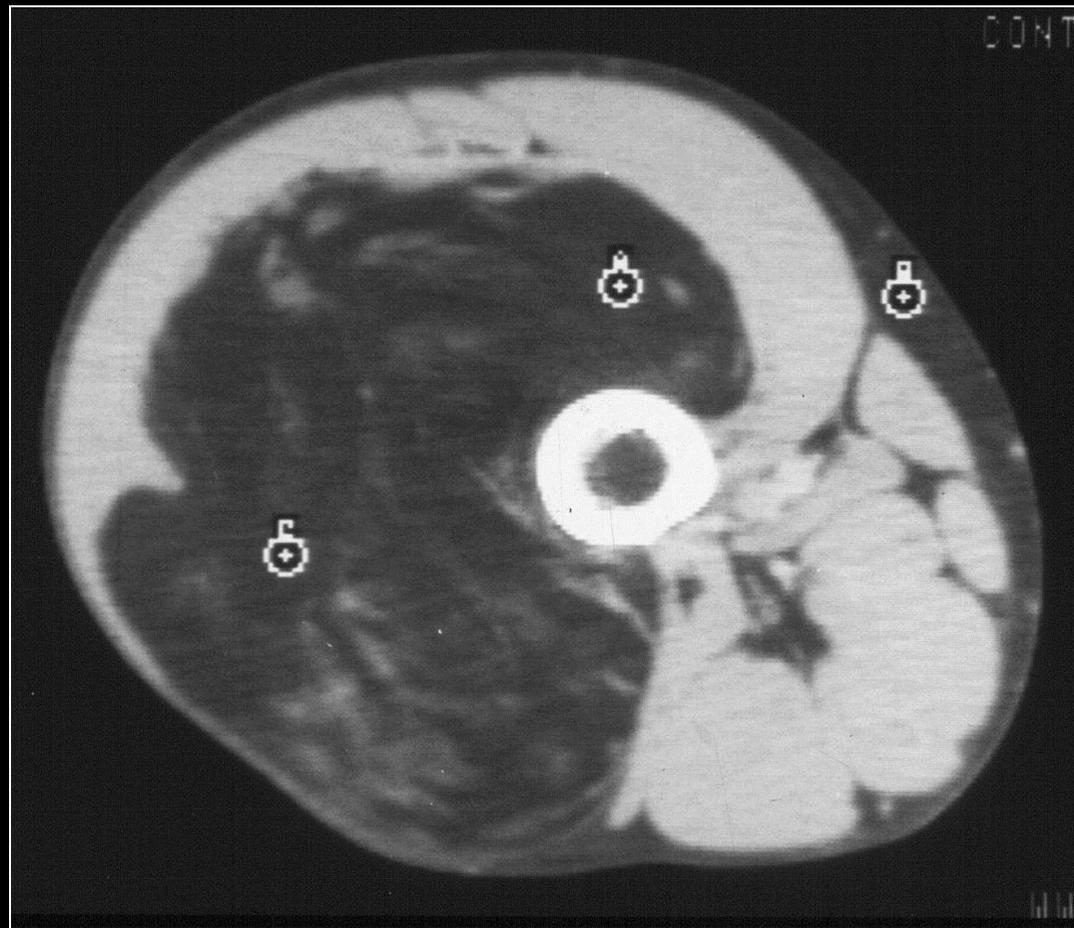
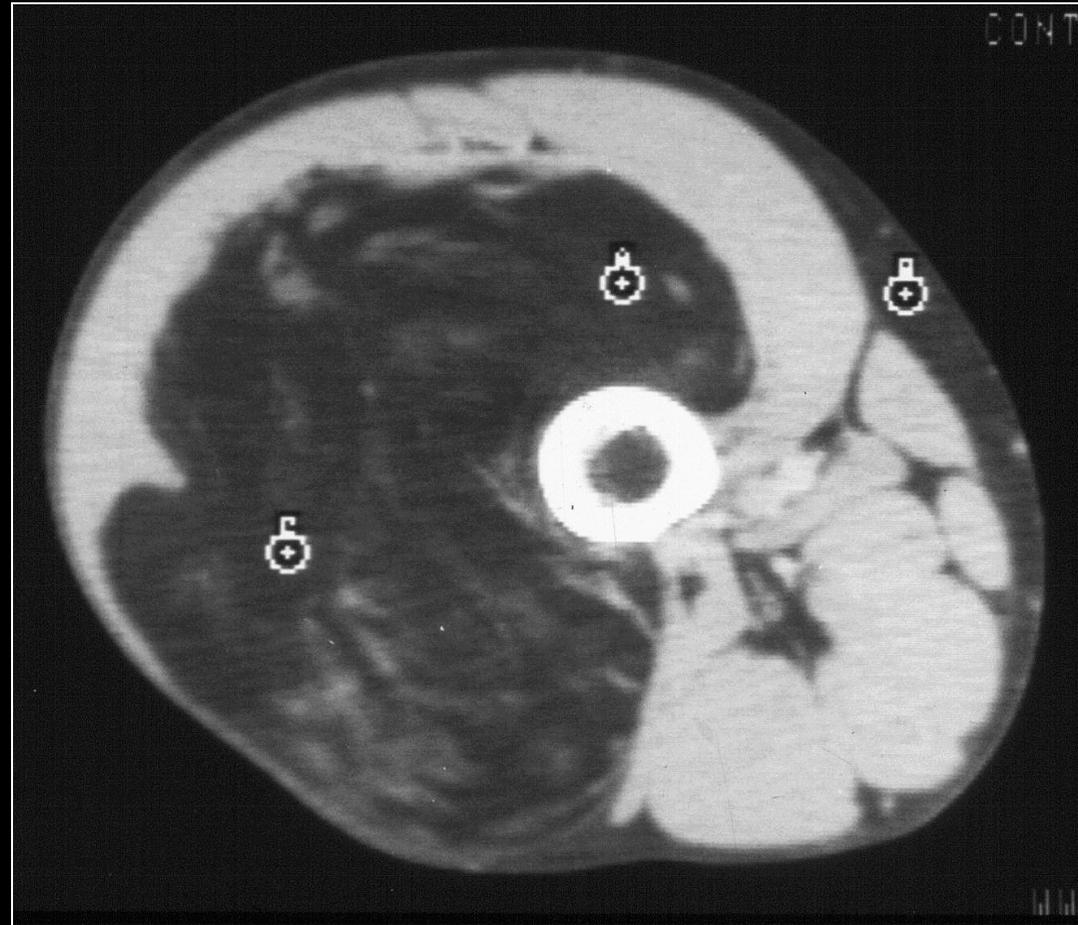
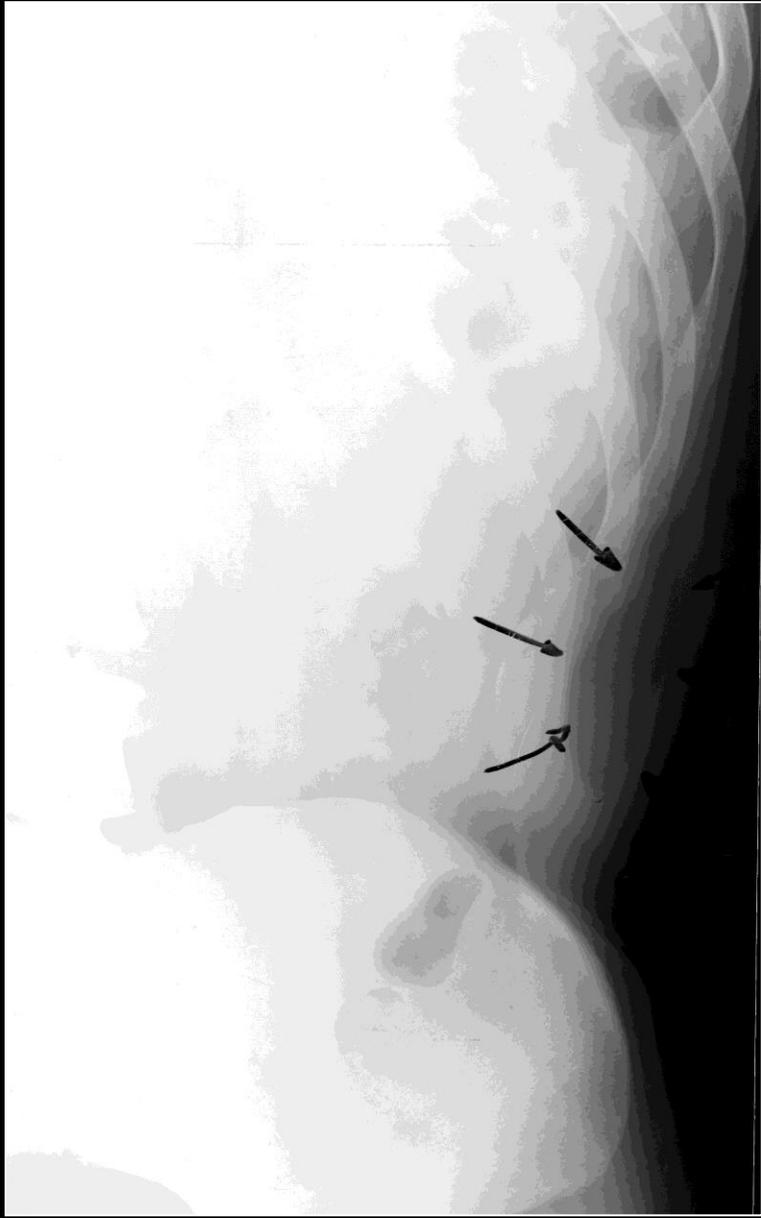


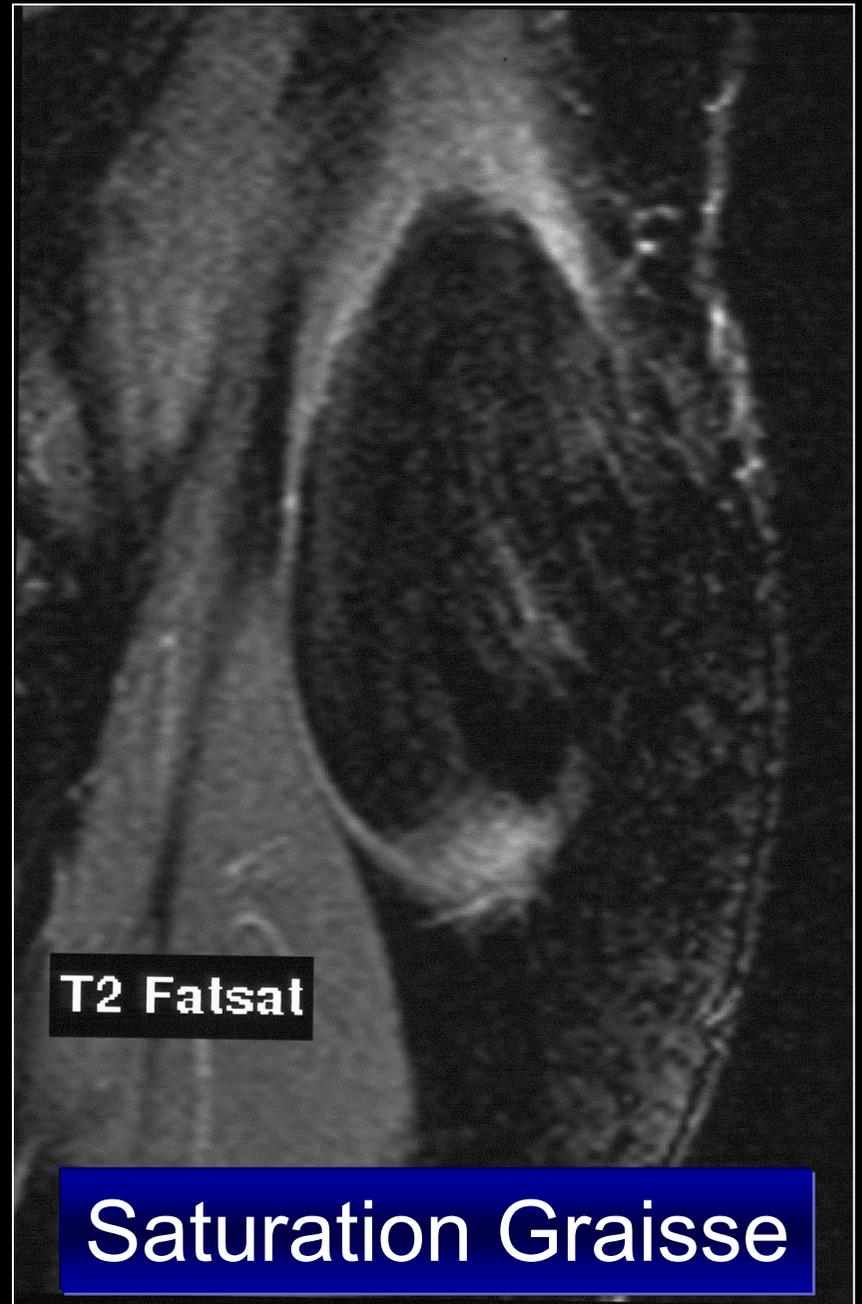
Composition
de ces 2 tumeurs ?

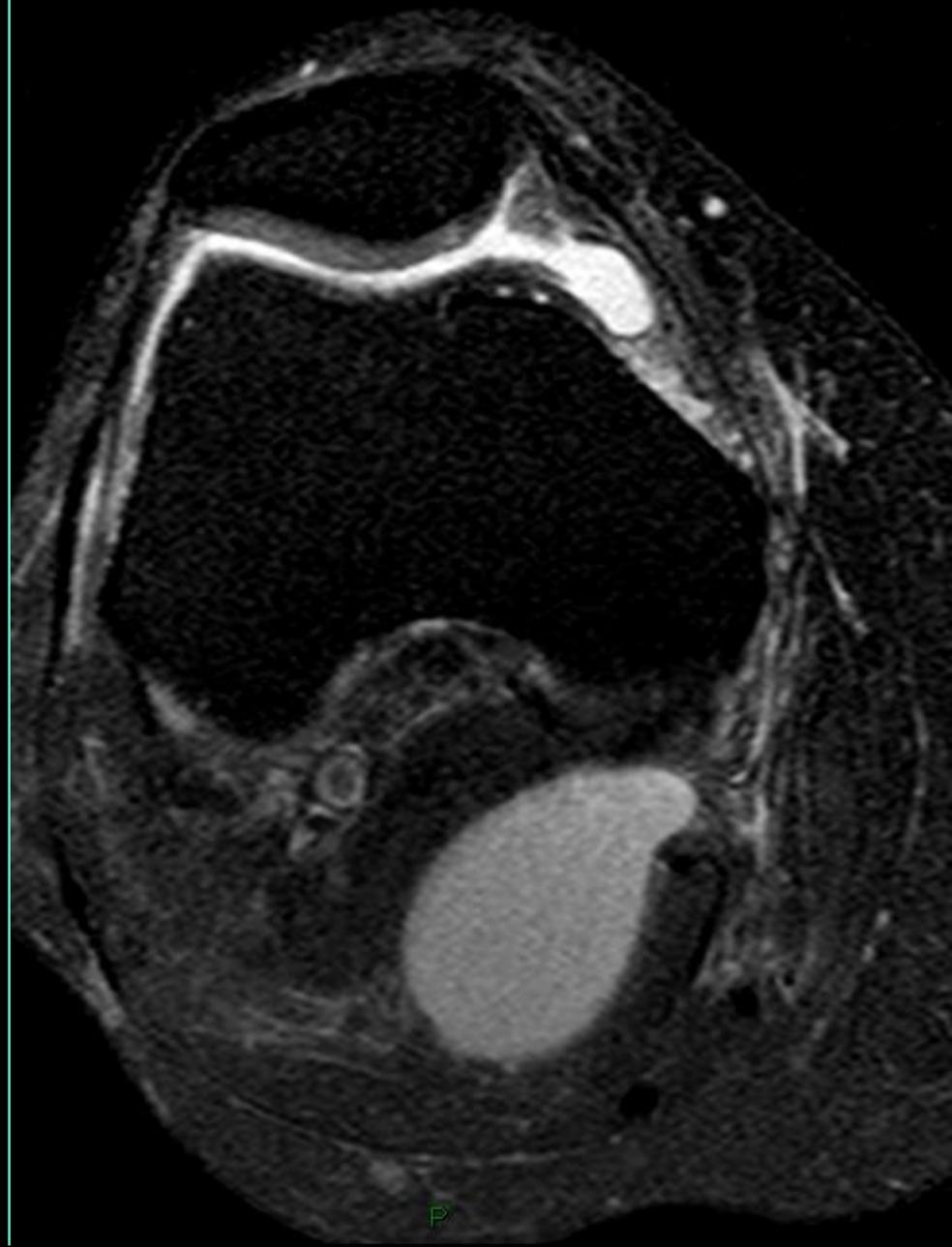


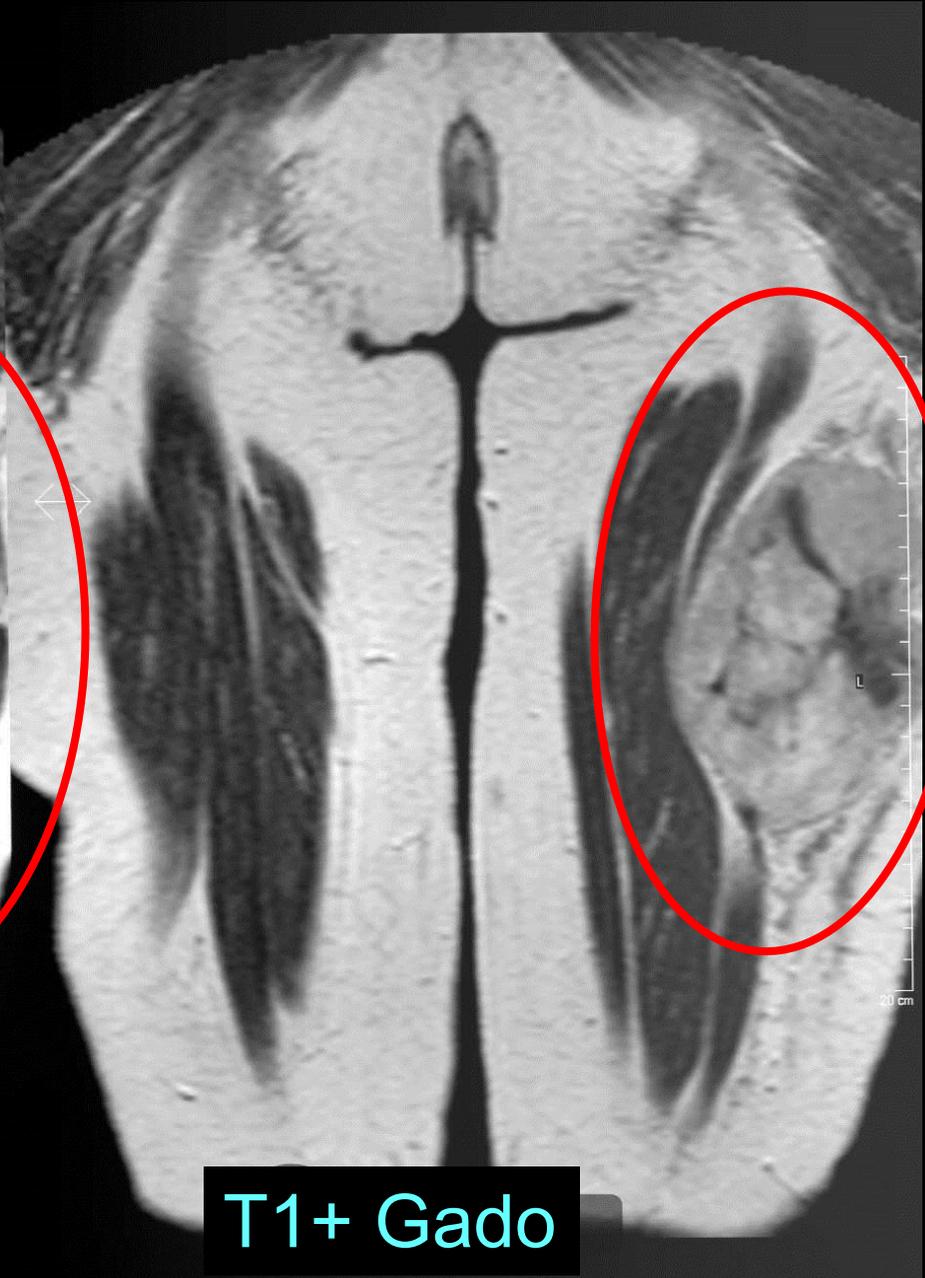
Graisse = Lipome

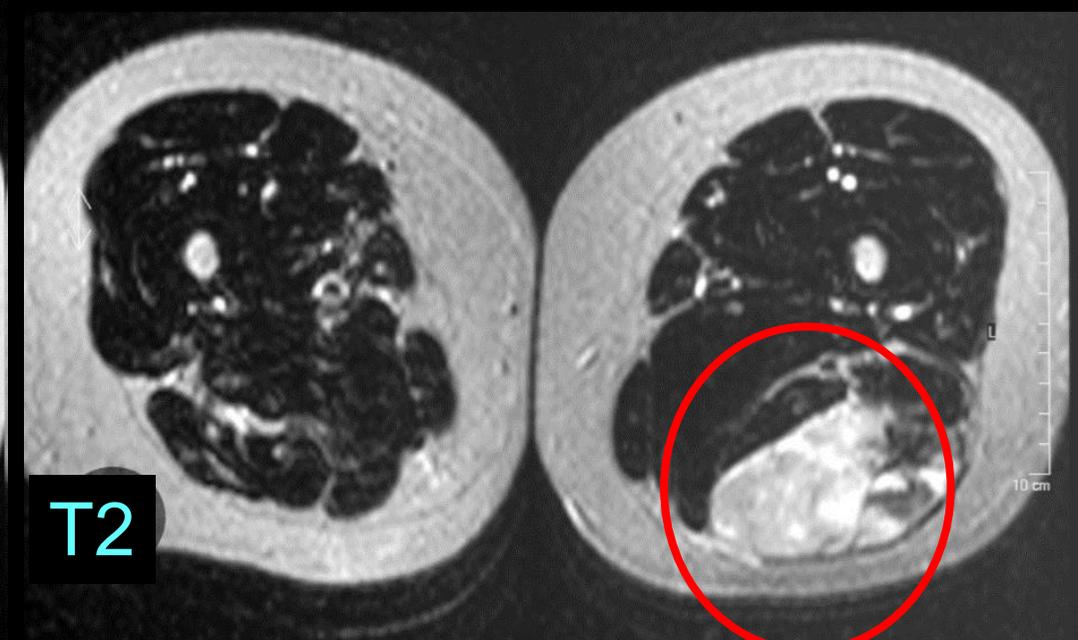
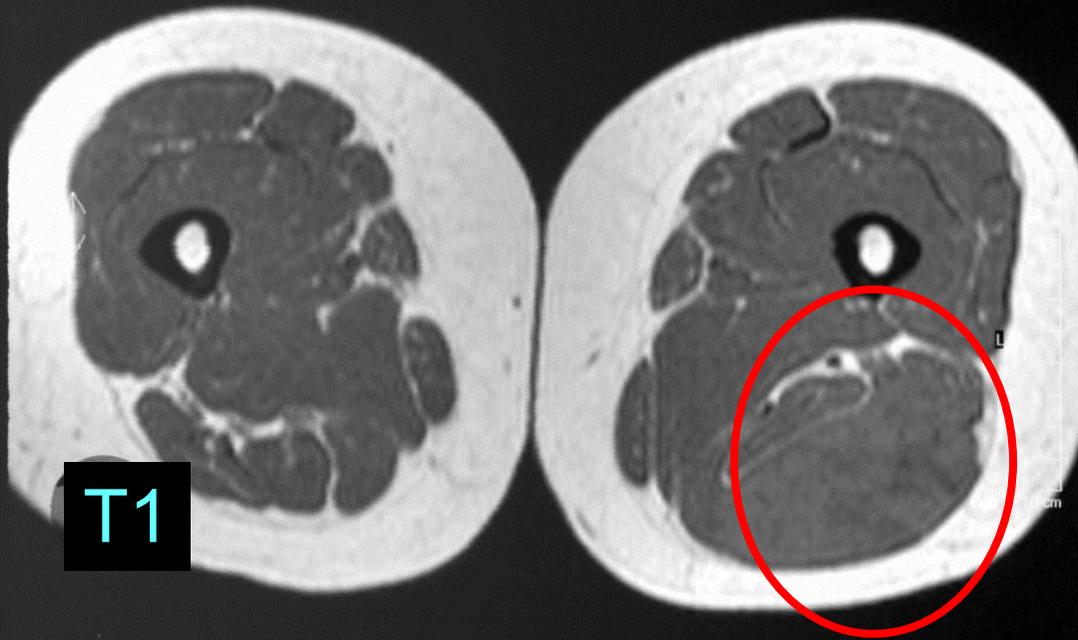












(Lipo)sarcome
(très indifférencié)
Pas lipome

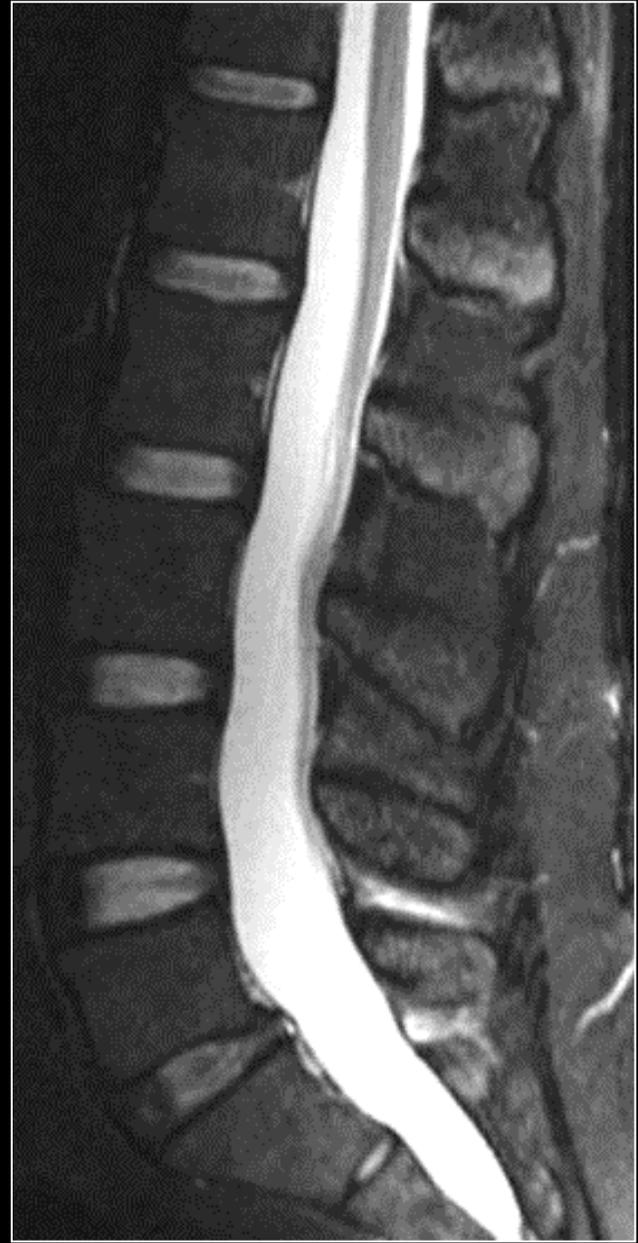


Echelle de signaux IRM

En Pondération T1	Signal Intense
graisse	↓
cartilage	↓
muscle	↓
tendons et ligaments	↓
EAU	↓
os, air	Signal Faible

Echelle de signaux IRM

En Pondération T1	Signal Intense	En Pondération T2
graisse	↓	EAU
cartilage	↓	graisse
muscle	↓	cartilage
tendons et ligaments	↓	muscle
EAU	↓	tendons et ligaments
os, air	Signal Faible	os, air

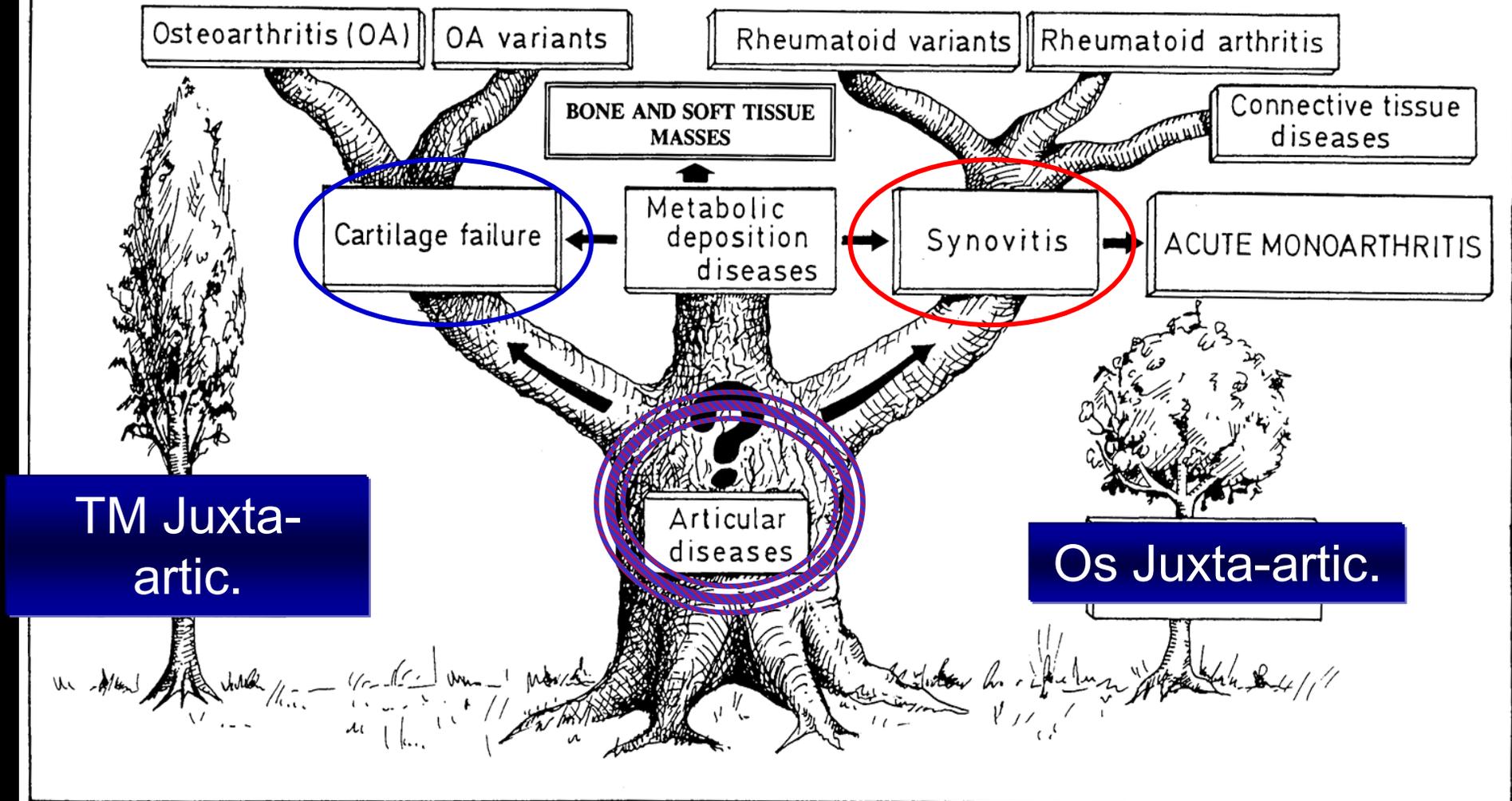




COURS 2



Pathologies articulaires



Pathologie articulaire

Traumatique

Dégénérative

Inflammatoire

Métabolique

CHEVILLE

GENOU

EPAULE

POIGNET

SQUELETTE EN CROISSANCE

Traumas Cheville

Fractures

Entorses

L'énergie se dissipe dans
Os, Ligaments ou les 2 !



?



?



Fracture



Entorse



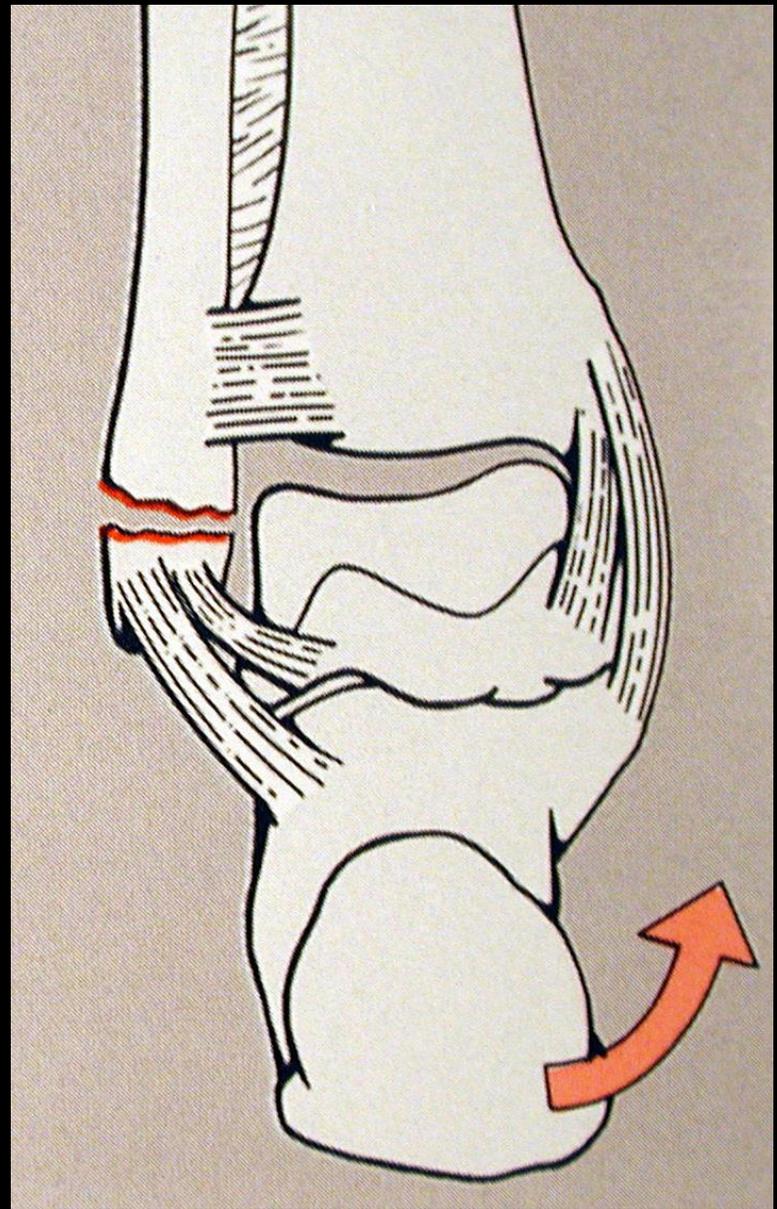
Fracture



Inversion-varus



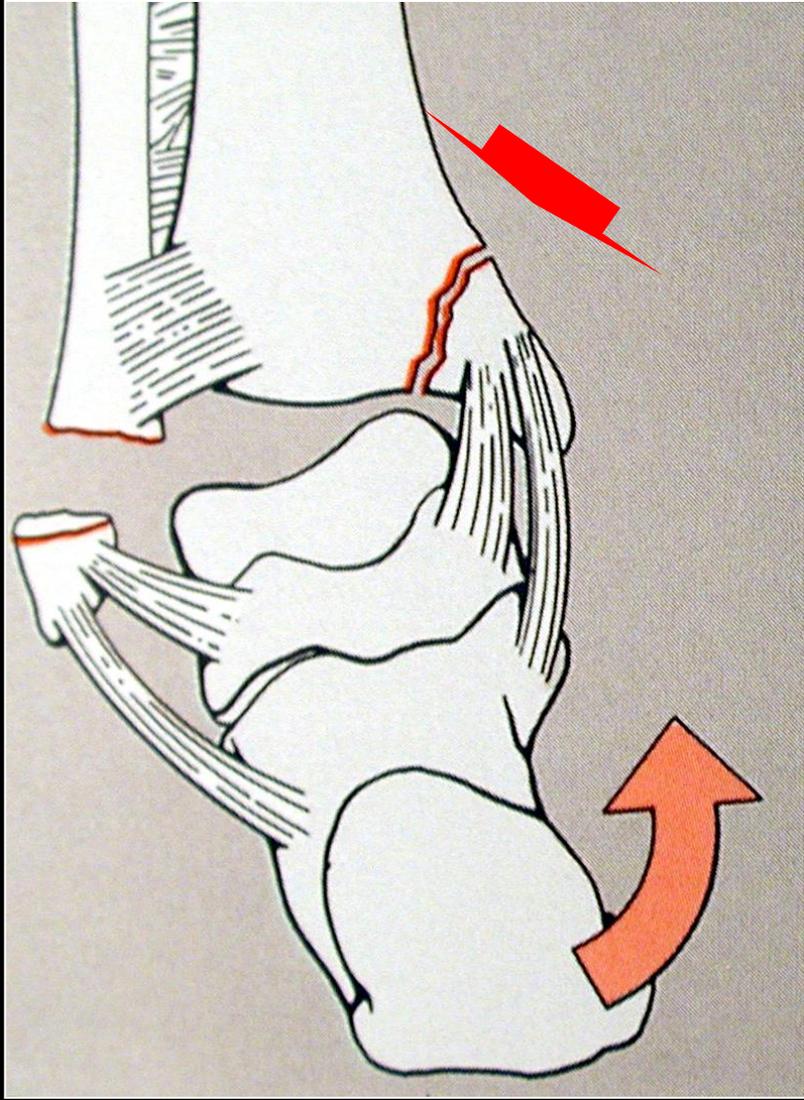
Fracture



Par Inversion



Fracture



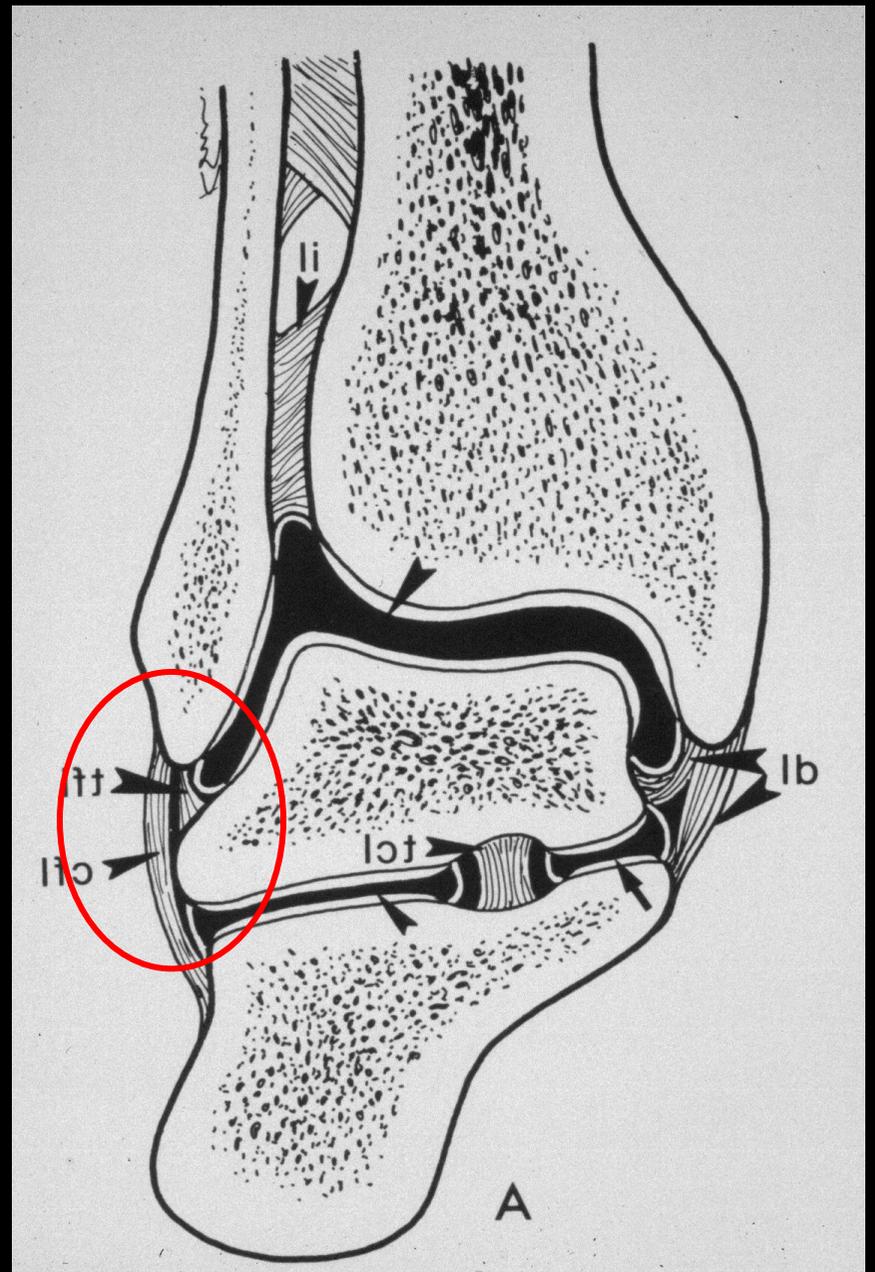
Par Inversion



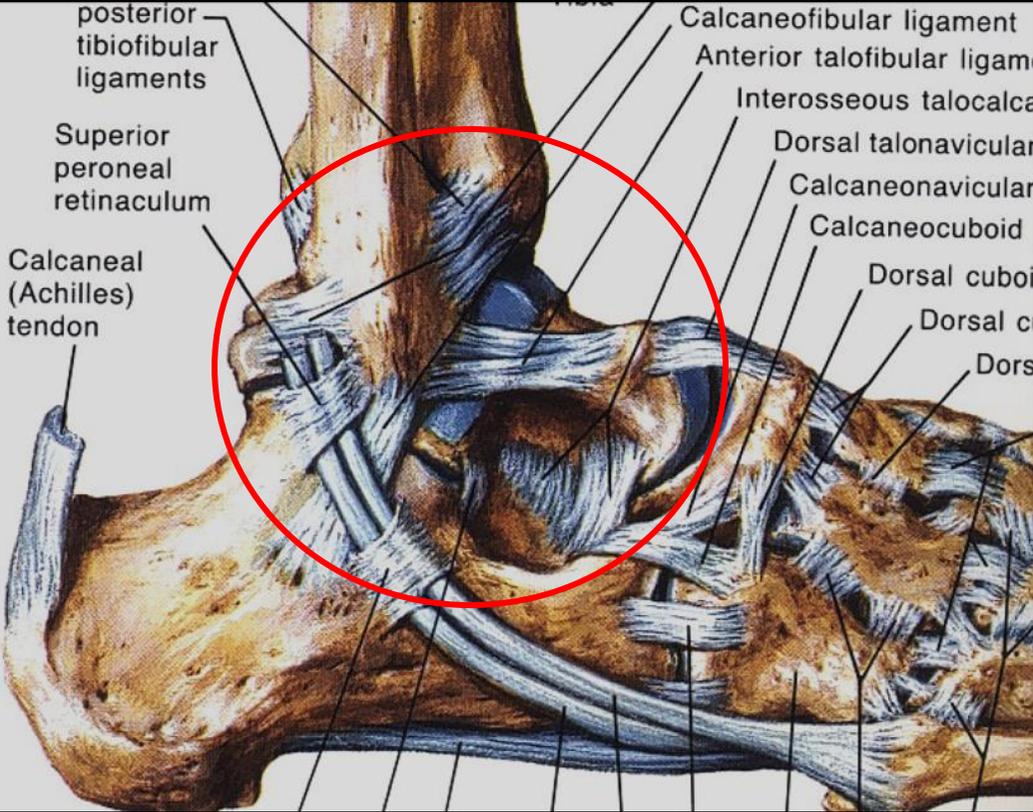
Inversion - Varus



Entorse



Ligaments latéraux



Instabilité en Tiroir



Instabilité en Tiroir



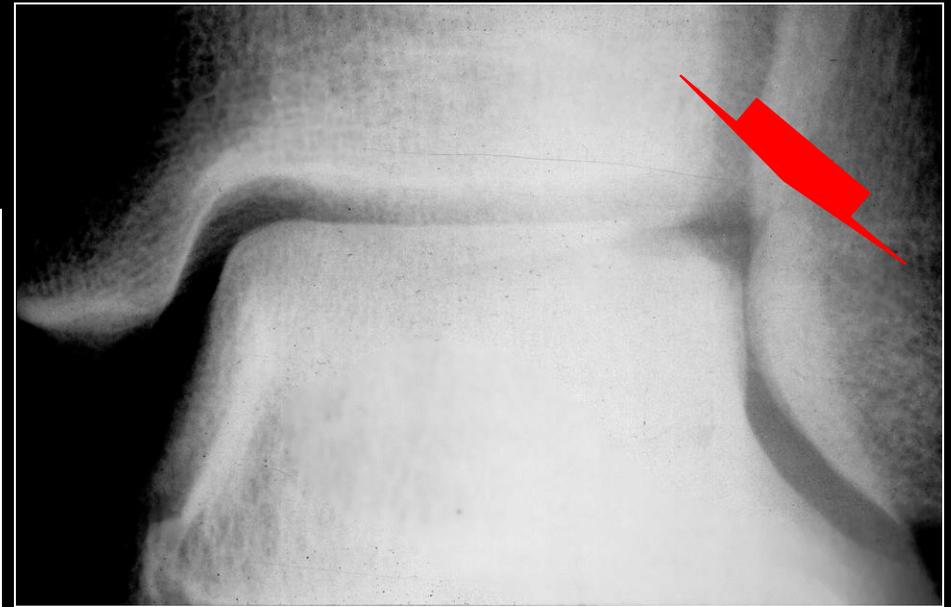
Ligament talo Fibulaire Ant.

Conséquences ?



Entorse

Impact → ?



Fracture
ostéochondrale
--> Souris



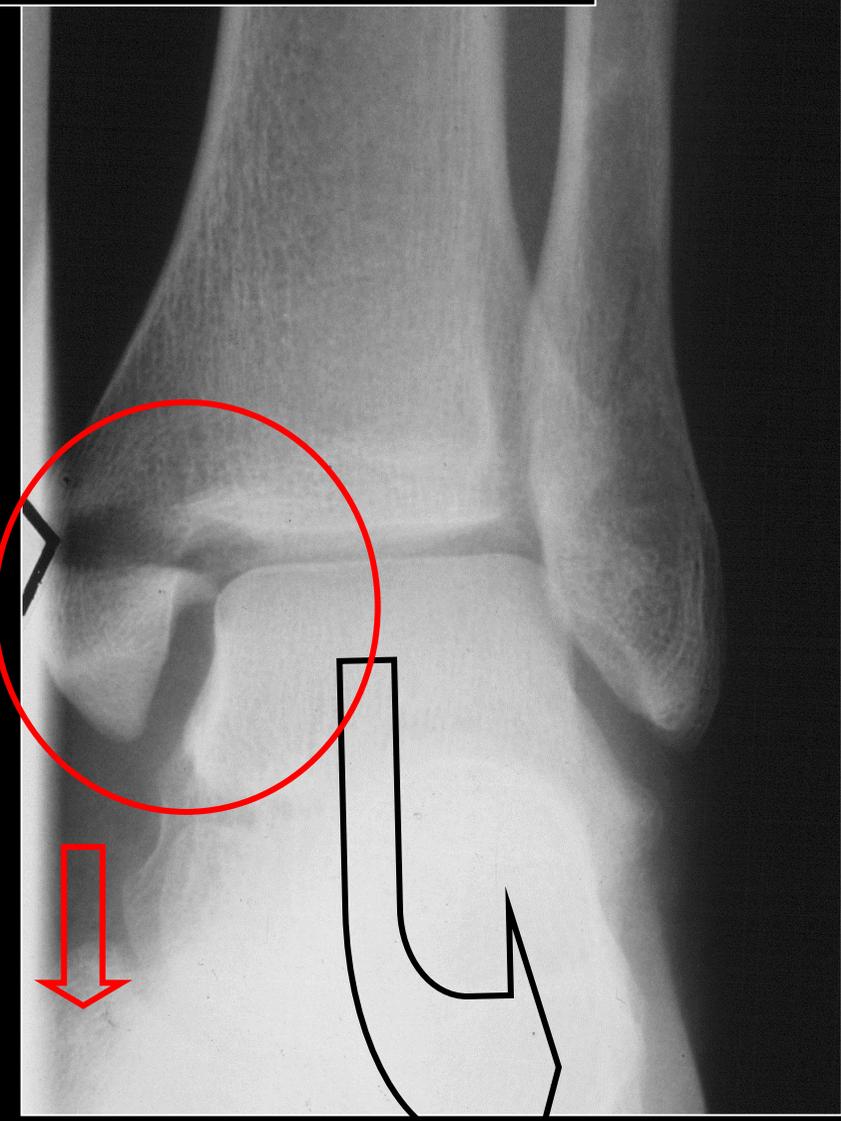
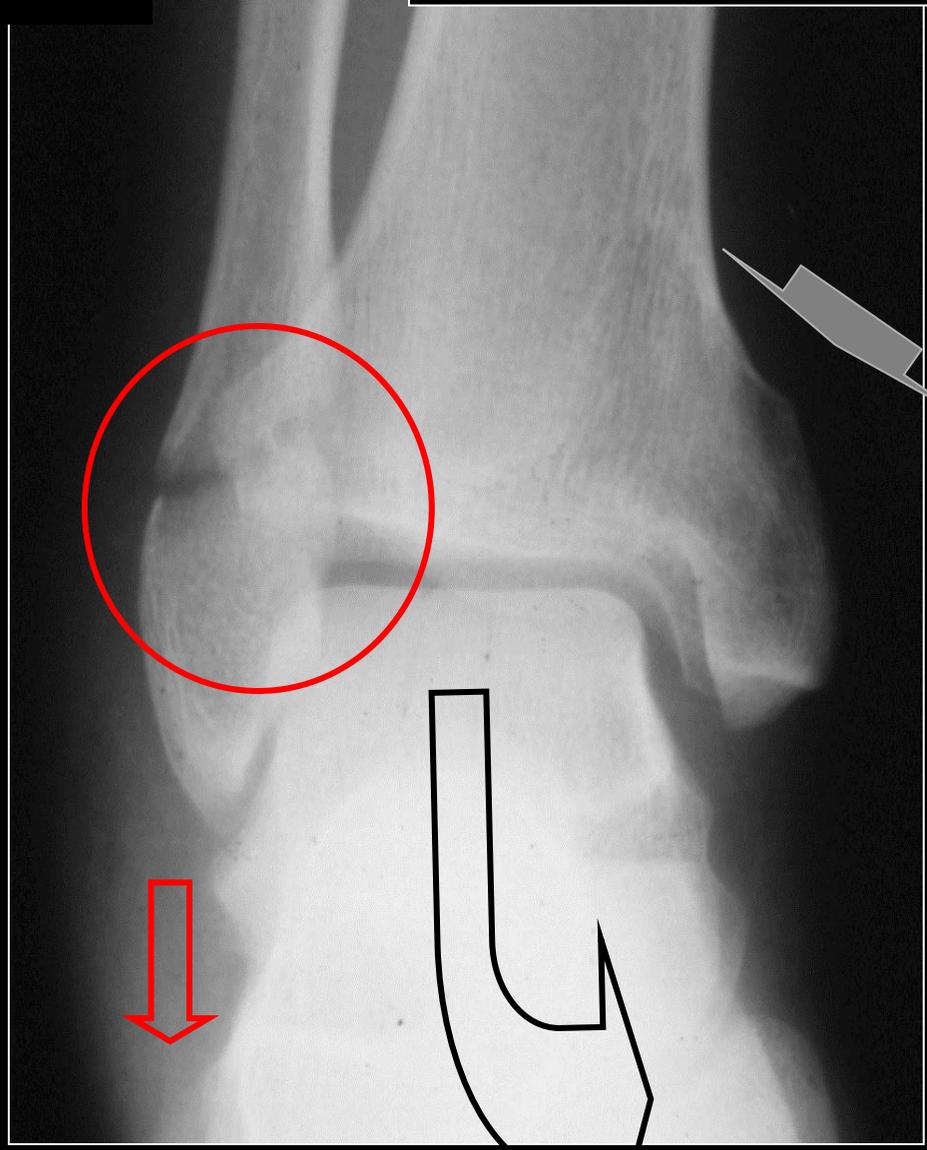


Fractures malléolaires : Mécanismes ?

Droit

Traction = trait horizontal

G.



Inversion-Varus

Eversion-Valgus



Compression = trait vertical



Traction = trait horizontal

Energie dissipée dans
Os, Ligaments ou les 2 !

