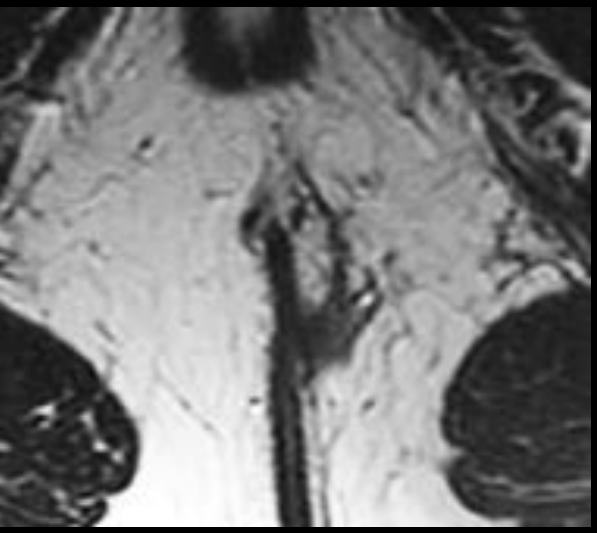
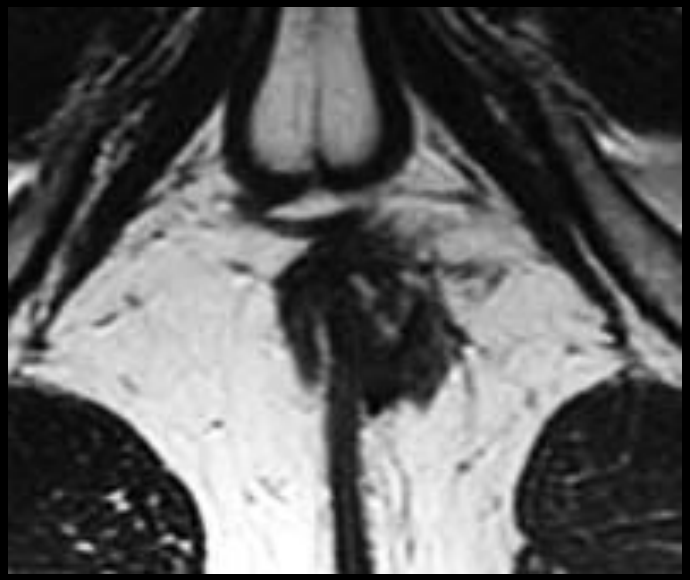
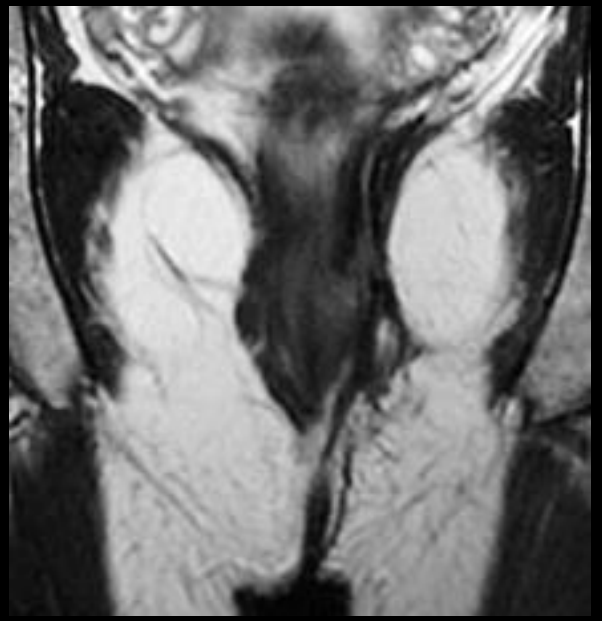
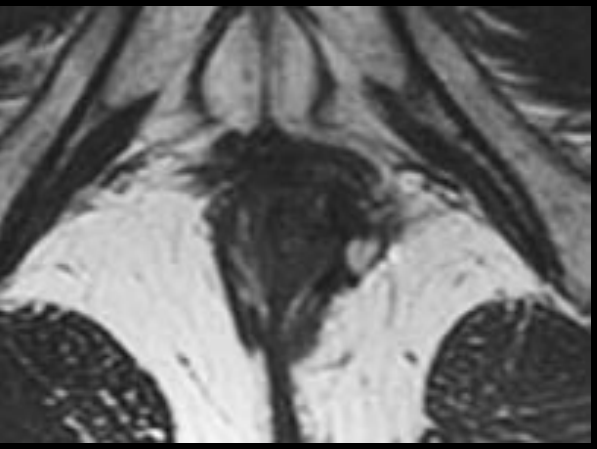
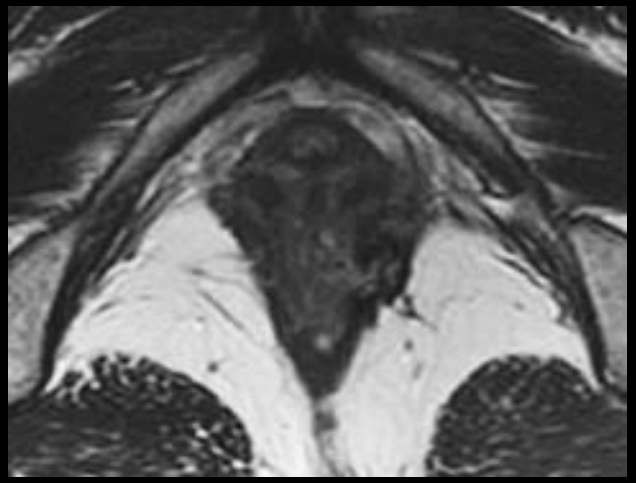
Homme 35 ans, maladie de Crohn iléo colique, exploration d'une fistule ano périnéale





