DES Radiodiagnostic

Secteur de Neuroradiologie

Imagerie des rochers

Paquet
Acoustico-
Facial

VII → Paralysie faciale

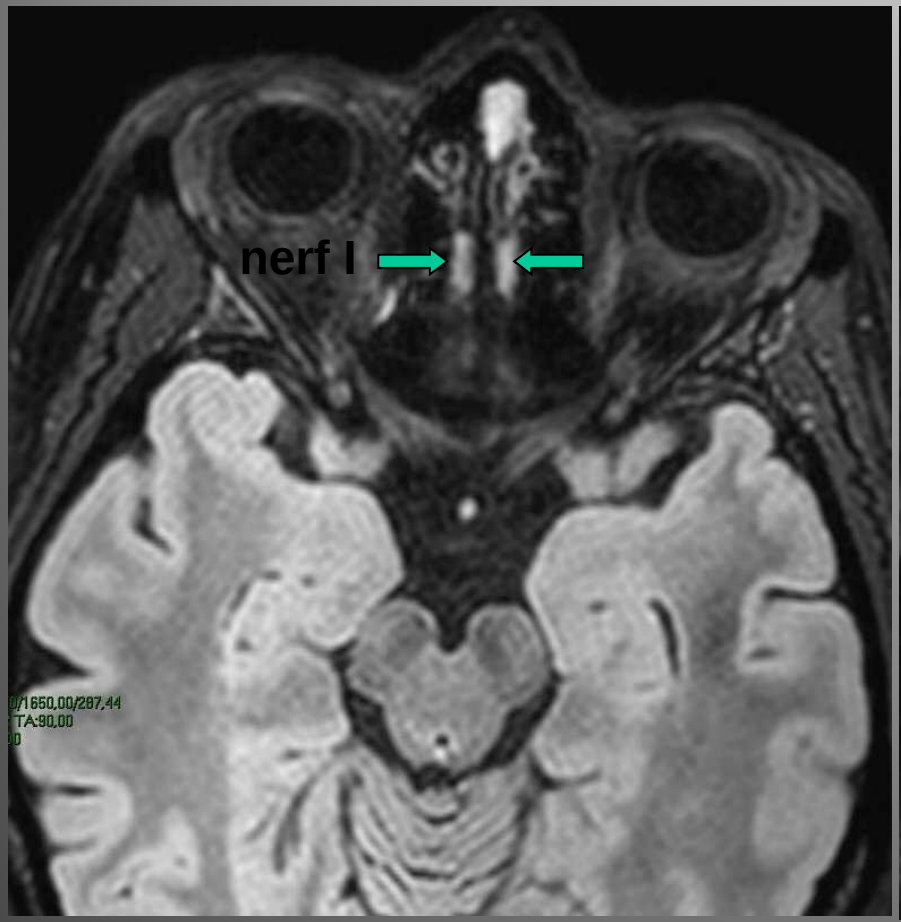
VIII → Rocher ‘otologique’

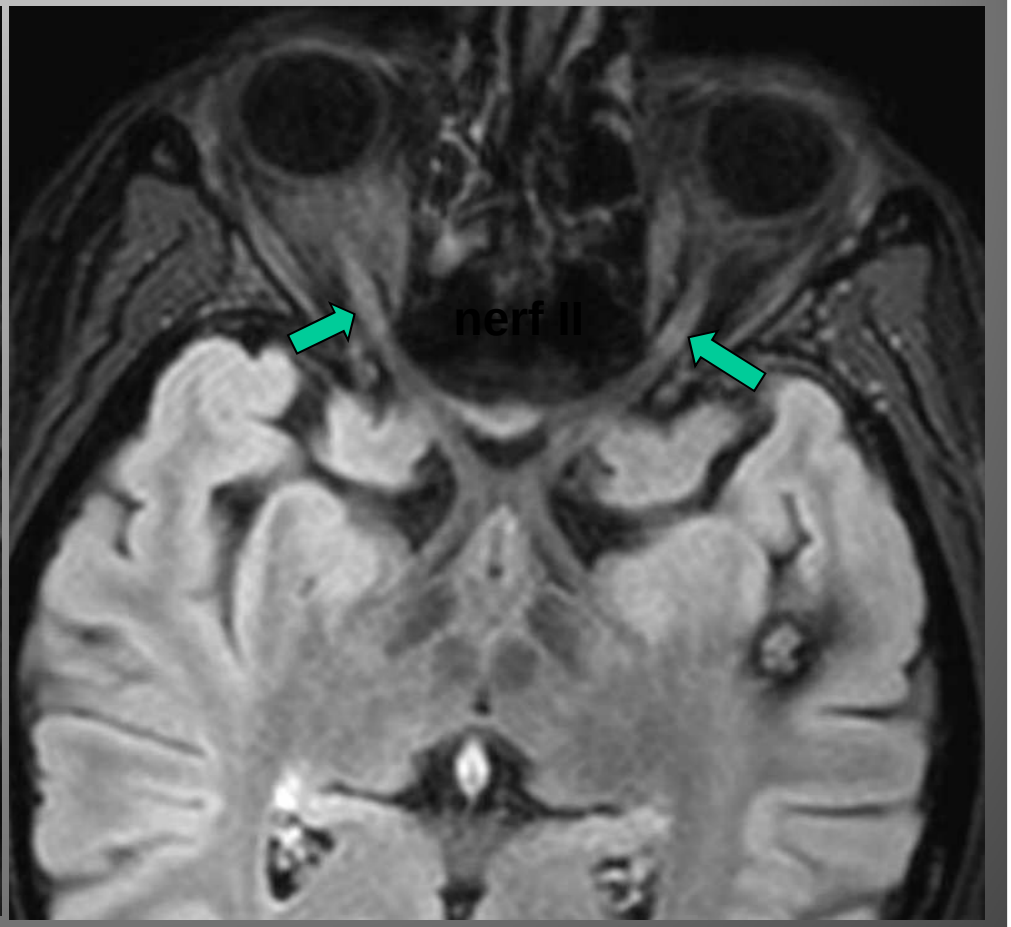
Dr Thierry Duprez

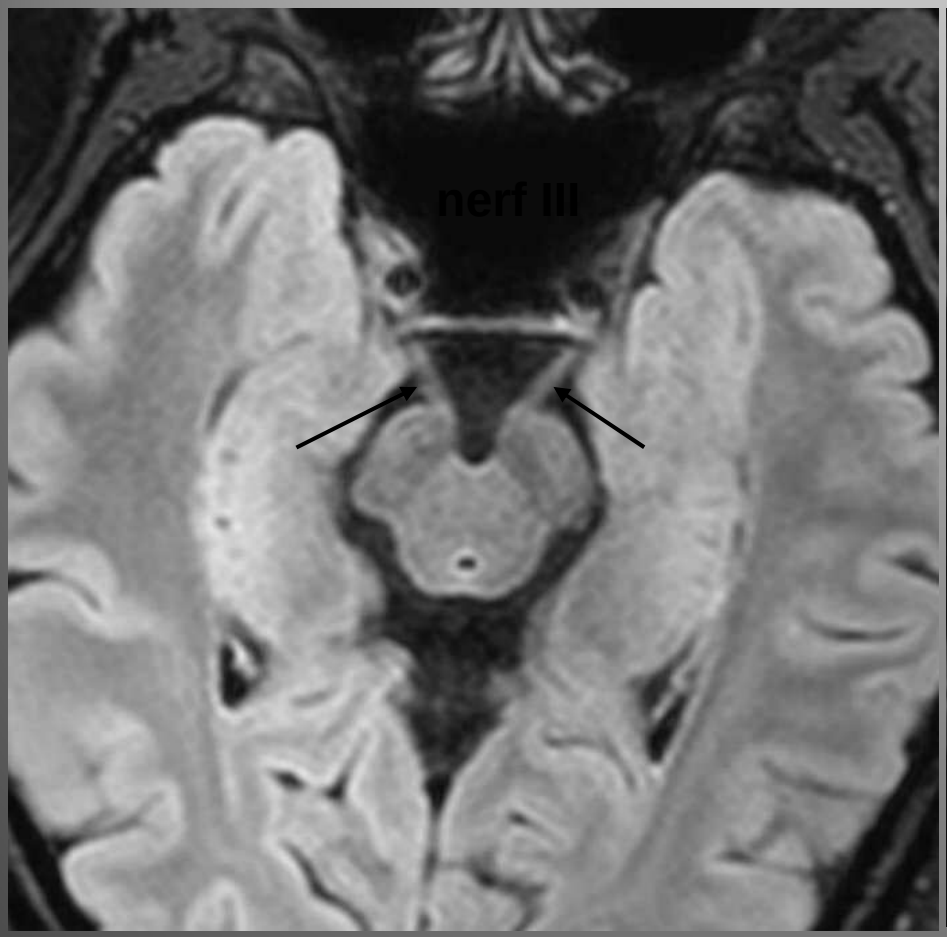
11.12.2015
UCL-St-Luc

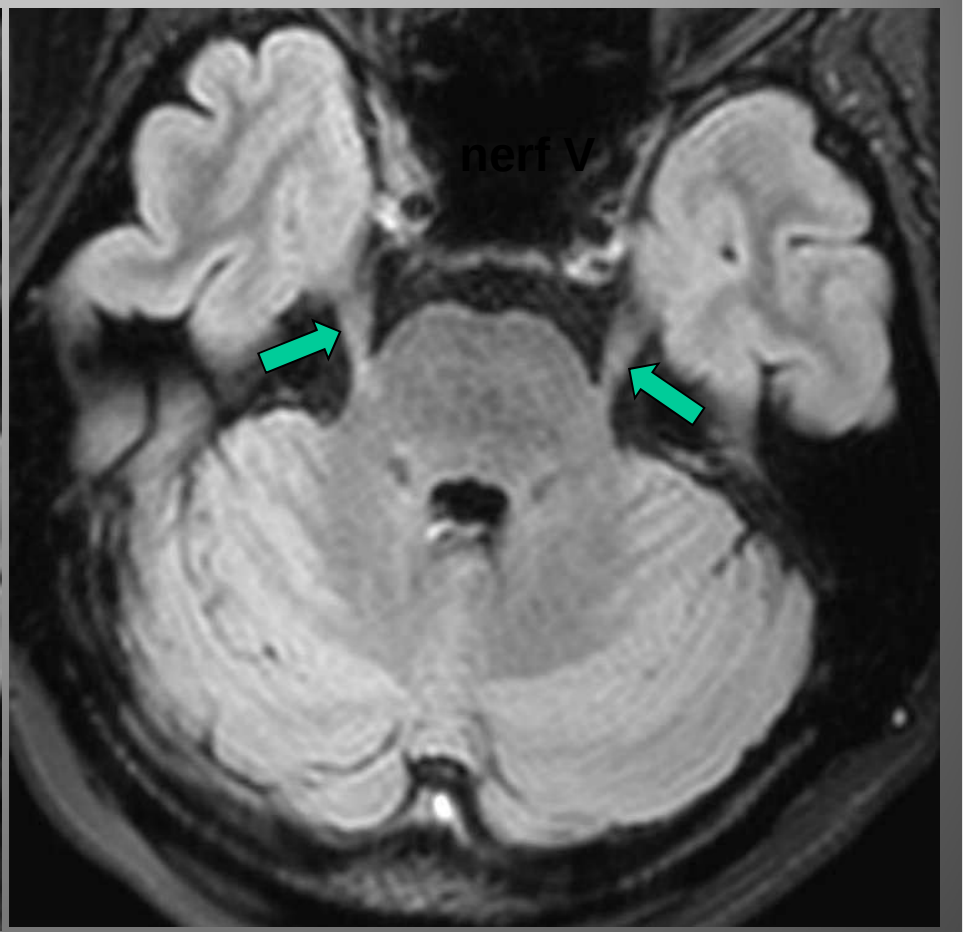
Nerfs crâniens

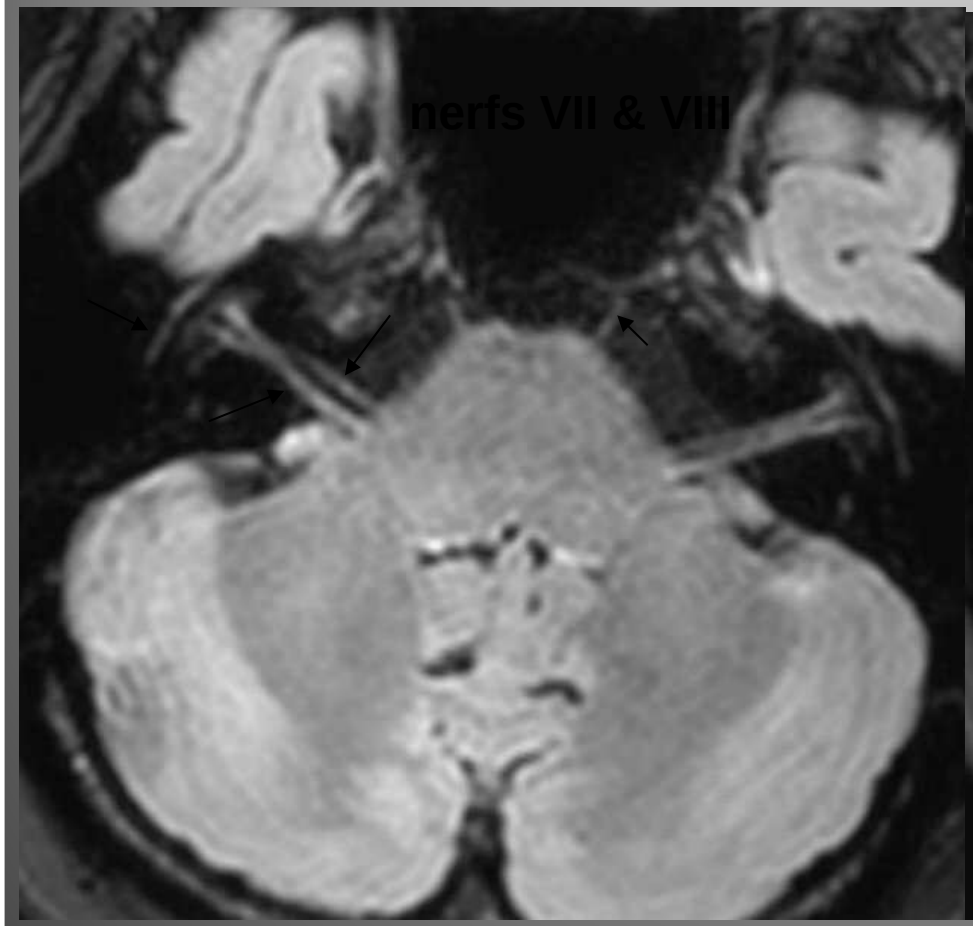
Au départ d'un 3D FLAIR-Vista

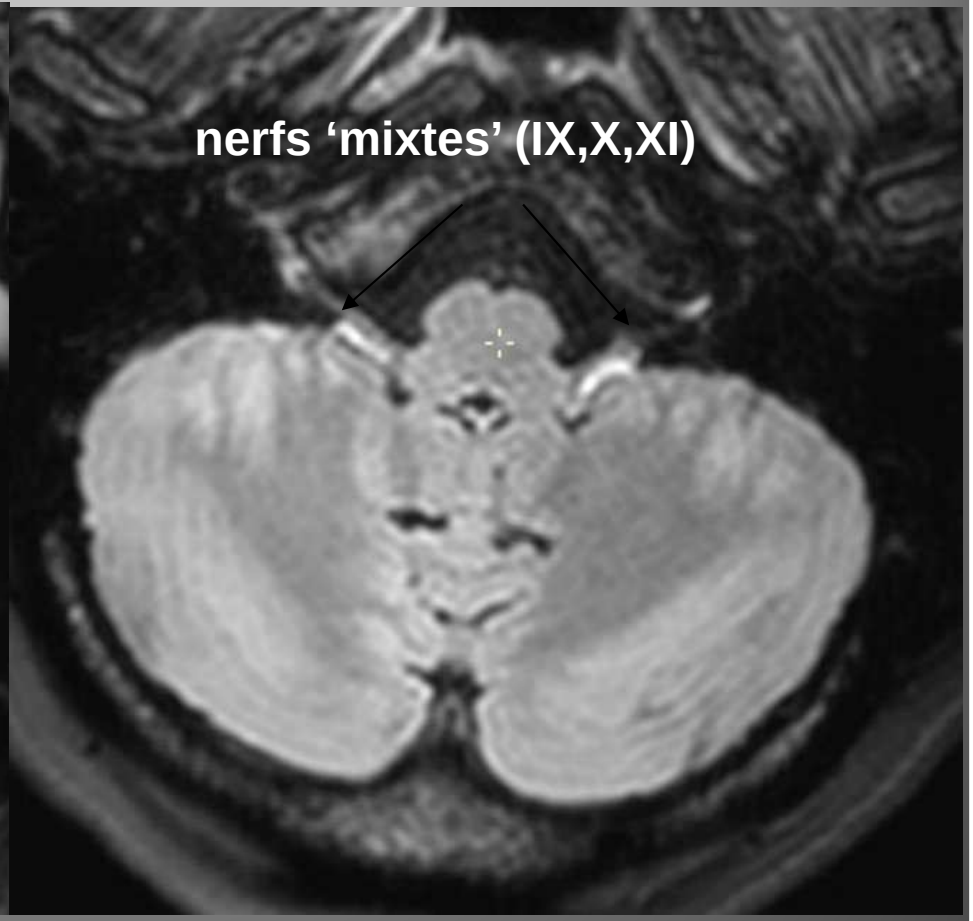




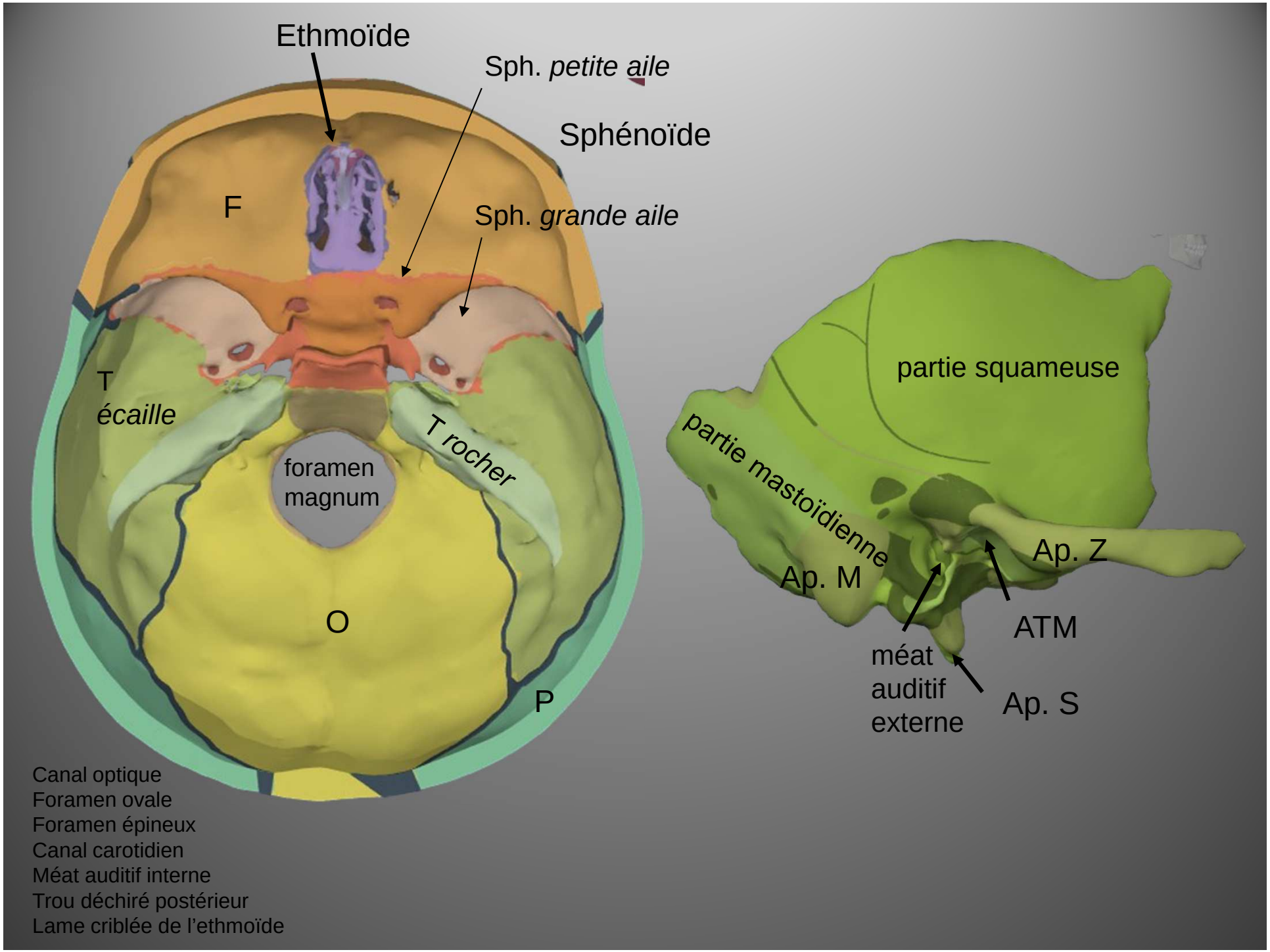

nerf III


nerf V

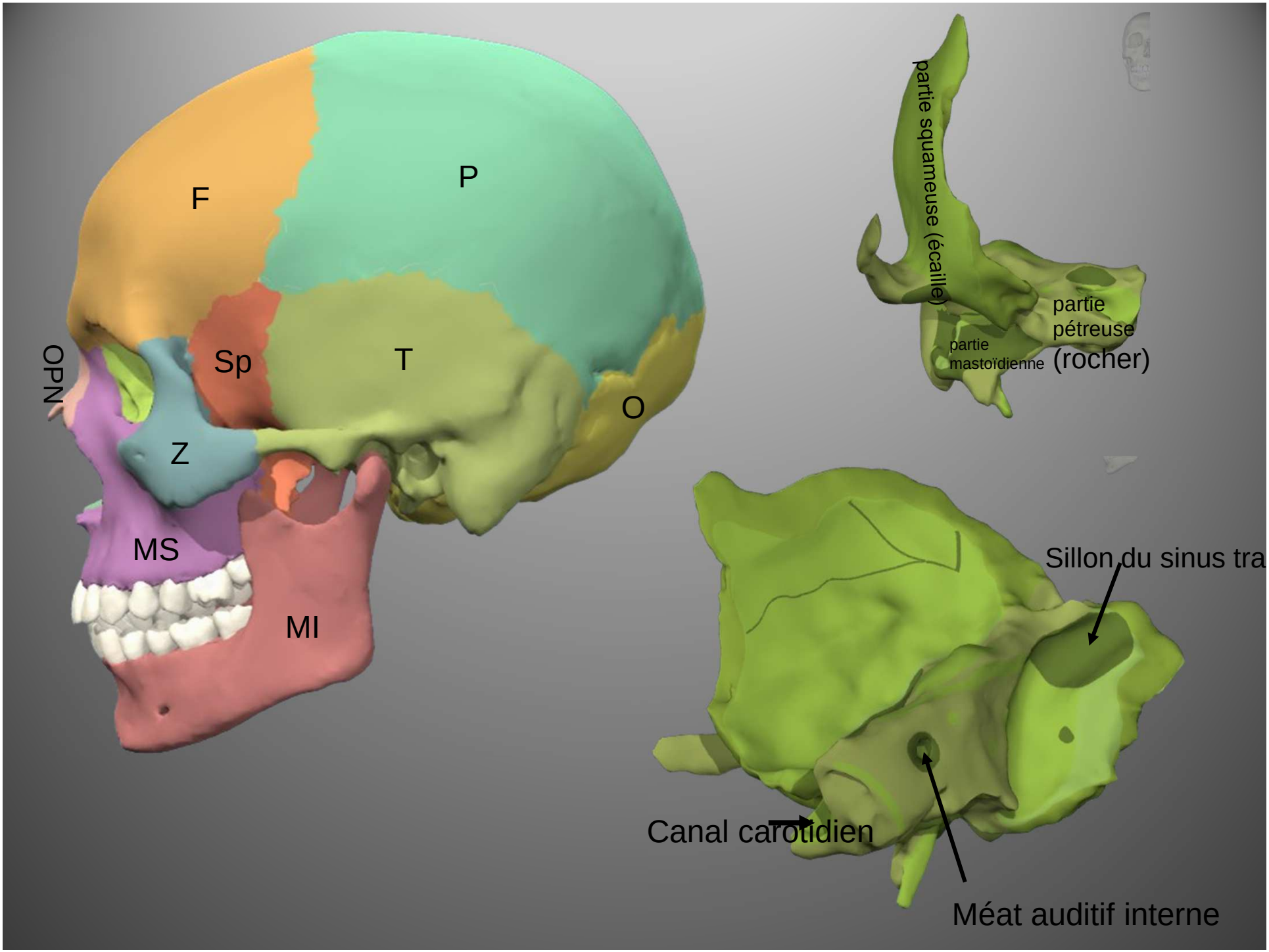




Paquet accoustico-facial

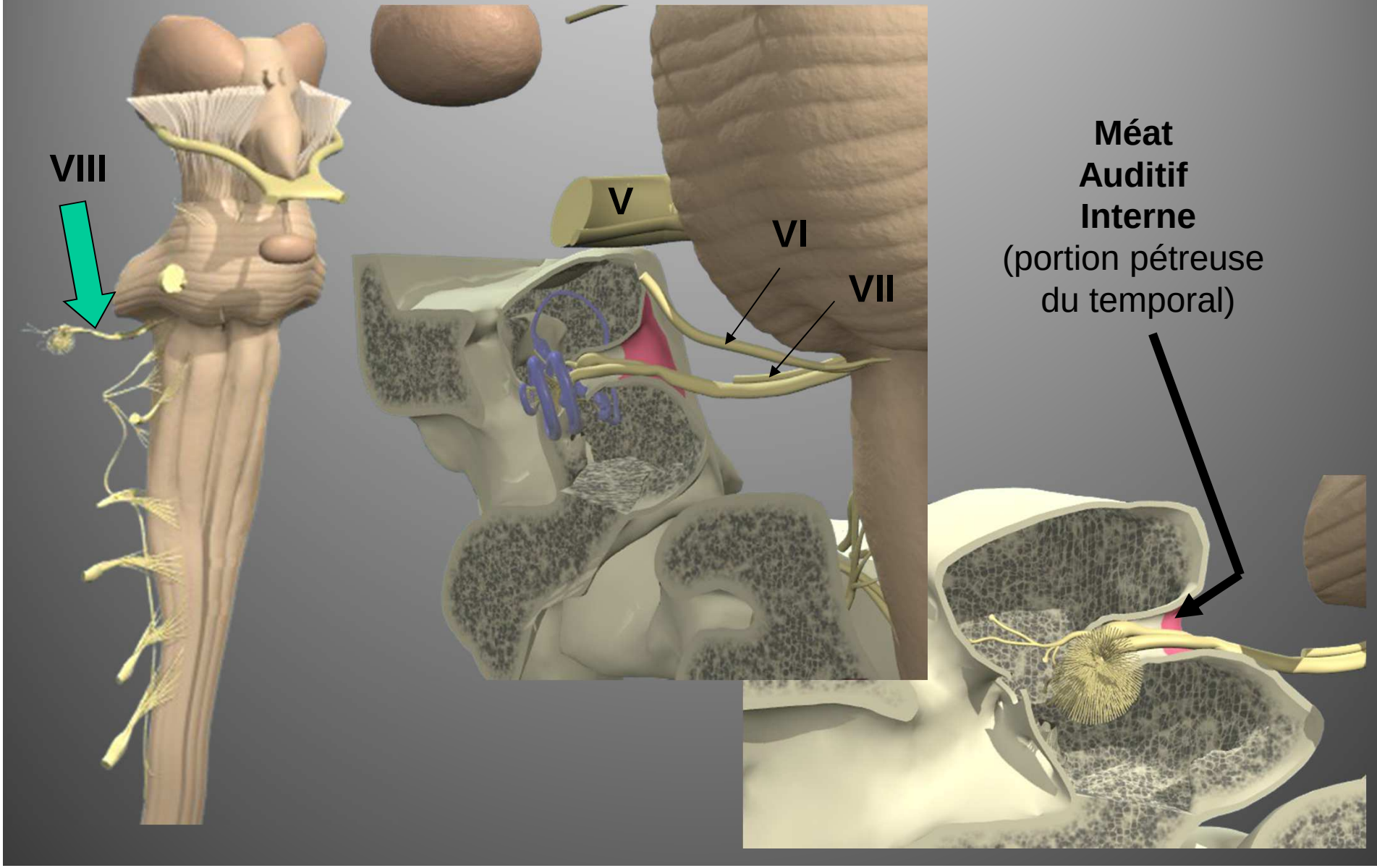


Canal optique
Foramen ovale
Foramen épineux
Canal carotidien
Méat auditif interne
Trou déchiré postérieur
Lame criblée de l'ethmoïde

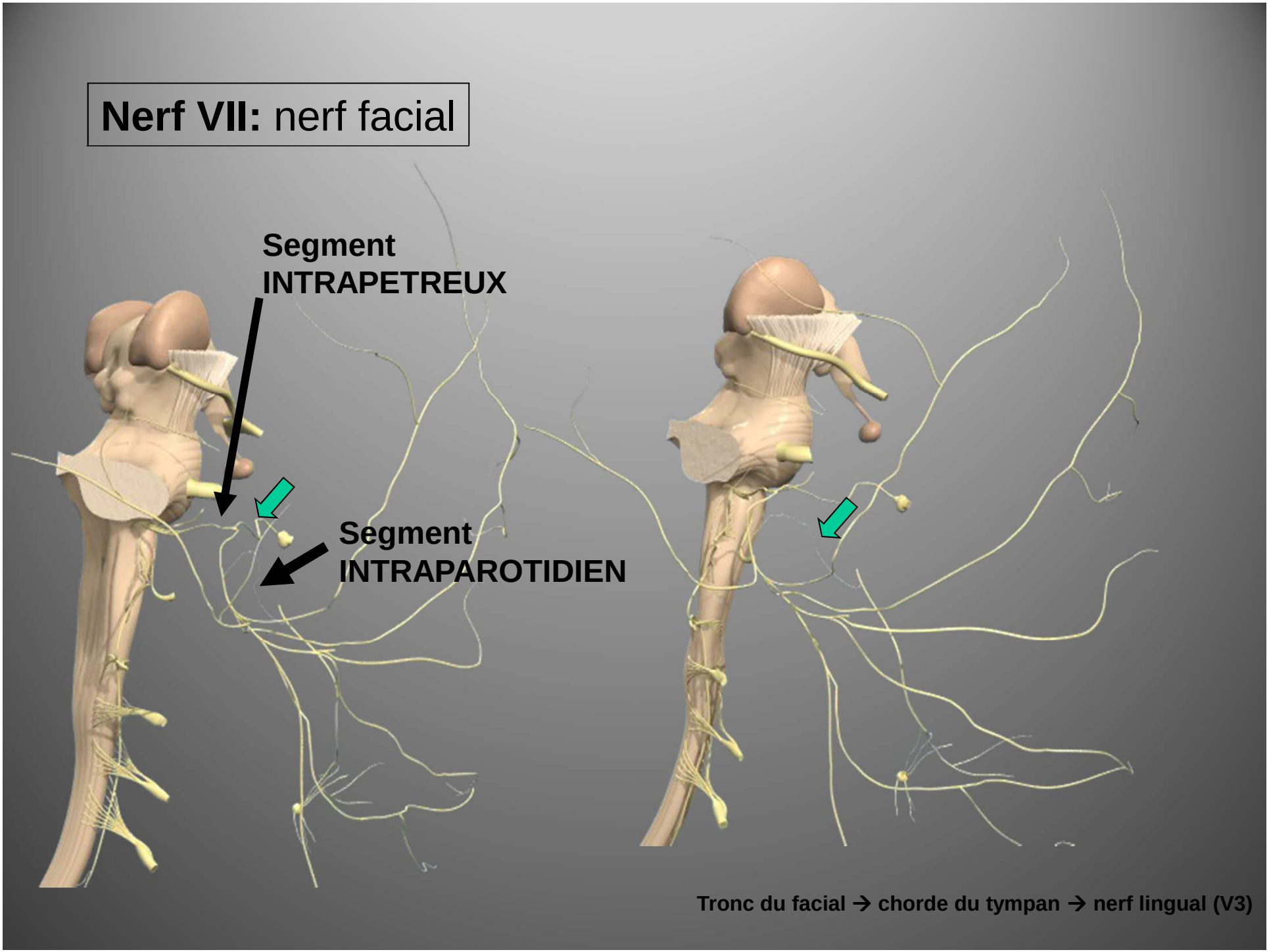

F
P
Sp
T
O
OPN
Z
MS
MI
partie squameuse (écaille)
partie pétreuse (rocher)
partie mastoïdienne
Sillon du sinus tra
Canal carotidien
Méat auditif interne

Audition - équilibre

Nerf VIII *nerf vestibulo-cochléaire*



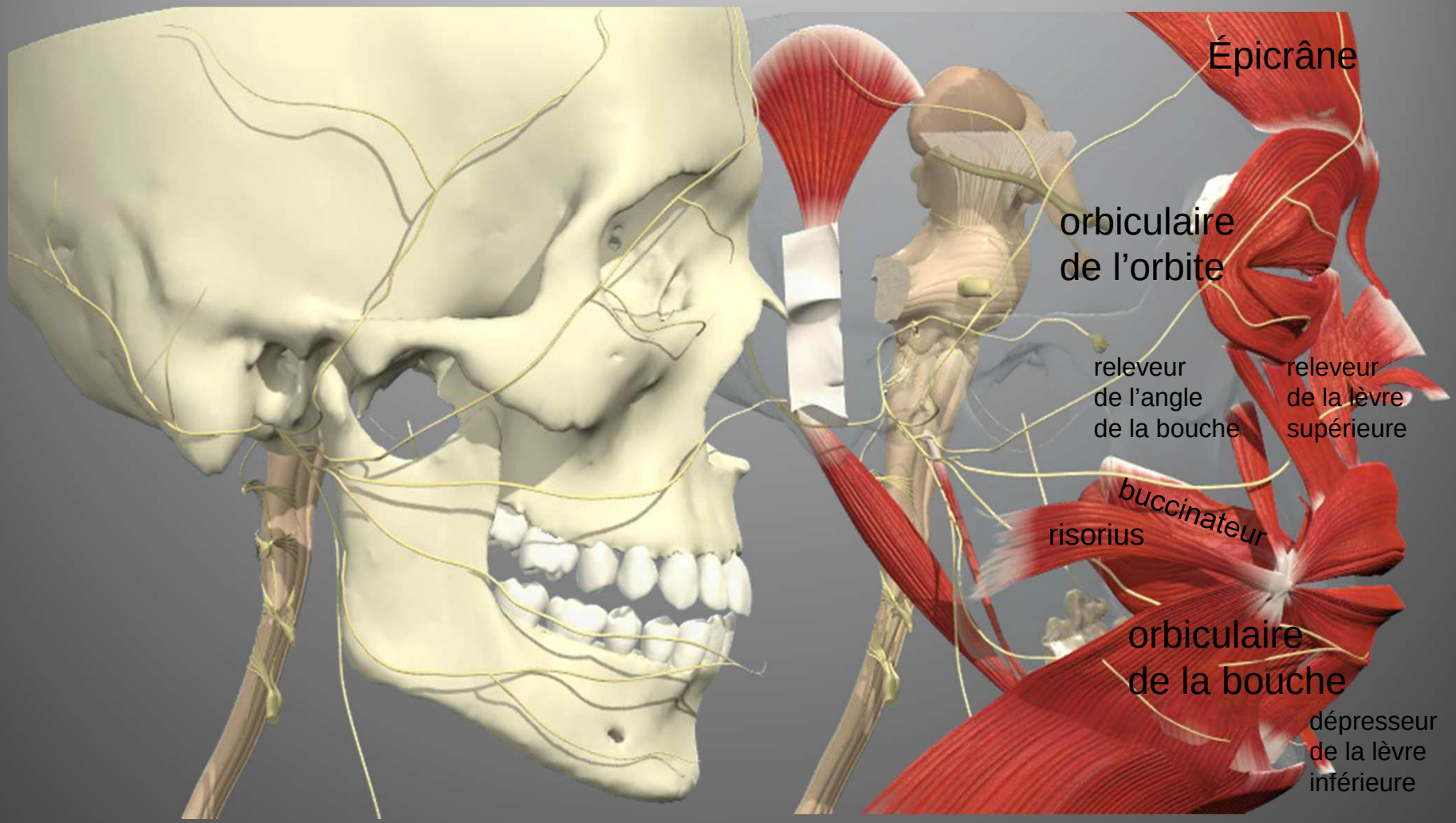
Nerf VII: nerf facial



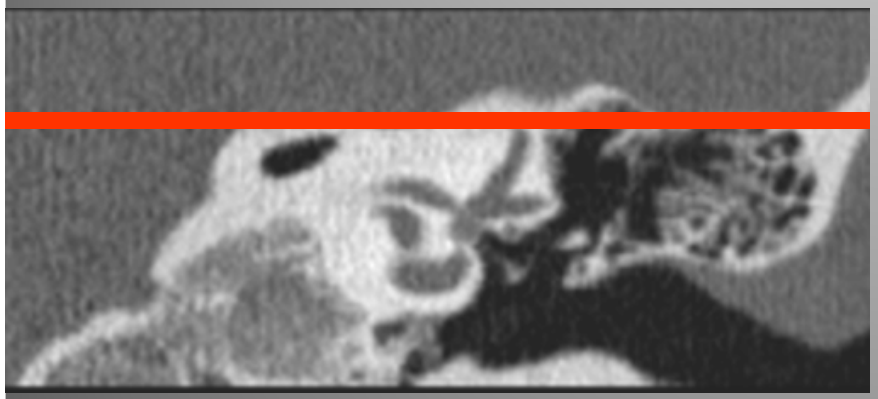
Tronc du facial → chorde du tympan → nerf lingual (V3)

