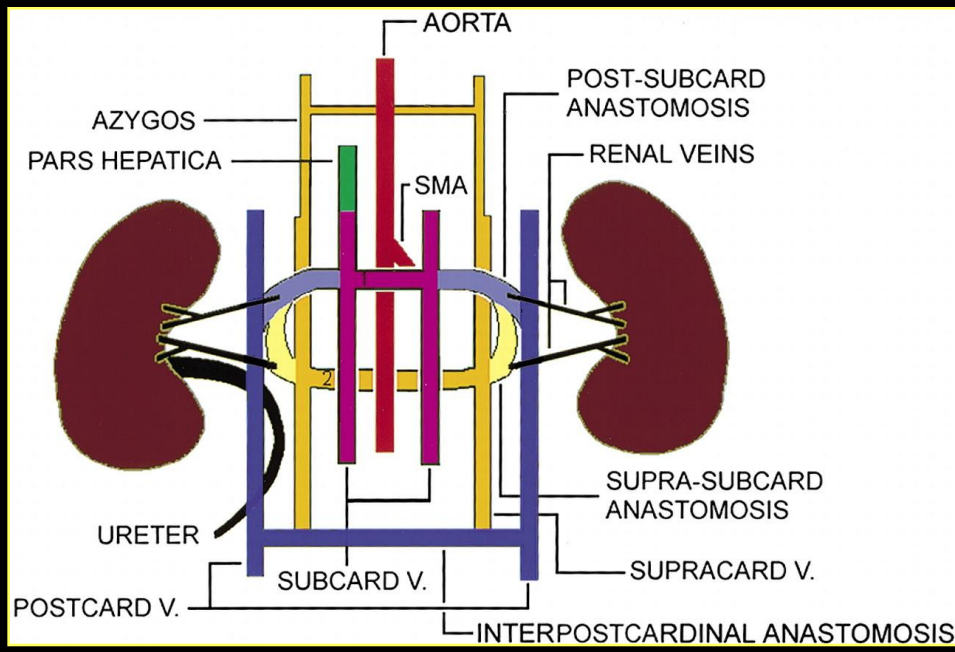
anomalies congénitales de la VCI



- VCI G : 0.2-0.5%
- double VCI : 0.2-3%
  erreurs Dg : ADP
- continuation azygos : 0.6%
  - association : sd de polysplénie
  - erreur Dg : masse paratrachéale/ADP rétrocrurale
- variantes des v rénales

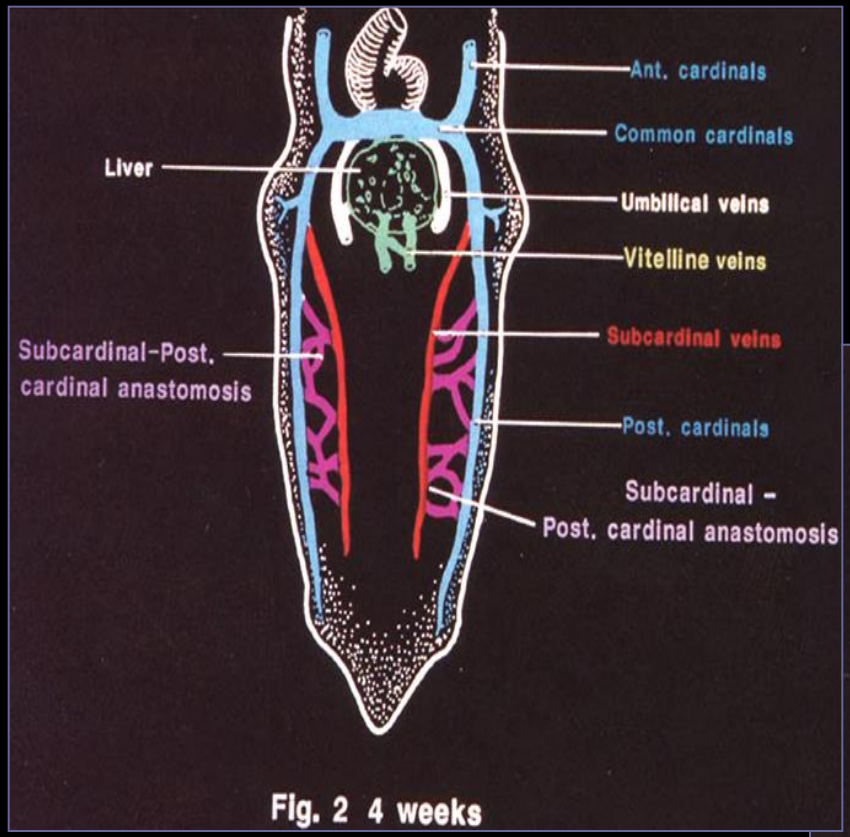


Fig. 2 4 weeks

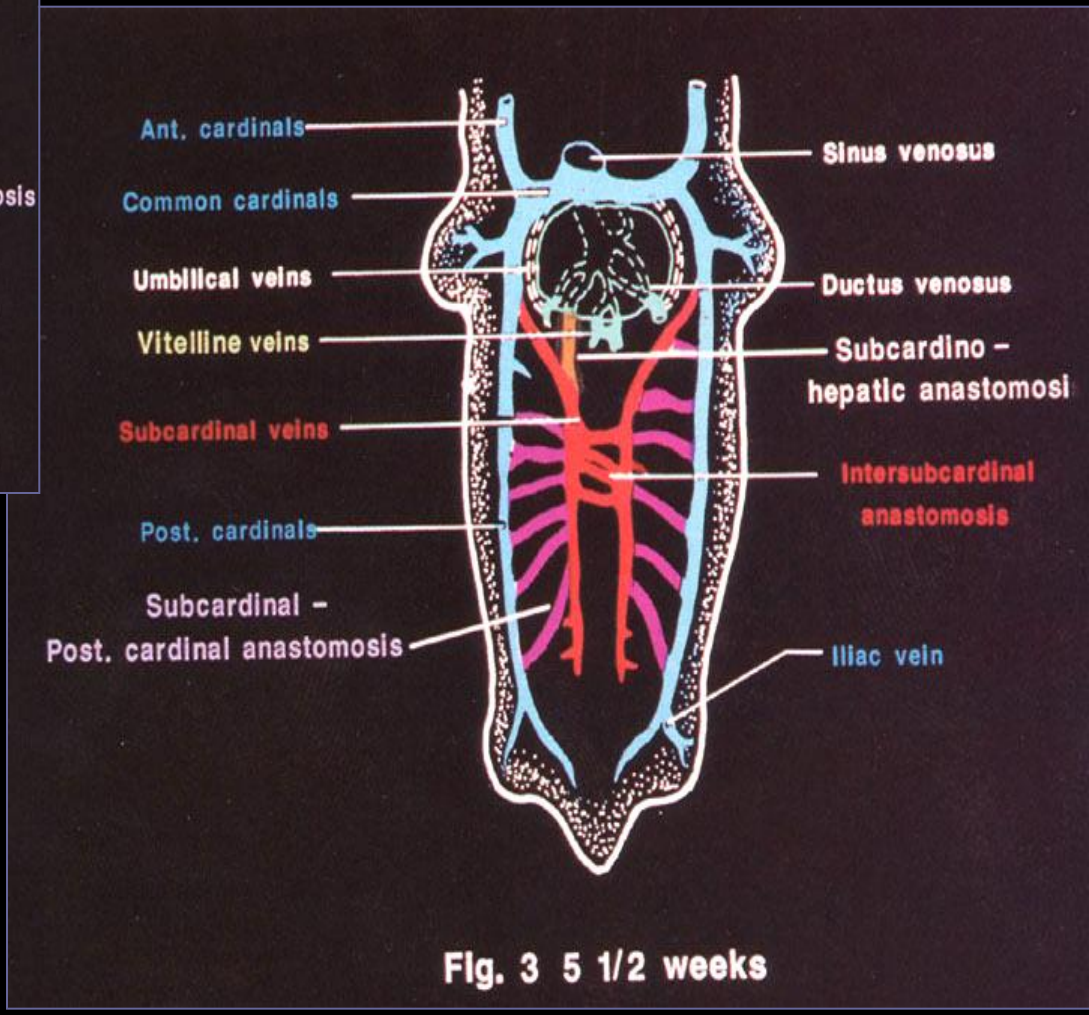


Fig. 3 5 1/2 weeks

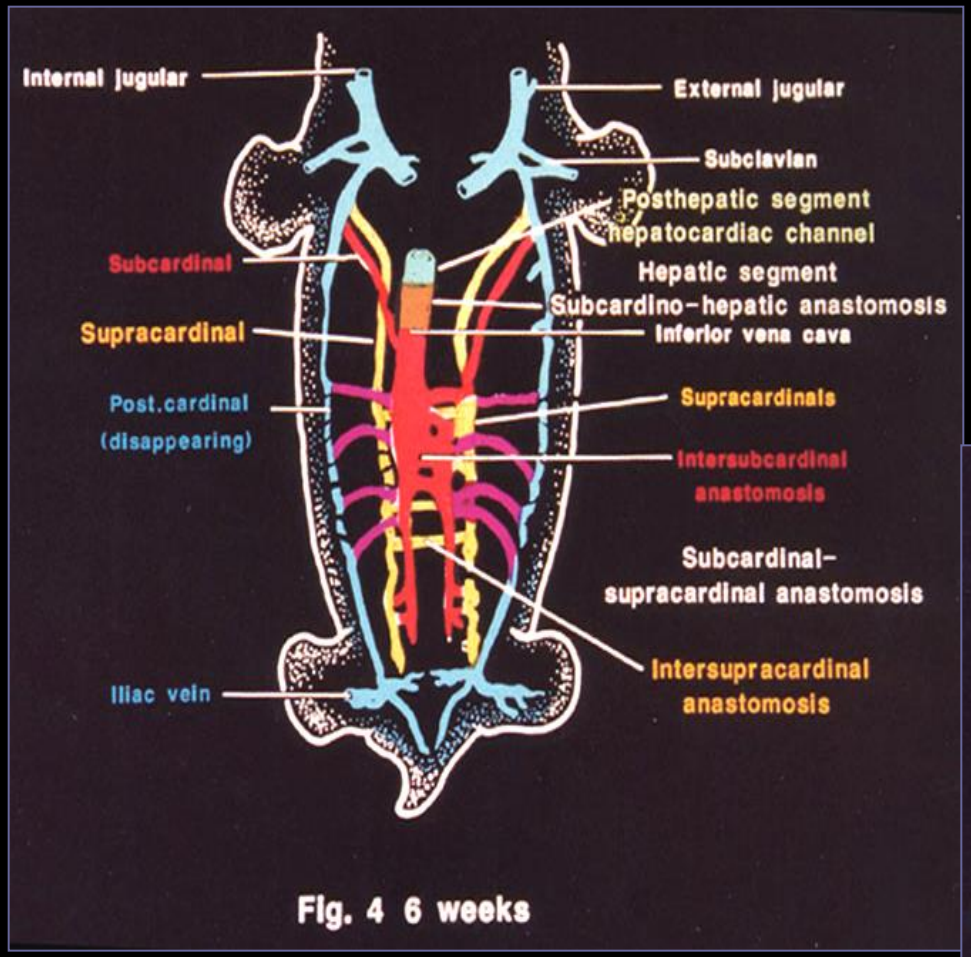


Fig. 4 6 weeks

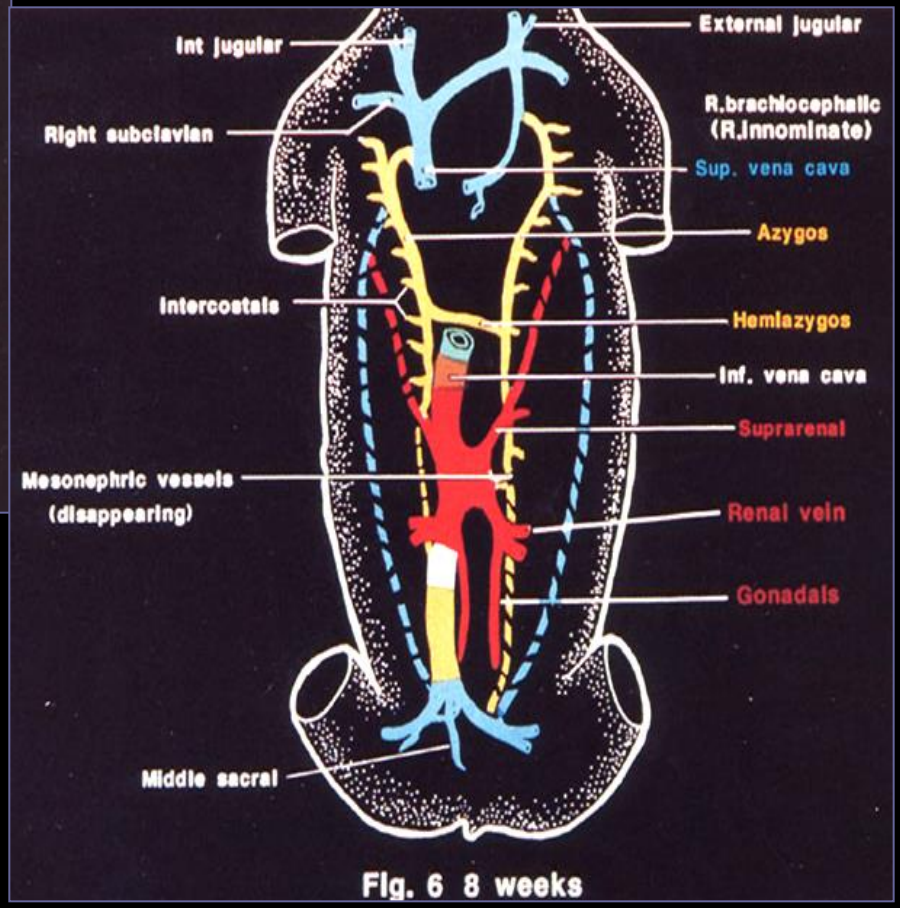


Fig. 6 8 weeks

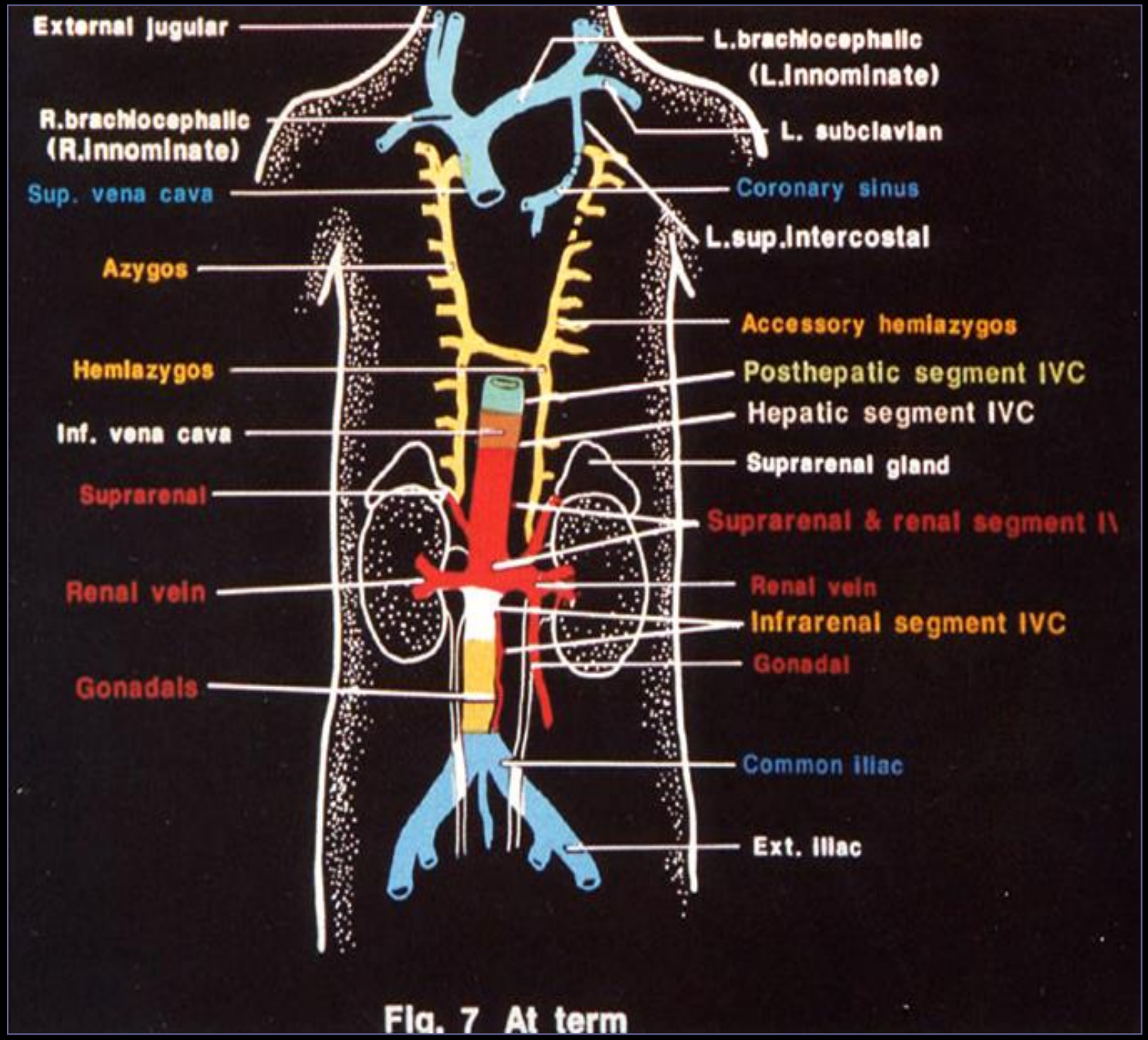
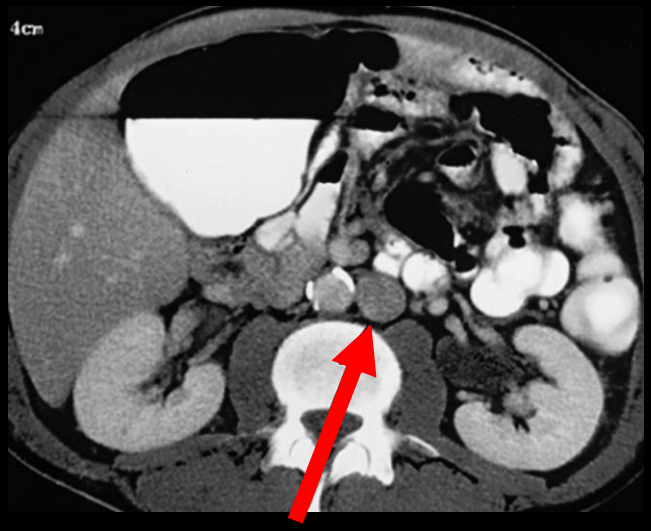
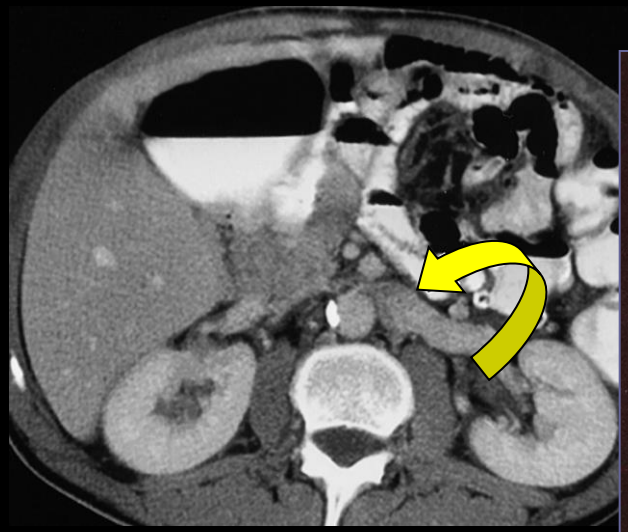

External jugular
L.brachiocephalic
(L.Innominate)
R.brachiocephalic
(R.Innominate)
L. subclavian
Sup. vena cava
Coronary sinus
L.sup.Intercostal
Azygos
Accessory hemiazygos
Hemiazygos
Posthepatic segment IVC
Hepatic segment IVC
Inf. vena cava
Suprarenal gland
Suprarenal
Suprarenal & renal segment IV
Renal vein
Renal vein
Infrarenal segment IVC
Gonadal
Gonadals
Common iliac
Ext. iliac

Fig. 7 At term


4cm



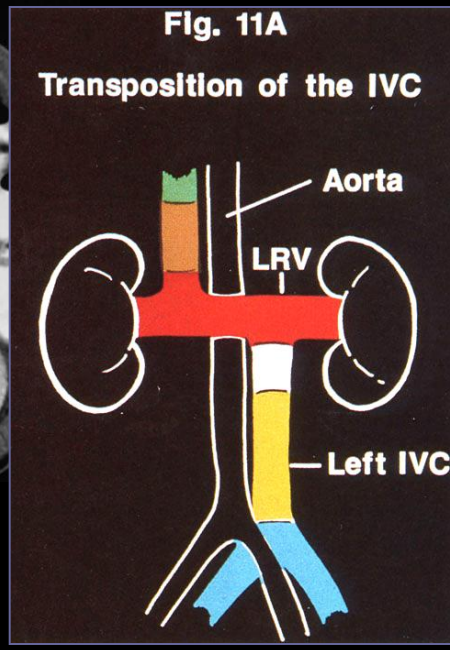
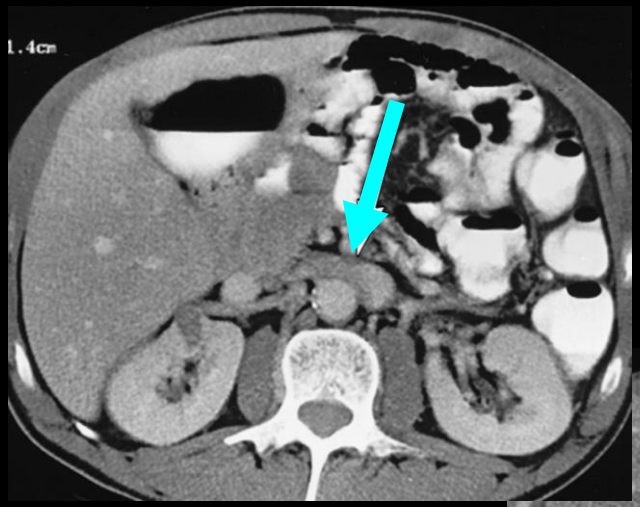
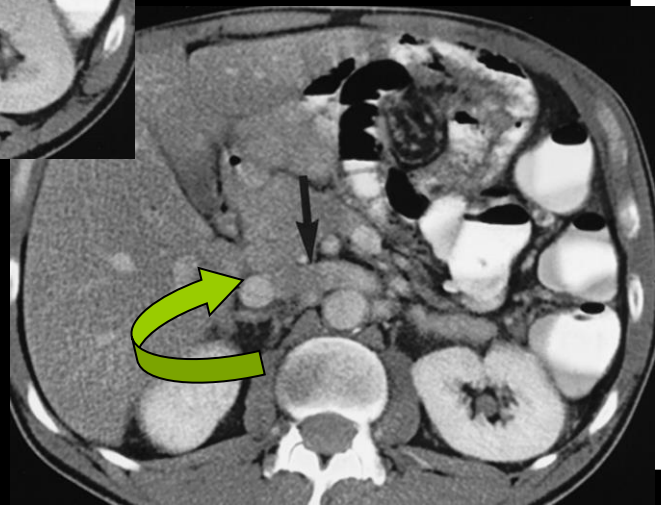
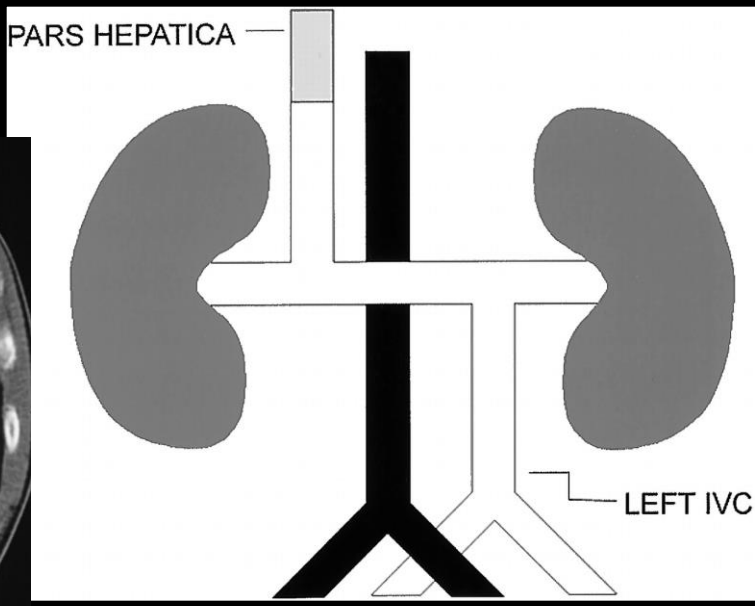


