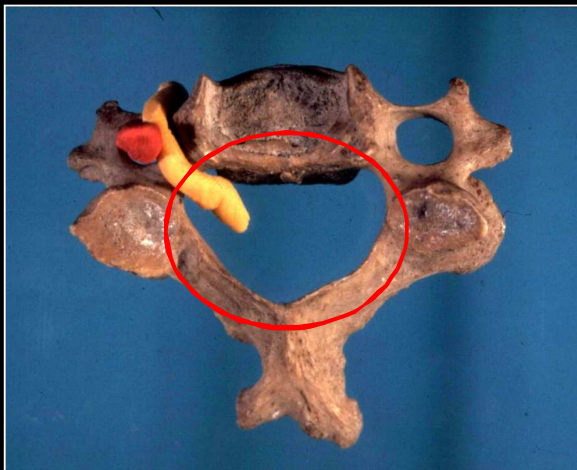


COURS 5

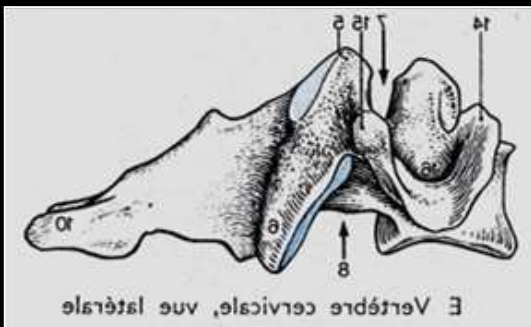
1. Rachis cervical
2. Rachis thoracique
3. « Rhumatismes »
 - rachidiens
 - périphériques

Rachis cervical

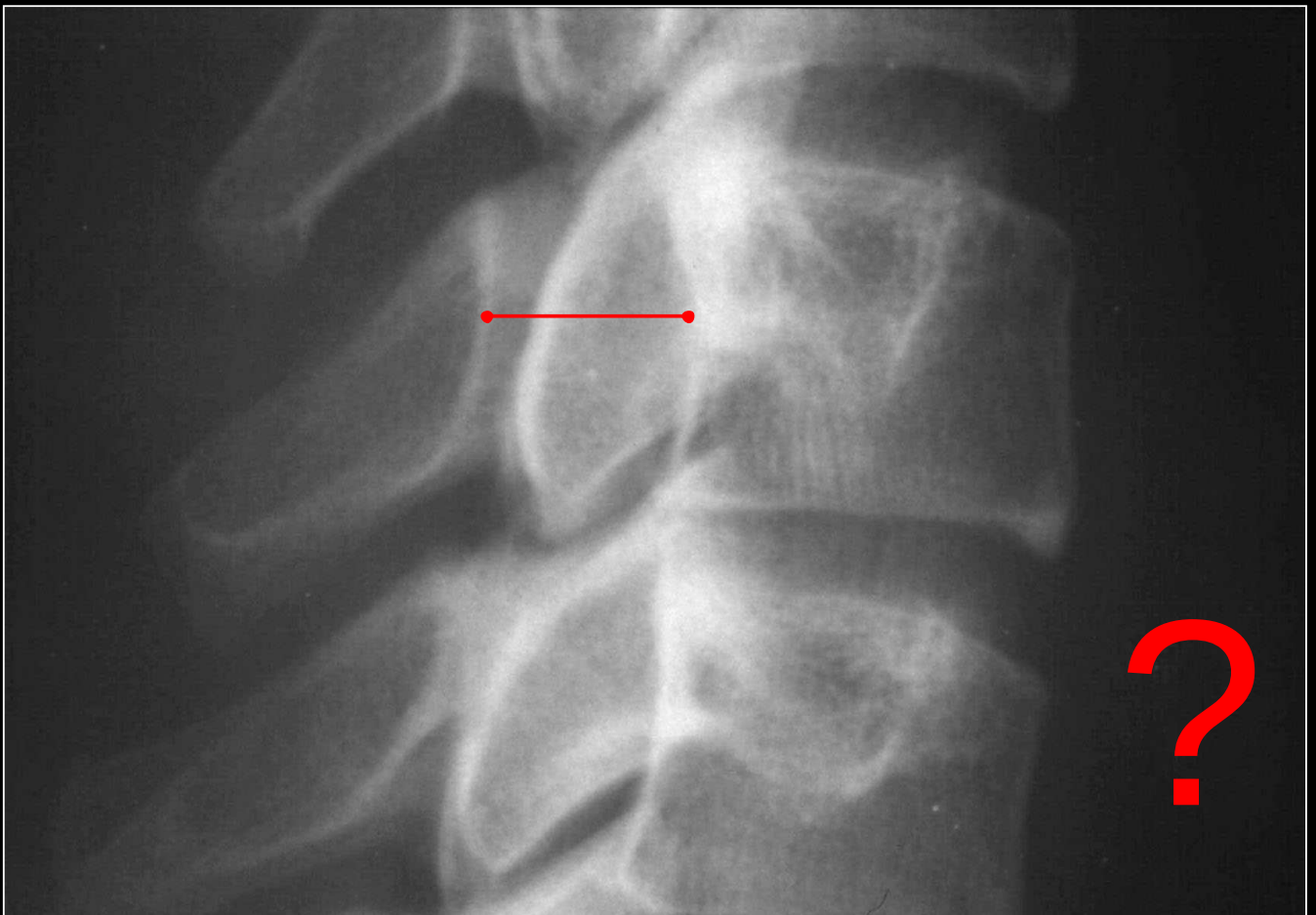
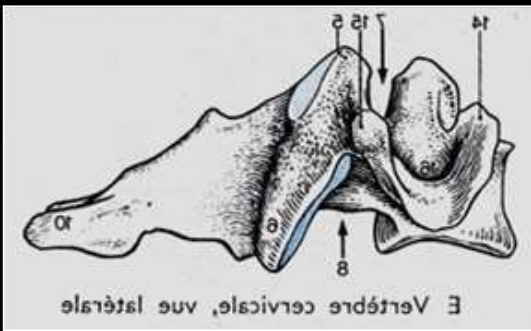
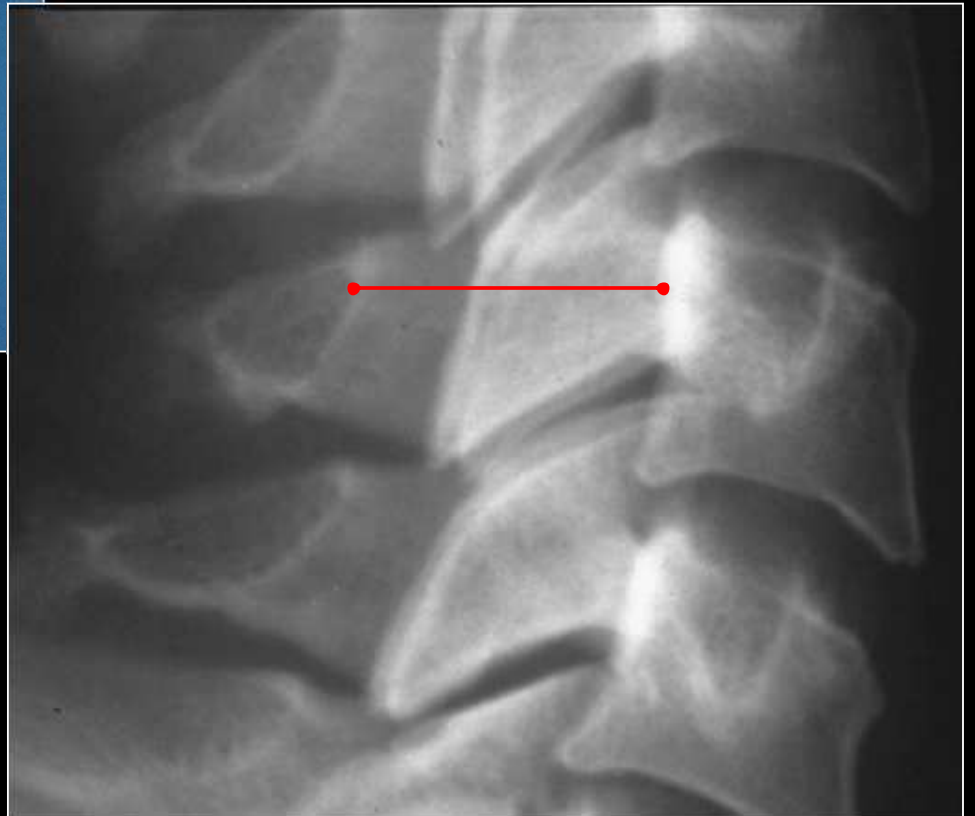
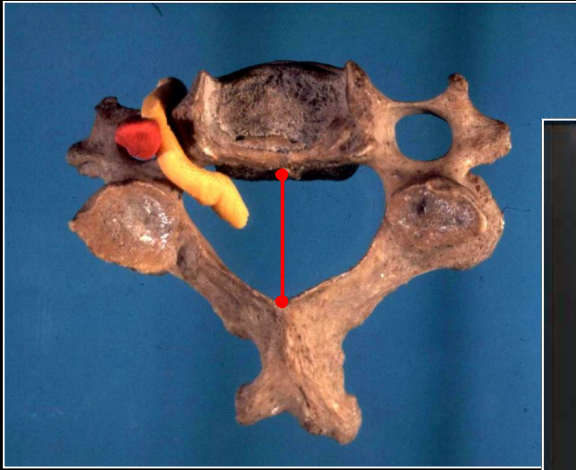
1. Rappel anatomique
2. Particularités locales
3. Exemples de Lésions
 - Dégénératives, traumatiques,
 - Infectieuses , tumorales



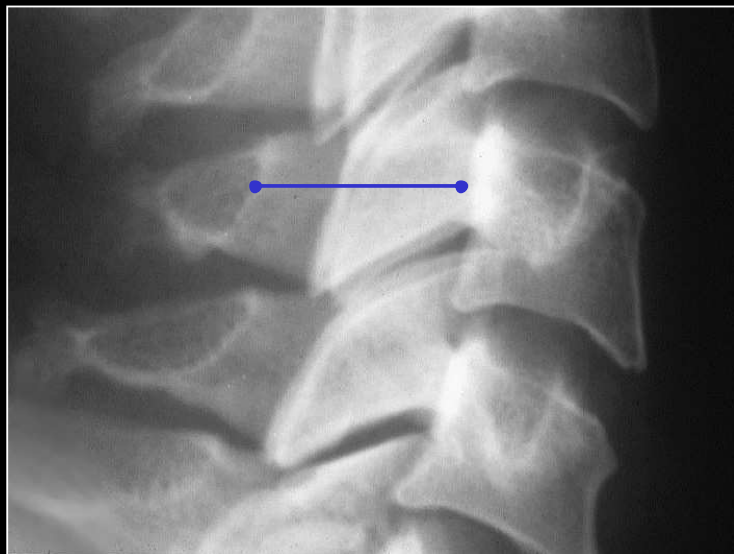
Diamètre A-P du canal ?



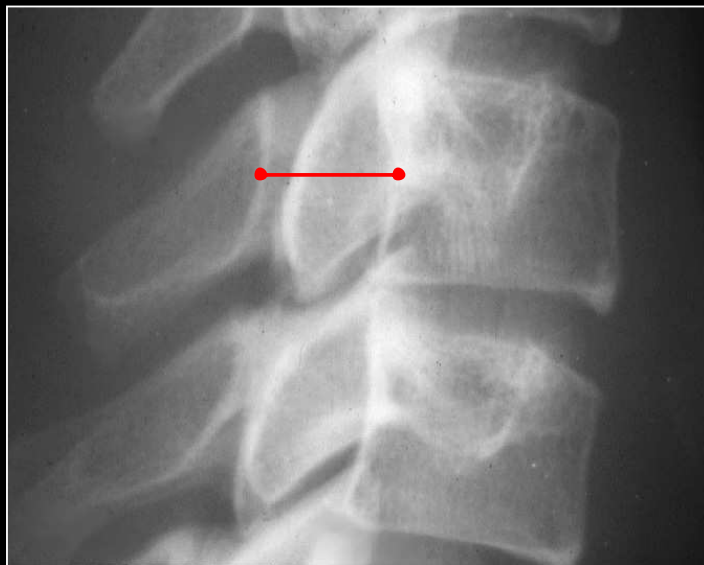
Diamètre A-P du canal



A retenir



Canal normal,
compliant



Canal étroit,
moins compliant

Arthrose + canal étroit



Arthrose + canal normal



Arthrose



« Normaux »



Arthrose

Disques ?

Arthrose + canal normal



Arthrose + canal étroit

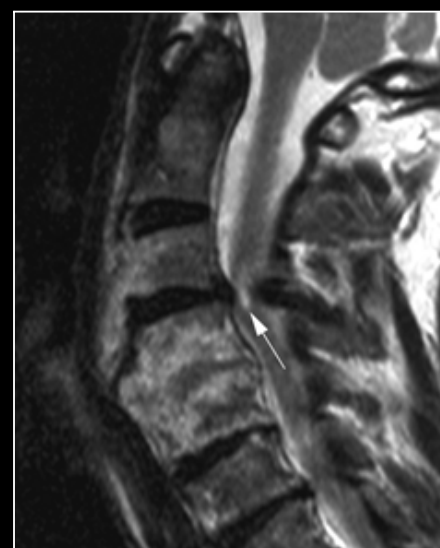


Syndr. Neuro. déficitaire

Myélopathie cervicale : canal étroit décompensé par protrusion discale dégénérative



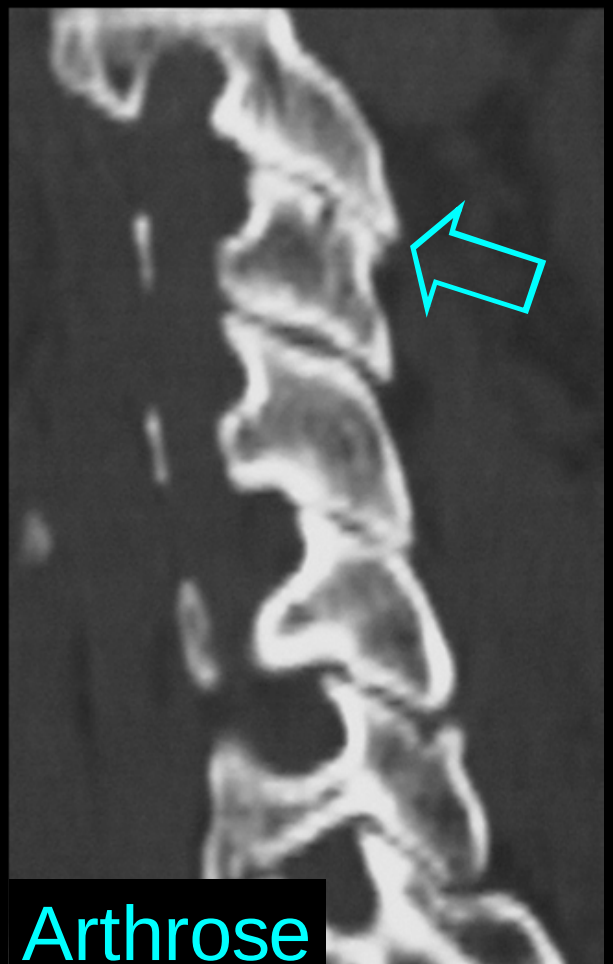
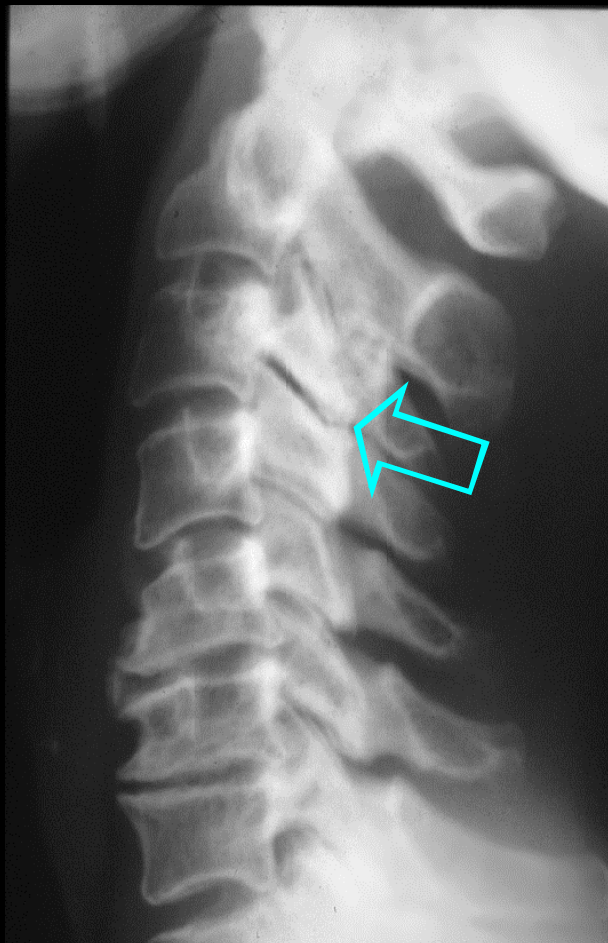
Arthrose + hyperostose



Forestier



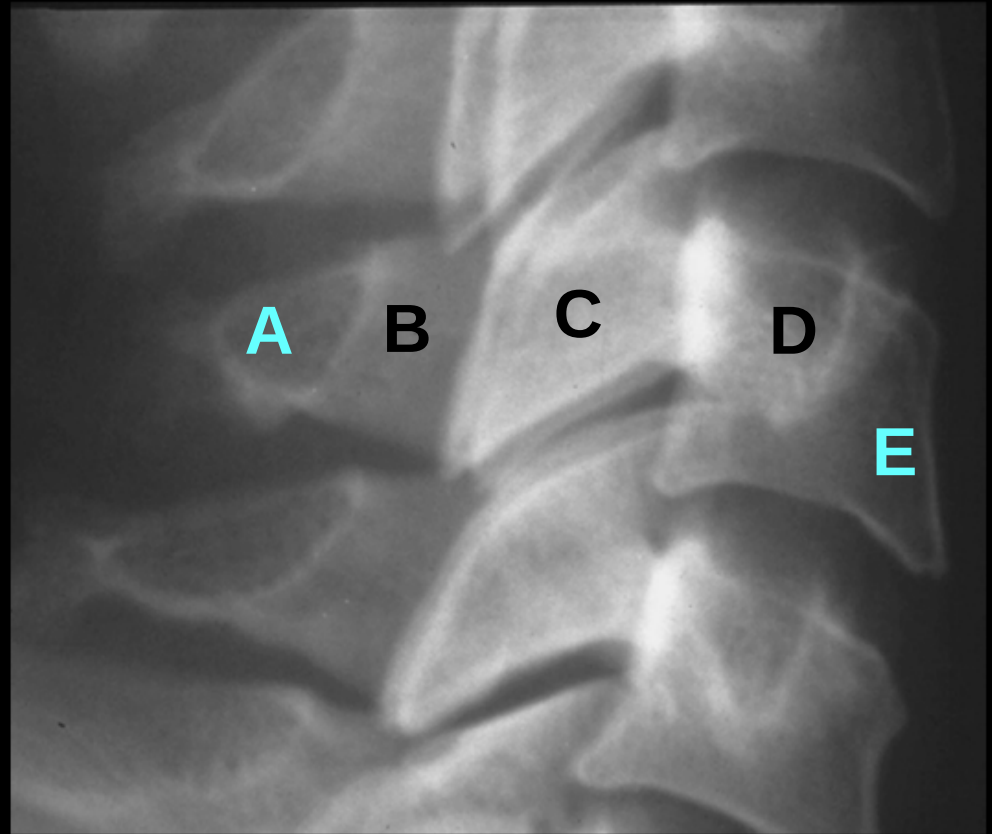
Ligament longitudinal postérieur



Arthrose

Colonne cervicale de profil

Les processus
articulaires
se projettent
sur



Mobilité



Instabilité

Pathologie ?



