Anatomie et imagerie du SDCS

Septum dorsal capsulo-scapholunaire

= DCSS

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Imagerie Médicale du Parc – Lyon

Jeudi 16 mai 2024

SFR AuRa
Société Française de Radiologie
Auvergne Rhône-Alpes

IMAGERIE MÉDICALE PARC LYON
PARC

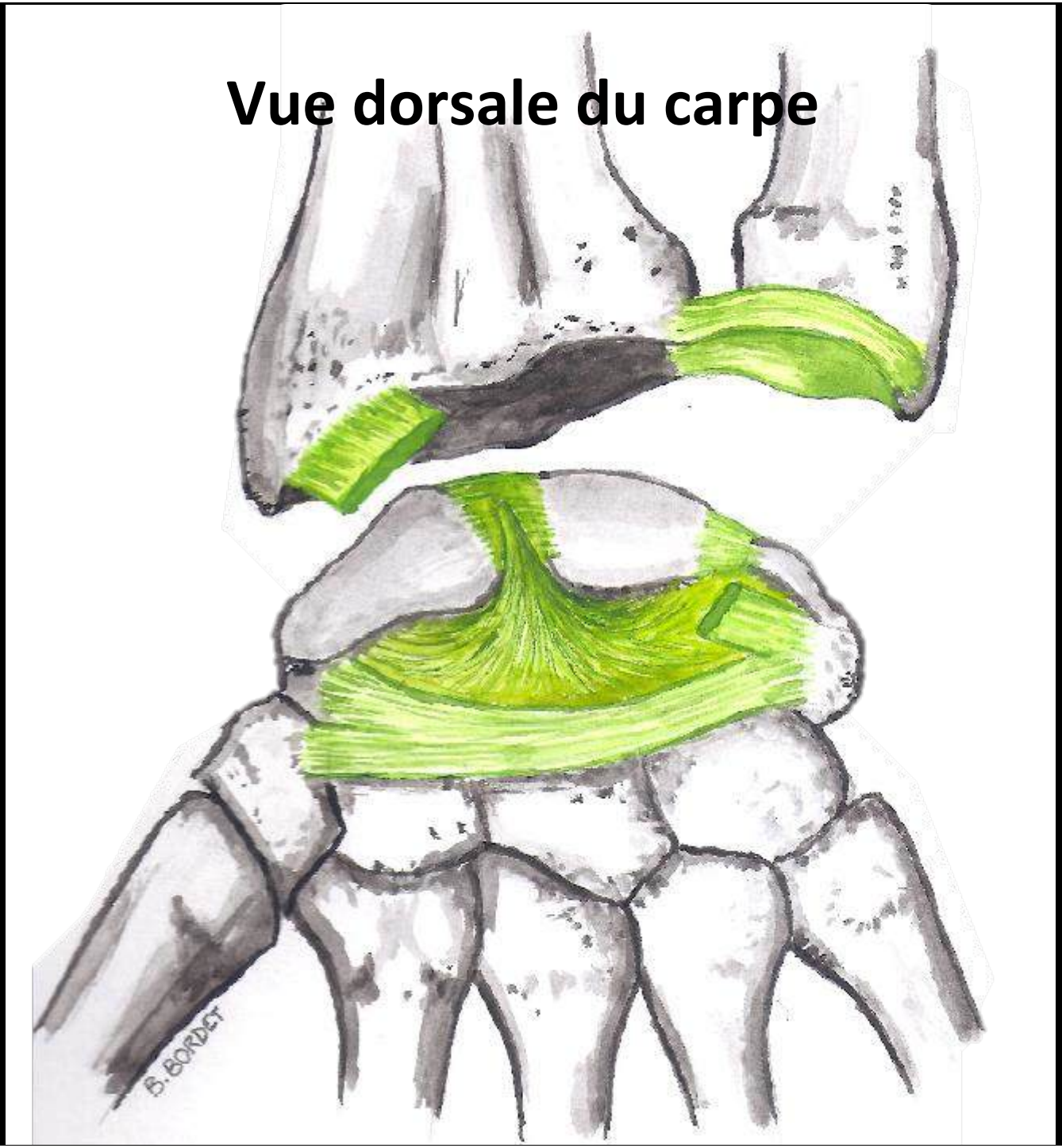
1. Anatomie

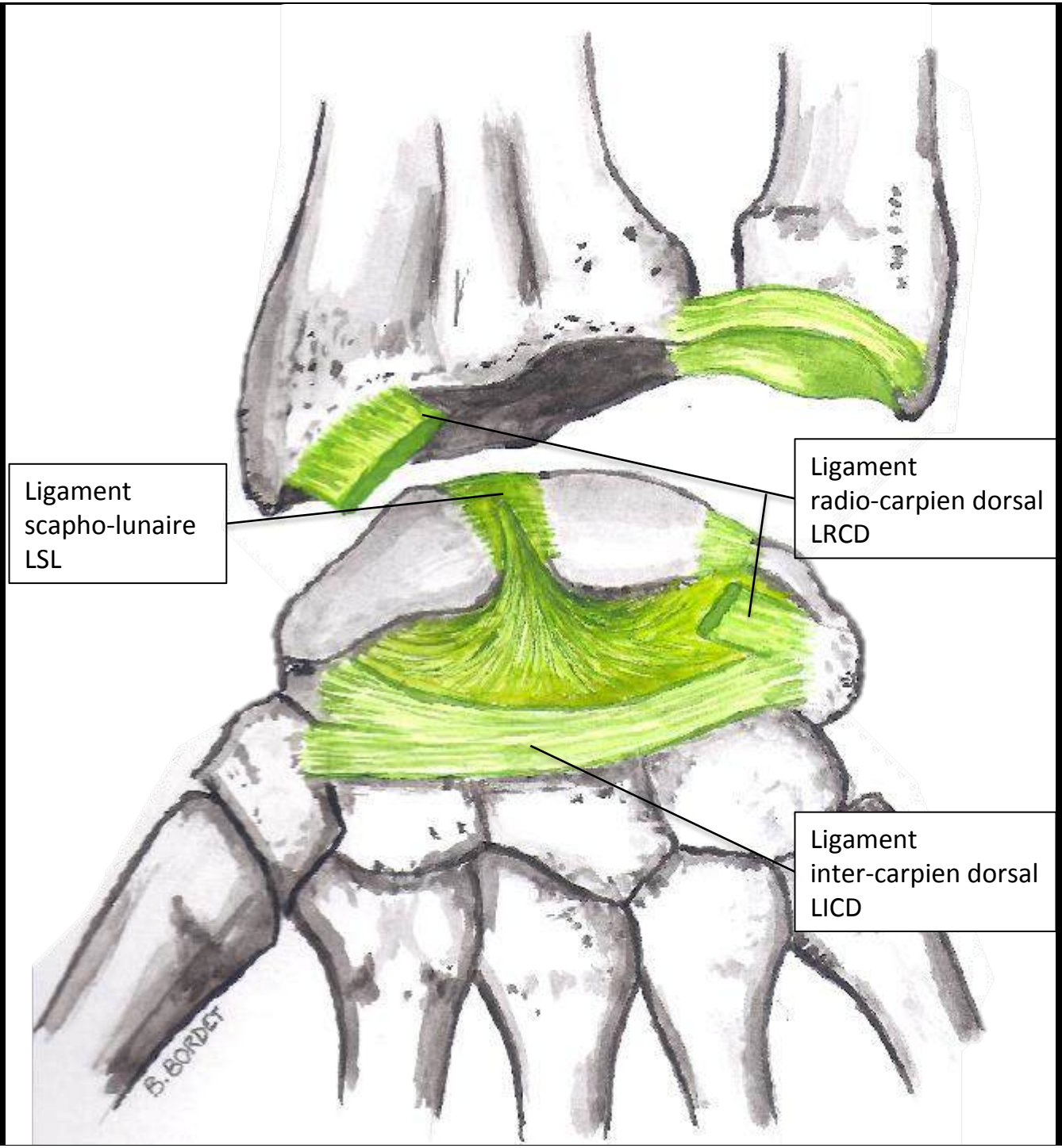
2. Imagerie normale

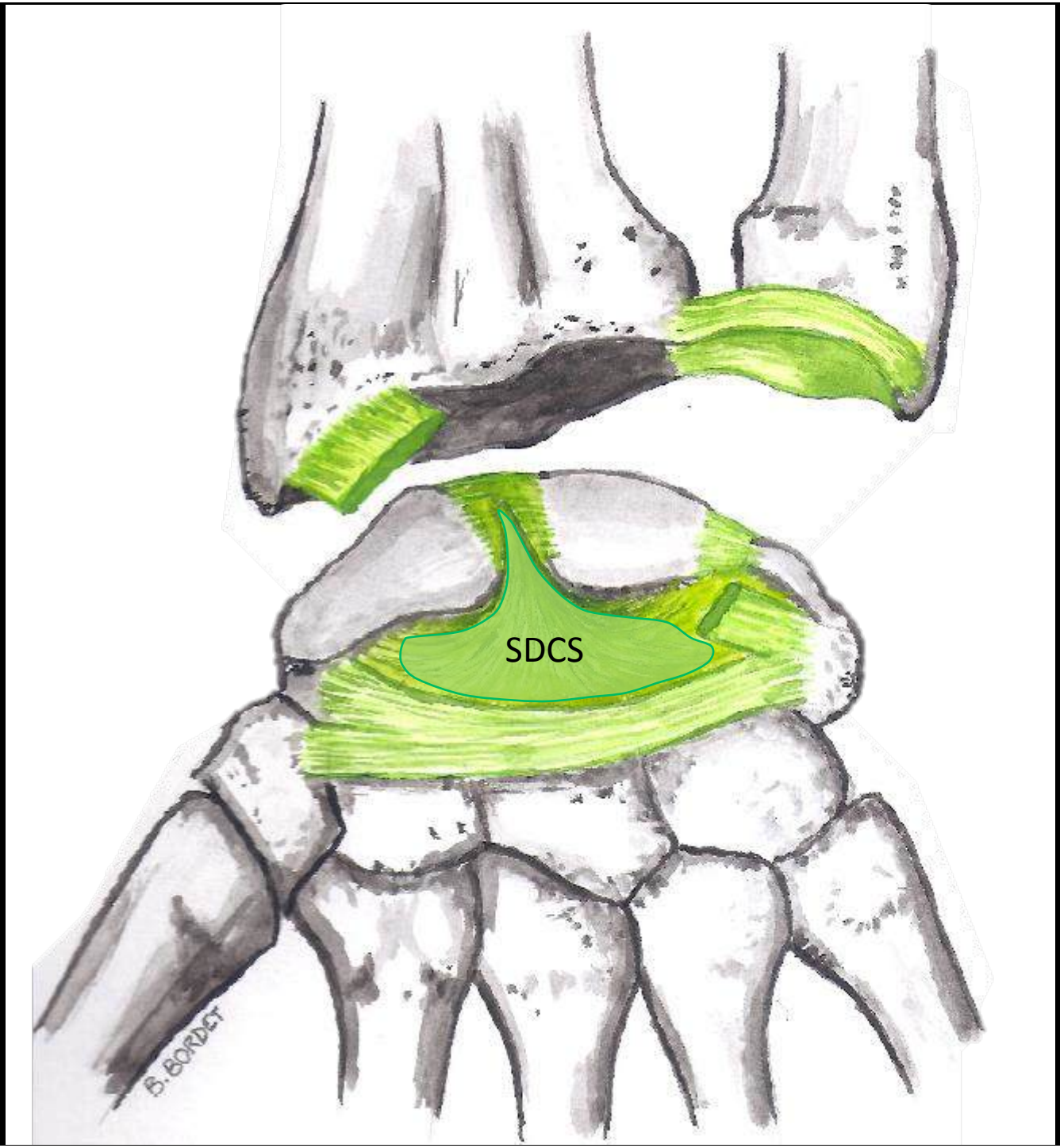
3. Pathologies

Anatomie

Vue dorsale du carpe




Ligament
scapho-lunaire
LSL
Ligament
radio-carpien dorsal
LRCD
Ligament
inter-carpien dorsal
LICD
B. BORDET