Fig. 11A
Transposition of the IVC
Aorta
LRV
Left IVC

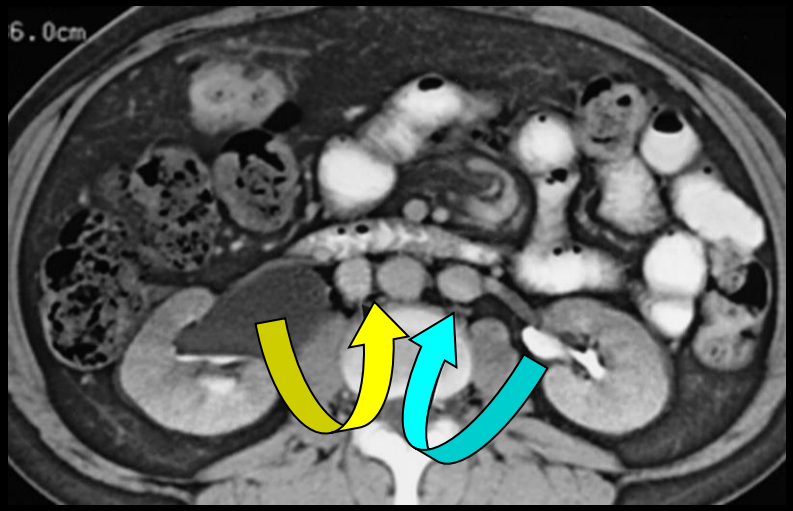

1.4cm

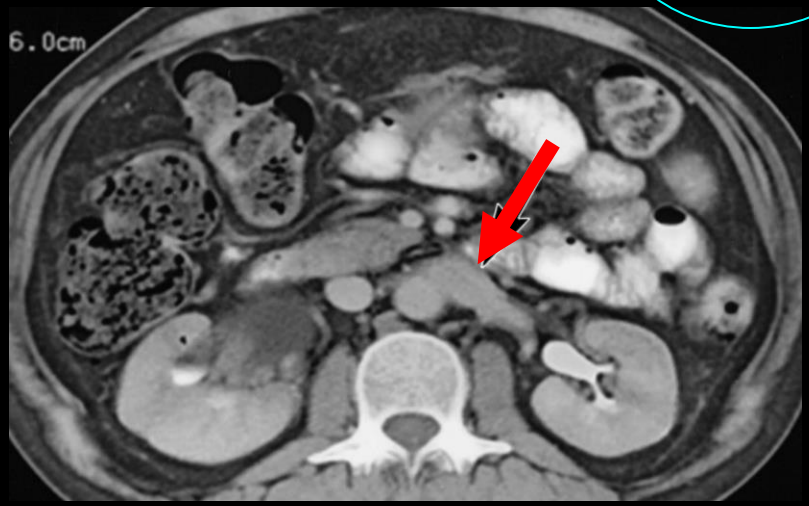
VCI G

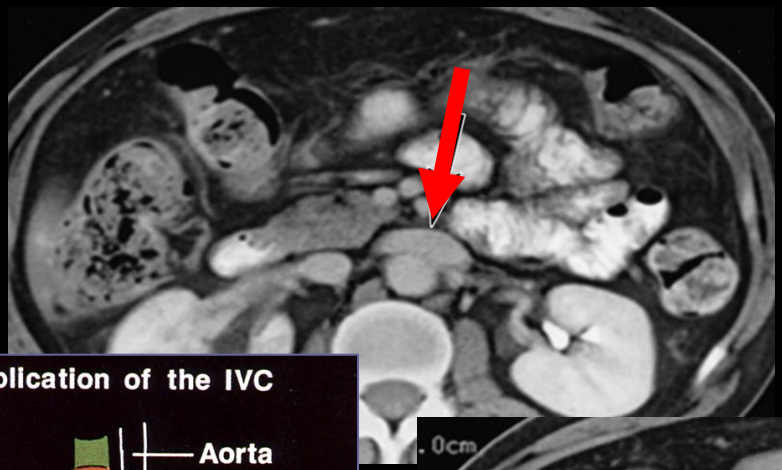


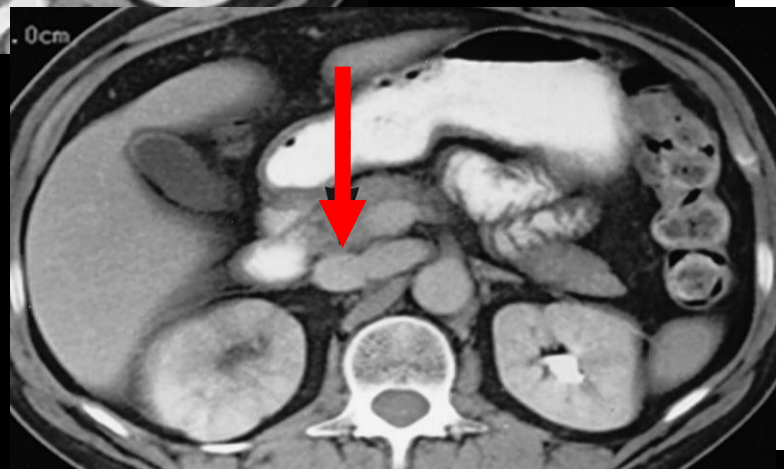

PARS HEPATICA
LEFT IVC

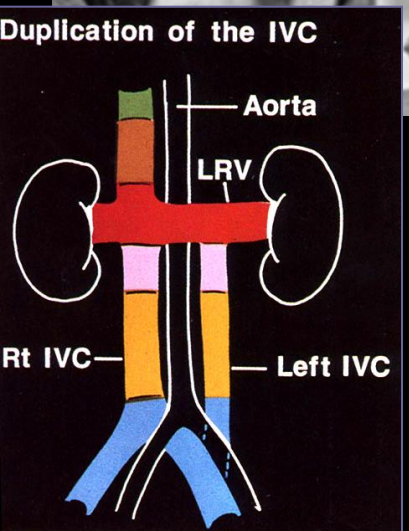
double VCI

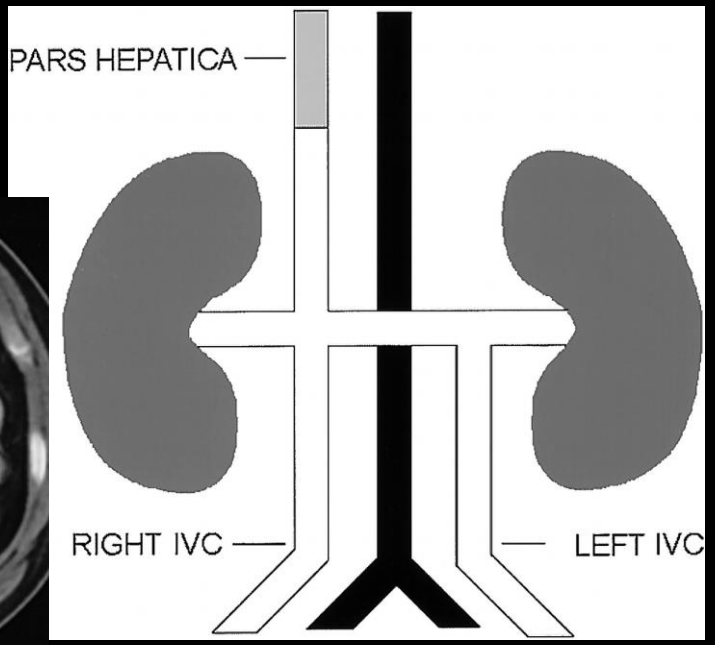

6.0cm


6.0cm

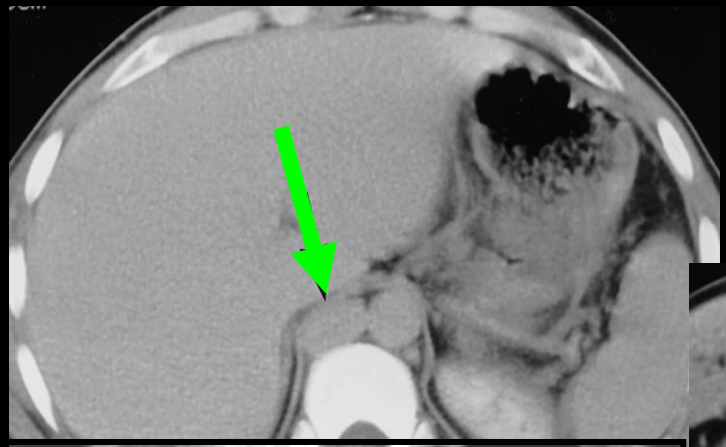


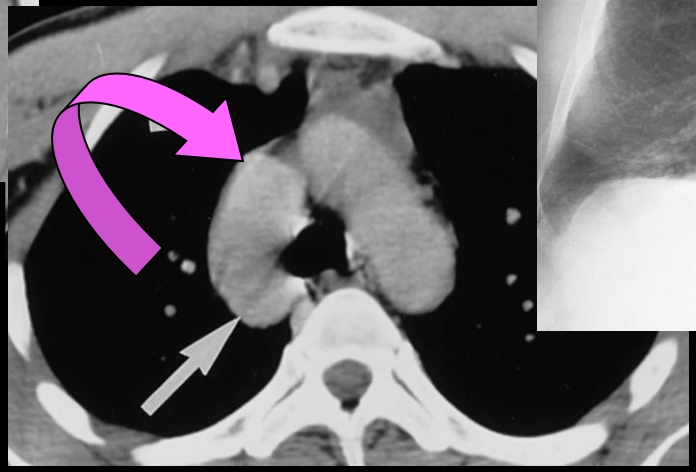

.0cm

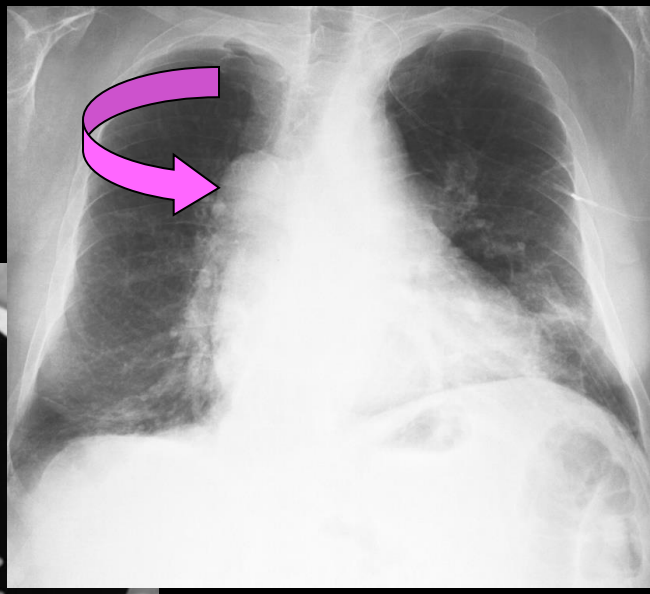

Duplication of the IVC
Aorta
LRV
Rt IVC
Left IVC

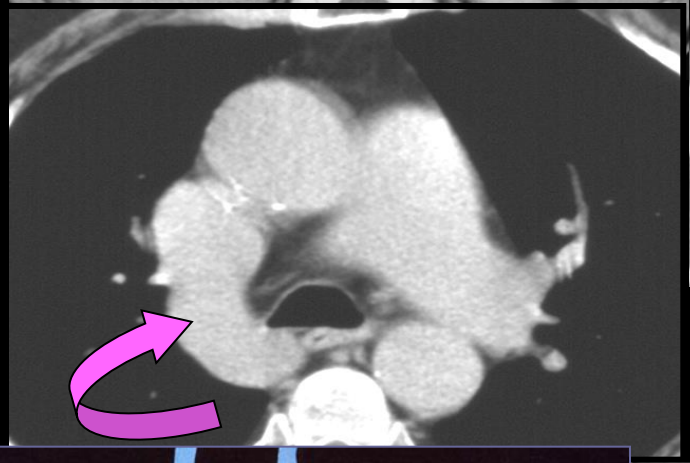

PARS HEPATICA
RIGHT IVC
LEFT IVC

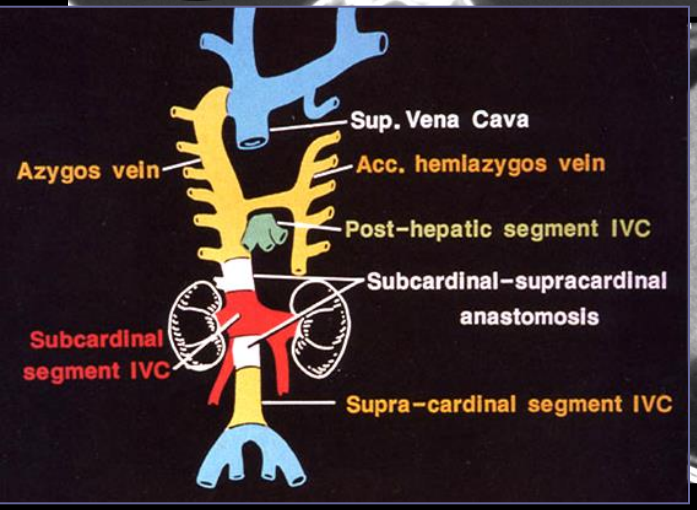
continuation azygos

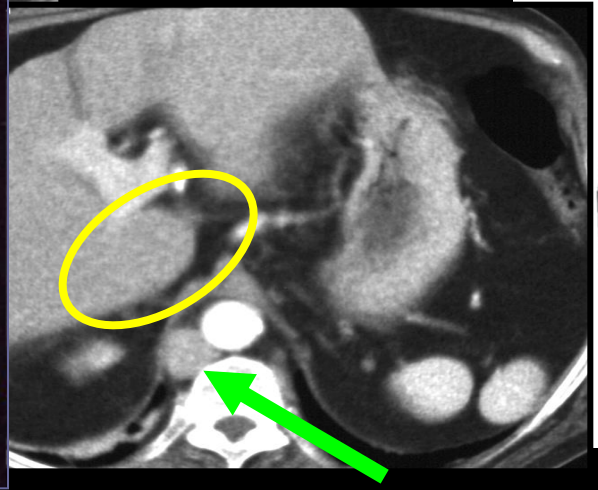


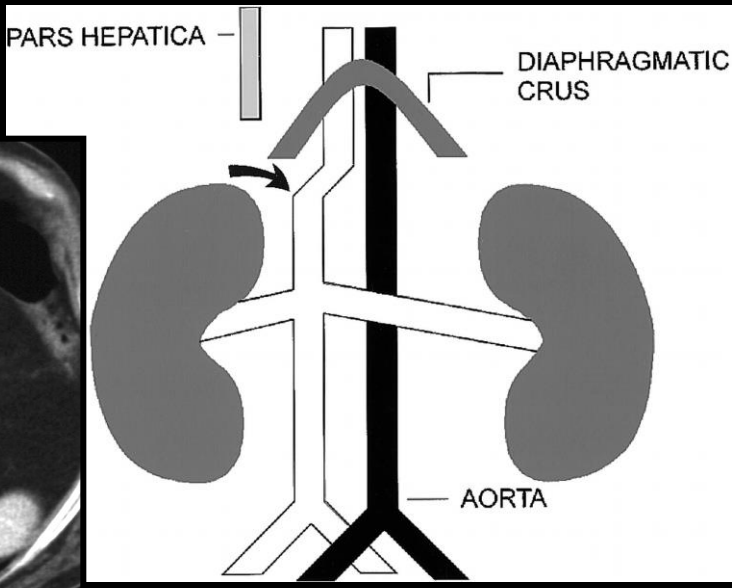


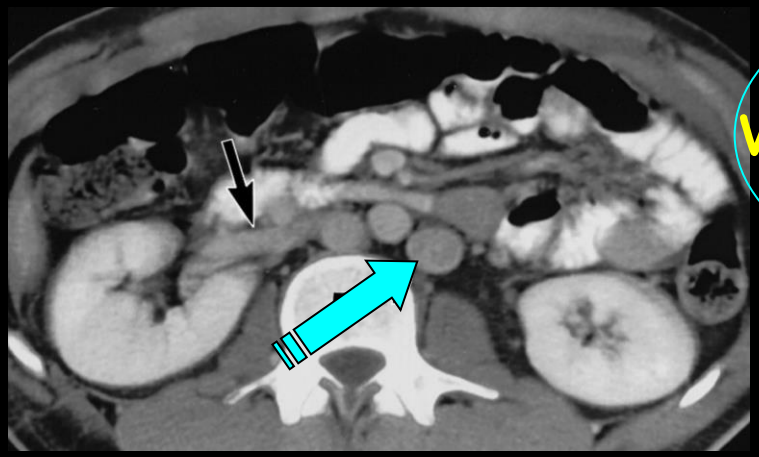




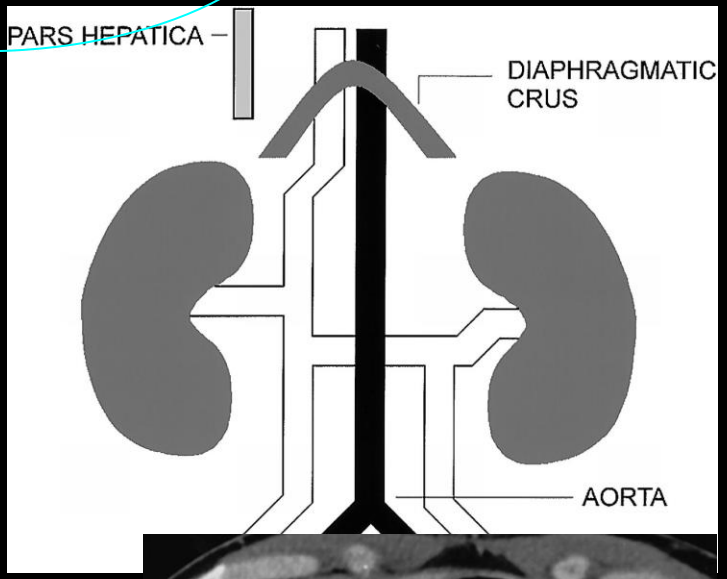


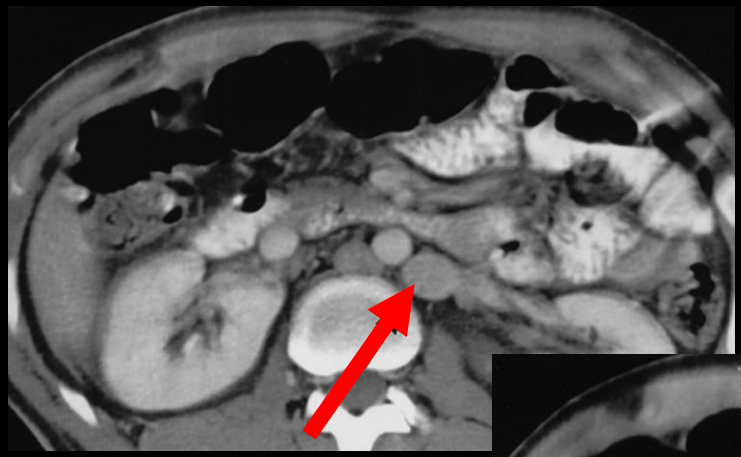


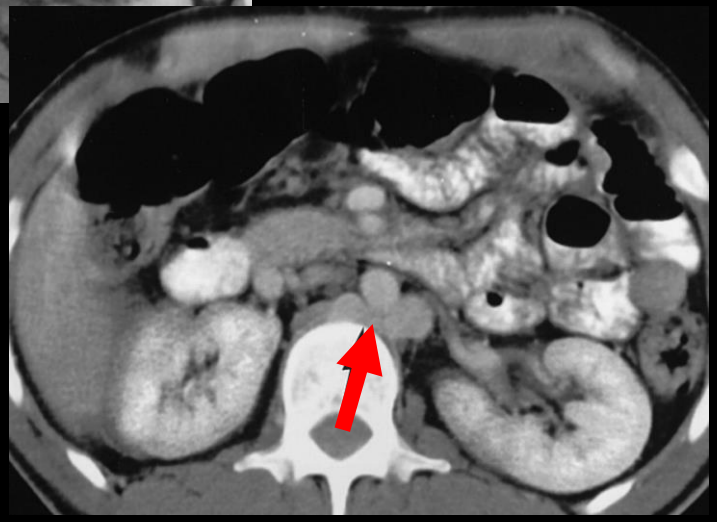


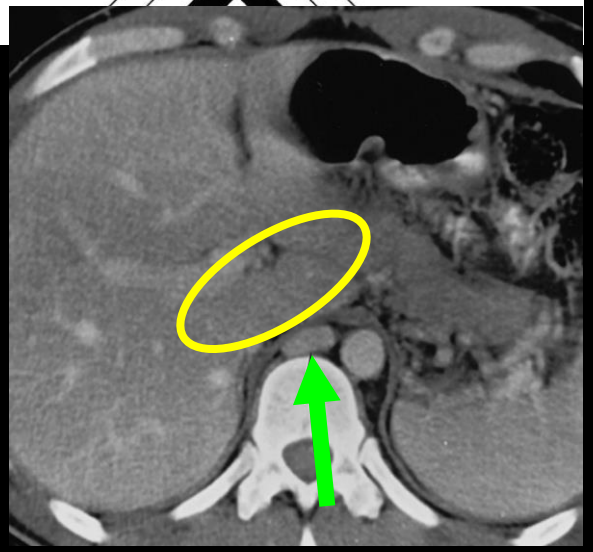


double VCI
V rénale G rétro aortique
continuation azygos

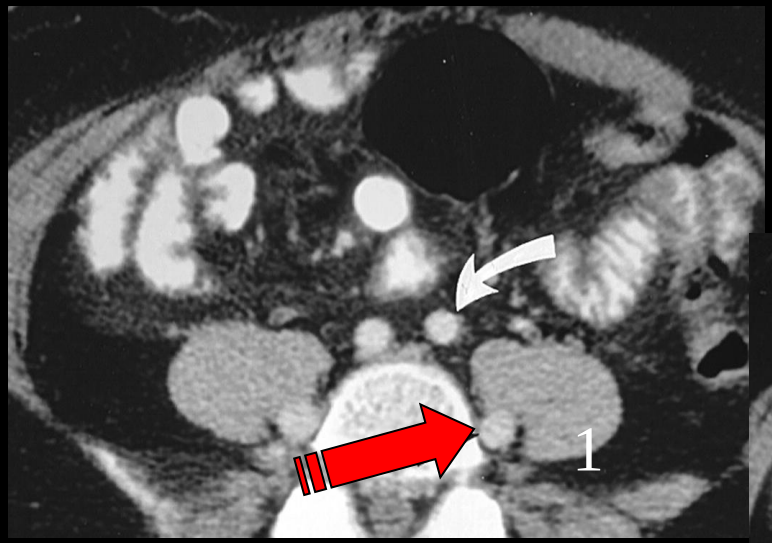