Subluxation !

Niveau ?

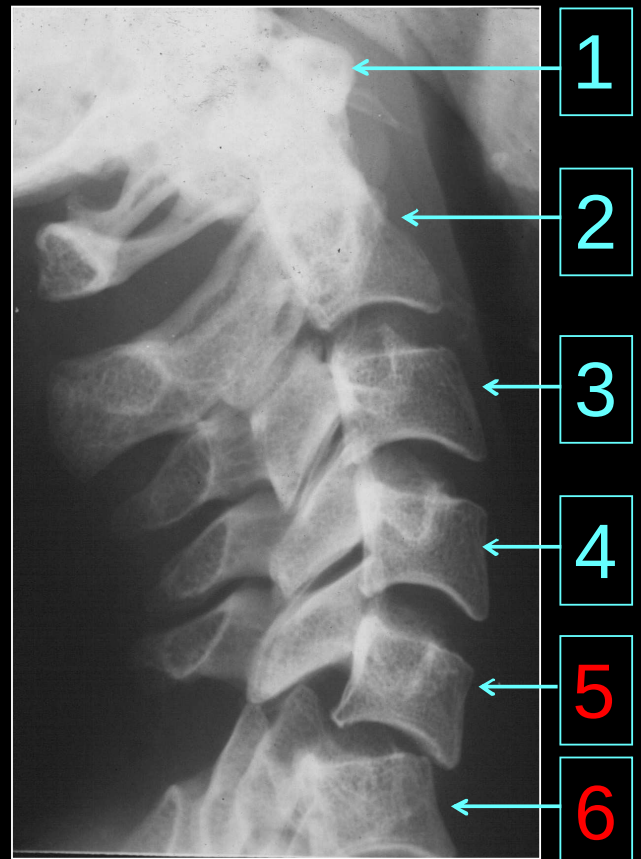


Pathologie



Subluxation !

Niveau C5-C6



Extension



Flexion



*C1-C2
en Flexion*



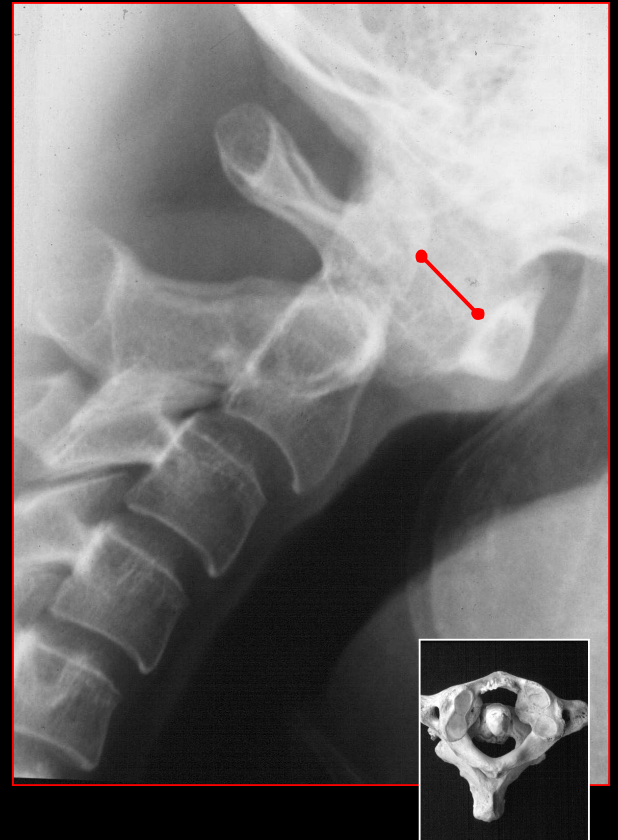
Flexion



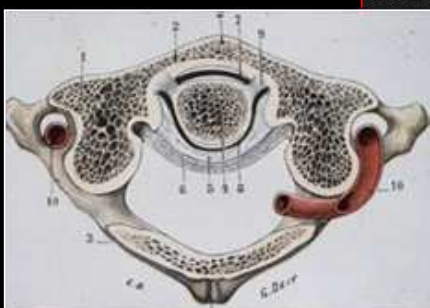
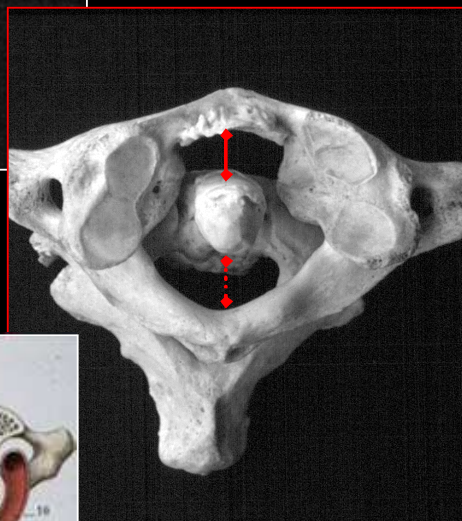
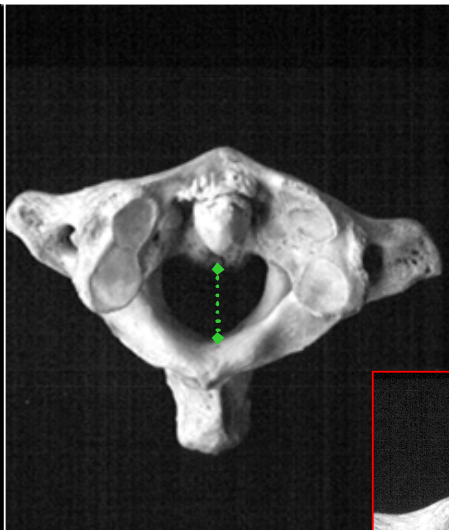
C1-C2 en Flexion



Instabilité C1 C2



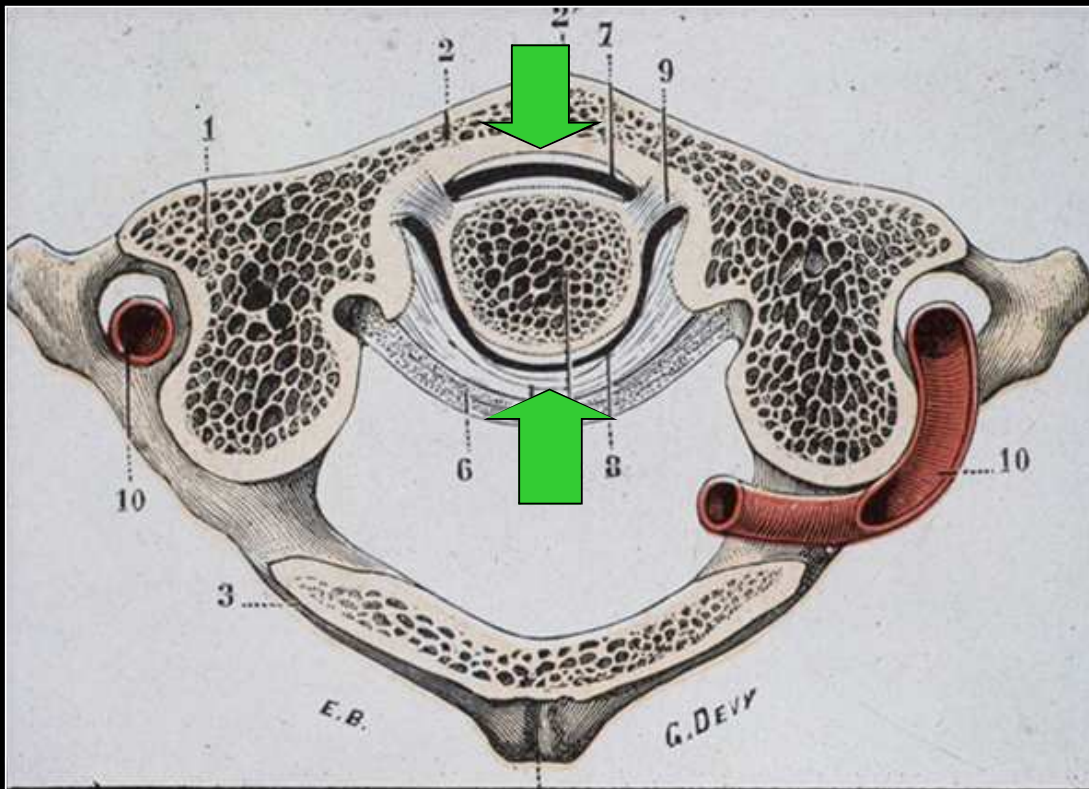
Instabilité C1 C2



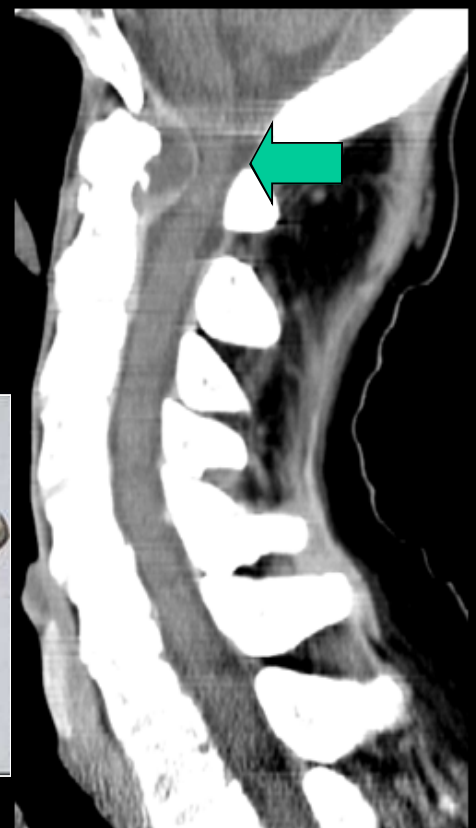
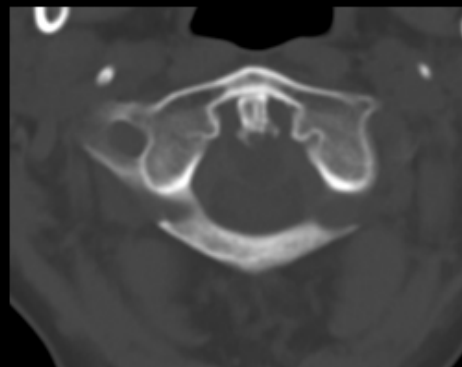
PR

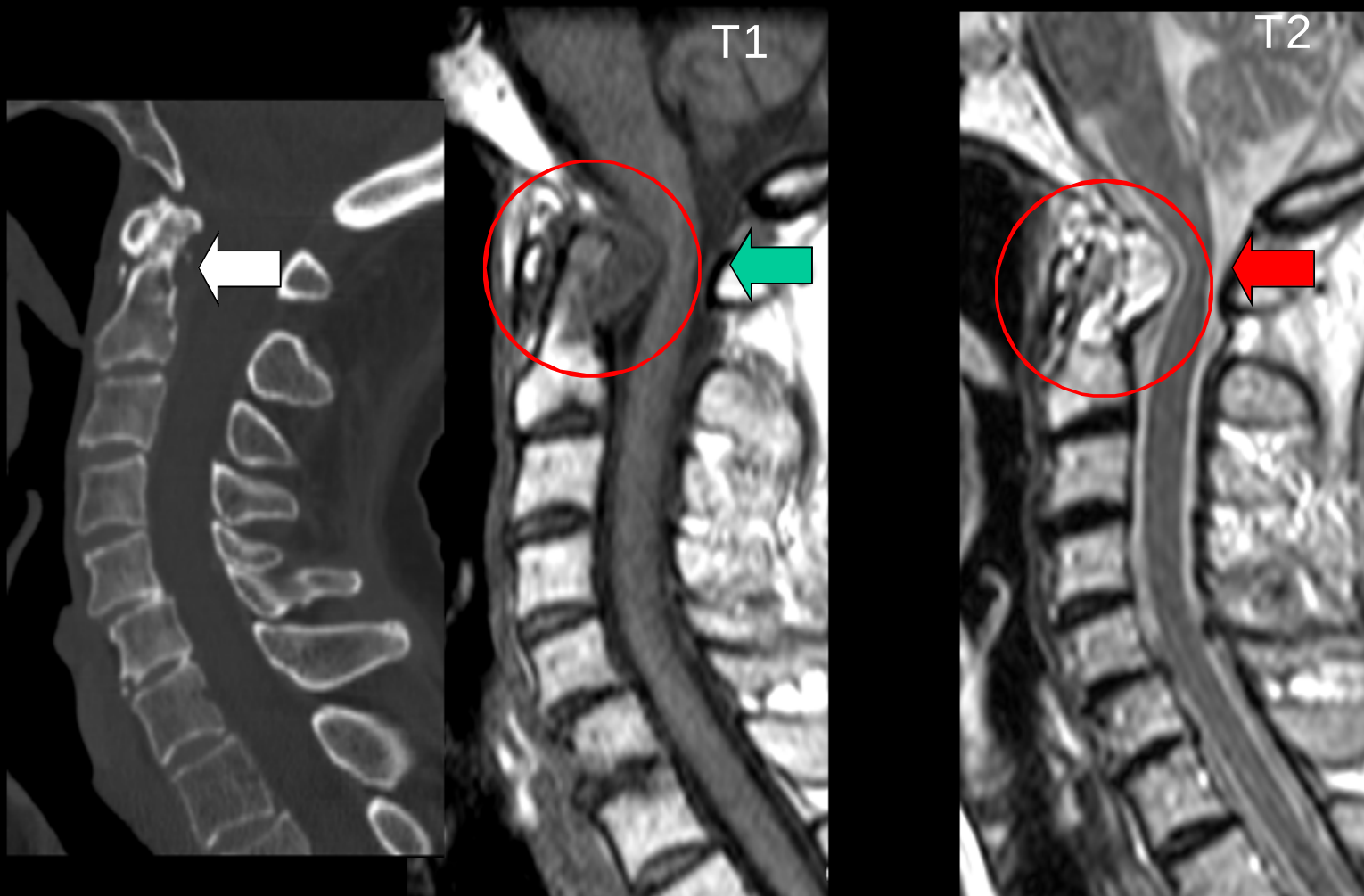


PR → atteinte des synoviales C0-C1-C2

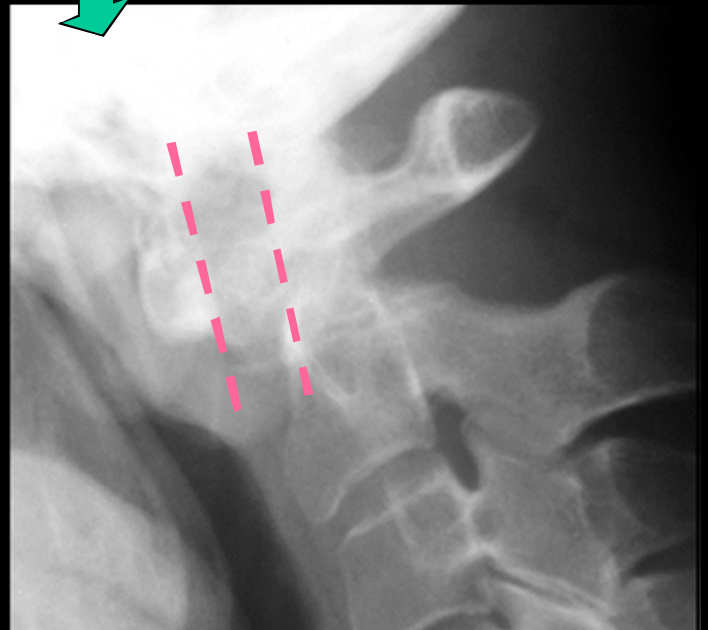


PR → Pannus synovial + érosions osseuses et ligamentaires



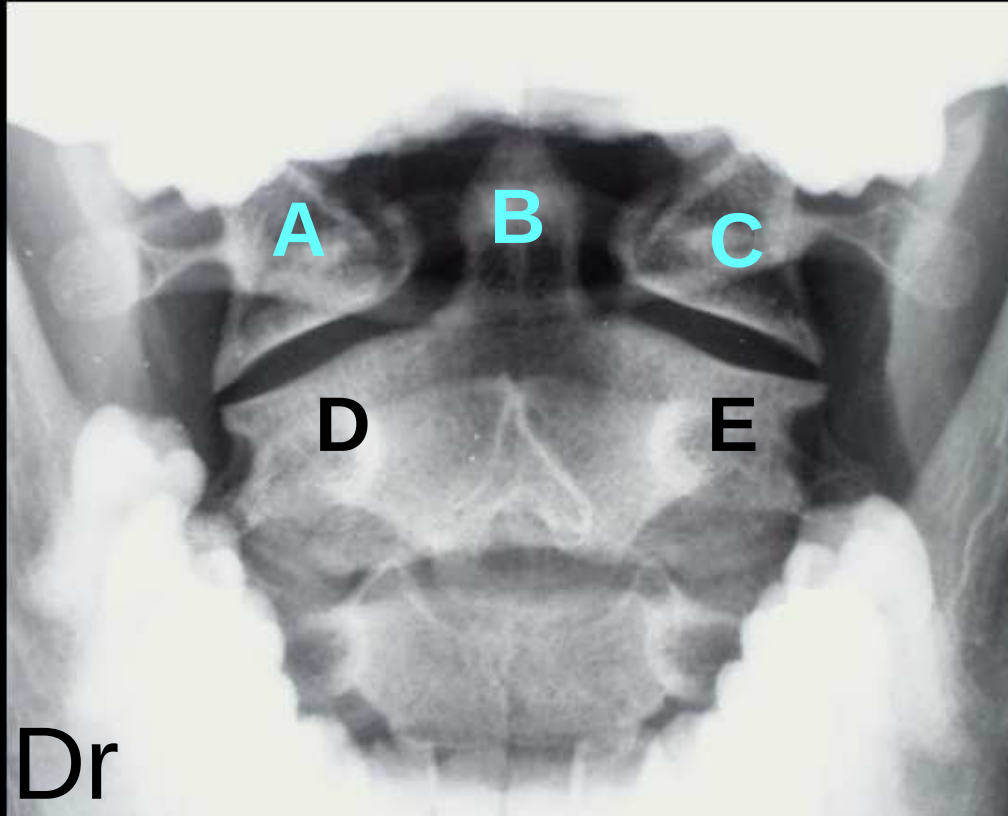


Instabilité C1 C2 sur P.R.