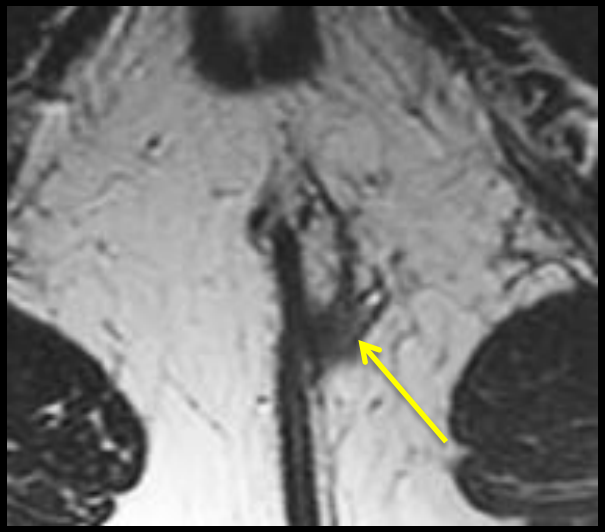


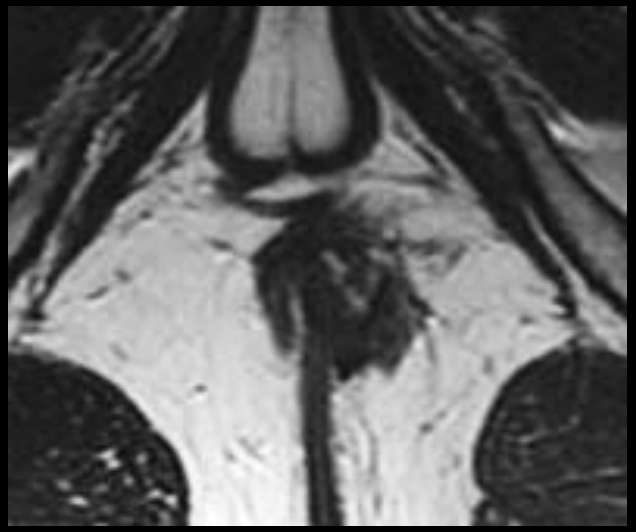




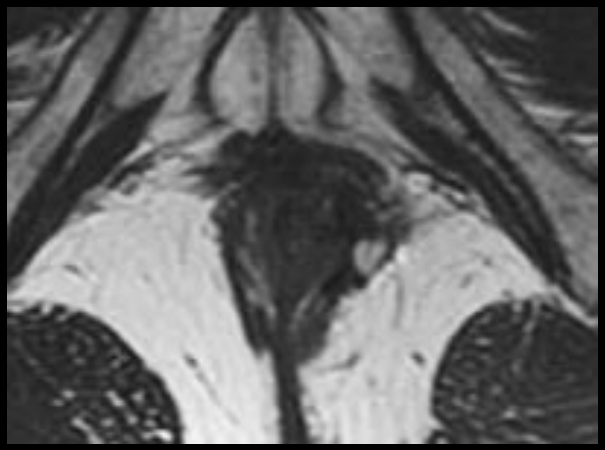
Ax et Coro T2 FSE sans FS

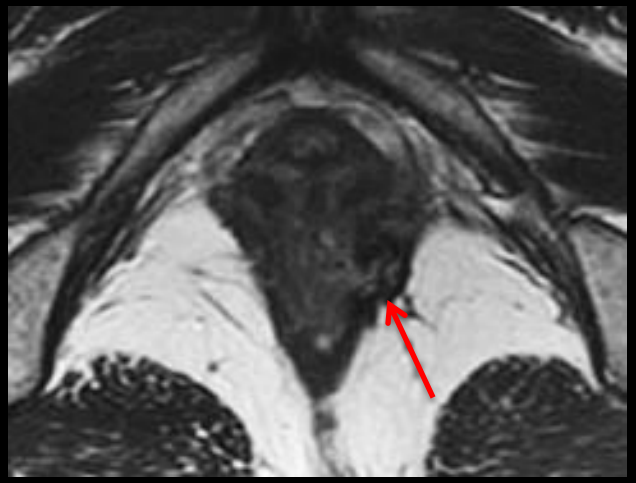
Matthieu Bayle – IHN

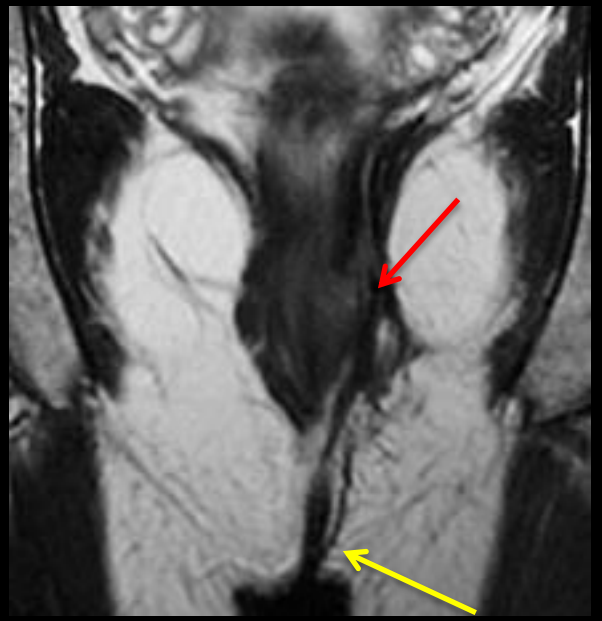




Ax et Coro T2 FSE sans FS



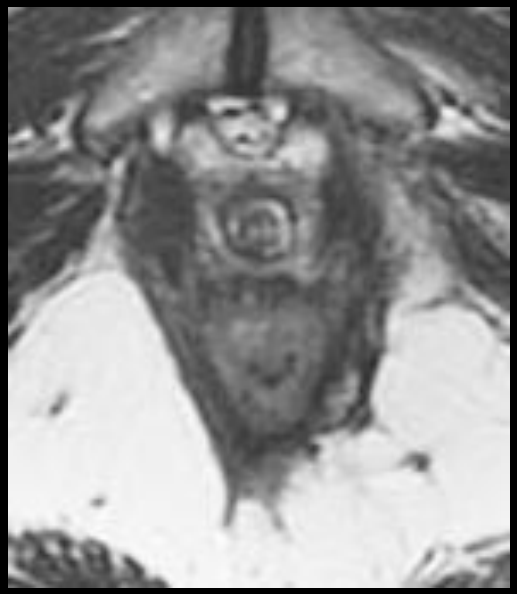


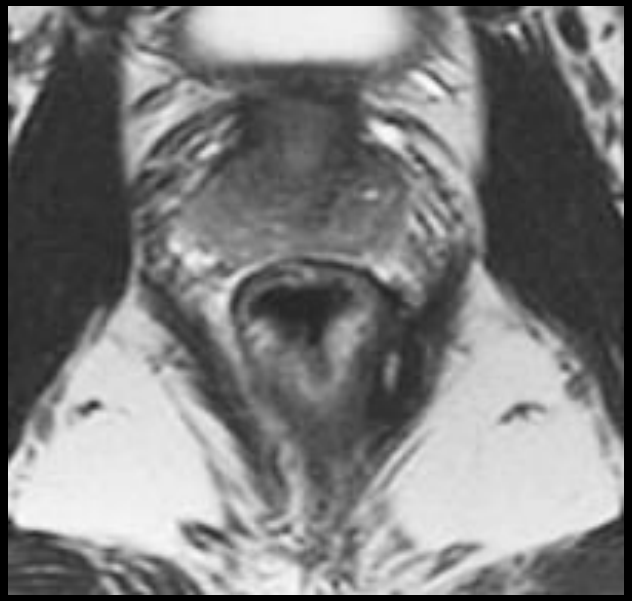


Fistule trans-sphinctérienne

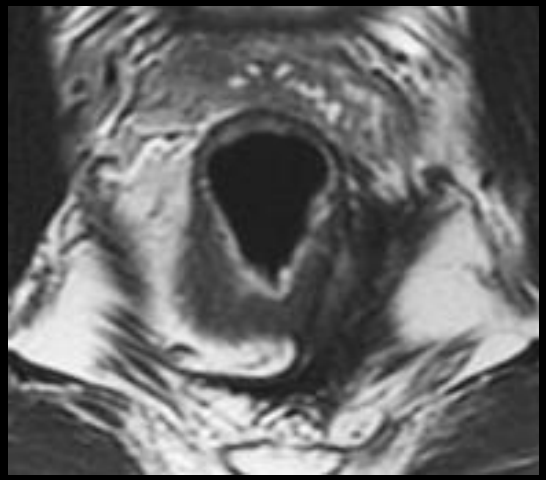
Orifice interne

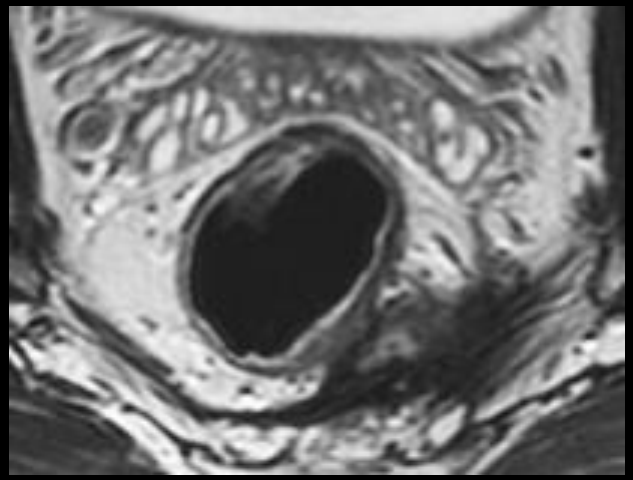
Orifice externe gauche à 3 heures

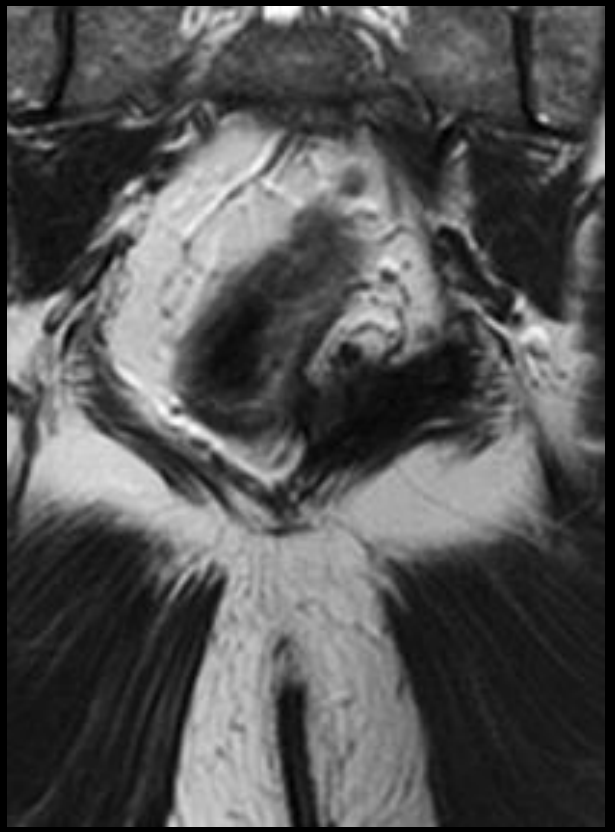




Ax et Coro T2 FSE sans FS







