

IRM HEPATIQUE

Remerciements au Pr Yves Menu

Question:

- Aspect rare d'une maladie fréquente?
- Aspect fréquent d'une maladie rare?

Petite liste des masses solides du foie

Metastases

CHC

Adenome

CCC

Angiome

HNF

Hepatocholangiocarcinome

Angiosarcome

Lymphome

Angiomyolipome

Hematome

Lesquelles nécessitent un traitement?

Metastases

CCC

CHC

Adenome

Angiome

HNF

Angiosarcome

Hepatocholangiocarcinome

Lymphome

Angiomyolipome

Hématome

Lesquelles sont fréquentes?

Metastases

CCC

CHC

Adenome

HNF

Angiome

Angiosarcome

Hepatocholangiocarcinome

Lymphome

Angiomyolipome

Hematome

Fréquent ET nécessitant un traitement

Metastases

CHC

Adenome

CCC

Angiome

HNF

Hepatocholangiocarcinome

Angiosarcome

Lymphome

Angiomyolipome

Hématome

Lésions rares mais identifiables en imagerie

Metastases

CHC

Adenoma

CCC

Angiome

HNF

Angiosarcoma

Hepatocholangiocarcinoma

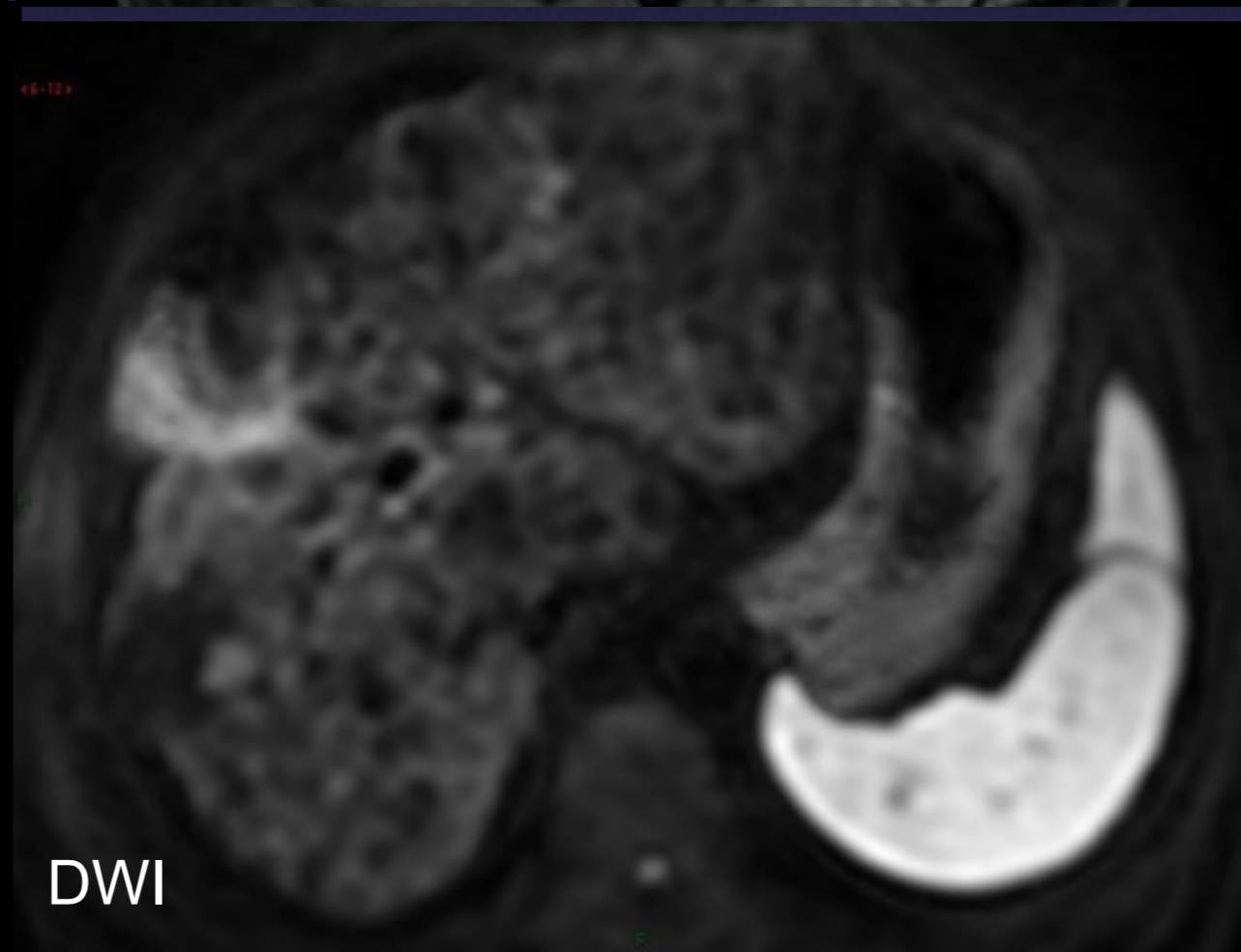
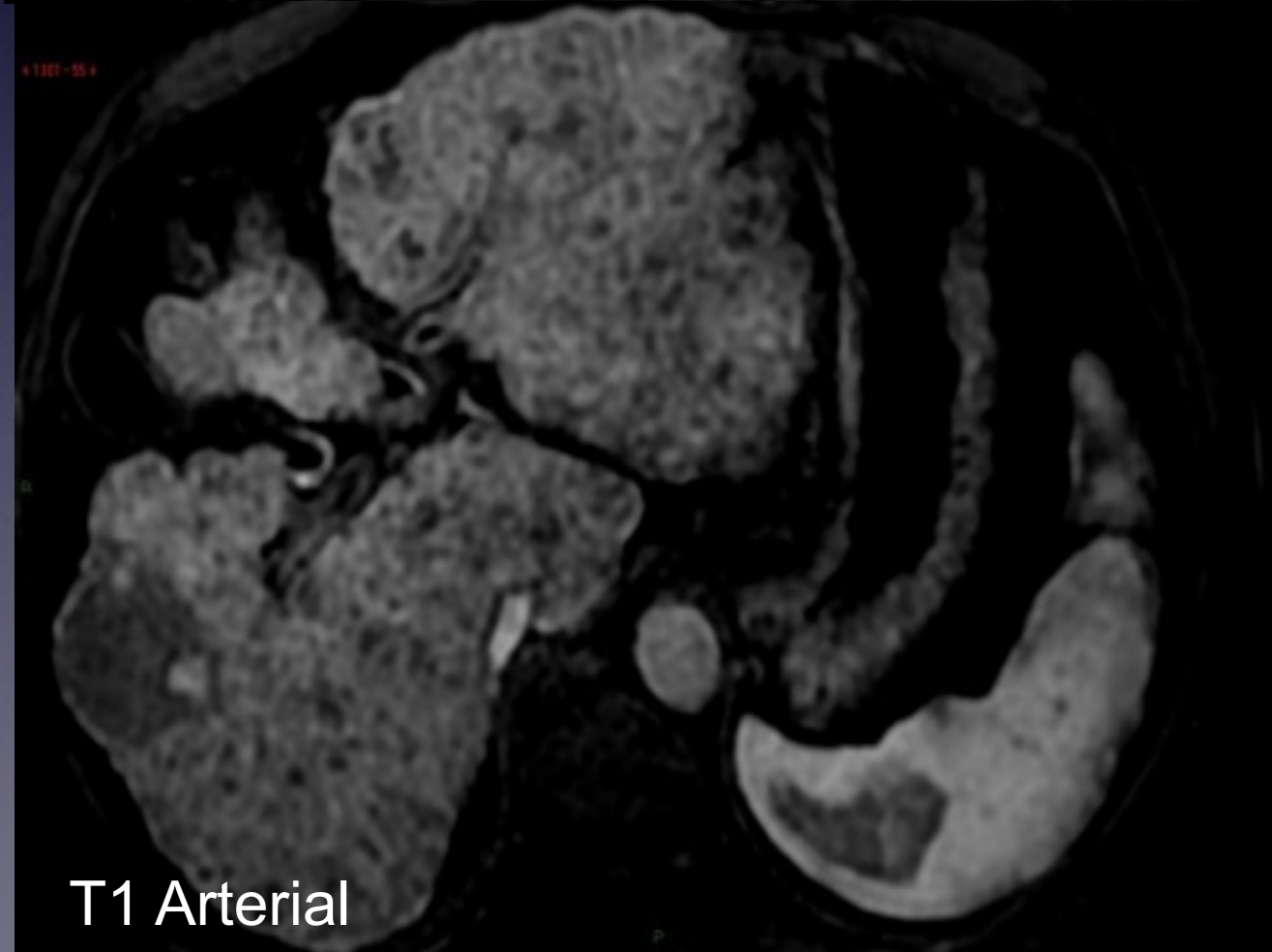
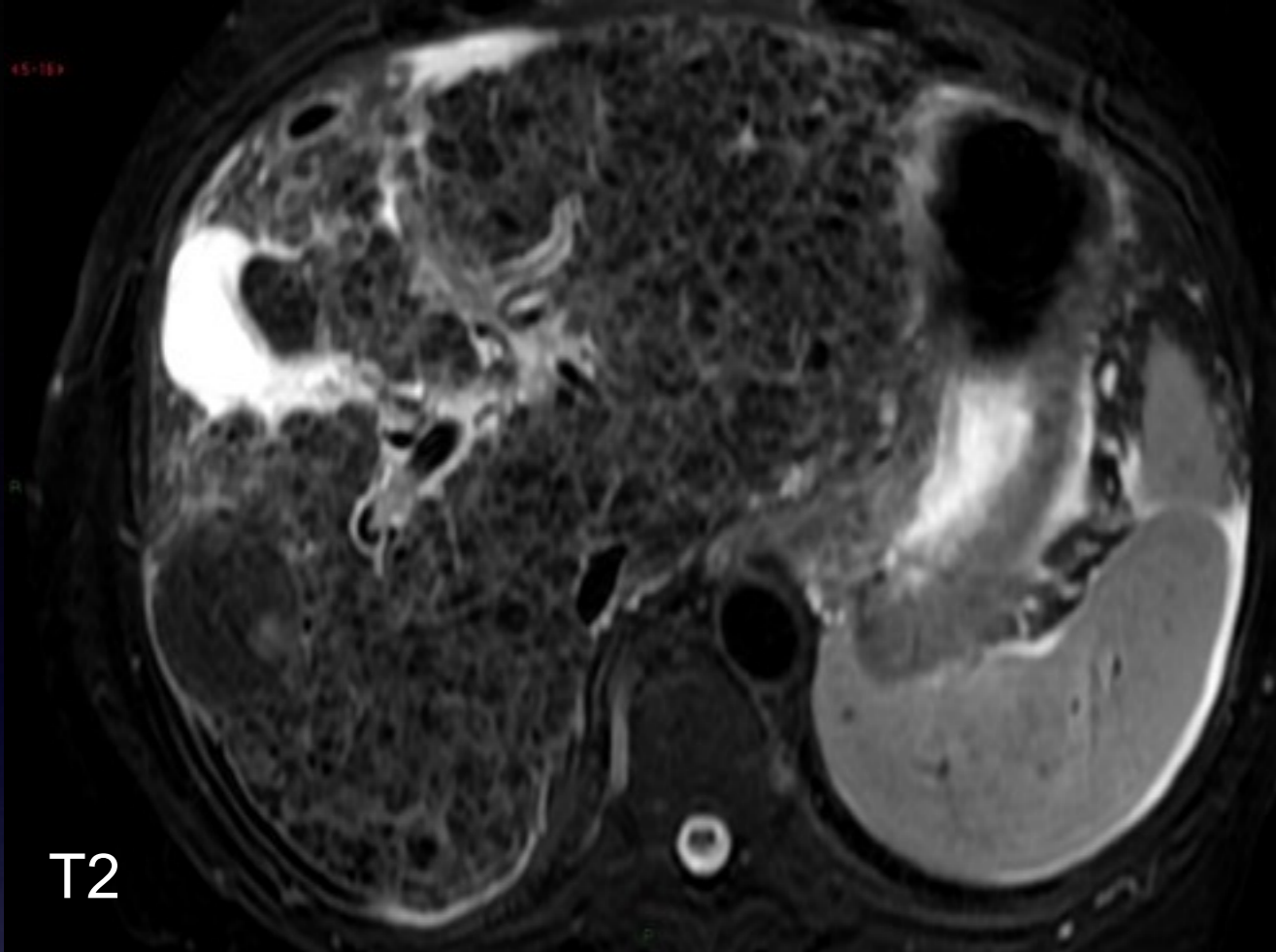
Lymphoma