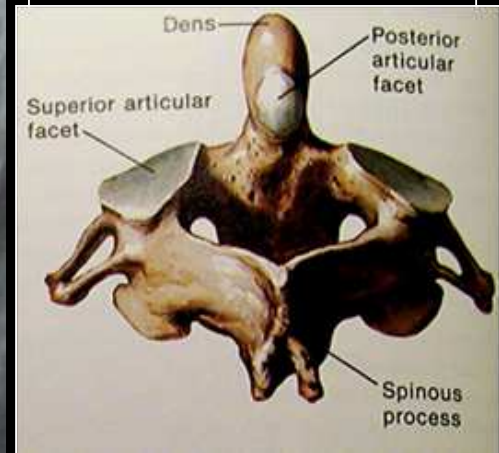


Origine traumatique moins fréquente

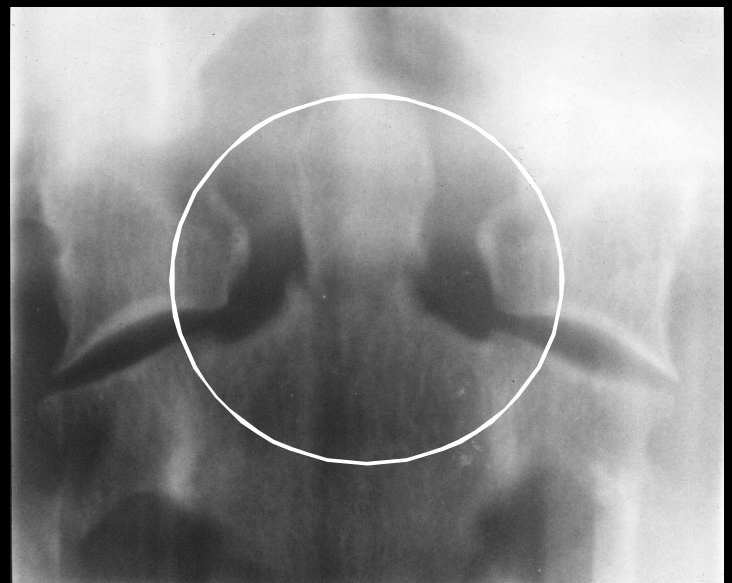
Colonne cervicale en trans-buccal



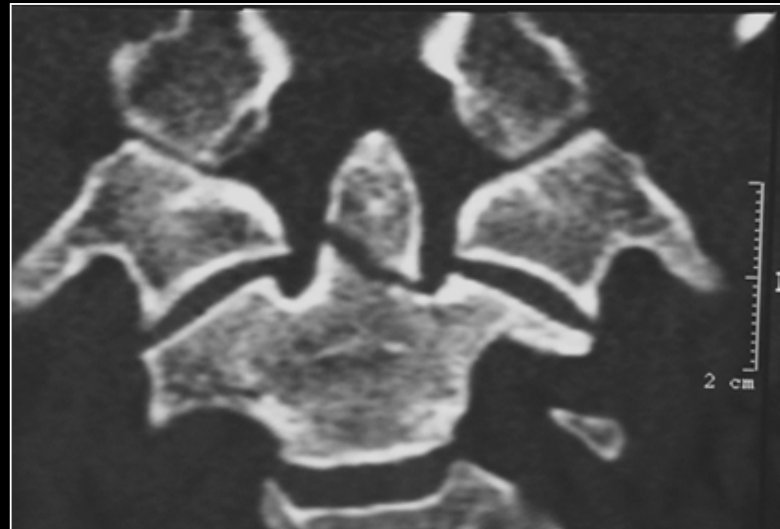
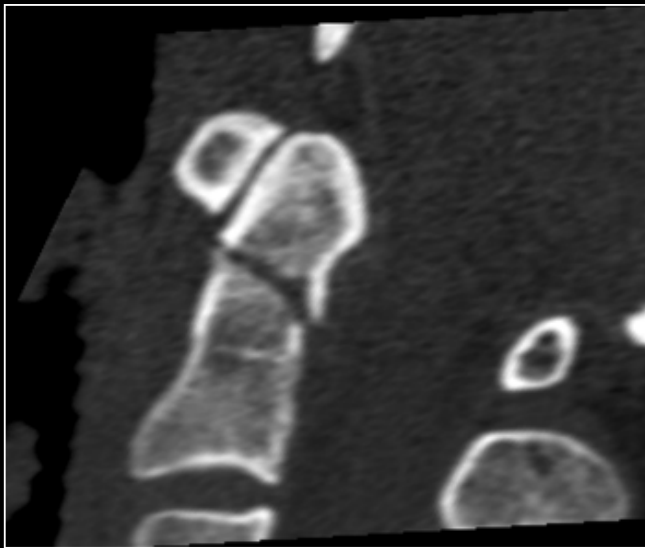
Masse
latérale
gauche
de l'axis ?



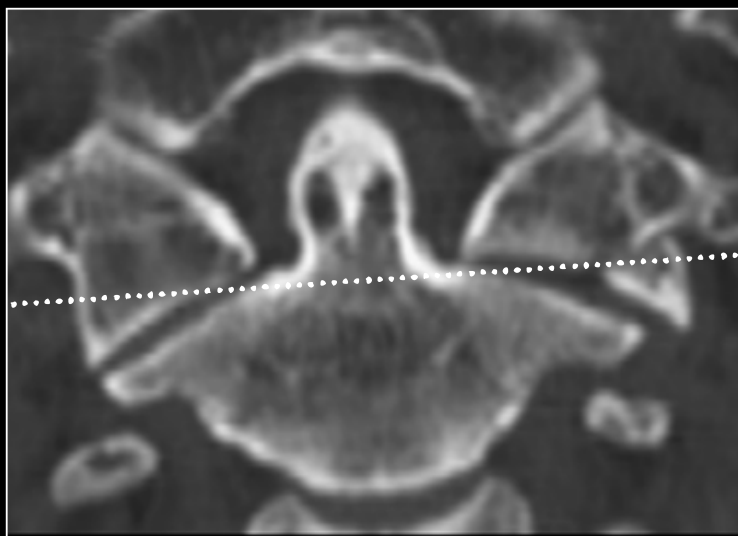
Fracture de l'apophyse odontoïde



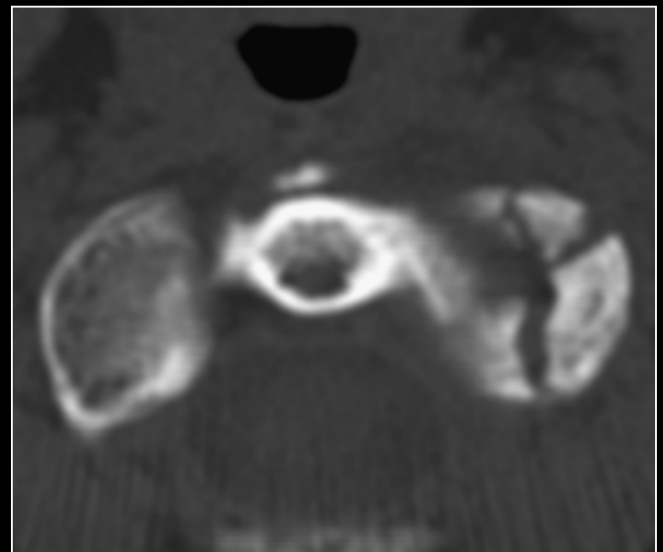
Scanner - MPR



Reconstruction coronale



Reconstruction axiale transverse

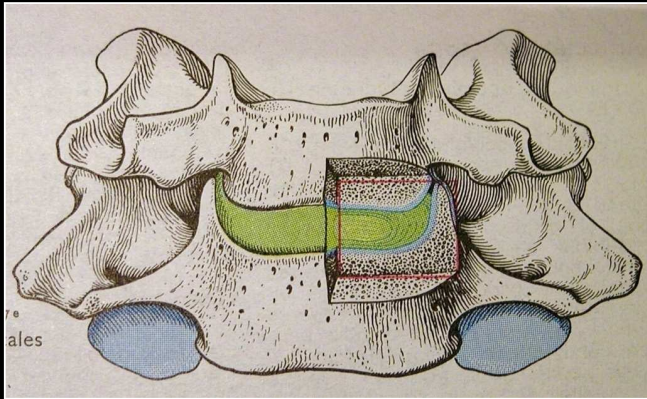


Fracture masse latérale gauche de C1





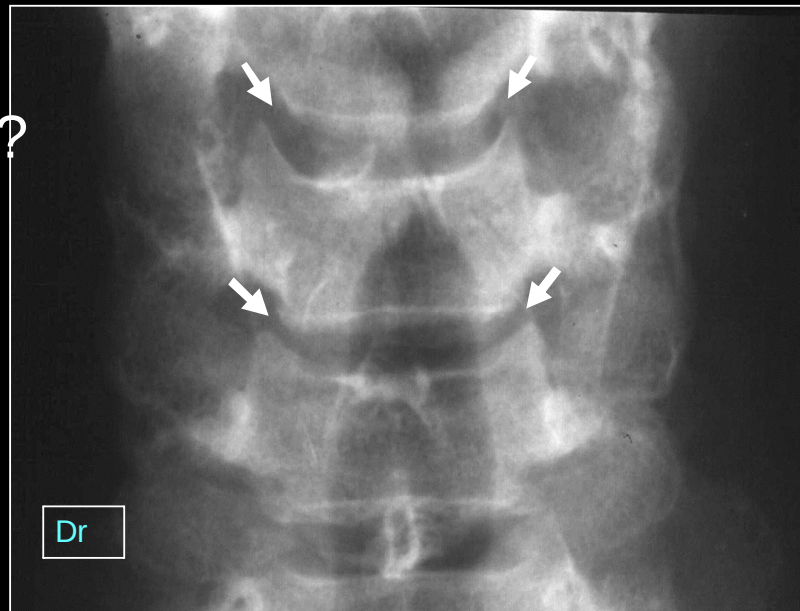
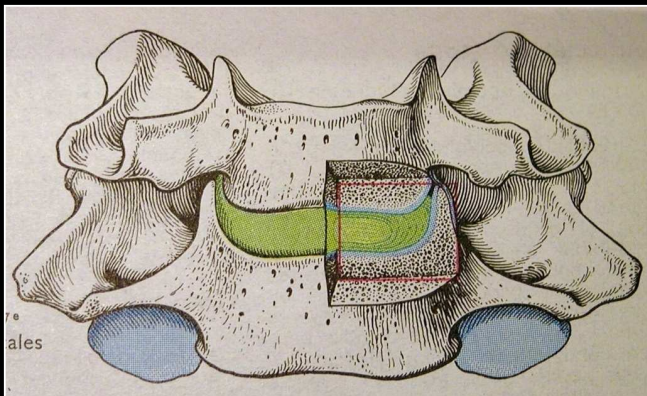
Apophyses
unciformes



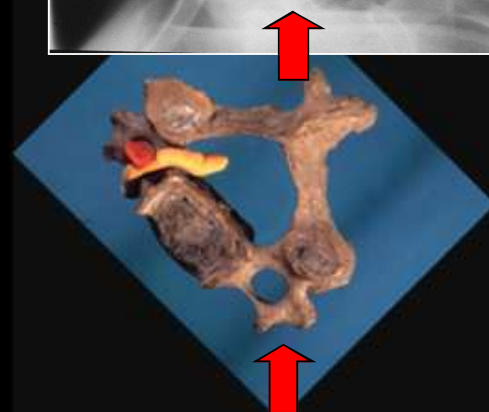
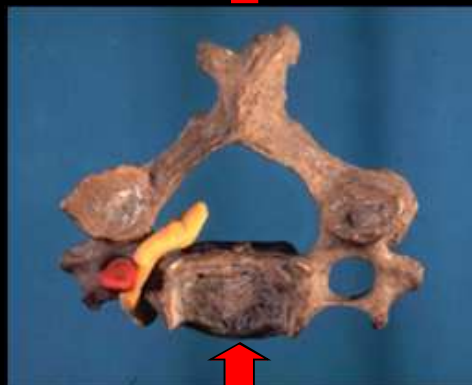
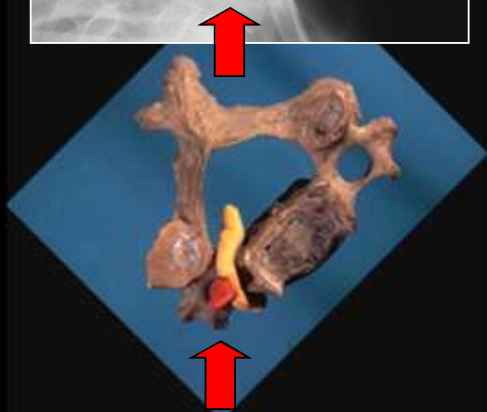
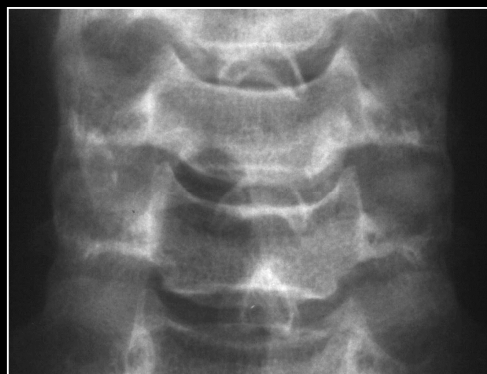
Articulation
Unco-vertébrale



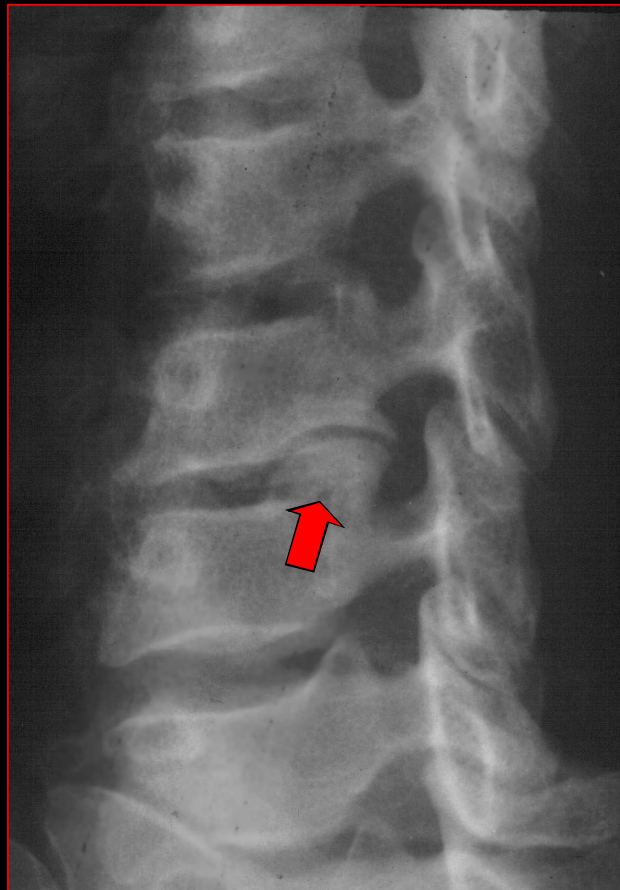
Trous de conjugaison ?



Dr



Patho:

