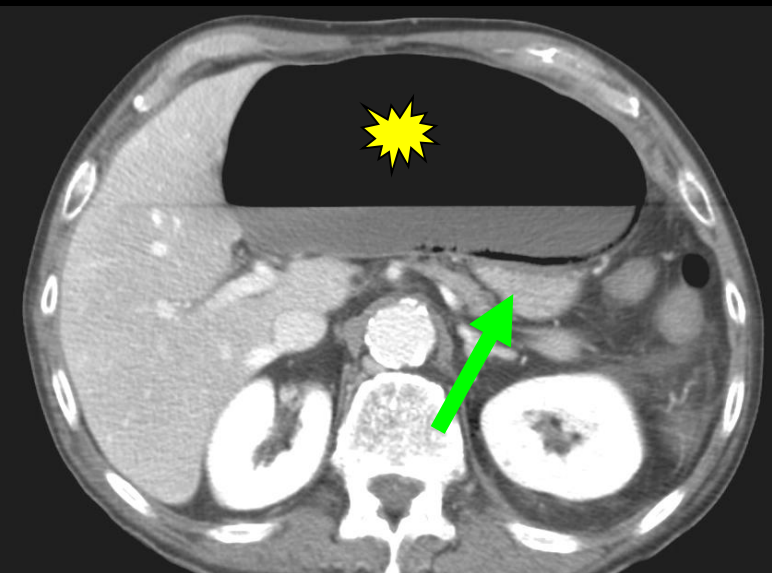
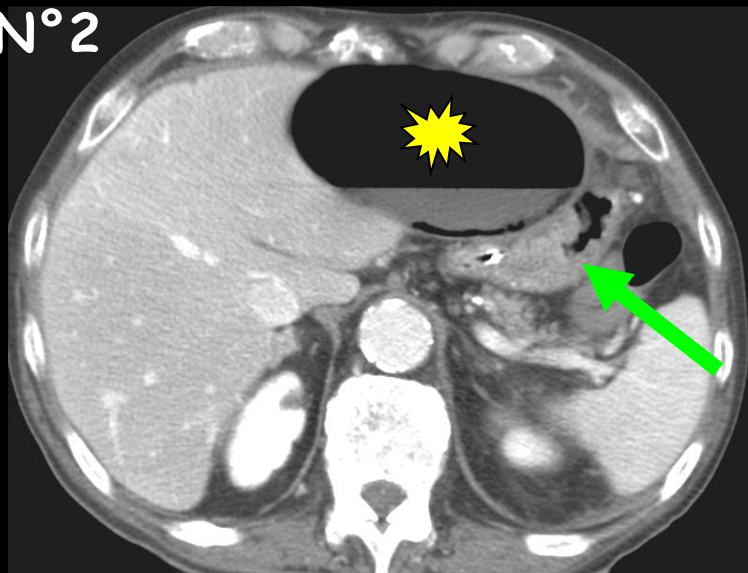


N°1

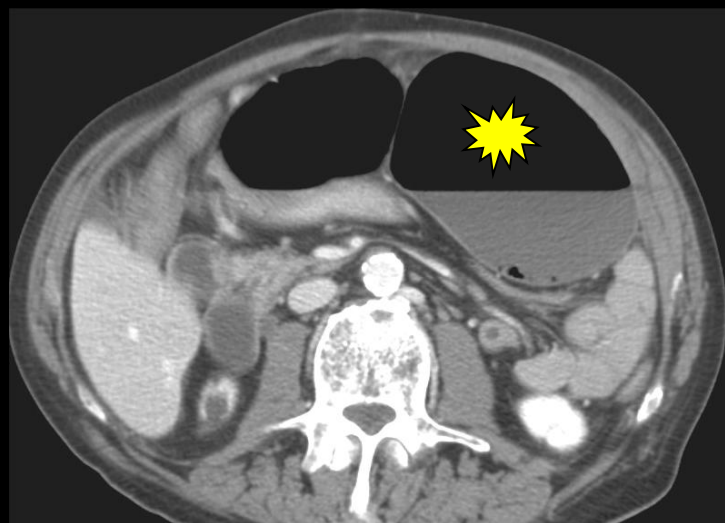


Cirrhose éthylique , lithiase biliaire pigmentaire, sd de Chilaïditi

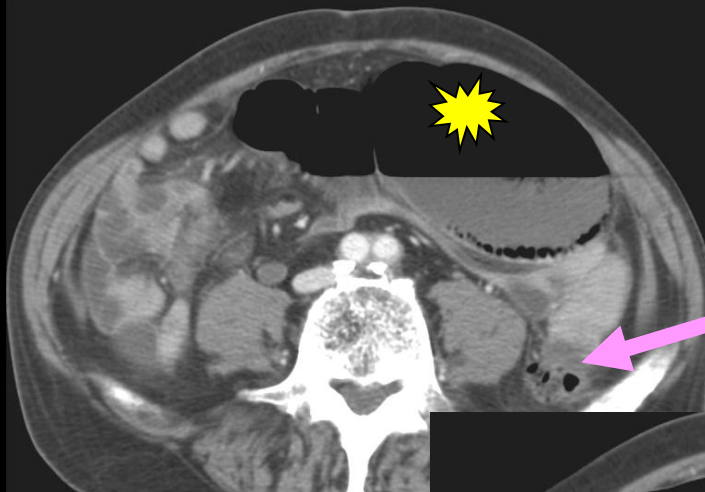
N°2



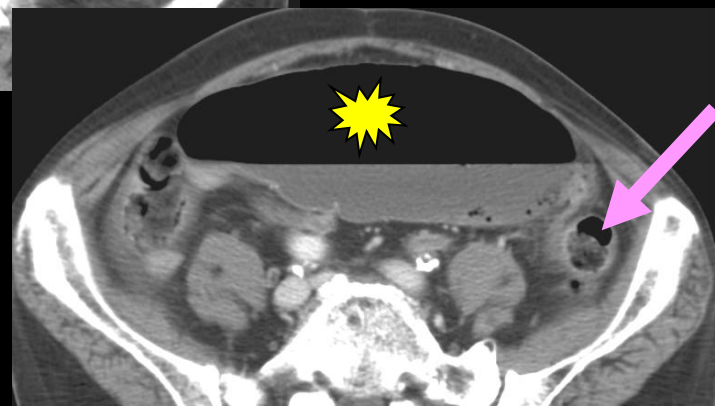
estomac !!