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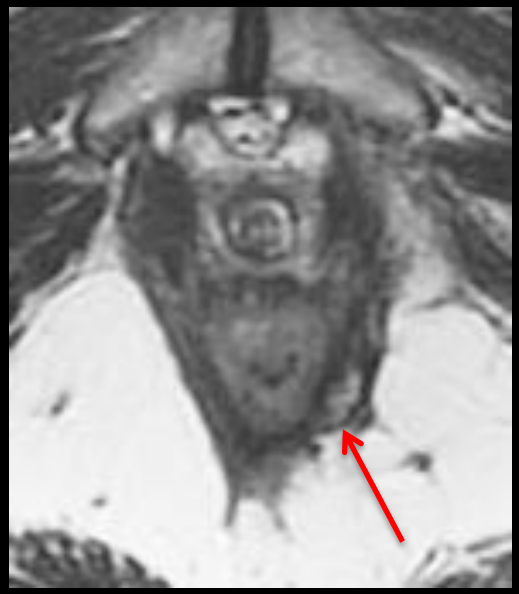
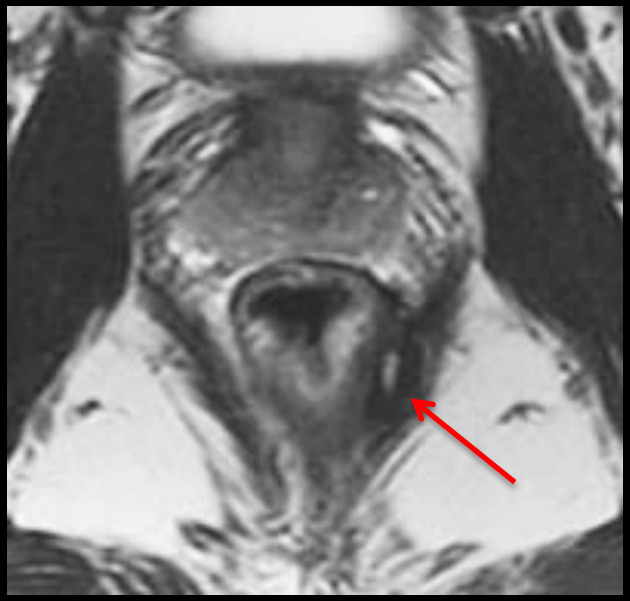
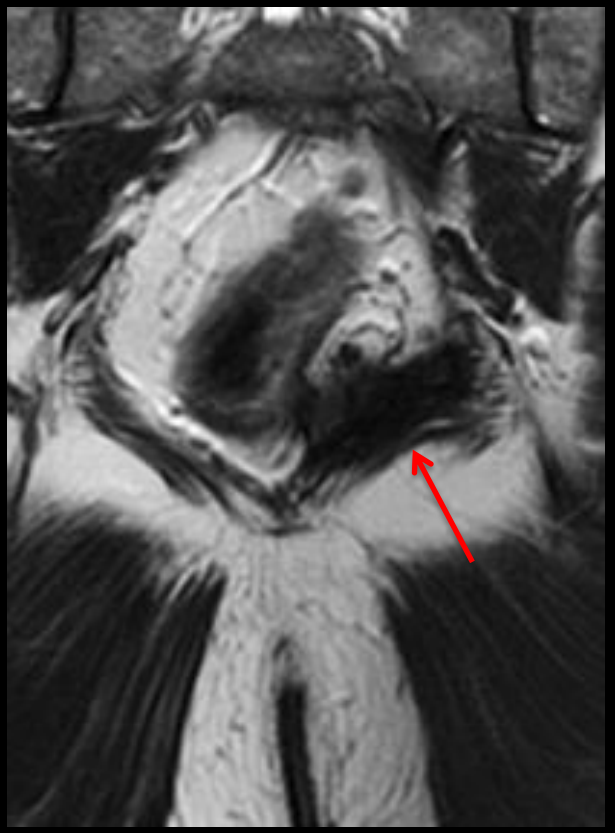
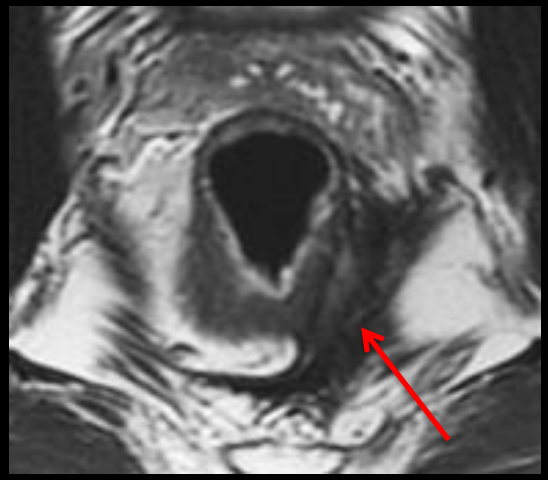
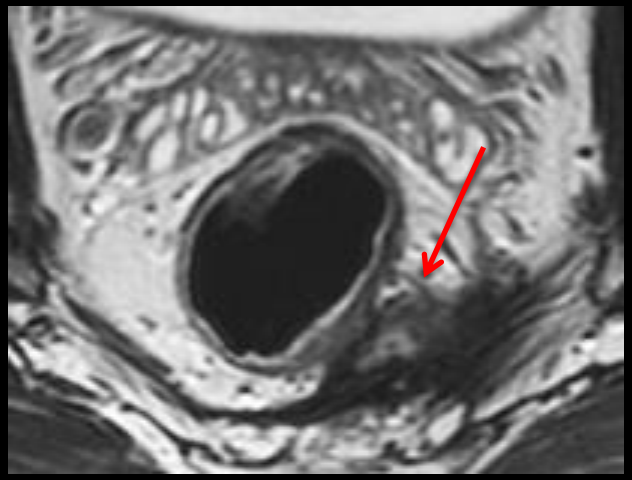


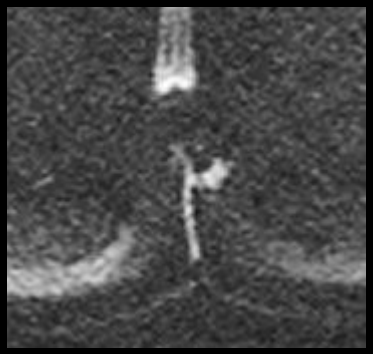
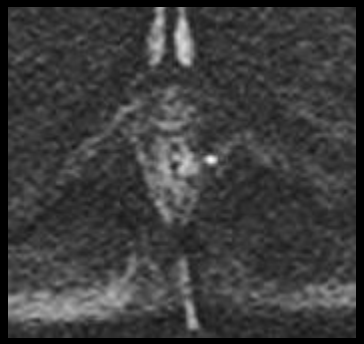
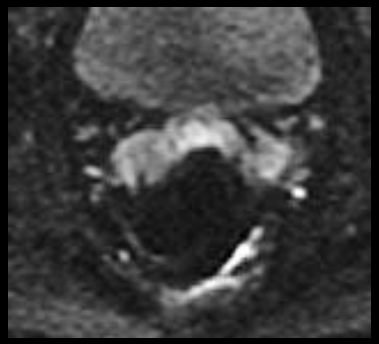






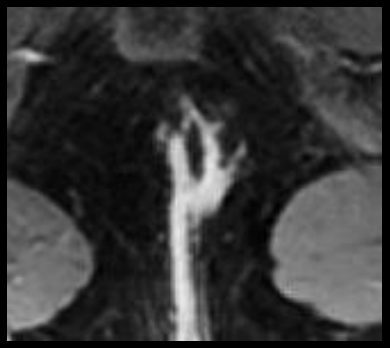
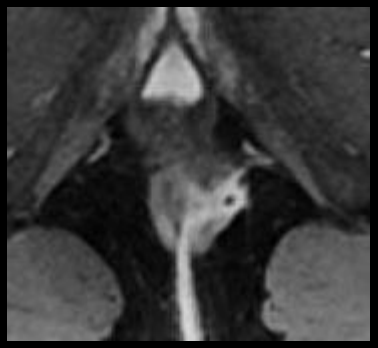
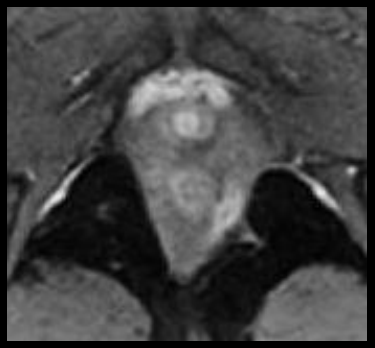
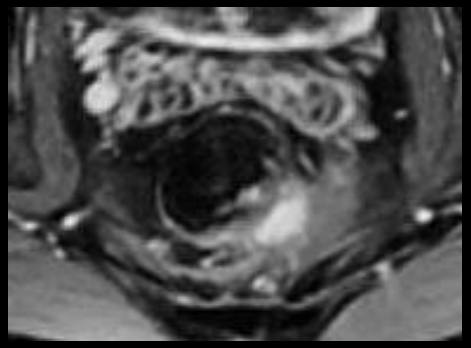
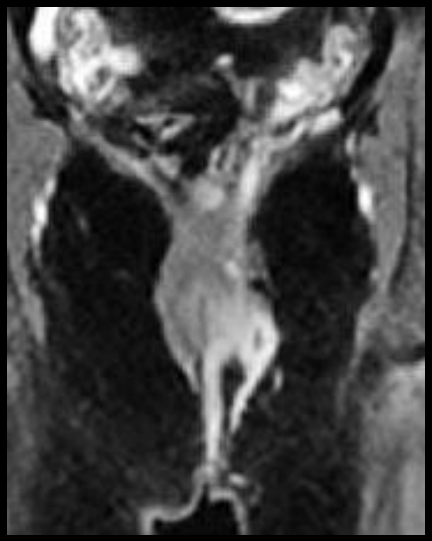
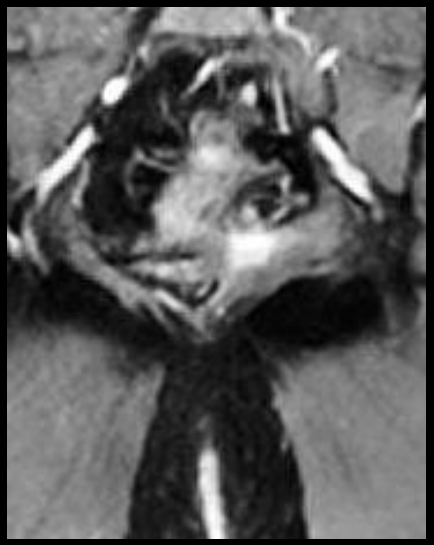
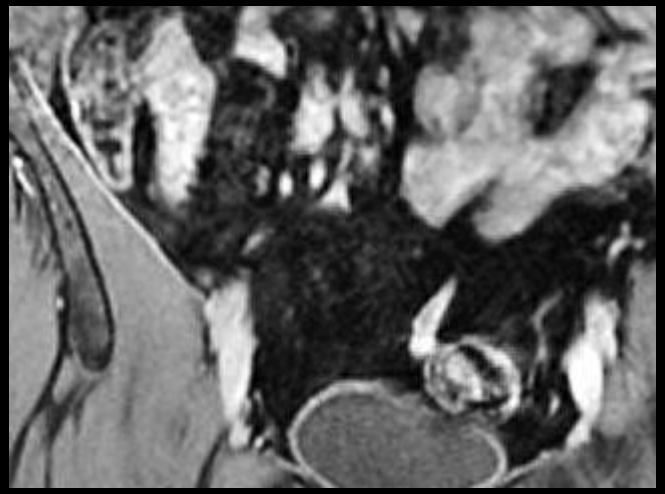


