



Indications des examens d'imagerie en pathologie thoracique

Partie 2

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Douleurs pariétales

Quelle (s) radio (s) demander devant un traumatisme bénin avec une suspicion de fracture costale ?

Radiographie du thorax

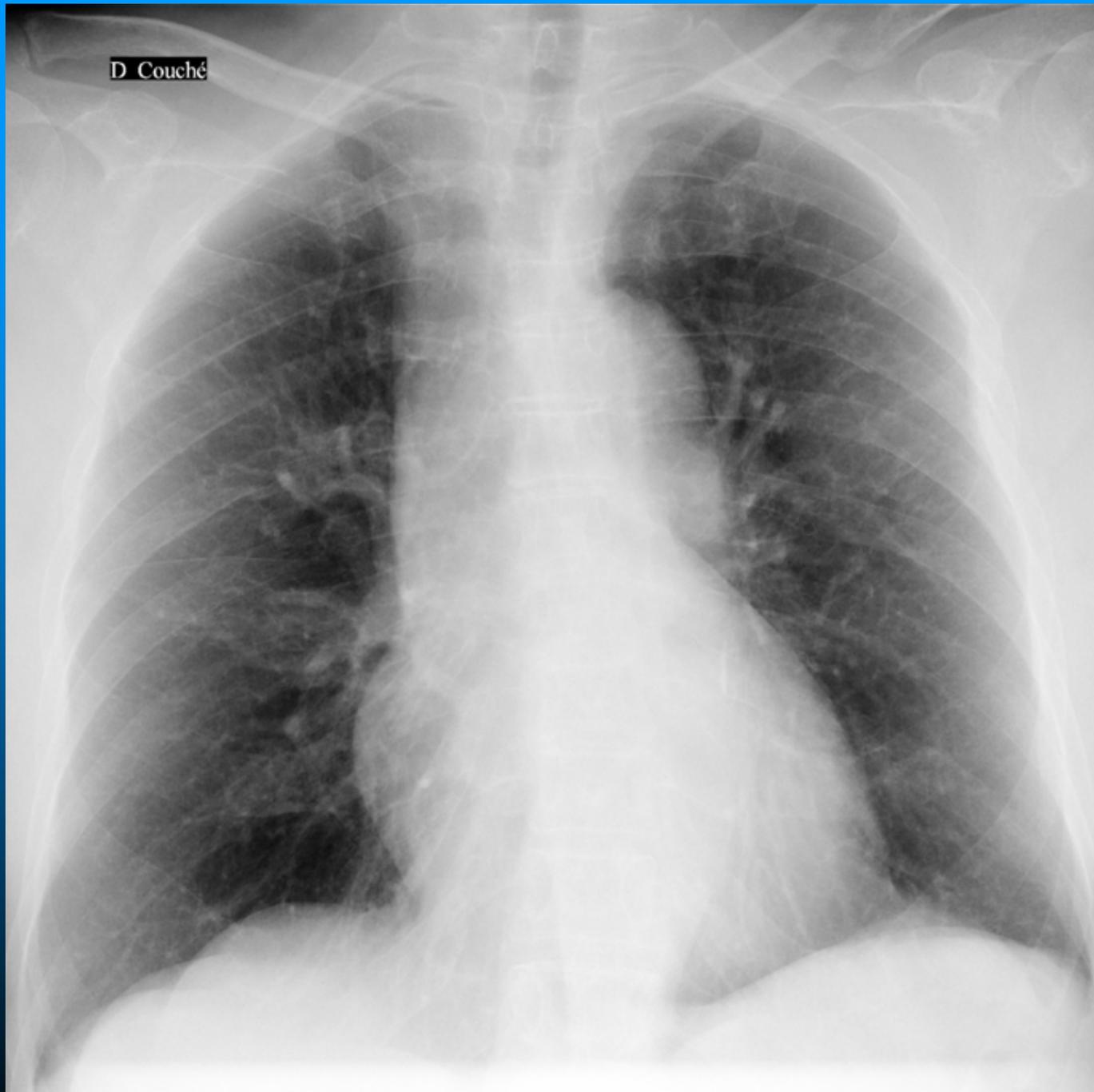


Radiographie du gril costal



Rien du tout





GAUCH



Dyspnée aiguë

Embolie
pulmonaire

Cardiaque

Pneumothorax
Pleurésie

Métabolique

Infection

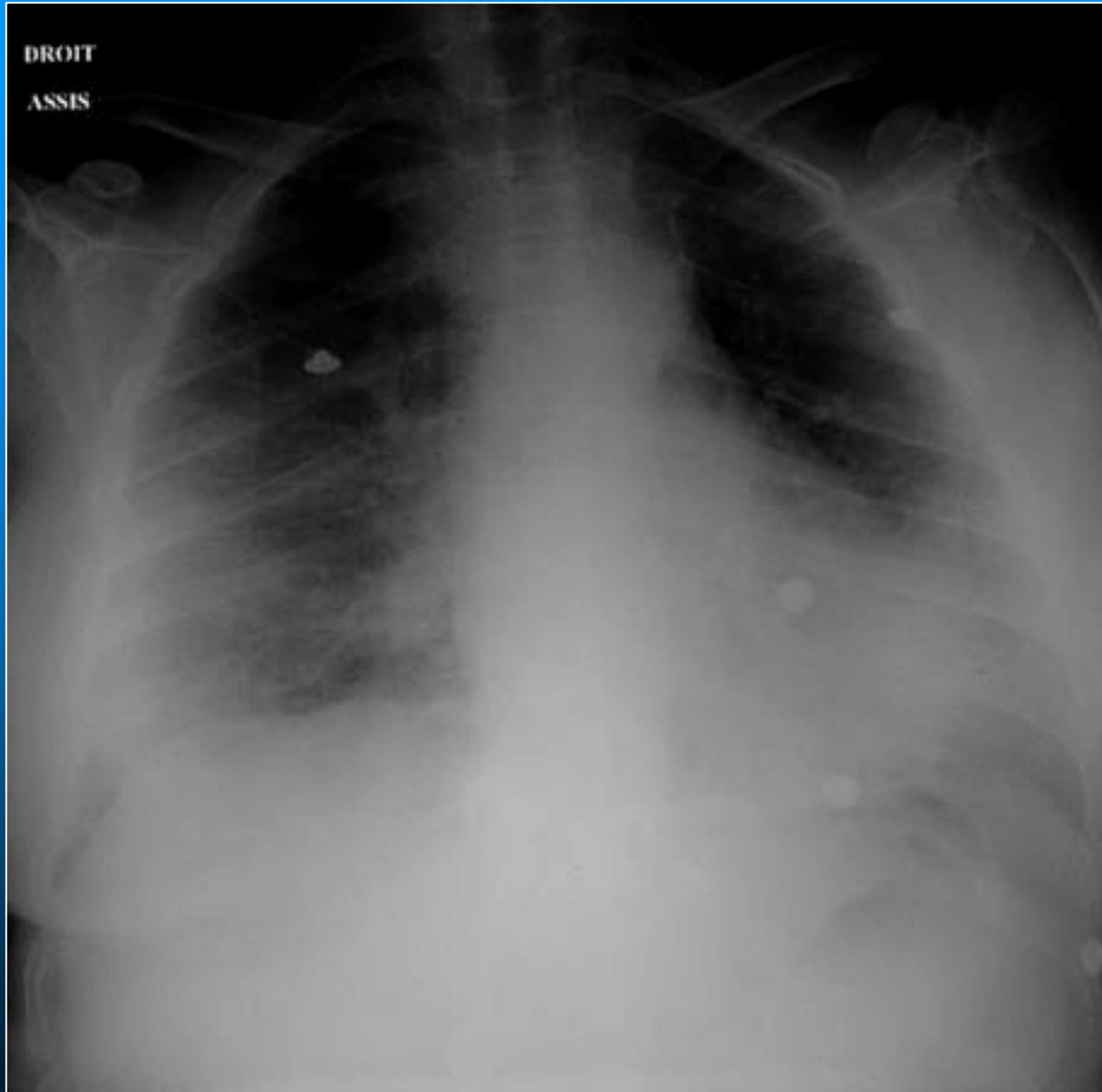
Embolie pulmonaire

Pathologie très fréquente, nombreuses erreurs diagnostiques, car symptômes peu spécifiques.

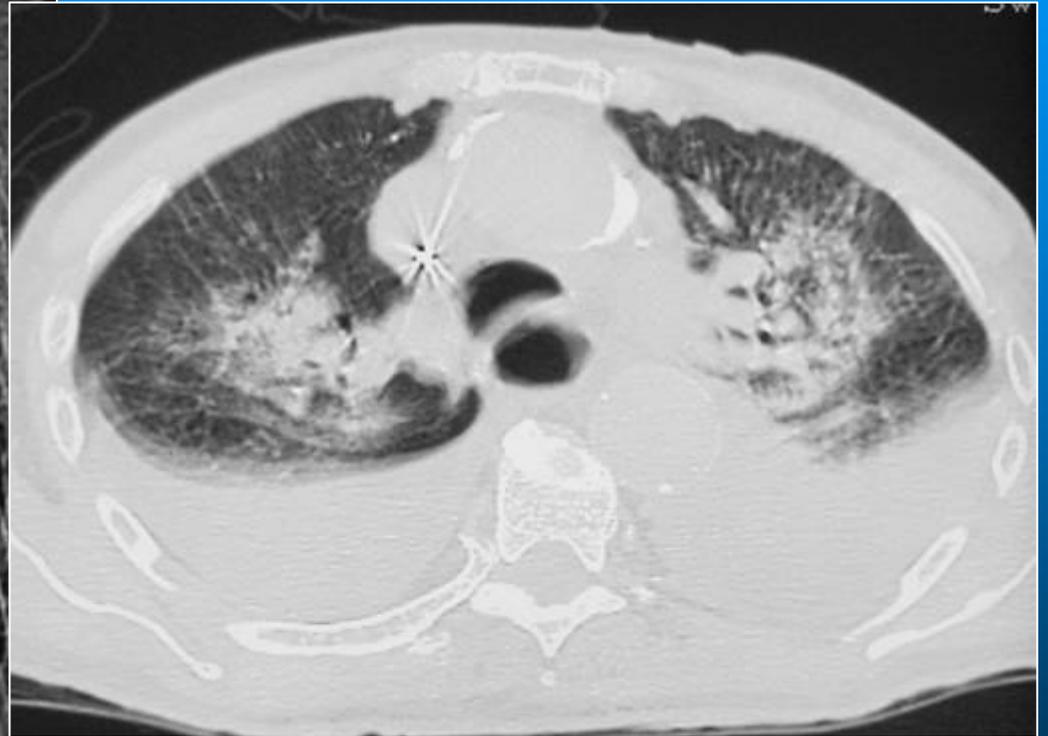
80% associée à une thrombose VMI

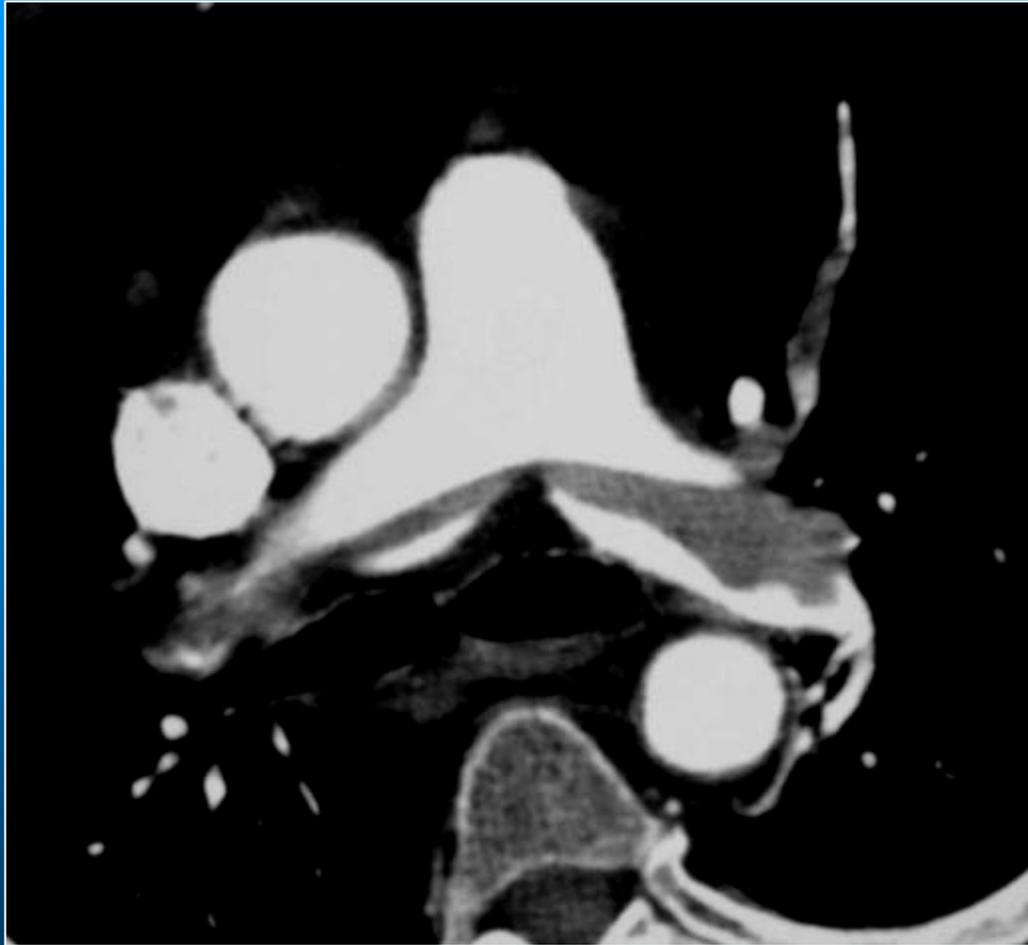
Traitement potentiellement dangereux.

Donc, il faut un diagnostic de certitude.