SDCS
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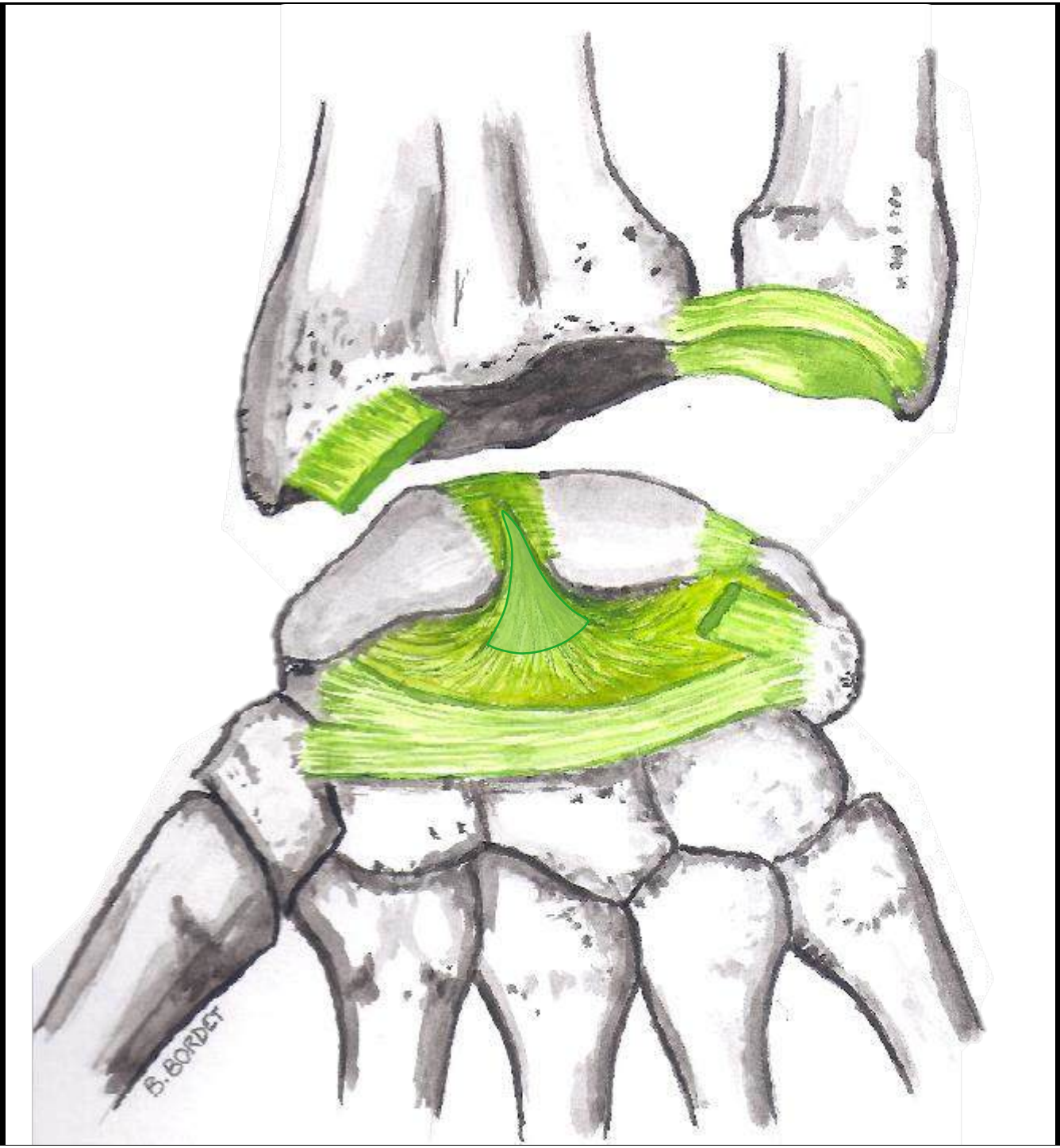
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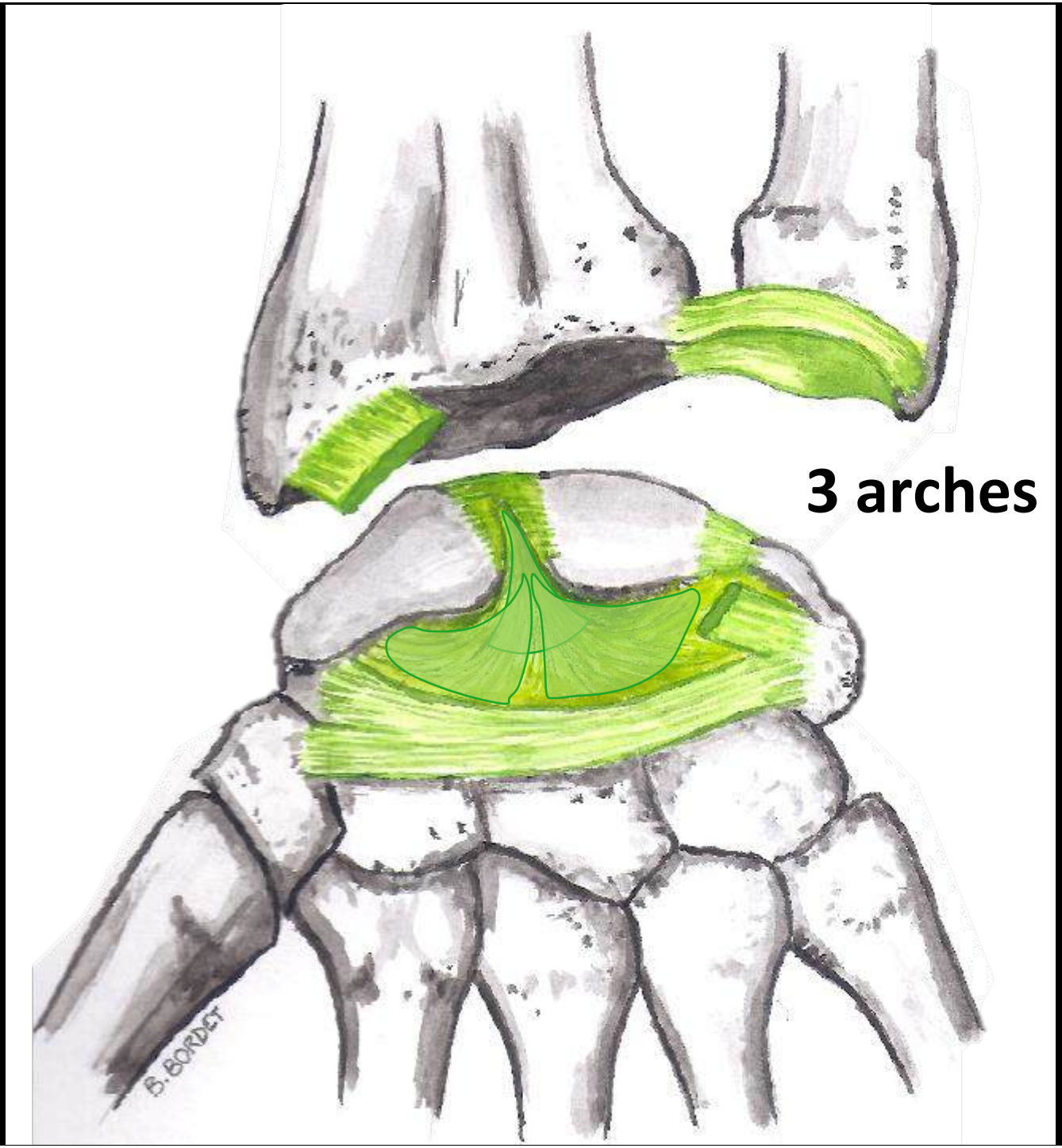
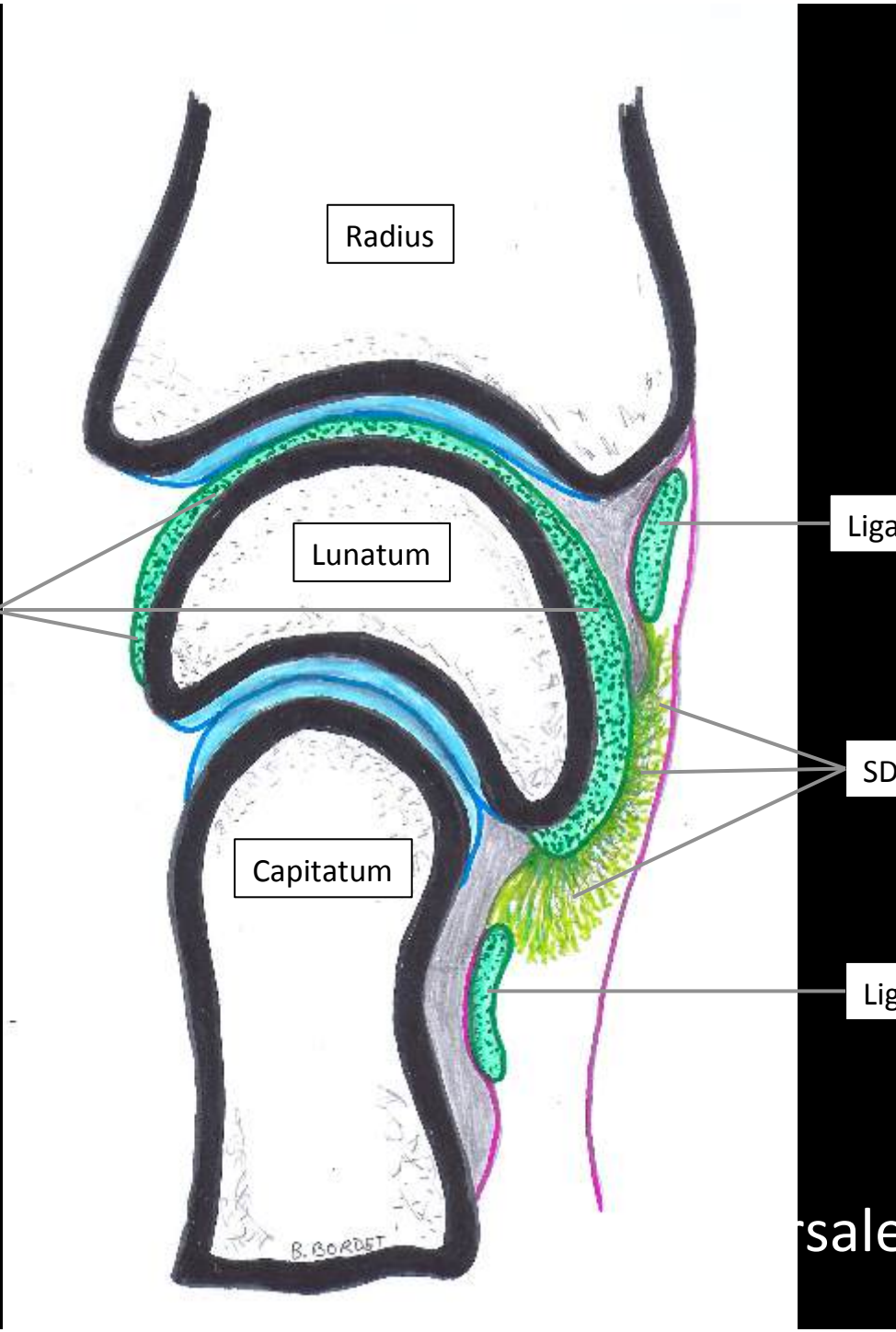

