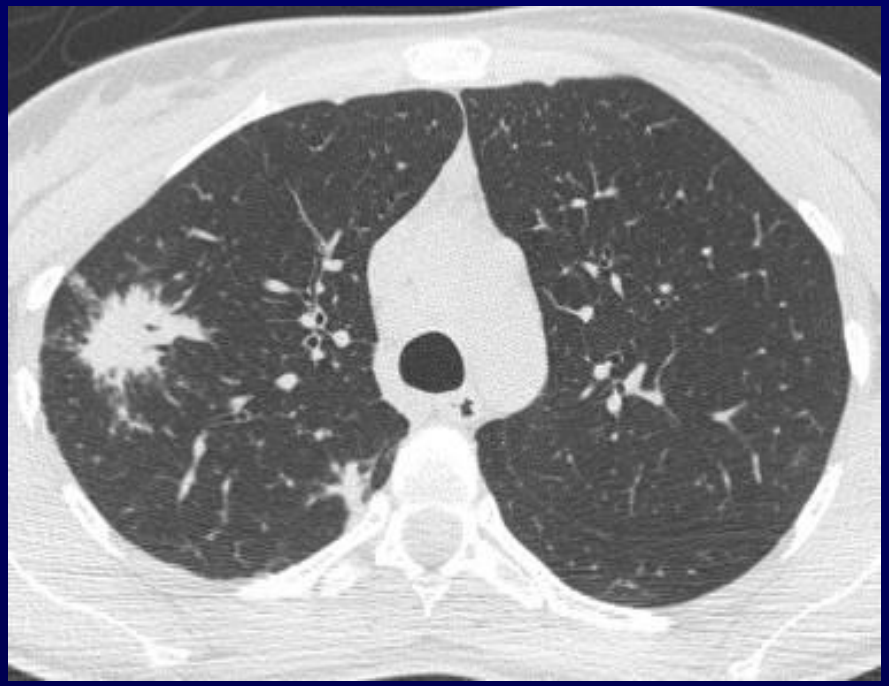
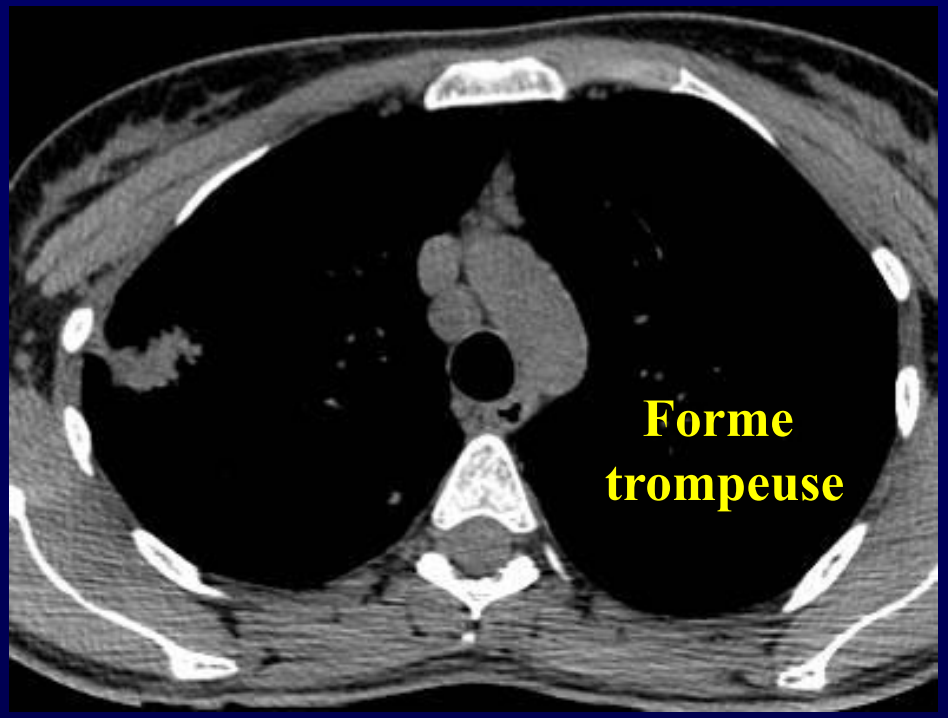
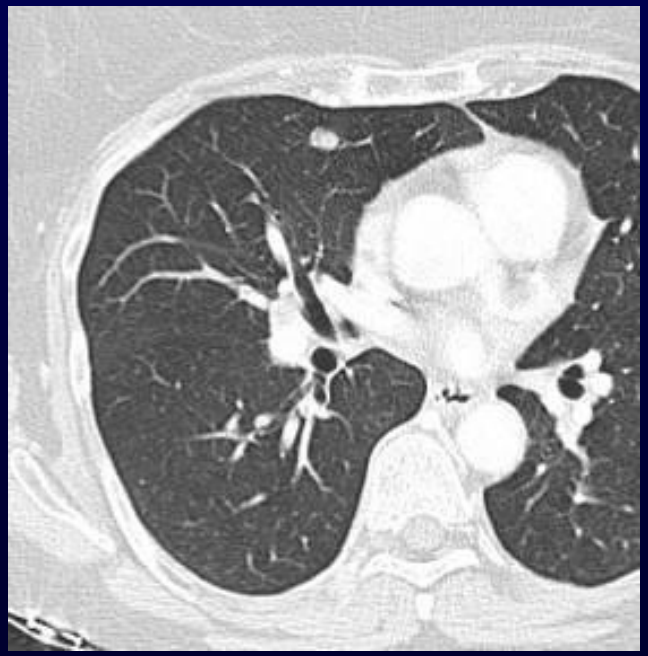
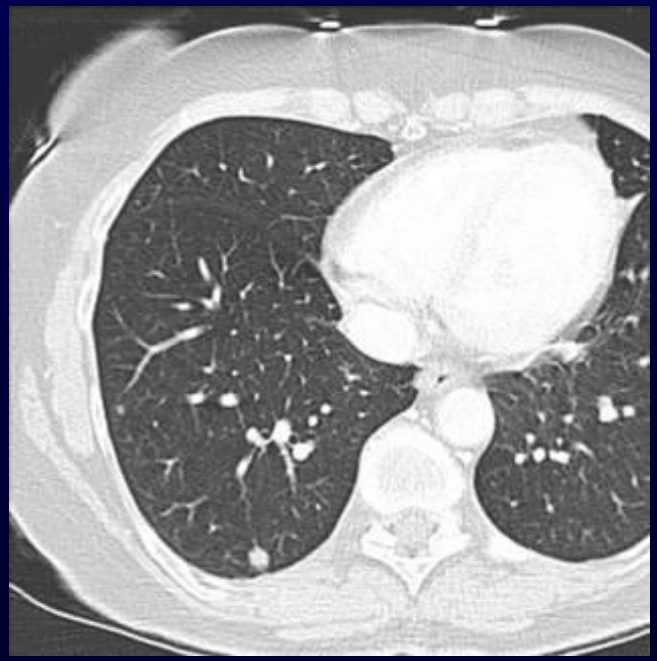
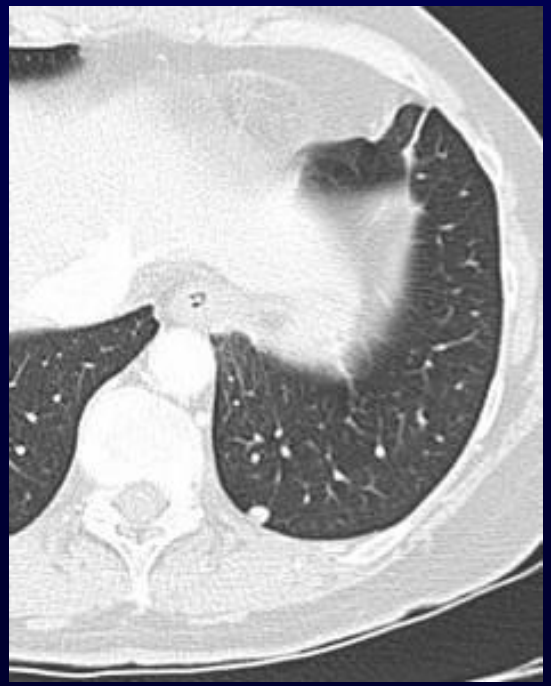