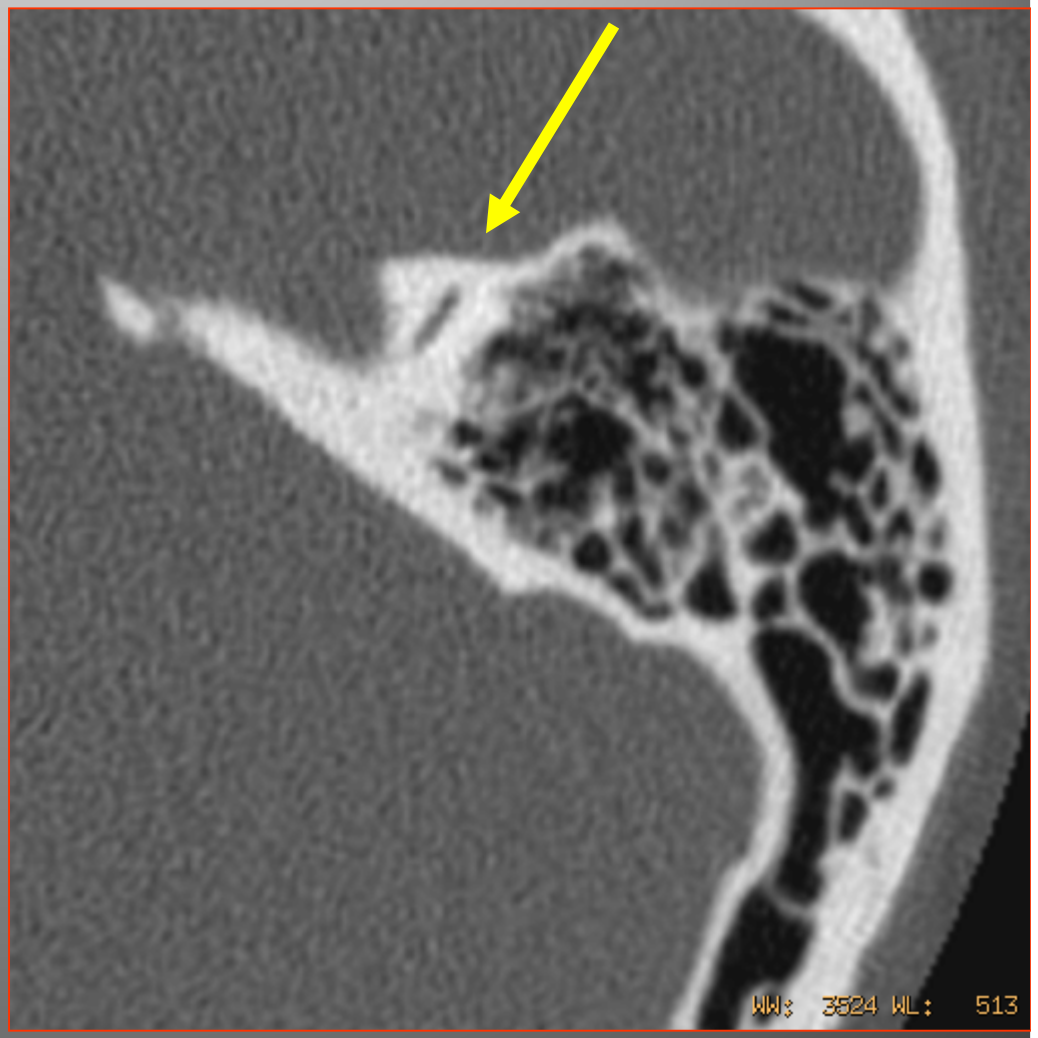
VII

Motricité de la face

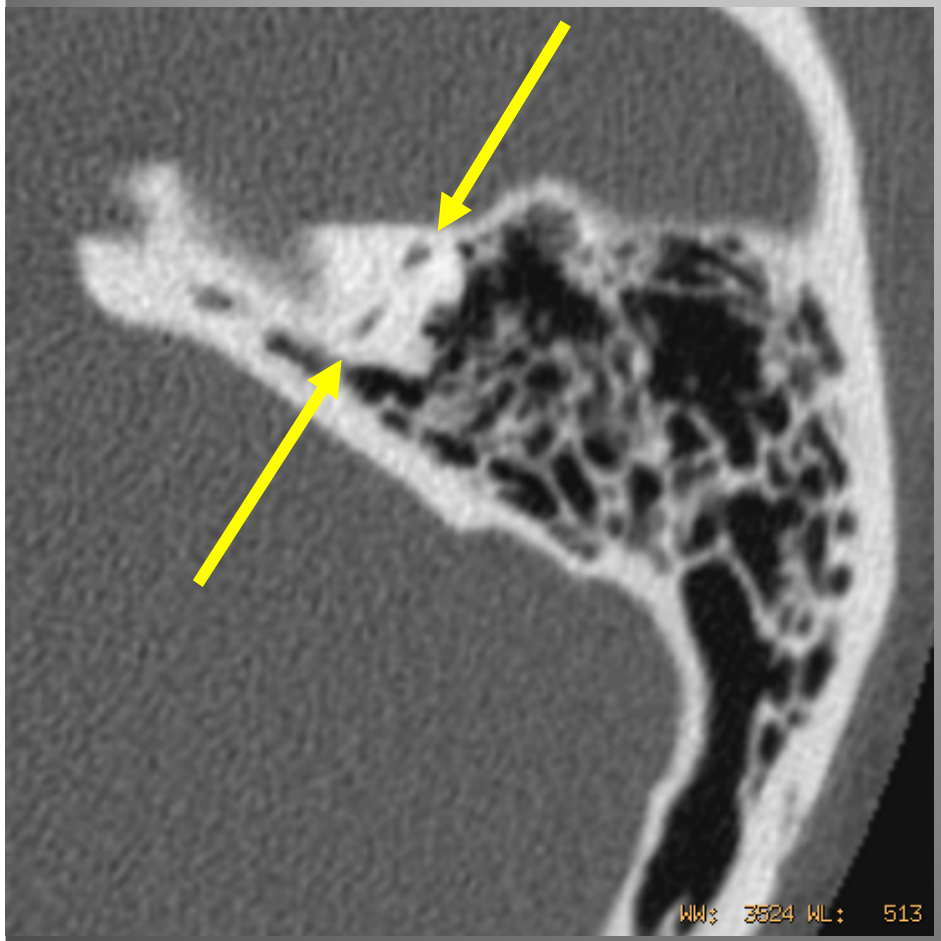


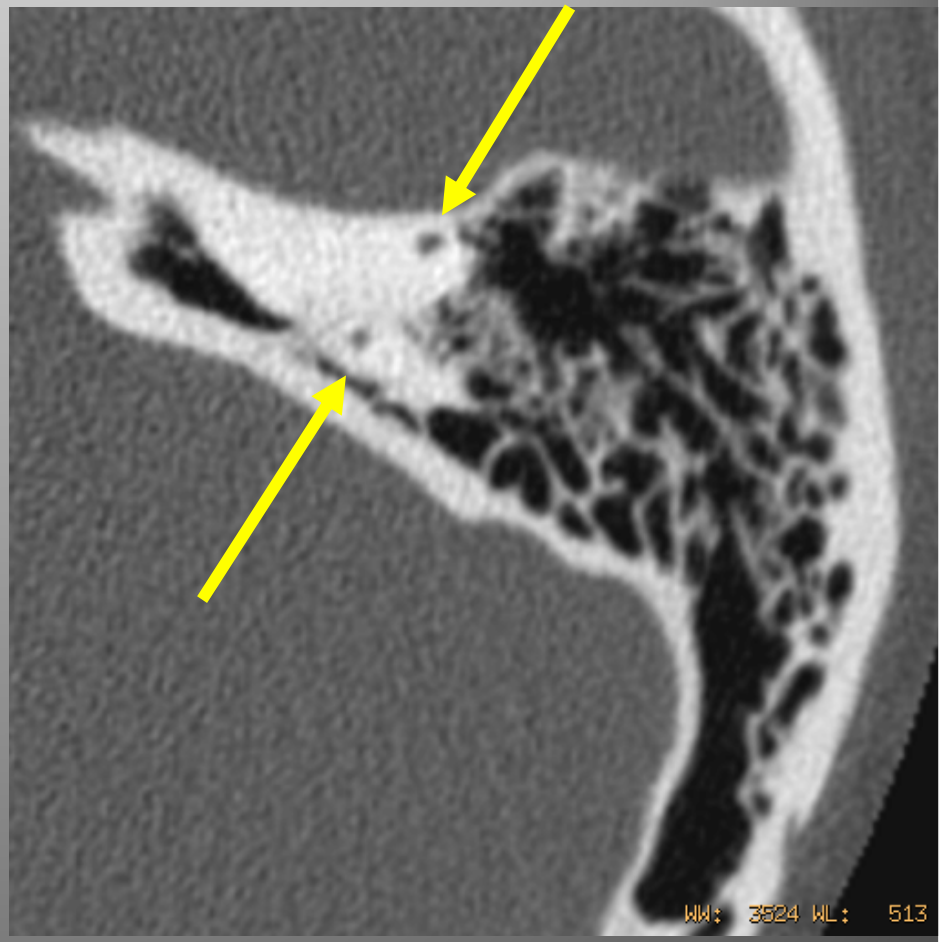
Canal semi circulaire supérieur



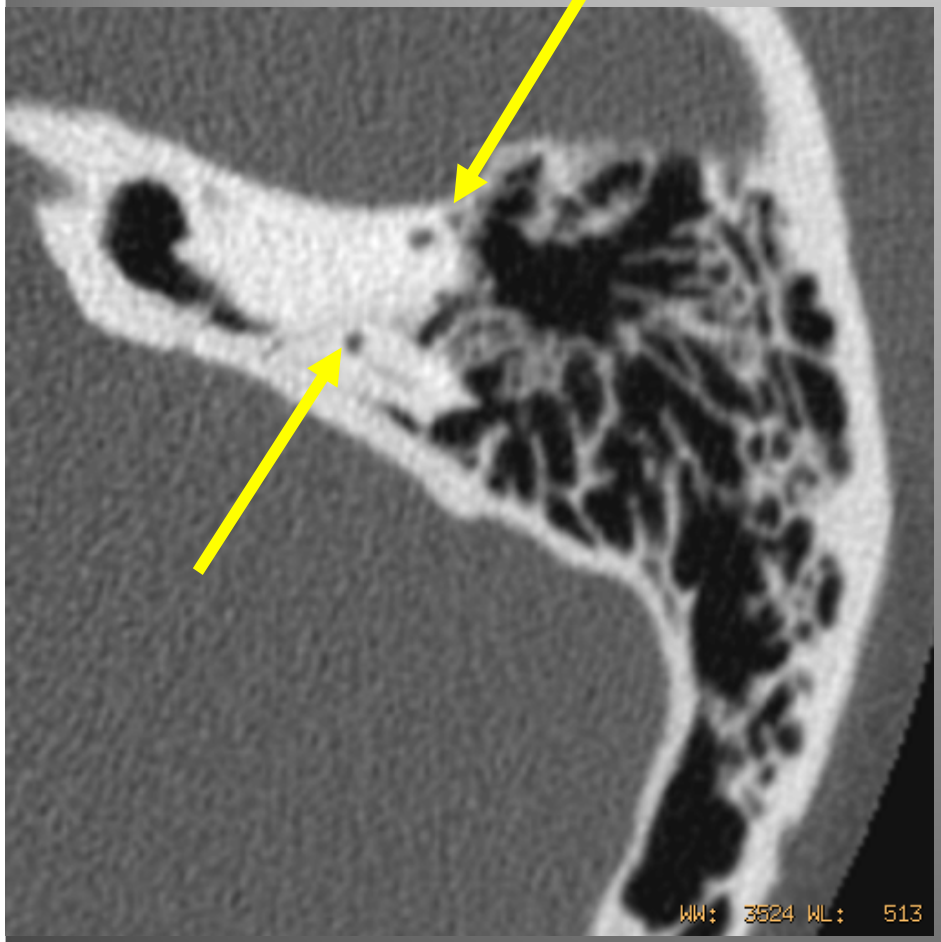


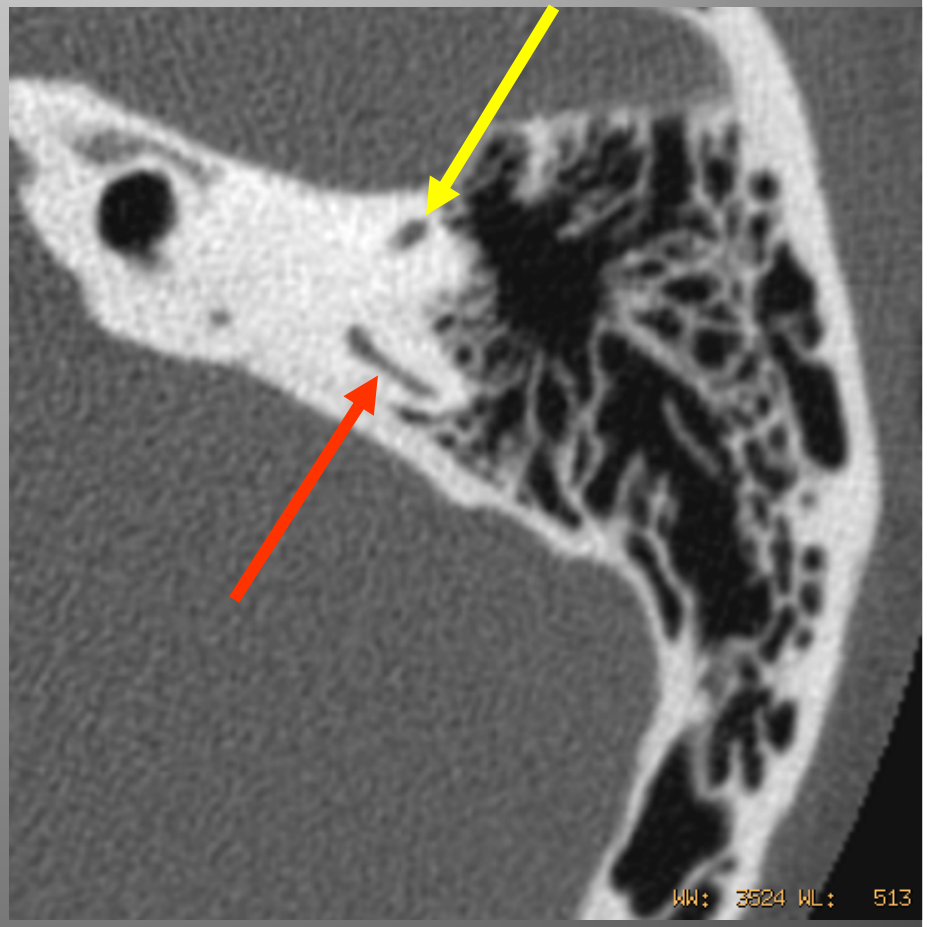
Canal semi circulaire supérieur





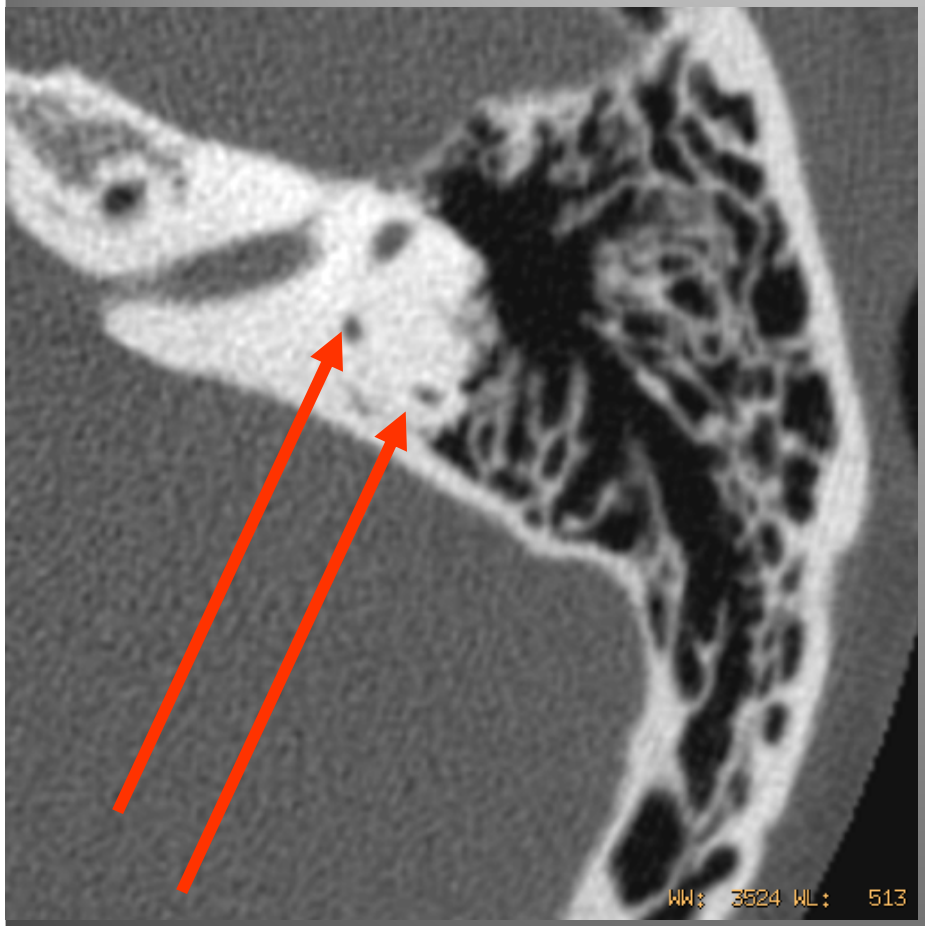
Canal semi circulaire supérieur

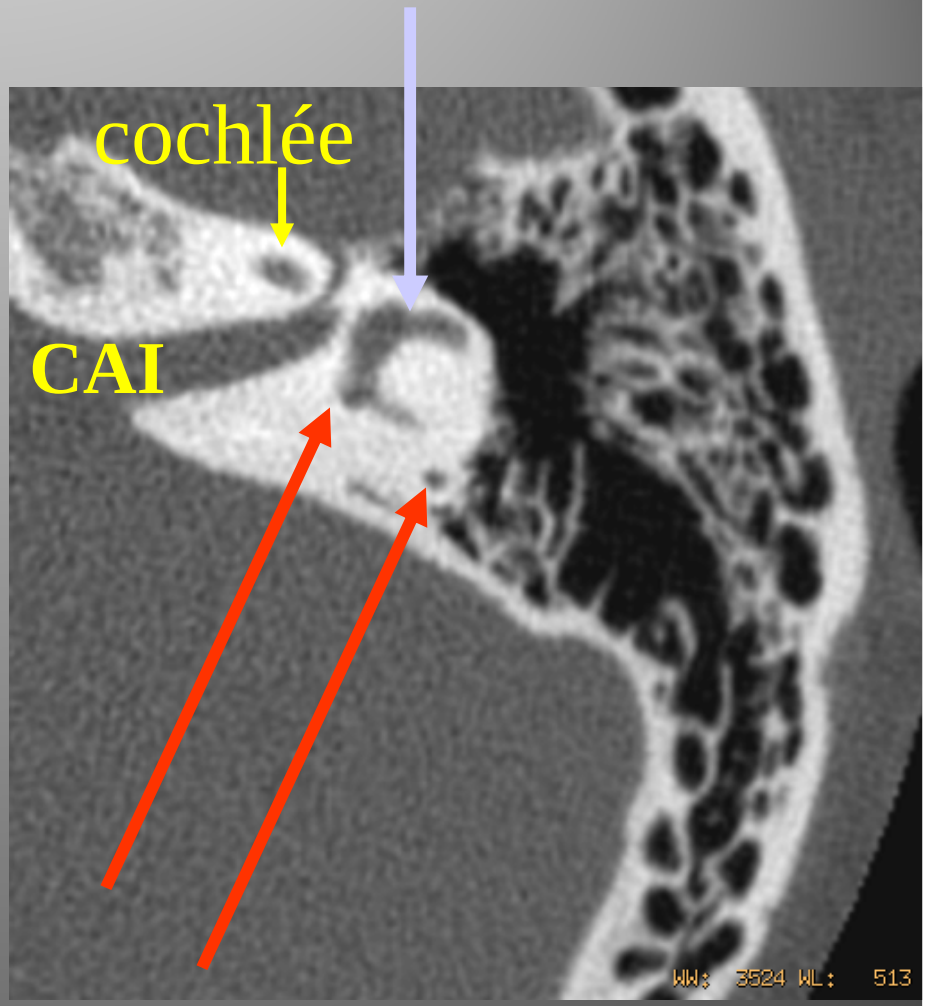




Canal semi circulaire postérieur

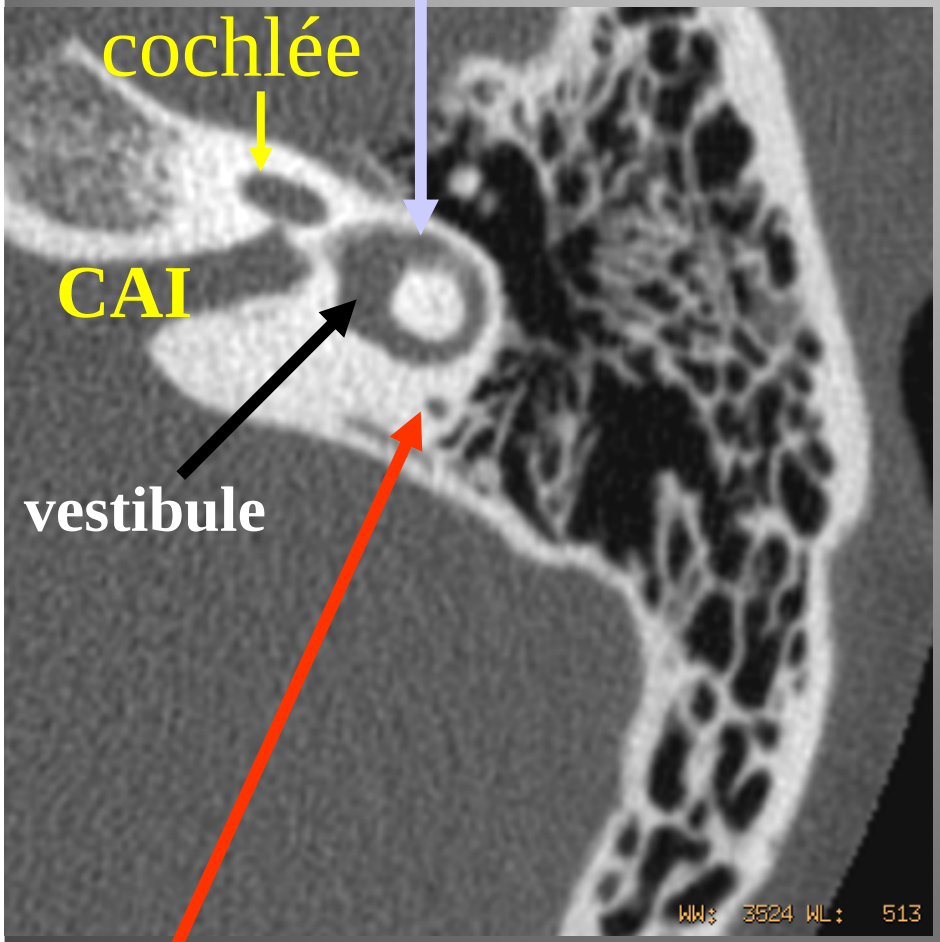
Canal semi circulaire latéral ou externe

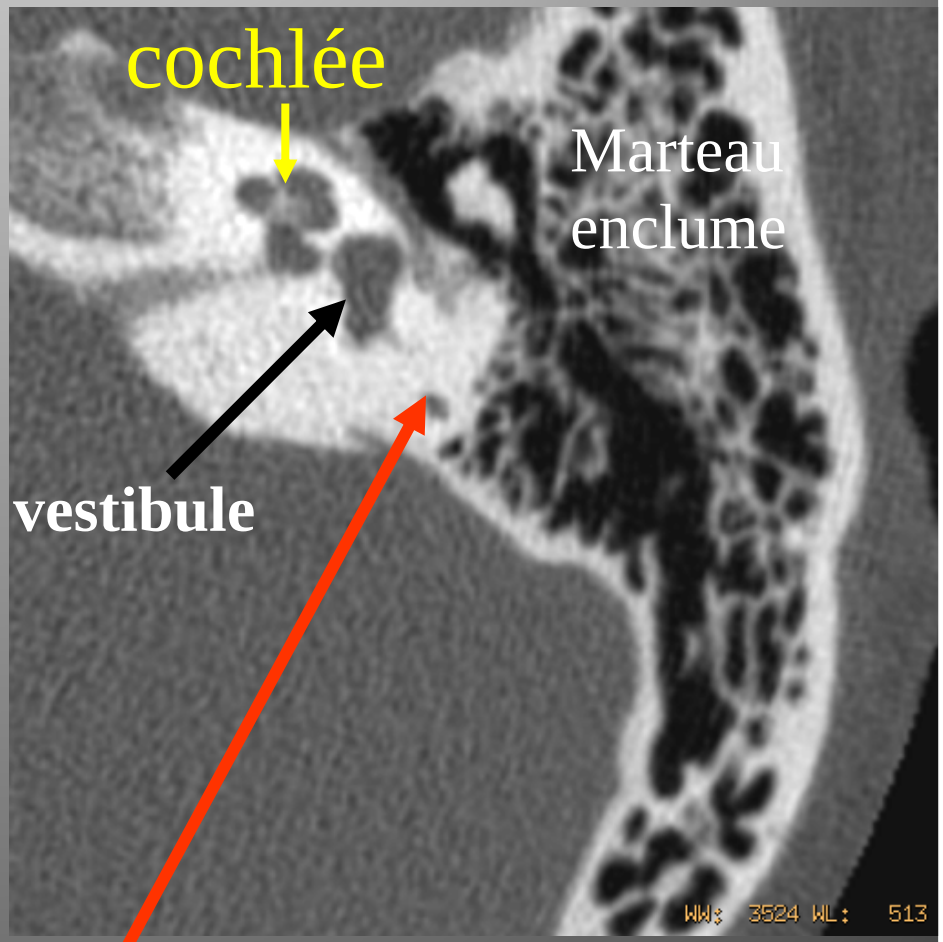




Canal semi circulaire postérieur

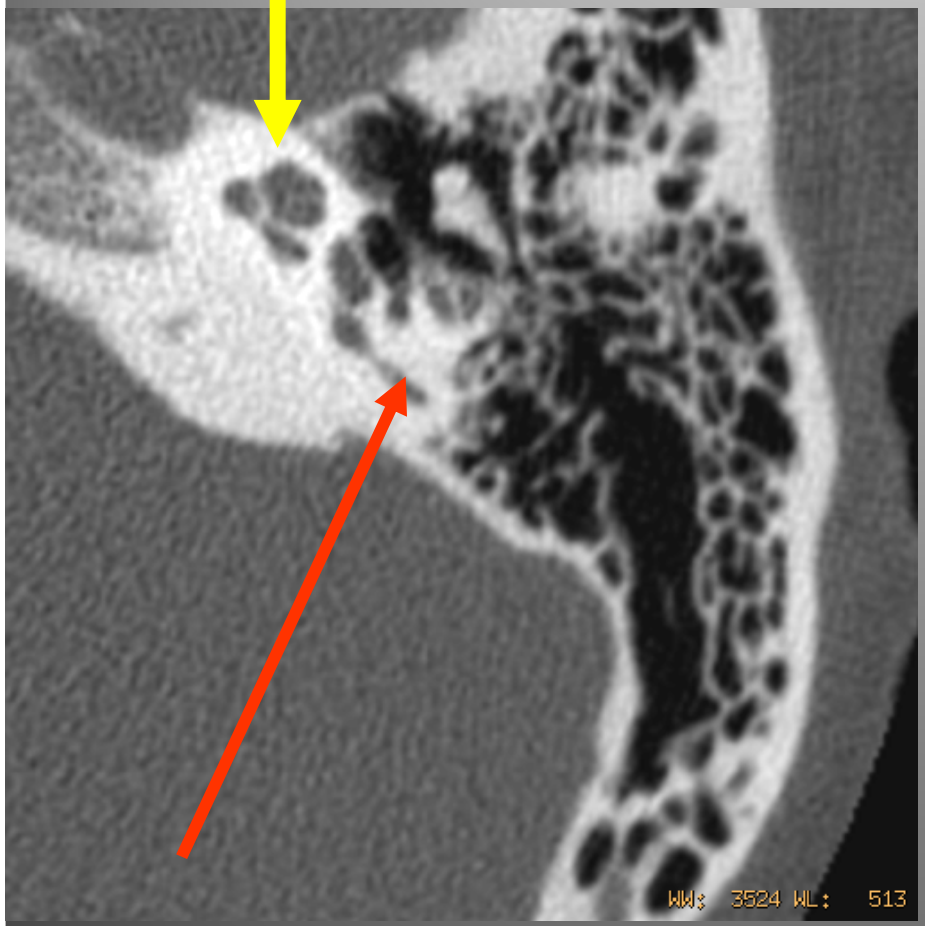
Canal semi circulaire latéral ou externe