Coupes sans injection : OAP





Arbre décisionnel

EP sans signe de gravité

Radio thorax

Sujet jeune
Non hospitalisé

D Dimères
VPN 98%

Réduire nombre
AngioTDM
25-35% *

Sujet âgé
Hospitalisé + 48H

AngioTDM

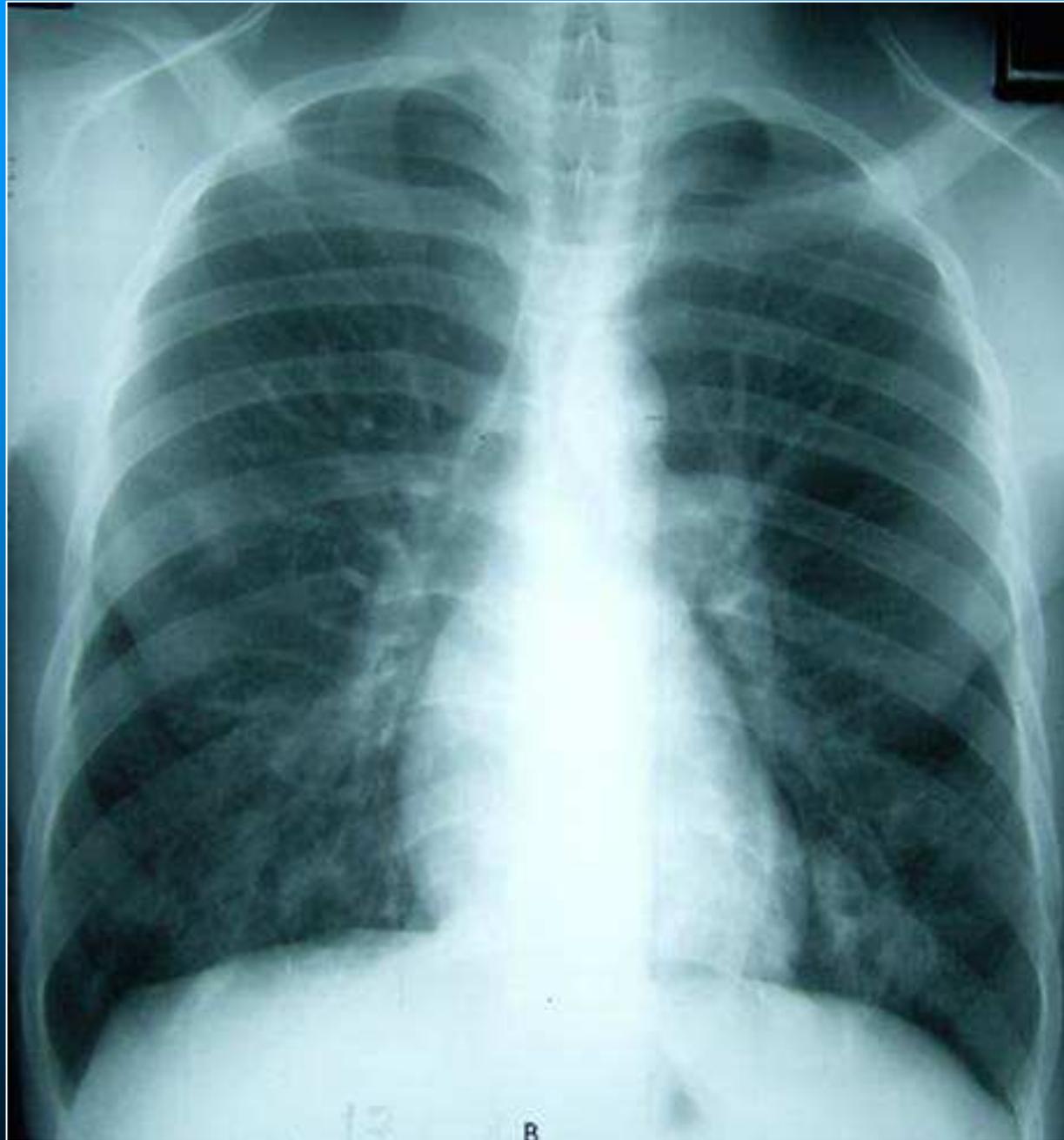
* JJ Michiels. Int Angiol 2003 ; 22 : 1-14

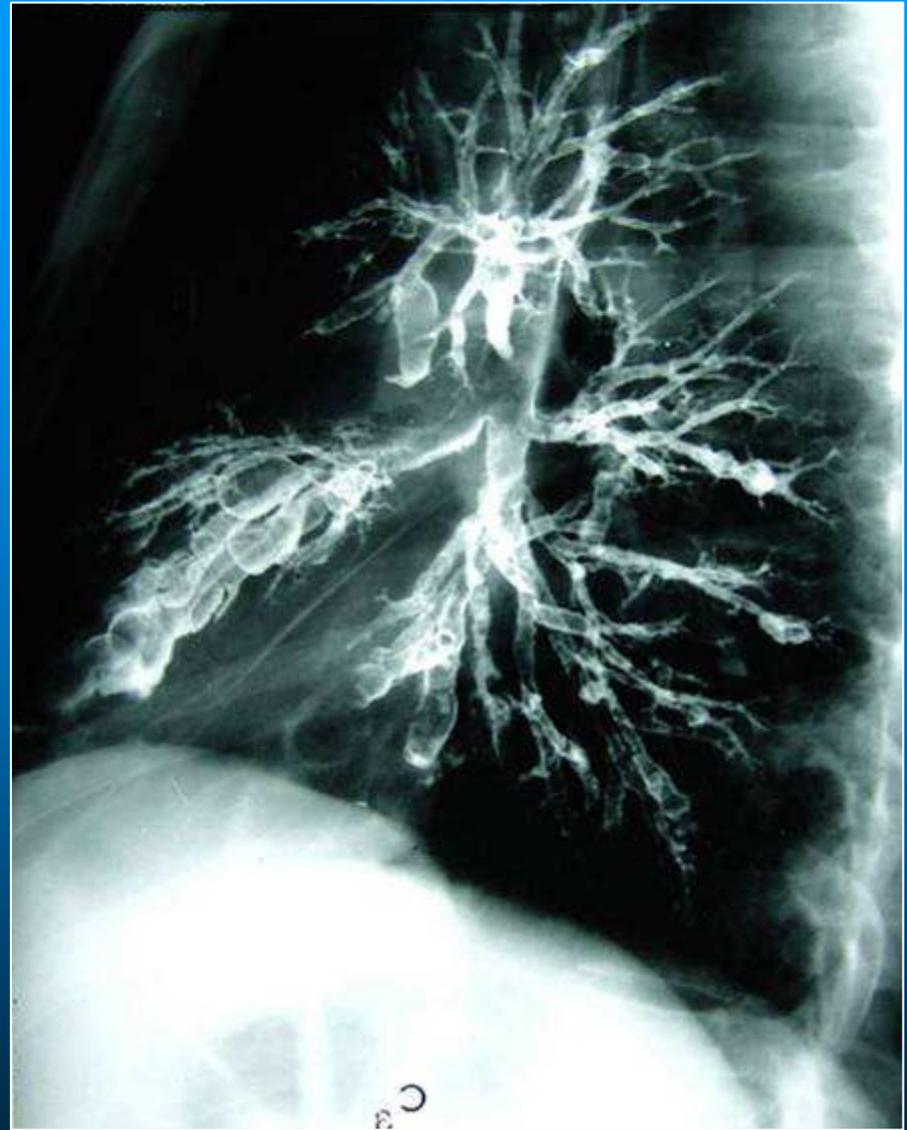
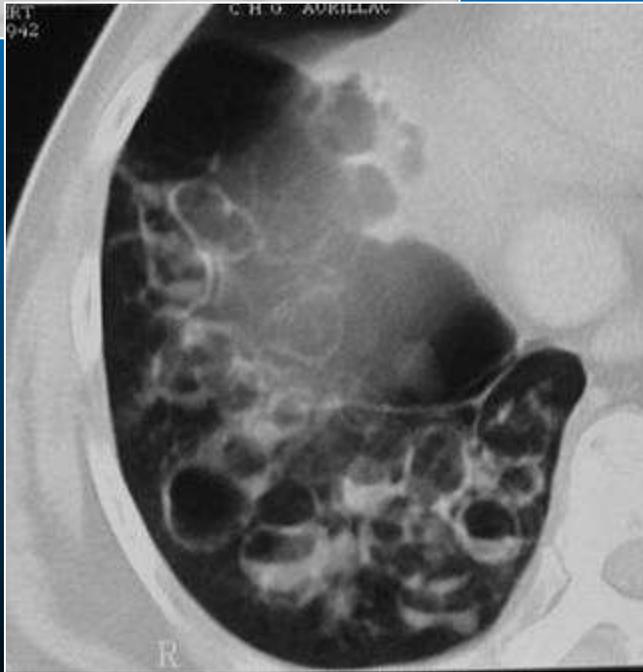
Toux aiguë



Toux chronique

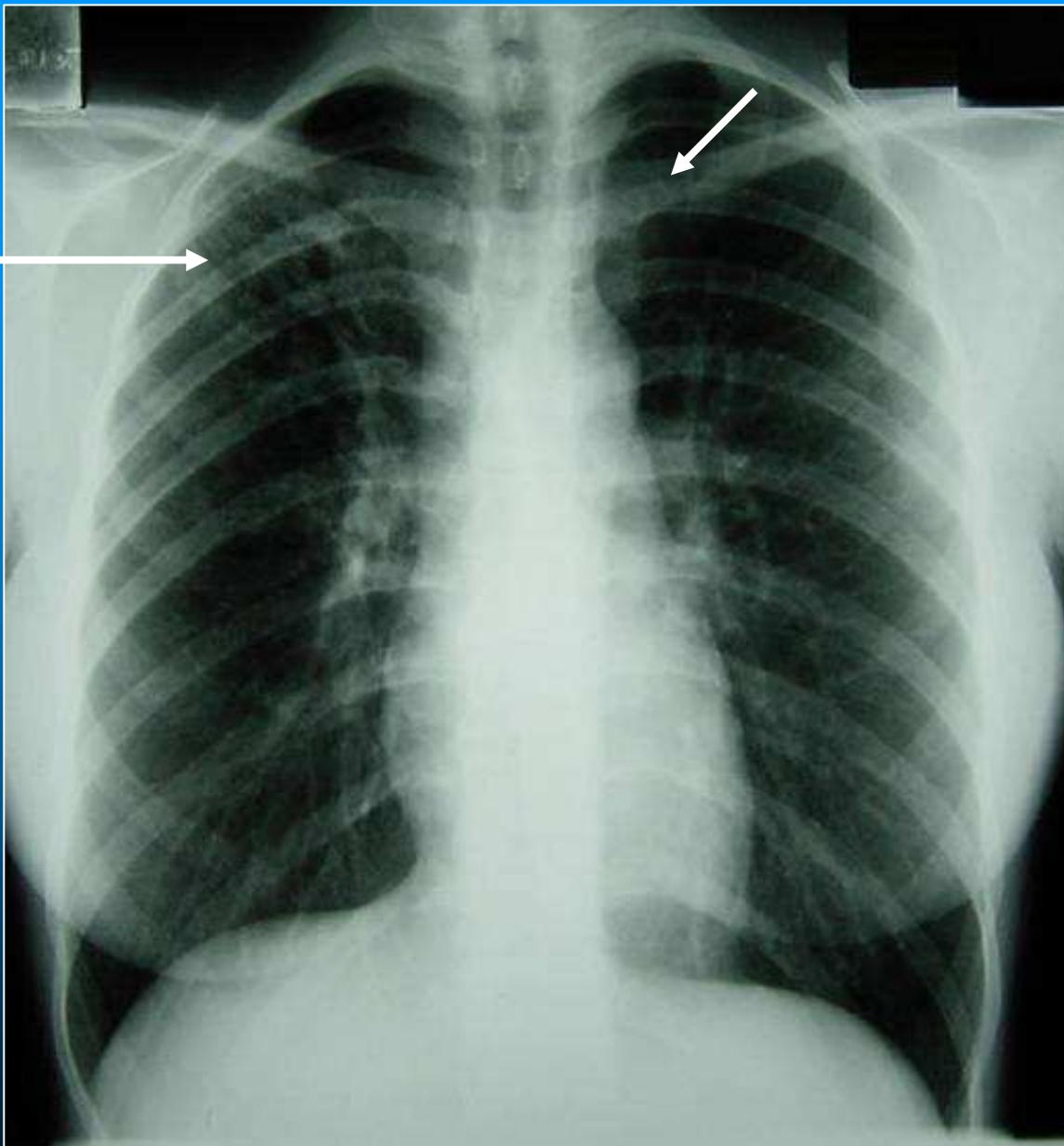
Toux
Expectorations

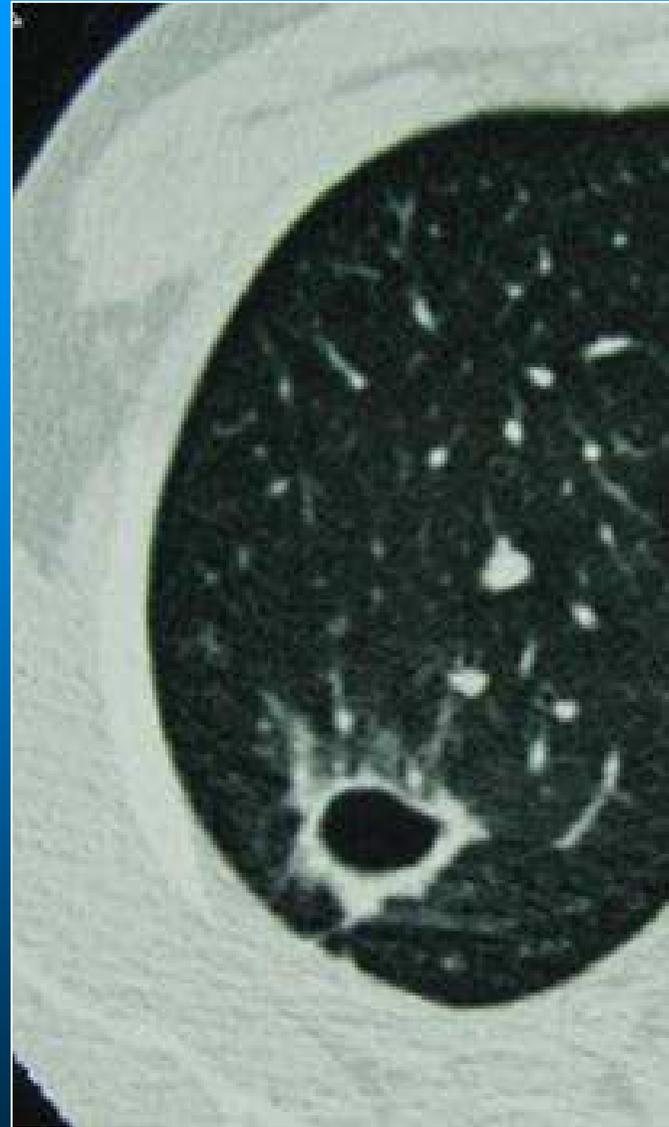
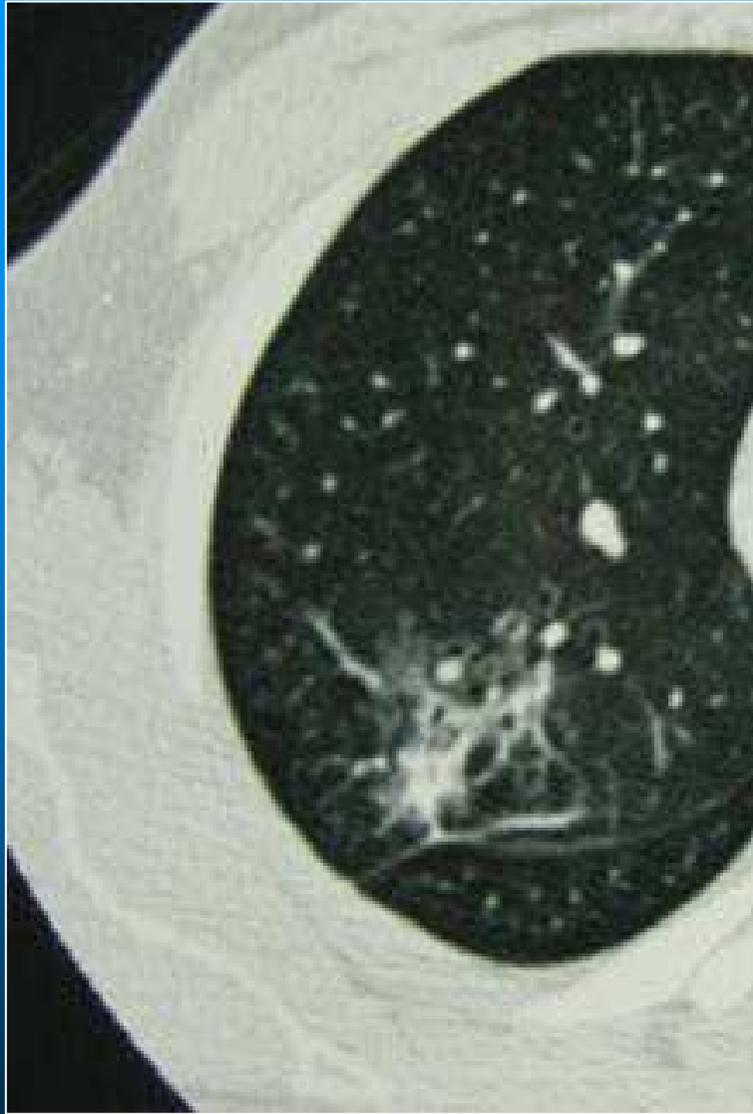