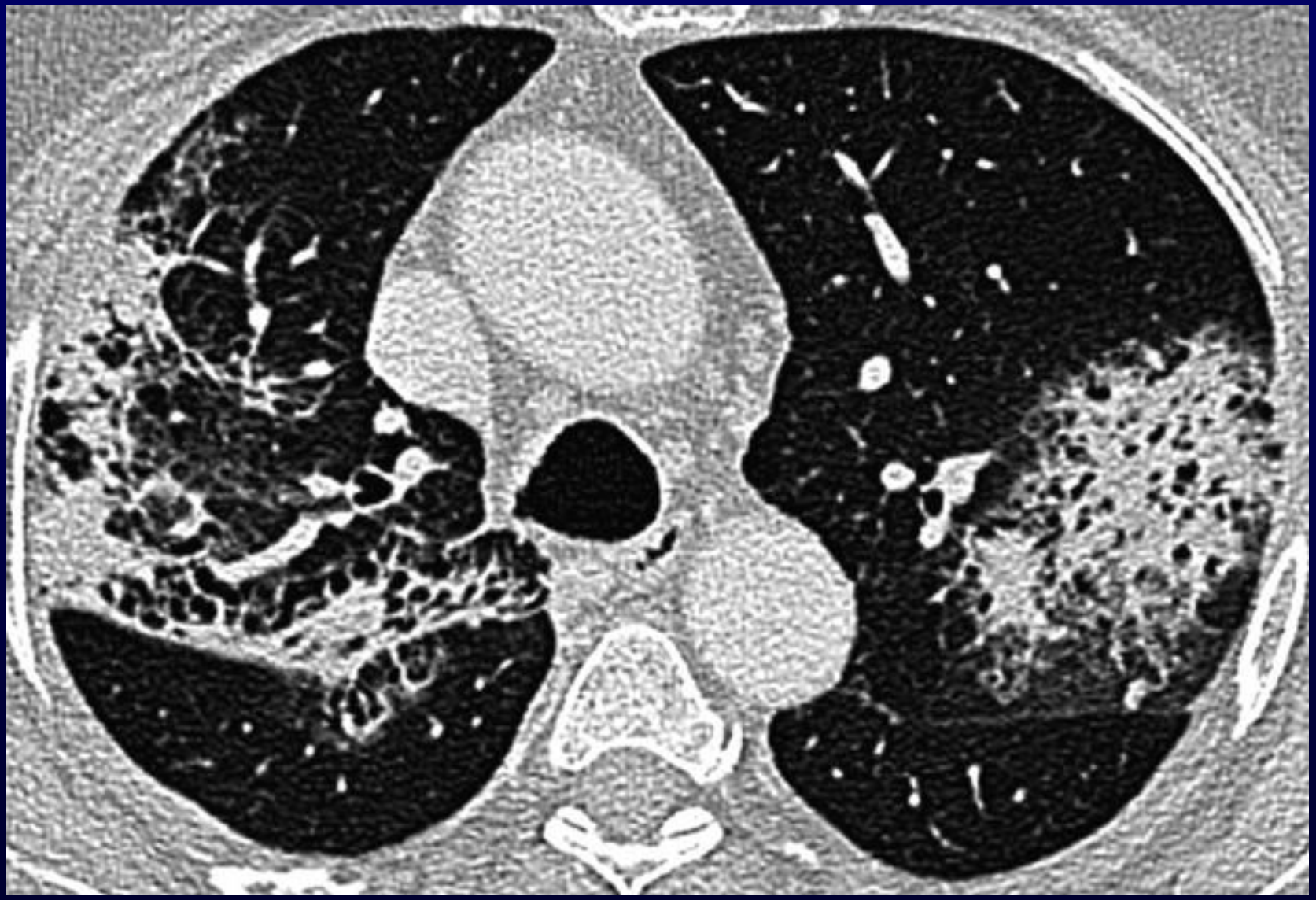

Forme
trompeuse



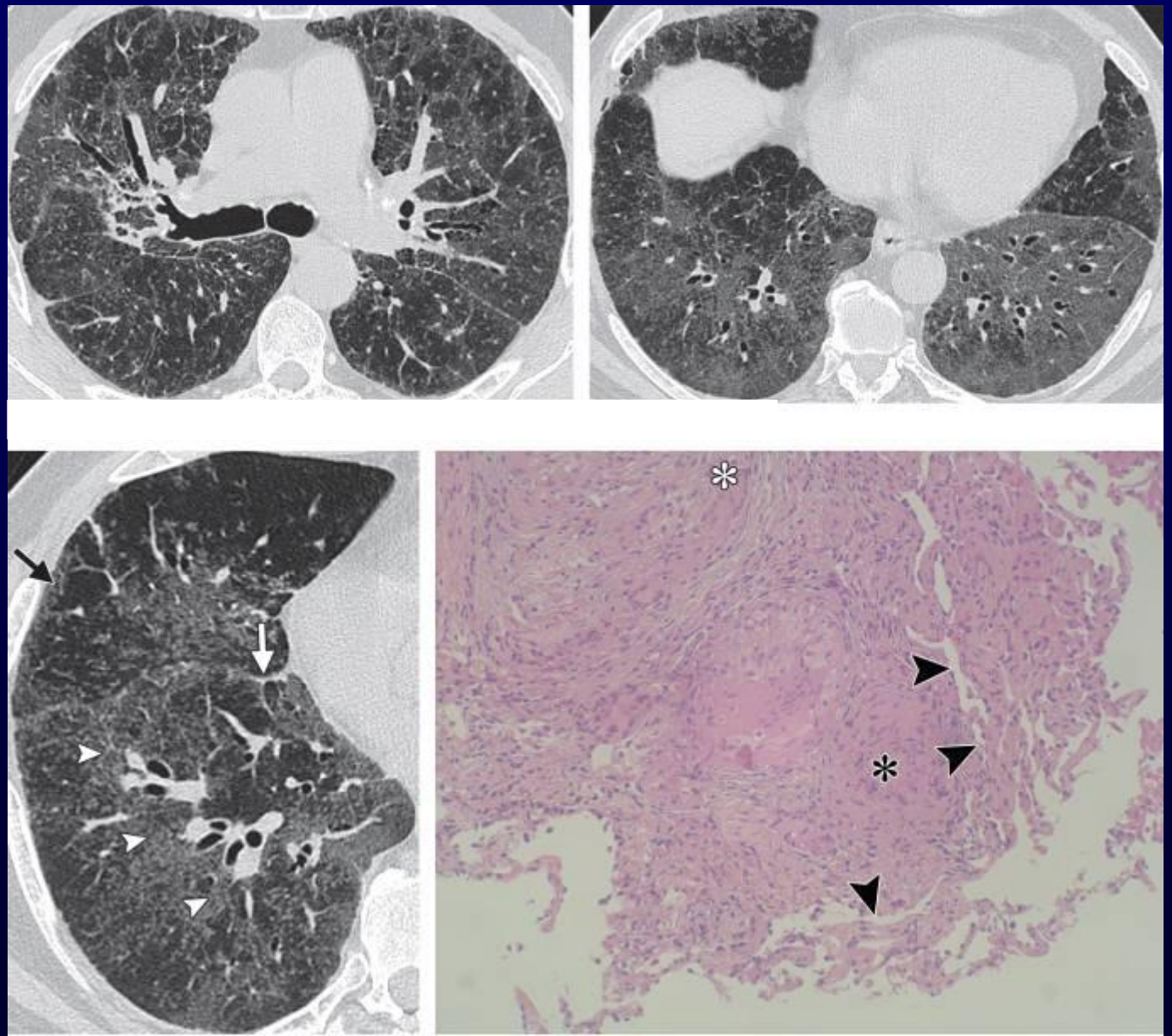




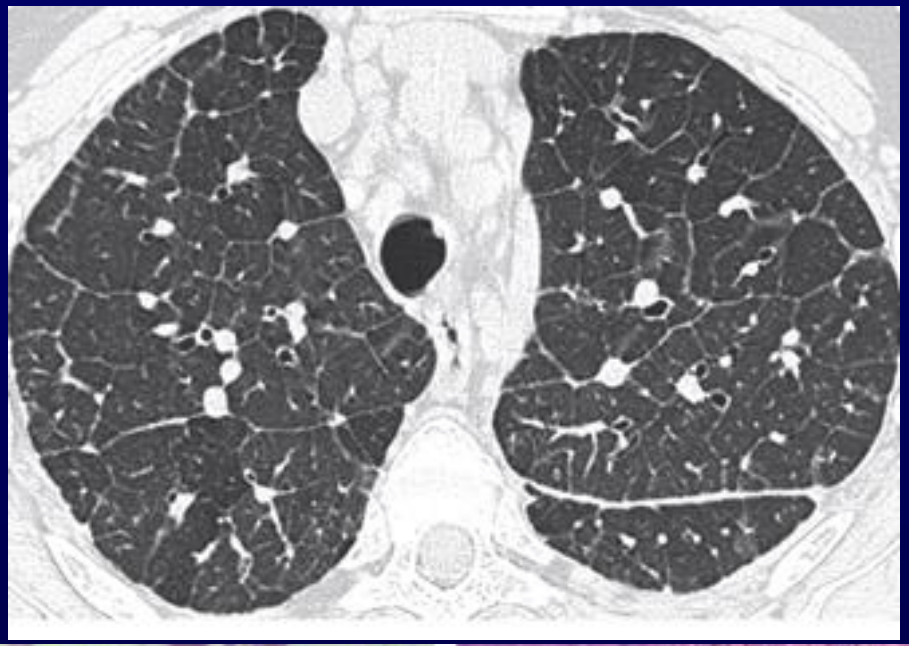
Atteinte pulmonaire atypique
Forme alvéolaire

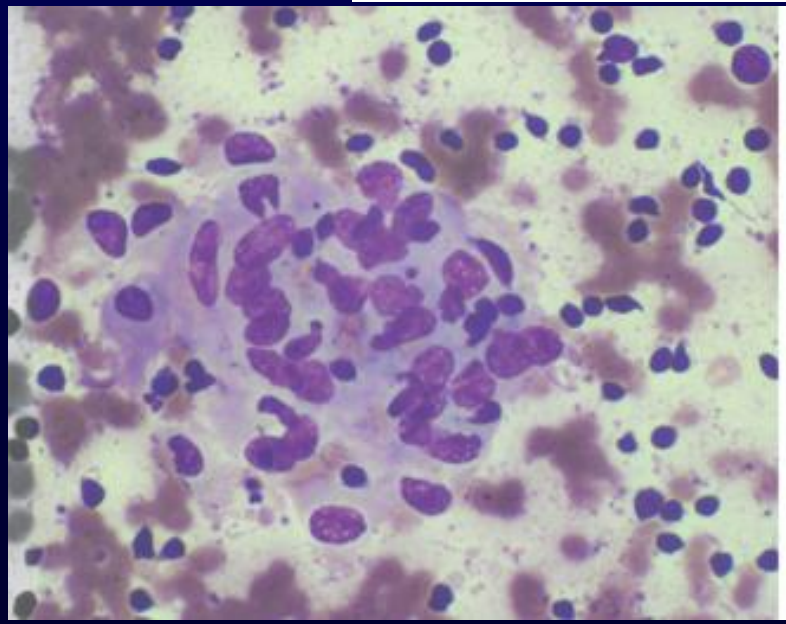


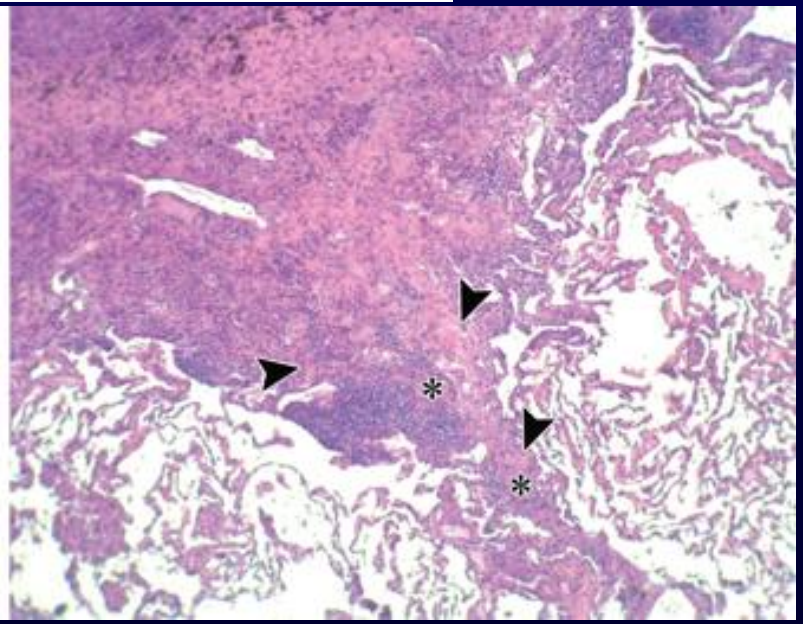
Atteinte pulmonaire atypique
Verre dépoli