Angiomyolipome

Hematoma

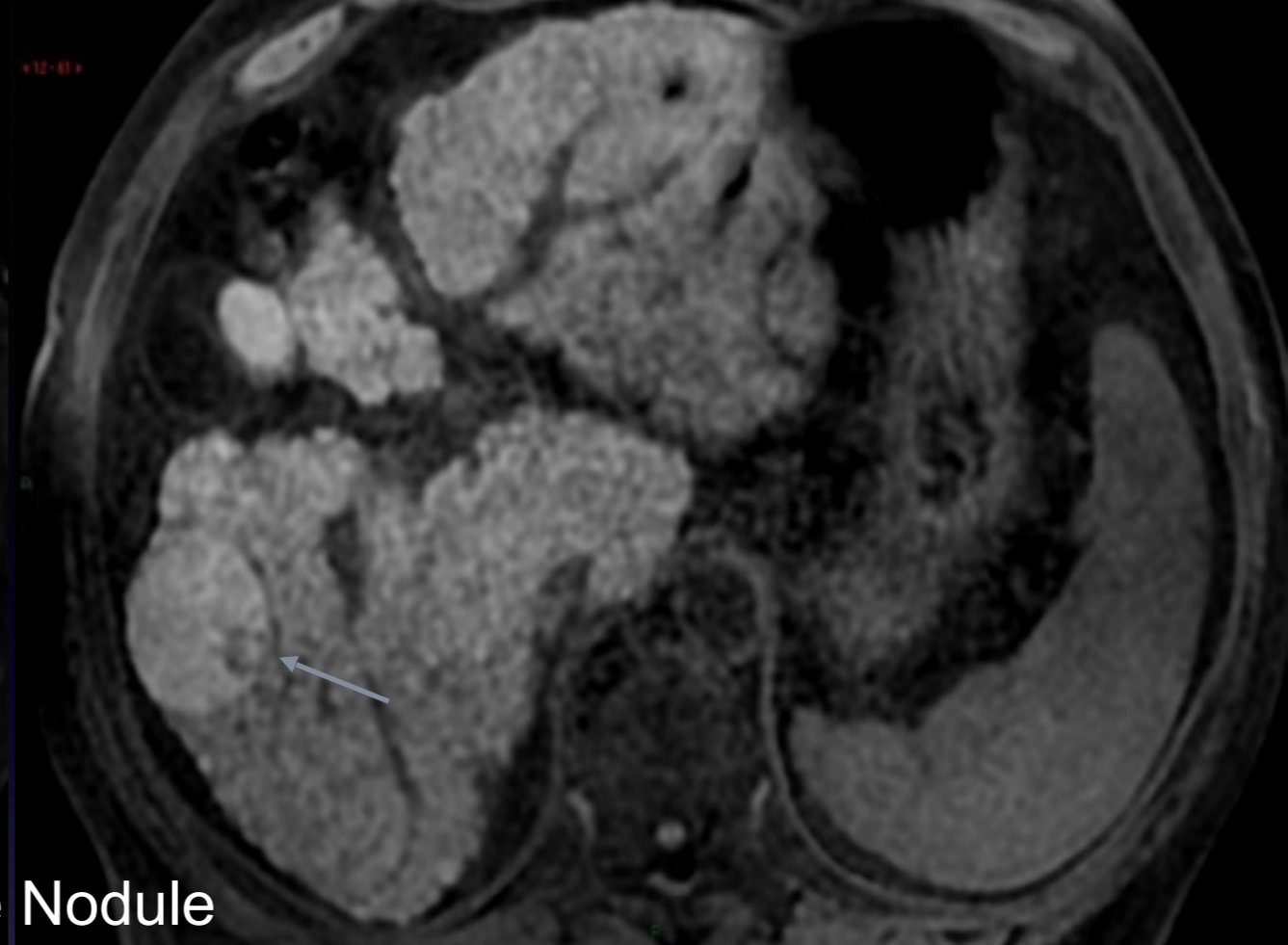
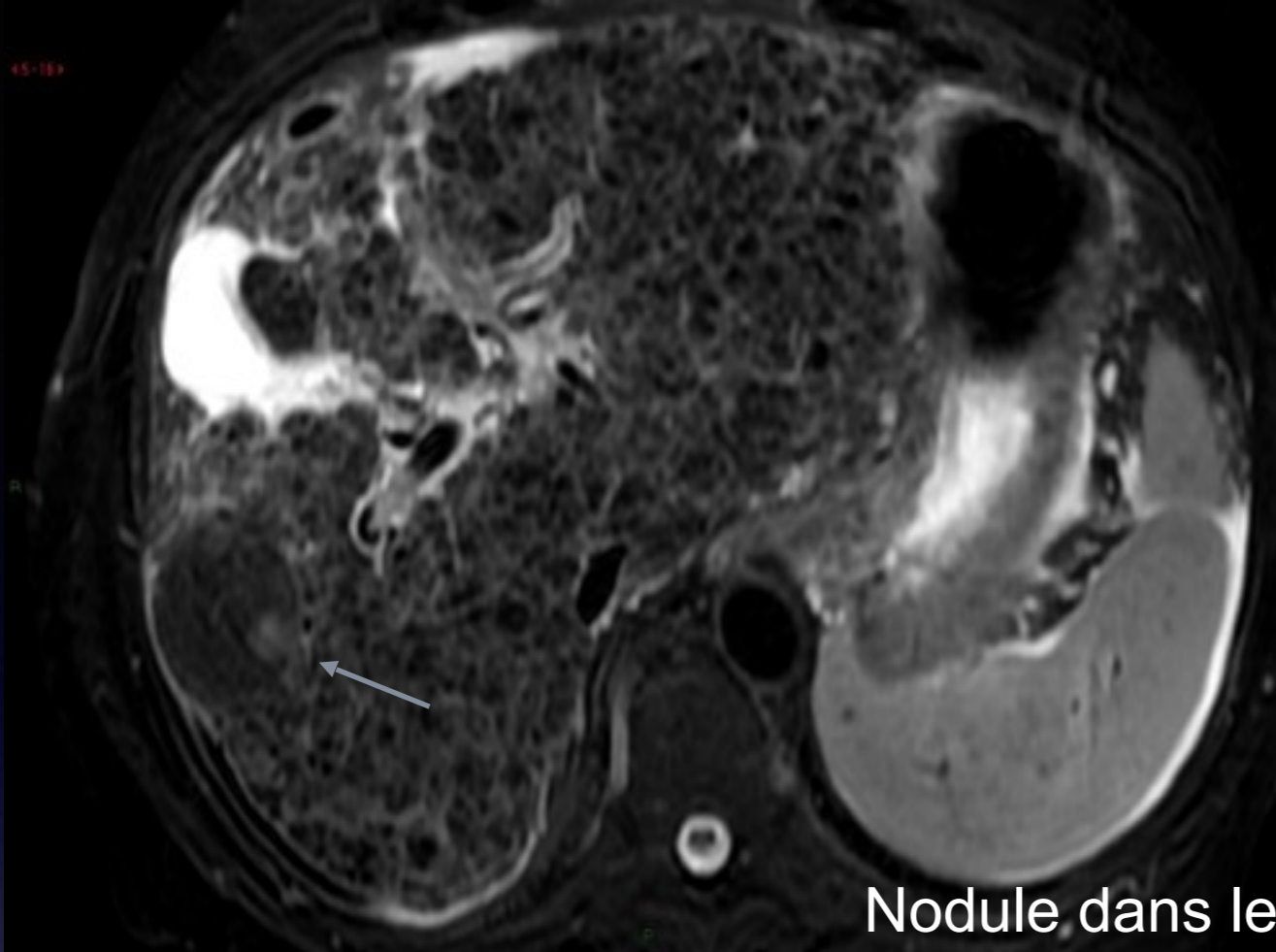
1er Cas:

- Homme de 64 ans suivi pour une cirrhose hépatique B.
- Bilan pré-transplantation:
 - masse hypoéchogène de 30 mm à l'écho
- On fait une IRM pour caractériser l'image...

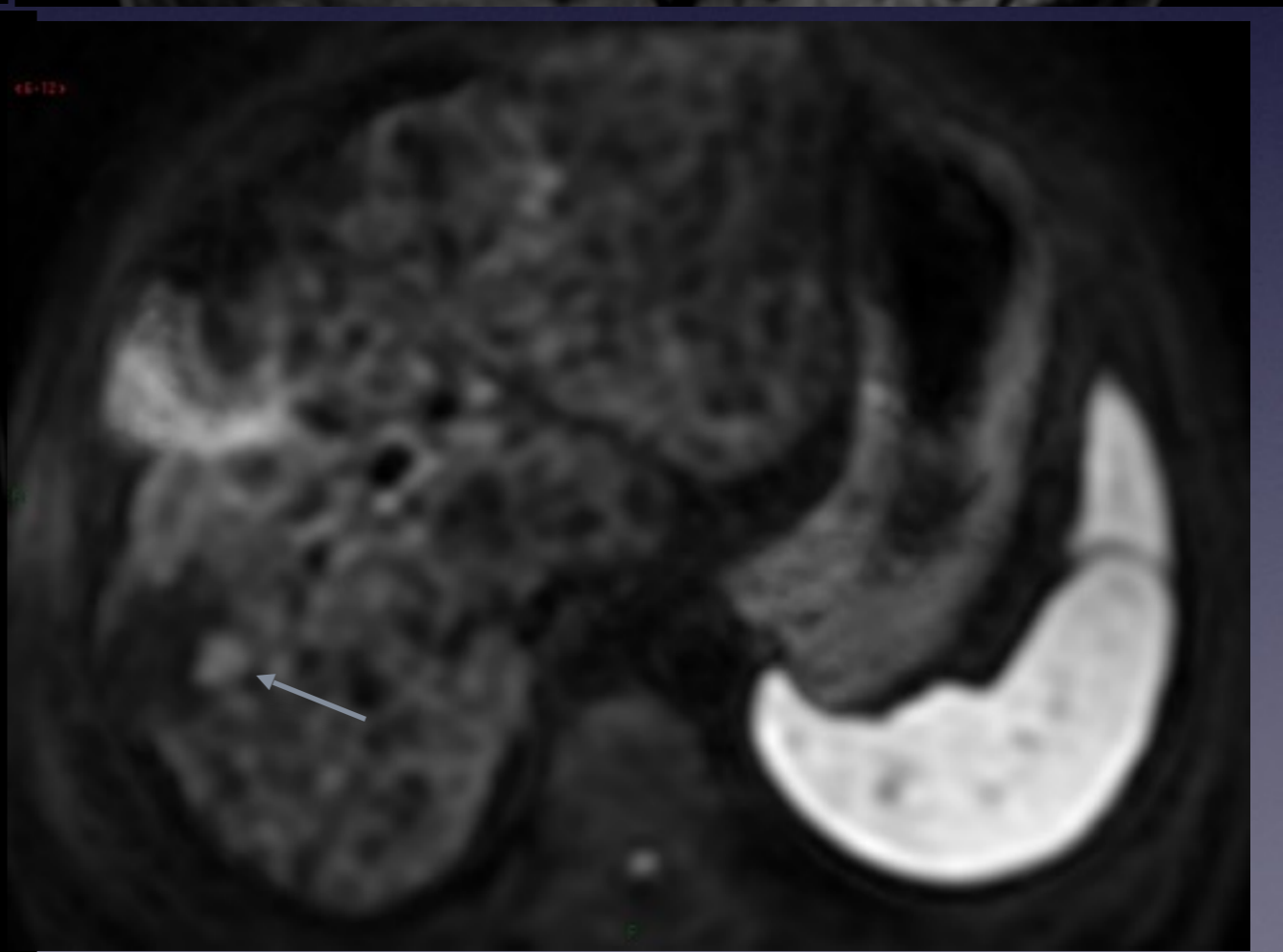
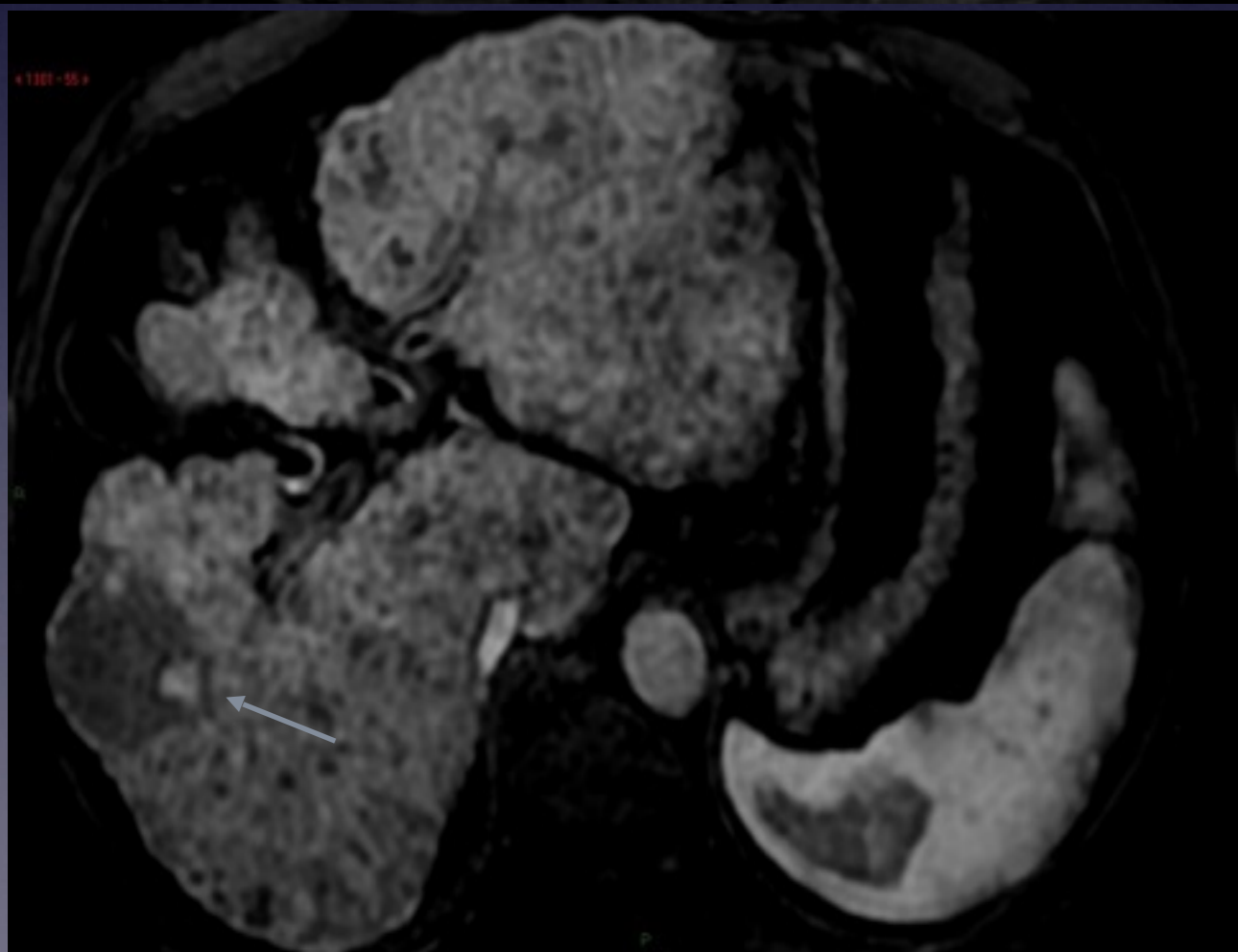


Diagnostic le plus probable?