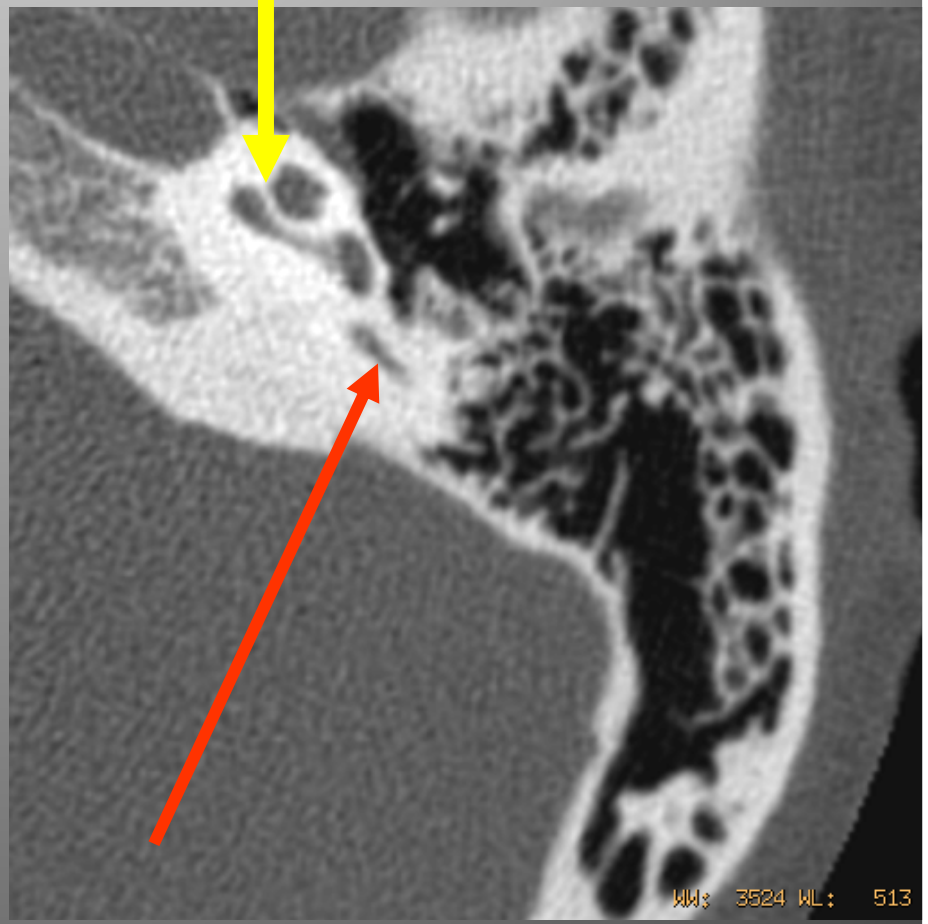


Canal semi circulaire postérieur

cochlée

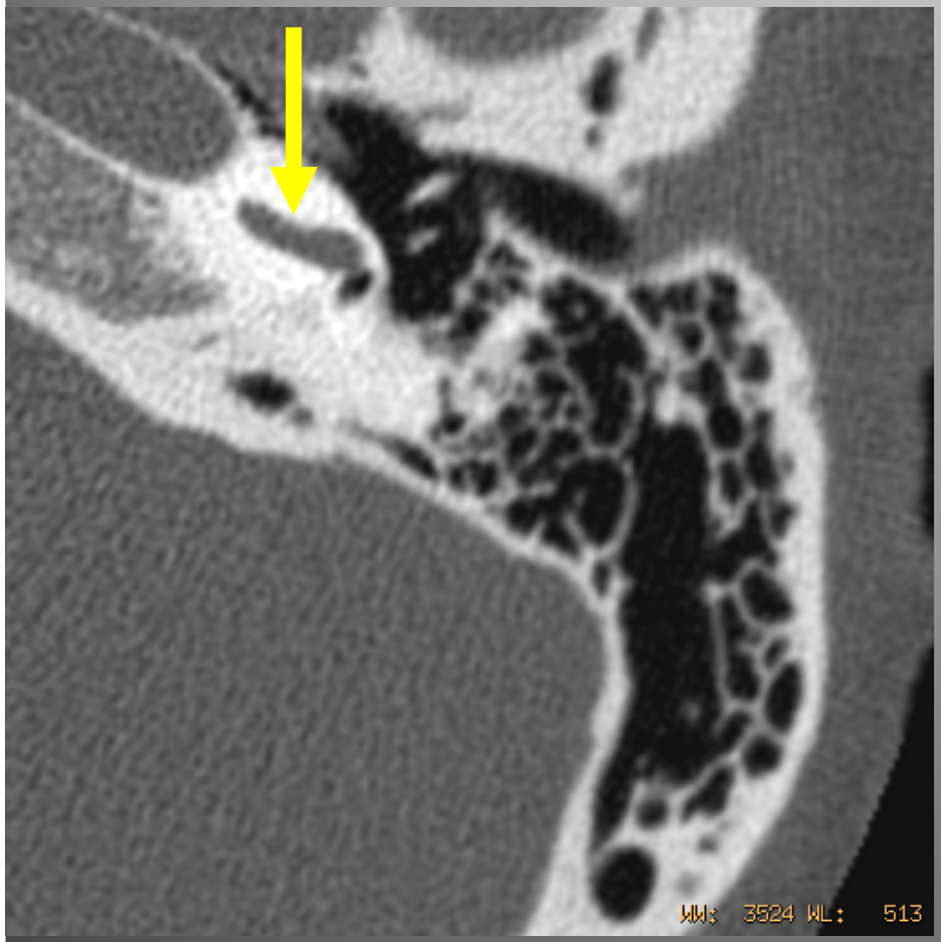


cochlée

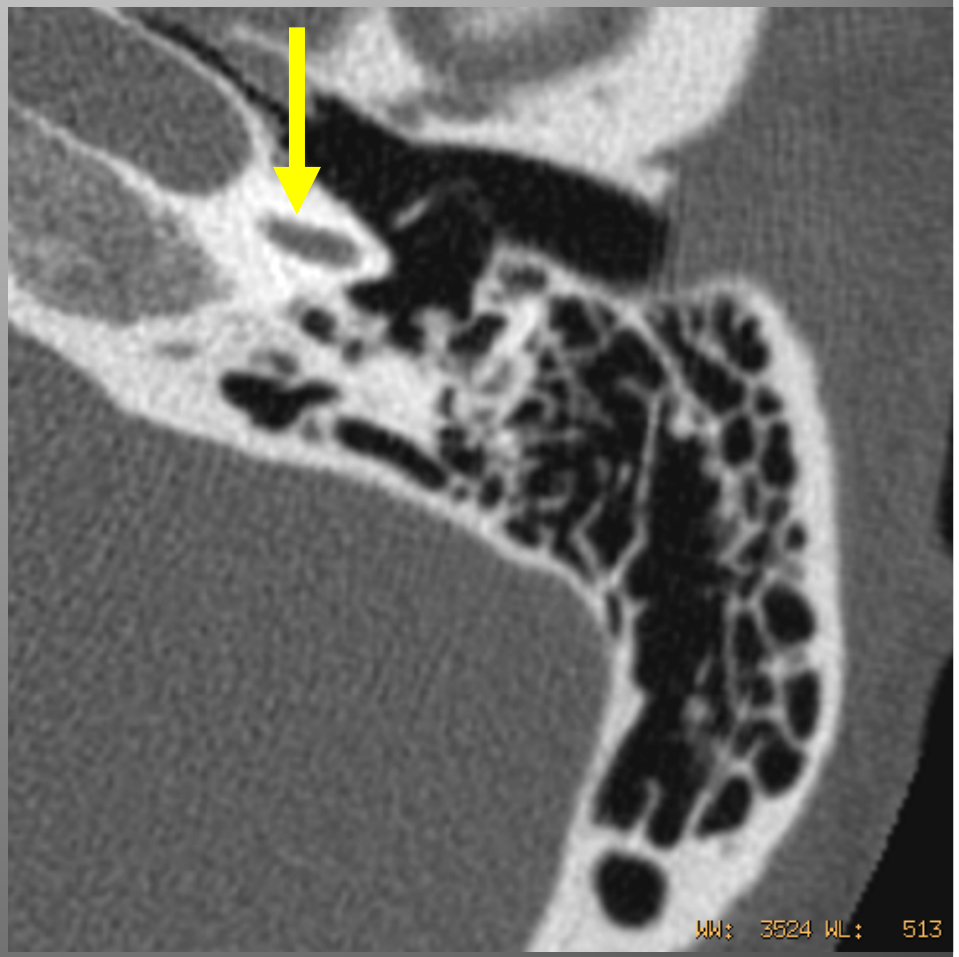


Canal semi circulaire postérieur

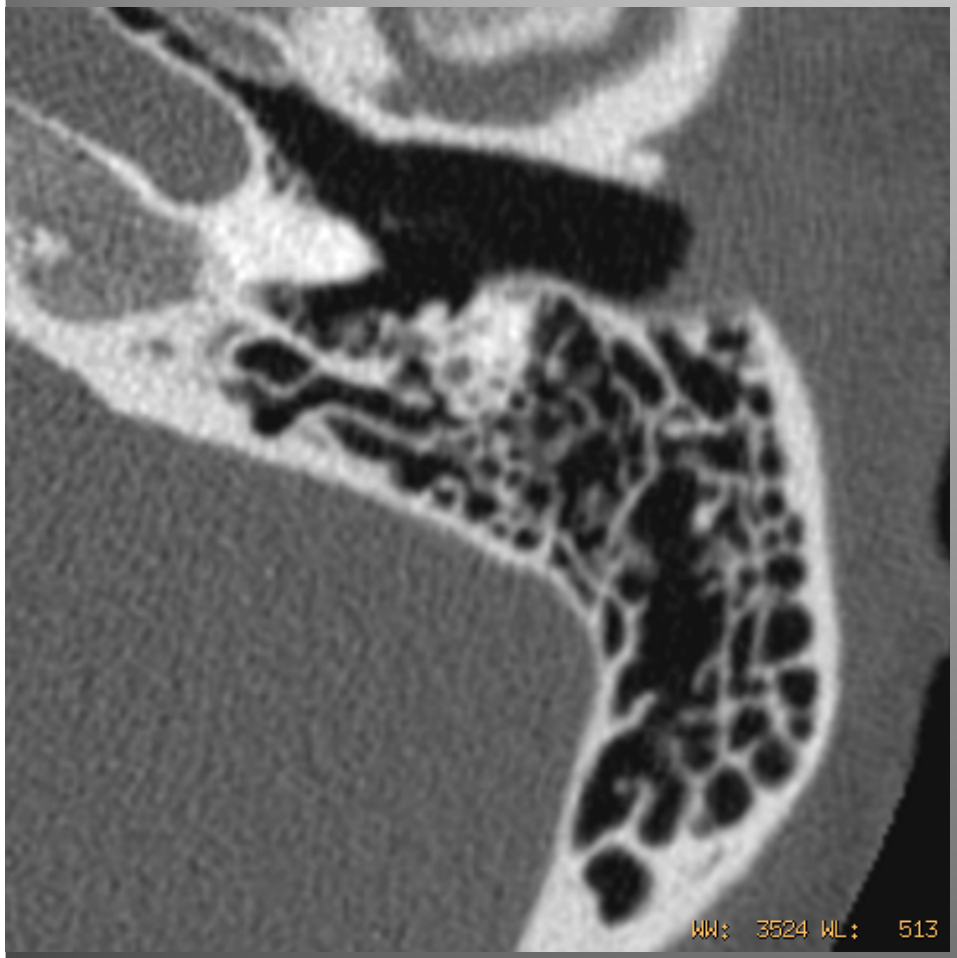
cochlée

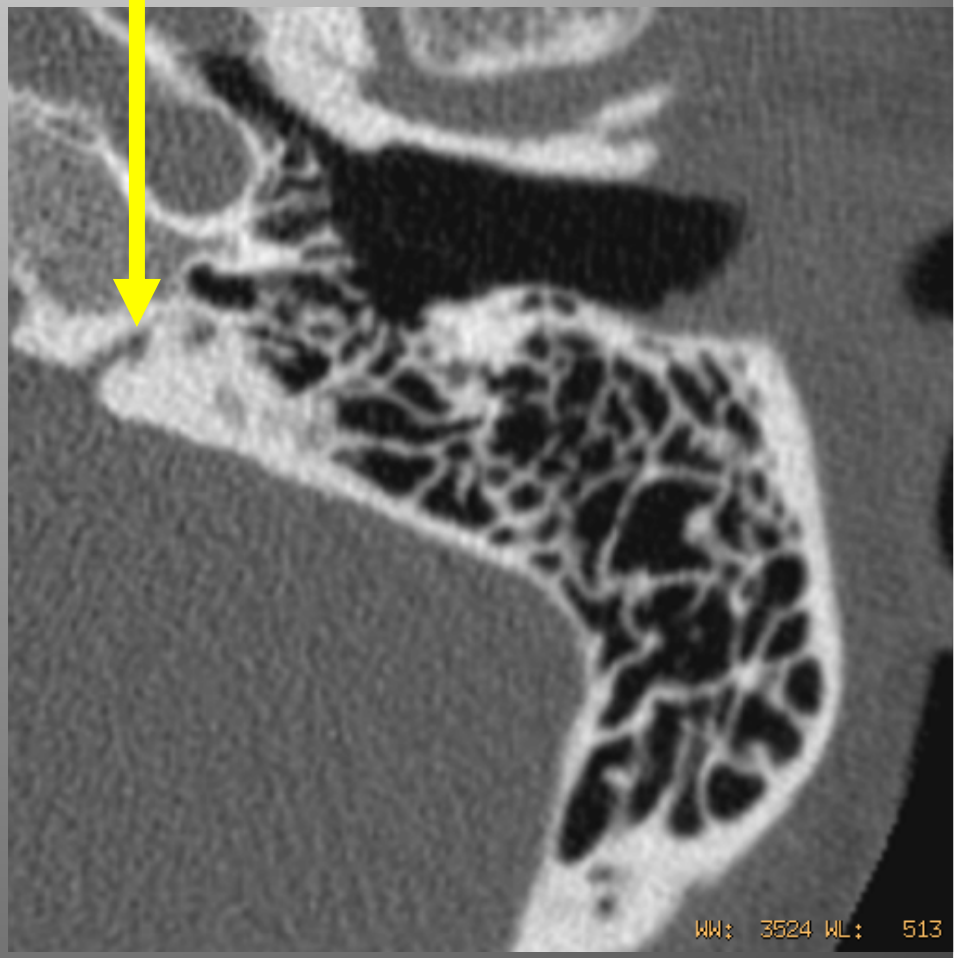


cochlée

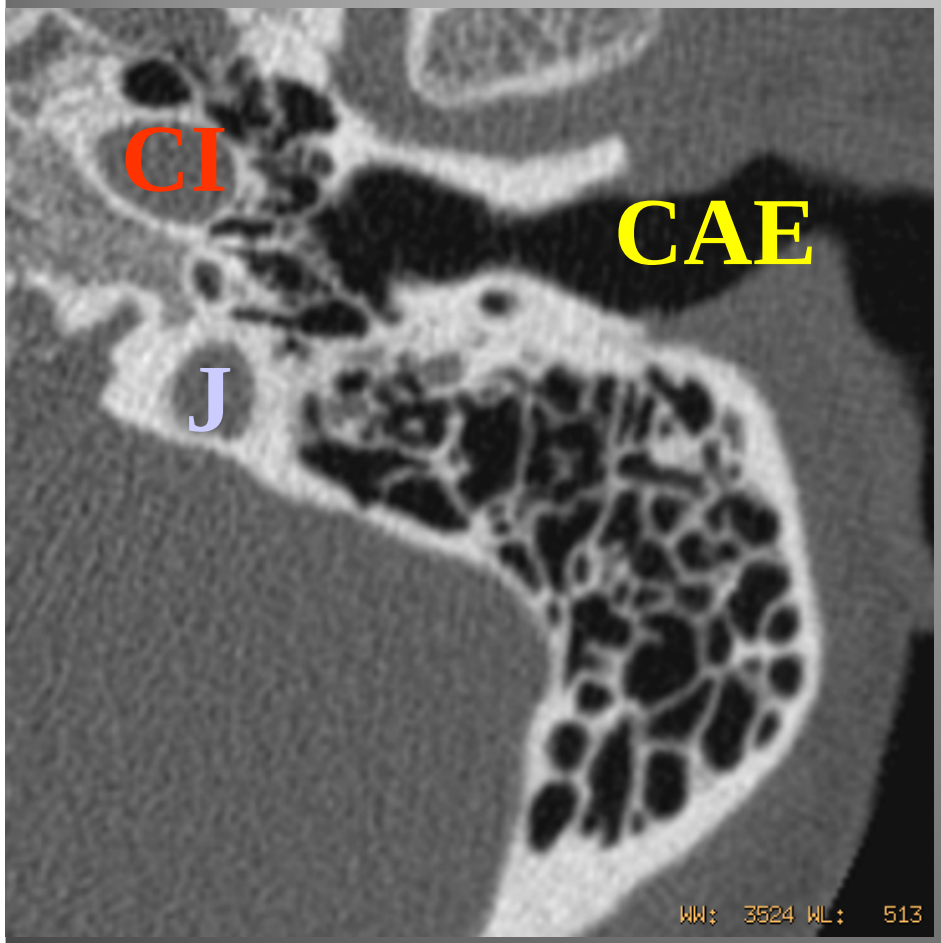


Aqueduc de la cochlée

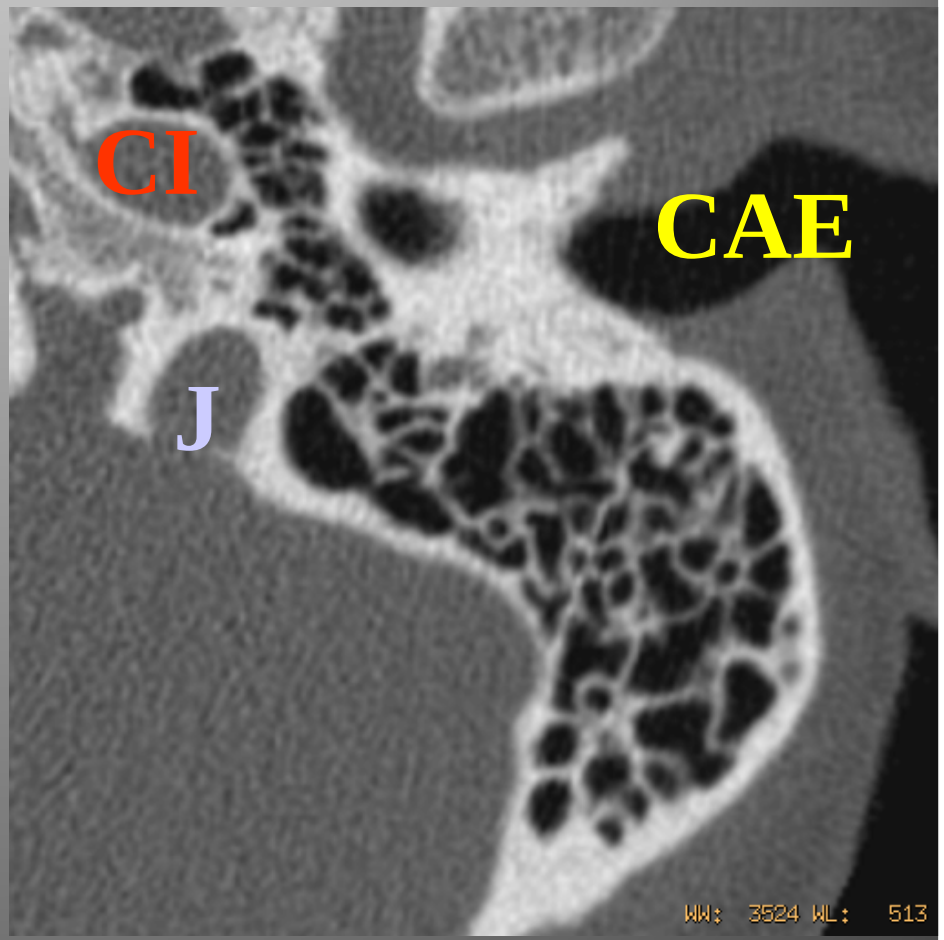


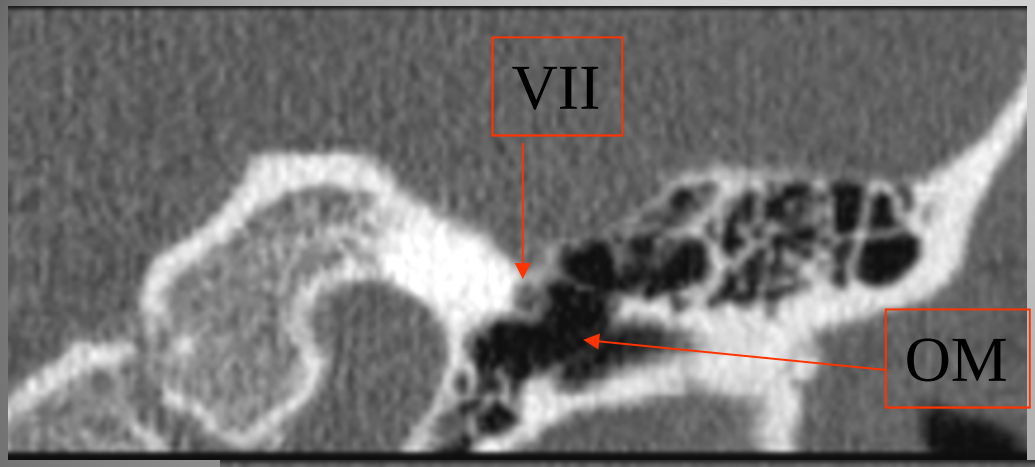


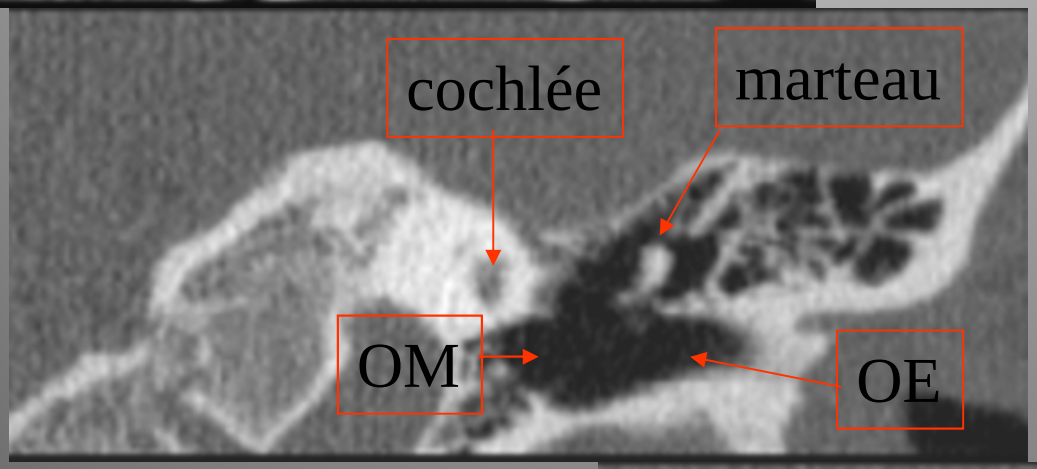
ATM

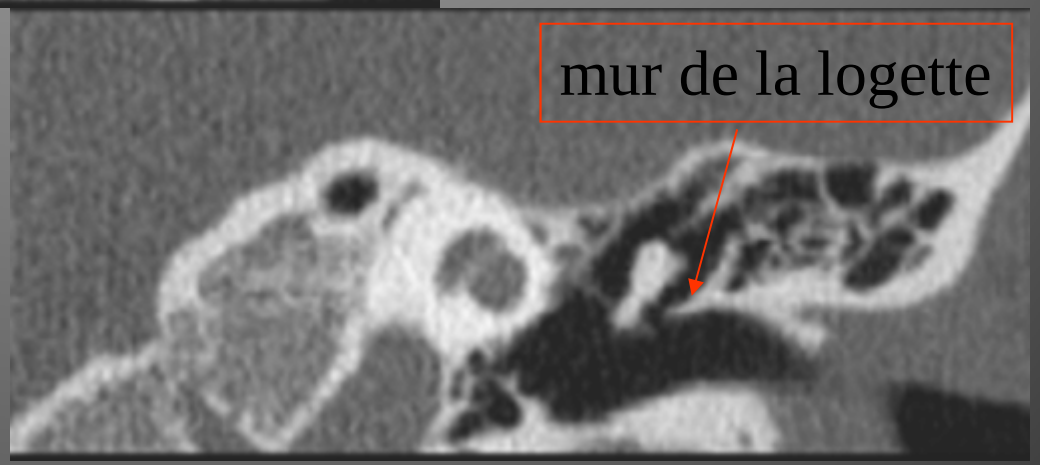


ATM

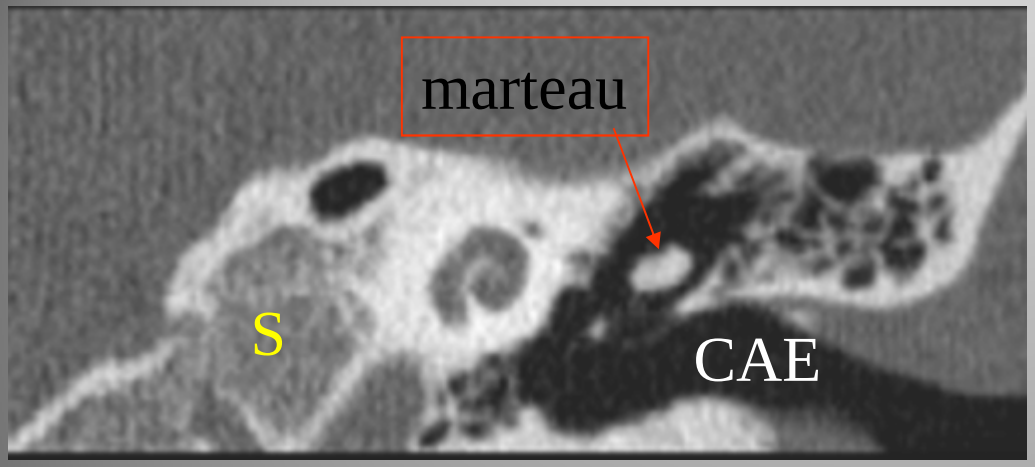


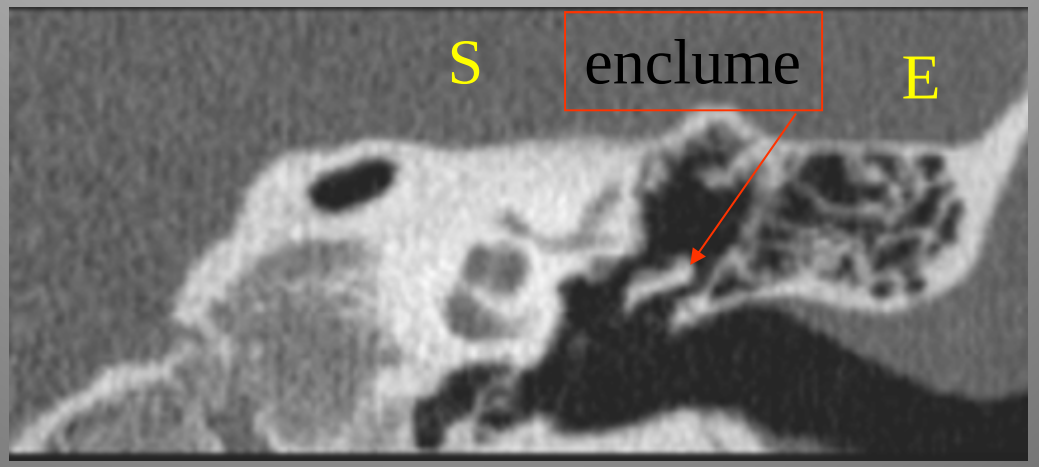


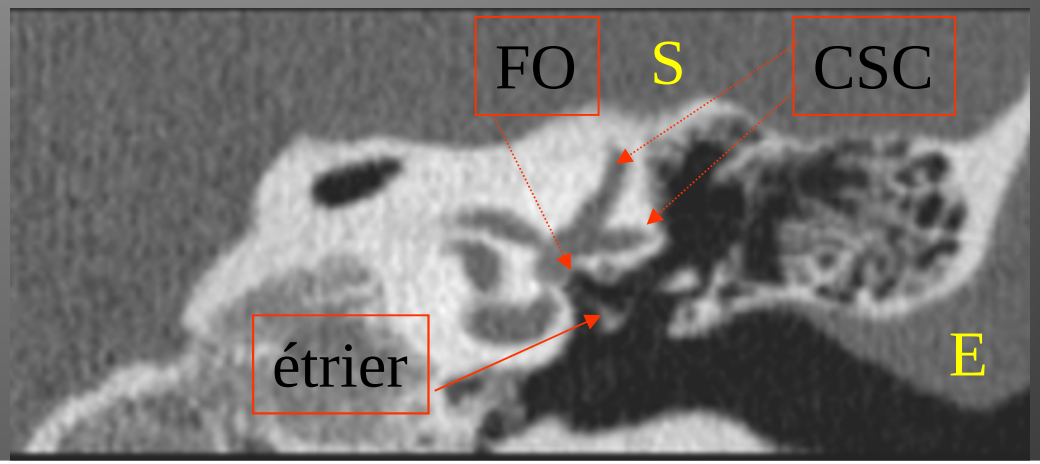


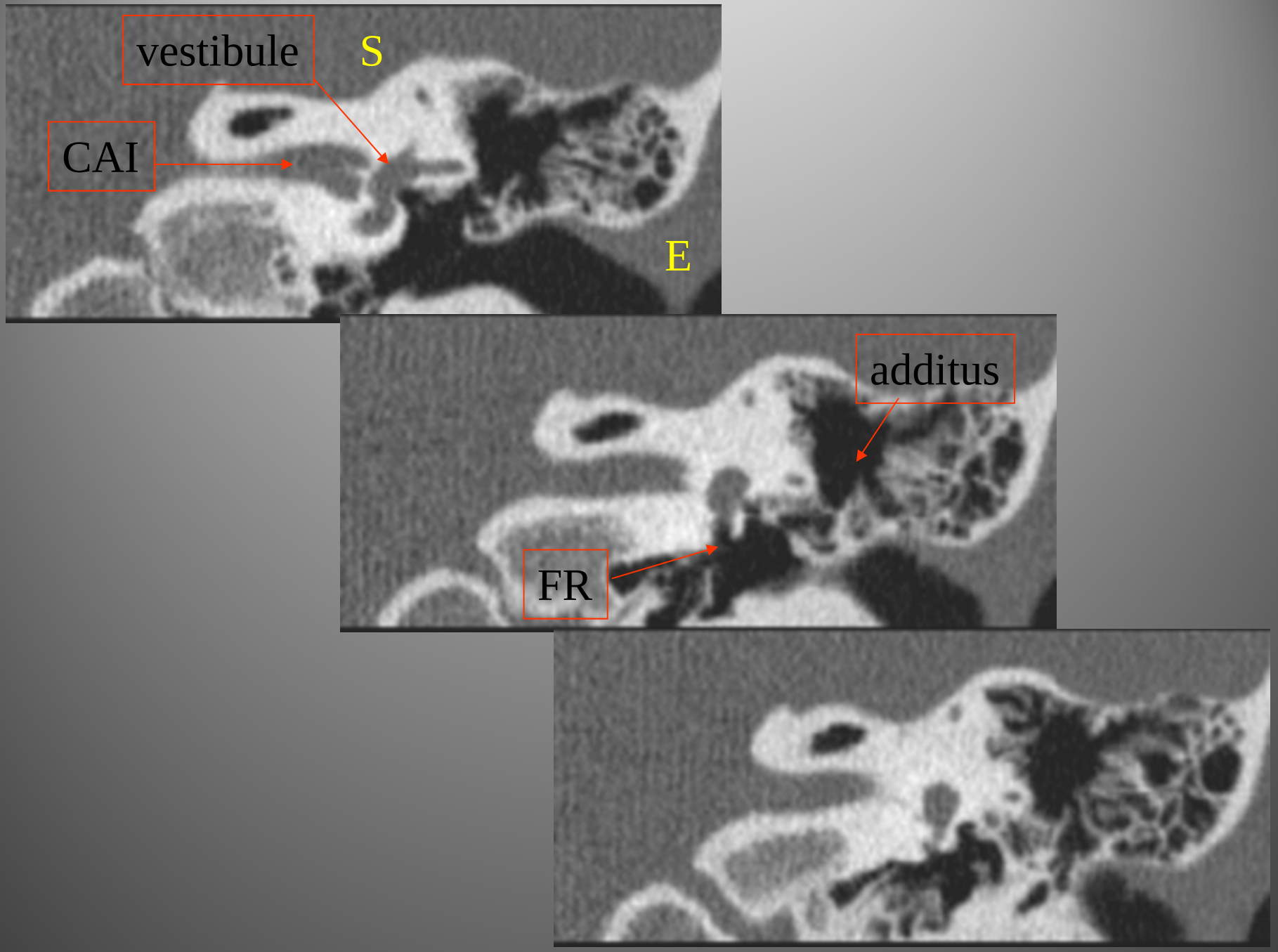


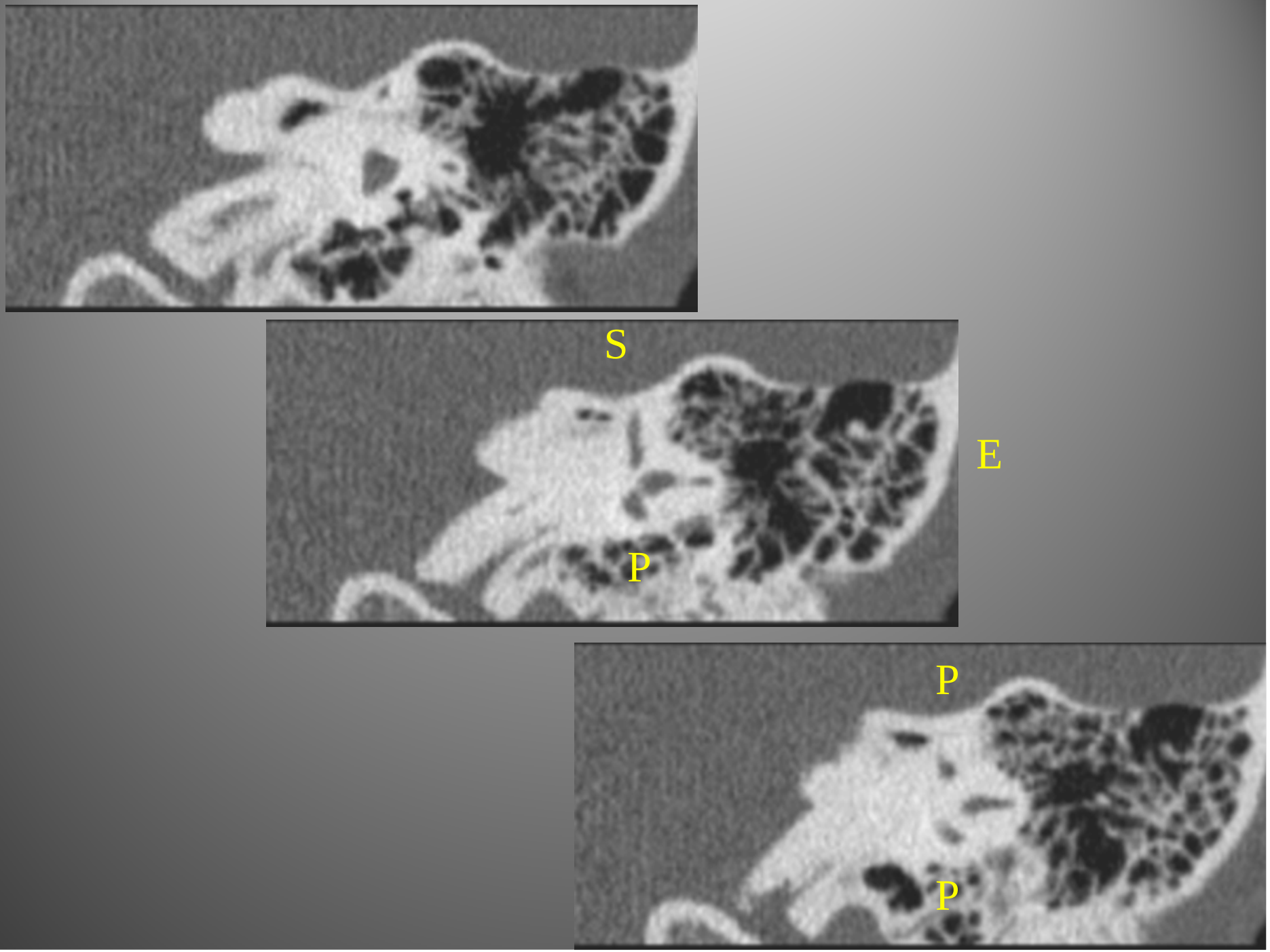
Incidence frontale

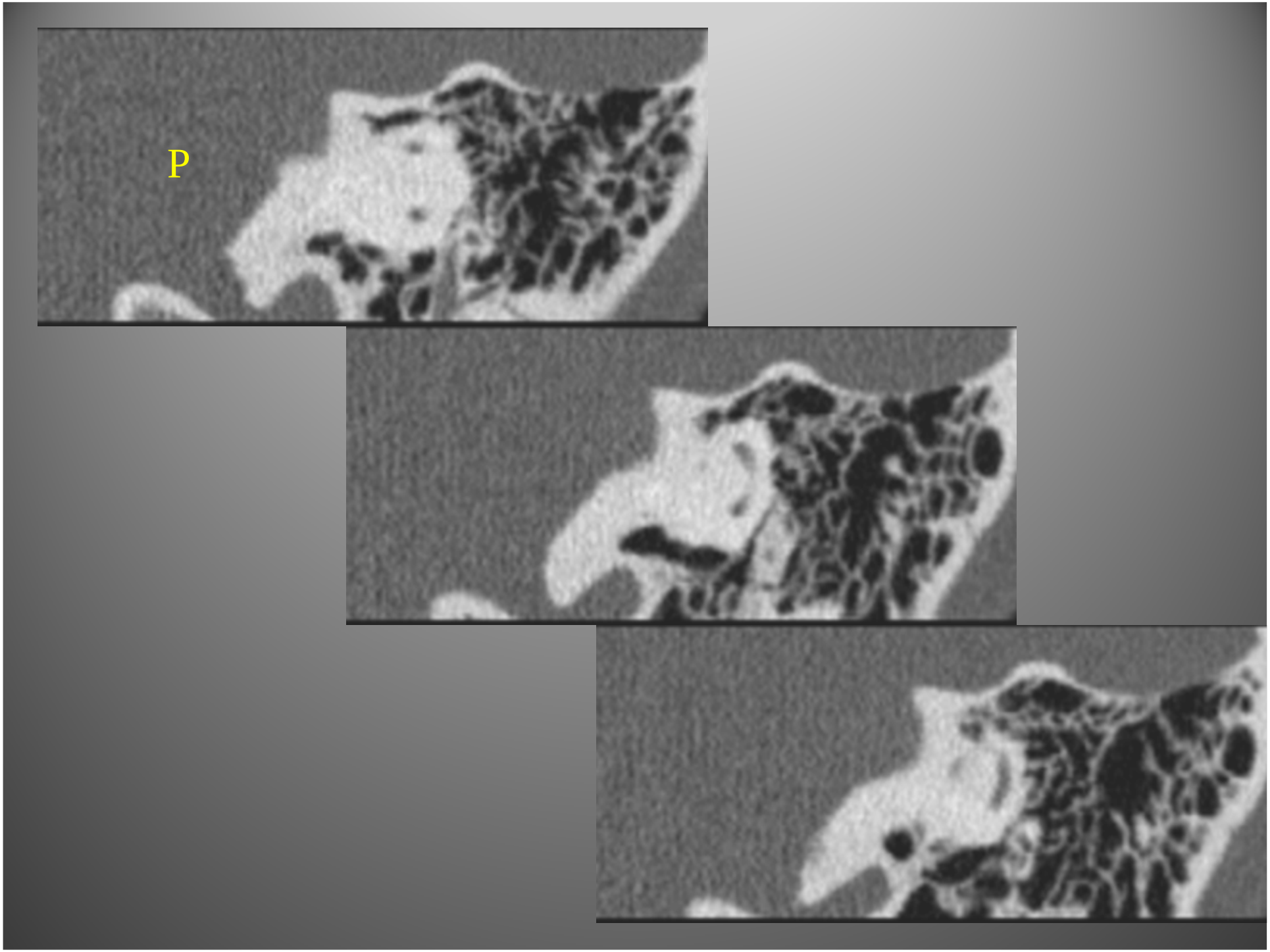

marteau
S
CAE

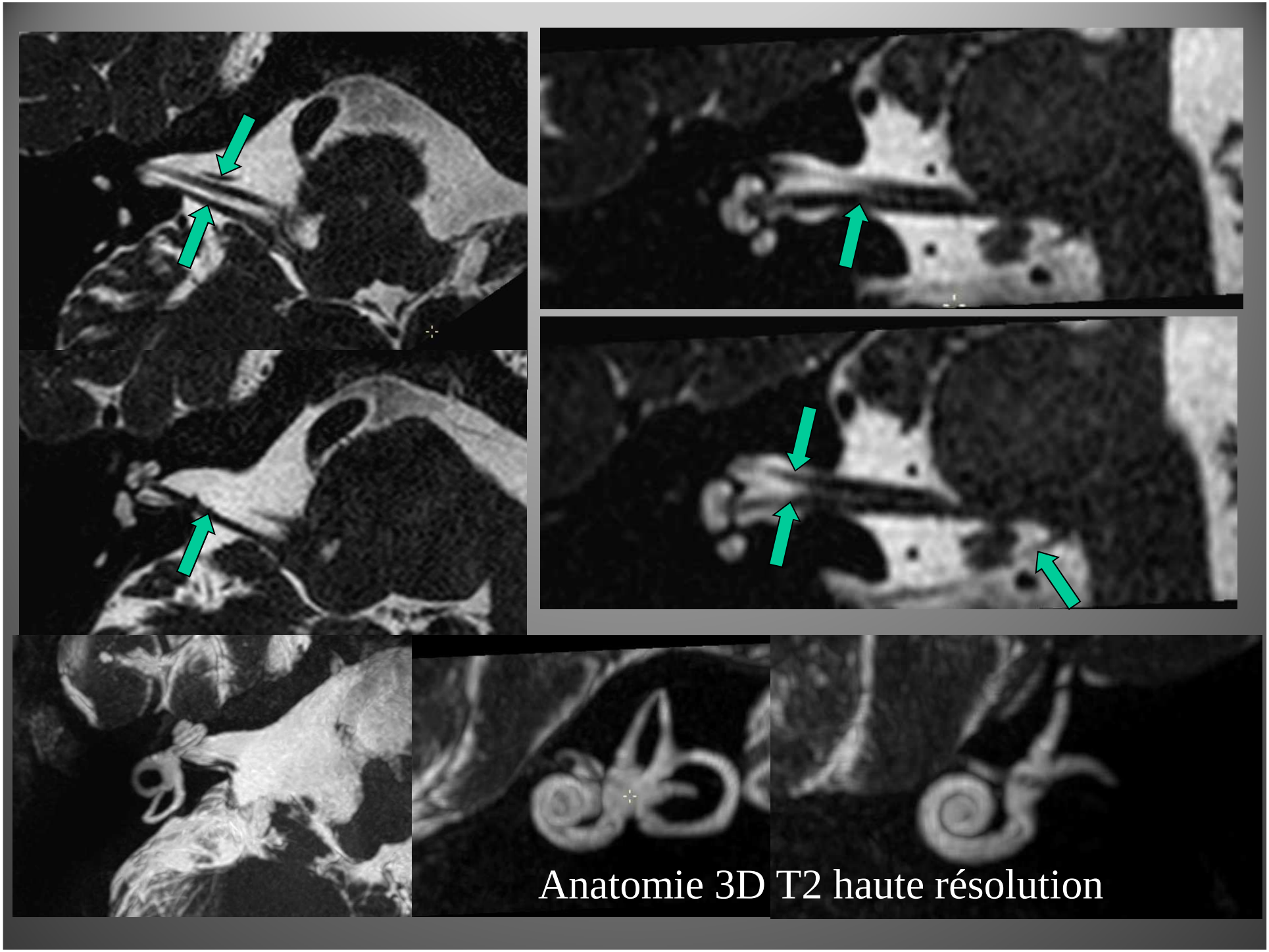

S
enclume
E

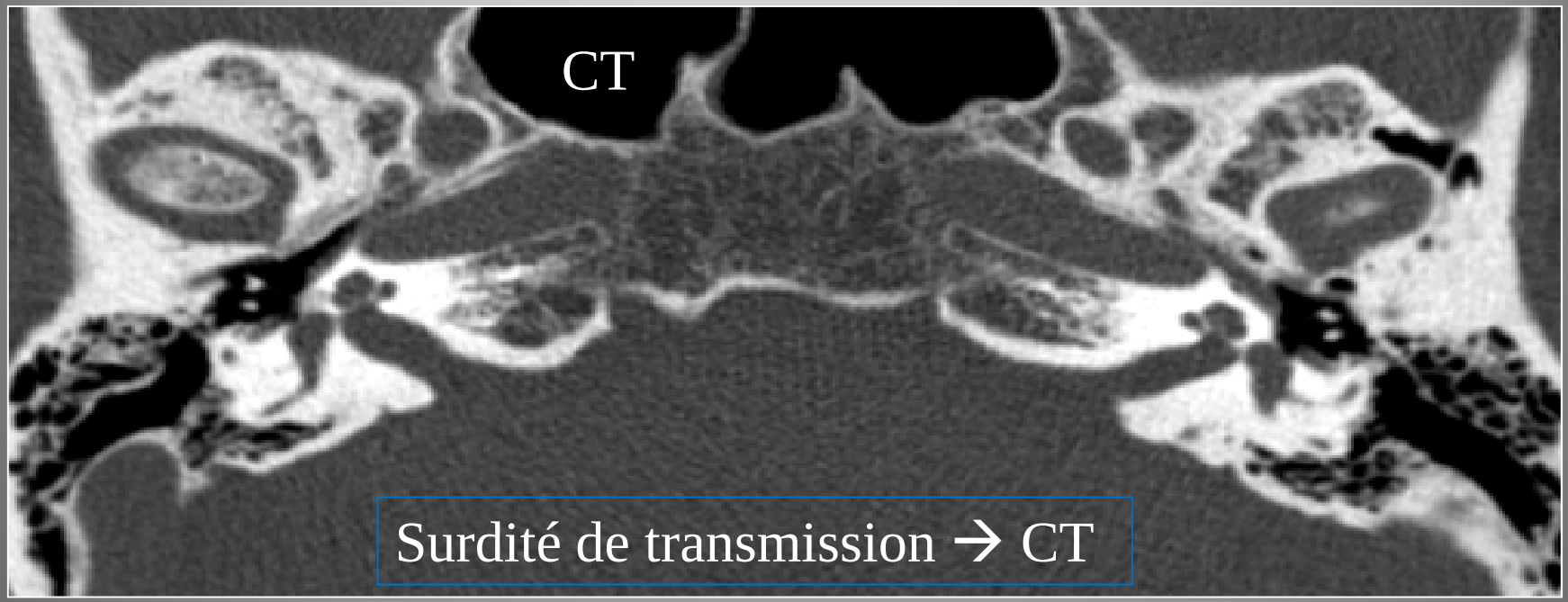

FO
S
CSC
étrier
E


vestibule
S
CAI
E
additus
FR


S
E
P
P
P


P

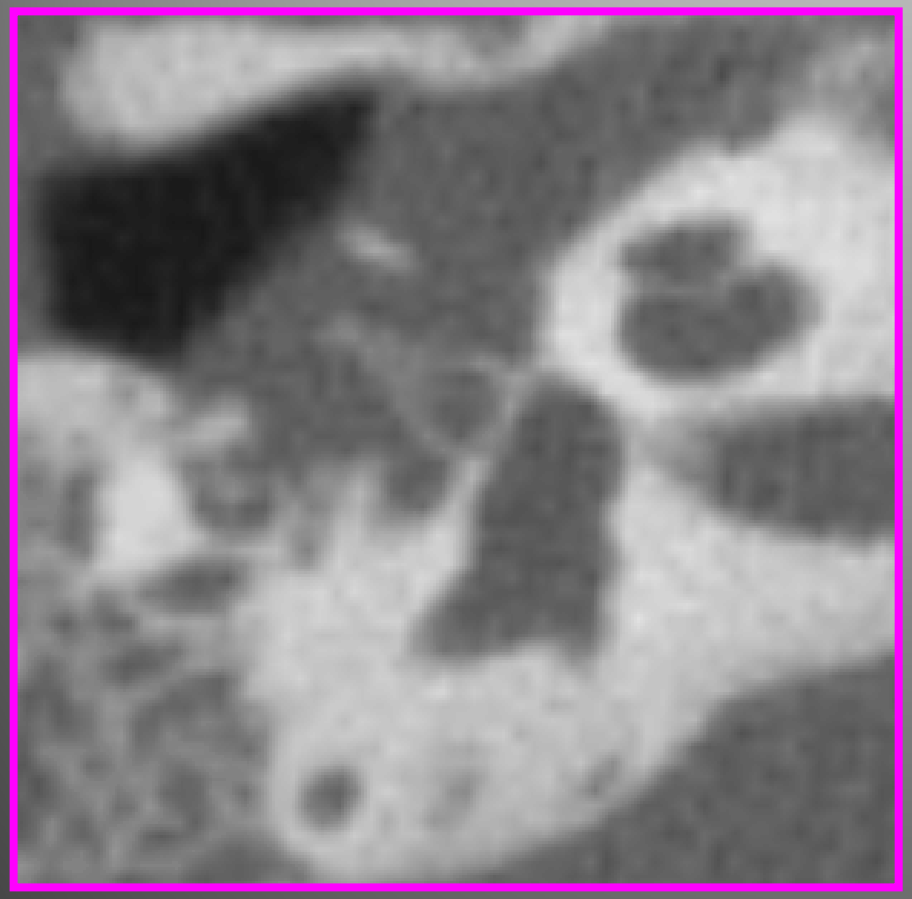

Anatomie 3D T2 haute résolution


CT
Surdité de transmission → CT


MR
Surdité de perception → IRM

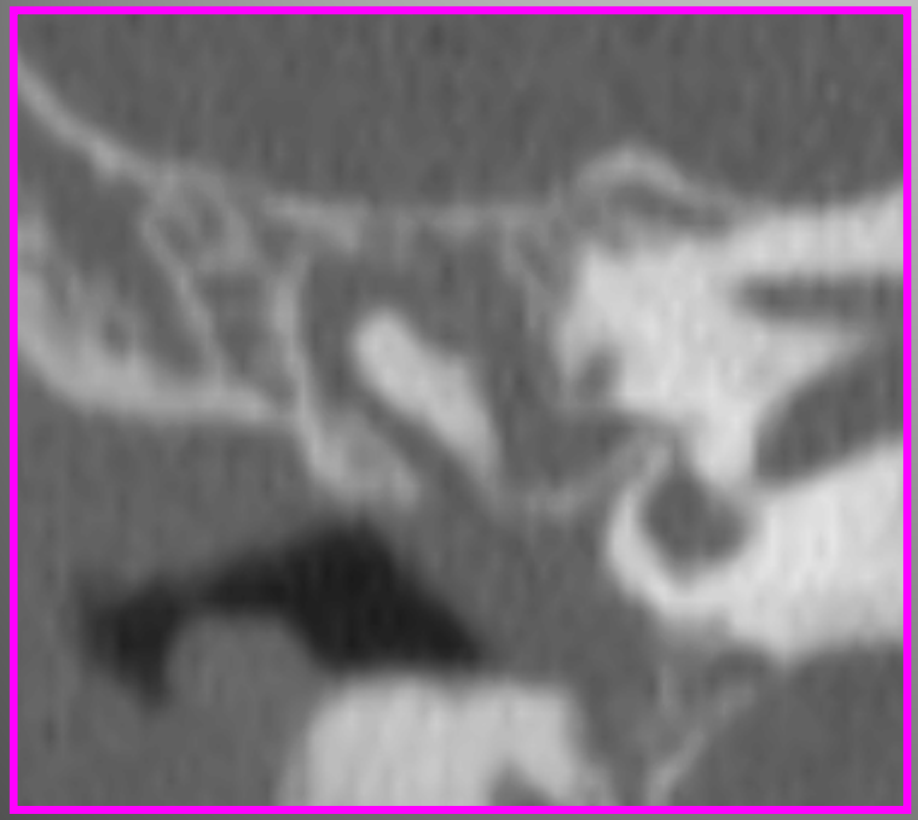
… et la place de l’IRM ?

CT



MR

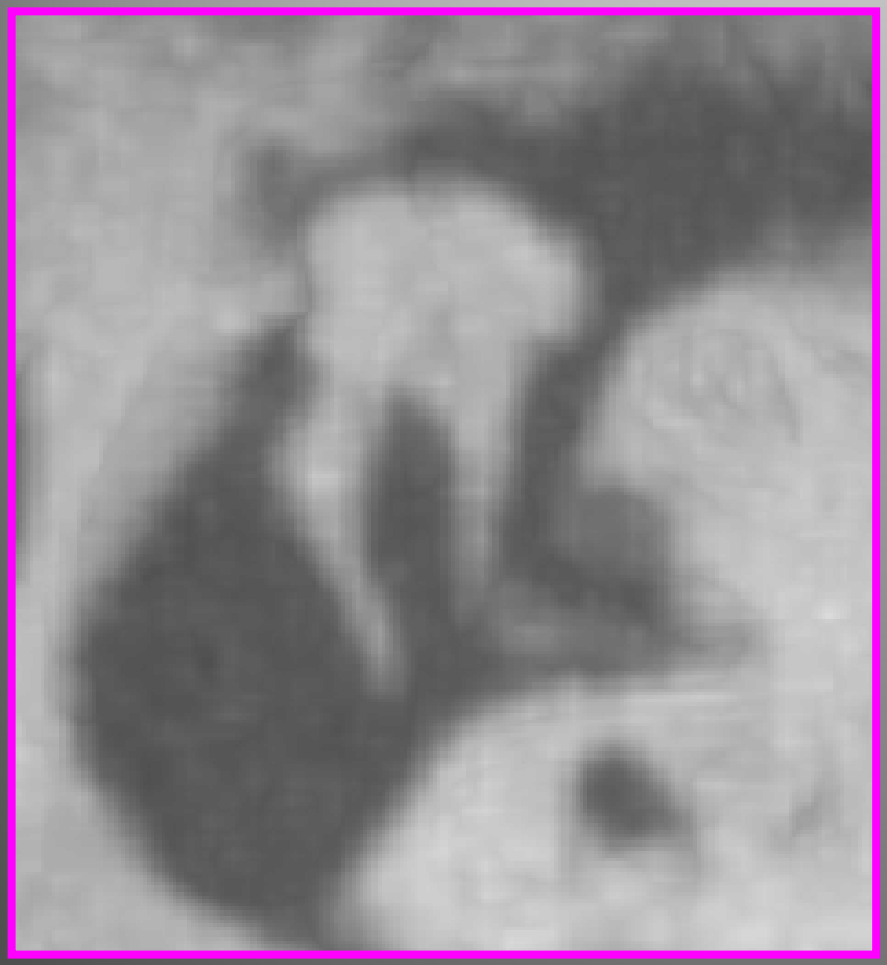
CT

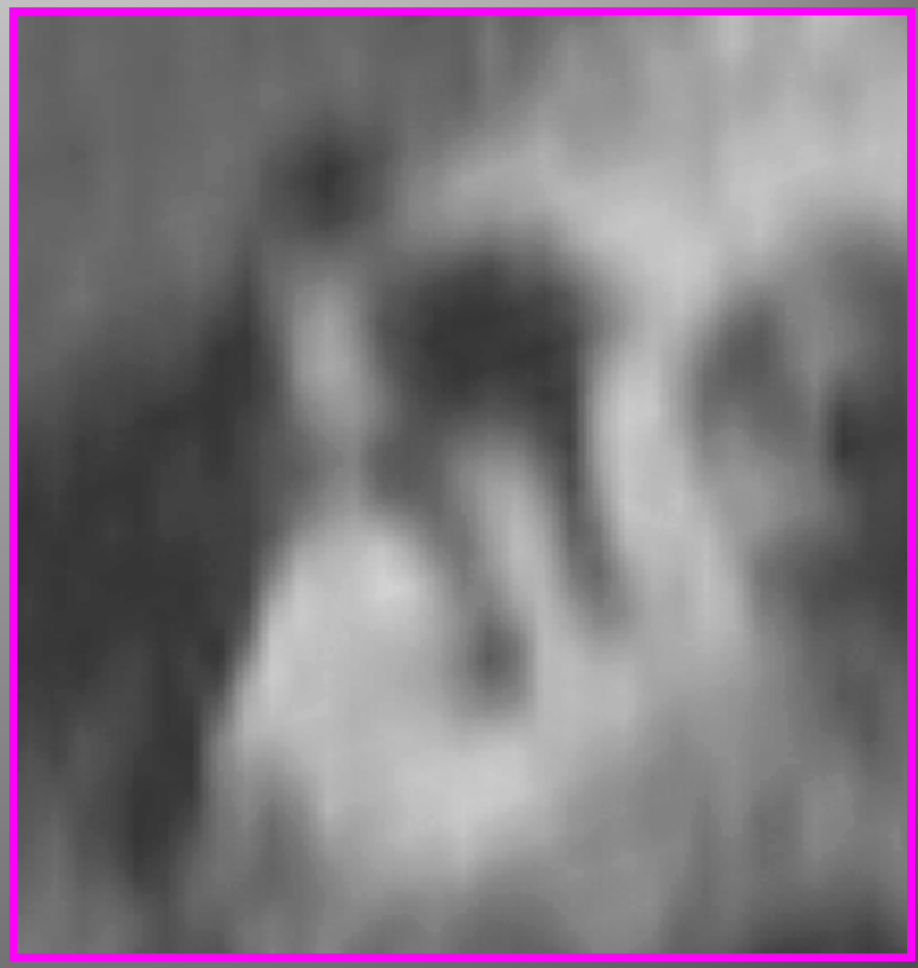


MR

CT

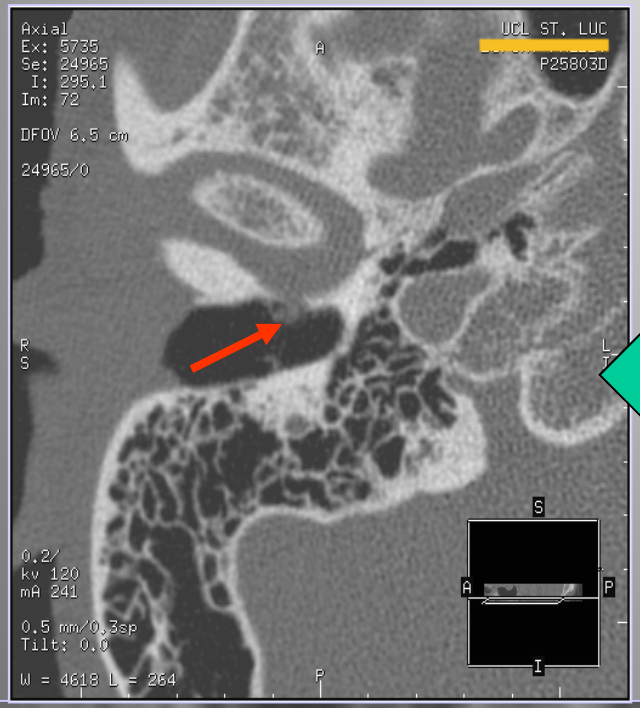
MR

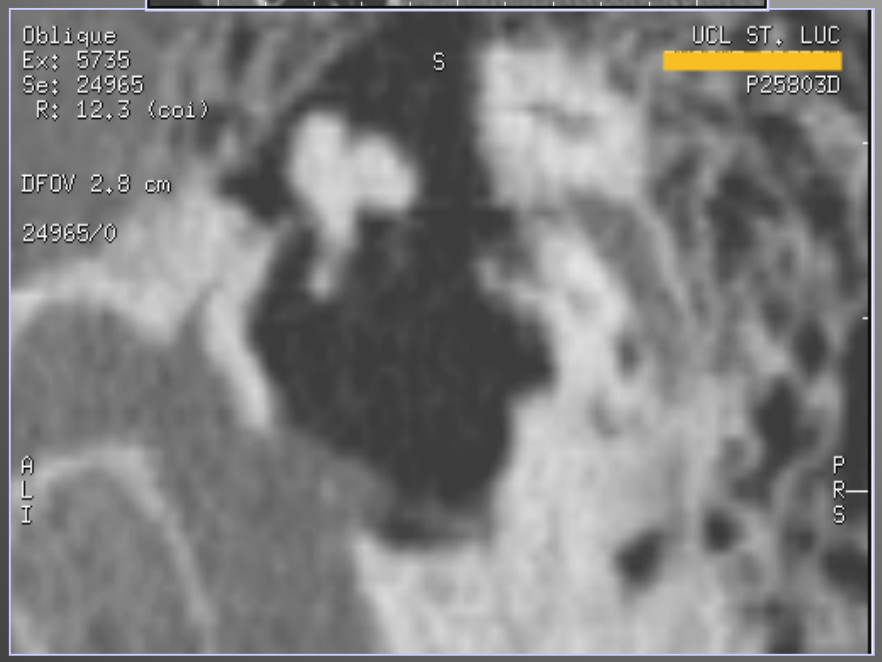


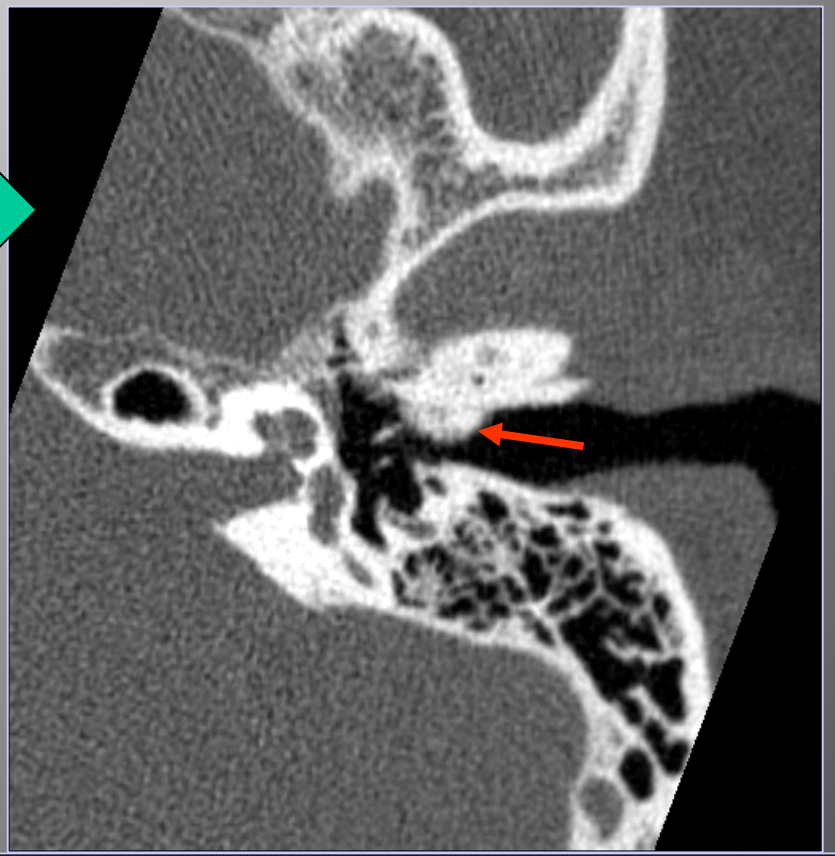


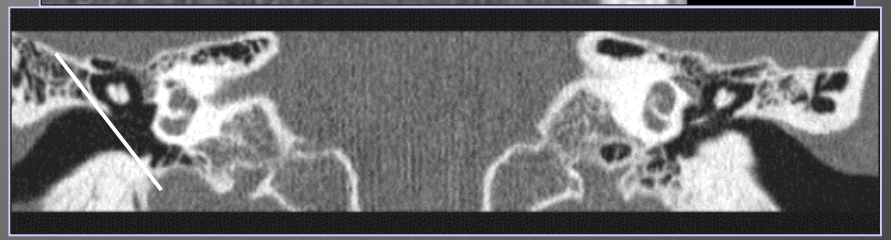
1.
Rocher otologique

Conduit Auditif Externe

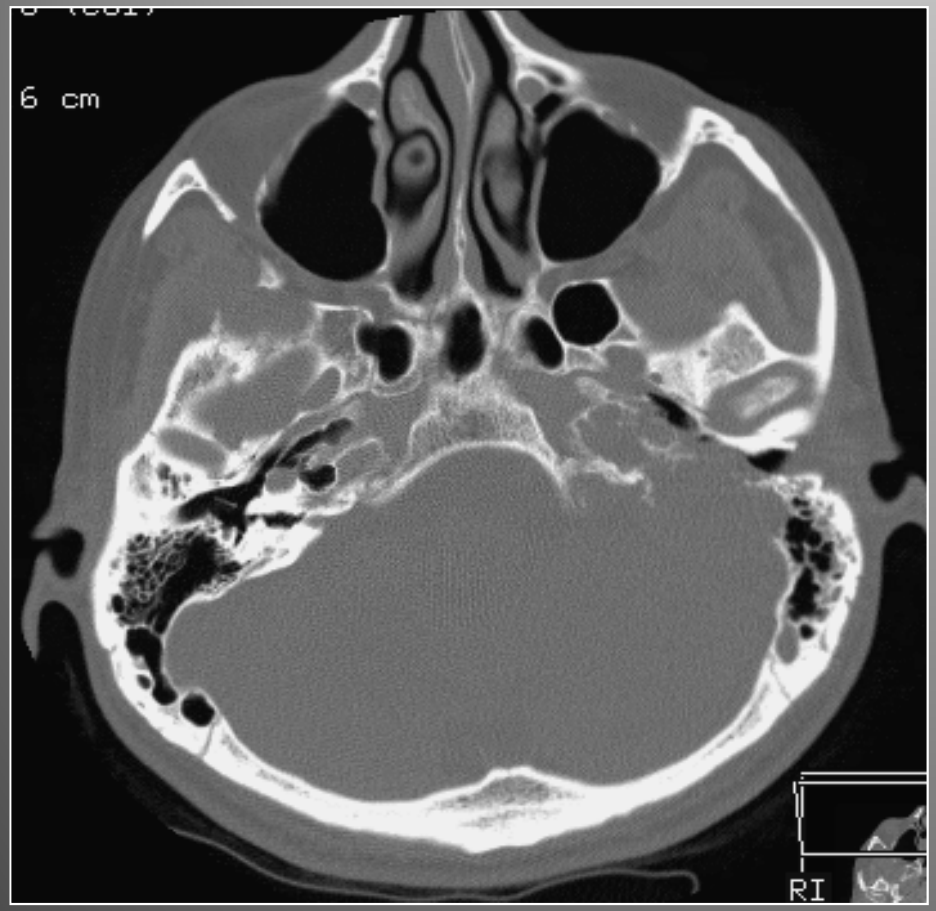


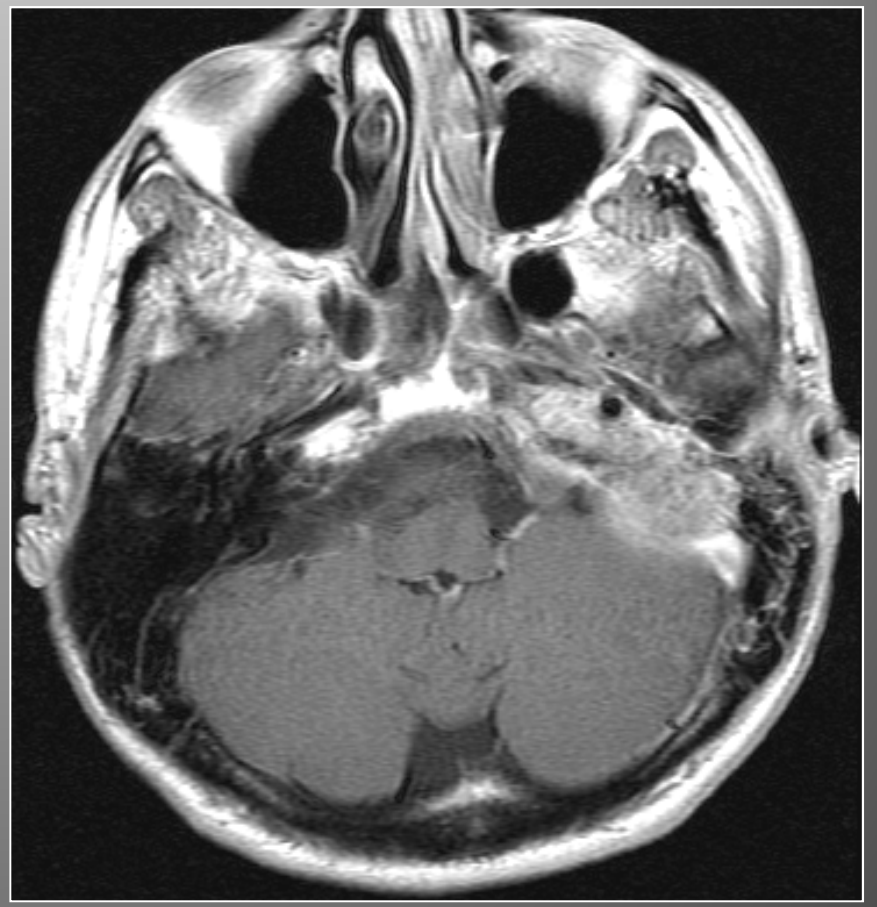






Pathologie maligne: carcinome épidermoïde
adénocarcinome cérumineux
carcinome adénoïde kystique