**Toux depuis 1 mois
AEG**

Infiltrat



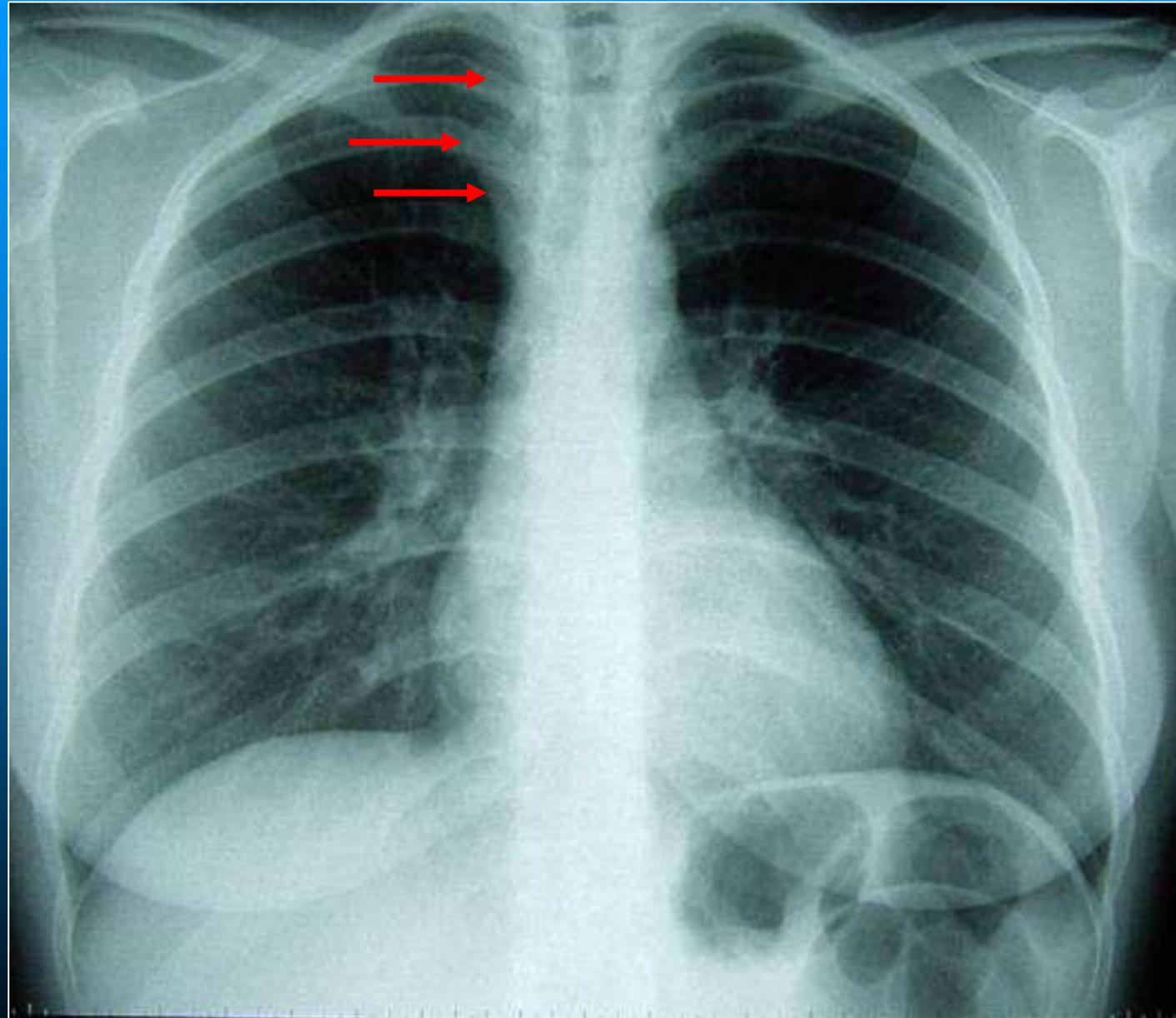


Tuberculose pulmonaire évolutive

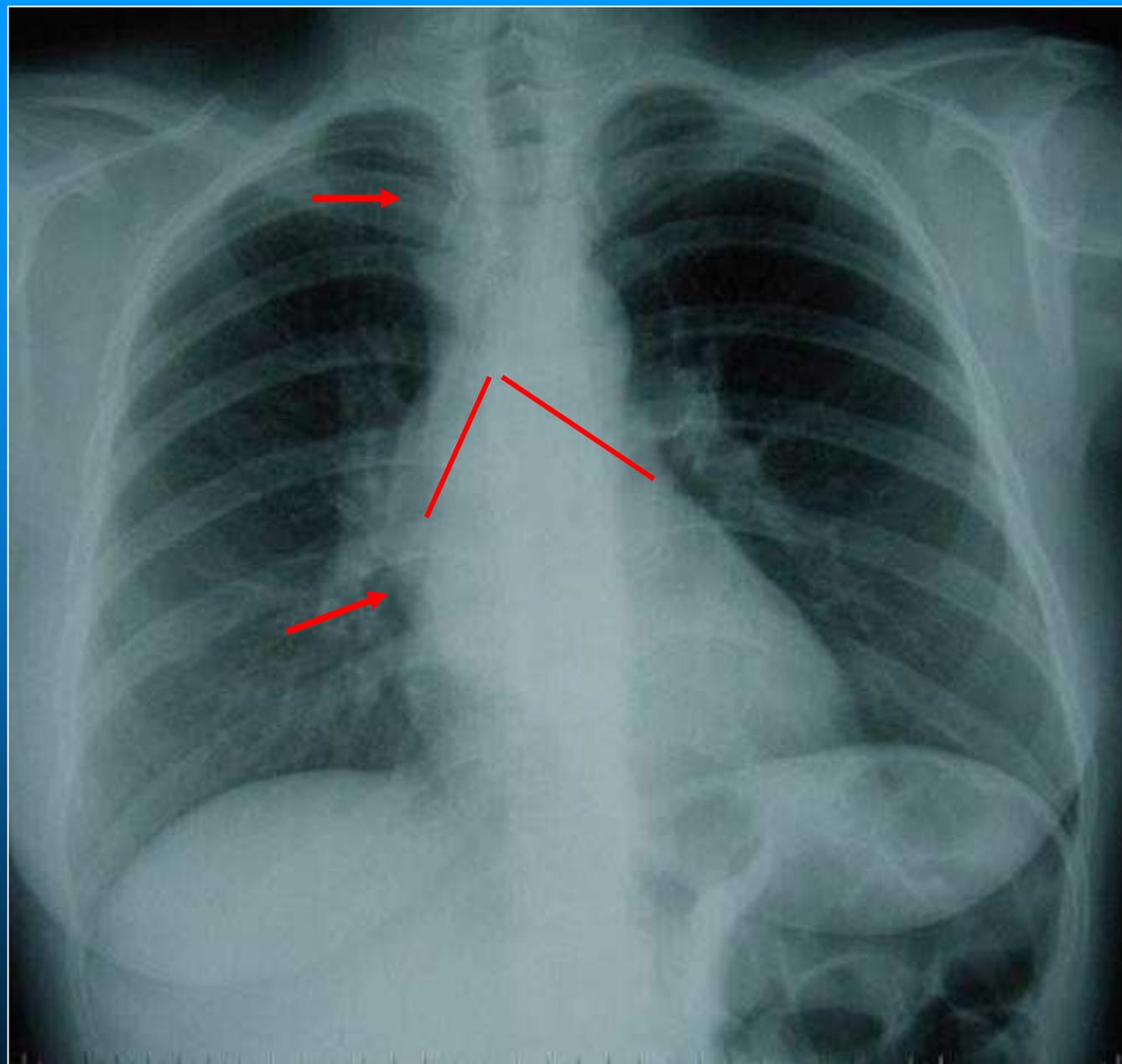
Janvier 02

Toux chronique
Chez une patiente
de 30 ans

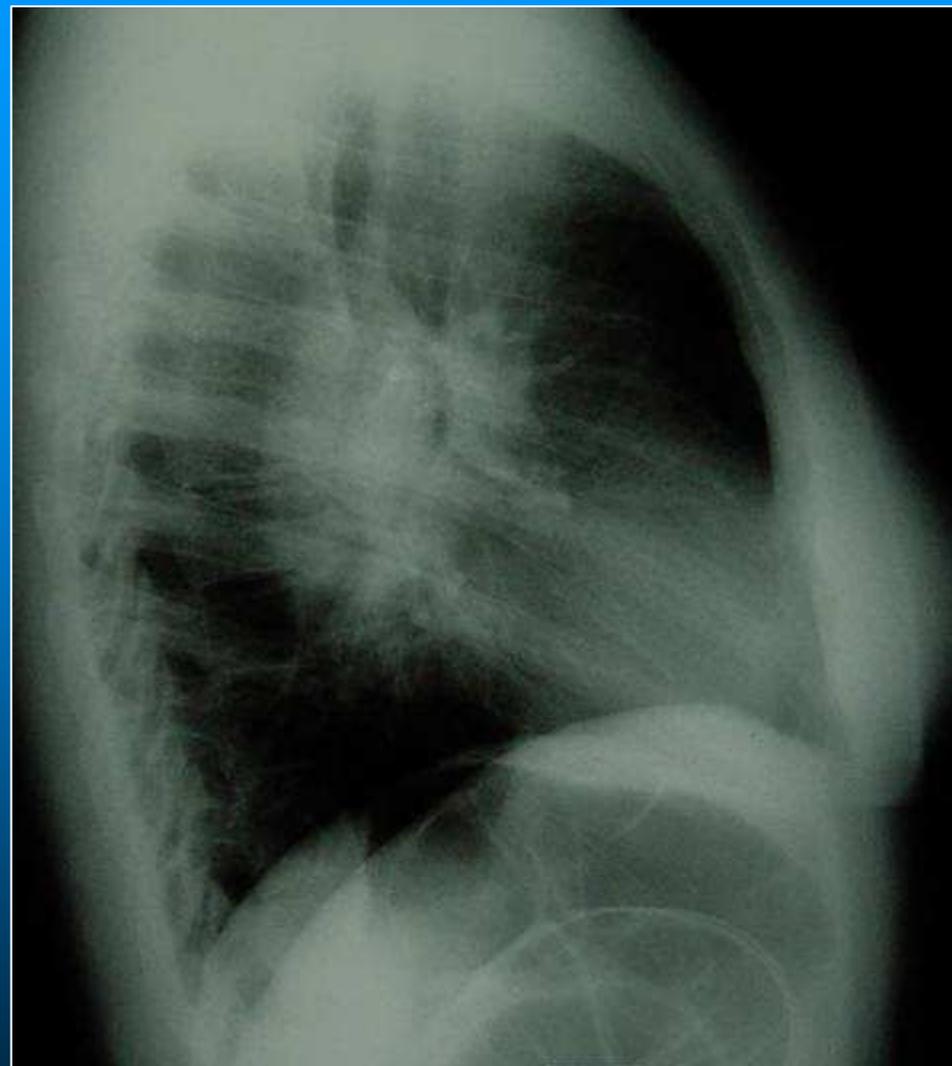
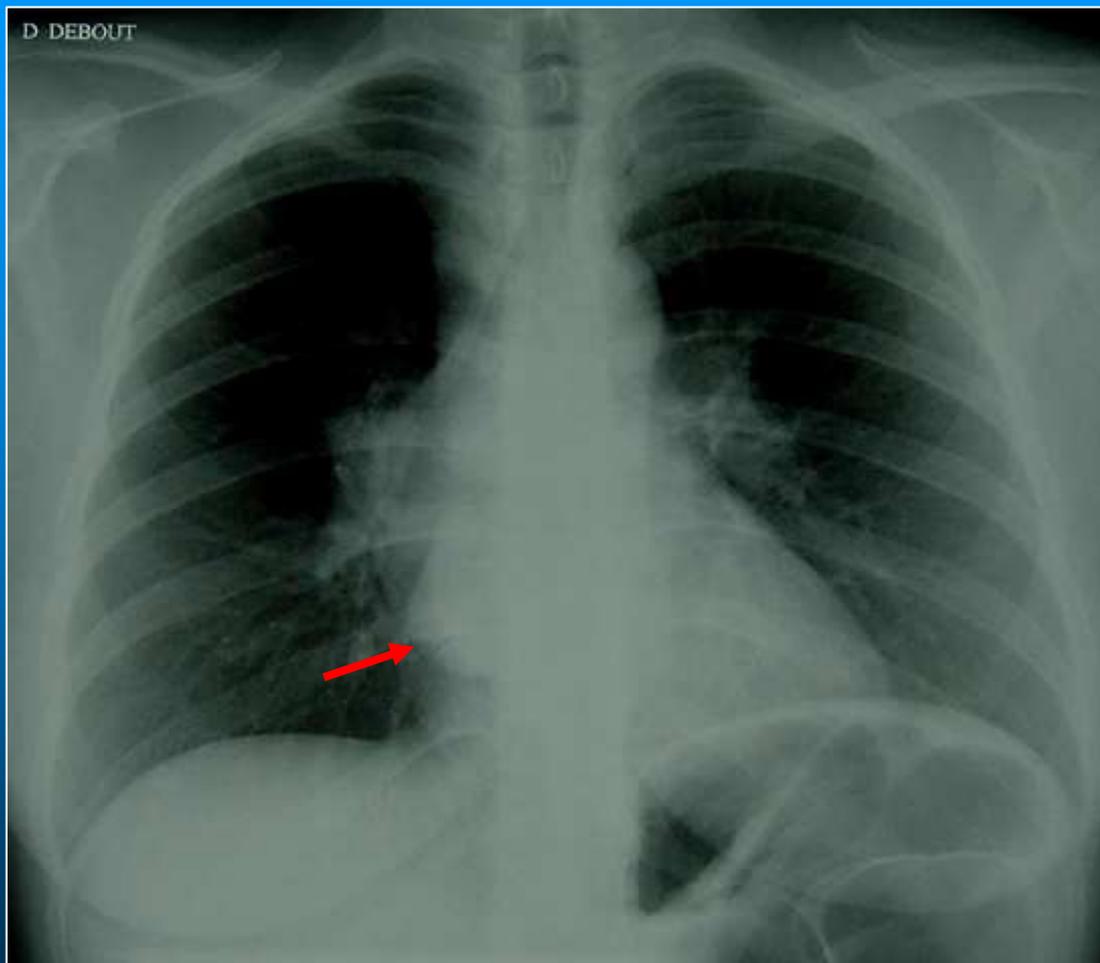
Opacité
Para-trachéale
droite

