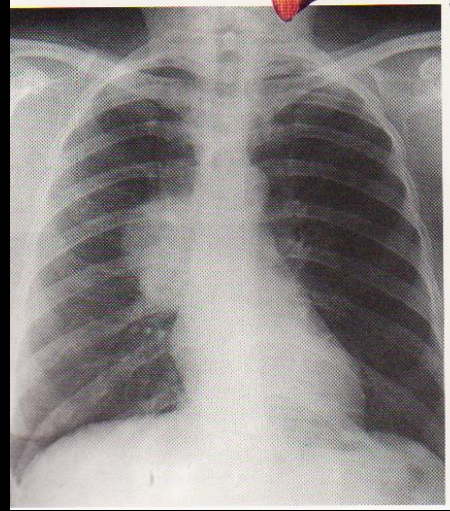
w power (H and E); nests tumor cells separated by rous bands. Keratin (horn) earls present

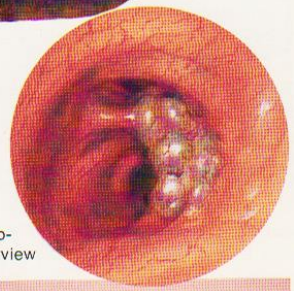


igh power; nuclear eomorphism and individual ell keratinization (pink)

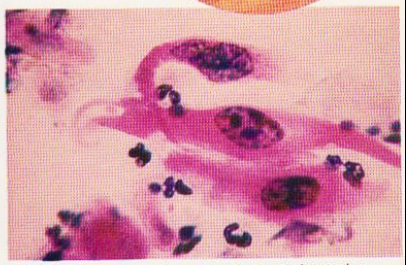


Tumor typically located near hilus, projecting into bronchi



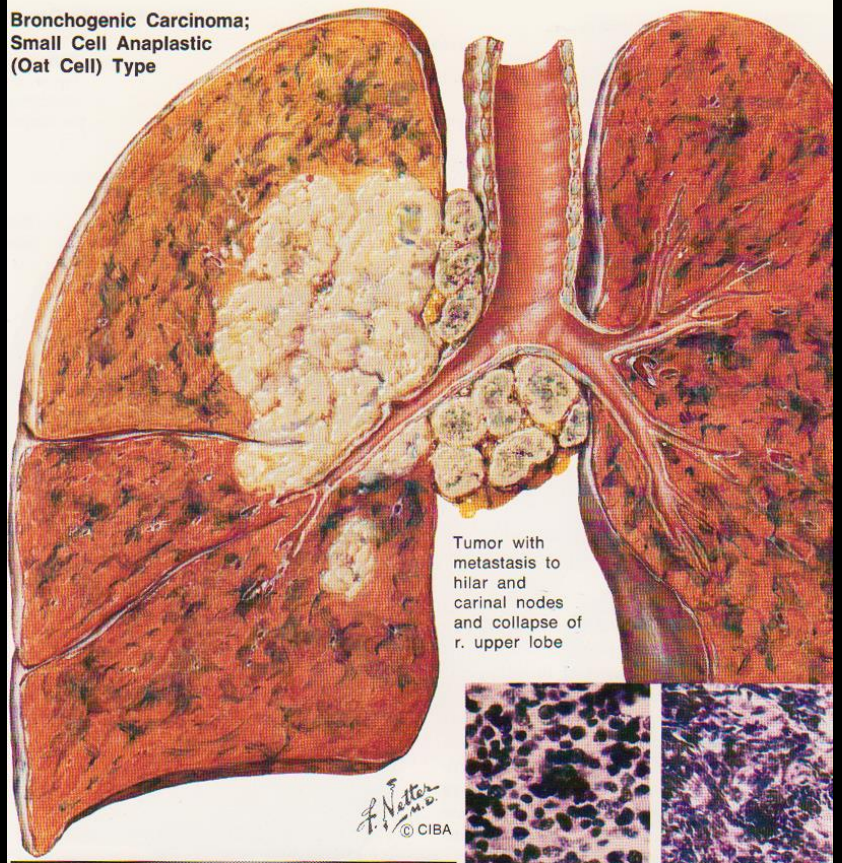


Broncho-scopic view



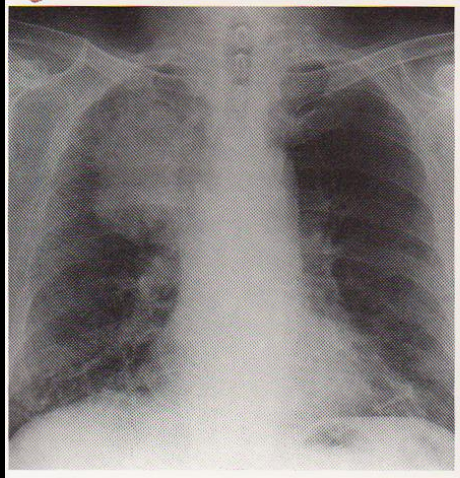
Cytologic smear from sputum or broncho-scopic scraping. Cells with dark nuclei and cytoplasm strongly pink because of keratin

Bronchogenic Carcinoma; Small Cell Anaplastic (Oat Cell) Type



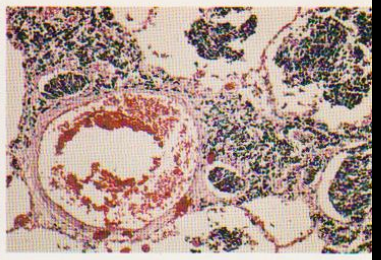
Tumor with metastasis to hilar and carinal nodes and collapse of r. upper lobe