3 arches
B. BORDET

SAGITTAL



Ligament scapho-lunaire

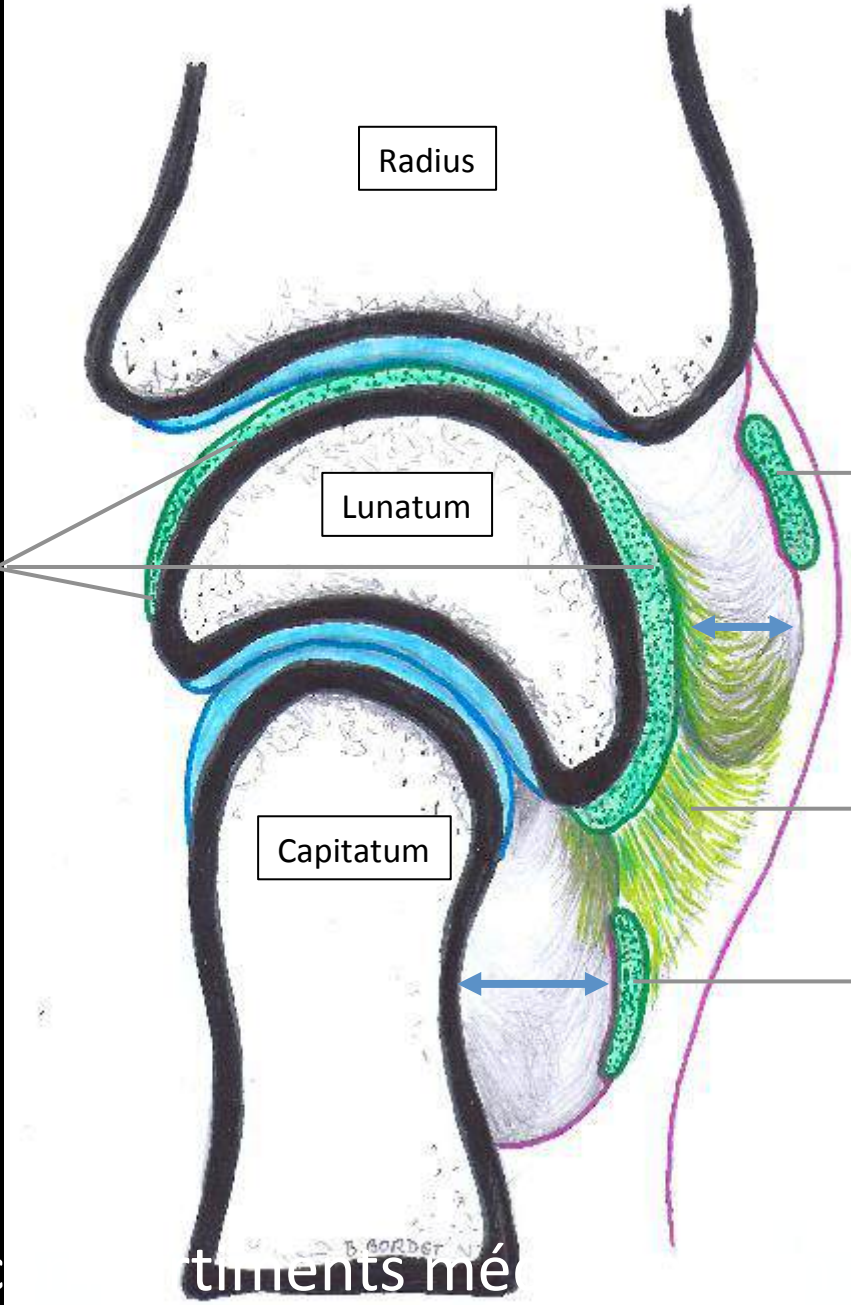
Ligament radio-carpien dorsal

SDCS

Ligament inter-carpien dorsal

rsale stabilisatrice

SAGITTAL



Ligament scapho-lunaire

Ligament radio-carpien dorsal

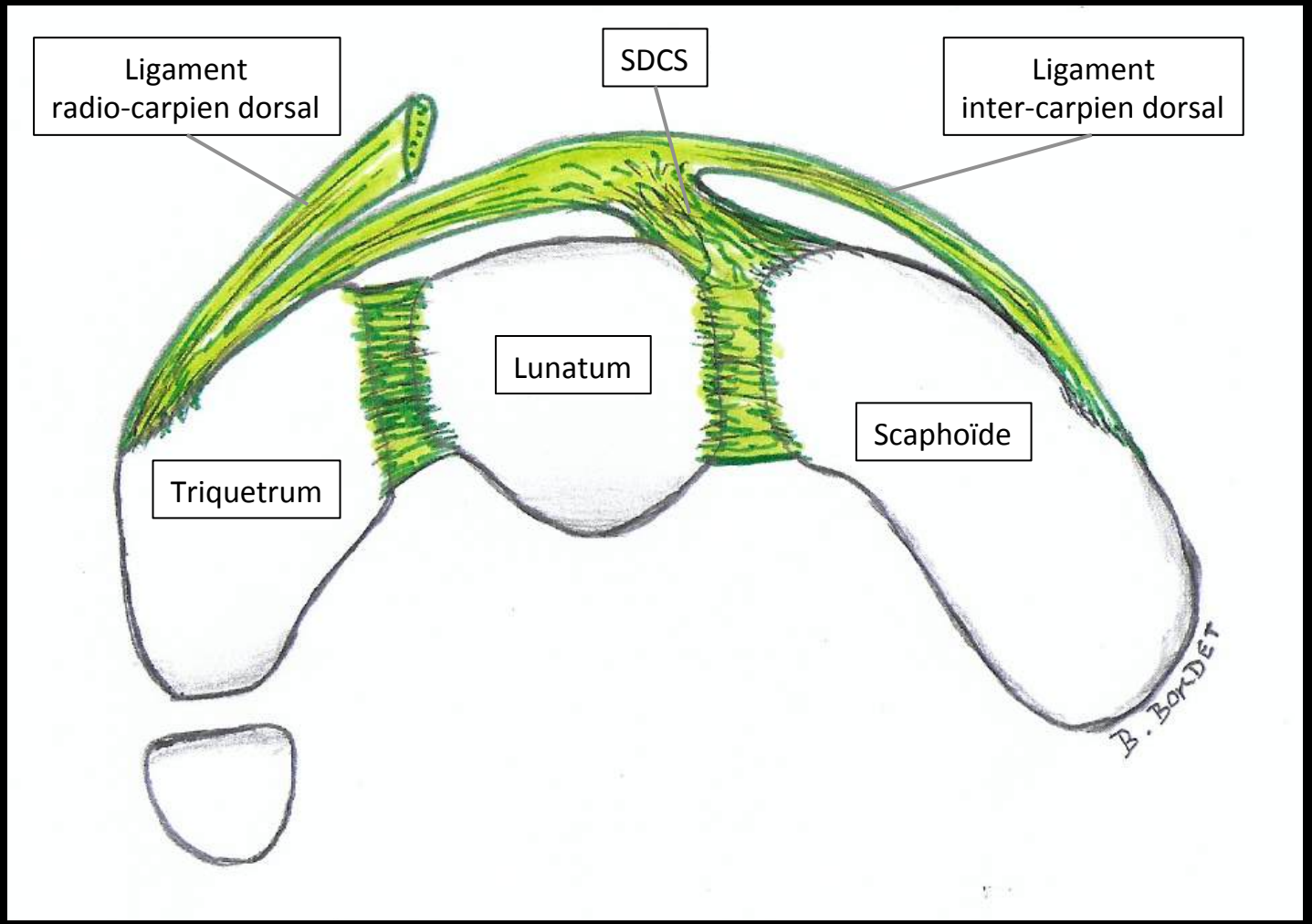
SDCS

Ligament inter-carpien dorsal

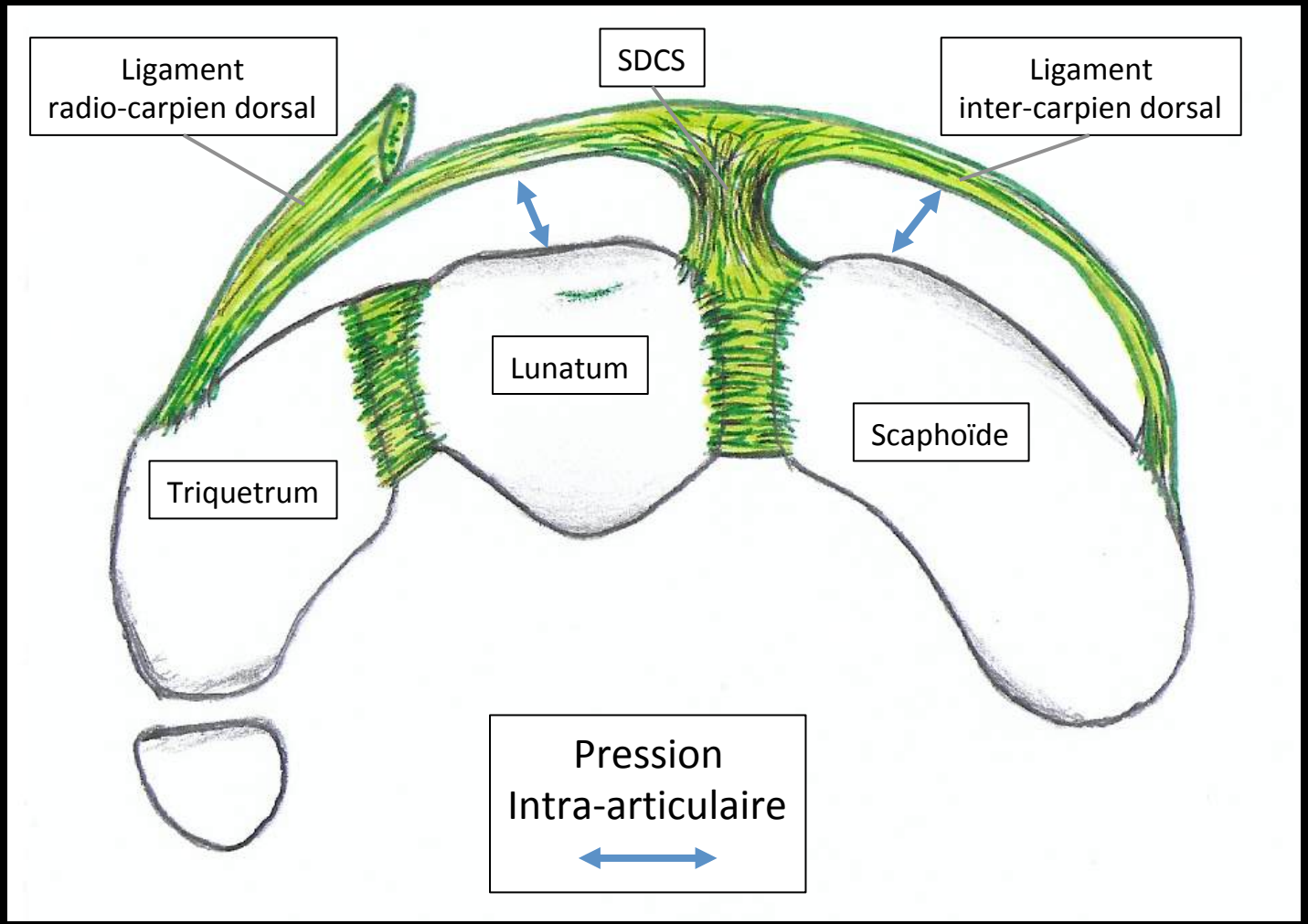
Pression
Intra-articulaire

Sépare les c timents mé et radio carpien

VUE SUPERIEURE

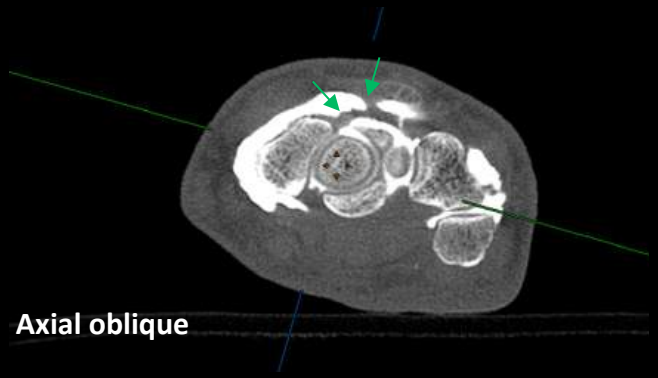


VUE SUPERIEURE

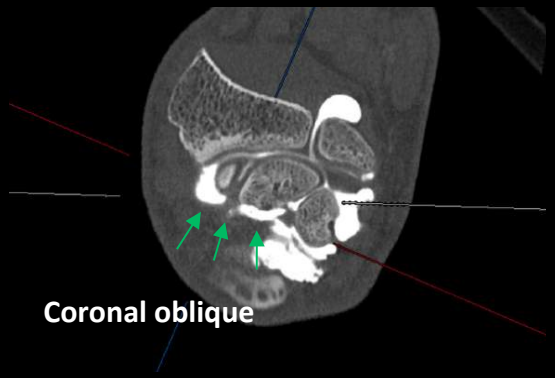


Imagerie normale du SDCS

Arthroscanner



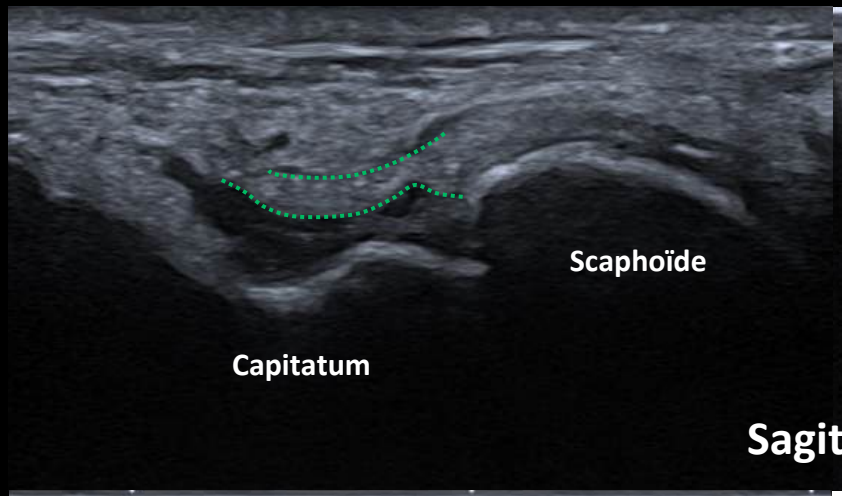
Axial oblique