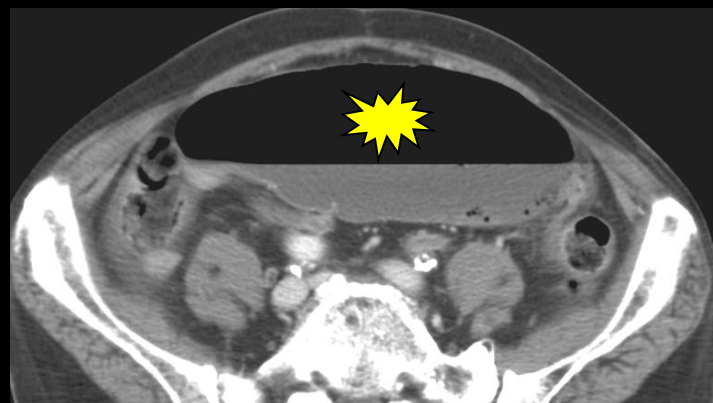
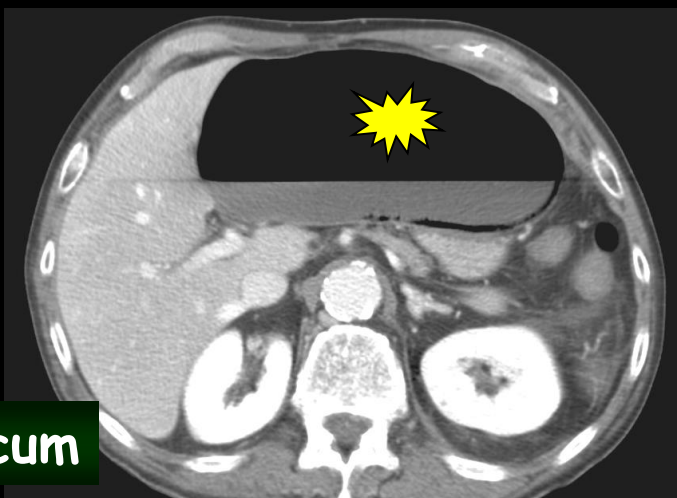
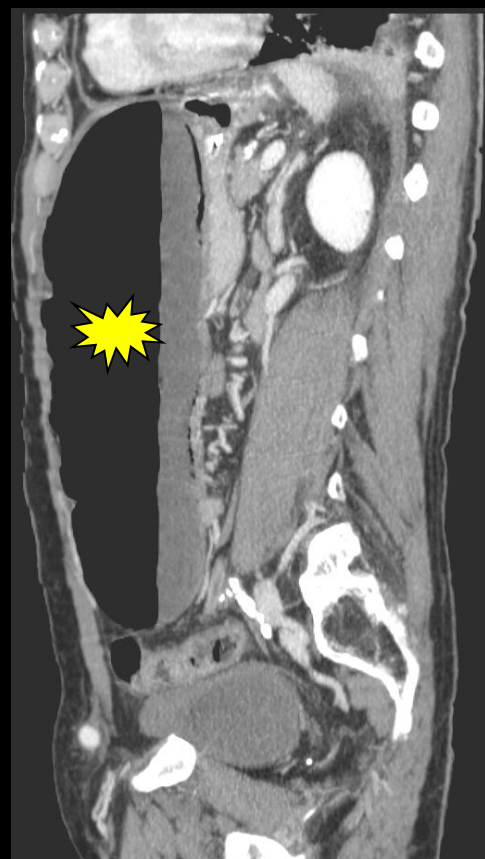


cæco-ascendant



colon gauche





volvulus du caecum

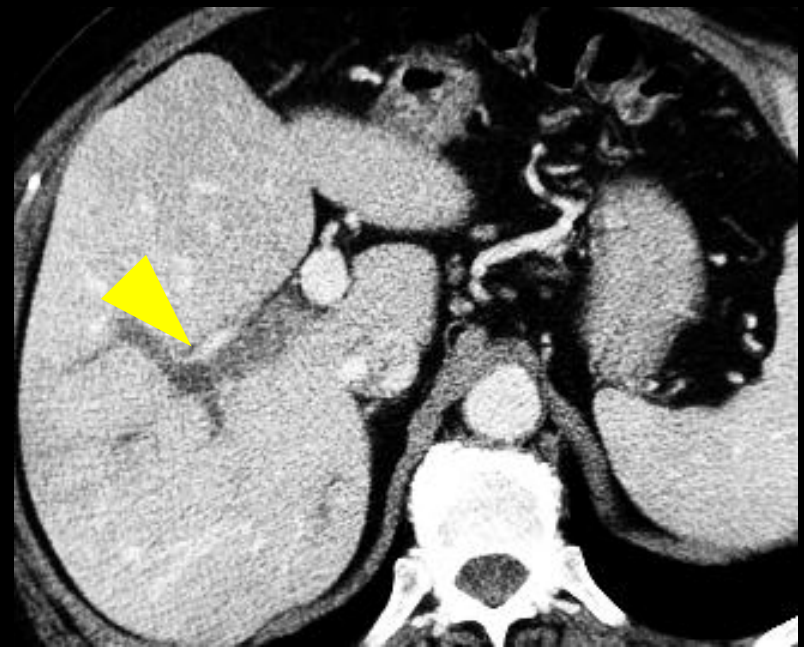
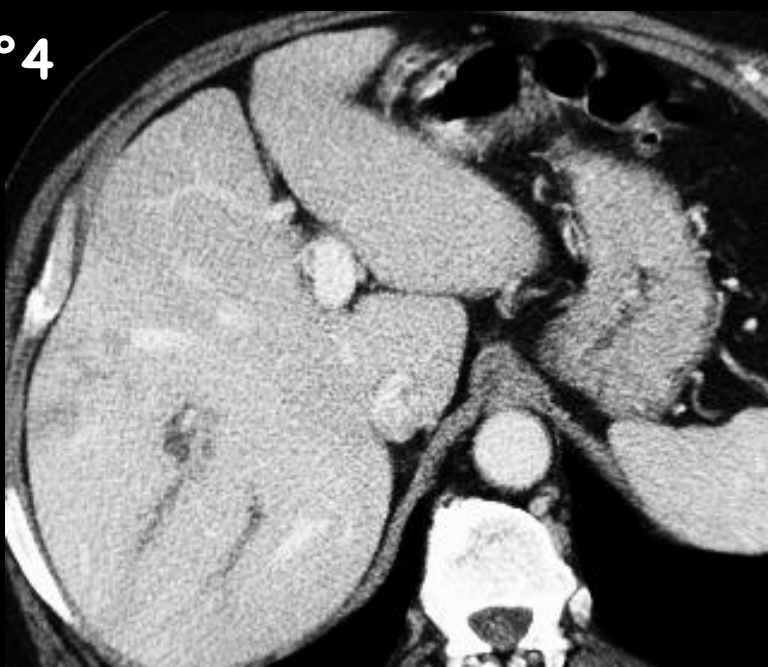
N°3