Cheville

Genou

Poignet

Trauma



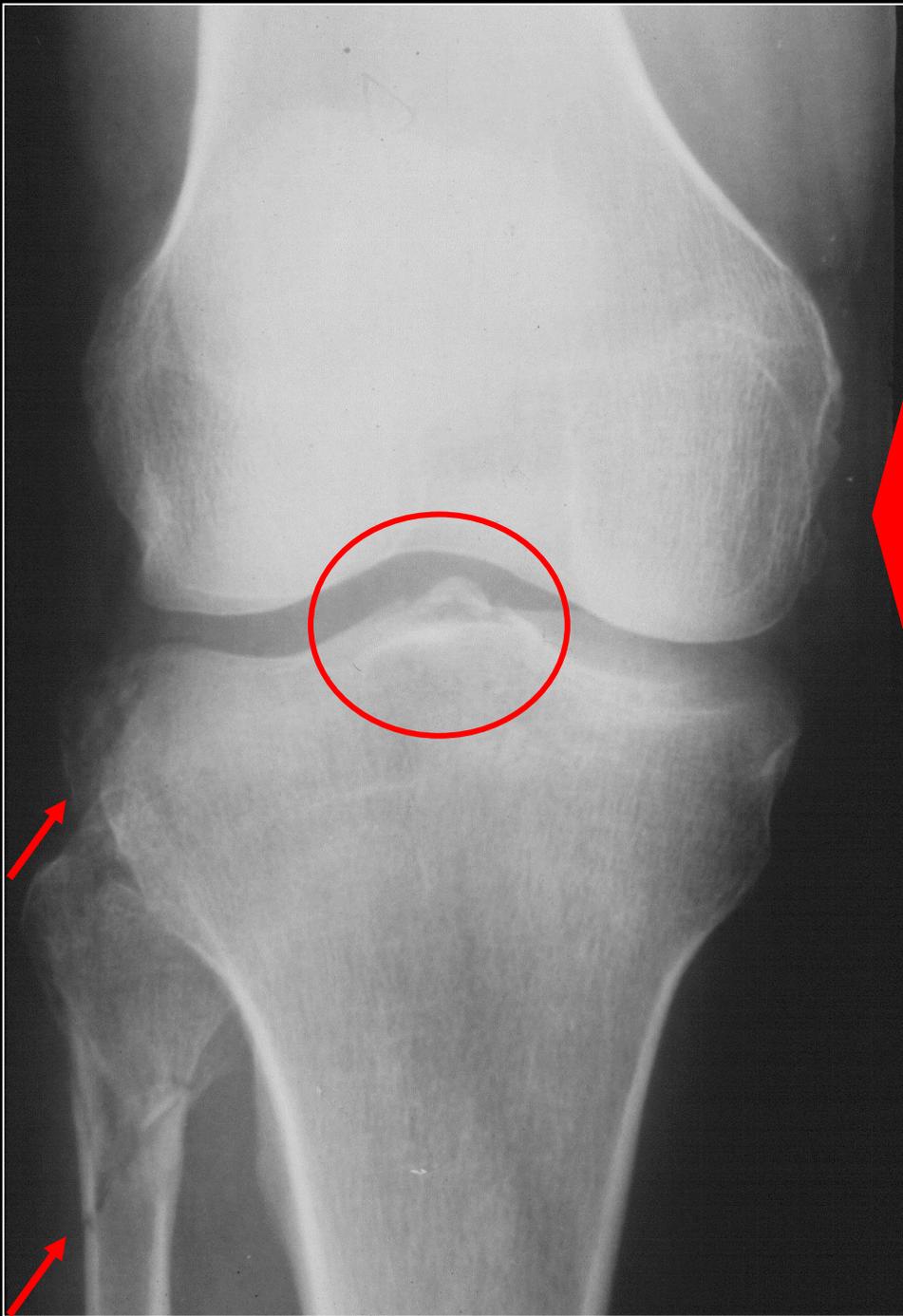
LAT

Trauma

Valgus



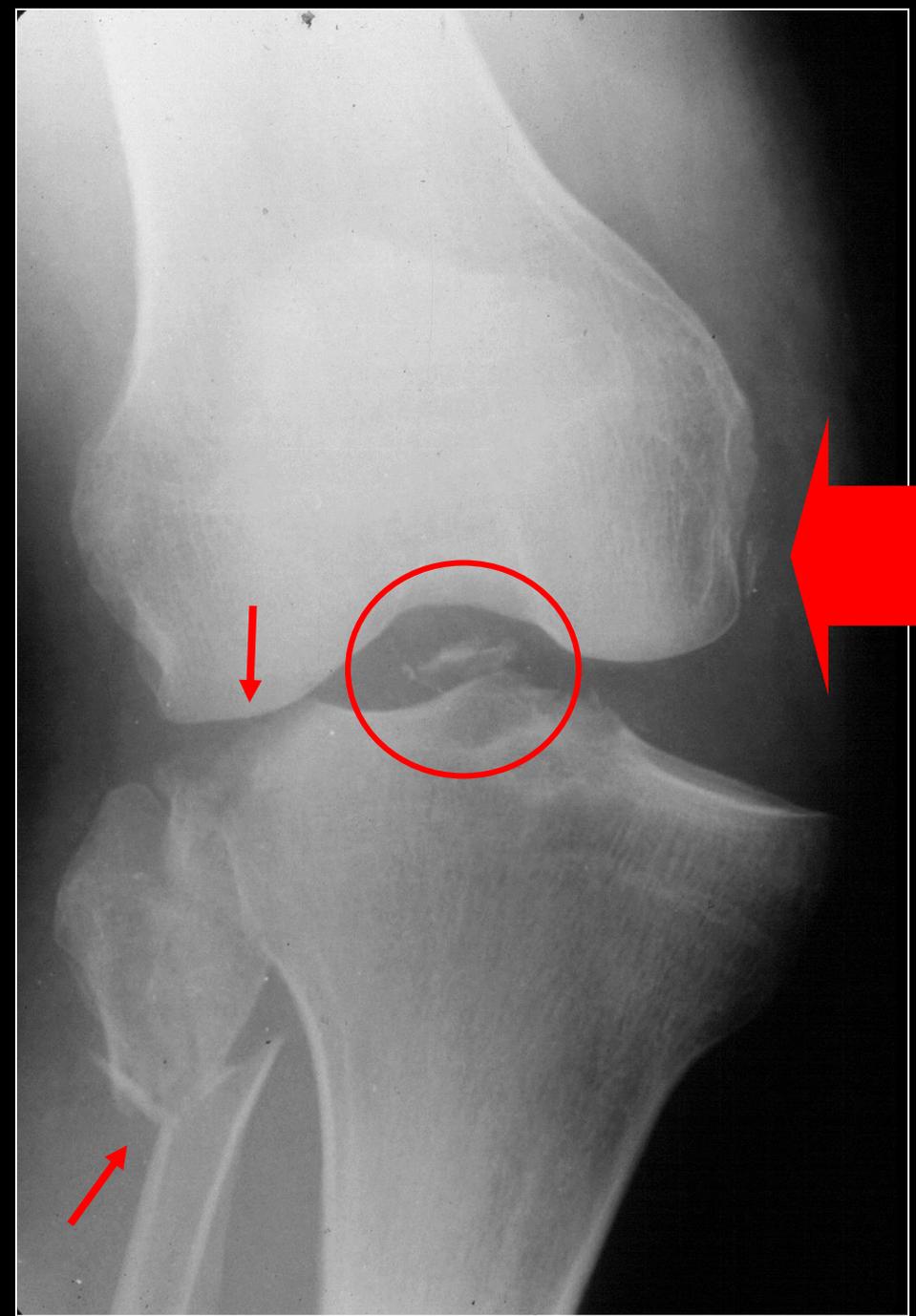
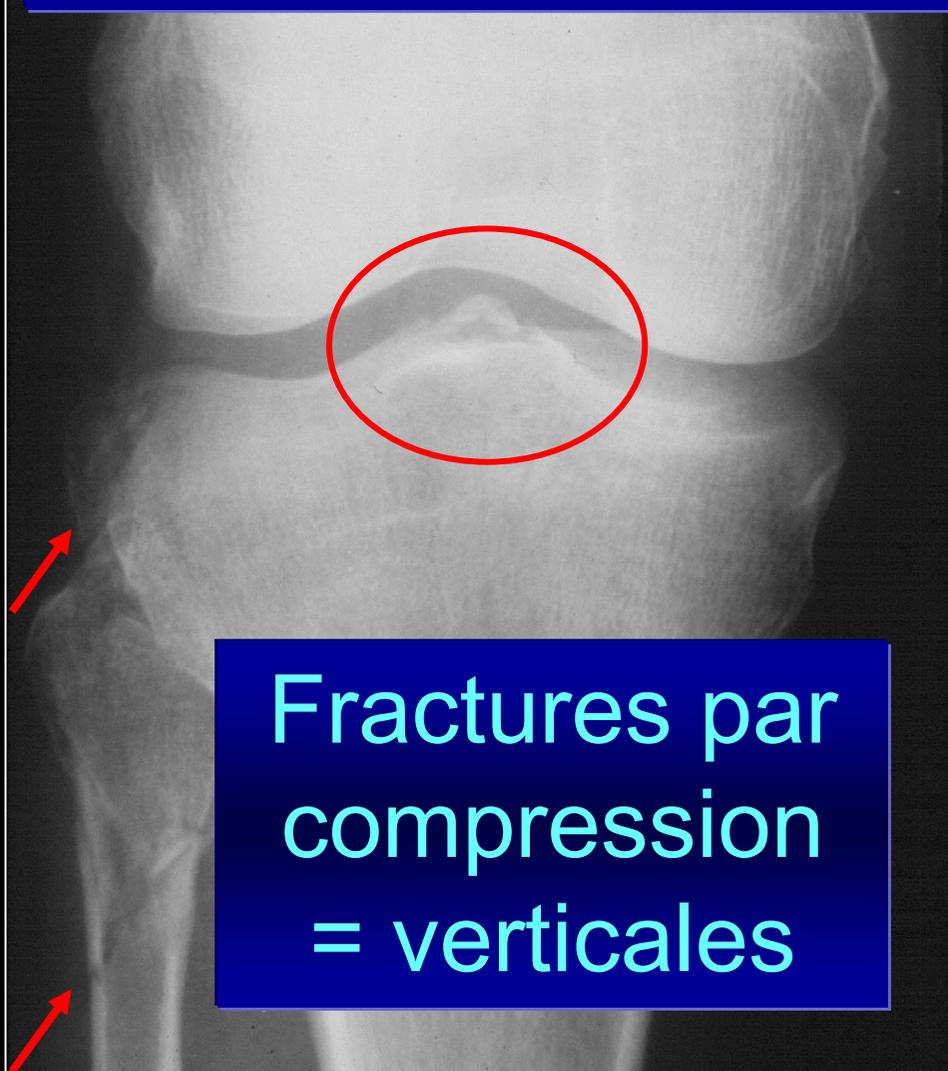




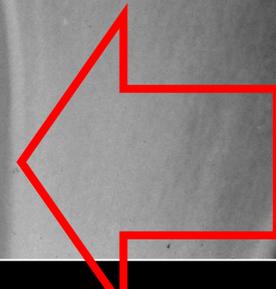
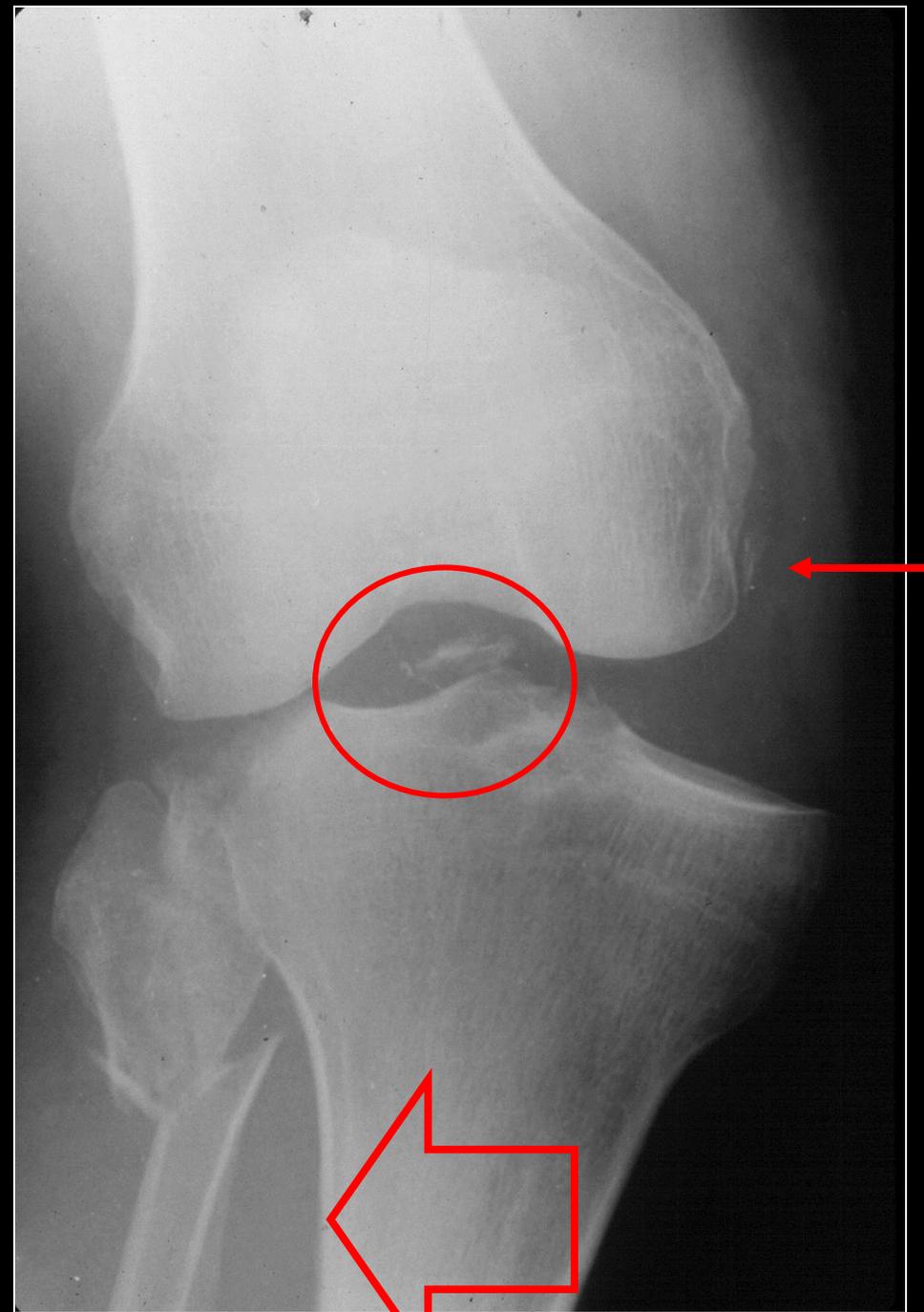
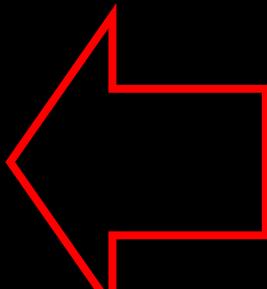
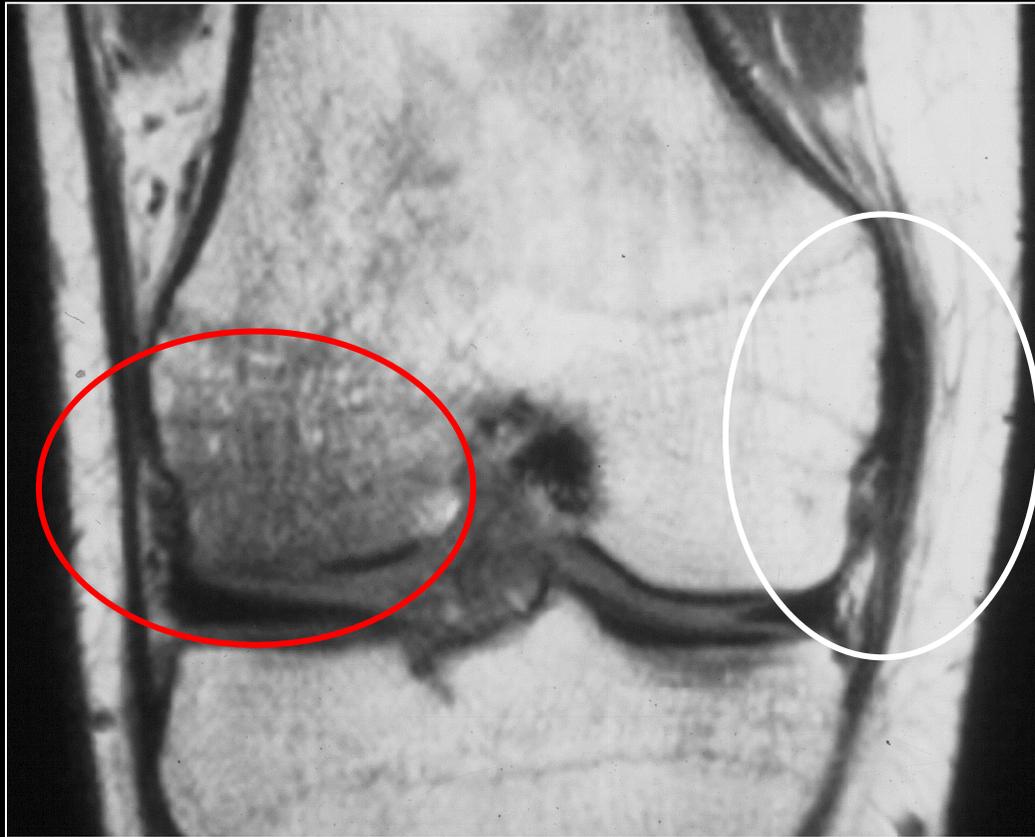
Trauma
genou

?

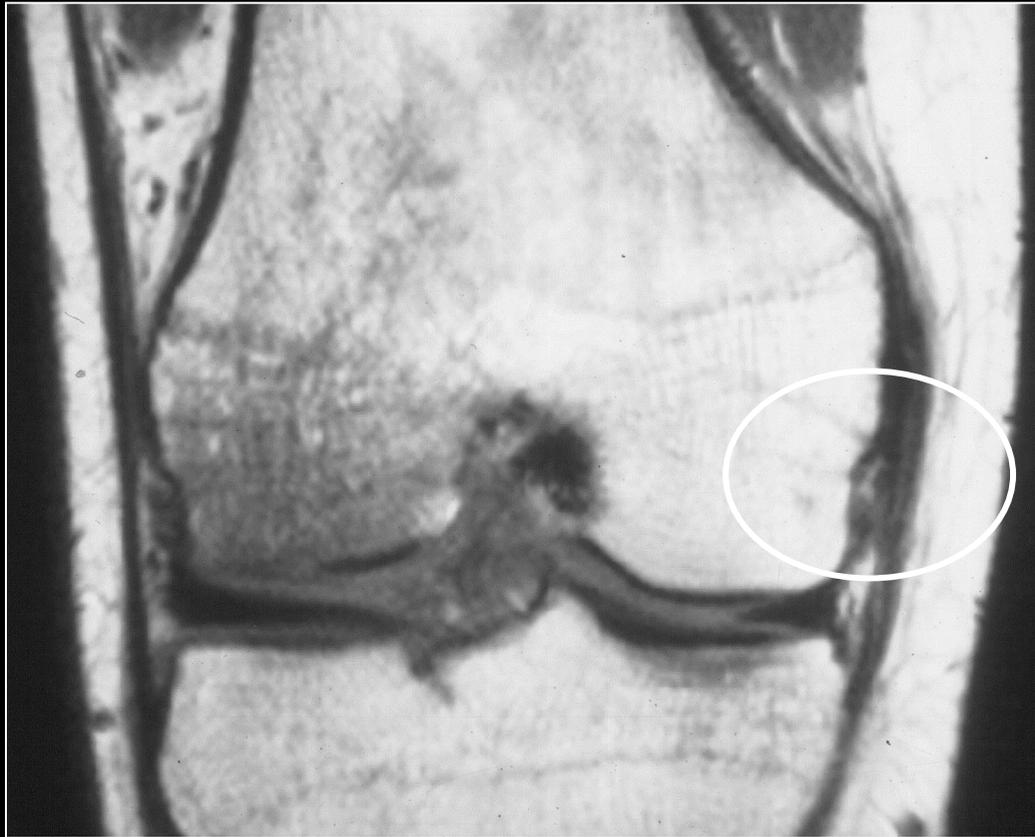
Petits arrachements
= Traces de dislocation



Autre patient...



Contusion Condyle Lat



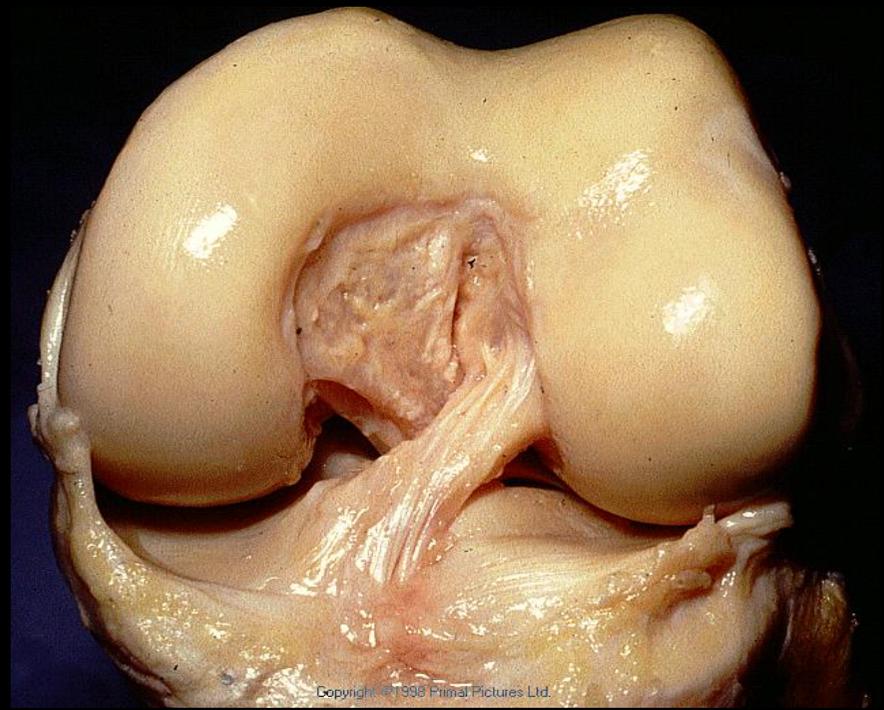
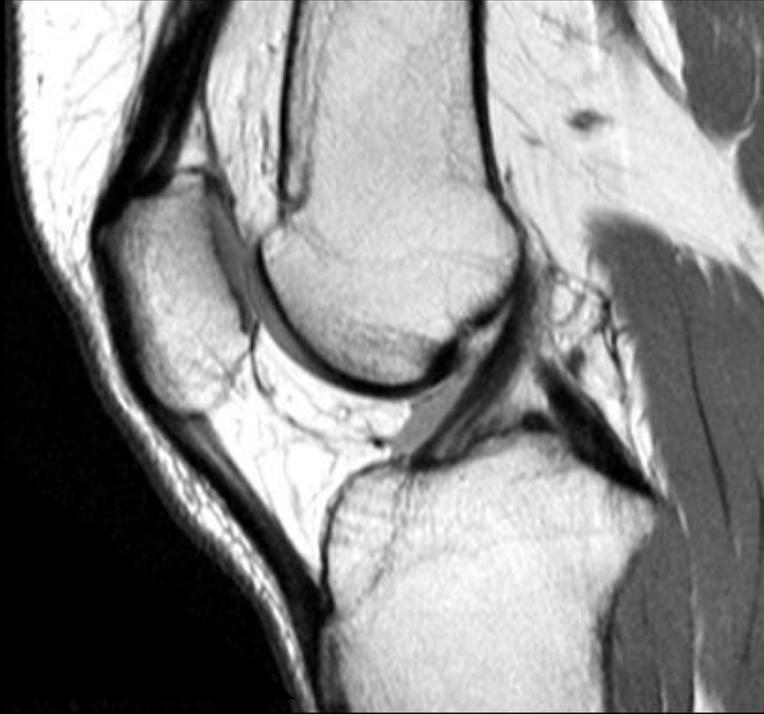
Droit

Autre patient
Rupture LLI

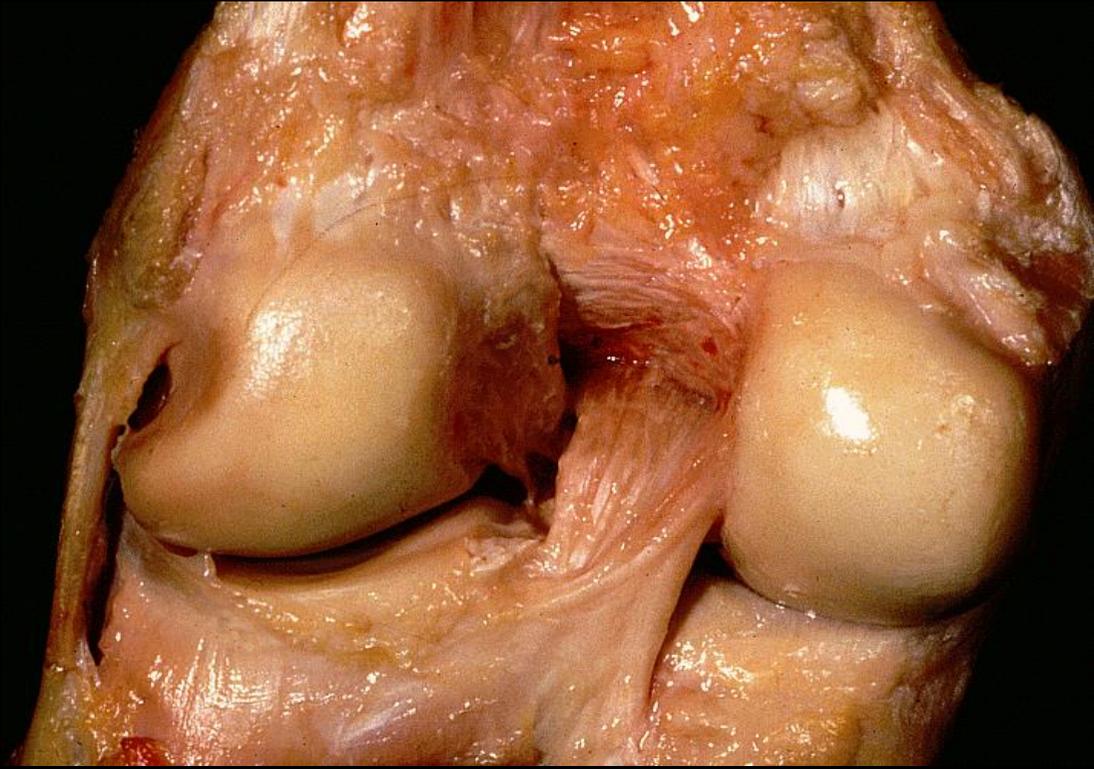


Gauche

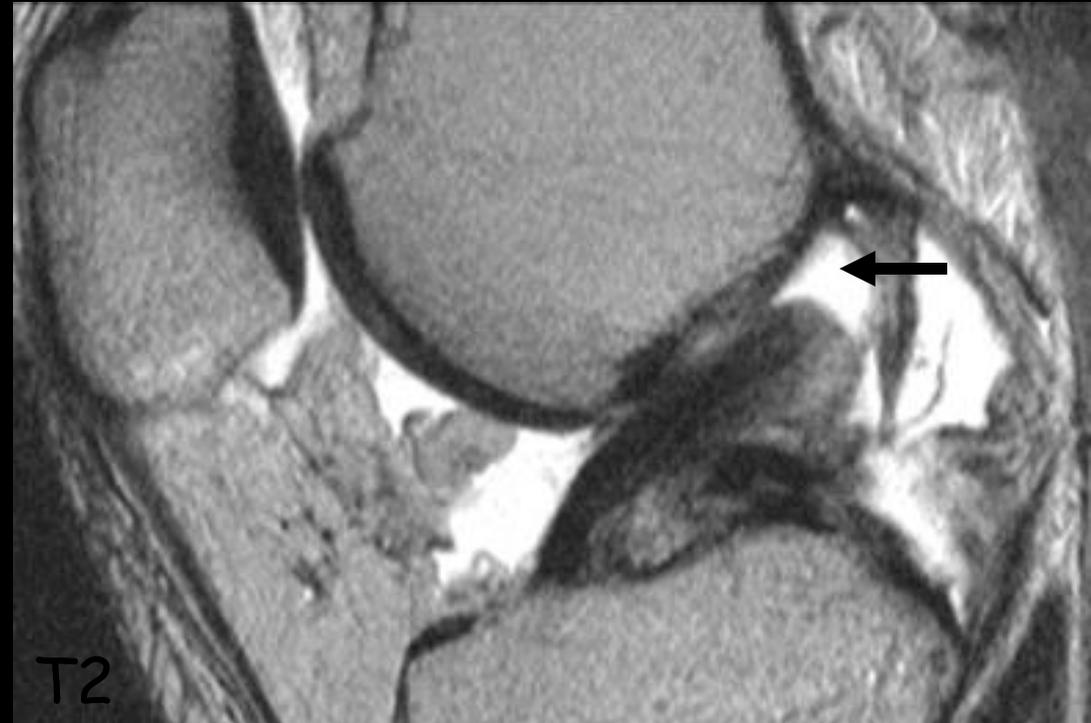
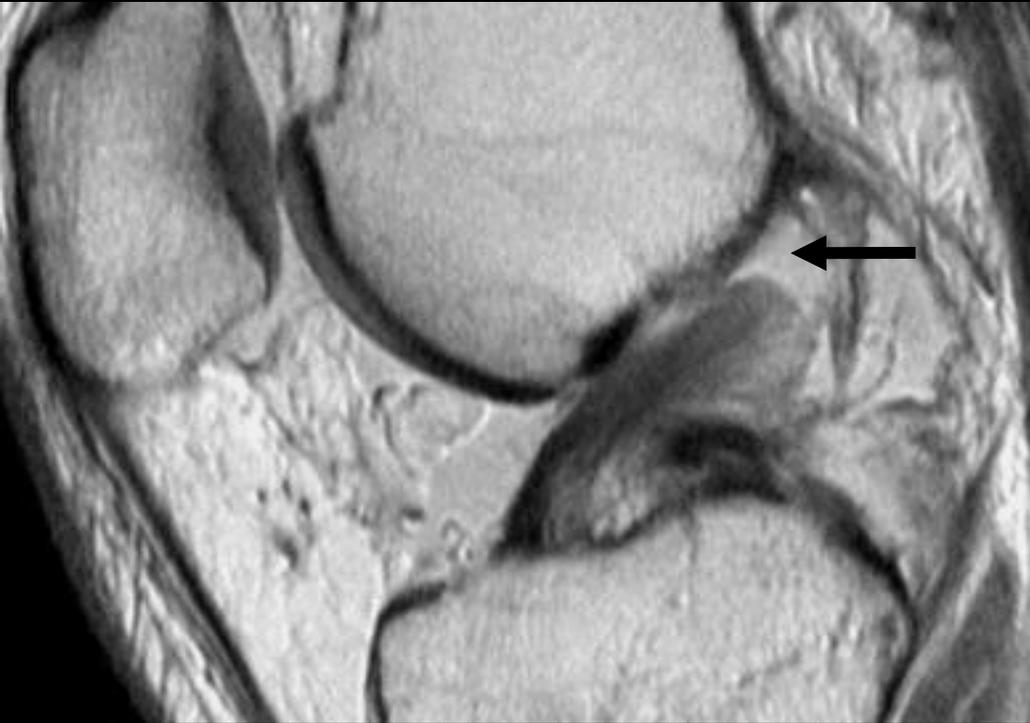
LCA

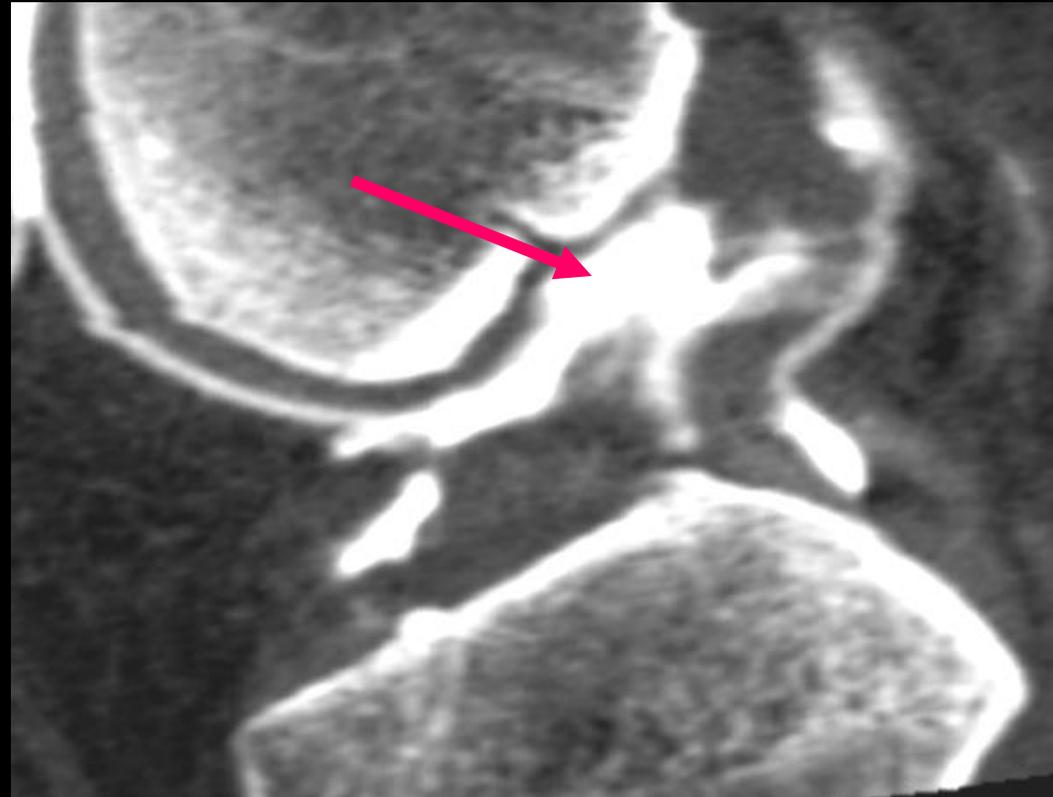


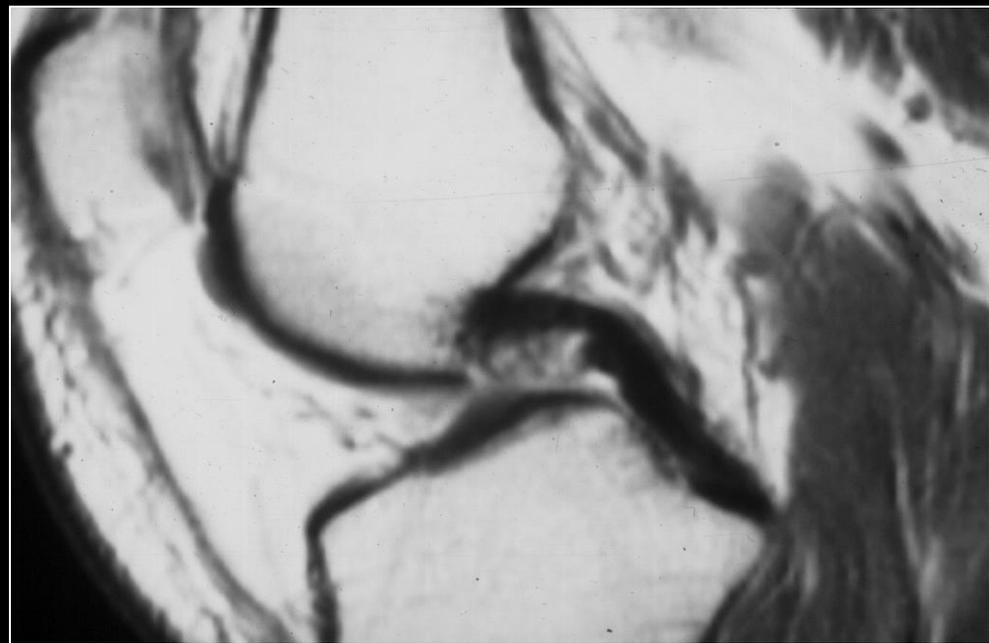
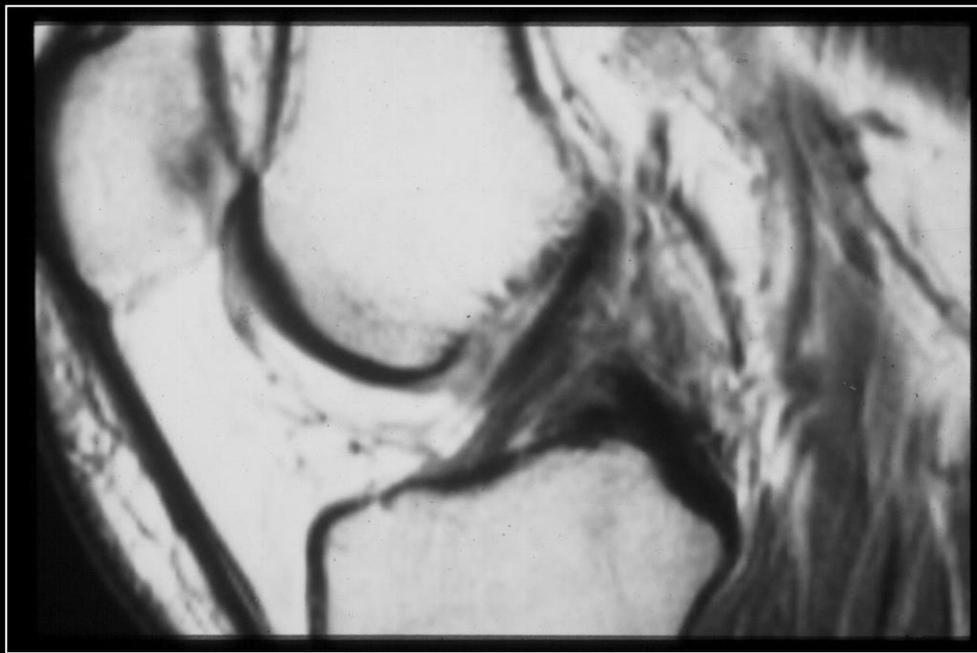
LCP

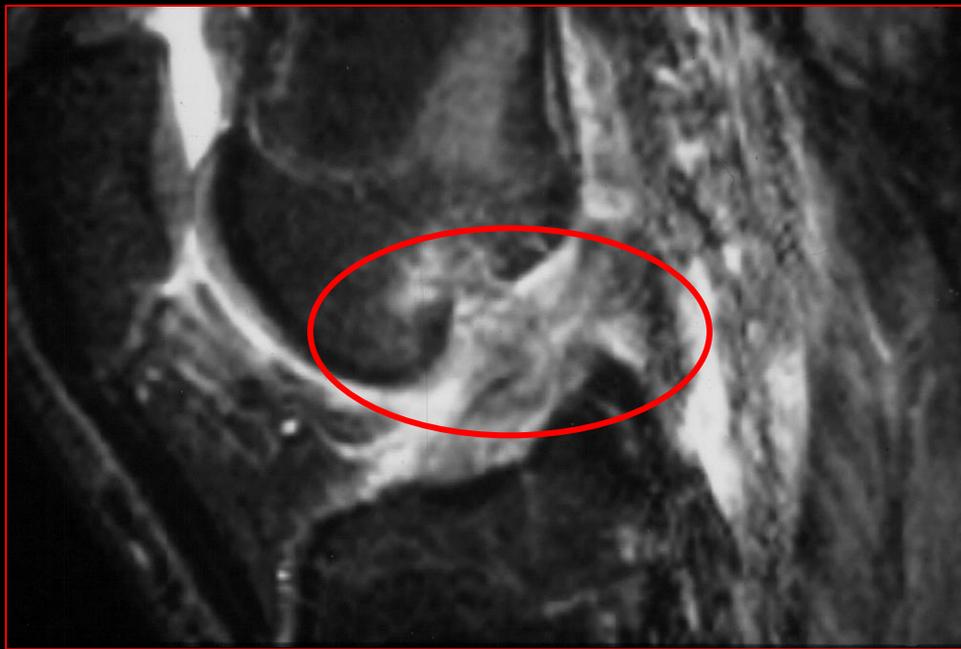
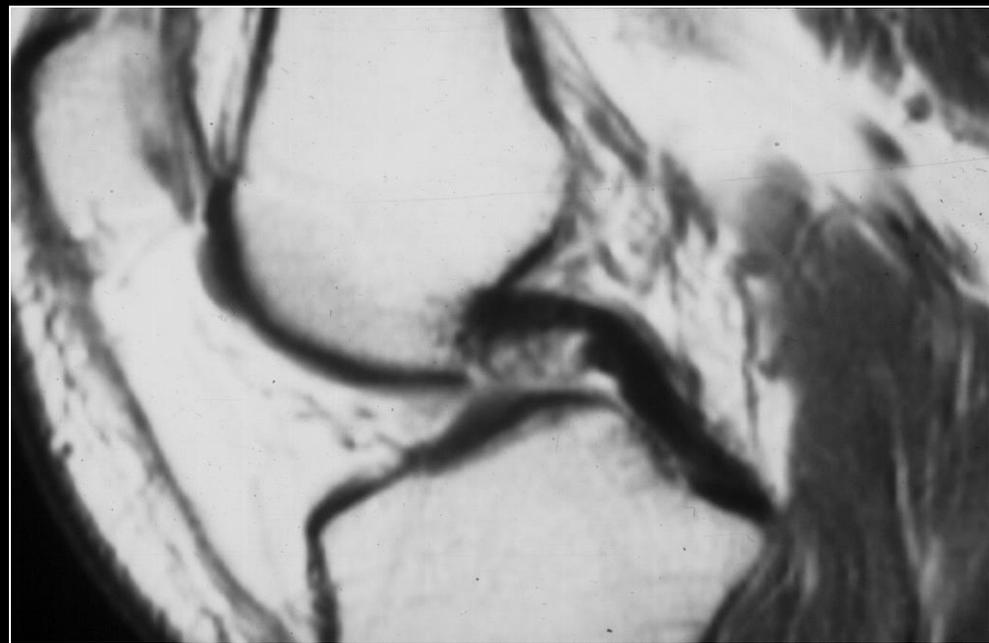
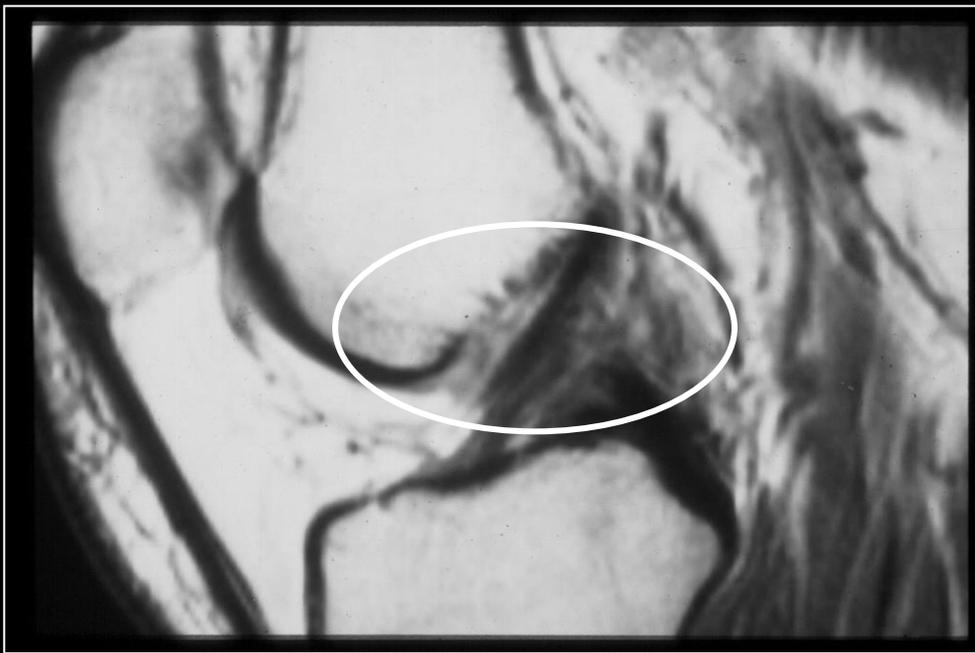


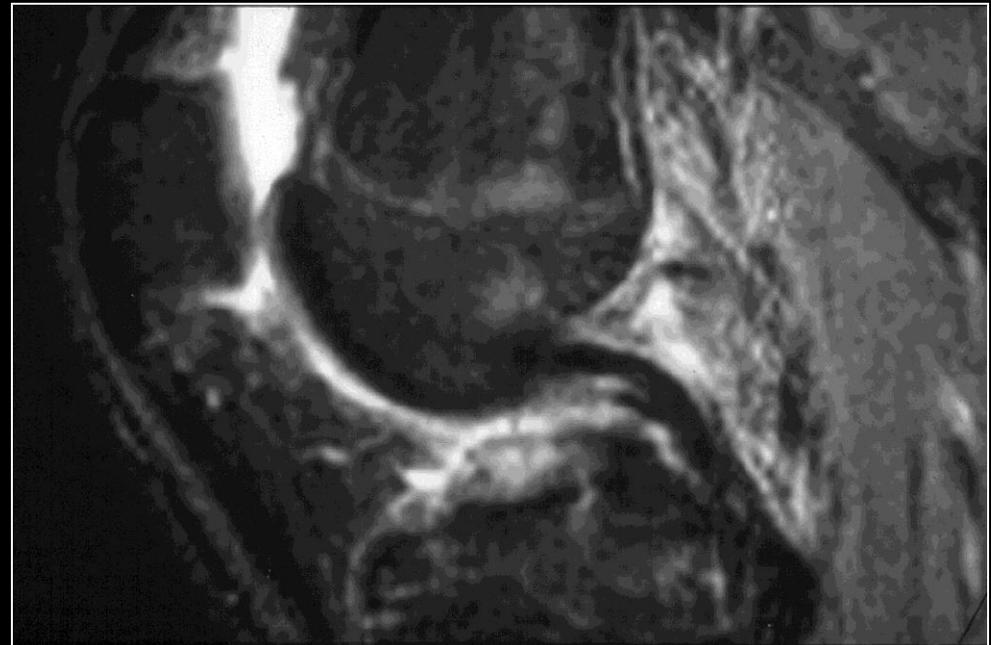
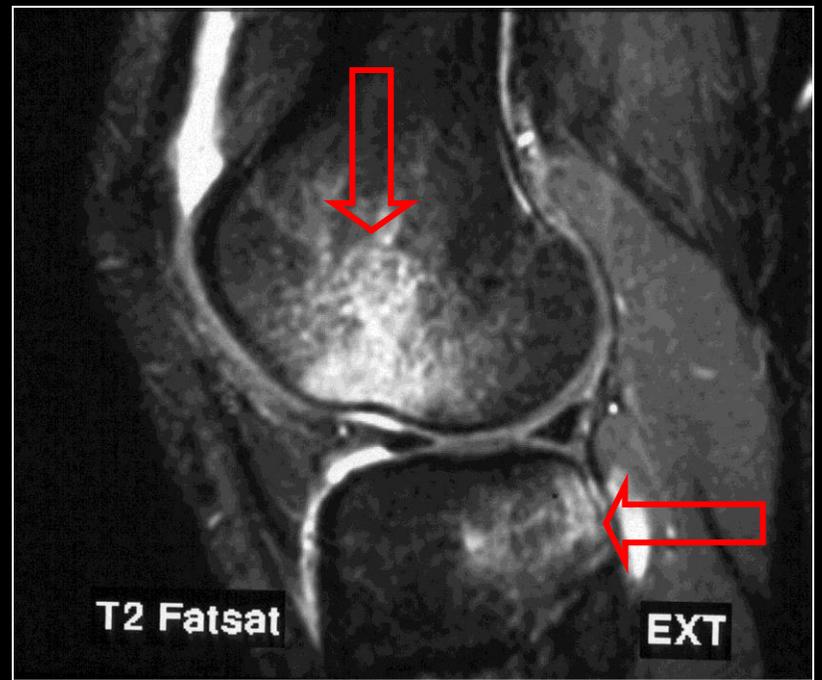
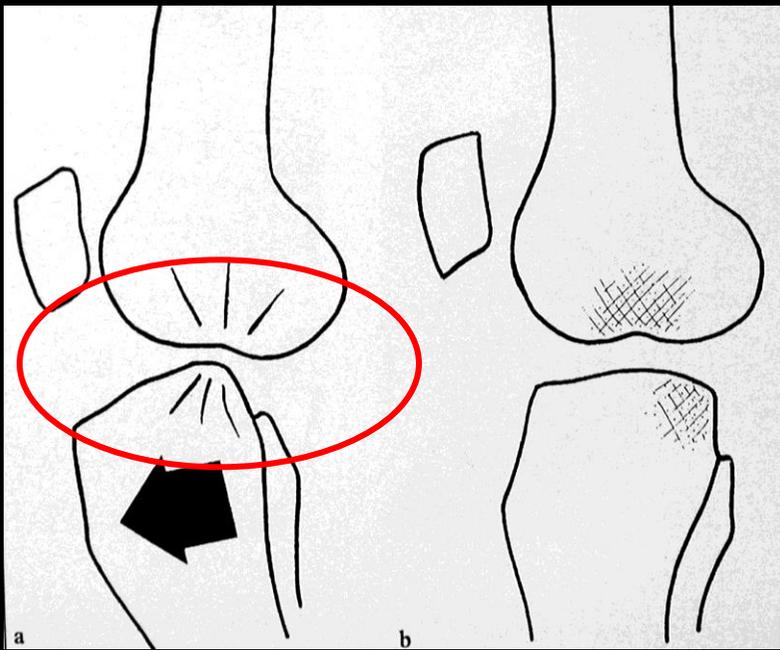
Solution Continuité

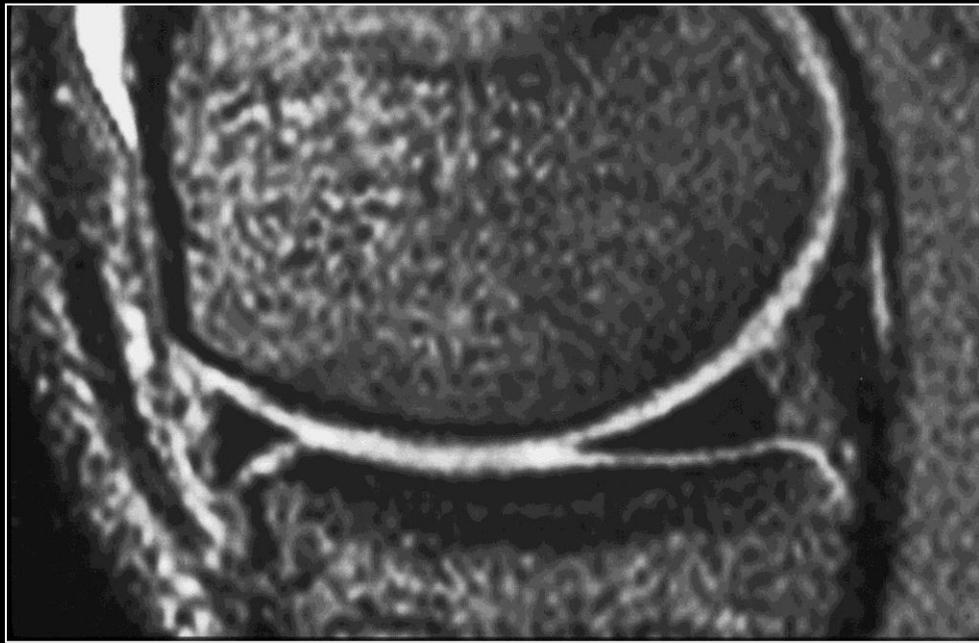


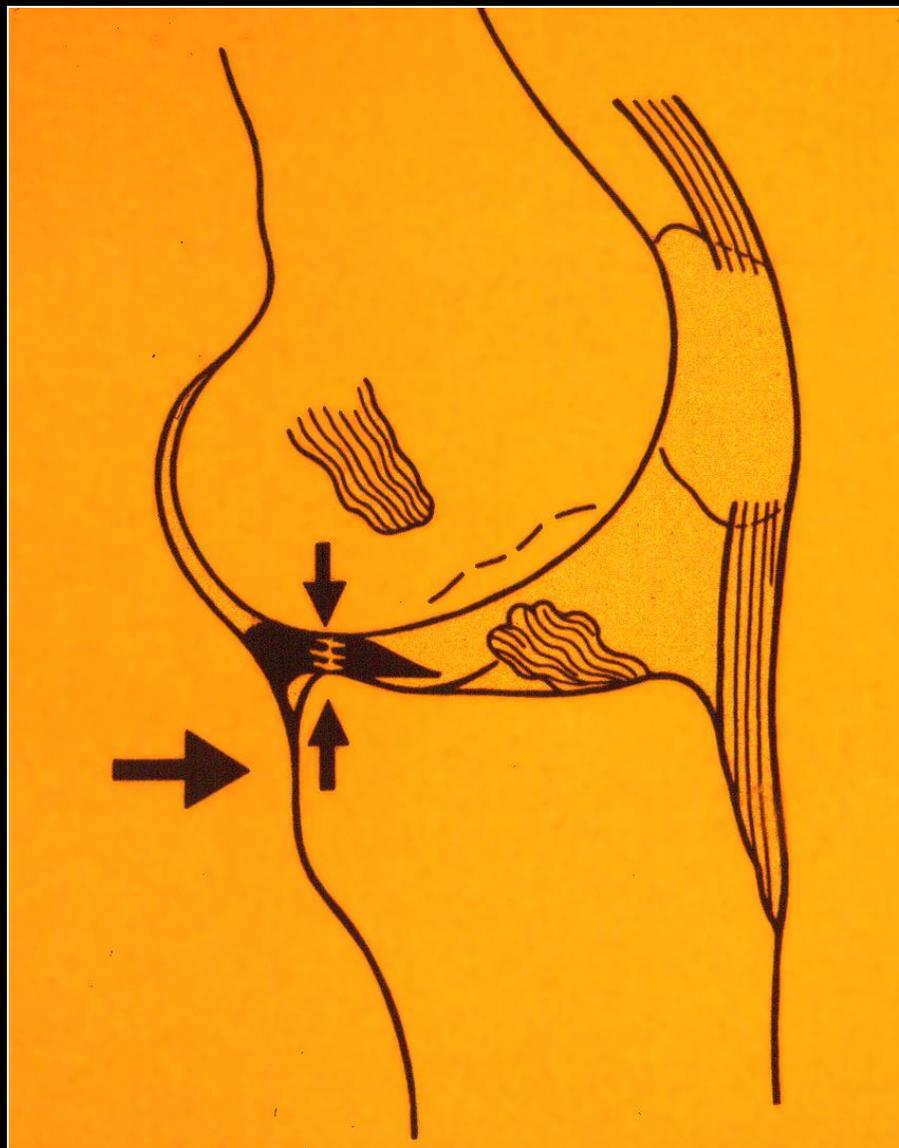




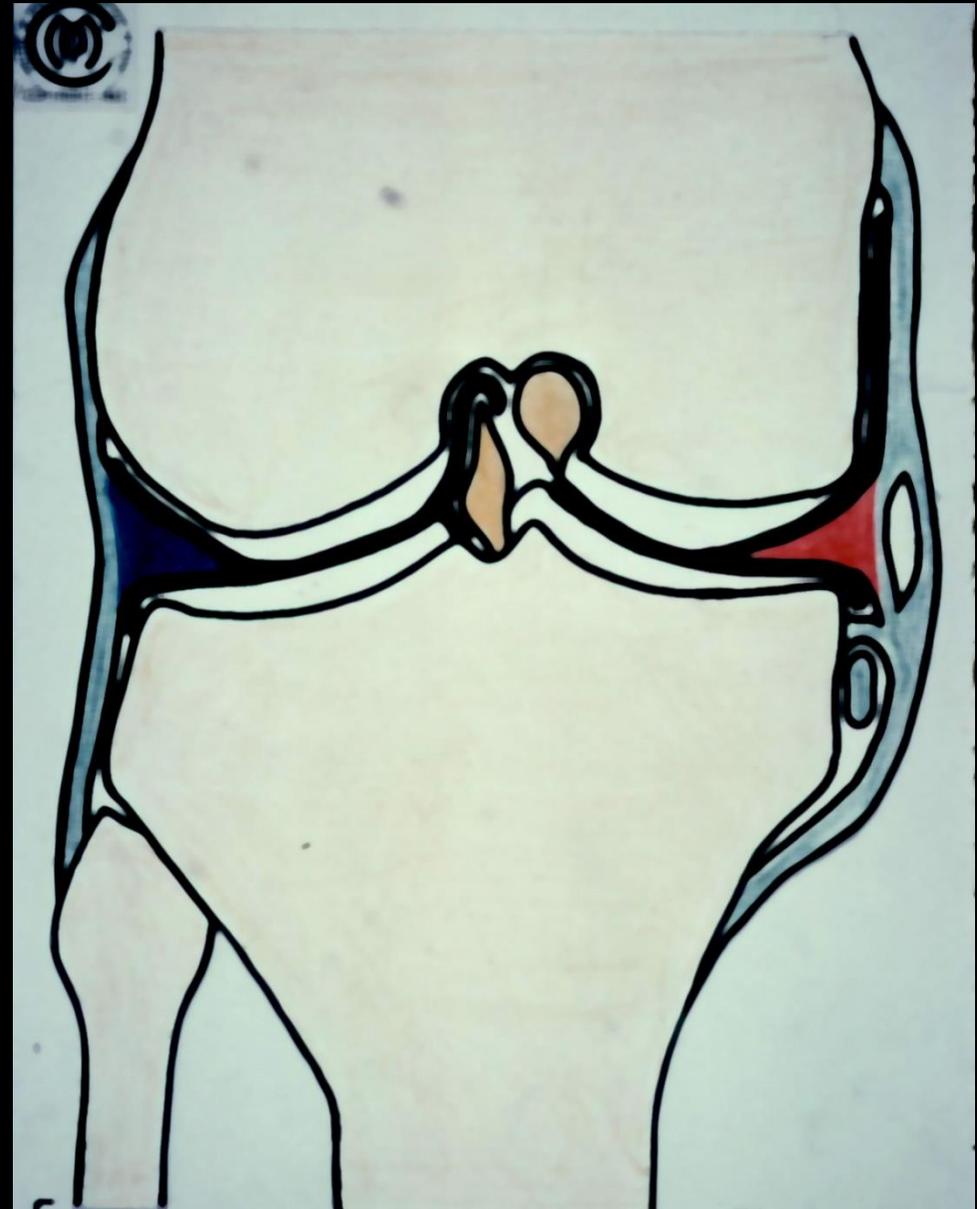




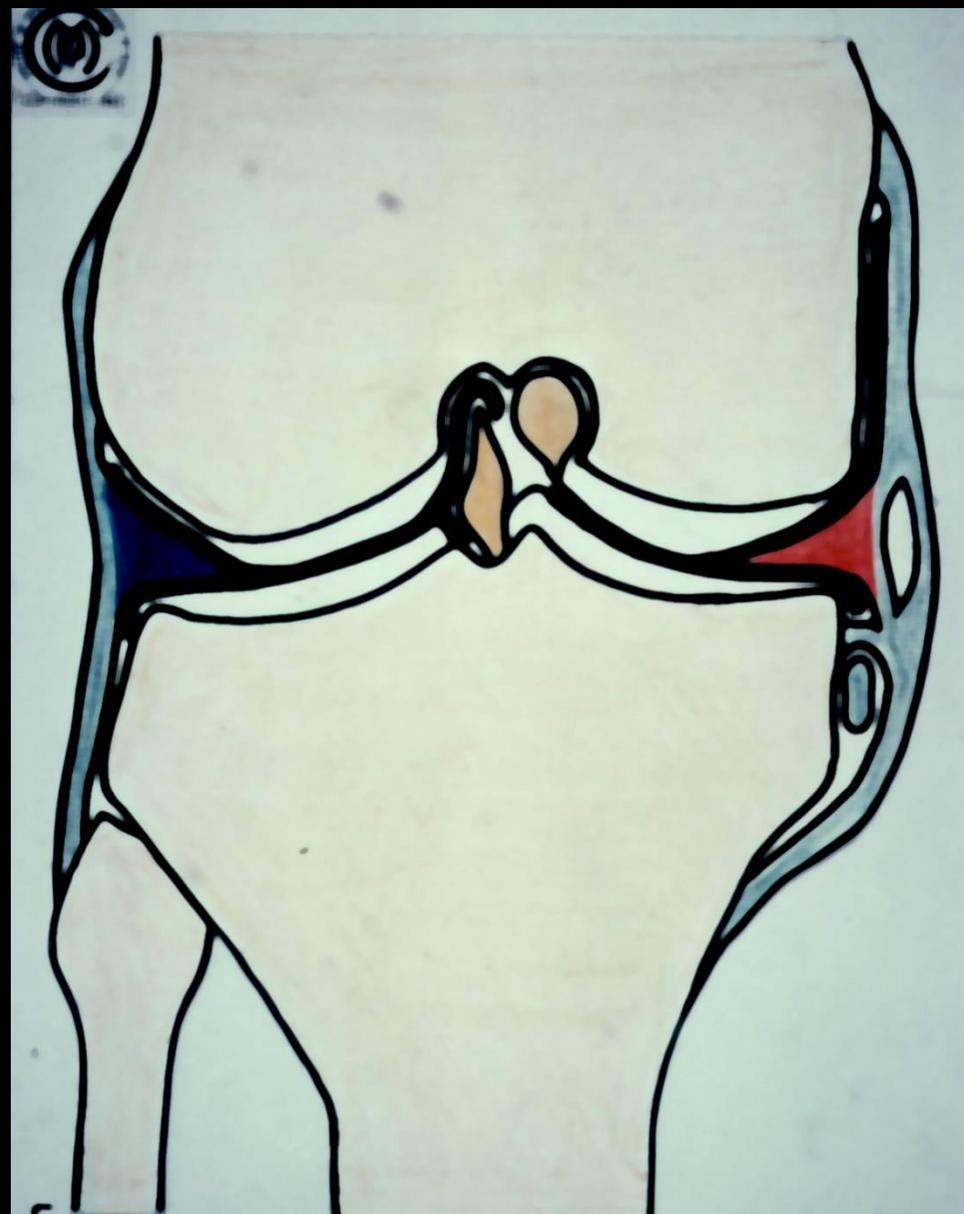


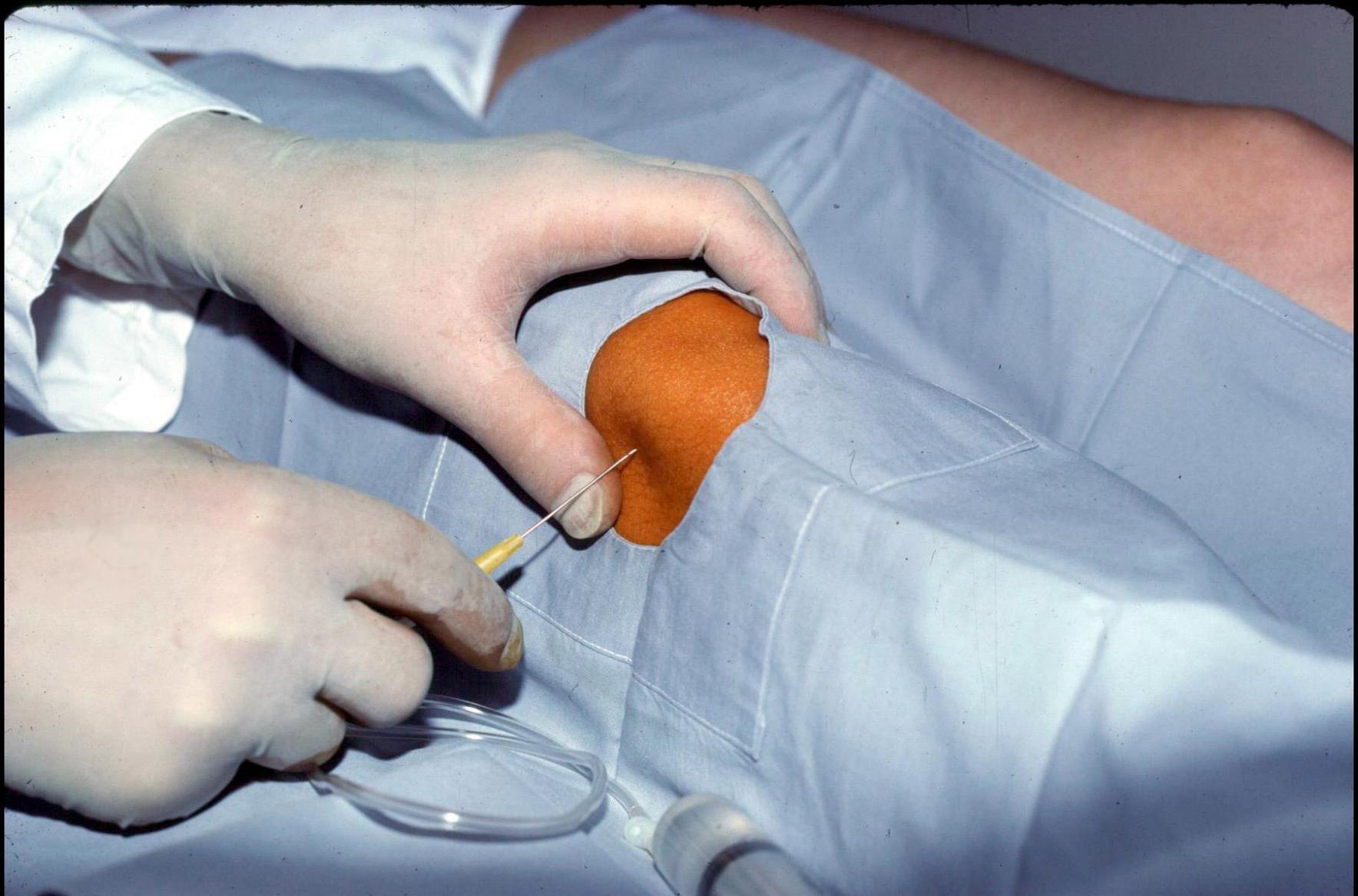


Interligne



Arthrographie du Genou





Ponction du récessus supra rotulien





Normal

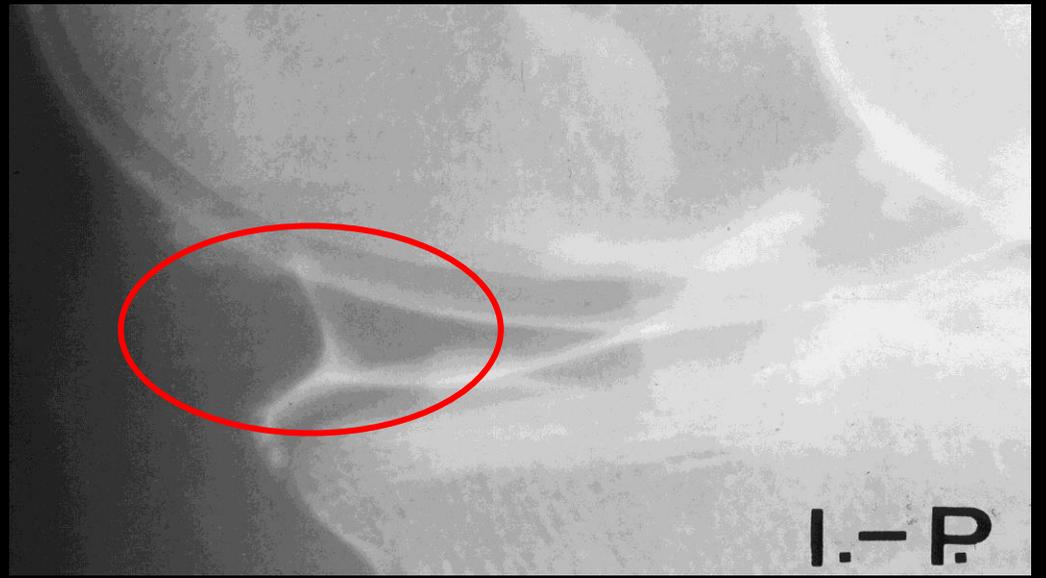
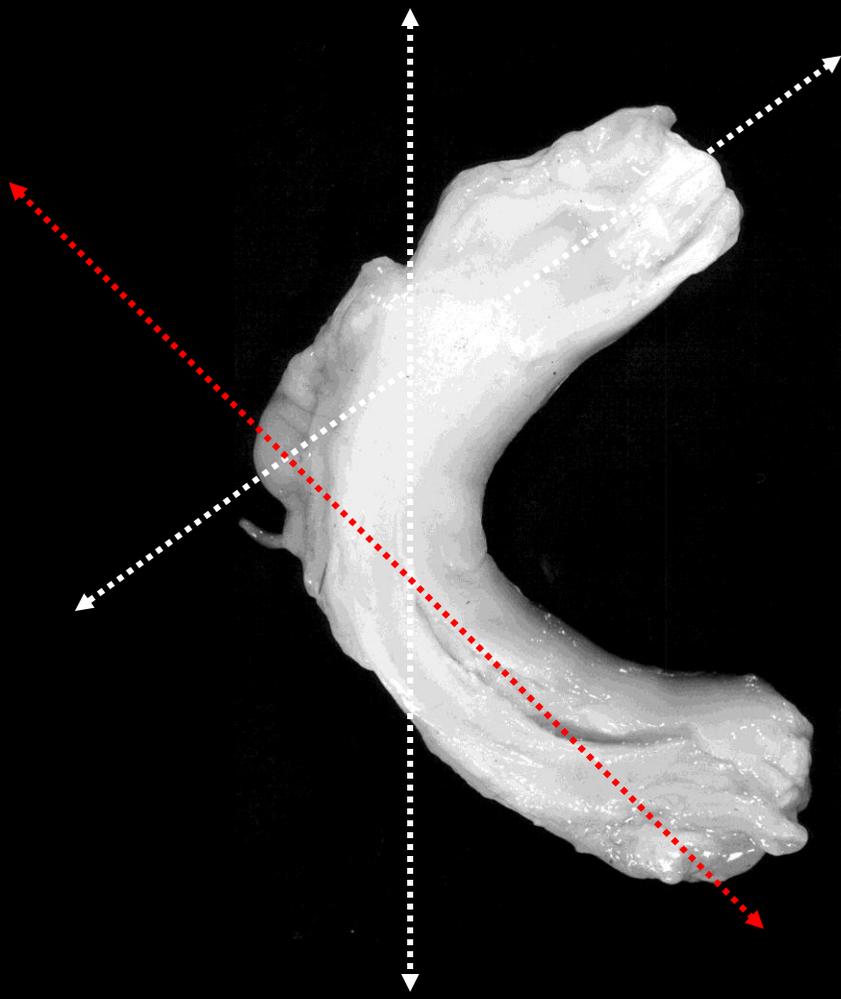