Trajet fistuleux se poursuivant en supra lévatorien avec une collection au contact du fascia pré sacré

Ax Diff

Ax et Coro T1 gado FS

Fistules ano-périnéales de la maladie de Crohn

- **Les lésions ano périnéales (LAP) touchent un patient atteint de maladie de Crohn sur deux**
- **Marqueurs d'évolution péjorative de la maladie**
- **Les fistules représentent 47 à 72,4% des LAP, et se compliquent d'abcès dans 35,5 à 48% des cas**
- **Lésions élémentaires :**

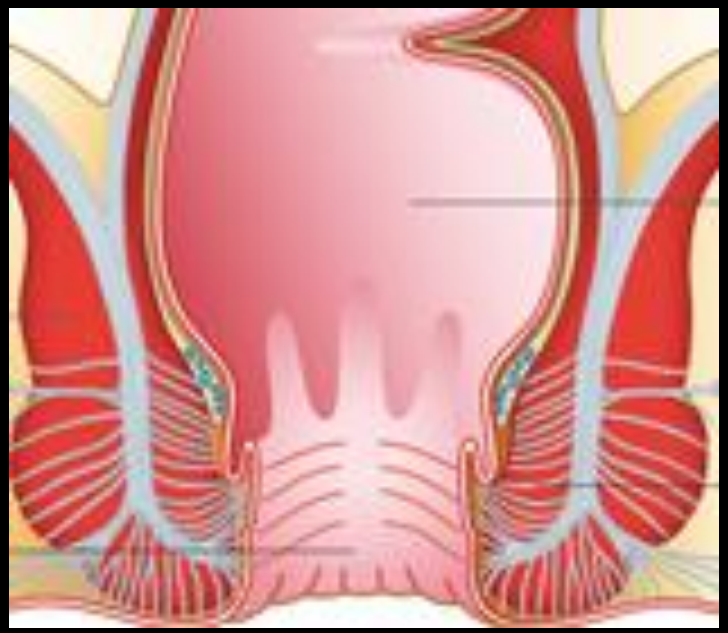
  Lésions primaires (type I) : fissurations, ulcères

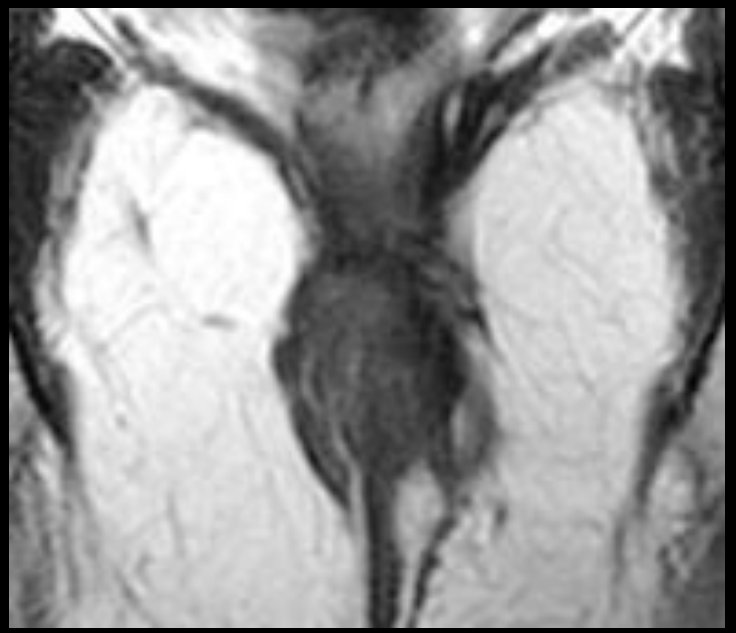
  Lésions secondaires (type II) : fistules, abcès

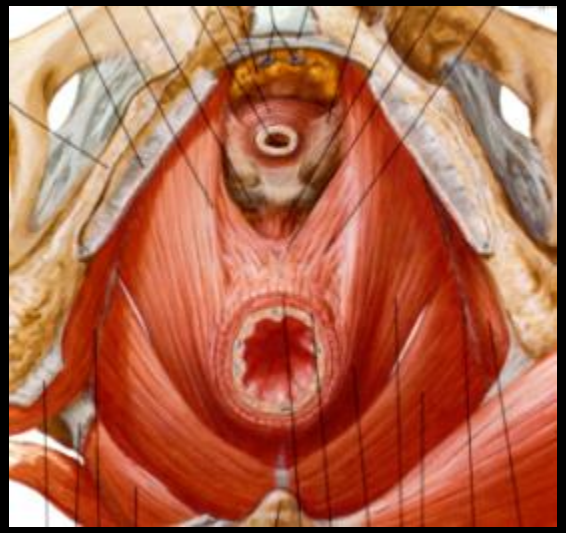
  Lésions secondaires mécaniques (type III) : sténoses post cicatricielles

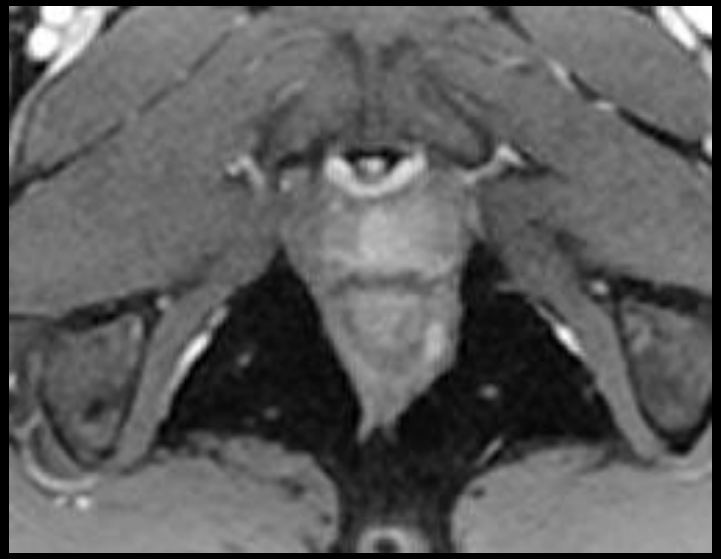
G. Bouguen, C. Favreau, M. Eleouet, T. Rohou, J.-F. Bretagne, L. Siproudhis. Lésions crohniennes de l'anus et du périnée. EMC - Gastro-entérologie 2010:1-12 [Article 9-082-A-15].

Anatomie

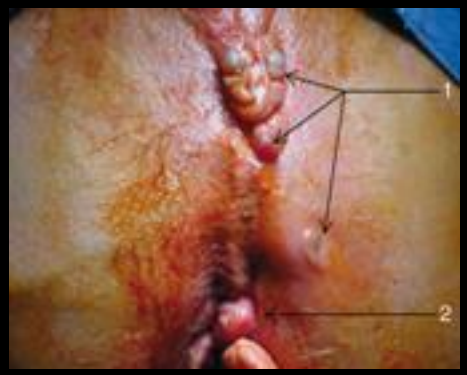


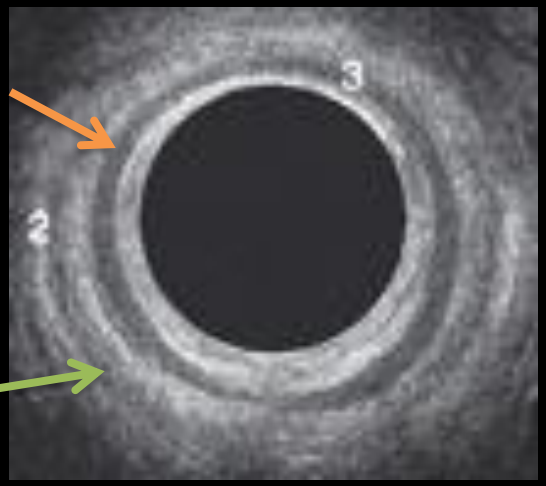


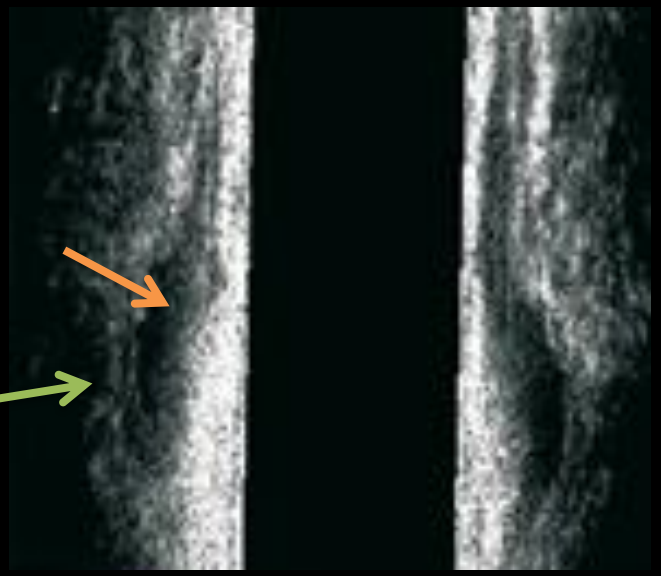


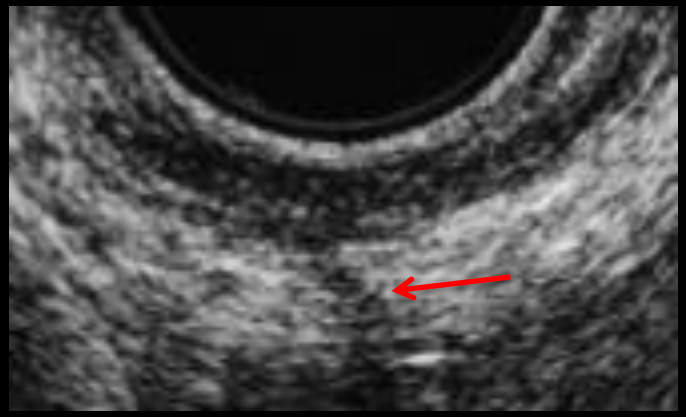


Examen clinique et échographie endo anale









Sonde endorectale 7-10 MHz résolution spatiale ++

Décubitus ou latéro cubitus

Instillation d'eau oxygénée par l'orifice externe

Limites : Sténose, douleurs, opérateur dépendant, fistules complexes, caractérisation de l'activité lésionnelle difficile