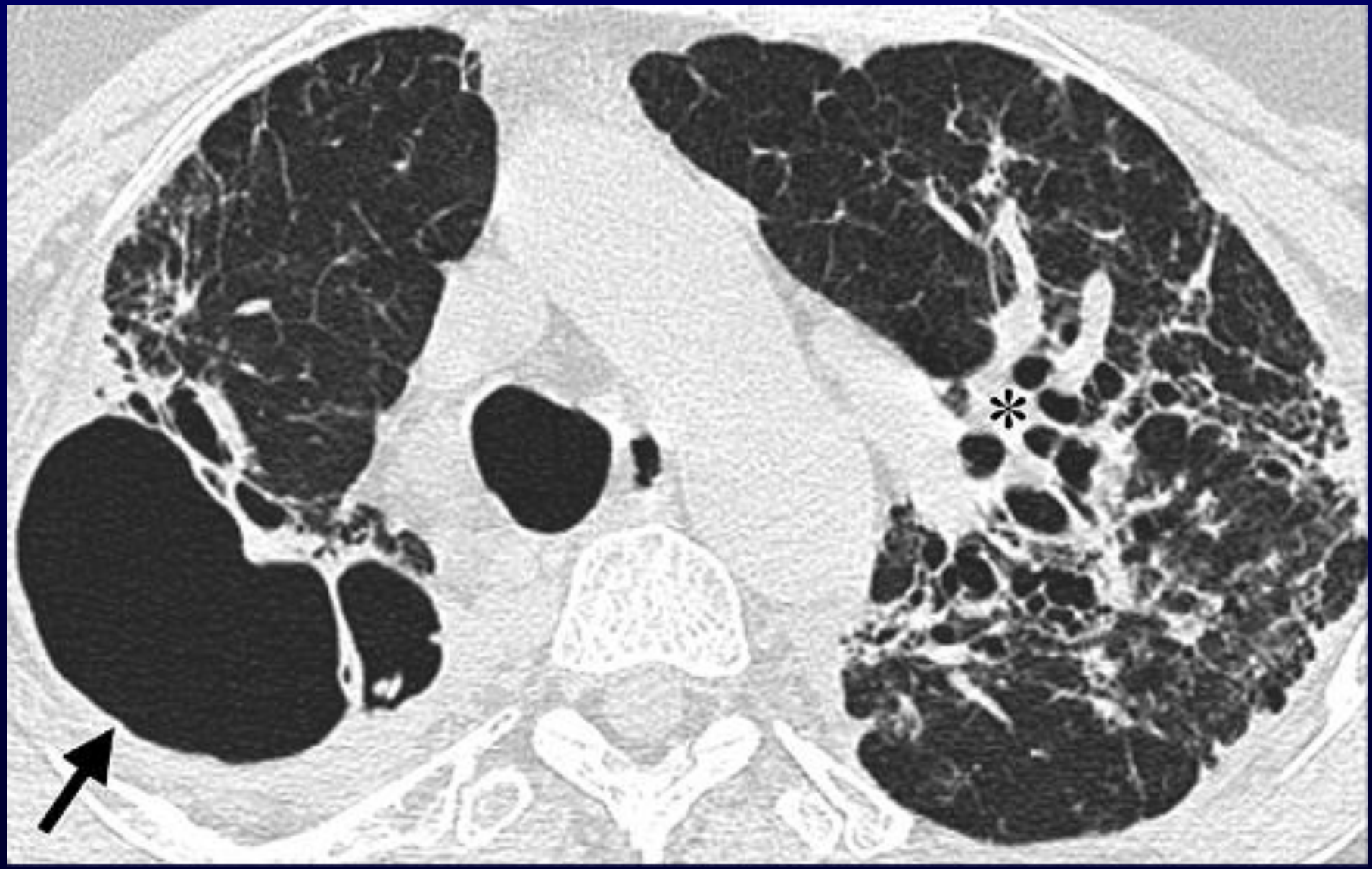
Forme lymphangitique

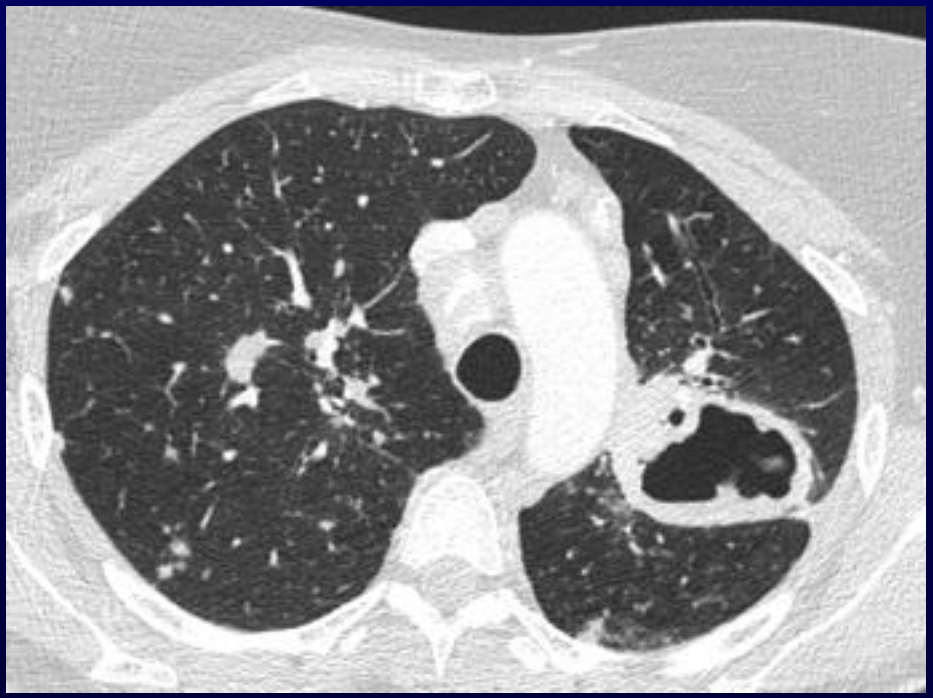


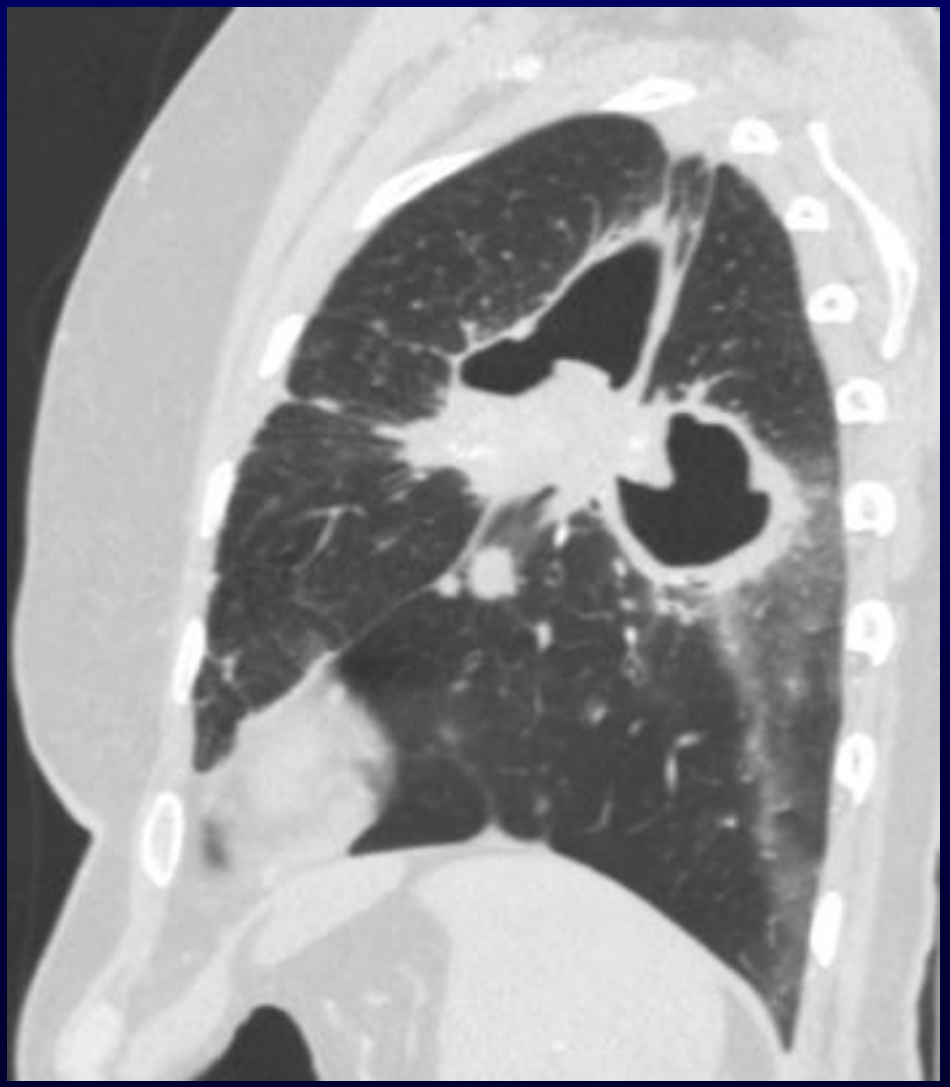


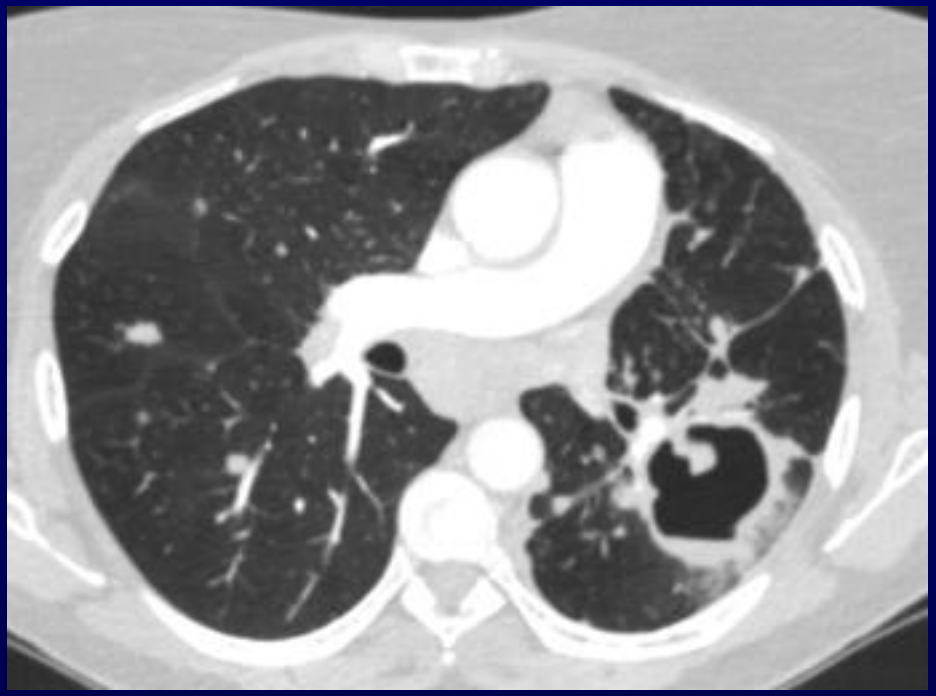


Formes fibro-kystiques

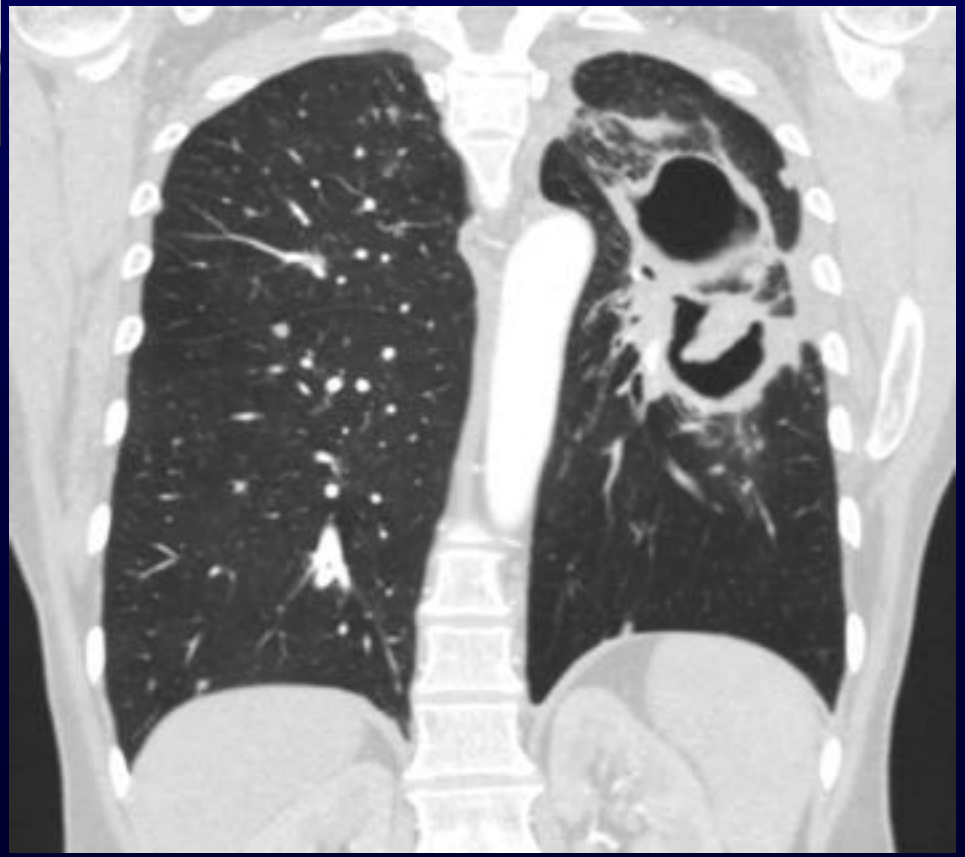




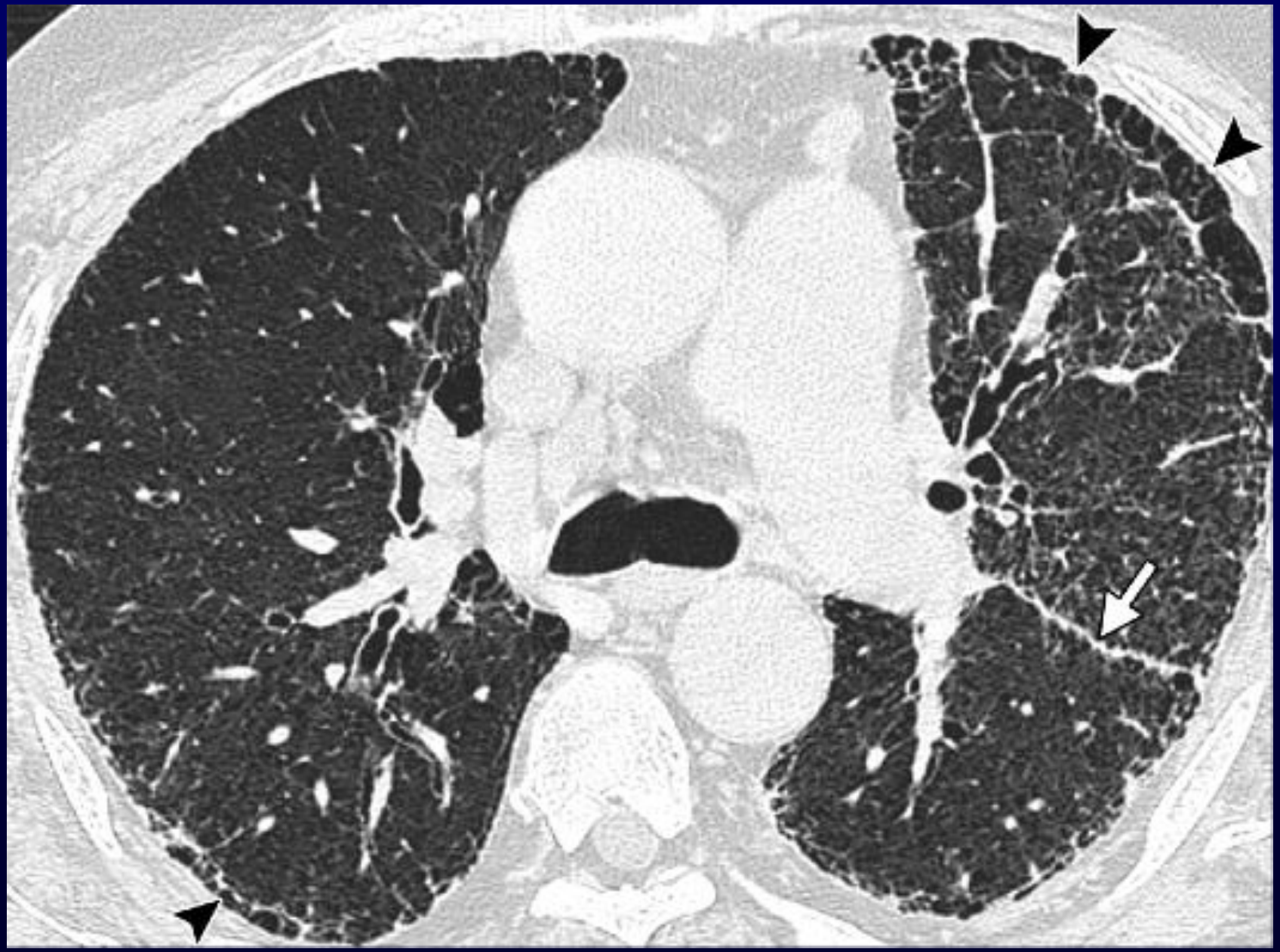