colite pseudo-membraneuse



N°4

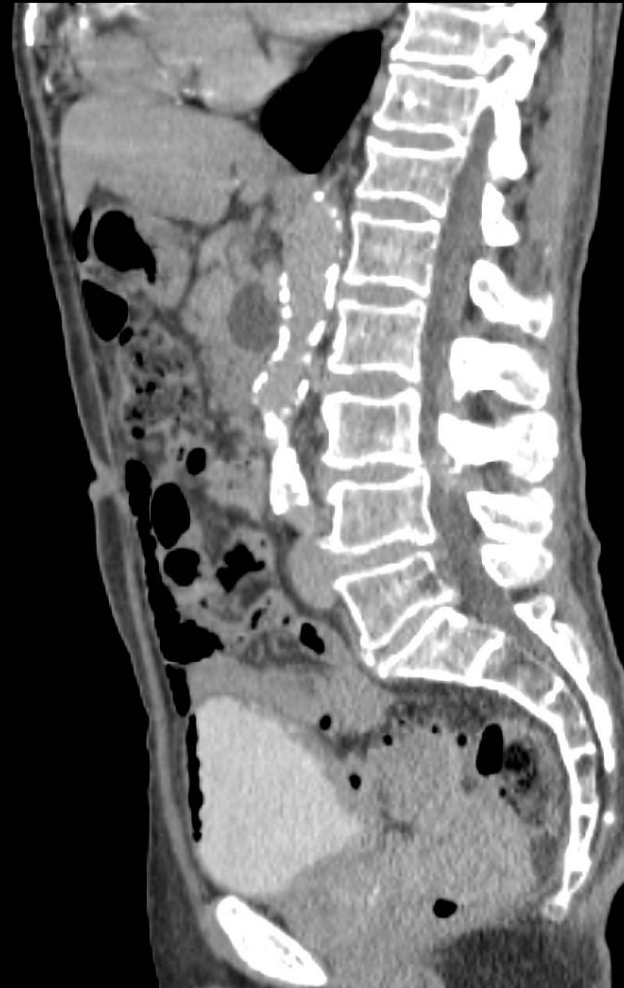
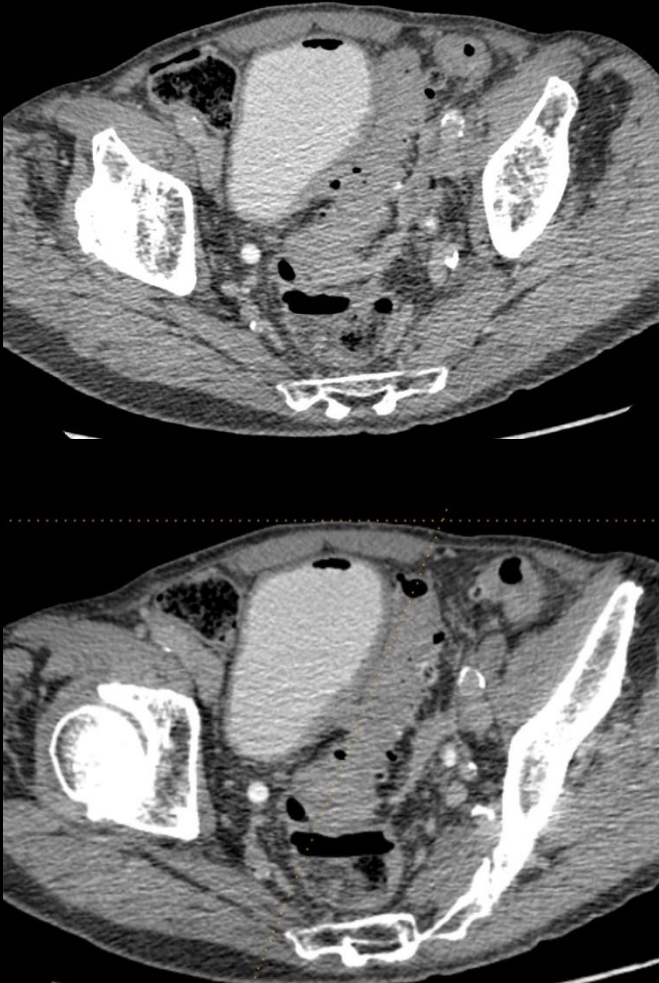