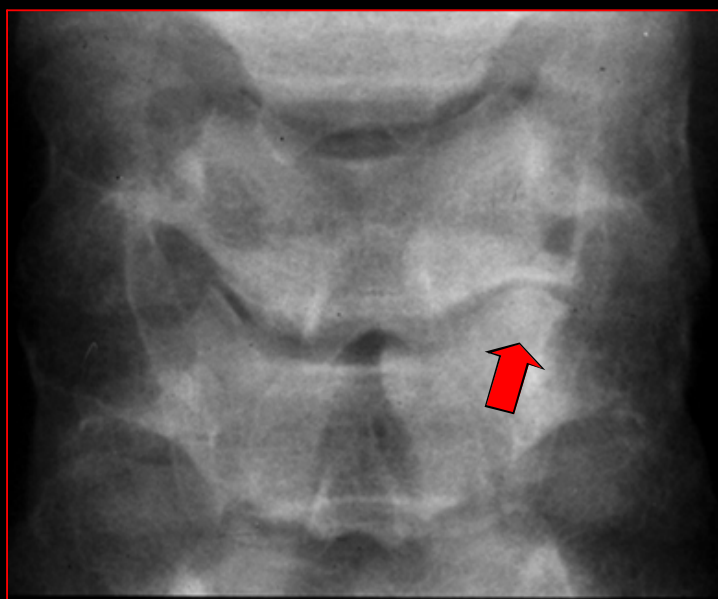


Normal

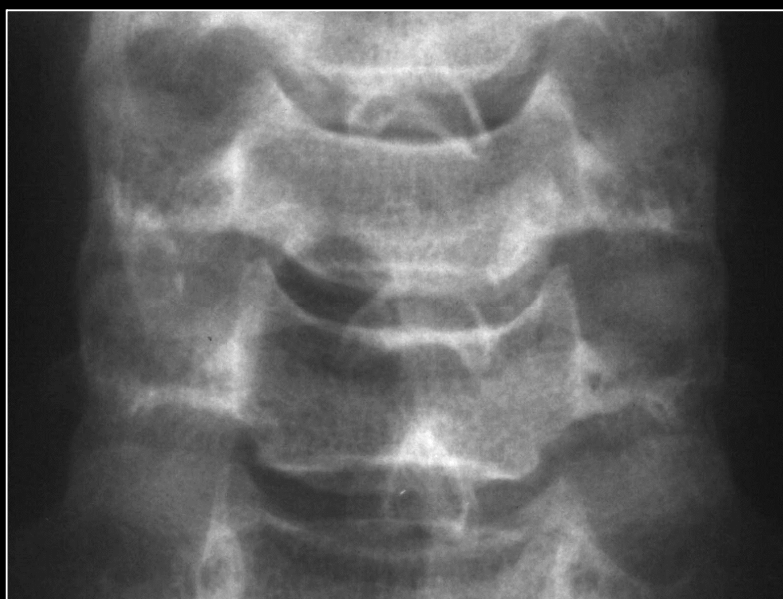
OAG



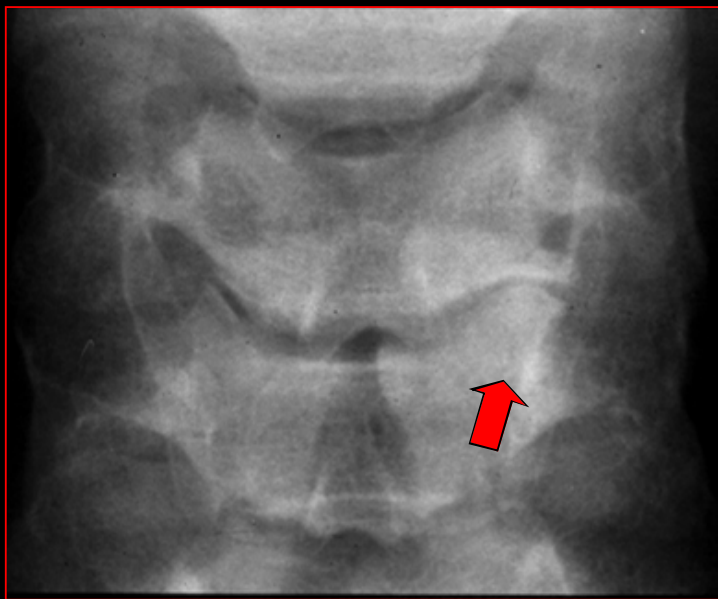
Patho



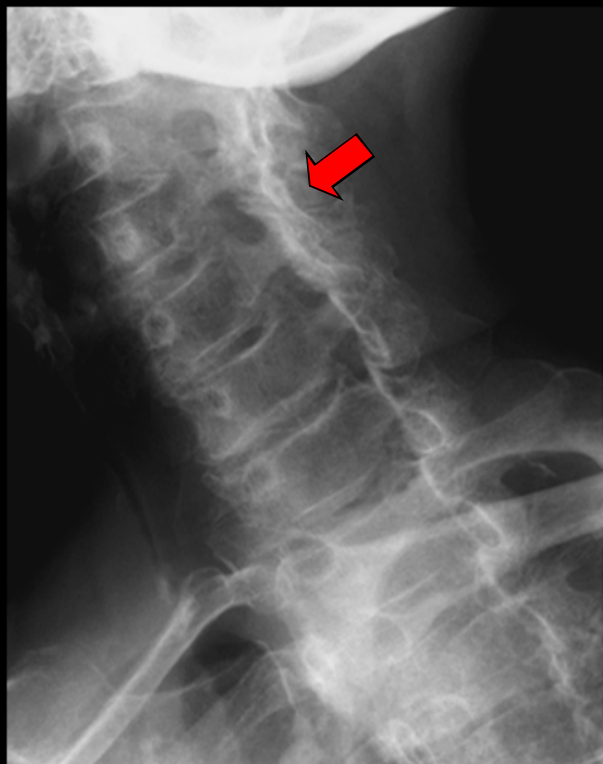
Normal

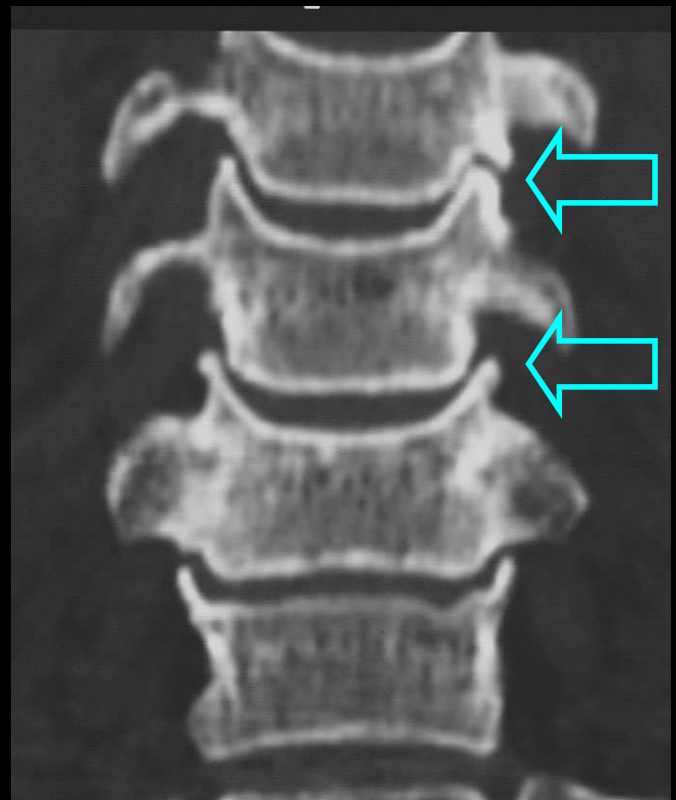


Patho:
Uncarthrose gauche (C5-C6)

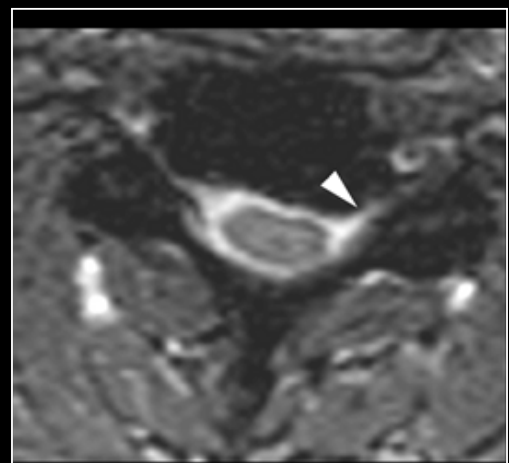
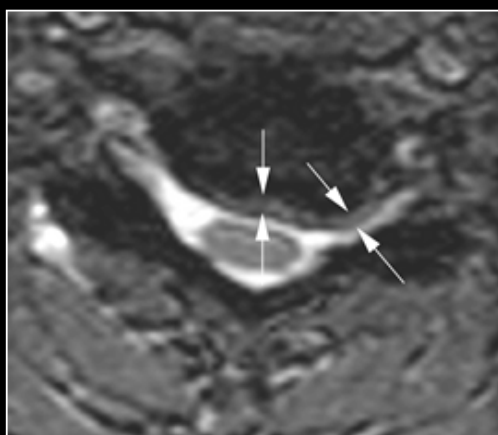
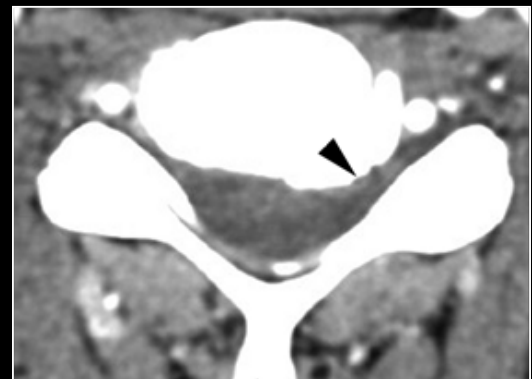
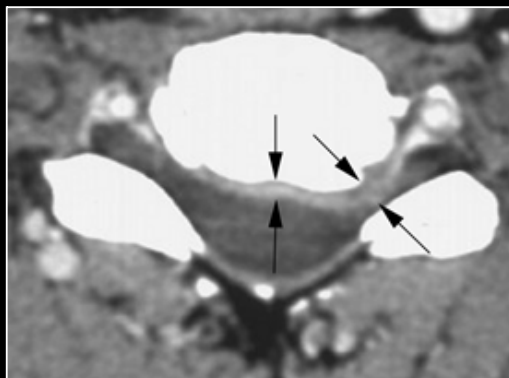


Patho:
Arthrose interapophysaire

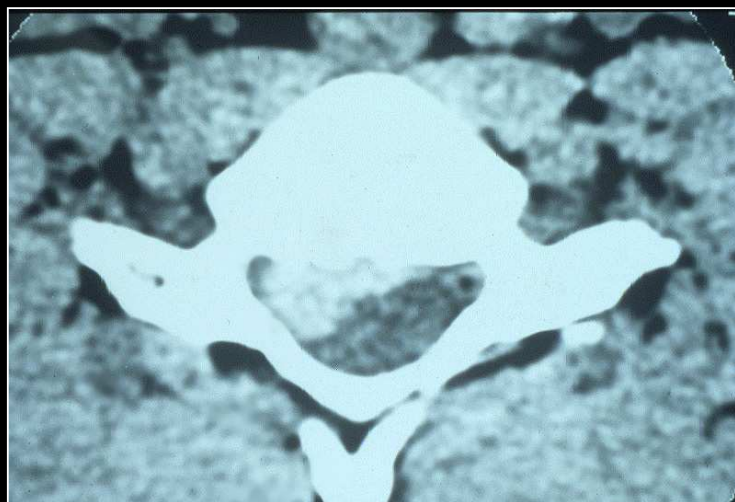
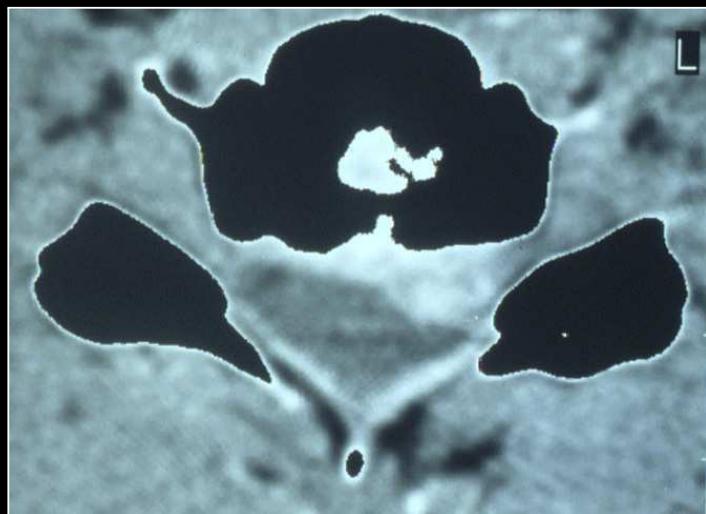




Uncarthrose



Hernie discale chez 2 patients



Répercussions cliniques ?
Inconstantes !...



Arthrose

Infection



?



Infection

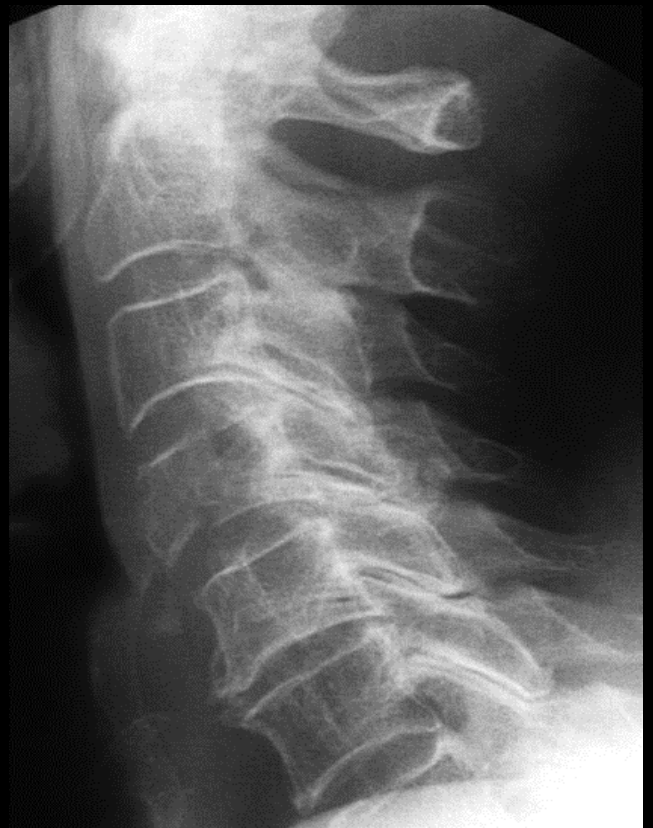


Tumeur



Douleurs
cervicales
+++
spontanées

? →



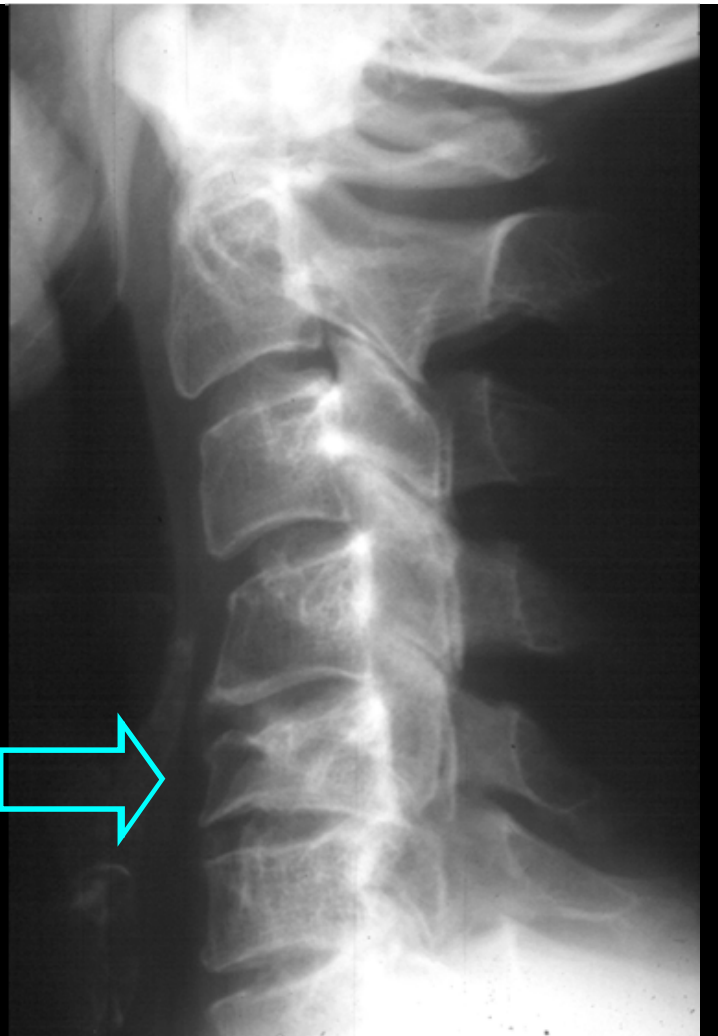
Tassement vertébral spontané

!!!! Attention !!!!

Jamais de tassement spontané ostéopénique à l'étage cervical.



Tassement Spontané de C5.



Avant Trt.



Après Trt.



Pathologie articulaire

Traumatique

Dégénérative

Inflammatoire

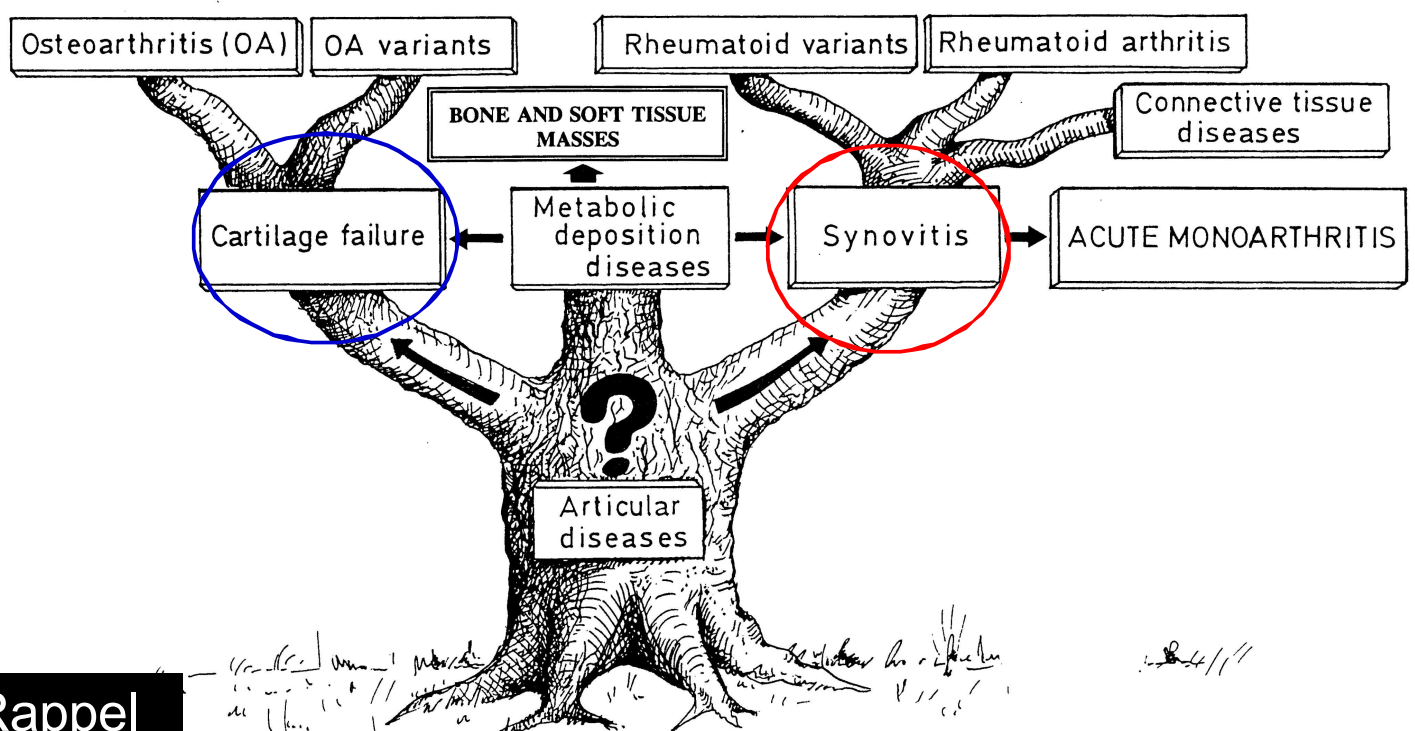
Métabolique

Rappel

Pathologie articulaire

Dégénérative ?

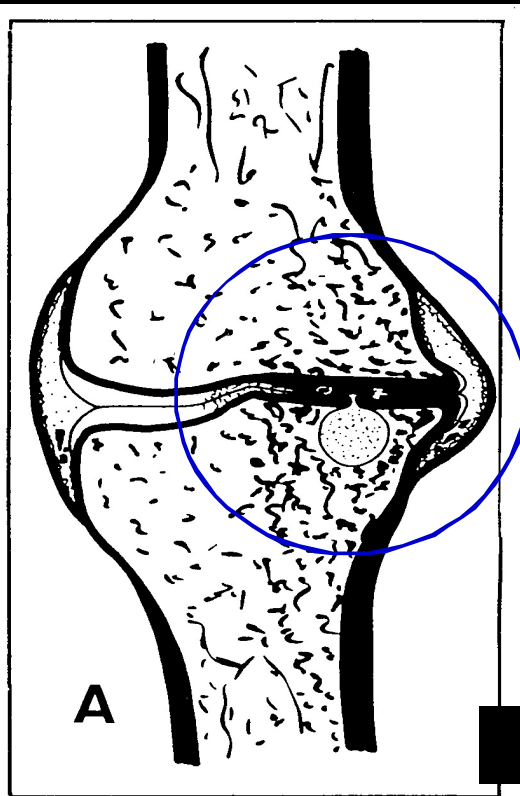
Inflammatoire ?



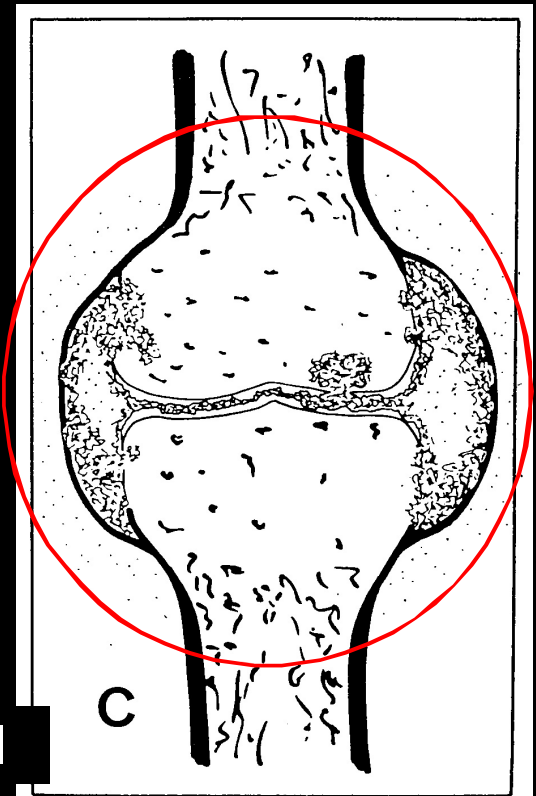
Pathologie articulaire

Dégénérative ?

Inflammatoire ?



Rappel





?