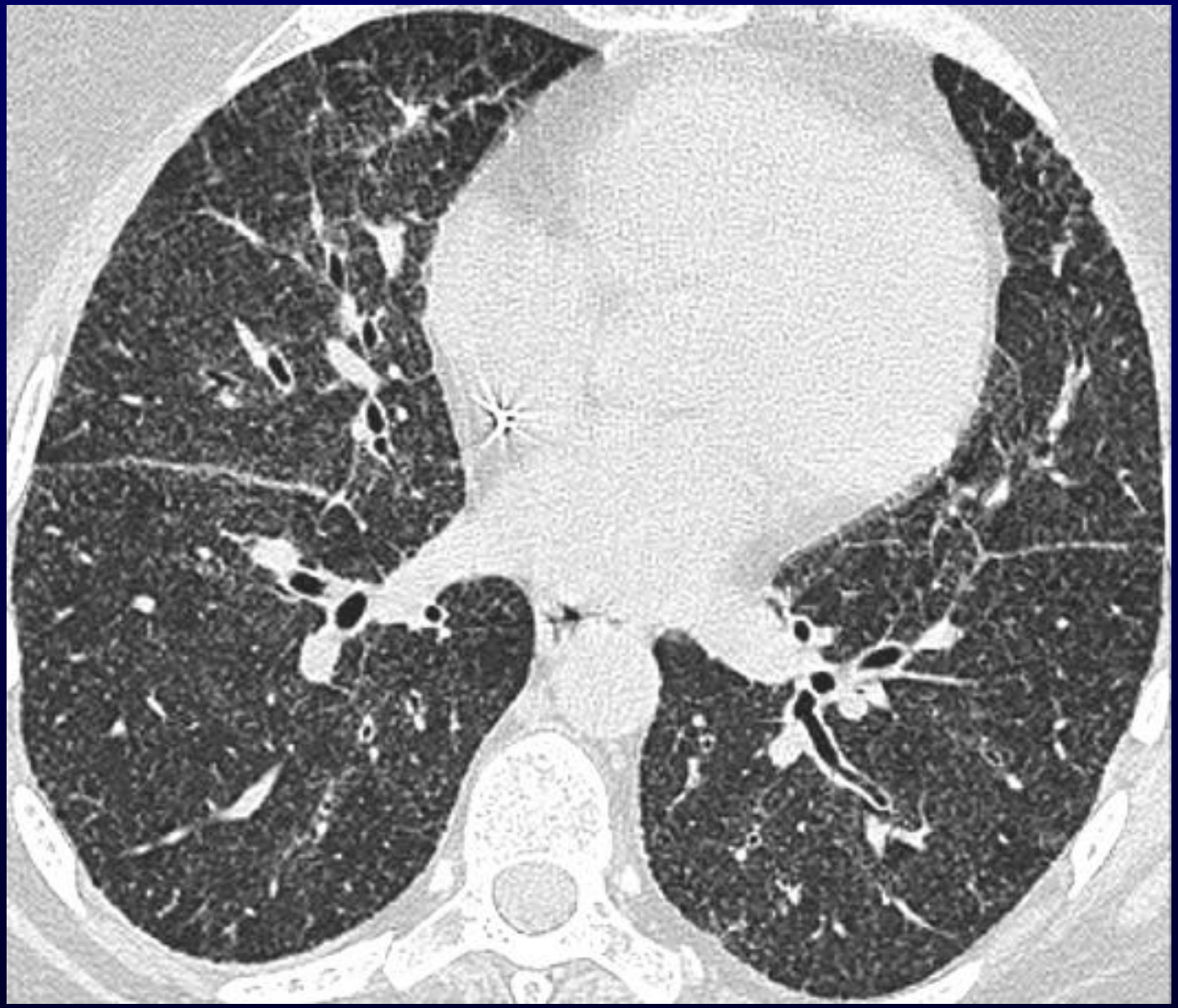
Cavitation
Greffe aspergillaire



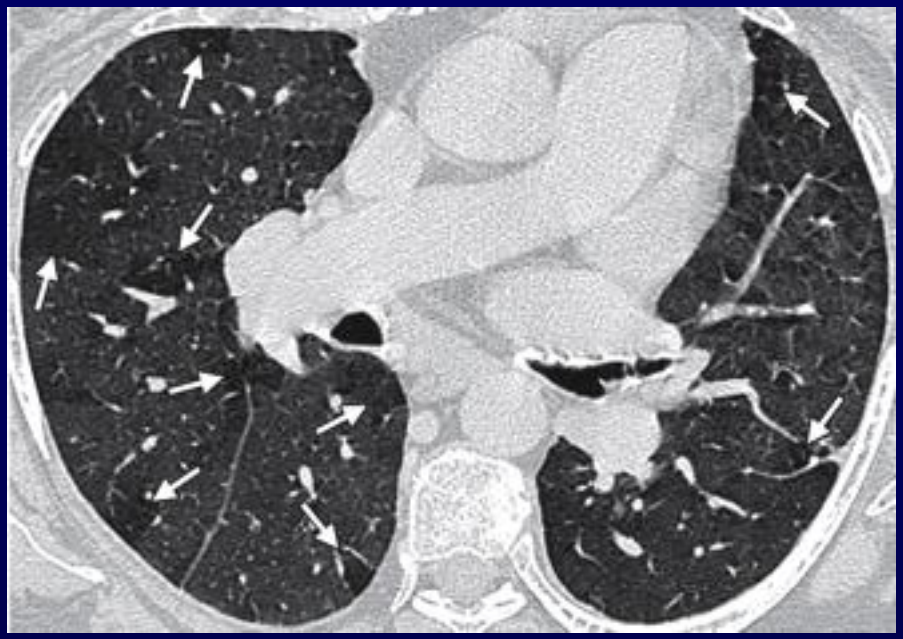
Rayon de miel

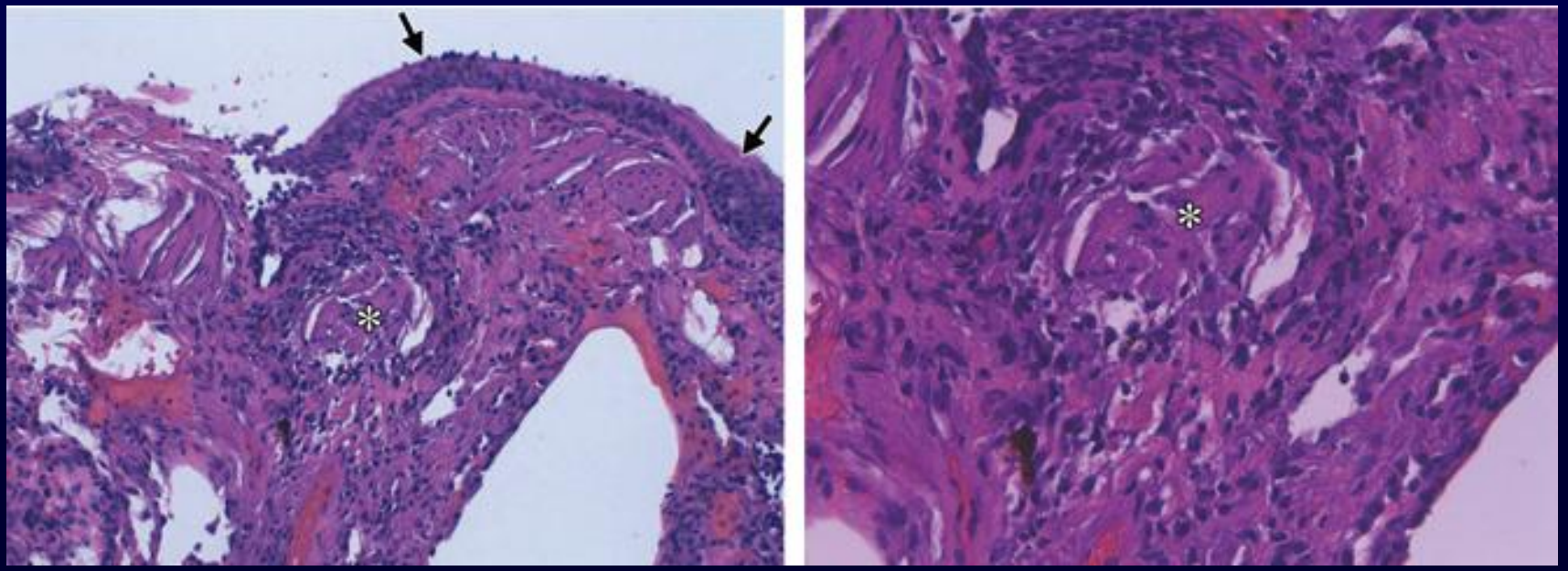


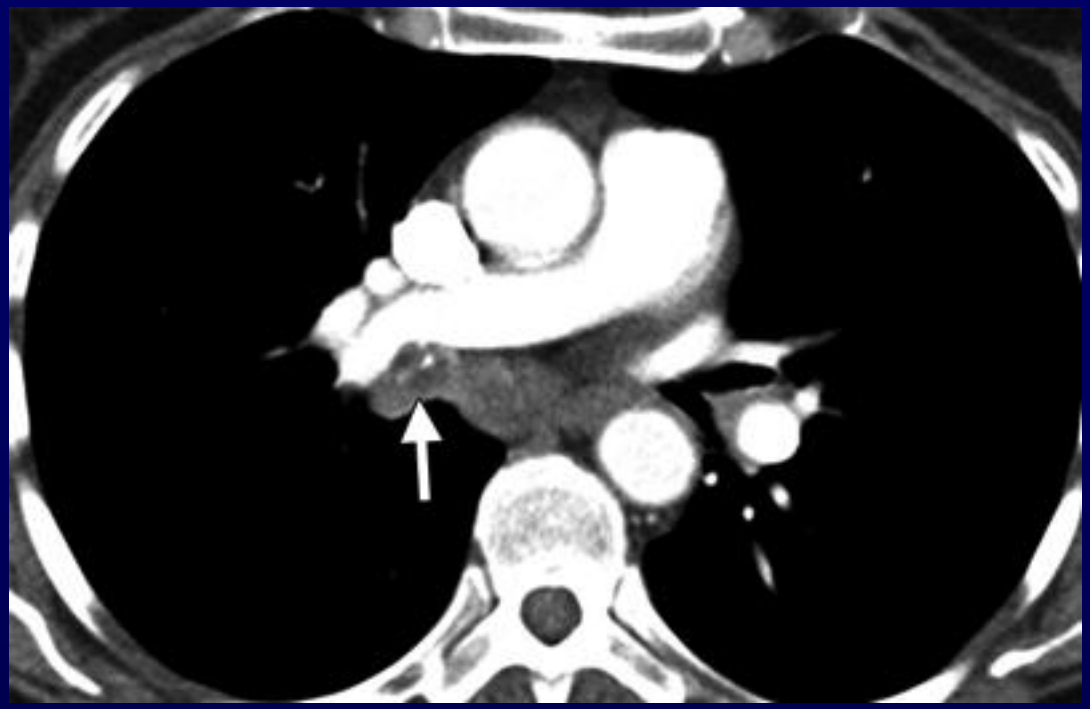
Miliaire sarcoïdosique

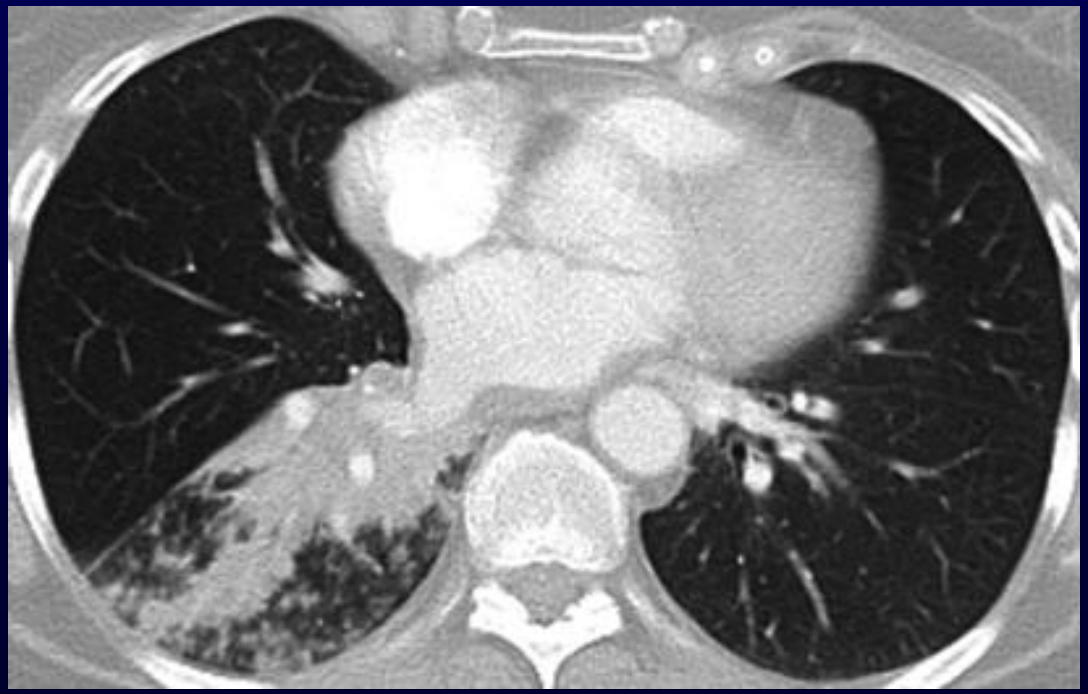