- A. Nodule Dysplasique de bas grade
- B. Nodule Dysplasique de haut grade
- C. Macronodule de régénération
- D. CHC



Nodule dans le Nodule

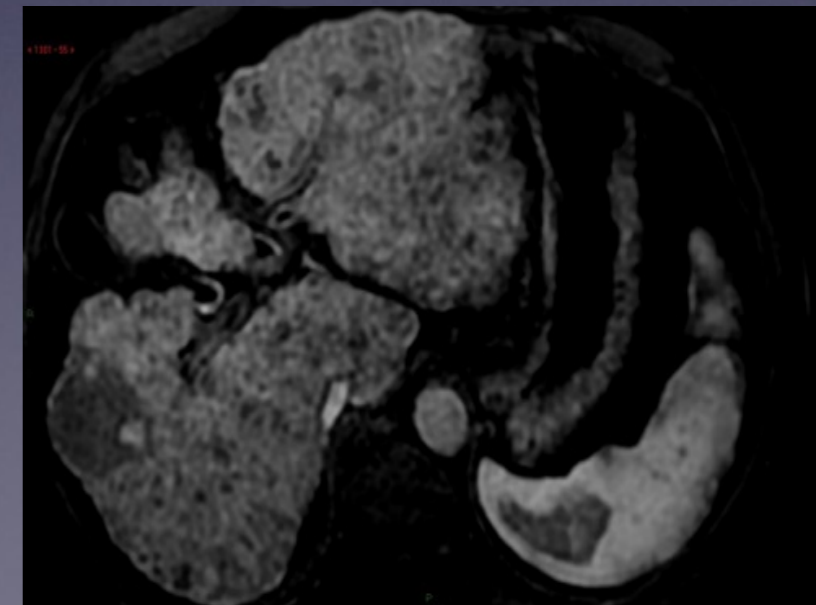
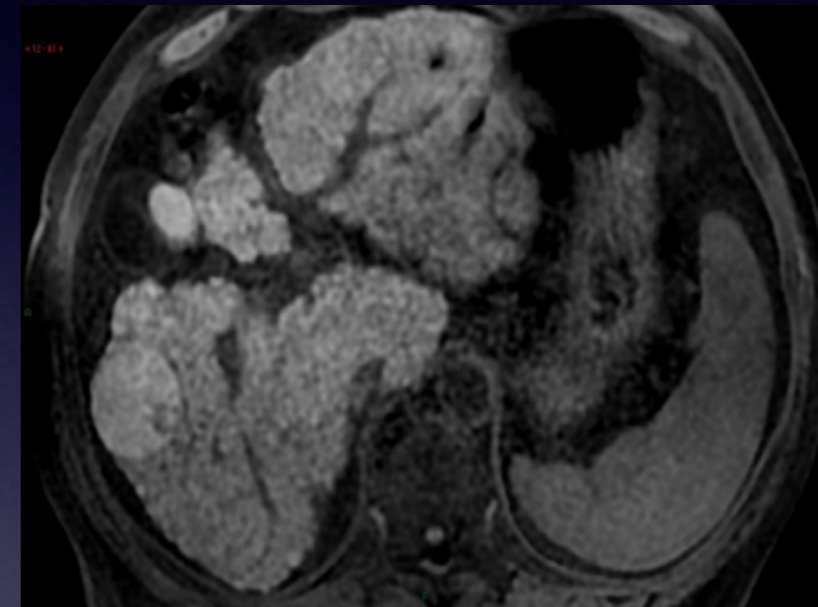


Diagnostic le plus probable?

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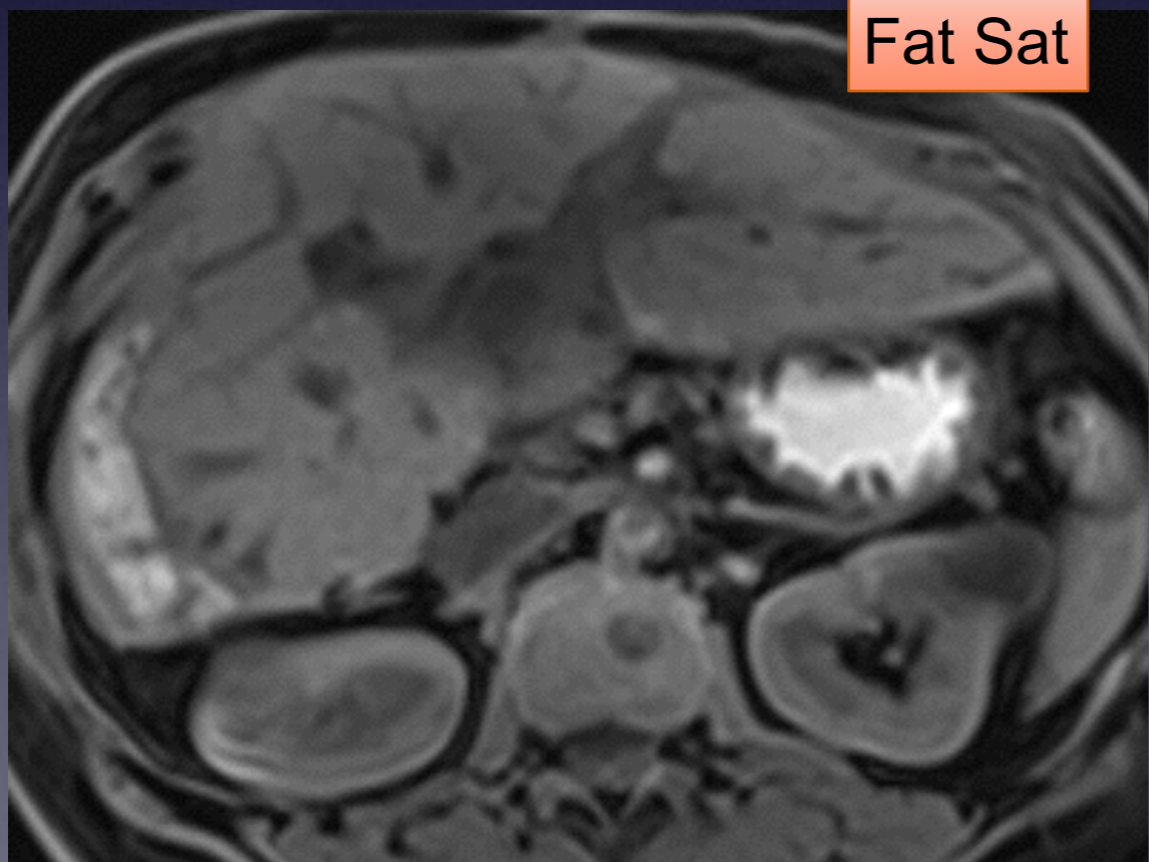
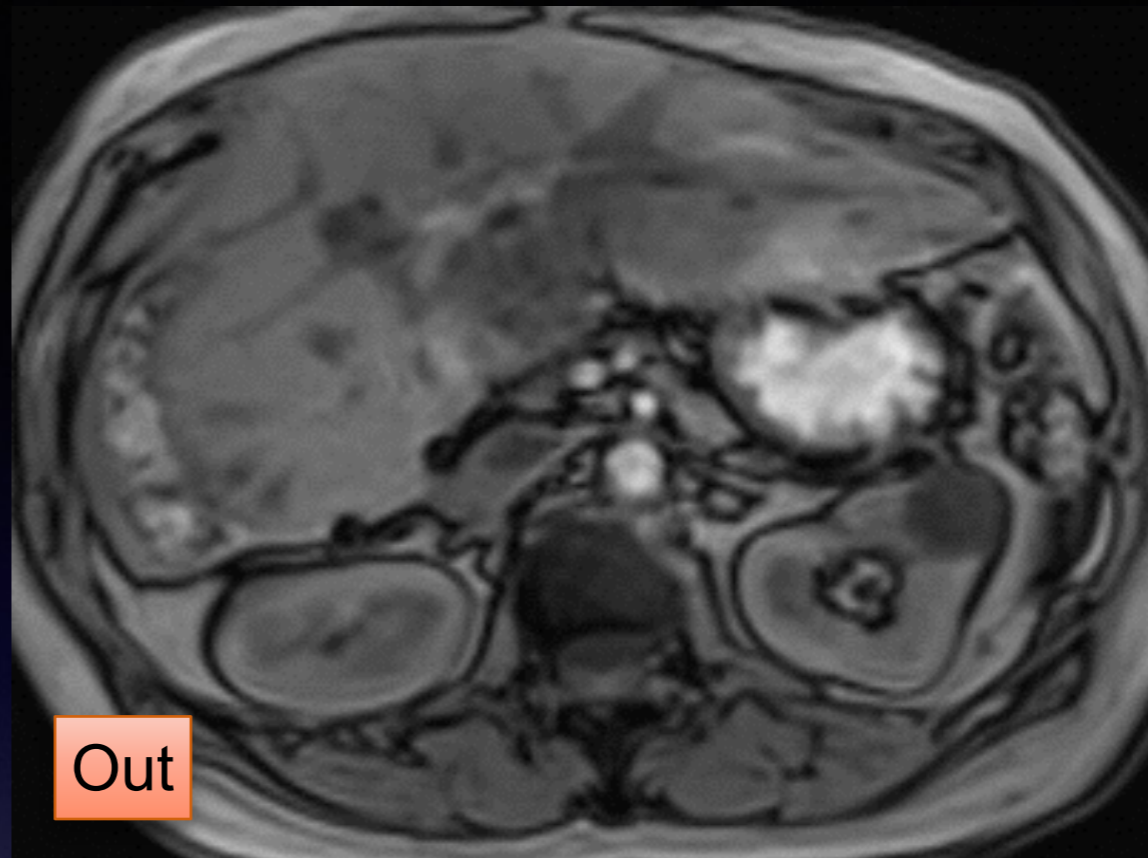
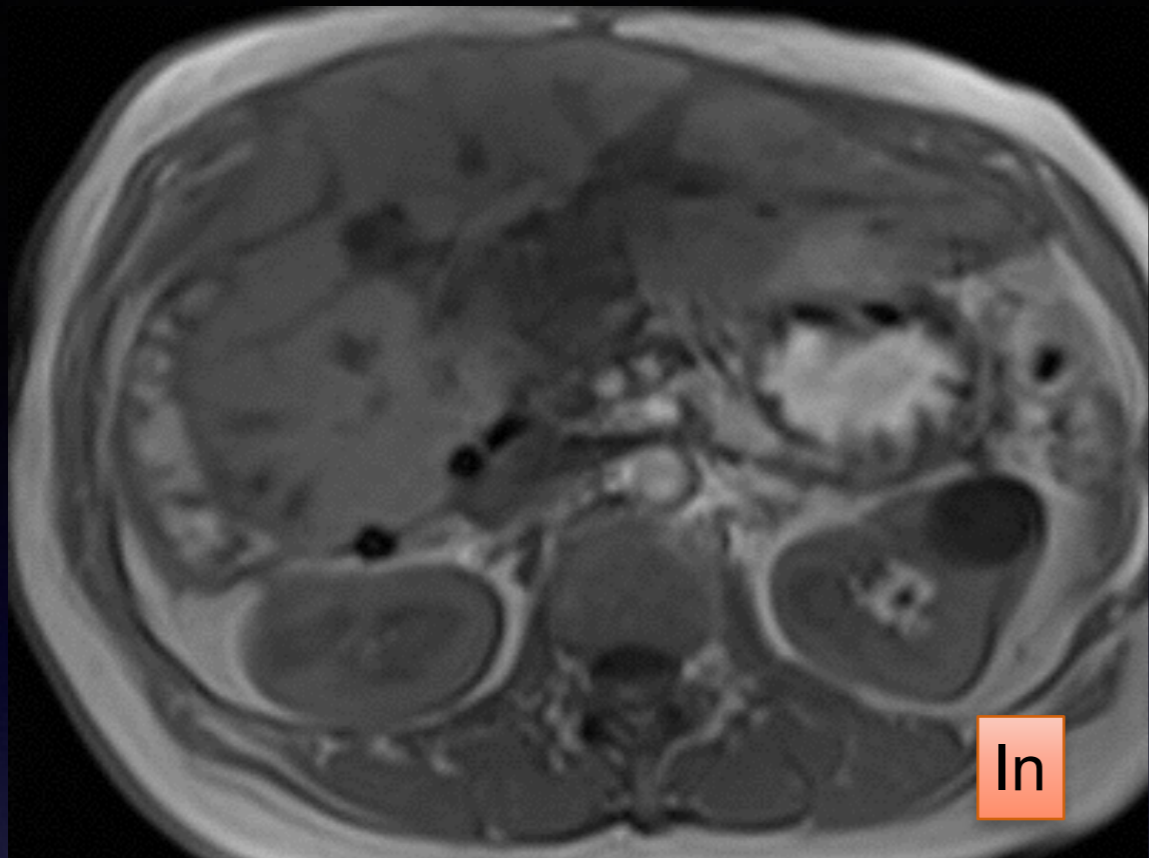
Nodules Dysplasiques ND

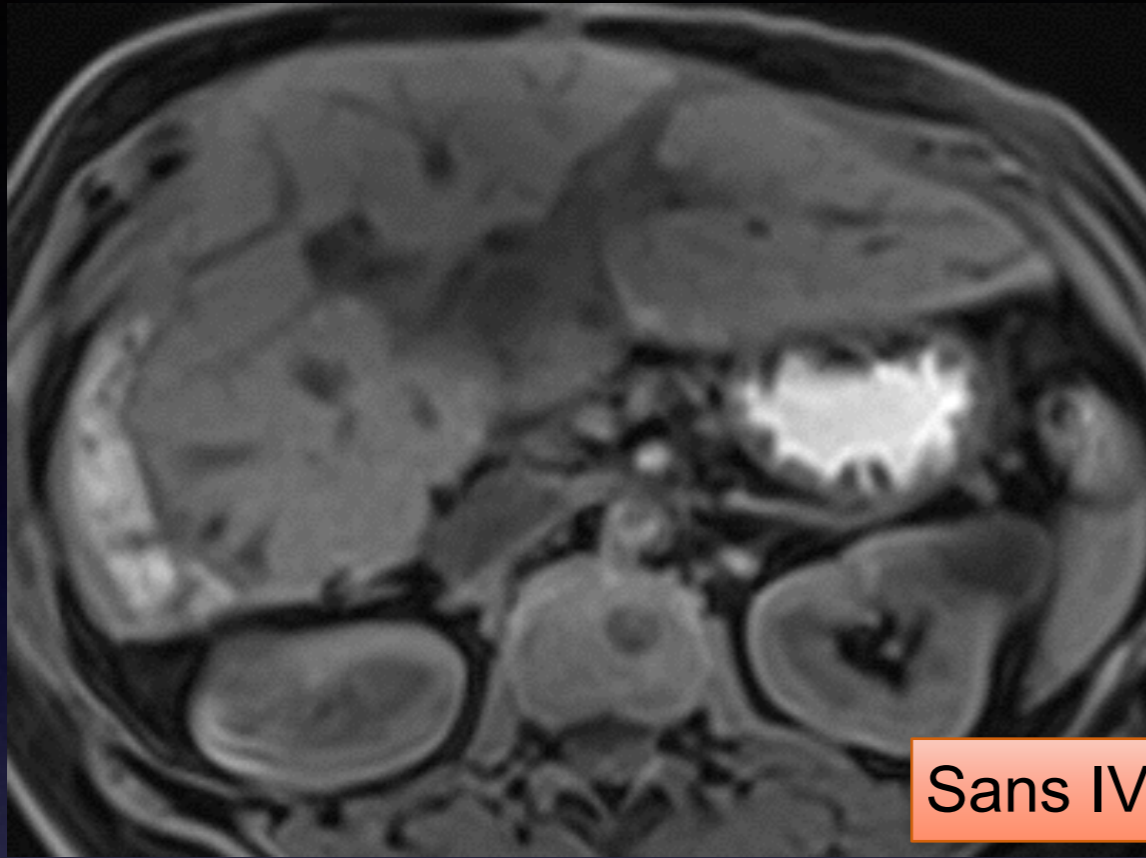
- Elements faciles à reconnaître
 - Hyper T1
 - Pas de graisse
 - Iso ou Hypo T2
 - Pas de rehaussement artériel
 - Précurseur de CHC (Haut grade)
- Cependant
 - Seul une minorité de ND sont typiques → iceberg
 - CHC arrivera, mais quand?...
- Le Nodule-dans-le-Nodule
 - Fameux and pathognomonique, mais rare