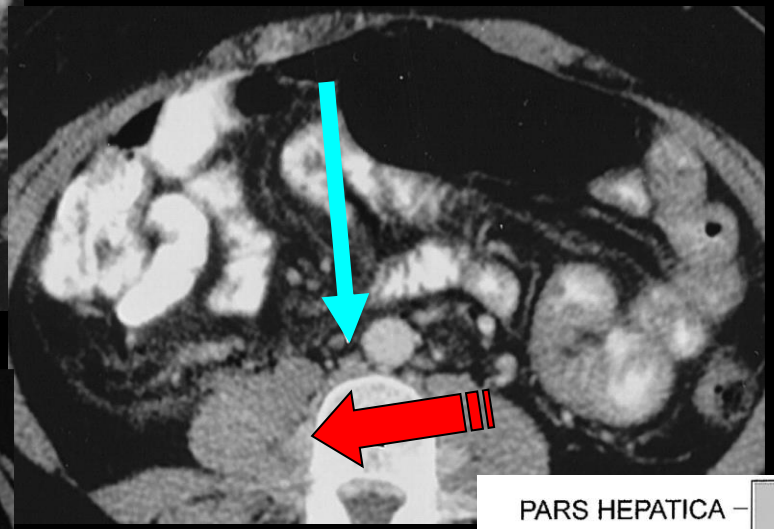


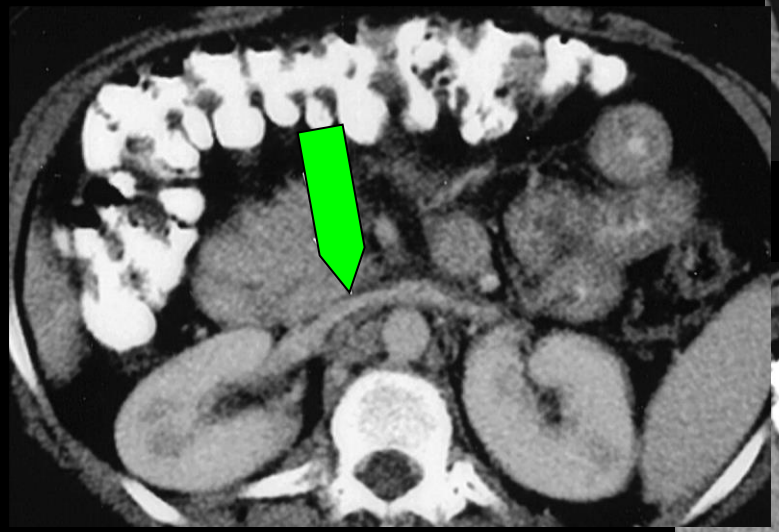


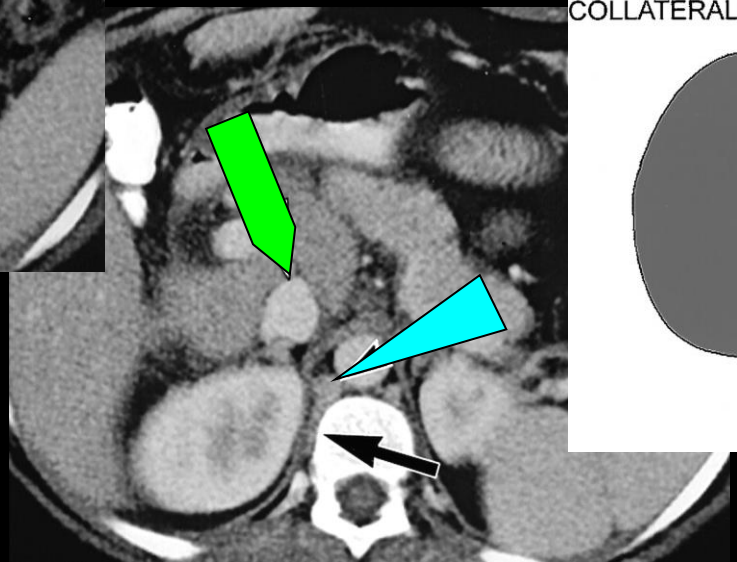


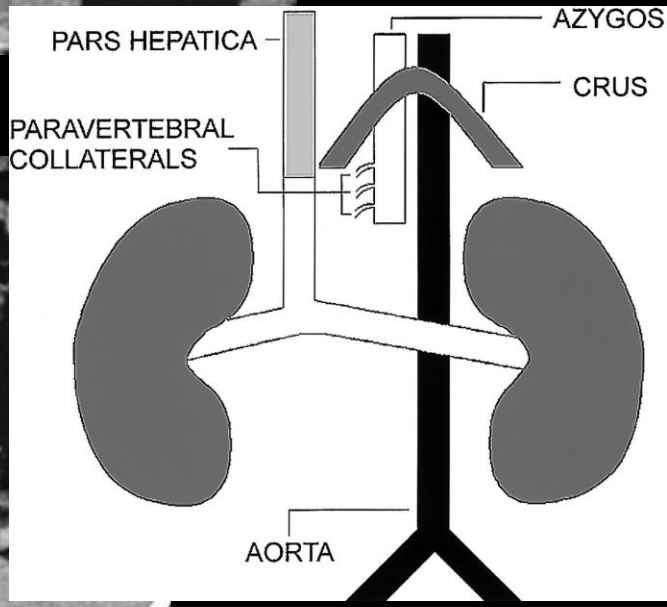
absence VCI infra-rénale

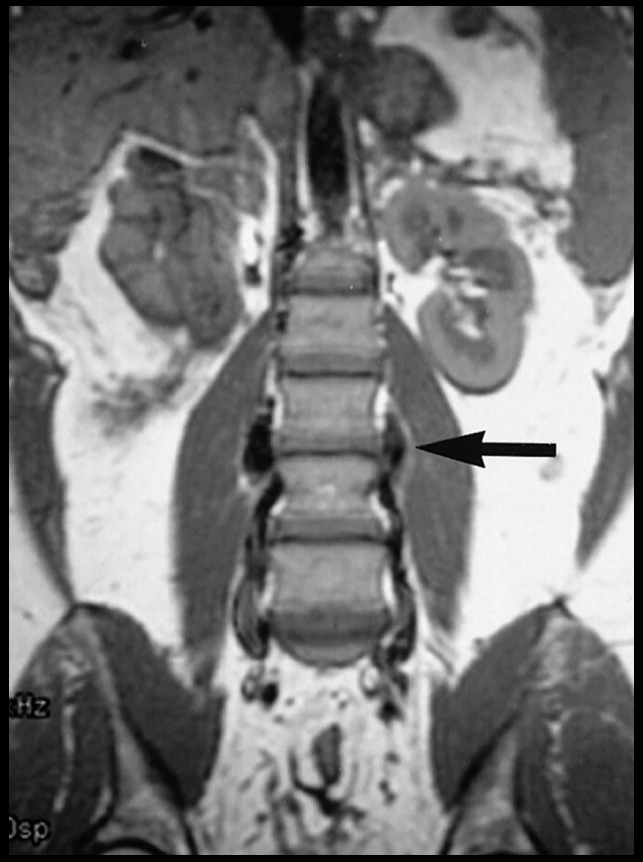


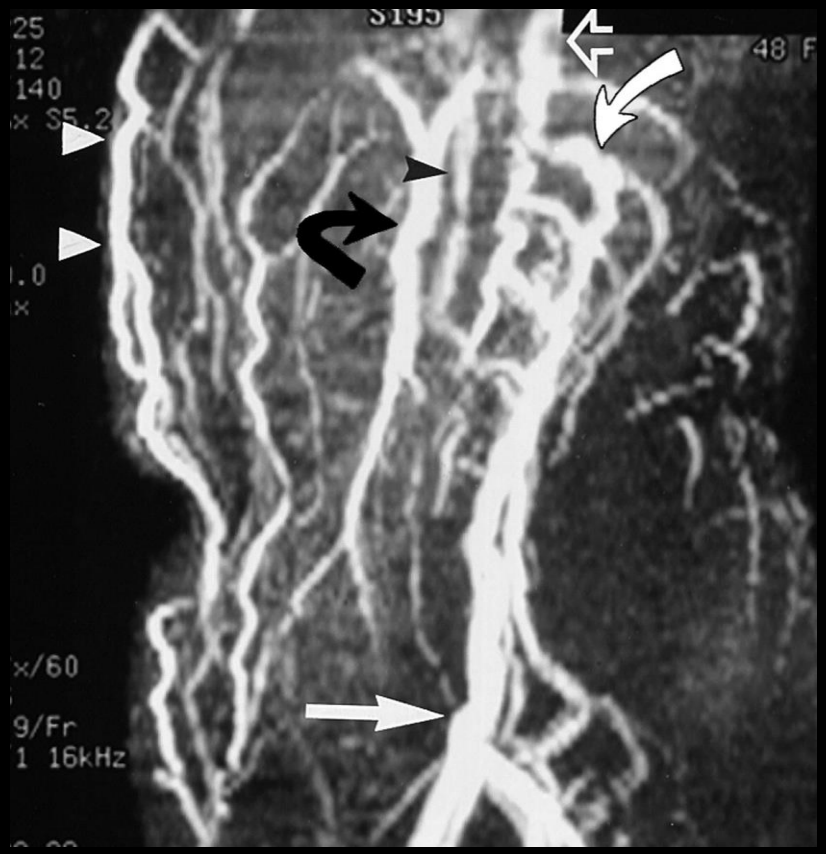






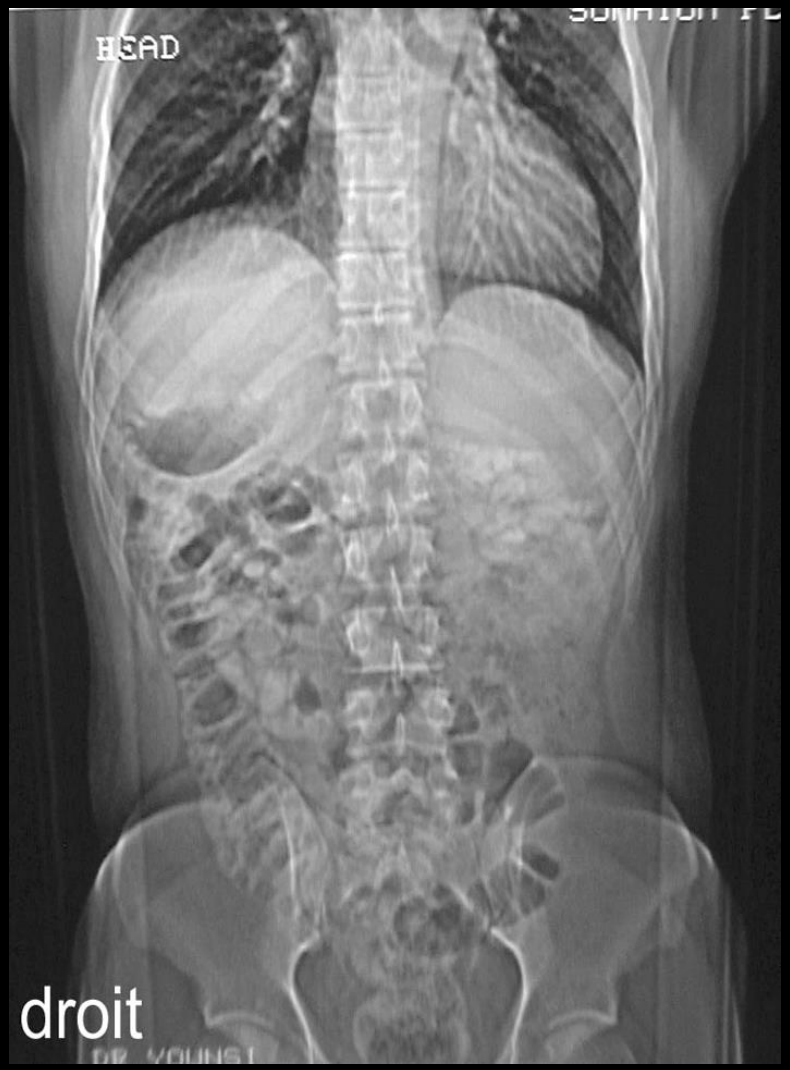


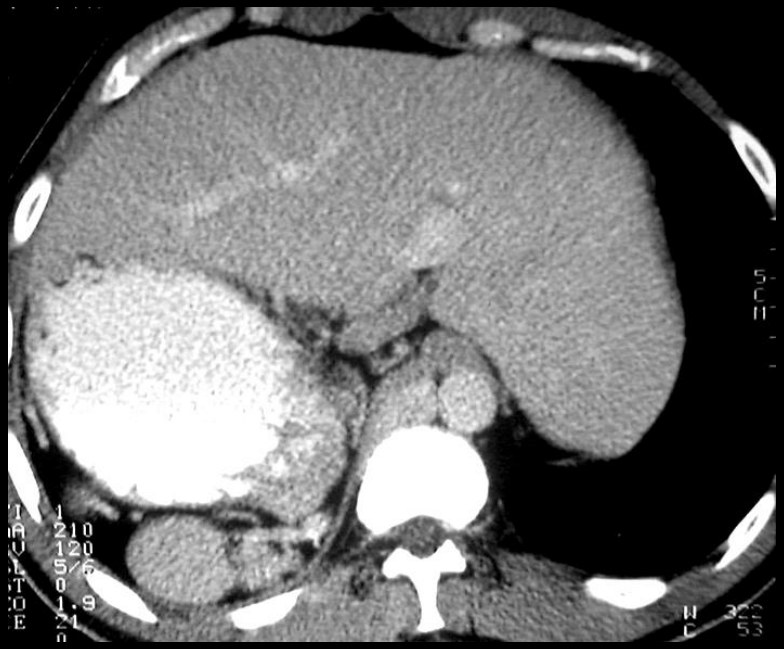


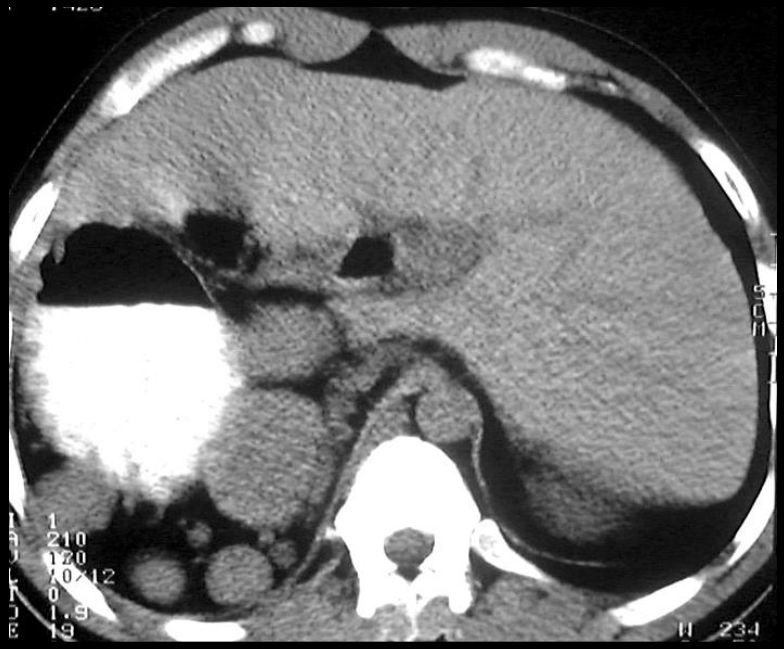

S195
48 F
25
12
140
x/60
9/Fr
1 16kHz

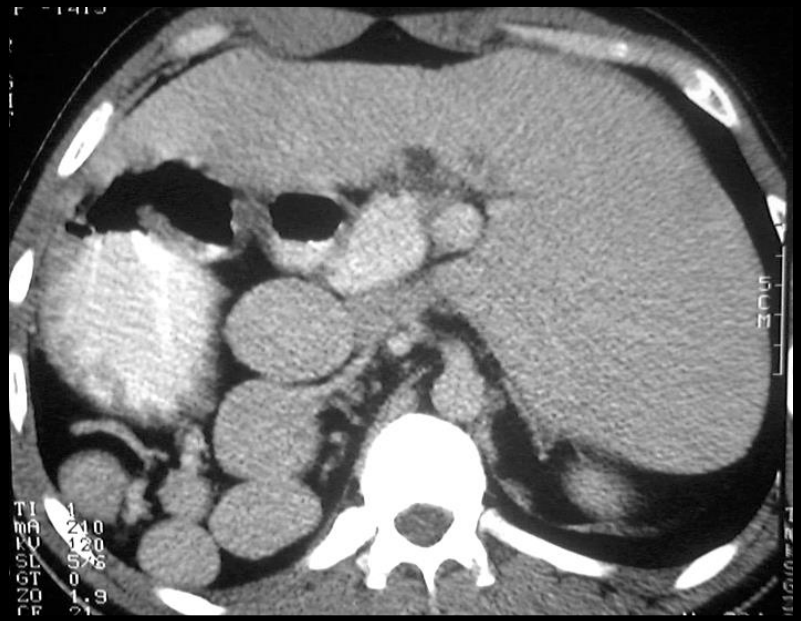
jeune médecin , marocain
douleurs épigastriques atypiques

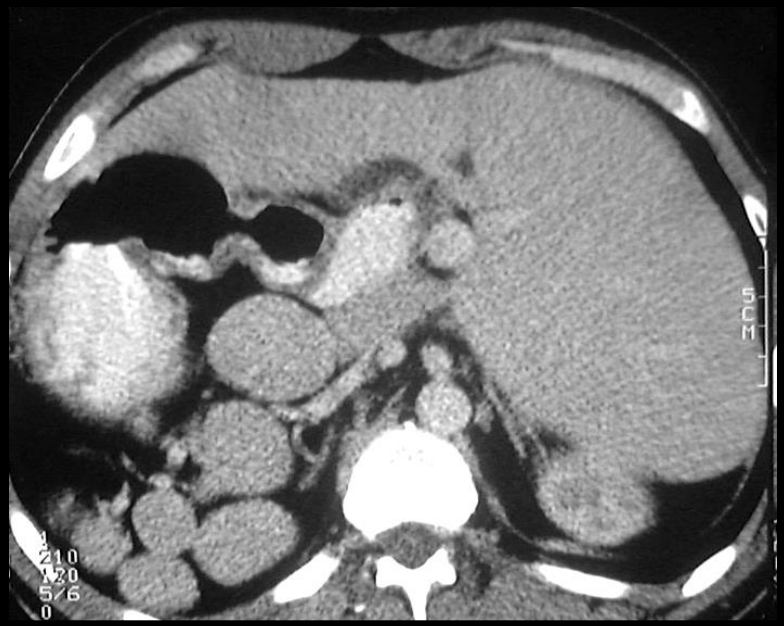
Obs. Dr M Akiki Casablanca

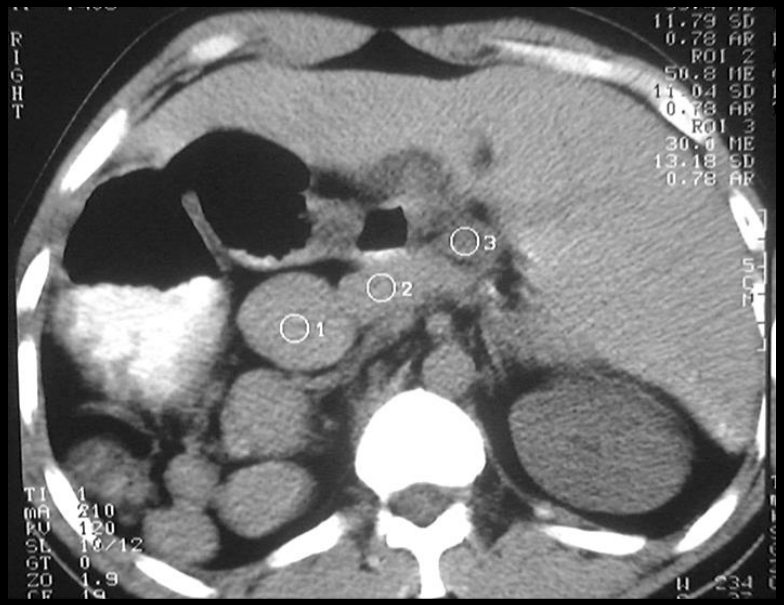


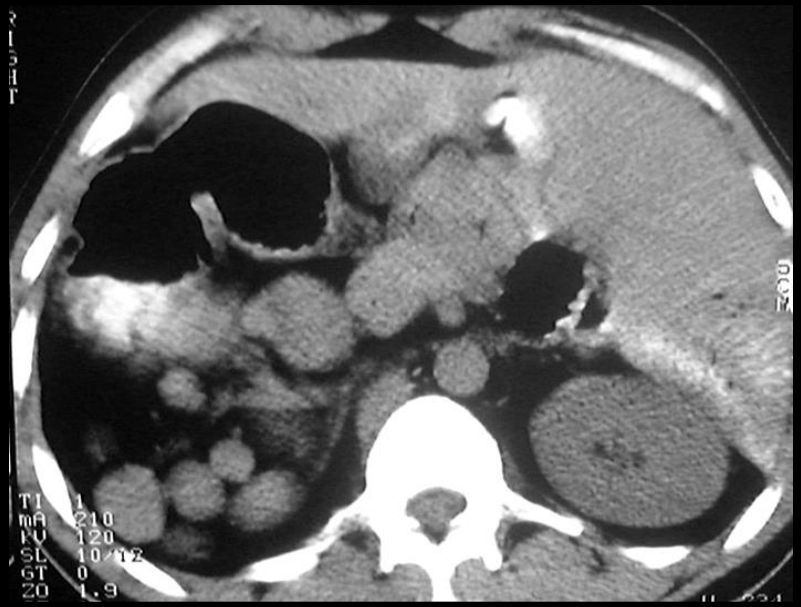





TI 1
mA 210
kV 120
SL 5/6
GT 0
ZO 1.9


210
120
5/6
0


RIGHT
11.79 SD
0.78 AR
ROI 2
50.8 ME
11.04 SD
0.78 AR
ROI 3
30.0 ME
13.18 SD
0.78 AR
1
2
3
TI 1
mA 210
kV 120
SL 10/12
GT 0
ZO 1.9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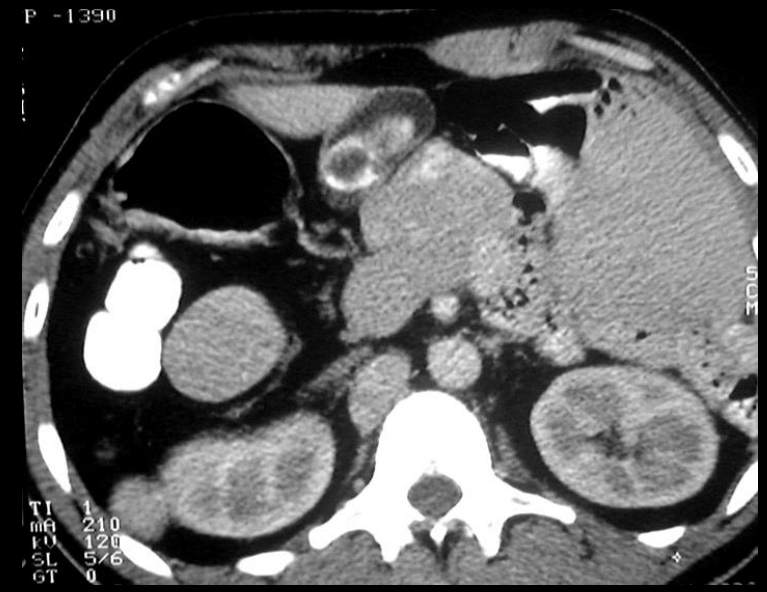
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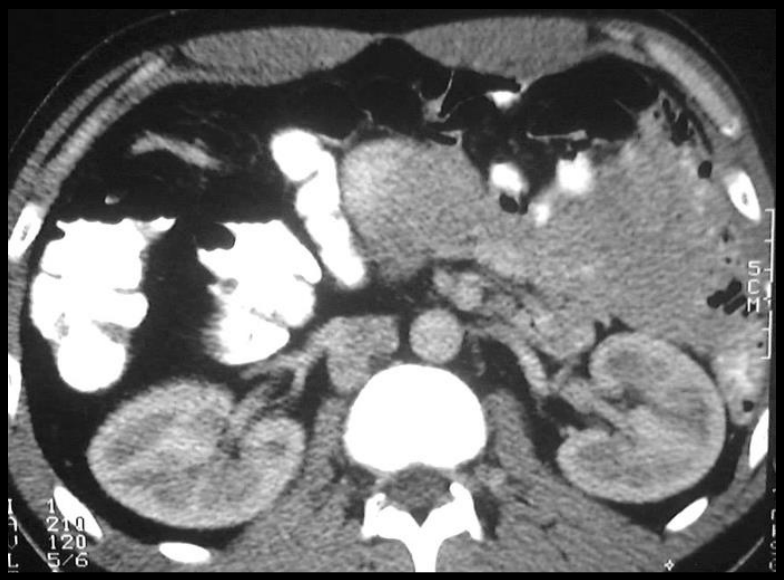
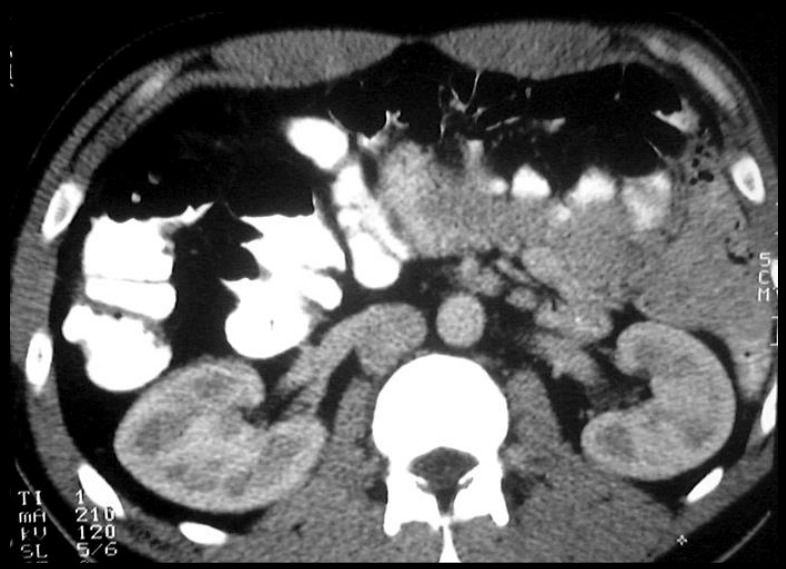