Atteinte des voies aériennes







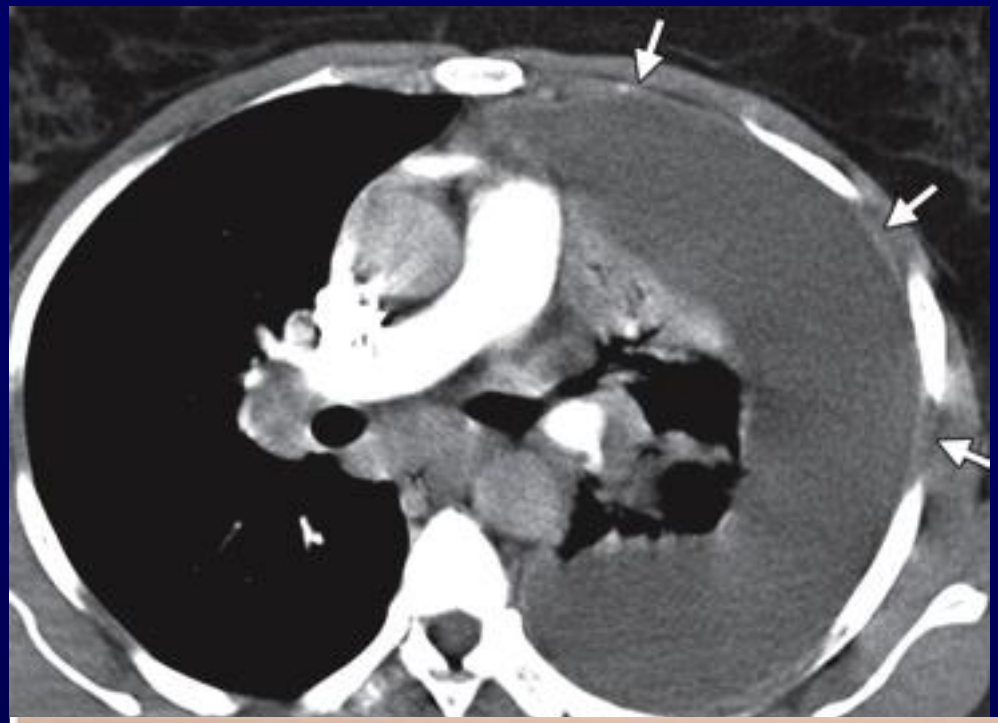


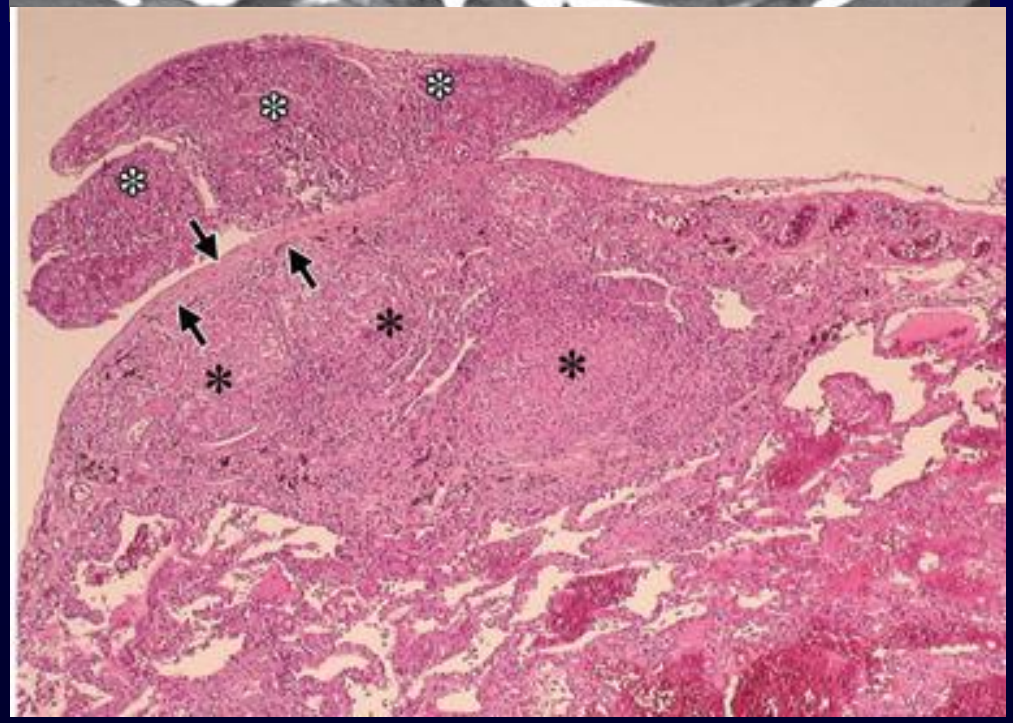
Atteinte pleurale 1-4%

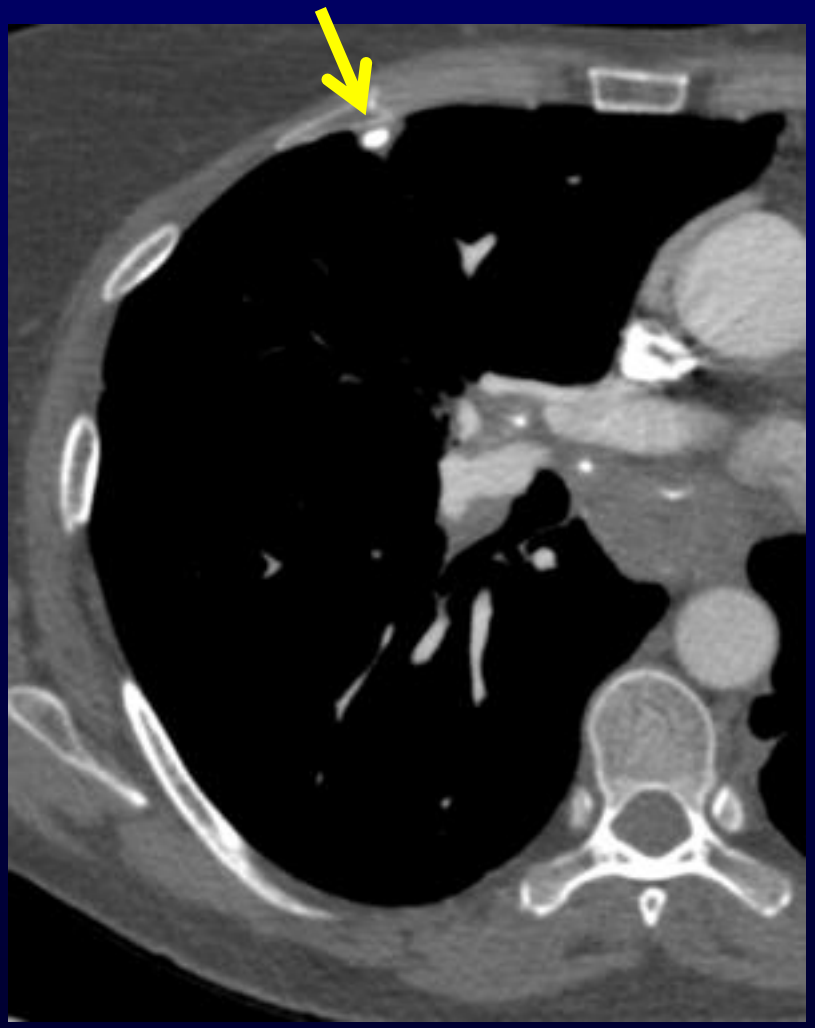
- Epaississement pleural
- Epanchement pleural **Exsudatif**
  Transudatif
  Hémorragique
  Chylothorax
  Pneumothorax