C. Savoye-Collet, O. Suaud, E. Koning. Exploration en imagerie des fistules anales. EMC - RADIOLOGIE ET IMAGERIE MÉDICALE : Abdominale - Digestive 2011:1-13 [Article 33-481-A-10].

IRM périnéale

- Examen de référence pour l'exploration des fistules
- **Protocole** :

  Trois plans T2 FSE sans saturation de graisse

  Axial diffusion

  Axial et Frontal T1 EG 3D FS après injection de gadolinium

  IRM 3T si possible, antenne superficielle en réseau phasé, FOV 24cm

- **Topographie lésionnelle** : rapports aux sphincters et à l'élévateur de l'anus

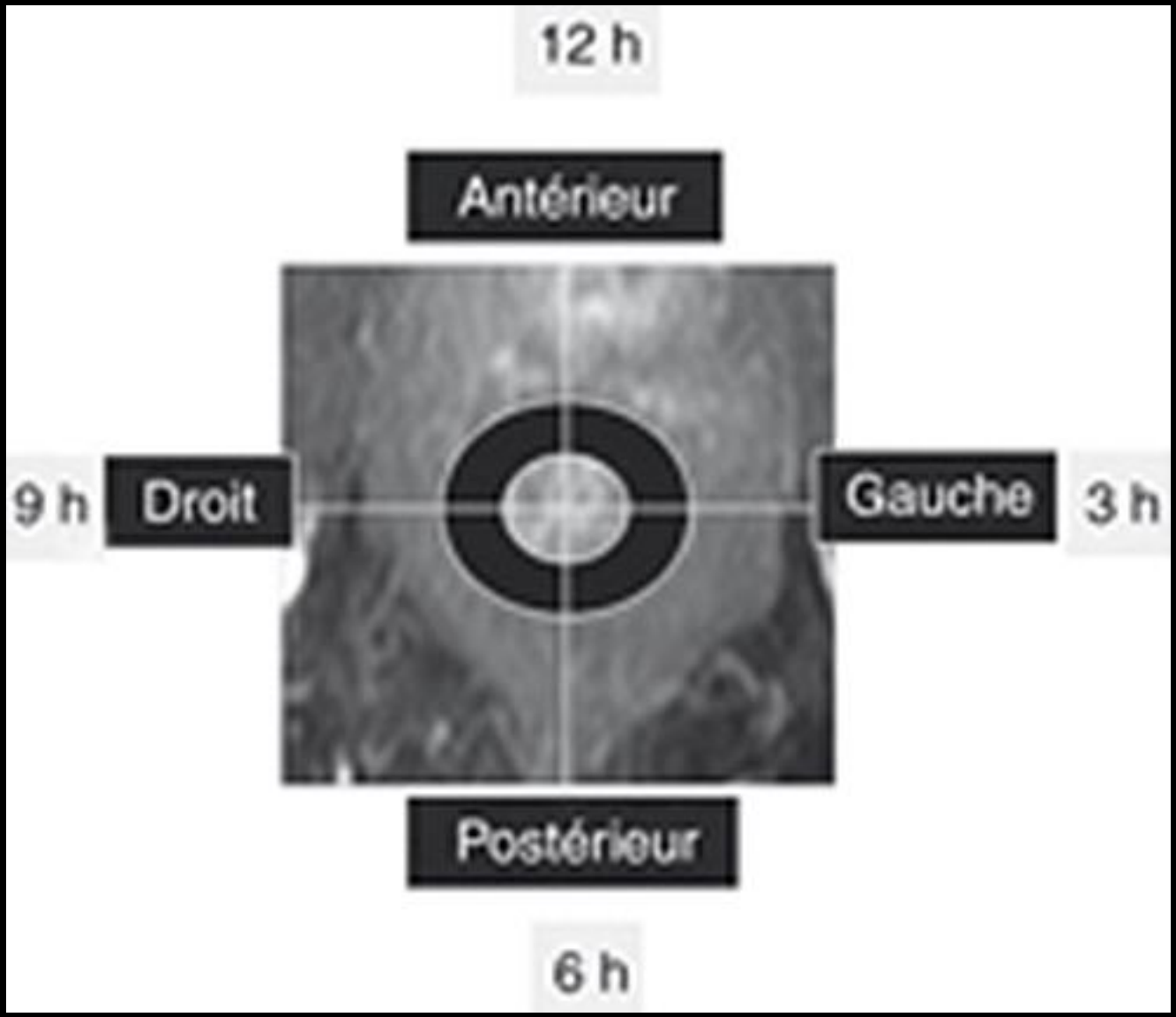
- **Type de fistule** :

  Simple : un orifice interne, trajet simple, un orifice externe

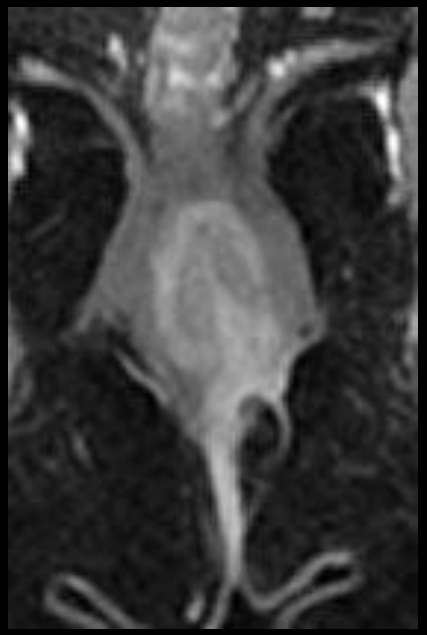
  Complexe : plusieurs orifices internes/externes, plusieurs trajets fistuleux, fistule en fer à cheval, fistule recto vaginale

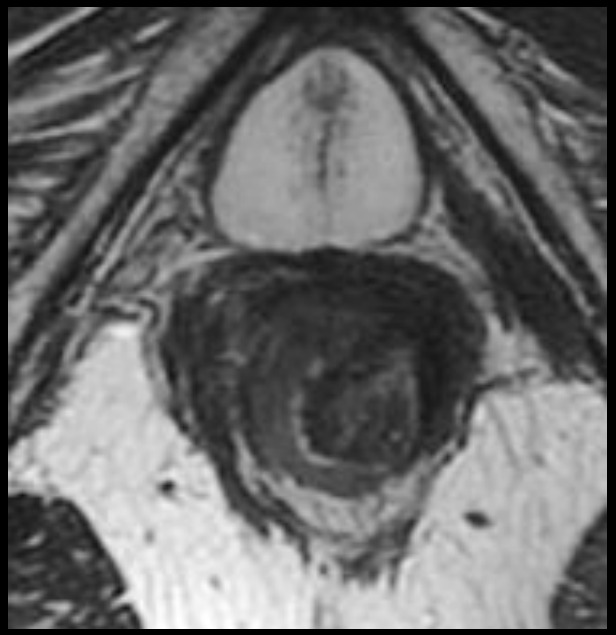
- **Signes d'activité** : abcès, prise de contraste, diffusion