thrombose de la branche portale droite ; pyléphlébite infectieuse

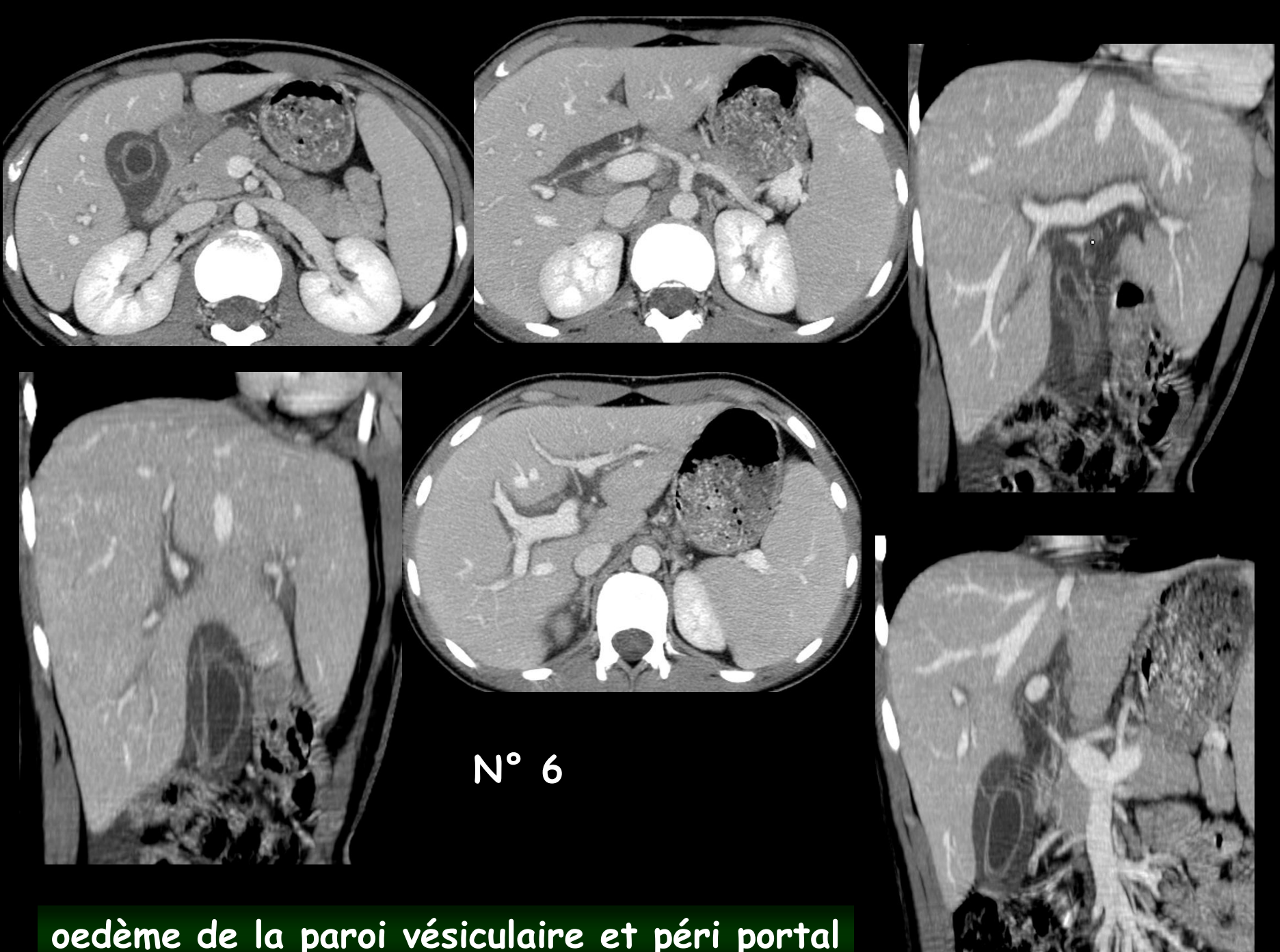
N° 5

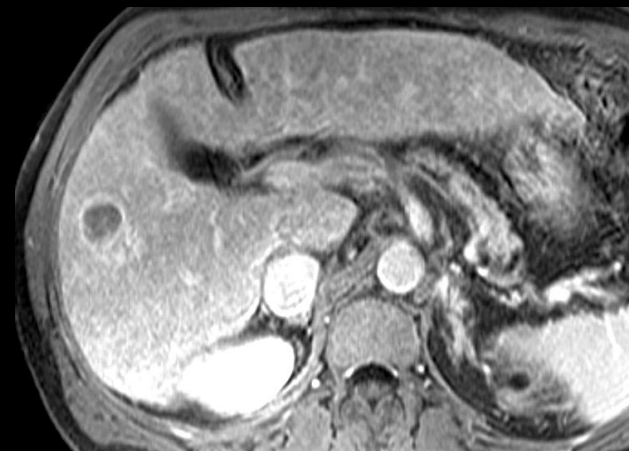
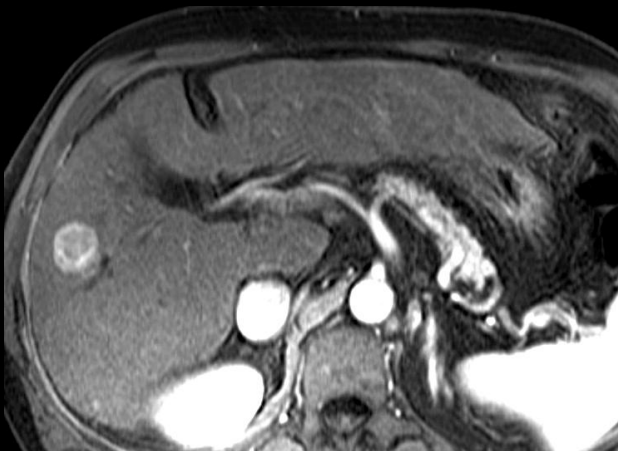
Homme 81 ans

Bilan d'infections urinaires à répétition

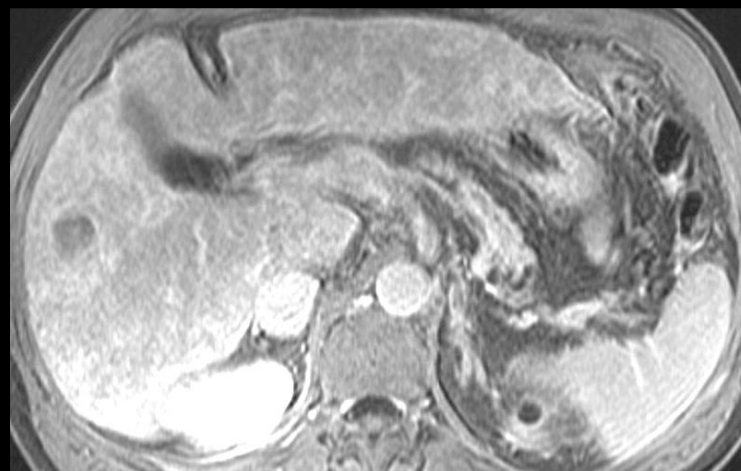
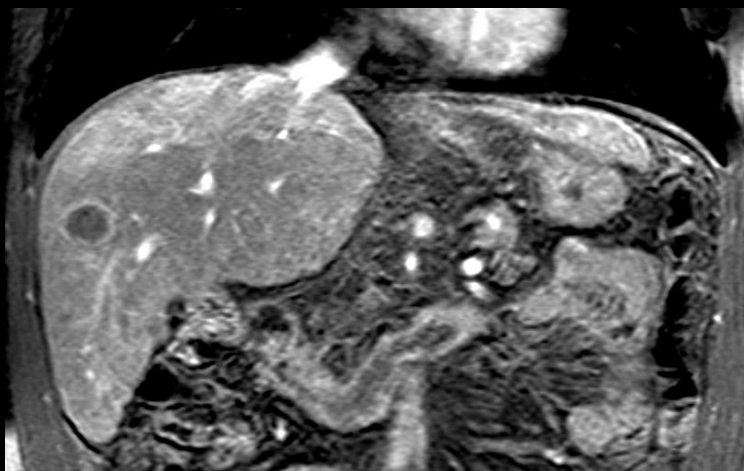


Fistule sigmoïdo-vésicale, à la faveur de poussées itératives de diverticulite sigmoïdienne.

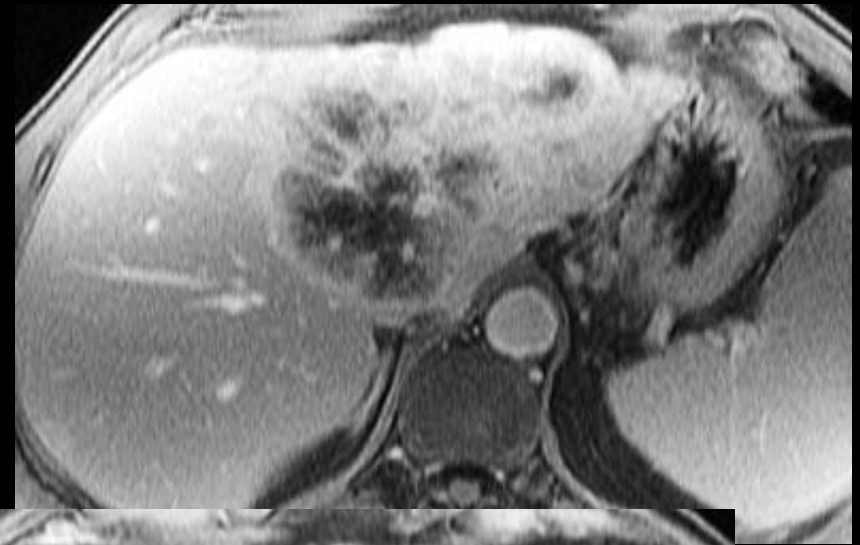
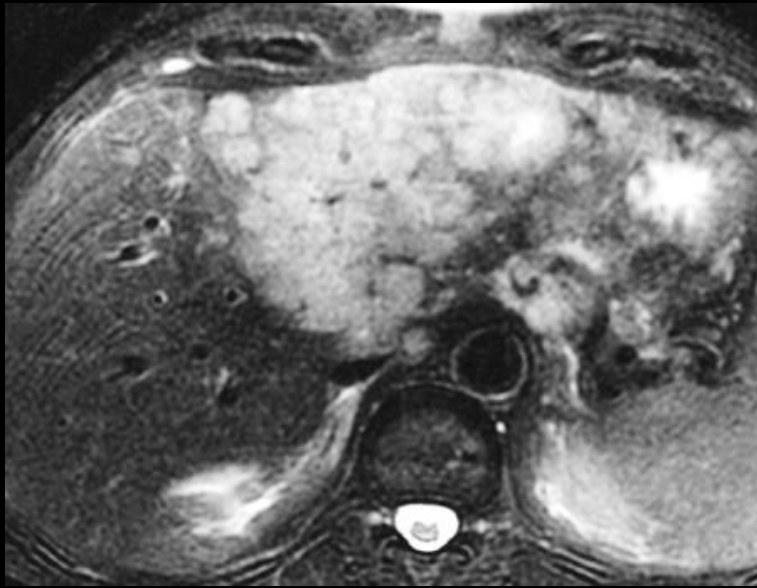