- Souvent peu abondant résolutif en 2-3 mois

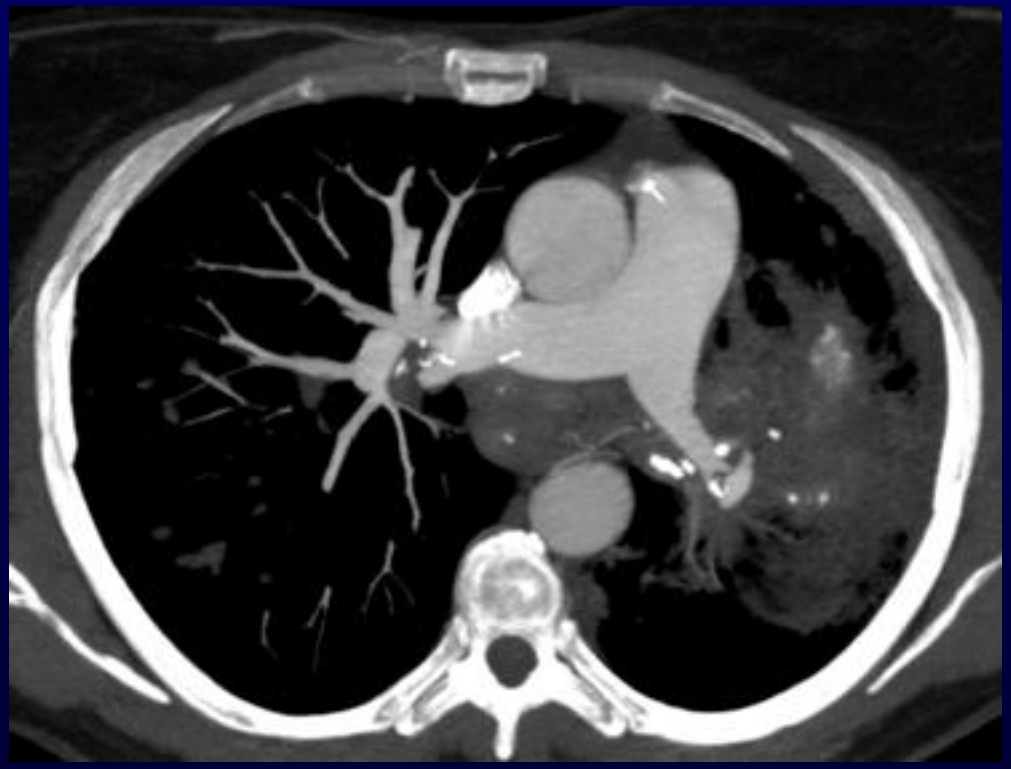
- Rarement calcifications pleurales

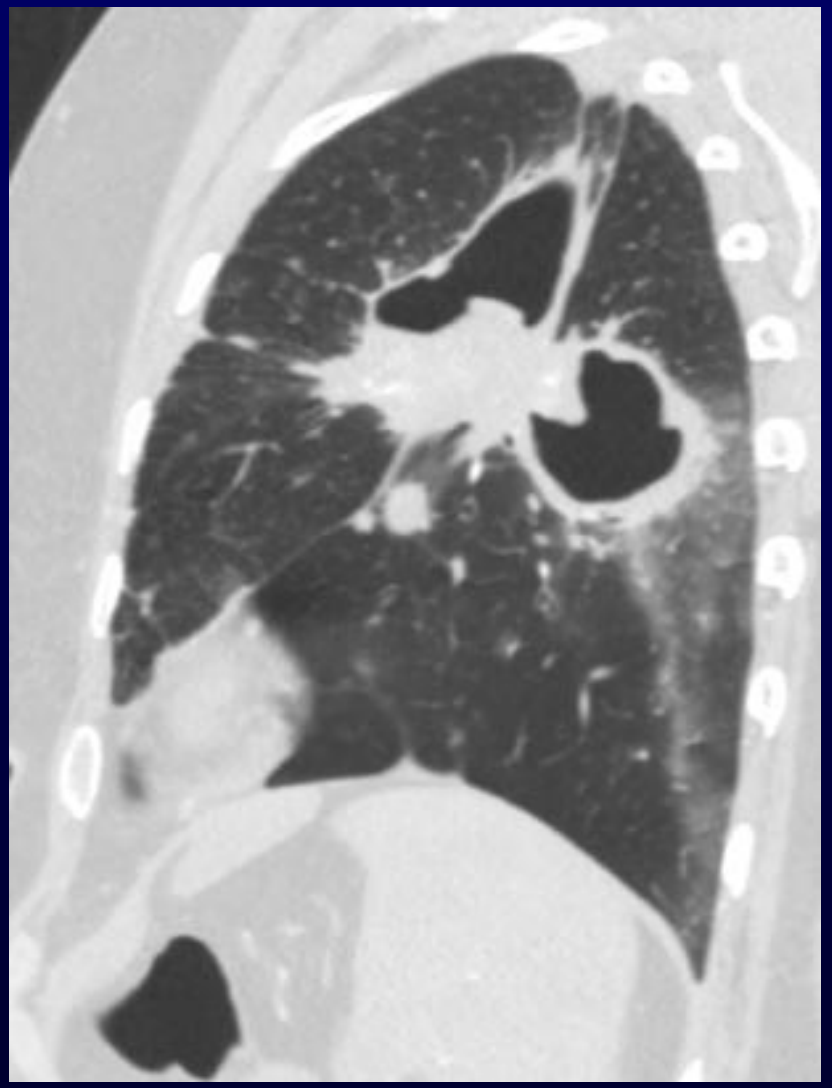




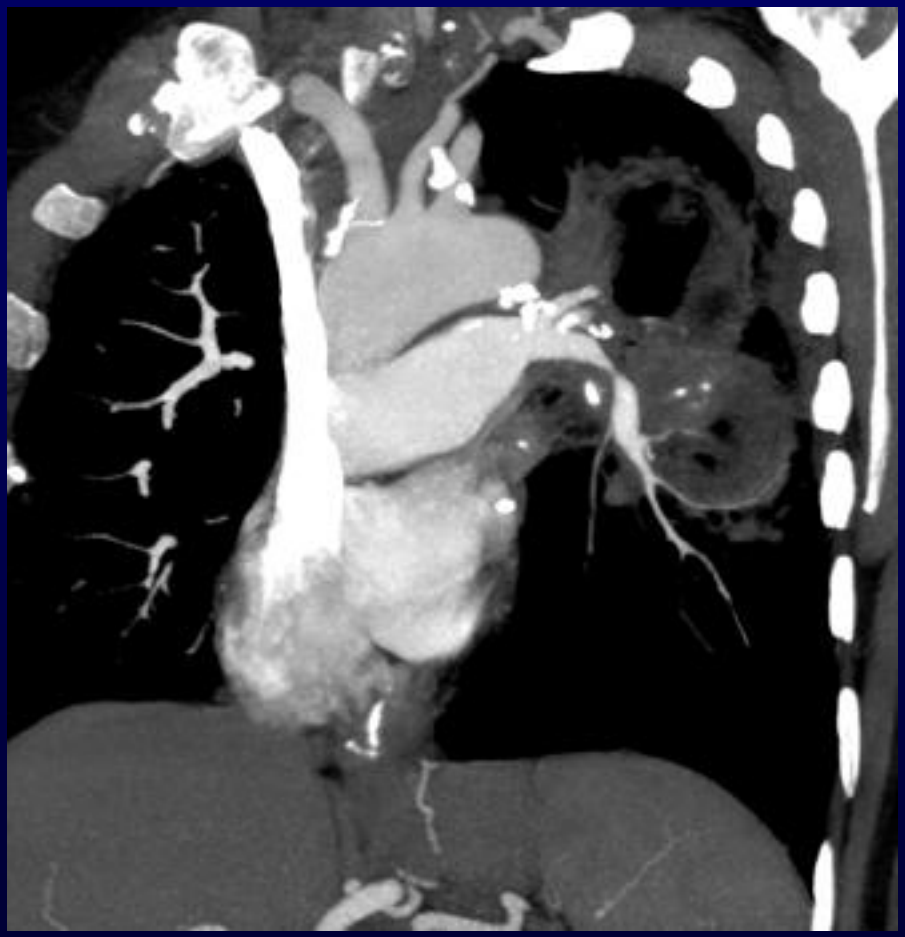


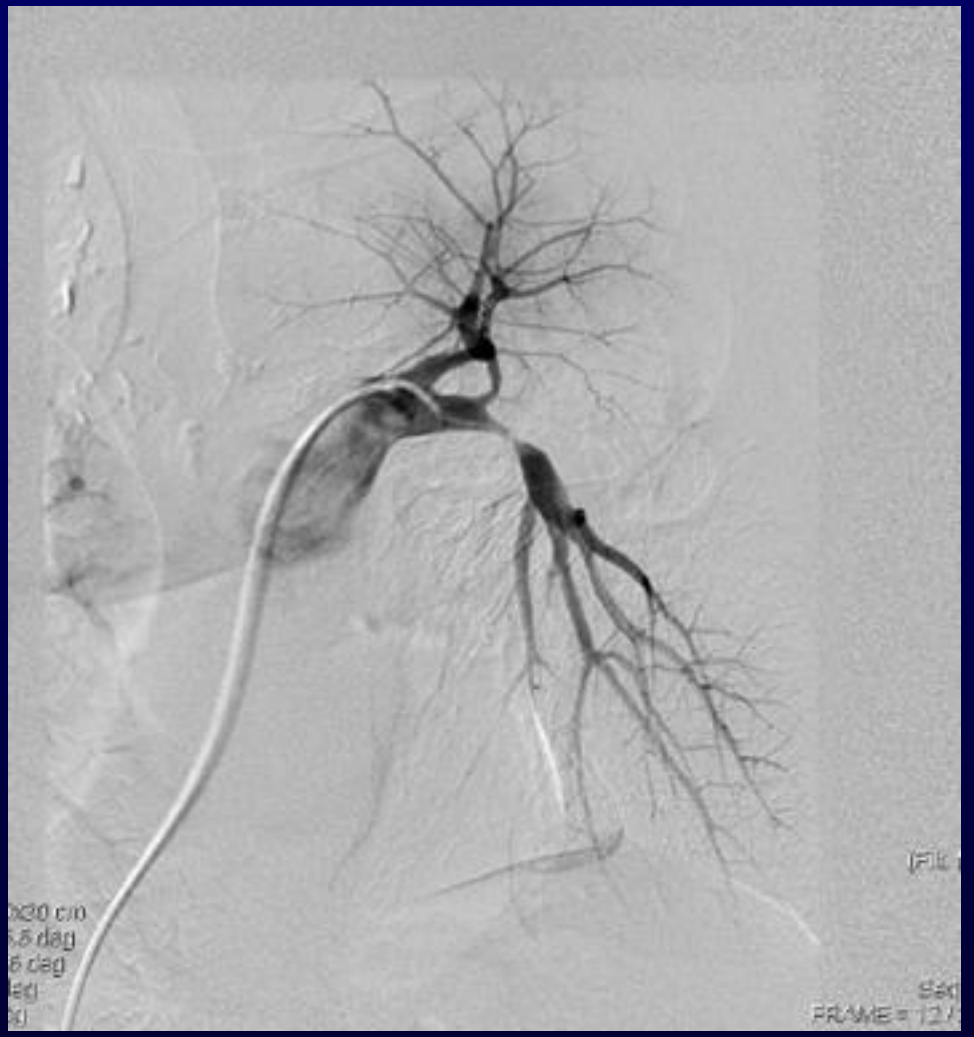
Atteinte vasculaire: HTAP





Atteinte vasculaire: HTAP

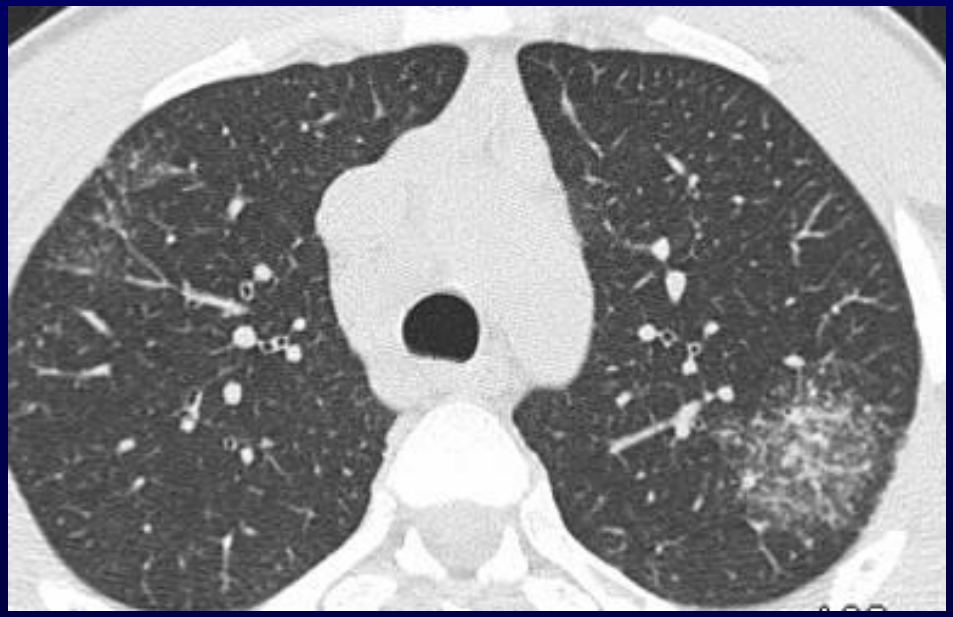