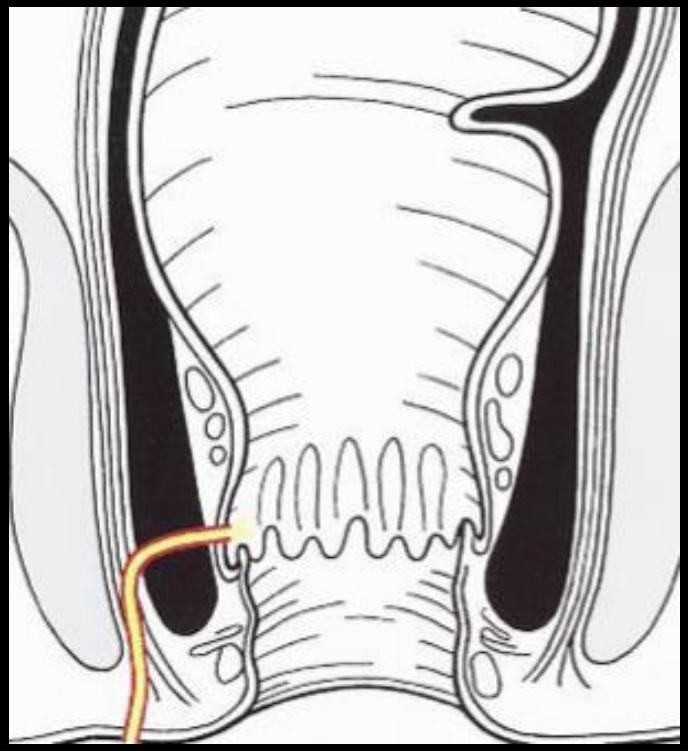
➔ **Classification de Parks ++**

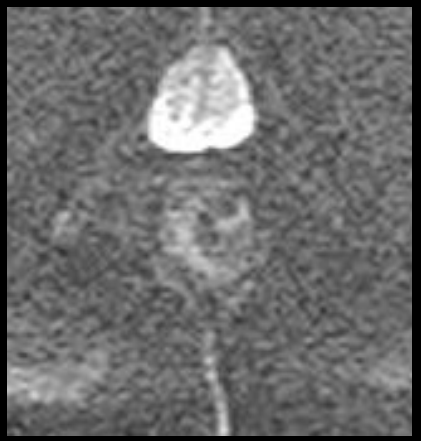

12 h
Antérieur
9 h
Droit
Gauche
3 h
Postérieur
6 h

Grade 1 de Parks : inter sphinctérienne

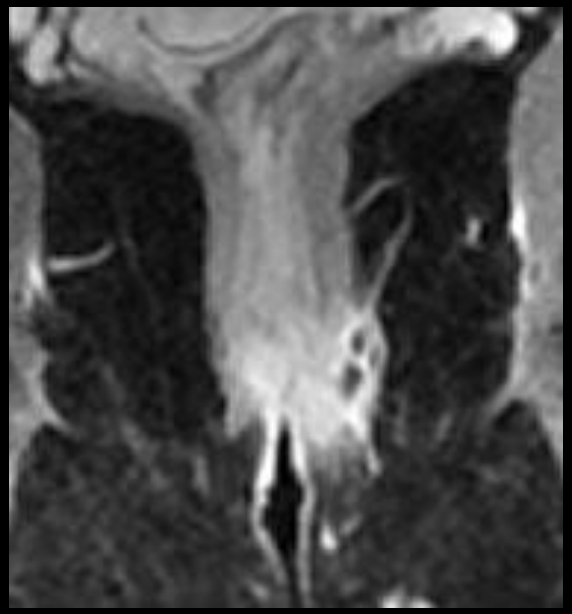


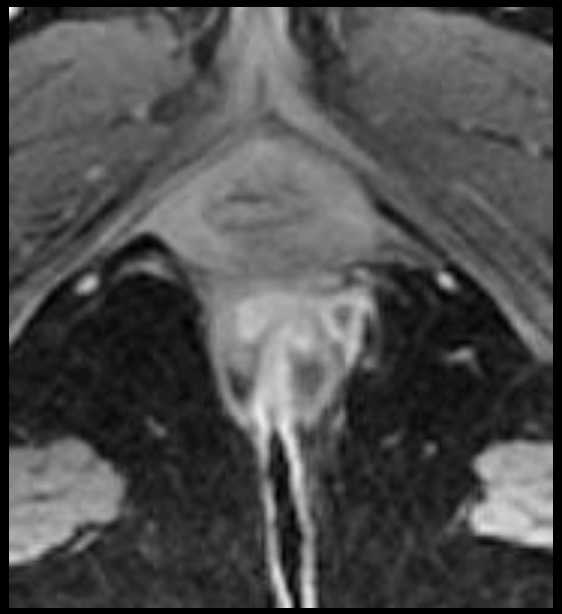


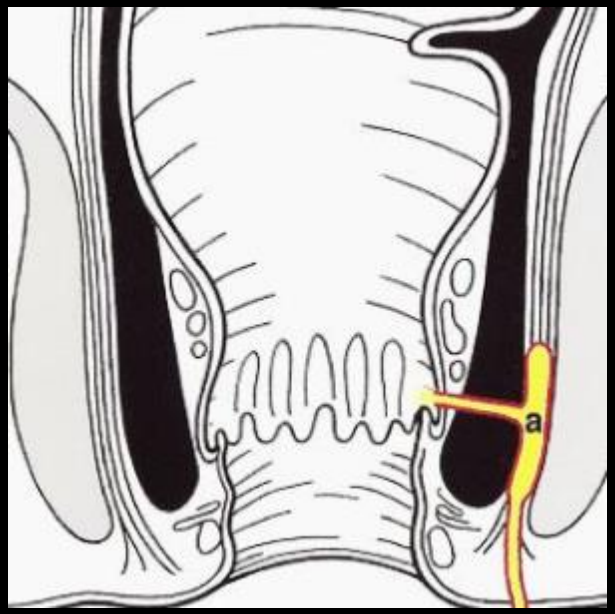


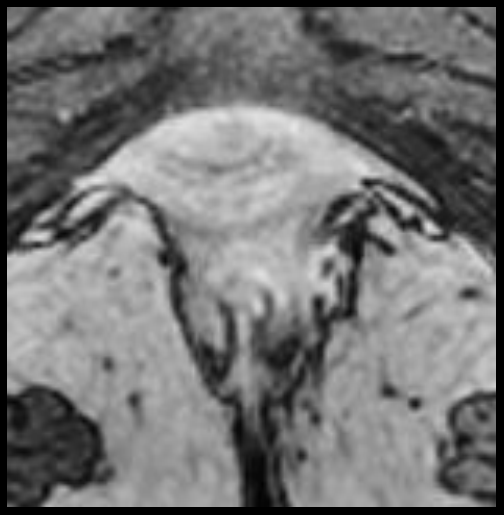


Grade 2 de Parks : intersphinctérienne avec abcès ou trajet secondaire