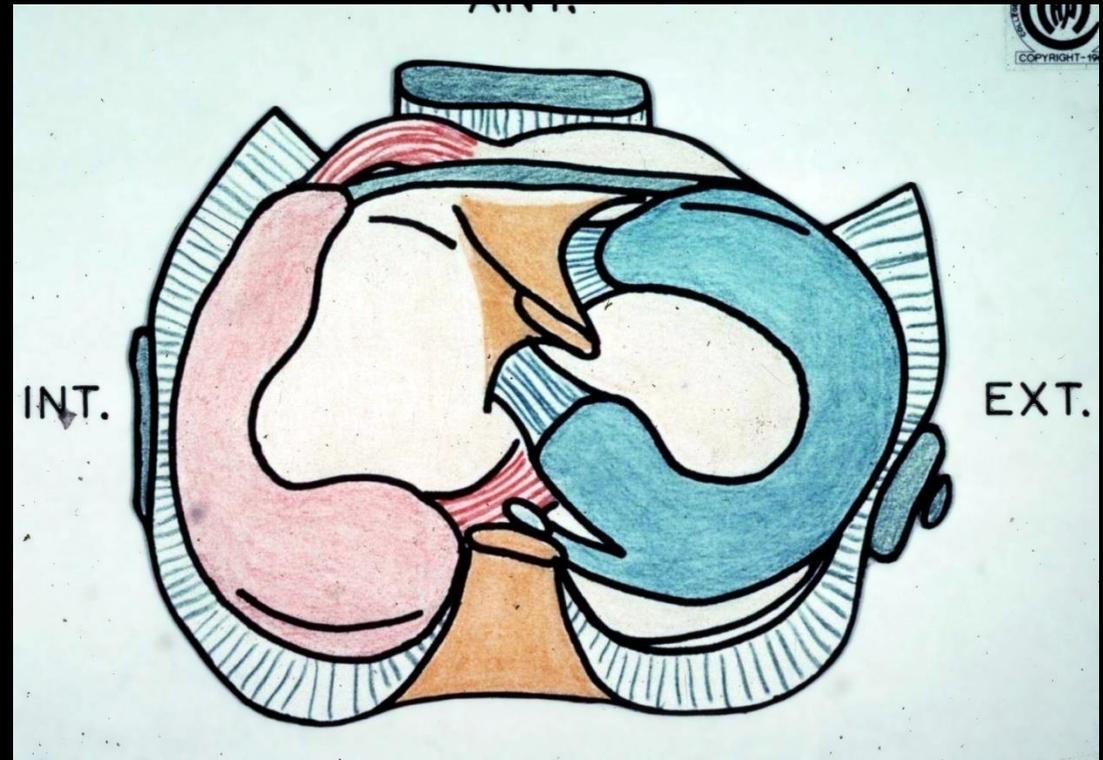
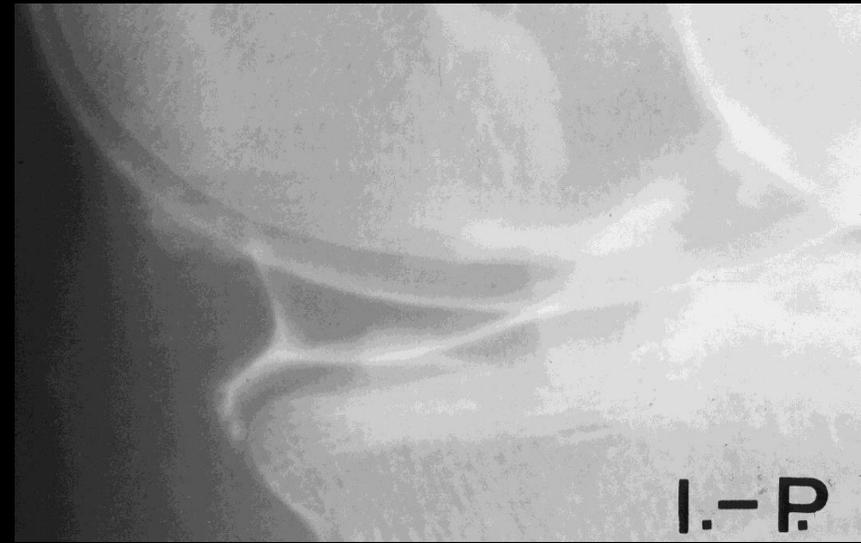
Ménisque



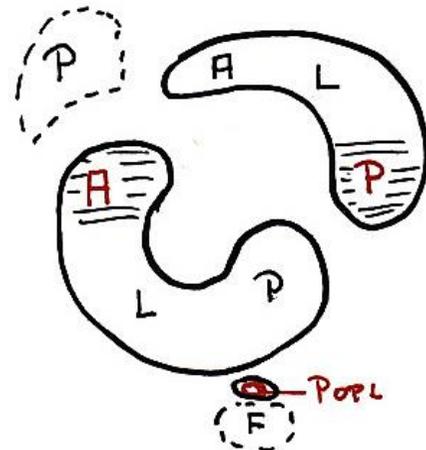
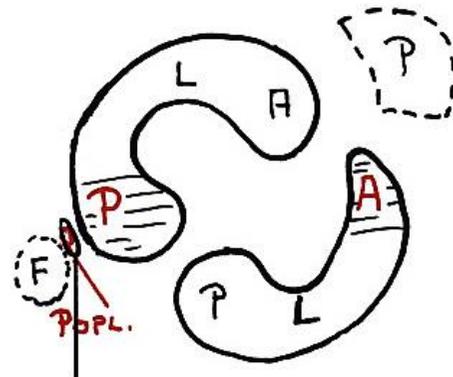
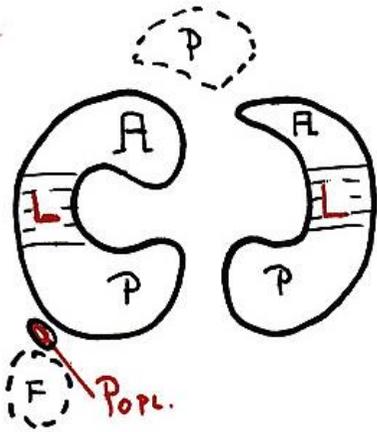
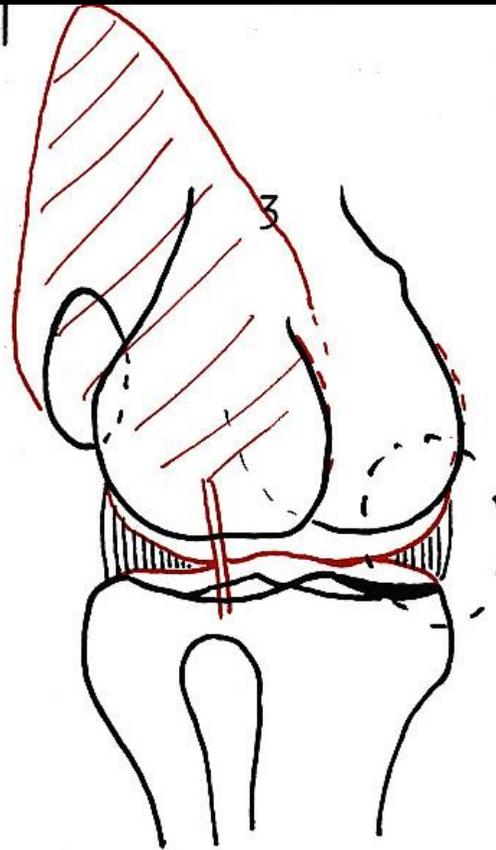
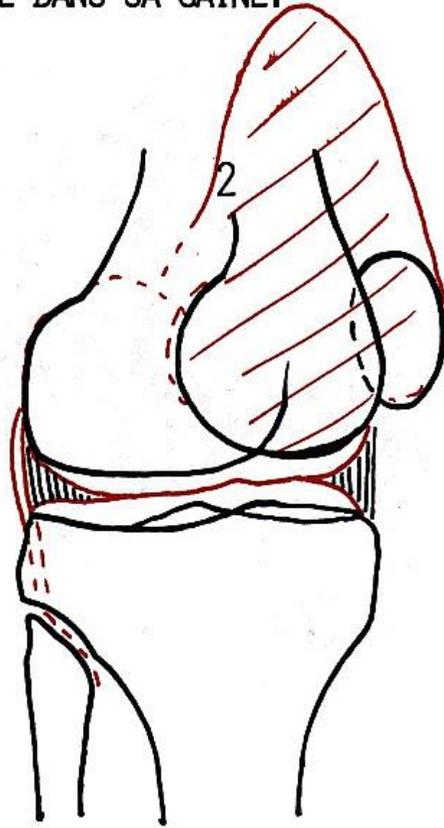
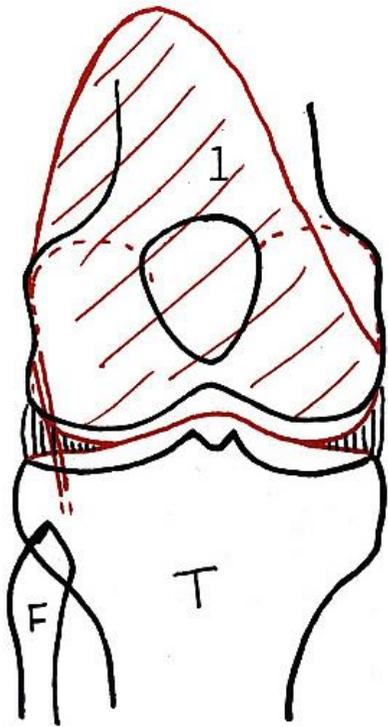
Rompu



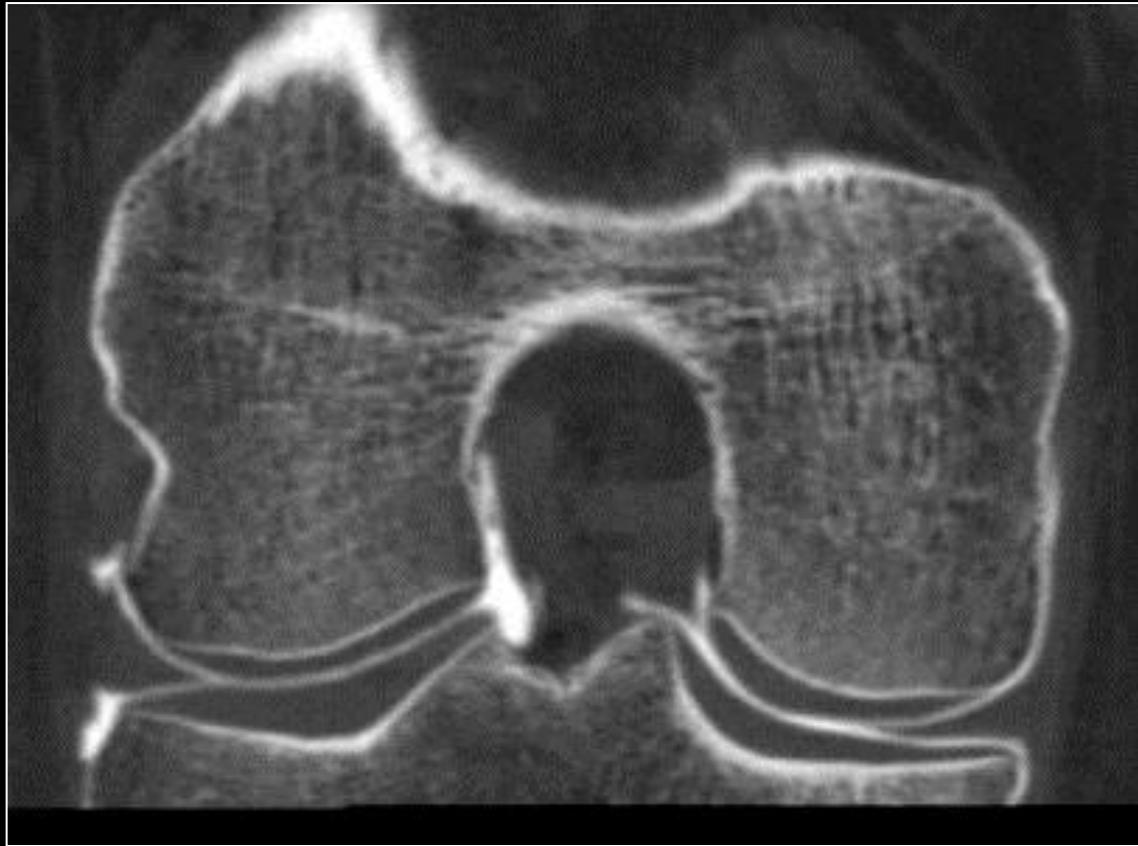




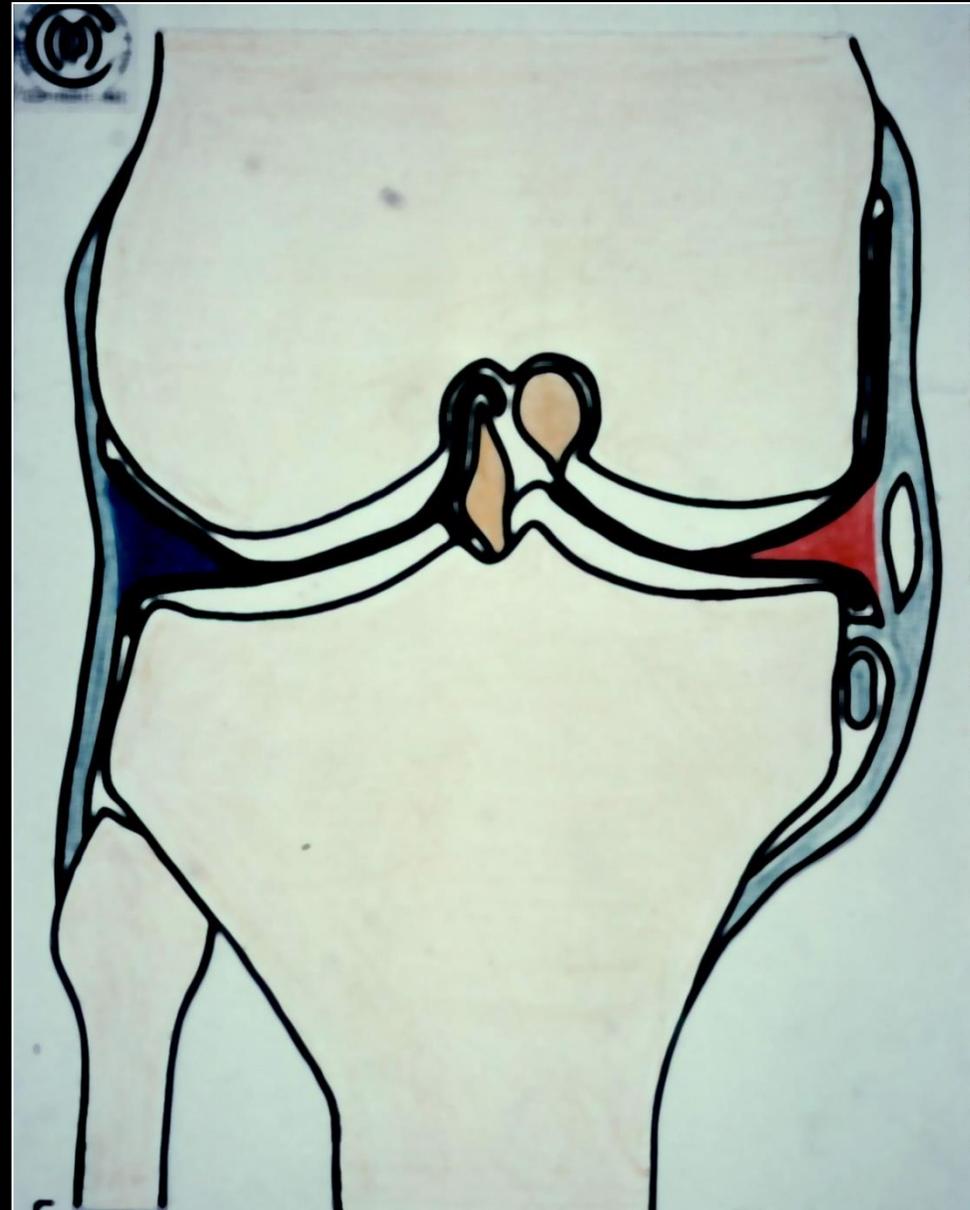
POPLITÉ DANS SA GAINE.



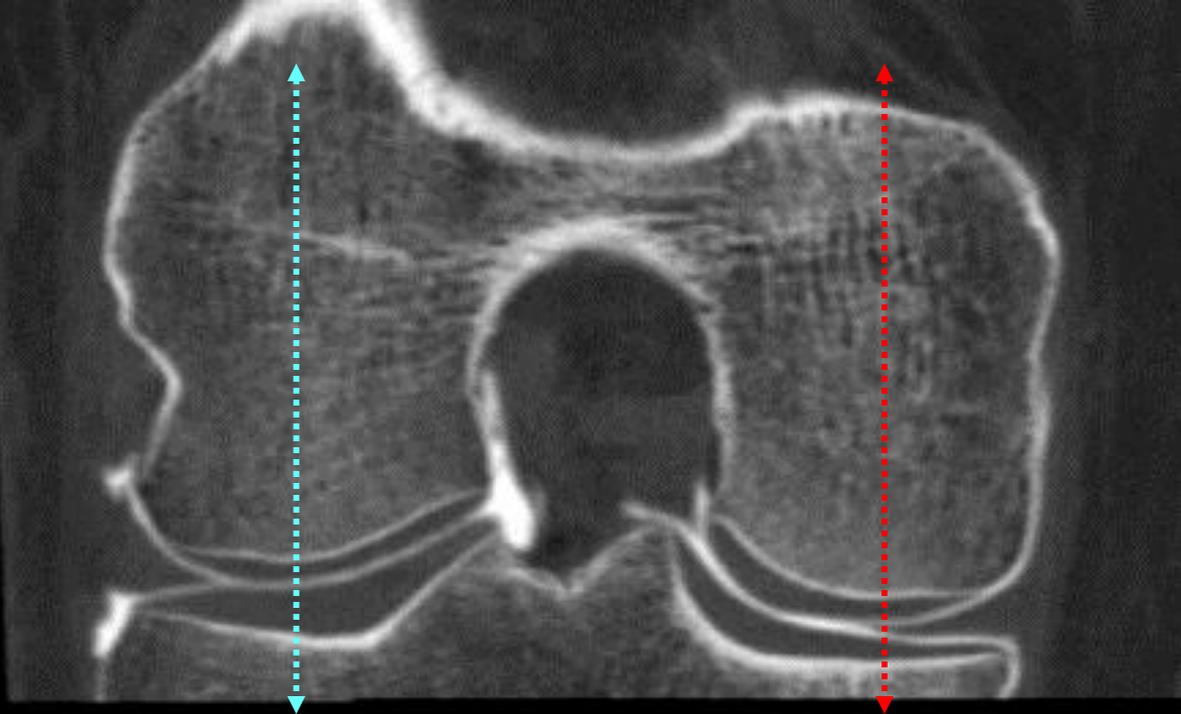
TENDON DU POPLITÉ
DANS SA GAINE



Arthroscan
Coupe coronale



Dr

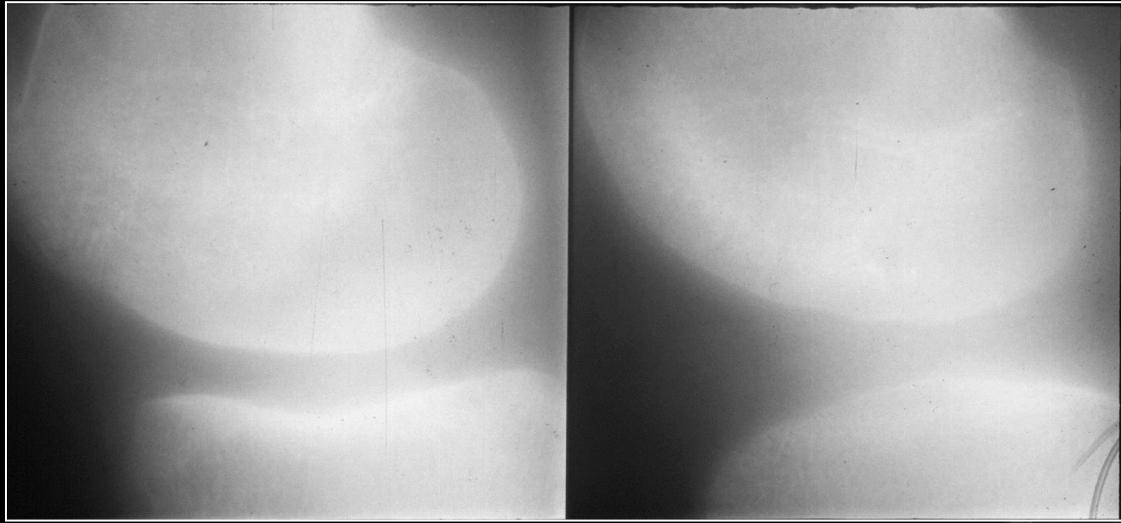


Latéral



Médial





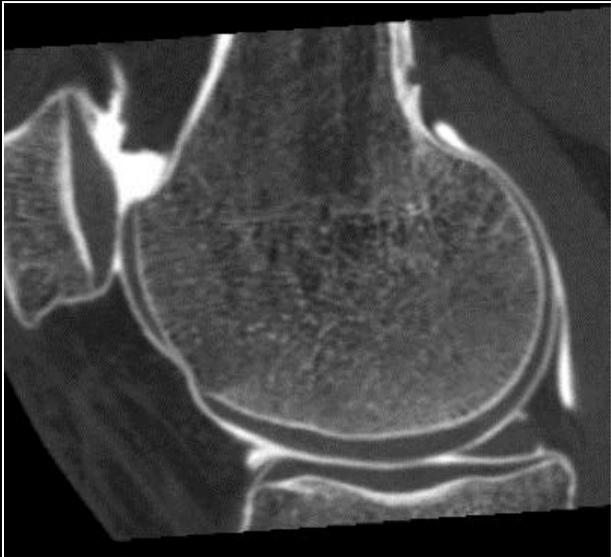
Interne

Externe

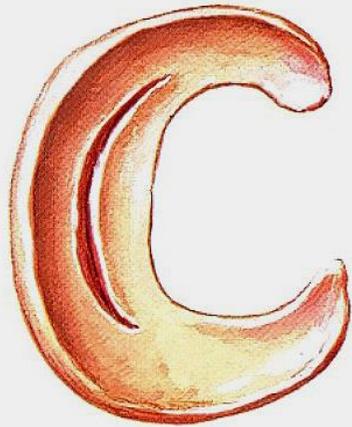


E

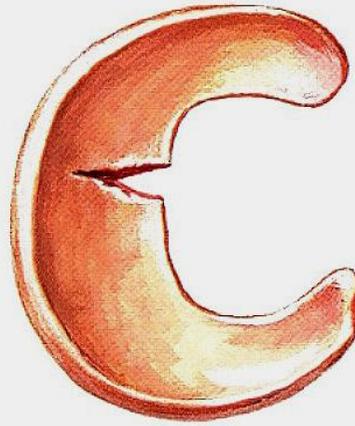
I



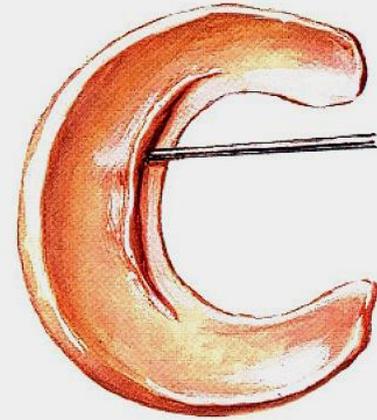
Types and Derivatives of Meniscal Tears



Vertical tear

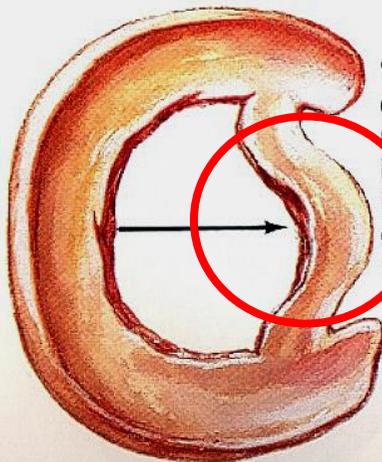


Radial tear



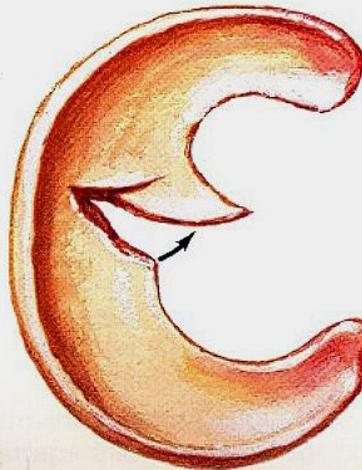
Horizontal (cleavage) tear

Vertical tear



"Handle"
often
migrates
into
inter-
condylar
notch

Radial tear



Horizontal (cleavage) tear

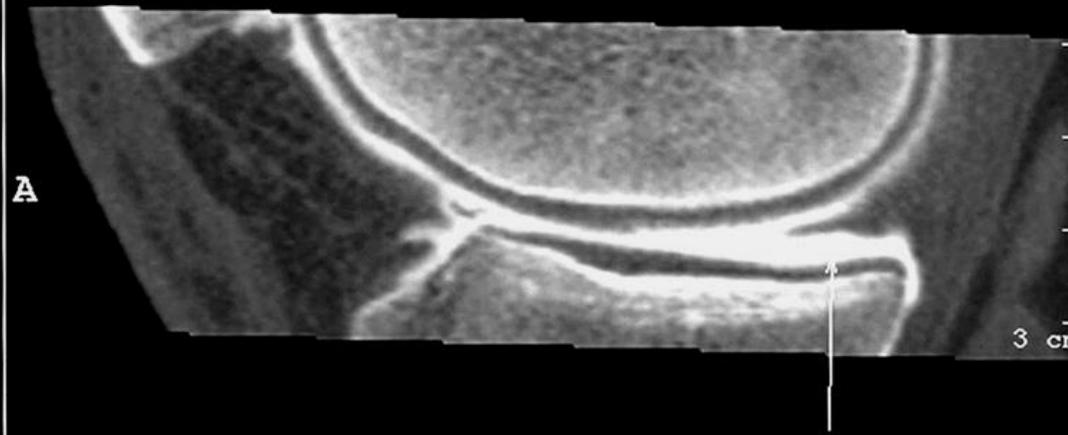


L. Netter
M.D.



F

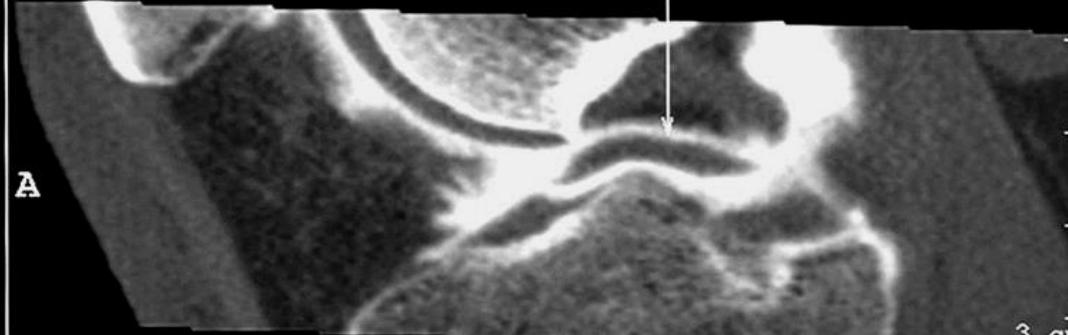
C1 453
W1 1851



A

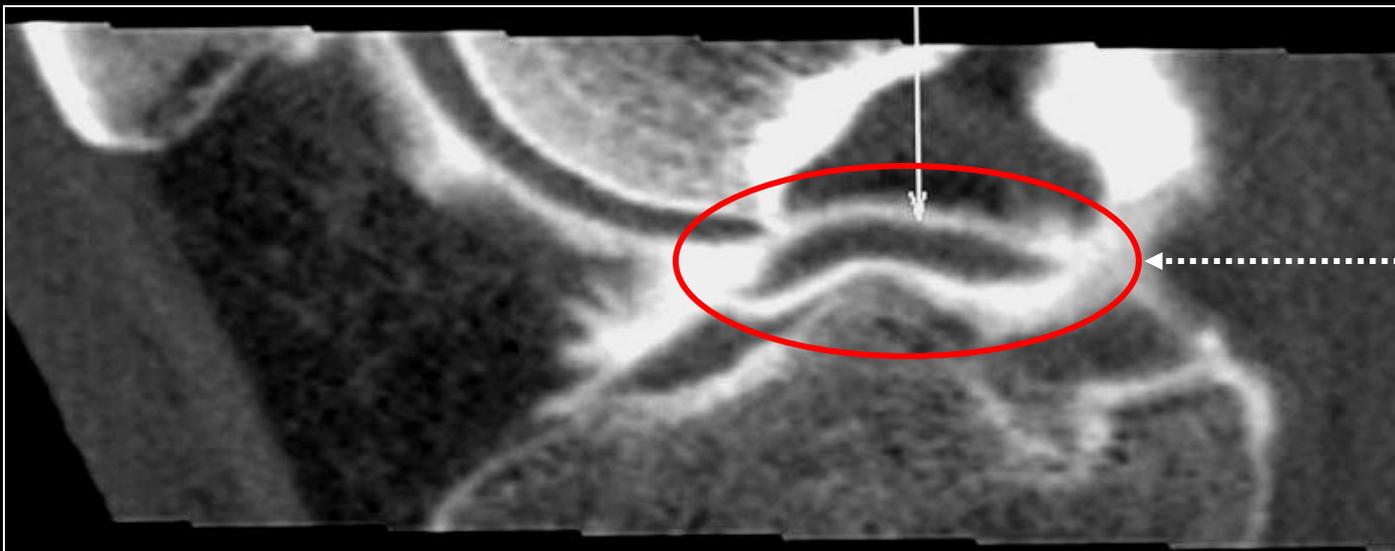
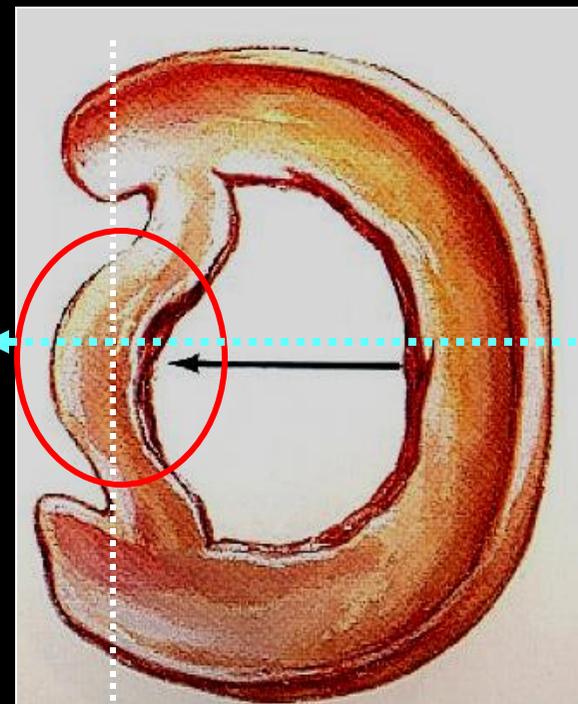
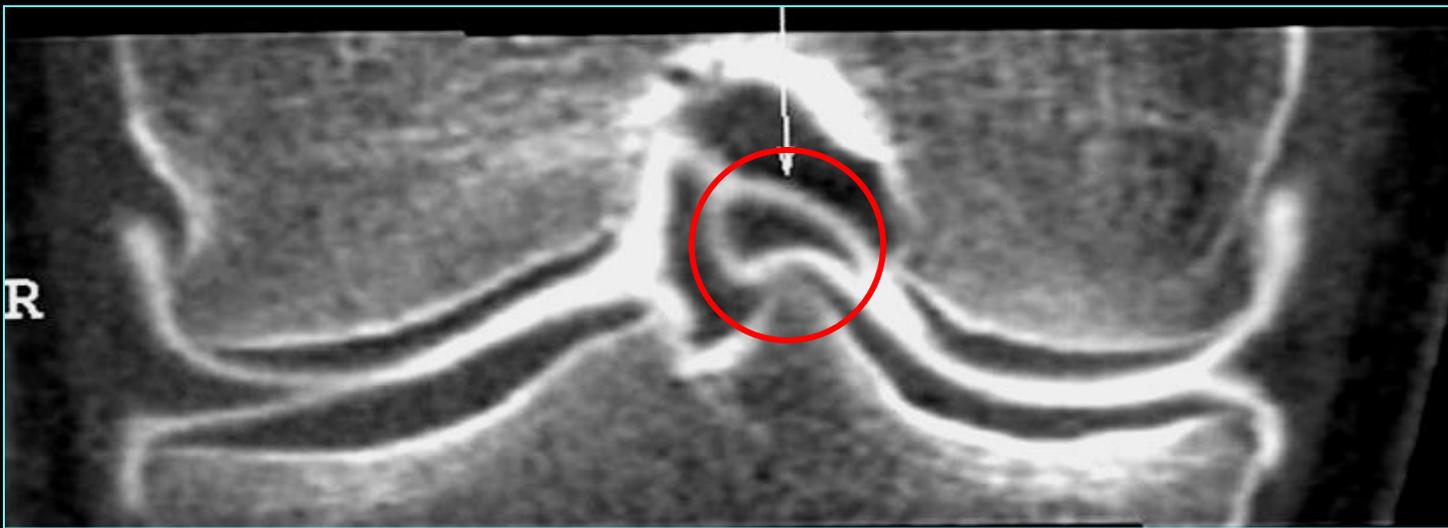
F

C1 453
W1 1851



A

3 cm



ARTHRO - CT

2

1

3

IRM

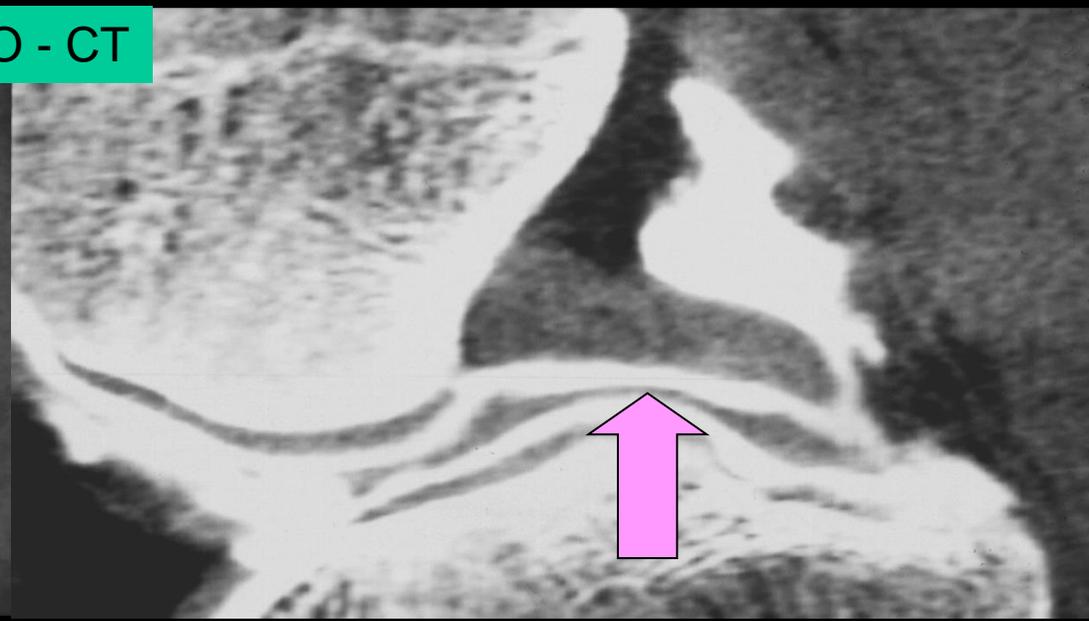
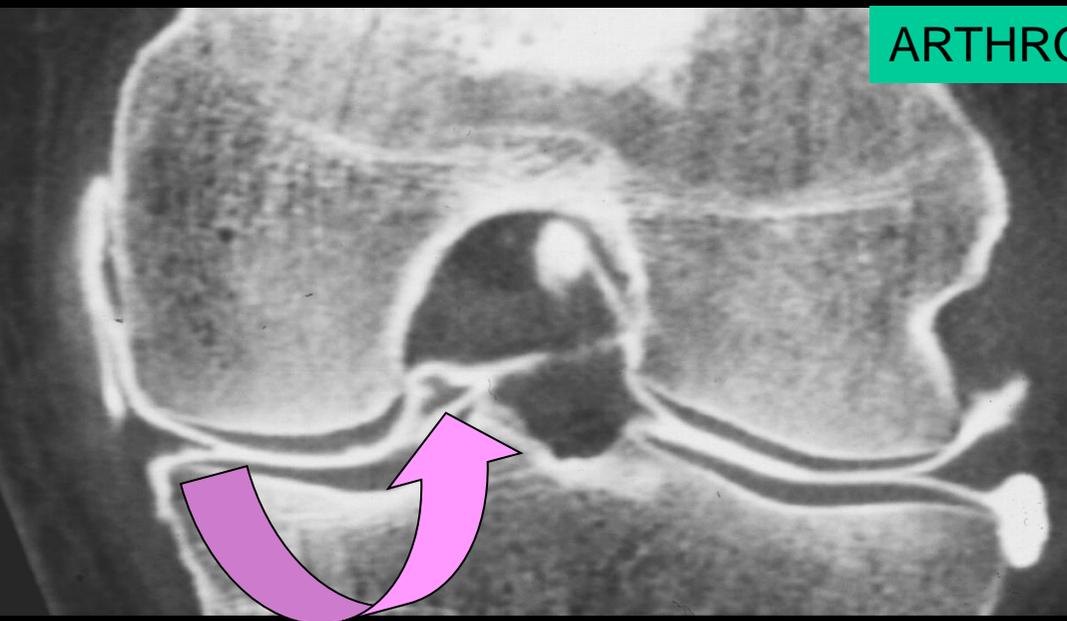
2

1

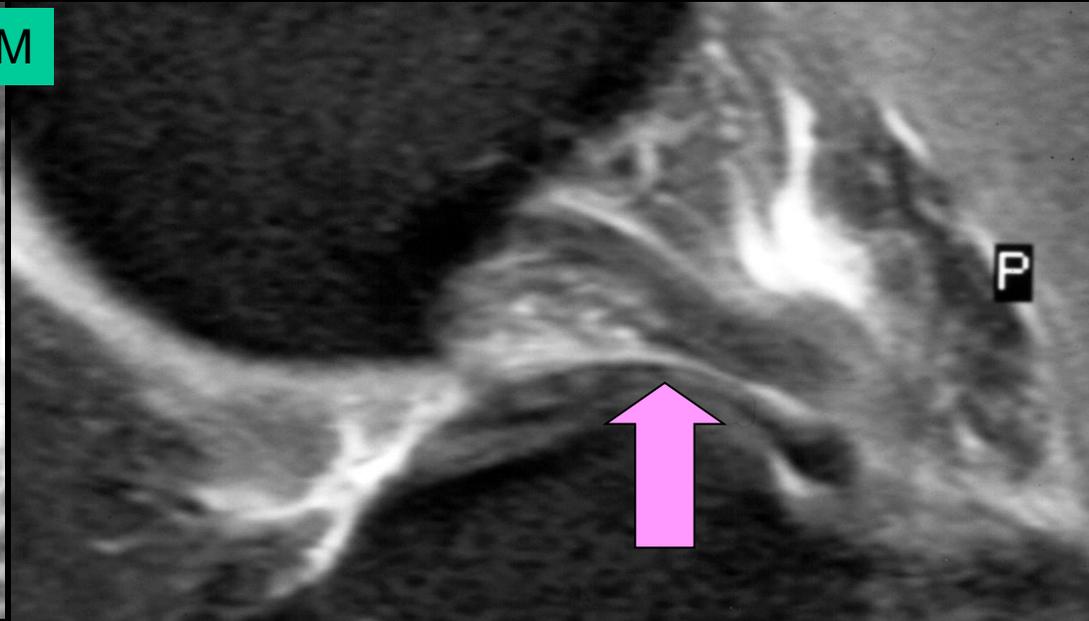
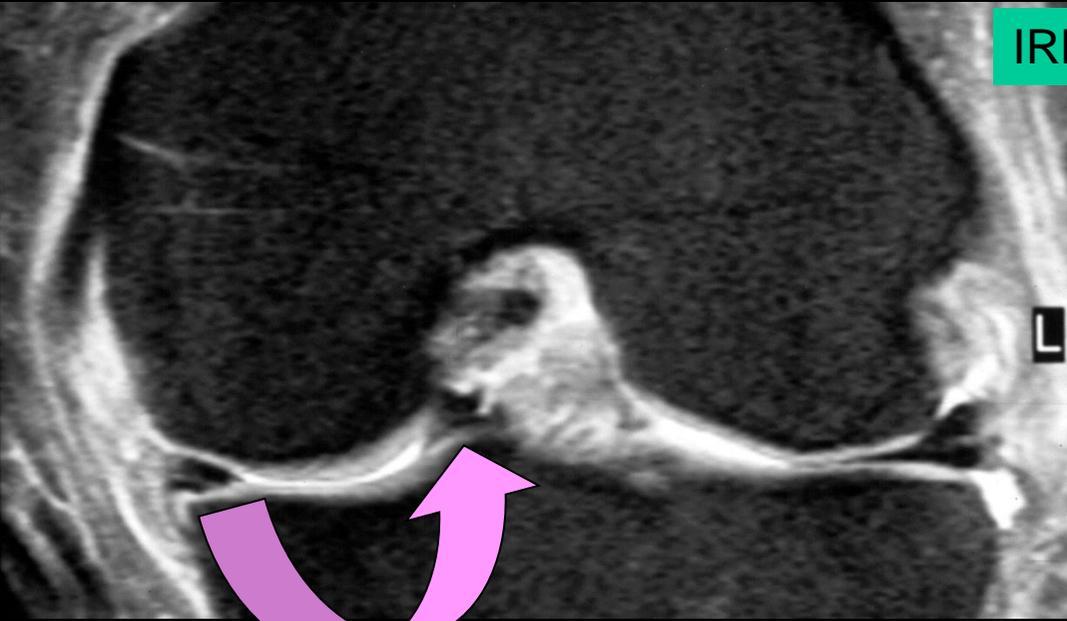
3

1: Lésion LCA
2: Lésion LLI
3: Lésion Mén Int.
(avec anse de seau)

ARTHRO - CT



IRM



Pathologie articulaire

Traumatique

Dégénérative

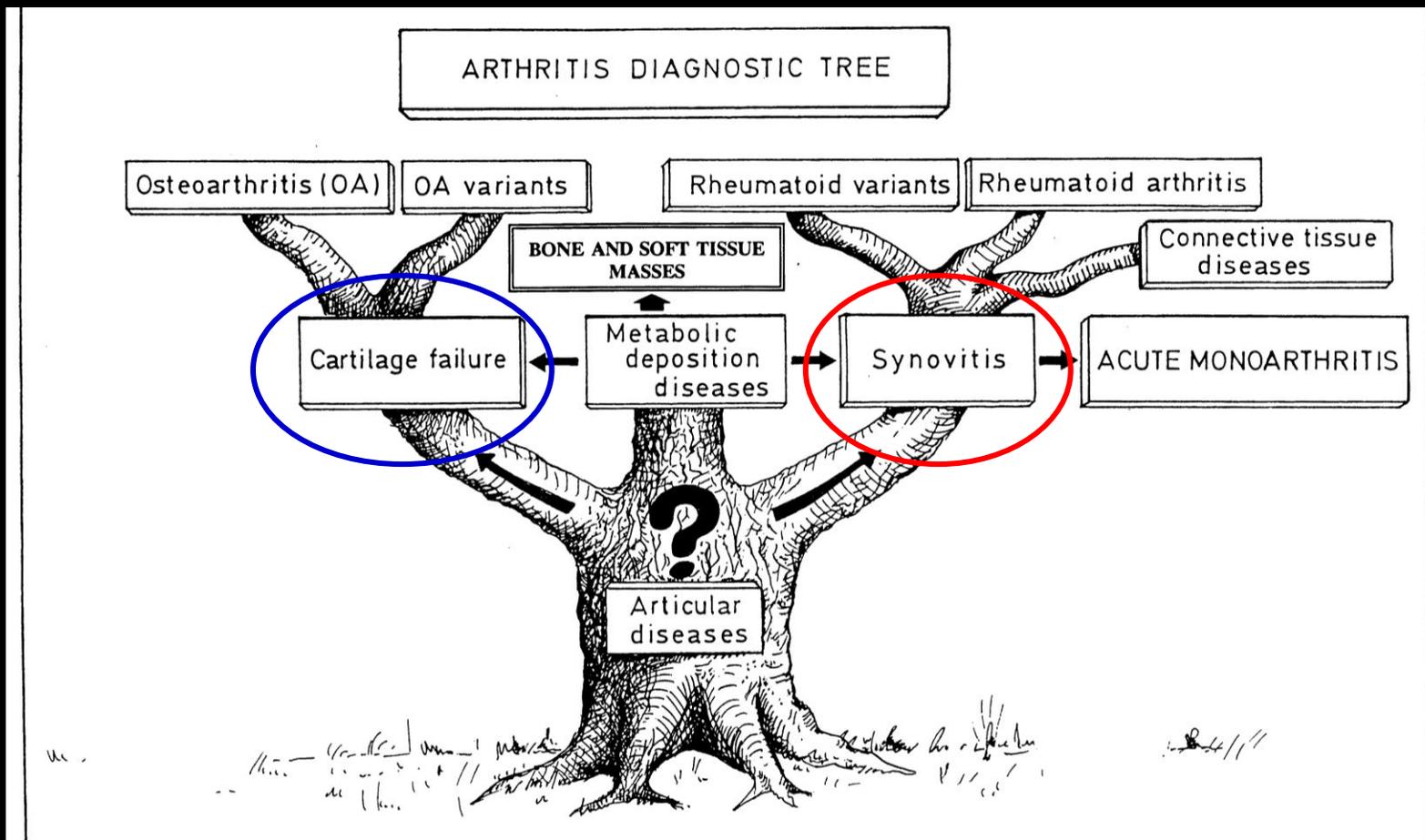
Inflammatoire

Métabolique

Pathologie articulaire

Dégénérative ?

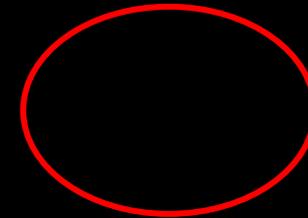
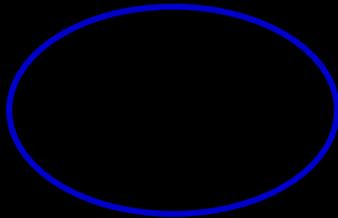
Inflammatoire ?



Pathologie articulaire

Dégénérative ?

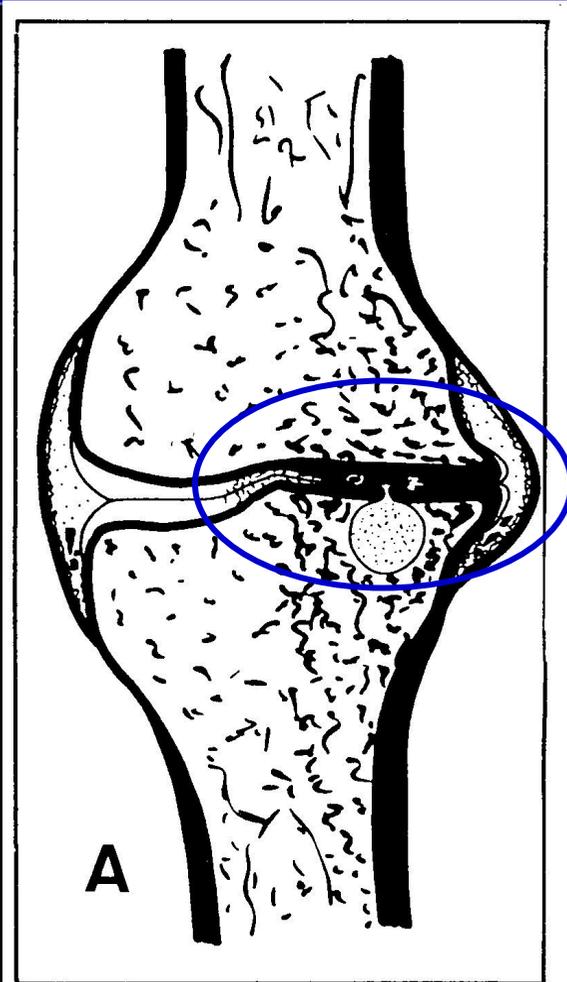
Inflammatoire ?