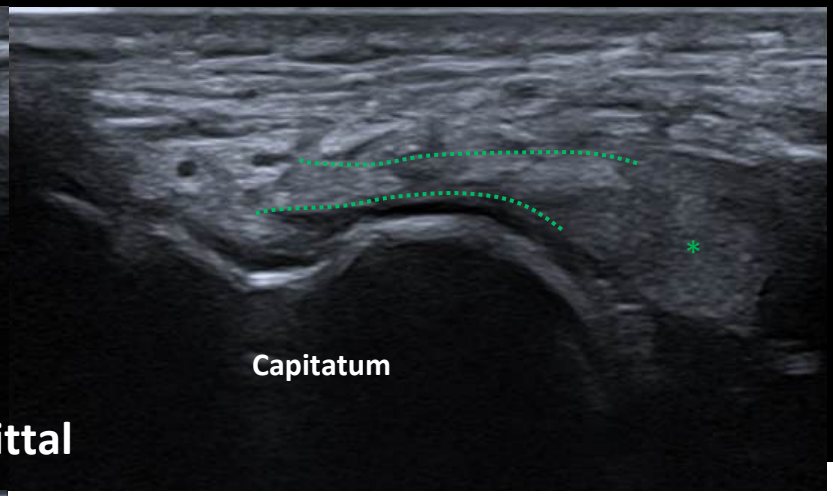


Coronal oblique

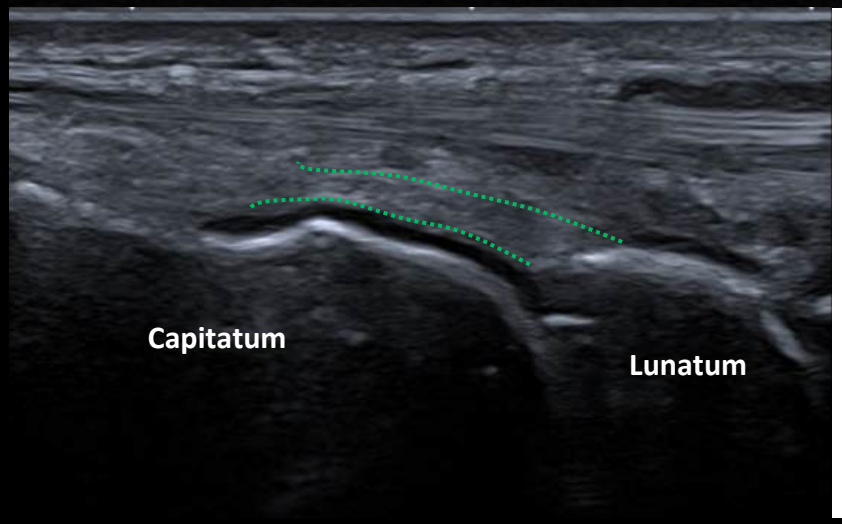
Sagittal oblique

Echographie



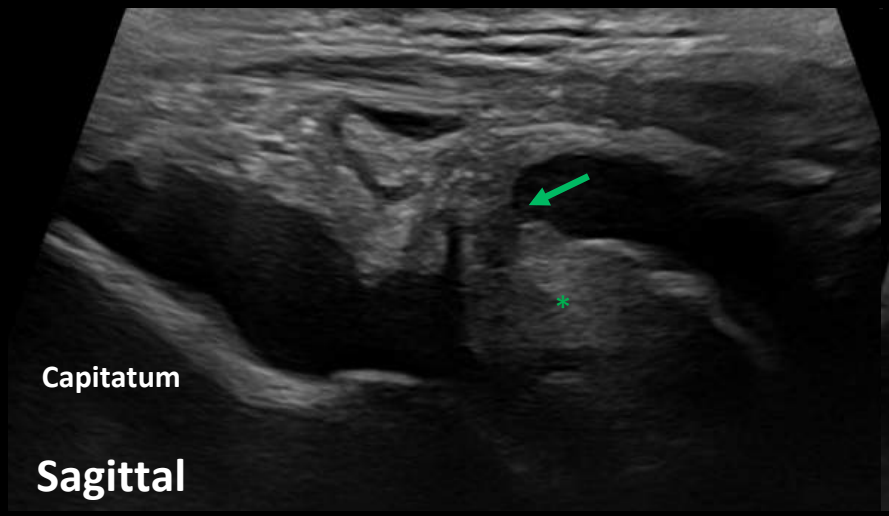


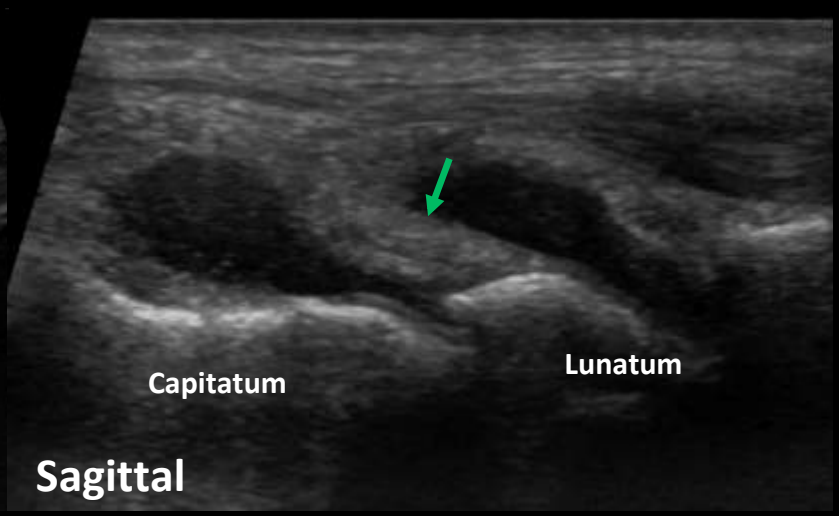
Sagittal



Sagittal

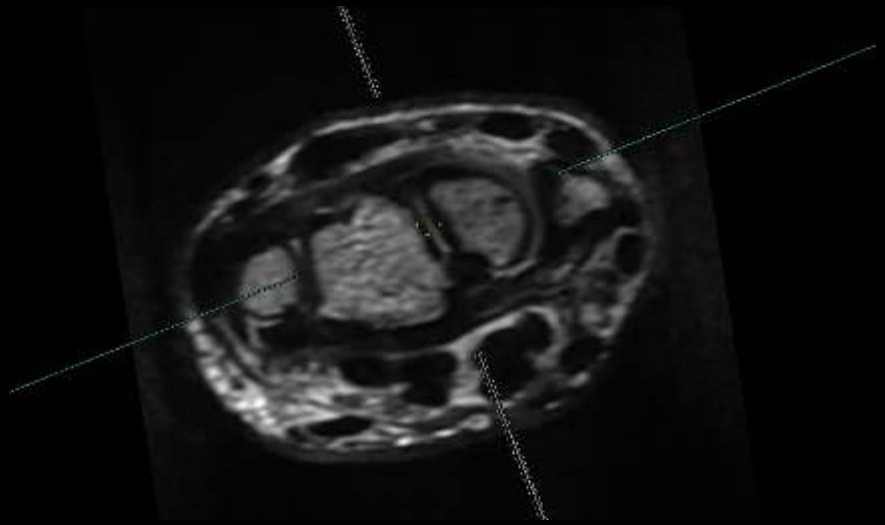
Echographie

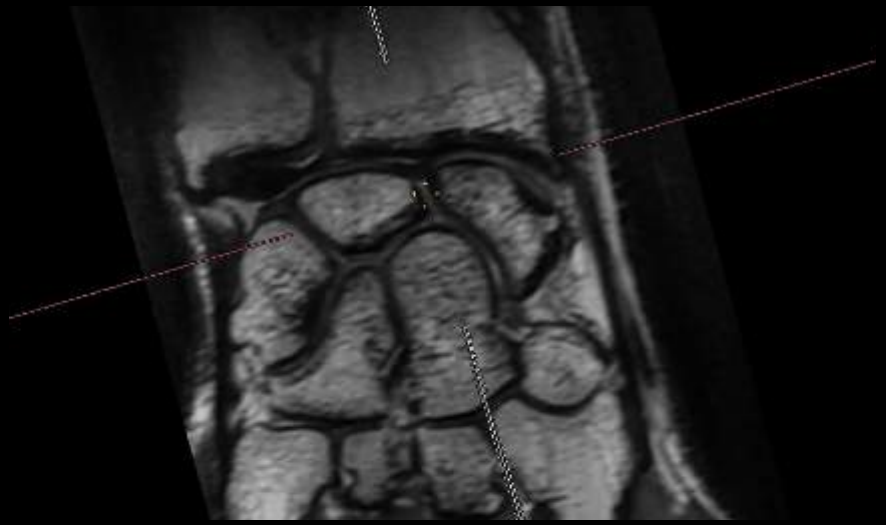


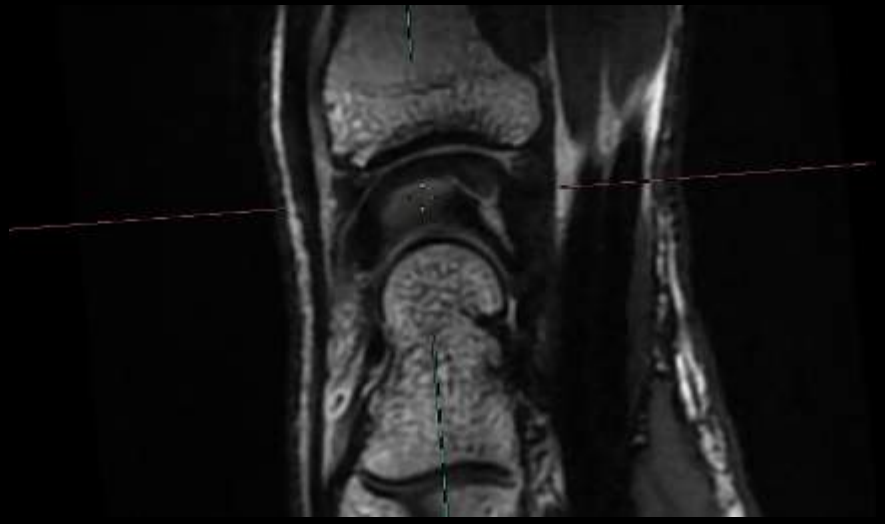


Arthro-échographie

IRM





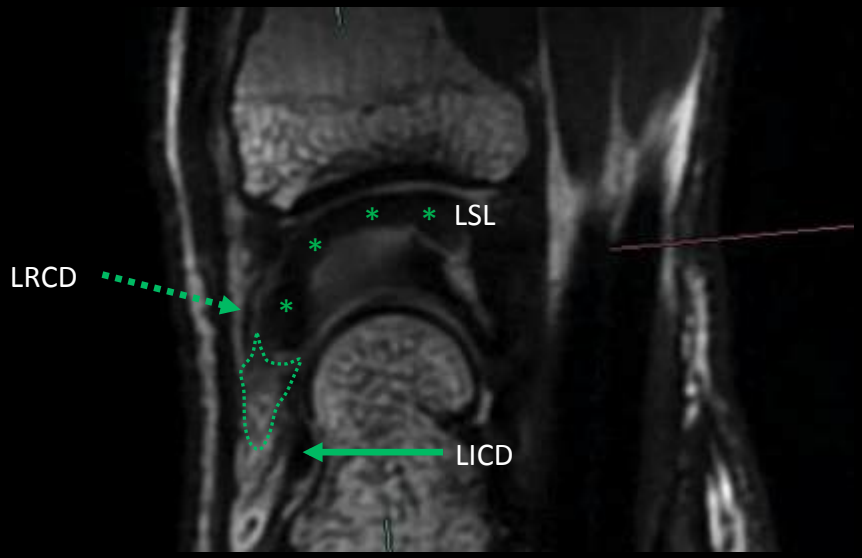


3D DP

3D DPFS

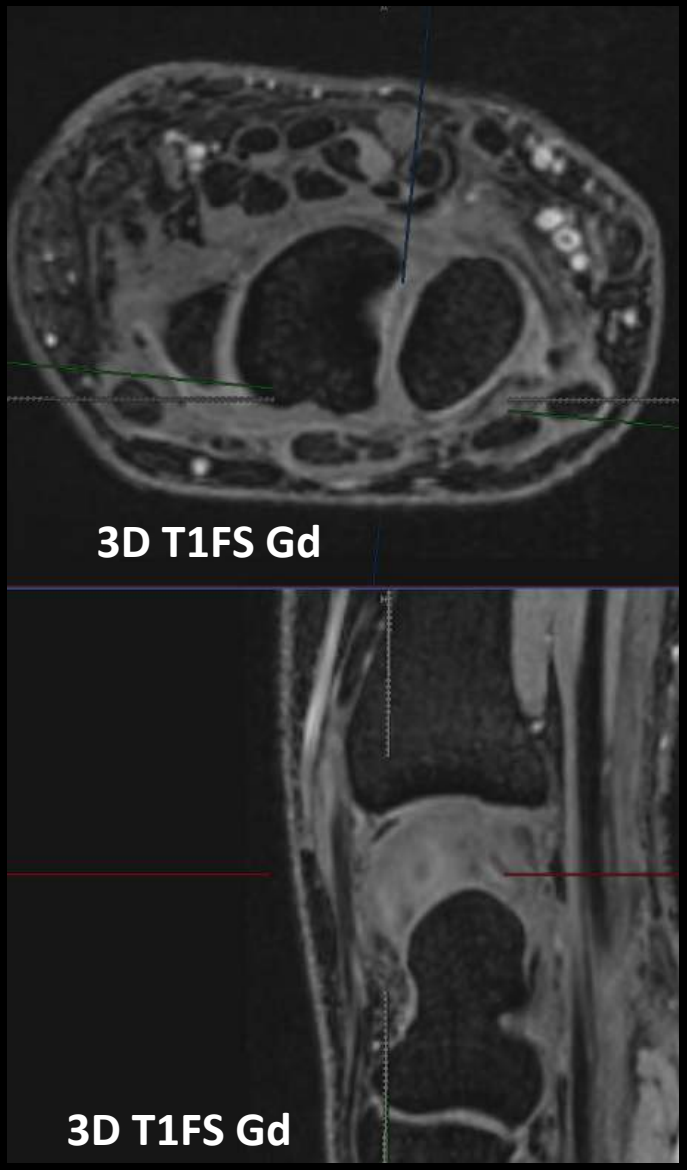
MPR oblique

IRM



3D DPMPR oblique

IRM



Pathologies du SDCS

Pathologies du SDCS

- Kystes de la face dorsale du carpe

- Ossicule épilunaire

- Pathologie traumatique