1
210
120
5/6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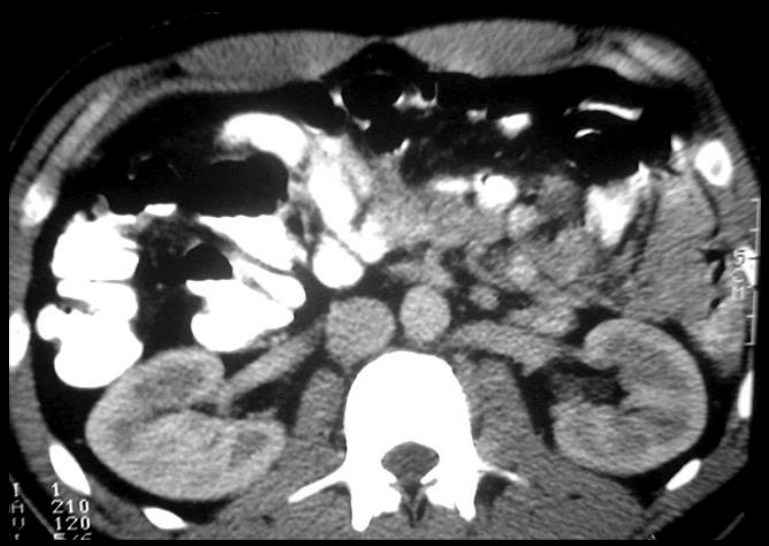
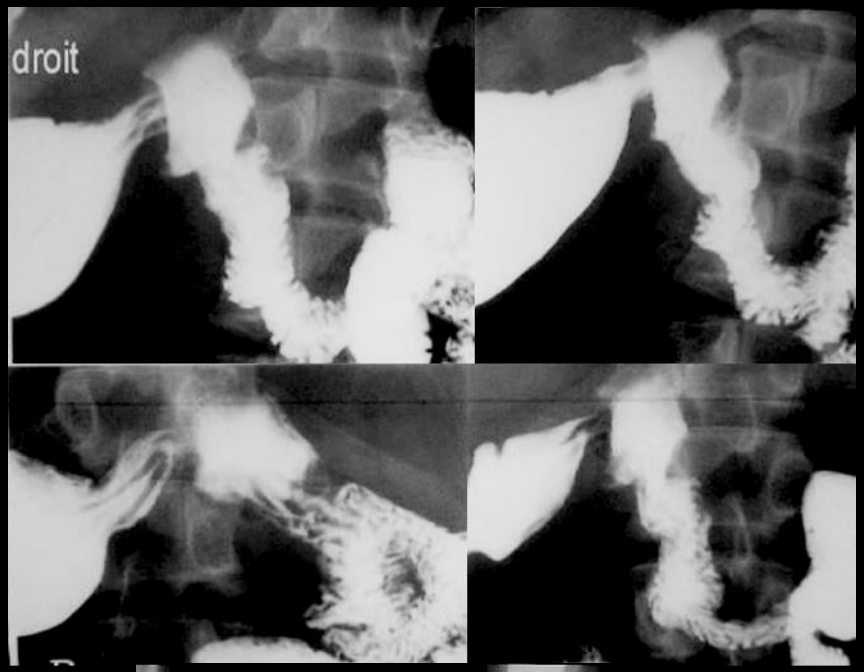
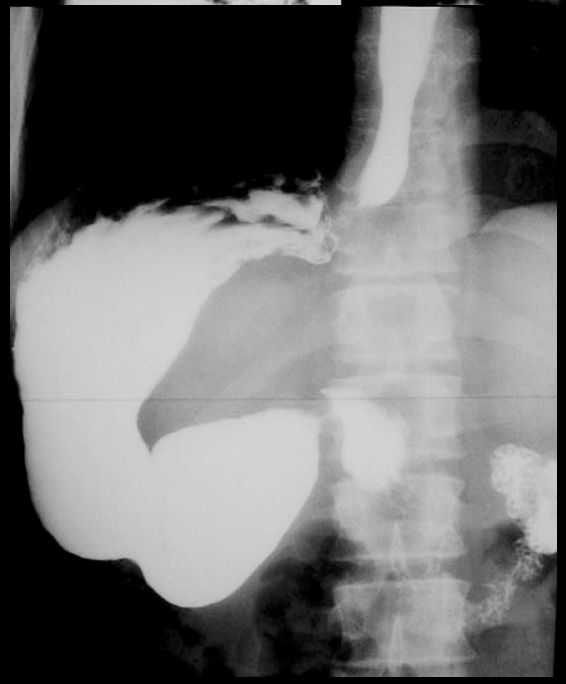
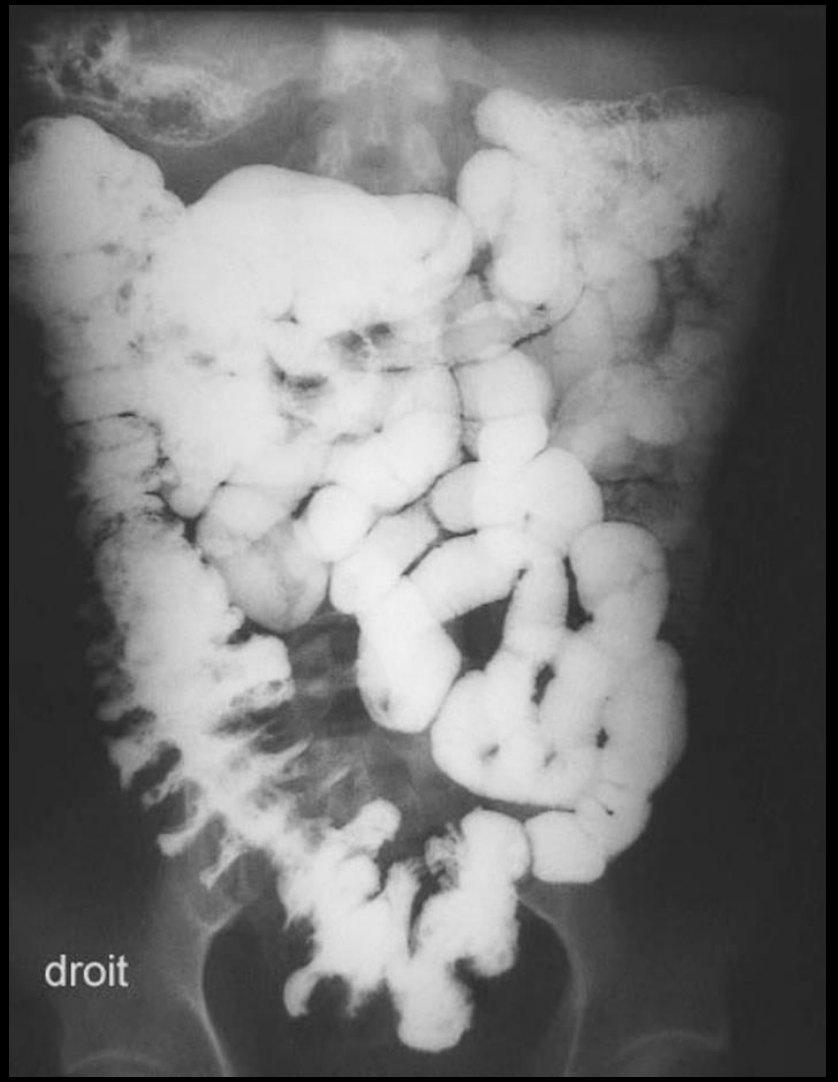
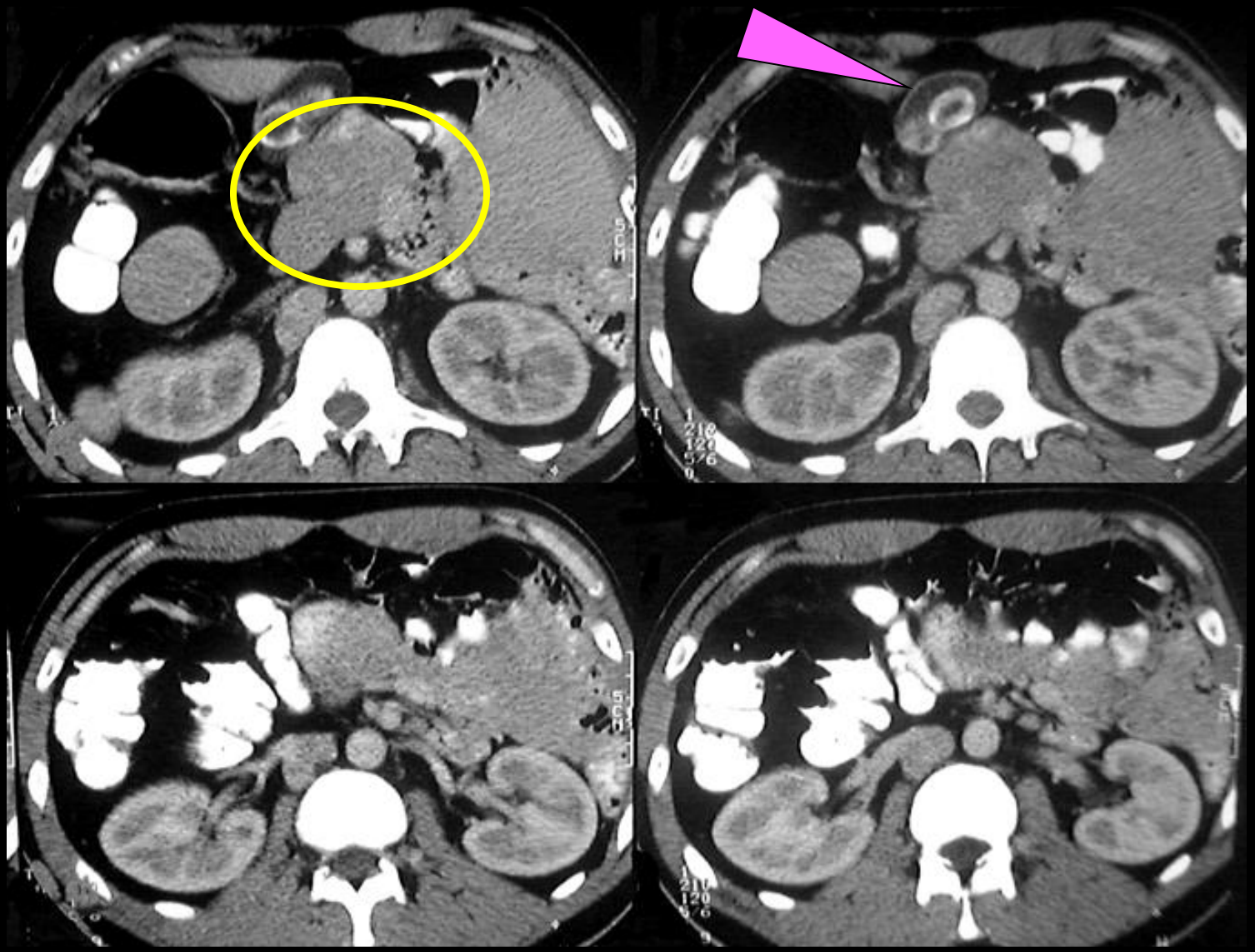
KV 120
SL 5/6