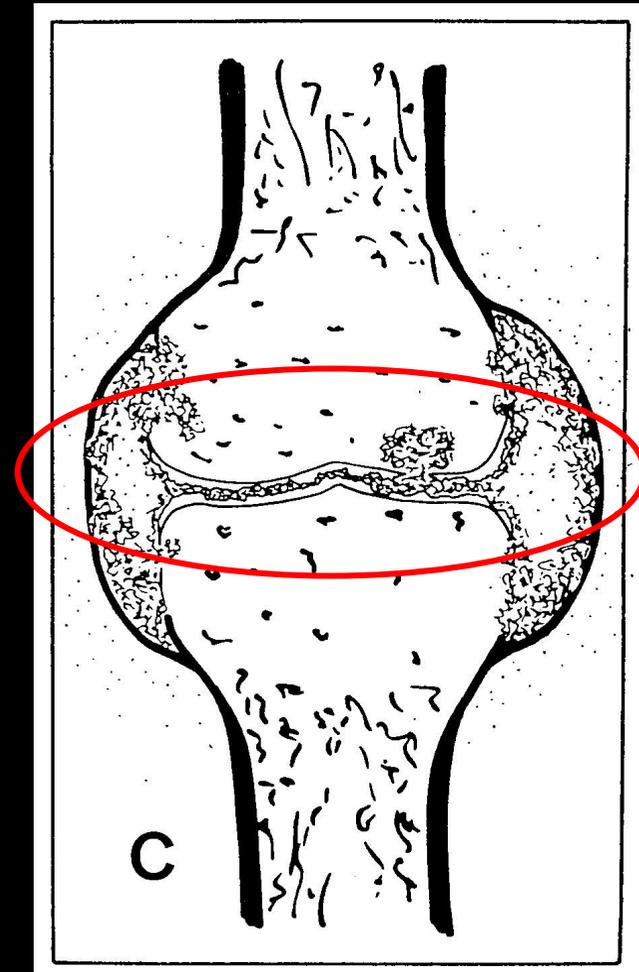
Cahier de charges ?
Pouvoir les distinguer

Pathologie articulaire

Dégénérative ?

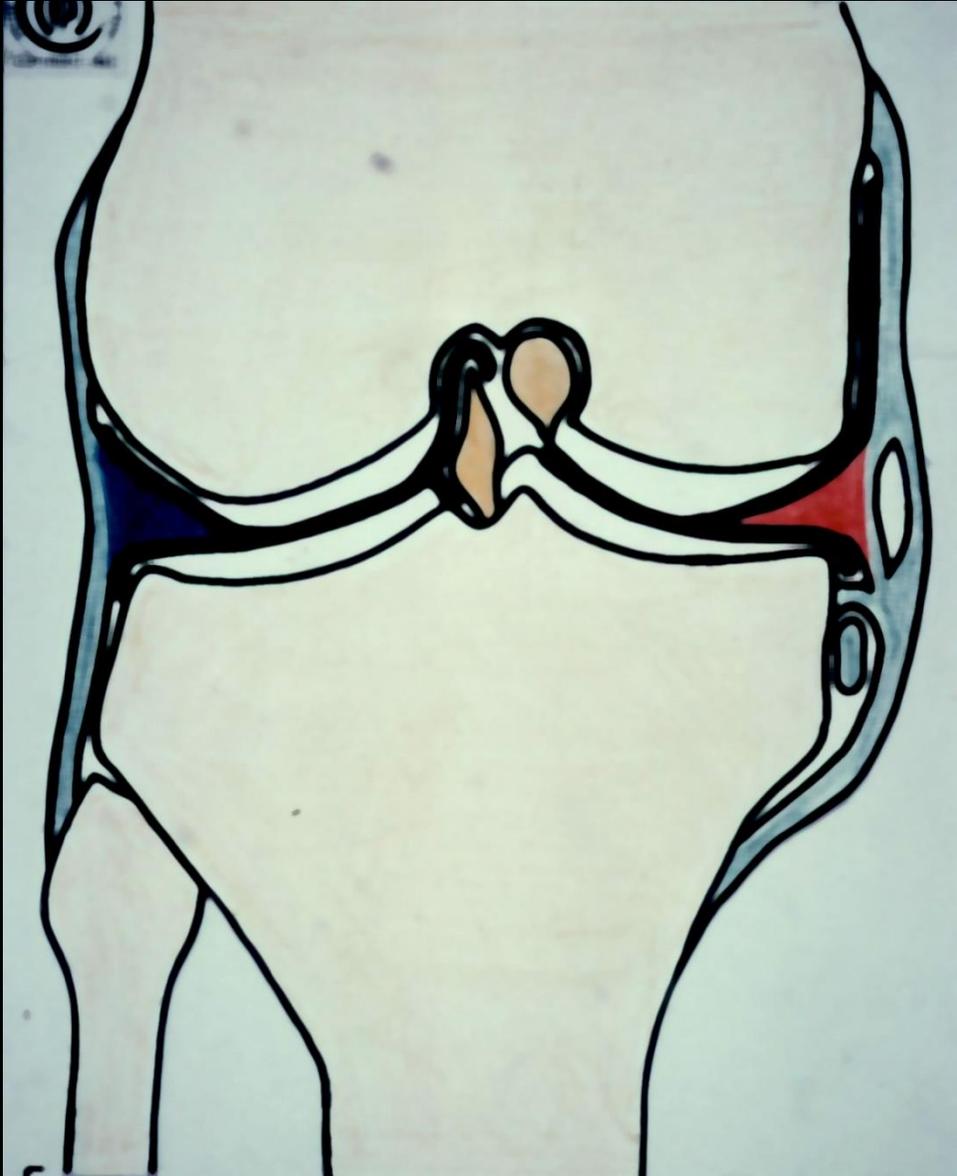


Inflammatoire ?



1. Interligne

2. Marges articulaires



1. Interligne



Pincement focal





Interligne ?



Pincement global





ARTHROSE



Interligne



ARTHRITE

2. Marges articulaires

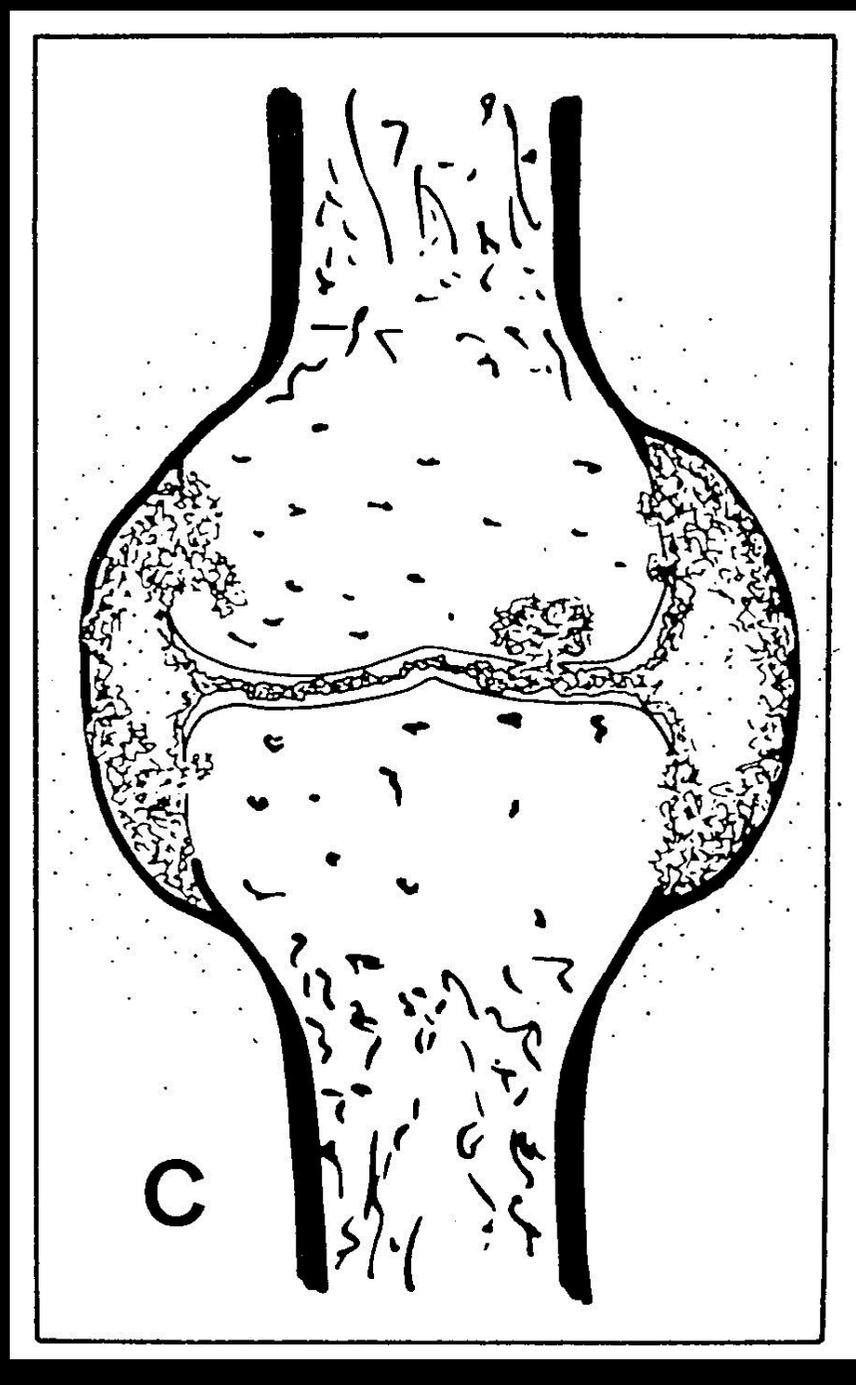
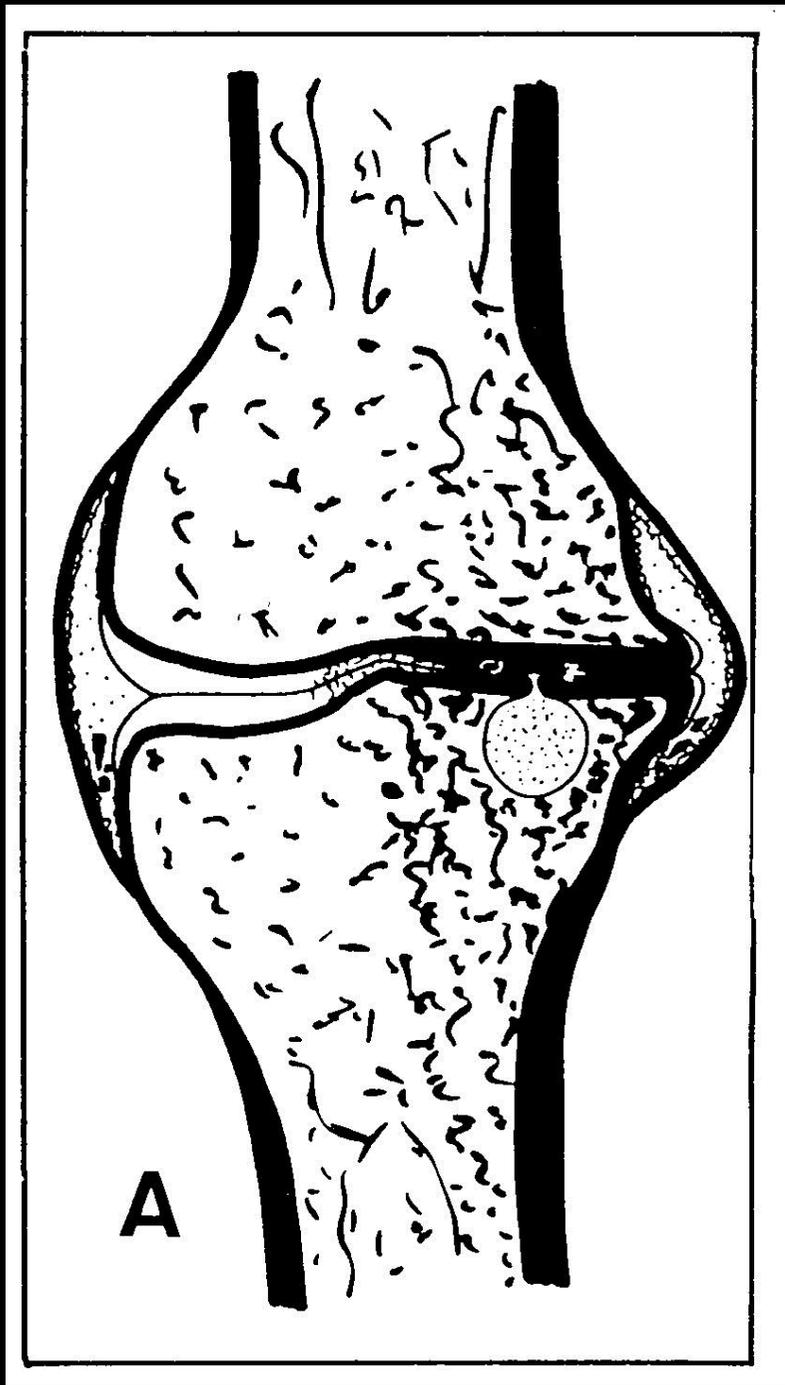


Ostéophytes



Erosions





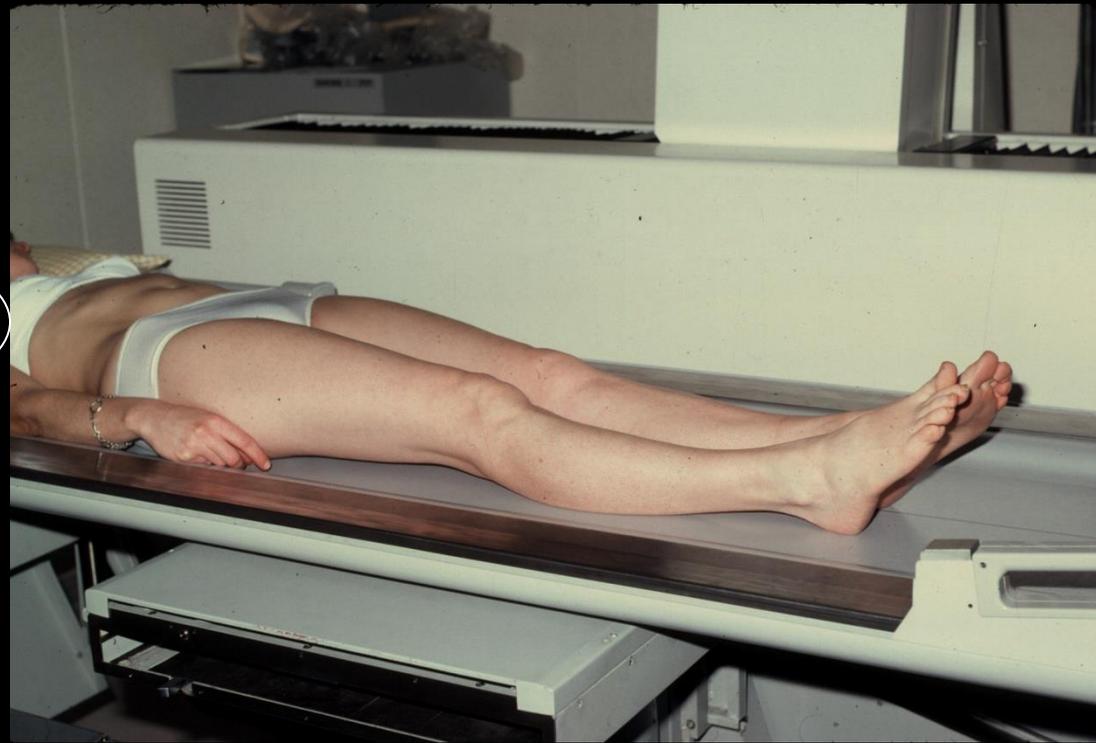


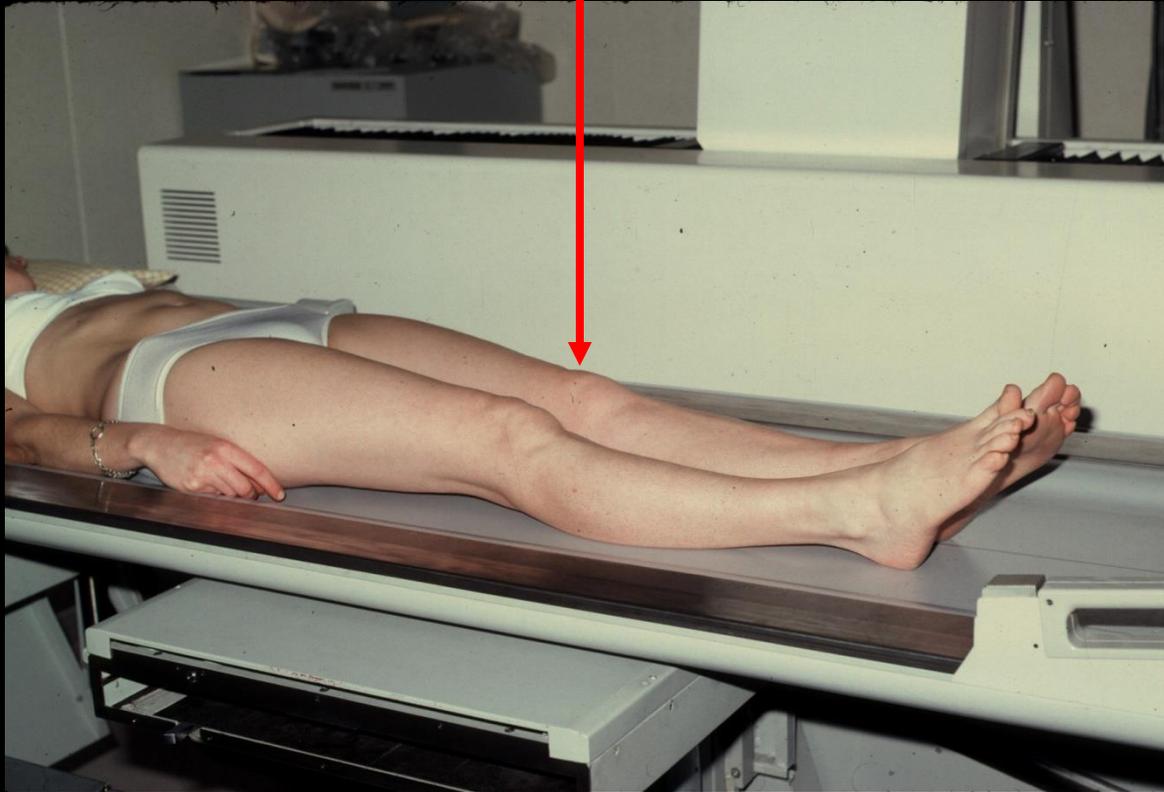
Pincement focal



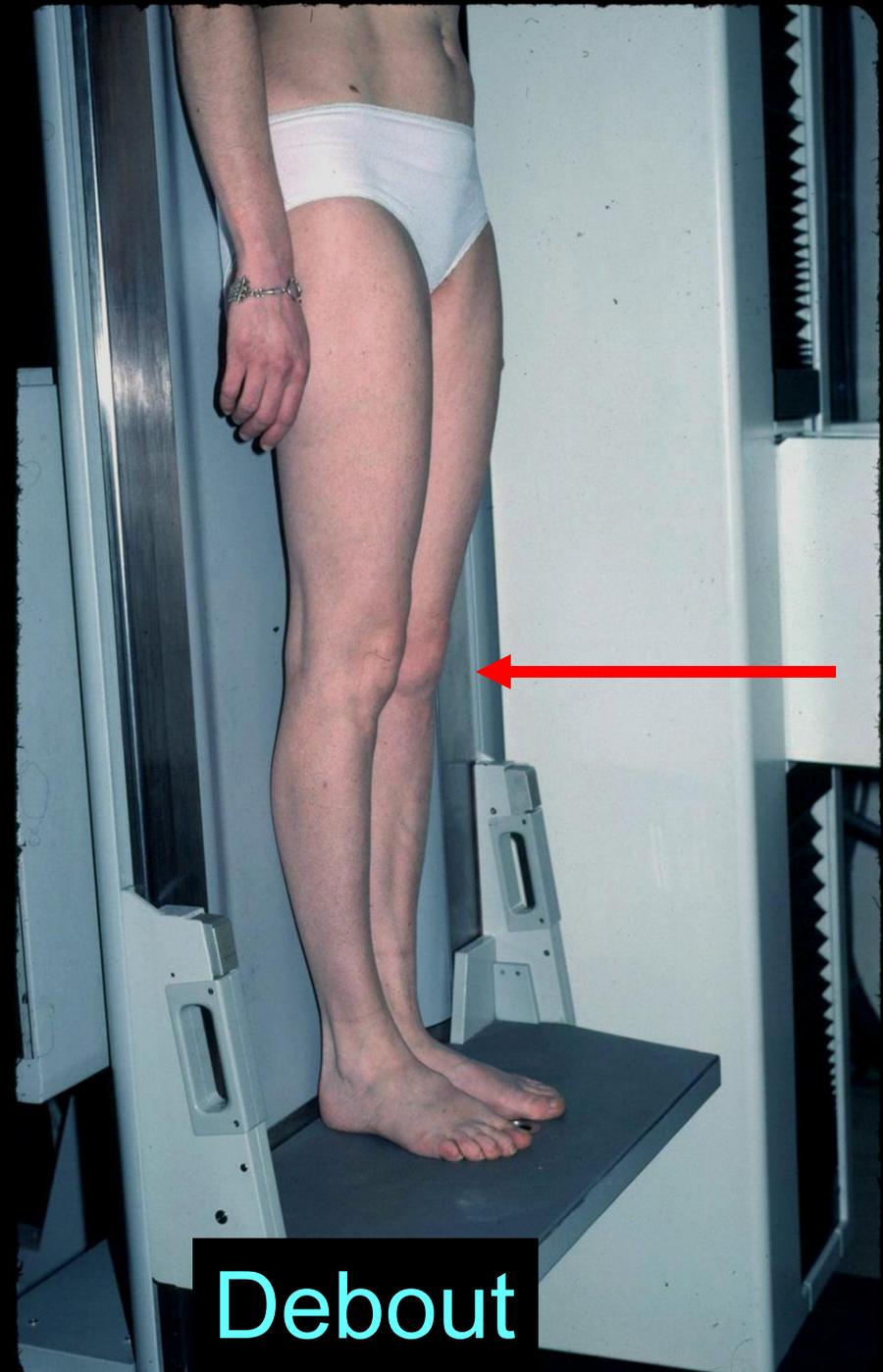
???

Faux interligne !





Décubitus



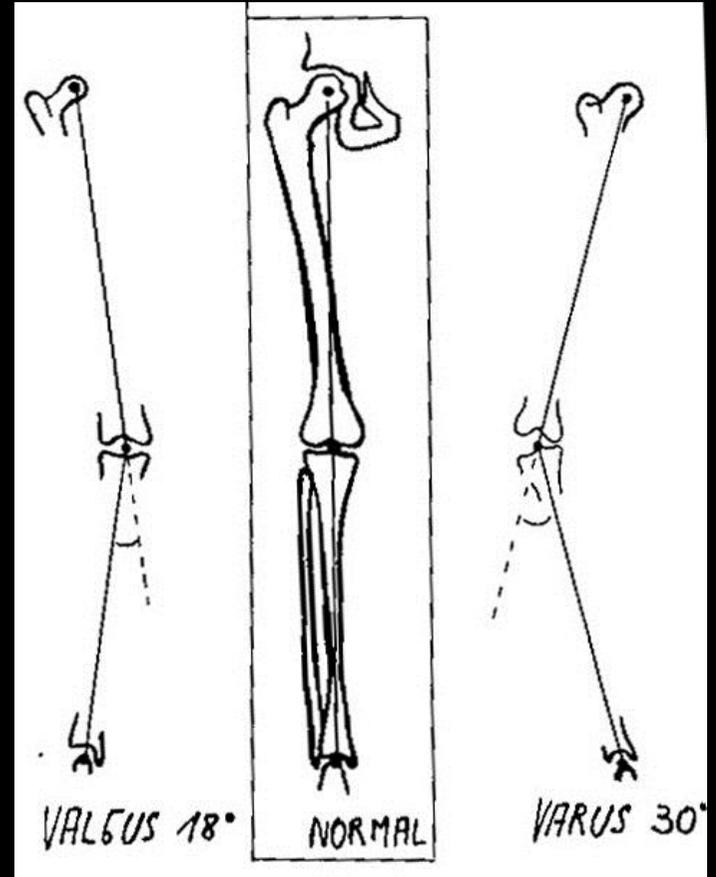
Debout



Décubitus



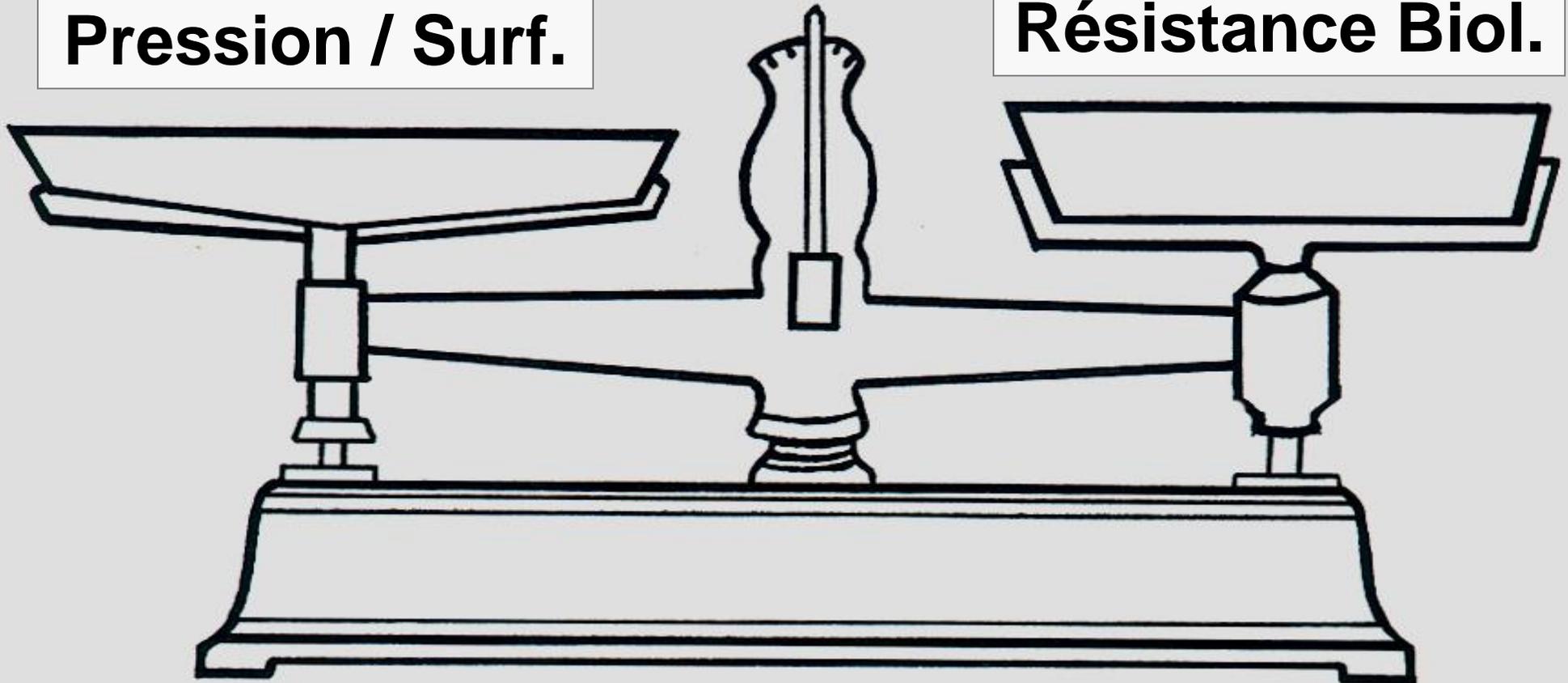
Debout



Cartilage articulaire

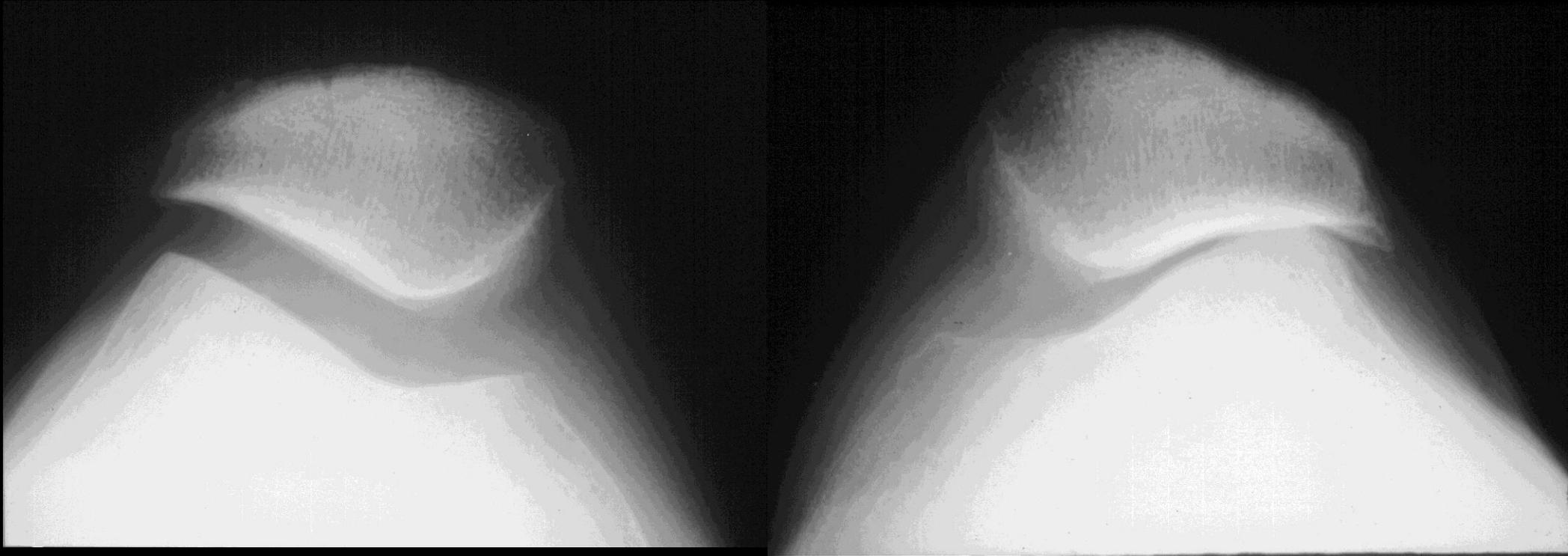
Pression / Surf.

Résistance Biol.





Vue axiale

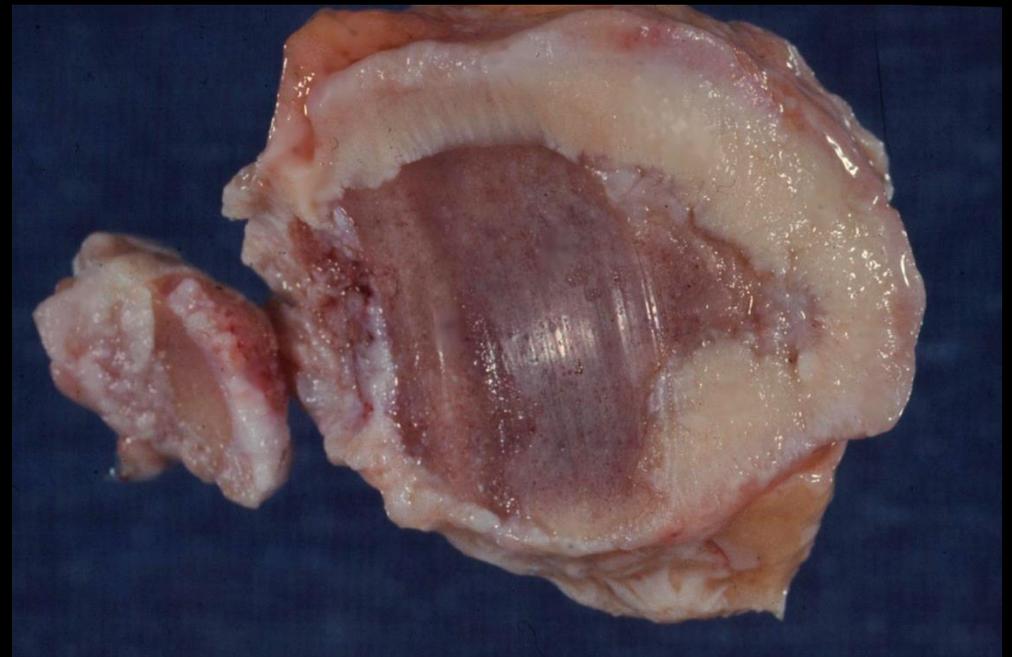


Arthrose



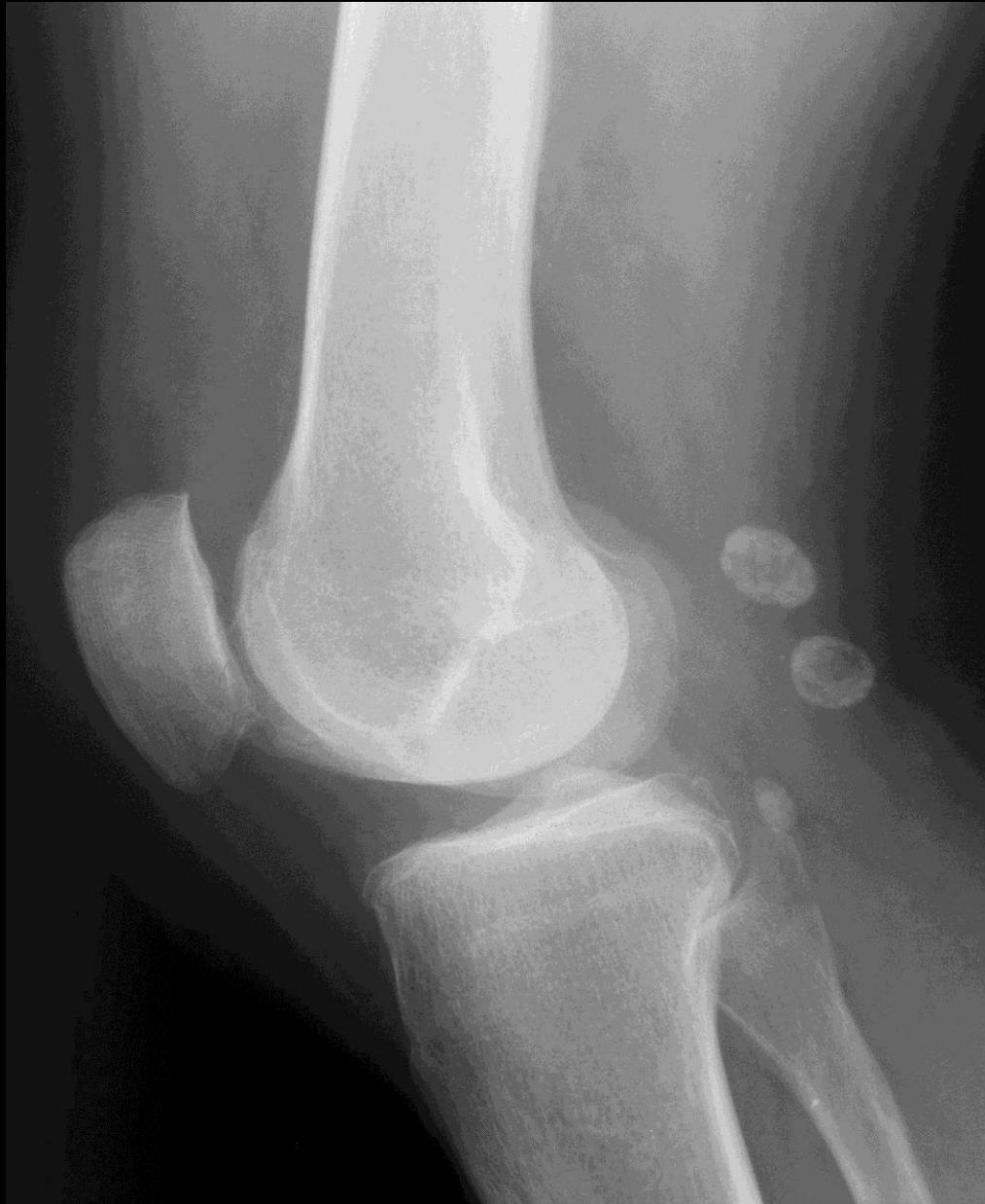


Chondromatose secondaire
à Arthrose Fémoro Patellaire





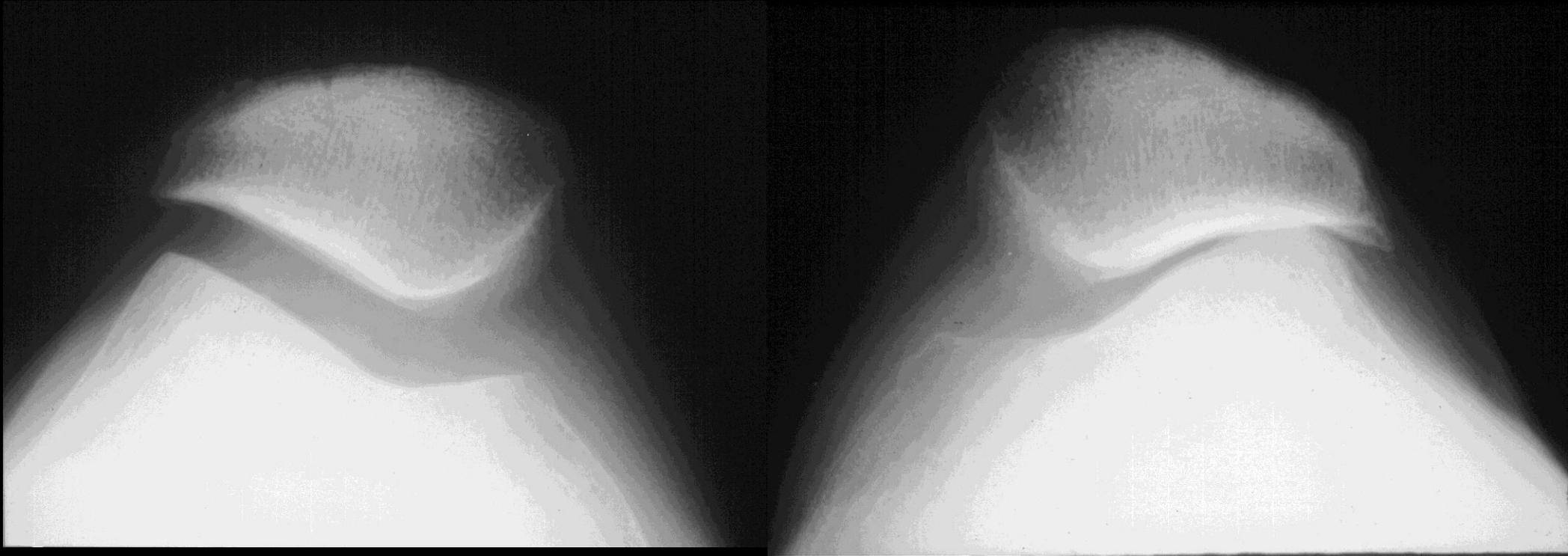
???





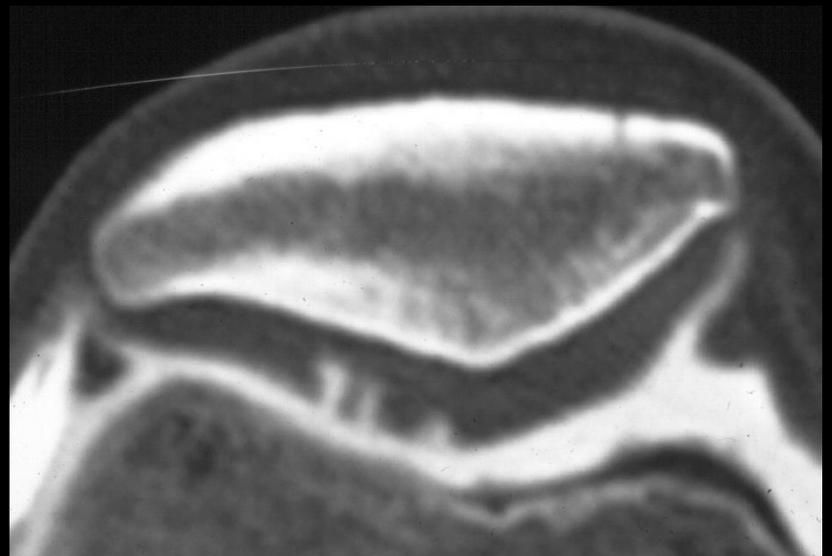
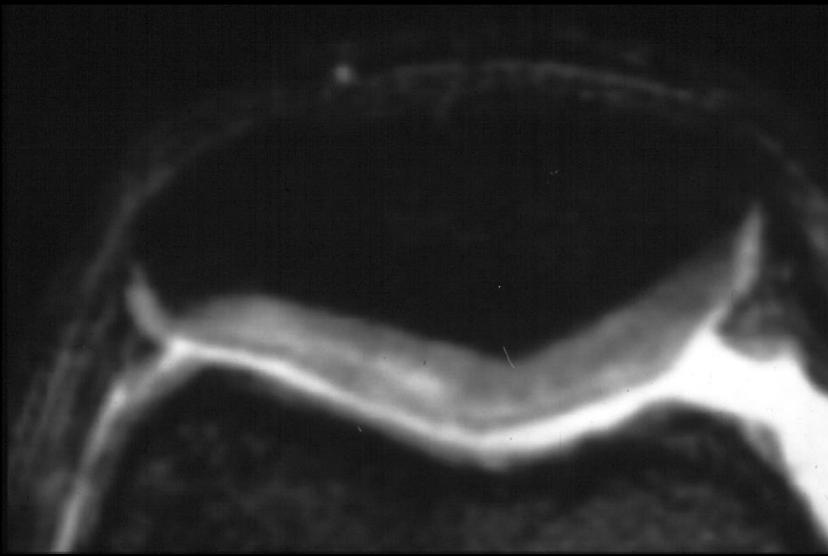
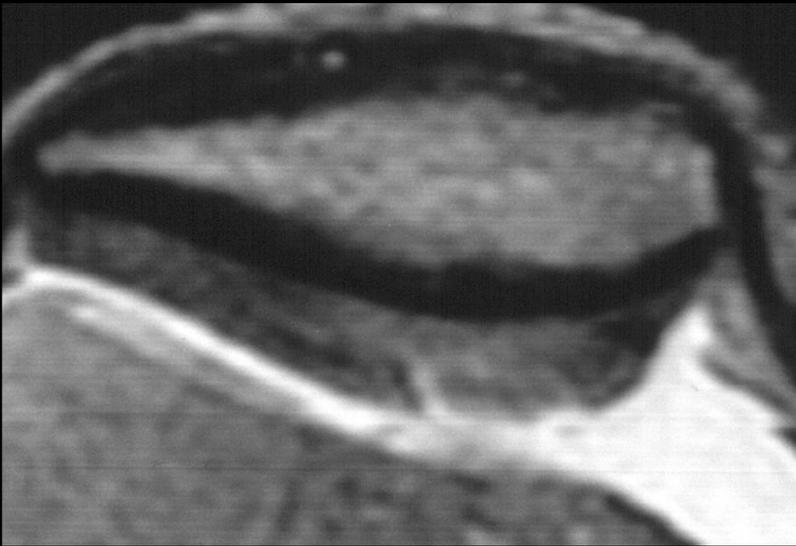
Kyste poplité + Nodules ostéocartilagineux

Vue axiale

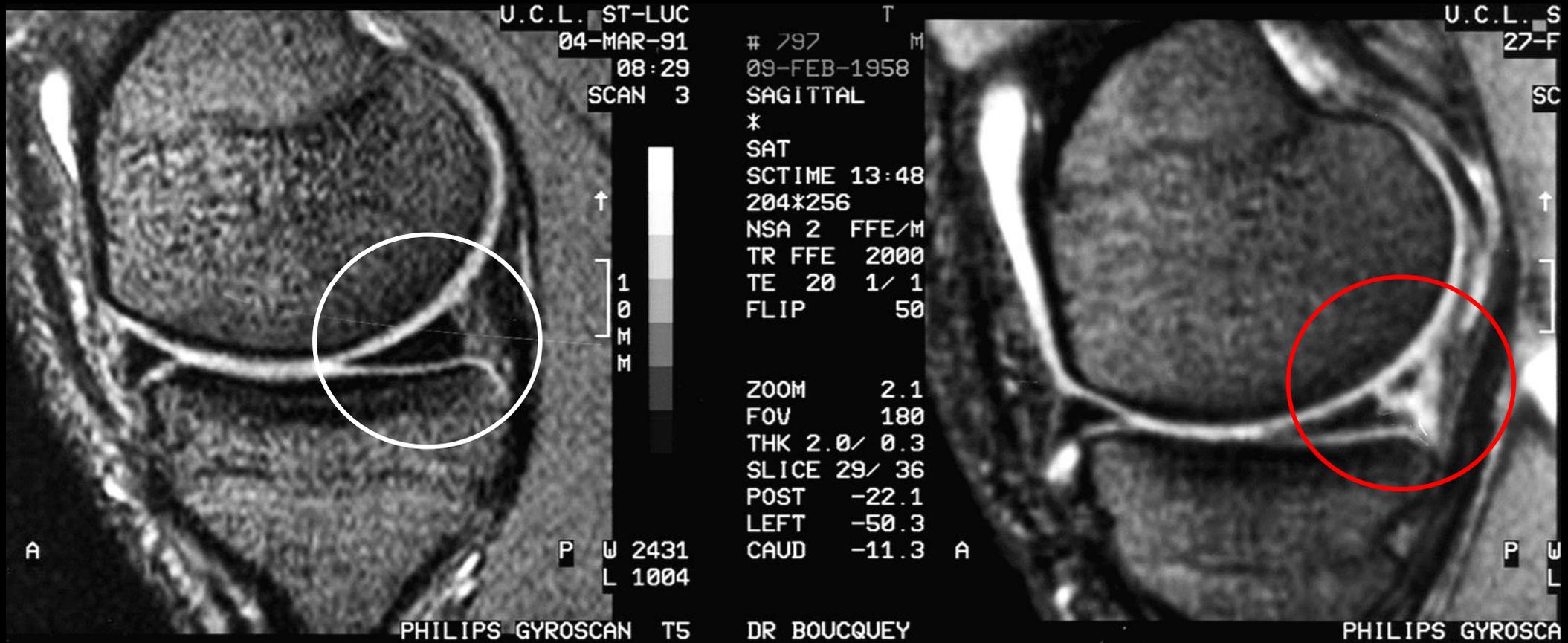


Arthrose

Cartilage : IRM - arthro CT

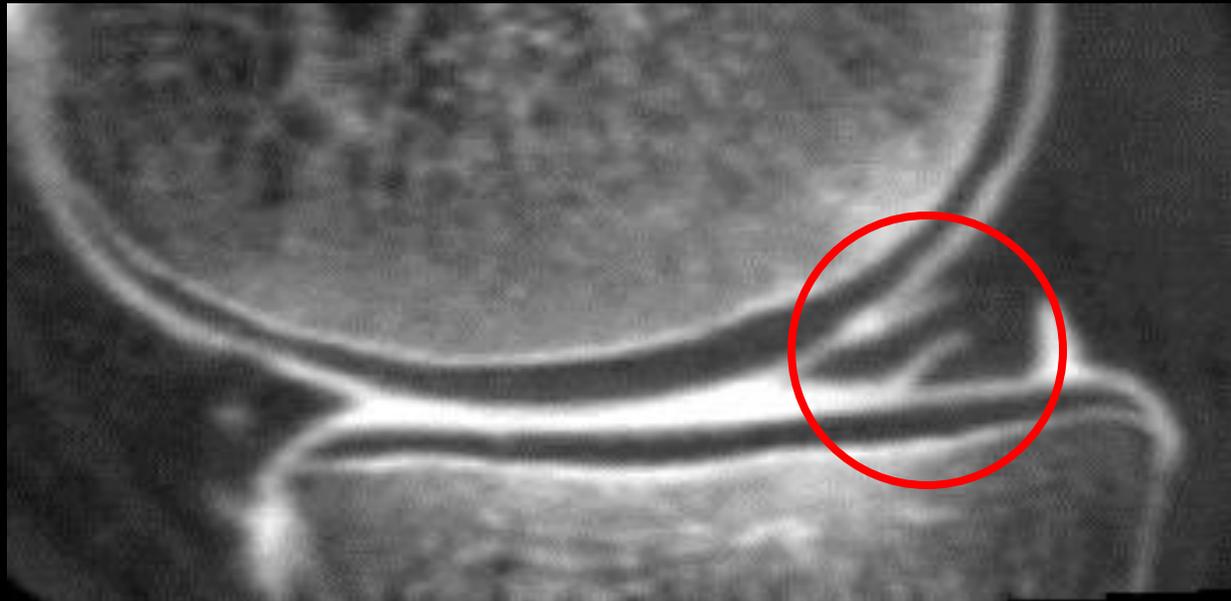


Lésion méniscale chirurgicale ? Lésion symptomatique ?

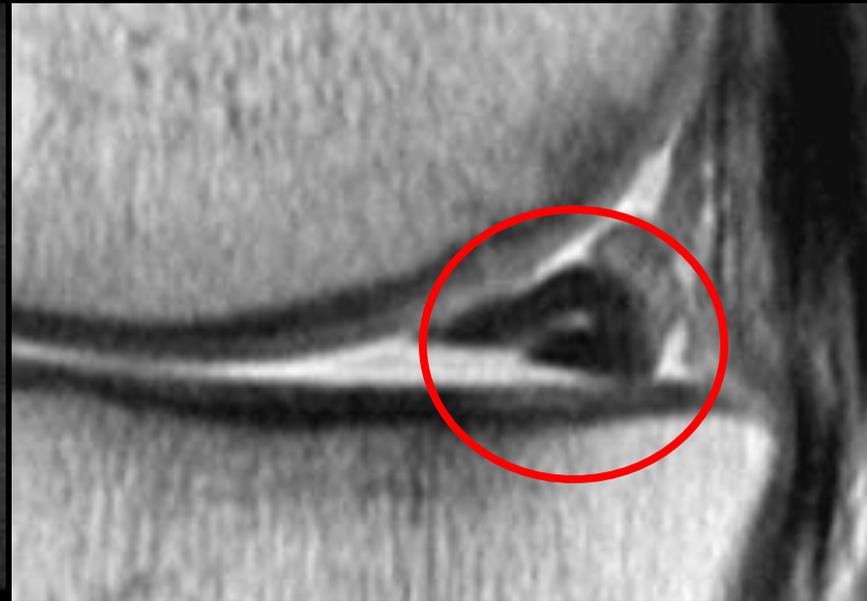


Rupture méniscale :

→ atteint la surface du ménisque



CT

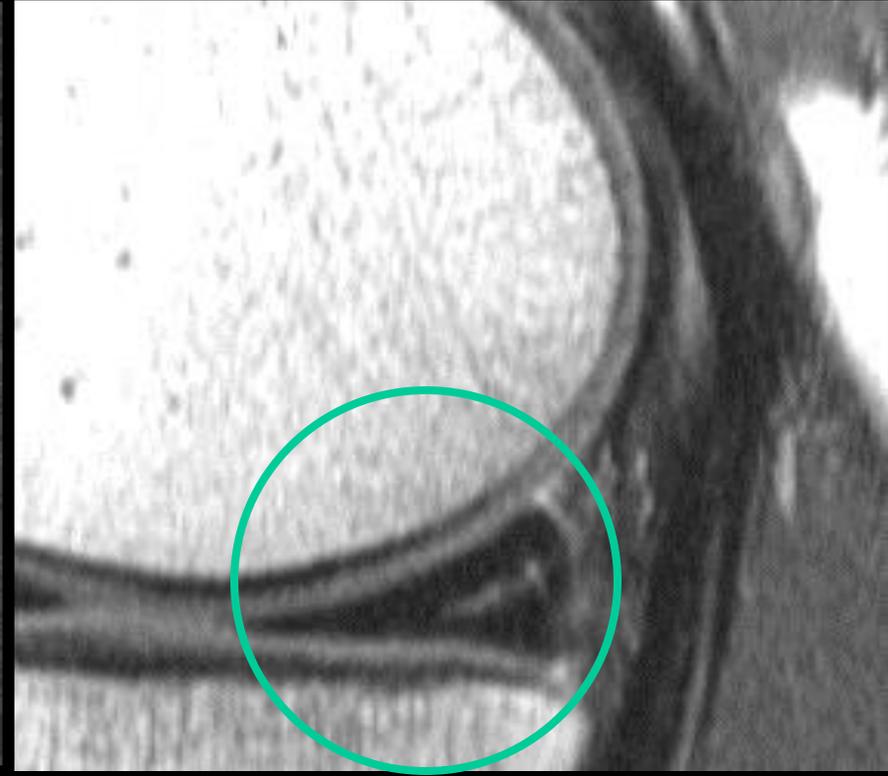


IRM

Anomalie non significative



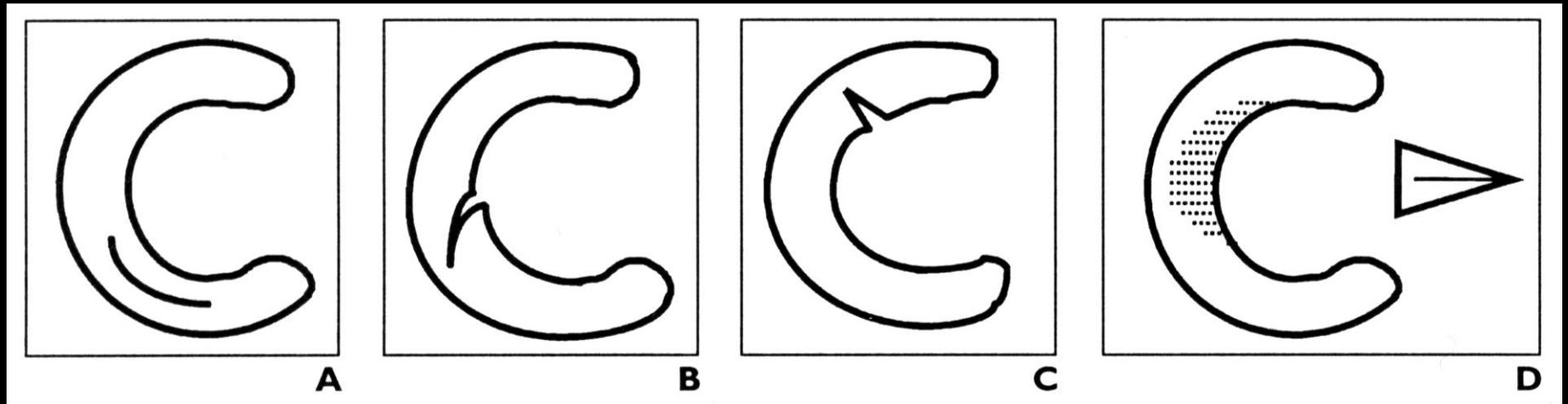
CT



IRM

Dégénérescence mucoïde banale du ménisque

classification des lésions principales



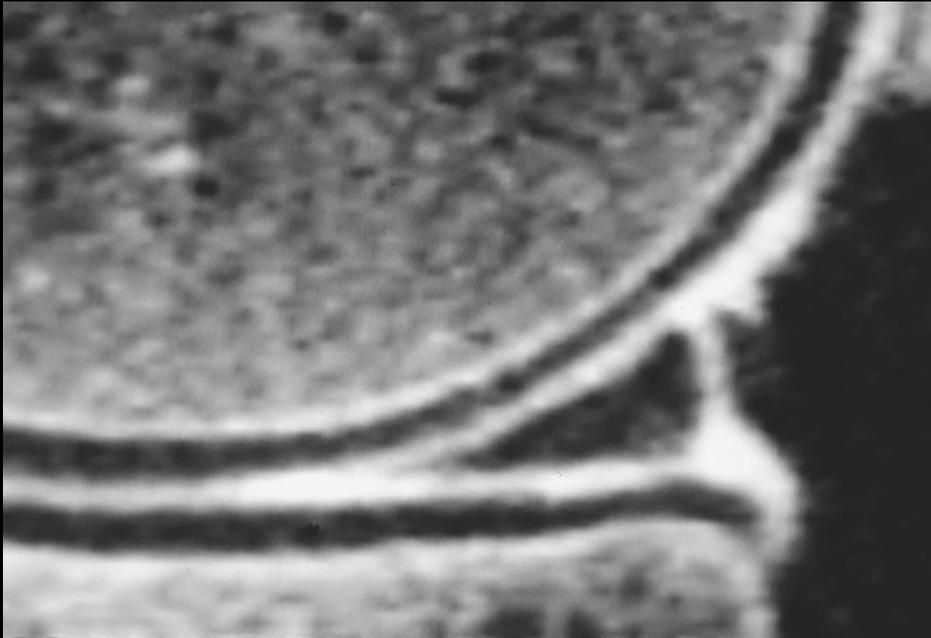
verticales

- a. longitudinales
- b. obliques
- c. radiaires

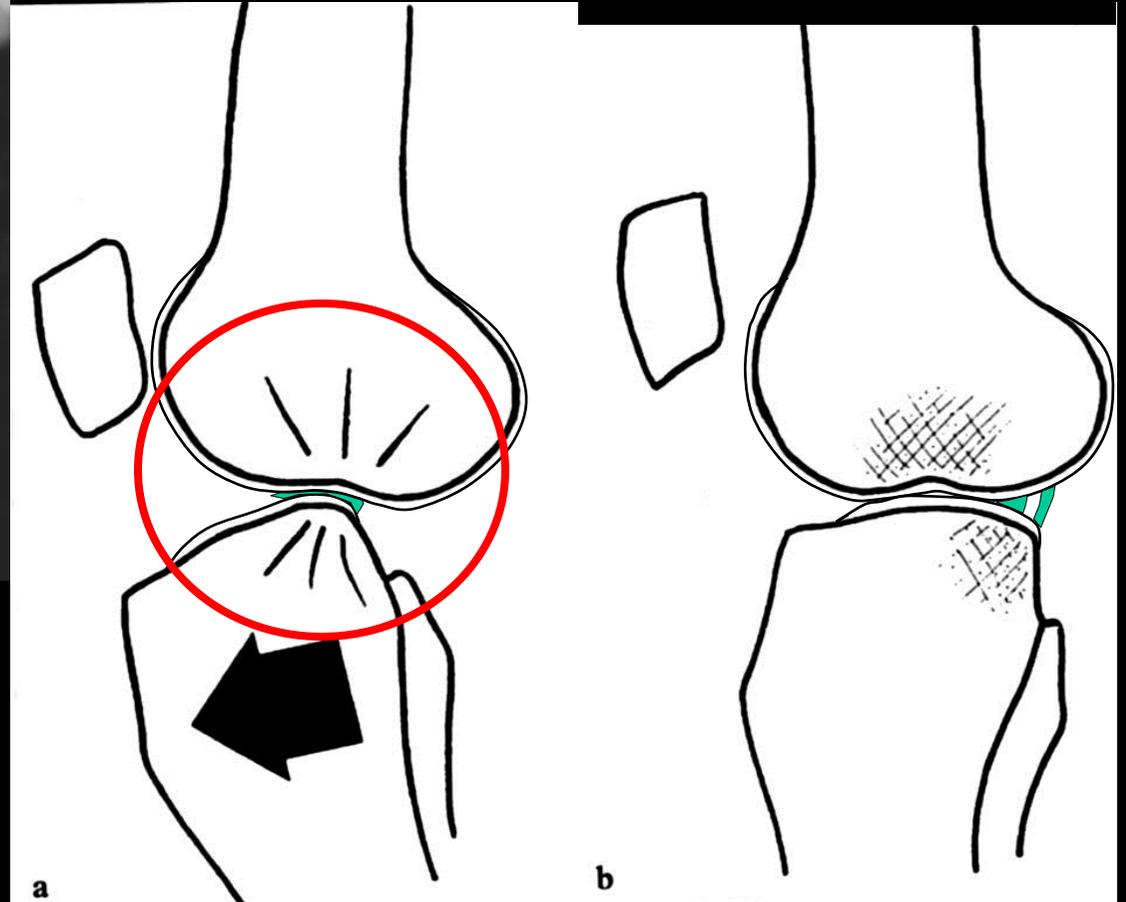
horizontales

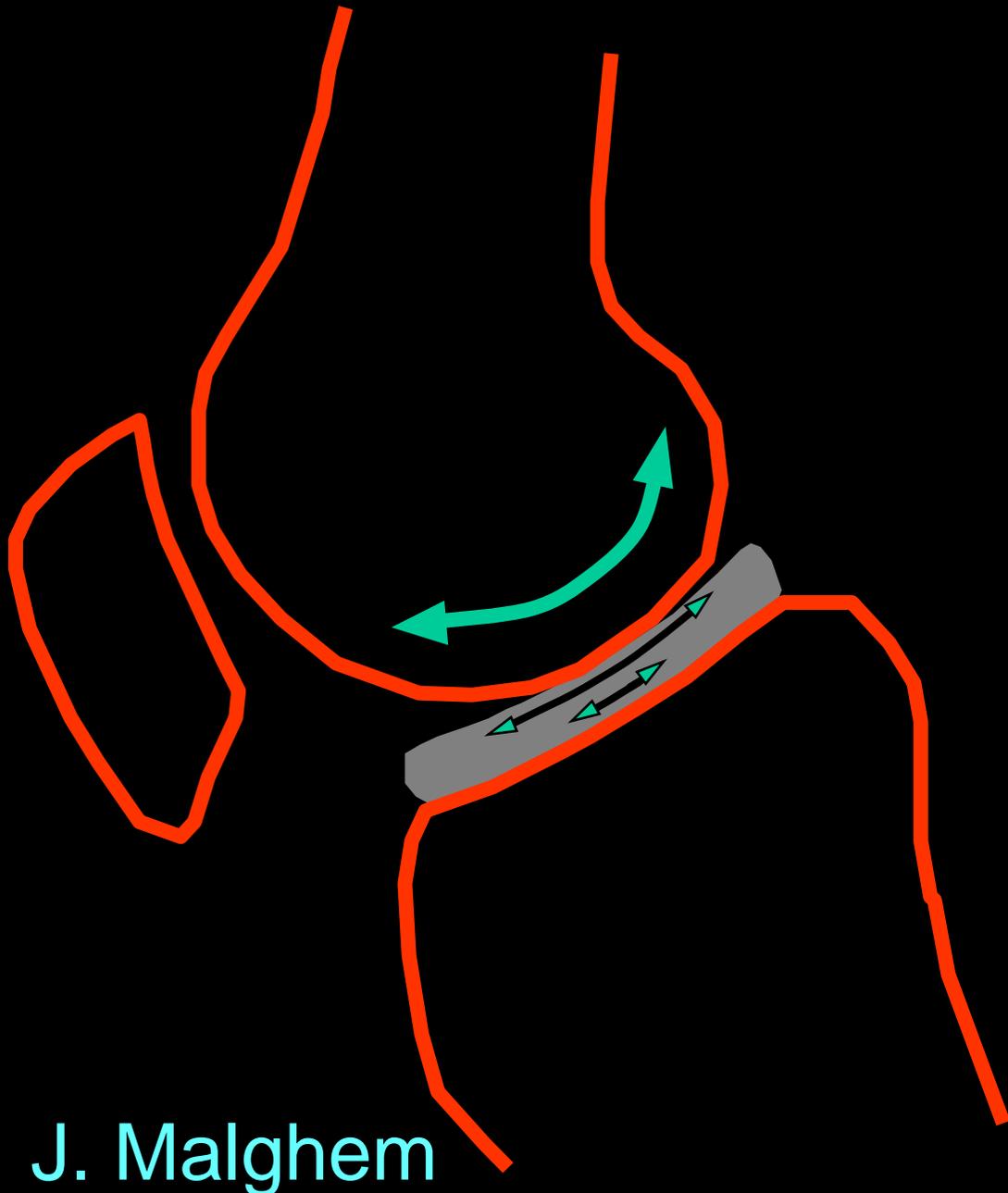
partielles ou complètes ... et complexes

Mécanisme des ruptures méniscales ?