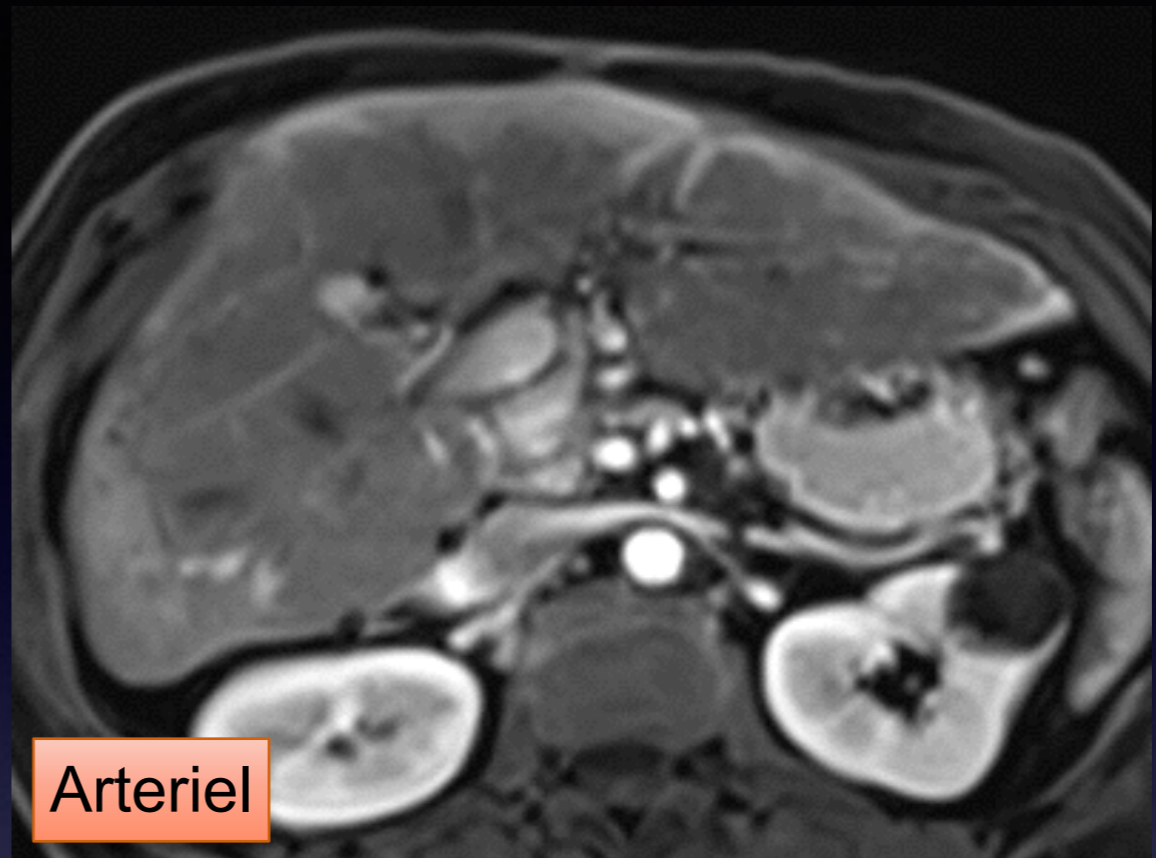
2e cas:

- Femme de 62 ans.
- Transplantation hépatique avec perturbation du bilan biologique hépatique (cholestase).
- On fait une IRM à la recherche de complication biliaire.
- CR du radiologue: « artefact du colon dans le foie »

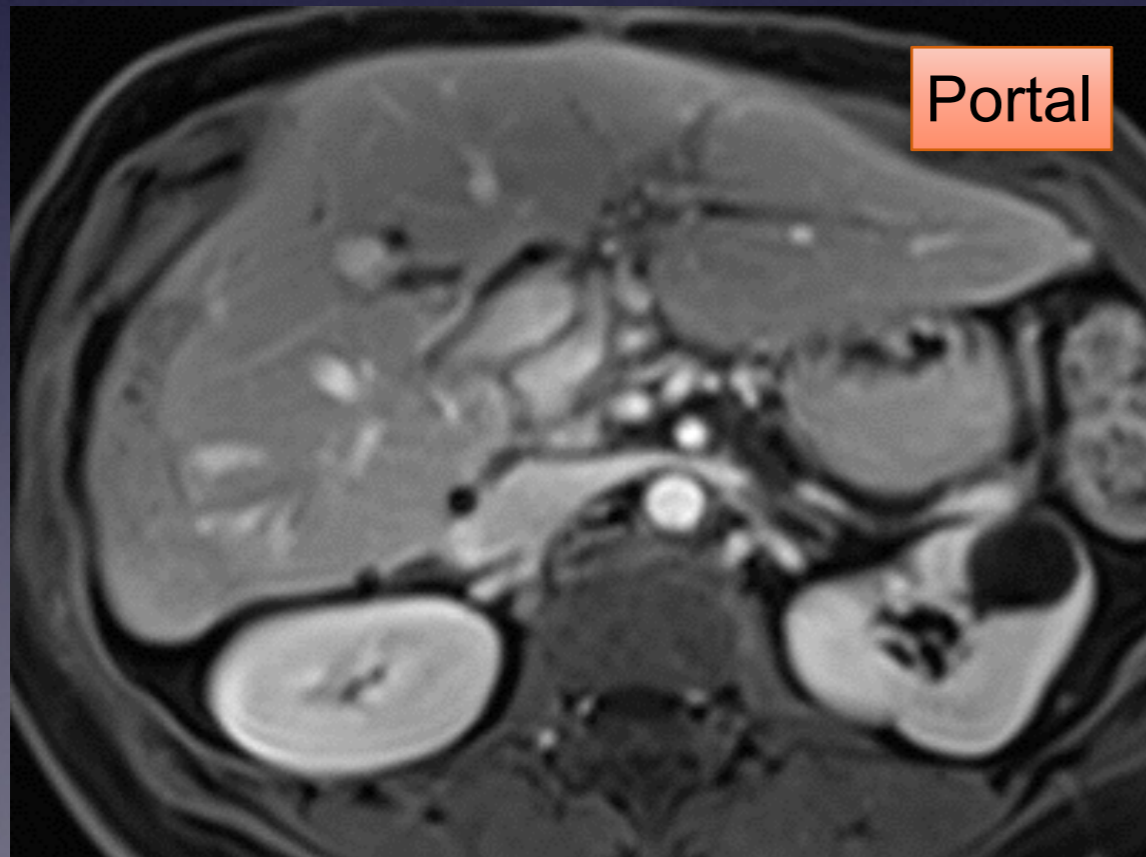




Sans IV



Arteriel

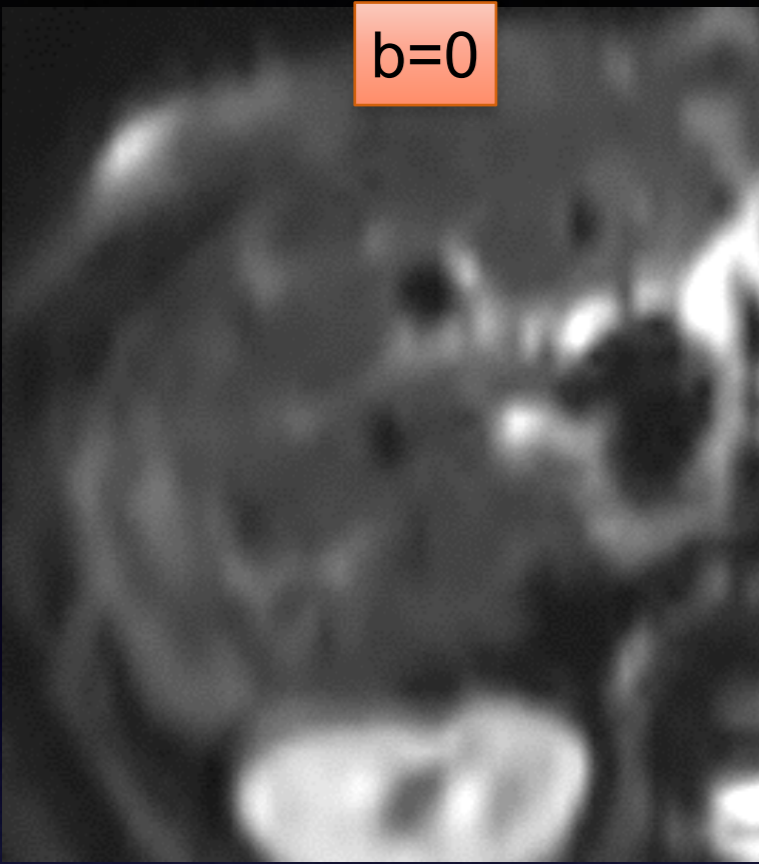


Portal

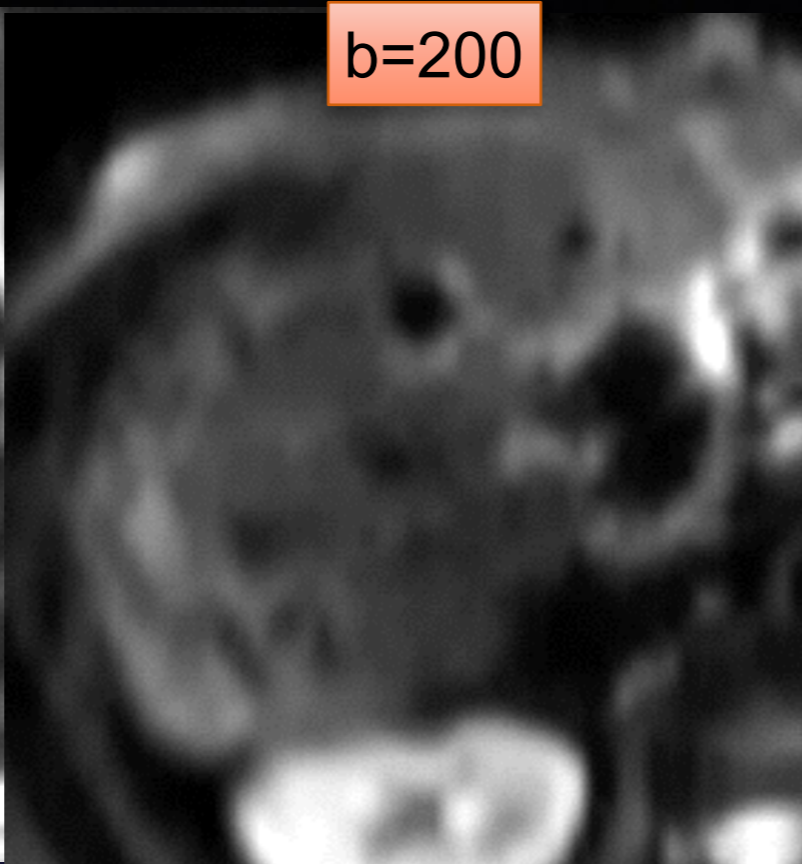


4'