N° 7



Petit CHC bien différencié sur foie cirrhotique

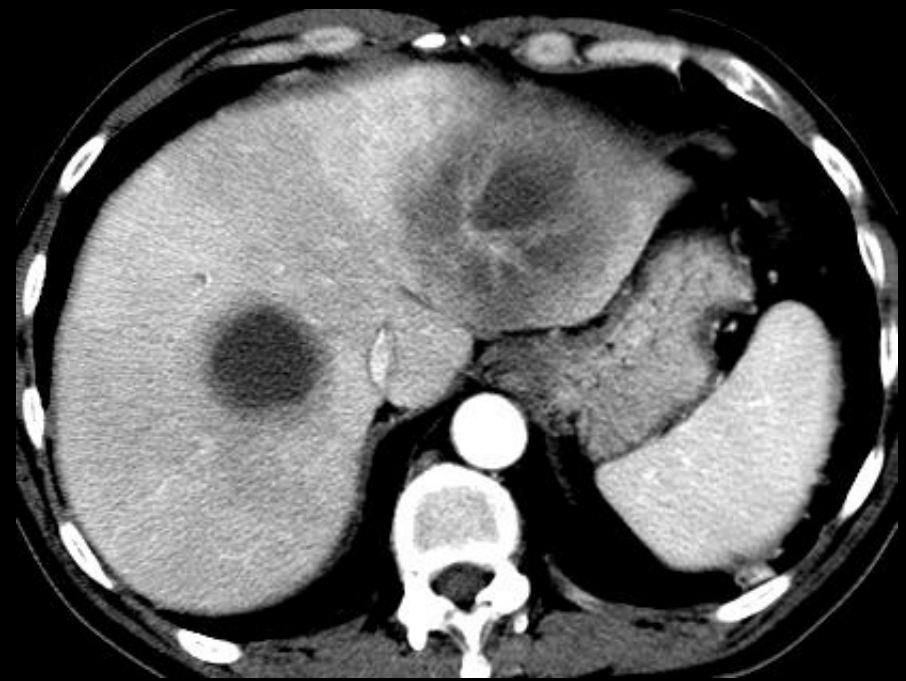
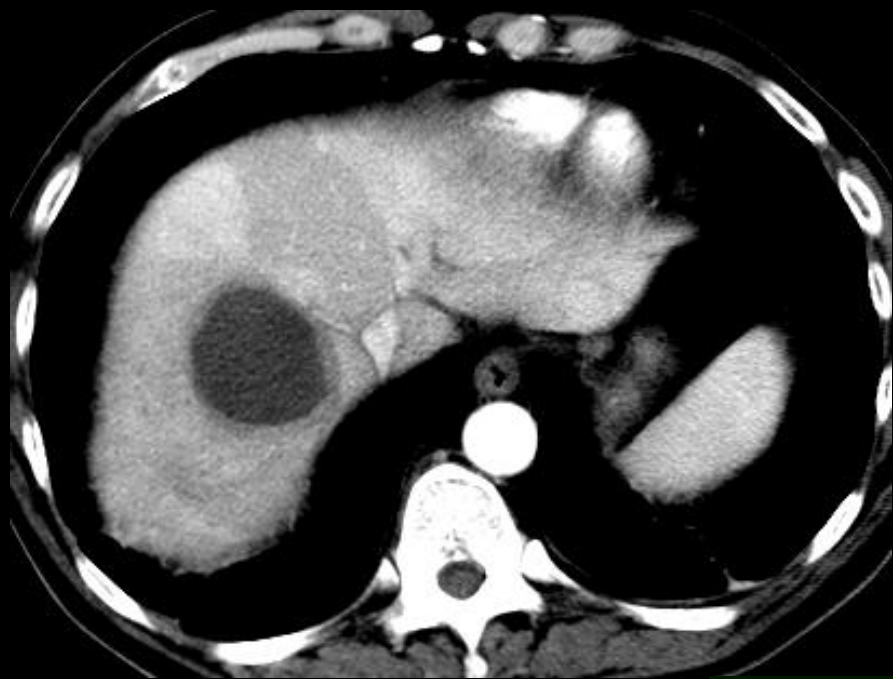


N° 8

Femme 50 ans
AEG



Cholangiocarcinome intrahépatique multifocal



Abcès amibiens du foie

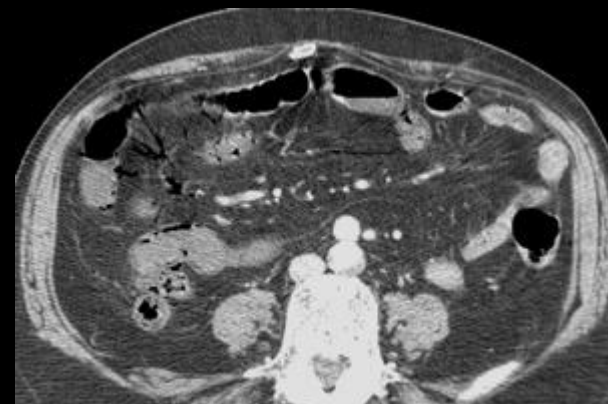
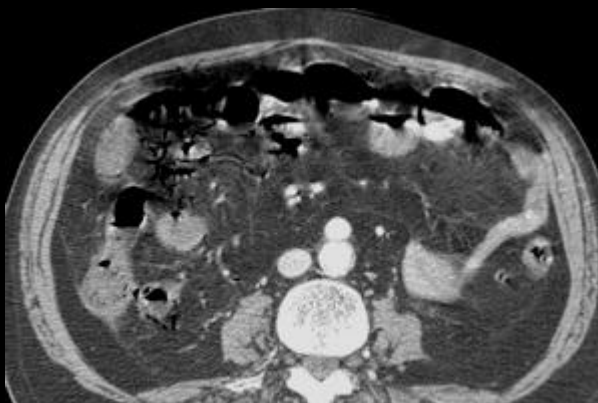
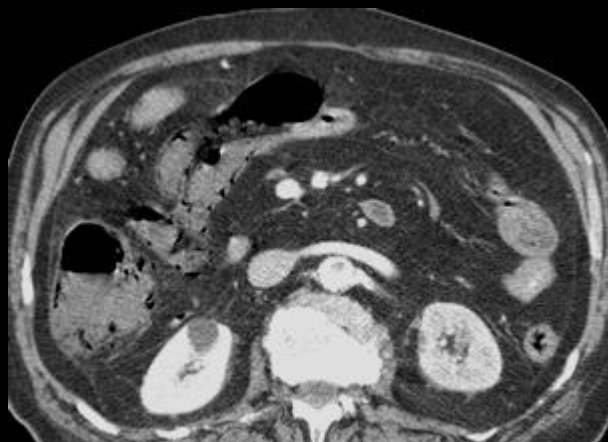