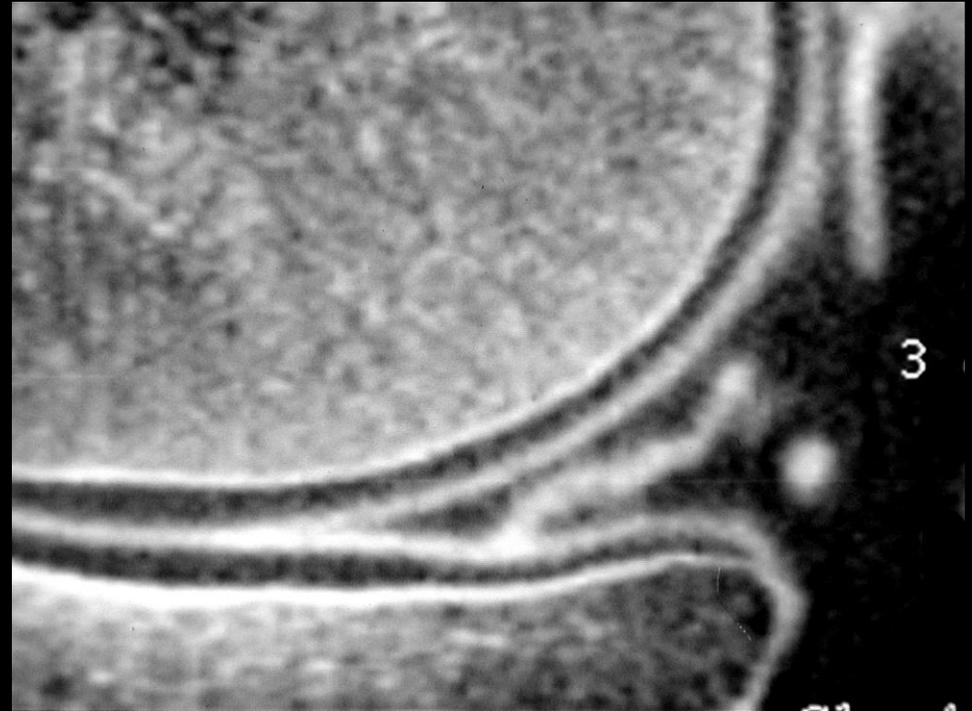


traumatique



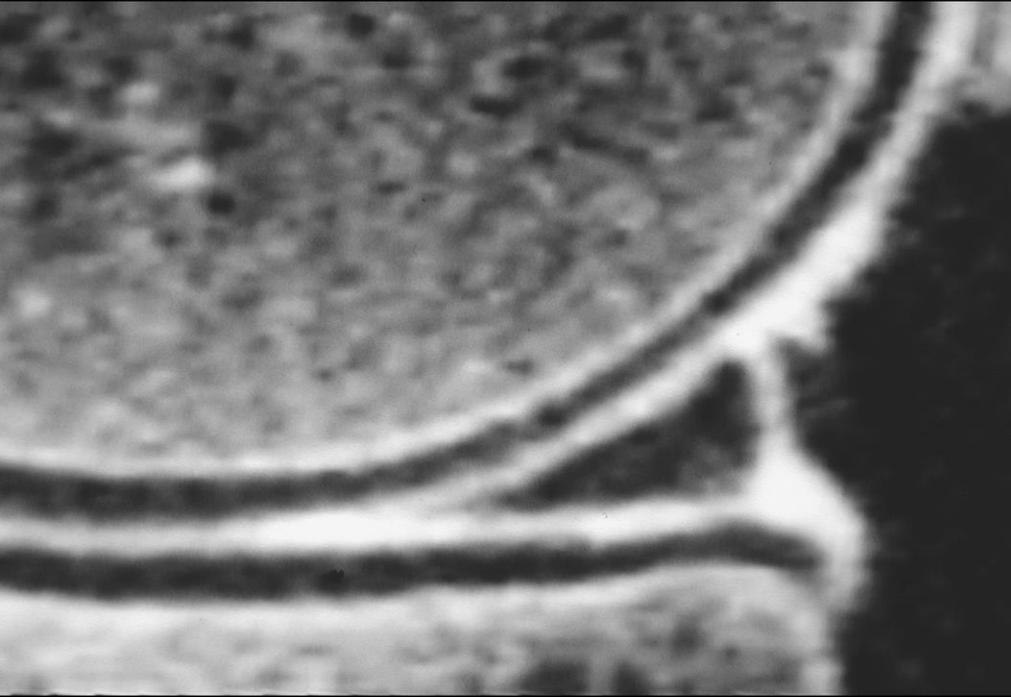


J. Malghem

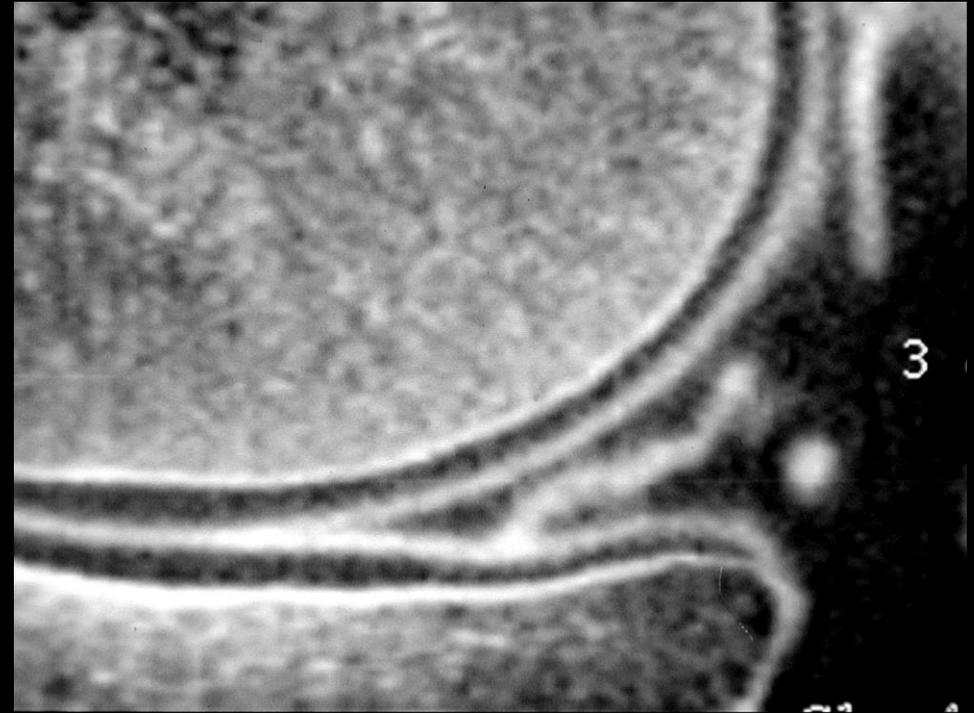


dégénérative

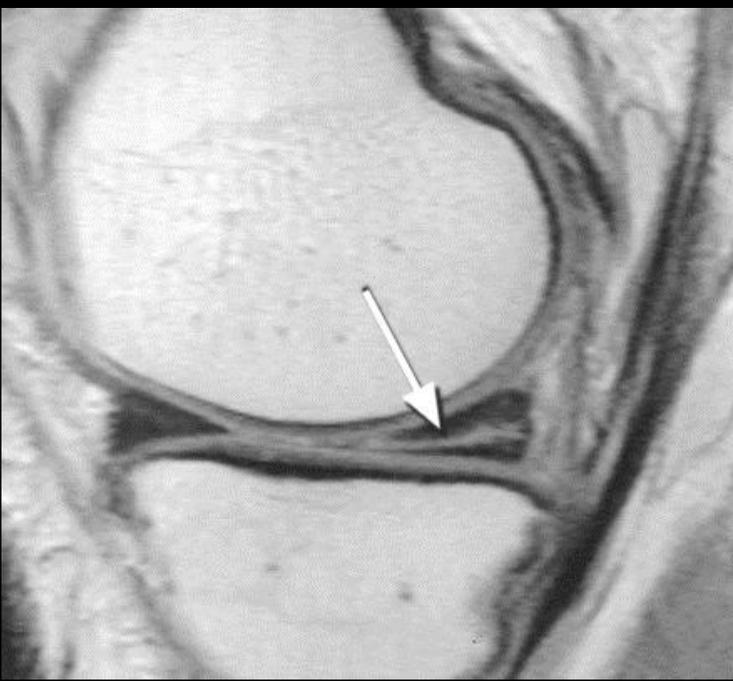
ruptures méniscales



*Traumatique
(verticale)*



*Dégénérative
(« horizontale »)*



symptomatique



asymptomatique



étude genoux

Zanetti et coll. 2003

IRM 100 genoux controlatéraux

genou symptomatique / asymptomatique

lésions	57		36	
horizontales	43	32M 11L	37	29M 8L
verticales	23	18M 5L	5	5M 0L
oedème	36		3	

Conséquences pratiques

- pondération clinique
 « leave-me-alone » lésions
- méniscectomie pas anodine



homme de 43 ans

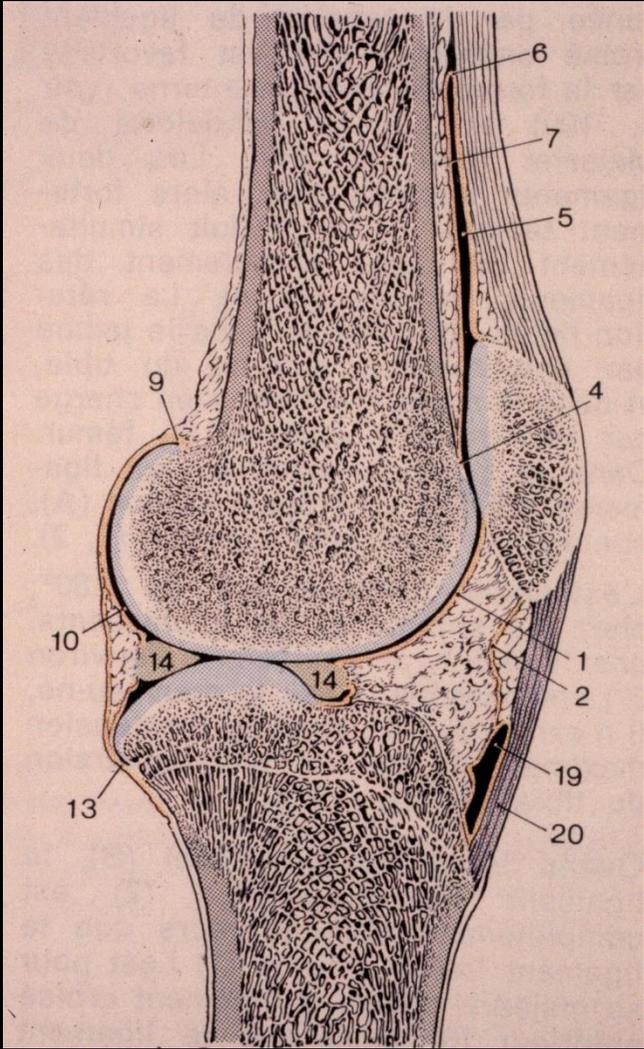
bénéficié (?) d'une méniscectomie

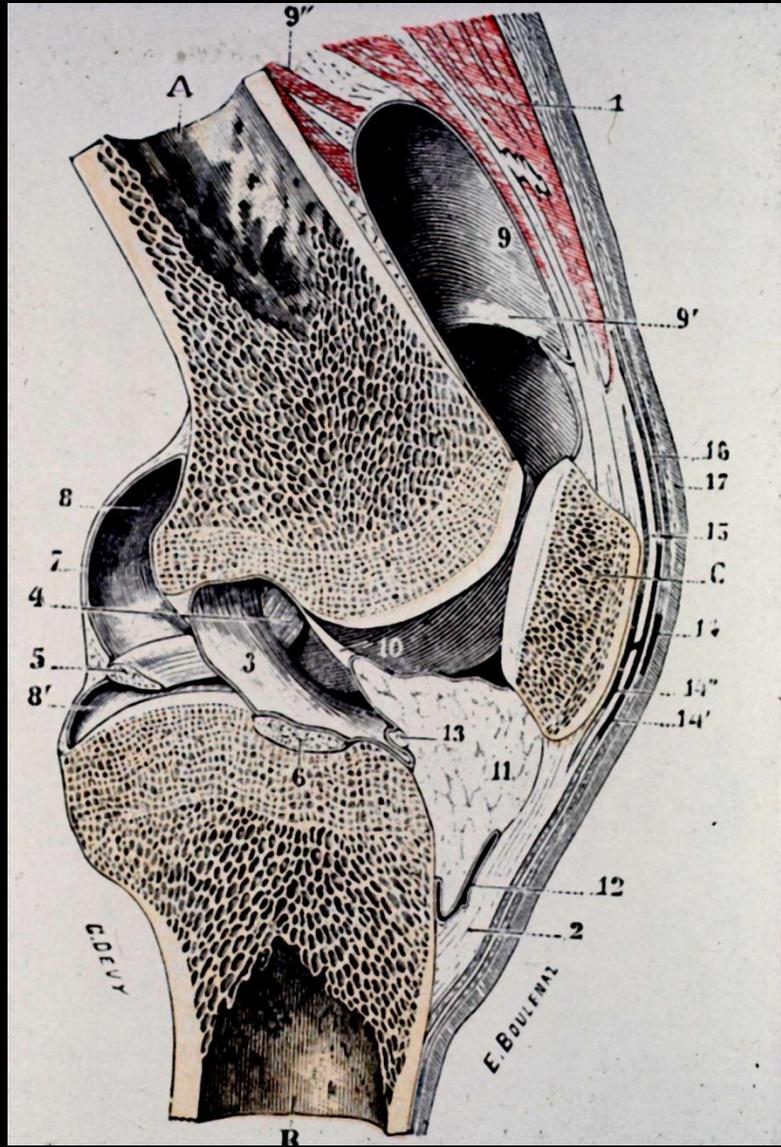


quelques mois plus tard ...

A retenir

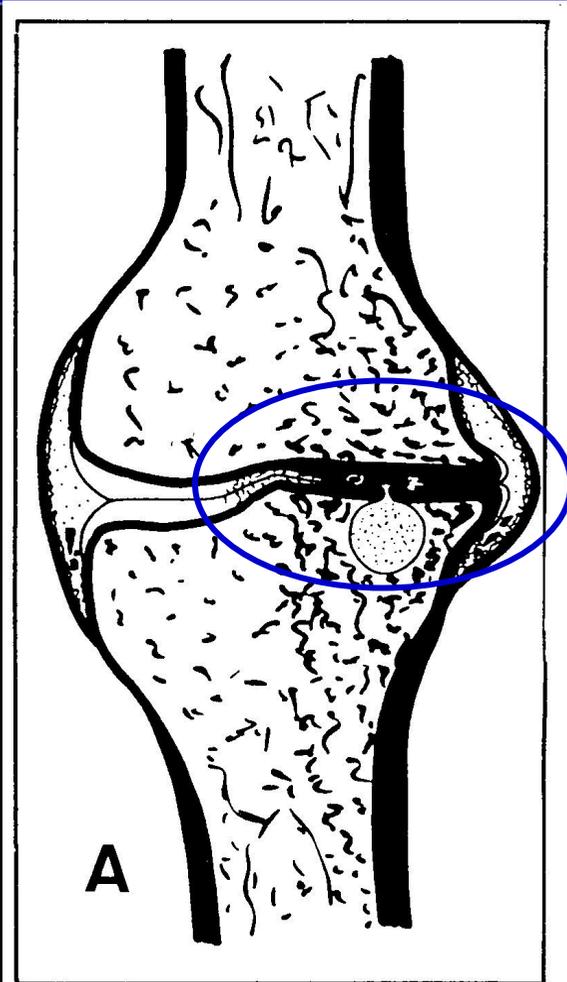
- lésions méniscales
= lésions fréquentes
- pathogénies diverses
traumatique / dégénératif
- implications thérapeutiques



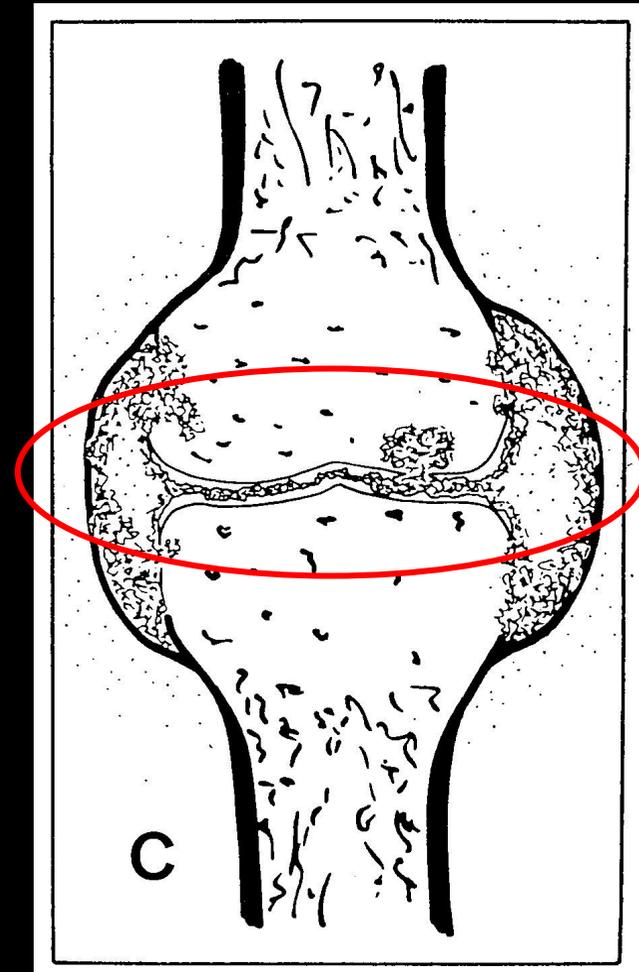


Pathologie articulaire

Dégénérative



Inflammatoire



Pathologie ab-articulaire

Tissus Mous
Périarthrites
Tendinites

Os
Fractures
Etc

Rheum
TISSUE

Cartilage failure

Metabolic
deposition
diseases

Synovitis

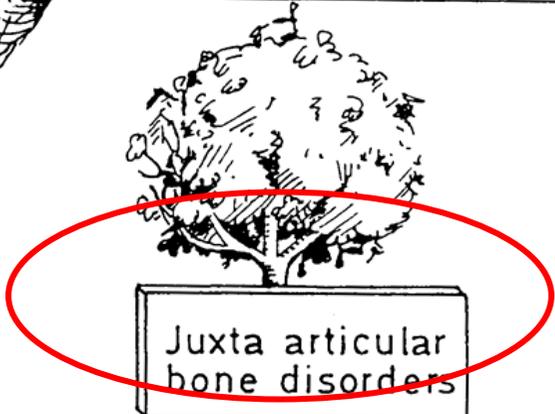
ACUTE MONOARTHRITIS



Extra articular
soft tissues
diseases

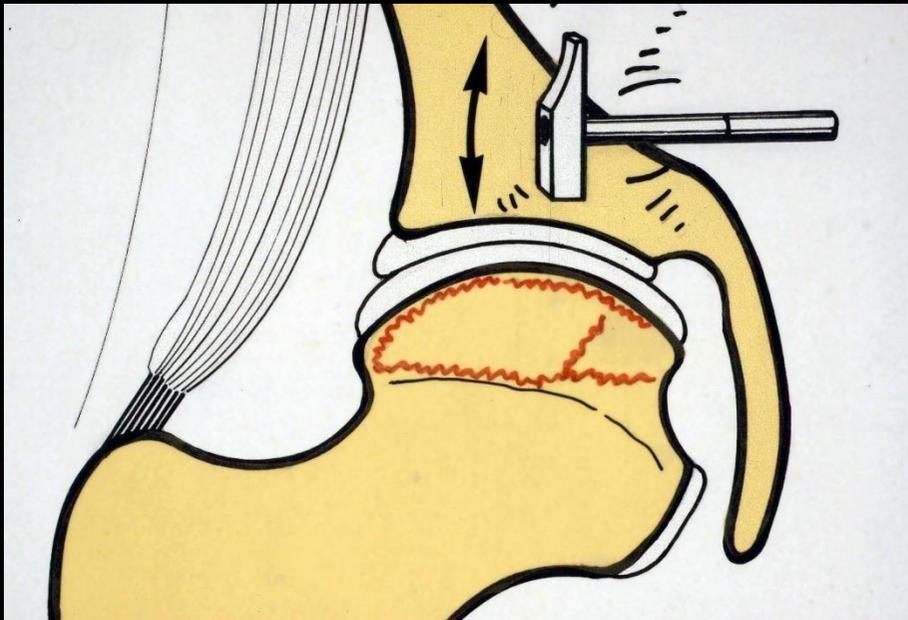
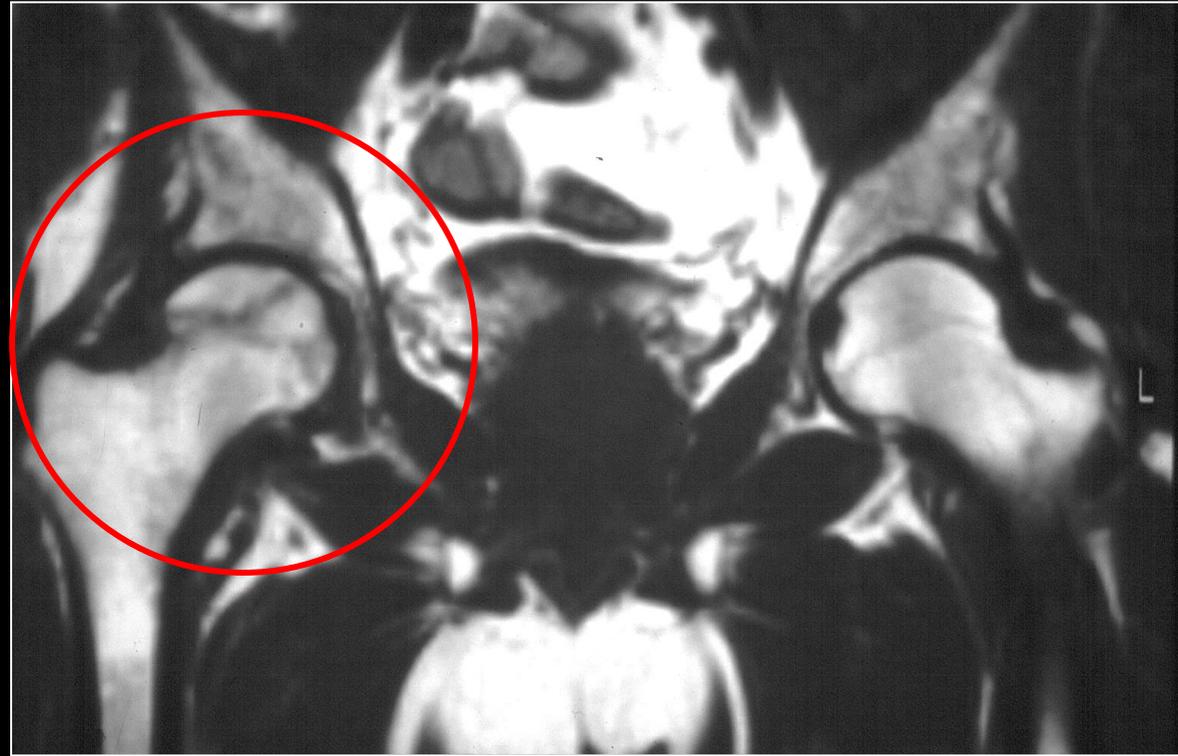


Articular
diseases



Juxta articular
bone disorders

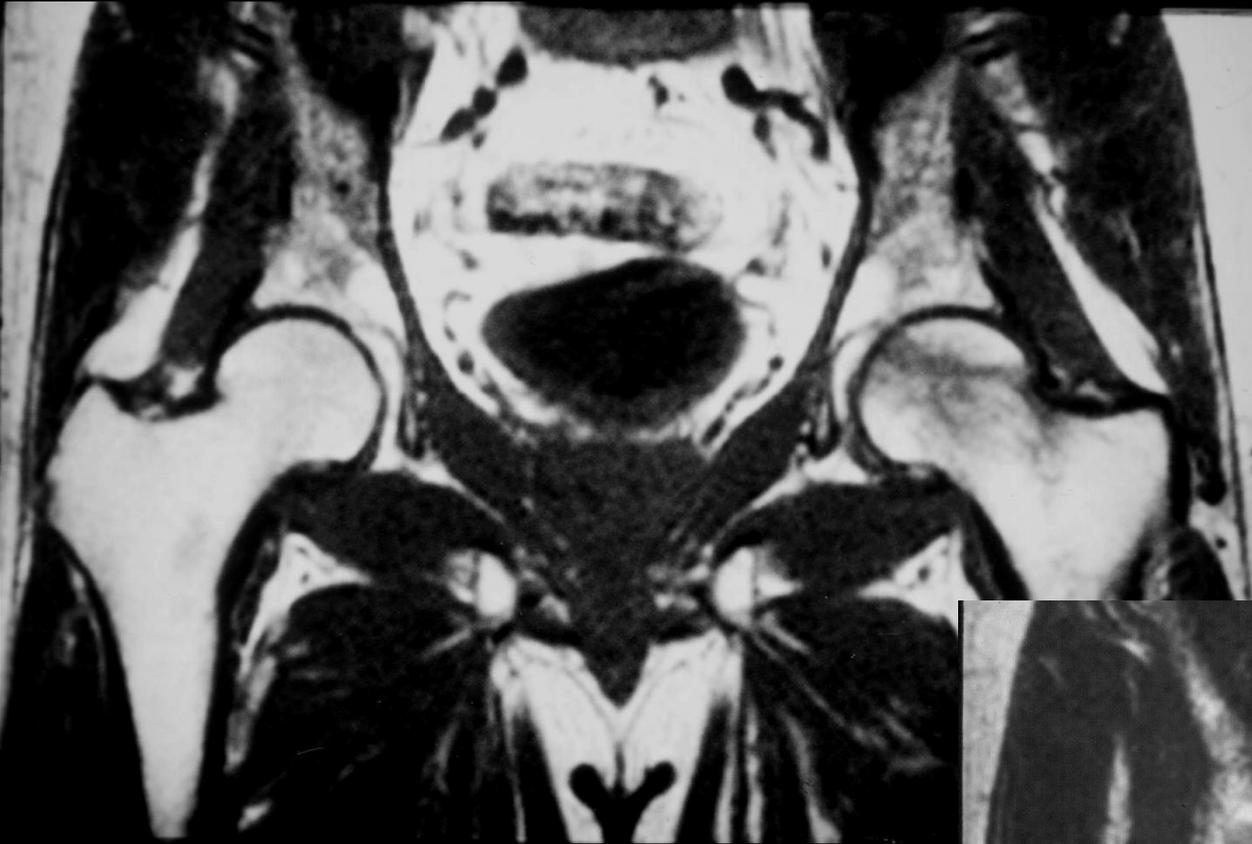
Os
Fractures, ...

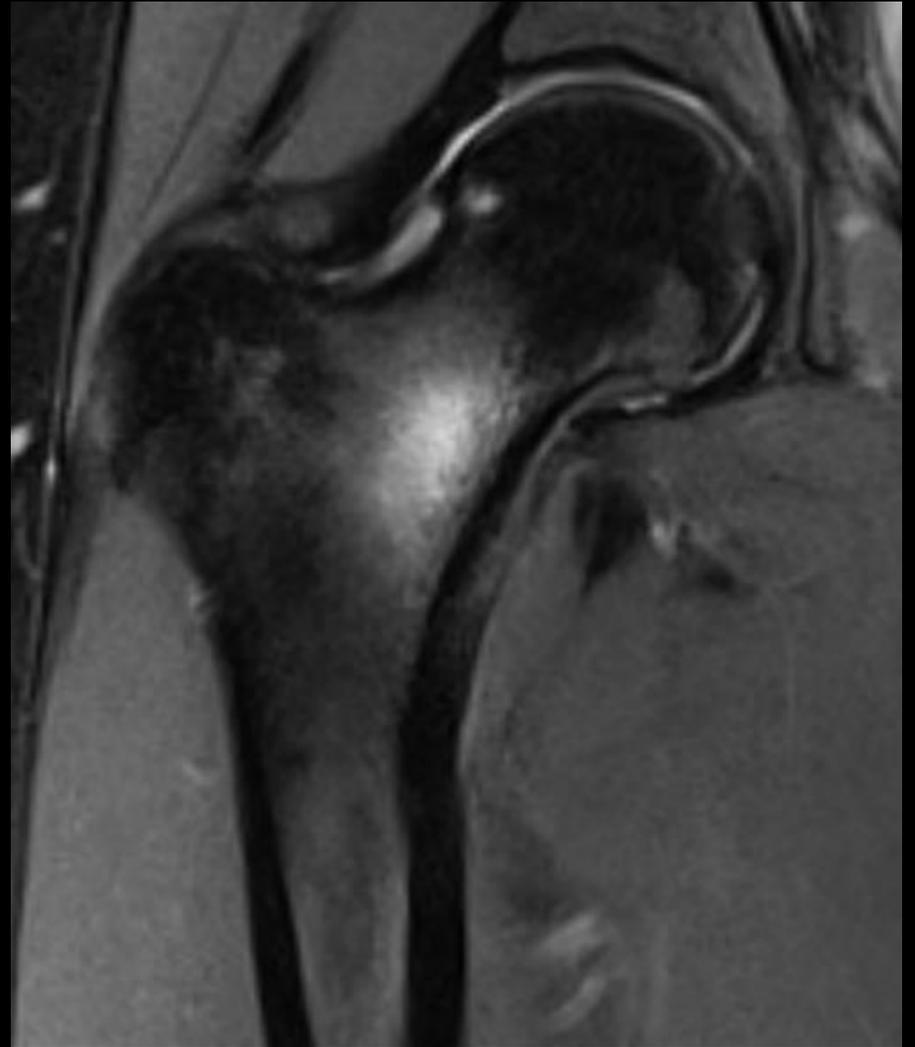


Impactions

IMPACTIONS

Guérison
spontanée



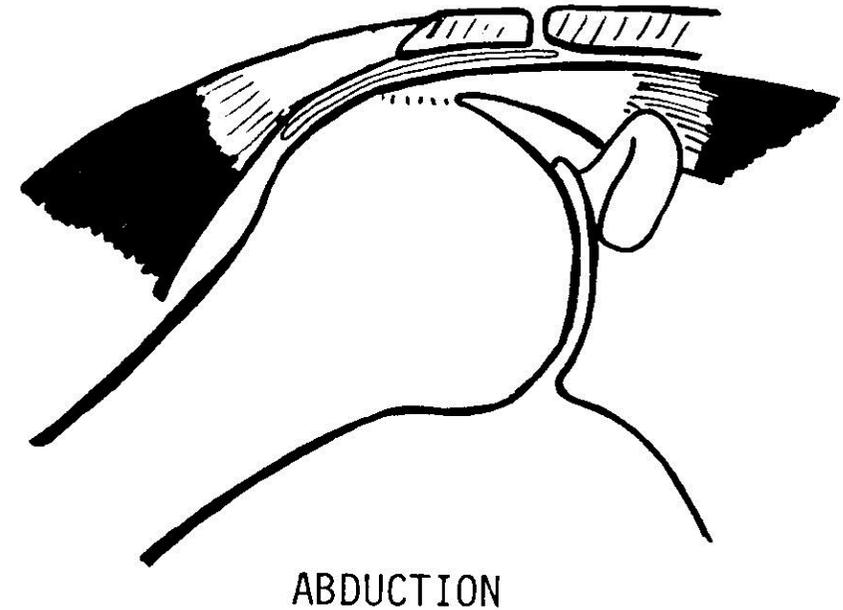
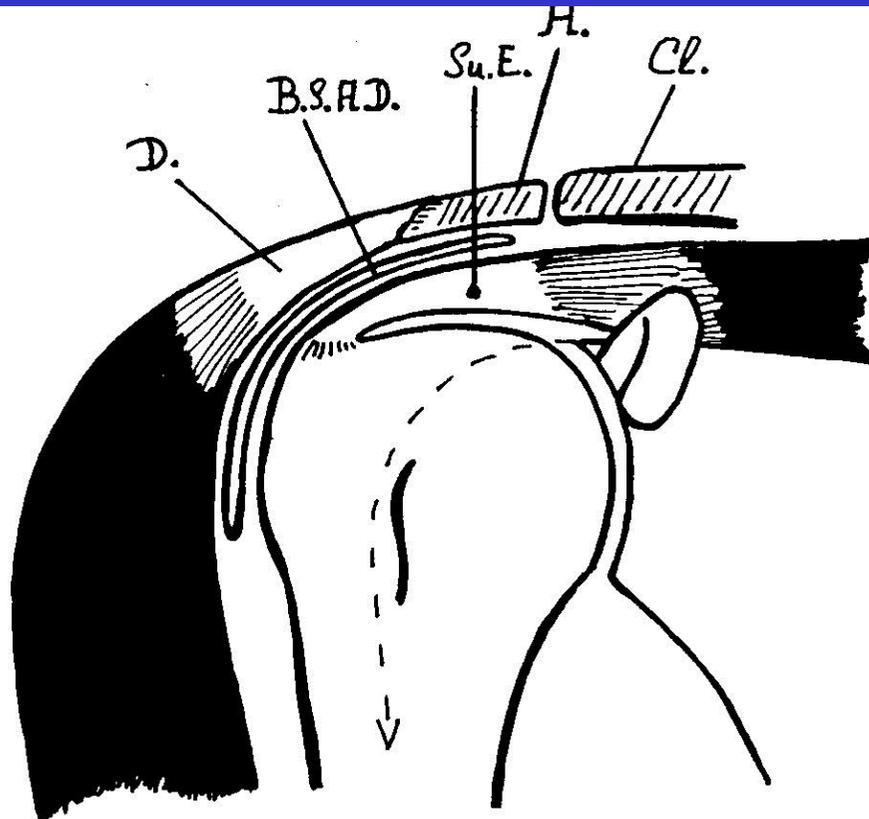


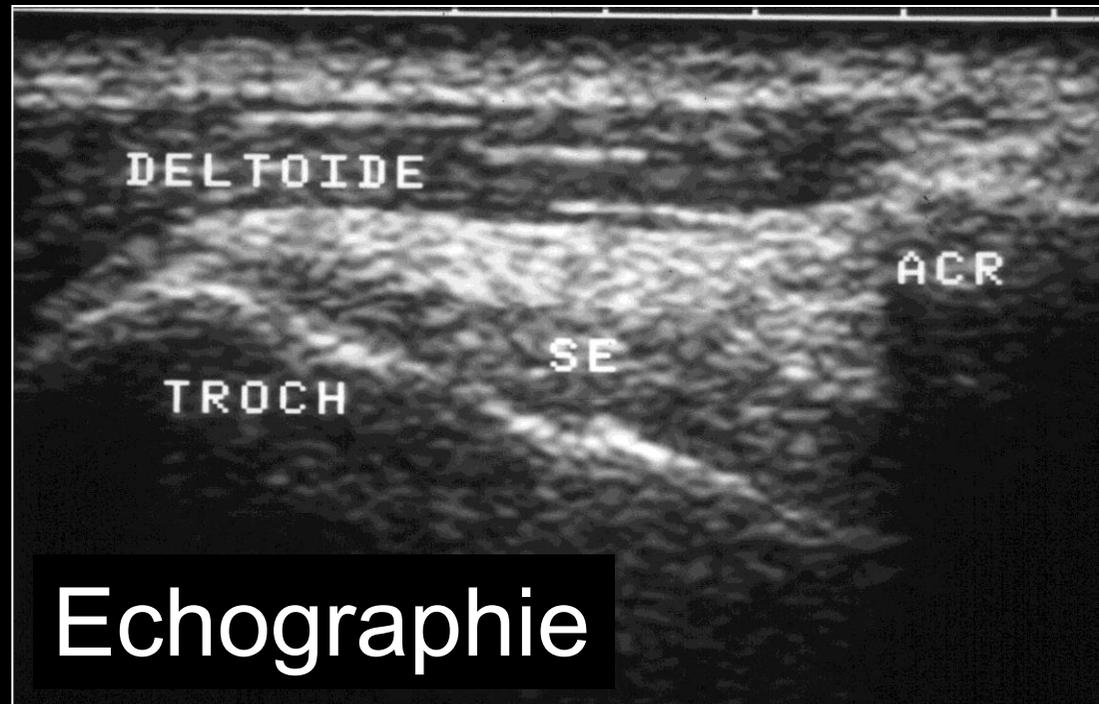
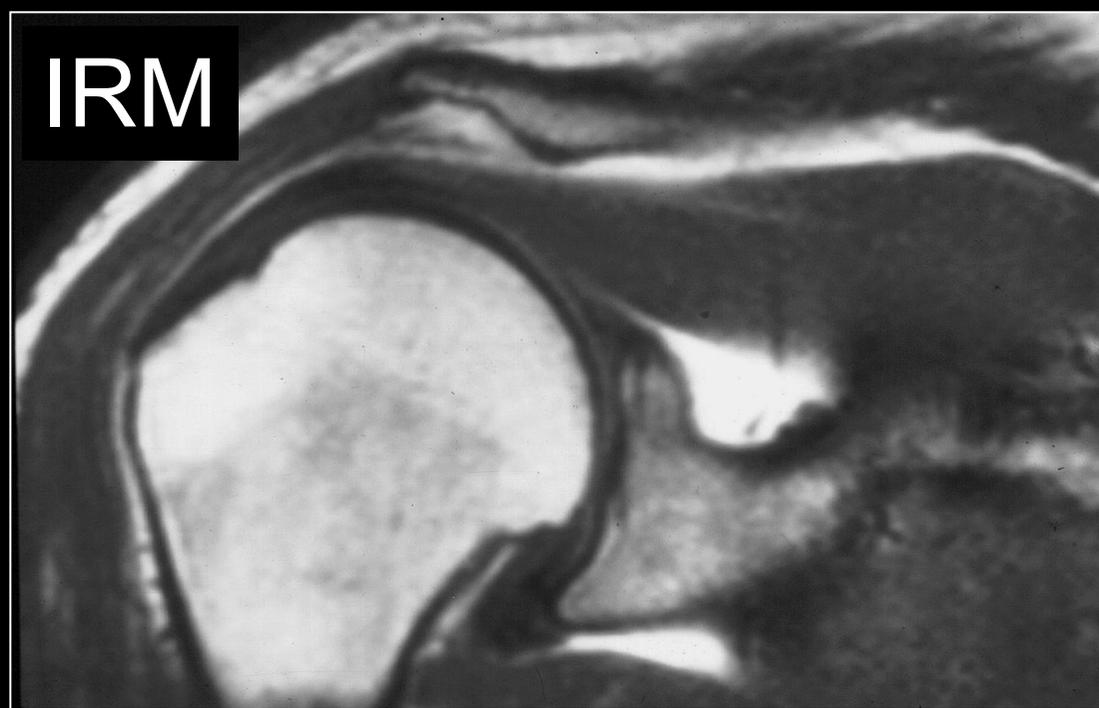
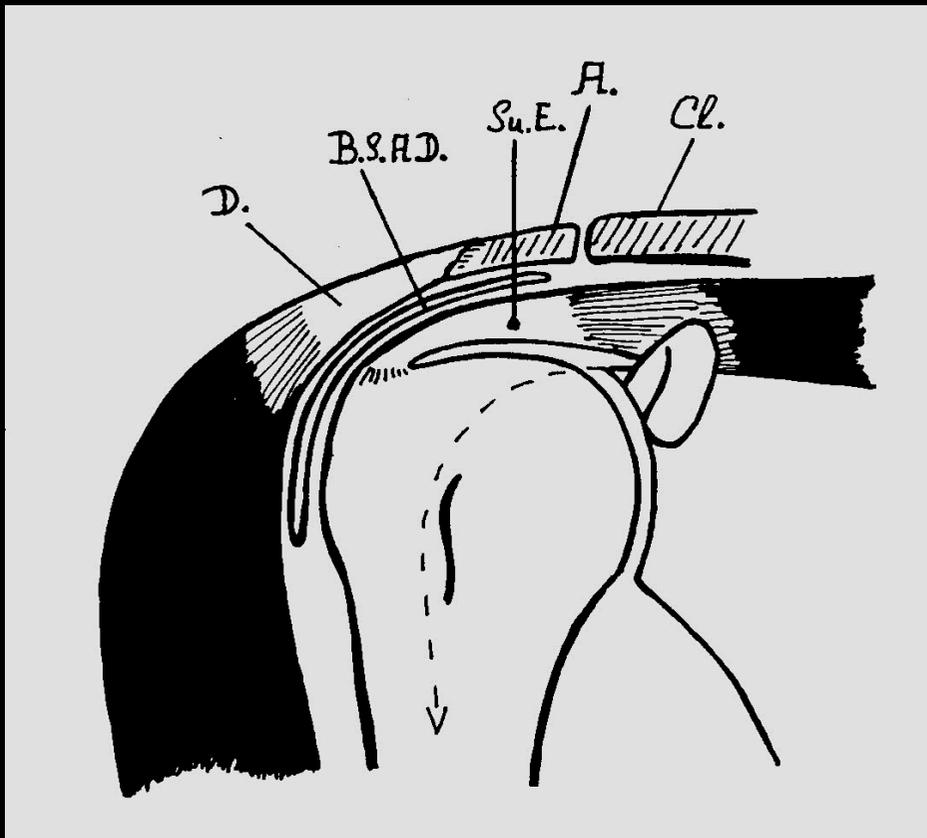
FISSURE STRESS COL FEM

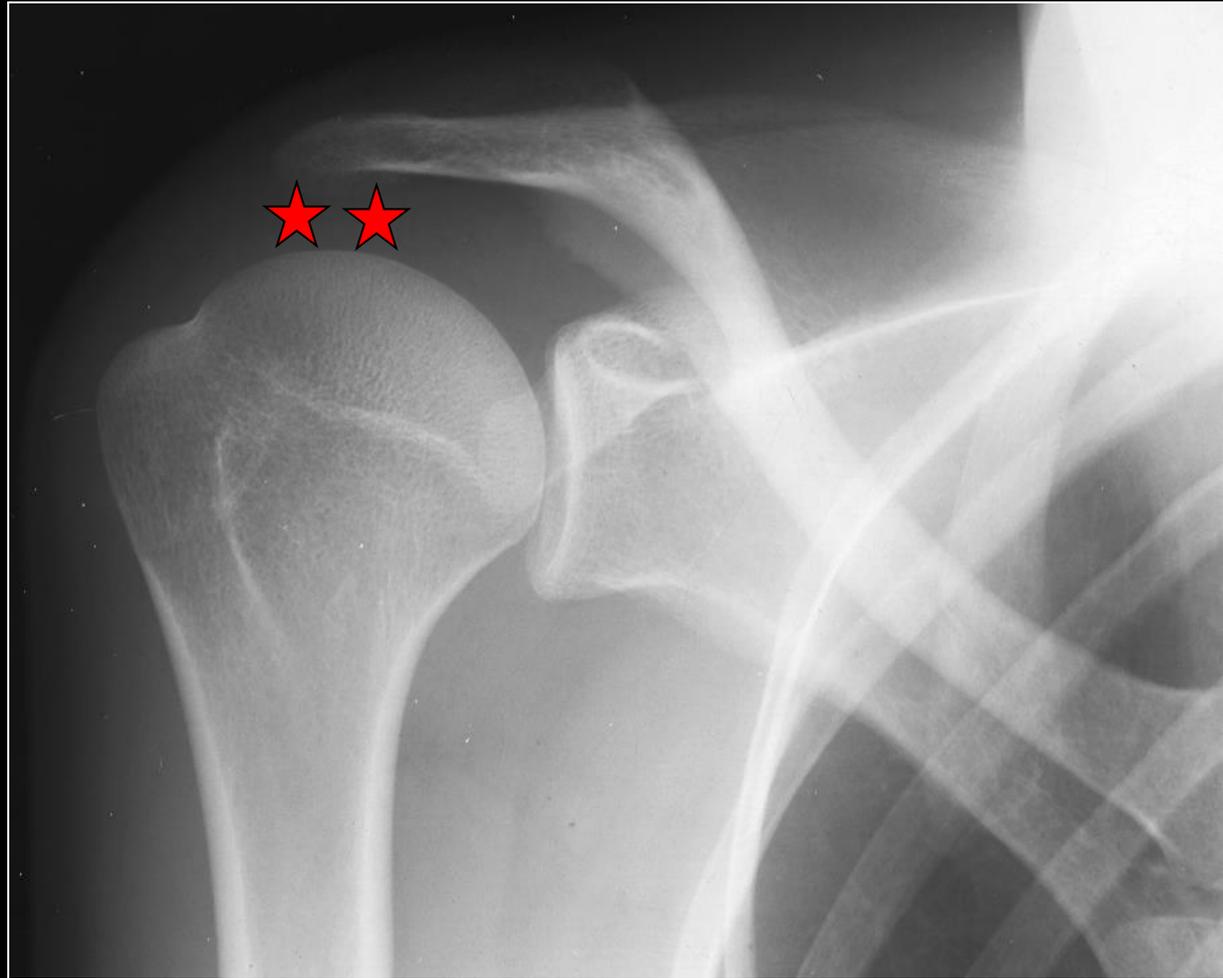
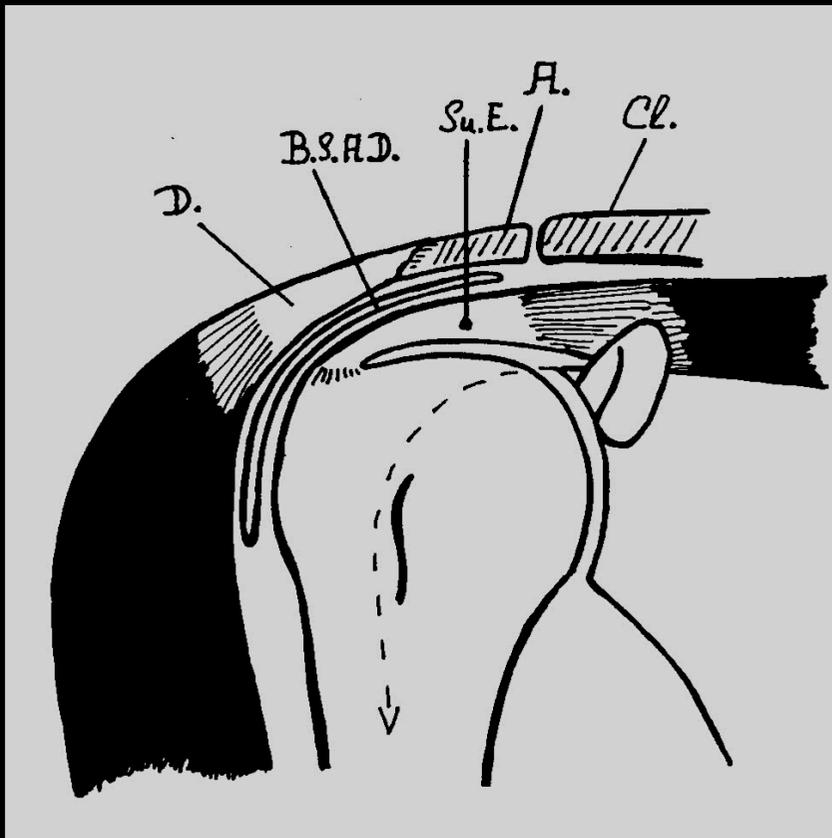


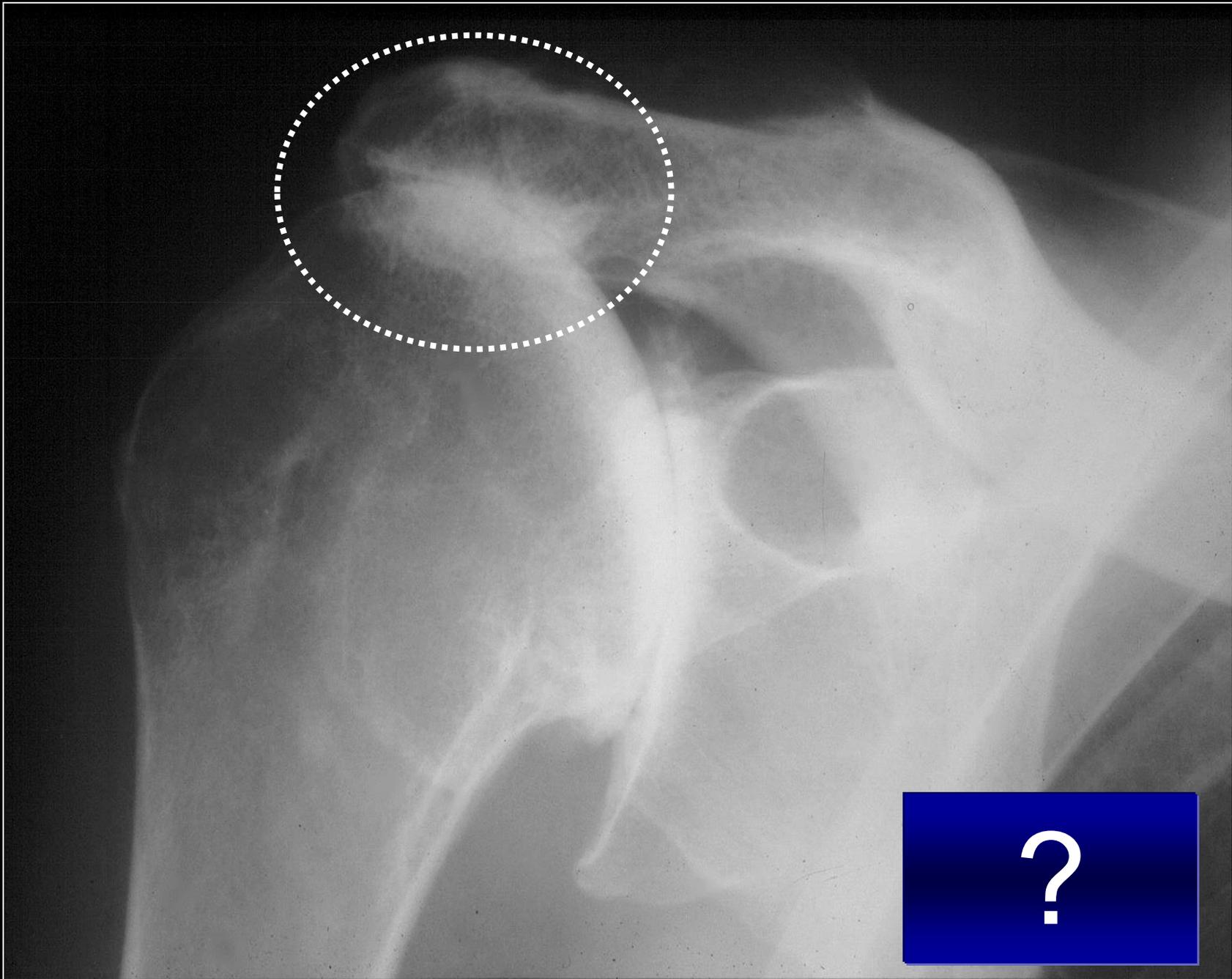
OST OST

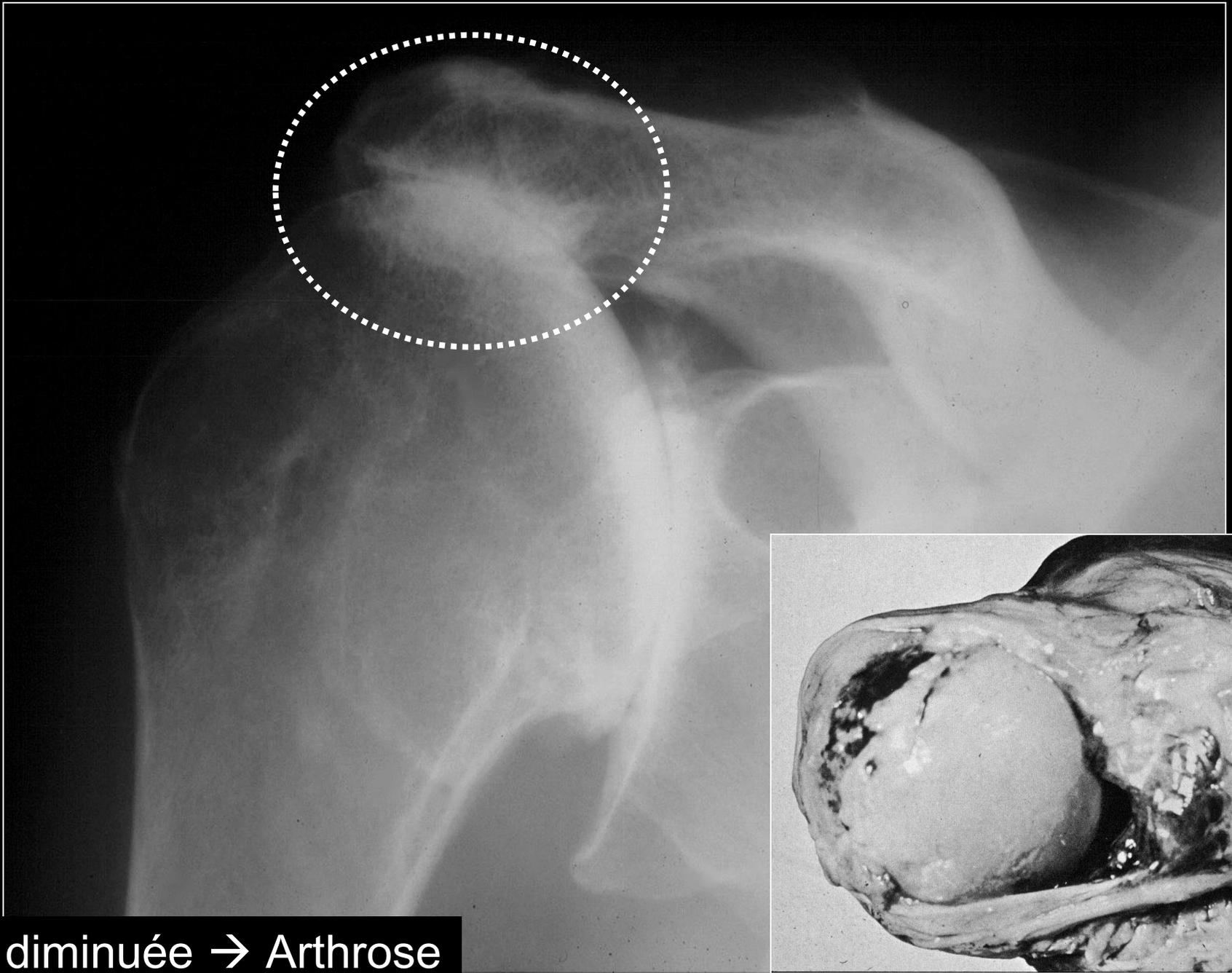
Coiffe des rotateurs et Articulation sous-acromio-deltoïdienne