F. Netter M.D. © CIBA



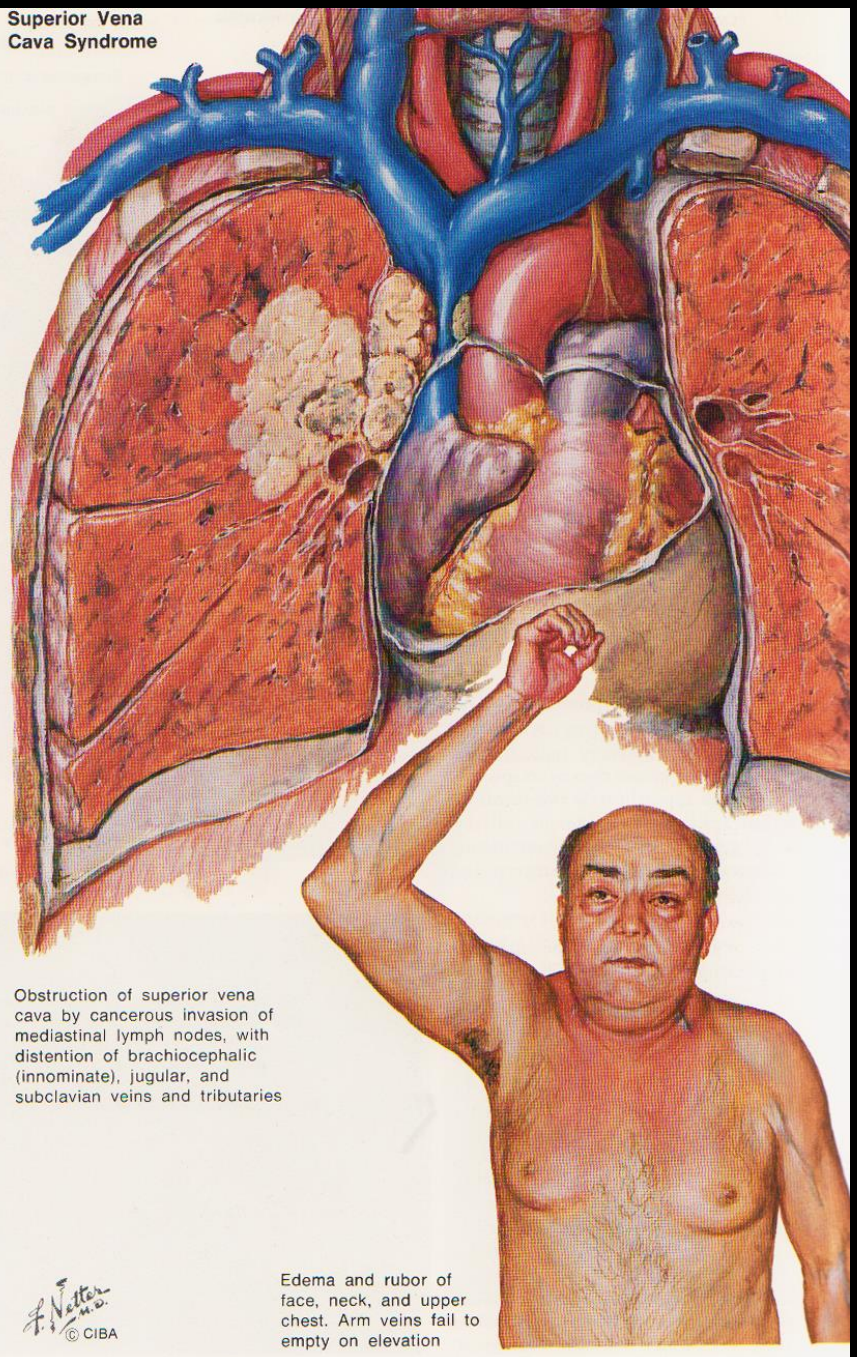
Masses of small cells with hyperchromatic round to oval nuclei and scant cytoplasm

Biopsy specimen. Cells elongated (oatlike)



Intrapulmonary lymphatic spread of neoplas

Superior Vena Cava Syndrome



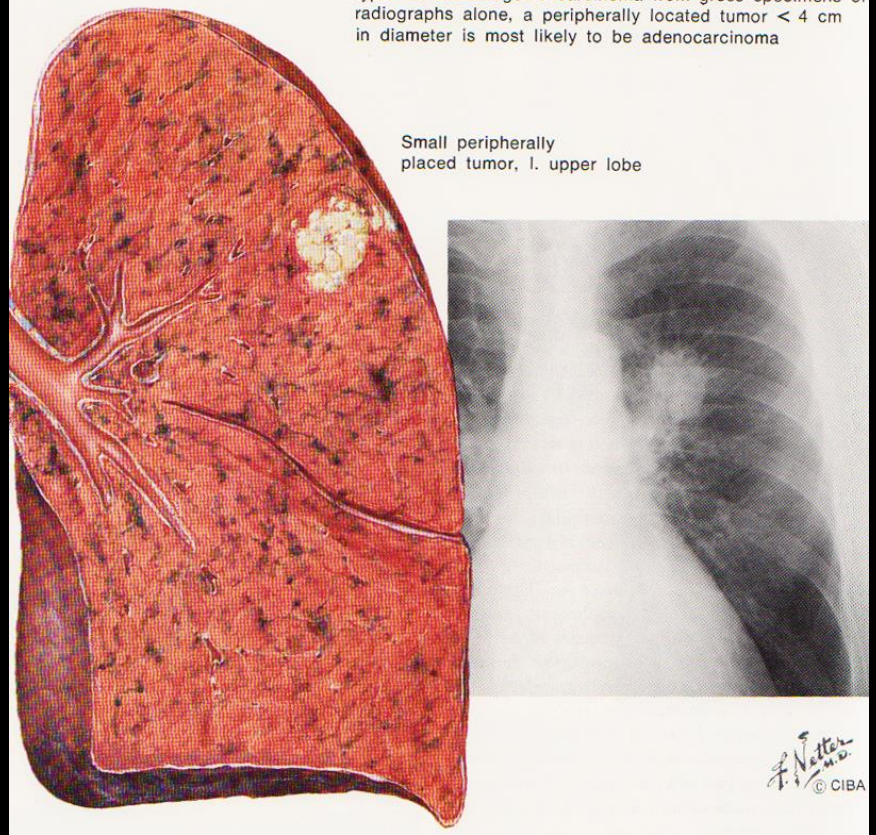
Obstruction of superior vena cava by cancerous invasion of mediastinal lymph nodes, with distention of brachiocephalic (innominate), jugular, and subclavian veins and tributaries

F. Netter M.D. © CIBA

Edema and rubor of face, neck, and upper chest. Arm veins fail to empty on elevation

Bronchogenic Carcinoma; Adenocarcinoma

Although it is not possible to distinguish different histologic types of bronchogenic carcinoma from gross specimens or radiographs alone, a peripherally located tumor < 4 cm in diameter is most likely to be adenocarcinoma



Small peripherally placed tumor, l. upper lobe

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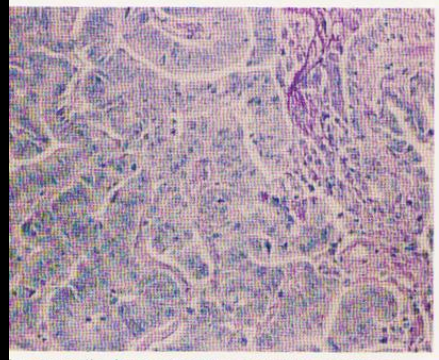
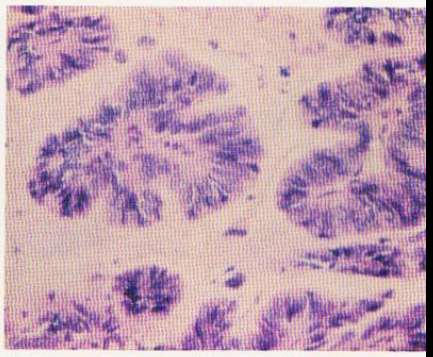
Varied histology of adenocarcinoma

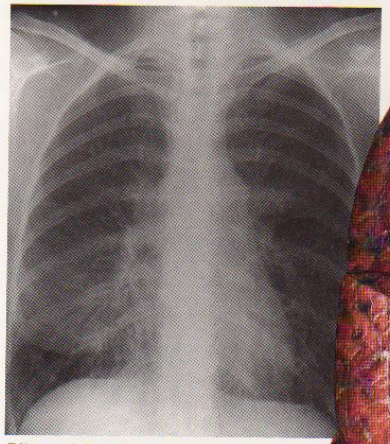


Tumor cells form glandlike structures with or without mucin secretion

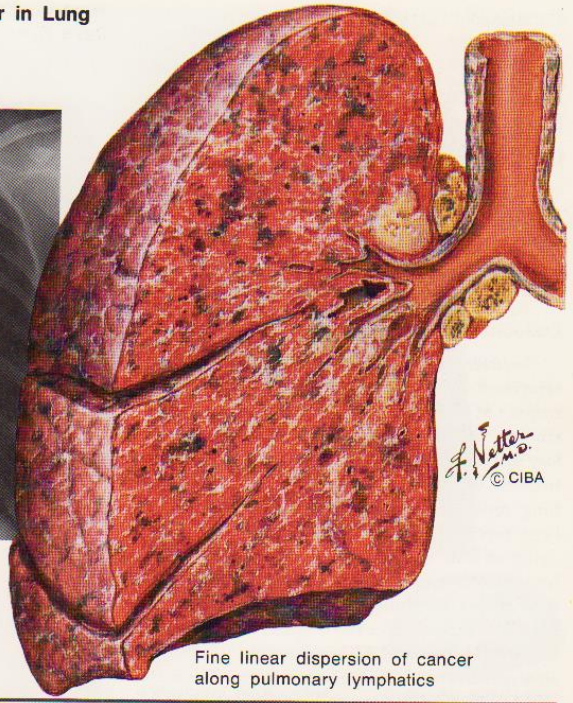


Tumor cells may also form papillary structures

Lymphangitic Spread of Cancer in Lung



Bilateral lymphangitic cancerous permeation. One or both lungs may be involved, giving a weblike effect. Tumor may be primary or metastatic