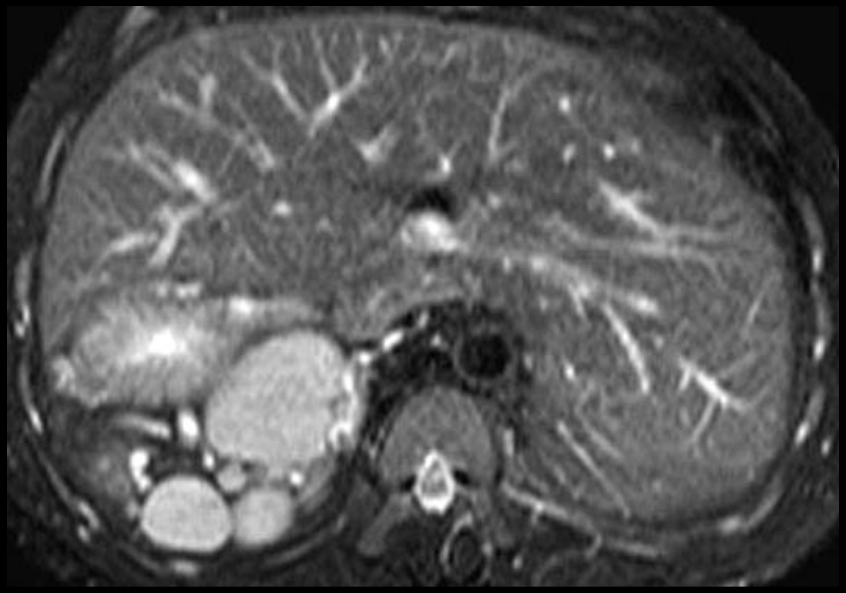

1
210
120

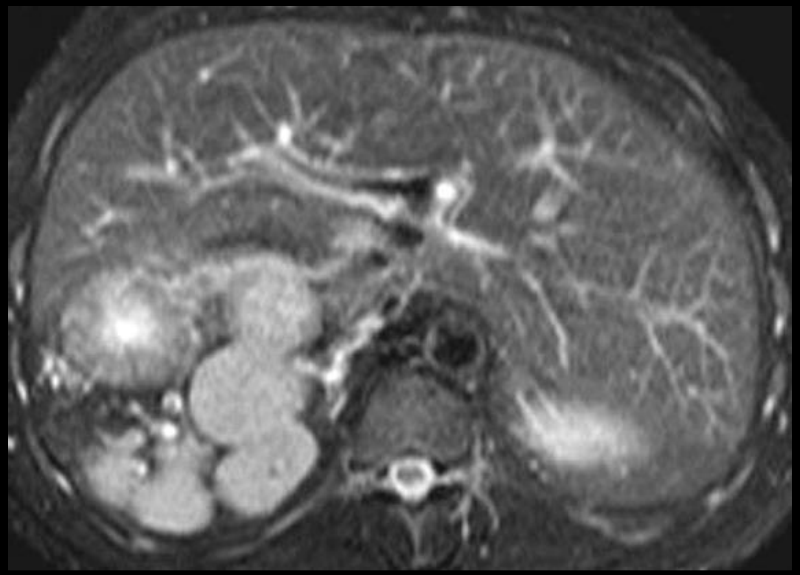

droit

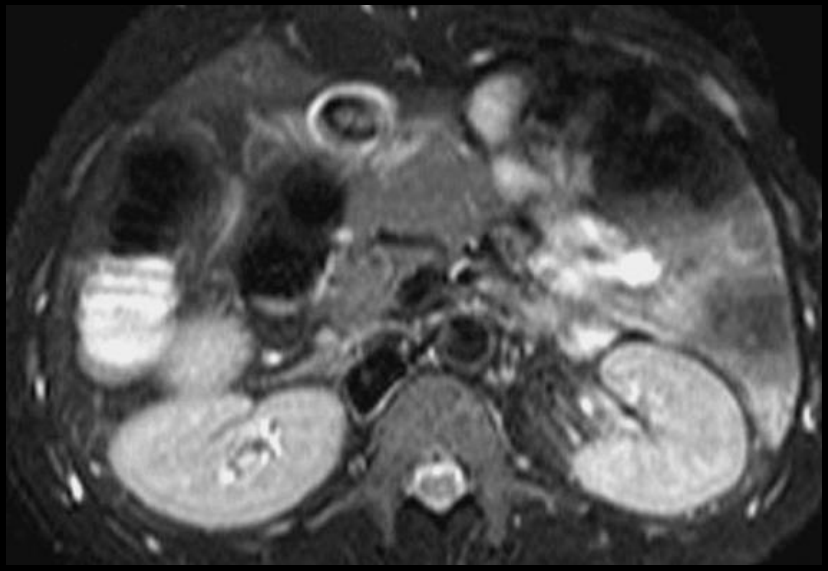


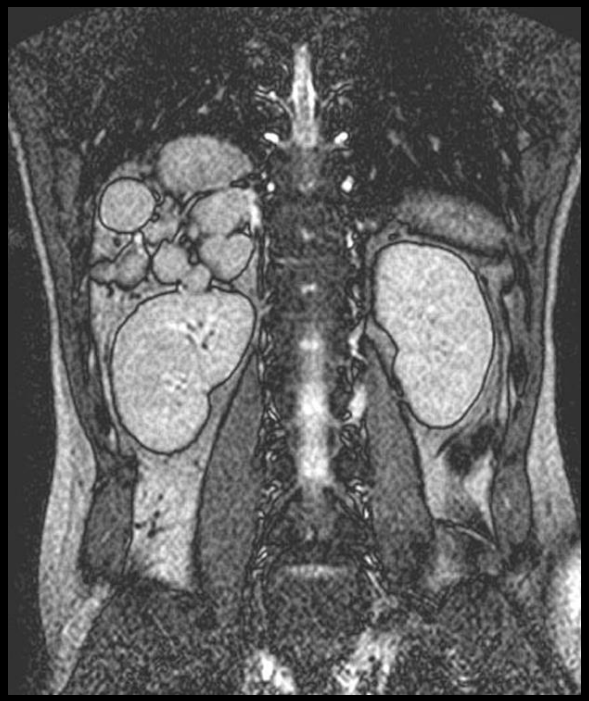

droit

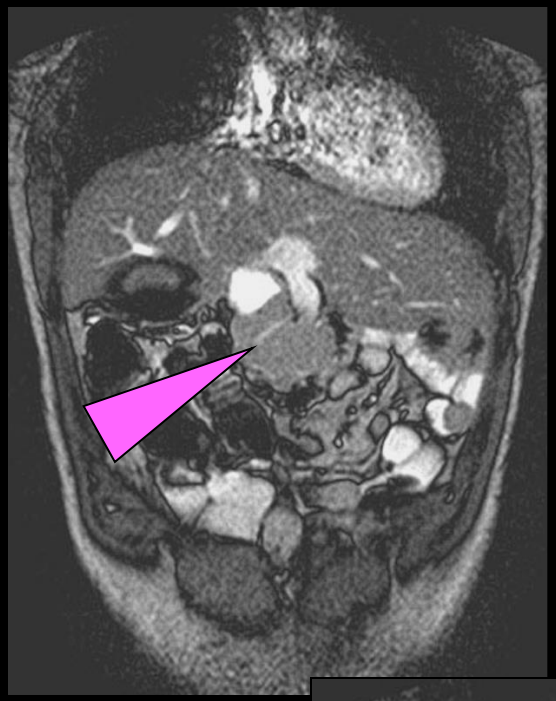


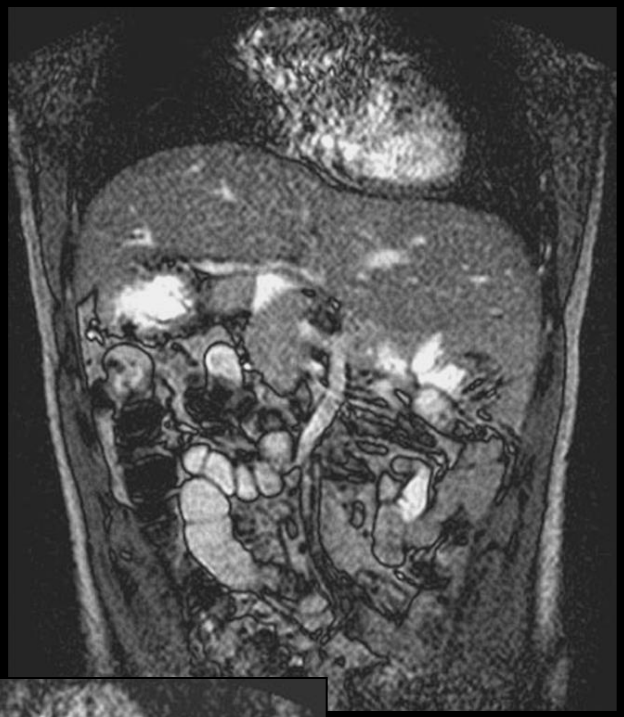


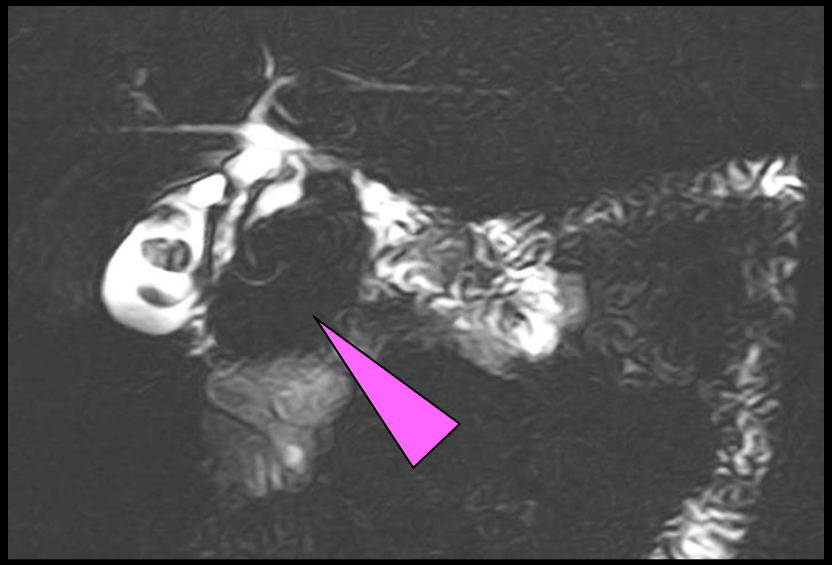


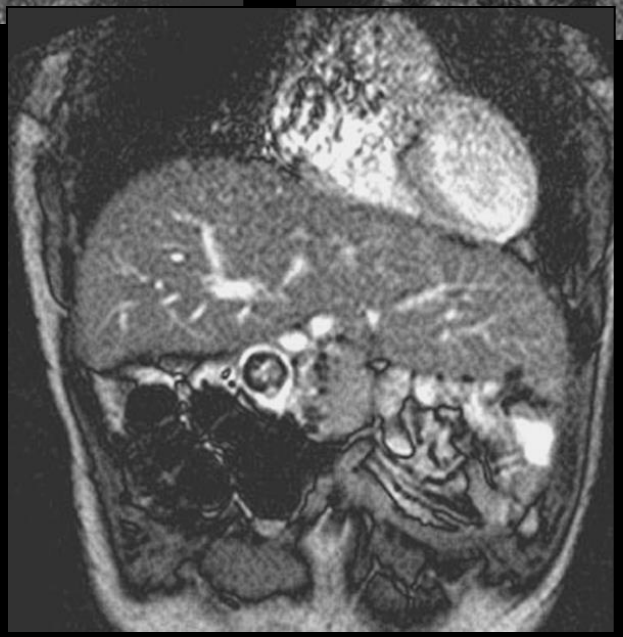












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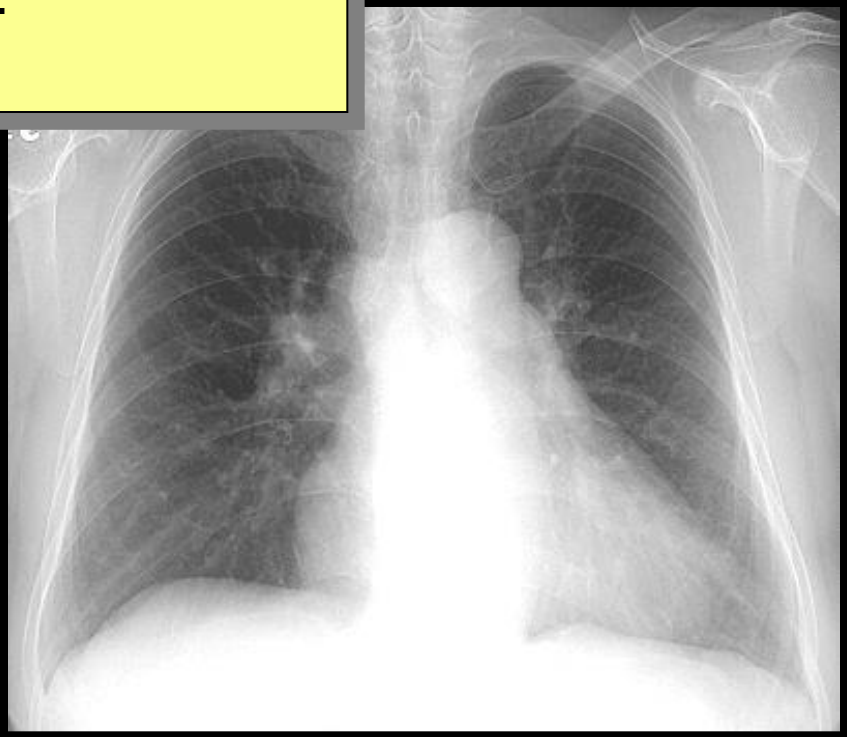
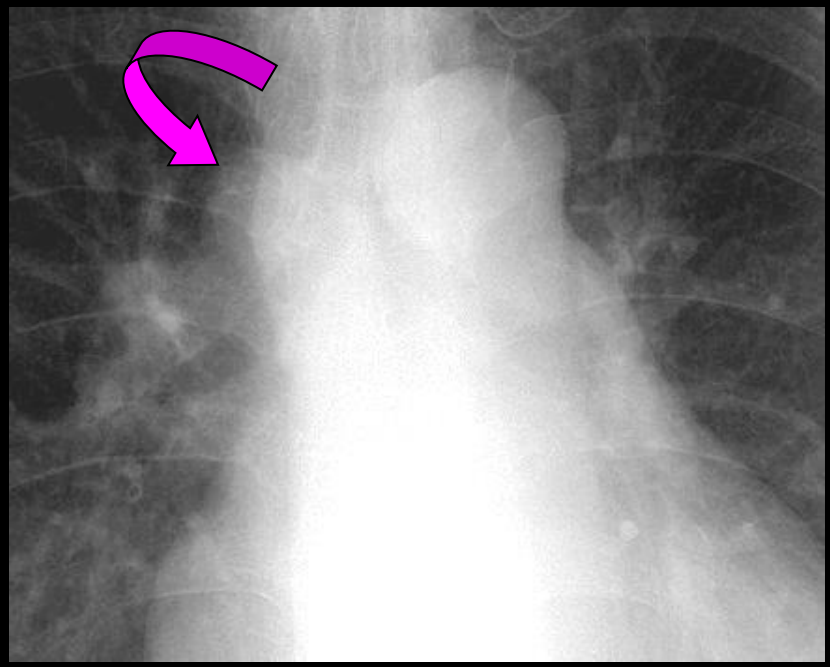
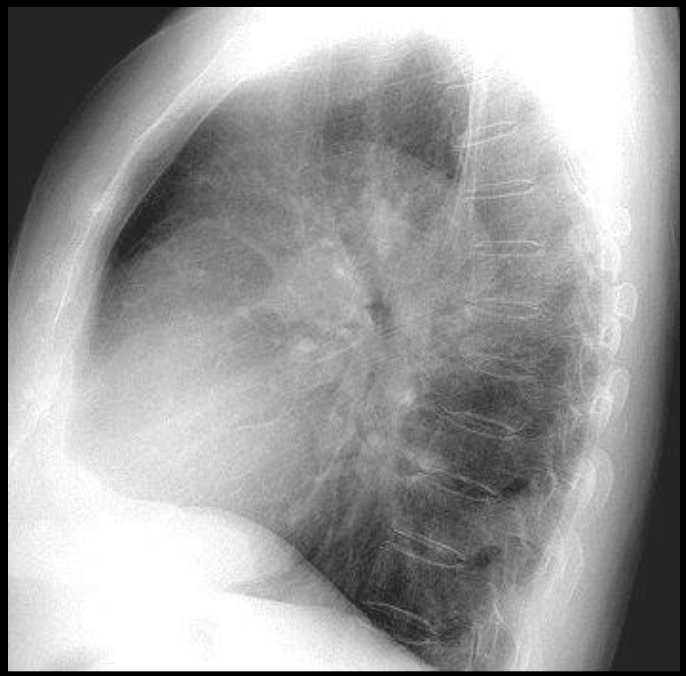




femme 54 ans ; pas de symptomatologie thoracique

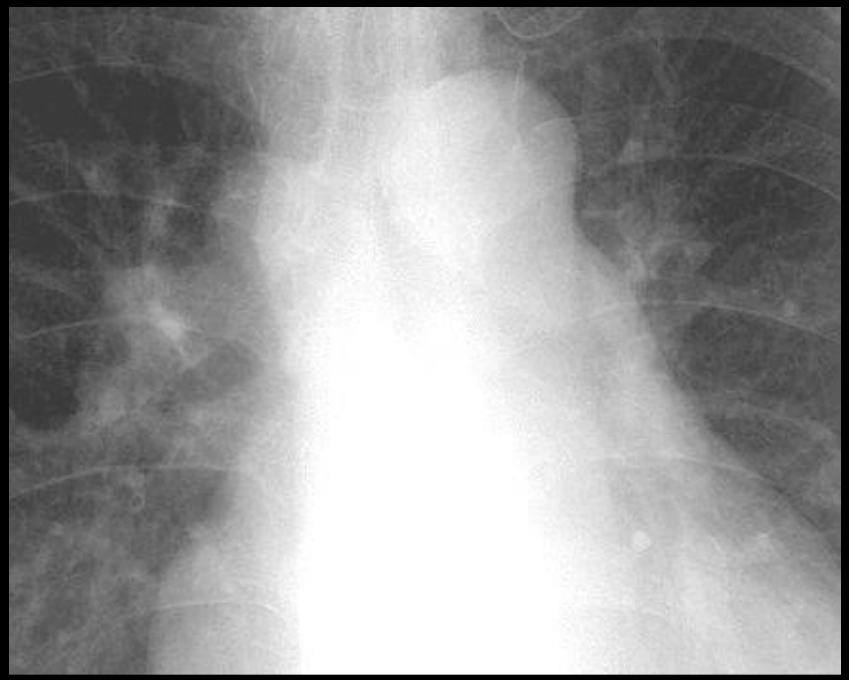


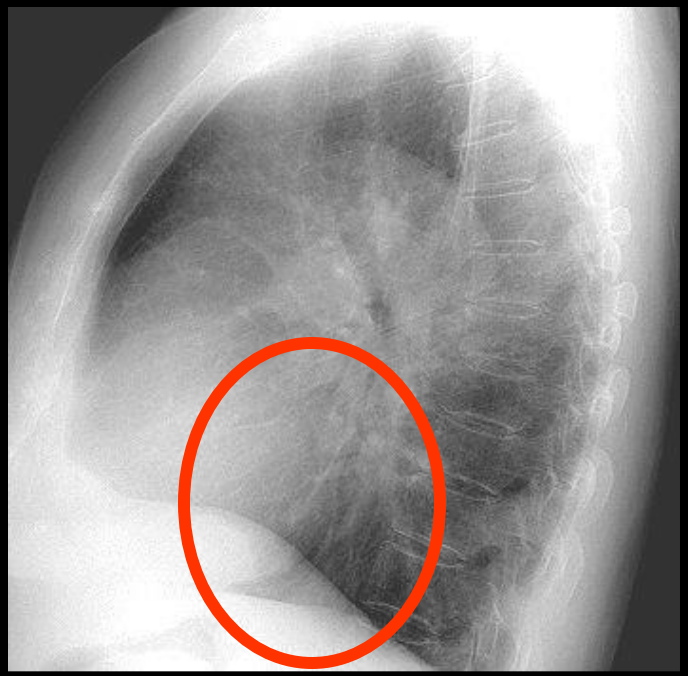
Où est l'anomalie ?

Quelles sont les causes possibles ? ? ?

où est l'anomalie : dilatation de la partie horizontale delà crosse de la veine azygos (image d'Otonello)

quelles sont les causes possibles ? ? ?





diagnostic différentiel : adénopathie trachéo-bronchique latérale droite

causes de dilatation de la portion horizontale de la crosse de la veine azygos

thrombose de la VCS ou de la VCI

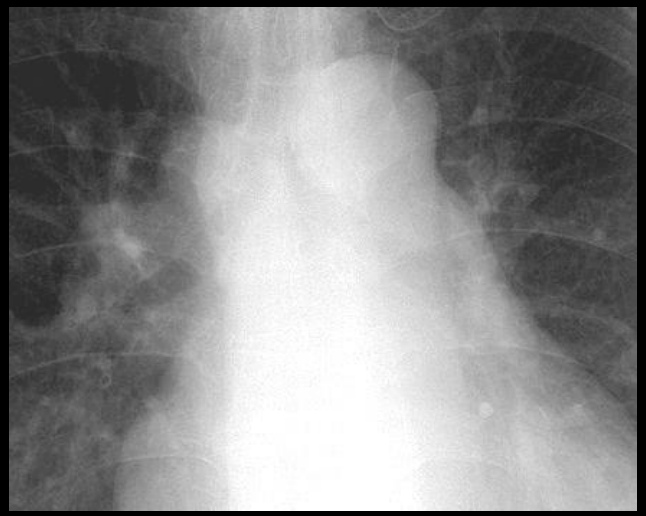
hypertension portale

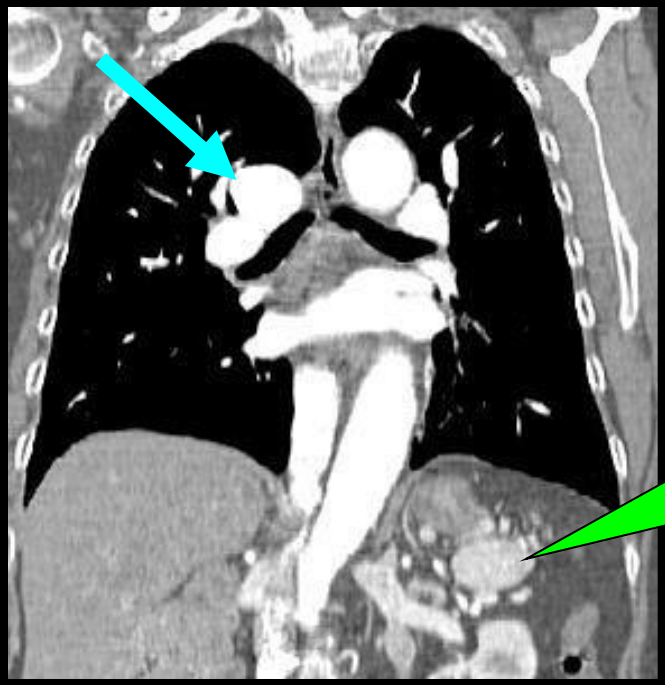
insuffisance cardiaque congestive

dilatation idiopathique de la veine azygos

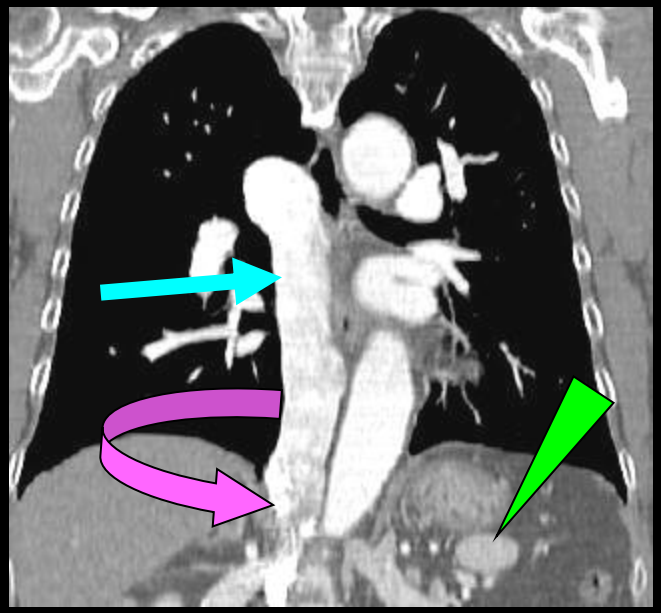
anévrysme sacculaire de la veine azygos

continuation azygos de la VCI



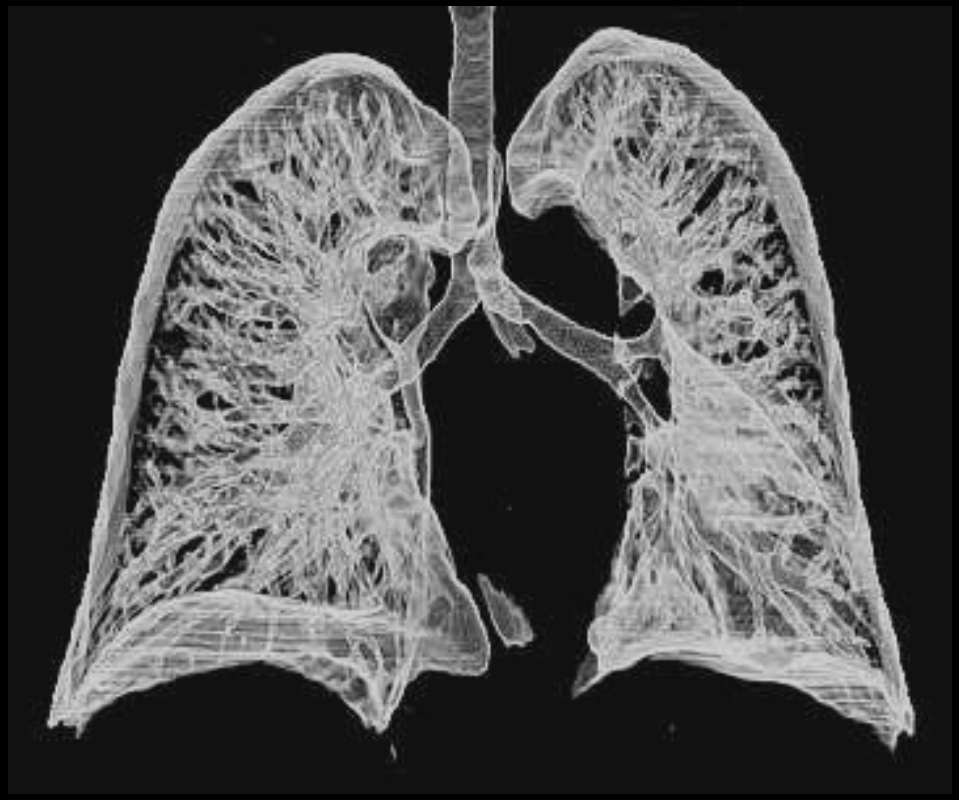


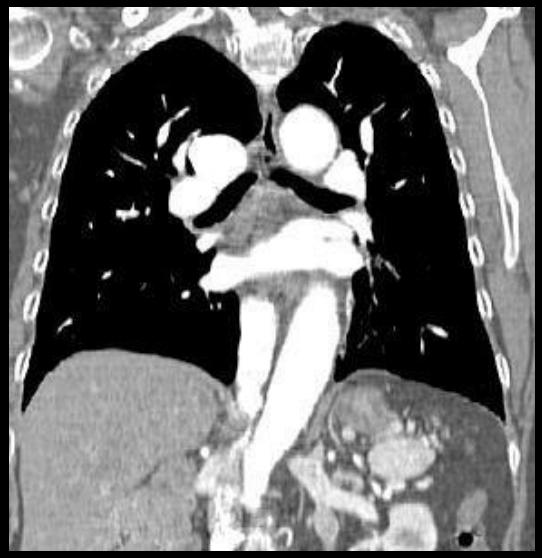
Les anomalies du situs sont rares et complexes.Le situs ambiguous ou **hétérotaxie** associe des désordres d'organisation du thorax et de l'abdomen

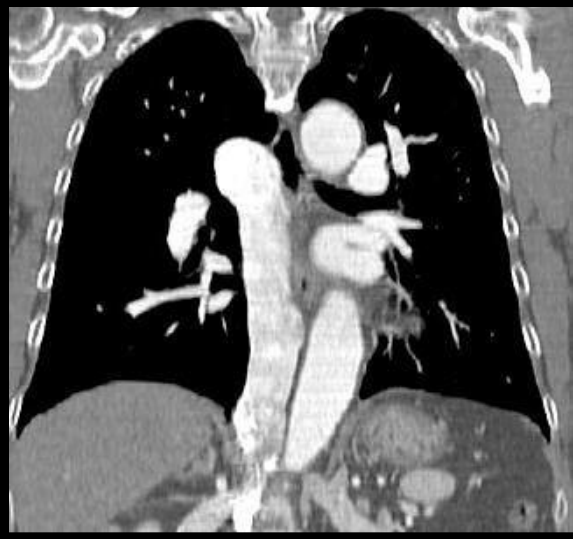


L'isomérisme gauche classique comporte des poumons bilobés symétriques,un infundibulum pulmonaire double,un **isomérisme hépatique** et une **polysplénie** avec dans 80% des cas un **mésentère commun** .

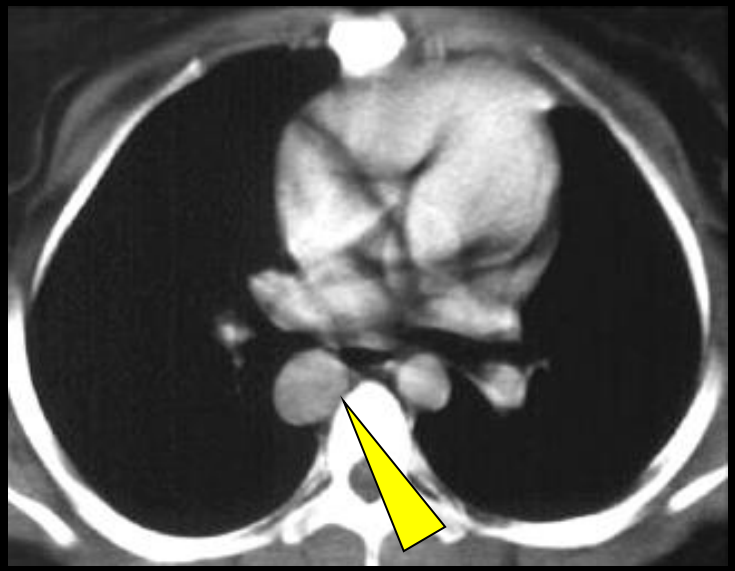
L'interruption de la VCI dans son segment rétro-hépatique avec continuation azygos ou hémi-aygos de cette VCI est classique

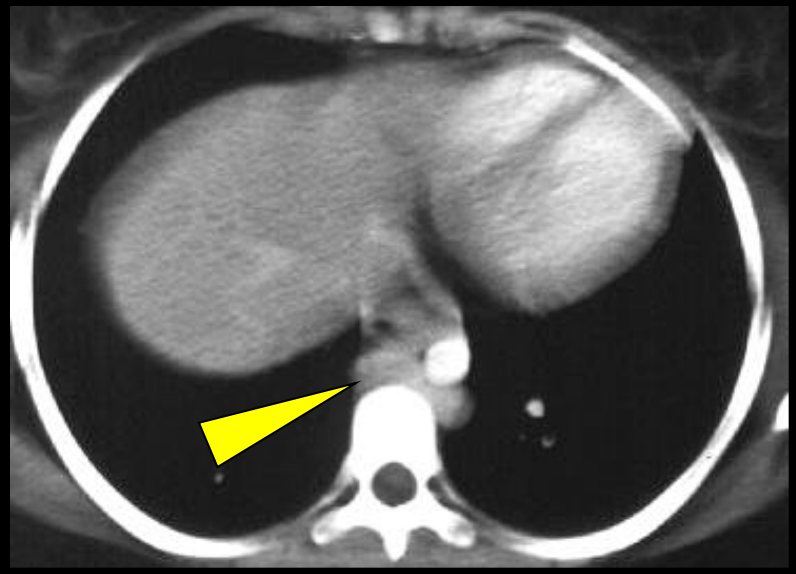


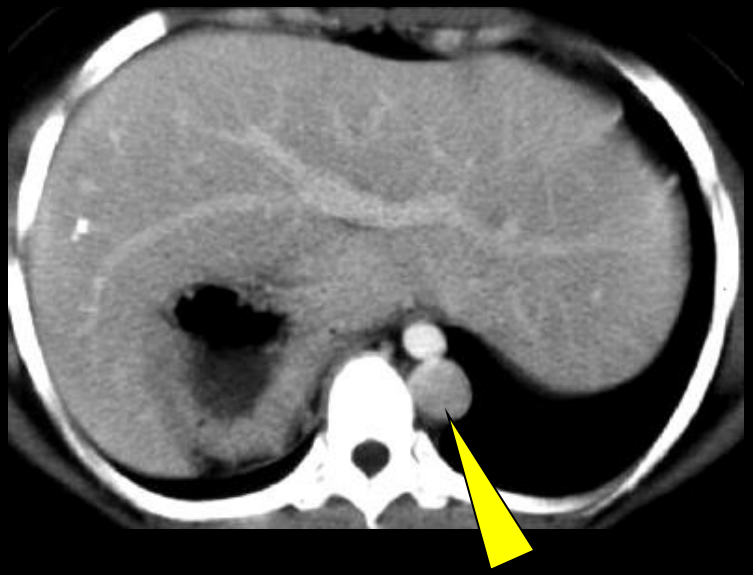


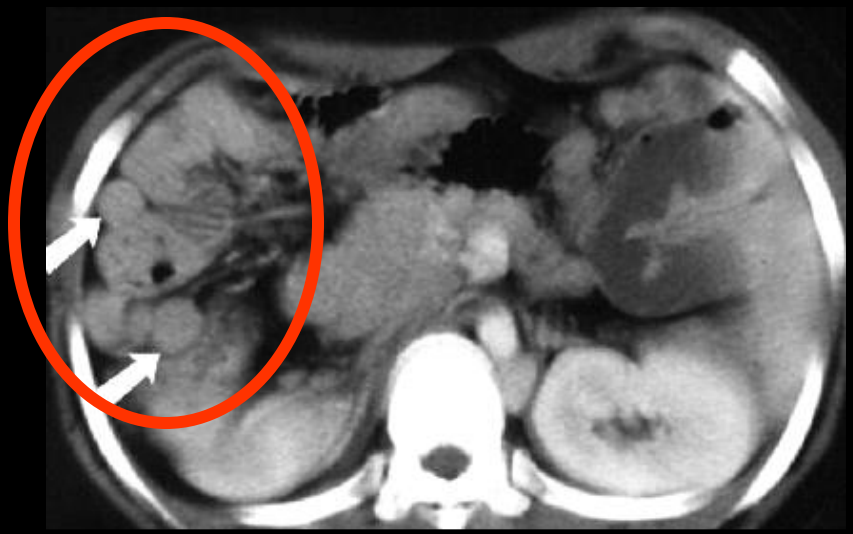


Sur la reconstruction VRT des structures aériques du thorax, la bronche souche passe sous la branche homologue de l'AP de chaque coté, l'empreinte de la veine azygos dilatée est bien visible









isomérisme hépatique , agénésie VCI rétro-hépatique, polysplénie , mésent commun

Points d'intérêt

- douleurs biliaires en relation avec un calcul vésiculaire ,révélant un sd malformatif associant:

  situs inversus sous-diaphragmatique
  agénésie de la VCI rétro-hépatique et polysplénie
  malrotation de l'anse intestinale primitive à type de mésentère commun
  isomérisme hépatique

- dysmorphie pancréatique associée au mésentère commun et/ou à la polysplénie

la polysplénie est un syndrome malformatif généralement découvert à l'age adulte .