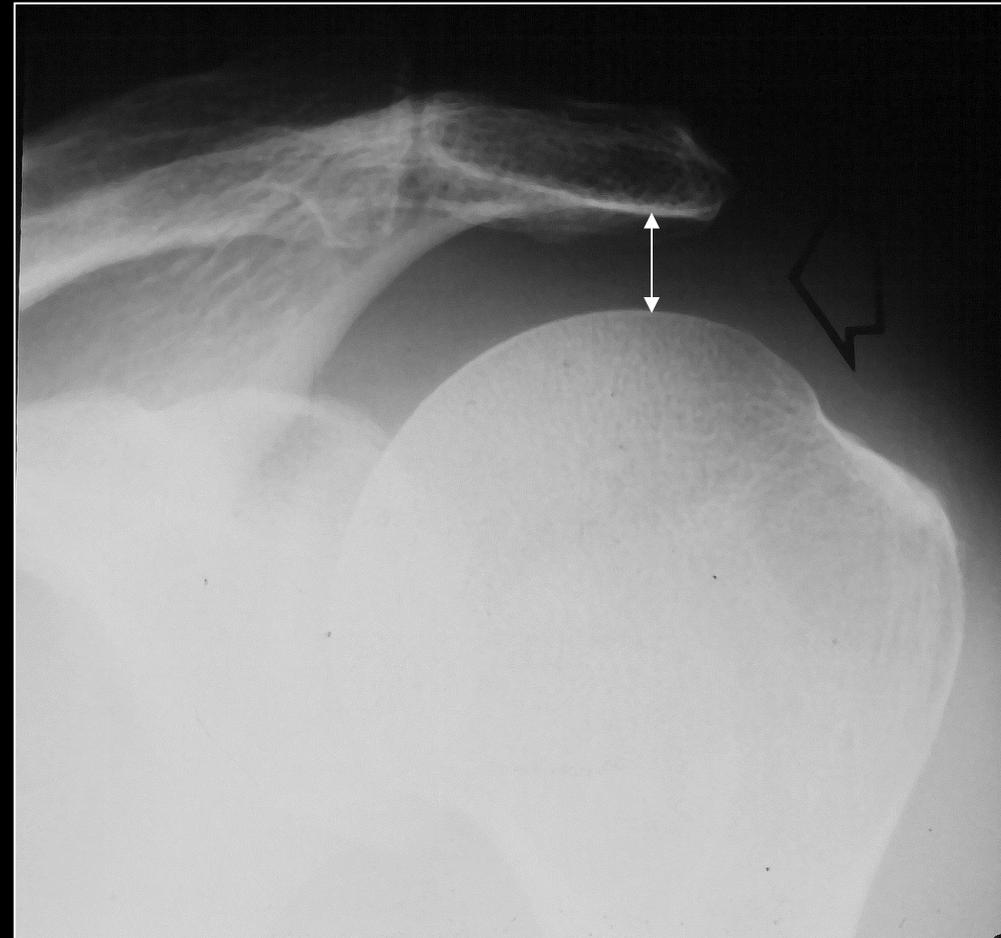






Surface diminuée → Arthrose

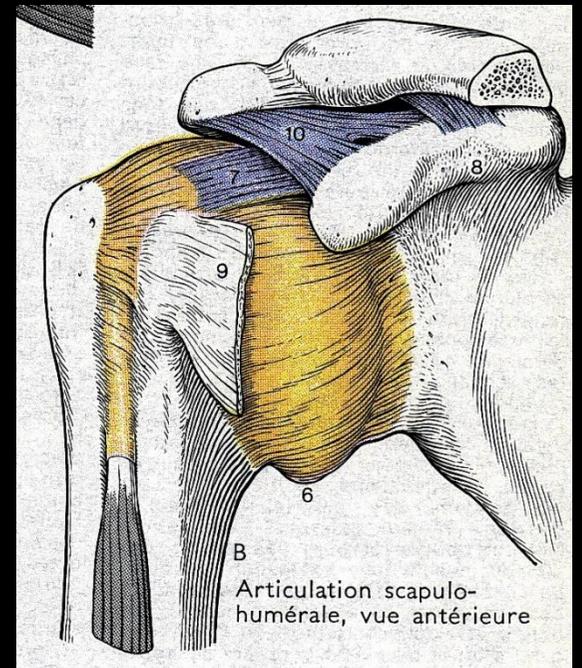
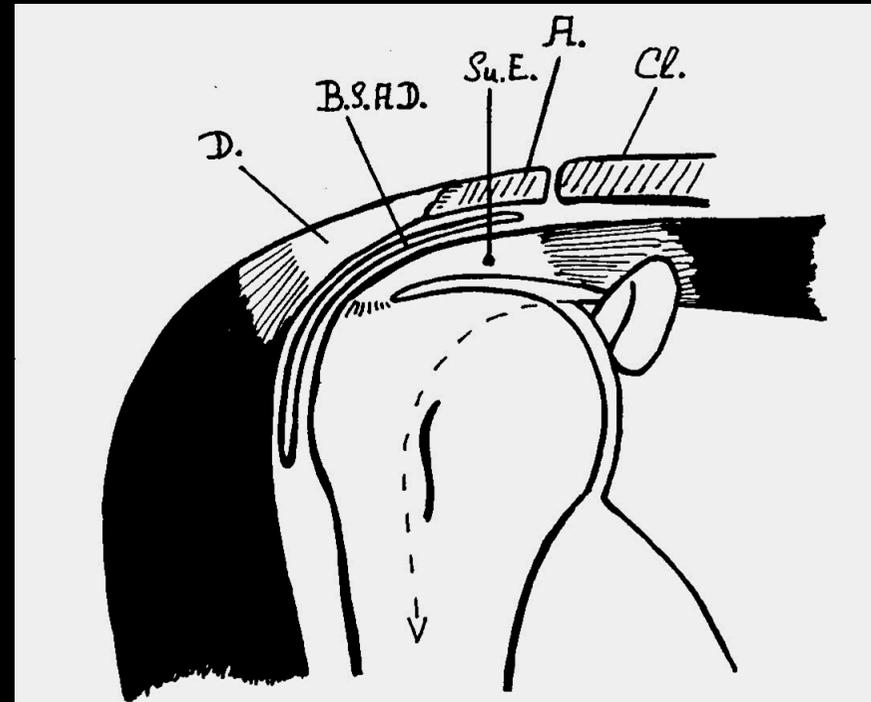
Défilé sous-acromial aminci



Défilé sous-acromial aminci

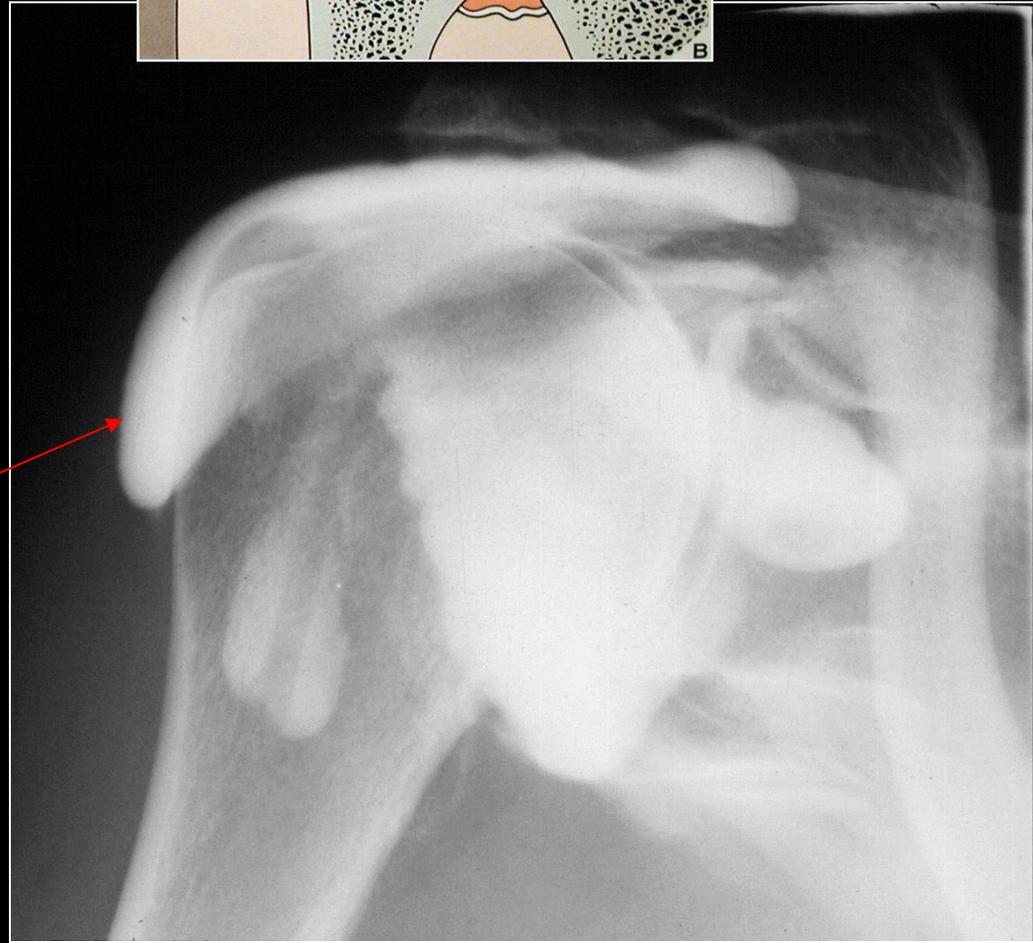
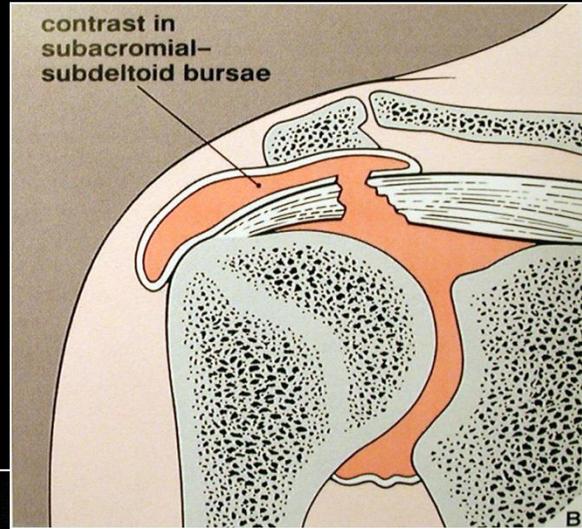


$< 7 \text{ mm} = \ll \text{large rupture de coiffe} \gg$

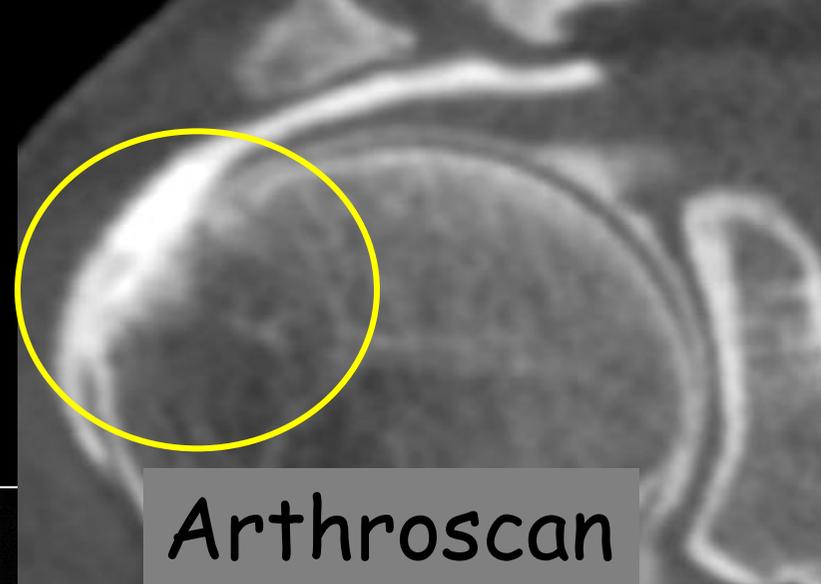


Arthrographie

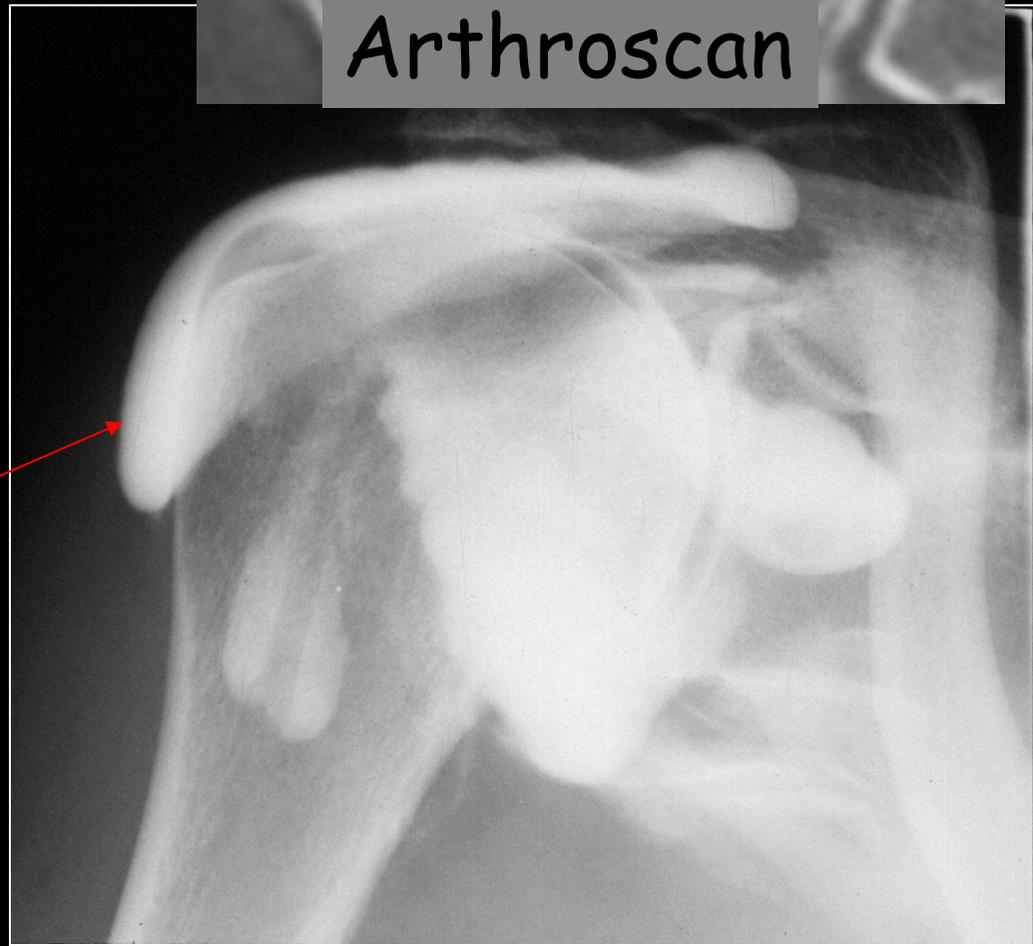
B
Articulation scapulo-humérale, vue antérieure



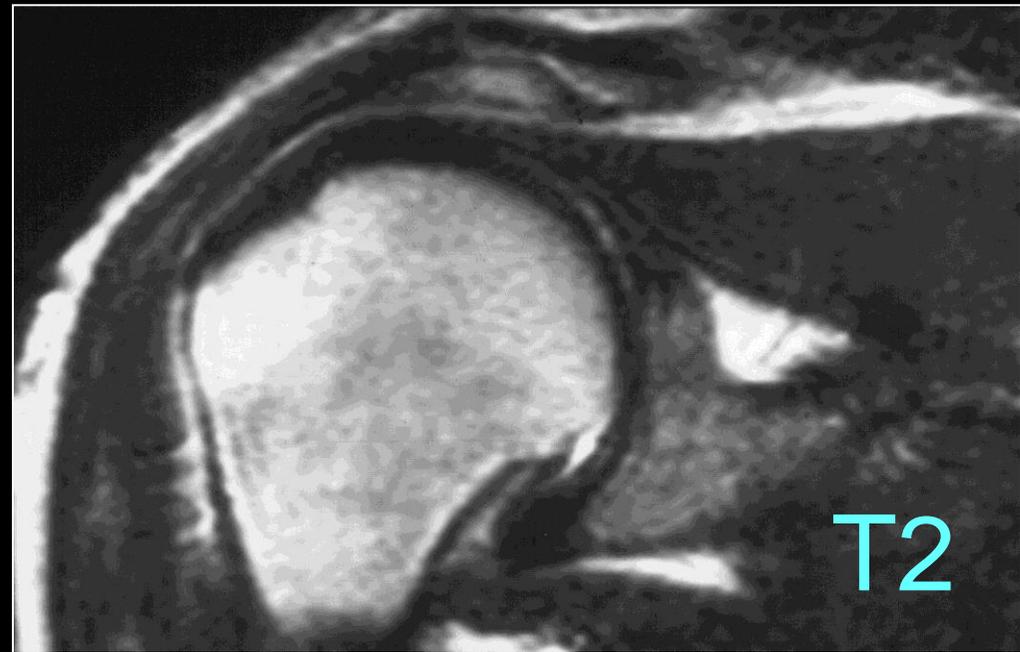
**Bourse opacifiée
= coiffe rompue**



Arthroscan

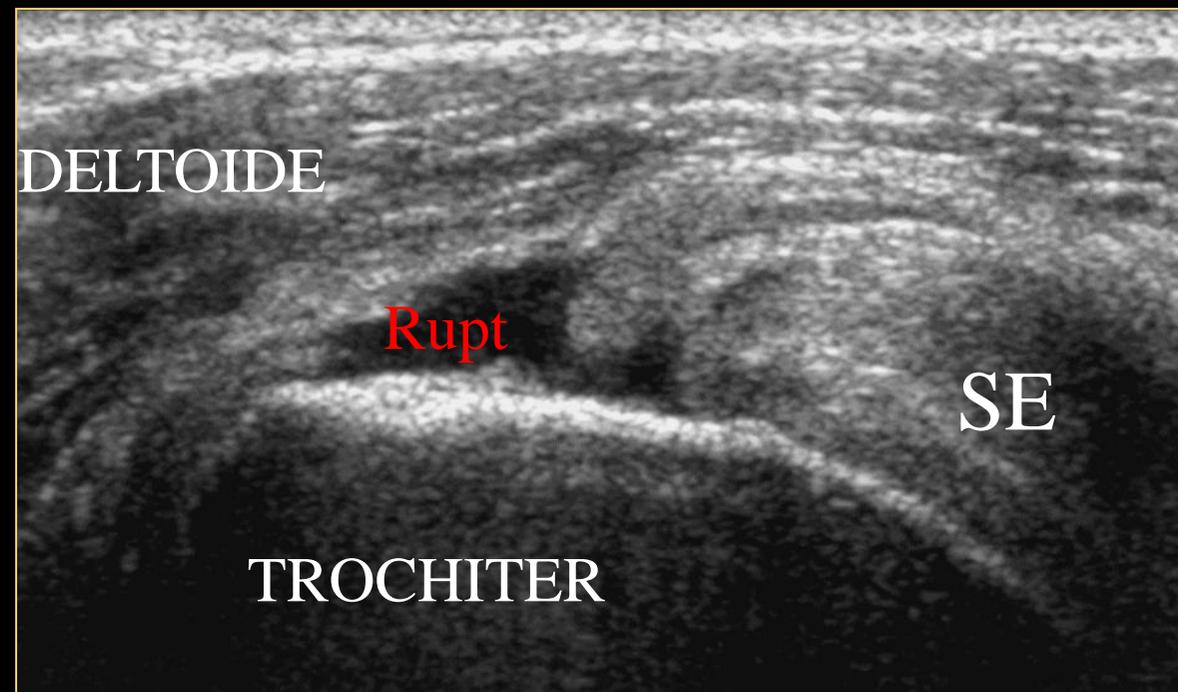
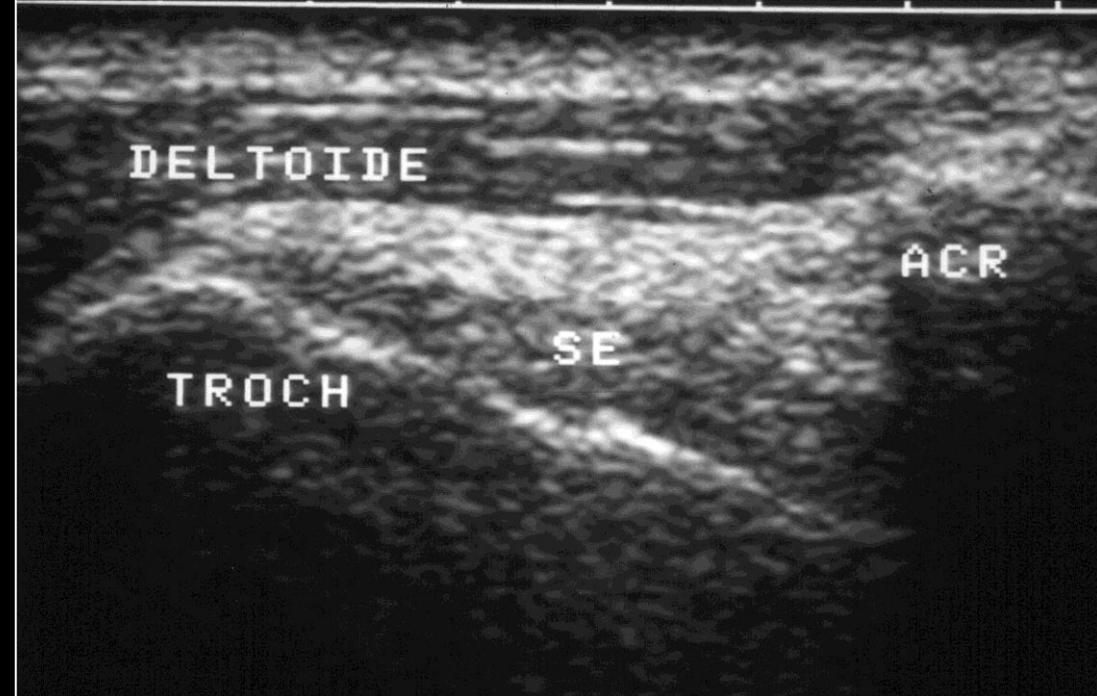


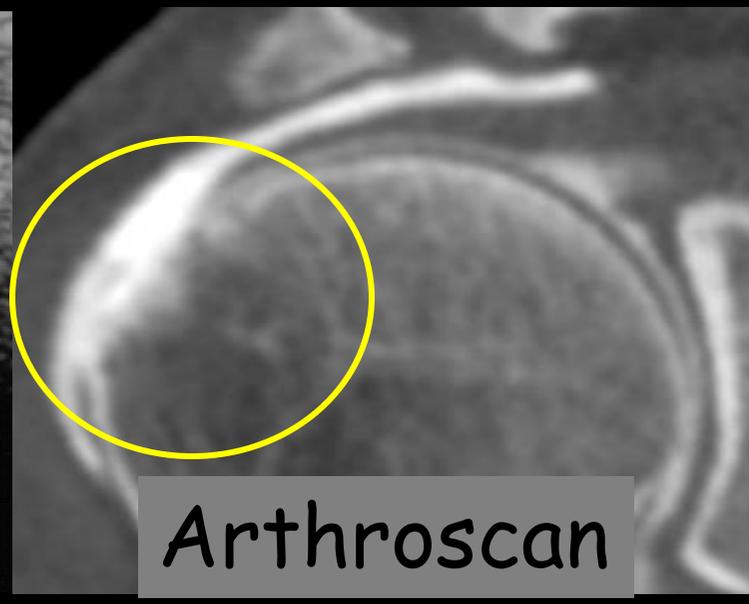
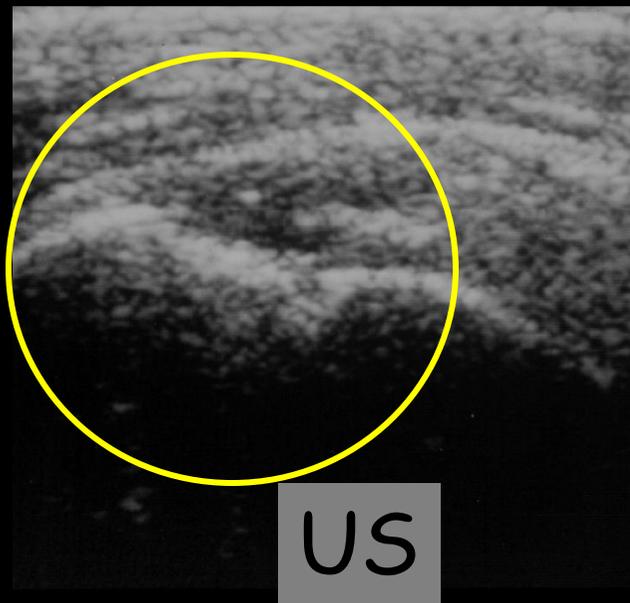
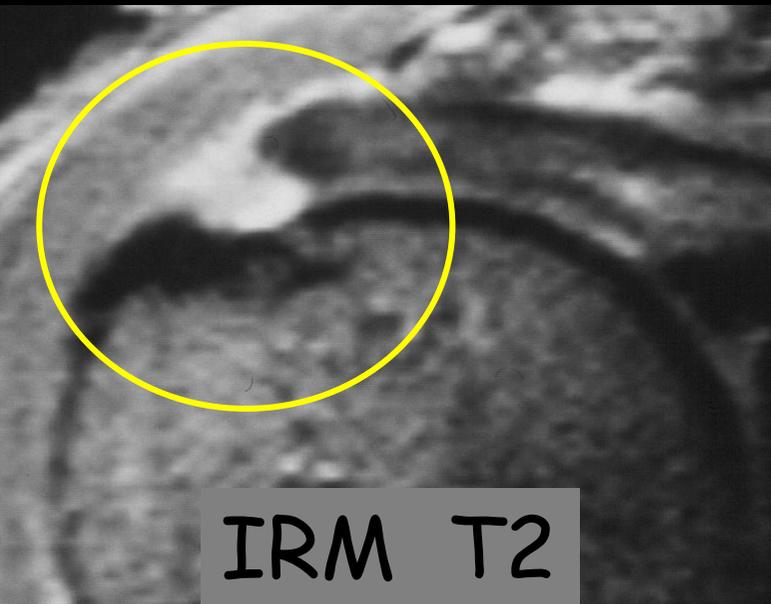
Bourse opacifiée
= coiffe rompue

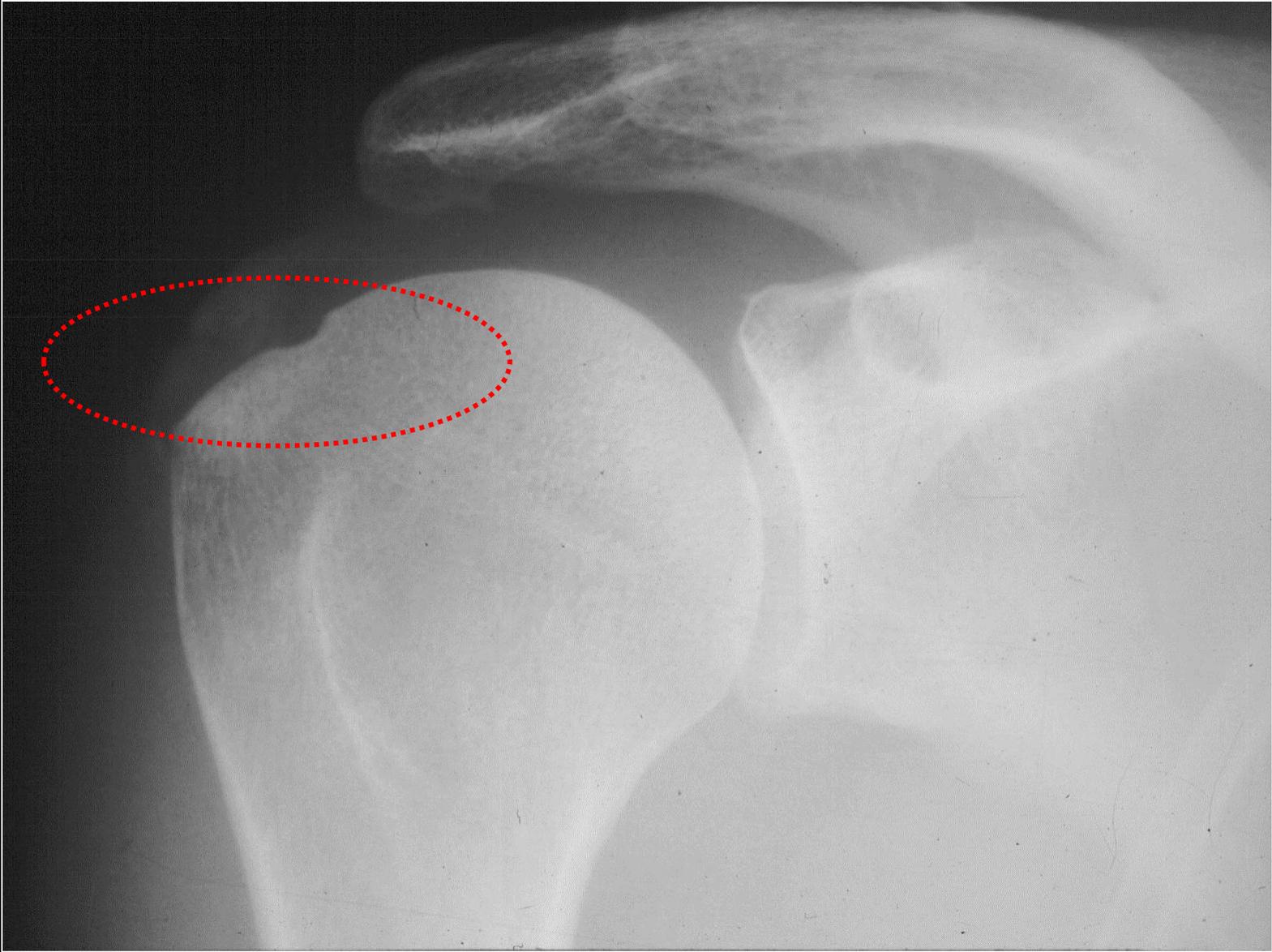


Rupture du
sus-épineux
IRM

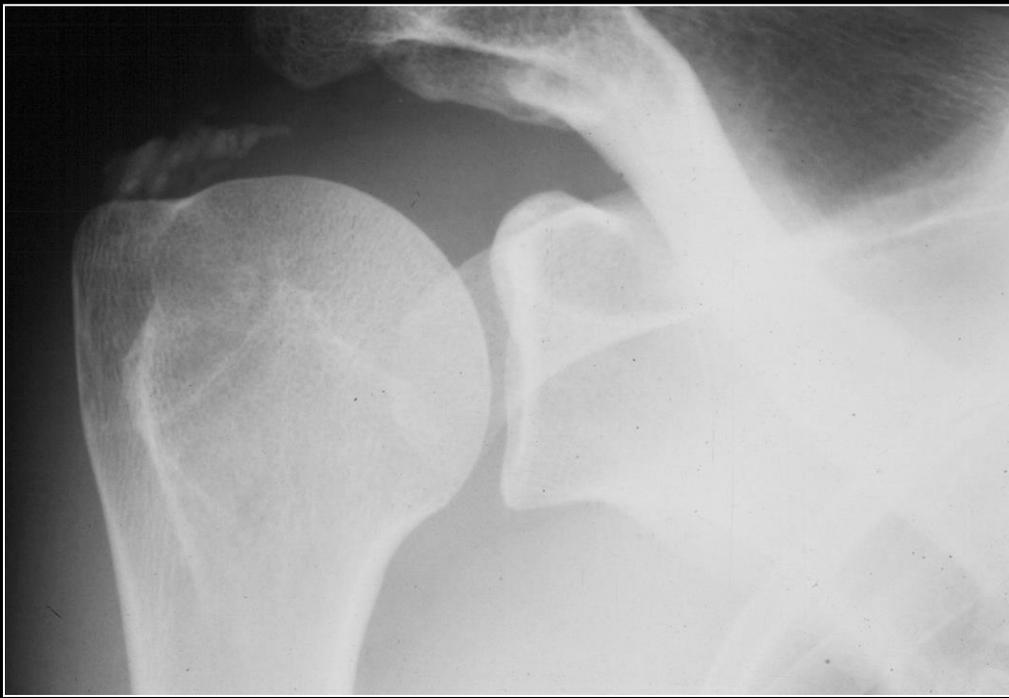
Rupture du sus-épineux Echo

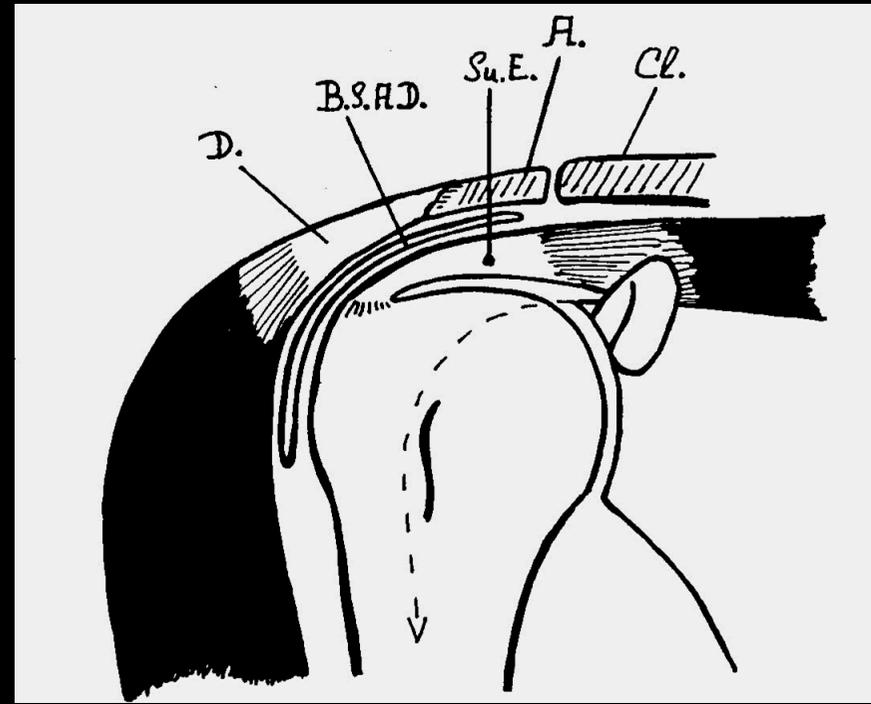
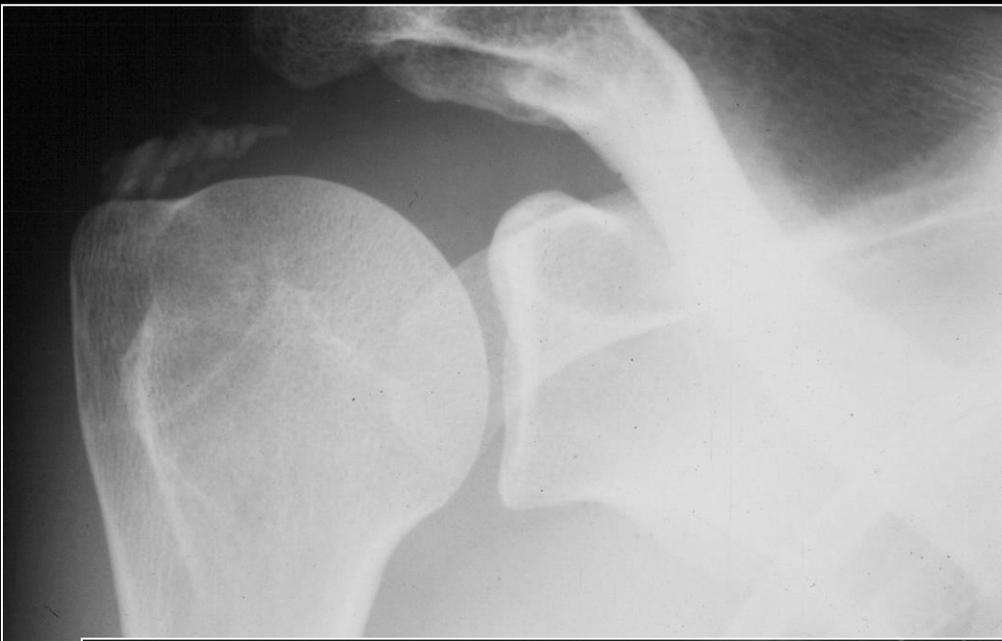




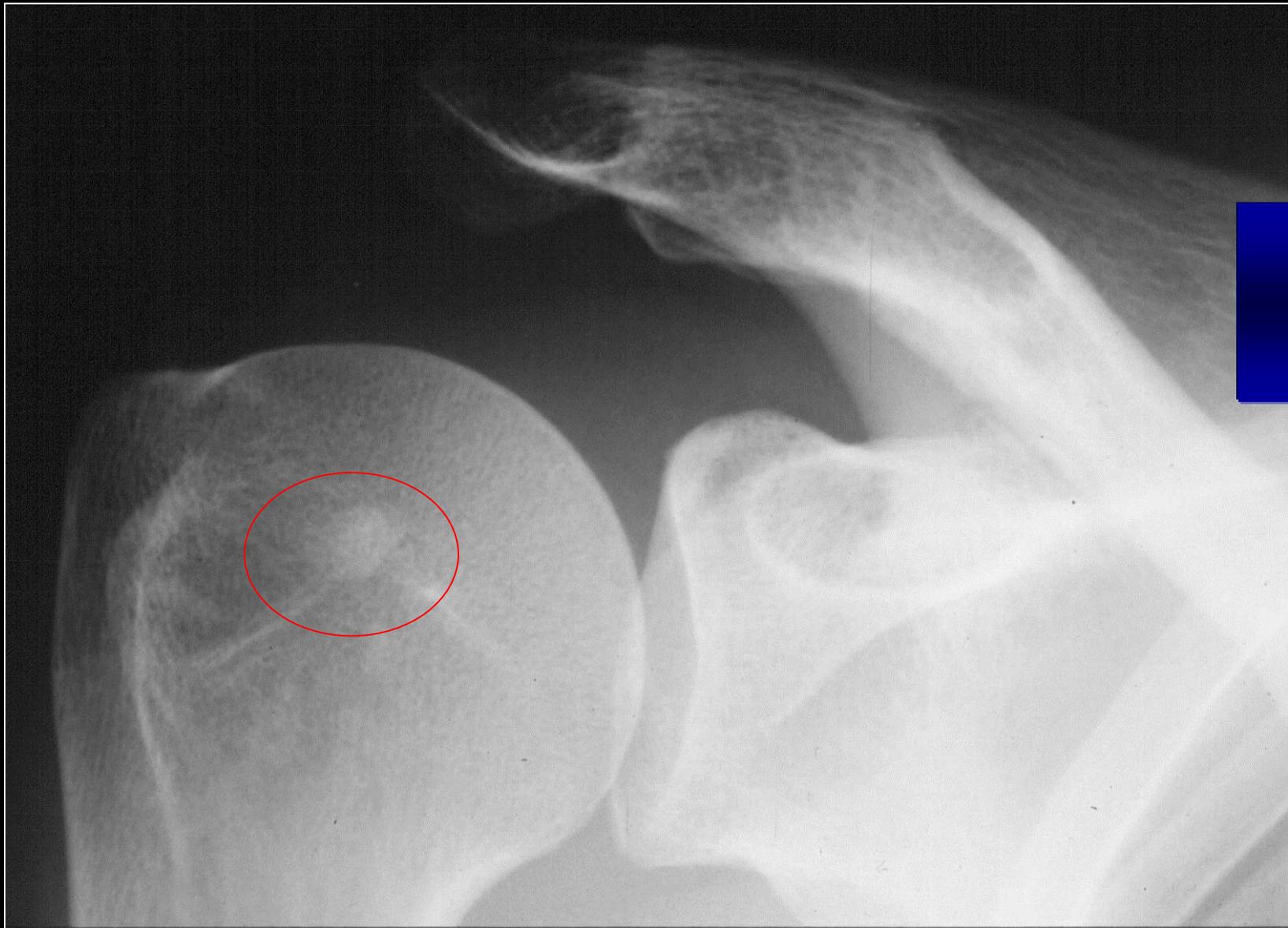


?



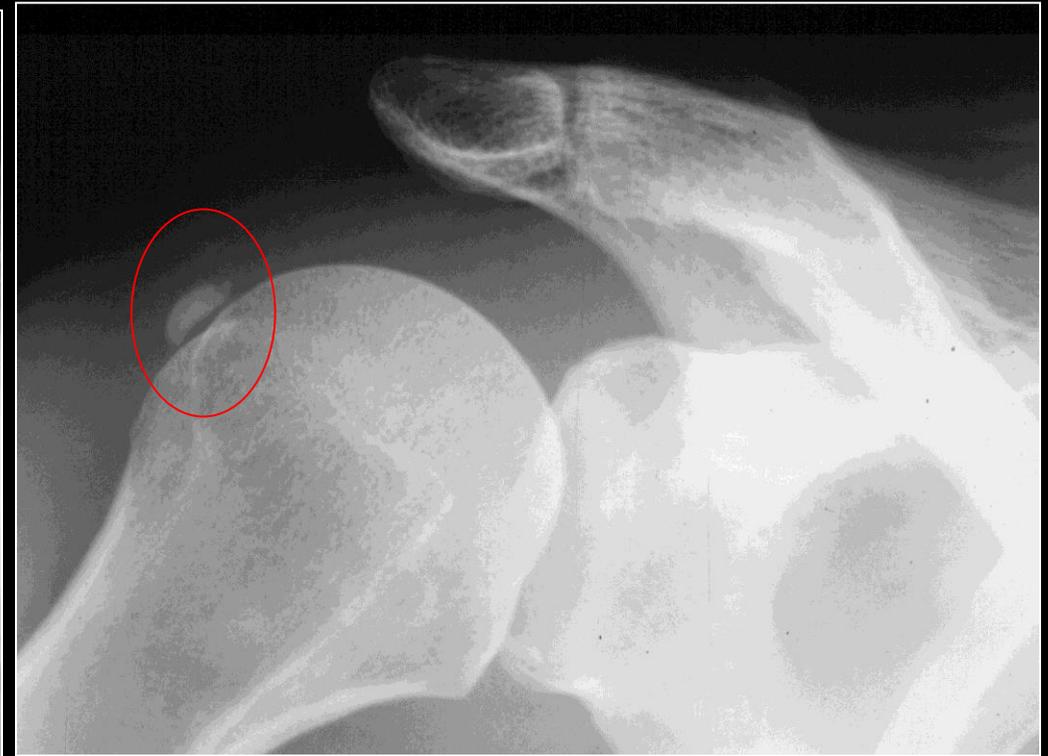


PSH =
Tendinite calcifiante
(hydroxy-apatite)

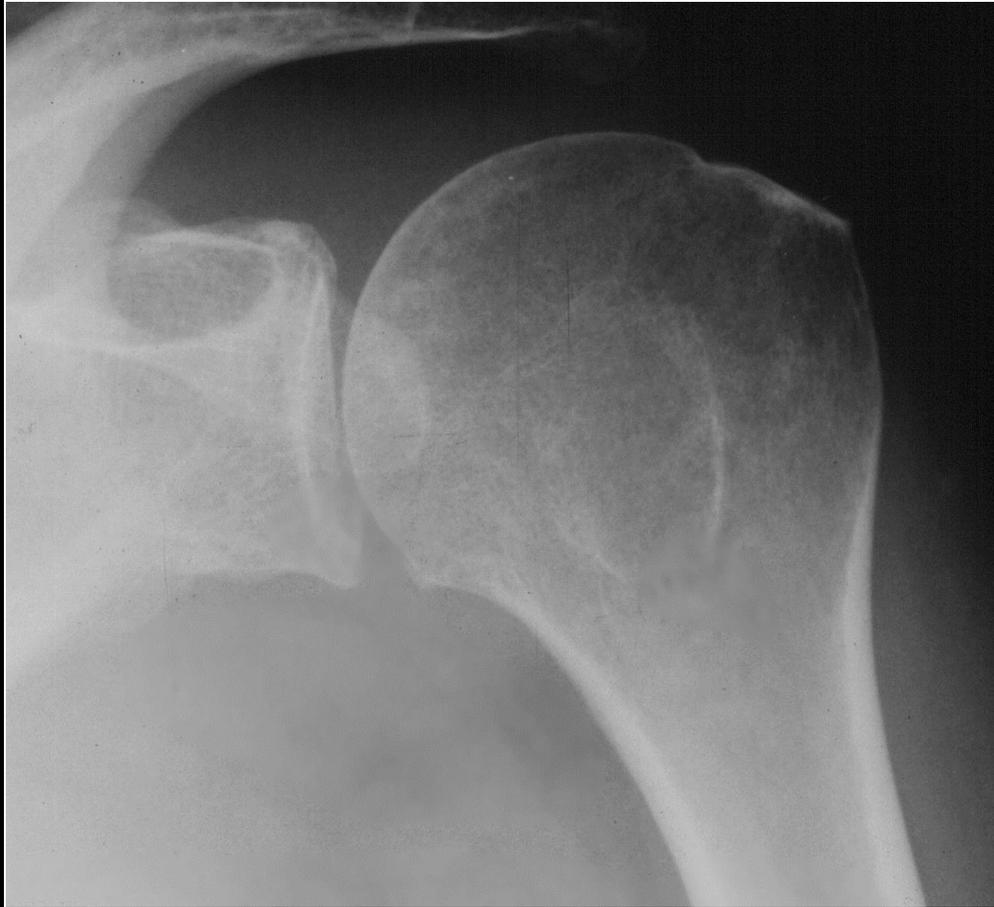




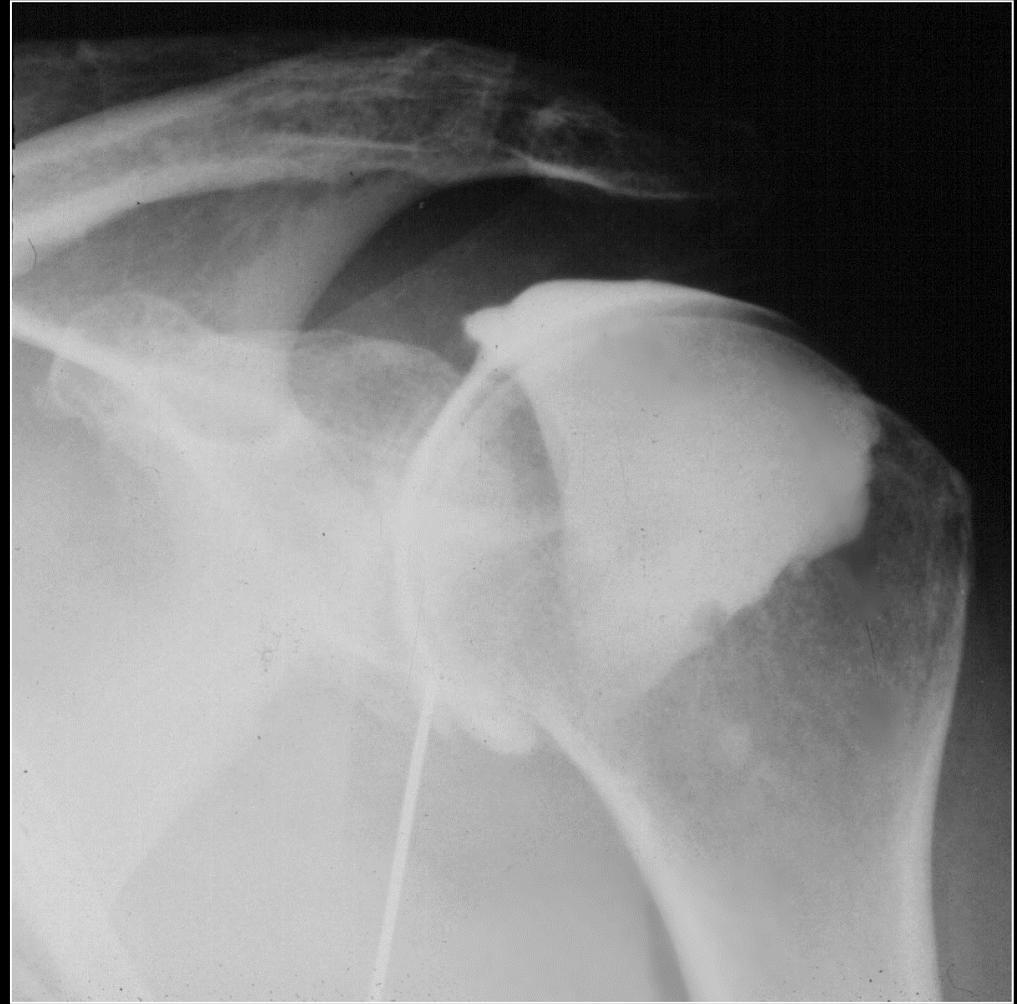
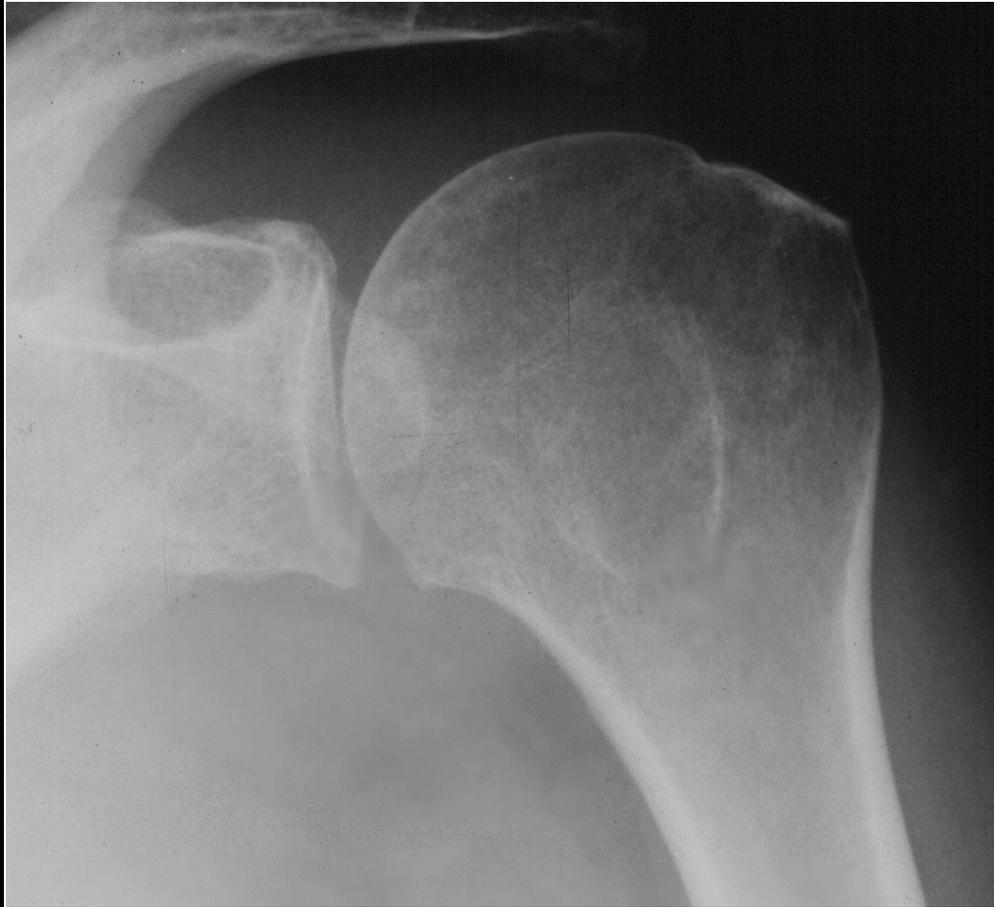
Rotation neutre



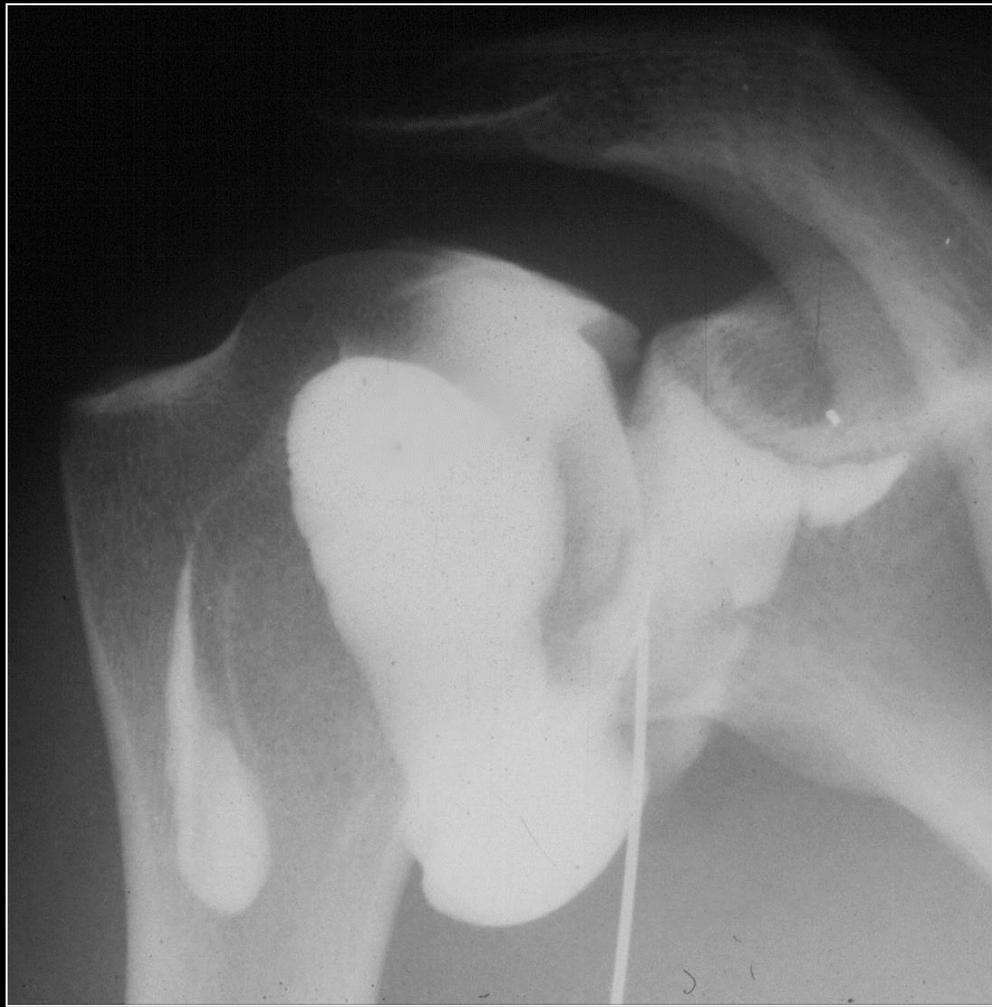
Rotation interne

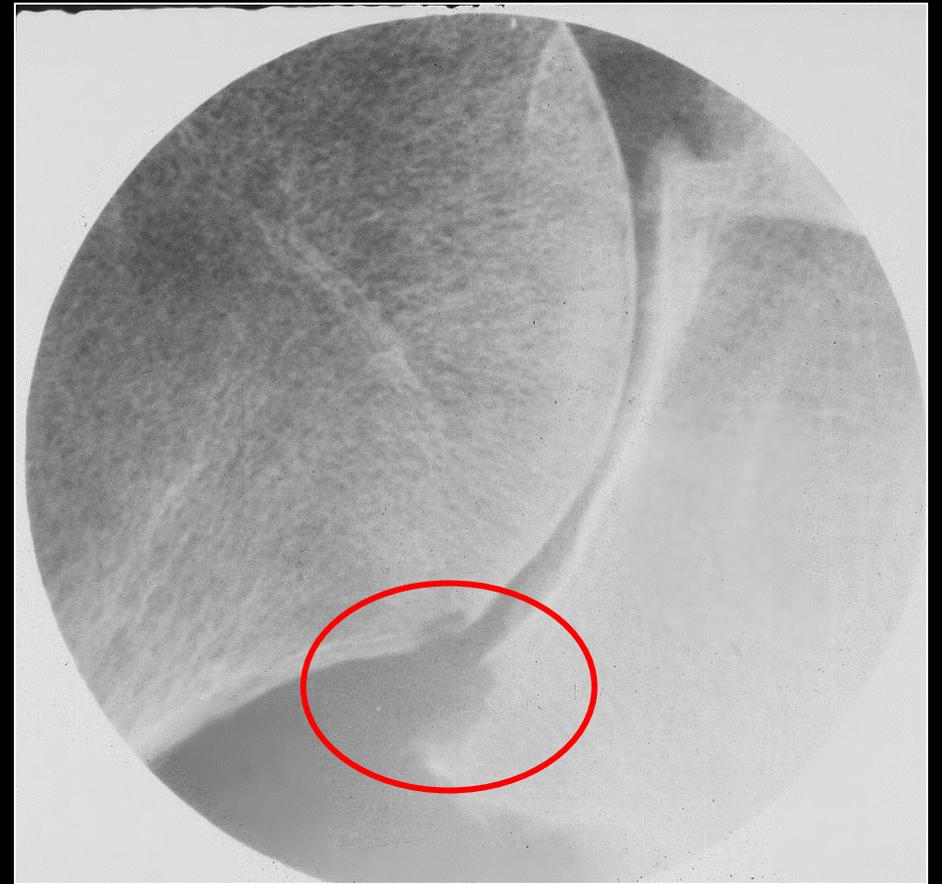


Abduction limitée



Capsulite rétractile





Arthritis TBC



???