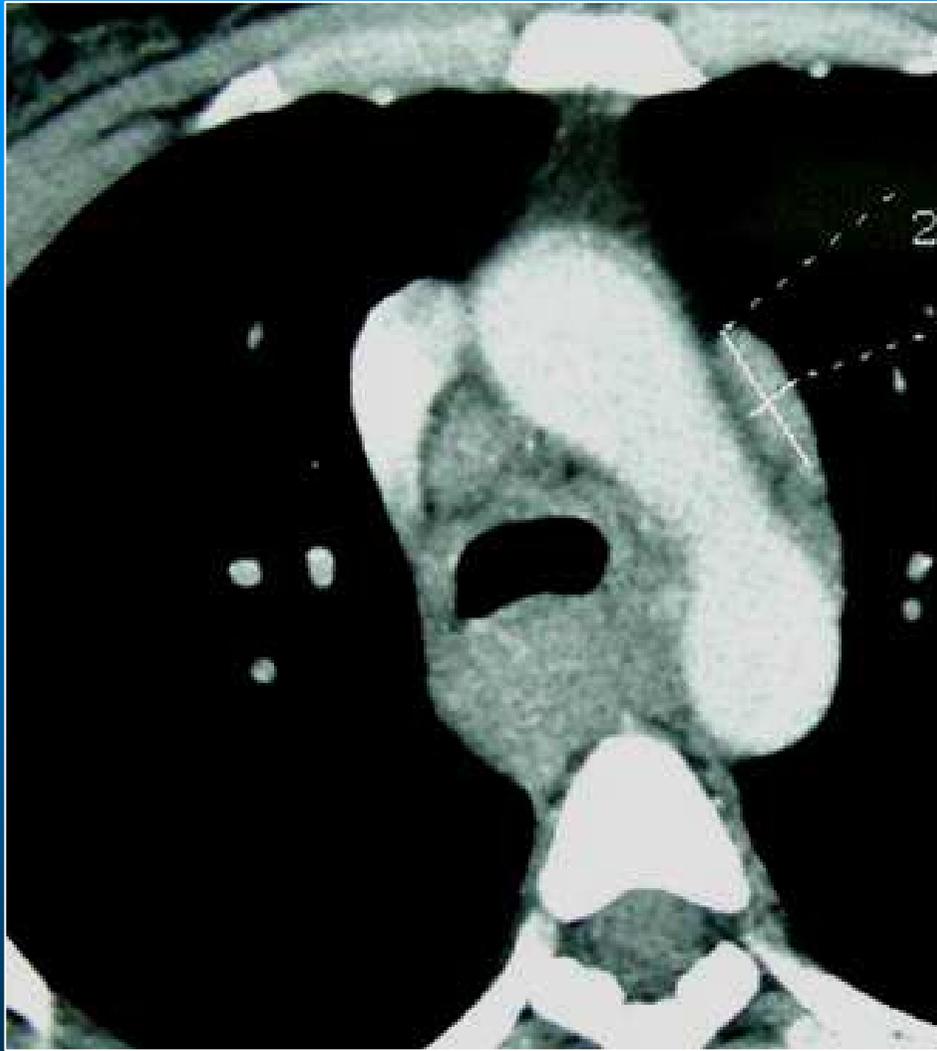


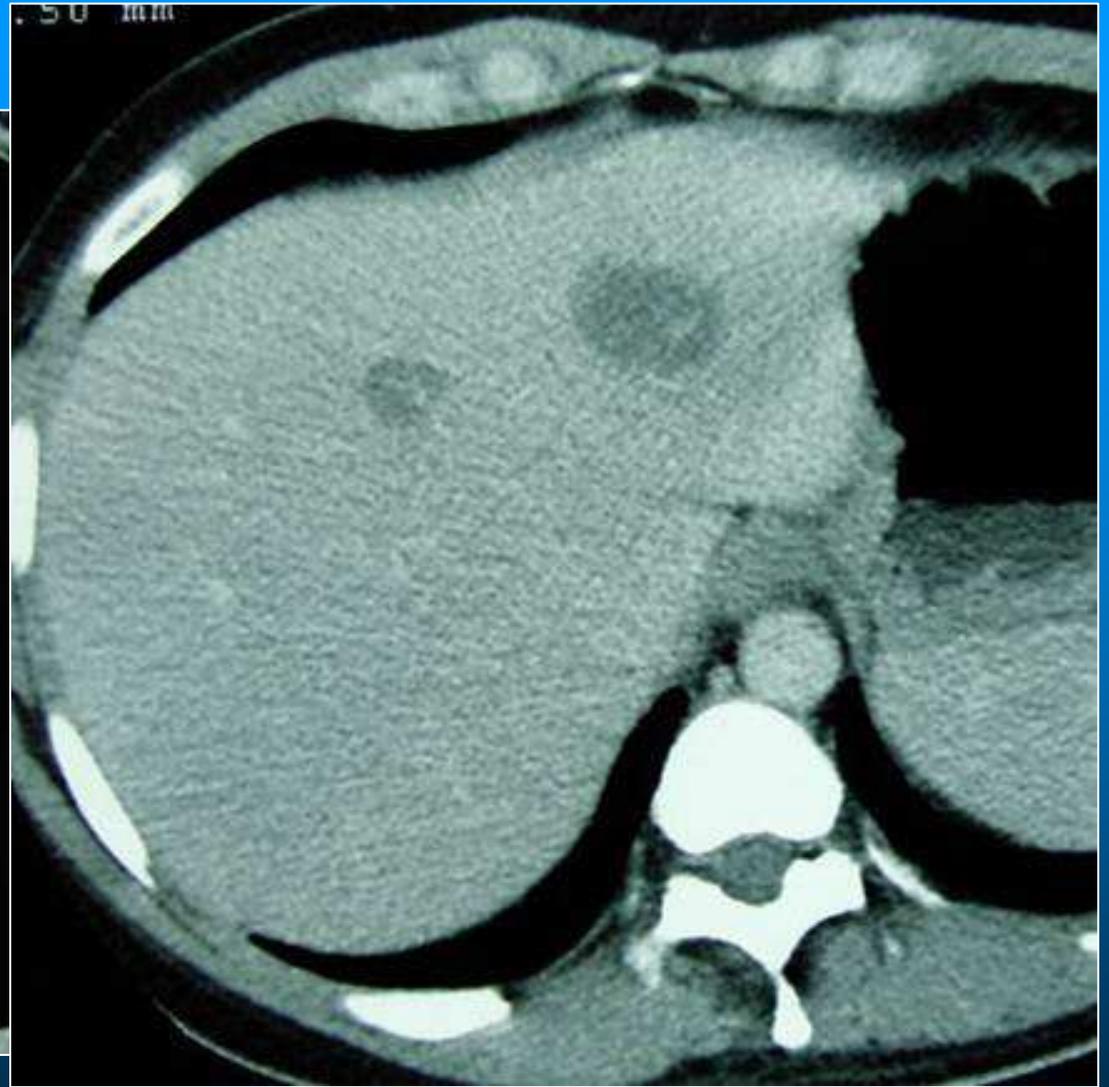
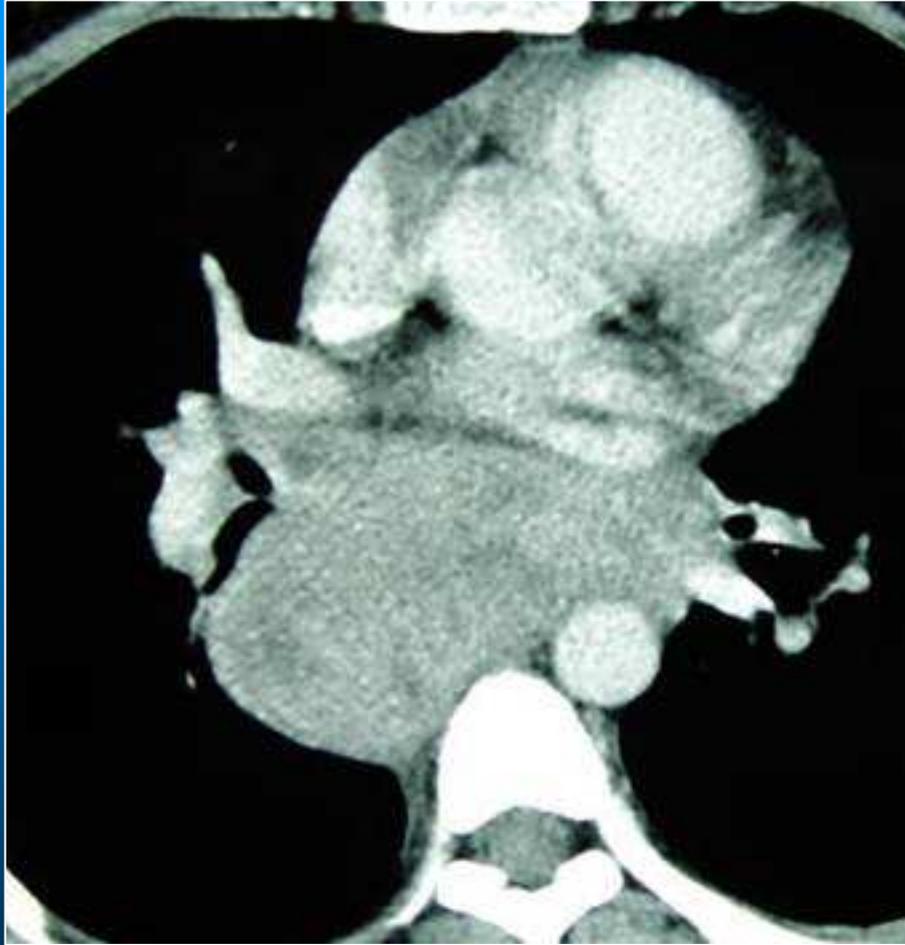
Octobre 03



Mars 04

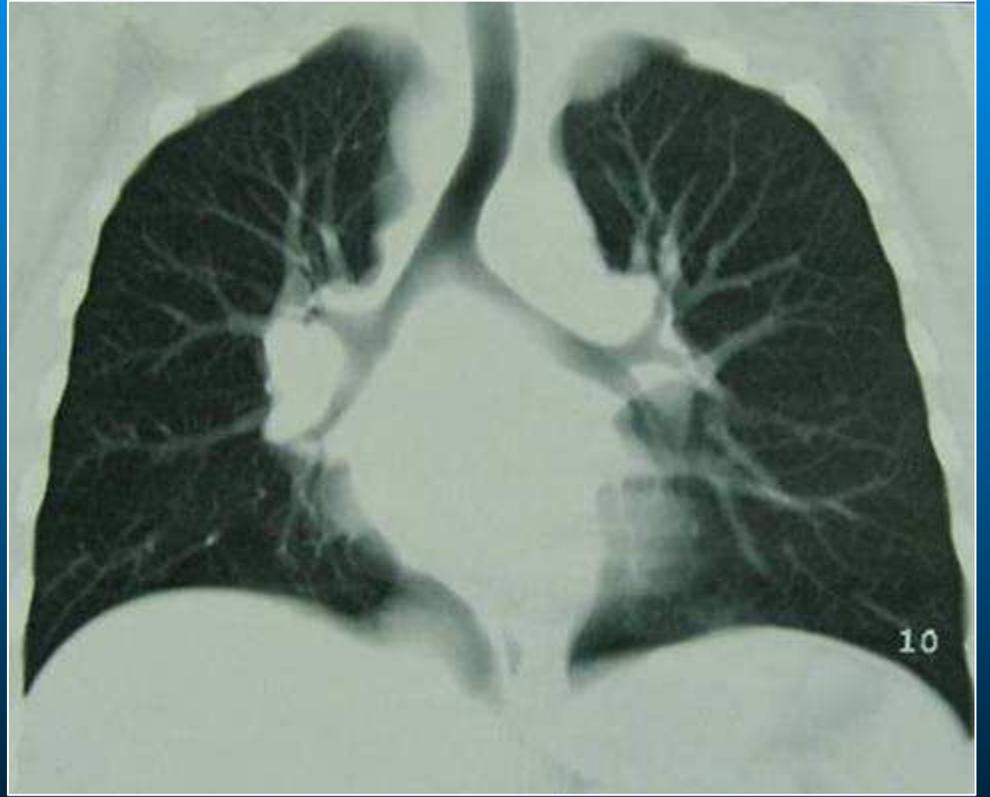
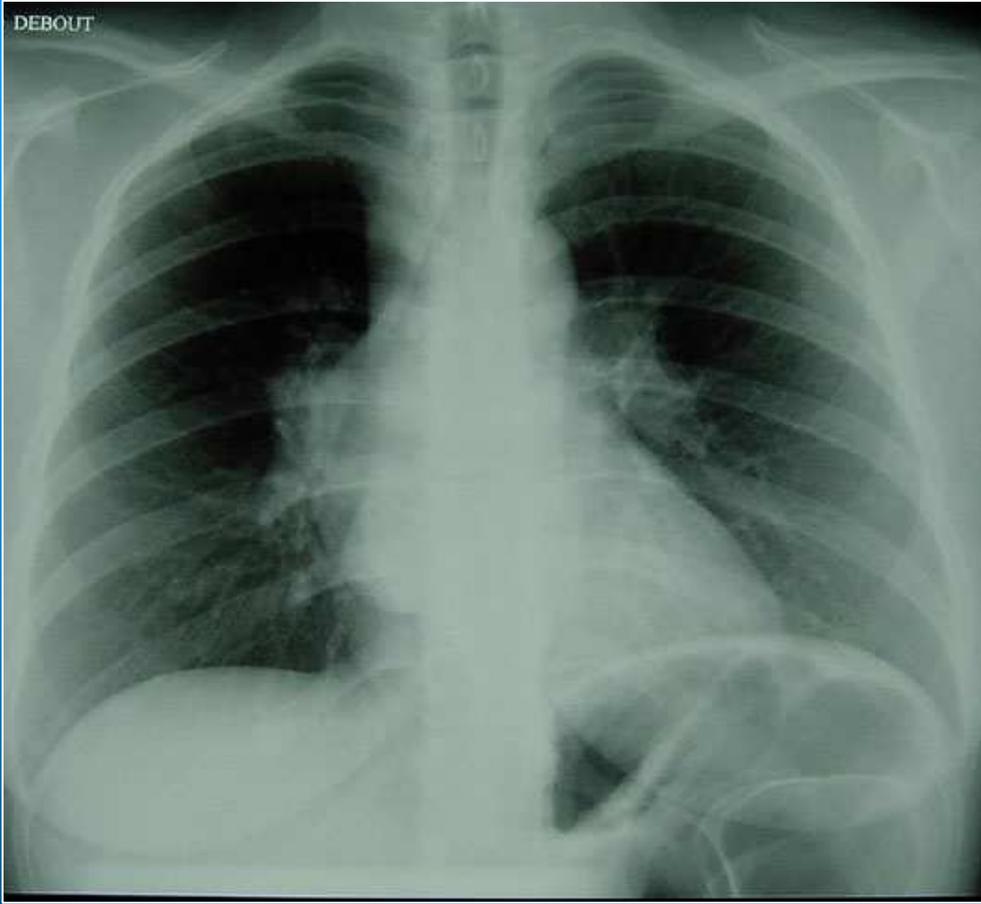






LMNH

DEBOUT



Hémoptysie

Localisation : Trachée jusqu'aux alvéoles pulmonaires

Nécessité d'un diagnostic étiologique :