Les nodules spléniques multiples sont disposés le long de la grande courbure gastrique et vascularisés par des ramifications artérielles (# noyaux de splénose)

Les malformations associées sont

cardio-vasculaires (double VCS,VCS gauche,anomalie du retour veineux cave inférieur avec continuation azygos,isomérisme atrial gauche) ;

pulmonaires (isomérisme pulmonaire gauche) ;

et très fréquemment abdominales.

malformations abdominales associées à la polysplénie

isomérisme hépatique,agénésie vésiculaire,

malrotation intestinale (80% des cas)

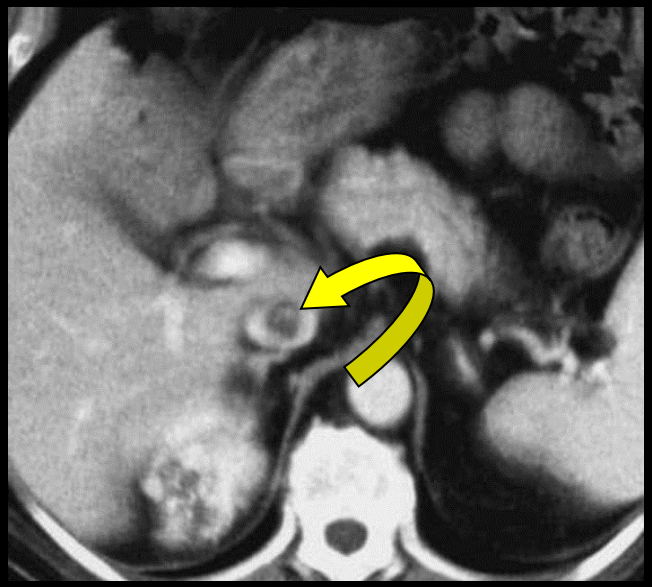
pancréas court,(quasi pathognomonique AJR ,1991,156:151-153)

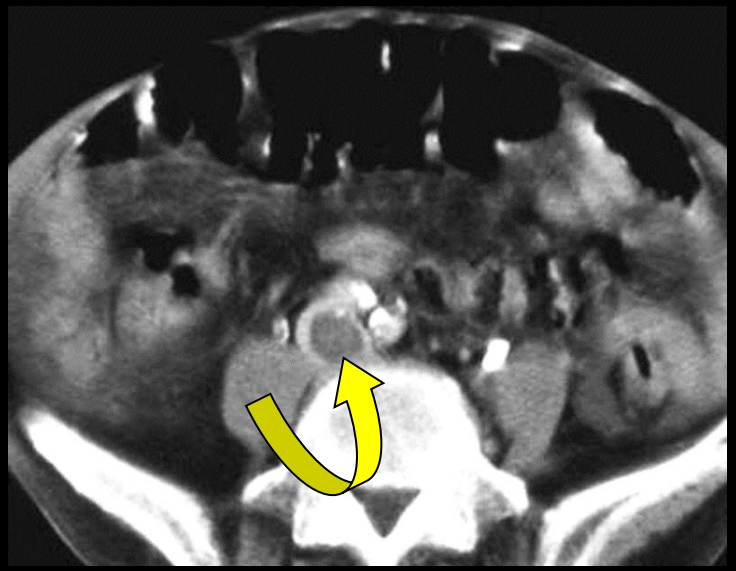
situs inversus généralement partiel,

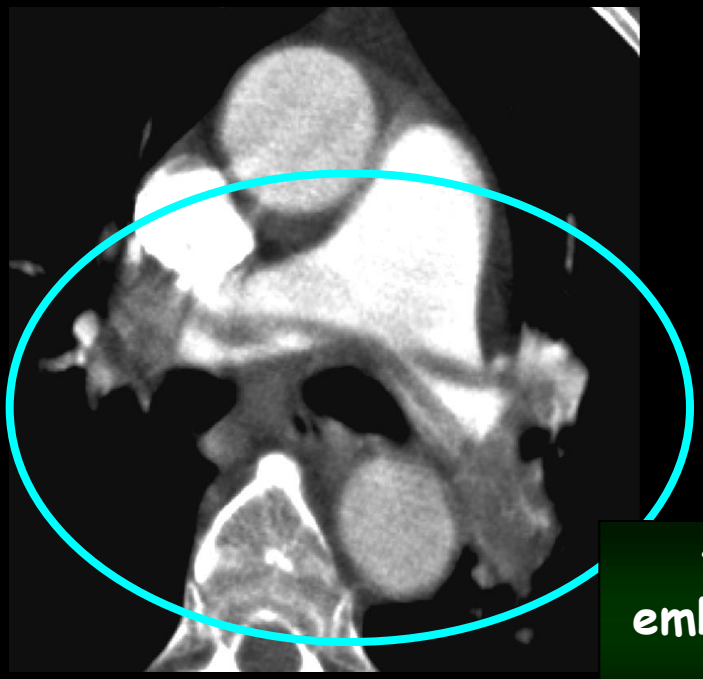
veine porte pré-duodénale,
absence de grand épiploon,atrésie des voies biliaires
agénésie du segment rétro-hépatique de la VCI,
tronc artériel coelio-mésentérique commun …

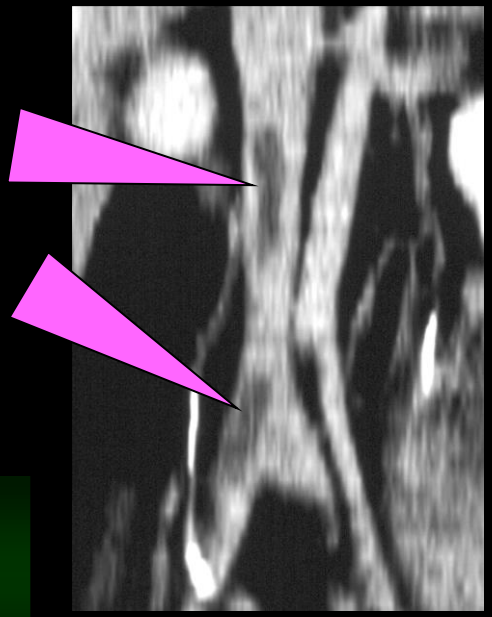
maladie thrombo-embolique

- pan phlébo –TDM (embolie pulmonaire)
- étage abdominal
  - étude du caillot
    - extension
    - âge
  - recherche de pathologie causale

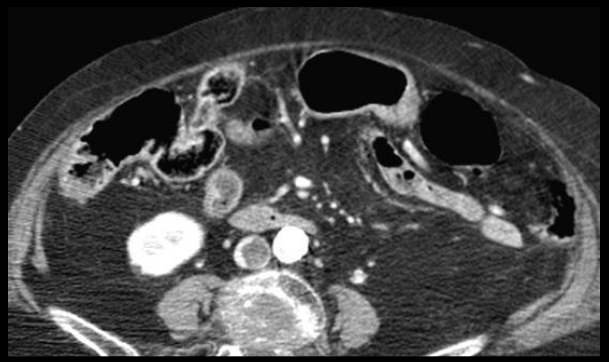


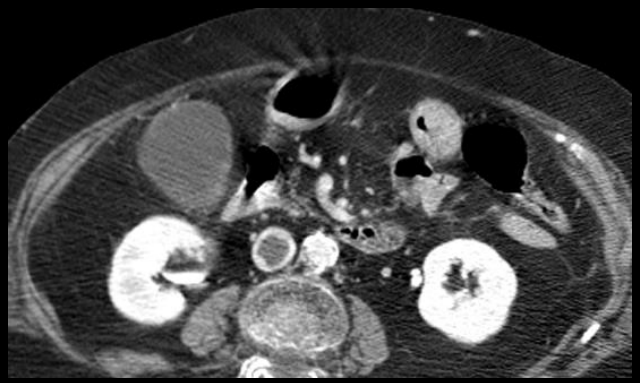


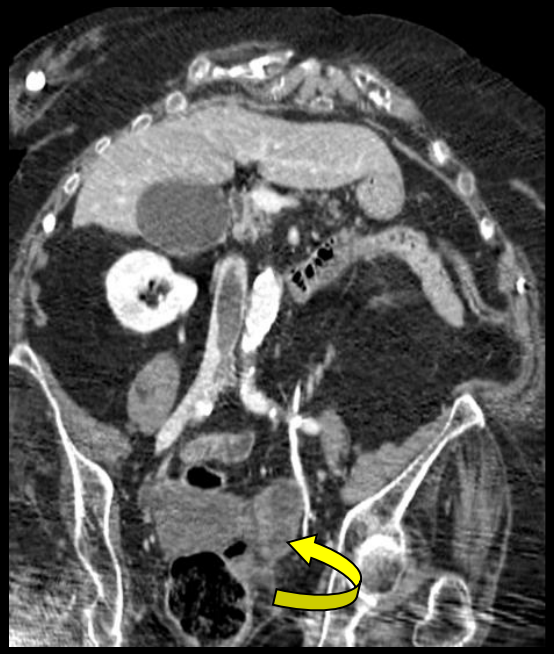


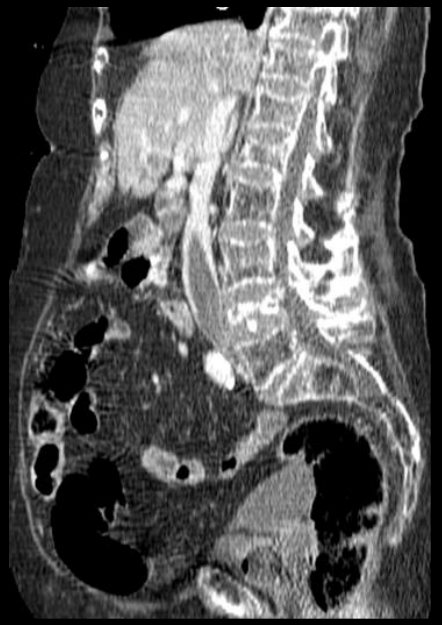


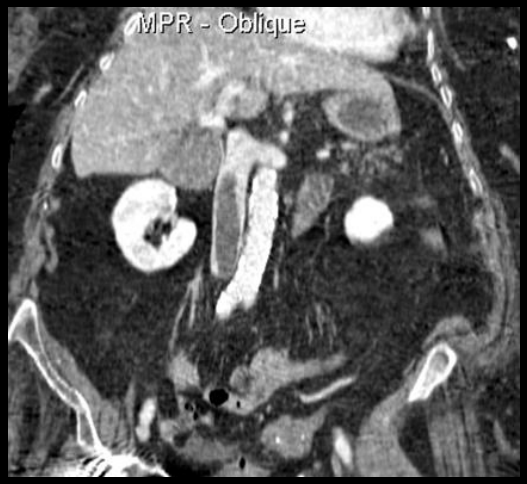
thrombose VCI et embolie pulmonaire « en selle »

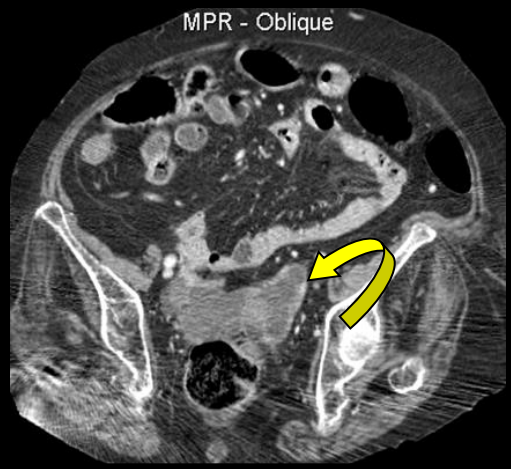




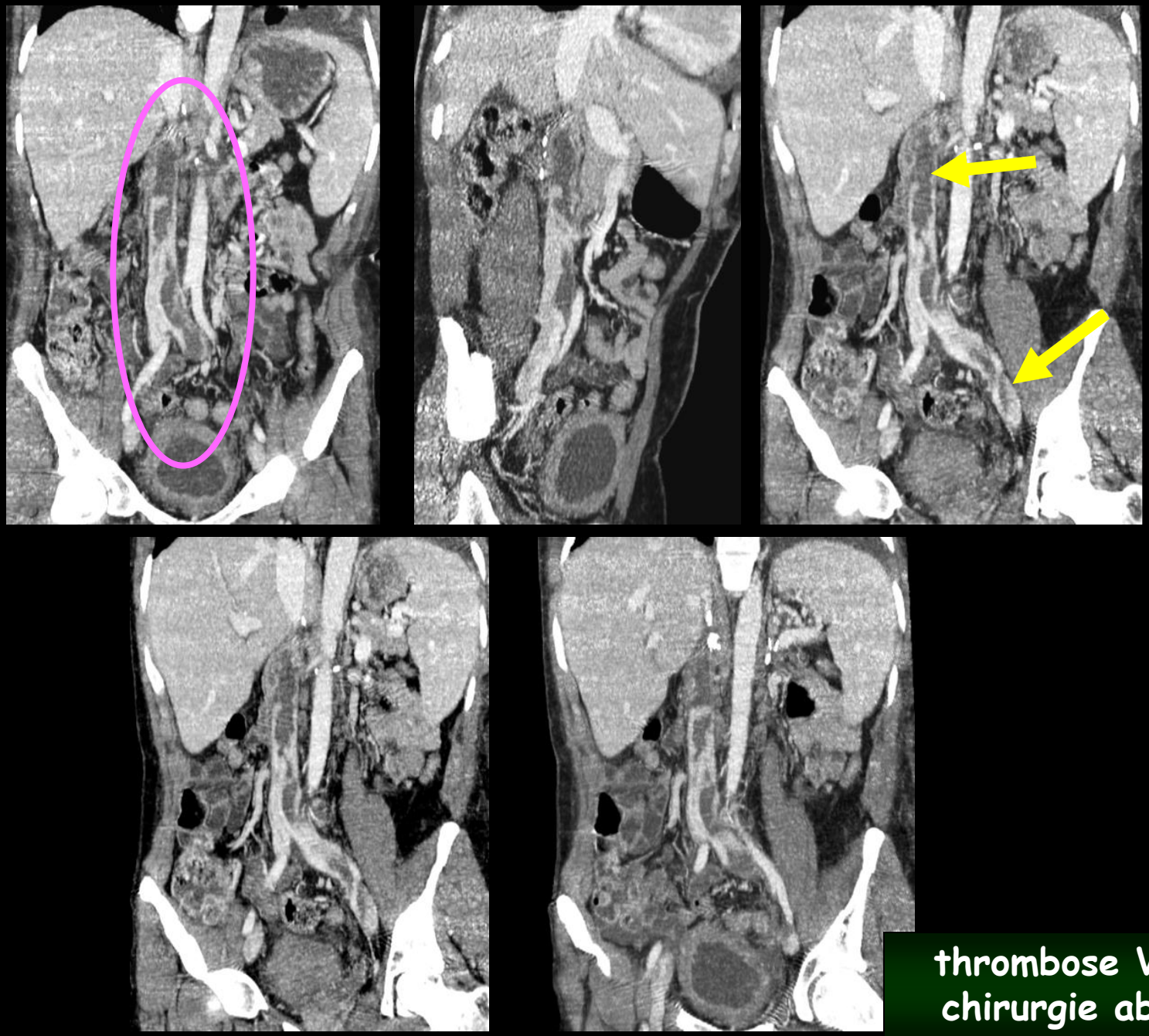








thrombose VCI et masse ovarienne gauche

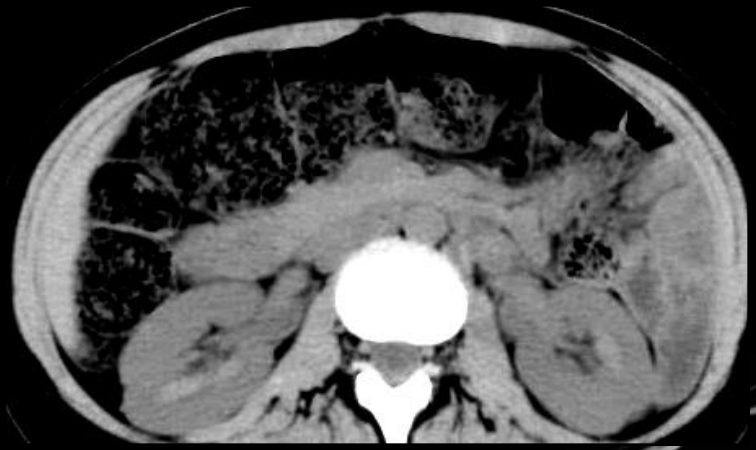


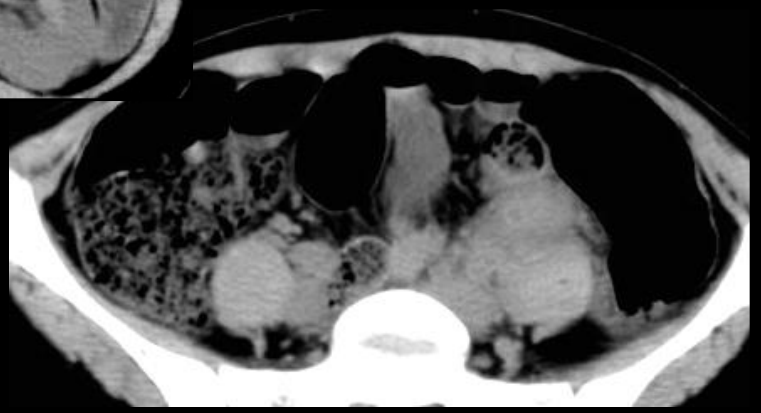
thrombose VCI après chirurgie abdominale