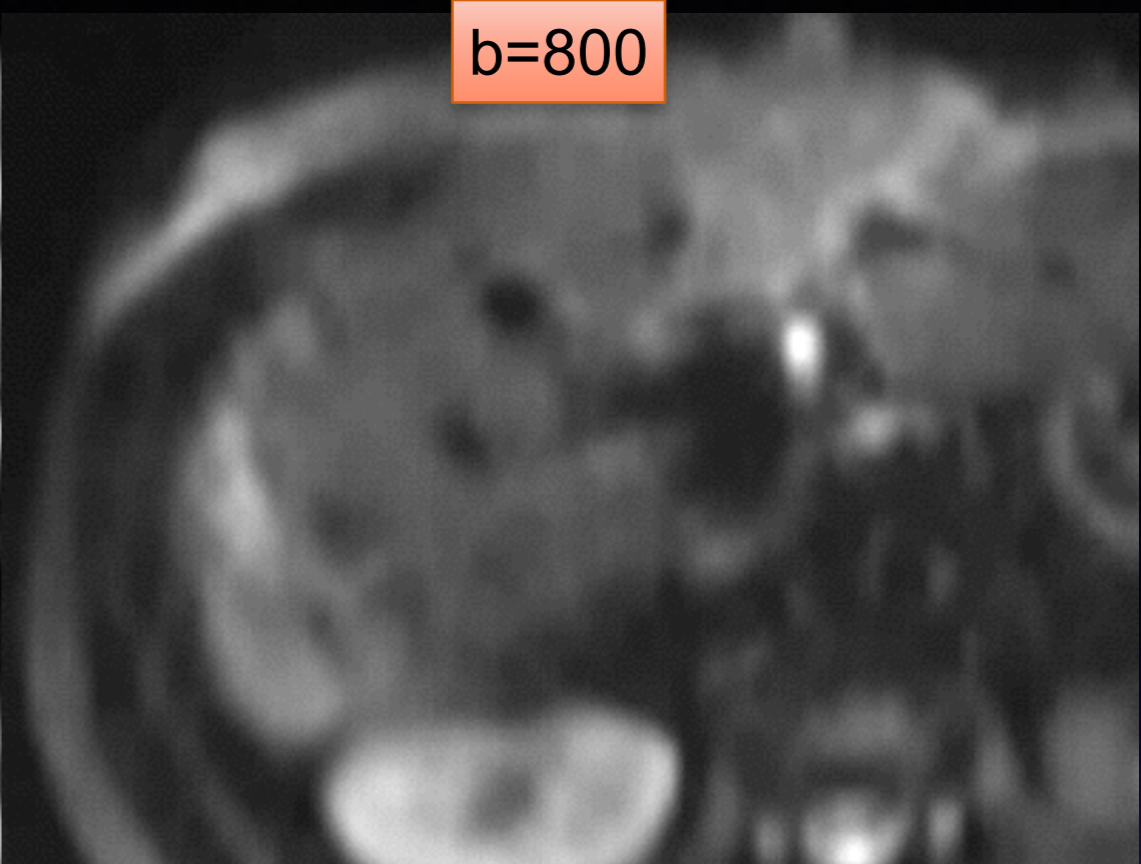
b=0



b=200

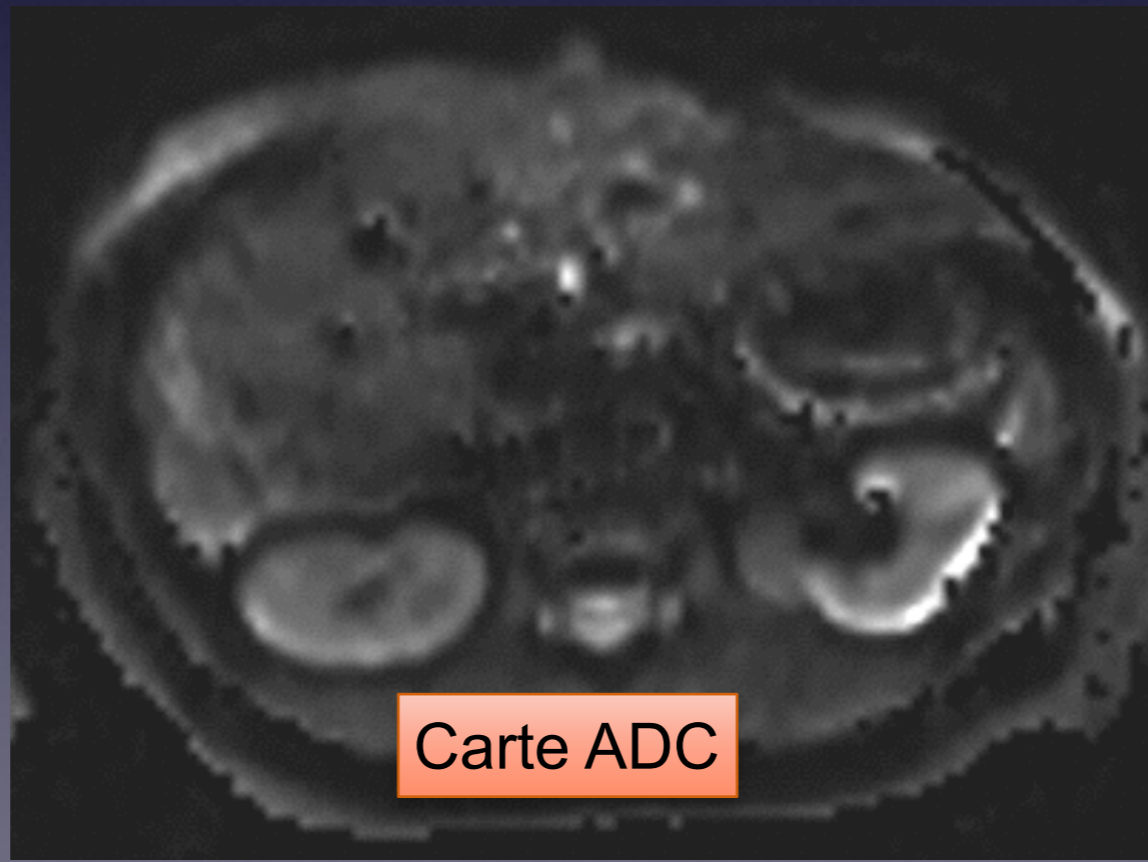


b=800



DWI

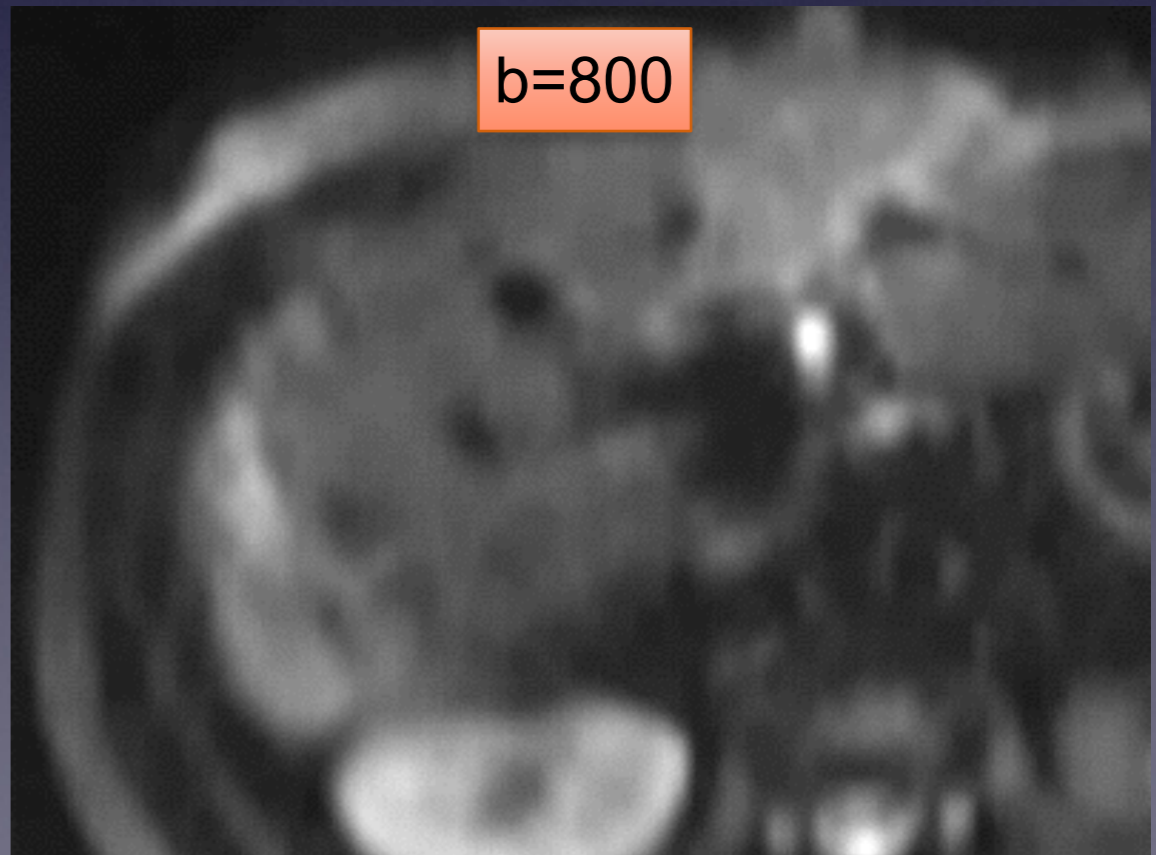
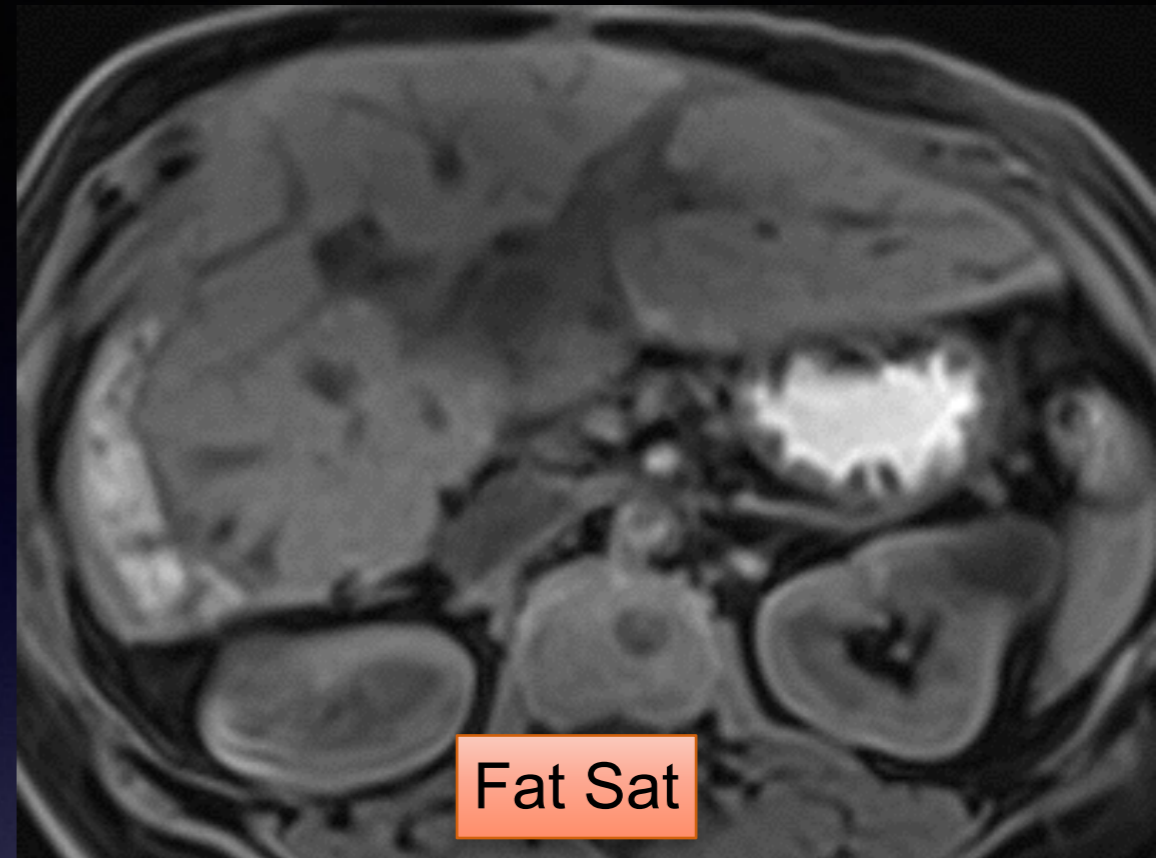
ADC=1,29



Carte ADC

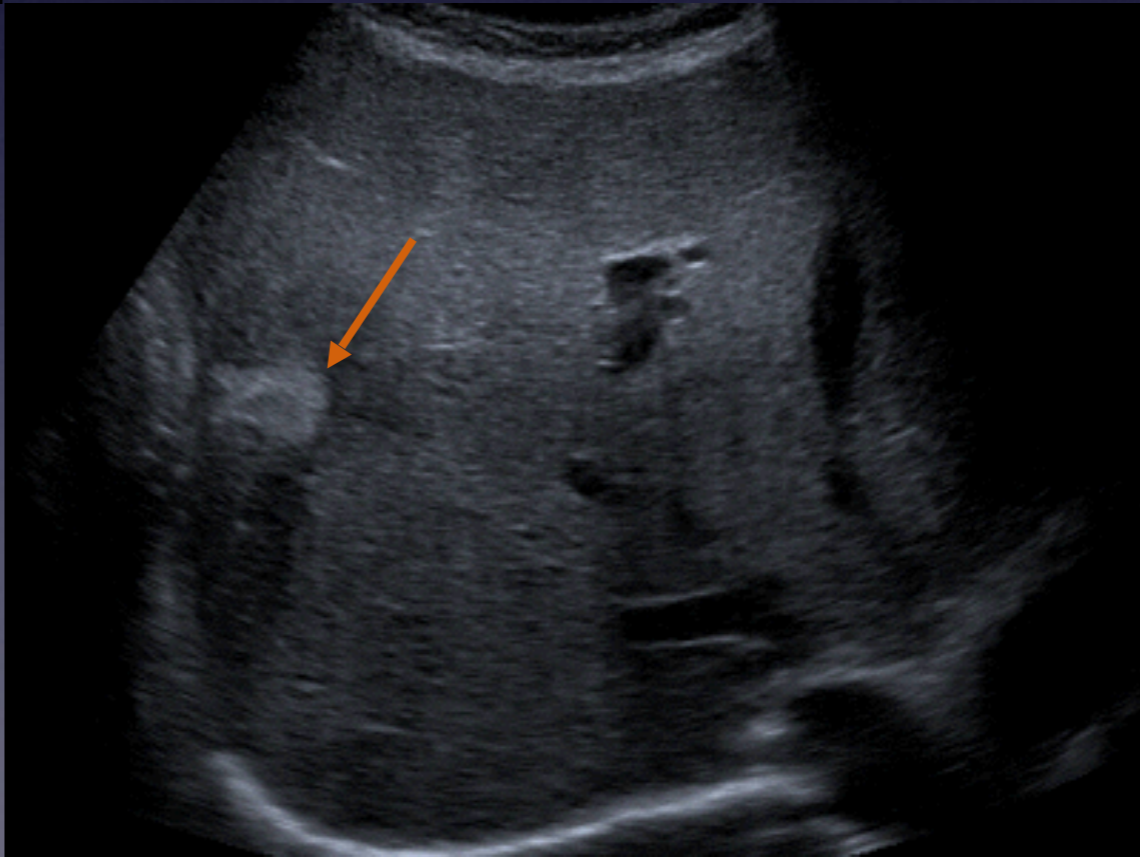
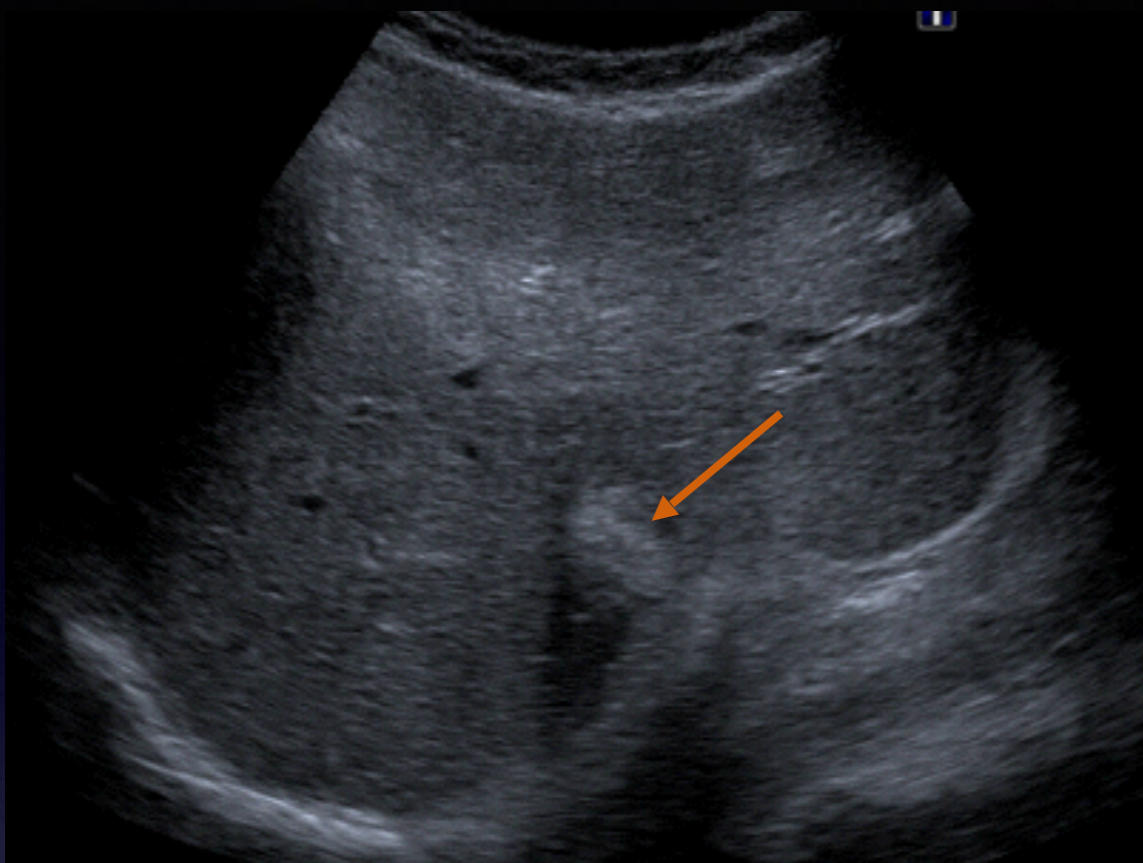
Qu'est-ce qui est blanc en T1?