Bien que la majorité des hémoptysies soient initialement peu abondantes, leur évolution est imprévisible, parfois mortelle

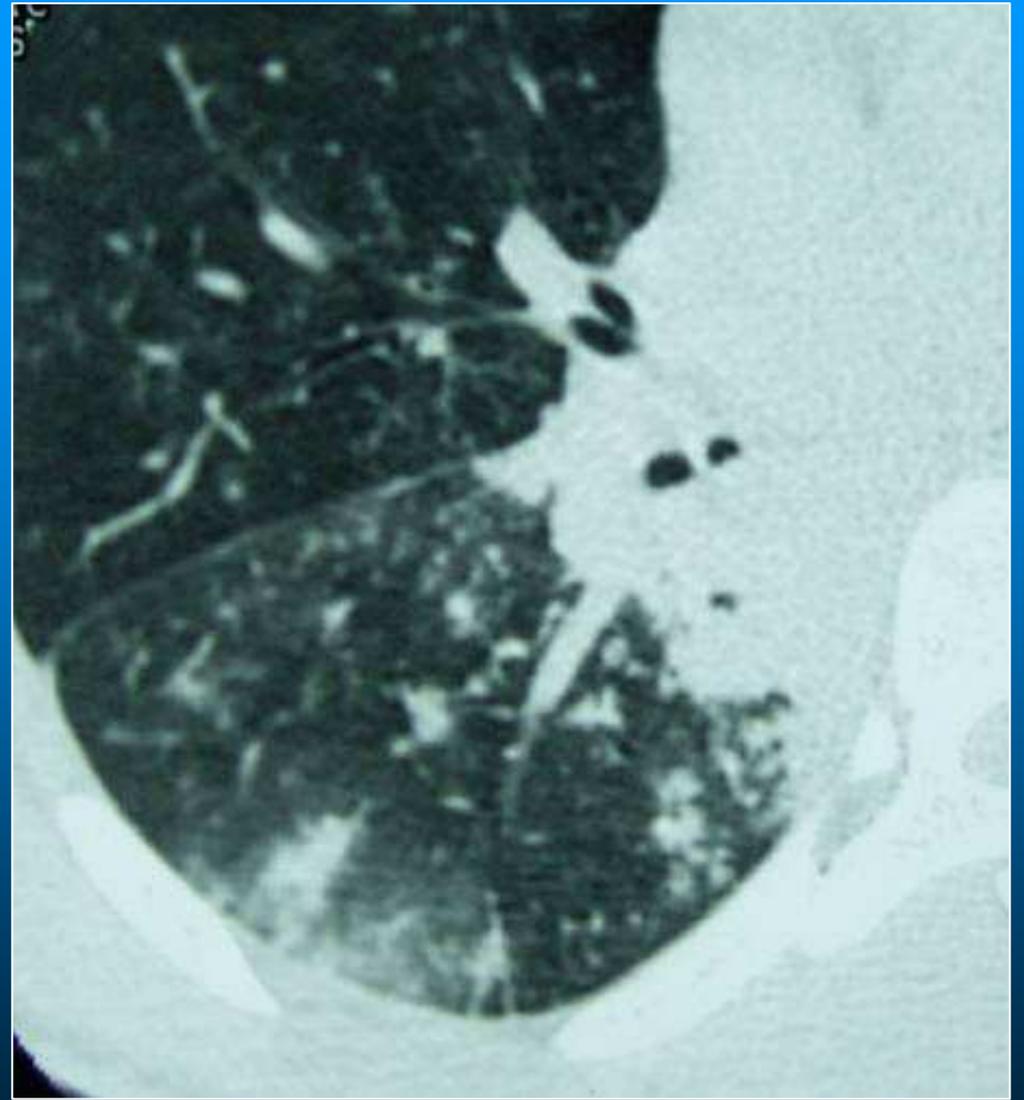
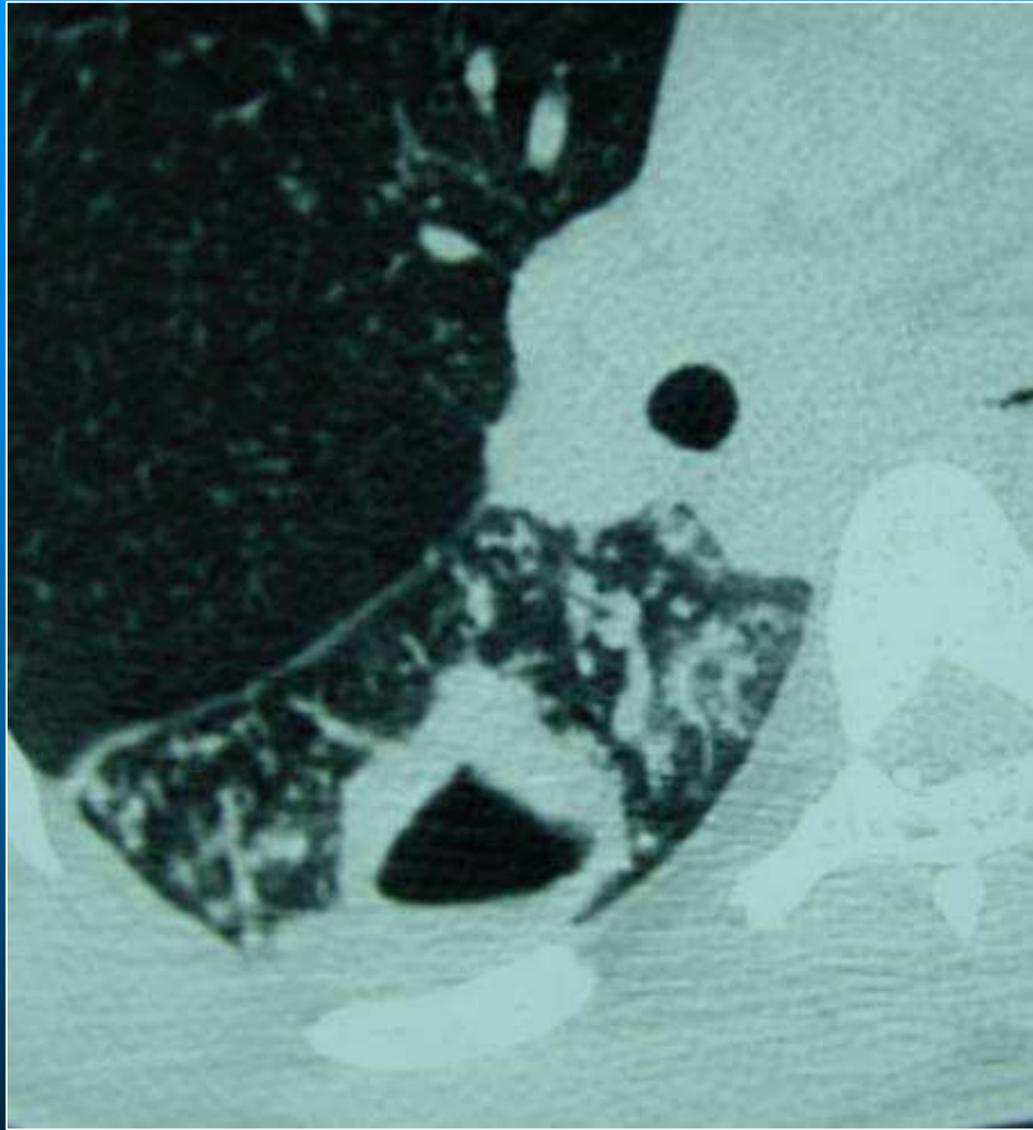
Parfois quelques crachats hémoptoïques peuvent révéler une pathologie grave : Cancer...

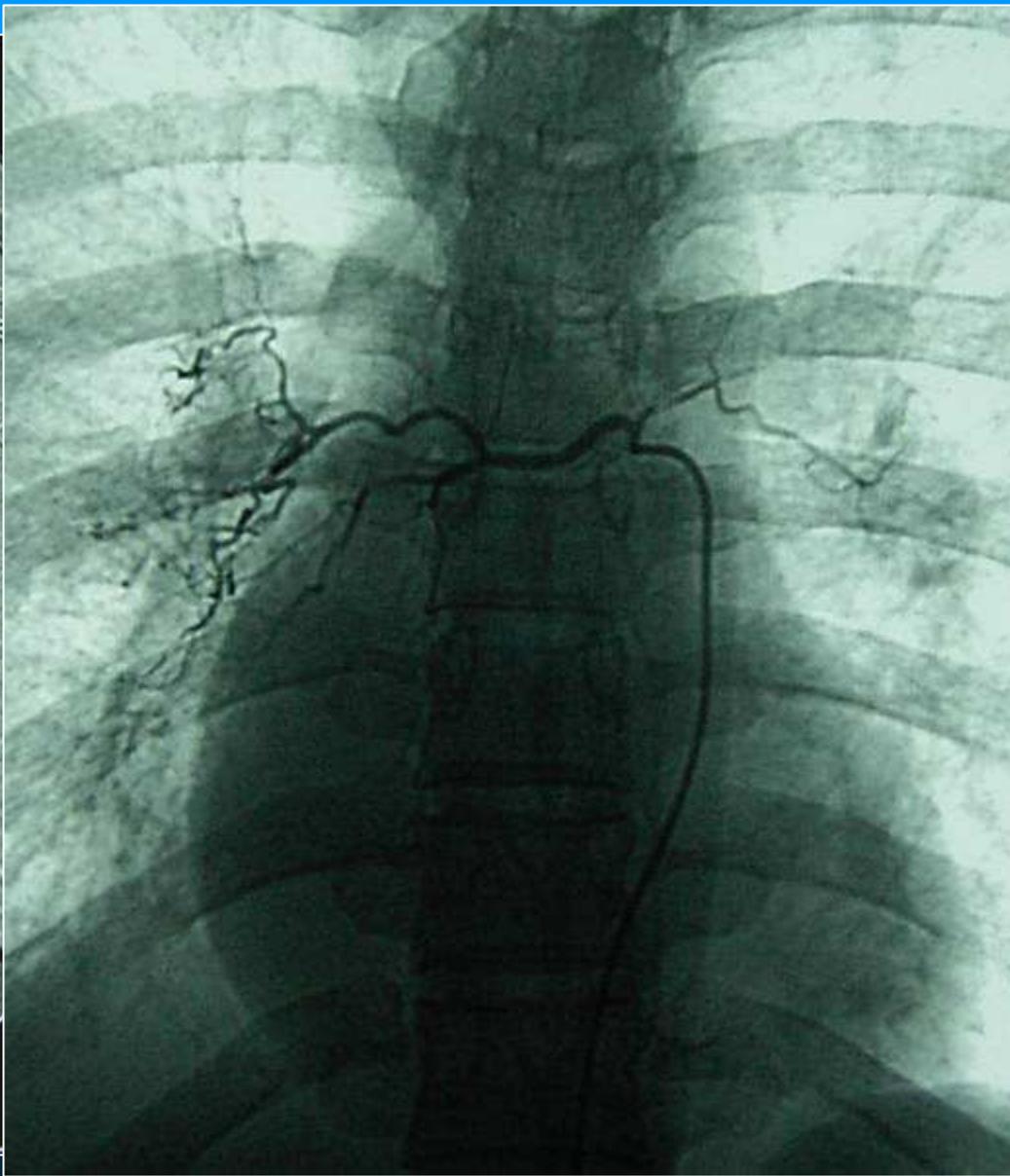
Hémoptysie

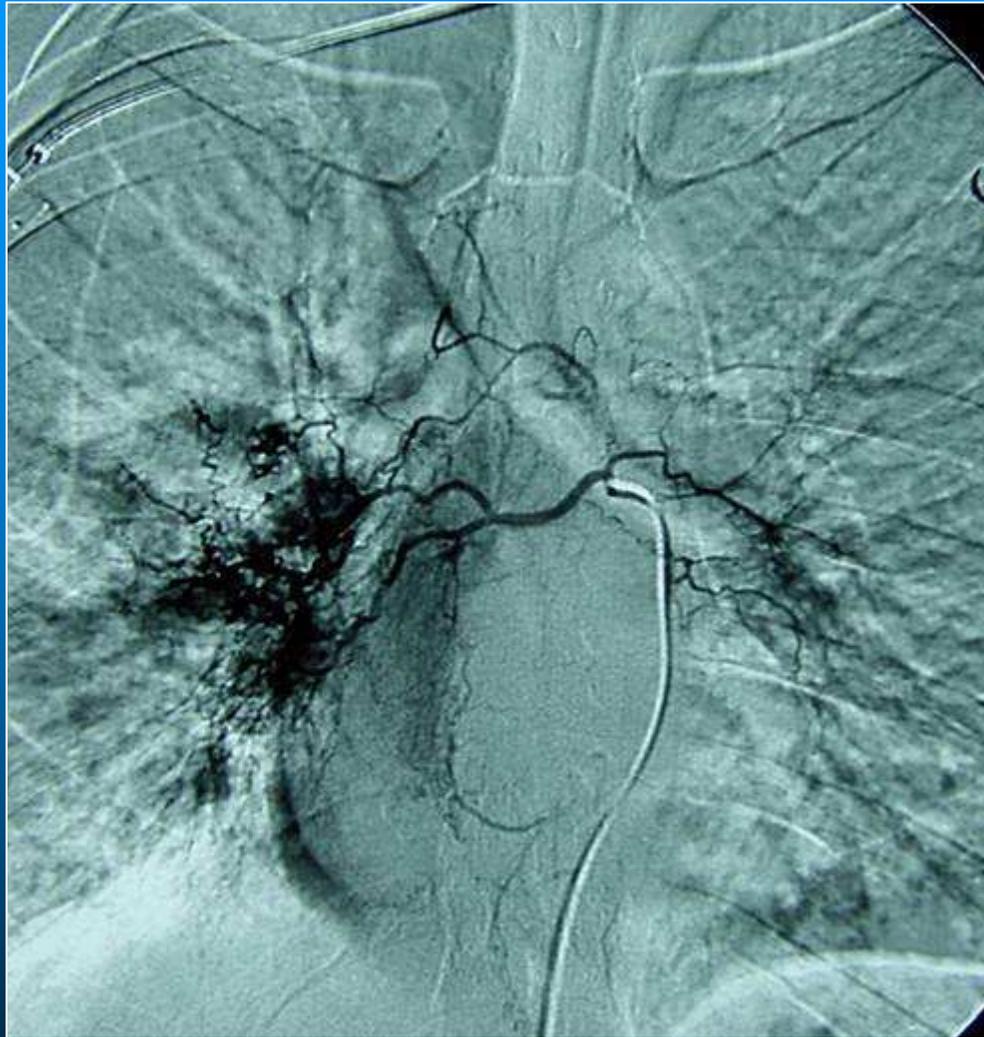
- Radio thorax
- Fibroscopie pour les érosions muqueuses et tumeurs proximales
- Scanner : Saignement alvéolaire, Tumeur, DDB, sd interstitiel

Indication d'autant plus que le sujet est âgé (sup à 40 ans),
Fumeur, hémoptysie abondante...