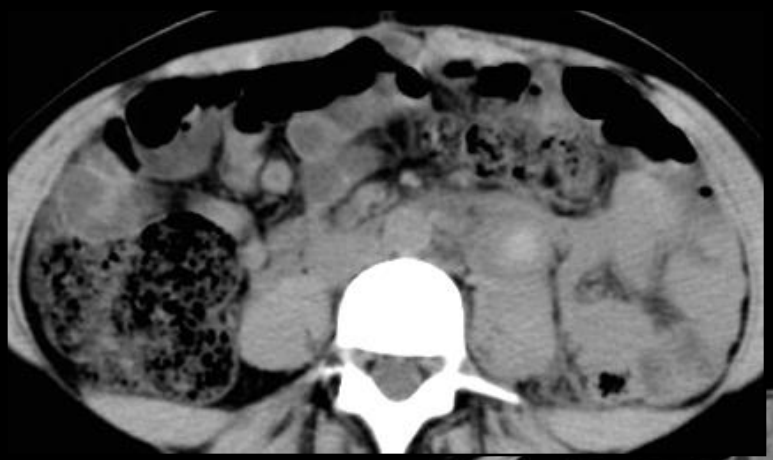
femme / 30 ans

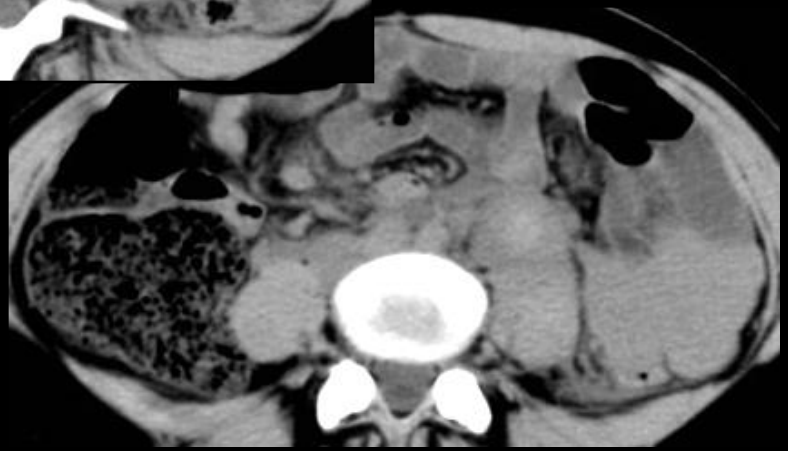
fièvre, défense abdominale , psoïtis

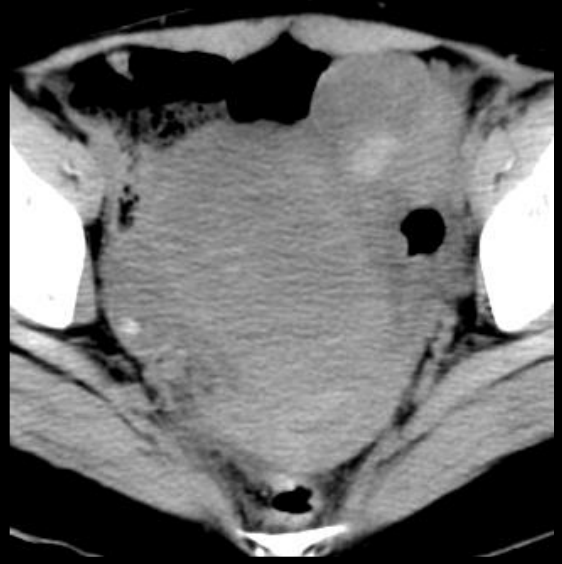
post-partum

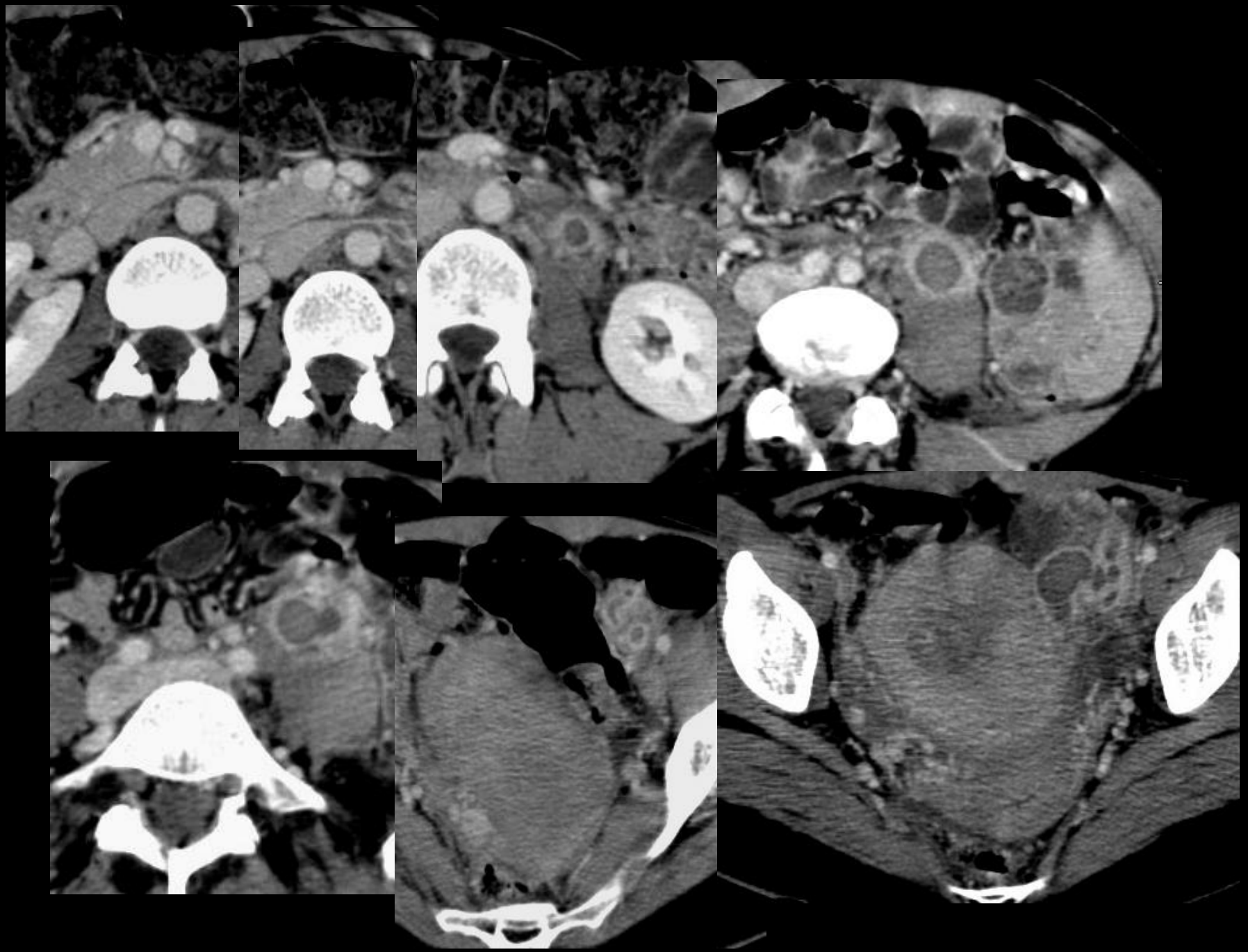


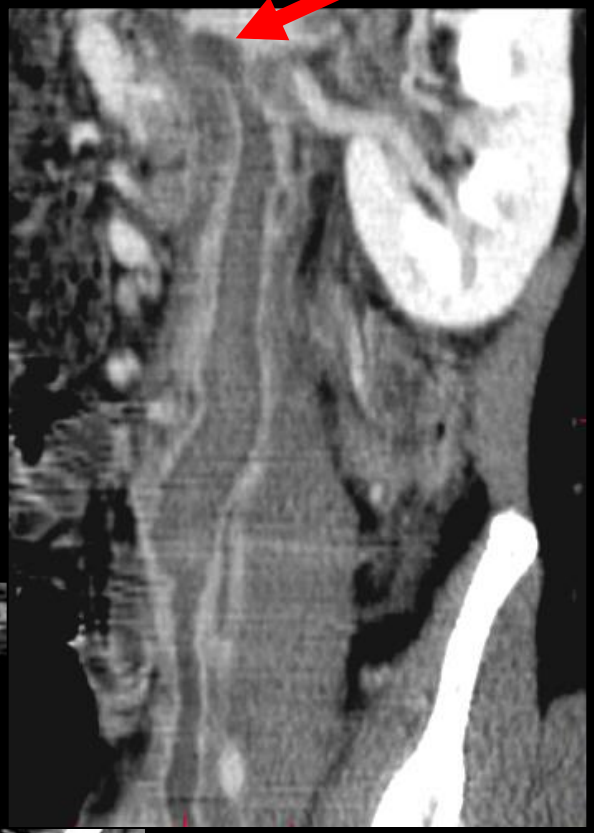


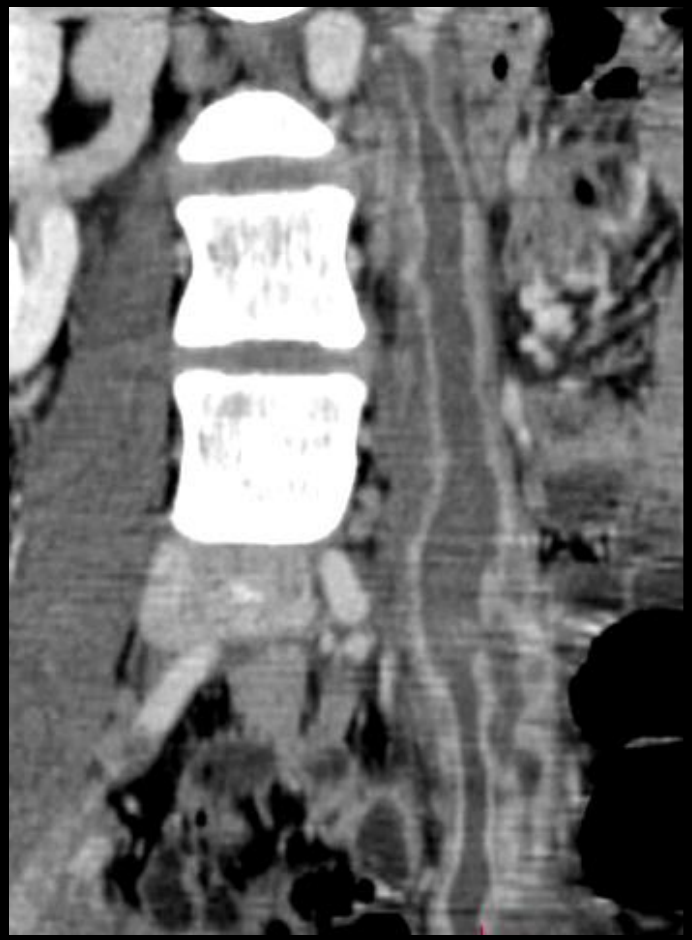


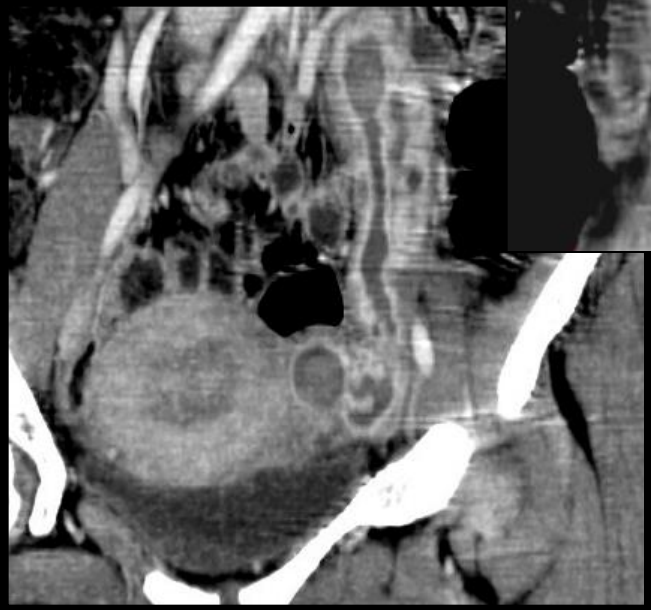












thrombophlébite veine ovarienne G

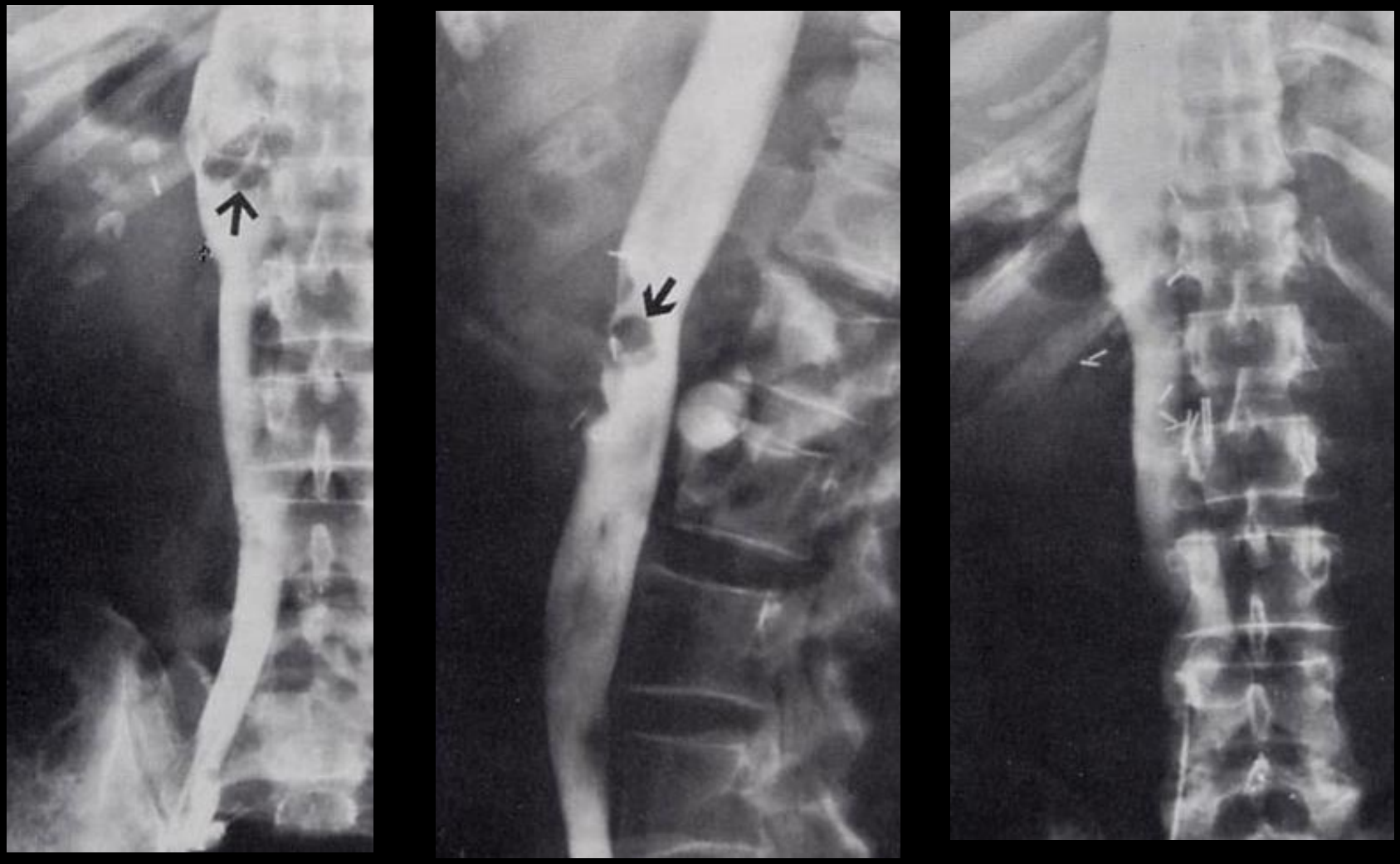
léiomyosarcomes VCI

- 2ème T. rétropéritonéale de l'adulte

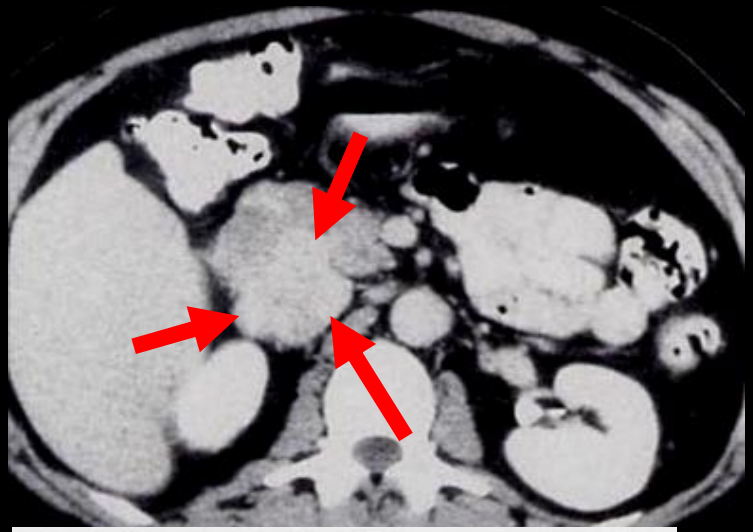
- 3 formes :
  - extra-vasculaire : 62%
    masse, découverte tardive
  - intra-vasculaire : 5%
  - extra- et intra-vasculaire : 33%
    Budd-Chiari : VCI sus rénale, œdème MI :
    VCI sous rénale, embolie pulmonaire

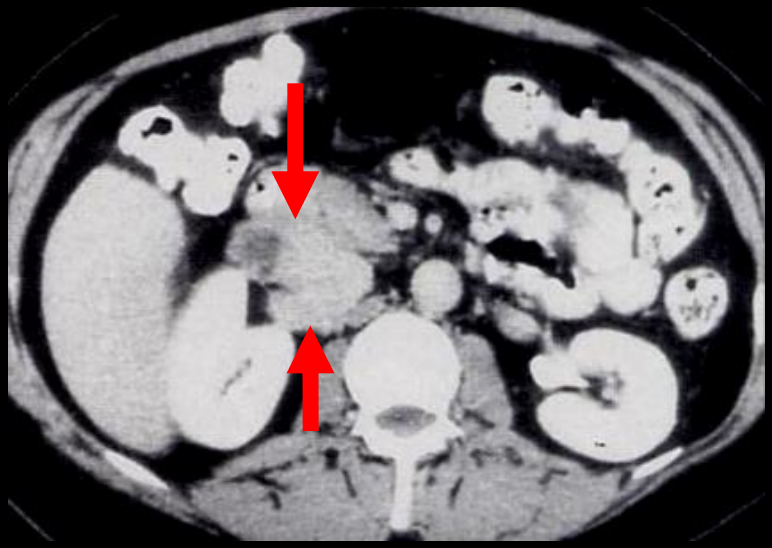
- femme++., 50-60 ans, TTT chirurgical (récidives, méta)

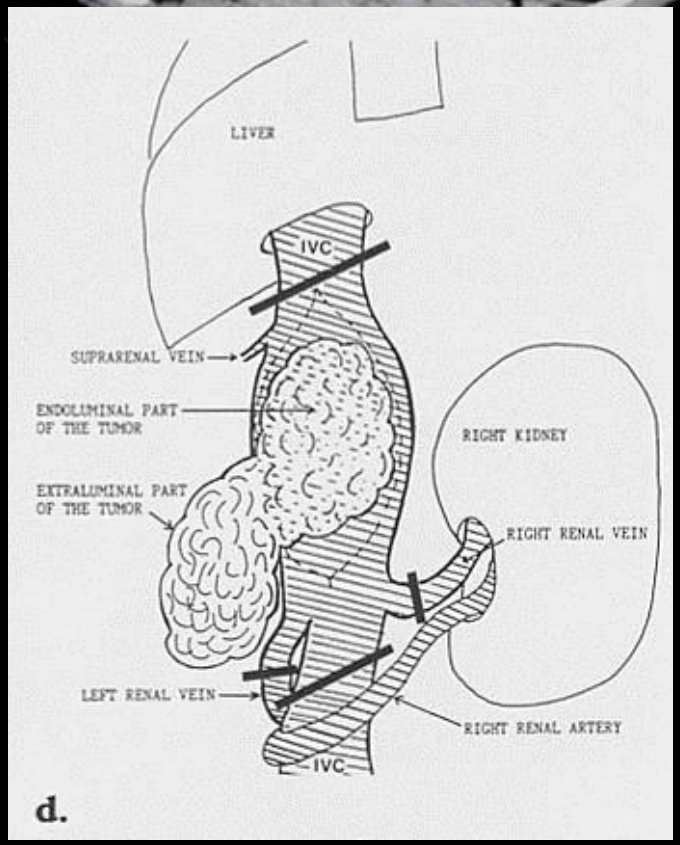
- imagerie :
  - grosse VCI, masse tissulaire hétérogène,
    +/- obstructive
  - nécrose, hémorragies