- Graisse
- Sang
- Proteines
- Mélanine
- Et....



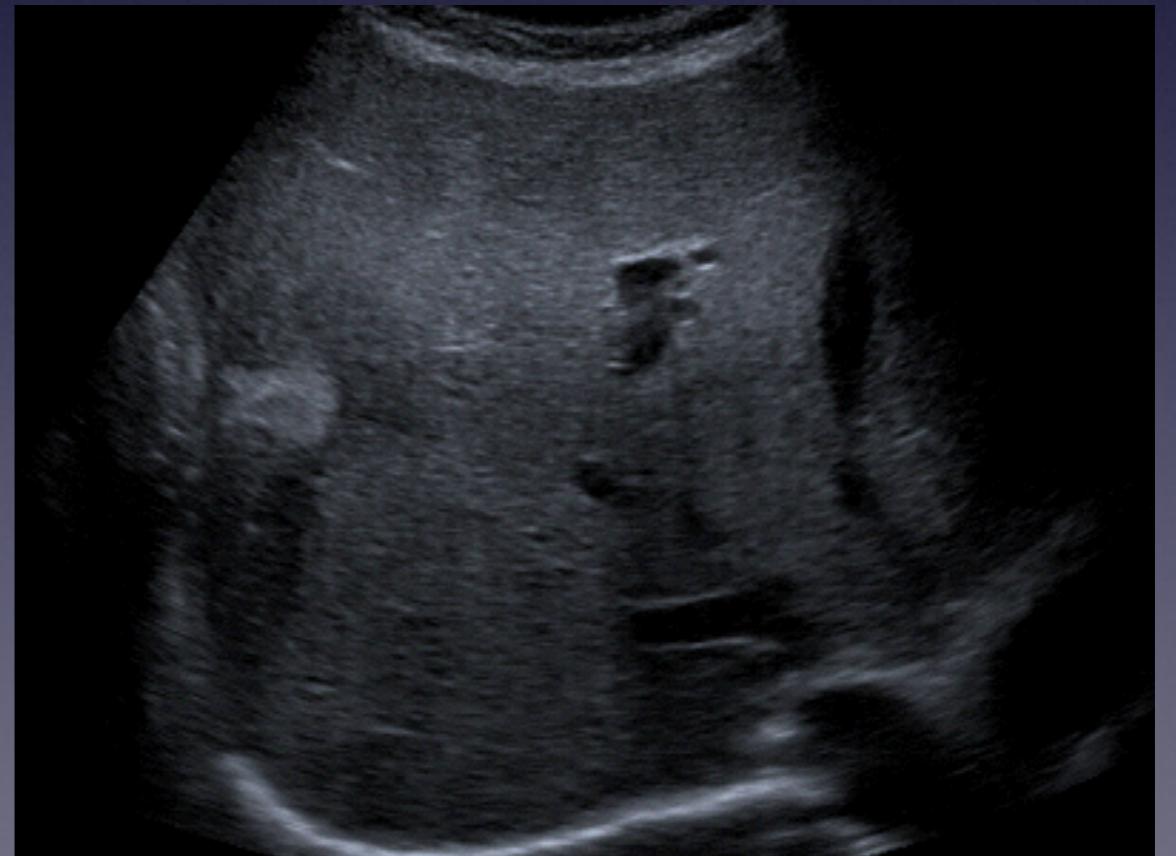
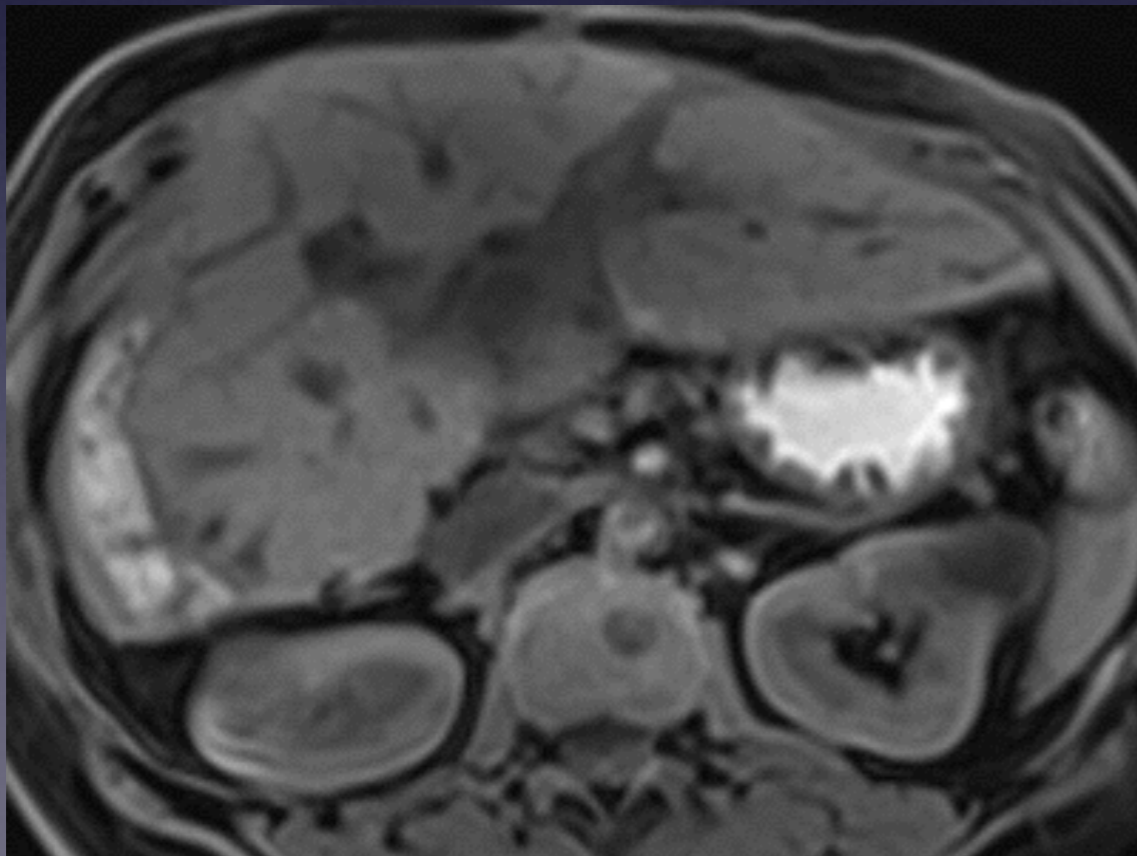
Votre meilleur ami est:

L'ECHOGRAPHIE

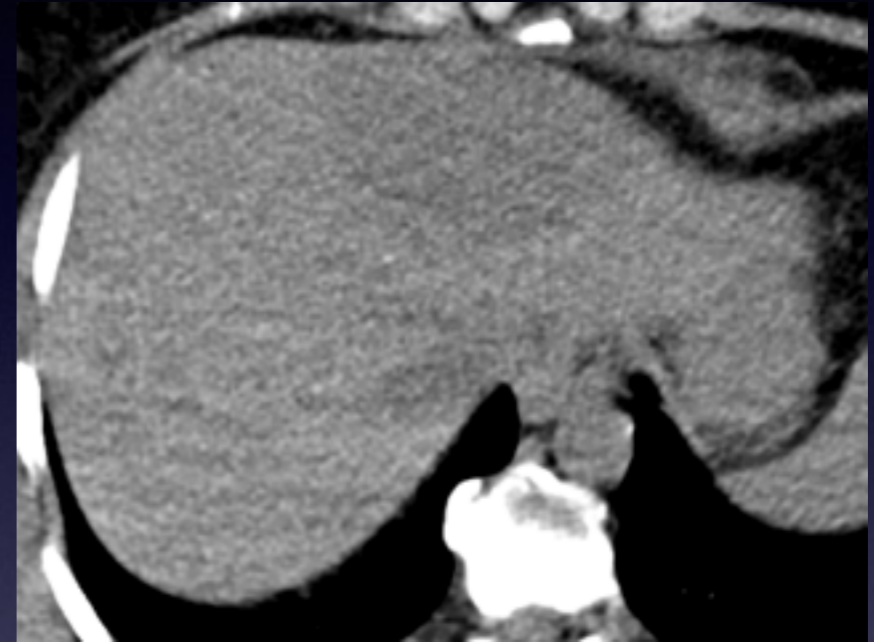


Finalemment

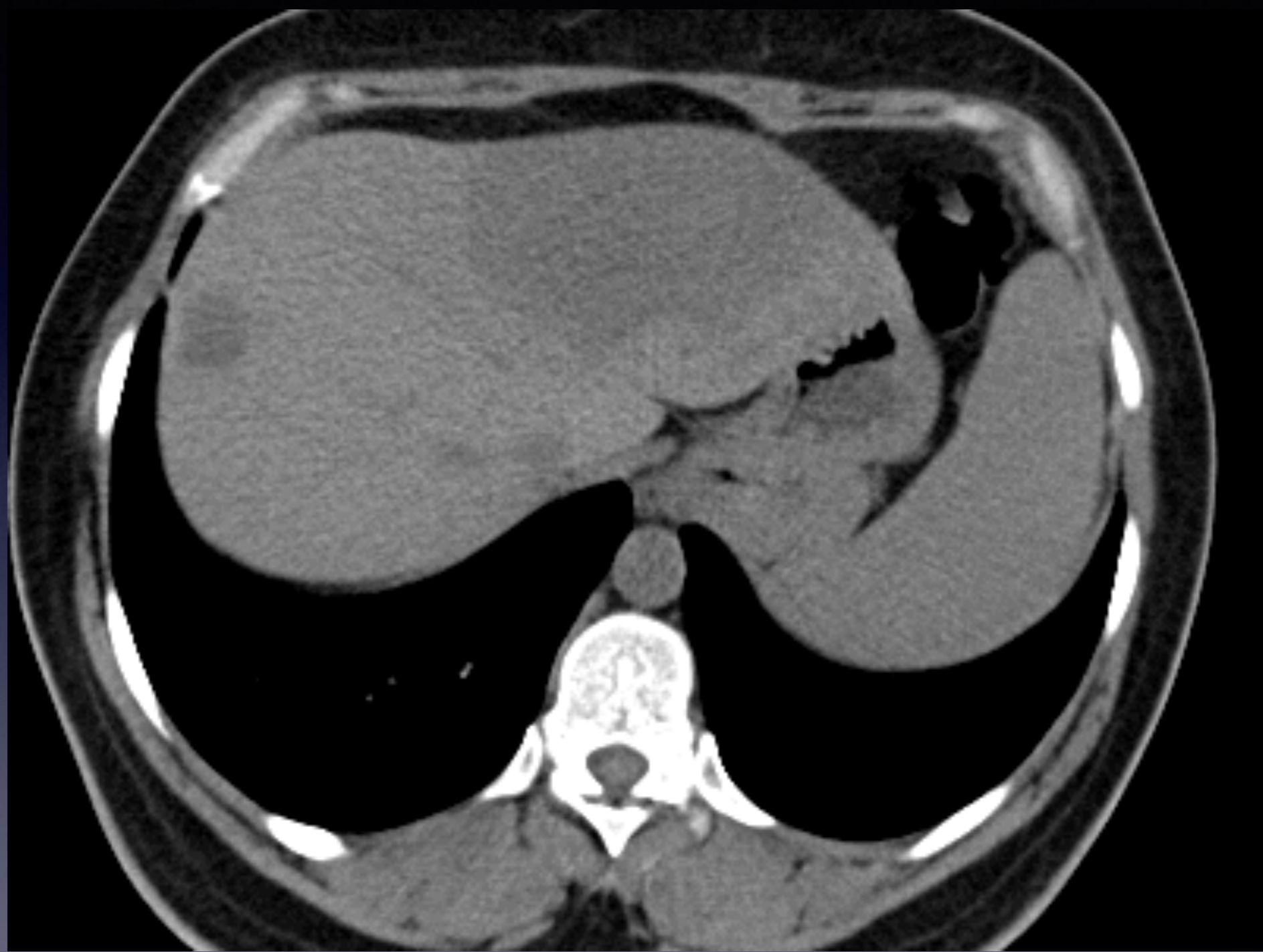
- Lithiases et calcifications peuvent être en hypersignal T1...