N° 9

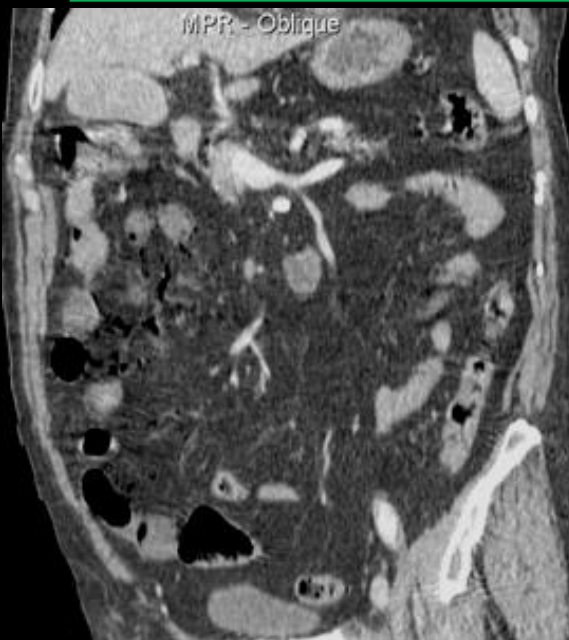
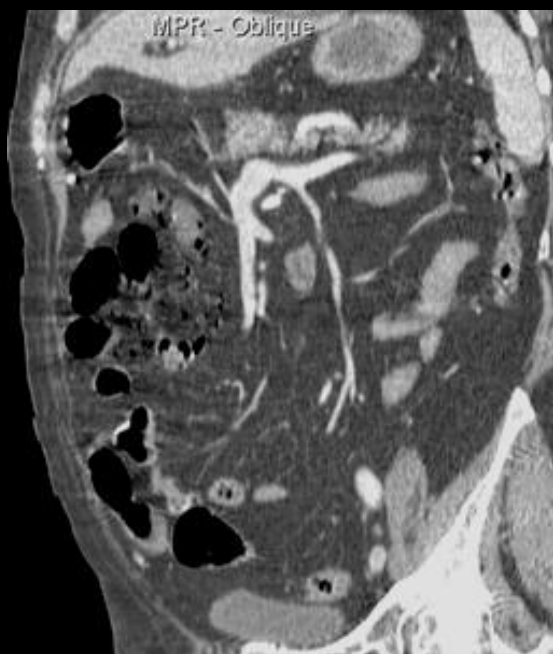
Homme 79 ans

**Bas débit circulatoire au décours d'une chirurgie
cardiaque et douleurs abdominales**

N° 10

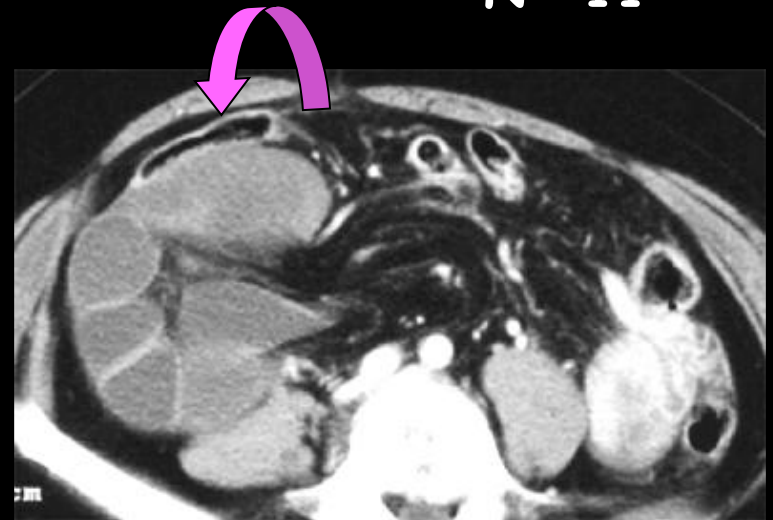
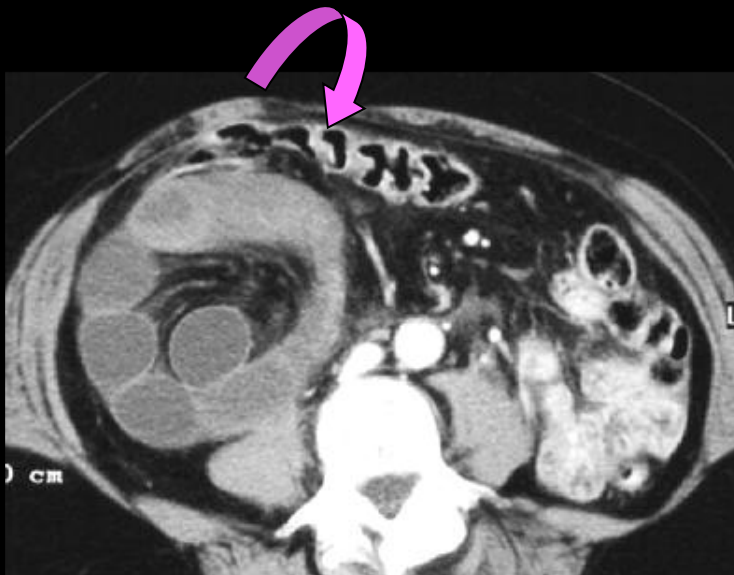


Infarctus étendu du côlon droit





N° 11



hernie interne rétro-caecale

N° 12

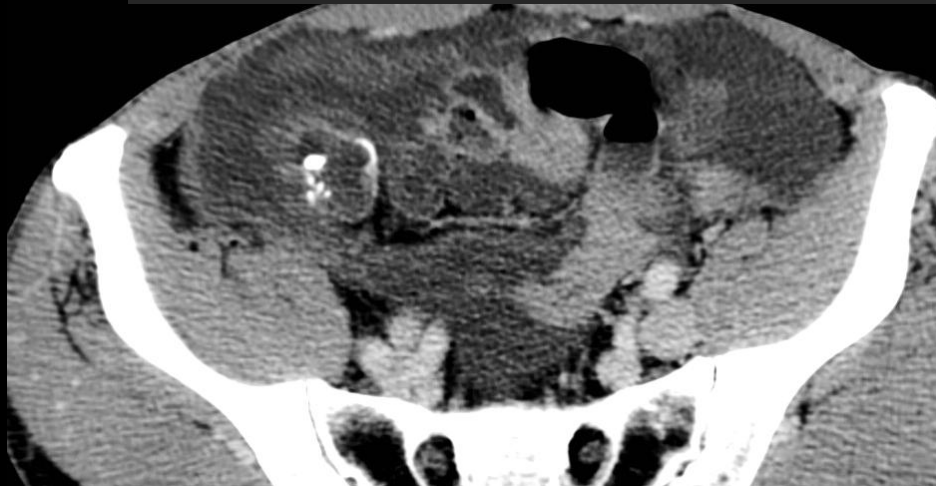


infarctus du grand omentum !!!