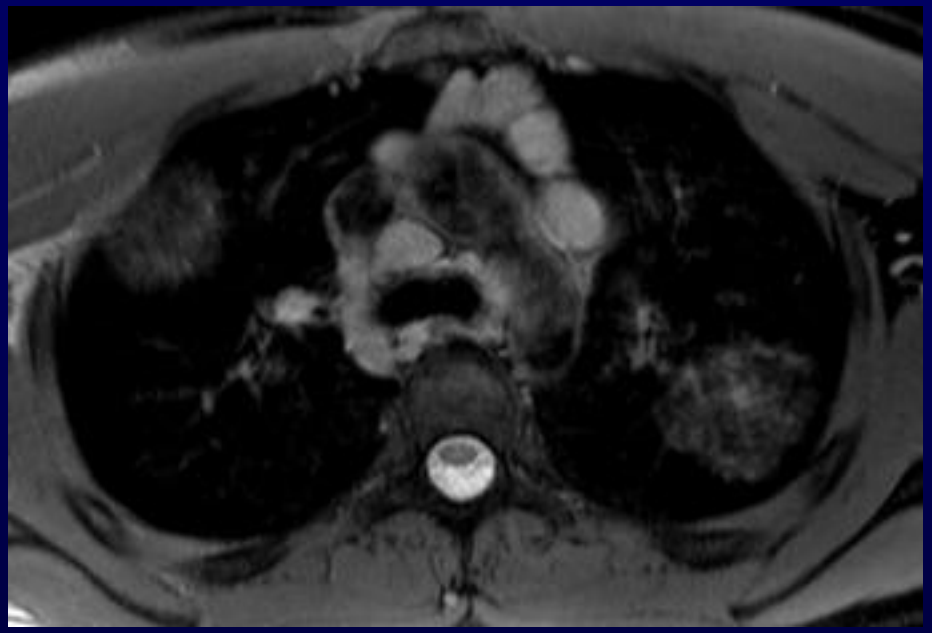


SARCOÏDOSE : IMAGERIE ET SURVEILLANCE

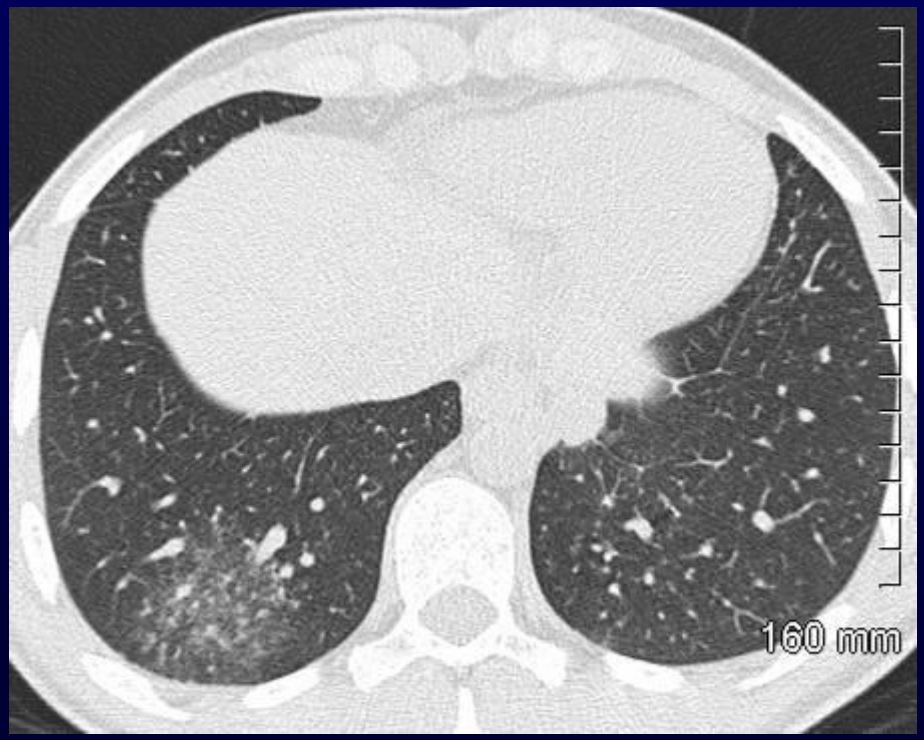
- ***STADE 0 - I :***
  - RT tous les 2 ans
  - +/- TDM
- ***F. Chronique (+ 2 ans) non traitée :***
  - RT tous les 3-6 mois
  - TDM . Tous les 1-2 ans
    . sauf si modif. RT
- ***Si traitement :***
  - + Rapproché
  - ++ contrôle précoce TDM à 3 mois.