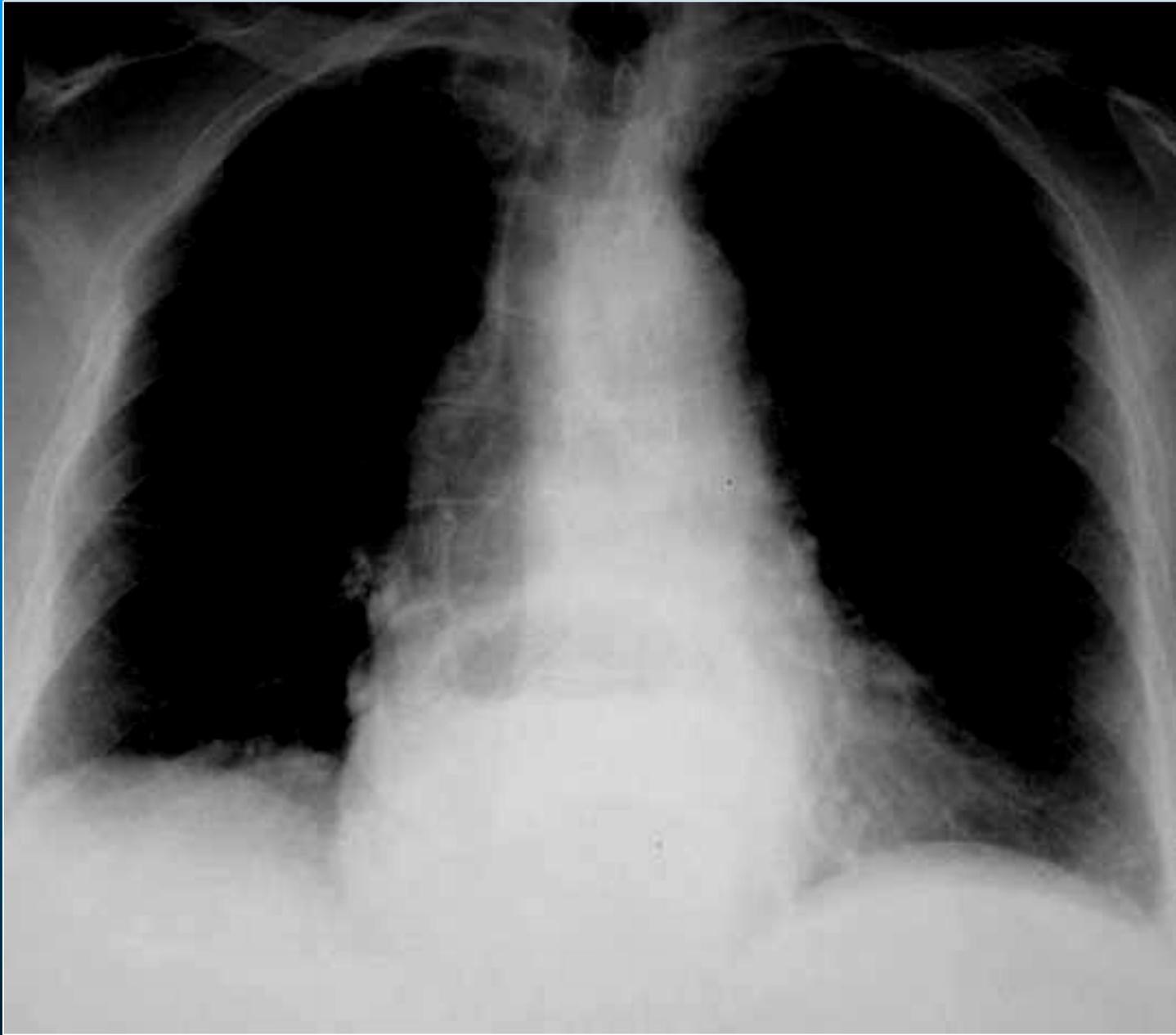
Bilan avant embolisation



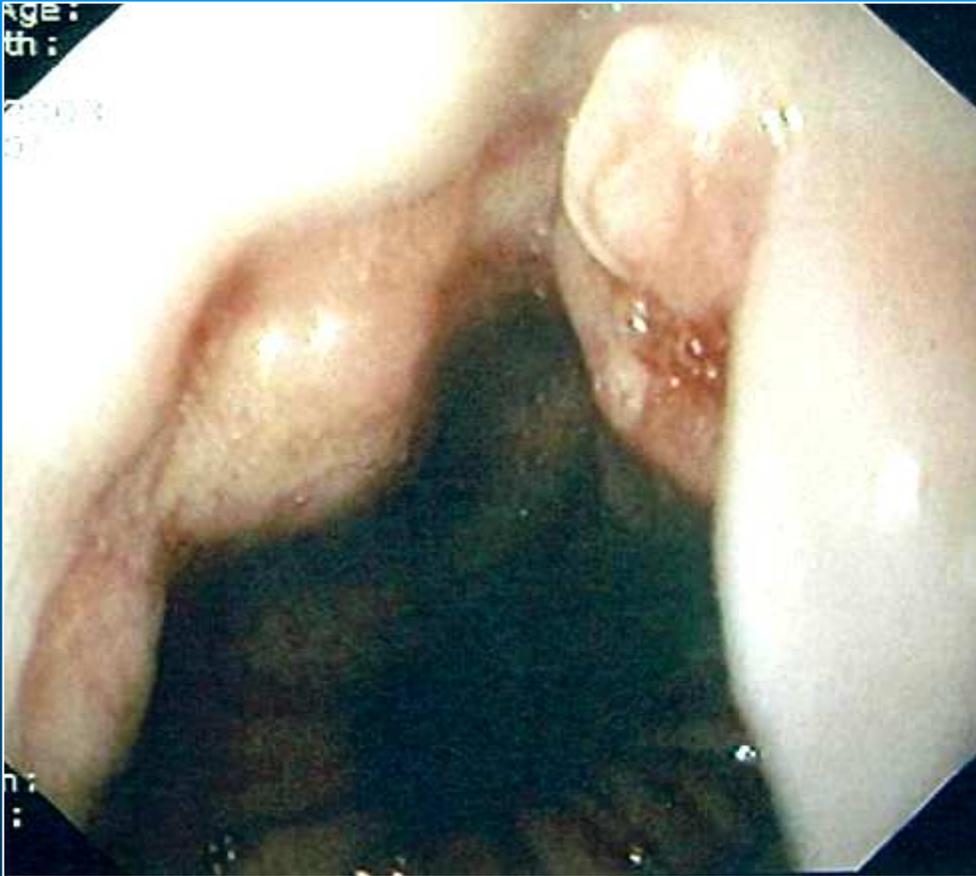




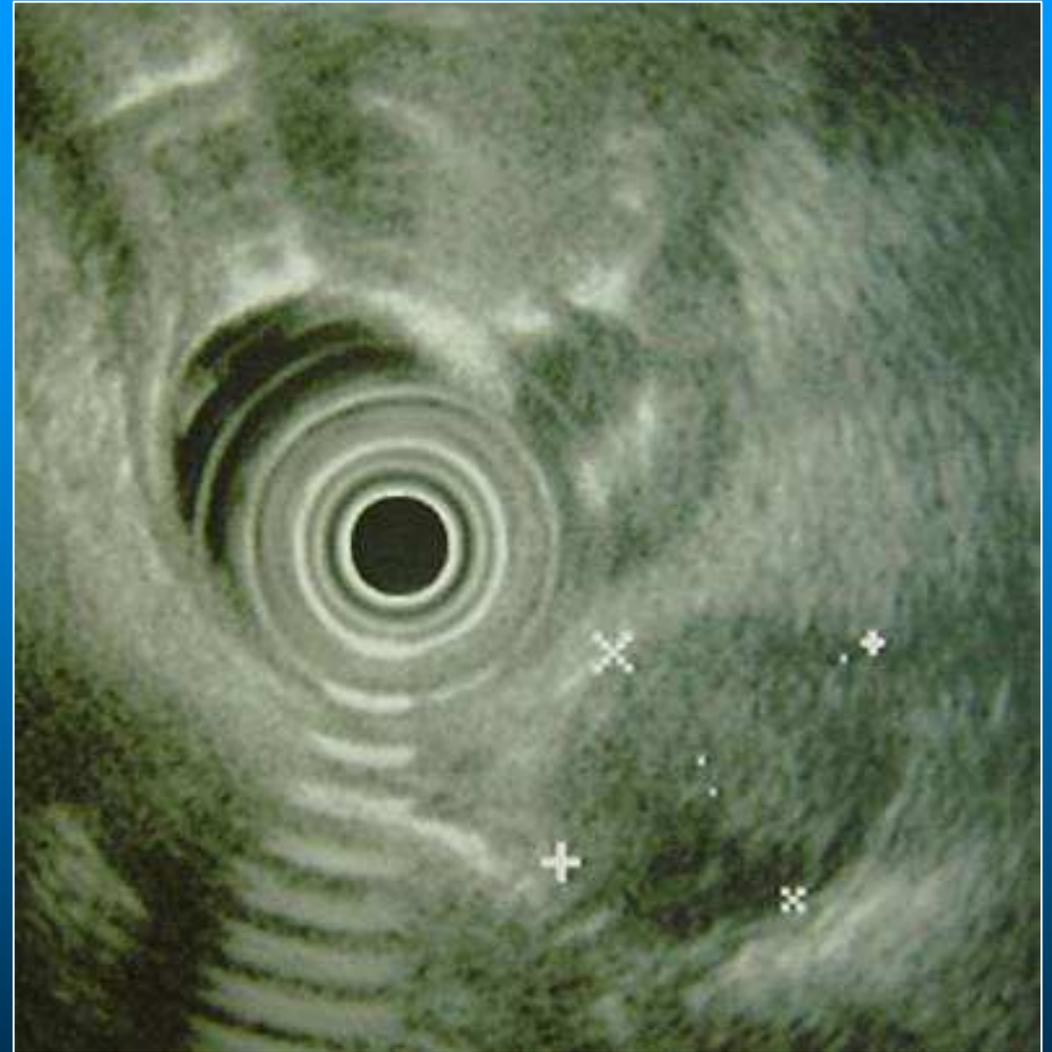
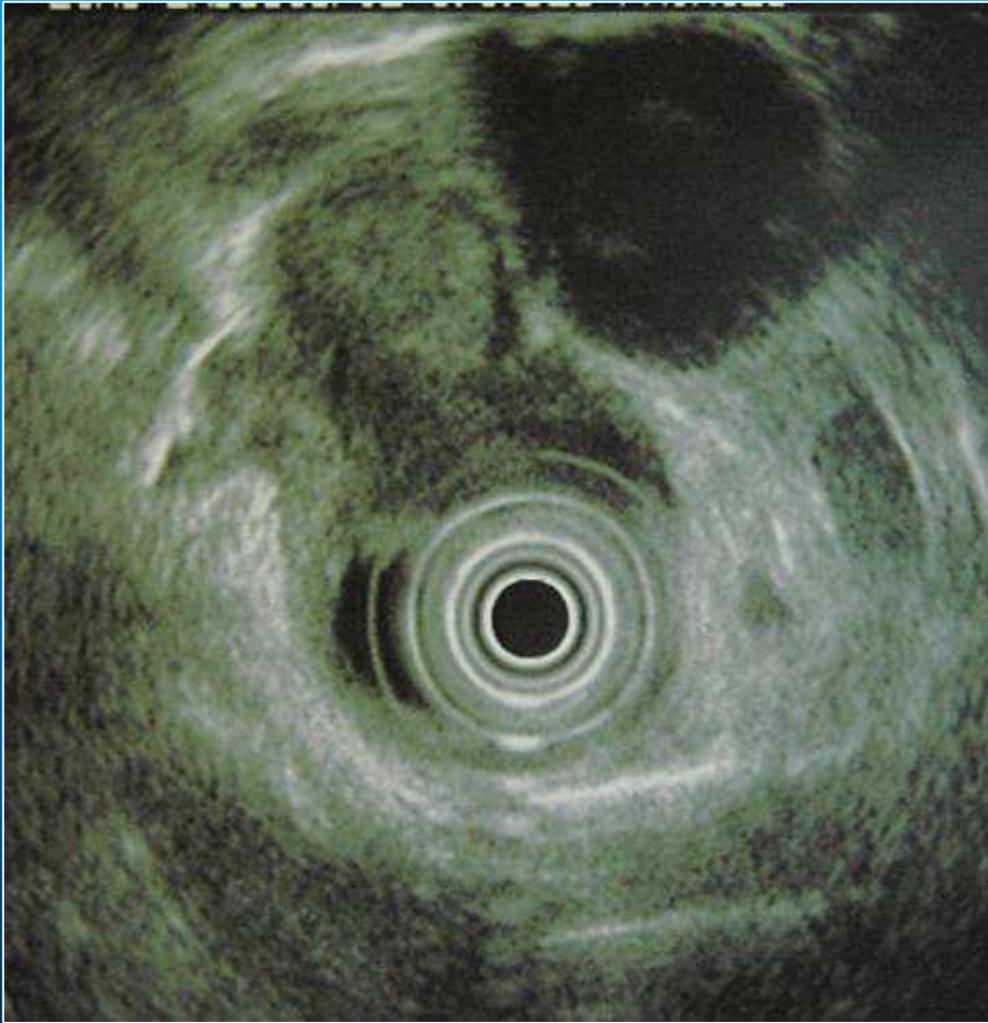
Quel examen demander de première intention devant une dysphagie ?



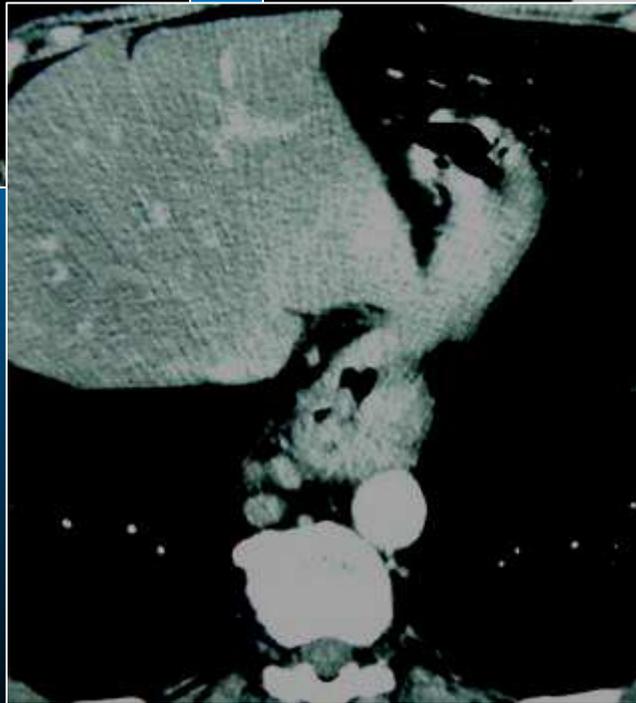
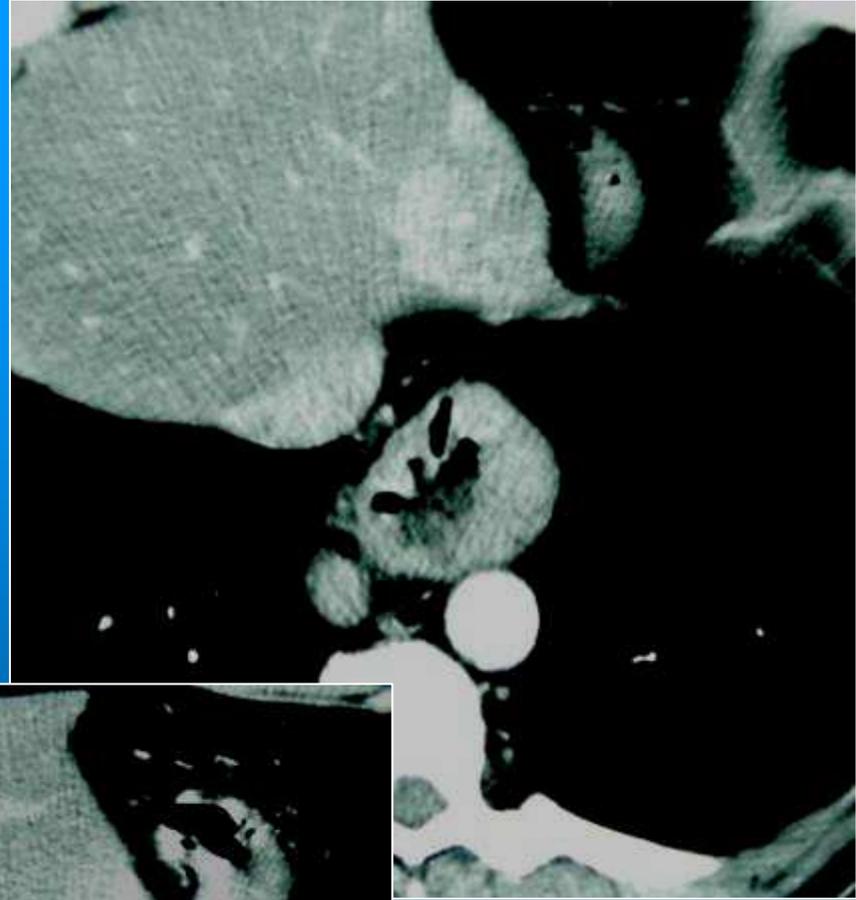
Dysphagie aux solides, AEG