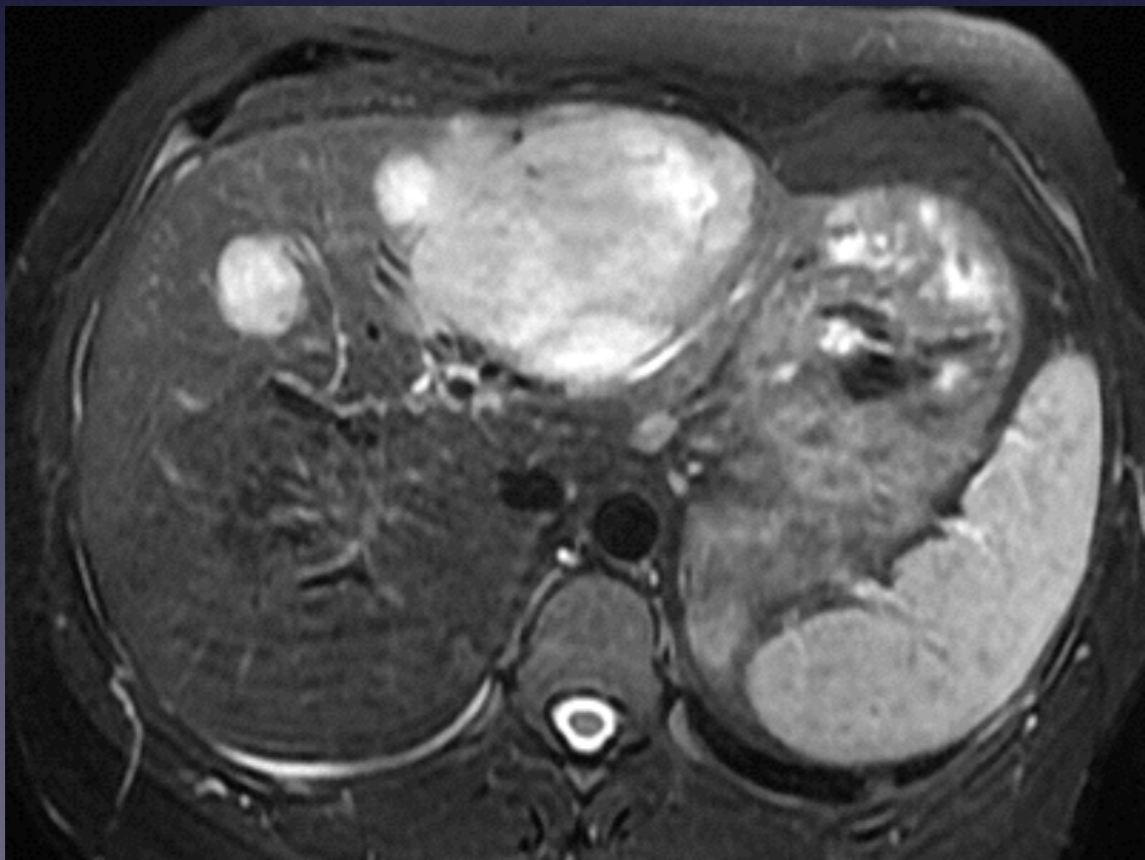
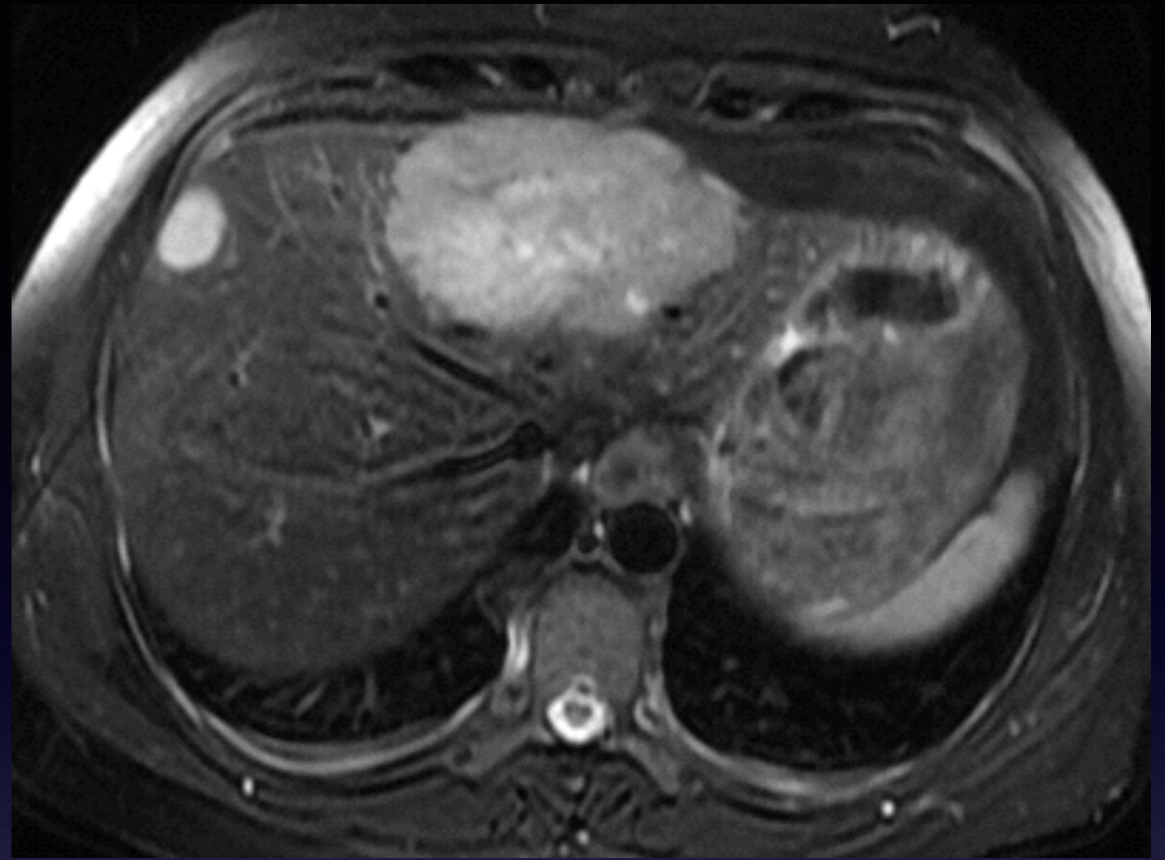
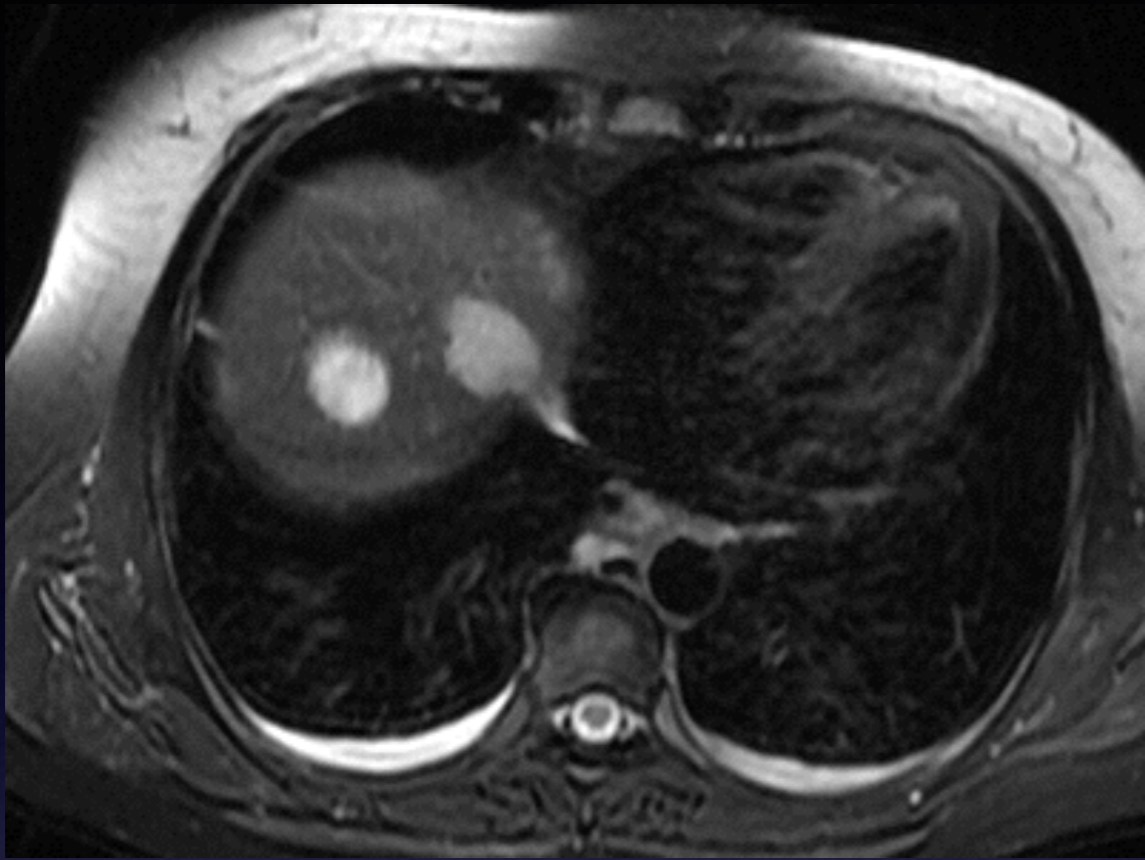


3e Cas Clinique:

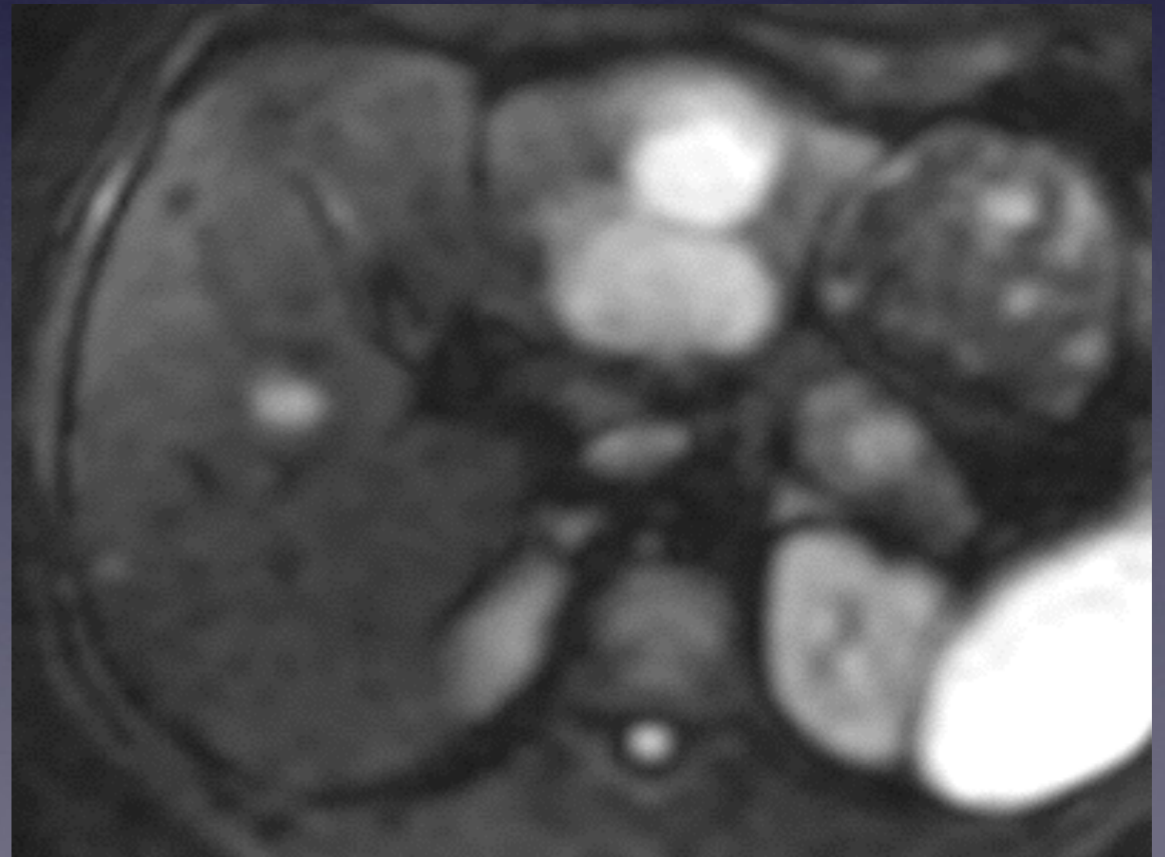
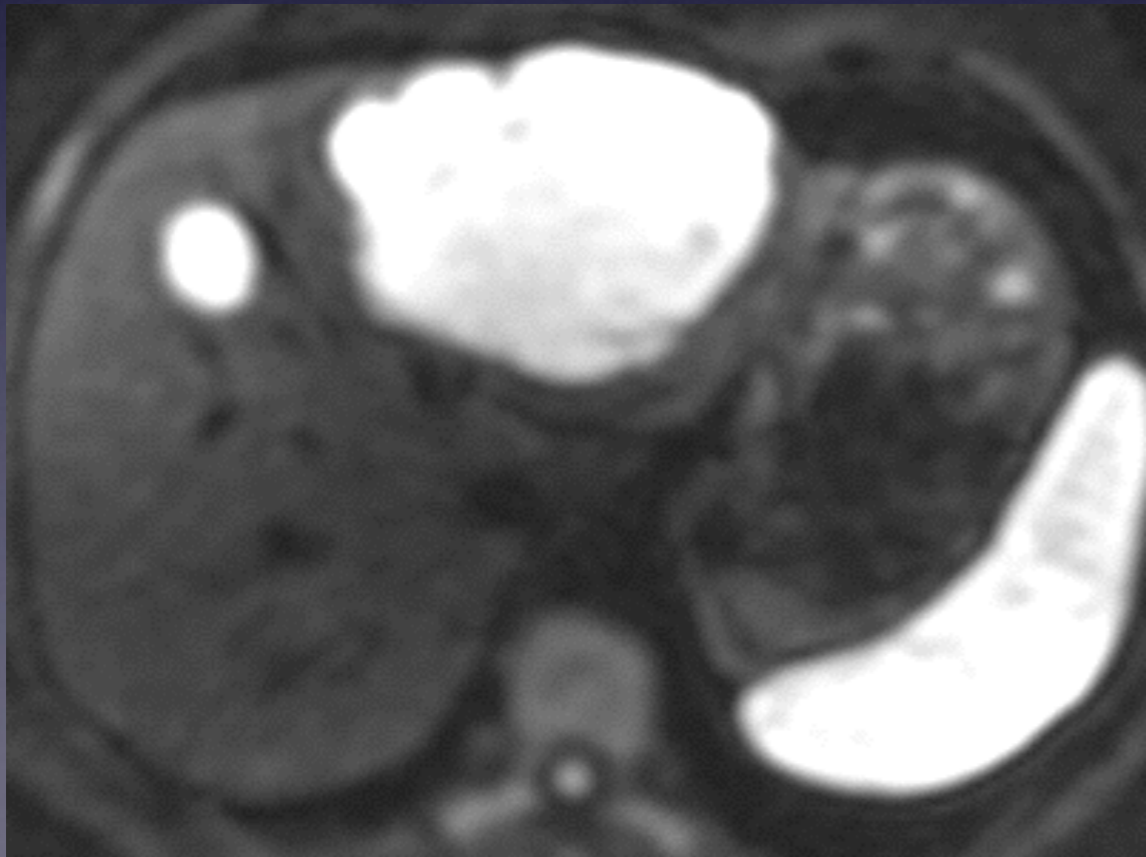


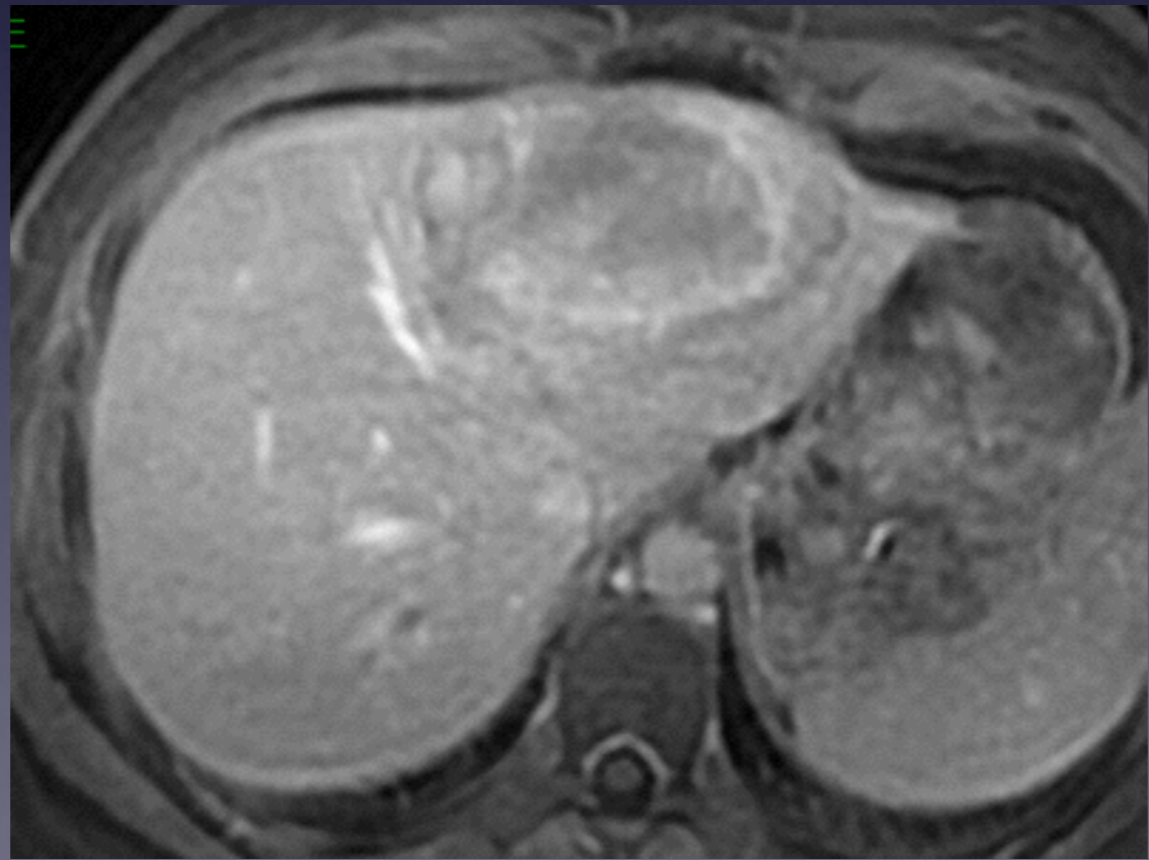
- Femme 44 ans: dépression intense et découvert d'une neurosarcoïdose.
- Dyspnée et toux.
- Scanner thoracique sans IV (allergie à l'iode).
- Anomalie hépatique...
- Bio sub-normale, pas de douleurs abdominales.