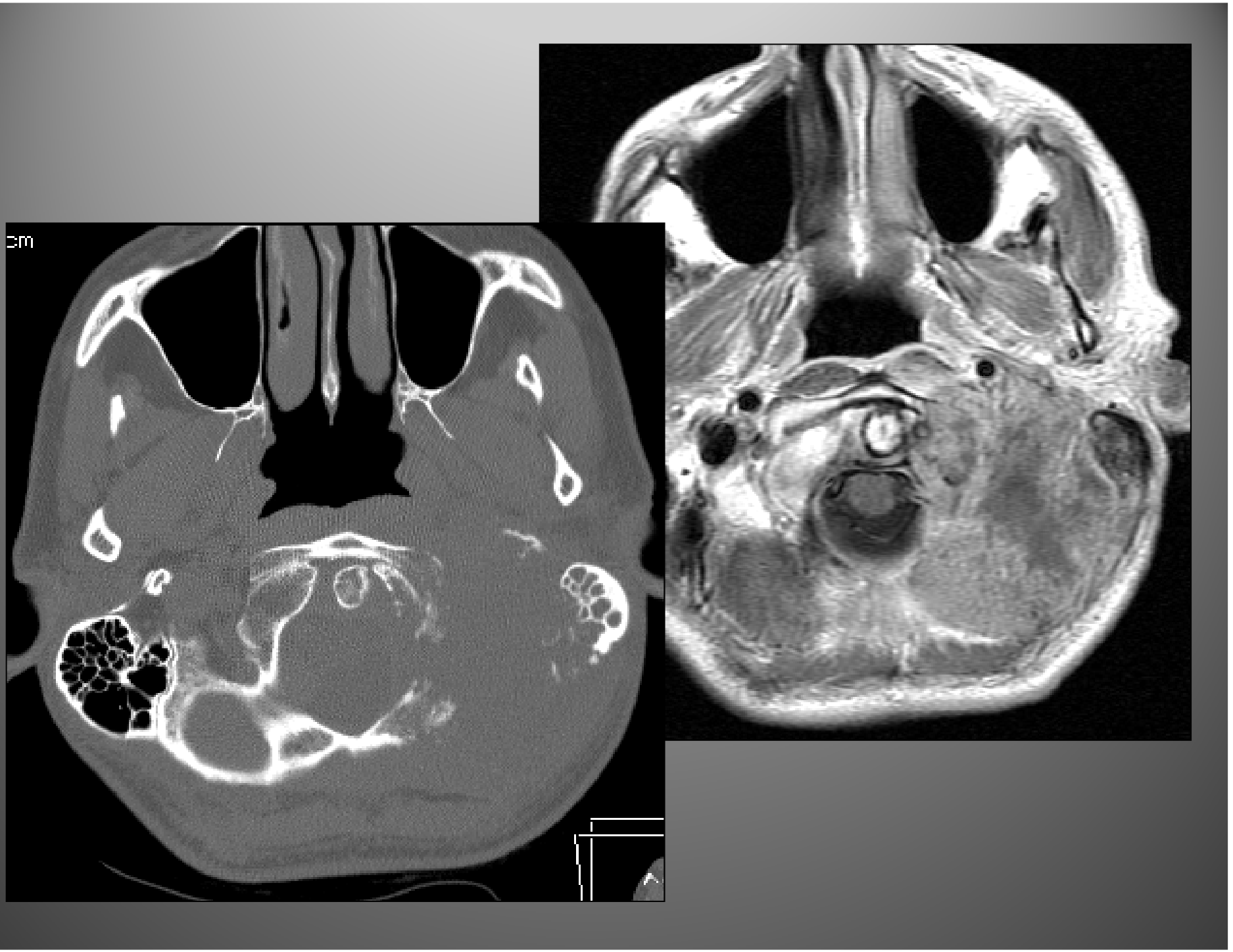


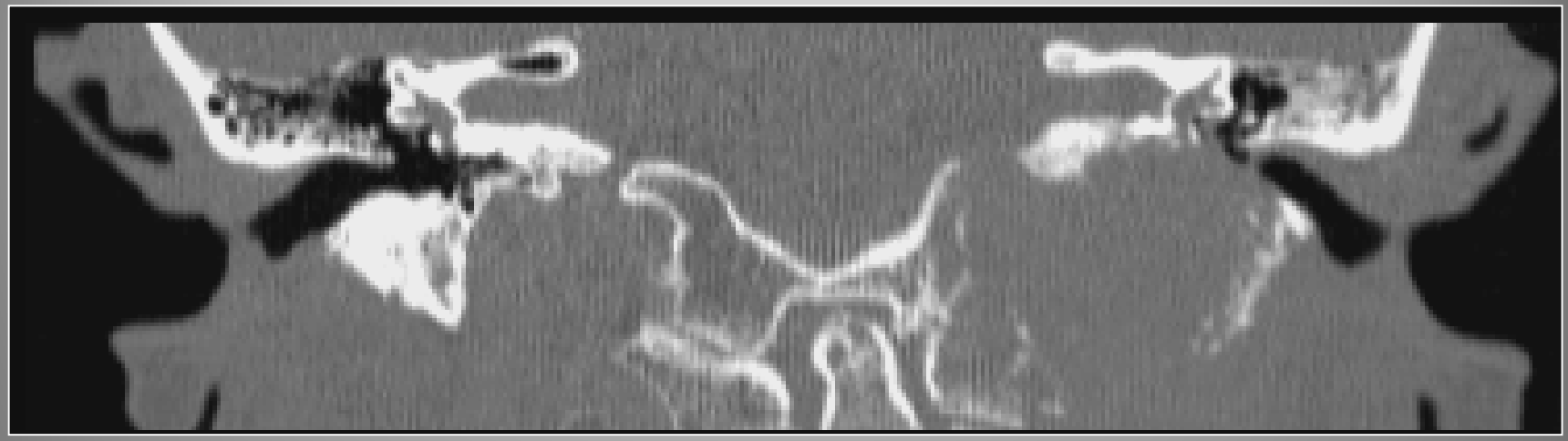


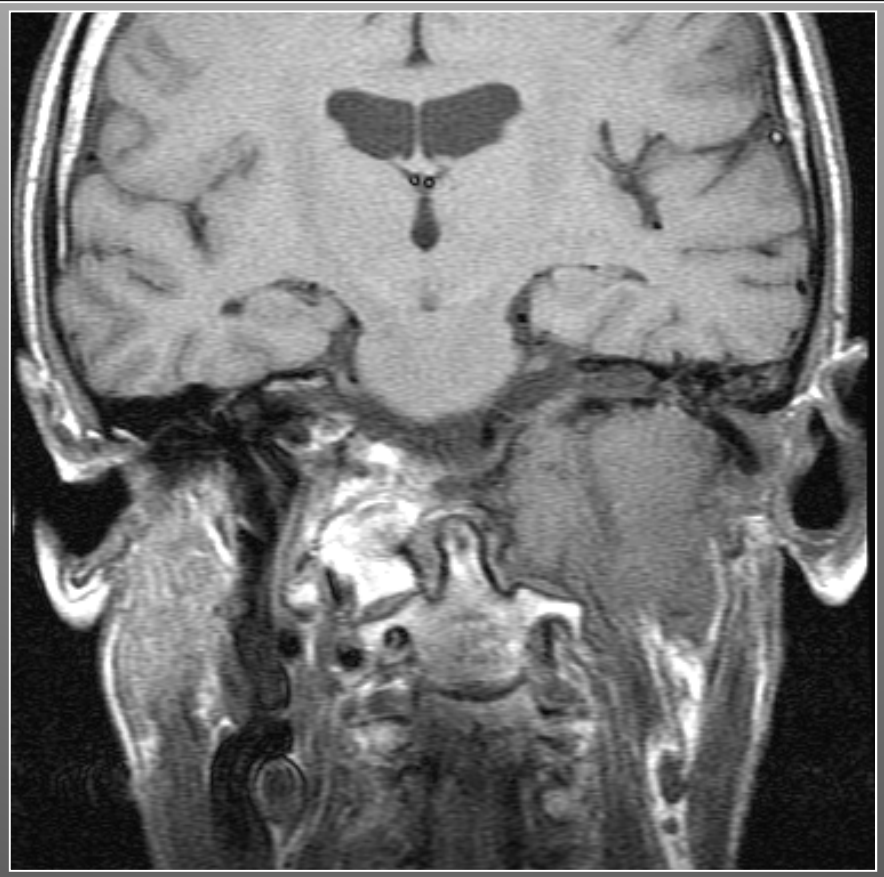
TDM: lyse osseuse

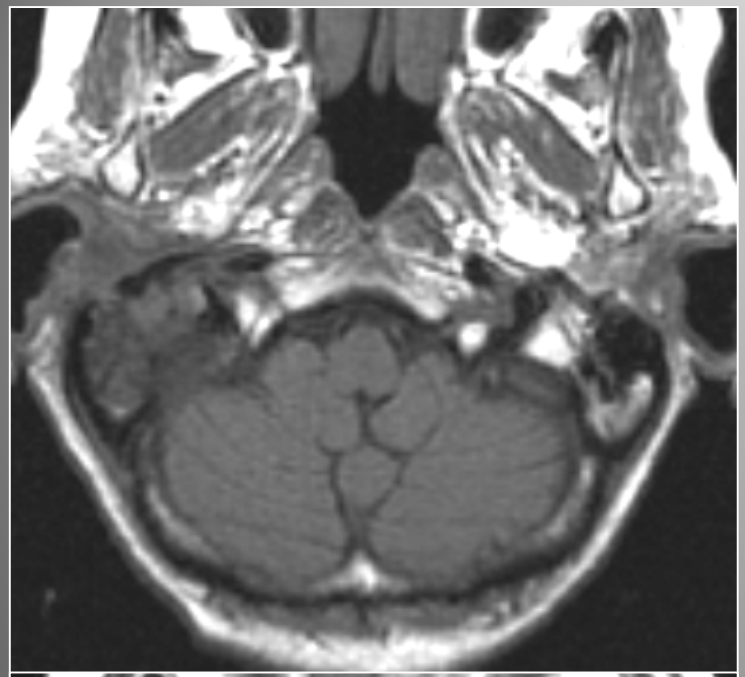
IRM: masse des tissus mous

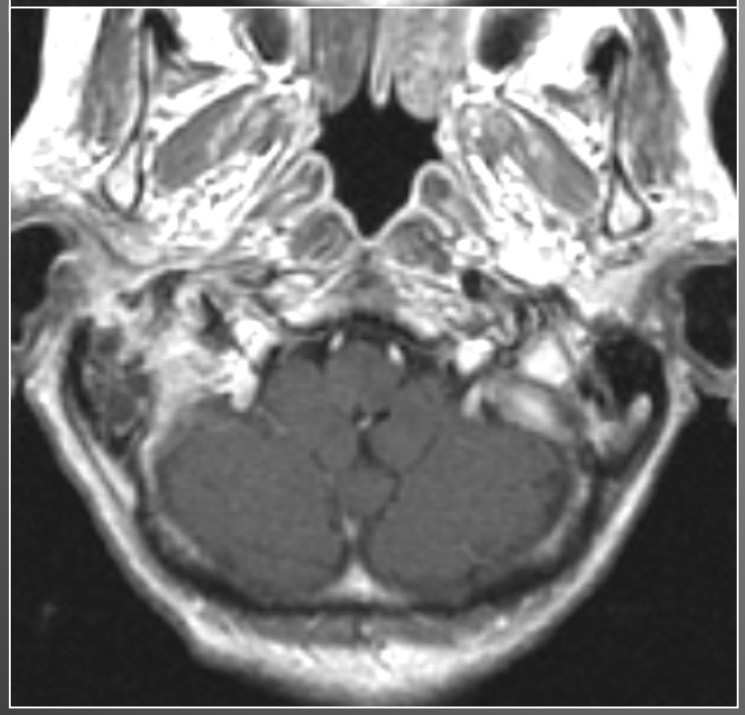
Information cohérente





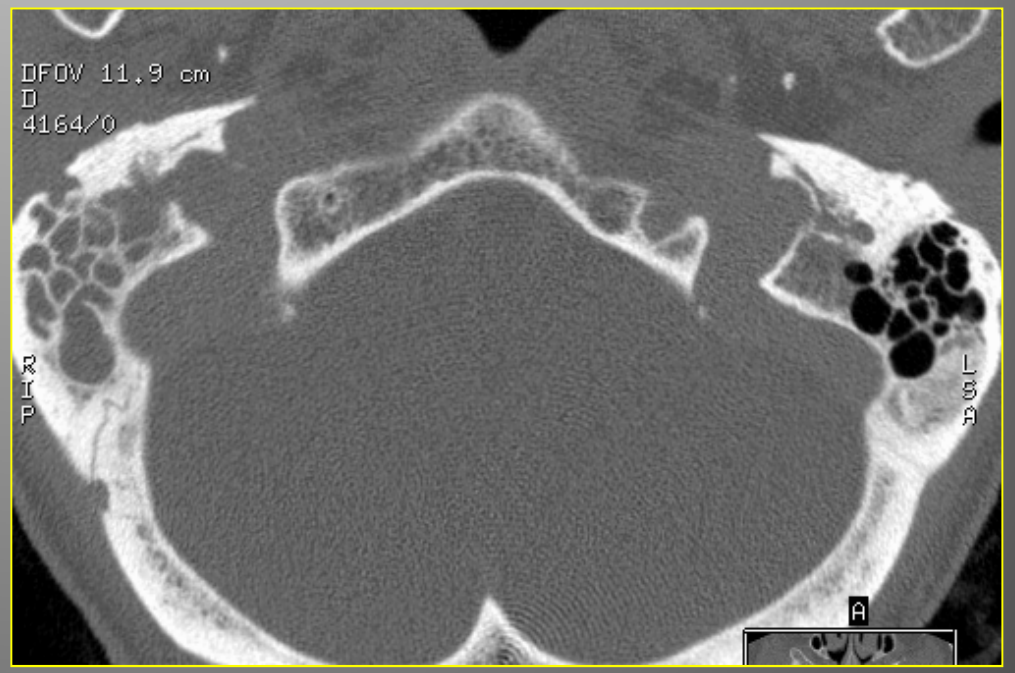






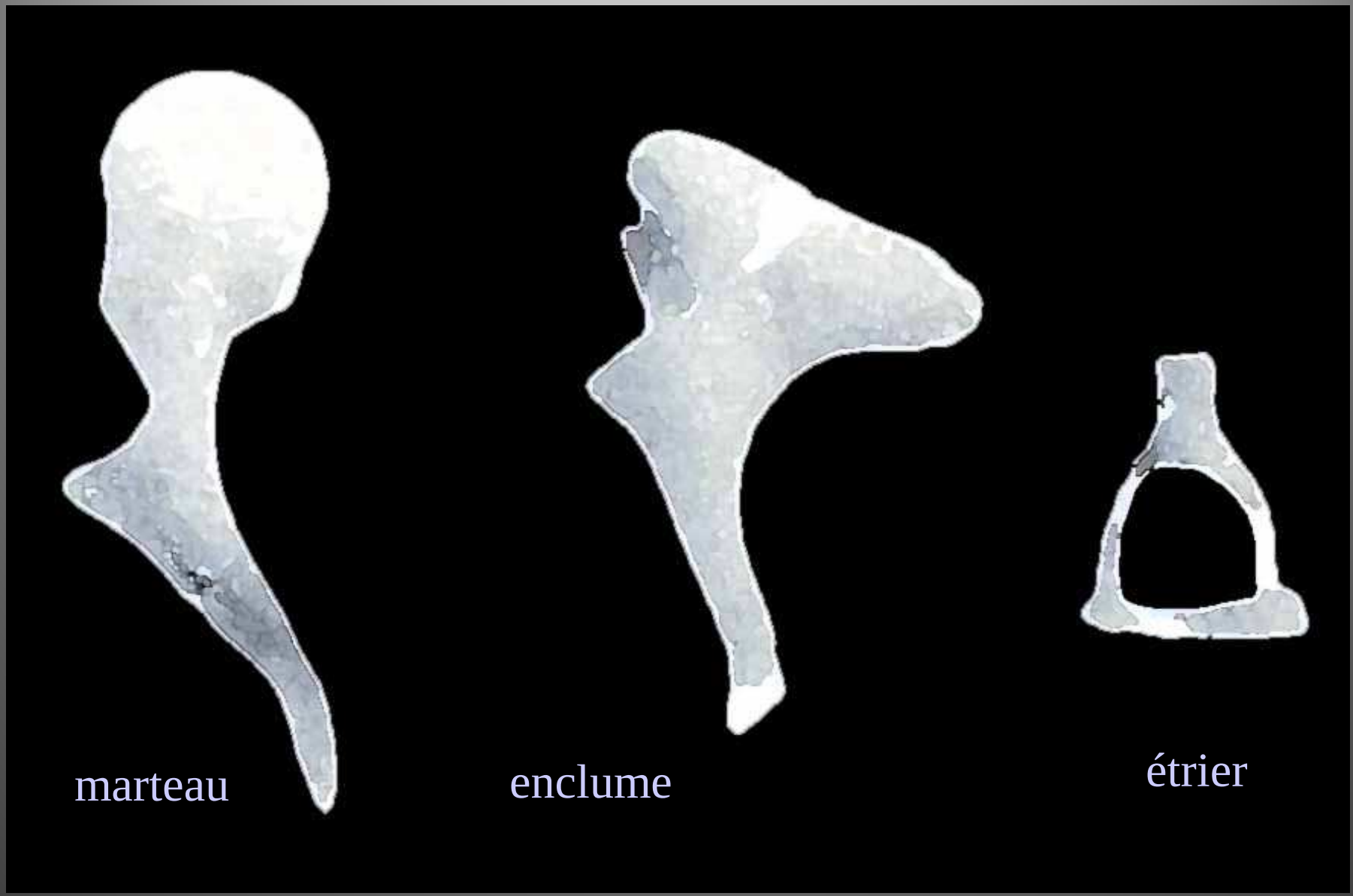
DD:

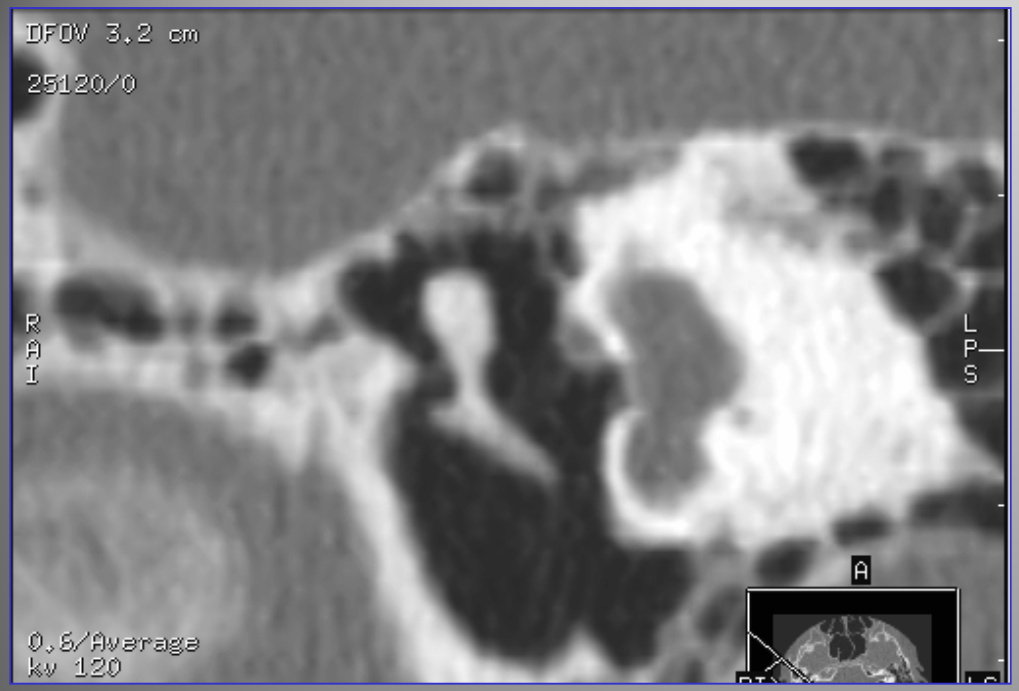
otite 'maligne' externe



Information dysharmonieuse

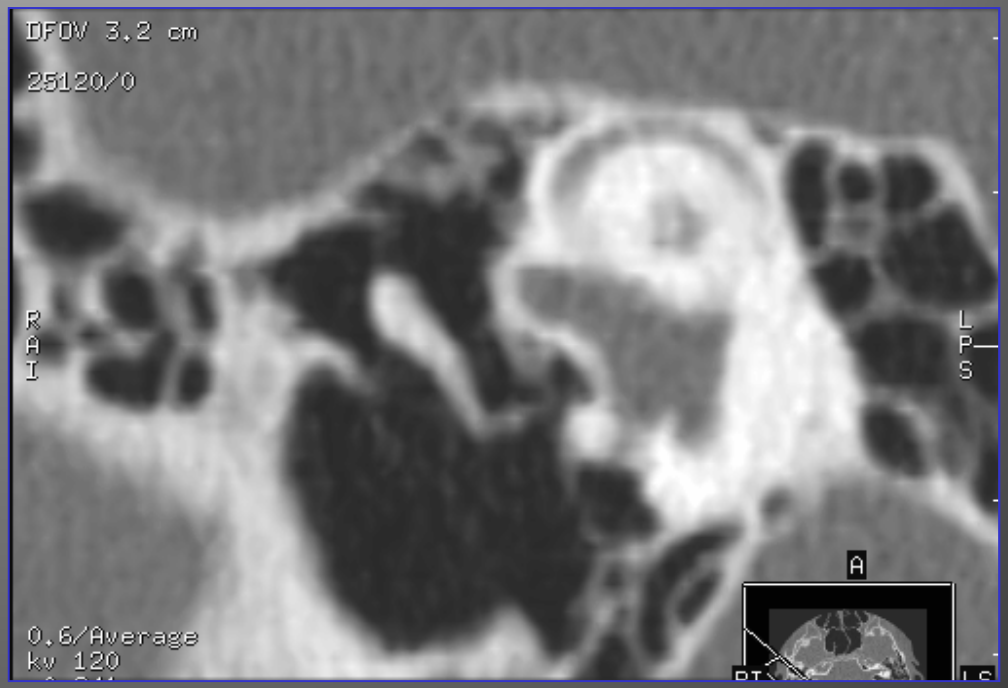
Oreille moyenne: anatomie





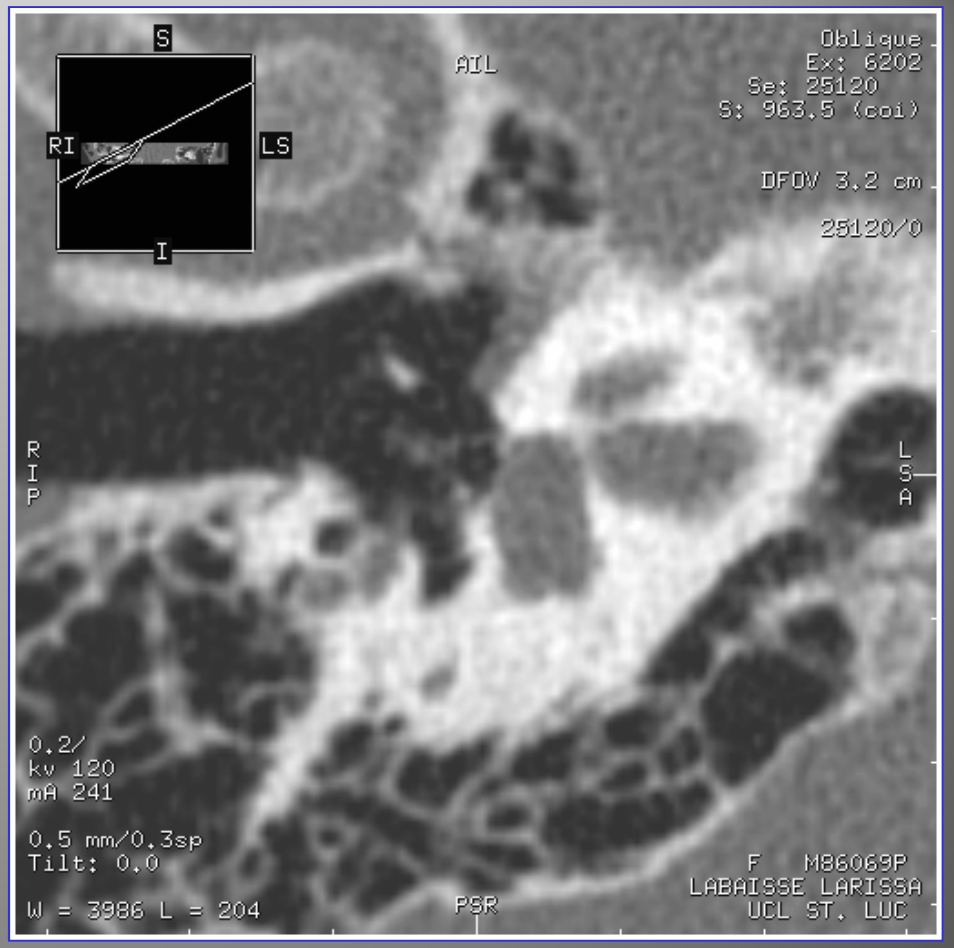
Anatomie tomographique sérielle

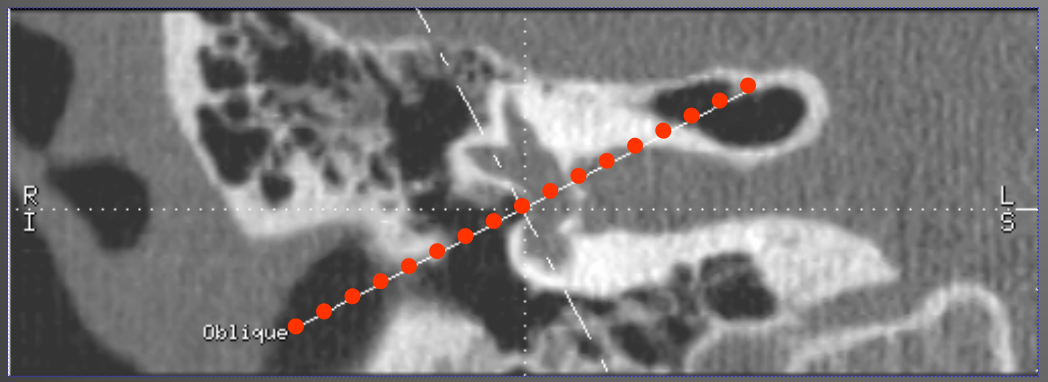
: coupes frontales obliques



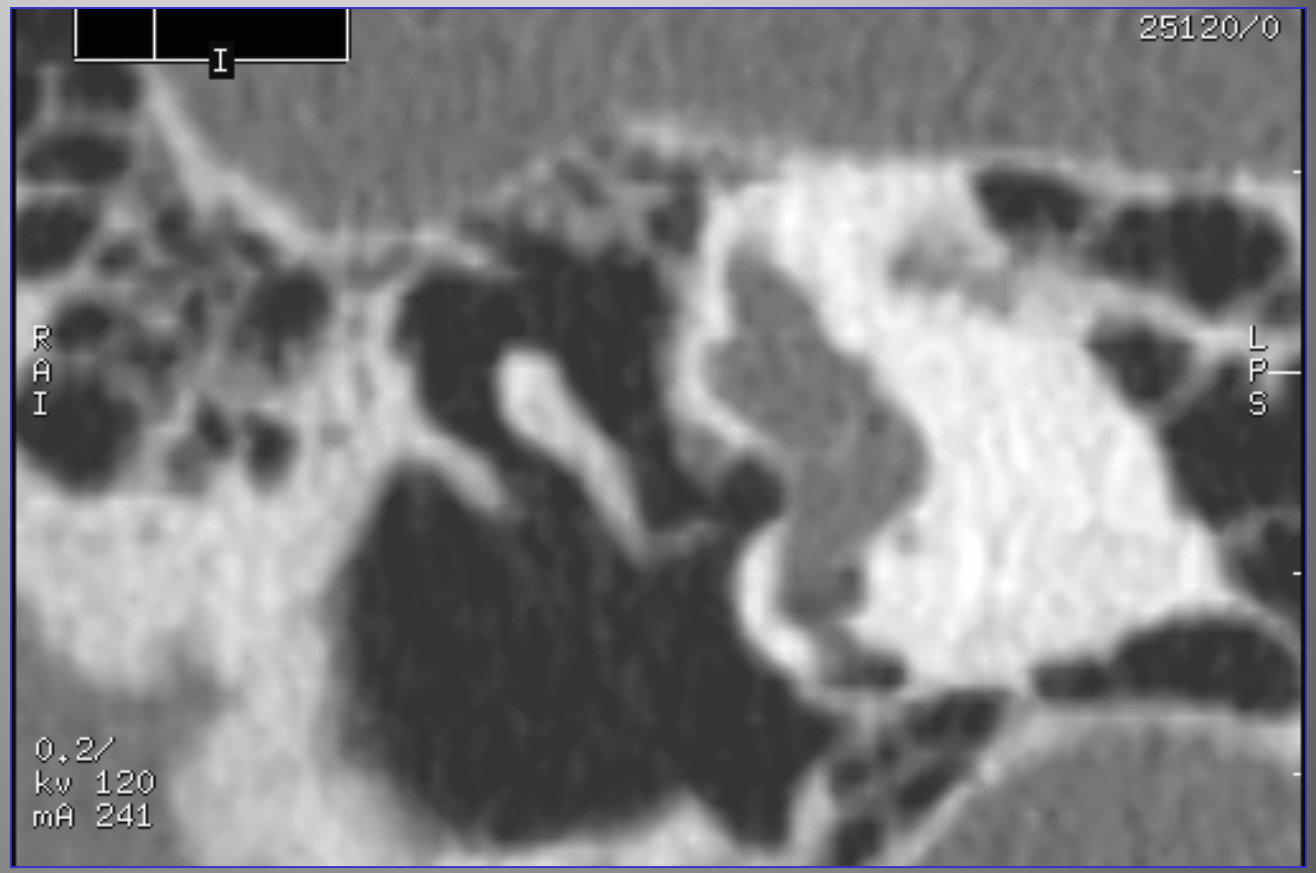
3 incidences de base

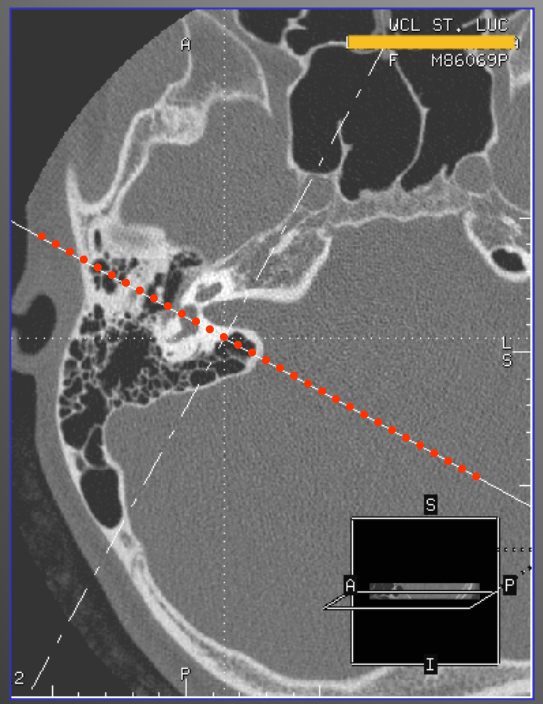
1





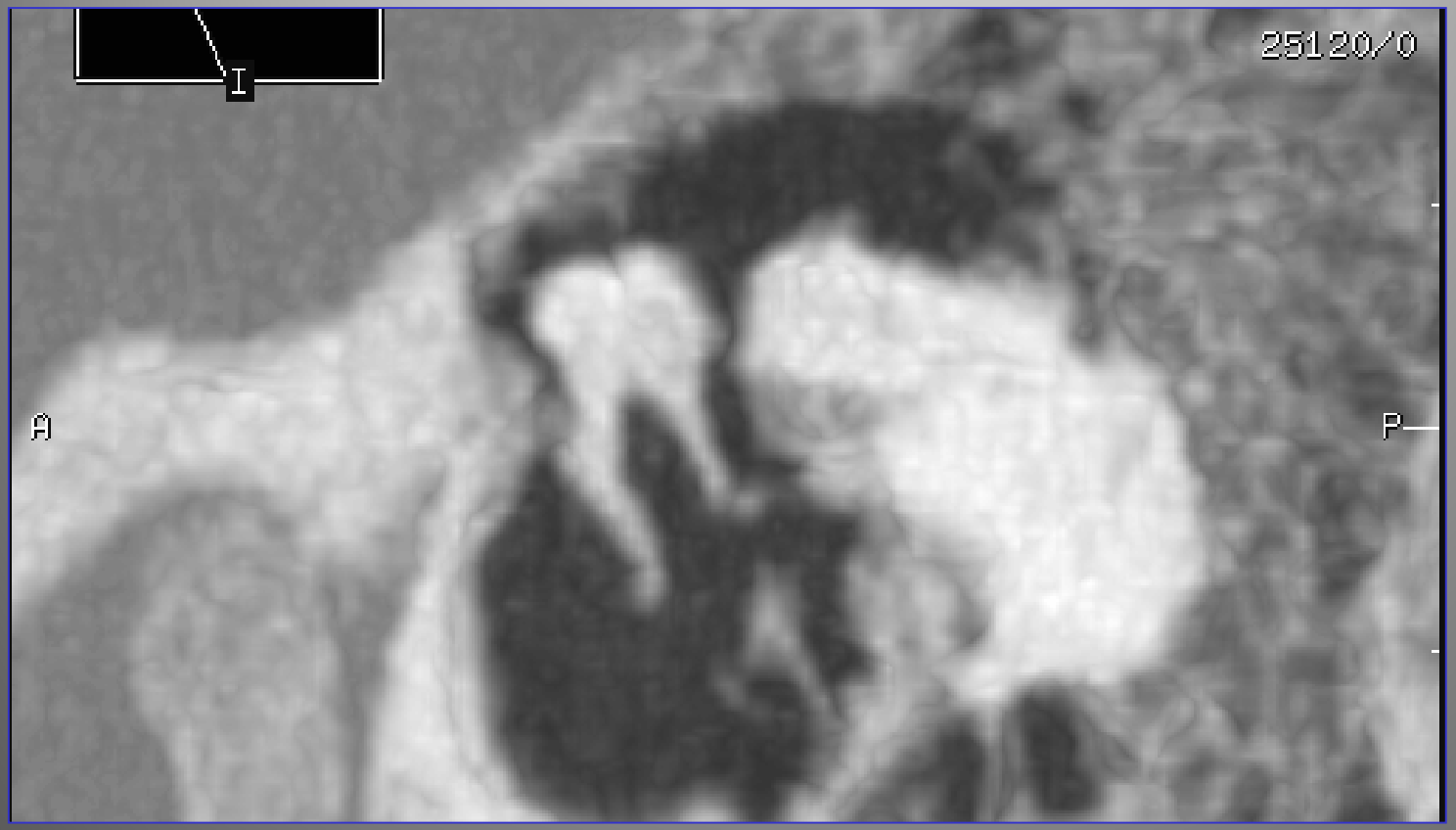
2

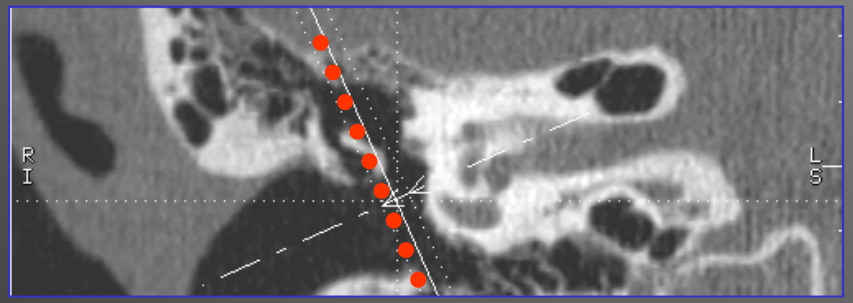




3 incidences de base

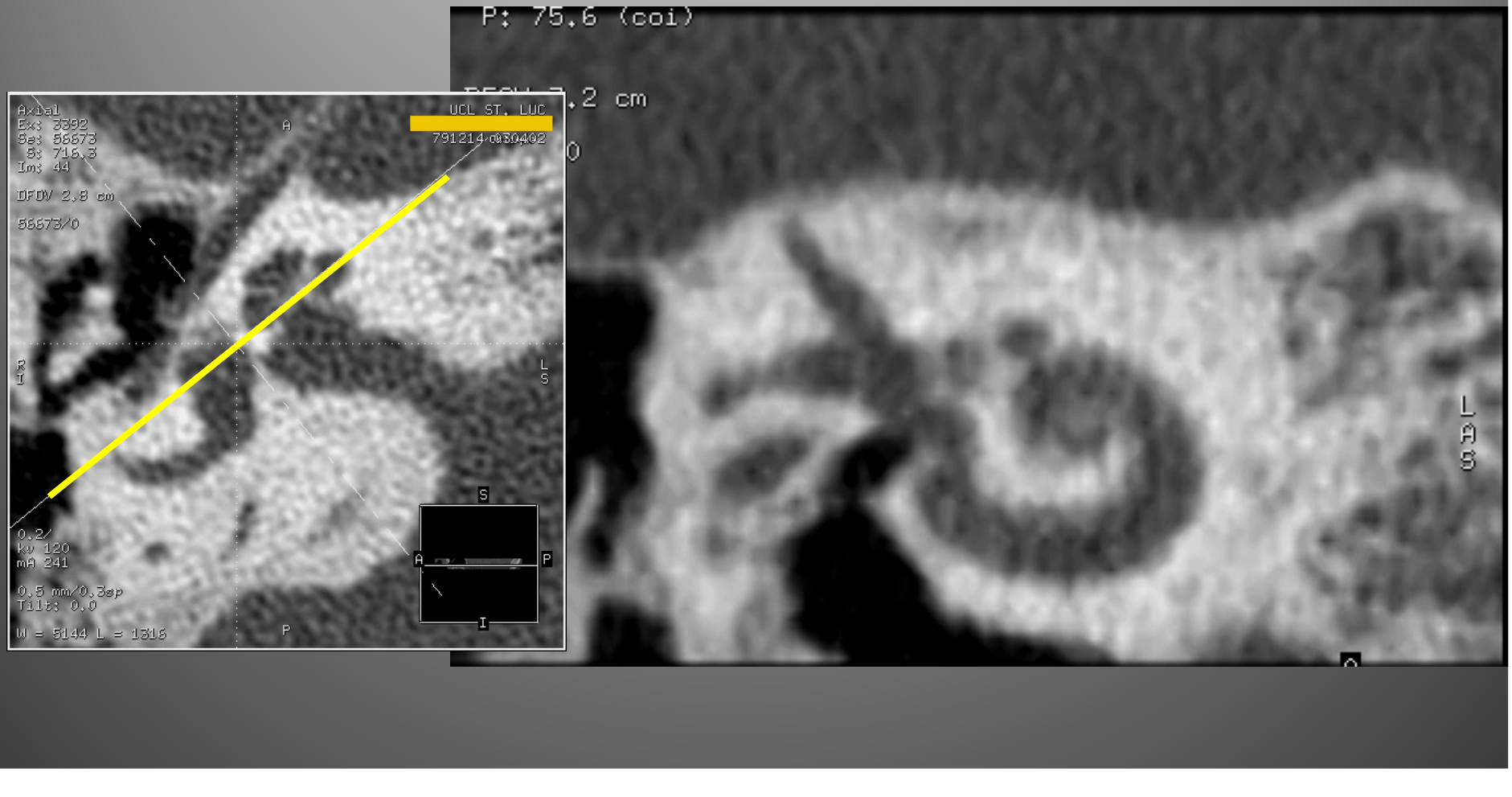
3 incidences de base



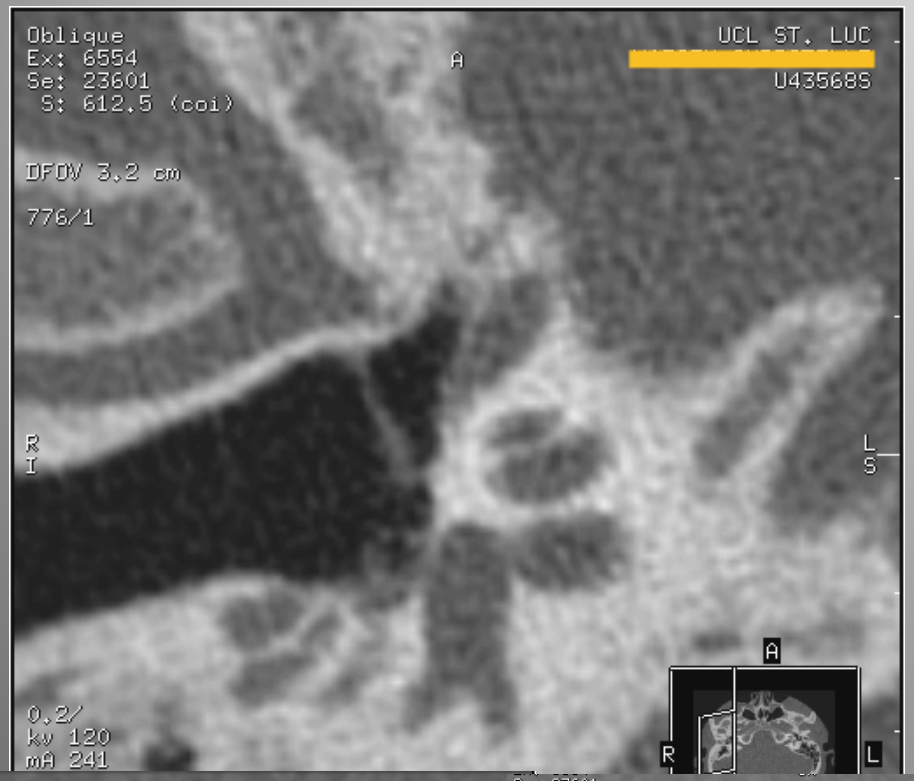


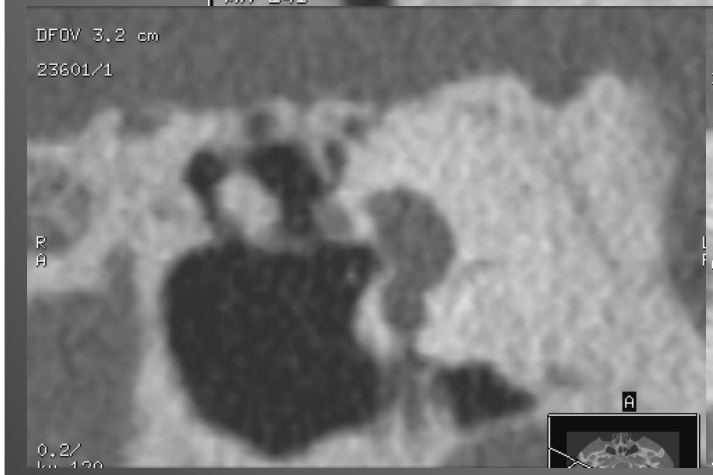
3

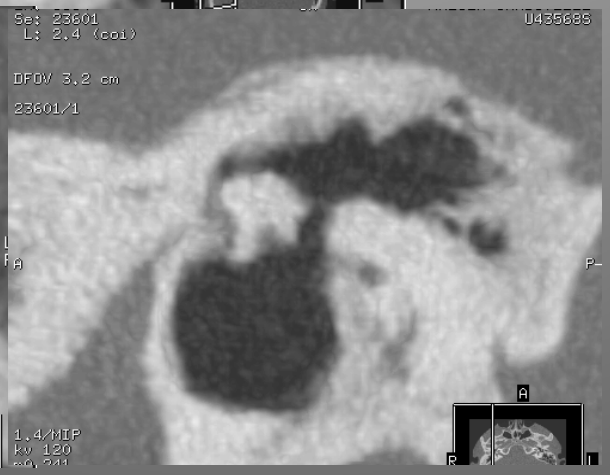
Incidence de la cochlée



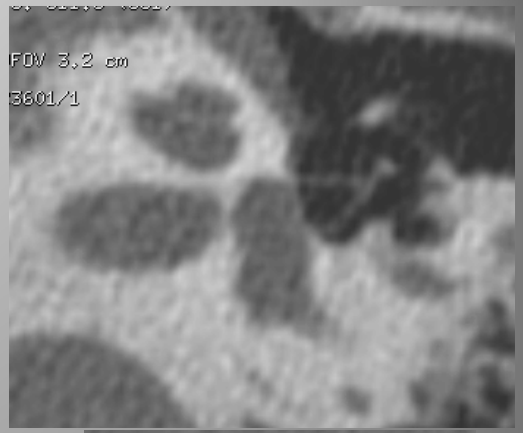
D

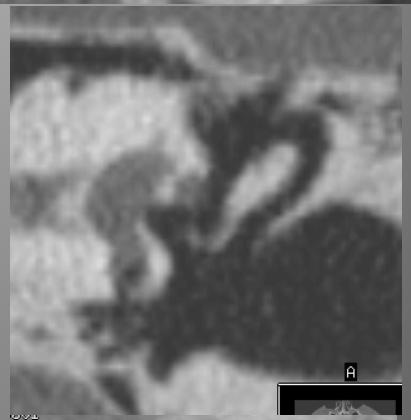


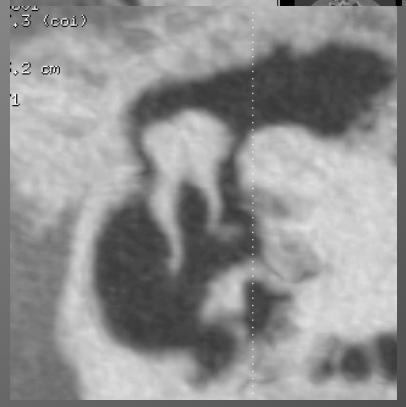




G

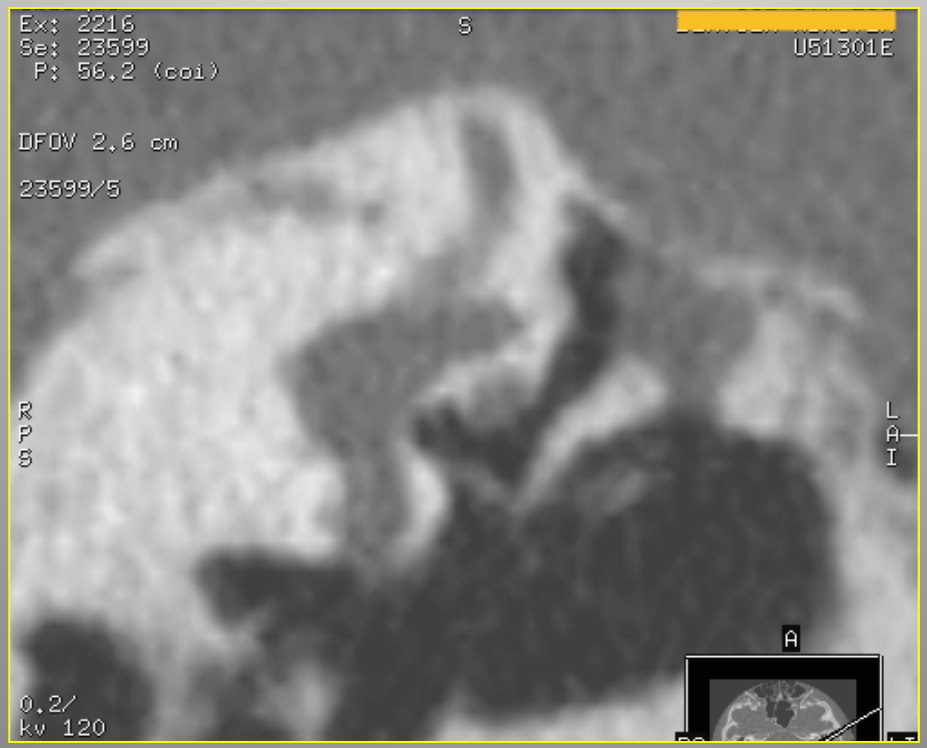




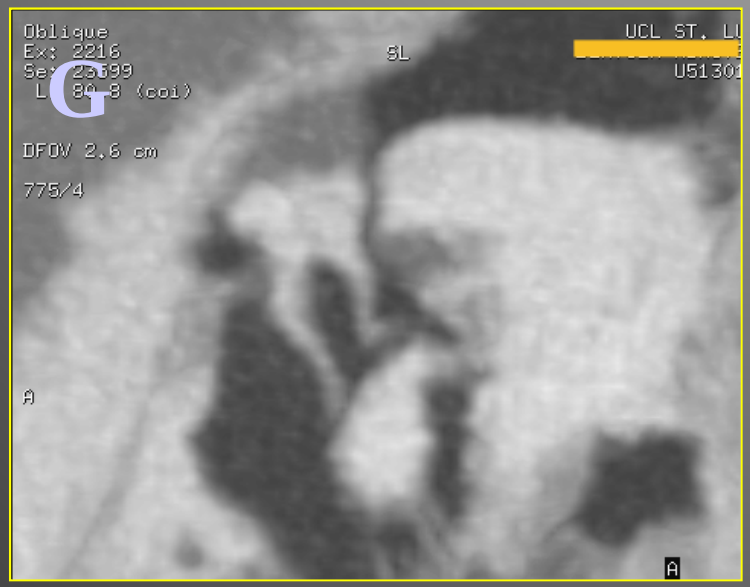


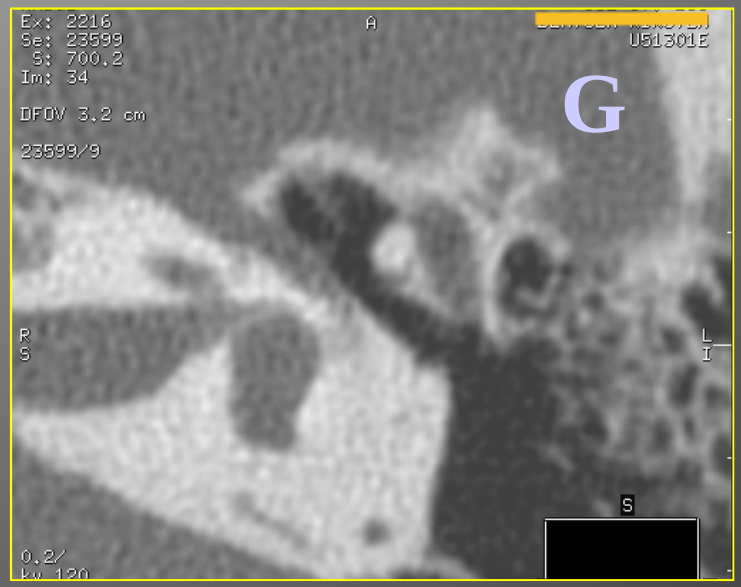
rétraction tympnique → lyse ossiculaire non magmatique

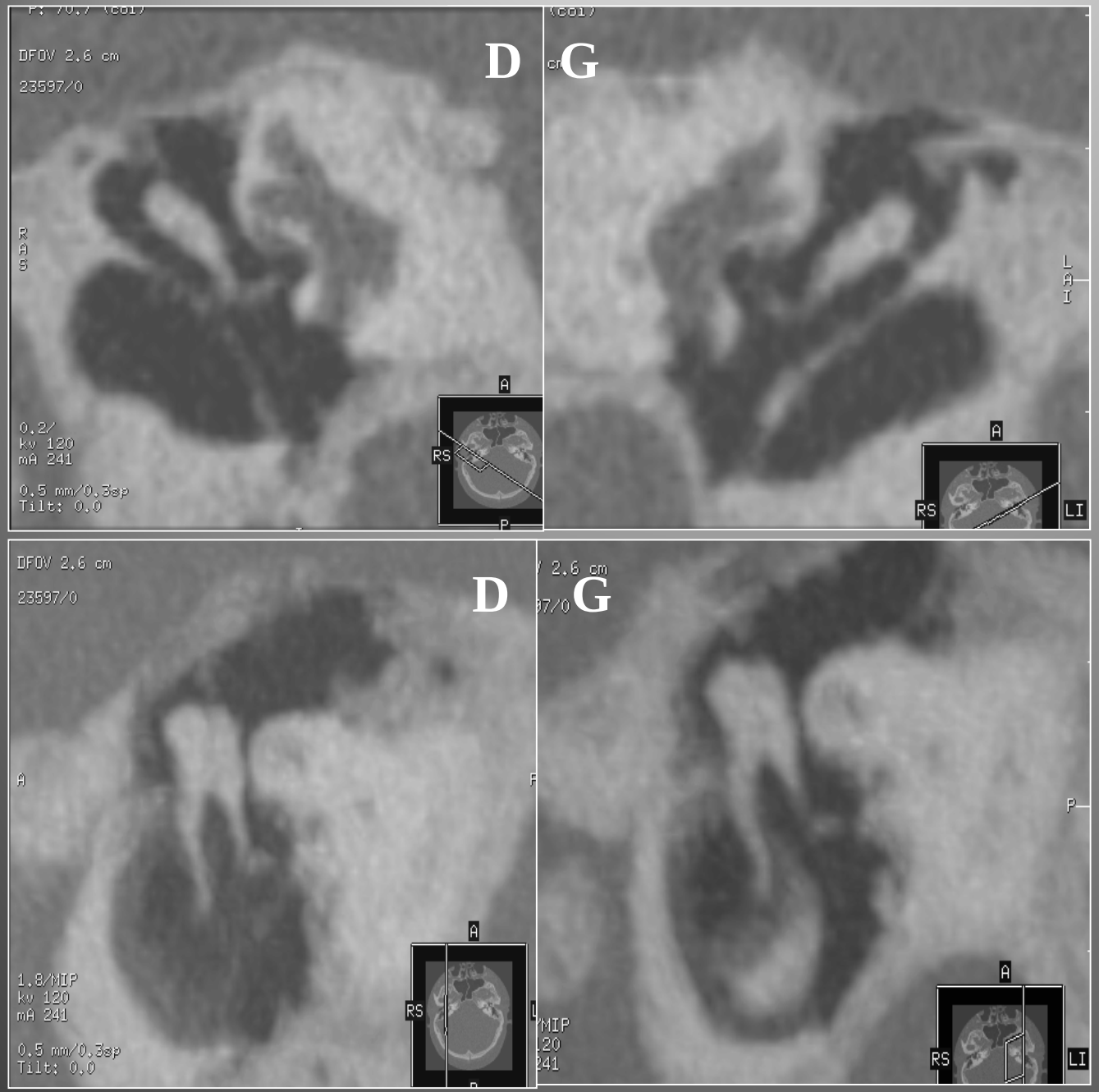
lyse
osseuse
magmatique



Cholestéatome
-nodularité
-polycyclique
-ostéolyse



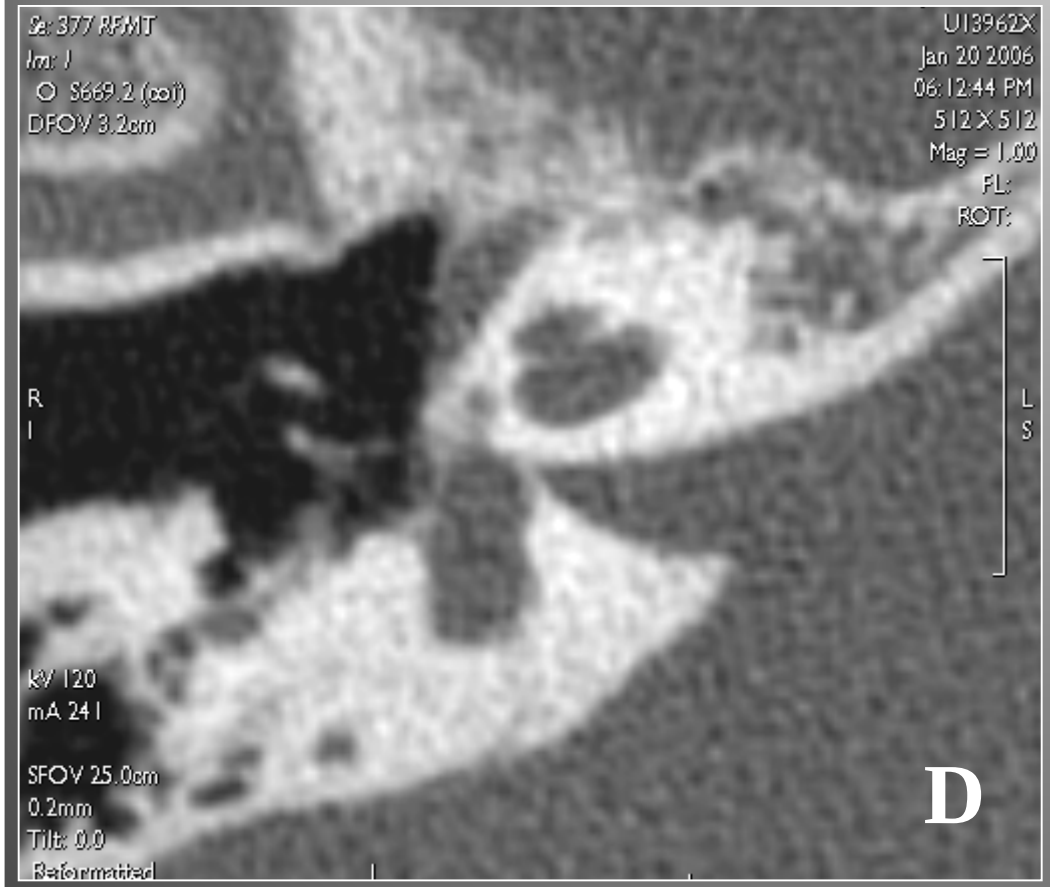




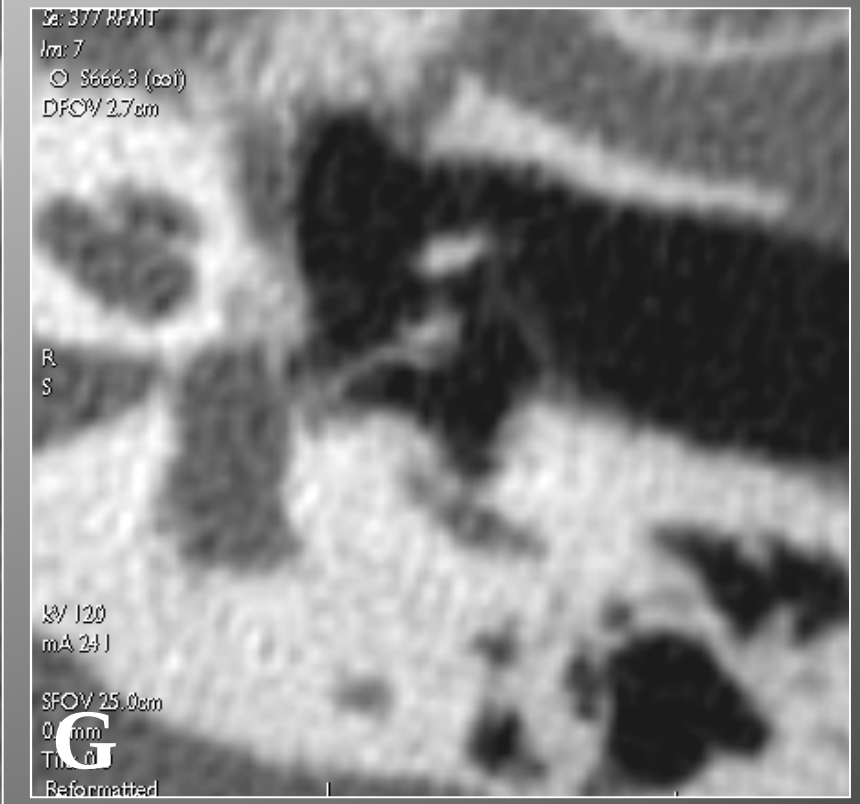
épaississement tympanique

- fibreux
- calcifiant

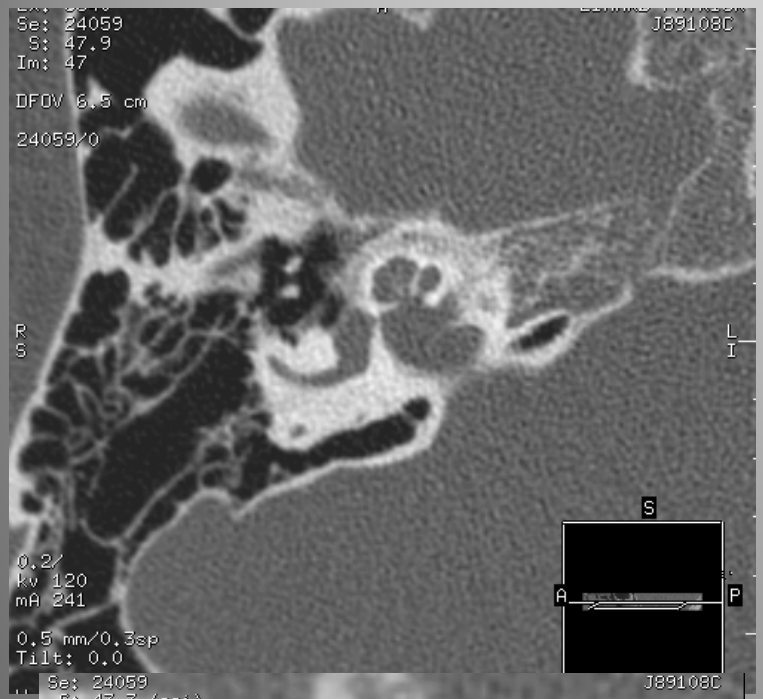
'tympanosclérose'

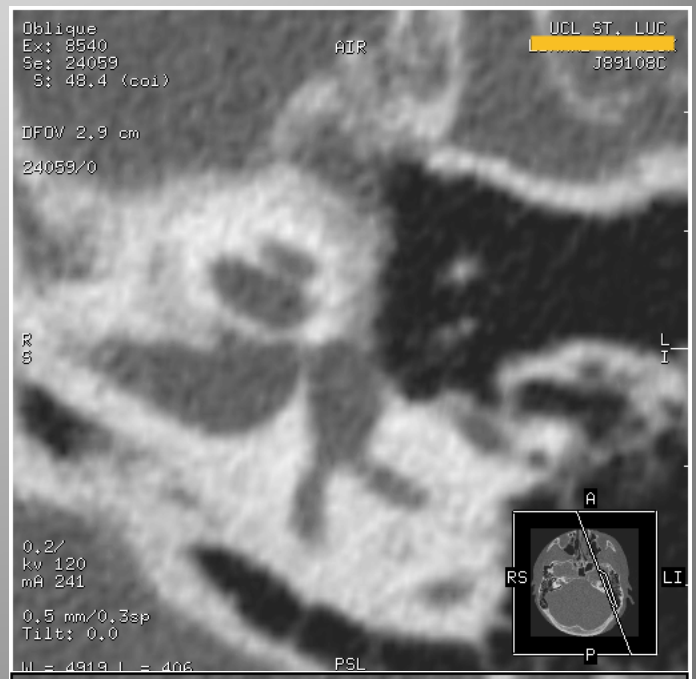


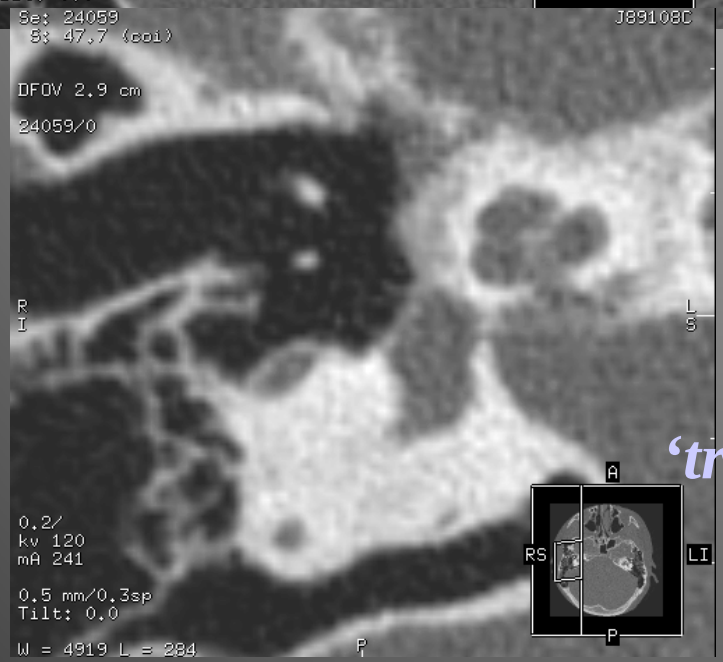
Otospongiose de la FAF

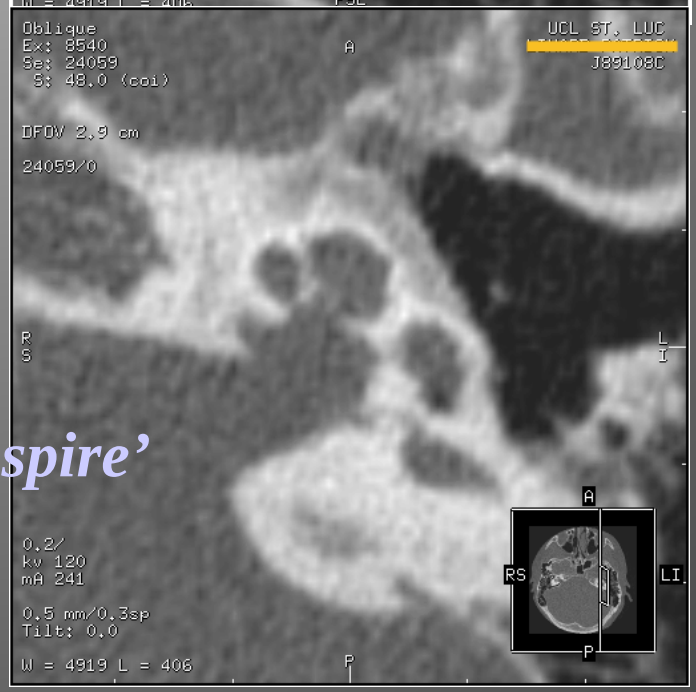


tympanoplastie de type II
'piston'



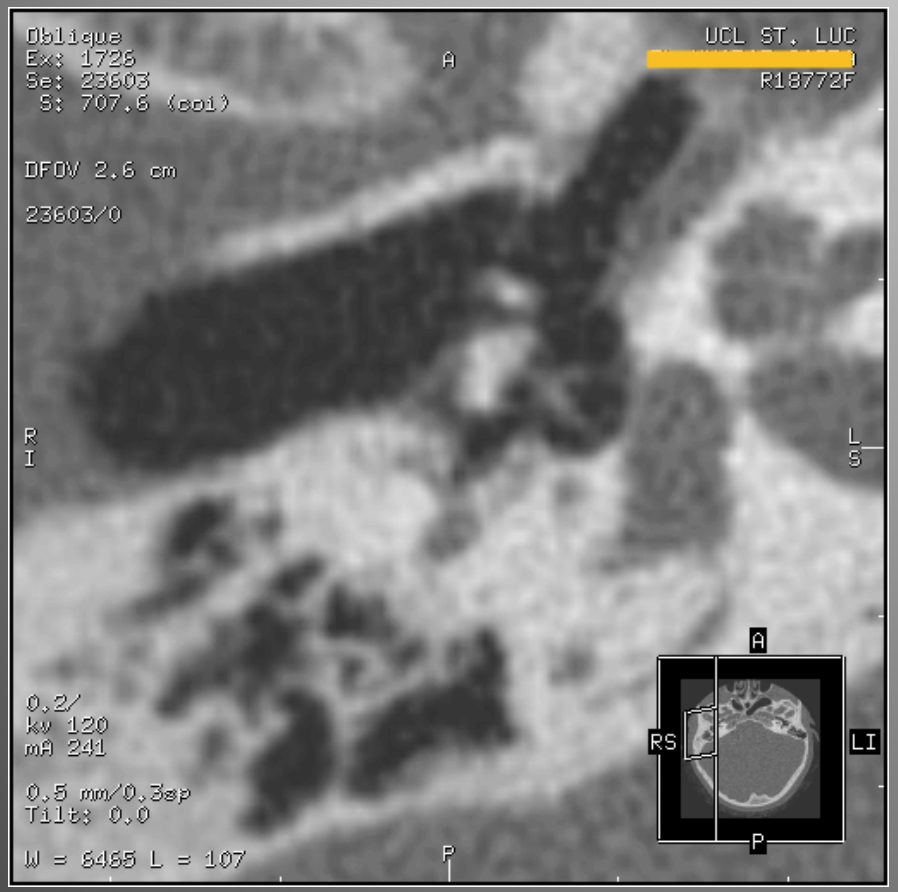


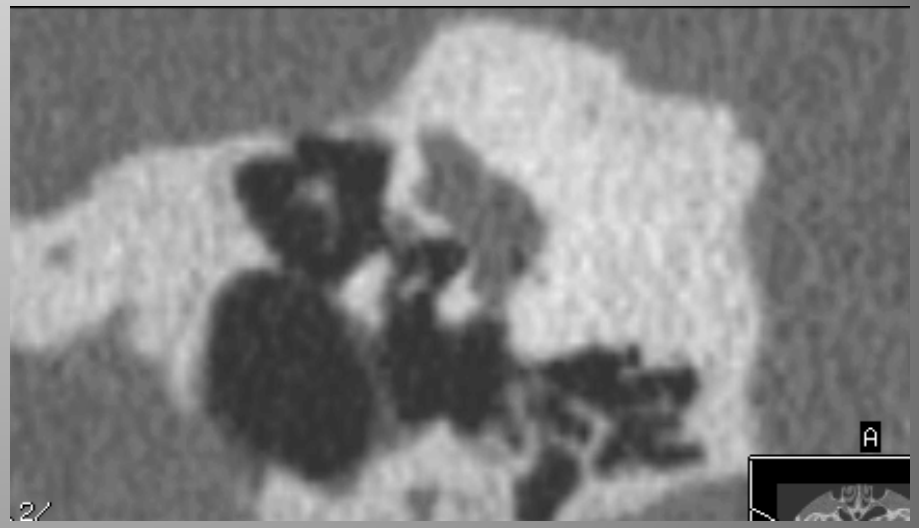


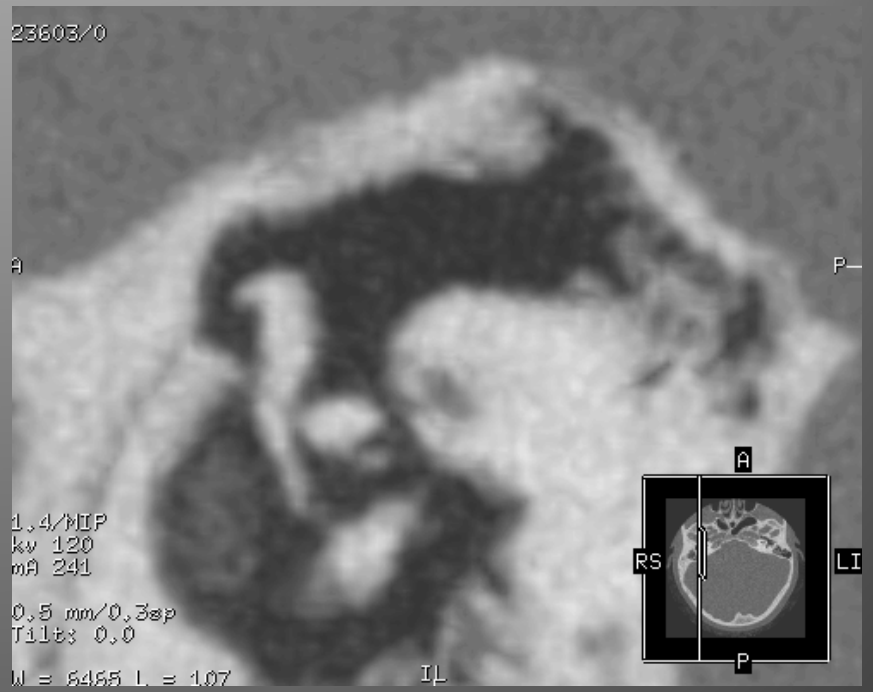


OS

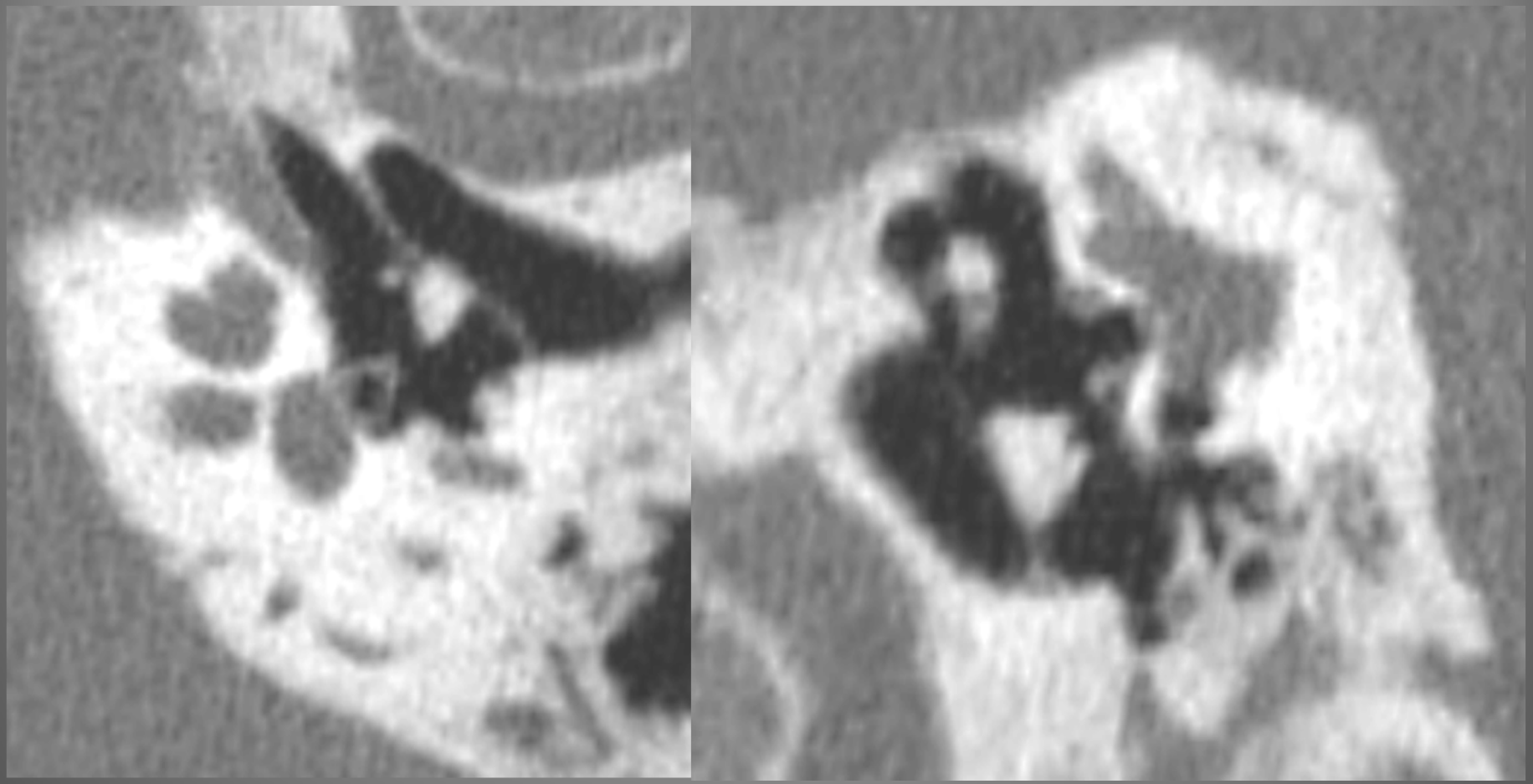
‘troisième spire’





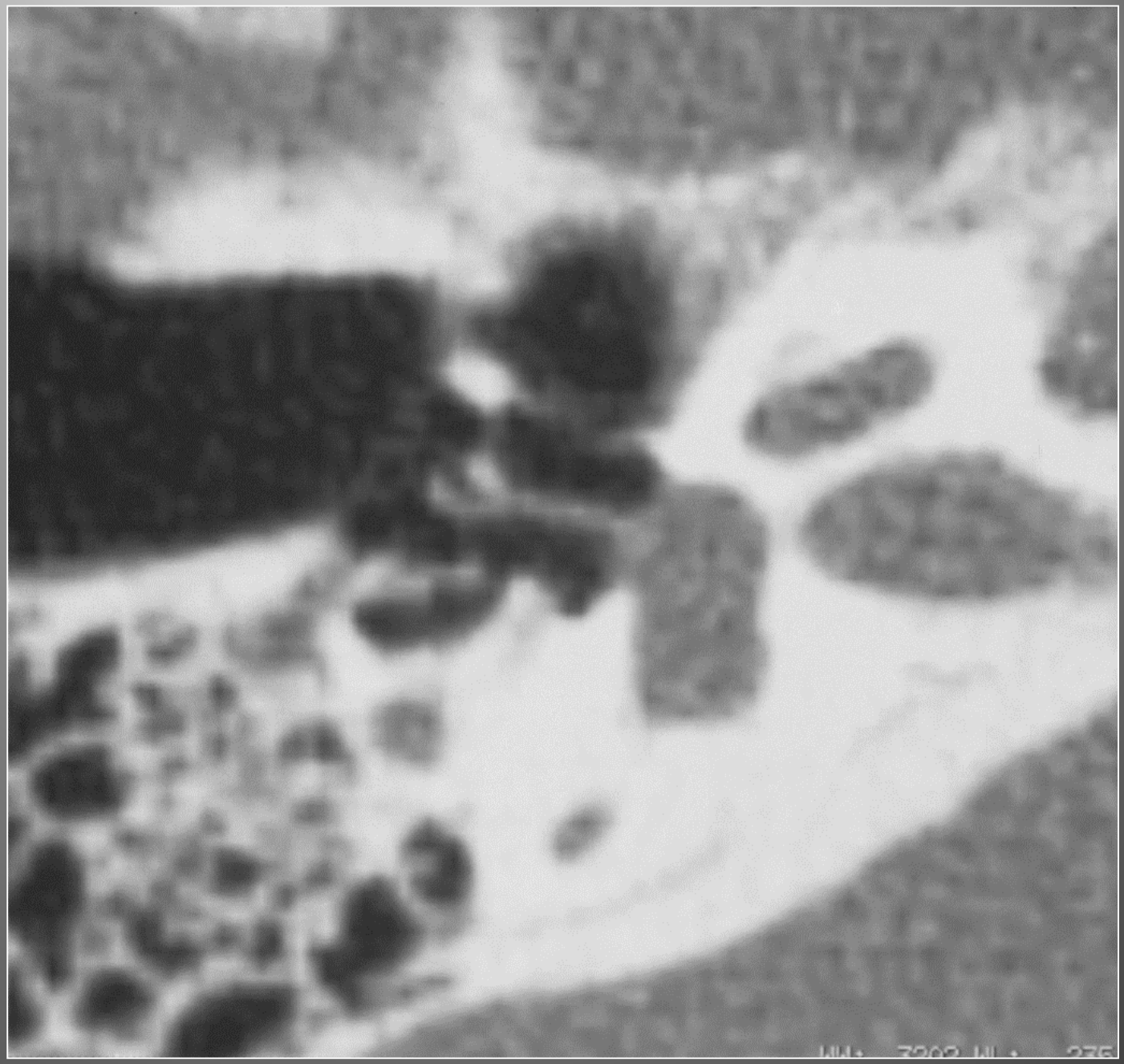


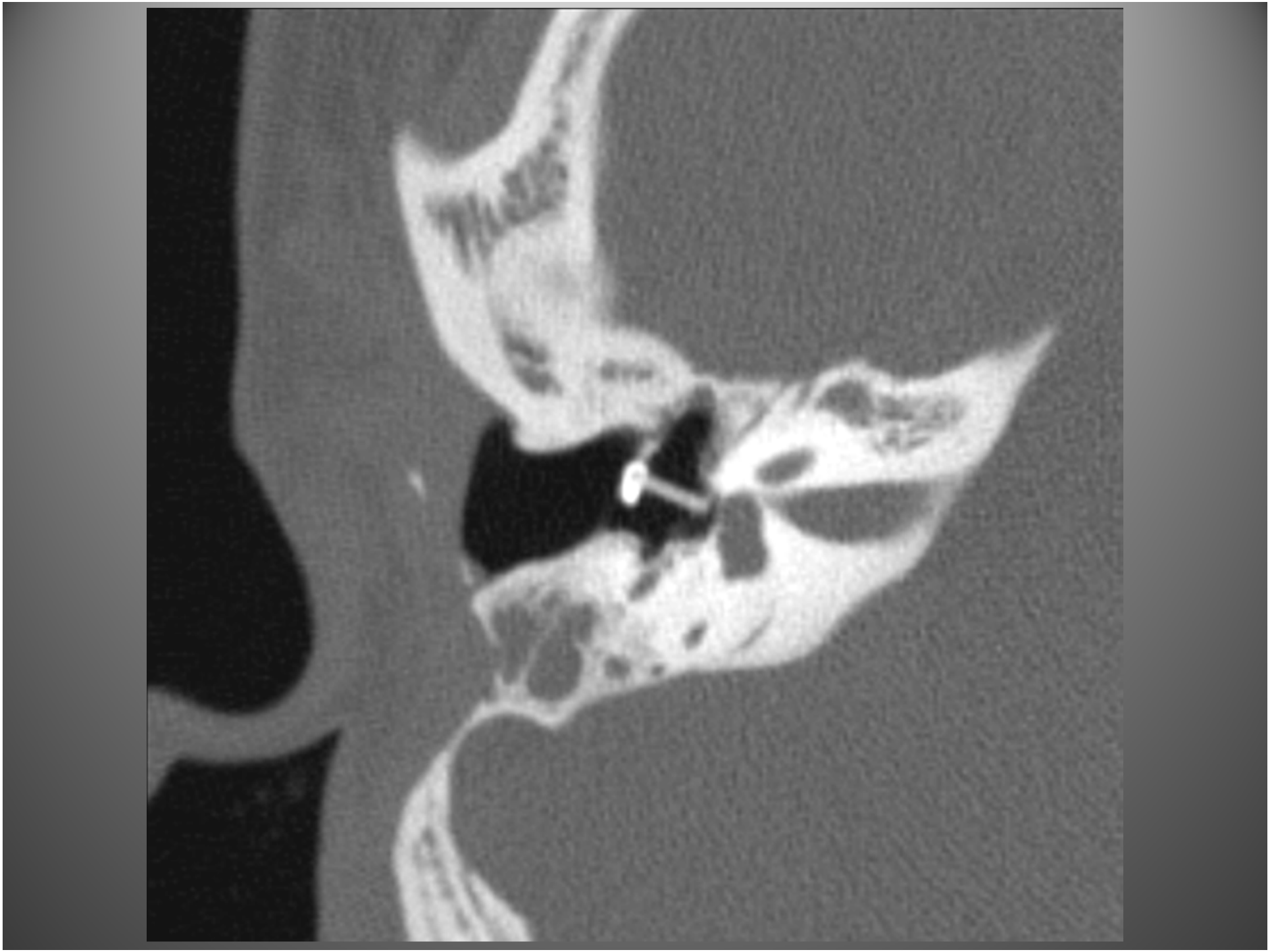
Tympanoplastie type II
greffon osseux

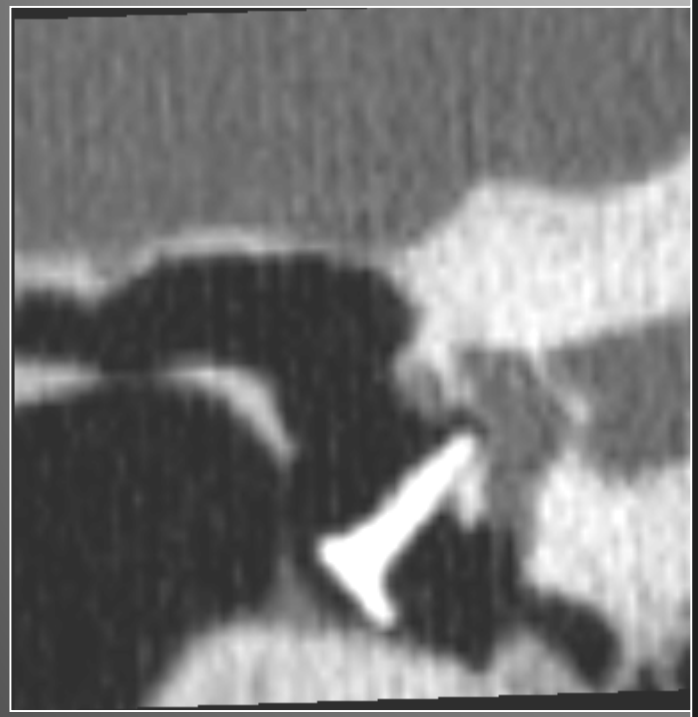


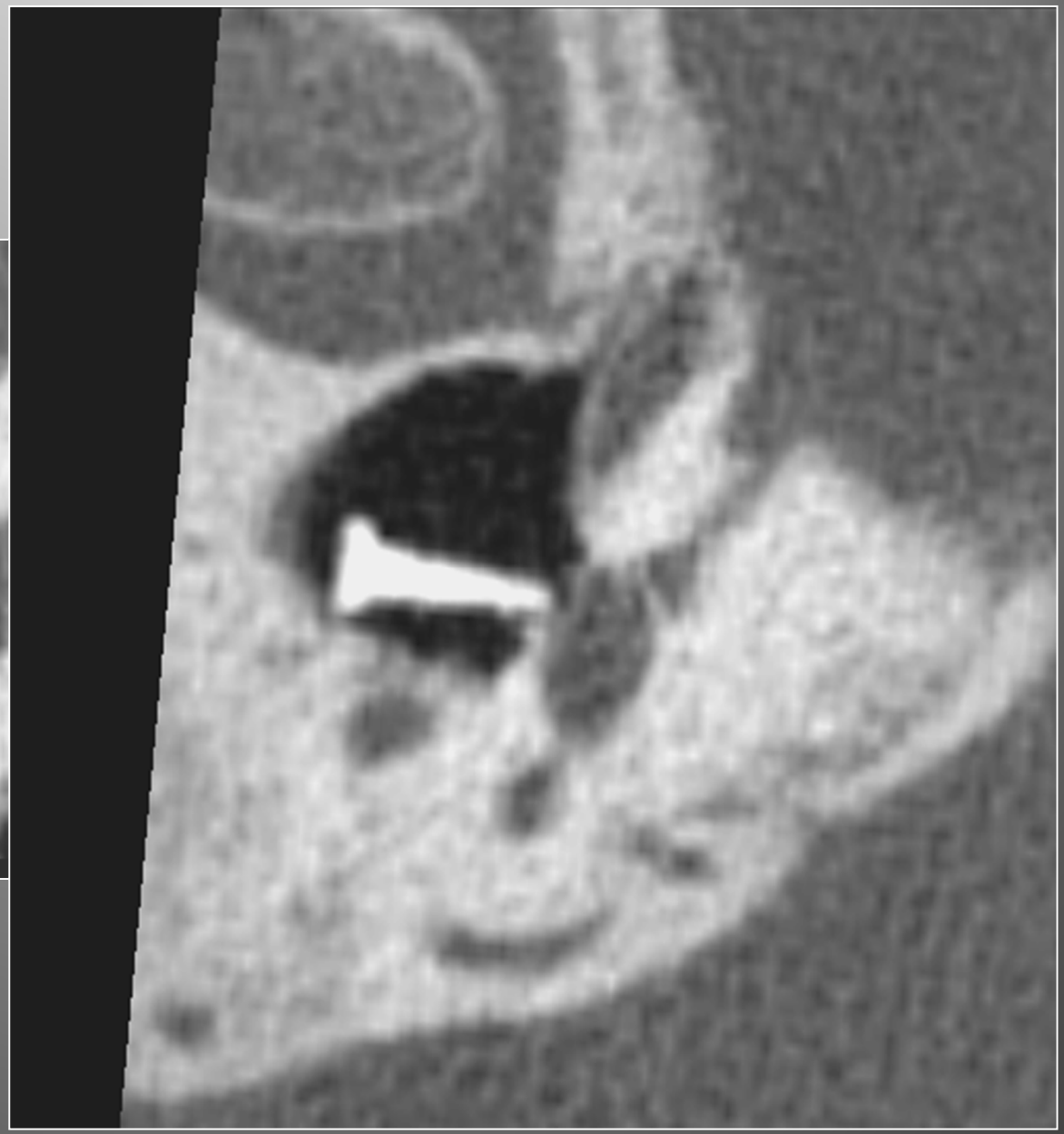
Tympanoplastie de type II décoaptée par extériorisation du néo-tympan