Fibroscopie digestive

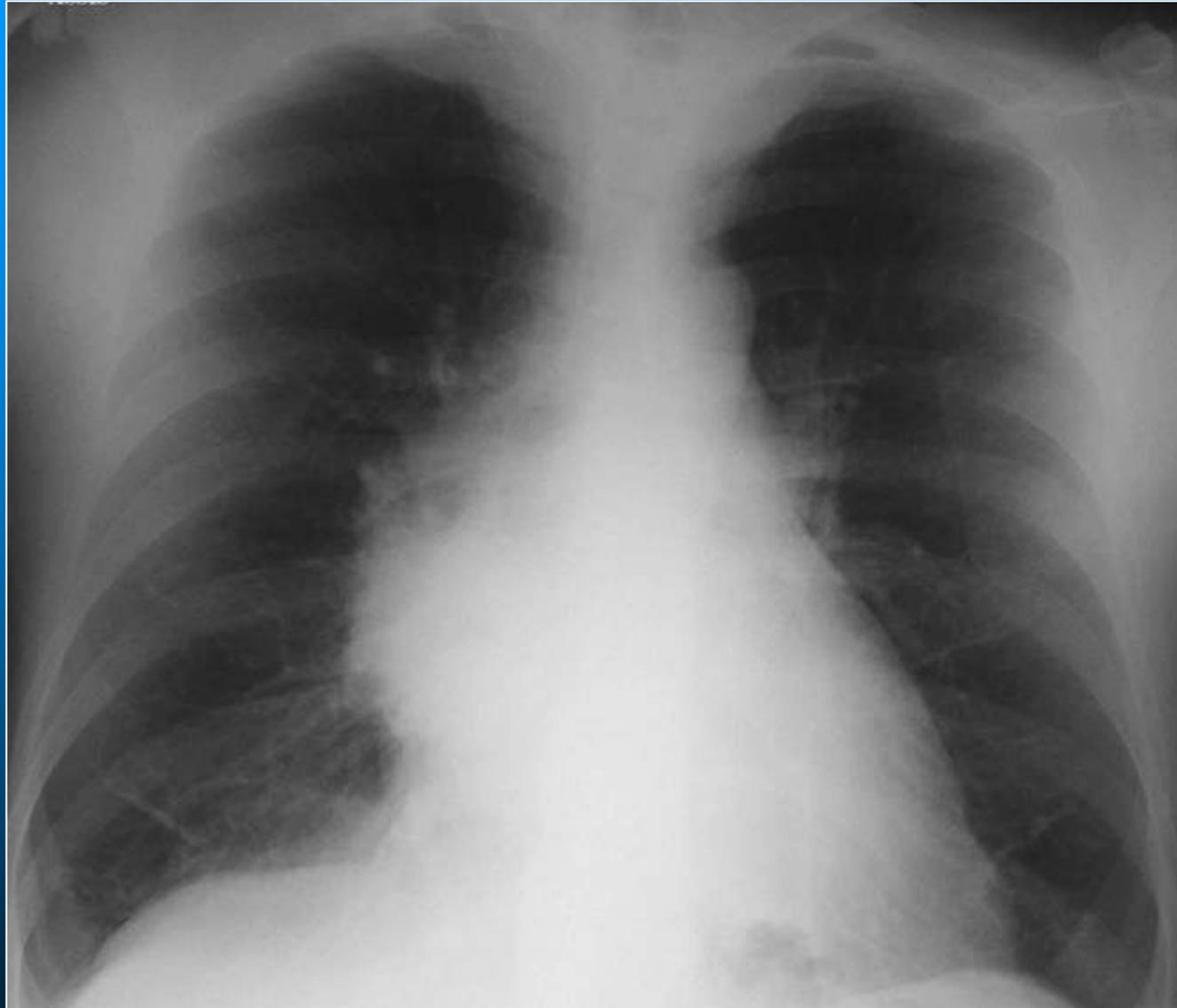


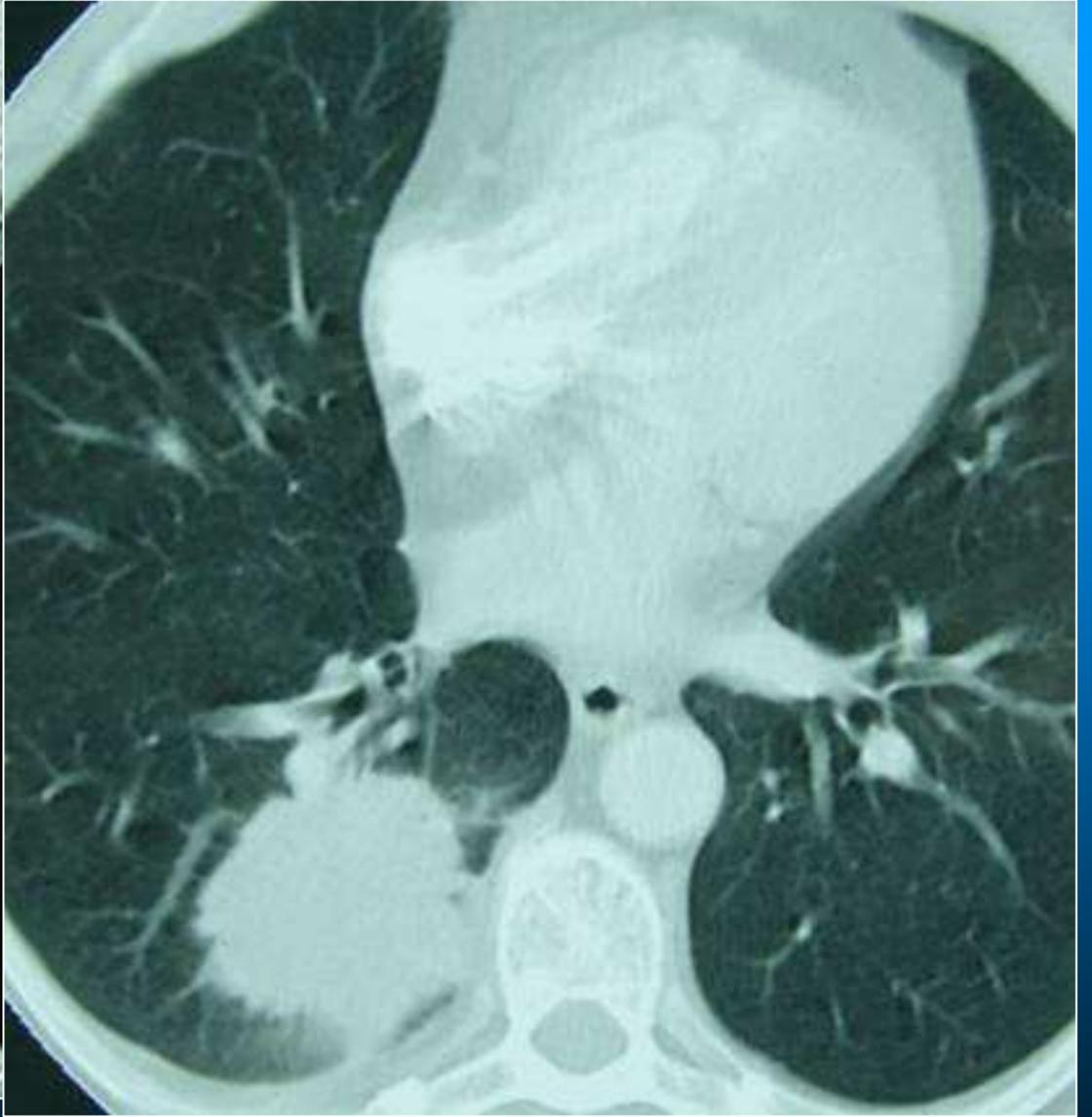
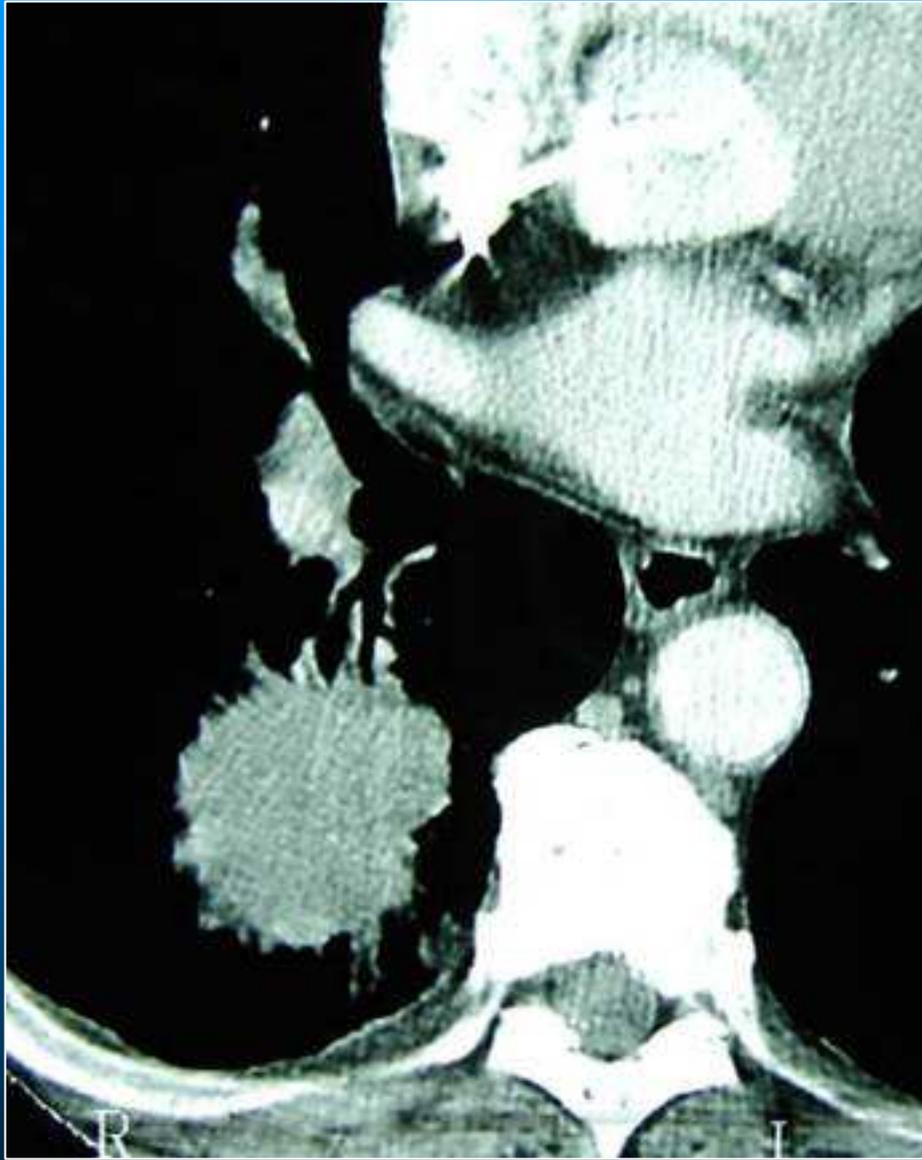
Echo-endoscopie