V APNEE

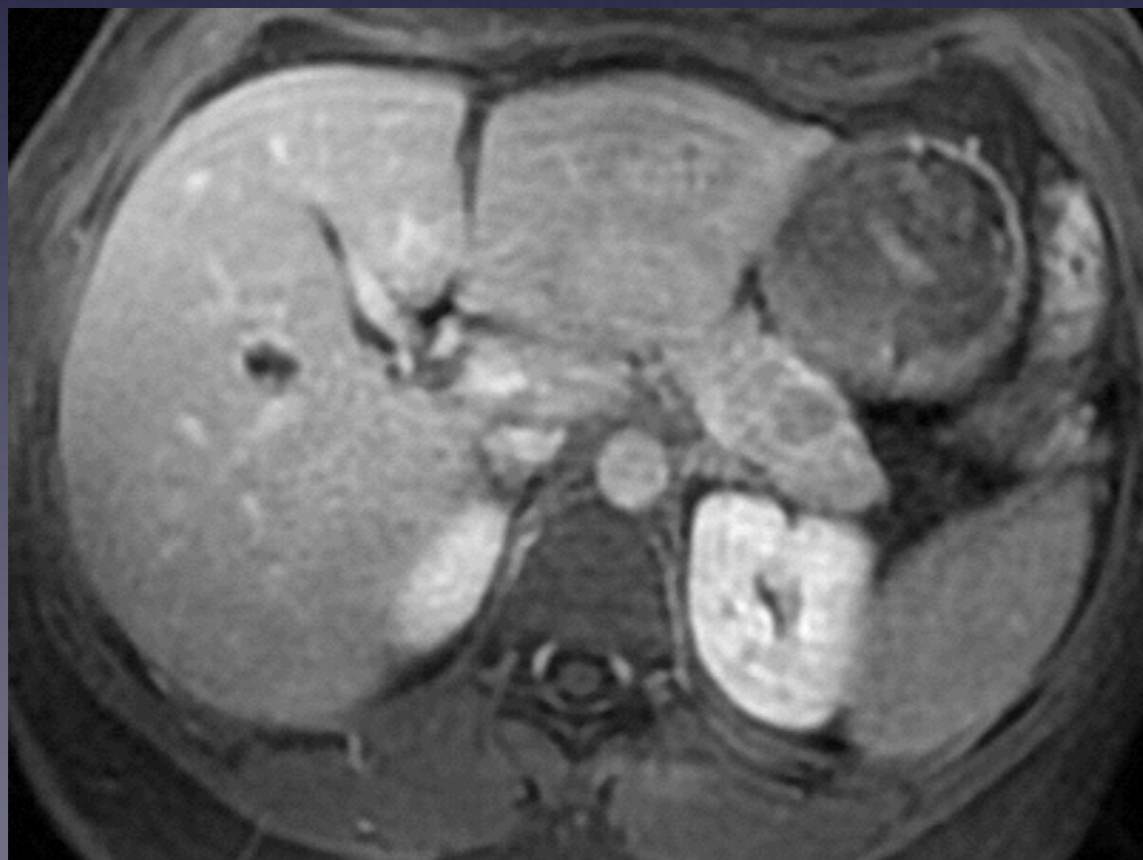
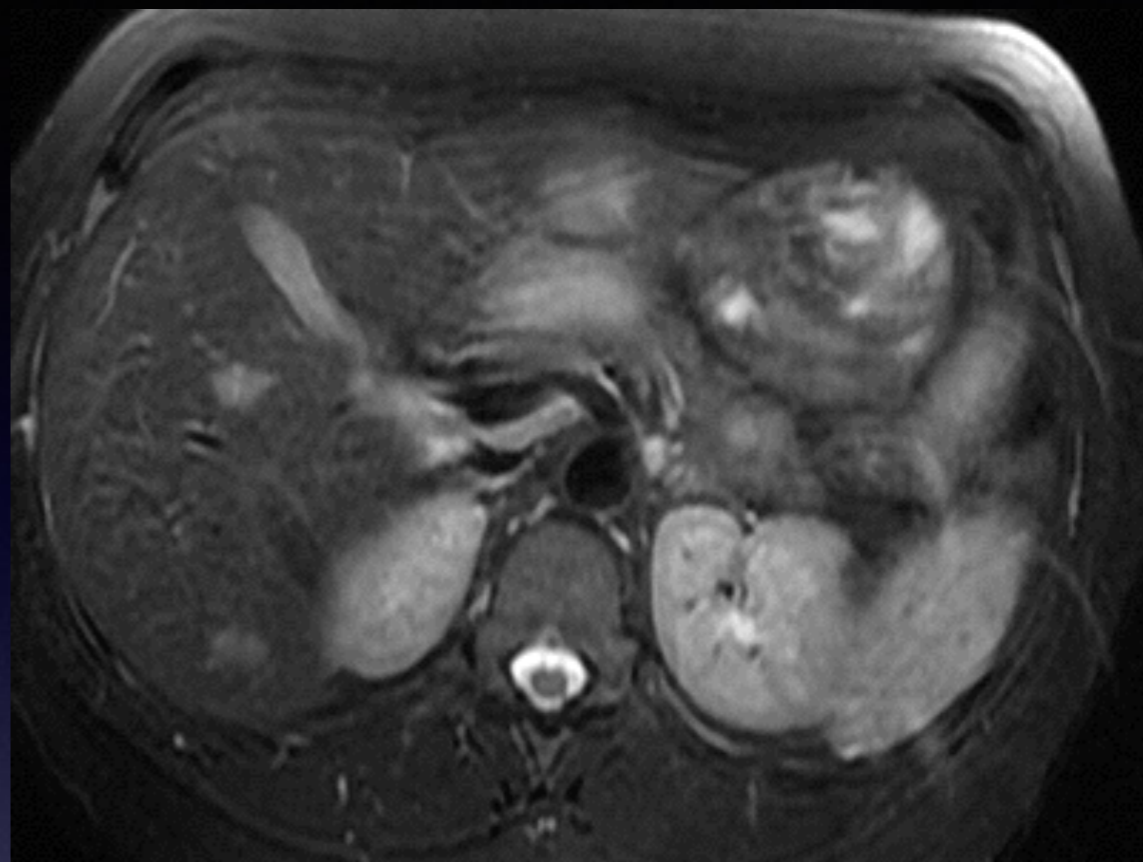


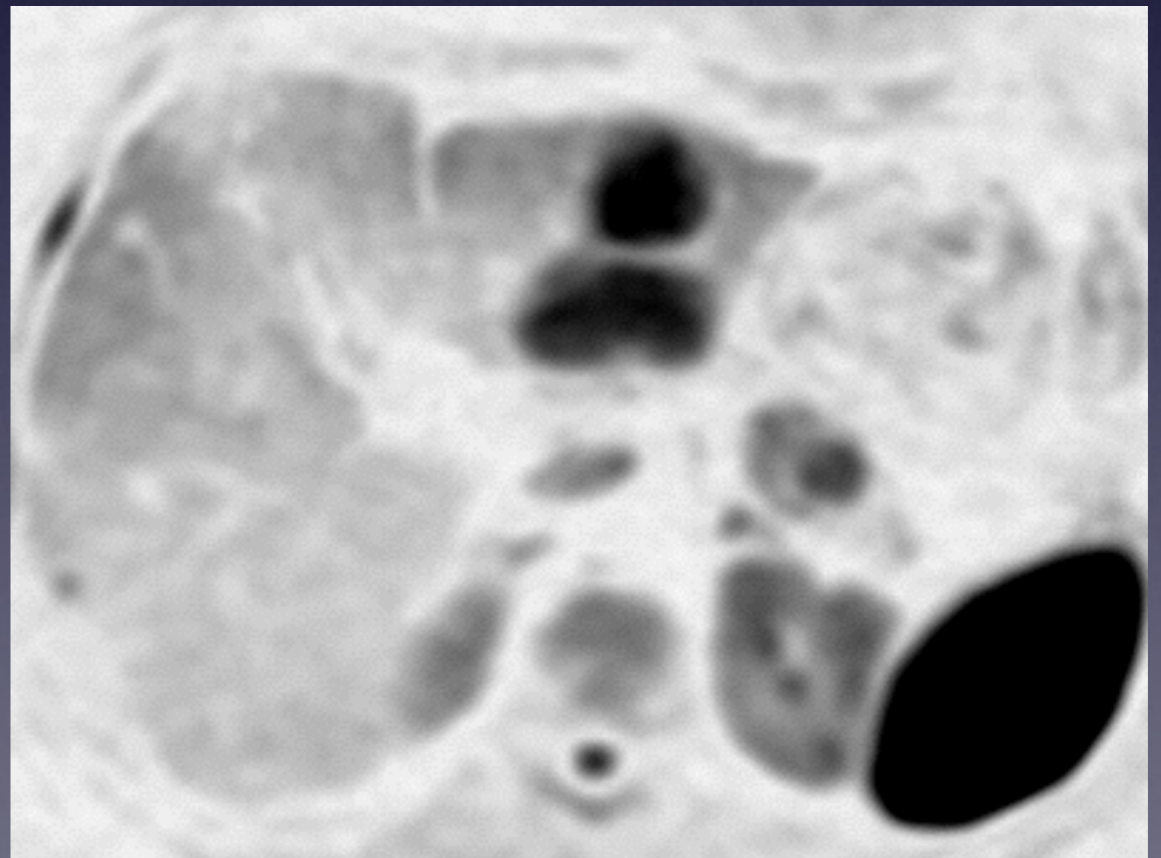
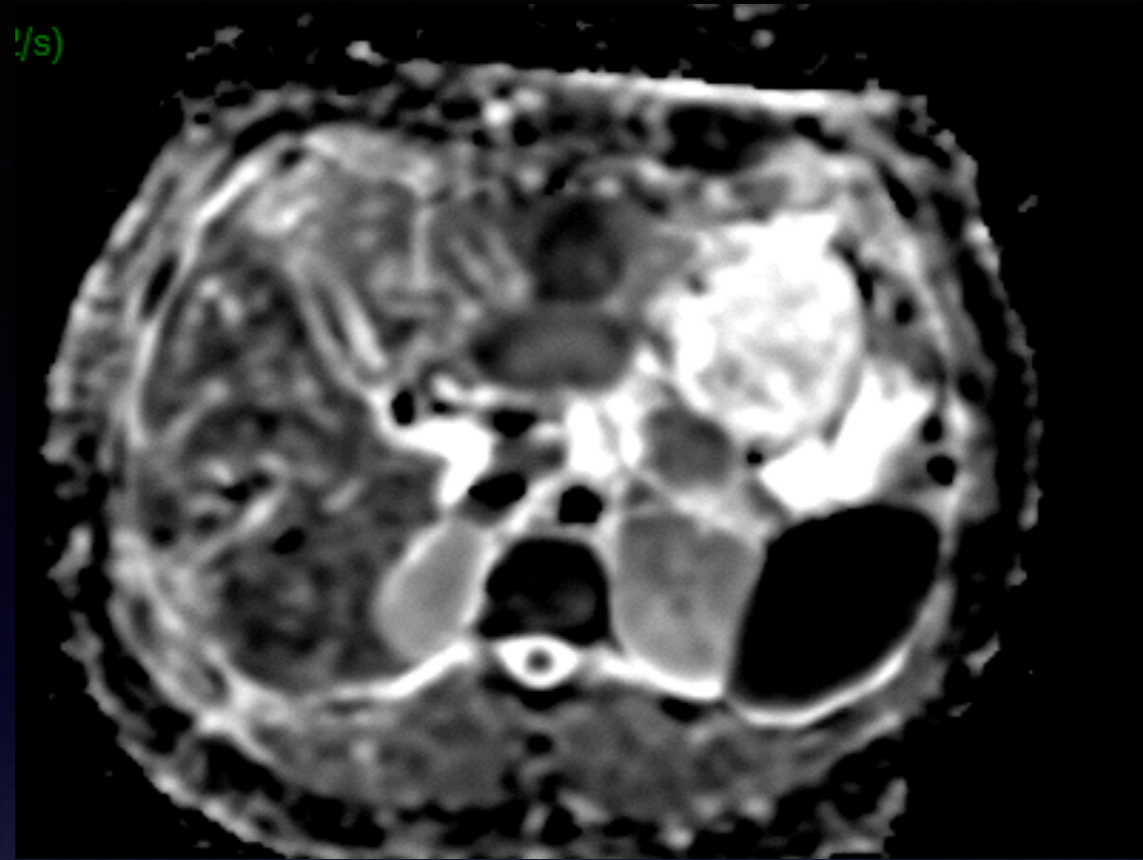


En résumé:

- Masses multiples
- Faiblement vascularisé
- Contexte de sarcoïdose
- Asymptomatique

On fait quoi?...







1 m after surgery



10 m after surgery

Tumeurs NeuroEndocrines

- Découverte fortuite dans 50% des cas
- Discordance entre bon état général et l'importance des images est un bon signe
- FDG PET-CT négatif dans les lésions bien différenciées (50%)
- Toujours penser à regarder dans les coins....
- DWI est la séquence la plus importante

A TABLE ...