Calcifications du cartilage



des
ménisques

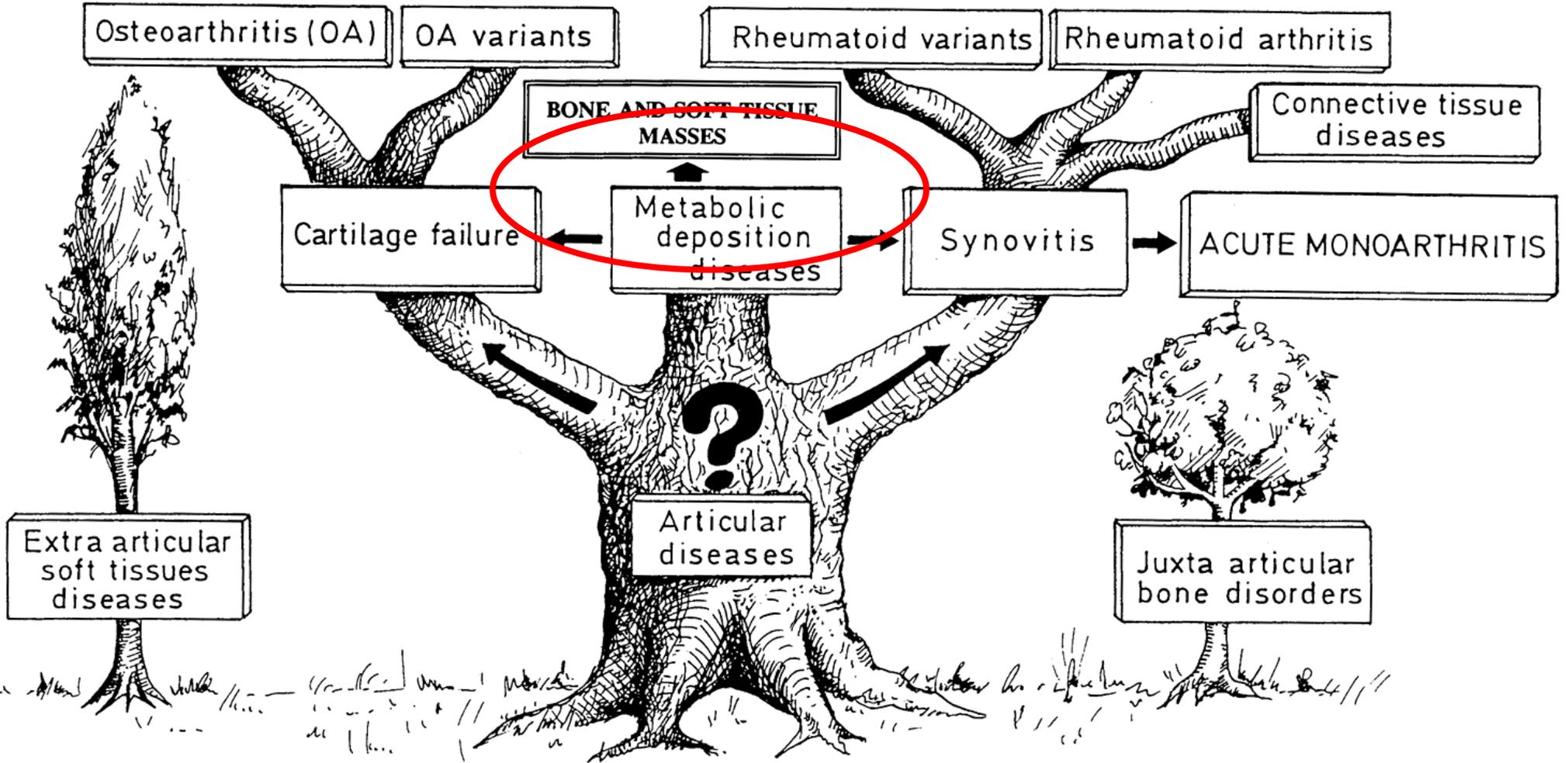


???

Chondrocalcinose (pyrophosphates)



ARTHRITIS DIAGNOSTIC TREE



2. Epaule

Traumas

Coiffe

Capsulite

Arthrite

CCA





?

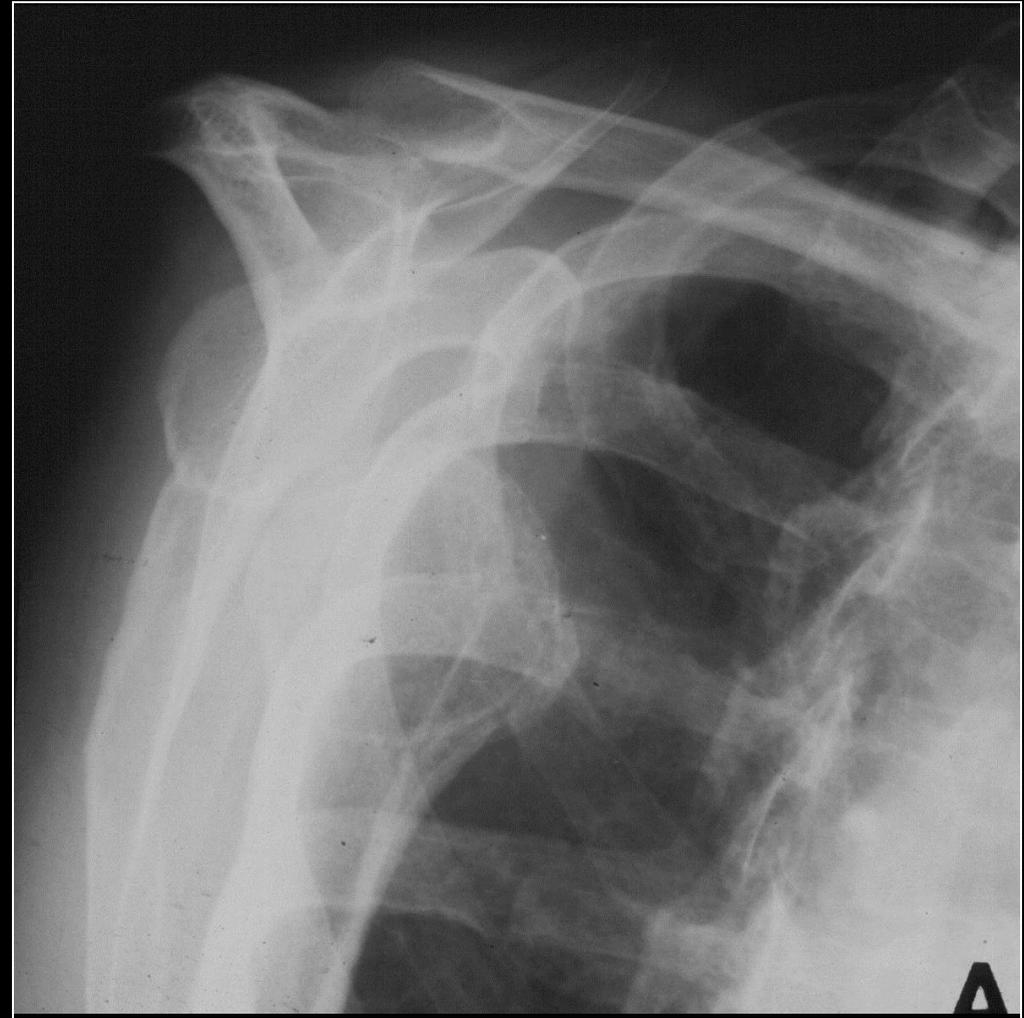


Normal



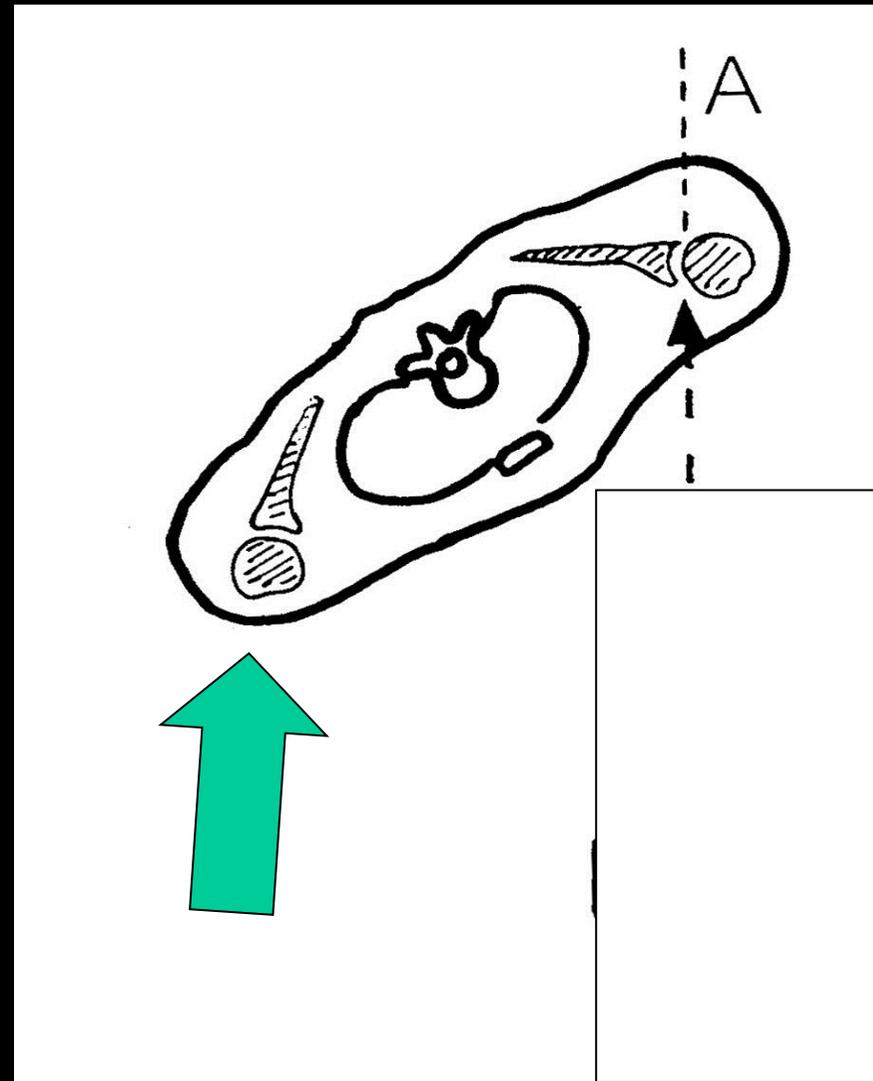
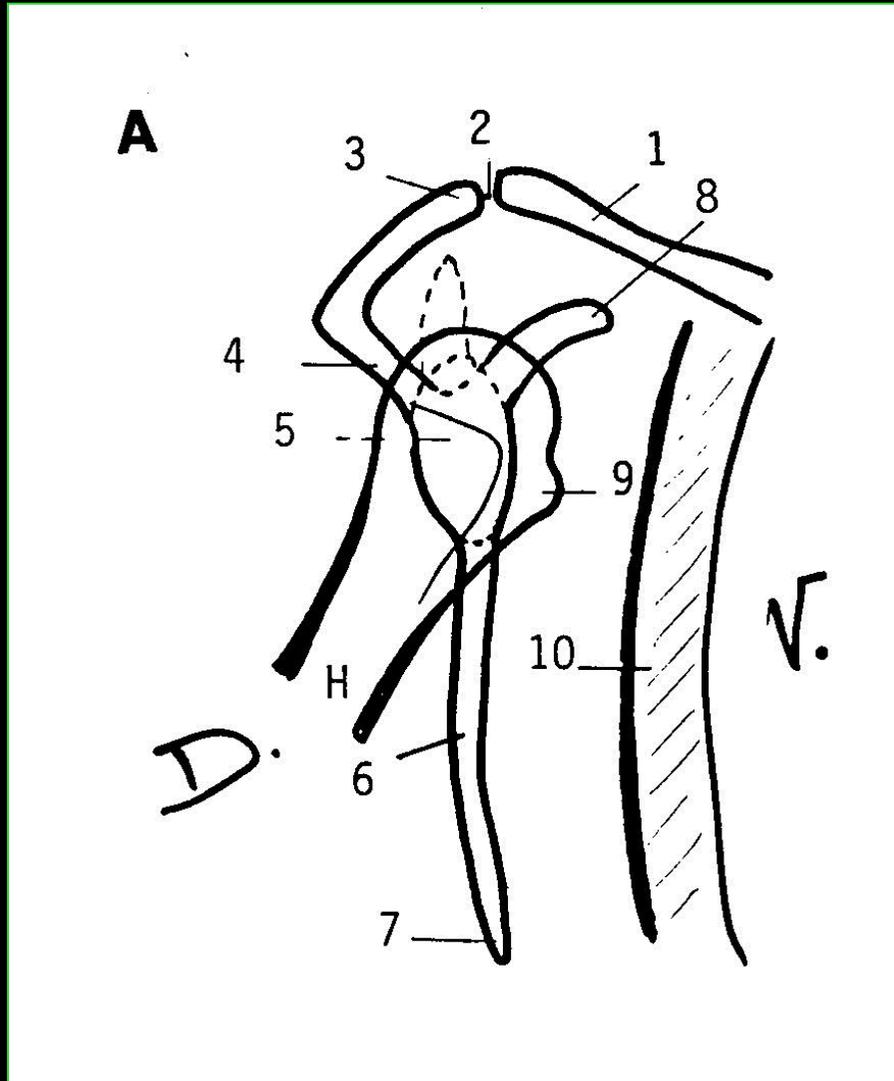
**Luxation
scapulo humérale**

Normal

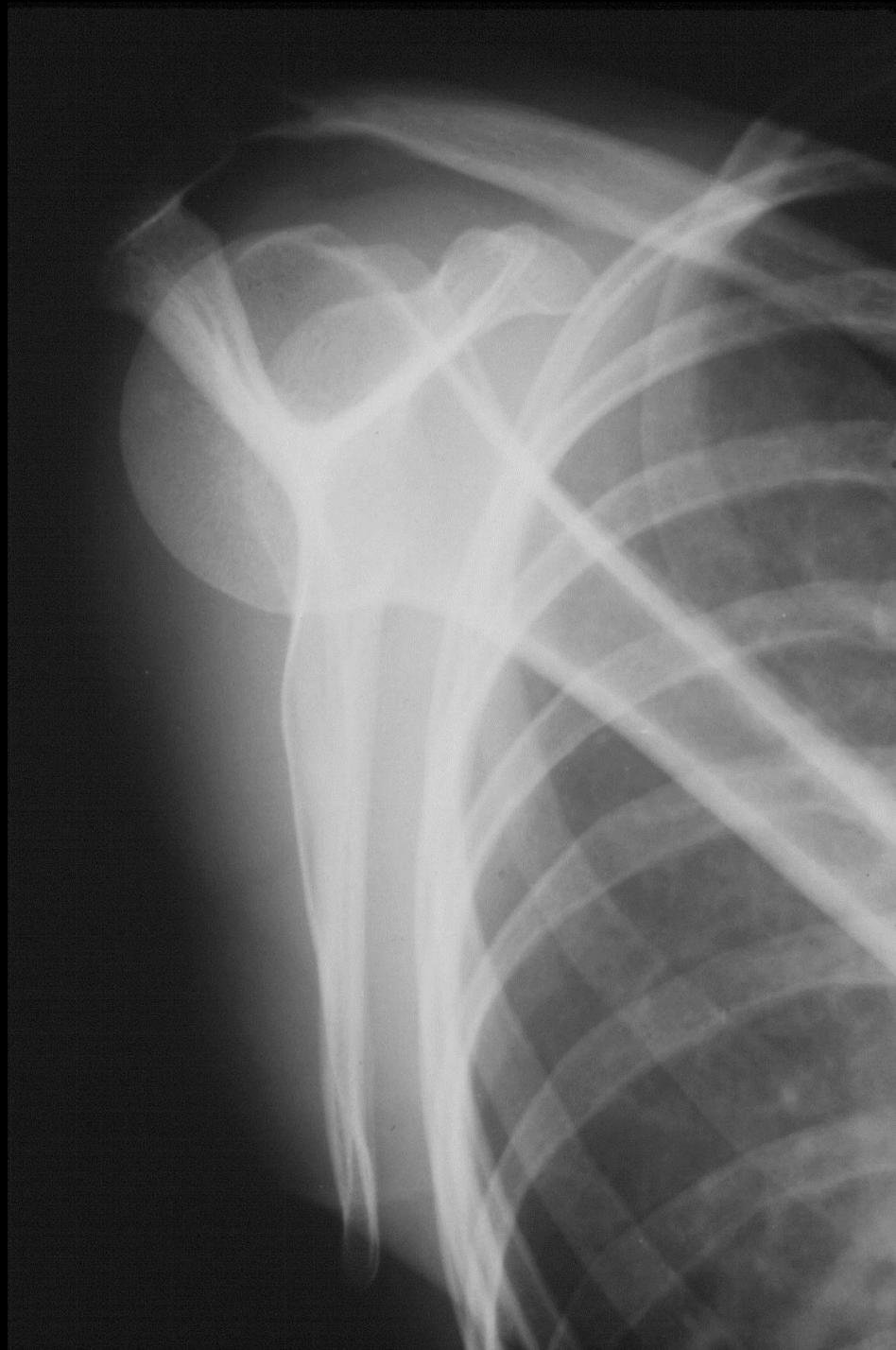
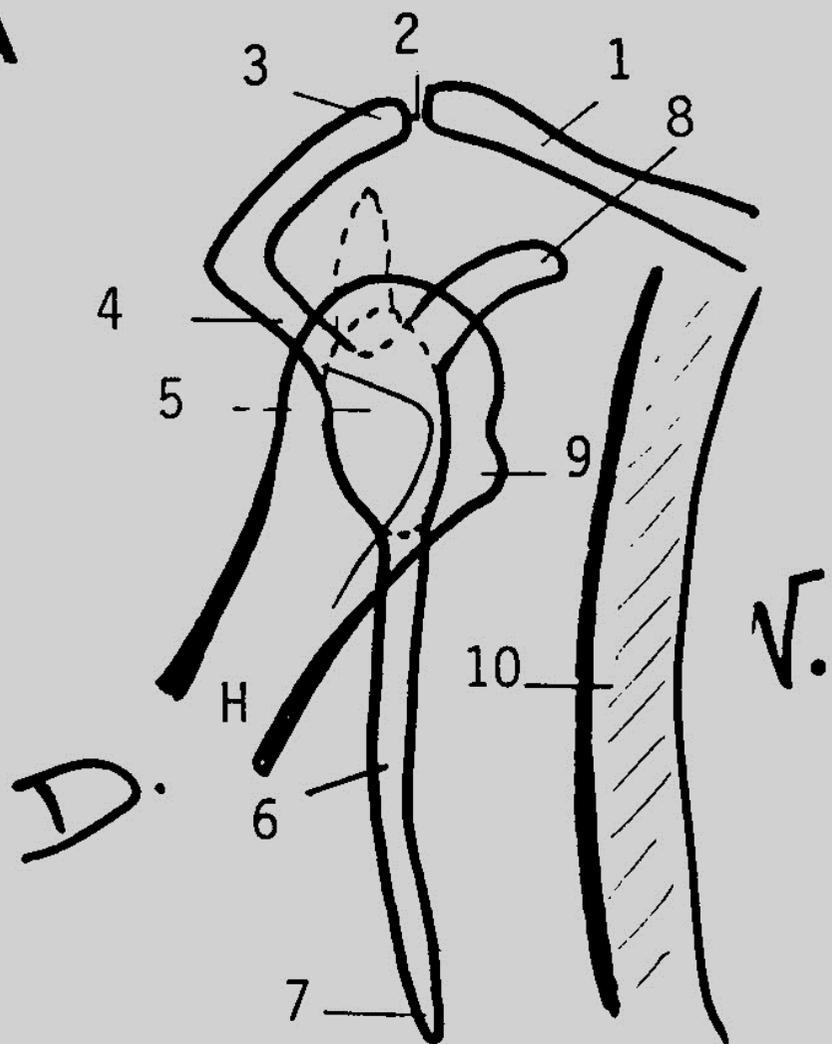


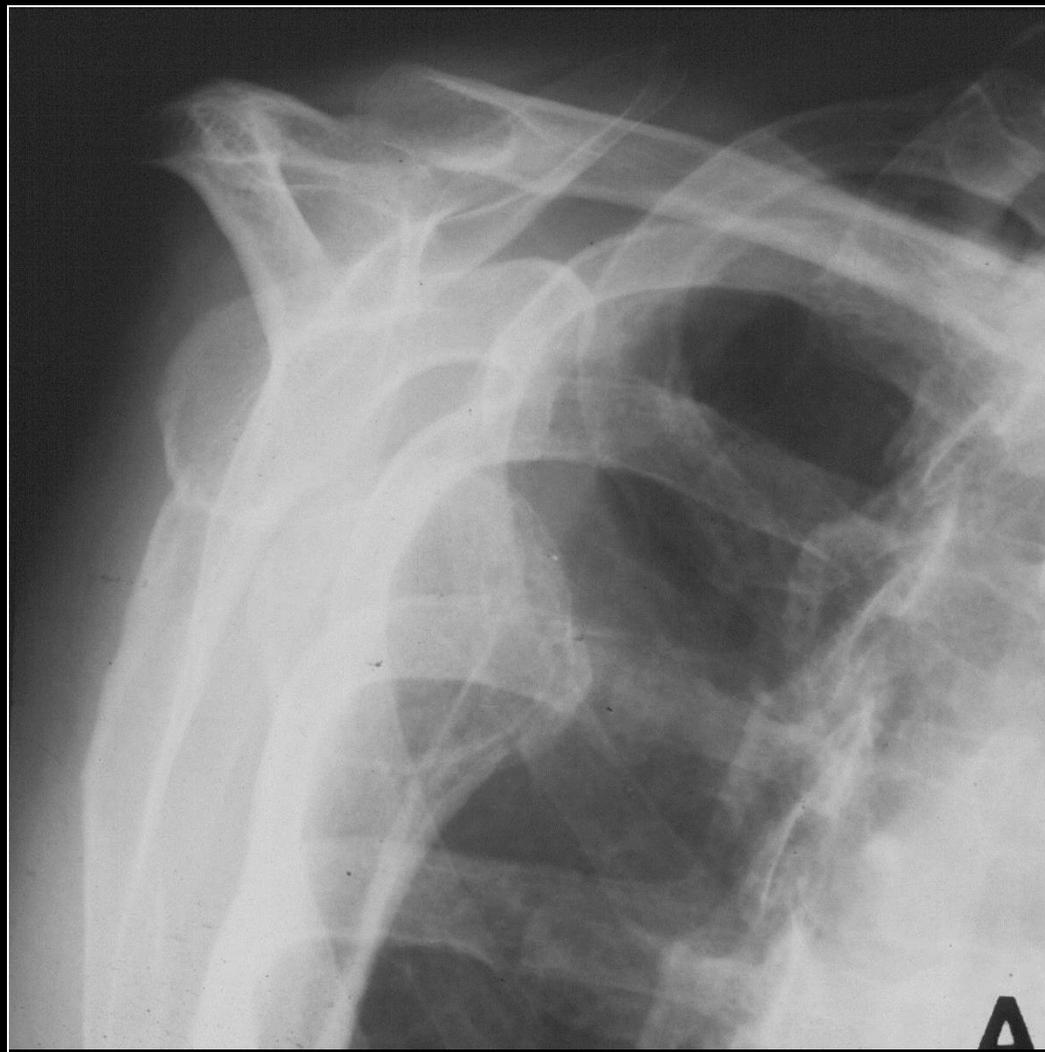
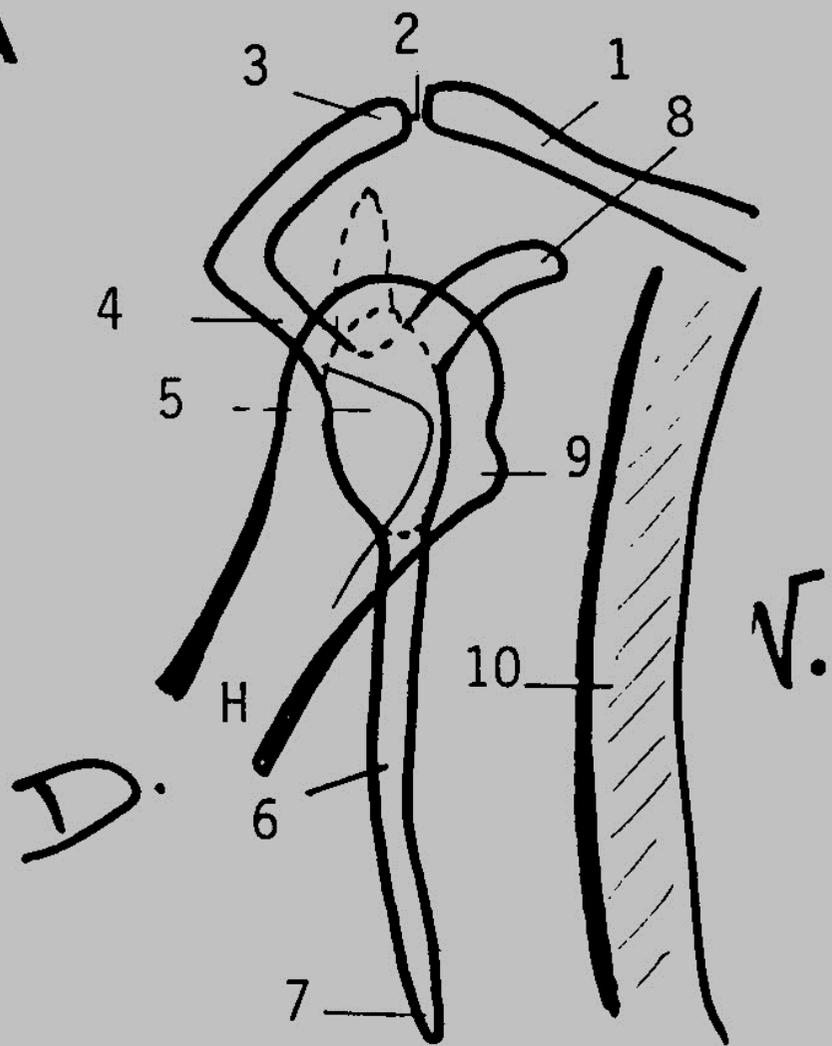
Déplacement Antérieur ? Postérieur ?

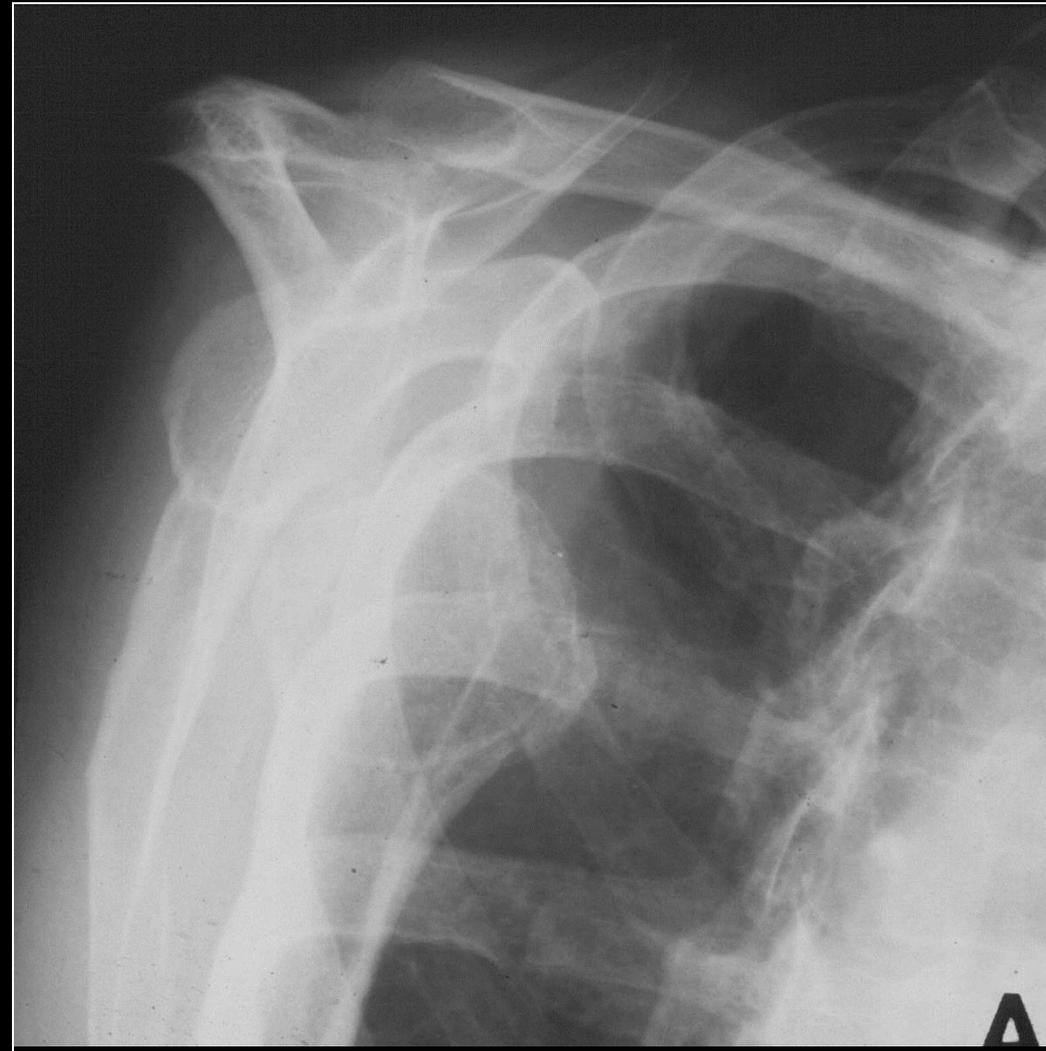
AXIALE DE LA SCAPULA



A



A



Luxation Antéro - inférieure !

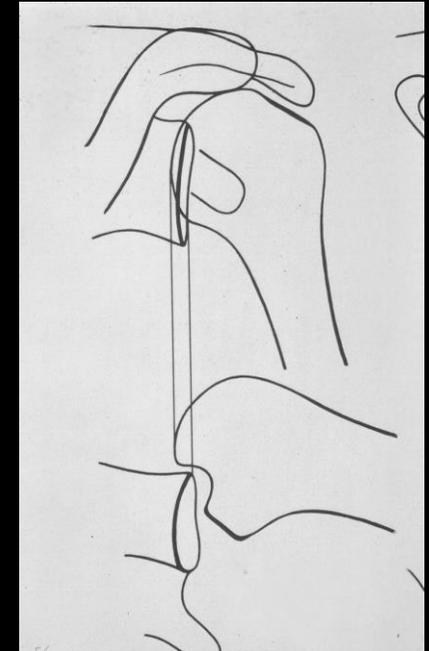


Impaction glène x col → Encoche résiduelle





Luxation
postérieure



Luxation postérieure
→ déficit Rotation Externe



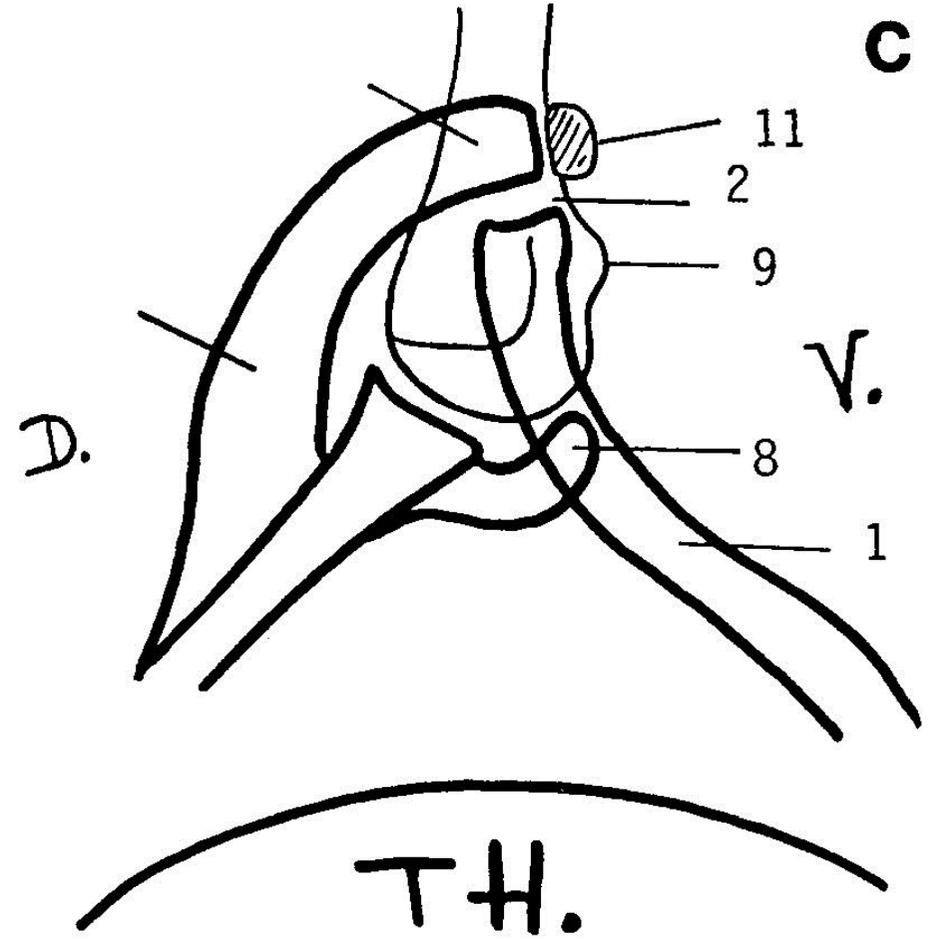
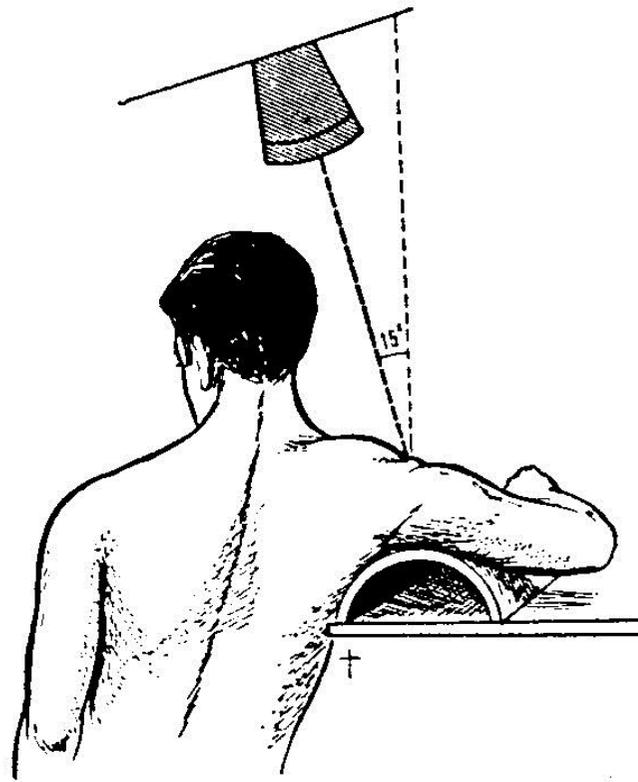
Normal ?



Dissociation
acromio - clavulaire

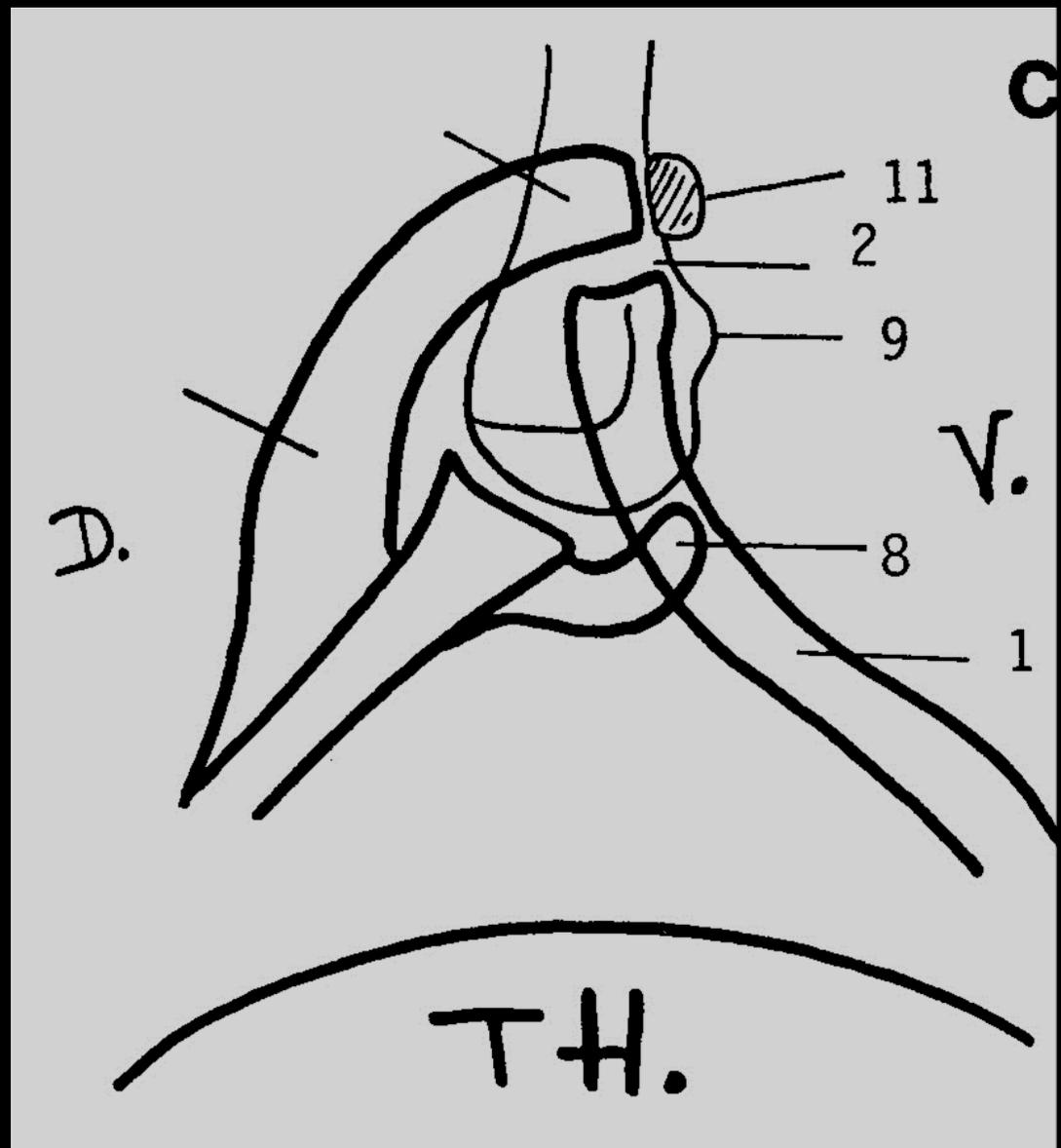


Normal



PROFIL AXILLAIRE DE L'ÉPAULE (Jacobson)

Normal

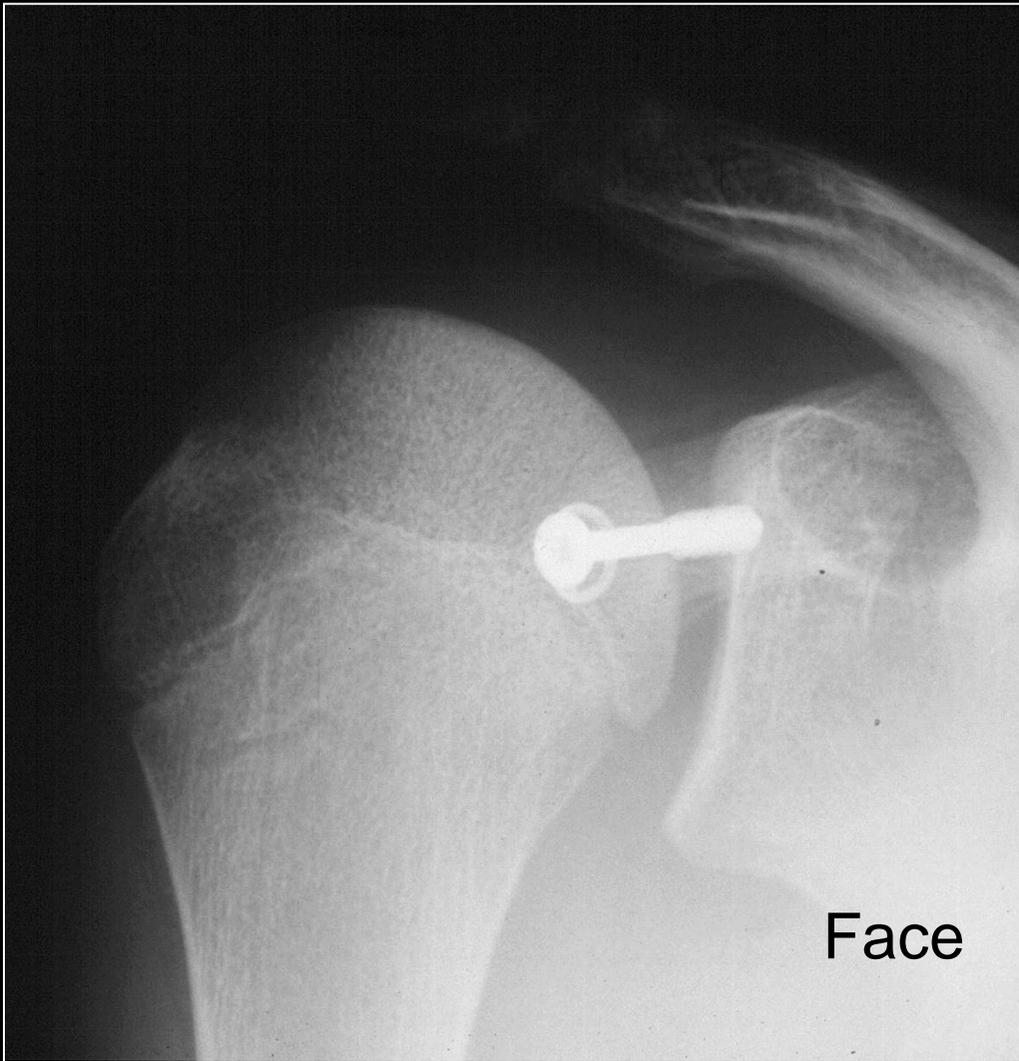


Normal



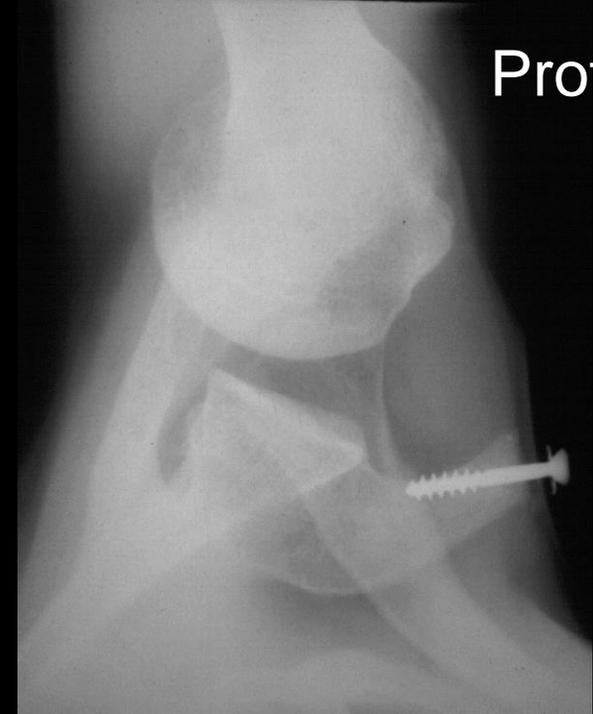
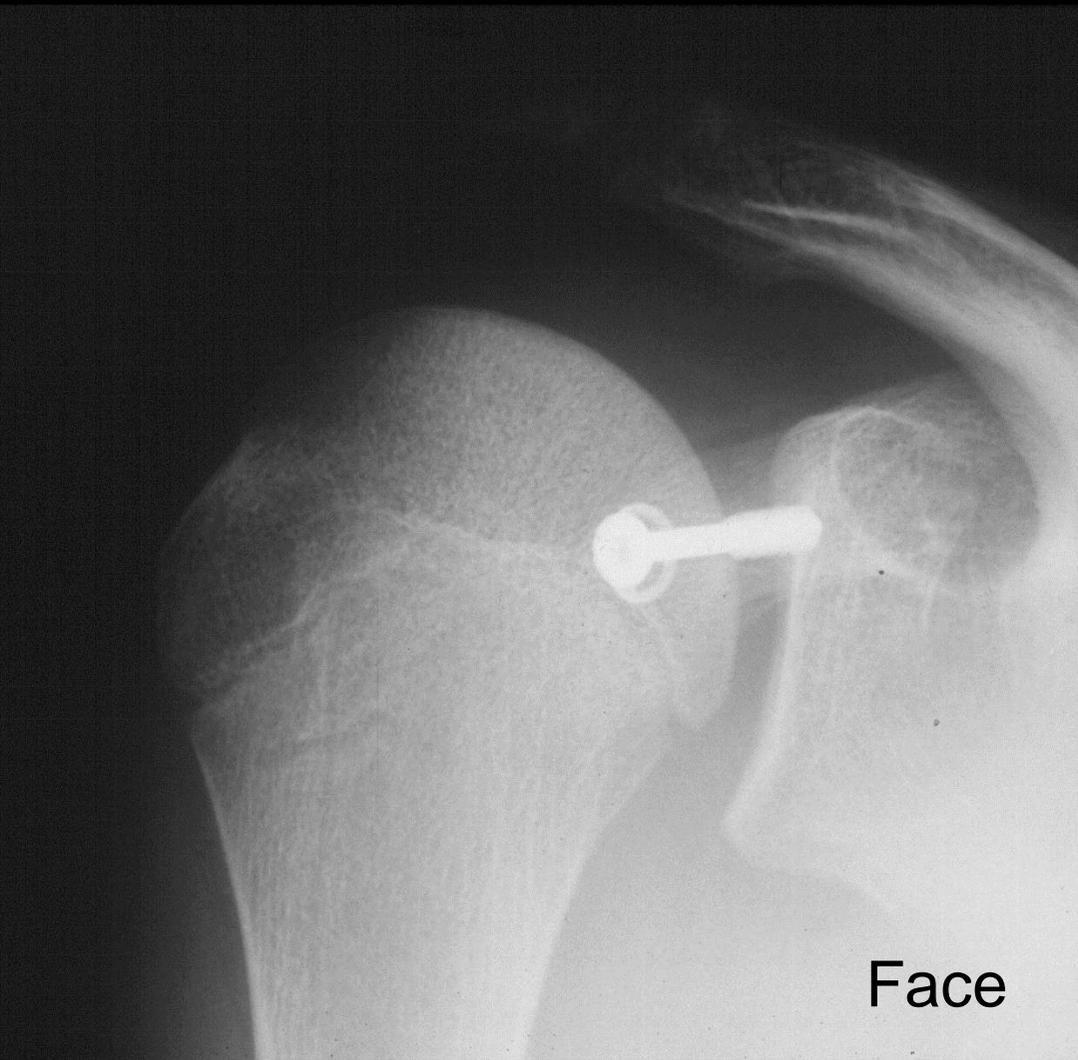
Luxation





Exercice

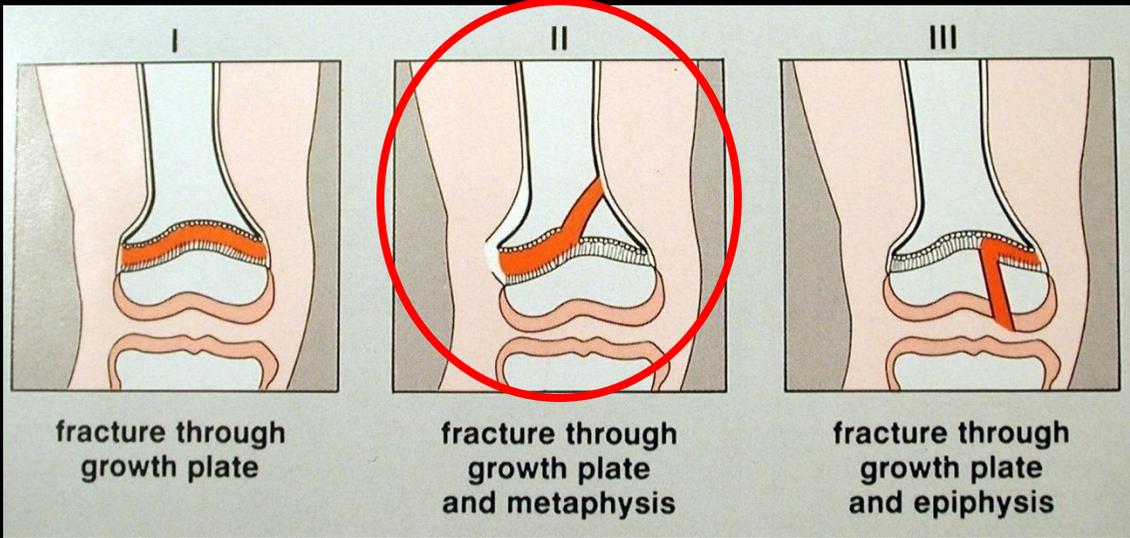
Où est la vis
métallique ?



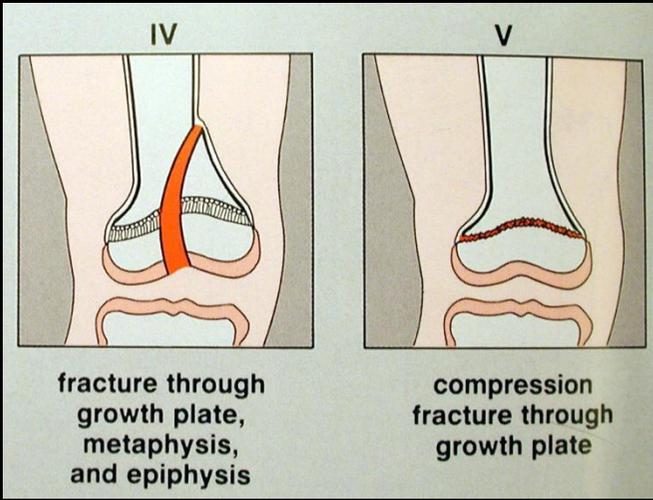
Où est la vis métallique ?