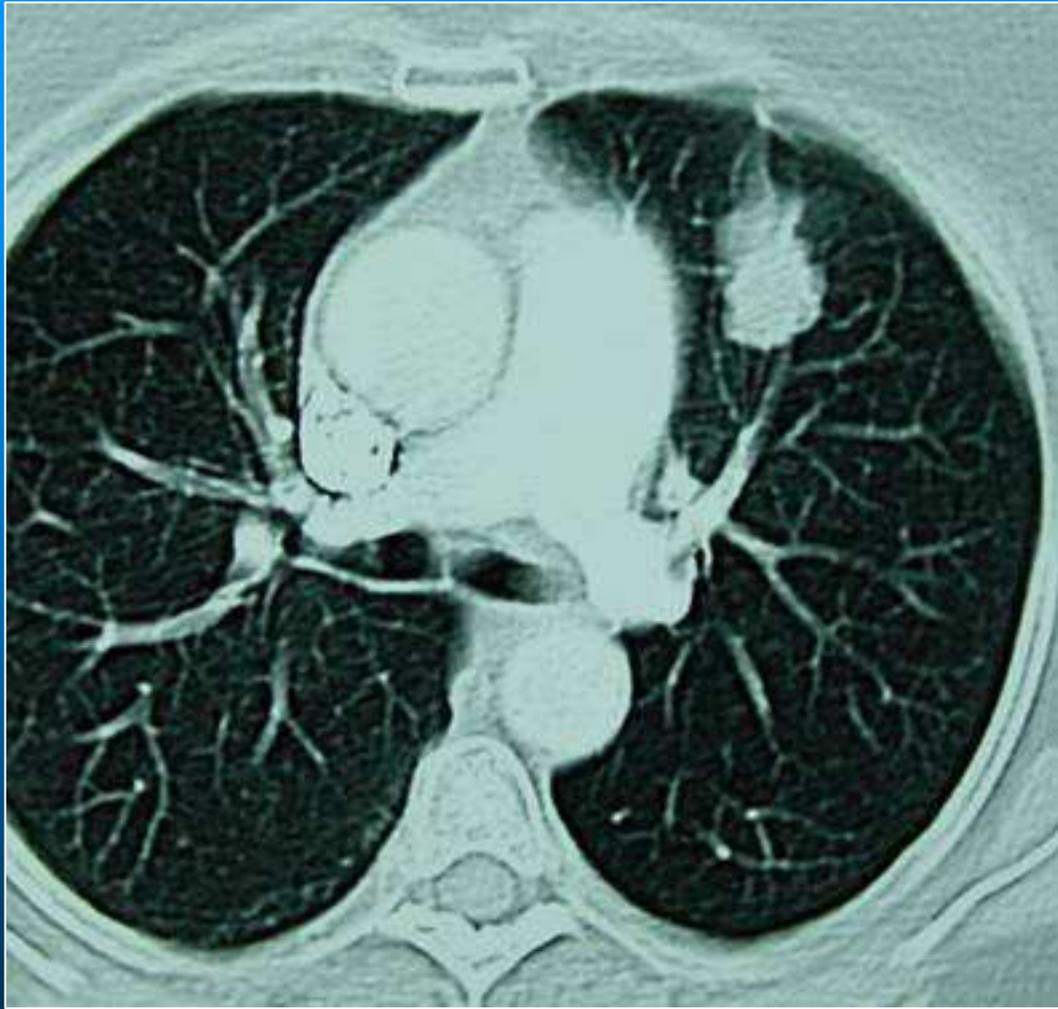
Scanner thoraco-abdominal

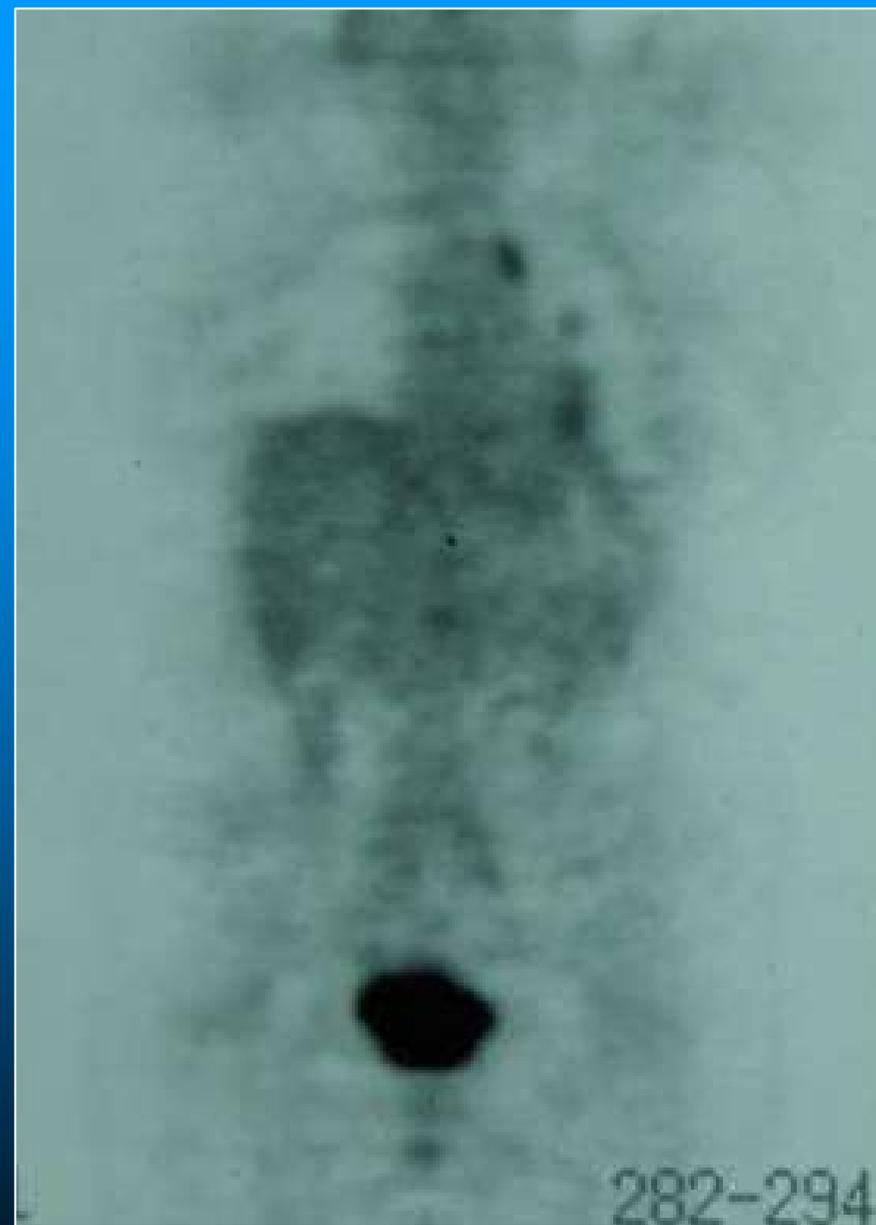
Pathologie néoplasique



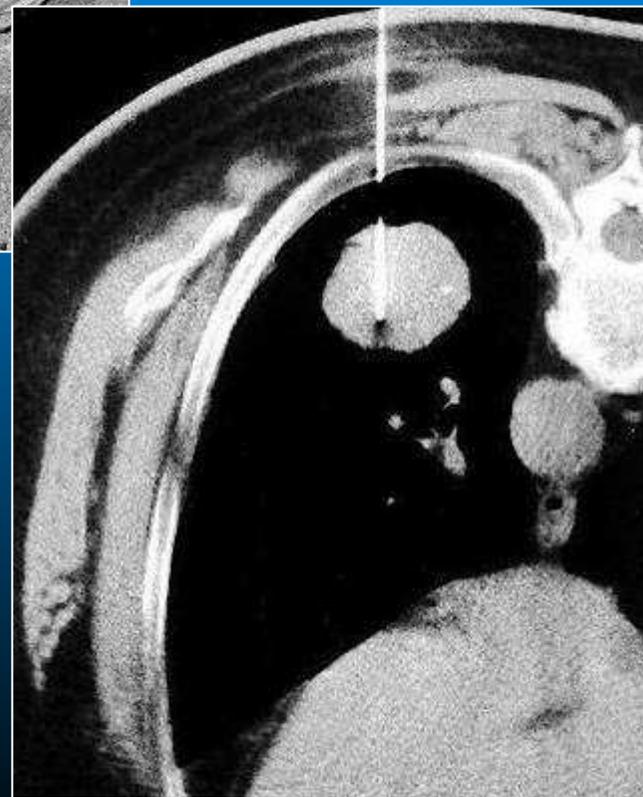
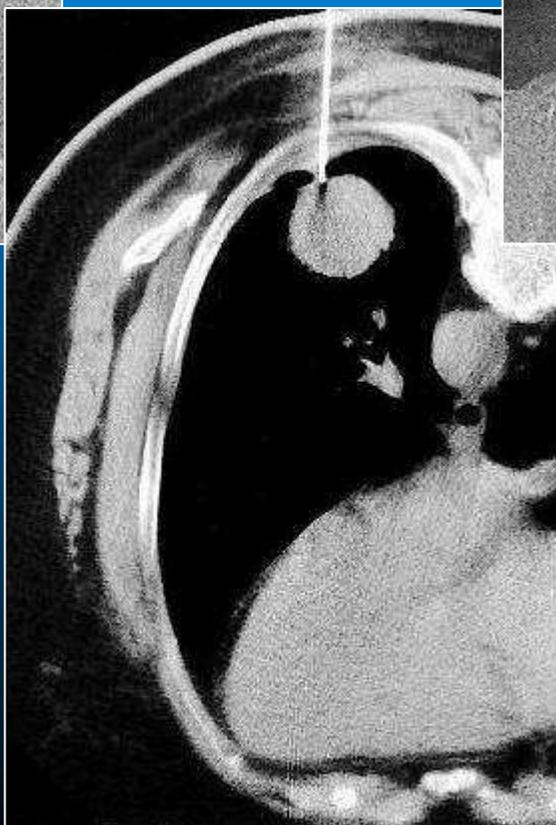
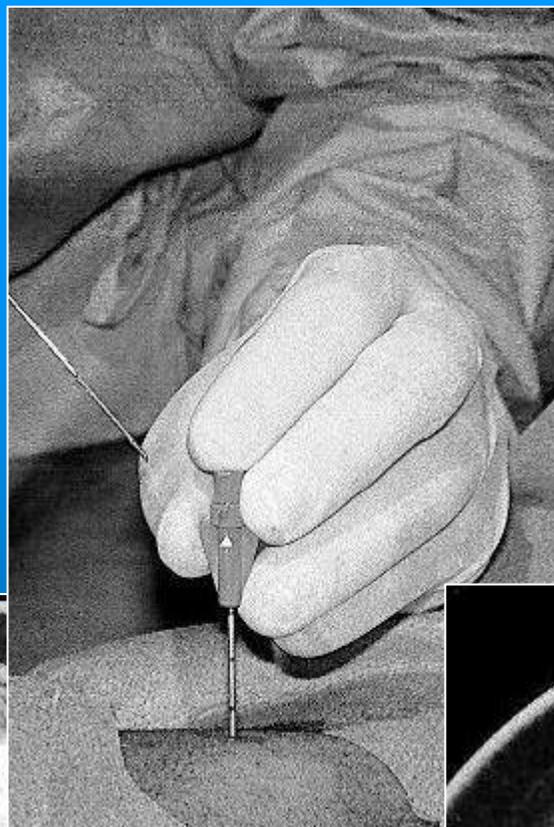
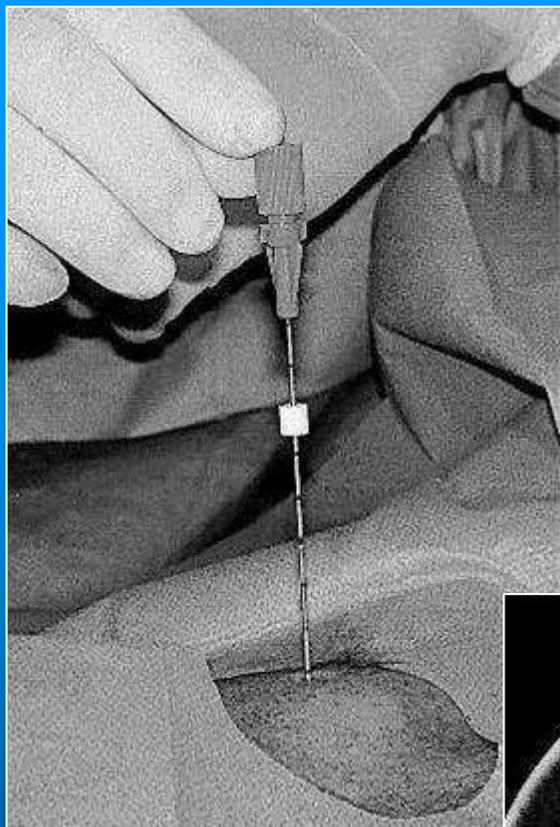








Imagerie interventionnelle

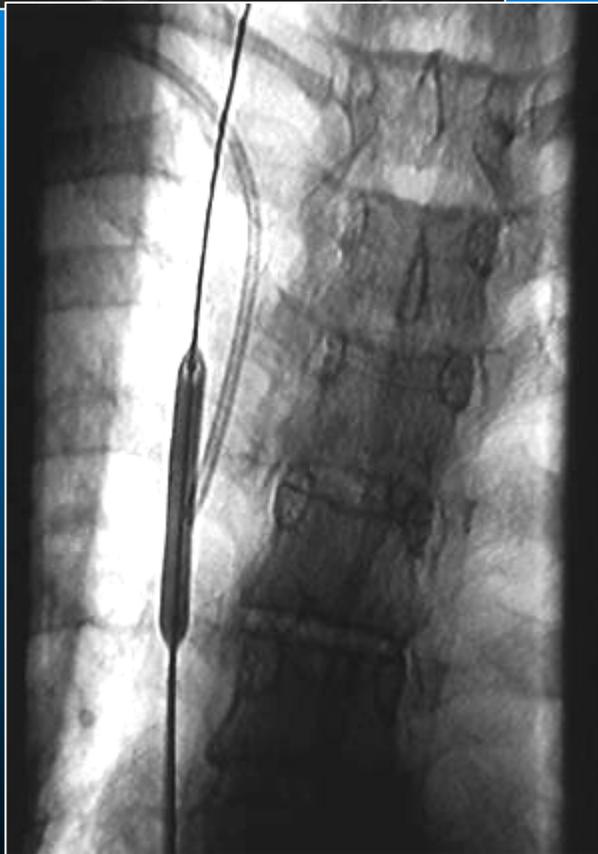


**Syndrôme cave supérieur
Sur site implanté**

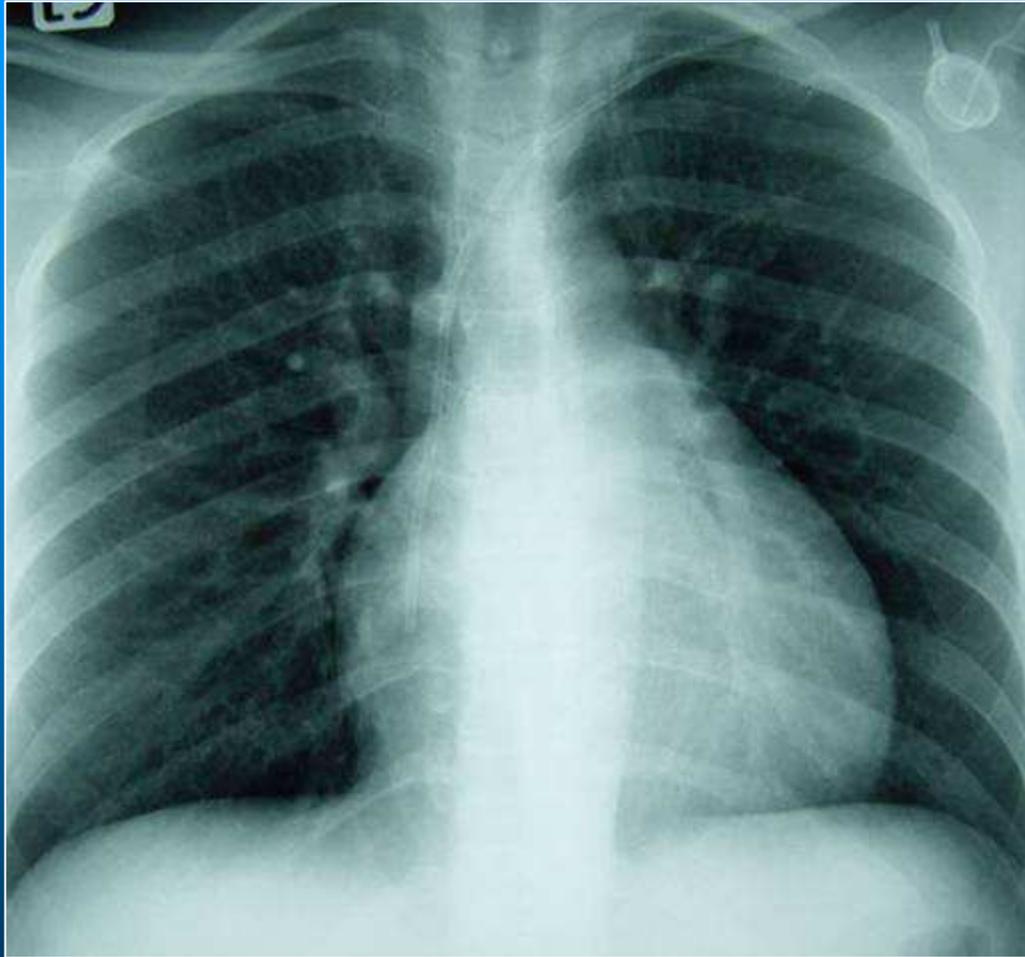




Thrombus au bout du cathéter



**Angioplastie
Endoprothèse**



**Extraction de cathéter
détaché de son site**