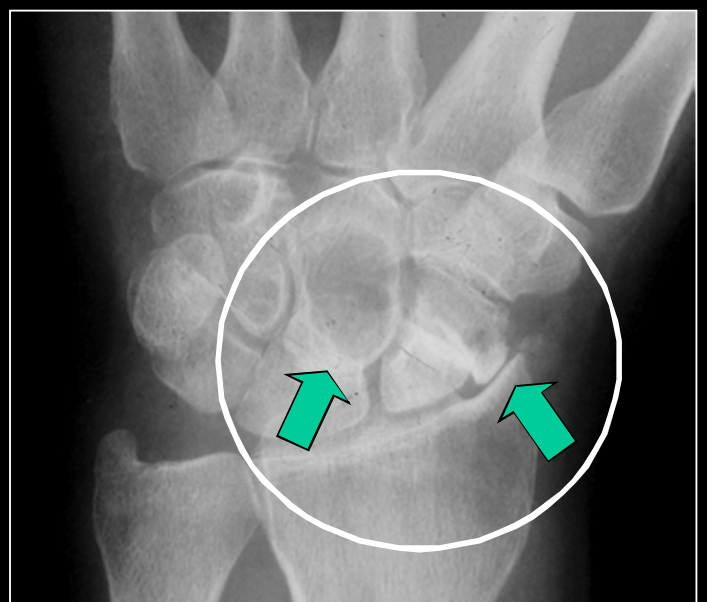
?

Chondrolyse GLOBALE



Carpite rhumatoïde

Chondrolyse FOCALE



Arthrose sur pseudarthrose
du scaphoïde

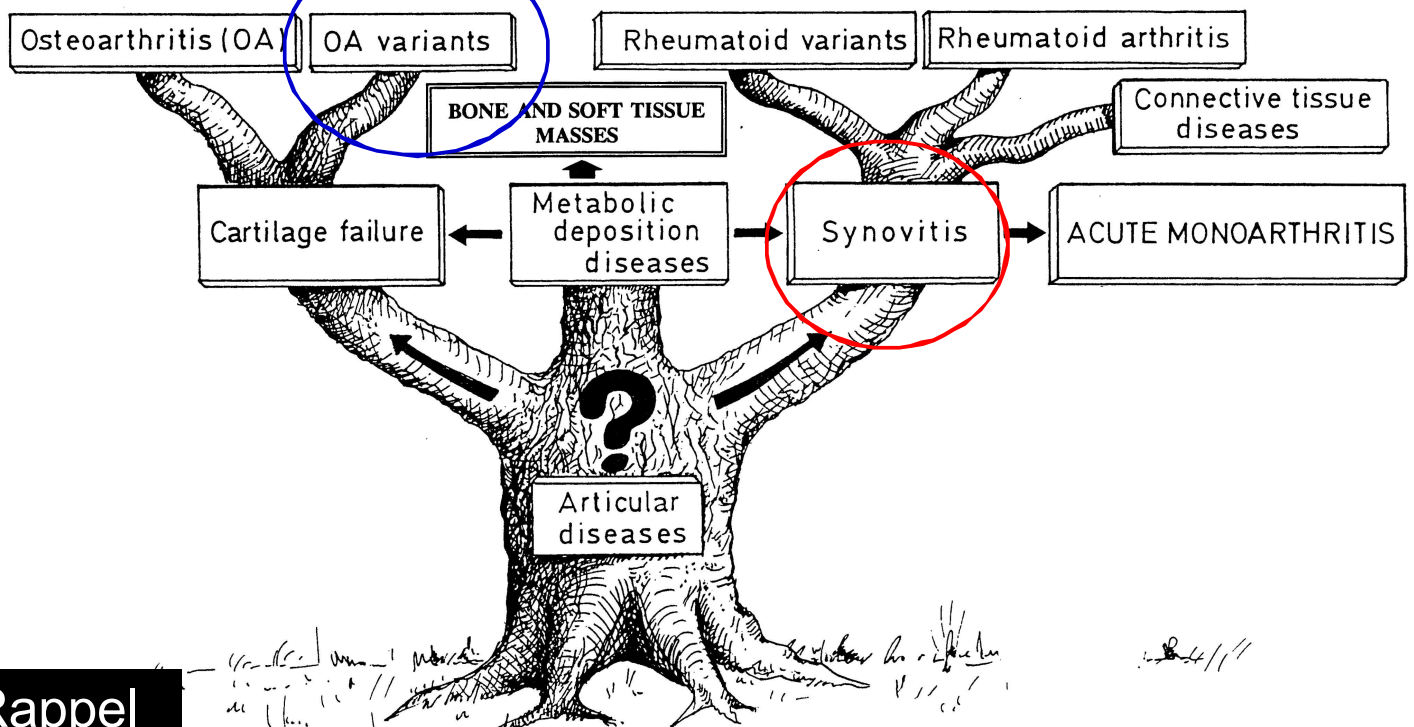


Arthroses (inhabituelles) post-traumatique

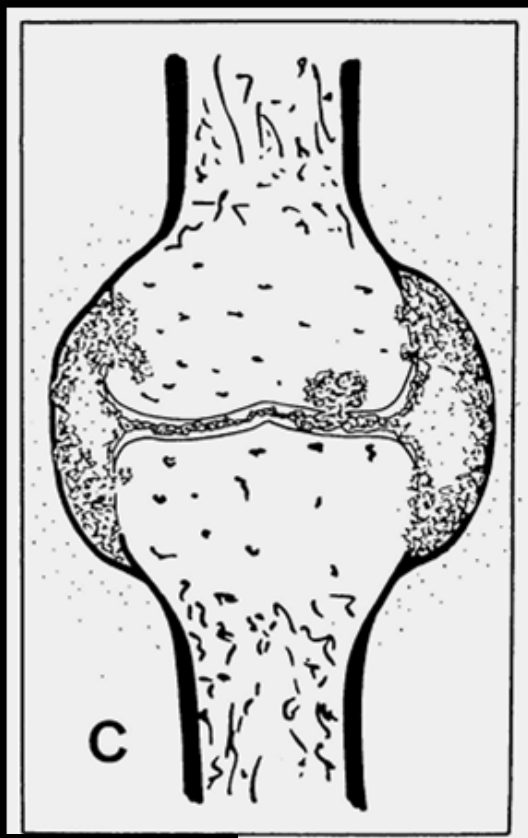
Pathologie articulaire

Dégénérative ?

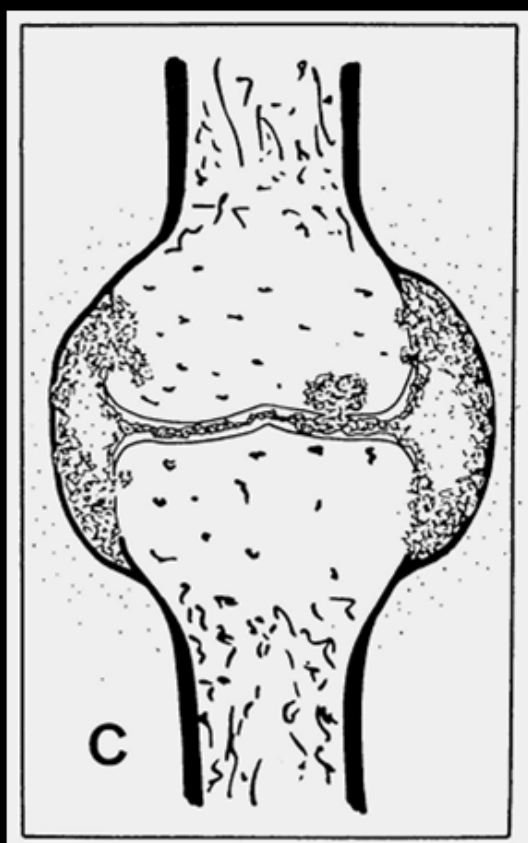
Inflammatoire ?

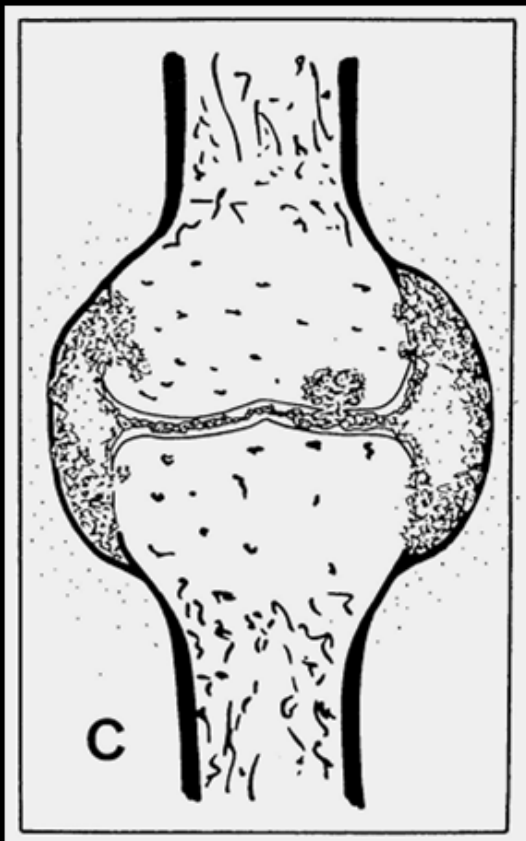


Rappel

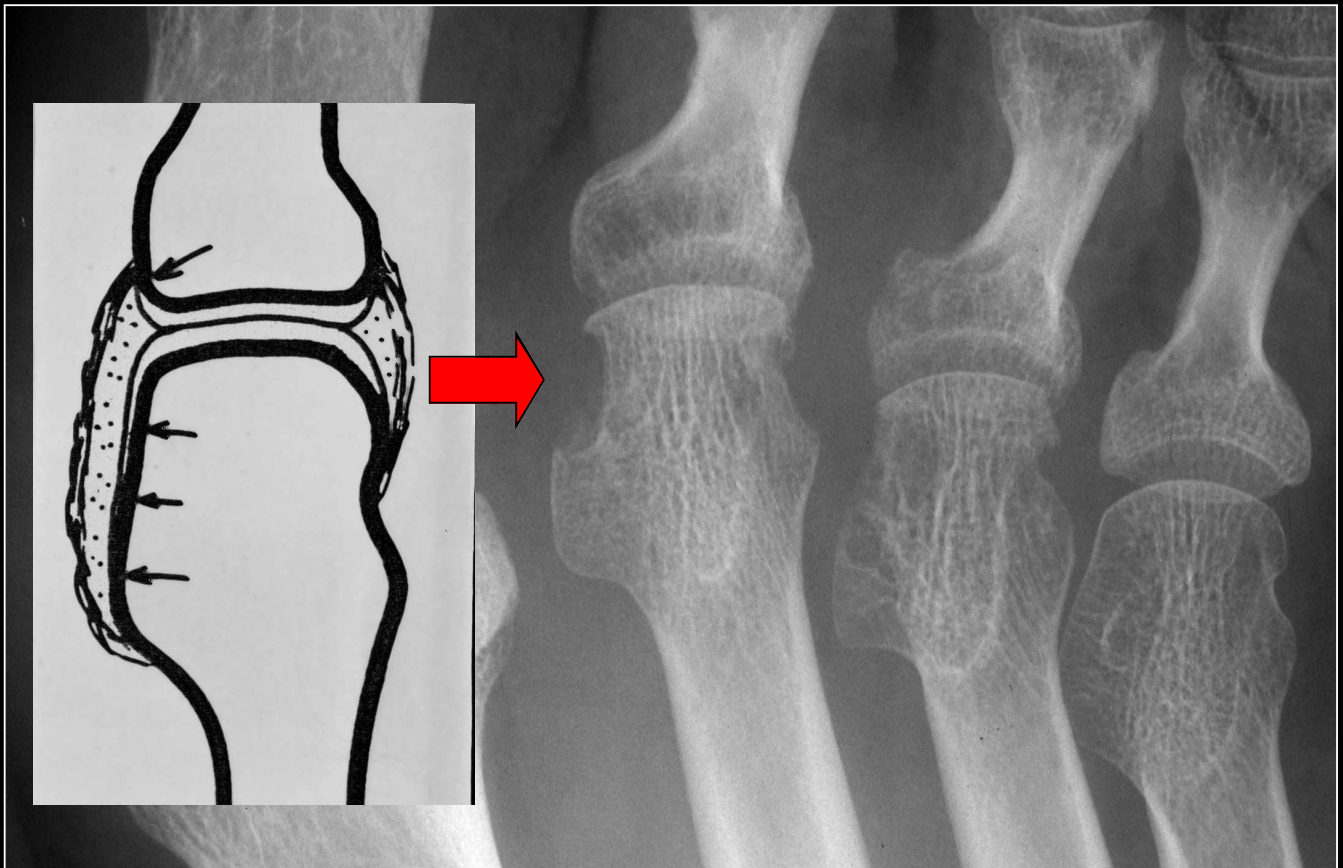


Rappel



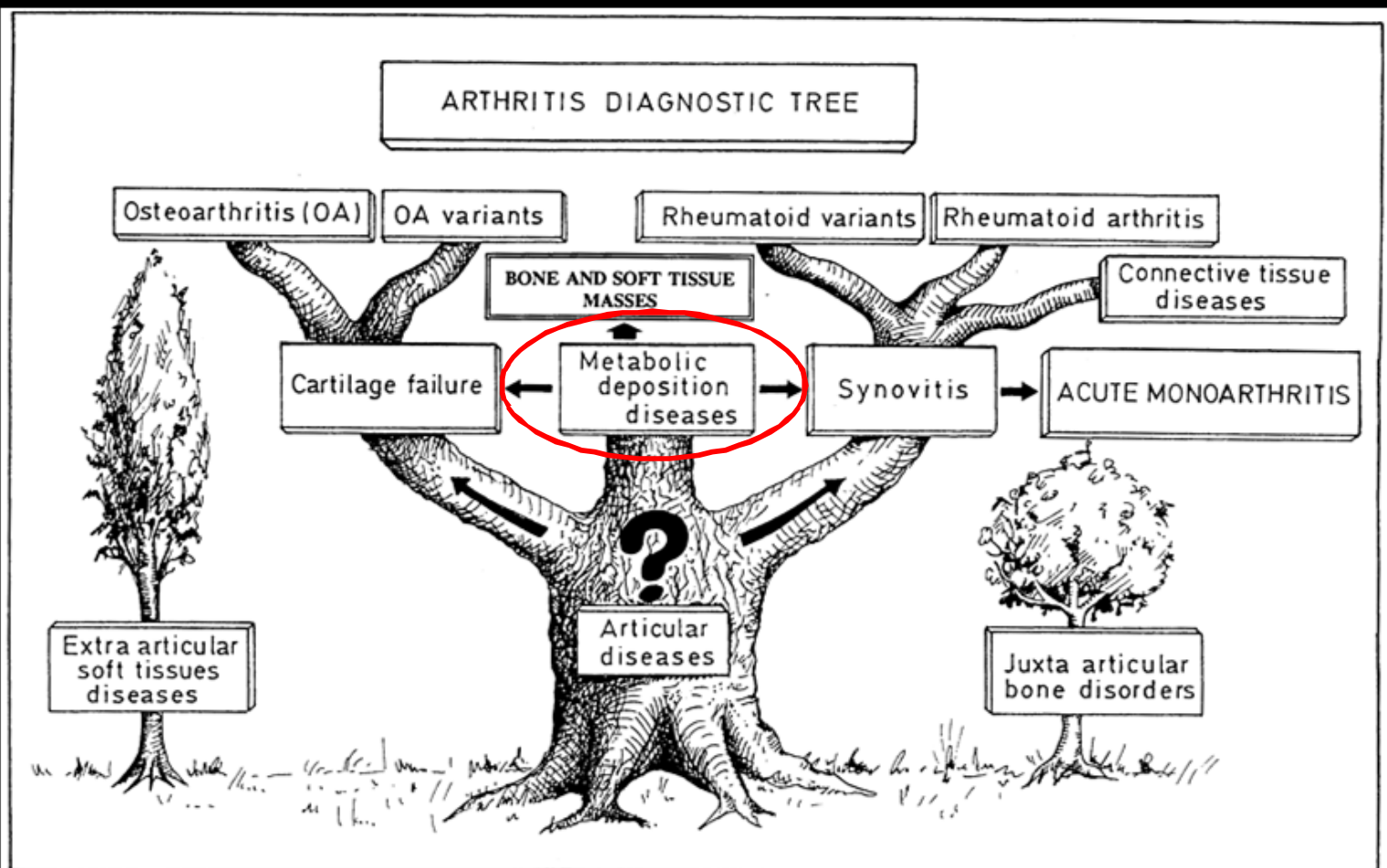


Erosions dans PR





Dépôts métaboliques





Polyarthrite rhumatoïde (PR)



Goutte

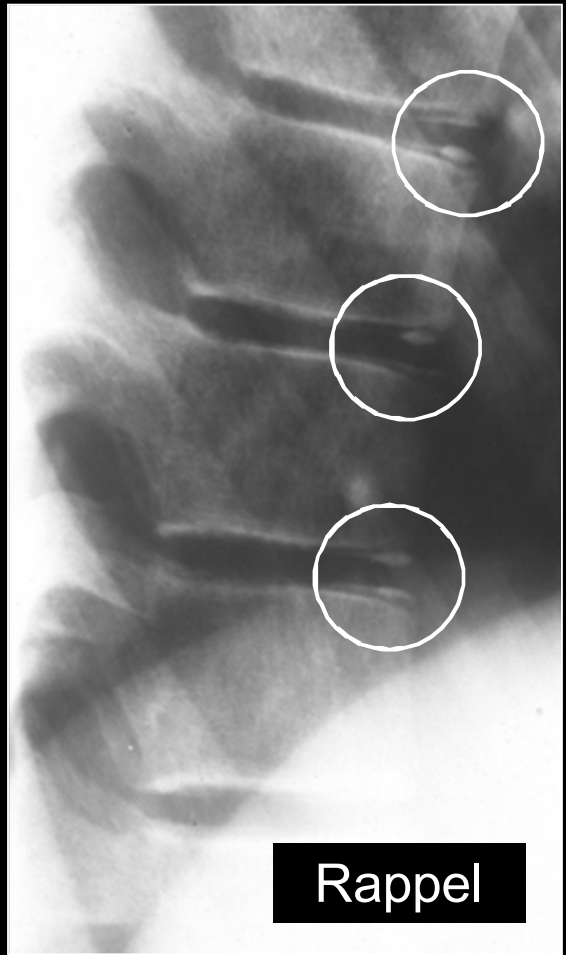
Rappel

Chondrocalcinose articulaire (CCA)