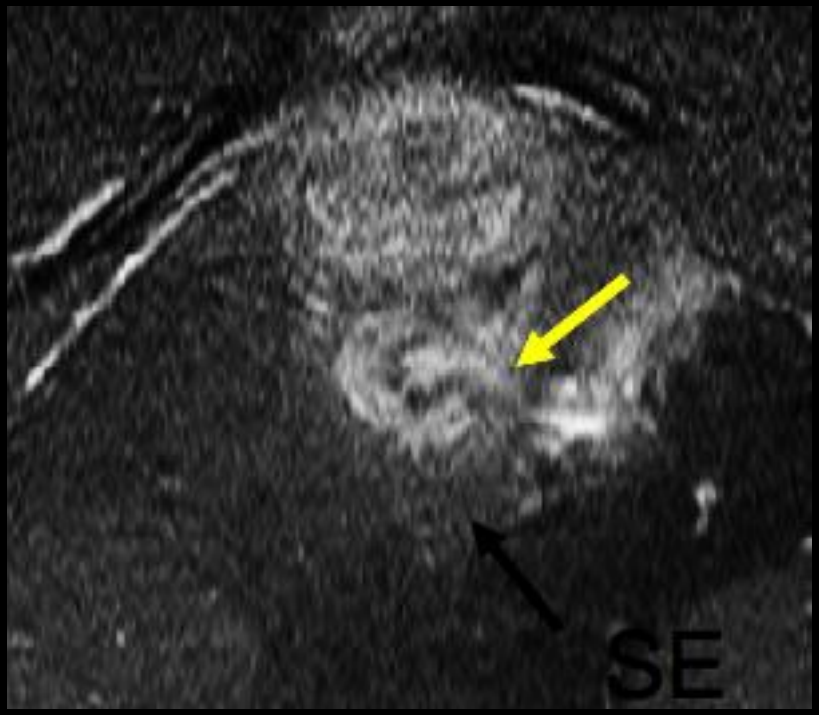


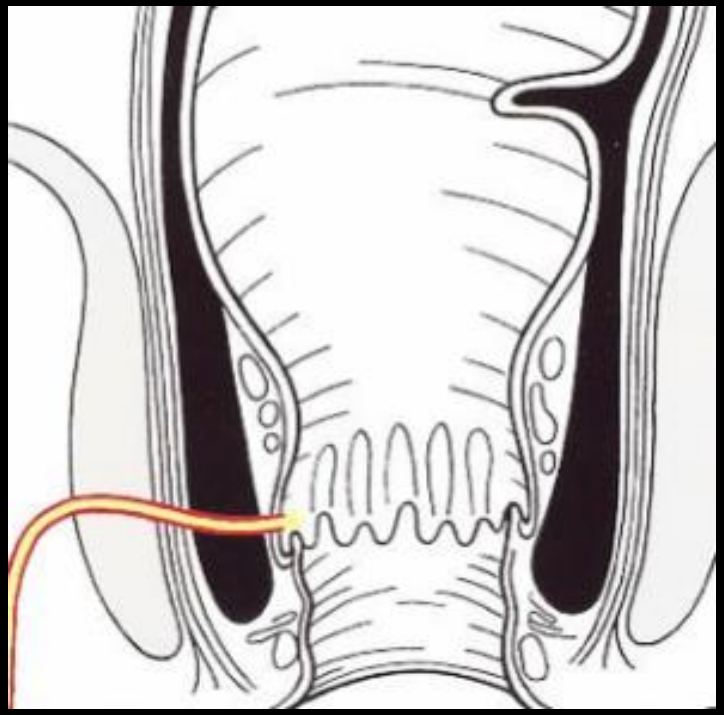






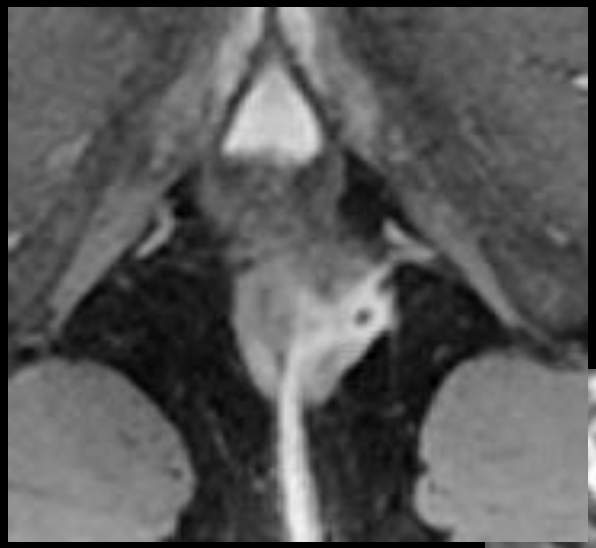
Grade 3 de Parks : trans sphinctérienne

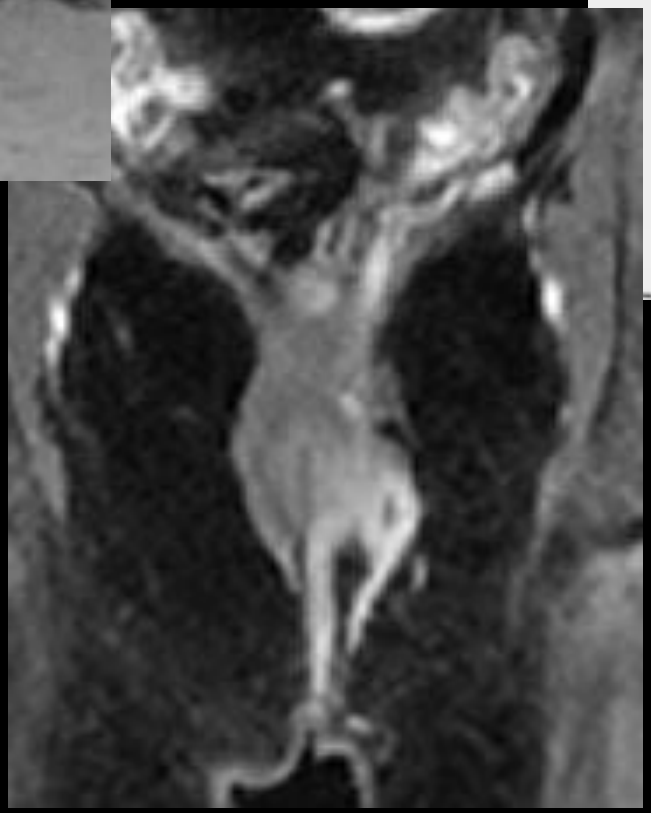


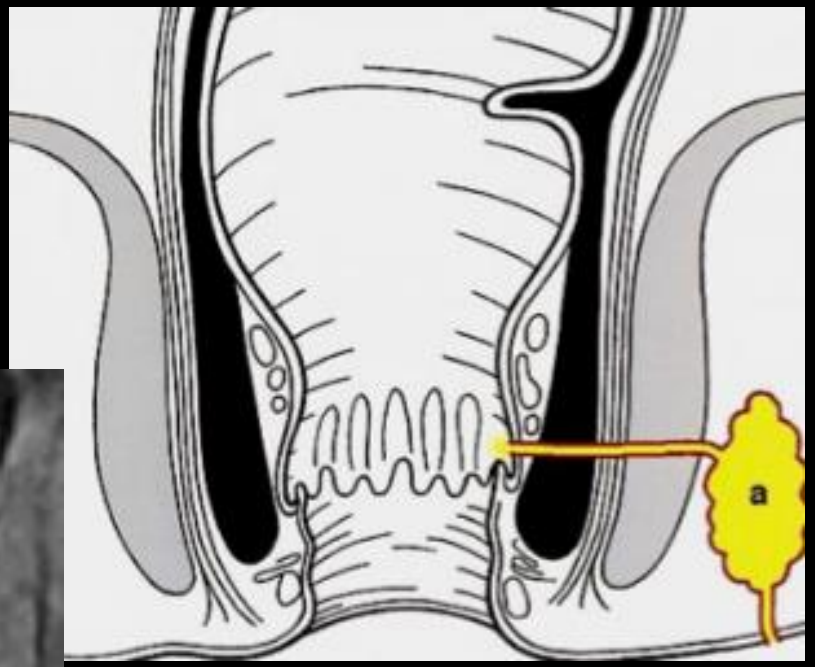


IRM des fistules et suppurations ano rectales. C.Hoefel et al. Hôpital Saint-Antoine Paris, 2005

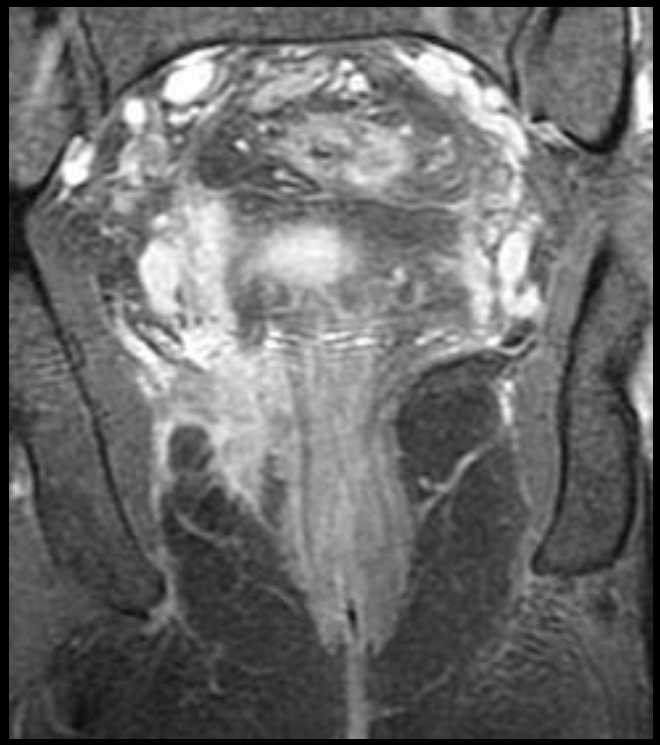
Grade 4 de Parks : trans sphinctérienne avec abcès ou trajet secondaire