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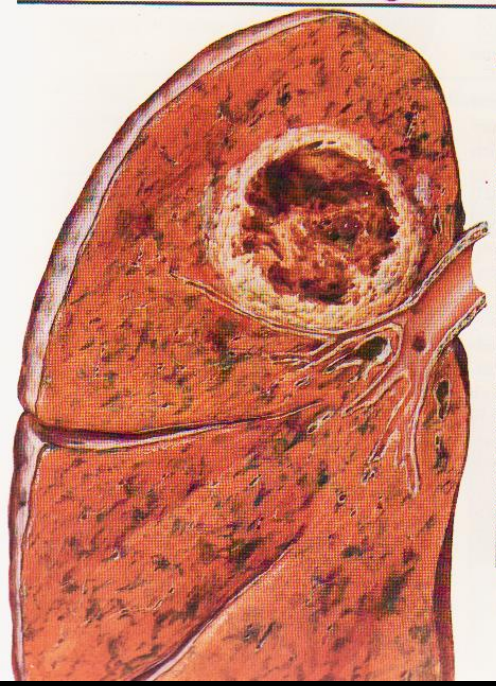
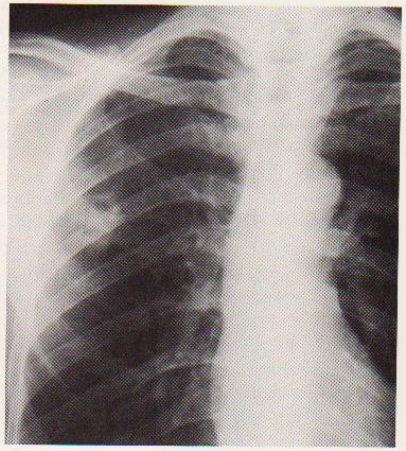
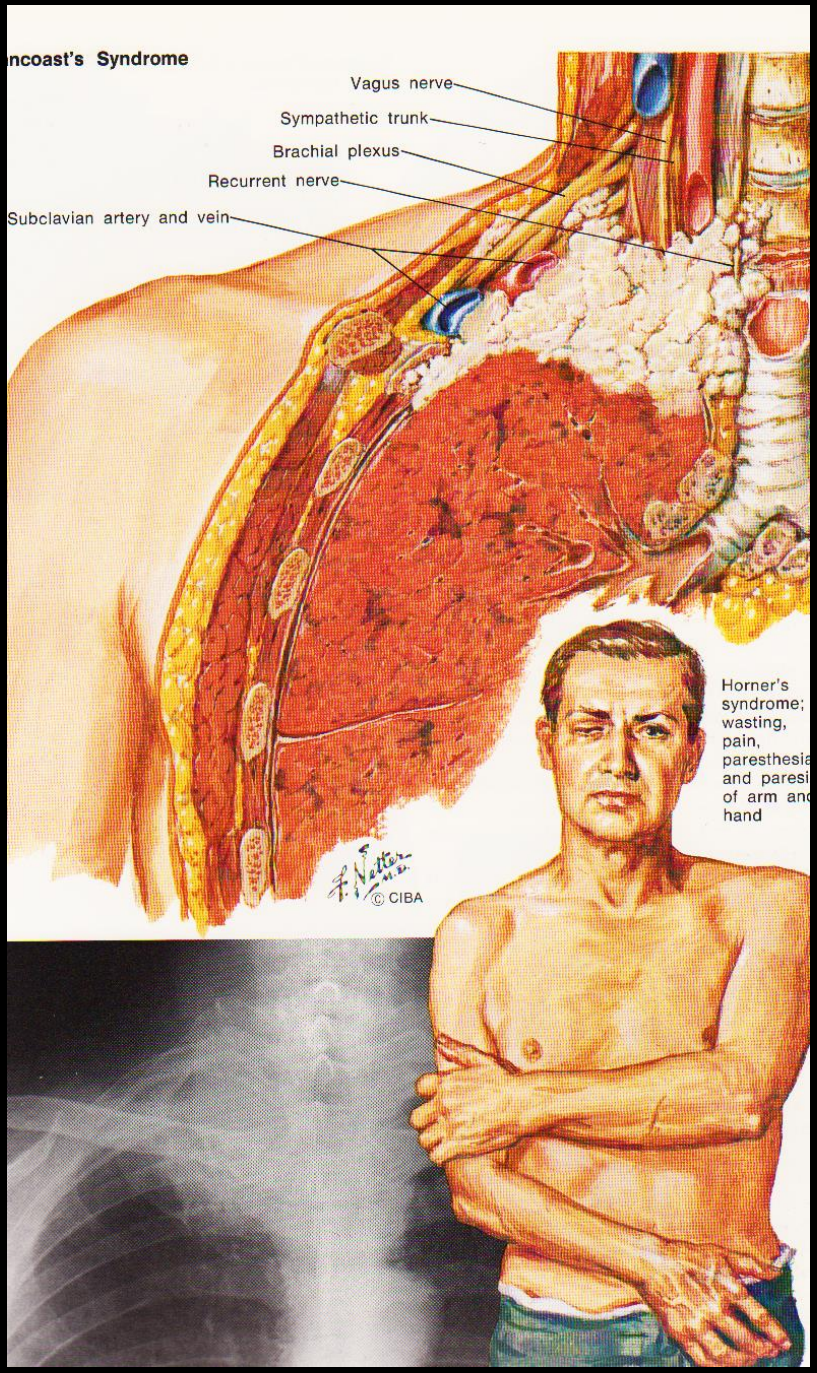
Fine linear dispersion of cancer along pulmonary lymphatics