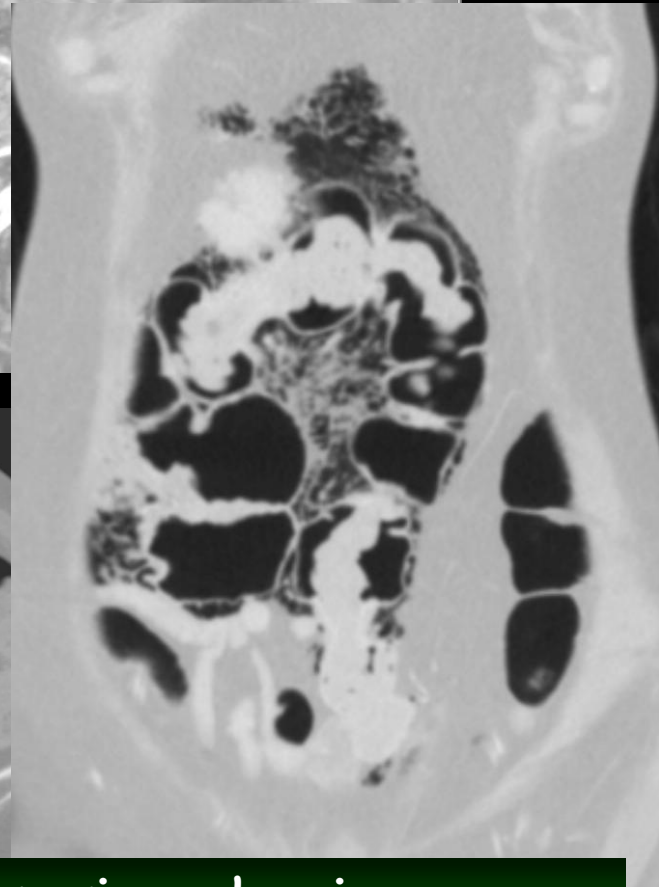
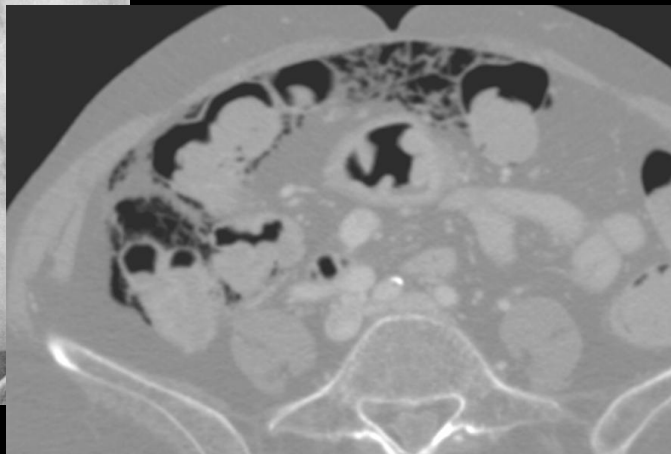
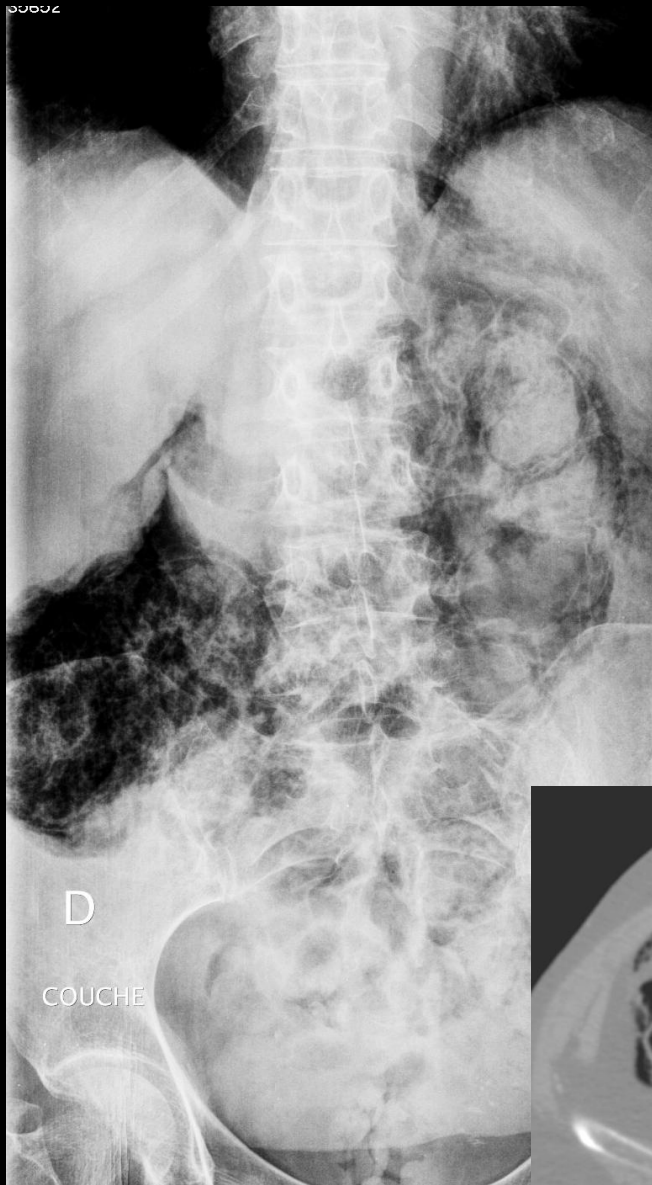


HOMME de 55 ans

Douleurs de la **fosse iliaque droite**, chronique motivant la réalisation d'une échographie abdominale concluant à la présence d'une « **ascite** » diffuse. Complément d'investigation TDM.