  Aigüe puis SLAC wrist

Kystes de la face dorsale du carpe

2 hypothèses physiopathologiques

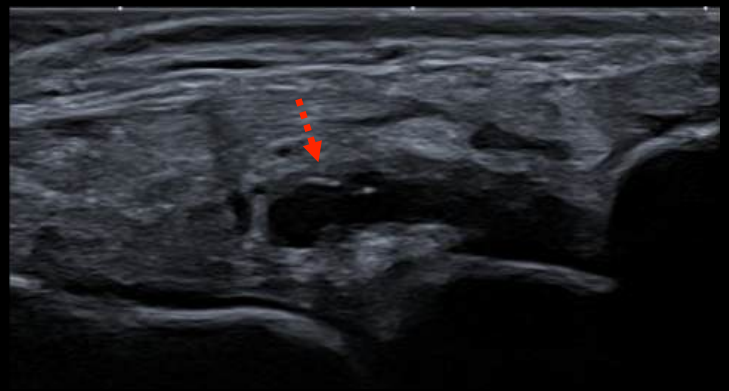
Brèche articulaire

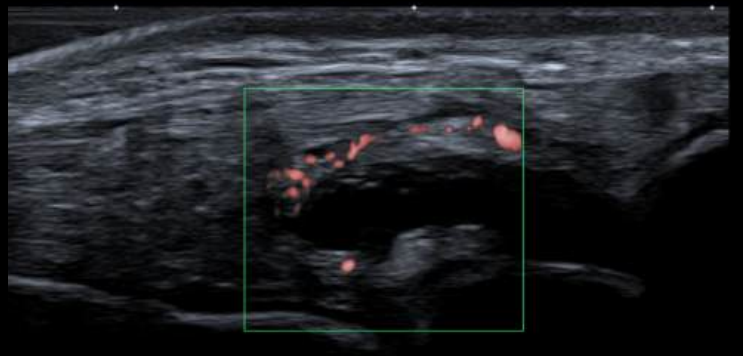
Théorie dysplasique capsulaire

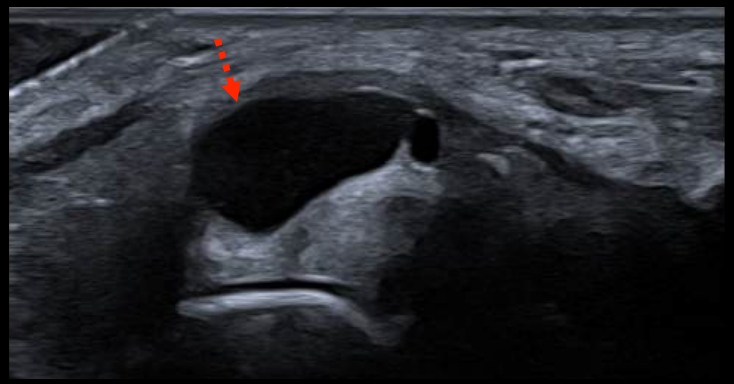
- Absence d'éléments d'origine synoviale
- Communication possible avec le compartiment articulaire si perforation du LSL

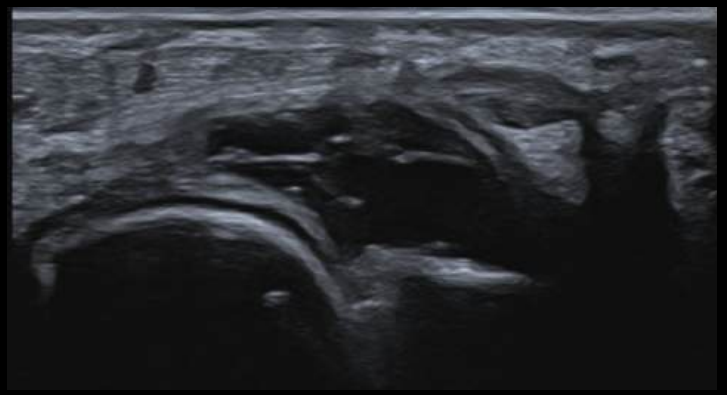
Kystes de la face dorsale du carpe

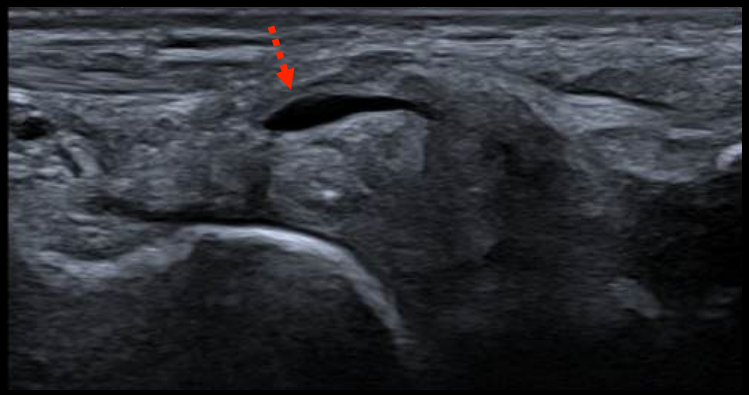
- Kyste oui ou non ?
- Rechercher origine dans le SDCS
- Recherche signes de complication
- Repérage du nerf interosseux postérieur
- (Bulles d’air possible si communication)