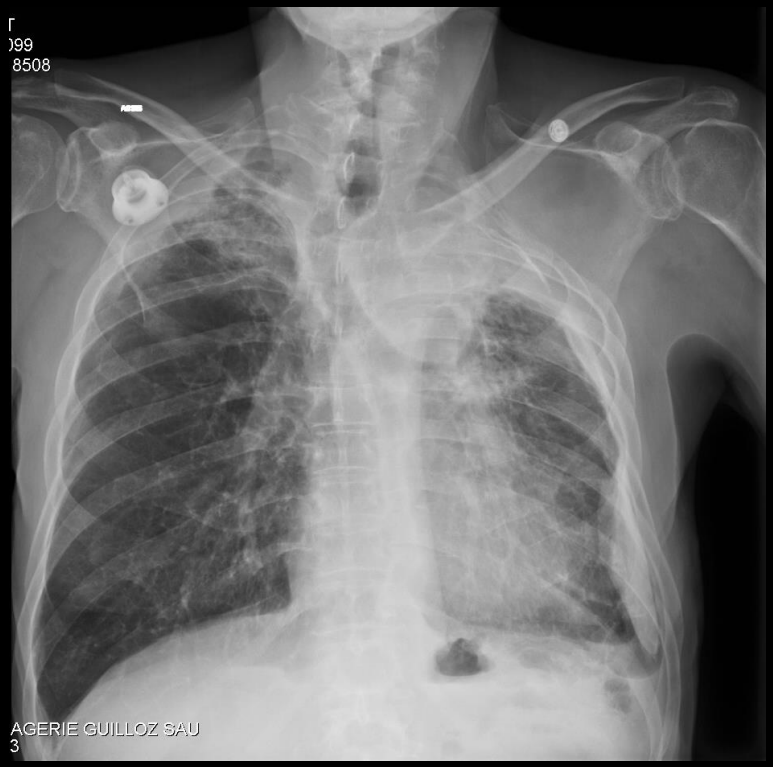
Cavitation of Lung Cancer

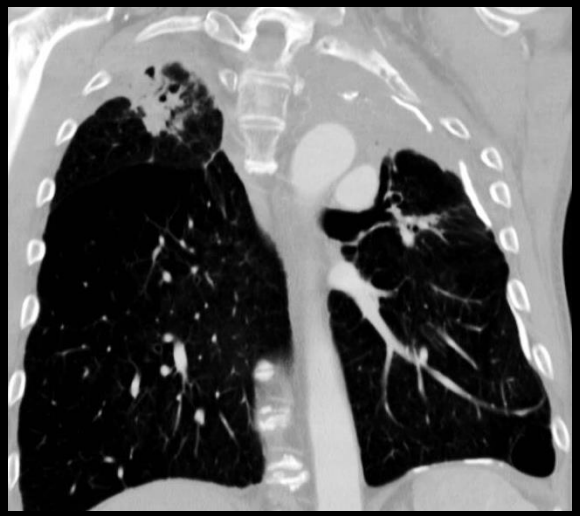


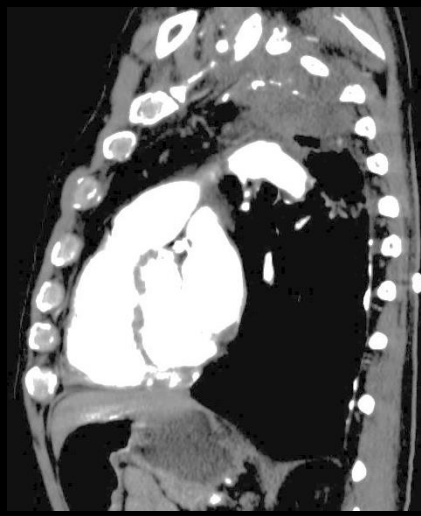


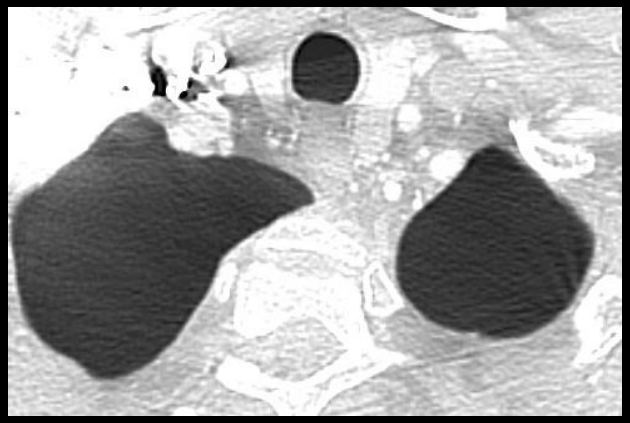
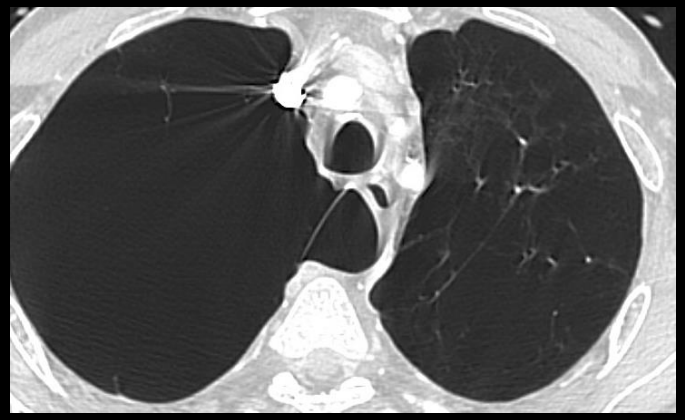
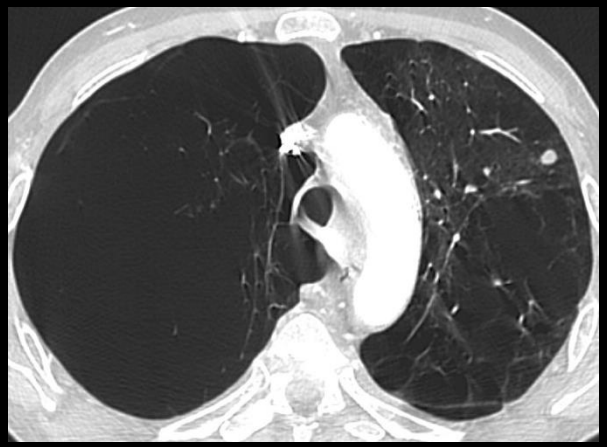
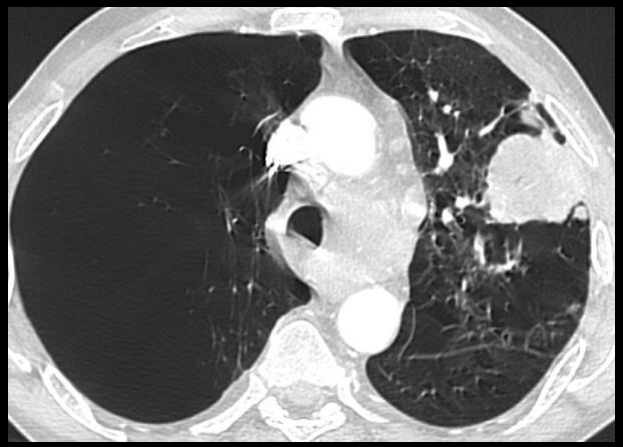
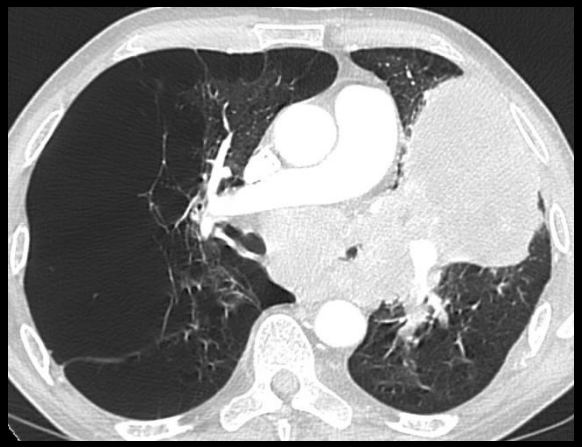
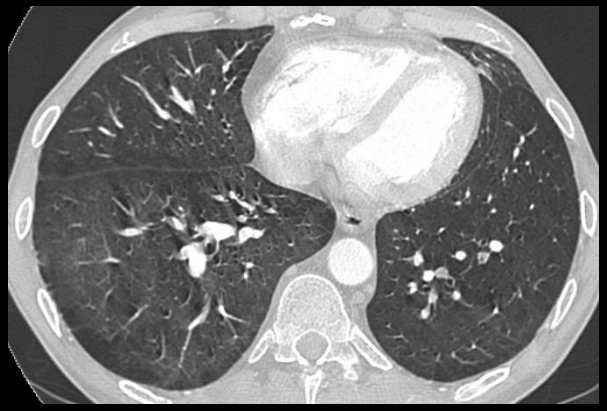
Carcinoma in peripheral zone of r. upper lobe with cavitation


ncoast's Syndrome
Vagus nerve
Sympathetic trunk
Brachial plexus
Recurrent nerve
Subclavian artery and vein
Horner's syndrome; wasting, pain, paresthesia and paresi of arm an hand
© CIBA