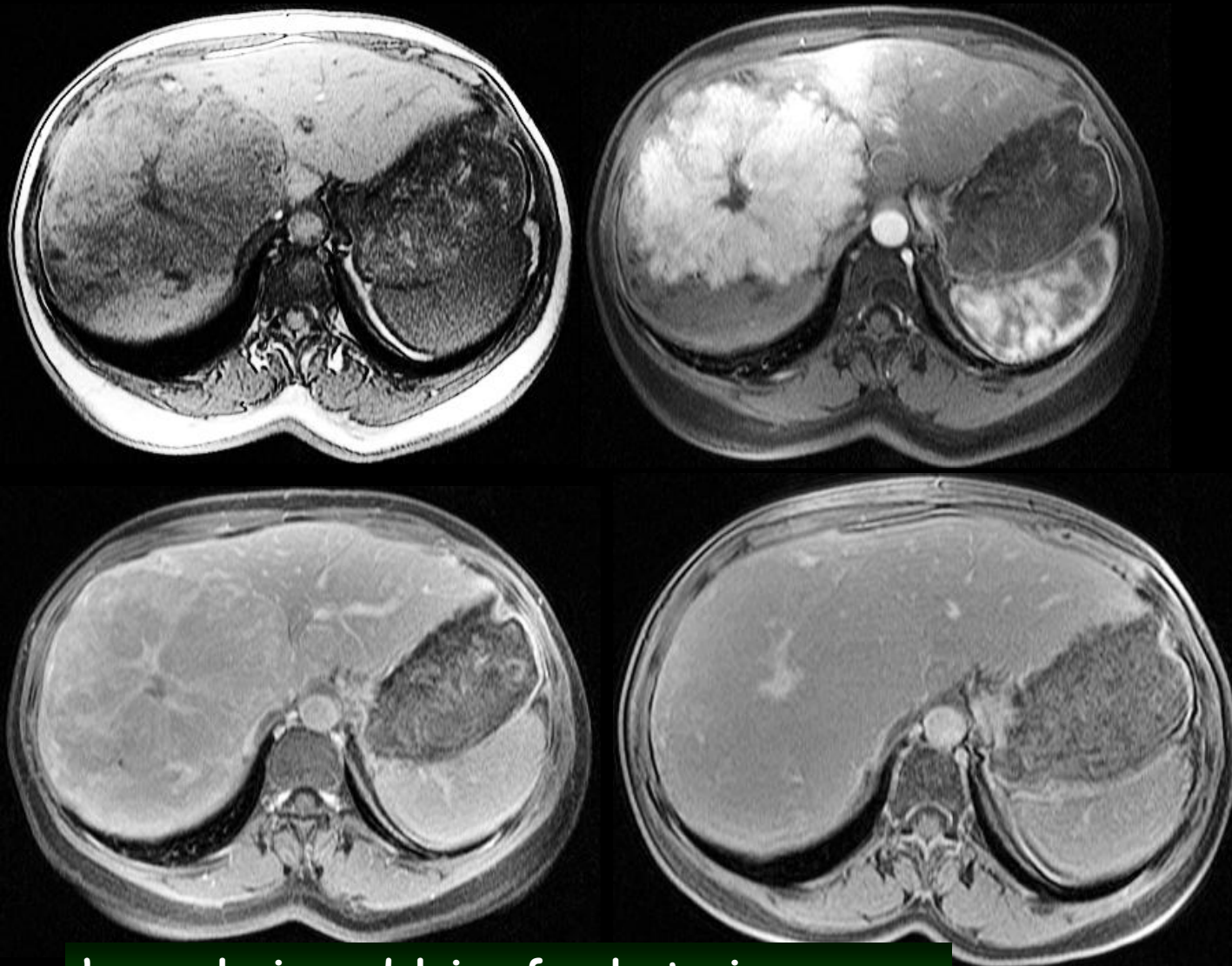
MUCOCELE APPENDICULAIRE AVEC PSEUDOMYXOME PERITONEAL



pneumatose kystique chronique colique chez un hypoxique chronique

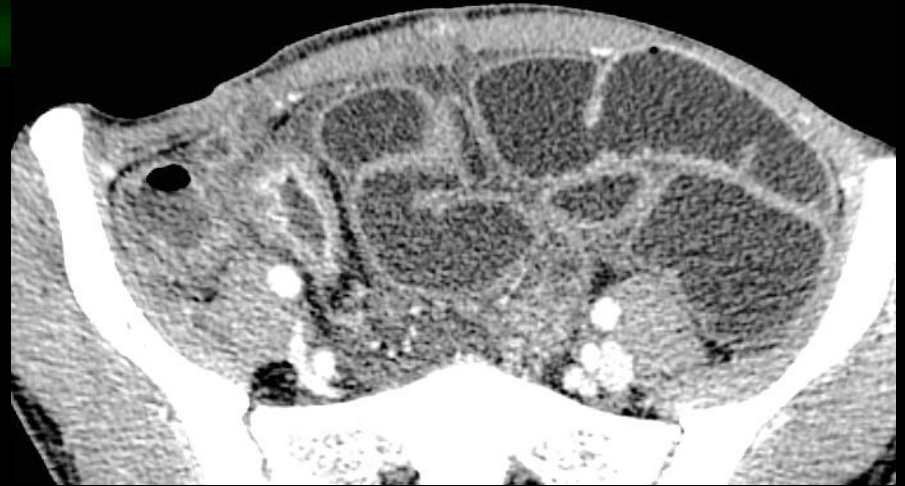
élévation isolée des GGT au bilan hépatique
Échographie : lésion hétérogène du foie droit
IRM pour préciser la lésion

N° 15



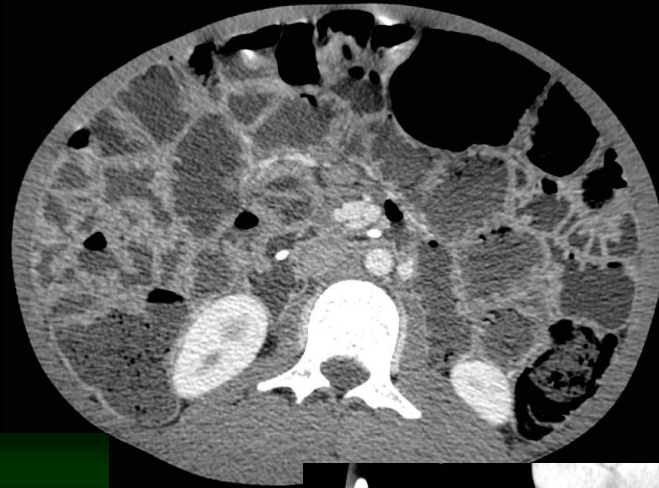
hyperplasie nodulaire focale typique

- Maladie de Crohn; iléite terminale



- Patient de 17 ans
- Appendicite aiguë opérée compliquée dans les suites d'un abcès en fosse iliaque droite (ABT). Reprise en charge chirurgicale à 2 mois pour syndrome occlusif: adhésiolyse
- 15 jours plus tard : **Sd occlusif**





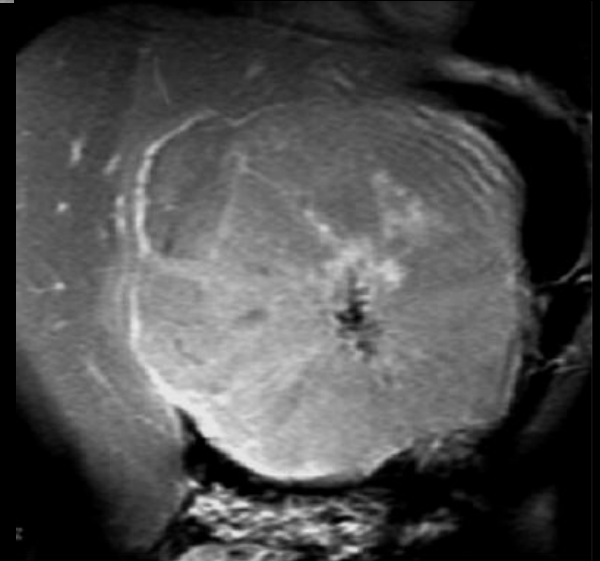
maladie coeliaque (grêle inversé)



enfant 13 ans , baisse de l'état général masse abdominale palpable dure , à surface marbrée .

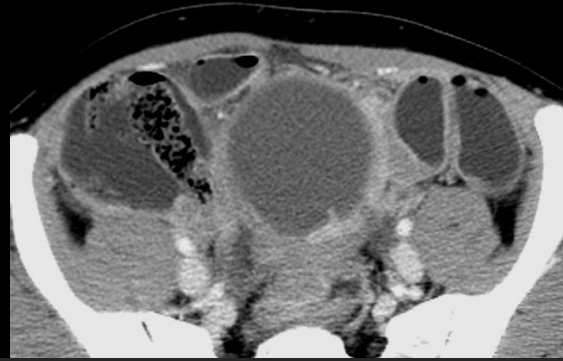
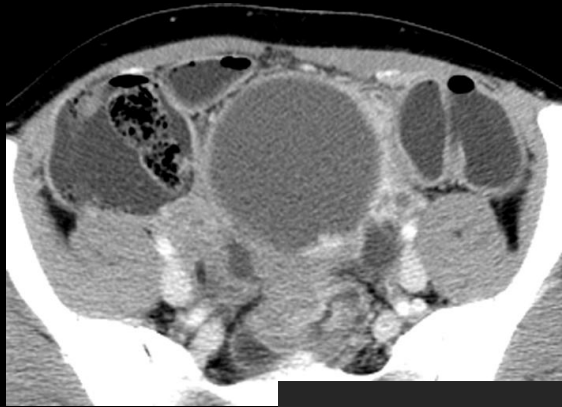


N° 18



hépatocarcinome fibro-lamellaire

ENDOMETRIOSE SIGMOIDIENNE



Femme de 35 ans

antécédent de **pneumothorax spontané**, douleurs **hypogastriques chroniques** ;
coloscanner à l'eau pour **sténose sigmoïdienne à muqueuse saine**