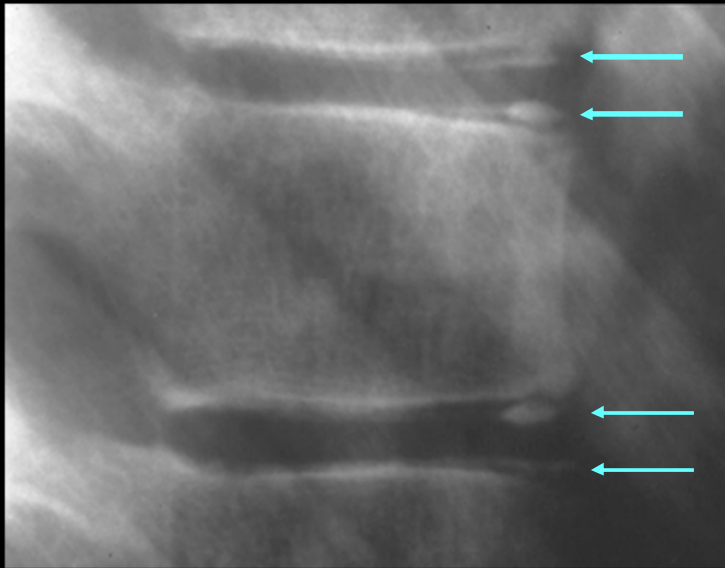
Cristaux de pyrophosphate de calcium

Rachis dorsal ou thoracique

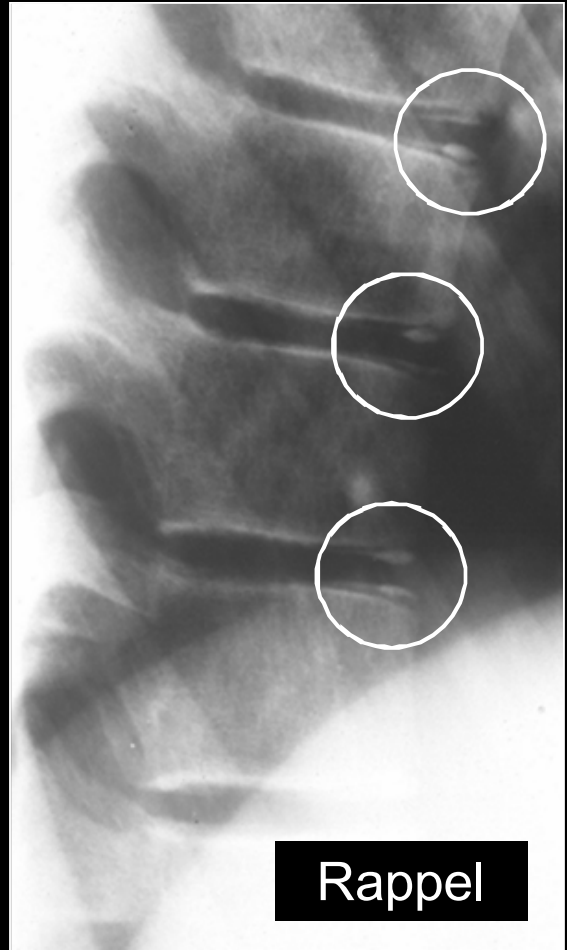


Rappel

Adolescent

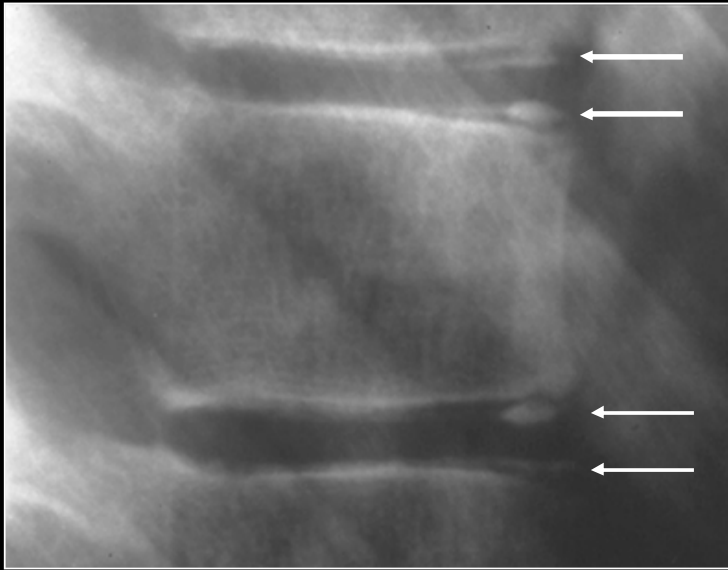


Listels marginaux

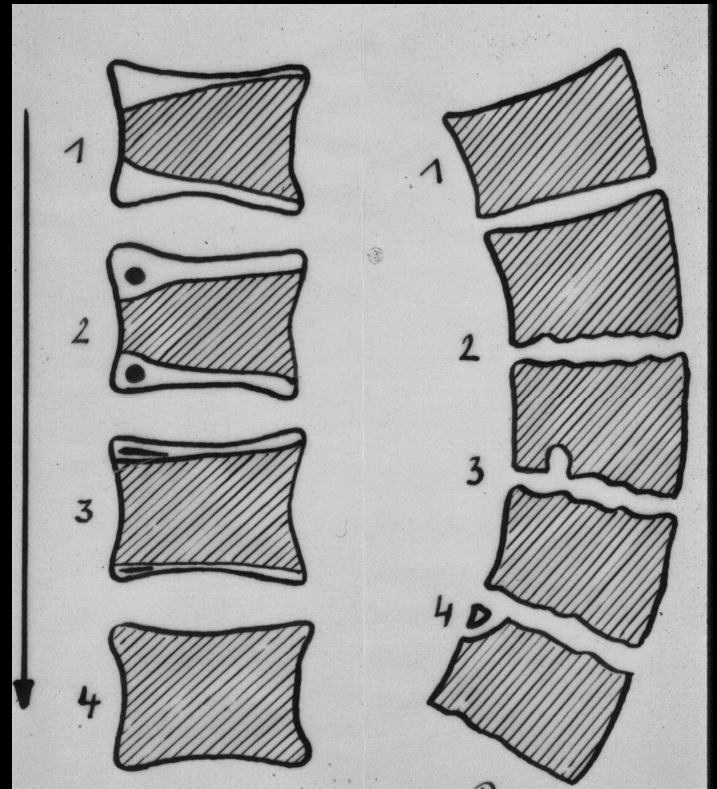


Rappel

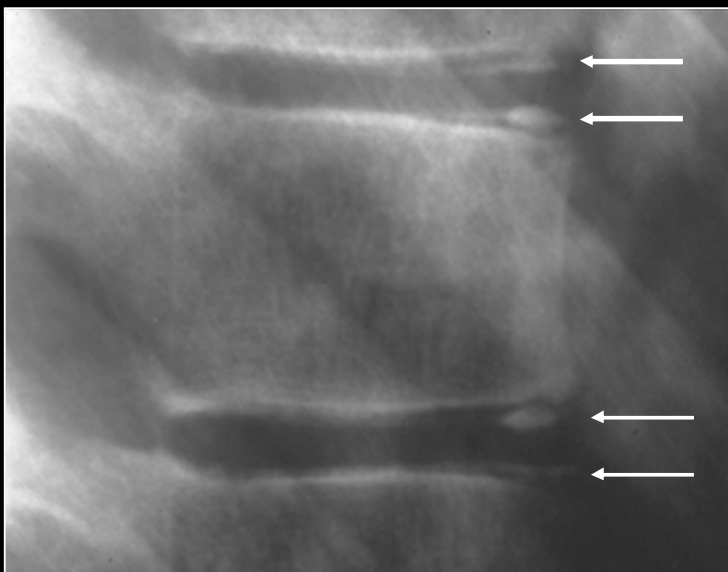


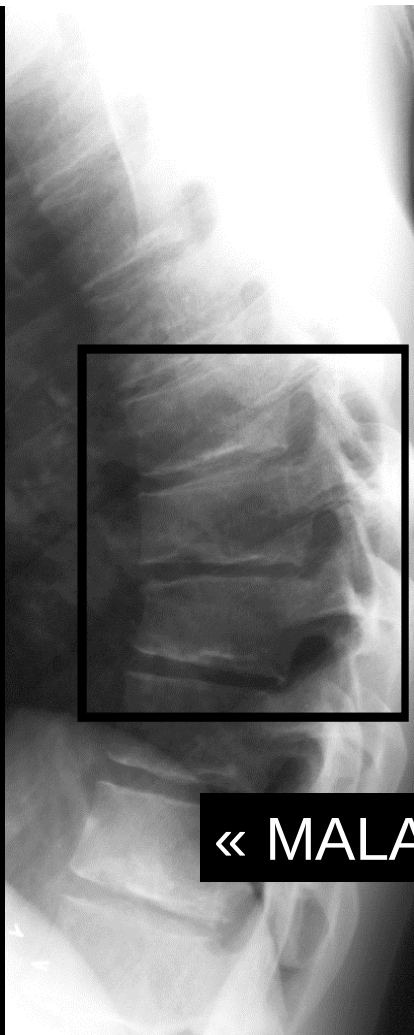


Croissance des plateaux



Normale >< Patho





« MALADIE » de SCHEUERMANN

DD Tumeur

><

Infection

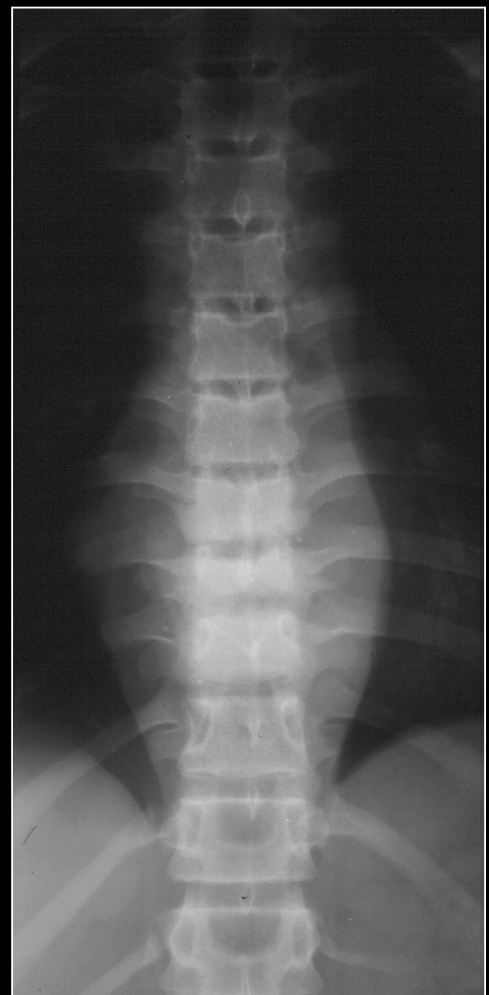


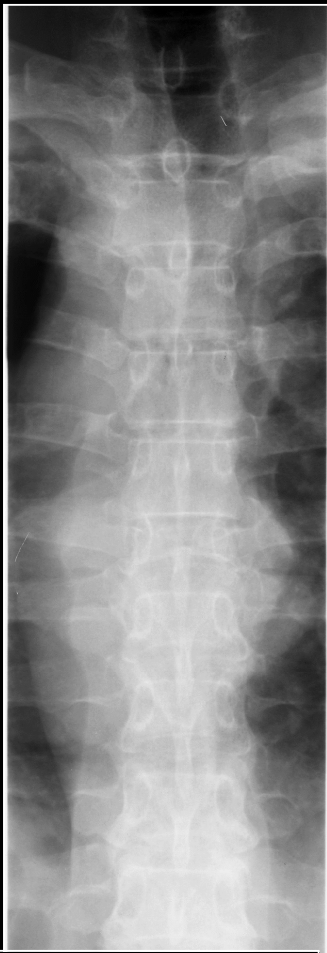


Fuseau paravertébral

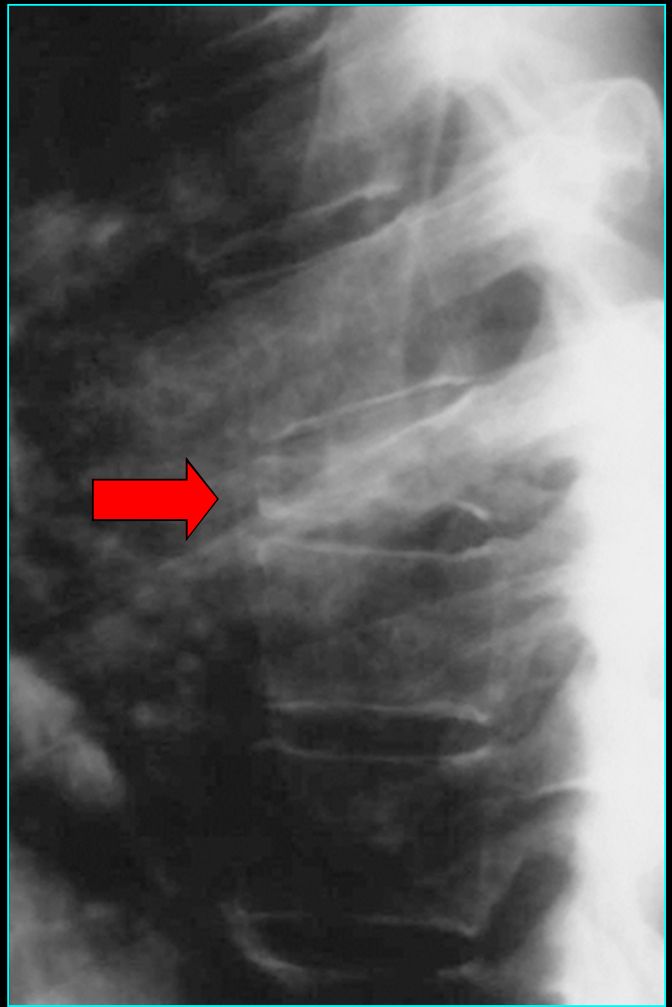


Fuseau paravertébral

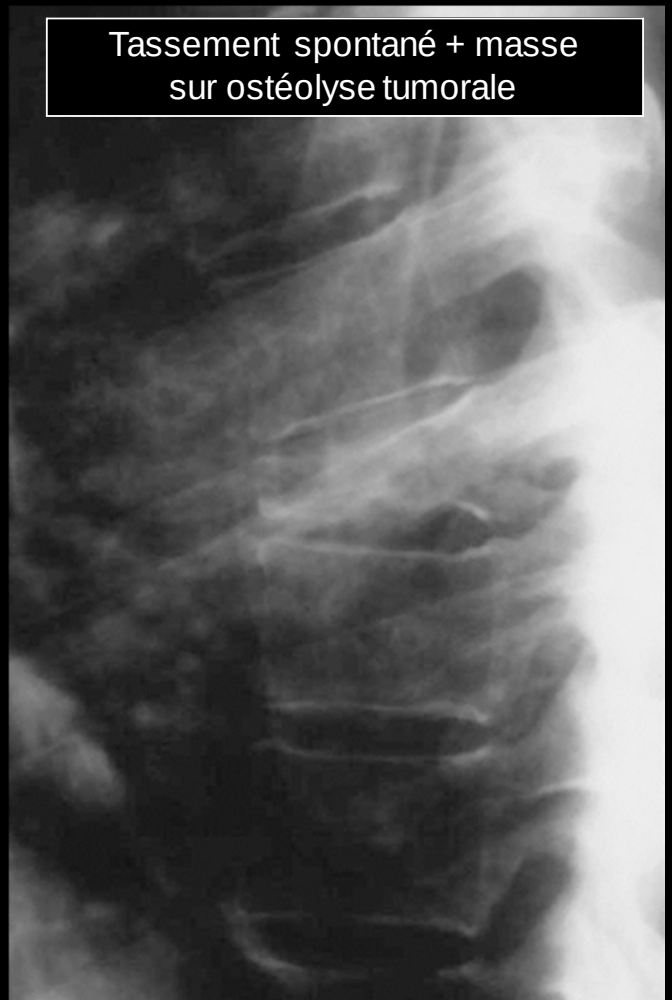


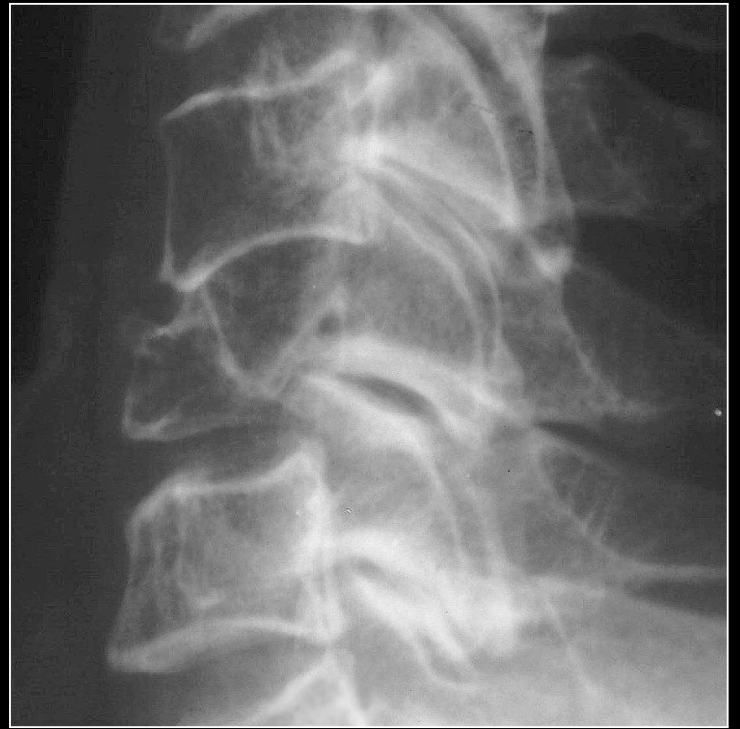


Fuseau paravertébral

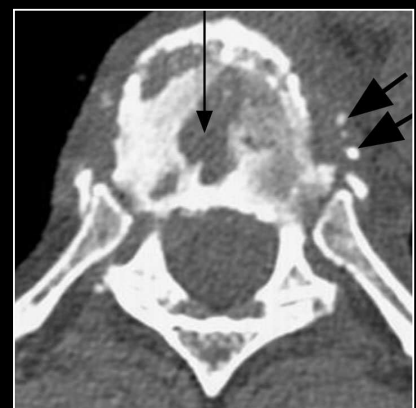
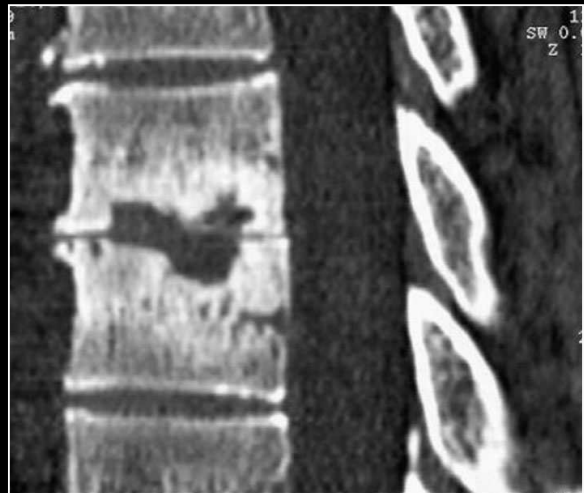
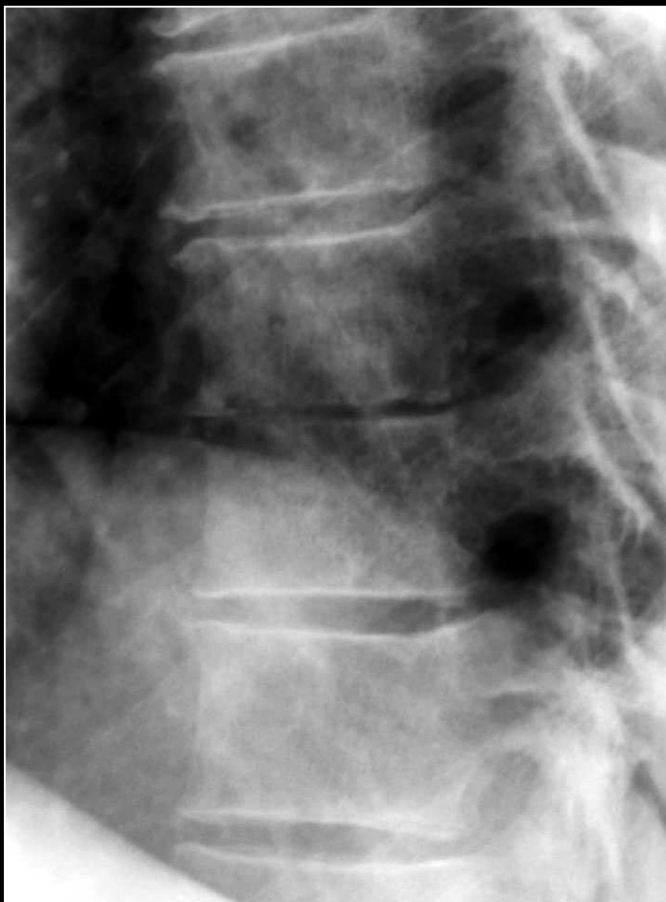