AGERIE GUILLOZ SAU



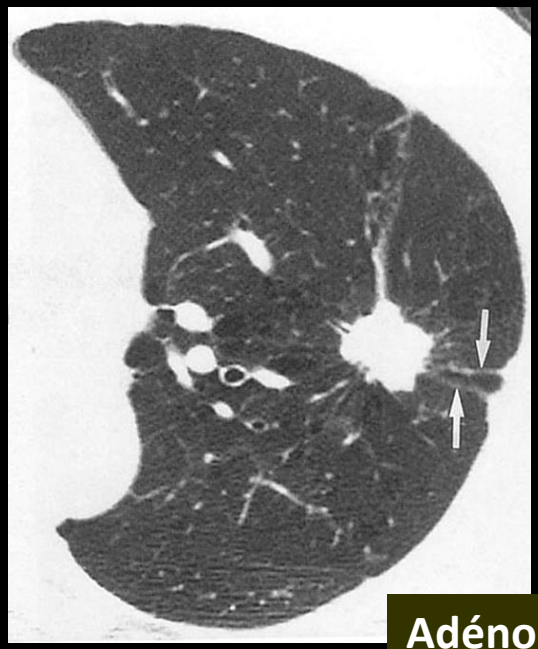


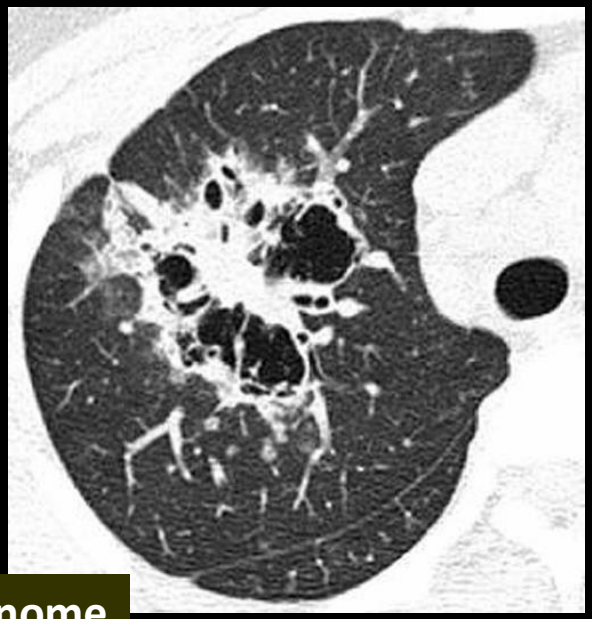







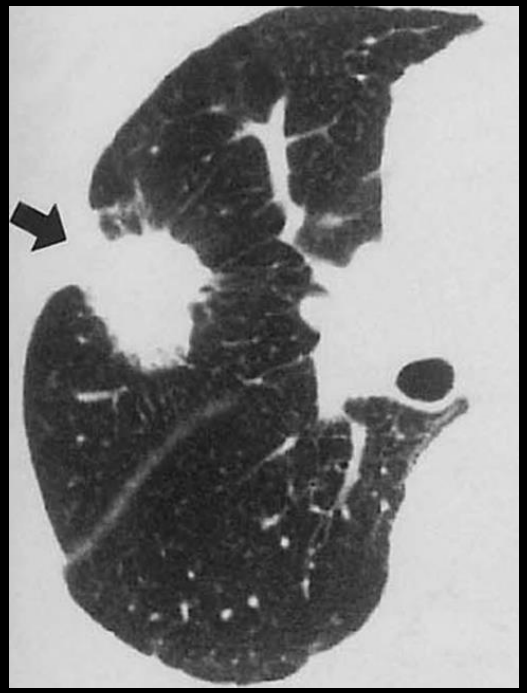
<u>scanner thoracique sans injection</u>

- **Emphysème sévère avec volumineuse bulle de l'apex droit**
- **masse tissulaire hilaire gauche: tumeur bronchique**