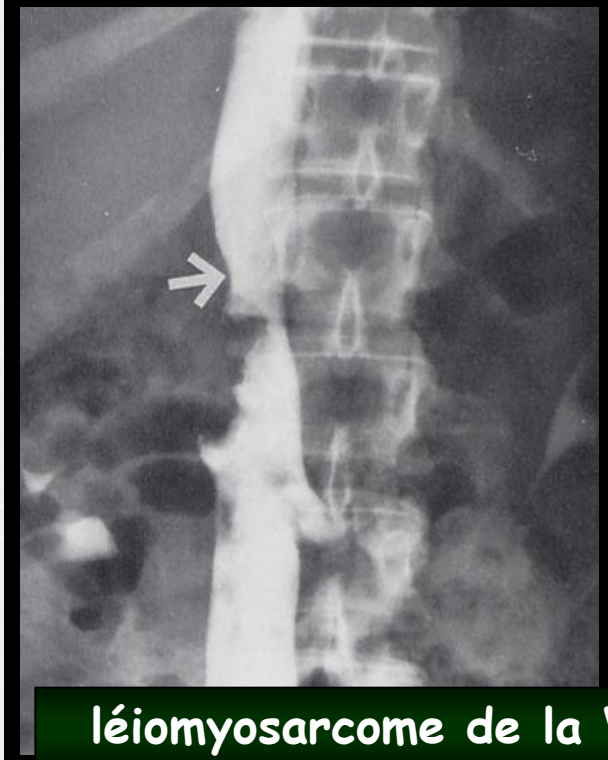


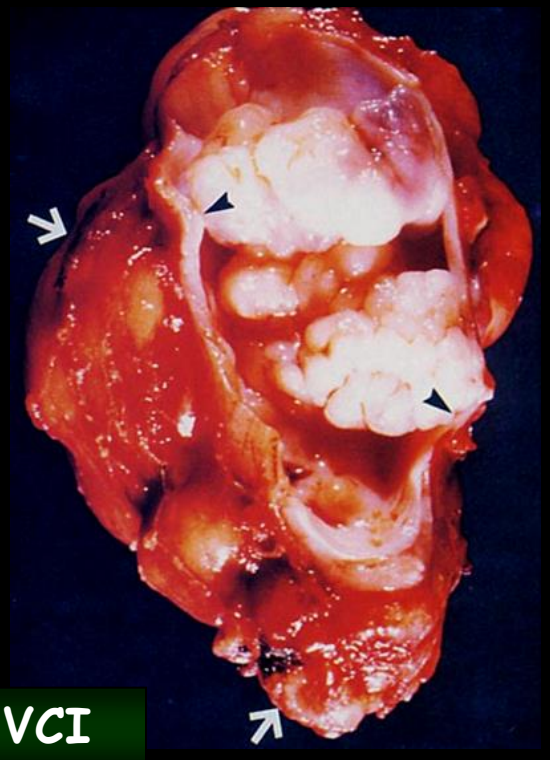
léiomyosarcome de la VCI : cavographie



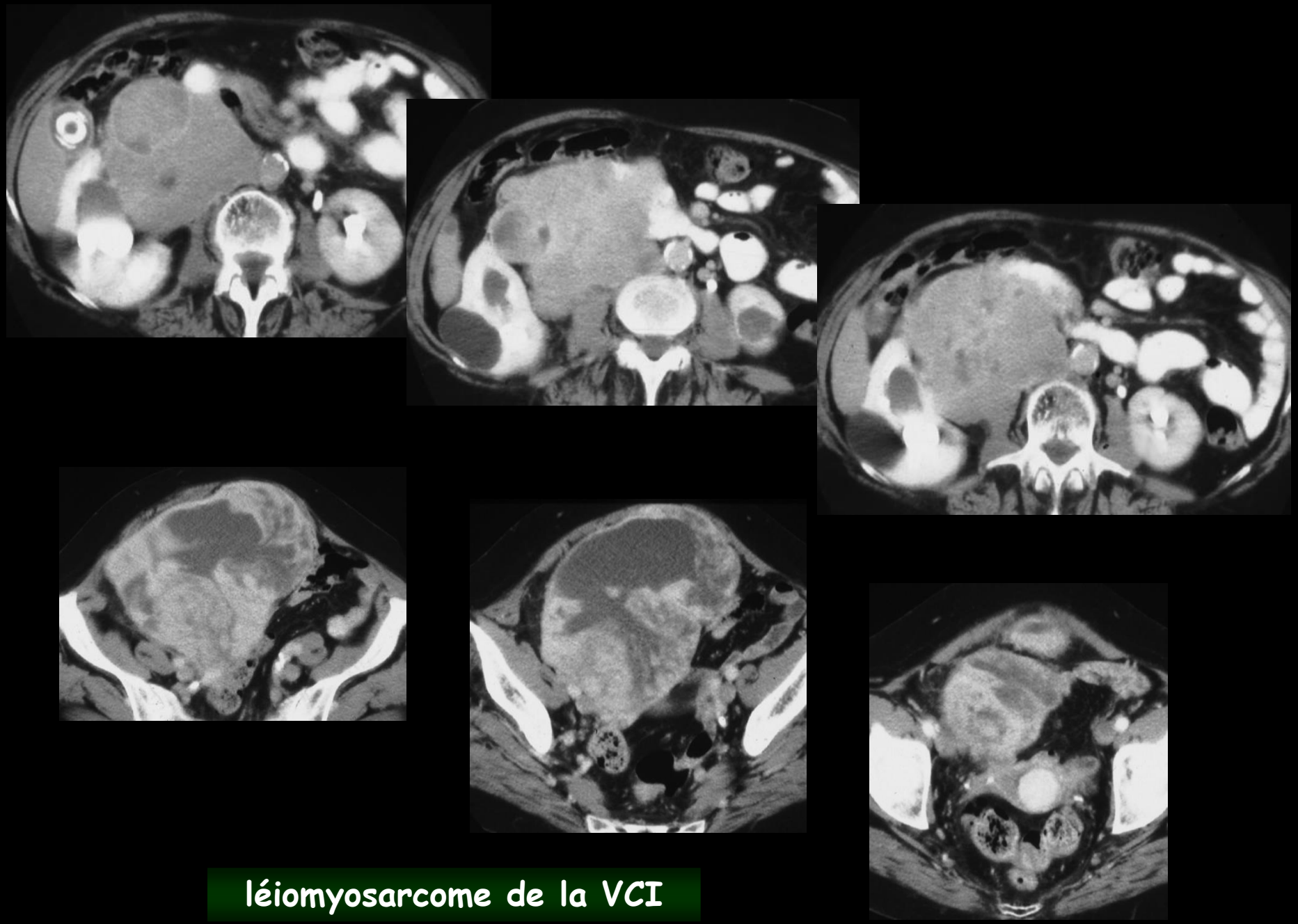




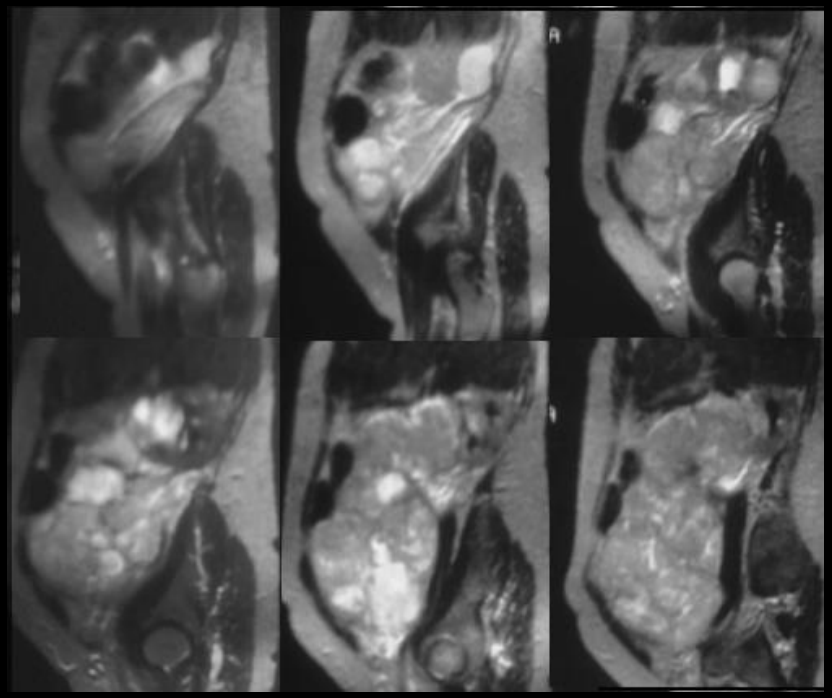


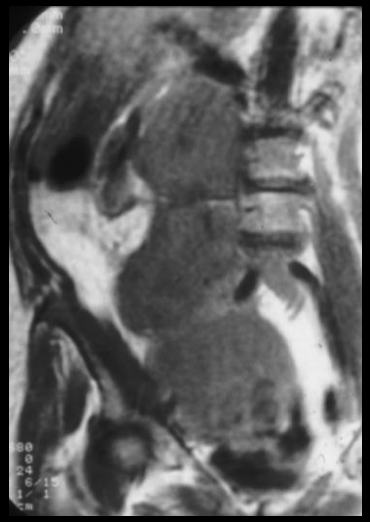


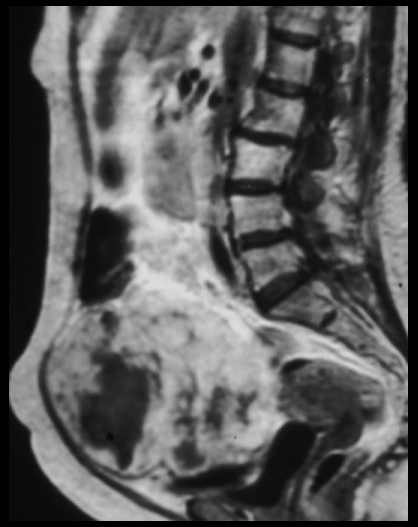
léiomyosarcome de la VCI

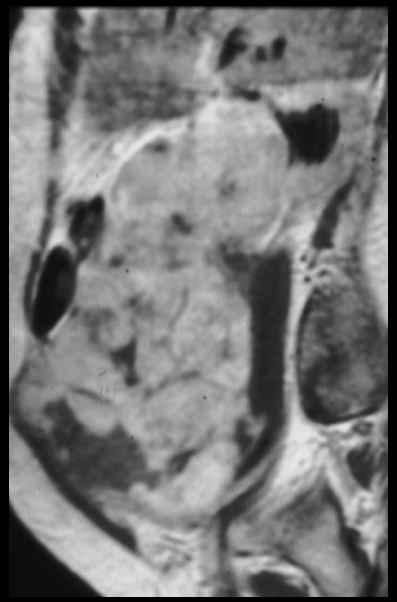


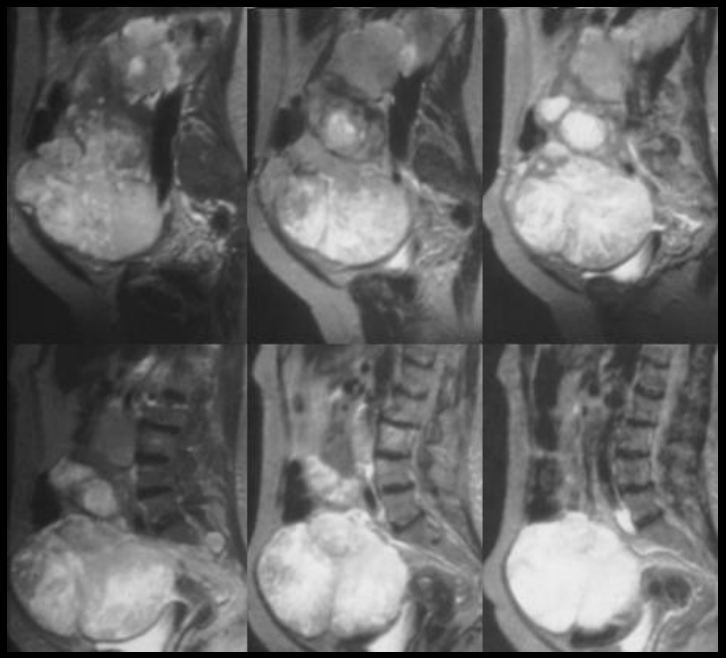
léiomyosarcome de la VCI







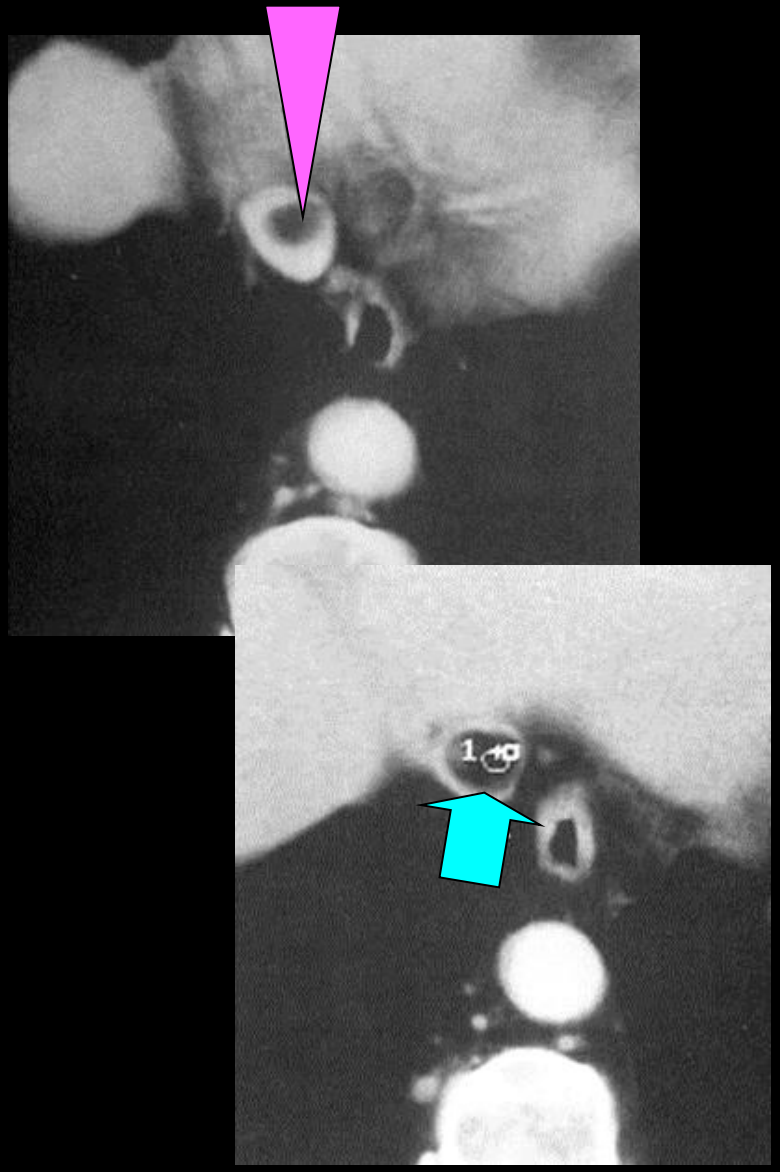


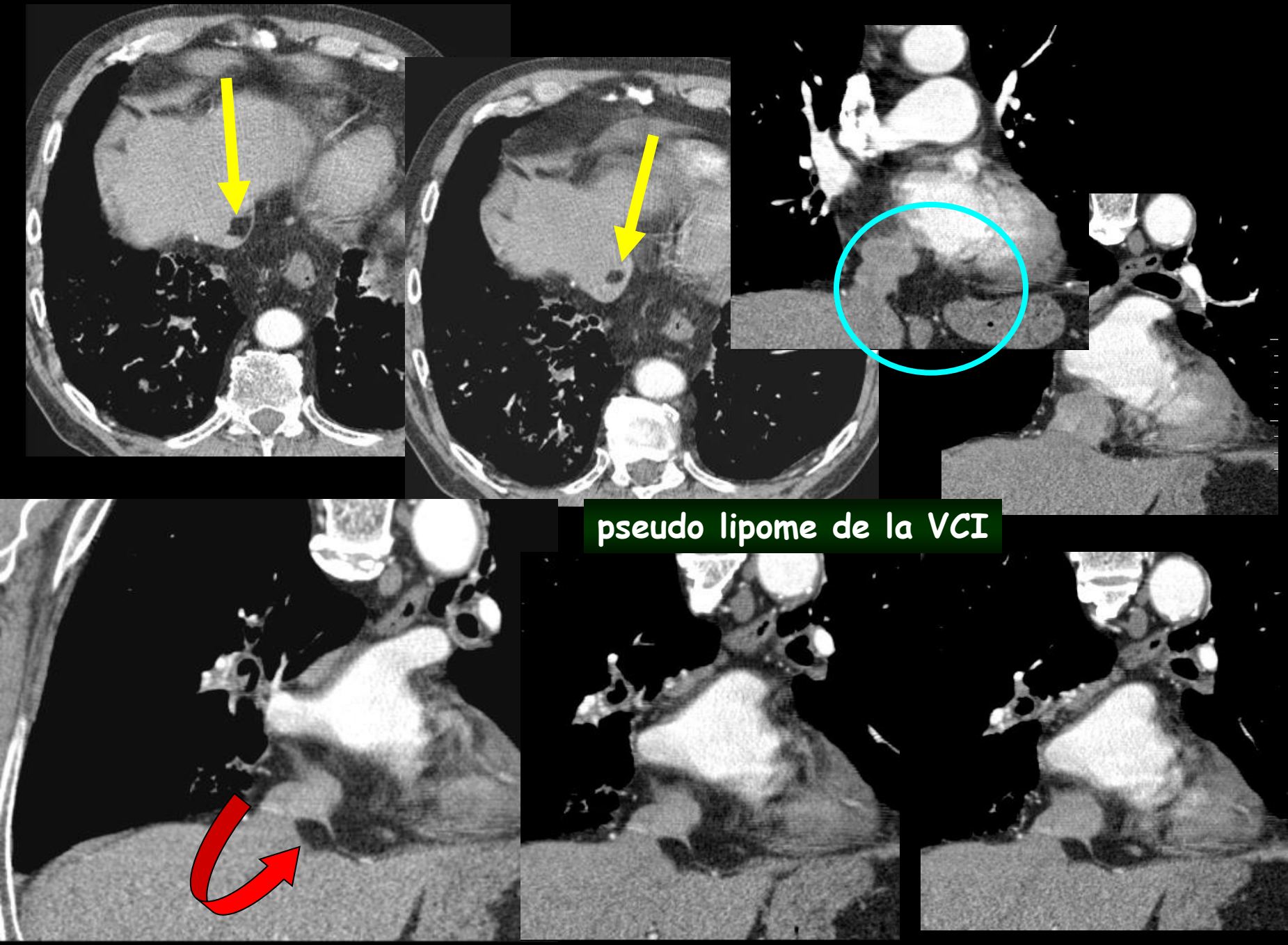


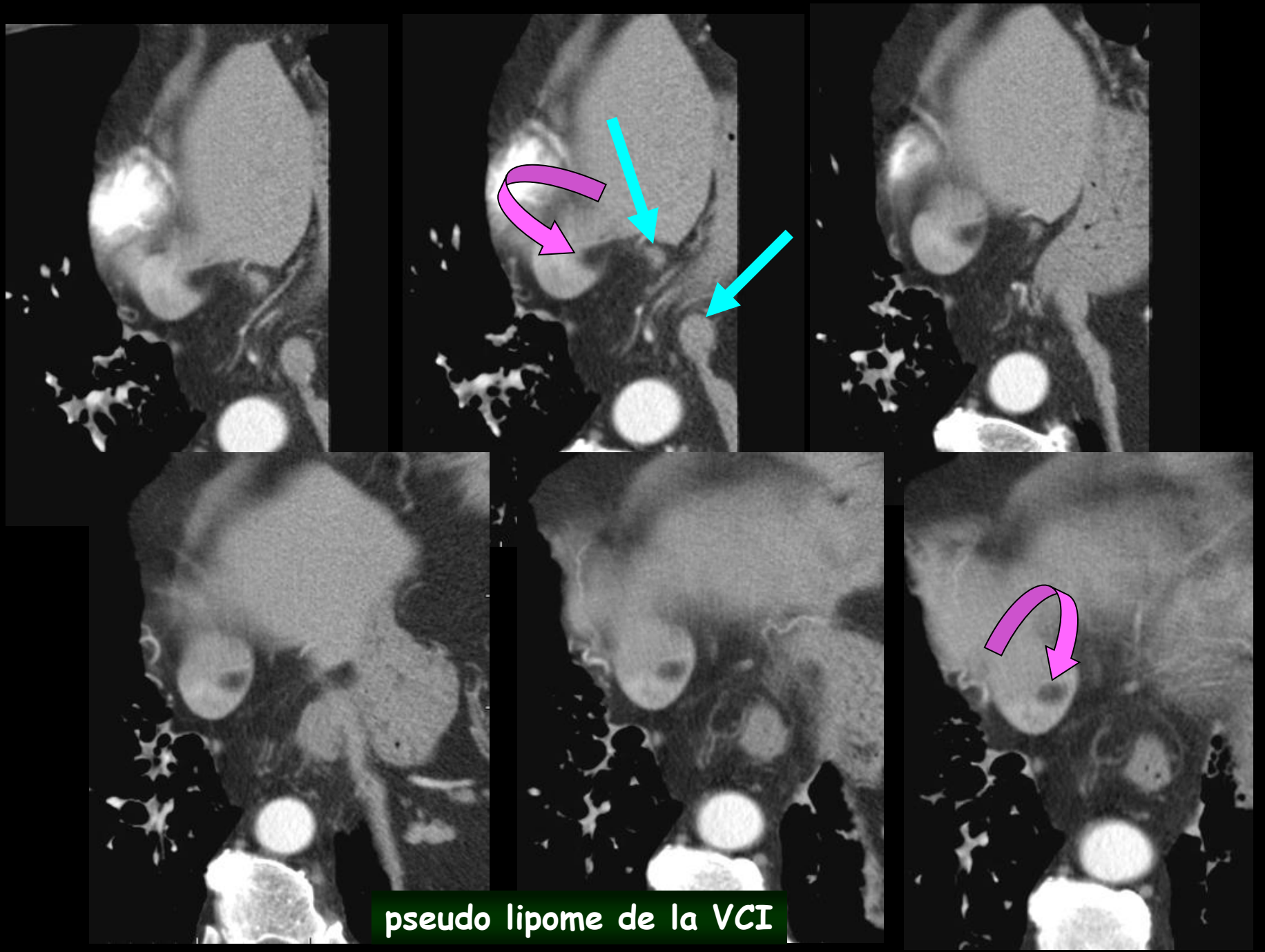
léiomyosarcome de la VCI

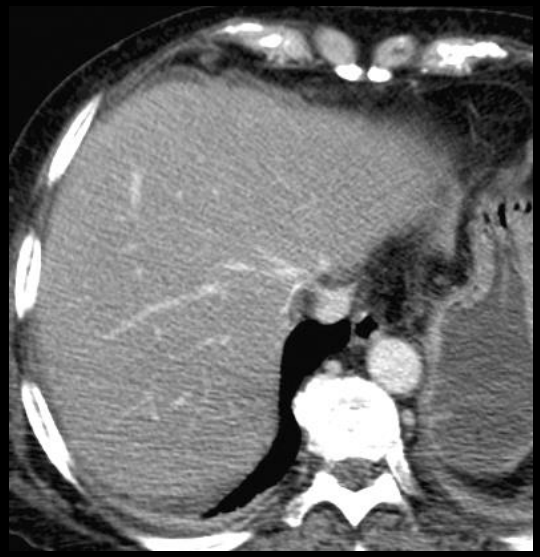
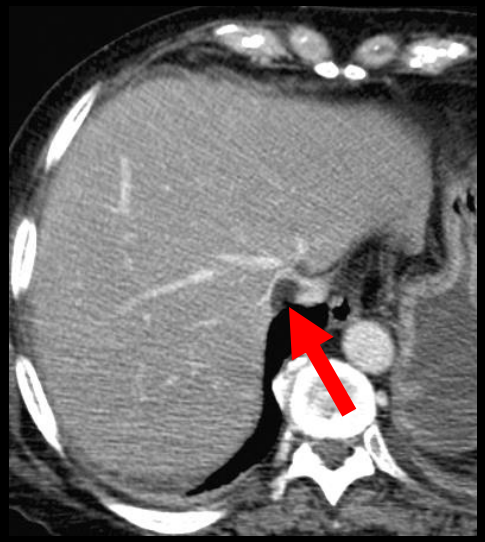
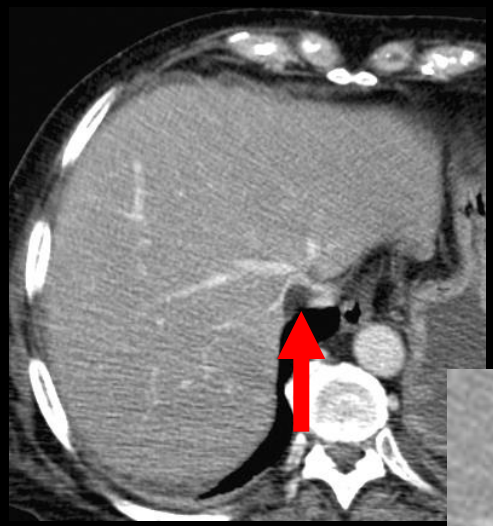
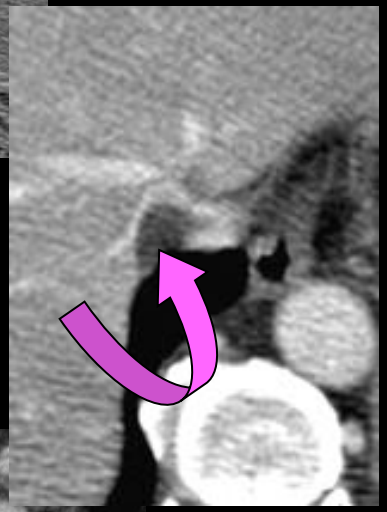
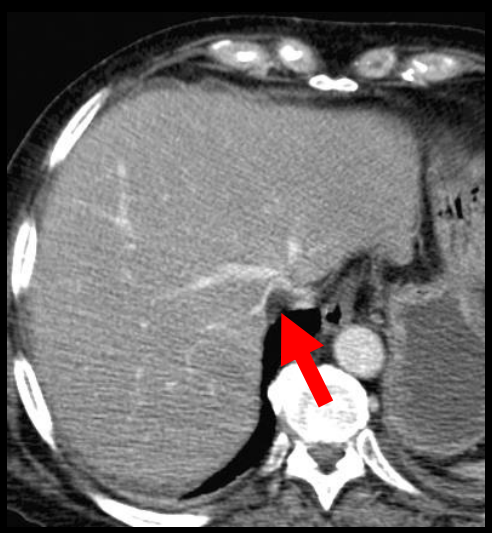
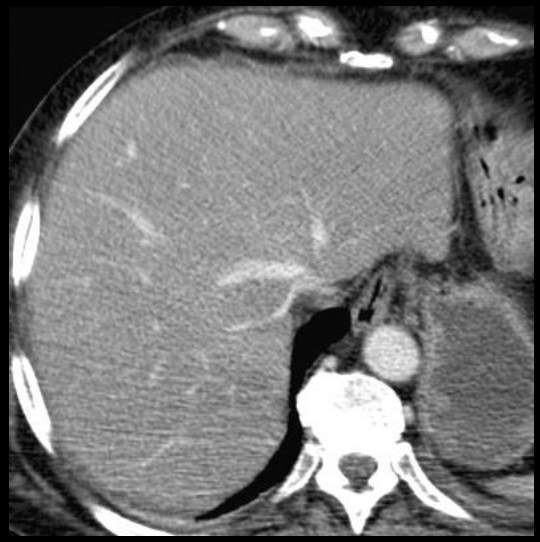
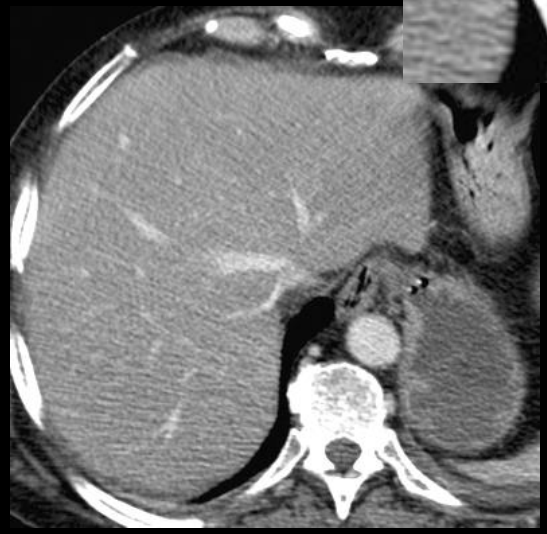
graisse VCI hépatique (pseudo lipome de la VCI)

- 0.5% ; en fait **chez tous les obèses….**
- formation graisseuse médiale
  - en continuation graisse péri-œsophagienne
  - extra-vasculaire
  - au niveau ou au dessus de la confluence veineuse hépatique
- non évolutive sur contrôles
- pas de signes associés




pseudo lipome de la VCI


pseudo lipome de la VCI

pseudo lipome de la VCI

pseudo lipome de la VCI