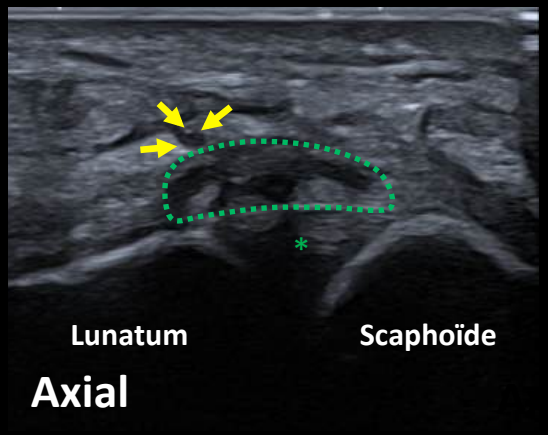


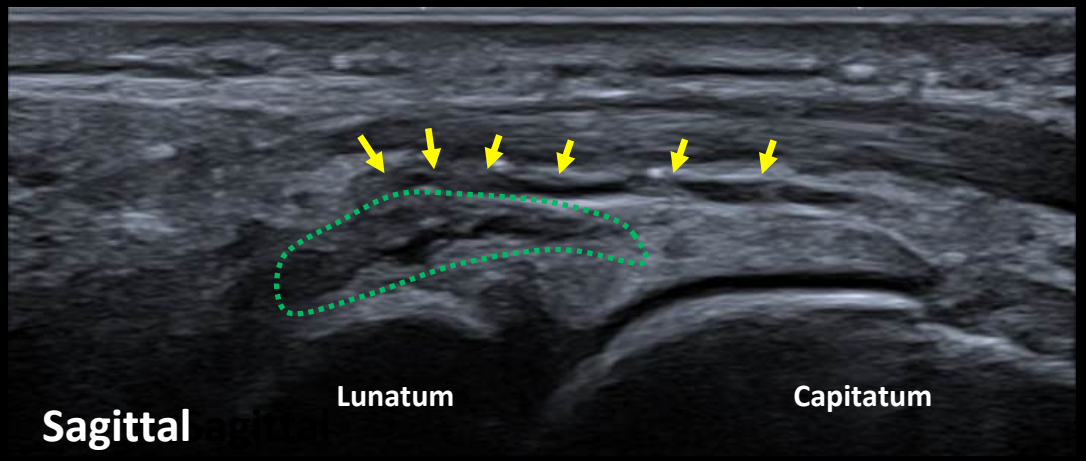


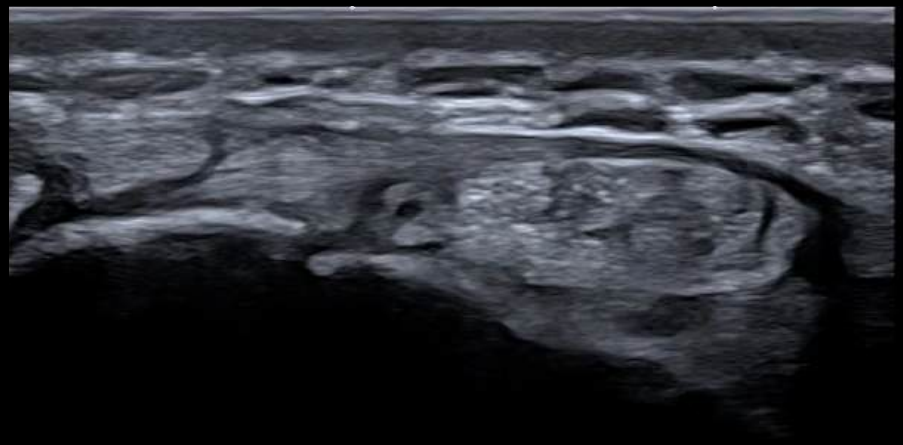




Nerf interosseux postérieur

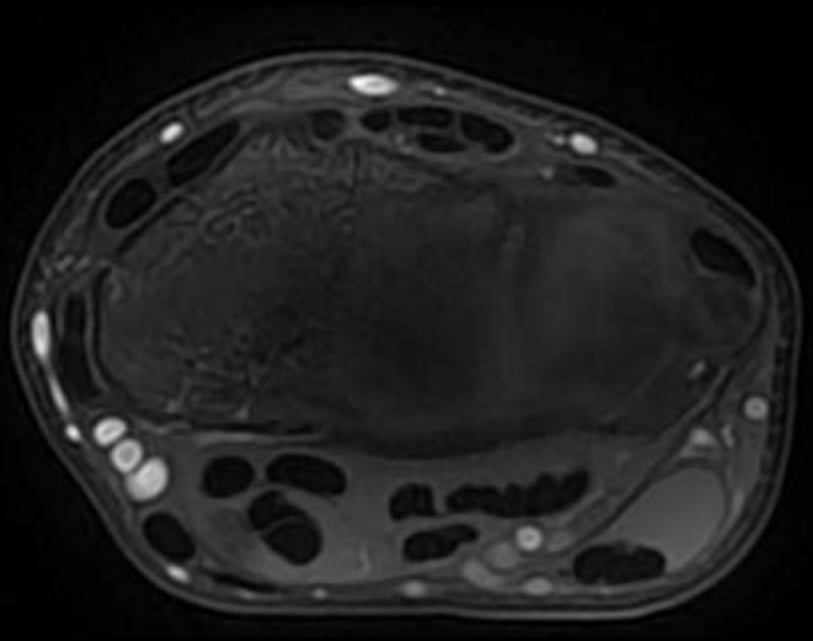


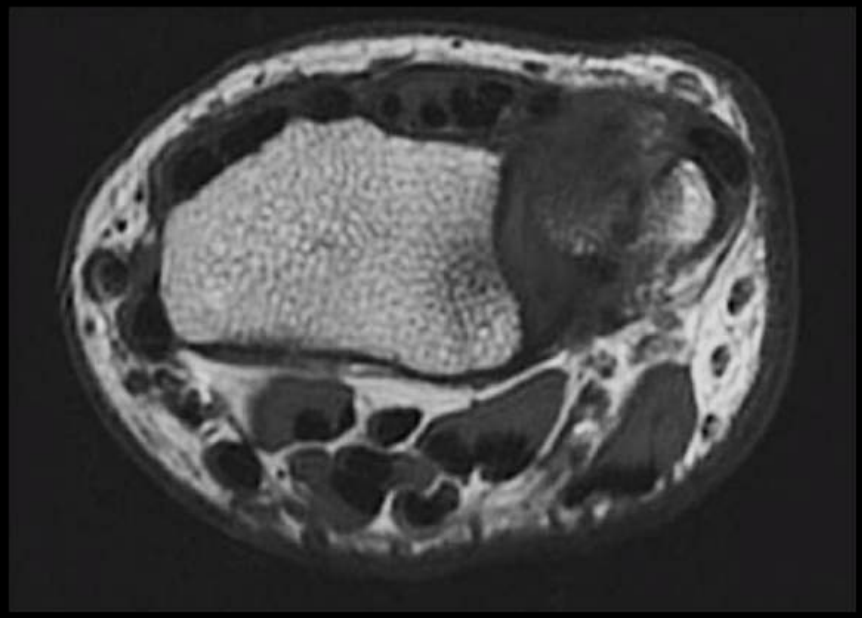




Echographie

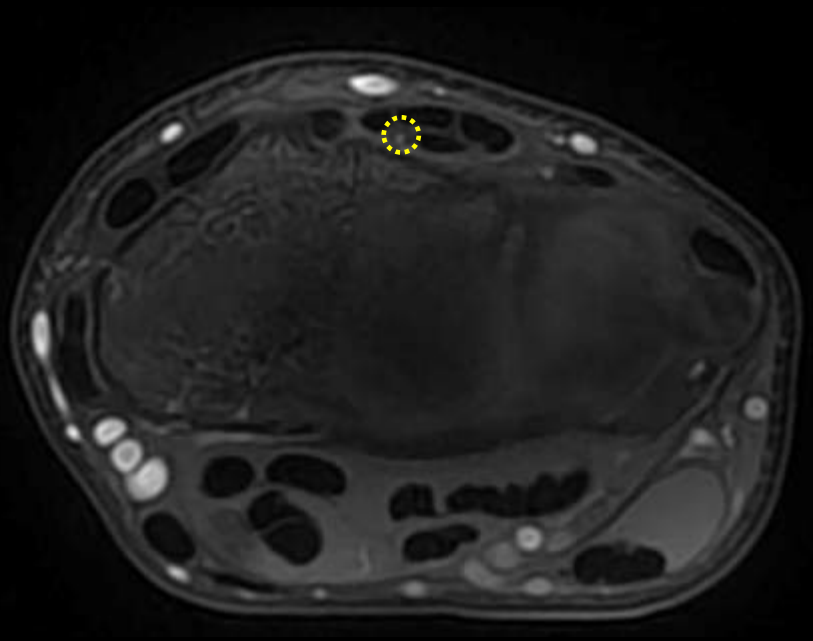
Nerf interosseux postérieur

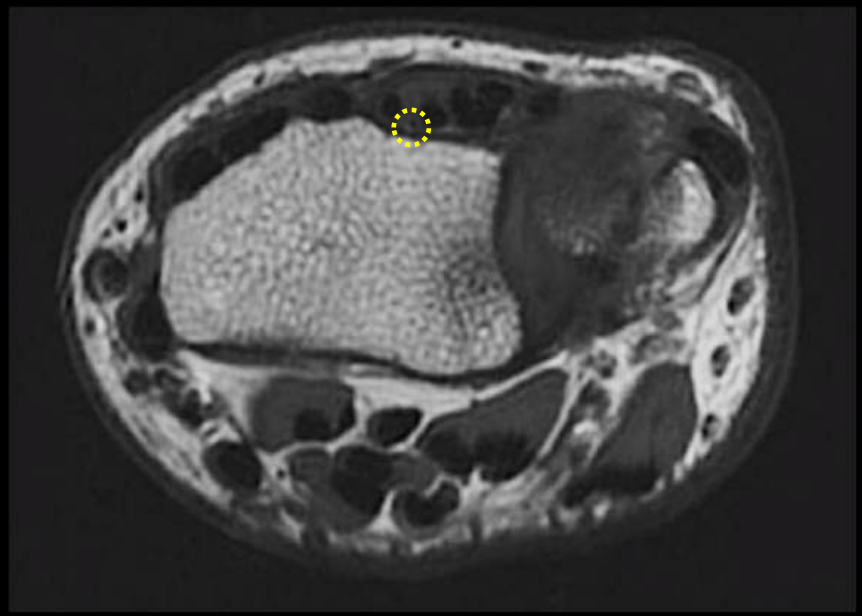




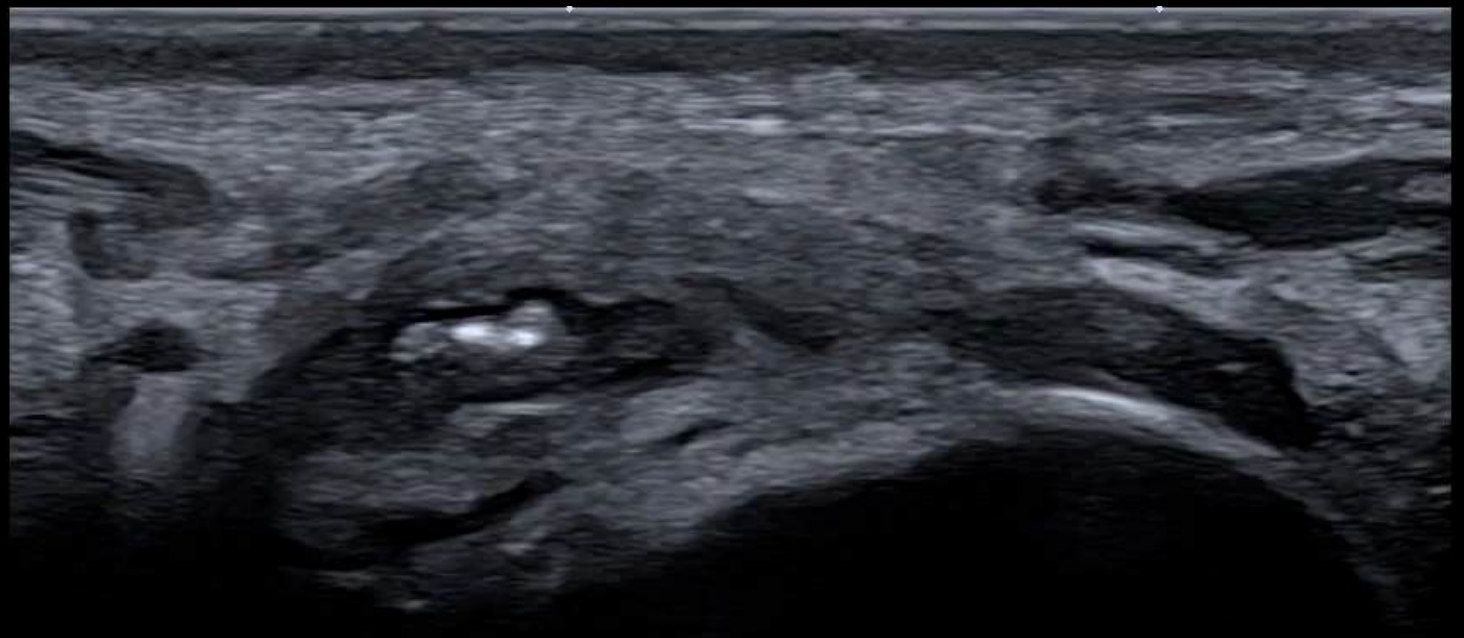
Echographie

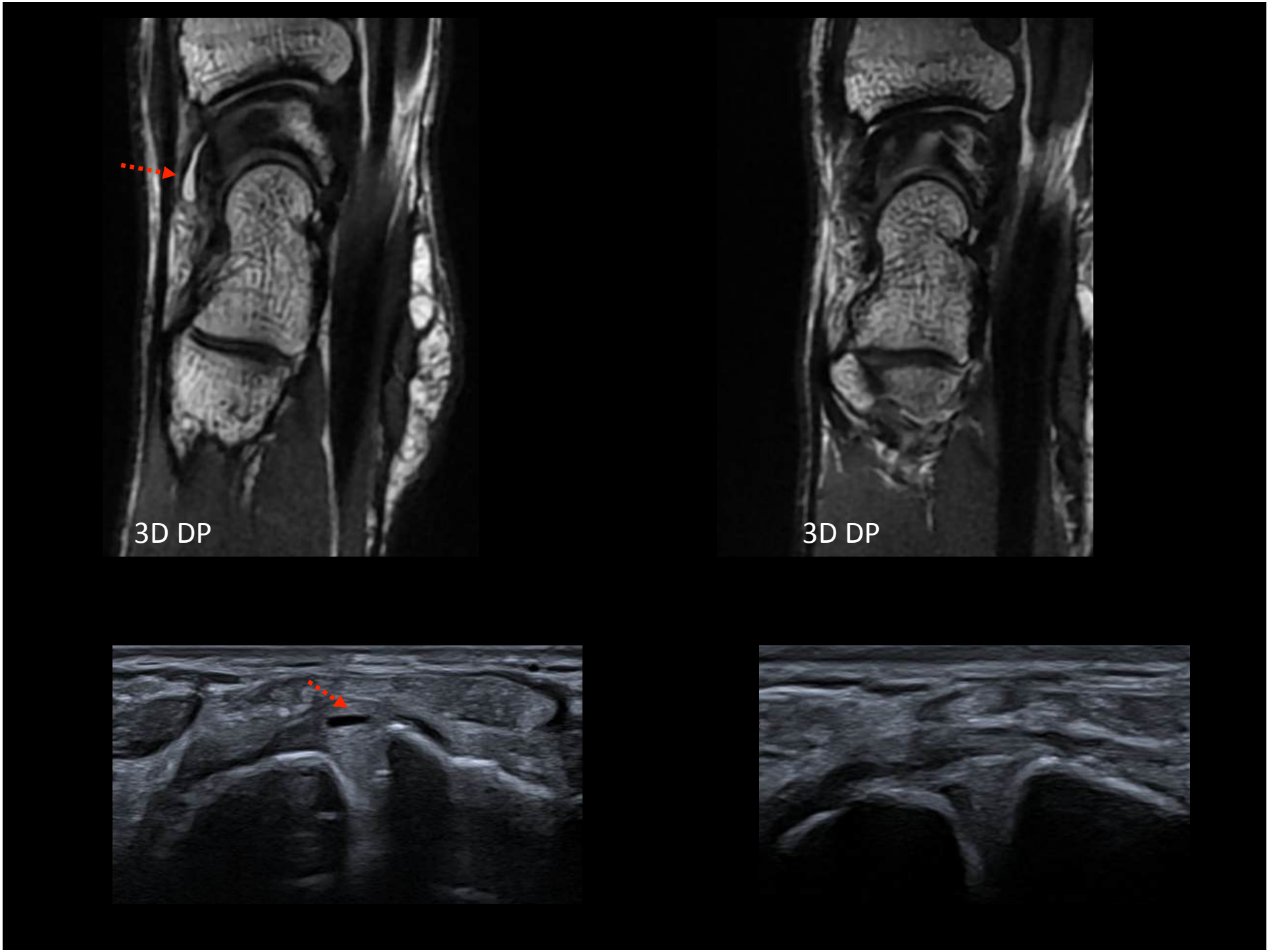
Nerf interosseux postérieur



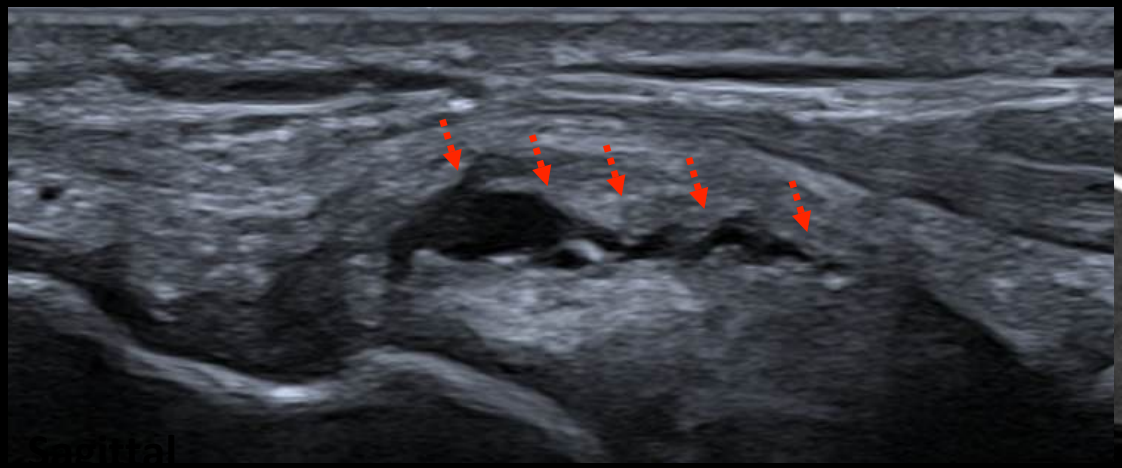