Tassement spontané + masse
sur ostéolyse tumorale

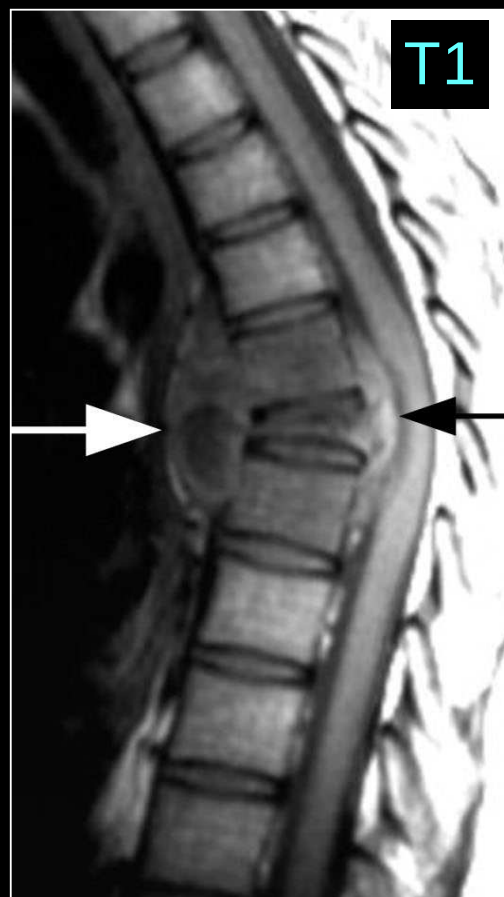




Tassements vertébraux spontanés sur ostéolyse tumorale



TBC



T1 Gado



TBC D5-D6-D7

« Rhumatismes » rachidiens

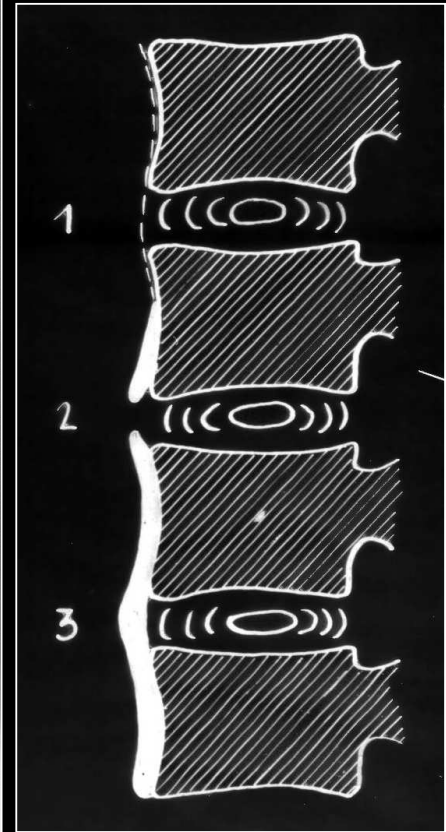


Ostéophytes





Forestier



Enthésopathies dégénératives (hyperostose diffuse)





Forestier +
Ostéophytes

Forestier



???



Lig Long Ant.



Syndesmophytes



Syndesmophytes



Ostéophytes





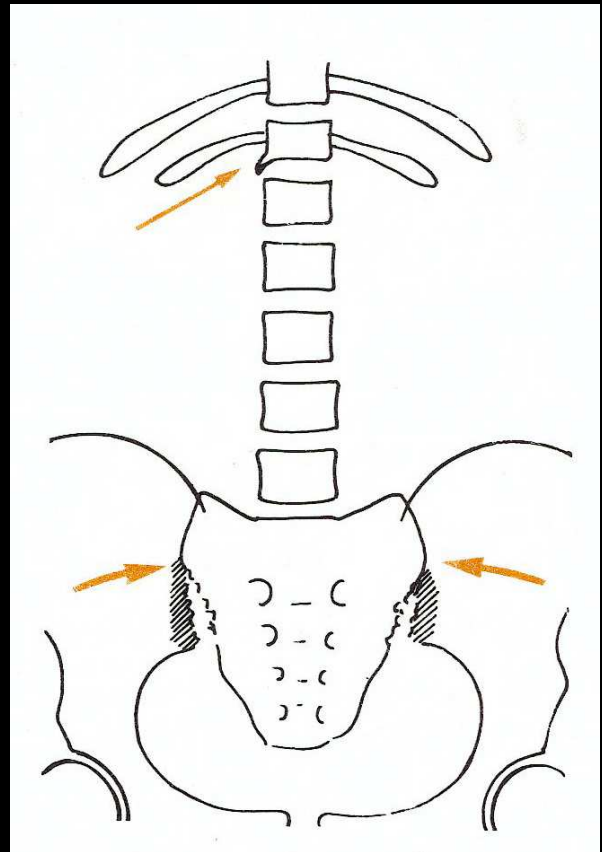
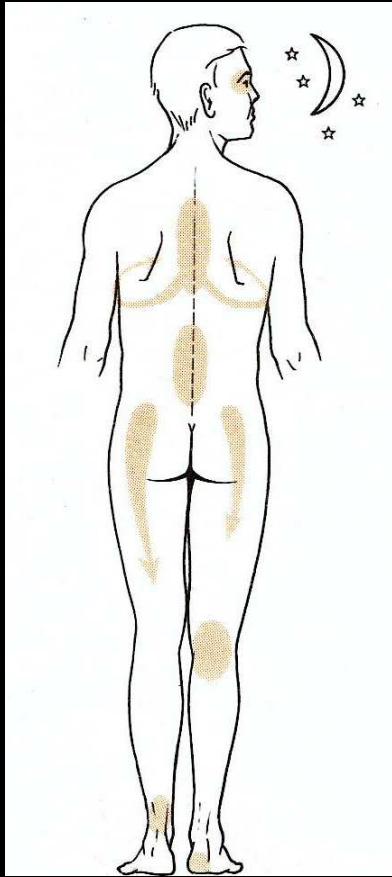
Ostéophytes



Syndesmophytes



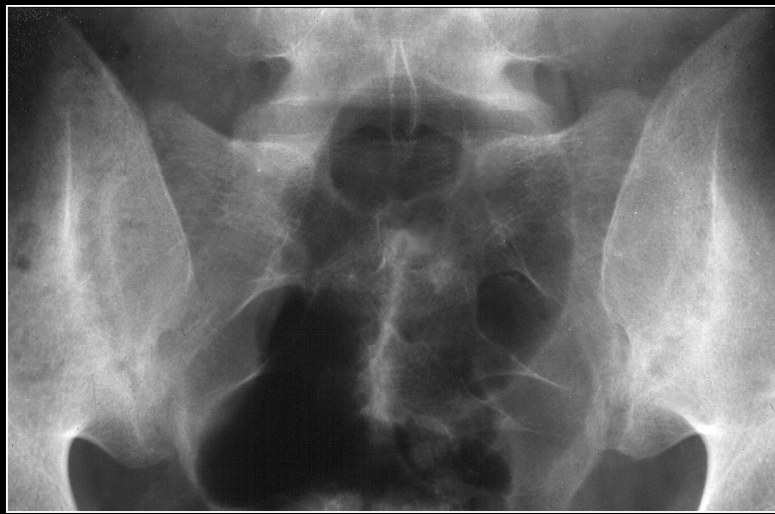
Spondylarthritis



Articulations sacro-iliaques

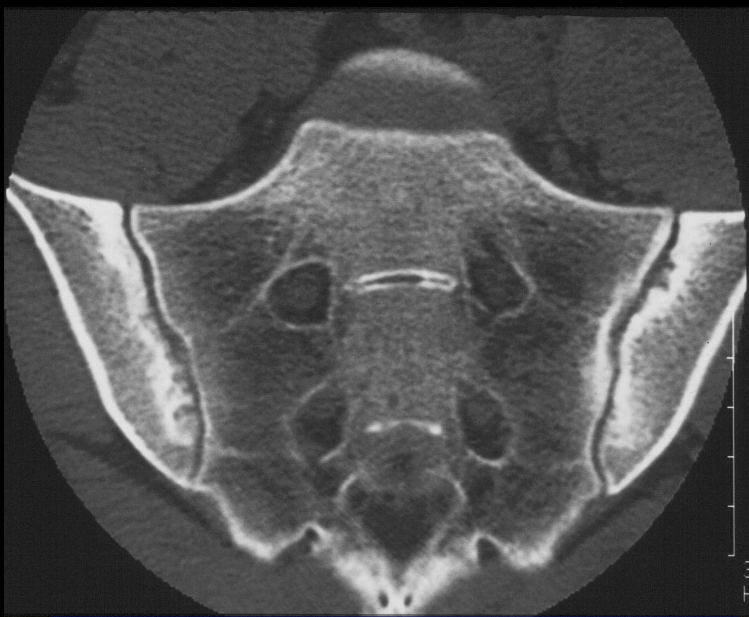


Normales



Sacro-iliite

Articulations sacro-iliaques



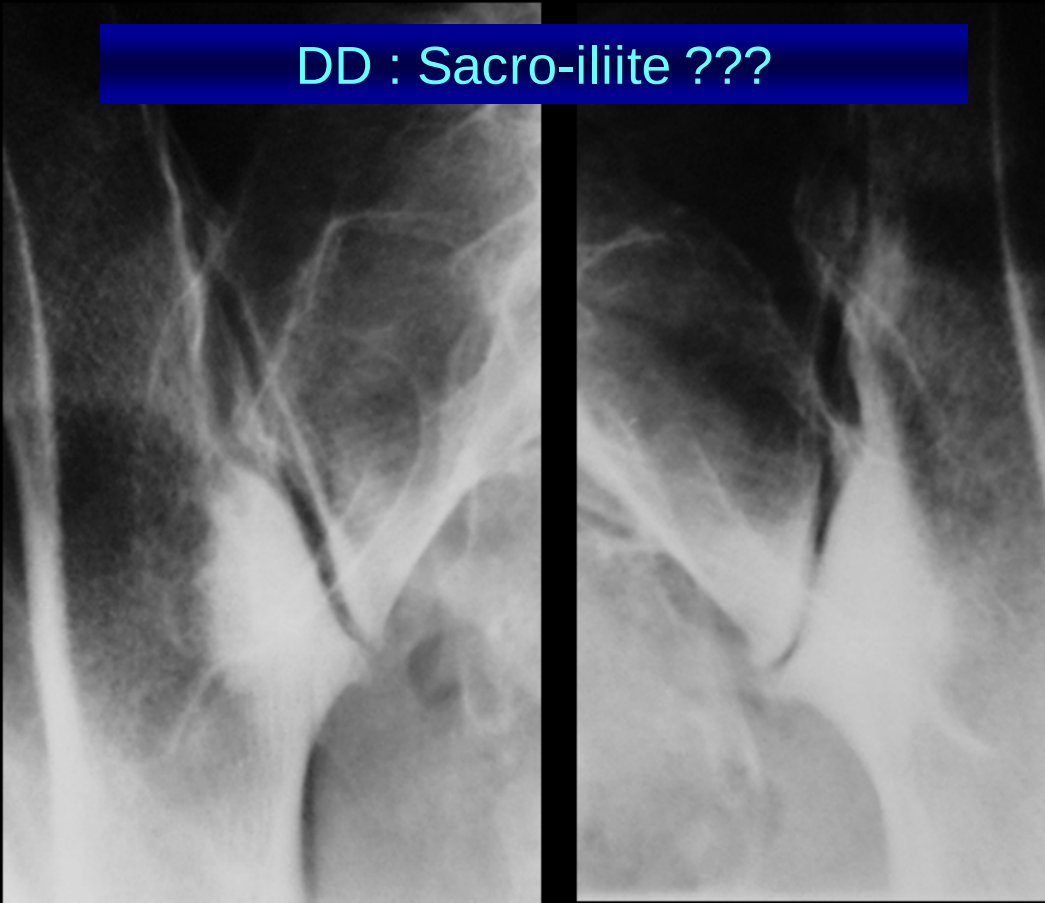
Erosions et hyperostose



Sacro-iliite

→ Erosions hyperostosantes

DD : Sacro-iliite ???



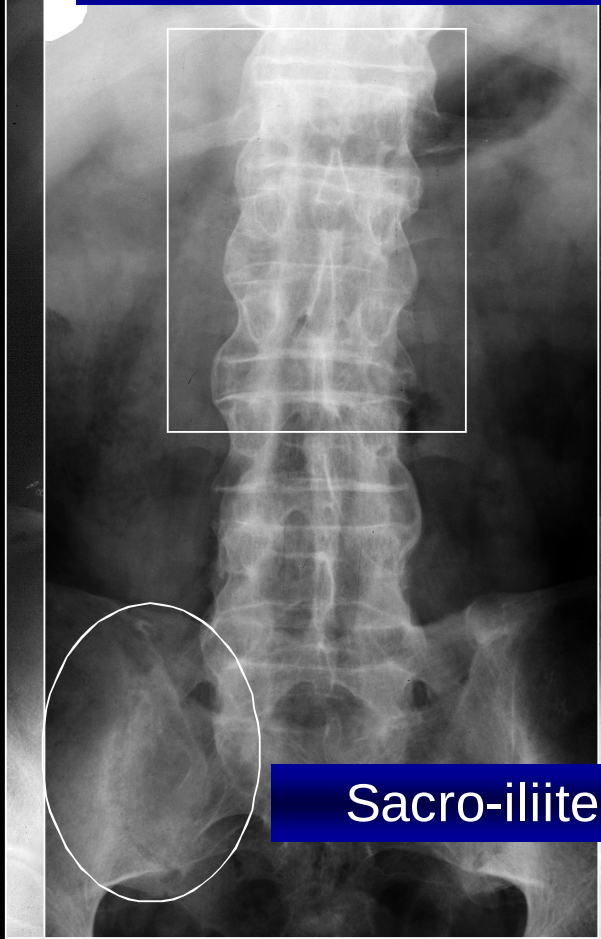
Non ! Ostéose iliaque condensante

Ostéose iliaque condensante

Hyperostose de stress

- versant iliaque
- femme jeune
- après grossesse
- réversible

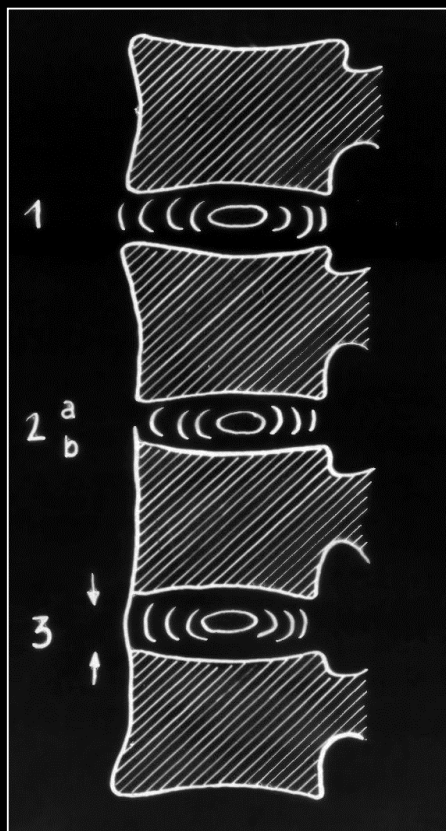
Syndesmophytes



Sacro-iliite



Pré - Syndesmophytes ?



Syndesmophytes



Enthésopathies inflammatoires → « Equarissement »



Pré - Syndesmophytes



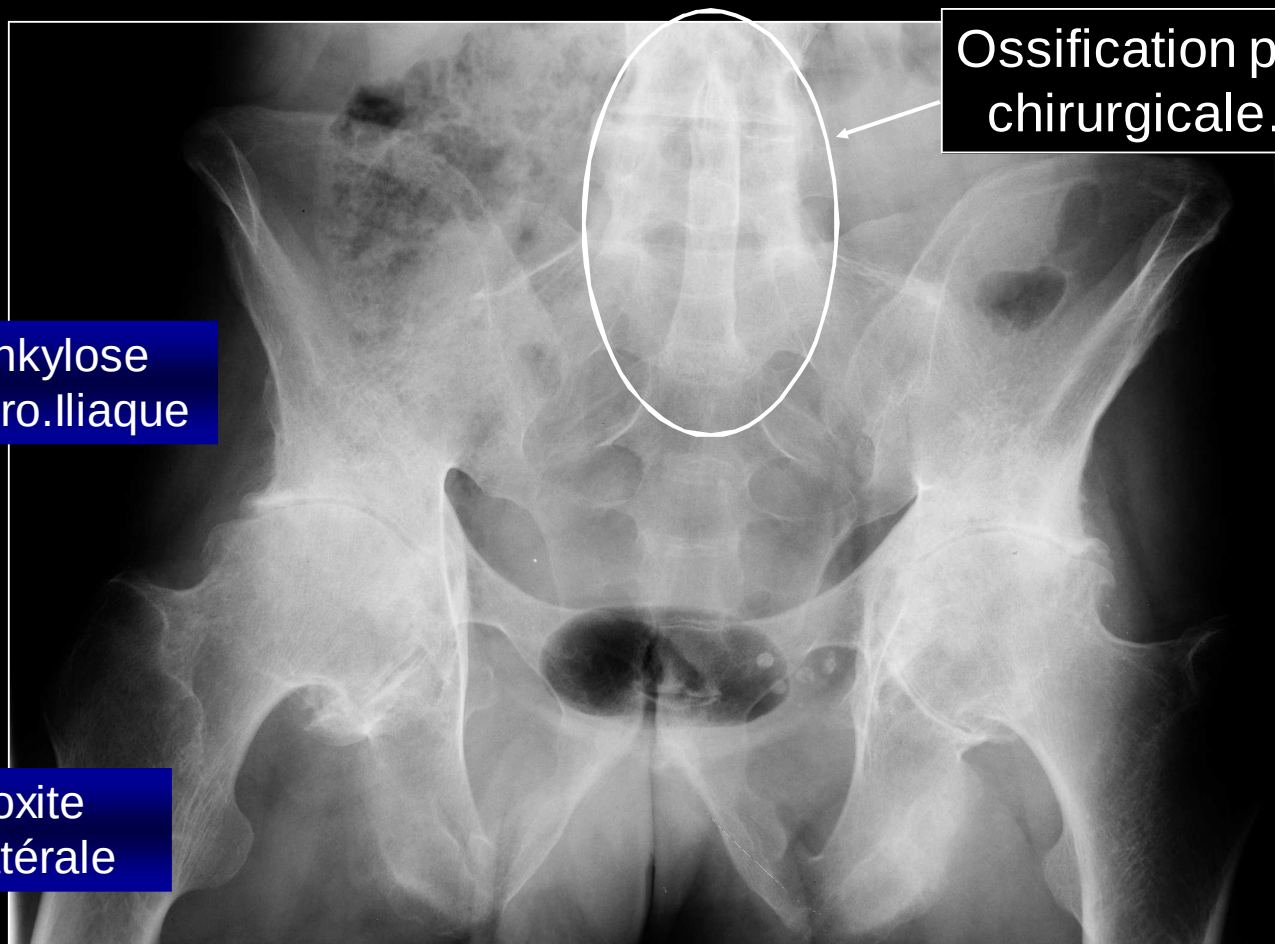
Syndesmophytes



Ankylose
Sacro.Iliaque

Coxite
bilatérale

Ossification post
chirurgicale...