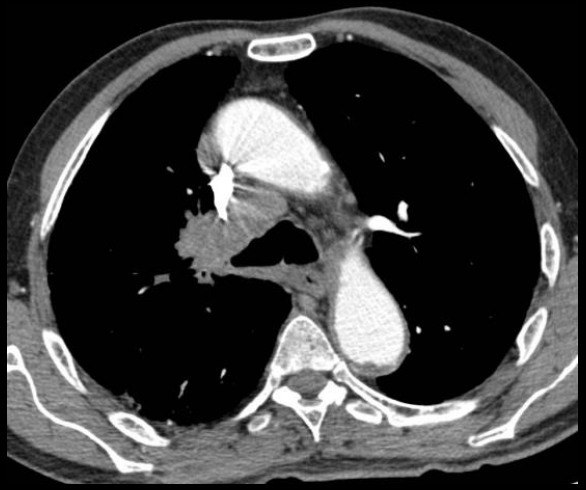
Formes radiologiques

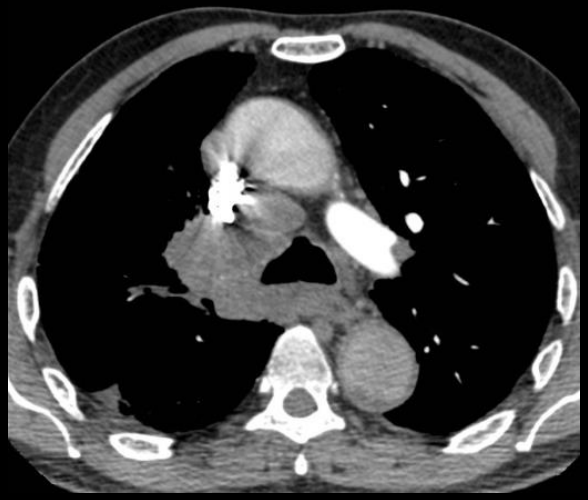


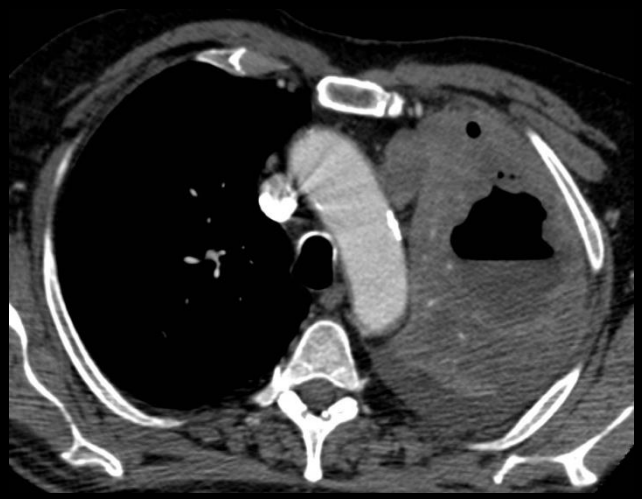




Adénocarcinome



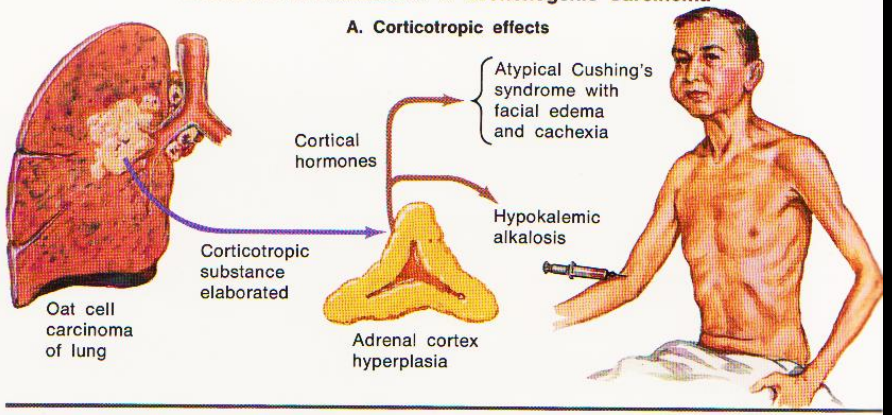




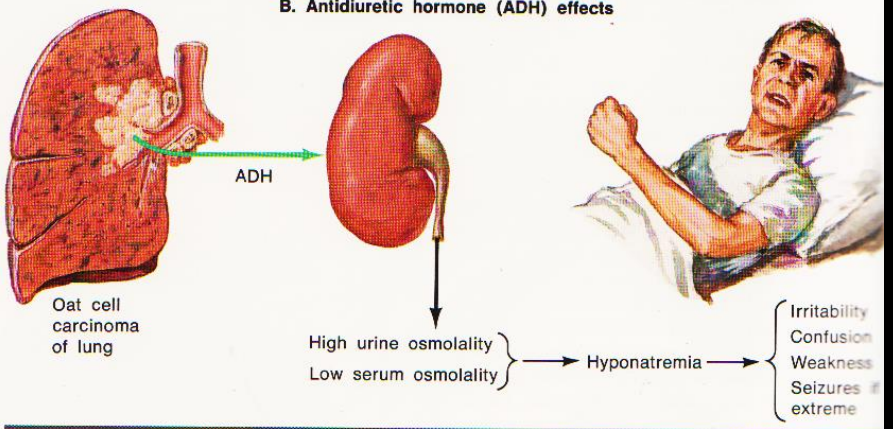
Carcinome épidermoïde

Endocrine Manifestations of Bronchogenic Carcinoma

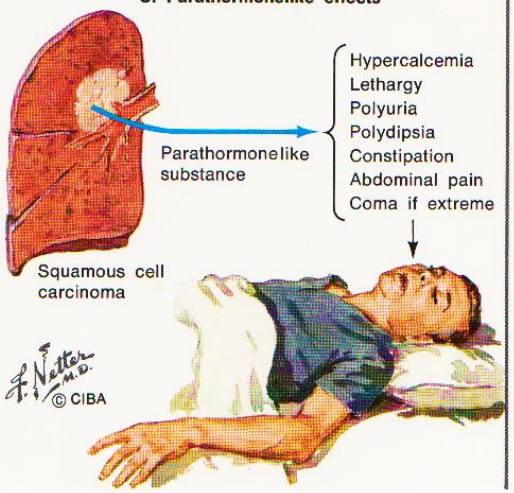
A. Corticotropic effects



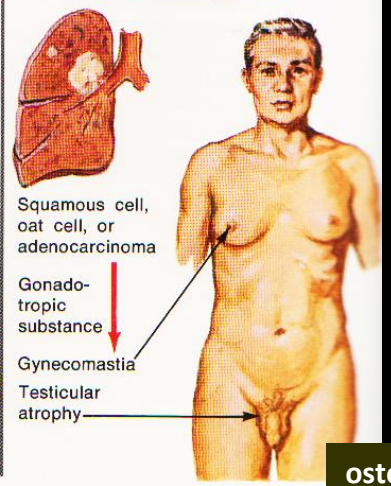
B. Antidiuretic hormone (ADH) effects



C. Parathormonelike effects



D. Gonadotropin effects

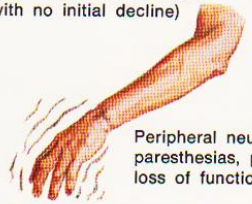


Neuromuscular Manifestations of Bronchogenic Carcinoma

Electromyographic abnormality in Lambert-Eaton syndrome (readings from hypothenar muscles with stimulation of ulnar nerve at wrist). Note low amplitude and initial decline. (Normal = 5 mv or more with no initial decline)

Lambert-Eaton syndrome; weakness of proximal muscle groups (often manifested by difficulty in rising from chair)

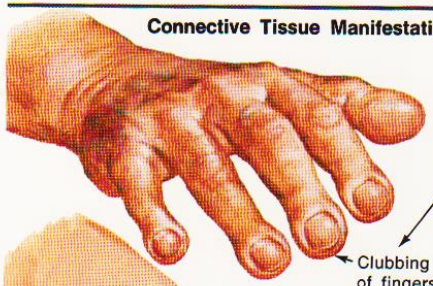
Subacute cerebellar degeneration; vertigo, ataxia



Peripheral neuropathy; paresthesias, pain, loss of function

Dementia may occur rarely (may predate onset of pulmonary symptoms)

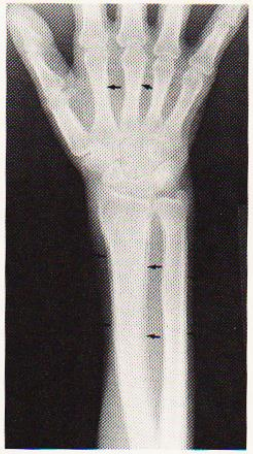
Connective Tissue Manifestations of Bronchogenic Carcinoma

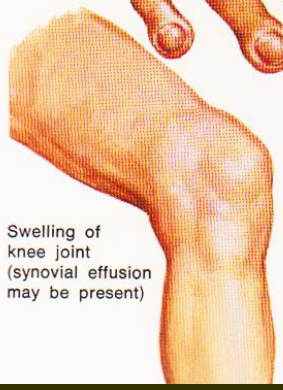


Hypertrophic pulmonary osteoarthropathy

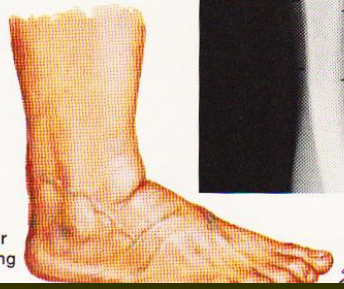
Clubbing of fingers

Subperiosteal new bone formation





Swelling of knee joint (synovial effusion may be present)