Déclippage
de la LAE

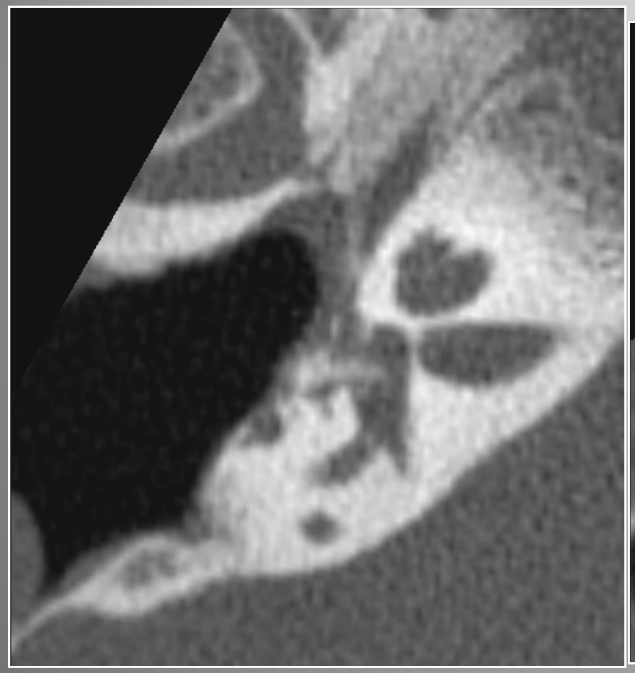


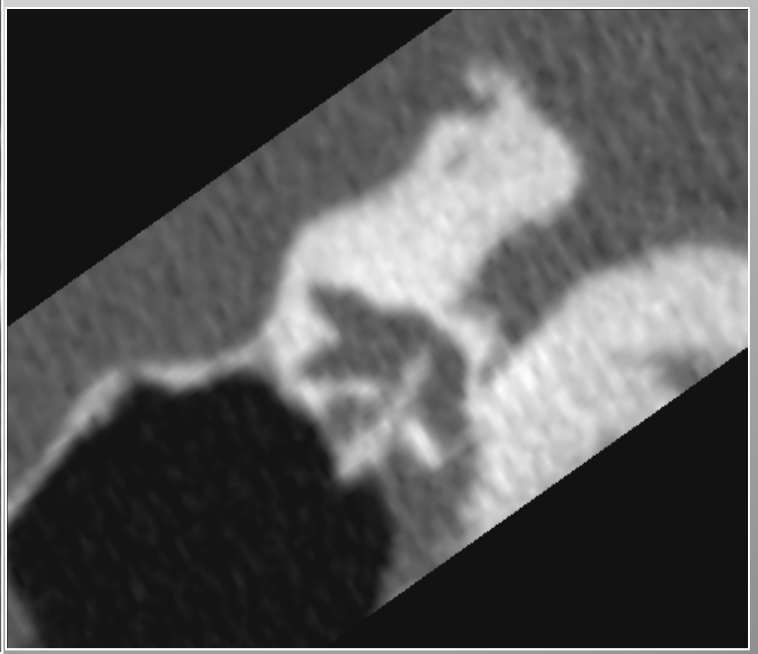




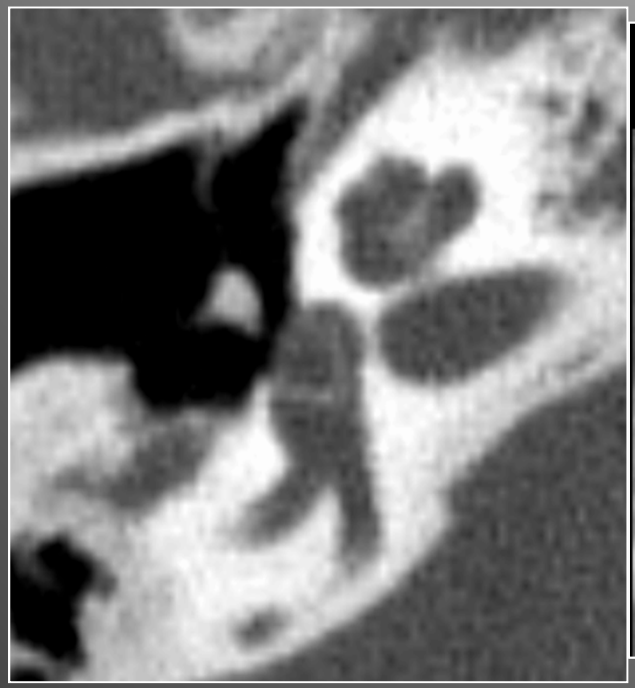


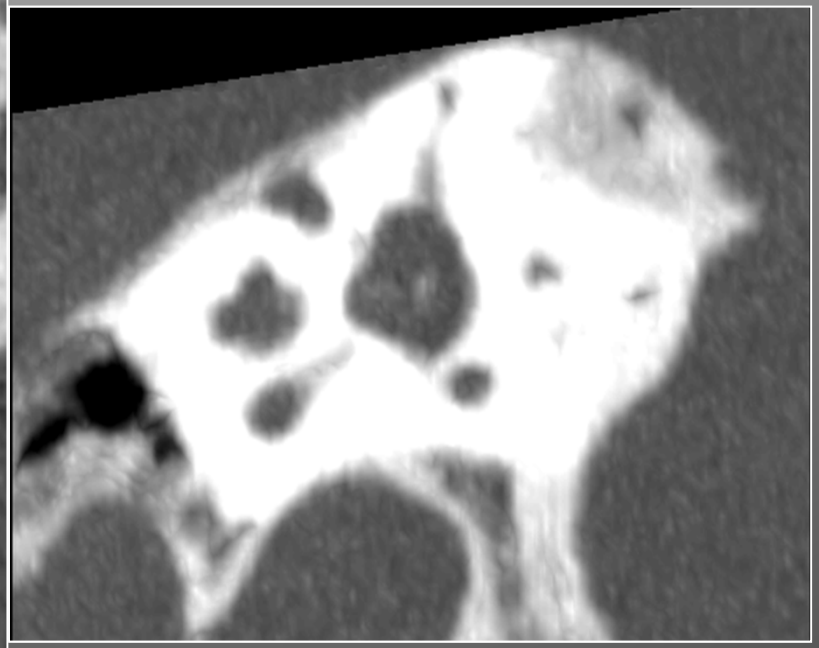
bascule

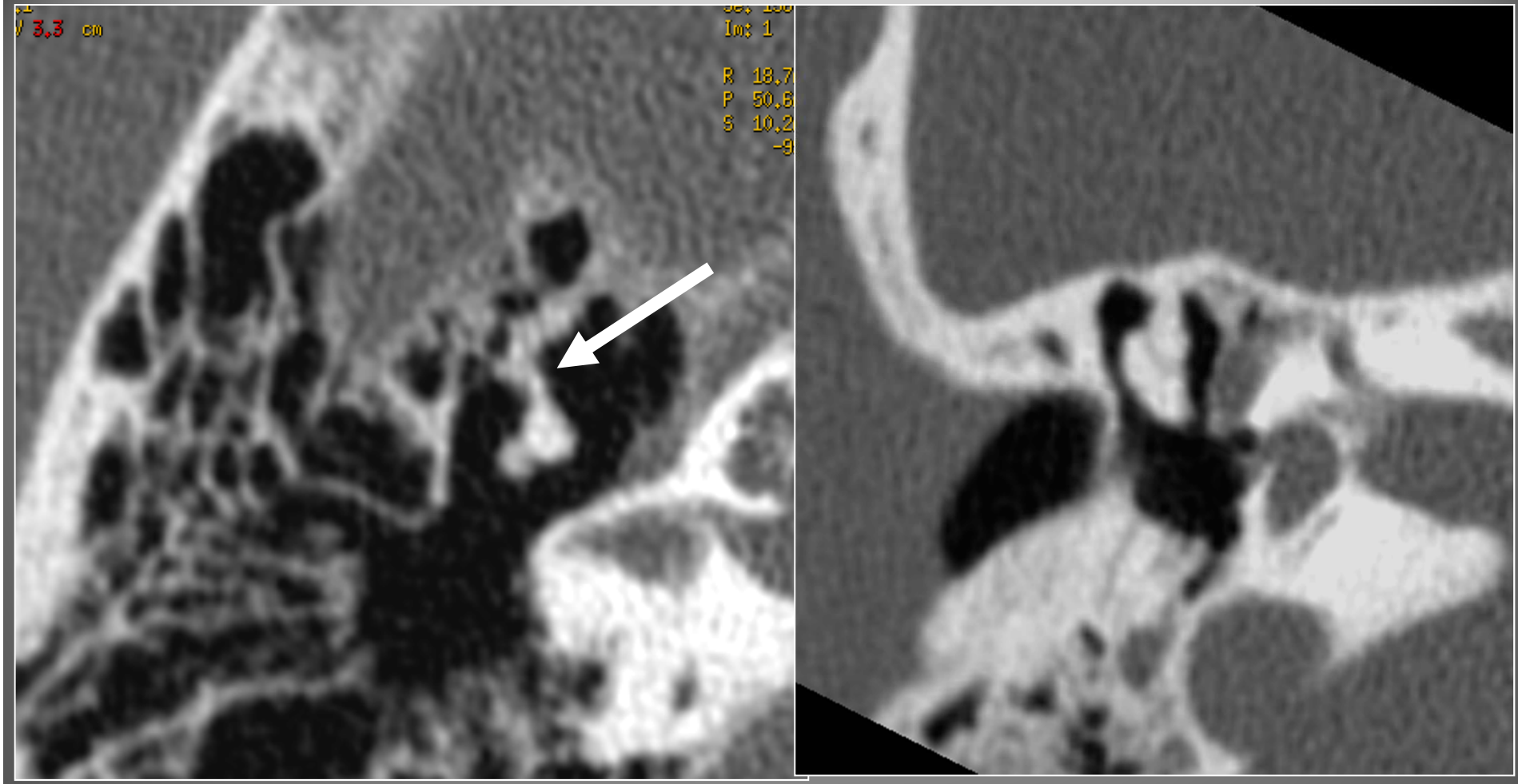




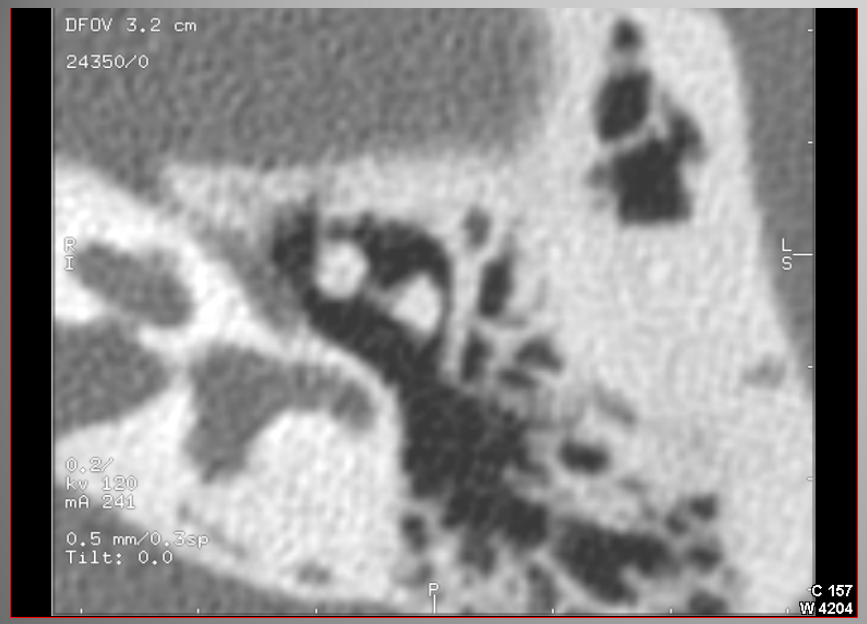
‘trauma iatrogène’

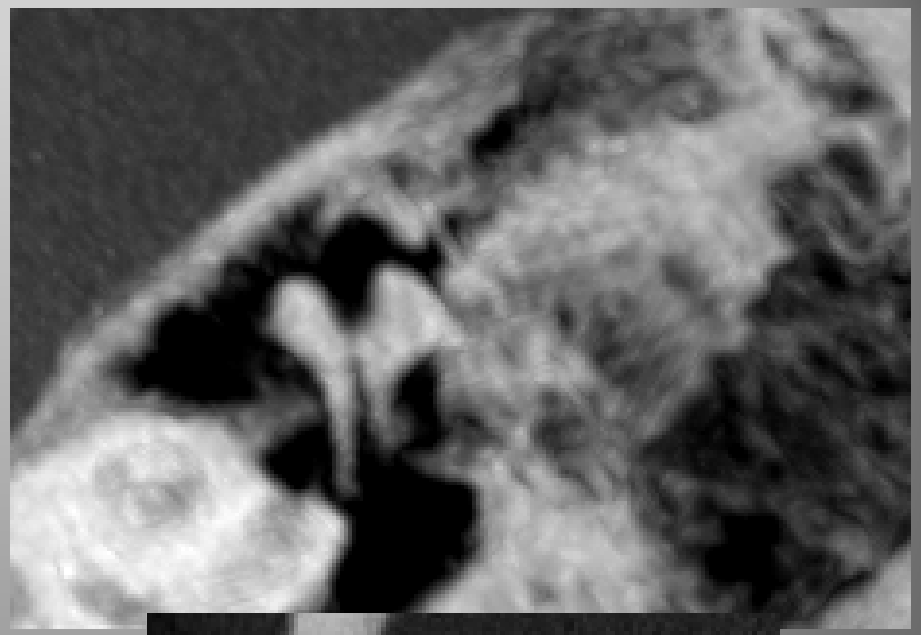


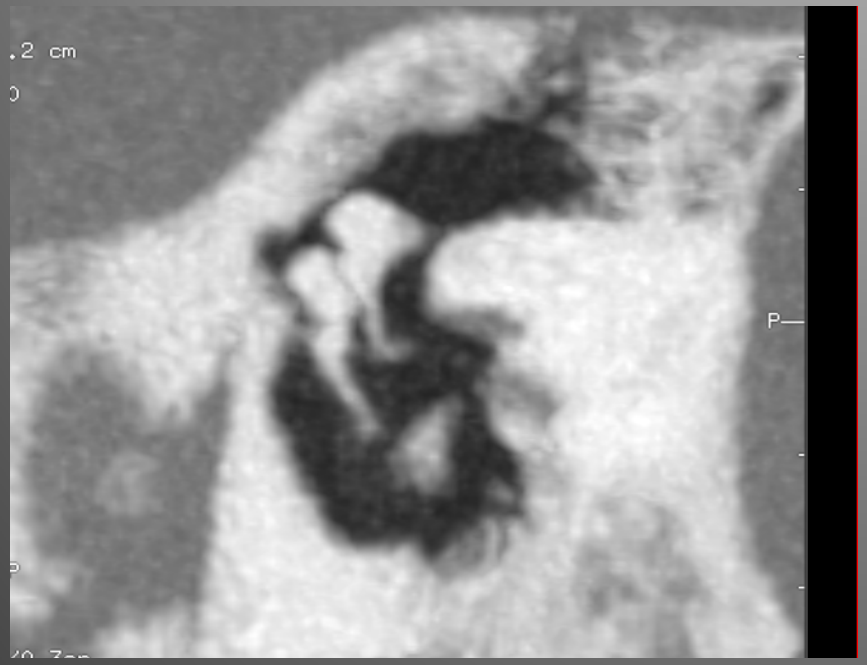


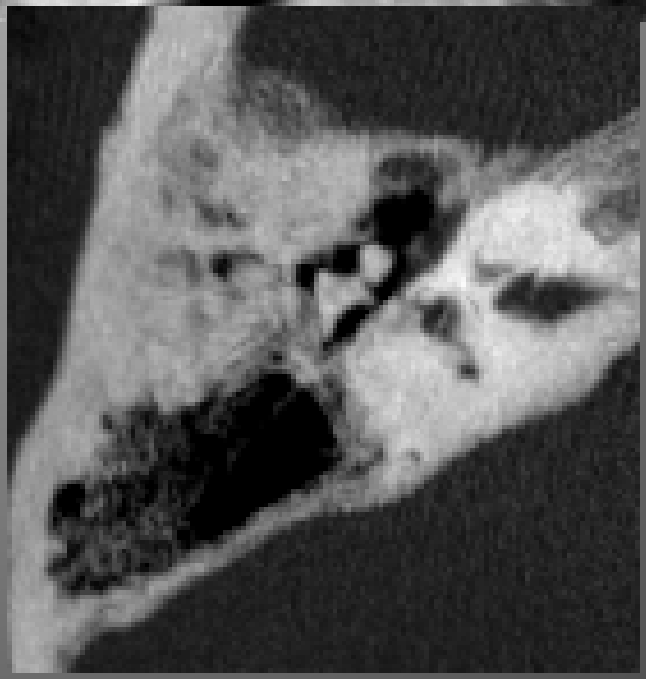


Fusion
attico-malléaire



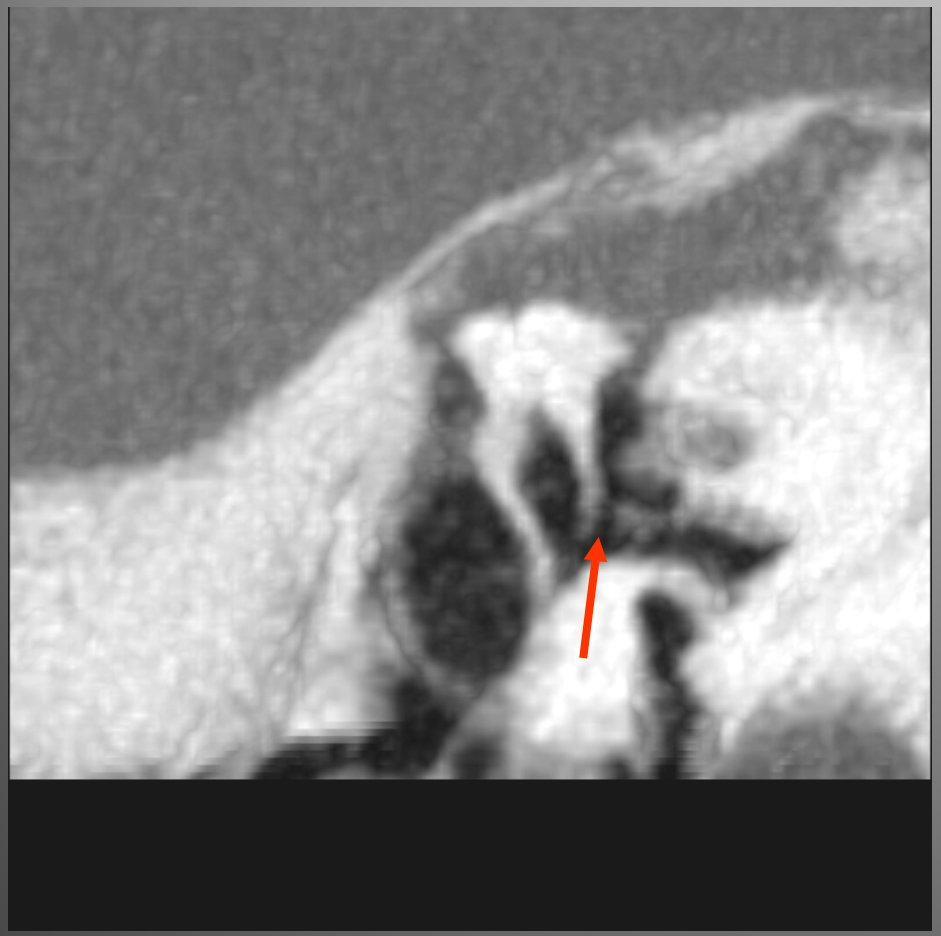


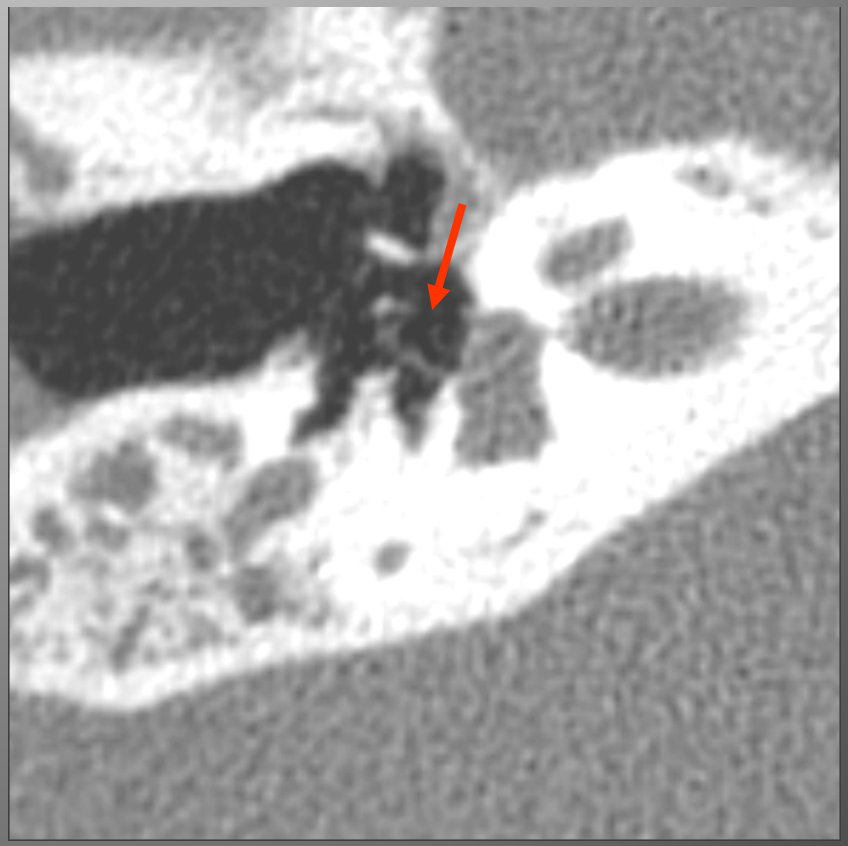


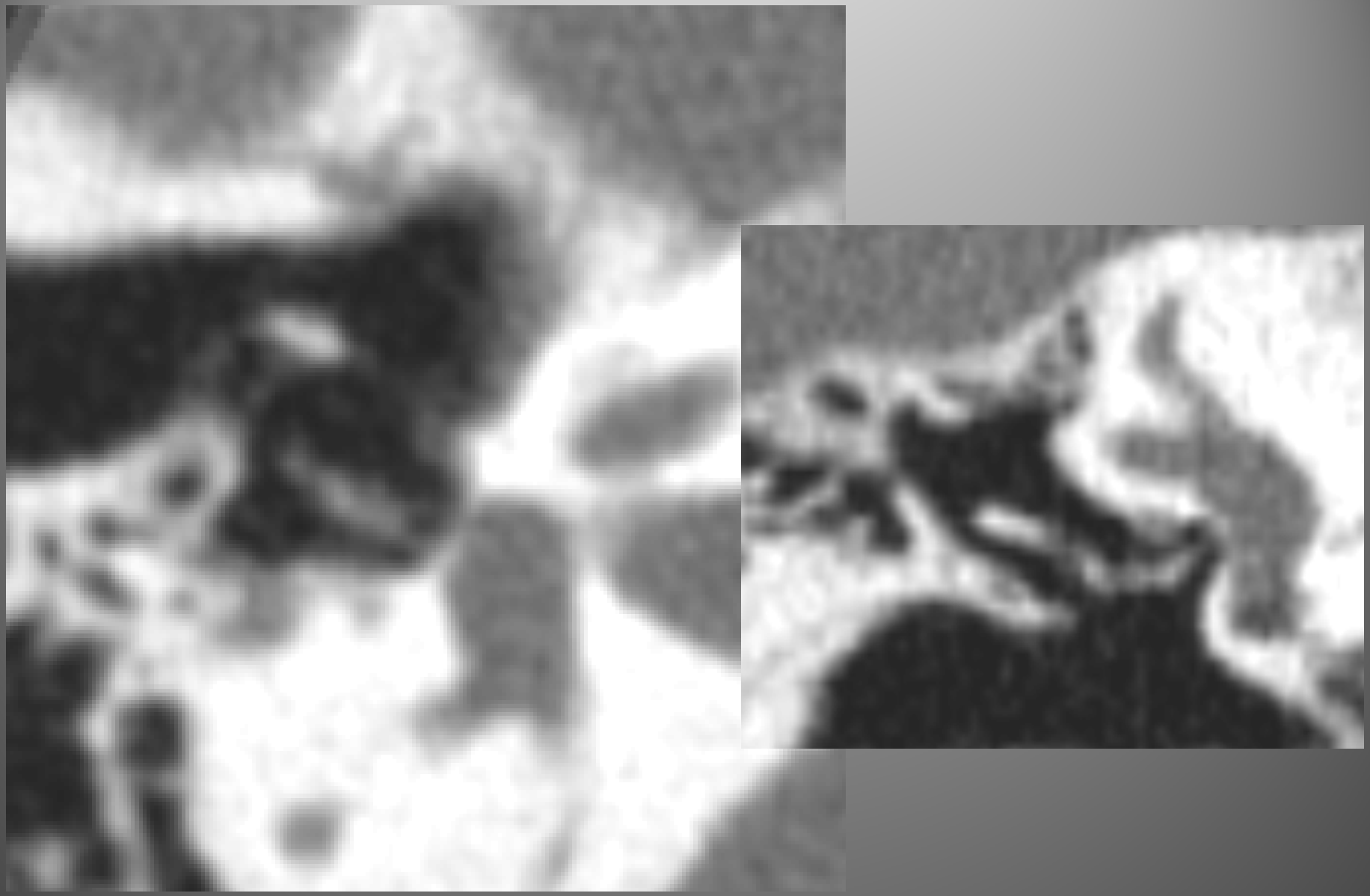


luxation incudo-malléaire

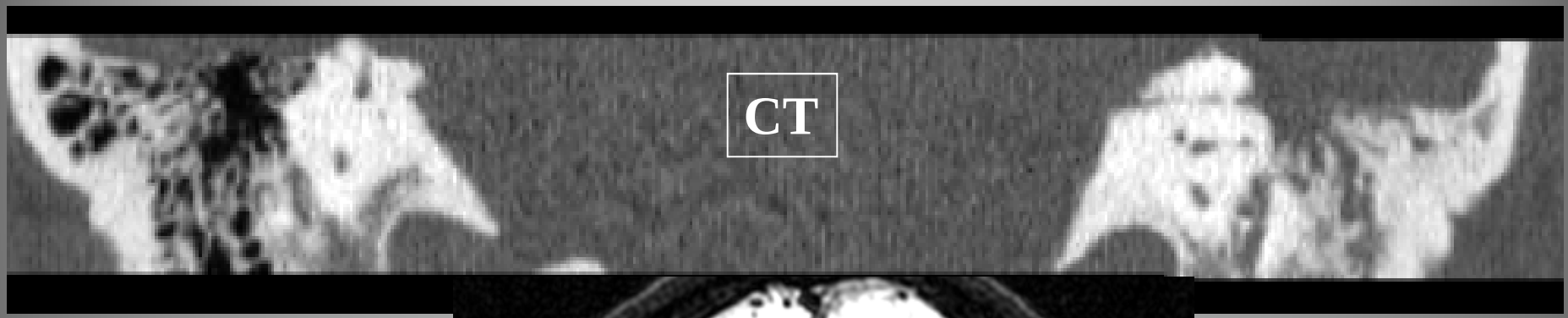
luxation incudo-stapédienne + fracture de l’étrier