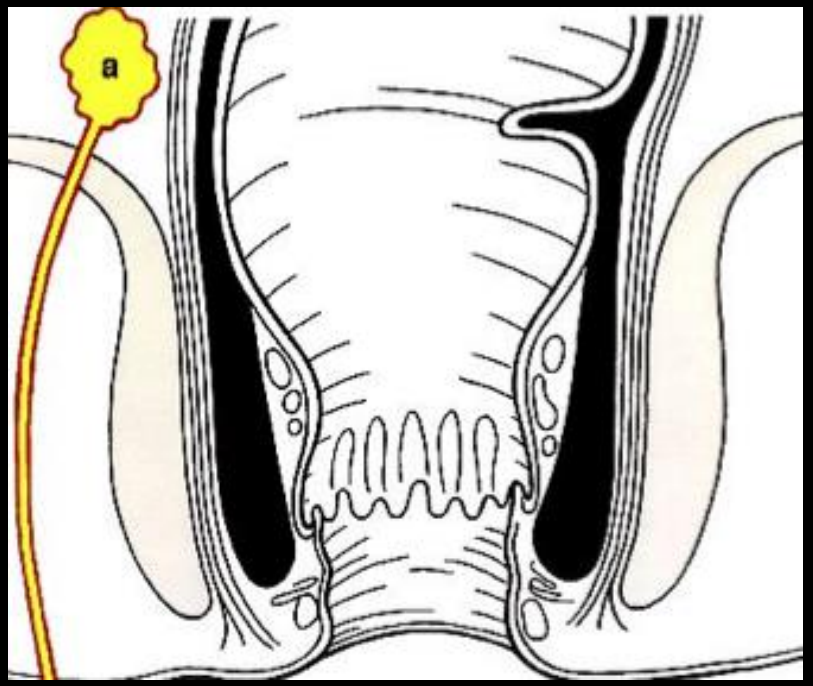


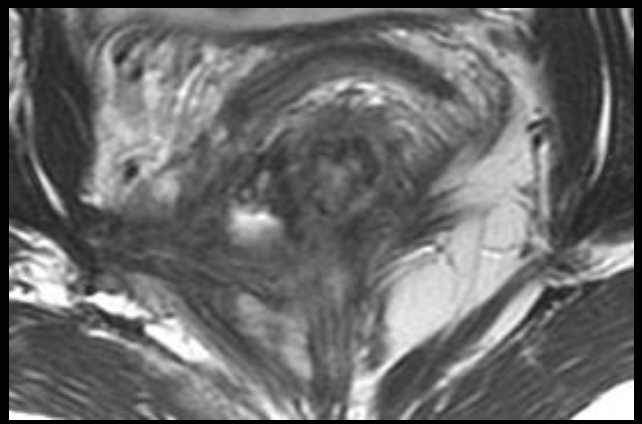


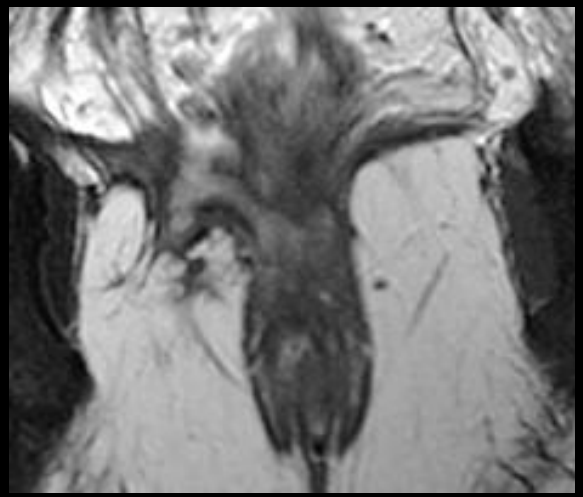


Grade 5 de Parks : supra lévatorienne

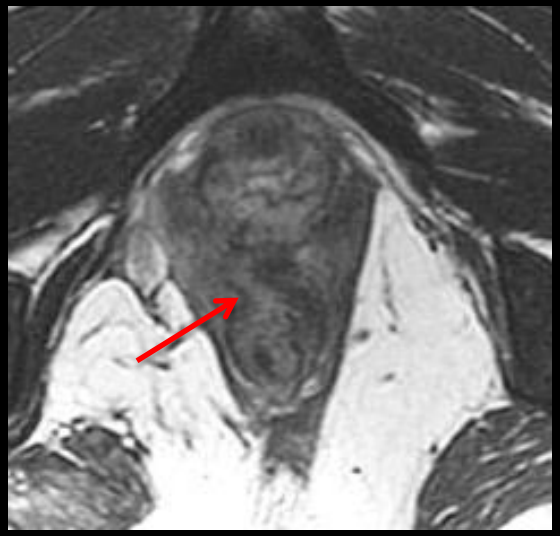


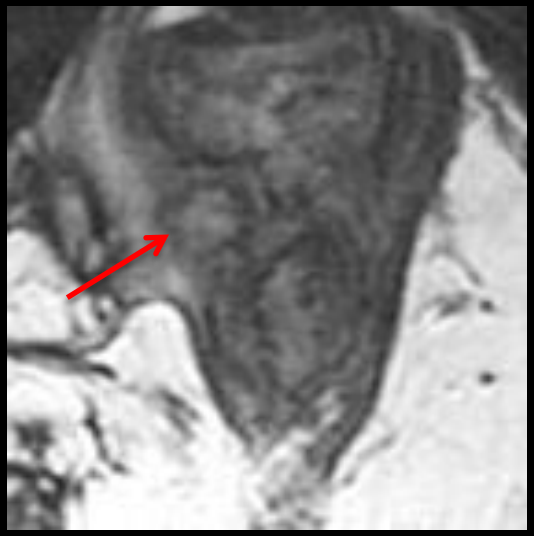


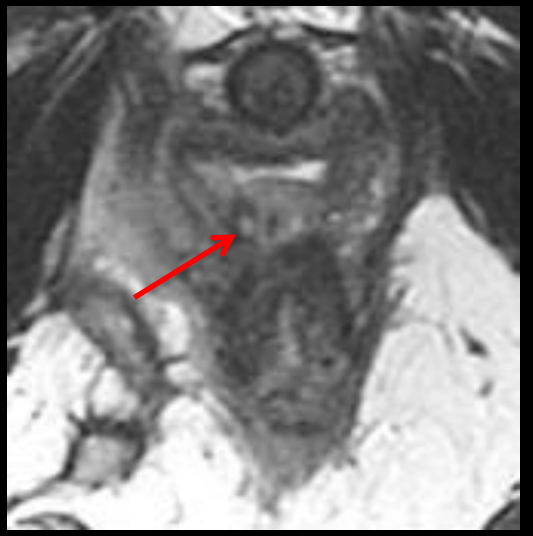


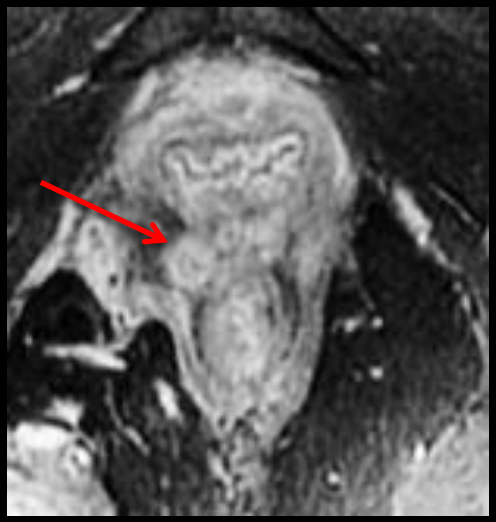


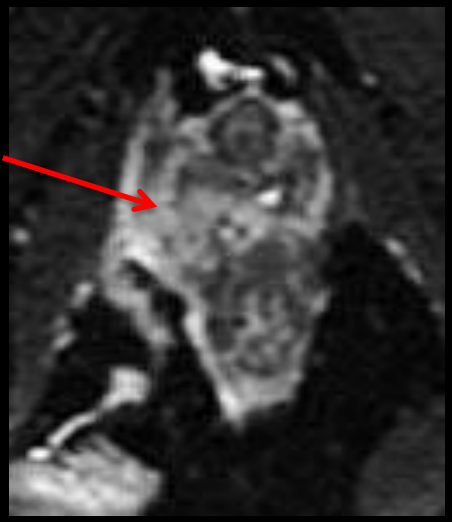
Fistule recto vaginale



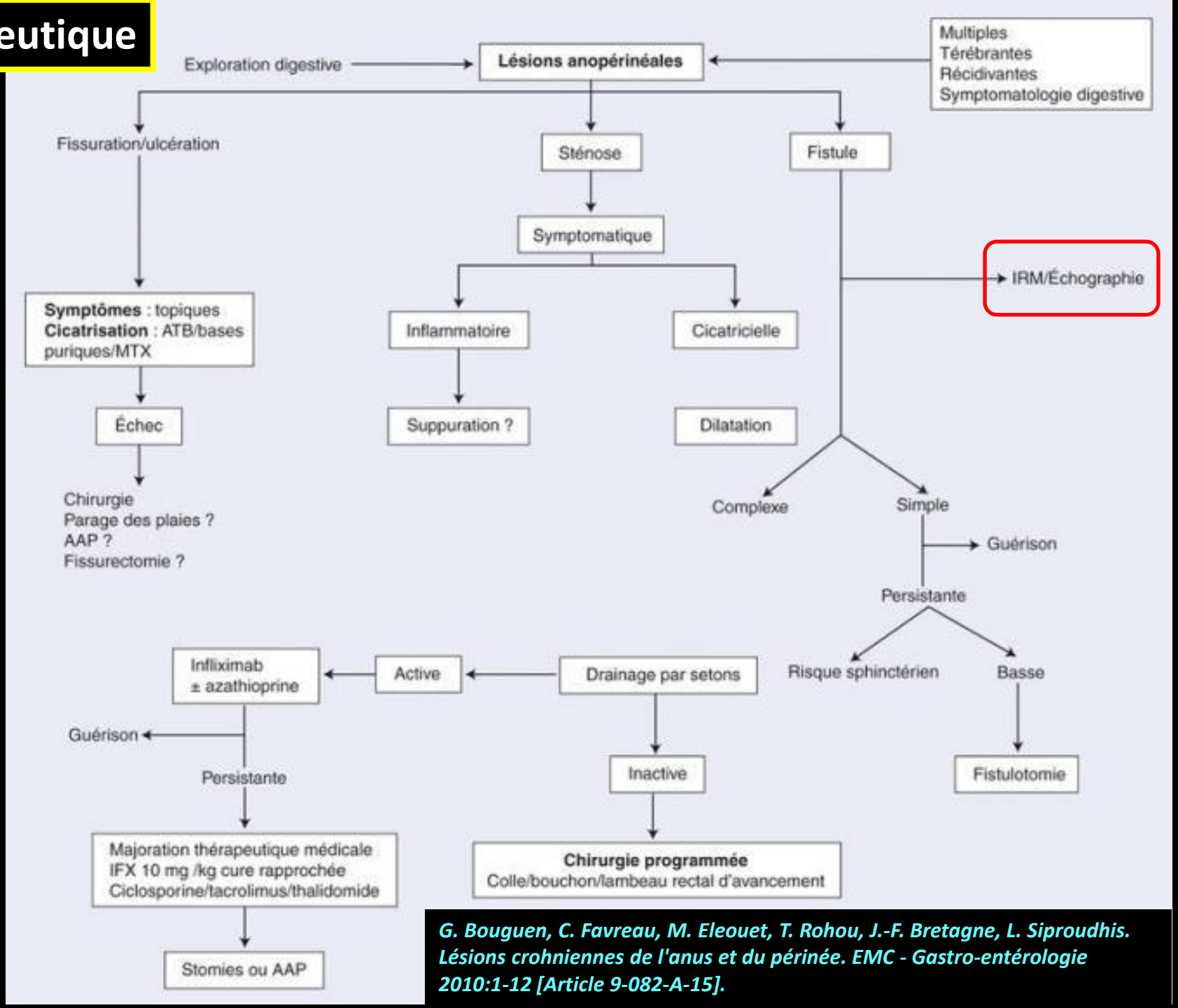








Thérapeutique



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Take home messages

- **Type de fistule : simple, complexe, en fer à cheval**
- **Relation avec l'élévateur de l'anus : sus ou sous lévatorienne**
- **Relation avec l'appareil sphinctérien : classification de Parks**
- **Orifices internes et externes: préciser le siège**
- **Signes d'inflammation : hypersignal en T2 et en diffusion , prise de contraste, abcès**