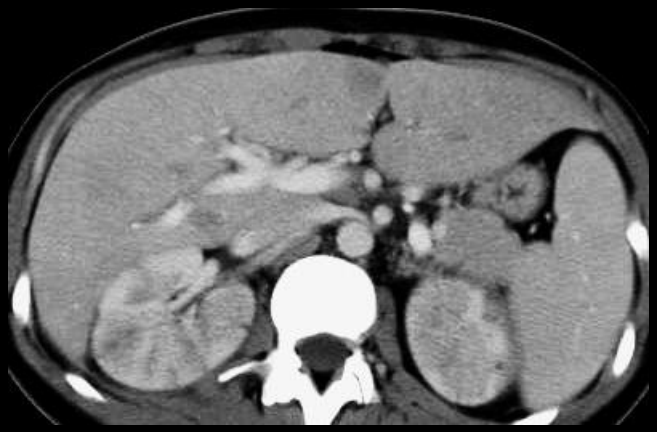


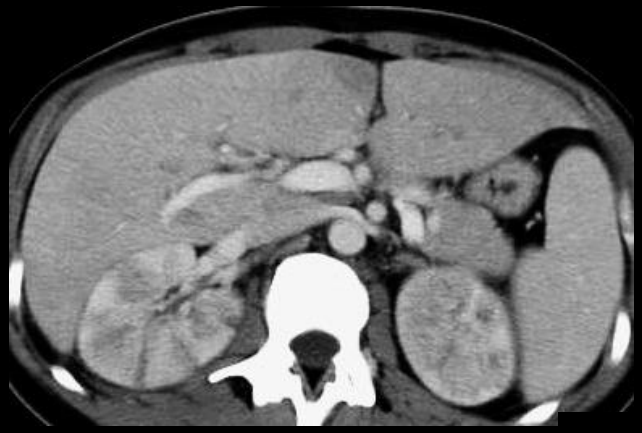
Edema and/or painful swelling of feet, legs

F. Netter M.D.

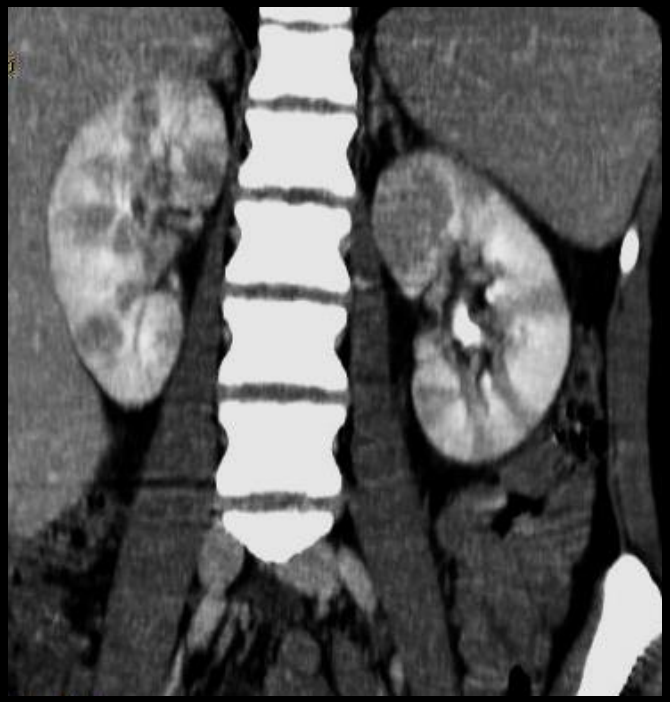
ostéoarthropathie hypertrophiante pneumique de Pierre Marie-Bamberger

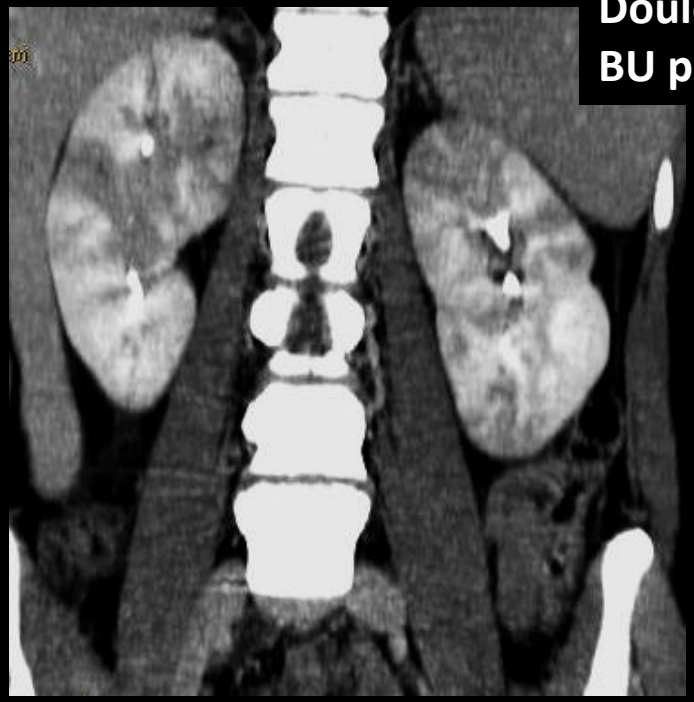
Cas 23



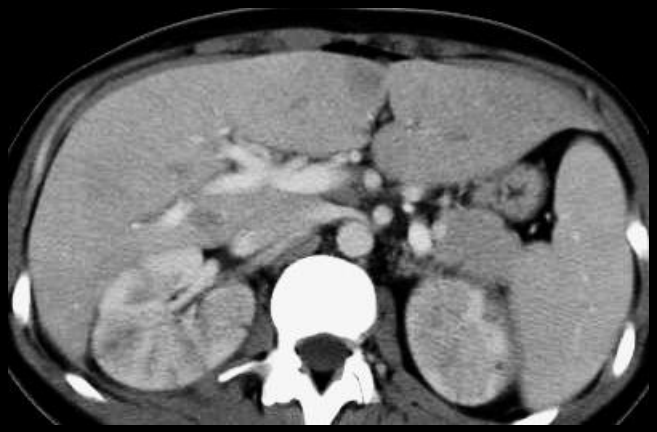


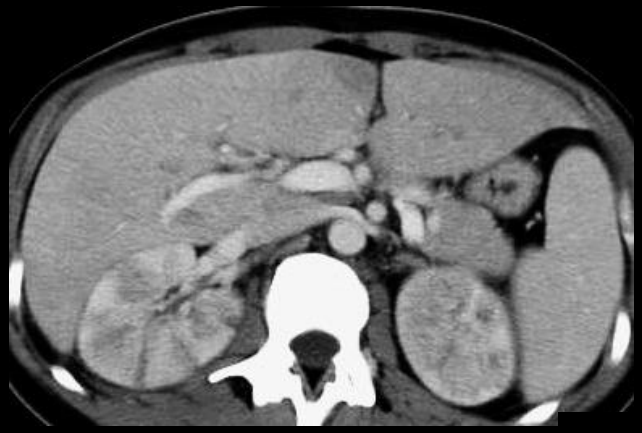
Patiente de 46 ans
Douleurs lombaires et fièvre
BU positive