3. Quelques
Traumas du
squelette en
croissance

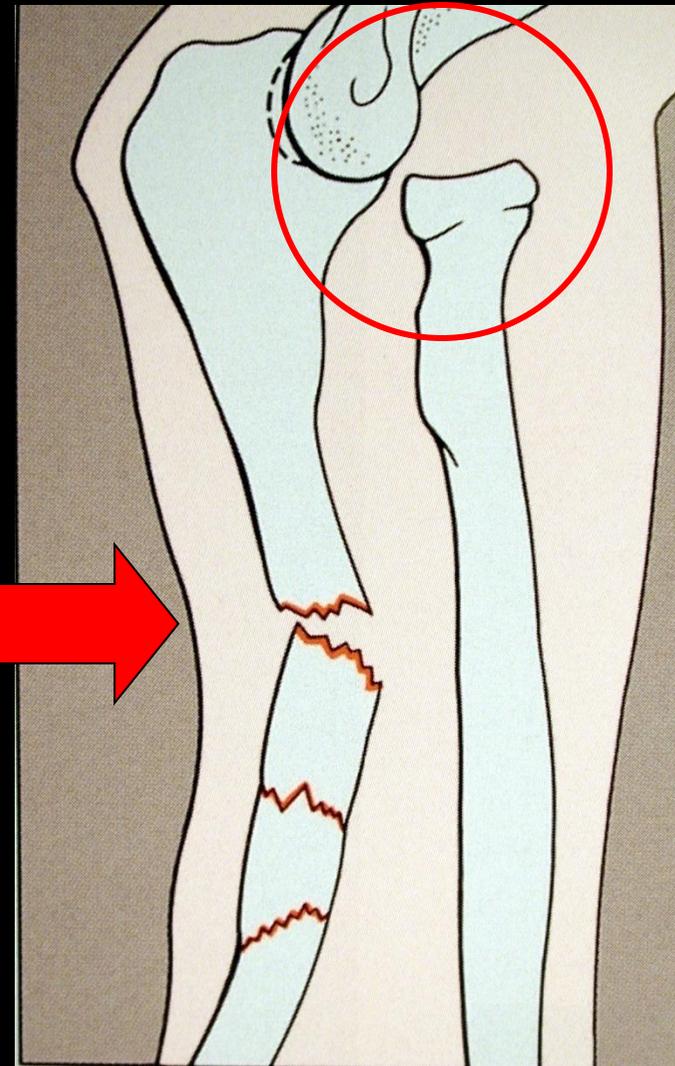


Salter 2

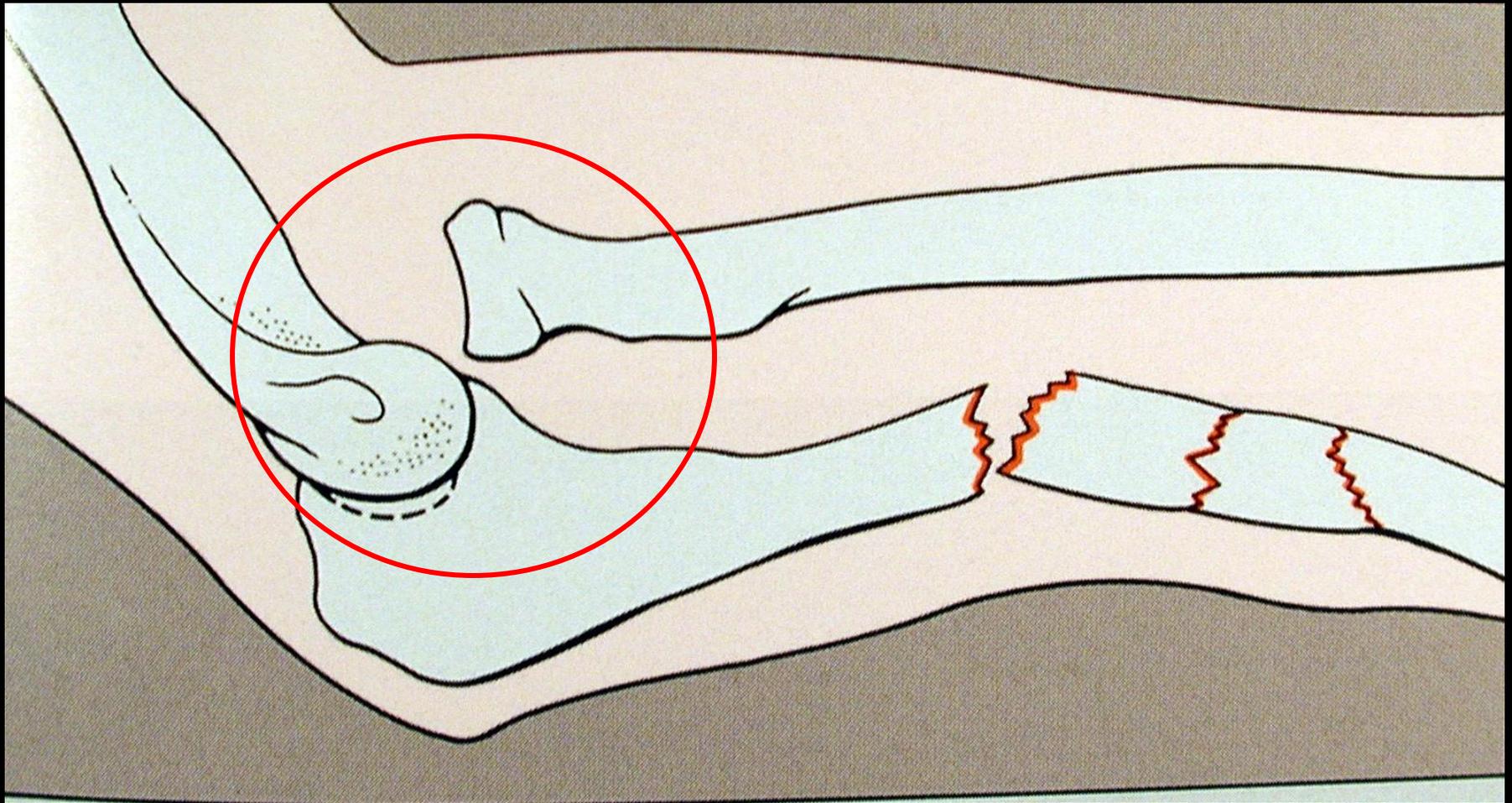




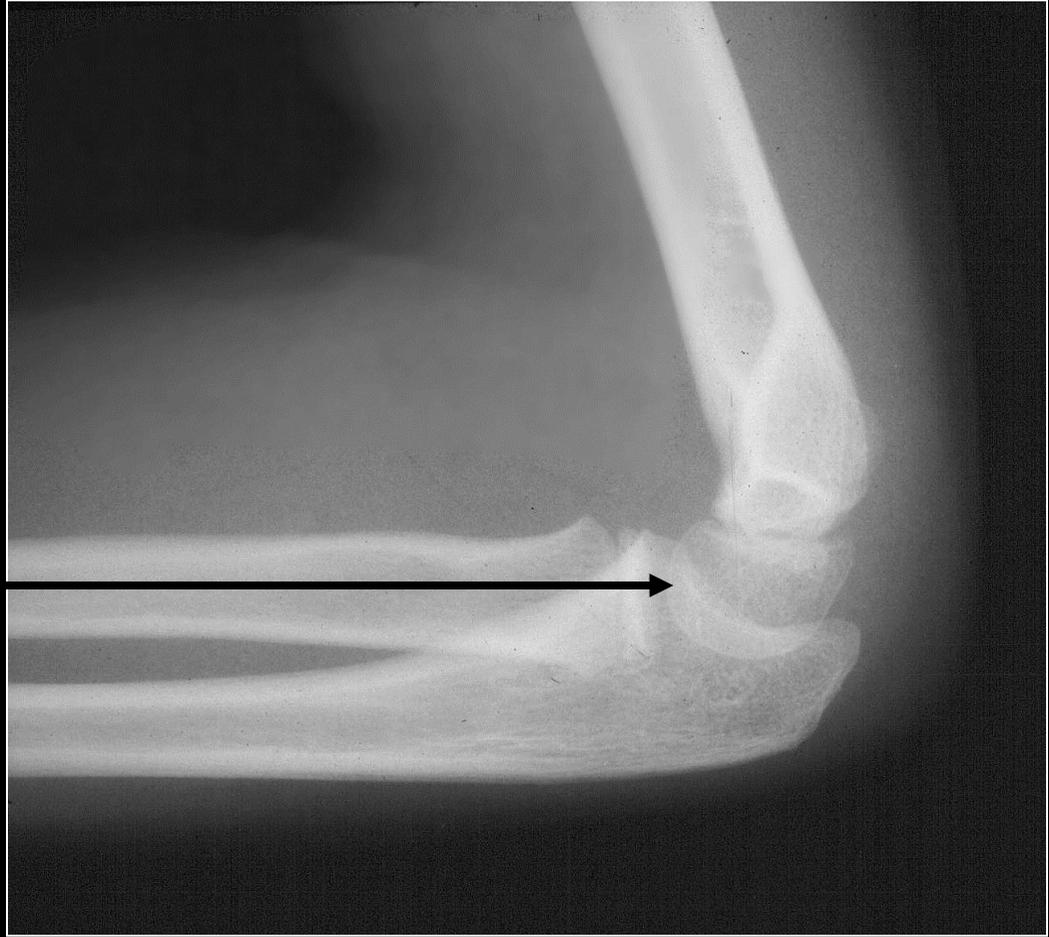
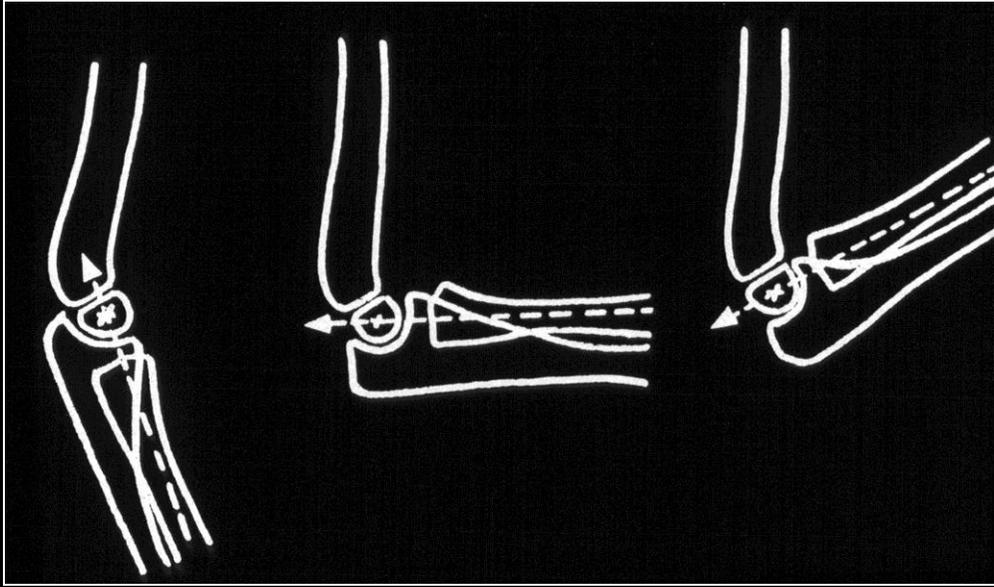


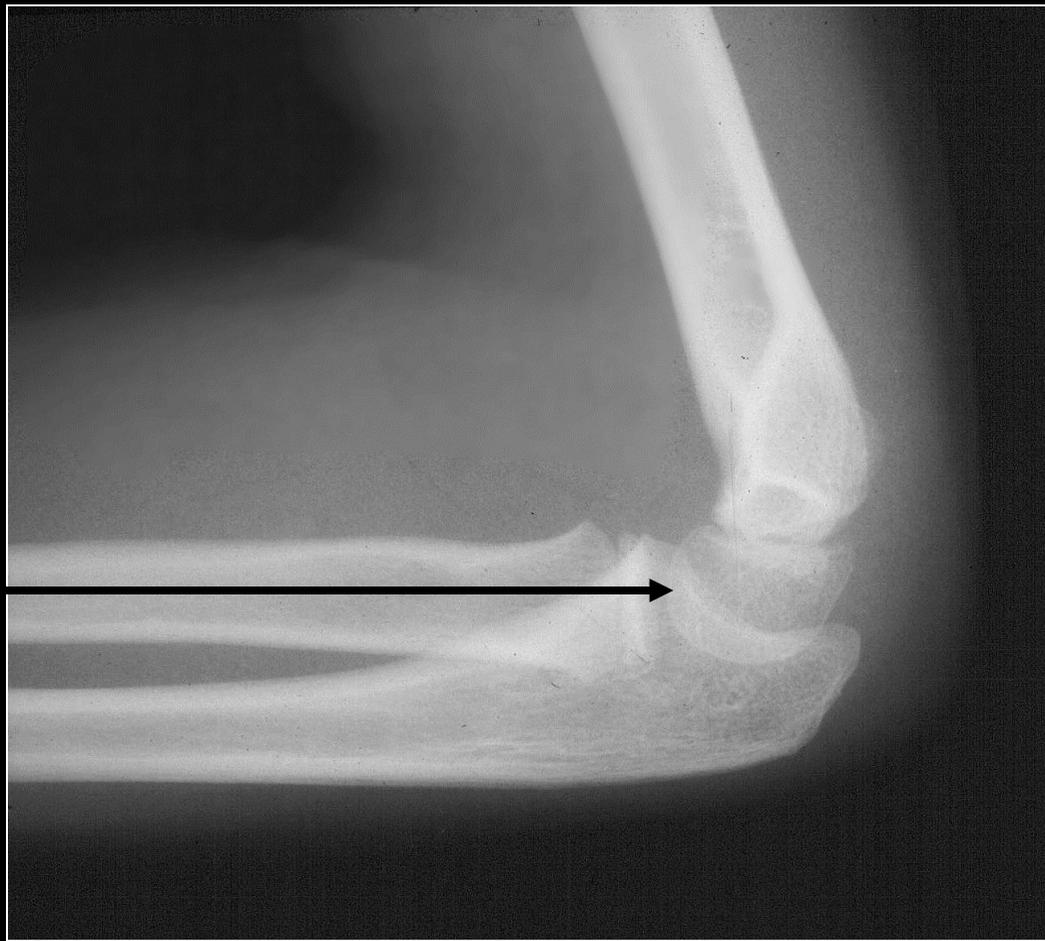
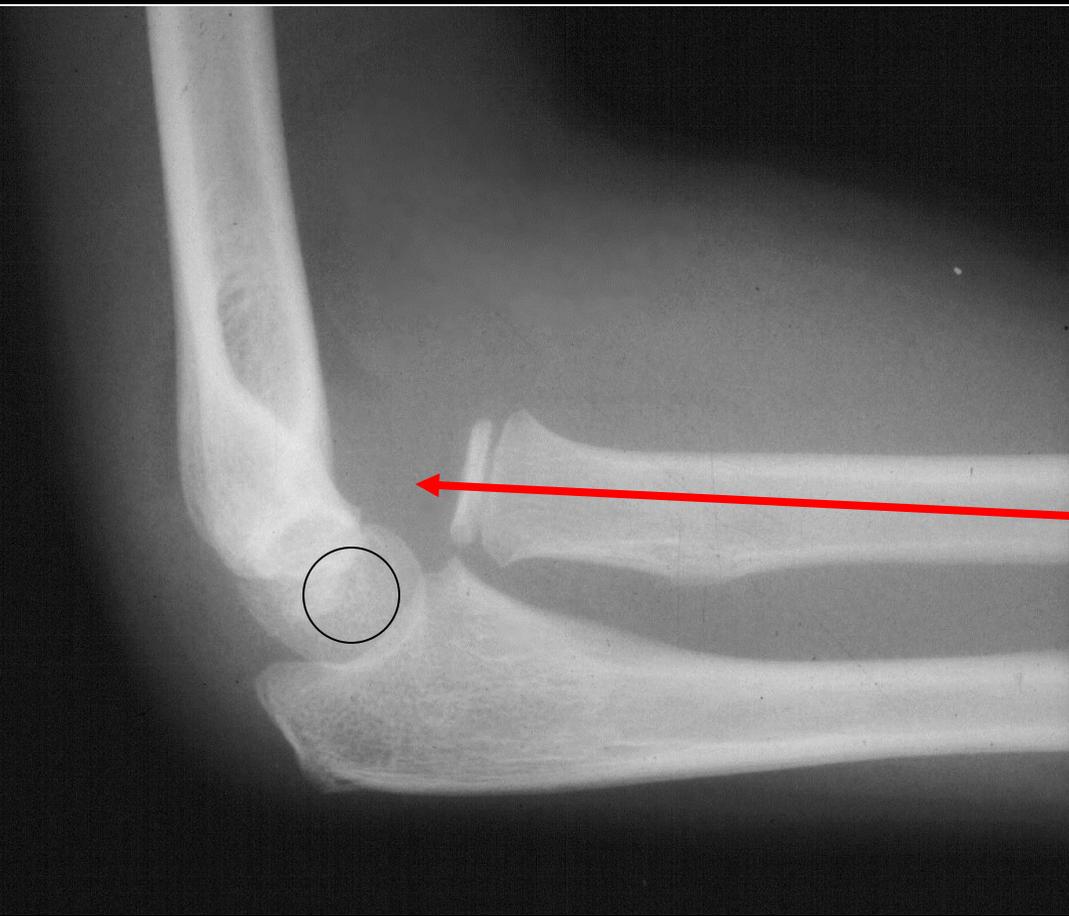


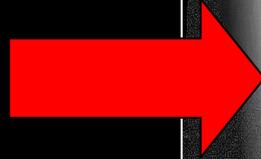
Fracture de Monteggia



-- > Fracture de Monteggia

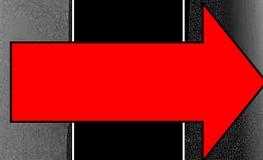








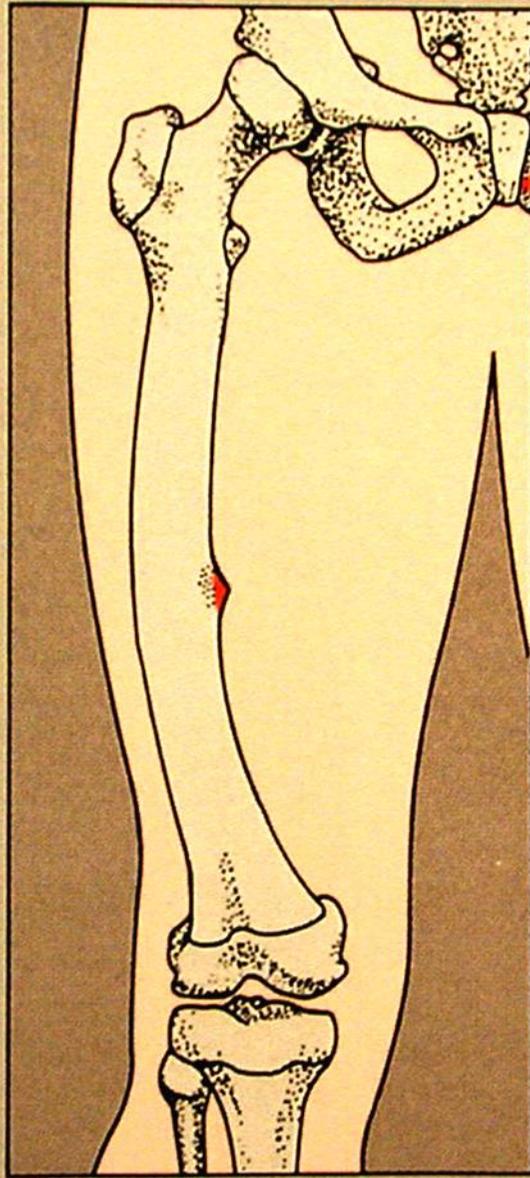
Monteggia



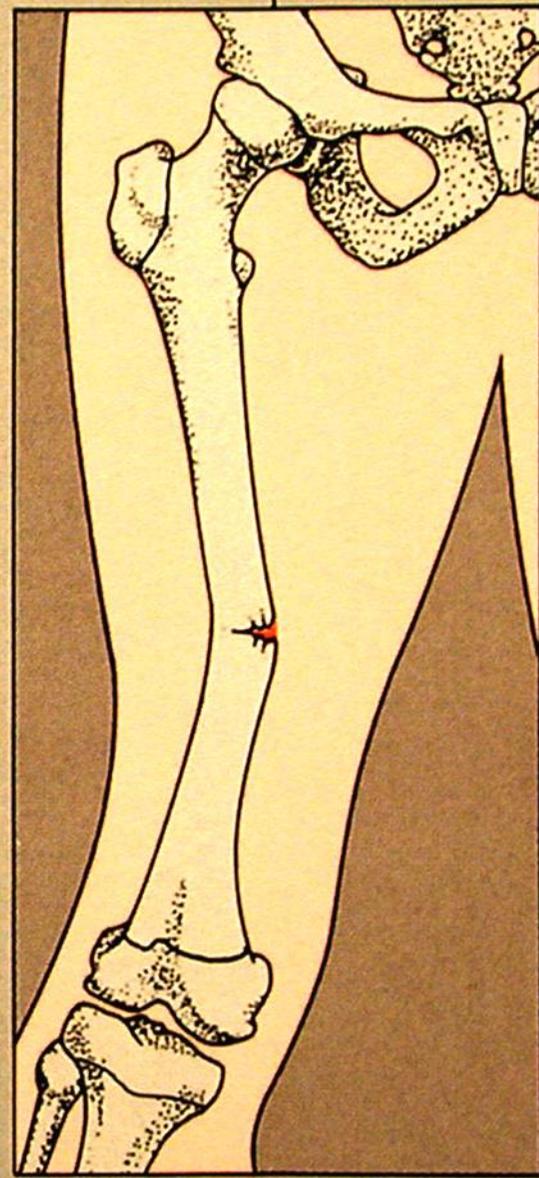
Mode PLASTIQUE



bowing
(acute plastic bowing)



torus
(buckling of cortex)



greenstick
(fracture of one cortex)



?



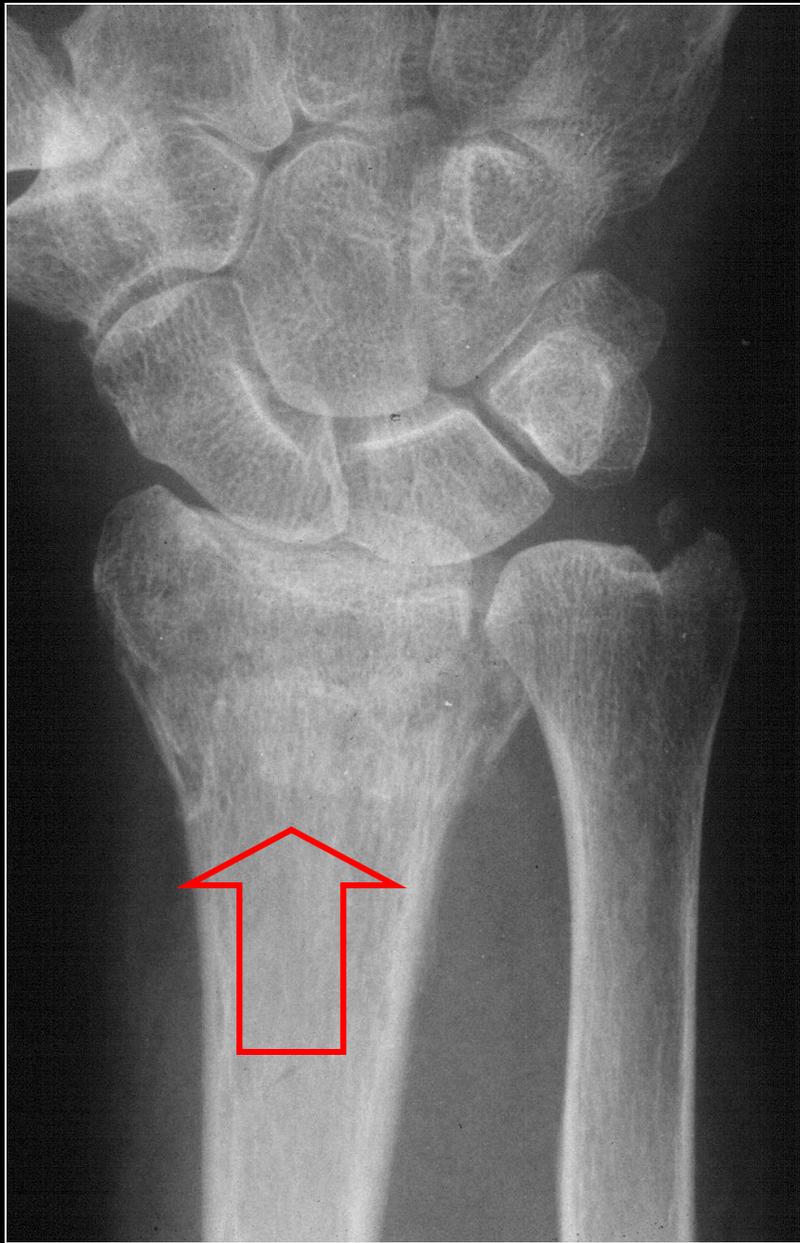
4. Poignet adulte

Traumas

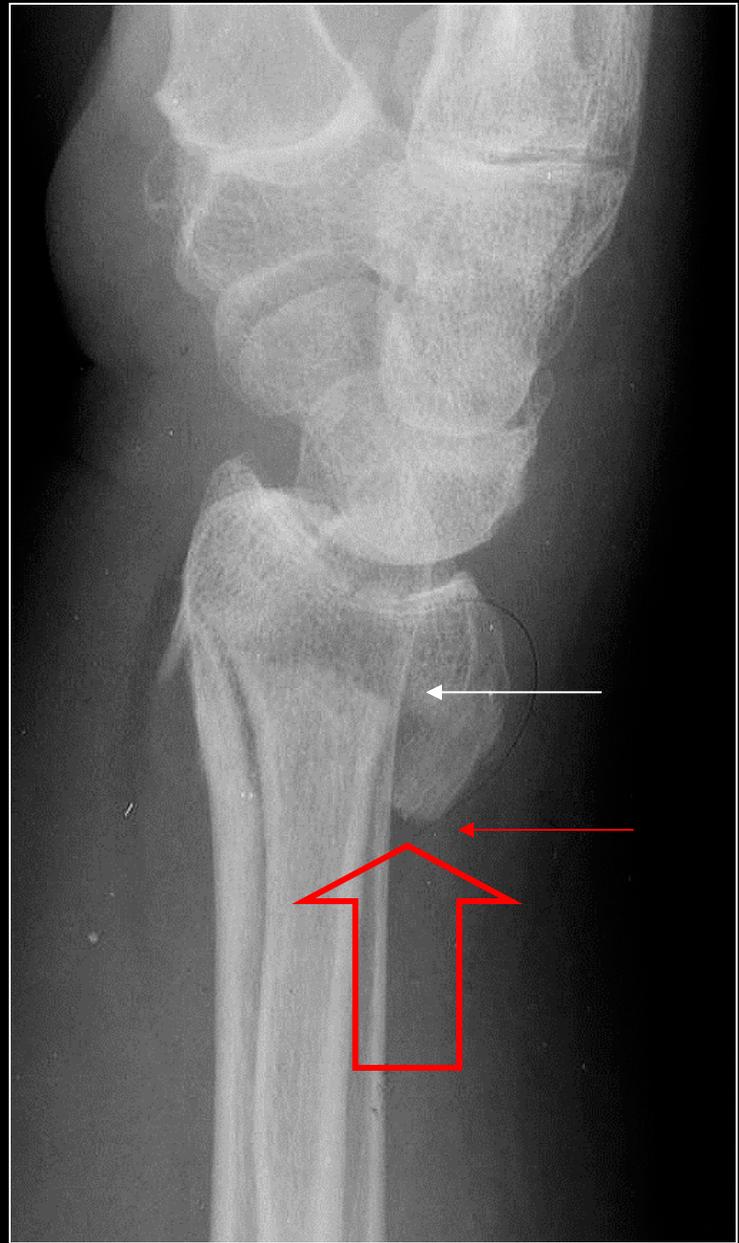
Arthrose

Arthrite

Périarthrite



?

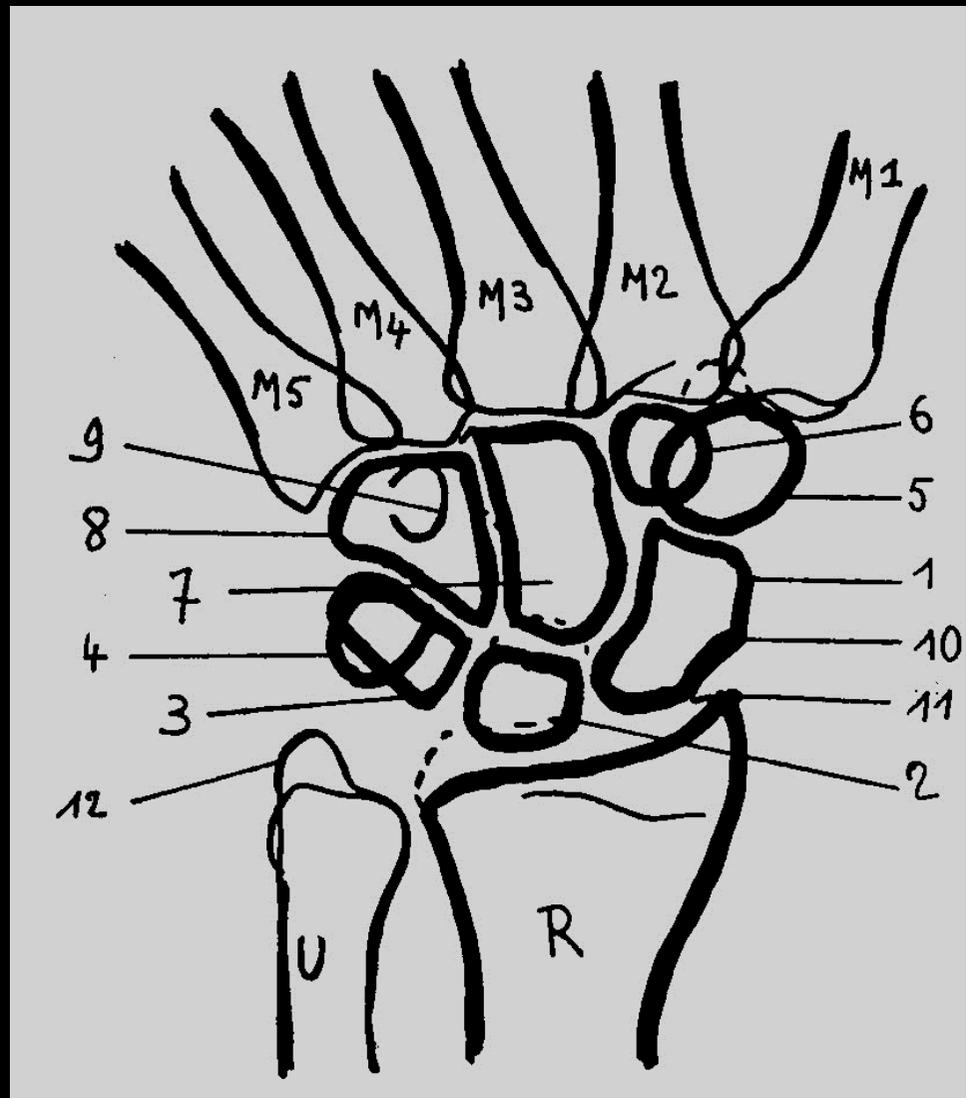


?



Fracture de Pouteau Colles







Anomalie ?



Scaphoïde



Pseudarthrose !



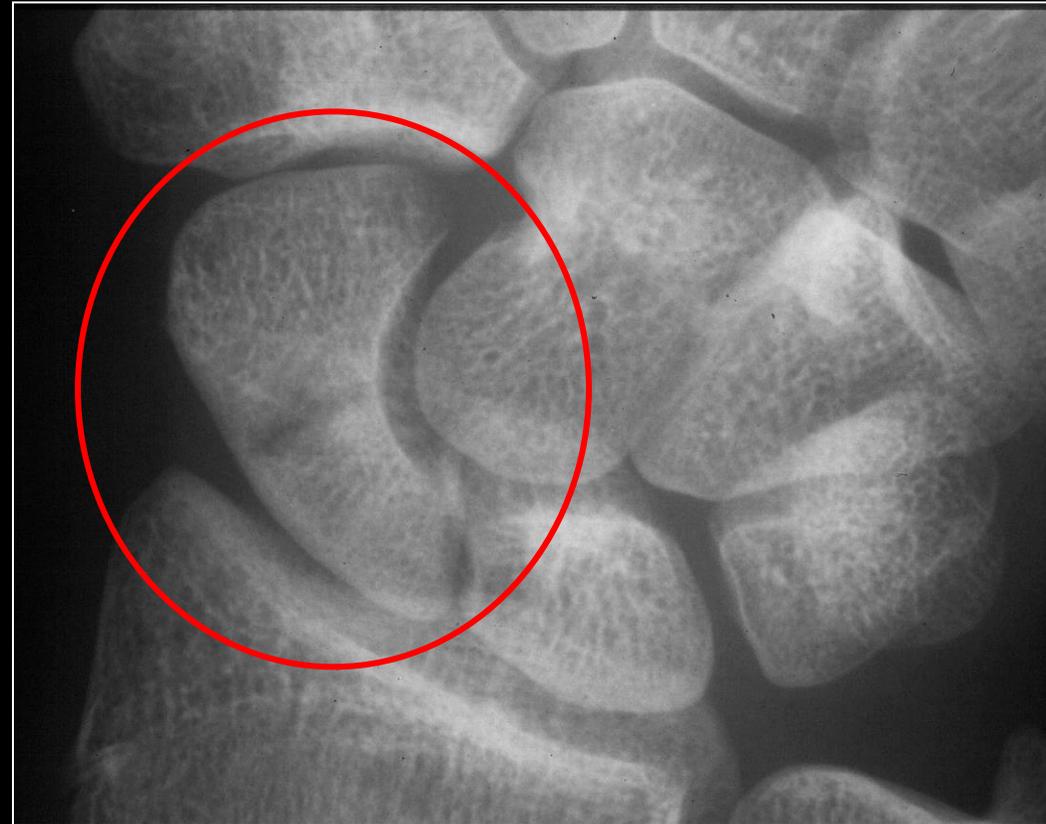
Fracture + récente



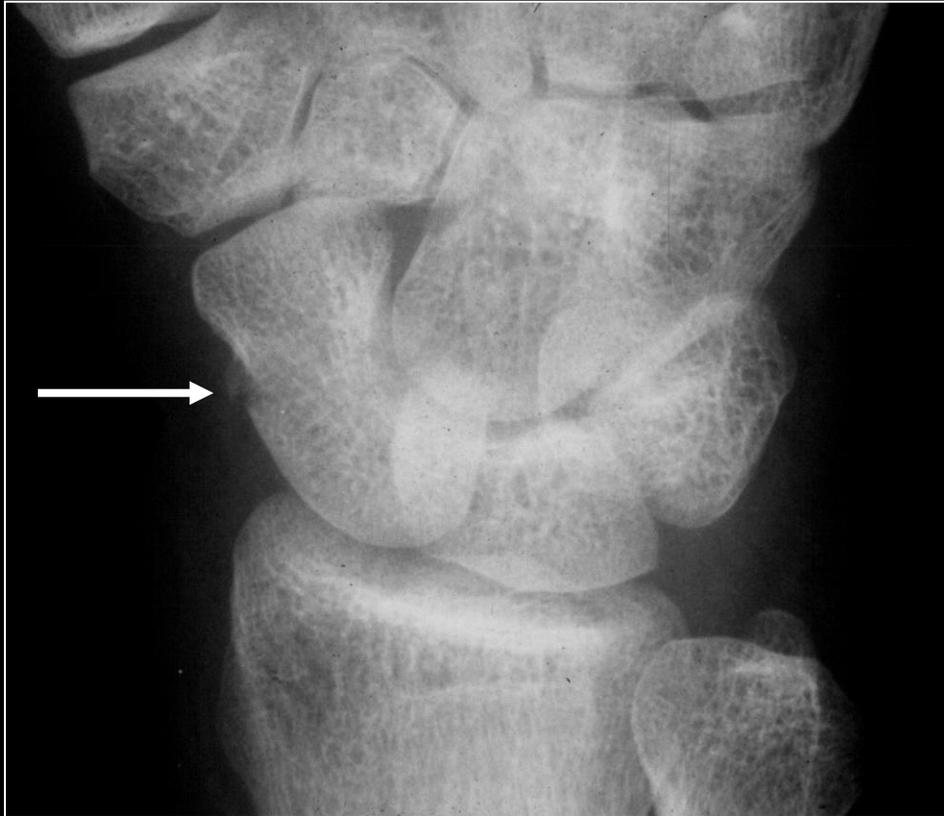
Pseudarthrose !



Fracture active



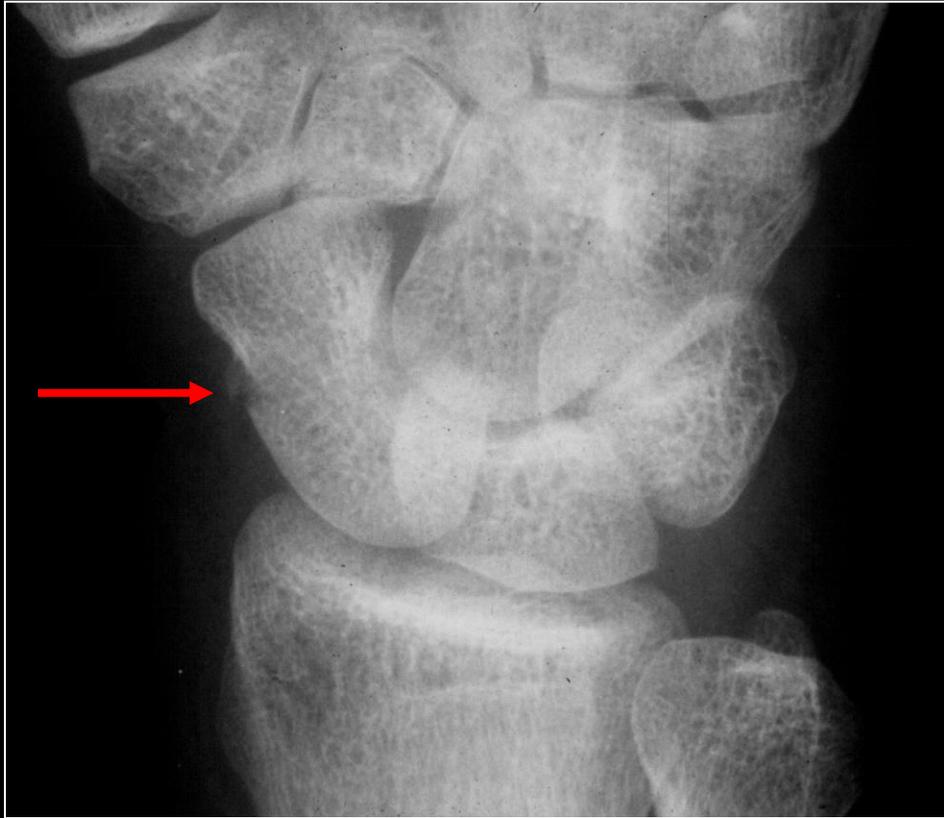
Le même jour... !



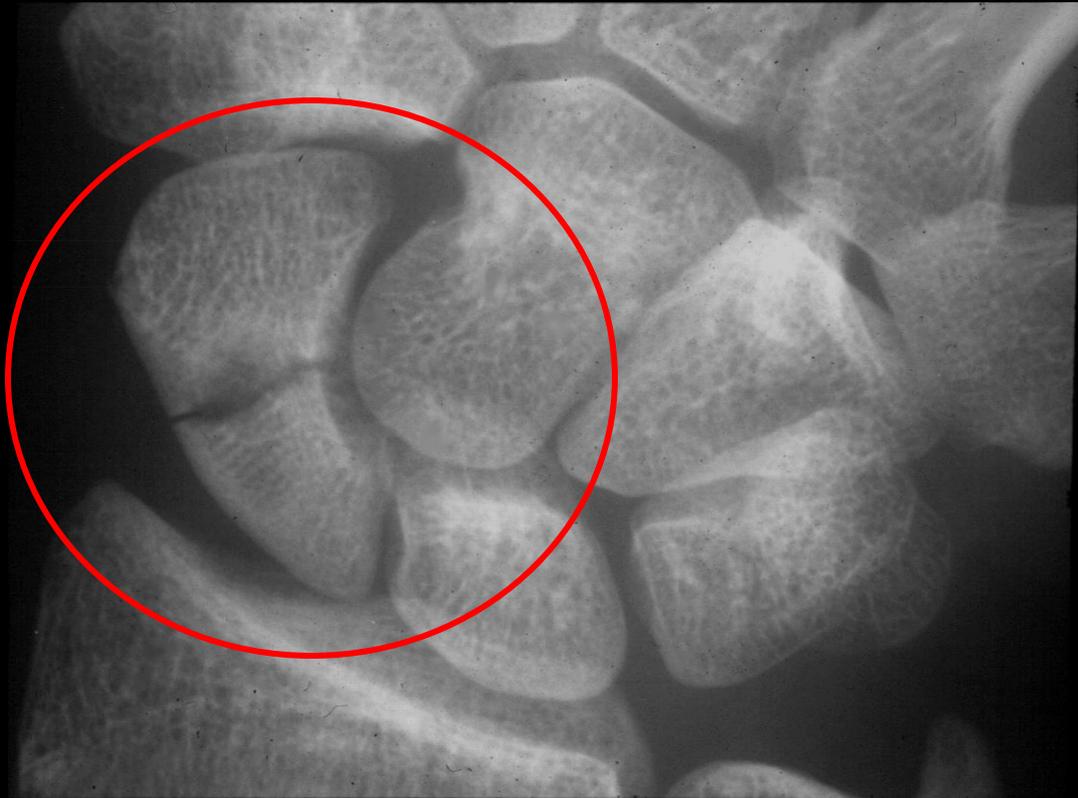
Fracture fraîche



Facilement méconnue



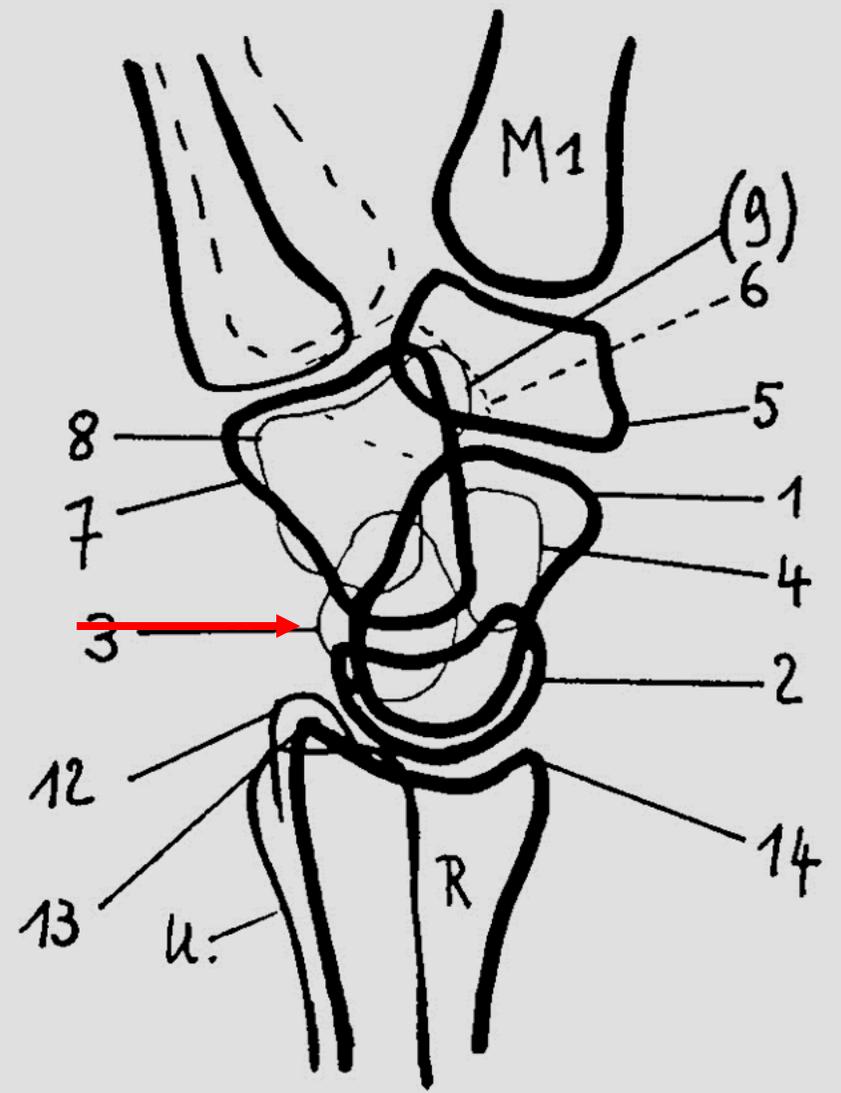
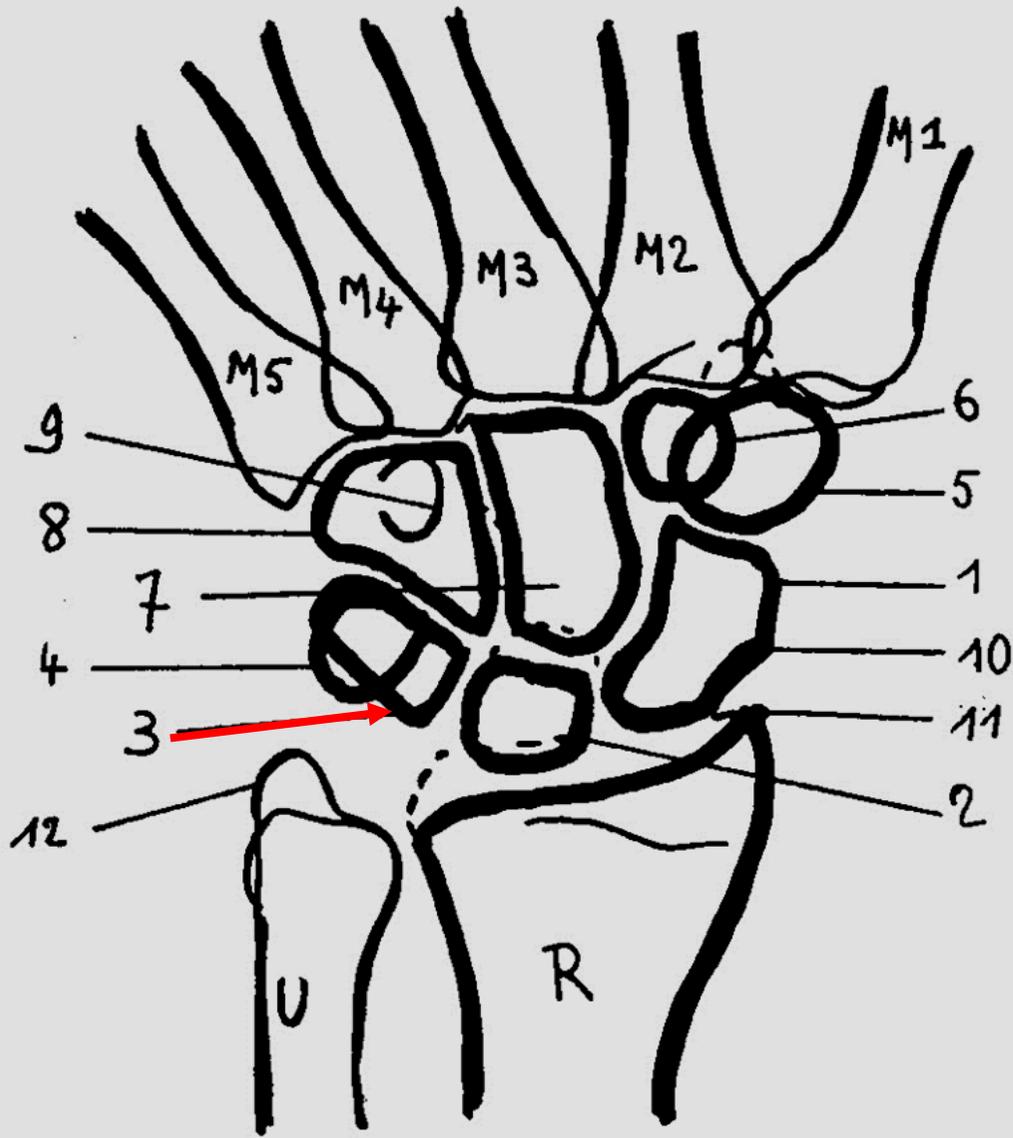
Douleur ?

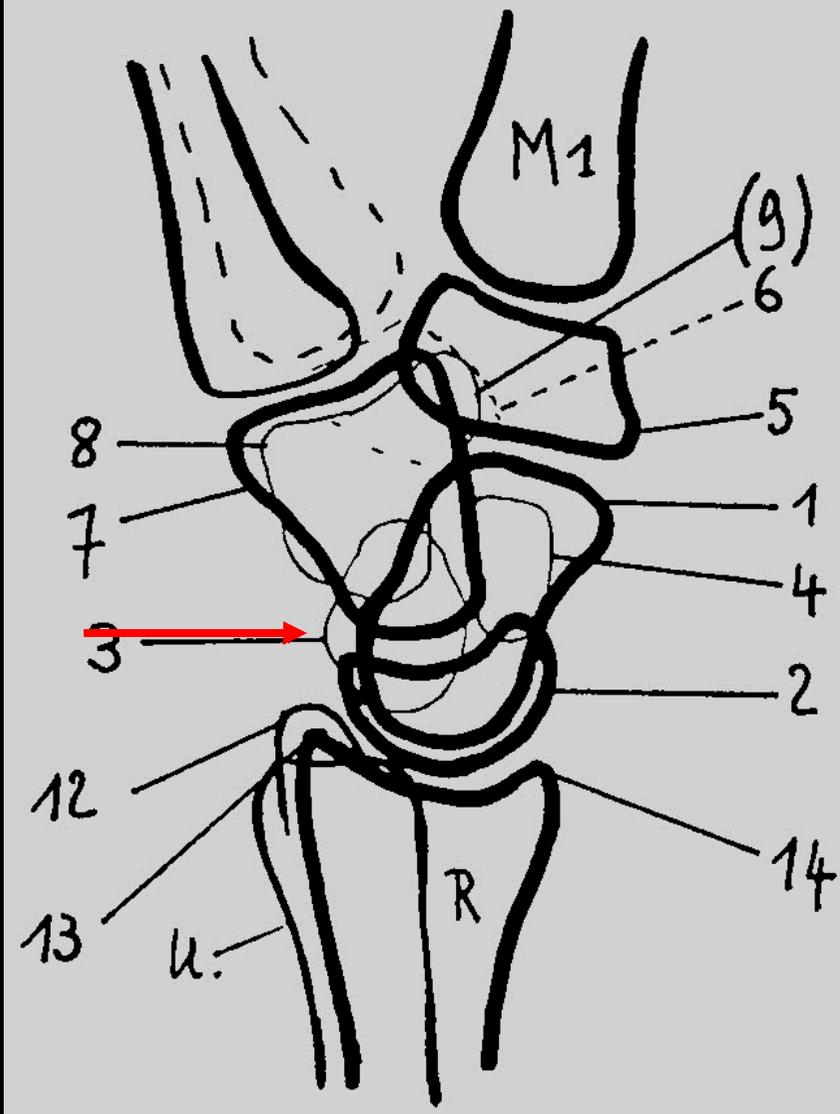


Tabatière anatomique !!!



Trauma en Flexion





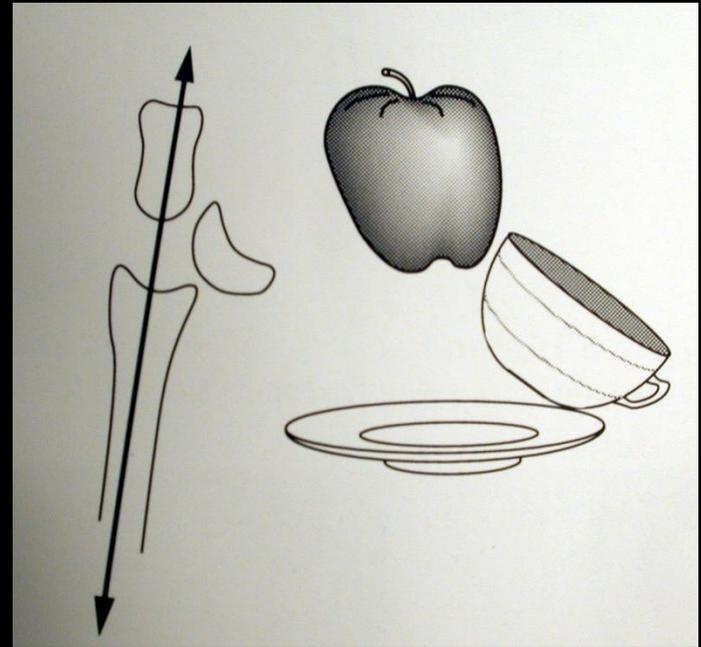
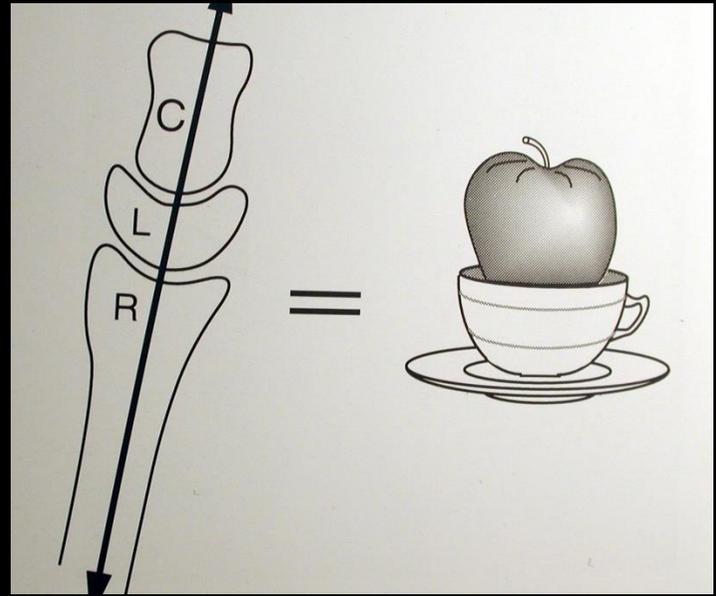


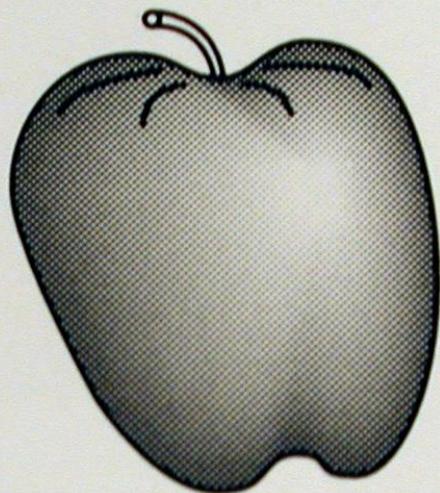
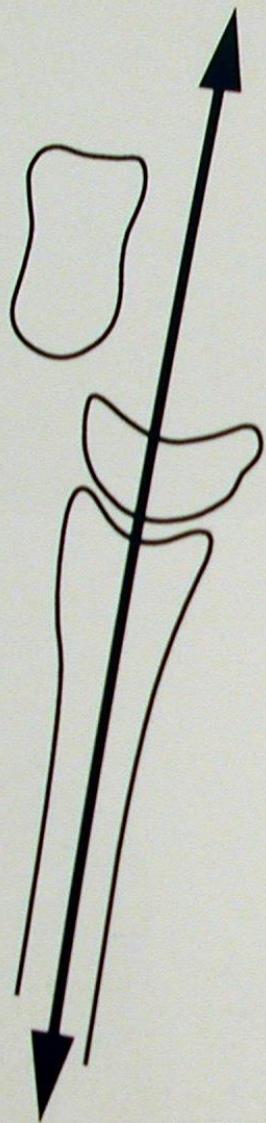
Pyramidal

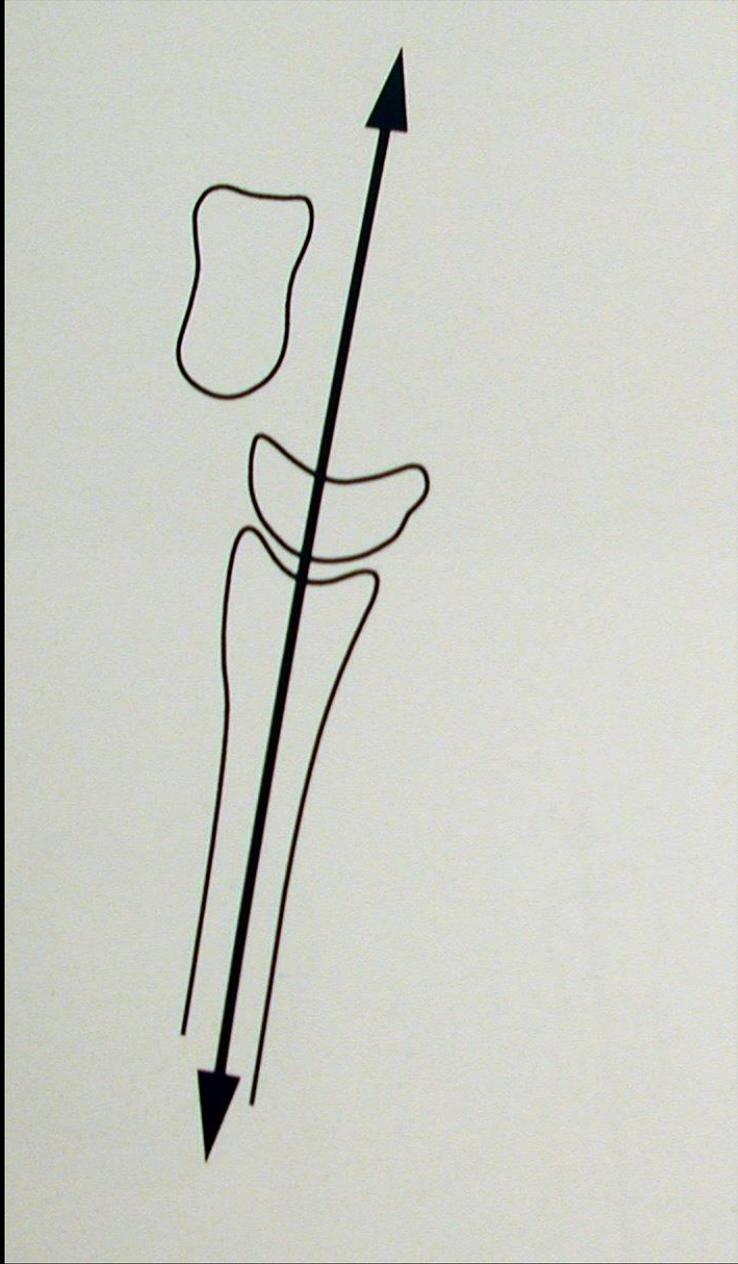




Semilunaire luxé







Luxation trans-scapho Périlunaire du carpe





Arthrose (inhabituelle) post-traumatique

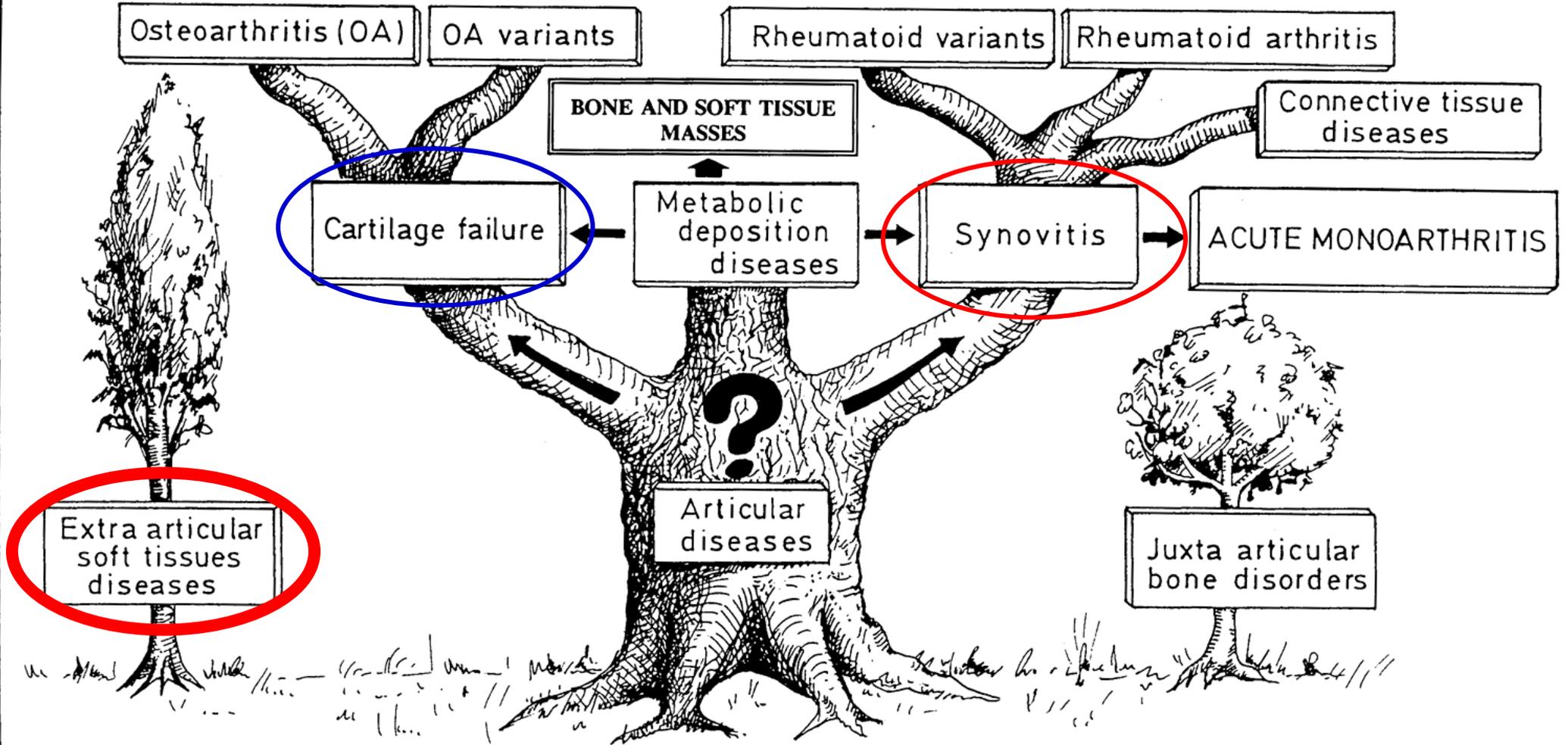


Arthrite (carpite sur PR)



Arthrose sur
Pseudarthrose scaphoïde

ARTHRITIS DIAGNOSTIC TREE





Ténosynovite

Périarthrite

Ténosynovite de
de Quervain