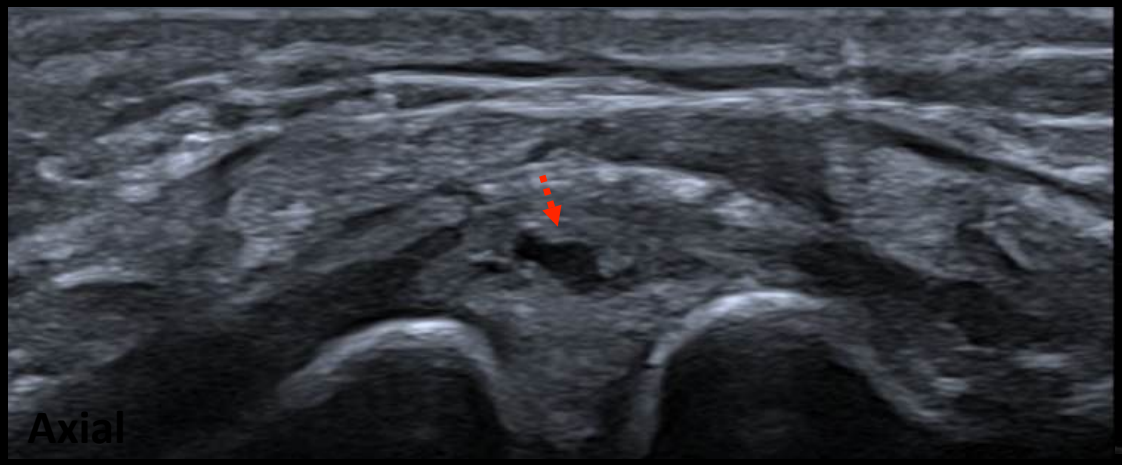
Kyste et air

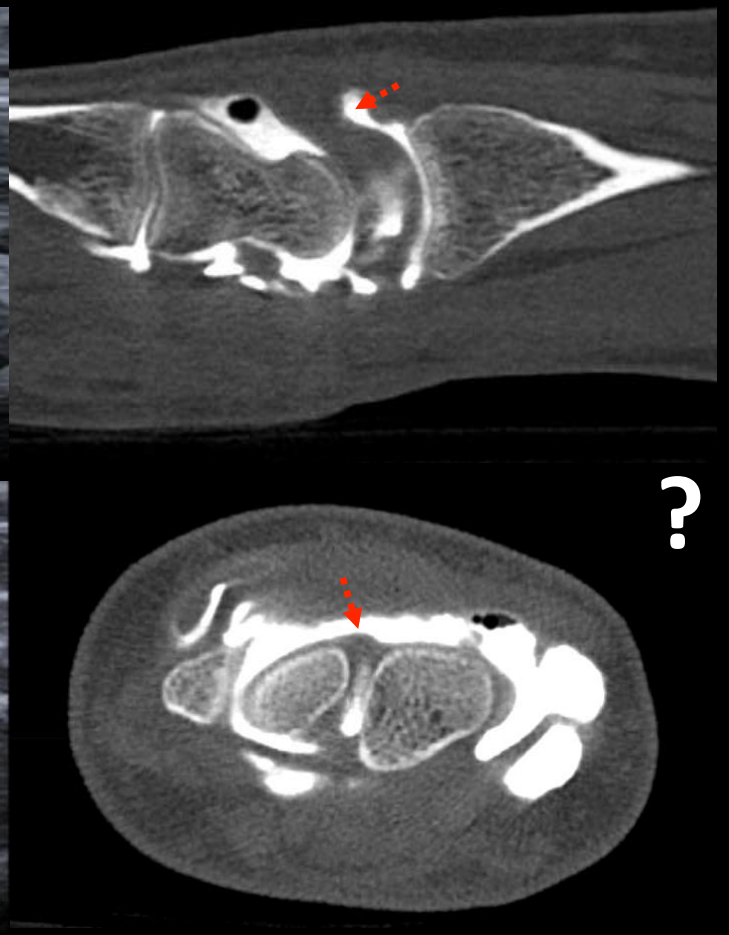



3D DP
3D DP

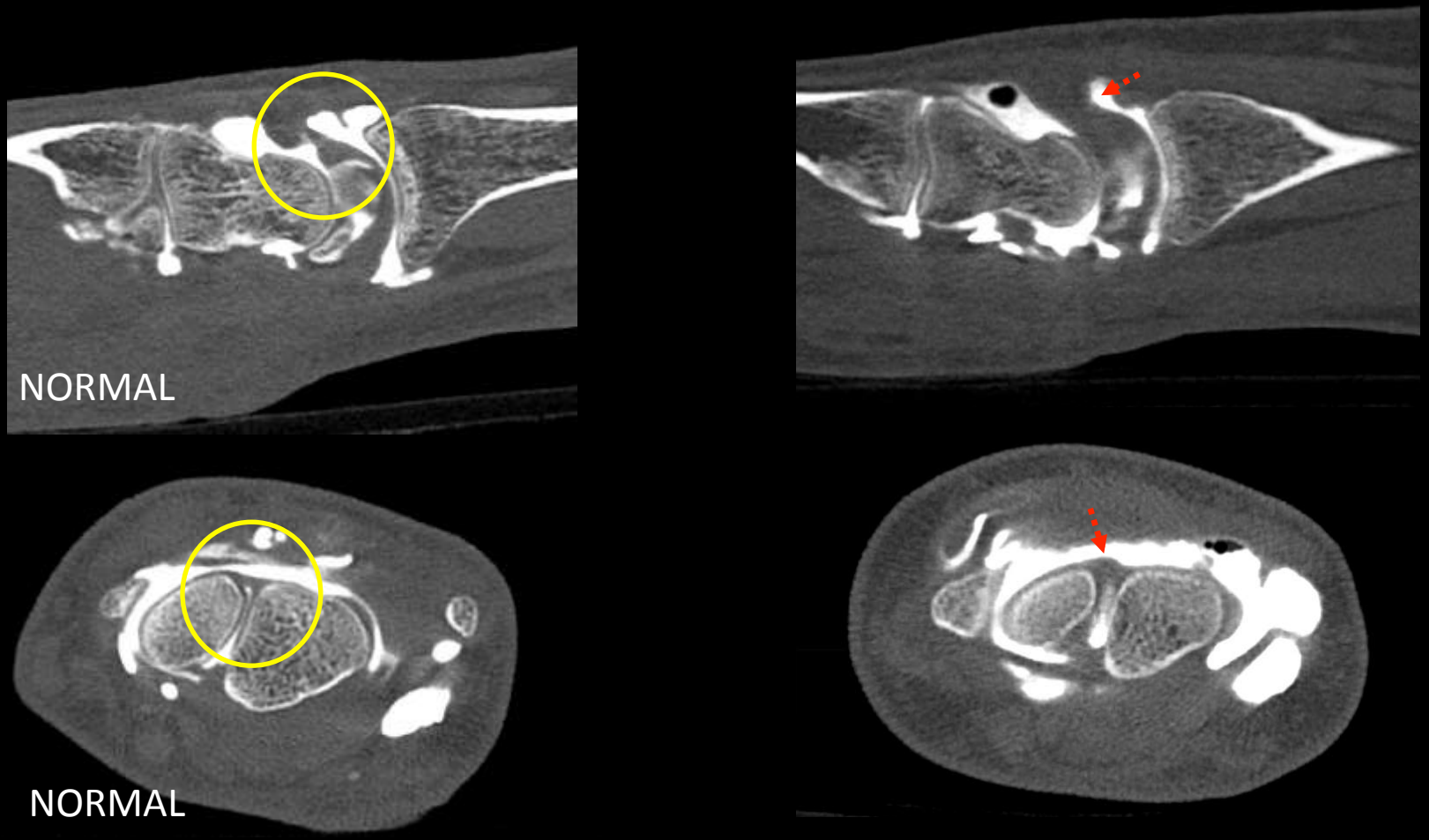
Kyste : absence de communication





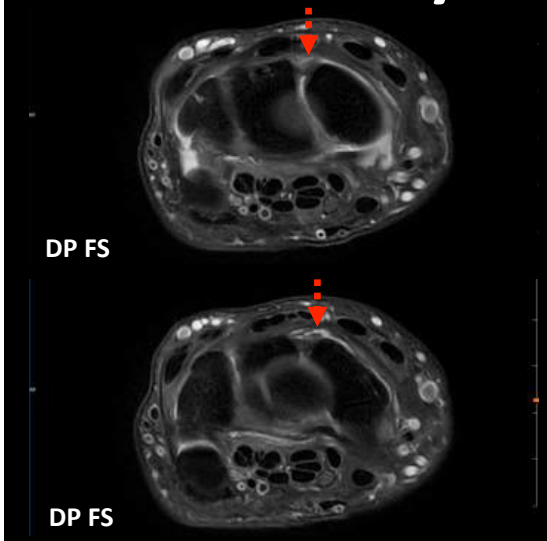


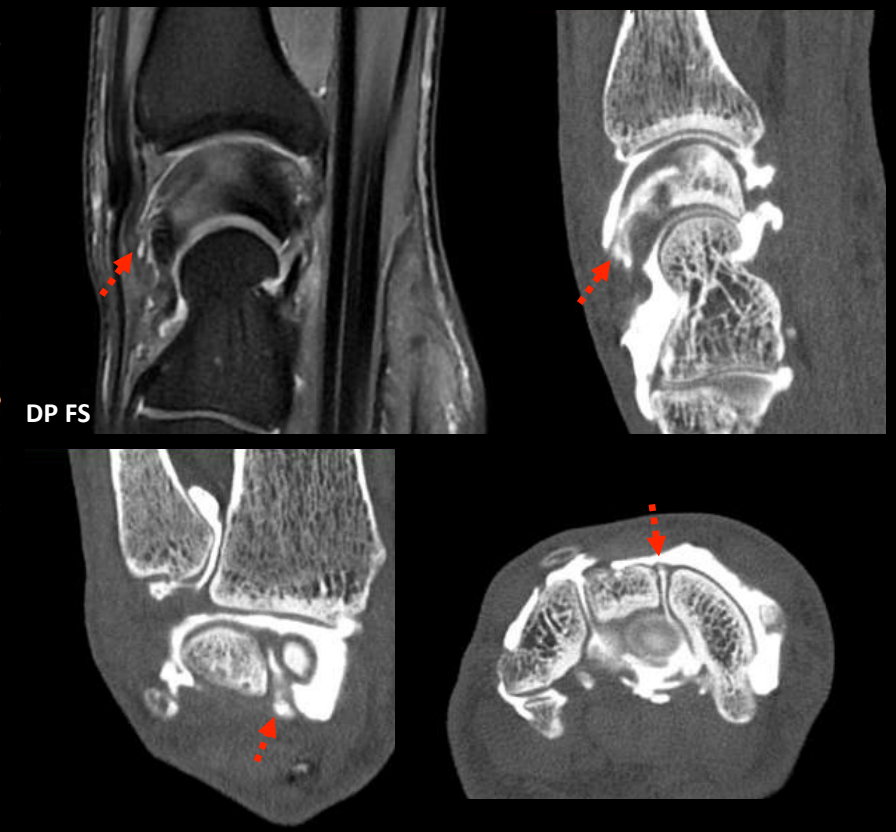
Kyste : absence de communication

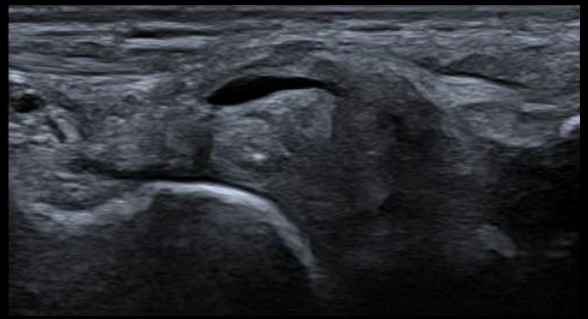


Tommasini Carrara de Sambuy et al. - J Wrist Surgery 2017
-> 6 mm de longueur et 4 mm de largeur

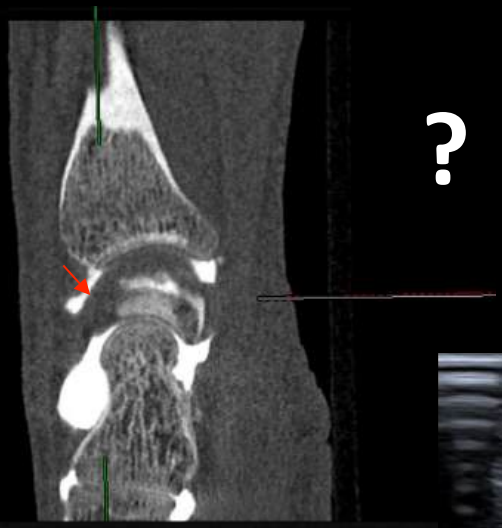
Kyste : communication







Absence de kyste mais dysplasie !