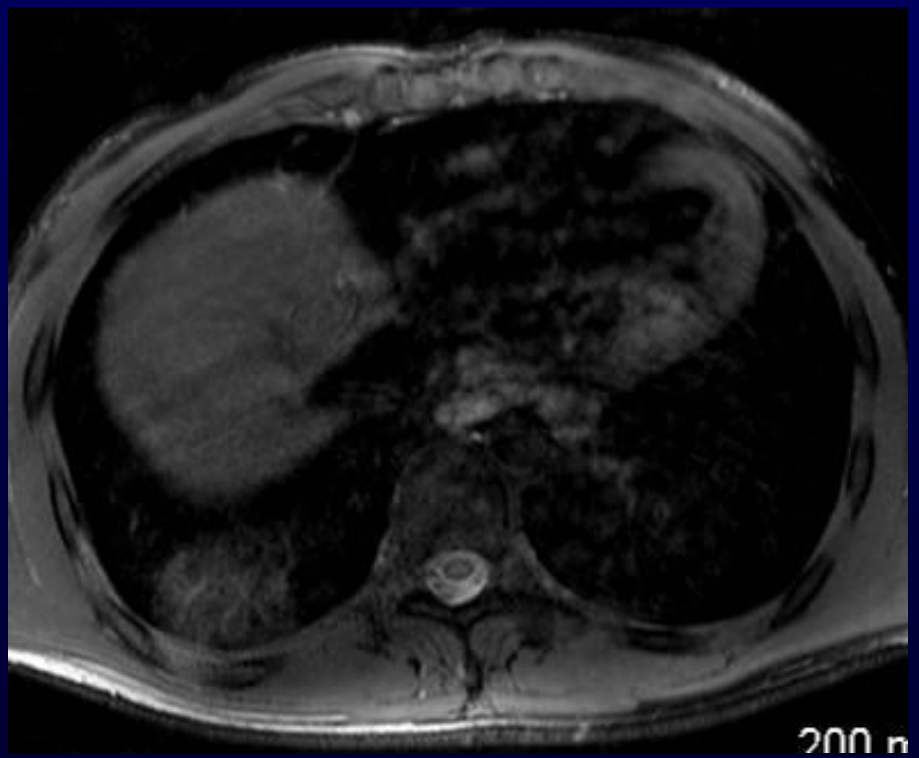
Et l'IRM

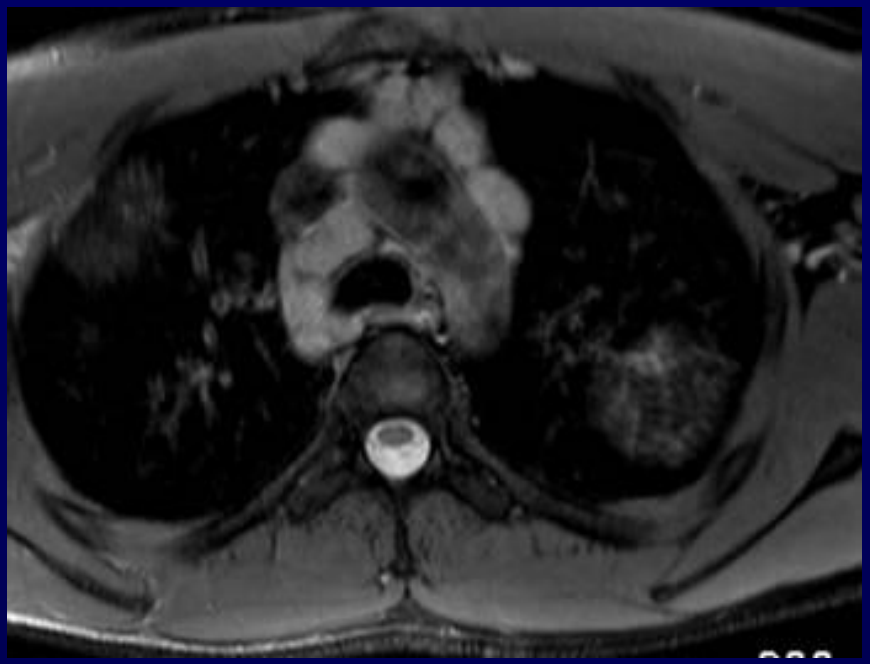


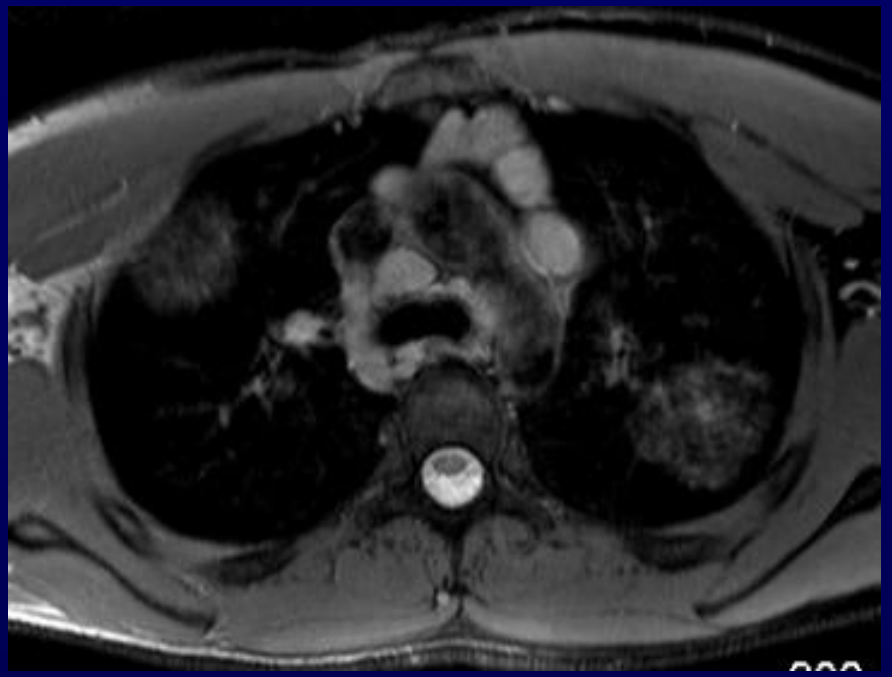


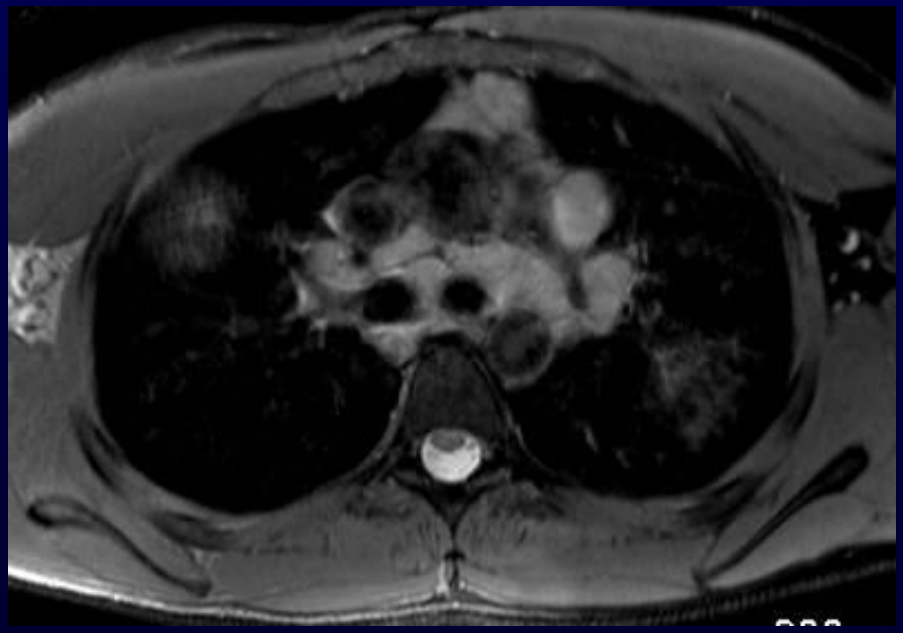
« Galaxie » en TDM et …en IRM

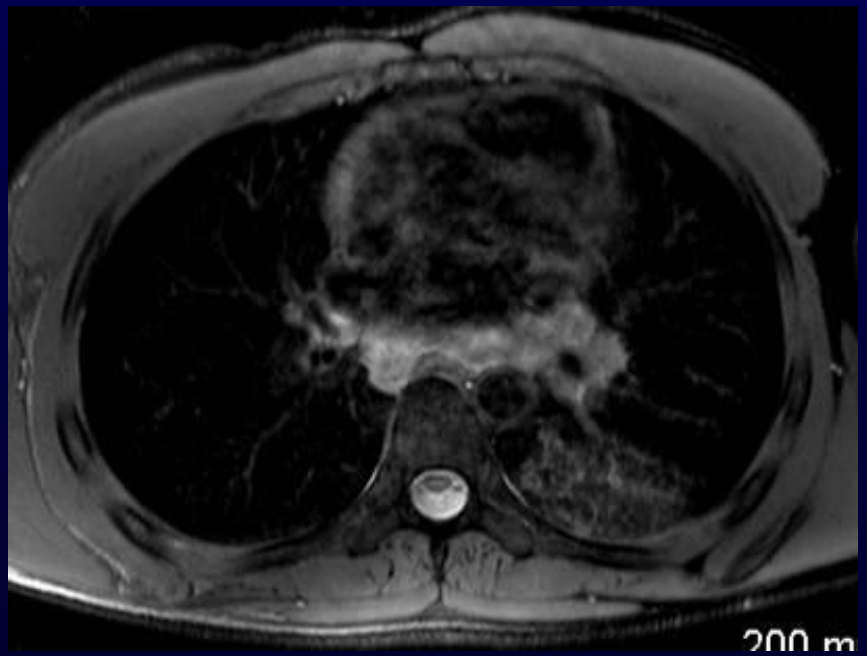












J Magn Reson Imaging. 2009 Aug;30(2):292-7. doi: 10.1002/jmri.21850.

Mediastinal lymph nodes: assessment with diffusion-weighted MR imaging

Koşucu P[1], Tekinbaş C, Erol M, Sari A, Kavgaci H, Oztuna F, Ersöz S.

L'ADC est significativement plus bas $p < 0.0005$

ADP métastatiques (1.012 +/- 0.025 x 10(-3) mm(2)/s;)

VS

ADP bénignes (1.511 +/- 0.075 x 10(-3) mm(2)/s).

CONCLUSION

Sarcoïdose = Grande simulatrice

- Importance de la sémiologie radiologique pour un diagnostic précoce car évolution souvent spontanément favorable

- Diagnostic sur faisceau d'arguments dans les formes typiques

- Nécessité d'une preuve histologique dans formes atypiques

- TDM non systématique dans formes typiques chez patients jeunes