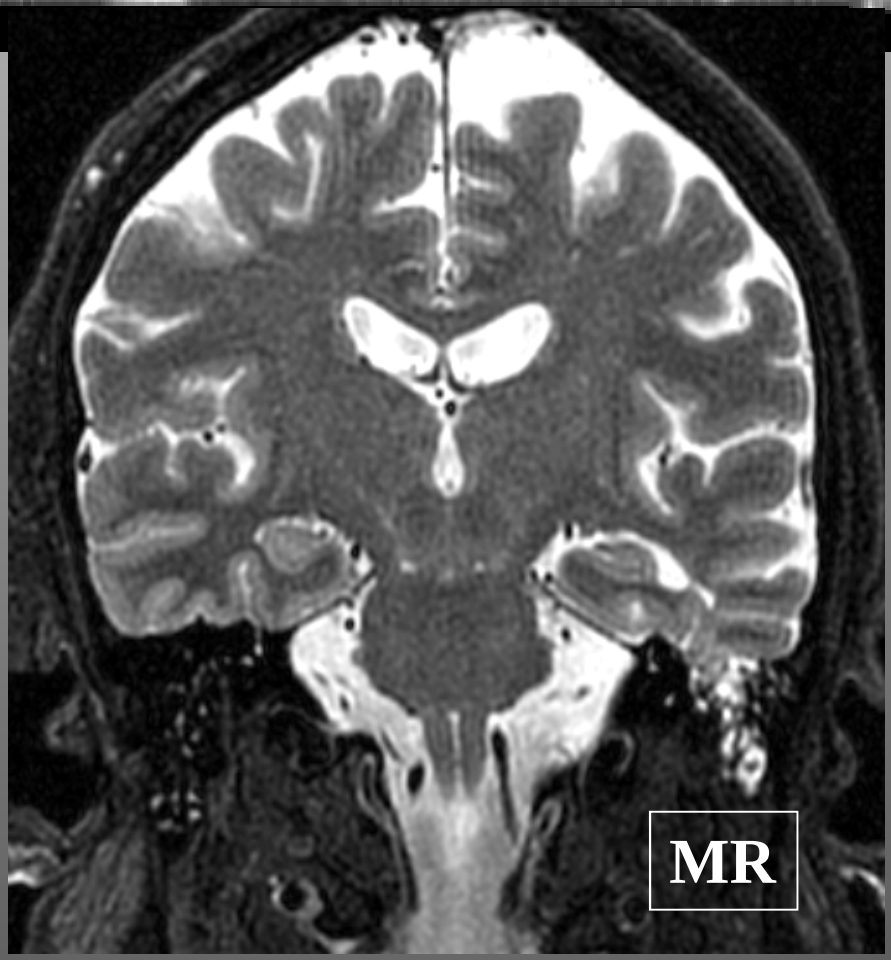




agénésie ou dysplasie mineure de l’étrier



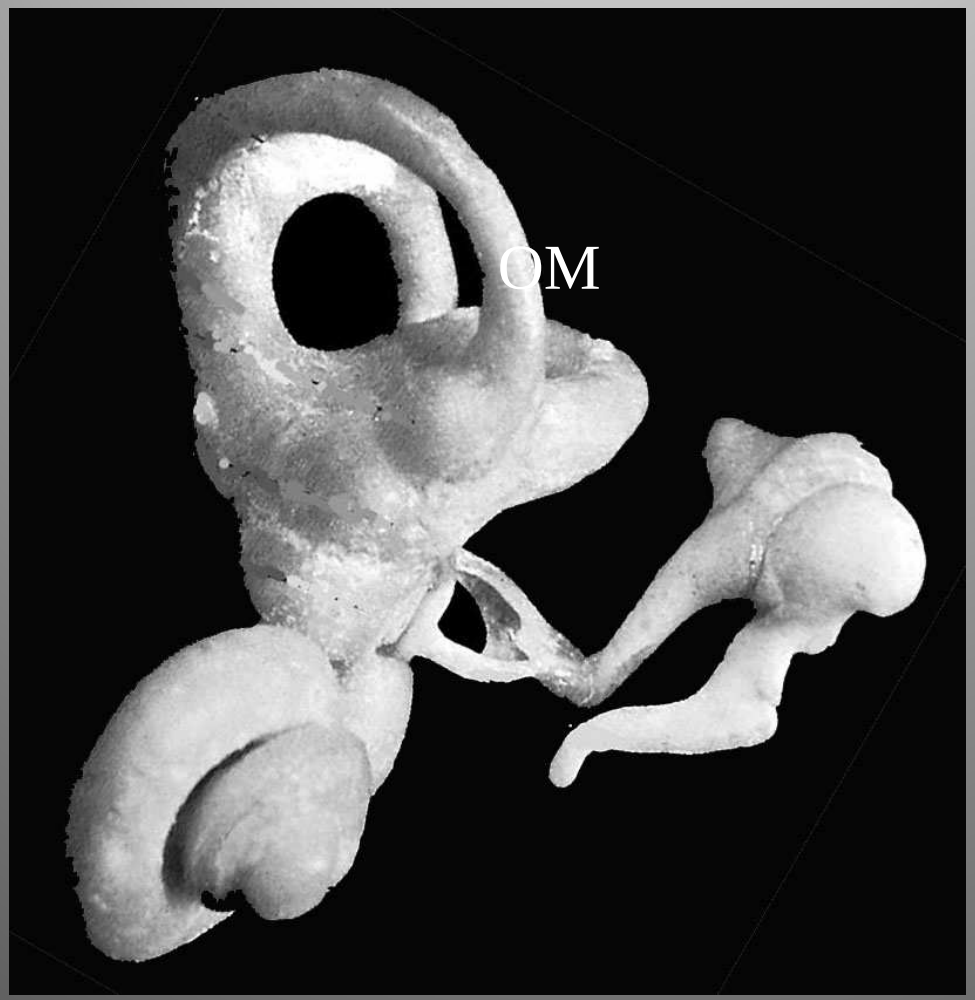
déhiscence
du tegmen
tympani



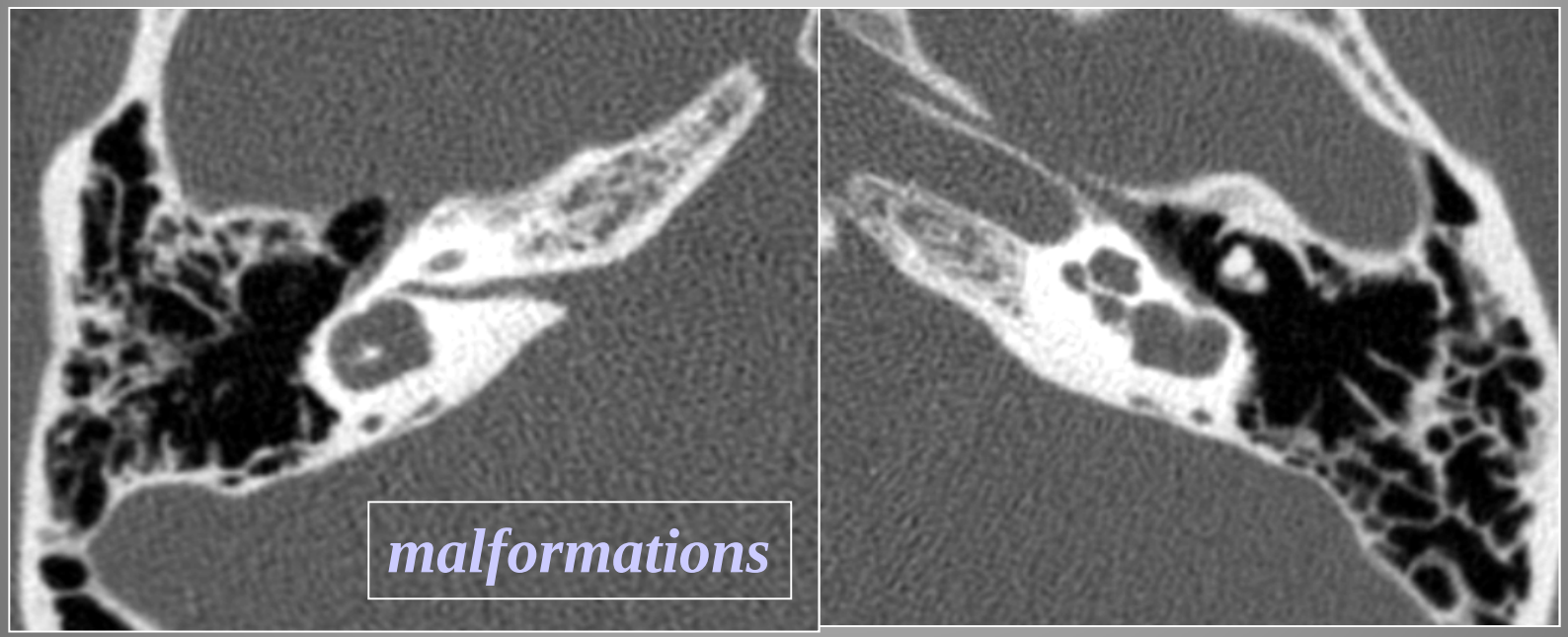
Myelo-encéphalocèle

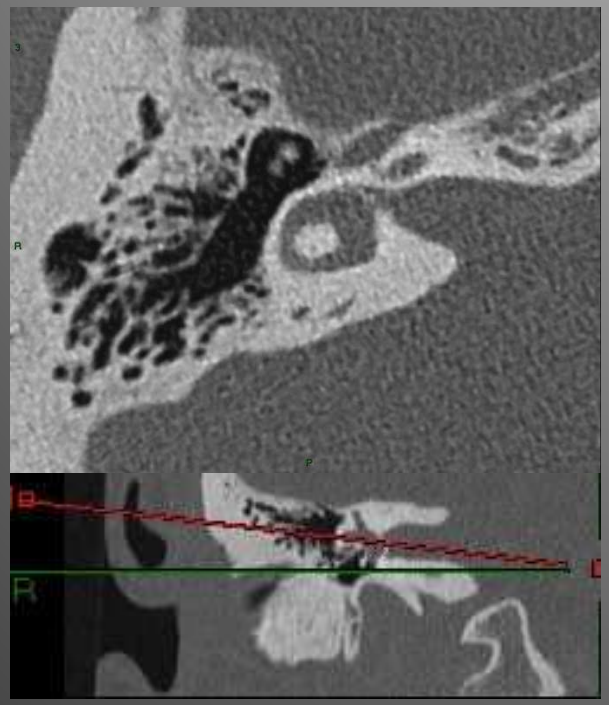
Oreille interne

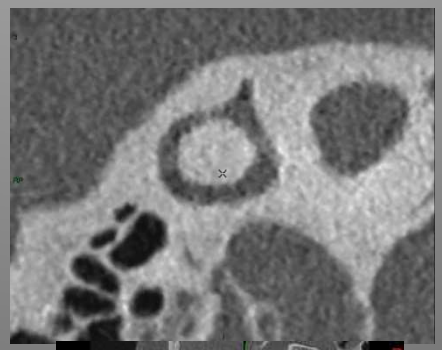
labyrinthe postérieur

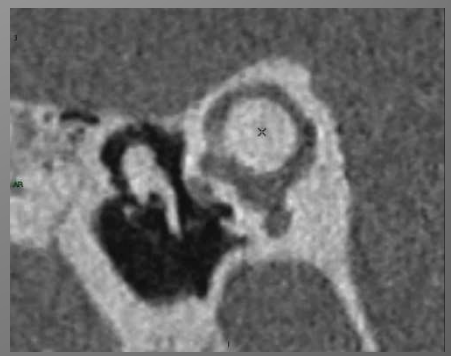


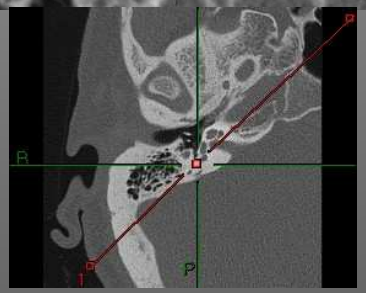
labyrinthe antérieur

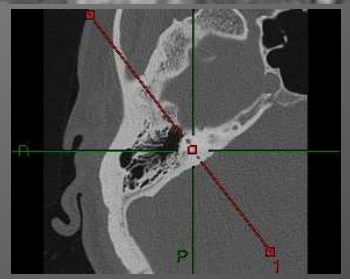

malformations

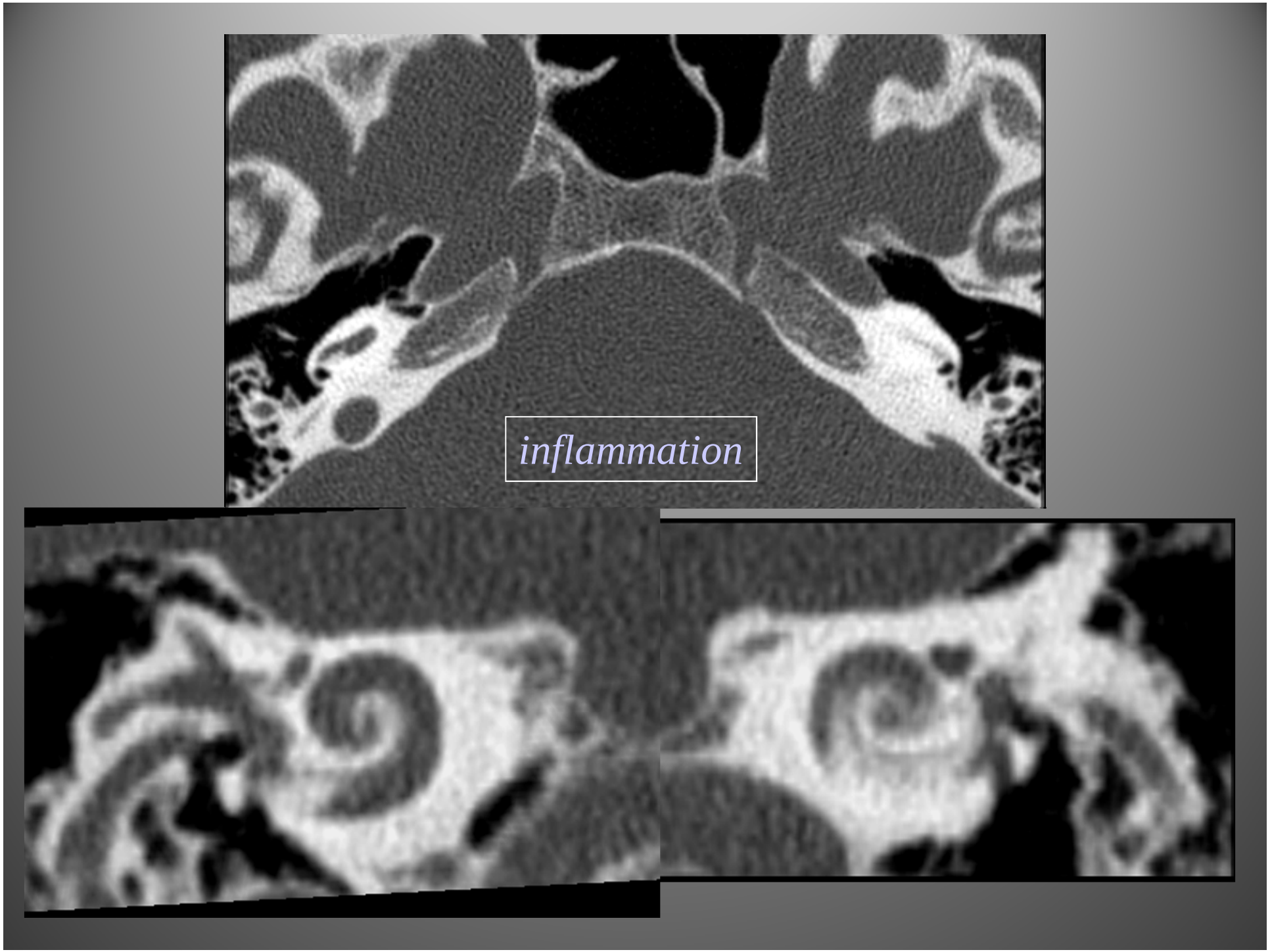




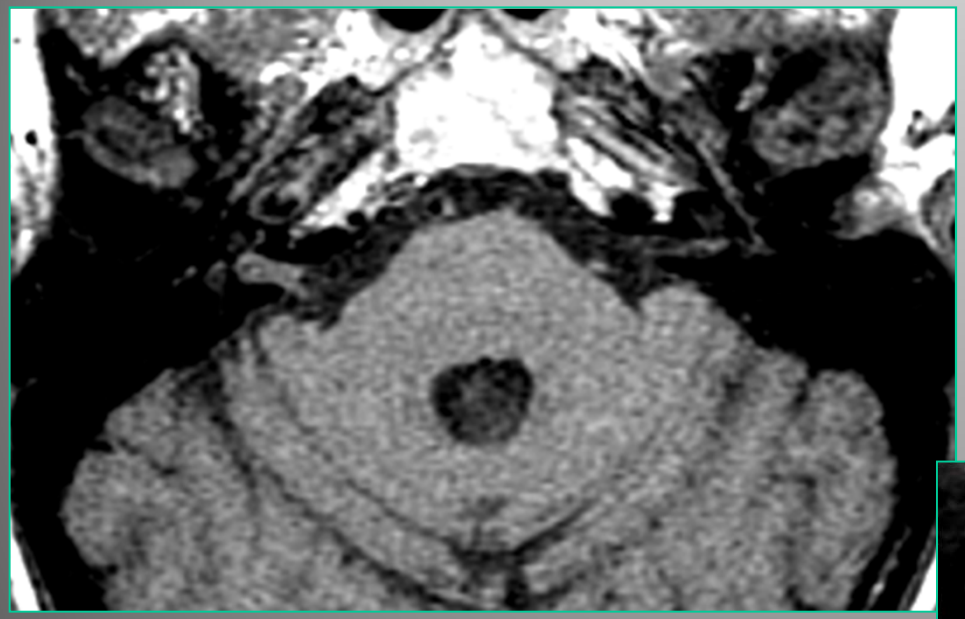


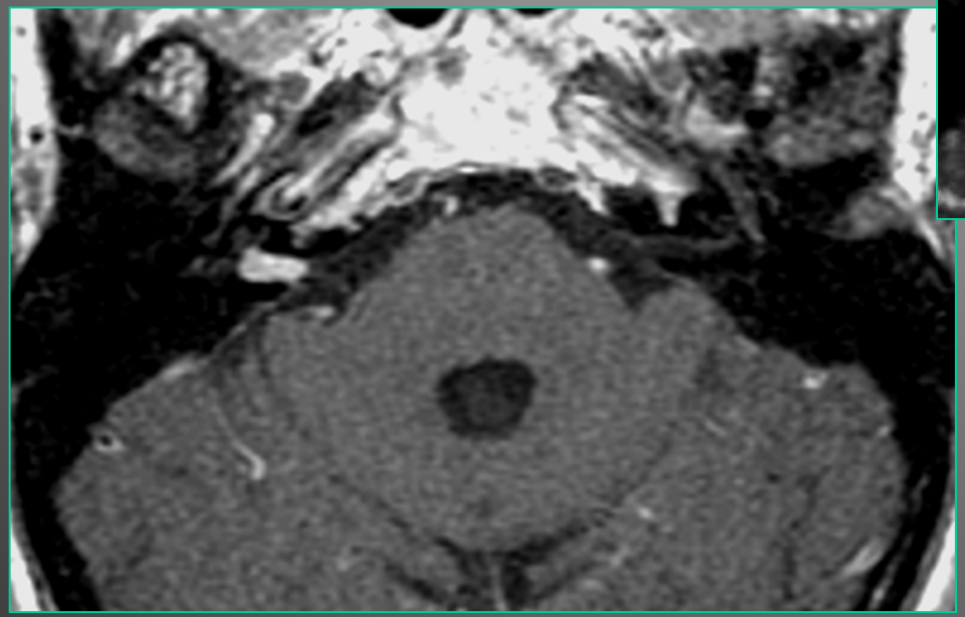




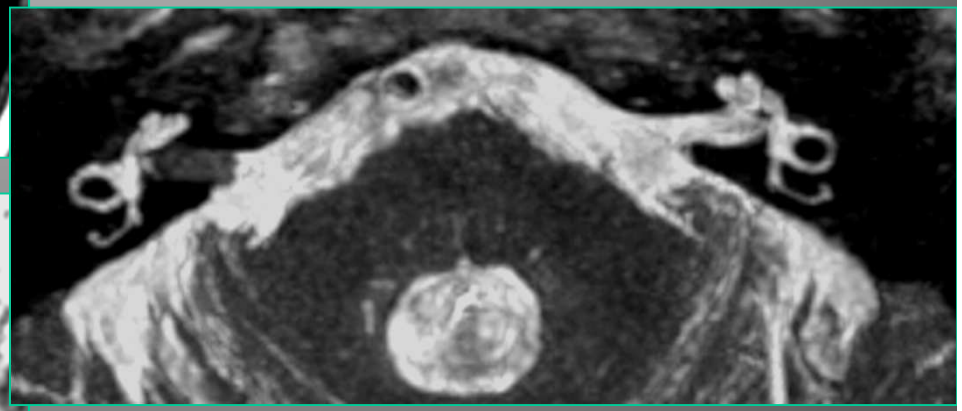

inflammation

Pathologie rétro-cochléaire: IRM

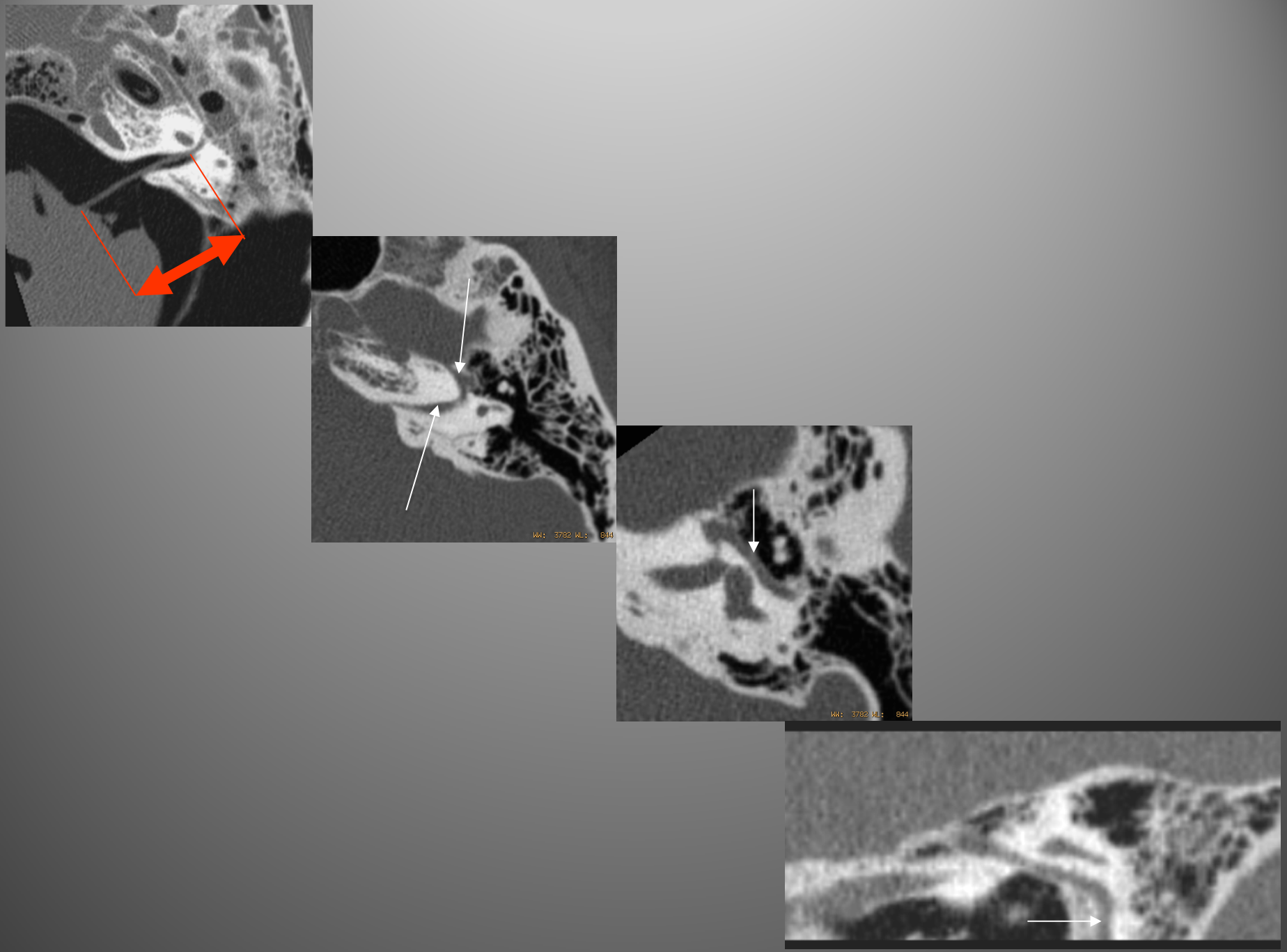


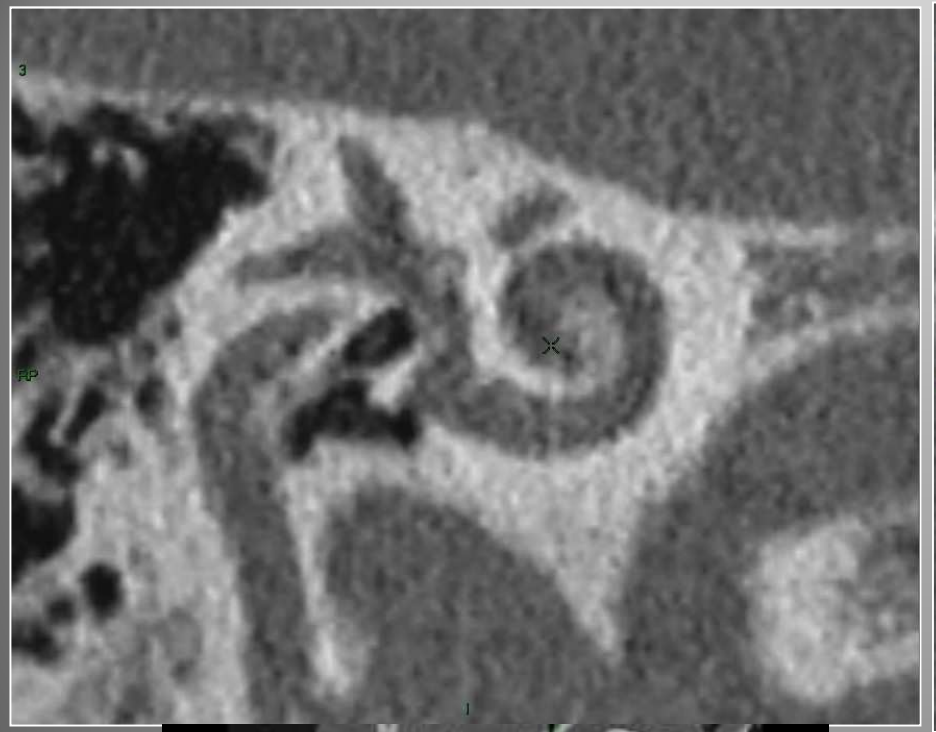


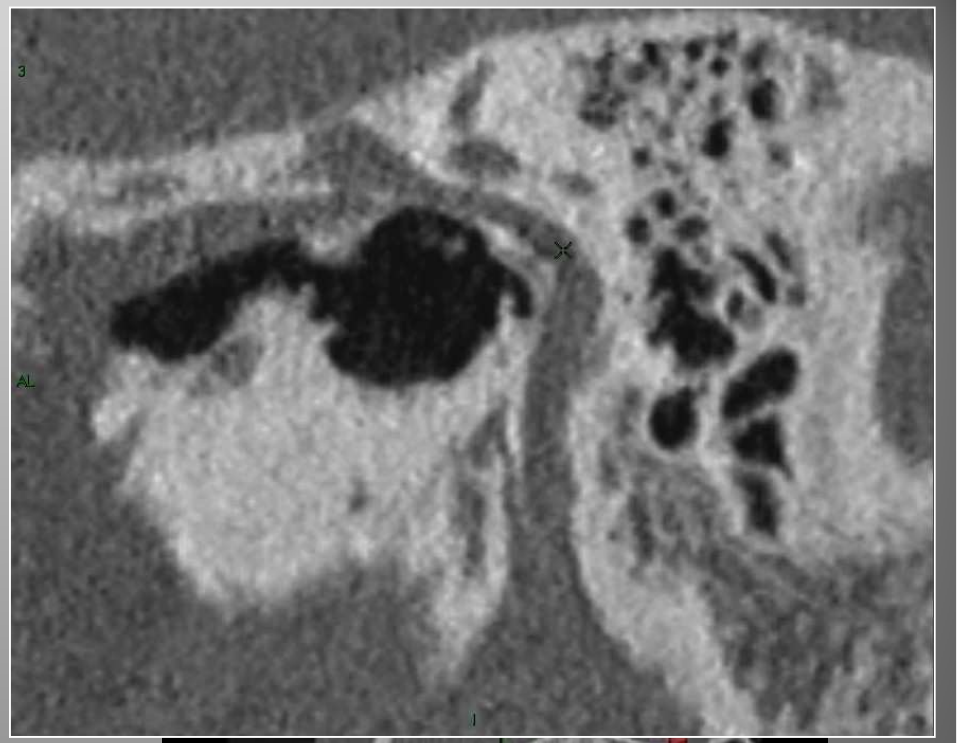
Neurinome vestibulaire

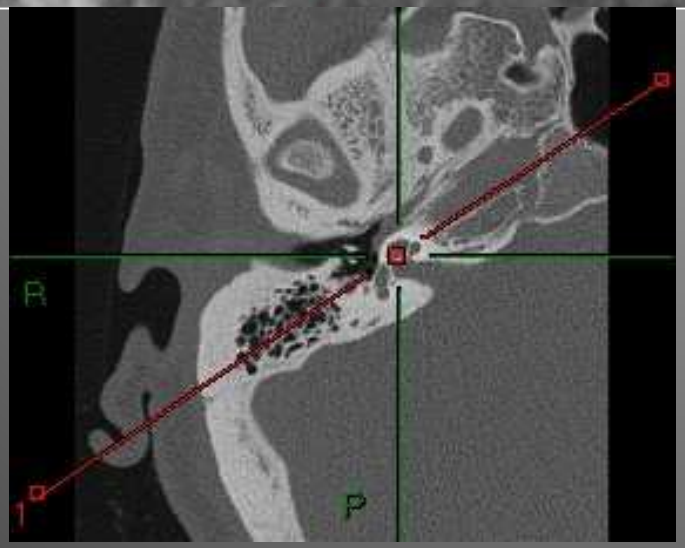


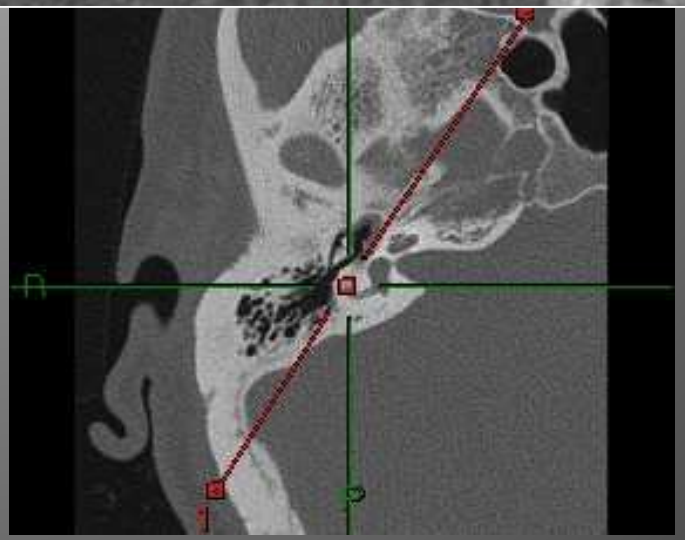
2.
Rocher
FACIAL (VII)

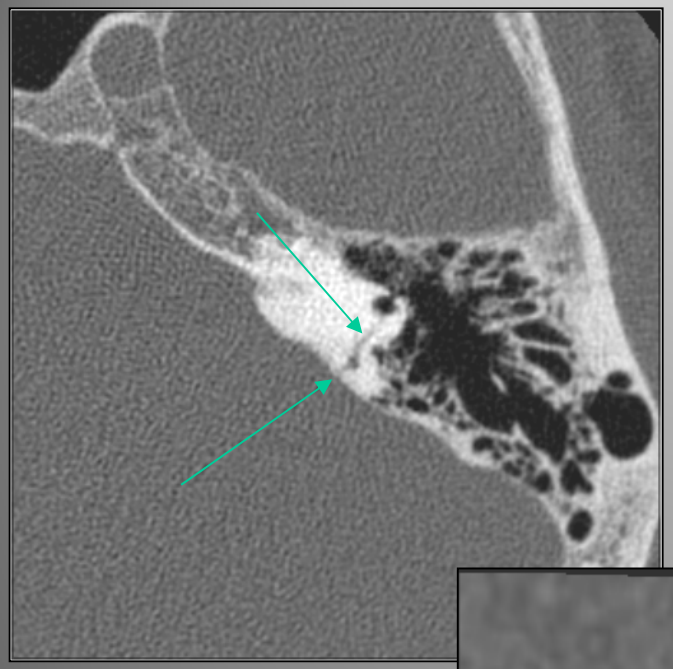


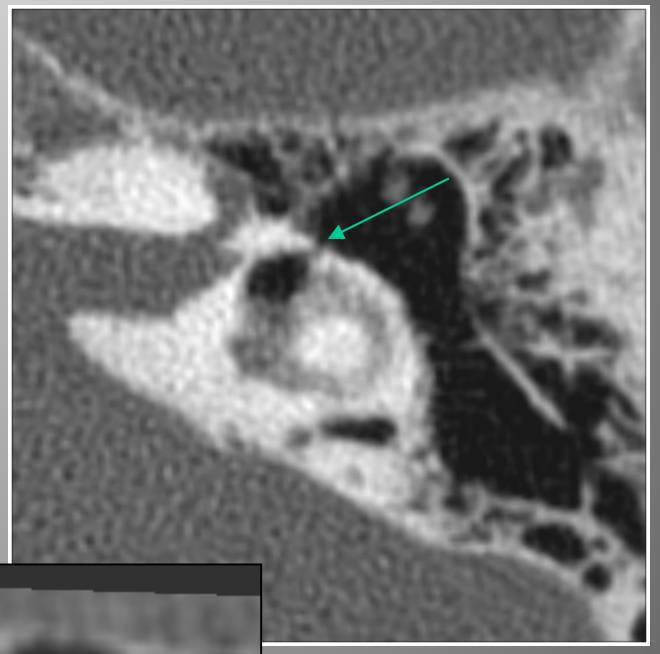

3
PP
I

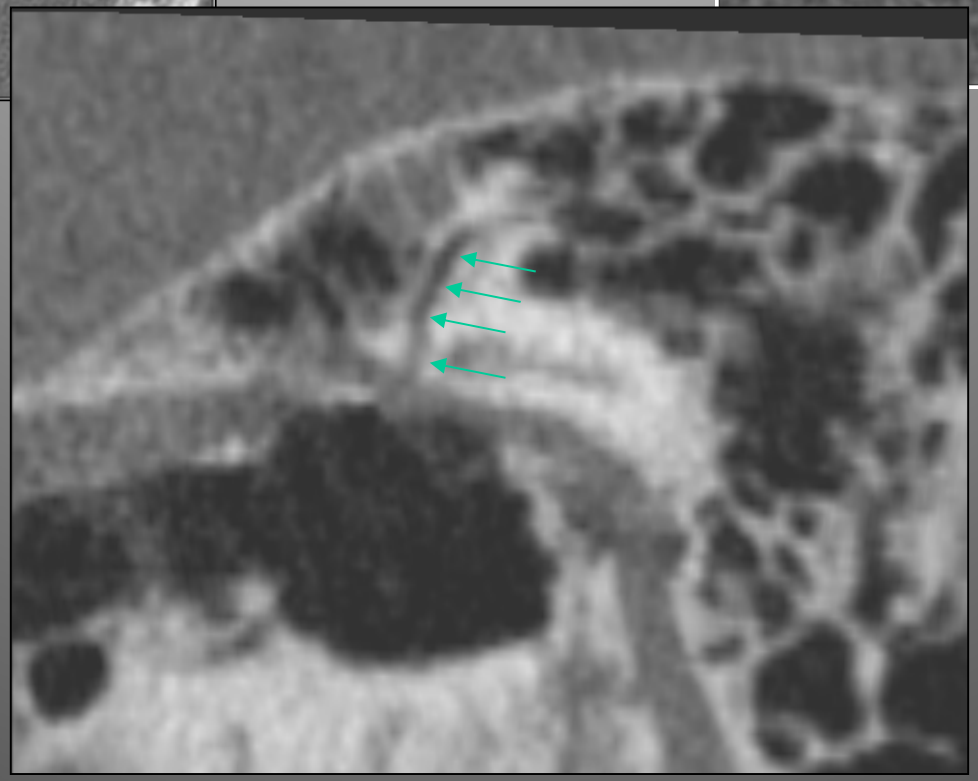

3
AL
I


R
P
I


R
P
I

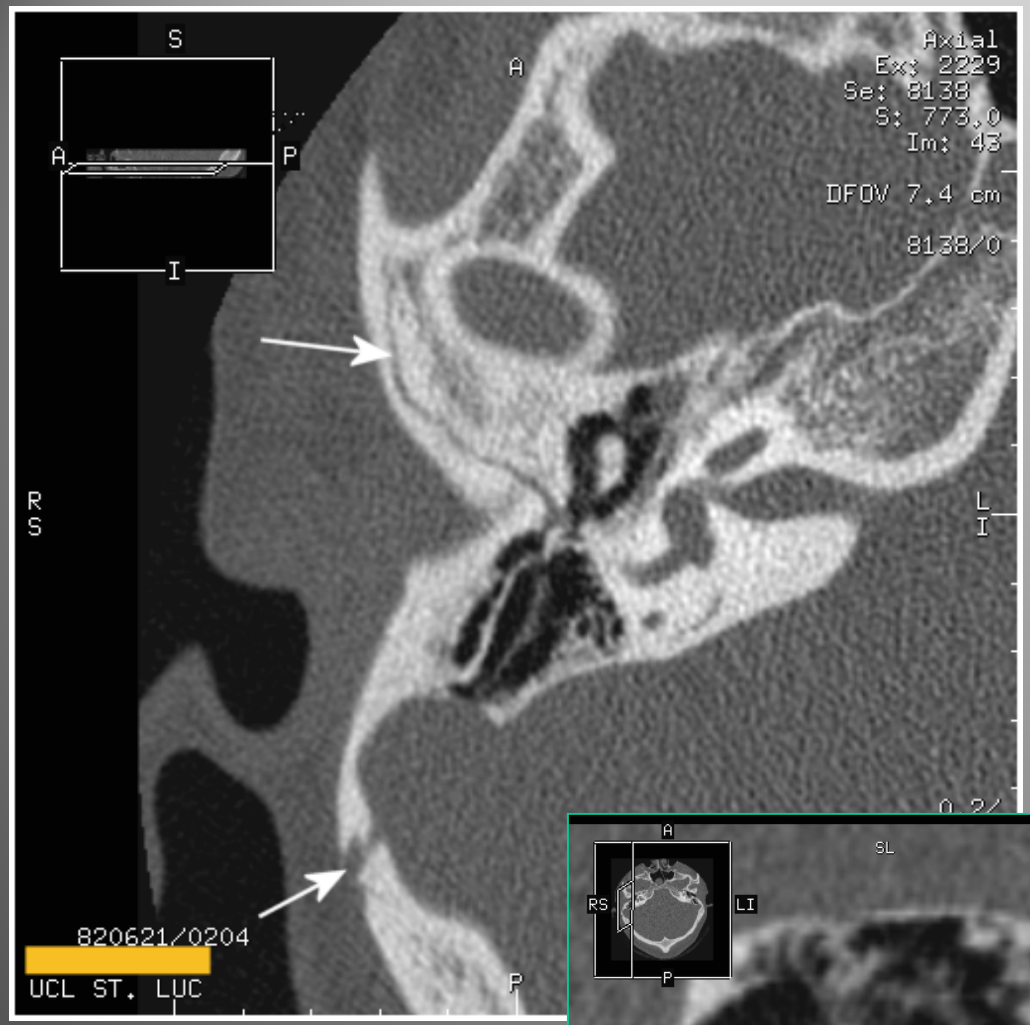


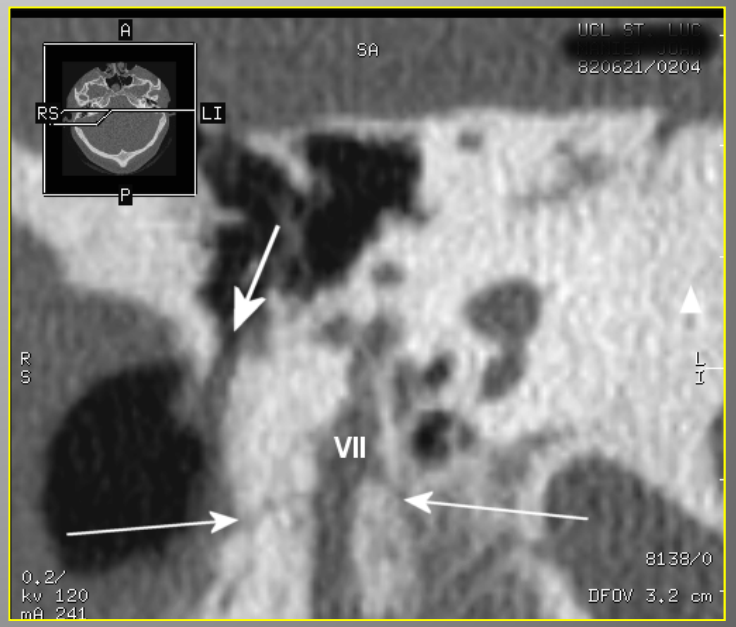


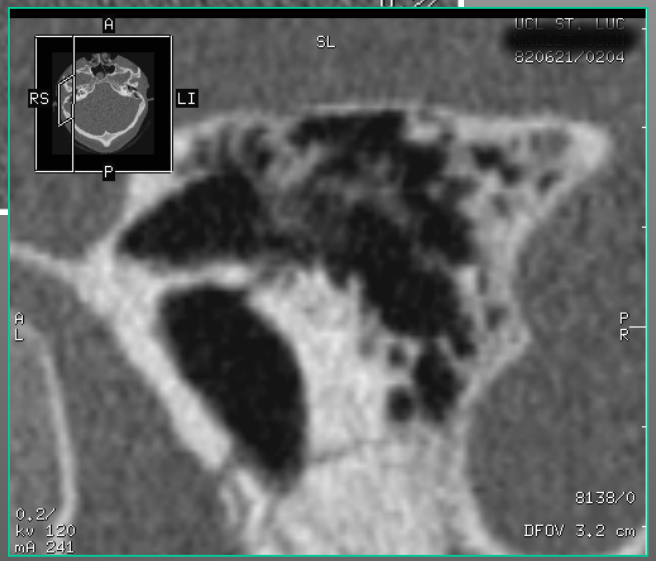


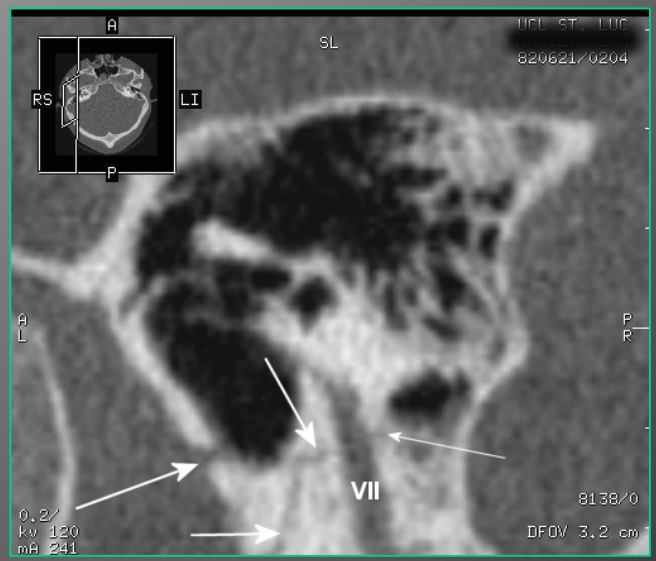
Fracture = CT

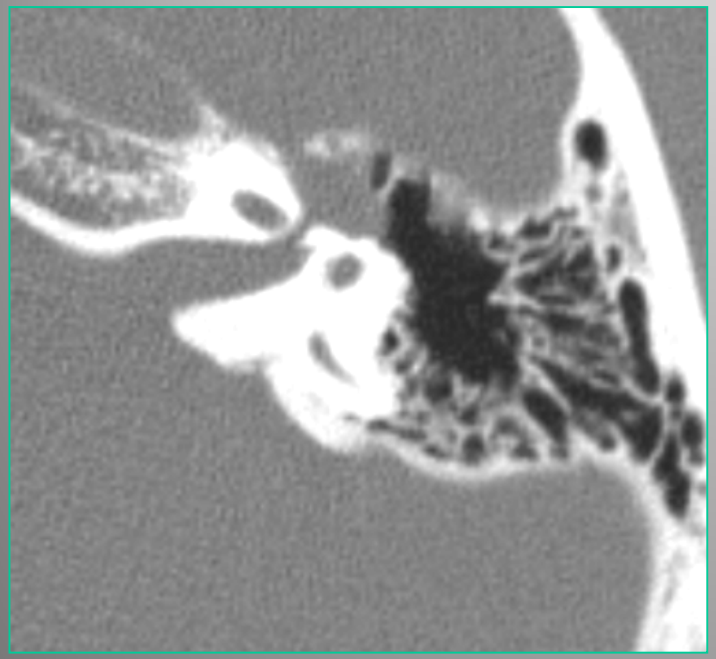
Fractures

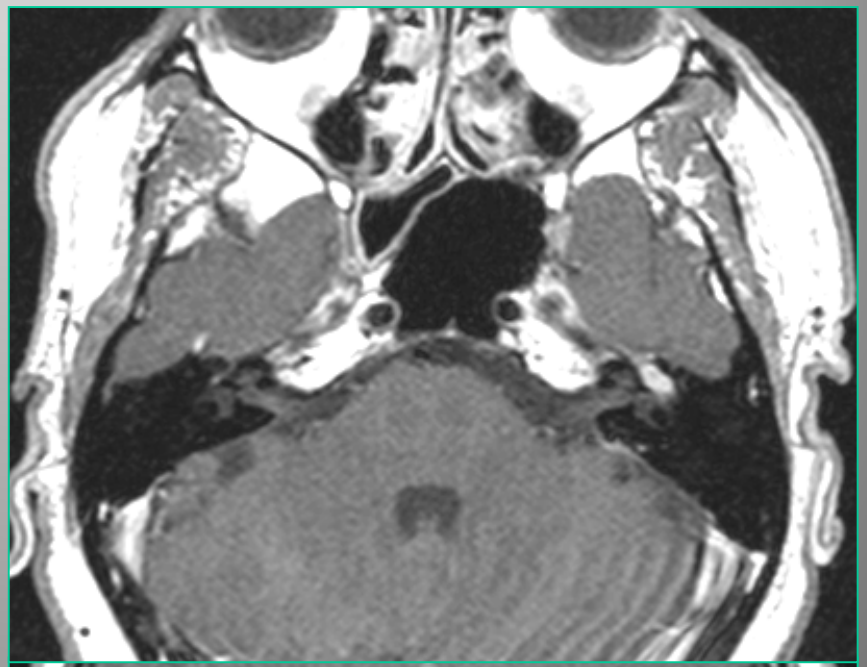

S
A
P
I
Axial
Ex: 2229
Se: 8138
S: 773.0
Im: 43
DFOV 7.4 cm
8138/0
R
S
L
I
820621/0204
UCL ST. LUC


A
SA
UCL ST. LUC
820621/0204
RS
LI
P
R
S
L
I
VII
0.2/
kv 120
mA 241
8138/0
DFOV 3.2 cm

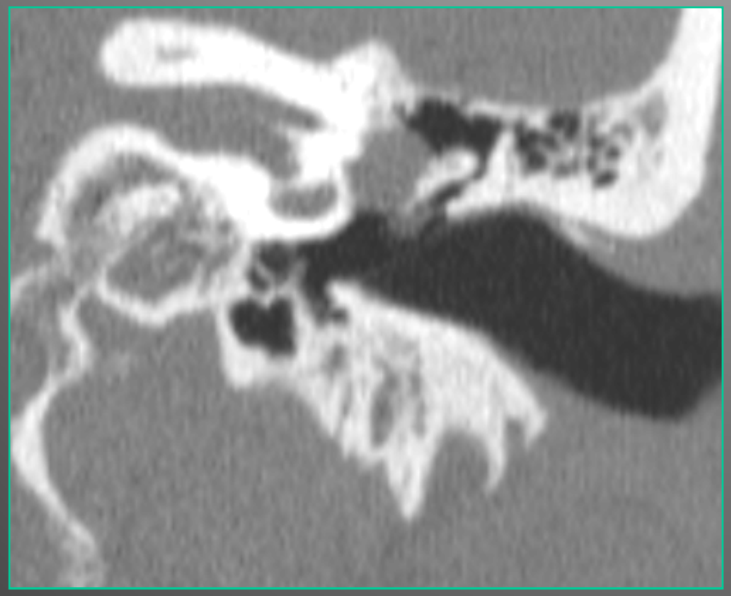

A
SL
UCL ST. LUC
820621/0204
RS
LI
P
A
L
P
R
0.2/
kv 120
mA 241
8138/0
DFOV 3.2 cm

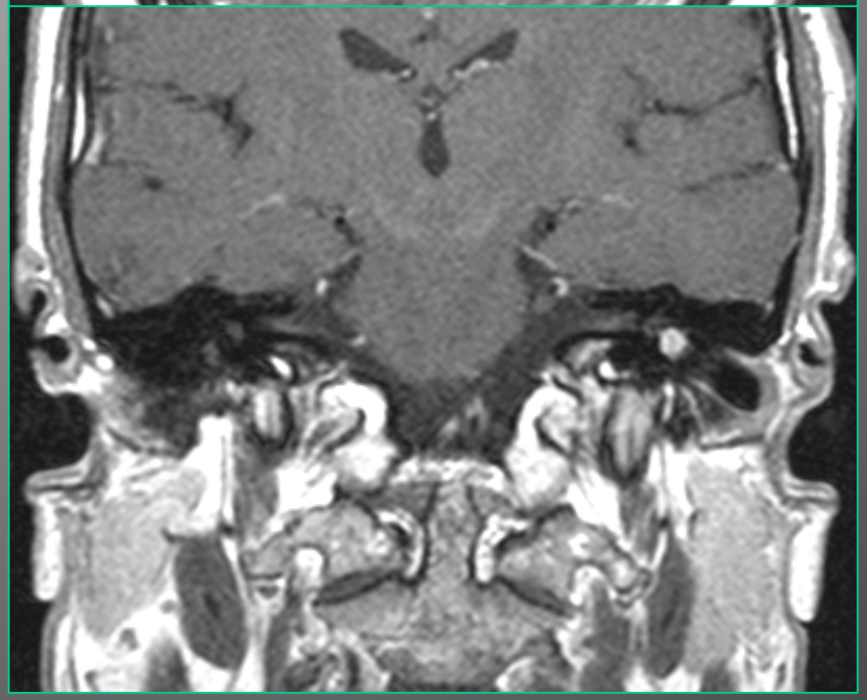

A
SL
UCL ST. LUC
820621/0204
RS
LI
P
A
L
P
R
VII
0.2/
kv 120
mA 241
8138/0
DFOV 3.2 cm





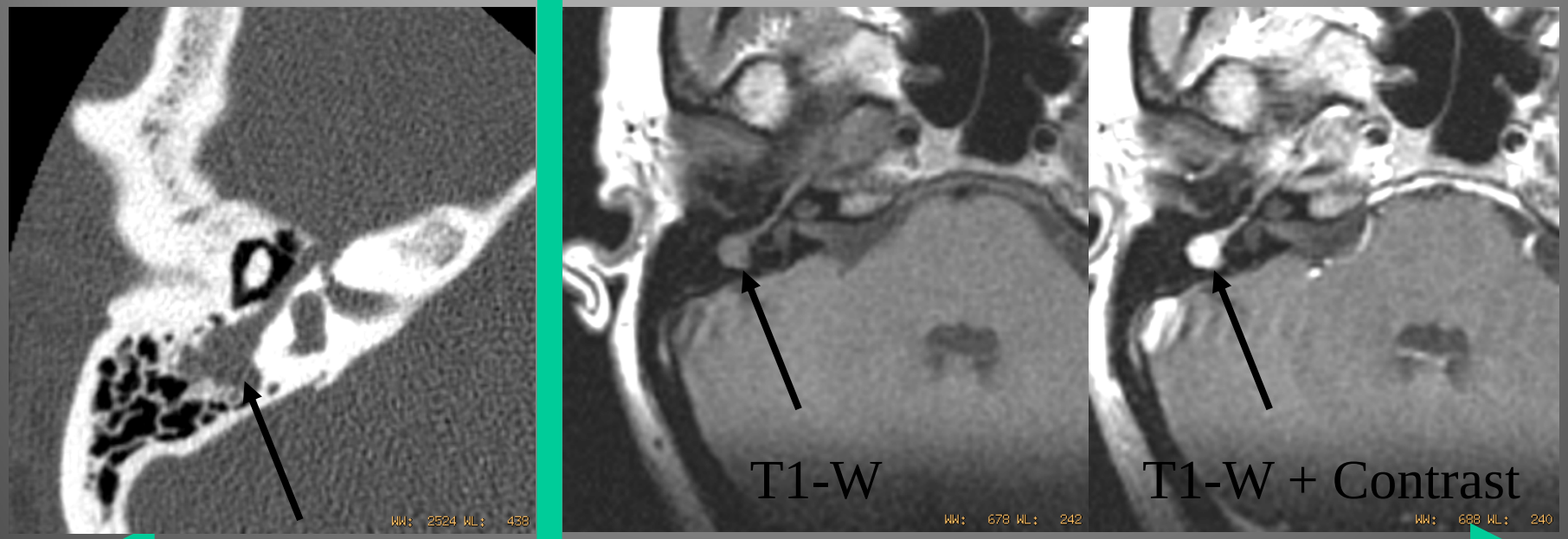
Schwannome du VII = CT +**MR**



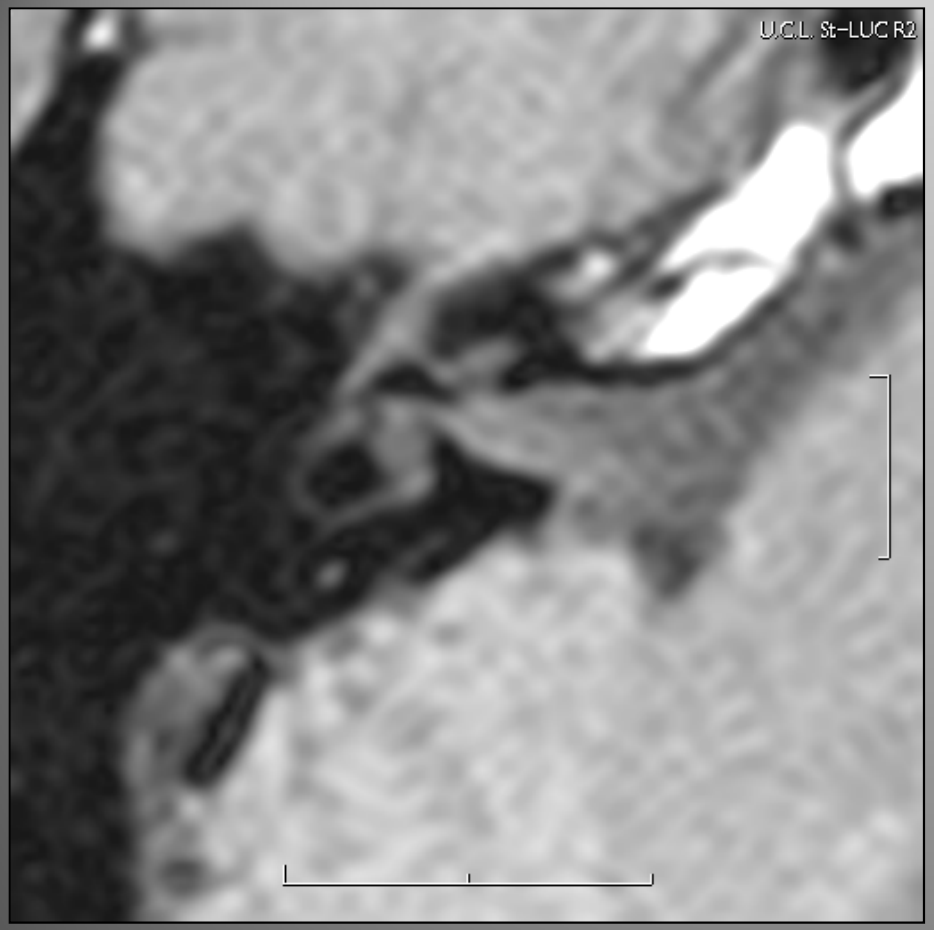


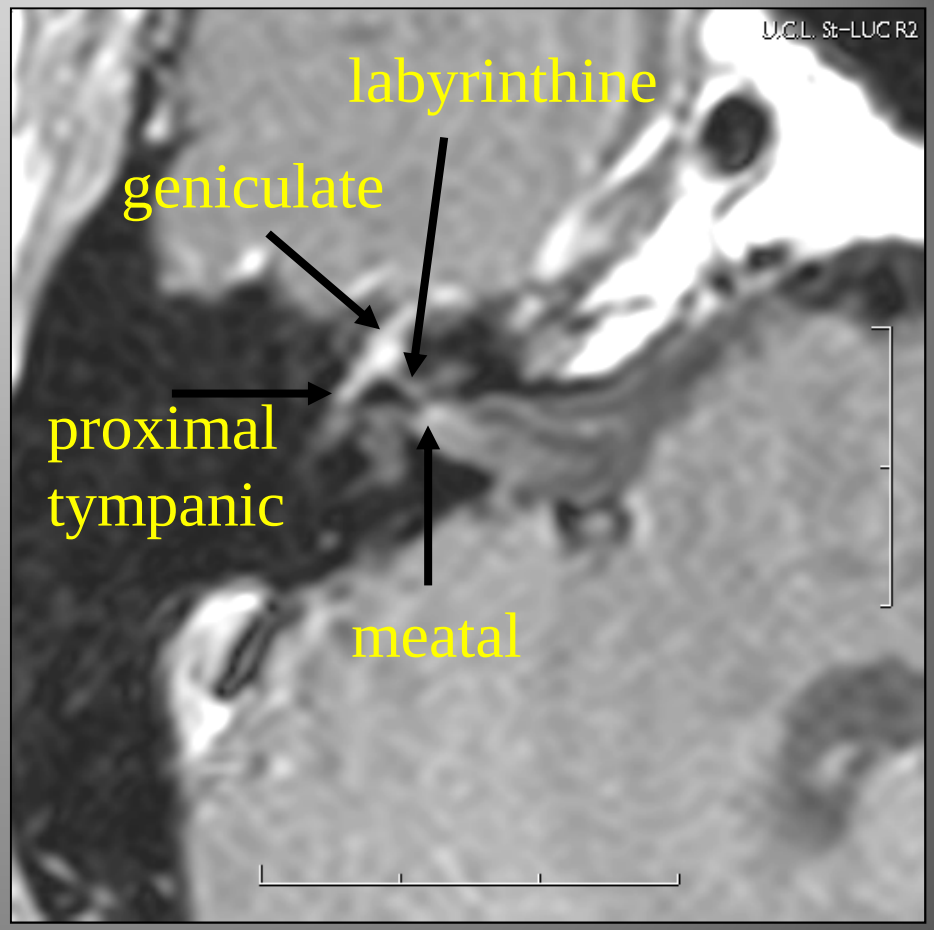
VIIth schwannoma

CT **MRI**



Bone ‘domain’ **Soft tissue** ‘domain’