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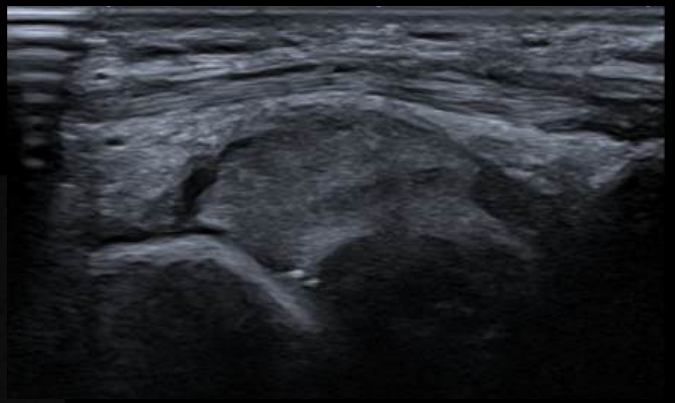
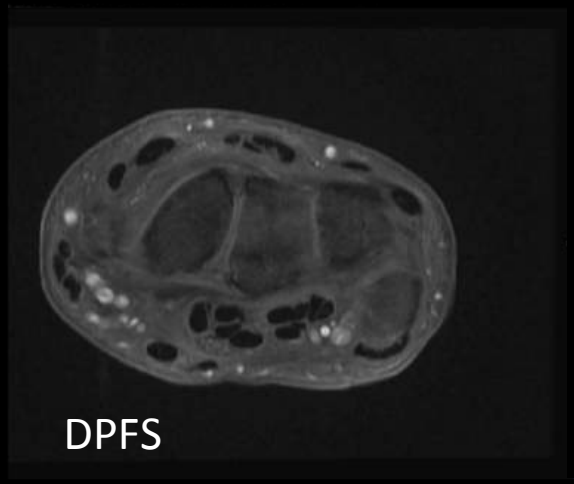
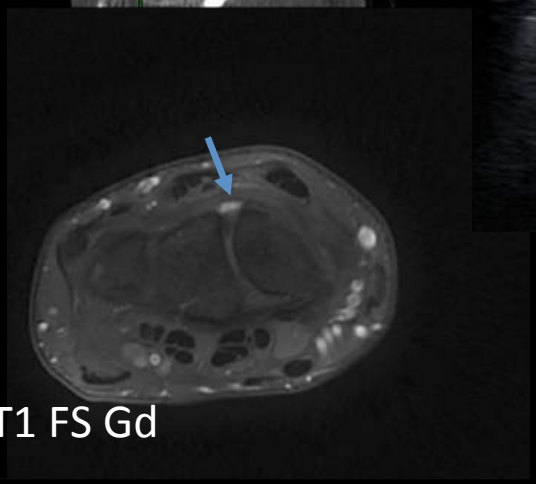


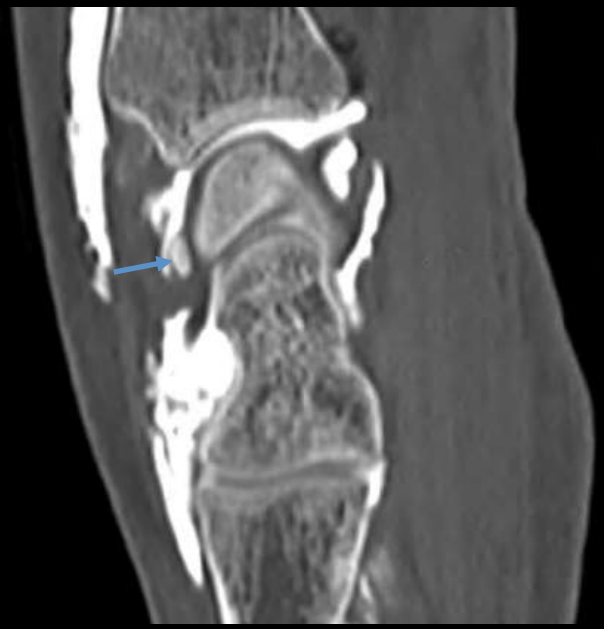


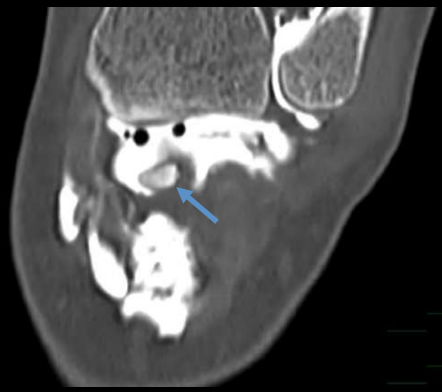
DPFS

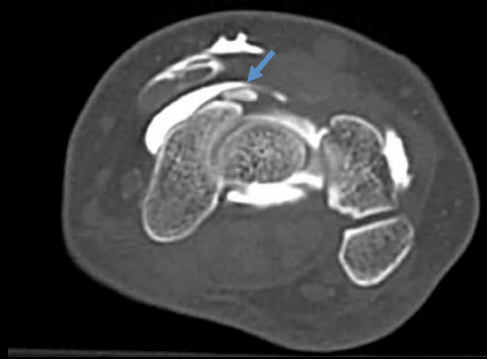


T1 FS Gd

Ossicule épilunaire







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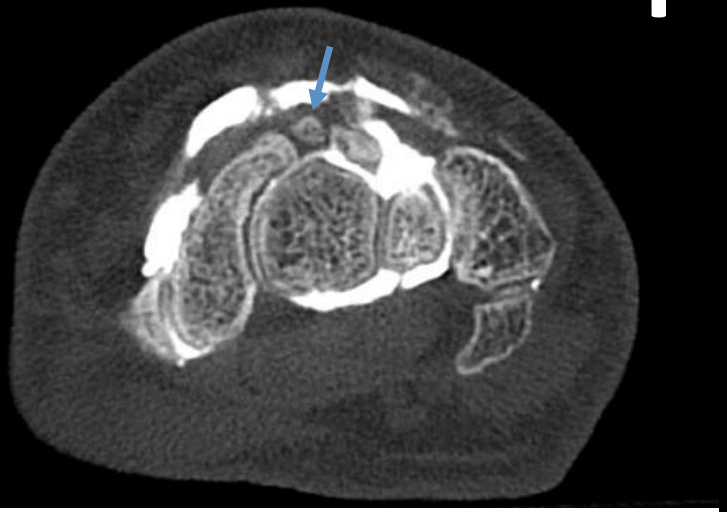
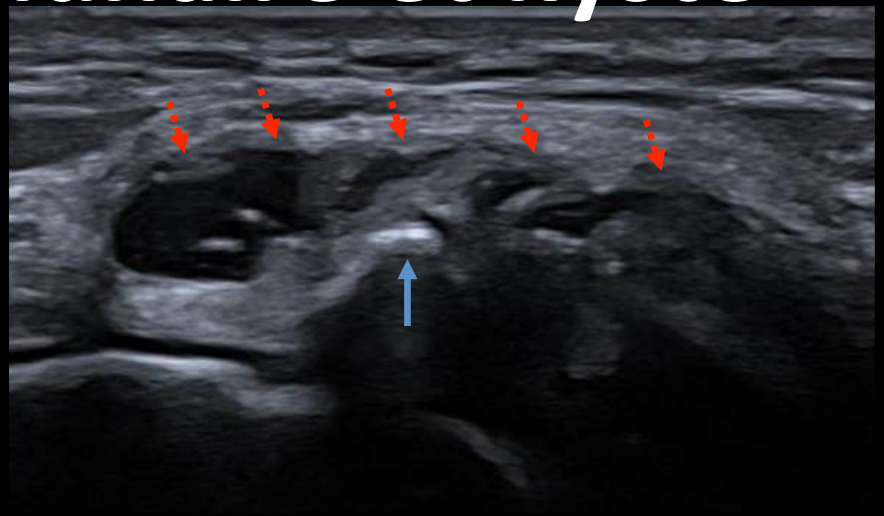
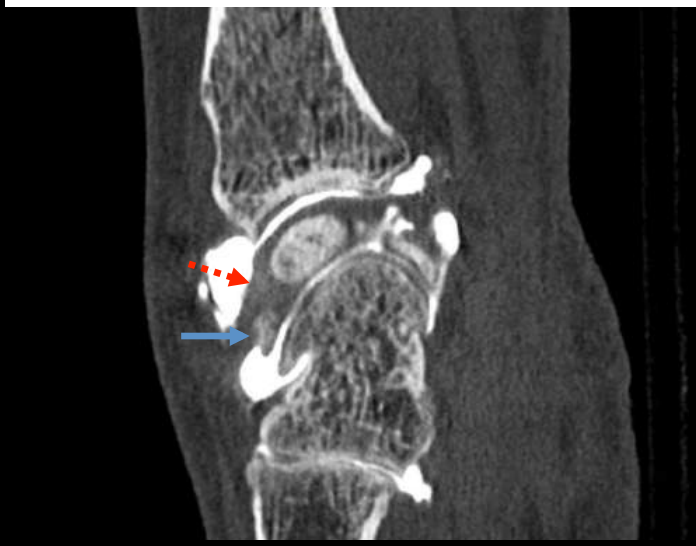
Ossicule épilunaire et kyste



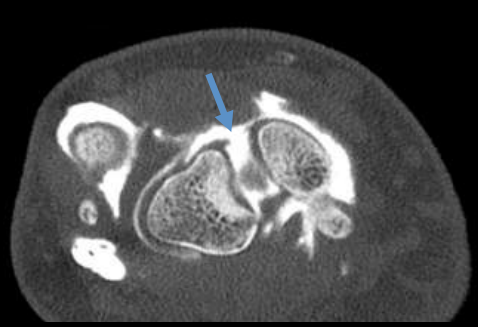




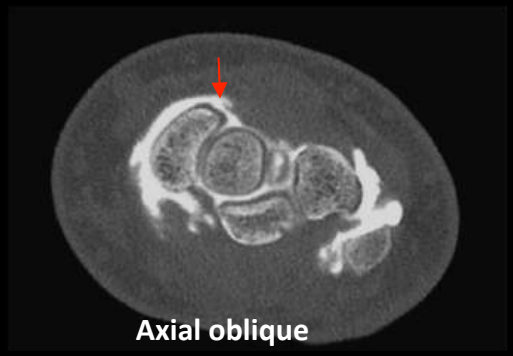
« SLAC wrist » et SDCS

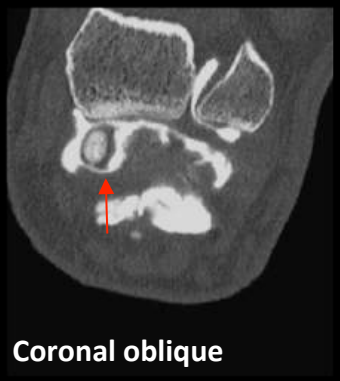
- SDCS = stabilisateur du LSL
- Rupture du LSL -> Extension au SDCS (arche dorsale) -> diastasis scapho-lunaire et instabilité par bascule du lunatum
- Chirurgie ligamentaire du scapho-lunaire comporte une réfection capsulo-ligamentaire dorsale

Rupture du LSL




Sagittal oblique


Axial oblique


Coronal oblique

Conclusion

- SDCS est visible (échographie, arthroTDM, IRM)
- « Sangle » dorsale ayant un rôle stabilisateur et séparant les compartiments médio-carpien et radio-carpien
- Kystes de la face dorsale : origine commune dans le SDCS
  - Absence de communication avec le secteur articulaire en grande majorité
  - Dysplasie possible sans kyste
- Ossicule épilunaire dans le SDCS
- SLAC = conséquence de la lésion du SDCS

Merci de votre attention