Ne pas rater le
Diagnostic !



Enthésopathies inflammatoires



Erosions + hyperostose

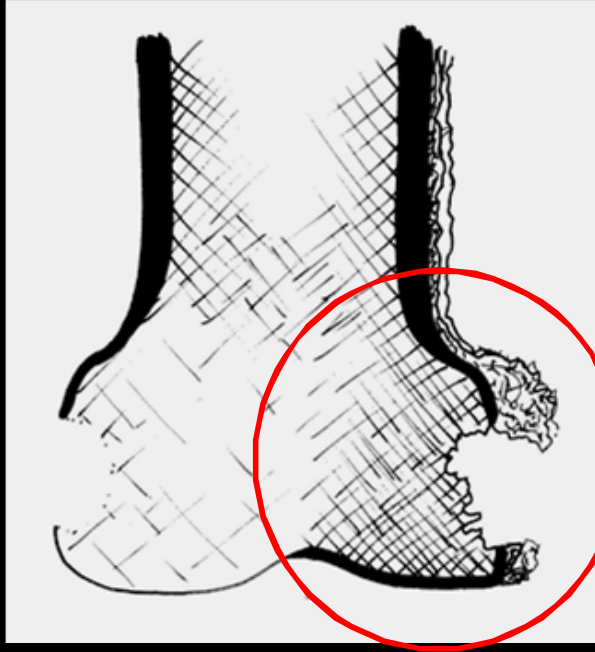


Enthésopathies inflammatoires



Erosions + hyperostose





Erosions hyperostosantes



Erosions hyperostosantes des spondylarthropathies



Erosions atrophiques de la PR

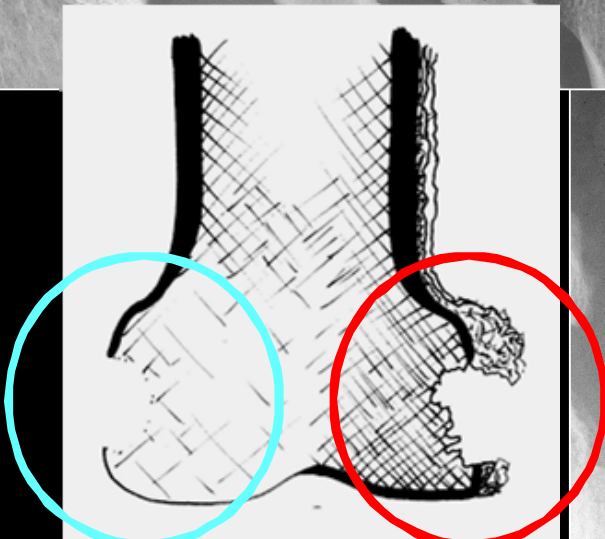


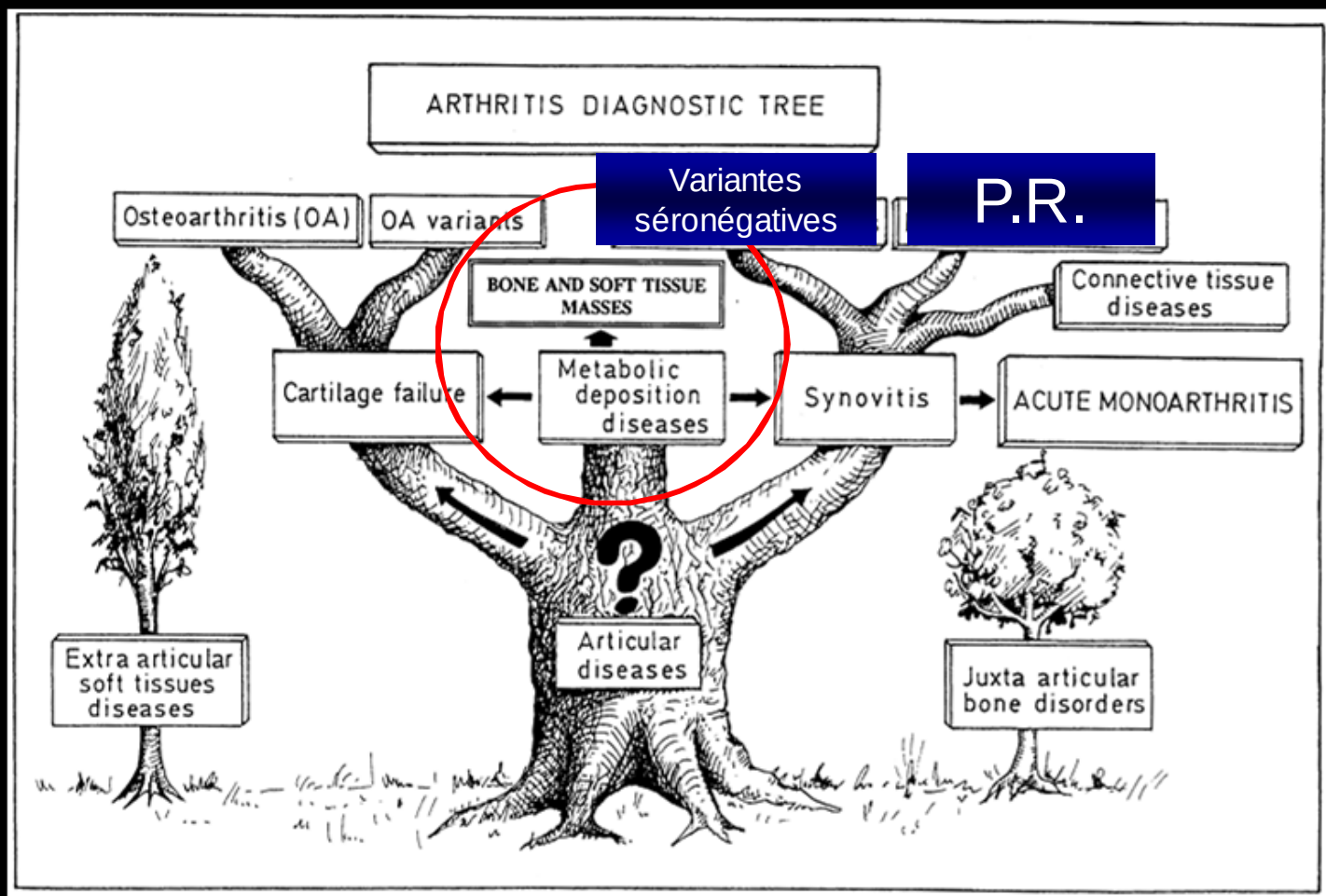
PR

Variante
séro-négative

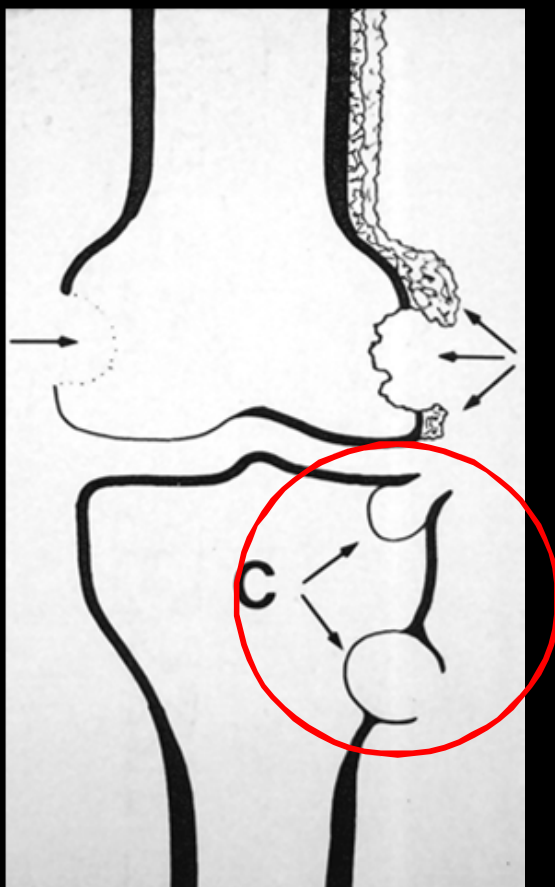


3C





Encoches expansives de la goutte



4C

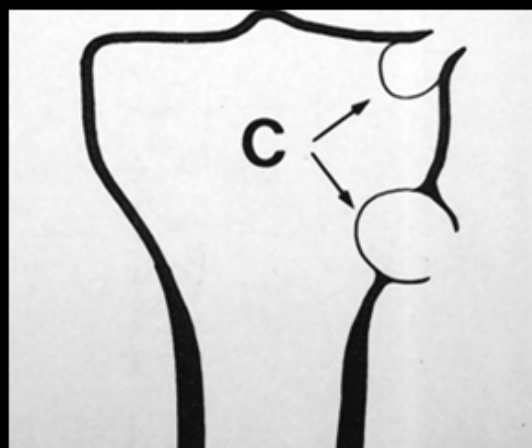


Erosions atrophiques polyarthrite rhumatoïde

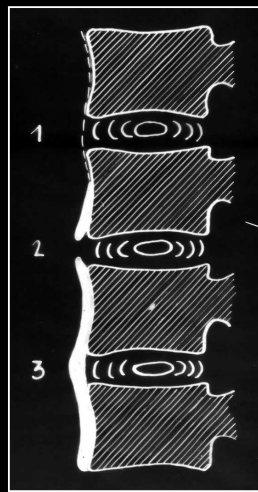


Erosions hyperostosantes spondylarthropathies

Encoches expansives de la goutte



4C

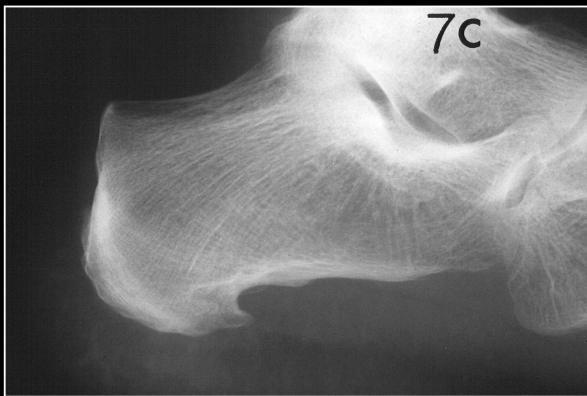


En
Résumé

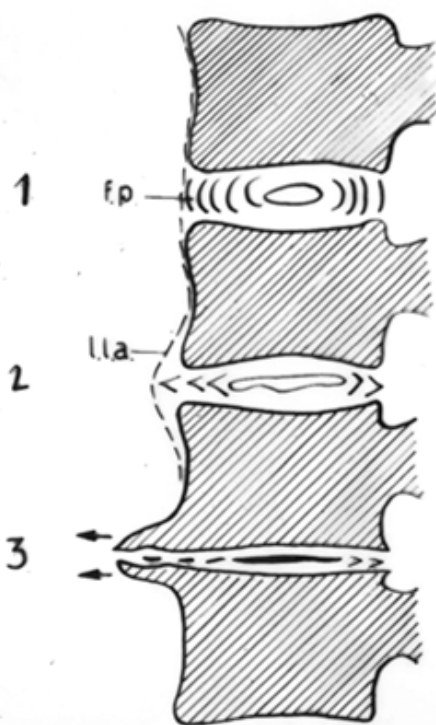


Dégénératif

Inflammatoire

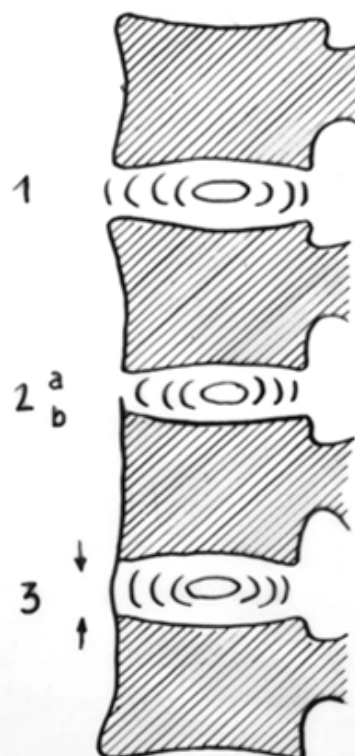


En Résumé : Rachis



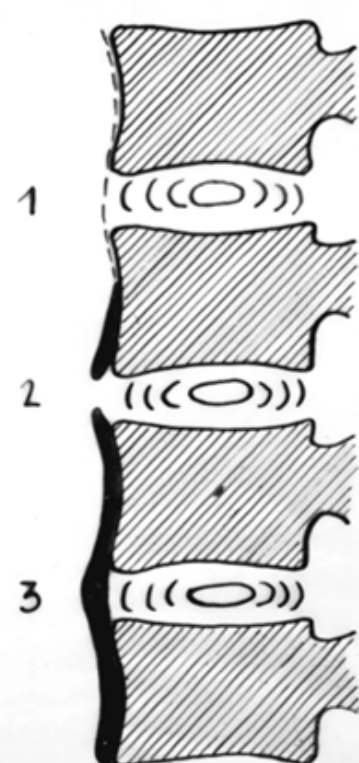
A

Arthrose



B

SPA



C

Forestier

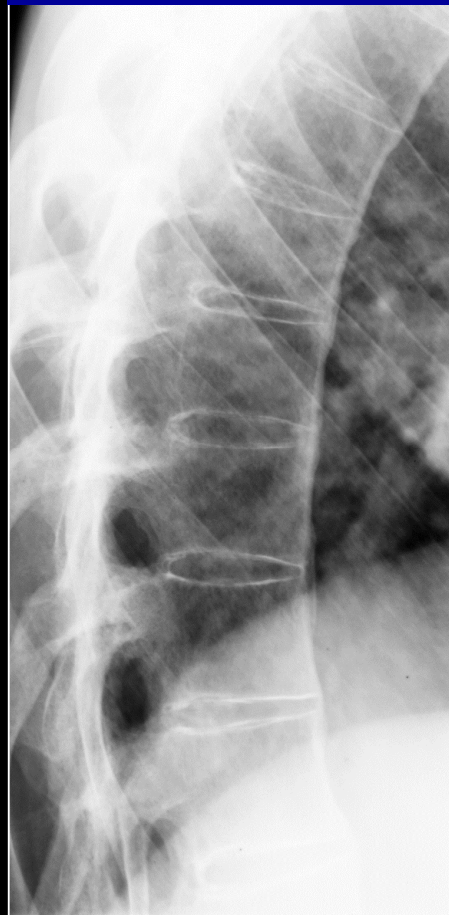
Ostéophytes



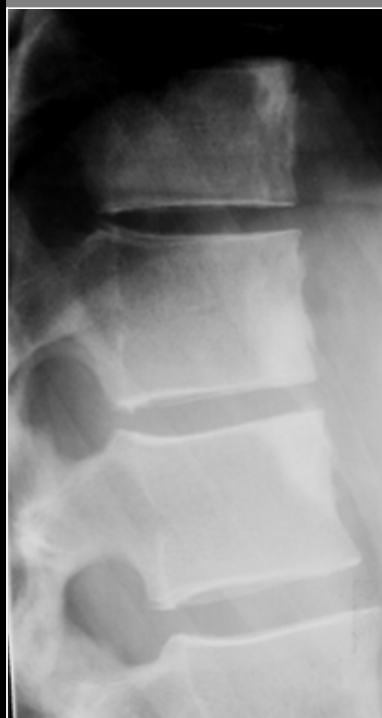
Lig Long Ant.



Syndesmophytes



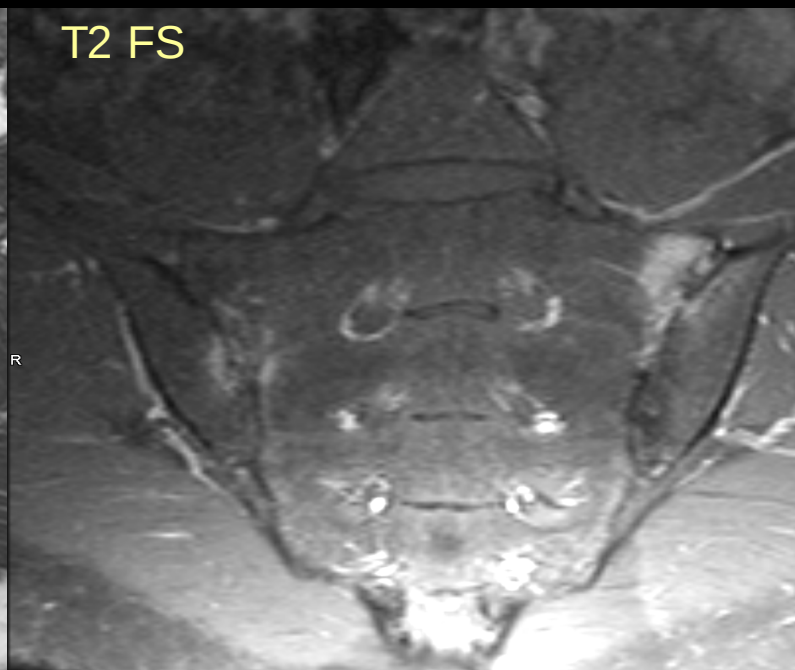
Origine commune
des lésions?



M.40Y, Pain
upper thighs



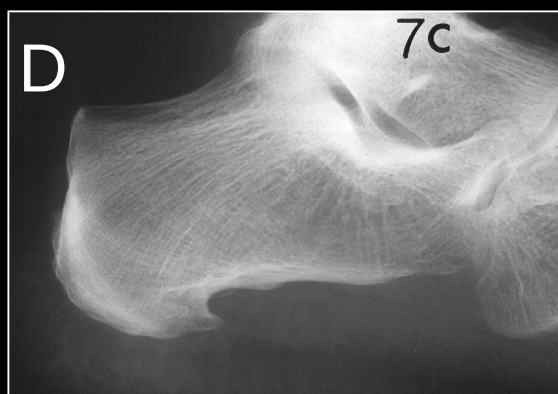
INFLAMMATION



Origine commune des lésions?



Une de ces lésions est Typique de SPA...



A? B? C?
D? E?



Origine
de cette lésion

Tassement spontané
de C4. Origine ?

- A. Ostéopénique
- B. Infectieuse
- C. Tumorale
- D. Métabolique
- E. Inflammatoire