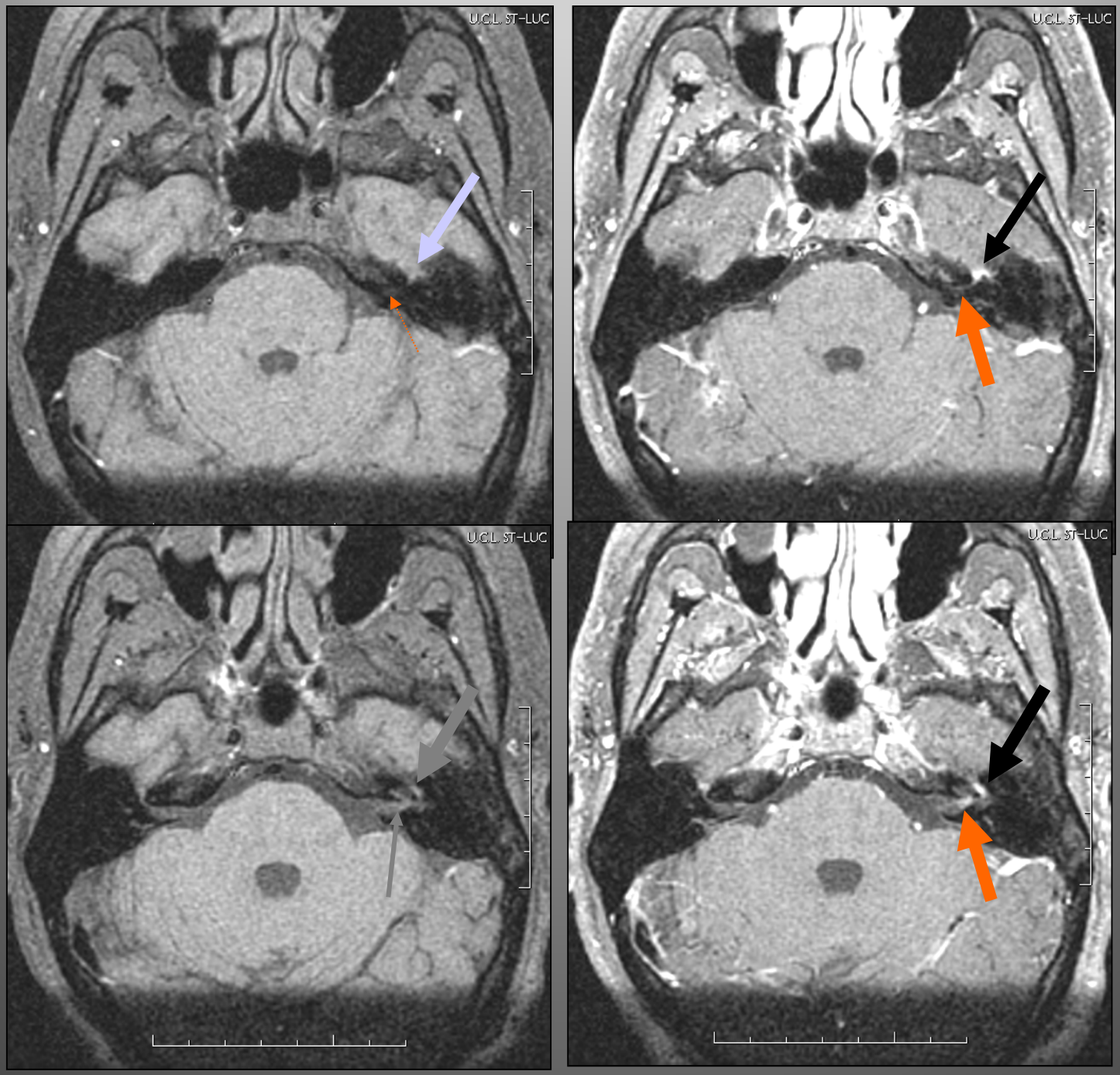


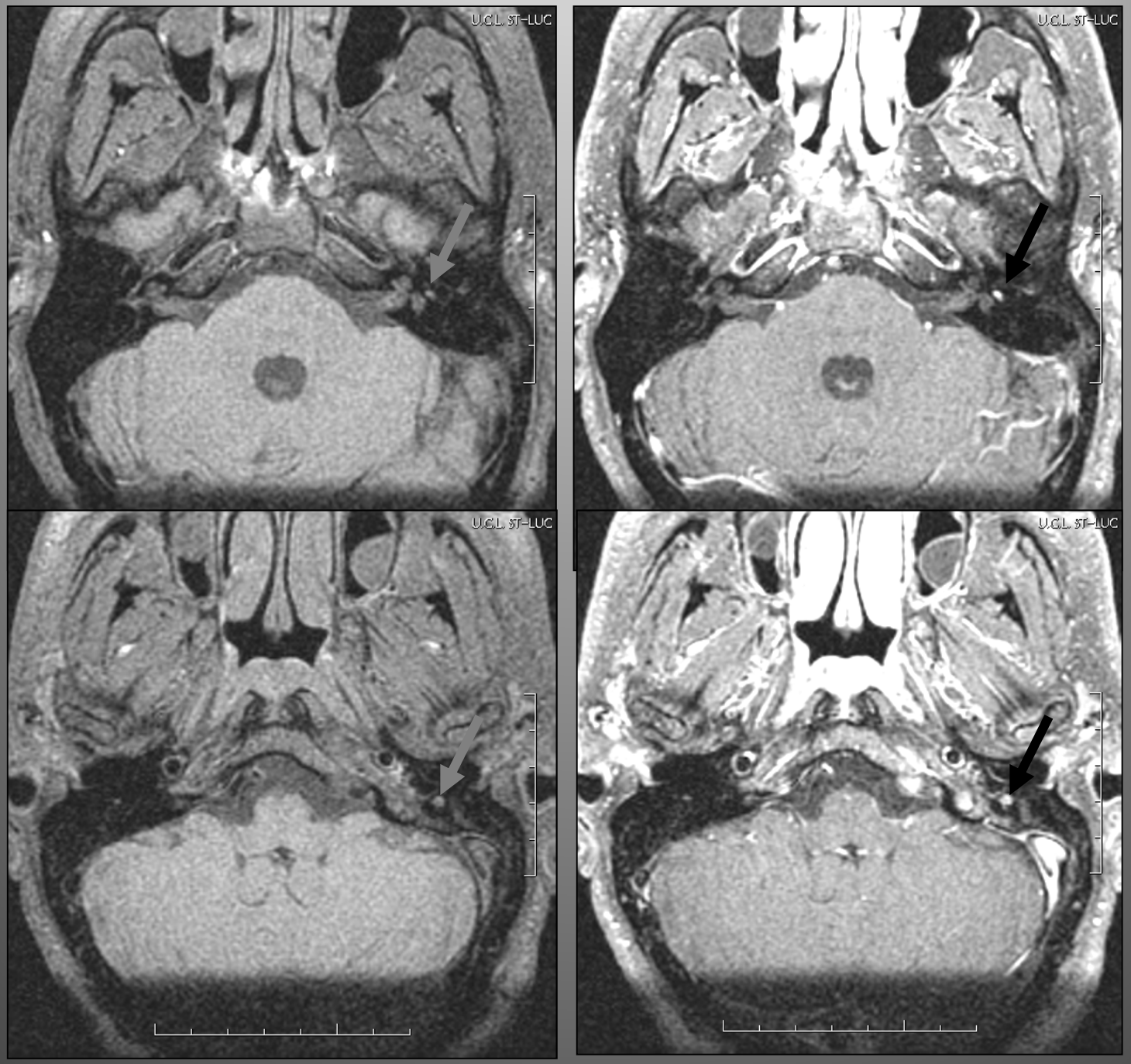


- *Le VII normal rehausse**
- *L'intensité du rehaussement n'a pas de valeur pronostique***

* Sartoretti-Schefer S et al *AJNR* 1994;15:479-485

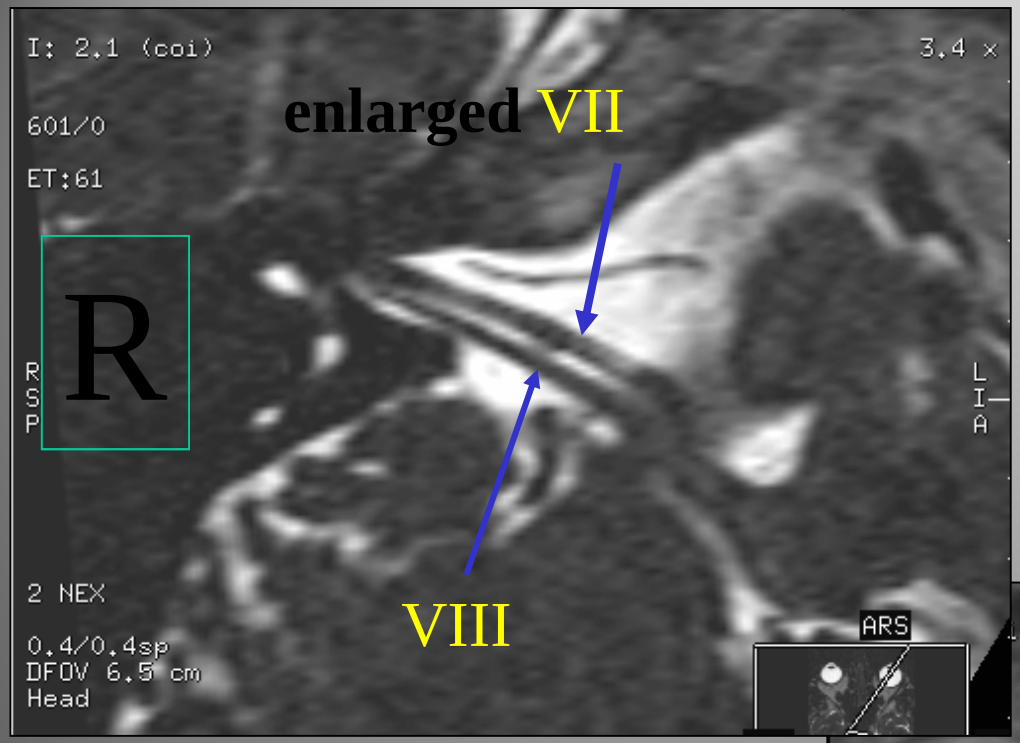
** Sartoretti-Schefer S et al *AJNR* 1996;17:1229-1236

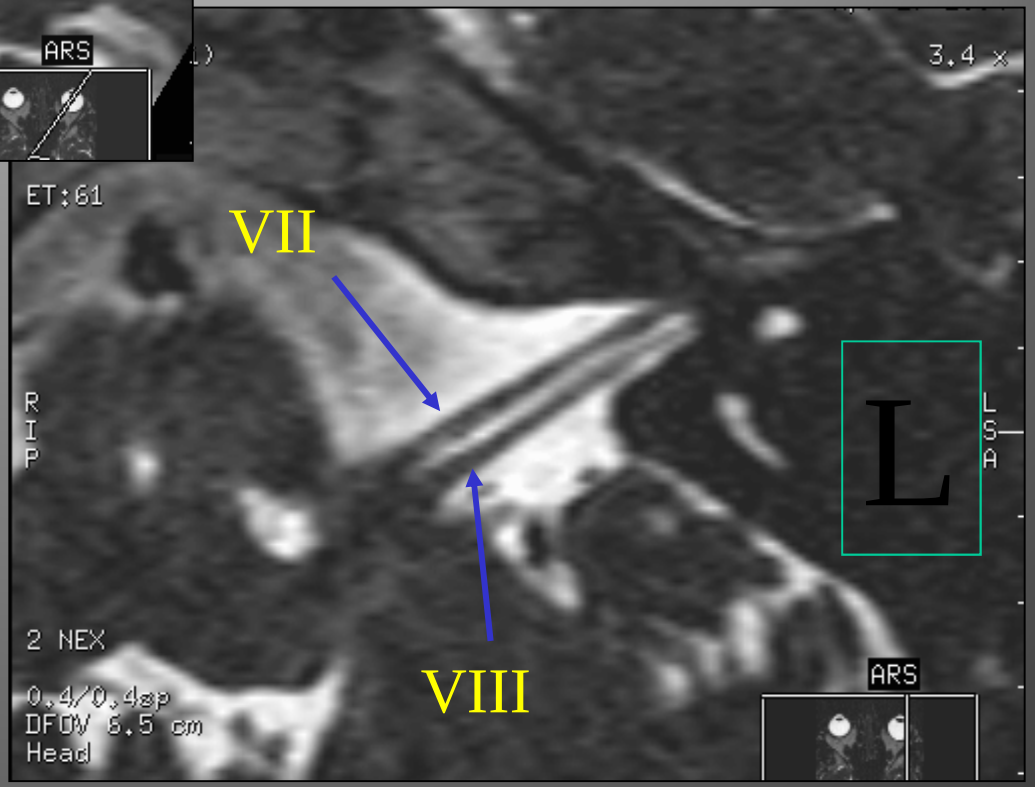

U.C.L. ST-LUC
U.C.L. ST-LUC
U.C.L. ST-LUC
U.C.L. ST-LUC

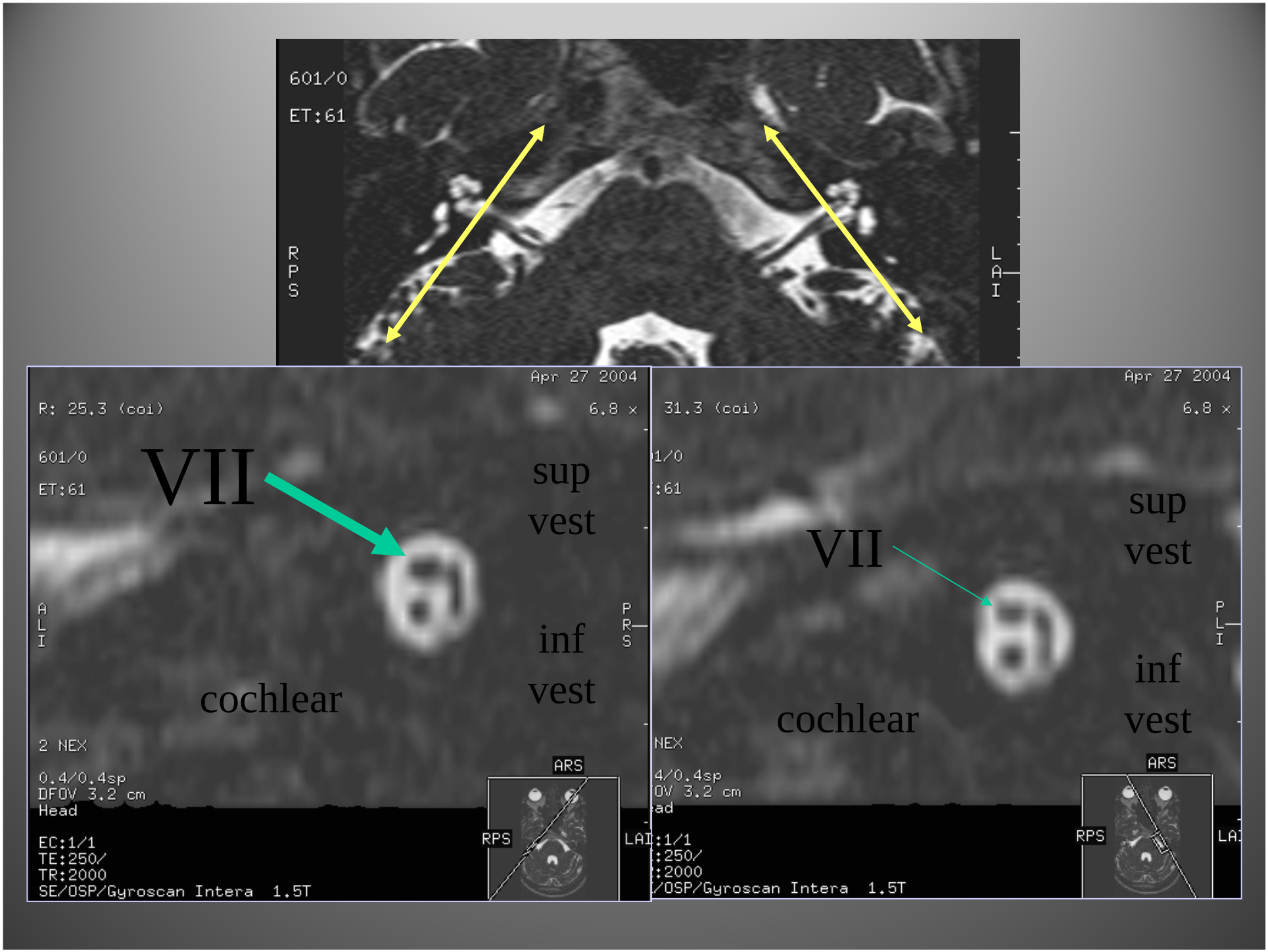

U.C.L. ST-LUC
U.C.L. ST-LUC
U.C.L. ST-LUC
U.C.L. ST-LUC

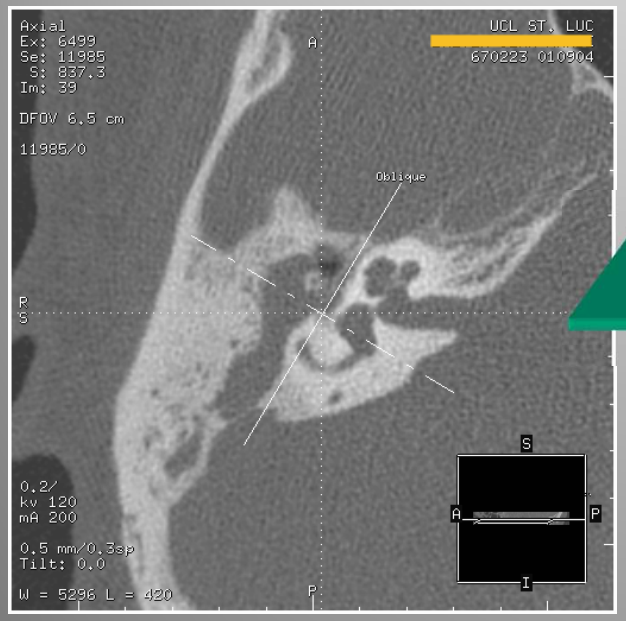
Paralysie de Bell

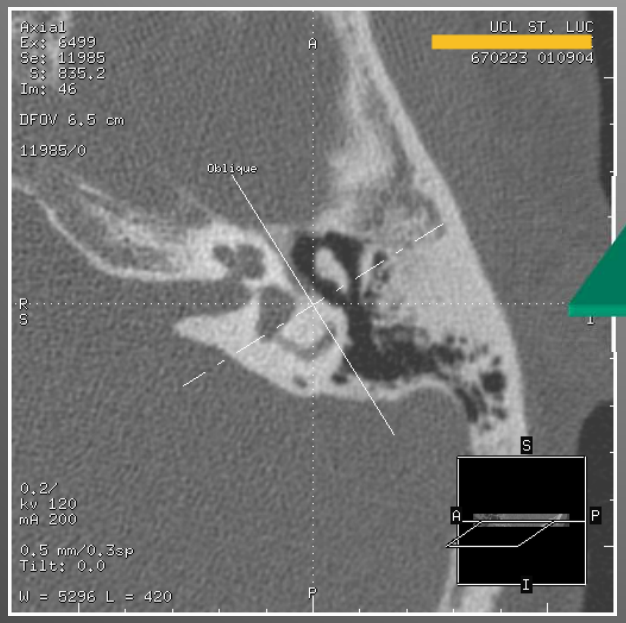
Tuméfaction du VII

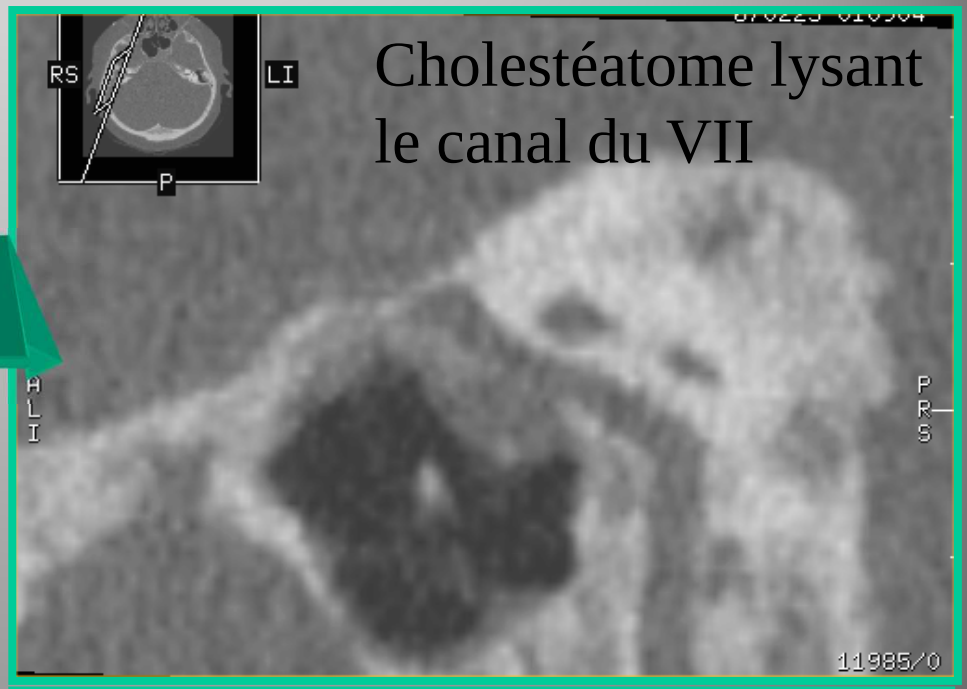




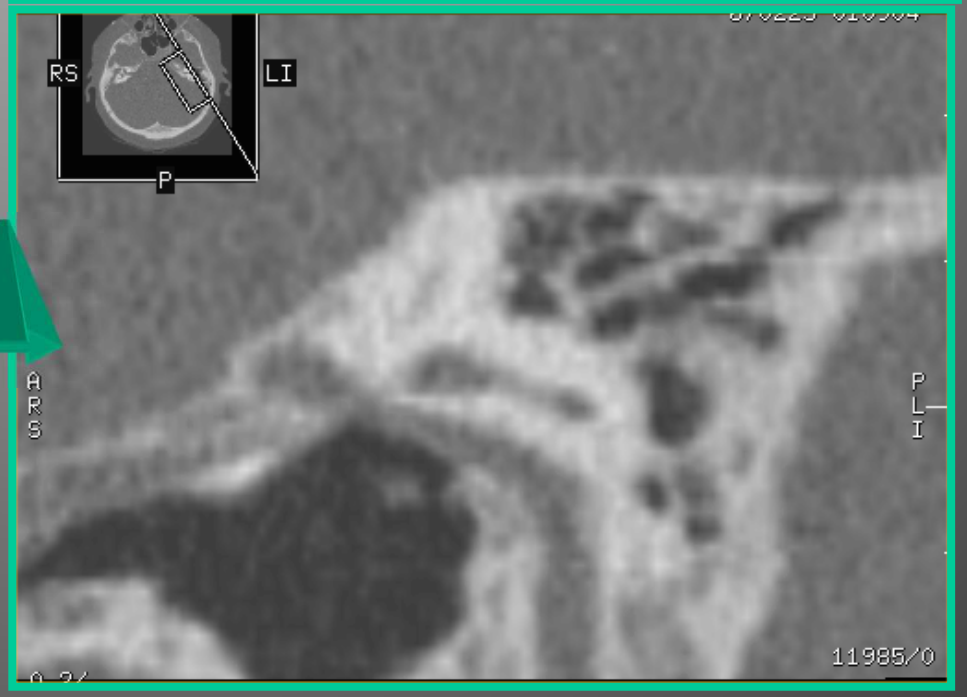

601/0
ET:61
R
P
S
L
A
I
Apr 27 2004
R: 25.3 (coi)
6.8 x
601/0
ET:61
VII
sup
vest
inf
vest
cochlear
A
L
I
P
R
S
2 NEX
0.4/0.4sp
DFOV 3.2 cm
Head
EC:1/1
TE:250/
TR:2000
SE/OSP/Gyroscan Intera 1.5T
ARS
RPS
LAI
Apr 27 2004
31.3 (coi)
6.8 x
1/0
:61
VII
sup
vest
inf
vest
cochlear
P
L
I
NEX
4/0.4sp
OV 3.2 cm
ad
:1/1
:250/
:2000
/OSP/Gyroscan Intera 1.5T
ARS
RPS
LA

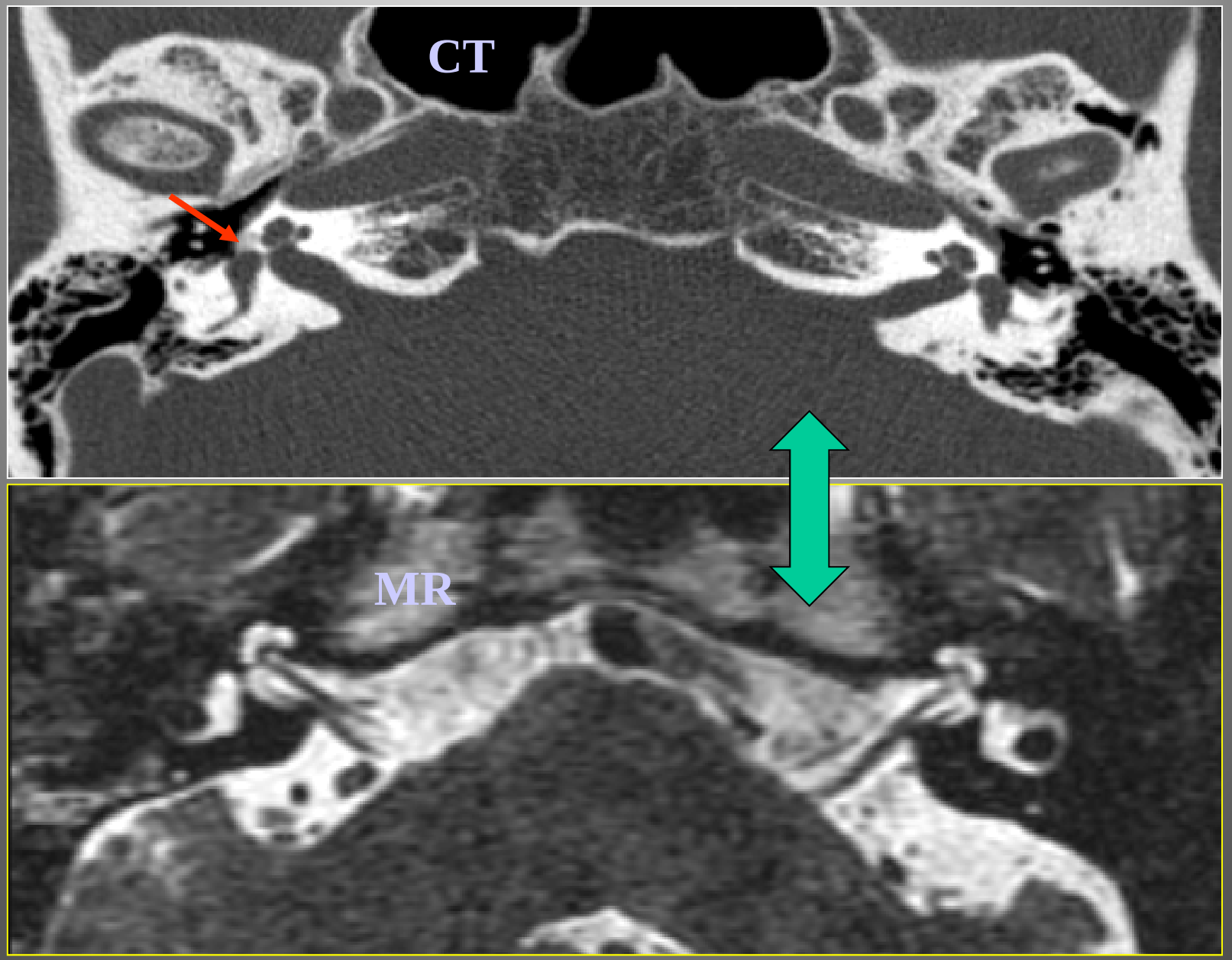






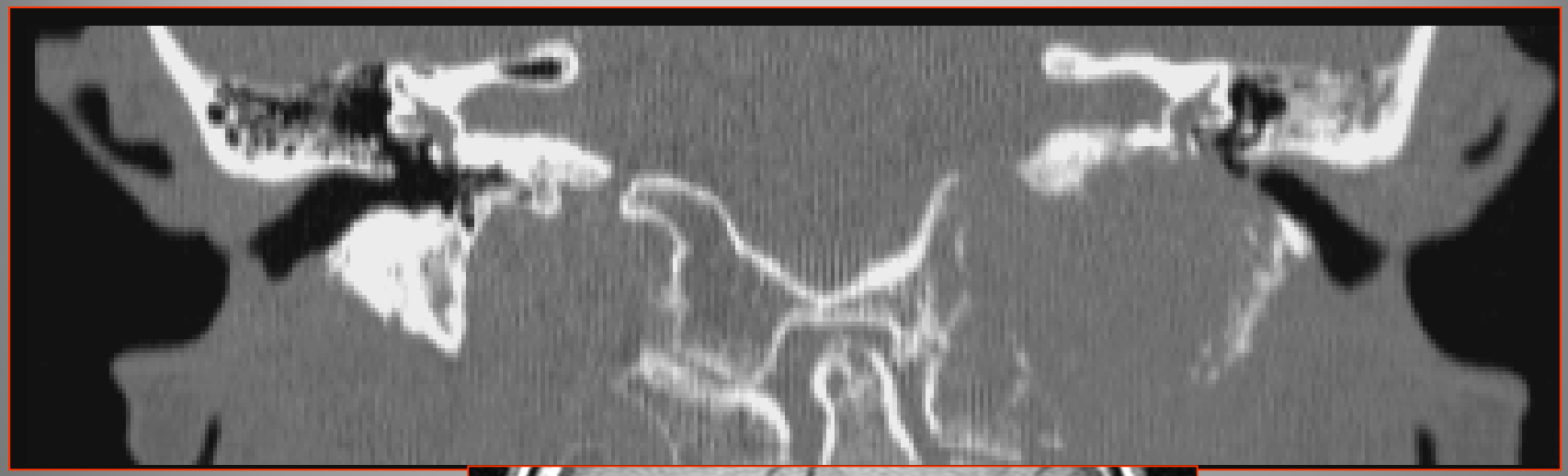
Cholestéatome lysant le canal du VII

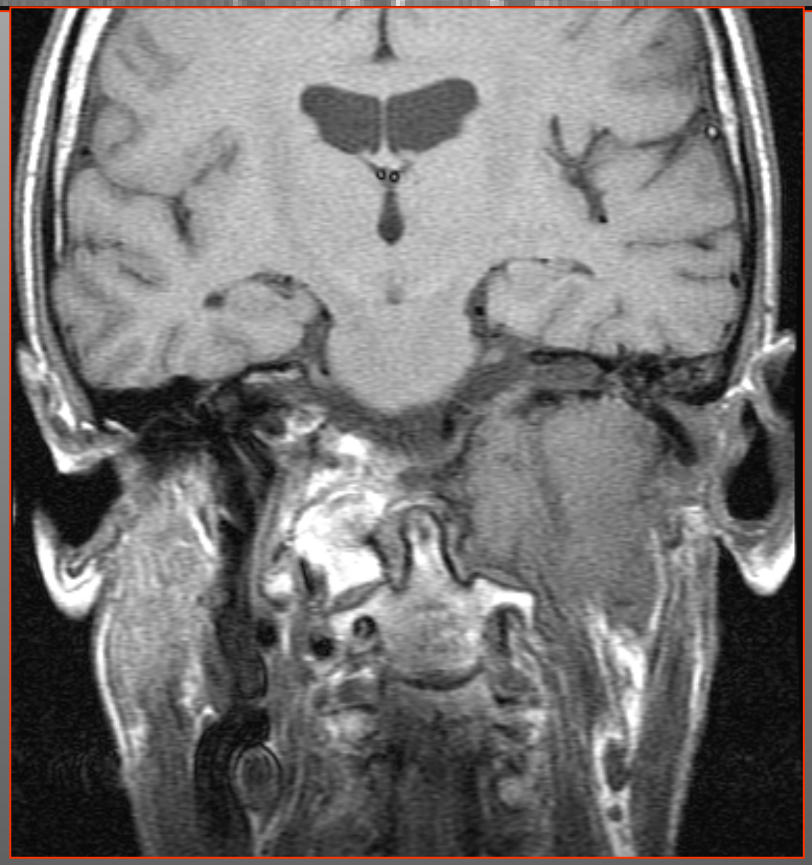




CONCLUSION 1

‘opposition’



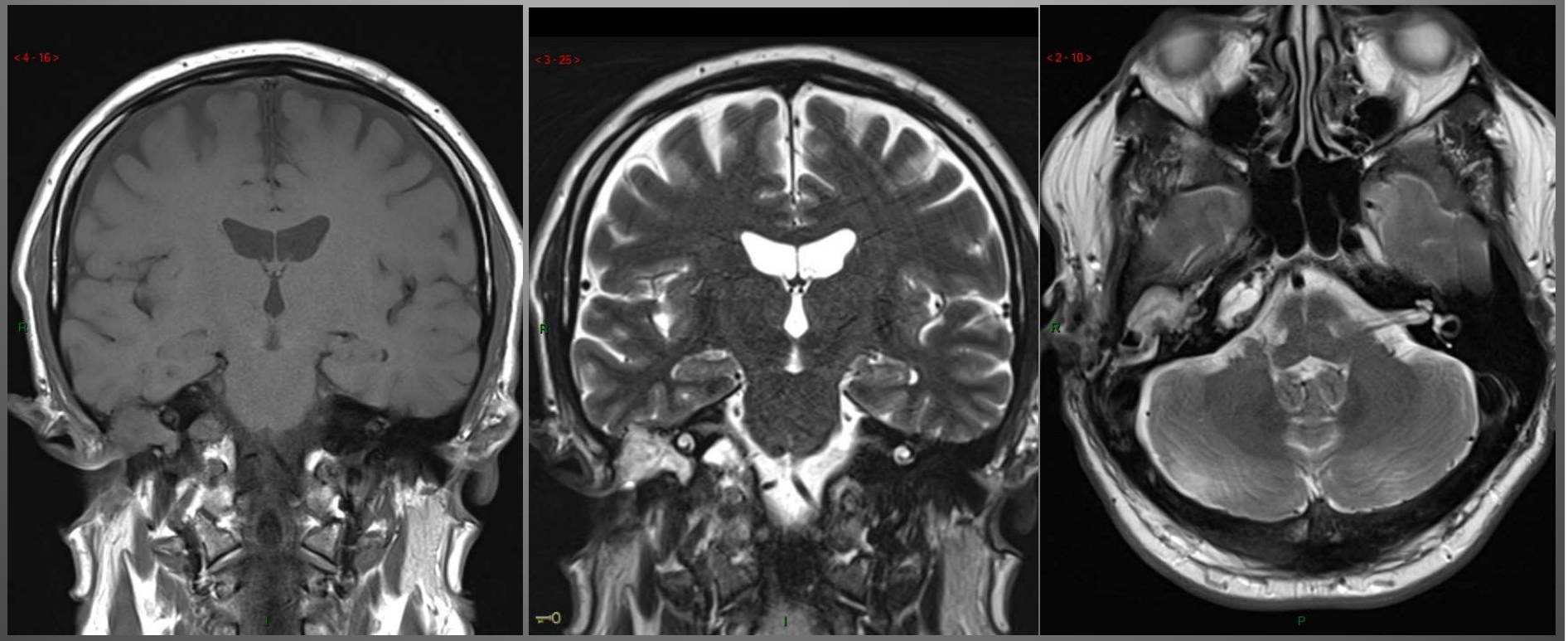


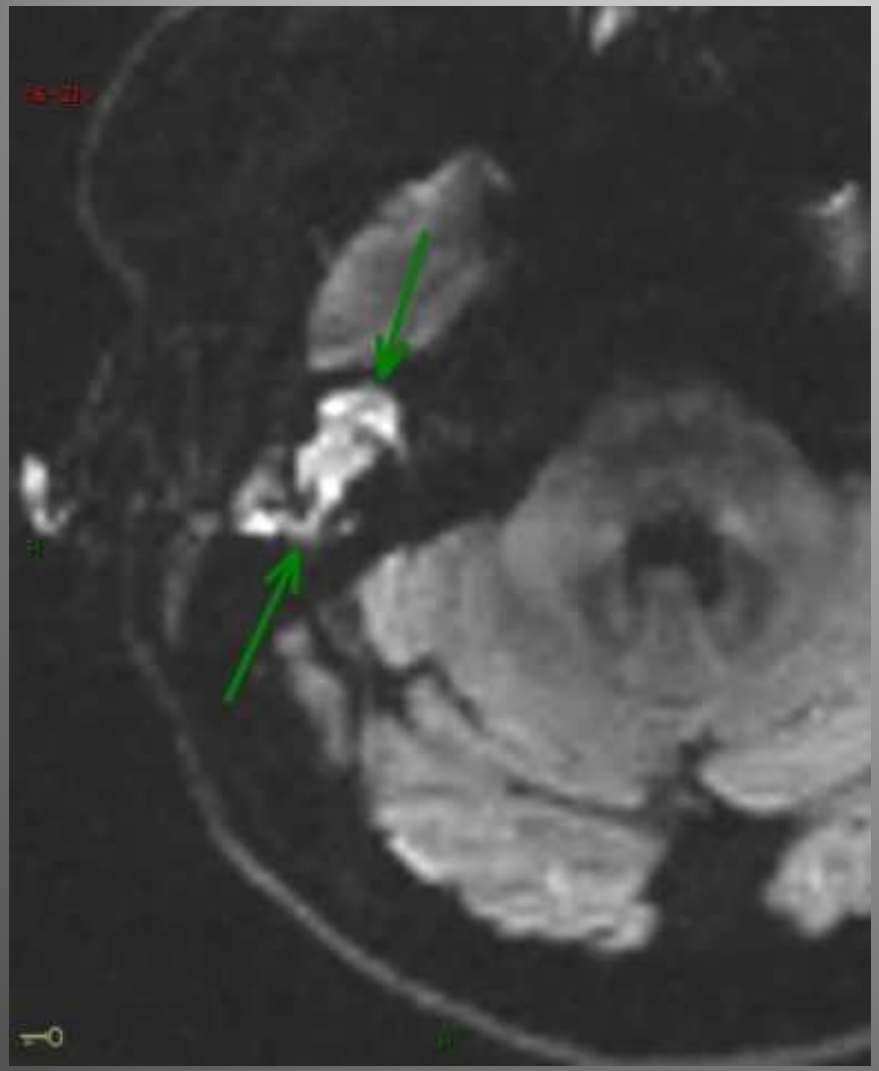
CONCLUSION 2

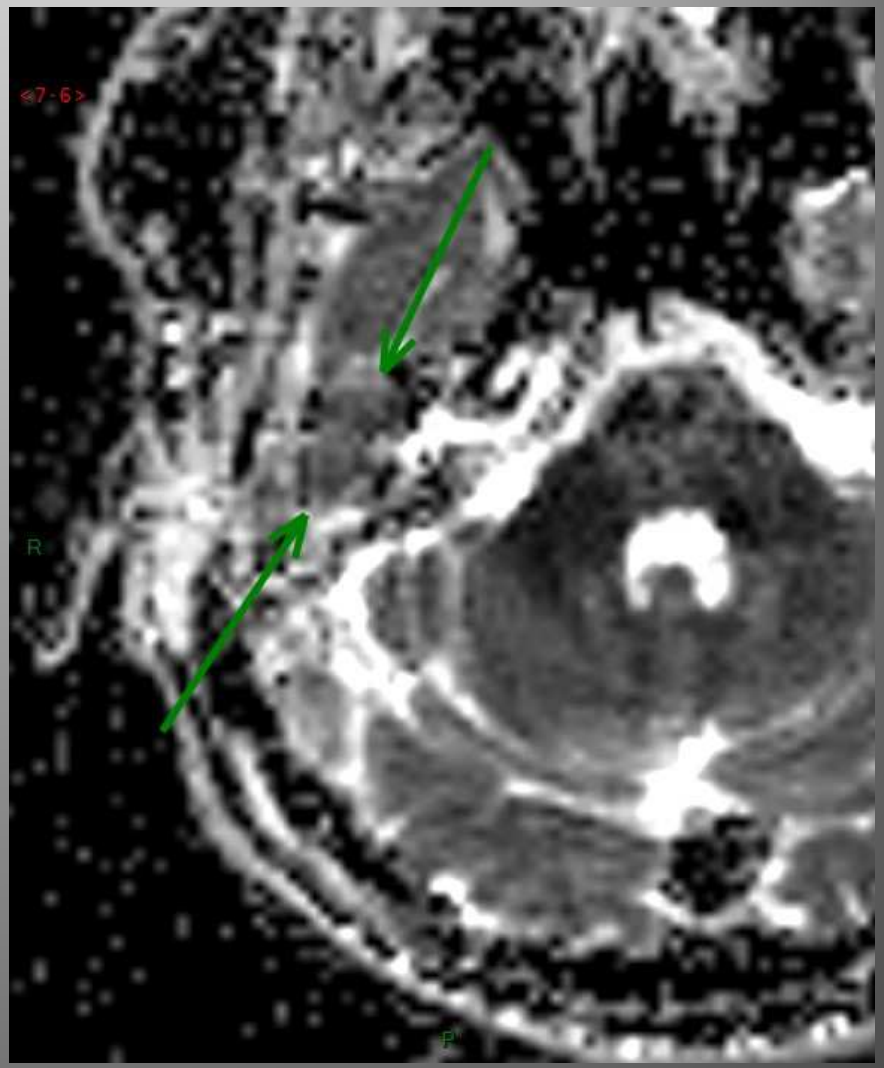
complémentarité

Imagerie émergente

Pondération de diffusion dans les cholestéatomes






<7-6>