Cas 23





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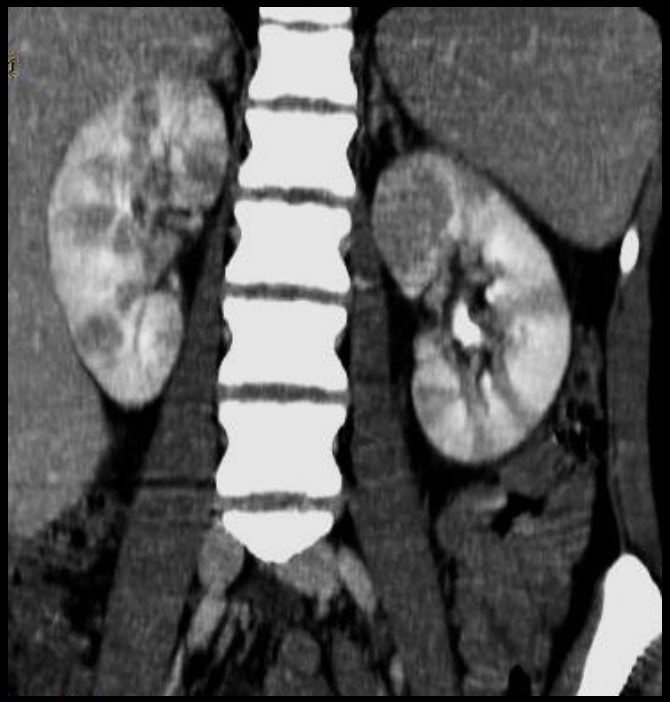
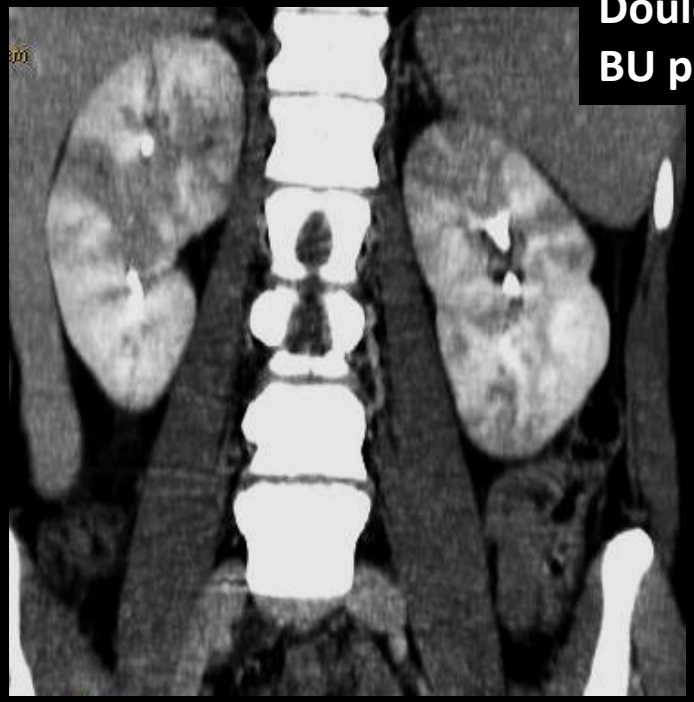
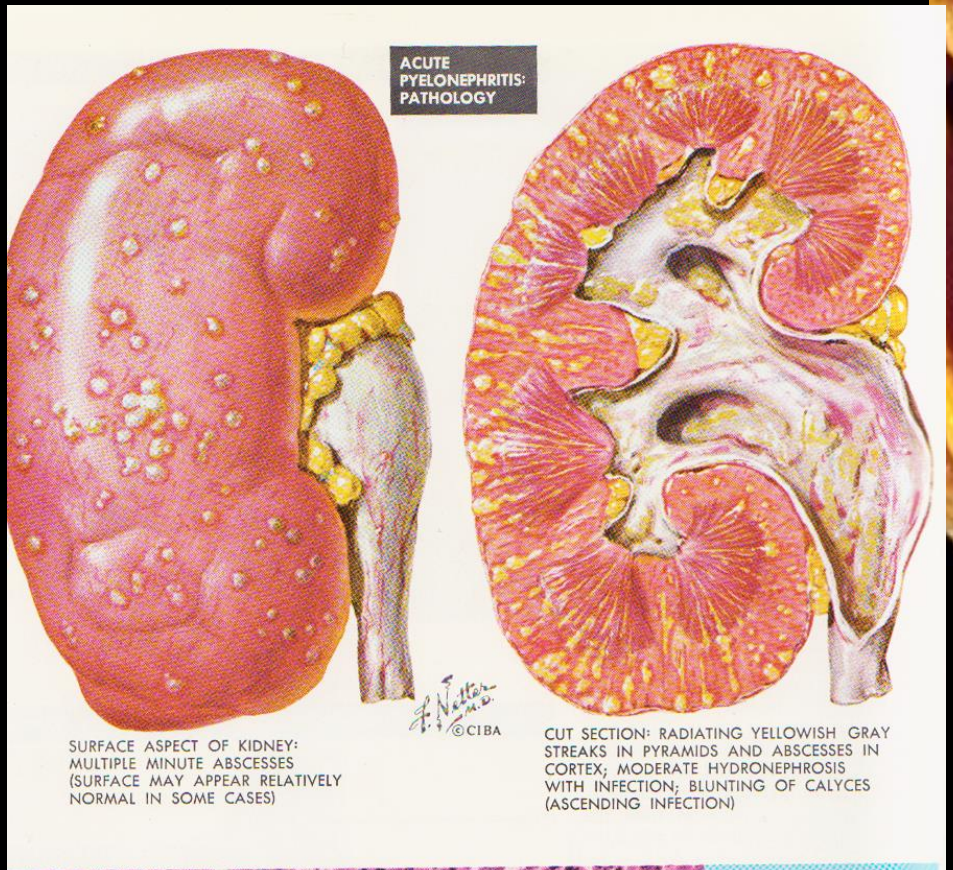




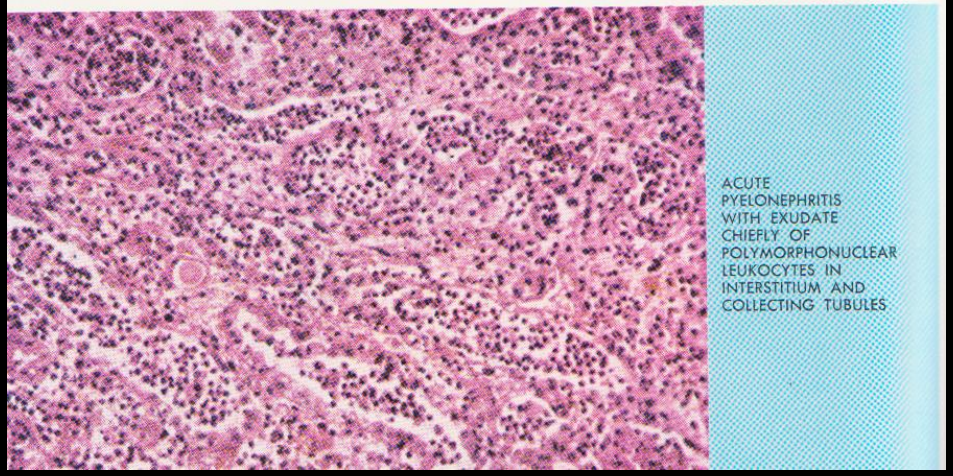
scanner abdominopelvien avec IV

Plages hypodenses parenchymateuses rénales bilatérales: foyers de **néphrite aiguë bactérienne et focale**



SURFACE ASPECT OF KIDNEY: MULTIPLE MINUTE ABSCESSES (SURFACE MAY APPEAR RELATIVELY NORMAL IN SOME CASES)

CUT SECTION: RADIATING YELLOWISH GRAY STREAKS IN PYRAMIDS AND ABSCESSES IN CORTEX; MODERATE HYDRONEPHROSIS WITH INFECTION; BLUNTING OF CALYCES (ASCENDING INFECTION)



ACUTE PYELONEPHRITIS WITH EXUDATE CHIEFLY OF POLYMORPHONUCLEAR LEUKOCYTES IN INTERSTITIUM AND COLLECTING TUBULES